University Hospitals Bristol NHS
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC

Date: Friday 27 February 2015
Time: 11.00 am – 13.00 pm
Venue: Conference Room, Trust Headquarters

Distribution:

Chair:	John Savage	Trust Chairman
Board Members:	David Armstrong	Non-executive Director
	Julian Dennis	Non-executive Director
	Lisa Gardner	Non-executive Director
	John Moore	Non-executive Director
	Guy Orpen	Non-executive Director
	Alison Ryan	Non-executive Director
	Emma Woollett	Non-executive Director
	Jill Youds	Non-executive Director
	Robert Woolley	Chief Executive
	Sue Donaldson	Director of Workforce and Organisational Development
	Deborah Lee	Director of Strategic Development and Deputy Chief Executive
	Paul Mapson	Director of Finance and Information
	Carolyn Mills	Chief Nurse
	Sean O'Kelly	Medical Director
	James Rimmer	Chief Operating Officer
In attendance:	Debbie Henderson	Trust Secretary
	Isobel Vanstone	Corporate Governance Administrator (Minutes)
Apologies:		
Observers:	Penny Hilton	NHS Fast-Track Executive
	Aiden Fowler	NHS Fast-Track Executive
	Members of the Council of Governors	
Copy for Information:	Members of Council of Governors	
	Heather Ancient*	PwC – External Auditor
	Jenny McCall*	Audit South West – Internal Auditor

*Agenda and Minutes only

Contact for apologies or any enquiries concerning this meeting should be made to:
Isobel Vanstone, Corporate Governance Administrator, Trust Headquarters. Telephone: 0117 34 23602
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Agenda for the Meeting of the Trust Board of Directors held in Public
Scheduled to take place on 27 February 2015 at 11.00am – 1.00pm
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page No*
1. Chairman's Introduction and Apologies To note apologies for absence received	Chair	
2. Declarations of Interest To declare any conflicts of interest arising from items on the meeting agenda	Chair	
3. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 29 January 2015	Chair	4
4. Matters Arising (Action log) To review the status of actions agreed	Chair	16
5. Chief Executive's Report To receive this report from the Chief Executive to note	Chief Executive	17
Delivering Best Care and Improving Patient Flow		
6. Patient Experience Story To receive the Patient Experience Story for review	Chief Nurse	20
7. Quality and Performance Report To receive and consider this report for assurance: a) Performance Overview b) Quality and Outcomes Committee Chair's report c) Board Review – Quality, Workforce, Access	Deputy Chief Executive/ Director of Strategic Development	23
8. Quarterly Workforce Report To receive this report for assurance	Director of Workforce and Organisational Development	116
9. Partnership Programme Board Report To receive this report to note	Deputy Chief Executive/ Director of Strategic Development	150
10 National Accident and Emergency Patient Experience Survey 2014 To receive this report for reassurance	Chief Operating Officer	154
Delivering Best Value		

11. Finance Report To receive this report for assurance	Director of Finance & Information	179
12. Finance Committee Chair's Report To receive this verbal report for assurance	Finance Committee Chair	
Compliance, Regulation and Governance		
13. Emergency Preparedness Annual Report To receive this report for assurance	Chief Operating Officer	197
Information		
14. Report from West of England Health Sciences Network To receive this report to note	Chief Executive	217
15. Big Green Scheme Annual Report To receive this report to note	Chief Operating Officer	221
16. Governors' Log of Communications To receive this report to note	Chairman	232
17. Any Other Business To consider any other relevant matters not on the Agenda	Chair	
Date of Next Meeting of the Board of Directors held in public: 31 March 2015, 11:00 – 13:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU		

Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on 29 January 2015 at 10:30, the Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board members present:
John Savage – Chairman
Robert Woolley – Chief Executive
Deborah Lee – Deputy Chief Executive/Director of Strategic Development
Sue Donaldson – Director of Workforce and Organisational Development
Paul Mapson – Director of Finance & Information
Sean O'Kelly – Medical Director
James Rimmer – Chief Operating Officer
Carolyn Mills – Chief Nurse
Emma Woollett – Non-Executive Director
David Armstrong – Non-Executive Director
Julian Dennis – Non-Executive Director
John Moore – Non-Executive Director
Guy Orpen – Non-Executive Director
Jill Youds – Non-Executive Director
Alison Ryan – Non-Executive Director
Lisa Gardner – Non-Executive Director

Present or in attendance:
Debbie Henderson – Trust Secretary
Isobel Vanstone – Corporate Governance Administrator (Minute Taker)
Penny Hilton – Fast-Track Executive
Aidan Fowler – Fast-Track Executive
Fiona Reid – Head of Communications
Sue Silvey – Public Governor/ Lead Governor
Florene Jordan – Staff Governor
Karen Stevens – Staff Governor
Brenda Rowe – Public Governor
Clive Hamilton – Public Governor
Bob Bennett – Public Governor
Pam Yabsley – Patient Governor
Anne Skinner – Patient Governor
John Steeds – Patient Governor
Wendy Gregory – Carer Governor
Marc Griffiths – Appointed Governor
Jeanette Jones – Appointed Governor
Mo Schiller – Public Governor
Bob Skinner – Trust Member

55/01/15 Chairman's Introduction and Apologies
There were no apologies for absence.

56/01/15 Declarations of Interest
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interests were received.

57/01/15 Minutes and Actions from Previous Meeting
The Board considered the minutes of the extra-ordinary meeting of the Board of Directors held in public on 22 December 2014 and approved them as an accurate record, subject to the following:
Page 9 – with regard to cancer targets should read "3 'potential' breaches". It was:

RESOLVED:

- **That the minutes of the meeting held 22nd December 2014 be agreed as an accurate record of proceedings, subject to amendments outlined in the minutes**

58/01/15 Matters Arising
Matters arising and actions complete were noted by the Board. With regard to action point 33/11/14, it was agreed to amend the completion date to April following a review of the structure and format of the Quality and Performance Report. It was:

RESOLVED:

- **That the completion date for action point 33/11/14 be amended to April following a review of the structure and format of the Quality and Performance Report**

59/01/15 Chief Executive Report
Robert Woolley gave an overview of the key issues addressed by the Senior Leadership Team in December 2014 and January 2015 and referred to the cancellation of the planned industrial action. Robert provided assurance that contingency plans were in place in the event of any forthcoming action. Robert also reported that the Children's Neuro Rehabilitation Unit had opened which will enhance and improve the care delivered for patients suffering from brain injuries and other neurological conditions in the region.

Robert referred to the 100,000 Genomes Project and the proposals regarding a submission to develop an NHS Genomic Medicine Centre for the West of England, working with North Bristol Trust. Robert noted the deadline for the second wave for tender submission as April 2015.

Board members were provided with a verbal update on progress relating to development of the Operating Plan and challenges around uncertainty in the external environment, particularly in relation to the proposals for the national tariff which is yet to be confirmed. Robert noted that uncertainty regarding the tariff will impact on the Trust's ability to develop planning scenarios to enter into contract negotiations with the Commissioners.

With regard to performance, the Senior Leadership Team had agreed to declare the standards failed in Quarter 3 to be the Referral to Treatment Non-Admitted, Admitted and ongoing pathways standards, the Accident and Emergency 4-hour standard and the 62-day GP and screening cancer standards. Robert also confirmed the recommendation to inform Monitor of planned ongoing failures and specific risks to the achievement of the 62 day screening and

GP cancer standards and the Accident and Emergency 4-hour standard as part of the narrative that accompanies the declaration. Robert also confirmed that challenges relating to Referral to Treatment times and the A&E 4-hour standard are of national concern.

Emma Woollett referred to the Partnership Review Report and the Bristol, North Somerset and South Gloucestershire System Leadership Group, formerly Healthy Futures Programme Board (HFPB), rated as a high risk. Robert Woolley noted that the HFPB had been disbanded following the demise of the Primary Care Trusts and that the high risk rating reflected the recent formation and infancy of the new group. It was:

RESOLVED:

- **That the Board receive the Chief Executive's Report to note**

60/01/15 Patient Experience Story

Carolyn Mills provided an overview of the report which reflected the care and compassion in non-clinical practice in UH Bristol and emphasised the importance of listening to the needs and preferences of our patients and their carers.

The story referred to a family with two children with complex disabilities visiting the Bristol Royal Hospital for Children following a period of receiving care outside of the Bristol Royal Infirmary. Their experience suggested that the Trust was failing in its support of patients with disabilities and the story illustrated how, by working together, practical improvements can be made to enhance the patient experience. James Rimmer confirmed that facilities for patients with a disability will be reviewed on an annual basis. Alison Ryan stated it was very important for patients to be clear on facilities available to them.

Board members took an opportunity to thank the family and patients involved for sharing their story with the Board. It was:

RESOLVED:

- **That the Board receive the Patient Experience Story for review**

61/01/15 Care Quality Commission Action Plans

Carolyn Mills confirmed that the Trust had submitted action plans to the Care Quality Commission on 12 January 2015 and noted that the plans were presented to the Board for assurance and addressed the internal compliance themes, which are largely concerned with improving the flow of patients through the hospitals back into the community.

Carolyn confirmed that completion of the actions will be monitored on a monthly basis by the Senior Leadership Team and the Quality and Outcomes Committee of the Board, commencing with progress reports from February.

Jill Youds felt that the actions were broad and felt encouraged by the system wide approach. James Rimmer reported that use of a system which provided weekly information on the key issues to be addressed is in place and provided a significant level of detail in order to monitor progress appropriately. James confirmed that the Urgent Care Working Group had responsibility to oversee these action plans from an external perspective. It was:

RESOLVED:
- **That the Board receive the Care Quality Action Plans for assurance**

62/01/15 Q2 Complaints and Patient Experience Reports
Carolyn Mills spoke to the report and with regard to the patient experience report, provided an overview of Trust and ward level feedback which reflected positive performance for the period.

Carolyn reported that complaints relating to delays had increased slightly month on month. With regard to specific areas whereby a high number of complaints have been reported, Carolyn confirmed that the patient experience team would work with these areas to identify areas of concern and where improvements can be made.

Emma Woollett commented on an informative report and queried if there had been evidence of an increase in complaints due to the failure to deliver the Referral to Treatment standard. Carolyn confirmed that there is no evidence to support this and provided assurance that all divisions are focused on the recovery plan.

Following a query from John Moore regarding the increase in complaints received for Specialist Services, Carolyn confirmed that this related to an increase in activity during quarter 2 and noted that this had decreased in Quarter 3. It was:

RESOLVED:
- **That the Board receive the Quarter 2 Complaints and Patient Experience Reports**

63/01/15 Quality and Performance Report
Overall Performance
Deborah Lee spoke to the report and noted a significant decrease in the number of complaints where performance had moved from red to amber. The Summary Hospital Mortality Indicator (SHMI) had deteriorated within the period moving from a SHMI score of 66.0 to a draft position of 86.9. Deborah confirmed that the total number of deaths was marginally above the Trust average in November. However, a higher proportion of cases had not been clinically coded at the point of data submission. It was confirmed that following completion of full clinical coding, the SHMI scores will improve. The Trust's performance remained significantly better than the national average.

Deborah reported that issues relating to patient flow remained challenging with an increase in time to initial assessment in the Emergency Department resulting in continued under-performance relating to the A&E 4-hour standard. Board members were notified of an increase in emergency admissions during December, particularly in relation to patients aged 75 and over. This had led to an increase in bed occupancy and more patients outlying from their speciality wards. Deborah reported a reduction in long stay patients at the end of December. However, an increase in higher dependency elderly patients with complex care packages for discharge had resulted in an increase of delayed discharges and longer stays during January.

Deborah stated that achievement of the Referral to Treatment time standards remained a challenge and reported failure of all three standards for the period.

Quality and Outcomes Committee Chair's Report

Alison Ryan made reference to the Serious Incident Report and a discussion which took place at the Quality and Outcomes Committee held on 27 January 2015. It was felt by members of the committee that although a great deal of information was provided, the report would benefit from a review to ensure the appropriate level of information was provided with regard to lessons learnt from serious incidents, and in terms of gaining assurance in relation to Trust performance.

With regard to the monthly nurse staffing figures, Alison referred to a lengthy discussion regarding issues relating to ensuring an appropriate level of supervision of nursing staff on the wards. Alison emphasised the importance of monitoring these issues via the Committee in future.

Workforce

Sue Donaldson reported continuing issues related to recruitment and retention and referred to further actions agreed by the Senior Leadership Team to improve retention Trust wide, particularly in relation to Nursing Assistants. In relation to the Operating Plan for 2015/16 Sue highlighted a priority as testing options related to the ability to meet and sustain recruitment levels in order to meet the workforce plan, including consideration of the international market for nursing and theatres staff. Sue expressed that it would be important to understand the international labour market and where there was most likelihood of being successful prior to commencing the exercise.

Access

James Rimmer reported that the dashboard remained challenging but, noted that a majority of the cancer standards had been achieved. He referred to challenges working collaboratively with the private sector but, reported that 140 patients had already been referred.

Lisa Gardner referred to fracture of neck of femur standards and a reported lack of surgical equipment at the weekend. Deborah Lee reported a high demand for the equipment within a 48 hour period and issues relating to timely return of the equipment as a result and provided assurance that amendments had been made to theatre timetables to mitigate this issue recurring in future.

Jill Youds referred to lack of assurance regarding the percentage of complaints responded to within the agreed timescale. Carolyn Mills stated that the decrease related to annual leave at senior manager level during the December period and provided assurance that appropriate key performance indicators were in place to ensure improved performance going forward.

Jill Youds referred to discussions at Quality and Outcomes Committee and Finance Committee regarding workforce constraints and the impact staff shortages can have on income and activity as well as quality. She queried the ability of the Trust to influence this on a sustainable basis as well as the impact on Referral to Treatment and short-term capacity issues to deal with waiting list backlogs. Sue Donaldson indicated that there were clearly challenges, particularly as there was a national problem regarding nursing and theatre staff, but there was considerable work underway across the Trust to mitigate the risks. The work to explore opportunities relating to the international labour market may make a contribution to addressing these issues but it was recognised that this was not the complete solution.

Lisa Gardner queried whether the Trust had seen an increase in the number of staff retiring due to the impact of changes to the pension reform. Sue Donaldson noted that this has not been currently highlighted as an issue, although the number of staff asking to retire and return was being monitored. It was:

RESOLVED:

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

64/01/15 Performance Recovery Plan Update

James Rimmer reported on the Performance Recovery Plan, outlining the Trust's plan for the key access performance targets for emergency care (A&E 4 hour standard), elective care (18 week referral to treatment times) and cancer (with particular focus on the 62 day referral standard). The paper highlights the current performance issues and the planned improvement trajectories.

A&E 4 Hour Standard

The Trust continues to strive to achieve the 4 hour standard of 95%. The standard has been under increasing strain nationally with the target being failed nationally for the most recent quarter; the Trust achieved 89.6% for quarter 3. A diagnostic of the system using the Alamac Toolkit had identified early discharge, 14 days plus length of stay, admissions exceeding discharges and 'Green to Go' patients as key determinants of performance.

The System-Wide Recovery Plan developed in September 2014 to address underperformance had been strengthened following the CQC report with six areas highlighted for action. The plan is governed by the Urgent Care Working Group which is chaired by Bristol CCG; the Chief Operating Officer is the Trust's representative and the Trust's Senior Responsible Owner for the plan.

Cancer Standards

The 62 GP/Screening standards remained a challenge due to the complex case mix of patients and late referrals from other providers. James provided an overview of the classification of breaches including those identified as part of a shared pathway. Each Trust shares the breach, in the event of a late referral; this can fully sit with one Trust but only by agreement. The Trust had previously tried to introduce late referral rules across providers but no agreement had been reached.

Referral to Treatment Times (RTT)

James noted performance at the end December as 84.33% for admitted patients, 89.91% for non-admitted, 87.46% for ongoing and 177 patients waiting over 40 weeks. James referred to the Plan for a Plan presented to the October meeting of the Board which provided an overview of understanding of demand and capacity gaps for each specialty and recovery trajectories. James referred to the revised service delivery plans and RTT recovery trajectories. The divisions had submitted a delivery plan for each specialty based on the information available as at 22nd January 2015.

Robert Woolley advised that an Operating Plan Steering Group had been established with Executive and Divisional Directors to help manage the complexity in the model, the risks and uncertainty regarding contracts, and planning for 2015/16. Robert emphasised the need to have a plan which would lead to sustainable performance and management of associated

risks. The Board will be required to approve the plan as part of the Trust's Operating Plan at the March meeting of the Board.

Following a query from John Moore regarding core capacity, Robert stated that the Senior Leadership Team is currently looking core and additional capacity. James Rimmer confirmed that additional capacity from the independent sector will impact positively on performance. With regard to capacity, Deborah Lee referred to the challenges relating to fixed term contracts as opposed to substantive posts and suggested mobilising existing staff.

Jill Youds asked if the trajectories were realistic and Robert Woolley confirmed that senior management, divisional leaders and teams are united in understanding the need for successful delivery of the plan. Robert noted that the plan had been subject to a collaborative approach in the Senior Leadership Team working with the divisions on the scope of the delivery plans. It was:

RESOLVED:
- **That the Board receive the Performance Recovery Plan Update for assurance**

65/01/15 Transforming Care Report
Robert Woolley spoke to the report and highlighted the positive messages with regard to the Operating Model Project. The aim of the project was to ensure that elective and urgent tertiary activity could proceed through periods of high demand for acute medical care. Robert reported that the Trust aimed to achieve this by establishing a managed pathways model across planned care services including a protected bed strategy and supporting scheduling tools and processes.

Following a query from Alison Ryan, Robert confirmed that Simon Chamberlain's team provided skilled transformation capacity for priority projects relevant to business objectives and confirmed that a new approach had been implemented in relation to cultural change. It was:

RESOLVED:
- **That the Board receive the Transforming Care Report for assurance**

66/01/15 Report on Staffing Levels Adult Inpatient Wards including Midwifery, Bristol Children's and Non Ward Based Nursing and Midwifery Workforce January 2015
Carolyn Mills spoke to the report which provided further assurance to support the Trust's delivery in its responsibilities for ensuring safe nurse staffing levels. Carolyn referred to the Board's ability to demonstrate that robust systems are in place to assure themselves that staffing capacity and capability in the Trust is sufficient to deliver safe and effective care.

Jill Youds referred to the operational resilience funding and queried the bank to agency ratio. Carolyn confirmed that recruitment capacity conforms to ratio; however, the Trust does have a reliance on bank staff.

Carolyn referred to risks identified within the division of Medicine with regard to planned and unplanned admissions. John Moore reported that this had been a very encouraging report and provided a strong level of assurance. It was:

RESOLVED:
- **That the Board receive this report for assurance**

67/01/15 Finance Committee Chair's Report
Lisa Gardner reported that John Lund (Finance Manager for Women's and Children's Division) and Ian Barrington (Divisional Director for Women's and Children's Division) had attended the Finance Committee to provide an update on the transfer of all Specialist Paediatrics and noted that this report had been very positive, particularly from the CQC impact on staff morale.

Lisa explained that the Committee had discussed backlogs and capacity issues and noted the uncertainty in relation to planning for 2015/16 financial year. Paul Mapson provided an in-depth review of financial planning based on information currently available. Other items which had been discussed include flexible beds, balance of safety, deficits in divisions and the effects of winter pressure money spent.

Lisa confirmed a submission to Monitor of a Financial Risk Rating of 4. It was:

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

68/01/15 Finance Report
Paul Mapson reported that the income and expenditure account demonstrated a surplus of £5.8m as at 31 December 2014. This represents a favourable variance of £0.752m against the plan to date. The Divisional position had deteriorated further by £1.548m in December to a cumulative overspend offset by underspend on corporate services together with contributions to the Trust's overall financial position from the corporate share of service agreement income, reserves, capital charges and financing costs.

The Trust remained on target to deliver the planned surplus of £5.8m for the year. With regard to the Operational Resilience funding of £3.942m, £1.231m had been recognised as income to meet additional capacity costs incurred. It is expected that this funding will be fully utilised by 31 March 2015 and will not therefore contribute to the year-end financial position. It was:

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

69/01/15 Quarterly Capital Project Status Report
Deborah Lee spoke to the report on progress, issues and risks arising from the Trust's remaining major capital developments governed via the Strategic Development Department and associated programme infrastructure.

Deborah noted that the BRI Terrell Street Development achieved practical completion on the 19th December 2014 with the successful handover of level 9. All cubicles on Ward A600, ITU, had been redeveloped and are complete with a planned occupation date of 3rd February.

Final priorities are to consider how the office space is utilised and finalisation of the plan for the infection control cohort area. It was:

RESOLVED:
- **That the Board receive the Quarterly Capital Project Status Report for assurance**

70/01/15 Monitor Feedback on Q2 Risk Assessment Framework Submission
Robert Woolley referred to the Monitor feedback following the Trust's Quarter 2 submission, submitted to the Board for information. It was:-

RESOLVED:
- **That the Board accepts the Monitor feedback on Quarter 2 Risk Assessment Framework Submission to note**

71/01/15 Q3 Risk Assessment Framework Monitoring and Declaration Report
Robert Woolley referred to the proposed declaration against Monitor's Risk Assessment Framework for Quarter 3 for approval including the following:

- A submission against the 'Governance Rating' reflecting the standards failed in quarter 3 to be, RTT non-admitted, admitted and ongoing pathway standards, the A&E four-hour waiting time standard, and the 62-day GP/Screening cancer standards;
- That the planned ongoing failure of these standards are flagged to Monitor, as part of the narrative that accompanies the declaration;
- That the Board anticipates that the Trust will continue to maintain a Continuity of Services risk rating of at least 3 over the next 12 months; and
- That there are no matters arising in the quarter requiring an exception report. It was:

RESOLVED:
- **That the Board approve the Quarter 3 Risk Assessment Framework Monitoring and Declaration Report for submission by 30th January 2015**

72/01/15 Audit Committee Chair's Report
John Moore provided a verbal update following the meeting of the Audit Committee held 25 January 2015. Reports were received on: Internal Audit; Counter Fraud; Losses and Compensation; Single Tender Actions; Risk Management Group; and Clinical Audit.

John Moore referred to a reference by External Audit regarding a new format to the Annual Report for 2014/15 to align FT reports with those of quoted companies. Debbie Henderson confirmed that this related to a new requirement for an External Audit opinion on the Trust's compliance with Monitor's Code of Governance. Debbie confirmed that this is undertaken each year as part of the production of the Annual Report and will discuss the expectations with the External Auditors regarding the evidence required to provide the opinion.

With regard to Internal Audit, Russ Caton (Internal Auditor) noted delayed audits. It was agreed to reallocate the planned hours for those audits to extend the Estates Audit. John provided an overview of the recently released audits and ratings and noted that the Audit

Committee was reassured that action plans are in place to implement the recommendations, and the Trust will monitor progress on these important issues.

There was considerable discussion around consultant job planning, and the importance of linking the job plans to the Divisional Capacity Plans. John explained that compared to some other trusts, the job planning system was impressive, but it was agreed that further improvements were needed.

Local Counter Fraud Service (LCFS) – the Committee learnt that the Trust and the LCFS was unexpectedly audited by NHS Protect and received a green rating. All recommendations for improvement had been implemented. John referred to ongoing fraud investigations and noted that the Trust continued to take these seriously.

Write-offs during the quarter in relation to losses totalled £120k which is again higher than normal due to clearing an old backlog of bad debts. New procedures are being implemented to reduce these risks.

With regard to Single Tender Actions, John confirmed this as a standing agenda item for the Audit Committee going forward. The Single Tender Action policy was reviewed and proposed changes to our Standing Financial Instructions were discussed.

The Audit Committee received the quarterly minutes and report of the Executive Risk Management Group and it has been agreed that the action log will also be presented to future meetings. The committee were reassured by the reports, and also discussed the escalation procedures between divisional risk registers and the corporate risk register including the importance of triangulation with the Board Assurance Framework.

The Audit Committee received assurance that pace is being maintained in terms of the priority 1 & 2 Clinical Audit Projects. Benchmarking of other trusts clinical audit approach are near completion. It was:

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

73/01/15 Board Assurance Framework Report
Deborah Lee provided an overview of the Board Assurance Framework and an update on progress against the Trust's objectives at the end of Quarter 3 and assurance of the control of associated risks to delivery. Four objectives were reported as high risk and are therefore rated as red relating to delivery of the savings programme; delivery of the annual quality objectives and quality improvements; delivery of the RTT recovery plans; and improvements to cancer performance targets. It was:-

RESOLVED:
- **That the Board approve the Board Assurance Framework**

74/01/15 Corporate Risk Register
Robert Woolley reported that the Corporate Risk Register contains risks identified as having a potential impact on corporate objectives, including risks identified in and escalated from

divisions. Robert reminded Board members that risks are formally approved for inclusion on and removal from the Corporate Risk Register by the Senior Leadership Team and noted two de-escalated risks and three amendments to corporate risk ratings. No new corporate risks were noted and no risks were closed during the period. It was:

RESOLVED:
- **That the Board receive the Corporate Risk Register for approval**

75/01/15 Revised Trust Constitution
Debbie Henderson spoke to the report which outlined the revised Constitution, Standing Orders and Governors Code of Conduct.

Wendy Gregory referred to the reference to age relating to carer governors and it was agreed to revisit this as part of the annual review in 2015. Following comments received from members of the Council of Governors regarding the document 'Role of Governor', in particular the role of the Lead Governor, it was agreed to separate this document and review it via the Governors' Constitutional Focus Group and submit this to Board of Directors and Council of Governors in April for approval.

Following a query from Clive Hamilton regarding the quoracy of the Board as 50% of voting Board members and the suggestion to increase the number of Non-Executive members within the quoracy, Debbie Henderson noted that the Constitution would be amended to 'two' Non-Executive Directors and one Executive Director and it was agreed that this would be revisited as part of the annual review in 2015. It was:-

RESOLVED:
- **That the Standing Orders be amended to reflect Board quoracy of 50% of voting members of the Board including two Non-Executive Directors and one Executive Director**
- **That the Board approve the revised Trust Constitution, Standing Orders and Governors' Code of Conduct subject to the amendments outlined in the minutes**

76/01/15 Register of Seals
The Board accepted the Register of Seals as a true and accurate record. It was:-

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

77/01/15 Big Green Scheme Annual Report
It was agreed to defer the Big Green Scheme Annual Report to the next Board Meeting scheduled to take place on 27 February 2015. It was:

RESOLVED:
- **That the Big Green Scheme Annual Report be deferred to the February meeting of the Board**

78/01/15 Governor's Log of Communications
The Chairman reported that the Governor's Log had been acted upon. It was:-

RESOLVED:
- **That the Board receive the Governor's Log of Communications to note**

79/01/15 Any Other Business
There no further issues to report

Meeting close and Date and Time of Next Meeting
There being no other business, the Chair declared the meeting closed
The next meeting of the Trust Board of Directors will take place on Friday 27 February 2015, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

……………………………………. …………………2015
Chair Date

Trust Board of Directors meeting held in Public 29th January 2015
Action tracker

Outstanding actions following meeting held 29th January 2015					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1	**77/01/15**	The Big Green Scheme Annual Report be deferred to the February meeting of the Board	Chief Operating Officer	February 2015	Complete – agenda item 15
2	**33/11/14**	Discussion regarding structure and format of the Quality and Performance Report to ensure it remains fit for purpose	Director of Strategic Development/ Deputy CEO	April 2015	N/A
Completed actions following meeting held 29th January 2015					
3	**75/01/15**	Standing Orders to be amended to reflect Board quoracy of 50% of voting members of the Board including two Non-Executive Directors and one Executive Director	Trust Secretary	January 2015	Complete

Cover Sheet for a Report for the Public Trust Board Meeting to be held on 27 February 2015 at 11:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 05 – Chief Executive's Report – February 2015
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
List your appendices, including your Report in the following format: • Senior Leadership Team Report

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – FEBRUARY 2015

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in February 2015.

2. QUALITY, PERFORMANCE AND COMPLIANCE

The group **noted** the current position in respect of performance for Quarter 3 2014/2015 against Monitor's Risk Assessment Framework.

The group **received** an update on the financial position for the current year.

The group **received** updates on the current status of the compliance actions following the Care Quality Commission inspection, for both internal Trust actions and the external pan-Bristol 'patient flow' actions.

3. STRATEGY AND BUSINESS PLANNING

The group **noted** an update on the business planning round 2015-2016 and development of Divisional and Trust Operating Plans for that period.

The group **supported** inclusion of the Business Case to establish a Medical Equipment Library in the Bristol Royal Infirmary in the list of internal cost pressure bids, the outcome of which was to be agreed, as part of the Operating Plan process.

The group received an outline proposal for cardiac surgery expansion and **approved** further work to develop a Full Business Case.

The group **supported** recommendations around the urgent completion of Phase 1 of the Way-finding and Signage Implementation, noting that Phase 2 was subject to the Operating Plan sign-off process.

The group **endorsed** a number of recommendations to support the recruitment and retention of staff, particular in shortage specialties.

The group received an update on the current position of the Bristol Royal Infirmary bed base for 2015/2016 and **endorsed** further work to develop a revised bed configuration, subject to the Operating Plan process.

The group **approved** the proposal to repeat the Recognising Success Awards event in 2015, subject to funding agreement, and **agreed** further consideration be given to the design and in response to feedback that had been received.

4. RISK, FINANCE AND GOVERNANCE

The group **received** the headline results from the National Accident and Emergency Survey for UH Bristol and **approved** the local analysis report for onward submission to the Quality and Outcomes Committee and Trust Board. The group asked for congratulations to be passed to the Bristol Royal Infirmary and Bristol Eye Hospital Emergency Departments for these results.

The group **noted** the project timelines for the Monitor Well-Led Governance Review, including the requirements of the additional Divisional Governance review, which the Senior Leadership Team had invited.

The group **received** an update on the outcome of the Peer Review self-assessment for adult trauma services ahead of the Peer Review visit in March 2015.

The group **received** the Quarter 3 2014/2015 Workforce report, noting its onward submission to the Quality and Outcomes Committee and Trust Board.

The group **noted** low impact Internal Audit Reports in relation to Procurement and Main Accounting.

Reports from subsidiary management groups were **noted**, including an update on the work of the Transforming Care programme and on the activities of the Communications Department.

The group **noted** risk exception reports from Divisions. No new high risks were reported.

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
February 2015

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 Febuary 2015 at 11:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

6. Patient Experience Story
Purpose
Abstract
Recommendations
The Board is asked receive the report for assurance.
Report Sponsor
Carolyn Mills, Chief Nurse
Appendices
Appendix 1 – Patient Story

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other

Patient Story – Division of Surgery Head and Neck

Summary
The following compliment, posted on the Trust's website, was received from a patient who had undergone ear, nose and throat surgery at St Michael's Hospital. Previous experience of similar procedures elsewhere meant the patient was anxious about the procedure. The compliment was received from the patient who praised:

- The outstanding care received at the hospital.
- The ability of the staff team to offer and provide reassurance at a time of anxiety.
- The time the surgical team took to explain and answer questions about the procedure.
- The small yet personal touches that made all the difference to how the patient felt.
- The caring and professional nature of the clinical and non-clinical staff throughout the care pathway.

The compliment has been edited to remove patient and staff identifiable information.

The patient wrote:
"I am writing to you to describe the outstanding care I received whilst I was patient at St Michael's hospital. I attended the surgical day unit for my ear, nose and throat operation (ENT). I was very nervous and anxious due to previous surgical and anaesthetic complications from past surgeries performed at Southmead hospital, yet the nurse assigned to look after me, Nurse A, was very reassuring and kind. I waited to be seen by the anaesthetist, Dr B, who was fantastic. She was so thorough, checking through all my past notes, asking me about my medical history, any concerns or worries I had and offered me a pre-med tablet to calm my nerves, which I was grateful for and was very kind. Dr C, also came to see me beforehand on the ward and was also very reassuring and explained everything to me. After taking the pre-med I do not remember a lot as I was very drowsy, but what I do remember was the anaesthetic nurse, Nurse D, being very reassuring saying she would stay with me the whole time and held my hand as I went to sleep - this may seem like a little thing but was very reassuring as an anxious patient to have someone there like that. The next thing I remember is waking up in recovery. Nurse E was lovely and gave me some pain relief and stayed with me the whole time until my pain was under control. When I was ready to go back to the ward the porter was so polite and friendly- a gentleman called Mr F took me back to my bed on the ward. The aftercare from all of the staff on the ward was amazing. They assisted me to the toilet, gave me something to eat as soon as I was ready and offered drinks to myself and my partner. Nursing Assistant G was absolutely fantastic and I personally thought she was a nurse at first! I became quite anxious when some bleeding through the dressing started occur, but she very calmly came and changed my dressing, applied ice and gave me an ice pop explaining how this would help stem the ooze. Her professionalism calmed me down straight away, informing me that this was normal for some patients afterwards and her methods stopped the oozing. There was a query at discharge over some medications, Nurse A and another nurse, H, ensured that this was resolved and fully explained to me before being discharged and should I have any queries to not hesitate to contact the ward.

There was a student nurse present who also looked after me and removed the cannula from my hand with one of the nurses. He too was very professional and I heard him check any queries with one of the other nurses and was friendly and polite - unfortunately I cannot remember his name. I would just like to thank the whole team of staff both in theatres and on the surgical day unit for their fantastic care. It has really reassured me should I need further surgery to try not to get so anxious! Many thanks once again!"

In response to a request to share this patient's feedback with Trust Board, the patient wrote:

"Thank you for your email to gain my consent, that is very courteous. Yes, most definitely you have my full consent to present my case to the board. I am very grateful for the fantastic treatment from all staff of all grades, even the bookings clerk Ms I, was most helpful in rescheduling my theatre date and ensuring I revived letters notifying me of any changes. Dr C's registrar, Dr J, was very helpful throughout the whole process and on my operation day, coming to assess me in recovery and say how the operation went and again checking on me on the ward. After experiencing ENT from other surgeons I would most definitely ask for Dr C should I need any future ENT procedures- what a fantastic surgeon! I really can't praise Dr B enough- such a caring yet professional attitude towards her patients which was lovely to see. The whole experience has really reassured me that should I need the procedure again (which is quite probable from my condition) that I would opt to have it at St Michaels. It is lovely to hear that the praise has been passed to the nursing staff and hopefully to the medical staff also. If I can be of any further assistance please do not hesitate to contact me."

Good Practice

- The patient used the Trust's web-based feedback facility to share their story. The feedback was forwarded to the Division and the Patient Experience Team by the Trust's Communications Team.
- Consent to share the story with Trust Board was sought.
- Previous experiences of surgery elsewhere resulted in the patient feeling anxious about the procedure. The clinical and non-clinical team offered the patient consistent and sensitive support throughout the care pathway offering the patient the reassurances they sought.
- The compliment cited individuals by name, which is reflective of the personal touch fostered by the service.

Learning

The story serves as a reminder that previous experiences of care can impact on the confidence a patient has in relation to a procedure. What we say and the behaviours we demonstrate can make all the difference to the patient experience. In this instance the support and reassurances offered by the team stand equally with the quality of clinical care the patient received.

Action taken

This story was shared with the teams and individuals involved in the care of the patient as a way of acknowledging and re-affirming the good practice demonstrated.

February 2015

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 27 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

7. Quality & Performance Report January

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 Board is recommended to receive the report for **assurance**

Report Sponsor

'Overview' – Deborah Lee (Deputy Chief Executive/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)

Authors

- Xanthe Whittaker (Head of Performance Assurance & Business Intelligence / Deputy Director of Strategic Development)
- Anne Reader (Head of Quality (Patient Safety))
- Heather Toyne (Assistant Director of Workforce Planning)

Appendices

- None

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
		Wednesday 25th February			

SUMMARY QUALITY & PERFORMANCE REPORT

February 2015

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A Performance Overview ---------------------

B Organisational health barometer ---------------------

C Monitor's Compliance Framework ---------------------

1. QUALITY

1.1 Quality dashboard ---------------------

1.2 Summary ---------------------

1.3 Changes in the period ---------------------

1.4 Exception reports ---------------------

1.5 Supporting Information ---------------------

2. WORKFORCE

2.1 Summary ---------------------

2.2 Exception Reports ---------------------

2.3 Supporting Information ---------------------

3. ACCESS STANDARDS

3.1 Summary

3.2 Access dashboard

3.3 Changes in the period

3.4 Exception reports

SECTION A – Performance Overview

Summary

The key changes to Organisational Health Barometer indicators between the Previous and Current reported periods are as follows:

Improvements in the period:

Moving from RED to GREEN – 1 indicator

- Summary Hospital-level Mortality Indicator (SHMI) – moving from a SHMI score of 85.8 to 58.7; further investigations continue into why the November reported position moved this indicator into a RED rating;

Moving from RED to AMBER – 1 indicator

- Savings Plan achievement – see separate Finance Report for further details

Deteriorations in the period:

Moving from GREEN to RED – 2 indicators

- Same sex accommodation breaches – with a single breach involving four patients, in order to avoid patients waiting a long time in the Emergency Department;
- Emergency readmissions within 30 days of discharge – year-to-date levels of emergency readmissions remain GREEN rated.

Moving from AMBER to RED – 2 indicators

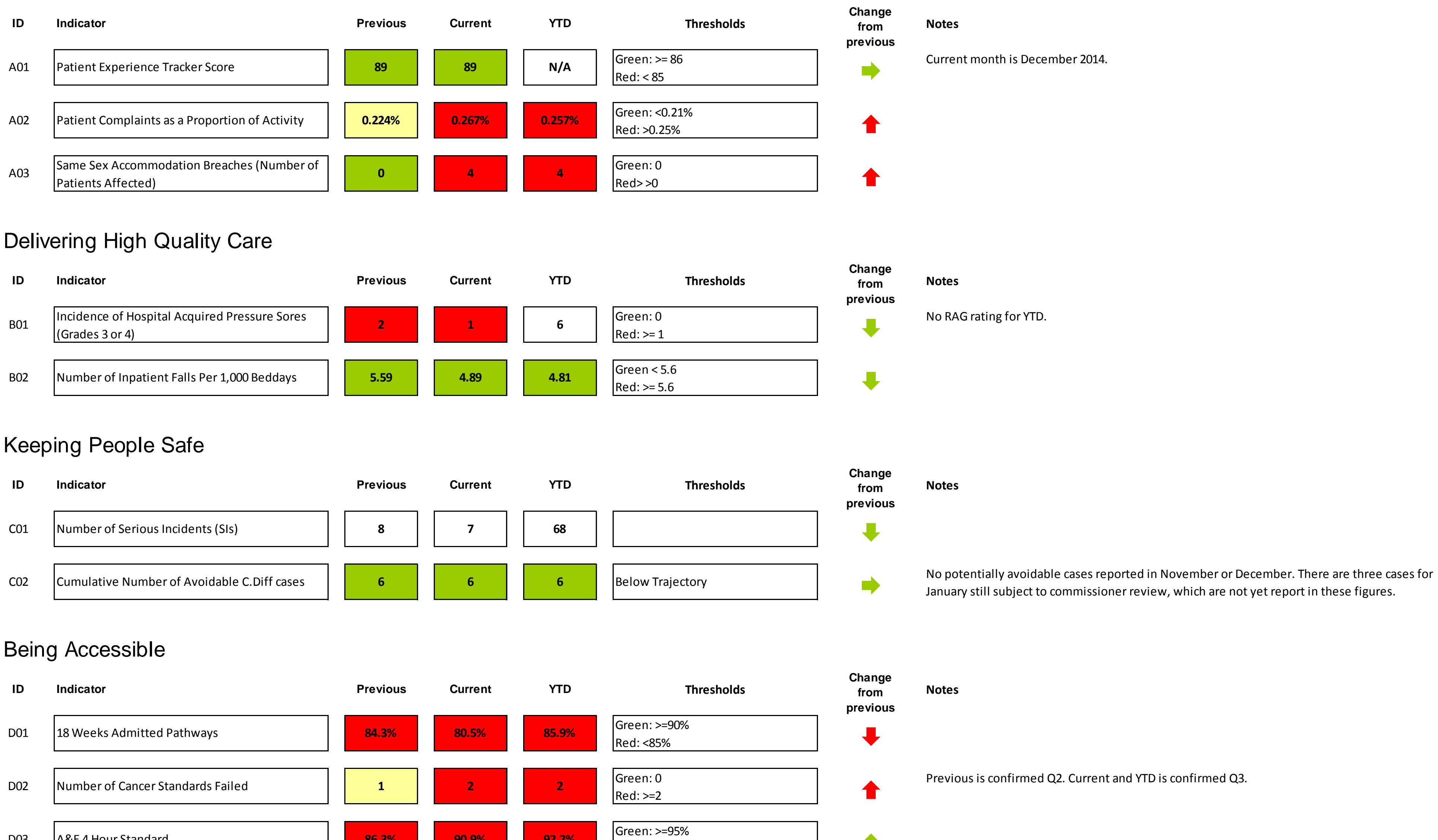
- Patient complaints (as a percentage of activity) – now 0.017% above the RED threshold;
- Number of cancer standards failed - The 62-day referral to treatment GP and 62-day Screening standards were confirmed as failed at the end of quarter 3, as previously reported. Further details of performance against these standards can be found in the *Access* section of this report.

The Organisational Health Barometer continues to highlight the challenges in meeting national waiting times standards in the face of rising demand and increasing patient complexity. The impact of the Trust's performance against the access standards is reflected in the Monitor Risk Rating, and also in the contract penalties forecast. Overall Trust level performance against the 4-hour standard improved in January due to an easing of emergency flow pressures at the Children's Hospital. However, patient flow at the 'front door' of the Bristol Royal Infirmary (BRI) remained challenging. The number of emergency admissions into the Bristol Royal Infirmary showed a small increase in the period. In combination with an increase in the number of over 14 day stays, which included delayed discharges, flow at the 'back-door' slowed, increasing bed occupancy. This led to more patients outlying from their specialty wards, and longer stays in hospital. Encouragingly, there was a significant reduction in the number of patients waiting over 18 weeks from Referral to Treatment in the period, for both non-admitted and admitted patient pathways. The Trust remains on track to

deliver further reductions in long waiters in February, in line with the agreed trajectories for recovery of performance against the RTT standards during 2015/16.

For quarter 4 to date, the Trust is failing six of the standards in Monitor's Risk Assessment Framework. These were the A&E 4-hour standard, the Referral to Treatment Time (RTT) Admitted, Non-admitted and Ongoing standards, and the 62-day GP and Screening Cancer Standards. In Monitor's Risk Assessment Framework failure of all three RTT standards, as in the current quarter, is capped at a score of 2.0. The two 62-day cancer standards are grouped into a single combined indicator, scoring 1.0. Overall this gives the Trust a Service Performance Score of 4.0 against Monitor's Risk Assessment Framework. Having restored the Trust to a GREEN rating for quarter 1, Monitor has requested further information following multiple breaches of the A&E, Referral to Treatment and cancer waiting time targets, before deciding next steps.

SECTION B – Organisational Health Barometer



Providing a Good Patient Experience

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
A01	Patient Experience Tracker Score	89	89	N/A	Green: >= 86 Red: < 85	→	Current month is December 2014.
A02	Patient Complaints as a Proportion of Activity	0.224%	0.267%	0.257%	Green: <0.21% Red: >0.25%	↑	
A03	Same Sex Accommodation Breaches (Number of Patients Affected)	0	4	4	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)	2	1	6	Green: 0 Red: >= 1	↓	No RAG rating for YTD.
B02	Number of Inpatient Falls Per 1,000 Beddays	5.59	4.89	4.81	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)	8	7	68		↓	
C02	Cumulative Number of Avoidable C.Diff cases	6	6	6	Below Trajectory	→	No potentially avoidable cases reported in November or December. There are three cases for January still subject to commissioner review, which are not yet report in these figures.

Being Accessible

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
D01	18 Weeks Admitted Pathways	84.3%	80.5%	85.9%	Green: >=90% Red: <85%	↓	
D02	Number of Cancer Standards Failed	1	2	2	Green: 0 Red: >=2	↑	Previous is confirmed Q2. Current and YTD is confirmed Q3.
D03	A&E 4 Hour Standard	86.3%	90.9%	92.2%	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	85.8	58.7	63.9	Green: <65 Red: >=75	↓	Previous is November 2014 and Current is December 2014.
E02	30 Day Emergency Readmissions	152	328	2504	Below 13/14 Readmission Rate	↑	Previous is November's discharges where there was an emergency Readmission within 30 days. Current is December's discharges.

Being Efficient

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
F01	Overall Length of Stay (Spell)	4.31	4.46	4.25	Green: <= Quarterly target 3.70 Red: >= Quartrely target 3.70	↑	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	83.5%	87.3%	87.2%	Green: >= 90% Red: < 90%	↑	
F04	Outpatient appointment hospital cancellation rate	8.7%	9.1%	8.9%	Green: <=6.0% Red: >=10.7%	↑	

Valuing Our Staff

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
G01	Turnover	13.5%	13.8%	12.7%	Green: < target Red: >=10% above target	↑	
G02	Staff Sickness	4.4%	4.6%	4.0%	Green: < target Red: >=0.5 percent pts above target	↑	Staff Sickness unaltered from last month. January 2015 data not available

Promoting Research

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
H02	Cumulative Weighted Recruitment	34,922	39,359	39,359	Green: Above 2012 Red: Below 2012		Current (and YTD) is rolling Calendar YTD position. Previous is Jan-Oct 2014 and Current is Jan-Nov 2014
H03	Percentage of Studies Meeting the 70 Day Standard (Submission to Recruitment)	53.6%	51.0%	51.0%	Green: >=53% (Upper Quartile) Red: <48% (Median)	↓	Previous is Q1 2013/14 – Q4 2013-14. Current is Q2 2013/14 - Q1 2014/15. 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	4	4	N/A	Green: < 4 Red: > = 4		Previous shows the Q3 declared poisition. Current shows the position in quarter 4 to date. Please note that Monitor is still to confirm the Trust's official rating for quarter 3.

Delivering Our Contracts

The Previous column represents Month 9. Current (and YTD) represents Month 10 2014/15.

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
K01	Financial Performance Against CQUINs (£millions)	£7.55	£7.86	£7.86	> 50% Green < 50% Red		This is Potential year-end rewards and reflects assessment of performance as at December (80%).
K02	Contract Penalties Incurred - Variance From Plan (£millions)	£0.71	£1.29	£0.71	Green: Below Plan Red: Above Plan		Data is variance above (+) or below (-) plan, with a higher negative value representing better performance.YTD and Current is variance reported for January which reflects assessments available so far for all penalties including now an estimate for potential EMTA, although this is not yet agreed with commissioners.

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 Savings 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	4.0	4.0	Green: >=3.0 Red: <2.5		
L04	Savings plan achievement	71%	80%	80%	Green: >=90% Red: < 75%		

Notes

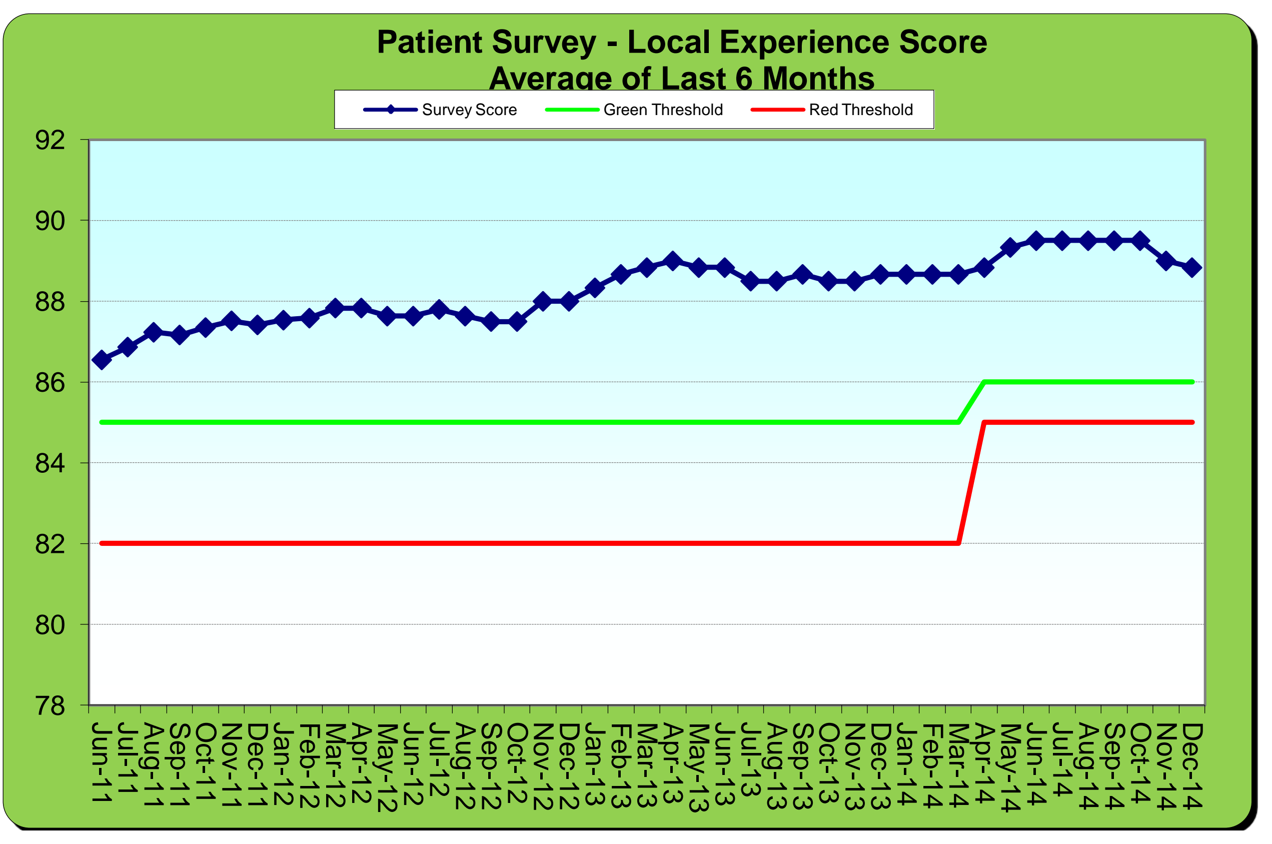
Unless otherwise stated, Previous is December 2014 and Current is January 2015

YTD (Year To Date) is the total cases/cumulative score for the year so far, from April 2014 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.

Organisational Health Barometer – exceptions summary table

Indicator in exception	Exception Report	Additional information
Patient complaints as a proportion of activity	In *Quality* section of this report	
Same sex accommodation breaches	See Additional Information	Four breaches occurred in one single occasion in the month, with the decision taken to accommodate male and female patients together for a short period in order to avoid long waits for patients in the Emergency Department. The duration of the breach was a total of ten hours for these four patients. Patients were screened and provided with separate toilet facilities.
Hospital acquired pressure ulcers (grade 3 or 4)	In *Quality* section of this report	
18-week Referral to Treatment Times (RTT) admitted pathways	In *Access* section of this report	
Number of cancer standards failed	See Additional Information	The 62-day GP and 62-day Screening waiting times standards were confirmed as failed at the end of quarter 3, as previously reported. Further details of performance against these standards can be found in the *Access* section of this report.
A&E 4-hour standard	In *Access* section of this report	
30 Day Emergency Readmission	In *Quality* section of this report	
Overall Length of Stay	See A&E 4-hour Exception Report in the *Access* section of this report.	
Theatre productivity	See Additional Information	Overall theatre utilisation was lower than in October. This was mainly due to high levels of theatre staff sickness in the month, mainly at the Children's Hospital.
Staff sickness	In the *Workforce* section of this report	
Turn-over	In the *Workforce* section of this report	
Monitor Governance Risk rating	See Section C - *Monitor Risk Assessment Framework*	
Contract penalties above plan	See separate *Finance Report*	


Patient Survey - Local Experience Score
Average of Last 6 Months
Survey Score
Green Threshold
Red Threshold
92
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
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
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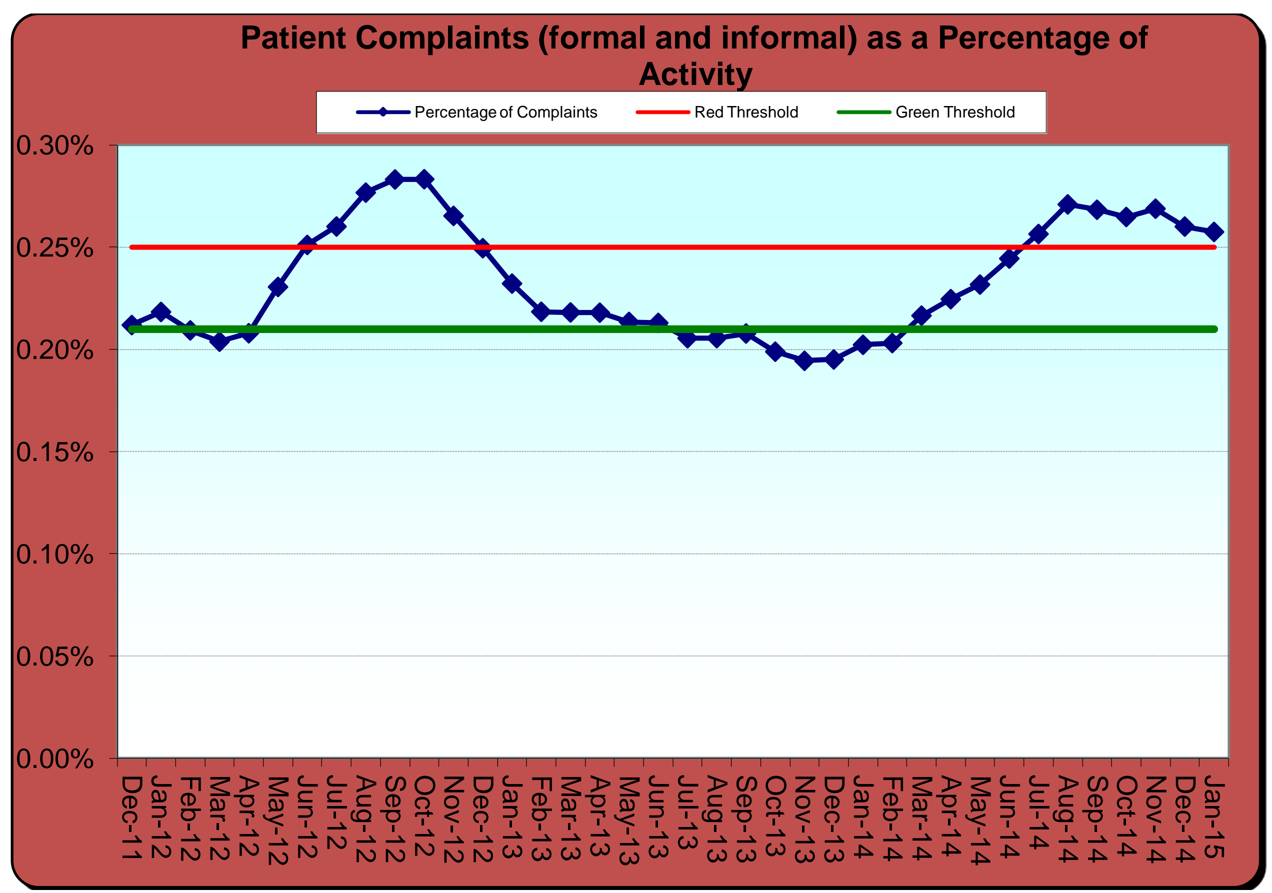
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14


Patient Complaints (formal and informal) as a Percentage of Activity
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
Feb-13
Mar-13
Apr-13
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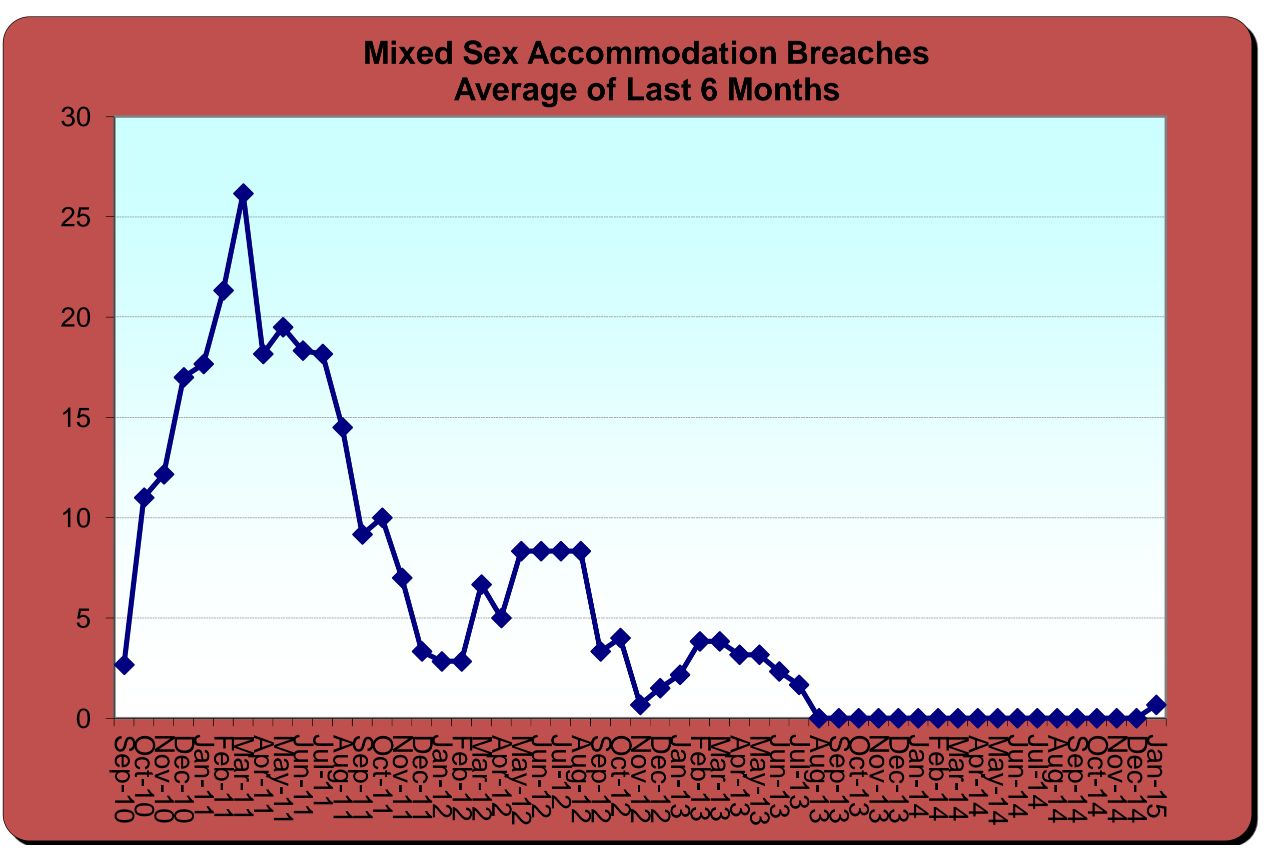
Dec-14
Jan-15


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
Sep-11
Oct-11
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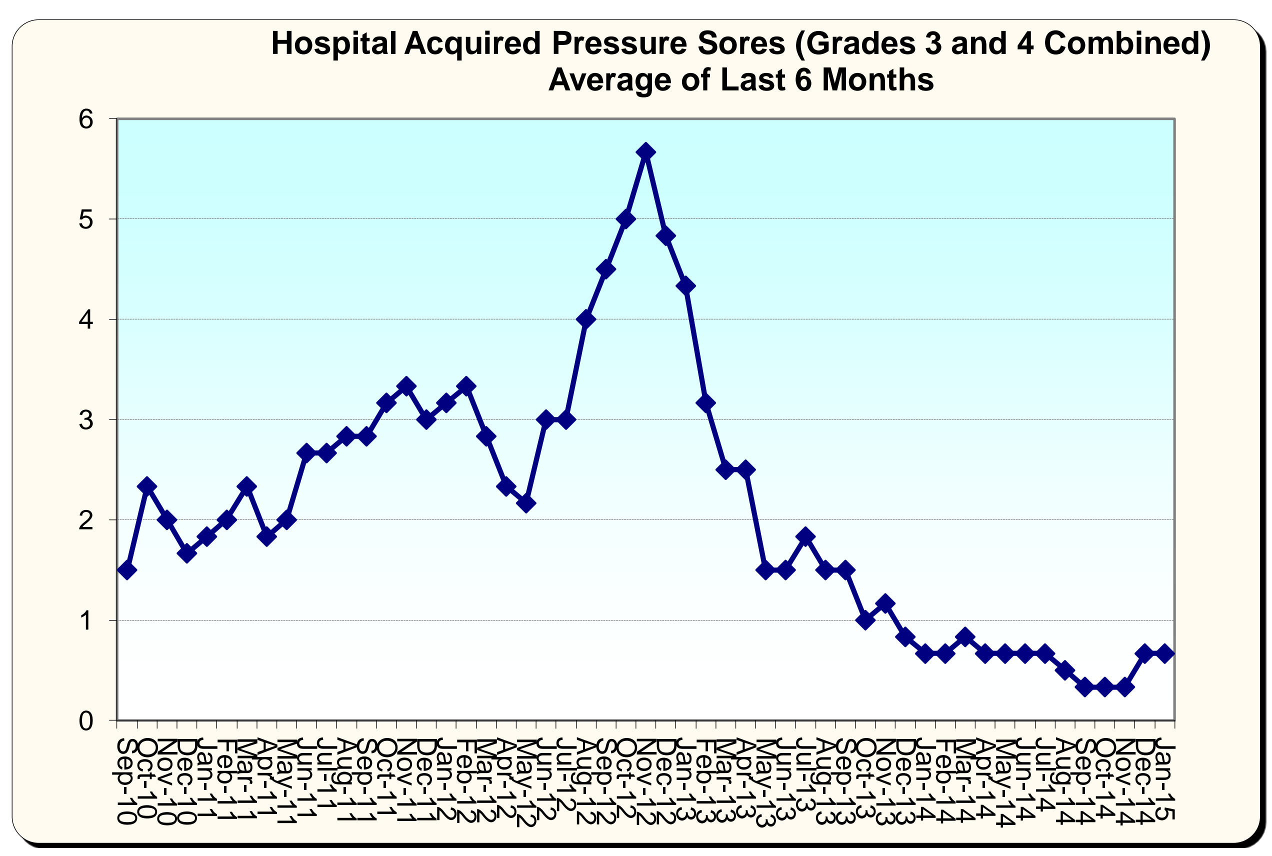
Dec-14
Jan-15


Hospital Acquired Pressure Sores (Grades 3 and 4 Combined)
Average of Last 6 Months
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
Sep-11
Oct-11
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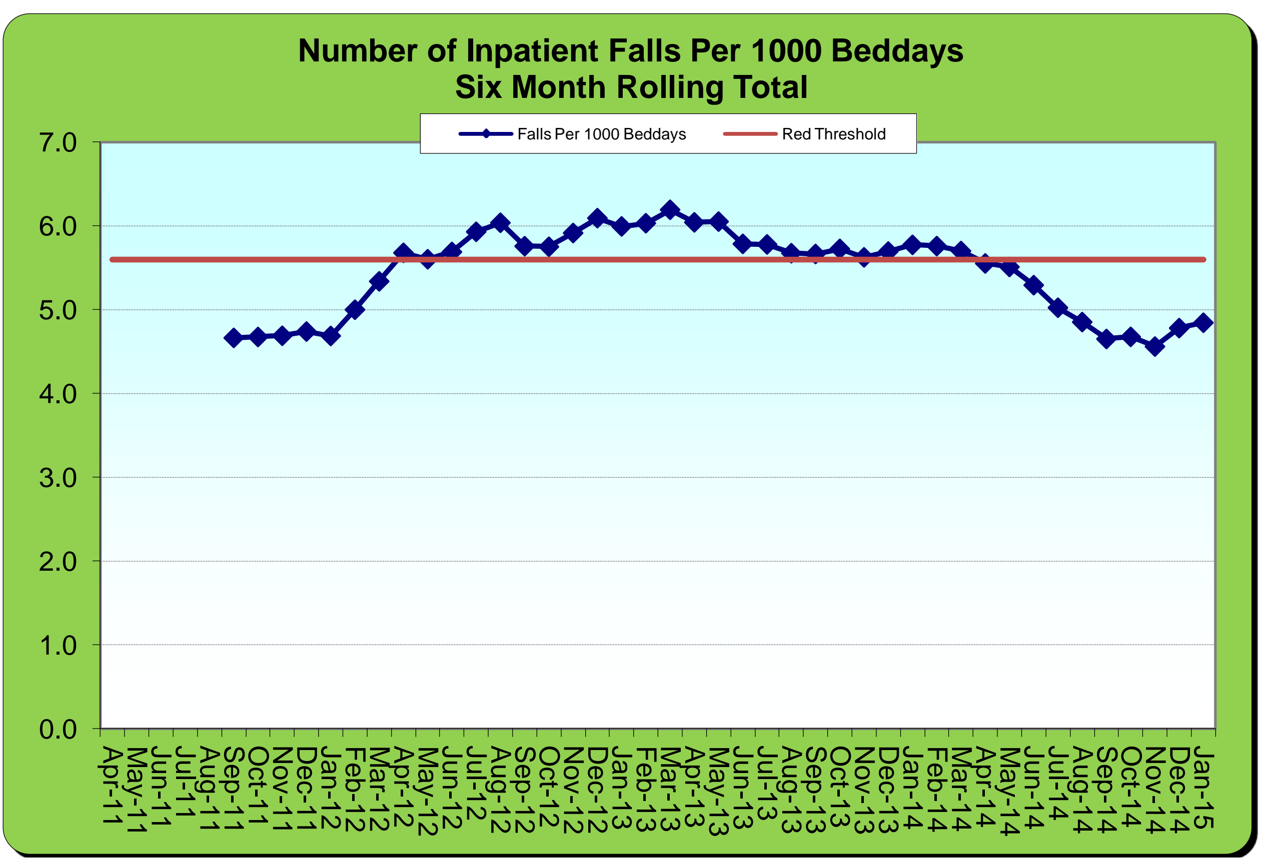
Jan-15


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
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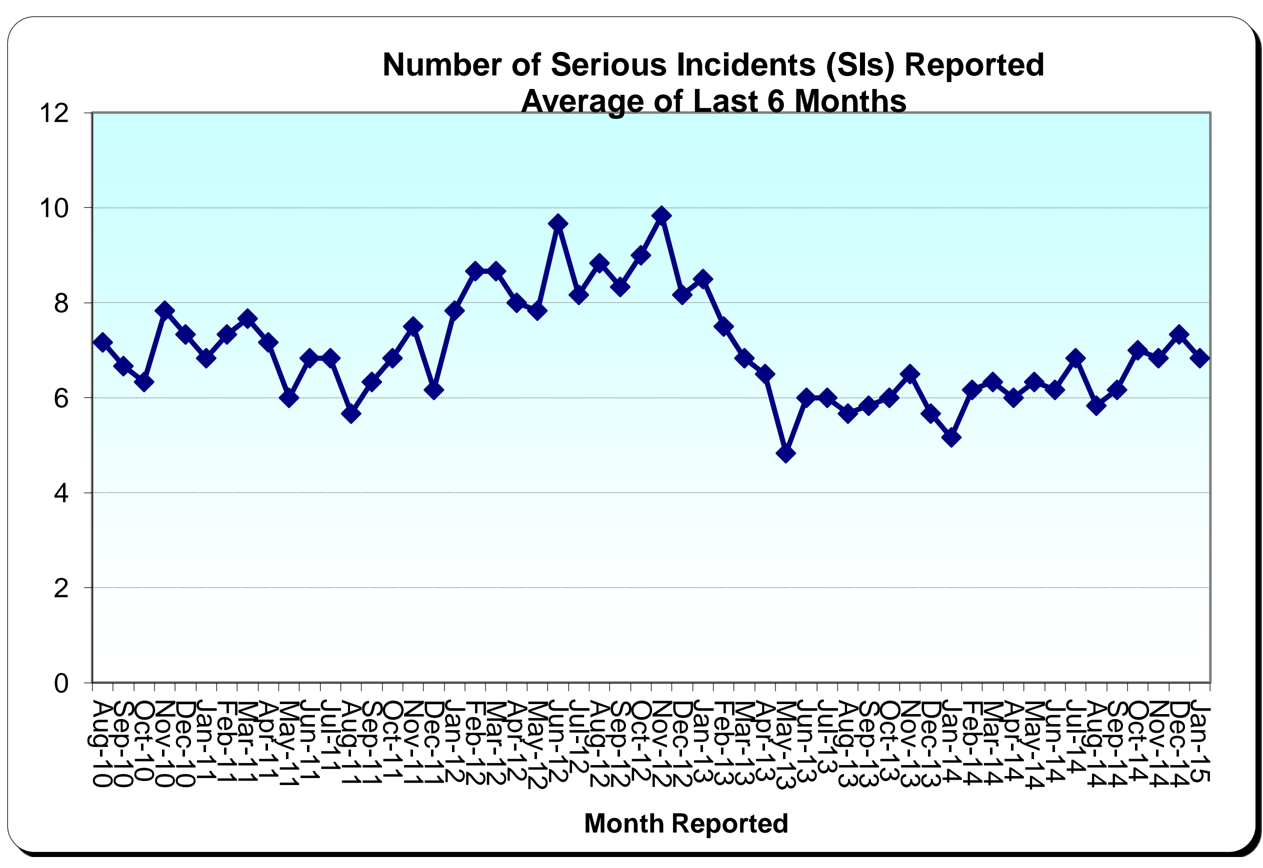
Jan-15



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
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Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
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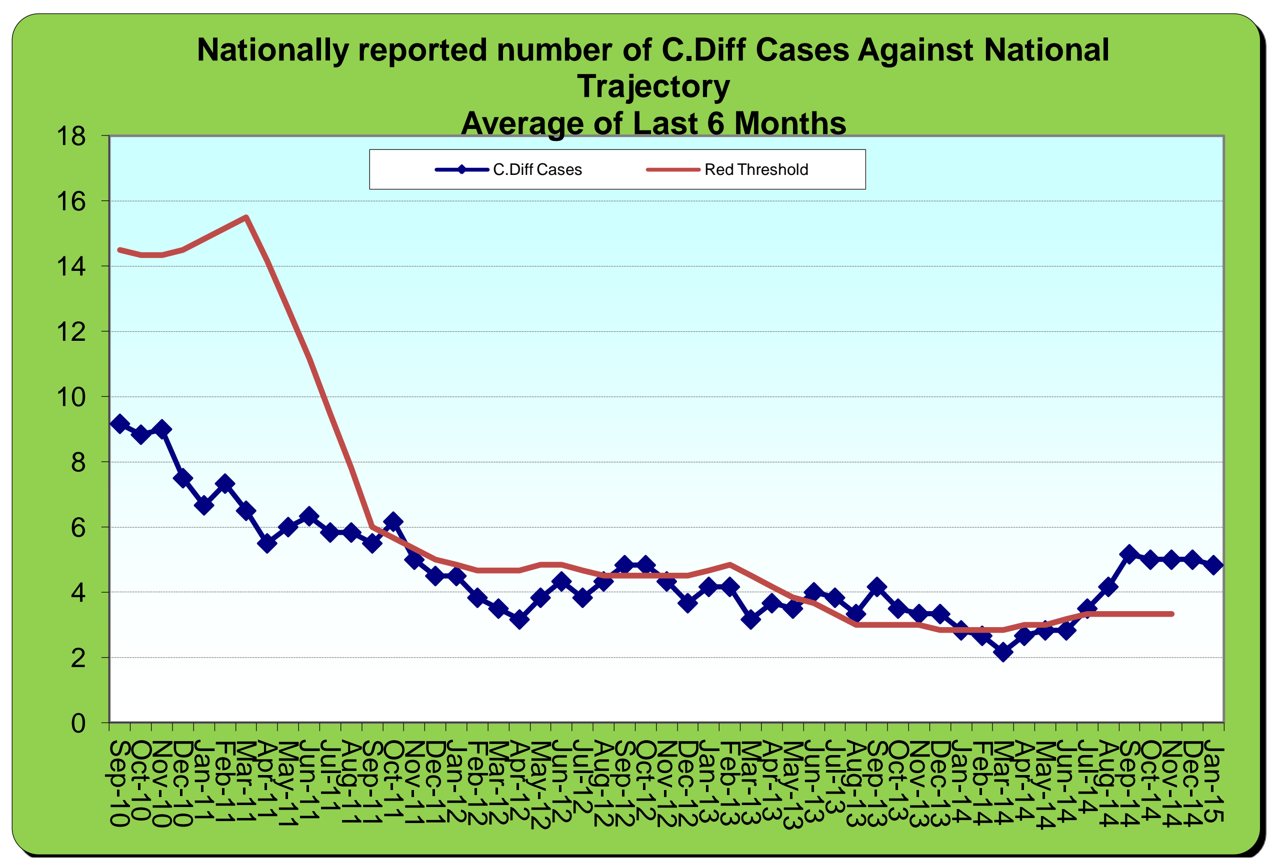
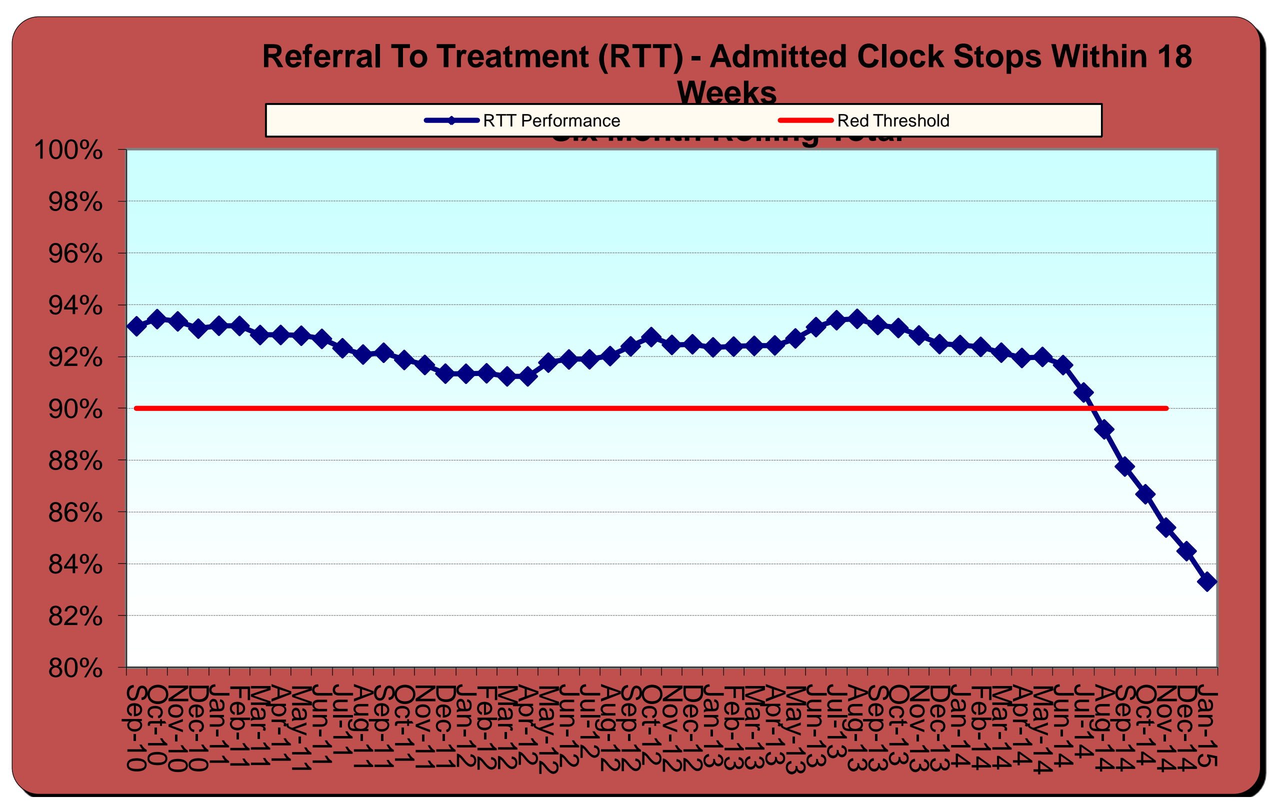
Nov-14
Dec-14
Jan-15
Month Reported



Please note: The RAG rating for this graph is based upon our performance taking account of the level of potentially avoidable cases, and not the total cases report.


Referral To Treatment (RTT) - Admitted Clock Stops Within 18 Weeks
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
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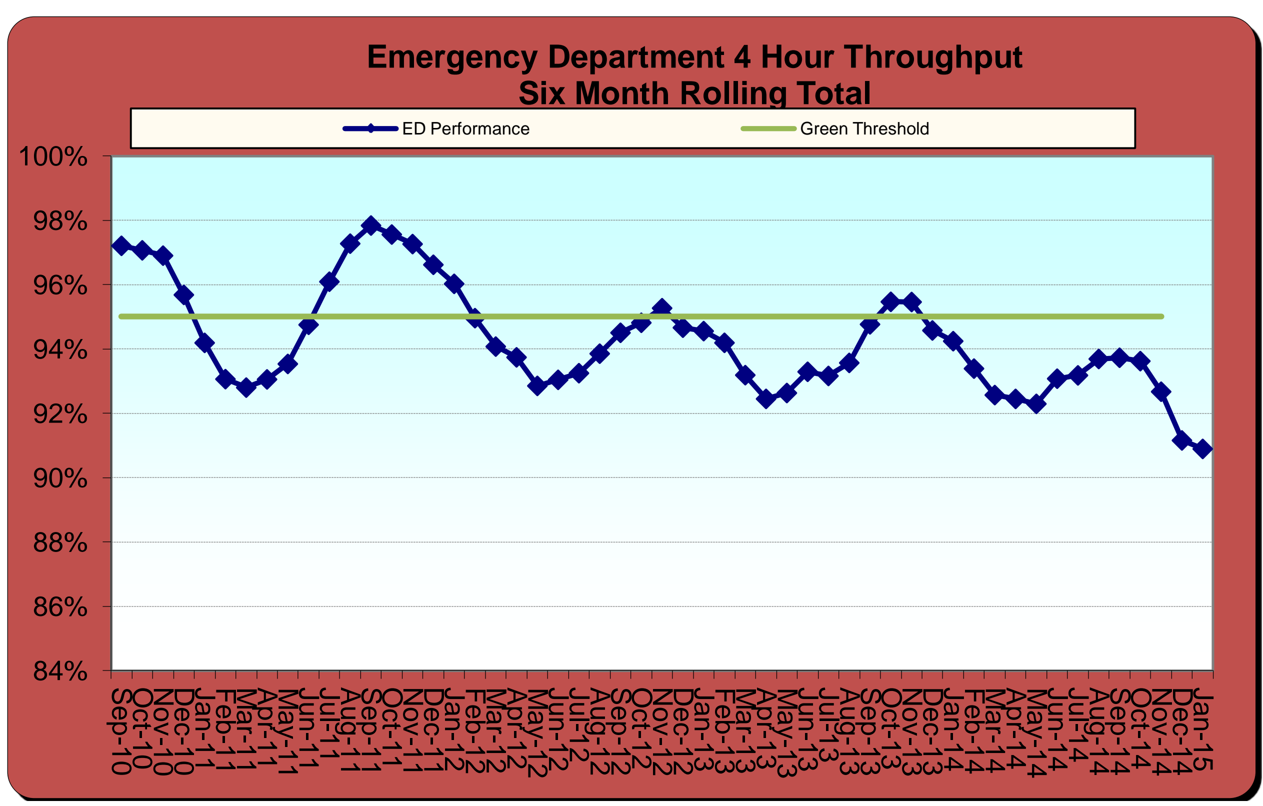
Dec-14
Jan-15



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
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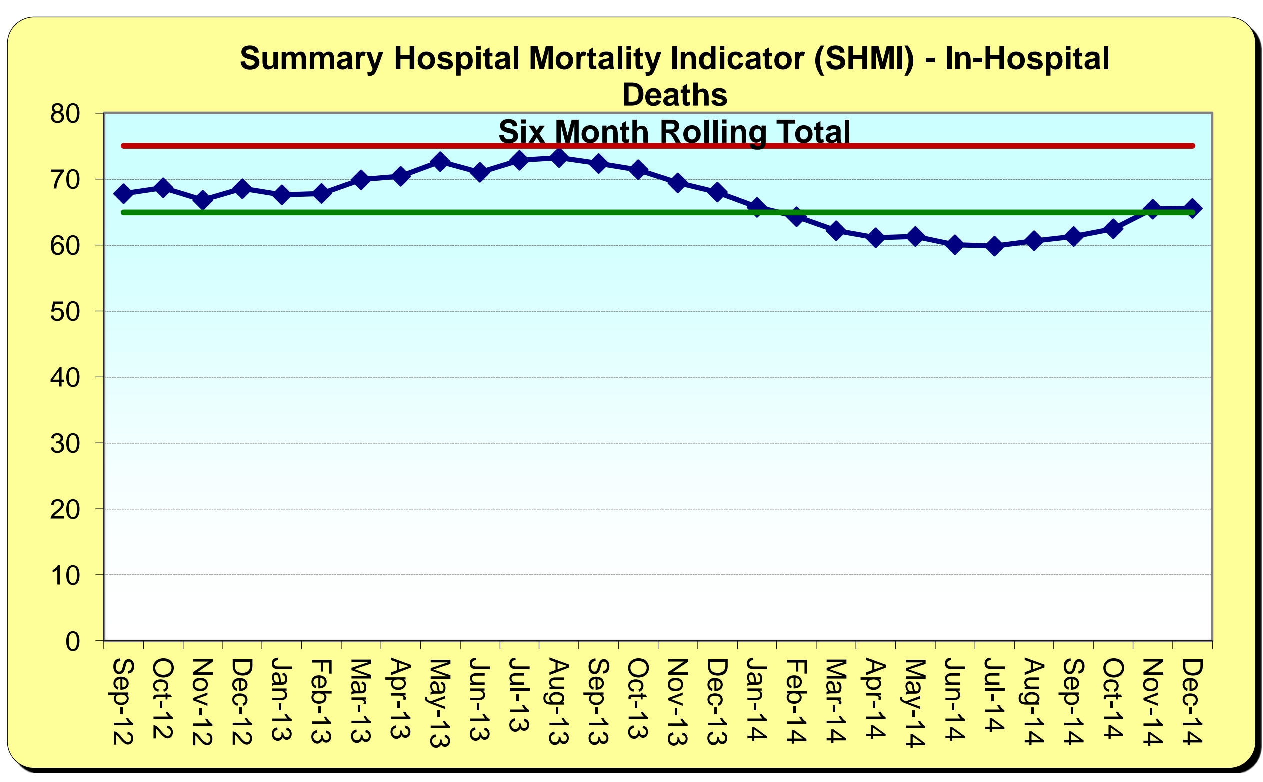
Summary Hospital Mortality Indicator (SHMI) - In-Hospital Deaths
Six Month Rolling Total
80
70
60
50
40
30
20
10
0
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
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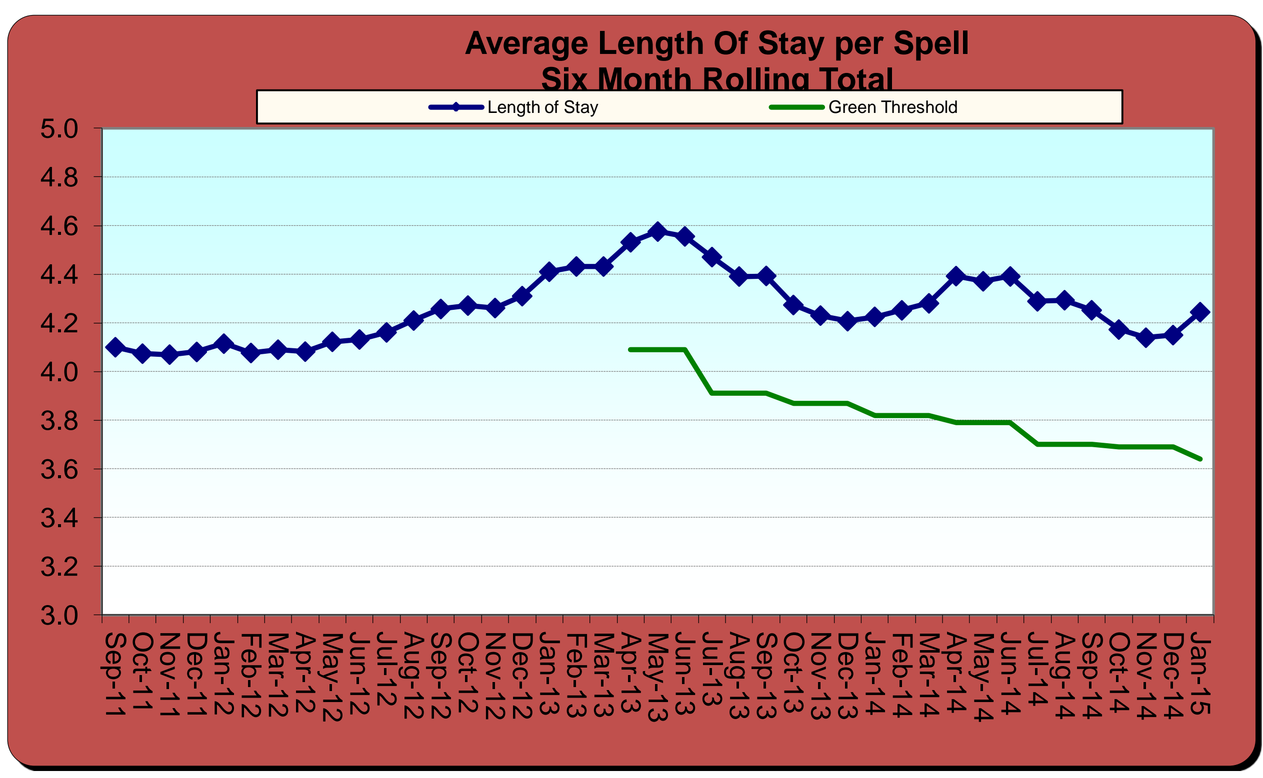
Average Length Of Stay per Spell
Six Month Rolling Total
Length of Stay
Green Threshold
5.0
4.8
4.6
4.4
4.2
4.0
3.8
3.6
3.4
3.2
3.0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
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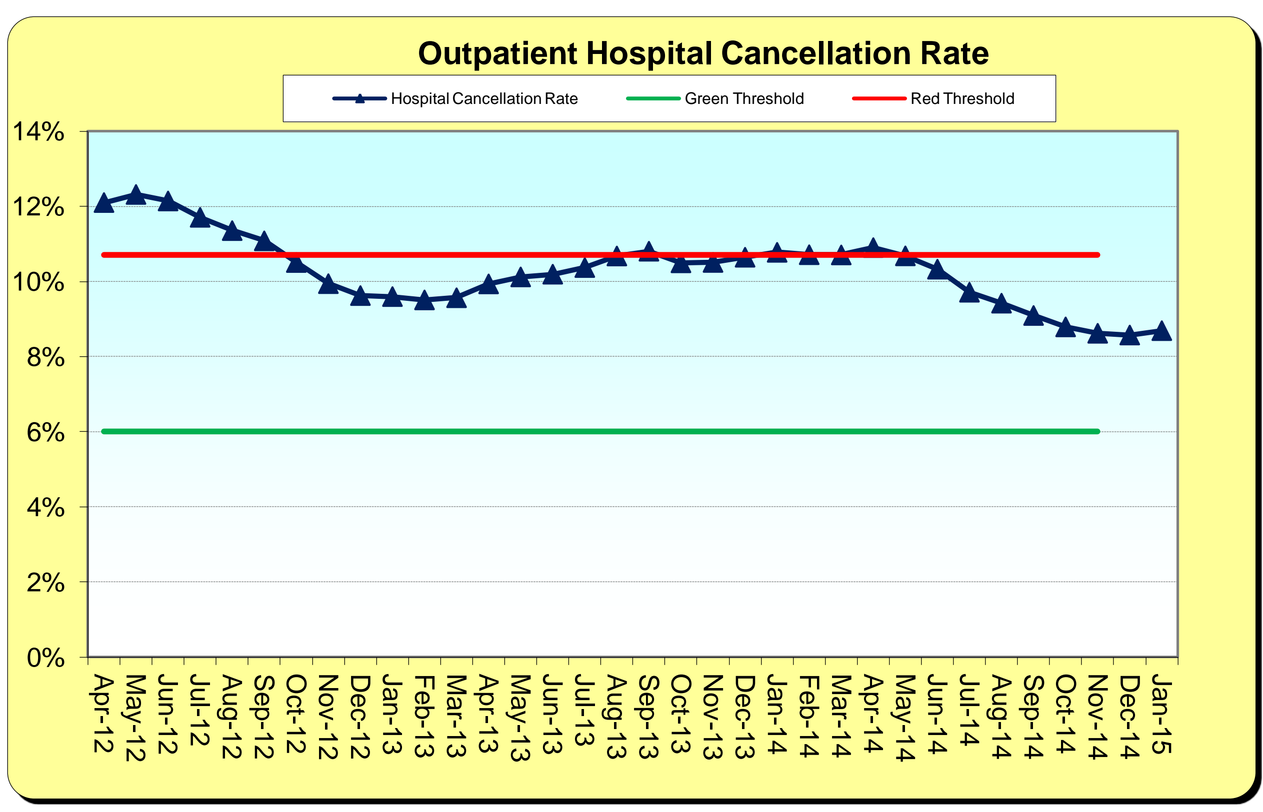
Dec-14
Jan-15


Outpatient Hospital Cancellation Rate
Hospital Cancellation Rate
Green Threshold
Red Threshold
14%
12%
10%
8%
6%
4%
2%
0%
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
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Dec-14
Jan-15

SECTION C – Monitor Risk Assessment Framework

In January the Trust failed to meet six of the standards in Monitor's 2014/15 Risk Assessment Framework. Exception reports are provided for these standards, as follows:

- A&E 4-hour maximum wait (1.0) – *Access section*
- RTT Non-admitted standard (1.0) – *Access section*
- RTT Admitted standard (1.0) – Exception report not provided (see note below)
- RTT Ongoing standard (no additional score – see note below) – *Access section*
- 62-day Referral to Treatment GP and 62-day Screening Cancer standards (1.0 combined standard) – *Access section*

Please note: In Monitor's Risk Assessment Framework failure of all three RTT standards as in the current quarter, is capped at a score of 2.0.

Overall this gives the Trust a Service Performance Score of 4.0 against Monitor's Risk Assessment Framework. Having restored the Trust to a GREEN rating for quarter 1, Monitor has requested further information following multiple breaches of the A&E, Referral to Treatment and cancer waiting time targets, before deciding next steps.

Please see the Monitor dashboard on the following page, for details of reported position for quarter 4 2014/15.

PERFORMANCE OVERVIEW

Monitor's Risk Assessment Framework - dashboard

	Number	Target	Weighting	Target threshold	Reported Year To Date	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15*	Q4 14/15*	Q4 Forecast*	Notes	Q4 Forecast Risk Rating Risk rating
Monitor Risk Assessment Framework	1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	6	×	✓	✓	✓	6	✓	6 potentially avoidable cases year to date, against a limit of 30.	Achieved
Monitor Risk Assessment Framework	2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	99.8%	✓	✓	✓	✓	99.0%	✓		Achieved
Monitor Risk Assessment Framework	2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	1.0	94%	94.8%	✓	✓	✓	✓	95.6%	✓		Achieved
Monitor Risk Assessment Framework	2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	1.0	94%	97.8%	✓	✓	✓	✓	96.4%	✓		Achieved
Monitor Risk Assessment Framework	3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	79.7%	×	×	×	×	80.4%	×		Not achieved
Monitor Risk Assessment Framework	3b	Cancer 62 Day Referral To Treatment (Screenings)	1.0	90%	89.9%	✓	✓	✓	×	66.7%	×		Not achieved
Monitor Risk Assessment Framework	4	Referral to treatment time for admitted patients < 18 weeks	1.0	90%	85.9%	Achieved each month	Achieved each month	Not achieved	×	80.5%	×		Not achieved
Monitor Risk Assessment Framework	5	Referral to treatment time for non-admitted patients < 18 weeks	1.0	95%	90.5%	Not achieved	Not achieved	Not achieved	×	88.9%	×		Not achieved
Monitor Risk Assessment Framework	6	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	90.5%	Achieved each month	Achieved each month	Not achieved	×	88.9%	×	Standard failed - but scores for RTT failure capped at 2.0	Not achieved (see notes)
Monitor Risk Assessment Framework	7	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	96.6%	✓	✓	✓	✓	97.2%	✓		Achieved
Monitor Risk Assessment Framework	8a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	95.9%	✓	✓	✓	✓	94.3%	✓		Achieved
Monitor Risk Assessment Framework	8b	Cancer - Symptomatic Breast in Under 2 Weeks	1.0	93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		Achieved
Monitor Risk Assessment Framework	9	A&E Total time in A&E 4 hours	1.0	95%	92.2%	×	×	×	×	90.9%	×		Not achieved
Monitor Risk Assessment Framework	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	Not applicable	Not applicable	Not applicable	Not applicable		Achieved
					Risk Rating	GREEN	GREEN	Triggers further investigation	Triggers further investigation	Triggers further investigation	Triggers further investigation		

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.

***Q4 Cancer figures based upon draft figures for January. The C diff figures are for April to December.**

4.0
Meets criteria for triggering further investigation (but see notes in Overview section)

QUALITY

1.1 QUALITY TRACKER

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 13/14	Annual 14/15 YTD	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
Patient Safety																						
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	0	1	2	4	2	2	1	1	2	3	3	3	3	3	4	4	2	3	4	4
Infections	DA03	C.Diff Cases - Monthly Totals	-	-	38	46	2	2	5	4	4	4	6	8	4	4	4	3	13	18	12	3
Infections	DA03c	C.Diff Avoidable Cases - Cumulative Totals	40	40	-	6	-	-	0	1	1	2	3	5	6	6	6	6	1	5	6	6
Infections	DA02	MSSA Cases - Monthly Totals	25	25	27	27	2	2	1	0	3	7	1	4	1	3	4	3	4	12	8	3
MRSA Screenings	DD01	MRSA Pre-Op Elective Screenings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.6%	100%	100%	100%	99.9%	100%
MRSA Screenings	DD02	MRSA Emergency Screenings	95%	80%	94.8%	94.6%	95.2%	95.3%	96%	95.5%	94.9%	94.3%	95.3%	91.4%	95.8%	94.4%	93.4%	95.5%	95.4%	93.6%	94.5%	95.5%
Infection Checklists	DB01	Hand Hygiene Audit Compliance	95%	80%	96.8%	97.1%	98.3%	97.2%	97.6%	96.9%	97.8%	96.8%	96.9%	97.1%	96.3%	97.2%	97.6%	97.1%	97.4%	97%	97%	97.1%
Infection Checklists	DB02	Antibiotic Compliance	90%	80%	88%	89.5%	90.1%	90.7%	91.8%	88.2%	87.9%	89.6%	86.2%	88.5%	90.3%	91.2%	89.1%	90.6%	89.4%	88.2%	90.3%	90.6%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	87%	79%	95%	95%	94%	96%	96%	95%	96%	93%	96%	96%	95%	95%	94%	95%	96%	95%	95%	-
Cleanliness Monitoring	DC02	Cleanliness Monitoring - Very High Risk Areas	98%	89%	96%	96%	96%	96%	95%	97%	95%	96%	97%	97%	97%	98%	98%	98%	96%	97%	97%	-
Cleanliness Monitoring	DC03	Cleanliness Monitoring - High Risk Areas	95%	79%	95%	95%	95%	96%	96%	96%	96%	91%	96%	95%	95%	96%	95%	95%	96%	94%	95%	-
Serious Incidents	S02	Number of Serious Incidents Reported	-	-	73	68	9	5	5	7	5	10	3	7	10	6	8	7	17	20	24	7
Serious Incidents	S02a	Number of Confirmed Serious Incidents	-	-	71	43	9	5	5	7	5	8	3	5	6	3	1	-	17	16	10	-
Serious Incidents	S02b	Number of Serious Incidents Still Open	-	-	-	22	-	-	-	-	-	-	-	1	4	3	7	7	-	1	14	7
Serious Incidents	S03	Serious Incidents Reported Within 48 Hours	80%	80%	83.6%	88.2%	88.9%	100%	80%	57.1%	80%	100%	100%	100%	80%	83.3%	100%	100%	70.6%	100%	87.5%	100%
Serious Incidents	S04	Percentage of Serious Incident Investigations Completed Within Timescal	80%	80%	92.4%	72.9%	75%	100%	100%	50%	83.3%	70%	85.7%	100%	50%	66.7%	37.5%	80%	82.4%	81.8%	46.7%	80%
Never Events	S01	Total Never Events	0	1	2	5	0	0	1	1	0	0	1	0	0	1	0	1	2	1	1	1
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	-	-	12090	9549	954	986	933	954	1010	1104	1038	1258	1151	1028	1073	-	2897	3400	3252	-
Patient Safety Incidents	S06a	Patient Safety Incidents Per 100 Admissions	-	-	9.24	9.4	9.27	9	8.71	8.56	9.07	9.14	9.52	10.48	9.84	9.45	9.7	-	8.78	9.72	9.67	-
Patient Safety Incidents	S07	Number of Patient Safety Incidents - Severe Harm	-	-	44	64	7	6	4	6	8	5	4	16	3	12	6	-	18	25	21	-
Patient Falls	AB01	Falls Per 1,000 Beddays	5.6	5.6	5.68	4.81	5.67	5.46	5.08	5.18	4.28	4.51	4.59	4.26	5.23	4.5	5.59	4.89	4.85	4.45	5.11	4.89
Patient Falls	AB06a	Total Number of Patient Falls Resulting in Harm	24	25	27	25	4	2	1	5	2	0	3	5	2	4	1	2	8	8	7	2
Falls (CQUIN Improvement)	AB07a	Number of Inpatient Falls (CQUIN)	429	429	0	1238	0	0	129	136	109	116	116	108	134	114	144	132	374	340	392	132
Falls (CQUIN Improvement)	AB07b	Inpatient Falls (CQUIN) - Improvement from Baseline	0	0	0	-254	0	0	-12	-8	-35	-44	-33	-43	-22	-26	-8	-23	-55	-120	-56	-23
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.651	0.651	0.656	0.393	0.417	0.417	0.433	0.343	0.314	0.427	0.396	0.394	0.312	0.553	0.388	0.37	0.363	0.406	0.417	0.37
Pressure Ulcers Developed in the Trust	DE02	Pressure Ulcers - Grade 2	-	-	184	95	9	10	11	8	8	10	10	10	8	13	8	9	27	30	29	9
Pressure Ulcers Developed in the Trust	DE03	Pressure Ulcers - Grade 3	0	1	13	6	1	1	0	1	0	1	0	0	0	1	2	1	1	1	3	1
Pressure Ulcers Developed in the Trust	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
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	96%	95%	98%	98.7%	98.7%	98.5%	98.9%	98.7%	98.1%	98.4%	98.6%	98.9%	98.7%	99%	99%	99.1%	98.6%	98.7%	98.9%	99.1%
Venous Thrombo-embolism (VTE)	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	90%	93.4%	94.3%	96.6%	94.5%	96.4%	94.3%	94%	95.3%	96.6%	93.2%	92.6%	92.3%	96.7%	92.4%	94.9%	95.1%	93.8%	92.4%
Nutrition	WB05	Nutrition: Screening Tool Completed	90%	90%	-	93.2%	-	-	-	-	-	92.8%	91.8%	94.2%	93.4%	95.1%	93.7%	91.6%	-	92.9%	94.1%	91.6%
Nutrition	WB03	Nutrition: Food Chart Review	90%	85%	82.5%	89.1%	91.8%	78.2%	94.7%	87.4%	87.7%	89%	89.3%	93.1%	88.3%	87.2%	87.8%	87.4%	89.5%	90.4%	87.8%	87.4%
Safety	Y01	WHO Surgical Checklist Compliance	100%	99.5%	99.6%	99.6%	99.6%	99.6%	99.7%	99.6%	99.4%	99.5%	99.7%	99.6%	99.7%	99.6%	99.4%	100%	99.6%	99.6%	99.6%	100%

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 13/14	Annual 14/15 YTD	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
Patient Safety																						
Medicines	WA01	Medication Errors Resulting in Harm	1.61%	2%	0.68%	0.53%	0.54%	0%	1.3%	0%	0.78%	1.09%	0.52%	0.56%	0%	0.57%	0%	-	0.66%	0.72%	0.2%	-
	WA10a	Medication Reconciliation Within 1 Day (Assessment and BHI Wards)	95%	95%	98%	96.7%	99.2%	100%	98.8%	100%	96.5%	93.3%	97.4%	97.6%	98.6%	97.1%	95%	90%	98.4%	96%	97.7%	90%
	WA10b	Medication Reconciliation Within 1 Day (BHOC and Gynae Wards)	85%	75%	92%	95.3%	100%	100%	98.8%	99.1%	90.9%	86.4%	94.7%	98.8%	98.3%	98.2%	95%	98.4%	96.1%	92.6%	97.8%	98.4%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	1.5%	2%	1.91%	1%	0.91%	1.66%	1.18%	0.55%	0.38%	1.41%	1.42%	0.69%	1.21%	0.86%	0.37%	1.55%	0.68%	1.19%	0.84%	1.55%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	95.6%	92.8%	94.1%	96.5%	96.2%	95.2%	95.7%	96.7%	96%	96.7%	96.9%	96.5%	95.6%	96.7%	97%	96.7%	96.1%	96.7%	96.5%	96.7%
	AK04	Safety Thermometer - No New Harms	98.2%	97%	97.2%	98.3%	97.8%	97.6%	98.2%	98.4%	98.5%	98.9%	98.7%	98%	97.3%	97.8%	98.5%	98.4%	98.3%	98.5%	97.9%	98.4%
Deteriorating Patient	AR03	Early Warning Scores (EWS) Acted Upon	95%	90%	84%	89%	86%	88%	89%	83%	91%	91%	96%	88%	88%	86%	83%	92%	88%	92%	86%	92%
	CA01	Number of Verified Crash Calls from Adult General Wards	92	108	-	42	-	-	3	5	5	4	9	3	2	2	3	6	13	16	7	6
Discharges	TD04	Out of Hours Discharges			9%	8.2%	10%	9.8%	9.5%	9%	8.2%	8.6%	7.6%	8.1%	7.7%	7.3%	7.6%	8.2%	8.9%	8.1%	7.5%	8.2%
CAS Alerts	CS01	CAS Alerts Completed Within Timescale	90%	80%	-	97.4%	-	-	-	-	-	-	90%	100%	85.7%	100%	100%	100%	-	96.4%	97%	100%
	CS03	Number of CAS Alerts Overdue At Month End	0	0	-	0	-	-	-	-	-	-	0	0	0	0	0	0	-	0	0	0
Clinical Effectiveness																						
Mortality	X05	Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital D	65	75	67.2	63.9	60.5	60.6	59.7	64.5	57.3	56.1	66.5	64.1	65.9	85.8	58.7	-	60.6	62.2	68.9	-
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100	100	95.2	95.8	-	96.1	-	-	95.8	-	-	-	-	-	-	-	95.8	-	-	-
	X06	Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline	80	90	75.8	69.2	75.2	73.2	67.1	66	63.1	58.1	74.7	73.9	69.3	90.7	63.6	-	65.4	69	73.1	-
Learning Disability	AA03	Learning Disability (Adults) - Percentage Adjustments Made	80%	50%	83.9%	89.1%	90.5%	92.3%	100%	78.9%	100%	76.2%	82.4%	91.3%	90.5%	85%	100%	83.9%	93.8%	83.6%	92.3%	83.9%
Readmissions	C01	Emergency Readmissions Percentage	2.7%	2.7%	2.71%	2.48%	2.93%	2.86%	2.71%	2.92%	2.96%	2.48%	2.8%	1.59%	2.54%	1.38%	2.97%	-	2.87%	2.28%	2.3%	-
Maternity	G04	Percentage of Normal Births	64%	61%	61.7%	61.9%	62.6%	61.4%	63.6%	58.9%	62.4%	64.7%	61.4%	63.8%	58.9%	65.5%	59.6%	60%	61.7%	63.4%	61.3%	60%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	90%	90%	77.4%	74.7%	92.6%	85.7%	88.9%	70%	82.6%	82.1%	71.4%	61.3%	77.8%	73.3%	70%	78.3%	78.9%	71.3%	73.6%	78.3%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	90%	90%	78.8%	94.1%	100%	100%	94.4%	93.3%	95.7%	100%	96.4%	93.5%	88.9%	86.7%	93.3%	95.7%	94.4%	96.6%	90.3%	95.7%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	90%	80%	61.7%	70.4%	92.6%	85.7%	83.3%	66.7%	78.3%	82.1%	67.9%	54.8%	70.4%	60%	66.7%	78.3%	74.6%	67.8%	66.7%	78.3%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	50%	50%	55.1%	54.7%	56.8%	63.9%	52.3%	53.6%	36.8%	48.6%	53.7%	61.1%	62.8%	59%	62.8%	-	47.3%	54.4%	61.6%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	90%	80%	84.2%	86.9%	79.5%	86.1%	90.9%	96.4%	81.6%	97.3%	78%	86.1%	88.6%	87.2%	79.1%	-	89.1%	86.8%	84.9%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60%	60%	55.8%	59.4%	45.5%	50%	60%	30%	57.1%	25%	72.2%	66.7%	58.8%	73.3%	64.7%	50%	48.3%	61.4%	65.3%	50%
Dementia	AC01	Dementia - Find, Assess, Investigate and Refer Q1	90%	80%	67.7%	62.1%	45.3%	46.9%	57.1%	52.3%	49%	62.1%	67.5%	66.6%	61.4%	63.7%	62.9%	78.3%	52.6%	65.4%	62.6%	78.3%
	AC02	Dementia - Find, Assess, Investigate and Refer Q2	90%	80%	60.6%	82.3%	78%	66.7%	71.7%	78.3%	59.5%	84.7%	81.7%	87.3%	87.1%	92.2%	82.2%	90.7%	70.3%	84.7%	86.3%	90.7%
	AC03	Dementia - Find, Assess, Investigate and Refer Q3	90%	80%	65.4%	55.3%	38.5%	52.4%	47.6%	56.5%	22.7%	55.2%	50%	35.9%	78.3%	73.3%	68%	82.4%	42.4%	44.8%	74.3%	82.4%
	AC04	Percentage of Dementia Carers Feeling Supported			-	74.5%	-	-	60%	62.5%	90%	-	-	70%	80%	88.9%	64.3%	87.5%	69.7%	57.1%	78.7%	87.5%
Outliers	J05	Ward Outliers - Beddays	9029	9029	10626	9480	1169	962	697	951	769	659	749	908	1338	876	1169	1364	2417	2316	3383	1364

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Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 13/14	Annual 14/15 YTD	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4
Patient Experience																						
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	-	-	89	89	89	92	90	88	89	89	89	89	89	-	90	89	89	-
	P01g	Patient Survey - Kindness and Understanding	-	-	-	-	91	94	94	94	93	92	93	94	93	93	94	-	94	93	93	-
Friends and Family Test	P03a	Friends and Family Test Inpatient Coverage	30%	25%	29.6%	37.1%	43.8%	46.7%	45.9%	39.5%	39.5%	35.5%	32.9%	33.1%	36.1%	41.3%	29.5%	37.9%	41.6%	33.8%	35.5%	37.9%
	P03b	Friends and Family Test ED Coverage	20%	15%	13.3%	19%	16.4%	26.7%	15.7%	21.4%	19.2%	16.1%	22.7%	26.2%	20.2%	14.9%	16%	17.3%	18.9%	21.6%	17.1%	17.3%
	P04a	Friends and Family Test Score - Inpatients	70	64	75.9	75.8	76.5	76.1	78.4	73.3	73.5	72.4	75	76.8	73.6	73.4	81.8	79.9	75.2	74.8	75.8	79.9
	P04b	Friends and Family Test Score - ED	51	42	70.1	70	70.1	68.7	75.8	71.4	69.3	72.4	69.7	67.1	67	69.5	69.8	70.9	71.8	69.4	68.6	70.9
Patient Complaints	T01a	Patient Complaints as a Proportion of Activity	0.21%	0.25%	0.212%	0.257%	0.227%	0.282%	0.238%	0.226%	0.277%	0.282%	0.321%	0.266%	0.224%	0.251%	0.224%	0.267%	0.248%	0.288%	0.232%	0.267%
	T03a	Complaints Responded To Within Trust Timeframe	95%	85%	76.4%	86.1%	92%	88.7%	93.1%	82.5%	83.3%	91.5%	88.3%	88.1%	84.4%	82.9%	82.9%	84.8%	86.3%	89.5%	83.4%	84.8%
	T03b	Complaints Responded To Within Divisional Timeframe			71.1%	83%	86%	75.5%	82.8%	86%	91.7%	76.1%	83.3%	81.4%	77.9%	78.6%	87.1%	87.9%	86.9%	80%	81.1%	87.9%
	T04a	Complainants Disatisfied with Response			62	70	3	5	6	4	11	8	4	2	7	9	8	11	21	14	24	11
Ward Moves	J06	Average Number of Ward Moves			2.26	2.33	2.31	2.37	2.34	2.3	2.33	2.34	2.38	2.42	2.32	2.37	2.25	2.24	2.32	2.38	2.31	2.24
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	0.92%	0.92%	1.02%	1.1%	1.44%	0.92%	0.98%	0.96%	1.1%	1.35%	0.97%	1.14%	0.84%	1.96%	0.73%	1%	1.02%	1.16%	1.16%	1%
	F01a	Number of Last Minute Cancelled Operations	-	-	690	637	78	52	54	54	64	84	54	68	52	108	41	58	172	206	201	58

1.2 SUMMARY

Of particular note this month is the improvement in all three dementia metrics, sustained improvement in cleanliness and the majority of infection prevention and control metrics, along with the evidence of continued good progress in falls and pressure ulcer prevention. There were some disappointing reversals of previous good performance in a few metrics, such as omitted doses of critical medicines and stroke. Unfortunately one never event occurred in January, the details of which are provided in the exception report.

Whilst the mortality indicators in the quality dashboard are showing a return to low levels of mortality in December 2014, as seen in both the Summary Hospital Mortality Indicator (SHMI) for in-hospital deaths and the Risk Adjusted Mortality Indicator (RAMI), we are continuing to investigate the reasons behind the higher figures reported for November. The clinical coding of November cases is now complete, and further checks of the completeness of the data which feeds risk assessment have been undertaken. A spot check of coding is now underway. All adult inpatients who die in our care are, however, the subject to a routine mortality case note review by a consultant, to identify any individual or systemic learning which we can act upon.

Achieving set threshold (38)	Thresholds not met or no change on previous month (6)
- Trust apportioned Clostridium difficile cases against national trajectory - MRSA (Meticillin Resistant Staphylococcus aureus) screening – elective - MRSA screening – emergency - Hand Hygiene Audit - Antibiotic prescribing compliance - Cleanliness monitoring: overall Trust score - Cleanliness monitoring: very high risk areas - Cleanliness monitoring: high risk areas - Serious Incidents reported with 48 hours - Serious incident investigations completed within required timescale - Inpatient falls incidence per 1,000 bed days - Falls resulting in harm - Falls improvement from baseline - Total pressure ulcer incidence per 1,000 bed days - 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 - 72 hour Food Chart review - Non-purposeful omitted doses of listed critical medication - Deteriorating patient- appropriate response to an Early Warning Score of 2 or more. - Dementia admissions-referred on to specialist services - Friends and Family Test (FFT) coverage: Emergency Department

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- WHO surgical checklist compliance - Nutritional screening completed - Medicines reconciliation performed within one day of admission (Oncology and Gynaecology wards) - Reduction in medication errors resulting in moderate or severe harm - NHS Safety thermometer- harm free care - NHS Safety thermometer-no new harms - Deteriorating patient- reduction in cardiac arrest calls from adult general ward areas - Central Alerting System (CAS) alerts completed within timescale - Percentage of CAS alerts overdue at month end. - Summary Hospital Mortality Indicator (SHMI) including out of hospital-deaths within 30 days of discharge - Summary Hospital Mortality Indicator (SHMI) in-hospital deaths - Risk Adjusted Mortality (Hospital Standardised Mortality Ratio equivalent) - Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours - Learning disability (adults)-percentage adjustments made - Stroke care: percentage receiving brain imaging within 1 hour - Dementia admissions-assessment completed - Patient experience local patient experience tracker - Monthly patient survey: kindness and understanding - Friends and Family Test (FFT) coverage: Inpatients - FFT Score: Inpatients - FFT Score: Emergency Department - Last minute cancelled operations: percentage of admissions	
Quality metrics not achieved or requiring attention (17)	**Quality metrics not rated (11)**
- MRSA (Meticillin Resistant *Staphylococcus aureus*) bacteraemias against trajectory - MSSA (Meticillin Sensitive *Staphylococcus aureus*) cases against trajectory	**Thresholds to be agreed** - Dementia-carers feeling supported - Out of hours discharges

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	Metrics for information
- Never Events - Number of grade 3 hospital acquired pressure ulcers - Medicines reconciliation performed within one day of admission (Assessment and cardiac wards) - 30 day emergency re-admission - Fractured neck of femur patients treated with 36 hours - Fractured neck of femur patients achieving Best Practice Tariff - Percentage of normal births - Stroke care: percentage spending 90% + time on a stroke unit - High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hour - Dementia admissions-case finding applied - Ward outliers bed-days - Patient complaints as a proportion of all activity - Percentage of complaints resolved within agreed timescale - Number of complainants dissatisfied with our response (not responded in full) - Average number of ward moves	- Monthly number of *Clostridium difficile* cases - 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 - Number of patient safety incidents severe harm - Number of grade 2 hospital acquired pressure ulcers - Number of falls - Number of last minute cancelled operations

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

The CQUINs monitored in the quality dashboard for 2014/15 are:

1.3.1 Deteriorating patient:

The rescue of deteriorating patients is one of our quality objectives for 2014/15. It aligns with the Trust's existing proactive adult patient safety improvement programme.

We have agreed a two-part CQUIN with our commissioners relating to this area of quality:

- Adult patients with an Early Warning Score (EWS) of 2 or more to have an appropriate response according the escalation protocol. Our improvement target is 95% by Quarter 4. In January the percentage of documented appropriate responses for adult patients with a EWS of 2 or more was 92% against an improvement target of 95% for Q4.
- Reduction in cardiac arrest calls from general ward areas for confirmed cardiac or respiratory arrests. This has been identified as an outcome measure of identifying and responding to deterioration earlier. The target is a 5% reduction from a baseline of Q4 2013/14, to be measured at the end of 2014/15, which equates to no more than 91 cardiac arrest calls for the whole of 2014/15. In January the number of cardiac arrest calls was 6 against the GREEN threshold target of 7. We remain below our cumulative trajectory of 75 by the end of January with 42 cardiac arrest calls year to date and therefore on track to achieve the second part of the CQUIN.

1.3.2 NHS Safety Thermometer improvement goal

We have agreed a two-part CQUIN with our commissioners:

- A reduction in the number of inpatient falls of five fewer per month on average over the whole of 2014/15, against a monthly age-adjusted baseline. In January there were 23 fewer falls against a target of 5 fewer than baseline;
- To implement five actions to enable closer working with our community partners to help reduce harm from pressure ulcers and improve infection prevention and control across the healthcare system. We are on track to achieve this element of the CQUIN.

1.3.3 Friends and Family Test

We will report on two elements of the national Friends & Family Test CQUIN, achievement of which will be tracked via the quality dashboard: increasing response rates for Inpatients and the Emergency Departments. The targets are 25% in Quarter 1 rising to 30% in Quarter 4 for inpatients, and 15% in Quarter 1 rising to 20% in Quarter 4 for Emergency Departments. Performance in January was 37.9% against a target of 30% for inpatients, and 17.3%% against a target of 20% for Emergency Departments.

1.3.4 Dementia

We will continue to report the dementia case finding metrics as in 2013/14:

- Patients admitted with dementia:
  1. Percentage of patients aged over 75 years identified with a clinical diagnosis of delirium or who have been asked the dementia case finding question - performance in January was 78.3% against a target of 90%
  2. Percentage of patients positively identified in 1) who had a diagnostic assessment - performance in January was 90.7% against a target of 90%
  3. Percentage of patients positively identified in 2) who were referred for further diagnostic advice - performance in January was 82.4% against a target of 90%.

1.4 CHANGES IN THE PERIOD

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

- Non-purposeful omitted doses of critical medication up ↑ from 0.37% in December to 1.55% in January
- Early Warning Scores acted upon up ↑ from 83% in December to 92% in January.
- Emergency readmissions up ↑ from 1.38% in November to 2.97% in December.
- Dementia case finding up ↑ from 82.2% in December to 90.7% in January.
- Dementia cases referred on up ↑ from 68% in December to 82.4% in January.
- Number of dissatisfied complainants up ↑ from 8 in December to 11 in January.

Exception reports are provided for sixteen RED rated indicators and one amber rated metric*

Please note: an exception report is not provided for MRSA cases although it is red on the dashboard. This is because the measure continues to be a cumulative measure throughout 2014/15 rather than number of cases each month. The red threshold of one case was triggered in April 2014 therefore this measure will automatically remain red for the rest of 2014/15. There were no new cases in January 2015.

1. MSSA (Meticillin Sensitive Staphylococcus aureus) cases against trajectory
2. Never Events
3. Number of grade 3 hospital acquired pressure ulcers
4. Medicines reconciliation performed within one day of admission (Assessment and cardiac wards)
5. 30 day emergency re-admission
6. Fractured neck of femur patients treated with 36 hours
7. Fractured neck of femur patients achieving Best Practice Tariff
8. Percentage of normal births
9. Stroke care: percentage spending 90% + time on a stroke unit
10. High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hour
11. Dementia admissions-case finding applied
12. Dementia admissions-referred on to specialist services*
13. Ward outliers bed-days
14. Patient complaints as a proportion of all activity
15. Percentage of complaints resolved within agreed timescale
16. Number of complainants dissatisfied with our response (not responded in full)
17. Average number of ward moves

Q1. EXCEPTION REPORT: Meticillin Sensitive Staphylococcus Aureus (MSSA) cases against Trust limit.	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of MSSA cases in patients that have been in hospital for more than 2 days. The limit is to have no more than 25 cases in the year. This limit has no financial penalties and does not contribute to the Monitor compliance framework.

Performance in the period, including reasons for the exception:

There were three Trust apportioned cases of MSSA in January 2015. This is one over the Trust's limit for January of two cases.

- Two cases in the Division of Women's & Children's;
- One case in the Division of Medicine.

Actions to prevent MSSA are similar to those for MRSA although at present widespread screening for MSSA is not recommended nationally. The number of people who harmlessly carry MSSA (approximately one third) is far greater than MRSA.

Recovery plan, including expected date performance will be restored.

All cases of MSSA in patients in hospital for at least two days are investigated by the clinical team with learning shared at the Infection Control Group bi monthly meeting, chaired by the Chief Nurse. Vascular access devices were common in two cases in the reported period. Actions taken to try to reduce the number of MSSA cases include:

- MSSA screening continues in Cardiac and Renal services;
- Additional Aseptic Non Touch Technique (ANTT) update sessions have been instigated in the Children's Hospital.

Q2. 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 January in the category "Wrong site surgery" whereby a wrong tooth was extracted in the Oral Surgery Department in the Bristol Dental Hospital.

A full Root Cause Analysis investigation is underway.

Recovery plan, including expected date performance will be restored:

- Since this incident, staff in the Bristol Dental Hospital are trialling an additional visual cue by charting teeth to be extracted on the dental bib;
- A visit to Central Manchester University Hospitals NHS Foundation Trust took place in February 2015, to learn from their successes in reducing wrong tooth extracted never events;
- The WHO checklist adapted for use in dentistry has been reviewed and will include a "time out" immediately before an extraction takes place;
- The team from Central Manchester have been invited to visit and observe our processes and to deliver a lunch-time lecture on their successes including the development of their safety culture;
- It has been suggested that use of the WHO checklist is included as part of clinical skills training for extracting teeth thereby simulating the safety aspects of the procedure as well as the technical ones;
- The Deputy Medical Director is conducting a thematic review of our wrong teeth extracted incidents;
- Never Event awareness and sharing preventative learning is included in all patient safety training.

Q3. EXCEPTION REPORT: Number of hospital acquired grade 3 pressure ulcers	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

Pressure Ulcers identified at nursing/medical assessment are categorised 1-4 (Category 1 being red discolouration, Category 2 being a break or partial loss of skin, Category 3 being tissue damage through the superficial layers into soft tissue, Category 4 involving the most serious tissue damage, eroded through to the tendon/bone).

Performance in the period, including reasons for the exception:

The rate of hospital acquired pressure ulcers grade 2 and above for January 2015 was 0.369 per 1,000 bed days against a trust target of 0.651.

Division	Jan 15	Dec 14	Nov 14	Oct 14	Sep 14	Aug 14
Medicine	0.09	0.303	0.65	0.213	0.439	0.332
Specialised Services	0.92	0.231	0.72	0.47	0.481	0.723
Surgery Head &Neck	1.21	1.282	0.96	0.893	0.862	0.802
Women & Children’s	0.00	0.132	0.26	0.000	0.000	0.000
Trust	**0.37**	**0.388**	**0.59**	**0.312**	**0.394**	**0.396**

There was one category 3 hospital acquired pressure ulcer reported for the month of January 2015, within the Division of Specialised Services.

An initial review indicates that that there are some learning points for the Division. Non-concordance of the patient was a primary concern, and a contributory factor in the development of the tissue damage. Whilst this has been clearly documented in nursing notes, options to manage this issue, identify the cause of non-concordance, or the patient’s capacity is not evident. It is also unclear what, if any, escalation to seek further advice took place.

A full Root Cause Analysis (RCA) is underway and the lessons learnt will be shared at the next Trust Tissue Viability meeting

Recovery plan, including expected date performance will be restored:

- The Trust has seen a small number of grade 3 hospital acquired pressure ulcers over the last couple of months. The Lead Tissue Viability Nurse will undertake a review of all cases to help identify any themes or further action required and present this at the next Tissue Viability Steering group.

Q4. EXCEPTION REPORT: Medicines reconciliation: assessment wards and Bristol Heart Institute wards	RESPONSIBLE DIRECTOR: Medical Director

Description of how the standard is measured:

An audit is completed every month to check the number of patients with medication reconciliation documented as performed within one working day of admission.

The wards that comprise this group are: Ward A300 (Medical Admissions Unit), Ward A609 (Surgical and Trauma Assessment Unit), Ward C603, (Coronary Care Unit) and the cardiac wards C705, C708, C805.

Performance in the period, including reasons for the exception:

In January, the Trust's overall aggregated performance for medicines reconciliation was 96.12% against a target of 95%. The ward breakdown for the assessment and cardiac wards is shown below which demonstrates:

Ward	Number of reviews	Number of reviews where medicines reconciliation was complete	Percentage complete
Ward A609 (STAU)	35	35	100%
Ward A300 (MAU)	35	28	80%
Ward C603 (CCU)	20	20	100%
Ward C705	32	32	100%
Ward C708	20	20	100%
Ward C805	40	40	100%

In the Medical Assessment Unit, full achievement is possible when a full time pharmacist and a full time pharmacy technician are present. The pharmacy technician is currently on a short-term secondment to Bristol Clinical Commissioning Group, finishing at the end of June 2015. It has, unfortunately, not been possible to recruit into this gap and internal replacement is only possible for 1 to 1 1/2 hours a day. There are a number of vacancies in the pharmacy technician workforce limiting backfill options.

Recovery plan, including expected date performance will be restored:

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- The full-time pharmacy technician will return in July 2015;
- A restructure of pharmacy dispensary staff has just been finalised so recruitment can now begin for the other pharmacy technician vacancies.

Q5. EXCEPTION REPORT: 30-day emergency readmissions	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

The number of emergency readmissions within 30 days of a previous discharge, rated against a target measured as a percentage of all discharges in the period. The target is an improvement on the previous year's level of emergency readmissions (i.e. 2013/14), which for 2014/15 equates to an emergency readmission rate of 2.70%

Performance in the period, including reasons for the exception:

In December there were 328 emergency readmissions within 30 days of discharge, which equates to 2.97% of discharges. This is 0.27% above the target level of readmissions of no more than 2.70%. The rate of readmissions in quarter 3 as a whole was below the target 2.70% at 2.30%, and the Trust remains GREEN rated for the year to date. However, the Trust continues to review any specialties which are identified through benchmarking reports as having a higher than expected readmission rate, relative to national and clinical peers.

Recovery plan, including expected date performance will be restored:

- Reviews of the causes of any specialties identified as having a high emergency readmission rate, relative to the national average and clinical peer group, to continue to be commissioned by the Quality Intelligence Group. These reviews include the following:
  - Clinical coding review of the readmissions (including an assessment of whether the type of admissions has been correctly classified) that happened during any period for which levels of readmissions were identified as being statistically high;
  - Following any amendments to clinical coding, the revised data to be reviewed to assess whether the specialty is still showing as an outlier from the national average and clinical peer group level, with the corrected data;
  - Where the clinical coding data changes have not addressed the variance, the initiation of a formal clinical review of the readmission cases, to determine what the causes of readmissions were and whether there are any themes, in terms of avoidable reasons for readmission which need to be addressed.

Q6-7. EXCEPTION REPORT: • Fractured neck of femur patients treated with 36 hours • Fractured neck of femur patients achieving best practice tariff	RESPONSIBLE DIRECTOR: Medical Director

Description of how the standard is measured:

Best Practice Tariff (BPT) 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:

January's Best Practice Tariff performance was 78.3%, with five patients' care not meeting all best practice indicators. All five patients did not receive surgery within 36 hours. Further detail given below:

- Two patients were admitted in October, one patient prior to the expansion of weekend operating; the second patient was delayed by pre-operative diagnostics;
- Two patients were admitted in December, during a period when six hip fracture patients were admitted within a 24-hour period;
- One patient was admitted in January during weekend of 23rd January when seven hip fracture patients were admitted over two days. During this weekend the trauma theatre suffered from delays due to lack of theatre staff and heating problems in theatres, both of which restricted the available operating time for trauma patients. This patient subsequently died in theatre and therefore did not meet the other BPT indicators.

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

The Division of Surgery, Head & Neck continues to focus on improving performance in the time to theatre for hip fracture patients:

- Operational focus is currently on imbedding the new all-day weekend operating, and ensuring staffing can support this on an ongoing basis;
- A new Trust-wide transformation programme has commenced, with a project specifically focussed on orthopaedic theatre utilisation and

efficiency;

- Further job plan changes have been agreed which will improve the spread of trauma time across the week by adding a hip fracture case to the start of planned limb reconstruction theatre lists.

The improvement trajectory below for time to theatre shows that the actual number of breaches in January is in line with plan. However, due to low level of discharges overall achievement has been below plan. It is also worth noting that on average there are three further hip fracture patients admitted per month who are under 60 years of age and fall outside of the Best Practice Tariff, however these patients are treated and managed with the same clinical urgency.

Month (of patient discharge)	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total patients	31	27	15	30	23		
Expected 36 hour breaches	**7**	**7**	**6**	**5**	**5**	**3**	**3**
Performance trajectory	**77%**	**77%**	**80%**	**83%**	**83%**	**90%**	**90%**
Actual 36 hour breaches	12	6	4	9	5		
Actual performance	**61%**	**78%**	**73%**	**70%**	**78%**		

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Q8. EXCEPTION REPORT: Percentage of normal births	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

Percentage of all births at St Michael's that are "normal". Normal births are defined as when labour starts spontaneously, progresses spontaneously without drugs, and the woman gives birth spontaneously.

Women who experience any one or more of the following are excluded: induction of labour (with prostaglandins, oxytocics or artificial rupture of membranes), epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section, or episiotomy.

This data is taken from Patient Administration System (PAS) Medway Maternity each month, via an analyst using the above criteria. This includes births in all clinical settings both in the hospital and at home, whether planned or by accident.

Performance in the period, including reasons for the exception:

The percentage of normal births in January was 60% against a target of 64%. The previous month was 59.6%.

- This is attributed to a high induction rate at 30%, due to the use of oxytocin and artificial rupture of membranes. Even if these women go on to have non-instrumental delivery without requiring drugs to progress labour they are excluded from the count of “normal births”;
- There are also many high risk women who have given birth at St. Michael’s due to fetal reasons and referral from other south west areas as their babies are likely to require neonatal intensive care facilities and neonatal surgical facilities. For many of these women and babies induction or caesarean section will be the safest mode of delivery. This will impact our normal birth figures.

Recovery plan, including expected date performance will be restored:

- The maternity service is always considering normal birth and encouraging women, both during the ante-natal and intra-partum period, to give birth normally; this will continue;
- A high percentage of inductions is noted here at St. Michael’s and there is audit work underway to review this percentage as this will undoubtedly affect the normal birth rate as induction will lead to oxytocin being used and artificial rupture of membranes. Hence, 30% of women are excluded each month from having had a “normal birth” from the outset.

Q9. EXCEPTION REPORT: Stroke Care: Percentage Spending at least 90% of their time on Stroke Unit	RESPONSIBLE DIRECTOR: Medical Director

Description of how the standard is measured:

Proportion of all the "Stroke" Consultant Episodes where the patient spent more than 90% of their stay (in terms of bed-days) on a designated Stroke Unit. A "Stroke" spell is one where the primary diagnosis (Clinical Coding) indicates a Stroke.

Performance in the period, including reasons for the exception:

In December 2014 performance was 79.1% against a target of 90%. Of 43 stroke patients who were discharged in December, 34 were directly admitted to the Stroke Unit (the data is calculated by the discharges in month, then retrospectively looking at where the admission went, even though this could have been several months before).

Between 12th December 2014 and 23rd December 2014, Ward B504 Acute Stroke Unit was closed to direct admissions due to an outbreak of Norovirus. During this period of closure, at least five patients out of the nine who were not directly admitted to a Stroke Unit, were unable to be directly admitted as the ward was closed. This meant the patients had to start their hospital stay on another ward.

Recovery plan, including expected date performance will be restored:

- The stroke ward moved on 6th January 2015, expanding the bed base from 19 beds to 25 beds; this should help to ensure a stroke bed is available when needed for an admission;
- The expanded bed base will support the use of the protected bed Standard Operating Procedure to be embedded in practice, by creating a 'floating' bed space for direct admission, to keep one bed empty all the time.

Q10. EXCEPTION REPORT: High Risk Transient Ischaemic Attack (TIA) patients starting treatment within 24 hours	RESPONSIBLE DIRECTOR: Medical Director

Description of how the standard is measured:

High Risk patients are those with an ABCD (Age, Blood, Clinical Features, Duration of symptoms) Score of 4 or above. Treatments (Aspirin, Statin, Control of blood pressure, referral for carotid intervention) should be commenced and relevant investigations (e.g. Blood tests, ECG, Brain scan) completed within the 24 hour window. The 24 hour window starts at first contact with any health professional. Only counts patients who attend as Outpatients, not those who are admitted to hospital**.**

Performance in the period, including reasons for the exception:

In January performance was 50% against a target of 60%.

There were an unusually small numbers of high risk TIA patients referred in January 2015, with only six patients meeting the high risk trigger. In some months as many as 18 high risk patients present or are referred. The reasons for the exception for these three patients were:

Date	Time period before completion of relevant investigations	Exceptions
12/01/15	26 hours	The patient was seen in Emergency Department at 10am on Sunday and given appointment for 9am TIA clinic in BRI. Their investigations were not completed until 26 hours.
14/01/15	>24 hours	The patient declined to attend within the required 24 hours.
23/01/15	3 days	Unable to contact the patient.

Recovery plan, including expected date performance will be restored:

- Two of the patients could not be contacted or persuaded to attend within 24 hours; the third patient required investigations beyond the 24 hours by 2 hours. The review conducted of the patient's pathway confirms this patient was seen and treated appropriately;
- No additional actions are deemed necessary at this stage, but reviews of all breaches of the 24-hour standard will continue to be used to inform pathway improvements.

Q11 -12. EXCEPTION REPORT: Dementia Stage 1 - Find 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 Clinical Quality Indicator (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 January for stage 1 was 78.3 % against a target of 90%, compared with 62.9% in December.

Divisional performance

Medicine 74.9%; Surgery Head & Neck 91.4 %; Specialised Services 87.5%

Stage 3 – Referral on to GP – status AMBER

Performance in January for stage 3 was 82.4% against a target of 90% compared with 68.0% in December.

Divisional performance

Medicine 87.5%; Surgery Head & Neck 0% (one patient in denominator); Specialised Services – not applicable.

Recovery plan, including expected date performance will be restored:

It is encouraging to see an improvement in all three stages of the dementia CQUIN since the introduction of the electronic solution for recording Dementia pathway management in January. The Project Nurse will continue to focus on training and supporting ward areas with the aim of embedding this process into everyday practice.

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

- Embedding of the electronic system to flag, record and monitor all stages of the FAIR process across the Trust. This continues to be widely advertised and support received from all senior divisional teams to ensure the system is used;
- Project Nurse (two year secondment/fixed term project post holder) continues to work closely with the admission area teams (Medical Admissions Unit; Older Persons Assessment Unit; Surgical and Trauma Assessment Unit) to ensure the timely screening, assessment and referral on where appropriate. There is targeted support for wards currently performing less well against the CQUIN with improvement anticipated next month;
- A continued step change in improvement is anticipated in all three stages Trust-wide.

Q13. EXCEPTION REPORT: Ward Outliers	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

This is one of our quality objectives for 2014/15 and is measured as the total number of bed-days occupied spent by patients outlying on wards, as at the midnight census, that did not meet their specialty group. The specialty-group ward designations are: adult-medicine, adult-surgery, adult-cardiac or adult-oncology. As an example, if one surgery patient spent the whole of August in medicine bed they would attribute 31 outlying bed-days.

The target is set at 9029 bed-days for the whole of 2014/15, which is a 15% reduction on the baseline for 2013/14 (10622 bed-days). The quarterly targets are seasonally adjusted to be: Q1 2444, Q2 1688, Q3 2114 and Q4 2783 bed-days.

Performance in the period, including reasons for the exception:

There were 1364 outlier bed-days within the month of January against the seasonally adjusted target of 927 bed-days.

The rise in outlier activity is not unexpected as the Trust has experienced increased numbers of emergency admissions throughout January hence the outlying of medical patients to the other bed holding Divisions.

The level of outlier bed-days is known to be over-stated, as a result of poor data entry (i.e. incorrect specialty or consultant, resulting in the patient appearing to be in the incorrect ward). The remainder of the variance from the target level of outlier bed-days relates to issues with capacity and flow within the Bristol Royal Infirmary, which is well understood within the Trust.

Recovery plan, including expected date performance will be restored:

- The real-time data audit reveals inaccuracies in data entry; this plans to be addressed at source via the Patient Access Team so that we have confidence in the figures;
- Reduction in occupancy levels throughout the Trust is being addressed through the widely reported patient flow work (see A&E 4-hour exception report in the *Access* section of this report). Lower occupancy gives a greater chance for patients to be placed within the correct ward;
- The Medical Assessment Unit (MAU) now has 32 beds, allowing more medically expected patients to be directly admitted assessed and discharged from MAU. From MAU patients can be directed to MAU, Older Persons Assessment Unit Stroke or Ambulatory Care Unit: there should be less pressure on MAU to transfer patients to downstream wards outside of specialty and supports the theme of right patient, right ward;
- Standard Operating Procedures have been produced for each Division to identify pathways for elective and non-elective patients to support

right patient, right ward;

- A new target of 15 patients to be discharged before 10 a.m. has now been agreed. This will help to achieve lower bed occupancy earlier in the day, and support patients being admitted to the right ward first time.

Q14. 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. The threshold for a green rating is less than or equal to 0.21%.

Performance in the period, including reasons for the exception:

In January 2015, complaints received represented 0.27% of clinical activity (approximately one in every 370 patient episodes of care). This is an increase on the 0.22% reported in December 2014 and the number of complaints received has increased from 133 in December to 165 in January.

Of the complaints received in January, 70 are being progressed through formal resolution. There was a notable increase in the number of complaints received by the Division of Specialised Services, and the Division of Surgery, Head & Neck, with the levels of complaints received by the remaining Divisions staying approximately the same as in December 2014.

The Divisional break down is shown below:

Division	Total Complaints Received In January 2015	Percentage of Patient Activity	Areas with highest number of complaints in December 2014
Diagnostics & Therapies	7 (8 in December)	Not recorded for this Division	X-ray x 2
Surgery, Head & Neck	66 (42 in December)	0.25%	Bristol Eye Hospital x 20 Bristol Dental Hospital x 14 Trauma & Orthopaedics x 4 Upper GI x 7 Ward A604 x 5
Medicine	30 (27 in December)	0.23%	Emergency Department x 3 Dermatology x 3 Gastroenterology and Hepatology x 4
Women & Children	30 (30 in December) Bristol Children's Hospital – 22 St Michael's Hospital - 8	0.20%	Children's Hospital Outpatients x 11 Children's Emergency Department x 4

Specialised Services	26 (19 in December) Bristol Heart Institute – 17 Bristol Haematology & Oncology Centre - 9	0.34%	Bristol Heart Institute Outpatients x 9 Chemo Day Unit/Outpatients x 5 Ward C708 x 4

In the Division of Surgery Head & Neck, there was a noticeable increase in complaints received by Bristol Eye Hospital (BEH), with 20 complaints in January 2015 (11 in December). Of these 20 complaints, 10 were in respect of cancelled or delayed appointments/operations, five were in respect of clinical care, three were about failure to answer the telephone and there was one complaint each relating to the BEH pharmacy and the attitude of a member of reception staff.

There has also been an increase in complaints received by the Bristol Dental Hospital, with 14 complaints in January 2015 (nine in December). No other discernible trends were noted.

In the Division of Medicine, there has been an improvement in the number of complaints being received for Dermatology, with three being received in January 2015 (six in December). No other discernible trends were noted.

In the Division of Specialised Services, there was an increase in the number of complaints received by the Bristol Heart Institute (BHI) Outpatients Department, with 11 complaints in January 2015 (four in December). No other discernible trends were noted.

In the Divisions of Women's & Children's Services and Diagnostics & Therapies there were no discernible trends other than shown in the table above.

Recovery plan, including expected date performance will be restored:

- December 2014 and January 2015 complaints data will be discussed in detail by Heads of Nursing at the Trust's Patient Experience Group meeting on 26th February 2015.

Q15. 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 95% each month with an amber threshold of 85%.

Performance in the period, including reasons for the exception:

In January 2015, 56 responses out of the 66 which had been due in that month were posted to the complainant by the date agreed (84.8%, which is an improvement on December's performance). Of the 10 breaches, seven were attributable to delays in Divisions (three in the Division of Surgery Head & Neck; one in the Division of Medicine; and one each in the Divisions of Women's & Children's Services, Specialised Services and Trust Services). The two remaining breaches were due to delays during the Executive sign-off process, and one was due to another Trust sending us their comments to input into our response.

The Division of Diagnostics & Therapies recorded zero breached deadlines in January 2015.

(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;
- Key Performance Indicators are now in place in respect of performance against response deadlines for the Divisions, the Patient Support & Complaints Team and the Executives;
- 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.

Q16. 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 January 2015, 11 complainants told us that they were dissatisfied with our response to their complaint; this is an increase on the eight cases in December 2014. The 11 cases related to complaints in the following Divisions:

- Division of Surgery, Head & Neck – six cases
- Division of Women's & Children's – two cases
- Division of Specialised Services – one case
- Division of Medicine – two 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 received for Surgery, Head & Neck, five complainants disputed some of the information provided in the response, and one felt there were still unresolved issues after receiving the response.

In the case received for Specialised Services, the complainant disputed some of the information contained in the response.

In the two cases received for Women's & Children's, the complainants felt that some issues remained unresolved following receipt of the initial response.

In the cases received for Medicine, one complainant felt that not all the issues raised had been addressed in our response letter, and one complainant felt that some issues remained unresolved following receipt of the initial response.

Recovery plan, including expected date performance will be restored:

- A system has 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

QUALITY

- 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.

Q17. EXCEPTION REPORT: Average Number of Ward Moves	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

This is one of our quality objectives for 2014/15 and is defined as the average number of ward moves per patient spell. This measure includes only spells where patient has had at least 2 overnight stays and is calculated as total ward moves divided by total spells.

We are aiming to achieve a 15% reduction by quarter 4 2014/15, from a 2013/14 baseline of 2.26. We have calculated seasonally-adjusted quarterly targets of 2.32 (Quarter 1), 2.20 (Quarter 2), 2.09 (Quarter 3) and 1.97 (Quarter 4).

Performance in the period, including reasons for the exception:

In the month of January 2015 there was an average of 2.24 ward moves per patient, which despite being above the red threshold is the lowest level since August 2013. Emergency pressures in the period resulted in a higher than ideal bed occupancy rate, higher levels of outliers, and as a result, more patients needing to be moved to locate them in the correct specialty ward.

Recovery plan, including expected date performance will be restored:

- The lay-out of the wards and increase in single rooms in the new build should decrease the necessity to move patients to address gender, specialty, acuity and isolation requirements;
- Increased bed numbers in the Medical Assessment Unit will decrease the need for transfers off to down-stream inpatient wards. The move took place on November 4th 2014;
- The current timetable for moving to the new wards is February 2015, putting the potential delivery of the improvement at risk for Quarter 4 as a whole;
- Actions taken to improve patient flow, as detailed in the A&E 4-hour Exception Report in the Access section of this report, should also help to ensure patients get to the right bed, following any assessment period they need, and do not necessitate a further move.

1.6 SUPPORTING INFORMATION

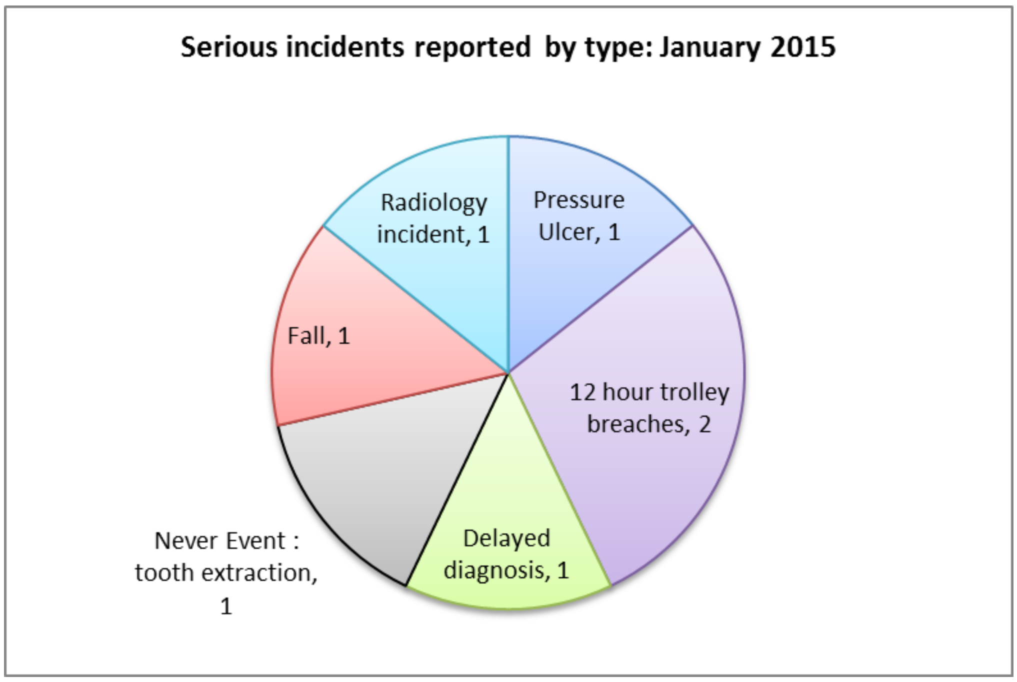
1.6.1 QUALITY ACHIEVEMENTS

This month's quality achievements are from the **Division of Women's & Children's:**

- Both Maternity and Children's services received positive feedback from the Care Quality Commissioning (CQC) in their inspection report. Maternity services received an "outstanding" rating for being Well-led, and Children's services received an "outstanding" rating for Clinical Effectiveness. All other aspects of these services were rated as "good";
- Our new Paediatric Neuro-Rehabilitation Unit opened in January 2015. The new unit, which is only one of a few in the UK, will provide rehabilitation by a highly experienced interdisciplinary team for children with a range of neurological conditions including those who have sustained acute brain injury or spinal cord injury from trauma or infection or patients who need intensive rehabilitation following selective dorsal rhizotomy surgery for cerebral palsy;
- We are piloting a Paediatric Outpatient Parenteral Antibiotic Therapy service for children who need intravenous therapy and who required no other intervention. These children previously had to be admitted for care as there was no community provision. The estimated bed day saving as at January 2015 was in excess of 260 bed-days;
- Three new midwives have started their training to become the Supervisors of Midwives;
- We have been aiming to make it easier for patients in the Bristol Royal Hospital for Children to escalate any concerns they may have about their child's care. Our audit results show that parents are able to escalate concerns and when they do, these are acted upon;
- Our paediatric flow programme has been completed with excellent outputs across a broad range of areas. Key highlights include: new technology devices for smoother communications between staff in key roles and new standardised equipment trolleys on wards. A winter plan has been implemented including more Health Service Assistant support in evenings, weekend physiotherapy, introduction of general paediatric evening shifts and a GP stream in the Children's Emergency Department. We have delivered the opening of additional beds through peaks, implemented a new escalation policy and action cards, and the Children's Emergency Department has been redesigned and refurbished and new ways of working implemented;
- We continue to build on the success of the Faculty of Children's Nurse Education and academic partnership working with Plymouth University;
- We have made a successful appointment of a senior nurse dedicated to lead on Children's nurse recruitment and retention, and this is yielding positive outcomes. We have also made appointments to a new nutrition team and a new Palliative Care Team

1.6.2 SERIOUS INCIDENT THEMES

There were seven serious incidents reported in January as shown below:



Further details are provided in the table below:

Date of Incident	SI Number	Division	Incident Details	Investigation
04/01/2015	2015 625	Medicine	9 x 12 hour trolley breaches in the BRI Emergency Department.	Investigation underway
25/09/2014	2015 811	Specialised Services	Patient started total body irradiation (TBI) treatment prior to bone narrow transplantation (BMT). The BMT team subsequently decided for clinical reasons not to use TBI as part of the conditioning treatment. The radiotherapy team were unaware of the change in regimen by which time the patient had received 5 out of 8 fractions.	Investigation underway

QUALITY

Date of Incident	SI Number	Division	Incident Details	Investigation
06/01/2015	2015 910	Specialised Services	Grade 3 Pressure Ulcer	Investigation underway
22/12/2014	2015 1739	Surgery, Head & Neck	Patient follow-up appointment delayed by 16 months. Patient has visual loss.	Investigation underway
13/01/2015	2015 1876	Medicine	3 x 12 hour trolley breaches in the BRI Emergency Department.	Investigation underway
23/01/2015	2015 3290	Surgery, Head & Neck	Additional tooth extracted to planned procedure in error whilst patient sedated.	Investigation underway
29/01/2015	2015 3912	Medicine	Patient fall resulting in major fracture.	Investigation underway

2.1 SUMMARY

The indicators included in the monthly performance review are summarised in the dashboard below.

Achieving	Underachieving	Failing
• Workforce expenditure - compared with budget	• Workforce numbers - compared with budgeted establishment	- Bank and agency usage - compared with target - Vacancies - compared with target - Turnover - compared with target

2.2 EXCEPTION REPORTS

Although it is recognised that many of the contributory factors are impacting on more than one workforce Key Performance Indicator (KPI), an exception report is provided for each of the RED-rated indicators, which in January 2015 were as follows:

- Bank and agency usage – compared with target
- Vacancies – compared with target
- Turnover - compared with target

Key Performance Indicators (KPIs) in the quarterly workforce report include appraisal, essential training, health and safety measures and junior doctor new deal compliance, in addition to those which form part of the monthly performance report. Targets for sickness absence, turnover and bank and agency are agreed with Divisions as part of the annual Operating Plan process. For those targets which are below plan, exception reports are provided which detail performance against target. Graphs in the Supporting Information section are continuous from the previous year to provide a rolling perspective on performance.

KPI thresholds were determined on the basis of previous years' performance and through benchmarking with other comparable Trusts. Some ambition was built into the thresholds to move UH Bristol to the upper quartile in respect of staff experience.

Detailed programmes of work to underpin delivery of workforce KPIs are described in the Quarterly Workforce Report. This exception report provides a summary update on progress and issues arising from the latest report covering the period October to December 2014.

Sickness absence data for January was not available at the time of producing this report due to the timing of the Payroll closure, but will be provided at the meeting.

W1. 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 January, temporary staffing comprised 6.4% of total staffing numbers (FTE) compared with 7.1% last month, and an annual average of 6.2%. Agency staffing accounted for 1.7% of total staffing for January, compared to the annual average of 1.4%. Agency usage has reduced by 5.7 FTE and bank usage has reduced by 47.2 FTE. All figures for December have been updated to reflect retrospective changes made in the Finance Ledger this month which have been reflected in the graphs in this report (see section 2.3.1). The overview below by Division shows usage for bank and agency against the original thresholds set by Divisions.

Bank (FTE)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Bank January 2014	295.7	10.5	99.8	38.4	52.1	43.1	29.3	22.6
Target set by division	248.8	11.4	83.0	20.7	53.5	44.6	22.7	12.9
Bank January 2015	373.9	7.0	129.1	36.3	67.7	53.0	34.9	46.0
Variance from target (FTE)	(125.1)	4.4	(46.1)	(15.6)	(14.2)	(8.5)	(12.2)	(33.1)

Agency (FTE)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Agency January 2014	68.0	1.3	24.1	21.2	6.3	9.1	3.2	4.1
Target set by division	39.7	2.4	8.7	3.5	6.9	8.3	4.6	5.3
Agency January 2015	138.9	4.6	58.3	21.5	16.7	14.5	7.4	15.8
Variance from target (FTE)	(99.2)	(2.2)	(49.7)	(18.0)	(9.8)	(6.2)	(2.9)	(10.5)

Trust-wide, bank and agency usage continues to be for the following reasons:

- Workload and clinical needs, increased acuity, extra capacity and administrative workload increased to 41.5% of overall usage, compared with 39.8% last month, in line with increased operational resilience pressures;

- Cover for vacancies reduced to 26.2% from 28.5%, reflecting the reduced numbers of vacancies;
- Cover for sickness absence increased from 13.6% to 14.4%;
- Nursing assistant one-to-one care reduced this month, from 10.6% to 9.1% of usage.

There were 34 registered nursing and midwifery new starters undergoing orientation in all bed-holding Divisions, which is above the typical monthly average of 30. There have been significant numbers of extra capacity beds open in Medicine Division, with a weekly average of 29 beds throughout January. Pay spend was within budget in January 2015, reflecting an improved position for bank, agency and vacancies, and the benefit of Operational Resilience funding. The table below shows bank and agency usage when Operational Resilience funded FTE is excluded, based on a notional calculation from money to FTE.

Bank & agency usage (excluding operational resilience funded) FTE	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services (exc Facilities & Estates)
October 2014	517.58	15.24	163.08	62.93	93.61	80.39	63.13	39.21
November 2014	522.92	21.50	161.64	64.21	96.02	80.47	62.52	36.56
December 2014	489.13	14.25	141.06	54.45	99.68	65.08	67.66	46.95
January 2015	414.97	9.98	107.68	51.66	80.67	60.85	61.78	42.35

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

The Bank and Agency Action Plan continues to be reviewed monthly at the Nursing Workforce Steering Group. Progress this month includes the following:

Enhanced Rostering, Operational and Workforce Planning:

- More detailed workforce data has been made available to ward sisters from the end of January including a graphical display of nursing resource used against time required. Further Key Performance Indicators have been added to monitor requests, covering more areas in February and March.

Reducing requests due to clinical need and enhanced observation

- The Standard Operating Procedure continues to ensure all agency requests are appropriately approved, with controls in place to monitor this.

Improved Bank fill rate to reduce the proportion of premium agency staffing

- As a result of a paper to the Senior Leadership Team in January 2015, the qualifying period for 'intensity bonuses' will be changed, which means the threshold will be reduced and the percentage increased, to encourage more staff to work additional hours;
- A scoping exercise with the Information Management and Technology Department to fully understand the technical architecture and associated

costs to provide staff with access to view available shifts on their mobile handsets, is planned for February.

WORKFORCE

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

Description of how the standard is measured:

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

Performance in the period, including reasons for the exception:

Vacancies have shown a clear reduction in month, reducing from 6.1% to 5.5%, with a reduction in all Divisions except Medicine and Specialised Services.

Vacancy Levels by Division	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
January 2014	4.0%	3.9%	2.5%	2.0%	3.3%	3.4%	9.1%	6.1%
Actual January 2015	5.5%	2.5%	11.1%	3.4%	5.4%	2.9%	4.9%	9.3%
FTE vacancy January 2015	435.8	23.9	132.3	27.4	94.6	50.7	33.7	73.2

There are 103 FTE more staff employed this month than in December, of which 55 FTE are nursing and midwifery. This positive change is not fully reflected in the vacancy numbers, which have reduced by 48 FTE because Divisions are in the process of making an allowance for bank and agency funded by Operational Resilience in their budgeted establishment. If the budget for bank and agency funded by Operational Resilience is excluded, then vacancies have reduced in all Divisions compared with last month.

There continue to be "hot spots" of high vacancies, including Paediatric and Neonatal Intensive Care Units, Medicine Wards, and key medical posts in Diagnostics & Therapies and Specialised Services Divisions.

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

Progress on the agreed recruitment action plan is as follows:

Increased speed of recruitment - Conversion to hire

- An agreed escalation process has been developed to speed up health assessment clearances;
- Most Divisions have a recruitment lead, which helps to expedite the recruitment processes and ensure delays are reduced wherever possible to

secure start dates of candidates.

Information Technology infrastructure within the end-to-end recruitment process

- A full procurement is underway for a fit-for-purpose recruitment management system. Evaluations were undertaken in December 2014 with agreement reached to award contract. Approval was provided by IM&T Board in February to proceed with the successful supplier. The target go-live date for the system is May 2015.

Additional resources in the recruitment team, to deliver the challenges of recruitment over the next year

- The Recruitment team structure has been strengthened and training is taking place to improve service resilience. Given the level of turnover we are looking at how to sustain this position.

Marketing campaign to target the national UK market

- There is a marketing campaign on FaceBook for both Theatre Practitioners, and registered nurses together with a range of press, e-shots, online banners and ongoing social media routes, with the aim of publicising specific open days planned for late January, February and March;
- Further promotion activities will take place to market Trust-wide nurse and Theatre Practitioner requirements both externally on local radio and internally through Trust internal communication routes.

Overseas Recruitment

- A paper for consideration by the Senior Leadership Team will be presented in March 2015 including costings for overseas recruitment. The Head of HR Service Centre is working with Procurement to launch a formal tender process for engagement with a recruitment agency. Consideration is being given to Europe and further overseas to Philippines and India. Work is underway with Heads of Nursing to agree numbers and specialties.

Progress in January with respect to staff groups where vacancies are particularly high is described below:

Ancillary (Cleaning, Catering and Portering) Recruitment

At the end of January 2015 there were a total of 54 Domestic Assistant vacancies across the Trust, with 11 leavers and 13 new starters. There are 38 in the recruitment pipeline, 6 of which are in the BRI.

Nurse Recruitment

At the end of January 2015, there were 78 FTE registered nursing vacancies (bands 5-7 only) and 55 unregistered nurse vacancies (bands 2 and 3 only), based on data from the Finance ledger, excluding bank and agency staff.

- 38 final offer letters were issued to new starters, of these, 22 were registered nurses and 16 nursing assistants;
- The first adult theatres Open Day in a number of years resulted in 10.5 FTE conditional offers of employment for theatre nurses and Operating Department Practitioner students. The open day was considered a great success with applicants coming from Birmingham, London and Bournemouth, and repeat events are already being planned. It was fully supported by Resourcing, the Surgery Head & Neck Divisional

management team and other Theatre staff from across the sites, including consultants who supported the event with simulation training. Feedback from candidates was immensely positive with a number citing they had chosen UH Bristol because of the positivity of the staff.

- There was similar feedback on the second Open Day to specifically target paediatric nurses and theatre practitioners to work in the children's hospital. There were 27 attendees, and 13 appointments made on the day, with start dates up until the summer.

W3. EXCEPTION REPORT: Rolling Turnover	RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development

Description of how the standard is measured:

Turnover is measured as the total (FTE) permanent employees who have left, as a percentage of the 12 month average total (FTE) permanent staff in post, presented as a cumulative, rolling figure compared with a Trust wide trajectory to achieve 10% by the end of 2014/15.

Performance in the period, including reasons for the exception:

Rolling turnover continues to exceed 13% at 13.8% in January (13.5% in December). Rates by Division are shown in the table below:

Turnover by Division	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Cumulative Rolling Turnover January 2014	11.2%	8.3%	14.0%	11.5%	12.6%	10.1%	10.9%	11.0%
Actual Cumulative Rolling Turnover January 2015	**13.8%**	**10.9%**	**14.3%**	**17.1%**	**15.4%**	**11.1%**	**14.7%**	**15.0%**
Approximate leavers (FTE) over previous 12 months	870	91	127	116	202	149	81	104

Permanent staff leaver numbers increased in the month of January to 83 compared with 57 one year ago. Specialised Services continues to have the highest rate of turnover, although the Division has seen a reduction this month from 17.5% to 17.1%. Diagnostics & Therapies Division and Women`s and Children`s have the lowest rates, at 10.9% and 11.1% respectively. Retirements were below average this month, 7 compared with a monthly average (financial year to date) of 10.2. Numbers leaving due to "work life balance", "relocations" and "promotions" totalled 50, compared with an average of 46.5. The highest turnover continues to be amongst unregistered nursing, although this has reduced slightly this month, from 24.2% to 23.4%.

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

Work to improve retention this month includes a focussed discussion by Senior Leadership Team, ongoing work on staff engagement, and improving the exit process. Priorities agreed with Senior Leadership team have been further developed during the last month and are detailed more fully in the quarterly workforce report. These include the following:

WORKFORCE

Nursing/Midwifery Assistants

- *Communication* – developing a Trust-wide Nursing/Midwifery Assistants Forum and a number of listening events; scoping other effective forms of communication;
- *Pre and post-induction support* – the Trust is currently reviewing both induction and appraisal processes. As part of this work, it is planned that some key staff groups such as Nursing Assistants will have focused additional management support at key stages throughout the first twelve months of employment;
- *Career Progression* – the Trust will identify career pathways and support development opportunities for Nursing/Midwifery Assistants including using the Widening Access programmes.

Incentives

The Trust is exploring the use of a range of incentives for staff groups where there are particular recruitment and retention difficulties. A paper describing options for consideration was presented to the Trust Executives and Senior Leadership Team in February.

Rotations and Staff 'Transfer Window'

Standardised rotational opportunities for internal transfers and rotations across the Trust encouraging staff to broaden but maintain their skills and experience within the Trust.

Staff Engagement

The comprehensive programme of staff engagement work continues with key headlines this month including:

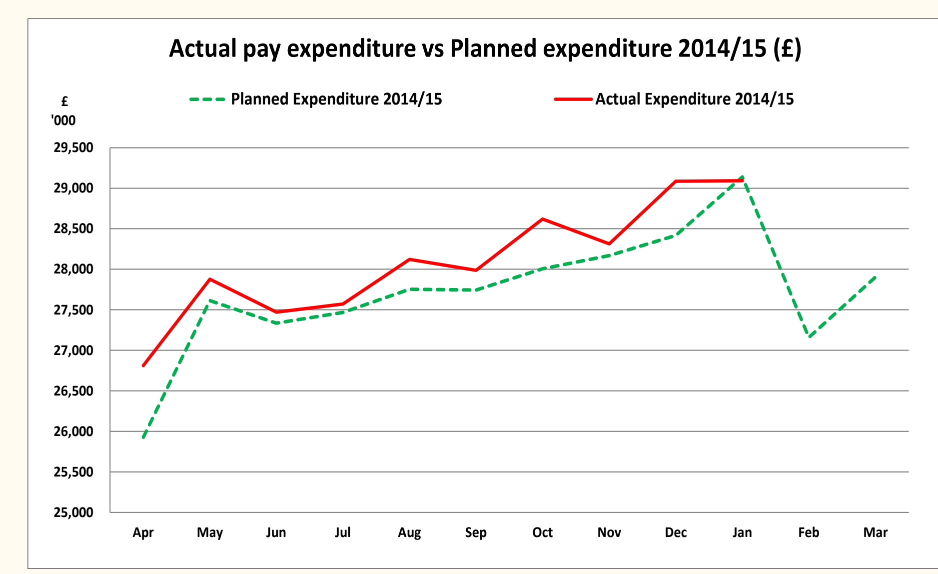
- Divisional activities continue, including focus groups, Listening Events, Divisional Newsletters and updates, site visits by senior management teams, Back to the Floor and Floor to Board rounds and creation of Staff Champions;
- Work is underway to contract with Aston University for the training of team coaches to work with teams. Training with Aston is due to commence in March and complete in May 2015;
- The survey on nursing staff views on shift patterns closed on 9th January and will be followed up by focus groups running throughout February;
- Tackling bullying and harassment - nominations for a "Respecting Everyone" award have been received and a winner selected. This will be announced in February and a presentation made;
- The first draft of a revised Speaking Out Policy, Frequently Asked Questions and extensive management and staff guidance has been prepared and shared initially with the Workforce and Organisational Development Group. The policy will be reviewed by Trust Board on 31st March.

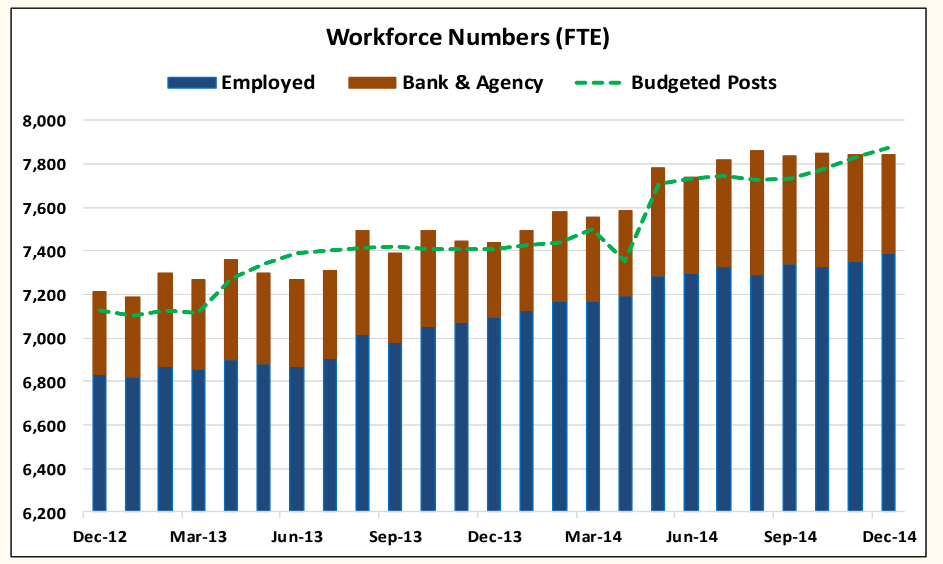
The 2014 Annual Staff Survey results are anticipated at the end of February. A full communication and action planning process is in place.

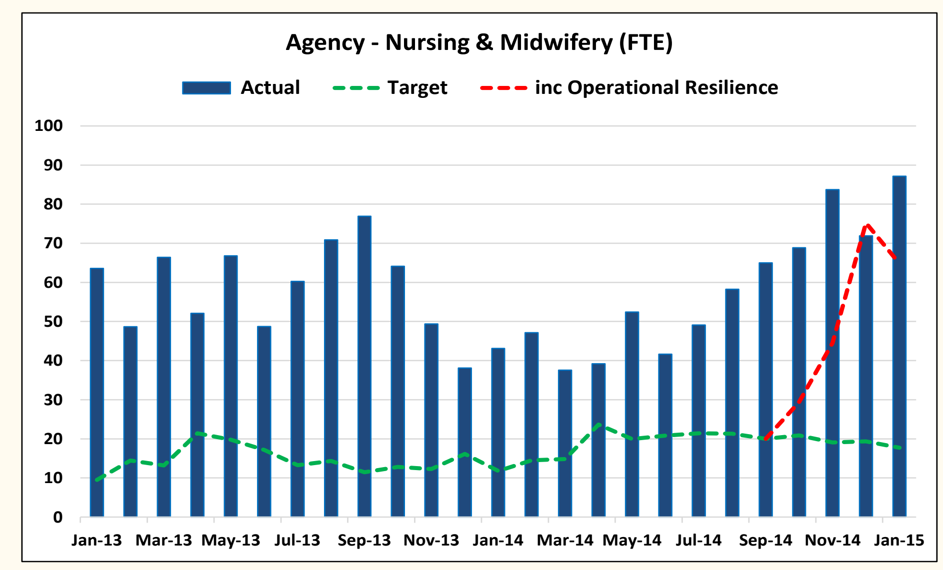
2.3 SUPPORTING INFORMATION

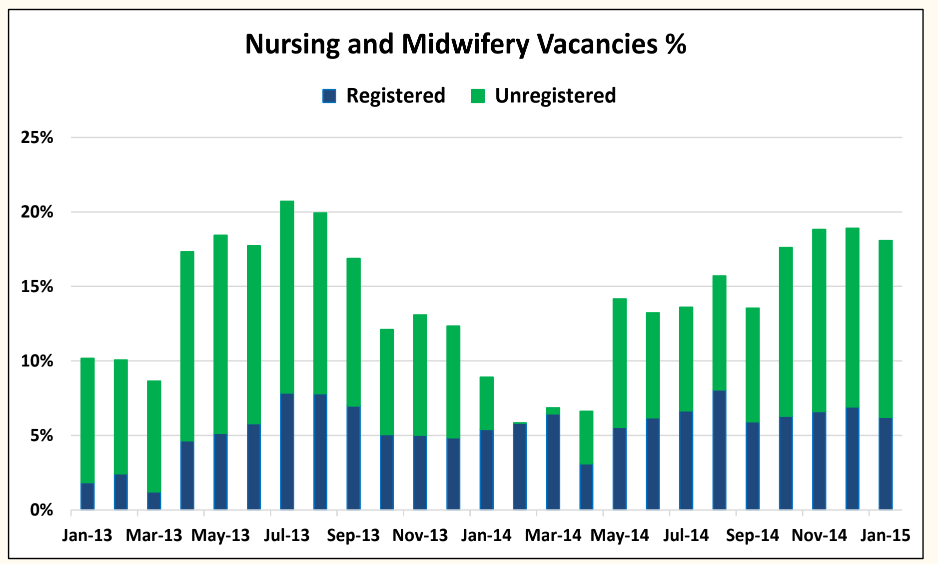
2.3.1 Performance against key workforce standards

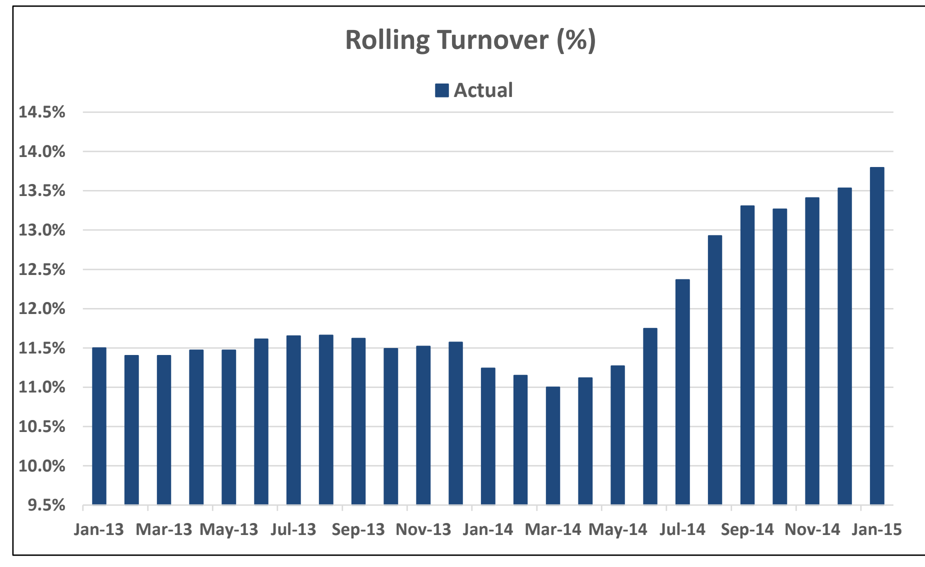
This section provides an outline of the Trust's performance against workforce indicators for workforce expenditure, workforce numbers, and bank and agency usage, with an additional chart to show how the variance against target for agency usage has reduced. There are also graphs to show nursing agency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






Agency - Nursing & Midwifery (FTE)
Actual
Target
inc Operational Resilience
100
90
80
70
60
50
40
30
20
10
0
Jan-13 Mar-13 May-13 Jul-13 Sep-13 Nov-13 Jan-14 Mar-14 May-14 Jul-14 Sep-14 Nov-14 Jan-15


Nursing and Midwifery Vacancies %
Registered
Unregistered
25%
20%
15%
10%
5%
0%
Jan-13 Mar-13 May-13 Jul-13 Sep-13 Nov-13 Jan-14 Mar-14 May-14 Jul-14 Sep-14 Nov-14 Jan-15


Rolling Turnover (%)
Actual
14.5%
14.0%
13.5%
13.0%
12.5%
12.0%
11.5%
11.0%
10.5%
10.0%
9.5%
Jan-13 Mar-13 May-13 Jul-13 Sep-13 Nov-13 Jan-14 Mar-14 May-14 Jul-14 Sep-14 Nov-14 Jan-15

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 January. Red rated indicators are outside tolerance limits and exception reports are provided for these.

Indicator	RAG Rating[1]	Commentary	Notes
Workforce Expenditure (£)	G ↓	Workforce expenditure adverse variance from budget rescued from 2.4% to (0.2%) in month compared with December 2014.	See summary and supporting information
Workforce Numbers (FTE)	A ↑	Total workforce numbers including bank and agency increased by 50.0 FTE compared with the previous month. Workforce numbers were 1.0% above budgeted FTE but this becomes "on target" when Operational Resilience pressures funding is included. This compares with December 2014, when numbers were also 1.0% above budgeted establishment.	See summary and supporting information
Bank (FTE)	R ↓	Bank reduced by 47.2 FTE to 373.9 FTE (compared with a target of 248.8 FTE) in January 2015. Operational Resilience Pressures equalled 9.9% (37.0 FTE) of total bank usage in January 2015.	See summary, supporting information and exception report.
Agency (FTE)	R ↓	Agency reduced by 5.7 FTE to 138.9 FTE (compared with a target of 39.7 FTE) in January 2015. Operational Resilience Pressures equalled 43.7% (60.7 FTE) of total agency usage in January 2015.	See summary, supporting information and exception report.
Sickness absence (%)	R ↑	Sickness absence increased to 4.6% in December; compared to 4.4% in November 2014.This is 0.8 percentage points above the monthly target of 3.8%.	Data not available for January.
Turnover (%)	R ↑	Rolling turnover (excluding fixed term contracts, junior doctors, and bank) increased to 13.8% compared a target of 10.2% and up 0.3 percentage points compared with December.	See summary, supporting information and exception report.
Vacancy (%)	R ↓	Vacancies reduced to 5.5% this month, compared with a target of 5%.	See summary, supporting information and exception report.

Note: RAG (Red, Amber, and 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	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	January 15 Target
Budgeted Posts (FTE)	7424.8	7442.0	7499.3	7355.2	7709.5	7732.9	7744.9	7729.1	7733.4	7775.8	7833.6	7872.4	7927.2	7780.4
Total Staffing (FTE)	7495.2	7578.1	7556.5	7588.1	7780.7	7739.6	7821.9	7864.8	7835.5	7859.9	7910.8	7954.2	8004.1	7741.9
Bank (FTE) Admin & Clerical	59.0	67.4	64.9	71.3	89.2	83.7	88.8	103.5	86.4	95.8	93.5	102.5	89.1	55.0
Bank (FTE) Ancillary Staff	30.7	35.2	34.6	38.0	54.6	51.8	51.9	73.3	59.0	55.6	47.5	57.4	51.5	14.7
Bank (FTE) Nursing & Midwifery	197.0	220.2	197.4	203.6	249.5	220.8	241.8	274.2	233.7	247.2	245.0	254.8	227.2	165.1
Agency (FTE) Admin & Clerical	13.5	27.1	25.7	23.4	22.4	21.1	19.3	27.7	26.4	29.9	49.0	52.9	25.2	11.8
Agency (FTE) Ancillary Staff	3.7	0.0	8.3	0.0	6.8	4.9	15.0	12.1	7.6	7.9	14.3	9.7	12.1	5.3
Agency (FTE) Nursing & Midwifery	43.1	47.2	37.5	39.2	52.4	41.6	49.1	58.3	65.0	68.9	83.7	71.9	87.2	17.7
Overtime	60.1	54.7	83.7	76.4	48.2	62.3	49.6	67.5	60.2	78.9	64.3	76.9	47.0	43.9
Sickness absence[1] Rate (%)	4.5%	4.2%	4.3%	3.7%	3.6%	3.9%	3.9%	3.6%	3.9%	4.5%	4.4%	4.6%		3.7%
Appraisal (%)	88.5%	87.9%	85.9%	87.1%	86.3%	87.2%	86.3%	86.9%	85.3%	84.4%	83.5%	85.1%	83.7%	85.0%
Consultant Appraisal[5] (%)	0.0%	0.0%	0.0%	89.1%	89.2%	83.0%	85.5%	88.8%	89.1%	88.4%	90.3%	89.0%	89.7%	85.0%
Rolling Average Turnover[2] (all reasons) (%)	17.9%	18.0%	17.8%	17.8%	18.0%	18.6%	19.0%	19.4%	19.7%	19.5%	19.6%	19.5%	19.8%	
Rolling Average Turnover[3] (with exclusions) (%)	11.2%	11.2%	11.0%	11.1%	11.3%	11.7%	12.4%	12.9%	13.3%	13.3%	13.4%	13.5%	13.8%	10.2%
Vacancy[4] Rate (%)	4.0%	3.7%	4.4%	2.2%	5.5%	5.6%	5.4%	5.6%	5.1%	5.7%	6.1%	6.1%	5.5%	≤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.
5. Consultant appraisal process allows 15 months before counting as non-compliant

3.1 SUMMARY

The following section provides a summary of the Trust's performance against key national access standards at the **end of January 2015**. It shows those standards not being achieved either in the current ***quarter (i.e. quarter 4)***, 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 (9)	**Underachieving (1)**
- 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* - 31-day diagnosis to treatment cancer standard - *first treatment* - 2-week wait urgent GP referral cancer standard - A&E Time to Initial Assessment - A&E Left without being seen rate - A&E Time to Treatment - A&E Unplanned re-attendance	- Reperfusion times (call to balloon time of 150 minutes) – *local target not achieved*
Failing (12)	**Not reported/scored (0)**
- A&E Maximum waiting time (4-hours) - Ambulance hand-over delays over 30 minutes (year-on-year reduction) - Delayed Discharges - Referral to Treatment Time for non-admitted patients - Referral to Treatment Time for admitted patients - Referral to Treatment Time for incomplete pathways - 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 - 6-week wait for key diagnostic tests - Reperfusion times (door to balloon time of 90 minutes)	

*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 January. 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

Access Standards - dashboard

	Target	Thresholds Green	Thresholds Red	Previous YTD	Year to date (YTD)	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15
Cancer	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	96.6%	95.9%	98.0%	98.4%	97.1%	97.0%	96.0%	97.0%	93.2%	94.8%	94.7%	96.3%	97.5%	Cancer standards report two months in arrears	97.4%	96.7%	95.0%	96.1%	
	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.6%	96.6%	94.0%	97.8%	97.5%	97.9%	96.2%	96.8%	96.2%	96.2%	95.7%	94.0%	98.5%		96.0%	97.2%	96.4%	96.2%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%		99.7%	99.7%	100.0%	99.6%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	95.1%	94.8%	97.6%	91.8%	97.9%	93.2%	93.5%	94.0%	97.8%	91.7%	96.4%	92.3%	95.0%		94.1%	94.9%	94.6%	94.8%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	98.1%	97.8%	99.5%	95.6%	97.9%	98.9%	95.1%	97.6%	98.4%	97.4%	98.2%	99.5%	97.2%		95.7%	97.2%	97.8%	98.3%	
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.8%	79.7%	77.4%	74.8%	75.3%	81.1%	85.1%	79.4%	77.6%	74.3%	78.8%	81.4%	84.6%		75.1%	80.4%	76.8%	81.6%	
	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	92.9%	89.9%	94.9%	88.9%	90.3%	90.2%	90.9%	90.2%	94.3%	83.3%	73.3%	100.0%	90.9%		94.4%	90.4%	90.8%	84.4%	
	Cancer 62 Day Referral To Treatment (Upgrades)	Not published	Not published	93.8%	90.6%	75.6%	97.0%	97.5%	86.1%	100.0%	86.7%	70.0%	89.3%	85.7%	100.0%	90.5%		85.3%	95.3%	83.1%	90.4%	
Referral to Treatment	Referral To Treatment Admitted Under 18 Weeks	90%	90%	92.9%	85.9%	92.4%	90.5%	91.9%	91.8%	90.1%	87.2%	84.4%	82.4%	85.2%	83.1%	84.3%	80.5%	92.0%	91.2%	84.7%	84.3%	80.5%
	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	93.1%	90.5%	92.7%	93.1%	93.6%	94.0%	92.8%	89.7%	90.0%	89.0%	89.2%	88.8%	89.9%	88.9%	92.6%	93.4%	89.5%	89.3%	88.9%
	Referral To Treatment Incomplete pathways Under 18 Weeks	92%	92%	92.5%	90.5%	92.4%	93.1%	92.7%	92.5%	92.1%	92.0.%	91.1%	90.0%	89.4%	88.7%	87.5%	88.9%	92.7%	92.4%	91.0%	88.5%	88.9%
A&E Clinical Quality Indicators	A&E Total time in A&E 4 hours - without Walk in Centre attendances	95%	95%	94.2%	92.2%	90.1%	92.1%	94.5%	94.3%	95.2%	92.4%	93.7%	92.4%	93.8%	88.6%	86.3%	90.9%	91.3%	94.7%	92.8%	89.6%	90.9%
	A&E Time to initial assessment (95th percentile) - in minutes	15	15	15	13	24	15	14	12	11	13	12	11	12	12	36	14	14	12	12	15	14
	A&E Time to treatment decision (median) - in minutes	60	60	51	54	55	54	53	57	55	59	47	55	51	59	57	48	51	55	54	55	48
	A&E Unplanned reattendance rate (within 7 days)	5%	5%	1.4%	2.3%	2.5%	2.4%	2.7%	2.2%	2.4%	0.2%	2.5%	2.6%	2.5%	2.6%	2.4%	2.7%	2.5%	2.4%	1.7%	2.5%	2.7%
	A&E Left without being seen	5%	5%	1.8%	1.8%	1.8%	1.7%	1.5%	1.9%	1.4%	2.2%	2.0%	2.0%	1.5%	2.3%	1.6%	1.6%	1.8%	1.6%	2.1%	1.8%	1.6%
Other key access standards	Last Minute Cancelled Operations	0.80%	1.50%	0.99%	1.10%	1.44%	0.92%	0.98%	0.96%	1.10%	1.35%	0.97%	1.14%	0.84%	1.96%	0.73%	1.00%	1.17%	1.02%	1.16%	1.16%	1.00%
	28 Day Readmissions	95%	85%	89.8%	89.1%	88.6%	89.7%	94.2%	85.2%	94.4%	95.3%	90.5%	85.2%	85.3%	90.4%	87.0%	82.9%	90.3%	91.3%	90.6%	87.3%	82.9%
	6-week wait for key diagnostics	99%	99%	98.4%	97.4%	99.2%	99.2%	98.3%	96.6%	97.3%	97.7%	97.0%	98.1%	99.1%	98.3%	95.8%	95.5%	98.8%	97.4%	97.6%	97.8%	95.5%
	Primary PCI - 150 Minutes Call To Balloon Time (direct admissions only)	90%	70%	83.3%	78.8%	82.9%	77.1%	78.6%	78.3%	82.1%	80.6%	76.9%	81.8%	79.4%	73.8%	80.0%		78.9%	79.4%	78.7%	76.3%	77.2%
	Primary PCI - 90 Minutes Door To Balloon Time (direct admissions only)	90%	90%	94.0%	91.6%	91.4%	91.7%	96.4%	93.5%	96.4%	88.9%	94.9%	90.9%	94.1%	81.0%	92.0%		91.1%	95.1%	92.0%	88.1%	
	Delayed discharges (Green to Go List)	30	41	Not applicable	52.5	73	58	56	51	58	50	53	57	44	55	42	59	63.7	55.0	53.7	47.0	59.0
	Ambulance hand-over delays (over 30 minutes) - 10% reduction on 13/14	0	91.2	96.3	115.3	137	105	96	100	79	139	144	100	77	131	168	119	112.0	91.7	127.7	125.3	119.0

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 A&E Time to Initial Assessment figures exclude the Bristol Children's Hospital performance, due to problems with reporting accurate figures from Medway Patient Administration System (PAS). Work is ongoing to address the data issues.
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 relative to the last reported period:

- Cancer 31-day diagnosis to treatment (first definitive treatment) ↑ (up from 94.0% in November to 98.5% in December);
- Cancer 31-day diagnosis to treatment (subsequent surgery) ↑ (up from 92.3% in November to 95.0% in December);
- Cancer 62-day GP referral to treatment ↑ (up from 81.2% in November to 84.6% in December);
- Last-minute cancelled operations ↑ (up from 0.73% in December to 1.0% in January);
- 28-day readmissions following a last-minute cancelled operation ↓ (down from 87.0% in December to 82.9% in January);
- Ambulance hand-over delays over 30 minutes ↓ (down from 168 in December to 119 in January);
- Time to initial assessment (number of minutes 95% seen within – target 15 minutes) ↓ (down from 36 minutes in December to 14 minutes in January);
- Primary Percutaneous Coronary Intervention (PCI) 90 minute Door to Balloon time for cardiac reperfusion ↑ (up from 81.0% in November to 92.0% in December).

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

3.4 EXCEPTION REPORTS

Exception reports are provided for ten 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 key measures of patient flow, Delayed Discharges and Ambulance Hand-over delay performance 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 (LMC)
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) Admitted pathways standard
6) Referral to Treatment Time (RTT) Non-admitted pathways standard
7) Referral to Treatment Time (RTT) Incomplete pathways standard
8) A&E 4-hour maximum wait
9) Six-week diagnostic wait
10) Primary Percutaneous Coronary Intervention (PCI) 90 minute Door to Balloon time

A1-A2. EXCEPTION REPORT: Last-minute cancellation (LMC) + 28-day readmission following a LMC	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;
2) The number of patients cancelled at last-minute for non-clinical reasons who were not readmitted within 28 days of the date of the cancellation, as a percentage of all cancellations in the period.

This standard remains part of the NHS Constitution.

Monitor measurement period: Not applicable

Performance during the period, including reasons for exception:

There were 58 last-minute cancellations (LMCs) of surgery in January (1.00% of operations) which is above the national standard of 0.8%. The main reasons for cancellations in January were as follows:

- 24% (14 cancellations) were due to a lack of theatre time due to clinically complicated patients needing more time in theatre than expected, and/or the morning theatre session running over;
- 19% (11 cancellations) were due to no high dependency bed/intensive therapy unit bed being available to admit a patient to;
- 14% (8 cancellations) were due to a surgeon or anaesthetist being unwell or unavailable;
- 10% (6 cancellations) were due to no ward beds being available;
- 9% (5 cancellations) were due to an emergency patient being prioritised;
- 24% (14 cancellations) were due to a range of reasons, with no consistent themes or patterns emerging.

Of the 58 cancellations, 17 were day-cases and 41 were inpatients (29% day-cases). On average, seventy percent of the Trust's admissions in a month are day-cases. The higher cancellation rate for inpatient procedures is a result of the main causes of cancellation being lack of a bed on high dependency bed/intensive therapy unit, no ward beds being available (on inpatient wards) and emergency patients being prioritised. Day-case procedures are usually conducted in theatre sessions that could not readily be used for emergency patients.

In January 82.9% of patients cancelled in the previous month were readmitted within 28 days of the cancellation, against a national standard of 95%. There were seven breaches of 28-day readmission standard in the month, of which three were due for readmission for procedures within the Bristol Children's Hospital. All of these could not be re-booked within 28 days due to the clinical urgency of other patients already booked in the period. The remaining four patients needed to be readmitted for a procedure within the Bristol Royal Infirmary, but could not be re-admitted within 28-days due to more clinically urgent patients requiring admission and/or reduced clinician availability over the bank holiday period.

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:

- Ongoing implementation of 4-hour plans, the actions from which should reduce cancellations related to bed availability (see A&E 4-hour Exception Report – A8);
- 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);
- The opening of the new adult Intensive Therapy Unit (ITU) will provide greater flexibility to manage a higher proportion of patients needing higher levels of clinical input, thereby reducing the likelihood of a patient needing to be cancelled due to not ITU bed being available;
- Elective activity is routinely discussed at every 08:30 Site Team and the 16:45 Silver Command patient flow meetings. No patients are cancelled without a cross Divisional discussion to ensure other options have been explored.
- Specialty specific plans are shown below:

Specialty	Action
Upper GI, Trauma & Orthopaedics & Maxillo-facial Surgery	Implement managed beds for surgical elective admissions to reduce cancellations due to lack of ward beds/lack of High Dependency Unit beds. **Commenced 6/10/2014**
Ophthalmology	Working group in place to improve Pre-Operative Assessment processes, reducing clinical cancellation and allowing for more accurate time allocation. Lists currently booked assuming lowest level of emergency admissions to maximise time available to clear Referral to Treatment Times backlog, although list space remains allocated for admissions through clinic.
All Paediatric	Through the Winter Planning Project within the Children's Flow Programme, increase medical bed

	capacity throughout winter to reduce impact on surgical bed capacity and thus last-minute cancellations (LMCs) **At Risk - Recruitment/Retention Challenges and staff sickness absence**
All Paediatric	Through the Elective Processes Project in the Children's Flow Programme, improve planning, communication and decision-making to reduce LMCs; decision taken to cancel a number of elective theatre lists during the winter months, as patients booked onto these lists were routinely having to be cancelled at last minute due to emergencies.
Paediatric plastics, Maxillo-facial and Trauma & Orthopaedics	Following transfer of Specialist Paediatric services in May this year, there has been a period of settling in to reach optimum operating capacity and efficiency. Work needs to continue to support this.

Progress against the recovery plan:

The national standard of less than 0.8% of operations being cancelled at last-minute for non-clinical reasons was not achieved in January. This was mainly due to emergency pressures in the period.

Performance against the 28-day readmission standard deteriorated in January. Unusually, this was not due to the number of patients needing to be re-booked following a cancellation in the previous four weeks being high, but reflected the clinical urgency of other patients needing to be operated on. Maintaining a lower level of ward-bed related cancellations remains the minimum requirement for achievement of both the last-minute cancelled operations and the 28-day readmission standards. The actions described in Exception Report A8 (A&E 4-hours) should reduce levels of last-minute cancelled operations and improve performance against the 28-day readmission standard.

A3 – A4. EXCEPTION REPORT: 62-day referral to treatment cancer standard for GP and Screening referred patients	RESPONSIBLE DIRECTOR: Chief Operating Officer

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, although Monitor treats this as a combined standard for the purposes of scoring.

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 January is 80.4%. This figure is subject to further validation and final national reporting, which will take place early in February. The recovery trajectory target of 84.8% is not expected to be achieved for the month, for the reasons shown in the final section of this exception report.

Performance in December (latest reported month) was reported as 84.6% against the 85% standard. This was above the recovery trajectory for the month of 84.1%. Performance for internally managed pathways was 91.7% against the 85% standard. Performance for shared pathways was 67.4%. If the breaches for those referrals received late (i.e. on or after day 46 in the pathway) were re-allocated in full to the referring provider, performance would have been 88.2%, and above the 85% standard. Breach analysis has shown the reasons for the breaches to be as follows:

Breach reasons	December	Percentage of breaches
Late referral	3.0	23%
Medical deferral/Clinical complexity	1.0	8%
Patient choice to delay	1.0	8%
Delayed pre-operative assessment	1.0	8%
Elective capacity/cancellation	1.5	12%
Delayed outpatient appointment	1.5	12%
Administrative delay/pathway management	1.5	12%
Delays at other provider	2.5	19%
	13.0	**100%**

58% of breaches were due to primarily unavoidable reasons, including late referral, medical deferral, clinical complexity and delays at other providers.

There were 5 breaches (38%) relating to internally managed pathways and 8 breaches (16 pathways x 0.5 accountability) relating to shared pathways.

ACCESS STANDARDS

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 December 2014, the 85% standard was only achieved for brain, breast and skin cancers at a national level, with all other tumour sites performing at or below 80%. The national average performance across all tumour sites was 83.6%. The Trust is now the only acute provider in the country that provides neither breast nor urology cancer outpatients or surgical services. It is calculated that the impact of our tumour site case-mix equates to a 3.5% reduction in expected performance. This figure is without any adjustment for the tertiary nature of our services.

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 GP Screening

The Trust did not achieve the 90% 62-day screening standard in quarter 3 as a whole, despite performance in December being 90.9%. Although the performance of breast and gynaecology screening pathways was above the national standard in quarter 3, performance for bowel cancers for the quarter fell well below 90%. The loss of the majority of Breast Screening treatments in quarter 2 2014/15, following the transfer of Avon Breast Screening (ABS) to North Bristol Trust, has, as expected, had a significant impact on performance. Bowel is now the highest volume tumour site for 62-day screening treatments (shared and internal pathways) reported by the Trust. Nationally, bowel screening pathways performed at 77.2% against the 90% standard in quarter 3. The reasons for the breaches of the 62-day screening standard in quarter 3 were patient choice, late referral and capacity constraints at treating providers, all of which were outside of the control of the Trust.

Recovery plan, including expected date performance will be restored:

A fortnightly cancer performance improvement group is taking forward further improvement priorities. These are identified from reviews of breaches, good practice from other providers, and in response to potential risks e.g. awareness campaigns. A specific action plan for cancer performance is maintained by the group and is also monitored at the Cancer Board and Service Delivery Group. The action plan is updated with new actions on an ongoing basis as these are identified, and all actions have an expected impact assigned to them which link through to the trajectory for performance improvement. The impact of some actions may take two months (i.e. the length of a pathway) to show the full effect, depending on the stage of the pathway they relate to. The action plan covers all cancer access targets, but with the primary focus being on those actions that will support delivery of the 62 day GP standard. The current/recently completed key actions are as follows:

The current/recently completed key actions are as follows:

- Implement joint clinics between respiratory physicians and thoracic surgeons, both internally and at referring providers, effectively removing

the need for a second outpatient appointment. This has been implemented at UH Bristol and North Bristol Trust. An innovative project trialling remote pre-operative assessment via Skype technology has also started to support this clinic. Taunton clinics are due to start, followed by Yeovil and Weston. Discussions will also be held with Gloucester and Bath hospitals with a view to rolling-out there;

- Reduce maximum wait for 2-week wait step to 7 days for 90% patients in six specialities where this will likely make a material difference to pathways. Patient choice does affect achievement of this standard in some specialties. All areas have made and sustained significant progress on this, with several consistently hitting the target and others coming very close;
- A specific pathway improvement project for Head and Neck, most of which has now completed. The implementation of this project's actions has seen a three-fold reduction in breaches for this speciality and the learning from this project is being applied elsewhere;
- Additional capacity for thoracic surgery, hepato-pancreato biliary surgery and Ear, Nose & Throat minor procedures has been created, following the move of vascular services to North Bristol Trust. This has considerably improved capacity problems in these specialities, particularly thoracic surgery, and has also reduced the impact of cancellations;
- Revisions to the colorectal two-week wait pathway are in progress, to support improved pathways for patients (fewer appointments) and ongoing attainment of waiting times standards in a time of rising demand. This work is being coordinated by the Strategic Clinical Network and Commissioning Support Unit, and has external funding and support from the 'ACE' Earlier Diagnosis of Cancer initiative, and is being carried out in conjunction with North Bristol Trust;
- Improved referral to reporting times of CT colonoscopies; with a change to the organisation of reporting by radiologists and a review of the timings of lists and reporting sessions to ensure optimum timings. There have been no patients identified waiting over a week for their results since these changes were implemented in November;
- Competency based training and assessment for Multi Disciplinary Team (MDT) co-ordinators and all administrative staff involved in booking cancer patients (both at start of post and on an ongoing basis) has been devised and rolled-out to reduce risk of administrative errors. The first new coordinators have been trained according to this programme and all existing staff will be assessed against the competencies as part of appraisal;
- Pathways with optimum timescales for lung and oesophago-gastric (OG) cancer (complex, relatively high volume specialities) are being developed and good progress is being made. The OG pathway was discussed at the Network Site Specific Group and received strong clinical engagement and support. Audit of actual against ideal performance is now being undertaken at all trusts to identify how we can implement the pathway. The Lung pathway is now being supported by North Bristol Trust, and colleagues from UH Bristol and North Bristol are working together on its further development. Some changes have already been implemented as a result of the work on this pathway, for example introduction of protected PET scan slots for patients had highest risk of complex pathways. The ultimate aim is for these pathways to be adopted across the South West and this has been discussed at several regional meetings;
- Pathway work for patients with lymphomas of the neck, who commonly have lengthy pathways due to passing between specialities, to design a smooth timely pathway. The pathway is now designed in draft and subject to clinical discussions as several of the elements would require a change of practice. The pathway aims to get patients onto the most appropriate pathway at an earlier stage;

- Additional bronchoscopes have been purchased, reducing risks of delays due to equipment failure and enabling the Trust to carry out in-house certain types of bronchoscopy which previously had to be sent to other providers;
- Implementation of the plan to manage impact of the 2015 national awareness campaign for oesophago-gastric cancer, which started on January 26th. Work has been undertaken by the Trust based on information obtained from trusts who participated in the regional pilot of the campaign has enabled impact on services post two week wait referral to be estimated and planned for;
- Subject to agreement from commissioners, introduce direct booking of two week wait referrals via choose and book, which should increase the likelihood of patients attending their first appointments and doing so in a timely way, as well as having safety and patient experience benefits. This is particularly important in light of forthcoming changes to NICE guidance for cancer referrals. Other trusts who successfully use this system have been identified, and it is hoped we can work with them to demonstrate how the system works and thus allay the concerns held by some GPs about this;
- Developing an improved system for providing theatre time in main theatres to the gynaecology team within shorter timescales, for high risk patients requiring intensive care/high dependency care. A protocol has been drafted for this and is under discussion;
- Improving proactive management systems for fast track patients in radiology and pathology. The radiology system is in place and has reduced the number of queries for radiology, and the pathology system developments have been incorporated into the work surrounding the service transfer.

Progress against the recovery plan:

62-day GP

The following improvement trajectory has been agreed, on the basis of the actions identified and expected impact of these actions. The figures for October to December are now confirmed following the completion of quarter 3 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	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	75.5%	81.6%	85.1%	80.4%	79.4%	77.6%	74.3%	76.8%	79.0%	81.2%	84.6%	81.6%				

62-day screening

The 90% standard was failed in quarter 3, following the transfer of the Avon Breast Screening service. Achievement of this standard remains a risk in future quarters, for the reasons set-out in the previous section.

A5-A7. EXCEPTION REPORT: Referral to Treatment Time (RTT) admitted, non-admitted and ongoing pathways standards	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

Waiting times for these standards are measured from the date of a referral made with an expectation of treatment, through to the commencement of first definitive treatment. A referral can be made by a GP or any other healthcare professional. A referral onto an 18-week pathway can also be made when a patient's condition has been monitored and a decision has been made that treatment is now required.

There are three different standards relating to Referral to Treatment Times (RTT). The first two measure the percentage of patients treated within 18 weeks for patients not needing an admission for their treatment (Non-admitted pathways), and those patients needing an admission (Admitted pathways). The targets for these are 95 and 90% respectively. The final standard measures the percentage of patients waiting under 18 weeks at month-end. This is referred to as the ongoing or incomplete pathways standard. The target is for at least 92% of patients to be waiting less than 18 weeks from referral. Failure of this standard is an indication that the number of non-admitted and/or admitted patients waiting over 18 weeks is higher than the sustainable level for achievement of the admitted and non-admitted standards. Failure of the ongoing/incompletes standard usually therefore results in failure of one or both of the non-admitted and admitted standards, until the number of over 18-week waiters is reduced.

Monitor measurement period: Monthly achievement required but quarterly monitoring. Performance is assessed by Monitor at an aggregated Trust level, rather than an RTT specialty level.

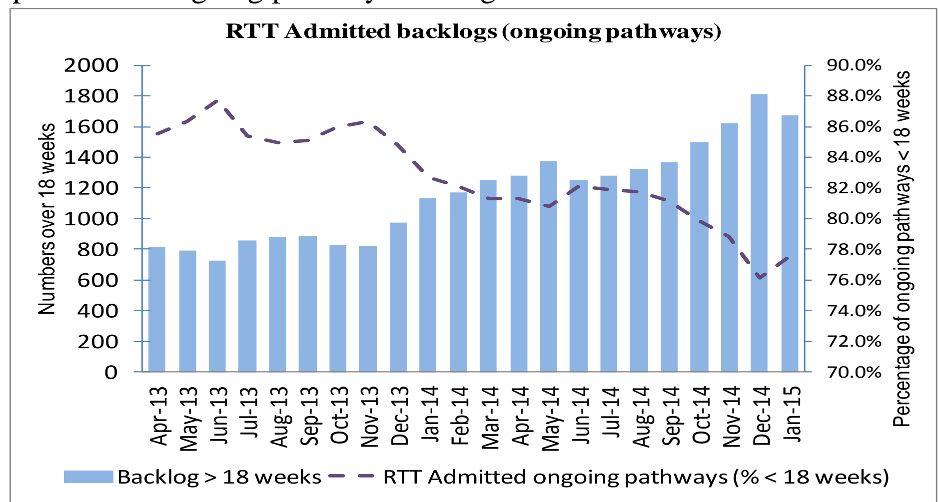
Performance during the period, including reasons for exceptions:

The Trust continued to under-perform against the three RTT pathways standards in January, mainly due to the volumes of long waiting patients that have built-up over previous months. The number of patients waiting over 18 weeks on admitted and non-admitted pathways remains higher than the sustainable level to support achievement of the admitted and non-admitted standards. This has been mainly due to waits for first outpatient appointments and/or elective being too long to support achievement of a total 18 week wait in certain specialties, as a result of higher than expected demand or capacity being lower than planned this year.

The RTT waiting list has also been affected by data quality issues, as a result of a combination of the way the Patient Administration System (Medway) works following recent upgrades, and the way staff are using the system. The ongoing RTT over 18-week waiting list has not been validated in full for several months, and the validation that used to take place was also not undertaken by staff that specialised in this role. The lack of a 'clean' operational RTT waiting list has also limited the impact of improvements being made to 'picking' patterns and booking practices.

The impact of the validation work of the recently appointed team of validators, along with the work of the national team, is now starting to be felt. In combination with the additional capacity put in place to treat more long waiters, this has resulted in a significant reduction for both the admitted and non-admitted pathways, in the number of patients waiting over 18-weeks at month-end. The combined impact of the non-admitted and admitted over 18-week waiting list reducing was that performance against the RTT Ongoing pathways standard in January, improved from 87.5% to 88.9%.

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



Graph 2 – RTT Non-admitted backlogs versus the percentage of patients on ongoing pathways waiting under 18 weeks.

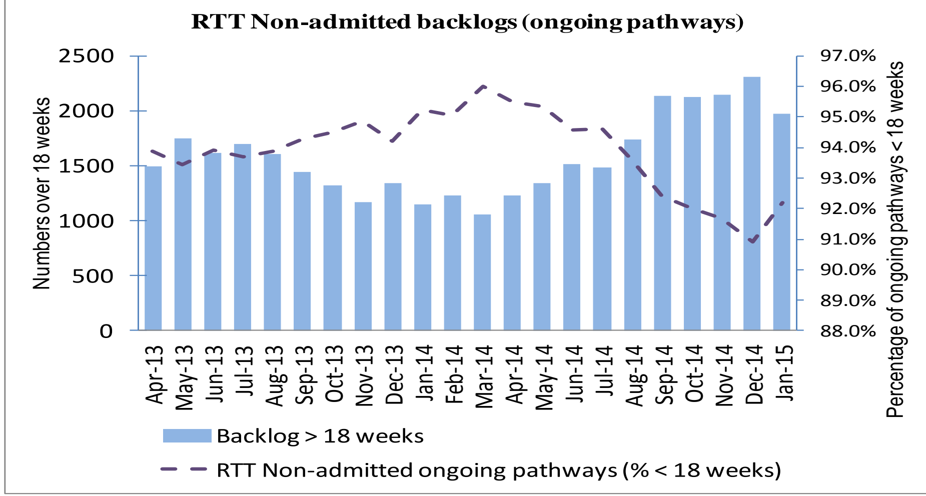


Table 1: Performance against the RTT Admitted standard at a national RTT specialty level in January.

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Clock Stops	Percentage Under 18 Weeks
Cardiology	170	89	259	65.6%
Cardiothoracic Surgery	48	11	59	81.4%
Dermatology	127	72	199	63.8%
E.N.T.	177	6	183	96.7%
Gastroenterology	65	1	66	98.5%
General Medicine	29	6	35	82.9%
Gynaecology	186	17	203	91.6%
Ophthalmology	673	147	822	82.1%
Oral Surgery	260	56	316	82.3%
OTHER	724	209	933	77.6%
Plastic Surgery	1	0	1	100.0%
Rheumatology	87	0	87	100.0%
Thoracic Medicine	15	0	15	100.0%
Trauma & Orthopaedics	56	22	78	71.8%
TOTAL	**2618**	**636**	**3256**	**80.5%**

In January, six of the fourteen specialties achieved the 95% standard, compared with five in December. A record number of long waiting patients were treated in the month, reflecting the focus on picking patterns and treating as many long waiting patients as possible.

The performance of the highest volume specialties for admitted pathways within 'Other' was as follows, in order of volume of clock stops:

- Paediatric Ear Nose Throat – 46.9%
- Upper GI surgery – 60.0%
- Clinical Oncology - 100%
- Thoracic surgery 90.8%
- Colorectal Surgery – 74.2%
- Maxillo facial surgery – 88.3%
- Paediatric surgery – 50.0%
- Paediatric orthopaedics – 73.2%

Table 2: Performance against the RTT Non-admitted standard at a national RTT specialty level in January.

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Clock Stops	Percentage Under 18
Cardiology	111	44	155	71.6%
Cardiothoracic Surgery	25	12	37	67.6%
Dermatology	422	12	434	97.2%
E.N.T.	720	55	775	92.9%
Gastroenterology	50	16	66	75.8%
General Medicine	135	0	135	100.0%
Geriatric Medicine	63	1	64	98.4%
Gynaecology	408	20	428	95.3%
Neurology	66	14	80	82.5%
Ophthalmology	945	46	991	95.4%
Oral Surgery	219	76	295	74.2%
OTHER	2972	491	3463	85.8%
Rheumatology	102	2	104	98.1%
Thoracic Medicine	319	3	322	99.1%
Trauma & Orthopaedics	105	39	144	72.9%
TOTAL	**6662**	**831**	**7493**	**88.9%**

In January, as in December, seven of the fifteen specialties achieved the 95% non-admitted standard. Poor performance in specialties such as Cardiology, Oral Surgery, ENT, and dental specialties reported under 'Other', reflects more long waiting patients being treated in the month as

planned.

The analysis of the patients treated in the month who had waited over 18 weeks, shows the following:

- 34% were in dental specialties – a decrease on last month (36%)
- 13% were in paediatric specialties -
- 6% were in Adult Ear, Nose & Throat (ENT) – a decrease on last month (15%)

The performance of the highest volume specialties for admitted pathways within 'Other' was as follows, in order of volume of clock stops:

- Restorative dentistry – 52.7%
- Colorectal Surgery – 91.3%
- Maxillo facial surgery – 93.2%
- Radiotherapy treatments – 100%
- Paediatric ENT – 94.9%
- Paediatric ophthalmology – 73.3%
- Oral medicine – 69.5%

Table 3: Performance against the RTT Ongoing pathways standard at a national RTT specialty level in January.

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Ongoing	Percentage Under 18
Cardiology	1949	410	2359	**82.6%**
Dermatology	1801	123	1924	**93.6%**
E.N.T.	2225	49	2274	**97.8%**
Gastroenterology	498	36	534	**93.3%**
General Medicine	104	0	104	**100.0%**
Gynaecology	1145	72	1217	**94.1%**
Neurology	301	46	347	**86.7%**
Ophthalmology	4400	288	4685	**93.9%**
Oral Surgery	2305	136	2441	**94.4%**
OTHER	12087	2409	14491	**83.4%**
Rheumatology	349	5	354	**98.6%**
Thoracic Medicine	616	6	622	**99.0%**
Trauma & Orthopaedics	878	39	917	**95.7%**
Cardiothoracic Surgery	285	30	315	**90.5%**
Geriatric Medicine	166	0	166	**100.0%**
TOTAL	**29109**	**3649**	**32750**	**88.9%**

ACCESS STANDARDS

In January, eleven of the fifteen specialties achieved the 92% ongoing standard, compared with twelve in December.

The performance of the highest volume specialties for admitted pathways within 'Other' was as follows, in order of total pathway volumes:

- Restorative dentistry – 83.4%
- Paediatric ENT – 69.1%
- Clinical Genetic – 80.0%
- Paediatric T&O – 67.1%
- Upper GI – 73.8%
- Oral medicine – 96.9%
- Paediatric dentistry – 89.7%
- Orthodontics – 91.8%
- Periodontal – 87.0%
- Colorectal surgery – 89.0%
- Paediatric surgery – 73.5%

The number of patients waiting over 40-weeks from referral to treatment decreased from 177 at the end of December to 160 at the end of January. There were 9 over 52-week RTT waiters were reported at January month-end, compared with 13 at the end of December. Eight were within paediatric specialties due to demand being significantly higher than capacity within these services (i.e. 6 for Paediatric Plastic Surgery, which is a reduction from 9 in December, 2 for Paediatric Trauma & Orthopaedics, the same number as reported in December). A further over 52-week waiter was reported for adult Cardiology, due to a patient not being listed for surgery following a previous decision to admit.

Recovery plan, including expected date performance will be restored:

- Continued weekly focus from the weekly RTT Operational Group on treating longest waiting patients and improving 'picking' patterns to make best use of available capacity to reduce waiting times;
- Full demand and capacity modelling has been completed for all under-performing specialties, with the help of the Interim Management and Support (IMAS) team; these models take into account the level of capacity needed to meet the additional recurrent demand we are seeing, in addition to the capacity needed to clear the backlog; the modelling has been shared with the commissioners, and is informing contract discussions for 2015/16; the outputs of this work have also informed the recovery trajectories shown in the next section of this Exception Report;
- Divisions are continuing to refer patients to external providers where possible, with Diagnostics & Therapies having already outsourced 240 patients' scans and treatment (see 6-week wait Exception Report);

- A monthly RTT Steering Group is overseeing the progress of the Operational Group as well providing 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 Interim Management and Support (IMAS) 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. Following the original visit in April and further visits to the Trust in June and July, a final report was agreed and the recommendations form the basis of a detailed recovery plan. The actions are now in the process of being implemented.
- The Trust now has in place a team of external validators, to facilitate validation of all patients in the RTT backlogs. This has been supplemented by support from a national team; a significant number of ongoing pathways are being closed down as a result of this validation;
- A local (community-wide) Patient Access Policy has recently been reviewed and has been implemented; the new Policy will enable the Trust to take appropriate action when patients delay their outpatient appointments or elective admissions, and where funding decisions are not made within an acceptable time period.

Progress against the recovery plan:

The trajectories below have been informed by the IMAS capacity and demand modelling. Progress against these will be reported on a monthly basis. The Trust is currently on trajectory with all three elements of the recovery plan.

Over 18-week waiters	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Non-admitted (plan)	2455	2044	1812	1636	1506	1386	1338	1265	1200	1151	1119	1100	1059	1022	985
Non-admitted (actual)	1972														
Admitted (plan)	1857	1819	1772	1659	1498	1351	1178	1048	913	795	748	651	590	521	465
Admitted (actual)	1677														
Ongoing performance (plan)	87.0%	88.1%	88.8%	89.6%	90.5%	91.3%	91.9%	92.6%	93.2%	93.7%	94.0%	94.4%	94.7%	95.0%	95.3%
Ongoing performance (actual)	88.9%														

A8. 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:

At a Trust level performance against the 4-hour standard improved from 86.3% in December to 90.9% in January. This was mainly due to an improvement in performance at the Bristol Children's Hospital (BCH).

Within the Bristol Royal Infirmary (BRI), levels of emergency activity remained similar to last month and the same period last year, with the exception of emergency admissions which rose by 2.2% between December and January (5.0% up on January 2014).

Table 1 – The number of BRI Emergency Department (ED) attendances, admissions and ambulance arrivals in the current and the previous months, and the same period last year.

	Dec-14	Jan-15	Jan 14
Attendances	5331	5230	5276
Emergency admissions via the ED	1841	1882	1792
Ambulance arrivals	2247	2290	2248
Performance against 4-hour standard	**82.6%**	**86.6%**	**87.8%**

Performance against the 4-hour standard improved significantly between December and January at the BCH, reflecting the usual seasonal reduction in emergency attendances and emergency admissions in the period. Activity levels were higher than the same period last year. But this is consistent with the expected level of transfer of emergency work following the closure of Frenchay Emergency Department and the Centralisation of Specialist Paediatrics earlier in the year.

Table 2 – The number of BCH Emergency Department (ED) attendances, admissions and ambulance arrivals in the current and the previous months, and the same period last year.

	Dec-14	Jan-15	Jan 14
Attendances	3491	2841	2375

Emergency admissions via the ED	895	787	596
Ambulance arrivals	817	621	563
Performance against 4-hour standard	**85.9%**	**93.8%**	**94.9%**

There was a deterioration in many of the measures of 'back door' patient flow out of the BRI, with an increase in the number of over 14 day stays, length of stay and delayed discharges. As reported last month, the number of patients awaiting placements for rehabilitation has in particular increased, which has delayed discharge from South Bristol Community Hospital and had a knock-on impact on flow out of the BRI. The overall impact of the slower rate of flow out of the BRI has been an increase in bed occupancy, resulting in more patients outlying from their specialty ward. Whilst the number of ward moves per patient is lower than it has been for many months, it is still higher than the improvement target the Trust has set itself and will remain so whilst bed occupancy is high and patients are not able to be admitted to the correct specialty in the first instance.

Table 1 – Number of Delayed Discharges on the Green to Go list at the end of January 2015 compared with the previous month-ends

Month	Total number of Green to Go (Delayed Discharge) patients at month-end
January 2014	60
February 2014	73
March 2014	58
April 2014	56
May 2014	51
June 2014	58
July 2014	50
August 2014	53
September 2014	57
October 2014	44
November 2014	55
December 2014	42
January 2015	**59**

Recovery plan, including expected date performance will be restored:

A whole system operational resilience plan has been developed with partner organisations, for improving emergency access and delivering the 4-hour target. The core elements of this plan are as shown below:

A) Front Door – including the 'protection' of the clinical management of minor injury/illness patients to deliver high levels of performance for

this stream of patients; Care of the Elderly consultant-led rapid assessment of patients in the Emergency Department and Older Persons Assessment Unit; extension of the South Bristol Urgent Care Centre opening hours; BrisDoc out of hours service supporting the ED minors pathway; GP working in the Bristol Children's Hospital Emergency Department;

B) Admission avoidance – including establishment of a virtual multi-disciplinary team and a rapid assessment clinic at South Bristol Community Hospital, for frail elderly patients in the community; nursing and residential homes having access to dietetics and speech and language therapy input;

C) Flow – Enhanced recovery pathways for elderly patients; increased therapist cover across weekends; increased consultant physician cover across weekends; improved general surgical and trauma theatre access at weekends; increased liaison psychiatry cover across winter months;

D) Discharge – pathways for non weight-bearing patients, pathways for patients needing percutaneous endoscopic gastrostomy (PEG) management; additional interim community bed capacity for patients needing long-term care placements or patients with dementia; additional community rehabilitation bed capacity, increased cardiac diagnostics at weekends; paediatric home intravenous (IV) services; additional ward rounds at the Children's Hospital at weekends;

E) System governance – improved robustness of breach analysis; improved clarity of the reasons for delayed discharges to support system planning/resilience; community services inclusion criteria in which all patients are accepted to assess for appropriate need.

In addition, the Trust takes part in the daily sector teleconference calls managed through ALAMAC. A full review of the previous day's 4 hour performance, key performance indicators, (included in the ALAMAC "kitbag"), and actions to improve performance are discussed and further actions agreed. The key areas for action have included reduction in the Trust's "Green to Go" list and addressing other operational constraints which impact on flow, which when addressed will help to improve performance.

Additional actions are being taken in response to the issues highlighted in the Care Quality Commission (CQC) report. An internal action for the Trust is the development of an electronic CM7 form for health needs assessment, which is the means through which a referral is made to the local authority for social work assessment. The current paper-based system can result in a number of days delays to the referral and assessment process being commenced.

Progress against the recovery plan:

The expected impact of both the internal and partner organisations actions' in reducing 4-hour breaches of standard has been assessed. This has been used to create an A&E 4-hour performance trajectory using the last 12 month's activity and performance as a baseline, with best case and realistic scenarios. Using historical performance and activity as a baseline has allowed seasonal pressures to be factored-in. The most recent revision to the trajectory, as shown below, reflects changes in the assessment of the impact of the actions in the plan, and is informed by the continued decline in national performance.

Key Performance Indicators have been established to enable the delivery against the individual elements of the above plan to be monitored, and to

enable analysis of which actions are not delivering the expected outcomes to be undertaken.

The new patterns of emergency admissions following the Frenchay Emergency Department closure are still emerging, in particular increases in ambulance arrivals at the weekend and earlier in the day. In conjunction with the increasing ago-profile of patients admitted to the Trust, this pose risks to achievement of the 95% standard over the winter, which may be difficult to mitigate fully, as reflected in the Realistic scenario.

Scenario	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Best case	91.9%	91.5%	94.0%	94.7%	94.5%	96.4%	97.3%	95.8%	94.2%
Realistic	91.5%	90.6%	92.8%	94.4%	94.2%	95.8%	96.0%	95.1%	93.9%
Actual	90.9%								

Performance in January was 0.6% below trajectory. But recovery within the quarter is still expected.

A9. 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 January was 95.5% against the 99% national standard for 6-week diagnostic waits. This is a slight deterioration on December's position of 95.8%. There were 304 breaches of the 6-week standard at month-end, of which 126 were waiting for audiology tests, 71 were for echocardiography scans, 68 were for MRI scans, 35 were for gastrointestinal endoscopies (paediatric), and 4 were for a range of other tests.

Demand in many diagnostic services has been out-stripping capacity. This is partly due to underlying demand rising, but also additional demand arising from work being undertaken to reduce the number of long waiting RTT patients. The ability to continue to meet the 6-week maximum wait has also been impacted by short and long-term staff absences, some of which were unforeseen.

A recovery trajectory has now been developed based upon detailed capacity and demand modelling for each diagnostic test, using a model provided by the Interim Management and Support (IMAS) team. The modelling takes account of the most recent level of demand for the service as well as the normal variation in capacity month on month. Capacity plans have now been developed to fill the gaps, with forecast achievement of the 6-week standard, on a sustainable basis from the end of June 2015.

Recovery plan, including expected date performance will be restored:

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

- Detailed capacity and demand modelling has been undertaken for each diagnostic test (Action complete);
- Month on month capacity plans have been developed for each test, to fill the identified gap in capacity;
- A locum audiologist came into post at the end of January; the forecast is to have fewer than 10 Audiology over 6 week waiters at the end of February;

- Short-term in-house capacity solutions being put in place to manage the peaks in demand through locums and additional sessions – cardiac stress echo, audiology, MRI;
- Additional cardiac stress echo sessions are being sourced from clinicians in other trusts where possible;
- Clinical validation of the appropriateness of referrals where demand is higher than expected is being undertaken;
- Routine MRI scans and musculo-skeletal ultrasound guided injections are now being provided by the Chesterfield Hospital, with a plan in place to outsource a total of 500 cases before the end of March (with to date just under 240 patients having already been transferred);
- Audiology patients are being offered appointments in community settings where capacity is available before hospital-based appointments;
- A consultant paediatric gastroenterologist post has been recruited; the successful applicant will now be in post towards the end of quarter 4; additional sessions will be run during the quarter, with the aim of clearing the majority of the backlog by the end of Quarter 1 2015/16.

Progress against the recovery plan:

Performance against the revised trajectory below will be reported on a monthly basis.

Month	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total > 6 weeks	161	152	130	106	63	55	63	60
Performance trajectory	**97.6%**	**97.7%**	**98.0%**	**98.4%**	**99.1%**	**99.2%**	**99.1%**	**99.1%**
Actual total > 6 weeks								
Actual performance								

A10. EXCEPTION REPORT: Primary Percutaneous Coronary Intervention (PPCI) cardiac reperfusion times (door to balloon time of 90 minutes)	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured: The number of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Hearth Institute. This standard applies to direct admissions to hospital.

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

Performance during the period, including reasons for exceptions:

The 90% standard was achieved in December (at 92.0%), but failed in November. Of the forty-two patients treated in November 2014, eight had waits to treatment of over 90 minutes. The pathways of the longer waiting cases have been reviewed, to identify whether anything could have been done to reduce their waiting times and to identify any common causes of the delays. The reasons for the delays were as follows:

- 2 x delays in access to the catheter laboratory due to patients already being in the laboratory and receiving treatment;
- 1 x a medical complication prior to the procedure; the patient required additional treatment prior to proceeding with the procedure;
- 1 x the ambulance Electrocardiogram (ECG) was unclear and therefore needed to be repeated prior to the procedure being undertaken;
- 4 x the ambulance ECG was non diagnostic and did not confirm a PPCI was required; these cases were taken to the Emergency Department for a second ECG 9which as hospital-based usually provides a more definitive diagnosis); these patients were subsequently diagnosed over a period of time; all patients received appropriate treatment.

Performance in November resulted in performance for the quarter as a whole to be below 90%.

Recovery plan, including expected date performance will be restored:

At present no additional actions need to be taken. However, this position will be reviewed if anything further information emerges from the more detailed case reviewed.

Progress against the recovery plan:

To date in 2014/15, 91.6% of patients have received reperfusion within 90 minutes, which is above the 90% standard. The 90% standard was consistently achieved between August and October, and again in December.

Cover Sheet for a Report for a meeting of the Trust Board to be held on Friday 27 February 2015 at 1100 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

8. Quarterly Workforce Report

Purpose

The Quarterly Workforce Report is intended to provide a more detailed and wide ranging update on our Workforce and Organisational Development agenda than is provided in the monthly performance reports. It is based on the KPIs agreed in April 2014, and includes a description of the position for each indicator, progress on actions to improve performance, and the expected position by the end of March 2015.

Abstract

Whilst the report covers all the workforce KPIs, the following continue to be key areas of focus:

Recruitment and retention: the positive recruitment effort continues, but turnover has continued to be high, with a vacancy rate of 6% this quarter compared with 5.4% last quarter. However, this vacancy rate compares favourably with available benchmarks. Turnover has increased to 13.5%, and key priorities to retain staff have been agreed with Senior Leadership Team, in addition to the ongoing staff engagement work.

Bank and agency usage

UH Bristol, like most Trusts, has experienced an increase in bank and agency spend. The majority of this increase has been funded by Operational Resilience funding, and the bank and agency action plan continues to make progress this quarter, including improved management information on staffing to help ward sisters with decision making, re-issue of the Standard Operating Procedure for approval of agency staff and revised incentives for bank staff.

Sickness Absence

Sickness absence has increased to 4.5%, compared to 3.7% last quarter. Although there is a seasonal pattern, there has been an earlier than usual peak in colds and flu related absence. The most recently available benchmark data shows that UH Bristol absence rates are broadly in line with comparable Trusts. The actions to address sickness absence are described in the report. This report has been considered in detail by the Quality and Outcomes Committee on 25 February 2015.

Recommendations

The Board is asked to:

1. Note the contents of this report;
2. Discuss any issues arising in relation to the areas reported.

Report Sponsor

Sue Donaldson, Director of Workforce and Organisational Development

Authors

Heather Toyne

Appendices

Action Plan

Appendix 1 – Workforce Performance Dashboard

Appendix 2 – Divisional KPIs – Quarterly Comparisons

Appendix 3 – Staff Group KPIs – Quarterly Comparisons

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	18th February 2015	25th February 2015			Workforce and Organisational Development Group 11th February 2014

QUARTERLY WORKFORCE REPORT – OCTOBER – DECEMBER 2014

Executive Summary

1. Introduction

The Quarterly Workforce Report is intended to provide a more detailed and wide ranging update on our Workforce and Organisational Development agenda than is currently provided in the monthly performance reports. The report is based on the KPIs which were agreed in April 2014, and includes a description of the current position for each indicator, progress on actions to improve performance, and a forward look to the expected position by the end of March 2015.

During the next quarter, through the operating planning process, Divisions will develop their annual workforce plans, and this will include establishing new workforce KPIs for 2015/2016. The first draft of plans will be submitted at the end of January, and proposed KPIs will be reviewed at the Workforce and Organisational Development Group in February, prior to sign-off by SLT later in the month.

2. Overview

The table below provides an overview of each indicator.

Domain	Measure	KPI Description	KPI Threshold	Q3 Performance	Q2 Performance	Projected out turn Mar 2015
Workforce costs /FTE	**Workforce expenditure (£)**	Workforce expenditure aligns with budget	Within budget	1.7% above budget	0.9% above budget	1.3% * above budget
	Workforce numbers (FTE)	Staffing numbers align with budgeted establishment including bank and agency	Within budget	1.3% above budget	1.3% above budget	1.3% above budget
	Bank (FTE)	Target for bank achieved	3.3% of average workforce numbers	5.4%	5.3%	4.8%
	Agency (FTE)	Target for agency achieved	0.6% of average workforce numbers	1.8%	1.3%	1.3%
	Overtime	Target for overtime achieved	0.63% of average workforce numbers	0.9%	0.7%	<1%
	Sickness absence rate*(%)	Quarterly target achieved (Annual target 3.5%)	3.4% for Q2	4.5%	3.8%	4%
Staff Experience	**Vacancies**	Difference between budgeted establishment and in post	5% or less	6.0% (average)	5.4% (average)	5.1% (average)
	Turnover	Trajectory to achieve 10% target by March 2014	10.5% for Q2	13.5%	13.3%	13.7%
	Friends and Family Test	Percentage returns	18%		19% (Quarter 1)	18%
Staff Development	**All staff Appraisal (exc. medics)**	Appraisal completed on a rolling 12 month cycle	85% of eligible staff appraised	85.1%	85.3%	85%+
	Medical Staff Appraisal	Appraisal completed on a 15 month cycle – 5 within 5 years	85% of eligible staff appraised	93%**	89.1%	85%+
	Essential Training	All staff completed relevant essential training topics	90% compliance across all topics – 83% trajectory (Dec)	84%	79%	90%

*based on Finance Department assessment **provided by Medical Director`s Office

Domain	Measure	KPI Description	KPI Threshold	Q3 Performance	Q2 Performance	Projected out turn Mar 2015
Compliance Requirements	**Manual Handling Risk Assessment**	Risk assessments completed or reviewed within 12 month timeframe	Risk assessment completed or reviewed in last 12 months in +80% of cases	97%	97%	97%
	Stress Risk Assessment	Risk assessments completed or reviewed within 12 month timeframe	Risk assessment completed or reviewed in last 12 months in + 80% of cases	91%	83%	83%
	Junior Doctor New Deal compliance	Junior doctor rotas compliant with New Deal requirements	90% or more of rotas compliant	82%	84%	90%

In the last quarterly report we identified the three key workforce issues as being recruitment, turnover and the associated bank and agency usage. These three areas continued to be the focus of attention this quarter, with an increased impetus to implement robust and effective solutions with the addition of sickness absence, which has increased above projected levels this quarter.

The key points in relation to each of these key areas of focus are as follows:

3. Recruitment

The recruitment effort has continued, with 248 starters, including 88 registered nurses, taking up employment in the last quarter, however the high levels of turnover continue with 243 staff leaving the Trust, of which 71 were registered nurses.

Vacancies this quarter have increased to 6.0% compared to 5.4% in the previous quarter, and continue to exceed the KPI threshold of 5%. UH Bristol vacancies appear to be lower than available benchmarks, with an average vacancy rate of 8.5% amongst Trusts who publish their data. Nursing vacancies nationally are reported as being above 20% in some Trusts, according to national media, and the Association of United Kingdom University Hospital Trusts benchmarking gives an average registered nurse vacancy level of 9% compared with UH Bristol levels of 6.3%. The benchmark vacancies for unregistered nursing showed an average of 8.4% compared with 11.3% at UH Bristol in October. There is therefore specific attention on recruitment and retention of Nursing Assistants.

Progress is reported this month against plans to improve the speed of recruitment, provide additional resources for corporate and divisional recruitment, and implement a robust marketing campaign. However, the national context of reduced nurse training commissions at a time when demand from Trusts and the community is increasing has impacted on supply. Options for future recruitment will take account of this as part of the operating planning process and a project group has been established to develop a business case for international recruitment.

4. Retention

Turnover at the end of December 2014 was 13.5%, against a target of 10.2% for the period. Turnover rates between Divisions continue to vary, as the table in Appendix 2 shows. This quarter there has been an increase in two of the adult bed holding Divisions, with the highest

rate being in Specialised Services at 17.4%. Turnover continues to be lowest in Diagnostic and Therapies and in Women`s and Children`s, both with rates of 10.4%. The benchmark data available on Trust internet sites suggests that UH Bristol is above the group average of 11.5% for October 2014, compared with a UH Bristol figure of 13.3% for the same period.

As agreed with SLT, in addition to the ongoing retention and engagement work, the following areas have been prioritised for action to retain staff:

- *Nursing/Midwifery Assistants*: Building on existing programmes, the work includes improved communication, pre and post-induction support and clearer career pathways and supporting development opportunities;
- *Incentives*: A range of incentives and benefits for new and existing staff are being explored;
- *Career Development:* There are plans to re-introduce preceptorship for newly qualified staff and review opportunities to widen preceptorship options to other staff groups such as Allied Health Professionals, identify new recruits development needs as part of a Personal Development Plan and improve staff understanding of career development opportunities across the Trust;
- *Rotations and Staff 'Transfer Window'*: Encourage Divisions to increase opportunities for internal transfers and rotations.

All actions described above will be taken forward by the Recruitment and Retention sub-group, which reports directly to the Workforce and Organisational Development Group.

In addition, the comprehensive programme of Staff Engagement at UH Bristol continues, including work on tackling bullying and harassment, a survey on nursing shift patterns, a review of the Speaking Out Policy, and training of team coaches working with Aston University.

Due to the high turnover to date and the nature of the measure, it is likely that cumulative turnover will be in the region of 13.7% at March 2015.

5. Bank and agency usage

Budgets since October have included Operational Capacity and Resilience funding, which has been agreed by NHS England for a range of providers including NHS Trusts and GP practices, in recognition of the additional capacity pressures the NHS is facing on a national level. Between October 2014 and April 2015, UH Bristol has been granted £3.8 million Operational Capacity and Resilience funding. Bank and agency spend has increased by 20% in the quarter, but 75% of this increase was covered by operational resilience funding.

Although detailed local plans exist to manage down agency costs, it is clear, the increased agency spend at UH Bristol is part of a well-documented national issue, for example, a parliamentary inquiry reported early in February that there had been a 23% national increase in Medical agency in 2014/2015 compared with the previous year, and that this trend had continued. Other evidence comes from the "Frontline First Runaway Agency Spending Report", published by the Royal College of Nursing, which claims there has been a significant rise in the use of agency nurses in all parts of the country.

During October – December 2014 the proportion of temporary staffing provided by agency as opposed to bank or overtime at UH Bristol has increased from to 22.2%, up from 18.3% the previous quarter, which is partly attributable to the significant additional bed capacity. Plans to address nursing and midwifery agency usage continue to be monitored by the Nursing Workforce Steering Group. Some of the highlights this quarter include:

- Improving management information on staffing to help ward sisters with decision making
- Re-issuing of the Standard Operating Procedure for approval of agency staff
- Revised incentives for bank staff

In addition there are ongoing discussions with other local Trusts about how to reduce reliance on agency staff.

6. Sickness Absence

Sickness absence has increased to 4.5% this quarter, compared to 3.7% last quarter. Although there is a season pattern, there has been an earlier than usual peak in colds and flu related absence. The most recently available benchmark data shows that UH Bristol absence rates for Q2 were broadly in line with comparable Trusts. In quarter 2 the figure of 3.8% for UH Bristol compared with 4.3% nationally for 40 other large acute Trusts and 3.8% for 33 University Hospitals (I*view* data). It is anticipated that the out turn at the end of March 2015 is likely to be around 4%.

Progress on action plans, focused on stress management, colds and flu, and musculo skeletal includes the following:

- There are two extended "Lighten Up" (resilience building) modules for up to 300 participants being delivered in late February to April 2015.
- 4044 staff have been vaccinated against influenza. The target was to increase this to 75%, but it now seems likely that 65% will be a more realistic achievement.
- Actions to prevent and address musculoskeletal sickness absence include campaigns and targeted support from physic direct and the manual handing team

In addition Divisions continue collaborating on areas for improvement with regard to the managing of sickness absence.

7. Recommendation

The Board is asked to:

- Note the contents of this report;
- Discuss any issues arising in relation to the areas reported;

QUARTERLY WORKFORCE REPORT – OCTOBER – DECEMBER 2014

1. INTRODUCTION

The Executive Summary has provided an overview of the KPI performance, programmes of work, and forecast position in March 2015. The report which follows provides detailed information in respect of each KPI. A summary dashboard of the KPIs is included in Appendix 1, and detail of performance at a Divisional level is in Appendix 2. A breakdown is provided by staff group in Appendix 3.

2. WORKFORCE COSTS/FULL TIME EQUIVALENT (FTE) STAFF

Workforce costs/FTE has three, interlinked components: workforce expenditure; workforce numbers; and temporary staffing (bank and agency) usage. The position for each is set out below. The overall position described shows an increase in pay expenditure variance, but little change in workforce numbers variance compared with the last quarter. There has been an increase in bank and agency as a proportion of total staffing costs and numbers of staff attributable to use of bank and agency staff, however this is partially offset by additional external funding to support Operational Resilience.

A. WORKFORCE EXPENDITURE

The pay expenditure for the quarter was £86.02m against a budget of £84.59m. The cumulative over-spend year to date was £3.42m (representing 1.4% more than budget), with cumulative overspend of £1.43 m for Q3, (which is 1.7% over budget). The gap between pay budget and expenditure has increased compared with the position at the end of quarter 2 when variance was 0.9% above budget. This change is largely due to increased bank and agency spend, which has increased by 20% during the quarter, but 75% of this increase was covered by Operational Resilience funding. This funding has been agreed by NHS England for a range of providers including NHS Trusts and GP practices, in recognition of the additional capacity pressures the NHS is facing on a national level. Between October and April 2015, UH Bristol has been granted £3.8 million Operational Resilience funding.

The pay budget and expenditure graphs are included as Appendix 2. Only three Divisions were above the red rated threshold: Women`s and Children`s, Facilities and Estates, and Trust Services.

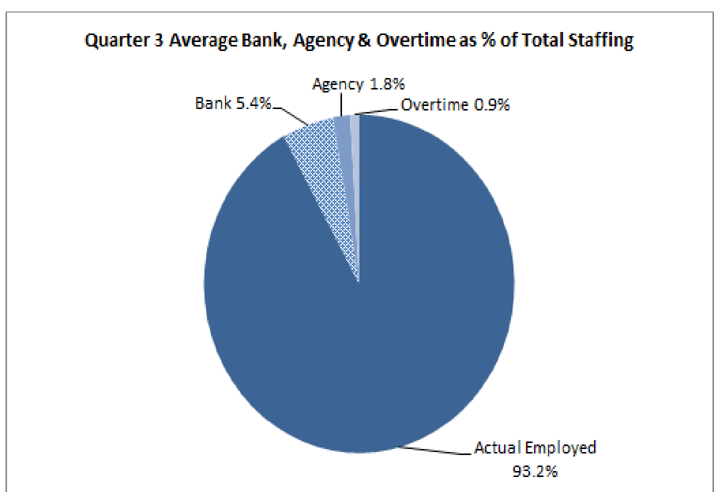
B. WORKFORCE NUMBERS

The average total FTE, including substantive, bank and agency staff, over the quarter was 7931.2 and was at the highest at the end of December when it reached 8022.7. The variance has increased to 1.9% above budgeted establishment, compared with 1.3% last quarter. However, if staffing associated with Operational Resilience funding is excluded from this number the variance reduces to 0.8%. As at 31 December 2014, 7388.5 staff were substantively employed, c46 FTE more than at 30 September 2014. Staffing levels in relation to budgeted establishment are shown graphically in Appendix 1.

C. TEMPORARY WORKERS – BANK AND AGENCY STAFF AND OVERTIME WORKING (FTE)

Both the bank and agency percentage of costs and FTE has increased this quarter.

- 3.7% of costs (compared with 3.3% last quarter) and 5.4% of FTE (compared with 5.2% last quarter) were provided by bank (see pie chart below);
- 3.6% of costs (compared with 2.9% last quarter) and 1.8 % of FTE (compared with 1.3% last quarter) were provided by agency.



The biggest proportionate increase in agency costs was in Diagnostic and Therapies, where agency use has more than doubled due to medical agency costs, due in part to a backdated claim for additional consultant time in Laboratory Medicine, combined with the costs of agency locums in Radiology and Histopathology. The action plan in the next quarter includes permanent recruitment to Consultant posts. In the interim NHS locums are in place in Radiology and Pathology, filled through overseas recruitment, although this has unfortunately been insufficient to prevent the high short-term agency spend.

There are 'framework' procurement agreements established with agencies providing nursing staff which provide more cost effective rates, and the proportion of usage provided by framework agencies has improved. 43% of usage was from framework agencies, compared with 33% a year ago.

When Operational Resilience funded bank and agency usage is excluded, as the table below shows, the underlying position shows a small increase in bank and agency FTE, which varies by Division.

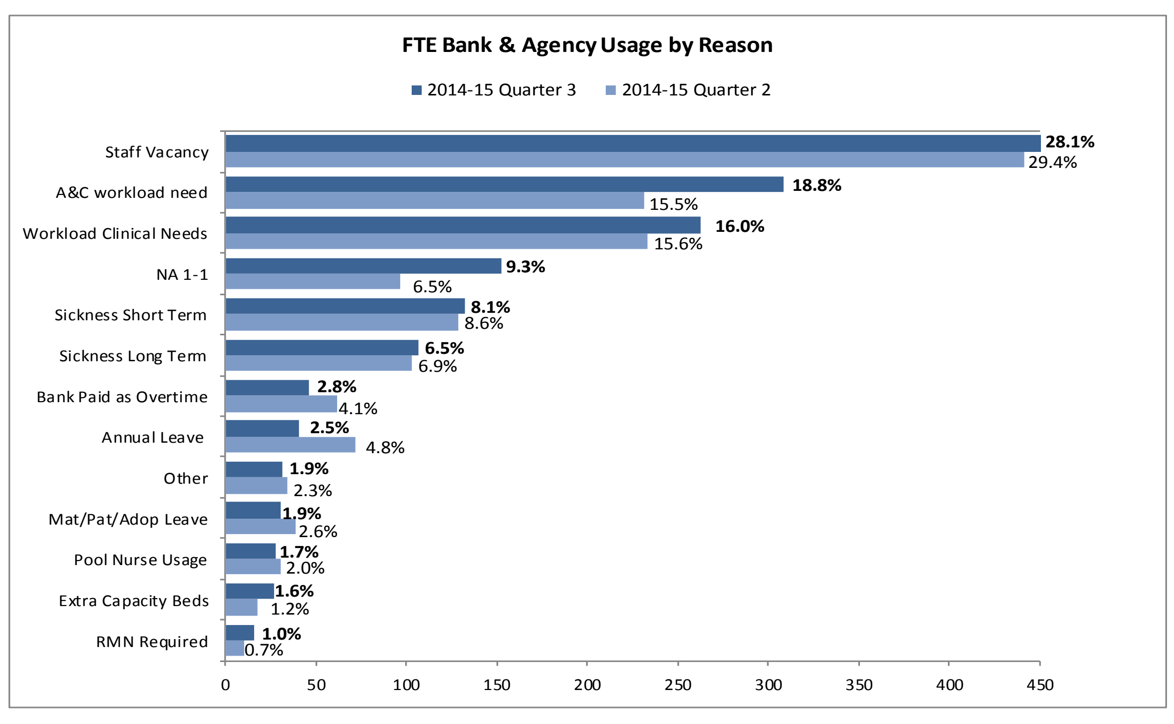
Bank and agency usage (FTE)

Bank and agency actual (FTE)	Inclusions/ exclusions	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Q2	All bank and agency	1554.0	53.0	449.0	188.5	283.7	249.4	116.2	214.3
Q3	All bank and agency	1720.5	59.0	567.7	204.4	310.8	256.5	126.5	195.6
	Excluding bank and agency funded by operational resilience money	1598.8	53.1	486.7	192.3	307.2	237.3	126.5	195.6

A further 73.3 average FTE or 0.9% of staffing was provided through overtime working, which is a slight increase on last quarter (59.1 average FTE, 0.7%). Facilities and Estates Division continues to be the highest user of overtime, equating to 56.9% of all usage.

Reasons for using bank and agency are summarised in the table below. The biggest proportionate increase was in "NA one to one usage", followed by "clinical workload need", associated with operational resilience, and there were also increases linked to the extra capacity beds. Vacancies continue to be the main reason for bank and agency. Percentages vary by staff group, with the highest proportion being for nursing and midwifery and administrative and clerical, at 10.9% and 8.9% respectively.

Reasons for booking bank and agency staff



The Bank and Agency Action Plan continues to be reviewed monthly at the Nursing Workforce Steering Group. Progress this quarter is set out below:

Enhanced Rostering, Operational and Workforce Planning:

- More detailed workforce data has been made available to ward sisters as part of the ward dashboard from the end of January which includes a graphical display of how the nursing resource was used against the total nursing time required. Further KPI's have been added to monitor the governance of temporary staffing requests, and this will be extended to more areas in February and March. Further work is in progress to assess the levels of staff deemed necessary by the Acuity and Dependency tool against actual usage.

Reducing requests due to clinical need and enhanced observation

- "Reasons for booking" has been changed, and will be reflected in the report in the monthly performance report in February. This was explained to Matrons, the Site Team and Divisional Managers in December 2014 and also communicated through Newsbeat.
- The Temporary Staffing Bureau issued a reminder to Heads of Nursing and Matrons in January with regards to the Standard Operating Procedure for approval of escalating to agency. This process ensures all agency requests are appropriately approved, with controls in place to monitor this.

Improved Bank fill rate to reduce the proportion of premium agency staffing

- The operational group across North Bristol, Royal United Hospital Bath, Weston Healthcare Trust and UHBristol met in December and January with the aim of improving collaboration in managing the agency framework, increasing bank fill and mirroring bank pay rates.
- Encouraging flexible hours to allow shorter shifts is being actively encouraged to improve bank fill rates;
- A paper went to SLT in January 2015 with options to improve the incentives for staff to undertake bank shifts. The outcome of this was to change the qualifying period for 'intensity bonuses'.
- Opportunities to provide staff with access to view available shifts on their mobile handsets are being explored with the Information Management and Technology Department. A further scoping meeting to fully understand the technical architecture and associated costs to facilitate this is planned for February.

Forward Look to March 2015

Given the historical use of temporary staffing and the ongoing use in the first quarter the Trust-wide out turn is likely to be 4.8% for bank and 1.3% for agency, as a percentage of FTE, both slightly above the percentages in 2013/14 (4.2% and 1.2% respectively). This is based on an assessment of the current performance against the usage estimated in remaining months as part of the mid-year review.

3. SICKNESS ABSENCE

Sickness absence has increased to 4.5% this quarter (against a target of 3.7%), compared to 3.7% last quarter (target of 3.4%). The most recently available benchmark data shows that UH Bristol absence rates were broadly in line with comparable Trusts. In quarter 2 the figure of 3.8% for UH Bristol compared with 4.3% nationally for 40 other large acute Trusts and 3.8% for 33 University Hospitals (I*view* data).

The highest levels of Divisional absence during quarter 3 were recorded in Facilities and Estates (6.7%), and the lowest in Trust Services (3.4%) (Appendix 2). Highest rates by staff group continue to be unregistered nursing at 7.9%, estates and ancillary and additional clinical services, both at 6.4% (Appendix 3). Long-term absence (those of 29 calendar days or more) accounted for 48.8% of the total calendar days lost during the quarter, compared with 53% last quarter.

The top five reasons are shown in the table below. Overall, the number of days lost has increased since last quarter by 20% (5,751) to 35,201. The main reason for the increase is the early peak of days lost to colds, coughs and flu with an increase of 137.7%. This picture is also reflected in the percentage of short term absence which increased from 40.6% in the first quarter of the year to 51.2% in quarter 3.

Reason	2014-15 Quarter 3		2014-15 Quarter 2	
	Days Lost	% Total Days Lost	Days Lost	% Total Days Lost
Anxiety/stress/depression/other psychiatric illnesses	6320	18%	6202	21%
Cold, Cough, Flu - Influenza	6166	18%	2594	9%
Other musculoskeletal problems	5031	14%	4033	14%
Gastrointestinal problems	4164	12%	3924	13%
Back Problems	2456	7%	2256	8%

Stress, Anxiety and Depression

Given that psychological reasons are the top reason for absence, there are significant programmes of work to target this cause for absence. Progress on each is described below.

- The Trust has used the Health & Safety Executive (HSE) Management Standards for the past 10 years as managers 'best practice', linked to the HSE stress questionnaire which gauges morale at a specific point in time. Common findings across all areas include non-visible management especially where the manager is located in a different area or site to their staff, overuse of email, alleged harassment or bullying, shift pattern changes (there is a nursing survey underway regarding this), safety of staff and patients compromised due to throughput of patients, lack of time to complete training and development and how the department fits in with the overall organisation;
- There are two extended 'Lighten Up' (resilience building) modules for up to 300 participants being delivered in late February to April 2015. The modules are 'Making change' and 'Identifying and managing work related stress'. This follows the success of a broader 'Lighten Up Campaign' in the Autumn of last year.

Flu – Influenza

- The 2014/15 flu vaccination campaign continues, 4044 staff have been vaccinated up to January 2015, of which 3314 (59.3%) are patient facing. This benchmarks high across SW NHS Trusts. The target was to increase this to 75%, but it now seems likely that 65% will be a more realistic achievement. Flu vaccine is being offered at training sessions and a mobile vaccination service goes to sites trust wide.

Musculoskeletal

Actions to prevent and address musculoskeletal sickness absence include the following:

- 204 Physio Direct contacts were completed for UH Bristol staff in Quarter 3;
- The Manual Handling Team provides quarterly campaigns on technique, issues awareness and training (e.g. Hoisting) based on risk and incident activity and is progressing a programme of 'Targeted' training which analyses working practice and environment and 'tailors' training to address identified risks;
- The Manual handling team have provided in excess of 1400 advisory episodes in respect of musculo skeletal risks in areas outside of the office environment, this has resulted in risk and symptom reduction;
- Training a new Musculo skeletal specialist to increase capacity for clinic referrals and on site advisory visits;
- Health and Safety and musculoskeletal specialist input at pregnancy workshops as part of a rolling 4 month programme.

Divisional actions

Divisions have been collaborating on areas for improvement with regard to the managing of sickness absence, and the following actions have been agreed:

- A flow chart for the process to be followed when stress is identified as a reason for absence has been developed and is in the process of implementation across Divisions, which includes contacting the employee after 2 weeks, rather than 4, and a more robust approach to ensure stress risk assessments are conducted;
- Drop-in sessions, and focussed sessions will be provided for managers, using a standard presentation, working in collaboration with Employee Services and Teaching and Learning. Real life examples and cases will be used to empower and improve confidence in dealing with absence management;
- A more robust approach to stress risk assessments for areas where stress is an issue (currently 83% coverage trust wide);
- Enhanced information will be provided on the results of the stress questionnaire process, including feedback to encourage managers to follow through action plans;

In addition, regular monthly meetings with a network of HR Business Partners, Employees Services and Corporate team members in Workforce planning and Health, Safety & Wellbeing have been established to ensure a coordinated approach to managing sickness absence across the Trust. Some Divisions have other specific schemes, for example, Medicine Division have been piloting a Bradford Factor scoring calculator, this has been successful and will be to rolled out across the division during the next quarter.

Forward look to March 2015

Based on an assessment of the expected out turn at the mid-year review adjusted for the higher than anticipated levels of colds and flu, sickness absence is expected to out-turn at about 4% by March 2015, which is above the original KPI level of 3.5%. The biggest variance from the original KPI is in Medicine and Estates and Facilities, where sickness levels have been considerably above target, particularly during month 7.

4. STAFF EXPERIENCE

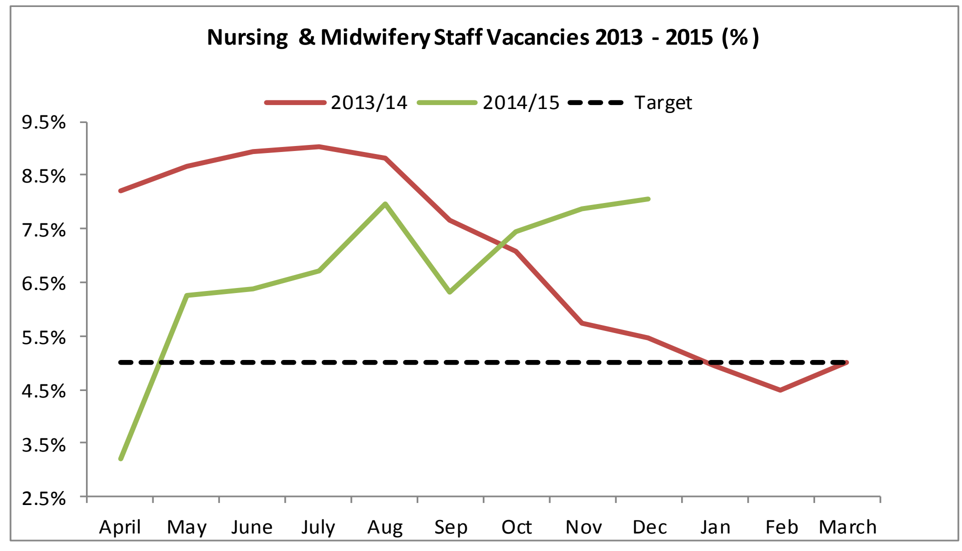
A. VACANCIES

Vacancies this quarter have increased to 6.0% (469.6 average FTE) compared to 5.4% (414.3 average FTE) in the previous quarter, and continue to exceed the KPI threshold of 5%, due mainly to continued high levels of turnover.

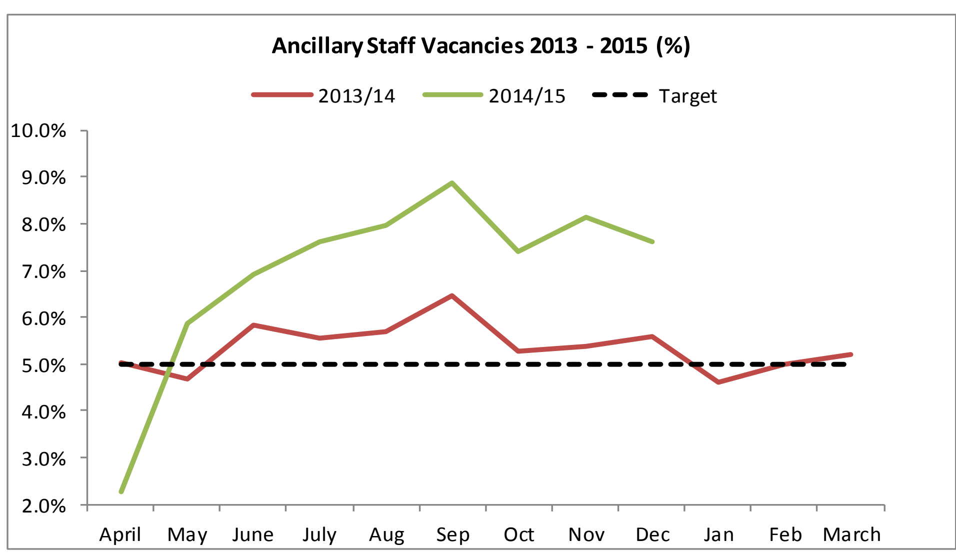
The high NHS vacancy levels nationally have been well publicized in the national media. However, it is difficult to gather specific benchmark data on vacancies. Few Trusts publish this data on their Trust websites; of the 22 large Teaching Trusts sites we reviewed, only five published vacancy data, and vacancy rates at UH Bristol compare favourably with the average figure of 8.5%.

In addition, the Association of United Kingdom University Hospital Trusts has undertaken benchmarking of nursing vacancies. Of the Trusts returning consistent data, the average registered nursing vacancies for October were 9% compared with UH Bristol levels of 6.3%. However, vacancies for unregistered nursing were an average of 8.4% compared with 11.3% at UH Bristol in October.

Nursing and Midwifery The average vacancy this quarter was 7.8% compared with an average of 7% last quarter.



Ancillary vacancies have reduced compared to the previous quarter. The average vacancy FTE for this quarter was 60.3 compared with an average of 63.2 FTE in Quarter 2, as a result of the successful recruitment activities.



Progress against the recruitment plan agreed with SLT is described below.

Increased speed of recruitment - Conversion to hire

- A number of Trusts have been contacted to benchmark good practice and support the development of quality processes and standards. Responses will be reviewed by the end of February 2015 with improvement learning informing the Recruitment Improvement Programme and the implementation of the Recruitment Management System;
- An agreed escalation process has been developed to speed up health assessment clearances and ensure a more efficient management of recruitment episodes where health clearance is exceeding agreed timeframes;
- Pending the implementation of the Recruitment Management System the manual RAG rated system for measuring performance of recruitment in the pipeline has been closely reviewed and is in place. More sophisticated management intelligence will be available upon implementation of the recruitment IT system where specific timeframes around the individual employment checks will be available to better measure speed of completion;
- Processes have been changed to maximise speed and efficiency of recruiting substantive staff to the bank;
- Most Divisions have a recruitment lead, which helps to expedite the recruitment processes and ensure delays are reduced wherever possible to secure start dates of candidates. Recruitment to both the Trust Nurse Recruitment Manager and the Facilities Recruitment Manager posts will be concluded in January 2015.

IT infrastructure within the end-to-end recruitment process

- A full procurement is underway for a fit-for-purpose recruitment management system. Evaluations were undertaken in December 2014 with agreement reached to award contract. Approval is to be sought mid February 2015 to proceed with the successful supplier when stage 2 of the business case will go to IM&T Board. The target go live for the system is May 2015.

Additional resources in the recruitment team, to deliver the challenges of recruitment over the next year

- The Recruitment team structure has been strengthened and training is taking place to improve service resilience.

Marketing campaign to target the national UK market

- A marketing campaign went live on Facebook for Theatre Practitioners, general and Bank registered nurses prior to Christmas with further targeted media going live at the end of December /early January to publicise open days planned for late January and February. Theatres marketing saw 13 applications for posts, all of whom have been invited to the Open Day on 31 January;
- Women's and Children's Division had a successful Open day on 6 December 2014. 23 applicants were shown around the hospital on tours resulting in 14 employment offers.

Escalation of appointees already in the pipeline

- Expediting discharge of final offers continues to be a priority, ensuring the recruitment is fast and efficient and the Trust seeing an improved rate of conversion to hire, allowing for less agency and bank usage / spend.

Overseas Recruitment

In addition to the existing work streams described above, which have already been agreed with SLT, a trust wide overseas recruitment initiative is being developed, building on the work which has already commenced in relation to theatre practitioners:

- Following agreement at the Nursing Workforce Steering Group, the Terms of Reference for the paediatric and adult theatre nursing campaign will now be extended to include general and specialist nursing requirements in order to obtain a Trust wide international recruitment proposal;
- Procurement have been asked to undertake a local tender exercise to identify an appropriate recruitment agency to work with and to gain a more accurate picture of timeframes and associated costs;
- Proposed divisional workforce numbers are to be triangulated with divisional operating/ capacity and workforce plans. HR Business Partners have been asked to work with divisional senior nursing colleagues to identify the required numbers and ensure proposed numbers reconcile to plans, are signed off by divisional boards, and are fed into the working group;
- The business case will be presented to SLT in March 2015.

Forward Look

The recruitment progamme has been demonstrably successful, with more staff in post this quarter than last quarter, however, due to ongoing high levels of turnover, and the competitive nursing labour market, it is anticipated that the out turn for vacancies will be slightly above the KPI of 5%. In recognition of the local and national recruitment challenge, work is underway to understand other sources of supply. Health Education South West have provided details of numbers of newly qualified nurses and Return to Practice Commissions which will be compared with workforce demand in the light of the operating plans once final versions are available at the end of February.

B. TURNOVER

Turnover at the end of Quarter Three was 13.5%, against a target of 10.2% for the period. Turnover rates between Divisions continue to vary, as the table in Appendix 2 shows. This quarter there has been an increase in two of the adult bed holding divisions, with the highest rate being in Specialised Services at 17.4%. Levels remain high in Medicine, although have reduced in the final month of the quarter. Turnover continues to be lowest in Diagnostic and Therapies and in Women`s and Children`s, both with rates of 10.4%. Turnover in Estates and Ancillary staff remains high at 13.9%.

There is better information on turnover on Trust internet sites than for vacancy data. The data from this source indicates that UH Bristol is above the group average of 11.6%.

The overall picture shows that:

- The greatest change in 'destination' provided by staff leaving to go to "no employment", (where no future employment has been lined up), which has risen to 86 from 59, now accounting for just over 34% of leavers in the period;
- There have been 34 more staff leaving due to Work Life Balance / Child Dependents / Adult Dependents this quarter than a year ago, and 13 more relocations;
- 19% of all leavers have been employed in the Trust for one year or less; this is a slight reduction on the same period last year, when it was 21%;
- There continues to be an increase in the percentage of staff moving to neighbouring trusts, from 6% of leavers to 9%. However when compared with starters, UH Bristol is gaining starters than losing leavers to neighbouring Trusts, across all staff groups, with 38.6 FTE starters coming from neighbouring Trusts and 26.4 leaving to go to a neighbouring Trust.

NHS Destination On Leaving	Leaver FTE	Starter FTE	Net
Neighbouring NHS Trust	26.39	38.56	12.17
Other NHS Trust	66.34	96.96	30.61
Total starters and leavers	**237.52**	**340.51**	**102.99**

Excludes fixed term contracts.

An overview for the key staff groups where turnover has increased is provided below:

Registered Nurses

- The data in respect of "reasons for leaving" does not identify a single driver, but continues to reflect the combination of "promotion/better reward package/work life balance/relocation", with retirement being the next most common reason;
- 17.9% of leavers have been in post for less than one year, this is a very slight increase compared with this quarter in 2013/14.
- Around 44% of registered nurses are moving to another NHS organisation, which has increased slightly since last year, when it accounted for 41% of registered nurse leavers. We have a significant net gain between starters and leavers, as the table below shows.

NHS Destination On Leaving	Leaver FTE	Starter FTE	Net
Neighbouring NHS Trust	5.29	17.96	12.67
Other NHS Trust	22.59	34.09	11.50
Total starters and leavers	**58.05**	**85.19**	**27.14**

Excludes fixed term contracts.

Nursing Assistants

- There was a significant increase in nursing assistants leaving for "Work Life Balance / Child Dependents / Adult Dependents" compared with a year ago (increased from 5 to 17);
- Of unregistered nursing leavers, the biggest increases compared with the previous year are seen in those going to no employment, and those going to neighbouring NHS organisations;
- 37.8% of leavers have been in post for less than a year, which is an increase compared with last year, when only 30% left within a year;
- There is a net loss between starters and leavers going to other Trusts, with 6.4 FTE leaving to join a neighbouring Trusts (compared with only 1 last quarter), and 2 starters from neighbouring Trusts.

NHS Destination On Leaving	Leaver FTE	Starter FTE	Net
Neighbouring NHS Trust	6.45	2.00	-4.45
Other NHS Trust	6.05	2.43	-3.63
Total Numbers	**30.64**	**56.17**	**25.53**

Excludes fixed term contracts.

Estates and ancillary staff

- "Work Life Balance / Child Dependents / Adult Dependents" shows the biggest increase in reasons for leaving (16 compared with 9 in the same quarter last year), as well as accounting for the largest proportion of leavers (43%);
- There is a slight reduction in the proportion of leavers who have been in post a year or less (20.6% compared with 23.1% last year);
- There is little change in the destination, other than an increase in the number going to NHS Trusts. As the table below shows, only a relatively small proportion leave or come from neighbouring NHS Trusts.

NHS Destination On Leaving	Leaver FTE	Starter FTE	Net
Neighbouring NHS Trust	0.80	2.00	1.20
Other NHS Trust	3.15	1.87	-1.28
Undefined NHS Trust	0.53	0.00	-0.53
NHS Total	**4.48**	**3.87**	**-0.61**
Total Numbers	**23.69**	**36.72**	**13.03**

Excludes fixed term contracts.

Exit Management Process

Work on improving the exit process continues, which will provide improved data on reasons for leaving, and will also focus on retaining the staff member in the first instance. Progress this quarter includes the following:

- A detailed process was agreed at Workforce Management Group, which places the emphasis on managers to make an initial attempt at retaining the staff member, where appropriate, and which will also improve the quality and quantity of leaver data;
- The new system will be communicated through Newsbeat, HR Business Partners, manager training sessions, and the homepage of HR Web.

C. **RETENTION**

Turnover is being addressed through a number of programmes which will now be described.

SLT has identified four key themes for the Trust to focus on with the aim of reducing turnover. Whilst there is specific focus on Nursing/Midwifery Assistants, it is recognised that other retention hot spots exist across the Trust, and the themes will be tailored to meet the needs of specific staff groups. Each theme has specific underpinning programmes of work which form the basis of an initial action plan. All actions listed below will be taken forward by the Recruitment and Retention sub-group, which reports directly to the Workforce and Organisational Development Group.

Nursing/Midwifery Assistants

The Trust has already undertaken transformation work to ensure Nursing/Midwifery Assistant recruitment processes and pathways are consistent and robust to reduce turnover. New nursing assistants are recruited through a values-based assessment centre, given contracts according to their level of experience and qualifications and are provided with appropriate training to reflect their level of competence and experience. An initial six month evaluation of the revised pathways and processes is due during the next quarter. In addition, it is critical that opportunities to support and retain staff post the recruitment stage are implemented. These will take the form of:

- *Communication* – ensuring staff feel valued and involved with the Trust by developing a Trust-wide Nursing/Midwifery Assistants Forum and or a number of listening events; scoping other effective forms of communication e.g. a dedicated bulletin board for Nursing Assistants;
- *Pre and post-induction support* – the Trust is currently reviewing both induction and appraisal processes. As part of this work, it is planned that some key staff groups such as Nursing Assistants will have focused additional management support at key stages throughout the first twelve months of employment, which will then be extended to all staff groups. The new Local Induction Workbook has been designed by the Induction and Management Development Team and is being piloted now. This is designed to enhance the 'New Starter Experience' and Local Orientation in the workplace;
- *Career Progression* – the Trust will identify career pathways and support development opportunities for Nursing/Midwifery Assistants including using the Widening Access programmes. Using career success stories and vignettes from existing staff, these will be included in both recruitment and Teaching and Learning materials to attract and motivate staff.

It is also important to recognise the context of the nursing assistant in the wider nursing team, and progress has been made this month with the Ward Sister Handbook being finalised, and competences for all nursing staff groups being developed and reviewed for consistency.

Incentives

As part of the Reward and Performance Management element of the Workforce and Organisational Development Strategy, the Trust is exploring the use of a range of incentives for staff groups where there are particular recruitment and retention difficulties. A paper describing options for consideration is being presented to the Trust Executives and SLT in February.

Rotations and Staff 'Transfer Window'

Some Divisions already offer rotational opportunities in their areas to enable staff to experience different case mixes and specialties within their Division, this is in the process of being standardised to increase opportunities for internal transfers and rotations across the Trust at certain times of the year, thus encouraging staff to broaden but maintain their skills and experience within the Trust.

Staff Engagement

The comprehensive programme of Staff Engagement at UH Bristol continues. The key priority for this programme is improvement of two-way communication, including a programme of listening events. Activity during this quarter includes:

- Tackling bullying and harassment – November was "Respecting Everyone" month at UH Bristol which included One to One support sessions and Micro-teach sessions for managers/supervisors; pledges being made by some senior managers and an opportunity to nominate an anti-bullying champion. Following "Respecting Everyone" month funding has been secured from Above and Beyond for cards to be made available to all staff, with contact numbers for bullying and harassment support and definitions of harassment and bullying. Nominations for a "Respecting Everyone" award have been received and a winner selected. This will be announced in February and a presentation made. Recruitment and training of new harassment and bullying Advisors will take place in May and June 2015;
- A survey regarding inpatient nursing staff views on shift patterns was rolled out during December and early January. The survey closed on 9th January and initial results have been shared with the Chief Nurse. This will be followed up by focus groups running throughout February, and the information from the survey and focus groups triangulated with sickness and turnover data and information from the national staff survey and FFT;
- Divisional activities continue, including focus groups, Listening Events, Divisional Newsletters and updates, site visits by senior management teams, Back to the Floor and Floor to Board rounds and creation of Staff Champions;
- The Speaking Out Policy and practice review process is underway. The first draft of a revised policy, FAQ and extensive management and staff guidance has been prepared

and shared initially with the Trust Secretary and Head of Communications. A group to fully review the policy and process is being set up this month. The policy will be reviewed by Trust Board on 31st March, which will be followed by full consultation in May, and the relaunch of the full policy and procedures in July 2015;

- Work is underway to contract with Aston University for the training of team coaches to work with teams across the organisation using practical, research-based, diagnostic and development tools which will enable to the Trust to improve performance through the development of effective team based working and positive organisational cultures. The Team coach profile has been developed, opportunities to train as a coach will be advertised during January/February and teams for the new coaches to work with will be identified. Training with Aston is due to commence in March and complete in May 2015.

The 2014 Annual Staff Survey results are anticipated at the end of February. A full communication and action planning process is in place.

In addition to the corporate activities, specific Divisional engagement schemes include the following:

Surgery, Head and Neck

- Bi-monthly Divisional Newsletters provide communication on a range of operational issues, profiles on services and developments and articles celebrating staff achievement. Feedback on the newsletter has been positive;
- A pilot in the Dental Hospital to look at staff morale, communication and engagement is being finalised and the Division continues to pilot an "App" to allow real time information gauging the "temperature" of teams and providing a facility to escalate issues.

Medicine Division:

- A "Survey Monkey" to be undertaken among staff within MAU and OPAU, areas where service pressures are known to negatively impacting on staff;
- A new starter experience questionnaire is sent out to staff that have been in post for 12 weeks, the results of which are regularly reviewed.

Facilities and Estates

- The newsletter was re-launched in October to improve communication about Divisional issues and performance;
- The latest engagement initiative is the Staff Champion project, which launched in October. The feedback and interaction was very positive and it is hoped the benefits will be shared by the Champions in their local teams to improve morale and engagement. An issue log has been created to ensure a robust resolution and response mechanism.

Forward Look to March 2015

Due to the high turnover to date and the nature of the measure, it is unlikely that a cumulative turnover figure of less than 13.7% will be achieved.

5. STAFF DEVELOPMENT

A. APPRAISAL

Appraisal compliance has remained above target in quarter three, with a rate of 85.1% at 31 December 2014, although rates have declined compared with the same point in the previous year, when compliance was at 88.8%.

All Divisions were compliant with the 85% target for their non-medical staff groups except Diagnostics and Therapies, Facilities and Estates, and Women's and Children's, where a recovery plan is in place.

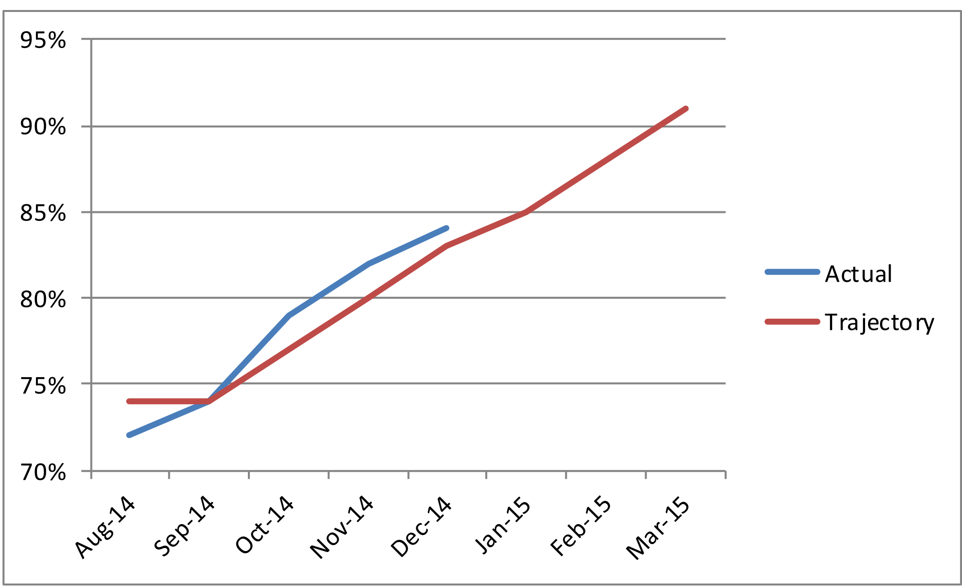
Work continues to ensure that the quality of appraisal is improved. Scoping work and consultation is underway to understand what changes are required. A presentation was provided to the Workforce and Organisational Development Group, summarising the work to date, and a clear plan of action will be available by the end of March 2015, following further involvement of managers and HR Business Partners.

Consultant Appraisal

Consultant appraisal data is derived from the consultant revalidation database, unlike other staff, where reports are derived from the Electronic Staff Record. Different parameters apply to medical staff, as revalidation requires five appraisals to take place in five years, rather than a strict annual requirement. For this reason, they are not considered overdue until 15 months have elapsed since the last appraisal, in contrast with other staff, for whom an annual appraisal is required. In quarter 3, 93% of consultants had been appraised within the required timeframe.

B. ESSENTIAL TRAINING (ET)

Trust compliance with Essential Training, excluding Safeguard and Resuscitation, at the end of December 2014 was above the trajectory of 83% at 84% and a KPI of 90%, as shown in the graph below.



Individual topics vary, with the highest rates being for Fire Safety and Information Governance (see Appendix 1). There are plans in place to improve compliance for topics with the lowest rates which include Induction Checklist and Resuscitation. Separate Trust trajectories are in place for Safeguarding Adults, Safeguarding Children and Resuscitation; all of these areas have improved their position in the last quarter. Divisions are working with local trajectory recovery plans to ensure the compliance gap is closed by March 2015; additional training places continue to be available; and are reflective of divisional demand; we have seen a real month on month increase in the uptake of E-Learning which was launched in October which further supports staff to access learning through a blended approach.

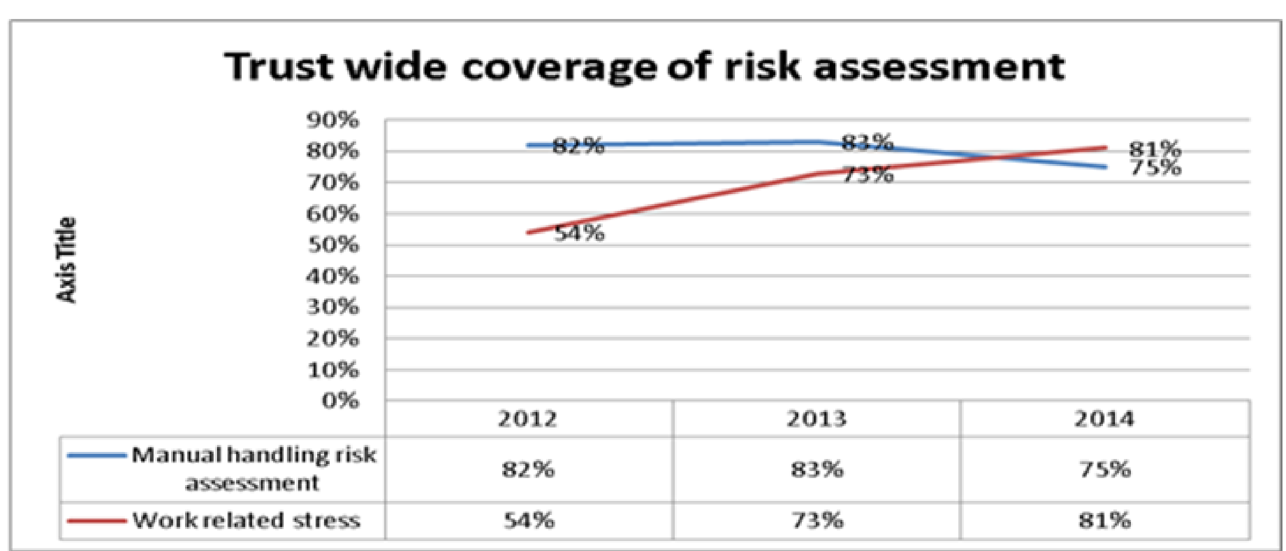
The outcome of the external audit completed on the new system has been published as a 'Green' status; which provides the final assurance of robust data being held on the Teaching and Learning Portal.

6. COMPLIANCE REQUIREMENTS

A. HEALTH AND SAFETY

Health and Safety audits are completed by all departments Trust wide, on the basis of which statutory assessment coverage is gauged. Since 2012 a key performance indicator of 80% has been set as an internal target for coverage in risk assessment, whilst working towards the ideal of 100%.

Manual handling risk assessments and work related stress assessments are of particular note due to the linkage with areas such as sickness absence data, staff survey results in the case of stress, and health and safety incident reporting in the case of manual handling. Work related stress became a cause for concern trust wide in 2012, as reflected in the National Staff Survey Results. Since then, all departments have completed a risk assessment in this category; therefore 54% in 2012 was a starting point for percentage coverage. The chart below shows the comparison for the last 3 years in June of each year, whereas the table illustrates the divisional position in quarter three of 2014/2015.



Dec-14	Diagnostic & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's	Trust wide
Manual Handling Risk Assessments	100%	100%	100%	96%	96%	93%	96%	97%
Stress Risk Assessments	100%	100%	94%	86%	90%	82%	86%	91%

Further improvement has been achieved in Divisions since June by the Safety Department team working with departmental assessors on site, to complete check lists and/ or risk assessments in both topics. The manual handling assessment coverage has sustained at 97% and the stress risk assessment has improved by 8%. This will be re audited in June 2015.

B. JUNIOR DOCTOR NEW DEAL COMPLIANCE

The 'New Deal' refers to the Junior Doctors Terms and Conditions of Service. This includes rest and hours targets which must be met in order for a rota to be 'compliant'. At the end of December, there were 59 compliant and 13 non-compliant rotas. The divisional position is provided below:

	Number Non-Compliant	Number Compliant	Compliance	Anticipated Date for 100% Compliance
Diagnostics & Therapies	1	5	83%	February 2015
Medicine	1	13	93%	June 2015
Specialised Services	1	7	88%	June 2015
Surgery Head & Neck	2	21	91%	April 2015
Women's & Children's	4	14	78%	March 2015

The percentage compliance has reduced slightly since last quarter, mainly in Diagnostic and Therapies and Specialised Services Division In Diagnostic and Therapies, the Microbiology rota (staff employed by Public Health England) was monitored in September but was invalid due to insufficient returns. The rota is to be re-monitored in February against a more

appropriate working pattern. The apparent reduction in Specialised Services was because four of the rotas were listed as separate rotas this quarter, but are in fact one rota. This is an error that has since been changed and it will show again as one rota in Q4.

Each Division has a robust action plan, with dates to achieve compliance. Divisions are required to report progress against action plans at their Performance and Operations quarterly reviews.

7. CONCLUSION

This report has aimed to provide an overview of performance against each KPI, programmes and progress to improve where required and a forward look to the expected position at March 2015. As is the case in many Trusts, vacancies and turnover have continued to present challenges, and this has been associated with increased bank and agency usage, and these indicators have provided the focal points for this report. Programmes of work specifically to target recruitment, turnover and bank and agency respectively have been agreed with SLT, and this report has described the progress that has been made in these areas.

However, it is recognised that further work is required, and during the final quarter the focus will be on developing workforce plans for 2015/16 which address the workforce challenges highlighted in this report, including reviewing the local and national labour market to target sources of supply more effectively and implementing the agreed programmes of work to reduce turnover, bank and agency. In addition, the action plans which underpin the Workforce Strategy and Organisational Development Strategy will address the key strategic priorities and positively impact on a range of workforce indicators.

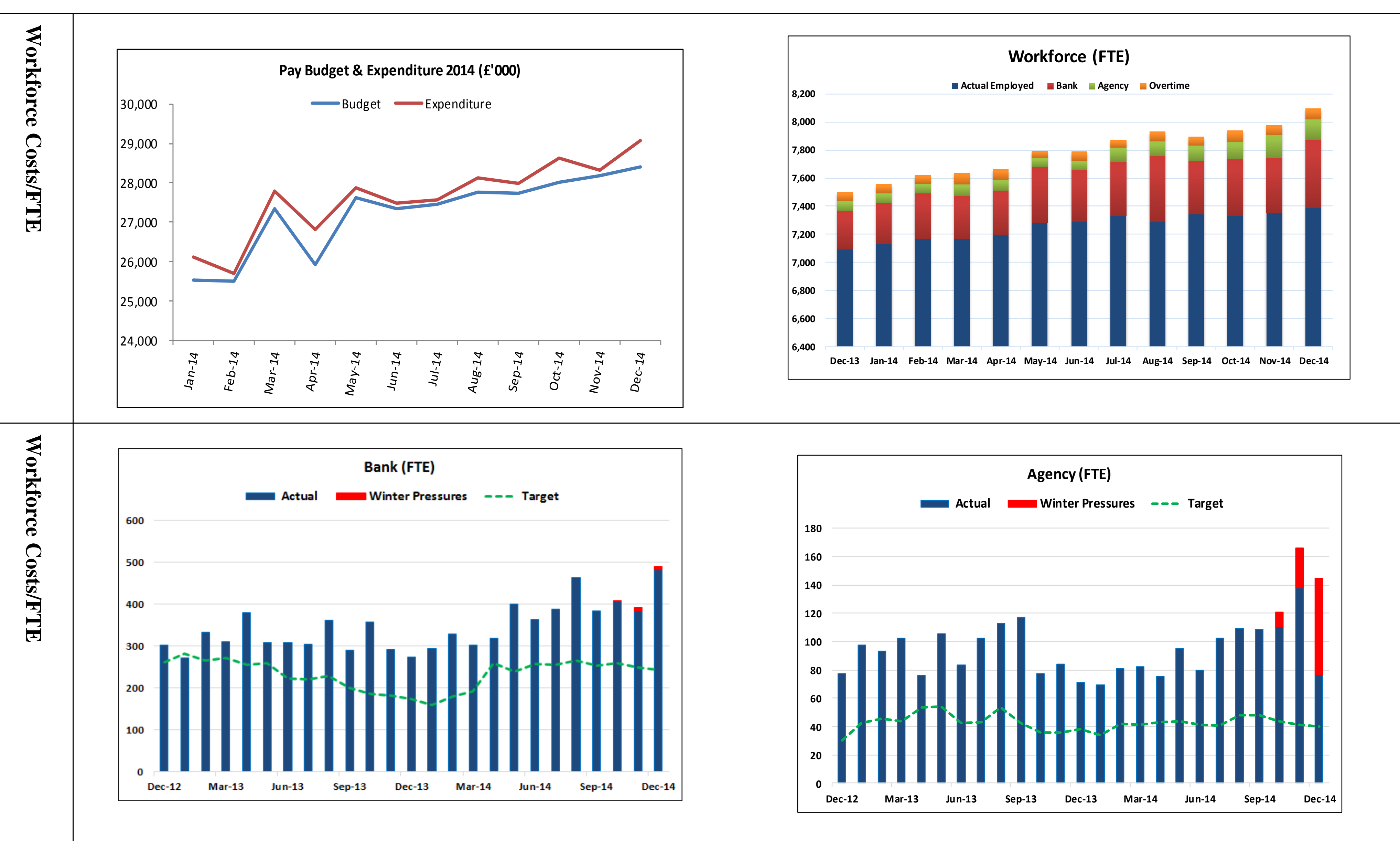
The Board is asked to:

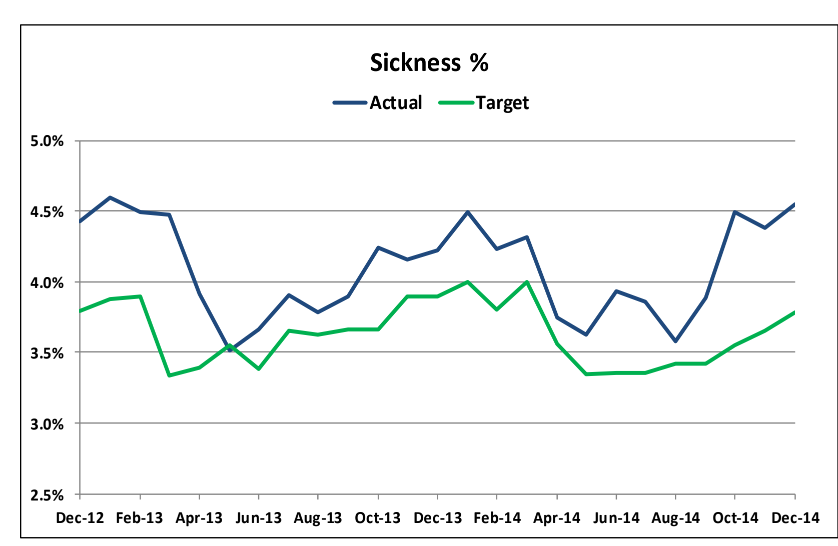
1. Note the contents of this report;
2. Discuss any issues arising in relation to the areas reported.

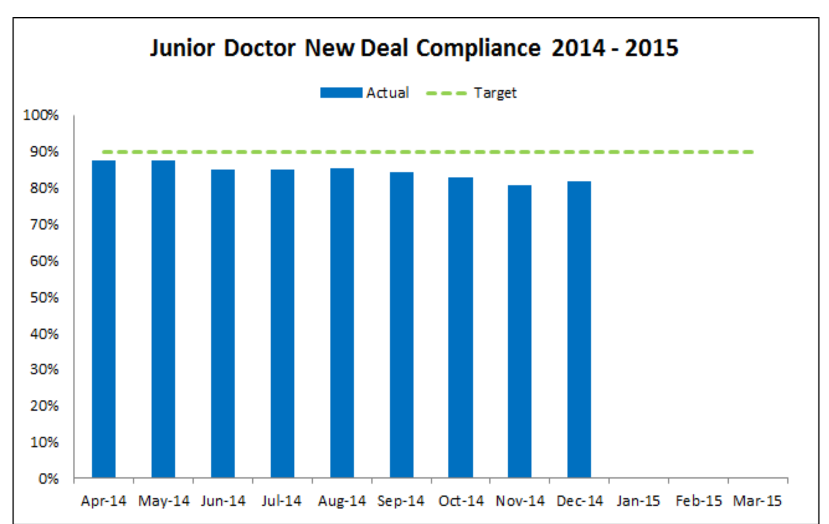
APPENDICES

Appendix 1 – Workforce Performance Dashboard
Appendix 2 – Divisional KPIs – Quarterly Comparisons
Appendix 3 – Staff Group KPIs – Quarterly Comparisons

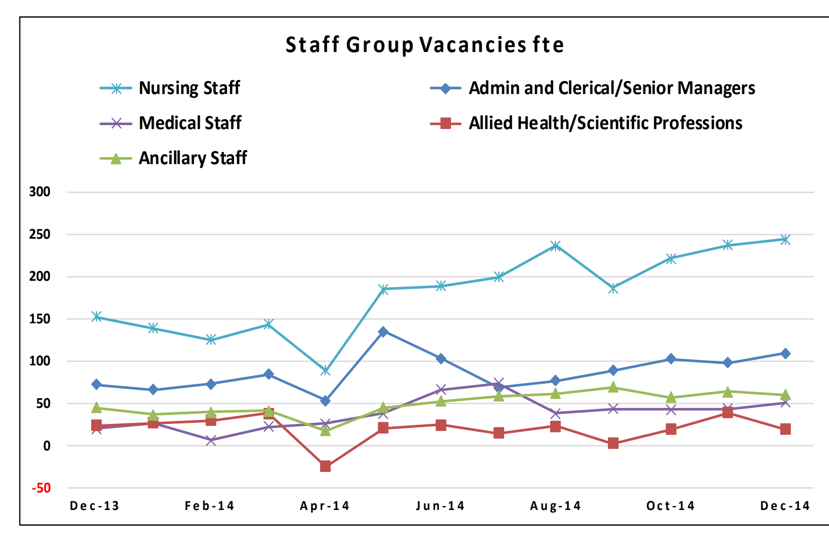
Appendix 1 – Workforce Performance Dashboard

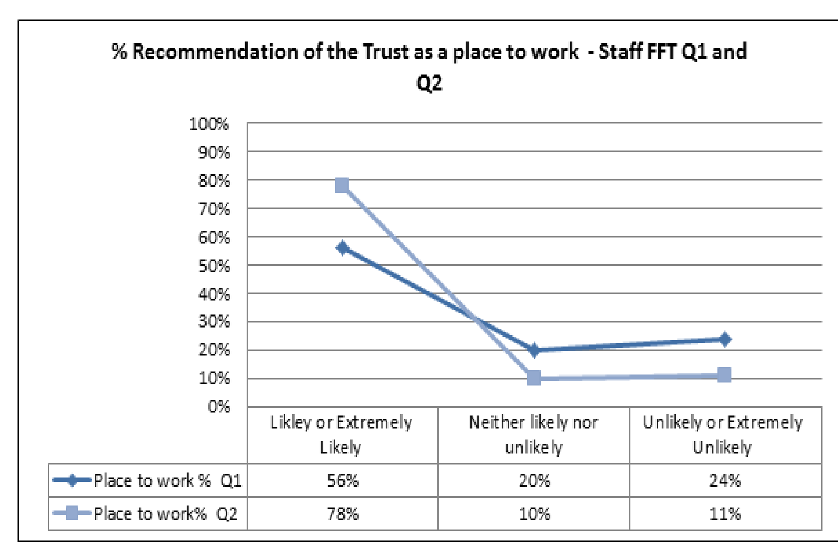


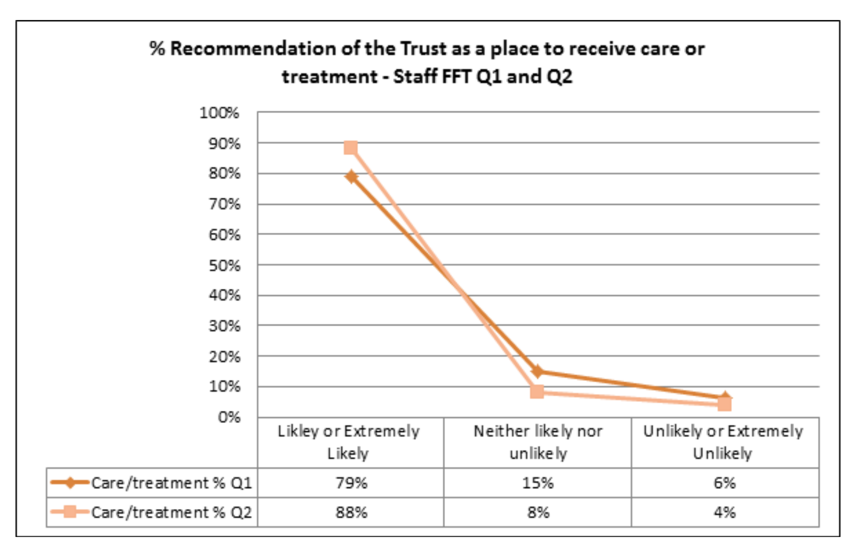




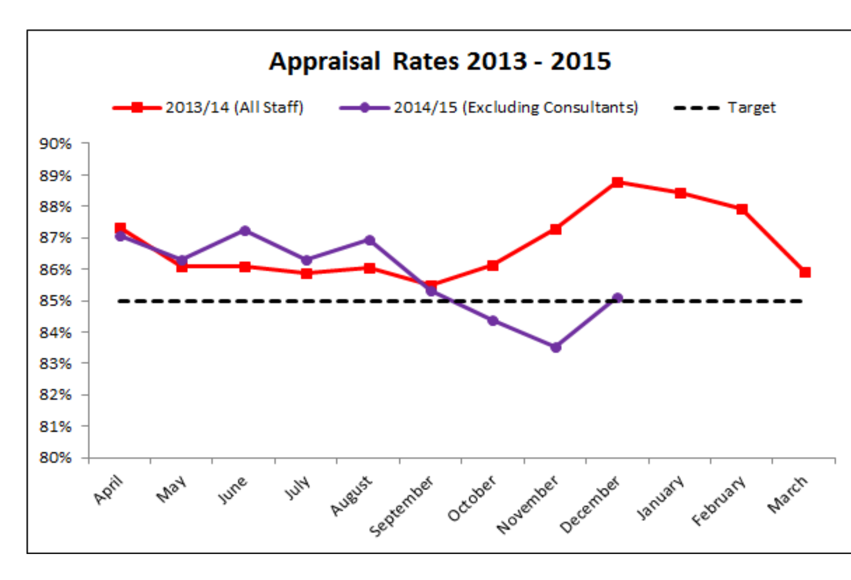
Staff Experience







Staff Development



Essential Training Compliance

Accreditation	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's	Compliance
Blood Tran	46%		73%	85%	76%	71%	80%	73%
Clinical Re	46%		73%	83%	75%	71%	79%	73%
Conflict Re	98%	97%	95%	98%	96%	95%	96%	96%
Conflict Re	57%		83%	89%	81%	72%	82%	79%
Consent	48%		73%	84%	76%	71%	80%	73%
Equality &	98%	98%	96%	98%	96%	96%	97%	97%
Fire Safety	99%	99%	96%	99%	98%	98%	97%	98%
Food Safety	98%	98%	95%	98%	96%	96%	97%	97%
Harassment	99%	98%	96%	99%	97%	97%	98%	97%
Health & S	84%	79%	83%	89%	84%	86%	82%	83%
Infection Pr	85%	78%	84%	91%	87%	87%	84%	85%
Information	99%	98%	96%	99%	98%	97%	97%	98%
Manual Ha	83%	79%	83%	90%	84%	83%	81%	83%
Medical De	45%		69%	82%	74%	69%	78%	71%
Medicines M	47%		72%	84%	77%	71%	80%	74%
Nutrition	46%		76%	84%	75%	69%	79%	73%
Patient Saf	45%		69%	82%	74%	69%	78%	71%
Patient Slip	45%		71%	83%	74%	70%	78%	72%
Pressure Ul	46%		80%	86%	76%	70%	79%	74%
Venous Thr	45%		70%	82%	74%	70%	79%	72%
ALL:	71%	92%	83%	90%	84%	89%	86%	84%
Local Induc	63%	74%	63%	64%	64%	77%	56%	64%
Induction	92%	89%	94%	96%	90%	86%	95%	92%
Resuscitati	32%		70%	73%	65%	68%	66%	63%
Safeguardi	72%	70%	85%	85%	82%	88%	81%	79%
Safeguardi	46%	1%	59%	72%	66%	54%	59%	60%
Safeguardi	80%	71%	72%	75%	71%	77%		74%
Safeguardi	75%	38%	71%	89%	80%	85%	48%	75%

Compliance Requirements

Dec-14	Manual Handling Risk Assessments	Stress Risk Assessments
Diagnostic & Therapies	100%	100%
Facilities & Estates	100%	100%
Medicine	100%	94%
Specialised Services	96%	86%
Surgery Head & Neck	96%	90%
Trust Services	93%	82%
Women's & Children's	96%	86%
Trust Wide	**97%**	**91%**

Appendix 2 Divisional KPIs – Quarterly Comparisons

Workforce Costs/FTE

EXPENDITURE (£'000)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Diagnostics & Therapies	£10,324	£10,037	£9,850	£10,066
Facilities & Estates	£4,951	£4,931	£4,815	£4,916
Medicine	£12,766	£12,524	£12,007	£11,897
Specialised Services	£10,216	£9,727	£10,022	£9,653
Surgery, Head & Neck	£18,988	£18,188	£18,808	£18,025
Trust Services	£6,686	£7,240	£6,702	£6,885
Women's & Children's	£22,088	£21,945	£21,476	£21,521
Trust Total	**£86,019**	**£84,593**	**£83,680**	**£82,963**

WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Diagnostics & Therapies	925.1	943.3	938.1	945.2
Facilities & Estates	769.6	780.0	762.2	764.9
Medicine	1210.0	1133.7	1161.4	1093.0
Specialised Services	857.7	812.6	847.0	814.4
Surgery, Head & Neck	1719.7	1713.3	1715.1	1701.6
Trust Services	685.1	693.2	684.5	684.7
Women's & Children's	1764.0	1751.2	1731.2	1732.0
Trust Total	**7931.2**	**7827.3**	**7839.5**	**7735.8**

Workforce Costs/FTE

BANK (FTE)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Diagnostics & Therapies	10.5	11.2	12.6	12.6
Facilities & Estates	50.9	13.0	57.5	15.2
Medicine	138.9	80.7	120.5	70.7
Specialised Services	45.7	22.0	42.1	31.3
Surgery, Head & Neck	83.8	54.4	82.8	53.4
Trust Services	32.4	26.0	30.2	31.5
Women's & Children's	67.8	44.3	66.8	43.6
Trust Total	**429.8**	**251.5**	**412.4**	**258.3**

AGENCY (FTE)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Diagnostics & Therapies	9.2	1.4	5.0	3.2
Facilities & Estates	14.3	4.9	14.0	4.2
Medicine	50.4	9.7	29.1	10.8
Specialised Services	22.5	3.7	20.8	5.3
Surgery, Head & Neck	19.9	8.0	11.8	7.8
Trust Services	9.8	5.6	8.6	6.5
Women's & Children's	17.7	8.5	16.3	7.6
Trust Total	**143.7**	**41.8**	**105.6**	**45.6**

Workforce Costs/FTE

OVERTIME (FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Diagnostics & Therapies	34.1	26.5	26.2	24.3
Facilities & Estates	125.2	52.7	112.2	60.8
Medicine	3.3	9.6	0.9	9.7
Specialised Services	8.3	9.3	3.0	10.5
Surgery, Head & Neck	18.7	33.2	7.1	32.4
Trust Services	9.0	7.1	8.9	7.1
Women's & Children's	21.4	3.8	19.0	4.2
Trust Total	**220.0**	**142.2**	**177.2**	**149.0**

SICKNESS ABSENCE (%)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Diagnostics & Therapies	3.5%	2.4%	2.5%	2.0%
Facilities & Estates	6.7%	5.7%	6.3%	5.3%
Medicine	5.4%	3.7%	4.8%	3.6%
Specialised Services	4.3%	3.9%	3.8%	3.8%
Surgery, Head & Neck	3.9%	3.4%	3.6%	3.5%
Trust Services	3.4%	3.0%	2.8%	2.4%
Women's & Children's	4.5%	3.7%	3.4%	3.3%
Trust Total	**4.5%**	**3.7%**	**3.8%**	**3.4%**

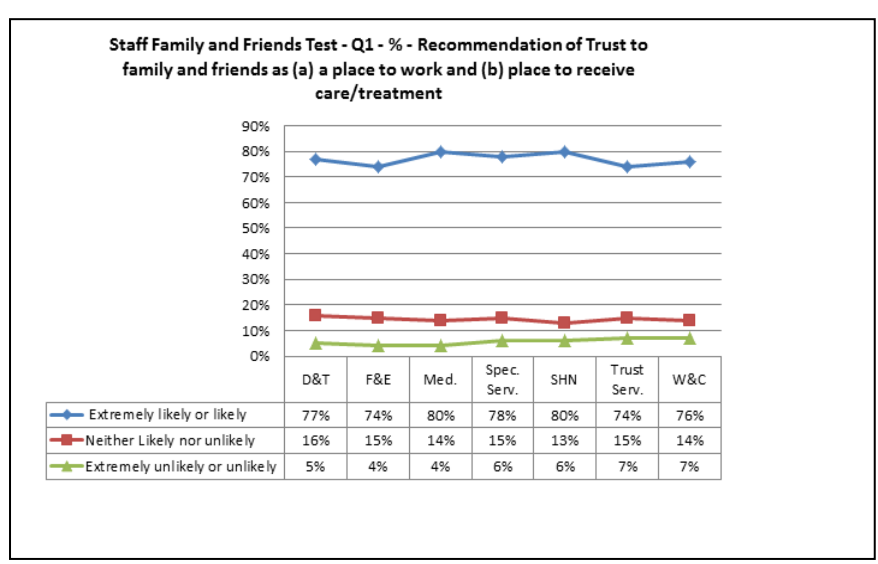
Staff Experience

VACANCY (% FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Diagnostics & Therapies	4.0%	5.0%	2.6%	5.0%
Facilities & Estates	9.7%	5.0%	9.7%	5.0%
Medicine	9.9%	5.0%	7.4%	5.0%
Specialised Services	2.8%	5.0%	3.7%	5.0%
Surgery, Head & Neck	5.7%	5.0%	4.8%	5.0%
Trust Services	7.3%	5.0%	5.6%	5.0%
Women's & Children's	4.2%	5.0%	4.8%	5.0%
Trust Total	**6.0%**	**5.0%**	**5.4%**	**5.0%**
Trust Total excl. bank & agency budget	**4.8%**		**4.6%**	

TURNOVER (% FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Diagnostics & Therapies	10.4%	8.9%	10.3%	8.9%
Facilities & Estates	14.5%	10.5%	14.9%	10.9%
Medicine	14.7%	10.9%	15.9%	11.7%
Specialised Services	17.4%	10.5%	16.5%	11.3%
Surgery, Head & Neck	14.8%	10.3%	14.4%	10.5%
Trust Services	14.5%	10.5%	13.0%	9.7%
Women's & Children's	10.4%	9.9%	10.2%	10.8%
Trust Total	**13.5%**	**10.2%**	**13.3%**	**10.5%**



Note, data is not yet available for Q2 or Q3.

Staff Development

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Diagnostics & Therapies	83.9%	85.0%	87.7%	85.0%
Facilities & Estates	82.4%	85.0%	85.1%	85.0%
Medicine	85.3%	85.0%	84.0%	85.0%
Specialised Services	90.8%	85.0%	87.1%	85.0%
Surgery, Head & Neck	85.2%	85.0%	84.5%	85.0%
Trust Services	90.6%	85.0%	88.1%	85.0%
Women's & Children's	82.1%	85.0%	83.8%	85.0%
Trust Total	**85.1%**	**85.0%**	**85.3%**	**85.0%**

Appendix 3 Staff Group KPIs – Quarterly Comparisons

Workforce Costs/FTE

EXPENDITURE (£'000)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Administrative & Clerical	£12,314	£12,394	£12,140	£12,177
Scientific & Professional	£12,500	£12,544	£12,266	£12,409
Estates & Ancillary	£4,709	£4,621	£4,632	£4,620
Medical & Dental	£27,056	£27,295	£26,381	£26,925
Nursing & Midwifery	£29,368	£28,928	£28,217	£27,842
Other	£71	-£1,190	£44	-£1,009
Trust Total	**£86,018**	**£84,593**	**£83,680**	**£82,964**

* 'Other' relates to financial adjustments or provisions that cannot be identified as relating to a specific staff group

WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Administrative & Clerical	1652.3	1608.1	1625.0	1585.8
Scientific & Professional	1282.9	1299.6	1282.3	1284.8
Estates & Ancillary	785.2	780.5	784.0	774.3
Medical & Dental	1098.0	1130.7	1087.1	1128.6
Nursing & Midwifery	3112.7	3008.4	3061.1	2962.4
Trust Total	**7931.2**	**7827.3**	**7839.5**	**7735.8**

Workforce Costs/FTE

BANK (FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Administrative & Clerical	103.4	58.0	92.9	67.9
Scientific & Professional	7.9	7.0	8.3	8.9
Estates & Ancillary	54.4	17.9	61.4	20.6
Medical & Dental	0.0	0.0	0.0	0.0
Nursing & Midwifery	264.1	168.5	249.9	160.9
Trust Total	**429.8**	**251.5**	**412.4**	**258.3**

AGENCY (FTE)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Administrative & Clerical	43.9	12.0	24.5	13.3
Scientific & Professional	1.0	0.0	2.7	0.0
Estates & Ancillary	10.6	4.7	11.5	3.0
Medical & Dental	13.3	5.3	10.6	8.3
Nursing & Midwifery	74.8	19.8	56.2	20.9
Trust Total	**143.7**	**41.8**	**105.6**	**45.6**

Workforce Costs/FTE

OVERTIME (FTE)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Administrative & Clerical	21.7	16.0	19.2	17.1
Scientific & Professional	46.0	25.3	35.5	25.2
Estates & Ancillary	126.8	60.2	115.3	66.8
Medical & Dental	0.3	0.3	0.3	0.3
Nursing & Midwifery	25.2	40.4	6.9	39.5
Trust Total	**220.0**	**142.2**	**177.2**	**149.0**

SICKNESS ABSENCE (%)

	Quarter 3 Actual	Quarter 2 Actual
Add Prof Scientific & Technic	3.2%	3.1%
Additional Clinical Services	6.4%	5.6%
Administrative & Clerical	4.4%	3.4%
Allied Health Professionals	3.1%	2.0%
Estates & Ancillary	6.4%	6.2%
Healthcare Scientists	2.5%	1.6%
Medical & Dental	1.2%	0.7%
Nursing & Midwifery Registered	4.9%	4.1%
Nursing & Midwifery Unregistered	7.9%	7.5%
Trust Total	**4.5%**	**3.8%**

Staff Experience

VACANCY (% FTE)

	Quarter 3		Quarter 2	
	Actual	Target	Actual	Target
Administrative & Clerical	6.4%	5.0%	4.9%	5.0%
Scientific & Professional	2.0%	5.0%	1.0%	5.0%
Estates & Ancillary	7.7%	5.0%	8.2%	5.0%
Medical & Dental	4.1%	5.0%	4.6%	5.0%
Nursing & Midwifery	7.8%	5.0%	7.0%	5.0%
Trust Total	**6.0%**	**5.0%**	**5.4%**	**5.0%**

TURNOVER (% FTE)

	Quarter 3 Actual	Quarter 2 Actual
Add Prof Scientific & Technic	10.7%	10.5%
Additional Clinical Services	14.2%	15.7%
Administrative & Clerical	13.9%	12.5%
Allied Health Professionals	10.1%	10.2%
Estates & Ancillary	13.9%	14.4%
Healthcare Scientists	9.0%	8.5%
Medical & Dental	8.9%	9.1%
Nursing & Midwifery Registered	12.6%	13.1%
Nursing & Midwifery Unregistered	24.3%	22.5%
Trust Total	**13.5%**	**13.3%**

Staff Development

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 3		Quarter 2	
	Actual	**Target**	**Actual**	**Target**
Add Prof Scientific & Technic	78.6%	85.0%	81.6%	85.0%
Additional Clinical Services	90.1%	85.0%	89.3%	85.0%
Administrative & Clerical	86.6%	85.0%	88.5%	85.0%
Allied Health Professionals	82.9%	85.0%	86.8%	85.0%
Estates & Ancillary	82.2%	85.0%	85.0%	85.0%
Healthcare Scientists	80.3%	85.0%	88.1%	85.0%
Medical & Dental	95.3%	85.0%	88.5%	85.0%
Nursing & Midwifery Registered	83.6%	85.0%	82.0%	85.0%
Nursing & Midwifery Unregistered	86.1%	85.0%	85.3%	85.0%
Trust Total	**85.1%**	**85.0%**	**85.3%**	**85.0%**

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 February 2015 at 11:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

9. Partnership Programme Board Report

Purpose

To provide the Board with an update on matters considered at the January 2015 meeting of the University Hospitals Bristol and North Bristol NHS Trust Partnership Programme Board.

Abstract

The Partnership Programme Board meets to consider matters of relevance to the partnership agenda between University Hospitals Bristol and North Bristol NHS Trust with the aim of promoting highly effective joint working between the partner trusts for the benefit of patients and staff within the two organisations.

A summary of the key issues discussed is provided to the Board, for information.

Recommendations

The Board is recommended to **note** the highlight report of the recent Partnership Programme Board.

Report Sponsor

- Sponsor – Chief Executive
- Author – Director of Strategic Development

Appendices

- Appendix A – Partnership Programme Board Highlight Report January 2015

North Bristol NHS Trust
University Hospitals Bristol NHS Foundation Trust

The Partnership Programme Board (PPB)
Held on Wednesday 21st January 2015

Key Points Summary
Areas of Collaboration The group agreed that the positive work and learning arising from the cross-City service transfers should be written up and promoted nationally. The board were in agreement that the System Leadership Group should ideally lead this piece of work with the explicit aim of getting an article published in a reputable management journal. A review of the Urology transfer has been commissioned. The CCG will co-author the report.
Strategy for Development of Clinical Academics Both Trusts confirmed that a presentation had been given to their boards highlighting the approach and benefits to the integration of the pan-Bristol Research Priorities Review. Both boards agreed to a short life Programme Board being established. The Programme Board would then report into Bristol Health Partners and provide regular updates to both Trust boards.
NBT update Andrea Young provided the following updates: ➢ Emergency pressures continue to be considerable with complexity and acuity very high. ➢ A review of the medical directorate structure has begun. The Trust are looking to appoint a Deputy Medical Director and have more clinical leadership within the pathways. An advert is currently live for a Clinical Safety Lead. ➢ The new Director of Operations started three weeks ago. The Board are also looking to expand the Executive portfolio and have advertised for a Director of IM&T.
UH Bristol update Robert Woolley provided the following updates: ➢ Access performance continue to represent significant challenge and the Board will be declaring a failure of all the RTT standards, the 62 Day GP and screening standards, as well as 4 hours for Quarter 3 reporting to Monitor. ➢ The Trust are working with IMAS to model RTT recovery. Trajectories are yet to be agreed and sent to Monitor but will be presented to January's Board for review. ➢ Post-inspection action plans were submitted to the CQC last week. ➢ Interviews with families have taken place as part of the review of paediatric heart services. Approximately 36 families have been interviewed. Staff interviews have yet to begin. It is expected that the report will not be published until the end of the summer.
System Leadership Forum including Common Ground on Joint Working on Urgent Care. Robert Woolley advised that the Terms of Reference and joint vision for the System Leadership Group have only recently been finalised. The 5 Year Forward View will be included in the agenda of the

group. Heads of Social Services from the BNSSG Councils will be invited to join the group.

Improving Patient Flow Across the City

The Board recognised the operational pressures that both Trusts were working under and questioned whether they were doing enough to support each other and whether there is a collective response to be made.

The Board discussed the weekly ALAMAC call and noted that the espoused benefits of this initiative are not being seen at either Trust, in any material way. It was agreed to ask both Chief Operating Officers to discuss further and raise on a future ALAMAC call.

Robert Woolley reported that at the Bristol system escalation meeting there was a renewed focus on delayed transfers. The Ambulance Trust was also asked to provide more transparency as to the clinical risk associated with their SOP which had been welcome.

Histopathology Transfer update

Both Trust Boards have agreed the transfer of cellular pathology services to NBT. An implementation group has been established with a proposed completion date of June/July 2015. A transparent and explicit service level agreement needed to be developed. UH Bristol had expressed concerns about a possible deterioration in turnaround times which they advised would not be acceptable given the impact on cancer pathways.

Genomic Bid Development

A paper was tabled highlighting the current discussions and observations with regard to the upcoming genomic bid. The expression of interest is to be submitted at the end of April, with the final bid required in June.

It was agreed that a “Bid Board” would be established to oversee the development of the next bid and Sean O’Kelly and Sasha Karakusevic would lead for their respective organisations.

Community Child Health Tender update

An extension to the release of the tender specification has been notified. The specification is expected to be released at the end of the year.

Weston

Taunton and Somerset NHS Foundation Trust have been confirmed as the preferred bidder for Weston Area Health Trust. Ernst and Young have been commissioned by Taunton to support the development of their business case which is due to be considered by Taunton’s Board at the end of July.

Recruitment

A joint meeting of the HR and Nursing Directors took place to discuss bank and agency spend and the possibility of working together with regards to nursing recruitment, in particular theatre nursing. A concordat would need to be agreed as to placing the successful applicants.

Robert Woolley asked the Board to consider whether there was an appetite to collaborate with Health Education South West to create an academy for training administration staff, ancillary staff and nursing assistants. NBT confirmed that they currently run an apprenticeship scheme which works well.

CQC Inspection – NBT Update NBT have received their draft report for factual accuracy checking, with their Quality Summit scheduled for the 6th February. The Report is due to be released on Tuesday 10th or Wednesday 11th February.
Date of Next Meeting 18th May, 15.00 – 17.00, NBT, Cabot Meeting Room, Brunel Building. The Board agreed to hold the Partnership Programme Board every 4 months, to take place in between Executive to Executive Director meetings.

Attendees
NBT
Andrea, Robert Mould, and Harry Hayer.
UH Bristol
John Savage, Robert Woolley, Sean O'Kelly and Deborah Lee.

Apologies
UH Bristol
Emma Woollett.
NBT
Chris Burton and Nishan Canagarajah.

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 27 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

10. National Accident and Emergency Patient Experience Survey 2014

Purpose

To provide an analysis of UH Bristol's performance in the 2014 National Accident and Emergency patient experience survey.

Abstract

The headline results for UH Bristol in the 2014 National Accident and Emergency survey are:

- 33 out of 35 questions scores in line with the national average.
- On two questions, the Trust achieved scores that were classed as being better than the national average to a statistically significant degree.

Two reports are provided in relation to this survey:

- Local analysis report and action plan: this provides an 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

The Trust's performance in this survey compares well to local and peer trusts. The National A&E Survey remains UH Bristol's best set of national patient survey results. The areas identified for improvement relate to providing patients with an indication of how long they will have to wait, promoting feelings of personal safety in the department (although this was one of the Trust's best scores, it declined slightly between 2012 and 2014), and information provision / support at discharge. The action plan will be monitored by the relevant Divisional Boards, with a regular update provided to the Trust's Patient Experience Group.

Recommendations

The Board is recommended to receive the report for **assurance.**

Report Sponsor

Carolyn Mills, Chief Nurse

Appendices

- Local analysis report and action plan
- Care Quality Commission Benchmark report

Previous Meetings - Date the paper was presented to the relevant Group or Committee:

Senior Leadership Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other

	x	x			Patient Experience Group

2014 National Accident and Emergency (A&E) Survey: Local Analysis Report and Action Plan

1. Background

The National Accident and Emergency (A&E) Survey is coordinated by the Care Quality Commission and is carried out every two years. In total, 142 NHS trusts with a major A&E department participated in the 2014 survey. For UH Bristol, 850 people aged 16+ who attended in March 2014 were sent a questionnaire by post. Most of this sample (636) had attended the Bristol Royal Infirmary Emergency Department, with the remainder (214) attending the Bristol Eye Hospital Emergency Department[1]. The Trust achieved a response rate of 34% (271 returns) - the same as the national average, but well below the rates achieved in the previous National A&E Survey (45% for UH Bristol and 38% nationally). We can't be certain of the reasons for this, but it is broadly similar to declines seen across the national patient survey programme.

2. Headline results

The Care Quality Commission's Benchmark Report is provided as an accompanying document[2]. This shows UH Bristol's performance relative to other trusts, and highlights any survey scores that are better or worse than the national average to a statistically significant degree. The headline results from this report are:

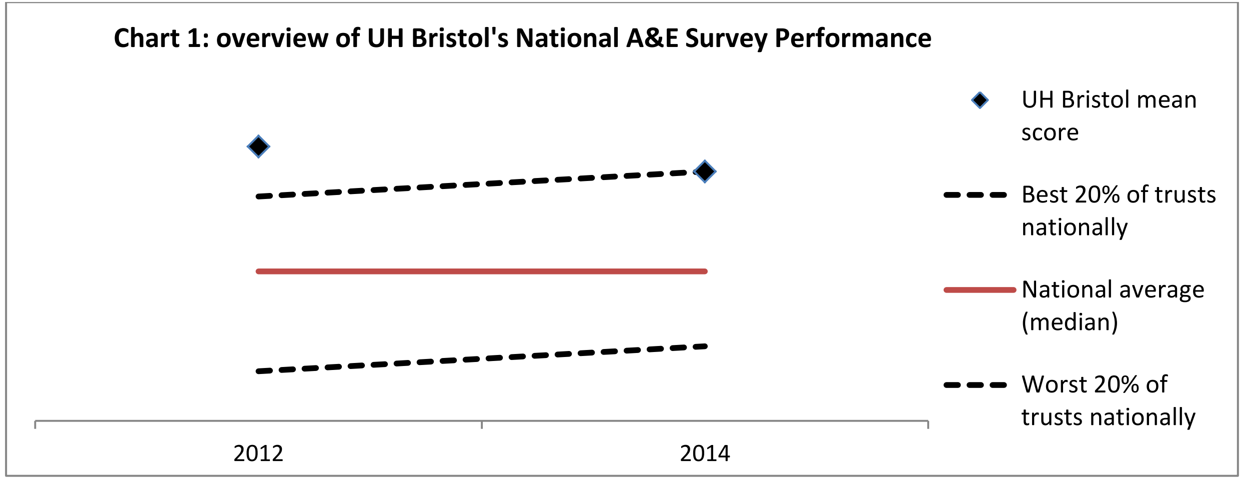
- UH Bristol achieved scores in line with the national average on 33/35 questions
- On two questions, the Trust achieved scores that were classed as being significantly better than the national average:
    - Were you as involved as you wanted to be in decisions about your care and treatment?
    - Do you think the hospital staff did everything they could to help control your pain?

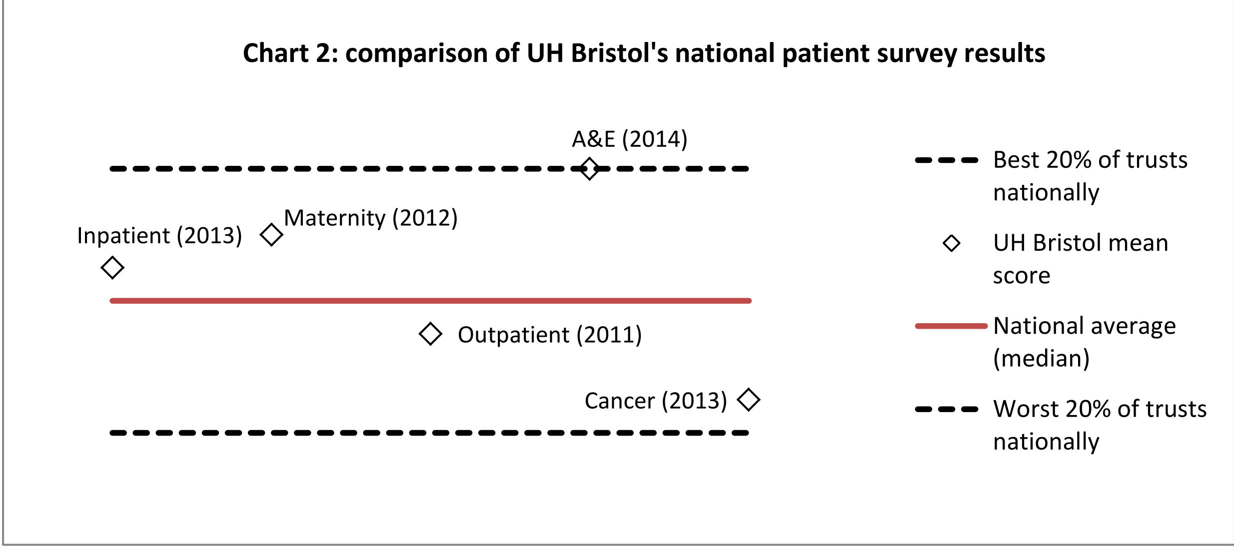
In the 2012 National A&E Survey, the Trust achieved 16 scores that were better than the national average - eight of which were the best scores nationally. Clearly, UH Bristol's 2014 results did not reach these heights, but in fact only one score declined to a statistically significant degree between the two surveys: whether the patient felt safe in the A&E Department (this remained one of the Trust's highest scores, but it fell from 9.7/10 to 9.2)[3].

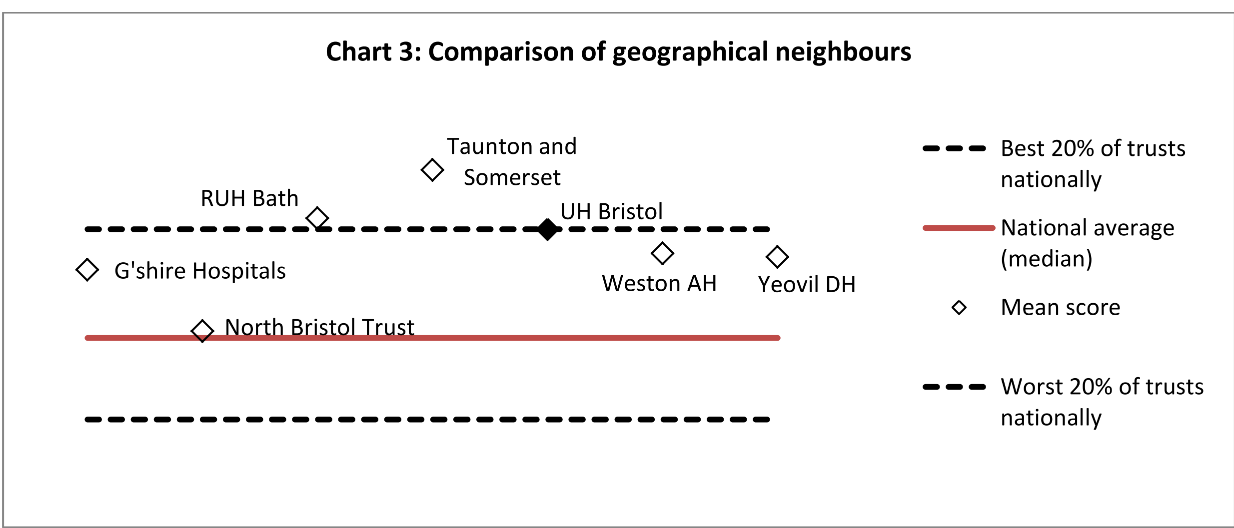
Chart 1 illustrates that the Trust's overall performance did decline slightly between 2012 and 2014[4]. However, this is within the bounds of random fluctuation in the data. At the same time, the threshold required to be among the best scoring trusts increased. The net effect is a less stellar

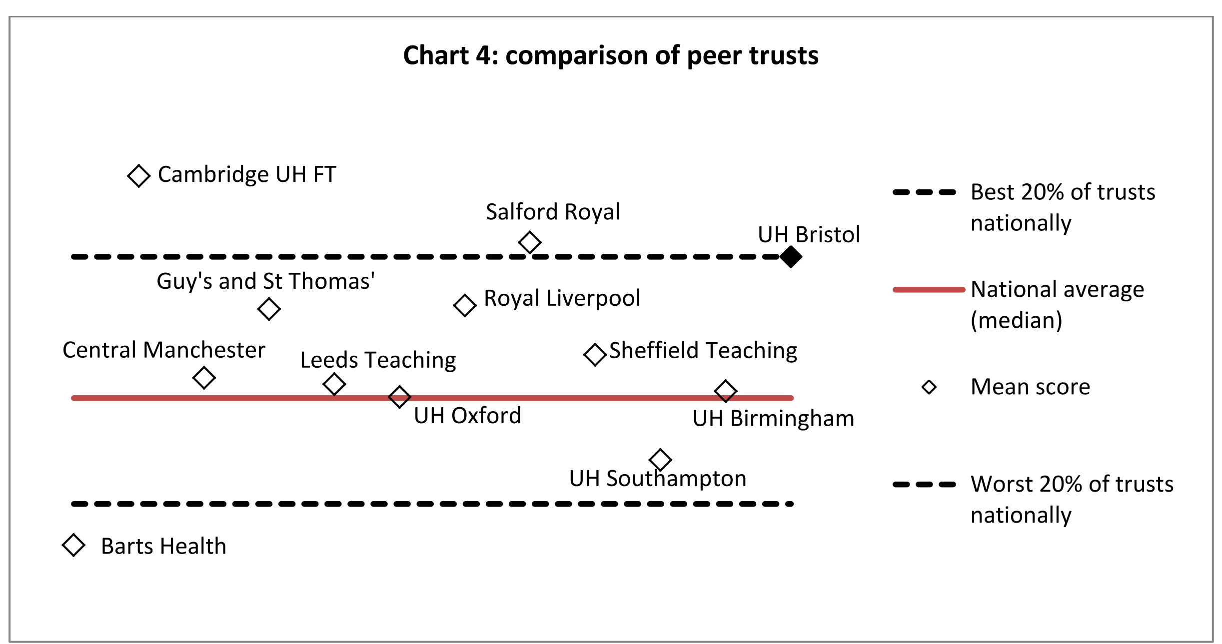
[1] At UH Bristol, the A&E departments are called "Emergency Departments". We don't currently have details of the split of survey respondents between the Trust's two adult Emergency Departments.
[2] The Care Quality Commission calculate scores out of 10 for each question (with 10 being the best possible score), rather than percentages. The scoring mechanisms for the data presented in this report are described in Appendix B.
[3] One score also improved significantly: how long the patient waited to be examined.
[4] Charts 1-4 are fairly rudimentary statistical analyses, produced by the UH Bristol Patient Experience Team, but are useful to capture an overall sense of the Trust's performance across the whole survey. UH Bristol's score is a statistical mean taken across the full set of question scores. The national benchmarks are derived in a similar way, applying means to a dataset containing question scores for all participating trusts.

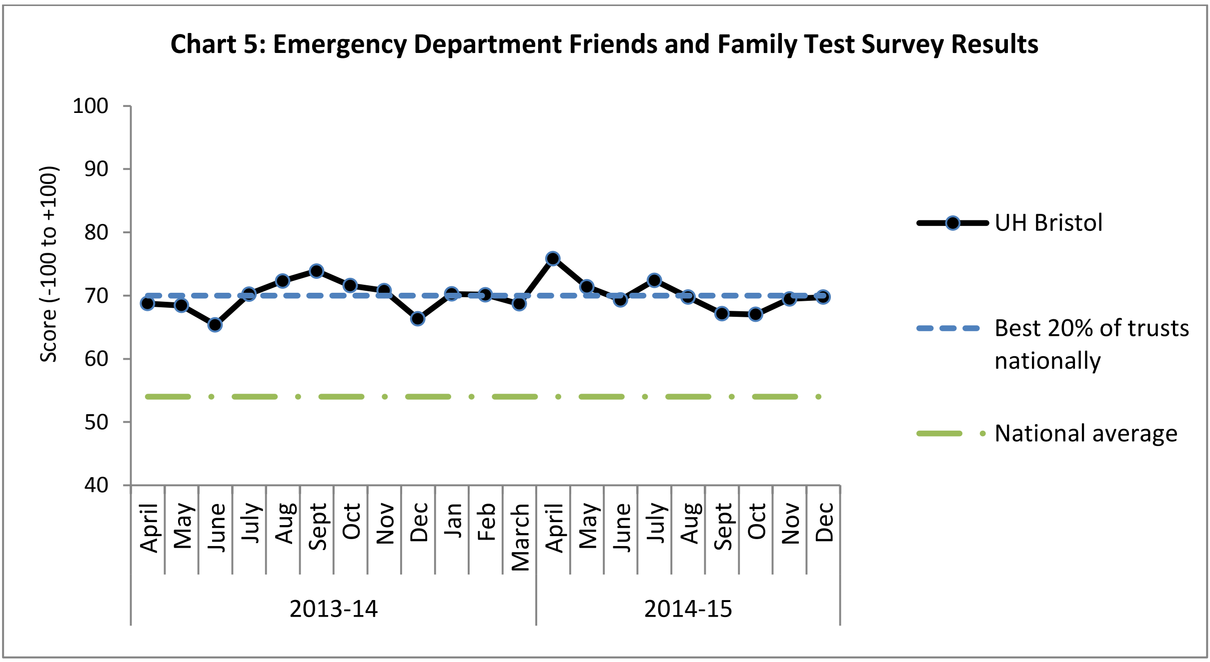
performance in 2014 compared to 2012, but overall this is still a positive set of results: they remain the best of all UH Bristol's national survey results (Chart 2) and compare favourably to both local and peer trusts (Charts 3 and 4). The results also triangulate with the Friends and Family Test patient survey, which asks whether the patient would recommend the care they received. This shows UH Bristol performing around the threshold of the best performing quintile of trusts nationally (Chart 5 – over).











3. <u>Recognising success and identifying areas for improvement</u>

UH Bristol's best scores in the 2014 National A&E Survey were around privacy, dignity, and communication (Table 1 - over). The lowest scores in the survey mostly related to providing the patient with certain key information before they were discharged from the Emergency Department (Table 2 - over)[5]. In addition, relatively few patients said that they were told how long they would have to wait before being seen.

[5] Patients admitted to an inpatient ward from the Emergency Department, did not answer the questions relating to discharge.

Table 1: UH Bristol's best scores (all scores are out of ten, with ten being the best possible score)

	Score (/10)
Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	9.3
While you were in the A&E Department, did you feel threatened by other patients or visitors?	9.2
Overall, did you feel you were treated with respect and dignity while you were in A&E?	9.2
Were you given enough privacy when being examined or treated?	9.1
Did doctors or nurses talk to each other about you as if you weren't there?	9.1
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?	9.0
Did a member of staff explain the results of the tests in a way you could understand?	9.0
Did the doctors and nurses listen to what you had to say?	9.0

Although the Trust's National A&E Survey results are positive overall, there will be a focus on improving the lowest scores and the score that declined by a statistically significant degree (Table 2).

Table 2: lowest UH Bristol scores / score that declined significantly from the previous survey

Question	*Reason for inclusion in action plan*
Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	Among lowest 5 UH Bristol scores
Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	Among lowest 5 UH Bristol scores
Did hospital staff take your family or home situation into account when you were leaving the A&E Department?	Among lowest 5 UH Bristol scores
Did a member of staff tell you about medication side effects to watch for?	Among lowest 5 UH Bristol scores
Were you told how long you would have to wait to be examined?	Among lowest 5 UH Bristol scores
While you were in the A&E Department, did you feel threatened by other patients or visitors?	Statistically significant decline from the 2012 National A&E survey

4. Action plan

Following discussions among the Emergency Department patient experience leads, an action plan has been developed in response to the survey results and is shown in Appendix A. This action plan will be monitored by the relevant Divisional Boards, with a progress update provided to the Trust's Patient Experience Group every six months. The action plan falls into five main categories:

A continued emphasis on listening to / learning from patient's experiences

The Bristol Royal Infirmary Emergency Department currently has an additional Matron in post, with a particular focus on supporting patient experience projects. This will include the introduction of a new monthly postal survey to generate more in-depth feedback for the department. There will also be a continued focus on the collection of rapid-time patient feedback via the Friends and Family Test, along with the expansion of this survey to the Bristol Royal Hospital for Children Emergency Department.

Telling patients how long they will wait

In the Bristol Eye Hospital Emergency Department, the receptionists and triage staff do endeavour to give patients an indication of how long current waits are. The survey results will be shared with these teams to re-enforce the importance of this information. In the Bristol Royal Infirmary Emergency Department it is very difficult to predict waiting times; providing an estimate that subsequently proves inaccurate can lead to significant anxiety and frustration for patients. Therefore, an emphasis is placed on conveying the target of seeing all patients within four hours. To aid the delivery of this message, a funding bid has been made to procure new information boards for the Department. These have been developed by the Design Council and provide key information about the ED care process and the four-hour target.

Taking into account patient's social support needs on leaving hospital

The Bristol Eye Hospital Emergency Department tends to treat an older patient age group, and so staff are very aware of support-related issues. For example, the department has a process whereby patients can be admitted to a hospital bed if it is felt that they don't have adequate post-discharge support in place. In the Bristol Royal Infirmary Emergency Department, the Red Cross service provides support to patients with social needs, including providing transport home and a "carer" to stay overnight at the patient's home after discharge. The hours of this service have recently been extended by two hours per day. The broader issue around timely and appropriate patient discharge fits with the Trust's current major work around enhancing links with external health and social care provider organisations.

Information at discharge

A new information leaflet will be developed by the Bristol Royal Infirmary Emergency Department. This is based on a model successfully adopted at Southampton University Hospitals NHS Foundation Trust, and includes a "checklist" that patients can go through with staff to ensure all relevant information has been provided. Once in use the Bristol Eye Hospital Emergency Department will pilot this leaflet to see if it is suitable for their patients as well.

Promoting feelings of safety in the ED

This score was included in the action plan because it showed a statistically significant decline between the 2014 and 2012 surveys. It is important to emphasise that these survey results do not show that UH Bristol's Emergency Departments are an unsafe place: the survey question asks respondent's about their perception of how threatening other patients in the department were, rather than whether any threatening behaviour was actually witnessed. The score itself is also in line with the national average, was one of UH Bristol's best survey scores, and the decline seen between 2012 and 2014 was marginal[6]. Nevertheless, this is an important issue that is taken very seriously by the Emergency Departments, particularly at the Bristol Royal Infirmary where security issues are more common. A number of actions are described in the action plan in relation to feelings of safety. In particular, it has been shown that the Design Council signage system, for which funding has been applied (see above), reduces threatening behaviour in an Emergency Department setting.

[6] In 2014, 90% of survey respondents said that they did not feel threatened by other patients / visitors in UH Bristol's adult Emergency Departments, with a further 6% saying that they felt threatened "to some extent". The equivalent figures in 2012 were 94% and 5%. Where there is a large consensus among survey respondents, as is the case here with 90%+ ticking the best response option, it decreases the margin of error around that question score. This makes it easier to achieve a statistically significant change, even where the score itself hasn't changed very much. In practice, when interpreting service evaluation survey results, statistical significance tends to be the minimum threshold required to flag up a question score, but it also needs to be significant in a real-world sense (as opposed to a survey carried out for academic purposes, where statistical significance is often the sole deciding factor in deciding whether a result is important).

Appendix A: action plan in response to the national A&E Survey

Theme / issue	Action(s)	Lead	Target completion by end of:
Listening to and learning from patient experiences.	Share and discuss the results of the National A&E Survey with staff in the Emergency Departments	Richard Jeavons and Shelley Thomas	March 2015
	Visit another top performing trust (Frimley Park) to share learning	Angela Beezer / Jo Lloyd-Rees	January 2015 - complete
	Implement a new monthly postal survey of Bristol Royal Infirmary Emergency Department patients, to generate regular in-depth data.	Angela Beezer / Jo Lloyd-Rees	March 2015
	Ensure ongoing collection of real-time patient feedback in Emergency Departments, via the Friends & Family Test.	Angela Beezer / Jo Lloyd-Rees; Karen Goodinson	Ongoing
	Implementation of the Friends and Family Test in the Bristol Royal Hospital for Children Emergency Department.	Paul Lewis / Sue Humphries	April 2015
	Article in newsbeat to celebrate the National A&E Survey results.	Paul Lewis	March 2015
Telling patients how long they will have to wait.	Funding is being sought for the production of information "boards" in the Bristol Royal Infirmary Emergency Department, developed in conjunction with the Design Council. These would be strategically placed throughout the Department to explain the Department's processes, why people wait, what they are waiting for and why some wait longer than others. An emphasis will be placed on conveying the four-hour wait target to patients.	Richard Beringer	March 2015 *(funding decision)*
	Share the results with Bristol Eye Hospital Emergency Department reception team and triage nurses, to ensure that this information is being provided to patients.	Shelley Thomas	February 2015
Information provision at discharge (e.g. medication side effects, "danger signals", resuming normal activities).	A new patient information leaflet will be developed by the Bristol Royal Infirmary Emergency Department. This will include a "checklist" for patients to go through with staff at the end of their visit, to ensure that key information has been provided.	Richard Jeavons	April 2015
	Discuss this aspect of the results with staff in both of the adult Emergency Departments to raise awareness of these issues.	Angela Beezer / Jo Lloyd-Rees / Shelley Thomas	March 2015
	Test leaflet in Bristol Eye Hospital Emergency Department setting	Shelley Thomas	June 2015

Theme / issue	Action(s)	Lead	Target completion by end of:
Taking the patient's home situation into account when leaving the A&E Department.	Increased hours of REACT and Red Cross services in the BRI ED. These services support patients who have needs relating to their home situation (including transport home and staying with the patient overnight if necessary)	Complete	January 2015 - Complete
	There is a prompt for "social support needs" in the patient notes. A regular review of patient notes is carried out to ensure that these fields are completed	Angela Beezer / Jo Lloyd-Rees	Ongoing
	The new patient leaflet described above will incorporate information about meeting additional support needs	Richard Jeavons	April 2015
	Links to the trust-wide objectives around increasing collaboration and coordination with partner health and social care agencies	*Please refer to separate action plan in relation to the 2014 Care Quality Commission inspection*	
Promoting feelings of safety in the Emergency Department	The survey results will be shared with the respective security teams for further discussion	Angela Beezer / Jo Lloyd-Rees / Shelley Thomas	February 2015
	Increase of BRI Emergency Nurse Practitioner staff, to increase speed of patient flow through the department (reduces feelings of frustration and exposure to threat)	Complete	Complete
	Ongoing monitoring and discussion of incidents relating to threatening behaviour / violence against staff and patients	Angela Beezer / Jo Lloyd-Rees	Ongoing
	Design council signage (see above): increasing awareness of ED process / waiting times, has been shown to reduce feelings of tension and subsequent aggressive behaviour	Richard Beringer	March 2015 (funding decision)

Leads named in the action plan

Bristol Royal Infirmary Emergency Department: Dr Richard Jeavons, Consultant; Angela Beezer/Jo Lloyd Rees, Matron (job share); Dr Richard Beringer, Consultant;
Bristol Royal Hospital for Children Emergency Department: Sue Humphries, Matron;
Bristol Eye Hospital Emergency Department: Shelley Thomas, Matron; Karen Goodinson, Sister
Corporate Patient Experience Team: Paul Lewis, Patient Experience Lead (surveys and evaluation)

Appendix B: Explanation of the Care Quality Commission's survey scoring methodology

For 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 Care Quality Commission's benchmark report, each one of these response options is taken into account in the calculating a question score.

As an example: Were you treated with kindness and understanding on the postnatal wards?

	Weighting	**Responses**	**Score**
Yes, definitely	1	78%	77*1 = 77
Yes, probably	0.5	19%	19*0.5 = 9.5
No	0	5%	5*0 = 0

The result is then calculated as (77+9.5)/10 = 8.7

As the survey score is using a relatively small random sample to draw conclusions about the wider population, it is an estimate and has a quantifiable margin of error around it. In this case the margin of error is +/-0.6, meaning that we can be 95% certain that the true score in the wider patient population is somewhere between 8.1 and 9.3.

Conceptually, this is how the CQC classify Trust scores against the national average for each question (for readers with a statistical background: it is essentially a funnel plot):

1. Take the average (mean) score across all trusts nationally. The mean Trust score on the kindness and understanding question outlined above is 8.0
2. For each trust, use the margin of error in their data to give the expected range around this national average. So, given UH Bristol's margin of error for this question is +/-0.6, and the national average is 8.0, we would expect our score to be between 7.4 and 8.6
3. UH Bristol's score, at 8.7, falls outside the top-end of this range, and is therefore classified as being better than most other Trusts. If it had been below 7.4, it would have been classed as worse than most other Trusts.

Appendix C: publication timeline

20/11/2012	Care Quality Commission benchmark report released to the Trust under embargo
25/11/2014	Benchmark reports and written summary of the results distributed by email from the Patient Experience Lead (surveys and evaluation) to the Trust's Executives, senior managers, and Emergency Department leads.
02/12/2014	Care Quality Commission Benchmark report released publicly
11/12/2014	Benchmark report and Local Analysis report (without action plan) presented to the Trust's Patient Experience Group for discussion and approval
28/1/2015	Action plan reviewed / approved by the Division of Medicine Board
18/2/2015	Reports and action plan reviewed by the Senior Leadership Team committee
25/2/2015	Reports and action plan reviewed by the Quality and Outcomes Committee of the Trust Board
27/2/2015	Reports and action plan reviewed by the Trust Board

Patient survey report 2014

Accident and Emergency Survey 2014

University Hospitals Bristol NHS Foundation Trust

Accident and Emergency Survey 2014

Making patients' views count

National NHS patient survey programme
Accident and Emergency Survey 2014

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.

A&E patient survey 2014

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences. In this instance, people who recently used a hospital Accident and Emergency department (A&E) were asked about their experiences of care.

The fifth survey of A&E patients involved 142 acute and specialist NHS trusts with a major accident and emergency department [1]. We received responses from nearly 40,000 patients, which is a response rate of 34%. Patients were eligible to take part in the survey if they:

- were aged 16 years or older,
- were not staying in hospital at the time patients were sampled,
- had attended A&E in January, February or March 2014, (each NHS trust chose one month in which to sample patients).

Women who had attended A&E primarily to obtain contraception, who suffered a miscarriage or another form of abortive pregnancy outcome while at the hospital, and patients with a concealed pregnancy were not included in this survey. Questionnaires and reminders were sent out between May and September 2014.

Similar surveys of A&E patients were carried out in 2003, 2004, 2008 and 2012. The A&E survey is part of a wider programme of NHS patient surveys, which covers a range of services including acute adult inpatients, children's inpatient and day-case services, maternity services and community mental health services. To find out more about our programme and the results from previous surveys, please see the links in the further information section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of Intelligent Monitoring, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs that we produce for inspections.

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 NHS Trust Development Authority will use the results to inform quality and governance assessments as part of their Oversight Model for NHS Trusts.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with

[1] Trusts were eligible to participate if they had a major or consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

other trusts. It is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website available at the following link (www.cqc.org.uk/accidentandemergency). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'Above' (better), 'Below' (worse) or 'Average' (about the same) as the majority of other trusts for each question and section. For more information on the analysis, please see the methodology section below.

A 'section' score is also provided, labelled S1-S8 in the 'section scores' on page 5. The scores for each question are grouped thematically and broadly in line with their order in the questionnaire, for example, 'doctors and nurses' and 'tests' and so forth.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male patients 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 people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender 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-gender type profile reflects the national age-gender type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. 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 may be 'routing questions' designed to filter out respondents to whom following questions do not apply.

For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. 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 'about the same,' 'better' and 'worse' categories are based on a statistic called the **'expected range'** which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. 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 for all trusts (no green section) or the lowest possible for all trusts score (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

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, the response rate for your trust and background information about the people that responded.

Scores from the previous survey in 2012 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. 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

Results for the following questions cannot be compared with scores from 2012 owing to changes made to question wording, response categories or scoring. This is because we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance.

- Q9: Overall, how long did your visit to the A&E department last?
- Q15: Did doctors or nurses talk to each other about you as if you weren't there?
- Q30: Do you think the hospital staff did everything they could to help control your pain?

In 2014 two new questions were asked which are not comparable:

- Q22: If you were feeling distressed while you were in the A&E Department, did a member of staff help to reassure you?
- Q29: How many minutes after you requested pain relief medication did it take before you got it?

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/accidentandemergency

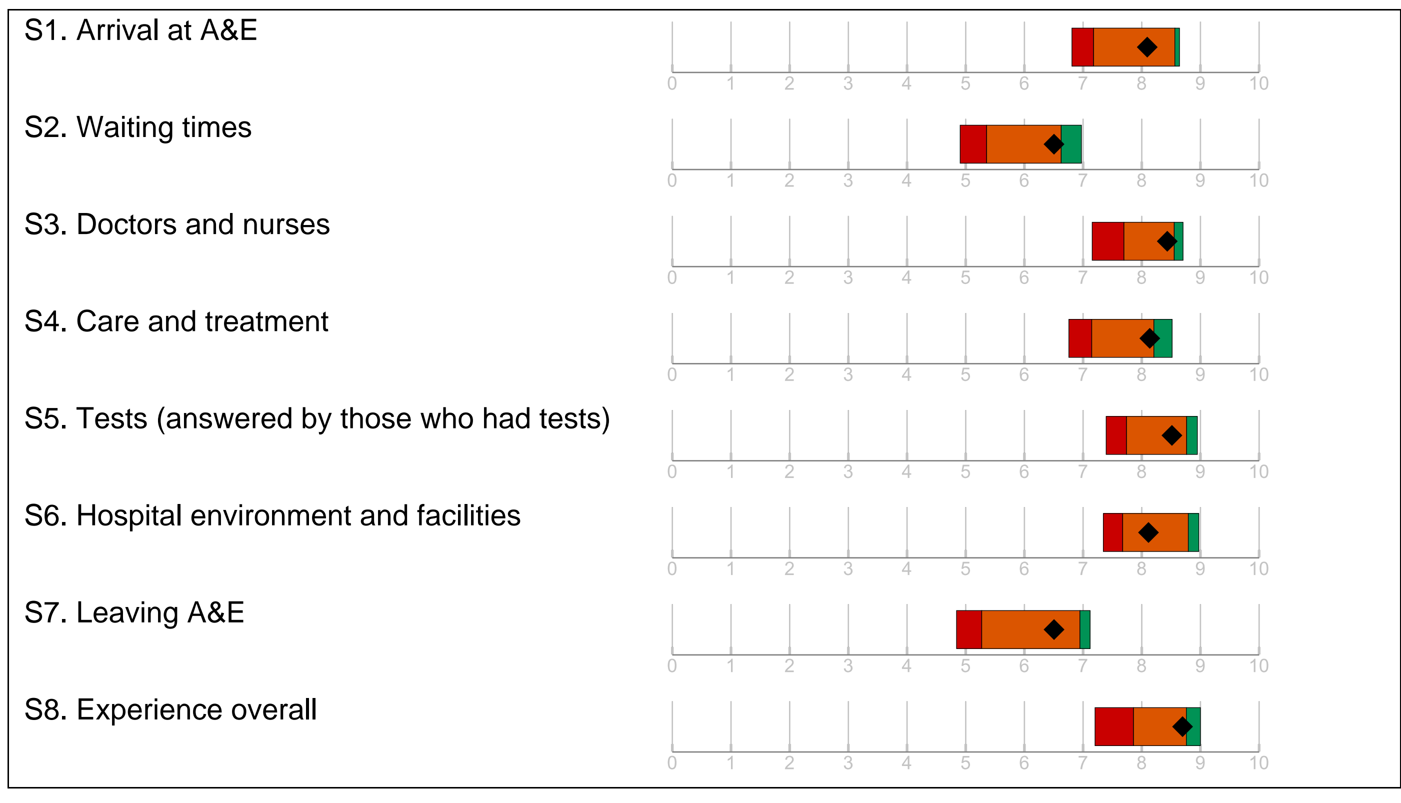
Full details of the methodology of the survey can be found at:
www.nhssurveys.org/surveys/738

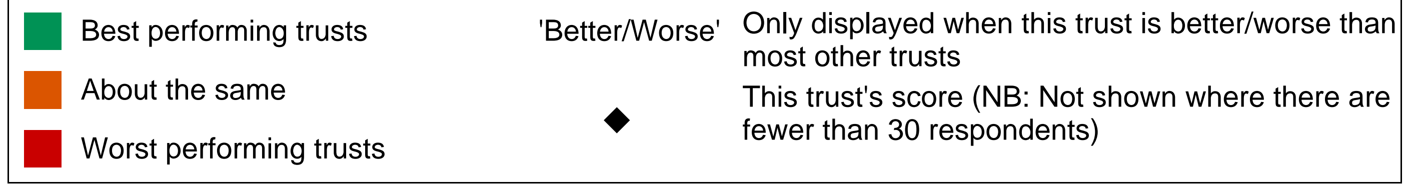
The results from previous A&E surveys can be found on the NHS surveys website at:
www.nhssurveys.org/surveys/296

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

More information on CQC's hospital intelligent monitoring system is available on the CQC website:
www.cqc.org.uk/public/hospital-intelligent-monitoring

Accident and Emergency Survey 2014
University Hospitals Bristol NHS Foundation Trust
Section scores



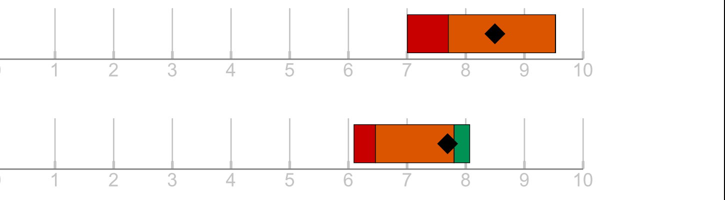


Accident and Emergency Survey 2014
University Hospitals Bristol NHS Foundation Trust

Arrival at A&E

Q4. How long did you wait with the ambulance crew before your care was handed over to the A&E staff?

Q5. Were you given enough privacy when discussing your condition with the receptionist?



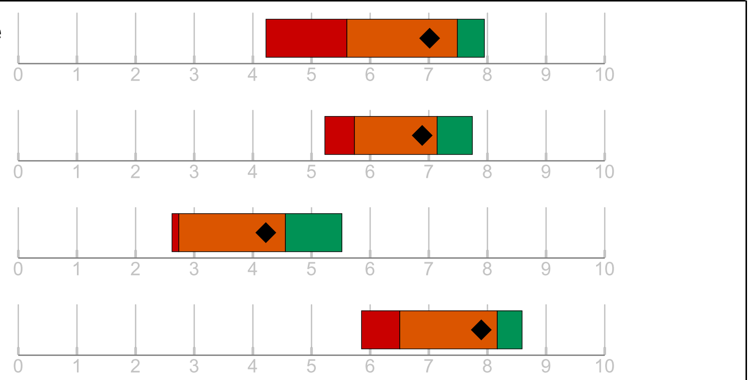
Waiting times

Q6. How long did you wait before you first spoke to a nurse or doctor?

Q7. How long did you wait before being examined by a doctor or nurse?

Q8. Were you told how long you would have to wait to be examined?

Q9. Overall, how long did your visit to the A&E Department last?



Doctors and nurses

Q10. Did you have enough time to discuss your health or medical problem with the doctor or nurse?

Q11. Did a doctor or nurse explain your condition and treatment in a way you could understand?

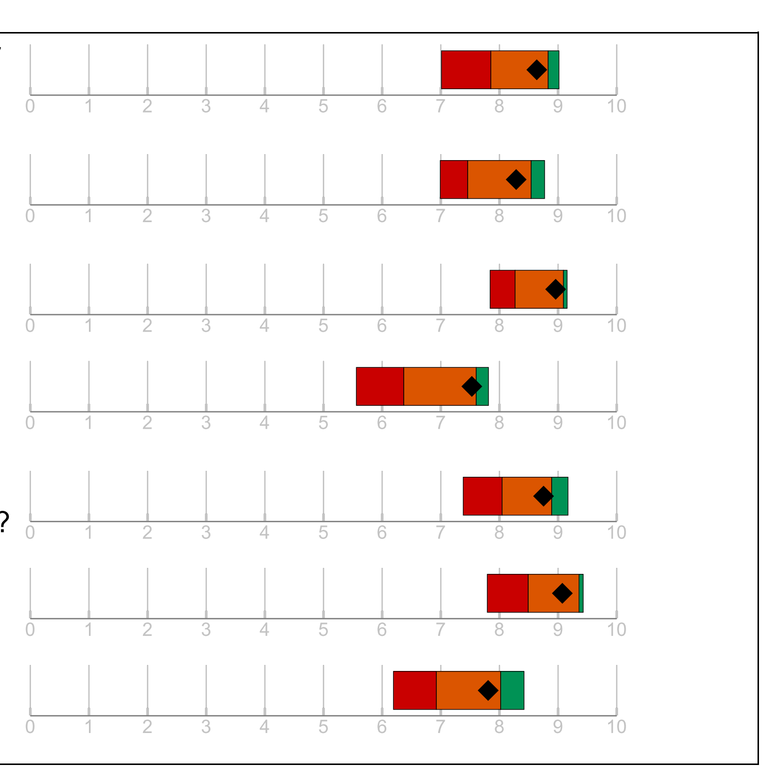
Q12. Did the doctors and nurses listen to what you had to say?

Q13. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

Q14. Did you have confidence and trust in the doctors and nurses examining and treating you?

Q15. Did doctors or nurses talk to each other about you as if you weren't there?

Q16. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?



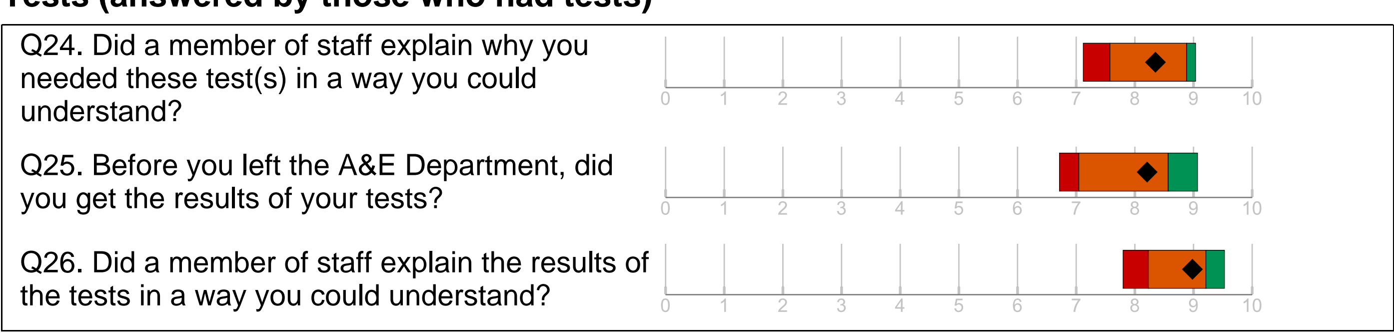
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

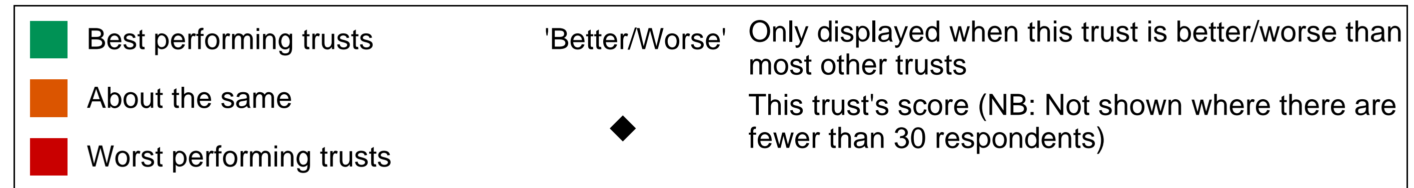
Accident and Emergency Survey 2014
University Hospitals Bristol NHS Foundation Trust

Care and treatment

Question	
Q17. While you were in the A&E Department, how much information about your condition or treatment was given to you?	
Q18. Were you given enough privacy when being examined or treated?	
Q19. If you needed attention, were you able to get a member of medical or nursing staff to help you?	
Q20. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?	
Q21. Were you involved as much as you wanted to be in decisions about your care and treatment?	Better
Q22. If you were feeling distressed while you were in the A&E Department, did a member of staff help to reassure you?	
Q29. How many minutes after you requested pain relief medication did it take before you got it?	
Q30. Do you think the hospital staff did everything they could to help control your pain?	Better

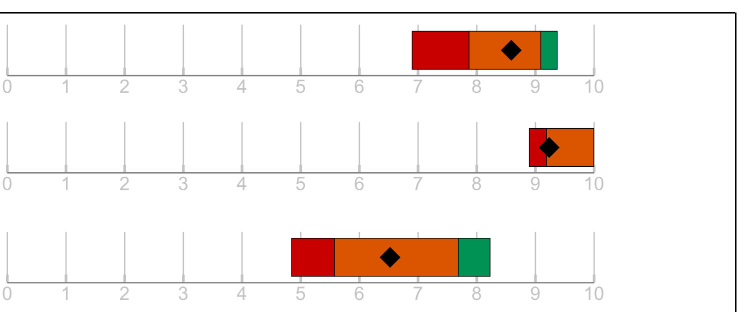
Tests (answered by those who had tests)





Accident and Emergency Survey 2014
University Hospitals Bristol NHS Foundation Trust

Hospital environment and facilities

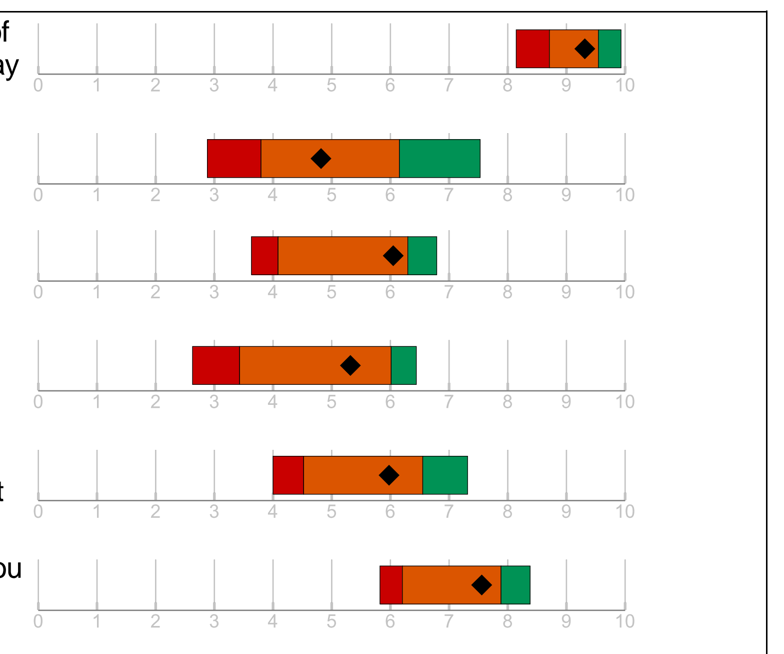


Q31. In your opinion, how clean was the A&E Department?

Q32. While you were in the A&E Department, did you feel threatened by other patients or visitors?

Q33. Were you able to get suitable food or drinks when you were in the A&E Department?

Leaving A&E



Q36. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

Q37. Did a member of staff tell you about medication side effects to watch for?

Q38. Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?

Q39. Did hospital staff take your family or home situation into account when you were leaving the A&E Department?

Q40. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department?

Experience overall

Q42. Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?

0 1 2 3 4 5 6 7 8 9 10

Q43. Overall...

I had a very poor experience

I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

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		

Accident and Emergency Survey 2014

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
Arrival at A&E							
S1	Section score	8.1	6.8	8.6			
Q4	How long did you wait with the ambulance crew before your care was handed over to the A&E staff?	8.5	7.0	9.5	93	8.4	
Q5	Were you given enough privacy when discussing your condition with the receptionist?	7.7	6.1	8.1	214	7.1	
Waiting times							
S2	Section score	6.5	4.9	7.0			
Q6	How long did you wait before you first spoke to a nurse or doctor?	7.0	4.2	7.9	254	6.5	
Q7	How long did you wait before being examined by a doctor or nurse?	6.9	5.2	7.7	261	6.3	↑
Q8	Were you told how long you would have to wait to be examined?	4.2	2.6	5.5	196	5.0	
Q9	Overall, how long did your visit to the A&E Department last?	7.9	5.9	8.6	258		
Doctors and nurses							
S3	Section score	8.4	7.2	8.7			
Q10	Did you have enough time to discuss your health or medical problem with the doctor or nurse?	8.6	7.0	9.0	268	8.8	
Q11	Did a doctor or nurse explain your condition and treatment in a way you could understand?	8.3	7.0	8.8	257	8.7	
Q12	Did the doctors and nurses listen to what you had to say?	9.0	7.8	9.2	269	9.2	
Q13	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	7.5	5.6	7.8	196	7.8	
Q14	Did you have confidence and trust in the doctors and nurses examining and treating you?	8.8	7.4	9.2	266	9.1	
Q15	Did doctors or nurses talk to each other about you as if you weren't there?	9.1	7.8	9.4	262		
Q16	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	7.8	6.2	8.4	132	7.6	

↑ or ↓	Indicates where 2014 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.

Accident and Emergency Survey 2014
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							
S4	Section score	8.1	6.8	8.5			
Q17	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.8	7.1	9.1	260	8.9	
Q18	Were you given enough privacy when being examined or treated?	9.1	7.9	9.6	262	8.8	
Q19	If you needed attention, were you able to get a member of medical or nursing staff to help you?	8.1	6.4	8.7	159	8.7	
Q20	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?	9.0	8.0	9.4	262	9.2	
Q21	Were you involved as much as you wanted to be in decisions about your care and treatment?	8.3	6.5	8.5	251	8.2	
Q22	If you were feeling distressed while you were in the A&E Department, did a member of staff help to reassure you?	7.0	4.8	7.7	100		
Q29	How many minutes after you requested pain relief medication did it take before you got it?	6.3	3.8	7.7	42		
Q30	Do you think the hospital staff did everything they could to help control your pain?	8.4	6.3	8.6	129		
Tests (answered by those who had tests)							
S5	Section score	8.5	7.4	8.9			
Q24	Did a member of staff explain why you needed these test(s) in a way you could understand?	8.4	7.1	9.0	156	8.9	
Q25	Before you left the A&E Department, did you get the results of your tests?	8.2	6.7	9.1	131	8.0	
Q26	Did a member of staff explain the results of the tests in a way you could understand?	9.0	7.8	9.5	108	8.9	
Hospital environment and facilities							
S6	Section score	8.1	7.3	9.0			
Q31	In your opinion, how clean was the A&E Department?	8.6	6.9	9.4	255	8.8	
Q32	While you were in the A&E Department, did you feel threatened by other patients or visitors?	9.2	8.9	9.9	266	9.7	↓
Q33	Were you able to get suitable food or drinks when you were in the A&E Department?	6.5	4.8	8.2	138	7.0	

↑ or ↓	Indicates where 2014 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.

Accident and Emergency Survey 2014
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 A&E							
S7	Section score	6.5	4.8	7.1			
Q36	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	9.3	8.1	9.9	79	9.4	
Q37	Did a member of staff tell you about medication side effects to watch for?	4.8	2.9	7.5	58	5.3	
Q38	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	6.0	3.6	6.8	114	6.5	
Q39	Did hospital staff take your family or home situation into account when you were leaving the A&E Department?	5.3	2.6	6.4	66	4.1	
Q40	Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	6.0	4.0	7.3	113	6.7	
Q41	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department?	7.6	5.8	8.4	181	7.7	
Experience overall							
S8	Section score	8.7	7.2	9.0			
Q42	Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?	9.2	7.8	9.5	263	9.2	
Q43	Overall...	8.2	6.6	8.5	252	8.3	

↑ or ↓	Indicates where 2014 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.

Accident and Emergency Survey 2014
University Hospitals Bristol NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	271	39320
Response Rate (percentage)	34	34

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	51	45
Female	49	55
Age group (percentage)	(%)	(%)
Aged 16-35	13	15
Aged 36-50	14	17
Aged 51-65	28	24
Aged 66 and older	45	45
Ethnic group (percentage)	(%)	(%)
White	89	89
Multiple ethnic group	1	1
Asian or Asian British	2	4
Black or Black British	3	2
Arab or other ethnic group	1	0
Not known	4	4
Religion (percentage)	(%)	(%)
No religion	26	18
Buddhist	1	0
Christian	65	73
Hindu	1	1
Jewish	0	1
Muslim	1	3
Sikh	1	1
Other religion	2	1
Prefer not to say	3	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	91	93
Gay/lesbian	2	1
Bisexual	1	1
Other	2	1
Prefer not to say	4	5

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 27 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

11. 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 surplus of £5.825m (before technical items) for the ten month period to 31st January 2015. This represents a favourable variance of £0.992m against plan to date. The Divisional position has deteriorated further by £0.733m in January to a cumulative overspending of £8.823m. This is offset, in line with practice reported in recent months, by the net underspending in January on the corporate share of service agreement income, reserves, capital charges and financing costs. The Trust remains on target to deliver the planned surplus of £5.8m for the year.

For 2014/15 the underspending on depreciation of £3.6m makes a significant contribution to the projected surplus for the year. Given that this element of the surplus is not 'cash-backed' it will affect the Trust's liquidity position for this and subsequent years.

The Trust's income for 'Operational Resilience' is £3.942m. For January a further £0.834m has been recognised as income to meet additional capacity costs incurred. It is expected that this funding will be fully utilised by 31 March 2015 and will not therefore contribute to the year-end financial position.

Recommendations

The Board is recommended to receive the report for **assurance.**

Report Sponsor

Paul Mapson, Director of Finance & Information

Appendices

- Appendix 1 – Summary Income and Expenditure Statement
- Appendix 2 – Divisional Income and Expenditure Statement
- Appendix 3 – Analysis of Pay Expenditure 2014/15
- Appendix 4 – Executive Summary
- Appendix 5 – Financial Risk Matrix
- Appendix 6 – Financial Risk Ratings
- Appendix 7 – Release of Reserves – January 2015

Previous Meetings - Date the paper was presented to the relevant Group or Committee:

Senior Leadership Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
			23 February		

REPORT OF THE FINANCE DIRECTOR

1. Overview

The summary income and expenditure statement shows a surplus of £5.825m (before technical items) for the first ten months of 2014/15. This represents a favourable variance of £0.992m against plan year to date.

The divisional overspend has increased by £0.733m in January, resulting in a year to date overspending of £8.823m. This month's report includes Operational Resilience income of £0.834m that has been recognised to meet additional costs incurred in January.

This is offset by the following in January:

	£'m
• Service Agreements – Corporate share	(0.095)
• Reserves	0.420
• Financing costs	0.748

Therefore, the overall favourable variance increases from £0.652m to £0.992m.

There has been an increase this month in the rate of underspending on financing costs. This relates to a recalculation of the forecast Public Dividend Capital dividend payment to be made for the year to the Department of Health. The improvement relates to the abatement the Trust obtains for daily bank balances throughout the year which have been higher than forecast.

For 2014/15 the underspending on depreciation of £3.6m makes a significant contribution to the projected surplus for the year. Given that this element of the surplus is not 'cash-backed' it will affect the Trust's liquidity position for this and subsequent years.

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 £8.823m. Detailed information and commentary for each Division is to be considered by the Finance Committee.

Divisional Variances	Variance to 31 December	January Variance	Variance to 31 January
	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000
Pay	(2,891)	(73)	(2,964)
Non Pay	2,519	(90)	2,429
Operating Income	493	(62)	431
Income from Activities	(3,663)	(282)	(3,945)
Sub Totals	(3,542)	(507)	(4,049)
Savings Programme	(4,548)	(226)	(4,774)
Totals	**(8,090)**	**(733)**	**(8,823)**

Pay budgets have an overspending of £72k in the month and a cumulative overspending of £2.964m. Substantive staff pay costs increased by £0.217m in January to £26.704m. Agency staff expenditure of £1.326m represented an increase of £0.348m when compared with December. For the Trust as a whole, bank, overtime, waiting list initiative and other payments decreased by £0.558m to £1.063m in January (cumulative expenditure £13.436m).

Non-pay budgets show an adverse variance of £90k in the month thereby reducing the cumulative favourable variance to £2.429m for the 10 months to 31st January. The underspending to date relates in the main to the proportion of contract transfer funding which has yet to be used – in effect offsetting the income from activities under performance.

Operating Income budgets show an adverse variance of £62k for the month, and a cumulative underspending of £0.431m.

Income from Activities shows an adverse variance of £0.282m in the month. This increases the cumulative under performance to £3.945m. The principal variances are the in-month under performance recorded for Specialised Services (£0.152m) and Women's and Children's Services (£0.538m) partially offset by activity being higher than planned for Diagnostic and Therapies (£70k), Medicine (£0.173m) and Surgery, Head and Neck (£0.192m).

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

	Variance to 31 December	January Variance	Variance to 31 January
	Fav / (Adv)	Fav / (Adv)	Fav / (Adv)
Diagnostic and Therapies	(262)	113	(149)
Medicine	(1,348)	(3)	(1,351)
Specialised Services	(746)	(173)	(919)
Surgery, Head and Neck	(4,183)	(483)	(4,666)
Women's and Children's	(2,088)	(321)	(2,409)
Estates and Facilities	111	15	126
Trust HQ	144	43	187
Trust Services	282	76	358
Totals	**(8,090)**	**(733)**	**(8,823)**

The results to 31 January are reflected in the Trust's Risk Assessment Framework - Continuity of Services Risk Rating of 4 (actual 4.0, December 4.0). Further information on the financial risk rating is given in section 5 below and appendix 6.

2. Savings Programme

The Trust's Savings Programme for 2014/15 is £20.771m. Savings of £12.535m have been realised for the ten months to 31 January (77% of Plan), a shortfall of £3.667m against divisional plans. The forecast outturn for savings this year is £16.575m – equivalent to 80% of the planning assumption of £20.771m. The Finance Committee will receive a more detailed report on the Savings Programme under item 5.4 on this month's agenda.

	Savings Programme to 31 January			1/12ths Phasing Adj Fav / (Adv)	Total Variance Fav / (Adv)
	Plan	Actual	Variance Fav / (Adv)		
	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	1,408	1,533	125	(57)	68
Medicine	2,250	1,645	(605)	(282)	(887)
Specialised Services	1,819	1,783	(36)	(382)	(418)
Surgery, Head and Neck	3,941	1,787	(2,154)	(163)	(2,317)
Women's and Children's	2,819	1,739	(1,080)	(165)	(1,245)
Estates and Facilities	856	912	56	(60)	(4)
Trust HQ	867	875	8	2	10
Other Services	2,242	2,261	19	-	19
Totals	**16,202**	**12,535**	**(3,667)**	**(1,107)**	**(4,774)**

3. Income

Contract income is £3.58m lower than plan for the 10 month period to 31 January. Activity based contract performance at £342.54m is £3.65m less than plan. Contract rewards / penalties at a net income of £3.91m is £0.31m less than plan. Income of £50.14m for 'Pass through' payments is £0.38m higher than Plan.

Clinical Income by Worktype	**Plan**	**Actual**	**Variance**
	£'m	£'m	£'m
Activity Based			
Accident & Emergency	11.47	11.20	(0.27)
Emergency Inpatients	60.61	61.76	1.15
Day Cases	30.92	29.30	(1.62)
Elective Inpatients	43.23	40.59	(2.64)
Non-Elective Inpatients	14.14	12.90	(1.24)
Excess Bed days	6.08	6.17	0.09
Outpatients	61.49	61.54	0.05
Bone Marrow Transplants	7.10	7.75	0.65
Critical Care Bed days	35.64	34.86	(0.78)
Other	75.51	76.47	0.96
Sub Totals	**346.19**	**342.54**	**(3.65)**
Contract Rewards / Penalties	4.22	3.91	(0.31)
Pass through payments	49.76	50.14	0.38
Totals	**400.17**	**396.59**	**(3.58)**

4. Expenditure

In total, Divisions have overspent by £0.733m in January. 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** has an adverse variance of £1.351m for the ten months to 31 January, an adverse variance in the month of £3k.

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

The Division has an overspending of £0.471m to date on pay budgets, an underspending in the month of £9k. There was a further underspending on medical staff budgets - £111k in the month and £0.851m to date. This has been offset by overspendings on other staff groups. Nursing staff budgets for example are overspent by £0.501m to date.

Non-pay budgets have an adverse variance of £0.260m in the month and a cumulative underspending of £12k. The principal in-month adverse variance was recorded against the drugs budget heading with an activity related overspending of £0.205m – this includes an accrual for 'healthcare at home' drugs of £100k. The Division is using funds received as part of the 2014/15 contracts transfer to mitigate the impact of SLA underperformance. The associated costs of the additional ward and other seasonal costs have been funded from the Operational Resilience (ORCP) programme moneys. Patient transport costs continue above planned levels.

The Division reports a cumulative favourable variance of £0.235m on its Operating Income budgets. Income from Activities shows an over achievement of £173k in the month and a cumulative adverse variance of £0.240m.

The Surgery, Head and Neck Division reports an adverse variance of £4.666m for the ten months to 31 January, an overspending of £0.483 in the month.

Pay budgets are overspent by £2.687m to date, an increase of £0.347m in January. The overall position represents the pay proportion of the Division's underlying deficit (£3.243m) offset by a net underspending on other pay headings (£0.556m).

Non pay budgets are underspent by £62k in the month. The cumulative underspending of £0.254m is mainly due to the release of $10/12^{th}$ of the non-recurring funding allocated at the start of the year, the further non recurring funding allocated and the release of reserves to offset contract underperformance.

Income from Activities shows a favourable variance in January of £192k thereby achieving a cumulative favourable position of £29k. Ophthalmology services continue to record higher than planned activity in the month (£0.161m). In total other clinical services income headings are higher than plan for the month, by £44k. The Division has received a lower than planned share of income (£13k) for activities provided by other Divisions in January. Operating Income budgets show a favourable variance of £16k in the month and a cumulative underspending of £110k.

The Division of Women's and Children's Services reports an adverse variance on its income and expenditure position of £2.409m for the ten months to 31 January, an increase of £0.321m in the month.

Pay budgets underspent by £120k in the month and now show a cumulative adverse position of £96k. Nursing and midwifery staff expenditure was £106k underspent mainly because of the vacancies in theatres and PICU, which in turn has resulted in lower than planed income levels.

Non-pay budgets show an underspending of £0.187m in the month and an underspending of £1.866m to date. This includes an underspending against the funding linked to the contract transfer, where the higher levels of activity have yet to be delivered, and non recurrent Trust support moneys.

Income from Activities shows an adverse variance of £2.932m to date, a deterioration of £0.538m in the month. The principal adverse variances are shown against maternity (£0.635m), paediatric cardiac (£0.905m), paediatric medicine (£0.373m). In addition there are other significant variances

such as CSP related services (£0.846m adverse), hearing implants (£0.390m favourable) and renal services (£0.196m favourable).

Income from Operations budgets show a favourable variance of £6k in January to give a cumulative overspending of £2k.

One Division is amber / red rated

The **Division of Specialised Service** reports an adverse variance on its income and expenditure position of £0.919m for the ten months to 31 January, an overspending of £0.173m in the month.

Pay budgets show an overspending of £109k for the month, cumulative overspending £1.172m. The underspending in January on nursing staff was £6k, cumulatively £0.653m adverse. Medical staff costs were higher than planned £34k in the month and cumulatively by £0.364m. Waiting List Initiatives have been paid for additional activity in cardiology and anaesthesia. Junior doctor agency spend in Haematology has increased in response to the need to cover gaps in the medical rota. The Division has incurred costs of £0.775m to date on agency staff required to cover vacancies and 1:1 nursing.

Non pay budgets have overspent by £4k in January thereby reducing the favourable variance to date to £0.617m. Adverse activity related variances were recorded in January against blood and blood products (£65k) and clinical supplies (£54k). The non pay budget heading is supported by favourable variances on the allocation of contract transfer funds (£0.291m) and Trust support funding (£1.065m).

Income from activities shows an adverse variance in month of £152k to give a cumulative adverse variance of £0.344m. Cardiac surgery was less than plan by £105k, cumulatively now £0.589m adverse. Cardiology services have over-performed against the service level agreement activity in January thereby decreasing the cumulative under performance by £12k to ££0.455m.

One Division is amber / green rated

The **Diagnostic and Therapies Division** (previously amber / red rated) reports an underspending for the month of £0.113m and a cumulative overspending of £0.149m. Pay budgets have overspent in the month by £10k thereby reducing the cumulative underspending to £154k. The overspending in January on non-pay headings of £71k reflects the continuing overspending on Pathology Managed Equipment Service (£47k) and new Radiology maintenance contracts (£20k).

Income from Activities shows a favourable variance of £70k in the month thereby reducing the cumulative adverse variance to £0.262m. Operating income was better than plan by £18k and now shows a year to date favourable variance of £0.373m.

Two divisions are green rated.

The Facilities and Estates Division reports a £15k surplus for the month thereby increasing its cumulative underspending to £126k.

Trust Headquarters Services report a £10k underspending in December and a cumulative underspending of £144k. The underspending on pay headings as a result of vacancies is the principal driver of the favourable movement in January and the cumulative position.

5. Continuity of Service Risk Rating

The Trust's overall financial risk rating, based on results for the 10 months ending 31 January is 4. The actual financial risk rating is 4.0 (December 4.0). 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	November	December	January	Annual Plan 2014/15
Liquidity					
Metric Performance	2.71	8.18	5.45	7.92	2.53
Rating	4	4	4	4	4
Capital Service Capacity					
Metric Performance	3.04	2.94	2.75	2.89	2.51
Rating	4	4	4	4	4
Overall Rating	**4**	**4**	**4**	**4**	**4**

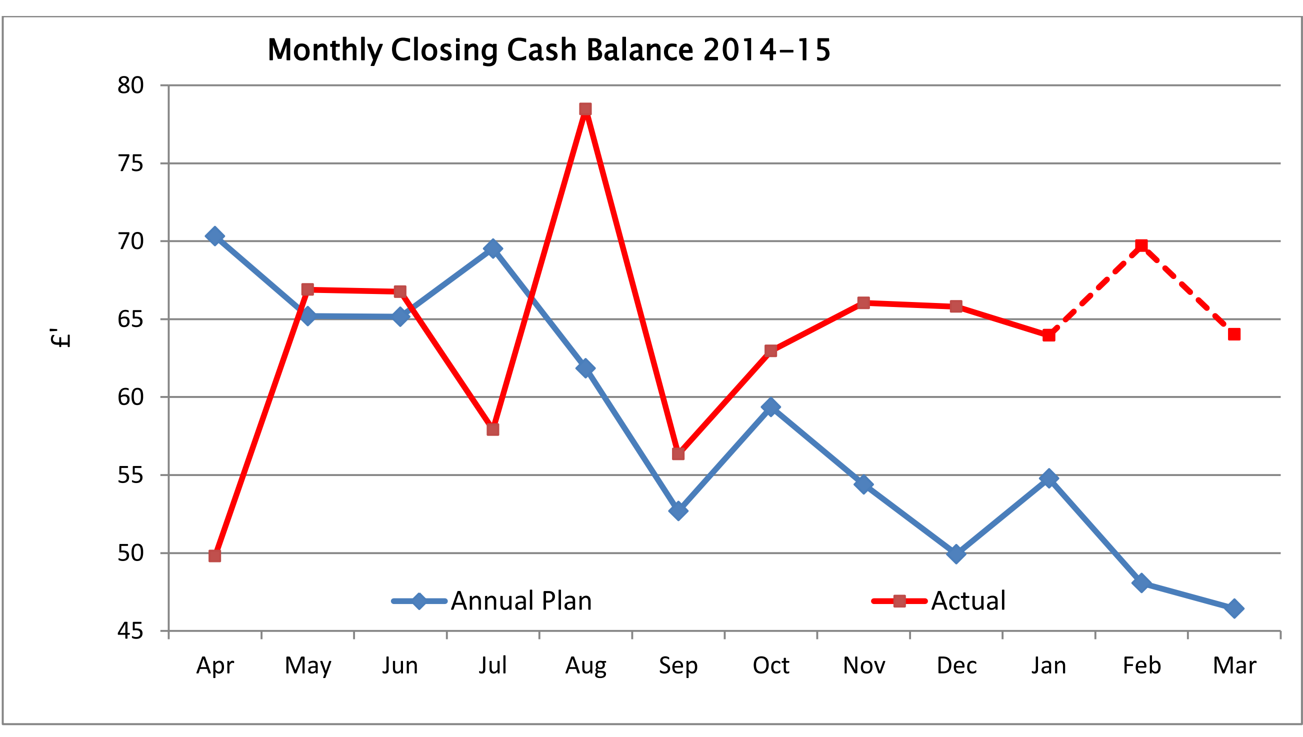
6. Capital Programme

A summary of income and expenditure for the ten months to 31 January is given in the table below. Expenditure for the period of £36.773m equates to 94% of the current capital expenditure plan. The year-end forecast shows slippage / underspending of £11.050m (19.5%).

	Annual Plan	Ten Months Ending 31 January			Forecast Outturn
		Plan	Actual	Variance Fav / (Adv)	
	£'000	£'000	£'000	£'000	£'000
Sources of Funding					
Public Dividend Capital	2,625	1,583	1,583	-	2,625
Donations	10,763	6,357	6,357	-	8,763
Retained Depreciation	19,181	15,747	15,519	(228)	18,298
Prudential Borrowing	20,000	20,000	20,000	-	20,000
Sale of Property	700	700	700	-	700
Recovery of VAT	954	-	-	-	-
Cash balances	2,473	(5,385)	(7,386)	(2,001)	(4,740)
Total Funding	**56,696**	**39,002**	**36,773**	**(2,229)**	**45,646**
Expenditure					
Strategic Schemes	(29,948)	(23,257)	(22,731)	526	(25,980)
Medical Equipment	(5,503)	(3,975)	(3,343)	632	(4,899)
Information Technology	(8,176)	(4,497)	(4,378)	119	(5,352)
Roll Over Schemes	(2,933)	(1,578)	(1,660)	(82)	(2,253)
Operational / Other	(10,136)	(5,695)	(4,661)	1,034	(7,162)
Total Expenditure	**(56,696)**	**(39,002)**	**(36,773)**	**2,229**	**(45,646)**

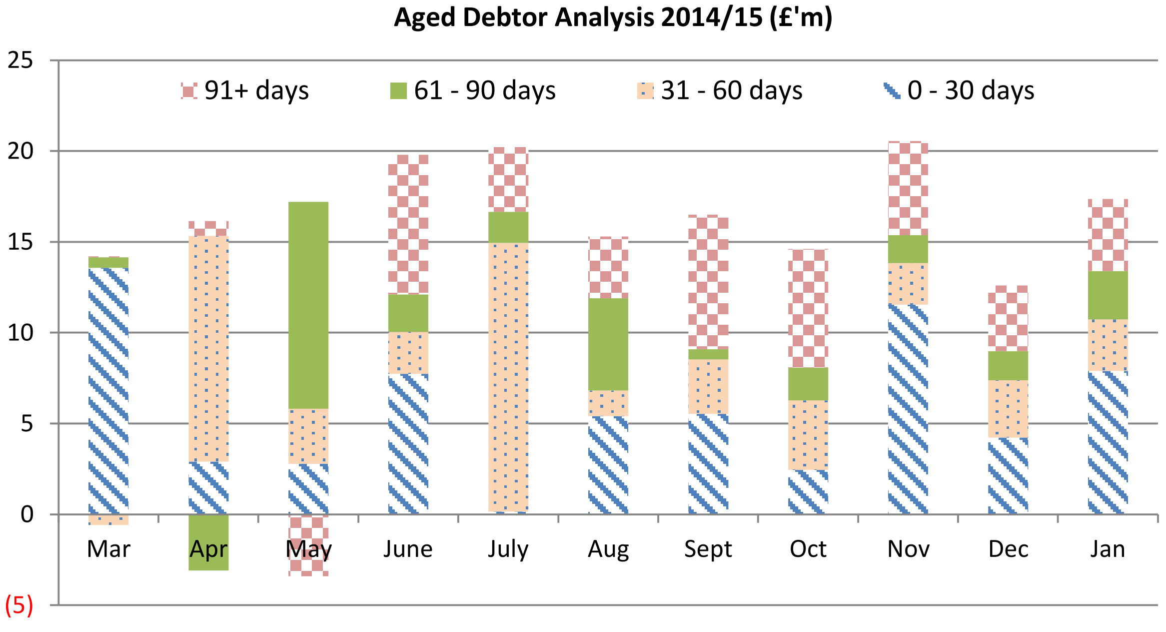
7. Statement of Financial Position (Balance Sheet) and Cashflow

Cash - The Trust held a cash balance of £64.028m as at 31 January.

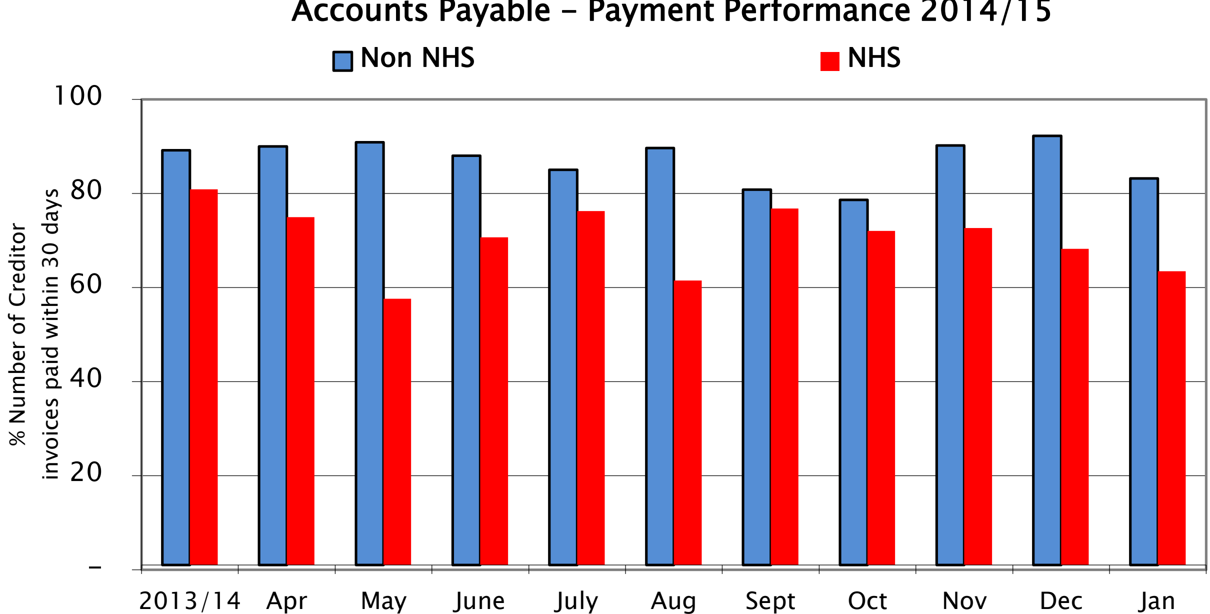


The higher forecast cash balance is due to some slippage on the Capital programme and a high level of provisions (mainly re employment issues).

Debtors - The total value of invoiced debtors has increased by £4.766m during January to a closing balance of £17.366m. The total amount owing is equivalent to 11.0 debtor days. The increase relates mainly to the quarter three SLA activity reconciliation.



Accounts Payable Payments - The Trust aims to pay at least 90% of undisputed invoices within 30 days. In January the Trust achieved 63% and 83% compliance against the Better Payment Practice Code for invoices paid for NHS and Non NHS creditors. The Trust continues to operate strict financial controls around supplier price increases.



Attachments

Appendix 1 – Summary Income and Expenditure Statement
Appendix 2a – Divisional Income and Expenditure Statement
Appendix 2b – Divisional I&E Projection Graphs
Appendix 3 – Monthly Analysis of Pay Expenditure
Appendix 4 – Executive Summary
Appendix 5 – Financial Risk Matrix
Appendix 6 – Continuity of Service Risk Rating
Appendix 7 – Release of Reserves January 2015

Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2015 – Summary Income & Expenditure Statement

Approved Budget / Plan 2014/15	Heading	Position as at 31st January Plan	Actual	Variance Fav / (Adv)	Actual to 31st December	Forecast Outturn
£'000		£'000	£'000	£'000	£'000	£'000
	Income (as per Table I and E 2)					
488,131	From Activities	405,729	403,831	(1,898)	362,934	486,853
91,355	Other Operating Income	75,981	76,173	192	68,630	91,221
579,486	**Sub totals income**	**481,710**	**480,004**	**(1,706)**	**431,564**	**578,074**
	Expenditure					
(332,636)	Staffing	(277,573)	(280,949)	(3,376)	(251,856)	(337,266)
(200,506)	Supplies and Services	(166,447)	(168,388)	(1,941)	(152,022)	(204,734)
(533,142)	**Sub totals expenditure**	**(444,020)**	**(449,337)**	**(5,317)**	**(403,878)**	**(542,000)**
(6,116)	Reserves	(4,208)	–	4,208	–	–
40,228	**EBITDA**	**33,483**	**30,668**	**(2,815)**	**27,686**	**36,074**
	Financing					
(23)	Profit/(Loss) on Sale of Asset	(23)	(23)	–	(23)	(23)
(21,937)	Depreciation & Amortisation – Owned	(18,266)	(15,246)	3,020	(13,692)	(18,298)
150	Interest Receivable	125	209	84	189	251
(338)	Interest Payable on Leases	(282)	(288)	(6)	(259)	(345)
(3,117)	Interest Payable on Loans	(2,571)	(2,642)	(71)	(2,360)	(3,142)
(9,160)	PDC Dividend	(7,633)	(6,853)	780	(6,539)	(8,718)
(34,425)	**Sub totals financing**	**(28,650)**	**(24,843)**	**3,807**	**(22,684)**	**5,800**
5,803	**NET SURPLUS / (DEFICIT) before Technical Items**	**4,833**	**5,825**	**992**	**5,002**	**5,799**
	Technical Items					
8,588	Donations & Grants (PPE/Intangible Assets)	8,399	8,399	–	6,357	8,588
(24,204)	Impairments	(2,923)	(2,923)	–	(2,923)	(24,204)
1,232	Reversal of Impairments	–	–	–	–	1,232
(1,219)	Depreciation & Amortisation – Donated	(1,029)	(982)	47	(876)	(1,187)
(9,800)	**SURPLUS / (DEFICIT) after Technical Items**	**9,280**	**10,319**	**1,039**	**7,560**	**(9,772)**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report January 2015 – Divisional Income & Expenditure Statement

Approved Budget / Plan 2014/15	Division	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 31st December
			Pay	Non Pay	Operating Income	Income from Activities	CRES		
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Service Agreements								
481,298	Service Agreements	400,169	–	–	(4)	4	–	–	–
(3,886)	Overheads	(1,215)	–	(900)	–	2,784	–	1,884	1,979
40,765	NHSE Income	33,734	–	–	–	–	–	–	–
518,177	**Sub Total Service Agreements**	**432,688**	**–**	**(900)**	**(4)**	**2,788**	**–**	**1,884**	**1,979**
	Clinical Divisions								
(48,710)	Diagnostic & Therapies	(40,492)	154	(482)	373	(262)	68	(149)	(262)
(68,098)	Medicine	(57,893)	(471)	12	235	(240)	(887)	(1,351)	(1,348)
(81,238)	Specialised Services	(68,361)	(1,172)	617	398	(344)	(418)	(919)	(746)
(97,157)	Surgery Head & Neck	(85,457)	(2,687)	254	55	29	(2,317)	(4,666)	(4,183)
(109,423)	Women's & Children's	(93,600)	(96)	1,866	(2)	(2,932)	(1,245)	(2,409)	(2,088)
(404,626)	**Sub Total – Clinical Divisions**	**(345,803)**	**(4,272)**	**2,267**	**1,059**	**(3,749)**	**(4,799)**	**(9,494)**	**(8,627)**
	Corporate Services								
(35,165)	Facilities And Estates	(29,579)	154	75	(80)	(19)	(4)	126	111
(24,153)	Trust Services	(19,827)	533	(536)	96	–	10	103	68
(7,889)	Other	(6,811)	621	539	(644)	(177)	19	358	282
(67,207)	**Sub Totals – Corporate Services**	**(56,217)**	**1,308**	**78**	**(628)**	**(196)**	**25**	**587**	**461**
(471,833)	**Sub Total (Clinical Divisions & Corporate Services)**	**(402,020)**	**(2,964)**	**2,345**	**431**	**(3,945)**	**(4,774)**	**(8,907)**	**(8,166)**
(6,116)	Reserves	–	–	4,208	–	–	–	4,208	3,788
(6,116)	**Sub Total Reserves**	**–**	**–**	**4,208**	**–**	**–**	**–**	**4,208**	**3,788**
40,227	**Trust Totals Unprofiled**	**30,668**	**(2,964)**	**5,653**	**427**	**(1,157)**	**(4,774)**	**(2,815)**	**(2,399)**
	Financing								
(23)	(Profit)/Loss on Sale of Asset	(23)	–	–	–	–	–	–	–
(21,937)	Depreciation & Amortisation – Owned	(15,246)	–	3,020	–	–	–	3,020	2,721
150	Interest Receivable	209	–	84	–	–	–	84	76
(338)	Interest Payable on Leases	(288)	–	(6)	–	–	–	(6)	(5)
(3,117)	Interest Payable on Loans	(2,642)	–	(71)	–	–	–	(71)	(64)
(9,160)	PDC Dividend	(6,853)	–	780	–	–	–	780	323
(34,425)	**Sub Total Financing**	**(24,843)**	**–**	**3,807**	**–**	**–**	**–**	**3,807**	**3,051**
5,803	**NET SURPLUS / (DEFICIT) before Technical Items**	**5,825**	**(2,964)**	**9,460**	**427**	**(1,157)**	**(4,774)**	**992**	**652**
	Technical Items								
8,588	Donations & Grants (PPE/Intangible Assets)	8,399	–	–	–	–	–	–	–
(24,204)	Impairments	(2,923)	–	–	–	–	–	–	–
1,232	Reversal of Impairments	–	–	–	–	–	–	–	–
(1,219)	Depreciation & Amortisation – Donated	(982)	–	47	–	–	–	47	24
–	Profiling Adjustment	–	–	–	–	–	–	–	–
(15,603)	**Sub Total Technical Items**	**4,494**	**–**	**47**	**–**	**–**	**–**	**47**	**24**
(9,800)	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**10,319**	**(2,964)**	**9,507**	**427**	**(1,157)**	**(4,774)**	**1,039**	**676**

Analysis of pay spend 2013/14 and 2014/15

Division		2013/14 Total £'000	2014/15 Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	2013/14 Mthly Average £'000	2013/14 Mthly Average %
Diagnostic & Therapies	Pay budget	39,526	10,162	3,411	3,362	3,293	10,066	3,356	3,317	3,364	10,037	3,362	3,362	33,628	3,363		3,294	
	Bank	306	64	25	39	27	91	27	26	33	86	14	14	255	26	0.8%	26	0.8%
	Agency	340	79	78	93	13	184	178	103	106	387	101	101	751	75	2.2%	28	0.9%
	Waiting List initiative	225	45	23	8	15	46	19	16	30	65	47	47	203	20	0.6%	19	0.6%
	Overtime	314	102	36	35	23	94	36	33	41	111	30	30	336	34	1.0%	26	0.8%
	Other pay	38,153	9,772	3,151	3,143	3,140	9,435	3,176	3,170	3,329	9,675	3,178	3,178	32,060	3,206	95.4%	3,179	97.0%
	Total Pay expenditure	39,339	10,062	3,312	3,319	3,218	9,850	3,436	3,348	3,540	10,324	3,370	3,370	33,606	3,361	100.0%	3,278	100.0%
	Variance Fav / (Adverse)	187	100	99	43	75	216	(79)	(31)	(177)	(287)	(8)	(8)	21	2		16	
Medicine	Pay budget	44,151	11,609	3,925	3,975	3,997	11,897	3,976	4,197	4,351	12,524	4,476	4,476	40,506	4,051		3,679	
	Bank	3,305	805	264	319	287	870	306	316	397	1,019	229	229	2,924	292	7.1%	275	6.9%
	Agency	2,354	451	167	193	270	630	322	378	359	1,058	455	455	2,594	259	6.3%	196	4.9%
	Waiting List initiative	151	26	12	17	10	39	11	13	10	34	14	14	113	11	0.3%	13	0.3%
	Overtime	197	36	6	12	2	19	5	3	8	16	3	3	74	7	0.2%	16	0.4%
	Other pay	41,743	10,755	3,543	3,519	3,388	10,449	3,458	3,503	3,677	10,638	3,716	3,716	35,559	3,556	86.2%	3,479	87.4%
	Total Pay expenditure	47,751	12,073	3,991	4,059	3,957	12,007	4,101	4,213	4,452	12,766	4,418	4,418	41,264	4,126	100.0%	3,979	100.0%
	Variance Fav / (Adverse)	(3,600)	(464)	(66)	(84)	40	(110)	(125)	(16)	(101)	(242)	58	58	(758)	(76)		(300)	
Specialised Services	Pay budget	36,718	9,577	3,177	3,215	3,261	9,653	3,223	3,233	3,271	9,727	3,250	3,250	32,207	3,221		3,060	
	Bank	1,184	309	108	104	123	335	110	113	134	357	58	58	1,059	106	3.2%	99	3.1%
	Agency	1,882	509	255	183	225	664	223	218	237	677	274	274	2,124	212	6.4%	157	5.0%
	Waiting List initiative	379	91	34	31	25	90	48	51	34	133	44	44	358	36	1.1%	32	1.0%
	Overtime	182	55	14	20	6	40	8	7	6	22	11	11	128	13	0.4%	15	0.5%
	Other pay	34,079	8,811	2,886	2,990	3,018	8,894	3,017	3,025	2,986	9,027	2,968	2,968	29,700	2,970	89.0%	2,840	90.4%
	Total Pay expenditure	37,705	9,775	3,296	3,329	3,397	10,022	3,406	3,413	3,396	10,216	3,355	3,355	33,368	3,337	100.0%	3,142	100.0%
	Variance Fav / (Adverse)	(988)	(199)	(119)	(114)	(136)	(369)	(182)	(181)	(125)	(488)	(106)	(106)	(1,162)	(116)		(82)	
Surgery Head and Neck	Pay budget	70,927	17,951	5,876	6,130	6,020	18,025	6,114	6,030	6,044	18,188	6,017	6,017	60,181	6,018		5,911	
	Bank	1,859	463	173	172	167	511	204	152	231	587	133	133	1,695	169	2.7%	155	2.5%
	Agency	808	226	120	102	105	327	79	91	106	275	110	110	939	94	1.5%	67	1.1%
	Waiting List initiative	1,394	366	133	162	161	456	146	136	164	446	113	113	1,381	138	2.2%	116	1.9%
	Overtime	485	184	37	65	12	114	14	12	13	40	10	10	348	35	0.6%	40	0.7%
	Other pay	69,195	17,465	5,660	5,863	5,876	17,400	5,965	5,780	5,894	17,639	5,959	5,959	58,463	5,846	93.1%	5,766	93.8%
	Total Pay expenditure	73,741	18,704	6,123	6,364	6,321	18,808	6,408	6,172	6,408	18,988	6,326	6,326	62,826	6,283	100.0%	6,145	100.0%
	Variance Fav / (Adverse)	(2,814)	(753)	(247)	(235)	(301)	(783)	(294)	(142)	(363)	(800)	(309)	(309)	(2,644)	(264)		(235)	

Analysis of pay spend 2013/14 and 2014/15

Division		2013/14 Total £'000	2014/15 Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	2013/14 Mthly Average £'000	2013/14 Mthly Average %
Women's and Children's	Pay budget	73,478	20,433	7,117	7,161	7,243	21,521	7,301	7,317	7,327	21,945	7,283	7,283	71,182	7,118		6,123	
	Bank	1,813	530	151	172	162	485	222	216	193	631	126	126	1,772	177	2.5%	151	2.5%
	Agency	1,398	384	159	70	168	397	145	163	104	411	175	175	1,367	137	1.9%	117	1.9%
	Waiting List initiative	365	88	28	30	29	87	13	27	36	76	21	21	272	27	0.4%	30	0.5%
	Overtime	226	34	23	37	20	80	2	5	4	10	5	5	129	13	0.2%	19	0.3%
	Other pay	70,112	19,503	6,730	6,831	6,866	20,427	7,044	6,910	7,006	20,960	6,825	6,825	67,715	6,772	95.0%	5,843	94.9%
	Total Pay expenditure	73,913	20,539	7,092	7,140	7,244	21,476	7,425	7,322	7,341	22,088	7,152	7,152	71,255	7,125	100.0%	6,159	100.0%
	Variance Fav / (Adverse)	(435)	(106)	25	22	(1)	45	(125)	(4)	(15)	(144)	131	131	(73)	(7)		(36)	
Facilities & Estates	Pay budget	18,435	4,638	1,616	1,679	1,621	4,916	1,619	1,614	1,699	4,931	1,604	1,604	16,089	1,609		1,536	
	Bank	555	228	82	133	102	316	96	72	103	271	84	84	899	90	5.6%	46	3.0%
	Agency	346	80	29	46	40	115	33	68	32	133	21	21	350	35	2.2%	29	1.9%
	Waiting List initiative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	895	245	76	103	76	255	98	90	85	273	59	59	831	83	5.2%	75	4.9%
	Other pay	16,397	4,109	1,361	1,416	1,351	4,129	1,441	1,376	1,456	4,274	1,422	1,422	13,934	1,393	87.0%	1,366	90.1%
	Total Pay expenditure	18,193	4,662	1,548	1,698	1,569	4,815	1,669	1,607	1,676	4,951	1,586	1,586	16,013	1,601	100.0%	1,516	100.0%
	Variance Fav / (Adverse)	242	(24)	68	(19)	53	101	(49)	7	23	(20)	18	18	76	8		20	
Trust Services (Including R&I and Support Services)	Pay budget	29,492	6,507	2,345	2,230	2,310	6,885	2,417	2,462	2,361	7,240	3,149	3,149	23,780	2,378		2,458	
	Bank	680	165	50	48	56	154	64	38	87	189	55	55	562	56	2.5%	57	2.4%
	Agency	375	135	64	34	40	139	72	47	35	154	189	189	617	62	2.7%	31	1.3%
	Waiting List initiative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	114	31	8	11	7	27	10	10	12	33	6	6	97	10	0.4%	9	0.4%
	Other pay	27,425	6,011	2,087	2,118	2,178	6,382	2,028	2,144	2,139	6,311	2,637	2,637	21,339	2,134	94.4%	2,285	95.9%
	Total Pay expenditure	28,595	6,342	2,209	2,212	2,282	6,703	2,174	2,239	2,273	6,686	2,887	2,887	22,616	2,262	100.0%	2,383	100.0%
	Variance Fav / (Adverse)	897	165	136	17	28	183	242	223	88	554	262	262	1,164	116		75	
Trust Total	Pay budget	312,726	80,876	27,467	27,752	27,745	82,964	28,006	28,169	28,417	84,593	29,140	29,140	277,572	27,757		26,060	
	Bank	9,702	2,564	852	988	923	2,762	1,029	933	1,178	3,140	700	700	9,166	917	3.3%	809	3.0%
	Agency	7,506	1,865	872	722	862	2,455	1,051	1,067	978	3,096	1,326	1,326	8,742	874	3.1%	625	2.4%
	Waiting List initiative	2,514	616	230	248	240	718	237	243	274	754	239	239	2,327	233	0.8%	210	0.8%
	Overtime	2,413	686	199	284	147	630	173	162	169	504	124	124	1,943	194	0.7%	201	0.8%
	Other pay	297,103	76,426	25,418	25,880	25,816	77,115	26,129	25,909	26,487	78,525	26,704	26,705	258,769	25,877	92.1%	24,759	93.1%
	Total Pay expenditure	319,238	82,157	27,571	28,121	27,987	83,681	28,619	28,313	29,086	86,019	29,093	29,093	280,950	28,095	100.0%	26,603	100.0%
	Variance Fav / (Adverse)	(6,514)	(1,281)	(104)	(369)	(243)	(717)	(613)	(144)	(669)	(1,426)	47	47	(3,377)	(338)		(543)	

NOTE: Other Pay includes all employer's oncosts.

Appendix 4

<table>
<tr><th>Key Issue</th><th>RAG</th><th>Executive Summary</th><th>Table</th></tr>
<tr><td>Financial Risk Rating</td><td>G</td><td>The Trust's overall Continuity of Services financial risk rating for the ten months ending 31 January is 4 (actual score 4.0, December 4.0).</td><td>Agenda Item 5.1 App 6</td></tr>
<tr><td>Service Level Agreement Income and Activity</td><td>A</td><td>
Contract income is £3.58m lower than plan for the 10 month period to 31 January. Activity based contract performance at £342.54m is £3.65m less than plan. Contract rewards / penalties at a net income of £3.91m is £0.31m less than plan. Income of £50.14m for ‘Pass through’ payments is £0.38m higher than Plan.
<table>
<tr><th rowspan="2">Clinical Service</th><th rowspan="2">Activity to 31 January</th><th colspan="2">Higher than Plan</th><th colspan="2">Lower than Plan</th></tr>
<tr><th>Number</th><th>%</th><th>Number</th><th>%</th></tr>
<tr><td>A&E Attendances</td><td>99,876</td><td></td><td></td><td>1,853</td><td>1.8</td></tr>
<tr><td>Emergency</td><td>32,233</td><td>714</td><td>2.3</td><td></td><td></td></tr>
<tr><td>Non Elective</td><td>2,066</td><td></td><td></td><td>246</td><td>10.6</td></tr>
<tr><td>Elective</td><td>11,445</td><td></td><td></td><td>1,098</td><td>8.8</td></tr>
<tr><td>Day Cases</td><td>45,153</td><td>316</td><td>0.7</td><td></td><td></td></tr>
<tr><td>Outpatient Procedures</td><td>46,450</td><td></td><td></td><td>27</td><td>0.1</td></tr>
<tr><td>New Outpatients</td><td>128,669</td><td></td><td></td><td>9,667</td><td>7.0</td></tr>
<tr><td>Follow up Outpatients</td><td>260,566</td><td></td><td></td><td>19,105</td><td>6.8</td></tr>
</table>
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.
</td><td>Agenda Item 5.2 INC 1</td></tr>
<tr><td>Savings Programme</td><td>R</td><td>The 2014/15 Savings Programme totals £20.771m. The forecast outturn has been reduced to £16.575m – equivalent to 80% of the Plan for the year. Actual savings achieved for the ten months to 31 January total £12.535m (77% of Plan before the 1/12ths phasing adjustment), a shortfall of £3.667m against divisional plans.</td><td>Agenda Item 5.4</td></tr>
</table>

Key Issue	RAG	Executive Summary	Table
Income and Expenditure	G	The surplus before technical items for the first ten months of 2014/15 is £5.825m. This represents an over performance of £0.992m when compared with the planned surplus to date of £4.833m. Total income of £480.004m is £1.706m lower than Plan. Expenditure at £449.337m is higher than Plan by £1.109m. Financing costs are £3.807m lower than Plan.	Agenda Item 5.3
Diagnostic & Therapies	A G	The Division reports an underspending of £0.113m for January thereby reducing the cumulative adverse variance to £0.149m. The improvement is reported on income headings and a rebate on hearing aids.	
Medicine	R	Cumulative overspending is £1.351m, a deterioration of £3k in the month. The principal areas of overspending are on nursing staff (£0.501m), under performance on SLA activity (£0.240m) and savings (£0.887m) .	
Specialised Services	AR	An overspending of £0.173m increases the cumulative overspending to £0.919m. The position reflects overspendings on pay budgets (nursing and medical staff) non-achieved savings (£0.418m) and SLA underperformance (£0.344m).	
Surgery, Head & Neck	R	Overspending to date of £4.666m includes an overspending of £0.483m in January. Causal factors are historical non achievement of savings programme and an underachievement of planned activity to date. The Division delivered higher than planned activity (by £192k) in the month.	
Women's & Children's	R	Overspending to date totals £2.409m, an increase of £0.321m in January. Principal factors are underperformance on income from activities (£2.932m) and non achievement of savings programme (£1.245m).	
Facitities & Estates	G	The cumulative underspending is £126k, an improvement of £15k in the month.	
THQ	G	The underspending of £43k in January increases the cumulative underspending to £187k. Vacancies are the principal reason for the in-month and cumulative underspending.	
Capital	AR	The Monitor capital expenditure performance target is to deliver the programme within 85% -115% of the Annual Plan. Expenditure for the first ten months totals £36.77m – this equates to 94% of the current plan for the period. The forecast outturn is for total expenditure of £45.646m i.e. 80% of the Annual Plan submission to Monitor.	Agenda Item 6
Statement of Financial Position and Treasury Management	G	The cash balance on 31 January was £64.0m. The balance on Invoiced Debtors has increased by £4.766m in the month to £17.366m. The invoiced debtor balance equates to11.0 debtor days. Creditors and accrual account balances total £81.9m. Invoiced Creditors - payment performance for the month for Non NHS invoices and NHS invoices within 30 days was 83% and 63% respectively. Payment performance to date by invoice value is 86% for Non NHS and 86% for NHS invoices .	Agenda Item 7

Appendix 5

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report January 2015 - Risk Matrix

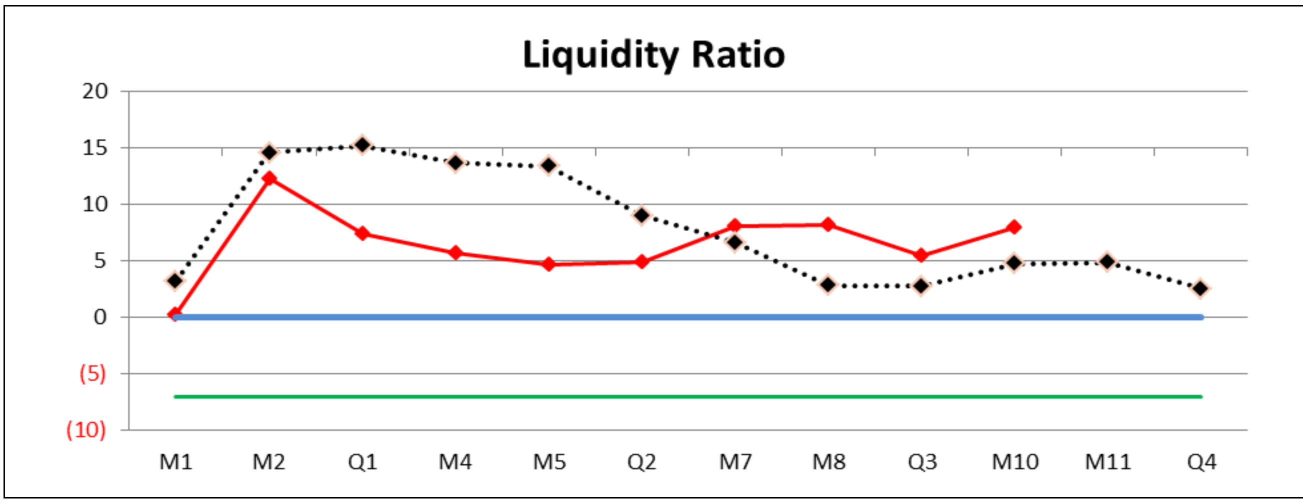
Risk Register Ref.	Description of Risk	Risk if no action taken		Action to be taken to mitigate risk	Lead	Residual Risk	
		Risk Score	Value			Risk Score	Value
			£'m				£'m
741	Savings Programme	High	10.0	Programme Steering Group established. Monthly Divisional reviews to ensure targets are met. Benefits tracked and all schemes risk assessed.	JR	High	6.0
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	-
2116	Non delivery of contracted activity	High	10.0		JR	High	8.0
1240	SLA Performance Fines	High	3.0	Regular review of performance. RTT fines increasing during the year.	DL	High	3.0
	Commissioner Income challenges	Medium	3.0	Maintain reviews of data, minmise risk of bad debts	PM	Medium	2.0
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	-

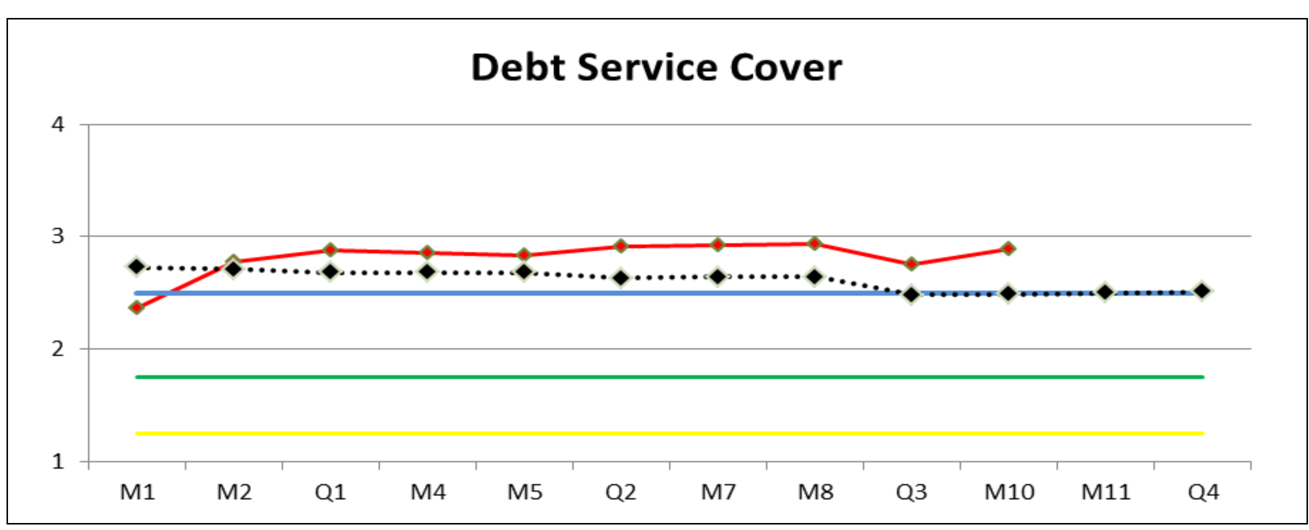
Appendix 6

Continuity of Service Risk Rating – January 2015 Performance

The following graphs show performance against the 2 Financial Risk Rating metrics. 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	Plan March 2015	September	November	December	January
Liquidity						
Metric Performance	2.71	2.53	4.90	8.18	5.45	7.92
Rating	4	4	4	4	4	4
Debt Service Cover						
Metric Performance	3.04	2.51	2.91	2.94	2.75	2.89
Rating	4	4	4	4	4	4
Overall Rating	**4**	**4**	**4**	**4**	**4**	**4**





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

Significant Reserve Movements

	Contingency Reserve	Inflation Reserve	Operating Plan	Savings Programme	Other Reserves	Non Recurring	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Provision as per Resources Book	2,000	4,468	59,894	(108)	12,885	3,750	82,889
Fund technical items			(8,588)				(8,588)
Adjustments to V7		(98)	5,339				5,241
Revised provision	2,000	4,370	56,645	(108)	12,885	3,750	79,542
April Movements	(199)	161	(29,944)	595	(7,954)	(1,052)	(38,393)
May Movements	(36)	(962)	(19,133)	-	(533)	(8)	(20,672)
June Movements	(65)	117	(2,146)	-	386	(1,028)	(2,736)
July Movements	(117)	(34)	(97)	-	(339)	(24)	(611)
August Movements	(12)	(321)	(242)	-	(431)	(25)	(1,031)
September Movements	(68)	(131)	(1,384)	-	(574)	(14)	(2,171)
October Movements	(225)	(105)	(144)	-	378	(453)	(549)
November Movements	(35)	(90)	3,313	-	(434)	(69)	2,685
December Movements	(35)	(94)	(307)	(824)	32	(162)	(1,390)
Month 9 balances	1,208	2,911	6,561	(337)	3,416	915	14,674
Month 10 Movements							
Incremental drift funding		(80)					(80)
EWTD					(115)		(115)
MARS						(117)	(117)
Resilience Funding			(1,032)				(1,032)
Other	(40)	(17)			(254)	(6)	(317)
Month 10 balances	1,168	2,814	5,529	(337)	3,047	792	13,013

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
April Movements	1,342	5,986	9,901	9,368	7,467	752	6,158	(2,581)	38,393
May Movements	1,622	154	205	1,326	12,583	989	345	3,448	20,672
June Movements	(72)	113	282	124	151	51	90	1,997	2,736
July Movements	22	5	95	287	7	33	124	38	611
August Movements	260	86	80	140	229	74	70	92	1,031
September Movements	181	198	222	598	353	483	85	51	2,171
October Movements	37	218	55	112	532	19	196	(620)	549
November Movements	94	319	50	58	197	233	128	(3,764)	(2,685)
December Movements	114	496	68	120	232	27	143	190	1,390
Month 9 balances	3,600	7,575	10,958	12,133	21,751	2,661	7,339	(1,149)	64,868
Month 10 Movements									
Incremental drift funding	13	9	8	14	26	2	8		80
EWTD	7	24	15	21	43	1	4		115
MARS								117	117
Resilience Funding	21	551	40	52	114	16	3	235	1,032
Other				19		272	21	5	317
Month 10 balances	3,641	8,159	11,021	12,239	21,934	2,952	7,375	(792)	66,529

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 25 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

13. Emergency Preparedness Annual Report

Purpose

This paper provides the annual report detailing the Emergency Preparedness, Resilience and Response (EPRR) activities undertaken by the trust during 2013/14 and describes the work plan for 2014/15 that will be used to ensure the Trust is compliant with EPRR core standards.

Abstract

The Annual Report sets out the key activities undertaken for Emergency Preparedness, Resilience and Response (EPRR) activities during 2013/14.

The Trust met its obligations as set out in the Civil Contingencies Act 2004 and associated Emergency planning Guidance.

The Trust has received assurance by means of internal and external audit that it is compliant with Emergency Planning Resilience and Response Core Standards and Business Continuity Planning Standards and that it has developed a comprehensive program of work to ensure continued compliance.

The previous report was presented in June 2014 and it was agreed that in the future, the annual report for Emergency Preparedness, Resilience and Response (EPRR) will move from financial year to calendar year. Therefore, the Annual Report for 2014 will be presented to the Trust Board in February 2015 as part of the standard board cycle.

Recommendations

Trust Board is recommended to receive this annual report.

Report Sponsor

- James Rimmer, Chief Operating Officer

Authors

- Cass Sandmann

Appendices

- None

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
					Civil Contingencies Committee February 2015

Emergency Preparedness

Annual Report 2013/2014

Prepared by: **Cass Sandmann,** Resilience Manager

Presented by: **James Rimmer,** Chief Operating Officer

Executive Summary

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

As a Category 1 Responder (see *paragraph 1.2*) University Hospitals Bristol NHS Foundation Trust is required to prepare for emergencies in line with its responsibilities under the Civil Contingencies Act 2004 and NHS Commissioning Board Emergency Planning Framework (2013).

This report outlines the position of the Trust in relation to emergency preparedness and how the trust will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments and identified capabilities.

Glossary of Key Terms

Acronym	Definition
A&S	Avon & Somerset
BCM	Business Continuity Management
BCP	Business Continuity Plan
BCPG	Business Continuity Planning Group
BS-25999	British Standard: Business Continuity Management
CBRNe	Chemical, Biological, Radiological, Nuclear, explosion
CCA	Civil Contingencies Act 2004
CCC	Civil Contingencies Committee
CCG	Clinical Commissioning Group
CRR	Community Risk Register
DH	Department of Health
DMS	Document Management Service
EPLOF	Emergency Planning Liaison Officer's Forum
EPRR	Emergency Planning Resilience and Response
FOI	Freedom of Information Act 2000
ISO 22301	International Standardization Organisation Business Continuity Management
LA	Local Authority
LRF	Local Resilience Forum
MIPG	Major Incident Planning Group
NHS	National Health Service
RASG	Risk Assessment Sub-Group
RM	Resilience Manager
SOP	Standard Operating Procedure
SWAST	South Western Ambulance Service NHS Trust
TOR	Terms of Reference

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1 Introduction

1.1 Purpose

This report outlines the Trust's activities during 2013/2014 that relate to the requirements of the Civil Contingencies Act 2004, its associated regulations, statutory and non-statutory guidance.

The report is presented to the University Hospitals Bristol NHS Foundation Trust Board in line with the requirements of the NHS Emergency Planning Guidance 2013 which states that:

> "*The Chief Executive will ensure that the Quality and Outcomes Committee receives regular reports, at least annually, regarding emergency preparedness, including reports on exercises; training and testing undertaken by the organisation and that adequate resource is made available to allow the discharge of these responsibilities.*"

(NHS Emergency Planning Guidance 2013)

1.2 Background

The Health and Social Care Act (and the changes it makes to other legislation) makes significant changes to the health system in England from April 2013. Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013 published in April 2012, set out the intended arrangements for delivering safe and consistent Emergency Preparedness, Resilience and Response (EPRR) in the health sector in England from April 2013.

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

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

Foundation Status Trusts are therefore required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place Business Continuity Management Strategies and arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency; and
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

1.3 Context

2013/14 has been a demanding year for emergency planning with continual changing requirements from both Governmental, national and other healthcare community sources.

Given the gravity of ensuring that the trust is well positioned to meet all the requirements of the Civil Contingencies Act 2004, and to continuously revise and test out plans and provide relevant training in a large inner city NHS trust, the position of Resilience Manager has been maintained.

The emphasis of Emergency Preparedness in 2013/2014 has been guided by the following themes:

- The Trust has experienced several critical incidents and business continuity challenges that have tested plans, highlighted the need for additional plans and informed local plan review and revision.

- Following a number of internal and external audits, a number of emergency planning gaps have been identified and plans developed to resolve gaps in planning.

- Further challenges were experienced with new arrangements for Health Emergency Preparedness, Resilience and Response (EPRR***)*** from April 2013 (published April 2012) which set out the arrangements for delivering safe and consistent EPRR following the changes in organisations from April 2013.

The Trust has continued to train, test and exercise plans to the fullest with new training strategies being developed to facilitate learning.

The Trust now has in place comprehensive plans for many different scenarios however it is envisaged that all its plans will require periodic review, training, testing and exercising if the trust is to be able to respond to periods of potential disruption due to perhaps unforeseen causes.

2 Risk Assessment

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

2.1 Community Risk Register

University Hospitals Bristol NHS Foundation Trust contributes to the development and maintenance of the Community Risk Register (CRR) through the Resilience Manager who attends the Avon & Somerset Local Resilience Forum (LRF) Risk Assessment Sub-Group (RASG).

Evidence: Avon and Somerset Community Risk register

2.2 Local Authority Risk Register

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

2.3 Trust Risk Register

The Trust also maintains a register of risks which may impact on service provision and this is regularly updated and then reviewed by the Governance and Risk Management Committee and Trust Board.

The Trust Maintains an Emergency Planning Risk Register that correlates to the risks identified on the CCR.

The Emergency Planning Risk Register is overseen by the Civil Contingencies Committee.

Risk number	Category	Description	Risk Rating
2368	Adverse weather	Avon Tidal Surge	4
2383	Adverse weather	Ice and snow	6
2478	Adverse weather	Heat-wave	9
2480	Communicable disease	Pandemic Influenza	12
2481	Massed gatherings	St Pauls festival, Ashton Park Music Festival	2
2675	Environmental	UPS provision	9
2676	Environmental	CBRN Incident	4

Evidence: Corporate Risk Register, Emergency Planning Risk register

3 Emergency Planning

This section details the activities undertaken to develop and maintain arrangements for responding to an emergency.

3.1 Generic Emergency Plan

The Trusts Major Incident Plan was last reviewed in February 2012 and coincided with the relocation of the Trust Command and Control Room to Trust Head Quarters. The plan was due to be reviewed in February 2014 however the Senior Leadership Team (SLT) approved an extension to the review date of twelve months to allow for the required changes instigated by centralisation of paediatric services and move to the new BRI ward block to be incorporated.

The current plan remains compliant with good practice, and will continue to be reviewed by the trust Major Incident Planning Group (MIPG) who report to the Civil Contingencies Committee (CCC), chaired by the Chief Operating Officer. This is in line with Emergency Planning Guidance (2005, 2013) and Health Emergency Preparedness, Resilience and Response from April 2013.

The current plan has been reviewed, rewritten and will be exercised in April 2015.

Evidence: Emergency Planning Pages, Emergency Planning Work Plan

3.2 Communicable Disease Planning

The emphasis has currently moved away from specific pandemic influenza planning and supports a more generic plan for all communicable diseases.

The Trust Resilience Manager is a member of the Avon, Gloucestershire and Wiltshire Local Health Resilience Partnership Communicable Disease Task and Finish Group. The Trust will develop its pandemic influenza plan utilising the recommendations from the communicable disease plan when completed

The Trust has completed extensive preparation and planning for the presentation of a patient exhibiting symptoms of a viral haemorrhagic fever illness.

3.3 Specific Emergency Plans

The following new emergency plans and policy documents have been developed during 2013/2014 and have been presented to the Service Delivery Group (SDG), via the Trust Civil Contingencies Committee for ratification:

Title	Date	Accepting Group
Severe Weather Plan 2014	20/11/13	BCPG
Business Continuity Management Strategy		SDG
Paediatric Significant Incident Burns Operating procedure	06/05/14	CCC
Paediatric Significant Incident major Trauma Operating Procedure	06/05/14	SDG
Heat wave Plan 2014	06/05/14	CCC
Helideck Operating Procedure	09/04/14	BRI Project Board
Viral Haemorrhagic Plan	Communicable	SDG

	Disease Planning Group	

The following emergency plans and policy documents are being developed during 2014/2015 and will be presented to the relevant group via the Trust Civil Contingencies Committee (CCC) for ratification:

Title	Monitoring group	Accepting Group
Hospital Evacuation Plan	Major Incident planning group	SLT
Trust Massed Casualty Plan	Major Incident planning group	SLT
Communicable Disease Plan	Communicable Disease Planning Group	SDG

The Trust has adopted the concept of Standard Operating Procedure (SOP) for providing a framework that enables staff to effectively manage unforeseen incidents.

Latest SOP's include but are not limited to;

Title	Date	Additional Dates	Accepting Group
Site Wide Generator Testing	First used 17/01/13	Multiple enactments	SDG
Medway and IM&T Updates	First used 18/04/12	24/04/13	SDG
Industrial Action	First used November 2013	Multiple enactments	SDG
Ambulance 30 minute Turnaround Standard	First released 01/05/13	Multiple enactments	SDG

4 Business Continuity Planning

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

In previous years the NHS recognised that the British Standard BS-25999 provided definitive guidance on business continuity management and the Trust purchased BS-25999 self- assessment tools and licences that enabled the trust to align itself with the standard during 2011/2012. The licence was extended to 2012. This standard has now been superseded by ISO 22301and whilst there are no significant differences between the two standards, the Trust will align itself to the latest standard.
The Trust's Business Continuity Group has completed the transition to alignment with the ISO 22301 standard. The Trust revised Business Continuity Management Strategy and generic business continuity plan template has been updated to reflect alignment with ISO 22301.

The Trust is currently fully compliant with Core Quality Commission standards with respect to Business Continuity Planning however it recognises that this important aspect of Resilience Planning will be an on-going process.

4.1 Business Continuity Policy

A Trust Business Continuity Planning Group (BCPG) has been established under the direction of the Chief Operating Officer and acts as the coordinating body of all business continuity policies, procedures and management of processes. This group reports to the Civil Contingencies Committee.

4.2 Business Continuity Strategy

The Business Continuity Planning Group has devised a Business Continuity Management Strategy for 2014/2015 and is in the process of reviewing the effectiveness of overarching and individual area Business Continuity Plans.

The strategy has been developed to take into account issues identified through both internal and external audit.

A revised over-arching Business Continuity Policy document has been ratified by the Business Continuity Planning Group and has been presented and

accepted, via the Civil Contingencies Committee to the Service Delivery Group. The policy was reviewed in 2013.

4.3 Business Continuity Plans

A list of business continuity plans are held by the Resilience Manager and are available to view on the Trust Document management service (DMS).
Hard copies of the plans are held by the Resilience Manager.

Evidence: Emergency Planning Pages

5 Information Sharing

This section details how the Trust has responded to formal or informal requests for information under the provisions of the Civil Contingencies Act 2004.

5.1 Formal Requests for Information

With regard to Emergency Preparedness the Trust, one formal request for information was received from June 2014 to January 2015

5.2 Informal Requests for Information

The Trust deals with routine informal requests for information as part of the normal activities of the Resilience Manager.

Informal requests for information generally come from Resilience Managers or their representatives from other NHS and non-NHS organisations relating to issues surrounding emergency preparedness.

6 Cooperation

This section deals with how the Trust cooperates with other emergency responders.

6.1 Emergency Planning Resilience and Response (EPRR)

The Trust is represented at the Local Health Resilience Partnership by the Accountable Officer for Emergency Preparedness at North Bristol Trust who is invited to attend the Trust's Civil Contingencies Committee.

6.2 Avon & Somerset Local Resilience Forum (LRF)

The Trust is represented at the Local Resilience Forum by the Head of Emergency Planning, Resilience and Response Area Team supported by the Trust Resilience Manager.

Evidence: Minutes of the Local Resilience Forum meetings are available on request to the Resilience Manager.

6.3 NHS South West Emergency Planning Leads Forum

The Trust's Resilience Manager participates in the above forum.

6.4 Local Resilience Forum and Other Working Groups

During 2013/2014 the Trust was represented on the following Local Resilience Forum and other working groups:

- Chemical, Biological, Radiological, Nuclear Working Group
- Local Resilience Forum Site Specific Group (Bristol)
- Avon and Somerset Local Resilience Forum
- Regional Resilience Forum for Massed Casualty Planning
- Local Resilience Forum Massed Casualty Planning
- Local Resilience Forum Training and Exercise Group
- Avon, Gloucestershire and Wiltshire Local Health Resilience Partnership Communicable Disease Task and Finish Group

- Bath, North Somerset, Somerset, South Gloucestershire Local Health Resilience Partnership Tactical planning Group.
- Paediatric Burns Network South West
- Paediatric Major Trauma Network South West

7 Warning & Informing

This section details how the Trust has undertaken activities to communicate with the public with regard to emergency preparedness and health protection.

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

7.1 Warning and Informing

In the financial year 2013/2014 the Trust's communications team continued to work in partnership with CCG to warn and inform the public.

Health protection messages were issued to the public either directly by the Trust or jointly with the Clinical Commissioning Group (CCG) and included;

Winter preparedness - Joint press releases with Clinical Commissioning Group were sent out to the local media to inform the public about alternative services to A&E especially over the Christmas and New Year Period.

8 Training and Exercising

This section details the training and exercising activities undertaken during 2013/2014.

8.1 Training Courses

The following training courses were run within the Trust during 2013/2014 Additional training records are available from the trust Resilience Manager on request.

Title	Date (s)	Additional Dates Planned
Emergency Department response to Chemical, Biological, Radiological, Nuclear incidents	15/05/13, 12/09/13, 11/12/13, 26/03/14 09/14	Rolling program Next planned 03/15
Strategic Management in a Crisis Training	05/05/13	Training provided by NHS England, dates to be announced
Major Incident Awareness Training		Delivered quarterly to on call managers last delivered December 2014 next 03/15
Loggist Training	07, 21, 28/04/14	September 2014

The Trust participated in the following training/exercise sessions during 2013/2014

Title	Date
Exercise “Thornbury II” Nuclear establishment multi-agency excise	15/07/13
Exercise “Exodus” Hospital Evacuation Exercise NBT	22/05/13
Paediatric Burns Exercise (South West UK Burns Network)	03/05/13
EMERGO Live Major Incident Exercise	October 2013
Argon series of exercises	Final Exercise report 2013
Communicable Disease Business Continuity exercise	10/10/2014
Loss of utilities Business Continuity Exercise	20/11/2014
Loss of food provision business continuity exercise	27/11/2014

8.2 Live Exercises

The NHS Emergency Planning Guidance (2005, 2013) states that the Trust must undertake a minimum of one live exercise every three years. The Trust participated in Emergo in October 2013 with the next exercise planned for 2016. Therefore, the Trust is compliant with its requirements for live exercise training.

8.3 Table-top Exercises

The NHS Emergency Planning Guidance (2005, 2013) states that the Trust must undertake a minimum of one table top exercise every year.

The planned Emergo exercise fulfilled this obligation for 2013.

A series of business continuity exercises undertaken in 2014 fulfilled this obligation for 2014

A table top exercise is planned to coincide with the revision of the Trust Major Incident plan and completion of the move to the new BRI ward block during 2015.

9 Communications Cascade Tests

The NHS Emergency Planning Guidance (2005, 2013) requires that the Trust must test its communications arrangements every six months as a minimum; however the trust completes this exercise monthly.

Feedback following these exercises identified gaps within the call-out process. Following this a revised call out system has been developed and put into practice.

Date	Full/Partial Trust Internal Cascade	CCG Initiated Cascade	Ambulance Initiated Cascade
17/06/13			X
15/07/13		X	
13/08/13	X		
14/08/13		X	
10/09/13		X	
01/10/13			X
11/11/13		X	
16/12/13		X	
26/03/14			X
14/04/14		X	
14/05/14	X		
23/05/14	X		
08/11/14			X

10 Debriefing

It is good practice to debrief staff participating in exercises to identify lessons learnt.

Following an incident, an initial 'hot debrief' is held.

Following the hot debrief and usually within a two to three week period, a 'Cold Debrief ' is facilitated by the Trust Resilience Manager.

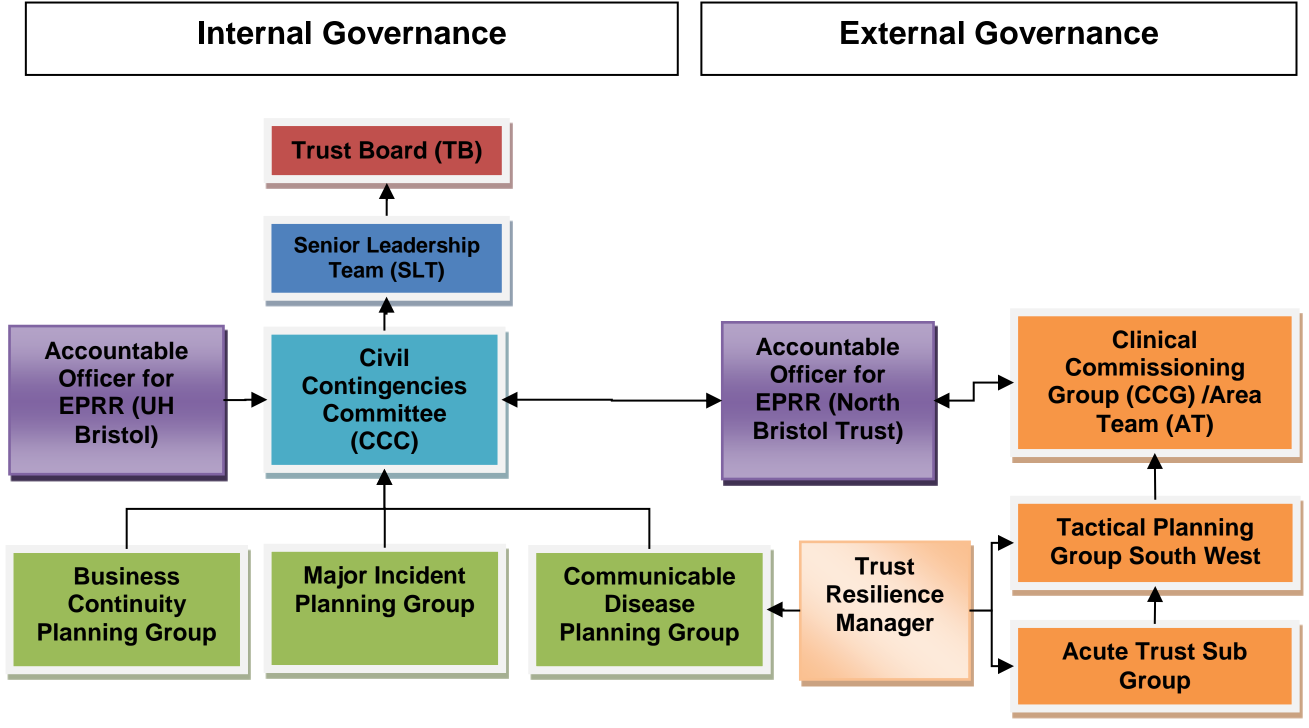
The Trust has adopted the concept of 'Structured Debriefing' and wherever possible the structured debrief will be facilitated by a Resilience Manager from a neighbour acute trust.

During 2013/2014 debriefing sessions were held following 100% of the exercises held and for 100% of incidents responded to.
Key lessons learnt, and actions taken as a result, have been incorporated into revised plans and processes, as applicable.

There were eight EPRR related incidents recorded in 2013 to date. Debriefs were completed for all.

11 Governance

The following diagram represents the Emergency Planning, Resilience and Response (EPRR) Governance Structure:



12 Audit & Assurance

This section of the report details the internal and external assurance activities undertaken for University Hospitals Bristol during 2013/2014.

Title	Date audit completed	Actions required	Date completed
Chemical, Biological, Radiological, Nuclear	13/04/2014	New Structure purchased	30/4/14
Internal Audit	November 2013	Delivery of the action plan is being overseen by the Civil	2014-2015

		Contingencies Committee and all actions are on track to be completed by the advised date	
External Audit EPRR by CCG	06/02/14	Included on 2014/15 work plan	2014-2015

13 Work Programme 2014/2015

The work programme for the Trust's Emergency Planning Group for 2014/2015 has been developed in consultation with the Civil Contingencies Committee, the Trust Executive Lead for Emergency Preparedness and the Resilience Manager.

It should be noted that the work programme may fluctuate in line with emerging Department of Health guidance.

Evidence: Emergency Planning Work Plan 2014/15

14 Significant Events during 2013/2014

The Trust has experienced the following untoward events during 2013/2014. Where indicated the incidents are closed from an EPRR perspective

Title	Date	Debrief /RCA Held? Y/N	Action Plan produced Y/N	Completed
Migration to the Medway system	18/04/12	Yes	Yes	Closed
Migration to the Medway system	24/04/13	Yes	Yes	Closed
Installation of new power generators and associated commissioning	17/01/13	Yes	Yes	Closed
Power Failure	18/11/13	Yes	yes	Ongoing
Power Failure	18/12/13	Yes	Yes	Closed

Hospital Fire	13/08/13	Yes	Yes	Closed
IT Upgrade	10/05/14	Yes	No	Closed
Telecoms Upgrade		Yes	No	Closed
Flood of the Queens Building	18/11/14	Yes	Yes	In progress

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

14.1 Uninterrupted Power Supply

Following the power failures (*see above table*), a review of the Uninterrupted Power Supply trust-wide has been undertaken.

A working group was set up examine the types of Uninterrupted Power Supply, suitability, provision and to further identify the interdependencies between UPS supplied and owned by the Estates Department and those supplied and owned by Medical Engineering Department.

A procedure has been implemented to aid the reporting of issues relating to U Uninterrupted Power Supply that aligns with routine Trust Wide generator testing schedule.

15 Conclusions

The Trust met its obligations as set out in the Civil Contingencies Act 2004 and associated Emergency planning Guidance.

The Trust has received assurance by means of internal and external audit that it is compliant with Emergency Planning Resilience and Response Core Standards and Business Continuity Planning Standards.

The Trust has developed a comprehensive program of work to ensure continued compliance.

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 February 2015 2014 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

14. Board Report on the December 2014 meeting of the Academic Health Science Network
Purpose
To update the Boards of the member organisations of the West of England Academic Health Science Network of the decisions, discussion and activities of the Network Board.
Abstract
The West of England Academic Health Science Network has committed to provide quarterly reports for the Boards of member organisations for information.
Recommendations
The Trust Board is recommended to note this report.
Report Sponsor
Robert Woolley, Chief Executive
Appendices
• Report from the West of England Health Science Network Board 3 December 2014

Report from West of England Academic Health Science Network Board, 3 December 2014

1. Purpose

This is the sixth quarterly report for the Boards of the member organisations of the West of England Academic Health Science Network which includes the three health research active Universities (Bath, Bristol and the West of England), NHS Trusts and Foundation Trusts, Community Interest Companies who provide community health and social care and the seven Clinical Commissioning Groups in the west of England.

A similar briefing will be circulated to a wide range of partners and stakeholders following each quarterly meeting of the Academic Health Science Network Board.

Board papers will be posted on our website http://www.weahsn.net

2. Business Plan 2015/16

The Academic Health Science Network is in the process of engaging with all of its member organisations on the content of the Business Plan for next year. The draft Business Plan was considered by the Board who noted that most of the Business Plan items from 2014/15 will roll over into 2015/16.

In the Evidence into Practice workstream, the project to use Magnesium Sulphate to prevent Cerebral Palsy in pre-term babies will have concluded, as will the cemented hip replacement work.

Comments are invited on the Academic Health Science Network's Business Plan from member organisations and individual conversations will take place over the next three months, prior to the Board approving the final Business Plan for 2015/16, which will be accompanied by a resource and delivery plan.

3. Patient Safety Update

The Patient Safety Collaborative has approved in principle its work programme for 2015/16 and all organisations have actively contributed to this process. The draft plan is attached to this report.

Over the past three months, we have run south west-wide themed patient safety workshops on Getting Medicines Right, Falls and Peri-operative care. These continue to be well attended.

The Academic Health Science Network has contributed to a piece of work with the Health Foundation is leading about the national initiative to create up to 5000 "Patient Safety Fellows" which is expected to have an initial cohort of 200 people in 2015/16.

4. Evidence into Practice

a. Pre-Term Births Project

All five obstetric units in the west of England are implementing the project to use Magnesium Sulphate to prevent Cerebral Palsy in pre-term babies. Project midwives are training their colleagues in support of the clinical guideline which has been developed and so far, 240 staff have been trained.

b. Don't Wait to Anti-Coagulate

This project on optimising anti-coagulation use in Primary Care to reduce Atrial Fibrillation-related strokes is being piloted with 11 GP practices who are testing four different models for delivery. This will inform the wider rollout of the project during 2015/16.

c. Evidence Informed Commissioning

- Six GP Clinical Evidence Fellows have been recruited and had a two day induction in October. Their role is to help support their Clinical Commissioning Groups in using evidence in commissioning.
- A mapping exercise has been undertaken to identify the resources available to each Clinical Commissioning Group to support their use of evidence and evaluation in decision making. The report highlights that Clinical Commissioning Groups have significant variation in the extent to which they have support available to them for evidence and evaluation. A web-based evaluation toolkit is being developed as a collaboration between the West of England Academic Health Science Network and the Avon Primary Care Research Collaborative. It is currently being tested across the West of England.

5. Connecting Data of Care

- Feasibility studies are underway in Gloucestershire, Bath and North East Somerset, Swindon and Wiltshire.
- A collaboration agreement has been signed with the "Connecting Care" programme in Bristol, North Somerset and South Gloucestershire, which will allow the other health communities to use key documents to support their feasibility studies and save time.

6. Enterprise and Translation

- The second outreach event, which was held jointly with the West of England Local Economic Partnership on Modelling in Healthcare, took place on 13 November and was over-subscribed and very well evaluated.
- Our latest Small Business Research Initiative competition is on Child and Adolescent Mental Health and has received 49 applications from companies.
- We have worked with four companies who were successful in gaining £100,000 each at Phase One of SBRI and were applying for Phase Two funding of £1m each in a national competition. Each of these companies has been successful and we will continue to work with them to develop their innovations further. In each case, these are ideas which our clinicians believe could be of direct benefit in their work.
- Deborah Evans, Managing Director of the Academic Health Science Network, spoke at a national conference on 10 December to showcase the role of

Academic Health Science Networks in supporting the Small Business Research Initiative for health.

- The next outreach event will be held jointly with Gloucestershire Local Economic Partnership and is on the subject of Nutrition and Exercise [12 March 2015, Campden BRI, Chipping Campden, Gloucestershire].

7. Engagement and Events

- For further details on our Nutrition and Exercise event that is taking place on 12 March, as mentioned in point 6 above, please click here
- Primary & Community Care Sub Group Workshop, 4 February 2015, University of the West of England
- Early Warning Score workshop, 5 March 2015, Holiday Inn, Filton, Bristol
- Our latest Patient Safety newsletter is available here

SAVE THE DATE

All Chairs, Chief Executives and Accountable Officers are invited to attend our Patient Safety Collaborative Launch and Quality Improvement Conference on Thursday 16 April 2015, which is taking place at the De Vere Hotel, Swindon.

Further details will be released early in January 2015.

Deborah Evans
December 2014

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 27 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

15. Big Green Scheme Annual Report

Purpose

The Trust has developed a sustainability action plan drawing all of the environmental activities of the Trust under the Big Green Scheme, including the development of sustainable models of care, procurement and travel. This report provides a summary of achievements and outlines plans for the future.

Abstract

The overall aim of the Big Green Scheme is to reduce the Trust's environmental footprint and make our hospitals healthier places to work and visit.

1. Reducing our impact	Reduce Trust CO2 emissions 5% p.a.
2. Staff wellbeing	Promote a healthier and more productive workforce.
3. Sustainable models of care	Encourage energy efficiency actions from staff that create the best environment for patients.
4. Building commitment	Increase awareness of Big Green Scheme activities external to the Trust.

We continue to work in partnership with the University of Bristol to encourage and recognise staff through the Green Impact awards scheme in the NHS.

Our spend-to-save investment programme to reduce our energy consumption across the estate has focussed on improving the efficiency and control of heating, lighting and cooling.

We continue to work with our partners in the Avon Health Executive Resilience Group to ensure our obligations with regards to emergency preparedness and adaptation under the Climate Change Act are being complied with.

Recommendations

The Board is recommended to receive the report to note.

Report Sponsor

James Rimmer, Chief Operating Officer

Authors

Sam Willitts, Energy and Sustainability Manager

Appendices

- None

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	19/11/2014				

Big Green Scheme Annual Report 2013- 2014

1. Summary

The Trust has developed a sustainability action plan drawing all of the environmental activities of the Trust under the Big Green Scheme, including the development of sustainable models of care, procurement and travel. The overall aim is to reduce the Trust's environmental footprint and make our hospitals healthier places to work and visit.

There are four themes underlying this aim each with relevant KPIs.

1. Reducing our impact	Reduce Trust CO2 emissions 5% p.a.
2. Staff wellbeing	Promote a healthier and more productive workforce.
3. Sustainable models of care	Encourage energy efficiency actions from staff that create the best environment for patients.
4. Building commitment	Increase awareness of Big Green Scheme activities external to the Trust.

We continue to work in partnership with the University of Bristol to encourage and recognise staff through the Green Impact awards scheme in the NHS.

Our spend-to-save investment programme to reduce our energy consumption across the estate has focussed on improving the efficiency and control of heating, lighting and cooling.

As well as implementing climate-change mitigation measures we continue to work with our partners in the Avon Health Executive Resilience Group to ensure our obligations with regards to emergency preparedness and adaptation under the Climate Change Act are being complied with. Regular exercises to test a range of scenarios have been undertaken and the lessons learned have been incorporated into our reviews and updates.

(a) Performance against targets

ID	Measure	Baseline	Target 2013/14 Q4	Actual 2013/14
ROI1	Electricity consumption kWh	23,365,702	22,197,417	23,269,166
ROI2	Imported Electricity expenditure £	2,051,381	1,948,812	2,256,541
ROI3	Gas consumption kWh	62,422,069	59,300,966	57,338,267
ROI4	Steam expenditure £	2,061,726	1,958,639	1,925,418
ROI5	Water consumption litres	205,242	194,980	223,017
ROI6	Total waste Tonnes	2,652	2,519	2,071
ROI7	DMR waste Tonnes	299	284	248
ROI8	Landfill waste Tonnes	1,385	1,316	874
ROI9	Offensive waste Tonnes			193
ROI10	Clinical waste Tonnes			717
ROI11	Confidential waste Tonnes			39
ROI12	Percentage of waste recycled	11%	25%	14%
SW1	Number of staff accessing CycleScheme	TBC		56
SW2	Number of staff travelling by bus	14 %		24%
SW3	Number of staff travelling by bike	18%		17%
SW4	Number of staff travelling by car (own)	24%		17%
SW5	Number of staff travelling by car (share)	13%		10%
SW6	Number of staff travelling by motorbike	3%		2%
SW7	Number of staff travelling by park n'ride	5%		6%
SW8	Number of staff travelling by walking	17%		20%
SW9	Number of staff travelling by other	2%		5%

ID	Measure	Baseline	Target 2013/14 Q4	Actual 2013/14
SW10	% of non-car travel	62%		73%
SW11	% of travelling by car who are sharing	35%		38%
SW12	Sickness absence by Division	See HR reports by Division		
SW13	Response rate for Commuter Count	Commuter Count 2013		234
MOC1	Participating wards Patient Experience survey showing reduction in numbers of patients bothered by noise at night from hospital staff	8.4	9.2	
MOC2	Participating wards Patient Experience survey showing increased patients that felt they were given enough privacy when discussing their condition	TBC	TBC	
MOC3	Sound Ears scores on TLC wards.	TBC	TBC	
BC1	Number of teams signed up to Green Impact Awards	12	25	13
BC2	Number of bronze awards	5	13	6
BC3	Number of silver awards	4	9	1
BC4	Number of gold awards	1	3	3
BC5	Financial saving attributed to Green Impact actions	14000	33000	19751
BC6	Number of external awards for Trust environmental activities	1	2	2
BC7	TLC awards			4
BC8	Working Towards Award			3
BC9	Number of staff involved			564
BC10	Number of people on mailing list			263

(b) Summary action plan

	Summary of key actions 2013/14
1. Reducing our impact	Boiler house flue heat recovery fully operational. Installation of a 50kW solar photovoltaic panel array on St Michael's hospital. Improved controls of heating, cooling and lighting - improving patient environment. Carbon emissions reduced. Increased recycling. Introduced offensive waste stream. Reduced waste to landfill.
2. Staff wellbeing	Promoted green travel through a number of initiatives including the cycle scheme, public transport discounts, city car club, free hospital bus and car sharing.
3. Sustainable models of care	Launched TLC campaign (Turning off unused equipment, switching off Lights, and Closing hospital doors) to improve patient care and save energy. Appointed Change Agent to support TLC campaign
4. Building commitment	Increased staff engagement and cost savings through Green Impact Awards. Trust received two external awards for carbon reduction.

(c) Context

In order to embed sustainability within our business it is important to show where in our process and procedures sustainability features.

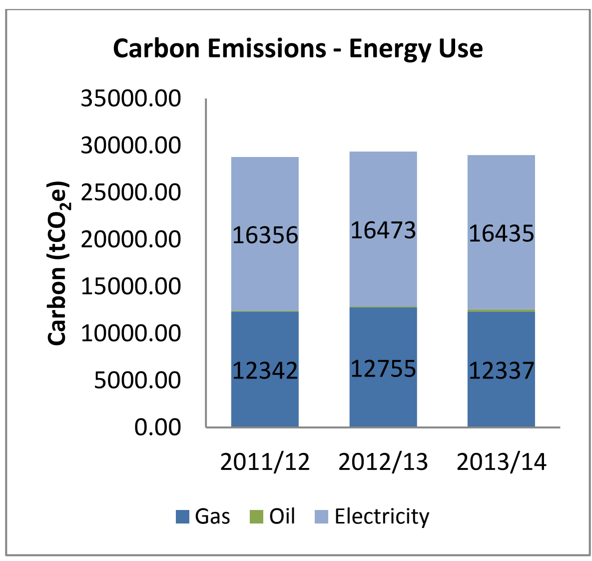
Area	Is sustainability considered?
Travel	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following table may help explain how the organisation and its performance on sustainability has changed over time.

Context info	2011/12	2012/13	2013/14
Floor Space (m^2)	190061	190061	190061
Number of Staff	-	7439	7179
Patient Contacts (admissions and outpatient attendances)	595529	571861	585940

1.2 *Reducing our impact*

As a part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2015. It is our strategic objective to exceed this target by reducing our carbon emissions 5% annually. We achieved a 1.25% reduction in 2013/14



(a) Energy

Resource	2011/12	2012/13	2013/14
Total Energy Spend	£ 4,340,587	£ 4,900,097	£ 4,888,194

Resource	Target 5% reduction	2013/14
Steam Spend	£1,958,639	£1,925,418
Electricity Spend	£1,948,812	£2,256,541

The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal. We reduced our gas consumption, and despite increasing electricity use our expenditure has decreased by 4.3% in 2013/14.

We have put plans in place to reduce carbon emissions and improve our environmental sustainability. Over the next five years we expect to save £2,855,000 as a result of the measures implemented. As well as saving money, improvements to the hospitals' environment will benefit patient experience and staff wellbeing.

Energy consumption and carbon emissions

Resource		2011/12	2012/13	2013/14
Gas	Use (kWh)	60398962	62422069	58156407
	tCO_2e	12342.53	12755.95	12337.30
Oil	Use (kWh)	220989	385397	666825
	tCO_2e	70.46	122.88	212.95
Electricity	Use (kWh)	29187626	28860212	29352969
	tCO_2e	16356.75	16473.70	16435.02
Total Energy CO_2e		28770	29353	28985

Our total energy consumption has decreased during the year, from 91,668 MWh to 88,176 MWh. 20% of our electricity is generated by our on-site combined heat and power (CHP) generation. 100% of the electricity we purchase is generated from renewable sources. The heat recovery system has been fully operational capturing waste heat from the boiler flues to provide heating and hot water to St Michael's hospital. The Trust in partnership with Bristol City Council has installed solar photovoltaic panels on St Michael's hospital roof.

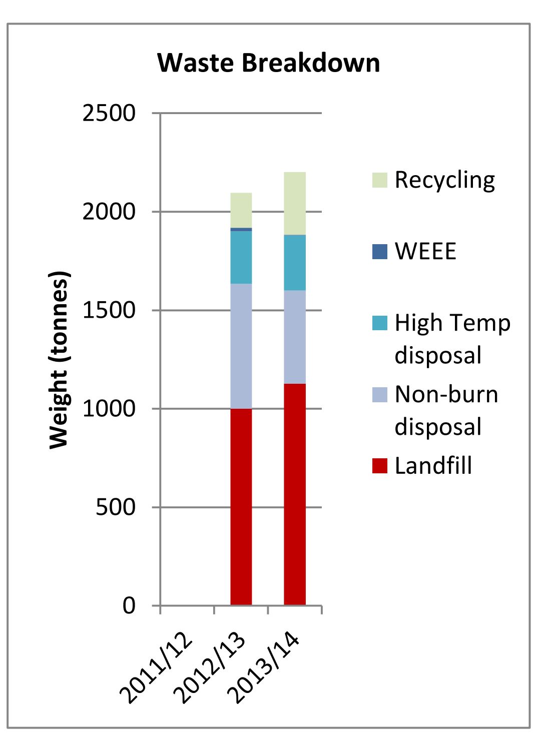
Greenhouse gas emissions from energy used have reduced by 38 tonnes this year. Our target is a 5% annual reduction we achieved a 1.25% reduction in 2013/14.

In future we need to develop our plans to:

- Achieve further reductions through staff awareness with the Green Impact TLC awards scheme.
- Develop a whole building energy efficiency approach to produce a Marginal Abatement Cost (MAC) Curve showing which carbon reduction measures save the most money. It will enable us to choose from a selection of possible measures and see which make best financial sense to invest in and which save the most carbon.
- Build on our partnership with Bristol City Council to increase our CHP capacity with city district heating.
- Generate assurance of our approach to energy through achieving a recognised accreditation such as ISO 14001, ISO 50001 or Carbon Trust Standard.

(b) Waste

Waste		2012/13	2013/14
Recycling	(tonnes)	176.4	318.99
	tCO_2e	3.70	6.70
Re-use	(tonnes)	0.00	0.00
	tCO_2e	0.00	0.00
WEEE	(tonnes)	17.40	2.40
	tCO_2e	0.37	0.05
High Temp disposal	(tonnes)	266.61	280.94
	tCO_2e	5.60	5.90
Non-burn disposal	(tonnes)	633.85	472.26
	tCO_2e	13.31	9.92
Landfill	(tonnes)	1001.09	1127.10
	tCO_2e	244.68	275.48
Total Waste (tonnes)		2095.35	2201.69
% Recycled or Re-used			14%
Total Waste tCO_2e		267.66	298.05



We recycle 14% of the total domestic waste we produce our target is 25%. We plan to continue increasing the amount we recycle. We will introduce composting of leaves (that currently go in black sacks to landfill) for community food growing.

(c) Water consumption

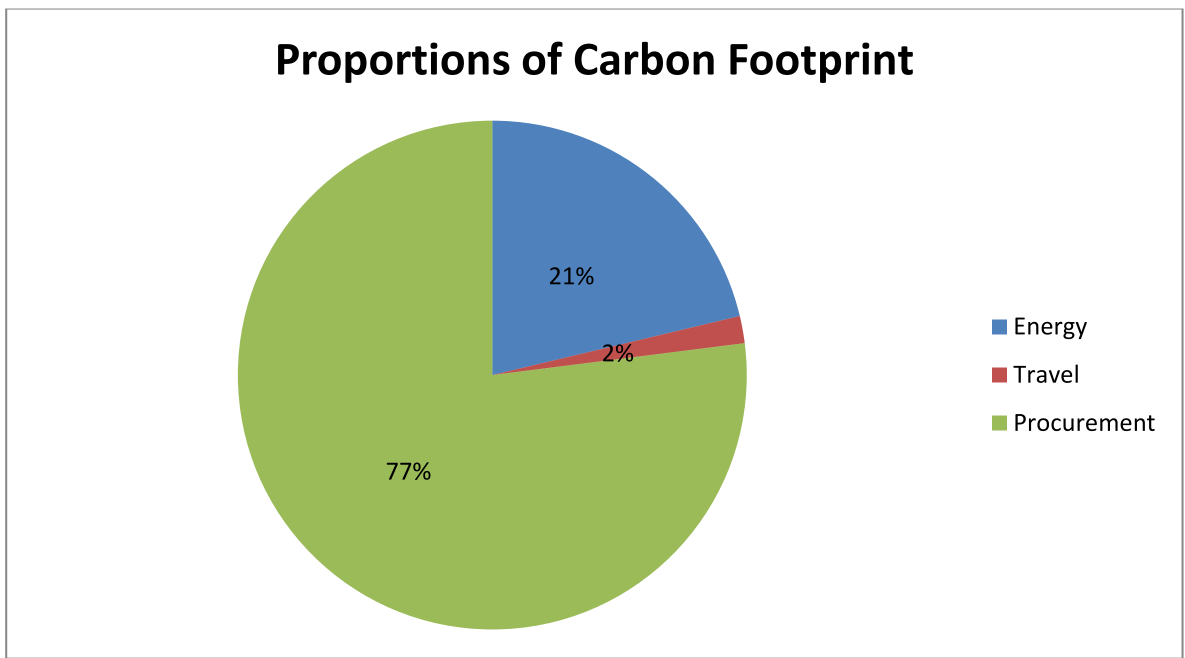
Our water consumption has increased by 17,775 cubic meters in the recent financial year. Our target is a 5% reduction we increased consumption by 8.7%. We will identify areas where we have seen an increase and develop plans to achieve reductions.

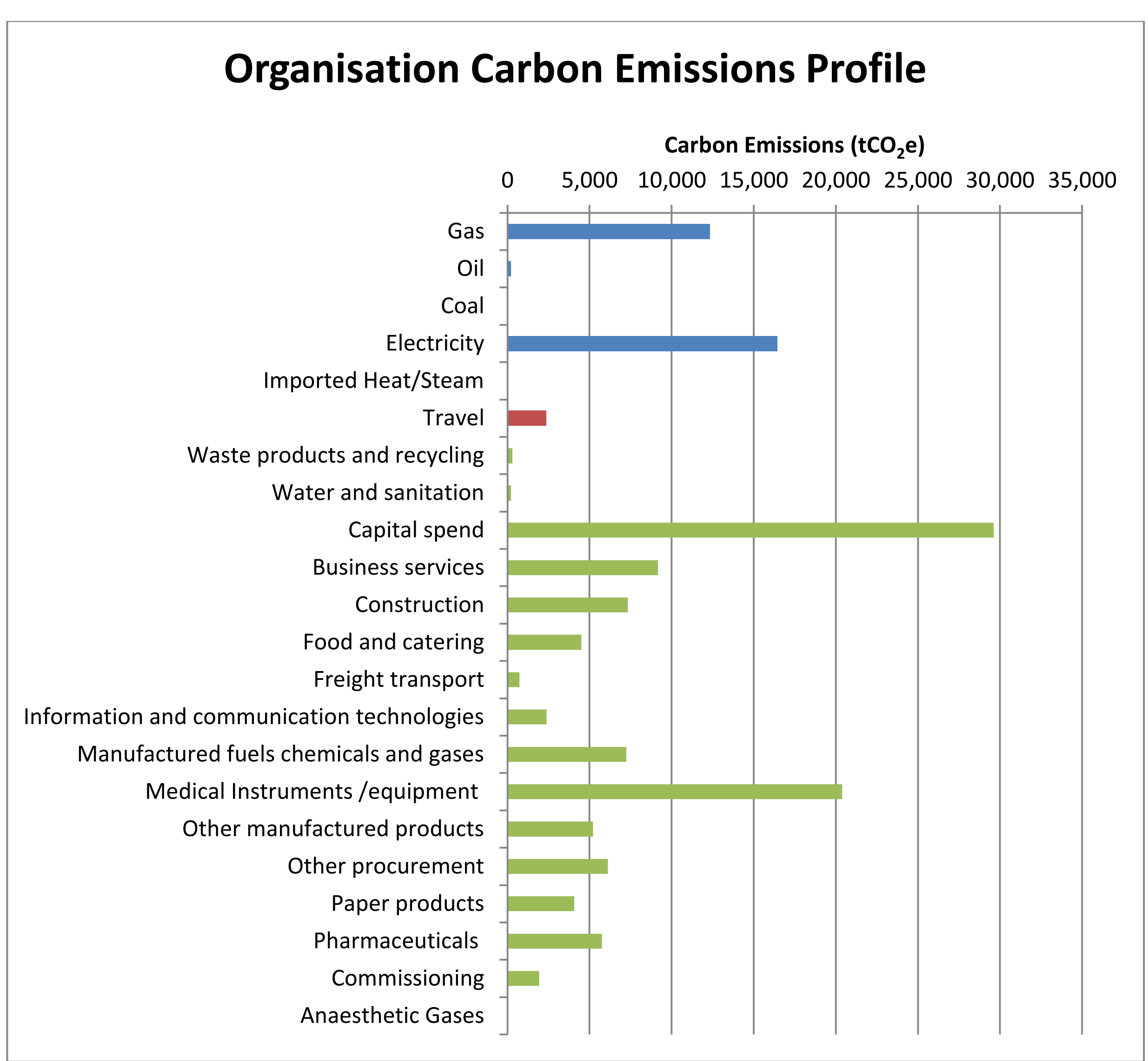
Water		2011/12	2012/13	2013/14
Mains	m^3	218434	205242	224385
	tCO_2e	198.97	186.95	204.39
Water & Sewage Spend		£301,835	£343,648	£375,289

(d) Modelled carbon footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work performed by the NHS Sustainable Development Unit (SDU) in 2009/10.

Our estimated total carbon footprint is 136269 tonnes of equivalent carbon emissions.





We need to improve the detail of our understanding of our actual carbon emissions to enable effective targeting of reductions.

1.3 Staff wellbeing

It is estimated that 1 in 20 vehicles on our roads is carrying NHS staff, patients or visitors. We can all help Bristol become a cleaner, quieter and healthier place to be in by using cars less and walking, cycling or using public transport more.

Road transport is the largest source of air pollution in urban areas of the county. Business mileage contributes to this pollution, as well as to local congestion and other traffic-related problems. In the UK air pollution is the cause of over 25,000 deaths every year.

We are committed to developing alternative transport options throughout Bristol by encouraging people to find ways they can get about without a car.

We promote green travel through a number of initiatives including the cycle scheme, public transport discounts, city car club, free hospital bus and car sharing. We are introducing, electric vehicles and improving cycling facilities.

As well as supporting "active travel" schemes for staff and visitors, we need to develop plans to enable our staff to be healthier and show leadership in our community:

- Cut access to unhealthy products on NHS premises, implementing food standards, and providing healthy options for night staff.
- Measure staff health and wellbeing, and introduce voluntary work-based weight watching and health schemes
- Promote the Workplace Wellbeing Charter and ensure NICE guidance on promoting healthy workplaces is implemented, particularly for mental health.

1.4 Sustainable models of care

(i) Sustainable Development

Our organisation has an up to date Sustainable Development Management Plan. Having an up to date Sustainable Development Management plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

Through our business continuity planning we have started to identify the risks we need to consider in adapting the organisation's activities and its buildings to cope with the results of climate change.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

NHS organisations have a statutory duty to assess the risks posed by climate change. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations. Sustainability issues are included in our analysis of risks facing our organisation.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This is set out within our policies on sustainable procurement.

A Board-level lead for sustainability ensures that sustainability issues have visibility and ownership at the highest level of the organisation. All our staff have sustainability issues, such as carbon reduction, included in their job descriptions.

Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions. Our Green Impact staff energy awareness campaign is on-going and the efforts of our green champions continue to improve the Trust's sustainability.

In future we need to develop our plans to:

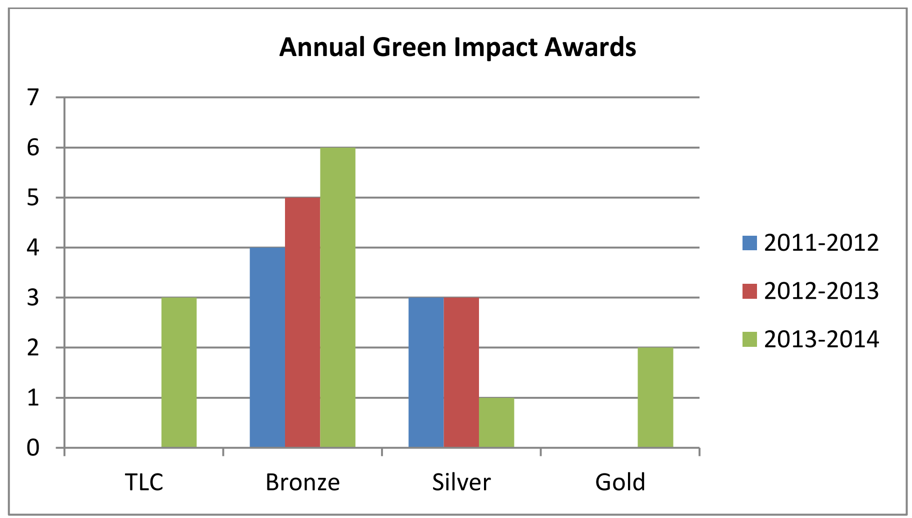
- Encourage professionals to consider sustainability principles when deciding what is right for patients.
- Service transformations deliver improved health outcomes coupled with social and environmental benefits in an integrated health system.
- Sustainability as a core and measurable dimension that underpins quality
- Work with commissioners, regulators and other providers to develop more sustainable models of care and enable the reconfiguration of services away from acute settings

1.5 Building commitment

(i) Green Impact Awards

The Green Impact Awards were introduced in 2011 as a way to inspire, support and reward staff participation in sustainable development around the Trust. The Green Impact workbook is an online resource providing examples of sustainable actions relevant to the workplace. Staff members log into the workbook and create or join a team which represents the department in which they work. The actions in the workbook are categorised into TLC, bronze, silver and gold awards depending on the perceived difficulty of the action. Once achieved, actions can be ticked off the workbook and when all actions are ticked off in a category, the team submits the workbook to be entered for the respective award.

Reports detailing workbook activity can be pulled from the system. Activity includes the people and teams registered to Green Impact, actions completed and targets reached for example. It is this activity that the following information is based on.



The above chart demonstrates an increase in the number of awards presented last year (2013-2014) compared to previous years. This can be partially accounted for by the introduction of the new TLC criteria group, which presents an achievable starting point particularly for ward areas. TLC stands for Turning off unused equipment, switching off Lights and Closing doors; all actions that can improve energy efficiency while enhancing the patient environment which is emphasised by the TLC slogan.

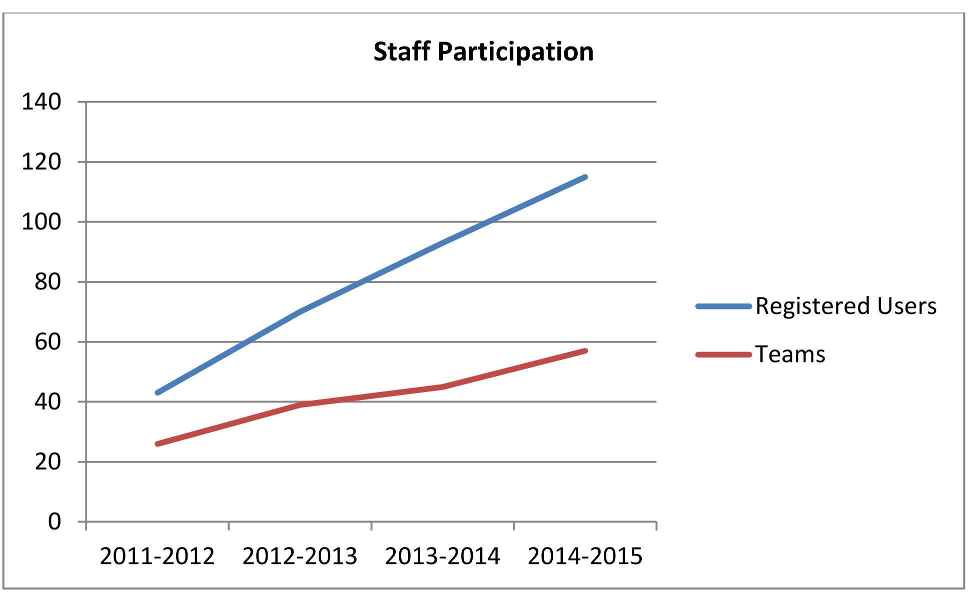
Promotion of the TLC campaign began in early March after the appointment of a 'Change Agent' in February 2014, whose primary target is to increase awareness and participation in the TLC campaign. The increased capacity due to Change Agent role has resulted in a significant increase in last year's awards, up by a third from 2012-2013 despite only starting 3 months before workbook submission. The TLC award represents 75% of this increase in awards despite the campaign being introduced in the last 2 months. With both the TLC campaign and the Change Agent present from the beginning of 2014-2015 there is scope for much more growth in Green Impact participation over the next year. There are already a further ward based Green Impact teams preparing to implement TLC imminently.

Many Green Impact members are signed up to the Big Green Scheme newsletter which has been sent out every month since March 2014; promoting Green Impact and associated sustainable news/events. Those who are not signed up to the workbook or the newsletter, find regular

references to Green Impact in features in Newsbeat (Trustwide newsletter) and occasional posts on the Connect, Trust homepage.

Within the newsletters and web page information there are links to the green pages where more information on Green Impact and other relevant information can be found. Competitions are introduced from time to time, for week long periods and there is one ongoing photo competition. As well as receiving entries for the competitions, staff are actively engaged and enabled to make suggestions about Trust facilities concerning waste, procurement, travel options and energy efficient options.

As well as the above and monthly information stalls held in the welcome centre, the message about sustainability and the Green Impact awards is spreading. This is reflected in the continuous growth achieved even in the initial months of the current year (2014-2015) as seen in the graph below:



(Submission date for 2014-2015 is in May 2015)

We will continue to widen staff involvement in our Green Impact and TLC campaigns and refine our measures of their effectiveness.

(ii) External Awards

HSJ Energy Efficiency Award - Shortlisted

Green Apple Awards – Winner NHS Sector Carbon Reduction UK Bronze award

Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on 25 February 2015 at 11.00 am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

16. Governors' Log of Communications
Purpose
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications added or modified since the previous Council of Governors meeting.
Abstract
The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.
Recommendations
The Board is asked to receive this report to note.
Report Sponsor
• John Savage, Chairman
Authors
• Sarah Murch,
Appendices
Appendix A – Governor Log – Items since the previous meeting.

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other

ID Governor Name

114 **Angelo Micciche** **Title:** **Ward moves - transfer of cystic fibrosis nursing staff**

Query **10/02/2015**

With regard to the move of Ward C808 specialising in the care of cystic fibrosis patients to the new ward A900, it does not appear that the existing experienced cf ward nursing staff are being moved at this stage. Are patients aware of the transfer of nursing staff? For regular inpatients after many years of care, this may have a significant impact.

The nursing team have formed strong rapport and knowledge of each of their patients over many years and have been well trained and built extensive experience in cf. Could we receive assurance that this body of knowledge and experience will not be lost in the move, as it provides invaluable care to patients, built over a significant period of time?

There is anecdotal evidence that there was a lack of clarity at consultation stage which led to the nursing staff making a decision to move to a different ward. Could you please provide some detail of the rationale behind the decision not to move experienced nursing staff for this particular speciality to ensure there is no deterioration in standards of care due to a lack of specialist knowledge and experience on the new ward?

Response **13/02/2015**

Assigned to Executive Lead.

Status *Assigned to Executive Lead*

113 **Angelo Micciche** **Title:** **Staffing levels**

Query **06/02/2015**

Within the last 18 months the board took the decision to "over recruit" across the wards to help cover holiday and sickness and improve general staffing levels thereby improving patient safety, staff moral, reduce bank usage, etc.

Whilst I acknowledge the current challenges faced with recuritment, please could all governors have an update on what has progress has been made in this period and the impacts achieved accordingly.

Response **11/02/2015**

Response from Chief Nurse: ‘Over recruiting’ against establishment is not formally taking place within the Trust. Our funded nursing establishments are set to take into account of annual leave, sickness absence, study leave and maternity leave, they have a 21% uplift to cover these areas. The Trust’s aim is to always ensure that our staffing numbers match these agreed establishments. To mitigate the impact of turnover nursing staff numbers may be slightly higher than actual vacancies at a point in time, as we know that further vacant posts will have arisen at the point the new starter is ready to take up post. We are currently have a registered nurse vacancy factor of 6.9% (end of December) , which benchmarks 9% against our peers.

Status *Responded*

112 **Mo Schiller** **Title:** **Nursing staff question to patients: 'Are we getting the care right'?**

Query **30/01/2015**

When nursing staff do rounding do they ask ,"Are we getting the care right" to patients?.Doing the Face to Face interviews gave me the impression especially last year in St Michaels post natal ward that maybe complaints would not proceed if we enquired on patients satisfaction at the time they were with us.

Response **11/02/2015**

Response from Chief Nurse:
The key aspects that are usually checked during comfort rounds in acute care areas include the “Four P’s” , Positioning: Making sure the patient is comfortable and assessing the risk of pressure ulcers , Personal needs: Scheduling patient trips to the bathroom to avoid risk of falls , Pain: Asking patients to describe their pain level on a scale of 0 - 10 , Placement: Making sure the items a patient needs are within easy reach. During each round the nurse will ask the patient if there is anything else that they need. Reported evidence based improvements in clinical outcomes include: pain management, decrease in falls and pressure ulcers reported improvements in patient reported outcomes include: better patient experience and satisfaction, reduction in patient complaints reduction in the frequency of call bell usage and the length of time patients wait to have their call bells answered. Maternity services are not an area where comfort rounds are common, however recognising the benefits that they can bring they have been introduced into maternity services 3 times a day where women are told about facilities on the ward and asked if they have any issues that they are concerned about and how the staff can help them with these.

Status *Responded*

111 **Mo Schiller** **Title:** **OPD appointments problems**

Query **30/01/2015**

OPD complaints highlight the continuing problem booking appts./changing appts via the telephone,waiting times in clinic and updating the white boards info system.Despite the work carried out this does not appear to be resolved.Are there plans for electronic booking in and updating waiting time and online booking in the future?

Response **06/02/2015**

Assigned to Executive Lead.

Status *Assigned to Executive Lead*

ID Governor Name

110 **Mo Schiller** **Title:** **Paediatric Cardiac Surgery - 3D imaging**

Query **30/01/2015**

Are the paediatric cardiac surgeons planning to use 3D imaging,printing and using a resin cast of the child's heart to create patches to repair holes in the heart on young children with complex cardiac deformities? Recent reports show that this is a way forward to safer surgery and it also reduces the operation time.

Response **16/02/2015**

Paediatric cardiac surgeons are now planning to use 3D imaging.
Response from Aidan Fowler, Fast-track Executive.

Status *Responded*