University Hospitals Bristol NHS
NHS Foundation Trust

Agenda for the Meeting of the Trust Board of Directors held in Public to be held on Wednesday 30 March 2016 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	Chairman	
2. Patient Story To receive the Patient Story for review	Chief Nurse	3
3. Declarations of Interest To declare any conflicts of interest arising from items on the agenda	Chairman	
4. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 29 February 2016	Chairman	5
5. Matters Arising (Action log) To review the status of actions agreed	Chairman	19
6. Chief Executive's Report To receive the report to note	Chief Executive	21
Delivering Best Care and Improving Patient Flow		
7. Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Board Review – Quality, Workforce, Access	Chief Operating Officer/Deputy CEO	25
8. Quality and Outcomes Committee Chair's Report To receive the report for assurance	Quality & Outcomes Committee Chair	75
9. National Maternity Survey 2015 To receive the report for review	Chief Nurse	85
10. Annual Staff Survey 2015 To receive the report for review	Director of Workforce & OD	135
11. Patient Experience and Complaints Quarterly Report To receive the report for assurance	Chief Nurse	163
12. Update on the Transfer of the Cellular Pathology Service To receive the report for approval	Medical Director	221

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13. Partnership Programme Board To receive the revise Partnership Agreement and revised Terms of reference for approval	Chief Executive	239
Delivering Best Value		
14. Finance Report To receive the report for assurance	Director of Finance & Information	253
15. Finance Committee Chair's Report To receive the report for assurance	Finance Committee Chair	287
Compliance, Regulation and Governance		
16. Audit Committee Chairs Report To receive the Audit Committee Chairs report for assurance	Audit Committee Chair	295
17. Register of Seals To receive the Register to note	Chief Executive	305
Information		
18. Monitor Q3 Risk Assessment Framework feedback To receive the feedback to note	Chief Executive	309
19. West of England Academic Health Science Network Board Report March 2016 To receive the report for information	Chief Executive	313
20. Governors' Log of Communications To receive the Governors' log to note	Chairman	317
21. Any Other Business To consider any other relevant matters not on the Agenda	Chairman	
Date of Next Meeting of the Board of Directors held in public: Thursday 28 April 2016, 11:00 – 13:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU		

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Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
2. Patient Story									
Sponsor and Author(s)									
Sponsor: Carolyn Mills, Chief Nurse **Author:** Lorna Hayles, Learning Disability Specialist Nurse – Team Lead									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

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

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

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

Patient Story Summary

The patient was referred to the colorectal team via her GP following a series of abdominal pain/discomfort and poor bowel movements. The patient was offered an appointment whereby she met with the Colorectal team supported by her community nurse and hospital Learning Disability (LD) team. At this meeting an assessment was made of the patient's capacity. The patient was able to make a decision to opt for the least restrictive option of care and had a Computerised Tomography (CT) colongram in line with investigating cancer of the colon. The outcome of the CT showed evidence of cancer and a further meeting was held with the patient to explore ways in which to proceed. To accommodate the specific needs of the patients reasonable adjustments of care were identified in terms of :

- Extended appointment time
- Time allowed for the patient to process information in order to make an informed decision
- The use of clear communication throughout
- Opening visiting hours

The patient was under the care of the colorectal team and successful surgery was carried out removing the cancer via a keyhole procedure. The patient was supported through visits from the LD nurses and her community nurses offering the patient a high level of reassurance throughout her procedure and stay in hospital. Discharge planning was built into the care plan to ensure a safe and timely discharge was effective and community teams were factored in to support the patient at home.

This patient story highlights how collaborative working between hospital ward staff, the Learning Disabilities Team, the Community Learning Disability Team (CLDT) and the patient herself led to a positive outcome.

The learning disabilities liaison nurse's role in this case was to make visits to the ward to ensure all of the patient's needs were being met by consulting with the patient and communicating with the ward staff, for example: ensuring the patients pain was being managed effectively. Additionally, the CLDT were able to effectively work in partnership with the learning disabilities team to keep the patient safe when there was a time that the patient wished to self-discharge against medical advice.

This story also highlights how the correct procedure was carried out in the form of a capacity assessment (Mental Capacity Act, 2005) re: staying in hospital until appropriate support at home could be arranged. This resulted in smooth discharge, with the patient able to go back to their original place of residence living as independently as she was before with the tools and assistance the Trust Occupational Therapy Team were able to offer. This patient remains under the care of our Trust and is making frequent visits for physiotherapy sessions on her recently injured hand.

Recommendations
To receive the patient story, and note the context from which it was generated.
Impact Upon Board Assurance Framework
Implementation of the learning associated with this story supports achievement of the Trust's corporate quality objective to improve communication with patients.
Impact Upon Corporate Risk
None
Implications (Regulatory/Legal)
Learning from feedback supports compliance with CQC's fundamental standards – regulation 9, person centred care; regulation 10, dignity and respect; regulation 12, safe and appropriate treatment; regulation 17, good governance.
Equality & Patient Impact
None

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of the Meeting of the Trust Board of Directors held in Public on 29 February 2016 at 11:00am, Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Board members present:
Emma Woollett – Non-Executive Director/Vice Chair
Robert Woolley – Chief Executive
Deborah Lee – Chief Operating Officer/Deputy Chief Executive
Paul Mapson – Director of Finance & Information
Carolyn Mills - Chief Nurse
Sean O'Kelly – Medical Director
Alison Ryan - Non-executive Director
Lisa Gardner – Non-executive Director
David Armstrong – Non-executive Director
Guy Orpen – Non-executive Director
John Moore - Non-executive Director
Julian Dennis - Non-executive Director

Present or in attendance:
Debbie Henderson – Trust Secretary
Alex Nestor – Deputy Director of Workforce and Organisational Development
Clive Hamilton – Public Governor
Florene Jordan – Staff Governor
Angelo Micciche – Patient Governor
Jeanette Jones – Lead Steward RCN / JUC Governor
John Steeds – Public Governor
Bill Payne – Appointed Governor
Ray Phipps – Patient Governor
Fiona Reid, Head of Communications
Kay Collings, Head of Education
Anna Horton – member of staff
Mark Callaway – member of staff
Colette Reid - Consultant in Palliative Medicine (item 2)
Sophia Bloor – Palliative Care Lead Nurse (item 2)
Rachel Smith – Corporate Governance Administrator (Minutes)

176/02/16 Chairman's Introduction and Apologies (item 1)
Emma Woollett, Vice Chair, welcomed everyone to the meeting. Apologies for absence were received from John Savage, Chairman, Jill Youds, Non-Executive Director; and Sue Donaldson, Director of Workforce and Organisational Development.

177/02/16 Patient Experience Story (item 2)
Carolyn Mills introduced the Patient Experience Story, which was presented to Board members on a monthly basis in order to set a patient-focussed context for the meeting. The story was presented by colleagues from the Palliative Care Team and focussed on seeking patient and carer feedback about the end of life care delivered in the Trust. To obtain feedback, three focus groups were held: two with bereaved relatives of patients who died in the Trust and one with women with breast cancer who were facing the end of their lives. The feedback was used to develop and train staff who work with patients approaching the end of their lives.

The stories were told from the perspective of patients / families and feedback from the team.

Sophia Bloor presented the common themes that emerged from the feedback, which included lack of information with regard to what families could expect when their loved ones were approaching the end of their life, issues with visiting times in the wards and also out of hours access. One family member had raised concerns that in a seven hour period in which she was visiting, she had not been approached by a single member of staff which made her concerned about the level of care that would have been provided had she not been there. Additional comments included very attentive oncology staff but there had been no mention of a prognosis. Some family members felt staff did not care that their loved one was dying.

Colette Reid advised that staff used the Bristol end of life care tool to guide care and that this includes prompts for staff to check on patients in between family visits. Signage to the wards had also been changed to improve the out of hours access for family members.

It had been recognised that doctors did not receive a significant amount of training with regard to the language to be used, and the Palliative Care team had commenced training with staff within three specialities to educate them about death and dying. It was hoped to roll this out to more areas. It was recognised that it was a difficult time for families and the current family information leaflet would be revised to encourage families to be more involved in their loved one's care. Ward staff would also be reminded that separate family rooms were also available for their use. "Comfort boxes" made up of essential toiletries and other items had also been provided to make visitors feel more welcome and feel a part of the care team on the ward.

It was recognised that the changes would take time to implement, particularly with regard to the cultural changes. In Oncology, a cancer outreach service was available and staff had been asked to ensure they communicated this information more clearly to patients and their families.

In response to a query from Alison Ryan, Colette Reid advised that the bereaved carers focus group had been a combination of families of patients with malignant and non-malignant diseases. Within the Bereaved Carers focus group, the key area for discussion had been their experiences in the last few days of their loved one's life and the differences between the two groups had been less apparent. The team were usually more involved with patients with cancer. Staff now introduced themselves to patients as the "Supportive Care Team", rather than the Palliative Care Team and this enabled the team to build relationships with patients and their families.

Alison Ryan commented that whilst end of life care was planned competently for people with malignancies, people with non-malignant diseases i.e. heart disease, were often not recognised as requiring support from a Supportive Care Team. This would require a significant culture change and required consideration earlier in their care pathway rather than towards the end. Carolyn Mills advised that a CQUIN had been put forward by the Supportive Care Team last year for patients with certain pre-defined criteria and who were near the end of their life, in order for the planning to commence earlier. A subsequent CQUIN had been submitted to continue the work. Colette Reid advised that the team worked closely with non-malignant patients within Respiratory Medicine and Care of the Elderly, in addition to Cardiology, Hepatology and Oncology.

Deborah Lee was appreciative of the change in name for the team, until the concept of palliative care was better understood.

Robert Woolley also expressed his full support for the team.

Clive Hamilton advised the Board that he had participated in the focus groups and explained that the scenarios presented to the Board had been the worst set of circumstances. Patients and their families had been generally very supportive about the care received but the team acknowledged there were gaps between the departments and earlier referrals to the team would be very helpful.

Colette Reid thanked the Board for its continued support to encourage all specialties to involve the Supportive Care Team with the care they provide to their patients. It was:

RESOLVED:
- **That the Board receive the Patient Experience Story for information**

178/02/16 Declarations of Interest (item 3)
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. Guy Orpen declared an interest as an employee of the University of Bristol which could benefit from the proposed education plans discussed at item 10.

179/02/01/16 Minutes and Actions from Previous Meeting (item 4)
The Board considered the minutes of the meeting held in public on 29 January 2016.

With regard to item 155/01/16, the third paragraph from the bottom on page 8 (of the minutes) to read "Lisa Gardner commented that a former *Trust employee* had recently been admitted to Ward A800".

With regard to item 159/01/16, the last sentence of the first paragraph to read "The current vacancy position and the use of temporary staff were noted and these *were* key risks to the Trust".

With regard to item 161/01/16, the proposed single system is the "*Laboratory Information Management System"*. It was:

RESOLVED:
- **That the minutes of the meeting held 29 January 2016 be agreed as an accurate record of proceedings, subject to the amendments outlined in the minutes**

180/02/16 Matters Arising (item 5)
Outstanding and completed actions were noted by the Board.

With regard to action 149/01/16 and in response to a query from Carolyn Mills, Alison Ryan confirmed she had requested a progress report around the initiatives underway in the Trust for patients with visual impairments. Deborah Lee clarified that the assurance required was that the Trust could identify and adequately train staff members to be able to adjust the care they provided to patients with visual impairments and other disabilities. This could also be linked to the accessible information standard which would identify patients with disabilities before they visit our hospitals. It was agreed the report would be presented to the Quality and Outcomes Committee in March 2016.

In response to a query from Clive Hamilton, Robert Woolley confirmed the execution of financial responsibility during an emergency incident fell entirely within the current remit of the Executive Director on call but he would look to include a specific reference during the next policy review period. Deborah Lee would reflect on the delegated authority within the Standing Financial Instructions for commitment of resources at a time of emergency during the next review period.

181/02/16 Chief Executive's Report (item 6)
The Board received a written report of the main business conducted by the Senior Leadership Team in February 2016.

Robert Woolley notified the Board that as part of the business planning round, the final Annual Plan 2016/17 was to be submitted by 11 April 2016 and an extraordinary Board meeting would be required to approve the plan prior to submission. Arrangements for involvement of Governors were yet to be confirmed. Following the submission, there was a requirement to produce a 5 year strategic plan by the end of June; the plan would be produced within the geographical footprint of Bristol, North Somerset and South Gloucestershire, which appropriately reflected the leadership arrangements currently in place. There was a request to identify a single Accountable Officer within the existing footprint to oversee and co-ordinate the production of the Sustainability and Transformation Plan; Robert advised the Board he had been nominated to take the role and had accepted the nomination.

The Trust continued to engage in the discussions around the future of Weston Area Health Trust. The Sustainability Board had been established to oversee work to produce a report by the end of March on the challenges faced in North Somerset, and to also identify opportunities that present themselves that require further work and public engagement in the next financial year. Further updates would be presented to the Board in due course.

Following the unsatisfactory conclusion of the negotiations between NHS Employers and the British Medical Association (BMA) and the Secretary of State's intention to impose the new national contract on junior doctors in August 2016, the BMA had announced further industrial action. Appropriate contingency plans were in place to maintain emergency services during the three planned 48 hour strikes. Robert Woolley and Sean O'Kelly were in dialogue with the Trust's junior doctors to hear their concerns and maintain supportive communications.

The Independent Review into Children's Cardiac Surgery continued; interviews with Trust staff had concluded and the review still intended to produce its report in the spring.

Results from the Staff Survey 2015 had been received and shared with senior leaders within the Trust. Further detail would follow and the data would enable analysis at a Divisional level in due course. The survey had been distributed to 8000 staff; 3600 responses had been received and indicated a significant improvement in staff engagement scores. Alignment with the national average had been restored but there was still further work to be undertaken. A number of the scores received were better than the national average including staff recommendation of the Trust as place to work or receive treatment. Areas for improvement included effective team working, staff motivation, staff satisfaction with opportunities for flexible working and with the quality of care staff are able to give. Action plans to develop these further would be developed and presented to the Board in due course.

David Armstrong referred to section 3 of the Chief Executive's report, which related to the review of the capital prioritisation programme and enquired when it would return to the Board. Deborah Lee advised that the current focus was the planning round for 2016/17, for the

operational capital and medical equipment. With regard to the major strategic schemes, it was intended that Paula Clarke, the incoming Director of Strategy and Transformation, would take the Executive Lead for the schemes and it was anticipated that an update would be presented to the Board in the autumn, in order to commence the prioritisation process. Deborah Lee reflected that in addition to the constraints on capital, the Trust's land and assets were also affected and a different approach would be taken due to those constraints. It was:

RESOLVED:

- **That the Board receive the report from the Chief Executive to note**
- **That the Board receive an update in the Autumn with regard to the major strategic schemes for consideration and prioritisation by the Board**

182/02/16 Quality and Performance Report (item 7)

Overall Performance

Deborah Lee introduced the monthly report which reviewed the Trust's performance in relation to Quality, Workforce and Access standards and a broadly positive performance was noted.

Emergency pressures had impacted on the 4-hour Accident and Emergency standard and the deterioration in performance was noted. The Board noted the achievement of the 85% standard for the 62-day GP cancer referral to treatment waits for the first time since 2014 and also achievement of the 92% national Referral to Treatment (RTT) standard for patients waiting under 18 weeks for treatment. There was a confidence that achievement of the 92% standard would be maintained and it was important to note that NHS England were expected to report that national performance for the period had been below the 92% standard for the first time in many months.

The Board noted that many of the quality variables, including falls and pressure ulcers, which could be vulnerable to operational pressures, had been maintained and were testament to the resilience and sustainability of the models in place.

With regard to Emergency Department (ED) performance, the bottom 20% of Trusts were in receipt of regulatory attention and those Trusts with a history of poor ED performance and who were within the lower quintile had already begun the process of regulatory actions and /or formal investigation. UH Bristol were above the lower quintile but reported as below average. Deborah Lee advised the Board she had correspondence with Monitor and demonstrated that the Trust recognised its position and that the focus remained to improve performance beyond 90%. It had been a challenge to understand the changes required to improve performance which could be made within an acceptable timeframe. The Board also noted that demand for ED services had not begun to recede and that the highest number of attendances (170) in the Children's Hospital had been recorded on 28 February 2016. Nationally, a similar picture of record attendances had been reported.

In addition to the drive to improve performance, Board members were reassured that a key focus for the Executive Team was to ensure the safety of departments and wards whilst the pressures continued. Concerns had been raised amongst staff in the Emergency Department with regard to the quality of care provided due to the unprecedented levels of demand and measures had been taken to address the concerns. A different model of care for the ED had been explored for such time when queues had formed which had a particular emphasis on maintaining patient safety, rather than a sole focus of improving performance and flow.

Emma Woollett commented that the Quality and Outcomes Committee had also noted the achievement of the RTT standard and the 62-day GP cancer referral to treatment waits. The Board would write to the Divisions to formally recognise the achievements and to express its appreciation. It was also recognised that the Trust had sought to maintain care in all areas and that achievement of the standards had been attributed to the delivery of more planned activity than in previous winters.

Julian Dennis enquired as to progress of the work underway with local healthcare partners to improve discharges and Deborah Lee confirmed that the work continued on a positive note and delivered benefits. With regard to the "Green to Go' list, there was significant turnover of patients on the list who reside in Bristol, which indicated more patients required assisted discharge. Engagement with partners in North Somerset and South Gloucestershire continued to be a challenge, as their primary areas of focus were Weston Area Health Trust and North Bristol Trust respectively. The largest proportion of 'Green to Go' patients were from North Somerset and levels of engagement with partners in North Somerset had increased. Clevedon Hospital had received a notice from the Care Quality Commission (CQC) to improve their internal environment and the ward for patients who required assisted discharge was to be closed temporarily. The hospital had begun to decline admissions to the ward prior to its closure and clarity had been sought as to how long the ward would be closed. This had been included on the Corporate Risk Register, due to the number of patients who require care in North Somerset and the absence of this facility for between two to three months.

Clive Hamilton noted the good rating for the Eye Hospital but raised concerns with regard to the substantial increase in ambulance handover times (104 in December to 236 in January). Deborah Lee advised this reflected the earlier comments made with regard to the extreme pressures in the Emergency Department. A positive impact from the proposed new model for the Emergency Department related to this particular metric as the pressures on the department have a significant effect on the ambulance service's ability to respond to emergency calls.

In response to a query from Lisa Gardner, Alex Nestor advised that the red rating for Women's & Children's essential training compliance also included the Level 3 safeguarding training. The Division had been asked to review their compliance for essential training and safeguarding training and to produce a trajectory to demonstrate improvement. Deborah Lee commented that due to the operational pressures within the Division, the priority had been to ensure as many beds as possible remained open which affected their ability to release staff for mandatory training.

Jeanette Jones commented that she had been made aware on her walkarounds within the Women's & Children's Division that staff had not been able to attend training due to workload pressures.

Deborah Lee highlighted to the Board an emerging risk related to essential training compliance in Q1 2016/17, due to changes in the requirements for training for fire, safety and Information Governance, which meant that a large proportion of staff would not be compliant from 1st April 2016. Efforts would continue throughout March to ensure as many staff as possible achieved compliance via e-learning. Each Division had been requested to produce a compliance trajectory and a plan to demonstrate how this would be achieved. It was:

RESOLVED:

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

183/02/16 Quality and Outcomes Committee Chair's Report (item 8)
Alison Ryan presented the report for members of the Board on the business of the Quality and Outcomes Committee meeting held on 26 February 2016. The Committee had discussed the causes of the variance in the Emergency Departments and were reassured that staff maintained their focus with regard to performance. Additional evidence of the factors which affected flow in and out of the department was provided and discussed; a step change in January was noted and would be investigated further. The Committee noted the change to a system with immense variability and the efforts to identify the most effective changes that could be made in order to address the problems.

Serious Incident reports were reviewed in detail and provided a great deal of insight with regard to learning points identified as a result of the investigations. The Trust's Serious Incident Policy was reviewed against the National Serious Incident Framework and it was agreed that the policy would be divided into a separate policy and procedure.

Learning from serious incidents was also correlated against evidence received by the Committee, including the monthly staffing report and adult mortality reviews. The evidence provided the identification of previously unknown hotspots and triangulation of this information provided valuable insights for Committee members.

The Committee noted the achievement of the 92% national Referral to Treatment (RTT) standard.

The Committee received an update on the progress made in Heygroves theatres, particularly around the staff experience. Alison Ryan commented that raising concerns did result in the production of action plans to identify where changes could be effected. The Committee would receive a further progress update in August.

Following a review of the quarterly Workforce report, the Committee noted that the management of issues such as sickness, recruitment and retention of staff, were the responsibility of line managers, supported by HR. Line Managers were able to make changes to improve the current position and needed to remain aware of the tensions required to manage this appropriately,

In response to a query from David Armstrong, Alison Ryan confirmed that at every meeting, the Committee reviewed a report which detailed, by Division, the number of Serious Incidents which had been investigated and completed within the required timeframe and whether the investigations had been to the required standard. David further enquired as to the timeframe for investigations and Carolyn Mills advised there was an initial 72 hour window to identify and report Serious Incidents to the Clinical Commissioning Group (CCG). The Trust then had 60 days for completion of a final draft prior to final approval processes. Carolyn advised the Board that the Trust had been issued with a contract performance notice around non-compliance for the reporting timescales but advised there had been an anomaly in how both the CCG and the Trust recorded the dates. It had been acknowledged that improvements were required in this regard but the Board was reassured that investigations that fell outside of the 60 day deadline were exceptions and not a frequent occurrence.

John Moore enquired whether there was ambiguity with regard to reporting against any other metrics and Carolyn Mills advised that in the context of Serious Incident reporting, a compromise had been agreed with the commissioners. Deborah Lee reassured the Board that it was part of the data quality assurance framework which closely monitored the reporting but it

was noted that the system was not fool-proof. This was in addition to the audits undertaken by the Internal Audit department. It was:

RESOLVED:

- **That the Board receive the Quality and Outcomes Committee Chair's Report for assurance**

184/02/16 Quarterly Workforce Report (item 9)

Alex Nestor introduced the report and referred to earlier discussions with regard to the level of performance for sickness and turnover. Sickness had increased during October to December and the Trust continued to benchmark its sickness against other organisations; it was noted that the Trust's position was more favourable in comparison to other local Trusts. The impact of staff self-certification for periods of sickness up to 3 days had been evaluated and the analysis was due at the end of February. With regard to the reduction of sickness, there were a number of initiatives available for staff, including free health checks, physical activities and lifestyle checks. It was encouraging to note that to date, over 175 people had signed up to the health check and 80 people had applied for the physical activity and lifestyle check.

From a governance perspective, the Divisions continued to review their sickness hotspots and support was available for line managers in specific hotspot areas. Of note was the recently published staff survey which identified feedback from staff which highlighted a reduction in those who had been absent with work-related stress in the last 12 months.

Difficulties remained with regard to vacancies, this had reduced from 5.8% in the previous quarter to 5.2% and the Recruitment Team were working to reduce the length of time taken to fill vacancies.

Turnover fluctuated at around 13.8% and was similar to the other organisations the Trust benchmarked itself against. Recruitment and retention initiatives continued to be developed in conjunction with views from staff and the analysis from the 2015 staff survey would assist in this regard.

In response to a query from Julian Dennis with regard to support and training for line managers in the management of staff sickness, Alex Nestor advised that it was planned to audit the return to work interviews undertaken following sickness. The format of the sickness interview had been reiterated to managers, along with the importance of the return to work checklist that was to be completed on every occasion.

Julian further queried Occupational Health involvement for staff with increased sickness absence and Alex Nestor confirmed this was part of the checklist process for both long term and short term absence. Sickness absence was also reviewed by % attendance and not just short and long term sickness in isolation.

David Armstrong referred to the exit questionnaires and suggested that, as only 16.5% of leavers had returned a questionnaire, clear insights as to the reasons for leaving could not be easily identified. David enquired how completion could be encouraged and also raised concerns with regard to the methods for improving retention i.e. staff surveys, listening events and Personal Development Reviews. Alex Nestor advised that the low response rate for the exit questionnaire had been noted and that consideration would be given to mandating the questionnaire. With regard to retention initiatives, Alex Nestor advised that the appraisal

process review undertaken identified that feedback from staff was about how the Trust recognised and rewarded its staff. A Reward and Performance group had been established to review non-cash benefits and rewards.

David Armstrong referred to discussions in the Finance Committee around recruitment and expressed concern with regard to the robustness of the recruitment plans. Alex Nestor advised the Board that two Divisions had been asked to produce a business case detailing future investment required to support recruitment and retention plans and business cases would be prioritised accordingly. The detailed business cases would be presented to the Board in due course.

Carolyn Mills commented that one recommendation from the Deloitte Review had been to establish a sub-committee to focus on the workforce and Robert Woolley confirmed that until the decision had been taken to implement that structure, the Board would be the appropriate forum for the discussions around workforce. Guy Orpen suggested that the Business Cases would also need to reference the financial impact to the Trust, should the recruitment position fail to improve. Deborah Lee suggested it would be helpful for the Board to receive a precis on the current and planned workforce issues, in addition to the business cases, which would also provide the line management perspective.

John Moore commented that staff morale was improved by having appraisals and training and he would welcome a pragmatic one to three year plan on leadership development for managers and leaders within the organisation. The Trust needed to identify innovative initiatives and benchmark against Trusts in the upper quartile, and to also observe other sectors and industries in order to make the Trust an employer of choice.

Aliso Ryan agreed with the comments made with regard to investment through the business planning route and as part of the precis of the current work underway, inclusion of a reference to the impact of initiatives on the workforce itself would be helpful.

Emma Woollett summarised that the Board was seeking a report which would set out firstly the measures currently being taken and the impact of those measures, from the perspective of line managers and HR and secondly a business case for more strategic and transformational retention measures, to include the issues raised in this discussion.

In response to a query from Clive Hamilton with regard to the difference between the figures for actual and target Full Time Equivalent (FTE) staff within the Scientific and Professional workgroup, Alex Nestor agreed to provide the details of the comparison between the quarterly figures.

John Moore referred to the workforce metrics within the Quality and Performance Report and the absence of previous performance figures or future targets. Deborah Lee advised she would work with Xanthe Whittaker and Alex Nestor to include RAG thresholds and historic 2014/15 performance for the workforce metrics on the dashboard. It was:

RESOLVED:

- **That the Board receive the Quarterly Workforce Report for assurance**
- **That the Board receive a report on both current initiatives and costed strategic plans for recruitment, retention and sickness absence**
  That the performance dashboard would be revised to include RAG thresholds and performance figures for 2014/15within the workforce metrics

185/02/16 University Hospitals Bristol Education Plan 2016/17 (item 10)
Alex Nestor advised the Board that following approval of the Education, Learning and Development Strategy in June 2015, the Education Plan presented set out the baseline priorities for next year. These include objectives for learners on placements and had been set out, for the first time, by professional staff group. The cohesive plan supported responsibilities across the Trust and also provided opportunities to showcase good practice. The Education Plan would be monitored through the Education Group, and an Annual Plan would also be produced. The plan utilised the Trust's strengths which related to positive feedback received around learning experiences but also noted the shifting landscape for education. This would be developed further to ensure the key agenda was delivered in line with the Health Education South West agreement.

Emma Woollett clarified that the Education Plan related to our provision of education and training for key partners within the local health and academic community, rather than the development of our own staff.

The separation of the provision of educational services from workforce development was welcomed, in addition to the clarity provided with regard to oversight and delivery of each function. Further clarity was sought with regard to performance indicators and measurement of the Education Plan's effectiveness, and the number of individuals and organisations who had benefitted. The Education Plan would provide further oversight to the Board of the Trust's commitment to its educational partners.

Julian Dennis referred to Appendix A of the paper and noted the absence of generic objectives for pathology staff. Kay Collings, Head of Education, advised the Board that the objectives had been produced in collaboration with Diane Crawford, Director of Medical Physics. Specific objectives for pathology staff had not been identified and therefore, this staff group would be included within the general objectives for the healthcare scientists' staff group. Carolyn Mills sought assurance that the objectives for the healthcare scientists group would encompass all employees within that group. Kay Collings agreed to discuss both points with Diane Crawford.

Deborah Lee noted the expression of impact and outcomes within the Education Plan and had been encouraged to read the detailed action plan. Deborah echoed the comments made by Guy Orpen with regard to the development of a performance dashboard.

In response to a query from David Armstrong, Robert Woolley confirmed this was the first time the education plan had been produced in this format and Robert echoed earlier comments with regard to the timeliness of its production. David referred to the Successes, Priorities, Opportunities, Risks and Threats analysis (Appendix C) and commented that the successes had not included details of learning that had been accrued and the differences and benefits made as a result. Robert Woolley confirmed the plan was not to improve education for UH Bristol employees and its purpose was to support the Trust to deliver its contractual commitments on the curriculum that had been set by the educational commissioners, who would also measure the outcomes.

Alison Ryan referred to Appendix A and would like to see included the expectations from the plan for 2016/17, in terms of growth. Robert Woolley advised this detail would be included once the commissioning arrangements for 2016/17 had been finalised.

John Moore welcomed the report and would be interested to receive further detail with regard to exceeding capacity, how well the Trust was meeting its aspirations and how the Trust

performed in comparison to peer organisations. John also looked forward to a more ambitious report for next year.

Paul Mapson also welcomed the first iteration of the report and advised the Board that a section would be included around the management of the implications of the changes to the Health Education England contract, which would be in the form of a reduction in resources. Details of the revised framework were not yet available so the plan would be amended to ensure educational quality was managed effectively within the reductions.

Clive Hamilton enquired whether there would be reductions in the training provided, following the reductions in the training budget for the Trust which would affect this particular revenue stream. Robert Woolley advised that the Trust's training plans would be revised to respond to a reduced revenue stream. Paul Mapson anticipated the reductions would be between £2.5 - £3m and further clarity had been requested with regard to the Health Education England process. It was:

RESOLVED:

- **That the Board receive the University Hospitals Bristol Education Plan 2016/17 for information**

186/02/16 Partnership Programme Board Report (item 11)

Robert Woolley introduced the report which provided a summary of the discussions with North Bristol Trust. Current issues included the review and refinement of the partnership's governance arrangements and also the focus of the Partnership Board and work would commence shortly to review the Trusts' strategies to ensure alignment. Specific issues for Partnership Board consideration included the transfer of the Cellular Pathology Service, the Genomics Medicine Centre and the joint interest of working with health community colleagues on the future of Weston Area Health Trust. It was:

RESOLVED:

- **That the Board receive the Partnership Programme Board Report for assurance**

187/02/16 Finance Report (item 12)

Paul Mapson introduced the report which detailed the financial position at the end of January 2016 with a reported surplus of £2.924m (before technical items). After technical items, the surplus increased to £10.256m.

January had been a challenge and the Board noted activity levels, and associated income levels, had been maintained. An increased demand in extra nursing agency shifts was also reported, due to emergency pressures. The challenges faced in January had been expected and provision for this had been included in the forecast.

The year-end position forecast had been revised to show a £3.5m planned surplus, and the position would allow for the expected year-end provisions. This was in response to the national position and the impact of a potential breach of the NHS Vote and Trusts had been encouraged to make earlier assessments of the year-end position. The Board noted the encouraging continued delivery of activity, despite the pressures.

A healthy cash position and risk rating was reported but a slip in the capital programme was noted. This would be reviewed in detail at the Capital Group meeting; the majority of issues had

been largely unavoidable but it was intended to build more resilience into next year's forecasting.

John Moore noted the low risk associated with the EBITDA and Paul Mapson advised that the low risk had been attributed to the confidence for the year-end forecast. It was:

RESOLVED:

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

188/02/16 Finance Committee Chair's Report (item 13)

Lisa Gardner presented the report of the business discussed at the meeting of the Finance Committee on 24 February 2016. The Committee had expected a productivity report for ENT to identify patterns in order to agree an appropriate model for activity and productivity workplans and this would be discussed further in March.

Sue Donaldson, Director of Workforce and OD, had previously attended on a quarterly basis but would now attend each meeting, due to the increase in workforce discussions. The Committee discussed overseas recruitment, sickness and agency spend. With regard to overseas recruitment, the key area for discussion related to staff retention and the UK market as an alternative to overseas recruitment, particularly due to the long lead time for this process. The main focus had been to continue to recruit in the UK and to develop retention initiatives for staff to ensure they stayed within the Trust. The significant financial investment required for overseas recruitment had been considered due to the uncertainty around the sustainability funding for 2016/17.

The Committee reviewed the various action plans that had been produced for the Senior Leadership Team in relation to sickness and the Committee would review patterns for all staff groups throughout the Trust.

Agency expenditure for January had been higher than anticipated but remained a key area of focus.

The Committee reviewed the final report from Lord Carter and would expect an action plan to involve benchmarking to be presented to the next meeting in March. A further update would be presented to the Board in due course.

The Finance Committee noted the forecast outturn and Divisional performance had also been reviewed. Further information had been requested on a number of areas, including cardiac surgery and bone marrow transplants, to review the activity levels that were below target.

The Committee had received the initial insights in to next year's cost improvement plans, which continued to be a challenge.

The slippage on operational capital was noted by the Committee.

Progress was noted with regard to debtors.

The Committee approved changes in the Accounting policies and would be presented to the Audit Committee in March for approval.

An amendment to the revised Scheme of Delegation was approved. It was:

RESOLVED:

- **That the Board receive the Finance Committee Chair's report for assurance**

189/02/16 Governors' Log of Communications (item 14)

The report provided the Trust Board with an update on governors' questions and responses from Executive Directors.

In response to a query from Lisa Gardner, Debbie Henderson advised that the Executive Director lead aimed to respond within ten days.

Emma Woollett noted the helpful and informative report.

With regard to item 141, Emma Woollett advised that Deborah Lee would liaise with the Governor directly to obtain specific items of evidence to be addressed.

With regard to item 144, Deborah Lee advised that the Executive Lead would be reassigned to the Chief Nurse. It was:

RESOLVED:

- **That the Board receive the Governors Log of Communications to note.**
- **That specific evidence would be obtained for review for item 141 of the Governors' Log**
- **That the Executive Lead for item 144 would be reassigned to the Chief Nurse**

190/02/16 Any Other Business

Jeanette Jones extended an open invitation to Living and Working with Disabilities event on Monday 21st March (9am- 12Noon, Lecture Theatre 2) at which staff would demonstrate the various equipment available.

Emma Woollett thanked Debbie Henderson, on behalf of the Board and the Governors, for her commitment, contribution and the significant impact she had made on the organisation in her role as Trust Secretary. The Board wished Debbie the best of luck for her new role in Harrogate.

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed at 12.50.
The next meeting of the Trust Board of Directors will take place on Wednesday 30 March 2016, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

…….. ……2016
Chair Date

University Hospitals Bristol NHS
NHS Foundation Trust

Trust Board of Directors meeting held in Public 29 February 2016
Action tracker

Outstanding actions following meeting held 29 February 2016					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	**189/02/16**	Specific evidence would be obtained for review for item 141 of the Governors' Log.	Chief Operating Officer / Deputy Chief Executive	March 2016	
2.	**184/02/16**	That the Board receive a report on both current initiatives and costed strategic plans for recruitment, retention and sickness absence.	Director of Workforce & OD	April 2016	
3.	**184/02/16**	That the performance dashboard would be revised to include RAG thresholds and performance figures for 2014/15 within the workforce metrics	Chief Operating Officer / Deputy Chief Executive	May 2016	
4.	**181/02/16**	The Board to receive an update on the major strategic schemes for consideration and prioritisation.	Director of Strategy & Transformation	Autumn 2016	
5.	**149/01/16**	Assurance to be provided to the Quality and Outcomes Committee that the Trust could identify and adequately train staff members with regard to provision of care for patients with visual impairments and other disabilities.	Chief Nurse	April 2016	
Completed actions following meeting held 29 February 2016					
6.	**189/02/16**	Executive Lead for item 144 would be reassigned to the Chief Nurse	Chairman		Complete
7.	**165/01/16**	Reflection to be given on the delegated authority within the Standing Financial Instructions for commitment of resources at a time of emergency during the next review period.	Chief Operating Officer / Deputy Chief Executive		Complete: policy owner to address requirement during the next review period
8.	**153/01/16**	National Maternity Survey outcome and action plan to be submitted to the Board.	Chief Nurse	March 2016	Complete: agenda item 9, 30 March 2016

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
06. Chief Executive's Report									
Sponsor and Author(s)									
Sponsor & Author: Robert Woolley, Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

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

Key issues to note
The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in March 2016.

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.

Impact Upon Board Assurance Framework

The Senior Leadership Team is the executive management group responsible for delivery of the Board's strategic objectives and approves reports of progress against the Board Assurance Framework on a regular basis.

Impact Upon Corporate Risk

The Senior Leadership Team oversees the Corporate Risk Register and approves changes to the Register prior to submission to the Trust Board.

Implications (Regulatory/Legal)

There are no regulatory or legal implications which are not described in other formal reports to the Board.

Equality & Patient Impact

There are no equality or patient impacts which are not addressed in other formal reports to the Board.

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD –MARCH 2016

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in March 2016.

2. QUALITY, PERFORMANCE AND COMPLIANCE

The group **noted** the current position in respect of performance against Monitor's Risk Assessment Framework.

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

The group **received** an update on the status of improvement actions following the Care Quality Commission inspection in September 2014, and **agreed** that the plan could be closed and the residual issues taken into the existing performance management framework.

3. STRATEGY AND BUSINESS PLANNING

The group **noted** an update on the business planning round 2016-2017, including development of Divisional and Trust Operating Plans for that period, and **agreed** proposals for capital prioritisation, including major medical capital investment and internal revenue cost pressures.

The group **approved** a recommendation for enabling Medway based e-mail correspondence to UH Bristol patients with appointment letters that would otherwise be sent via post.

The group **agreed** the recommended approach to the planned seven day services audit.

4. RISK, FINANCE AND GOVERNANCE

The group **approved** the local analysis report and action plan in relation to the 2015 National Maternity Survey for onward submission to the Quality and Outcomes Committee and Trust Board.

The group **received** the headline results from the 2015 National Staff Survey for onward submission to the Trust Board.

The group **received** an update on the status of the transfer of Cellular Pathology to North Bristol Trust and **approved** a paper recommending the date of transfer as 1 May 2016 for onward submission to the Trust Board.

The group **agreed** to proceed to formal consultation with the Local Negotiating Committee around clear definitions and revised payments for additional hours worked by medical and dental staff.

The group **approved** revised terms of reference for the Civil Contingencies Committee.

The group **received** an update on the Junior Doctors contract.

The group **agreed** the Quarter 3 2015/2016 Patient Experience and Complaints reports for onward submission to the Quality and Outcomes Committee and Trust Board.

The group **received** one low impact Internal Audit Report in relation to the Information Governance Toolkit and two medium impact Internal Audit Reports in relation to Use of Restraint Procedures and Immunisation.

Reports from subsidiary management groups were **noted,** including updates on the Transforming Care Programme.

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
March 2016

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
07. Quality and Performance Report

Sponsor and Author(s)
Report sponsors: • Overview and Access – Deborah Lee, Chief Operating Officer / Deputy Chief Executive • Quality – Carolyn Mills, Chief Nurse and Sean O'Kelly, Medical Director • Workforce – Sue Donaldson, Director of Workforce & Organisational Development **Report authors:** • Xanthe Whittaker, Associate Director of Performance • Anne Reader, Head of Quality (Patient Safety) • Heather Toyne, Head of Workforce Strategy & Planning

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
<u>Purpose</u> To review the Trust's performance on Quality, Workforce and Access standards.

Recommendations
The Committee is recommended to receive the report for **assurance.**

Impact Upon Board Assurance Framework
Links to achievement of the standards in Monitor's Risk Assessment Framework.

Impact Upon Corporate Risk
As detailed in the individual exception reports.

Implications (Regulatory/Legal)
Links to achievement of the standards in Monitor's Risk Assessment Framework.

Equality & Patient Impact
As detailed in the individual exception reports.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees				
Finance Committee	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

University Hospitals Bristol NHS
NHS Foundation Trust

Quality & Performance Report

March 2016

Executive Summary

The Trust has continued to make tangible improvements in performance against a number of national access standards this month. These include achievement of highest reported percentage of patients waiting under 18 weeks from Referral to Treatment (RTT), and the percentage of patients waiting under 6 weeks for their diagnostic test being restored to above the 99% national standard. Also noteworthy, within the context of exceptional emergency pressures, is the greater number of patients waiting less than 4 hours in the Trust's Emergency Departments than the same period last year. Further successes for the month are detailed on the Overview page of this report, alongside the priorities, risks and threats for the coming months.

Both adult and paediatric Emergency Departments have continued to experience significant increases in attendances and emergency admissions. A range of indicators within our patient flow metrics continue to suggest that patient acuity has increased in the period, including an 11% increase in ambulance arrivals and significantly more level 3 patients in the adult Intensive Therapy Unit (ITU). With delayed discharges remaining above plan, this has led to an increase in bed occupancy, with the BRI bed occupancy remaining around the highest level it has been for a year. In addition to the impact on performance against the 4-hour maximum wait, the high volumes of emergency admissions and higher patient acuity in ITU has led to greater than expected levels of last-minute cancelled operations, impacting on both the routine and cancer waiting times. The impact of this will be felt in the cancer waiting times reported for February and March, and a likely slowing of the improvement in RTT performance against trajectory in the coming months. The scaling-up of the intensity of junior doctors' Industrial Action has also resulted in further cancellations of routine surgery and outpatient clinics, although efforts continue to try to minimise the impact. The Trust continues to flag these system risks to Monitor and escalate issues to commissioners to engage primary care and partner organisations in mitigations to manage demand.

Performance has remained strong this month against both the headline quality metrics in the Trust's Summary Scorecard and also the core quality standard. There has been consistently good performance in recent months against many of the key performance indicators related to patient safety, which provides assurance of the quality of care being provided during the recent period of sustained system pressures. These include a continued low rate of avoidable *Clostridium difficile* and MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias, all three cleanliness scores being above their green thresholds, ongoing compliance with hand hygiene standards, three consecutive months of above peer group performance for the Safety Thermometer defined measure of Harm Free Care, and continued low levels of incidence of falls and pressure ulcers per 1,000 bed-days.

System pressures continue to provide context to the current workforce challenges, especially bank and agency spend and considerable focus is being placed on the reasons and necessity for each band and agency shift. There remains a strong internal focus on recruitment and retention of staff, in order to stay responsive to rising demand. Despite the exceptional seasonal pressures currently being experienced, and higher than expected rate of staff turn-over, the Trust continues to report greater than 90% compliance with core essential training standards. We also continue to work in partnership with other organisations within the community to mitigate these system risks, and improve the responsiveness of the Trust's services.

Performance Overview

External views of the Trust

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

Care Quality Commission

Intelligence Monitoring Report (IMR)

This is a tool used by the CQC to assess risk within care services. It was developed to support the CQC's regulatory function. The scoring uses a set of indicators, 93 of which are applicable to the Trust, against which tests are run to determine the level of risk for each indicator. From this analysis trusts are assigned to one of six risk bands based upon a weighted sum of the number of 'risks' or 'elevated risks', with 'elevated risks' scoring double the value of 'risks'.

Band 6 represents the lowest risk band.

Overall risk score = 5 points (2.69%) – **band 5** (not published as recently inspected) – **the CQC will no longer be updating the IMR. Consideration will be given to what other external views can be provided in 2016/17.**

Previous risk score = 10 points (5.43%) – band 3 (not published as recently inspected)

Current scoring

Risks	
Safe:	Never Event Incidence
Effective:	SSNAP Domain (Stroke) team-centred rating score
Responsive:	Referral to Treatment Time (composite indicator) Ratio of days delayed in transfer from hospital to total occupied beds (delayed discharges)
Well-led:	Monitor Governance Risk Rating(see next page)
Elevated risks:	None

NHS Choices

Website

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

Site	User ratings	Recommended by staff	Open and honest	Infection control	Mortality	Food choice & Quality
BCH	4.5 stars	OK	OK	OK	OK	✓
STM	4 stars	OK	OK	OK	OK	✓
BRI	4 stars	OK	OK	OK	OK	✓
BDH	3.5 stars	OK	OK	OK	OK	Not avail
BEH	4 Stars	OK	OK	OK	OK	✓

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

Monitor's Risk Assessment Framework

In quarter 4 to date the Trust has achieved all except three of the standards in Monitor's 2015/16 Risk Assessment Framework, as shown in the table below. The 62-day GP and 62-day screening cancer waiting times standards are scored as a single standard. Overall this gives the Trust a Service Performance Score of 2.0 against Monitor's Risk Assessment Framework. Monitor restored the Trust to a GREEN risk rating in quarter 1, following its review of actions being taken to recover performance against the RTT, Cancer 62-day GP and A&E 4-hour standards and an acceptance of the factors continuing to affect Trust performance, which are outside of its control.

Monitor's Risk Assessment Framework - dashboard

Number	Target	Weighting	Target threshold	Reported Year To Date	Risk Assessment Framework					Q4 Forecast	Notes	Q4 Forecast Risk Assessment Risk rating
					Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16*			
1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	9	✓	✓	✓	✓	TBC**	✓	Limit to the end of Q4 =45 cases	Achieved
2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	98.8%	✓	✓	✓	✓	98.5%	✓		Achieved
2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	96.9%	✓	✓	✓	✓	95.3%	✓		
2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	97.0%	✓	✓	✓	✓	97.9%	✓		
3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	80.7%	✗	✗	✗	✗	81.2%	✗		Not achieved
3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	69.0%	✗	✗	✗	✗	61.4%	✗		
4	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	91.2%	Not achieved	Not achieved	Not achieved	Not achieved	92.8%	✓		Achieved
5	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	97.5%	✓	✓	✓	✓	97.1%	✓		Achieved
6a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	95.6%	✓	✓	✓	✓	95.8%	✓		Achieved
6b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
7	A&E Total time in A&E 4 hours	1.0	95%	91.2%	✗	✗	✗	✗	84.0%	✗		Not achieved
8	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	GREEN	GREEN	To be confirmed	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.

Q4 Cancer figures based upon confirmed figures for January, and draft figures for February and March.
**** C. diff cases from January onwards still subject to commissioner review, but within limit**

2.0
To be confirmed (see narrative)

Summary Scorecard

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

Safe	Caring	Responsive	Effective	Well-led
Infection Control	Friends & Familty Test Score (inpatient)	A&E 4-hours	Mortality	Agency
Never Events	Complaints response	Referral to Treatment Times	Stroke care	Sickness absence
Safety Thermometer (No New Harm)	Inpatient Experience	Cancer waiting times	Heart reperfusion times (Door to Balloon)	Vacancies
Essential Training	Outpatient Experience	Diagnostic waits	Hip fracture	Turn-over
Nurse staffing levels		Cancelled Operations	Outliers	Length of Stay
		Outpatient appointments cancelled		

Key changes in indicators in the period:

RED to GREEN:
- Outliers

AMBER to GREEN:
- Diagnostic waits
- Complaint response

GREEN to AMBER
- Mortality

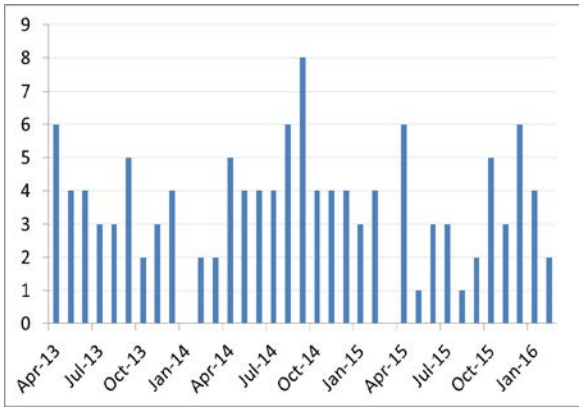
GREEN to RED:
- Cancer Waiting Times

Overview

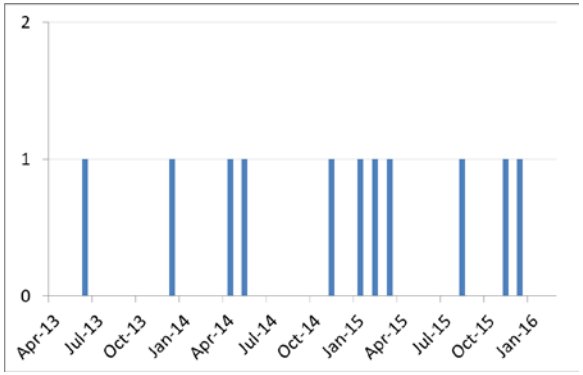
The following summarises the key successes in March 2016, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards in quarter 4 2015/16

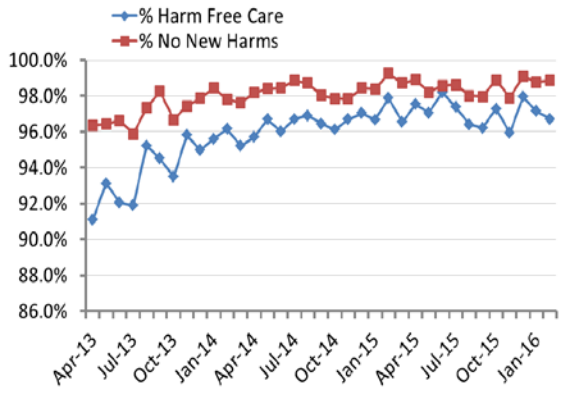
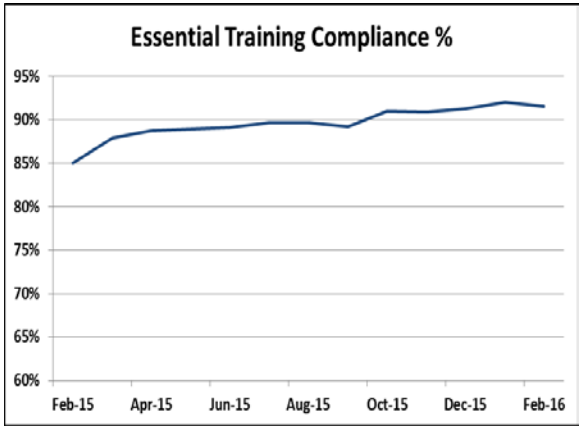
Successes	Priorities
• Sustained overall cleanliness score above 93% for 2015/16 to date • Improvement in Friends and Family Test coverage in maternity; • Stroke care: percentage of patients spending at least 90% of their time on a stroke unit has been above 90% for the whole of 2015/16 to date; • Health and well-being: 252 staff have either been seen, or are booked for free on site health checks before May, supported by Above and Beyond; • Step into Health 12-week physical activity/lifestyle programme – 65 participants; • Lowest reported number of patients waiting over 18 weeks since March 2014; • Diagnostic 6-week wait performance restored to above the national 99% standard; • Highest reported percentage of patients waiting under 18 weeks from Referral to Treatment.	• Improve timeliness of completion of serious incident investigations. Please note we will be changing the methodology for calculating this metric to align with that used by commissioners based month the investigation is due (rather than month it is received). February's performance using the new methodology is 100%; • Improve timeliness of complaints responses; • There is a continued focus on the reduction of staff turnover and sickness absence; • Delivery of planned Referral to Treatment (RTT) clock stop activity in March in order to stay on track with RTT backlog reduction trajectory.
Opportunities	**Risks & Threats**
• To improve early warning scores acted upon as part of our patient safety improvement programme and regain level of improvement previously achieved; • To re-focus on reducing medication errors resulting in moderate or severe harm, there have been 3 each month in November 2015 to January 2016; • To re-focus on venous thrombo-embolism (VTE) risk assessment, performance has dropped below the internally set target of 98%, but remains above the national target of 95%. This will include reviewing the approach regarding VTE for doctors on induction as well as the data collection process. We have, however, identified a hot spot and established that there is an education need for staff entering VTE risk assessment data; • Improving staff experience and staff retention: analysis of annual staff survey results to review if plans are focussing on the right priorities.	• Deterioration in "flow" metrics and access targets during periods of severe system pressures such as in January and February e.g. an increase in cancelled operations, long waits in the Emergency Department and patients outlying in wards out with the optimum placement for their care; • Risk of not achieving annual turnover and sickness KPIs agreed during Operating Planning process; • Following recent successes in essential training compliance, there is a risk from April of non-compliance due to changes in Information Governance and Fire Safety training; • Further Junior Doctor Industrial Action poses a risk to achievement of the 92% RTT Ongoing pathways standard.

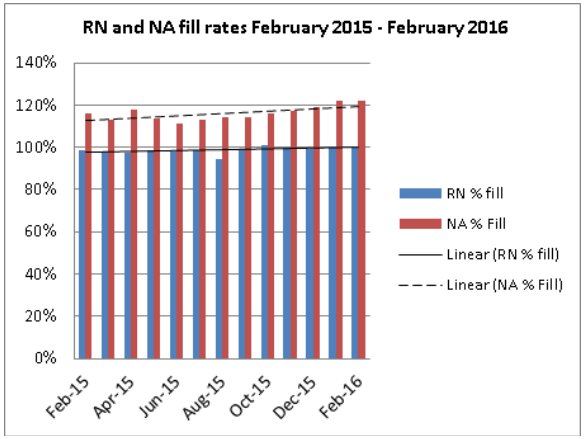
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Infection control
The number of hospital-apportioned cases of Clostridium difficile infections and the number of MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias. The Trust limit for 2015/16 is 45 avoidable cases of clostridium difficile and zero cases of MRSA.</td>
<td>Two cases of Clostridium difficile (C. diff) were reported in February which have yet to be assessed by commissioners. Year to date (to end of December) there have been 9 avoidable cases of C. diff.

There were no cases of MRSA bacteraemia reported in February
<table>
<tr><th></th><th>C. diff</th><th>MRSA</th></tr>
<tr><td>Medicine</td><td>2</td><td>0</td></tr>
<tr><td>Surgery</td><td>0</td><td>0</td></tr>
<tr><td>Specialised Services</td><td>0</td><td>0</td></tr>
<tr><td>Women’s & Children’s</td><td>0</td><td>0</td></tr>
</table>
</td>
<td>Total number of C. diff cases
 

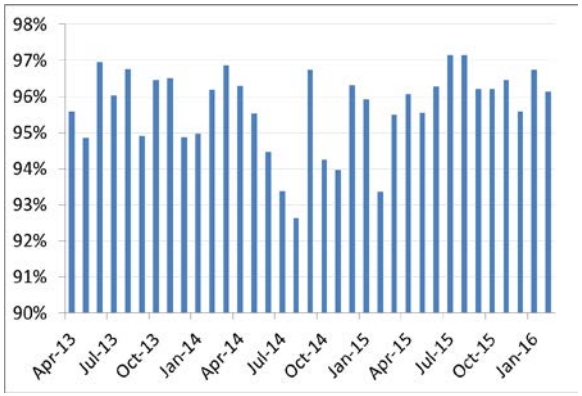
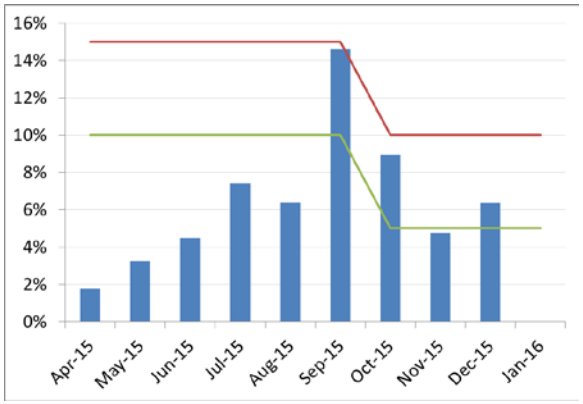
A total of 36 cases (unavoidable + avoidable) have been reported in the year to date (April to February)</td>
<td>We remain within the limit for avoidable cases of C. diff with 9 for the year to date, against a target of 45 for 2015/16 as a whole. Any common themes arising from Root Cause Analysis will be addressed within the action plans developed.

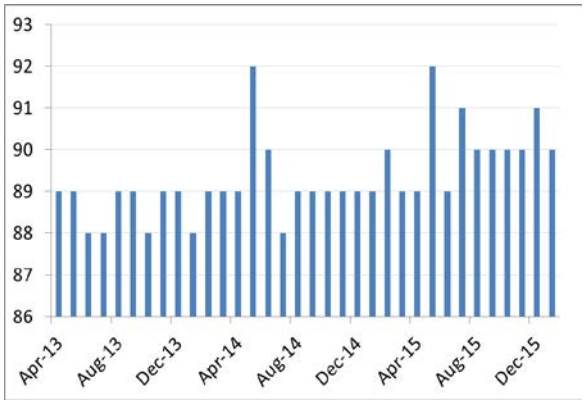
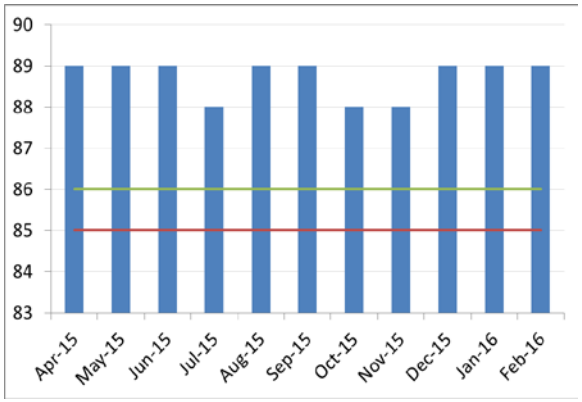
The case of MRSA bacteraemia from November 2015 was successfully challenged and removed from the Trust figures. This leaves a total of three cases of MRSA bacteraemia attributed to the Trust so far for 2015/16.</td>
</tr>
<tr>
<td>Never events are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are currently 14 different categories of Never Events listed by NHS England.</td>
<td>There were no never events reported in February 2016.</td>
<td>Number of never events per month
 
</td>
<td>The Quality and Outcomes Committee of the Board will receive the Root Cause Analysis investigation reports of those never events reported in November and December 2015 in due course.</td>
</tr>
</table>

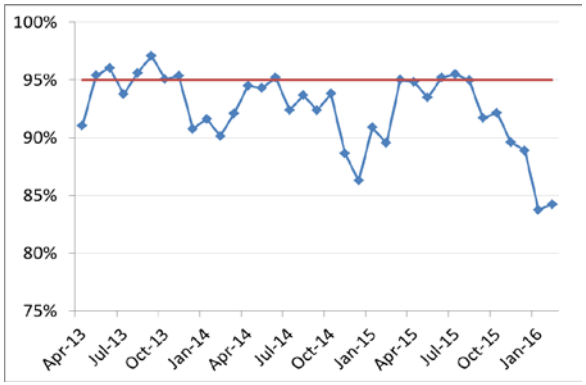
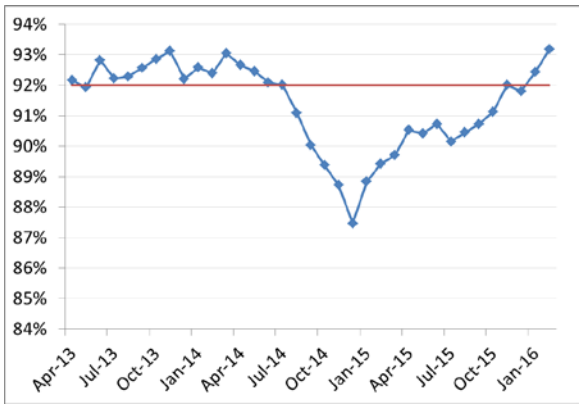
Description	Current Performance	Trend	Comments
Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital.	In February 2016, the percentage of patients with no new harms was 98.9 %, against an upper quartile target of 98.26% (GREEN threshold) of the NHS England Patient Safety peer group of trusts.	**The percentage of patients surveyed showing No New Harm each month** 	The February 2016 Safety Thermometer point prevalence audit showed four new catheter associated new urinary tract infections, three incidences of new venous thrombo-emboli, zero falls with harm and two new pressure ulcers.
Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%	Compliance at the end of February was 91.5% against the 90% threshold for core Essential Training. Six out of seven Divisions achieved the 90% target this month. **February 2016** / **Compliance Rate** **UH Bristol** **91.5%** Diagnostics & Therapies 92.9% Medicine 91.4% Specialised Services 93.1% Surgery Head & Neck 92.5% Women's & Children's 88.7% Trust Services 92.9% Facilities And Estates 94.6%	**Core Essential Training Compliance** 	Compliance exceeded the target of 90% for core essential training for the fifth consecutive month. Levels above 90% were also achieved Safeguarding Adults Level 1 and Safeguarding Children Level 1. Other Essential Training compliance figures are included as an Appendix. There is a risk from April of non-compliance due to changes in Information Governance and Fire Safety training frequency. Action is being taken to try to sustain overall compliance at 90% (Action 1).

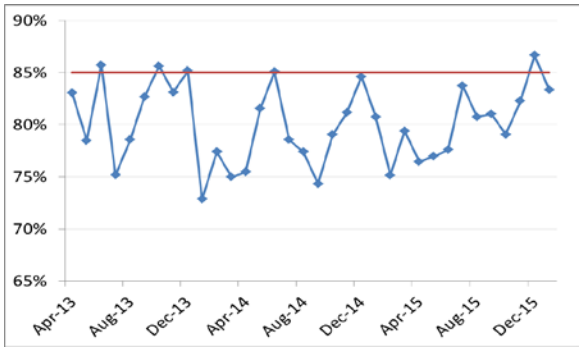
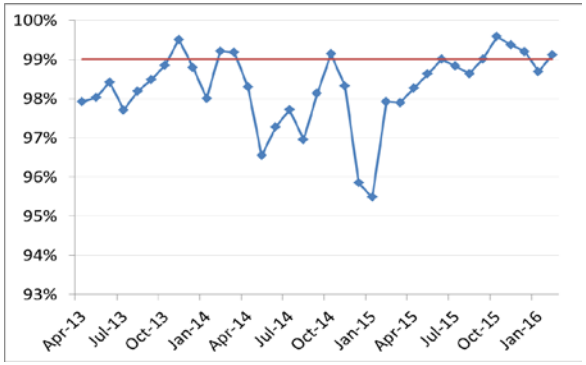
Description	Current Performance	Trend	Comments
Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.	The report shows that in February the Trust had rostered 204,074 expected nursing hours, with the number of actual hours worked of 210,644. This gave an overall fill rate of 103.2%.	**The percentage overall staffing fill rate by month** 	Overall for the month of February 2016, the Trust had 100% cover for Registered Nurses (RNs) on days and 95% RN cover for nights. The unregistered level of 112% for days and 124% for nights reflects the increased activity seen in February. This was due primarily to Nursing Assistant (NA) specialist assignments to safely care for confused or mentally unwell patients in both adults and children. (Action 2). Recruitment resumed after the Christmas period with the net turnover rate again turning positive for the month.

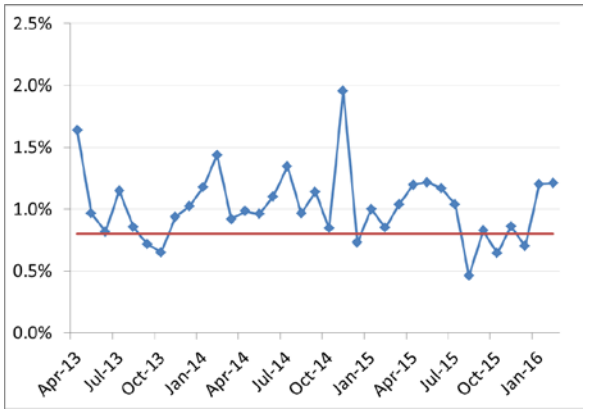
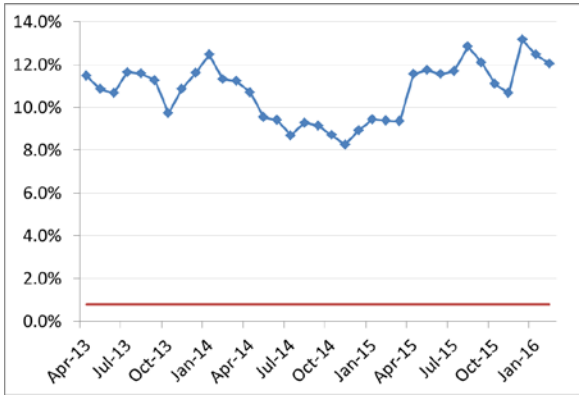
Division	Actual Hours	Expected Hours	Difference
Medicine	62,315	57,688	+4,627
Specialised Services	37,105	37,522	-417
Surgery Head & Neck	43,259	39,902	+3,357
Women's & Children's	67,965	68,962	-996
Trust - overall	**210,644**	**204,074**	**+6,570**

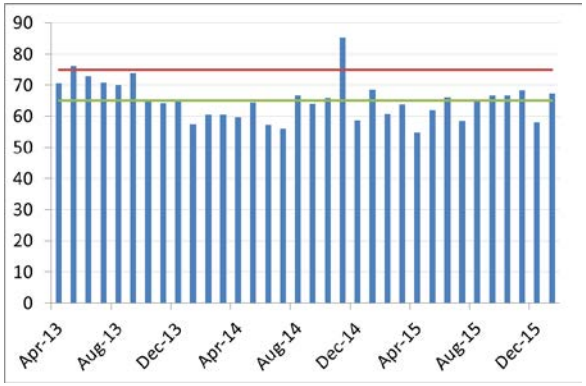
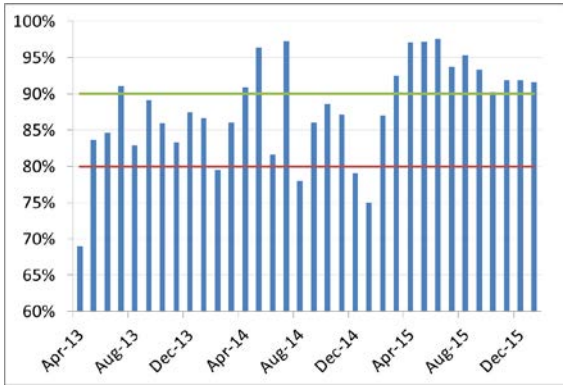
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Friends & Family Test inpatient score is a measure of how many patients said they were ‘very likely’ to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.</td>
<td>Performance for February 2016 was 96.1%. This metric combines Friends and Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services. A breakdown of the quarterly scores by division is shown below:
<table>
<tr><th></th><th colspan="2">2015/16</th></tr>
<tr><th></th><th>Quarter 2</th><th>Quarter 3</th></tr>
<tr><td>Medicine</td><td>94%</td><td>94%</td></tr>
<tr><td>Specialised Services</td><td>99%</td><td>97%</td></tr>
<tr><td>Surgery, Head & Neck</td><td>98%</td><td>98%</td></tr>
<tr><td>Women's & Children's (excl. maternity)</td><td>96%</td><td>95%</td></tr>
<tr><td>Maternity wards</td><td>94%</td><td>95%</td></tr>
</table>
</td>
<td>Inpatient Friends & Family scores each month
 
</td>
<td>The overall Trust level scores for UH Bristol are in line with national norms, and a very high proportion of the Trust’s patients would recommend the care that they received to their friends and family. These results are shared with ward staff and are displayed publically on the wards.</td>
</tr>
<tr>
<td>Dissatisfied Complainants. By October 2015 we are aiming for less than 5% of complainants to report that they are dissatisfied with our response to their complaint by the end of the month following the month in which their complaint response was sent.</td>
<td>For the month of January 2016, performance was 2.13%, an improvement from 6.35 % in December.
In January, we sent out 47 responses to complaints. By the 11th March 2016 we had received 1 response back from a complainant indicating they were dissatisfied with the Trust’s response = 2.13%.
This case relates to a response from the Division of Diagnostic and Therapies.</td>
<td>Percentage of compliantaints dissatisfied with the complaint response each month
 
</td>
<td>Our performance for 2014/15 was 11.1%. Informal benchmarking with other NHS trusts suggests that rates of dissatisfied complainants are typically in the range of 8% to 10%. Improving the quality of written complaint responses is one of our quality objectives for 2015/16.
Actions continue as previously reported to the Board (Action 3).</td>
</tr>
</table>

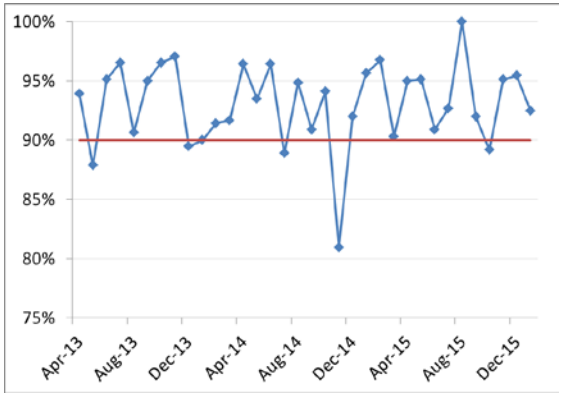
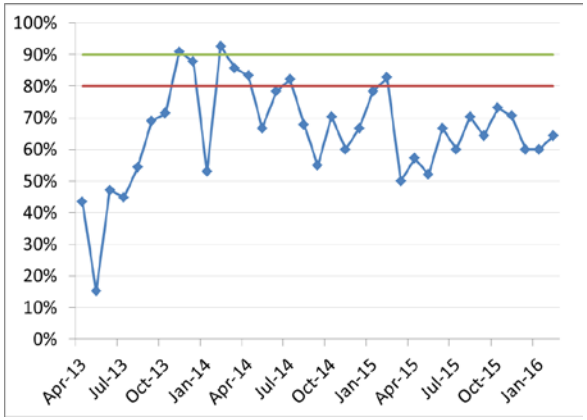
Description	Current Performance	Trend	Comments
Inpatient experience tracker comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as "key drivers" of patient satisfaction via analysis and focus groups.	For the month of January 2016, the score was 90 out of a possible score of 100. Divisional scores are broken down at the end of each quarter as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful. Trust: Q2 90, Q3 90 Division of Medicine: Q2 87, Q3 86 Division of Surgery, Head & Neck: Q2 90, Q3 92 Division of Specialised Services: Q2 91, Q3 91 Women's & Children's Division (Bristol Royal Hospital for Children): Q2 91, Q3 91 Women's & Children's Division (Postnatal wards): Q2 90, Q3 90	**Inpatient patient experience scores (maximum score 100) each month** 	The Trust's performance is in line with national norms in terms of patient-reported experience. For the year to date the score remains green rated. Further detail is provided in the Quarter 3 Patient Experience Report presented to the Board this month.
Outpatient experience tracker comprises four scores from the Trust's monthly survey of outpatients (or parents of 0-11 year olds): 1) Cleanliness 2) Being seen within 15 minutes of appointment time 3) Being treated with respect and dignity 4) Receiving understandable answers to questions.	This metric is derived from a new survey that the Trust introduced in April 2015. February data shows the Trust score to be 89 out of a possible 100, a slight change from 88 in Quarter 3. The divisional breakdown is shown below. 2015/16: Quarter 3 / February Trust: 88 / 89 Medicine: 89 / 88 Specialised Services: 83 / 88 Surgery, Head & Neck: 90 / 90 Women's & Children's (Bristol Royal Hospital for Children): 87 / 85 Diagnostics & Therapies: 91 / 93	**Outpatient Experience Scores (maximum score 100) each month** 	For 2015/16 to date the Trust score remains green. The Trust-level thresholds have been applied to Divisional scores in order to provide an indication of performance at this level. The management team at the Bristol Royal Hospital for Children will be alerted to the red rating for February 2016 – which is primarily a result of waiting times in clinic. A detailed analysis of this metric is provided to the Trust Board in the Quarterly Patient Experience Report.

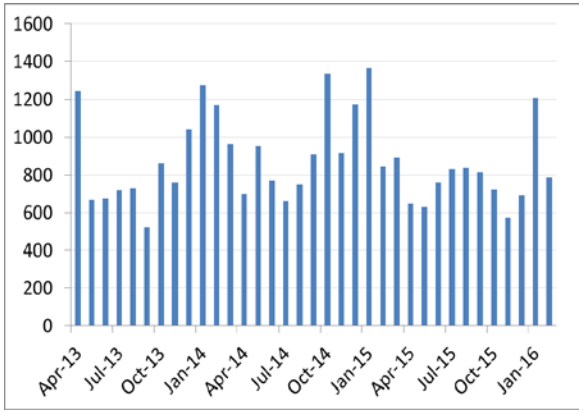
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The national standard is 95%.</td>
<td>The 95% national standard was not achieved in February, with performance for the Trust as a whole reported at 84.2%. Performance and activity levels for the BRI and BCH Emergency Departments are shown below.
<table>
<tr><th>BRI</th><th>Feb 2015</th><th>Jan 2016</th><th>Feb 2016</th></tr>
<tr><td>Attendances</td><td>4866</td><td>5697</td><td>5518</td></tr>
<tr><td>Emergency Admissions</td><td>1708</td><td>2015</td><td>1870</td></tr>
<tr><td>Patients managed < 4 hours</td><td>4034
82.9%</td><td>4314
75.7%</td><td>4366
79.1%</td></tr>
<tr><th>BCH</th><th>Feb 2015</th><th>Jan 2016</th><th>Feb 2016</th></tr>
<tr><td>Attendances</td><td>2683</td><td>3346</td><td>3464</td></tr>
<tr><td>Emergency Admissions</td><td>654</td><td>862</td><td>812</td></tr>
<tr><td>Patients managed < 4 hours</td><td>2565
95.6%</td><td>2982
89.1%</td><td>2933
84.7%</td></tr>
</table>
</td>
<td>Performance of patients waiting under 4 hours in the Emergency Departments
 
</td>
<td>Emergency admissions via the BRI and BCH Emergency Departments increased in February relative to the same period last year. Several indicators continue to suggest patient acuity has increased. The number of patients on the Green to Go (delayed discharge) list has risen, with significant peaks in-month, which has led to bed occupancy remaining at an all year-high. Actions continue to be taken to manage demand and to reduce delayed discharges (Actions 4A to 4C).</td>
</tr>
<tr>
<td>Referral to Treatment (RTT) is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), to be waiting less than 18 weeks at month-end.</td>
<td>The 92% national standard was achieved at the end of February, with the Trust reporting 93.2% of patients waiting less than 18 weeks at month-end. The number of patients waiting over 18 weeks was lower than the backlog improvement trajectory, both in total, and for non-admitted pathways (see Appendix 3).
The number of patients waiting over 40 weeks RTT at month-end was slightly below the number reported in January, against the trajectory of zero.
<table>
<tr><th></th><th>Dec</th><th>Jan</th><th>Feb</th></tr>
<tr><td>Numbers waiting > 40 weeks RTT</td><td>15</td><td>15</td><td>14</td></tr>
<tr><td>Numbers waiting > 52 weeks RTT</td><td>0</td><td>2</td><td>0</td></tr>
</table>
</td>
<td>Percentage of patients waiting under 18 weeks RTT by month
 
</td>
<td>Delivery of the RTT over 18-week trajectories is monitored weekly, with any significant variances from plan escalated to Divisional Director level. The weekly RTT Operational Group continues to oversee the management of waiting lists and booking of longest waiting patients (Action 5).</td>
</tr>
</table>

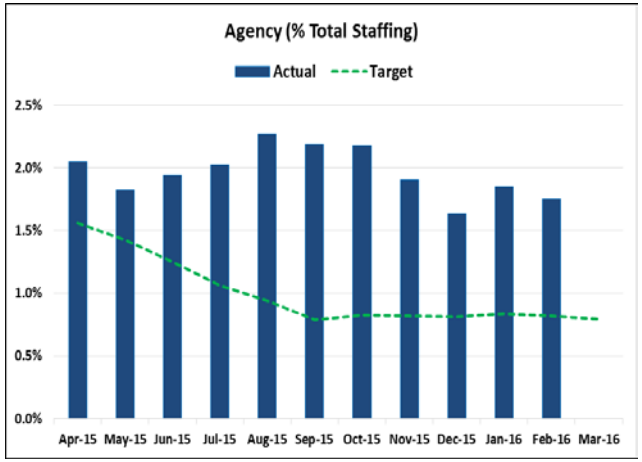
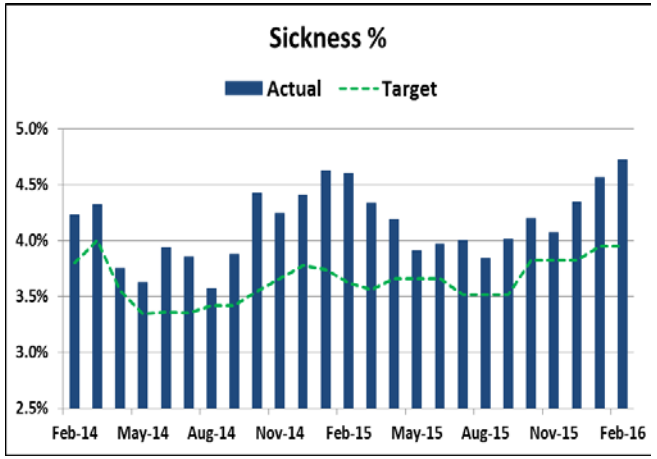
Description	Current Performance	Trend	Comments
Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. There are different standards for different types of referrals, and first and subsequent treatments.	The Trust reported performance of 83.3% against the 85% 62-day GP standard in January, achieving the performance improvement trajectory of 77.0%. Performance against the 90% 62-day screening standard was 50.0%. The main reasons for failure to achieve the 85% national 62-day GP standard are shown below. **Breach reason** / **Jan 16** Late referral by other provider: 4.0 Medical deferral/clinical complexity: 3.0 Administrative issue: 1.5 Delayed diagnostic: 1.5 Delayed outpatient appointment: 2.0 Other (three reasons): 1.0 **TOTAL**: **13.0**	**Percentage of patients treated within 62 days of GP referral**  There were 2 x 62-day screening pathway breaches out of 4 treated. The reasons for the breaches were patient choice and insufficient elective capacity.	Performance for January was below the December seasonal high, but significantly above the national average of 80.9%. February's performance has, however, been adversely affected by emergency pressures. Ideal timescale pathway implementation is complete, with review meetings now planned (Action 6). Discussions continue around timescales for tertiary referral as part of a 2016/17 CQUIN. The above areas of focus are part of the wide ranging action plan signed-off by the Board.
Diagnostic waits – diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.	The 99% national standard was achieved again at the end of February, with reported performance 99.1%. The number and percentage of over 6-week waiters at month-end, is shown in the table below: **Diagnostic test** / **Dec** / **Jan** / **Feb** MRI: 30 / 60 / 30 Ultrasound: 5 / 2 / 7 Sleep: 0 / 3 / 1 Endoscopies: 14 / 20 / 19 Other: 4 / 3 / 6 **TOTAL**: **53** / **88** / **64** Percentage: **99.2%** / **98.7%** / **99.1%** Trajectory: 98.7% / 98.4% / 99.0%	**Percentage of patients waiting under 6 weeks at month-end**  Forecast for March is for the 99% standard to be achieved again.	Additional sessions continued to be established to reduce the number of patients waiting more than 6 weeks for a paediatric MRI scan. As a result the number of over 6 week waiters halved between January and February (Action 7), restoring Trust-level performance to above the 99% standard. Options for increasing routine paediatric endoscopy capacity to reduce the number of long waiters, continue to be implemented.

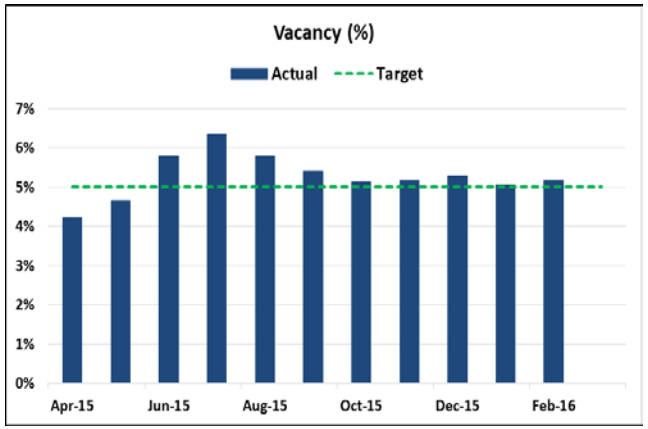
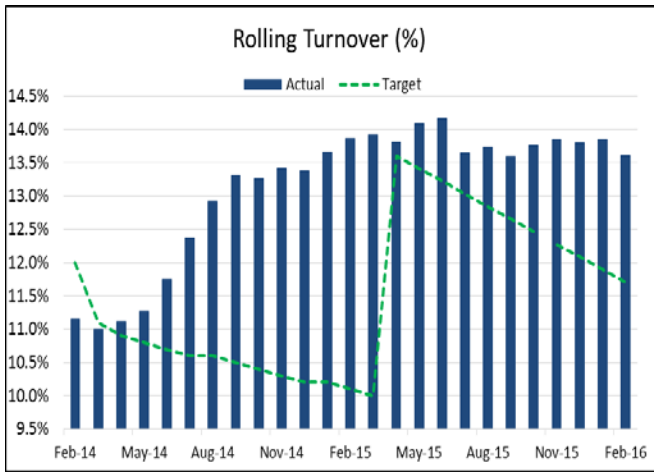
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.</td>
<td>In February the Trust cancelled 71 (1.21%) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:
<table>
<tr><th>Cancellation reason</th><th>Number/%</th></tr>
<tr><td>No ward bed available</td><td>34 (48%)</td></tr>
<tr><td>No ITU/HDU bed</td><td>9 (13%)</td></tr>
<tr><td>Emergency patient prioritised</td><td>11 (15%)</td></tr>
<tr><td>Other causes (12 different breach reasons - no themes)</td><td>17 (24%)</td></tr>
</table>
Six patient cancelled in January were readmitted outside of the required 28 days. This equates to 91.2% of cancellations being readmitted within 28 days. This is below the 28-day readmission standard of 95%.</td>
<td>Percentage of operations cancelled at last-minute
 
</td>
<td>Emergency pressures continued to be the primary reason for the cancellation of routine operations in the period. A separate action plan to reduce elective cancellations continues to be implemented (Actions 8A and 8B). However, please also see actions detailed under A&E 4 hours (4A to 4C) and outlier bed-days (11A to 11C).</td>
</tr>
<tr>
<td>Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.</td>
<td>In February 12.1% of outpatient appointments were cancelled by the hospital. As in December and January, performance against this indicator reflects the necessary cancellations that took place as a result of the Junior Doctor Industrial Action. Analysis suggests the impact of the Industrial Action was circa 1.5%, including both the increased level of cancellations and the loss in outpatient activity from the denominator.
March’s performance against this metric is also expected to be RED rated, due to further planned Industrial Action.</td>
<td>Percentage of outpatient appointments cancelled by the hospital
 
</td>
<td>Services will continue to plan for any future Industrial Action, to minimise the level of cancellations appointments (and admissions) and consequent disruption to patients. Ensuring outpatient capacity is effectively managed on a day-to-day basis is a core part of the improvement work overseen by the Outpatients Steering Group (Action 9).</td>
</tr>
</table>

Description	Current Performance	Trend	Comments
Summary Hospital Mortality Indicator (in hospital deaths) is the ratio of the actual number of patients who died in hospital and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other factors.	Summary Hospital Mortality Indicator for January 2016 was 67.4 against an internally set target of 65. The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter (i.e. lower and upper confidence intervals greater than 100). No patterns of causes for concern have been identified.	**Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month** 	This is a high level indicator of the effectiveness of the care and treatment we provide. Our performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.
Stroke care. This indicator is a measure of what percentage of a stroke patient's stay was spent on a designated stroke unit. The target is for 90% of patients to spend at least 90% of their stay in hospital on a stroke unit, so that they receive the most appropriate care for their condition	Performance in January 2016 was 91.7% (latest data) against a target of 90%. There were 48 patients discharged in January, of which 44 had spent at least 90% of their stay on the stroke unit. The year to date performance for this measure is 93.9% (371/395 patients) compared with 86.4% last year.	**The percentage of stroke patients spending 90% of their stay on a stroke unit by month** 	There was no bed initially available on the Stroke Unit (SU) for 3 of the 4 patients who did not spend 90% of their time on the SU. Two were admitted to the Acute Medical Unit instead and transferred later to the SU spending 67% (4/6 days) and 50% (1/2 days) there; 1 remained on the AMU 0% (0/2 days). The fourth patient was not initially referred to the Stroke Team but admitted to the Older Person's Assessment Unit and later transferred to the SU spending 75% of their time there (3/4 days).

Description	Current Performance	Trend	Comments
Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.	In January (latest data), 37 out of 40 patients (92.5%) were treated within 90 minutes of arrival in the hospital. Performance for the year to date (93.8%) remains well above the 90% standard.	**Percentage of patients with a Door to Balloon Time < 90 minutes by month** 	Routine monthly analysis of the causes of delays in patients being treated within 90 minutes continues. The 90% standard continues to be met for the year as a whole.
Fracture neck of femur Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. For details of the eight elements, please see Appendix 1.	In February we achieved 64.3% (18/28 patients) overall performance in Best Practice Tariff (BPT). 10 patients' care did not meet all eight standards. Six patients were not operated on within 36 hours, one of whom died the day after admission. Six patients were not reviewed by an Ortho-geriatrician within 72 hours. **Reason for not going to theatre within 36 hours** / **Number** Required medical optimisation prior to surgery: 2 (1 required INR to be stabilised, 1 required potassium levels to be within safe range) Lack of theatre capacity: 3 (1 list overrun, 2 due to staff shortages) Clinical: 1 patient died following admission	**Percentage of patients with fracture neck of femur whose care met best practice tariff standards.** 	Long term sickness of one of two Ortho-geriatrician consultants contributed to the six patients not receiving review within 72 hours. The ongoing actions shown in the improvement plan focus on improving access to theatres and improving the overall fractured neck of femur pathway (10A and 10B). For additional assurance the Trust has commissioned the British Orthopaedic Association to review outcomes for fractured neck of femur patients (10C).

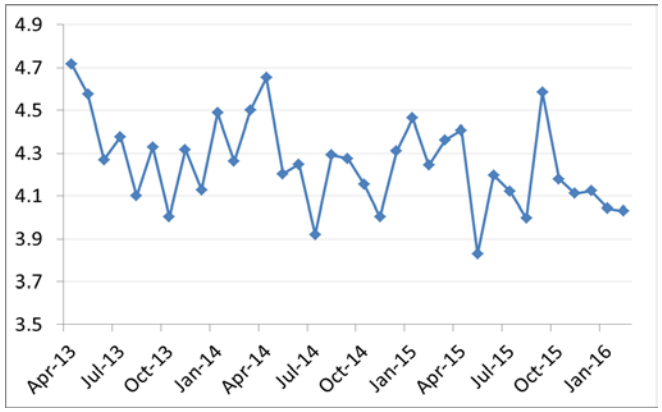
Description	Current Performance	Trend	Comments
Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.	In February there were 788 outlier bed-days against a Q4 monthly target of 927. This is an improvement from January of 420 outlier bed-days. **Outlier bed-days** / **Feb 2016** Medicine: 534 Surgery, Head & Neck: 199 Specialised Services: 41 Women's & Children's Division: 14 Other: 0 Total: 788 The improvement is largely within the Division of Medicine, which still recorded 534 patient bed-days where patients were outlying in a different speciality.	**Number of days patients spent outlying from their specialty wards** 	Medical admissions remain high, with an increased 'Green to go' list and high numbers of patients with a long length stay. Managing demand has resulted in more patients outlying on non-specialist wards to free up acute admission capacity within the main admission wards. Ongoing actions are shown in the action plan section of this report. (Actions 11A to 11C).

Description	Current Performance	Trend	Comments
Agency usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2015/16. The red threshold is 10% over the monthly target.	Agency usage reduced by 7.2 FTE, including a reduction of 4.8 FTE for nursing, dropping in all Divisions except Specialised Services and Surgery, Head & Neck. **February 2016** / **FTE** / **Actual %** / **KPI** **UH Bristol** 144.9 1.8% 0.8% Diagnostics & Therapies 5.3 0.5% 0.5% Medicine 41.2 3.4% 0.8% Specialised Services 26.5 3.0% 1.9% Surgery, Head & Neck 28.7 1.7% 0.6% Women's & Children's 29.6 1.1% 0.8% Trust Services 7.1 1.0% 0.5% Facilities & Estates 14.7 1.9% 0.9%	**Agency usage as a percentage of total staffing by month** 	The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 12). A summary of the Monitor submission in relation to compliance with the newly established agency caps is attached as an appendix.
Sickness Absence is measured as percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2015/16. The red threshold is 0.5% over the monthly target.	Sickness absence increased from 4.6% to 4.7% due to a 12% and 19% rise in stress and Gastrointestinal related absence respectively. All Divisions increased except Surgery, Head & Neck, Diagnostics & Therapies, and Facilities & Estates. **February 2016** / **Actual** / **KPI** **UH Bristol** 4.7% 4.0% Diagnostics & Therapies 3.2% 3.2% Medicine 5.7% 4.1% Specialised Services 5.3% 3.7% Surgery, Head & Neck 4.5% 3.5% Women's & Children's 4.4% 4.6% Trust Services 3.4% 2.7% Facilities & Estates 7.2% 5.6%	**Sickness absence as a as a percentage of full time equivalents by month** 	Action 13 describes the ongoing programme of work to address sickness absence. Out turn for sickness absence in March is expected to be broadly in line with the benchmark for large acute trusts of 4.2%.

Description	Current Performance	Trend	Comments
Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.	Vacancies increased to 5.2% (422.3 FTE) against a target of 5%. Ancillary vacancies are at the lowest level since last April. Registered Nursing vacancies increased slightly by 5.8 FTE to 4.9%.	**Vacancies rate by month** 	The programme of recruitment activities is summarised in Action 14. Vacancy rates are well below published benchmarks, which average 7.5%.
Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 11.5% by the end of 2015/16. The red threshold is 10% above monthly trajectory.	Turnover has reduced to 13.6% with reductions in all Divisions except Diagnostics & Therapies and Facilities & Estates. Registered Nurse turnover increased from 13.7% to 13.1%.	**Staff turnover rate by month** 	Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 15). Whilst published benchmark levels are lower at 13%, turnover in many benchmark trusts has continued to rise, whereas rates at UH Bristol have stabilised at around 13.8% over the last six months.

February 2016	Rate
UH Bristol	**5.2%**
Diagnostics & Therapies	4.7%
Medicine	7.5%
Specialised Services	5.3%
Surgery, Head & Neck	4.6%
Women's & Children's	2.6%
Trust Services	8.3%
Facilities & Estates	6.9%

February 2016	Actual	Target
UH Bristol	**13.6%**	**11.7%**
Diagnostics & Therap.	13.3%	11.1%
Medicine	14.5%	12.7%
Specialised Services	14.8%	12.8%
Surgery, Head & Neck	14.2%	12.8%
Women's & Children's	11.3%	10.0%
Trust Services	15.1%	10.6%
Facilities & Estates	14.5%	12.6%

Description	Current Performance	Trend	Comments
Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.	In February the average length of stay for inpatients was 4.03 days. Length of Stay remains above plan, and for this reason is RED rated. Despite signs of increasing patient acuity, Length of Stay is currently lower than the same period last winter. At the end of February the number of Green to Go delayed discharges was higher than the same period last year (58 versus 49), and remains above the jointly agreed planning assumption of 30 patients.	**Average length of stay (days)** 	Work to reduce delayed discharges and over 14 days stays continues as part of the emergency access community-wide resilience plan and additional exceptional actions being taken (Actions 11A to 11C).

Improvement Plan

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Safe					
Essential Training	1	Continue to drive compliance of core topics, including increasing e-learning Detailed plans focus on improving the compliance of Safeguarding Resuscitation, Information Governance and Fire Safety.	Ongoing Ongoing	Oversight by Workforce and OD Group via the Essential Training Steering Group Oversight of safeguarding training compliance by Safeguarding Board	Trajectory linked to action plans to sustain 90%.
Monthly Staffing levels	2	Continue to validate temporary staffing assignments against agreed criteria.	Ongoing	Monitored through agency controls and action plan.	Action plan available on request
Caring					
Dissatisfied complainants	3	Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the caseworker handling the complaint, then by the Patient Support & Complaints Manager. The Head of Quality for Patient Experience & Clinical Effectiveness also checks a selection of response letters each week. All responses are then sent to the Executives for final approval and sign-off.	Ongoing	Senior Managers responsible for drafting and signing off response letters before they leave the Division are named on a Response Letter Checklist that is sent to the Executives with the letter. Any concerns over the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary.	10% by October 2015, then 5% by March 2016.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Responsive					
A&E 4-hours	4A	Commissioner-led task and finish group established in January, to understand drivers of increase in paediatric emergency demand and to identify possible demand management solutions.	End of March 2016	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
	4B	Delivery of internal elements of the community-wide resilience plan.	Ongoing	Emergency Access Steering Group	Achievement of revised recovery trajectory in Quarter 1.
	4C	Working with partners to mitigate any impact of planned recommissioning of domiciliary care packages providers and bed closures in other acute trusts See also actions 14A to 14C relating to delayed discharges and flow.	Ongoing	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
Referral to Treatment Time (RTT)	5	Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of management of longest waiting patients through RTT Operations Group	Ongoing	Oversight by RTT Steering Group; routine in-month escalation and discussion at monthly Divisional Review meetings.	Achievement of the RTT Incomplete/Ongoing pathways standard as per revised trajectories (remains on track for end of March).
Cancer waiting times	6	Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways, and reduced waits for 2-week wait appointments (copy of plan provided to the Quality &	Ongoing	Oversight of implementation by Cancer Performance Improvement Group, with escalation to Cancer Steering Group.	Restore internal pathway performance to above 85% for quarter 3 (already achieved in Q2). Achieve 85% across shared and internal pathways combined by March 2016 (on

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Outcomes Committee as a separate paper in August; and Trust Board in September)			the assumption that the number of late referrals into the Trust reduces by an average of 50%).
Diagnostic waits	7	Weekly monitoring of waiting list to inform capacity planning, with particular focus on paediatric and cardiac MRI, paediatric and adult gastrointestinal endoscopy and sleep studies long waiters.	Ongoing	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Forecast for 99% standard to be restored from the end of September (achieved), although risks noted in the trajectory for December and January achievement of 99% (December achieved; January not achieved but in line with trajectory; February achieved as planned).
Last minute cancelled operations	8A	Continued focus on recruitment and retention of staff to enable all adult BRI ITU beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited but now in pipeline before starting.	Ongoing	Monthly Divisional Review Meetings;	Improvement to be evidenced by a reduction in cancellations for this reason (as seen since August). Ongoing achievement of quality objective on a quarterly basis, with achievement of national standard of 0.8% in quarter 4 2015/16.
	8B	Specialty specific actions to reduce the likelihood of cancellations.	Ongoing	Monthly review of plan with Divisions by Associate Director of Operations.	As above.
Outpatient appointments cancelled by hospital	9	Reductions in cancellation rates to be realised through improvements in booking practices and appointment slot management	March	Oversight of programme of work, which this is a core part, by the Outpatients Steering Group.	Green target level achieved.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Effective					
Fracture neck of femur Best Practice Tariff (BPT)	10A	Live flow tracker in situ across Division from June to increase visibility and support escalation standards.	Ready to trial in February with full implementation in March 2016 (revised from November 2015 and January 2016)	Inclusion of three new fields to include all trauma patients waiting without a plan, all fractured Neck of Femur (NOF) patients waiting, and all fractured NOF patients over 24 hours. IM&T needs to build a new system in order to be able to retrieve this information into the live tracker. Ongoing project in IM&T.	A new IT system is being built in order to be able to retrieve this information into the live tracker. Ongoing project in IM&T.
	10B	Review of all Ward Processes on Trauma and Orthopaedic Wards. Project to review fractured neck of femur direct admission process and reduced length of stay.	February 2016 (revised from November 2015)	Updates to Divisional and Trust Board.	Improve in overall fractured neck of femur pathway
	10C	The Trust has commissioned the British Orthopaedic Association to conduct an external review of outcomes for fractured neck of femur patients.	To be confirmed.	Report of external review	Monitored by Clinical Effectiveness Group/Quality Intelligence Group.
Ward Outliers	11A	Reduce demand on beds to support optimal occupancy. Range of initiatives in place to reduce demand for acute services. Limited impact to and further significant initiative now being pursued – community virtual ward.	Ongoing Working to bring on line in Q4 (subject to reaching agreement)	Urgent Care Working Group and System Resilience Group	Maintain modelled occupancy of 90%.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
	11B	Weekly Patient Progress meeting continues to expedite early discharge with support of our partners. Divisions reviewing long stay patients Learning from Reset week to be shared.	Ongoing March 21016	Monitoring of Green to go list and new reporting of Delayed Transfers of Care Unscheduled Care Programme Board	Green to Go trajectory or no more than 30 patients Length of stay reduction to meet bed model by 31st August 2016
	11C	Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first	Ongoing	Oversight in Ward Processes Project Group	Linked to increased and timely use of the Discharge Lounge
Well led					
Agency Usage	12	Key actions driven corporately include the following.		Oversight by Savings Board (Nursing Agency) and Medical Efficiencies Group (Medical Agency)	Based on the mid year review, agency usage is anticipated to be around 1.7% compared with a KPI threshold of 1% of total staffing at the end of March.
		<u>All staff</u> Newly established agency caps set by Monitor give an increasingly challenging maximum for the amount NHS Trusts may pay for an agency worker. Actions associated with this change include the following: • Only agencies on approved Monitor frameworks will be used; • There will be a clear clinical and	Second incremental step change in agency cap 1st February 2016, final reduction 1st April 2016.		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		business exception approval process for all staff groups; • No changes will be made to clinical operating model to limit demand, pending assessment of impact of initial measures; • UH Bristol intends to only use agencies on approved frameworks. During 2016, reporting will be extended to cover all data. Currently reporting covers Temporary Staffing Bureau bookings only.			
		<u>Nursing and midwifery</u> • Close working with wards to maximise the functionality of Rosterpro to support booking and payment processes for bank staff.	Ongoing		
		• A 'real-time' staffing dashboard will enable cross-Trust review of staffing levels, providing a real time overview for inpatient staffing, including bank and agency. The system is being amended following user feedback. Updated version to be released end of March.	October –March 2016		
		• A direct booking process based at ward level for temporary staff, commencing September 2015 is being rolled-out to all areas to allow greater control			

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		over staffing at ward level and maximise the availability to bank staff.	Ongoing		
		• A cross-community group has been established to share and develop collaborative approaches to reducing agency spend.	Ongoing		
		• Internal and external local marketing to develop an increased pool of bank nurses.	Ongoing		
		<u>Medical agency usage</u> • Envoy texting system, advising doctors of available shifts, implemented in Division of Medicine, wider roll-out planned for Surgical and Women's & Children's rotas.	March 2016		
		• There is a continued Divisional focus on filling vacancies and gaps, which are the main reasons for medical agency.	Ongoing		
Sickness Absence	13	A detailed plan with timescales for the work programmes was agreed with Senior Leadership Team for 2015/16. An updated and more comprehensive plan for 2016/17 will be submitted to Savings Board at the end of March. Agreed actions for 2015/16 include the following. • Pilot self certification for absences of 1-3 days	November 2015 to end April 2016	Oversight by Workforce and Organisational Development (OD) Group via the Staff Health and Well Being Sub Group	The mid-year review indicates that the out turn for sickness absence will be amber rated at about 4.2% by March 2016.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		implemented in all divisions January. Workforce & Organisational Development Group in April will review the evaluation and agree next steps.			
		• Audit of sickness absence management process, completed February, report due in April.	November 2015 to April 2016		
		• Contacting employees on the 1st, 3rd and 7th day of sickness absence, phased roll-out.	December 2015 to June 2016		
		• Managers in "hot spots" to receive coaching in consistent implementation of the policy.	Ongoing		
		The Staff Health and Well Being annual action plan continues to be implemented, including the following:			
		<u>Staff health and well being</u> • Free on site health checks over the next 2 years with a target of reaching 2000 staff. • Launch of "Step into Health" 12 week physical activity/lifestyle programme – currently 65 applicants	December 2017 January to June 2016		
		<u>Musculo-skeletal</u> • Review of Occupational Health Physiotherapy pathway to improve the focus on prevention and keeping staff at work.	Ongoing		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		• Continued targeted intervention by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team.	Ongoing		
		<u>Colds and flu</u> • The seasonal flu vaccination campaign for Trust staff commenced in October 2015. The Trust aimed to achieve the 75% target set by NHS England. Coverage was 47% of front line staff and 3,921 total staff.	Completed end February 2016	Flu Steering Group	
Vacancies	14	Recruitment action plan includes the following activities:		Oversight by Workforce and OD Group via the Recruitment Sub Group.	On the basis of the review of trajectories at the mid year review, out turn is expected to be around 5.9% compared with a target of 5%.
		• A schedule of advertising activity has been developed utilising the agreed funding for 2015/16 to target the national market for hard to fill posts including nursing and midwifery. Activity includes the use of local radio, Bristol buses and social media.	September 2015 to March 2016		
		• Service level agreements and KPIs for recruitment are being developed and tested to measure performance and support improvement of conversion to hire rates and benefits realisation.	January to April 2016		

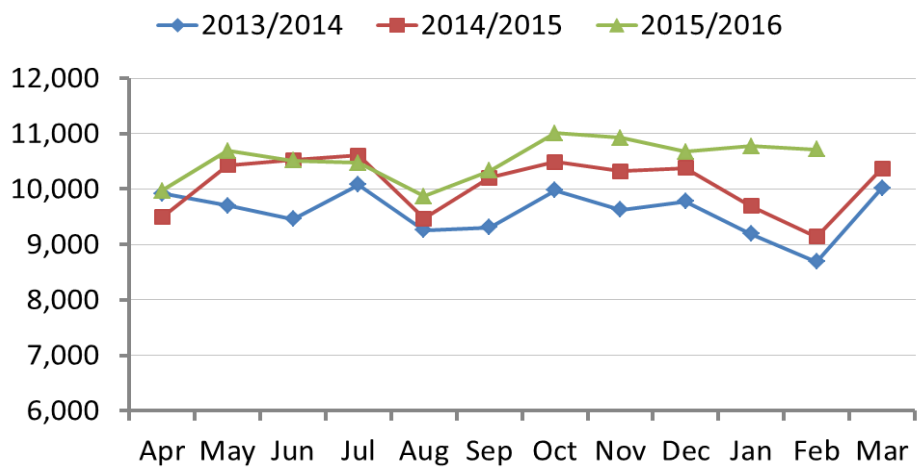
Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		• Option appraisals are being undertaken for recruitment and retention initiatives in specialist areas - Heygroves Theatres, ITU, Haematology & Oncology as an alternative to targeted overseas campaigns.		Operating Plans 2016/17	
Turnover	15	Key corporate and divisional actions include the following. • Staff experience workshops: Senior Leadership Team agreed divisional and corporate actions. Divisions have incorporated actions with detailed milestones into their operating plans.	November 2015 - March 2016.	Oversight of Staff Experience Programme by Transformation Board. *Divisional actions*: Divisional Boards/ Senior Leadership Team. *Corporate actions:* Staff Engagement and Leadership Group/Workforce and OD Group.	An out-turn of about 13% is anticipated on the basis of the mid year review.
		• Pilot preceptorship programmes to support newly qualified nurses in their transition from student to registered nurses.	September 2015 to September 2016	Oversight by Workforce and OD Group	
		• Investment for divisional hot spots including innovative training and development. Return on Investment report due May 2016.	September 2015 – May 2016	Senior Leadership Team/Workforce and OD Group /Divisional Boards	
		• Role competency and career frameworks to be embedded within the revised appraisal process to improve the quality and application of staff appraisals.	September 2016	Workforce and OD Group	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		• Staff Survey results have now been shared with Trust Board and Senior Leadership Team. A more detailed analysis will be available by March to enable Divisions to develop focused actions based on results for key areas.	February to May 2016.	Workforce and OD Group	

Operational context

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

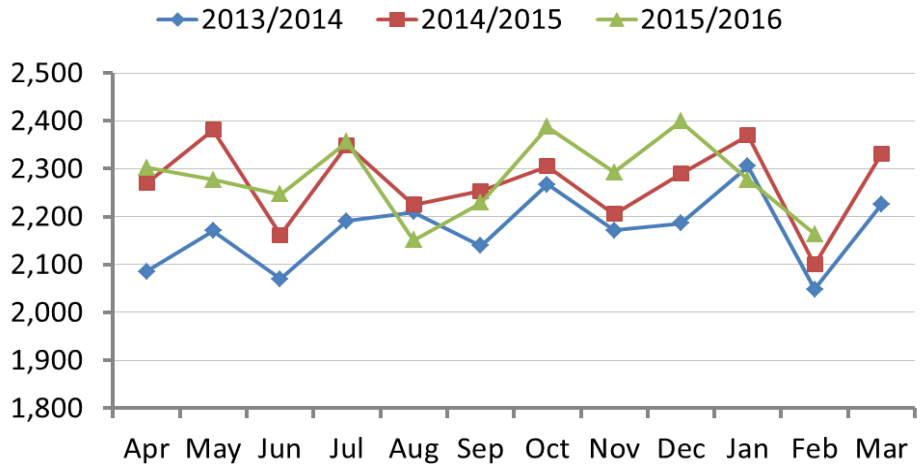
Emergency Department (ED) attendances



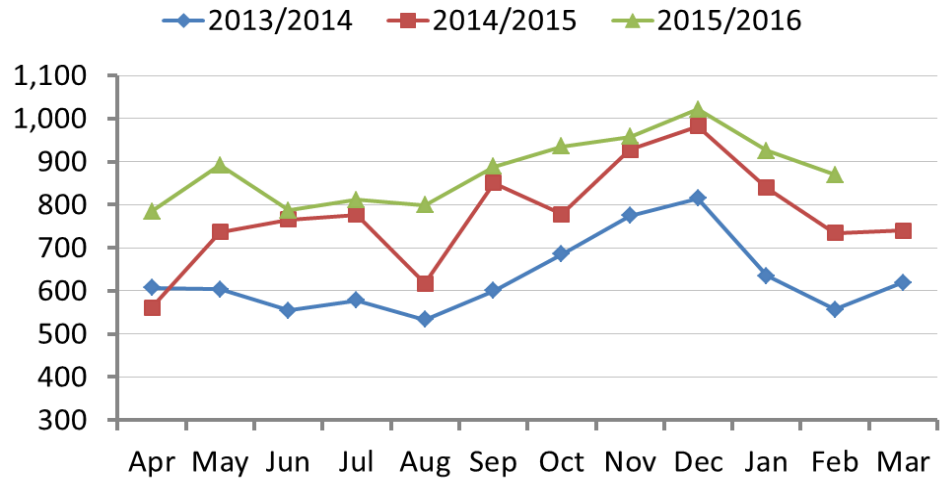
Summary points:

- Emergency activity remains high across all sites, with high levels of ED attendances and total emergency admissions above the same period last year at the BCH; total emergency admissions into the BRI are slightly above the seasonal norm, but with significantly more admissions going through the Emergency Department (see the A&E 4-hour report);
- The number of elective admissions is above the same period last year (but slightly lower than planned, due to the Junior Doctor Industrial Action); as will be seen from the Assurance section, the number on the elective waiting list has reduced;
- The number of new outpatient appointments is also above the same period last year (but again lower than planned, due to the Junior Doctor Industrial Action); and there has been a reduction in the outpatient waiting list.

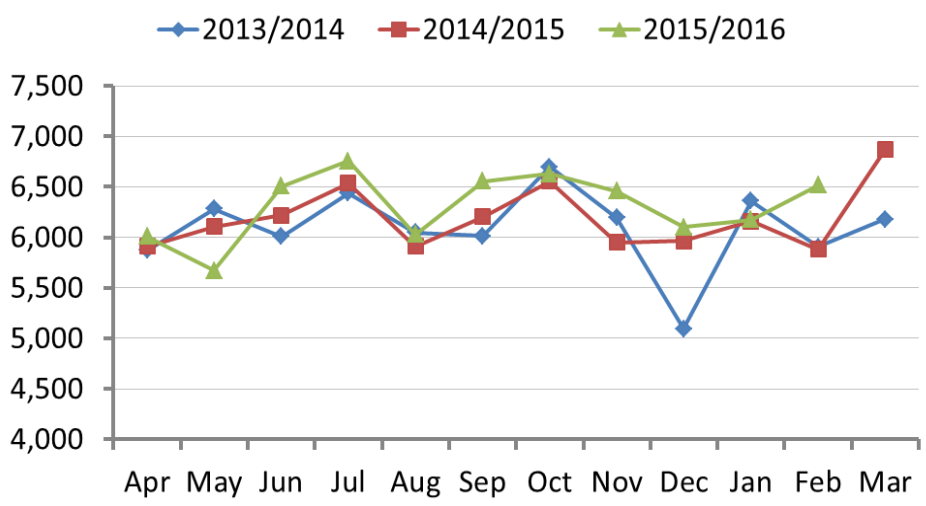
Emergency admissions (BRI)



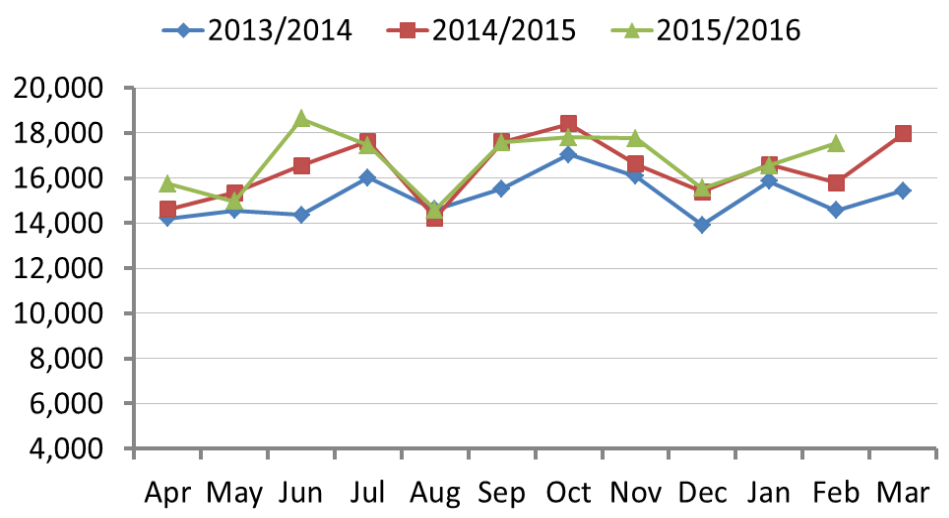
Emergency admissions (BCH)



Elective admissions



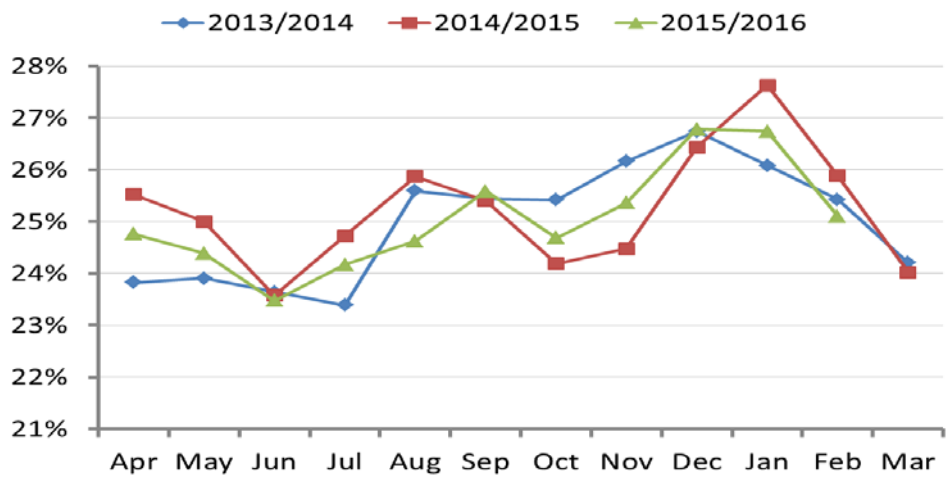
New outpatient attendances



Assurance and Leading Indicators

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

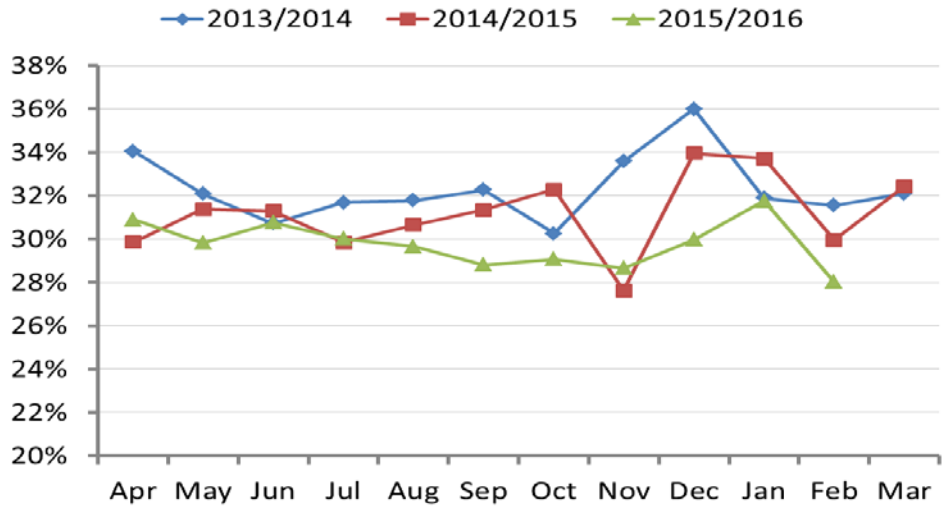
Percentage ED attendances resulting in admission



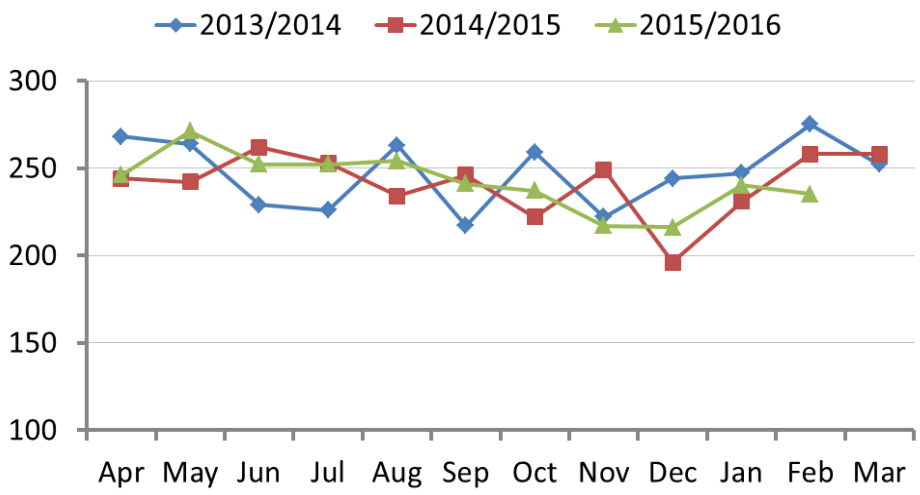
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission is slightly lower than the seasonal norm in February, as is the percentage of patients admitted aged 75 years;
- The number of delayed discharges has increased, but the number of over 14 day stays has decreased slightly; and as a consequence BRI bed occupancy has stayed at the highest level seen all year;
- The number of patients on the outpatients and elective waiting lists have decreased in line with increased activity; and consistent with this there was an increase in RTT clock stop and a decrease in the number of patients waiting over 18 weeks RTT (see Appendix 3);
- Numbers of patients referred by their GP with a suspected cancer has stayed above the seasonal norm, which may in turn lead to an increase in demand for 62-day cancer treatments, which was low in January due to emergency pressures

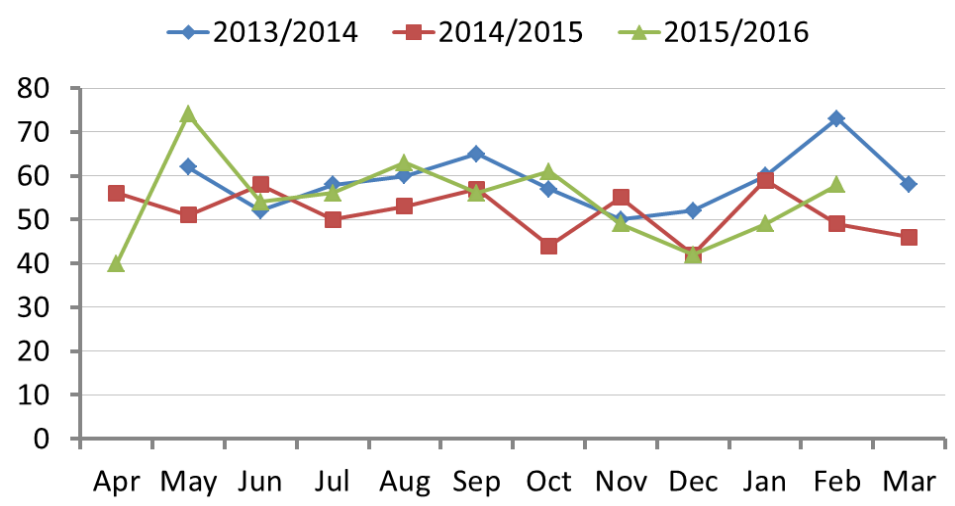
Percentage of Emergency BRI spells patients aged 75 years and over



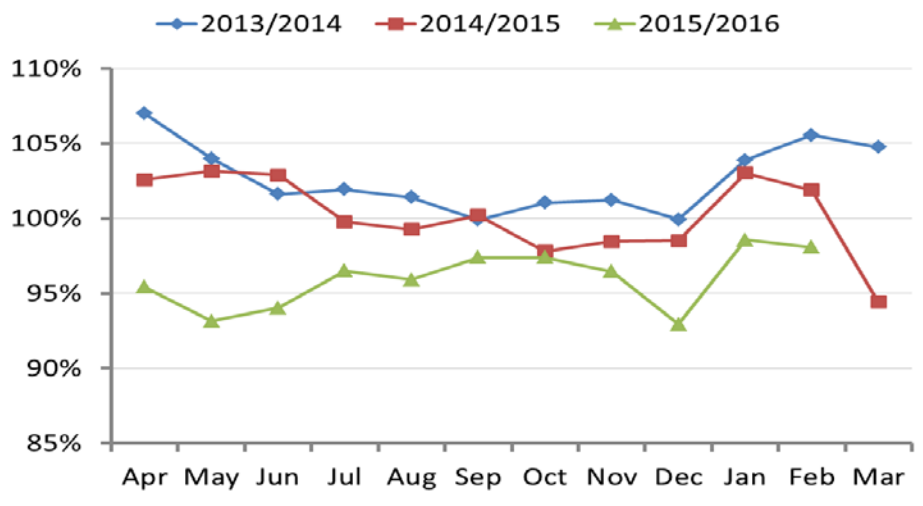
Over 14 day stays



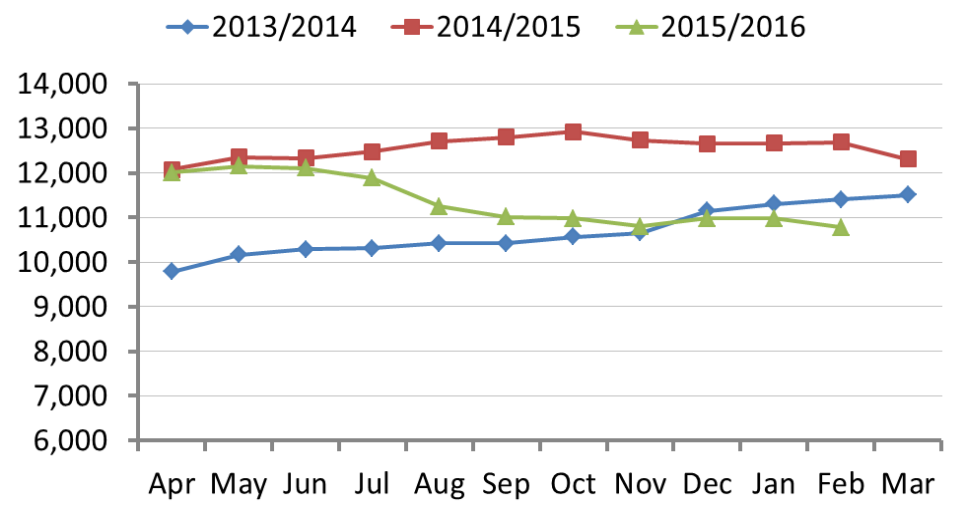
Delayed discharges (Green to Go)



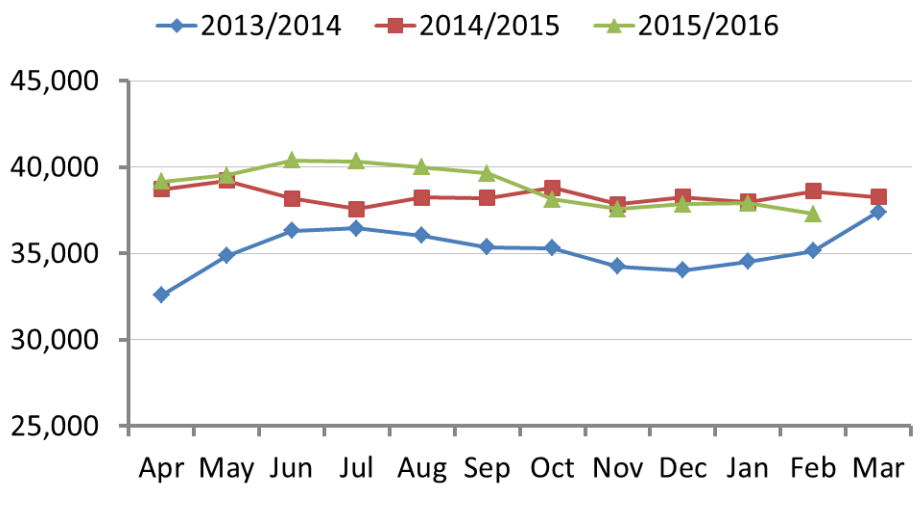
BRI Bed Occupancy



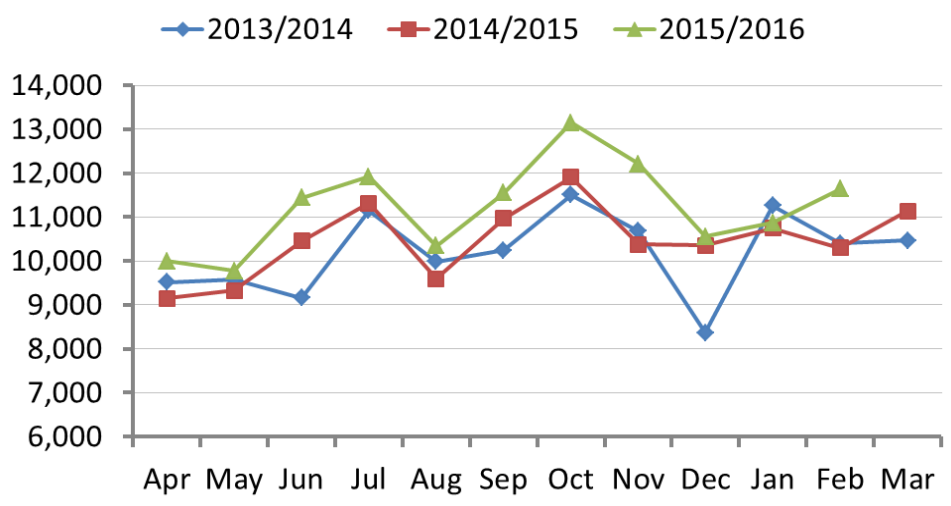
Elective waiting list size



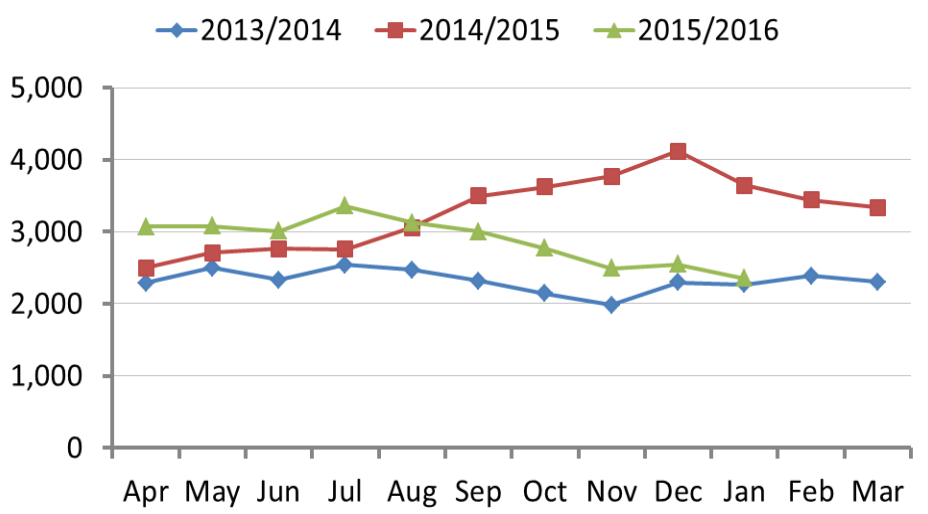
Outpatient waiting list size



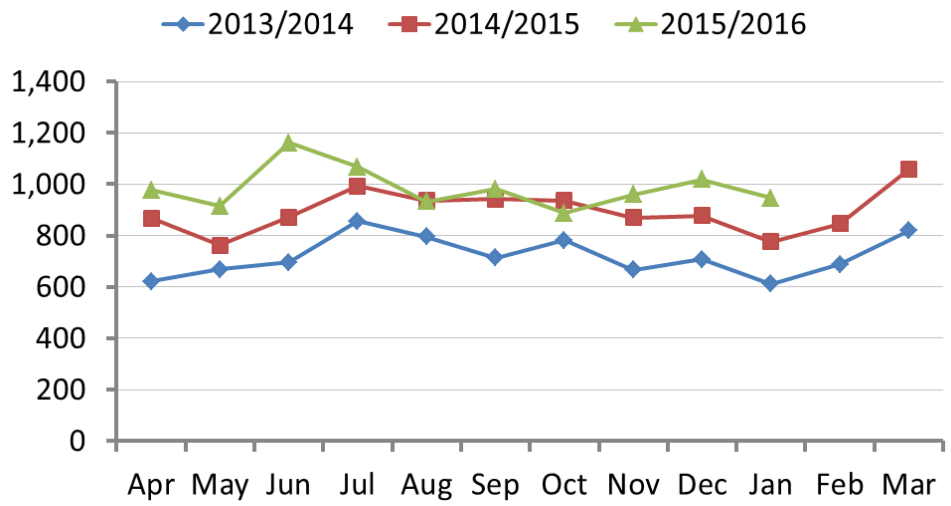
Number of RTT pathways stopped (i.e. treatments)



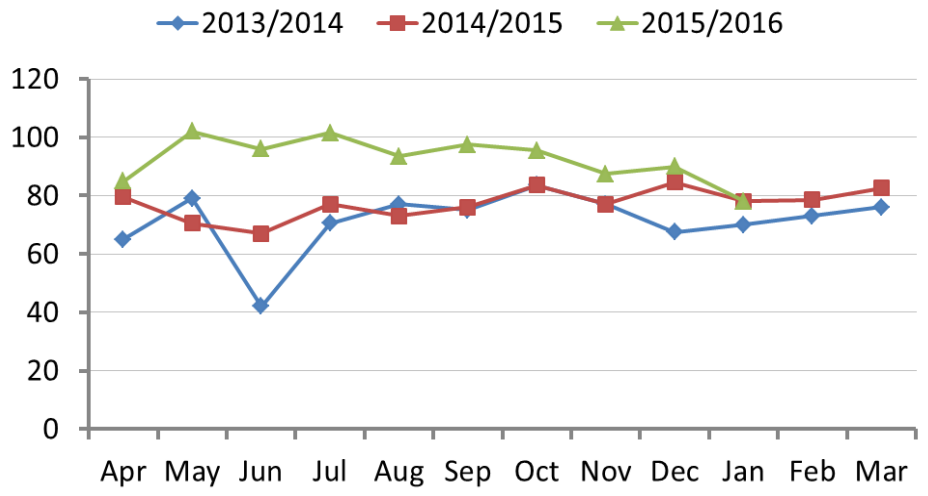
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

QUALITY

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			14/15	15/16 YTD	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	5	4	5	1	1	2	2	3	3	3	4	4	4	4	2	3	4	4
	DA01	MRSA Bloodstream Cases - Monthly Totals	5	4	0	1	0	1	0	1	0	0	1	0	0	0	2	1	1	0
	DA03	C.Diff Cases - Monthly Totals	50	36	0	6	1	3	3	1	2	5	3	6	4	2	10	6	14	6
	DA02	MSSA Cases - Monthly Totals	33	26	4	4	1	4	2	3	2	3	2	2	2	1	9	7	7	3
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	8	2	2	3	4	5	5	7	7	9	-	-	3	5	9	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	97.1%	97.6%	97%	96.7%	97.6%	97.7%	97.7%	97.9%	95.8%	98.1%	98.1%	96.3%	95.4%	97.1%	97.8%	97.3%	95.9%
	DB02	Antibiotic Compliance	89.3%	87.7%	88.8%	90.7%	90.9%	88.9%	88.3%	86.1%	82.3%	85.7%	86%	90.6%	86.5%	88.2%	90.1%	85.7%	87.2%	87.3%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	96%	95%	95%	93%	95%	93%	93%	94%	94%	94%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	97%	96%	97%	96%	97%	97%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	97%	97%	95%	94%	93%	94%	95%	95%	95%	95%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	78	59	6	6	6	4	3	8	4	4	9	5	6	4	16	15	18	10
	S02a	Number of Confirmed Serious Incidents	71	42	6	5	5	3	3	8	1	4	8	4	0	1	13	12	16	1
	S02b	Number of Serious Incidents Still Open	2	13	0	0	0	1	0	0	1	0	1	1	6	3	1	1	2	9
	S03	Serious Incidents Reported Within 48 Hours	88.5%	81.4%	83.3%	100%	100%	25%	100%	62.5%	100%	100%	44.4%	100%	100%	100%	81.3%	80%	72.2%	100%
	S04	Percentage of Serious Incident Investigations Completed Within Timescale	73.3%	73.2%	100%	75%	85.7%	66.7%	100%	100%	75%	85.7%	66.7%	60%	60%	63.6%	78.6%	87.5%	72.2%	62.5%
Never Events	S01	Total Never Events	6	3	1	0	0	0	0	1	0	0	1	1	0	0	0	1	2	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	12712	11365	1124	1087	1139	1216	1023	1109	1143	1142	1149	1167	1190	-	3442	3275	3458	1190
	S06b	Patient Safety Incidents Per 1000 Beddays	41.32	44.05	43.14	42.65	43.43	47.3	39.07	42.88	45.48	43.86	45.33	46.04	44.59	-	44.46	42.43	45.07	44.59
	S07	Number of Patient Safety Incidents - Severe Harm	89	88	6	7	5	5	9	13	8	13	8	15	5	-	17	30	36	5
Patient Falls	AB01	Falls Per 1,000 Beddays	4.8	3.91	4.53	3.61	4.46	3.81	4.05	4.6	3.9	3.53	3.79	4.14	3.56	3.59	3.97	4.19	3.82	3.57
	AB06a	Total Number of Patient Falls Resulting in Harm	28	25	2	2	2	0	2	1	1	4	3	5	2	3	4	4	12	5
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.387	0.23	0.269	0.353	0.267	0.311	0.229	0.232	0.318	0.192	0.079	0.158	0.15	0.242	0.31	0.259	0.143	0.194
	DE02	Pressure Ulcers - Grade 2	110	58	5	9	7	7	5	4	7	4	2	4	3	6	23	16	10	9
	DE03	Pressure Ulcers - Grade 3	9	7	2	0	0	1	1	2	1	1	0	0	1	0	1	4	1	1
	DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.8%	98.3%	99.2%	99.1%	99.3%	99.1%	99.4%	99.3%	99%	98.4%	98.1%	97.4%	97.1%	95.6%	99.2%	99.2%	98%	96.3%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.4%	94.6%	96%	93.9%	93%	94.3%	96.6%	95.2%	95.1%	94%	93.5%	94%	93.6%	96%	93.8%	95.7%	93.9%	94.8%
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	88.9%	90.3%	87.9%	86.8%	93%	92.3%	90.7%	86.6%	86.5%	91.5%	91.6%	93.2%	90.4%	89.9%	90.9%	87.9%	92.1%	90.2%
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.9%	100%	100%	99.7%	100%	100%	100%	100%	100%	99.8%	100%	99.9%	99.8%	99.9%	100%	99.9%	99.9%

QUALITY (continued)

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Safety																				
Medicines	WA01	Medication Errors Resulting in Harm	0.5%	0.9%	0.54%	0.59%	0.56%	0%	1.32%	0.79%	1.75%	0%	1.39%	1.2%	1.28%	-	0.37%	1.34%	0.91%	1.28%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	1.01%	0.89%	0.52%	0.63%	1.43%	0.96%	0.83%	0.73%	0.75%	0.78%	0.62%	1.03%	1.49%	0.66%	0.96%	0.77%	0.8%	1.06%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	96.6%	97.1%	96.5%	97.5%	97.1%	98.2%	97.4%	96.4%	96.2%	97.3%	95.9%	97.9%	97.2%	96.7%	97.6%	96.7%	97.1%	96.9%
	AK04	Safety Thermometer - No New Harms	98.4%	98.5%	98.7%	98.9%	98.2%	98.6%	98.6%	98%	98%	98.9%	97.9%	99.1%	98.8%	98.9%	98.6%	98.2%	98.6%	98.8%
Deteriorating Patient	AR03	Early Warning Scores (EWS) Acted Upon	89%	91%	88%	90%	96%	91%	98%	90%	92%	92%	91%	90%	86%	86%	92%	94%	91%	86%
Out of Hours	TD05	Out of Hours Departures	10.4%	10.8%	10.4%	9%	11.7%	11.6%	10.1%	11.7%	11.7%	12.9%	11.1%	9.3%	10.6%	9.6%	10.8%	11.2%	11.1%	10.1%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	19.5%	20%	20.6%	20.4%	19%	18.6%	19.9%	17.8%	19.8%	18.9%	19.3%	22.3%	22%	22.3%	19.3%	19.2%	20.2%	22.2%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9862	9449	873	845	838	789	879	738	844	845	834	1003	908	926	2472	2461	2682	1834
CAS Alerts	CS01	CAS Alerts Completed Within Timescale	97.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	CS03	Number of CAS Alerts Overdue At Month End	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.6%	103.1%	102.4%	100.4%	100.3%	101.8%	102.8%	100.5%	103.1%	105.8%	104.8%	104.8%	105.9%	103.2%	100.8%	102.1%	105.1%	104.6%
Clinical Effectiveness																				
Mortality	X05	Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital Deat	64.1	63.2	63.9	54.8	62	66	58.4	65	66.6	66.6	68.3	58	67.4	-	60.9	63.3	64	67.4
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	96.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X06	Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline	68.3	64.2	68.6	56.6	71.7	64.7	56.4	64	61.8	69.5	72.6	58.5	66.8	-	64	60.6	66.5	66.8
Readmissions	C01	Emergency Readmissions Percentage	2.83%	2.87%	2.96%	3.01%	3.55%	2.7%	2.75%	2.89%	2.77%	2.83%	2.77%	2.86%	2.67%	-	3.08%	2.8%	2.82%	2.67%
Maternity	G04	Percentage of Spontaneous Vaginal Deliveries	61.5%	62%	57.9%	60.9%	63.4%	64.1%	57.3%	62.5%	62.4%	61.3%	63.9%	63.4%	62.7%	60.1%	62.8%	60.7%	62.9%	61.4%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	76%	75.5%	72.7%	71.4%	72%	66.7%	76%	81.5%	85.7%	80.8%	76.5%	66.7%	76%	78.6%	70.2%	81.3%	74%	77.4%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	93.4%	82.4%	86.4%	77.1%	68%	91.7%	80%	85.2%	78.6%	92.3%	94.1%	86.7%	80%	78.6%	78.6%	81.3%	90.4%	79.2%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	70.1%	63.1%	50%	57.1%	52%	66.7%	60%	70.4%	64.3%	73.1%	70.6%	60%	60%	64.3%	58.3%	65%	67.1%	62.3%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	47.5	45.5	56.2	55.8	46.7	40.2	39.4	42.4	44.4	44.8	50.2	47.5	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.5%	60.3%	60%	68.6%	65.7%	56.1%	43.8%	67.4%	62.2%	57.5%	59.5%	56.8%	62.5%	-	63.1%	59.2%	57.9%	62.5%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	86.4%	93.9%	92.5%	97.1%	97.2%	97.6%	93.8%	95.3%	93.3%	90.2%	91.9%	91.9%	91.7%	-	97.3%	94.2%	91.3%	91.7%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.2%	65%	50%	69.2%	83.3%	30.8%	58.8%	100%	75%	54.5%	62.5%	47.1%	71.4%	80%	60.5%	73.5%	52.8%	75.9%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	65%	91%	81.6%	83.9%	88.4%	82.7%	83.3%	92.5%	91.1%	97.6%	97.2%	95%	93.4%	94.7%	84.9%	88.8%	96.6%	94%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	84.1%	95.8%	94.2%	98.6%	100%	92.8%	90%	92.3%	93.2%	98.4%	96.9%	98.4%	95.7%	96.3%	97%	91.8%	97.9%	95.9%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	58.5%	91.9%	90.5%	90%	92.3%	92.9%	80%	100%	88.9%	100%	83.3%	100%	100%	100%	91.5%	88.9%	91.3%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	75.2%	87.4%	-	90.9%	100%	93.3%	92.3%	76.9%	70%	100%	72.7%	72.7%	-	93.8%	94.6%	80.6%	84.2%	93.8%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	11260	8508	889	647	629	760	833	839	815	722	575	692	1208	788	2036	2487	1989	1996

QUALITY (continued)

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Monthly Totals Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Quarterly Totals 15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	89	89	92	89	91	90	90	90	90	91	90	-	90	90	90	90
	P01g	Patient Survey - Kindness and Understanding	-	-	93	94	96	93	93	95	94	94	95	94	95	-	94	94	94	95
	P01h	Patient Survey - Outpatient Tracker Score	-	-	-	89	89	89	88	89	89	88	88	89	89	89	89	89	88	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	38.7%	19%	59.3%	17.4%	19.7%	16.2%	20.5%	10.4%	19.8%	19.3%	20.4%	20.6%	21.9%	22%	17.7%	17.1%	20.1%	21.9%
	P03b	Friends and Family Test ED Coverage	20.8%	13.1%	37.1%	6.6%	6.7%	7%	12.3%	14.7%	17.8%	15.9%	16.4%	13.9%	15.8%	16.7%	6.7%	14.9%	15.4%	16.3%
	P03c	Friends and Family Test MAT Coverage	28.9%	21.7%	35%	23.9%	33.7%	20.1%	22.1%	18.3%	14.6%	25.3%	20.2%	20.3%	15.7%	24%	26.1%	18.5%	21.8%	19.6%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	94.9%	96.3%	95.5%	96.1%	95.5%	96.3%	97.2%	97.2%	96.2%	96.2%	96.5%	95.6%	96.7%	96.1%	96%	96.8%	96.1%	96.4%
	P04b	Friends and Family Test Score - ED	92.7%	75.7%	93.5%	80.7%	66.3%	70.4%	78.1%	77.3%	76.6%	72.2%	76.2%	80%	77.7%	73.7%	72.2%	77.2%	75.9%	75.7%
	P04c	Friends and Family Test Score - Maternity	94.2%	96.8%	91.5%	97.3%	93.3%	97.8%	98.7%	97.1%	96.3%	98.2%	96.9%	97.7%	94.9%	97.6%	95.6%	97.6%	97.6%	96.5%
Patient Complaints	T01	Number of Patient Complaints	1883	1797	181	158	147	154	207	168	185	182	148	116	143	189	459	560	446	332
	T01a	Patient Complaints as a Proportion of Activity	0.261%	0.257%	0.273%	0.266%	0.25%	0.231%	0.315%	0.302%	0.279%	0.267%	0.219%	0.19%	0.225%	0.284%	0.249%	0.298%	0.227%	0.255%
	T03a	Complaints Responded To Within Trust Timeframe	85.9%	74.4%	85.3%	89.5%	83.9%	82.1%	87%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	70%	84.9%	83.9%	56.5%	69%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	90.2%	92.6%	93%	91.9%	94%	98.1%	93.6%	95.8%	80.4%	81%	90.5%	91.5%	77.5%	93%	96%	84.5%	85.1%
	T04c	Percentage of Responses where Complainant is Dissatisfied	-	5.89%	-	1.75%	3.23%	4.48%	7.41%	6.38%	14.58%	8.93%	4.76%	6.35%	2.13%	-	3.23%	9.4%	6.83%	2.13%
Ward Moves	J06	Average Number of Ward Stays	2.32	2.26	2.24	2.31	2.18	2.19	2.25	2.28	2.28	2.23	2.25	2.27	2.29	2.3	2.22	2.27	2.25	2.3
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.08%	0.95%	1.03%	1.2%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.19%	0.78%	0.73%	1.21%
	F01a	Number of Last Minute Cancelled Operations	749	605	66	66	63	70	62	25	50	40	51	39	68	71	199	137	130	139

ACCESS

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	14/15	15/16 YTD	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Referral to Treatment (RTT)	A01	Referral To Treatment Admitted Under 18 Weeks	90%	90%	84.9%	82.5%	80.5%	79.9%	81%	80.4%	84.2%	85.1%	82.5%	83.1%	79.9%	85%	83.3%	82.2%	80.4%	84%	82.6%	82.7%
	A02	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	90.3%	89.1%	90%	90.2%	91.4%	90.7%	89.2%	88.9%	88.7%	89%	88.7%	89.3%	87.9%	87.1%	90.8%	89%	89%	87.5%
	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	90.4%	91.2%	89.7%	90.5%	90.4%	90.7%	90.2%	90.5%	90.7%	91.1%	92%	91.8%	92.4%	93.2%	90.6%	90.4%	91.6%	92.8%
Referral to Treatment (RTT) Ongoing Volumes	A03A	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3339	3069	3078	3010	3357	3128	3004	2772	2491	2544	2349	2083	-	-	-	-
	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	59	8	4	4	1	0	0	0	1	0	0	0	2	0	5	1	0	2
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	1842	445	119	116	89	38	45	38	28	25	22	15	15	14	243	111	62	29
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	95.5%	95.6%	93.1%	94.2%	94.9%	95.3%	97.3%	95.4%	96.8%	97.5%	95.8%	94.8%	93.7%	-	94.8%	96.5%	96%	93.7%
	E01b	Cancer - Breast Symptom Referrals Seen In Under 2 Weeks	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	96.9%	97.5%	97%	95.8%	99.5%	95.3%	96.7%	96.7%	97.3%	98.7%	98.6%	97.8%	98%	-	96.9%	96.9%	98.4%	98%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	99.6%	98.8%	100%	100%	97.8%	100%	99.1%	98.1%	98.6%	99.1%	100%	98.9%	96.1%	-	99.3%	98.6%	99.3%	96.1%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.9%	96.9%	95.9%	94.1%	97.4%	97.9%	89.1%	100%	97.6%	97.9%	100%	98%	97.6%	-	96.4%	95.6%	98.5%	97.6%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	97.6%	97%	97.2%	97.5%	98.1%	94.7%	96.1%	98.4%	96%	96.1%	97.6%	97.4%	97.9%	-	96.7%	96.8%	97%	97.9%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	79.3%	80.7%	79.4%	76.5%	77%	77.6%	83.7%	80.7%	81%	79.1%	82.3%	86.7%	83.3%	-	77%	81.9%	82.6%	83.3%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	89%	69%	100%	100%	81.3%	62.5%	76.9%	70%	85.7%	14.3%	71.4%	50%	50%	-	78.6%	78.4%	51.9%	50%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	90.1%	89.1%	87.2%	100%	83.3%	76.9%	80.8%	86.7%	91.2%	93.6%	92.7%	100%	81.7%	-	85.2%	87.6%	95.7%	81.7%
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.5%	1.08%	0.95%	1.03%	1.2%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.19%	0.78%	0.73%	1.21%
	F02c	Number of LMCs Not Re-admitted Within 28 Days	36	36	75	64	3	10	12	12	7	4	2	5	3	2	1	6	34	13	10	7
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	79.7%	77.8%	83.9%	77.5%	80.5%	86.4%	73.2%	76%	76%	75.7%	78%	81.8%	75%	-	80.6%	74.7%	78.7%	75%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	92.4%	93.8%	90.3%	95%	95.1%	90.9%	92.7%	100%	92%	89.2%	95.1%	95.5%	92.5%	-	94.2%	94.5%	93.4%	92.5%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	97.47%	98.94%	97.9%	98.27%	98.63%	99%	98.83%	98.63%	99.01%	99.59%	99.37%	99.2%	98.69%	99.11%	98.64%	98.83%	99.39%	98.91%
Outpatients	R03	Outpatient Hospital Cancellation Rate	6%	10.7%	9.2%	11.9%	9.4%	11.6%	11.7%	11.6%	11.7%	12.8%	12.1%	11.1%	10.7%	13.2%	12.5%	12.1%	11.6%	12.2%	11.6%	12.3%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	39	30	58	51	41	59	48	54	41	30	19	33	-	-	-	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	9	16	20	6	19	11	11	12	10	4	5	5	-	-	-	-
Green To Go List	AQ01	Numbers on the Green to Go List (Acute)	-	-	-	-	37	26	56	48	37	52	45	50	39	33	42	49	-	-	-	-
	AQ02	Numbers on the Green to Go List (Non-Acute)	-	-	-	-	9	14	18	6	19	11	11	11	10	9	7	9	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.26	4.15	4.36	4.41	3.83	4.2	4.12	4	4.58	4.18	4.11	4.12	4.04	4.03	4.14	4.23	4.14	4.04

ACCESS (continued)

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 14/15	Annual 15/16 YTD	Monthly Totals Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Quarterly Totals 15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Emergency Department Indicators																						
Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	92.23%	91.23%	95.01%	94.81%	93.47%	95.2%	95.51%	94.95%	91.69%	92.16%	89.6%	88.89%	83.76%	84.23%	94.48%	94.04%	90.23%	84%
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	10	7	0	0	0	0	0	0	0	0	0	0	6	1	0	0	0	7
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95%	95%	97.2%	87.4%	87.9%	87.9%	88.3%	89.3%	92.1%	92%	87.1%	87.6%	83.2%	84.9%	87%	83.9%	88.5%	90.3%	85.2%	85.5%
	B02a	ED Time to Initial Assessment - 95th Percentile	15	15	15	33	29	30	30	28	23	21	32	30	42	37	34	43	30	26	37	40
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	78.3%	92.9%	94.5%	93.2%	92.2%	92.3%	93.4%	91.6%	92.8%	93.2%	94.1%	93.8%	92.7%	92.9%	92.6%	92.6%	93.7%	92.8%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	55.4%	53.5%	56.3%	57.2%	53.5%	53.9%	57.5%	60.4%	53.2%	52.8%	49.8%	53.1%	52.6%	45.3%	54.8%	57%	51.9%	48.9%
	B03a	ED Time to Start of Treatment - Median	60	60	54	56	53	51	56	56	52	48	56	57	61	56	57	69	54	52	58	63
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	99.3%	98.9%	99.3%	99.3%	99.1%	98.5%	99.1%	99.2%	98.7%	98.8%	99%	98.9%	98.7%	98.6%	99%	99%	98.9%	98.7%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.3%	3%	2.5%	2.7%	3%	2.6%	2.9%	2.5%	2.9%	2.7%	3.1%	3.5%	3%	3.7%	2.8%	2.8%	3.1%	3.4%
	B05	ED Left Without Being Seen Rate	5%	5%	1.8%	2.4%	1.6%	1.9%	2.4%	2.9%	2.3%	2%	2.3%	2.4%	2.4%	2.2%	2.6%	2.7%	2.4%	2.2%	2.3%	2.6%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	1032	1032	1287	962	49	46	46	29	38	36	92	96	86	104	236	153	121	166	286	389

WORKFORCE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			14/15	15/16 YTD	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Sickness	AF02	Sickness Rate	4.2%	4.2%	4.3%	4.2%	4%	4.1%	4.2%	3.9%	4.1%	4.3%	4.2%	4.4%	4.6%	4.7%	4.1%	4.1%	4.3%	4.6%
Staffing Numbers	AF08	Funded Establishment FTE	-	-	7958.8	7976.8	8011.6	8088.3	8096.3	8110.8	8128.9	8168.6	8197.6	8199.8	8224.1	8229.4	-	-	-	-
	AF09A	Actual Staff FTE (Including Bank & Agency)	-	-	8130.6	8080.5	8123.2	8114.4	8069.3	8149.2	8253.7	8249.7	8198	8180	8233.9	8246.6	-	-	-	-
	AF13	Percentage Over Funded Establishment	-	-	2.2%	1.3%	1.4%	0.3%	-0.3%	0.5%	1.5%	1%	0%	-0.2%	0.1%	0.2%	-	-	-	-
Bank Usage	AF04	Workforce Bank Usage	-	-	416.2	368.6	424.2	423.5	395	399.2	446.2	0	339.3	336.1	342.8	361.7	-	-	-	-
	AF11A	Percentage Bank Usage	-	-	5.1%	4.6%	5.2%	5.2%	4.9%	4.9%	5.4%	4.6%	4.1%	4.1%	4.2%	4.4%	-	-	-	-
	Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive)																			
Agency Usage	AF05	Workforce Agency Usage	-	-	170.3	165.8	148.3	157.3	163.5	185.2	193.1	180	156.1	134	152.1	144.9	-	-	-	-
	AF11B	Percentage Agency Usage	-	-	2.1%	2.1%	1.8%	1.9%	2%	2.3%	2.3%	2.2%	1.9%	1.6%	1.8%	1.8%	-	-	-	-
	Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive)																			
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	-	-	414.7	333.2	368.5	463.6	507.9	465.1	436	416.4	420.1	431.3	412	422.3	-	-	-	-
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	5.2%	4.2%	4.7%	5.8%	6.3%	5.8%	5.4%	5.1%	5.2%	5.3%	5.1%	5.2%	-	-	-	-
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	2415	1920	199	121	174	156	147	398	227	146	148	120	137	146	451	772	414	283
	AF10	Workforce Turnover Rate			13.9%	13.8%	14.1%	14.1%	13.7%	13.7%	13.6%	13.7%	13.9%	13.8%	13.9%	13.6%				
	Turnover is a rolling 12 months. It's number of permanent leavers over the 12 month period, divided by average staff in post over the same period. Average staff in post is staff in post at start PLUS stafff in post at end, divided by 2.																			
Training	AF20	Essential Training Compliance	-	-	88%	89%	89%	89%	90%	90%	89%	91%	91%	91%	92%	92%	-	-	-	-

Appendix 1

Glossary of useful abbreviations, terms and standards

Abbreviation, term or standard	Definition
BCH	Bristol Children's Hospital – or full title, the Royal Bristol Hospital for Children
BDH	Bristol Dental Hospital
BEH	Bristol Eye Hospital
BHI	Bristol Heart Institute
BRI	Bristol Royal Infirmary
CQC	Care Quality Commission
DNA	Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission
FFT	Friends & Family Test This is a national survey of whether patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. There is a similar survey for members of staff.
Fracture neck of femur Best Practice Tariff (BPT)	There are eight elements of the Fracture Neck of Femur Best Practice Tariff, which are as follows: 1. Surgery within 36 hours from admission to hospital 2. Multi-disciplinary Team rehabilitation led by an Ortho-geriatrician 3. Ortho-geriatric review within 72 hours of admission 4. Falls Assessment 5. Joint care of patients under Trauma & Orthopaedic and Ortho-geriatric Consultants 6. Bone Health Assessment 7. Completion of a Joint Assessment 8. Abbreviated Mental Test done on admission and pre-discharge
ICU / ITU	Intensive Care Unit / Intensive Therapy Unit

LMC	Last-Minute Cancellation of an operation for non-clinical reasons
NA	Nursing Assistant
NOF	Abbreviation used for Neck of Femur
NRLS	National Learning & Reporting System
RCA	Root Cause Analysis
RN	Registered Nurse
RTT	Referral to Treatment Time – which measures the number of weeks from referral through to start of treatment. This is a national measure of waiting times.
STM	St Michael's Hospital

Appendix 2

Other Essential Training Compliance Figures for February 2016

Safeguarding Adults:

Level 1: 91.7% (previous month 92.3%)
Level 2: 86.3% (previous month 87.4%)
Level 3: 42.2% (previous month 34.4%)

Safeguarding Children:

Level 1: 91.2% (previous month 91.8%)
Level 2: 89.3% (previous month 91.6%)
Level 3: 78.0% (core) (previous month 78.4%)
Level 3: 73.6% (specialist) (previous month 76.5%)

Resuscitation: 76.4% (previous month 77.7%)

Appendix 2 (continued)

Summary of Monitor submission showing performance against agency cap requirements 1st February to 29th February 2016

Framework and price cap compliance

Number of shifts (Reported via Temporary Staffing Bureau)	(i) Exceeded price cap only	(ii) Non Framework but within price cap	(iii) Both framework and price cap exceeded
Nursing and Midwifery	315	8	490
Healthcare Assistant and other support	1	4	2
Medical and Dental	218	-	-

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Appendix 3

Access standards – further breakdown of figures

A) 62-day GP standard – performance against the 85% standard at a tumour-site level for January 2016, including national average performance for the same tumour site

Tumour Site	UH Bristol	Internal operational target	National
Breast*†	100%	-	94.4%
Gynaecology	87.5%	85%	75.0%
Haematology (excluding acute leukaemia)	81.0%	85%	80.3%
Head and Neck*	33.3%	79%	69.4%
Lower Gastrointestinal	75.0%	79%	71.2%
Lung	73.7%	79%	71.8%
Other*	100.0%	-	72.0%
Sarcoma*	100.0%	-	75.3%
Skin	94.5%	96%	94.3%
Upper Gastrointestinal	78.9%	79%	71.0%
Urological*†	0%	-	76.0%
Total (all tumour sites)	**83.3%**	**85.0%**	**80.9%**
Monthly trajectory target (excluding assumed improvements in late referrals)	**77.0%**		
Monthly trajectory target (including assumed improvements in late referrals)	**80.0%**		

*3 or fewer patients treated in accountability terms

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

Appendix 3 (continued)

Access standards – further breakdown of figures

B) RTT Incomplete/Ongoing pathways standard – numbers and percentage waiting over 18 weeks by national RTT specialty in February 2016

RTT Specialty	Ongoing Pathways Over 18 weeks	Ongoing Pathways	Ongoing Performance
Cardiology	248	2,133	88.4%
Cardiothoracic Surgery	14	308	95.5%
Dermatology	23	1,747	98.7%
E.N.T.	54	2,209	97.6%
Gastroenterology	56	412	86.4%
General Medicine	0	50	100.0%
Geriatric Medicine	6	152	96.1%
Gynaecology	46	1,148	96.0%
Neurology	92	427	78.5%
Ophthalmology	127	4,152	96.9%
Oral Surgery	216	2,661	91.9%
Other	1,128	12,905	91.3%
Rheumatology	0	359	100.0%
Thoracic Medicine	9	793	98.9%
Trauma & Orthopaedics	64	1,040	93.8%
Grand Total	**2,083**	**30,496**	**93.2%**

	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Non-admitted pathways (target/actual)	1977/1963	1911/1725	1811/1634	1689/1632	1498/1470	1313/1222	1190
Admitted pathways (target/actual)	1165/1041	1143/1047	1130/857	1023/912	931/879	832/861	735
Total pathways (target/actual)	3142/3004	3054/2772	2923/2491	2710/2544	2430/2349	2145/2083	
Target % incomplete < 18 weeks	90.6%	90.9%	91.1%	91.7%	92.4%	93.2%	93.9%
Actual target % incomplete < 18 weeks	90.7%	91.1%	92.0%	91.8%	92.4%	93.2%	

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
08. Quality and Outcomes Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: Alison Ryan, Non-Executive Director and Chair of the Quality and Outcomes Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose
To provide assurance that the Quality and Outcomes Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 29 March 2016.

Key issues to note
As detailed in the report.

Recommendations

None.

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)

Report to the Board of Directors meeting 30th March 2016

From QOC Chair – Alison Ryan, Non-Executive Director

This report describes the business conducted at the Quality and Outcomes Committee held 29th March 2016, indicating the challenges made and the assurances received.

Item	Report/Key Points	Challenges	Assurance
Matters Arising from Minutes	**Recruitment** Update to be provided on the Divisional recruitment business cases in March, as presented to the Senior Leadership Team	Challenge around recruitment of specialist nurses, given that the trust had decided against international recruitment	Assurance was provided that an investment of £315k was to come from the "Invest to Save" programme for the recruitment of specialist nurses, proposals are being worked up. Education to be strengthened as seen as having a clear role in retention. A paper will come to the board in May setting out current position. Aim is to capture information in real time. Escalation procedures are in place.
Serious Incidents and Root Cause Analysis		NEDs raised the following challenges: Case 1 - There appears to be issues around communications and	Assurance was provided that the issues in the main were not about staffing numbers per se, more about skill mix, which is not picked

Item	Report/Key Points	Challenges	Assurance
		particularly how questions were framed during the investigation of the incident. Did this highlight the need for training for the clinical team.	up by the monthly staffing report. More work is needed as to how concerns around skill mix can be picked up.
		Case 2 – the issues revolved around staffing during a lunch break. Is there a lesson here for other areas in the Trust?	It was argued that the issue was specific to ITU/critical care because staffing levels in other areas of the Trust are able to plan more easily for breaks etc. The Committee were given assurance that the operational plan for specialist services has just been signed-off, with investment secured for additional nurses, which should improve this situation. It was felt that the scoring of the impact of the case had been under-scored and should be raised.
		Case 3 – no challenges	It is felt that more needs to be done with this report.
		Case 4 – some questions as to why the report had taken so long to come to the committee. Pre admission factors were not adequately included – there was potentially a safeguarding issue.	Increasing the frequency of observations to 15minutes could be seen as an appropriate escalation and as an adequate response. It s

Item	Report/Key Points	Challenges	Assurance
		A query as to whether the fact that the patient had Learning Difficulties had been a factor. Also it was felt the Root Cause Analysis does not give sufficient explanation for why high EWS scores were not escalated. The DNAR decision was not adequately explained. There was a need for the committee to be given greater assurance. Cases 6 & 8 no issues Case 7 – the case highlighted issues around staff feeling under pressure and queried whether the staffing report give the level of assurance the committee was seeking	It was suggested that greater assurances would be provided by having the Head of nursing and a Clinician attend a future meeting to provide greater assurance and answer any questions the Committee might have. The Chief Nurse is to be asked to consider how the staffing report could better address these issues in the future
Quality and Performance Report	The Board and Governors Focus Group receives the same Report as QOC	NEDs noted with pleasure continued successes with Access standards with exception of those affected by difficulties with patient flow and high occupancy – in particular AE. The NEDs asked if patients were choosing to come to the BRI ED rather than other local Trusts given	The Committee were assured that whilst the system is in distress the Trust's AE performance is significantly above other acute trusts in the area. Monitor was aware and content with the Trust's current performance and was not proposing any action. The CCG will flag real time information on their

Item	Report/Key Points	Challenges	Assurance
		the waiting times being faced across the local health community. NEDs also raised the issue of Duty of Care to staff who were working under significant pressure. NEDs sought assurance that Divisional initiatives with staff turnover issues were being pursued with vigour.	website containing information about waiting times in A&E Assurance was given that staff welfare is at the forefront of thinking, pizzas had been provided to staff on Good Friday in recognition of the pressure they were under and the inability many had to take breaks and get something to eat. Accounts were given of Divisional investment and education plans.
Monthly Nurse staffing	The report provided information contained in the NHS national staffing return submitted for February 2016.	No specific challenges were raised, although NEDs commented on the positive nature of the report and their concern that it was a blunt instrument for indicating safe staffing levels in every area.	The Committee were given assurance around the need to build up a cohort of staff able to use Roster-Pro going forward.
National Maternity Survey 2015	The Care Quality Commission (CQC) has released three "benchmark" reports for UH Bristol, which summarise performance in this survey relative to other trusts nationally Based on these results, UH Bristol was identified as being the best performing trust nationally for hospital maternity care by the Care Quality Commission.	No specific challenges were raised as the report was felt to be both positive and well put together. QOC would recommend that the Board write a letter of congratulation and gratitude to the staff who had worked so hard to turn performance around.	

Item	Report/Key Points	Challenges	Assurance
Annual Staff Survey	The official sample size for University Hospitals Bristol NHS Foundation Trust was 8,449. The response rate to the National Staff Survey was 44%.. The Trust has seen a year on year improvement to specific questions in the National Staff Survey response.	The NEDs questioned what was being done to ensure that local managers/sisters were committed to change.	The committee received assurance that the Trust was committed to delivering change. A more detailed report will be brought to the board Seminar in May 2016. There was a recognition that more needed to be done. Significant progress had been made on ensuring the right culture was in place. However there was a need for more work to ensure that the climate was right (the physical environment/relationship between staff and managers). It was recognised that the Trust had less control on the climate within the Trust and needed to do more work in this area and, in particular, how change in climate could be identified and measured.
Care Quality Commission Action Plan – Final Report	In summary: • The majority of previously outstanding actions have now been completed • Improvement actions in Outpatient services are ongoing and are being monitored via the Outpatient Steering Group • Although the Trust is currently achieving its 90% target for Essential	The NEDS raised the issue of Resuscitation training. This had originally had been flagged in the Medicine Division, but was felt to be a more widespread issue NEDs also queried when actions were signed off, was this when a plan was produced or when the action plans	Progress had been slower than planned. Governance needed to be strengthened in this area. A proposal will be brought to QOC through the management route to address the issue Actions were signed off when planned actions are completed or when there is confidence that

Item	Report/Key Points	Challenges	Assurance
	Training compliance, the risk of future non-compliance has been escalated to the corporate risk register • There are significant ongoing challenges associated with trust-wide provision of resuscitation training, which require collective input to resolve	were implemented	actions are being implemented. It was also felt there was a need to plan for the next CQC visit in 2017. It was felt that a stock-taking exercise would be undertaken in the Autumn to ensure that there were no significant gaps in progress.
Patient Experience and Complaints Quarterly Report	*Patient Experience* • UH Bristol was ranked as the top-performance trust in the 2015 National Maternity Survey • Board headline patient experience metrics continued to be green-rated in Q3 • Poor response rates for day case Friends and Family Test; below-target response rates for FFT at BRHC; and poor FFT scores in A&Es *Complaints* • Q3 reductions in complaints for: BEH, BHI outpatients; ENT and BRI ED • Q3 increases in complaints for: T&O, Upper GI surgery, Radiology • Poor performance for sending complaints responses with agreed timescales • Plans to refocus complaints training specifically on response-writing skills	This was felt to be a very useful report, with the recent revisions proving very valuable. NEDs raised the issue of the dip in performance at South Bristol Community. NEDs also asked if there was any evidence of why people were dissatisfied with responses to complaints.	The Committee were advised that further information was being sought and would be provided in Q4.

Item	Report/Key Points	Challenges	Assurance
Never Events National Quarterly Report	There were 24 never events reported nationally in January 2016, of which one occurred prior to January and one was determined by NHS England as not meeting never event criteria. Of the 22, the most frequently reported remain peri-operative never events (21 incidents), notably wrong site surgery (11 in the period), retained foreign object (5 in the period) and wrong implant/prosthesis (5 in the period). Also, there was one incident of misplaced oro or naso-gastric tube.	No specific challenges were required and NEDs took the report as read.	
Cellular Pathology Service Level Agreement – Key Performance Indicators	The purpose of this report is present the proposed Key Performance Indicators (KPIs) for inclusion in the Service Level Agreement for Cellular Pathology Services from North Bristol NHS Trust,	NEDs expressed concern that there were no quality sanctions in relation to the Service Level Agreement. How can the board be assured that quality a service is being delivered. Similarly there was concern about the lack of risk management around staffing levels.	The Committee were assured that the KPIs relate specifically to the contract and how it is delivered, quality of the service will be dealt with separately. It was felt that the Service Level Agreement was not the vehicle for some of these issues, and North Bristol were unwilling to incorporate some issues. The Joint Partnership Board would be key to keeping the contract working well.
UH Bristol Patient Safety improvement	To updated the Committee on the progress of the Trust's Patient Safety	NEDs raised the issue around continuing work on sepsis if national	

Item	Report/Key Points	Challenges	Assurance
Programme Board Quarterly Report	Improvement Programme	CQUIN monies were discontinued. NEDs noted the difficulty releasing staff for safety projects and queried whether staff understood that investing in training avoids costs, complaints, never events and all the time spent dealing with them.	The committee were assured that staff do understand the importance of training and that effective training delivers long term benefits.
Clinical Quality Group Meeting Report	This is a routine monthly report summarising the key issues arising from the business of the Clinical Quality Group.	No specific challenges were required and NEDs took the report as read.	
Any other business		NA	N/A

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title								
09. National Maternity Survey 2015								
Sponsor and Author(s)								
Sponsor: Carolyn Mills, Chief Nurse **Authors:** Paul Lewis, Patient Experience Programme Manager; Sarah Windfeld, Head of Midwifery								
Intended Audience								
Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓

Executive Summary

Purpose

To provide a summary of the Trust's performance in the 2015 national maternity survey.

Key issues to note

The Care Quality Commission (CQC) has released three "benchmark" reports for UH Bristol, which summarise performance in this survey relative to other trusts nationally:

1. Antenatal community care: of the twelve scores in this section of the survey, ten UH Bristol scores were in line with the national average and two were better than this benchmark to a statistically significant degree

2. Care during birth and on postnatal wards: of the nineteen scores in this section of the survey, ten were better than the national average to a statistically significant degree (nine of which relate to care during birth)

3. Postnatal community care: all of UH Bristol's nineteen scores in this section of the survey were in line with the national average

Based on these results, UH Bristol was identified as being the best performing trust nationally for hospital maternity care by the Care Quality Commission.

Four reports are provided to the Quality and Outcomes Committee:

- Local analysis by the Trust's Patient Experience & Involvement Team (incorporating a response and action plan from maternity services)
- The three Care Quality Commission benchmark reports described above (antenatal community midwifery, care during labour / birth and on postnatal wards, postnatal community midwifery)

Recommendations

The Board is asked to receive this report.

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

N/A							
Implications (Regulatory/Legal)							
Equality & Patient Impact							
Resource Implications							
Finance				Information Management & Technology			
Human Resources				Buildings			
Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees				
Finance Committee	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
			16 March 2016	Patient Experience Group, 18 February 2016 QOC: 29 March 2016

2015 National Maternity Survey

1. Purpose of this report

This paper provides an analysis of how University Hospitals Bristol NHS Foundation Trust ("UH Bristol") performed in the 2015 national maternity survey, and sets out a number of actions in response to the results.

2. Headline summary

- **The experience that women received at St Michael's Hospital maternity services was classed as being the best of any Trust in the country by the Care Quality Commission.** This was primarily due to care during birth, which received nine "better than average" ratings (compared to one better than average rating for care on postnatal wards).
- Service-user experience of antenatal and post-hospital care provided by UH Bristol's community midwifery teams were broadly in line with national norms, but with some better than average elements in antenatal care (choice of where to give birth and communication with midwives).
- UH Bristol also performed favourably relative to other large acute trusts and geographical neighbouring trusts.

3. About the 2015 National Maternity Survey

The national maternity survey is part of the Care Quality Commission's national patient survey programme. In total, 133 NHS acute trusts in England participated in this survey in 2015. Women were sent a questionnaire by post if they were aged 16 or over, had a live birth during February 2015, and gave birth in a hospital, maternity unit or at home.

UH Bristol's participation in this survey was co-ordinated by the Trust's Patient Experience and Involvement Team, with support from the Information Management and Technology Department. In total, 364 women were sent a questionnaire about their experiences of UH Bristol's community and hospital maternity services. The Trust received 170 responses: a response rate of 47%, which is above the overall national response rate of 41%.

The national maternity survey takes place every two years and is a useful tool for benchmarking service quality against other trusts. In order to ensure that UH Bristol has detailed and ongoing monitoring of service-user experience, the Trust's Patient Experience & Involvement Team carries out a monthly survey of maternity hospital experiences (largely based on the national survey methodology), and co-ordinates the Friends and Family Test "exit survey" in hospital and community services.

4. About maternity services at UH Bristol

UH Bristol provides community midwifery services from 12 bases located across south and central Bristol. All women are under the care of a community midwife during pregnancy and in the first few weeks after leaving hospital following the birth of their baby. Women with more complex needs have their care overseen by a consultant obstetrician, as well as a community midwife. St Michael's Hospital has a central delivery suite, midwifery-led delivery suite, antenatal and postnatal wards. Around 400 babies per month are born at the Trust.

5. Care Quality Commission Benchmark Reports

The Care Quality Commission (CQC) has produced three "benchmark" reports for UH Bristol, which cover experiences of antenatal community care, hospital care during labour and birth, and postnatal community care[1]. These reports show UH Bristol's scores[2] on a range of survey questions, against a comparison with other maternity services in England.

5.1 Antenatal community care

Of the twelve scores in this section of the survey, ten UH Bristol scores were in line with the national average and two were better than this benchmark to a statistically significant degree:

- Were you offered a choice about where to have your baby? [3]
- Thinking about your antenatal care, were you spoken to in a way you could understand?

5.2 Hospital care at St. Michael's Hospital

Of the nineteen scores in this section of the survey, nine UH Bristol scores were in line with the national average, and ten were better than this benchmark to a statistically significant degree:

- During your labour, were you able to move around and choose the position that made you most comfortable?[3]
- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?
- If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?
- Did the staff treating and examining you introduce themselves?
- Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- Thinking about your care during labour and birth, were you spoken to in a way you could understand? [3]
- Thinking about your care during labour and birth, were you treated with respect and dignity?
- Did you have confidence and trust in the staff caring for you during your labour and birth?
- Thinking about your stay in hospital after the birth of your baby, were you treated with kindness and understanding?

The first nine of these ten question scores relate to care during birth; the last score in the list relates to care on postnatal wards. UH Bristol was ranked as the best performing Trust in the country in the hospital element of the national maternity survey by the Care Quality Commission.

5.3 Postnatal community care

All of UH Bristol's nineteen scores in this section of the survey were in line with the national average.

[1] The sampling for this survey was largely based on a woman's attendance at St. Michael's Hospital for the birth of her child, but in Bristol this doesn't mean that the woman received care from a UH Bristol community midwife: attempts have been made to adjust for this in the results, but the community data should nevertheless be treated with caution.

[2] Scores range from zero to ten (with ten being the best), and are derived from all of the response options to a survey question - see Appendix C for further details. Please note that the CQC no longer provide a report that directly compares UH Bristol with the national average in percentage terms.

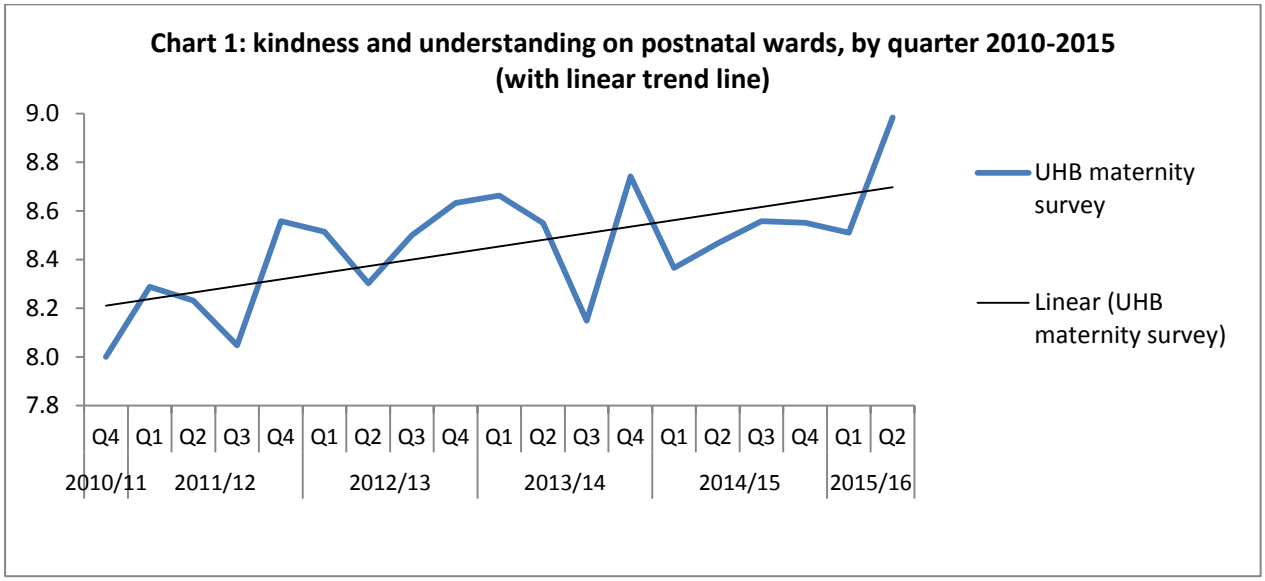
[3] No other trust in England achieved a higher score than UH Bristol on this question

6. Changes over time

UH Bristol's performance in the national maternity survey has improved over time, but Table 1 shows that 2015 represented a step improvement compared to the previous surveys (in particular for the "care during birth" scores). Although the Trust has never received a below-average rating in this survey, in 2010 UH Bristol's score for kindness and understanding on postnatal wards was on the threshold of being among the worst quintile of trusts nationally. This was an important driver for service improvement work on the postnatal wards, including a reconfiguration of the wards, investment in new midwifery posts, and regular staff workshops relating to delivering a good patient experience. UH Bristol's monthly maternity survey[4] has tracked the improvement journey (Chart1) that has resulted in "kindness" ratings that were better than the national average in both 2013 and 2015.

Table 1: number of UH Bristol scores rated as being better than the national average in each national maternity survey (note: postnatal community care results were published for the first time in 2015; no benchmark data was published for the 2007 national maternity survey)

	2010	*2013*	*2015*
Antenatal community care	0	2	2
Care during birth	2	2	9
Care on postnatal wards	0	1	1
Postnatal community care	n/a	n/a	0



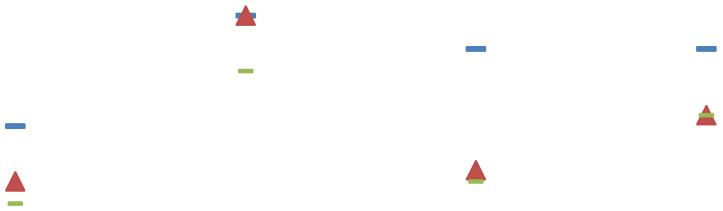
Source: UH Bristol monthly maternity survey

[4] The Trust carries out a monthly survey of women who have given birth at St Michael's Hospital. This focusses on care during birth and on the postnatal wards and closely reflects the national survey methodology. Around 200 women per month are sent UH Bristol's maternity experience questionnaire.

7. Comparisons with other trusts nationally, large acute teaching trusts, and geographical neighbours

Charts 2 and 3 provide an indication of UH Bristol's overall national position in the 2015 national maternity survey, relative to other trusts. It should be noted that this is a fairly simplistic analysis[5], that doesn't take account of margins of error in the data, and is not an "official" method of benchmarking. It is however a useful way to encapsulate a single view of overall performance. Chart 2 shows that relative to all of the trusts that participated in the survey, UH Bristol broadly performed in line with or slightly above national norms, except for care during birth where (in this particular analysis) UH Bristol achieved the best score nationally. Chart 3 compares UH Bristol against similar (i.e. large acute teaching) trusts and it can be seen that UH Bristol achieved a positive ranking amongst this cohort, particularly for antenatal care, care during birth, and care on postnatal wards.

Chart 2: UH Bristol's overall mean survey scores relative to all participating trusts



	Antenatal care	Care during birth	Care on postnatal wards	Postnatal community care
Top score nationally	8.2	9.2	8.9	8.9
UH Bristol score	7.7	9.2	7.8	8.3
Median (average) score	7.5	8.7	7.7	8.3

Chart 3: overall means scores relative to other large acute teaching trusts (UH Bristol's rank among this cohort is shown in brackets in the data table below)

	Antenatal care (3/16)	Care during birth (1/19)	Care on postnatal wards (2/19)	Postnatal community care (5/17)
Top score in cohort	8.2	9.2	7.9	8.8
UH Bristol score	7.7	9.2	7.8	8.3
Median (average) score	7.4	8.6	7.5	8.2

Source: national maternity survey and CHKS database (to identify peer trusts)

[5]An average (mean) score is taken across all of the survey question scores. These mean scores are then ranked from highest (best) to lowest. The middle (median) score in this list, and cut-off for the best 20% of trust scores, are highlighted in the charts.

Table 2 summarises the number of scores that were classed as better or worse than the national average, for selected geographical neighbours to UH Bristol. This is in effect what the public would see if they were to do their own comparison of "local" scores between maternity services via the Care Quality Commission website.

Table 2: Number of national maternity survey scores classed as better or worse than the national average, for UH Bristol and its geographical neighbours[6]

	Community (ante and postnatal care)		*Hospital care during birth*		*Postnatal ward experience*	
	Better	*Worse*	*Better*	*Worse*	*Better*	*Worse*
University Hospitals Bristol NHS Foundation Trust	2	0	9	0	1	0
Yeovil District Hospital NHS Foundation Trust	1	0	3	0	1	0
Taunton and Somerset NHS Foundation Trust	0	0	2	0	0	0
Royal United Hospitals Bath NHS Foundation Trust	1	4	2	0	0	0
Royal Devon and Exeter NHS Foundation Trust	4	0	2	0	0	0
Gloucestershire Hospitals NHS Foundation Trust	3	0	1	0	1	0
North Bristol NHS Trust	0	3	0	0	0	1

8. Identifying service improvements / sharing learning

The results of the 2015 national maternity survey have been shared with midwifery staff in order to celebrate the excellent results and to highlight where improvements will be focussed. The senior midwifery team will also contact trusts that have scored better than UH Bristol in key areas, in order to learn from their success. There are strong local links between UH Bristol's midwifery service and local / regional services and this will provide further opportunities to share learning.

Although UH Bristol performed positively relative to other trusts participating in the survey, a number of service improvement opportunities emerge from the results - for example where a low score (in absolute terms) was received, or where UH Bristol's score was particularly far from the best score nationally. These improvement opportunities are summarised in Table 3 (over). A response to the issues identified in Table 3 and an action plan produced by the Trust's maternity service are provided in Section 9 of this report.

[6] No results have been published for Weston Area Health, due to the small number of women who give birth there.

Table 3: identifying service improvement opportunities

	Reason for inclusion		
	Among lowest UH Bristol scores	Among furthest from best trust score	National Classification
Antenatal community			
During your pregnancy were you given a choice about where your antenatal check-ups would take place?	x	x	National average
During your antenatal check-ups, did the midwives appear to be aware of your medical history?	x	x	National average
Did you get enough information from either a midwife or doctor to help you decide where to have your baby?		x	National average
Hospital care			
At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?		x	National average
Looking back, do you feel that the length of your stay in hospital after the birth was appropriate	x	x	National average
Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	x	x	National average
If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?	x		National average
Postnatal community			
If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	x	x	National average
Were you given enough information about your own physical recovery after the birth?	x		National average
Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 4-8 weeks after the birth)		x	National average

9. <u>Maternity Service response to the national maternity survey</u>

This section provides a response from UH Bristol's maternity service to the service improvement opportunities identified in Table 3. Where it is not currently possible to change the provision of a service in response to an issue arising from the survey, an explanation detailing the reasons why this is the case has been provided.

Antenatal community midwifery care

Survey question: during your pregnancy were you given a choice about where your antenatal check-ups would take place?

To ensure that the most efficient use is made of community midwives' time, UH Bristol primarily provides ante natal care from clinics. The clinics are well situated to maximise accessibility. A choice of where these appointments take place is therefore not routinely offered to women, unless there

are extenuating circumstances., and there has been no pattern of negative feedback from service users (e.g. via the Friends and Family Test survey or complaints) about this model of care delivery.

Survey Question: During your antenatal check-ups, did the midwives appear to be aware of your medical history?

At present, the community midwives have to write to GPs to obtain a medical history and are also reliant on service-users themselves to provide relevant information. A new computer system ("System C"), that gives access to health and social care information on patients, will soon be available to Community Midwives and so will significantly improve this situation.

The number of part- time midwives working within the service impacts on the ability of women to see the same midwife at each appointment. This is likely to affect service-user perceptions of how well their individual care is understood by the midwife they are meeting. There are no easy solutions to this issue, but it has been agreed with the Trust's Commissioners that each service-user will see a maximum of three midwives during their antenatal care. This will be subject to an annual audit to demonstrate that UH Bristol meets this target.

Survey Question: Did you get enough information, from either a midwife or doctor, to help you decide where to have your baby?

At present, assuming there are no medical reasons to the contrary, women in Bristol and surrounding areas are offered a number of choices about where to give birth[7]. Women are provided with a leaflet to explain this choice, and tours of the maternity units are made available. Information is also shown on the Maternity Voices website. However, the result for this survey question suggests that more could be done to explain birth choices and so community midwives will be made aware of this issue to ensure that it is conveyed clearly to the women under their care. The Head of Midwifery will also work with Maternity Voices to design posters and information to better promote the website to expectant mothers. Information to this effect will also be placed on the Trust's Supervisor of Midwives web page.

Hospital care

Survey Question: At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

The early stages of labour can be an anxious experience and it is important that the advice provided at this time is clear and appropriate, but also takes into account that many women will not need to be admitted to hospital at that point in time. In balancing these needs the Trust follows best practice, for example:

- Training midwives in how to effectively triage over the telephone
- Using a pro forma "trigger list" for midwives to ensure appropriate questions are asked and that appropriate advice given

[7] The choice varies depending on where the woman lives, but is usually some combination of the following: St. Michaels Hospital, Southmead Hospital, Cosham Birthing Unit, Weston General Hospital, or at home

- Incorporating “recognising signs of labour and diagnosis of labour” as part of the Midwifery Patient Safety Day and Normal Birth Study Day
- Basing the Trust’s guidelines and content of study days on National Institute for Health and Care Excellence best practice guidance

These guidelines help to ensure that technically correct advice is provided, but it may be that more of a “human” element needs to be considered as part of this process, so that confidence and support is conveyed to the service-user. A future *face2face* interview survey with service-users at St Michael’s Hospital will therefore incorporate questions relating to this issue, and it will also be discussed at a Patient Experience at Heart staff workshop. This will inform good practice in how to communicate with women over the telephone at this stage of their labour.

Survey Question: Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?

In extenuating circumstances, partners are able to stay overnight, but space and facilities on the postnatal wards are limited and so this is not routinely offered. However, recently the two antenatal and postnatal wards have merged into one larger ward. This has allowed two family ward areas to be created. Reclining chairs have been purchased for partners to stay overnight and a pilot of the scheme is scheduled to commence in March 2016. The Matron and Ward Sisters are leading the pilot and will evaluate it via patient and staff feedback after three months.

Survey Question: If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?

The national maternity survey was based on the experiences of women who gave birth in February 2015. Since that time a number of changes have been made to the configuration of staffing on the postnatal wards, with the aim of improving responsiveness to service-users. Therefore, a “re-measure” of this issue will be carried out via the Trust’s own monthly maternity survey and an observational audit will also be carried out. These should generate an assurance that response times have improved since the national survey was carried out, but if necessary further service improvement actions will be undertaken (any subsequent actions will be reviewed and monitored by the Trust’s Patient Experience Group).

Survey Question: Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?

Length of stay is determined by mother and baby well-being after the birth. Women are informed in the ante natal period to expect an average stay of between six hours and three days. In the survey nearly three quarters of women (72%) felt that their stay was of an appropriate length, with 11% feeling it was too short and 17% saying that it was too long. For these latter groups, it may be that more effective communication in hospital is needed to ensure the reasons why they are staying / leaving are clearly understood. These issues will be discussed at the next Patient Experience at Heart staff workshop, with actions being agreed there on how improvements could be made to this element of care. It is also recognised that, from a service-user perspective, the discharge process can often take longer than expected due to the medical checks and paperwork that need to take place. The maternity management team are currently reviewing the discharge process and a number of

changes have or are being made, including the training of Midwife Practitioners to carry out the mother and baby medical checks, and the storage of common medications on-site (rather than having to "order in" each prescription from the Bristol Royal Infirmary). In addition, a "co-design" project is planned for Quarter 1 2016/17, where the management team will work with service-users to review and further improve the discharge process.

Postnatal community midwifery care

Survey Questions (post-recovery information): Were you given enough information about your own physical recovery after the birth? / Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 4-8 weeks after the birth)

Information about physical well-being following birth (including the need for a GP check-up) is provided within the maternity notes that women take home from hospital. Hospital staff should discuss this with women prior to discharge and it should be re-iterated by their Health Visitor. The survey suggests a need to review the effectiveness of this process. An audit will be carried out to check that this information is indeed being provided to women. The *Face2Face* interview survey will be used to understand what information service-users would like, and the format in which this should be presented.

Survey Question: If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?

Following transfer from the hospital to post-natal community midwifery care, all women are given a telephone number enabling them to contact a midwife 24 hours a day. In addition, women are giving details of breast feeding support groups and lactation specialists. However, the survey has identified a need to ensure that this information is bought to women's attention and so the midwives will be reminded of this. As part of this information-giving process, there is an opportunity to highlight that relevant information is also provided on the Maternity Voices website. The service will also provide additional training and support tools for midwives, to ensure that they can provide effective telephone advice in the event that they receive a call about breast feeding.

Table 4: Action plan in response to the 2015 National Maternity Survey

Action number	Issue	Action	Lead	Target completion date
1	Improve community midwifery access to service-user health information	Implementation of System C in community midwifery	Karen Goyder	April 2016
2	Continuity of ante natal care	Annual audit to ensure that service-users see a maximum of three midwives in the ante natal period	Sara-Jane Sheldon	*To be confirmed with the Clinical Commissioners*
3	Ensure that women understand their choices about where they can give birth	3a. Improve information on the Trust Supervisor of Midwives website relating to where to give birth	Supervisors of Midwives	March 2016
		3b. Develop promotional materials for the Maternity Voices website	Sarah Windfeld	May 2016
4	Contact at the start of labour	Explore this experience with women via the *Face2Face* interviews	Tony Watkin	April 2016
		Share learning from *Face2Face* to inform good clinical / midwifery practice	Sarah Windfeld	May 2016
5	Partners staying overnight on postnatal wards	5a. Pilot programme to commence	Matrons	March 2016
		5b. Evaluation / recommendations from pilot	Matrons	June 2016
6	Ongoing communication with women about their likely length of stay / delays at discharge	6a. Explore this issue within the next staff Patient Experience at Heart Workshops	Tony Watkin	April 2016
		6b. Service-user co-design project looking at discharge from hospital	Tony Watkin	June 2016
		6c. Share learning from the workshop good clinical / midwifery practice	Sarah Windfeld	April 2016
7	Post-hospital breast feeding support	Develop telephone proforma and midwife training for breast feeding advice	Sarah Windfeld	April 2016
8	Ensure women know about their physical recovery after birth and that they require a 6 week postnatal check with the GP	8a Audit the information currently being discussed with women	Supervisors of Midwives	March 2016
		8b Ask women what information they want and in what format via Trust *Face2Face s*urveys	Tony Watkin	April 2016

Appendix A: 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 CQC benchmark report, each one of these response options contributes to the calculation of the 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 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 is somewhere between 8.1 and 9.3.

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

1. Take the mean score across all trusts nationally (i.e. add up all of the Trust scores for this question, and divide this by the number of Trusts). The mean Trust score on the kindness and understanding question is 8.0
2. For each trust, use the margin of error in their data to give the expected range of scores for that trust. So, given UH Bristol's margin of error for this question is +/-0.6, the CQC 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.

Maternity care pathway reports: postnatal care

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

The national survey of women's experiences of maternity services 2015 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.

National NHS patient survey programme

Survey of women's experiences of maternity services 2015

CQC Maternity care pathway reports: postnatal care

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

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We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

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

Survey of women's experiences of maternity services 2015

To improve the quality of services that the NHS delivers, it is important to understand what service users 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. Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The 2015 survey of women's experiences of maternity services involved 133 NHS acute trusts in England. We received responses from more than 20,000 service users, a response rate of 41%. Women were eligible for the survey if they had a live birth during February 2015, were aged 16 years or older, gave birth in a hospital, birth centre, maternity unit, or who had a home birth[1]. NHS trusts in England took part in the survey if they had a sufficient number of eligible women that give birth at their NHS trust during the sampling time frame.

Similar surveys of maternity services were carried out in 2007, 2010 and 2013. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, outpatient, and A&E services, ambulances, 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.

This report contains the benchmarked results for the postnatal care section of the questionnaire. When answering questions in the survey about labour and birth, we can be confident that in all cases women were referring to the acute trust from which they were sampled. It is therefore possible to compare the results for labour and birth across all 133 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care, to cover the entire pregnancy and birth for completeness. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. This could be due to one of several reasons, such as: having moved home; having to travel for more specialist care; or due to variation in the provision of services across the country.

We asked trusts to identify which of the women in their sample were likely to have also received their antenatal and postnatal care from the same trust at which they gave birth. This attribution exercise was completed for the first time in the 2013 survey. For 2015, 118 trusts that took part in the survey were able to do this for antenatal and postnatal care. The aim was to improve the

[1]Some trusts with a small number of women delivering in February also included women who gave birth in January 2015. For further details on women excluded from the survey, please see the survey instruction manual at: http://www.nhssurveys.org/surveys/843

accuracy with which survey responses are attributed to the care provider and allow trusts to gain better insight to improve services.

The trusts that completed the exercise used either electronic records of antenatal and postnatal care provider, or location information of respondents to identify which women were resident within their boundaries, and responses from those women were used to calculate scores for the antenatal and postnatal survey data for each trust. The scores for postnatal care relating to these trusts have been provided in a separate report. As in 2013, this data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. As the attribution data is provided voluntarily, there is not complete coverage across all trusts. It is not possible to consider it representative for all trusts in the survey – comparisons can only be drawn between trusts that completed the exercise. Trusts are only identified as being 'better' or 'worse' within the subset of trusts that completed the attribution exercise, so it is not a true benchmark for performance across England.
2. The attribution was based on the location of respondents for trusts who do not keep electronic records. There was no means available to identify women who had received care from a different provider for other reasons, such as due to requiring specialist care, or having moved house during pregnancy. So although the attribution exercise improved the data to a considerable degree, it may remain that some respondents are included in the data despite having received care from another trust.
3. Many trusts that used the location of respondents to estimate care provider in 2013 had improved electronic records in 2015 so were able to make use of these. Particular care should therefore be taken when interpreting historical changes in trust results, as it is possible these may be affected by the increased accuracy of the respondent sample.
4. The NHS trusts completed the attribution themselves, and due to the limitations of the process, the Co-ordination Centre were unable to verify the accuracy of the exercise. This means we cannot be certain about the reliability of the attribution of the data, as there were limited opportunities to check for errors.

It is also important to note that not every trust who provided attribution data will be provided with an ante- or postnatal report; this is due to low response rates from women who received either ante- or postnatal care in the trust. It is the policy of the Co-ordination Centre to remove responses from trusts with fewer than 30 responses per question because uncertainty around such results would be too great, and very low numbers would risk respondents being recognised from their responses. As a result, two trusts who provided postnatal data are not eligible to receive postnatal reports.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The data will be considered by the Care Quality Commission (CQC) to inform its Intelligent Monitoring and will be shared with CQC inspectors. The reports will be published on the Survey Co-ordination Centre website, but should be viewed with caution for the reasons described above.

Interpreting the report

This report shows how a trust scored for each question in the postnatal care section of the survey, compared with the range of results from the other 114 trusts that completed the attribution exercise. It is designed to help understand the performance of individual trusts, and to identify areas for improvement.

Section scores are also provided, labelled S7 and S8 in the 'section scores' on page 6. The scores for each question are grouped according to the relevant sections of the questionnaire, which are: 'Feeding your baby' and 'Care at home after the birth'.

Standardisation

Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because whether a woman has given birth previously (parity) could influence their experiences and could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity and age of respondent, 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-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users.

Scoring

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since not all of the questions assess the trusts in some way (demographic questions, for example).

Graphs

The graphs in this report display the range of scores achieved by all trusts taking part in the survey, from the lowest score achieved (left hand side) to the highest score achieved (right hand side).

The black diamond shows the score for your trust. The black diamond (score) is not shown for questions answered by fewer than 30 people because the confidence interval around the trust's question score is considered too large to be meaningful and results are not reported. Additionally, the trust will also not have a section score for the corresponding section; this is because the section data is not comparable with other trusts, as it is made up of fewer questions.

The graph is divided into three sections:

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

You may find that there is no red and/or green area in the charts shown for some questions. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the orange area is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' (the orange section) will be very wide, and so will also cover the highest or lowest scoring trusts for that question.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, this is likely to be a true reflection of all service users that have visited the trust, rather than being unique to those who responded to the survey.

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

Tables

At the end of the report you will find tables containing the data used to create the graphs and background information about the service users that responded. Scores from the 2013 survey are also displayed where comparable. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. The column called 'change from 2013' 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 2013. Significance is tested using a two-sample t-test.

Where a result for 2013 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. As a result, it is not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance.

Comparisons are not shown if your trust has merged with other trusts since the 2013 survey. Please note that comparative data is not shown for the sections as the questions contained in each section can change year on year.

Notes on specific questions

Question E3: The question was not answered by women who breastfed their babies.

The following questions were not answered by women who did not see a midwife postnatally: **F4, F5, F6, F7, F8, F9, F10** and **F11**.

Question G3: The question was not answered by those who have not had a previous pregnancy.

Further information

The full national results for the 2015 survey are on the CQC website, including the reports for all NHS trusts for the 'labour and birth' section of the questionnaire, and the technical document outlining the methodology and the scoring applied to each question:
http://www.cqc.org.uk/maternitysurvey

For the trusts who compiled attribution data, the reports for antenatal and postnatal care are available on the NHS surveys website, along with the labour and birth reports for all trusts, at:
http://www.nhssurveys.org/surveys/876

The results for the 2007, 2010 and 2013 surveys can be found on the NHS surveys website at:
http://www.nhssurveys.org/surveys/299

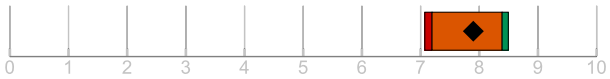
Full details of the methodology for the survey can be found at:
http://www.nhssurveys.org/surveys/843

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

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Section scores

S7. Feeding



S8. Care at home after the birth

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

Survey of women's experiences of maternity services 2015
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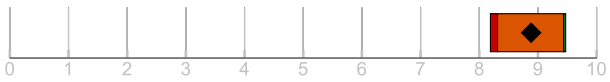
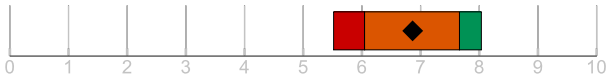
Feeding

E4. Were your decisions about how you wanted to feed your baby respected by midwives?



E5. Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?



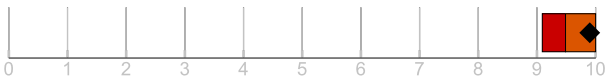
E6. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?

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

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

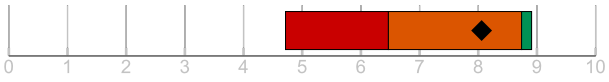
Care at home after the birth

F1. When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?



F2. If you contacted a midwife were you given the help you needed?

F6. Would you have liked to have seen a midwife...



F7. Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?

F8. Did you feel that the midwife or midwives that you saw always listened to you?

F9. Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?

F10. Did you have confidence and trust in the midwives you saw after going home?

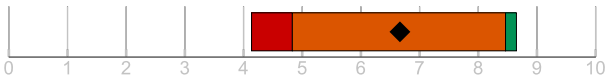
F11. Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP?

F12. Did a midwife or health visitor ask you how you were feeling emotionally?

F13. Were you given enough information about your own physical recovery after the birth?

F14. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

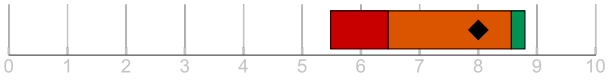
F15. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?



F16. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby?s health and progress?

F17. Were you given enough information about any emotional changes you might experience after the birth?

F18. Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?



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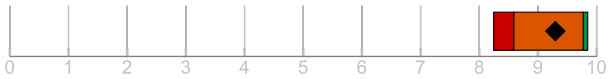
Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

F19. Were you given information or offered advice from a health professional about contraception?



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Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
Feeding							
S7	Section score	7.9	7.1	8.5			
E4	Were your decisions about how you wanted to feed your baby respected by midwives?	8.9	8.2	9.5	97		
E5	Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?	6.9	5.5	8.0	93		
E6	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	7.9	6.6	8.6	92		

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2013 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2013 data is available.

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
Care at home after the birth							
S8	Section score	8.4	7.4	8.9			
F1	When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?	9.9	9.1	10.0	95		
F2	If you contacted a midwife were you given the help you needed?	9.0	7.2	9.6	67		
F6	Would you have liked to have seen a midwife...	8.1	4.7	8.9	96		
F7	Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	8.1	6.3	9.0	89		
F8	Did you feel that the midwife or midwives that you saw always listened to you?	8.6	8.1	9.4	95		
F9	Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	8.6	7.5	9.3	83		
F10	Did you have confidence and trust in the midwives you saw after going home?	8.2	7.6	9.4	93		
F11	Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP?	8.6	6.4	10.0	86		
F12	Did a midwife or health visitor ask you how you were feeling emotionally?	9.7	9.1	10.0	96		
F13	Were you given enough information about your own physical recovery after the birth?	7.6	6.1	8.4	95		
F14	In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	8.3	6.3	8.8	80		
F15	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	6.7	4.1	8.7	30		
F16	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby?s health and progress?	8.5	7.2	9.2	87		
F17	Were you given enough information about any emotional changes you might experience after the birth?	7.8	6.0	8.6	86		
F18	Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	8.0	5.5	8.8	81		
F19	Were you given information or offered advice from a health professional about contraception?	9.3	8.2	9.8	96		

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Patient survey report 2015

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

The national survey of women's experiences of maternity services 2015 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.

National NHS patient survey programme

Survey of women's experiences of maternity services 2015

CQC Maternity care pathway reports: labour and birth

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Survey of women's experiences of maternity services 2015

To improve the quality of services that the NHS delivers, it is important to understand what service users 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. Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

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Similar surveys of maternity services were carried out in 2007, 2010 and 2013. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, outpatient, and A&E services, ambulances, 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.

This report contains the benchmarked results for the labour and birth care section of the questionnaire. When answering questions in the survey about labour and birth, we can be confident that in all cases women were referring to the acute trust from which they were sampled. For this section, it is then possible to compare the results for labour and birth across all 133 NHS trusts that took part in the survey.

The survey also asked women about their experiences of antenatal and postnatal care to cover the entire pregnancy and birth for completeness. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. This could be due to one of several reasons, such as: having moved home; having to travel for more specialist care; or due to variation in the provision of services across the country.

We asked trusts to identify which of the women in their sample were likely to have also received their antenatal and postnatal care from the same trust at which they gave birth. This voluntary attribution exercise was completed for the first time in the 2013 survey. For 2015, 118 trusts that

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took part in the survey were able to do this for antenatal and postnatal care. The aim was to improve the accuracy with which survey responses are attributed to the care provider and allow trusts to gain better insight to improve services.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The data will be considered by the Care Quality Commission (CQC) to inform its Intelligent Monitoring and will be shared with CQC inspectors. The reports will be published on the Survey Co-ordination Centre website, but should be viewed with caution for the reasons contained within those documents.

Interpreting the report

This report shows how a trust scored for each question in the labour and birth section of the survey, compared with the range of results from all other trusts that took part. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Section scores are also provided, labelled S4, S5, and S6 in the 'section scores' on page 5. The scores for each question are grouped according to the relevant sections of the questionnaire, which are, 'Labour and birth', 'Staff' and 'Care in hospital after the birth'. This report shows the same data as published on the CQC website (http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better,' 'worse,' or 'about the same' as the majority of other trusts for each question and section.

Standardisation

Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because whether a woman has given birth previously (parity) could influence their experiences and could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity and age of respondent, 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-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users.

Scoring

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since not all of the questions assess the trusts in some way (demographic questions, for example).

Graphs

The graphs in this report display the range of scores achieved by all trusts taking part in the survey, from the lowest score achieved (left hand side) to the highest score achieved (right hand side).

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- If your trust score lies in the red section of the graph, your trust result is 'worse' compared with most other trusts in the survey.
- If your trust score lies in the green section of the graph, your trust 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 here then your trust is 'about the same'.

You may find that there is no red and/or green area in the charts shown for some questions. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the orange area is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' (the orange section) will be very wide, and so will also cover the highest or lowest scoring trusts for that question.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, this is likely to be a true reflection of all service users that have visited the trust, rather than being unique to those who responded to the survey.

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

Tables

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

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Where a result for 2013 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. As a result, it is not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument or variation in a trust's performance.

Comparisons are not shown if your trust has merged with other trusts since the 2013 survey. Please note that comparative data is not shown for the section scores as the questions contained in each section can change year on year.

Notes on specific questions

The following questions were not answered by women who had a planned caesarean: **C1, C2, C3, C4, C5, C6, C8** and **C9**.

Question C6: was not answered by women whose choice of pain relief did not change.

The following questions were not answered by women who had a home birth and did not go to hospital: **D1, D2, D3, D4, D5, D6, D7** and **D8**.

Further information

The full national results for the 2015 survey are on the CQC website, together with an A to Z list to view the results for each trusts labour and birth questions, and the technical document outlining the methodology and the scoring applied to each question:
http://www.cqc.org.uk/maternitysurvey

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Full details of the methodology for the survey can be found at:
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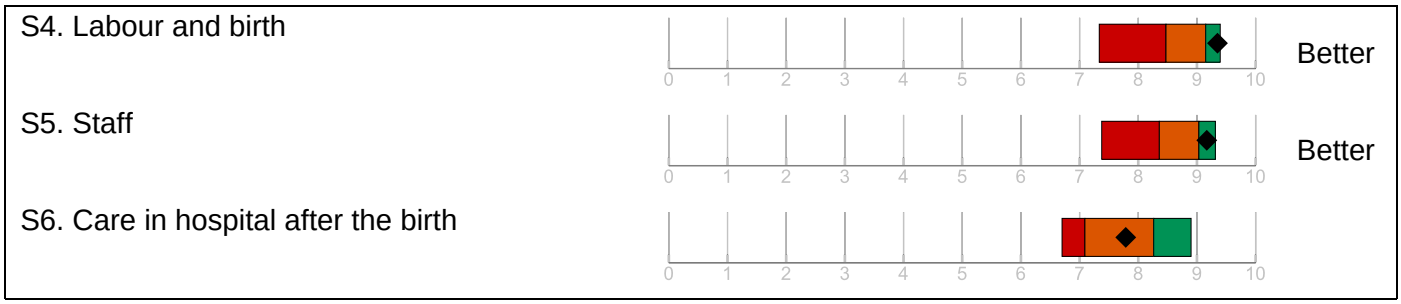
More information on the programme of NHS patient surveys is available at:
www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Section scores

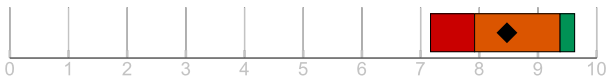


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Labour and birth

C1. At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?



C3. During your labour, were you able to move around and choose the position that made you most comfortable?

Better

C10. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?

Better

C11. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?

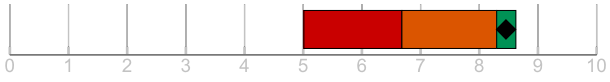
Better

Staff

C12. Did the staff treating and examining you introduce themselves?

Better

C13. Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?



Better

C14. If you raised a concern during labour and birth, did you feel that it was taken seriously?

Better

C15. If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?

C16. Thinking about your care during labour and birth, were you spoken to in a way you could understand?

Better

C17. Thinking about your care during labour and birth, were you involved enough in decisions about your care?

C18. Thinking about your care during labour and birth, were you treated with respect and dignity?

Better

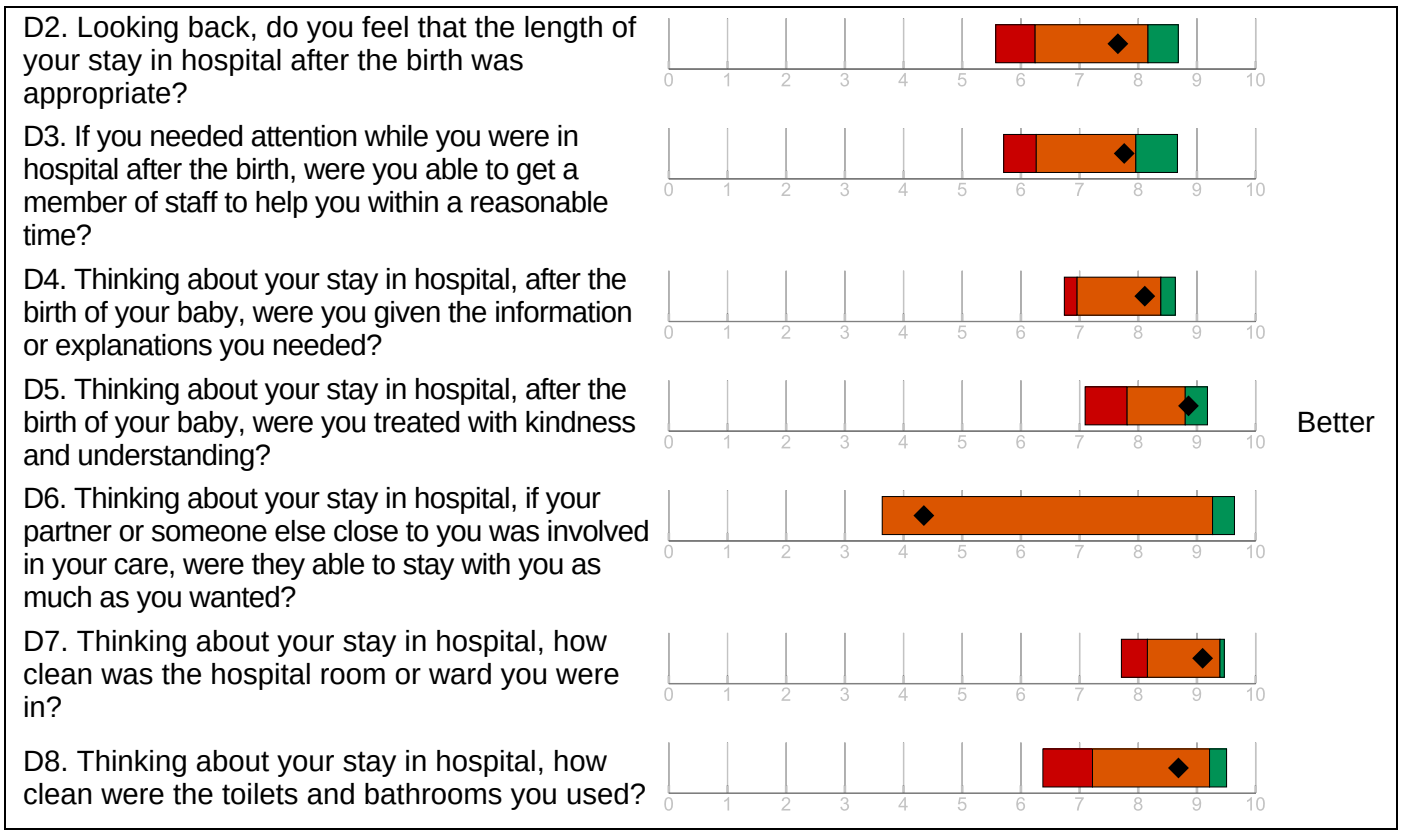
C19. Did you have confidence and trust in the staff caring for you during your labour and birth?

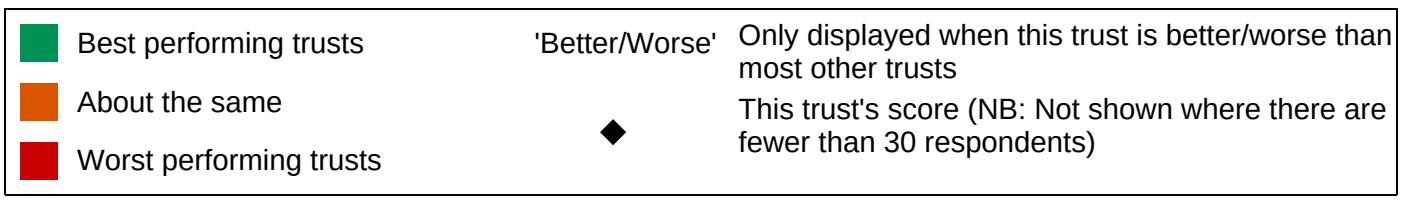
Better

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

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Care in hospital after the birth





Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
Labour and birth							
S4	Section score	9.3	7.3	9.4			
C1	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	8.5	7.2	9.6	121	8.1	
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	9.3	6.7	9.3	120		
C10	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	9.8	6.5	9.9	161	9.4	
C11	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	9.9	8.6	10.0	161	9.7	
Staff							
S5	Section score	9.2	7.4	9.3			
C12	Did the staff treating and examining you introduce themselves?	9.5	8.3	9.7	164	9.3	
C13	Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?	8.5	5.0	8.6	166	7.9	
C14	If you raised a concern during labour and birth, did you feel that it was taken seriously?	8.9	6.2	9.3	97	8.4	
C15	If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?	9.2	7.3	9.5	148		
C16	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	9.7	8.7	9.7	166	9.6	
C17	Thinking about your care during labour and birth, were you involved enough in decisions about your care?	8.7	7.6	9.3	161	8.5	
C18	Thinking about your care during labour and birth, were you treated with respect and dignity?	9.6	8.0	9.7	167	9.3	
C19	Did you have confidence and trust in the staff caring for you during your labour and birth?	9.3	7.7	9.5	165	9.1	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2013 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2013 data is available.

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
Care in hospital after the birth							
S6	Section score	7.8	6.7	8.9			
D2	Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?	7.7	5.6	8.7	162	7.4	
D3	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?	7.8	5.7	8.7	152		
D4	Thinking about your stay in hospital, after the birth of your baby, were you given the information or explanations you needed?	8.1	6.7	8.6	163	7.5	
D5	Thinking about your stay in hospital, after the birth of your baby, were you treated with kindness and understanding?	8.9	7.1	9.2	167	8.7	
D6	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	4.3	3.8	9.6	161		
D7	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	9.1	7.7	9.5	165	8.6	↑
D8	Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?	8.7	6.4	9.5	165	8.0	↑

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2013 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2013 data is available.

Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	170	20631
Response Rate (percentage)	47	41

Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	46	48
Who have previously given birth	54	52
Age group (percentage)	(%)	(%)
Aged 16-18	1	0
Aged 19-24	3	8
Aged 25-29	16	23
Aged 30-34	44	36
Aged 35 and over	37	32
Ethnic group (percentage)	(%)	(%)
White	85	83
Multiple ethnic group	0	2
Asian or Asian British	7	8
Black or Black British	4	3
Arab or other ethnic group	2	1
Not known	2	3
Religion (percentage)	(%)	(%)
No religion	47	37
Buddhist	1	1
Christian	40	51
Hindu	1	2
Jewish	0	1
Muslim	5	6
Sikh	1	1
Other religion	2	1
Prefer not to say	4	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	95	96
Gay/lesbian	1	0
Bisexual	1	1
Other	1	1
Prefer not to say	3	3

Maternity care pathway reports: antenatal care

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

The national survey of women's experiences of maternity services 2015 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.

National NHS patient survey programme

Survey of women's experiences of maternity services 2015

CQC Maternity care pathway reports: antenatal care

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

Our purpose:
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

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

Survey of women's experiences of maternity services 2015

To improve the quality of services that the NHS delivers, it is important to understand what service users 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. Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The 2015 survey of women's experiences of maternity services involved 133 NHS acute trusts in England. We received responses from more than 20,000 service users, a response rate of 41%. Women were eligible for the survey if they had a live birth during February 2015, were aged 16 years or older, gave birth in a hospital, birth centre, maternity unit, or who had a home birth[1]. NHS trusts in England took part in the survey if they had a sufficient number of eligible women that give birth at their NHS trust during the sampling time frame.

Similar surveys of maternity services were carried out in 2007, 2010 and 2013. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, outpatient, and A&E services, ambulances, 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.

This report contains the benchmarked results for the antenatal care section of the questionnaire[2]. When answering questions in the survey about labour and birth, we can be confident that in all cases women were referring to the acute trust from which they were sampled. It is therefore possible to compare the results for labour and birth across all 133 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care, to cover the entire pregnancy and birth for completeness. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. This could be due to one of several reasons, such as: having moved home; having to travel for more specialist care; or due to variation in the provision of services across the country.

We asked trusts to identify which of the women in their sample were likely to have also received

[1]Some trusts with a small number of women delivering in February also included women who gave birth in January 2015. For further details on women excluded from the survey, please see the survey instruction manual at: http://www.nhssurveys.org/surveys/843

[2]Please note, responses for question E1 are also included in this report, as although this question features in alongside postnatal questions in the questionnaire, it is actually an antenatal question as it asks about "during your pregnancy".

their antenatal and postnatal care from the same trust at which they gave birth. This attribution exercise was completed for the first time in the 2013 survey. For 2015, 118 trusts that took part in the survey were able to do this for antenatal and postnatal care. The aim was to improve the accuracy with which survey responses are attributed to the care provider and allow trusts to gain better insight to improve services.

The trusts that completed the exercise used either electronic records of antenatal and postnatal care provider, or location information of respondents to identify which women were resident within their boundaries, and responses from those women were used to calculate scores for the antenatal and postnatal survey data for each trust. The scores for postnatal care relating to these trusts have been provided in a separate report. As in 2013, this data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. As the attribution data is provided voluntarily, there is not complete coverage across all trusts. It is not possible to consider it representative for all trusts in the survey – comparisons can only be drawn between trusts that completed the exercise. Trusts are only identified as being 'better' or 'worse' within the subset of trusts that completed the attribution exercise, so it is not a true benchmark for performance across England.
2. The attribution was based on the location of respondents for trusts who do not keep electronic records. There was no means available to identify women who had received care from a different provider for other reasons, such as due to requiring specialist care, or having moved house during pregnancy. So although the attribution exercise improved the data to a considerable degree, it may remain that some respondents are included in the data despite having received care from another trust.
3. Many trusts that used the location of respondents to estimate care provider in 2013 had improved electronic records in 2015 so were able to make use of these. Particular care should therefore be taken when interpreting historical changes in trust results, as it is possible these may be affected by the increased accuracy of the respondent sample.
4. The NHS trusts completed the attribution themselves, and due to the limitations of the process, the Co-ordination Centre were unable to verify the accuracy of the exercise. This means we cannot be certain about the reliability of the attribution of the data, as there were limited opportunities to check for errors.

It is also important to note that not every trust who provided attribution data will be provided with an ante- or postnatal report; this is due to low response rates from women who received either ante- or postnatal care in the trust. It is the policy of the Co-ordination Centre to remove responses from trusts with fewer than 30 responses per question because uncertainty around such results would be too great, and very low numbers would risk respondents being recognised from their responses. As a result, seven trusts who provided antenatal data are not eligible to receive antenatal reports.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The data will be considered by the Care Quality Commission (CQC) to inform its Intelligent Monitoring and will be shared with CQC inspectors. The reports will be published on the Survey Co-ordination Centre website, but should be viewed with caution for the reasons described above.

Interpreting the report

This report shows how a trust scored for each question in the antenatal care section of the survey, compared with the range of results from 110 other trusts. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Section scores are also provided, labelled S1, S2, and S3 in the 'section scores' on page 5. The scores for each question are grouped according to the relevant sections of the questionnaire, which are: 'The start of your care in pregnancy'; 'Antenatal check ups'; and 'During your pregnancy'.

Standardisation

Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because whether a woman has given birth previously (parity) could influence their experiences and could potentially lead to a trust's results appearing

better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity and age of respondent, 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-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users.

Scoring

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since not all of the questions assess the trusts in some way (demographic questions, for example).

Graphs

The graphs in this report display the range of scores achieved by all trusts taking part in the survey, from the lowest score achieved (left hand side) to the highest score achieved (right hand side).

The black diamond shows the score for your trust. The black diamond (score) is not shown for questions answered by fewer than 30 people because the confidence interval around the trust's question score is considered too large to be meaningful and results are not reported. Additionally, the trust will also not have a section score for the corresponding section; this is because the section data is not comparable with other trusts, as it is made up of fewer questions.

The graph is divided into three sections:

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

You may find that there is no red and/or green area in the charts shown for some questions. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the orange area is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' (the orange section) will be very wide, and so will also cover the highest or lowest scoring trusts for that question.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, this is likely to be a true reflection of all service users that have visited the trust, rather than being unique to those who responded to the survey.

Please note: for question B14, there is a relatively large proportion of trusts that achieve a full 10 score. This means that for all trusts, when using the statistical analysis method described above, the ‘expected range’ covers the entire 0 to 10 scale so for this question, no trusts are rated as ‘better’ or ‘worse’.[3]

[3]For further information, please consult the Quality and Methodology report, published here: http://www.cqc.org.uk/maternitysurvey

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

Tables

At the end of the report you will find tables containing the data used to create the graphs and background information about the service users that responded. Scores from the 2013 survey where comparable are also displayed. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. The column called 'change from 2013' 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 2013. Significance is tested using a two-sample t-test.

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Further information

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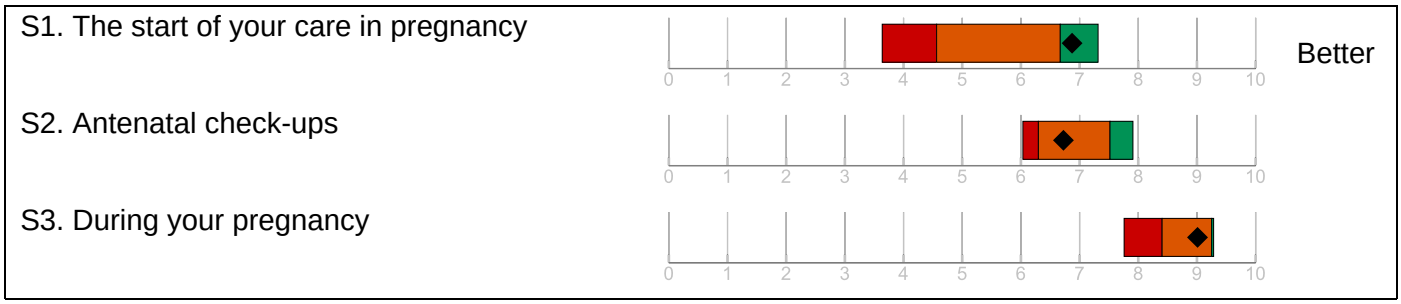
Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

Section scores



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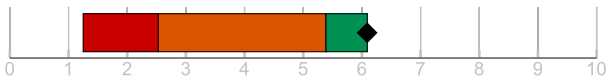
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

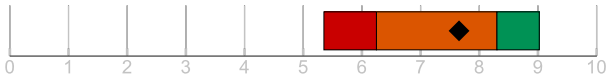
Survey of women's experiences of maternity services 2015
University Hospitals Bristol NHS Foundation Trust

The start of your care in pregnancy

B4. Were you offered any of the following choices about where to have your baby?



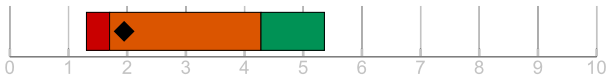
B6. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?



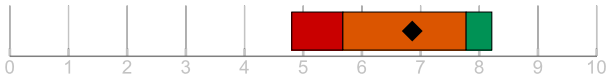
Better

Antenatal check-ups

B7. During your pregnancy were you given a choice about where your antenatal check-ups would take place?



B10. During your antenatal check-ups, did the midwives appear to be aware of your medical history?



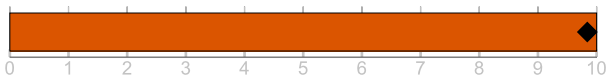
B11. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

B12. During your antenatal check-ups, did the midwives listen to you?

B13. During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?

During your pregnancy

B14. During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?



B15. During your pregnancy, if you contact a midwife, were you given the help you needed?

B16. Thinking about your antenatal care, were you spoken to in a way you could understand?

B17. Thinking about your antenatal care, were you involved enough in decisions about your care?

E1. During your pregnancy did midwives provide relevant information about feeding your baby?

Better

Best performing trusts

About the same

Worst performing trusts

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

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

Survey of women's experiences of maternity services 2015

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2013 scores for this NHS trust	Change from 2013
The start of your care in pregnancy							
S1	Section score	6.9	3.6	7.3			
B4	Were you offered any of the following choices about where to have your baby?	6.1	1.2	6.1	89	4.6	↑
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	7.7	5.4	9.0	84	7.6	
Antenatal check-ups							
S2	Section score	6.7	6.0	7.9			
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	1.9	1.3	5.4	90	1.8	
B10	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	6.9	4.8	8.2	94		
B11	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	8.4	7.7	9.4	98	8.5	
B12	During your antenatal check-ups, did the midwives listen to you?	8.8	8.2	9.6	98	8.6	
B13	During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	7.6	5.9	8.8	97		
During your pregnancy							
S3	Section score	9.0	7.8	9.3			
B14	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	9.8	8.8	10.0	98	9.5	
B15	During your pregnancy, if you contact a midwife, were you given the help you needed?	8.6	6.2	9.5	81	8.8	
B16	Thinking about your antenatal care, were you spoken to in a way you could understand?	9.8	8.9	9.9	98	9.8	
B17	Thinking about your antenatal care, were you involved enough in decisions about your care?	8.9	7.7	9.4	96	9.2	
E1	During your pregnancy did midwives provide relevant information about feeding your baby?	7.9	6.3	8.6	96		

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2013 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2013 data is available.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
10. Annual Staff Survey 2015
Sponsor and Author(s)
Sponsor: Sue Donaldson, Director of Workforce & OD **Author:** Caroline Duck, Head of Reward (Interim)

Intended Audience								
Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓

Executive Summary

Purpose

The purpose of this paper is to formally share the 2015 staff survey results with the Board given the headlines were published by the Care Quality Commission earlier this month. More detailed results, broken down by Division and staff group, are imminent. This will enable us to take stock of whether our corporate and local action plans are focussing on the right improvement plans, albeit this work has already started. A further report, setting out the conclusions of this review of our plans, will come back to Board in May 2016.

This Executive summary pulls out a number of key areas from the staff survey results, in the context of our programme of work to date. The report is attached for information.

Overview

The official sample size for University Hospitals Bristol NHS Foundation Trust was 8,449. The response rate to the National Staff Survey was 44% which is 3% better than the National Staff Survey Response rate of 41%. The Trust has seen a year on year improvement to specific questions in the National Staff Survey response. Of the 58 evaluative questions, for which a comparison can be drawn between 2014 and 2015 National Staff Survey results, the Trust has improved on 44 questions* **(76%)** and declined on 14 questions* **(24%).**

The overall staff engagement score has improved from 3.69 in 2014 to 3.78 in 2015. (The National average staff engagement score for Acute Trusts in 2015 was 3.79).

The Friends and Family scores that specifically ask staff whether they would recommend the Trust as a place to work and receive treatment are encouraging, with an increase of 5% in recommend the organisation as a place to work (from 56% in 2014 to 61% in 2015) and, an increase of 7% as a place to receive treatment (from 70% in 2014 to 77% in 2015).

Following the 2014 staff survey results, the Trust sought the views of staff to and, with divisions, developed initiatives to address the following areas of concern;

- Visible leadership
- Local decision making
- Expected Behaviours
- Team briefing - effective communication

The 2015 staff survey results show a statistically significant improvement in a number of areas related to the above 4 key themes. These are as follows;

- reporting good communication between senior management and staff
- Staff satisfaction with level of responsibility and involvement
- Support from immediate managers
- Increase in staff motivation at work

Other areas that also showed significant area of improvements were as follows;

- Less staff suffering from work related stress in the last 12 months
- Less staff witnessing potentially harmful errors, near misses or incidents in the last month

Whilst we are improving, there is no room for complacency and we will need to keep focus on this agenda particularly, as we aim to be in the top 20 teaching hospitals.

Next steps

In the next few weeks, the Trust will be analysing the results in more detail to understand how we can again work with divisions to further improve staff engagement, particularly in the following areas where we have much more work to do;

- Effective Team working
- Staff motivation at work
- Percentage of staff satisfied with the opportunities for flexible working patterns
- Staff satisfaction with the quality of work and patient care they are able to deliver
- Percentage of staff witnessing potentially harmful errors and near misses or incidents

Below is a summary of some of the key initiatives that were undertaken by the divisions as a result of 2014 staff survey results;

Staff engagement

- Increased use of staff listening events, comments box, 'survey monkeys', local newsletters, team away days and staff briefings to ensure voices of staff are heard and acted upon.
- Trust wide workshops and focus groups involving staff from all staff groups discussed how leaders at all levels can ensure regular dialogue with and within their teams, so that concerns can be raised and addressed locally, where possible.
- Increased staff involvement in the transformation of services - local teams have led on the re-design of their job roles and the related Service Operating Plans, including design of related training.

Training and Development

- Implementation of a robust annual Training Needs Analysis for Essential Training to deliver training to staff that is applicable to their role
- Involvement of staff in the Appraisal Improvement Project workshops. Feedback will be used to design and revise the appraisal policy and process.
- Redesigning the 'Return on Investment' Leadership & Management course – this includes first line supervisors - to measure the outcome of learning and understand the impact on both the delegate and the organisation

Health and wellbeing and Safety

- Taking a pro-active approach to tackling work-related stress, including development of a range of wellbeing provisions to support individuals and teams.
- On-going revision of the Trust's Speaking Out (Whistleblowing) Policy and Procedure, following the recommendations of the Robert Francis *Freedom to Speak Up* Review
- Encouraging the reporting of patient safety incidents so that they can be used as a learning opportunity. Feedback is given to staff via e-mails from the incident reporting system, in person by their manager or in safety briefs in clinical areas.

- Many more site visits by the H&S team to provide support, guidance, training or general assistance with any health, safety or wellbeing issue. (1,691 assessments and advisory visits between April 2014 and December 2015.)
- Redesign of formal Health & Safety training to
    - fit around staff availability
    - include more 'Drop-in' Manual Handling sessions to offer support, problem-solving and promotion of safety, designed around specific staff needs

Recommendations
The Board are invited to receive this report for information
Impact Upon Board Assurance Framework
N/A
Impact Upon Corporate Risk
Implications (Regulatory/Legal)
Equality & Patient Impact

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	√

Date the paper was presented to previous Committees				
Finance Committee	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
				QOC 29/03/2016

2015 National NHS staff survey

Brief summary of results from University Hospitals Bristol NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2015 national NHS staff survey conducted in University Hospitals Bristol NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured around four of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Equality and diversity
- Additional theme: Errors and incidents
- Additional theme: Patient experience measures

Please note, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2015 survey results for University Hospitals Bristol NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

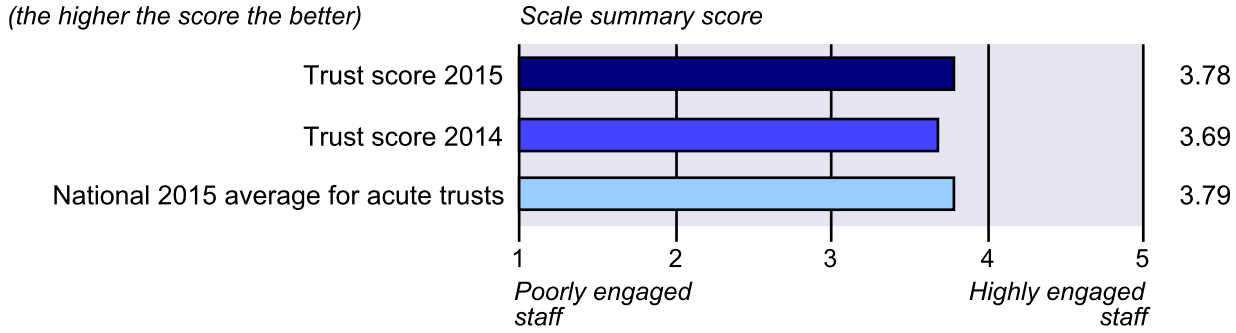
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2015	Average (median) for acute trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	77%	75%	70%
Q21b	"My organisation acts on concerns raised by patients / service users"	72%	73%	71%
Q21c	"I would recommend my organisation as a place to work"	61%	61%	56%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	77%	70%	70%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.81	3.76	3.68

2. Overall indicator of staff engagement for University Hospitals Bristol NHS Foundation Trust

The figure below shows how University Hospitals Bristol NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.78 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how University Hospitals Bristol NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2014 survey.

	Change since 2014 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	✓ Increase (better than 14)	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	✓ Increase (better than 14)	• Average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	✓ Increase (better than 14)	! Lowest (worst) 20%
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	• Average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2015 Key Findings for University Hospitals Bristol NHS Foundation Trust

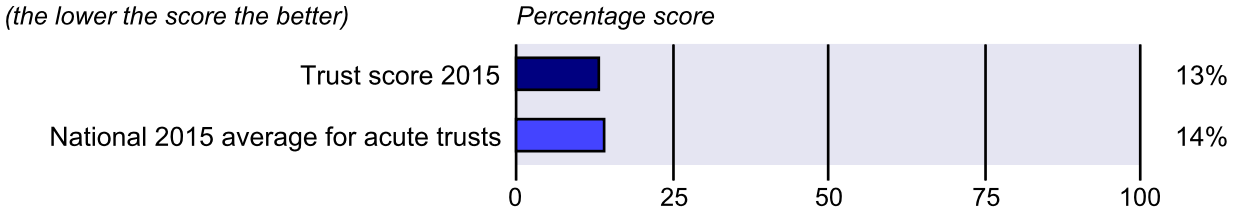
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which University Hospitals Bristol NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

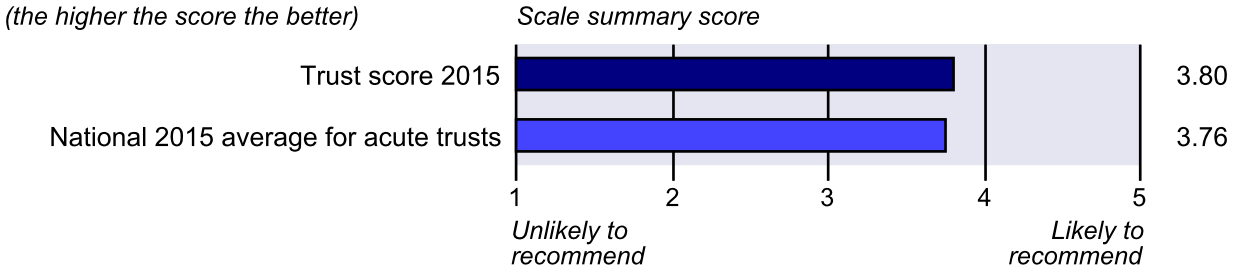
✓KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



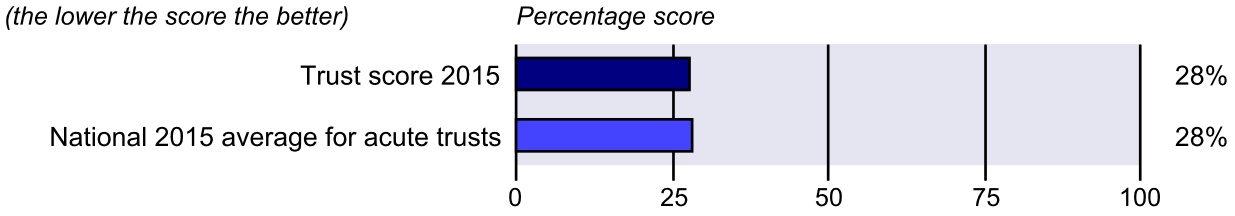
✓KF1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



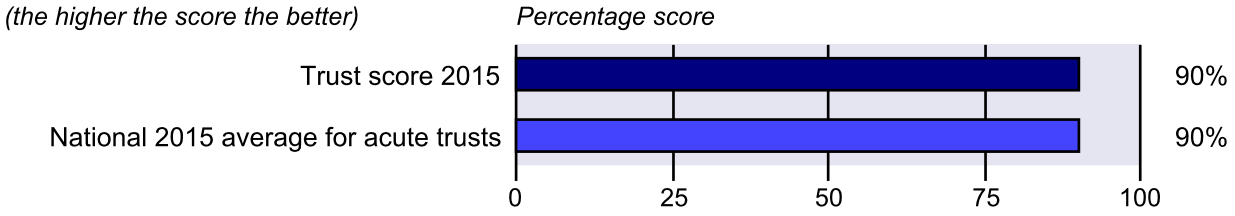
✓KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



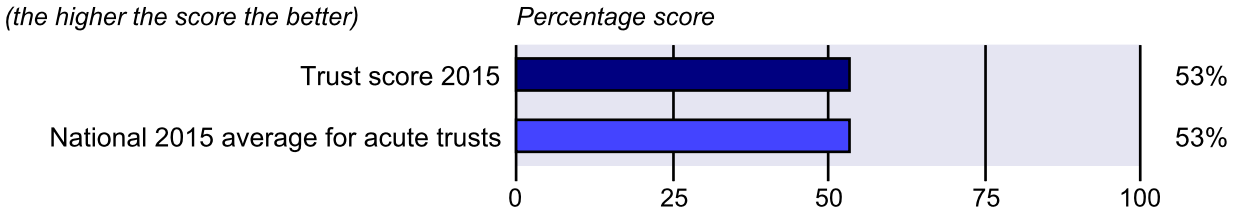
✓KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



✓KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



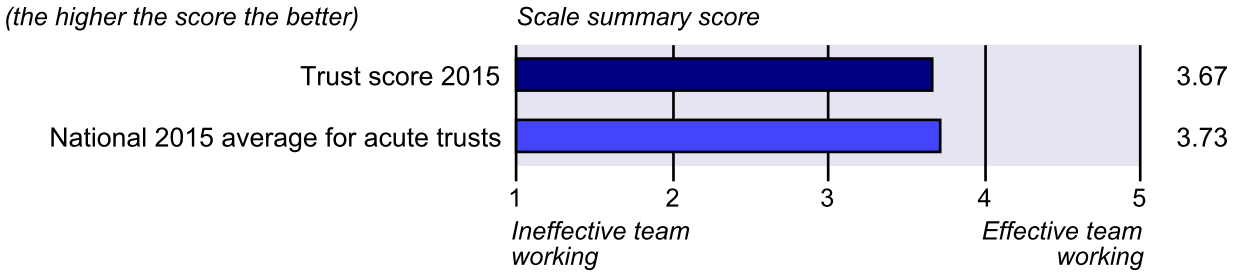
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). University Hospitals Bristol NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which University Hospitals Bristol NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

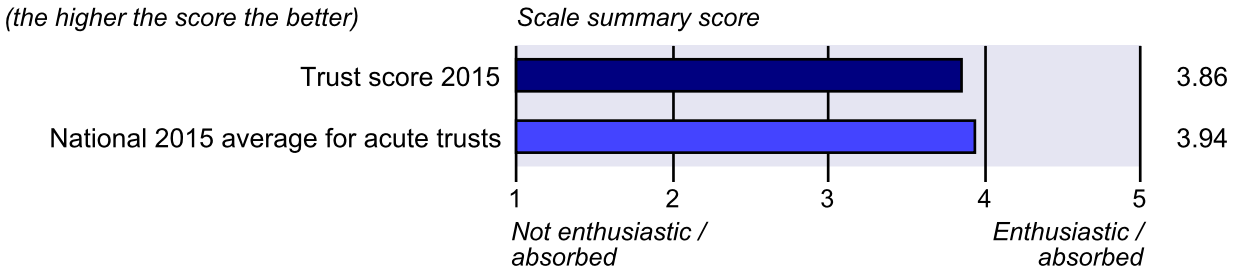
! KF9. Effective team working

(the higher the score the better)



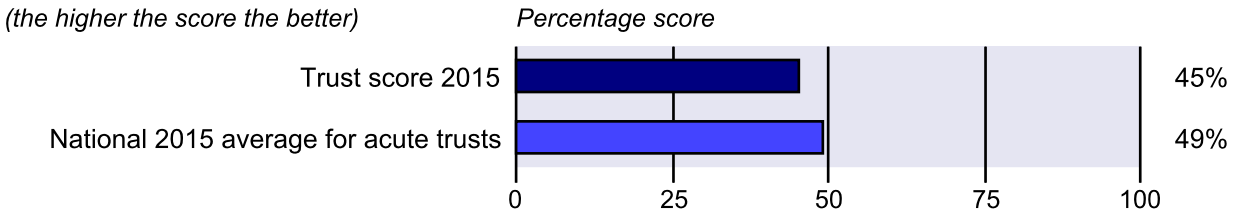
! KF4. Staff motification at work

(the higher the score the better)



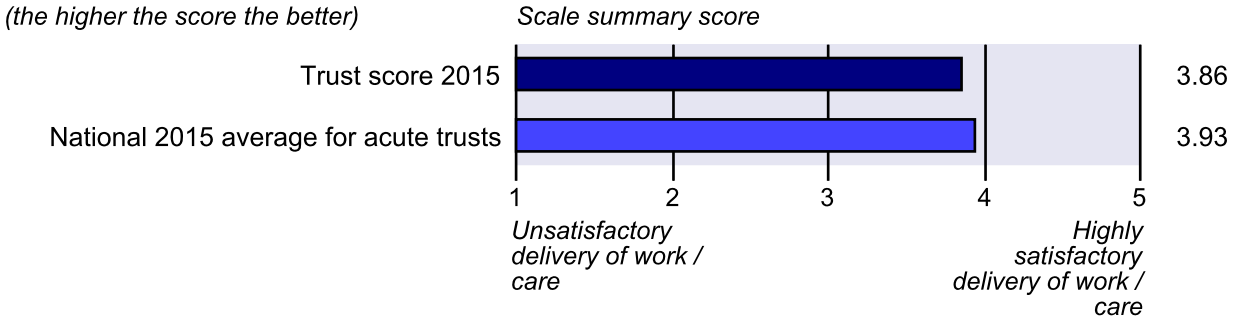
! KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



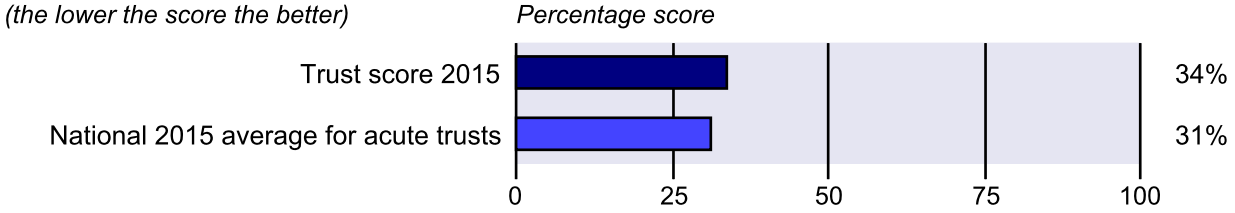
! KF2. Staff satisfaction with the quality of work and patient care they are able to deliver

(the higher the score the better)



! KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). University Hospitals Bristol NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 99. Further details about this can be found in the document ***Making sense of your staff survey data***.

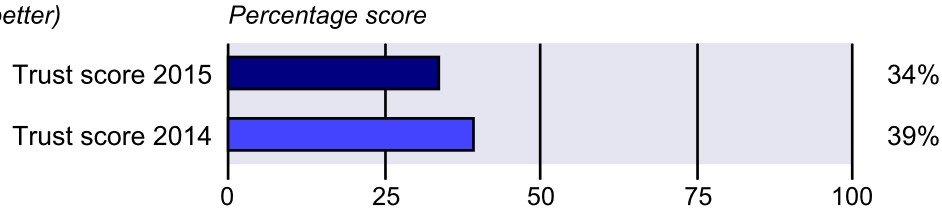
3.2 Largest Local Changes since the 2014 Survey

This page highlights the five Key Findings where staff experiences have improved at University Hospitals Bristol NHS Foundation Trust since the 2014 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the scores for Key findings KF4, KF8, and KF28 are worse than average).

WHERE STAFF EXPERIENCE HAS IMPROVED

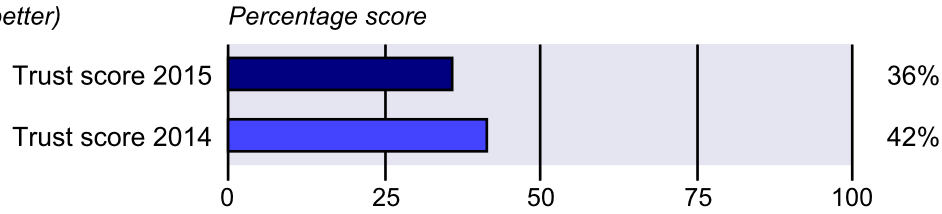
✓KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



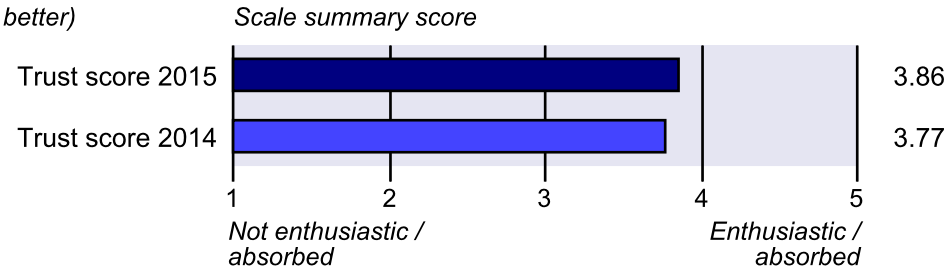
✓KF17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



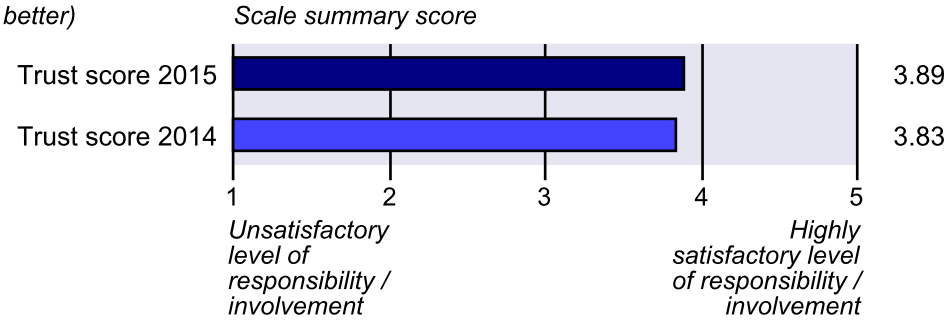
✓KF4. Staff motivation at work

(the higher the score the better)



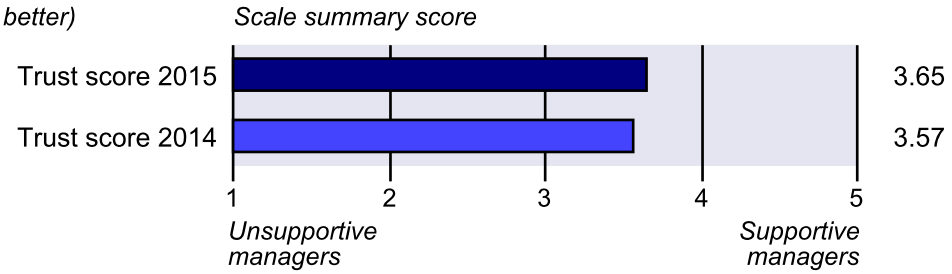
✓KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



✓KF10. Support from immediate managers

(the higher the score the better)



3.2. Summary of all Key Findings for University Hospitals Bristol NHS Foundation Trust

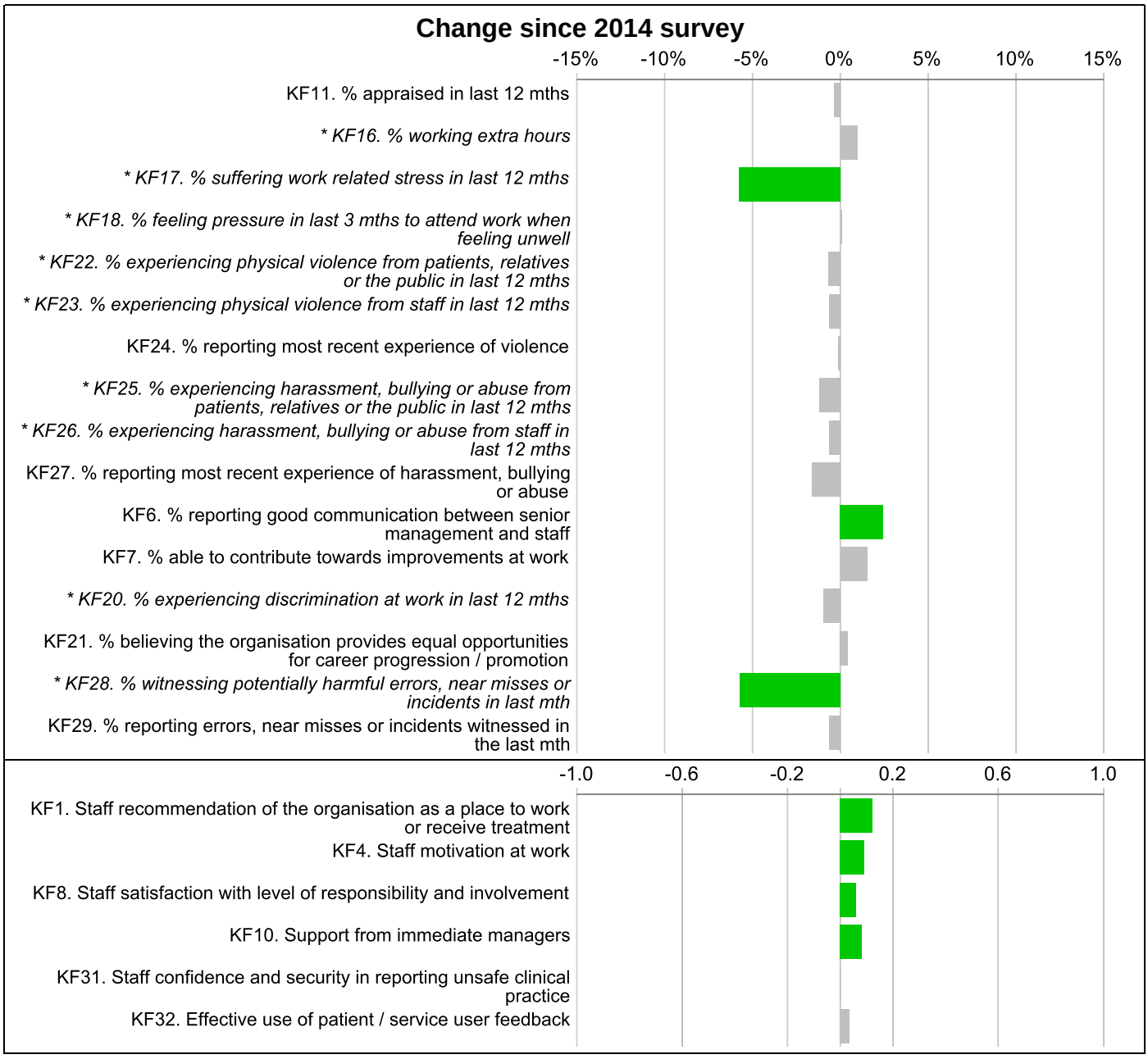
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.2. Summary of all Key Findings for University Hospitals Bristol NHS Foundation Trust

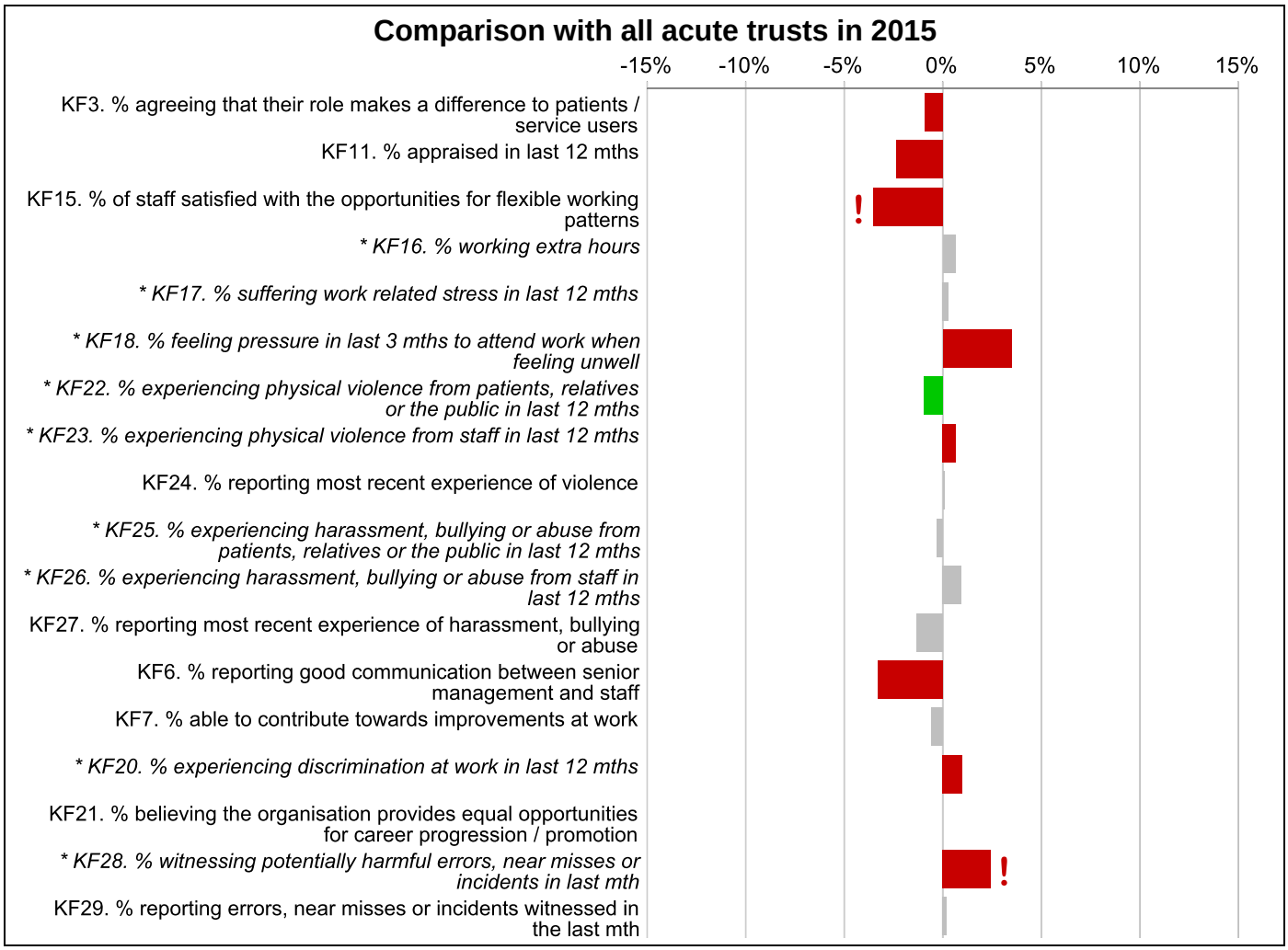
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



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KEY

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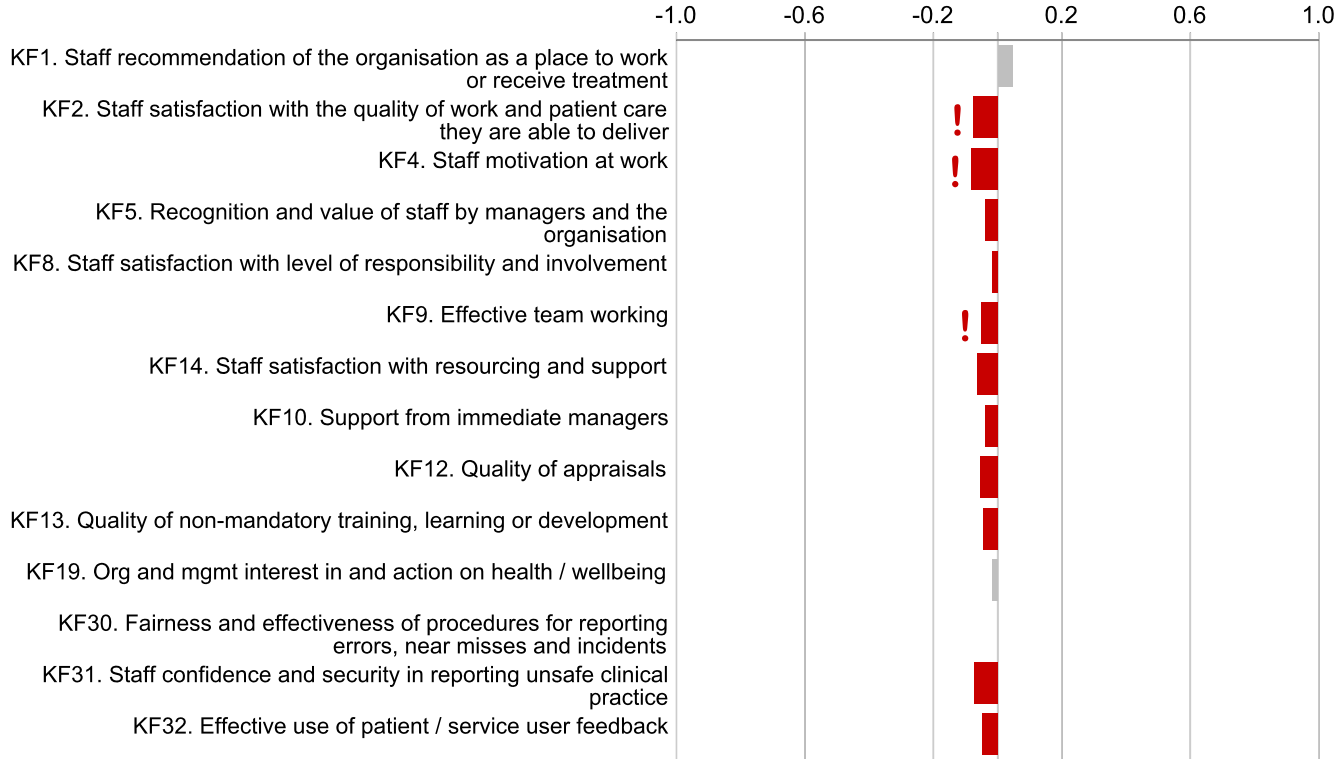
Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2015 (cont)



3.3. Summary of all Key Findings for University Hospitals Bristol NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2014.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2014.

'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	• Average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	! Lowest (worst) 20%
KF3. % agreeing that their role makes a difference to patients / service users	--	! Below (worse than) average
KF4. Staff motivation at work	✓ Increase (better than 14)	! Lowest (worst) 20%
KF5. Recognition and value of staff by managers and the organisation	--	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	! Below (worse than) average
KF9. Effective team working	--	! Lowest (worst) 20%
KF14. Staff satisfaction with resourcing and support	--	! Below (worse than) average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF10. Support from immediate managers	✓ Increase (better than 14)	! Below (worse than) average
KF11. % appraised in last 12 mths	• No change	! Below (worse than) average
KF12. Quality of appraisals	--	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	--	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Health and well-being		
KF15. % of staff satisfied with the opportunities for flexible working patterns	--	! Lowest (worst) 20%
* *KF16. % working extra hours*	• No change	• Average
* *KF17. % suffering work related stress in last 12 mths*	✓ Decrease (better than 14)	• Average
* *KF18. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health / wellbeing	--	• Average

3.3. Summary of all Key Findings for University Hospitals Bristol NHS Foundation Trust (cont)

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
Violence and harassment		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	✓ Below (better than) average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	• Average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF6. % reporting good communication between senior management and staff	✓ Increase (better than 14)	! Below (worse than) average
KF7. % able to contribute towards improvements at work	• No change	• Average
ADDITIONAL THEME: Equality and diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	• Average
ADDITIONAL THEME: Errors and incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	✓ Decrease (better than 14)	! Highest (worst) 20%
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Below (worse than) average
ADDITIONAL THEME: Patient experience measures		
KF32. Effective use of patient / service user feedback	• No change	! Below (worse than) average

4. Key Findings for University Hospitals Bristol NHS Foundation Trust

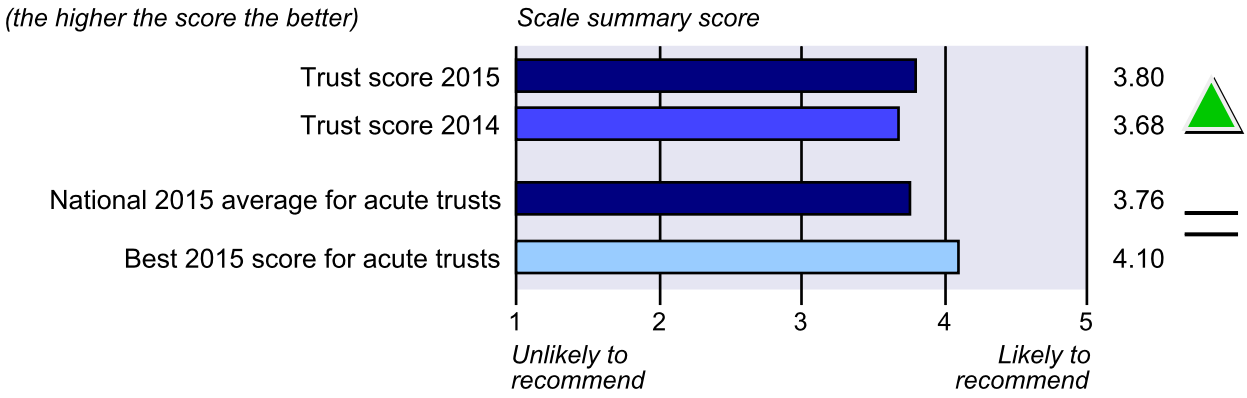
3625 staff at University Hospitals Bristol NHS Foundation Trust took part in this survey. This is a response rate of 44%[1] which is average for acute trusts in England, and compares with a response rate of 47% in this trust in the 2014 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2015 survey, and compares these to other acute trusts in England and to the trust's performance in the 2014 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

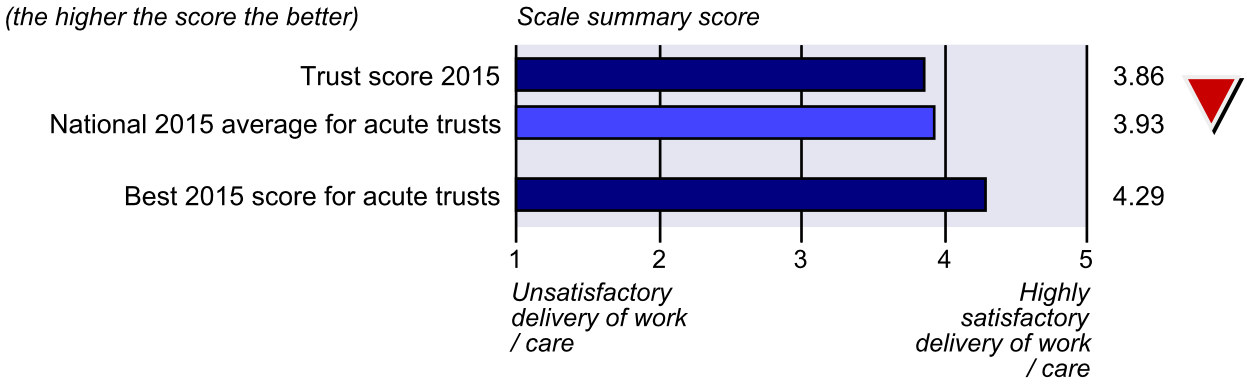
Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2014). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2014). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment



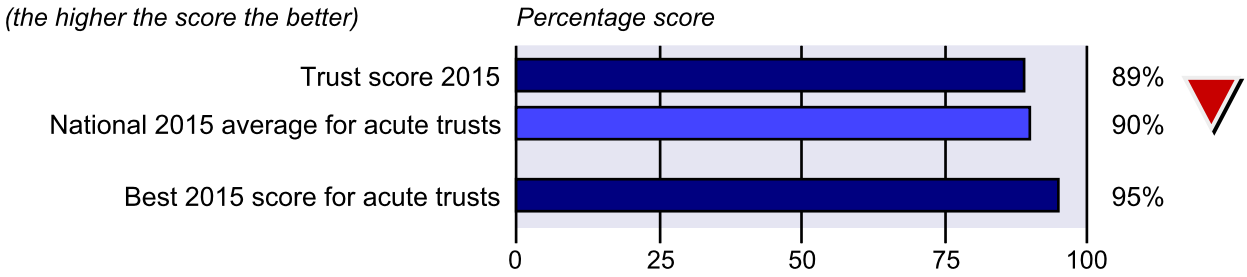
KEY FINDING 2. Staff satisfaction with the quality of work and patient care they are able to deliver



[1]Questionnaires were sent to all 8197 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

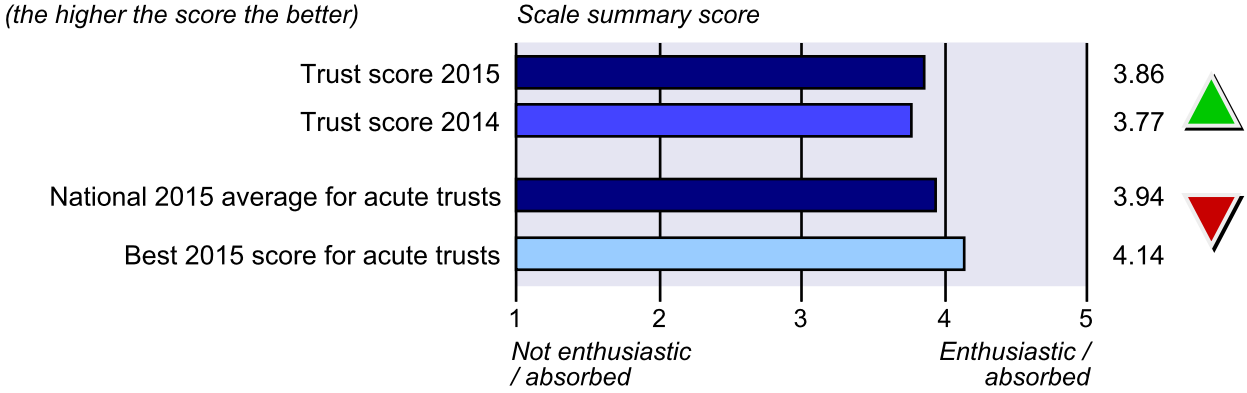
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



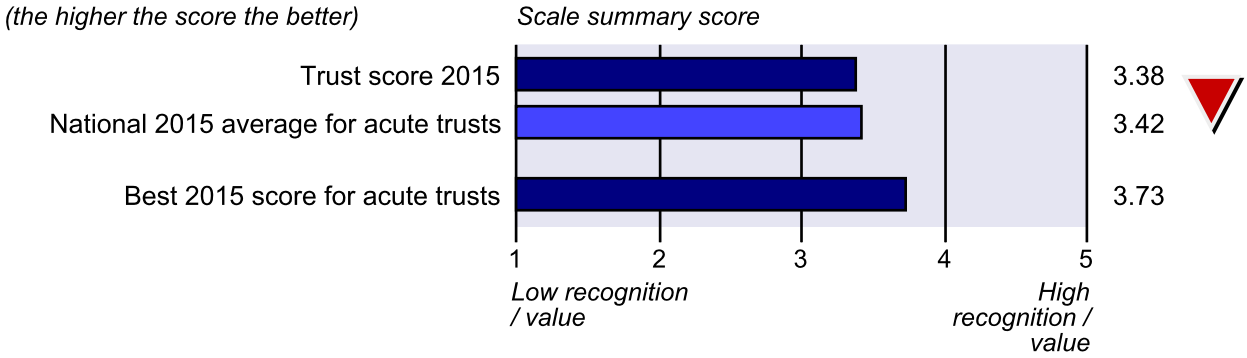
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



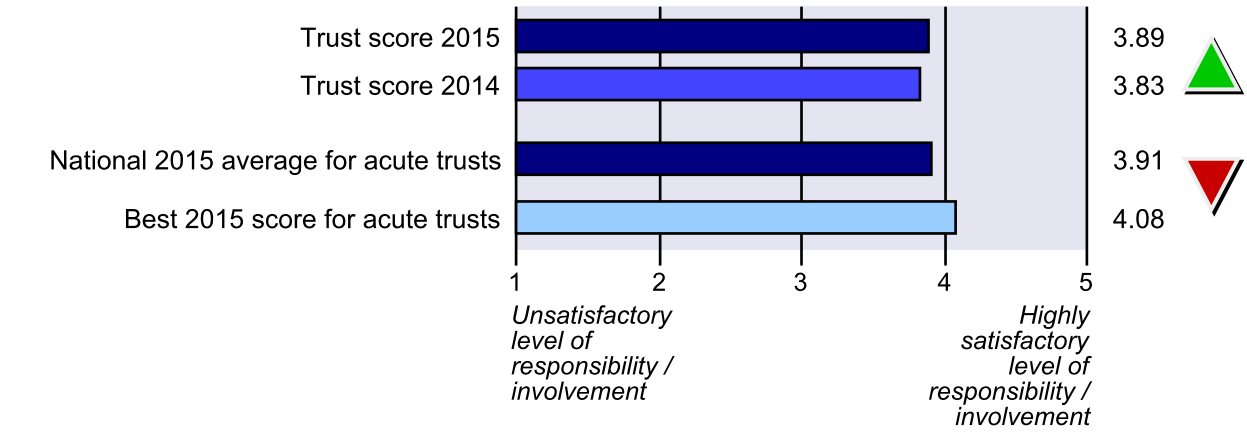
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



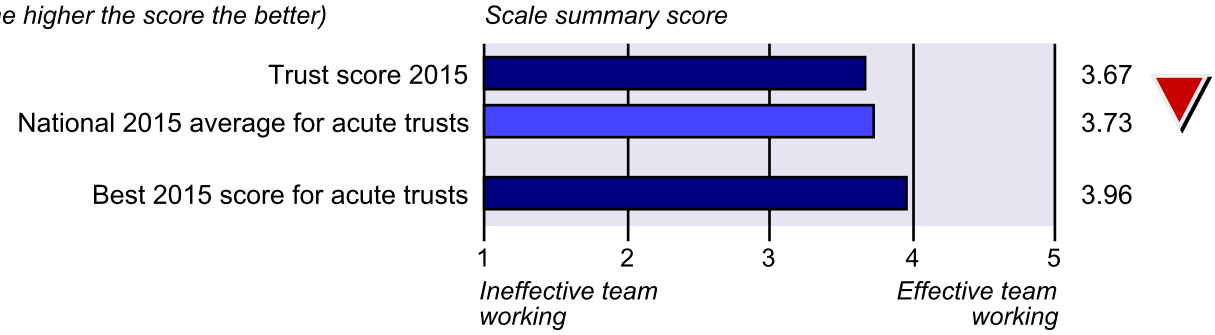
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



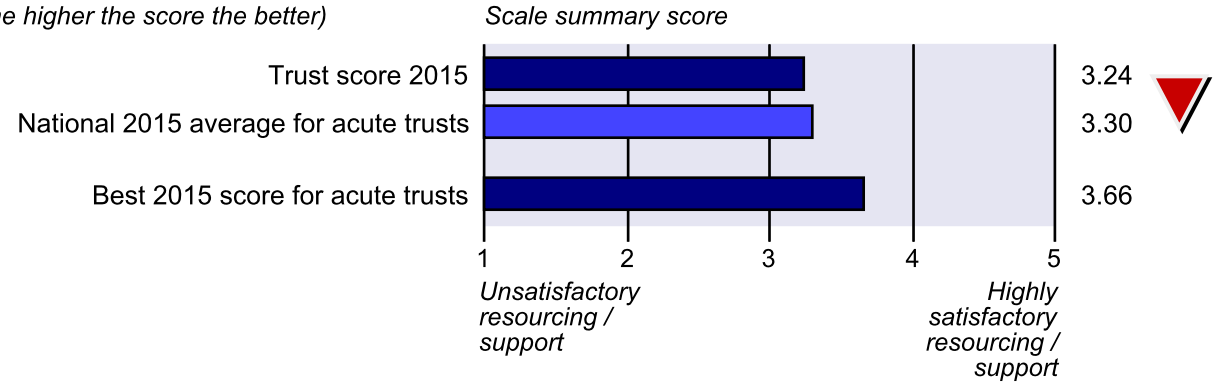
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

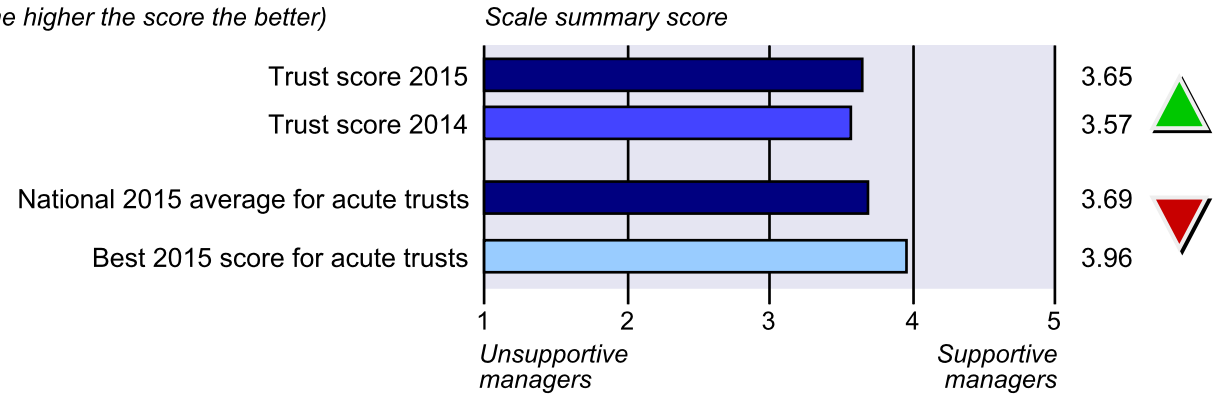
(the higher the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

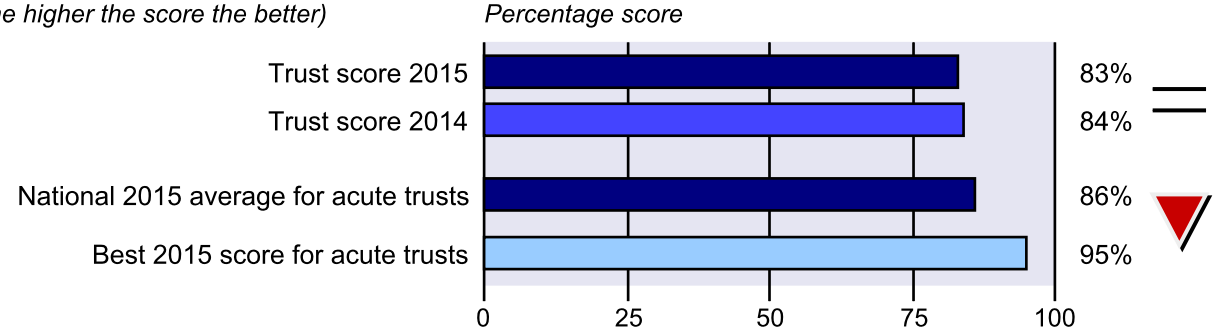
KEY FINDING 10. Support from immediate managers

(the higher the score the better)



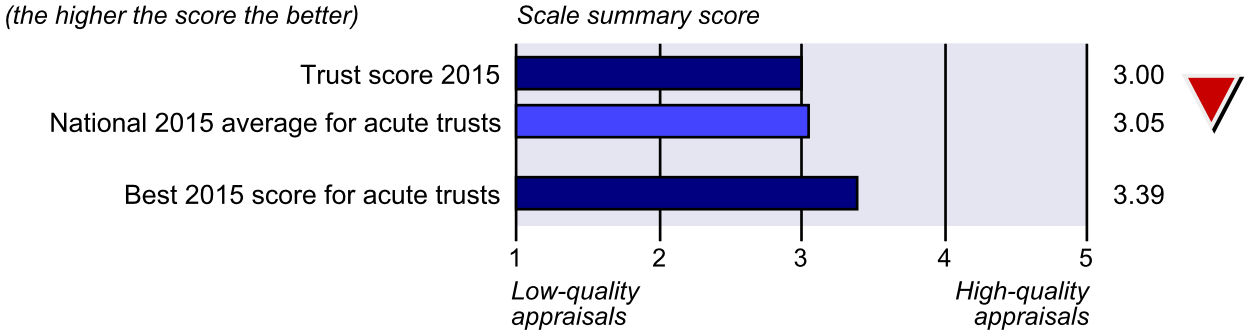
KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



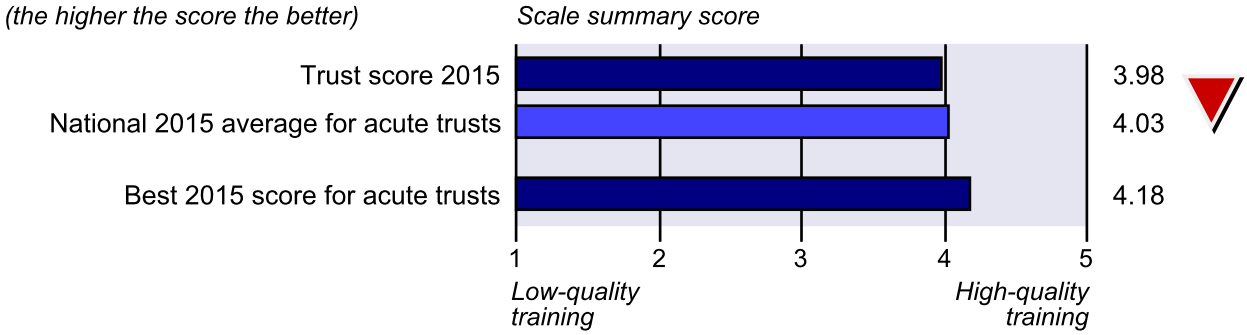
KEY FINDING 12. Quality of appraisals

(the higher the score the better)



KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

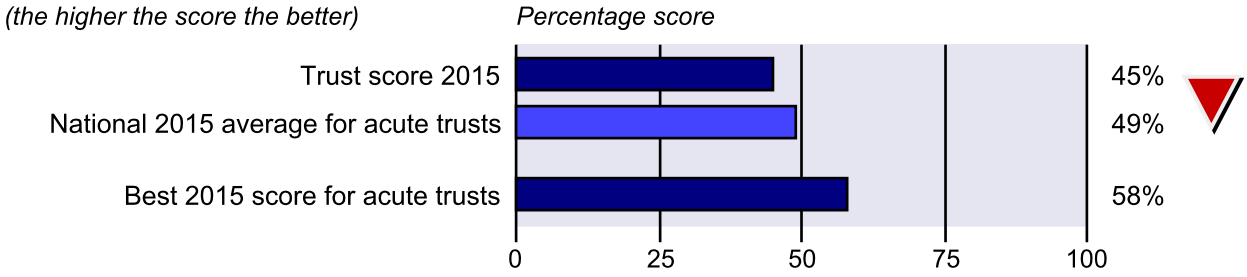


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Health and well-being

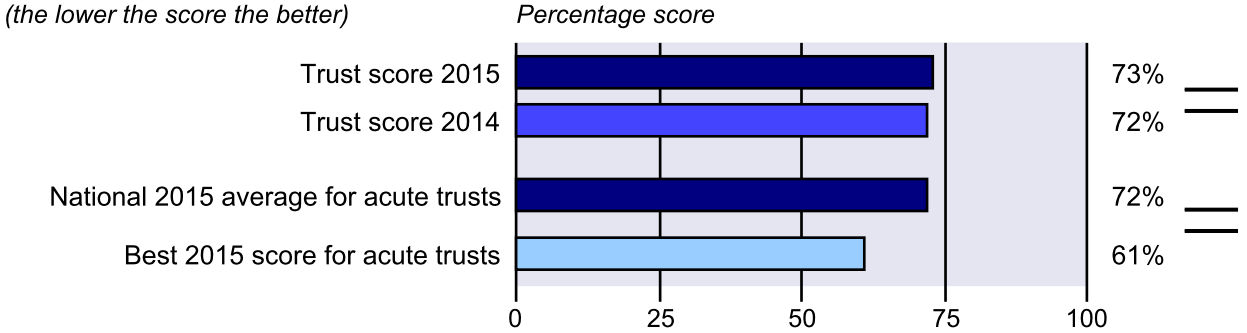
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



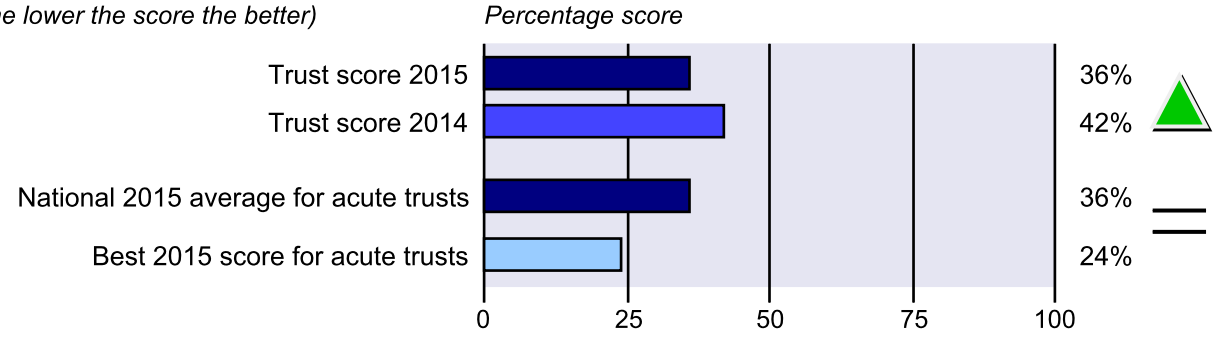
KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)



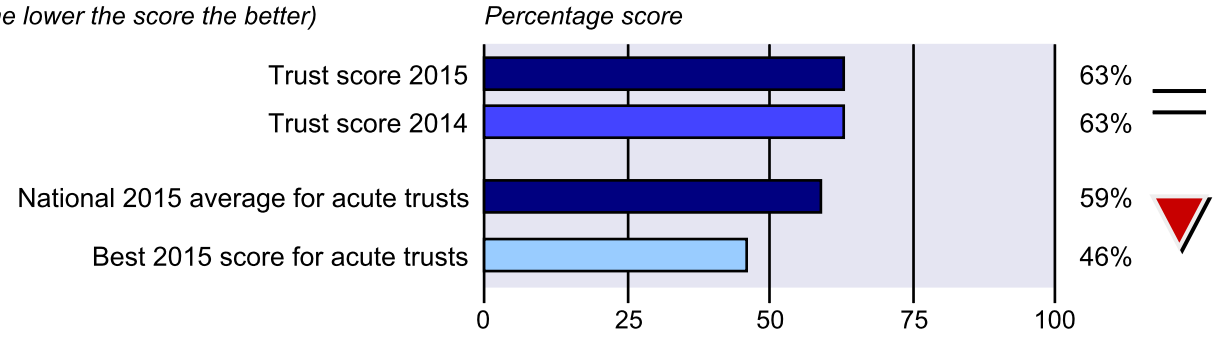
KEY FINDING 17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



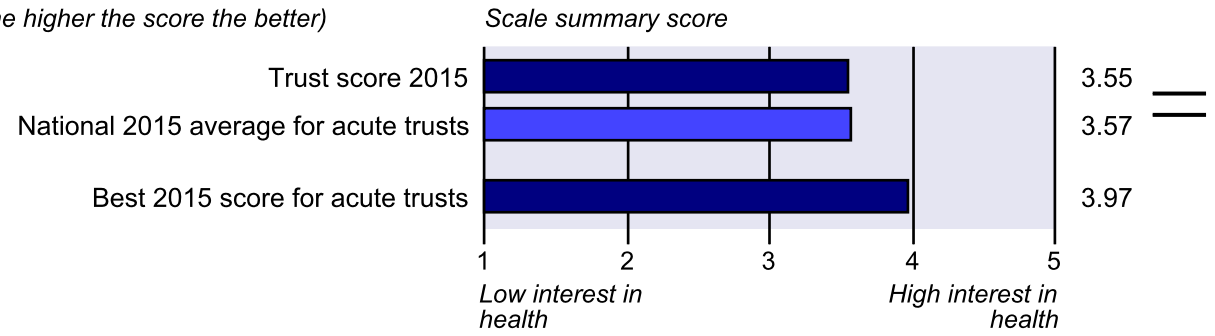
KEY FINDING 18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)



KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

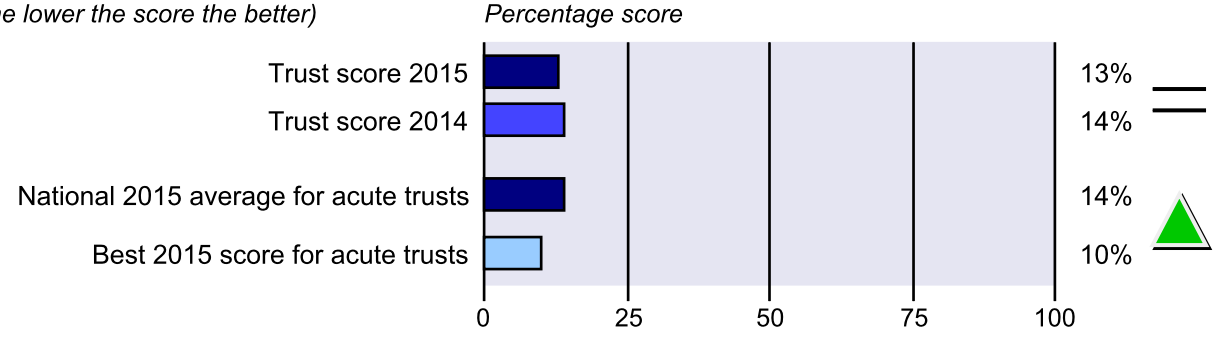
(the higher the score the better)



Violence and harassment

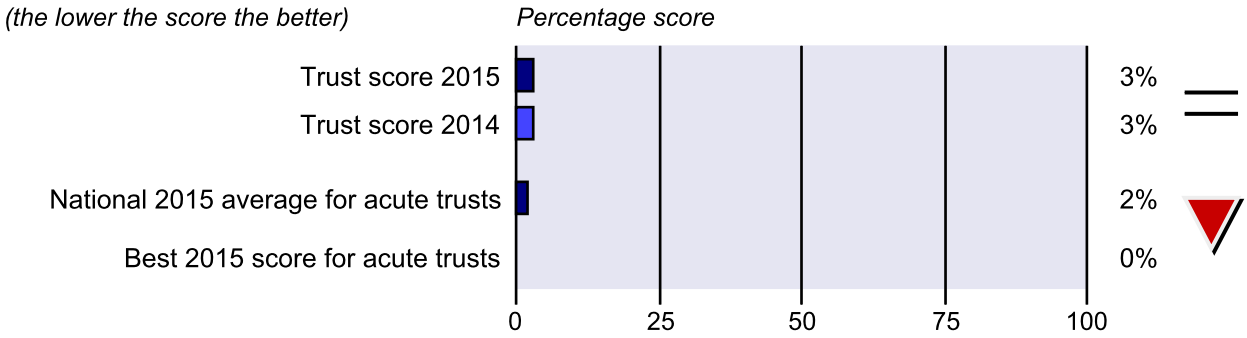
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



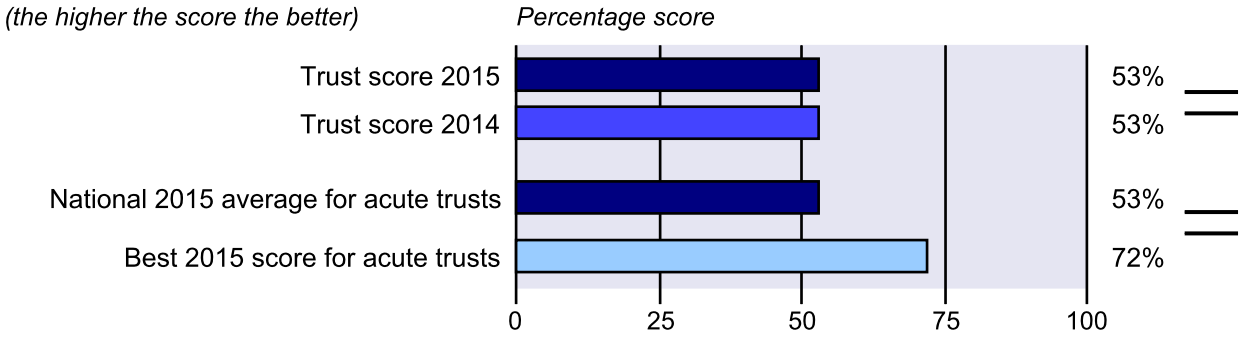
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



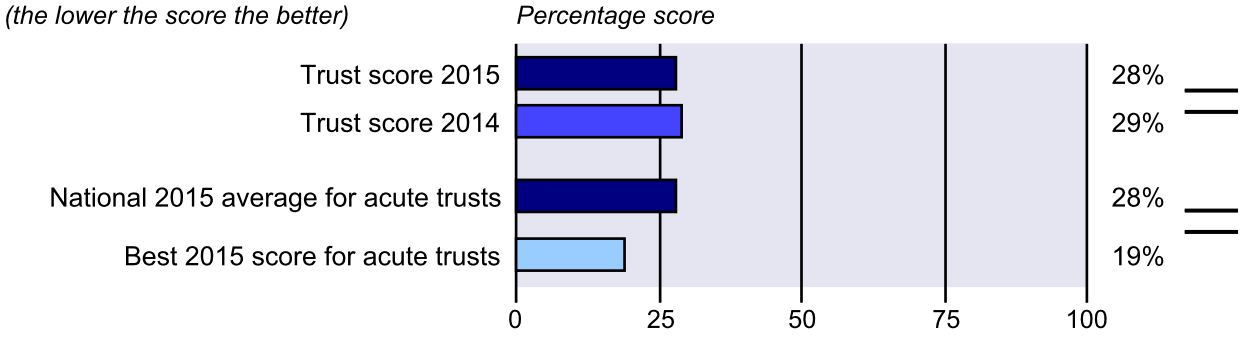
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



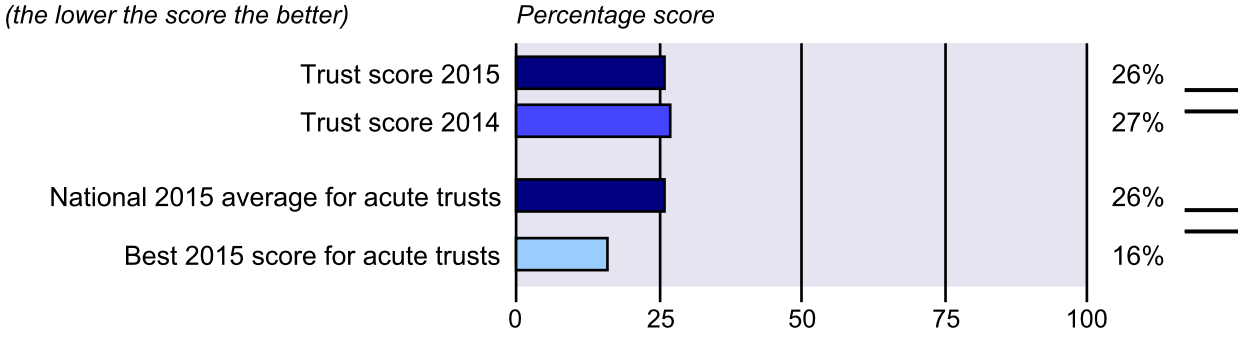
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



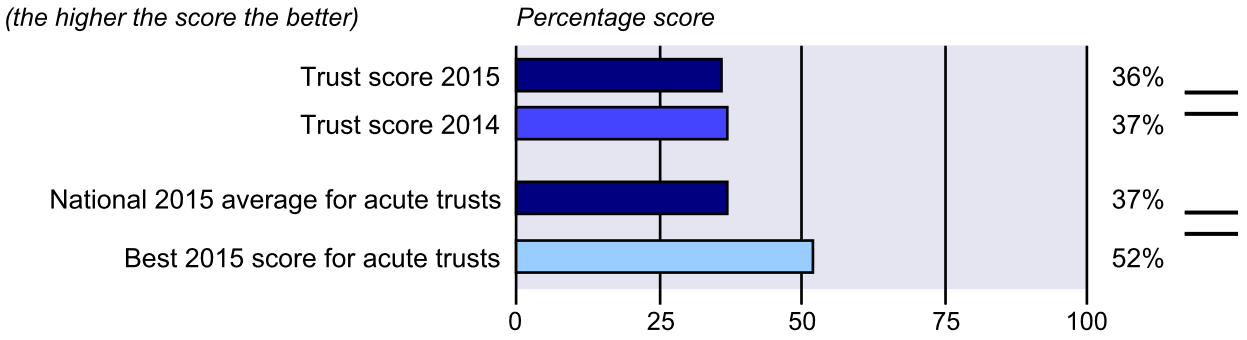
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

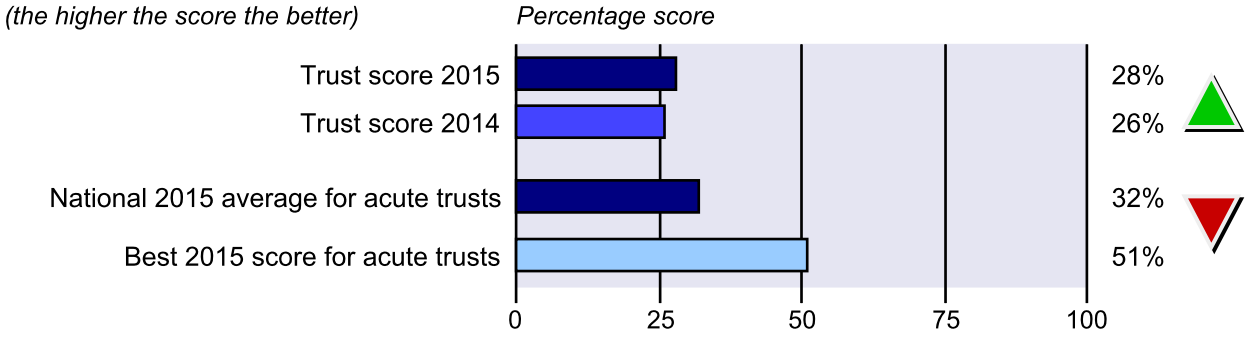
(the higher the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

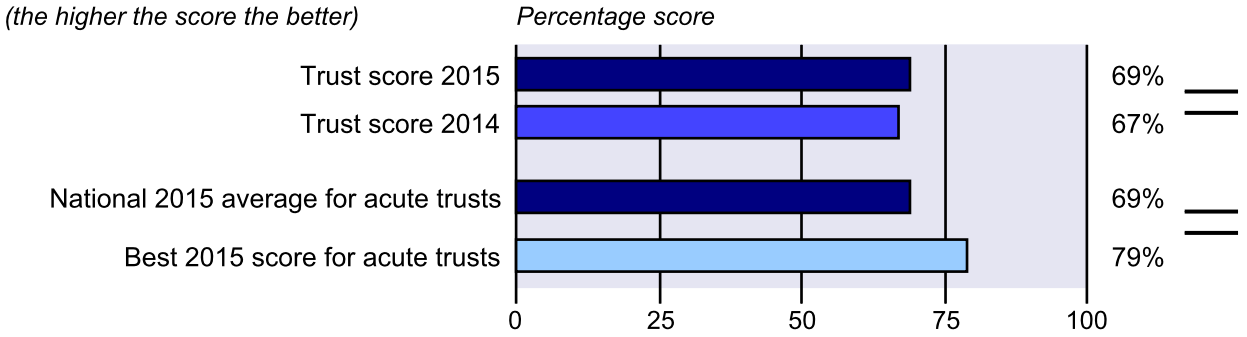
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

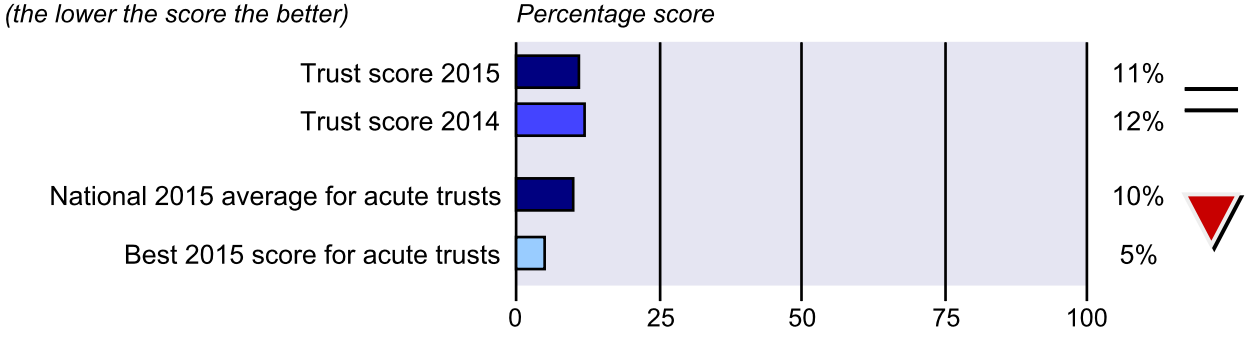
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

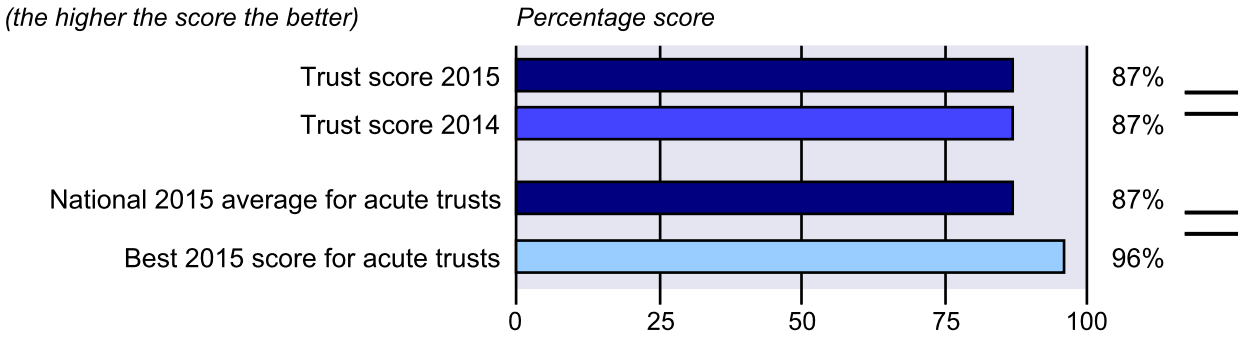
KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

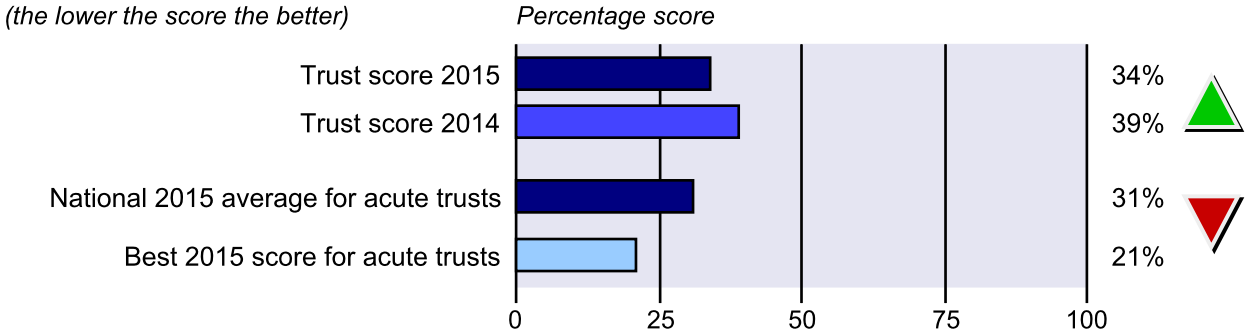
(the higher the score the better)



ADDITIONAL THEME: Errors and incidents

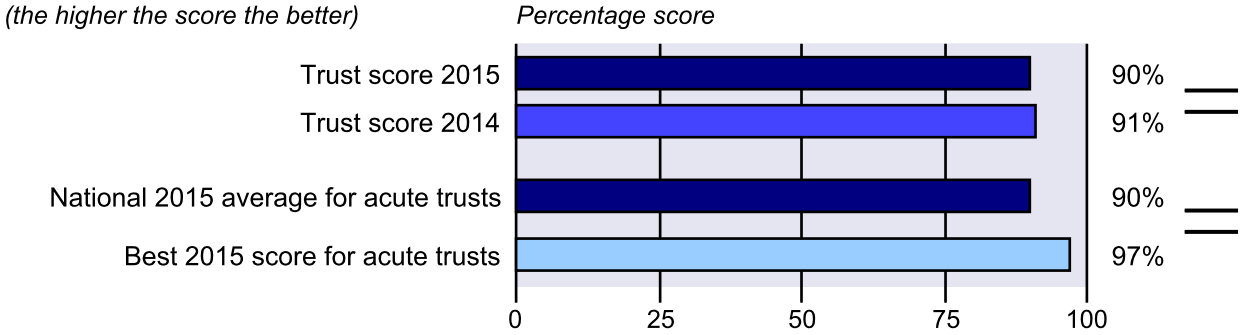
KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



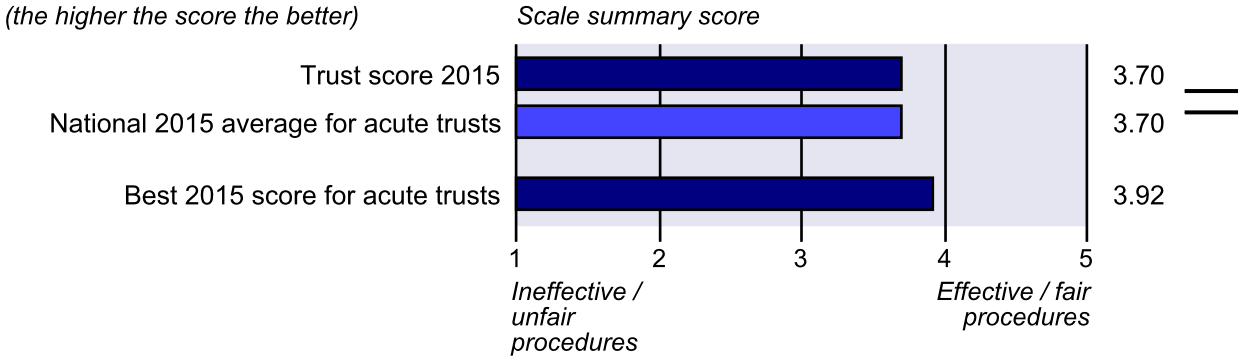
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)

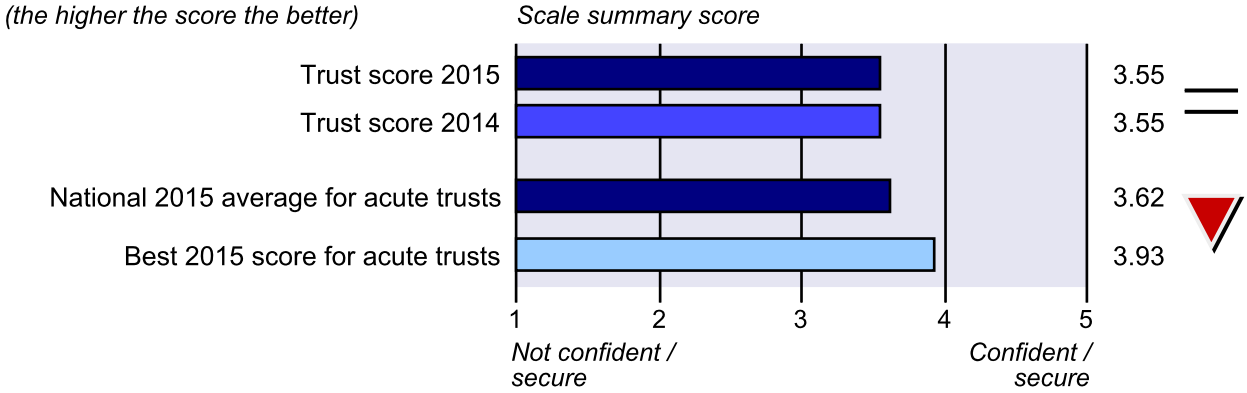


KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)

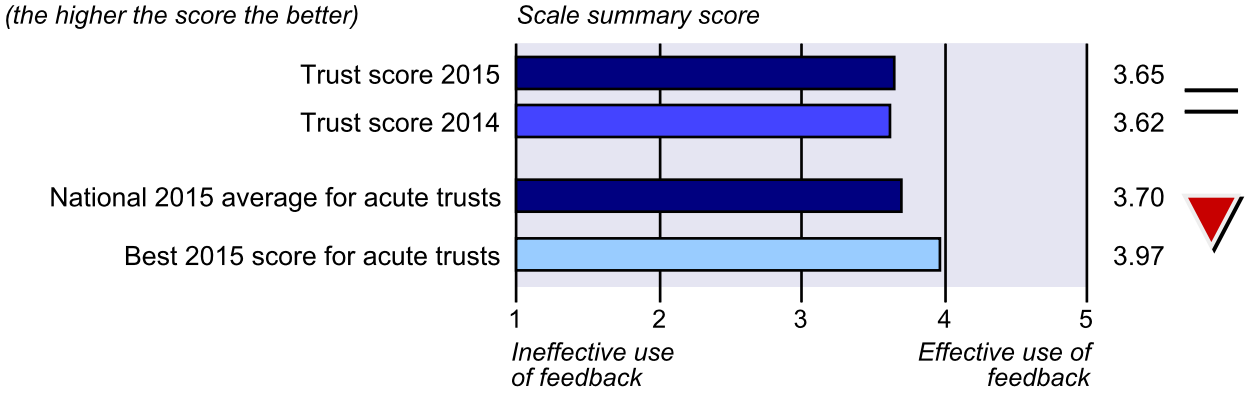


KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice



ADDITIONAL THEME: Patient experience measures

KEY FINDING 32. Effective use of patient / service user feedback



University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
11. Quarterly Patient Experience and Complaints Reports
Sponsor and Author(s)
Sponsor: Carolyn Mills, Chief Nurse **Authors**: Paul Lewis, Patient Experience Lead (surveys and evaluation); and Tanya Tofts, Patient Support & Complaints Manager

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
Patient Experience • UH Bristol was ranked as the top-performance trust in the 2015 National Maternity Survey • Board headline patient experience metrics continued to be green-rated in Q3 • Poor response rates for day case Friends and Family Test; below-target response rates for FFT at BRHC; and poor FFT scores in A&Es • Planned procurement for new patient survey system in 2016, with a renewed focus on responsive care *Complaints* • Q3 reductions in complaints for: BEH, BHI outpatients; ENT and BRI ED • Q3 increases in complaints for: T&O, Upper GI surgery, Radiology • Poor performance for sending complaints responses with agreed timescales • Plans to refocus complaints training specifically on response-writing skills Read-across • Ward A900 had an increase in complaints and achieved poor patient experience scores in Q3
Recommendations
The Committee is recommended to receive these reports for assurance
Impact Upon Board Assurance Framework
The complaints report supports achievement of the objective, "To establish an effective and sustainable complaints function to ensure patients receive timely and comprehensive responses to the concerns they raise and that learning from complaints inform service planning and day to day practice."
Impact Upon Corporate Risk
The complaints report provides assurances that the Trust's Patient Support & Complaints Team is continuing to respond to enquiries with appropriate timescales, i.e. with a sustained 'no backlog' position (previously a corporate risk).
Implications (Regulatory/Legal)
The complaints report supports compliance with the Care Quality Commission's Fundamental Standard for complaints, Regulation 16. The patient experience report provides assurance in relation to the Care Quality Commission's Fundamental Standard, Regulation 10: respect and dignity.

Equality & Patient Impact
A new addition to the quarterly Complaints report is data describing the known 'protected characteristics' of people who complaint about our services. Going forward, the intention is to develop and use this data to help make our complaints service more accessible to all patients.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
			x	Patient Experience Group

University Hospitals Bristol NHS
NHS Foundation Trust

Patient Experience Report

Quarter 3, 2015/16

(1 October to 31 December 2015)

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

1. Patient experience at UH Bristol: Quarter 3 overview

Successes	Priorities
• The Trust achieved excellent results in the Care Quality Commission's (CQC) National Maternity Survey, which asked women about their experience of hospital and community-based maternity services. UH Bristol was recognised by the CQC as the top performing trust for hospital-based services in this survey. • All of the Trust's key survey metrics remained "green" in Quarter 3 – demonstrating the provision of a high quality patient experience at UH Bristol. • Positive praise for staff remains by far the most frequent form of written feedback received from patients.	• Action by Ward A900 to address low patient experience ratings for 'kindness and understanding' and the inpatient tracker. • Action by Division of Medicine to address low patient-reported scores in that division for explaining side effects of medications that patients should look out for when they go home from hospital. • FFT priority actions for increases response rates to minimum 30% targets by the end of May 2016: day cases trust-wide, and inpatients and day cases specifically at Bristol Royal Hospital for Children. • As part of a wider Quality Strategy for the Trust, developing the Trust's new Patient Experience and Involvement Strategy, with a particular focus on "responsiveness" to patient feedback and the more effective use of technology to capture and use patient experience (strategy to be shared with SLT and Board in May).
Opportunities	**Risks & Threats**
• To improve monitoring and recording of how the Trust's Divisions are using any negative feedback from the Friends and Family Test for service improvement. This will commence in Quarter 4 2015/16 and will be coordinated by the Trust's Patient Experience and Involvement Team. • To share the positive patient feedback messages contained in this report with staff delivering care and users of our services.	• The introduction of a touchscreen survey system in the Trust's Emergency Departments has supported an increase in Friends and Family Test (FFT) response rates, but appears to have resulted in more negative scores. The ED teams continue to look for opportunities to improve care in response to feedback, whilst FFT data capture options will continue to be explored as the Trust develops and implements plans for more responsive patient feedback systems. • Although the vast majority of feedback about UH Bristol staff is positive, where a negative experience occurs, this is often related to the way a member of staff behaved. These "human factors" are usually the determinant of a positive or negative patient experience.

2. Trust-level patient experience data

The quality of patient experience at UH Bristol is monitored via the Friends and Family Test survey, which is typically completed during the patient's stay / visit to the Trust, and via a programme of postal surveys carried out independently of the Trust by an external contractor[1]. Key metrics from these surveys are reported to the Trust Board each month (see Charts 1 to 6 - over)[2]. The scores have been consistently rated "green" in the periods shown[3], indicating that a high standard of patient experience is being maintained. The scores would turn "amber" or "red" if they fell significantly, alerting the senior management team to the deterioration.[4]

The Trust's response rate for the inpatient and day case Friends and Family Test has been below the 30% target during 2015/16 (Chart 7). This is primarily due to the day case element of the survey, which came on-stream in April 2015 and has not yet gained full "traction". The inpatient wards at the Bristol Royal Hospital for Children are also consistently below this target: again this is an area that came into the survey from April 2015 (the adult inpatient and Emergency Departments started in 2013). An action plan, approved by the Trust's Patient Experience Group, is currently in place to improve these rates. We expect the rates to increase during Quarter 4 and to be consistently meeting the 30% target by May 2016. In the medium-term the Trust is exploring the use of electronic data capture and reporting to support the Friends and Family Test in these settings.

Chart 5 (page 5) shows that the Friends and Family Test scores being achieved in 2015/16 by the Bristol Royal Infirmary and Bristol Royal Hospital for Children Emergency Departments have been relatively low compared to previous years (Chart 5)[5]. As noted in previous Quarterly Patient Experience Reports, this is likely to be due to a methodological change which involved installing touchscreen survey screens in the Emergency Departments to supplement the use of Friends and Family Test "exit cards". All of the feedback collected via these channels is shared with the Emergency Departments in order to identify opportunities for service improvement. The great majority of negative comments received via the touchscreens relate to waiting times, which is a constant focus for the Emergency Departments as they strive to meet the four-hour wait target. In order to ensure that a rounded view of patient experience is provided, the Trust's Emergency Departments are exploring alternative methods of collecting feedback alongside the touchscreens. For example, the Bristol Royal Hospital for Children have installed Friends and Family Test card dispensers in every treatment bay, and the Trust's Patient Experience & Involvement Team are exploring the potential use of proactive SMS text messaging (if this is feasible then a pilot will be carried out in Quarter 1).

[1] Patient Perspective Ltd – who have been approved by the Care Quality Commission to carry out patient surveys.
[2] Kindness and understanding is used as a key measure, because it is a fundamental component of compassionate care. The "patient experience tracker" is a broader measure of patient experience, made up of five questions from the UH Bristol monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as "key drivers" of patient satisfaction via statistical analysis and patient focus groups conducted by the UH Bristol Patient Experience and Involvement Team. The outpatient tracker is made up of four questions relating to respect and dignity, cleanliness, communication and waiting time in clinic.
[3] Note: the Friends and Family Test and outpatient data is available around one month before the inpatient survey data.
[4] Trust Board data from the outpatient survey is provided as a "rolling three monthly score". So for example, in July the Trust Board received the combined survey score for April, May, and June; in August the Board will receive combined data for May, June and July. This is to ensure that the sample sizes are sufficiently large to generate an accurate score. This approach will be reviewed for the 2016/17 Trust Board Quality Dashboard, as there will be enough survey data at that point to test whether reliable discrete monthly data can be generated.
[5] The touchscreen feedback tends to be more negative than the previous (purely exit-card) approach, because patients are now giving their views at all stages of the journey – not just at the end.

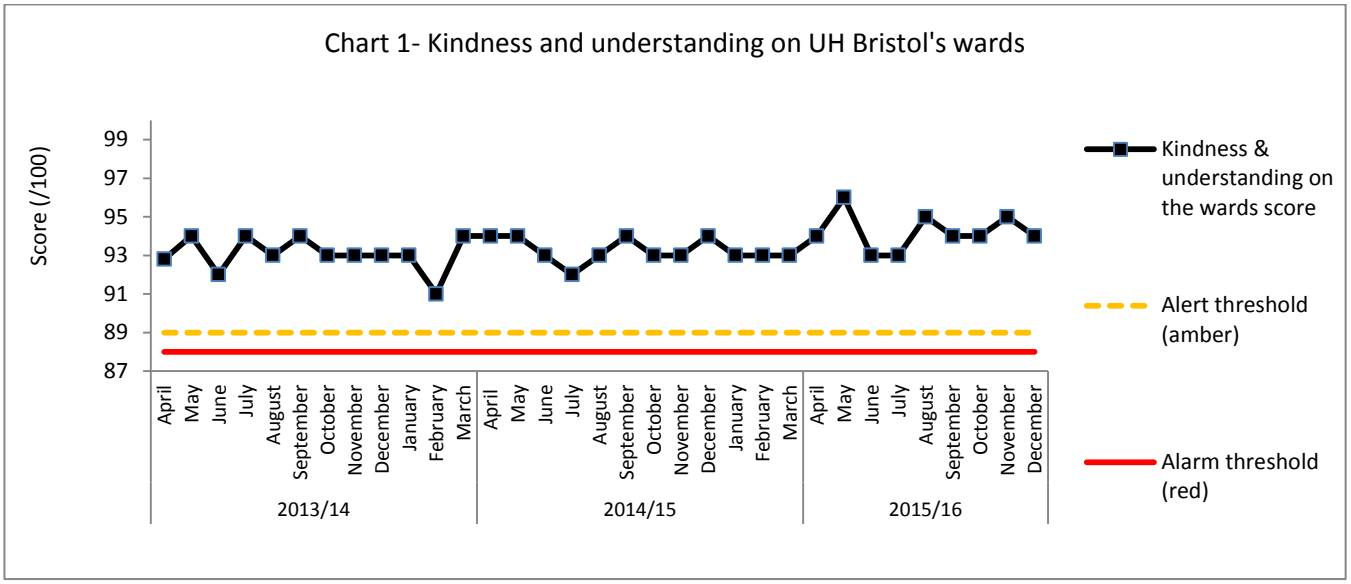


Chart 1- Kindness and understanding on UH Bristol's wards
Score (/100)
99
97
95
93
91
89
87
April May June July August September October November December January February March
2013/14
2014/15
2015/16
Kindness & understanding on the wards score
Alert threshold (amber)
Alarm threshold (red)

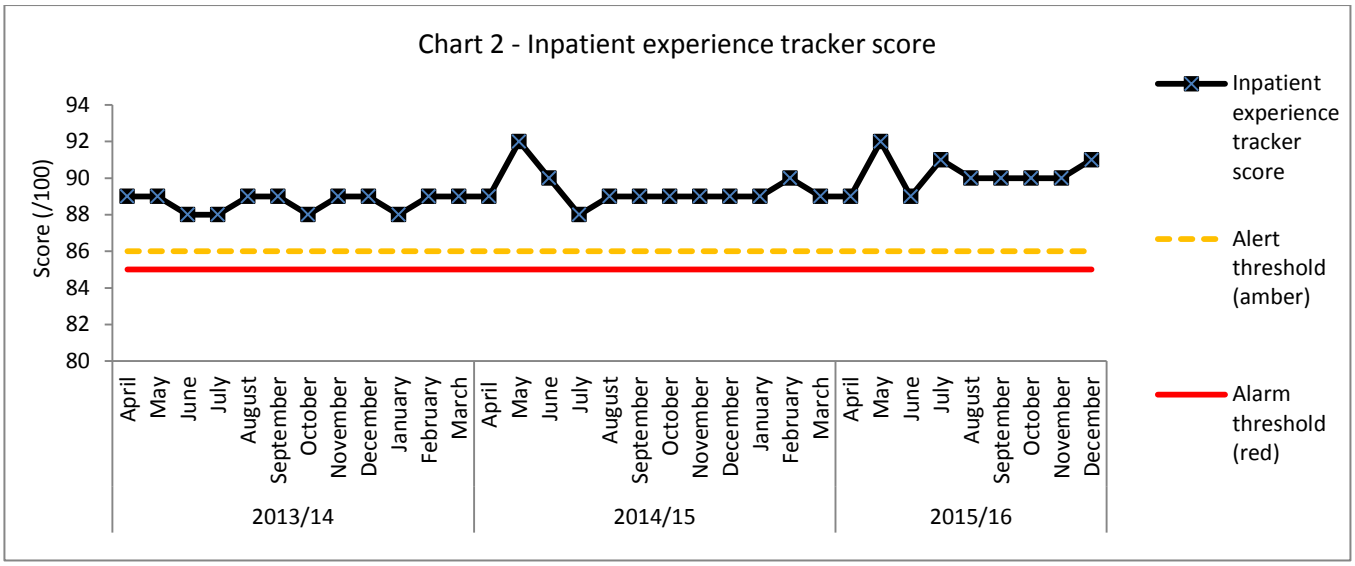


Chart 2 - Inpatient experience tracker score
Score (/100)
94
92
90
88
86
84
82
80
April May June July August September October November December January February March
2013/14
2014/15
2015/16
Inpatient experience tracker score
Alert threshold (amber)
Alarm threshold (red)

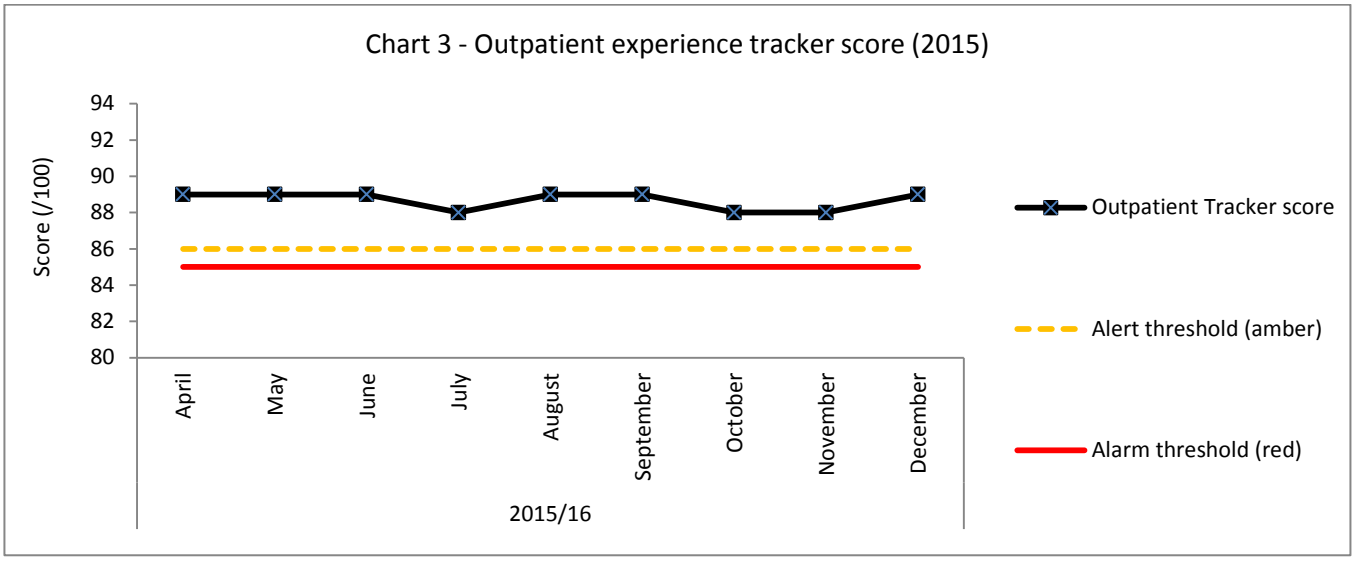


Chart 3 - Outpatient experience tracker score (2015)
Score (/100)
94
92
90
88
86
84
82
80
April May June July August September October November December
2015/16
Outpatient Tracker score
Alert threshold (amber)
Alarm threshold (red)

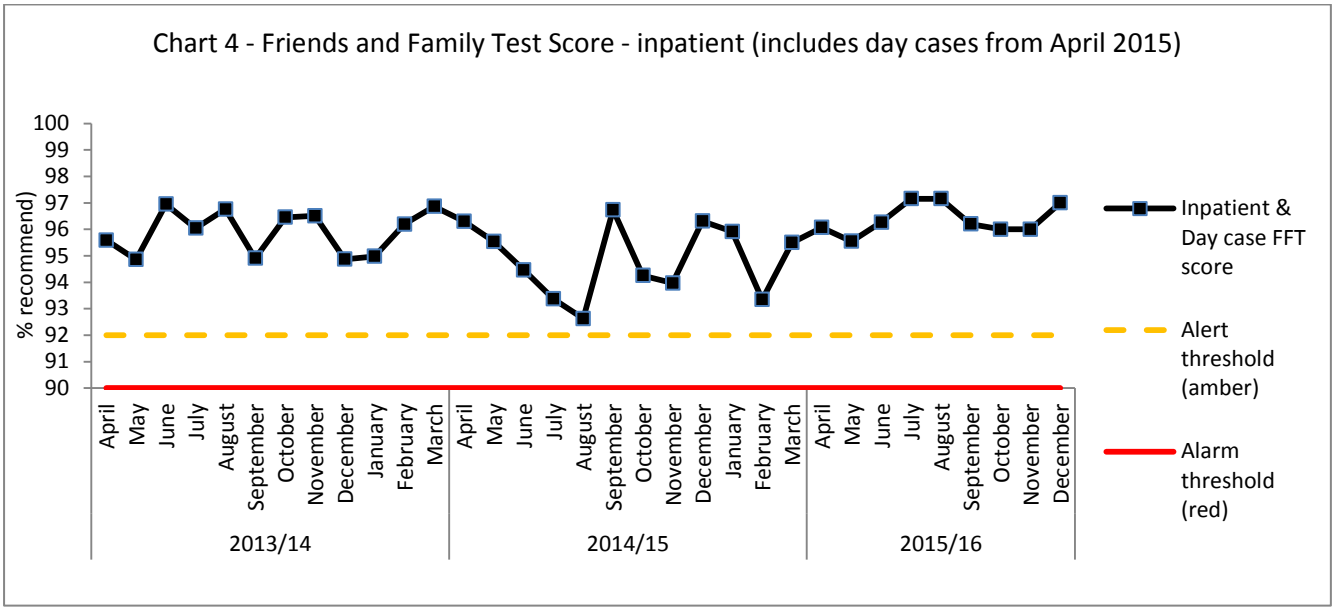


Chart 4 - Friends and Family Test Score - inpatient (includes day cases from April 2015)
% recommend)
100
99
98
97
96
95
94
93
92
91
90
April May June July August September October November December January February March
2013/14
2014/15
2015/16
Inpatient & Day case FFT score
Alert threshold (amber)
Alarm threshold (red)

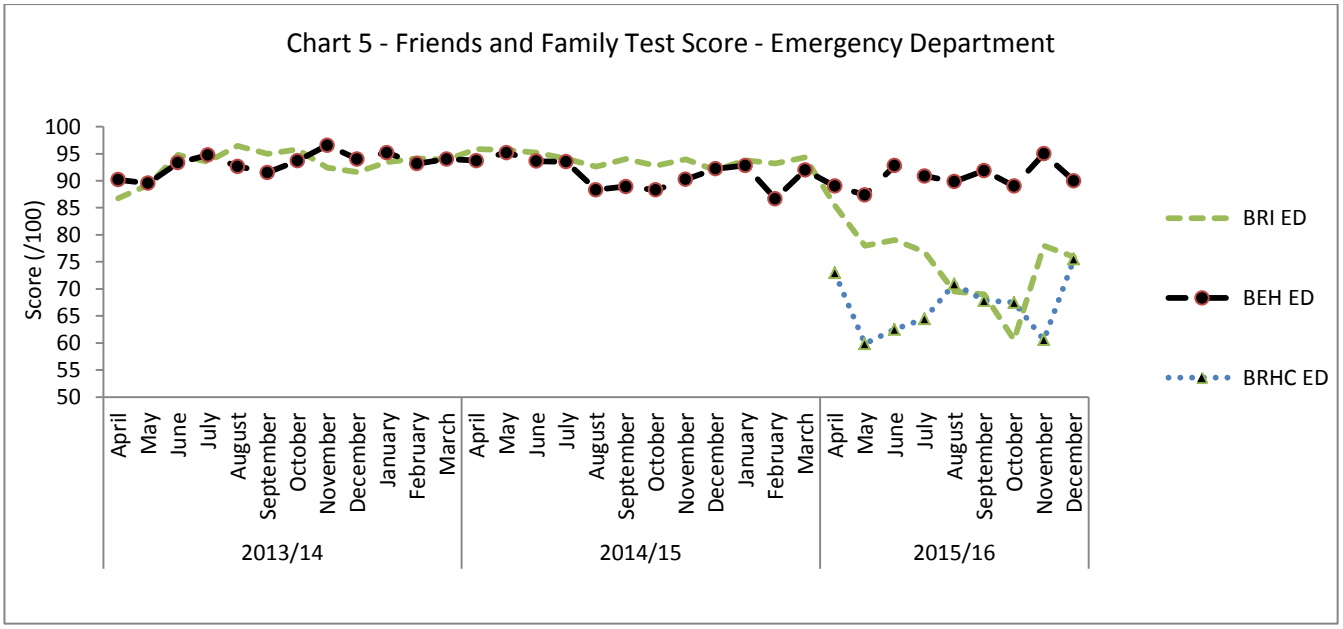


Chart 5 - Friends and Family Test Score - Emergency Department
Score (/100)
100
95
90
85
80
75
70
65
60
55
50
April May June July August September October November December January February March
2013/14
2014/15
2015/16
BRI ED
BEH ED
BRHC ED

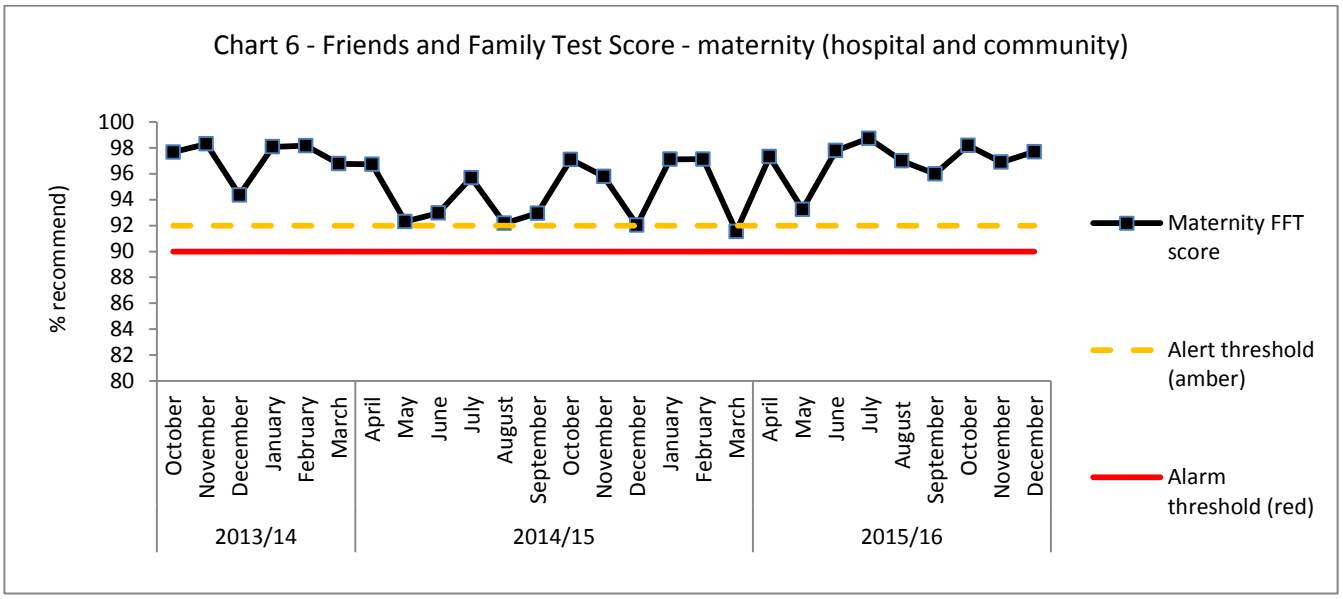
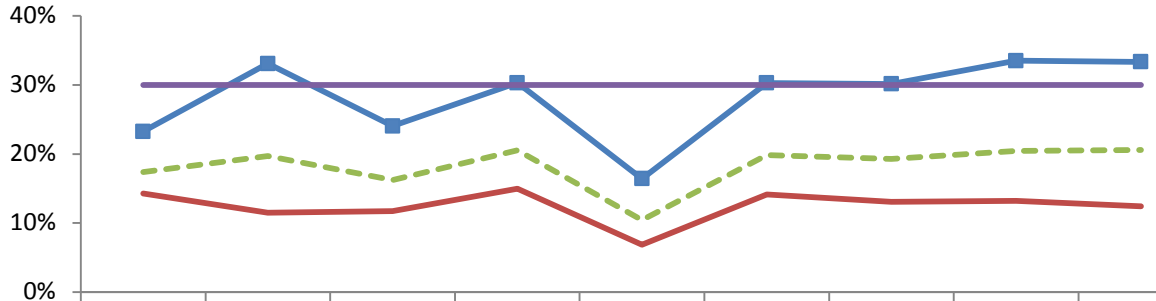


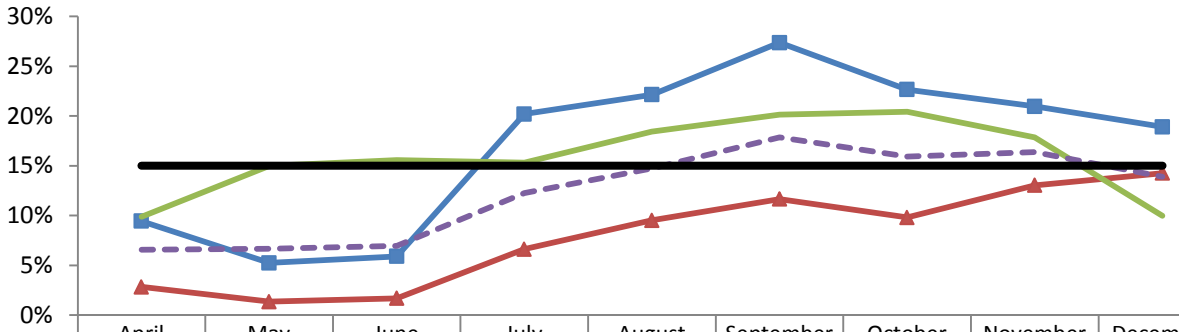
Chart 6 - Friends and Family Test Score - maternity (hospital and community)
% recommend)
100
98
96
94
92
90
88
86
84
82
80
October November December January February March April May June July August September October November December January February March April May June July August September October November December
2013/14
2014/15
2015/16
Maternity FFT score
Alert threshold (amber)
Alarm threshold (red)

Chart 7: Friends and Family Test Response Rates (inpatient and day case) 2015/16



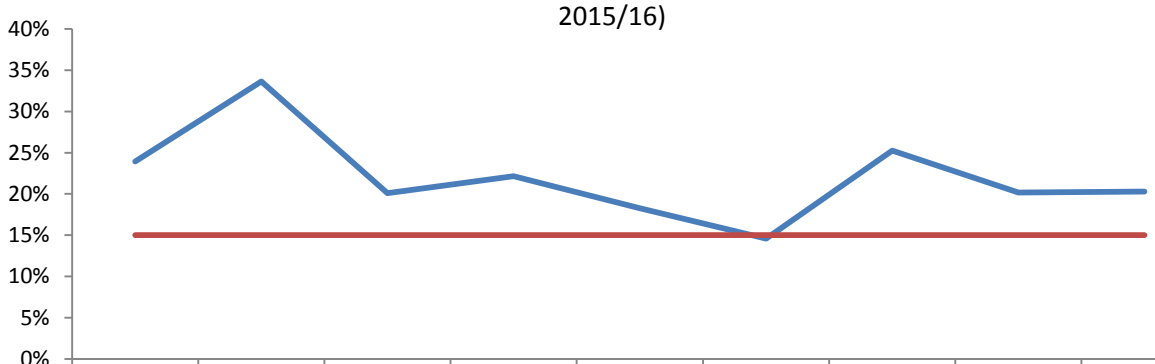
	April	May	June	July	August	September	October	November	December
Inpatient	23%	33%	24%	30%	16%	30%	30%	34%	33%
Day case	14%	11%	12%	15%	7%	14%	13%	13%	12%
All	17%	20%	16%	21%	10%	20%	19%	20%	21%
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%

Chart 8: Friends and Family Test Response Rates (Emergency Departments) 2015/16



	April	May	June	July	August	September	October	November	December
BEH	9%	5%	6%	20%	22%	27%	23%	21%	19%
BRI	3%	1%	2%	7%	10%	12%	10%	13%	14%
BRHC	10%	15%	16%	15%	18%	20%	20%	18%	10%
All	7%	7%	7%	12%	15%	18%	16%	16%	14%
Target	15%	15%	15%	15%	15%	15%	15%	15%	15%

Chart 9: Friends and Family Test Response Rates (hospital and community maternity 2015/16)



	April	May	June	July	August	September	October	November	December
maternity (all)	24%	34%	20%	22%	18%	15%	25%	20%	20%
target	15%	15%	15%	15%	15%	15%	15%	15%	15%

3. Divisional, hospital and ward-level patient experience ratings

The following charts and tables provide a view of UH Bristol's performance on the key patient survey metrics, from Division down to a ward-level. Charts 10-13 show the headline survey scores by UH Bristol Division, followed by a Divisional-breakdown of the full set of survey questions (Table 1). The results by hospital site and ward are then shown in Charts 14-20. At the end of this section of the Quarterly report, a response is provided by the Divisions to key issues identified in the data.

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

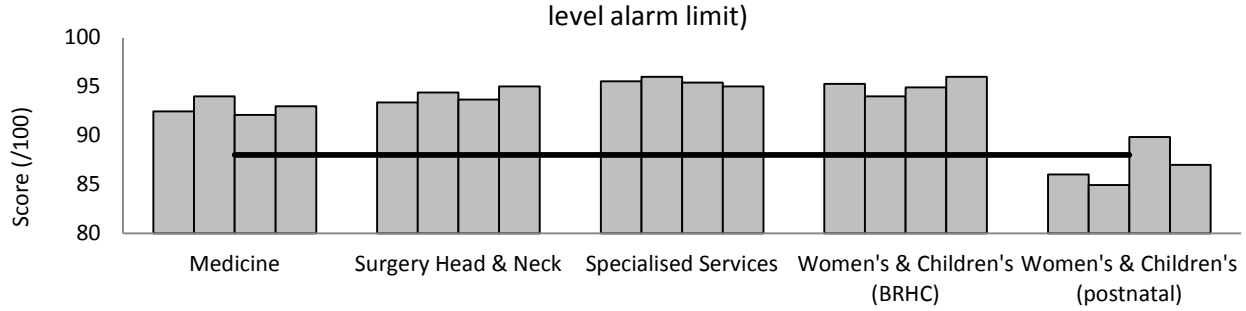


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

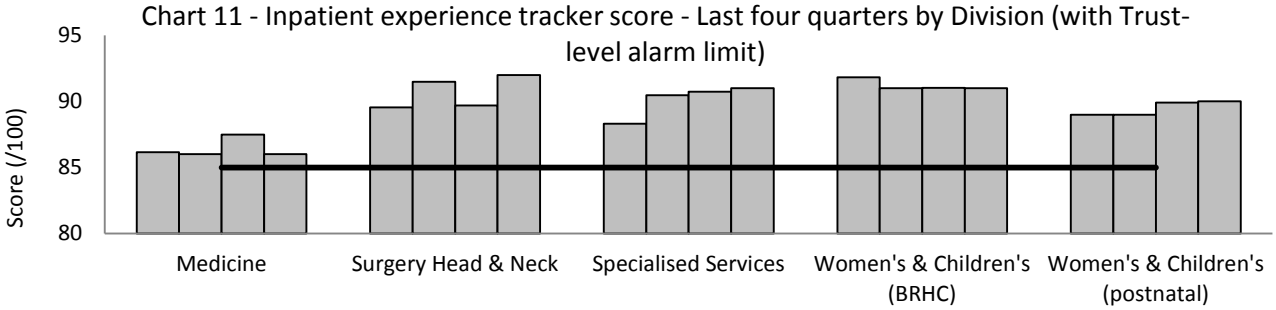


Chart 12 - Inpatient Friends and Family Test score - last four quarters by Division (with Trust-level alarm limit)

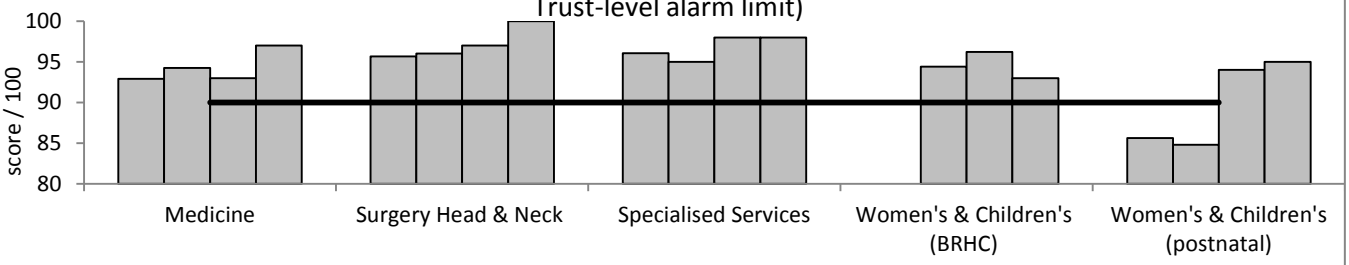


Chart 13 - Outpatient experience tracker score by Division - with Trust-level alarm limit

Table 1: full-set of Quarter 3 Divisional scores from UH Bristol's monthly postal survey (cells are highlighted if they are 10 points or more below the Trust score)

	Division					
	Medicine	Surgery, Head and Neck	Specialised Services	Women's & Children's	Maternity	Trust
Were you / your child given enough privacy when discussing your condition or treatment?	91	94	94	94	n/a	93
How would you rate the hospital food you / your child received?	63	61	62	69	59	63
Did you / your child get enough help from staff to eat meals?	78	88	78	81	n/a	82
In your opinion, how clean was the hospital room or ward you (or your child) were in?	93	95	96	95	92	95
How clean were the toilets and bathrooms that you / your child used on the ward?	91	92	93	92	86	92
Were you / your child ever bothered by noise at night from hospital staff?	79	83	80	82	n/a	81
Do you feel you / your child was treated with respect and dignity on the ward?	95	97	96	97	92	96
Were you/your child treated with kindness and understanding on the ward?	93	95	95	96	87	95
How would you rate the care you / your child received on the ward?	86	90	90	91	84	89
When you had important questions to ask a doctor, did you get answers you could understand?	83	90	90	89	89	88
When you had important questions to ask a nurse, did you get answers you could understand?	82	91	88	90	94	87
If you / your family wanted to talk to a doctor, did you / they have enough opportunity to do so?	71	75	73	77	79	74
If you / your family wanted to talk to a nurse, did you / they have enough opportunity to do so?	80	86	86	90	90	85
Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?	79	86	84	87	86	84
Do you feel that the medical staff had all of the information that they needed in order to care for you / your child?	86	90	88	87	n/a	88
Did you / your child find someone to talk to about your worries and fears?	66	79	74	82	81	74

	Division					
	Medicine	Surgery, Head and Neck	Specialised Services	Women's & Children's	Maternity	Trust
Did a member of staff explain why you needed these test(s) in a way you could understand?	81	87	85	92	n/a	86
Did a member of staff tell you when you would find out the results of your test(s)?	68	71	68	80	n/a	71
Did a member of staff explain the results of the test(s) in a way you could understand?	75	82	74	82	n/a	78
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	79	93	89	95	n/a	90
Did a member of staff explain how you / your child could expect to feel after the operation or procedure?	64	79	75	85	n/a	77
Staff were respectful any decisions you made about your / your child's care and treatment	89	94	92	92	n/a	92
During your hospital stay, were you asked to give your views on the quality of your care?	22	29	28	26	38	26
Do you feel you were kept well informed about your / your child's expected date of discharge?	83	92	87	90	n/a	88
On the day you / your child left hospital, was your / their discharge delayed for any reason? (% answering "no")	66	61	50	67	73	61
% of patients delayed for more than four hours at discharge	19	18	18	23	25	19
Did a member of staff tell you what medication side effects to watch for when you went home?	48	67	56	68	n/a	59
Total responses	*472*	*514*	*422*	*301*	*232*	*1941*

Key: BRHC (Bristol Royal Hospital for Children); BEH (Bristol Eye Hospital); BHOC (Bristol Haematology and Oncology Centre); BRI (Bristol Royal Infirmary); BHI (Bristol Heart Institute); SBCH (South Bristol Community Hospital); STMH (St Michael's Hospital); BDH (Bristol Dental Hospital)

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

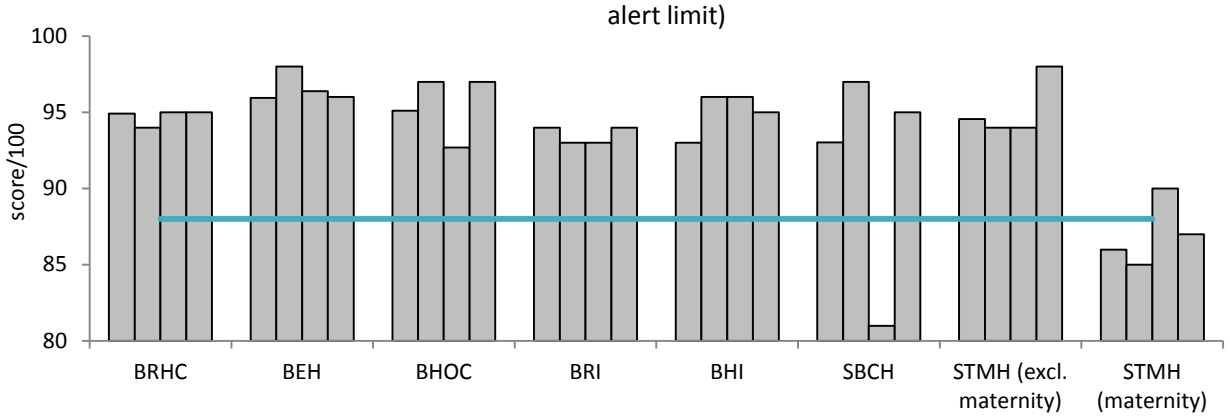


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

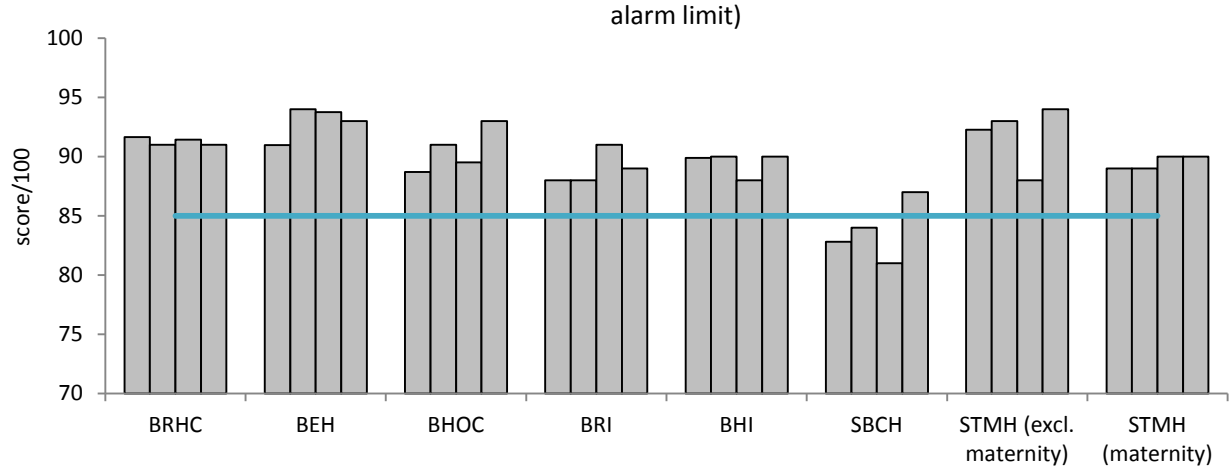


Chart 16: Inpatient and day case Friends and Family Test (last four quarters; with Trust-level alarm limit)

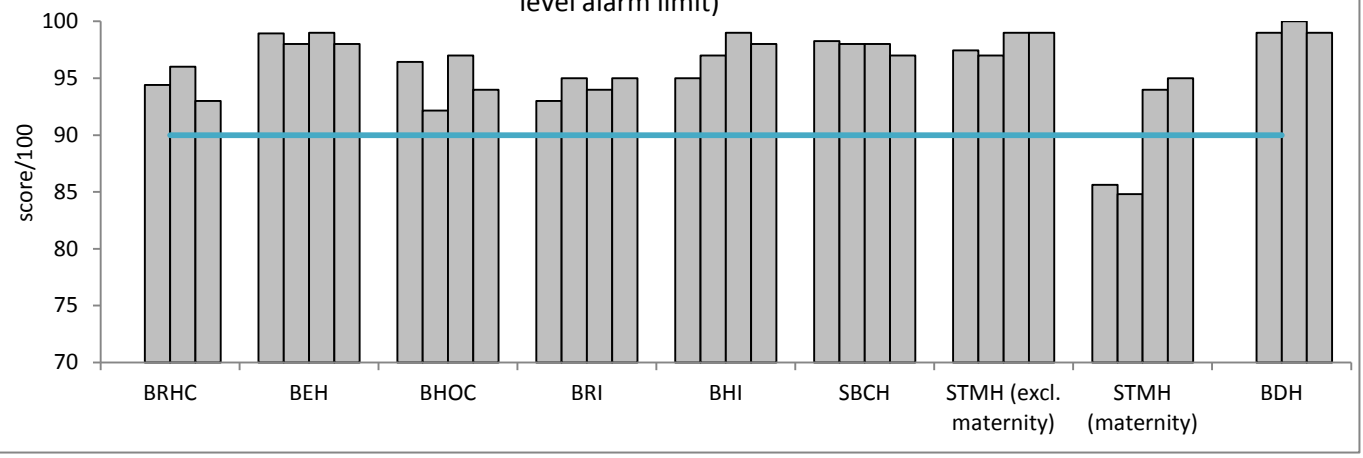


Chart 17: Outpatient experience tracker score by hospital (with Trust-level alarm limit)

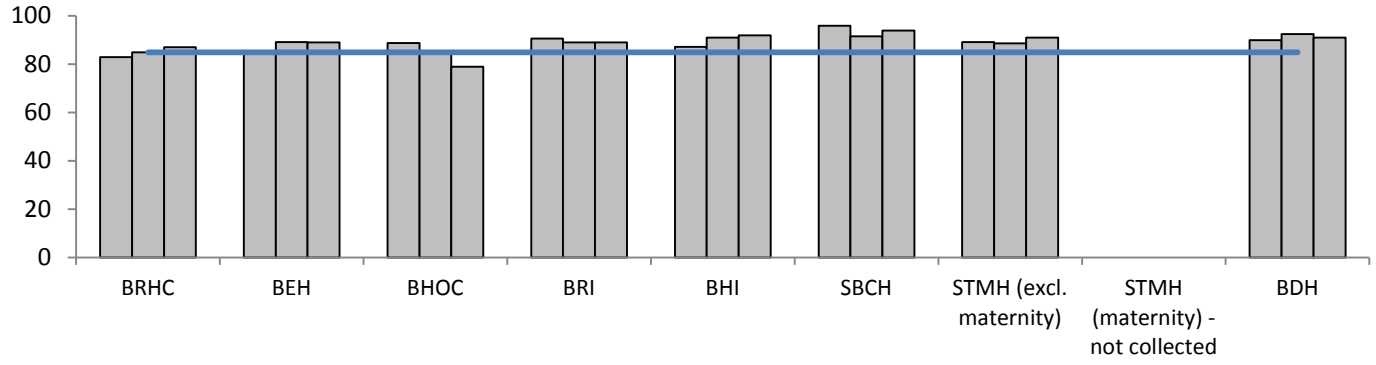


Chart 18: Kindness and understanding score by inpatient ward

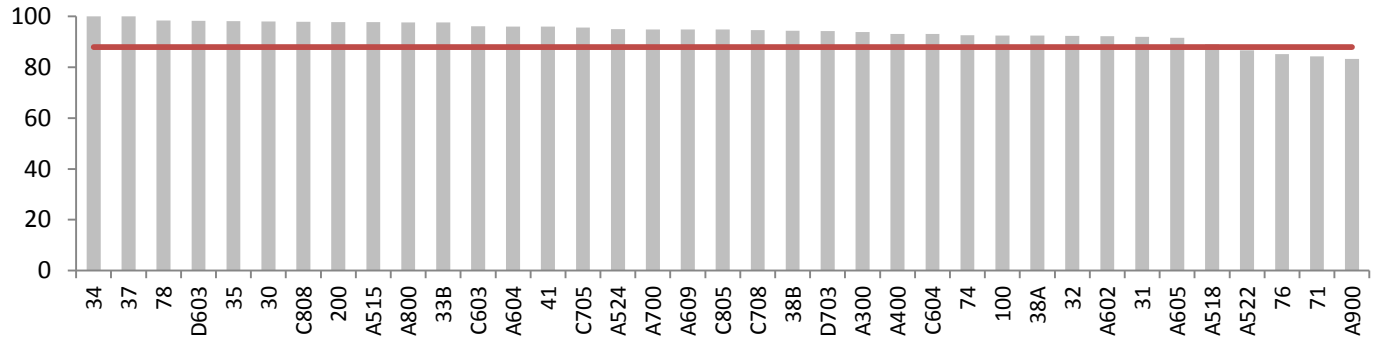


Chart 19: inpatient experience tracker score by inpatient ward

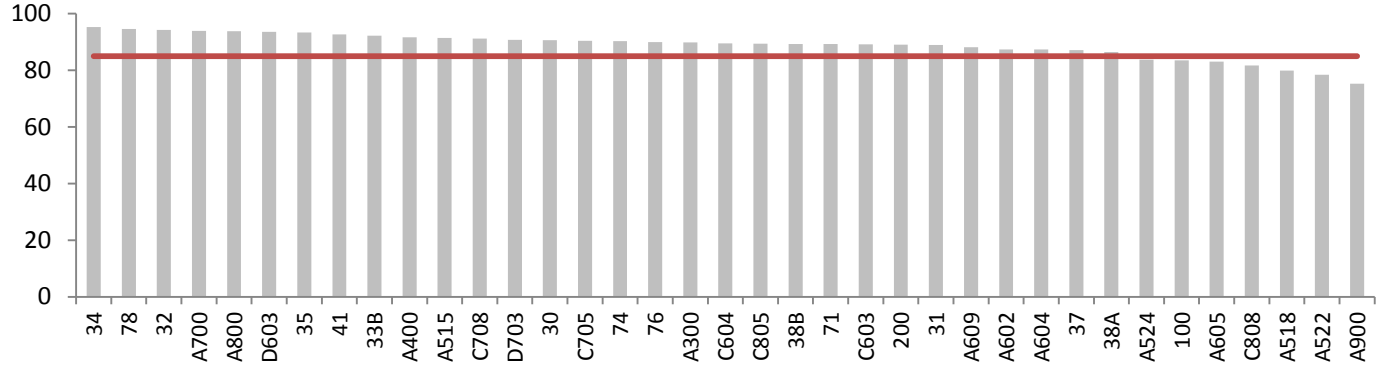


Chart 20: Friends and Family Test score by inpatient ward

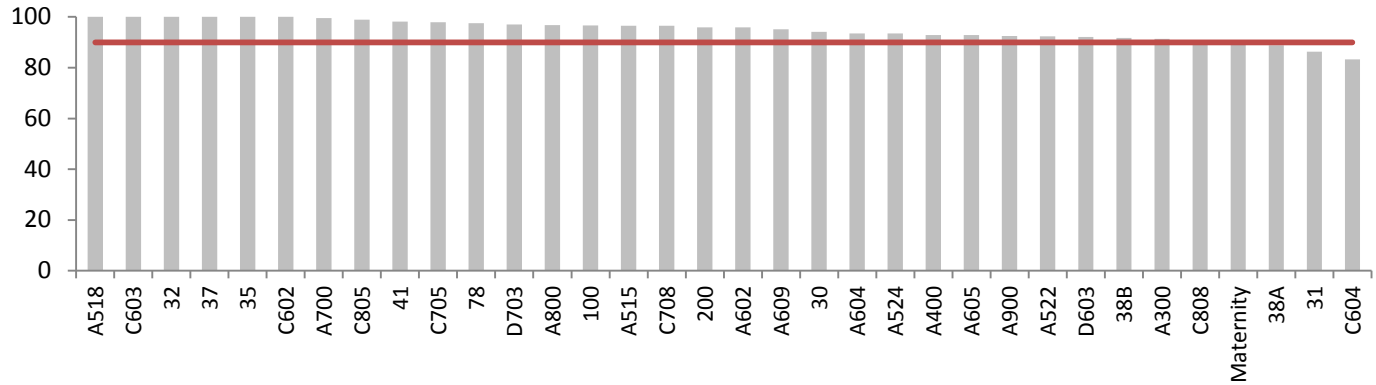


Table 2: Divisional response to issues identified in the survey data

Division	Concern	Explanation from Division	Action
Division of Medicine	Ward A900 received the lowest scores on the "kindness and understanding" and "inpatient tracker" survey measures in Quarter 3 (see Charts 18 and 19)	Patients with Cystic Fibrosis in particular have expressed concerns about the quality of care on this ward. This followed a move in care from a long-established Cystic Fibrosis ward / team to the new ward A900	A series of actions has been carried out by the Division of Medicine to address patient concerns, in particular around staffing expertise / levels, and to establish patients' trust in the new ward teams. Feedback from patients in the Face2Face survey (February 2016) is positive and we expect this to feed through in to the survey results in Quarter 4
	Ward A522 - received relatively low scores on both the "kindness and understanding" and "inpatient tracker" measures (see Charts 18 and 19)	This ward location changed specialties three times during Quarter 3, as part of the reconfiguration / upgrade of the Bristol Royal Infirmary. Although we tried to keep disruption to patients to a minimum, this seems to have negatively affected the survey scores	The moves involving this ward were completed in Quarter 3, and this should be reflected in positive survey scores for Quarter 4 onwards
	Explaining medication side effects at discharge (see Table 1)	This a challenge for all trusts (as evidenced by the national surveys), but particularly for areas of care where patients often have a large number of medications along with complex / multi-agency discharge packages - as is the case with the Division of Medicine	In the short-term, the Pharmacy Department has been contacted to establish whether the prototype on-line tool developed for side-effects information can be rolled-out to the Division of Medicine. If this is available and is suitable for use on Division of Medicine wards, then implementation will form part of the actions within the 2016/17 Divisional Objectives around this issue (see below). This issue will also be highlighted to ward Sisters at their next Divisional meeting, so that ward staff are reminded of the importance of good communication around medication side effects. In recognition that this is a difficult but important issue to solve, it has been incorporated into the wider 2016/17 Divisional Quality Objectives around communication at discharge. Further / specific actions will be developed as part of this objective.

Division	Concern	Explanation from Division	Action
Division of Medicine (continued)	Explaining the risks and benefits of operations and procedures to patients, and how they can expect to feel afterwards (see Table 1)	Communication about operations and procedures was a negative outlier for the Division in Quarter 3. However, the Division does not perform operations and so this must have been related to "procedures" - many of which are minor and do not require a thorough explanation of risks and benefits or after-effects to the patient.	This issue will be discussed at the next Divisional Sisters meeting. It will also be explored further in the next *Face2Face* patient interview survey (May 2016), in order to gauge whether patients are satisfied with this aspect of their care and / or whether further specific actions are required by the Division
Maternity services (Women's and Children's Division)	Kindness and understanding on postnatal wards (Chart 14)	Although this score is better than the national average, and has been on an upward trajectory since 2010, it is still often below other adult inpatient areas at UH Bristol	Continued use of the Patient Experience at Heart staff workshops, to explore and promote the delivery of a positive experience for all service users (the next workshops are planned for April 2016). Continued use of values-based recruitment for maternity posts. Implementation of the Trust's action plan in response to the national maternity survey (during the 2016 calendar year).
Specialised Services	Ward C604 (Cardiac Intensive Care Unit) had the lowest Friends and Family Test score in Quarter 3 (Chart 20)	This ward has relatively few eligible patients for the Friends and Family Test (most patients are transferred to a ward rather than "home"), and so a small number of negative responses can affect the overall score. Nevertheless, two patients said they wouldn't recommend the care on this ward in Quarter 3 (both from October 2015)	The patients who stated that they would not recommend the care did not leave comments about the reasons for their answer, and so we cannot determine the underlying cause for this score. The results were however shared with the ward and will continue to be monitored going forward (note: in Quarter 4 to date, a score of 95% is being achieved)
	Patients waiting in clinic more than 15 minutes after their outpatient appointment time (Chart 17)	The "outpatient tracker" score was below the target threshold for the Division of Specialised Services in Quarter 3. This was due to a relatively high proportion (63%) of patients waiting more than 15 minutes in the Bristol Haematology and the Oncology Centre (BHOC)	The BHOC appointments booking process is being reviewed, with the aim of developing a more flexible service that allows for urgent appointments to be accommodated without affecting those with established appointments. The aim is to complete this work during Quarter 1 2016/17.
	Delays at discharge (Table 1)	A relatively high proportion of inpatients (50%) stated that their discharge was delayed (these delays occurred across both the Bristol Heart Institute and the Bristol Haematology and Oncology Centre)	Many patients across the Division require discharge-dependant tests and their results on the day of discharge. Whilst patients are aware that they are likely to be going home, they must wait for their tests and the results. Ward staff will be reminded that it is important to communicate this to patients, in order to set realistic expectations around discharge times

4. Themes arising from inpatient free-text comments in the monthly postal surveys

At the end of our postal survey questionnaires, patients are invited to comment on any aspect of their stay – in particular anything that was worthy or praise or that could have been improved. All comments are categorised, reviewed by the relevant Heads of Nursing, and shared with ward staff for wider learning. The over-arching themes from these comments are provided below. Please note that "**valence**" is a technical term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed).

All inpatient /parent comments (excluding maternity)			
Theme	**Valence**	**% of comments**[6]	
Staff	Positive	69%	*69% of the comments received contained praise for UH Bristol staff. Improvement themes centre on communication and staff behaviour and communication*
Staff	Negative	14%	
Communication	Negative	13%	
Division of Medicine			
Theme	**Valence**	**% of comments**	*Negative comments about "staff" are often linked to other thematic categories (e.g. poor communication from a member of staff). This demonstrates that our staff are often the key determinant of a good or poor patient experience.*
Staff	Positive	68%	
Communication	Negative	14%	
Staff	Negative	12%	
Division of Specialised Services			
Theme	**Valence**	**% of comments**	*Negative comments about staff also often relate to a one-off negative experience with a single member of staff, showing how important each individual can be in shaping a patient's experience of care.*
Staff	Positive	66%	
Staff	Negative	17%	
Communication	Negative	17%	
Division of Surgery, Head and Neck			
Theme	**Valence**	**% of comments**	*Communication is a key issue, but it is a very broad theme which includes ease of contacting the trust, patient information, clinic letters, and face-to-face discussions with individual staff.*
Staff	Positive	69%	
Communication	Negative	14%	
Staff	Negative	13%	
Women's & Children's Division (excl. maternity)			
Theme	**Valence**	**% of comments**	*This data includes feedback from parents of 0-11 year olds who stayed in the Bristol Royal Hospital for Children. Comments about "facilities" often refers to availability of food / drink and accommodation available to parents (this is a key work-stream in the Division's response to the national maternity survey (see Section 5 / Appendix A).*
Staff	Positive	71%	
Staff	Negative	13%	
Facilities	Negative	9%	
Maternity comments			
Theme	**Valence**	**% of comments**	*For maternity services, the two most common themes relate to praise for staff and praise for care during labour and birth. The negative result for food has been shared with the catering team.*
Staff	Positive	59%	
Staff	Negative	10%	
Food / catering	Negative	9%	

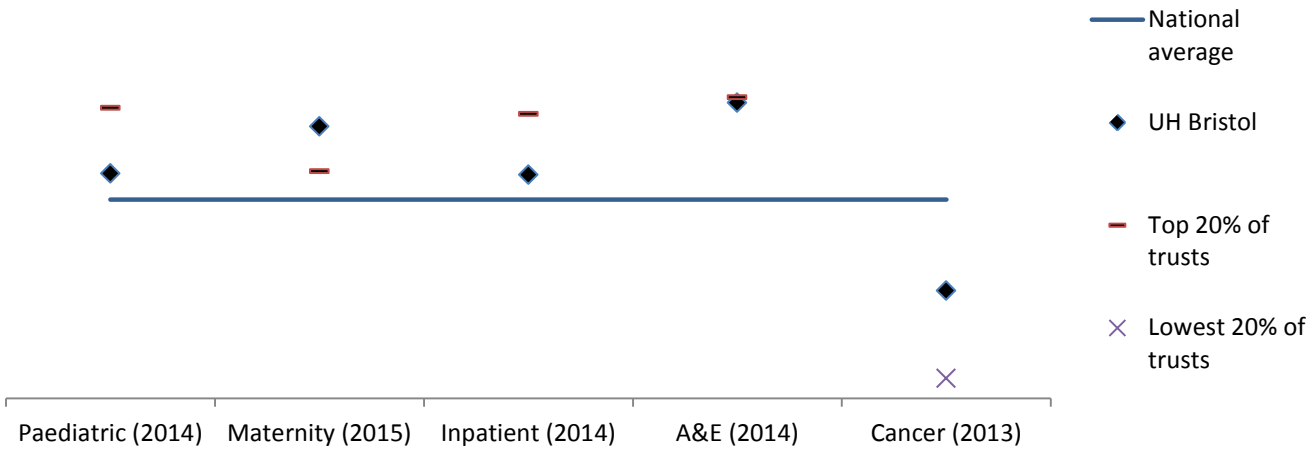
[6] Each of the patient comments received may contain several themes within it. Each of these themes is given a code (e.g. "staff: positive"). This table shows the most frequently applied codes, as a percentage of the total comments received (e.g. 61% of the comments received contained the "staff positive" thematic code).

5. National Patient Surveys

The Care Quality Commission's (CQC's) National Patient Survey programme is a mandatory survey programme for acute English trusts. It provides a robust national benchmark against which the patient experience at UH Bristol can be compared to other organisations. Chart 21 provides an overview of UH Bristol's performance in these surveys. Although this is a relatively simplistic analysis, and is not an official CQC classification, it is a means of conveying a snapshot of UH Bristol's relative position across all of the national surveys. It can be seen that the Trust had strong performances in the most recent national maternity and Accident and Emergency surveys, and that inpatient care (both children and adult) tends to be slightly above the national average (although this is not to a statistically significant degree). UH Bristol's performance in the National Cancer Survey is therefore a negative outlier in this respect. In order to understand these national cancer survey results, a detailed analysis was carried out by UH Bristol's Patient Experience and Involvement Team in conjunction with the Patient's Association. This work suggested that methodological issues with the survey unduly skew the results for UH Bristol, and that there are many examples of excellent cancer care being provided at the Trust, but over and above these factors there are also many genuine opportunities for service improvement. An action plan is in place to improve the scores on this survey.

The Trust Board receives a full report containing the results of each national survey and UH Bristol's action plan in response to these results. Further information is provided in Appendix A of the Quarterly Patient Experience report.

Chart 21: Comparison of UH Bristol's national patient experience survey results against the national average (year in brackets / nearest quintile threshold shown)



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

Survey	*Headline results for UH Bristol*	*Report and action plan approved by the Trust Board*	*Action plan review*	*Key issues addressed in action plan*	*Next survey results due (approximate)*
2014 National Inpatient Survey	57/60 scores were in line with the national average. One score was below (availability of hand gels) and two were above (explaining risks and benefits and discharge planning)	July 2015	Six-monthly	• Availability of hand gels • Awareness of the complaints / feedback processes • Explaining potential medication side effects to patients at discharge	May 2016
2015 National Maternity Survey	9 scores were in line with the national average; 10 were better than the national average	March 2016	Six-monthly	• Continuity of antenatal care • Partners staying on the ward • Care on postnatal wards	January 2018
2013 National Cancer Survey	30/60 scores were in line with the national average; 28 scores were below the national average; 2 were better than the national average	November 2014	Six-monthly	• Providing patient-centred care • Validate survey results • Understanding the shared-cancer care model, both within UH Bristol and across Trusts	September 2015
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	• Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge	December 2014
2015 National Paediatric Survey	All scores in line with the national average, except one which was better than this benchmark	November 2015	Six-monthly	• Information provision • Communication • Facilities / accommodation for parents	Not known
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	• Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments	Not known

Appendix B – UH Bristol corporate patient experience programme

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

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

Appendix C: survey scoring methodologies

Postal surveys

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

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

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

Friends and Family Test Score

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

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

University Hospitals Bristol NHS
NHS Foundation Trust

Complaints Report

Quarter 3, 2015/2016

(1 October to 31 December 2015)

Author: **Tanya Tofts, Patient Support and Complaints Manager**

1. Quarter 3 overview

Successes	Priorities
• Complaints received by the Bristol Eye Hospital decreased for the second consecutive quarter, from 71 in Q1, to 56 in Q2 and 49 in Q3; • Complaints received by the Bristol Heart Institute Outpatients Department reduced from 26 in Q2 to 16 in Q3; • There was a significant decrease in the number of complaints received by the Ear Nose and Throat service, from 36 in Q2 to 13 in Q3; • The Emergency Department at Bristol Royal Infirmary received half the number of complaints in Q3 that it received in Q2 (14 compared to 27).	• Re-focus existing complaints training specifically on writing effective responses to formal complaints – new training materials have been prepared in readiness. • Re-focus on achieving targets for responding to complaints within agreed deadlines (which is directly related to the quality of draft response letters); • Reduce the number of cases where the deadline agreed with the complainant is extended; • Divisions to focus on specific actions to reduce numbers of complaints, in particular those received by: Trauma and Orthopaedics; Upper GI; Cardiology GUCH services; and Radiology
Opportunities	**Risks & Threats**
• Roll out new training package which is focused specifically on how to write a good response letter *(timescales to be included in final edit for QOC)*; • Share any lessons learned from complaints upheld or partially upheld by the PHSO via bimonthly Patient Experience Group meetings.	• Managers responsible for investigating complaints and drafting response letters have not all received appropriate and up to date training; • Risk of breaches to complaints response timescales in light of winter pressures/black escalation; • Ongoing sickness absence in the Patient Support and Complaints Team; • Risk of new Datix complaints database slowing down processing of complaints whilst corporate and divisional staff develop familiarity with new system.

2. Complaints performance – Trust overview

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

a. Total complaints received, as a proportion of activity
b. Proportion of complaints responded to within timescale
c. Numbers of complainants who are dissatisfied with our response

The table on page 5 of this report provides a comprehensive 13 month overview of complaints performance including all three key indicators.

2.1 Total complaints received

The Trust received 446 complaints in Quarter 3 (Q3), which equates to 0.23% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[2]; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q3 represents a decrease of approximately 20% compared to Q2 (560) and a 6% increase on the corresponding period a year ago.

2.2 Complaints responses within agreed timescale

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

The Trust's target is to respond to at least 95% of complainants within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q3, only 56.5% of responses were posted within the agreed timescale, compared to 83.9% in Q2 and 84.9% in Q1. This represents 70 breaches out of 161 formal complaints which were due to receive a response during Q3[3]. Figure 1 shows the Trust's performance in responding to complaints since September 2014.

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

Figure 1: Percentage of complaints responded to within agreed timescale

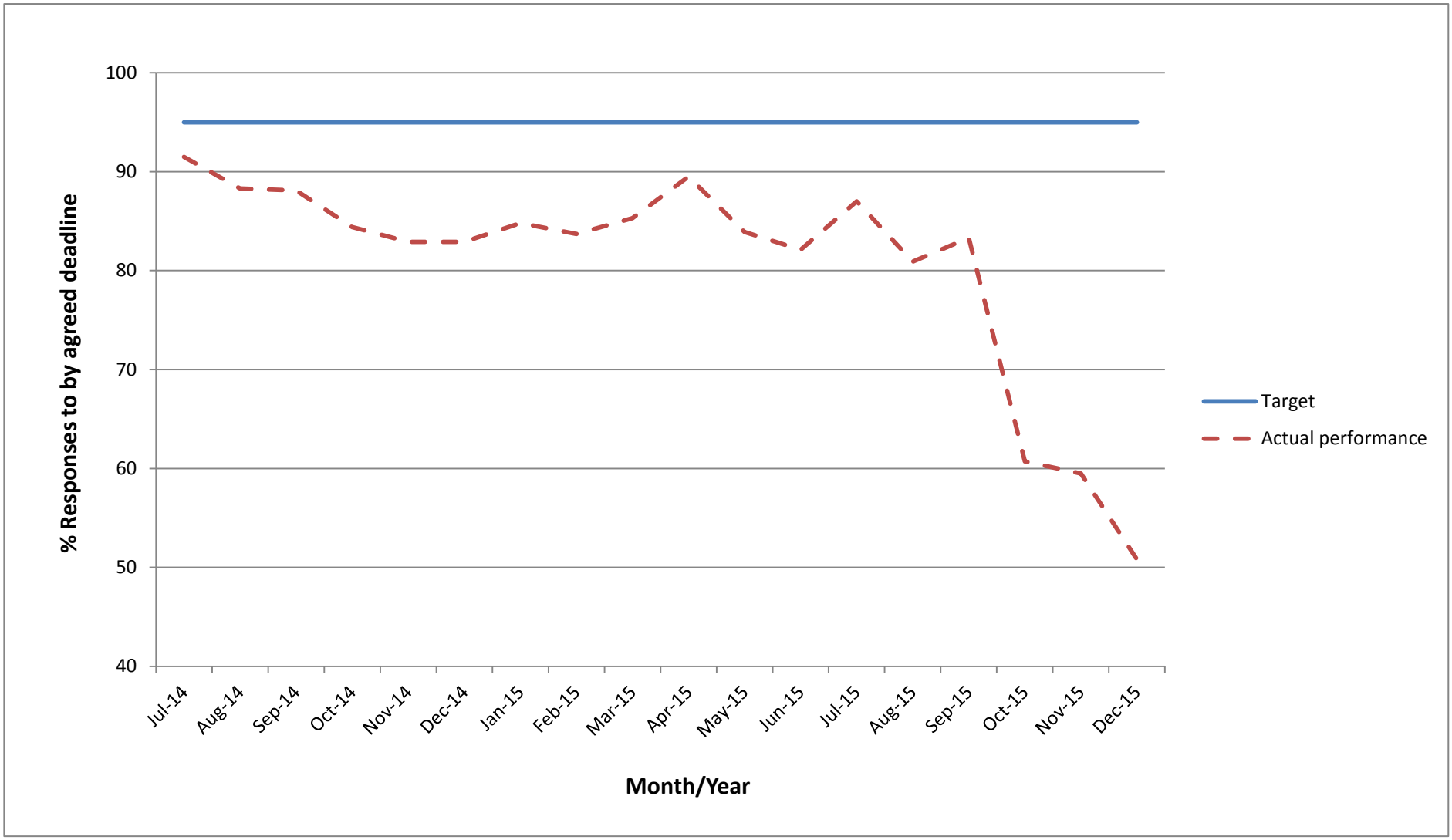


Table 1 – Complaints performance
Items in italics are reportable to the Trust Board.
Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Total complaints received (inc. TS and F&E from April 2013)	133	165	171	181	158	147	154	207	168	185	182	148	116
Formal/Informal split	52/81	70/95	79/92	88/93	72/86	46/101	57/97	61/146	51/117	54/131	75/107	66/82	44/72
Number & % of complaints per patient attendance in the month	0.22% (133 of 59,487)	0.27% (165 of 61,683)	0.29% (171 of 58,687)	0.27% (181 of 66,317)	0.27% (158 of 59,419)	0.25% (147 of 58,716)	*0.23% (154 of 66,548)*	*0.31% (207 of 65,810)*	*0.30% (168 of 55,657)*	0.28% (185 of 66,285)	0.27% (182 of 68,131)	0.22% (148 of 67,434)	0.19% (116 of 61,126)
% responded to within the agreed timescale (i.e. response posted to complainant)	82.9% (58 of 70)	84.8% (56 of 66)	83.7% (36 of 43)	85.3% (58 of 68)	89.5% (51 of 57)	83.9% (52 of 62)	*82.1% (55 of 67)*	*87.0% (47 of 54)*	*80.9% (38 of 47)*	83.3% (40 of 48)	60.7% (34 of 56)	59.5% (25 of 42)	50.8% (32 of 63)
% responded to by Division within required timescale for executive review	87.1% (61 of 70)	87.9% (58 of 66)	81.4% (35 of 43)	92.6% (63 of 68)	87.7% (50 of 57)	91.9% (57 of 62)	94.0% (63 of 67)	98.1% (53 of 54)	93.6% (44 of 47)	95.8% (46 of 48)	80.4% (45 of 56)	81.0% (34 of 42)	90.5% (57 of 63)
Number of breached cases where the breached deadline is attributable to the Division	1 of 12	7 of 10	2 of 7	8 of 10	3 of 6	9 of 10	12 of 12	6 of 7	3 of 9	2 of 8	7 of 22	7 of 17	20 of 31
Number of extensions to originally agreed timescale (formal investigation process only)	11	16	4	7	7	21	16	11	14	10	23	13	26
Percentage of Complainants Dissatisfied with Response					1.8% (1 case)	1.6% (1 case)	1.5% (1 case)	1.9% (1 case)	2.1% (1 case)	4.2% (2 cases)	8.9% (5 cases)	4.8% (2 cases)	

Figures 2 and 3 below show a decrease in the volume of complaints received in Q3 (2015/16) compared to Q2 (2015/16) and the increase when compared to the corresponding period last year. Figure 3 shows the numbers of complaints dealt with via the formal investigation process, against those dealt with via the informal; complaints investigation process.

Figure 2: Number of complaints received

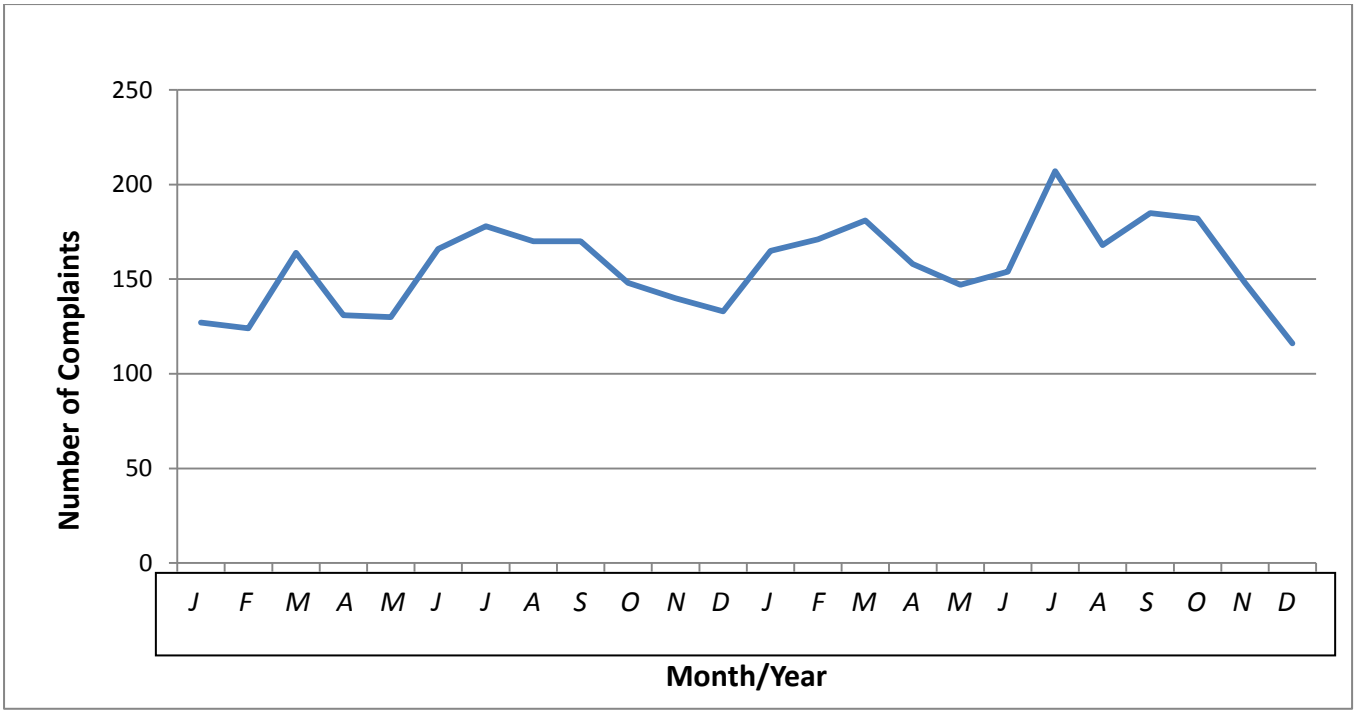


Figure 3: Complaints received, as a percentage of patient activity

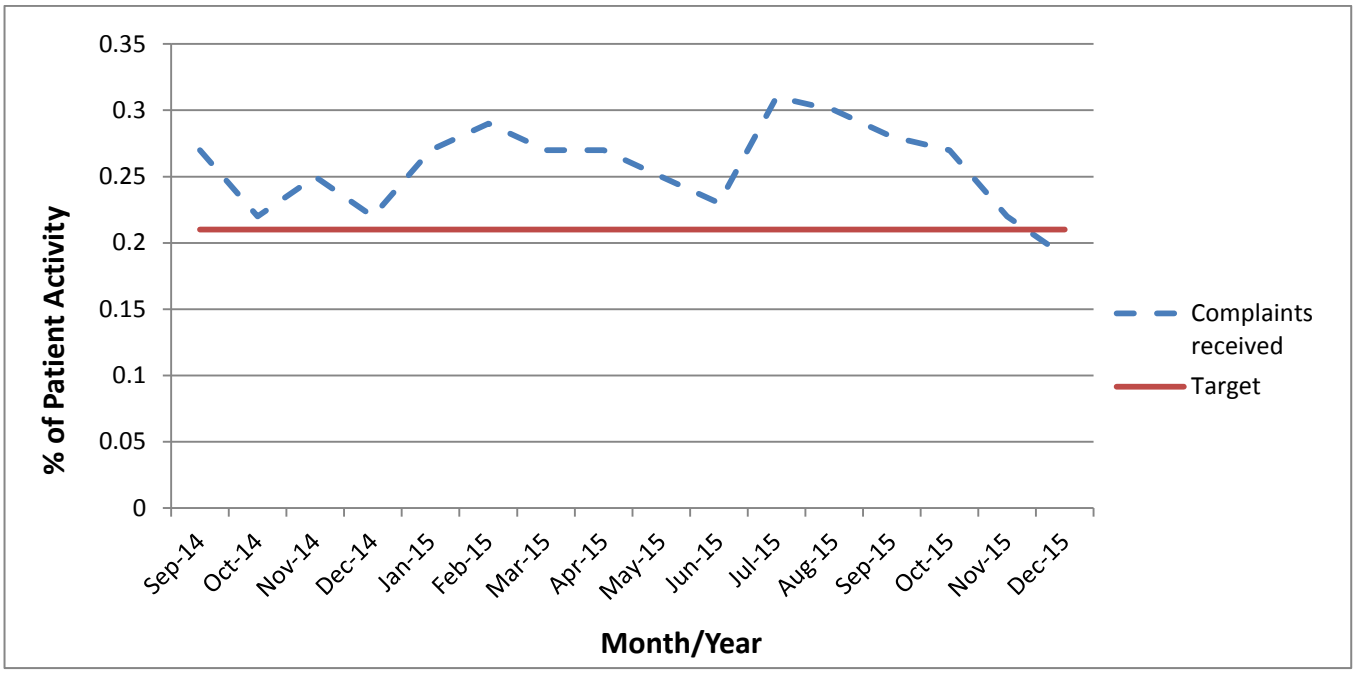
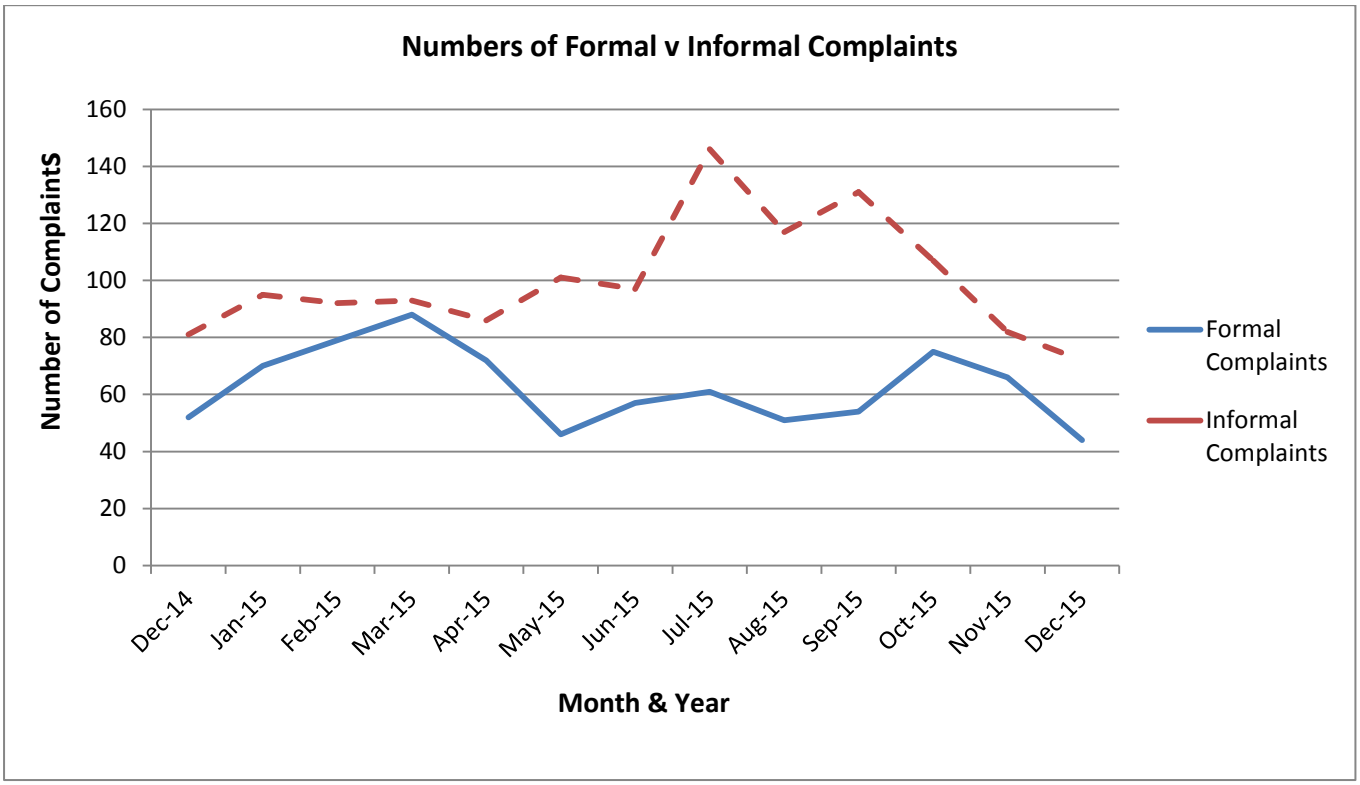


Figure 4: Numbers of Formal v Informal Complaints



2.3 Dissatisfied complainants

Reducing numbers of dissatisfied complainants is one of the Trust's corporate quality objectives for 2015/16. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation so that we do not make the same mistake again. Our aim is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response. Since April 2016, the Trust has dissatisfied cases as a percentage of the responses the Trust has sent out in any given month. In Q1 and Q2 of 2015/16, our target was for less than 10% of complainants to be dissatisfied, reducing to less than 5% from Q3 onwards.

In Q3, a total of 161 responses were sent out. By the cut-off point of 15th January 2016 (the date on which the complaints data for December was finalised), 10 people had contacted us to say they were dissatisfied with our response. This represents 6.2% of the responses sent out. This compares to 10 cases out of 149 responses (6.7%) in Q2 of 2015/16.

Whenever a complainant comes back to us to advise they are dissatisfied with our response, the case is reviewed by the Patient Support and Complaints Manager. This review leads to one of the following courses of action:

a) The lead Division for the complaint is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues.

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

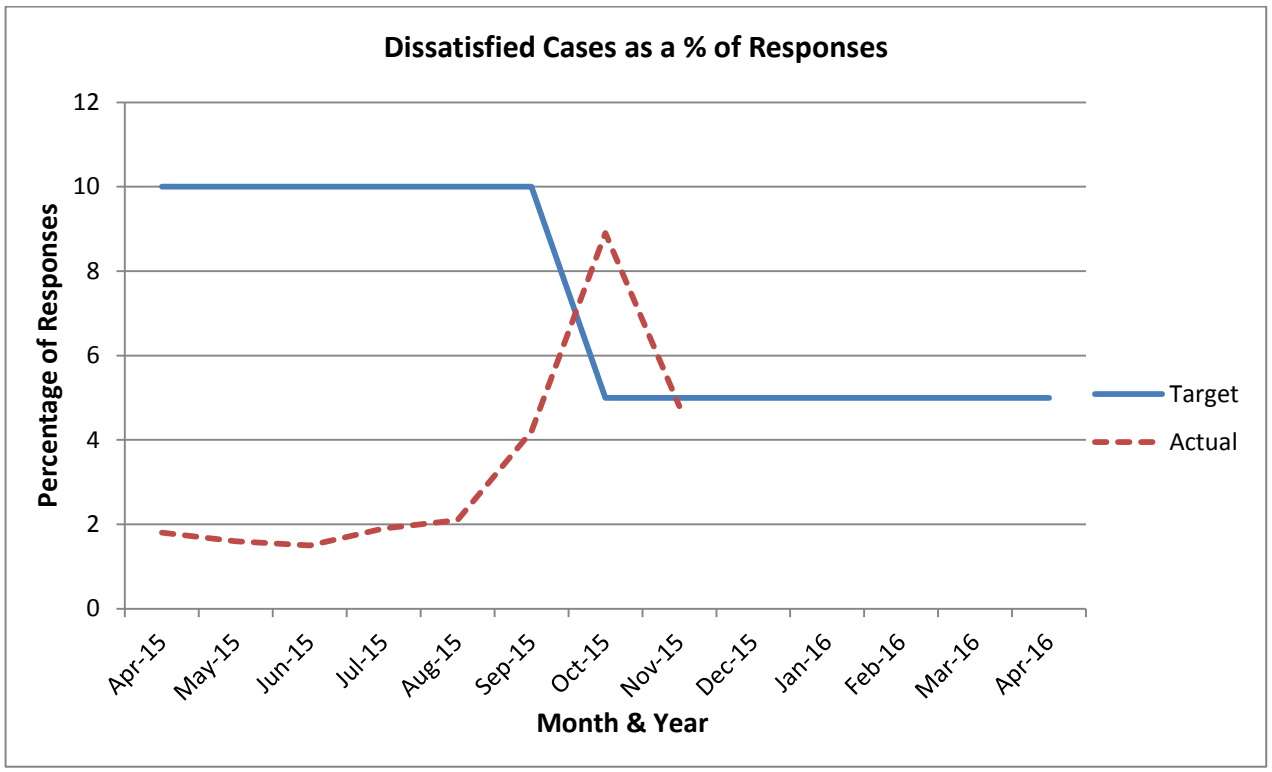
c) A letter is sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of

asking the PHSO to independently review their complaint.

If necessary, a caseworker from the Patient Support and Complaints Team will contact the complainant in order to clarify the details of any unresolved concerns.

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

Figure 5: Percentage of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major **themes**. The table below lists these themes and provides a breakdown of complaints received in Q3 compared to Q2. Viewed at this level, **the most notable change in Q3 was a reduction in complaints about appointments and admissions** (also see Figure 6). Complaints about clinical care increased slightly in Q3 compared to Q2, however a longer term view of the data for this theme (see Figure 7) reveals a fluctuating picture of medical/surgical complaints and a downwards (improving) trend for nursing/midwifery complaints.

Table 3

Theme	**Number of complaints received – Q3 2015/16**	**Number of complaints received – Q2 2015/16**
Appointments & Admissions	139 (31% of total complaints) ↓	202 (36% of total complaints) ↑
Attitude & Communication	125 (28%) ↓	146 (26%) ↑
Clinical Care	127 (29%) ↑	112 (20%) ↓
Facilities & Environment	23 (5%) ↓	39 (7%) ↑
Access	9 (2%) ↓	16 (3%) ↑
Information & Support	23 (5%) ↓	45 (8%) ↑
Total	**446**	**560**

Each complaint is then assigned to a more specific sub-category (of which there are 121 in total). The table below lists the seven most consistently reported complaint sub-categories. In total, these seven sub-categories accounted for 59% of the complaints received in Q3 (262/446).

Table 4

Sub-category	**Number of complaints received – Q3 2015/16**	**Q2 2015/16**	**Q1 2015/16**	**Q4 2014/15**
Cancelled or delayed appointments and operations	103 ↓	151	124	140
Clinical Care (Medical/Surgical)	54 ↑	48	49	78
Communication with patient/relative	41 ↑	31	33	26
Clinical Care (Nursing/Midwifery)	18 ↓	20	24	26
Failure to answer telephones	17 ↓	22	34	26
Attitude of Medical Staff	16 ↓	24	11	21
Attitude of Nursing/Midwifery	13 ↓	14	10	10

Viewed at the level of sub-categories, the dominant trust-wide complaint issue is cancelled or delayed appointments and operations, however – in common with the wider 'Appointments & Admissions' theme described above, performance improved notably in Q3 compared to the three preceding quarters. Complaints about communication with patients/relatives were higher than in the three previous quarters although the increase was small in absolute terms.

Figures 6, 7, 8 and 9 show the most commonly recorded complaint categories, as per section 2.3 above.

Figure 6: Cancelled or delayed appointments and operations

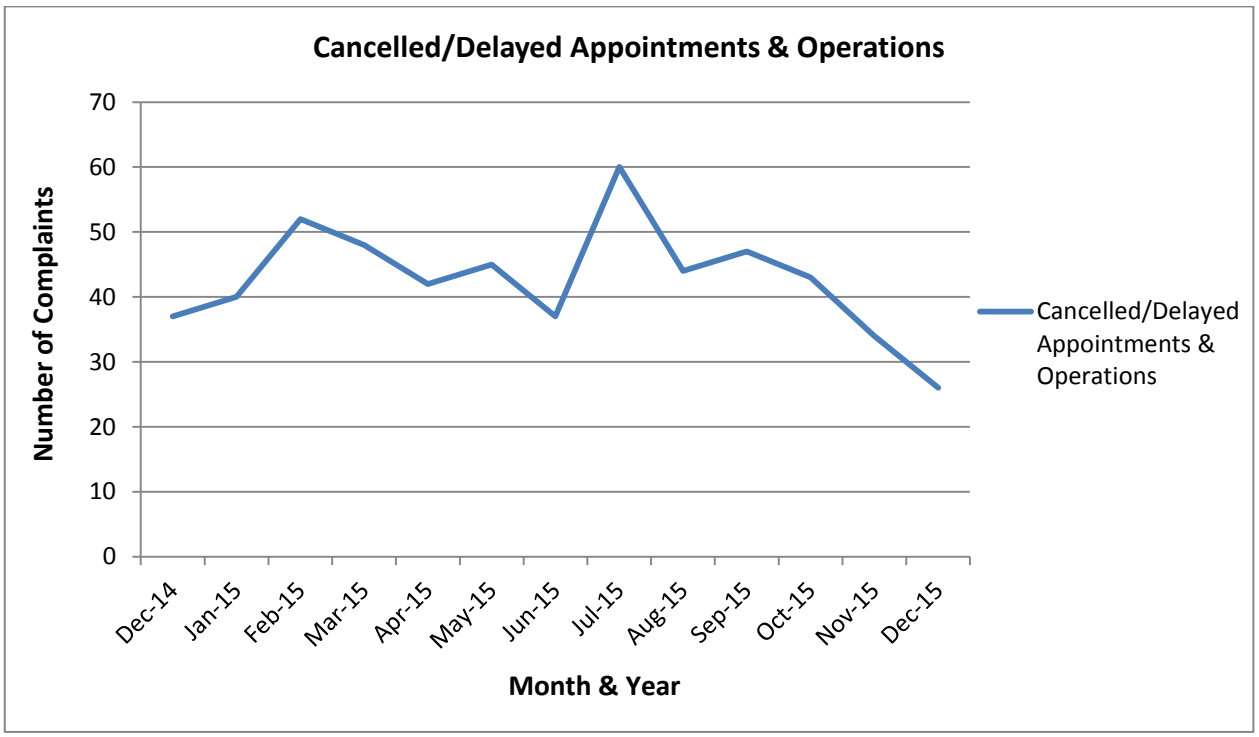


Figure 7: Clinical Care – Medical/Surgical and Nursing/Midwifery

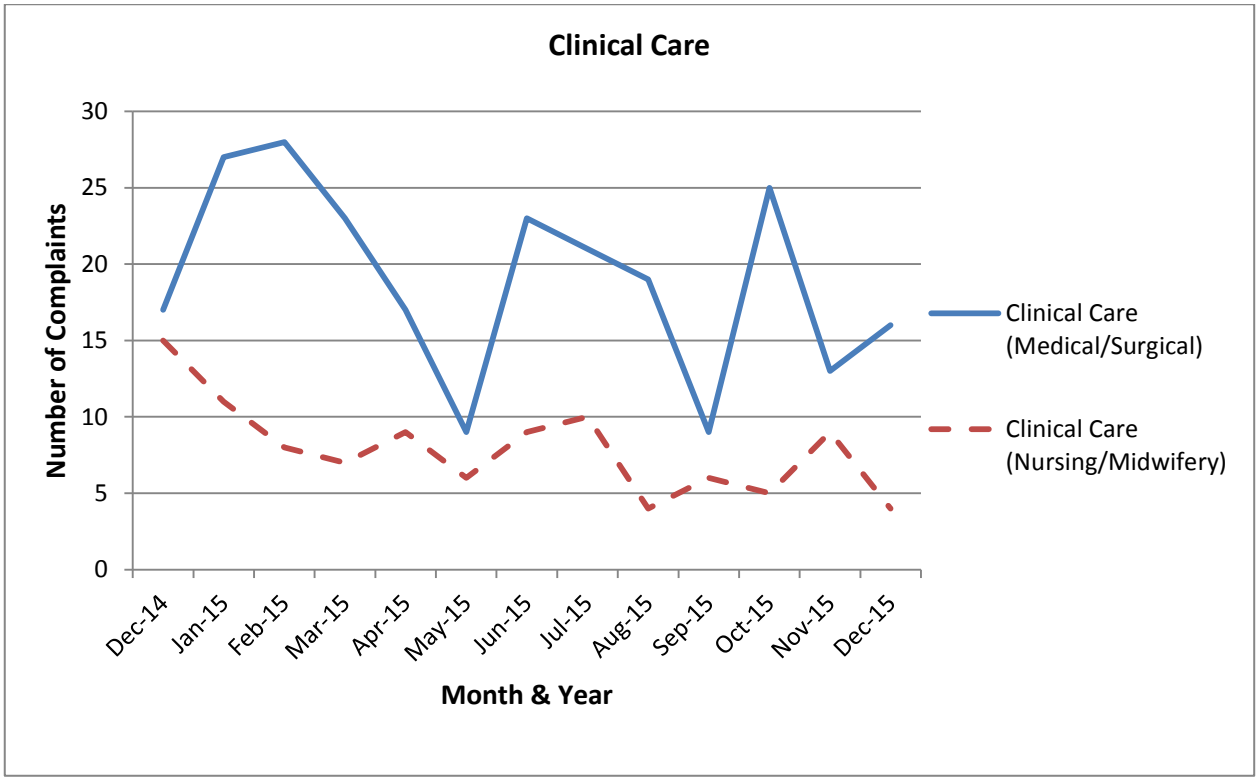


Figure 8: Communication with patients/relatives and failure to answer telephones

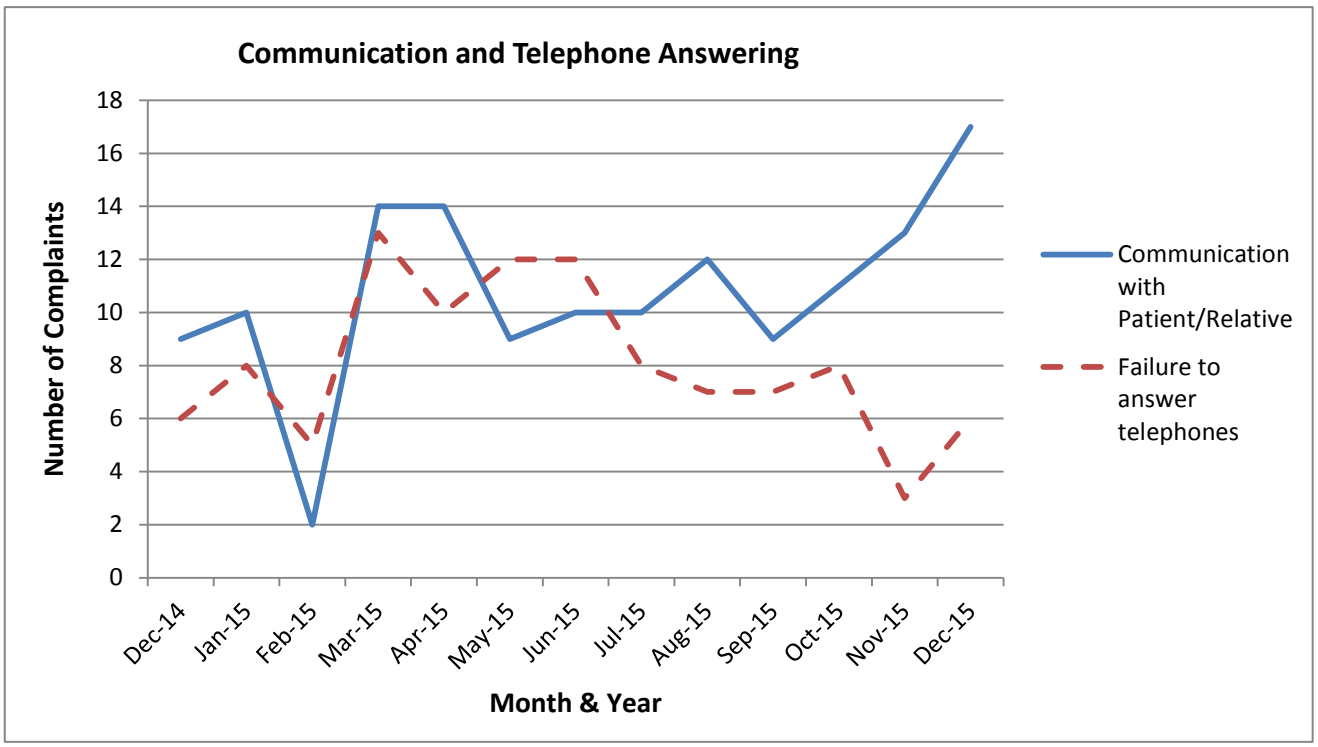
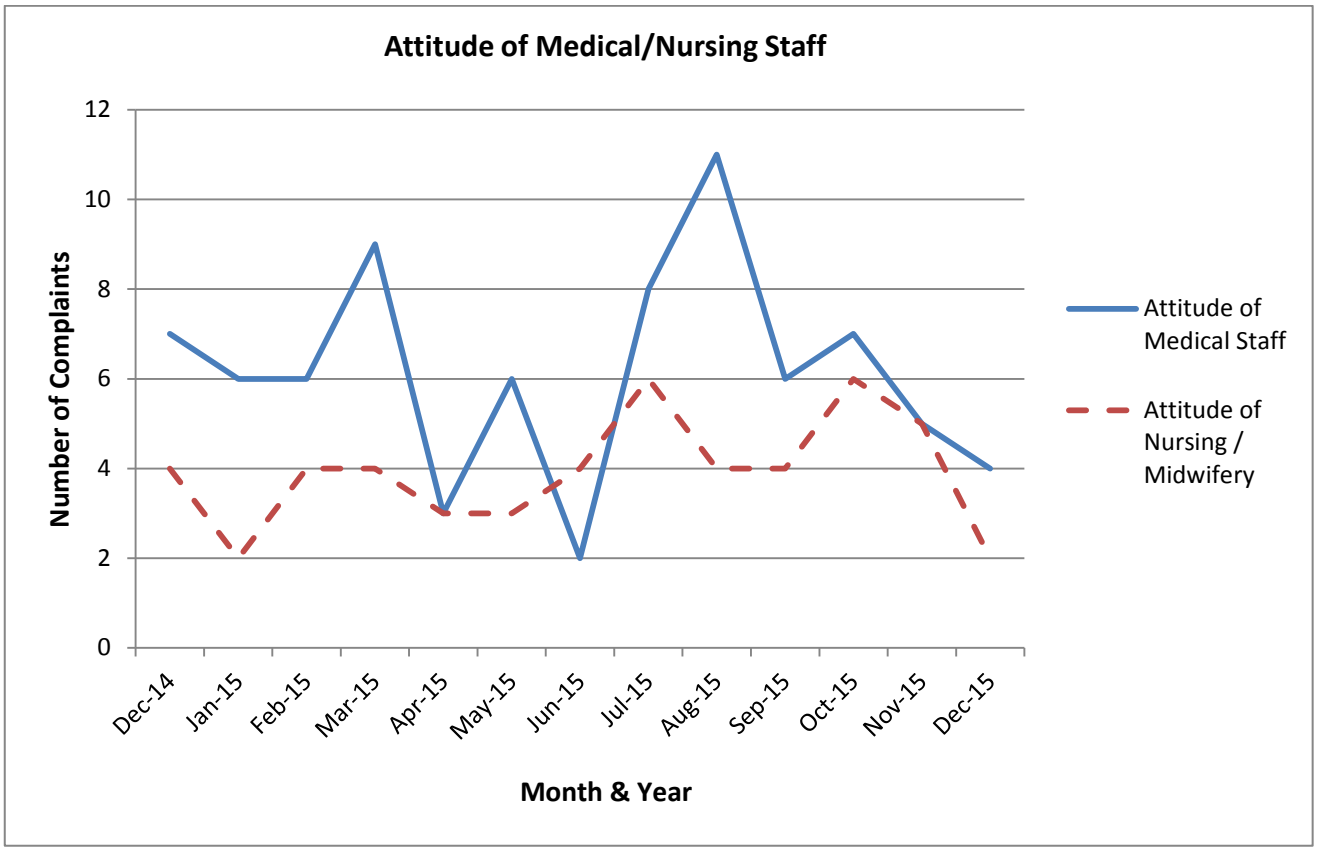


Figure 9: Attitude of medical and nursing/midwifery staff

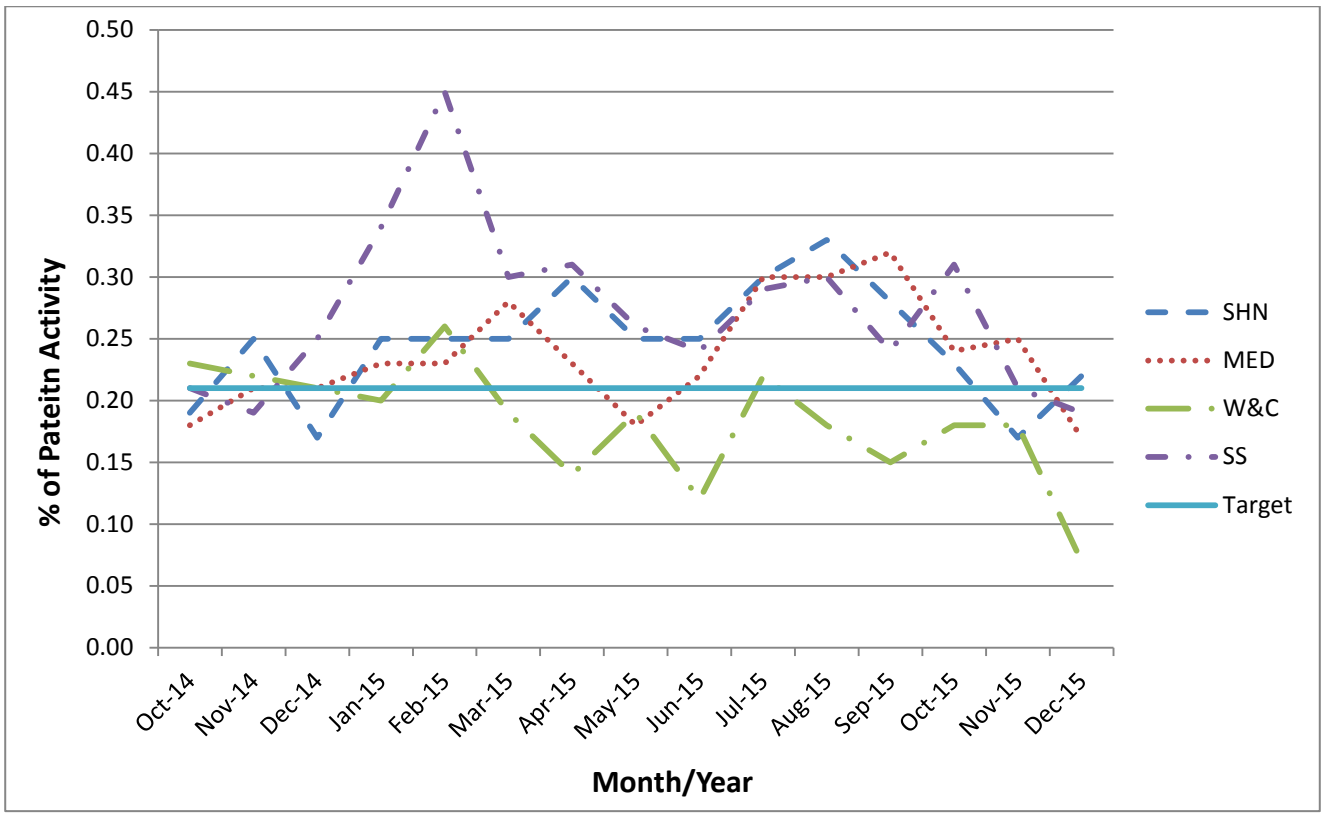


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 10. This shows an overall downturn in the volume of complaints received in the bed-holding Divisions during Q3.

Figure 10: Complaints by Division as a percentage of patient attendance



When analysed as a proportion of patient activity, complaints received by Women's & Children's Division show signs of a downward (i.e. improving) trend in the period of time since October 2014.

Data for the Division of Diagnostics and Therapies is not reported in Figure 10 because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Complaints relating to services in Diagnostics and Therapies are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, however it is not appropriate to make direct comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since January 2015 have been as follows:

Table 5. Complaints received by Diagnostics and Therapies Division since January 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of complaints received	7	5	11	2	5	7	10	4	5	12	5	7

3.2 Divisional analysis of complaints received

Table 6 provides an analysis of Q3 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 6.

	Surgery Head and Neck	**Medicine**	**Specialised Services**	**Women and Children**	**Diagnostics and Therapies**
Total number of complaints received	169 (236) ↓	94 (125) ↓	59 (69) ↓	67 (80) ↓	24 (18) ↑
Total complaints received as a proportion of patient activity	0.20% (0.30%) ↓	0.22% (0.31%) ↓	0.24% (0.27%) ↓	0.14% (0.18%) ↓	N/A
Number of complaints about appointments and admissions	70 (103) ↓	17 (37) ↓	21 (26)↓	25 (30) ↓	6 (6) =
Number of complaints about staff attitude and communication	48 (64) ↓	38 (33) ↑	15 (22)↓	10 (22) ↓	7 (5) ↑
Number of complaints about clinical care	38 (45) ↓	35 (27) ↑	19 (11) ↑	27 (22) ↑	8 (7) ↑
Areas where the most complaints have been received in Q3	Bristol Eye Hospital – 49 (57) ↓ Bristol Dental Hospital – 31 (41) ↓ Trauma & Orthopaedics – 31 (24) ↑ Ear Nose and Throat – 13 (36) ↓ Upper GI – 14 (8) ↑	A&E – 14 (27) ↓ Ward A300 (MAU) – 9 (6) ↑ Dermatology – 8 (9) ↓ Gastroenterology & Hepatology 7 (12) ↓ Respiratory – 5 (3) ↑ Ward A605 – 5 (1) ↑ Ward C808 – 5 (1) ↑ Ward A900 – 5 (1) ↑	BHI Outpatients – 16 (26) ↓ GUCH Services – 10 (5) ↑ Chemo Day Unit / Outpatients – 9 (15) ↓ Ward C708 – 6 (4) ↑	Children's ED & Ward 39 – 9 (10) ↓ Paediatric Neurosurgical – 9 (5) ↑ Paediatric Orthopaedics – 4 (5) ↓	Radiology – 10 (6) ↑ Adult Therapy – 3 (3) = Pharmacy – 5 (2) ↑
Notable deteriorations compared to Q2	Trauma & Orthopaedics – 31 (24) Upper GI – 14 (8)	Ward A605 – 5 (1) Ward C808 – 5 (1) Ward A900 – 5 (1)	GUCH Services – 10 (5)	Paediatric Neurosurgical – 9 (5)	Radiology – 10 (6) Pharmacy – 5 (2)
Notable improvements compared to Q2	Bristol Eye Hospital – 49 (57) Bristol Dental Hospital – 31 (41) Ear Nose and Throat – 13 (36)	A&E – 14 (27)	BHI Outpatients – 16 (26) Chemo Day Unit / Outpatients – 9 (15)	None	None

3.3 Areas where the most complaints were received in Q3 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Table 7 - Complaints by category type[4]

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	2 (1.2% of total complaints) ↓	6 (2.5% of total complaints) ↑
Appointments & Admissions	71 (42%) ↓	103 (43.6%) ↑
Attitude & Communication	48 (28.4%) ↓	64 (27.1%) ↑
Clinical Care	38 (22.5%) ↓	45 (19.1%) =
Facilities & Environment	3 (1.8%) ↓	6 (2.5%) ↑
Information & Support	7 (4.1%) ↓	12 (5.1%) ↑
Total	169	**236**

Table 8 - Top sub-categories

Sub-category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	59 ↓	88 ↑
Communication with patient/relative	15 ↑	12 ↑
Clinical Care (Medical/Surgical)	14 =	14 ↓
Attitude of Medical Staff	8	6 ↑
Failure to answer telephones	6 ↓	15 ↓
Attitude of Nursing/Midwifery	2 ↓	8 ↑
Clinical Care (Nursing/Midwifery)	2 ↓	9 ↑

Table 9 - Divisional response to concerns highlighted by Q3 data

Concern	Explanation from Division	Action
Consecutive quarterly increases in complaints about Trauma & Orthopaedics. This service has had a consistently high number of complaints: 18 in Q1, 24 in Q2 and 31 in Q3. In Q3, 12 of these complaints were about appointments and admissions (including cancelled or delays appointments and operations); 10 were about attitude and communication (including attitude of medical staff, communication with patient/ relative, etc); and nine were about clinical care.	The department is currently short of three whole time equivalent administration staff. The department is not currently using a telephone answering system. The rationale is that the line is so busy that an answering service would create a constant cycle of retrieving messages rather than being able to answer live calls.	One position has been recruited to and interviews were held week commencing 15/02/2016 for a second post. The department is currently investigating with IM&T whether it is possible to have a telephone queuing system that will provide patients with information regarding their position in the queue and offering alternative options regarding best times to call, etc. The Deputy Performance and Operations Manager has put in place a system to ensure that telephones are not left unanswered and, once fully recruited, the team plan to have a dedicated member of staff assigned to answer patient calls without the added distracted of

		manning a reception desk at the same time.
	Concerns have been identified about the approach of a member of the clinical team who appears to be receiving more complaints than other colleagues.	The divisional management team will review concerns and address with the individual concerned as appropriate.
In Q3, there was a 75% increase in complaints about the Upper GI service compared to Q2. Complaints about this service have remained above average with 10 complaints in Q1, eight in Q2 and 14 in Q3. The majority of the complaints in Q3 (nine) were in respect of appointments and admissions, with three being about attitude and communication and two relating to clinical care.	These complaints relate to significant shortages in the Upper GI consultant group and in the Clinical Nurse Specialist (CNS) group.	Recruitment to an additional consultant post has been successful and it is hoped that a reduction in complaints will be seen by Q1 of 2016/17 at the latest, when the new consultant commences in post. Recruitment to the CNS posts is currently under review.
	The communication issues relate to the way that patients are informed about cancellations and delays.	This issue will be dealt with via the Administrative Standards Group to ensure that staff have appropriate standards of responses when delivering difficult news to patients regarding their appointments. The administrative standards group will have achieved this with the waiting list coordinators by the end of April (division-wide training). Two new members of staff have been employed by the Division to manage these difficult conversations with patients.
	Two patients complained about their clinical care. These were both very complex patients for whom the journey had not been as predicted – one related to a deceased patient whose family felt that staff had not dealt with them as sensitively as they would have expected.	Sister shares all patient complaints with her team and also the responses to these complaints, in order that they can consider the impact of their actions and how they can improve a patient's/family's experience going forward.

[4] Arrows in Q3 column denote increase or decrease compared to Q2. Arrows in Q2 column denote increase or decrease compared to Q1. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

Figure 11: Surgery, Head & Neck – Formal and informal complaints received by Division

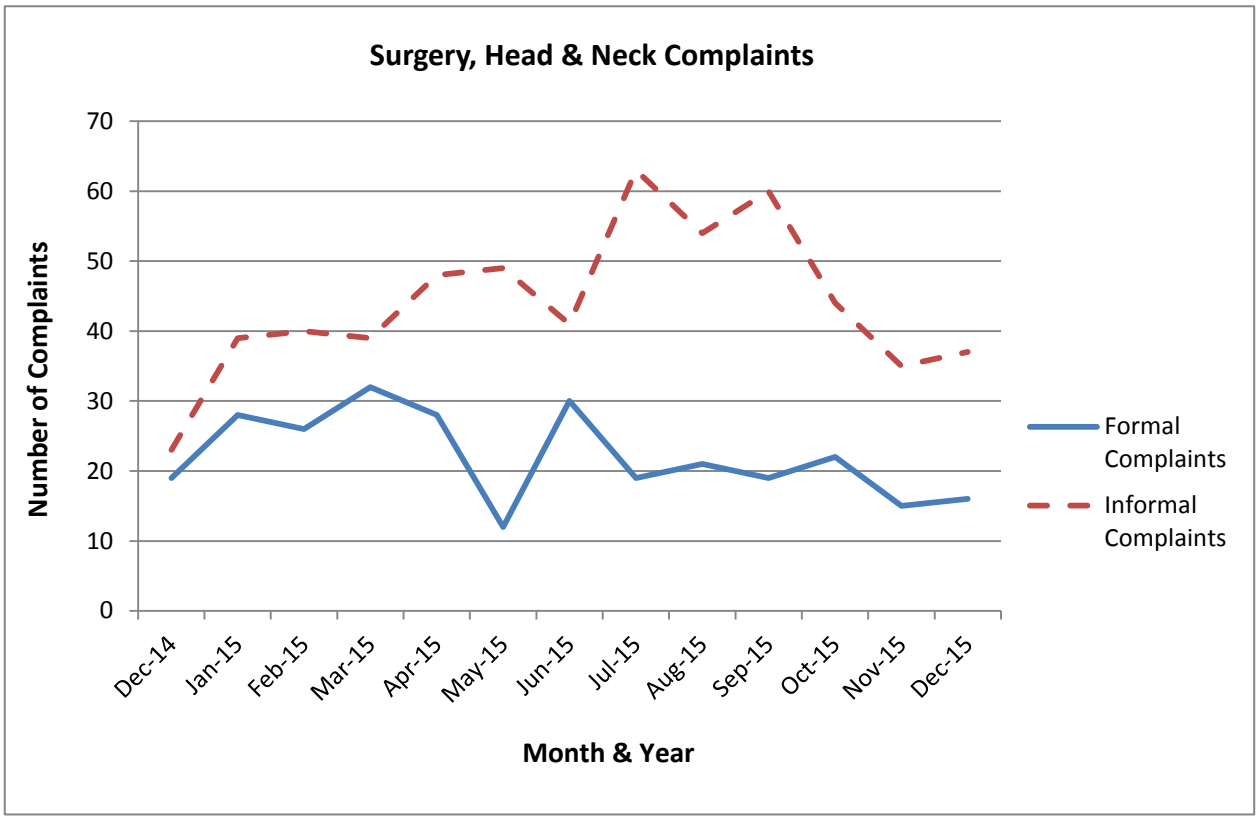
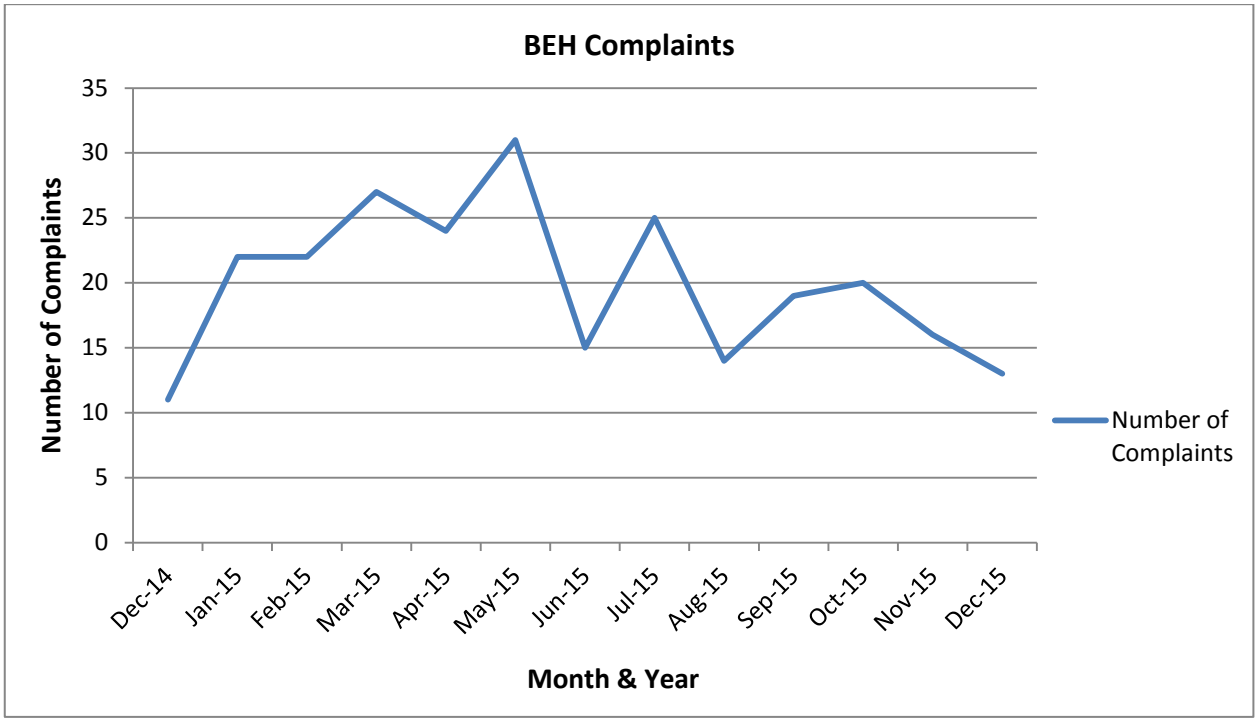


Figure 12 shows an encouraging reduction in complaints received about Bristol Eye Hospital since a peak in May 2015.

Figure 12: Complaints received by Bristol Eye Hospital



3.3.2 Division of Medicine

Table 10 - category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	2 (1.6% of total complaints) ↑
Appointments & Admissions	16 (17%) ↓	37 (29.6%) ↑
Attitude & Communication	36 (38.3%) ↑	33 (26.4%) ↑
Clinical Care	33 (35.1%) ↑	27 (21.6%) ↓
Facilities & Environment	4 (4.3%) ↓	15 (12%) ↑
Information & Support	5 (5.3%) ↓	11 (8.8%) ↑
Total	**94**	**125**

Table 11 - Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Clinical Care (Medical/Surgical)	18 ↑	7 ↓
Communication with patient/relative	14 ↑	9 ↑
Attitude of Nursing/Midwifery	8 ↑	4 ↓
Cancelled or delayed appointments and operations	7 ↓	22 ↑
Clinical Care (Nursing/Midwifery)	7 ↑	6 ↓
Failure to answer telephones	6 ↑	2 ↓
Attitude of Medical Staff	3 □	5 □

Table 12 - Divisional response to concerns highlighted by Q3 data

Concern	Explanation from Division	Action
In Q3 there was an increase in the number of complaints received by Wards A605, A900 and C808 (five complaints for each ward compared to one each in Q2).	A605 received two complaints about communication with patients/ relatives and one each about discharge arrangements, attitude of medical staff and clinical care. One of these complaints was about a patient's dignity during discharge.	There are no common themes in these complaints but a clear message has been shared with staff on the ward about dignity on discharge.
	A900 received two complaints about clinical care (medical/surgical) and one each about attitude of nursing staff, clinical care (nursing) and failure to answer the telephone. These included a complaint about a hip fracture sustained as a result of a fall whilst in our care.	There are no common themes in these complaints. With regards to the hip fracture, an RCA investigation has been completed and a meeting is scheduled between staff and the family.
	C808 received one complaint each about discharge arrangements, communication	There are no common themes and all complaints have been investigated and responded to with

	with patients/ relatives, clinical care (nursing), medication not received and incorrect diagnosis. Of these complaints, one related to a District Nurse not being able to contact the ward post-discharge to check a medication regime; one related to a patient's perception that they had been misdiagnosed; one related to a family's experience of care; and one was in respect of discharge planning and communication.	local actions where required.
The Gastroenterology and Hepatology service has received an average of nine complaints per quarter over the last three quarters (eight in Q1, 12 in Q2 and seven in Q3)	The majority of these complaints related to outpatient delays in new and follow-up appointments. One complaint was about the attitude of a secretary. One complaint was in respect of the timeliness of investigations.	Ongoing work with clinic coordinators to manage the patient backlog. Recruitment to a vacancy will support this. This has been addressed locally through training about application of the Trust's Values. Referral from UH Bristol to NBT for investigations and, once completed, a timely review here will be arranged. The patient has the Specialty Manager's contact details.

Figure 13: Medicine – Formal and informal complaints received by Division

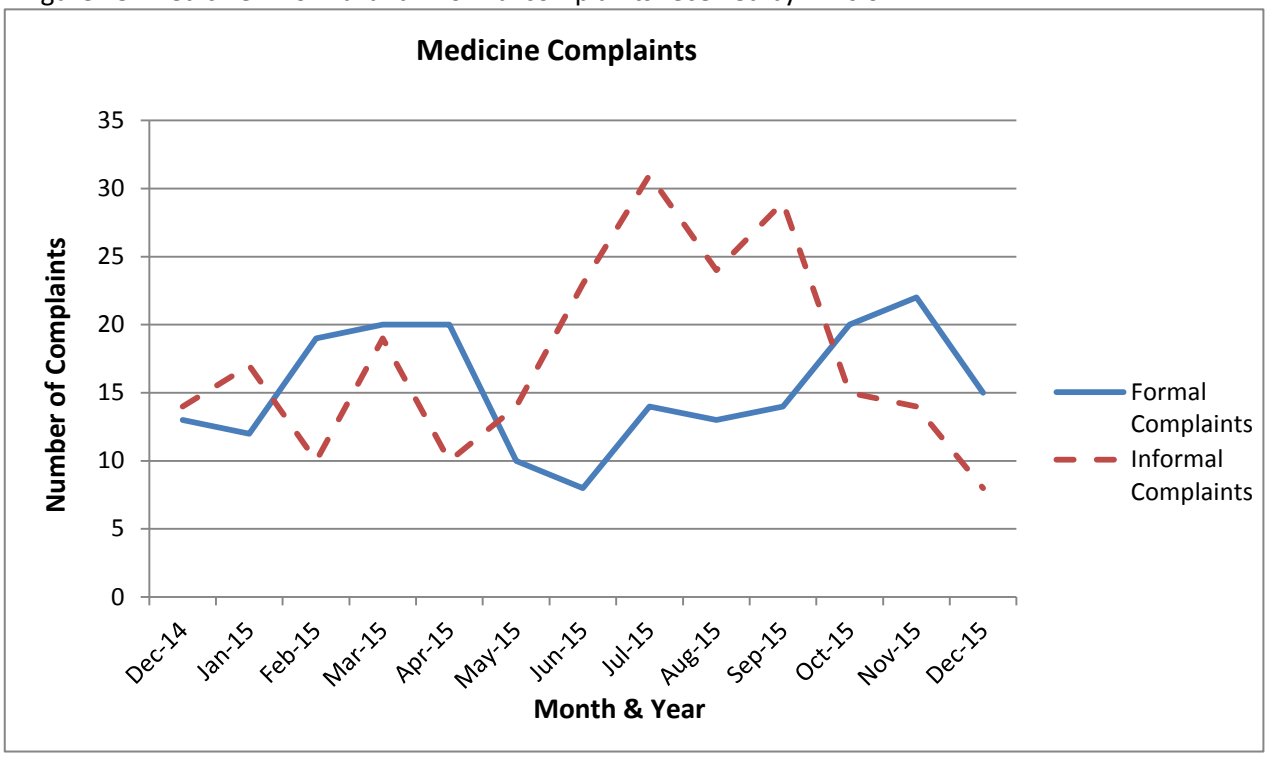
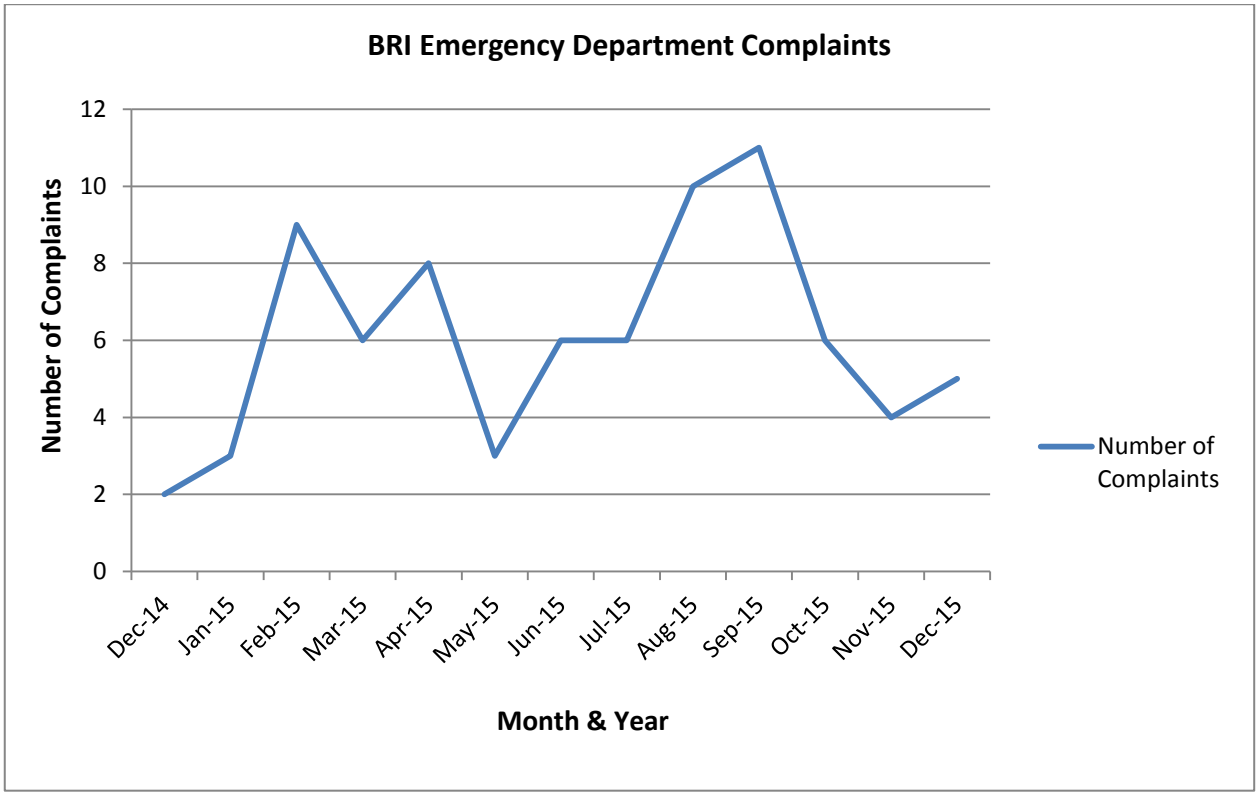


Figure 14: Complaints received by the Emergency Department at Bristol Royal Infirmary



3.3.3 Division of Specialised Services

Table 13-category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	1 (1.4% of total complaints) ↑
Appointments & Admissions	21 (35.6%) ↓	26 (37.7%) =
Attitude & Communication	15 (25.4%) ↓	22 (31.9%) ↑
Clinical Care	18 (30.5%) ↑	11 (15.9%) ↓
Facilities & Environment	2 (3.4%) ↓	3 (4.3%) ↑
Information & Support	3 (5.1%) ↓	6 (8.7%) ↑
Total	**59**	**69**

Table 14 - Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	14 ↓	19 ↑
Clinical Care (Medical/Surgical)	9 ↑	7 ↑
Communication with patient/relative	6 ↑	1 ↓
Failure to answer telephones	3 ↓	7 ↓

Clinical Care (Nursing/Midwifery)	3 ↑	1 ↑
Attitude of Medical Staff	1 ↓	5 ↑
Attitude of Nursing/Midwifery	0 =	0 ↓

Table 15 - Divisional response to concerns highlighted by Q3 data

Concern	**Explanation from Division**	**Action**
In the Q2 complaints report, the Division reported that emergencies were affecting elective admissions to the GUCH service and that communication issues around the cancellation of appointments had been resolved. However, complaints about the service increased again in Q3 (to 10). Complaints were recorded variously as having been in relation to cancelled or delayed appointments or procedures; telephones not being answered; communication with patients/relatives; waiting time in clinic; clinical care (medical/surgical), and medical records not being available.	The complex nature of the patients' underlying disease and the tertiary specialist service that the BHI provides often means that demands upon the GUCH service are high. The high demand, set capacity and the requirement to communicate across organisations can often lead to extended waiting times for patients for their procedures. Complaints include concerns about the length of time waiting for a procedure known as a PFO (Patent Foramen Ovale) closure. PFO closures are currently funded by NHS England and capacity for this procedure is limited by funding.	In an attempt to meet the growing demand for this service, the Division is running additional ad hoc sessions at weekends to support a reduction in waiting times for this group of patients. The Division is working with the Trust's commissioning team to explore the potential for increasing funding and capacity to undertake PFO closure procedures.
Ward C708 has received more complaints than other wards in the Division. Complaints in Q3 were variously about communication with patients/relatives; admissions arrangements; a delayed operation; clinical care (nursing); and personal property.	The increase in complaints is consistent with the challenges which the Division is currently experiencing in undertaking cardiac surgery and corresponds with an increase in the length of time that patients are waiting for their operation.	The Division continues to experience elevated numbers of cancellations and delays to cardiac surgery. The Division is working hard to resolve this and has employed a clinical operational lead to support the patient flow agenda. These challenges will continue with winter pressures in early 2016. The Division also acknowledges the increased numbers of both formal and informal complaints specifically related to discharge and is implementing a project to address this across 2016/17. This will be monitored through the Division's operating plan.

Figure 15 shows that the total number of complaints received by the Division of Specialised Services has been decreasing over the past year. This improvement corresponds with a reduction in complaints about outpatient services at the Bristol Heart Institute.

Figure 15: Specialised Services – Formal and informal complaints received by Division

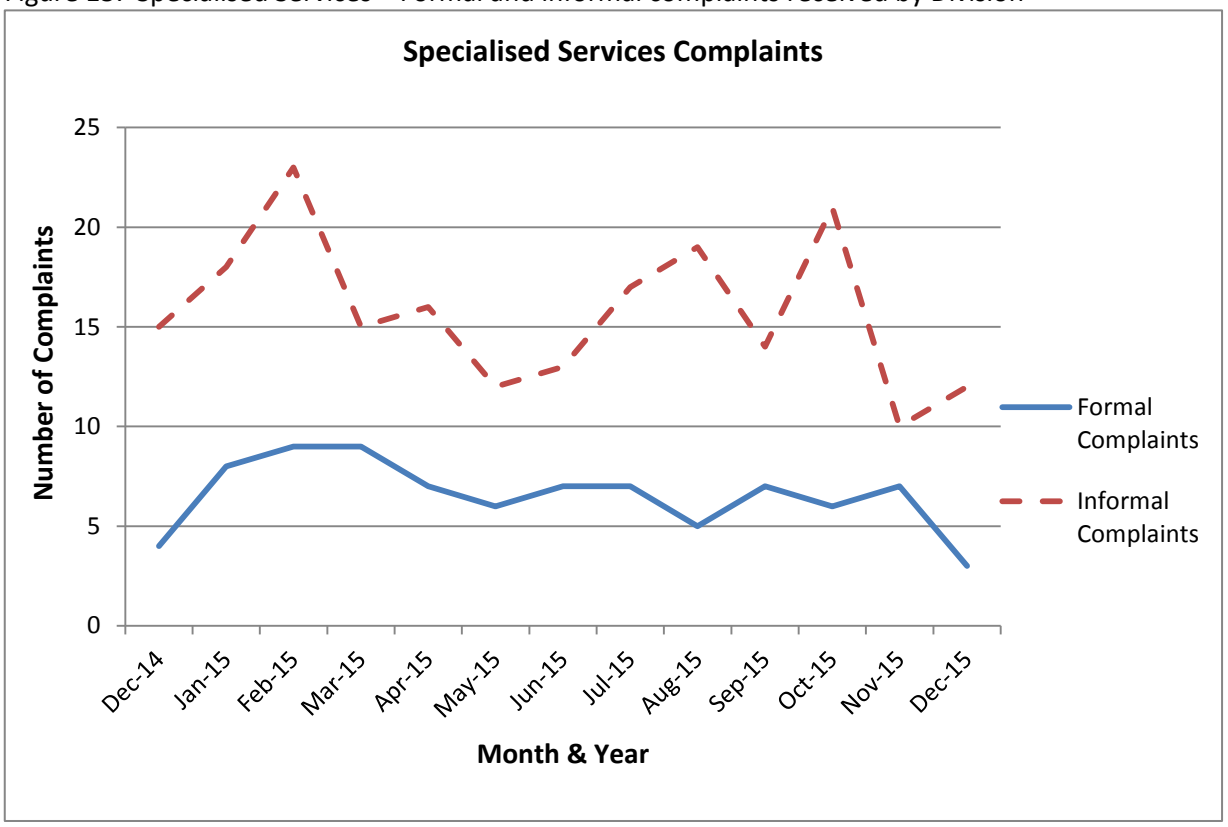
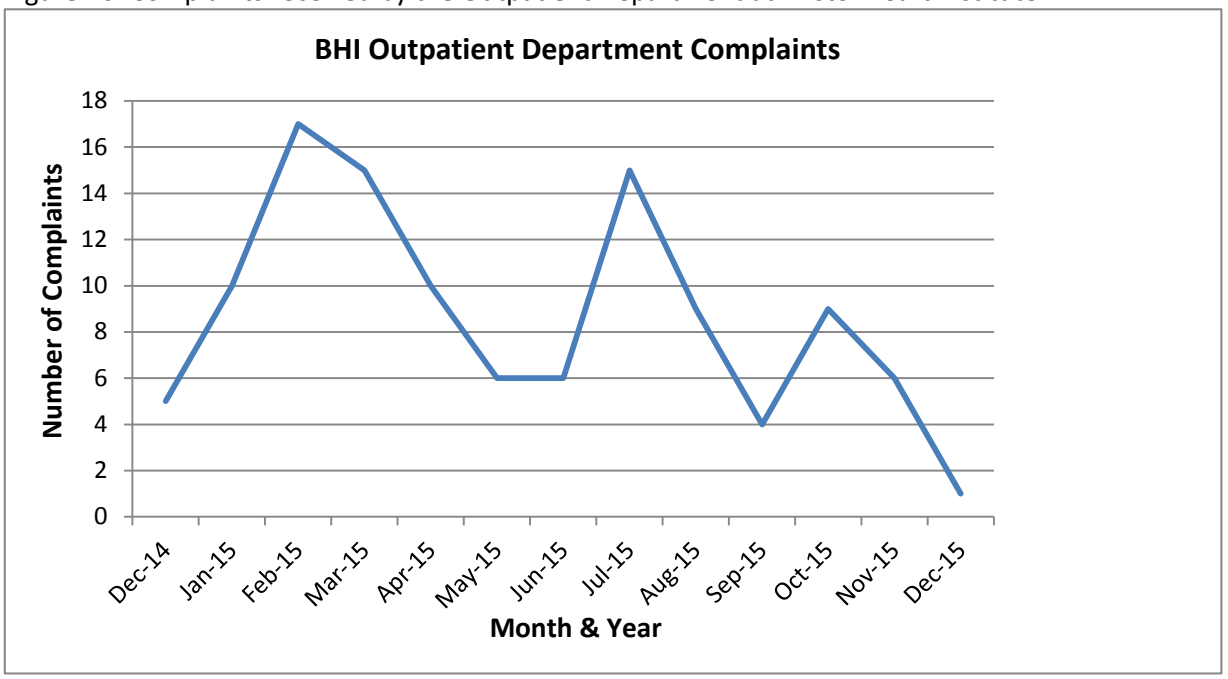


Figure 16: Complaints received by the Outpatient Department at Bristol Heart Institute



3.3.4 Division of Women & Children

Table 16 - category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) ↓	1 (1.25% of total complaints) =
Appointments & Admissions	26 (38.8%) ↓	30 (37.5%) ↑
Attitude & Communication	11 (16.4%) ↓	21 (26.3%) ↑
Clinical Care	27 (40.3%) ↑	21 (26.3%) ↓
Facilities & Environment	2 (3%) =	2 (2.5%) ↑
Information & Support	1 (1.5%) ↓	5 (6.3%) ↑
Total	**67**	**80**

Table 17 - Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	19 ↓	25 ↑
Clinical Care (Medical/Surgical)	12 ↑	11 ↓
Clinical Care (Nursing/Midwifery)	6 ↑	5 ↑
Communication with patient/relative	5 ↓	7 ↑
Attitude of Medical Staff	3 ↓	6 ↑
Attitude of Nursing/Midwifery	2 ↓	3 =
Failure to answer telephones	1 ↑	0 =

Table 18 - Divisional response to concerns highlighted by Q3 data

Concern	Explanation from Division	Action
Paediatric Neurology Services received nine complaints in Q3, compared to five in Q2 and three in Q1. Two of the Q3 complaints were in respect of clinical care (medical/surgical); another two were about cancelled operations. Of the remaining five complaints, one was about a delayed procedure, one about a referral error, one about the attitude of medical staff, one about delayed treatment and one about lost/delayed test results.	Cancelled operations: • one complaint was due to the withdrawal of funding for Selective Dorsal Rhizotomy (SDR); • two complaints were due to a blood cross-matching failure/ communication between teams. Staff attitude/communication with family. Clinical care – one complaint was compounded by communication issues between hospital teams and then each team communicating decisions to the family. The second complaint about clinical care was a complex complaint involving various points along the care pathway, including the ward	Communication going out to all families re SDR from the Deputy Divisional Director. An apology has been given and all teams have been reminded of the importance of timely communication with families and between hospital teams.

	stay, discharge summaries and the LIAISE team. Delayed treatment – long wait to be seen in the ENT Department. Delayed results – again due to communication with the family about these results.	The consultant has apologised and acknowledged his responsibility for following up the results of investigations and communicating these appropriately with the family.
The number of complaints received by Children's ED & Ward 39 in Q3 was similar to Q2. Of the nine complaints received in Q3, two were about the A&E wait and two were about clinical care (medical/surgical). The remaining seven complaints were about attitude of nursing staff, communication (administrative), communication with patients/relatives, clinical care (nursing) and a missed diagnosis respectively.	Children's ED saw 36,000 patients in 2014/15, so it is a high volume/turnover clinical area. In 2015/16 YTD, attendances are up by around 10% and admissions are higher, all of which has put additional pressure on the department. There are also gaps in the nursing and medical establishments, meaning that there is a reliance on agency/locums and a high number of newly qualified nurses, reducing the overall skill mix.	The Divisional Management team is working on an operating plan for 2016/17 that reflects the increase in activity and anticipates further growth next year. This will enable us to further invest in the service and enable the team to cope with the rising demand in a more timely way.

Figure 17: Women & Children – Formal and informal complaints received by Division

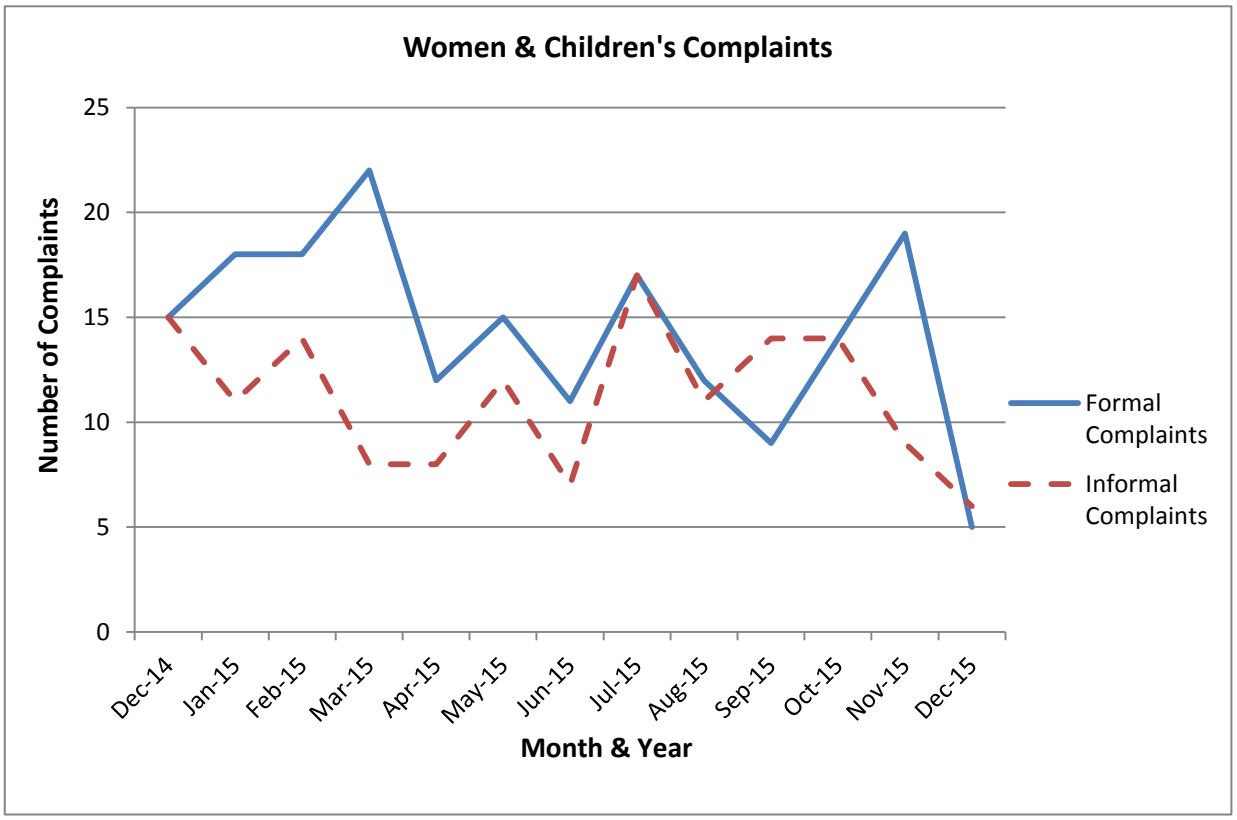
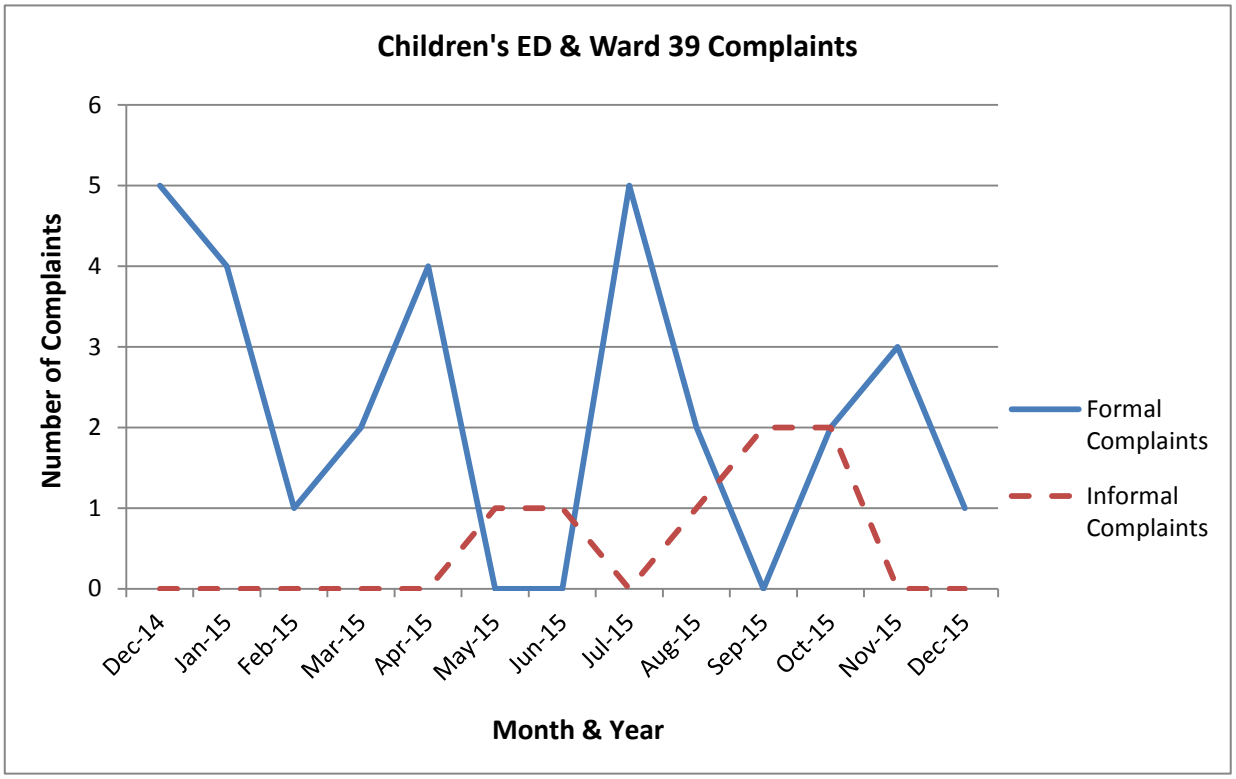


Figure 18: Complaints received by the Children's ED & Ward 39 at Bristol Children's Hospital



3.3.5 Division of Diagnostics & Therapies

Table 19 - category type

Category Type	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Access	0 (0% of total complaints) =	0 (0% of total complaints) ↓
Appointments & Admissions	6 (25%) =	6 (33.3%) ↑
Attitude & Communication	7 (29.2%) ↑	5 (27.8%) =
Clinical Care	8 (33.3%) ↑	7 (38.9%) ↑
Facilities & Environment	2 (8.3%) ↑	0 =
Information & Support	1 (4.2%) ↑	0 ↓
Total	**24**	**18**

Table 20 - Top sub-categories

Category	Number of complaints received – Q3 2015/16	Number of complaints received – Q2 2015/16
Cancelled or delayed appointments and operations	4 ↓	6 ↑
Clinical Care (Medical/Surgical)	1 ↓	4 ↑
Communication with patient/relative	1 ↓	2 ↓
Attitude of Medical Staff	1 ↓	2 ↑
Attitude of Nursing/Midwifery	1 ↑	0 =
Failure to answer telephones	1 ↑	0 =
Clinical Care (Nursing/Midwifery)	0 =	0 =

Table 21 - Divisional response to concerns highlighted by Q3 data

Concern	Explanation from Division	Action
Radiology Services overall, including x-ray and MRI, received 10 complaints, compared with six in Q2 and three in Q1.		
Two of the complaints related to attitude and communication.	The first formal complaint regarding attitude and communication was in respect of a patient's appointment for a DEXA scan being discussed with his estranged wife, and the appointment letter being sent in error to the estranged wife's address, causing a breach of confidentiality.	An apology was issued to the complainant and the matter was discussed with the radiology booking clerk involved, who has subsequently been retrained on information governance. The investigation found that the patient's details had not been updated on the system as the referring GP had not provided this updated information as is usually the case. This information has now been updated on the Trust's systems.
	The second formal complaint regarding attitude and communication related to a partially sighted patient who was sent an appointment letter in the wrong size font, despite having previously raised this issue with two other departments within the Trust.	The Radiology Department had an alert on their information system that this patient required information in a large font size. The letter was in a large font size but the accompanying leaflet was not. Unfortunately, the patient did not receive this and when a second letter and leaflet were sent out, they were both in a standard font size. An apology was issued to the patient and booking clerks in the department have been reminded to always meet patient requirements in line with system alerts. The patient subsequently received a copy of the letter and the leaflet in the larger font size.
Five complaints related to clinical care	The formal complaint regarding clinical care was in respect of a patient who experienced an adverse reaction to the oral preparation they were required to take for a bowel MRI scan.	An apology was given to the patient together with an explanation that an adverse reaction is very rare but that in light of the complaint, the department has updated its patient information leaflet advising patients to inform the department if they have previously had any adverse reactions to laxatives. An alert has also been placed on the patient's record.

	An informal complaint was received about a CT scan report being delayed.	The department was experiencing high volumes of requests at the time and as soon as the report was verified, the results were emailed to the GP.
	A second informal complaint was received in respect of a delayed response from a clinician to queries from an internal referrer who required further information about their patient's scan.	The query had been sent to the clinician by email and had not been picked up. The clinician apologised and has made arrangements to ensure that his secretary can now view his emails.
	An informal complaint was received from a referrer regarding mislaid MRI scan results.	The MRI scan was carried out and reported on the same day that it was requested and the complainant was advised that the results were available on ICE.
	A further informal complaint was received in respect of delayed x-ray results.	The x-ray was carried out on 22/10/2015 and the patient enquired about the results seven days later. They were advised that the target date for results was 10 working days. The x-ray was reported on day 11, one day beyond the target date.
Three complaints related to appointments and admissions.	The first informal complaint about appointments and admissions related to an MRI appointment letter that had not arrived with the patient, the subsequent DNA (Did Not Attend) letter they received and the delay in the booking clerk returning the patient's call when they contacted the department.	The address on the letter was correct but the letter did not arrive. Apologies were given to the patient for the non-delivery of the letter and the subsequent DNA letter they received. The booking clerk was reminded of the need to return all calls in a timely manner.
	The second informal complaint related to a cancelled appointment. When they attended clinic, they were informed that the consultant was sick and they would not be seen for two hours after their appointment time.	Due to staff sickness, the patient's appointment had to be moved at short notice and the covering clinician was late arriving at clinic. An apology and explanation was given to the patient.
	An informal complaint was received regarding a patient's appointment letter being sent to the wrong address and the patient was subsequently put at the bottom of the waiting list.	The patient received an apology for the incorrect information on the hospital system, which was subsequently updated. An earlier appointment was offered and accepted by the patient.

There were five complaints received in respect of Pharmacy services, compared with two in Q2 and three in Q1.		
One complaint related to clinical care.	The formal complaint related to a delay in the patient receiving their medication and the attitude of a member of staff from the service that delivers medication to patients' homes.	The department apologised to the patient for the failure by their contracted provider to deliver their medication within the timescales requested by the clinician. The provider's account manager was asked to investigate and feedback at the next monitoring meeting.
Two complaints were in respect of facilities and environment.	One formal complaint and one informal complaint were received regarding the closure of the BEH pharmacy and a lack of clarity regarding the prescription options available to patients.	Apologies and explanations were provided to the patients involved. It was explained that the trust had outsourced outpatient prescriptions to Boots so that the BEH pharmacy could concentrate on inpatient and discharge prescriptions. The options available were explained to the patients and the department will be refreshing the information available in the outpatient areas so that these options are clear to all patients.
One complaint was received regarding information and support.	This complaint related to the complainant thinking that they could bring their own prescriptions into the Boots pharmacy.	The Director of Pharmacy telephoned the complainant to discuss their concerns and explained how the arrangement with the Boots pharmacy is set up and managed.

Figure 19: Diagnostics & Therapies – Formal and informal complaints received by Division

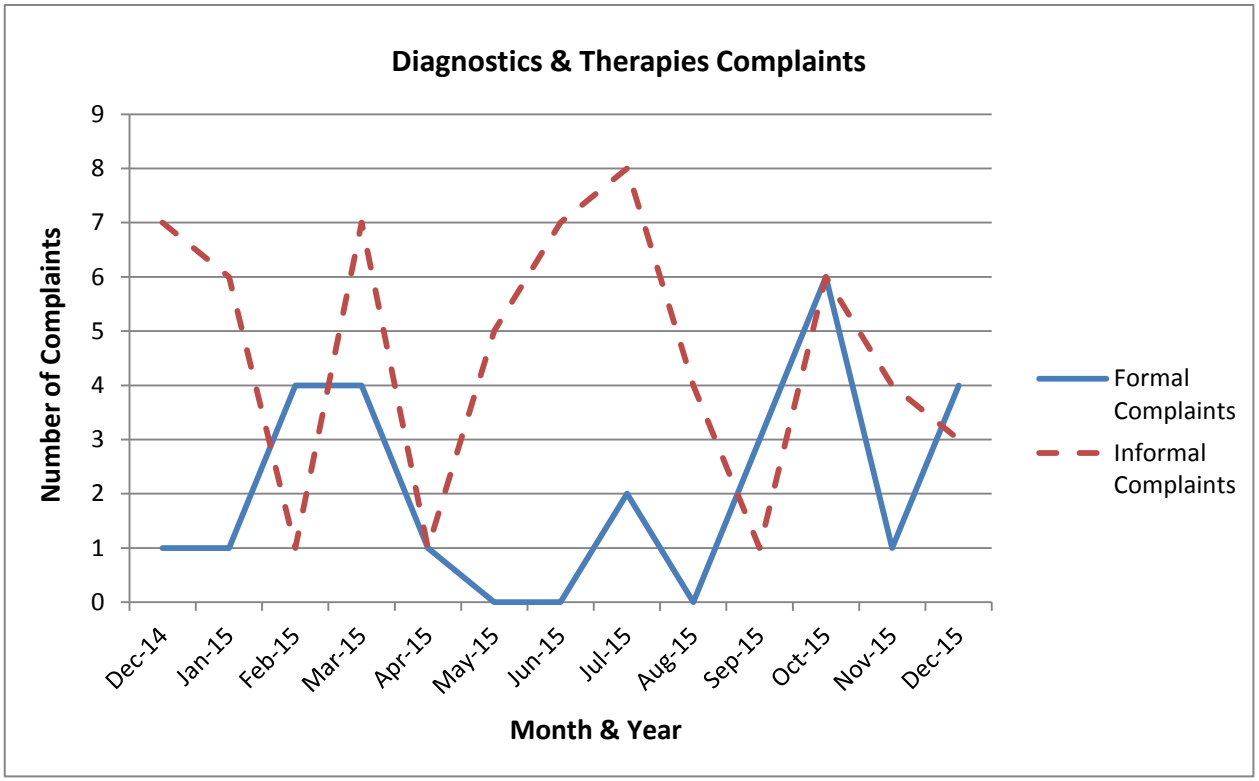
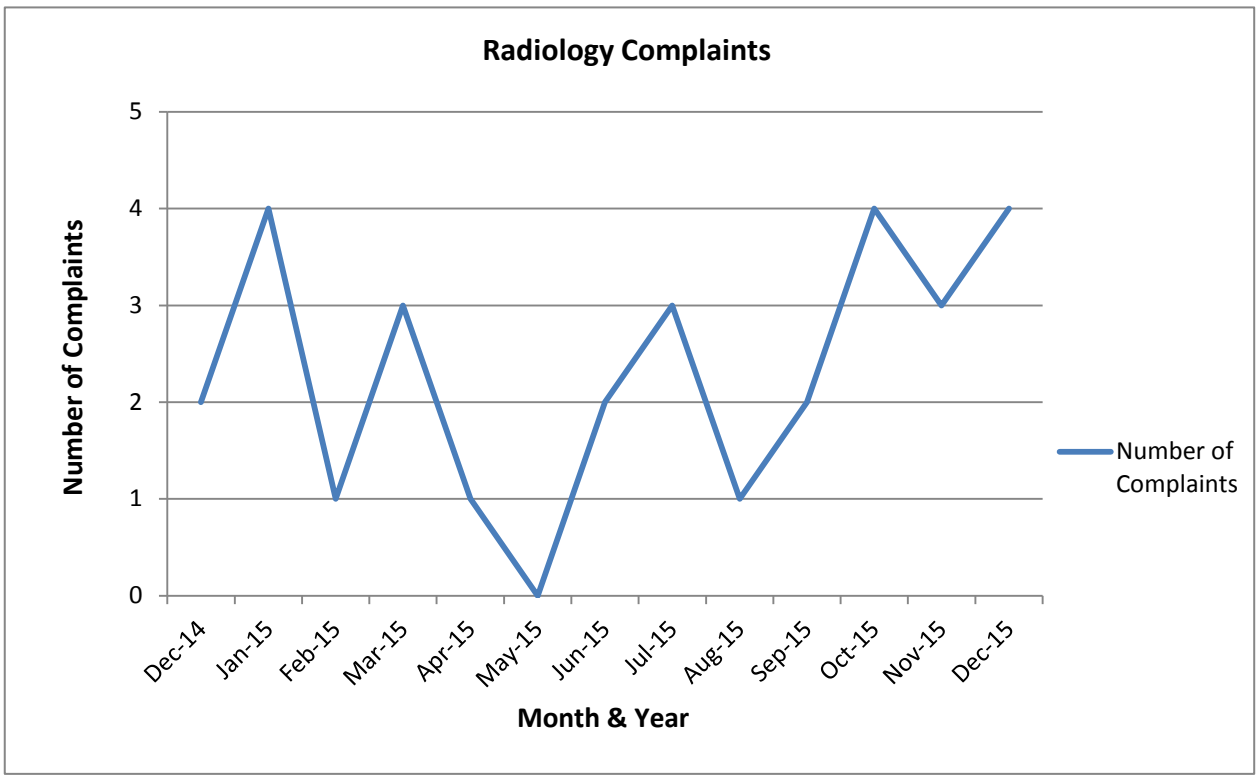


Figure 20: Complaints received by the Radiology (Trust-wide)



3.4 Complaints by hospital site

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

Table 22

Hospital/Site	Number and % of complaints received – Q3 2015/16	Number and % of complaints received – Q2 2015/16
Bristol Royal Infirmary (BRI)	196 (43.8% of total complaints) ↓	225 (40.2% of total complaints) ↑
Bristol Royal Hospital for Children (BRHC)	55 (12.3%) ↓	64 (11.4%) ↑
Bristol Heart Institute (BHI)	52 (11.7%) =	52 (9.3%) ↑
Bristol Eye Hospital (BEH)	49 (11%) ↓	57 (10.2%) ↓
Bristol Dental Hospital BDH)	31 (7%) ↓	41 (7.3%) ↑
St Michael's Hospital (STMH)	31 (7%) ↓	66 (11.8%) ↑
Bristol Haematology & Oncology Centre (BHOC)	17 (3.8%) ↓	29 (5.2%) ↑
South Bristol Community Hospital (SBCH)	15 (3.4%) ↓	26 (4.6%) ↑
Total	**446**	**560**

The table below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints each hospital site receives is broadly in line with its proportion of attendances. For example, in Q3, St Michael's Hospital accounted for 10.22% of the total attendances and received 7% of all complaints.

Table 23

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	196	59,641	**0.33%**	30.4%	**43.9%**
BEH	49	31,301	0.16%	15.94%	11.0%
BDH	31	21,872	0.14%	11.14%	7.0%
STMH	31	20,069	0.15%	10.22%	7.0%
BHI	52	4,849	**1.07%**	2.47%	**11.7%**
BHOC	17	18,346	0.09%	9.34%	3.8%
BRHC	55	32,830	0.17%	16.72%	12.3%
SBCH	15	7,491	0.20%	3.81%	3.4%
TOTAL	**446**	196,399	**0.23%**		

The analysis in the two tables above shows that around 40% of all complaints come from patients at the Bristol Royal Infirmary, but also that this is proportionately greater than the BRI's share of patient activity. Similarly, the Bristol Heart Institute receives around 10% of all complaints, but accounts for less than 3% of patient activity.

In Q3, there was a notable reduction in complaints received about St Michael's Hospital.

3.5 Complaints responded to within agreed timescale

All of the clinical Divisions reported breaches in Quarter 3, totaling 65 breaches, which represents a significant increase on the 23 breaches reported in Q2. There were also four breaches by the Division of Facilities & Estates and one breach by the Division of Trust Services, which are not included in the table below, making a total of 70 breaches for Q3.

Table 24

	Q3 2015/16	Q2 2015/16	Q1 2015/16	Q4 2014/15
Surgery Head and Neck	16 (31.4%)	12 (22.6%)	9 (12.9%)	8 (11.6%)
Medicine	18 (48.6%)	3 (8.8%)	9 (20%)	5 (14.7%)
Specialised Services	8 (36.4%)	6 (30%)	2 (11.1%)	1 (5.6%)
Women and Children	21 (65.6%)	2 (5.1%)	7 (17.1%)	11 (23.9%)
Diagnostics & Therapies	2 (22.2%)	0 (0%)	1 (10%)	0 (0%)
All	**65 breaches**	**23 breaches**	**28 breaches**	**25 breaches**

(So, as an example, there were 18 breaches of timescale in the Division of Medicine in Q3, which constituted 48.6% *of the complaints responses that had been due in that Division in Q3*.)

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

Table 25

	Source of delays (Q3, 2015/2016)			Totals
	Division	**Patient Support and Complaints Team**	**Executive sign-off**	
Women and Children	19	1	1	**21**
Medicine	13	5	0	**18**
Surgery Head and Neck	13	2	1	**16**
Specialised Services	8	0	0	**8**
Diagnostics & Therapies	2	0	0	**2**
All	55 breaches	8 breaches	2 breaches	**65**

The majority of divisional delays have resulted from increased corporate scrutiny of draft responses. The majority of responses were prepared by Divisions within the agreed timescale (136 out of 161 responses, or 84.5%), however the need for significant changes/improvements following executive review led to 65 cases breaching the deadline by which they had been due to be sent to the complainant.

The table below contains information about the length of time by which each of the 65 breached case exceeded its due date and whether any of those cases had been extended but still breached the deadline. The number of days is shown as total days, rather than working days, as this is the delay that the complainant will have experienced.

Table 26

Date originally agreed with complainant	Date deadline extended to	Date response posted to complainant	Number of days deadline breached by
14/08/2015	25/09/2015 & 23/10/2015	28/10/2015	5 days
28/08/2015	18/09/2015, 28/09/2015, 05/10/2015 & 09/10/2015	26/10/2015	17 days
10/09/2015	08/10/2015	21/10/2015	13 days
15/09/2015	20/10/2015	21/10/2015	1 day
30/09/2015	12/10/2015 & 23/010/2015	27/10/2015	4 days
02/10/2015	08/10/2015	12/10/2015	4 days
02/10/2015	10/10/2015	15/10/2015	3 days
05/10/2015	N/A	21/10/2015	16 days
05/10/2015	N/A	30/10/2015	25 days
06/10/2015	20/10/2015	30/10/2015	10 days

08/10/2015	N/A	28/10/2015	20 days
08/10/2015	N/A	15/10/2015	7 days
09/10/2015	N/A	12/10/2015	3 days
12/10/2015	N/A	14/10/2015	2 days
13/10/2015	26/10/2015	27/10/2015	1 day
13/10/2015	N/A	15/10/2015	2 days
16/10/2015	N/A	21/10/2015	5 days
20/10/2015	N/A	26/10/2015	6 days
20/10/2015	N/A	21/10/2015	1 day
20/10/2015	26/10/2015 & 17/11/2015	25/11/2015	8 days
23/10/2015	N/A	26/10/2015	3 days
28/10/2015	N/A	30/10/2015	2 days
28/10/2015	30/10/2015 & 23/11/2015	27/11/2015	4 days
30/10/2015	05/11/2015 & 06/11/2015	10/11/2015	4 days
03/11/2015	N/A	09/11/2015	6 days
04/11/2015	N/A	09/11/2015	5 days
06/11/2015	N/A	09/11/2015	3 days
06/11/2015	16/11/2015, 27/11/205, 21/12/2015, 08/01/2016 & 18/01/2016	Still outstanding	
06/11/2015	N/A	09/11/2015	3 days
09/11/2015	N/A	27/11/2015	18 days
26/11/2015	N/A	02/12/2015	6 days
12/11/2015	N/A	16/11/2015	4 days
12/11/2015	16/11/205, 04/12/2015 & 10/12/2015	15/12/2015	5 days
13/11/2015	N/A	16/11/2015	3 days
16/11/2015	N/A	18/11/2015	2 days
18/11/2015	14/12/2015 & 21/12/2015	22/12/2015	1 day
18/11/2015	14/12/2015	30/12/2015	16 days
23/11/2015	08/12/2015	15/12/2015	7 days
25/11/2015	N/A	02/12/2015	7 days
03/12/2015	N/A – awaiting consent	08/01/2016	36 days
03/12/2015	11/12/2015	31/12/2015	20 days
08/12/2015	15/12/2015 & 18/12/2015	23/12/2015	5 days
08/12/2015	N/A	23/12/2015	15 days
09/12/2015	N/A	30/12/2015	21 days
09/12/2015	N/A	10/12/2015	1 day
09/12/2015	N/A	14/12/2015	5 days
10/12/2015	N/A	23/12/2015	13 days
10/12/2015	N/A	15/12/2015	5 days
11/12/2015	18/12/2015	04/01/2016	17 days
11/12/2015	N/A	23/12/2015	12 days
14/12/2015	N/A	17/12/2015	3 days
14/12/2015	N/A	30/12/2015	16 days
14/12/2015	23/12/2015	24/12/2015	1 day
15/12/2015	N/A	06/01/2016	22 days
15/12/2015	31/12/2015	04/01/2016	4 days
16/12/2015	N/A	07/01/2016	22 days
17/12/2015	N/A	31/12/2015	14 days
21/12/2015	N/A	23/12/2015	2 days

22/12/2015	N/A	24/12/2015	2 days
22/12/2015	N/A	23/12/2015	1 day
23/12/2015	N/A	07/01/2016	15 days
24/12/2015	N/A	30/12/2015	6 days
24/12/2015	N/A	30/12/2015	6 days
30/12/2015	N/A	31/12/2015	1 day
30/12/2015	N/A	31/12/2015	1 day

The average (mean) delay was 8 days, the median was 5 days and the range was 1- 36 days.

Actions taken to improve the quality of written complaints responses and reduce breaches have been described in previous quarterly reports. In addition, with effect from 18th January 2016, the number of days set aside for corporate review and sign-off of complaints has been increased from four days to seven, within an unchanged total response timescale of 30 working days.

3.6 Number of dissatisfied complainants

In Q3, 161 responses were sent out. By the cut-off point of 15th January 2016 (the date on which the complaints data for December was finalised) 10 people had contacted us to say that they were dissatisfied with our response. This represents 6.2% of the responses issued during that period, compared to 6.7% in Q2.

Training on investigating complaints and writing response letters has now been delivered to at least one group of senior staff/management from all Divisions. Dates have been confirmed for further sessions for other staff requesting the training in each Division. The training delivered so far has been well received, with positive feedback from attendees.

4. Information, advice and support

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

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

In Q3, the team dealt with 153 such enquiries, compared to 138 in Q2. These enquiries can be categorised as:

e. 104 requests for advice and information (74 in Q2)
f. 41 compliments (57 in Q2)
g. 8 requests for support (7 in Q2)

The table below shows a breakdown of the 112 requests for advice, information and support dealt with by the team in Q3.

Table 27

Category	**Number of Enquiries**
Hospital Information Request	20
Information about Patient	15
Clinical Care	12
Attitude and Communication Staff	8
Complaints Handling	7

Emotional Support	7
Clinical Information Request	7
Medical Records Enquiries	6
Signposting	6
Accommodation Enquiry	5
Benefits and Social Care	4
Wayfinding	3
Bereavement Support	2
Appointment Enquiries	2
Freedom of Information Request	2
Premises/Environment	2
Organ Retention	1
Personal Property	1
Car Parking	1
Mortuary Arrangements	1
Total	**112**

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

The Complaints and Concerns Policy states that when the Patient Support & Complaints Team reviews a complaint following receipt: a risk assessment will be carried out; agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so; the appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; an acknowledgment letter confirming how the complaint will be managed will be sent to the complainant. In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q3, 194 complaints were received verbally and 252 were received in writing. Of the 194 verbal complaints, 171 (88.1%) were acknowledged within two working days. Of the remaining 23 cases, 22 were all acknowledged within five days. The remaining case was missed due to human error: the case was not correctly logged by the Patient Support and Complaints Team. The patient accepted the team's sincere apologies when he was contacted and his concerns were fully addressed.

Of the 252 written complaints, 225 (89.3%) were acknowledged within three working days. All of the remaining 27 cases were acknowledged within four working days.

Delays in acknowledging both verbal and written complaints were due to a backlog in the Patient Support and Complaints Team due to staff sickness.

6. PHSO cases

During Q3, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in five new complaints (compared to three in Q2 and three in Q1) as follows:

Table 28

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15464	JR	LM-J	10/04/2014	BHI	Ward C708	Specialised Services

Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. In January 2016, the PHSO provided the Trust with their draft report advising that they do not intend to uphold the complaint and asking for our comments. These comments have been sent to the PHSO and we are currently awaiting their final report.						
18420	MK		31/03/2015	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
16474		CM	05/08/2014	BRI	Ward A604	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
17400	NM	KT	26/11/2014	BHOC	Ward D603	Specialised Services
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
16977	LG	KG	30/09/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in October 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						

Six cases are currently the subject of ongoing investigations by the PHSO:

Table 29

17584	LT	CT	19/12/2014	BRI	Trauma & Orthopaedics	Surgery, Head & Neck
Draft report received from PHSO in January 2016, advising that they have decided to partially uphold the complaint and giving the Trust the opportunity make any further comments. We did not wish to make any further comments and we are awaiting the PHSO's final report following any comments from the complainant.						
17173	DF	DJ	29/10/2014	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Contacted by PHSO in September 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Currently awaiting further contact from PHSO regarding their investigation.						
12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology (GUCH)	Surgery, Head & Neck & Specialised Services
Received PHSO's draft report advising that their provisional decision is to partially uphold the complaint, subject to any further comments from the Trust and from the complainant. We have confirmed that we have no further comments to make and we are awaiting the PHSO's final report.						
15952	KH	JH	09/06/2014	BRI	Ward 11	Medicine
Contacted by PHSO in June 2015. Copy of complaints file, medical records and Division's comments sent to PHSO. Advised PHSO that some issues complainant raised with them had not previously been raised with the Trust. PHSO advised Trust in July 2015 that the case is currently waiting to be allocated to an investigator. Advised by PHSO on 11/01/2016 that they will be sending us a further request for information.						

15213	WE	VE	10/03/2014	BHOC	Chemotherapy Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO. Received further request from PHSO for patient's oncology records, which were sent to them in August 2015. Trust's comments on PHSO's draft report sent 19/11/2015. Currently awaiting PHSO's final report and outcome.						

6.1 Learning from upheld PHSO Complaints

Two cases were closed by the PHSO during Q3, neither of which was upheld by the PHSO.

Table 30

Case Number	**Complainant (patient unless stated)**	**On behalf of (patient)**	**Date original complaint received**	**Site**	**Department**	**Division**
16120	CL	LW	30/06/2014	BHI	Coronary Care Unit (CCU)	Specialised Services
PHSO's final report received 23/12/2015 – they have decided not to uphold the complaint. Division advised accordingly.						
17608	JR	AH	19/12/2014	BRI	Ward A604	Surgery, Head & Neck
PHSO's final report received 26/11/2015 – they have decided not to uphold the complaint. Division advised accordingly.						

Appendix - Protected Characteristics

The tables below reflect the protected characteristics of **patients** who have made a complaint, or on behalf of whom a complaint has been made.

Age

Age Group	Number of Complaints Received – Q3 2015/16
0-15	77
16-24	30
25-29	16
30-34	22
35-39	19
40-44	18
45-49	29
50-54	22
55-59	33
60-64	27
65+	153
Total Complaints	**446**

Ethnic Group

Ethnic Group	Number of Complaints Received – Q3 2015/16
White - British	303
White - Any Other White Background	9
Mixed - White And Black Caribbean	7
Black Or Black British - Caribbean	6
Black Or Black British - African	2
Mixed - Any Other Mixed Background	2
Mixed – White and Asian	2
African or British African	1
Asian or Asian British - Bangladeshi	1
Asian or Asian British – Pakistani	1
Mixed - White And Black African	1
White – Irish	1
Any Other Ethnic Group	19
Not Collected At This Time	44
Not Stated/Given	47
Total Complaints	**446**

Religion

Religion	**(Christian denomination)**	**Number of Complaints Received – Q3 2015/16**
Christian	Anglican	2
	Baptist	3
	'Christian'	21
	Church of England	158
	Methodist	9
	Protestant	3
	Roman Catholic	21
	United Reform	2
	(Total Christian)	*(219)*
No Religious Affiliation		101
Muslim		7
Atheist		5
Buddhist		3
Sikh		2
Unknown		109
Total Complaints		**446**

Civil Status

Civil Status	**Number of Complaints Received – Q3 2015/16**
Married/Civil Partnership	174
Single	123
Widowed/Surviving Civil Partner	25
Divorced/Dissolved Civil Partnership	21
Co-habiting	17
Separated	3
Unknown	83
Total Complaints	**446**

Gender

Of the 446 complaints received in Q3 2015/16, 249 (56%) of the patients involved were female and 197 (44%) were male.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
12. Transfer of Cellular Pathology Service									
Sponsor and Author(s)									
Sponsor: Sean O'Kelly, Medical Director **Author:** Fiona Jones, Divisional Director, Diagnostics & Therapies									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

The purpose of this report is to seek approval for the transfer of the Cellular Pathology Service from UHBristol to North Bristol NHS Trust (NBT) on 1st May 2016.

Key issues to note

A Service Level Agreement (SLA) and Business Transfer Agreement (BTA) have been jointly developed by the two Trusts, and will be subject to sign off by the Director of Finance prior to the transfer. The Key Performance Indicators and quality metrics within the SLA have been presented to the Quality & Outcomes Committee (QOC).

The final issues in the clinical models are being resolved and the models are in the process of being agreed and signed off with all parties (pathologists and clinicians). The agreement of the clinical models will form part of the 'go/no-go' criteria that will precede the transfer.

Following the update report to the Board in January 2016, the new Pathology Services Building at NBT has been completed, handed over and is in the commissioning phase. The building will be ready for occupation on 11th April 2016. It is proposed that the NBT cellular pathology department will move in on 20th April, followed by the UHBristol cellular pathology department commencing on 28th April. The Laboratory Information Management System (LIMS) has experienced further delays to the planned implementation date, and an accepted work around solution has been developed and agreed that will enable the service to transfer on the existing IT system.

Recommendations

The Board is recommended to receive the report and approve the transfer of the Cellular Pathology Service to NBT on 1st May 2016

Impact Upon Board Assurance Framework

None

Impact Upon Corporate Risk

Ability to close the remaining action from the '*Independent Inquiry into Histopathology [Cellular Pathology] Services in Bristol (2010)'* report

Implications (Regulatory/Legal)							
None							
Equality & Patient Impact							
None							
Resource Implications							
Finance	✓	Information Management & Technology	✓				
Human Resources	✓	Buildings	✓				
Action/Decision Required							
For Decision		For Assurance		For Approval	✓	For Information	
Date the paper was presented to previous Committees							
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**		
				16/3/16			

Report to:	Trust Board	**Agenda item:**	
Date of Meeting:	30 March 2016		

Report Title:	Approval for transfer of Cellular Pathology Service From UHBristol to NBT			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
				x
Prepared by:	David Gibbs (NBT), Andrew Heryet (NBT),, Rosemary Quinn (NBT),, Catherine Baldwin (NBT),, Mark Orrell (UHBristol), Louise Corrigan (UHBristol)			
Executive Sponsor (presenting):	Dr Chris Burton (NBT); Dr Sean O'Kelly (UHBristol)			

Recommendation:

The Board is asked approve the transfer of the cellular pathology service from University Hospitals Bristol NHS Foundation Trust ("UH Bristol") to North Bristol NHS Trust ("NBT") on 1 May 2016, and approve the execution and completion of the legal documentation required to effect such transfer and the provision of cellular pathology services to UHBristol, namely:

- **Agreement relating to the Transfer of Cellular Pathology Services ("Business Transfer Agreement")**
- **Agreement for the supply of Cellular Pathology Services ("Service Level Agreement")**
- **[Leases]**

This paper is to demonstrate that due diligence has taken place and that the combined service will meet the needs of service users across Bristol within the previously agreed financial envelope. The new service will cost £232k more per annum than the current service. The methodology for sharing this cost has been agreed between NBT and UH Bristol. The total cost impact across both organisations is £643k, which includes un-releasable accommodation and overheads costs at UH Bristol.

Executive Summary:

The recommendation of the Bristol Histopathology Inquiry was that UH Bristol and NBT work together to create a single cellular pathology service for the greater Bristol area. A business case for the transfer of the service from UH Bristol to NBT was approved by both Trust Boards in December 2014. This proposal is the final stage of creating such merged service and completes the remaining recommendation of that Inquiry. To enable NBT to provide the service, it has been necessary to create a suitable space in the purpose built Phase 2 Pathology Building at the Southmead site and procure and deploy a cross city laboratory IT system.

An Executive led Transfer Project Board has overseen the development of integrated clinical models for delivery of a sub-specialised service with integrated centralised services laboratory functions at the Southmead site ("Core Laboratory"), and an Essential Services Laboratory ("ESL") on level eight of the Bristol Royal Infirmary and the paediatric mortuary at St Michael's Hospital, leased to and managed by NBT.

As agreed by the Transfer Project Board, a Business Transfer Agreement has been drafted and agreed by the parties to reflect the key terms of the transfer. Further, a Service Level Agreement has been jointly created to manage service delivery to clinical teams that includes KPIs to ensure class leading performance and an innovative service, responsive to the evolving clinical needs of service users.

All staff employed and engaged by UH Bristol in the provision of the services have been through a consultation process and will transfer under TUPE from UH Bristol to NBT on 1 May 2016. University of Bristol staff on honorary contracts have also been consulted and their NHS commitments will also transfer to NBT. An organisational development program has been initiated to ensure full integration of the teams; these include the appointment to management posts under the revised structure, a team building event in the new Pathology Building in March 2016 to ensure operational effectiveness, social events both across UH Bristol and NBT teams and across NBT pathology disciplines and a planned launch event for the new service in late summer 2016.

1. Purpose

The purpose of this paper is to demonstrate that the transfer of the cellular pathology service from UH Bristol to NBT is safe, sustainable and affordable and that clinical models for service delivery have been agreed between pathologists and clinical teams in both UH Bristol and NBT. Further, the combined service will be achieved in line with the business case approved by both Trust Boards in December 2014.

2. Summary of Clinical Models

Full clinical models are included as appendices and where possible have been signed or confirmed as accepted by the lead pathologist and clinical teams. All leads below refer to Lead Pathologists

Breast: No change to the current provision. The pathologists are based at Southmead with all the technical work performed on site.
Lead: Dr Mohammed Sohail

Respiratory: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport. Frozen sections will ideally be performed at the ESL and then the slides scanned to the Core Lab. If this technology does not work then the frozen must be taxied to NBT (arranged by the surgical team with prior booking with the NBT lab). The IT solution is currently being implemented and trialled.
Lead: Dr Nidhi Bhatt

Cardiac Surgery The pathologist will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: Dr Ed Sheffield

Endocrine: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: Dr Mary Brett

Gastrointestinal: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport. Frozen sections must be taxied to NBT (arranged by the surgical team with prior booking with the NBT lab).
Lead: Dr Newton Wong

Liver: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: Dr Behrang Mozayani

Gynae-pathology: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport. Frozen sections must be taxied to NBT (arranged by the surgical team with prior booking with the NBT lab).
Lead: Dr Penny Tidbury

Haematopathology: The pathologists will be based at Southmead with all the histology technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport. Integrated reports will be produced for both Trusts – NBT reports will be through HILIS and UHBristol reports will be in Clinisys. The associated flow cytometry etc. will be performed in the originating Trust. UHBristol samples will be booked in by staff in the Flow Cytometry section at the BRI and the bone marrow forwarded (as is the current practice) to NBT.
Lead: Dr Judit Sutak

Head & Neck/OMF: The pathologists will be based at the ESL. Dissection performed by the pathologist will be retained at the ESL. All subsequent technical work, and any samples where the pathologist is not involved in the dissection, will be sent to NBT on the hourly transport. Frozen sections will be prepared and reported at the ESL. Slides will be retained at the ESL for 6 months to allow a rapid check of previous cases.
Lead: Dr Miranda Pring

Ophthalmology: The pathologists will be based at Southmead with all the technical work performed on site except for samples sent to the Royal Liverpool Hospital for specialist reporting. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: None named

Bone/soft tissue: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: Dr Francesca Maggiani

Paediatrics & Perinatal: The pathologists will be based at Southmead with all the technical work performed on site. Post mortems will be performed at the St Michael's mortuary. Frozen sections associated with Hirschprung bowel resections will be prepared and reported at the ESL. Frozen section requiring ACHe staining will be forwarded to the Core Lab for cutting and staining. Fresh tumours will be handled at both sites but cases that arrive after 5 pm may be refrigerated overnight and samples taken the next day.
Lead: Dr Silvia Planas

Renal: No change to the current provision. The pathologists are based at Southmead with all the technical work performed on site.
Lead: Dr Anastasios Chatzitolios

Skin: The pathologists will be based at Southmead with all the technical work performed on site. Surgical samples from UHBristol will be sent on the hourly transport.
Lead: Dr Keith Miller

Urology: No change to the current provision. The pathologists are based at Southmead with all the technical work performed on site.
Lead: Dr Jon Oxley

Cervical cytology: No change to the current provision. The pathologists are based at Southmead with all the technical work performed on site.
Lead: Dr Penny Tidbury

Non cervical cytology: The pathologists will be based at Southmead with all the technical work performed on site. Cytology samples from UHBristol will be sent on the hourly transport. H&N cytology which requires specialist reporting will be sent to the ESL via the hourly transport.
Lead: Dr Mary Brett

Please note:

- There is no proposed change to MDT attendance for any clinical team.
- All slides and blocks will be stored at NBT prior to long term offsite storage unless stated.
- Any tissue taken and stored at -70°C will be retained at the Core Lab under the HTA licence held by NBT. If the tissue is taken at the ESL it will be transferred to the Core Lab within 7 days to comply with HTA regulations.

3. Governance

1. Assurance of service quality will be gained through accreditation with UKAS / CPA and HTA, and through assessment by Cancer Peer Review teams, PHE Screening programmes and Care Quality Commission.

2. The governance of the service will be primarily managed within the existing structures of Pathology Sciences and NBT. Responsibilities of individuals will be defined and terms of reference of management groups will be documented.

3. A joint Management Board of NBT and UH Bristol managers, cancer leads and service users will be established, in accordance with the terms of the Service Level Agreement. Governance arrangements will be included within the terms of reference of such Board.

4. At regular intervals, the department will undertake a survey to gauge views of service users as to whether the service has met their needs.

5. Incidents and complaints will be managed through existing departmental and NBT processes guided by the Royal College of Pathologists' procedure 'Management of Discrepancies'. Reporting mechanisms will be established such that where an incident impacts upon patients within another organisation, there is a defined communication route.

6. A service-specific Risk Register will be maintained and subject to regular review.

7. There will be a defined approach, in line with guidance issued by the Royal College of Pathologists, to:
   - double reporting
   - reporting of serious / unexpected findings
   - issuing of oral reports
   - employment of locums
   - specialist roles and role of specialist team leads
   - content of reports
   - independent reporting by trainees

8. Appropriate to their specialty, each Consultant will participate in:
   - Clinical Audit Programme
   - [External Quality Assessment Programs] ("EQA")
   - [Multi-Disciplinary Team Meetings] ("MDT")
   - continuing professional development ("CPD")
   - appraisal
   - job planning

9. Activity and performance of individuals and teams will monitored and reported at appropriate intervals.

10. Non-medical staff will:
    - be subject to regular competence assessment
    - participate in appraisal / performance review
    - demonstrate continuing professional development relevant and appropriate to role

11. Technical processes will be subject to appropriate EQA schemes or inter-laboratory comparisons.

All KPIs will be reported and reviewed and, where performance is below standard, an action plan put in place to bring about improvement.

4. Business Transfer Agreement ("BTA")

4.1. The parties have agreed to enter into a BTA to document and contractually bind them to the terms of the transfer. Whilst previous transfers between the parties have been on an informal basis, without a legally enforceable BTA in place, the parties acknowledge the significant benefits of entering into a formal BTA and this approach was approved by the Transfer Project Board.

4.2. The BTA is based on the standard DH template, originally drafted for the divestment of PCT provider arms under Transforming Community Services ("TCS"), updated and developed through its use by NBT on a number of subsequent transfers.

4.3. The BTA covers the following key elements of the transfer:

4.3.1. Assets – Transfer of equipment (agreed list at net book value and remainder for £1) and stock (i.e. consumables and products) at purchase price

4.3.2. Property – Terms of NBT occupation of the ESL and St Michael's Mortuary will be formalised in leases granted by UH Bristol to commence on 1 May 2016

4.3.3. Staff – Application of TUPE or "deemed transfer" in respect of agreed list of transferring staff. Agreement that University of Bristol staff engaged in the provision of the services will hold new honorary contracts with NBT (and UH Bristol where continuing to work from the ESL or St Michael's mortuary). Indemnities from UH Bristol in respect of pre-transfer liabilities and "woodwork" employees not required by NBT. Indemnities from NBT in respect of post-transfer liabilities. Equitable allocation of flexi-time and leave pre and post-transfer

4.3.4. Customer contracts – NHSE and CCG commissioned services to be included within NBT 2016/17 contracts. Other existing customer contracts to be novated to NBT, or new contracts to be granted by NBT where current arrangements are on an informal basis

4.3.5. Data – Agreed arrangements in respect of transfer of, and access to, soft copy and hard copy records relating to the services

4.3.6. Transitional costs – Payable by UH Bristol quarterly in arrears in accordance with the agreed financial arrangements (see below)

4.3.7. Support services and contracts – Estates services to be included within the leases to be granted by UH Bristol, and contract change notices ("CCNs") to be agreed with Roche Diagnostics Limited

4.3.8. Liability – Apportionment of liabilities (including clinical negligence) and debts between the parties on a pre / post-transfer basis, supported by mutual indemnities

4.3.9. Warranties – Specific warranties provided by UH Bristol in respect of key issues and information provided, supported by an indemnity

4.3.10. Information – Standard provisions regarding data protection, confidentiality and freedom of information

4.4. The BTA constitutes a clear record of all of the agreed arrangements in respect of the transfer, including complete lists of each aspect of the services transferring to NBT. It ensures an appropriate allocation of liability between the parties, which is fair and reasonable.

5. Service Level Agreement ("SLA")

5.1. The parties have agreed the terms of an SLA to manage the provision of cellular pathology services from NBT to UH Bristol after completion of the transfer for a term of five years (with an option for the parties to extend such term by further periods of five years).

5.2. The SLA is based on the NBT standard service contract, and has been amended to reflect the standard terms required by UH Bristol's legal team. The specifications, clinical models and KPIs have been developed in collaboration between the parties.

5.3. The SLA covers the following key elements of the services:

5.3.1. Provision of the services – Compliance with all relevant laws and standards
5.3.2. Liability – Standard indemnities for losses arising in respect of property and injury to person, due to fraud, negligence or breach of contract by the other party. Cap on NBT's total liability (as provider of the services) of £1,000,000
5.3.3. Termination – Mutual rights of termination for breach of contract, including UH Bristol's failure to pay the contract price
5.3.4. Staff – TUPE on commencement of the services is addressed in the BTA. The parties expect TUPE to apply on termination or expiry of the services. However, if TUPE does not apply, UH Bristol shall be liable for any redundancy costs or other losses connected to the redundancy of any employees engaged by NBT in providing the services (provided that NBT follows due process and takes all reasonable steps to mitigate such costs and losses). Indemnities from NBT in respect of pre-transfer liabilities, and indemnities from UH Bristol in respect of post-transfer liabilities
5.3.5. Information – Standard provisions regarding data protection, confidentiality and freedom of information
5.3.6. Governance arrangements – Creation of a Management Board and regular meetings, with reporting requirements (as above)
5.3.7. Performance management – Performance mechanism based on that contained within the NHS Standard Contract 2015/16, including contract performance notices, remedial/immediate action plans, contract management meetings, joint investigations, financial sanctions and exception reports
5.3.8. Price – Financial schedule to reflect the agreed prices payable by UH Bristol (as below)
5.3.9. Specification and clinical models

6. HR Processes

The HR processes for the transfer of staff into the merged service have been governed by the Joint Workforce Group which comprises management, HR and staff side representation from both Trusts. 34 members of staff are due to transfer under TUPE, including 6 Consultants. A further 3 Academic Consultants employed by the University of Bristol, who deliver clinical work under honorary contracts at UH Bristol, will also move into the merged service. A collaborative approach has been taken to the consultation of the UH Bristol staff and the University staff. TUPE consultation for UH Bristol staff began prior to the original planned transfer date, and has been refreshed in March 2016 for the anticipated transfer date of 1 May. The management and administration structure of the future merged service was developed in March 2015, and after joint consultation with staff from both Trusts, the proposed structures were adopted and staff were informed of their future roles, so they are ready to move straight into their new posts at the point of transfer. Formal notice of the transfer will be given to staff as soon as confirmation of the transfer date has been received from both Trust Boards.

In addition to formal consultation procedures, there have also been a number of joint social events that are helping to integrate the two teams; and both Trusts are working collaboratively to develop a staff engagement event prior to the transfer date to give staff an opportunity to work together on some aspects of their future working arrangements. NBT induction for transferring staff will take place at UH Bristol prior to the transfer.

7. Infrastructure Developments

Buildings

A partial hand-over of the Phase 2 Pathology Building at the Southmead site was completed in January 2016. The areas still held by the contractor include the Category 3 Laboratory Suite, the attached corridor, stairwell for access and the outside space. These will not impact on provision of cellular pathology services.

“Day one projects” are underway and are on track for completion in mid-March 2016. These include benching, reception and equipment installation that will impact on cellular pathology services. This is on track to be completed as planned.

Laboratory Information Management System (“LIMS”)

There have been significant delays in the LIMS project across NBT, UH Bristol, Weston Area Health Trust (“WAHT") and Public Health England (“PHE”). The implementation of LIMS was noted as a prerequisite in the paper that went to both Trust Boards in December 2014. However, an interim IT solution has been tested and agreed by both Trusts (via the Project Transfer Board), using existing IT systems together with the new sample tracking system that will be operational in April 2016, and will allow the transfer to occur before the implementation of LIMS. The project is now on target for “go-live” in the week beginning 16th May 2016.

There are several key milestones to be met before a Go/No Go decision can be made, these are:
18th March 2106 – UAT completion, no further software changes required
1st April 2016 – Suppliers deliver final software update
15th April 2016 – Software drop UAT completed
13th May 2016 – Blood transfusion end to end test passed
13th May 2016 – End User Training at 80% minimum

Transport

Hourly daytime transport arrangements have been arranged in conjunction with infection sciences services and will meet the routine requirements of the service.

Additional urgent transport, including frozen sections from UH Bristol theatres, has been tested and performance agreed with surgical teams.

8. Financial Analysis

8.1 REVENUE

Income & Expenditure

The table below shows the summarised income and expenditure for the current service at each organisation, compared with the future service model. Appendix 1 shows the income and expenditure in further detail.

The total current cost of the service (based on 2014/15 outturn) is £11.2m, after removing recharges between the two organisations. NBT's cost is £7.3m and UH Bristol's cost is £3.9m. The recurring cost of the future service is £11.4m, which is an additional cost of £0.2m.

INCOME & EXPENDITURE	2014/15 POSITION			FUTURE SERVICE	INCREASE/ (DECREASE)
	NBT £000	UHB £000	TOTAL £000	£000	£000
Funding Sources					
Income	2,904	1,227	4,131	4,131	0
Tariff	4,422	2,652	7,074	7,074	0
Total Funding	7,326	3,879	11,205	11,205	0
Expenditure					
Pay	4,723	2,544	7,267	7,263	(4)
Non-pay	1,354	742	2,096	2,140	44
Premises & Capital Charges	347	319	666	858	192
Overheads	902	274	1,176	1,176	0
Total Expenditure	7,326	3,879	11,205	11,437	232
Total Surplus / (deficit)	(0)	0	(0)	(232)	(232)

The additional cost of £232k per annum is due to:-

1) Increase in cost of MDTs due to travel costs.
2) Increase in accommodation costs, as a result of the move into the new Pathology building at NBT.
3) Revenue impact of investment in IT and equipment.

The table below shows the funding sources for the future service cost of £11,437k per annum. The MDT cost increase will be met by UH Bristol. The remaining gap of £182k will be allocated across service commissioners, based on income.

FUNDS OF FUTURE SERVICE AT NBT	Current Funds £000	MDT Increase £000	Remaining Gap £000	Total Funds £000
Commissioning income				
GP Direct Access	192	0	3	195
Paediatric/Perinatal Pathology	544	0	9	553
Other	1,758	0	30	1,788
Total Commissioning Income	2,494	0	43	2,537
Non commissioning income	1,167	0	20	1,187
MADEL	360	0	0	360
Charge to UHB for MDTs	305	50	0	355
Charge to UHB for specimens based on current value	2,457	0	44	2,501
NBT funding from tariff for MDT	278	0	0	278
NBT funding from tariff for specimens	4,144	0	75	4,219
Total income	**11,205**	**50**	**182**	**11,437**

The transfer of commissioning income from UH Bristol to NBT will be part of the agreement for the 2016/17 Commissioning Contract.

Transitional costs

The non-recurring transitional costs total £90k over a 5 year period. It has been agreed that these costs will be shared equally between NBT and UH Bristol, resulting in a cost of £45k to each organisation spread over a 5 year period.

TRANSITIONAL COSTS	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	TOTAL £000
Excess travel	11	12	12	11	1	47
Clinical leadership	30					30
Removal & installation costs	13					13
Total	54	12	12	11	1	90

The phasing by year is based on an estimated transfer date of 1st May 2016. The phasing will change if the transfer date changes.

Organisation Impact

The table below shows the income and expenditure for the current service at each organisation (2014/15), compared with each organisation's future position. The overall impact of the transfer is an additional cost of £643k per annum.

Income & Expenditure Impact by Organisation:

	UHBristol			NBT			TOTAL
	Current Service	Post Transfer	Impact of Transfer	Current Service	Post Transfer	Impact of Transfer	Impact of Transfer
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Change in Income							
SLA Income	(802)	(110)	692	(1,802)	(2,494)	(692)	0
In Tariff Funding	(2,652)	(2,652)	0	(4,422)	(4,422)	0	0
Training Income	(148)		148	(212)	(360)	(148)	0
Recharge UHB - MDTs			0		(355)	(355)	(355)
Recharge UHB - Specimens			0		(2,457)	(2,457)	(2,457)
Recharge UHB - Gap			0		(44)	(44)	(44)
Recharge Commissioners - Gap					(43)	(43)	(43)
Recharge Other Income - Gap					(20)	(20)	(20)
Recharge of Space - ESL		(41)	(41)			0	(41)
Recharge of Space - Mortuary		(69)	(69)			0	(69)
Other	(277)		277	(890)	(1,167)	(277)	0
Total Change in Income	**(3,879)**	**(2,872)**	**1,007**	**(7,326)**	**(11,361)**	**(4,035)**	**(3,028)**
Change in Expenditure							
Pay	2,544	0	(2,544)	4,723	7,263	2,540	(4)
Non Pay	742		(742)	1,354	2,139	785	43
Site Accommodation	169	169	0	198	281	83	83
Capital Charges - Buildings	141	141	0	149	467	318	318
Capital Charges - Equipment	9	0	(9)			0	(9)
NBT Recharge - MDTs		355	355			0	355
NBT Recharge - Specimens		2,457	2,457			0	2,457
NBT Recharge - Contribution to Gap		44	44			0	44
UHB Recharge - ESL			0		41	41	41
UHB Recharge - Mortuary			0		69	69	69
Divisional Overheads	74	74	0	213	287	74	74
Corporate Overheads	200	200	0	689	889	200	200
Total Change in Expenditure	**3,879**	**3,439**	**(439)**	**7,326**	**11,436**	**4,110**	**3,671**
Net Impact	**(0)**	**568**	**568**	**0**	**75**	**75**	**643**

Note: the current service income and expenditure includes inter Trust recharges.

UH Bristol Financial Impact

The financial impact on UH Bristol is shown as a loss of £568k.

This impact is understood and accepted; provision has been made in the Trust's 2015/16 budget. The loss is explained as follows:

	£'000
Diseconomy on corporate overheads	274
Diseconomy on premises costs	200
Share of overall increased service costs	
- Travel costs for MDTs	50
- Increased cost of new lab building at Southmead	44
Total Loss	568

The corporate overheads diseconomy is offset by offsetting service transfers in to the Trust (e.g. Specialist Paediatrics). The premises diseconomy is offset by the release of substantial floor area on BRI levels 8 and 9 which will be re-used to provide a restaurant facility and other accommodation that enables the BRI Old Building to be fully closed in 2016.

This re-use is supported by a capital investment of c. £2m to re-furbish and re-develop the space previously used by Pathology services such as Histopathology and Microbiology (Public Health England) moving to Southmead.

The financial impact assumes that the Paediatric & Perinatal Pathology SLA is rebased to increase its value by £101k due to the current non-payment by results SLA being understated when costed in 2009/10. This rebasing has been actioned within UHB's 14/15 commissioner SLA.

This will be made neutral by a compensating adjustment to the non-payment by results discount line in the SLA. This does however require commissioner (NHS England) agreement.

NBT Financial Impact

The impact on NBT is a cost pressure of £75k per annum. This will be dealt with through the budget setting process for 2016/17. The NBT position assumes that commissioners and other customers pick up a share of the additional accommodation and IT/equipment costs. This equates to an increase of 1.7%.

There will be a formal SLA (as above) to cover the recharge from NBT to UH Bristol for specimens and MDTs, covering an initial period of 5 years. This will include the methodology for the annual uplift. The annual uplift will include efficiency of 0% for the first 3 years. Inflation will be cost based and will be agreed annually. The recharge will be a block contract in year 1, with a shadow tariff developed. The block value will be £2,501k for specimens (plus inflation for 2015/16 and 2016/17) and £355k for MDTs (plus inflation for 2015/16 and 2016/17). Negotiations with commissioners will be required to secure a similar arrangement on inflation and efficiency for direct access and paediatric/perinatal pathology.

8.2 CAPITAL

There is a capital requirement of £300k for NBT including VAT. This will be included in the capital plan for 2016/17.

CAPITAL COSTS	£000
IT pathology speech module	21
IT pathology speech users	71
Equip - UHB microscopes	48
Equip - UHB space at NBT	70
PC rebuild, ports & handsets	20
Purchase of UHB equip	43
Contingency	27
Total	300

UH Bristol will commit circa £2m capital to converting and refurbishing BRI levels 8 and 9.

Financial Risks

Risk	Mitigation
Increase / decrease in activity leading to over / under recovery of costs and exposing one Trust or another to unplanned cost pressure.	Block recharge in first year to allow for shadowing of the new contract and full assessment of the impact of transfer and negotiation on management of this impact between the two Trusts.
Any change in UH Bristol activity during 2015/16 and 2016/17 will not be reflected in the block recharge for the first year (as the block will be based on 2014/15 outturn plus inflation).	Agree a mechanism to amend block contract if activity change is significantly above/below 2014/15. Address in the Service Level Agreement.
Difficulty in recruiting to permanent posts therefore risk of increasing agency / locum / send away test costs.	New service model provides attractive and stable opportunities for prospective members of staff.
Contract notice period. Risk to continuity of service, short-term expensive measures being used to manage activity should contract notice period not be sufficient to put in place alternative provider (UHB) / find alternative source of income (NBT).	Full Service Level Agreement developed and agreed between the two Trusts. Agreed to 5 year contract period initially (without any right of early termination) to allow the service to embed and develop. Other provider-to-provider arrangements in existence already.
Risk of redundancy cost if UH Bristol does not extend the contract at the end of 5 years.	Risk addressed in the SLA.
National tariff changes. Risk of reduced income from commissioners. Changes in the funding of outpatient and inpatient diagnostics would change financial impact by Trust and the overall service.	Risk exists regardless of service transfer.

Higher than planned for transport costs.	Robust financial planning and maximum utilisation of existing transport.
Higher than planned for direct costs.	Robust financial planning and strong negotiation with suppliers to realise economies of scale.
Consultant WTE included in the funded establishment is not sufficient to deliver workload.	Update workforce plan following integration.
Non commissioning income lower than planned for.	Robust financial planning.
Capital not available to IT and equipment investment.	Consider lease option
Financial model fails to provide resources to deliver service	Block in first year covering over 65% of current UH Bristol income.
Service does not allow the generation of efficiency savings	UH Bristol have agreed that efficiency will be 0% in first 3 years.

9. Time-Line for service moves into Pathology Services Building

Bold Activities involving UH Bristol Cellular Pathology Red Dates to be confirmed

Day	***Date***	***Month***	***Department***
Tuesday	15	March	Antimicrobial Assay Laboratory (NBT Lime Walk)
Monday	11	April	Genetics (NBT Phase1), Antimicrobial Assay (NBT Lime Walk)
Tuesday	12	April	Genetics (NBT Phase1)
Wednesday	13	April	Genetics (NBT Phase1)
Thursday	14	April	Genetics (NBT Phase1)
Friday	15	April	Genetics (NBT Phase1)
Saturday	16	April	
Sunday	17	April	
Monday	18	April	Bacteriology (NBT Lime Walk)
Tuesday	19	April	Histology (NBT Lime Walk), Genetics (NBT Phase 1) and Cytology Training School (NBT Lime Walk)
Wednesday	20	April	NBT Cell Path Consultants, Secretaries, Specialist Registrars and Audit Clerks, Histology and Cytology
Thursday	21	April	NBT Cell Path Histology, Cytology, Consultants, Secretaries, Consumables Stores
Friday	22	April	Any residual items Bacteriology and Cellular Pathology (NBT Lime Walk)
Saturday	23	April	
Sunday	24	April	
Monday	25	April	NBT Cell Path Audit Clarks, Managers and the Archive Store
Tuesday	26	April	Neuro Pathology (NBT Lime Walk)
Wednesday	27	April	Tidy Up Day, Neuro
Thursday	**28**	**April**	**Histology Equipment from UH Bristol**
Friday	29	April	Tidy Up Day, Neuro and Antimicrobial Assay
Saturday	**30**	**April**	**Complete Histology UH Bristol**
Sunday	**31**	**April**	**Complete Histology UH Bristol**
Monday (BH)	**1**	**May**	**TUPE transfer of all UH Bristol Staff**
Tuesday	**2**	**May**	**Commence integrated cellular pathology service NBT Phase 2**
Monday	**16**	**May**	**LIMS Go-Live**
	TBC	May?	Relocate PHE Bacteriology from UHB with possible exception of CAT 3
	TBC	September	Relocation of Molecular and Mycology Services from Myrtle Road

10. Recommendations

The recommendation is to approve the transfer of the Cellular Pathology service from UH Bristol to NBT to form a single service for Bristol, on 1st May 2016. This is in line with the outcome of the Bristol Histopathology Inquiry and completes the final outstanding actions from that Inquiry. This will centralise most services at the Southmead site, and also create an Essential Services Laboratory at the BRI to enable provision of local services where clinically required. A joint Management Board will be formed to oversee performance, manage the Service Level Agreement and enable the service to continually evolve to meet the clinical needs of the service users in both Trusts.

The Service Level Agreement will initially be for 5 years with costs in year one based on current expenditure. However, a shadow tariff will be developed during year one, so that cross charging from year two will be volume based.

Key performance indicators based on the Royal College of Pathologists guidelines have been agreed and will be monitored by the Management Board. This Board will agree jointly on remedial actions should performance not meet the agreed trajectory for improvement.

All MDT functions will continue as is, but the pathology input for both Trusts will be provided by the integrated NBT team. The mass of the combined service will allow final adoption of a fully sub-specialised service model with greater resilience and ability to innovate.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
13. Partnership Programme Board									
Sponsor and Author(s)									
Sponsor & Author: Robert Woolley, Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To provide the Board with an update on the revised approach to the working relationship between the University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust and to seek the Board's approval for the revised Partnership Arrangement document and Terms of Reference for the Partnership Programme Board. The same report is also being presented to the North Bristol NHS Trust Board this month.									
Recommendations									
The Board is recommended to approve the Partnership Arrangements and the revised Terms of Reference**.**									
Impact Upon Board Assurance Framework									
Impact Upon Corporate Risk									
Implications (Regulatory/Legal)									
Equality & Patient Impact									
Resource Implications									
Finance				Information Management & Technology					
Human Resources				Buildings					
Action/Decision Required									
For Decision		For Assurance		For Approval	✓	For Information			

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

Partnership Arrangement between North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust

Date:
Initial term: 3 years

Principles of the Partnership

The two above named Trusts have worked in partnership since 2010 and they have agreed to enter into this updated partnership arrangement to reflect the principles of how they will work together going forward. The principles are as follows:

- The partnership should be the "acute voice of Bristol" and should use this combined power to influence local and regional commissioning and policy decisions, contract negotiations, the research agenda, development of provider networks and service reconfiguration.
- The partnership should actively promote the positive outcomes of acute provision in Bristol to help build its reputation and should be seen as an exemplar for joint acute working and collaboration.
- The partnership should seek to improve the outcomes for the patients in its local and specialist catchment areas.
- The partnership should assist in improving the efficiency and economy of the whole health system.

Implementation of the Arrangement

To support the delivery of the principles, the Trusts will seek to align their organisational strategies and identify where further collaboration may be delivered. Whilst the Trusts acknowledge that they may compete with each other in a number of circumstances, there may also be opportunities to work together (subject to obtaining and complying with appropriate legal advice).

The partnership will set itself a set of measureable objectives, which will be used to drive forward this work and demonstrate its success.

The Trusts will also seek to share learning across organisational boundaries to help drive forward operational and clinical service improvement.

To deliver the principles, the Trusts will form a Partnership Programme Board, which will have equal representation from the two Trusts, and which will be formed from the Non-Executive and Executive memberships of the separate Boards of Directors. This is not a formal subcommittee of either Board. The Terms of Reference are appended in Annex 1.

The Partnership Programme Board will be supported by an Executive to Executive meeting, which will oversee the operational implications of the partnership.

The Partnership Programme Board will develop a work plan, which will be reviewed annually and tailored to the needs of the partnership. Such work plan will reflect the commercial principles underlying the partnership and the benefits to be obtained by both Trusts. The work plan for 2016/17 is appended at Annex 2.

Expected Behaviours

In terms of the behaviours of the Trusts, the seven principles of public life should be adhered to as follows:

1. Selflessness – The two Trusts should work together in the best interests of the public served, predominantly, but not limited to, the populations of BNSSG.

2. Integrity – Officers of the two Trusts should not try to gain financially or materially from any decision. Any interests must be declared and resolved.
3. Objectivity – Decisions must be impartial, fair and on merit, using the best evidence and without discrimination or bias.
4. Accountability – The responsibility and accountability for activities must be clarified to ensure that scrutiny can be directed appropriately. For key projects, it is considered to be good practice to agree a lead Trust.
5. Openness – The Trusts should be open and transparent with the information they share to ensure objectivity in decision making. This includes sharing financial, operational and quality information.
6. Honesty – At all times the Trusts should be truthful in the information they provide to the other and how this information is presented, so that it is not misleading.
7. Leadership – Officers of each Trust should actively and positively promote the partnership and the operations of the other Trust. Where there is the potential for negative reputational impact, this should be highlighted to the other Trust in advance so that there can be consistency in communication.

Resources and Confidentiality

This partnership does not commit either Trust to sharing resources. The requirement to commit resources will be considered on an individual project basis. Resources in this context include capital, revenue and workforce capacity.

Information shared will remain the property of the Trust which released the information and shall be treated as confidential. Explicit, written consent is required to share information outside of the partnership.

Proposed Work Plan 2016/17

June 2016	October 2016	January 2016
Assessment of alignment between operational Strategies Update on actions to support Weston Risks and actions related to the local five year Sustainability and Transformation Plan[1] Thematic review of service transfers	Winter resilience approach Cellular Pathology Transfer review and lessons learnt	Contractual negotiation and business planning alignment

[1] https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

Appendix 2

Terms of Reference - Partnership Programme Board

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
0.1	27/01/2011	Draft for consideration by the Trust Boards of Directors of UH Bristol and NBT	HH & DL	Draft
0.2	08/02/2011	Revisions recommended by Trust Secretary of UH Bristol with regard to Foundation Trust governance	CH	Draft
0.3	10/02/2011	Redraft agreed	CH	Draft
1.0	28/02/2011	Approved by the Trust Board of Directors	CH	Approved
2.0	09/07/2011	Revisions requested by June Partnership Programme Board	DL	Draft
3.0	24/02/2016	Update to align to revised Partnership Arrangement and confirm the agreed changes to chairing and secretariat support.		Draft

Table of Contents

1. Constitution

1.1. The Trust Boards of Directors (the Boards) of University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust have resolved to establish a joint overview board that shall be known as the North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust Partnership Programme Board (the Partnership Programme Board).

1.2. The Partnership Programme Board is established to oversee the collaboration and joint working described in the Partnership ~~Agreement~~ Arrangement ~~approved by both Trust Boards in November 2010 – See "Appendix A – Partnership Agreement".~~

1.3. The creation of the Partnership Programme Board is recognition by the two Trust Boards of Directors of the importance of collaboration and joint working for the benefit of the patients, carers and staff of both Trusts, and that of the wider health community.

1.4. The Partnership Programme Board has no executive powers other than those derived from its membership (i.e. the powers of Executive Directors) or those specifically delegated in these Terms of Reference.

2. Authority and Accountability

2.1. Members of the Partnership Programme Board remain accountable to the Boards of Directors of their respective Trusts

2.2. The Partnership Programme Board is authorised by the Boards to investigate any activity within its terms of reference.

2.3. The Partnership Programme Board is authorised to seek any information it requires from any officer of the Trusts via their respective Chief Executive, and all officers are directed to co-operate with any request made by the Partnership Programme Board via their respective Chief Executive.

2.4. The Partnership Programme Board may obtain whatever professional advice it requires[1], and may require Directors or other officers to attend meetings.

2.5. Limitations

2.5.1. Save as is expressly provided in Standing Orders and Standing Financial Instructions of the respective Trusts, the Partnership

[1] The Partnership Programme Board may, from time to time, contract specialists to advise and support the discharge of these terms of reference. This shall be funded by both Trusts subject to Partnership Programme Board recommendation and budgetary approval by both Trusts.

For legal advice, this shall be subject to consultation with the Trust Secretary's of University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust ~~the designated legal services lead for NBT,~~ and the availability of an approved budget.

Programme Board shall have no further power or authority on behalf of the Trust Board's of University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust.

3. Purpose

3.1. The purpose of the Partnership Programme Board is:

3.1.1. to ensure that the Partnership ~~Agreement~~ Arrangement continues to benefit the patients, carers and staff of both Trusts and that of the wider health community; and,

3.1.2. to make recommendations to the Trust Board~~ss of Directors~~ on any changes to the Partnership ~~Agreement~~ Arrangement considered necessary and appropriate.

3.2. The Partnership Programme Board shall:

3.2.1. ~~e~~Endeavour to enable the maximum contribution of staff of both organisations towards the success of the Partnership ~~Agreement,~~Arrangement,

3.2.2. S~~s~~upport the spirit of collaboration and joint working between the two Trusts,

3.2.3. ~~d~~Determine the priorities for partnership working between the two Trusts

3.2.4. Oversee and ensure delivery of the work ~~programme~~ plan priorities

3.2.5. Identify and resolve any obstacles that impede the progress of partnership working

3.2.6. Sponsor the work to identify the optimal acute service configuration(s) for the City and ensure any subsequent work arising from this is progressed satisfactorily

4. Membership

4.1. The following shall be members of the Partnership Programme Board:

4.2. North Bristol NHS Trust:

4.2.1. Chief Executive

~~4.2.2. Director of Organisation, People & Performance~~

~~4.2.3.~~4.2.2. Medical Director

~~4.2.4.~~4.2.3. Another Executive Director

~~4.2.5.~~4.2.4. Two [2] Non-executive Directors, both of whom shall be independent[2] Non-executive directors.

4.3. University Hospitals Bristol NHS Foundation Trust:

4.3.1. Chief Executive

4.3.2. Director of Strategy

4.3.3. Medical Director

4.3.4. Two [2] Non-executive Directors, both of whom shall be independent[3] Non-executive directors.

4.4. The Chairmanship of the Partnership Programme Board shall alternate between two nominated Non-executive Directors of the two Trusts who will chair when they are hosting the meeting.

4.5. In the absence of both of the Programme Board Chairmen, the remaining members present shall elect one of the other Non-executive Director members to chair the meeting.

4.6. Quorum

4.6.1. The quorum necessary for the transaction of business shall be four [4] members, of whom two must be Non-executive Directors and two [2] must be Executive Directors (Executive Directors or the Chief Executive)[4].

4.6.2. A duly convened meeting of the Partnership Programme Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Partnership Programme Board.

4.7. Secretariat Services

4.7.1. The Chief Executives of each Trust shall, in consultation with the Trust Secretary, make available such secretariat services as are necessary to support the work of the Partnership Programme Board.

4.7.2. This shall include the provision of a secretary to the Partnership Programme Board, and such other services as are required from time to time.

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[2] ~~i.e. shall not have been employed by the Trust in the three [3] years preceding their appointment as Non-executive Director.~~as defined within the Trust's Standing Orders

[3] As defined within the Trust's Constitution ~~i.e. shall not have been employed by the Trust in the three [3] years preceding their appointment as Non-executive Director~~.

[4] i.e. One Executive Director and one Non-executive Director from each Trust.

4.7.3. The secretary to the Board will be provided on an annual, rotational basis, with University Hospitals Bristol NHS Foundation Trust providing secretariat support from 1 April 2016 to 31 March 2017.

5. Attendance

5.1. Only members of the Partnership Programme Board have the right to attend meetings. However, other officers and external advisers may be invited to attend for all or part of any meeting as and when appropriate and where no conflict of interest exists.

5.2. The Trust Secretary's from the respective Trust's will be expected to attend the meeting to provide governance and legal advice.

~~5.3. The University Hospitals Bristol NHS Foundation Trust Secretary shall attend from time-to-time to provide advice to the Directors; and to facilitate the formal evaluation of the Partnership Programme Board's performance.~~

6. Meetings

6.1. Meetings of the Partnership Programme Board shall be conducted in accordance with the following provisions:

6.2. Frequency of meetings

6.2.1. The Partnership Programme Board shall meet three times per year and at such other times as the Chairmen of the Partnership Programme Board shall require as advised by the Secretary.

6.3. Notice of meetings

6.3.1. Meetings of the Partnership Programme Board shall be called by the Secretary of the Partnership Programme Board at the request of the Chairmen.

6.3.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Partnership Programme Board, any other person required to attend and all other members of the Trust Boards of Directors, no later than five [5] working days before the date of the meeting.

6.3.3. Supporting papers shall be made available to Partnership Programme Board members and to other attendees as appropriate, and to all other members of the Trust Boards of Directors no later than five [5] working days before the date of the meeting.

6.4. Minutes of meetings

6.4.1. The secretary shall minute the proceedings and resolutions of meetings of the Partnership Programme Board, including the names of those present and those in attendance.

6.4.2. Draft Minutes of meetings shall be made available promptly to all members of the Partnership Programme Board and, once agreed, to all other members of the Trust Boards of Directors[5].

6.5. Public Access and Confidentiality

6.5.1. There is nothing within the Constitution of the University Hospitals Bristol NHS Foundation Trust Constitution which requires the meetings of this Partnership Programme Board to be held in public, or to allow public access. Personal information shall be subject to the provisions of the Data Protection Act 1998; other information shall remain subject to the Freedom of Information Act 2000.

6.5.2. All members and attendees shall have due regard to the confidentiality of any discussions relating either to identifiable individuals, or to commercially confidential information.

6.6. Annual General Meeting

6.6.1. The Partnership Programme Board Chairmen shall attend the Annual General Meeting of the partner organisation and be prepared to respond to any stakeholder questions on the Partnership Programme Board's activities.

7. Reporting

7.1. The Chairman of the Partnership Programme Board (or Chief Executive of each Trust) shall report formally to his Trust Board on all proceedings and matters within the duties and responsibilities of the Partnership Programme Board.

7.2. The minutes of Partnership Programme Board meetings shall be formally recorded and submitted to the Trust Boards according to the Boards' Annual Reporting Cycles.

7.3. The Chair of the Partnership Programme Board shall make whatever recommendations to his Trust~~'s~~ Board ~~of Directors~~ he deems appropriate on any area within the Partnership Programme Board's remit where disclosure, action or improvement is needed.

7.4. The Partnership Programme Board shall make available, in the form of a report, suitable information on Partnership Programme Board policy, practices and undertakings for publication in the Trusts' annual reports.

8. Monitoring and Review

[5] Unless a conflict of interest exists.

8.1. The Trust Secretary shall, at least once a year, review the performance, constitution and terms of reference of the Partnership Programme Board to ensure it is operating at maximum effectiveness.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
14. Finance Report									
Sponsor and Author(s)									
Sponsor: Paul Mapson, Director of Finance & Information **Author:** Kate Parraman, Deputy Director of Finance									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

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

Key issues to note
The summary income and expenditure statement shows a surplus of £3.319m (before technical items) for the first eleven months of the financial year. After technical items, the surplus increases to £10.677m.
The forecast outturn position remains at £3.5m although it is recognised that Commissioner challenges, revised guidance on Multi-Disciplinary Team charging and the continuing run rate on nursing expenditure are a risk.

Recommendations
None.
Impact Upon Board Assurance Framework
Impact Upon Corporate Risk
Implications (Regulatory/Legal)
Equality & Patient Impact

Resource Implications			
Finance	✓	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
	23/03/16				

REPORT OF THE FINANCE DIRECTOR

1. Year to date position overview

The summary income and expenditure statement shows a surplus of £3.319m (before technical items) for the first eleven months of the financial year. After technical items the surplus increases to £10.677m.

The run-rate overspend in Divisions decreased in February. The adverse variance was £0.706m, compared with £0.914m in January and £0.651m in December. The year to date overspend is now £8.308m compared to the operating plan target of £2.028m.

The analysis is shown below:

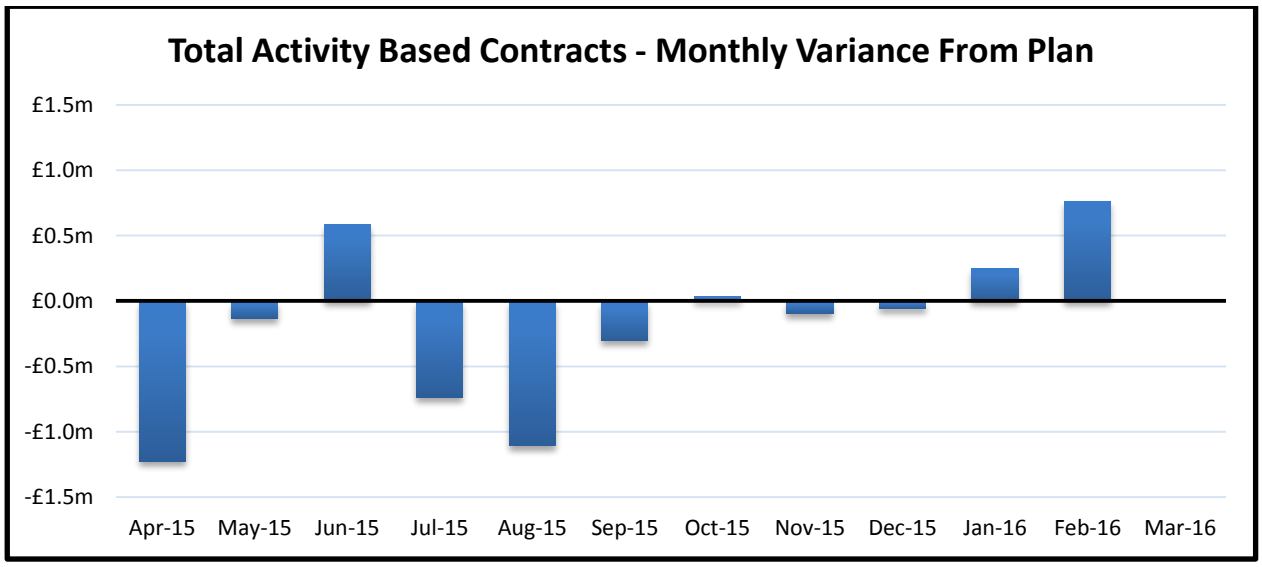
(Adverse)/Favourable	**February £m**	**January £m**	**December £m**	**Year to date £m**
Nursing pay	(0.621)	(0.546)	(0.011)	(3.653)
Medical staff pay	(0.169)	(0.333)	(0.398)	(1.574)
Other pay	0.173	0.199	0.278	1.322
Non-pay	(0.572)	(0.602)	(0.523)	(2.863)
Income	0.483	0.368	0.003	(1.540)
Total	**(0.706)**	**(0.914)**	**(0.651)**	**(8.308)**

It is still anticipated that the Trust's outturn position will be a surplus of £3.5m although there are risks to this relating to commissioner challenges, revised guidance on Multi-Disciplinary Team charging and the continuing run rate on nursing expenditure.

The nursing spend has continued at broadly the same rate as last month, although agency spend in the month reduced, bank and substantive spend increased. The total nursing spend position was £0.621m adverse in February.

The following tables show how the two key financial drivers are changing during the year:

- Clinical Activity – the position in February improved by £0.76m. The net SLA underperformance is £2.02m for the year to date. The graph below shows the total activity position (monthly financial variance from plan). Despite very challenging levels of emergency activity the overall level of activity delivery remains strong and much improved on the previous year where the pressures resulted in a much larger drop in elective and out-patient actions. The position continues to be encouraging particularly in the context of the emergency pressures experienced by the Trust.



- Nursing & Operating Department Practitioner (ODP) Expenditure

Expenditure on nursing and ODPs for the first 11 months of the year shows an adverse variance of £3.712m. The current month position is £0.620m adverse. The wards from the 4 clinical divisions represent £0.637m of the current months overspend of which £0.232m was as a result of the premium paid for staff (including agency premiums) and £0.405m from operating above the established numbers. Currently the ward and theatres areas are running at 132% against a target of 121% (includes cover for annual leave, maternity leave, sickness and training). A summary of the position is shown in the table below.

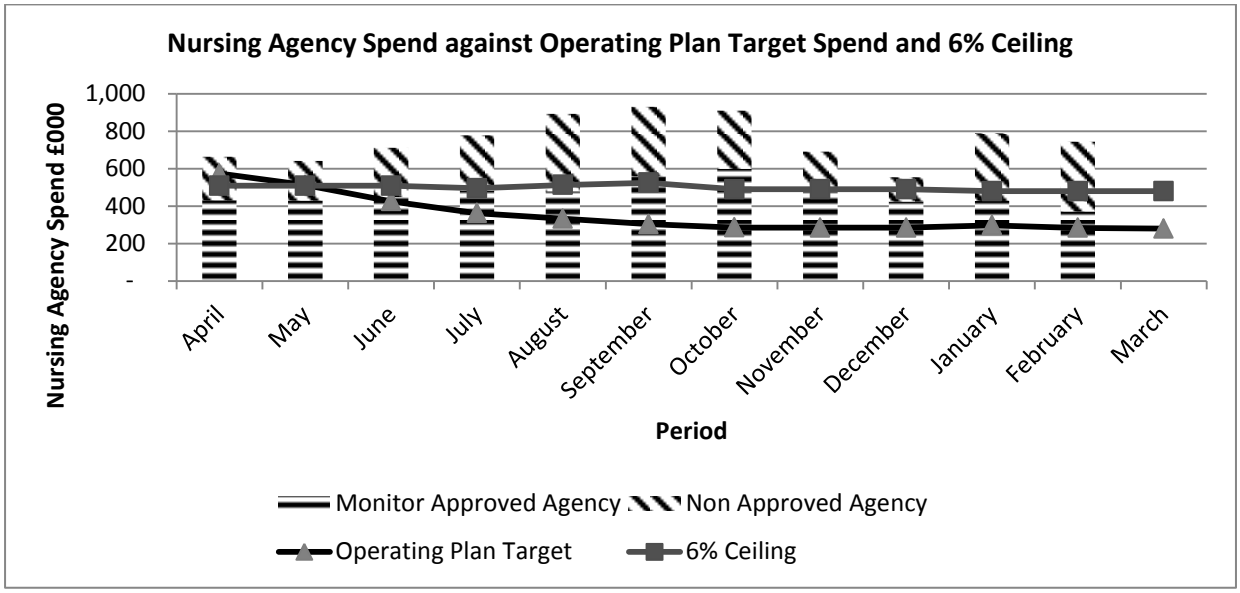
Division	Nursing Category	Price Variance (£)	Volume Variance (£)	Total Variance (£)	Lost Time %
Medicine	Ward	48,679	150,506	199,185	135%
	Other	(3,618)	(33,384)	(37,002)	
Medicine Total		**45,061**	**117,122**	**162,183**	
Surgery, Head & Neck	Ward	13,466	162,838	176,304	134%
	Theatres	34,245	(15,914)	18,331	
	Other	(8,658)	(25,372)	(34,030)	
Surgery, Head & Neck Total		**39,053**	**121,553**	**160,605**	
Specialised Services	Ward	50,241	41,741	91,982	132%
	Other	(15,073)	15,001	(72)	
Specialised Services Total		**35,168**	**56,743**	**91,911**	
Women's & Children's Services	Ward	119,518	49,859	169,377	128%
	Theatres	13,295	(17,112)	(3,818)	
	Other	(2,920)	(2,409)	(5,329)	
Women's & Children's Services Total		**129,892**	**30,338**	**160,230**	
CLINICAL DIVISIONS	**Ward**	**231,904**	**404,944**	**636,849**	**132%**
	Theatres	47,539	(33,026)	14,513	
	Other	(30,269)	(46,163)	(76,432)	
CLINICAL DIVISIONS TOTAL		**249,174**	**325,756**	**574,930**	**132%**
Non Clinical Divisions	Other	(2,665)	47,936	45,271	
NON CLINICAL DIVISION TOTAL		**(2,665)**	**47,936**	**45,271**	
TRUST TOTAL		**246,510**	**373,691**	**620,201**	

The main causes of the nursing run rate overspend in terms of demand are:

- Sickness for RNs – 4.5% (allowance is 3%)
- Sickness for NAs – 8.5% (highest for the current financial year) (allowance is 3%)
- RMN cover – 2.60wte (temporary staffing)
- NA 1:1 specialling – 45.40wte (temporary staffing)

- Extra capacity – 4.70wte (temporary staffing)

  Although nursing agency expenditure reduced by 6% in the month, it still remains significantly above the operating plan target and Monitor ceiling. The decrease in the use of approved framework agencies continues, decreasing from 54% in January to 50% in February (its lowest level to date). The Trust continues to experience difficulties in filling specialist nursing shifts through approved agencies who are also unable to provide nurses at short notice to support additional capacity and the Emergency Department ambulance queue. The year to date agency spend is £8.206m compared to the Operating Plan of £3.950m and represents 8.6% of total registered nursing spend in February compared to the Monitor cap of 6% and the submitted trajectory of 5.2% for months 7 to 12.



2. Divisional Financial Position

In total, the Clinical Divisions and Corporate Services overspend against budget increased by £0.706m in February to £8.308m cumulatively. The significant in month deterioration was within the Divisions of Surgery, Head and Neck, Women's and Children's, Medicine and Other Corporate Services. The table below summarises the financial performance in February for each of the Trust's management divisions against their budget and against their February operating plan target. Further analysis of the variances against budget by pay, non-pay and income categories is given at Appendix 2.

	Budget Variance to 31 Jan	Feb Budget Variance	Budget Variance to 29 Feb	Feb Operating Plan Target	Operating Plan Variance
	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000
Diagnostic & Therapies	242	40	282	(16)	298
Medicine	(1,452)	(194)	(1,646)	(20)	(1,626)
Specialised Services	(977)	26	(951)	(18)	(933)
Surgery, Head & Neck	(4,541)	(337)	(4,878)	(1,281)	(3,597)
Women's & Children's	(1,329)	(116)	(1,445)	(682)	(763)
Estates & Facilities	72	(1)	71	(9)	80
Trust Services	(32)	13	(19)	2	(17)
Other corporate services	415	(137)	278	-	278
Totals	**(7,602)**	**(706)**	**(8,308)**	**(2,028)**	**(6,280)**

Variance to Budget:

The table below shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings.

Divisional Variances	Variance to 31 Jan	Feb Variance	Variance to 29 Feb
	Fav/(Adv) £'000	Fav/(Adv) £'000	Fav/(Adv) £'000
Pay	(3,022)	(683)	(3,705)
Non Pay	(13)	(306)	(319)
Operating Income	629	130	759
Income from Activities	(2,093)	414	(1,679)
Sub Totals	(4,499)	(445)	(4,944)
Savings Programme	(3,103)	(261)	(3,364)
Totals	**(7,602)**	**(706)**	**(8,308)**

Pay budgets have an adverse variance of £0.683m in the month increasing the cumulative adverse variance to £3.705m. The significant adverse movements in the month were in Medicine (£0.352m) Women's and Children's (£0.279m) and Specialised Services (£0.155m). Cumulative adverse variances are within Women's and Children's (£2.088m), Specialised Services (£0.982m), Surgery, Head and Neck (£0.360m) and Medicine (£1.427m) offset by favourable variances in Diagnostic & Therapies (£0.544m) and Trust Services (£0.523m). For the Trust as a whole, agency spend is £13.764m to date, an increase of £1.260m in the month. The average monthly spend of £1.251m compares with £0.967m for 2014/15. Agency spend to date is £3.240m in Medicine, £2.919m in Women's and Children's, £2.738m in Surgery, Head and Neck and £2.437m in Specialised Services. Waiting list initiatives costs increased by £0.258m in the month to £3.061m to date, of which £1.344m is within Surgery, Head and Neck, £0.703m in Women's and Children's and £0.528m in Specialised Services. Some of this waiting list spend in recent months is linked to increases in activity and hence income from activities.

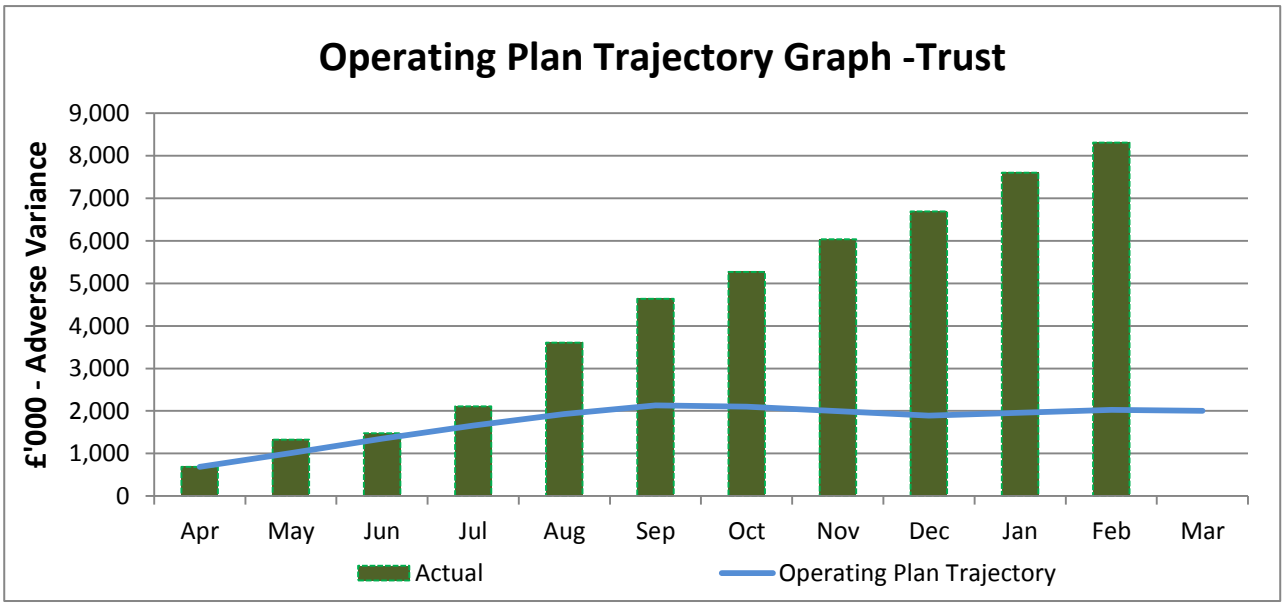
N**on-pay budgets** have an adverse variance of £0.306m in the month changing the cumulative variance to £0.319m adverse. The significant adverse movements in the month were in Medicine (£0.121m), Surgery, Head and Neck (£0.049m), Trust Services (£0.117m) and Other Corporate Services (£0.213m). Other Corporate services included £0.170m in relation to the write off of bad debts.

Operating Income budgets have a favourable variance of £0.130m for the month to give a cumulative favourable variance of £0.759m. The significant favourable movements in the month were in Specialised Services (£0.040m) and Other Corporate Services (£0.070m).

Income from Activities budgets have a favourable variance of £0.414m in the month to give a cumulative adverse position of £1.679m, reflecting continued improvements in activity run rate. The principal areas of under achievement to date are within Surgery, Head and Neck (£0.842m), Medicine (£0.188m), Specialised Services (£1.138m) and Diagnostics and Therapies (£0.103m) offset by an over achievement in Women's and Children's (£0.486m). Within the month Specialised Services under achieved against their income target by £0.029m. Women's and Children's over achieved by £0.187m, Medicine by £0.167m and Surgery, Head and Neck by £0.054m. The difference between the in month deterioration reported here and that reported in section 4 (income) is accounted for by variances relating to private patients, other non SLA income from activities, including RTA income, and differences with the reporting of CIP delivery.

Variance to Operating Plan:

Clinical Divisions and Corporate Services have an adverse variance of £8.308m against a combined operating plan trajectory of £2.028m. The February position is £6.280m above trajectory as shown in the graph below.



Further detail is given under agenda item 5.3 in the Finance Committee papers.

Savings Programme

The savings requirement for 2015/16 is £19.879m. This is net of the £4.476m provided non-recurringly to support the delivery of Divisional operating plans. Savings of £14.858m have been realised to date, a shortfall of £3.381m against divisional plans. The shortfall is a combination of the adverse variance for unidentified schemes of £3.240m and a further £0.141m for scheme slippage. The 1/12th phasing adjustment reduces the shortfall to date by £0.016m.

The year-end forecast outturn is a shortfall of £3.538m, (a worsening of £0.097m from last month's forecast shortfall of £3.441m), which represents delivery of 82.2%.

A summary of progress against the Savings Programme for 2015/16 is summarised below. A more detailed report is given under item 5.4 on this month's agenda.

	Savings Programme to 29th Feb 2016			1/12ths Phasing Adj Fav / (Adv) £'000	Total Variance Fav / (Adv) £'000
	Plan £'000	Actual £'000	Variance Fav / (Adv) £'000		
Diagnostics and Therapies	1,950	1,730	(220)	(15)	(235)
Medicine	2,030	2,378	348	(9)	339
Specialised Services	1,464	1,649	185	11	196
Surgery, Head and Neck	5,443	2,744	(2,699)	34	(2,665)
Women's and Children's	3,953	2,739	(1,214)	30	(1,184)
Estates and Facilities	999	1,047	48	(2)	46
Trust HQ	466	622	156	(24)	132
Other Services	1,934	1,949	15	(9)	6
Totals	**18,239**	**14,858**	**(3,381)**	**16**	**(3,365)**

3. Divisional Reports

The following is intended to provide a brief update on the divisional positions including reasons for variance and actions being taken to address adverse positions. As requested at the previous Finance Committee, the divisional reports at item 5.3 provide further detail on the impact of actions being taken and new actions having been introduced since the last report.

Four Divisions are red rated for their financial performance for the year to date:

Division of Medicine

The Division reports an adverse variance to month 11 of £1.646m; this represents deterioration in the month of £0.194m. The Division is £1.626m adverse to its operating plan target to date. The Division is reporting a savings programme year to date favourable variance of £0.339m and a revised savings programme forecast outturn favourable variance of £0.462m.

The key reasons for the variance against budget and operating plan to date are:

Adverse variances

- An adverse variance on SLA income of £0.188m (although a favourable variance in month of £0.67m) due to the following factors:

    i) Attendances to the Emergency Department were higher in February than January and 10% higher than plan in month.
    ii) Critical care bed days have also increased following the move to the dedicated facility in ward A525.
    iii) Emergency admissions were 12% higher than plan in month.
    iv) Outpatient activity has increased significantly over recent months, due to new capacity in Dermatology (substantive posts) and Rheumatology (locum posts).

- A pay adverse variance of £1.427m due to costs associated with agency nursing and medical staffing. Absolute pay expenditure in February was lower than in January but remains higher than the average for Quarter 3. This is in part due to staffing of the ambulance queue with registered nurses, 24 hours a day for 7 days of the week. In addition, agency nurses booked in support of 'dark green' patients, patients awaiting 'Patients with Dementia' beds and other delayed discharges, remain high.
- An adverse variance on non pay across a number of areas.

Favourable variances

- The savings programme is now reporting a favourable variance of £0.339m.
- A favourable variance on income from operations of £0.111m due to higher than planned research and development income.

Actions being taken and mitigation to restore performance include:

i) Single sex wards within Care of the Elderly – the aim being improved patient experience with a financial benefit in terms of a reduction in 1:1 agency shifts as duplication across wards is erased; likely to be actioned in March.

ii) 'Night-clubs' for patients with, but not limited to, dementia – essentially a co-horting of patients with activities and care planned through the night to avoid disruption across the bed base.
iii) The rolling out of 'Discharge to Assess' for 'Pathway 3' patients, to understand the impact upon both length of stay and ultimately occupancy rates;
iv) Monitoring and managing of out of hours requests for additional shifts (nursing);
v) Development of Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs) within the ED.

Key risks to delivery of the operating plan and future performance include:

- Failure of the recruitment strategy to deliver the required number of posts and hence the planned level of agency expenditure reductions are not achieved.
- Failure to adequately control nursing expenditure.
- Potential adverse financial impact of the change to the cystic fibrosis patient co-hort and the impact of the year of care tariff.
- Inability to reduce length of stay as planned.
- Challenges with regard to timely discharge of patients.

Division of Specialised Services

The Division reports an adverse variance to month 11 of £0.951m, which represents an improvement from month 10 of £0.026m. The Division is £0.933m adverse to the operating plan target to date.

Pay budgets show an adverse variance of £0.982m. Income from activities is showing an adverse variance of £1.138m although much of this stems from very low activity in the early part of the year. The savings programme is showing a favourable variance of £0.196m to date and the non pay budgets are reporting a favourable variance of £0.760m due to the year to date share of support funding and unallocated contract transfer funding as well as a small favourable variance on blood budgets.

The key reasons for the variance against budget and operating plan to date are:

Adverse variances

- Cardiac Surgery activity – year to date at month 11 the division completed 176 cases fewer than required (89%) of contract resulting in an inpatient under performance of £0.894m.
- Cardiology activity is overachieving year to date by £0.451m and over-performed in the month by £0.070m.
- Cardiac Critical Care activity has underperformed year to date by £0.224m.
- Adult BMT – year to date contract underperformance of £0.615m, with allograft volumes down 22% below contracted levels.
- Radiotherapy activity – year to date contract underperformance of £0.620m. However, there has been an over-performance in month of £0.040m.
- Private Patient Income is under performing against target by £0.029m.
- Nursing – There has been high agency usage within CICU caused by sickness, supernumerary time and vacancies as well as significant additional hour's requirements for one to one nursing across wards resulting in a £0.767m adverse variance to date.
- Medical pay budgets show an adverse variance of £0.354m mainly due to agency and waiting list costs.

Favourable variances

- Non recurring savings support funding has benefited the position by £0.451m.
- Operating income reports a favourable variance of £0.213m.
- Haematology activity has over-performed year to date by £0.392m. There was an over performance in month of £0.057m. Demand is expected to continue to grow in future.

Actions being taken and mitigation to restore performance:

- Delivery of Cardiac Surgery activity - A greater focus has been taken to look to minimise blockages due to avoidable patient scheduling issues. It is essential that every effort is made to keep flow through CICU and the wards to enable sufficient volumes to be delivered.
- Nursing; a number of actions have been identified within nursing to maintain a continued focus on this area. These include the development of a critical care bank, recruitment and retention programme led by the divisional matron, continued review of lost time including annual leave and review of CICU staffing levels, all of which are aimed at addressing and reducing agency expenditure. Increasing controls on agency authorisation.
- Improved capacity planning. Review of WLI payments including authorisation process, improved job planning.
- Additional SLA income opportunities may be possible throughout the year in the areas of Cardiology and Haematology following strong performance year to date. Opportunities with the Gamma Knife are also probable in future.
- The Division is attempting to source new referrals for BMT's within the region including working with Swindon to look at referrals that are currently going to London.
- Continuing to deliver savings programmes identified and developing new schemes.
- Maintaining controls on non-pay expenditure.
- **New Action;** Introduction of a new Medicines workstream with high clinical engagement.
- **New Action;** Introduction of speciality level CIP delivery meetings.

Key risks to delivery of the operating plan and future performance include

- Continued low volumes of referrals of BMT patients.
- Further loses of Cardiac Surgery activity due to shortages of staff, high acuity of patients or bed pressures.
- An inability to recruit to vacant posts in nursing resulting in continued agency expenditure.
- Non recruitment into medical vacancies within the BHOC, particularly for Radiotherapy.
- Continued charges for unused chemotherapy drugs.
- Non delivery of expected savings.

Division of Surgery, Head and Neck

The Division reports an adverse variance to month 11 of £4.878m; deterioration from month 10 of £0.337m. The Division is £3.597m adverse to its operating plan target to date

The key reasons for the variance against budget to date are:

Adverse variances

- Underachievement of income from activities of £0.842m due to lower than expected activity primarily in outpatient areas (oral surgery, ophthalmology and ENT) and emergency/unplanned work in upper GI surgery and T&O. A significant element of this is a share of the underperformance on cardiac surgery within Specialised Services £0.346m.
- An adverse variance to date on non-pay of £1.312m which is an in month deterioration of £0.081m. This is due to the ongoing divisional deficit offset by divisional support £0.810m plus adverse variances on drugs £0.122m and non-clinical supplies/other non-pay £0.317m.
- An underachievement of the savings programme, resulting in an adverse variance to date of £2.665m. The majority relates to unidentified plans of £2.310m with the balance mainly due to shortfalls on income related schemes. The most significant being income from the national Bowel Screening Programme (flexible sigmoidoscopy) which has been slowed down by the national programme.

It should be noted that income from activities has on balance improved in recent months and that therefore some of the underachievement relates to the early part of the year.

Favourable variances

- A favourable variance on income from operations of £0.301m due to peripheral clinic income and research and development income.

The key reasons for the variance against operating plan are:

- Underachievement of activity (including the share of cardiac surgery), (£1.316m).
- Higher than planned nursing spend (£0.861m).
- Higher than planned waiting list payments (£0.130m).
- Higher than planned spend on medical and dental agency offset by BEH vacancies (£0.401m).
- Higher than planned spend on drugs (£0.242m).
- Higher than planned expenditure on outsourcing (£0.224m).
- Slippage on CIP delivery.

Actions being taken and mitigation to restore performance:

Pay Actions:

- Reconciliation of lost time reports, retention strategies implementation progressing; review of requirements for 1:1 nursing continuing. Spend on the BRI wards is becoming less of an issue as supernumerary staff are being absorbed into the rotas (particularly on wards 800 and 609) however the benefit of this is not yet showing at the bottom line for pay due to high waiting list spend and continuing agency in theatres and ITU covering vacancies, sickness and supernumerary shifts.
- "Action Plan" specifically for Heygroves theatres now in place, with additional resources identified to drive change.
- Detailed staffing models are being developed for next year, with cost centre by cost centre plans for turnover, recruitment and bank and agency use.
- Review of on call work carried out centrally to identify savings that can be implemented in the division, and where this can be reflected across other rotas.
- Progress with ongoing actions is now informing the development of CIP plans with regard to outsourcing of activity and non-pay spend this will inform the operating plan for 16/17.

Non Pay Actions:	• **New Action**; the division has published the Trust Wide Managed Inventory System business case which has been approved at SLT. The team is working with procurement on developing the proposed contract. • **New Action**; Increased focus on theatre and ITU spend, data to be published to budget managers, meetings to review "stocking up" issues in all departments. • Teams to identify areas of non-pay spend that have not been actively negotiated in a 3 year period. Targeted work plan for procurement. • **New Action;** Non pay transaction reports are now available on the Divisional CIP workspace, this will allow a more detailed and focussed review of spend.
Income Actions:	• Additional sessions continue to be mobilised in Ophthalmology. • Additional sessions have been mobilised in Oral Surgery and Dentistry.
Other actions	• CIP targets have been devolved to each management area for 2016/17 and each general manager has been tasked with delivering their devolved target, this will be reviewed at a revised monthly CIP meeting to which representation has been extended to the divisional pharmacy lead, coding leads and procurement.

Key risks to delivery of the operating plan and ongoing improvement include:

- That the recruitment strategy continues to fail to address the need to increase capacity and hence deliver planned additional capacity and hence higher activity levels. (Particularly true in Ophthalmology and Dental Services)
- Failure to address increased need for 1:1 nursing.
- Failure to work up additional cost improvement plans to support financial shortfall, failure to take mitigating actions to control current and future cost pressures.
- Failure to improve delivery of activity in those specialties which remain significantly off plan particularly in Trauma and Upper GI.
- Pressures relating to other divisions patients outlying into the surgical bed base.

The Division of Women's and Children's Services

The Division reports an adverse variance to month 11 of £1.445m; this represents deterioration from month 10 of £0.116m. The Division is £0.763m adverse to the operating plan target to date.

The key reasons for the variance against budget to date are:

Adverse variances

- An adverse variance on pay of £2.088m due to higher than planned agency costs within medical staff (NICU cover) and nursing (including one to one care). Non clinical staff has an adverse variance of £0.292m driven by requirements such as validating waiting lists, completion of missing outcomes, administrative spend in clinical genetics, vacancies for medical secretaries and increased staffing in the governance team.
- An underperformance on the saving programme, resulting in an adverse variance to date of £1.184m. The majority of which relates to the level of unidentified savings in the plan of £1.069m, most of the balance being shortfalls in income related schemes.
- An adverse performance on paediatric surgical specialties £0.818m and on private patients and overseas visitors £0.175m.

Favourable variances

- A significant favourable variance on non-pay of £1.354m which includes the year to date share of support funding, CQUIN funding and a capacity reserve held within the division.

- An overachievement on SLA income of £0.486m including favourable variances in paediatric medical specialties £0.844m, St Michaels specialties £0.427m and paediatric, cardiac & PICU £0.155m

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

The monthly Finance Performance meetings are to be used to develop a recovery action plan which will need to include:

- Raising awareness about the financial position and increasing emphasis of controls and reduction in any discretionary spend.
- Ensuring that elective operating is continuing as much as possible whilst emergency work is managed safely and efficiently.
- Other key actions have been the implementation of nursing pay controls, alongside managing Monitor's agency cap rules. This has been focussed on reconciling ward funded establishments, Rosterpro and DoH staffing returns; escalating controls and exception reporting for authorising agency staff; and creating governance structure for reviewing ward nursing KPIs routinely. Income has returned to planned levels, in fact over performing in recent months, and delivery plans are being developed for next year's operating plan to ensure this can be continued with premium costs kept to a minimum.

Key risks to delivery of the operating plan and ongoing improvements include:

- Maintaining elective income.
- Ensuring nurse agency costs reduce significantly in line with recruitment
- Continued usage of off-framework agency.

The remaining three Divisions are rated green.

Diagnostic and Therapies Division

The Division reports a favourable variance to month 11 of £0.282m, which represents and improvement from month 10 of £0.040m. The Division is £0.298m favourable compared to the operating plan target to date.

The key reasons for the variance against budget to date are:

Adverse variances

- An adverse variance on non-pay of £0.047m which includes a recurrent adverse variance on Radiology maintenance contracts of £0.226m and the Microbiology Public Health England contract of £0.291m. The year to date adverse variance also includes LIMS double running costs of £0.231m which is being challenged with NBT. There has also been non-recurrent cost pressures year to date for the laboratory server of £0.050m. An adverse variance on income from activities (mainly SLA income) of £0.103m year to date. A small favourable variance on D&T hosted services is off-set by £0.301m adverse on services hosted by other divisions with a

£0.146m non-recurring CQUIN benefit off-set by underachievement on private patient income of £0.068m.
- The savings programme is adverse to requirement by £0.235m year to date; nearly all of this was unidentified in the operating plan.

Favourable variances

- A favourable variance on pay of £0.544m which is primarily the result of vacancies in clinical staff.
- A favourable variance on operating income of £0.123m which is across a number of areas including research and innovation, MEMO external contracts and pharmacy income.
- Adverse variances on non pay above are offset by non-recurring support funding of £0.366m and divisional reserves.

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

- Developing the savings programme to address the shortfall.
- Challenging the dual running LIMS costs with NBT.
- Review of radiology outsourcing costs.
- Interventional Radiology - improve contract income recovery – meeting with coding and clinicians has taken place, list of procedures to be identified.

Key risks to delivery of the operating plan and future performance include:

- Other Division's under-performance on contracted activity.
- The ability to continue with high levels of vacancies and any potential impact this might have on service delivery.
- Non-delivery or under-delivery of savings schemes currently forecast to achieve.
- Employing high cost agency and or locum staff into hard to recruit to posts to ensure delivery of key performance targets and resilience in services such as Radiology and Laboratory Medicine.

The Facilities and Estates Division

The Division reports a favourable variance to month 11 of £0.071m, which represents deterioration from month 10 of £0.001m. The Division is now £0.080m favourable to the operating plan target to date.

Trust Headquarters

The Division reports an adverse variance to month 11 of £0.019m, this represents a deterioration from month 10 of £0.013m; the Division is £0.017m adverse to the operating plan target to date.

4. Income

Contract income was £1.51m higher than plan in February bringing the year to date position to £2.63m higher than plan. Pass through payments, contract rewards and activity based contracts were favourable against plan in the month whilst contract penalties were below plan. The table below summarises the overall position which is described in more detail under agenda item 5.2.

Clinical Income by Worktype	In Month Variance Fav/(Adv)	Year to Date Plan	Year to Date Actual	Year to Date Variance Fav/(Adv)
	£'m	£'m	£'m	£'m
Activity Based				
Accident & Emergency	0.14	13.41	13.82	0.41
Emergency Inpatients	0.57	66.38	69.01	2.63
Day Cases	0.14	34.32	34.28	(0.04)
Elective Inpatients	(0.91)	48.34	44.39	(3.95)
Non-Elective Inpatients	(0.00)	14.46	13.93	(0.53)
Excess Bed days	0.12	6.34	6.58	0.23
Outpatients	0.17	72.25	71.76	(0.49)
Bone Marrow Transplants	0.10	8.59	7.38	(1.20)
Critical Care Bed days	0.37	38.34	39.65	1.31
Other	0.31	85.21	84.80	(0.41)
Sub Totals	**0.76**	**387.63**	**385.61**	**(2.02)**
Contract Penalties	(0.11)	(5.55)	(5.20)	0.35
Contract Rewards	0.43	7.30	7.56	0.26
Pass through payments	0.42	73.10	77.14	4.04
Totals	**1.51**	**462.48**	**465.11**	**2.63**

Significant activity underperformance continues within elective inpatients and bone marrow transplants.

Key areas for the elective inpatient underperformance of £3.95m are cardiac surgery (£0.99m), upper gastrointestinal surgery (£0.80m) and paediatrics (£1.29m). Cardiac surgery was £0.21m lower than plan this month due to staffing pressures in theatres and acuity of patients. Paediatric activity was £0.31m lower than plan in the month, primarily within paediatric surgery (£0.10m) and trauma and orthopaedics (£0.06m).

Bone marrow transplants for adult services are £1.20m below plan to date although were £0.10m above plan this month. The service continues to develop plans to increase referrals but this is not likely to result in a significant improvement to this year's position. Paediatric services are £0.23m below plan but are expected to be closer to plan for the last month of the year.

Emergency inpatients over performance increased in the month by £0.57m to £2.63m year to date, with the over performance within the Children's Hospital accounting for £1.56m year to date and adult cardiology £0.73m.

Critical care over performance increased in the month by £0.37m to a year to date over performance of £1.31m reflecting additional activity in February and improved patient flow within HDU.

Contract penalties are £0.35m better than plan. Further detail is given at 2.3 in the contract income report.

Contract rewards performance improved this month by £0.43m to £0.26m above plan. The forecast year-end delivery of CQUINs has increased to 84.2% compared with a planning assumption of 80%. Increased confidence of delivery across a number of CQUINs has increased the year-end forecast to £8.26m. Further details are provided in section 2.2 in the contract income report for those CQUINs with a ≤70% predicted delivery in whole or part.

Pass through payments are £4.04m higher than planned to date within devices £3.63m higher than plan.

Performance at Clinical Divisional level is shown at appendix 4a. Activity based contract performance is summarised as follows:

Divisional Variances	**In Month Variance** Fav/(Adv)	**Year to Date Plan**	**Year to Date Actual**	**Year to Date Variance** Fav/(Adv)
	£'m	£'m	£'m	£'m
Diagnostic & Therapies	0.00	35.17	34.87	(0.30)
Medicine	0.28	44.54	44.77	0.23
Specialised Services	0.08	49.68	48.40	(1.28)
Surgery, Head and Neck	0.09	69.24	68.37	(0.87)
Women's and Children's	0.21	91.15	91.88	0.73
Facilities and Estates	0.00	3.54	3.51	(0.03)
Corporate	0.11	94.31	93.81	(0.50)
Totals	**0.77**	**387.63**	**385.61**	**(2.02)**

5. Risk Rating

The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the eleven month period to 29th February 2016, the Trust's achieved an overall FSRR of 4 (actual 3.5) against a plan of 4 (3.5 rounded up).

A low risk going forward is the adverse EBITDA performance against plan and the impact upon the FSRR. Within the FSRR, the EBITDA performance impacts on the "capital servicing capacity" metric. The headroom available until this metric scores a rating of 1 has increased to £12.4 million from £10.4 million last month. Should any of the four metrics score a metric rating of 1, Monitor will apply an "over-ride" resulting in an overall FSRR capped at 2 for the Trust and potential investigation. A summary of the position is provided in the table below.

		31st January 2016		29th February 2016		31st March 2016	
	Weighting	Plan	Plan	Plan	Actual	Plan	Forecast
Liquidity							
Metric Result – days		7.89	13.04	7.17	13.08	7.20	13.22
Metric Rating	25%	4	4	4	4	4	4
Capital Servicing Capacity							
Metric Result – times		1.74	1.94	1.79	2.02	1.83	2.06
Metric Rating	25%	2	3	3	3	3	3
Income & expenditure margin							
Metric Result		0.32%	0.85%	0.25%	0.85%	0.52%	0.84%
Metric Rating	25%	3	3	3	3	3	3
Variance in I&E margin							
Metric Result		0.00%	0.53%	0.00%	0.60%	0.00%	0.32%
Metric Rating	25%	4	4	4	4	4	4
Overall FSRR		**3.25**	**3.5**	**3.5**	**3.5**	**3.5**	**3.5**
Overall FSRR (rounded)		**3**	**4**	**4**	**4**	**4**	**4**

6. Capital Programme

A summary of income and expenditure for the eleven months ending 29 February is given in the table below. Expenditure for the period is £20.692m against a revised plan of £23.221m. The Finance Committee is provided with further information under agenda item 6.1.

Original Monitor Annual Plan	Revised Annual Plan	Subjective heading	Month ended 29th February 2016			Forecast	
			Plan	Actual	Variance	Outturn	Slippage
£m	£m		£m	£m	£m	£m	£m
		Sources of Funding					
	0.305	PDC				0.030	(0.275)
4.558	5.067	Donations	2.432	2.602	0.170	2.855	(2.212)
1.100	14.025	Disposals	14.025	14.025	-	14.025	-
0.954	1.090	Grants/Contributions	0.954	1.040	0.086	1.176	0.086
		Cash:					
20.814	20.738	Depreciation	19.038	19.016	(0.022)	20.738	-
7.043	(0.861)	Cash balances	(13.228)	(15.991)	(2.763)	(13.870)	(13.009)
34.469	**40.364**	**Total Funding**	**23.221**	**20.692**	**(2.529)**	**24.954**	**(15.410)**
		Expenditure					
(15.862)	(16.390)	Strategic Schemes	(9.647)	(9.780)	(0.133)	(10.704)	5.680
(4.287)	(7.855)	Medical Equipment	(4.662)	(3.711)	0.951	(5.473)	2.382
(3.171)	(3.425)	Information Technology	(2.434)	(1.985)	0.449	(2.879)	0.546
(2.177)	(2.167)	Estates Replacement	(2.101)	(1.720)	0.381	(2.487)	(0.320)
(8.972)	(10.527)	Operational Capital	(4.337)	(3.496)	0.881	(5.405)	5.122
(34.469)	**(40.364)**	**Gross Expenditure**	**(23.221)**	**(20.692)**	**2.529**	**(26.954)**	**13.410**
-	-	Planned Slippage				2.000	2.000
(34.469)	**(40.364)**	**Net Expenditure**	**(23.221)**	**(20.692)**	**2.529**	**(24.954)**	**15.410**

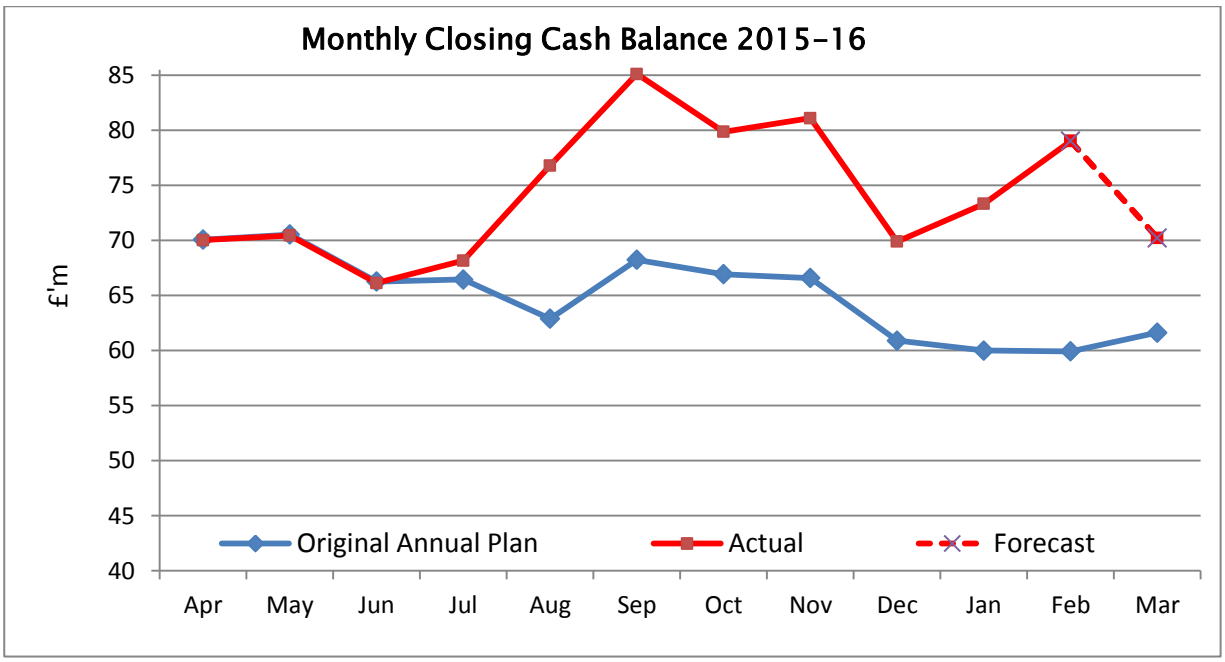
The Trust's forecast outturn has increased from £24.646m last month to £24.954m, which represents 101.9% of the revised Monitor plan submitted at quarter 3.

7. Statement of Financial Position and Cashflow

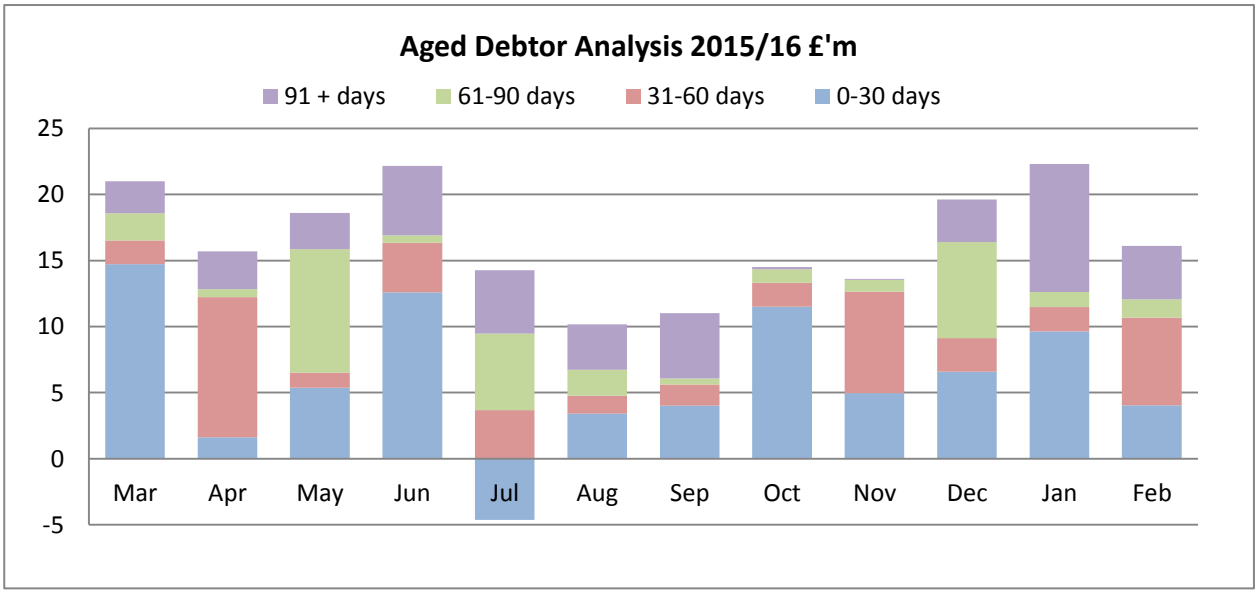
Overall, the Trust has a strong statement of financial position with net current assets of £31.633m as at 29th February 2016.

Cash - The Trust held cash and cash equivalents of £79.184m, an increase of £5.769m from last month and is forecasting a year end position of c£70m.

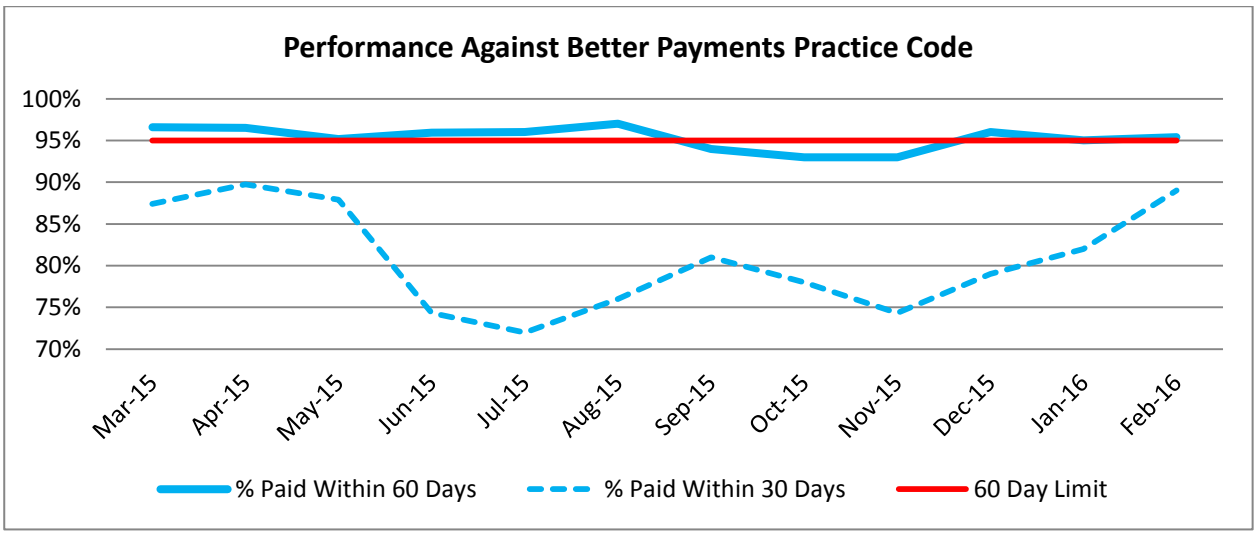
The graph below shows the forecast cash balance trajectory for the remainder of the financial year.



Receivables - The total value of debtors decreased by £6.198m to £16.112m in February. SLA debtors decreased by £5.880m and non SLA debtors by £0.318m. The total value of debtors over 60 days old decreased by £5.384m to £5.439m. Debts over 60 days relating to North Bristol Trust are £1.778m although a payment of £0.750m was received on 18th March. Further details are provided in agenda item 7.1.



Accounts Payable Payments – In February, performance for payment of invoices within 60 days was in line with the Prompt Payments Code target of 95%. The number of invoices paid within 30 days increased to 89%. A summary of performance is provided below.



Attachments

Appendix 1 – Summary Income and Expenditure Statement
Appendix 2 – Divisional Income and Expenditure Statement
Appendix 3 – Financial Sustainability Risk Rating
Appendix 4a – Key Financial Metrics
Appendix 4b – Key Workforce Metrics
Appendix 5 – Financial Risk Matrix
Appendix 6 – Monthly Analysis of Pay Expenditure 2015/16
Appendix 7 - Release of Reserves

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report February 2016- Summary Income & Expenditure Statement

Approved Budget / Plan 2015/16	Heading	Position as at 29th February			Actual to 31st January	Forecast Outturn Month 11
		Plan	Actual	Variance Fav / (Adv)		
£'000		£'000	£'000	£'000	£'000	£'000
	Income (as per Table I and E 2)					
509,457	From Activities	467,521	465,743	(1,778)	423,667	508,242
91,723	Other Operating Income	83,695	84,051	356	76,566	93,353
601,180	**Sub totals income**	**551,216**	**549,794**	**(1,422)**	**500,233**	**601,595**
	Expenditure					
(351,304)	Staffing	(321,592)	(325,498)	(3,906)	(295,311)	(354,437)
(206,244)	Supplies and Services	(189,050)	(192,074)	(3,024)	(175,726)	(212,123)
(557,548)	**Sub totals expenditure**	**(510,642)**	**(517,572)**	**(6,930)**	**(471,037)**	**(566,560)**
(9,181)	Reserves	(8,905)	-	8,905	-	-
34,451	**EBITDA**	**31,669**	**32,222**	**553**	**29,196**	**35,035**
5.73	**EBITDA Margin - %**		**5.86**		**5.84**	**5.82**
	Financing					
(23,054)	Depreciation & Amortisation - Owned	(21,108)	(19,026)	2,082	(17,273)	(20,771)
269	Interest Receivable	249	275	26	251	308
(315)	Interest Payable on Leases	(289)	(293)	(4)	(267)	(320)
(3,167)	Interest Payable on Loans	(2,903)	(2,835)	68	(2,597)	(3,089)
(8,184)	PDC Dividend	(7,502)	(7,024)	478	(6,386)	(7,663)
(34,451)	**Sub totals financing**	**(31,553)**	**(28,903)**	**2,650**	**(26,272)**	**(31,535)**
0	**NET SURPLUS / (DEFICIT) before Technical Items**	**116**	**3,319**	**3,203**	**2,924**	**3,500**
	Technical Items					
-	Profit/(Loss) on Sale of Asset	-	9,270	9,270	9,270	9,270
4,558	Donations & Grants (PPE/Intangible Assets)	2,579	2,744	165	2,599	3,115
(4,719)	Impairments	(4,558)	(3,277)	1,281	(3,277)	(4,886)
500	Reversal of Impairments	-	-	-	-	481
(1,472)	Depreciation & Amortisation - Donated	(1,347)	(1,379)	(32)	(1,260)	(1,518)
(1,133)	**SURPLUS / (DEFICIT) after Technical Items**	**(3,210)**	**10,677**	**13,887**	**10,256**	**9,962**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report February 2016- Divisional Income & Expenditure Statement

Approved Budget / Plan 2015/16	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 31st January	Forecast Outturn Variance Month 11	Operating Plan Target Year to Date	Variance from Operating Plan Year to Date
				Pay	Non Pay	Operating Income	Income from Activities	CIP					
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income												
504,328	Contract Income	462,483	462,483	-	-	11	(11)	-	-	-	-	-	-
1,790	Overheads, Fines & Rewards	1,802	1,758	-	(161)	(27)	144	-	(44)	(141)	(500)	-	-
39,195	NHSE Income	35,699	35,699	-	-	-	-	-	-	-	-	-	-
545,313	**Sub Total Corporate Income**	**499,984**	**499,940**	**-**	**(161)**	**(16)**	**133**	**-**	**(44)**	**(141)**	**(500)**	**-**	**-**
	Clinical Divisions												
(51,203)	Diagnostic & Therapies	(46,912)	(46,630)	544	(47)	123	(103)	(235)	282	242	200	(16)	298
(72,449)	Medicine	(66,265)	(67,911)	(1,427)	(482)	111	(188)	340	(1,646)	(1,452)	(1,580)	(20)	(1,626)
(94,619)	Specialised Services	(86,523)	(87,474)	(982)	760	213	(1,138)	196	(951)	(977)	(1,163)	(18)	(933)
(100,574)	Surgery Head & Neck	(92,146)	(97,024)	(360)	(1,312)	301	(842)	(2,665)	(4,878)	(4,541)	(5,042)	(1,281)	(3,597)
(117,163)	Women's & Children's	(107,188)	(108,633)	(2,088)	1,354	(13)	486	(1,184)	(1,445)	(1,329)	(1,550)	(682)	(763)
(436,008)	**Sub Total - Clinical Divisions**	**(399,034)**	**(407,672)**	**(4,313)**	**273**	**735**	**(1,785)**	**(3,548)**	**(8,638)**	**(8,057)**	**(9,135)**	**(2,017)**	**(6,621)**
	Corporate Services												
(36,351)	Facilities And Estates	(33,757)	(33,686)	23	(216)	125	93	46	71	72	75	(9)	80
(25,187)	Trust Services	(22,822)	(22,841)	523	(731)	(14)	71	132	(19)	(32)	(30)	(2)	(17)
(4,135)	Other	(3,797)	(3,519)	62	355	(87)	(58)	6	278	415	460	-	278
(65,673)	**Sub Totals - Corporate Services**	**(60,376)**	**(60,046)**	**608**	**(592)**	**24**	**106**	**184**	**330**	**455**	**505**	**(11)**	**341**
(501,681)	**Sub Total (Clinical Divisions & Corporate Services)**	**(459,410)**	**(467,718)**	**(3,705)**	**(319)**	**759**	**(1,679)**	**(3,364)**	**(8,308)**	**(7,602)**	**(8,630)**	**(2,028)**	**(6,280)**
(9,181)	Reserves	(8,905)	-	-	8,905	-	-	-	8,905	8,039	9,714	-	-
(9,181)	**Sub Total Reserves**	**(8,905)**	**-**	**-**	**8,905**	**-**	**-**	**-**	**8,905**	**8,039**	**9,714**	**-**	**-**
34,451	**Trust Totals Unprofiled**	**31,669**	**32,222**	**(3,705)**	**8,425**	**743**	**(1,546)**	**(3,364)**	**553**	**296**	**584**	**(2,028)**	**(6,280)**
	Financing												
(23,054)	Depreciation & Amortisation - Owned	(21,108)	(19,026)	-	2,082	-	-	-	2,082	1,901	2,283	-	-
269	Interest Receivable	249	275	-	26	-	-	-	26	23	39	-	-
(315)	Interest Payable on Leases	(289)	(293)	-	(4)	-	-	-	(4)	(5)	(5)	-	-
(3,167)	Interest Payable on Loans	(2,903)	(2,835)	-	68	-	-	-	68	66	78	-	-
(8,184)	PDC Dividend	(7,502)	(7,024)	-	478	-	-	-	478	434	521	-	-
(34,451)	**Sub Total Financing**	**(31,553)**	**(28,903)**	**-**	**2,650**	**-**	**-**	**-**	**2,650**	**2,419**	**2,916**	**-**	**-**
0	**NET SURPLUS / (DEFICIT) before Technical Items**	**116**	**3,319**	**(3,705)**	**11,075**	**743**	**(1,546)**	**(3,364)**	**3,203**	**2,715**	**3,500**	**(2,028)**	**(6,280)**
	Technical Items												
-	Profit/(Loss) on Sale of Asset	-	9,270	-	9,270	-	-	-	9,270	9,270	9,270	-	-
4,558	Donations & Grants (PPE/Intangible Assets)	2,579	2,744	-	-	165	-	-	165	20	(1,443)	-	-
(4,719)	Impairments	(4,558)	(3,277)	-	1,281	-	-	-	1,281	1,281	(167)	-	-
500	Reversal of Impairments	-	-	-	-	-	-	-	-	-	(19)	-	-
(1,472)	Depreciation & Amortisation - Donated	(1,347)	(1,379)	-	(32)	-	-	-	(32)	(37)	(46)	-	-
(1,133)	**Sub Total Technical Items**	**(3,326)**	**7,358**	**-**	**10,519**	**165**	**-**	**-**	**10,684**	**10,534**	**7,595**	**-**	**-**
(1,133)	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**(3,210)**	**10,677**	**(3,705)**	**21,594**	**908**	**(1,546)**	**(3,364)**	**13,887**	**13,249**	**11,095**	**(2,028)**	**(6,280)**

Financial Sustainability Risk Rating – January 2016 Performance

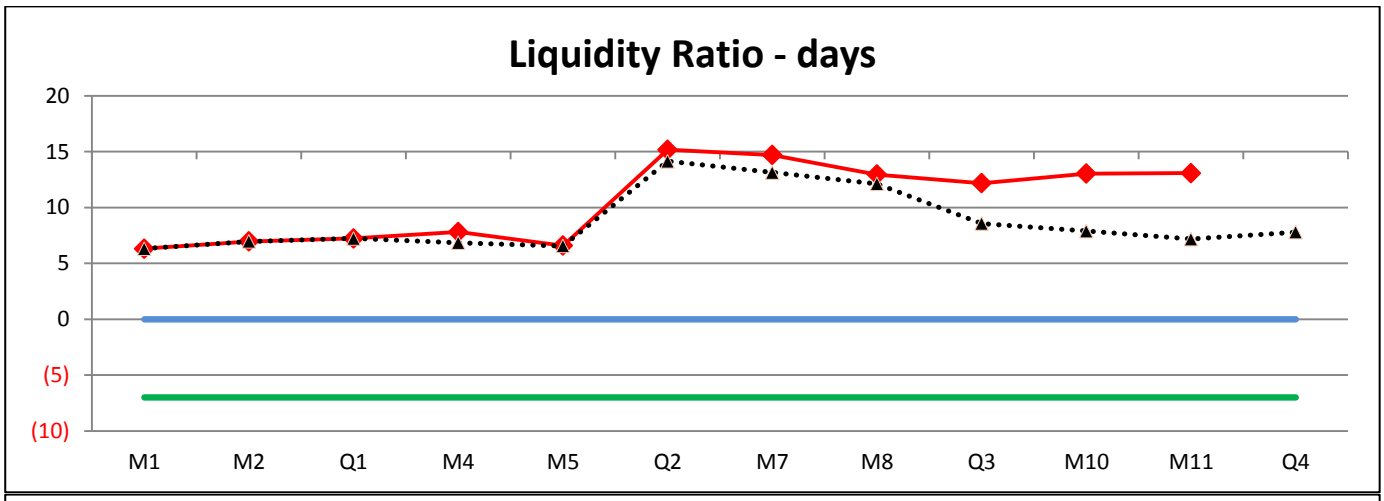
The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the eleven month period to 29th February 2016, the Trust's achieved an overall FSRR of 4 (actual 3.5) against a plan of 4 (3.5 rounded up).

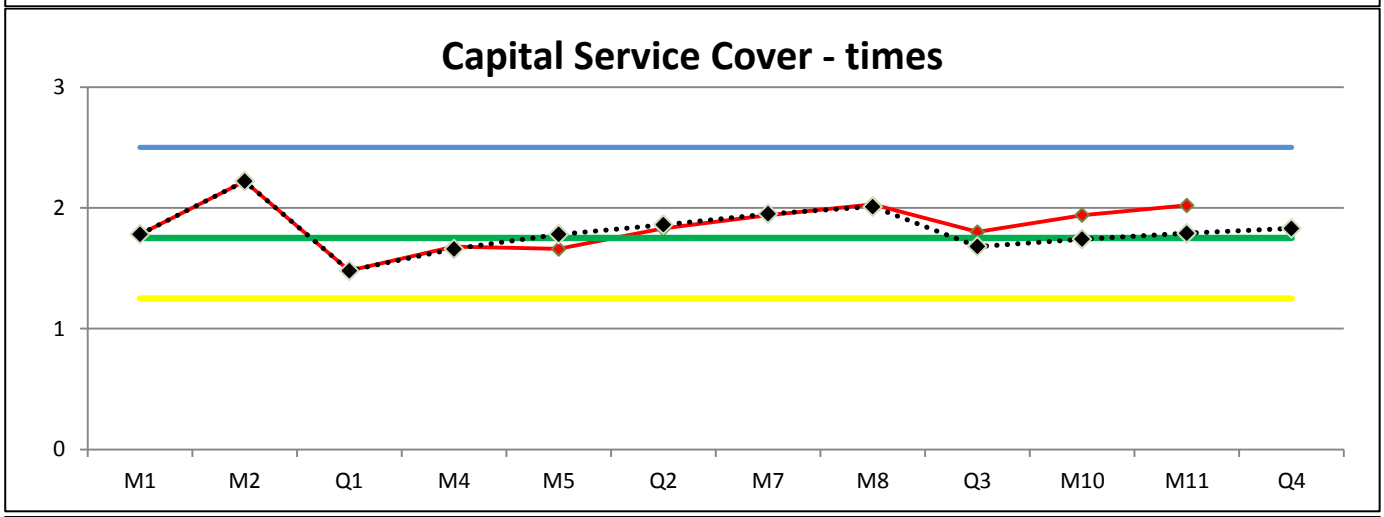
A low risk going forward is the adverse EBITDA performance against plan and the impact upon the FSRR. Within the FSRR, the EBITDA performance impacts on the "capital servicing capacity" metric. The headroom available until this metric scores a rating of 1 has increased to £12.4 million from £10.4 million last month. Should any of the four metrics score a metric rating of 1, Monitor will apply an "over-ride" resulting in an overall FSRR capped at 2 for the Trust and potential investigation.

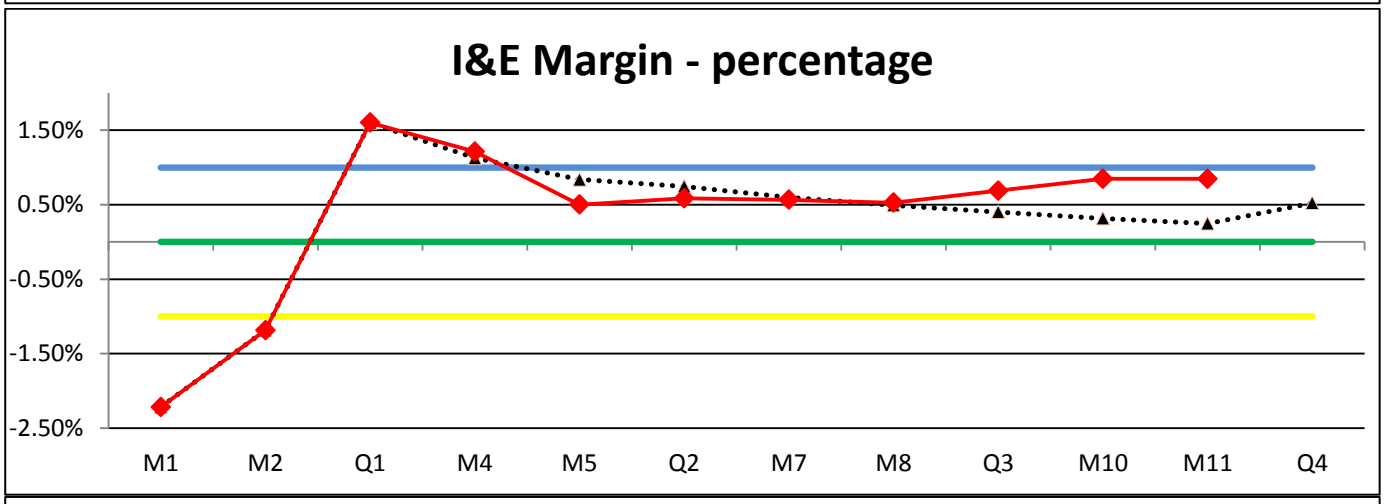
A summary of the position is provided in the table below.

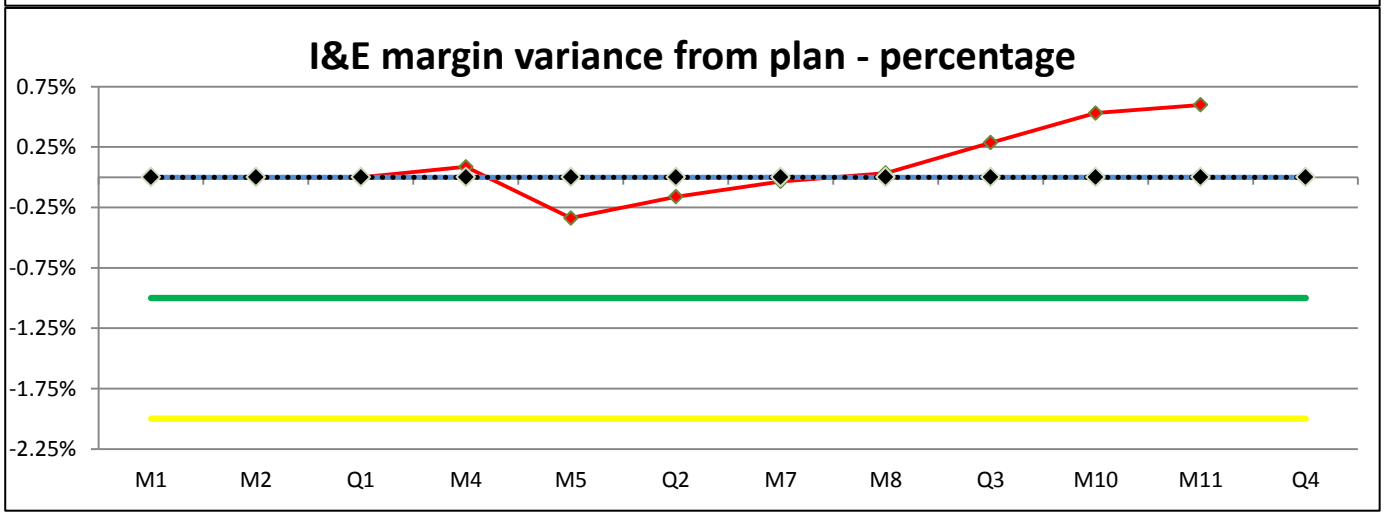
		31st January 2016		29th February 2016		31st March 2016	
	Weighting	Plan	Plan	Plan	Actual	Plan	Forecast
Liquidity							
Metric Result – days		7.89	13.04	7.17	13.08	7.20	13.22
Metric Rating	25%	4	4	4	4	4	4
Capital Servicing Capacity							
Metric Result – times		1.74	1.94	1.79	2.02	1.83	2.06
Metric Rating	25%	2	3	3	3	3	3
Income & expenditure margin							
Metric Result		0.32%	0.85%	0.25%	0.85%	0.52%	0.84%
Metric Rating	25%	3	3	3	3	3	3
Variance in I&E margin							
Metric Result		0.00%	0.53%	0.00%	0.60%	0.00%	0.32%
Metric Rating	25%	4	4	4	4	4	4
Overall FSRR		**3.25**	**3.5**	**3.5**	**3.5**	**3.5**	**3.5**
Overall FSRR (rounded)		**3**	**4**	**4**	**4**	**4**	**4**

The charts presented overleaf show the trajectories for each of the four metrics. The 2015/16 revised Annual Plan submitted to Monitor on 31st July 2015 is shown as the black dotted line against which actual performance is plotted in red. The metric ratings are shown for **4 (blue line)**; **3 (green line)** and **2 (yellow line)**.


Liquidity Ratio - days
20
15
10
5
0
(5)
(10)
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4


Capital Service Cover - times
3
2
1
0
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4


I&E Margin - percentage
1.50%
0.50%
-0.50%
-1.50%
-2.50%
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4


I&E margin variance from plan - percentage
0.75%
0.25%
-0.25%
-0.75%
-1.25%
-1.75%
-2.25%
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4

Key Financial Metrics

Appendix 4a

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Contract Income - Activity Based									
Current Month									
Budget									0
Actual									0
Variance Fav / (Adv)	0	0	0	0	0	0	0	0	0
Year to date									
Budget									0
Actual									0
Variance Fav / (Adv)	0	0	0	0	0	0	0	0	0

Information shows the financial performance against the planned level of activity based service level agreements with Commissioners as per agenda item 5.2

Contract Income - Penalties									
Current Month									
Plan									0
Actual									0
Variance Fav / (Adv)	-	0	0	0	0	-	-	0	0
Year to date									
Plan									0
Actual									0
Variance Fav / (Adv)	-	0	0	0	0	-	-	-	0

Information shows the financial performance against the planned penalties as per agenda item 5.2

Contract Income - Rewards									
Current Month									
Plan								678	678
Actual								929	929
Variance Fav / (Adv)	-	-	-	-	-	-	-	251	251
Year to date									
Plan								6,689	6,689
Actual								6,518	6,518
Variance Fav / (Adv)	-	-	-	-	-	-	-	(171)	(171)

Information shows the financial performance against the planned rewards as per agenda item 5.2

Cost Improvement Programme									
Current Month									
Plan									0
Actual									0
Variance Fav / (Adv)	0	0	0	0	0	0	0	0	0
Year to date									
Plan									0
Actual									0
Variance Fav / (Adv)	0	0	0	0	0	0	0	0	0

Key Workforce Metrics

Appendix 4b

Diagnostic & Therapies

	Operating Plan Target		Actual												
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	952	728	106	115	155	116	74	53	48	66	72	59	90		954	(226)
Nursing agency expenditure (£'000)	29	22	13	- 1	1	-	- 1	0	-16	0	0	9	11		16	6
Overall																
Sickness (%)	3.00		3.00	2.70	3.10	2.80	2.50	2.60	2.80	2.40	2.90	3.20	3.20		2.84	
Turnover (%)	11.00		11.80	11.70	12.20	12.00	12.40	12.60	12.90	13.40	13.20	12.90	13.30		13.30	
Establishment (wte)			968.01	978.45	978.94	981.34	982.24	976.50	975.47	985.42	990.39	991.85	993.40			
In post (wte)			948.03	943.08	940.05	942.45	961.72	967.27	947.27	958.59	960.26	963.92	962.80			
Under/(over) establishment (wte)			19.98	35.37	38.89	38.89	20.52	9.23	28.20	26.83	30.13	27.93	30.60			
Nursing:																
Sickness - registered (%)			0.20	1.90	2.80	4.60	0.20	2.30	3.60	7.00	10.20	10.90	4.2		4.35	
Sickness - unregistered (%)																
Turnover - registered (%)	15.00		15.70	12.60	11.40	11.00	11.00	10.60	10.60	17.40	17.40	17.40	17.4		17.40	
Turnover - unregistered (%)																
Starters (wte)			-	-	-	-	-	-	-	1.00	-	-	-		1.00	
Leavers (wte)			0.59	-	1.00	-	-	-	-	1.00	-	-	-		2.59	
Net starters (wte)			(0.59)	0.00	(1.00)	0	0	0	0	0.00	0.00	0.00	0.00		(1.59)	
Establishment (wte)			16.33	16.33	17.29	17.29	17.88	17.88	17.88	18.00	17.70	17.70	17.70			
In post - Employed (wte)			16.25	16.42	16.66	15.66	15.57	15.57	15.57	15.57	16.57	16.57	16.57			
In post - Bank (wte)			1.35	0.42	0.52	0.41	2.10	0.85	0.85	0.20	1.90	1.58	0.94			
In post - Agency (wte)			2.10	-	-	-	0.70	-	-	-	-	1.00	1.65			
In post - total (wte)			19.70	16.84	17.18	16.07	18.37	16.42	16.42	15.77	18.47	19.15	19.16			
Under/(over) establishment (wte)			(3.37)	(0.51)	0.11	1.22	(0.49)	1.46	1.46	2.23	- 0.77	- 1.45	- 1.46			

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Medicine

	Operating Plan Target		Actual												
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,732	1,473	324	248	254	226	269	380	373	243	198	375	351		3,241	(1,768)
Nursing agency expenditure (£'000)	1,343	1,129	279	186	154	184	234	314	307	179	144	269	235		2,485	(1,356)
Overall																
Sickness (%)	4.10		5.10	5.70	6.00	5.50	5.20	5.40	5.20	4.80	4.70	5.00	5.70		5.30	
Turnover (%)	12.70		13.40	13.50	13.80	12.40	12.50	12.60	13.20	13.20	13.80	14.50	14.50		14.50	
Establishment (wte)			1,233.42	1,233.54	1,238.01	1,211.24	1,217.72	1,221.40	1,203.55	1,208.43	1,188.76	1,205.65	1,201.93			
In post (wte)			1,267.74	1,282.71	1,255.17	1,233.82	1,254.14	1,275.14	1,263.80	1,228.06	1,223.14	1,247.13	1,230.63			
Under/(over) establishment (wte)			(34.32)	(49.17)	(17.16)	(22.58)	(36.42)	(53.74)	(60.25)	(19.63)	(34.38)	(41.48)	(28.70)			
Nursing:																
Sickness - registered (%)			4.80	5.30	6.20	6.00	5.10	4.70	3.80	3.40	2.90	3.50	4.60		4.57	
Sickness - unregistered (%)			9.60	10.80	10.40	9.20	11.00	10.70	10.90	10.50	9.70	9.50	9.60		10.17	
Turnover - registered (%)	13.50		13.00	13.60	14.20	13.30	14.20	14.60	14.60	14.50	15.00	16.00	16.20		16.20	
Turnover - unregistered (%)	18.50		22.20	21.40	20.40	16.50	16.30	15.50	17.90	17.90	18.30	19.00	18.00		18.00	
Starters (wte)			18.22	9.24	8.00	7.36	10.07	20.64	10.00	14.88	4.10	22.65	8.94		134.10	
Leavers (wte)			7.25	10.79	10.54	4.17	17.89	14.90	10.37	11.77	6.56	14.86	7.14		116.24	
Net starters (wte)			10.97	(1.55)	(2.54)	3.19	(7.82)	5.74	(0.37)	3.11	(2.46)	7.79	1.80		17.86	
Establishment (wte)			789.28	780.39	776.57	758.75	769.84	762.66	757.68	761.26	742.92	760.09	755.20			
In post - Employed (wte)			674.67	685.88	682.90	677.10	678.05	676.58	675.40	669.82	662.39	672.59	675.54			
In post - Bank (wte)			100.97	118.33	99.23	94.67	93.31	107.88	99.83	91.74	101.90	93.97	87.54			
In post - Agency (wte)			47.40	33.86	27.25	31.51	40.08	49.02	48.92	31.87	27.10	39.26	33.80			
In post - total (wte)			823.04	838.07	809.38	803.28	811.44	833.48	824.15	793.43	791.39	805.82	796.88			
Under/(over) establishment (wte)			(33.76)	(57.68)	(32.81)	(44.53)	(41.60)	(70.82)	(66.47)	(32.17)	(48.47)	(45.73)	(41.68)			

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Specialised Services

	Operating Plan Target		Actual												
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	2,136	1,707	205	219	247	236	185	289	216	180	185	225	250		2,437	(730)
Nursing agency expenditure (£'000)	633	460	87	121	113	93	68	145	146	104	73	135	130		1,215	(755)
Overall																
Sickness (%)	3.70		3.80	3.50	3.50	3.80	3.70	4.10	3.60	3.20	4.30	4.90	5.30		3.97	
Turnover (%)	12.40		16.00	16.80	16.40	16.80	16.70	16.20	17.10	16.90	15.50	15.50	14.80		14.80	
Establishment (wte)			834.39	825.38	851.88	858.86	860.19	859.26	860.16	865.52	867.79	870.58	869.50			
In post (wte)			870.20	888.79	874.75	873.03	856.07	877.70	879.30	878.34	868.15	882.98	884.18			
Under/(over) establishment (wte)			(35.81)	(63.41)	(22.87)	(14.17)	4.12	(18.44)	(19.14)	(12.82)	(0.36)	(12.40)	(14.68)			
Nursing:																
Sickness - registered (%)			3.40	3.00	3.80	3.20	3.60	4.30	3.90	4.00	5.20	4.90	4.70		4.00	
Sickness - unregistered (%)			8.40	6.40	6.20	7.70	9.10	8.20	9.40	7.30	9.10	8.40	10.80		8.27	
Turnover - registered (%)	14.00		16.20	17.00	17.30	17.10	16.90	16.00	17.70	18.50	17.50	17.10	16.80		16.80	
Turnover - unregistered (%)	16.20		22.00	20.90	19.00	20.60	17.80	17.50	19.70	18.50	16.50	17.00	14.10		14.10	
Starters (wte)			4.60	3.46	8.64	1.80	8.00	8.60	11.00	6.60	1.00	8.64	5.92		68.26	
Leavers (wte)			4.96	10.70	6.94	7.14	6.67	4.87	11.04	5.97	4.45	4.60	2.92		70.26	
Net starters (wte)			(0.36)	(7.24)	1.70	(5.34)	1.33	3.73	(0.04)	0.63	(3.45)	4.04	3.00		(2.00)	
Establishment (wte)			453.58	449.36	460.69	463.54	463.26	463.26	463.26	465.36	465.36	465.36	465.36			
In post - Employed (wte)			439.48	439.02	432.60	433.82	427.33	436.39	444.96	441.30	437.91	442.02	436.25			
In post - Bank (wte)			32.04	37.61	43.55	35.07	32.69	42.42	35.22	36.36	39.56	31.78	32.05			
In post - Agency (wte)			11.33	13.13	13.01	11.02	9.77	16.08	17.58	12.75	9.16	14.66	15.04			
In post - total (wte)			482.85	489.76	489.16	479.91	469.79	494.89	497.76	490.41	486.63	488.46	483.34			
Under/(over) establishment (wte)			(29.27)	(40.40)	(28.47)	(16.37)	(6.53)	(31.63)	(34.50)	(25.05)	(21.27)	(23.10)	(17.98)			

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Surgery, Head and Neck

	Operating Plan Target		Actual												
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,387	1,119	172	190	241	281	320	308	283	244	211	247	242		2,739	(1,620)
Nursing agency expenditure (£'000)	1,019	852	144	144	167	242	276	222	195	160	131	187	213		2,081	(1,229)
Overall																
Sickness (%)	3.50		4.00	3.40	3.60	4.10	4.20	4.00	4.10	4.30	4.50	4.60	4.50		4.12	
Turnover (%)	12.60		15.40	15.90	16.10	14.60	14.50	14.40	14.40	14.70	14.50	14.80	14.20		14.20	
Establishment (wte)			1,698.59	1,716.16	1,735.10	1,752.82	1,753.62	1,760.25	1,776.76	1,779.36	1,773.69	1,770.61	1,775.64			
In post (wte)			1,737.89	1,752.24	1,754.64	1,762.71	1,786.37	1,782.40	1,765.18	1,764.20	1,758.16	1,771.12	1,787.63			
Under/(over) establishment (wte)			(39.30)	(36.08)	(19.54)	(9.89)	(32.75)	(22.15)	11.58	15.16	15.53	(0.51)	(11.99)			
Nursing:																
Sickness - registered (%)			4.70	3.40	3.60	4.50	4.60	4.90	3.90	4.00	5.20	4.60	3.70		4.28	
Sickness - unregistered (%)			7.40	6.20	6.80	7.40	7.90	5.30	6.10	6.80	6.00	6.40	6.90		6.65	
Turnover - registered (%)	13.00		15.10	16.40	16.80	14.90	15.60	15.40	15.10	15.90	16.30	16.40	15.10		15.10	
Turnover - unregistered (%)	20.10		28.70	27.30	26.90	23.70	22.60	22.20	23.10	21.20	19.50	19.30	18.80		18.80	
Starters (wte)			10.61	4.00	5.63	1.00	9.00	21.40	13.00	20.57	5.40	22.72	7.09		120.42	
Leavers (wte)			9.52	8.33	10.64	5.51	23.40	10.97	7.80	11.41	9.87	11.19	1.00		109.64	
Net starters (wte)			1.09	(4.33)	(5.01)	(4.51)	(14.40)	10.43	5.20	9.16	(4.47)	11.53	6.09		10.78	
Establishment (wte)			677.18	680.98	689.06	694.06	701.12	701.15	702.30	703.60	696.79	697.69	700.50			
In post - Employed (wte)			644.20	646.24	650.41	642.90	648.68	636.91	645.27	650.04	649.36	656.02	658.60			
In post - Bank (wte)			45.02	51.89	55.40	59.14	62.43	64.34	48.09	42.73	39.56	41.50	56.51			
In post - Agency (wte)			20.66	19.59	27.45	31.41	35.91	29.47	25.05	21.90	16.80	21.73	26.68			
In post - total (wte)			709.88	717.72	733.26	733.45	747.02	730.72	718.41	714.67	705.72	719.25	741.79			
Under/(over) establishment (wte)			(32.70)	(36.74)	(44.20)	(39.39)	(45.90)	(29.57)	(16.11)	(11.07)	(8.93)	(21.56)	(41.29)			

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Women's and Children's

	Operating Plan Target		Actual												
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,228	634	189	230	284	305	171	365	308	300	257	297	213		2,919	(2,285)
Nursing agency expenditure (£'000)	978	467	116	178	225	235	182	248	298	268	205	248	195		2,398	(1,931)
Overall																
Sickness (%)	3.90		4.00	3.50	3.40	3.40	3.30	3.60	3.60	4.00	4.20	4.20	4.40		3.78	
Turnover (%)	9.80		12.30	12.30	12.20	12.30	12.40	11.50	11.60	11.70	11.70	11.60	11.30		11.30	
Establishment (wte)			1,814.32	1,825.58	1,828.38	1,835.19	1,841.46	1,847.70	1,878.60	1,874.87	1,887.66	1,893.43	1,894.47			
In post (wte)			1,808.92	1,808.69	1,832.69	1,812.60	1,821.97	1,873.24	1,946.37	1,917.60	1,902.50	1,912.89	1,909.77			
Under/(over) establishment (wte)			5.40	16.89	(4.31)	22.59	19.49	(25.54)	(67.77)	(42.73)	(14.84)	(19.46)	(15.30)			
Nursing:																
Sickness - registered (%)			4.60	3.90	4.00	3.80	3.80	4.60	4.40	4.20	4.80	4.80	4.80		4.34	
Sickness - unregistered (%)			5.80	5.40	4.60	4.70	3.60	2.90	3.60	5.30	6.40	6.30	7.60		5.11	
Turnover - registered (%)	10.00		11.50	11.30	11.00	10.90	10.50	9.60	9.80	9.90	9.80	9.80	9.30		9.30	
Turnover - unregistered (%)	20.00		22.70	24.60	23.80	23.00	23.60	17.90	17.20	15.60	16.50	16.50	17.10		17.10	
Starters (wte)			6.94	5.00	6.88	9.23	19.36	59.77	44.64	21.55	0.80	12.51	4.41		191.09	
Leavers (wte)			13.40	8.23	9.95	10.14	17.03	9.73	9.57	9.67	8.25	8.84	8.57		113.37	
Net starters (wte)			(6.46)	(3.23)	(3.06)	(0.91)	2.33	50.04	35.07	11.88	(7.45)	3.67	(4.16)		77.72	
Establishment (wte)			1,081.96	1,091.14	1,089.27	1,092.66	1,095.48	1,099.99	1,133.19	1,124.25	1,132.05	1,136.06	1,136.53			
In post - Employed (wte)			1,024.80	1,016.21	1,014.22	1,005.18	1,005.84	1,034.16	1,098.34	1,097.15	1,093.03	1,089.97	1,085.97			
In post - Bank (wte)			39.82	41.71	41.03	36.24	42.60	43.30	40.47	35.55	27.68	31.62	39.65			
In post - Agency (wte)			15.95	19.81	25.19	24.60	24.19	26.96	27.74	27.63	22.64	24.66	19.45			
In post - total (wte)			1,080.57	1,077.73	1,080.44	1,066.02	1,072.63	1,104.42	1,166.55	1,160.33	1,143.35	1,146.25	1,145.07			
Under/(over) establishment (wte)			1.39	13.41	8.83	26.64	22.85	(4.43)	(33.36)	(36.08)	(11.30)	(10.19)	(8.54)			

Definitions:

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Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
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Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report February 2016 - Risk Matrix

Datix Risk Register Ref.	Description of Risk	Inherent Risk (if no action taken)		Action to be taken to mitigate risk	Lead	Current Risk Score & Level	Target Risk	
		Risk Score & Level	Financial Value				Risk Score & Level	Financial Value
959	Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only around 80% of the required savings have been identified and delivered however, the impact on the financial plan has reduced due to other compensatory factors.	16 - Very High	£7.0m	Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes. Trust is working to develop savings plans to meet 2016/17 target.	DL	12 - High	4 - Moderate	£3.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board.	PM	9 - High	9 - High	-
951	Risk of national contract mandates financial penalties on under-performance against key indicators.	9 - High	£4.0m	Contract signed with NHS England. Trust has also agreed heads of terms with main Commissioners.	DL	9 - High	1 - Low	£3.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	6 - Moderate	6 - Moderate	£3.0m
408	Risk to UH Bristol of fraudulent activity.	3 - Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	3 - Low	3 - Low	-

Analysis of pay spend 2014/15 and 2015/16

Division		2014/15							2015/16											2013/14	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Q1 £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Diagnostic & Therapies	Pay budget	10,162	10,066	10,037	10,206	40,471	3,373		10,357	10,483	3,494	3,483	3,456	10,432	3,406	3,486	38,165	3,470		3,294	
	Bank	64	91	86	74	315	26	0.8%	82	109	26	31	36	93	35	27	345	31	0.9%	26	0.8%
	Agency	79	184	387	395	1,045	87	2.6%	377	242	48	66	72	186	59	90	952	87	2.5%	28	0.9%
	Waiting List initiative	45	46	65	113	269	22	0.7%	98	54	13	49	33	95	23	29	299	27	0.8%	19	0.6%
	Overtime	101	94	111	99	405	34	1.0%	147	94	36	35	29	100	30	41	410	37	1.1%	26	0.8%
	Other pay	9,772	9,435	9,675	9,492	38,375	3,198	95.0%	9,572	9,648	3,296	3,239	3,252	9,788	3,275	3,303	35,585	3,235	94.7%	3,179	97.0%
	Total Pay expenditure	10,062	9,850	10,324	10,173	40,409	3,367	100.0%	10,276	10,146	3,419	3,420	3,422	10,261	3,422	3,490	37,592	3,417	100.0%	3,278	100.0%
	Variance Fav / (Adverse)	100	216	(287)	33	62	5		82	337	75	63	34	172	(14)	(4)	573	52		16	
Medicine	Pay budget	11,591	11,880	12,506	13,320	49,297	4,108		12,841	12,458	4,137	4,191	4,072	12,400	4,179	4,182	46,060	4,187		3,679	
	Bank	805	870	1,019	872	3,566	297	7.1%	897	935	271	308	325	905	355	333	3,425	311	7.2%	275	6.9%
	Agency	451	630	1,058	1,356	3,495	291	7.0%	826	875	373	243	198	814	375	351	3,240	295	6.8%	196	4.9%
	Waiting List initiative	26	39	34	94	193	16	0.4%	51	45	15	15	26	56	11	24	187	17	0.4%	13	0.3%
	Overtime	36	19	16	20	91	8	0.2%	16	21	17	9	9	35	8	12	92	8	0.2%	16	0.4%
	Other pay	10,704	10,399	10,587	11,130	42,820	3,568	85.4%	11,212	10,941	3,646	3,714	3,623	10,982	3,747	3,741	40,623	3,693	85.4%	3,479	87.4%
	Total Pay expenditure	12,022	11,957	12,715	13,471	50,165	4,180	100.0%	13,002	12,817	4,322	4,289	4,181	12,792	4,496	4,460	47,567	4,324	100.0%	3,979	100.0%
	Variance Fav / (Adverse)	(431)	(77)	(209)	(152)	(868)	(72)		(161)	(359)	(185)	(98)	(109)	(391)	(317)	(278)	(1,507)	(137)		(300)	
Specialised Services	Pay budget	9,577	9,653	9,727	10,232	39,189	3,266		10,130	10,250	3,410	3,471	3,461	10,342	3,532	3,485	37,738	3,431		3,060	
	Bank	309	335	357	292	1,293	108	3.2%	402	404	116	145	91	352	144	147	1,449	132	3.7%	99	3.1%
	Agency	509	664	677	885	2,735	228	6.7%	671	710	216	180	185	582	225	250	2,437	222	6.3%	157	5.0%
	Waiting List initiative	91	90	133	194	508	42	1.3%	125	144	53	55	48	156	59	44	528	48	1.4%	32	1.0%
	Overtime	55	40	22	30	147	12	0.4%	29	29	12	10	8	30	7	8	104	9	0.3%	15	0.5%
	Other pay	8,813	8,894	9,028	9,211	35,946	2,995	88.5%	9,189	9,222	3,084	3,172	3,140	9,395	3,190	3,189	34,185	3,108	88.3%	2,840	90.4%
	Total Pay expenditure	9,777	10,022	10,215	10,613	40,627	3,386	100.0%	10,415	10,510	3,481	3,562	3,473	10,516	3,625	3,638	38,704	3,519	100.0%	3,142	100.0%
	Variance Fav / (Adverse)	(200)	(369)	(488)	(381)	(1,438)	(120)		(285)	(260)	(71)	(91)	(12)	(174)	(93)	(153)	(966)	(88)		(82)	
Surgery Head and Neck	Pay budget	17,951	18,025	18,188	18,190	72,354	6,030		19,366	19,669	6,626	6,539	6,543	19,708	6,556	6,608	71,907	6,537		5,911	
	Bank	463	511	587	463	2,024	169	2.7%	559	683	166	173	149	488	176	235	2,141	195	3.0%	155	2.5%
	Agency	226	327	275	448	1,276	106	1.7%	603	908	283	244	211	738	247	242	2,738	249	3.8%	67	1.1%
	Waiting List initiative	366	456	446	395	1,663	139	2.2%	407	387	123	137	111	371	90	89	1,344	122	1.9%	116	1.9%
	Overtime	184	114	39	43	380	32	0.5%	38	47	17	17	11	45	9	11	151	14	0.2%	40	0.7%
	Other pay	17,464	17,399	17,639	17,809	70,313	5,859	92.9%	17,853	17,860	6,130	6,037	6,034	18,200	6,071	6,024	66,008	6,001	91.2%	5,766	93.8%
	Total Pay expenditure	18,703	18,808	18,988	19,157	75,656	6,305	100.0%	19,461	19,885	6,719	6,608	6,517	19,844	6,593	6,601	72,382	6,580	100.0%	6,145	100.0%
	Variance Fav / (Adverse)	(752)	(783)	(800)	(967)	(3,302)	(275)		(95)	(215)	(93)	(69)	26	(136)	(37)	7	(475)	(43)		(235)	

Analysis of pay spend 2014/15 and 2015/16

Division		2014/15							2015/16											2013/14	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Q1 £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	20,433	21,521	21,945	22,234	86,133	7,178		22,562	22,828	7,692	7,803	7,796	23,290	7,900	7,894	84,475	7,680		6,123	
	Bank	530	485	631	528	2,174	181	2.5%	533	582	174	186	127	487	201	212	2,015	183	2.3%	151	2.5%
	Agency	384	397	411	650	1,842	154	2.1%	703	840	308	300	257	866	297	213	2,919	265	3.4%	117	1.9%
	Waiting List initiative	88	87	76	139	390	33	0.5%	205	169	59	68	76	203	54	72	703	64	0.8%	30	0.5%
	Overtime	82	79	95	99	355	30	0.4%	23	19	7	10	9	26	7	12	86	8	0.1%	19	0.3%
	Other pay	19,455	20,428	20,875	20,758	81,516	6,793	94.5%	21,492	21,695	7,371	7,529	7,509	22,409	7,618	7,672	80,885	7,353	93.4%	5,843	94.9%
	Total Pay expenditure	20,539	21,476	22,088	22,174	86,277	7,190	100.0%	22,956	23,305	7,919	8,093	7,978	23,991	8,177	8,180	86,608	7,873	100.0%	6,159	100.0%
	Variance Fav / (Adverse)	(106)	45	(144)	60	(144)	(12)		(393)	(477)	(229)	(290)	(182)	(701)	(277)	(286)	(2,133)	(194)		(36)	
Facilities & Estates	Pay budget	4,638	4,916	4,931	4,936	19,421	1,618		5,057	5,113	1,668	1,675	1,799	5,142	1,690	1,682	18,684	1,699		1,536	
	Bank	227	316	271	251	1,065	89	5.5%	296	320	100	80	98	278	82	96	1,073	98	5.7%	46	3.0%
	Agency	80	115	133	174	502	42	2.6%	145	189	88	90	71	249	50	56	690	63	3.7%	29	1.9%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	244	255	273	193	965	80	5.0%	225	244	68	76	64	207	69	64	809	74	4.3%	75	4.9%
	Other pay	4,109	4,129	4,274	4,218	16,729	1,394	86.9%	4,406	4,373	1,426	1,443	1,502	4,371	1,471	1,480	16,101	1,464	86.2%	1,366	90.1%
	Total Pay expenditure	4,660	4,815	4,951	4,835	19,261	1,605	100.0%	5,072	5,126	1,682	1,689	1,735	5,106	1,673	1,696	18,673	1,698	100.0%	1,516	100.0%
	Variance Fav / (Adverse)	(23)	101	(20)	101	161	13		(16)	(12)	(14)	(14)	64	36	18	(14)	11	1		20	
(Including R&I and	Pay budget	6,524	6,903	7,257	9,053	29,738	2,478		6,487	6,496	2,207	2,312	2,458	6,977	2,369	2,234	24,563	2,233		2,458	
(Incl R&I and Support Services)	Bank	165	154	189	178	686	57	2.4%	179	211	71	61	99	232	75	76	773	70	3.2%	57	2.4%
	Agency	135	139	154	280	707	59	2.5%	69	177	129	97	164	390	93	59	787	72	3.3%	31	1.3%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	31	27	33	19	110	9	0.4%	22	23	9	6	5	20	8	4	77	7	0.3%	9	0.4%
	Other pay	6,061	6,433	6,362	7,822	26,678	2,223	94.7%	6,029	5,967	1,997	2,063	2,141	6,201	2,152	1,984	22,334	2,030	93.2%	2,285	95.9%
	Total Pay expenditure	6,392	6,754	6,737	8,298	28,180	2,348	100.0%	6,299	6,378	2,206	2,229	2,409	6,843	2,329	2,123	23,971	2,179	100.0%	2,383	100.0%
	Variance Fav / (Adverse)	132	149	520	755	1,557	130		188	118	1	83	49	134	40	111	592	54		75	
Trust Total	Pay budget	80,876	82,964	84,592	88,172	336,604	28,050		86,800	87,298	29,233	29,474	29,585	88,292	29,632	29,569	321,592	29,236		26,060	
	Bank	2,564	2,762	3,140	2,657	11,124	927	3.3%	2,949	3,244	924	984	925	2,834	1,069	1,125	11,221	1,020	3.4%	809	3.0%
	Agency	1,865	2,455	3,096	4,187	11,603	967	3.4%	3,393	3,941	1,444	1,221	1,159	3,824	1,346	1,260	13,764	1,251	4.2%	625	2.4%
	Waiting List initiative	616	718	754	935	3,023	252	0.9%	886	799	263	324	294	881	237	258	3,061	278	0.9%	210	0.8%
	Overtime	734	628	589	503	2,454	204	0.7%	499	478	165	164	135	463	138	152	1,730	157	0.5%	201	0.8%
	Other pay	76,378	77,117	78,440	80,436	312,370	26,031	91.7%	79,752	79,705	26,950	27,197	27,201	81,348	27,524	27,392	295,723	26,884	90.9%	24,759	93.1%
	Total Pay expenditure	82,157	83,680	86,019	88,718	340,574	28,381	100.0%	87,480	88,166	29,747	29,890	29,714	89,352	30,314	30,188	325,498	29,591	100.0%	26,603	100.0%
	Variance Fav / (Adverse)	(1,281)	(716)	(1,427)	(546)	(3,970)	(331)		(680)	(868)	(514)	(416)	(129)	(1,058)	(683)	(617)	(3,906)	(355)		(543)	

NOTE: Other Pay includes all employer's oncosts.

In Month 6 a review of central provisions held within support services resulted in a movement of credits between agency and employed staff - this is reflected in this report appropriately in prior months.

Release of Reserves 2015/16 **Appendix 7**

	Significant Reserve Movements							Divisional Analysis								
	Contingency Reserve	Inflation Reserve	Operating Plan	Savings Programme	Other Reserves	Non Recurring	Totals	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Other including income	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Resources Book	1,000	5,111	40,114	(268)	11,131	6,050	63,138									
April movements	(220)	(2,511)	(29,556)	-	(4,872)	(1,047)	(38,206)	4,075	5,792	4,807	9,850	7,758	967	4,922	35	38,206
May movements	(30)	288	(5,225)	312	(2,481)	(3,500)	(10,636)	(219)	2,155	193	89	106	17	153	8,142	10,636
June movements	(89)	(26)	(529)	-	(334)	(117)	(1,095)	30	162	50	164	320	142	169	58	1,095
July movements	43	(26)	(94)	-	(182)	(7)	(266)	31	26	14	23	14	27	15	116	266
August Movements	44	(26)	(447)		(638)	(11)	(1,078)	165	102	69	196	130	34	656	(274)	1,078
September movements	89	(202)	(206)		(85)	(31)	(435)	17	90	61	70	341	45	15	(204)	435
October movements	(76)	(26)	(758)	-	238	(27)	(649)	13	37	15	21	745	33	125	(340)	649
November movements	(55)	(26)	(116)		167	(49)	(79)	29	67	46	34	129	46	(107)	(165)	79
December movements	(21)	(26)	(443)		(386)	(128)	(1,004)	21	63	24	21	485	34	141	215	1,004
January movements	(79)	(26)	(17)		(94)	(54)	(270)	-101	9	58	-35	6	34	90	209	270
January Movements																
EWTD					(144)		(144)	9	32	20	26	54	2	1		144
Recruitment & retention	(8)					(11)	(19)			8		3		8		19
ORCP funding			(22)				(22)	22								22
Redevelopment costs						(16)	(16)						14	2		16
CQUIN			(39)				(39)				10	11		18		39
Other	(20)	(33)			12		(41)						26	27	(12)	41
Month 11 balances	578	2,471	2,662	44	2,332	1,052	9,139	4,092	8,535	5,365	10,469	10,102	1,421	6,235	7,780	53,999

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
15. Finance Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: Lisa Gardner, Non-Executive Director and Chair of the Finance Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To provide assurance that the Finance Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 23 March 2016.									
Recommendations									
None.									
Impact Upon Board Assurance Framework									
Impact Upon Corporate Risk									
Implications (Regulatory/Legal)									
Equality & Patient Impact									
Resource Implications									
Finance	✓	Information Management & Technology							
Human Resources		Buildings							
Action/Decision Required									
For Decision		For Assurance	✓	For Approval		For Information			

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
	23/03/16				

Report to the Board of Directors meeting

From Finance Committee Chair Lisa Gardner

This report describes the business conducted at the Finance Committee held on 23 March 2016, indicating the challenges made and the assurances received.

Non-Exec Directors in Attendance: Lisa Gardner (LG), Jill Youds (JY), Julian Dennis (JD), John Savage (JS)

Item	**Key Points**	**Challenges**	**Assurance**
Matters Arising from Minutes	Dean Bodill (DB) advised the Divisional reports serve other purposes and therefore needed to be in the format presented. Community Bed Placement information Philip Kiely – Deb Lee (DL) sought clarification of his attendance and whether it set a precedent. Heygrove data	(JY) Agreed that they were helpful and there was no need to provide a reduced report for Finance Committee. (JY) Felt it was not a precedent, would be helpful to have dialogue and sight of fresh perspectives of the team in a difficult Division	(DL) putting together summary before next meeting (DL) Team approach understood and she would take forward. Queried whether it should be at the end and more informal. Sue Donaldson (SD) advised it would go to QoC in April

	Windows replacement was confirmed in budget		
3.1 Executive Summary of BHI Operating Plan	(DL) presented the Executive summary and referred to the operating plan detail.	(JY) clarified that request had come from concerns regarding financial position in Cardiac, and wanted sight of how risks were being managed.	(DL) described the plan, and in particular, Cardiac Surgery, and Ward reconfiguration.
3.2 Adult ENT Consultant Productivity Report	(DB) presented report. Productivity gains can be found through utilisation of outpatients. Useful report; now needed consideration of how to move forward in other specialties.	(LG) queried where to review next? (JY) asked if best approach is to keep high level and uncomplicated which may reduce resource required?	(DL/PM) suggested Trauma & Orthopaedics. As it is the same division and same General Manager, it should be easier to roll out. Issue regarding timescales and workload implications. (PM) Suggested consultants will drive it to look at detail. (DL) will take it to the Savings Board.

Briefing Reports 4.1 Control of Slippage on Capital Projects	(DL) described the improved focus within Divisions.	(JY) Sought assurance of Divisional Director engagement.	(DL) gave assurance they were fully engaged now. Kate Parraman (KP) advised they had been written to with 'next steps' now capital programme had been agreed.
4.2 Service efficiency and profitability	Paul Mapson (PM) presented report regarding RCI and Q2 service lines. Key issues are: • Medicine • Trauma & Orthopeadics which is a growing issue and there needs to be a focus here. • Allocation of dental SIFT • Women's and Children's tariff reliance • CICU Will work with Divisions on these.	(DL) required clarification regarding whether the graph on W&C referred to gynae or general paeds. (JD) considered paper was good, queried why Clinical haematology was an issue? (JD) Will Diagnostic Imaging improve further with investment in equipment?	Clarified it was Gynae and (DL) understood the drivers. (PM) Interaction with BMT as a specialist service may skew the data. Doesn't feel like an expensive service. (DL) Yes – Seeing that already. (PM) It is an efficiently run service in the main and it potentially requires investment in staffing. Need to improve data.

		(JY) Next steps read understandably as finance led – assurance regarding engagement with Division. (LG) asked for assurance that finance would continue training and working with Divisions.	(DL) expected to take report and expect response through divisional structures. Need to ensure in particular W&C take lead operationally rather than relying on strong Divisional Finance Manager. (PM) gave that assurance. (DL) gave consideration of support for Divisions in responding.
Finance Directors Report	(PM) presented report. Activity was good despite the pressures, testament to sound operational management. Issues regarding nursing continue. Described 16/17 control total on nursing spend which requires focus on controls and understanding the need for extra capacity. Forecast outturn for 2015/16 remains £3.5m but there are risks of challenges.	(JS) recognised need for £5m deficit plan in 2016/17 and covering it by cash in year. Questioned what does this will do to Monitor rating? (DL) questioned how monitor would view Trust saying no to sustainability funding, and the need to handle this.	(PM) This will be managed via reduction in capital spend to maintain cash rating and hence will be 3. 2017/18 is the question; the sustainability funding must go into tariff. (PM) Advised correspondence had been sent explaining position. Hoping this will move discussion forward in year.

	Discussed next year's approach and difficulty in completing plan given the levels of uncertainty. Rejected control total. With sustainability funding forecasting £8m surplus without it a £5m deficit. Not expecting sustainability funding due to NHS England affecting our ability to hit control total.		
Contract Income and Activity Report	(SB) presented report. (DL) summarised operational pressures and questioned whether the level of occupancy of 99% can be sustained. RTT is embedded. Cancer is affected by cancellations. Need to consider carefully the effect on staff and future income performance may be affected. (PM) described the need to understand bed requirements and restrictions.	(JS) reflected on the Trust's decision to retain bed base under pressure to close from the system in previous years. All agreed need to support staff and the need to consider safety of staff as well as patients.	(DL) described bed base, GP pressures and high level of acuity of patients. Need to decide whether to retain ward as plan is to close one. Need to pursue financial support to deal with patients in our beds who should not be there.

Divisional Financial Reports	(DB) presented report. Division's position had deteriorated again this month.	All agreed reflected where we are in the year and had no further questions.	
Savings Programme	(DB) presented report. Forecasting £3.5m shortfall at year end. £5.7m shortfall to date on next year's plan. (DL) added concern on W&C capacity issues and ability to consider CIPs outside of income. SHN is a concern but with new Director, Division needs time to develop plans.	(JY) referred to W&C raising their own concerns last year which showed realism, and felt assured there was good understanding of issues and support needed. (JS) is interested in how to bring in the right support to help W&C.	(PM) gave assurance on robustness and risk assessment of our approach. (DL) General Management approach support is preferred.
Capital Programme	(KP) presented report.	Position was understood. No further questions.	
CPSG minutes	(JSp) presented the minutes.	No questions raised.	
Statement of Financial Position & Treasury Management	(KP) presented report.	Committee expressed positive position on debtors.	
Any other business	None		

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public to be held on Wednesday 30 March 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
16. Audit Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: John Moore, Non-Executive Director and Chair of Audit Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose This report provides a summary of the business discussed at the meeting of the Audit Committee held on 9 March 2016. Key issues to note The report includes an overview of the key issues discussed, areas of challenge and scrutiny and assurance provided by the Executive, Trust representatives, Internal Audit and External Audit.									
Recommendations									
The Board of Directors are asked to receive the Audit Committee Chair's report of business conducted at the meeting held 9th March 2016.									
Impact Upon Board Assurance Framework									
N/A									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
N/A									
Equality & Patient Impact									
None									
Resource Implications									
Finance				Information Management & Technology					
Human Resources				Buildings					
Action/Decision Required									
For Decision		For Assurance	✓	For Approval		For Information			

Date report submitted to other sub-committee				
Finance Committee	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Audit Committee**

University Hospitals Bristol NHS
NHS Foundation Trust

Report to the Board of Directors meeting 30th March 2016

From Audit Committee Chair John Moore, Non-Executive Director

This report describes the business conducted at the Audit Committee held 9th March 2016, indicating the challenges made and the assurances received.

Item	Key Points	Challenges	Assurance
Matters Arising from Minutes	Datix Utilisation	The Chair enquired as to the possibility of utilising Datix for Clinical Audit and Sarah Wright advised there was a module available that could perform this function.	Chief Executive agreed to discuss further with the Executive Team as to full utilisation and reporting mechanisms of the triangulation facility and the potential extension of Datix into Clinical Audit
Local Counter Fraud Status Report	The regular report was received summarising the work of the counter fraud service during the period and changes in the requirements for NHS Protect's standards	The report for quarter 3 highlighted that the majority of fraud incidents arose as a result of NHS employee actions i.e. sickness timesheets and working elsewhere during sickness absence.	The Chair suggested it would be useful to receive details of national trends and the Interim Counter Fraud Manager confirmed this could be included within the Annual Report, which provided a breakdown of cases and referrals received.
		In response to a query on how other sectors managed this element of fraud, it was acknowledged that flexible working arrangements could also enable staff to work for UH Bristol and other NHS Trusts.	Due to the National Fraud Initiative, relationships with other NHS Providers assisted with the identification of staff involved in potential fraud cases. A rigorous sickness management policy was also invaluable.

Item	Key Points	Challenges	Assurance
Local Counter Fraud Annual Plan 2016/17	Priorities for 2016/17 were laid out in the report. There had been a history of poor performance with regard to annual leave recording for medical staffing which identified it as an area for development.	There was challenge amongst some Committee members that the priorities identified were areas of potential high-risk fraud.	The Committee approved the Local Counter Fraud Annual Plan.
Internal Audit Progress Report	The Committee received the report which detailed the number of recommendations according to the level of risk, the total number of recommendations outstanding and the grade of recommendations outstanding.	It was noted that the number of recommendations arising from audits has significantly reduced	The Director of Internal Audit advised that less recommendations had been made in comparison to previous years, as a result of changed audit profiles and improved controls.
		The number of audits with recommendations outstanding for greater than 12 months were reviewed.	It was agreed that an overview of the current position of the outstanding recommendations would be reviewed by the Executive Directors prior to review by the Audit Committee in May.
		Challenge was made to the provision of evidence to assure the committee that the whistleblowing policy had been fully embedded	A copy of the updated policy and the training plan would be presented to the next meeting in May.
	Discharge Planning Audit	The Committee noted two areas of concern that required consideration: areas where policy and procedure was in place but not adhered to and changes that had to be made to the policy and procedure to make the necessary improvements.	The Director of Internal Audit advised that the Chief Nurse was aware of the findings and it was noted that discharge process workshops had already commenced for the nursing staff. It was acknowledged that it was a very complex area which would take time to fully resolve the issues.

Item	Key Points	Challenges	Assurance
	Information Governance Toolkit – Interim Audit Report	Members sought clarification with regard to the high level risk associated with this audit.	The action plan had been taken forward and was reported regularly to the Information Risk Management Group and were in a position to sign off level two compliance at the end of March. The Risk Manager advised that the Internal Audit was a sample section of criteria from the Information Governance toolkit that had been especially selected, due to previously identified gaps and issues. The level of risk attributed to this audit was prior to completion of the associated action plan.
	Redevelopment Projects / Large Scale Capital Projects Audit	There were no areas where challenge was required.	The report provided adequate assurance.
	Audit of Immunisation Processes	The lack of a system in place to record staff immunisations and ambitious timescales for achievement of the recommendations were noted.	An update from the Executive Team would be provided for the next meeting in May
	Audit of the Use of Restraint Procedures	Members noted that not all aspects of the national guidance had been incorporated within the Trust policy and asked how the Audit Committee could be assured that all policies in place appropriately reflected current national guidance and were adequately reviewed	The current policy is out for consultation. The Chief Executive advised that the internal audit review had undertaken the check that had been requested and had highlighted issues around policy management and review. The work around the Document Management System, as part of the Well Led Governance Review, had ensured there was a proactive programme

Item	Key Points	Challenges	Assurance
			in place to remind managers of their responsibilities with regard to policies, and included standardised formats, review dates and accountabilities. The Director of Internal Audit advised that a further piece of work would commence in March to review policy management.
	Estates Management	There were no areas where challenge was required.	The report demonstrated that the review findings had been resolved but remained a continual process to ensure it became general practice. A further audit would be undertaken in 2016/17
Internal Audit Annual Plan 2016/17	The plan had been discussed with the Executive Directors, individually and as a team and the Internal Audit team had been asked to provide a conclusion on the controls in a number of areas. The Terms of Reference would be presented to the Executive Team to ensure focus had been correctly directed to the areas of highest risk to the organisation.	A number of amendments had been requested in the closed session to bring forward audits relating to; Whistleblowing, Complaints Management, Estates Management and accuracy and timeliness of recording patient information.	The report provided adequate assurance.
External Audit Progress Report	The report was received for information.	Members sought confirmation that the external audit team were fully prepared for commencement of the year-end procedures.	External Audit confirmed that they were fully prepared.
Financial Year-End Report 2015/16	The committee received the Financial Year-End Report 2015/16 and noted the change in payroll arrangements with regard to inclusion of reporting of Directors' salaries.	There were no areas where challenge was required.	The Finance department had conducted its own audit of pay arrangements in order to provide additional reassurance in this regard

Item	Key Points	Challenges	Assurance
			The report provided adequate assurance.
Losses and Compensation Report	The report was received for information.	Members sought clarification in respect to the overseas patient write-off and enquired whether any changes in policy and procedure had been proposed by NHS England to mitigate this risk	The Director of Finance & IM&T advised that the Trust did have a project in development for overseas patients. A paper had been presented to the Service Delivery Group and which would require significant change in current operational processes in order to succeed. This area had been identified as an area for review by Internal Audit in 2017/18. The report provided adequate assurance.
Single Tender Actions	The report was received for information.	There were no areas where challenge was required.	The report provided adequate assurance.
Risk Management Group Summary Report	The report was provided for assurance to the Committee.	Members sought clarification on a number of items that omitted the information required to make an informed judgement that the RMG was discharging its duties. Future reports should contain more detailed information on areas of challenge.	The report provided adequate assurance.
Board Assurance Framework and Corporate Risk Register	The BAF was received for review and outlined the Trust's strategic objectives, annual objectives, progress on achieving these and the associated risks and mitigation plans. The current format was scheduled to	There were no areas where challenge was required however; members of the Committee were provided with an update on the Red rated objective.	BAF reference 5.1 - We will play an active role in the urgent system with the aim of consistently achieving timely. It was noted that this referred to the current challenges relating to timely discharge into community.

Item	Key Points	Challenges	Assurance
	be discussed at the Board Seminar on Friday 11 March. Additional detail related to sources of assurances and the references to Internal Audit had been a useful addition.		The BAF will be reviewed in line with the Trust strategic and operational review in Q4. The revised BAF will be submitted to the Committee and Board for approval in March.
	The Chief Executive introduced the Corporate Risk Register also presented to the Board in January and the report's cover sheet detailed the new risks and those that had been removed. Robert noted the dynamism of how the Corporate Risk Register was now managed.	Members Emma referred to the Pneumatic Chute at St Michaels and enquired as to a date for a successful conclusion. The Director of Finance advised that whilst the chute was operating in its entirety, assurance from Pathology was awaited with regard to the possibility of deterioration of blood samples.	It was noted that Estates had undertaken thorough tests of the chute. The report provided adequate assurance.
Clinical Audit Quarterly Report	53 out of 55 (96%) Priority 1 projects had commenced or been completed and 155 projects (70%) had commenced according to the planned timescale; this represented a similar position compared to the previous year.	Committee members queried eleven projects that had been abandoned within the current cycle, which was slightly higher than previously Committee members were advised that there were always risks attached to forward planning of audits, due to the impact and effects of changing clinical pressures and personnel issues.	The report provided adequate assurance.
The Role of Clinical Audit in Assuring Good Clinical Practice	The Chair of the Clinical Audit Group, and Clinical Audit and Effectiveness Manager, presented a paper which, following the discussion in December's meeting, addressed what Clinical Audit could and could not	Committee members requested assurance that consultants were aware of their professional obligation to highlight concerns in relation to other healthcare professionals	The Deputy Medical Director advised she was confident her consultant colleagues were aware. This had also been addressed at consultant away days.

Item	Key Points	Challenges	Assurance
	deliver. The paper focussed on other tools that were available to review quality in clinical practice and also reflected on areas for improvement and development within Clinical Audit		The report provided adequate assurance.
Reports were received from the Quality and Outcomes Committee and Finance Committee Chairs	The reports were provided for assurance to the Committee.	There were no areas where challenge was required.	The reports provided adequate assurance.
Review of External Auditor Performance	The report was provided to enable members to discuss the performance of the External Auditors.	There were no areas where challenge was required.	The Chief Executive advised he had not been made aware of any shortcomings or concerns and The Director of Finance & IM&T confirmed he had been satisfied with the performance.
Any Other Business	There was no other business.	N/A	N/A

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
17. Register of Seals									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive **Author**: Brian Courtney, Interim Trust Secretary									
Intended Audience									
Board members	✓	Regulators	✓	Governors	✓	Staff		Public	✓

Executive Summary

Purpose:
To report applications of the Trust Seal as required by the Foundation Trust Constitution.

Key issues to note:
Standing Orders for the Trust Board of Directors stipulates that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.

The attached report includes all new applications of the Trust Seal to March 2016 since the previous report on 30 November 2015.

Recommendations
The Board is asked to receive this report to note.
Impact Upon Board Assurance Framework
N/A
Impact Upon Corporate Risk
N/A
Implications (Regulatory/Legal)
Compliance with the Trust's Constitution and Standing Orders,
Equality & Patient Impact
N/A

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)

Register of Seals – December 2015 – March 2016

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
774	22/12/2015	Form of agreement for an NEC3 Engineering & Construction contract – alterations to King Edward Building (Phase 4). UHB and Wilmott Dixon.	Paul Mapson, Director of Finance & Information	Deborah Lee, Chief Operating Officer/ Deputy Chief Executive	
775	18/01/2016	Counterpart Lease – Topland Mercury & UHB – Suite 5, Whitefriars	Robert Woolley, Chief Executive	Paul Mapson, Director of Finance & Information	
776	03/02/2016	Sale of the entire issued share capital of the company Careflow Connect Ltd	Paul Mapson, Director of Finance & Information	Debbie Henderson, Trust Secretary	
777	08/03/2016	Design & Build Contract: Siemens Healthcare. MRI Scanner for Bristol Royal Hospital for Children	Robert Woolley, Chief Executive	Paul Mapson, Director of Finance & Information	

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on Wednesday 30 March 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
18. Monitor feedback on Quarter 3 Risk Assessment Framework Submission
Sponsor and Author(s)
Sponsor: Robert Woolley, Chief Executive **Author**: Brian Courtney, Interim Trust Secretary

Intended Audience									
Board members	**X**	Regulators	**X**	Governors	**X**	Staff	**X**	Public	**X**

Executive Summary

Purpose

The purpose of this report is to inform the Trust Board of Directors of Monitor's analysis of the Trust's Quarter 3 submission. Monitor's analysis of the quarter 3 submission is based on the Trust's risk ratings relating to Continuity of Services and Governance, which the Trust submission as follows:

- Continuity of Services Risk Rating – 4
- Governance Risk Rating – Green

Key issues to note

These ratings will be published on Monitor's website later in March.

The Trust has failed to meet the following targets which triggered consideration for further regulatory action:

- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge target since Q3 2013/14;
- Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate-patients on an incomplete pathway target since Q2 2014/15;
- All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer target since Q4 2013/14; and
- All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral target since Q3 2014/15.

Monitor expects the Trust, in partnership with system stakeholders where appropriate, to address the issues leading to the target failures and achieve sustainable compliance with the targets promptly. Monitor has, however, been encouraged to see recent improvement in target performance, such as the Trust's adherence to its revised RTT recovery trajectory.

As a result Monitor has decided not to open an investigation to assess whether the trust could be in breach of its licence at this stage. The Trust's governance rating has been reflected as 'Green'.

Recommendations
The Board is recommended to receive the report to note
Impact Upon Board Assurance Framework
Annual Objective to improve patient experience by ensuring patients have access to care when they need it and are discharged as soon as they are medically fit. We will achieve this by delivering the agreed changes to our Operating Model and our work with system partners.. Also ensuring sound governance and regulatory compliance, including to restore Trust's Monitor governance rating to GREEN and maintain throughout 2015/16 – this report results in no change to the Board Assurance Framework
Impact Upon Corporate Risk
Corporate Risk Number 1366 – To improve patient experience by ensuring patients have access to care when they need it and are discharged as soon as they are medically fit - we will achieve this by delivering the agreed changes to our Operating Model and our work with system partners. – this report results in no change to the Corporate Risk Register.
Implications (Regulatory/Legal)
Possible breach of the Health and Social Care Act 2012 if the Trust does not comply with the conditions of the licence.
Equality & Patient Impact
There are no equality implications as a result of this report. Potential impact on patient experience as a result of the Trust's failure to meet targets.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	**X**

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

1 March 2016

Mr Robert Woolley
Chief Executive
University Hospitals Bristol NHS Foundation Trust
Trust HQ
Marlborough Street
Bristol
BS1 3NU

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Dear Robert

Q3 2015/16 monitoring of NHS foundation trusts

Our analysis of your Q3 submissions is now complete. Based on this work, the trust's current ratings are:

- Financial sustainability risk rating: 4
- Governance rating: Green

These ratings will be published on Monitor's website later in March.

The trust has failed to meet the following targets which has triggered consideration for further regulatory action:

- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge target since Q3 2013/14;
- Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate-patients on an incomplete pathway target since Q2 2014/15;
- All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer target since Q4 2013/14; and
- All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral target since Q3 2014/15.

Monitor uses the above targets (amongst others) as indicators to assess the quality of governance at foundation trusts. A failure by a foundation trust to achieve the targets applicable to it could indicate that the trust is providing health care services in breach of its licence. Accordingly, in such circumstances, Monitor could consider whether to take any regulatory action under the Health and Social Care Act 2012, taking into account, as appropriate, its published guidance on the licence and enforcement action including its Enforcement Guidance[1] and the Risk Assessment Framework[2].

[1] www.monitor-nhsft.gov.uk/node/2622
[2] www.monitor.gov.uk/raf

We expect the trust, in partnership with system stakeholders where appropriate, to address the issues leading to the target failures and achieve sustainable compliance with the targets promptly. We have, however, been encouraged to see recent improvement in target performance, such as the trust's adherence to its revised RTT recovery trajectory.

Monitor has decided not to open an investigation to assess whether the trust could be in breach of its licence at this stage. The trust's governance rating has been reflected as 'Green'. Should any other relevant circumstances arise, Monitor will consider what, if any, further regulatory action may be appropriate. The monthly performance calls held between Monitor and the trust will continue so that we understand the actions the trust is taking to improve performance against the targets above.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q3 2015/16 will be available in due course on our website (in the News, events and publications section), which I hope you will find of interest.

For your information, we will be issuing a press release in due course setting out a summary of the report's key findings.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q3 2015/16 will be available in due course on our website (in the News, events and publications section), which I hope you will find of interest.

For your information, we will be issuing a press release in due course setting out a summary of the report's key findings.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0192 or by email (Justin.Collings@Monitor.gov.uk).

Yours sincerely

Justin Collings
Senior Regional Manager

cc: Mr John Savage, Chairman,
Mr Paul Mapson, Finance Director

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
19. West of England Academic Health Science Network Board Report – March 2016									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive **Author**: N/A									
Intended Audience									
Board members	**X**	Regulators		Governors		Staff		Public	
Executive Summary									
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. Key issues to note There are no key issues to note.									
Recommendations									
The Trust Board is recommended to note this report.									
Impact Upon Board Assurance Framework									
N/A									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
N/A									
Equality & Patient Impact									
N/A									
Resource Implications									
Finance				Information Management & Technology					
Human Resources				Buildings					
Action/Decision Required									
For Decision		For Assurance		For Approval		For Information	**X**		
Date the paper was presented to previous Committees									
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**				

Report from West of England Academic Health Science Network Board, 2 March 2016

1. Purpose

This is the eleventh quarterly report for the Boards of the member organisations of the West of England Academic Health Science Network.

Board papers are posted on our website www.weahsn.net for information.

2. Business Plan 2016/17

We won't know our financial allocation for 2016/17 before the end of March, but are working on the basis that most of the work will be a continuation of our current, well supported programmes.

At this stage it seems that new projects will include:

- A second phase of our popular crowd sourcing project "DesignTogether, Live Better" – this time with a distinctly digital flavour. The kick-off event "The Wisdom of the Crowd" on 19 April 2016 is filling up fast. Contact Nada for more information – nada.khalil@weahsn.net
- Avoidable mortality - our Acute Trusts are keen to work together on mortality reviews, sharing good practice. We will support this and bring patient contributors and primary care colleagues into the collaboration.
- Health Education South West are funding us to coordinate their new, grassroots approach to developing new models of care and addressing workforce issues in GP practice and wider primary, community and social care. This helps us to build on our primary care support to commissioners and our QI /patient safety work in this setting
- Improving wound care – bringing expertise and innovation from the Welsh Wound Improvement Centre we will be working across district nursing and community nursing in Swindon to support better wound care through quality improvement and skills development.

A couple of strategic developments in this year's Business Plan discussions are:

- We have had some good discussions with chairs, CEOs and clinical leaders about how we might support West of England organisations to develop a combined approach to rapid implementation of product innovation and service improvement. Two angles on the same process we think.
- How the AHSN can best support effective Sustainability and Transformation Plans – we've had lots of feedback that people value what we do now, would like more signposting towards best practice and would like further conversation about how far to change our approach towards community wide working. It was good to hear that senior leaders are happy with how we're doing things now.

3. Highlights and next steps from our work streams

We continue to report very high levels of momentum in our work and this is because we have huge levels of engagement from commissioners, providers, our Universities and wider partners:

- Diabetes Digital Coach Test Bed: after the celebrations at winning this high profile national competition we are now getting to grips with governance and making clear arrangements for this 27 month experiment with our member organisations and the companies. We will report progress quarterly and have learning events so everyone can join in.
- Health Innovators programme – the second programme is running in the first and second weeks of March with 16 participants who want to learn how to turn their entrepreneurial ideas into viable business cases.
- 'Don't Wait to Anti Coagulate,' our stroke prevention programme was scored by the other 14 AHSNs as the top adoption and spread project and one that they would be willing to adopt. We now have baseline results from 18 GP practices in Gloucestershire and are on track to save 90 people from having a stroke. People in Bristol will be the next to benefit as Bristol CCG takes this on in 2016/17.
- The Health Foundation have accredited us as the third Flow Academy in England joining Sheffield and South Warwickshire in being able to train flow coaches. RUH are working on 3 pathways and will share their learning.
- All 7 CCGs are inviting GP practices to volunteer for a primary care patient safety collaborative which will work initially on incident reporting.
- The Emergency Department safety checklist is in great demand and has impressive results. We are supporting all the EDs in the West of England to implement it through a collaborative approach. Colleagues from all over the country have asked to use it and we are running a masterclass on 25 April 2016 for all comers.
- March is the first birthday for our project to spot and treat deteriorating patients quickly. Every commissioner and provider in the West of England is active in this work to use the National/Early Warning Score across every single interface of care and SWAST are at the heart of this work.
- We held a very successful informatics event on 23 February 2016 which included a meeting of the Chief Clinical Information Officers network. The AHSN is supporting health community Digital Road Map events.
- Our Evidence and Evaluation Toolkits will be published on their own websites on 22 March 2016 and we warmly encourage you to use them and give us feedback. We will also offer a free two hour workshop on each of "Finding the Evidence" and "Getting started with Service Evaluation" to complement the toolkits in every CCG over the next 3 months.
- We continue to support the implementation of the West of England Genomics Medical Centre by leading the Public and Patient Involvement Steering Group and contributing to other work streams such as the education and training Steering Group. We supported the UWE bid to run the Genomics MSc which has now been awarded to Exeter University.

4. Find out more

Our e-newsletter is out click on:
http://us8.campaignarchive1.com/?u=f0307060daac60c96aab19b07&id=457348f4c7&e=57daf01a1b

Deborah Evans, March 2016

Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 30 March 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
20. Governors' Log of Communications									
Sponsor and Author(s)									
Sponsor: John Savage, Chairman **Author:** Amanda Saunders, Head of Membership & Governance									
Intended Audience									
Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓

Executive Summary

Purpose:
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-Executive Directors when new items are received and when new responses have been provided.

Key issues to note:
Since the last report was submitted to Board in February, there have been 2 new queries added to the Governors' Log (147 and 148 response not yet due) and 3 queries have been updated with a response (144, 145 and 146).

Recommendations
None.
Impact Upon Board Assurance Framework
Impact Upon Corporate Risk
Implications (Regulatory/Legal)
Equality & Patient Impact

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

Governors' Log of Communications

22 March 2016

ID **Governor Name**

148 **Ed Brooks** ***Theme:*** Maternity Services ***Source:*** Governor Direct

Query **16/03/2016**

Following a recent Chair, Chief Executive and Governor 'Walk Around' visit to St. Michael's, please can more detail be provided with regards to the reported proposed trial of husbands and partners staying overnight with new mothers. How long would a trial run for, how would the trial be managed, who would be included from the staff side and how would it be assessed?

Division: Women's & Children's Services ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 22/03/2016

Response

Exec response pending

Status: *Assigned to Executive Lead*

147 **Mo Schiller** ***Theme:*** Recruitment ***Source:*** Governor Direct

Query **14/03/2016**

Can the Board give governors assurance that there is an effective and rigorous approach to the selection process for Senior Executive and NED positions including the involvement of focus groups,panel interviews and presentations if required. How satisfied is the Board that the preparation and planning for selection process activities is robust and that communication and adherence to Trust values is maintained at all times?

Division: Trust Services ***Executive Lead:*** *Director of Human Resources and Organisational Development* ***Response requested:*** 14/03/2016

Response

Exec response pending

Status: *Assigned to Executive Lead*

ID **Governor Name**

146 **Bob Bennett** ***Theme:*** Mental Health Services ***Source:*** Governor Direct

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Query **19/02/2016**

In light of the report on NHS mental health service problems, can the Trust confirm if and how many staff are trained in the treatment and handling of patients suffering from mental health disorders? Do we have psychiatric specialists available throughout the Trust? If extra funding in the provision of our mental health services is required, is funding available within the existing Trust budget?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 19/02/2016

Response **11/03/2016**

Can the Trust confirm if and how many staff are trained in the treatment and handling of patients suffering from mental health disorders? Do we have psychiatric specialists available throughout the Trust?

We have a number of staff formally trained to a high level and employed by UHB in the treatment and handling of patient with a mental health disorder. They in turn train many more. In this trust there is diverse and complex system for the assessment and management of patients suffering from mental health disorders.

The Older Adults Service within the Trust is provided by Avon and Wiltshire Partnership the staff in the team are detailed in the table below.

Clinical Staff
Consultants
Specialty Doctors
Team Manager band 7
Nurses band 6

The Older Adults service works across the campus providing mental health input into older inpatients. There is a not a specific outpatient service. They specialise in the assessment and treatment of patients with cognitive impairment, and is a needs led referral system rather than criterion led. Their working hours are 9-5 5 days a week. There is increased service provision for 16/17 for 2 sessions of consultant time and further band 6 nursing time. This is to support older adults in OPAU, and attempt to reduce the length of stay of this vulnerable. The service has a variable number of core trainees at any one time.

The Adults of Working Age (AOWA) Service

Details of staff in the adults of working age service are in the table below. These are all funded via UHBristol, with the Consultant posts being joint posts with AWP.

Clinical Staff
Consultants
Specialty Doctors
Team Manager band 8
Nurses band 7
Nurse band 7 (St Michaels)

This service works 07:00 until 21:00, 7 days a week. The team provide an ageless service into ED and observation ward, inpatient review in all departments, and a specialised outpatient service including Medically Unexplained Symptoms. This team also had a variable number of trainees at any one time.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service into the Children's hospital is commissioned and provided separately. It was provided by NBT as part of their broader CAMHS remit, but from April 2016 will revert to AWP for one year until a full re-tendering process can take place. This service is provided within office hours.

Psychological services

There are a variety of psychological services available through the Trust. The psychological service can refer into psychiatry.

If extra funding in the provision of our mental health services is required, is funding available within the existing Trust budget?

If extra funding is required to support mental health services by UHBristol this would be identified and prioritised through the annual operating plan process. Liaison Psychiatry has the potential to change the culture of hospitals and the care of all patients. Any expansion must be thoughtful and mindful of the impact on the rest of the healthcare system.

Status: *Closed*

ID	Governor Name		
145	**Angelo Micciche**	***Theme:*** Medical Equipment	***Source:*** Governor Direct

Query **12/02/2016**

In light of a recent item in the media regarding radiation beam equipment such as CT scanners and equipment used to give radiotherapy to cancer patients, etc., does the Trust have any equipment in current use that is past its recommended "scrappage date"?

If so, how are the Trust assured that the equipment is still fit for purpose and are these items on the capital expenditure/ asset list?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 12/02/2016

Response **22/02/2016**

All assets purchased by, or gifted to, the Trust have a notional asset life assigned to them. This is the period after which time the equipment is eligible for replacement and as such the item is depreciated over this timespan which in essence means that the capital is notionally available to re-procure the item.

There is no such thing as a “scrappage” date, as equipment that remains demonstrably fit for purpose may be retained beyond this life. However, and of note, assets are only used within the Trust if they are deemed to be operating satisfactorily & compliant with all relevant regulations. Dependent on the nature of the equipment, it may be serviced and repaired by the original supplier, an external third party or the Trust’s own Medical Equipment Maintenance Organisation (MEMO) which is hosted by the Division of Diagnostics and Therapies. The Trust is required to have maintenance contracts on all equipment capable of giving exposure to radiation e.g. the CT and radiotherapy equipment mentioned and the Trust is compliant with this statutory requirement; this is a requirement of the Ionising Radiations Regulations – Regulation 32.

The Trust has a rolling replacement programme for medical equipment. Items valued in excess of 500k – which will include the equipment identified in the item i.e. CT scanners and equipment used to give radiotherapy – are planned over a five year horizon and their replacement factored into the Trust’s Medium Term Capital Plan. For medical equipment below 500k, priorities are determined on an annual basis through the Business Planning Cycle.

Status: *Closed*

144	**Mo Schiller**	***Theme:*** Hospital facilities for carers	***Source:*** Governor Direct

Query **05/02/2016**

Following my involvement with Face to Face visits in the hospital this week can the Trust outline the overnight sleeping facilities for parents/carers of adult patients (being cared for in an adult setting). For example parents of young adults with special needs who feel it is necessary to stay with the patient overnight. I observed a mattress on the floor by the patient’s bedside in use, which does not seem acceptable, especially given some of the carers may also have underlying health issues and the possible implications for Health & Safety and Infection Control.

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 05/02/2016

Response **22/03/2016**

Within adult services the Trust will always support patients carers who want to stay with their family member overnight. The Trust has dedicated rooms for carers who have a relative in intensive care. In other impatient areas armchairs are available for carers to use. The Trust via the carers forum is currently exploring options for purchasing arms chairs that recline to form a “bed” which would be accessible to carers if they wanted to stay overnight.

Status: *Awaiting Governor Response*

ID	Governor Name				
143	**Mo Schiller**	***Theme:*** Workforce		***Source:*** Trust Board Meeting	

Query **05/02/2016**

Following on from workforce reporting provided to the Trust Board, what additional resources are being utilised and what work is being undertaken regarding the continually high percentage of staff sickness, turnover rate and difficulties in recruitment in the Estates and Facilities Department. What measures can be taken to improve the staff morale to reduce the high turnover?

Division: Trust Services ***Executive Lead:*** *Director of Human Resources and Organisational Development* ***Response requested:*** 05/02/2016

Response **15/02/2016**

In order to address the turnover and recruitment difficulties, from October 2015, the Division of Facilities and Estates recruited a fixed term Recruitment and Retention Manager as a dedicated resource for the Division. Due to the stringent checks required by all staff working in clinical areas, recruitment times can vary between six weeks and six months. The post holder has reviewed the recruitment documentation and processes, enabling a more efficient recruitment timeline and is working towards a planned reduction in overall recruitment times. In addition to their Trust induction, Health Services Assistants are required to undertake clinical skills training and the Division has increased the number of places available from 9 to 18 per month thus increasing the throughput of new starters in the organisation. In January, offers were made to 60 potential new recruits and we anticipate these will reduce our vacancy rates and subsequently bank and agency usage.

The Division is also reviewing all long term sickness cases to ensure they are being managed in the most proactive, supportive and timely way. Benchmarking with other private and public sector organisations is undertaken to ensure we are adopting best practice with the aim of reducing our sickness levels.

The Division continues to implement its 2015/16 engagement plan. This includes the Facilities staff Champions project, where facilities staff from each main clinical hospital site meet with senior managers to provide feedback, raise issues and concerns. Each champion shares meeting information with their local teams to improve morale and engagement. An issues log has also been created to ensure robust resolution and response is in place. A recognition scheme is already in place recognising individual and team successes, with winners being nominated towards the Trust's annual Recognising Success event. Trade staff in Estates staff are being issued with hand held devices and we are looking to utilise the 'Happy App' on these to receive real time staff feedback. Listening events are held in both Facilities and Estates as well staff briefing for those facilities staff who work out of hours. Estates staff have been actively involved in changes to working practices and local decision-making.

Data and information from the 2015 staff survey (due to be released this month) will be used to develop staff engagement plans and retention plans. Focused work, such as increased marketing of the Trust's total reward package, comprehensive sickness management and best practices in staff engagement will be critical for both recruitment and retention across the Division.

Status: *Closed*

142	**Wendy Gregory**	***Theme:*** Cancer services		***Source:*** Project Focus Group	

Query **22/01/2016**

Whilst it is very encouraging to see the Trust's improvement against the overall 62 day cancer standard, it is concerning to see that for the sub-specialities of Head & Neck, Lower GI and Lung Cancer the Trust is failing to achieve the local and national target. Please can assurance be provided with regards to the underlying causes and actions being undertaken to address the matter, and the expected timeframes for improvement or recovery of the position. (Reference Appendix 3, page 49 of the December 2015 Quality & performance Report)

Division: Specialised Services ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 22/01/2016

Response **26/01/2016**

It is recognised within the national standards that not every speciality will achieve the 85% standard, due to some cancers being more complex to diagnose and treat than others. Lung and head & neck cancer are two of the most complex specialities. For all three specialities mentioned, we have recently developed and are working to 'ideal timescale' pathways. We have also encouraged our referring partners to work to these, as late referrals are a key contributor to delays and breaches of the national standard.

In October, none of the lung cancer patients who waited more than 62 days did so for reasons avoidable by the Trust. Nine were referred late by other providers, one was highly complex, and one was patient choice. The national average performance in October for lung was 74%, UH Bristol performance was 68% The national performance will reflect a large number of Trusts for whom pathways are delivered in a single organisation. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 87.5%

The national average performance in October for head and neck was 70%, UH Bristol performance was 67%. Some head and neck patients were impacted by slight delays to diagnostics, which is a problem in these highly complex pathways. Even a one day delay to a single step can cause the whole pathway to exceed 62 days. This should be resolved with the ideal timescales and also demand and capacity in this speciality has been reviewed. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 70%.

Two-thirds of the colorectal cases that breached the standard in October were potentially avoidable, and these were due to a capacity shortfall in that speciality. This shortfall has arisen due to unforeseen increases in demand and difficulty in increases capacity within the same timeframe. Additional capacity was created in quarter 3 to ensure everyone was given a treatment plan but some of them were treated beyond day 62. As a result, capacity and demand modelling has been undertaken and a new consultant post approved, which will increase capacity to meet demand. The consultant will start in April 2016. The national average performance in October for colorectal was 72%, UH Bristol performance was 40% and as such this is the biggest focus of our cancer improvement work but the area with the greatest opportunity for a step change improvement on the back of the planned increase in consultant capacity.

Status: *Closed*

ID	Governor Name			
141	**Chairman and NEDs Counsel**	***Theme:*** Cardiac Surgery	***Source:***	Chairman's Counsel

Query **18/12/2015**

Following a point made at the Governors Counsel, it would be helpful if we could be briefed on:
1. Level of cancelled operations in cardiac surgery
2. Method for prioritising use of theatres by surgeons
3. Method of prioritising who is put on each list
4. Whether any of the above is impacted on by the private practice being carried out at the weekends.

(Query logged by Alison Ryan, Non-exectutive Director on behalf of Governors)

Division: Specialised Services ***Executive Lead:*** *Medical Director* ***Response requested:*** 18/12/2015

Response **29/01/2016**

1) The level of cancellations in cardiac surgery has been very high in recent weeks ranging between 25 and 36% over the last 4 weeks. This has led to a high level of poor patient experiences and is primarily a direct consequence of the acute pressures facing the hospital. Excel files with a detailed breakdown on a weekly basis of the cancellations and the reasons for these are kept. The files contain patient specific information and therefore inappropriate to share. The specific figures for the last few weeks have been W/c 14/12 28% cancellations, w/c 7/12 36%, w/c 30/11 25%, w/c 23/11 26% . The commonest causes for cancellation are currently
i) Shortage of theatre staff
ii) Lack of Hospital bed for admission
iii) Lack of CICU bed for admission
Although these causes will vary depending on the pressure on the service.
2) There is a matrix for scheduling as part of the SOP. This creates a balance to ensure that elective and urgent priority patients are balanced. There is always an opportunity to alter this based on clinical priority. This can never be perfect and but offers a practical way of organising the service. Given the multiprofessional environment in which we work on occasion it might be open to criticism from some.
3) The exact scheduling is a complex process based on taking into account the clinical priority of urgent patients but also ensuring that elective patients are treated within appropriate RTT timescales and also taking into account the available surgical expertise as well as issues like numbers of cancellations. This is outlined in the SOP also
4) There is currently no private practice being undertaken in cardiac surgery at the weekend. There are some waiting list initiative lists being undertaken on a Saturday when the acute pressures allow this . The idea of these is to utilise the theatre time at weekends when the level of acute pressure may be less on a Saturday. The idea is that doing these cases deals with some urgent cases and keeps us within RTT. Whether these cases impact on 1-3 is unlikely and would be hard to quantify objectively.

Status: *Awaiting Governor Response*

140	**Florene Jordan**	***Theme:***	***Source:***	Governor Direct

Query **22/12/2015**

In relation to the Centralisation of Specialist Paediatrics, what process was put in place to ensure adequate training of all operating theatre staff and recovery staff? What training took place prior to the transfer and during the early stages post transfer, and what measures were put in place to ensure that this training was adequate?

Division: Women's & Children's Services ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 22/12/2015

Response **15/02/2016**

Training and education was a key part of the project plan to ensure the safe transfer of services to University Hospitals Bristol NHS Foundation Trust (UHBristol) under the centralisation of specialist paediatrics project. The education and training programme for theatres started in October 2013, with North Bristol NHS Trust (NBT) providing training placements to the theatre team from UHBristol to support them to gain experience in the specialist areas of neurosurgery, scoliosis, burns and plastic surgery. Training competencies were developed for these specialities and the consultants from NBT delivered educational sessions for UHBristol theatre staff.

Further practical training commenced in January 2014, with four staff from UHBristol working in NBT theatres alongside the expert specialist teams. This was focussed primarily in the areas of neurosurgery and spinal surgery.Plastic surgery and anaesthetic training was also offered. The knowledge and skills required to support this additional work was less because UHBristol already had some skills in these specialities.

Since the CSP transfer in May 2014 training and educational opportunities have continued. Theatre staff undertaking clinical training in the department has a set of core competencies to complete relevant to each speciality area in which they will be working.

With reference to the equipment for the transferring services from NBT, there was forensic oversight of the requirements by the clinical teams from Trusts, the CSP Operational Delivery Group and the Strategic CSP Project Board to ensure the correct equipment was available at the point of transfer. Prior to the transfer, the delivery of specialist equipment to UHBristol enabled training sessions to take place, these were delivered by the specialist companies who supplied the equipment.

The programme put in place to ensure the training on equipment was adequate was based on 4 key elements: delivery of training from the respective companies who supplied specialist equipment, clinician input into training and developing the required competencies in neurosurgery supported by working with competencies developed at Birmingham Children's Hospital, Supernumerary time was dedicated for training within the speciality. A senior supernumerary theatre coordinator was available on shift Monday to Friday to discuss and resolve any issues of concern requiring escalation or to discuss training opportunities/issues that needed resolving. These 4 elements allowed staff to develop at a pace to meet their individual needs and ensured that individuals had sufficient knowledge and skills to be on-call. Scoliosis training was implemented using a similar model to neurosurgery, a big advantage was having a representative from the company supplying the implants being used always on-site.

Status: *Awaiting Governor Response*