

Meeting of the Trust Board of Directors to be held in Public

Date: Thursday 27 November 2014
Time: 10.30 am – 12.30
Venue: Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU

Distribution

Chair: John Savage Trust Chairman

Board

Members: David Armstrong Non-executive Director
 Lisa Gardner Non-executive Director
 John Moore Non-executive Director
 Guy Orpen Non-executive Director
 Alison Ryan Non-executive Director
 Emma Woollett Deputy Chair and Senior Independent Director
 Jill Youds Non-executive Director

Robert Woolley Chief Executive
 Sue Donaldson Director of Workforce and Organisational Development
 Deborah Lee Director of Strategic Development and Deputy Chief Executive
 Paul Mapson Director of Finance and Information
 Carolyn Mills Chief Nurse
 Sean O’Kelly Medical Director
 James Rimmer Chief Operating Officer

In attendance: Debbie Henderson Trust Secretary
 Isobel Vanstone Interim Corporate Governance PA (Minutes)

Observers: Aiden Fowler NHS Fast Track Executive
 Penny Hilton NHS Fast Track Executive
 Council of Governors Members

Apologies: Julian Dennis Non-executive Director

Copy for Information: Lynn Pamment* PwC – External Auditor
 Jenny McCall* Audit South West – Internal Auditor

*Agenda and Minutes only

Contact for apologies or any enquiries concerning this meeting should be made to:

Debbie Henderson, Trust Secretary, Trust Headquarters.

Telephone: 0117 34 23744 Email: Debbie.henderson@uhbristol.nhs.uk

**Agenda for the Meeting of the Trust Board of Directors held in Public
Scheduled to take place on 27 November 2014 at 10.30 am
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

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1	Chairman's Introduction and Apologies To note apologies for absence received	Chairman	
2	Declarations of Interest In accordance with Trust Standing Orders, all members present are required to declare any interests relating to any item on the Agenda	Chairman	
3	Minutes from Previous Meetings To approve the minutes the Trust Board of Directors held on 30 October 2014	Chairman	4
4	Matters Arising To review the status of actions agreed for assurance	Chairman	12
5	Chief Executive's Report To receive this report from the Chief Executive to note	Chief Executive	13
<i>Delivering Best Care and improving patient flow</i>			
6	Patient Experience Story To receive the Patient Experience Story for review	Chief Nurse	16
7	Research and Innovation Update To receive the presentation to note	Medical Director	18
8	Quality and Performance Report To receive the Quality and Performance Report for assurance a. Performance Overview – Deputy Chief Executive/Director of Strategic Development b. Quality & Outcomes Committee Chair's Report c. Board Review – Quality, Workforce, Access	Deputy Chief Executive/ Director of Strategic Development	23
9	Infection Control Quarterly Report To receive this report for assurance	Chief Nurse	111
10	Cancer Patient Survey report To receive this report for assurance	Chief Operating Officer	115
11	Annual Business Planning Guidance To receive this report to note	Deputy Chief Executive/ Director of Strategic Development	127

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	<i>Building Capability</i>		
12	Quarterly Workforce Report To receive this report for assurance	Director of Workforce and Organisational Development	156
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14	Finance Committee Chair's Report To receive this verbal report for assurance	Committee Chair	
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15	Partnership Programme Board Report To receive this report to note	Chief Executive	205
	<i>Renewing our Hospitals</i>		
16	Capital: Medium Term Capital Programme, incl. Campus Phase 5 To receive this report to note	Director of Finance/ Deputy Chief Executive/Director of Strategic Development	208
	<i>Regulatory and Corporate Governance</i>		
17	Monitor Feedback on 5-year Strategic Plan To receive this report to note	Chief Executive	219
18	Remuneration and Nominations Committee: Terms of Reference: To receive this report for approval	Vice-Chairman	224
	<i>Information and Other</i>		
19	Governors' Log of Communications To receive this report to note	Chairman	231
20	Any Other Business	Chairman	
21	Date of Next Trust Board Meeting: Held in Public, 29 January 2015, 10:30 in the Conference Room, THQ, Marlborough Street, Bristol, BS1 3NU	Chairman	

**Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on
30 October 2014 at 10:30, the Conference Room, Trust Head Quarters, Marlborough Street,
BS1 3NU**

Board members present:

John Savage - Chairman
Robert Woolley – Chief Executive
Sue Donaldson – Director of Workforce and Organisational Development
Paul Mapson – Director of Finance & Information
Sean O’Kelly – Medical Director
James Rimmer – Chief Operating Officer
Emma Woollett – Non-executive Director
David Armstrong – Non-executive Director
Julian Dennis – Non-executive Director
John Moore – Non-executive Director
Guy Orpen – Non-executive Director
Alison Ryan – Non-executive Director
Jill Youds – Non-executive Director
Lisa Gardner - Non-executive Director
Kelvin Blake Non-executive Director

Present or in attendance:

Helen Morgan – Deputy Chief Nurse
Aidan Fowler – Fast Track Executive
Julie Dawes – Interim Trust Secretary
Debbie Henderson – Trust Secretary
Brian Courtney – Joint Interim Head of Membership and Governance (minutes)

07/10/14 Chairman’s Introduction and Apologies

Apologies had been received from Carolyn Mills (Chief Nurse) and Deborah Lee (Deputy Chief Executive/Director of Strategic Development)

John Savage passed on his thanks to Julie Dawes for her work as interim Trust Secretary and wished her well for the future. Also he wanted to record his thanks to Kelvin Blake following his decision to stand down as Non-Executive Director. John commended Kelvin on his dedication to the Trust and wished him well for the future.

08/10/14 Declarations of Interest

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

09/10/14 Minutes and Actions from Previous Meeting

The Board considered the minutes of the meeting of the Trust Board of Directors held on 30 September 2014 and approved them as an accurate record, subject to the following amendments:
Page 6, Actions – 322, 344 and 358 should be recorded as closed

Pg. 10: First para to read ‘predicted’ not ‘hoped’

Second para amended to ‘the Trust is developing plans for full RTT recovery which will extend beyond November into Q4 at a minimum’

Fourth Para should read ‘NHS capacity’

Fifth Para, second sentence to be amended to read ‘arranging treatment elsewhere was challenging as the majority of patients choose to remain with UHB’. It was:

RESOLVED:

- **That the minutes of the meeting held 30th September be approved as an accurate record of proceedings subject to amendments outlined in the minutes**

10/10/14 Matters Arising

The action notes were received and closed actions were amended accordingly with regard to actions 372, 322, 344, 358, 349, 355, 356 and 373.

With regard to action 221 regarding the Partnership Programme Board, it was noted that work on business case with North Bristol NHS Trust continues with completion envisaged for November.

With regard to action 321, Sue Donaldson referred to discussions at the Quality and Outcomes Committee and recommended that the culture audit not be undertaken at the current time, given the forthcoming, trust wide staff census.

With regard to action 335, Sue Donaldson confirmed that the outcome of training bid is still awaited.

11/10/14 Chief Executive’s Report

Robert Woolley provided the Board with a verbal update on key issues including the recent industrial action and confirmed that appropriate measures were in place to minimise impact on Trust business. It was confirmed that although some operations were rescheduled, none were cancelled and Robert took an opportunity to commend staff who had taken steps to minimise potential inconvenience to patients.

The Board were assured that the Trust continues to take all necessary steps with regard to Ebola and the Trust is working with Avon and Somerset Partnership on system wide readiness. All protective equipment has been reviewed and some additional equipment has been ordered.

Robert referred to NHS England’s recently published 5-year forward look. The document has been positively received in terms of setting out the scale of the change required including the financial challenges in the future and the requirement for significant financial savings. Robert made particular reference to the 7 new models of care which focus on integration of care across health communities. Robert referred to a meeting for South of England providers and CCGs at which, the messages were the need to maintain operational and financial strength as winter approached, and a need for NHS organisations to work together for the benefit of the whole health community. A formal letter has been received which commends the approach taken by the Trust and its commissioners.

James Rimmer noted that further work is required to address performance issues relating to A&E and RTT and referred to a second tranche of winter funding.

Robert referred to the recent visit by Sir Ian Kennedy and Eleanor Grey QC to paediatric cardiac services and noted their focus on improvements implemented since 2012. Feedback has been positive and it was noted that the Review Team were in the process of appointing clinical advisors. Robert noted that plans to interview were unlikely to take place before January and, as a consequence, the report will be delayed until the summer of 2015. The Board agreed that this was regrettable, because of continuing uncertainty and pressure on staff.

Robert provided an overview of an inquest held recently in which the Coroner’s judgement showed that no missed opportunities had been identified in the care of the child. Robert confirmed that staff were receiving continuing support throughout the independent review process. Significant investment into the service was continuing, particularly around improving communications,

psychological and bereavement support with parents and families. A Listening Event has been held with families and a further one is scheduled shortly.

Emma Woollett referred to issues regarding essential training and requested an update on compliance. Sue Donaldson confirmed that a comprehensive plan is in place regarding the introduction of a new electronic system and confirmed the current position on compliance of 74%, with a target level of 90%. Trajectories to deliver the target were in place.

With regard to the review team, Kelvin Blake queried if interviews would be retrospective or with families currently using the service. Robert Woolley stated his understanding that the Review Team would cover the period March 2010 – June 2014.

In response to a query from John Moore regarding winter funding and bed capacity, James Rimmer explained that the purpose of the additional winter funding bid was to put in place further resilience into the system including additional nursing resource to support community care beds.

David Armstrong raised the issue of the 5-year plan and queried whether providers could respond collectively. Robert Woolley explained that the Foundation Trust Network would collate a single response. Robert Woolley explained that Simon Stevens had engaged in substantial dialogue with key parties since taking up post and the sector's focus is now how the vision would be delivered. There being no further questions the Chief Executive concluded his report.

12/10/14 Patient Experience Story

The Board received and reviewed this report from the Deputy Chief Nurse. Helen Morgan introduced the Patient Experience Story, advising board members that the story highlighted the care and compassion delivered by staff at UHB. It also highlighted teams working together across specialities to ensure, that the patient received compassionate and high quality care and the family were supported.

Jill Youds said the story displayed tenderness and compassion and would benefit from wider dissemination, particularly via the Matrons, this was supported by Sean O'Kelly as ideal trust wide learning. Alison Ryan said the story had been raised during the CQC visit and had been very positively received. A key point was that decisions had been taken in the organisation by front line staff, who felt empowered by this autonomy.

Guy Orpen emphasises the importance of compassionate care and the story should be shared as widely as possible. Helen confirmed that this had been shared at the End of Life Steering group and more widely across divisions. Alison Ryan suggested the story should be shared with the local HealthWatch.

Wendy Gregory (Governor) said the story highlighted great creativity by staff; however she queried why the patient was admitted to hospital in terms of alternative appropriate treatment. Alison Ryan referred to the potential lack of clarity in the local community regarding the role of hospices. John Moore suggested that staff involved in the patient's care should be commended for their efforts and compassion. In response to Wendy's comments, Robert Woolley agreed that the Executive would review lessons learnt from the story. There being no further questions the Chair drew this item to a close.

13/10/14 Quality and Performance Report

Performance Overview

Aidan Fowler spoke to the report and noted improvements with regard to delivery of the savings plan which has moved from red to green, with delivery in month at 91%. Year to date position stands at 74.9% and forecast outturn remaining at 81%.

Deterioration occurred in the following areas:

- 30 day re-admissions has moved from green to red, although assurance was provided that this change is marginal, involving only seven further cases;
- Staff sickness had shown a deterioration from 3.6% to 4%;
- SHMI currently stands at 66.7% which is below the national average (80%), and within the normal margins, rated as amber;
- Research studies meeting the 70 day standard has moved from green to amber reflecting changes to thresholds;

Aiden confirmed that overall service performance score remains at 4.

Quality and Outcomes Committee Chair's Report

Alison Ryan, Chair of the Quality and Outcomes Committee and noted that the committee has requested further information and assurance with regard to hotspots. Alison confirmed that the committee has received reports on; the Eye Hospital; Women and Children's Division; and Specialist Services. Key areas discussed in detail at the committee include:

- 62 day cancer waits where the delivery of the trajectory is extremely challenging. It was noted however, that where the Trust controls the complete pathway, the performance stands at 85%, highlighting the need for the Trust to work more closely with partners to improve performance in those areas where the patient pathway involved more than one organisation;
- Dementia CQUIN – A demonstration of the electronic solution would be available in the next week or so for clinical teams to review. Data, outlining ward level progress against the CQUIN was also now available to Divisions;
- Workforce - the Employee Assistance Programme currently piloted in W&C was highlighted. Awaiting a full evaluation and only small numbers of staff have accessed the service. Turnover discussed in some detail, with Sue Donaldson confirming that further work was needed to understand this in more detail. Acknowledged that whilst exit interviews were undertaken, there was more work to do, to ensure they were as effective and informative as possible.
- RTT – considerable work is still required to ensure recovery and revised trajectories are being developed to reflect the decision to treat patients in order of clinical need;
- The local Supervisor of Midwives highlighted the risk with regard to the potential shortfall in the number of supervisors caused by impending retirements;
- An in-depth report regarding how staffing levels in clinical groups were determined;
- A report providing an update on the current position with regard to Histopathology, and concern regarding the impact of staff shortages on the level of double reporting

Performance

James Rimmer referred to the A&E system wide plan and the high level RTT plan. Capacity planning was being developed and a report on likely demand would be available in December. James noted that revised trajectories will be available mid-December. James stated the likelihood of RTT standards being met in Q4 was doubtful however, the Trust was aiming for delivery in Q1.

The threat to delivery relates to demand and further work is planned with the System Resilience Group to agree demand management measures. A more detailed plan would be presented to the Quality and Outcomes Committee in January at which time the revised trajectories would be discussed. John Moore expressed concern that performance against the A&E standard reflected the Trusts lowest ever performance and queried whether the additional 100 beds in the community would resolve the issue. James Rimmer reiterated that the winter period would present a significant challenge and noted that all three local Trusts covered by the System Resilience Group had failed the standard in Q2, reflecting an unprecedented position. All partners are now closely involved and the

Trust has sought advice from Monitor and the Area Team as to whether there is any additional actions to be taken.

James reassured members of the Board that the Trust continues to focus on delivery of the plan and confirmed Monitor's confidence in the plan. John Savage emphasised the need to avoid complacency regarding non-delivery of the standard, particularly when benchmarking performance. He sought agreement from the Board that the Trust should see delivery of this standard as an absolute priority. The Board confirmed this view.

Emma Woollett sought assurance that the Trust continued to maintain its standard with regard to double reporting relating to histopathology. Robert Woolley gave absolute assurance that the relevant recommendation of the independent inquiry in to histopathology had not been lost and confirmed that appropriate mitigation was in adopted to deal with staffing gaps while recruitment was underway.

Workforce

Sue Donaldson provided an update on Workforce activity and reminded members of the Board that this is discussed in detailed at the Quality and Outcomes Committee. A deep dive had taken place into recruitment and the use of agency staff and a further deep dive on recruitment was now required, following an increase in staff turnover.

Jill Youds referred to queries documented on the Governors Log regarding action being taken on a range of staffing issues. Jill echoed Sue's comments and explained that the Non-Executive Directors had spent considerable time on these issues both at Quality and Outcomes Committee, Finance Committee and Board in recent months. Jill also took an opportunity to commend the work done by the Executive Team on these issues.

Kelvin Blake queried whether the Trust received enough intelligence from staff about the rationale of their decisions to leave the organisation. Sue Donaldson explained the Trust was getting some feedback but this was being strengthened and exit interviews were being improved. There being no further questions the Chair drew this item to a close.

14/10/14 Half year Update on Corporate Quality Objectives

Helen Morgan spoke to the report and highlighted the focus of patient flow through the hospital and on the impact of a number of Transformation Projects. At Q2, three of the objectives were rated red; cancelled operations; minimising the moves of patients; and ensuring patients are treated in the right location. She provided assurance to the Board that despite the red rating, significant progress was being made.

James Rimmer made reference to new models of care being introduced as a result of the move into the new ward blocks. The rating would then improve as the new ways of working embed. Discharges out of hours are currently running at 8.1%, a reduction from 9% in 2013/14. Daily monitoring continues with the aim of preventing discharge of any patient out of hours. Data collection still requires refinement and further information would follow in due course.

David Armstrong suggested improvements with regard to the executive summary cover reports for Board and committee reports to incorporate further clarity with regard to internal or external use. Robert Woolley stated a review of the cover papers would be undertaken in due course. Robert clarified the purpose of this report was to provide an update of progress against the 5 key objectives of the Quality Strategy and was for internal use. The report provides a useful medium to triangulate information from other reports to ensure the Board would be sighted on progress in these areas.

Following a query from Clive Hamilton (Governor) regarding the appropriateness of the out of hours discharge performance of 8.1%, Robert Woolley confirmed that the Trust's objective was that no patient would be discharged out of hours. There being no further questions the Chair drew this item to a close.

15/10/14 Transforming Care Report

Robert Woolley highlighted progress to date and stated that the operating model underpins the delivery of many of the transformation projects. Robert drew the Board's attention to the introduction of the managed beds programme in Surgery, Head and Neck and the introduction of Enhanced Recovery in the care of older people in Medicine which was innovative practice.

Julian Dennis suggested that everything being undertaken in the programme should be published, whilst pointing out that carers needed to be fully involved. Kelvin Blake raised the issue of how the Transformation Programme could be taken outside the hospital and extended across the health system. Robert Woolley highlighted Pillar 6 of the programme which referred to leading in partnership. The current review of South Bristol Community Hospital may give the opportunity to develop this area.

Lisa Gardner raised the issue of winter and the impact on the managed beds programme. James Rimmer emphasised the importance of adhering to the plan. David Armstrong felt some of the language was negative and suggested focussing on the Transformation Project at a future Board Seminar. John Savage agreed and it was:

RESOLVED:

- **That a future Seminar Programme would set aside time to consider the Transformation Programme in depth**

16/10/14 Quarterly Capital Projects Status Report

Paul Mapson outlined progress to date including; the opening of Levels 3 and 4 on 4th/5th November, the opening of Level 9 on 21st January 2015, the opening of ICU at the end of January 2015, and the temporary opening of a link to Level 4 in October. Emma Woollett requested that a tour of the new building be arranged. It was:

RESOLVED:

- **That a tour of the new building be arranged for Non-Executive Directors**

17/10/14 Finance Report

Paul Mapson stated that the Trust remains financially strong with a surplus of £3.12 million. September improved the overall position due to a significant increase in activity and confirmed that the forecast outturn for year-end remains on track. The divisional position shows a reduction in the rate of overspend. A projection for the year end has been produced reflecting an optimistic, realistic and pessimistic view with possible surpluses of £9.3, £5.8, and £3.0 million respectively. The Board will receive a report in November outlining the plan for 2015/2016.

Paul confirmed that the cash position remains strong. Payment control is being more rigorously enforced, following a number of price increases from suppliers outside the agreed contract levels. Spend on agency remains a concern and action is being taken to control this, particularly around the use of non-contracted agency. There being no questions the Chair drew this item to a close.

18/10/2014 Finance Committee Chair's Report

Lisa Gardner reflected the work of the Finance Committee and noted the following:

- A positive overall position;
- Continuing strong CIPs performance 81%, though next year may present a greater challenge;
- Presentation on staffing and use of agency and triangulation of this with the work relating to recruitment and retention;
- Reference Costs have recently been published.

Lisa also noted that the committee will be considering Service Line Reporting in November/December. Following a query from Alison Ryan regarding the Trusts Q2 position as a potential outlier, Paul Mapson responded that the Trust will be in the upper quartile of financial performers however will not have an adverse effect on the Trust in terms of publicity.

In response to a query from John Moore regarding the improved income in September, Paul Mapson confirmed that this was not as a result of the managed beds project, but rather a significant increase in activity above plan. John Moore stated that the trust should not reduce the savings targets for 2015/16 if the financial outturn was favourable.

19/10/14 Risk Assessment Framework Monitoring and Declaration Report – 2014/15 Q2

Robert Woolley confirmed that the Trust would declare a risk rating of 4 for Continuity of Service, against a plan of 4. In terms of Governance there remained issues with regard to: RTT admitted, non-admitted, and incomplete pathways; A&E 4hr waiting times; and 62 day cancer referral to treatment times.

The narrative outlined how the Trust will be supporting the plan to address RTT standards and the risk to delivery of the 62-day GP screening cancer standard and the A&E waiting times standard in Q3. Robert also confirmed that there was no requirement to flag any matters arising requiring an exception report to Monitor. Emma Woollett asked if the Trust was at risk of failing to deliver the recovery trajectories. Robert Woolley and James Rimmer confirmed that this risk was being actively discussed with Monitor, who were aware of the position. It was:

RESOLVED:

- **That the Trust Board approved the Risk Assessment Framework Monitoring report and Quarter 2 declaration to Monitor**

20/10/14 Well Led Governance Review

Robert Woolley spoke to the report outlining the process of the Trust's forthcoming assessment against the Monitor Well Led Governance Framework. All Foundation Trusts are required to undertake a review, to be independently assessed every three years. The Framework requires Trusts to self-assess against 10 questions within four domains, the outcome of which is then subject to external review by an independent third party. The external assessment will take approximately 8 weeks.

Procurement of the external assessors is currently underway. Robert noted that the process would involve all members of the Board, senior divisional staff and governors. Carolyn Mills will act as executive lead for the project working closely with Debbie Henderson and the Trust Secretariat. Debbie Henderson stated that as the process is evidence based, there would be many requests for information in the forthcoming weeks and asked for support from the Executive team during this time.

21/10/14 Board Assurance Framework Report

Aidan Fowler spoke to the report and highlighted that there was one red rated area for the savings programme and referred to nine amber rated areas.

Alison Ryan suggested consideration be given to making the document more user friendly. Robert Woolley stated that he would work with Debbie Henderson to see where improvements could be made.

22/10/14 Corporate Risk Register

Robert Woolley apologised for the lateness of the report and noted key changes including the addition of one new risk relating to crowding in the Children's Emergency Department. A series of controls and mitigations are in place including some building works currently underway.

With regard to the Independent Review of Paediatric Congenital Heart Services, it was noted that the description of this risk previously referred only to the impact from an organisational reputation point of view. It has therefore, been re-cast as a risk to patient trust and confidence in the service and workforce retention and recruitment which are the real issues.

Robert referred to the risk to ambulance patients queuing outside the main Emergency Department at the BRI and took the opportunity to reassure the Board that it was not the case and that patients were not waiting more than two hours without assessment, treatment or care. All patients in the queue were either under the care of a paramedic or have been handed over to the care of Emergency Department staff.

23/10/2014 Governor's Log of Communications

The Chairman stated how important the log was for recording queries from members of the Council of Governors. He provided assurance that questions were not being deleted from the log without adequate answers being provided by Executive Team. The log was extremely useful, particularly for Non-Executives. He therefore had asked for the log to be circulated to Non-Executive members of the Board in future.

The Chairman had also had a discussion with the Trust Secretary to ensure that adequate answers to questions raised were provided and answers were not archived inappropriately. John did note that there may be occasions when questions raised are not appropriate for inclusion in the log, however, these issues will be referred direct to the Chairman who would discuss with the Chief Executive and, if appropriate, the answers provided to the Governors in an appropriate setting.

Debbie Henderson explained that a Standard Operating Procedure for the Governors log was under development to enable clarity around the process.

Any Other Business

There was no any other business raised

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed

The next meeting of the Trust Board of Directors will take place on Thursday 27 November 2014, 10.30am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

.....
Chair

.....2014
Date

Trust Board of Directors meeting held in Public 30th October 2014
Action tracker

Outstanding actions following meeting held 30th October 2014				
Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
221	Options regarding further integration of histopathology services	Chief Executive	27/11/2014	Business case not available for November Board meeting. Arrangements for Board submission will be confirmed separately
335	Feedback regarding the bid by the Bristol Medical Simulation Centre to be provided to the Board when available	Sue Donaldson	29/1/2015	Outcome of bid still pending
15/10/14	A future Seminar Programme time to consider the Transformation Programme in depth	Trust Secretary	27/2/2015	Date subject to other items for discussion
16/10/2014	A tour of the refurbished buildings would be arranged for Non-Executive Directors	James Rimmer	27/11/2014	Update required from Chief Operating Officer
Completed actions following meeting held 30th October 2014				
322	List of wards and locations to be circulated	Carolyn Mills	30/10/2014	Complete
344	Following patient story, environmental issues to be considered when there is impact on patient care	James Rimmer	30/10/2014	Complete
349	Ascertain health screening arrangements for agency staff	Sue Donaldson	30/10/2014	Complete
356	Royal Salford's Quality Improvement Plan to be circulated	Trust Secretary	30/10/2014	Complete
373	Results of the National Cancer Patient Experience Survey	Chief Executive	30/10/2014	Complete – agenda item 10

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

Item 05 – Chief Executive’s Report
Purpose
To report to the Board on matters of topical importance to the Trust, including a report of the activities of the Senior Leadership Team.
Abstract
The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in the month.
Recommendations
The Trust Board is recommended to note the key issues addressed by the Senior Leadership Team in the month and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda.
Report Sponsor
Robert Woolley, Chief Executive
Appendices
List your appendices, including your Report in the following format: <ul style="list-style-type: none"> • Appendix A – Senior Leadership Team Report

TRUST MANAGEMENT EXECUTIVE

REPORT TO TRUST BOARD – NOVEMBER 2014

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

3. STRATEGY AND BUSINESS PLANNING

The group received and **noted** the approach to 2015/2016 Operational Plan development.

The group received the Business Case for the Cellular Pathology Service Transfer between North Bristol Trust and UH Bristol NHS Foundation Trust, and **endorsed** the model described, pending financial sign-off from the Directors of Finance and whilst noting the importance of specifying and contracting for the service in a very robust way.

The group **supported** the proposed approach to confirming the future plans for the Bristol Royal Infirmary Old Building site.

The group received and **supported** the Medium Term Capital Programme for the period to 2018/2019, noting the programme for 2016/2017 onwards was indicative and, including Campus Phase 5 and investments to upgrade and/or remodel existing Trust estate.

The group **approved** the appointment of Medirest to provide a catering service on Level 9 Queen's Building and authorised the project team to enter into final legal negotiations to secure the service.

4. RISK, FINANCE AND GOVERNANCE

The group received and **approved** the analysis report following the 2013/2014 National Cancer Survey Results for onward submission to the Quality and Outcomes Committee and Trust Board. The proposed response to the National Cancer Survey was **approved** and the group **endorsed** UH Bristol's participation in the NHS England Quality Improvement Project.

The group received an update on progress against the Equality and Diversity Action Plan and progress in respect of staff recruitment to **note**.

The group received the third Quarterly Workforce Report to **note** prior to submission to the Quality and Outcomes Committee.

The group received to **note** Internal Audit Reports in relation to Outcome 21 - Outpatient Medical Records and Information Technology Technical Infrastructure which were accepted. A further Internal Audit Report was received in respect of Managing Medical Staff for which further discussion with Internal Audit was required. Progress in respect of completed actions and the Internal Audit Plan was also **noted**.

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

The group received **for information** the Big Green Scheme Annual report and the Quarterly Access and Quality Benchmarking report.

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

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.

Deborah Lee
Deputy Chief Executive
November 2014

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

06. Patient Experience Story
Purpose
To share with the Board members a patient story to support the triangulation of the Board's quality assurance role.
Abstract
<p>This patient story details the experience of a family and their interaction with the Trusts representative from the Department of Spiritual and Pastoral care. This story demonstrates the positive impact and importance of emotional and pastoral support for our patients and their families</p> <p>This is a third party patient story presented by the Lead Chaplain at the request of the family. Trust Board is asked to consider:</p> <ul style="list-style-type: none"> • What does this story add to our understanding of the elements that provide a quality service to our patients and their families? • The story serves as a reminder to the Board of the extraordinary life stories and circumstances of the patients and families whom the Trust serves; and also of the unique and vital contribution of hospital chaplaincy to compassionate care.
Recommendations
The Board is recommended to receive the report.
Report Sponsor
<p>Carolyn Mills, Chief Nurse</p> <p>Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)</p>
Appendices
<ul style="list-style-type: none"> • The Chaplaincy Annual Report 2014-15 is available on request via Chief Nurse

Previous Meetings

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

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

Patient Story – November Board 2014

This month's patient story has been provided by the Trust's Department of Spiritual and Pastoral Care – otherwise known to staff and patients as the chaplaincy¹. The family to whom the story relates has given permission for this to be shared with Board.

In November last year, the chaplaincy received a phone call from the maternity unit explaining that a patient was coming into St Michael's Hospital for a termination of pregnancy. Both parents had made a very difficult decision to terminate the pregnancy as the mother had a diagnosis of advanced cancer which had only been discovered during the pregnancy. The parents had been given the choice of a termination, which would enable the mother to receive chemotherapy and extend her life, or seeing the pregnancy through to full term, in which case there was no guarantee that either the mother or the baby would survive. The parents made the decision to terminate the pregnancy in order to give the mother longer to live.

Prior to the termination, Rev Graham Reaper-Brown, one of the Trust's team chaplains, met with the couple and offered them pastoral support. Once the mother had delivered the baby, the parents made the decision that baby would be buried. As is normal practice, the bereavement office² organised the funeral, and arranged for the chaplain to conduct the burial of the child in the baby section of a local cemetery.

The funeral took place two weeks after the delivery of the baby because the mother had been too ill to attend sooner. On the day before the funeral, the mother was admitted to a hospice. Despite her illness however, she was able to make it to the funeral. Rev Reaper-Brown conducted the service in a dignified and sensitive manner; so much so that despite the father's own turmoil, he found time to write and thank the chaplaincy for their support.

Sadly, two weeks after the funeral of the baby, the mother also died. The chaplaincy received a specific request from the family for Graham to conduct the funeral of the mother. The chaplaincy's usual practice is to decline to take adult funerals as this is better done within the local community, however in the circumstances the chaplaincy agreed. Mum was buried close to her baby.

The chaplaincy team offered practical support by organising the funeral of the baby, and also emotional and pastoral support for both parents; in particular the father who lost his only child and wife within a matter of a couple of weeks. The story serves as a reminder to the Board of the extraordinary life stories and circumstances of the patients and families whom the Trust serves; and also of the unique and vital contribution of hospital chaplaincy to compassionate care.

¹ The Department of Spiritual and Pastoral Care provides spiritual, religious and pastoral care to the patients, staff, relatives and carers who come in contact with University Hospitals Bristol NHS Foundation Trust. With colleagues from North Bristol NHS Trust (NBT) and the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), a joint chaplaincy team provides a city-wide service to provide continuity of care for the sick and distressed across the city's hospitals twenty four hours a day, three hundred and sixty five days a year.

² The Patient Affairs (bereavement services) team provides University Hospitals Bristol with the expertise to manage the legal and practical requirements following a death in hospital. Working closely with doctors, the wards and the mortuary, they manage the release of the deceased from the hospital to the appropriate people.

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

07. Research and Innovation Update
Purpose
To provide a six-monthly update on performance against key performance indicators for research to the Trust Board.
Abstract
The written report provides the trust’s position in relation to the key performance indicators for recruitment into research, performance initiating and delivering research, research income and generation of grants. The Head of Research & Innovation will supplement this with an oral report of activity and benchmarking data, linked to the Board Assurance Framework, where relevant.
Recommendations
The Board is asked receive the presentation to note
Report Sponsor
Sean O’Kelly (Medical Director)
Appendices
Appendix 1 – Presentation

Previous Meetings

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

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

UH Bristol R&I performance 2014-15

Since the previous report submitted to the board in Quarter 4 of 2013/14 we have seen an increase in weighted recruitment against target. This is attributable to a high recruiting band 2 study which is due to close at the end of 2014. We are working with our research teams to facilitate set up of new research projects and delivery to time to target in anticipation of a drop in recruitment activity in 2015.

In Q2 2013/14 the NIHR adjusted the way it measures our performance on achieving the 70 day benchmark to exclude from their analysis delays which were outwith the control of the trust. Our performance in the most recent report (Q1 2014/15) was poorer than expected due to issues with how the NIHR interprets the data we submit with respect to the delays. We are working with the NIHR to resolve these reporting issues. Despite this our performance is still in the top half of our league.

Recruitment Indicators:

	Target for 2014	Performance	Progress against target																																																				
<p>a) Cumulative number of patients recruited into NIHR portfolio studies</p> <p>NB. There is a 4-6 week lag of data from the portfolio.</p>	Increase from previous year	<table border="1"> <caption>Cumulative Number of Participants</caption> <thead> <tr> <th>Month</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>500</td><td>500</td><td>1000</td></tr> <tr><td>Feb</td><td>1000</td><td>1000</td><td>2000</td></tr> <tr><td>Mar</td><td>1500</td><td>1500</td><td>3000</td></tr> <tr><td>Apr</td><td>2000</td><td>2000</td><td>4000</td></tr> <tr><td>May</td><td>2500</td><td>2500</td><td>5000</td></tr> <tr><td>Jun</td><td>3000</td><td>3500</td><td>6000</td></tr> <tr><td>Jul</td><td>3500</td><td>4500</td><td>7000</td></tr> <tr><td>Aug</td><td>4000</td><td>5500</td><td>8000</td></tr> <tr><td>Sep</td><td>4500</td><td>6500</td><td>8500</td></tr> <tr><td>Oct</td><td>4800</td><td>7000</td><td>8500</td></tr> <tr><td>Nov</td><td>5000</td><td>7500</td><td>8500</td></tr> <tr><td>Dec</td><td>5000</td><td>8000</td><td>8500</td></tr> </tbody> </table>	Month	2012	2013	2014	Jan	500	500	1000	Feb	1000	1000	2000	Mar	1500	1500	3000	Apr	2000	2000	4000	May	2500	2500	5000	Jun	3000	3500	6000	Jul	3500	4500	7000	Aug	4000	5500	8000	Sep	4500	6500	8500	Oct	4800	7000	8500	Nov	5000	7500	8500	Dec	5000	8000	8500	
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<p>b) Cumulative weighted recruitment into NIHR portfolio studies</p>	28,000*	<table border="1"> <caption>Cumulative Weighted Recruitment</caption> <thead> <tr> <th>Month</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>2000</td><td>2000</td><td>3000</td></tr> <tr><td>Feb</td><td>4000</td><td>4000</td><td>6000</td></tr> <tr><td>Mar</td><td>6000</td><td>6000</td><td>9000</td></tr> <tr><td>Apr</td><td>8000</td><td>8000</td><td>12000</td></tr> <tr><td>May</td><td>10000</td><td>10000</td><td>15000</td></tr> <tr><td>Jun</td><td>12000</td><td>12000</td><td>18000</td></tr> <tr><td>Jul</td><td>14000</td><td>14000</td><td>21000</td></tr> <tr><td>Aug</td><td>16000</td><td>16000</td><td>24000</td></tr> <tr><td>Sep</td><td>18000</td><td>18000</td><td>27000</td></tr> <tr><td>Oct</td><td>20000</td><td>20000</td><td>30000</td></tr> <tr><td>Nov</td><td>22000</td><td>22000</td><td>32000</td></tr> <tr><td>Dec</td><td>24000</td><td>24000</td><td>35000</td></tr> </tbody> </table>	Month	2012	2013	2014	Jan	2000	2000	3000	Feb	4000	4000	6000	Mar	6000	6000	9000	Apr	8000	8000	12000	May	10000	10000	15000	Jun	12000	12000	18000	Jul	14000	14000	21000	Aug	16000	16000	24000	Sep	18000	18000	27000	Oct	20000	20000	30000	Nov	22000	22000	32000	Dec	24000	24000	35000	
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*based on projected weighted recruitment estimated at December 2013

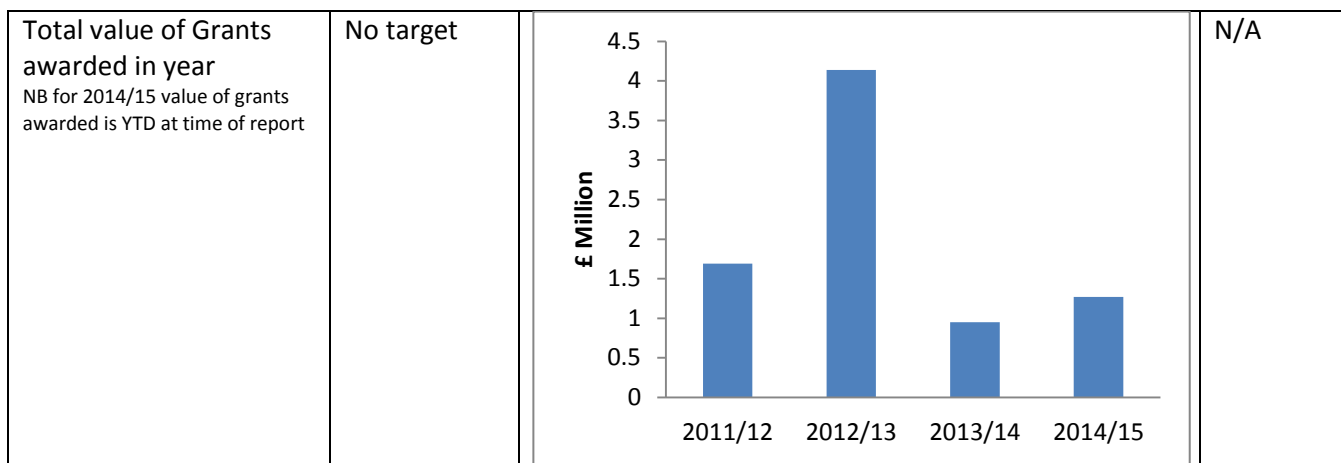
UH Bristol R&I performance 2014-15

<p>c) Our performance of meeting the 70 day first patient first visit benchmark adjusted by NIHR in comparison to other Trusts</p>	<p>Green: >81.4% (Upper Quartile) Red: <70.7% (Median)</p>	<p style="text-align: center;">NIHR PID report- latest received Q1 14/15</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q2 13/14</td> <td>67%</td> </tr> <tr> <td>Q3 13/14</td> <td>80%</td> </tr> <tr> <td>Q4 13/14</td> <td>82%</td> </tr> <tr> <td>Q1 14/15</td> <td>71%</td> </tr> </tbody> </table>	Quarter	Percentage	Q2 13/14	67%	Q3 13/14	80%	Q4 13/14	82%	Q1 14/15	71%	
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<p>d) Percentage of commercial studies recruiting to time and target</p>	<p>Increase on previous quarter</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q3 (13/14)</td> <td>~33%</td> </tr> <tr> <td>Q4 (13/14)</td> <td>~42%</td> </tr> <tr> <td>Q1 (14/15)</td> <td>~44%</td> </tr> <tr> <td>Q2 (14/15)</td> <td>~47%</td> </tr> </tbody> </table>	Quarter	Percentage	Q3 (13/14)	~33%	Q4 (13/14)	~42%	Q1 (14/15)	~44%	Q2 (14/15)	~47%	
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Q2 (14/15)	~47%												

Grants Indicators:

<p>Number of Grants submitted NB for 2014/15 number of grants submitted is YTD at time of report</p>	<p>Target No target</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Number of grants</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>16</td> </tr> <tr> <td>2012/13</td> <td>19</td> </tr> <tr> <td>2013/14</td> <td>8</td> </tr> <tr> <td>2014/15</td> <td>9</td> </tr> </tbody> </table>	Year	Number of grants	2011/12	16	2012/13	19	2013/14	8	2014/15	9	<p>N/A</p>
Year	Number of grants												
2011/12	16												
2012/13	19												
2013/14	8												
2014/15	9												

UH Bristol R&I performance 2014-15



Research CQUIN*:

	Target	Number of patients (Year to Date)	Percentage achieved (%) ; (Year to Date)
Patients registered for treatment at UHBristol with a diagnosis of myeloma or a cancer tumour of the brain consented into the agreed trials	41 (total patients in both tumour sites)	57	139%
Patients registered for treatment at UHBristol with a diagnosis of coronary artery disease or heart failure consented into the agreed trials	141 patients-partial award if 138 achieved	85	60% (full) 62% (partial)

*Month 7 performance; 7/12 (58%) time passed

UH Bristol R&I performance 2014-15

Key:

NIHR	National Institute of Health Research - created by DH in 2006 to implement the R&D strategy: 'Best Research for Best Health'
Portfolio	The NIHR's list of adopted studies. Studies that are funded through major funders (NIHR, Research Councils, Charities etc) via peer reviewed open national competition are eligible for inclusion on the NIHR Portfolio. Other studies are also adopted on a case by case basis. Funding from LCRNs is provided to support NIHR portfolio adopted studies. Some Commercial research is also adopted but no funding is provided via the LCRNs. UH Bristol falls under the West of England LCRN which provides funding for delivery of our portfolio studies.
Weighted recruitment	There are 3 different bands of study within the NIHR portfolio- Band 1, 2 and 3. This banding represents the complexities of a study. Patients recruited into a band 1 study are weighted lower than those recruited into a band 2 (observational) study which in turn is weighted lower than those recruited into a band 3 study (interventional). The ratio for the weighting is 1:3:14. The weighted recruitment provides an indicator of the monetary value of our research portfolio and influences the delivery funding supplied by the LCRN at the end of the year.
70 day benchmark	This benchmark has been set by the NIHR and is 70 days from receipt of a valid research application into Research and Innovation to first patient recruited (consented) by the research team. Our target for approval of each study is 30 days thus allowing 40 days for the research teams to recruit.
Internal delay	Where the 70 day benchmark is not met we are required to supply reasons for this. Some factors influencing whether this benchmark is met is out of our control for example; external sponsors causing delays. However some reasons for not meeting this benchmark is a delay caused by UH Bristol and is thus an 'internal delay'.
Time to target	When an approval application is received into Research & Innovation a target number of patients to be recruited is provided as well as duration of the study. The NIHR requires us to submit quarterly data on whether our commercial studies are meeting their recruitment target and within the timescales of the research study.
Commercial studies	Commercial studies - Research funded AND sponsored (i.e. contracted) by commercial companies e.g. pharmaceutical company; medical device company
Non-commercial studies	Non-commercial - All other research. Funded by a non-commercial organisation such as the NIHR, a research council or charity or local funding. Also includes studies funded by a grant from a commercial company but sponsored by a non-commercial organisation.
R&D approval	Any project that is to be delivered within an NHS trust must be approved by that trusts R&D department before it can start recruiting patients. R&D approval is a process to confirm that a study can be delivered safely and successfully at UH Bristol
RCF	Research capability funding - funding provided by the NIHR for use in developing new grant applications and/or plugging the gaps of NIHR Investigators' salaries in-between grants
LCRN	LCRN - One of 15 Local Clinical Research Networks as part of a national research network infrastructure. All NHS organisations in Avon, Gloucester, Wiltshire and the northern part of Somerset are members of the West of England LCRN.

**Cover Sheet for a Report for a meeting of the Trust Board of Directors to be held in Public on
27 November 2014 at 10.30 am in the Conference Room, Trust Headquarters,
Marlborough Street, Bristol, BS1 3NU**

08. Quality & Performance Report
Purpose
To review the Trust's performance on Quality, Workforce and Access standards.
Abstract
The monthly Quality & Performance Report details the Trust's current performance on national frameworks, and a range of associated Quality, Workforce and Access standards. Exception reports are provided to highlight areas for further attention and actions that are being taken to restore performance.
Recommendations
The Board is recommended to receive the report for assurance
Report Sponsor
'Overview' – Deborah Lee (Deputy Chief Executive/Director of Strategic Development) 'Quality' – Carolyn Mills (Chief Nurse) & Sean O'Kelly (Medical Director) 'Workforce' – Sue Donaldson (Director of Workforce & Organisational Development) 'Access' – James Rimmer (Chief Operating Officer)
Authors
<ul style="list-style-type: none"> • Xanthe Whittaker (Head of Performance Assurance & Business Intelligence / Deputy Director of Strategic Development) • Anne Reader (Head of Quality (Patient Safety)) • Heather Toyne (Assistant Director of Workforce Planning)
Appendices
<ul style="list-style-type: none"> • None

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
		25/11/14			

SUMMARY QUALITY & PERFORMANCE REPORT

November 2014

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B	Organisational health barometer	_____
C	Monitor's Compliance Framework	_____

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1.2	Summary	_____
1.3	Changes in the period	_____
1.4	Exception reports	_____
1.5	Supporting Information	_____

2. WORKFORCE

2.1	Summary	_____
2.2	Exception Reports	_____
2.3	Supporting Information	_____

3. ACCESS STANDARDS

3.1	Summary	
3.2	Access dashboard	
3.3	Changes in the period	
3.4	Exception reports	

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SECTION A – Performance Overview

Summary

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

Improvements in the period:

Moving from **RED** to **GREEN** – 1 indicator

- 30-day emergency readmissions – decreasing from 302 readmissions in August to 186 in September, and GREEN rated for the quarter as a whole

Moving from **RED** to **AMBER** – 1 indicator

- Patient complaints (as a percentage of activity) – showing a 16% relative improvement in performance in the period

Deteriorations in the period:

Moving from **GREEN** to **AMBER** – 2 indicators

- Savings Plan Achievement – with achievement in the month decreasing from 91% to 87%; for further details please see the Finance Report.
- Percentage of research studies meeting the 70 day standard (submission to recruitment) – this is a quarterly reported standard, and as reported last month the amber rating reflects changes made to the thresholds to take account of the latest peer group performance

The Organisational Health Barometer continues to highlight the challenges in meeting national waiting times standards in the face of rising demand and increasing patient complexity. The impact of the Trust's performance against the access standards is reflected in the Monitor Risk Rating, and also in the contract penalties forecast. Sustained improvements were seen in the period in measures of patient flow at the 'back door' of the hospital, including the number of long-stay patients in hospital at month-end showing a further reduction, along with a reduction in the number of cancellations of surgery, which is one of the Trust's quality objectives this year. Whilst challenges in maintaining patient flow and meeting the A&E 4-hour standard in the face of high levels of emergency demand continue, importantly there was also a significant reduction in the number of ambulance hand-over delays in the period.

The Trust is currently failing six of the standards in Monitor's Risk Assessment Framework. These are the A&E 4-hour standard, the Referral to Treatment Time (RTT) Non-admitted and Ongoing standards, the combined 62-day GP/Screening Cancer Standard, the 31-day diagnosis to first definitive treatment cancer standard, and the RTT Admitted pathways standard, the latter being part of a planned failure nationally at the request of NHS England. In Monitor's Risk Assessment Framework failure of all three RTT standards, as in the current quarter, is capped at a score of 2.0. The 31-day cancer standard is forecast to be met for the quarter as a whole, and for this reason is not scored against the framework. Overall this gives the Trust a Service Performance Score of 4.0 against Monitor's Risk Assessment Framework, but in the context of Monitor having already investigated and taken account of the failure of

CONTENTS

three of these standards, by restoring the Trust to a GREEN rating for quarter 1. The Trust is currently awaiting formal feedback on the risk rating for Quarter 2, following the self declaration at the end of last month.

SECTION B – Organisational Health Barometer

Providing a Good Patient Experience

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
A01	Patient Experience Tracker Score	89	89	N/A	Green: >= 86 Red: < 85	➔	Current month is September 2014.
A02	Patient Complaints as a Proportion of Activity	0.266%	0.224%	0.261%	Green: <0.21% Red: >0.25%	➘	
A03	Same Sex Accommodation Breaches (Number of Patients Affected)	0	0	0	Green: 0 Red: >0	➔	

Delivering High Quality Care

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
B01	Incidence of Hospital Acquired Pressure Sores (Grades 3 or 4)	0	0	2	Green: 0 Red: >= 1	➔	No RAG rating for YTD.
B02	Number of Inpatient Falls Per 1,000 Beddays	4.26	5.23	4.73	Green < 5.6 Red: >= 5.6	➡	

Keeping People Safe

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
C01	Number of Serious Incidents (SIs)	7	10	52		➡	
C02	Cumulative Number of C.Diff cases	3	5	5	Below Trajectory	➡	Previous = commissioner agreed potentially avoidable cases Apr to Aug; Current & YTD = total cases (Apr to Sep), including 2 agreed cases confirmed for Sep. Limit for the end Q2 = 20.

Being Accessible

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
D01	18 Weeks Admitted Pathways	82.4%	85.2%	87.3%	Green: >=90% Red: <85%	➔	
D02	Number of Cancer Standards Failed	1	1	1	Green: 0 Red: >=2	➔	Previous is confirmed Q1. Current and YTD is confirmed Q2.
D03	A&E 4 Hour Standard	92.4%	93.8%	93.7%	Green: >=95% Red: <95%	➔	

PERFORMANCE OVERVIEW

Being Effective

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
E01	Summary Hospital Mortality Indicator (SHMI) - In Hospital Deaths	66.5	66.0	61.7	Green: <65 Red: >=75	↓	Previous is August 2014 and Current is September 2014.
E02	30 Day Emergency Readmissions	302	186	1727	Below 13/14 Readmission Rate	↓	Previous is August's discharges where there was an emergency Readmission within 30 days. Current is September's discharges. Threshold changed to be based on 2013/14 data.

Being Efficient

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
F01	Overall Length of Stay (Spell)	4.25	4.16	4.24	Green: <= Quarterly target 3.70 Red: >= Quarterly target 3.70	↓	The target for 2013/14 and 2014/15 for this overall indicator of Length of Stay has been derived from the Trust's bed model.
F03	Theatre Productivity - Percentage of Sessions Used	86.6%	89.4%	88.2%	Green: >= 90% Red: < 90%	↑	
F04	Outpatient appointment hospital cancellation rate	9.1%	8.7%	9.3%	Green: <=6.0% Red: >=10.7%	↓	

Valuing Our Staff

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
G01	Turnover	13.3%	13.2%	12.3%	Green: < target Red: >=10% above target	↓	
G02	Staff Sickness	3.9%	4.5%	3.9%	Green: < target Red: >=0.5 percent pts above target	↑	

Promoting Research

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
H02	Cumulative Weighted Recruitment	24,281	27,267	27,267	Green: Above 2012 Red: Below 2012		Current (and YTD) is rolling Calendar YTD position. Previous is Jan-Jul 2014 and Current is Jan-Aug 2014
H03	Percentage of Studies Meeting the 70 Day Standard (Submission to Recruitment)	53.6%	51.0%	51.0%	Green: >=53% (Upper Quartile) Red: <48% (Median)	↓	Previous is Q1 2013/14 – Q4 2013-14. Current is Q2 2012/13 - Q1 2014/15. Updated Quarterly. No change from last month.

PERFORMANCE OVERVIEW

Governing Well

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
J01	Monitor Governance Risk Rating	4	4	N/A	Green: < 4 Red: >= 4	↑	Previous shows the Q2 declared position. Current shows the position in quarter 3 to date. Please note that Monitor is still to confirm the Trust's official rating for quarter 2.

Delivering Our Contracts

The Previous column represents Month 6. Current (and YTD) represents Month 7 2014/15.

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
K01	Financial Performance Against CQUINs (Emillions)	£6.55	£7.23	£7.23	> 50% Green < 50% Red	↑	This is Potential year-end rewards and reflects assessment of performance as at September (72%).
K02	Contract Penalties Incurred - Variance From Plan (Emillions)	£0.49	£0.63	£0.63	Green: Below Plan Red: Above Plan	↑	Data is variance above (+) or below (-) plan, with a higher negative value representing better performance. YTD and Current is variance reported for October which reflects assessments available so far for all penalties except EMTA, which is assumed on plan - to be updated when estimate of actual performance is known.

Managing Our Finance

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
L01	Monitor Continuity of Service	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	→	For financial measures except CRES, Current and YTD is Current Year To Date. For Savings there is a separate total for latest month and YTD. Previous is previous month's reported data.
L02	Liquidity	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	→	
L03	Capital Service Capacity	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	→	
L04	Savings plan achievement	91%	87%	77%	Green: >=90% Red: < 75%	↓	

Notes

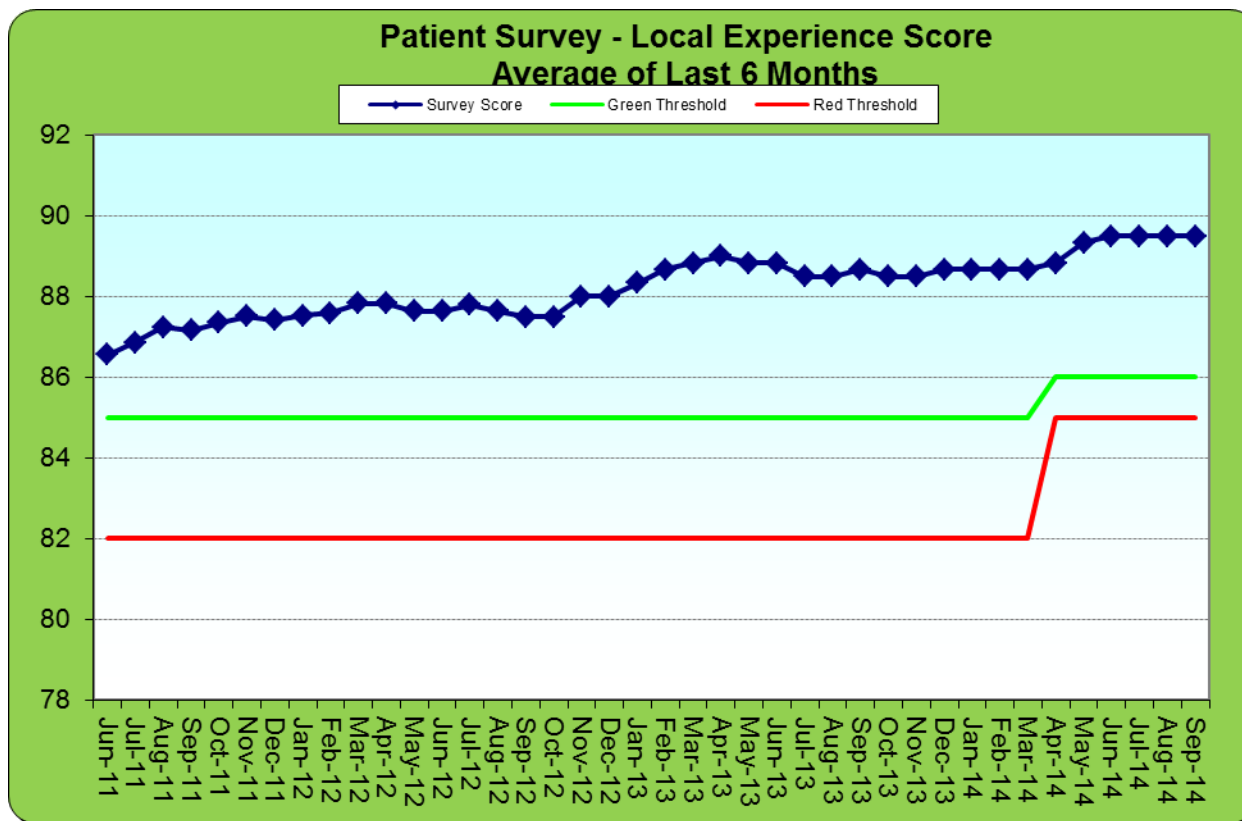
Unless otherwise stated, Previous is September 2014 and Current is October 2014

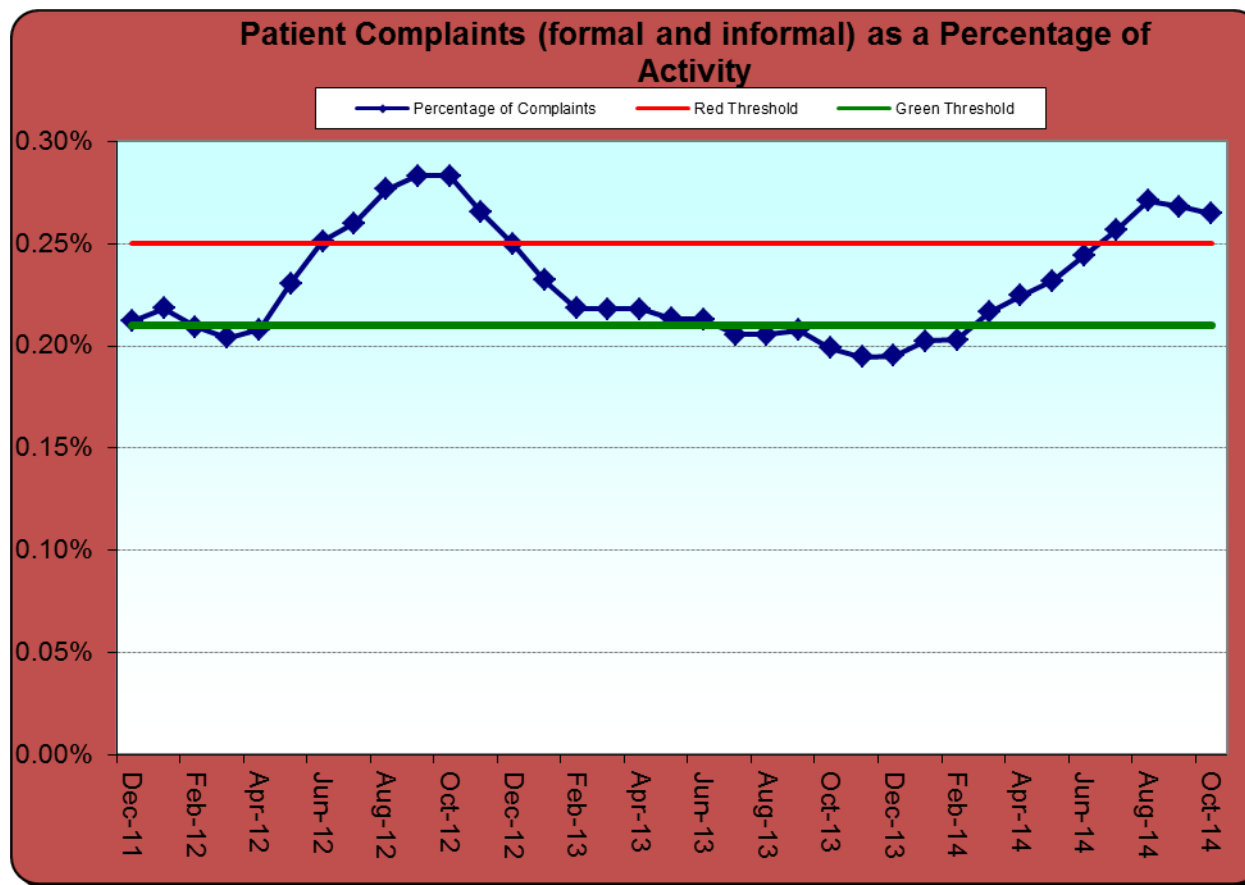
YTD (Year To Date) is the total cases/cumulative score for the year so far, from April 2014 up to and including the current month

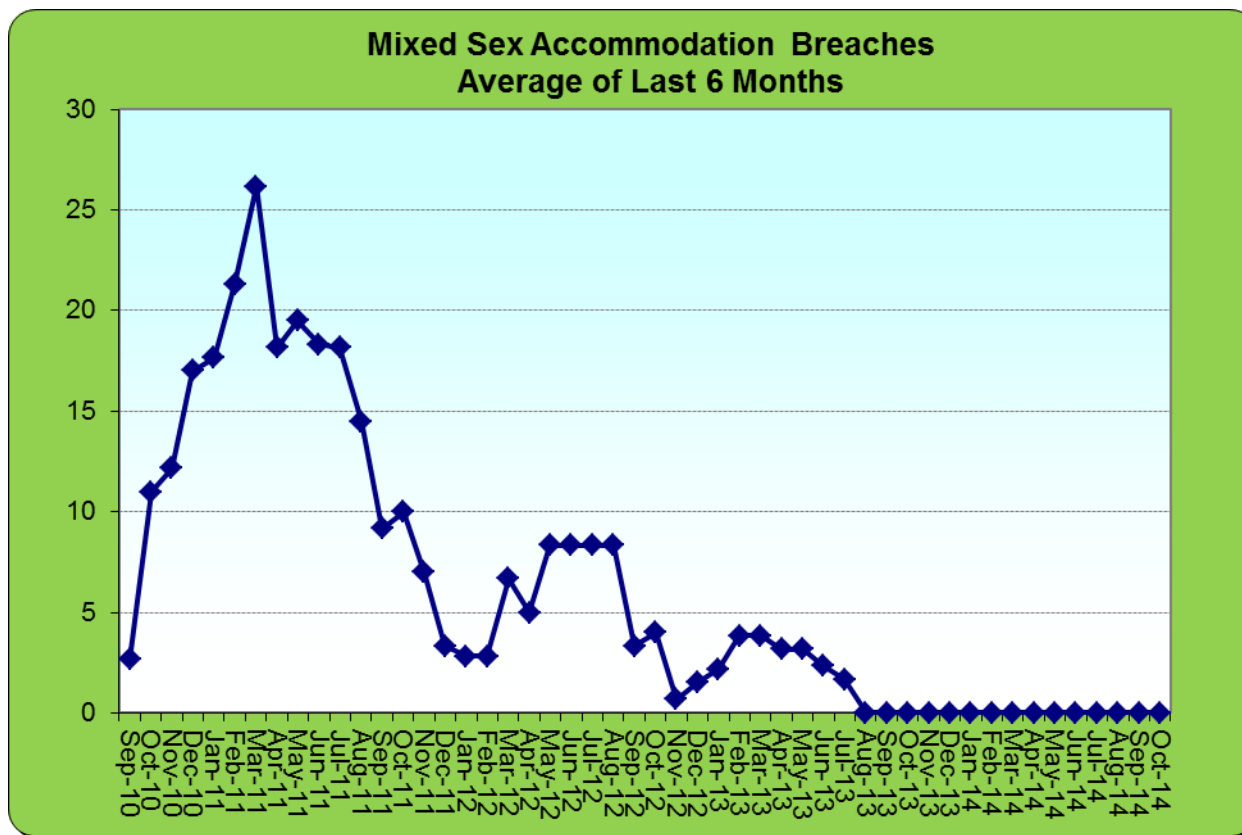
RAG (Red/Amber/Green) rating only applied to YTD where an agreed target number of cases/score exists.

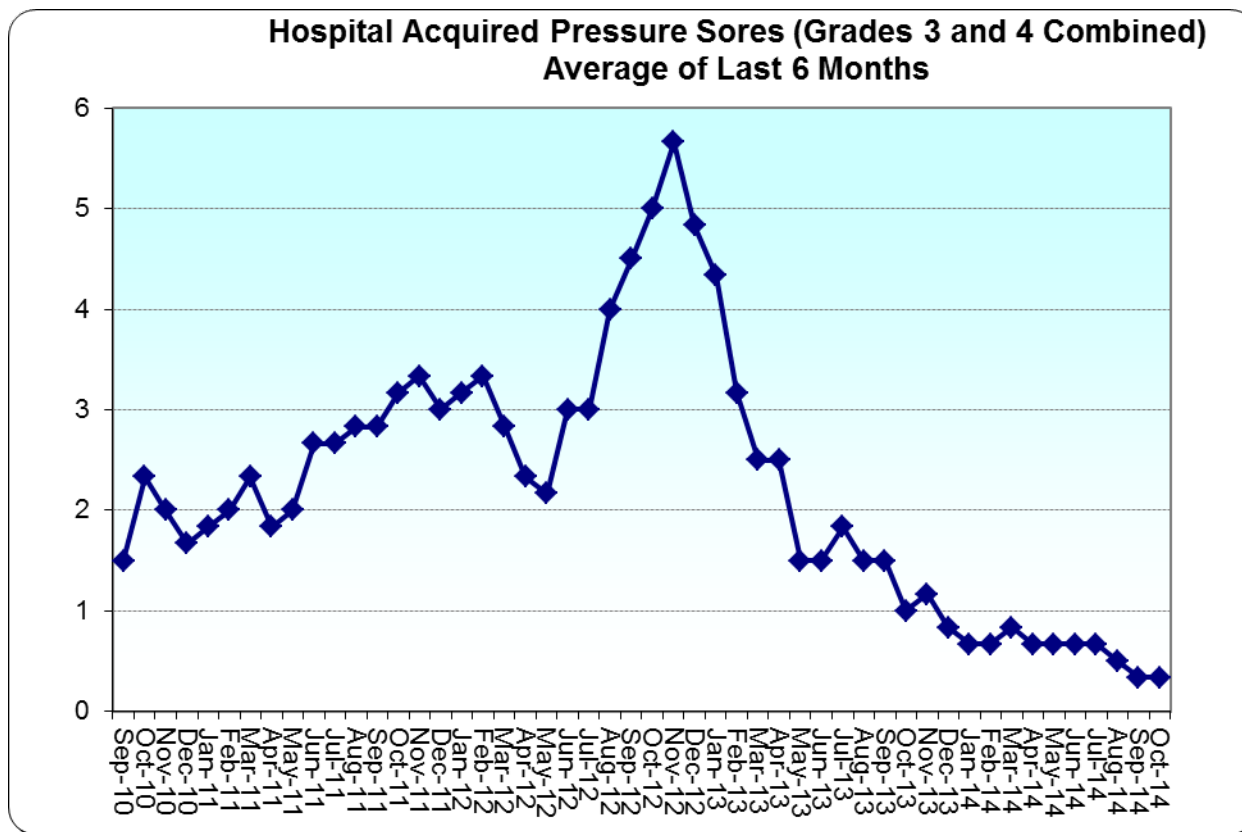
Organisational Health Barometer – exceptions summary table

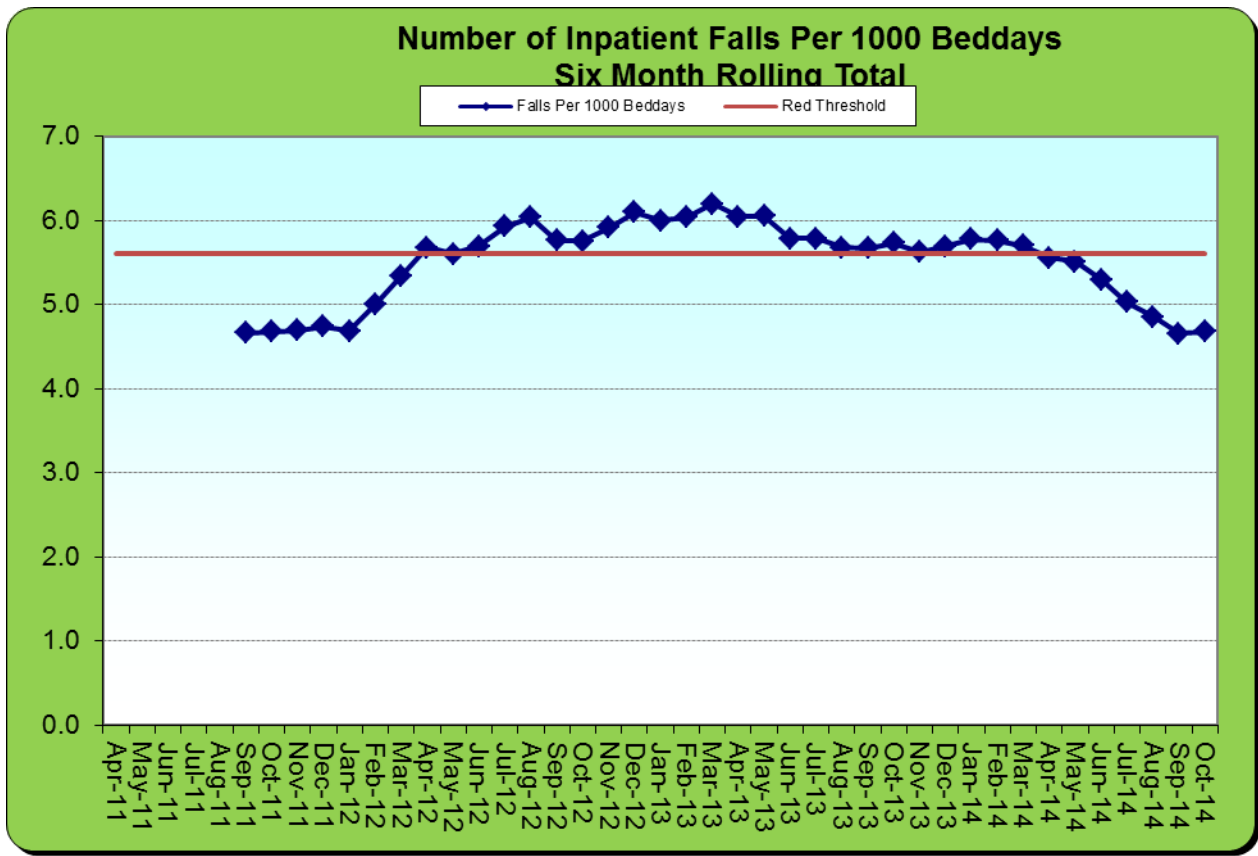
Indicator in exception	Exception Report	Additional information
18-week Referral to Treatment Times (RTT) admitted pathways	In <i>Access</i> section of this report	
A&E 4-hour standard	In <i>Access</i> section of this report	
Overall Length of Stay	See Additional Information	Length of Stay decreased slightly relative to the previous month with a similar proportion of long stay patients being discharged in the month. However, the number of long-stay patients in hospital at month-end maintained the amber rating achieved in August and showed a further improvement in the period.
Theatre productivity	See Additional Information	Overall theatre utilisation was similar in October to that in August and September, and remains RED rated. The lower utilisation is a result of the additional theatres at the Children’s Hospital coming on line, but not yet being fully utilised.
Staff sickness	In the <i>Workforce</i> section of this report	
Turn-over	In the <i>Workforce</i> section of this report	
Monitor Governance Risk rating	See Section C - <i>Monitor Risk Assessment Framework</i>	
Contract penalties above plan	See separate <i>Finance Report</i>	

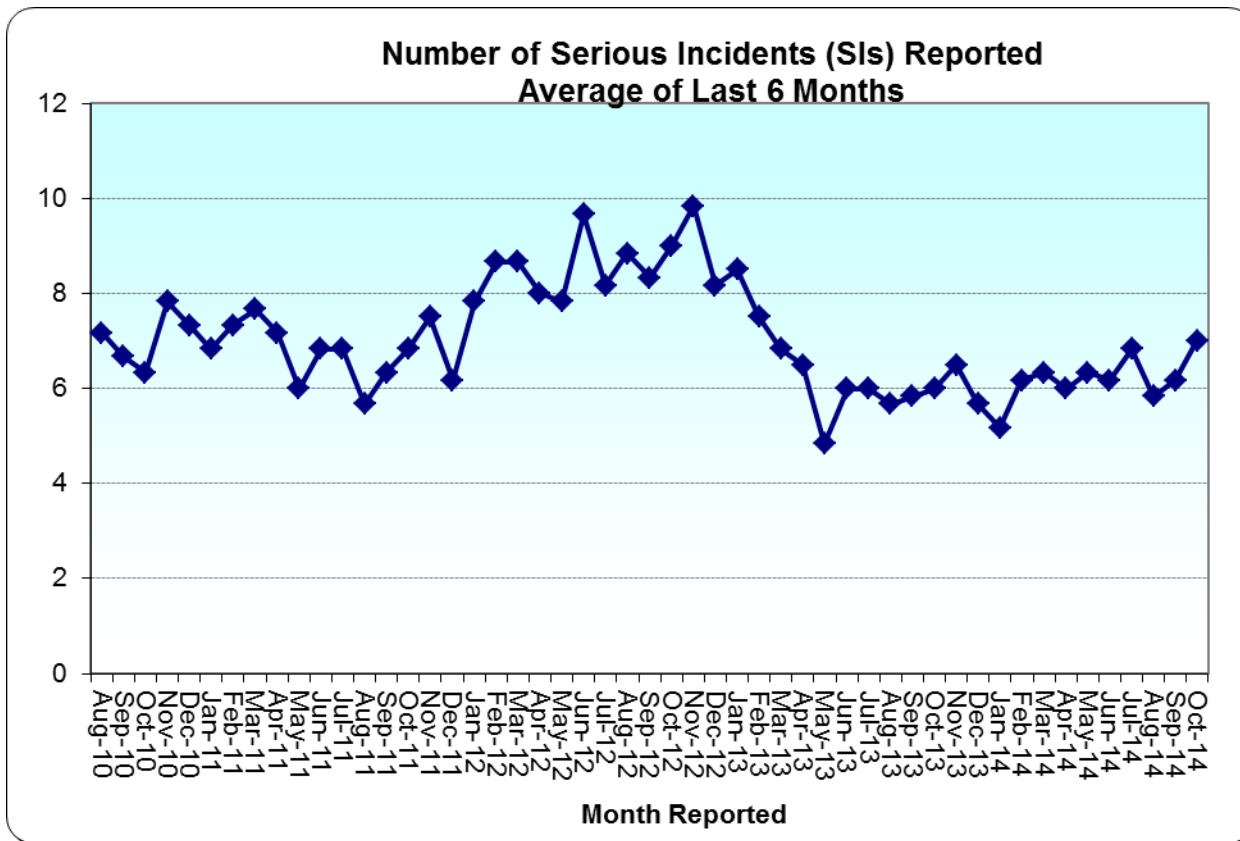


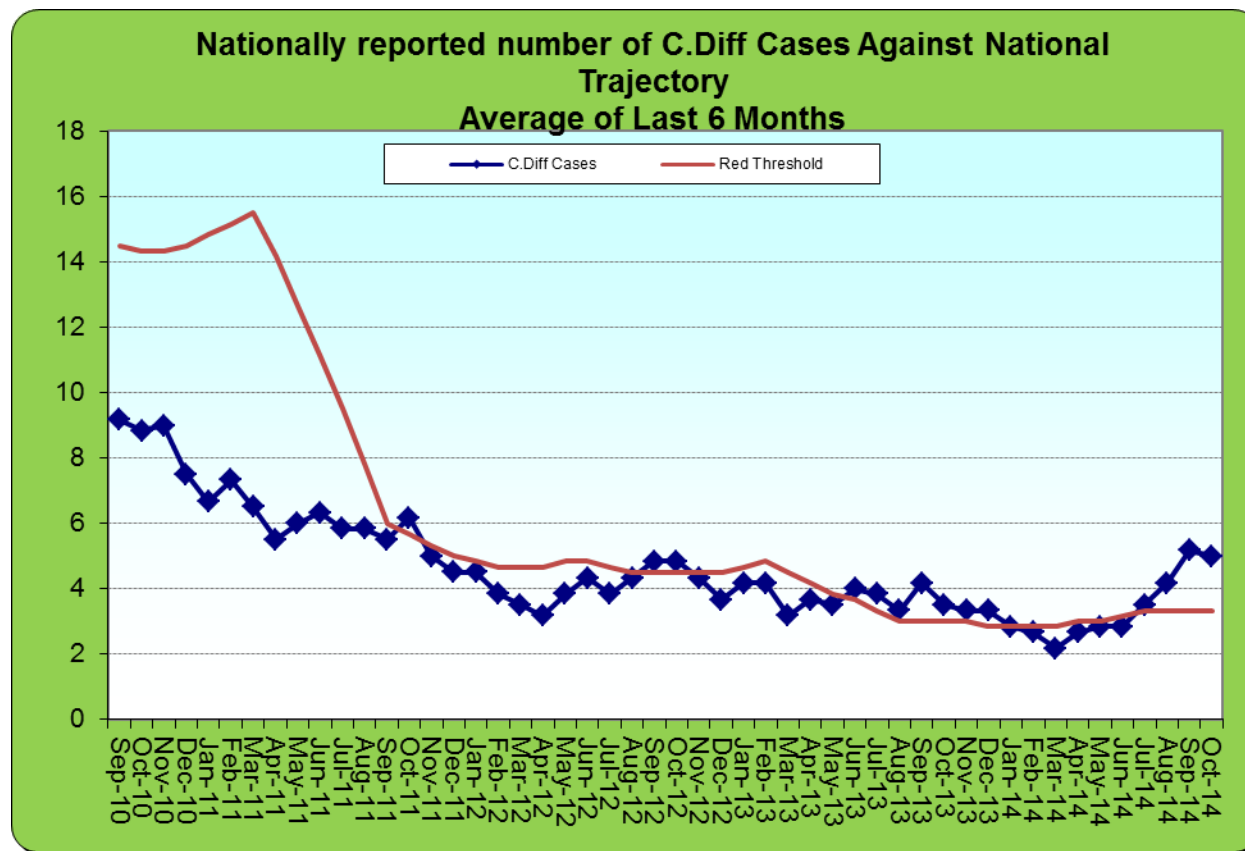


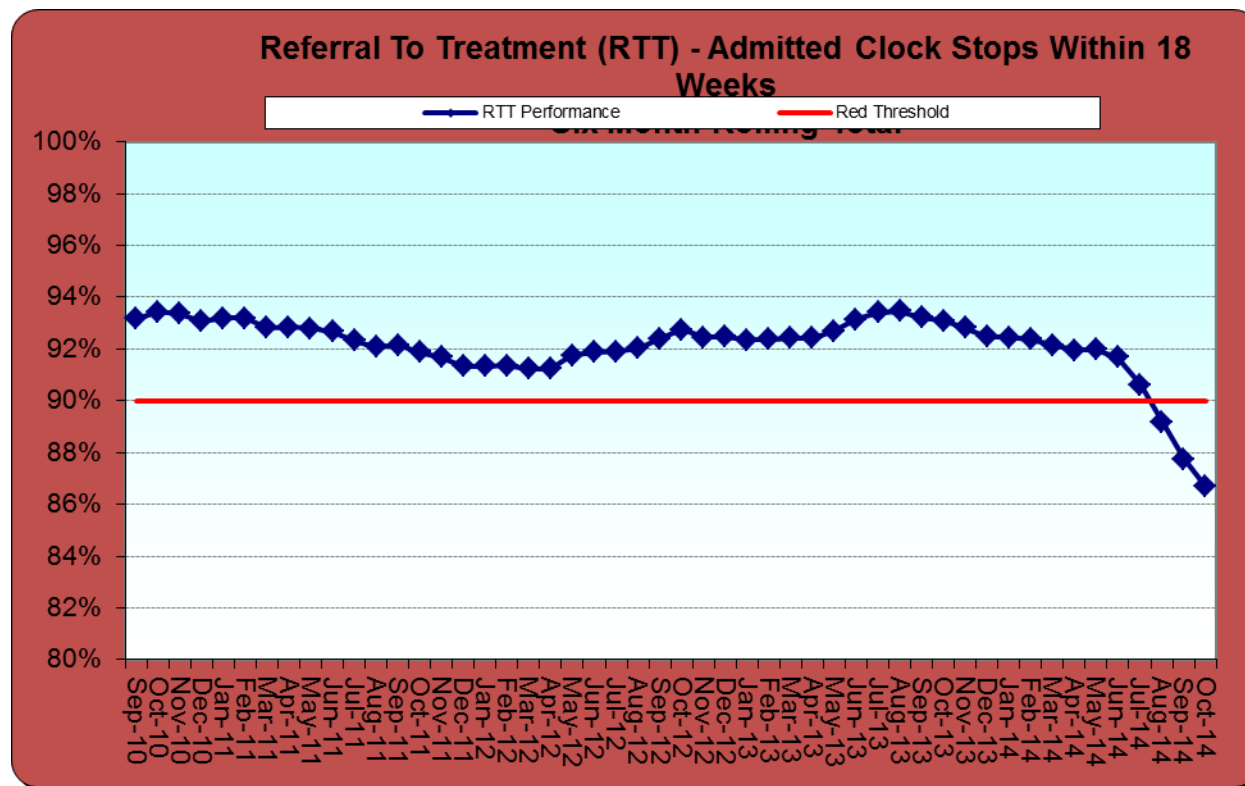


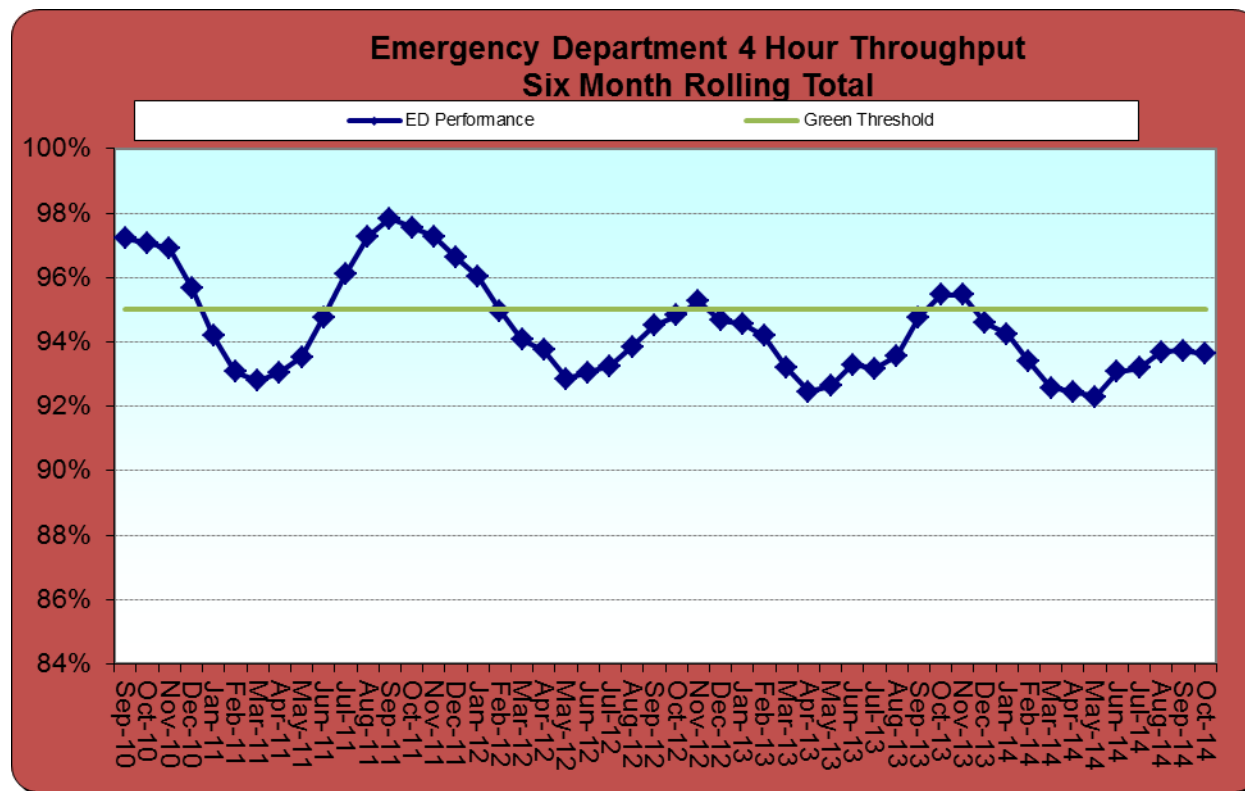


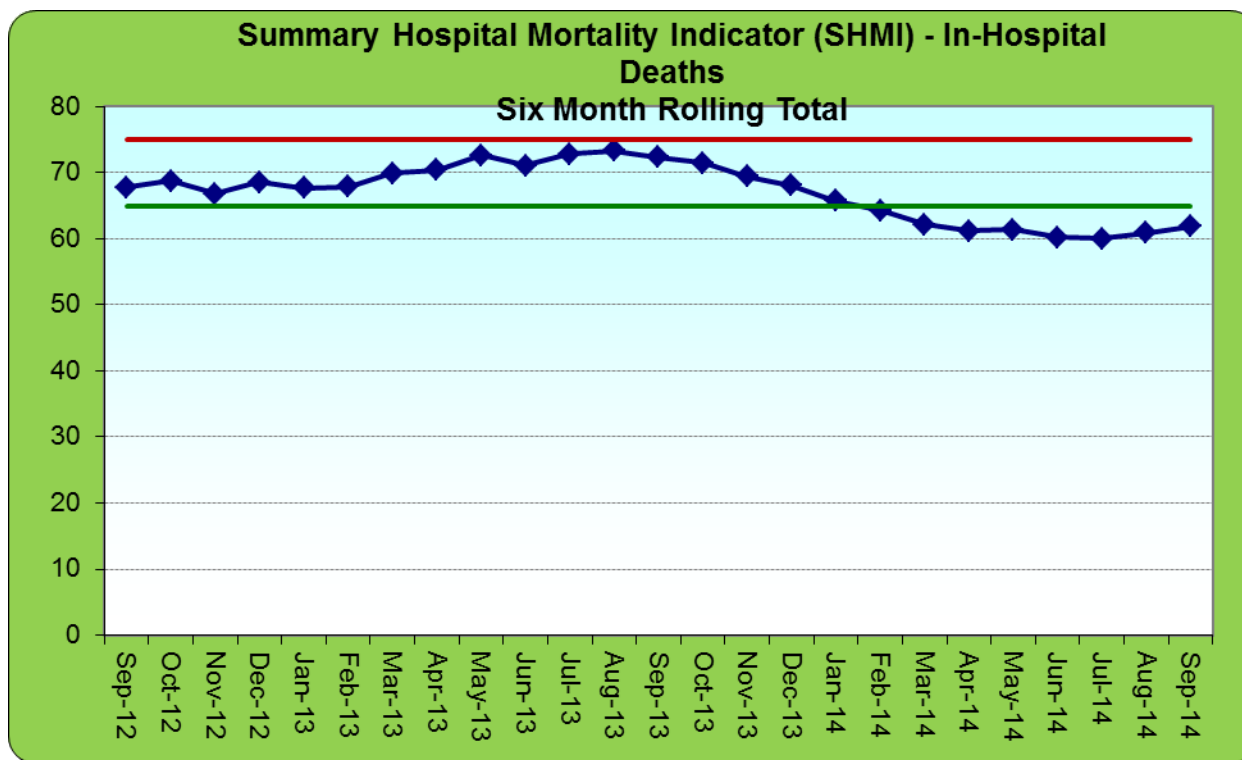


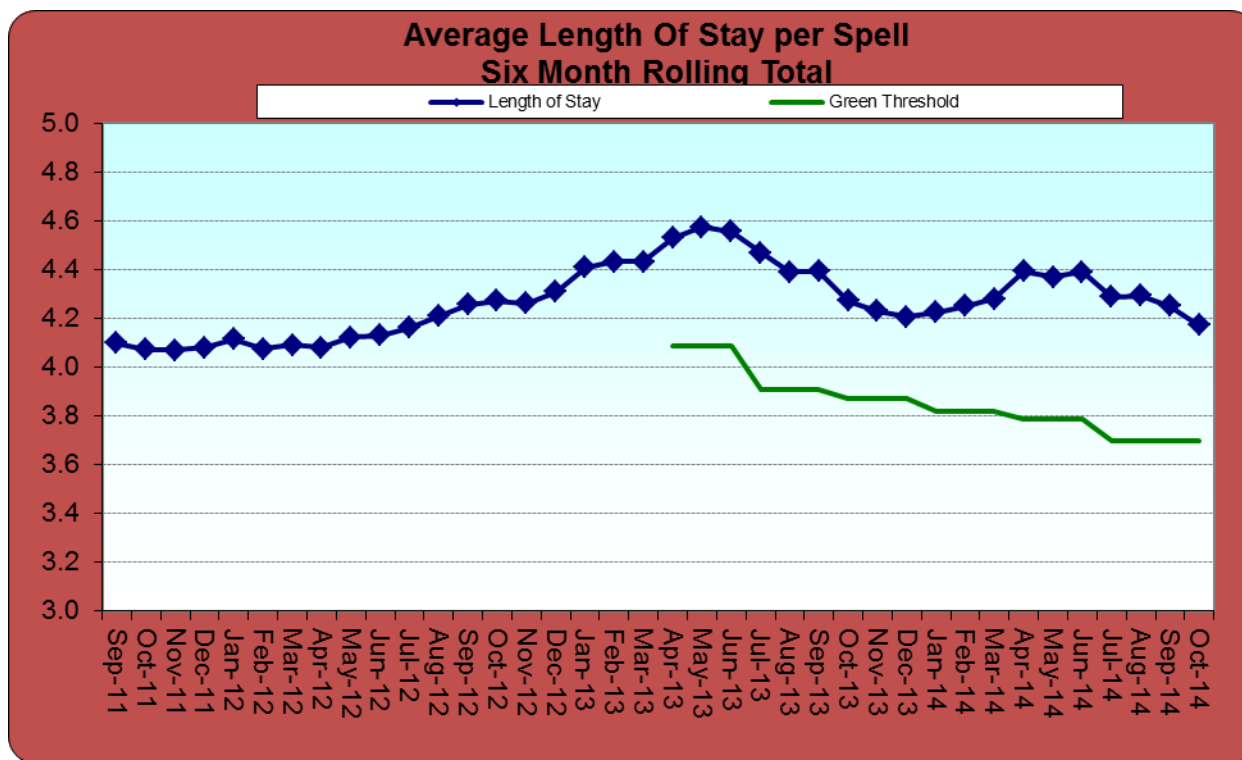


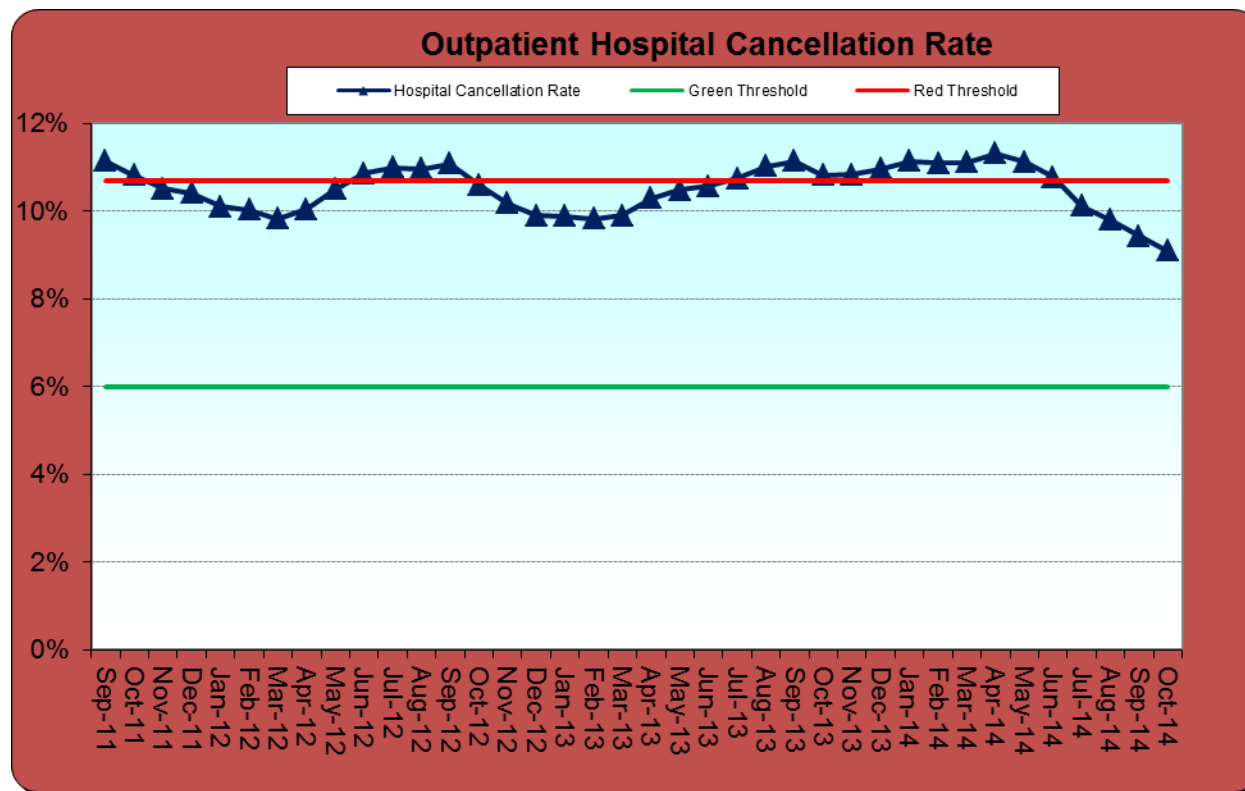












SECTION C – Monitor Risk Assessment Framework

During October the Trust did not meet six of the standards in Monitor's 2014/15 Risk Assessment Framework. Exception reports are provided for five of these six standards, as follows:

- A&E 4-hour maximum wait (1.0) – *Access section*
- RTT Non-admitted standard (1.0) – *Access section*
- RTT Admitted standard (1.0) – Exception report not provided (see note below)
- RTT Ongoing standard (no additional score – see note below) – *Access section*
- 62-day Referral to Treatment GP/Screening Cancer standard (1.0) – *Access section*
- 31-day Diagnosis to First Definitive Treatment Cancer Standard (1.0 – but not scored) – *Access section*

Please note: An exception report is not provided for the Referral to Treatment Time (RTT) Admitted pathway standard, which was failed in the period in response to a national initiative to reduce the size of the elective waiting list across the country. In Monitor's Risk Assessment Framework failure of all three RTT standards as in the current quarter, is capped at a score of 2.0.

Whilst the 31-day Diagnosis to First Definitive Treatment Cancer Standard was below the national standard in October, the 96% national standard is on track to be met for the quarter as a whole. For this reason it is not scored against the Risk Assessment Framework.

Overall this gives the Trust a Service Performance Score of 4.0 against Monitor's Risk Assessment Framework, but in the context of Monitor having already investigated and taken account of the failure of three of these standards, by restoring the Trust to a GREEN rating for quarter 1. The Trust is currently awaiting formal feedback on the risk rating for Quarter 2, following the self declaration at the end of last month.

Please see the Monitor dashboard on the following page, for details of reported position for quarter 3 2014/15.

PERFORMANCE OVERVIEW

Monitor's Risk Assessment Framework - dashboard

Monitor Risk Assessment Framework	Number	Target	Weighting	Target threshold	Reported Year To Date	Risk Assessment Framework						Notes	Q3 Current Risk Rating
						Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15*	Q3 Forecast*		
	1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	5	*	*	✓	✓	See notes	✓	4 cases reported in October, which now require review.	Achieved
	2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	99.8%	✓	✓	✓	✓	100.0%	✓		Achieved
	2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	94.7%	✓	✓	✓	✓	96.1%	✓		
	2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	97.5%	✓	✓	✓	✓	98.2%	✓		
	3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	78.7%	✓	*	*	*	77.0%	*	Both 62-day GP and 62-day Screening standards considered at risk, but still able to be achieved.	Not achieved
	3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	90.2%	✓	✓	✓	✓	61.5%	*		
	4	Referral to treatment time for admitted patients < 18 weeks	1.0	90%	87.3%	Achieved each month	Achieved each month	Achieved each month	Not achieved	85.2%	*	Planned failure, as requested by NHS England.	Not achieved
	5	Referral to treatment time for non-admitted patients < 18 weeks	1.0	95%	91.0%	Not achieved	Not achieved	Not achieved	Not achieved	89.2%	*	Planned failure, as requested by NHS England.	Not achieved
	6	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	91.4%	Achieved each month	Achieved each month	Achieved each month	Not achieved	89.4%	*	Standard failed - but scores for RTT failure capped at 2.0	Not achieved (see notes)
	7	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	96.8%	✓	✓	✓	✓	94.9%	✓	Performance low in October, but on track to achieve for Q3.	Achieved
	8a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	95.8%	✓	✓	✓	✓	94.4%	✓		Achieved
	8b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	
	9	A&E Total time in A&E 4 hours	1.0	95%	93.7%	*	*	*	*	93.8%	*		Not achieved
	10	Self certification against healthcare for patients with learning disabilities (year-end compliance)	1.0	Agreed standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met		Achieved
		CQC standards or over-rides applied	Varies	Agreed standards met	None in effect	Actions implemented	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		Achieved
					Risk Rating	GREEN	GREEN	GREEN	Triggers further investigation	Triggers further investigation	Triggers further investigation		

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

*Q3 Cancer figures based upon draft figures for October. The C diff figures for Q3 will be confirmed once commissioner reviews have been concluded.

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

1.1 QUALITY TRACKER

Topic	ID	Title	Annual Target		Annual		Monthly Totals										Quarterly Totals					
			Green	Red	13/14	14/15 YTD	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	13/14 Q4	14/15 Q1	14/15 Q2	14/15 Q3
Patient Safety																						
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	0	1	2	3	1	1	1	2	2	1	1	2	3	3	3	3	2	2	3	3
	DA03	C.Diff Cases - Monthly Totals	-	-	38	35	3	4	0	2	2	5	4	4	4	6	8	4	4	13	18	4
	DA03c	C.Diff Avoidable Cases - Cumulative Totals	40	40	-	5	-	-	-	-	-	0	1	1	2	3	5	-	-	1	5	5
	DA02	MSSA Cases - Monthly Totals	25	25	27	17	3	3	1	2	2	1	0	3	7	1	4	1	5	4	12	1
MRSA Screenings	DD01	MRSA Pre-Op Elective Screenings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	DD02	MRSA Emergency Screenings	95%	80%	94.8%	93.4%	94.9%	95.2%	95%	95.2%	95.3%	96%	95.5%	94.9%	94.3%	95.3%	90.6%	89.3%	95.2%	95.4%	93.3%	89.3%
Infection Checklists	DB01	Hand Hygiene Audit Compliance	95%	80%	96.8%	97.1%	96.1%	96%	98.3%	98.3%	97.2%	97.6%	96.9%	97.8%	96.8%	96.9%	97.1%	96.3%	97.8%	97.4%	97%	96.3%
	DB02	Antibiotic Compliance	90%	80%	88%	89.1%	86.5%	86.5%	88.6%	90.1%	90.7%	91.8%	88.2%	87.9%	89.6%	86.2%	88.5%	90.3%	89.9%	89.4%	88.2%	90.3%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	87%	79%	95%	95%	95%	94%	94%	96%	96%	95%	96%	93%	96%	96%	95%	95%	95%	96%	95%	95%
	DC02	Cleanliness Monitoring - Very High Risk Areas	98%	89%	96%	96%	96%	96%	95%	96%	96%	95%	97%	95%	96%	97%	97%	97%	96%	96%	97%	97%
	DC03	Cleanliness Monitoring - High Risk Areas	95%	79%	95%	95%	96%	95%	95%	96%	96%	96%	96%	96%	91%	96%	95%	95%	95%	96%	94%	95%
Serious Incidents	S02	Number of Serious Incidents Reported	-	-	73	52	5	6	6	9	5	5	7	5	15	3	7	10	20	17	25	10
	S02a	Number of Confirmed Serious Incidents	-	-	71	23	5	6	6	9	5	5	7	5	6	-	-	-	20	17	6	-
	S02b	Number of Serious Incidents Still Open	-	-	-	27	-	-	-	-	-	-	-	-	7	3	7	10	-	-	17	10
	S03	Serious Incidents Reported Within 48 Hours	80%	80%	83.6%	86.5%	100%	83.3%	100%	88.9%	100%	80%	57.1%	80%	100%	100%	100%	80%	95%	70.6%	100%	80%
	S04	Percentage of Serious Incident Investigations Completed Within Timescale	80%	80%	92.4%	79.1%	100%	100%	87.5%	75%	100%	100%	50%	83.3%	70%	85.7%	100%	50%	89.5%	82.4%	81.8%	50%
Never Events	S01	Total Never Events	0	1	2	2	0	1	0	0	0	1	1	0	0	0	0	0	0	2	0	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	-	-	12090	6297	1052	958	1060	954	986	933	954	1010	1104	1038	1258	-	3000	2897	3400	-
	S06a	Patient Safety Incidents Per 100 Admissions	-	-	9.24	9.26	9.57	9.41	9.43	9.27	9	8.71	8.56	9.07	9.14	9.52	10.48	-	9.23	8.78	9.72	-
	S07	Number of Patient Safety Incidents - Severe Harm	-	-	44	43	3	3	3	7	6	4	6	8	5	4	16	-	16	18	25	-
Patient Falls	AB01	Falls Per 1,000 Beddays	5.6	5.6	5.68	4.73	5.42	5.59	6.1	5.67	5.46	5.08	5.18	4.28	4.51	4.59	4.26	5.23	5.74	4.85	4.45	5.23
	AB06a	Total Number of Patient Falls Resulting in Harm	24	25	27	18	4	2	2	4	2	1	5	2	0	3	5	2	8	8	8	2
Falls (CQUIN Improvement)	AB07a	Number of Inpatient Falls (CQUIN)	429	429	0	848	0	0	0	0	0	129	136	109	116	116	108	134	0	374	340	134
	AB07b	Inpatient Falls (CQUIN) - Improvement from Baseline	0	0	0	-197	0	0	0	0	0	-12	-8	-35	-44	-33	-43	-22	0	-55	-120	-22
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.651	0.651	0.656	0.374	0.526	0.555	0.69	0.417	0.417	0.433	0.343	0.314	0.427	0.396	0.394	0.312	0.51	0.363	0.406	0.312
	DE02	Pressure Ulcers - Grade 2	-	-	184	65	12	14	17	9	10	11	8	8	10	10	10	8	36	27	30	8
	DE03	Pressure Ulcers - Grade 3	0	1	13	2	1	0	1	1	1	0	1	0	1	0	0	0	3	1	1	0
	DE04	Pressure Ulcers - Grade 4	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	96%	95%	98%	98.6%	98.5%	98.2%	98.6%	98.7%	98.5%	98.9%	98.7%	98.1%	98.4%	98.6%	98.9%	98.7%	98.6%	98.6%	98.7%	98.7%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	90%	93.4%	94.6%	95.1%	97.1%	94.9%	96.6%	94.5%	96.4%	94.3%	94%	95.3%	96.6%	93.2%	92.6%	95.3%	94.9%	95.1%	92.6%
Nutrition	WB05	Nutrition: Screening Tool Completed	90%	90%	-	93.1%	-	-	-	-	-	-	-	-	92.8%	91.8%	94.2%	93.4%	-	-	92.9%	93.4%
	WB03	Nutrition: Food Chart Review	90%	85%	82.5%	89.7%	76.9%	84.1%	91.2%	91.8%	78.2%	94.7%	87.4%	87.7%	89%	89.3%	93.1%	88.3%	87.7%	89.5%	90.4%	88.3%
Safety	Y01	WHO Surgical Checklist Compliance	100%	99.5%	99.6%	99.6%	99.5%	99.7%	99.9%	99.6%	99.6%	99.7%	99.6%	99.4%	99.5%	99.7%	99.6%	99.7%	99.7%	99.6%	99.6%	99.7%

QUALITY

Topic	ID	Title	Annual Target		Annual		Monthly Totals										Quarterly Totals					
			Green	Red	13/14	14/15 YTD	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	13/14 Q4	14/15 Q1	14/15 Q2	14/15 Q3
Patient Safety																						
Medicines	WA01	Medication Errors Resulting in Harm	1.61%	2%	0.68%	0.69%	0.56%	0%	1%	0.54%	0%	1.3%	0%	0.78%	1.09%	0.52%	0.56%	-	0.52%	0.66%	0.72%	-
	WA10a	Medication Reconciliation Within 1 Day (Assessment and BHI Wards)	95%	95%	97.9%	97.9%	100%	100%	99.1%	99%	100%	98.6%	100%	95.6%	95.2%	99%	97.8%	99.1%	99.4%	98.1%	97.3%	99.1%
	WA10b	Medication Reconciliation Within 1 Day (BHOC and Gynae Wards)	85%	75%	92%	94.8%	90.8%	83.3%	85%	100%	100%	98.8%	99.1%	90.9%	86.4%	94.7%	98.8%	98.3%	94.1%	96.1%	92.6%	98.3%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	1.5%	2%	1.91%	1%	2.32%	2.6%	1.08%	0.91%	1.66%	1.18%	0.55%	0.38%	1.41%	1.42%	0.69%	1.21%	1.23%	0.68%	1.19%	1.21%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	95.6%	92.8%	94.1%	96.4%	95.8%	95%	95.6%	96.2%	95.2%	95.7%	96.7%	96%	96.7%	96.9%	96.5%	96.1%	95.7%	96.1%	96.7%	96.1%
	AK04	Safety Thermometer - No New Harms	98.2%	97%	97.2%	98.4%	97.4%	97.9%	98.5%	97.8%	97.6%	98.2%	98.4%	98.5%	98.9%	98.7%	98%	97.9%	98%	98.3%	98.5%	97.9%
Deteriorating Patient	AR03	Early Warning Scores (EWS) Acted Upon	95%	90%	84%	89%	82%	76%	91%	86%	88%	89%	83%	91%	91%	96%	88%	88%	89%	88%	92%	88%
	CA01	Number of Verified Crash Calls from Adult General Wards	92	108	-	31	-	-	-	-	-	3	5	5	4	9	3	2	-	13	16	2
Discharges	TD04	Out of Hours Discharges			9%	8.4%	8.8%	8.6%	8.1%	10%	9.8%	9.5%	9%	8.2%	8.6%	7.6%	8.1%	7.7%	9.3%	8.9%	8.1%	7.7%
CAS Alerts	CS01	CAS Alerts Completed Within Timescale	90%	80%	-	94.3%	-	-	-	-	-	-	-	-	90%	100%	85.7%	-	-	96.4%	85.7%	
	CS03	Number of CAS Alerts Overdue At Month End	0	0	-	0	-	-	-	-	-	-	-	-	0	0	0	-	-	0	0	
Clinical Effectiveness																						
Mortality	X05	Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital Deaths	65	75	67.2	61.7	64.3	64.7	57.5	60.5	60.6	59.2	64.9	57.4	56.2	66.5	66	-	59.5	60.6	62.9	-
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	-	-	94.9	-	-	95.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X06	Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline	80	90	75.8	68.1	66.8	78.7	66.2	75.2	73.2	67.6	66.1	64.2	58.3	74.9	78.1	-	71.3	66	70.5	-
Learning Disability	AA03	Learning Disability (Adults) - Percentage Adjustments Made	80%	50%	83.9%	88.8%	95%	77.8%	95%	90.5%	92.3%	100%	78.9%	100%	76.2%	82.4%	91.3%	-	92.6%	93.8%	83.6%	-
Readmissions	C01	Emergency Readmissions Percentage	2.7%	2.7%	2.71%	2.57%	2.68%	2.83%	2.89%	2.93%	2.86%	2.71%	2.92%	2.96%	2.48%	2.8%	1.59%	-	2.89%	2.87%	2.28%	-
Maternity	G04	Percentage of Normal Births	64%	61%	61.7%	62%	63.9%	62.7%	59.9%	62.6%	61.4%	63.6%	58.9%	62.4%	64.7%	61.4%	63.7%	59%	61.3%	61.7%	63.3%	59%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	90%	90%	77.4%	75.1%	95.5%	87.8%	55.9%	92.6%	85.7%	88.9%	70%	82.6%	82.1%	71.4%	61.3%	77.8%	76.4%	78.9%	71.3%	77.8%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	90%	90%	78.8%	94.6%	95.5%	100%	97.1%	100%	100%	94.4%	93.3%	95.7%	100%	96.4%	93.5%	88.9%	98.9%	94.4%	96.6%	88.9%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	90%	80%	61.7%	70.8%	90.9%	87.8%	52.9%	92.6%	85.7%	83.3%	66.7%	78.3%	82.1%	67.9%	54.8%	70.4%	75.3%	74.6%	67.8%	70.4%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	50%	50%	55.1%	50.9%	36.1%	66.7%	62.2%	56.8%	63.9%	52.3%	53.6%	36.8%	48.6%	53.7%	61.1%	-	60.8%	47.3%	54.4%	-
	O02	Stroke Care: Percentage Spending 90+ Time On Stroke Unit	90%	80%	84.2%	87.9%	83.3%	87.5%	86.7%	79.5%	86.1%	90.9%	96.4%	81.6%	97.3%	78%	86.1%	-	84%	89.1%	86.8%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60%	60%	55.8%	56.7%	40%	61.1%	50%	45.5%	50%	60%	30%	57.1%	25%	72.2%	66.7%	58.8%	48.8%	48.3%	61.4%	58.8%
Dementia	AC01	Dementia - Find, Assess, Investigate and Refer Q1	90%	80%	67.7%	59.6%	74.9%	49.7%	46.6%	45.3%	46.9%	57.1%	52.3%	49%	62.1%	67.5%	66.6%	61.4%	46.3%	52.6%	65.4%	61.4%
	AC02	Dementia - Find, Assess, Investigate and Refer Q2	90%	80%	60.6%	79.9%	57.7%	66.7%	75.5%	78%	66.7%	71.7%	78.3%	59.5%	84.7%	81.7%	87.3%	87.1%	73%	70.3%	84.7%	87.1%
	AC03	Dementia - Find, Assess, Investigate and Refer Q3	90%	80%	65.4%	50.2%	75.9%	61.5%	57.9%	38.5%	52.4%	47.6%	56.5%	22.7%	55.2%	50%	35.9%	78.3%	48.5%	42.4%	44.8%	78.3%
	AC04	Percentage of Dementia Carers Feeling Supported			-	69.4%	-	-	-	-	-	60%	62.5%	90%	-	-	70%	80%	-	69.7%	57.1%	80%
Outliers	J05	Ward Outliers - Beddays	9029	9029	10626	6071	759	1043	1277	1169	962	697	951	769	659	749	908	1338	3408	2417	2316	1338



QUALITY

Topic	ID	Title	Annual Target		Annual		Monthly Totals										Quarterly Totals					
			Green	Red	13/14	14/15 YTD	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	13/14 Q4	14/15 Q1	14/15 Q2	14/15 Q3
Patient Experience																						
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	-	-	89	89	88	89	89	89	92	90	88	89	89	-	89	90	89	-
	P01g	Patient Survey - Kindness and Understanding	-	-	-	-	93	93	93	91	94	94	94	93	92	93	94	-	93	94	93	-
Friends and Family Test	P03a	Friends and Family Test Inpatient Coverage	30%	25%	29.6%	37.6%	45.2%	37.4%	37.9%	43.8%	46.7%	45.9%	40%	39.5%	35.5%	32.9%	33.1%	36.1%	42.7%	41.8%	33.8%	36.1%
	P03b	Friends and Family Test ED Coverage	20%	15%	13.3%	20.2%	18.6%	11.6%	13.8%	16.4%	26.7%	15.7%	21.4%	19.2%	16.1%	22.7%	26.2%	20.2%	19.2%	18.9%	21.6%	20.2%
	P04a	Friends and Family Test Score - Inpatients	70	64	75.9	74.8	75.7	74.4	75.5	76.5	76.1	78.4	73.3	73.5	72.4	75	76.8	73.6	76	75.2	74.8	73.6
	P04b	Friends and Family Test Score - ED	51	42	70.1	70	70.8	66.3	70.3	70.1	68.7	75.8	71.4	69.3	72.4	69.7	67.1	67	69.5	71.8	69.4	67
Patient Complaints	T01a	Patient Complaints as a Proportion of Activity	0.21%	0.25%	0.212%	0.261%	0.185%	0.199%	0.216%	0.227%	0.282%	0.238%	0.226%	0.277%	0.282%	0.321%	0.266%	0.224%	0.242%	0.248%	0.288%	0.224%
	T03a	Complaints Responded To Within Trust Timeframe	95%	85%	76.4%	87.3%	82.2%	88.1%	76.1%	92%	88.7%	93.1%	82.5%	83.3%	91.5%	88.3%	88.1%	84.4%	84.7%	86.3%	89.5%	84.4%
	T03b	Complaints Responded To Within Divisional Timeframe			71.1%	82.4%	66.7%	57.1%	77.6%	86%	75.5%	82.8%	86%	91.7%	76.1%	83.3%	81.4%	77.9%	79.4%	86.9%	80%	77.9%
	T04a	Complainants Dissatisfied with Response			62	42	2	6	6	3	5	6	4	11	8	4	2	7	14	21	14	7
Ward Moves	J06	Average Number of Ward Moves			2.26	2.35	2.36	2.3	2.37	2.31	2.37	2.34	2.3	2.33	2.34	2.38	2.42	2.32	2.35	2.32	2.38	2.32
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	0.92%	0.92%	1.02%	1.05%	0.94%	1.02%	1.18%	1.44%	0.92%	0.98%	0.96%	1.1%	1.35%	0.97%	1.14%	0.84%	1.17%	1.02%	1.16%	0.84%
	F01a	Number of Last Minute Cancelled Operations	-	-	690	430	54	47	70	78	52	54	54	64	84	54	68	52	200	172	206	52



1.2 SUMMARY

There have been no new cases of MRSA (Meticillin Resistant *Staphylococcus aureus*) bacteraemias or avoidable *Clostridium difficile* cases in October and antibiotic prescribing compliance exceeded the 90% target for the first time since April.

We continue to have sustained improvements in all our medicines safety measures and in overall falls and pressure ulcer incidence. The number of falls which occurred in October did increase, but those resulting in moderate or higher levels of harm were reduced compared to September. It is also encouraging that the percentage of emergency readmissions within 30 days of a previous discharge is significantly lower this month. However, the challenges in meeting the flow performance measures remain, particularly in the number of outlying bed-days which is significantly higher than previous months. The exception report describes how the latest ward moves into the new ward block should assist in ensuring the right patient gets to the right ward and reduce the number of outlying bed-days.

 Achieving set threshold (36)	 Thresholds not met or no change on previous month (11)
<ul style="list-style-type: none"> - MSSA (Meticillin Sensitive <i>Staphylococcus aureus</i>) cases against trajectory - MRSA (Meticillin Resistant <i>Staphylococcus aureus</i>) screening – elective - Trust apportioned <i>Clostridium difficile</i> cases against national trajectory - Hand Hygiene Audit - Antibiotic prescribing compliance - Cleanliness monitoring: overall Trust score - Cleanliness monitoring: high risk areas - Serious Incidents reported with 48 hours - Never Events - Inpatient falls incidence per 1,000 bed days - Falls resulting in harm - Falls improvement from baseline - Total pressure ulcer incidence per 1,000 bed days - Number of grade 4 hospital acquired pressure ulcers - Number of grade 3 hospital acquired pressure ulcers - Percentage of adult in-patients who had a Venous Thrombo-Embolism (VTE) risk assessment - Nutritional screening completed 	<ul style="list-style-type: none"> - MRSA screening – emergency - Cleanliness monitoring: very high risk areas - Percentage adult in-patients who received thrombo-prophylaxis - 72 hour Food Chart review - WHO surgical checklist compliance - NHS Safety thermometer-no new harms - Central Alerting System (CAS) alerts completed within timescale - Summary Hospital Mortality Indicator (SHMI) in-hospital deaths - Stroke care: percentage spending 90% + time on a stroke unit - Dementia admissions-assessment completed - Patient complaints as a proportion of all activity

QUALITY

<ul style="list-style-type: none"> - Medicines reconciliation performed within one day of admission (Assessment and cardiac wards) - Medicines reconciliation performed within one day of admission (Oncology and Gynaecology wards) - Non-purposeful omitted doses of listed critical medication - Reduction in medication errors resulting in moderate or severe harm - NHS Safety thermometer- harm free care - Deteriorating patient- reduction in cardiac arrest calls from adult general ward areas - Percentage of CAS alerts overdue at month end. - Summary Hospital Mortality Indicator (SHMI) including out of hospital-deaths within 30 days of discharge - Risk Adjusted Mortality (Hospital Standardised Mortality Ratio equivalent) - 30 day emergency re-admissions - Learning disability (adults)-percentage adjustments made - Stroke care: percentage receiving brain imaging within 1 hour - Patient experience local patient experience tracker - Monthly patient survey: kindness and understanding - Friends and Family Test (FFT) coverage: Inpatients - Friends and Family Test (FFT) coverage: Emergency Department - FFT Score: Inpatients - FFT Score: Emergency Department - Number of complainants dissatisfied with our response (not responded in full) 	
 Quality metrics not achieved or requiring attention (14)	 Quality metrics not rated (11)
<ul style="list-style-type: none"> - MRSA (Meticillin Resistant <i>Staphylococcus aureus</i>) bacteraemias against trajectory - Serious incident investigations completed within required timescales - Deteriorating patient- appropriate response to an Early Warning Score of 2 or more. - Percentage of normal births - Fractured neck of femur patients treated with 36 hours 	<p>Thresholds to be agreed</p> <ul style="list-style-type: none"> - Dementia-carers feeling supported - Out of hours discharges <p>Metrics for information</p> <ul style="list-style-type: none"> - Total number of <i>Clostridium difficile</i> cases year to date - Number of serious incidents

QUALITY

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| <ul style="list-style-type: none">- Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours- Fractured neck of femur patients achieving Best Practice Tariff- High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hour- Dementia admissions-case finding applied- Dementia admissions-referred on to specialist services- Ward outliers bed-days- Percentage of complaints resolved within agreed timescale- Average number of ward moves- Last minute cancelled operations: percentage of admissions | <ul style="list-style-type: none">- Confirmed number of serious incidents- Total number of patient safety incidents reported- Total number of patient safety incidents per 100 admissions- Number of patient safety incidents severe harm- Number of grade 2 hospital acquired pressure ulcers- Number of falls- Number of last minute cancelled operations |
|--|---|

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

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

1.3.1 Deteriorating patient:

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

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

- Adult patients with an Early Warning Score (EWS) of 2 or more to have an appropriate response according to the escalation protocol. Our improvement target is 95% by Quarter 4. In October the percentage of documented appropriate responses for adult patients with a EWS of 2 or more was 88% against an improvement target of 95%;
- Reduction in cardiac arrest calls from general ward areas for confirmed cardiac or respiratory arrests. This has been identified as an outcome measure of identifying and responding to deterioration earlier. The target is a 5% reduction from a baseline of Q4 2013/14, to be measured at the end of 2014/15, which equates to no more than 91 cardiac arrest calls for the whole of 2014/15. In October the number of cardiac arrest calls was 2 against the GREEN threshold target of 7. We remain below our cumulative trajectory of 49 by the end of October with 31 cardiac arrest calls year to date and therefore on track to achieve the CQUIN.

1.3.2 NHS Safety Thermometer improvement goal

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

- A reduction in the number of inpatient falls of five fewer per month on average over the whole of 2014/15, against a monthly age-adjusted baseline. In October there were 22 fewer falls against a target of 5 fewer than baseline;
- To implement five actions to enable closer working with our community partners to help reduce harm from pressure ulcers and improve infection prevention and control across the healthcare system. We are on track to achieve this element of the CQUIN.

1.3.3 Friends and Family Test

We will report on two elements of the national Friends & Family Test CQUIN, achievement of which will be tracked via the quality dashboard: increasing response rates for Inpatients and the Emergency Departments. The targets are 25% in Quarter 1 rising to 30% in Quarter 4 for inpatients, and 15% in Quarter 1 rising to 20% in Quarter 4 for Emergency Departments. Performance in October was 36.1% against a target of 25% for inpatients, and 20.2% against a target of 15% for Emergency Departments.

1.3.4 Dementia

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

- Patients admitted with dementia:
 1. Percentage of patients aged over 75 years identified with a clinical diagnosis of delirium or who have been asked the dementia case finding question - performance in October was 61.4% against a target of 90%
 2. Percentage of patients positively identified in 1) who had a diagnostic assessment - performance in October was 87.1% against a target of 90%
 3. Percentage of patients positively identified in 2) who were referred for further diagnostic advice - performance in October was 78.3% against a target of 90%

Our survey of carers looking after people with dementia was conducted in October with 15 responses received. Eighty percent (80%) of carers felt supported. Our band 3 clinical support to the Dementia Project Nurse will be able to support carers to complete a survey.

1.4 CHANGES IN THE PERIOD

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

- Number of serious incident investigations completed within timescale down ↓ from 100% in September to 50% in October;
- Number of patient falls resulting in harm down ↓ from 5 in September down ↓ from 5 in September to 2 in October;
- Percentage of emergency readmissions down ↓ from 2.80% in August to 1.59% in September;
- Dementia patients referred on to GP up ↑ from 35.9% in September to 78.3% in October.

Exception reports are provided for fourteen RED rated indicators and one* indicator which is amber rated, fifteen indicators in total.

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

1. MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias against trajectory
2. Serious incident investigations completed within required timescales
3. Deteriorating patient- appropriate response to an Early Warning Score of 2 or more.
4. Percentage of normal births
5. Fractured neck of femur patients treated with 36 hours
6. Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours
7. Fractured neck of femur patients achieving Best Practice Tariff
8. High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hour
9. Dementia admissions-case finding applied
10. Dementia-asses and investigate*
11. Dementia admissions-referred on to specialist services
12. Ward outliers bed-days
13. Percentage of complaints resolved within agreed timescale
14. Average number of ward moves
15. Last minute cancelled operations: percentage of admissions**

***For the exception report on last minute cancelled operations please see the Access section of this report*

Q1. EXCEPTION REPORT: Serious incident investigations completed within timescale

RESPONSIBLE DIRECTOR: Medical Director/Chief Nurse

Description of how the standard is measured:

Serious incidents investigations are required to be completed within timescales set-out in the NHS England’s Serious Incident Framework (March 2013). Investigations are required to be completed within 45 working days for a grade 1, and 60 working days for a grade 2 serious incident.

The target in commissioning contracts is 80%, measured quarterly.

Performance in the period, including reasons for the exception:

Four serious incident investigations were completed during October, of these two investigations breached the 45 working day timescale resulting in performance of 50%. The reasons are described below:

SI number	Incident	Division	Reason for delay
2014 21736	Patient fall, cerebral bleed.	Specialised Services	Extremely complex multi-professional investigation. Decision taken to ask for a second opinion from outside the Division. Planned breach of timescale.
2014 24772	Grade 3 pressure ulcer	Medicine	Amendments required to draft Root Cause Analysis (RCA) which caused breach of timescale.

The author of the second RCA was a Band 6 nurse who was unable to provide the draft of the RCA within the internal timeframe, nor respond promptly to the request for amendments due to clinical duties. This has been discussed with the Division.

Recovery plan, including expected date performance will be restored:

- The reasons for any failures to investigate serious incidents within the defined timescales continue to be reviewed on a case by case basis, and action taken where possible to prevent future recurrences.

Q2. EXCEPTION REPORT: Deteriorating Adult Patient-response to an Early Warning Score of 2 or more

RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The response to a deteriorating patient is set-out in a well-established protocol that was implemented alongside the Bristol Observation Chart which identifies the parameters which comprise the Early Warning Score. Compliance is assessed by monthly audits by front-line staff (usually the Ward Sister).

The audit consists of reviewing the observations carried-out in the previous 24 hours for all adult patients, identifying those occasions where an early warning score of two or more was triggered and checking the documented response on each occasion to see if it was consistent with protocol. We have set ourselves an improvement target to reach 95% by Quarter 4, and have agreed this with commissioners as part of a CQUIN.

Performance in the period, including reasons for the exception:

Performance in October was 88%. Thirty-six out of 41 patients with an Early Warning Score of two or more had documented evidence of a response consistent with the protocol.

The gaps for five patients occurred on two wards in the Division of Medicine, and one in the Division of Surgery Head & Neck. Each case has been followed-up with the Ward Sister concerned with a full review of the patient's notes.

For one case the correct action been taken but was not documented. The Nurse in Charge brought it to attention of staff member concerned at the time who then documented the action.

Recovery plan, including expected date performance will be restored:

Local action has been taken in all the relevant wards at Safety Briefs and via ward newsletters, to remind staff of the importance of documenting the response enacted.

On one ward where three incidences occurred the Ward Sister has introduced Early Warning Score link nurses to teach staff and champion the early recognition and escalation of deteriorating patients.

Q3. EXCEPTION REPORT: Percentage of Normal Births

RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the target is measured:

Percentage of all births at St Michael's that are "normal". Normal are women whose labour starts spontaneously, progresses spontaneously without drugs, and who give birth spontaneously. Women who experience any one or more of the following are excluded: induction of labour (with prostaglandins, oxytocics or artificial rupture of membranes), epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section, or episiotomy.

Relevant info (e.g. exclusions and measurement periods): Number of Normal Births as a percentage of the Total Births. Target – 64%.

Performance during the period, including reasons for exception:

Performance in October was 59% and year to date is 62%. There were high numbers of inductions in October and a large number of twin deliveries contributing to the lower percentage of normal births.

Recovery plan, including expected date performance will be restored:

- The service is looking at the induction rate to see if there is any action that needs to be taken. Induction of labour appears high and impacts on outcome of birth;
- The service continues to encourage women to deliver in the Midwifery Led Unit wherever appropriate.

<p>Q4-6. EXCEPTION REPORT:</p> <ul style="list-style-type: none"> • Fractured neck of femur patients treated with 36 hours • Ortho-geriatric review within 72 hours of admission • Fractured neck of femur patients achieving best practice tariff 	<p>RESPONSIBLE DIRECTOR: Medical Director</p>
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Description of how the standard is measured:

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

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

Performance in the period, including reasons for the exception:

October's Best Practice Tariff performance was 70%, with eight patients' care not meeting all best practice indicators:

- Two patients were not fit enough to have surgery and received palliative care;
- Four patients were delayed in receiving surgery. One was due to anaesthetic staffing levels, one was due to the requirement for specialist clinical input, one was due to lack of theatre time, and one was due to the requirement for a pre-operative MRI scan;
- Two patients did not receive Ortho-geriatric input within 72 hours. One was due to the August bank holiday weekend, and one was due to the lack of cross-cover over half-Term.

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

The following recovery actions have been identified by the Division of Surgery, Head and Neck to address the current performance concerns, and a trajectory for achievement of 90% by Quarter 4 is in place.

- Prioritisation of fractured neck of femur cases – process in place and review ongoing.

QUALITY

- Additional all day operating list 1:2 weeks from 6th October – now in place.
- Use of winter pressure funding to pilot increase of weekend operating - From 1st November 2014 weekend trauma operating capacity has increased to all day on both Saturdays and Sundays.
- Review of Ortho-geriatric cross-cover arrangements and Bank Holiday plans.

Recovery Trajectory for Time to Theatre:

Month (of patient discharge)	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total patients	31	27					
Expected 36 hour breaches	7	7	6	5	5	3	3
Performance trajectory	77%	77%	80%	83%	83%	90%	90%
Actual 36 hour breaches	12	6					
Actual performance	61.3%	78%					

Q7. EXCEPTION REPORT: High Risk Transient Ischaemic Attack (TIA) starting treatment in 24 Hours

RESPONSIBLE DIRECTOR: Medical Director

Description of how the target is measured:

High Risk patients are those with an ABCD (Age, Blood, Clinical features, Duration of symptoms) score of 4 or above. Treatments (Aspirin, statin, control of blood pressure, referral for carotid intervention) should be commenced and relevant investigations (e.g. blood tests, electrocardiogram, brain scan) completed within the 24-hour window. The 24-hour window starts at first contact with any health professional. The denominator comprises patients who attend as outpatients, not those who are admitted to hospital.

Performance during the period, including reasons for exception:

Performance against the 60% standard was 58.8% in October, with seven out of seventeen high risk patients failing to be treated within the 24-hour target. The 60% standard was achieved for quarter 2 as a whole. Patients treated under this standard are identified high risk patients and are part of a larger volume of other lower risk patients who need to be seen within 7 days. The reason for not being able to treat these high risk patients within 24-hours in October was as follows:

- Three patients were referred late by their GP (one referred by letter);
- One patient was referred to North Bristol Trust over the weekend, and we were unable to contact the patient to book them in until the Monday;
- One patient was difficult to contact, and so an appointment could not be arranged with the target 24 hours;
- One patient took a long time to assess;
- One referral was not acted upon as quickly as the service would have liked due to the clinicians needing to take two thrombolysis calls on the morning of the referral, in addition to some staff absences.

Recovery plan, including expected date performance will be restored:

- Feedback to GP on the correct referral pathways and delayed referrals continues on a case by case basis;
- Ongoing monitoring of levels of demand versus clinic capacity/clinical workload continues.

Q8-10. EXCEPTION REPORT: Dementia

Stage 1 - Find

Stage 2 – Assess & Investigate

Stage 3 – Referral on to GP

RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

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

The National Dementia Clinical Quality Indicator (CQUIN), “Find, Assess and Investigate, Refer (FAIR)” occurs in three parts:

1. Find

The case finding of at least 90% of all patients aged 75 years and over following emergency admission to hospital, using the dementia case finding question and identification of all those with delirium and dementia. This has to be completed within 72 hours of admission

2. Assess and Investigate

The diagnostic assessment and investigation of at least 90% of those patients who have been assessed as at-risk of dementia from the case finding question and/or presence of delirium.

3. Refer

The referral of at least 90% of clinically appropriate cases to General Practitioner to alert that an assessment has raised the possibility of the presence of dementia

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

Performance in the period, including reasons for the exception:

Stage 1- Find – status RED

Performance in October for stage 1 was 61.4% against a target of 90%, compared with 66.6% in September

Divisional performance

Medicine 72.9%; Surgery Head & Neck 34.4%; Specialised Services 30%

Stage 2 – Assessment and Investigation – status AMBER

QUALITY

Performance in October was 87.1% against a target of 90%, compared with 87.3% in September.

Divisional performance

Medicine 86.4%; Surgery Head & Neck 100%; Specialised Services 100%

Stage 3 – Referral on to GP – status RED

Performance in October for stage 3 was 78.3% against a target of 90% compared with 35.9% in September.

Divisional performance

Medicine 75.6%; Surgery Head & Neck 100%; Specialised Services 100%

Performance against the CQUIN has plateaued for stage 1, the development of an electronic solution to capture this information, will see this improve. It is encouraging to see a continued improvement in stage 3 of the CQUIN. A further breakdown of data has been made available to Divisions, which identifies wards achieving against the CQUIN and those requiring further support. The Project Nurse will focus attention in these areas.

Recovery plan, including expected date performance will be restored:

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

- The Trust Lead for Dementia commenced in post on 3rd November 2014;
- Development of an electronic system to flag, record and monitor all stages of the FAIR process has been slightly delayed, but is now back on track. A demonstration of the system is planned at the end of November, with key clinical leads in attendance;
- Project Nurse (two year secondment / fixed term project post holder) is working closely with the admission area teams (Medical, Surgical & Trauma and Older Persons Assessment Unit), to ensure the timely screening, assessment and referral on where appropriate;
- Focus by the Project Nurse on individual wards identified from the October data as requiring further support.

Q11. EXCEPTION REPORT: Ward Outliers

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

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

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

Performance in the period, including reasons for the exception:

There were 1338 outlier bed-days within the month of October against the seasonally adjusted target of 704 bed-days.

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

Recovery plan, including expected date performance will be restored:

- The real-time data audit reveals inaccuracies in data entry; this plans to be addressed at source via the Patient Access Team so that we have confidence in the figures;
- Reduction in occupancy levels throughout the Trust is being addressed through the widely reported patient flow work (see A&E 4-hour A8. exception report in the *Access* section of this report). Lower occupancy gives a greater chance for patients to be placed within the correct ward;
- There is a plan to establish a triage and seated area within the new build Medical Admissions Unit (in place from November 4th 2014). This allows medically expected patients to go directly to the Medical Assessment Unit, thus avoiding the Emergency Department. From the triage area the patients can be directed to Medical Admission Unit, Older Persons Assessment Unit, Stroke or Ambulatory Care Unit: there should be less pressure on the Medical Admissions Unit to transfer patients to down-stream inpatient wards outside of specialty, which will help to ensure the right patient gets to the right ward.

Q12. EXCEPTION REPORT: Number and percentage of complaints resolved within Local Resolution Plan timescale

RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of complaints which are resolved within the timescale originally agreed (or subsequently renegotiated) with the complainant. The target for the percentage to be resolved within the formal timescale is 95% each month with an amber threshold of 85%.

Performance in the period, including reasons for the exception:

In October 2014, 65 responses out of the 77 which had been due in that month were posted to the complainant by the date agreed (84.4%). This represents a decline in performance compared with the previous three months. Of the 12 breaches, six were attributable to delays in Divisions (two in the Division of Women’s & Children’s services and one each in the Divisions Surgery, Medicine, Facilities & Estates and Trust Services). Of the remaining six cases that breached, four were due to delays during the Executive sign-off process and two due to delays in the Patient Support & Complaints Team. The Division of Specialised Services recorded zero breached deadlines in October.

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

Recovery plan, including expected date performance will be restored:

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

Q13. EXCEPTION REPORT: Average Number of Ward Moves

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

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

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

Performance in the period, including reasons for the exception:

In the month of October 2014 there was an average of 2.32 ward moves per patient.

Recovery plan, including expected date performance will be restored:

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

1.6 SUPPORTING INFORMATION

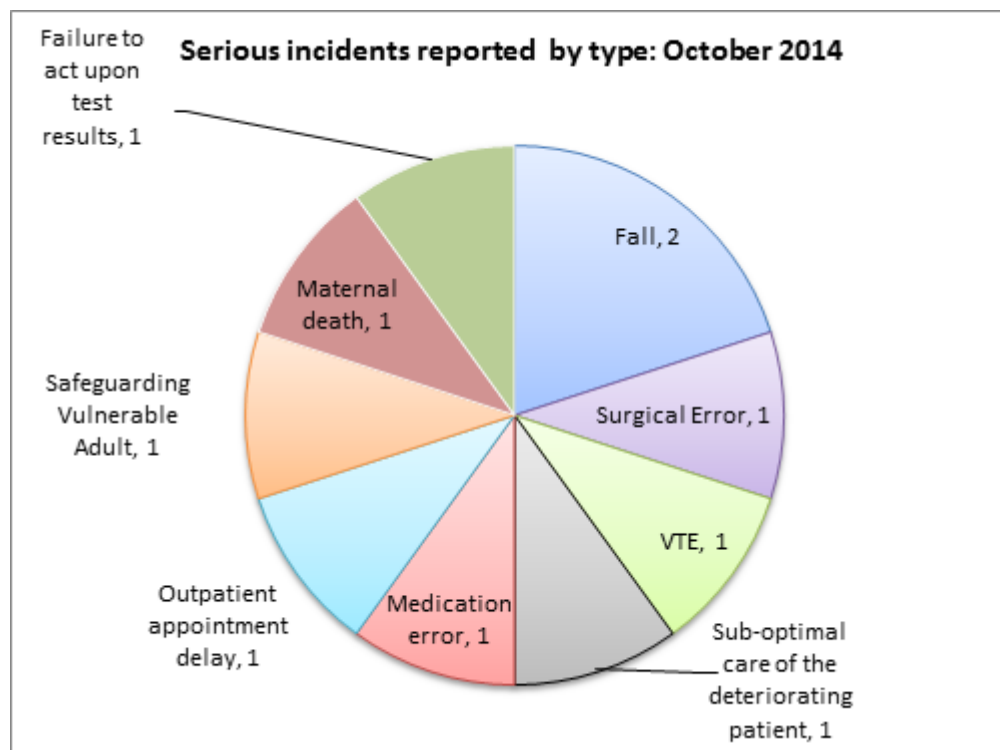
1.6.1 QUALITY ACHIEVEMENTS

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

- The Friends & Family Test has just started in day-case areas for the Division of Medicine, which include three core areas (rheumatology, ambulatory care and dermatology) and 100% of respondents said they would recommend the service. This was supported by very positive comments in terms of staff attitudes, compassion and care;
- The Division has now achieved the target level for prevention of falls for six months;
- The Division has now achieved the target level for prevention of pressure ulcers for twelve months;
- The new Medical Assessment Unit (32 beds) and Older Persons Assessment Unit (30 beds) have opened. The areas were open to the public for Bristol Open Doors days and received positive feedback. These units enable more patients to attend an assessment unit if referred by their GP rather than go through the Emergency Department;
- The Division has had a number of staff nominated in the recognising success awards. These are: The Patient Safety Team, Ward 11 nursing team, Discharge Lounge volunteers, a nursing assistant in the patient experience category, and two leaders are nominated in the Inspirational Leaders award, Rebecca Hoskins (Consultant Nurse, Emergency Department) and Lucy Burghall, Ward Sister, Care of the Elderly).
- Michelle Webster, a counsellor in the Sexual Assault Referral Centre, recently won a Police and Crime Commissioner PRIDE award for her work with victims of sexual violence.

1.6.2 SERIOUS INCIDENT THEMES

There were ten serious incidents reported in October as shown below:



Further details are provided in the table below:




Date of Incident	SI Number	Division	Incident Details	Investigation
29/09/2014	2014 31865	Medicine	Fall resulting in fracture.	Investigation underway

QUALITY

Date of Incident	SI Number	Division	Incident Details	Investigation
19/07/2014	2014 31927	Specialised Services	Delay in responding to deterioration. Identified at routine mortality review.	Investigation underway
24/09/2014	2014 32044	Surgery, Head & Neck	Ophthalmology patient lost to follow up	Investigation underway
30/09/2014	2014 32490	Surgery, Head & Neck	Large left groin haematoma following cardiac catheter procedure. Anticoagulant had not been stopped prior to procedure.	Investigation underway
30/09/2014	2014 32587	Women's & Children's	Maternal death following collapse at home.	Investigation underway
08/10/2014	2014 33251	Medicine	Delay in review of CT scan which showed enlargement of sub-dural haematoma	Investigation underway
12/09/2014	2014 33616	Medicine	Patient died from pulmonary embolus. Mortality review raised queries around timeliness of application of intermittent pneumatic compression hosiery	Investigation underway
16/10/2014	2014 34523	Diagnostics & Therapies	Adult safeguarding	Investigation underway
15/05/2014	2014 34950	Medicine	Ascitic drain inserted causing a perforation of the bowel. Patient died. Identified following RCA.	Investigation complete.
27/10/2014	2014 35138	Specialised Services	Patient fall during cardiac catheter procedure	Investigation underway

2.1 SUMMARY

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

 Achieving	 Underachieving	 Failing
		<ul style="list-style-type: none"> - Workforce expenditure - compared with budget - Workforce numbers - compared with budgeted establishment - Bank and agency usage - compared with target - Sickness absence – compared with target - Vacancies - compared with target - Turnover - compared with target

2.2 EXCEPTION REPORTS

Although it is recognised that many of the contributory factors are impacting on more than one workforce Key Performance Indicator (KPI), an exception report is provided for each of the RED-rated indicators, which in October 2014 were as follows:

- Workforce expenditure - compared with budget
- Workforce numbers – compared with budgeted establishment
- Bank and agency usage – compared with target
- Sickness – compared with target
- Vacancies – compared with target
- Turnover - compared with target

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

Although this report covers the most recent monthly performance, a more detailed description of progress in relation to the KPI and the projected out-turn position, on the basis of the mid-year review, is given in the quarterly workforce report which is provided as a separate paper. The quarterly report also provides more information on the work programmes, and will provide greater assurance for Quality and Outcomes Committee.

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

WORKFORCE**W1. EXCEPTION REPORT: Workforce Expenditure****RESPONSIBLE DIRECTOR: Director of Workforce and Organisational Development**

Description of how the standard is measured: Workforce expenditure in £'000 including substantive, bank and agency staff, waiting list initiative and overtime compared with budget.

Performance in the period, including reasons for the exception:

During October, the pay expenditure to budget variance was 2.2%, compared with 0.9% in September, resulting in a cumulative position at the end of month 7 of 1.4% adverse variance.

	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head and Neck	Women's and Children's	Trust Services (exc Estates and Facilities)	Facilities & Estates
October 2014	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Actual Expenditure	28,619	3,436	4,101	3,406	6,408	7,425	1,901	1,669
Planned Expenditure	28,006	3,356	3,976	3,223	6,114	7,301	1,934	1,619
variance target +/-	(613)	(79)	(125)	(182)	(294)	(125)	33	(49)
Percentage variance	(2.2%)	(2.4%)	(3.1%)	(5.7%)	(4.8%)	(1.7%)	1.7%	(3.1%)

Adverse variance has increased due to higher spend on bank and agency, and overall staffing levels being above budget in some areas. Agency expenditure rose by £189K in month. This includes an increase in medical agency of £122k in Diagnostics & Therapies due in part to a backdated claim for additional consultant time in Laboratory Medicine, combined with the costs of agency locums in Radiology and Histopathology of £53k. The action plan includes overseas recruitment to 2 adult radiology posts, with start dates in November and December; the other adult radiology vacancy will continue to be covered by agency whilst other options such as overseas recruitment are reviewed. Paediatric radiology vacancies are being filled with an academic clinical post starting in February and an overseas locum and the remaining vacancy has been appointed to. Nursing agency costs have increased by circa £35k this month, due to increases in Medicine and Specialised Services. In the Division of Medicine, whilst agency shifts to cover sickness absence and vacancies reduced, usage of Registered Mental Nurses and nursing assistants providing enhanced observation rose significantly due to patient requirement. Bank spend has increased by £106K in month, particularly in Women's & Children's and Medicine Divisions, due to continued high vacancy levels, sickness absence cover, enhanced observation requirements and staffing above budget.

Recovery plan, including progress and expected date performance will be restored: Given the key reasons for exceeding pay budgets is due to the use of temporary staff, the recovery plan is described in the bank and agency section in W3 below.

WORKFORCE**W2. EXCEPTION REPORT: Workforce Numbers****RESPONSIBLE DIRECTOR: Director of Workforce and Organisational Development****Description of how the standard is measured:**

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

Performance in the period, including reasons for the exception:

Total workforce numbers (including bank and agency) were 1.1% above budgeted FTE, compared with 1.3% in September.

	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc Estates and Facilities)	Facilities & Estates
October 2014	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE
Actual Employed	7332.1	905.6	1008.6	787.4	1614.6	1679.5	639.9	696.5
Bank and Agency	527.8	15.2	166.1	64.7	93.6	85.8	39.2	63.1
Total Workforce Numbers	7859.9	920.8	1174.8	852.1	1708.3	1765.3	679.1	759.6
Budgeted Numbers	7775.8	944.2	1104.5	810.3	1706.4	1750.4	691.9	768.2
variance target +/-	(84.2)	23.4	(70.3)	(41.8)	(1.9)	(14.9)	12.8	8.6
	1.1%	-2.5%	6.4%	5.2%	0.1%	0.9%	-1.9%	-1.1%

Key variances are as follows:

Medicine Division - Workforce numbers were over budget by 6.4% (70.3 FTE) compared with 5.9% (64.7 FTE) last month;**Specialised Services** - Workforce numbers were over budget by 5.2% (41.8 FTE) compared with 5.9% (48.0 FTE) last month.**Recovery plan, including progress and expected date performance will be restored:**

Primarily our workforce numbers are above target due to ongoing use of temporary staff. Work to target excess bank and agency usage is described in W3 below.

WORKFORCE**W3. EXCEPTION REPORT: Bank and Agency compliance****RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development****Description of how the standard is measured:**

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

Performance in the period, including reasons for the exception:

As a percentage of total staffing numbers, there is an increase in the proportion of temporary staffing utilised. During October, temporary staffing comprised 6.7% of total staffing numbers (FTE) compared with 6.3% for last month, and an average over the last year of 5.7%. Within this figure, agency staffing accounted for 1.5% of total staffing numbers for October, compared to the average for the year of 1.2%.

The cost of temporary staffing as a proportion of the pay budget increased again this month, accounting for 7.3% of spend, compared with 6.4% last month. Agency costs showed the sharpest increase in Diagnostics & Therapies and Trust Services. Specific hotspots and reasons have been detailed in the exception report above (W2 - Pay Expenditure). Trust-wide, usage continues to be for the following reasons:

- Workload and clinical needs, extra capacity and administrative workload – remained at 31.5% of overall usage;
- Cover for vacancies – this reduced to 28.0% from 31.5% - usage for this reason remains particularly high in Specialised Services (47.1% of total usage within the Division);
- Cover for sickness absence – this increased to 15.8% compared with 14.5% last month, with the greatest increase seen in Specialised Services, 15.9% of usage compared with 12.9% in September;
- Nursing assistant one-to-one care – this increased this month, from 5.8% to 7.5% of usage.

In addition, there were 29 nursing and midwifery new starters undergoing orientation in all bed-holding Divisions, which is in line with the monthly average.

The overview by Division separates bank and agency usage, in recognition of the greater need to drive down agency usage due to the high premium paid, and also to illustrate the comparative position last year.

Bank (FTE)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
October 2013	357.7	11.4	111.1	43.5	72.0	55.1	32.5	32.2
Actual October 2014	407.1	10.7	126.0	41.8	79.4	66.3	31.1	51.8
Target	260.9	10.5	78.0	24.5	59.2	43.8	32.1	12.9

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Agency (FTE)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
October 2013	74.1	3.1	32.7	22.4	12.1	11.0	4.9	-9.0
Actual October 2014	120.7	4.5	40.2	22.9	14.2	19.5	8.2	11.3
Target	43.7	2.4	10.3	4.0	8.6	8.6	5.3	4.5

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

An action plan to target agency usage was presented to the Finance Committee in October. This is described more fully in the Quarterly Workforce Report. The key areas include:

Enhanced Rostering, Operational and Workforce Planning:

- KPIs for rostering and guidance;
- Alignment of winter planning capacity with workforce plans;
- Providing sisters with detailed information on all workforce indicators.

Reducing requests due clinical need and enhanced observation

- Review of "Reasons for booking" to improve the comprehensiveness of data;
- The "Enhanced Observation" policy has now been agreed and is being applied on an ongoing basis;
- Standard Operating Procedures will be reviewed to ensure the protocol for sign off of bank and agency is being implemented appropriately.

Improved effectiveness of the 'bank' to reduce the proportion of premium agency staffing

- Improved marketing to recruit staff to the bank, and increase the flexibility of shifts being offered;
- The incentives to encourage staff to undertake additional hours will be reviewed;
- Innovative solutions to contact bank staff through text, email and web-based links already used with Facilities staff may be extended to other staff, following a review in January.

WORKFORCE**W4. EXCEPTION REPORT: Sickness compliance****RESPONSIBLE DIRECTOR: Director of Workforce and Organisational Development****Description of how the standard is measured:**

Sickness absence figures are shown as percentage of available FTE (full time equivalent) absent.

Performance in the period, including reasons for the exception:

Due to the earlier than usual impact of seasonal coughs, colds and flu related absence, combined with increases in psychological related absence, sickness rates increased to 4.5% in October 2014, compared to 3.9% in September 2014, and 4.2% in October 2013. During the first quarter of this financial year, UH Bristol's average sickness was 3.8% compared with 4% nationally for 40 large acute Trusts (Iview data), and 3.7% compared with 33 Acute Teaching Hospitals.

There has been a slight change in the ratio of long term versus short term absence, with 51.4% being short term absence, compared with an average of 48.5% year to date, which is associated with the 69% increase in coughs, colds and flu related sickness, which was the major cause of episodes in the period. Stress, anxiety and depression continue to be the leading reason for calendar days lost, increasing by 13.9% compared with last month. Absence in all divisions has risen compared with last month, but the biggest proportionate increase has been in Women's & Children's Division. The top five reasons for absence are included in the supporting information, see section 2.3.1. Detail by Division is provided in the following table:

	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Absence October 2013	4.2%	2.7%	4.5%	5.1%	4.0%	4.2%	3.5%	6.5%
Target October 2014	3.5%	2.1%	3.6%	3.8%	3.5%	3.5%	3.0%	5.6%
Absence October 2014	4.5%	3.4%	5.7%	4.6%	4.2%	4.3%	3.2%	7.0%
Cumulative absence October 2014	3.9%	2.5%	4.7%	3.9%	3.7%	3.6%	2.9%	6.4%
	1.0%	1.3%	2.0%	0.8%	0.7%	0.8%	0.2%	1.4%

Progress against recovery plan

Work with Divisions on trajectories as part of the Mid-Year Review in September indicated a projected out-turn in March 2015 of 3.8%, compared to 4.0% for 2013/14, and a target of 3.5%. The absence rate this month is higher than projected, but if the monthly levels revert to target next month, the 3.8% projection would still be achievable. This is currently being tested in the monthly Divisional performance reviews with HR Business Partners. Progress on the Trust-wide sickness absence management action plan continues and is described in full in the quarterly workforce plan. Key actions

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include the following:

Stress, Anxiety and Depression

- 5 “Lighten Up” sessions have taken place; the programme finished on 12th November;
- An initial report has been received in respect of the Employee Assistance Programme in Women’s and Children’s Division;
- Full evaluation reports to evidence the impact of both Lighten up and the Employee Assistance Programme are anticipated in January 2015.

Flu - Influenza

- Active promotion of the annual flu campaign. Impact of year on year vaccination rates on cold and flu related absence has been shown to have a positive impact on cold and flu related absence. 2,767 staff were vaccinated in the first two weeks of this year’s flu campaign.

Divisional Actions

All Divisions offer HR Surgeries for departments with high absenteeism, and training and support is offered to managers on the supporting attendance policy, with HR Business Partners meeting regularly with Employee Services to focus on any long term cases. Divisions have also developed specific programmes of work to target absence, including a sickness Hotline in Medicine Division.

WORKFORCE**W5. EXCEPTION REPORT: Vacancy Levels****RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development****Description of how the standard is measured:**

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

Performance in the period, including reasons for the exception:

There was an increase from 5.1% to 5.7% in vacancies this month, vacancies by Division are shown in the table below:

Vacancy Levels by Division	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
October 2013	4.7%	3.7%	7.3%	5.3%	2.9%	4.4%	5.3%	6.4%
Actual October 2014	5.7%	4.1%	8.7%	2.8%	5.4%	4.0%	7.5%	9.3%
FTE vacancy October 2014	443.7	38.6	95.8	22.8	91.7	70.9	52.0	71.7

Vacancies increased in all four of the bed-holding Divisions, although they reduced in Facilities and Estates.

- Within the bed-holding divisions, Surgery, Head & Neck had the largest percentage increase, from 4.1% to 5.4%. Percentage rates are highest in the Divisions of Medicine, which increased from 7.7% to 8.7%;
- Vacancies in Facilities & Estates have reduced from 10% to 9.3% this month, due to a reduction in budgeted establishment;
- There are also “hot spots” of vacancies which may not be indicated in the overall data, including Coronary Intensive Care Unit, Paediatric and Neonatal Intensive Care Units, Gynaecology, Bristol Eye Hospital Outpatients and Theatres, Medicine Wards, and key consultant posts in Diagnostics & Therapies and Specialised Services.

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

The agreed general recruitment actions, following discussions with Senior Leadership team in October and November, to address recruitment include:

- Increased speed of recruitment, enabled by the procurement of a recruitment management system and a review of the National NHS Employment Check Standards, to see where agility can be introduced without creating levels of non-compliance or risk;
- Escalation of recruitment in the pipeline currently being processed;

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- Additional resources in the recruitment team, to deliver the challenges of recruitment over the next year, combined with a rapid improvement programme in recruitment;
- A robust marketing campaign to target the national UK market;
- A creative marketing plan has been developed, incorporating social media, press, radio, search engine optimisation, micro-sites and online advertising solutions. The Facilities & Estates micro-site will go live in December and marketing materials have been agreed including posters, leaflets and postcards, a sandwich board and logos.

Recruitment progress this month is summarised below in respect of the two staff groups with the highest vacancy levels:

Ancillary (Cleaning, Catering and Portering) Recruitment

- 12 Domestic Assistants joined the Trust in October 2014;
- For the new ward block in the BRI, 37 Domestics are required. Thirty-five have been offered to date with just 2 remaining posts to be filled;
- Fortnightly focus groups are taking place to improve the processing of pre-employment checks.

Nurse Recruitment

Highlights are as follows:

- The University of the West of England held its first jobs fair for health care related professions on 12th November and the UH Bristol stand was particularly popular. The Bank office will be directly targeting students for Nurse Assistant vacancies for the period before they qualify;
- 146 conditional offers were issued of which 108 were registered nursing, and 122 final offers were made of which 98 were registered nurses; This is the result of the nursing assistant assessment centre, targeted recruitment in Women's & Children's and an ongoing advertisement for registered nurses;
- There are over 100 registered and unregistered nursing staff with agreed start dates between October and February which are not reflected in the vacancy figures in this report.

WORKFORCE**W6. EXCEPTION REPORT: Rolling Turnover****RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development****Description of how the standard is measured:**

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

Performance in the period, including reasons for the exception:

Rolling turnover has reduced to 13.2% in October, compared with 13.3% in the previous month. Rates by Division are shown in the table below:

Turnover by Division	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Cumulative Rolling Turnover October 2013	11.5%	9.0%	13.2%	10.4%	13.7%	11.0%	11.2%	10.5%
Actual Cumulative Rolling Turnover October 2014	13.2%	10.4%	15.6%	15.8%	14.3%	10.3%	13.3%	14.5%
Target	10.4%	8.9%	11.4%	11.0%	10.4%	9.8%	10.7%	10.8%

Specialised Services and Medicine continue to have the highest rates of turnover. In Medicine, the majority of leavers during the month were nursing staff, and of these, the most common reason for leaving was "work life balance". Within Specialised Services, the numbers were split across a number of staff groups, and a number of reasons. Trust-wide, leaver numbers have changed little since the same time last year. There were 52.0 FTE (64 headcount) permanent leavers in October 2014, compared with 52.9 FTE (64 headcount) in October 2013. Reasons for exceeding target are described in detail in the quarterly report. In-month comparisons show that the numbers leaving due to "work life balance" remain the same as last month, but relocations and promotions have reduced from a combined total of 45 to 22, and retirements have continued to reduce, with only 2 in October compared with 6 in September.

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

There is a comprehensive programme of Staff Engagement which includes the following:

- Tackling bullying and harassment – through support, training and an advice line. November is designated "Respecting Everyone" month at UH

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Bristol, to highlight support for staff, managers and supervisors to help eradicate bullying and harassment;

- Roll-out of the full census based survey (due to close in November 2014), full evaluation of the first quarter Staff Family & Friends Test (FFT), and distribution of the second quarter FFT survey;
- Divisional activities including focus groups, Listening Events, Divisional Newsletters and updates, site visits by Senior Management Teams, Back to the Floor and Floor to Board rounds and creation of Staff Champions.

Nursing and Midwifery workforce initiatives

There is an extensive programme of work being led by the Corporate Nursing team. This recognises that the role of the ward sister is key to supporting and retaining other members of the ward team. Progress includes:

- A revised job description and a comprehensive set of competences will be launched early in the new year;
- A Ward Sister Handbook is being developed;
- The revised recruitment process in respect of nursing assistants will be underpinned by revised job descriptions and competence framework;
- All nursing assistants who have been recruited through the new assessment centre process are being tracked and leaver data will be reviewed in January and September 2015.

Improving exit data

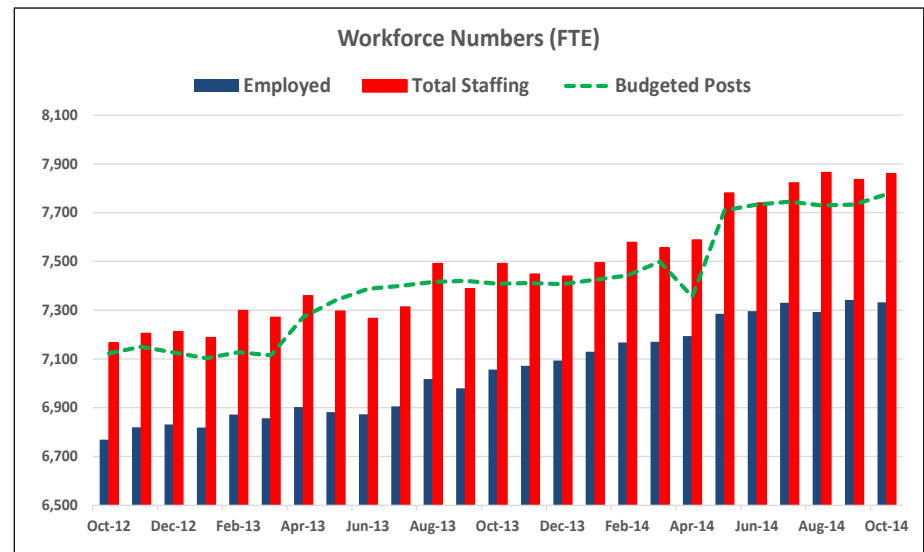
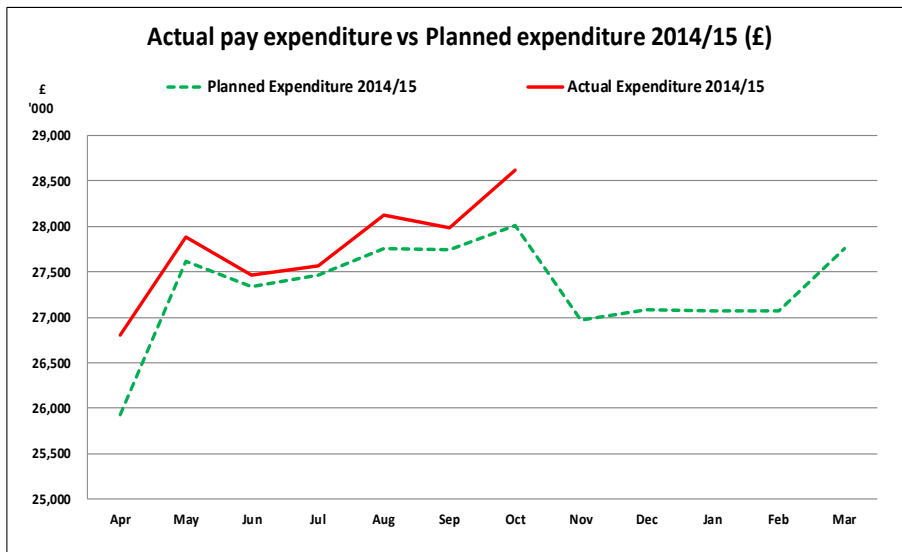
It is recognised that there is also scope to improve our understanding of why staff leave, by implementing the following:

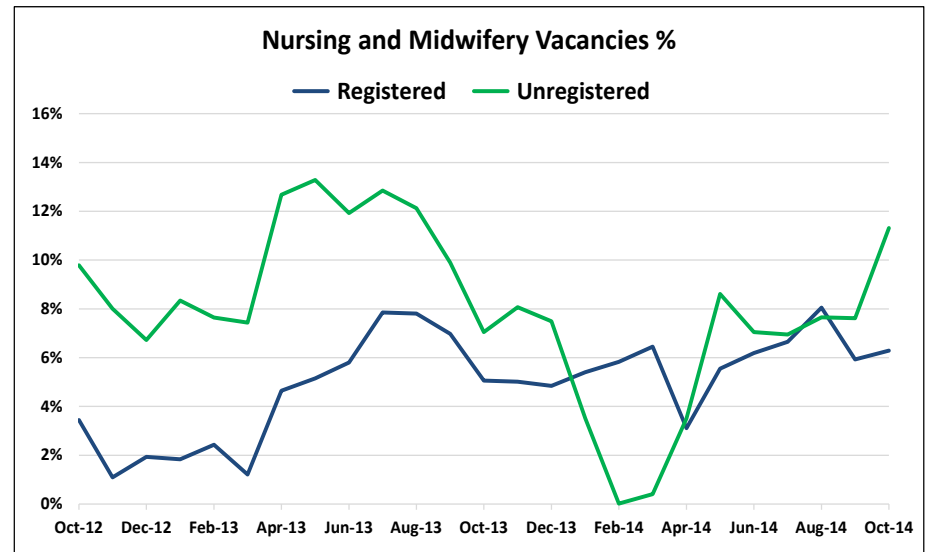
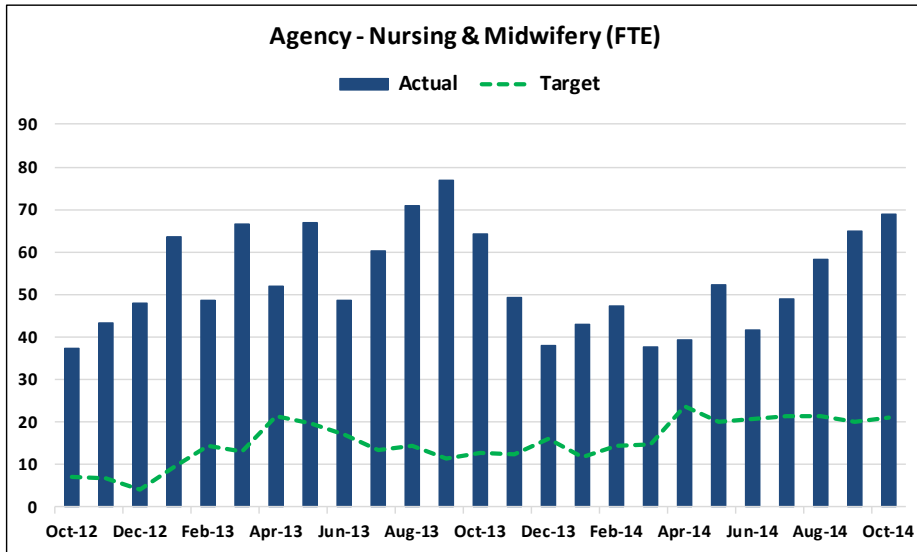
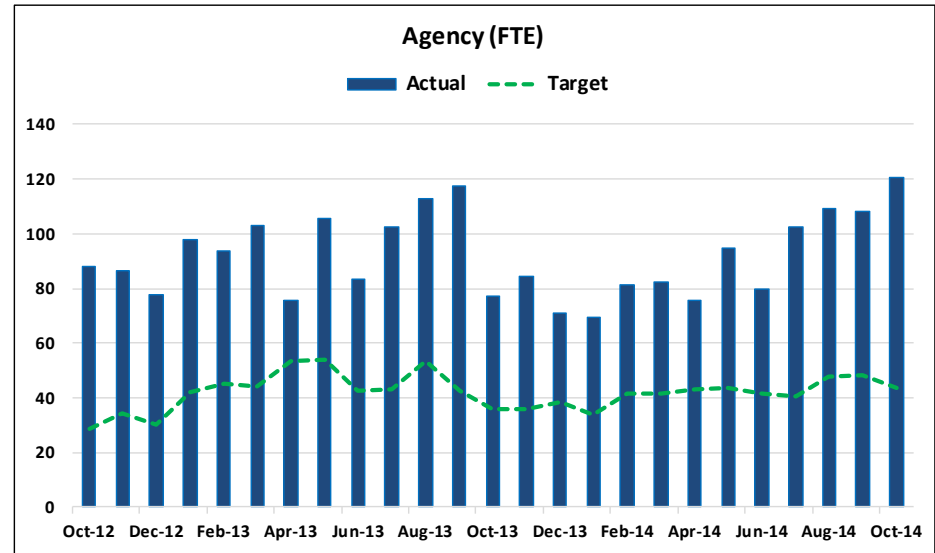
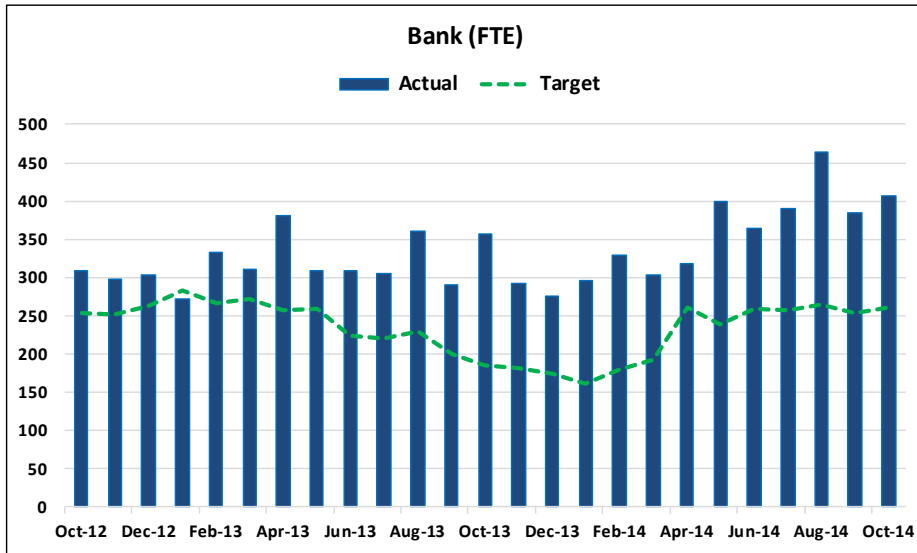
- The removal of the “unknown” option on termination forms is being removed to improve the comprehensiveness of data.
- A project group has been established to map and improve the process for gathering exit information.

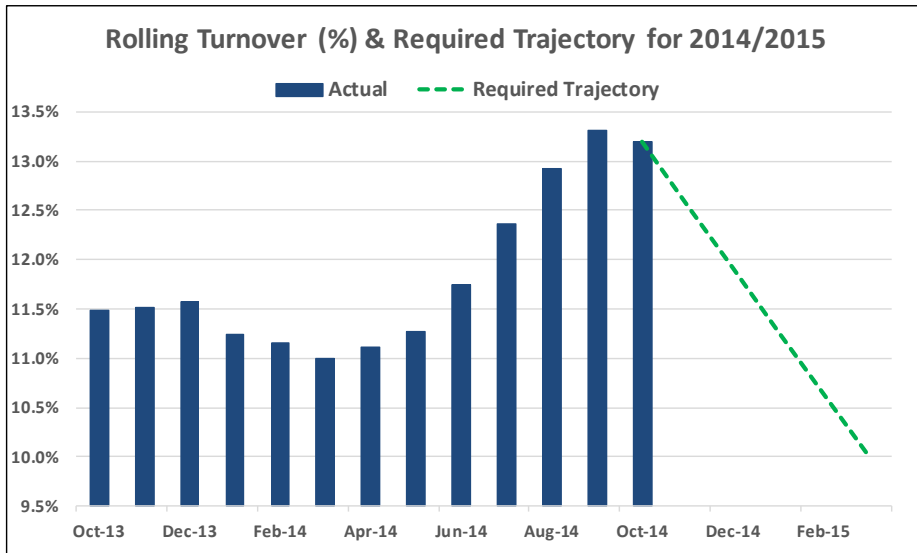
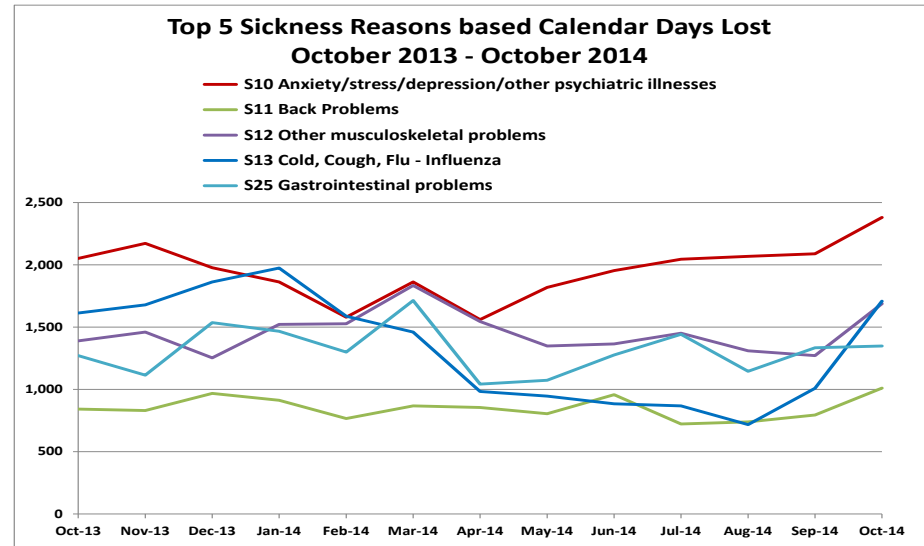
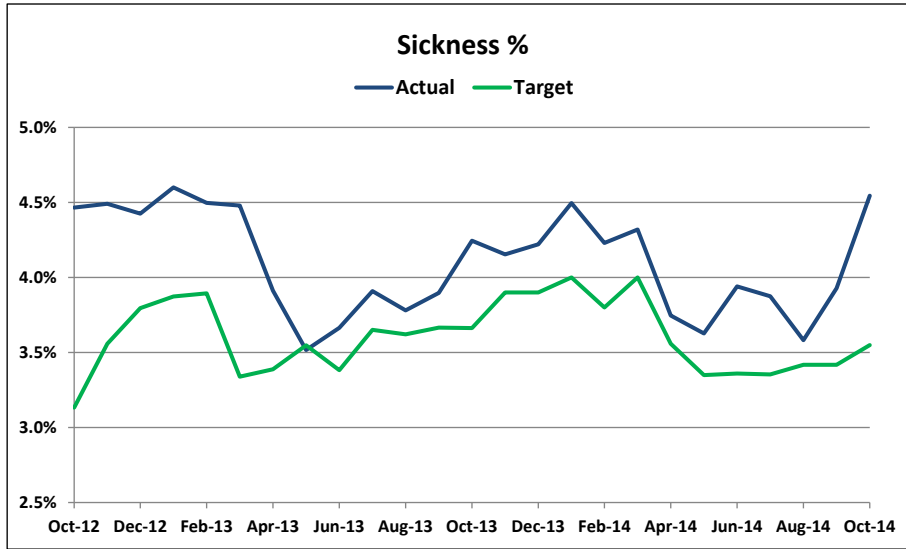
2.3 SUPPORTING INFORMATION

2.3.1 Performance against key workforce standards

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





















WORKFORCE

2.3.3 Changes in the period

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

Indicator	RAG Rating ¹	Commentary	Notes
Workforce Expenditure (£)	 	Workforce expenditure adverse variance from budget increased from 0.9% to 2.2% in month compared with September 2014.	See summary, supporting information and exception report.
Workforce Numbers (FTE)	 	Total workforce numbers including bank and agency increased by 24.5 FTE compared with the previous month. Workforce numbers were 1.1% above budgeted FTE. This compares with September 2014, when numbers were 1.3% above budgeted establishment.	See summary, supporting information and exception report.
Bank (FTE)	 	Bank increased by 22.3 FTE to 407.1 FTE (compared with a target of 260.9 FTE) in October 2014.	See summary, supporting information and exception report.
Agency (FTE)	 	Agency increased by 12.3 FTE to 120.7 FTE (compared with a target of 43.7 FTE) in October 2014.	See summary, supporting information and exception report.
Sickness absence (%)	 	Sickness absence has increased to 4.5% in October; compared to 3.9% in September 2014. This is 1.0 percentage points above the monthly target of 3.5%.	See summary, supporting information and exception report.
Turnover (%)	 	Rolling turnover (excluding fixed term contracts, junior doctors, and bank) reduced to 13.2% compared a target of 10.4% and down 0.1 percentage points compared with September.	See summary, supporting information and exception report.
Vacancy (%)	 	Vacancies increased from 5.1% last month to 5.7%, compared with a target of 5%.	See summary, supporting information and exception report.

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

WORKFORCE

2.3.4 Monthly forecast and overview

Measure	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	October 14 Target
Budgeted Posts (FTE)	7408.3	7411.1	7406.4	7424.8	7442.0	7499.3	7355.2	7709.5	7732.9	7744.9	7729.1	7733.4	7775.8	7759.5
Total Staffing (FTE)	7056.7	7071.7	7093.7	7130.2	7167.3	7170.6	7193.7	7285.6	7296.4	7330.0	7292.5	7342.2	7332.1	7455.0
Bank (FTE) Admin & Clerical	80.0	63.9	58.4	59.0	67.4	64.9	71.3	89.2	83.7	88.8	103.5	86.4	95.8	62.6
Bank (FTE) Ancillary Staff	36.7	27.0	25.6	30.7	35.2	34.6	38.0	54.6	51.8	51.9	73.3	59.0	55.6	22.0
Bank (FTE) Nursing & Midwifery	232.2	194.5	184.2	197.0	220.2	197.4	203.6	249.5	220.8	241.8	274.2	233.7	247.2	167.6
Agency (FTE) Admin & Clerical	12.2	14.8	17.4	13.5	27.1	25.7	23.4	22.4	21.1	19.3	27.7	26.4	29.9	11.8
Agency (FTE) Ancillary Staff	-10.0	10.7	10.5	3.7	0.0	8.3	0.0	6.8	4.9	15.0	12.1	7.6	7.9	4.5
Agency (FTE) Nursing & Midwifery	64.1	49.4	38.1	43.1	47.2	37.5	39.2	52.4	41.6	49.1	58.3	65.0	68.9	20.9
Overtime	67.7	55.8	58.2	60.1	54.7	83.7	76.4	48.2	62.3	49.6	67.5	60.2	78.9	53.0
Sickness absence ¹ Rate (%)	4.2%	4.2%	4.2%	4.5%	4.2%	4.3%	3.7%	3.6%	3.9%	3.9%	3.6%	3.9%	4.5%	3.5%
Appraisal (%)	86.1%	87.3%	88.8%	88.5%	87.9%	85.9%	87.1%	86.3%	87.2%	86.3%	86.9%	85.3%	84.4%	85.0%
Consultant Appraisal ⁵ (%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	89.1%	89.2%	83.0%	85.5%	88.8%	89.1%	88.4%	85.0%
Rolling Average Turnover ² (all reasons) (%)	18.4%	18.3%	18.3%	17.9%	18.0%	17.8%	17.8%	18.0%	18.6%	19.0%	19.4%	19.7%	19.4%	
Rolling Average Turnover ³ (with exclusions) (%)	11.5%	11.5%	11.6%	11.2%	11.2%	11.0%	11.1%	11.3%	11.7%	12.4%	12.9%	13.3%	13.2%	10.4%
Vacancy ⁴ Rate (%)	4.7%	4.6%	4.2%	4.0%	3.7%	4.4%	2.2%	5.5%	5.6%	5.4%	5.6%	5.1%	5.7%	≤5%

1. Sickness absence is expressed as a percentage of total whole time equivalent staff in post.

2. Turnover measures the number of leavers expressed as a percentage of the average number of staff in post in the period. Turnover (all reasons) excludes bank, locum and honorary staff.

3. Turnover (with exclusions) excludes bank, locum, honorary and fixed term staff together with junior doctors.





4. Vacancy measures the number of vacant posts as a percentage of the budgeted establishment.

5. Consultant appraisal process allows 15 months before counting as non-compliant.

ACCESS STANDARDS

3.1 SUMMARY

The following section provides a summary of the Trust's performance against key national access standards at the **end of October 2014**. It shows those standards not being achieved either in the current *quarter (i.e. quarter 3)*, and/or the *month*. The standards include those used in Monitor's Compliance Framework, as well as key standards included within the NHS operating framework and NHS Constitution.

 Achieving (10)	 Underachieving (2)
<ul style="list-style-type: none"> - 31-day diagnosis to treatment cancer standard - <i>subsequent drug</i> - 31-day diagnosis to treatment cancer standard – <i>subsequent radiotherapy</i> - 31-day diagnosis to treatment cancer standard - <i>subsequent surgery</i> - 2-week wait urgent GP referral cancer standard - A&E Left without being seen rate - A&E Time to Initial Assessment + A&E Time to Treatment - A&E Unplanned re-attendance - Reperfusion times (door to balloon time of 90 minutes) - 6-week wait for key diagnostic tests 	<ul style="list-style-type: none"> - Reperfusion times (call to balloon time of 150 minutes) – <i>local target not achieved</i> - Ambulance hand-over delays over 30 minutes (year-on-year reduction)
 Failing (10)	 Not reported/scored (0)
<ul style="list-style-type: none"> - A&E Maximum waiting time (4-hours) - Delayed Discharges - Referral to Treatment Time for non-admitted patients - Referral to Treatment Time for admitted patients - Referral to Treatment Time for incomplete pathways - 31-day diagnosis to treatment cancer standard - <i>first treatment</i> - 62-day referral to treatment cancer standard – <i>GP referred</i> - 62-day referral to treatment cancer standard - <i>Screening referred</i> - Last-minute cancelled (LMC) operations + 28-day readmission 	

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

ACCESS STANDARDS

3.2 ACCESS DASHBOARD

Access Standards - dashboard

	Target	Thresholds		Previous YTD	Year to date (YTD)	Month										Oct-14	Quarter					
		Green	Red			Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14		Sep-14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
Cancer	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	96.7%	95.8%	96.3%	98.0%	95.4%	98.0%	98.4%	97.1%	97.0%	96.0%	97.0%	93.2%	94.8%	96.4%	97.4%	96.7%	95.0%		
	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.3%	96.8%	99.5%	97.6%	96.2%	94.0%	97.8%	97.5%	97.9%	96.2%	96.8%	96.2%	96.2%	98.0%	96.0%	97.2%	96.4%		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	99.8%	99.8%	100.0%	98.9%	99.3%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	99.7%	99.7%	99.7%	100.0%		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.2%	94.7%	93.5%	95.0%	93.5%	97.6%	91.8%	97.9%	93.2%	93.5%	94.0%	97.8%	91.7%	96.9%	94.1%	94.9%	94.6%		
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	98.2%	97.5%	97.6%	99.0%	92.3%	99.5%	95.6%	97.9%	98.9%	95.1%	97.6%	98.4%	97.4%	97.8%	95.7%	97.2%	97.8%		
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	80.2%	78.7%	83.1%	85.2%	72.9%	77.4%	74.8%	75.3%	81.1%	85.1%	79.4%	77.6%	74.3%	84.6%	75.1%	80.4%	76.8%		
	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	94.7%	90.2%	84.2%	97.6%	98.0%	94.9%	88.9%	90.3%	90.2%	90.9%	90.2%	94.3%	83.3%	90.5%	94.4%	90.4%	90.8%		
	Cancer 62 Day Referral To Treatment (Upgrades)	Not published	Not published	96.8%	90.7%	84.2%	93.1%	79.3%	75.6%	97.0%	97.5%	86.1%	100.0%	86.7%	70.0%	89.3%	88.3%	85.3%	95.3%	83.1%		
Referral to Treatment	Referral To Treatment Admitted Under 18 Weeks	90%	90%	93.2%	87.3%	91.6%	92.1%	92.8%	92.4%	90.5%	91.9%	91.8%	90.1%	87.2%	84.4%	82.4%	92.3%	92.0%	91.2%	84.7%	85.2%	
	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	93.5%	91.0%	91.3%	94.0%	92.0%	92.7%	93.1%	93.6%	94.0%	92.8%	89.7%	90.0%	89.0%	92.5%	92.6%	93.4%	89.5%	89.2%	
	Referral To Treatment Incomplete pathways Under 18 Weeks	92%	92%	92.5%	91.4%	93.1%	92.2%	92.6%	92.4%	93.1%	92.7%	92.5%	92.1%	92.0%	91.1%	90.0%	92.7%	92.7%	92.4%	91.0%	89.4%	
A&E Clinical Quality Indicators	A&E Total time in A&E 4 hours - without Walk in Centre attendances	95%	95%	94.8%	93.7%	95.4%	90.8%	91.6%	90.1%	92.1%	94.5%	94.3%	95.2%	92.4%	93.7%	92.4%	93.7%	91.3%	94.7%	92.8%	93.8%	
	A&E Time to initial assessment (95th percentile) - in minutes	15	15	20	12	13	14	12	24	15	14	12	11	13	12	11	13	14	12	12	12	
	A&E Time to treatment decision (median) - in minutes	60	60	52	54	53	53	46	55	54	53	57	55	59	47	55	53	51	55	54	51	
	A&E Unplanned reattendance rate (within 7 days)	5%	5%	0.9%	2.1%	2.2%	3.0%	2.8%	2.5%	2.4%	2.7%	2.2%	2.4%	0.2%	2.5%	2.6%	2.5%	2.5%	2.5%	2.4%	1.7%	2.5%
	A&E Left without being seen	5%	5%	1.7%	1.8%	2.1%	2.1%	2.0%	1.8%	1.7%	1.5%	1.9%	1.4%	2.2%	2.0%	2.0%	1.5%	2.1%	1.8%	1.6%	2.1%	1.5%
Other key access standards	Last Minute Cancelled Operations	0.80%	1.50%	0.97%	1.05%	0.96%	1.02%	1.18%	1.44%	0.92%	0.98%	0.96%	1.10%	1.35%	0.97%	1.14%	0.85%	1.17%	1.02%	1.16%	0.84%	
	28 Day Readmissions	95%	85%	88.5%	90.0%	95.0%	92.6%	93.6%	88.6%	89.7%	94.2%	85.2%	94.4%	95.3%	90.5%	85.2%	94.0%	90.3%	91.3%	90.6%	85.3%	
	6-week wait for key diagnostics	99%	99%	98.2%	97.7%	99.5%	98.8%	98.0%	99.2%	99.2%	98.3%	96.6%	97.3%	97.7%	97.0%	98.1%	99.1%	99.1%	98.8%	97.4%	97.6%	99.1%
	Primary PCI - 150 Minutes Call To Balloon Time (direct admissions only)	90%	70%	81.4%	79.1%	91.2%	81.6%	77.5%	82.9%	77.1%	78.6%	78.3%	82.1%	80.6%	76.9%			86.1%	78.9%	79.4%	78.7%	
	Primary PCI - 90 Minutes Door To Balloon Time (direct admissions only)	90%	90%	93.1%	93.8%	97.1%	89.5%	90.0%	91.4%	91.7%	96.4%	93.5%	96.4%	88.9%	94.9%			94.1%	91.1%	95.1%	92.0%	
	Delayed discharges (Green to Go List)	30	41	Not applicable	52.7	50	52	60	73	58	56	51	58	50	53	57	44	53.0	63.7	55.0	53.7	44
	Ambulance hand-over delays (over 30 minutes) - 10% reduction on 13/14	0	90.4	97.0	105.0	70	120	94	137	105	96	100	79	139	144	100	77	84.3	112.0	91.7	127.7	77.0

Cancer standards report two months in arrears

Please note:
 Where the threshold for achieving the standard has changed between years, the latest threshold for 2014/15 has been applied in the Red, Amber, Green ratings.
 The A&E Time to Initial Assessment figures exclude the Bristol Children's Hospital performance, due to problems with reporting accurate figures from Medway Patient Administration System (PAS). Work is ongoing to address the data issues.
 The thresholds for Ambulance hand-over delays are a percentage reduction on the same period last year, in order to take account of seasonal changes in demand.
 The standard for Primary PCI 150 Call to Balloon Time only applies to direct admissions - the local target is shown as the GREEN threshold and the national target as the RED.
 All **CANCER STANDARDS** are reported nationally two months in arrears. Monthly figures are indicative, until they are finalised at the end of the quarter. The figures shown are those reported as part of the National Cancer Waiting Times data-set. They do not reflect any breach reallocation for late referrals, which is only allowable under Monitor's Compliance Framework.

3.3 CHANGES IN THE PERIOD

Performance against the following national standards changed significantly relative to the last reported period:

- Cancer 31-day diagnosis to treatment (subsequent surgery) ↓ (down from 97.8% in August to 91.7% in September) – *but achieved for quarter 2 as a whole*
- 62-day referral to treatment cancer standard – *Screening referred* ↓ (down from 94.3% in August to 83.3% in September) - *but achieved for quarter 2 as a whole*
- Diagnostic 6-week wait ↑ (up from 98.1% in September to 99.1% in October)
- Ambulance hand-over delays over 30 minutes ↓ (down from 100 in September to 77 in October)

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

3.4 EXCEPTION REPORTS

Exception reports are provided for eight of the RED rated performance indicators. An exception report isn't provided for the Referral to Treatment Time standard for admitted pathways, which was a planned failure in the month as part of a national initiative to reduce the number of patients awaiting elective treatment.

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

- 1) Last-minute cancellations (LMC)
- 2) 28-day readmission following a last minute cancellation
- 3) 62-day referral to treatment cancer standard – GP referred
- 4) 62-day referral to treatment cancer standard – Screening referred
- 5) 31-day first definitive treatment cancer standard
- 6) Referral to Treatment Time (RTT) Non-admitted pathways standard
- 7) Referral to Treatment Time (RTT) Incomplete pathways standard
- 8) A&E 4-hour maximum wait

ACCESS STANDARDS

A1-A2. EXCEPTION REPORT: Last-minute cancellation (LMC) + 28-day readmission following a LMC

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

- 1) The number of patients whose operation was cancelled at last minute for non clinical reasons, as a percentage of all admissions;
- 2) The number of patients cancelled at last-minute for non-clinical reasons who were not readmitted within 28 days of the date of the cancellation, as a percentage of all cancellations in the period.

This standard remains part of the NHS Constitution.

Monitor measurement period: Not applicable

Performance during the period, including reasons for exception:

There were 52 last-minute cancellations (LMCs) of surgery in October (0.84% of operations) which is marginally above the national standard of 0.8%. The main reasons for cancellations in October were as follows:

- 31% (16 cancellations) were due to emergency patients being prioritised
- 23% (12 cancellations) were due to a lack of theatre time due to clinically complicated patients needing more time in theatre than expected, and/or the morning theatre session running over
- 13% (7 cancellations) were due to a lack of theatre staff, mainly during the period of industrial action
- 12% (6 cancellations) were due to no intensive therapy unit (ITU)/ high dependency unit (HDU) bed being available to admit a patient to
- 21% (11 cancellations) were due to a range of reasons, with no consistent themes or patterns emerging

Of the 52 cancellations, 23 were day-cases and 29 were inpatients (44% day-cases). On average, seventy percent of the Trust's admissions in a month are day-cases. The higher rate of inpatient cancellations reflects the high cancellation rate due to emergency patients needing to take priority and the lack of a critical care bed, which is more likely to impact inpatient than day-case procedures.

Despite emergency pressures in the period remaining high, there were only 2 cancellations due to no ward bed being available. This follows the implementation of the Managed Beds protocol, which protects beds for elective admissions within an agreed bed base, in combination with the revised models of care following the opening of the new ward block within the BRI.

In October 85.3% of patients cancelled in the previous month were readmitted within 28 days of the cancellation. There were 10 breaches of standard in the month. Nine of these patients were due for readmission to the Bristol Royal Infirmary, eight of which could not be re-admitted within 28-days due to more urgent patients taking priority. The remaining patient was re-booked within 28-days but then had to be cancelled due to the lack of a critical care bed. The patient then had a change of treatment plan, which delayed their readmission. The patient has now been operated on. One

ACCESS STANDARDS

patient was due for surgery within the Bristol Children's Hospital, and again could not be re-admitted within 28-days due to more clinically urgent patients requiring admission.

Recovery plan, including expected date performance will be restored:

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

- Ongoing implementation of 4-hour plans, the actions from which should reduce cancellations related to bed availability (see A&E 4-hour Exception Report – A8);
- Escalation of all LMCs not re-booked within 7 days of cancellation (ongoing); patient list now also being reviewed at the weekly or fortnightly Referral to Treatment Time (RTT) meetings with Divisions;
- Monthly validation of all potential LMCs re-established, to ensure we are not inappropriately reporting last-minute cancelled operations, or failures to re-admit within 28 days, and that we understand the reasons for cancellations (ongoing);
- Outputs of the weekly scheduling meeting are reviewed by Surgery, Head & Neck team, to be clear on the accountability for making sure theatre lists are appropriately booked (i.e. will not over-run), and the necessary equipment/staffing are available (ongoing);
- Weekly reviews of future week's operating lists continue, to ensure the demand for critical care beds is spread as evenly as possible across the week; daily reviews of current demand for critical care beds, and flexible critical care bed-usage across Divisions to minimise cancellations (ongoing);
- Daily e-mails circulated of all on-the-day cancellations within the Bristol Royal Infirmary by the nominated Patient Flow Co-ordinator, to help ensure patients are re-booked within target (ongoing);
- In addition to the opening of the twentieth adult critical care bed, a further review of critical care capacity is being undertaken, as part of the 2014/15 Operating Model, which is being led by the Senior Leadership Team.
- Specialty specific plans are shown below:

Specialty	Action
Vascular Surgery	Implement pre-assessment and day case pathway for angioplasty patients to reduce cancellations due to lack of beds.
Upper GI, Trauma & Orthopaedics & Maxillo-facial Surgery	Implement managed beds for surgical elective admissions to reduce cancellations due to lack of ward beds/lack of High Dependency Unit beds. Commenced 6/10/2014
Ophthalmology	Working group in place to improve Pre-Operative Assessment processes, reducing clinical cancellation and allowing for more accurate time allocation.

ACCESS STANDARDS

	Lists currently booked assuming lowest level of emergency admissions to maximise time available to clear Referral to Treatment Times backlog, although list space remains allocated for admissions through clinic.
All Paediatric	Through the Winter Planning Project within the Children's Flow Programme, increase medical bed capacity throughout winter to reduce impact on surgical bed capacity and thus last-minute cancellations (LMCs) At Risk - Recruitment/Retention Challenges and staff sickness absence
All Paediatric	Through the Elective Processes Project in the Children's Flow Programme, improve planning, communication and decision-making to reduce LMCs
Paediatric plastics, Maxillo-facial and Trauma & Orthopaedics	Following transfer of Specialist Paediatric services in May this year, there has been a period of settling in to reach optimum operating capacity and efficiency. Work needs to continue to support this.

Progress against the recovery plan:

The level of last minute cancellations was marginally above the 0.8% national standard in October. This was primarily due emergency pressures on theatres.

Performance against the 28-day readmission standard remained similar to September at 85.3% and so continued to be below the national standard. Reducing the level of ward-bed related cancellations, as was achieved in October, remains critical to the achievement of both the last-minute cancelled operations and the 28-day readmission standards. Delivery of the objectives of the 2014/15 Operating Model, and more recently developed emergency access plans (see Exception Report A8), should reduce levels of last-minute cancelled operations and improve performance against the 28-day readmission standard.

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

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

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

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

Performance during the period, including reasons for exceptions:

62-day GP referred

Draft performance for October is 77.0%. This figure is subject to further validation and final national reporting, which will take place early in December. The recovery trajectory target of 86.4% is not expected to be achieved for the month, for the reasons shown in the final section of this exception report.

Performance in September (latest reported month) was reported as 74.3% against the 85% standard. Performance for internally managed pathways was 80.8% against the 85% standard. Performance for shared pathways was 60.4%. Breach analysis has shown the reasons for the breaches to be as follows:

Breach reasons	September	Percentage of breaches	
Late referral	5.0	31%	62% of breaches were due to primarily unavoidable reasons, including late referral, medical deferral, clinical complexity and delays at other providers.
Medical deferral/Clinical complexity	5.5	34%	
Patient choice to delay	0.5	3%	
Delayed admitted diagnostic	1.0	6%	
Elective capacity/cancellation	4.0	25%	There were 10 breaches (51%) relating to internally managed pathways and 9.5 breaches (19 pathways x 0.5 accountability) relating to shared pathways.
High dependency unit bed availability	0.5	3%	
Outpatient/pre-operative assessment delay	1.5	9%	
Delays at other provider	1.0	6%	
Other	0.5	3%	
	19.5	100%	

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The transfer of breast and urology services to North Bristol Trust has left the Trust with a challenging group of pathways to meet the 62-day GP standard. This is because breast cancers are relatively easy to treat within 62-day of referral because the diagnostic pathways are simple and patients are usually fit enough to proceed to treatment without further intervention. In quarter 2 2014/15, the 85% standard was only achieved for brain, breast and skin cancers at a national level, and national average performance overall for all tumour sites was 83.3%. The Trust is now the only acute provider in the country that provides neither breast nor urology cancer outpatients or surgical services.

An improvement working group was established in October 2013, focusing primarily on the 62-day cancer pathways. Improvements in performance at a tumour-site level were realised between quarter 2 and quarter 3 2013/14. This is especially evident when comparing the Trust's performance against the national average reported for the same quarter. However, the volume and proportion of unavoidable breaches has increased since then, meaning that further improvements now have to be made to offset these additional breaches that are largely outside of the Trust's control.

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

62-day GP Screening

For quarter 2 as a whole 90.8% of patients were treated within 62-day of referral with a suspected cancer from the national screening programmes. The Avon Breast Screening service transferred to North Bristol Trust during quarter 2. This means that from quarter 3 onwards the Trust will only treat a small number of breast patients on 62-day screening pathways which are referred to us for chemotherapy or radiotherapy. The majority of patients the Trust will report under the 62-day screening pathway will be those referred-in by the bowel screening programme. National performance against the 62-day screening standard for bowel screening patients was 80.5% in quarter 2 2014/15. Although the Trust has over the last year performed well against the 90% standard for patients referred-in by the bowel screening programme, performance is variable and is often heavily impacted by patients' choice to delay diagnostic tests. For this reason, and due to the number of breaches already incurred during October, mostly as a result of patient choice delays, achievement of the 62-day screening standard is considered to be at risk.

Recovery plan, including expected date performance will be restored:

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

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support delivery of the 62 day GP standard. The current/recently completed key actions are as follows:

- Implement joint clinics between respiratory physicians and thoracic surgeons, both internally and at referring providers, effectively removing the need for a second outpatient appointment. This has been implemented at UH Bristol and North Bristol Trust. Once minor operational issues with the North Bristol Trust clinics are resolved, the perfected model is ready to roll-out to Taunton, and then to Yeovil and Weston. Discussions will also be held with Gloucester and Bath hospitals with a view to rolling out there;
- Reduce maximum wait for 2-week wait step to 7 days for 90% patients in six specialities where this will likely make a material difference to pathways. Three out of six specialities are achieving this, with two others on target to achieve and a sixth that has been delayed for safety reasons, but is now working towards this. Patient choice has been a challenge in some areas;
- A specific pathway improvement project for Head and Neck, most of which has now completed. The implementation of this project's actions has seen a three-fold reduction in breaches for this speciality and the learning from this project is being applied elsewhere;
- Additional capacity for thoracic surgery, hepato-pancreato biliary surgery and Ear, Nose & Throat minor procedures has been created, following the move of vascular services to North Bristol Trust. This has considerably improved capacity problems in these specialities, particularly thoracic surgery;
- The pre-operative assessment process has been revised to improve communication and timeliness, and is being monitored on an ongoing basis. Tracking systems for patients have been altered to keep patients under review administratively until pre-operative assessment is completed;
- Revisions to the colorectal two-week wait pathway are planned for January 2015, to support improved pathways for patients (fewer appointments) and ongoing attainment of waiting times standards in a time of rising demand;
- Improving referral to reporting times of CT colonoscopies; outsourcing of routine work will free up specialist radiologists to report these complex scans in shorter timescales;
- Competency based training and assessment for Multi Disciplinary Team (MDT) coordinators and all administrative staff involved in booking cancer patients (both at start of post and on an ongoing basis) in development to reduce risk of administrative errors;
- Pathways with optimum timescales for lung and oesophago-gastric cancer (complex, relatively high volume specialities) are being devised and are currently at the stage of clinical checks. Once agreed internally, the aim is for these to be adopted across the South West and this has been discussed at several regional meetings. North Bristol Trust is working with UH Bristol on the oesophago-gastric cancer pathway specifically;
- Additional bronchoscopes have been purchased, reducing risks of delays due to equipment failure and enabling the Trust to carry out in-house certain types of bronchoscopy that currently have to be sent to North Bristol Trust, building in a delay;
- Plan to manage the impact of the 2015 national awareness campaign for oesophago-gastric cancer. This includes creating additional endoscopy capacity, introducing a triage step in pathways, and undertaking some GP education to support primary care and ensure referrals are appropriate.

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Progress against the recovery plan:

62-day GP

The following improvement trajectory has been agreed, on the basis of the actions identified and expected impact of these actions. The figures for July to September are now confirmed following the completion of quarter 2 reporting. The figures for October are still subject to final validation and reporting. Performance for August to October is below trajectory, mainly due to the high number of late tertiary referrals and complex cases in the period, but also due to capacity constraints in the thoracic service for which a longer term solution has now been implemented.

	Apr-14	May-14	Jun-14	Q1	Jul-14	Aug-14	Sep-14	Q2	Oct-14	Nov-14	Dec-14	Q3	Jan-15	Feb-15	Mar-15	Q4
Trajectory	75.7%	80.5%	65.0%	75.3%	79.9%	82.1%	81.8%	81.3%	86.4%	85.1%	84.1%	85.3%	84.8%	85.4%	87.0%	85.8%
Actual	75.5%	81.6%	85.1%	80.4%	79.4%	77.6%	74.3%	76.8%	77.0%							

62-day screening

The 90% standard was achieved in quarter 2, but is considered at risk in quarter 3 following the transfer of the Avon Breast Screening service, for the reasons set-out in the previous section.

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A5. EXCEPTION REPORT: 31-day diagnosis to treatment cancer standard for first definitive treatment

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

The number of patients receiving first definitive treatment within 31 days of the decision to treat, as a percentage all cancer patients receiving first definitive treatment during the period.

Monitor measurement period: Quarterly (weighted 1.0)

Performance during the period, including reasons for exceptions:

The 96% national standard was achieved for quarter 2 as a whole, despite a dip in performance in September. Performance was lower in September mainly due to the impact of high demand for thoracic lung surgical treatments. With the transfer-out of the vascular service more theatre capacity is now available for thoracic lung cancer surgery. The impact of this should take full effect during quarter 3 as a whole. So whilst draft performance for October is below the 96% standard, performance for the quarter as a whole is forecast to improve. The Trust will also be reporting more 31-day cancer treatments in the period for patients referred with skin cancers, following the transfer of the Dermatology service from Weston Area Health Trust. Performance against the 31-day standard for skin cancer treatments has historically been significantly above the 96% standard.

Recovery plan, including expected date performance will be restored:

The current cancer action plan includes the following actions relating to the 31-day first definitive treatment standard, in addition to those already listed in the Exception Report A3:

- Continued implementation of the 'managed beds' programme to reduce risk of cancellations;
- Demand for high dependency beds planned, to spread this across the week;
- Introduction of standby lists for minor surgery patients (who agree to this) to enable lists to be utilised in the event of cancellation of major cases, freeing up capacity to re-date other cases and reducing the knock-on impact of cancellation;
- Continued monitoring of improvements made to the pre-operative assessment process to ensure patients are seen soon after decision to treat and any further tests required are carried out quickly, to enable patients to be fit for surgery within the timescale. This includes ensuring patients who need notice to stop medication have this recorded by the booking team, so that surgery dates can be communicated in a timely way;
- Review currently being undertaken of the need for regular gynaecology lists in Heygroves theatres, for patients needing a critical care bed, rather

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than finding capacity on an ad hoc basis when a patient requires this facility, which often causes a delay.

Progress against the recovery plan:

Performance for October is currently 94.9% before final validation. With the improvements in thoracic capacity and increase in skin cancer treatments taking full effect during the latter half of quarter 3, the 96% standard is forecast to be achieved for quarter 3 as a whole.

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A6. EXCEPTION REPORT: Referral to Treatment Time (RTT) non-admitted pathways standard

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

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

Performance is assessed by Monitor at an aggregated Trust level.

Monitor measurement period: Monthly achievement required but quarterly monitoring

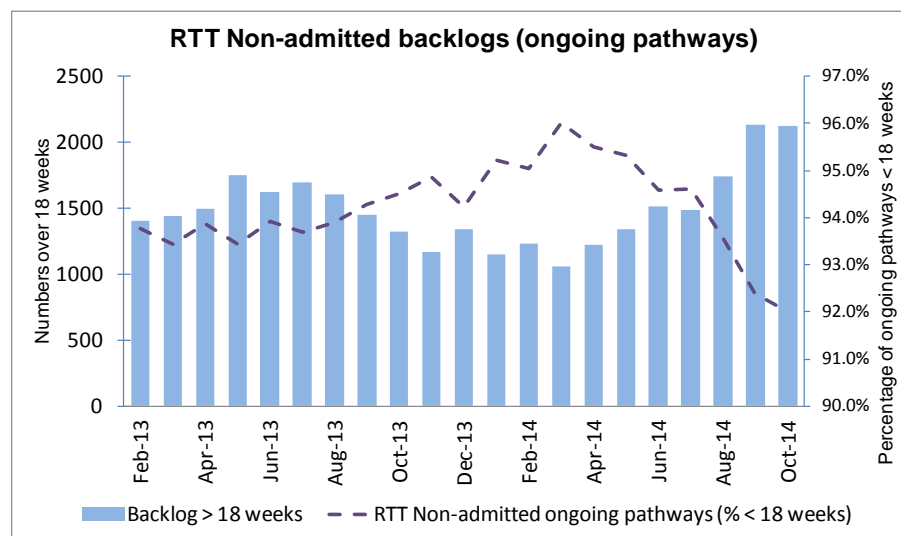
Performance during the period, including reasons for exceptions:

Performance in October was 89.2% against the Non-admitted standard. This is below the trajectory of 95% following the decision to extend the period of failure in line with the national request, in order to support a reduction of longer waiting patients.

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

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

The percentage of patients on a non-admitted ongoing pathway that are waiting under 18 weeks at each month-end was above 95% between January and May, but has dipped below 95% since then. This rise in the backlog is primarily due to a ‘bulge’ in the number of patients waiting for a dental first outpatient appointment, moving through the waiting list. Action was taken in June to establish 1600 additional dental outpatient appointments during June to September, to address the additional waiters now progressing through the waiting list. However, this level of capacity has not been able to be sustained.



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Additional capacity was put in place during October, and continues to be, to ensure the backlog of long waiting patients are treated as quickly as possible. Overall non-admitted RTT activity (treatments) increased by 852 in October relative to September (11% up on September). In addition, 71 more long waiting (breach) patients were treated in October than in September, which represents an 8% increase.

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

- 36% were in dental specialties – a reduction on last month (38%)
- 10% were in Adult Ear, Nose & Throat (ENT) – similar to last month
- 5% were in Cardiology – a decrease from 7% last month

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

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Clock Stops	Percentage Under 18 Weeks
Cardiology	145	52	197	73.60%
Cardiothoracic Surgery	45	8	53	84.91%
Dermatology	567	43	610	92.95%
Ear, Nose & Throat (ENT)	887	92	979	90.60%
Gastroenterology	29	17	46	63.04%
General Medicine	177	1	178	99.44%
Geriatric Medicine	65	1	66	98.48%
Gynaecology	379	25	404	93.81%
Neurology	79	14	93	84.95%
Ophthalmology	1067	31	1098	97.18%
Oral Surgery	255	38	293	87.03%
OTHER	3403	570	3973	85.65%
Rheumatology	110	2	112	98.21%
Thoracic Medicine	346	5	351	98.58%
Trauma & Orthopaedics	136	29	165	82.42%
TOTAL	7690	928	8618	89.23%

In October, five of fifteen specialties achieved the 95% standard, compared with four in September. Poor performance in specialties such as Cardiology, Oral Surgery, ENT, and dental specialties reported under 'Other', reflects the fact that more long waiting patients were treated in the month as planned.

Recovery plan, including expected date performance will be restored:

- To improve performance for non-admitted Referral to Treatment (RTT) pathways, a three phase project plan has been developed that focuses on immediate actions required to bring performance back in line as well as more medium / longer term sustainability improvements;
- A working group was established in February, and has developed the recovery plan for reducing waiting times for first outpatient appointments. This group has been meeting weekly and has developed the activity and waiting list trajectories for reducing outpatient waiting times throughout 2014/15. Weekly monitoring of activity against the plan is taking place and any deviations from plan are being identified so that mitigating actions can be taken;
- A monthly RTT Steering Group was set-up to oversee the progress of the working group as well as to provide a more strategic oversight of RTT performance. This group is responsible for ensuring all the milestones of the project are met as well as overseeing risks, reviewing benchmarking information, providing cross divisional oversight and recognising / promoting best practice;
- To provide external assurance that our recovery plan is 'fit for purpose', the national Interim Management and Support (IMAS) was asked to undertake a review of our action plan, to ensure it is robust as well as to share best practice from other organisations. Following the original visit in April and further visits to the Trust in June and July, a final report was agreed and the recommendations form the basis of a detailed recovery plan. The actions are now in the process of being implemented. One of the key actions of the recovery plan is to treat clinically urgent patients first and then all patients in turn and a significant number of patients have been treated from the >40 weeks backlog (the overall number of over 40-week waiters decreased from 170 at the end of September to 140 at the end of October);
- The nationally agreed period of planned failure of the non-admitted standard was extended to end of November 2014; the Trust also took a decision to extend the nationally agreed period of failure for the admitted standard to end of December 2014;
- Full Demand and Capacity modelling using an IMAS developed planning tool is underway. The outputs will help inform discussions regarding the additional activity that is required to be delivered to achieve a sustainable backlog going forward. The modelling for high impact specialties will be completed by the end of November 2014 with the remainder completed by mid-December. The Trust has submitted a "plan for a plan" to Monitor. It details the actions and timelines when the Trust expects to deliver the outputs of the Demand and Capacity modelling and revised trajectories for each specialty also due by mid-December;
- The Trust will receive additional external support to facilitate validation of all patients in the RTT backlogs. The initial phase will focus on the non-admitted backlog to facilitate recovery against the standard from December 2014;
- A local (community-wide) Patient Access Policy has recently been reviewed and will be implemented during November 2014. The new Policy will enable the Trust to take appropriate action when patients delay their outpatient appointments or elective admissions, and where funding decisions are not made within an acceptable time period.

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Progress against the recovery plan:

The modelling which has been undertaken of the impact of shortening first outpatient waits originally forecast achievement of the 95% standard from October 2014, as shown in the trajectory below. However, although activity levels have been broadly on plan, the non-admitted backlogs have risen since that assessment was undertaken, due to the higher levels of demand than accounted for in the specialty level plans. Trusts across the country have been asked to take action to reduce both admitted and non-admitted backlogs in October and November in order to restore waiting lists to a sustainable position as quickly as possible. So a further two months failure of the non-admitted standard is now assumed in October and November.

Non-admitted Trajectory	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Forecast performance against RTT Non-admitted standard	93.1%	93.4%	93.7%	94.1%	89.5%	88.0%	92.5%	95.0%	95.0%	95.0%	95.1%	95.1%	95.1%
Actual performance against the RTT Non-admitted standard	93.1%	93.6%	94.0%	92.8%	89.7%	90.0%	89.0%	89.4%					

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A7. EXCEPTION REPORT: Referral to Treatment Time (RTT) incomplete pathways standard

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

The number of patients, not yet treated or discharged who are waiting less than 18 weeks from referral at month-end, as a percentage of all patients still waiting. The target is 92%.

Performance is assessed by Monitor at an aggregated Trust level.

Monitor measurement period: Monthly achievement required but quarterly monitoring

Performance during the period, including reasons for exceptions:

Performance in October was 89.4% against the 92% standard. The continued failure of this standard is a result of: 1) the admitted backlog remaining high, having risen during the early part of the year, and not having reduced as part of the planned failure of the admitted standard, along with 2) the non-admitted backlogs not reducing as planned with the additional first outpatient activity.

The number of patients being added to the elective waiting list has increased significantly during 2014/15, relative to last year. This growth is primarily in specialties such as Upper GI (gastrointestinal), Dermatology and Ophthalmology. In Dermatology we have seen a significant increase in outpatient referrals. As can be seen from Table 1, Dermatology performed at 96.8% against the 92% standard in October. However, the specialty's backlog is 40% higher than what it was in July. The Upper GI admitted backlog (reported under the national specialty of 'Other') continues to increase, with the rate of additions to the elective waiting list being significantly higher than expected from the number of outpatient attendances. A clinical validation of waiting patients has shown no obvious reason for this increase (i.e. the threshold for surgical intervention does not appear to have changed). The main other areas with backlogs within the specialty of 'Other' are Paediatric specialties (admitted and non-admitted backlogs), and dental specialties (non-admitted backlogs), due to a combination of capacity constraints and increasing demand. The Cardiology admitted backlog remains high, in part due to more outpatient work being undertaken to reduce the number of non-admitted long waiters.

However, as a result of the continued focus on booking the longest waiting patients in for treatment, the number of patients waiting over 40-weeks from referral to treatment reduced from 170 at the end of September to 140 at the end of October. This is the lowest reported month-end position since April 2014.

Table 1: Performance against the RTT incomplete pathways standard at a national RTT specialty level in October.

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Ongoing	Percentage Under 18 Weeks
Cardiology	2211	557	2767	79.9%

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Dermatology	1939	67	2004	96.8%
E.N.T.	2212	112	2324	95.2%
Gastroenterology	498	28	526	94.7%
General Medicine	132	5	137	96.4%
Gynaecology	1166	48	1214	96.0%
Neurology	250	56	306	81.7%
Ophthalmology	4725	250	4975	95.0%
Oral Surgery	2466	156	2622	94.1%
OTHER	12417	2241	14657	84.7%
Rheumatology	356	6	362	98.3%
Thoracic Medicine	671	4	675	99.4%
Trauma & Orthopaedics	858	72	930	92.3%
Cardiothoracic Surgery	368	23	391	94.1%
Geriatric Medicine	195	1	196	99.5%
TOTAL	30464	3626	34086	89.37%

In October, as in September, twelve of fifteen specialties achieved the 92% standard.

Recovery plan, including expected date performance will be restored:

Plans to reduce backlogs of long waiters as quickly as possible include the following:

- Actions as detailed in Exception Report A6;
- Full demand and capacity modelling is underway. Specialty-level capacity plans were developed for quarter 3, to ensure the Trust can reduce the backlog as quickly as possible during the period of the planned failure of the admitted standard; these plans take into account the level of capacity needed to meet the additional recurrent demand we are seeing, in addition to the capacity needed to clear the backlog; however, in not all cases can the level of capacity required to reduce backlogs be put in place in quarter 3;
- The Women's & Children's, Medicine and Surgery, Head & Neck Divisions are in discussion with external providers to provide treatment of patients waiting for paediatric ear, nose & throat (ENT), paediatric plastic surgery, paediatric Trauma & Orthopaedics, dermatology and upper gastro-intestinal surgery;
- A review of 'picking' patterns was completed and Divisions have more robust systems in place to ensure patients are booked according to clinical need, in chronological order.

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Progress against the recovery plan:

Trusts across the country have now been asked to continue to fail the admitted pathways standard until the end of November, in order to reduce backlogs of admitted long waiters. Additional capacity is being put in place to enable more long waiters to be treated during the next two months, in addition to the clinically urgent and other long waiters that would ordinarily have been admitted in the period.

Whilst disappointing that more rapid progress in reducing the non-admitted backlogs has not been made, the number of longest waiting patients has started to reduce. In conjunction with actions that continue to be taken to further reduce the length of wait for first outpatient appointments, this will help to reduce the backlog of non-admitted long waiters.

A8. EXCEPTION REPORT: A&E maximum wait 4 hours

RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

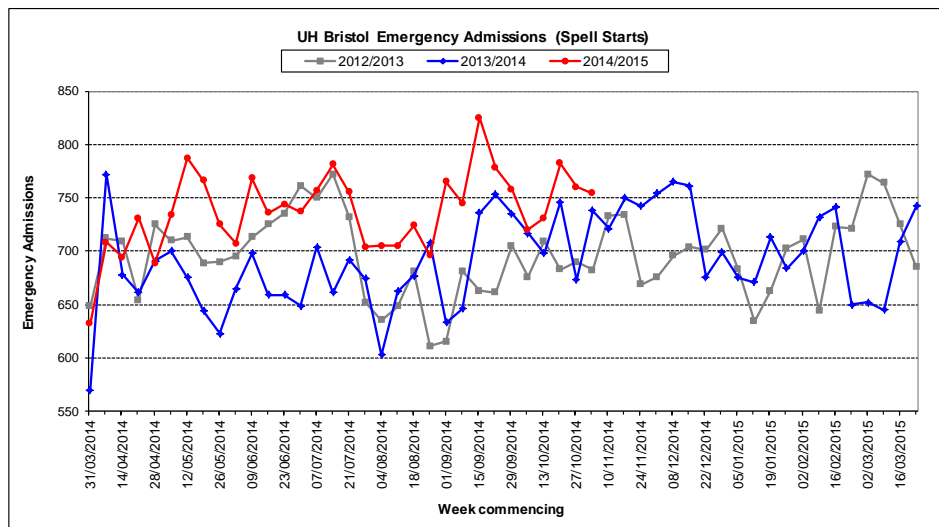
The number of patients admitted, discharged or transferred within 4 hours of arrival in the Trust’s Bristol Royal Infirmary (BRI), Bristol Children’s Hospital and Bristol Eye Hospitals, as a percentage of all patients seen. The local Walk in Centre attendances are no longer included in the performance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

Monitor measurement period: Quarterly

Performance during the period, including reasons for exceptions:

Trust-level performance against the 4-hour standard was 93.8% in October, up 1.4% on September’s performance. Performance against the 4-hour standard at the Bristol Children’s Hospital was 94.5% in October, compared with 96.8% in September. In contrast, performance within the BRI improved from 88.0% in September to 91.6% in October. The Bristol Eye Hospital achieved 99.8% against the 95% national standard.

Graph 1 – Total number of emergency admissions (all sources) by month over the last three years.



In contrast to previous months ambulance arrivals into the BRI in October remained at a similar level to September, and the same period last year. There was a 9% decrease in ambulance arrivals into Bristol Children’s Hospital relative to the same period last year.

However, overall levels of emergency admissions into the Trust increased relative to the same period last year (see Graph 1), although most of this increase was a result of direct emergency admissions. Whilst emergency admissions via the BRI Emergency Department showed a 4% decreased relative to the same period last year, there was a 13% increase in emergency admissions via the BCH Emergency Department (ED). Emergency admissions often arise from parents bringing children directly to the BCH ED, rather than being conveyed via ambulance. So this increase in emergency admissions in the context of decreasing levels of ambulance arrivals is not unusual for the Children’s Hospital.

The overall length of stay for patients discharged in the month showed a marginal decrease relative to the previous month. Consistent with this the proportion of long stay patients discharged in the period was similar to the previous two months. However, the number of long-stay patients in

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hospital at month-end decreased markedly, from 121 at the end of August to 96 at the end of September, which is the lowest level seen in the last eighteen months. The lower level of over 14 day stays attained in October cannot be attributed solely to a decrease in the number of delayed discharges on the Green to Go list, although there also was a significant reduction.

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

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

The number of over 30 minute ambulance hand-over delays in the period showed a further decrease on last month, reducing from 100 in September to 77 in October. This in part reflects the reduction seen in ambulance arrivals in the period. There was variable performance against some of the other measures of flow. The number of ward moves for patients showed a reduction in the period, with the lowest level reported since May. In contrast, the number of days patients spent on the wrong specialty ward increased significantly in the period. This may, however, have been a consequence of the ward changes associated with the opening of the new ward block, and for this reason these figures are being treated with some caution. There was an improvement in the period in the percentage of patients discharged from the BRI before 12:00 each day. In combination with the reduction in long waiters, this is likely to explain the improved in patient flow and performance against the 4-hour target within the BRI.

Recovery plan, including expected date performance will be restored:

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

An emergency access plan has recently been developed with partner organisations, as shown below. Progress against this plan will now be reported to the Trust Board on a monthly basis.

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Plan	Timescales (impact from)	Progress to date
Reduction in minors breaches		
Increase Consultant cover in Emergency Department (ED) 7 days/week to support see and treat at peak times.	November onwards	Agreement to support an additional 0.2 whole time equivalents. Job out to advert. Ongoing breach analysis to understand the themes. Business case for further increased consultant cover went to Divisional Board at the end of October. New target date amended to 1 st March 2015.
Increase numbers of ED slots available in GP Support Unit from 10:45-21:15. Total 206 ED slots per week.	September onwards	Lead Band 7s regularly checking on the use of GPSU slots (monitor at least 3 times daily). Performance of category 1 attenders continues to be above target (Action complete). In-depth review of minors working also underway. Minors' safety and flow will be a priority in the redesign. This redesign will require additional staffing resource and different ways of working. Further work required.
7 day liaison Psychiatry service.	September onwards	7-day, 14-hour service in place from mid September (Action complete). Breach validation continues. Review date set for March 2015.
Reducing ED attendances		
Extension to opening times of South Bristol Urgent Care Centre (BrisDoc).	November onwards	Agreed and signed-off by Bristol Community Health. Funding approved. Start date agreed as week commencing 15/12/14.
Implementation of ambulance trust to GP Support Unit (GPSU) pathway 5 days/week (BrisDoc).	October onwards	Criteria for ambulance trust direct admissions agreed; pilot commenced at the end of September (Action complete); not as many referrals being received as expected. Ambulance trust contacted to ensure all clinicians received laminated copies of referral pathways and a letter to remind their staff.
Admission avoidance and/or reduction in length of stay		

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Consultant-led Rapid Assessment Team to cover Older Persons Assessment Unit (OPAU) and Emergency Department Team led by Care of the Elderly Consultant supported by Therapists and Nurses (in association with Bristol Community Health).	November onwards	Bids agreed with commissioners. Internal business case developed; proposal went to Medicine Divisional Board end of October; job plans completed. Pilot undertaken, with support to OPAU from REACT services; recruitment now commenced. New target date 1 st December.
Implementation of a pilot virtual Multi Disciplinary Team and Rapid Assessment Clinic for Older People at South Bristol Community Hospital. This service will support GPs in the management of the frail elderly (in association with Bristol Community Health).	January onwards	Proposal complete; new model described in consultant business case; plan agreed. Business case presented to Divisional Board at the end of October. Funding approved through Operational Resilience Capacity Planning. Pilot to commence in January.
Support Nursing and Residential homes to have access to Dietetic and Speech and Language services to support people at high risk of malnutrition/aspiration due to swallowing problems.	November onwards	Project scoped and plan developed; recruitment in progress, project on track.
Extended REACT service supported by Social worker 6 days/week (Bristol Community Health).	August onwards	Additional social worker in post from end August (Action complete).
Advanced Nurse Practitioner support to REACT 5 days /week 08:00-20:00 hours (Bristol Community Health).	August onwards	Funding agreed in August; Final agreement to progress recruitment in September (ongoing). Previous recruitment round unsuccessful. Further round of recruitment in November.
New pathways from Callington Road (BrisDoc/Avon & Wiltshire Mental Health Partnership).	September onwards	Working group established; BrisDoc telephone support-line in place to provide 24-hour medical support for Callington Road (Action complete). Standard Operating Procedure (SOP) for patient admission into Ambulatory Care Unit under review.
Commencement of Heart Failure service to Medicine.	September onwards	Service in place from 26 th August, and accepting referrals (Action complete).
Winter/Interim beds (Bristol City Council).	November onwards	Ongoing use of interim bed sock.
Increased Community rehab beds (Bristol City Council - BCC).	November onwards	System-wide review of bed capacity complete; bed allocation model implemented from 20 th October; flexible use of community bed-base in increasing; Community Discharge Co-ordination Centre will act

ACCESS STANDARDS

		as bed managers for all community beds from 1 st December, facilitating a daily bed management conference call with partners to improve flow in to and out of beds.
Increase Echocardiogram capacity in evenings 5 days a week.	November onwards	Funding now agreed; Agreement in principle to carry-out electives at weekends, to increase weekday inpatient capacity; staffing now being reviewed.
An additional inpatient catheter laboratory session over the weekend. This will improve weekend discharge rates and further support delivery of elective targets.	November onwards	Funding now agreed; Agreement in principle to use on-call cardiologist to cover inpatient lists at weekends; staffing now being reviewed.
Safe Haven beds for people (Bristol Community Health)	November onwards	Medical cover for Safe Haven beds reviewed. Four additional South Bristol Community Hospital beds now in use as Safe Haven beds, with four beds existing ones used for rehabilitation. Standard Operating Procedure in place and tariffs agreed (Action complete).
Increase weekend discharges		
Increase Therapist cover across the BRI 7 day's week. This scheme will increase Therapy cover over a weekend across all Divisions and will support early discharge.	November onwards	Funding requested, plan developed. Recruitment in place and project on track.
Increase Medical cover to the Division of Medicine over the weekend. This scheme includes a Consultant, Registrar, additional Pharmacy and portering support.	November onwards	Acute model of care approved and posts out to recruitment; closing date end October for interviews early December. Current additional cover remains in place.
Increased weekend ward round cover and theatre capacity in General Surgery and Trauma & Orthopaedics. This will support weekend discharge and deliver improved emergency surgical and trauma flow.	November onwards	Funding approval for additional Trauma/Surgery cover received mid September; sessions to be in place from November; project on track.
Increase ward round cover at weekends within the Bristol Heart Institute (BHI). This scheme includes Consultant, Nursing, Admin and Pharmacy.	November onwards	Funding agreed mid September. In place from mid October (Action complete).

ACCESS STANDARDS

Decrease weekend admissions		
GP Support Unit (GPSU) weekend cover (BrisDoc)	October onwards	Funding agreed; service expected to start 1 st December 2014
Improve flow		
Surgical escalation triggers/new roles/additional surgical pathways.	September onwards	Surgical escalation in place from end of August; surgical flows clarified and new elective model implemented from 13 th October. Agree, treat and transfer protocol now in place for Urology patients needing to be seen by North Bristol Trust. Direct access pathways in place for Ear, Nose & Throat patients needing admission/treatment (Action complete).

Progress against the recovery plan:

The expected impact of both the internal and partner organisations actions' in reducing 4-hour breaches of standard has been assessed. This has been used to create an A&E 4-hour performance trajectory using 2013/14 as a baseline, with a best case and realistic scenarios. Using historical performance and activity as a baseline has allowed seasonal pressures to be factored-in. Whilst performance in August was consistent with the trajectory, performance for September and October has been below 95%, despite the majority of the actions in the plan being on track. Metrics have been established to enable the delivery against the individual elements of the above plan to be monitored, and to enable analysis of which actions are not delivering the expected outcomes to be undertaken.

The new patterns of emergency admissions following the Frenchay Emergency Department closure are still emerging. In addition, the Trust is continuing to see high levels of emergency admissions, which in conjunction with the increasing ago-profile of patients admitted to the Trust, pose risks to achievement of the 95% standard over the winter, which may be difficult to mitigate fully, as reflected in the Realistic scenario.

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15		
									Q2	Q3	Q4
Best case scenario	93.2%	96.2%	95.6%	96.8%	94.0%	95.1%	94.2%	95.9%	93.9%	95.5%	95.1%
Realistic	93.2%	95.1%	95.4%	96.2%	93.5%	93.5%	92.9%	94.4%	93.5%	95.0%	93.6%
Actual performance	93.7%	92.4%	93.8%						92.8%		

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

Item 09 - Infection Control Quarterly Report
Purpose
<p>A report summarising:</p> <ul style="list-style-type: none"> • Update of Infection Control Limits for 2014/15 • Ebola Preparedness • Infection Control Training • Quarterly IV access co ordinator report. <p>Trust MRSA screening compared to New DH guidance.</p>
Abstract
<p>The report covers the last three months infection prevention and control activity. The number of cases of <i>Clostridium difficile</i> attributed to the Trust and common themes that were picked up when the patients were assessed. Due to the outbreak of Ebola in West Africa the Trust has put plans in place to manage patients should they present in the Trust. The infection control team have been involved in extra training sessions, covering hand hygiene, management of <i>Clostridium difficile</i> patients and donning and doffing of Personal Protective Equipment.</p>
Recommendations
<p>The Trust Board is requested to receive this report for assurance.</p>
Report Sponsor
<p>Carolyn Mills Chief Nurse</p>
Appendices
<ul style="list-style-type: none"> • Appendix A – Infection control quarterly report

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
		25/11/2015			IPC Group 4/11/2014

INFECTION PREVENTION AND CONTROL REPORT FOR ICG (June 2014)
REPORT PRODUCED BY DIRECTOR INFECTION PREVENTION AND CONTROL AND THE
SENIOR INFECTION CONTROL NURSE/DEPUTY DIPC

Clostridium difficile:

	July	August	September
Monthly limit of cases	4	3	3
Actual number of cases	4	6	8
Pre 3 days	11	6	3
Colonised not toxin positive	14	8	14
Avoidable	1	1	2

The Clinical Commissioning Group (CCG) assess on a monthly basis if our cases of *Clostridium difficile* are avoidable or unavoidable. They have assessed in conjunction with infection control that five cases have been avoidable to date. The Trust limit for 2014/15 is 40 avoidable cases.

During this period, all patients were visited by the Medical Microbiologist, Anti-infective Pharmacist and Infection Control Nurse to assess that the Trust protocol for management of the patients had been followed. Timelines were completed on all patients. There have been some common themes highlighted in the timelines. Incomplete stool charts and risk assessments. Specimens not being sent promptly and inappropriate antibiotics. All the issues were discussed with ward staff when patients were assessed and also discussed with Matrons and Ward Sisters during timeline meetings. Extra training has been delivered by the Infection Control Team to remind staff the clinical protocols for management of patients with *Clostridium difficile*. Plans for “thematic” feedback.

MRSA Bacteraemia

There has been one MRSA bacteraemia attributed to the Trust in July. A Post Infection Review was undertaken. The review highlighted screening was not undertaken in the community. A full screen was not undertaken in North Bristol Trust (NBT) and in UH Bristol. These issues have been raised with NBT and the ward concerned – the wards’ emergency MRSA screening for Sept was 100%.

MSSA

There has been 12 MSSA bacteraemia attributed to the Trust for this quarter. Timelines have been completed for each case, which has shown 2 of the cases were line related.

Ecoli

There is no national or Trust limit for E coli bacteraemia. Numbers are recorded on the Public Health England data base. There have been 40 cases in during this quarter.

	July	August	September
PRE	15	9	16
POST	12	7	9

Infection Control Risks

1098 - Isolation Facilities. The new building is now being commissioned. When this is completed the risk can be closed down. Next due for review 16/11/14.

1188 – Training – Risk score 6. Moderate. Training part of induction and update. Extra sessions within the week are ongoing. Training figures are 76% for august and 78% for September for Infection Prevention and Control.

1384 - Norovirus. Leading to ward closures and impact on patient flow. Controls in place. Risk score 12. Due for review 16/11/14

Outbreaks and Untoward Incidents: Norovirus – July, August, September 2014.

Patients Affected	Staff Affected	Total Affected	Norovirus Positive	Ward/Area Closed	Ward/Area Part Closed	No of Days Closed	No. of Beddays Lost	
1	0	1	N	N	Y	2	2	Ward 17, Bay 1-4
1	0	1	N	N	Y	1	5	Ward 31 Bay, Beds 17-22
3	0	3	N	N	Y	4	2	

Ward 17, Bay 18-22; Ward 30, Bay; Ward 31, Ba

Ebola

Due to the outbreak of Ebola in West Africa, the Trusts have been asked to put plans in place in the event of a patient presenting at an Emergency Department with symptoms. A weekly project group has been set up to ensure all necessary policies and procedures have been put in place to manage a patient and ensure safety of staff, patients and visitors. Training of Emergency Department staff with regards to donning and doffing of Personal Protective equipment has commenced in adult and in the Children's hospital. Protocols are updated as the information is released from Public Health England.

Stool Charts

Trial of new charts has now finished and the new lay out was well received. A meeting with Jo Witherstone is to be set up so that the charts can be included into the new patient documentation.

Infection Control Training

Two training sessions for General Practitioners (GP's) and Nursing home staff have now been completed. Sean O'Kelly welcomed the GP's. The GP session included *Clostridium difficile* update and antimicrobial stewardship, Respiratory Virus update, Skin and Soft Tissue infection and Carbapenemase-Producing Enterobacteriaceae (CPE). The Nursing Home session included management of Norovirus. Both sessions were evaluated as good. Another session for Nursing home staff is booked for December. There will be more training for these groups of staff in the new year.

Hand Hygiene sessions have been delivered in GPSU.

Infection Prevention and Control training has been delivered to a group of children's entertainers that come into the children's hospital.

Fit test training has been delivered to a small number of staff by the company supplying FFP3 masks. Staff will now be able to disseminate the training to their departments.

The 10th annual Infection Prevention and Control Conference is due to take place in November. The Chief Nurse from North Bristol and Helen Morgan, Deputy Chief Nurse from UH Bristol will chair the morning and afternoon sessions.

IV Access coordinator update

An audit has been undertaken looking at Suitability of Peripheral Venous Cannula in Adult Services. Full report included.

The Quarterly line infection report has been included.

Surgical Site Surveillance.

There has been no progress at this time. A meeting has been setup with Jo Davies, Carly Hall, Jane Palmer, Emma Neale and Stephen Sugar, to see if this issue can be progressed.

DR RICHARD BRINDLE, Director Of Infection Prevention And Control (DIPC).

JOANNA HAMILTON-DAVIES, Senior Infection Control Nurse/Deputy DIPC

November 2014

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

Item 10 – Cancer Patient Survey Report
Purpose
To provide the Trust Board with an analysis of UH Bristol’s performance in the 2013/14 National Cancer Survey and the Trust’s improvement plan.
Abstract
<p>The National Cancer Survey (NCS) is carried out annually under the direction of NHS England. The survey aims to capture the experiences of patients using NHS cancer services, with a particular focus on acute hospital care. In the 2013/14 survey, 28/60 UH Bristol scores were in the lowest 20% of scores nationally. This reflects cancer care across UH Bristol (and beyond): not just the Bristol Haematology and Oncology Centre. Despite carrying out a large number of service improvements in relation to the NCS, the Trust consistently under-performs relative to the national average in this survey.</p> <p>A number of initial actions will be carried out in response to the 2013/14 NCS, and these are described in the accompanying report. However, given the general lack of improvement evident in the results, these actions will be accompanied by a more transformative cancer experience improvement programme that will take place in two main stages over the next 12-18 months:</p> <ol style="list-style-type: none"> 1) Working with patients and staff to properly understand what it is like to be a “UH Bristol cancer patient”, and to explore how this experience could be improved. In particular, the Trust has commissioned the Patient’s Association to carry out a series of independent discussion events with UH Bristol patients to explore these themes. <p>Using this robust evidence base, the development of a comprehensive cancer experience improvement programme will take place. To enhance this stage of the process, UH Bristol will collaborate with a peer trust that performs consistently well in the NCS, as part of an NHS-England quality improvement programme.</p>
Recommendations
The Trust Board is requested to receive this report for assurance
Report Sponsor
James Rimmer, Chief Operating Officer
Appendices
<ul style="list-style-type: none"> • A – Analysis report (including improvement plan)

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	19/11/2014	25/11/2014			Cancer Board 10/11/14

National Cancer Patient Experience Survey 2013/14

1. Methodology

The National Cancer Survey (NCS) is organised by NHS England and has been carried out annually since 2010/11. All 153 acute hospital NHS trusts providing cancer services participated in the 2013/14 survey. The survey sample comprised all inpatient and day-case patients aged 16 and over, with a primary diagnosis of cancer, who were discharged between 1st September 2013 and 30th November 2013. As part of this survey, 1303 UH Bristol patients were sent a questionnaire by post. The response rate was 62%, with 729 people sending back a completed questionnaire¹. The national response rate was 64%. The survey asks a range of patient experience questions, including being diagnosed with cancer, inpatient care, and Cancer Nurse Specialist support. The survey reflects experiences of cancer care across UH Bristol, not just the Bristol Haematology and Oncology Centre.

2. Headline results

NHS England have carried out a comparative analysis of hospital trust performance in the NCS (see the summary in Appendix A of this report)². Out of the 60 questions in the survey that relate to hospital care³, this analysis shows:

- 30 UH Bristol scores in the mid-60% of scores nationally (i.e. broadly in line with the national average)
- 28 UH Bristol scores classed as being among the lowest (worst) 20% of scores nationally
- Two UH Bristol scores (relating to participation in research) classed as being among the highest (best) 20% of scores nationally

The latest survey results represent UH Bristol's worst performance in the NCS to date (Table 1). Caution is needed here though: at a broader level, there was a slight general deterioration in UH Bristol's position in 2013/14 (see Chart 1 - over)⁴, but this was marginal and is likely to reflect chance fluctuation rather than a real change. However, with so many scores already hovering close to the lowest quintile, even a small/chance decline can have a disproportionate effect on the number of scores falling into this lowest category. Looking at the general trends over the past four surveys, taking into account statistical "blips" (e.g. 2011/12) the Trust's performance is largely unchanged⁵.

Table 1: number of UH Bristol NCS scores in the highest/lowest quintiles nationally (2010-14)

	2010/11	2011/12	2012/13	2013/14
Green (best 20% nationally)	2	7	0	2
Red (worst 20% nationally)	16	7	15	28

¹ The response rate excludes calculation excludes people whose questionnaire was returned undelivered.

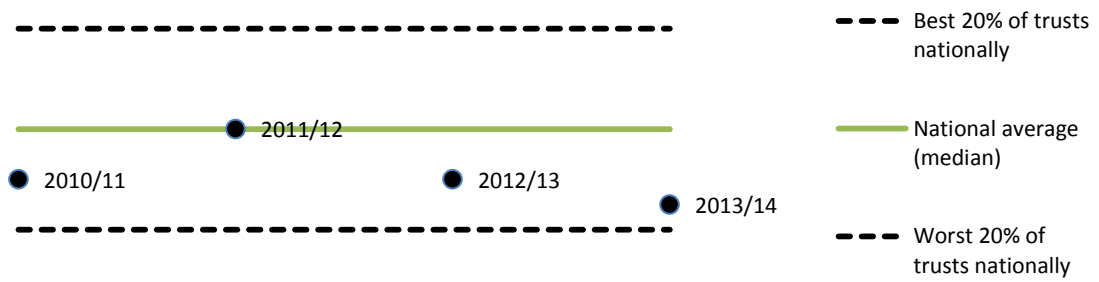
² The full report can be found here: <http://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey>

³ Three further questions relate to wider health and social care services.

⁴ Charts 1-4 are fairly rudimentary statistical analyses, but illustrate the "typical" question score for each survey/trust (indexed to 100 to aid comparability). A mean is taken across three sets of scores (trust scores and the top/bottom 20% thresholds). The median is the mid-point between the upper / lower 20%.

⁵ The two notable exceptions are an improvement in the proportion of patients being told they could get free prescriptions, and a decline in the number of patients saying there were enough nurses on duty. The latter score reflects a period where there were a particularly high number of nursing vacancies at the Trust.

Chart 1: Overview of UH Bristol's national cancer survey performance (2010-14)



3. Comparison data

The UH Bristol Cancer Services Manager has identified a number of hospital trusts that treat a broadly similar case mix and volume of cancer patients to UH Bristol (Chart 2). This analysis suggests that, with some exceptions, these trusts tend to achieve question scores in between the lowest quintile nationally and national average. Chart 3 shows an overview of the performance of UH Bristol's geographical neighbours.

Chart 2: peer trust performance overview (2013/14 national cancer survey)

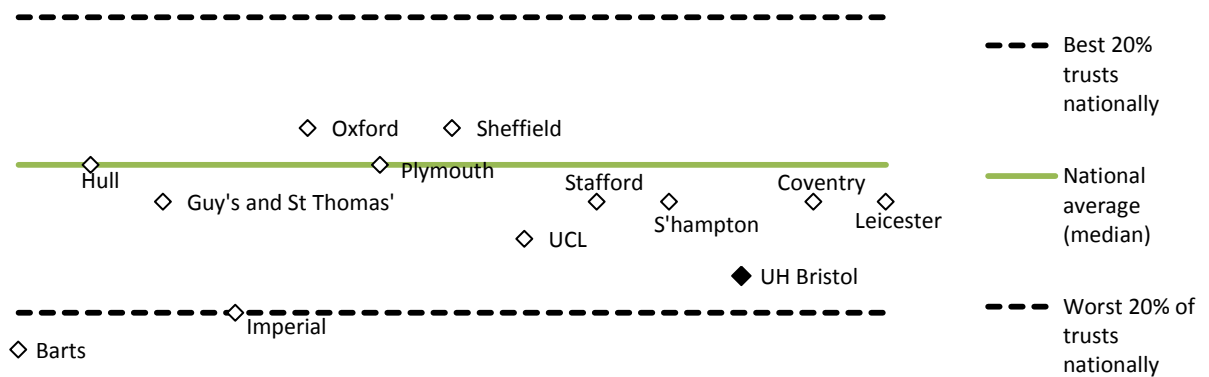
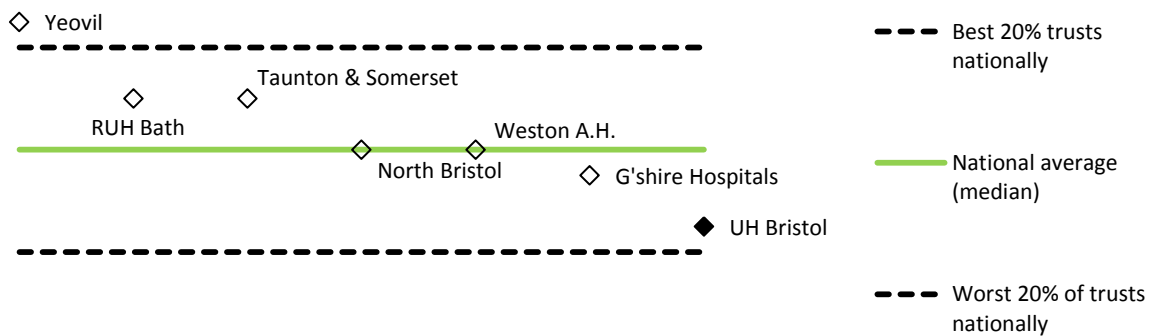
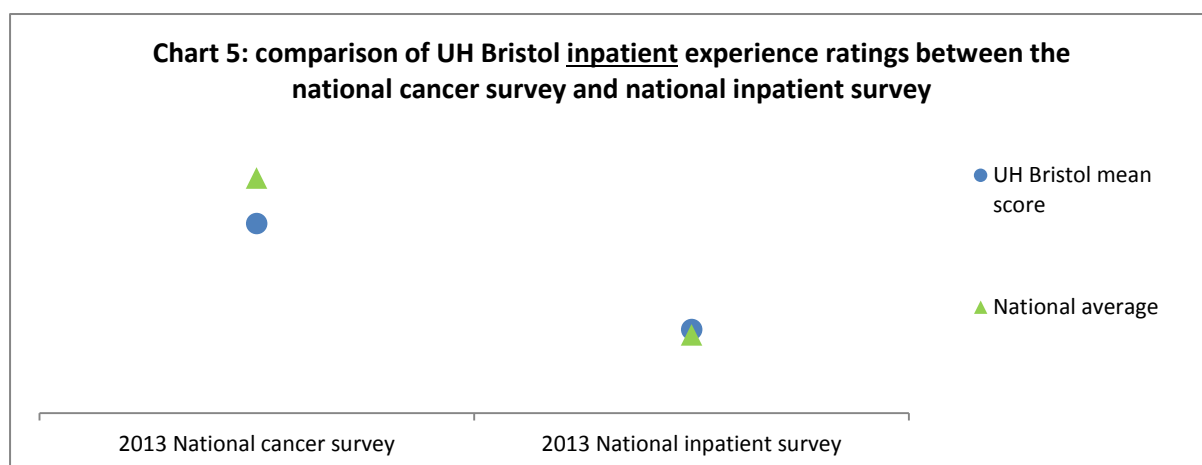
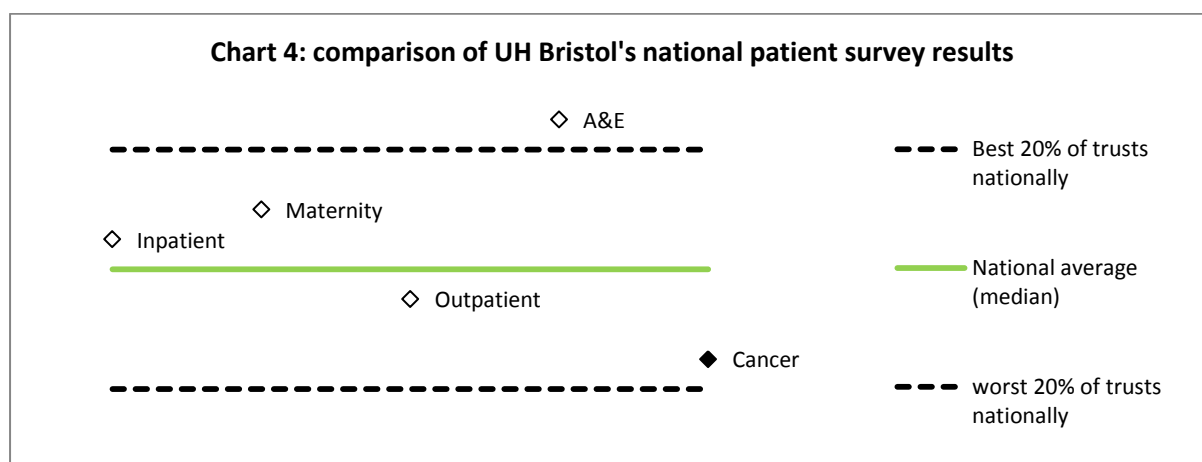


Chart 3: neighbouring trust overview (2013/14 national cancer survey)



The Trust's performance in the NCS is an outlier compared to the other national patient experience surveys, where UH Bristol typically achieves results in line with the national average or better (Chart 4). It is hard to account for this discrepancy, but it probably reflects a combination of methodological/ statistical differences in the NCS⁶, and a genuinely lower level of performance in respect of cancer care.

A number of questions in the NCS relate to the experience of receiving cancer care as an inpatient. These broadly replicate questions in the national inpatient survey, which is sent to a sample of all inpatients. Chart 5 suggests that inpatients *receiving cancer care* actually give UH Bristol better ratings than inpatients as a whole. Nevertheless, whilst UH Bristol's overall inpatient scores are in line with the national average, the inpatient cancer experience scores are still well below their national benchmark. This is difficult to account for (and caution is needed in directly comparing two different surveys), but it suggests that many other trusts are providing an especially good experience for their inpatients receiving cancer care.



⁶ The NCS is run by NHS England and was developed by Quality Health Ltd, whereas the other national surveys are run by the Care Quality Commission and were developed by the Picker Institute Europe. The NCS focusses purely on cancer care. In analysing the data, the NCS uses a top-box approach (i.e. the score is calculated as the percentage of respondents ticking the best possible response option), whereas the other national surveys use a scoring mechanism that provides trusts with some "credit" for mid-range responses to a question. The inpatient survey applies "case-mix adjustments" to the results to take into account differing hospital populations.

4. Formulating a response to the 2013/14 national cancer survey results

UH Bristol has produced a comprehensive SMART⁷ action plan in response to each of the previous NCS results. These plans were reviewed and approved by the Trust Board, and monitored until completion by the UH Bristol Cancer Board. In total, over 80 cancer service improvements have been carried out at the Trust via these action plans, including:

- Increasing the accessibility of the Cancer Nurse Specialist service (including increased funding to expand the service, and ensuring all teams have five-day-a-week service cover).
- Participating in the Macmillan One-to-One Patient Support pilot programme.
- Installation of six Macmillan Information Points around the Trust.
- Establishment of post-treatment health education events for patients with cancer.

Due to the timing of the NCS, any actions that have been carried out over the last 12 months would be reflected in the next set of results (2014/15). However, there are some issues with the NCS itself that, at least partly, mask the effects of improvement actions carried out at UH Bristol:

- As a specialist cancer centre, patients from around the South West with particularly complex cancers are often referred to UH Bristol at some point after their diagnosis. Furthermore, many of UH Bristol's cancer services operate within a "shared-care" model, whereby local hospital trusts have different specialist input into a patient's treatment. In short: many aspects of the survey results will often reflect patient experiences at other trusts as well as UH Bristol⁸.
- This issue is exacerbated by the NCS questionnaire, which in most cases doesn't ask patients to answer specifically about their experience at UH Bristol (the main exception is around inpatient care – see section 3 above for a discussion).
- For many of the questions in the NCS, it is not possible to determine when the patient's experience occurred. For example, in the 2012-13 NCS, 8% of UH Bristol's respondents were diagnosed over five years previously⁹. This mix of time periods "hidden" within the results makes it particularly difficult to evaluate the impact of current improvement initiatives.
- Survey data primarily provides population-level measurements and can help to identify key issues and themes. However, to fully understand the causes of (and solutions to) these issues, surveys should be complimented with "qualitative" engagement activities (e.g. patient interviews, focus groups, workshops).

Clearly the NCS has its drawbacks as a trust-level evaluation tool, but it is important to acknowledge its consistent message that cancer patients at other trusts seem to be receiving a better experience than UH Bristol's patients. The Trust will therefore take ownership of the survey results and play a leadership role in improving them.

⁷ SMART action plans comprise specific, measurable actions, to be completed within a specified time-frame, with a nominated person responsible for the delivery of each action. All of the previous NCS action plans have been signed-off as complete by the UH Bristol Cancer Board.

⁸For example, of the written comments provided by UH Bristol's respondents *that mentioned a hospital trust*, more than half mentioned more than one trust, with a quarter making no mention of UH Bristol at all.

⁹ The 2013/14 equivalent data had not been published at the point of writing, but is likely to be of a similar order.

5. UH Bristol's response to the 2013/14 national cancer survey results

A number of initial actions will be carried out in response to the 2013/14 NCS. These are summarised in Table 2 (over), and include working with each cancer team to identify any local learning/actions, rolling out a new electronic holistic needs assessment tool for staff to use with patients (funded by Macmillan), and piloting a "cancer nurse champion" scheme on two general wards (A700/A800). Based on previous experience however, it seems that these actions alone may not significantly improve the Trust's NCS results. Therefore, over the next 12-18 months, a more comprehensive improvement programme will be undertaken. This will be built on a solid evidence base, and developed in collaboration with our patients and independent experts:

Stage 1: understanding patient experience

This stage will provide a thorough understanding of what it is like to be a "UH Bristol cancer patient". There are four key work-streams:

- The Patient's Association will carry out a series of qualitative events with UH Bristol cancer patients (details are to be confirmed, but this is likely to be focus group and interview-based).
- An in-house version of the national cancer survey will be carried out in a way that provides current and UH Bristol-specific data.
- Feedback from UH Bristol staff will be sought, with a particular focus on understanding the provision of cancer care on general wards.
- Healthwatch Bristol will carry out a city-wide exercise to better understand people's experiences of cancer care. Although this is an independent project, the results will be shared with the Trust.

Stage 2: Service improvement planning and implementation

The outcomes from Stage 1 will inform the development of substantive cancer service experience improvement programme. This process will be further underpinned by the following support:

- UH Bristol will participate in a major national cancer service improvement project, run by NHS England. This involves learning from, and developing an action plan in collaboration with, a peer trust that performs consistently well in the NCS.
- Engagement with colleagues at local trusts via the South West Cancer Network, to explore and address cross-trust issues.
- The UH Bristol Transformation Team have agreed in principle to provide resources to support the development and implementation of the improvement programme, if required.

Tables 2 and 3 provide a summary of this work and an indication of the timescales involved. This activity will be led by the Lead Cancer Nurse and monitored by the UH Bristol's Cancer Board (chaired by the Chief Operating Officer). The substantive improvement programme will be provided to the Senior Leadership Team and Trust Board for approval. Evaluation mechanisms will be built into the programme, with the 2015/16 NCS being a key milestone¹⁰.

¹⁰ The time lag in receiving the 2013/14 NCS results means that the window for influencing the next survey (2014/15) has passed - although improvements carried out over the last year may have a positive impact in this respect.

Table 2: summary of UH Bristol’s response to the 2013/14 National Cancer Survey

Action	Timescale	Lead(s)
Initial actions		
Discussion of NCS results / response at UH Bristol’s Cancer Board and Patient Experience Group	Complete / approved	Ruth Hendy/Paul Lewis
Attend NHS England South West regional event to discuss the NCS results / improvement plans with colleagues across the region.	November 2014	Ruth Hendy
Discuss the NCS results at Divisional boards and identify any Division-specific actions	November/December 2014	Ruth Hendy
Thematic analysis and review of respondents’ written comments	December 2014	Ruth Hendy
Share the NCS results with individual cancer teams and identify team-level improvement actions	November/December 2014	Ruth Hendy
Scope and test the use of cancer patient ward nurse ‘champions’ on wards A700 and A800	January-April 2015	Ruth Hendy
Complete business case for continuation of Macmillan 1:1 support workers	November 2014	Hannah Marder, Ruth Hendy
Work with UH Bristol cancer Clinical Nurse Specialists and Divisional Leads to ensure cross-divisional support is maintained for patients across whole pathway	December 2014	Ruth Hendy, Divisional Cancer Leads
Work with referring hospitals (primarily Somerset, Wiltshire, Avon, Gloucester) to ensure that ‘keyworker’ support is provided to the patient throughout episodes of care at UH Bristol	December 2014	Ruth Hendy Lead Cancer Nurses across Network
Discuss NCS results with the local Cancer Network and gain support in principle for UH Bristol’s planned response to the survey	Complete/Network is supportive in principle	Ruth Hendy
Pilot volunteer befriender / patient support scheme on Ward 78 (Gynaecology)	January-June 2015	Sam Cole
Write business case to support the “cancer recovery package” (aims to provide each patient with an individualised support package to improve survivorship)	December 2014	Ruth Hendy
Introduce electronic Holistic Needs Assessments for each patient – pilot and evaluation phase	March 2015	Ruth Hendy
Implement “electronic treatment summaries” for patient and GPs (phase 1 – to 25% of patients)	March 2015	Ruth Hendy
Stage 1: listening and learning		
Carry out a series of patient interviews/focus groups, facilitated by the Patient’s Association	January-April 2015	Tony Watkin, Ruth Hendy, Paul Lewis
Carry out a re-run of the national cancer survey specifically for UH Bristol’s patients	January-April 2015	Paul Lewis, Hannah Marder
Receive results from Healthwatch Bristol’s cancer engagement activities	January 2015	Tony Watkin
UH Bristol staff workshops exploring patient experience on Ward 78	November 2014	Tony Watkin
Receive feedback from UH Bristol staff providing cancer care on general wards	December 2014	Tony Watkin
Synthesise the data from these listening exercises to identify immediate actions and inform the substantive service improvement planning phase	April 2015	Paul Lewis
Stage 2: service improvement planning and implementation		
NHS England Cancer Service Improvement Programme	March-August 2015	James Rimmer/Ruth Hendy
Final improvement plan produced	August 2015	Ruth Hendy

Table 3: guide timeline for UH Bristol’s response to the 2013/14 National Cancer Survey

	2014/15							2015/16							
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Receive 2013/14 NCS results	■														
Analysis report written	■	■													
Discuss results at Cancer Board / Patient Experience Group		■	■												
Finalise analysis report/improvement plan			■												
Senior Leadership Team/Trust Board review results and improvement plan			■												
"Immediate" actions in response to the 2013/14 NCS results (see Table 2)	■	■	■	■	■	■	■	■	■	■					
Staff feedback exercises				■	■										
Healthwatch Bristol cancer feedback events				■	■										
UH Bristol “local” cancer patient experience survey carried out					■	■	■								
Patient's Association cancer patient engagement events					■	■	■								
Analysis of listening events and identify any "immediate" improvement actions								■							
Participate in NHS England Improving Quality Project								■	■	■	■	■	■	■	
Finalise and initiate UH Bristol’s Cancer Experience improvement programme								■	■	■	■	■	■	■	■
											■	■			
2014/15 NCS survey participants attend UH Bristol	■	■	■												
2014/15 NCS survey results published													■		
2015/16 NCS survey participants attend UH Bristol													■	■	■

Appendix A: UH Bristol results, ranked highest (best) to lowest

The following table shows all of the 2013/14 NCS scores that relate to hospital care. The percentage of patients ticking the best possible response option (the “top box”) to each question is shown. The scores are shaded red if they are among the worst 20% of scores nationally, and green if they are among the best 20%.

Score ("top box")	Question
94%	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
94%	The last time you had an appointment with a cancer doctor, did they have the right documents, such as medical notes, x-rays and test results?
93%	Were you given enough privacy when being examined or treated?
93%	GP was given enough information about the patient’s hospital care
91%	The last time you spoke to your Clinical Nurse Specialist, did she/he listen carefully to you?
89%	Were you given the name of a Clinical Nurse Specialist who would be in charge of your care?
88%	Before your cancer treatment started, were you given a choice of different types of treatment?
88%	When you have important questions to ask your Clinical Nurse Specialist, how often do you get answers you can understand?
88%	Rating care as excellent or very good
87%	Patient has seen info about cancer research in the hospital
86%	Before you had your operation, did a member of staff explain what would be done during the operation?
86%	Do you think the hospital staff did everything they could to help control your pain?
86%	How much information were you given about your condition and treatment?
85%	Were you given clear written information about what you should or should not do after leaving hospital?
84%	Beforehand, were you given written information about your test(s)?
84%	Did you have confidence and trust in the doctors treating you?
84%	Did doctors talk in front of you as if you weren’t there?
84%	While you were in hospital did you ever think that the doctors or nurses were deliberately not telling you certain things that you wanted to know?
83%	Did a member of staff explain what would be done during the test procedure(s)?
83%	Did ward nurses talk in front of you as if you weren’t there?
83%	Were you treated with respect and dignity by the doctors and nurses and other hospital staff?
82%	How do you feel about the way you were told you had cancer?
82%	Before you started your treatment, were you given written information about the side effects of treatment(s)?
81%	Did hospital staff give you information about support or self-help groups for people with cancer?
80%	When you had important questions to ask a doctor, how often did you get answers that you could understand?
79%	Did hospital staff do everything possible to control the side effects of chemotherapy?
78%	How do you feel about the length of time you had to wait before your first appointment with a hospital doctor?
78%	Were you given enough privacy when discussing your condition or treatment?

Score ("top box")	Question
78%	While you were being treated as an outpatient or day case, did hospital staff do everything they could to help control your pain?
77%	Beforehand, did a member of staff explain the purpose of the test(s)?
77	Did hospital staff tell you that you could get free prescriptions?
76	Did your health get worse, get better or stay about the same while you were waiting for your first appointment with a hospital doctor?
76	When you had important questions to ask a ward nurse, how often did you get answers you could understand?
74	Were the results of the test(s) explained in a way you could understand?
74	Did hospital staff give information about impact on work/education
74	After the operation, did a member of staff explain how it had gone in a way you could understand?
74	Did hospital staff do everything possible to control the side effects of radiotherapy?
74	Sometimes people with cancer feel they are treated as "a set of cancer symptoms", rather than a whole person. In your NHS care over the last year, did you feel like that?
73	When you were first told that you had cancer, had you been told you could bring a family member or friend with you?
73	Were the possible side effects of treatment(s) explained in a way you could understand?
73	While you were in hospital, did it ever happen that one doctor or nurse said one thing about your condition or treatment, and another said something different?
71	Beforehand, were you given written information about your operation?
69	Patient has taken part in cancer research
68	Did you understand the explanation of what was wrong with you?
68	Did you have confidence and trust in the ward nurses treating you?
67	Patient's views taken into account by doctors and nurses when discussing treatment
67	How easy is it for you to contact your Clinical Nurse Specialist?
63	Were you involved as much as you wanted to be in decisions about which treatment(s) you would have?
63	While you were being treated as an outpatient or day case, were you given enough emotional support from hospital staff?
62	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
62	Patient was able to discuss worries and fears with staff
61	When you were told you had cancer, were you given written information about the type of cancer you had?
58	All staff asked patient what name they preferred to be called by
57	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?
56	In your opinion, were there enough nurses on duty to care for you in hospital?
56	Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?
52	Did hospital staff give you information about how to get financial help or benefits?
49	Patient told about longer term side effects
36	Taking part in cancer research discussed with the patient
15	Patient offered written assessment and care plan

Appendix B: publication timeline

16 September 2014	UH Bristol 2013/14 National Cancer Survey results provided to UH Bristol, under embargo
19 September 2014	Email providing the NHS England comparative analysis and a summary of the results to Executive Directors, Divisional Directors, Clinical Chairs, Heads of Nursing
30 September 2014	Results released publically by NHS England
8 October 2014	Discussion of results at UH Bristol Cancer Board
16 October 2014	Discussion of results at UH Bristol Patient Experience Group
10 November 2014	Local analysis and service improvement plan approved by Cancer Board
19 November 2014	Local analysis report and improvement plan reviewed by Senior Leadership Team
25 November 2014	Local analysis report and improvement plan reviewed by Quality and Outcomes Committee of the Trust Board
27 November 2014	Local analysis report and improvement plan reviewed by the Trust Board

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

11. Annual Business Planning Guidance

Purpose

The purpose of this report is to provide the Board with context and detail regarding the proposed programme plan for Trust Business Planning for the period April 2015 to March 2017. The guidance has been developed and approved by the Senior Leadership Team.

Abstract

Context

This year's planning round takes place following the completion of our strategic review and the production of our Monitor Strategic (5 year) Plan in June 2014. This 5 year plan provides context for the next business planning round, and the production of Divisional Operating Plans.

This operational business planning cycle will focus on the next two financial years. Years 3 to 5 are the focus of the Strategic Implementation Plan, being developed concurrently. Divisions will consider these two pieces of work together in order to ensure that their operational plans for years 1-2 connect with – and support the development of – key medium term objectives within the Strategic Implementation Plan. Inevitably, detail for year two will be limited in some areas.

Our business planning is being done at the same time as commissioner plans are also developing – and Monitor have made it clear that they will be scrutinising the extent to which the assumptions that underpin our planning such as activity changes, align with those used by commissioners. In particular, we will be working with local commissioners with regard to the development of the Better Care Fund and will ensure that our planning incorporates the anticipated impact of the Fund whilst recognising the debate that will continue to reach agreement on realistic activity impacts from the investments.

Objectives and Outputs

The main objectives of the Business Planning programme are:

- To identify major risks and challenges facing the Trust and develop plans to mitigate them.
- To set out the organisational priorities and objectives for the planning period taking account of the strategic choices and opportunities facing the Trust and the Trust's quality objectives for the coming period.
- To predict the activity required to meet anticipated demand and deliver national access standards, and to develop robust capacity plans to deliver the required activity.
- To describe the workforce and infrastructure requirements necessary to deliver the required activity and objectives.
- To prioritise capital and revenue against the agreed risks facing the organisation in the planning period.
- To produce a financially balanced plan for the period in question.

The outputs of the planning process will be:

- Divisional Operating Plans 2015-17.
- Supporting Workforce and Financial Plans 2015-17.
- Monitor Annual Plan 2015-17.

Areas of Focus for this year’s planning round

The Board is asked to note in particular the areas where we have developed our approach to planning this year. These are:

- Formal inclusion of ‘Quality and Safety ‘as an explicit component of the planning process. This has led to an additional project within the business planning programme, the details of which are included in this guidance.
- The inclusion of guidance setting out our obligations with regard to Equality and Diversity and how this should be reflected in the development of our objectives at Trust and Divisional level, via compliance with the Equality Delivery System (see Section 4 of the attached paper).
- Concurrent development of the Trust Strategic Implementation Plan to ensure enablers and actions arising from the SIP are incorporated in Operating Plans.
- Better alignment of the business planning process with the Workforce Development Strategy.
- Building on work last year to strengthen the link between Operating Plans and the Transforming Care programme.
- Identifying links between individual Divisional Operating Plans at an earlier stage, and the availability to Divisions of additional support from Finance, HR and Commissioning & Planning by way of 1 hour workshops throughout December 2014 and January 2015.
- Strengthening the approach to capacity planning and performance achievement.

Production of the Monitor Plan

The production of Divisional Operating Plans will inform, and lead into the production of the Trust’s 2 year Monitor Operational Plan, to be submitted on the 10th of April 2015. We await more detailed planning guidance from Monitor which will set out the format for this document. We anticipate receiving this guidance in early December and as in previous years, Governors will be involved in each step of the plan development through the Project Focus Group.

Recommendations

The Board is asked to **receive** this report and guidance for information and comment.

Report Sponsor

Deborah Lee Deputy Chief Executive & Director of Strategic Development

Appendices

Appendix A – Business Planning Guidance for 2015-17

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	22/10/14				

Business Planning Guidance 2015 - 2017

Version & date:

Version 1.9 dated 18 Nov 14.

Document Owner: David Relph, Head of Strategy and Business Planning

Master Copy holder: Amy Rich

This guidance will be considered by the following:

Execs	Senior Leadership Team	Trust Board
16 Oct 14	22 October 14	27 November 14

INTRODUCTION

BUSINESS PLANNING PROGRAMME GUIDANCE FOR 2015-17

This paper outlines the business planning process for University Hospitals Bristol for 2015/16 and beyond. We have received guidance that Monitor's approach to planning will be broadly the same as last year¹ – and so the operational planning at Divisional and Trust level will have a two year timeframe, looking specifically at plans for FY 15/16 and 16/17.

This paper describes the context within which Divisional Operating Plans should be developed for the period April 2015 to March 2017 and sets out the outline timelines for all planning processes.

Of particular note for the forthcoming planning period is the need to respond to the findings of the recent Care Quality Commission, to address any residual non-compliance with national service specifications published last year and to address the cost efficiency of those services which have significantly higher costs than national average.

CONNECTION TO OTHER PLANNING WORK

Operational business planning will focus on the next two financial years. Years 3 to 5 are the focus of the Strategic Implementation Plan (SIP), being developed concurrently. Divisions should consider these two pieces of work together and try to ensure that their operational plans for year 2 in particular mesh properly with the relevant parts of the SIP. Further guidance will be issued regarding the production of the SIP.

Additionally, this year's planning round also takes place following the completion of our strategic review and the production of our Monitor Strategic Plan. This summary of our plans and objectives is a key document and Operating Plans should be produced in the context of this new direction for the Trust.

Our business planning is being done at the same time as Commissioner plans are also developing – and Monitor have made it clear that they will be scrutinising the extent to which the assumptions that underpin our planning (activity etc) align with those used by Commissioners. In particular, we will be working with local Commissioners with regard to the development of the Better Care Fund and will ensure that our planning incorporates the anticipated impact of the Fund – once that has been agreed. This discussion is ongoing – and further guidance will be issued as necessary.

AREAS OF FOCUS FOR THIS YEARS PLANNING ROUND

There are five key areas on which we propose to focus during this year's planning round – and to change the specifics of the planning process accordingly. These are:

- Reviewing and shortening the template for Divisional Operating Plans.
- Making the link between Operating Plans and the Transforming Care programme more transparent.
- Identifying links between individual Divisional Operating Plans at an earlier stage.
- Ensuring that the Operating Plans are developed in a way that is consistent with the key elements of the SIP.
- Strengthening the approach to capacity planning and performance achievement.

¹ <https://www.gov.uk/nhs-foundation-trusts-planning-and-reporting-requirements>

RISK BASED PLANNING

In the context of declining resources, opportunities for investment and development are limited and as in recent years, the Identification and management of risk will remain key drivers (inputs) for Operating Plans. Divisions should focus on the identification and prioritisation of risk at the outset of the planning process and describe their operational, financial and workforce plans in terms of the management and mitigation of these risks.

Risk should be considered in the context of both the likelihood of occurrence and the impact should the risk occur. Divisions should consult the Trust Risk Management Policy when deciding which risks should be considered as part of the business planning process.

Of note, operating plans must address and respond to any risks identified as a result of the recent Care Quality Commission inspection and continue to address any areas of non-compliance with national service specifications.

SERVICE TRANSFORMATION

Transforming Care (TC) remains at the heart of our activity as a Trust to ensure we continue to improve and maintain the quality of our services, with declining resources. Divisional Operating Plans should be developed in a way that clearly articulates the links between these Plans and the TC programme. The Operating Plan template will guide Divisions in this regard.

WORKFORCE RE-DESIGN

The Trust employs more than 8,000 staff and workforce costs account for approximately 63% of operating costs. Our Workforce and Organisational Development Strategy highlights workforce risks and issues, which should be recognised within operating plans, including recruitment to hard to fill posts, sustainable junior doctor rotas, predicted national shortages in qualified nurses, high turnover in some staff groups, ageing workforce profile and workforce key performance indicators.

Plans should also address the context of delivering services and sustaining quality within a reduced financial resource, and a workforce which should reflect the diversity of the community it serves. Plans should therefore reflect the themes within the Transformation Programme, linked to the following work areas:

- Nursing and Midwifery
- Medical Efficiencies
- Allied Health Professionals
- Administrative and Clerical Staff

It is important also that plans clearly articulate the drivers for demand and the way we will manage and deliver the required supply. Drivers for demand and supply are summarised below.

Demand

Service requirements which impact on the supply of workforce for example:

- Capacity Drivers eg changes in funded activity for theatres, outpatients, and projected bed numbers
- 7 day working

- Investing/disinvesting in key services
- Changes in treatment technology
- Quality initiatives for example, safe staffing levels
- Plans to address peaks and troughs in demand

Supply

- Projected workforce numbers to deliver activity
- Vacancies, turnover, and absence levels
- The proportion of temporary staff as a proportion of the total

Productivity and Efficiencies

Once demand and supply have been established, productivity and efficiencies need to be reflected, including the following factors:

- Effective Rostering
- Robust job planning
- Organisational development and training to support efficiency
- Clarifying roles, responsibilities and accountability
- Skill mix and role redesign

SUMMARY

The planning process for Divisional Operating Plans will build on the 14/15 process and use the same outline timings. The process will culminate in the production of the **Trust Monitor Operational Plan for 2015-17 – which will be submitted to Monitor no later than the 10th of April 2015.**

This guidance includes the following sections:

Section 1 – The Business Planning programme
 Section 2 – Business Planning projects
 Section 3 – Supporting Themes
 Section 4 – Equality and Diversity
 Section 5 - Appendices.

- Appendix 1 - Summary of Outputs of the Business Planning Process
- Appendix 2 - Outline Business Planning Timetable Oct 2014- April 2015
- Appendix 3 – Capital Planning and Prioritisation Guidance.
- Appendix 4 – Summary of Business Planning Templates.

SECTION 1 - THE BUSINESS PLANNING PROGRAMME

1.1 INTRODUCTION

The planning cycle takes place between October 2014 and March 2015 and incorporates aspects of the budget setting process.

As in previous years, Divisions should prepare their plans through focusing on risk based management and transformative approaches to service delivery which support improvements in the quality of our services, in a context of declining resources. Plans must also incorporate the changes necessary to deliver service moves and capital re-developments in the period 2015-17, as well as the transformations required to deliver them.

Of note for the forthcoming planning round is the requirement to address any recommendations and/or issues arising from the recent Care Quality Commission (CQC) inspection and maintain or achieve compliance with national service specifications.

Our Business Planning round will also determine how key risks such as reduced tariff income and cost savings (Savings Programme) can be mitigated to create balanced Operating Plans. **The planning period will be 2 years, with a continued attempt to develop greater detail regarding year two— particularly in terms of capital planning and prioritisation.**

1.2 OBJECTIVES OF THE BUSINESS PLANNING PROGRAMME

The main objectives of the Business Planning programme are:

- to identify major risks and challenges facing the Trust and develop plans to mitigate them.
- to set out the organisational priorities and objectives for the planning period taking account of the strategic choices and opportunities facing the Trust and the Trust's quality objectives for the coming period.
- to predict the activity required to meet anticipated demand and deliver national performance & waiting standards, and to develop robust capacity plans to deliver the required activity.
- to describe the workforce and infrastructure requirements necessary to deliver the required activity and objectives.
- to prioritise capital and revenue against the agreed risks facing the organisation in the planning period.
- to produce a financially balanced plan for the period in question.

The outputs from the programme will include:

- Divisional Operating Plans 2015-17.
- Workforce Plans 2015-17.
- Monitor Annual Plan 2015-17.

For Divisions, the objective is to compile a financially balanced Operating Plan for the next two years. **Final Operating Plans are to be submitted for approval by the Senior Leadership Team by 28th February 2015.**

The Trust Strategic Implementation Plan will be developed concurrently with the business planning process – this will be the subject of further guidance.

1.3 PRINCIPLES OF THE BUSINESS PLANNING PROGRAMME

The principles which guide the Business Planning process continue to be:

- A risk based approach focussed on the identification and prioritisation of risk at the outset of the planning process and operational, financial and workforce plans that are clearly aligned to the management and mitigation of these risks.
- Working with our commissioners to develop our plans and notably locating operating plans in the context of wider system working
- Promoting transformational activity as the means of improving quality, whilst reducing costs
- The early identification of credible savings plans.
- Iterative review of the process as required.

1.4 RESPONSIBILITIES

- The **Senior Responsible Officer** for the business planning process is the Director of Strategic Development. The SRO has overall responsibility for ensuring that the programme meets its objectives.
- Within that overall process, the **SRO for production of Divisional Operating Plans will be the Chief Operating Officer.**
- The **Sponsor Group** is the Trust Board, who should advise and support the SRO.
- This document serves as the **Programme Plan.**
- **The Programme Board is the Senior Leadership Team**, which supports the SRO in delivering the programme. Members of the Programme Board are accountable to the SRO for their areas of responsibility – for example, Divisional Directors.
- The **Programme Manager is the Head of Strategy & Business Planning.** This role is responsible for the set-up, management and delivery of the programme.
- The **Business Change Managers** are responsible for ensuring the delivery of the programme benefits (e.g. Operating Plans). These roles will be held by Clinical Chairs and Divisional Directors for Operating Plans.

1.5 EXECUTIVE PARTNERING WITH DIVISIONS

We plan to strengthen the role of 'Executive Buddies' which was initiated at the outset of last year's planning round. These roles will be defined between Execs and their Division but will include, though not be limited to

- Sounding board for advice and guidance
- A link to other Executives (and their teams) in their areas of functional expertise
- Regular review of operating plan content to provide assurance to the SRO that plans are developing in a robust and timely fashion
- External challenge to support generation of ideas, plans and initiatives
- Signalling of emerging risks to the SRO and Divisional Leadership

The buddying for the 2015/16 Operating Plan round is:

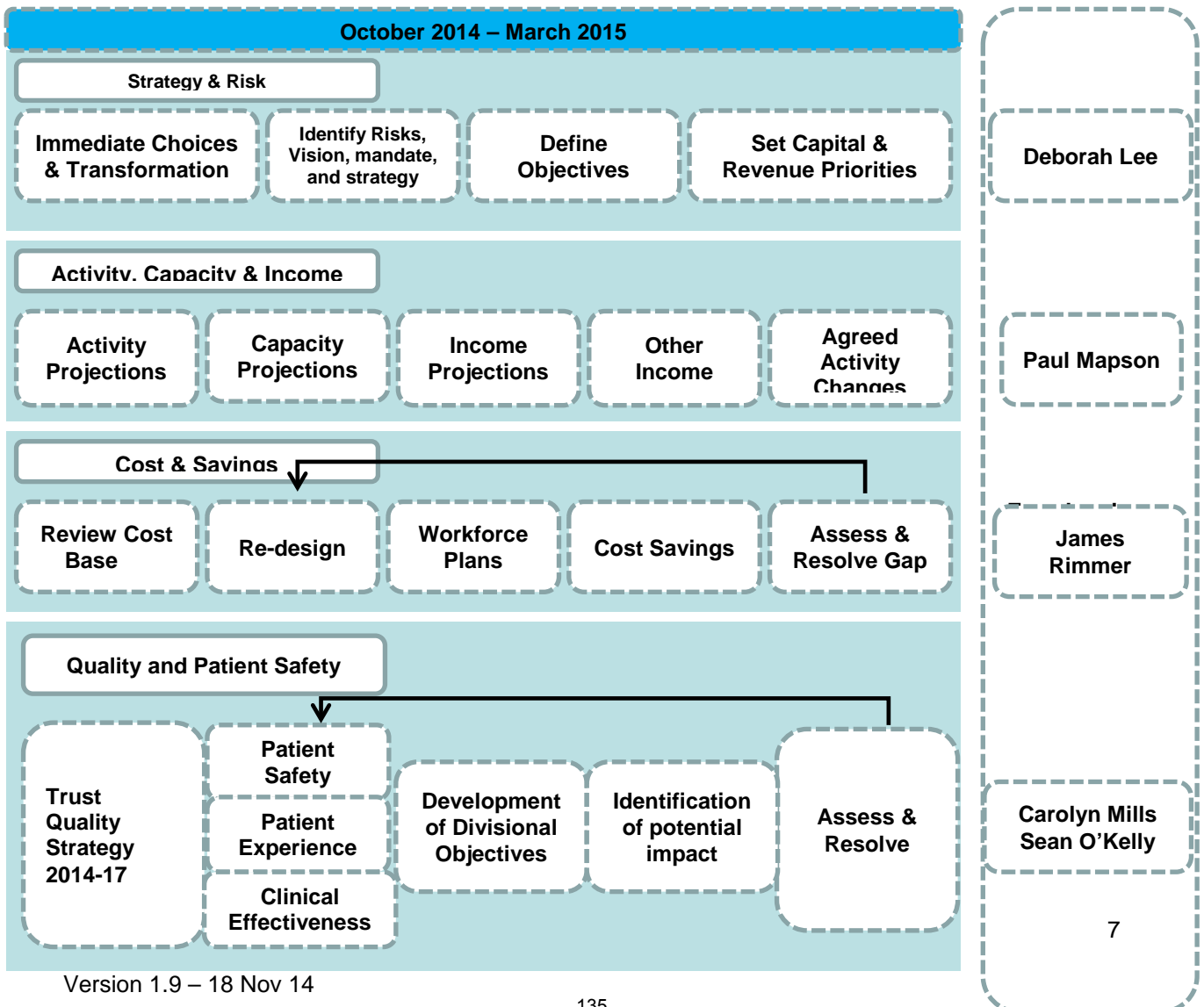
- SH&N – Deborah Lee
- W&C – Sean O'Kelly
- Medicine – Carolyn Mills
- D&T – Sue Donaldson
- Specialised Services – Paul Mapson

1.6 KEY TIMINGS

ACTIVITY	MILESTONE
Issue 2015 – 17 Business Planning Guidance	19 th October 2014
Issue draft Operating Plan template	21 st November 2014
Provide Divisions with activity plan upon which to base Operating Plan	30 th November 2014
First Cut Operating Plan Submission	31st January 2015
Capital Prioritisation Concluded	31st January 2015
ICP Revenue Prioritisation Concluded	31st January 2015
ICP and Capital Approved by SLT	18 th February 2015
Final Operating Plan Submission	28th February 2015
Submission of Monitor Operating Plan	31 st March 2015

1.7 BUSINESS PLANNING PROGRAMME OVERVIEW

Figure 1 (below) sets out the 4 Projects that will form the Programme. This structure is based on last year's planning round with the addition of a specific project to focus on Quality and Patient Safety. These 4 projects are described in more detail in the next section. Each project will occur in sequence and be given overall direction by a Project Lead, which will be an Executive in all three cases. A detailed timetable and schedule of outputs are contained in the Appendix. Key dependencies include the publication of commissioning priorities and the national tariff.



SECTION 2 – BUSINESS PLANNING PROJECTS

2.1 PROJECT 1 – STRATEGY & RISK

The aim of this Project is to set the overall direction for the Trust and Divisions. Objectives, revenue changes and capital priorities will be arrived at through a risk-based approach.

2.1.1 Trust 2020 Strategy and Transformation

Divisions should consult the Trusts new strategy at the outset of the planning process. In particular, the Trust Monitor Strategic Plan contain the key Trust objectives for the next 5 years – including detail on the areas of focus within the 9 key clinical service areas, which are:

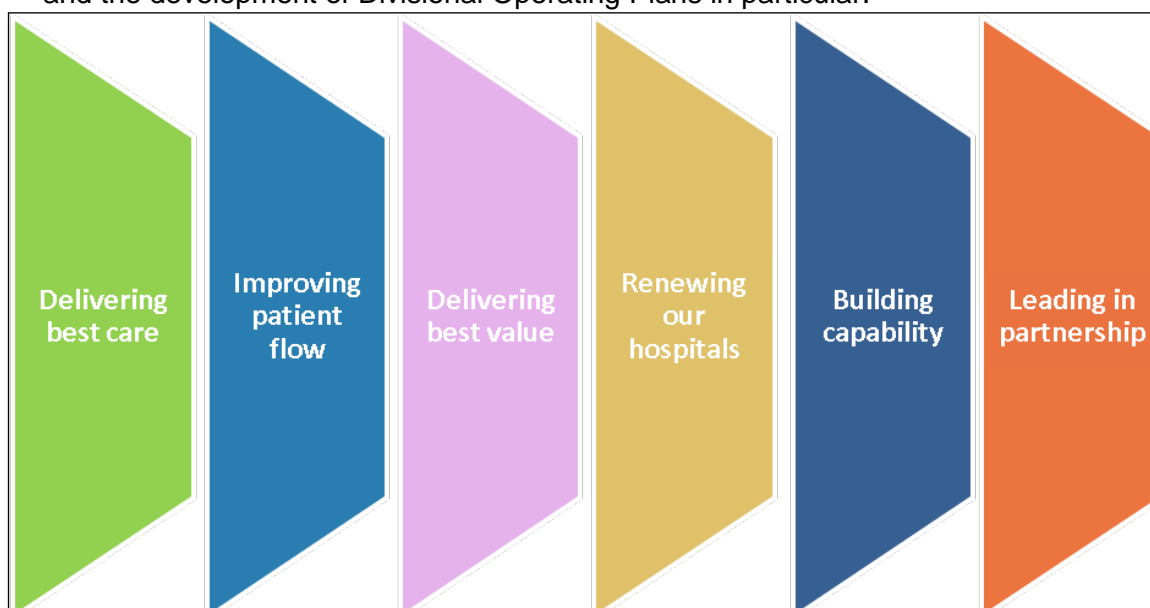
- Children’s Services;
- Accident and Emergency (and Urgent Care);
- Older Peoples Care;
- Cancer Services;
- Cardiac Services;
- Maternity Services;
- Planned Care and Long Term Conditions;
- Diagnostics and Therapies (Radiology and Cellular Pathology in particular);
- Critical Care.

Divisions should describe the way in which they will support work in these areas through their Operating Plans.

2.1.2 Transformation

Transforming Care continues to provide a key context for our business planning, continuing our focus on embedding the Transforming Care programme.

The diagram below describes the six programmes that continue to drive our approach to transforming care and should, therefore, provide the context for business planning in general and the development of Divisional Operating Plans in particular.



RISK BASED MANAGEMENT

2.1.3 Identify Risks

Divisions should begin by reviewing their risk register, updating it using the Trust's risk assessment tool where necessary. A clear understanding of principal risks will emerge which will then be addressed through Operating Plans.

2.1.4 Planning Assumptions

The results of strategic and risk analyses should be a set of key assumptions on which Divisions should base the development of Operating Plans:

- Transformation priorities.
- Quality improvements.
- Workforce impacts.
- Activity levels and income sources.
- Cost reduction and efficiency priorities.
- Performance standards, including waiting time targets.
- National Service Specification compliance.

2.1.5 Objectives

In developing Operating Plans, Divisions should list key objectives for 2015/17, linking these to:

- Key elements of the Monitor Strategic Plan – the clinical strategy in particular.
- Key elements of the Transforming Care agenda
- The management of key risks identified as part of their business planning
- The Trust's Quality Objectives
- Actions arising from the 2014 Care Quality Commission Inspection and subsequent report.

Divisions should provide an early summary of their key objectives – in outline form, in order to facilitate early consideration of key links between Divisional priorities and operating plans.

2.1.6 Capital priorities

Through objective-setting, a review of risk registers and previous capital plans, Divisions should develop capital investment priorities for 2015 to 2017 – including equipment replacement.

The lead for Capital Planning and prioritisation will be the Deputy Head of Commissioning and Planning, and specific guidance is included in this paper.

2.1.7 Revenue and Spend-to-Save

As in 2014/15, there will be no central revenue prioritisation process in 2015/16. Instead, revenue cost pressures and core "Spend-to-Save" proposals will be managed through Divisional Operating Plans initially.

Cost pressures and Spend-to-Save ideas that are deemed critical will receive scrutiny and guidance from Executives during the review of first and second drafts of Operating Plans.

As a result of risk analysis and objective-setting, Divisions will have an idea of the priorities affecting future revenue budget positions. These should include:

- Income changes as a result of agreed activity or coding changes.
- New cost pressures.
- Potential disinvestments.
- Savings targets.
- Revenue consequences of proposed capital and service changes.
- Investments that save the Trust or commissioners more than they cost.

Further specific guidance will follow through the work of the Cost & Savings project.

2.1.8 Project Leadership

The Executive Lead for the Strategy and Risk project will be Deborah Lee, Director of Strategic Development.

2.2 PROJECT 2 – ACTIVITY, CAPACITY & INCOME

The objective of this project is to make an assessment of likely activity, capacity and income levels in 2015/16. This project has key interdependencies with the Costs & Savings Project.

2.2.1 Activity & Capacity Projections

Divisions have already commenced work on an assessment of the capacity required to meet ongoing demand using a model supplied by the Interim Management & Support Team (IMAS).

During quarter 3 2014/15, the use of the model will be rolled-out to all specialties, and the scope will be extended from the initial review of outpatients to one encompassing other aspects of elective patient flow, including elective admissions. The outputs of the exercise will form the core components of the Divisions' activity and capacity projections. This piece of work is being overseen by the RTT (Referral to Treatment Time) Operational Group, chaired by the Deputy Chief Operating Officer.

To complement the modelling of capacity and demand/activity, Divisions will be provided with bed and theatre capacity planning tools by the end of December. These tools will enable the demand/activity projections generated from the IMAS model to be translated into the number of beds and theatres required to meet the forecast level of demand.

At the beginning of January a forecast will be provided of the size of the RTT backlogs that need to be cleared during 2015/16, for both admitted and non-admitted pathways. The demand and capacity projections will then be re-assessed to provide a starting position for Divisions to develop the first cut of their Operating Plans. These demand figures will be translated into activity assumptions, which will inform the Service Level Agreements agreed with the commissioners.

2.2.2 Income Projections

Divisional Finance Managers should work with Corporate Finance to identify likely tariff income for 2015/16, based on activity analysis. The additional impact of commissioner-led service design and demand management schemes will impact on the analysis. Divisions will be informed of commissioner plans as part of this process, as soon as they are known.

2.2.3 Other Income

Divisions should plan on the basis that there will be no commissioner funding for acute service developments. However, where clear spend-to-save or critical proposals for commissioner consideration are appropriate, a two-step process will be initiated:

- 1) High-level expressions of interest for Executive team review;
- 2) Invitation to work-up a full bid for Commissioner consideration, if appropriate.

Divisions are also asked to consider other potential funding sources, including:

- Private patients (where profitable).
- Commercial clients.
- Charitable funding bodies.
- Research and Development.

2.2.4 Agreed Activity Changes

Activity changes as a result of agreed activity or coding / classification changes should be incorporated at this stage, including an assessment of income and capacity impacts.

2.2.5 Additional Support

Throughout December and January, 4x “Operating Planning Workshops” will be arranged.

These workshops will offer Divisional Directors, Divisional Finance Managers and HR Business Partners from all Divisions additional support during the production of savings plans and subsequent workforce planning to produce drafts and final operating plans.

These workshops will also be an opportunity to address any issues as a peer group and to maintain consistency of approach across Divisions. Heather Toyne, Dean Bodill and Alex Crawford/David Relph will be available for support.

Dates will be either side of deadlines for savings programme submission and draft operating plan submission – details are being confirmed now.

2.2.6 Project Leadership

The Executive Lead for the Activity, Capacity and Income project will be Paul Mapson, Finance Director working in close liaison with the Chief Operating Officer who will lead the detail of the work stream on capacity planning.

2.3 PROJECT 3 – COSTS AND SAVINGS

The objective of this Project is to examine resource commitment for future years, taking account of the recurrent cost base, changes as a result of revenue and capital developments and the impact of savings plans.

2.3.1 Review Cost Base

The recurrent cost base is that required to deliver the services and activity levels identified. It is essential that a rigorous assessment of the position is made to ensure that the Operating Plans are robust.

2.3.2 Re-design

The impacts of transformational approaches to service provision should be accounted for, including any “pump-priming” costs that are outside the baseline budget. Expected savings benefits should be described briefly here, but also more fully in the Cost Savings sections of Operating Plan templates. Service re-design should be targeted at those services where the Reference Cost Index (RCI) indicates cost inefficiency. Benchmarking of service models against “best in class” Trusts should be adopted to facilitate this approach and service design to promote maximum achievement of Best Practice Tariff income should be embraced.

2.3.3 Workforce Plans

Templates are being developed to reflect further emphasis on workforce planning in this year’s Operating Plans, allowing for clear links between transformative re-design solutions, “business as usual” and cost savings.

2.3.4 Cost Savings

Savings Programme targets need to be refined into detailed savings plans as part of this work and will be described in detail in Operating Plan templates.

2.3.5 Project Leadership

The Executive Lead for the Costs and Savings Project will be James Rimmer, Chief Operating Officer.

2.4 PROJECT 4 – QUALITY AND SAFETY

The objective of this Project is to ensure that all operational planning is aligned to the Trusts Quality Objectives, and to identify the potential impact in terms of quality and safety of any changes developed in Operating Plans.

2.4.1 Trust Quality Strategy 2014-17

The Trusts Quality Strategy for 2014-17 is the key reference document in terms of quality and safety. It describes our overall approach to quality and safety and sets out the three key areas of focus:

Patient Safety

The Trusts ambitions for improving patient safety are set out in detail in our Patient Safety Strategy 2014-17, which should be used as a reference document by Divisions when developing operating plans.

Patient Experience

The Trusts ambitions for patient experience and involvement are set out in detail on our Patient Experience and Involvement Strategy (2012-2015), which should be used by Divisions as a reference document when developing Operating Plans.

Clinical Effectiveness.

The Trusts ambitions in this area are set out in detail on our Clinical Effectiveness and Outcomes Strategy (2013-16), which should be used by Divisions as a reference document when developing Operating Plans.

2.4.2 Development of Divisional Objectives

Divisions should confirm their Quality and Safety Objectives as part of the development of Operating Plans, taking guidance from the Trust strategies listed above. It should be clear how Divisional objectives link to and support Trust objectives. Divisions also have freedom to develop 'bottom up' quality objectives which relate to the specific circumstances of their Divisions rather than the 'top down' objectives set out in Trust strategy. In practice, therefore, the Divisional Operating Plans should capture Divisional Quality Objectives which will be a mixture of the 'top down' and the 'bottom up'.

2.4.3 Identification of Potential Impact

Divisions must make consideration of the potential impact in terms of Quality and Safety of any proposed changes or service developments that form part of their Operating Plans. In particular, Divisions should assess the potential impact of cost reduction initiatives.

2.4.4 Assess and Resolve

Any operating Plan developments that have the potential to adversely impact on Quality and Safety must be assessed and any potential issues resolved as part of the planning process. This will be an iterative process as the planning round develops, but Divisions should raise any issues which they cannot resolve internally at an early stage. At the conclusion of the

planning round, risk registers must be updated to reflect any changes to Quality or Safety risk, and the sign off process for Operation Plans will also include consideration of any changes in risk profiles.

2.4.5 Project Leadership

The Executive Leads for the Quality and Safety Project will be Sean O’Kelly and Carolyn Mills.

SECTION 3 - SUPPORTING THEMES

3.1 RESOLVING THE “GAP”

All Divisional plans must demonstrate a minimum of a breakeven position throughout the planning period.

At the heart of the business planning process lies the need to assess the gap between planned costs, net of savings and planned income. The success of each Division's Operating Plan will depend on the realism of this assessment and the measures adopted to turn an income gap into a balanced plan.

The possible responses to an identified gap are:

- To identify initiatives that reduce workforce and thus cost.
- To reduce the recurrent cost base through additional non-pay savings.
- To withdraw or reduce planned developments, revenue or capital.
- To explore other potential funding streams.

3.2 WORKFORCE PLANNING

Workforce plans should consider key drivers of workforce change including:

- Impact of changes in service provision on:
 - Workforce demand and supply
 - Productivity and efficiency
 - Impact of change on KPIs
 - Workforce models including provision of temporary staffing/flexible workforce
- Service provision drivers might include:
 - 7 day working
 - Patient flow projects
 - Potential tenders such as Children's Community Services and Sexual Health Services
 - Joint appointments with local Trusts
 - Cellular Pathology transfer
 - Radiology Review

3.3 CONTINGENCIES

There is an expectation that business planning outputs will be built on clear assessments of relevant risk, drawn from developed structures for identifying and recording all risks within Divisions or at a Trust level.

Where a predicted gap between cost and income is identified, measures to turn the identified gap into balance or a surplus must be identified as part of core business planning. The outputs of business planning must also be supported by contingency plans that allow for unpredicted changes to planned assumptions, yet still address residual risks.

3.4 DIVISIONAL OPERATING AND MONITOR ANNUAL PLANS

Each clinical Division plus Facilities and Estates, Information Management and Technology and Trust Headquarters (incorporating Finance, HR, R&I and core services) will produce Operating Plans.

The Trust Monitor Operational Plan will be produced alongside these plans and will be the subject of separate guidance.

3.5 BUDGET-SETTING ASSUMPTIONS FOR 2015-17

3.5.1 Cash-Releasing Efficiency Savings

The Savings Programme is assumed to be 4.0% for 2015-17. In addition, there are likely to be other unavoidable external cost pressures as well as the impact of tariff, risk of MPET and tariff deflation. Notwithstanding the expected resource allocation proposal, Divisions should plan on the basis of a 4.0% Savings Programme requirement for 2015/16 and 2016/17 plus any brought forward Savings Programme from 2014/15, for first cut operating plans.

3.5.2 Capital Budget

The process for prioritising capital will have a four year focus in respect of horizon scanning of major schemes consistent with the current Medium Term Capital Programme timeframe which plans out to 2020/21. Specific investment priorities for 2015 to 2017 will be agreed as part of this business planning round.

3.5.2.1 Major Medical Equipment

The total budget is £5.6m for 2015/16 however; £3.5m is set aside to replace an MRI scanner and a CT scanner in the Queens Building and replace radiotherapy equipment in the BHOC therefore **leaving £2.1m for prioritisation in 2015/16**. The total budget for 2016/17 is £7.1m however, £4.6m is set aside including a general contingency, a replacement Linear Accelerator and a second replacement MRI scanner in the Queens Building **leaving £2.5m for prioritisation in 2016/17**. SDG will prioritise Expressions of Interest at its 19th January 2015 meeting followed by CPSG and SLT approval on the 9th February 2015 and 18th February 2015 respectively.

3.5.2.2 Operational Capital

The total allocation is £7.9m for 2015/16, however, £4.9m is set aside for previously approved schemes such as CSSD, a VAT contingency sum and schemes that have slipped from last year meaning the **funding available is £3.0m**. The **funding available for prioritisation in 2016/17 is £3.5m** with no known pre-commitments.

3.5.2.3 Divisional Capital

As in 2014/15, the process for allocating minor capital will be delegated to Divisions. This is to be used for Minor Medical equipment, bed replacement and patient environment schemes. It will be the judgement of the Divisions as to how this is spent. However, the expectation will be that operational needs will be met before other uses are agreed. The **allocation is £0.6m in 2015/16 and £1.0m in 2016/17**.

3.5.3 Revenue Budget

The cost of pay awards, non-pay inflation, CNST and incremental drift will be met corporately – insofar as funding allows. Any shortfall may be met by enhanced Savings Programme targets. **Funding of £1.0m (£0.5m recurringly and £0.5m non recurringly) is provided for in 2015/16 to support unavoidable Internal Cost Pressures (ICPs)** that have been risk assessed and prioritised across the Trust.

3.5.4 Timeline for Savings Programme

This has now been confirmed as:

- 8th December first cut.
- 12th January second cut for inclusion in the first operating plan submission due on 31st January 2015.
- 11th February third cut for inclusion in second operating plan submission due on 28th February 2015.

SECTION 4 - EQUALITY AND DIVERSITY

4.1 EQUALITY DELIVERY SYSTEM (EDS2)

In order to fulfil the Trust's legal obligations under the Equality Act 2010 and specifically the Public Sector Equality Duty, we must ensure that everyone – patients, public and staff – have a voice in how the Trust is performing and where we need to improve. We are required to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

4.2 PROTECTED CHARACTERISTICS

The NHS has developed a Framework called the Equality Delivery System (EDS2) to help NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected under the Equality Act 2010. These protected characteristics are:

- Race/Ethnicity
- Religion/Belief
- Age
- Sexual Orientation
- Sex
- Marriage/civil partnership
- Gender reassignment
- Disability
- Pregnancy/Maternity

Current guidance also recommends that we consider the application of EDS2 to people from other disadvantaged groups, who experience difficulties in accessing, and benefitting from our services. Such disadvantaged groups may include people who for example, are homeless, misuse drugs or live in poverty.

4.3 EDS2 AND BUSINESS PLANNING

The relevance of this to the planning process is that all Trust or Divisional objectives should support and align to one or more of the EDS2 Goals and Outcomes.

Trust and Divisional objectives will be reviewed on this basis as part of the sign off process for Operating Plans – the mechanism for sign off will be promulgated in due course.

Further information on the Equality Delivery System (EDS2) can be found at <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

Divisions are also strongly encouraged to contact Rebecca Ridsdale for guidance about the applications of EDS2 to their planning processes. Divisions are encouraged to do this at an early stage – Rebecca can be contacted at rebecca.ridsdale@uhbristol.nhs.uk

SECTION 5 – APPENDICES

APPENDIX 1- SUMMARY OF OUTPUTS OF THE BUSINESS PLANNING PROCESS

Project	Inputs / Components	Operating Plan outputs
Strategy & Risk	<ul style="list-style-type: none"> • Immediate Choices • Regulatory standards • National and local priorities • Key Risks • Key planning assumptions • Key objectives 	<ul style="list-style-type: none"> • Updated risk registers • Divisional objectives • Revenue and capital priorities
Capacity, Activity & Income	<ul style="list-style-type: none"> • Trust Activity and Capacity guidance • IMAS Tool • Demand analysis • Projected tariff income • Other income sources • Trust-funded pressures 	<ul style="list-style-type: none"> • Capacity, activity and income plans • List of proposals for relevant charitable partners • Potential proposals for CCG consideration (TBC)
Costs & Savings	<ul style="list-style-type: none"> • Review of cost base • Unavoidable cost pressures • Revenue consequences of capital • Savings plans 	<ul style="list-style-type: none"> • Capacity plan • Cash-Releasing Efficiency Savings plans
Quality and Safety	<ul style="list-style-type: none"> • Trust Quality Strategy 2014-17 	<ul style="list-style-type: none"> • Divisional Quality and Safety Objectives • Updated risk registers to reflect impact of any changes delivered in Operating Plans.
Supporting Theme		
Gap Resolution	<ul style="list-style-type: none"> • Reduce the recurrent cost base through additional savings • Withdraw or reduce planned developments (revenue or capital) • Explore other potential funding streams 	<ul style="list-style-type: none"> • Service improvement plans • Additional Savings Programme
Workforce	<ul style="list-style-type: none"> • Assessment of: <ul style="list-style-type: none"> ○ Workforce demand and supply ○ Productivity and efficiency ○ Impact of change on KPIs ○ Workforce models including provision of temporary staffing/flexible workforce 	<ul style="list-style-type: none"> • Workforce Plan • KPIs
Risks & contingencies	<ul style="list-style-type: none"> • Risks to Operating Plan • Mitigation measures 	<ul style="list-style-type: none"> • Contingency Plan

APPENDIX 2 – OUTLINE BUSINESS PLANNING TIMETABLE 2014-2015

Version 1.9 – dated 18 November 2014

Serial	Month	Date	Description
1.	October	22 October	Business Planning Programme Plan to SLT
2.		24 October	Capital Planning Guidance issued ² and Open Capital database (for EOI)
3.		31 October	Deadline for submission of non-specialised new intervention proposals requiring funding to NIRG ³
4.		31 October	Commissioner EOI Database opens
5.		Ongoing	Weekly reviews of the modelling of Capacity and Demand
6.	November	19 November	Planning Guidance issued (post CPSG confirmation of Budget setting assumptions)
7.		21 November	Divisional Operating Plan Templates issued
8.		21 November	Commissioner Schemes EOI(CCG and Specialised) database closed
9.		21 November ⁴	CCGs share first cut capacity plans with UH Bristol
10.		21 November	DFM review of Commissioner EOI financial templates
11.		27 November	Business Planning Programme to Trust Board
12.		28 November	Exec Review of Commissioner Schemes EOI
13.	December	1 st week in December	Finance Operating Plan Excel templates issued
14.		4 December	Governors Annual Plan Project Focus Group
15.		5 December	First assessment of activity levels to be made available to CCGs
16.		5 December	Deadline for submission of Capital EOI
17.		8 December	Capital EOIs to Capital Planners, Estates, MEMO for review ⁵
18.		10 December	Savings Programme – 1 st Cut
19.		8 December ⁶	Deadline for submission of service risks (including EOIs) to CCGs
20.		12 December ⁷	Deadline for waiting list profile and delivery plans (including backlog) to CCGs
21.		31 December	Divisions to be provided with bed and theatre capacity planning tools
22.	January	2 January	Estates, MEMO etc Review of Capital EOIs complete
23.		5 January	Divisions receive excel templates for workforce populated with month 8 baseline data
24.		2 January	Divisions to be provided with updated forecast of backlogs that need to be cleared during 2015/16 to enable activity projections to be re-evaluated
25.		Early January	Issue Monitor Annual Plan responsibilities and template to nominated leads. ⁸
26.		w/c 12 January	Divisional Director Review of Capital Priorities
27.		12 January	Savings Programme – 2 nd Cut
28.		13-15 January	Bed and Theatre capacity planning ‘surgeries’ to be held
29.		15 January	Exec review of Capital priorities

² This guidance will also be issued to the Chairs of the Trust Governance Sub Groups to ensure that they have full visibility of the process.

³ New Interventions Review Group. This date still needs to be confirmed with the CSU.

⁴ This date is a planning assumption based on 2014/15 planning guidance

⁵ Finance will also be invited to take a view on the early stage affordability of these Capital EOI.

⁶ This date is a planning assumption based on 2014/15 planning guidance

⁷ This date is a planning assumption based on 2014/15 planning guidance

⁸ This may be issued earlier if guidance is received from Monitor before January.

30.		19 January	SDG Peer Prioritisation – Major Medical Capital EOs
31.		19 January	SDG Peer Prioritisation – Operational Capital EOs
32.		19 January	SDG Peer Prioritisation - ICP
33.		By 31 January	First draft of Divisional Operating Plans for review including workforce plans.
34.		End of January	Provider Led Capacity Plan to CCG (TBC)
35.		31 January	Capital Prioritisation Concluded
36.		31 January	ICP Revenue Prioritisation Concluded
37.	February	2-6 February (TBC)	Desk level review of Operating Plans
38.		5 February	Governors Annual Plan Project Focus Group
39.		9 February	Capital Priorities to CPSG
40.		11 February	Savings Programme – 3 rd Cut
41.		18 February	ICP and Capital priorities approved by SLT
42.		23 February	Divisions receive excel template for workforce with updated baseline data
43.		28 February	Final Submission of Divisional Operating Plans – including Workforce Plan
44.		By end of February	Provider-led Capacity Plan to CCG (TBC)
45.	March	w/c 2 March	Final (Exec) Reviews of Divisional Operating Plans
46.		w/c 9 March	Governors Annual Plan Project Focus Group
47.		TBC	First Draft of Monitor Annual Plan completed
48.		18 March	Final Divisional Operating Plans and Draft Monitor Annual Plan to SLT
49.		TBC ⁹	Board Seminar – Resources Review and Monitor Annual Plan
50.		27 March	Financial Resources Book (inc. Capital) and Monitor Annual Plan to Finance Committee
51.		31 March	Monitor Annual Plan and Financial Resources Book to Trust Board
52.		31 March	Submit Annual Plan to Monitor
53.	April	21-29 th of April	Quarter 4 Divisional reviews (2014/16 Operating Plans)
54.	May	TBC	Annual Plan update to Membership Council

⁹ Note there is no Seminar currently planned in March.

APPENDIX 3 - CAPITAL PLANNING AND PRIORITISATION GUIDANCE

Drafted by: Alex Crawford

Relevant Process Documents

The Capital Planning Steering Group and the Commissioning and Planning Team are responsible for the preparation of the relevant process documents governing the Capital Planning and Prioritisation process. These documents are held on FINWEB, and can be accessed at the link below.

<http://finweb/Documents/81%20CAPITAL%20PROCESS%20FLOW.xls>

Divisional Pre- Capital Prioritisation process – by end-October

By the end of October, the following should be completed:

- Divisional leads/DFMs to check MEMO Register and Asset Register – early engagement with Head of Capital accounting and MEMO.
- Divisions to identify schemes for potential prioritisation, including a divisional “screening” process during October.
- Initial discussion divisional prioritised schemes (before Trust process opens ideally) with:
 - Procurement (work up specification early)
 - IM&T – important for system wide connectivity and revenue costs
 - MEMO
 - Estates

Please note that a procurement contact will be a mandatory requirement prior to submission of a scheme to the workspace.

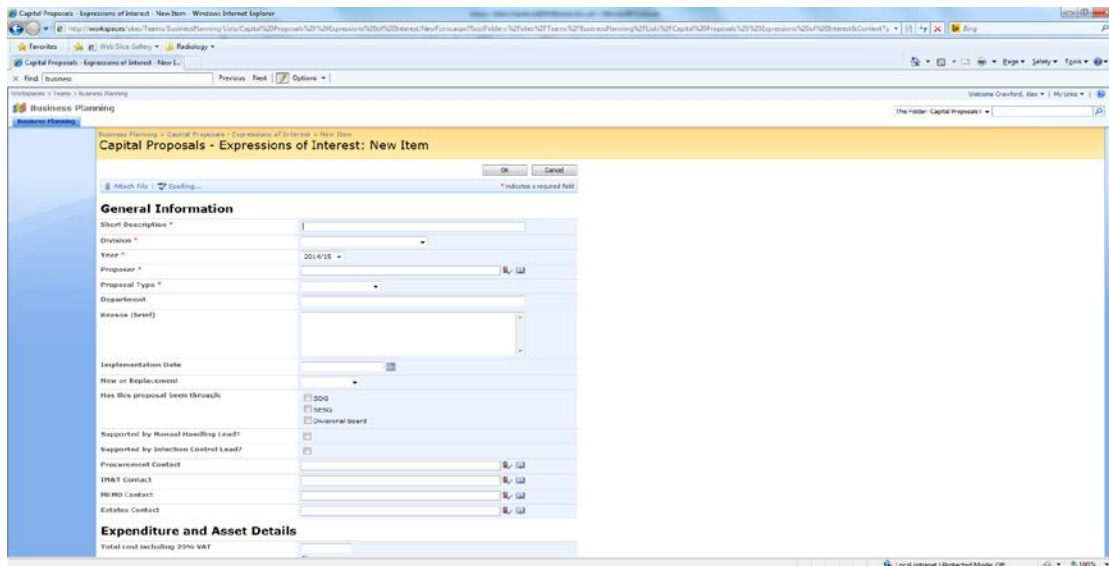
Trust Capital Prioritisation process

The Trust database will open on 24th October – the flow charts below outline the process and dates.

Schemes should be submitted to the database using the will now be entered onto the following form - found at the link below

<http://workspaces/sites/Teams/BPCP/Lists/Capital%20Proposals/Summary%20Report.aspx>

A screen shot of this page is included below for reference.



Capital Planning FAQs

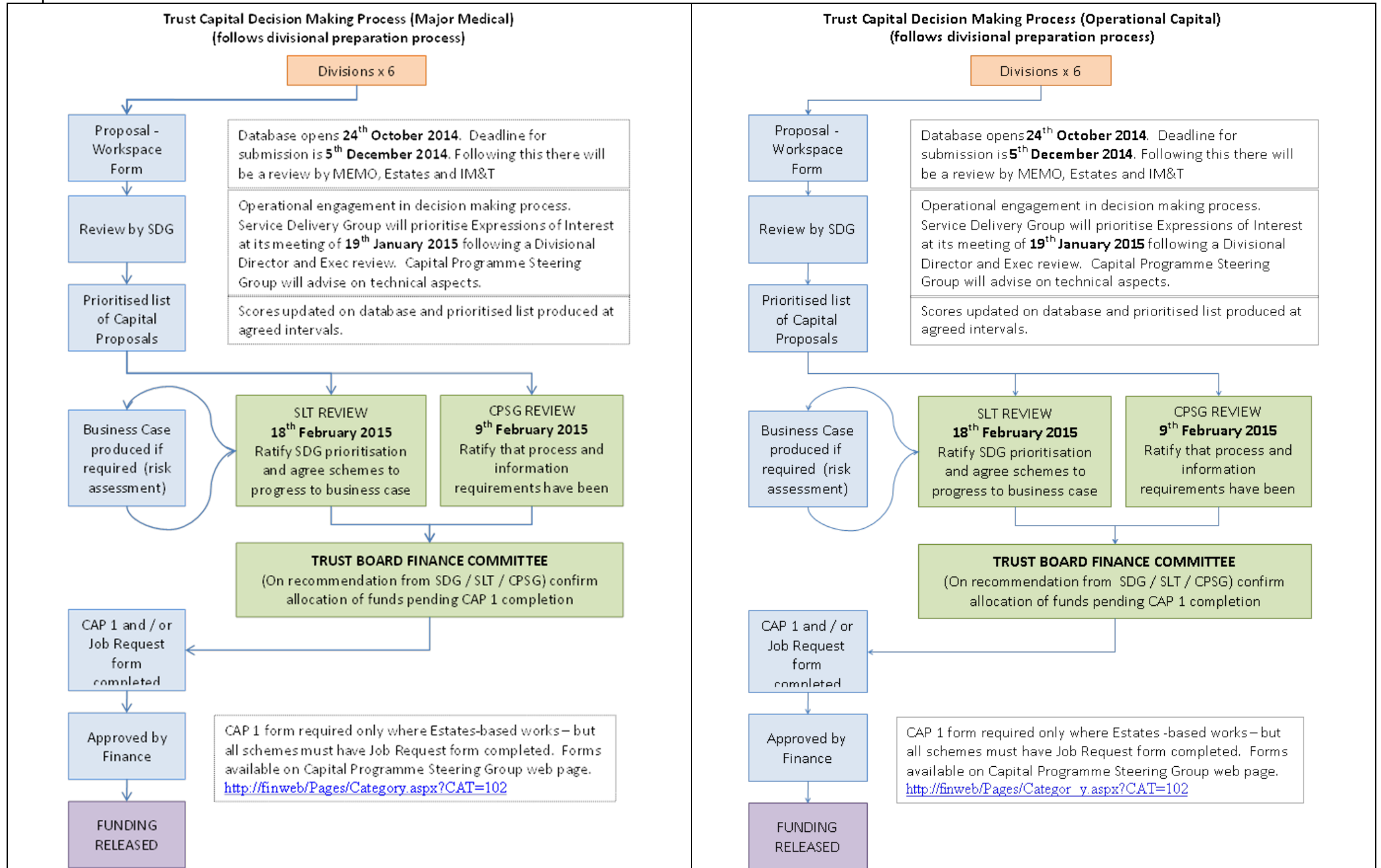
Full information about Capital can be found on [FinWeb \(click here\)](#)

1. **What is capital?** Expenditure may be classified as either revenue or capital. Where expenditure is significant and is incurred to acquire an asset intended for use on a continued basis then it is classified as capital and is described as capital investment. Capital assets are defined as:
 - An individual asset with a cost of £5k or more (although note that this process is only concerned with spends above £30k);
 - Generally having a life greater than one year;
 - A system or group of interdependent assets of £5k a more.
2. **What is the minimum scheme value for the Capital Prioritisation Process?** This process is concerned with schemes that are at least £30k, including VAT.
3. **What happens if my scheme is below £30k?** For schemes above £5k and typically below £30k, Divisions are usually granted an annual sum of Discretionary Capital according to the current value of their asset base. Divisions are expected to allocate these sums internally.
4. **Major Medical capital?** This is for replacement or new equipment that is typically directly involved in patient care (e.g. ultrasound scanner).
5. **Operational capital?** This is usually for refurbishment, replacement or new capital that indirectly facilitates patient care (e.g. change of use of clinical area, IT system etc).
6. **What happens if I don't know the type of capital?** Contact us. We will also review all schemes to ensure that they are classified correctly.
7. **Should I include VAT in my costing?** Yes.

8. **Who should I contact to speak about my scheme?** Our lead for Major Medical and Operational Capital is Alex Crawford. He can be reached on x23745. Before submitting a scheme you should also consider procurement, IM&T support and revenue costs, MEMO or Estates the contacts are as follows:

- IM&T contacts – Steve Gray and Andrew Hooper
- Procurement – Susan Whitehead, Gillian Crowhurst
- Finance – Catherine Cookson
- MEMO – Peter Smithson
- Estates – Mark Neal and Sven Howkins

Capital Prioritisation Process - Flow Charts



APPENDIX 4 - SUMMARY OF RELEVANT TEMPLATES

Please find guidance below regarding the correct templates to use for various business planning submissions:

- Business Cases – request the following from Alex Crawford alex.crawford@uhbristol.nhs.uk :
 - IM&T
 - Finance
 - General

- Capital Planning and Prioritisation
 - Bid form: <http://workspaces/sites/Teams/BPCP/Lists/Capital%20Proposals/Summary%20Report.aspx>

- External Revenue Templates
 - EOI Form: <http://workspaces/sites/Teams/BPCEOI/Lists/External%20Revenue/AllItems.aspx>
 - Financial Impact Assessment Template <http://workspaces/sites/Teams/BPCEOI/Working%20Group%20Papers/Forms/AllItems.aspx>

- Spend to save proposals



Spend to save
master spreadsheet.)

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

12. Quarterly Workforce Report July - September 2014
Purpose
This is the third 'Quarterly Workforce Report' which is intended to provide a more detailed and wide ranging update on our Workforce and Organisational Development agenda than is currently provided in the monthly performance reports. The report is intended to provide assurance of the progress being made against our key workforce priorities and KPIs, prior to submission to Trust Board. The paper is reviewed in detail by the Quality and Outcomes Committee. It was also reviewed by the Workforce and OD Group and reported to the Senior Leadership Team.
Abstract
The report includes a description of the current position for each indicator, progress on actions to improve performance, and a forward look to the expected position by the end of March 2015. Overall, good progress has been made this quarter, and there is a positive picture for several KPIs. However, like many Trusts, vacancies and turnover have increased, and this has been associated with increased agency usage, and these indicators provide the focal points for this report.
Recommendations
Trust Board are asked to receive the Quarterly Workforce for assurance.
Report Sponsor
Sue Donaldson, Director of Workforce and Organisational Development
Appendices
Workforce Dashboard – Appendix One Breakdown of KPI by Division – Appendix Two Breakdown of KPI by Staff Group – Appendix Three Staff Experience/Engagement Communication – Appendix Four

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	17 th September 2014	5 th September 2014			Workforce and Organisational Development Group 3 rd September 2014

QUARTERLY WORKFORCE REPORT – JULY – SEPTEMBER 2014

Executive Summary

1. Introduction

This is the third ‘Quarterly Workforce Report’ which is intended to provide a more detailed and wide ranging update on our Workforce and Organisational Development agenda than is currently provided in the monthly performance reports. The report is based on the KPIs which were agreed in April 2014, and includes a description of the current position for each indicator, progress on actions to improve performance, and a forward look to the expected position by the end of March 2015. Overall, good progress has been made this quarter, and there is a positive picture for several KPIs. However, like many Trusts, vacancies and turnover have increased, and this has been associated with increased agency usage, and these indicators provide the focal points for this report.

2. Overview

The table below provides an overview of each indicator.

Domain	Measure	KPI Description	KPI Threshold	Q2 Performance	Q1 Performance	Projected out turn Mar 2015
Workforce costs /FTE	Workforce expenditure (£)	Workforce expenditure aligns with budget	Within budget	0.9% above budget	1.6% above budget	1.3% *
	Workforce numbers (FTE)	Staffing numbers align with budgeted establishment including bank and agency	Within budget	1.3% above budget	1.2% above budget	TBC
	Bank (FTE)	Target for bank achieved	3.3% of average workforce numbers	5.3%	4.7%	4.6%
	Agency (FTE)	Target for agency achieved	0.6% of average workforce numbers	1.3%	0.9%	1.1%
	Overtime	Target for overtime achieved	0.63% of average workforce numbers	0.7%	0.8%	<1%
	Sickness absence rate*(%)	Quarterly target achieved (Annual target 3.5%)	3.4% for Q2	3.8%	3.8%	3.8%
Staff Experience	Vacancies	Difference between budgeted establishment and in post	Greater than 5%	5.4% (average)	4.0% (average)	4.8%
	Turnover	Trajectory to achieve 10% target by March 2014	10.5% for Q2	13.3%	11.6%	13.3%
	Friends and Family Test	Percentage returns	18% for Q1	19% (Quarter 1)	19%	
Staff Development	All staff Appraisal (exc medics)	Appraisal completed on a rolling 12 month cycle	85% of eligible staff appraised	85.3%	87.2%	85%+
	Medical Staff Appraisal	Appraisal completed on a 15 month cycle – 5 within 5 years	85% of eligible staff appraised	89.1%	92.9%	85%+
	Essential Training	All staff completed relevant essential training topics	90% compliance across all topics	79%	73%	90%

*based on Finance Department assessment

Domain	Measure	KPI Description	KPI Threshold	Q2 Performance	Q1 Performance	Projected out turn Mar 2015
Compliance Requirements	Manual Handling Risk Assessment	Risk assessments completed or reviewed within 12 month timeframe	Risk assessment completed or reviewed in last 12 months in +80% of cases	97%	75%	97%
	Stress Risk Assessment	Risk assessments completed or reviewed within 12 month timeframe	Risk assessment completed or reviewed in last 12 months in + 80% of cases	83%	81%	83%
	Junior Doctor New Deal compliance	Junior doctor rotas compliant with New Deal requirements	90% or more of rotas compliant	84%	81%	90%

The position for most indicators has changed little from the last quarterly report, or in some cases, improved slightly, as in the case of workforce expenditure and junior doctor compliance. The exceptions, where adverse variance has increased, are vacancy levels, (average 414 FTE in Q2 compared with an average of 340 FTE in Q1), and turnover (up from 11.6% to 13.3%). Agency usage has also increased from an average of 69.3 FTE in Q1 to 105.6 FTE Q2. Evidence from the national media, and the Association of United Kingdom University Hospitals benchmarking indicates that vacancies increased significantly across the NHS, and data released following a recent Parliamentary Question indicates that agency costs in Foundation Trusts rose sharply due to nurse shortages. Recruitment, turnover and agency usage are treated as separate KPIs, but are very much interlinked, in terms of cause and impact. Given that performance is positive in respect of other KPIs, this report pays particular attention to recruitment to fill vacancies, retention to reduce turnover, and reducing the use of agency. The main issues in respect of each are summarized below:

3. Recruitment

The staff groups with high vacancy levels are nursing and midwifery (up from 5.3%, 154.4 average FTE to 7%, 207.4 average FTE) and estates and ancillary (up from 5%, 38.4 average FTE to 8.2%, 63.2 average FTE). There are robust plans to address vacancies, which were agreed by Senior Leadership Team, and include increased speed of recruitment, additional resources for corporate and divisional recruitment, and a robust marketing campaign.

4. Retention

There were 414 leavers in Quarter 2 compared with 237 leavers in Quarter 1, and turnover is highest in Specialised Services (16.5% up from 14.6%) and Medicine Division (15.9% up from 14%). The increase in turnover in registered and unregistered nursing is a particular issue, as it is has been challenging for recruitment to keep pace with turnover, which has contributed to the increased vacancy position. There is already a comprehensive staff engagement programme which will be expected to impact on turnover, and extensive divisional activities to improve retention, although it is likely that this will take time to manifest in reduced turnover. It has also been a priority to understand why turnover has increased. This has highlighted gaps in the data we have regarding reasons for leaving, and as a result, the process for gathering data from leavers as they exit the organisation has been reviewed to ensure that we have more comprehensive data.

From the information currently available, the following explanations for increased turnover are apparent:

- There is some indication that “work life balance” may explain part of the increase, but there have also been general increases in staff leaving for relocation, retirements and dismissals;
- Trust wide, leaver numbers are inflated by large numbers of nursing assistants who leave after one year to undertake further study, having gained ward experience, and this is most frequent in quarter 2, as courses generally commence in September and October;
- Around 50% of registered nurses are moving to another NHS organization, with 133% more moving to neighbouring Trusts. There are also increases in the proportion going to general practice and private organisations.
- There was a significant increase in nursing assistants leaving for a “Better Reward Package / Promotion” compared with a year ago.

5. Agency usage

The staff groups with high agency usage are again nursing and midwifery (up from 1.0% of total staffing to 1.8%) and estates and ancillary (up from 0.5% to 1.5%). Plans to address nursing and midwifery agency usage, which were agreed at the Finance Committee and will be monitored by the Nursing Workforce Group, include improving rostering, operational and workforce planning; reducing requests for agency staff for reasons related to “clinical need” and enhanced observation, and improving the effectiveness of the bank. Reduced vacancies and turnover are also expected to significantly reduce agency usage.

6. Forward look

A mid-year review was undertaken to assess a small number of key metrics which had previously proved to be exceptions, to establish the likely position at the end of the year. Working with the Divisions, a forecast has been made for the position of the Trust at March 2015 taking into account the local and organisational action plans in place. Where possible, the Trust position has been benchmarked against comparable organisations. Expectations for out turn in March 2015 are as follows:

- The vacancy target of 5% is expected to be fully achieved;
- Sickness out turn is expected to be 3.8%, above the target of 3.5% but below the out turn for 2013/14 of 4%;
- The agency KPI of 0.5% (as a percentage of all staffing) is not expected to be achieved, but the out turn is expected to be below 2013/14 usage. Bank use is expected to be above target and above 2013/14 levels;
- Turnover, due to the “rolling year” nature of the measure, and the current levels of turnover, is not anticipated to achieve the 10% target, and turnover is likely to be above 2013/14 levels, in the region of c.13%.

The range of work programmes which are referred to later in this report in relation to each KPI are part of a comprehensive action plan which underpins the Workforce and Organisational Development Strategy 2014/15 to 2019/20. The Strategy was agreed by the

Trust Board on 30th September, and sets out the strategic workforce priorities for the next five years, identifying six themes which provide the framework for the action plan. These are as follows:

- Leaders and Managers at all levels with the skills and knowledge to transform the way care is delivered and who know how to bring about innovation and change.
- Engaging the workforce, so staff are central to decisions that affect them, their patients and their services.
- Recruiting and retaining highly skilled, talented and compassionate staff who reflect the community The Trust serves.
- Ensuring that staff are recognised and rewarded for high performance, and supported to realise their potential.
- Providing excellent teaching and research, building upon the excellent partnerships The Trust has with local universities and further education partners.
- Assessing workforce supply and service needs to ensure there is a constant supply of staff with the right skills and qualifications.

The action plans will be monitored by the Workforce and Organisational Development Group.

7. Recommendation

The Board is asked to:

- Note the contents of this report;
- Discuss any issues arising in relation to the areas reported;
- Provide feedback on how the content or presentation could be improved for future reports.

QUARTERLY WORKFORCE REPORT – JULY – SEPTEMBER 2014

1. INTRODUCTION

The Executive Summary has provided an overview of the KPI performance, programmes of work, and forecast position in March 2015. The report which follows provides detailed information in respect of each KPI. A summary dashboard of the KPIs is included in Appendix 1, and detail of performance at a Divisional level is in Appendix 2. A breakdown is provided by staff group in Appendix 3. There is a particular focus on recruitment and retention, as in all other areas the position has been maintained or improved since last quarter, with the exception of agency usage, for which there is also a more detailed review.

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

Workforce costs/FTE has three, interlinked components: workforce expenditure; workforce numbers; and temporary staffing (bank and agency) usage. The position for each is set out below. The overall position described shows a slight reduction in pay expenditure variance, but a slight increase in workforce numbers variance compared with the last quarter. There has been an increase in bank and agency as a proportion of total staffing costs and numbers of staff attributable to use of bank and agency staff.

a) Workforce Expenditure

The pay expenditure for the quarter was £83.68m against a budget of £82.96m. The cumulative over-spend was £0.72m representing 0.9% more than budget, which is within the 1% KPI threshold. The gap between pay budget and expenditure has narrowed compared with the position at the end of quarter 1, when variance was 1.6% above budget largely due to adjustments, including funding being released into the pay budget for incremental drift. The pay budget and expenditure graphs are included as Appendix 1. Only two Divisions were red rated: Specialised Services, largely due to nursing pay overspend; and Surgery Head and Neck, which is the result of the underlying gap in the operating plan.

b) Workforce Numbers

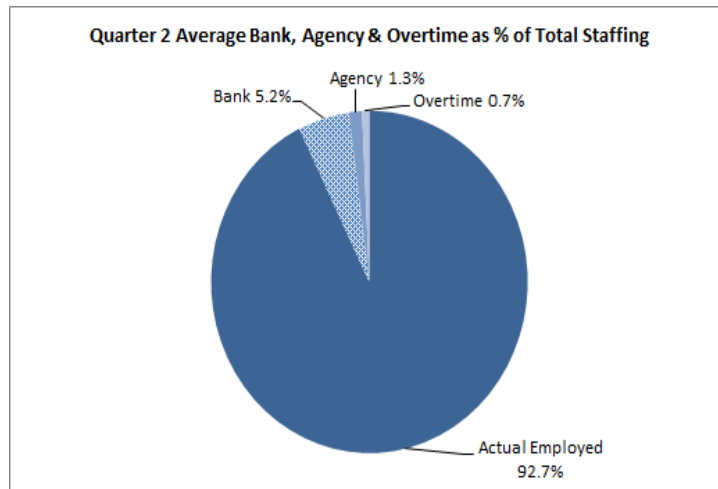
The average total FTE, including substantive, bank and agency staff, over the quarter was 7839.5 and was at the highest at the end of August when it reached 7863.2. The variance has increased slightly to 1.3% above budgeted establishment, compared with 1.2% last quarter. Of this number at 30 September 2014, 7342.2 staff were substantively employed, c45 FTE more than at 30 June 2014. Substantively employed staff reduced by 40 FTE in Diagnostics and Therapies, largely due to the breast screening transfer. Staffing levels in relation to budgeted establishment are shown graphically in Appendix 1. This indicates that whilst there was notable gap between the two in the middle of the period, they became more aligned by the end of the quarter. There has been a slight increase in adverse variance in Specialised Services and Surgery Head and Neck, due mainly to increased bank and agency usage.

c) Temporary Workers - Bank and Agency Staff and Overtime Working (FTE)

6.5% of staffing was provided by bank and agency this quarter, as shown in the pie chart below. This compares with 5.6% in the last quarter. Percentages vary by staff group, with the highest proportion being for nursing and midwifery and ancillary at 10.0% and 8.9%

respectively.

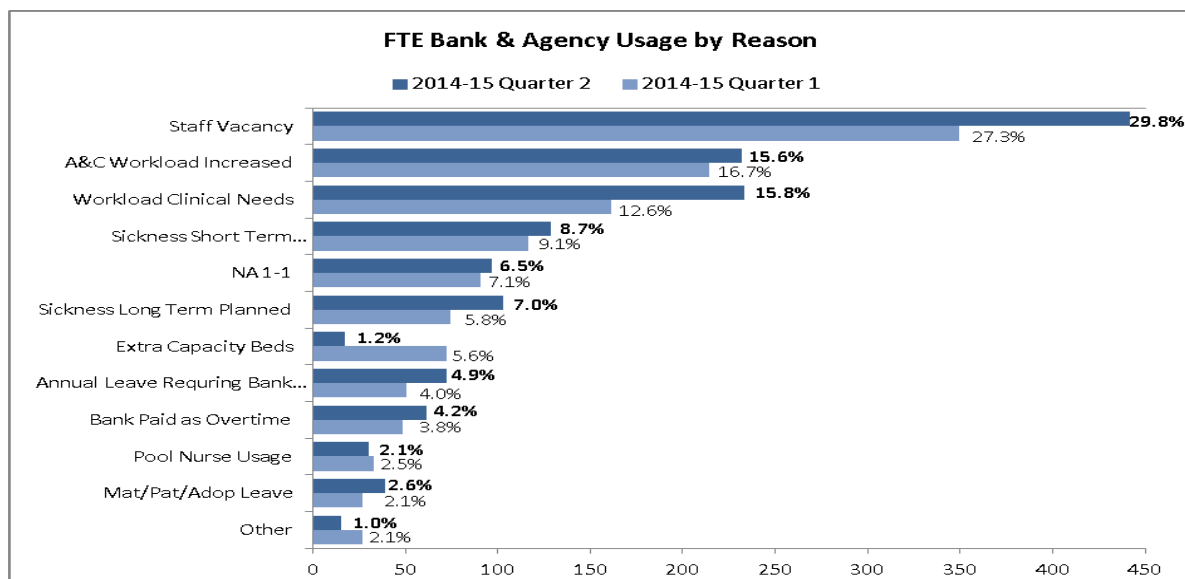
Bank and agency expenditure was £5.2m, which accounted for 6.2% of the total pay bill for the period. This compares with £4.4m (5.4%) in the previous quarter. A further 177.3 FTE or 0.7% of staffing was provided through overtime working, which is a reduction on last quarter (186.9 FTE, 0.8%). Facilities and Estates Division continues to be the highest user of overtime, equating to 63.3% of all usage.



Bank continues to follow an upward trend, despite a drop at the end of the quarter. Agency usage (FTE) increased this quarter, with the greatest increase in Facilities and Estates, largely due to the unplanned level of vacancies. Trust wide, as the pie chart shows, 1.3% of total staffing was agency, but this varies by Division, being highest in Specialised Services and Medicine at 2.5% respectively, and lowest in Diagnostic and Therapies at only 0.5%.

Reasons for using bank and agency are summarized in the table below. This shows that vacancies continue to be the main reason for bank and agency, and that usage for this reason has increased in the quarter.

Reasons for booking bank and agency staff



An action plan to target agency usage was agreed with Finance Committee in October which builds on existing work and will be monitored through the Nursing Workforce Steering Group. The main actions are as follows:

- Enhanced rostering, operational and workforce planning;
- Reducing requests for clinical need and enhanced observation;
- Improved effectiveness of the 'bank' to reduce the proportion of premium agency staffing;
- Increased effectiveness and speed of recruitment;
- Improving staff experience and reducing turnover;
- Working with Partners in the local health community to reduce agency usage.

Progress this quarter is described below.

Enhanced Rostering, Operational and Workforce Planning:

- Rostering KPIs have been set and guidance recently published by the Corporate Nursing team. Advance planning of rosters enables bank shifts to be booked ahead, reducing the need to resort to agency. There is a KPI, as part of the Rostering Project, for rosters to be drawn up 8 weeks in advance and annual leave to be planned 12 months ahead. Data to monitor the range of Rostering KPIs was produced for the first time in October, and this will now be refined so that it can be used to provide ward sisters with feedback on 'lost time' and other 'rostering' KPIs to help them to improve performance.
- Rosters were set up for the Surgery Head and Neck wards which recently changed as part of the BRI Redevelopment several months in advance, which ensures annual leave for the new teams can be planned to avoid peaks and troughs. This process of rostering ahead of ward moves will need to be implemented for future changes.
- As part of the programme to improve workforce planning capability, Finance, HR and service managers will be participating on a three day development programme, which is being offered by Health Education South West in January and April 2015.

Reducing requests due to clinical need and enhanced observation

- "Reasons for booking" options for staff booking shifts are under review to improve understanding of reasons for usage, as currently some reasons may be open to different interpretation. Potential changes have been discussed at the monthly Heads of Nursing meeting and will be agreed at HR Board in November. This will improve the understanding of the real reasons for bank and agency use.
- The "Enhanced Observation" policy has now been agreed and it is important that it is properly applied to ensure consistency of criteria in the use of nursing assistant one to one care.
- Reviewing the Standard Operating Procedure during the next quarter to ensure the protocol for sign off of bank and agency is being implemented appropriately.

Improved effectiveness of the 'bank' to reduce the proportion of premium agency staffing

- It is planned to improve marketing to recruit staff to the bank where appropriate, to increase the attractiveness of bank work, and increase the flexibility of shifts being offered. A schedule for innovative marketing activities will be developed by the end of November 2014, with first implementation commencing from mid-January 2015.

- The incentive to encourage staff to undertake additional hours paid either as overtime where applicable, or bank, remains. A communications plan to re-publicise this option will commence in early December 2014.
- Innovative solutions to contact bank staff through text, email and web-based links have already proved highly successful in Facilities. A full collaborative review to further develop this for nursing and other staff groups to overcome existing challenges will commence in early January.
- Reducing the use of costly non framework agencies will be supported by partnership working with local Trusts.

In addition to the above, the action plan includes reducing vacancies, through recruitment and reduced turnover, which are covered elsewhere in this report.

Forward Look to March 2015

Given the historical use of temporary staffing and the ongoing use in the first quarter, the Divisional and Trust targets for bank and agency have been critically examined in the mid-year review of KPIs. There is a Trust-wide expected out turn of 4.6% for bank which is slightly above the percentage in 2013/14 of 4.2%. The out turn for agency is expected to be slightly below 2013/14 at 1.1%. The goal remains to achieve an optimum mix of substantive and temporary workers such that we have the flexibility to manage peaks and troughs of activity and cover vacancies/absences without incurring premium payments.

3. SICKNESS ABSENCE

Sickness absence has remained at 3.8% this quarter (compared with a target of 3.4% for both quarters). The most recent benchmark data is available for quarter 1, when the figure of 3.8% of UH Bristol compared with 4% nationally for 40 other large acute Trusts (*Iview* data), and 3.7% for 33 University Hospitals.

The highest levels of Divisional absence during quarter 2 were recorded in Facilities and Estates (6.3%), and the lowest in Diagnostics and Therapies (2.5%) (Appendix 2). Highest rates by staff group continue to be unregistered nursing at 7.5%, estates and ancillary at 6.3% (Appendix 3). Long-term absence (those of 29 calendar days or more) accounted for 53% of the total calendar days lost during the quarter, compared with 51% last quarter.

The top five reasons are shown in the table below. Although the key reasons remain unchanged, there has been an increase in sickness absence due to anxiety/stress and depression, which accounted for 21% of days lost, compared with 18% in the previous quarter.

Reason	2014-15 Quarter 2		2014-15 Quarter 1	
	Days Lost	% Total Days Lost	Days Lost	% Total Days Lost
Anxiety/stress/depression/other psychiatric illnesses	6202	21%	5333	18%
Other musculoskeletal problems	4033	14%	4258	14%
Gastrointestinal problems	3924	13%	3392	11%
Cold, Cough, Flu - Influenza	2594	9%	2814	9%
Back Problems	2256	8%	2618	9%

Stress, Anxiety and Depression

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

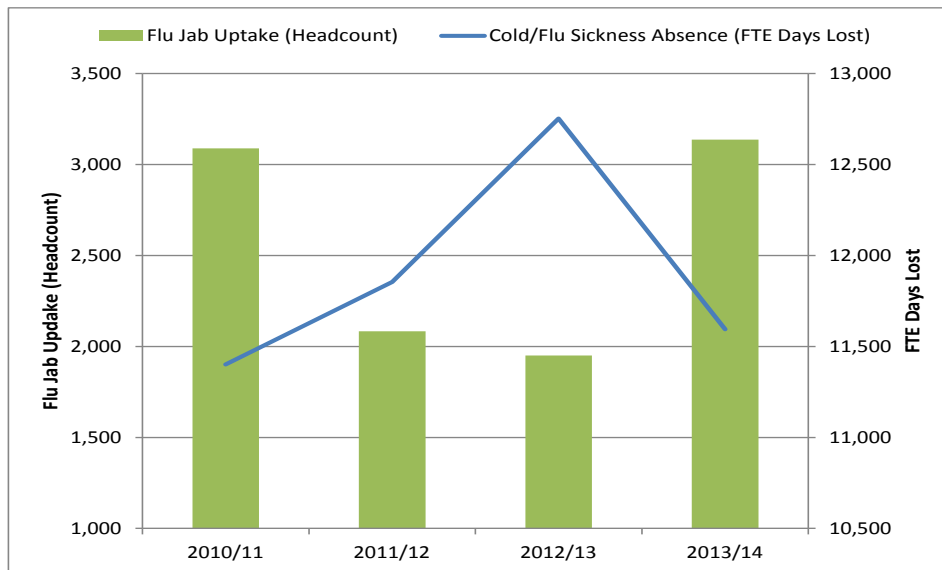
- The trust has utilised the Health & Safety Executive (HSE) Management Standards for the past 10 years as managers ‘best practice’, this is linked to the HSE stress questionnaire which gauges morale at a specific point in time. This results in analysis against the 6 factors that commonly trigger work related stress and results in an action plan, owned by the Department. 12 departments have undertaken the Health and Safety Executive Questionnaire process this quarter, and each will result in an action plan
- There have been a total of 5 of the “Lighten Up” sessions with an average of 46 staff attending each one. These finished on 12th November. The positive impact of the programme on depression, anxiety and stress is demonstrated in the table below, which compares scoring before and after completion of the programme, using a recognised tool to score depression, anxiety and stress:

	Participants scored normal	
	Before	After
Depression	42%	64%
Anxiety	47%	69%
Stress	33%	56%

- An initial report has been received in respect of the Employee Assistance Programme in Women`s and Children`s Division. Since 1st May, there have been 35 instances of contact for a wide range of personal issues, including emotional, physical and relationship and family.
- Full evaluation reports to evidence the benefits in impact on psychological causes of absence, of both Lighten up and the Employee Assistance Programme are anticipated in January 2014, which will be timed to enable decisions for next steps to align with the business planning cycle for 2015/16.

Flu - Influenza

- During the winter months, absence due to colds and flu has shown a historic increase. The impact of year on year vaccination rates on cold and flu related absence has been shown to have a positive, as the graph below shows.



- The 2014/15 flu vaccination campaign has been initiated, ahead of the flu season to ensure maximum impact on sickness absence. 2,767 staff were vaccinated in two weeks, of which 1,732 are clinical, representing 30% of the clinical workforce. The percentage of patient facing staff vaccinated in 2013 increased to 51% from 33.4% in the previous year. The aim is to increase this to 75% in the current year.

Divisional Actions

All Divisions offer HR Surgeries for departments with high absenteeism, and training and support is offered to managers on the supporting attendance policy, with HR Business Partners meeting regularly with Employee Services to focus on any long term cases. Divisions have also developed specific programmes of work to target absence, including a sickness Hotline in Medicine Division.

Forward look to March 2015

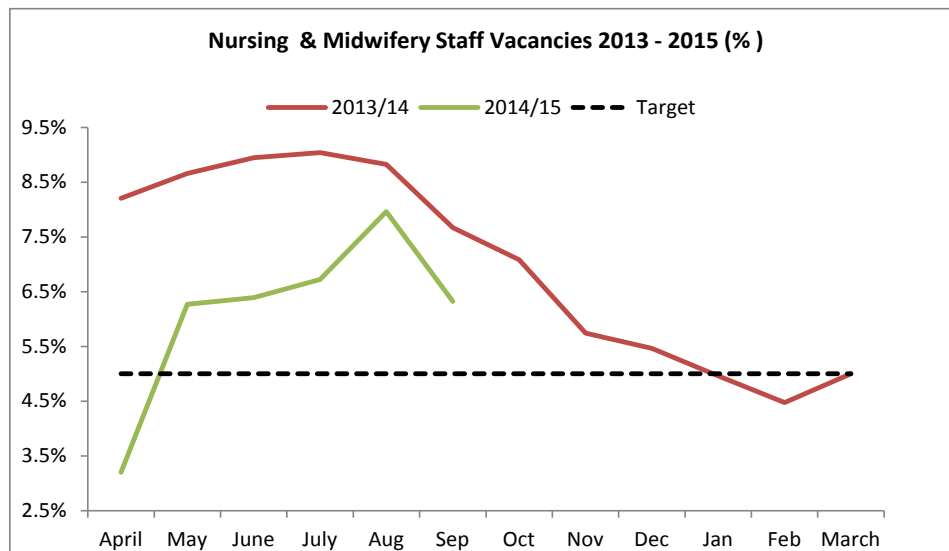
Sickness absence is expected to be around 3.8% which is above the original KPI level of 3.5% for the Trust, but below the out turn for 2013/14 by the end of March 2015. The biggest variance from the original KPI is in Medicine and Estates and Facilities, where sickness levels have been considerably above target, particularly during month 6.

STAFF EXPERIENCE

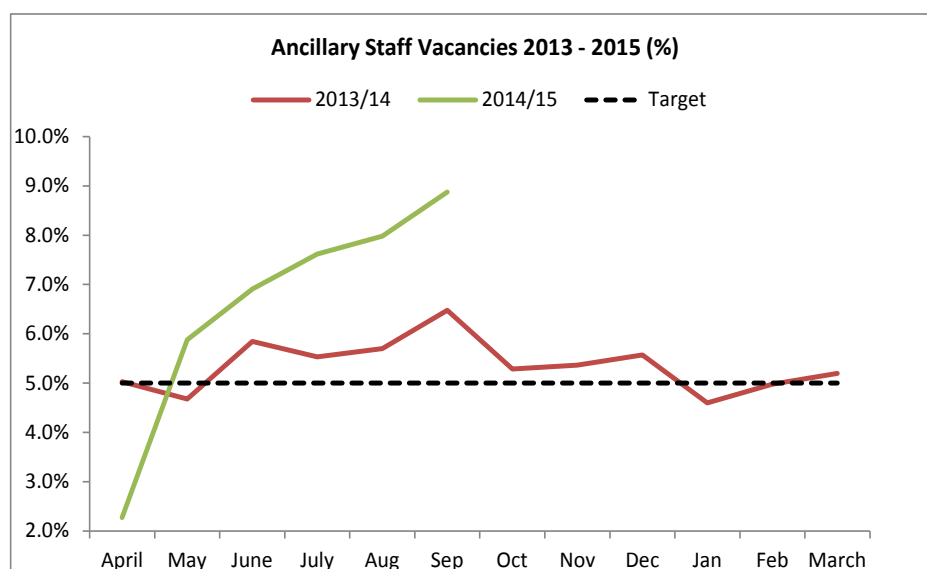
a. Vacancies

Vacancies this quarter have increased to 5.4% (414.3 average FTE) compared to 4.4% (340.6 average FTE) in the previous quarter, and now exceed the KPI threshold of 5%. Benchmarking data from a snapshot survey in June of Association of United Kingdom Acute shows that all Trusts are struggling with high vacancy levels, and that UH Bristol was below average at that time. Vacancy percentages may not reflect areas which have key posts which are difficult to recruit to as they are generally small numbers, but are highlighted because of their potential impact for the Trust to deliver services in a safe, timely and cost-effective way.

Whilst there have been increases in vacancies in the last two months of the quarter amongst **nursing and midwifery staff**, the graph below shows that vacancy levels are considerably lower than a year ago. The average vacancy FTE this quarter was 207.4 compared with an average of 237.1 FTE for the same quarter last year.



Ancillary vacancies have risen more sharply in the last two months, as the graph below shows, and are considerably higher than last year. This is partly due to the increased budgeted establishment resulting from the BRI redevelopment changes and the transfer of specialist paediatrics, The average vacancy FTE for this quarter was 63.2 compared with an average of 47.5 FTE for the same period last year.



Key achievements in respect of the staff groups with highest vacancy rates are provided below:

Nursing and Midwifery

- 220 offer letters were sent to new starters.
- 64 conditional offers have been made through the Nursing Assistant assessment centre.
- The first cohort of “return to practice” nurses resulted in 2 have reaching final offer stage. Health Education England (HEE) offer funding to support their development. Further cohorts are planned for January and May/June 2015.

Facilities

- 22 substantive and 12 bank Domestic Assistants, and 6 porters have joined the Trust in quarter 2. All 29 Domestic Assistants for the transfer of Specialist Paediatrics have now been recruited to, and 25 of the 33 Domestic Assistants required for the new Ward Block, as a result of two open days, have received offers of appointment.

Reflecting the priority attached to recruitment this quarter, there has been a specific focus during the quarter in improving the speed of recruitment and attracting applicants through improved marketing. A presentation was given to the Senior Leadership Team (SLT) on 1 October 2014 describing the recruitment and retention challenges being faced by the organisation, particularly in nursing, and an action plan agreed on 22nd October. The agreed actions include:

- Increased speed of recruitment, enabled by the procurement of a recruitment management system and a review of the National NHS Employment Check Standards to see where agility can be introduced without creating levels of non-compliance or risk;
- Escalation of recruitment in the pipeline currently being processed;
- Additional resources in the recruitment team, to deliver the challenges of recruitment over the next year, combined with a rapid improvement programme in recruitment;

- A robust marketing campaign to target the national UK market, as demonstrated successfully in 2013/14, when an innovative and effective plan of marketing activity was undertaken;
- Review of processes from resignation to advertising within the divisions;
- A creative marketing plan has been developed for nursing staff, and facilities and estates, both incorporating social media, press, use of the radio, search engine optimisation, micro sites and online advertising solutions;.
- Difficult to recruit to posts include Consultant roles in Cellular Pathology, Oncology and Radiology. Actions include international recruitment; targeting trainees; and creating roles that encompass both clinical work and research. For example, in partnership with the University of Bristol, a Professor/ Chair of Paediatric Radiology has been appointed, commencing in February 2015. Procurement of a preferred supplier list for agencies to support such recruitment is being commenced in November 2014.

b. Turnover

The more detailed analysis this quarter reflects the focus turnover has been given as a result of increased levels. Turnover at the end of Quarter Two was 13.3%, against a target of 10.5% for the period. Turnover rates between Divisions continue to vary, as the table in Appendix 2 shows. This quarter there has been a particularly sharp increase in the adult bed holding divisions, with the highest rate being in Specialised Services at 16.5%. By contrast, the turnover rate in Diagnostic and Therapies this quarter was 10.3%, and in Women`s and Children`s was 10.2%. Turnover in Estates and Ancillary staff remains high at 14.4%.

“Reasons for leaving” data is derived from the termination form, and excludes the considerable number of managers who opted for “don’t know”. It should be noted that this option has now been removed from the termination form.

The overall picture shows that:

- There have been 11 more retirements this quarter than a year ago, and 5 more dismissals, but there have also been increases associated with ‘Work Life Balance’;
- There has also been an increase in the percentage of staff moving to Neighbouring Trusts, from 5% of leavers to 9%;
- 21% of all leavers have been employed in the Trust for one year or less; this has changed little since 2013/14.

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

Registered Nurses

- The data in respect of “reasons for leaving” do not identify a single driver, but reflect the combination of “promotion/better reward package/work life balance/relocation”.
- Around 50% of registered nurses are moving to another NHS organization and whilst the numbers are small, the proportion of registered nurse leavers going to a private organization has doubled compared with a year ago, and at least three of these are going to work for Agencies.
- There are increases in nurses moving to general practice, and other NHS organisations.
- 17.5% of leavers have been in post for less than one year, this is a very slight reduction compared with this quarter in 2013/14.

- Registered nurses, in the more detailed exit questionnaires, identified the following areas in which the Trust could improve:
 - Improve parking
 - Better local induction on starting
 - Better communication between doctors and nurses
 - Management/leadership needs to be improved
 - More staff needed

Nursing Assistants

- There was a significant increase in nursing assistants leaving for a “Better Reward Package / Promotion” compared with a year ago.
- Of nursing assistants, where the destination is known, 22% were leaving to undertake further education and training, and 32% were leaving after less than one year in post, which may explain why turnover for this staff group was so high this quarter at 22.5%, with a significant proportion of staff taking up these posts as a short term measure prior to embarking on nurse, allied health professional or medical training.
- Numbers moving to Education Sector / Social Services / Other Public Sector, and also to neighbouring Trusts have increased compared with a year ago.
- Areas in which the Trust could improve, based on exit questionnaire data were as follows:
 - Working hours – i.e. release off duty earlier, more flexibility
 - More staff needed
 - Improve parking
 - Recognise success more

Estates and ancillary staff

- Relocation shows the biggest increase in reasons for leaving, otherwise there appears to be little change
- There is a significant increase in the proportion of leavers who have been in post a year or less
- There is little change in the destination, other than an increase in the number of managers opting for “unknown”.
- It is particularly difficult to gather exit data for this staff group; none completed an exit questionnaire in the quarter.

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

Staff Engagement

There is a comprehensive programme of Staff Engagement which includes the following:

- Tackling bullying and harassment – through support, training and an advice line, forms part of our Staff Engagement programme. November is designated “Respecting Everyone” month at UH Bristol to highlight support for staff, managers and supervisors to help eradicate bullying and harassment.
- Roll out of the full census based survey (due to close in December 2014), full evaluation of the first quarter Staff Family and Friends Test (FFT), and distribution of the second quarter FFT survey.
- Divisional activities including focus groups, Listening Events, Divisional Newsletters and updates, site visits by Senior Management Teams to discuss the work of teams in

an open forum, Back to the Floor and Floor to Board rounds and creation of Staff Champions who facilitate two-way feedback between teams and managers.

Nursing and Midwifery workforce initiatives

There is also an extensive programme of work being led by the Corporate Nursing team, focussed on the Nursing and Midwifery workforce, who are the largest staff group in the Trust. This recognises that the role of the ward sister is key to supporting and retaining other members of the ward team. Progress this quarter includes:

- A revised job description and a comprehensive set of competences including leadership is being tested and will be launched during quarter 3 to support the supervisory sister role. A Ward Sister Handbook is also being reviewed by sisters, which will provide sisters with all the information they need in one place, and will be particularly valuable for new sisters.
- The revised recruitment process in respect of nursing assistants will be underpinned by revised job descriptions and competence framework which will help to clarify their role.
- From July 2014, there has been a separate pathway for nursing assistants who are looking for short term experience. All nursing assistants who have been recruited through the new assessment centre process are being tracked and will be reviewed in January and September 2015 as part of the evaluation of the impact of the new nursing assistant recruitment process on turnover.

Divisional programmes

Surgery, Head and Neck

- A pilot in the Dental Hospital to look at staff morale, communication and engagement is in progress. One to one meetings with Consultant staff is the first step in establishing what the key issues are believed to be. This will then be developed in to a questionnaire for other staff within the hospital with a view to developing an action plan to address areas of concern. The Division is also piloting an “App” to allow real time information gauging the “temperature” of teams and providing a facility to escalate issues.

Specialised Services

- Managers are currently being contacted to determine whether there is any further information available as to why staff left due to relocation and work life balance;
- Questionnaires are being conducted with all new starters after 12 weeks to identify and resolve any issues;

Medicine

- Introduction of “Drop In” sessions for staff to meet with Divisional Director to raise any concerns and share ideas.
- The Orientation process includes divisional welcome packs and “meet the senior team” invitations and feedback from new starters is obtained through a questionnaire sent to staff 12 weeks after starting.
- There have been focus groups with nursing assistants to understand the specific issues of this staff group but this has not generated the anticipated engagement, so new approaches are under review.

Facilities and Estates

- 19 Representatives from staff across facilities have volunteered to be Staff Champions, representing colleagues in relation to any issues or suggestions to improve efficiency and effectiveness.
- 6-monthly Staff Recognition awards, with a certificate and gift voucher, recognise individuals who have made a special achievement to support colleagues or patients. These were held on 17th October and 28 staff were awarded with a certificate and gift voucher.

Improving exit data

It is recognized that there is also scope to improve our understanding of why staff leave. Termination forms, which are completed by managers, have hitherto stated “unknown” for both reason and destination in about 40% of cases. This is being addressed by removing the “unknown” option, which will improve reporting in future quarters. More extensive data can be derived from exit questionnaires and interviews. However, response rates have been historically low, at only 21% this quarter, with only 42 responses. A project group has been established to map the process for gathering exit information to increase the response rates and develop a new and improved process. This will mean that as soon as the resignation form is received, the manager will have an informal discussion with the individual. If there are no options for rescinding the resignation, the manager will initiate a formal leavers process including an exit interview with the line manager or HR representative and will complete a web-based exit questionnaire. The results will be collated by Employee Services.

Forward Look to March 2015

As part of the work to establish the likely out turn for turnover in March 2015, Business Partners have reviewed the number of leavers each month over the last year, and then looked at current drivers for turnover and retention. It has been observed that historically, turnover and sickness absence increases at times of major change. This was seen during the period of the moves into the South Bristol Community Hospital and the closure of the Bristol General, the opening of the Bristol Heart Institute and the Woodlands transfer from North Bristol, and it is anticipated that during the period of significant change over the next year as part of the BRI Redevelopment, turnover rates may remain above average. In addition, the nature of the turnover measure, as a 12 month rolling cumulative figure, means that the March 2015 out turn will be based on the preceding year, which includes months of significantly higher turnover. Given the extensive divisional staff engagement and retention activities, HR Business Partners are anticipating a reduction in leavers of 26% during the remainder of the year. However, due to the high turnover to date and the nature of the measure, this would still result in an out turn of c13%, based on month 7 data.

c. Staff Family and Friends Test

In April 2014, NHS England introduced the Staff Friends and Family Test (Staff FFT) in all NHS Trusts providing acute, community, ambulance and mental health services in England. The methodology employed by the Trust for the first year was a postcard based survey – freepost returns, with a distribution to:

- (a) All substantively employed staff in the first quarter. The response rate was 19% (1,604 people), against a KPI of 18%.

- (b) Bank, Locum and Volunteer staff only in the second quarter. The response rate was 9.1% (144 people out of 1,571).

These response rates are broadly in line with expectations set by our supplier. We will work to improve this over time.

The findings for the surveys in Quarter 1 and Quarter 2 were as follows:

	Recommend as Place to work % Q1	Recommend as Place to work% Q2	Recommend as a place to receive care/treatment % Q1	Recommend as a place to receive Care/treatment % Q2
Extremely Likely	18%	32%	33%	42%
Likely	38%	46%	46%	46%
Neither likely nor unlikely	20%	10%	15%	8%
Unlikely	13%	7%	4%	3%
Extremely unlikely	11%	4%	2%	1%

Further detail is also available in Appendix 1. Results of the Staff FFT Quarter 1 were published by NHS England in September 2014. The Trust was ranked:

- 23rd in a table of 245 trusts in respect of response numbers.
- 179th of 240 Trusts in recommendation of the Trust as a place to work (5 Trusts had the same score)
- 115th of 237 Trusts in recommendation of the Trust as a place to receive care or treatment (8 Trusts had the same score).

The Staff Friends and Family Test is one mechanism to get feedback from staff, and is part of the engagement plan, which we are constantly testing with our staff. Please see attached Appendix 4 as a summary of our progress.

5. STAFF DEVELOPMENT

a. Appraisal

Appraisal compliance for staff other than medical staff has remained above target in Quarter Two, with a rate of 85.3% at 30 September 2014, compared with 85.5% at the same point in the previous year. As part of the revised 2014/2015 KPIs, monitoring of appraisal compliance for medical staff has been separated, reflecting the different process and context.

All Divisions were compliant with the 85% target for their non-medical staff groups except Medicine, Surgery Head and Neck and Women's and Children's, where a recovery plan is in place.

Consultant Appraisal and Revalidation

Consultants are required to be validated to continue practice. In quarter two, out of 543 consultants for whom UH Bristol is the designated body, there were only 7 deferments.

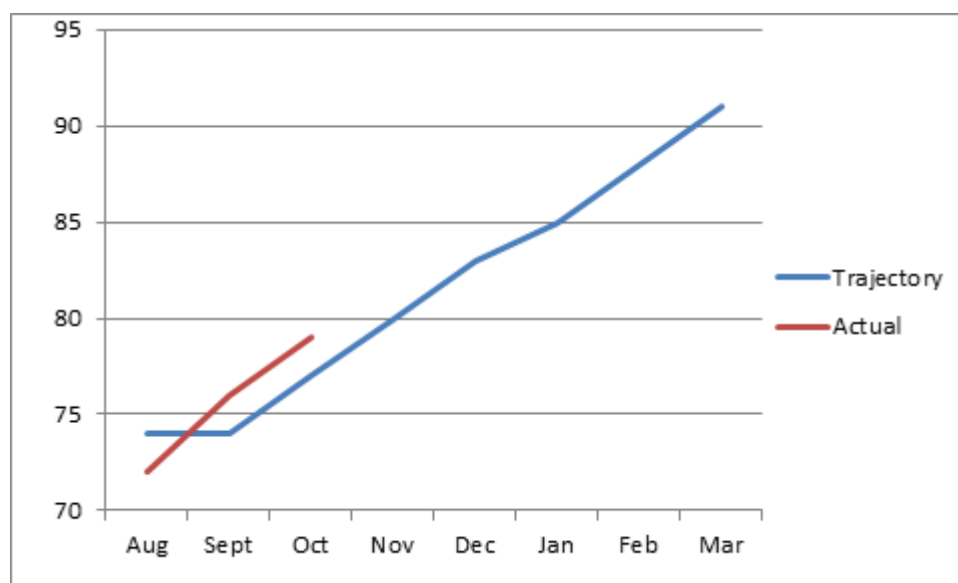
Deferments may be the result of insufficient evidence, for example with a consultant new to the Trust, or from absence due to maternity or sickness.

Consultant appraisal data is derived from the consultant revalidation database, unlike other staff, where reports are derived from the Electronic Staff Record. Different parameters apply to medical staff, as revalidation requires five appraisals to take place in five years, rather than a strict annual requirement. For this reason, they are not considered overdue until 15 months have elapsed since the last appraisal, in contrast with other staff, for whom an annual appraisal is required. Appraisal figures for quarter 2 are provided below.

	Total Staff	Appraisals Within Last 14 Months	% Compliance
Consultant	398	373	93.7%
SAS doctor	46	37	80.6%
Clinical Fellows	60	39	65.0%
Total	504	449	89.1%

b. Essential Training (ET)

Overall Trust compliance with Essential Training, excluding Safeguard and Resuscitation, at the end of October 2014 was 79% against a recovery trajectory of 77% and a KPI of 90%, as shown in the graph below.



Individual topics vary, with the highest rates being for Fire Safety and Information Governance (see Appendix 1). There are plans in place to improve compliance for topics with the lowest rates which include Induction Checklist and Pressure Ulcer Prevention. Separate trajectories are being developed for Safeguarding Adults, Safeguarding Children and Resuscitation.

The system difficulties reported last quarter have all been resolved using a robust audit procedure and is in the process of being externally audited to provide final assurance.

The Trust went live with self-service on October 6th, following an extensive communication

exercise; this allows staff to book onto Essential Training, complete E-Learning, and extract individual training records. During the first week of self-service almost 1000 staff accessed the system and positive feedback has been received from multi-professional users via email and during the training sessions which will continue for the next 10 months into 2015.

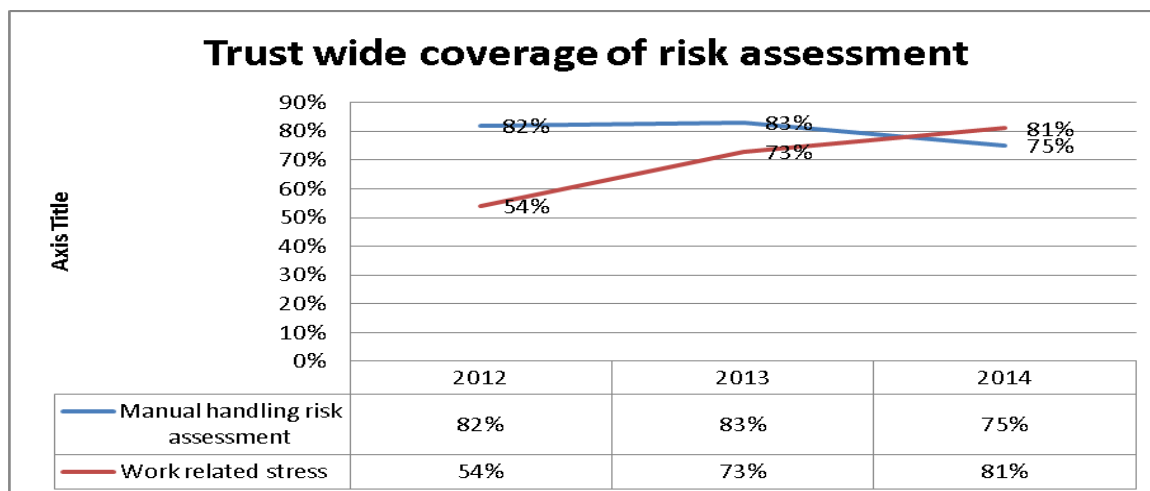
The Trust has committed to a revised date for compliance to 90% which is March 2015 (please note: this will not be in place until post October 22nd after SLT). Divisions are working with local trajectory recovery plans to ensure the compliance gap is closed, additional training places continue to be available; and are reflective of divisional demand; and it is anticipated that the introduction of 14 new E-Learning topics will also increase compliance whilst further supporting staff to access learning through a blended approach.

6. COMPLIANCE REQUIREMENTS

a. Health and Safety

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

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



September 2014	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's	Trust wide
Manual Handling Risk Assessments	100%	100%	100%	96%	96%	93%	97%	97%
Stress Risk Assessments	96%	92%	79%	78%	83%	76%	86%	83%

Further improvement has been achieved in Divisions since June by the Safety Department team working with departmental assessors on site, to complete check lists and/ or risk assessments in both topics. The manual handling assessment coverage has improved by 22% and the stress risk assessment by 2%. This will be re audited in June 2015. In the meantime an operational group for managing work related stress is in the process of being formed with Divisional and Corporate representation of all levels and staff groups and was proposed and agreed at Health & Safety/ Fire Safety Committee as the way forward in October 2014.

a. Junior Doctor New Deal Compliance

The 'New Deal' refers to the Junior Doctors Terms and Conditions of Service. This includes rest and hours targets which must be met in order for a rota to be 'compliant'. At the end of September, there were 59 compliant and 11 non-compliant rotas. The divisional position is provided below:

	Number Non-Compliant	Number Compliant	Compliance	Anticipated Date for 100% Compliance
Diagnostics & Therapies	0	6	100%	
Medicine	2	13	87%	December 2014
Specialised Services	3	5	62.5%	December 2014
Surgery Head & Neck	2	20	90%	January 2015
Women's & Children's	4	15	83%	December 2014

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

8. CONCLUSION

This report has aimed to provide an overview of performance against each KPI, programmes and progress to improve where required and a forward look to the expected position at March 2015. Overall, good progress has been made this quarter, and there is a positive picture for several KPIs.

However, like many Trusts, vacancies and turnover have increased, and this has been associated with increased agency usage, and these indicators provided the focal points for this report. There are robust plans to address vacancies, which were agreed by Senior Leadership Team, and include increased speed of recruitment, additional resources for corporate and divisional recruitment, and a comprehensive marketing campaign. The increase in turnover in registered and unregistered nursing has contributed to the increased vacancy position. There is already a comprehensive staff engagement programme which will be expected to impact on turnover, although this will take time to be apparent, and extensive divisional activities to improve retention. It has also been a priority to understand why turnover has increased.

Plans to address nursing and midwifery agency usage were agreed at the Finance Committee and will be further developed during the next month, include improving rostering, operational and workforce planning, and improving the effectiveness of the bank. Reduced vacancies and turnover are also expected to significantly reduce agency usage.

The Board are asked to:

1. Note the contents of this report;
2. Discuss any issues arising in relation to the areas reported;
3. Provide feedback on how the content or presentation could be improved for future reports.

APPENDICES

Appendix 1 – Workforce Performance Dashboard

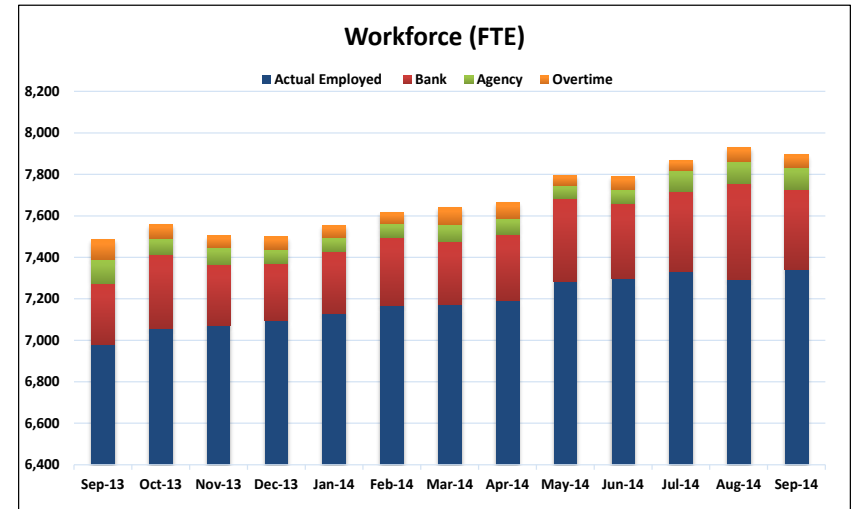
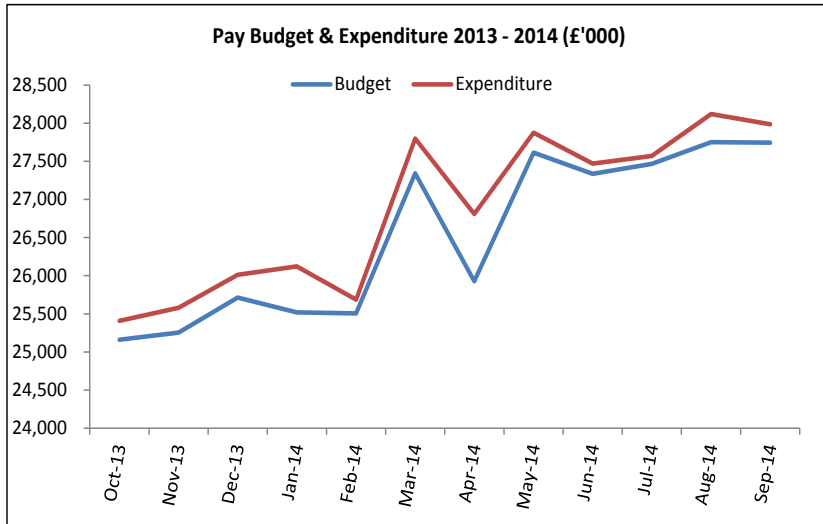
Appendix 2 – Divisional KPIs – Quarterly Comparisons

Appendix 3 – Staff Group KPIs – Quarterly Comparisons

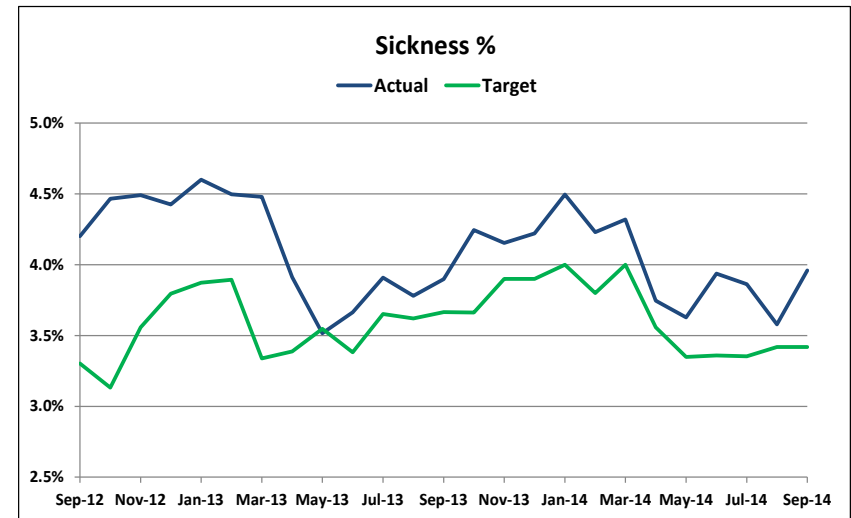
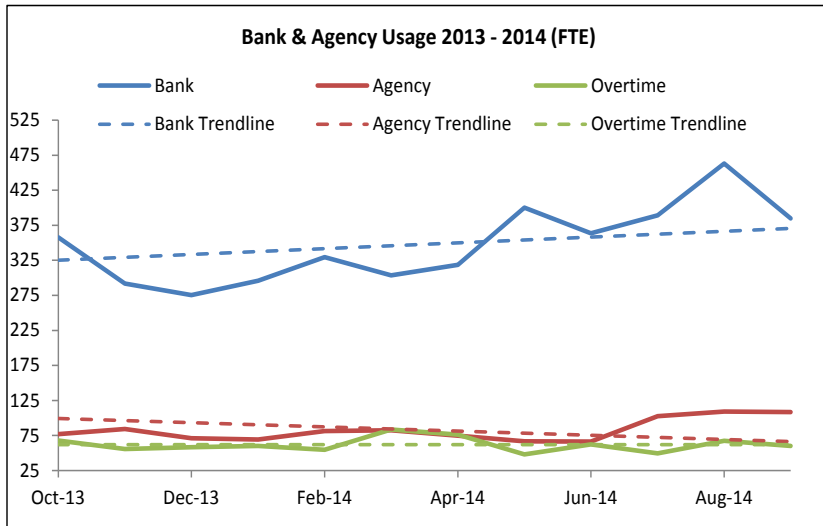
Appendix 4 - Staff engagement/ experience communication

Appendix 1 – Workforce Performance Dashboard

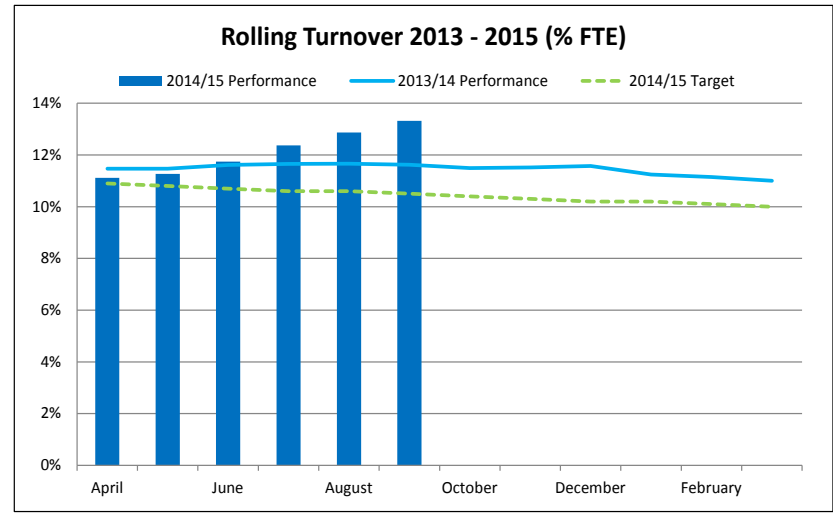
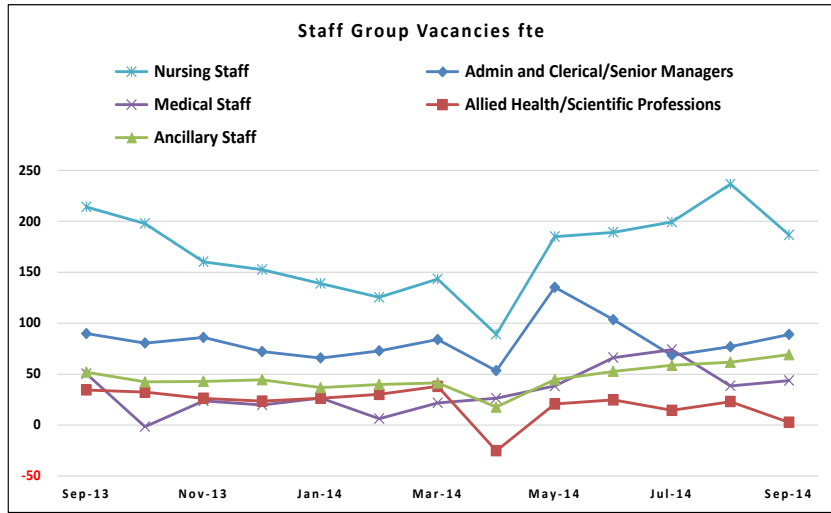
Workforce Costs/FTE



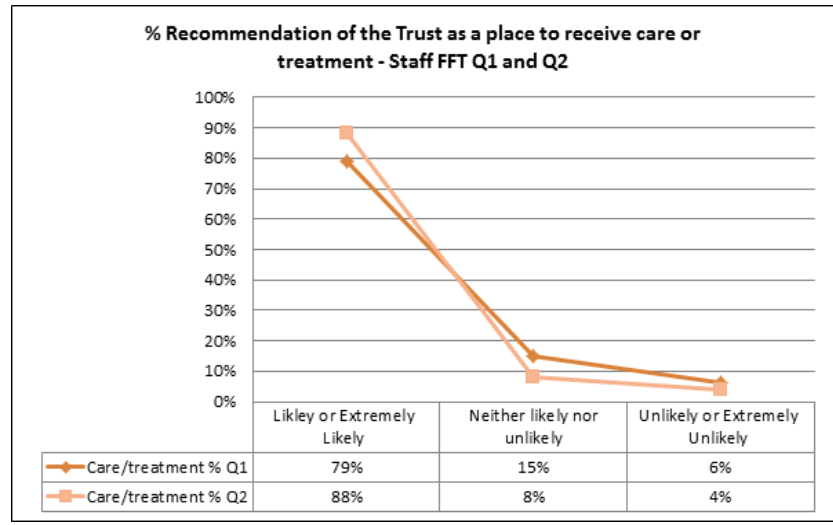
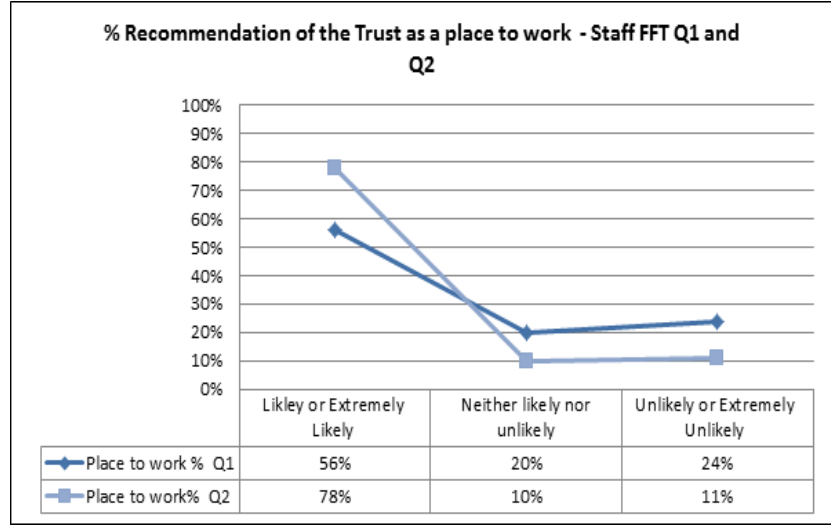
Workforce Costs/FTE



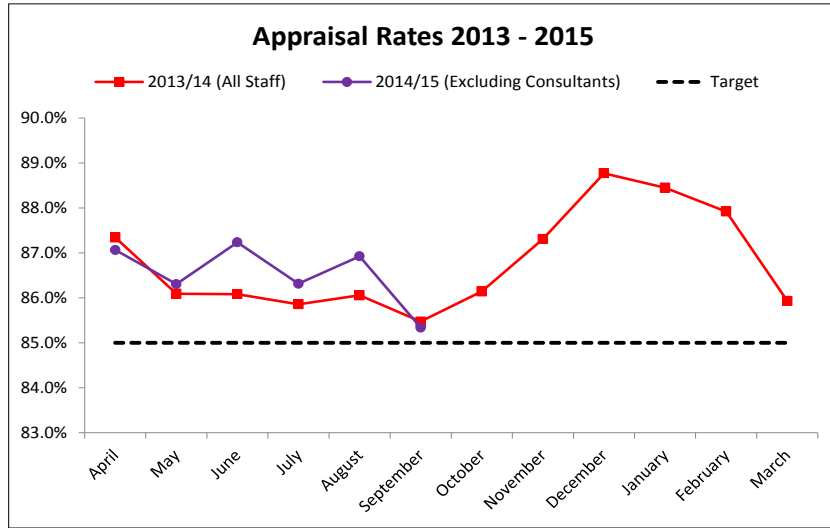
Staff Experience



Staff Experience



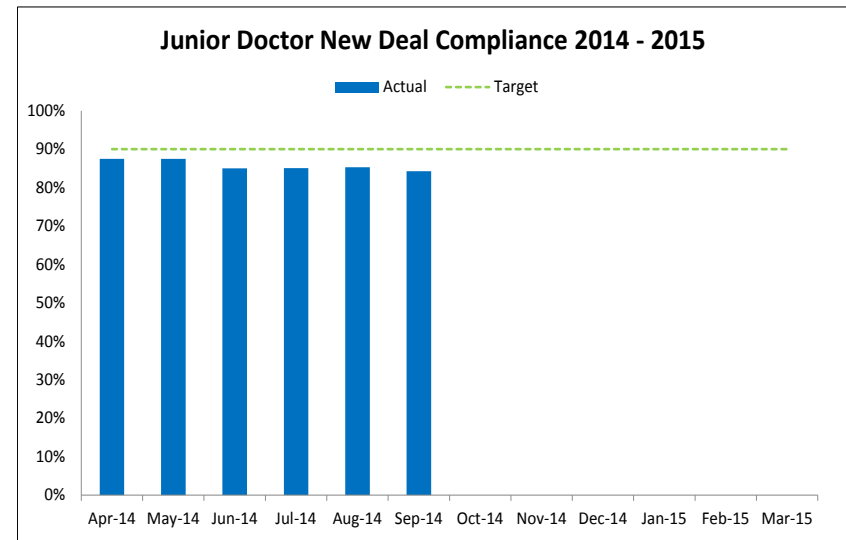
Staff Development



Essential Training Compliance								
	Diagnosics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's	Compliance
Accreditation								
Blood Transfusion	40%		65%	72%	67%	69%	76%	66%
Clinical Record Keeping	39%		63%	70%	66%	70%	75%	65%
Conflict Resolution Awareness	97%	96%	93%	96%	94%	95%	94%	95%
Conflict Resolution Training	54%		77%	80%	77%	69%	77%	74%
Consent	42%		65%	72%	68%	70%	77%	67%
Equality & Diversity	98%	97%	94%	96%	94%	96%	95%	96%
Fire Safety	98%	98%	95%	97%	97%	97%	96%	97%
Food Safety	97%	97%	94%	96%	94%	95%	95%	95%
Harassment & Bullying	98%	97%	95%	97%	95%	96%	96%	96%
Health & Safety	81%	77%	78%	82%	80%	84%	78%	80%
Infection Prevention & Control	79%	75%	79%	84%	83%	85%	81%	81%
Information Governance	98%	98%	95%	97%	97%	96%	96%	97%
Manual Handling	79%	77%	79%	83%	80%	81%	78%	80%
Medical Devices	39%		62%	69%	65%	69%	74%	64%
Medicines Management	40%		65%	72%	68%	70%	77%	67%
Nutrition	39%		70%	73%	67%	69%	75%	67%
Patient Safety	39%		62%	69%	65%	69%	74%	64%
Patient Slips, Trips and Falls	39%		63%	69%	65%	69%	75%	64%
Pressure Ulcer Prevention	39%		62%	69%	65%	69%	74%	64%
Venous Thromboembolism	39%		63%	70%	66%	69%	75%	65%
ALL:	67%	90%	77%	82%	79%	87%	82%	79%
Local Induction Checklist	72%	70%	61%	51%	51%	73%	60%	59%
Induction	96%	87%	90%	91%	81%	87%	90%	88%
Resuscitation	32%		67%	68%	62%	65%	64%	60%
Safeguarding Adults L1	63%	67%	83%	87%	82%	86%	81%	76%
Safeguarding Adults L2	37%		50%	57%	54%	49%	52%	50%
Safeguarding Adults L3								
Safeguarding Children L1	77%	68%	68%	72%	64%	72%		69%
Safeguarding Children L2	77%	40%	68%	85%	74%	85%	43%	71%

Compliance Requirements

Sep-14	Manual Handling Risk Assessments	Stress Risk Assessments
Diagnostic & Therapies	100%	96%
Facilities & Estates	100%	92%
Medicine	100%	79%
Specialised Services	96%	78%
Surgery Head & Neck	96%	83%
Trust Services	93%	76%
Women's & Children's	97%	86%
Trust wide	97%	83%



Appendix 2 Divisional KPIs – Quarterly Comparisons

Workforce Costs/FTE	EXPENDITURE (£'000)					WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)				
		Quarter 2		Quarter 1			Quarter 2		Quarter 1	
		Actual	Target	Actual	Target		Actual	Target	Actual	Target
	Diagnostics & Therapies	£9,850	£10,066	£10,062	£10,162	Diagnostics & Therapies	938.1	945.2	954.4	968.0
	Facilities & Estates	£4,815	£4,916	£4,667	£4,638	Facilities & Estates	762.2	764.9	739.7	743.7
	Medicine	£12,007	£11,897	£12,067	£11,609	Medicine	1161.4	1093.0	1158.7	1072.0
	Specialised Services	£10,022	£9,653	£9,776	£9,577	Specialised Services	847.0	814.4	830.7	805.8
	Surgery, Head & Neck	£18,808	£18,025	£18,704	£17,951	Surgery, Head & Neck	1715.1	1701.6	1699.6	1690.6
	Trust Services	£6,702	£6,885	£6,342	£6,507	Trust Services	684.5	684.7	659.2	668.5
	Women's & Children's	£21,476	£21,521	£20,539	£20,433	Women's & Children's	1731.2	1732.0	1646.4	1650.7
Trust Total	£83,680	£82,963	£82,157	£80,876	Trust Total	7839.5	7735.8	7688.7	7599.2	
Workforce Costs/FTE	BANK (FTE)					AGENCY (FTE)				
		Quarter 2		Quarter 1			Quarter 2		Quarter 1	
		Actual	Target	Actual	Target		Actual	Target	Actual	Target
	Diagnostics & Therapies	37.9	37.7	29.8	38.0	Diagnostics & Therapies	15.1	9.7	7.3	5.8
	Facilities & Estates	172.4	45.7	130.1	48.1	Facilities & Estates	41.9	12.6	18.0	10.7
	Medicine	361.6	212.0	316.8	255.7	Medicine	87.4	32.4	54.3	42.8
	Specialised Services	126.2	93.8	120.4	49.9	Specialised Services	62.3	16.0	59.8	12.3
	Surgery, Head & Neck	248.4	160.3	226.6	147.2	Surgery, Head & Neck	35.3	23.5	18.6	20.7
	Trust Services	90.5	94.5	80.9	131.5	Trust Services	25.7	19.6	21.4	24.4
	Women's & Children's	200.4	130.9	177.6	86.6	Women's & Children's	49.0	22.9	28.5	11.3
Trust Total	1237.3	774.8	1082.4	756.9	Trust Total	316.7	136.8	207.8	128.1	

Workforce Costs/FTE

OVERTIME (FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Diagnostics & Therapies	26.2	24.3	31.1	27.8
Facilities & Estates	112.2	60.8	110.7	65.1
Medicine	0.9	9.7	2.5	11.5
Specialised Services	3.0	10.5	6.2	6.7
Surgery, Head & Neck	7.1	32.4	12.0	26.9
Trust Services	8.9	7.1	9.2	10.8
Women's & Children's	19.0	4.2	15.4	3.8
Trust Total	177.2	149.0	186.9	152.5

SICKNESS ABSENCE (%)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Diagnostics & Therapies	2.5%	2.0%	2.1%	2.4%
Facilities & Estates	6.3%	5.3%	6.6%	5.2%
Medicine	4.8%	3.6%	4.3%	4.1%
Specialised Services	3.8%	3.8%	3.7%	3.9%
Surgery, Head & Neck	3.6%	3.5%	3.8%	3.2%
Trust Services	2.8%	2.4%	3.1%	2.2%
Women's & Children's	3.4%	3.3%	3.6%	3.2%
Trust Total	3.8%	3.4%	3.8%	3.4%

Staff Experience

VACANCY (% FTE)

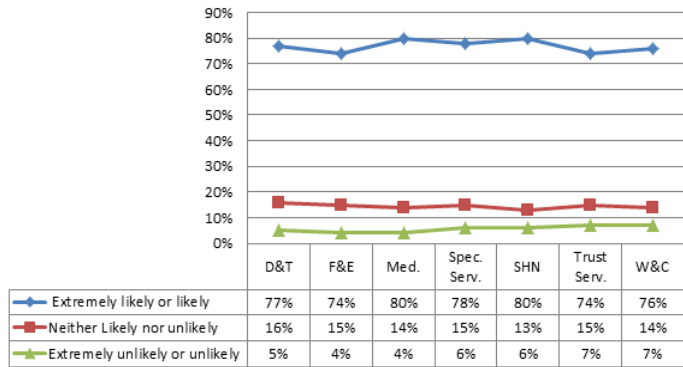
	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Diagnostics & Therapies	2.6%	5.0%	2.7%	5.0%
Facilities & Estates	9.7%	5.0%	7.1%	5.0%
Medicine	7.4%	5.0%	3.4%	5.0%
Specialised Services	3.7%	5.0%	4.4%	5.0%
Surgery, Head & Neck	4.8%	5.0%	4.3%	5.0%
Trust Services	5.6%	5.0%	6.4%	5.0%
Women's & Children's	4.8%	5.0%	4.3%	5.0%
Trust Total	5.4%	5.0%	4.4%	5.0%
Excluding bank and agency budget	4.6%		3.6%	

TURNOVER (% FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Diagnostics & Therapies	10.3%	8.9%	9.6%	8.8%
Facilities & Estates	14.9%	10.9%	14.9%	11.4%
Medicine	15.9%	11.7%	14.0%	12.4%
Specialised Services	16.5%	11.3%	14.6%	12.1%
Surgery, Head & Neck	14.4%	10.5%	10.6%	10.6%
Trust Services	13.0%	9.7%	11.7%	9.6%
Women's & Children's	10.2%	10.8%	9.1%	11.0%
Trust Total	13.3%	10.5%	11.6%	10.7%

Staff Experience

Staff Family and Friends Test - Q1 - % - Recommendation of Trust to family and friends as (a) a place to work and (b) place to receive care/treatment



Note, data is not yet available for Q2

Staff Development

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Diagnostics & Therapies	87.7%	85.0%	89.0%	85.0%
Facilities & Estates	85.1%	85.0%	84.0%	85.0%
Medicine	84.0%	85.0%	87.4%	85.0%
Specialised Services	87.1%	85.0%	90.1%	85.0%
Surgery, Head & Neck	84.5%	85.0%	86.4%	85.0%
Trust Services	88.1%	85.0%	88.8%	85.0%
Women's & Children's	83.8%	85.0%	86.5%	85.0%
Trust Total	85.3%	85.0%	87.2%	85.0%

Appendix 3 Staff Group KPIs – Quarterly Comparisons

Workforce Costs/FTE

EXPENDITURE (£'000)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	£12,140	£12,177	£11,892	£12,035
Scientific & Professional	£12,266	£12,409	£12,142	£12,393
Estates & Ancillary	£4,632	£4,620	£4,506	£4,435
Medical & Dental	£26,381	£26,925	£25,866	£25,962
Nursing & Midwifery	£28,217	£27,842	£27,754	£27,353
Other*	£44	-£1,009	-£2	-£1,302
Trust Total	£83,680	£82,964	£82,157	£80,876

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

WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	1625.0	1585.8	1578.9	1572.5
Scientific & Professional	1282.3	1284.8	1264.1	1263.9
Estates & Ancillary	784.0	774.3	781.3	767.6
Medical & Dental	1087.1	1128.6	1065.9	1097.1
Nursing & Midwifery	3061.1	2962.4	2998.5	2898.0
Trust Total	7839.5	7735.8	7688.7	7599.2

Workforce Costs/FTE

BANK (FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	278.7	203.6	244.2	201.1
Scientific & Professional	24.8	26.6	20.0	22.4
Estates & Ancillary	184.2	61.9	144.4	58.3
Medical & Dental	0.0	0.1	0.0	0.1
Nursing & Midwifery	749.7	482.7	673.8	474.9
Trust Total	1237.3	774.8	1082.4	756.9

AGENCY (FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	73.4	40.0	66.9	35.1
Scientific & Professional	8.2	0.0	1.0	0.0
Estates & Ancillary	34.6	9.1	11.7	8.3
Medical & Dental	31.9	24.9	37.4	20.3
Nursing & Midwifery	168.7	62.7	90.9	64.4
Trust Total	316.7	136.8	207.8	128.1

Workforce Costs/FTE

OVERTIME (FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	19.2	17.1	18.9	25.2
Scientific & Professional	35.5	25.2	38.2	28.7
Estates & Ancillary	115.3	66.8	113.1	68.9
Medical & Dental	0.3	0.3	0.4	0.2
Nursing & Midwifery	6.9	39.5	16.4	29.5
Trust Total	177.2	149.0	186.9	152.5

SICKNESS ABSENCE (%)

	Quarter 2 Actual	Quarter 1 Actual
Add Prof Scientific & Technic	3.1%	3.3%
Additional Clinical Services	5.6%	4.8%
Administrative & Clerical	3.4%	3.2%
Allied Health Professionals	2.0%	1.2%
Estates & Ancillary	6.2%	6.6%
Healthcare Scientists	1.6%	2.0%
Medical & Dental	0.7%	1.0%
Nursing & Midwifery Registered	4.1%	4.0%
Nursing & Midwifery Unregistered	7.5%	7.7%
Trust Total	3.8%	3.8%

Staff Experience

VACANCY (% FTE)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Administrative & Clerical	4.9%	5.0%	6.2%	5.0%
Scientific & Professional	1.0%	5.0%	0.5%	5.0%
Estates & Ancillary	8.2%	5.0%	5.0%	5.0%
Medical & Dental	4.6%	5.0%	4.0%	5.0%
Nursing & Midwifery	7.0%	5.0%	5.3%	5.0%
Trust Total	5.4%	5.0%	4.4%	5.0%

TURNOVER (% FTE)

	Quarter 2 Actual	Quarter 1 Actual
Add Prof Scientific & Technic	10.5%	9.7%
Additional Clinical Services	15.7%	9.5%
Administrative & Clerical	12.5%	11.6%
Allied Health Professionals	10.2%	9.7%
Estates & Ancillary	14.4%	14.3%
Healthcare Scientists	8.5%	6.8%
Medical & Dental	9.1%	7.3%
Nursing & Midwifery Registered	13.1%	11.0%
Nursing & Midwifery Unregistered	22.5%	18.4%
Trust Total	13.3%	11.6%

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 2		Quarter 1	
	Actual	Target	Actual	Target
Add Prof Scientific & Technic	81.6%	85.0%	84.9%	85.0%
Additional Clinical Services	89.3%	85.0%	93.5%	85.0%
Administrative & Clerical	88.5%	85.0%	88.4%	85.0%
Allied Health Professionals	86.8%	85.0%	89.5%	85.0%
Estates & Ancillary	85.0%	85.0%	85.2%	85.0%
Healthcare Scientists	88.1%	85.0%	81.3%	85.0%
Medical & Dental	88.5%	85.0%	90.3%	85.0%
Nursing & Midwifery Registered	82.0%	85.0%	86.2%	85.0%
Nursing & Midwifery Unregistered	85.3%	85.0%	87.5%	85.0%
Trust Total	85.3%	85.0%	87.2%	85.0%

Appendix 4 Staff Experience/Engagement Communication, "You Said, We Did"

YOU SAID WE DID

Employee Assistance Programme piloted

Stress Awareness Training for Managers

Lighten up campaign to support staff under stress started July 2014

The pressure on staff is overwhelming

Working at such high pressures over long time is draining and breeds compassion fatigue

Experienced bullying in the Trust

Bullying/blame culture

Bespoke Values and Tackling Harassment and Bullying training specific areas.

Respecting everyone month - Nov 2014 - support, confidential help, micro-teaches, pledges from Senior Managers

Senior Managers are rarely seen

Back to the Floor, Focus Groups and Floor to Board rounds in Divisions

Staff Champions

Breaking the Cycle/Delivering Best Care week

Divisional team activities

Team working not effective

Working with Aston to bring effective diagnostic and development team work to the Trust

Bespoke training/assessment on team working

**Cover Sheet for a Report for a meeting of the Trust Board of Directors
to be held in Public on 27 November 2014 at 10.30 am
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

13. Finance Report
Purpose
To report to the Board on the Trust's financial position and related financial matters which require the Board's review .
Abstract
<p>The summary income and expenditure statement shows a surplus of £3.690m (before technical items) for the seven month period to 31st October 2014. This represents a favourable variance of £0.307m against plan to date. The Divisional position has deteriorated further by £1.198m in October to an overspending of £5.865m. This is offset, in line with practice reported in recent months, by contributions to the Trust's overall financial position from the corporate share of service agreement income, reserves and financing costs. Within the Service Agreements underspending this month is an estimated £0.2m of over-performance income for CQUINs. This will be issued to divisions after it has been re-assessed for the December (month 9) reporting round.</p> <p>The income the Trust is to receive for 'Winter Resilience' has not yet been confirmed. The individual schemes to improve performance have been agreed to proceed to ensure the maximum benefit is achieved in this financial year.</p>
Recommendations
The Board is recommended to receive the report for assurance.
Report Sponsor
Director of Finance and Information
Appendices
<ul style="list-style-type: none"> • Appendix 1 – Summary Income and Expenditure Statement • Appendix 2 – Divisional Income and Expenditure Statement • Appendix 3 – Analysis of Pay Expenditure 2014/15 • Appendix 4 – Executive Summary • Appendix 5 – Financial Risk Matrix • Appendix 6 – Financial Risk Ratings • Appendix 7 – Release of Reserves – October 2014
Previous Meetings
<p>This report was presented to the Senior Leadership Team meeting held on 19 November 2014. This report was presented to the Finance Committee meeting held on 24 November 2014.</p>

REPORT OF THE FINANCE DIRECTOR

1. Overview

The summary income and expenditure statement shows a surplus of £3.690m (before technical items) for the first seven months of 2014/15. This represents a favourable variance of £0.307m against plan year to date.

The divisional overspend has increased by £1.198m in October, resulting in a year to date overspending of £5.865m. This needs to be compared with the forecast outturn overspending of £6.382m (includes divisional services together with Estates and Facilities, Trust HQ and Trust Services).

This is offset by the following in October:

	£'m
• Service Agreements – Corporate share	0.630
• Reserves	0.420
• Financing costs	0.240

Therefore, the overall favourable variance increases from £0.220m to £0.307m.

Under the ‘Service Agreements – Overheads’ line in the summary report a sum of £0.2m estimated over – performance on CQUINs is included. This will be issued to Divisions when it is re-assessed in Month 9, thereby improving the divisional position in January.

The table below shows the Trust’s income and expenditure position setting out the variances on the four main income and expenditure headings. This generates an overspending against divisional budgets of £5.865m. Detailed information and commentary for each Division is to be considered by the Finance Committee.

Divisional Variances	Variance to 30 September	October Variance	Variance to 31 October
	Fav/(Adv) £'000	Fav/(Adv) £'000	Fav/(Adv) £'000
Pay	(1,618)	(526)	(2,144)
Non Pay	3,150	(527)	2,623
Operating Income	(70)	273	203
Income from Activities	(2,559)	(197)	(2,756)
Sub Totals	(1,097)	(977)	(2,074)
Savings Programme	(3,570)	(221)	(3,791)
Totals	(4,667)	(1,198)	(5,865)

Pay budgets have an overspending of £0.526m in the month and a cumulative overspending of £2.144m. Substantive staff pay costs increased by £0.313m in October to £26.129m. Agency staff expenditure of £1.051m represented an increase of £0.189m when compared with September. For the Trust as a whole, bank, overtime, waiting list initiative and other payments increased by £0.129m to £1.439m in October (cumulative expenditure £9.4m).

Non-pay budgets show an adverse variance of £0.527m in the month thereby reducing the cumulative favourable variance to £2.623m for the 7 months to 31st October. The underspending to

date relates in the main to the proportion of contract transfer funding which has yet to be used – in effect offsetting the income from activities under performance.

Operating Income budgets show a favourable variance of £0.273m for the month, and a cumulative underspending of £0.203m.

Income from Activities shows an adverse variance of £0.197m in the month. This increases the cumulative under performance to £2.756m. The principal variances are the in-month over performance recorded for Specialised Services (£0.060m) and Women’s and Children’s (£0.158m) offset by income being less than planned for Diagnostic and Therapies (£0.057m), Medicine (£0.157m) and Surgery, Head and Neck (£0.125m).

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

	Variance to 30 September	October Variance	Variance to 31 October
	Fav / (Adv)	Fav/(Adv)	Fav/(Adv)
Diagnostic and Therapies	-	(24)	(24)
Medicine	(1,007)	(236)	(1,243)
Specialised Services	(467)	(83)	(550)
Surgery, Head and Neck	(2,201)	(786)	(2,987)
Women’s and Children’s	(1,320)	(30)	(1,350)
Estates and Facilities	68	19	87
Trust HQ	(4)	90	86
Trust Services	264	(148)	116
Totals	(4,667)	(1,198)	(5,865)

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

2. Savings Programme

The Trust’s Savings Programme for 2014/15 is £20.771m. Savings of £8.326m have been realised for the seven months to 31 October (77% of Plan), a shortfall of £2.506m against divisional plans. The forecast outturn for savings this year is £16.965m – equivalent to 82% of the planning assumption of £20.771m. The Finance Committee will receive a more detailed report on the Savings Programme under item 5.4 on this month’s agenda.

	Savings Programme to 31 October			1/12ths	Total
	Plan	Actual	Variance Fav / (Adv)	Phasing Adj Fav / (Adv)	Variance Fav / (Adv)
	£’000	£’000	£’000	£’000	£’000
Diagnostics and Therapies	928	1,118	190	(98)	92
Medicine	1,440	994	(446)	(333)	(779)
Specialised Services	1,244	1,143	(101)	(296)	(397)
Surgery, Head and Neck	2,621	1,128	(1,493)	(252)	(1,745)
Women’s and Children’s	1,853	1,145	(708)	(235)	(943)
Estates and Facilities	568	608	40	(74)	(34)
Trust HQ	609	609	-	3	3
Other Services	1,569	1,581	12	-	12
Totals	10,832	8,326	(2,506)	(1,285)	(3,791)

3. Income

Contract income is £3.60m lower than plan for the 7 month period to 31 October. Activity based contract performance at £239.61m is £2.87m less than plan. Contract rewards / penalties at a net income of £2.52m is £0.43m less than plan. Income of £34.10m for 'Pass through' payments is £0.30m lower than Plan.

Clinical Income by Worktype	Plan	Actual	Variance
	£'m	£'m	£'m
Activity Based			
Accident & Emergency	8.00	7.90	(0.10)
Emergency Inpatients	42.39	42.84	0.45
Day Cases	21.91	20.65	(1.26)
Elective Inpatients	30.71	28.66	(2.05)
Non-Elective Inpatients	9.93	9.20	(0.73)
Excess Bed days	4.27	4.63	0.36
Outpatients	43.36	42.71	(0.65)
Bone Marrow Transplants	5.04	5.92	0.88
Critical Care Bed days	24.88	24.30	(0.58)
Other	51.99	52.80	0.81
Sub Totals	242.48	239.61	(2.87)
Contract Rewards / Penalties	2.95	2.52	(0.43)
Pass through payments	34.40	34.10	(0.30)
Totals	279.83	276.23	(3.60)

4. Expenditure

In total, Divisions have overspent by £1.198m in October. Further analysis of the variances by pay, non-pay and income categories is given at Appendix 2.

Four divisions are red rated¹ for their financial performance for the year to date.

The **Division of Medicine** has an adverse variance of £1.243m for the seven months to 31 October, an adverse variance in the month of £0.236m.

The Division has an overspending of £0.427m to date on pay budgets. The overspending in the month reflects a continuation of the nursing staff expenditure being higher than planned - £80k in the month and £0.512m for the year to date. This is as a result of staff in post being higher than budgeted due to extra capacity wards together with a need for a high level of 1:1 observations and excess agency costs.

Non-pay budgets have a favourable variance of £59k in the month and a cumulative underspending of £0.267m. The clinical supplies heading records a favourable variance of £115k to date. The Division is using funds received as part of the 2014/15 contracts transfer to mitigate the impact of SLA underperformance. Patient transport costs, increases in blood expenditure and Homecare services invoices for prior periods all contribute financial cost pressures in the month. There has been a reduction in the level of underspending on drugs in October, down by £32k to £54k to date.

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

The Division reports a cumulative favourable variance of £127k on its Operating Income budgets. Income from Activities shows an under achievement of £0.157m in the month and a cumulative adverse variance of £0.432m.

The **Division of Specialised Services** reports an adverse variance on its income and expenditure position of £0.550m for the seven months to 31 October, a deterioration of £83k in the month.

Pay budgets show an overspending of £0.178m for the month, cumulative overspending £0.731m. The overspending in October on nursing staff was £133k, cumulatively £0.529m adverse. Additional costs have been incurred to support the Adult BMT service and nursing staff agency costs elsewhere in the Division have increased to provide cover for higher than planned vacancies, sickness absence and maternity leave cover.

Non pay budgets have overspent by £0.104m in October thereby reducing the favourable variance to date to £0.732m. The principal reasons for this are the allocation of contract transfer funds (£0.266m) and Trust support funding (£0.829m).

Income from activities shows a favourable variance in month of £60k to give a cumulative adverse variance of £0.336m. Cardiac surgery was less than plan by £130k, cumulatively now by £0.501m. Cardiology services have over performed against the service level agreement activity in October thereby reducing the cumulative under performance by £60k to £0.424m. The oncology service, whilst still operating with a number of consultant vacancies, provided services above plan by £119k reducing the cumulative adverse variance to £36k.

The Surgery, Head and Neck Division reports an adverse variance of £2.987m for the seven months to 31 October, an overspending of £0.786m in the month.

Pay budgets are overspent by £1.753m to date - this represents the pay proportion of the Division's underlying deficit (£2.160m) offset by a net underspending on other pay headings (£0.407m).

Non pay budgets are overspent by £140k in the month. The cumulative underspending of £0.500m is mainly due to the release of 7/12th of the non-recurring funding allocated at the start of the year, the further non recurring funding allocated and the release of reserves to offset contract underperformance.

Income from Activities shows an adverse variance in October to give an adverse cumulative position of £51k. Ophthalmology and oral and maxillo facial surgery services show notable higher than planned activity in the month. Other clinical services income headings, including the SH&N share of income for services provided by other divisions and private and overseas patient income, are less than plan to date. Operating Income budgets show a favourable variance to date of £62k.

The Division of Women's and Children's Services reports an adverse variance on its income and expenditure position of £1.35m for the seven months to 31 October, an increase of £30k in the month.

Pay budgets overspent by £0.148m in the month and now show a cumulative adverse position of £0.181m. Junior doctor staffing is affected by high levels of maternity leave, sickness and agency staff covering vacancies in NICU. There are a number of nursing staffing vacancies, particularly in paediatric intensive care and theatres.

Non-pay budgets show an overspending of £10k in the month and an underspending of £1.208m to date. This includes an underspending against the funding linked to the contract transfer where the higher levels of activity have yet to be delivered and non recurrent Trust support moneys.

Income from Activities shows an adverse variance of £1.410m to date, an improvement of 0.158m in the month. The principal adverse variances are shown against maternity (£0.341m), paediatric cardiac (£0.403m), paediatric medicine (£0.530m). In addition there are other significant variances such as CSP related services (£0.332m adverse) and Bone Marrow Transplants (£0.219m favourable).

Income from Operations budgets show a favourable variance of £60k in October to give a cumulative overspending of £24k.

Three divisions are green rated.

The **Diagnostic and Therapies Division** reports an overspending for the month of £24k and a cumulative overspending of £24k. Income from Activities shows an adverse variance of £57k in the month and cumulatively £0.377m. Operating income was higher than planned by £0.170m in the month (salary recharges and additional testing income), cumulatively £0.261m.

The **Facilities and Estates Division** reports a £19k surplus for the month thereby increasing its cumulative underspending to £87k.

Trust Headquarters Services report a £90k underspending in October and a cumulative underspending of £86k to 31 October. The principal reason for the improvement is the allocation of funding for external interim staff.

5. Continuity of Service Risk Rating

The Trust's overall financial risk rating, based on results for the 7 months ending 31 October is 4. The actual financial risk rating is 4.0 (September 4.0). The actual value for each of the metrics is given in the table below together with the bandings for each metric.

Further information showing performance to date is given at Appendix 6.

	March	September	October	Annual Plan 2014/15
Liquidity				
Metric Performance	2.71	4.90	8.03	2.53
Rating	4	4	4	4
Capital Service Capacity				
Metric Performance	3.04	2.91	2.92	2.51
Rating	4	4	4	4
Overall Rating	4	4	4	4

The donation from The Grand Appeal charity (£4.242m) is the principal reason for the improvement in the liquidity metric.

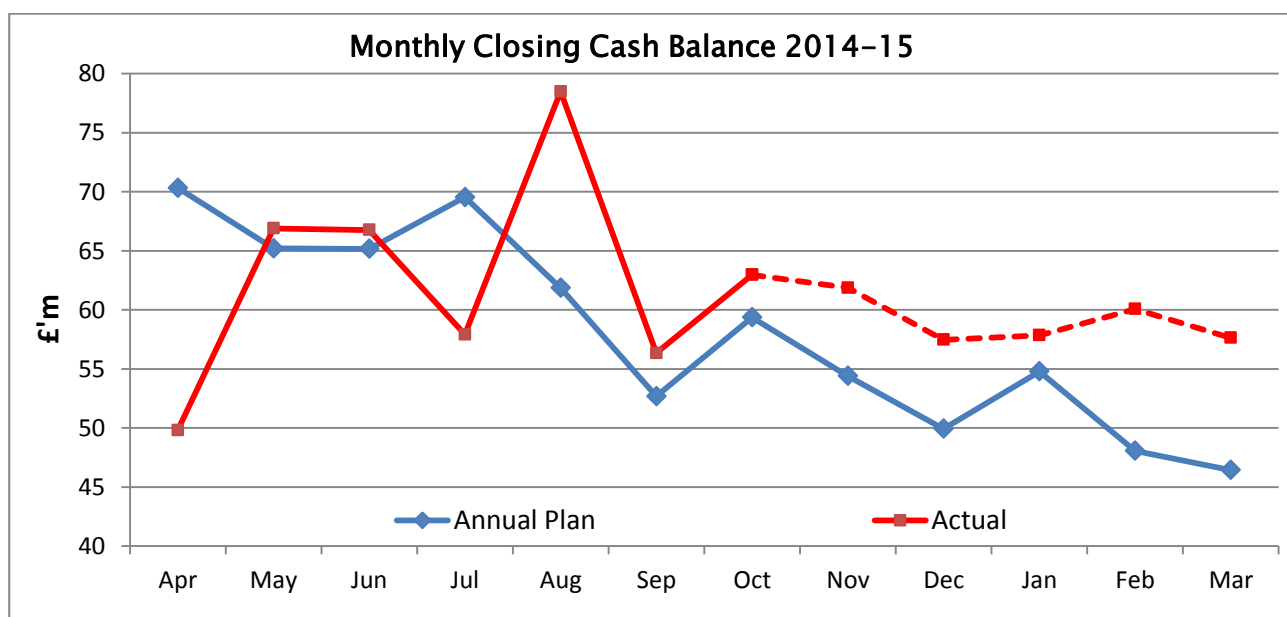
6. Capital Programme

A summary of income and expenditure for the seven months to 31 October is given in the table below. Expenditure for the period of £29.691m equates to 94% of the current capital expenditure plan. The year-end forecast shows an underspending of £2.147m (3.7%).

	Annual Plan £'000	Seven Months Ending 31 October			Forecast Outturn £'000
		Plan £'000	Actual £'000	Variance Fav / (Adv) £'000	
Sources of Funding					
Public Dividend Capital	2,625	609	609	-	2,625
Donations	8,758	1,520	1,520	-	10,712
Retained Depreciation	19,211	10,856	10,753	(103)	19,181
Prudential Borrowing	20,000	20,000	20,000	-	20,000
Sale of Property	700	700	700	-	700
Recovery of VAT	954	-	-	-	954
Cash balances	5,373	(2,098)	(3,891)	(1,793)	1,302
Total Funding	57,621	31,587	29,691	(1,896)	55,474
Expenditure					
Strategic Schemes	(32,930)	(20,912)	(20,778)	134	(29,610)
Medical Equipment	(7,431)	(2,850)	(2,360)	490	(5,434)
Information Technology	(9,025)	(2,526)	(2,340)	186	(7,918)
Roll Over Schemes	(2,933)	(992)	(928)	64	(2,933)
Operational / Other	(12,769)	(4,307)	(3,285)	1,022	(9,579)
Anticipated Slippage	7,467	-	-	-	-
Total Expenditure	(57,621)	(31,587)	(29,691)	1,896	(55,474)

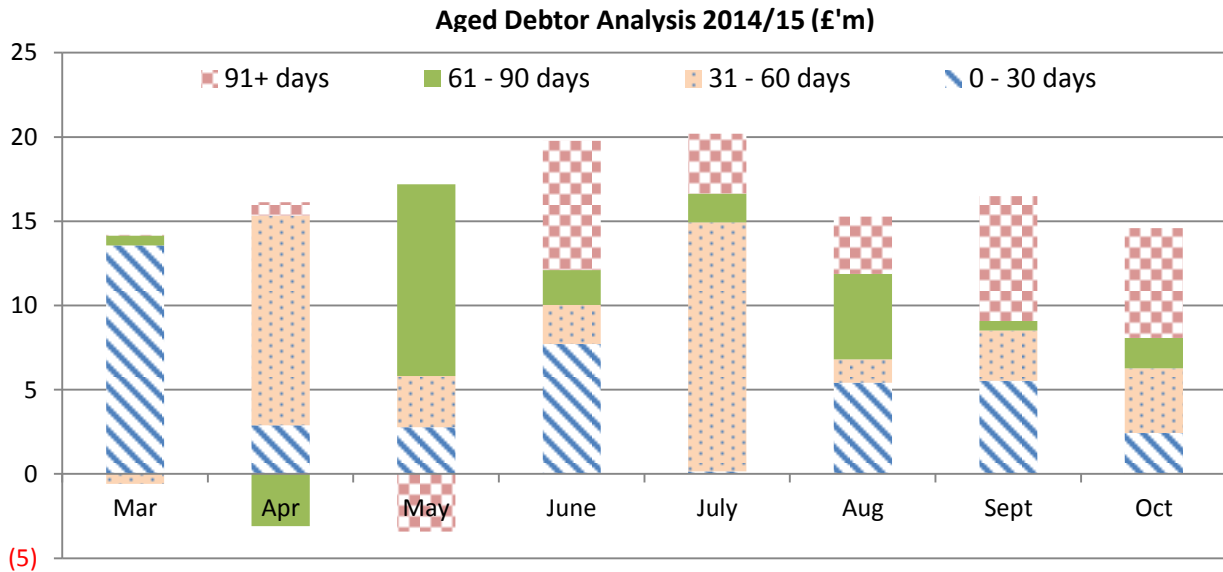
7. Statement of Financial Position (Balance Sheet) and Cashflow

Cash - The Trust held a cash balance of £63.28m as at 31 October.

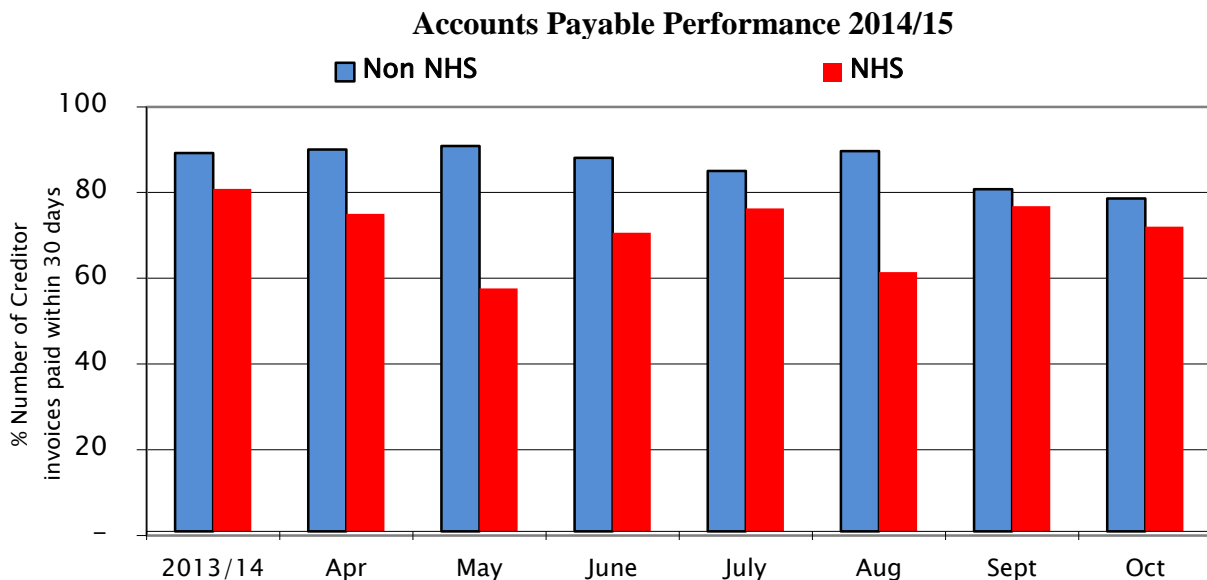


The higher forecast cash balance is due to some slippage on the Capital programme (£2m) and a high level of provisions (mainly re employment issues).

Debtors - The total value of invoiced debtors has decreased by £1.893m during October to a closing balance of £14.607m. The total amount owing is equivalent to 9.4 debtor days. The Trust is actively pursuing aged debtors and expects to see a significant reduction by the end of December.



Accounts Payable Payments - The Trust aims to pay at least 90% of undisputed invoices within 30 days. In October the Trust achieved 72% and 79% compliance against the Better Payment Practice Code for invoices paid for NHS and Non NHS creditors. Managers have been reminded of the importance of prompt receipting of goods which has led to some delays in payment of suppliers. The Trust also continues to operate strict financial controls around supplier price increases.



Attachments

- Appendix 1 – Summary Income and Expenditure Statement*
- Appendix 2a – Divisional Income and Expenditure Statement*
- Appendix 2b – Divisional I&E Projection Graphs*
- Appendix 3 – Monthly Analysis of Pay Expenditure*
- Appendix 4 – Executive Summary*
- Appendix 5 – Financial Risk Matrix*
- Appendix 6 – Continuity of Service Risk Rating*
- Appendix 7 – Release of Reserves October 2014*

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

Approved Budget / Plan 2014/15	Heading	Position as at 31st October			Actual to 30th September	Forecast Outturn
		Plan	Actual	Variance Fav / (Adv)		
£'000		£'000	£'000	£'000	£'000	£'000
	Income (as per Table I and E 2)					
483,537	From Activities	282,870	281,195	(1,675)	238,533	487,669
91,358	Other Operating Income	52,818	52,823	5	45,002	89,840
574,895	Sub totals income	335,688	334,018	(1,670)	283,535	577,509
	Expenditure					
(327,791)	Staffing	(191,846)	(194,457)	(2,611)	(165,837)	(327,983)
(200,857)	Supplies and Services	(118,068)	(118,141)	(73)	(99,380)	(212,542)
(528,648)	Sub totals expenditure	(309,914)	(312,598)	(2,684)	(265,217)	(540,525)
(6,287)	Reserves	(2,946)	-	2,946	-	-
39,959	EBITDA	22,828	21,420	(1,408)	18,318	36,984
	Financing					
(12)	Profit/(Loss) on Sale of Asset	(12)	(13)	(1)	(12)	(19,181)
(21,808)	Depreciation & Amortisation – Owned	(12,286)	(10,753)	1,533	(9,230)	(19,181)
150	Interest Receivable	88	144	56	123	202
(338)	Interest Payable on Leases	(197)	(202)	(5)	(173)	(345)
(3,117)	Interest Payable on Loans	(1,770)	(1,820)	(50)	(1,547)	(3,142)
(9,031)	PDC Dividend	(5,268)	(5,086)	182	(4,359)	(8,718)
(34,156)	Sub totals financing	(19,445)	(17,730)	1,715	(15,198)	5,800
5,803	NET SURPLUS / (DEFICIT) before Technical Items	3,383	3,690	307	3,120	5,800
	Technical Items					
8,588	Donations & Grants (PPE/Intangible Assets)	5,980	6,016	36	1,537	8,638
(24,204)	Impairments	(2,073)	(2,073)	-	(2,073)	(24,204)
1,232	Reversal of Impairments	-	-	-	-	1,232
(1,219)	Depreciation & Amortisation – Donated	(502)	(491)	11	(421)	(1,200)
(9,800)	SURPLUS / (DEFICIT) after Technical Items	6,788	7,142	354	2,163	(9,734)

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report October 2014– Divisional Income & Expenditure Statement

Approved Budget / Plan 2014/15	Division	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 30th September
			Pay	Non Pay	Operating Income	Income from Activities	Savings		
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Service Agreements								
478,710	Service Agreements	279,834	-	-	-	-	-	-	
(4,719)	Overheads	(1,188)	-	-	-	1,565	-	1,565	
40,569	NHSE Income	23,471	-	-	2	-	-	2	
514,560	Sub Total Service Agreements	302,117	-	-	2	1,565	-	1,567	
	Clinical Divisions								
(48,485)	Diagnostic & Therapies	(28,282)	261	(261)	261	(377)	92	(24)	
(66,796)	Medicine	(39,958)	(427)	267	127	(432)	(778)	(1,243)	
(81,035)	Specialised Services	(47,168)	(731)	732	182	(336)	(397)	(550)	
(96,871)	Surgery Head & Neck	(59,617)	(1,753)	500	62	(51)	(1,745)	(2,987)	
(108,716)	Women's & Children's	(64,196)	(181)	1,209	(24)	(1,410)	(944)	(1,350)	
(401,903)	Sub Total – Clinical Divisions	(239,221)	(2,831)	2,447	608	(2,606)	(3,772)	(6,154)	
	Corporate Services								
(34,598)	Facilities And Estates	(20,243)	102	101	(62)	(21)	(33)	87	
(23,832)	Trust Services	(13,968)	344	(354)	38	-	2	30	
(7,981)	Other	(7,265)	241	373	(381)	(129)	12	116	
(66,411)	Sub Totals – Corporate Services	(41,476)	687	120	(405)	(150)	(19)	233	
(468,314)	Sub Total (Clinical Divisions & Corporate Services)	(280,697)	(2,144)	2,567	203	(2,756)	(3,791)	(5,921)	
(6,287)	Reserves	-	-	2,946	-	-	-	2,946	
(6,287)	Sub Total Reserves	-	-	2,946	-	-	-	2,946	
39,959	Trust Totals Unprofiled	21,420	(2,144)	5,513	205	(1,191)	(3,791)	(1,408)	
	Financing								
(12)	(Profit)/Loss on Sale of Asset	(13)	-	(1)	-	-	-	(1)	
(21,808)	Depreciation & Amortisation – Owned	(10,753)	-	1,533	-	-	-	1,533	
150	Interest Receivable	144	-	56	-	-	-	56	
(338)	Interest Payable on Leases	(202)	-	(5)	-	-	-	(5)	
(3,117)	Interest Payable on Loans	(1,820)	-	(50)	-	-	-	(50)	
(9,031)	PDC Dividend	(5,086)	-	182	-	-	-	182	
(34,156)	Sub Total Financing	(17,730)	-	1,715	-	-	-	1,715	
5,803	NET SURPLUS / (DEFICIT) before Technical Items	3,690	(2,144)	7,228	205	(1,191)	(3,791)	307	
	Technical Items								
8,588	Donations & Grants (PPE/Intangible Assets)	6,016	-	-	36	-	-	36	
(24,204)	Impairments	(2,073)	-	-	-	-	-	-	
1,232	Reversal of Impairments	-	-	-	-	-	-	-	
(1,219)	Depreciation & Amortisation – Donated	(491)	-	11	-	-	-	11	
-	Profiling Adjustment	-	-	-	-	-	-	-	
(15,603)	Sub Total Technical Items	3,452	-	11	36	-	-	47	
(9,800)	SURPLUS / (DEFICIT) after Technical Items Unprofiled	7,142	(2,144)	7,239	241	(1,191)	(3,791)	354	




Analysis of pay spend 2013/14 and 2014/15



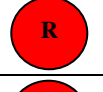
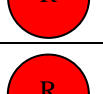
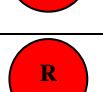
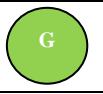




Division		2013/14 Total £'000	2014/15											2013/14 Mthly Average £'000	2013/14 Mthly Average %	
			Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Total £'000	Mthly Average £'000			Mthly Average %
Diagnostic & Therapies	Pay budget	39,526	3,300	3,438	3,424	10,162	3,411	3,362	3,293	10,066	3,356	23,585	3,369		3,294	
	Bank	306	16	27	22	64	25	39	27	91	27	182	26	0.8%	26	0.8%
	Agency	340	22	40	17	79	78	93	13	184	178	441	63	1.9%	28	0.9%
	Waiting List initiative	225	7	21	17	45	23	8	15	46	19	110	16	0.5%	19	0.6%
	Overtime	314	34	29	38	102	36	35	23	94	36	232	33	1.0%	26	0.8%
	Other pay	38,153	3,247	3,297	3,228	9,772	3,151	3,143	3,140	9,435	3,176	22,383	3,198	95.9%	3,179	97.0%
	Total Pay expenditure	39,339	3,326	3,414	3,322	10,062	3,312	3,319	3,218	9,850	3,436	23,348	3,335	100.0%	3,278	100.0%
Variance Fav / (Adverse)	187	(26)	24	102	100	99	43	75	216	(79)	237	34		16		
Medicine	Pay budget	44,151	3,747	3,932	3,930	11,609	3,925	3,975	3,997	11,897	3,976	27,482	3,926		3,679	
	Bank	3,305	253	319	233	805	264	319	287	870	306	1,981	283	7.0%	275	6.9%
	Agency	2,354	116	133	202	451	167	193	270	630	322	1,402	200	5.0%	196	4.9%
	Waiting List initiative	151	21	3	2	26	12	17	10	39	11	76	11	0.3%	13	0.3%
	Overtime	197	21	10	5	36	6	12	2	19	5	60	9	0.2%	16	0.4%
	Other pay	41,743	3,629	3,611	3,515	10,755	3,543	3,519	3,388	10,449	3,458	24,662	3,523	87.5%	3,479	87.4%
	Total Pay expenditure	47,751	4,040	4,075	3,958	12,073	3,991	4,059	3,957	12,007	4,101	28,181	4,026	100.0%	3,979	100.0%
Variance Fav / (Adverse)	(3,600)	(292)	(144)	(28)	(464)	(66)	(84)	40	(110)	(125)	(699)	(100)		(300)		
Specialised Services	Pay budget	36,718	3,138	3,184	3,255	9,577	3,177	3,215	3,261	9,653	3,223	22,453	3,208		3,060	
	Bank	1,184	89	122	98	309	108	104	123	335	110	754	108	3.3%	99	3.1%
	Agency	1,882	116	170	223	509	255	183	225	664	223	1,396	199	6.0%	157	5.0%
	Waiting List initiative	379	21	47	23	91	34	31	25	90	48	229	33	1.0%	32	1.0%
	Overtime	182	30	10	15	55	14	20	6	40	8	103	15	0.4%	15	0.5%
	Other pay	34,079	2,927	2,935	2,949	8,811	2,886	2,990	3,018	8,894	3,017	20,721	2,960	89.3%	2,840	90.4%
	Total Pay expenditure	37,705	3,184	3,284	3,309	9,775	3,296	3,329	3,397	10,022	3,406	23,203	3,315	100.0%	3,142	100.0%
Variance Fav / (Adverse)	(988)	(45)	(100)	(54)	(199)	(119)	(114)	(136)	(369)	(182)	(750)	(107)		(82)		
Surgery Head and Neck	Pay budget	70,927	5,902	6,011	6,038	17,951	5,876	6,130	6,020	18,025	6,114	42,090	6,013		5,911	
	Bank	1,859	140	190	133	463	173	172	167	511	204	1,178	168	2.7%	155	2.5%
	Agency	808	60	91	75	226	120	102	105	327	79	632	90	1.4%	67	1.1%
	Waiting List initiative	1,394	121	112	133	366	133	162	161	456	146	968	138	2.2%	116	1.9%
	Overtime	485	103	37	44	184	37	65	12	114	14	312	45	0.7%	40	0.7%
	Other pay	69,195	5,732	5,816	5,917	17,465	5,660	5,863	5,876	17,400	5,965	40,830	5,833	93.0%	5,766	93.8%
	Total Pay expenditure	73,741	6,156	6,245	6,302	18,704	6,123	6,364	6,321	18,808	6,408	43,920	6,274	100.0%	6,145	100.0%
Variance Fav / (Adverse)	(2,814)	(254)	(234)	(264)	(753)	(247)	(235)	(301)	(783)	(294)	(1,830)	(261)		(235)		

Analysis of pay spend 2013/14 and 2014/15

Division		2013/14	2014/15										2013/14	2013/14		
		Total £'000	Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	73,478	6,188	7,195	7,051	20,433	7,117	7,161	7,243	21,521	7,301	49,255	7,036		6,123	
	Bank	1,813	172	195	163	530	151	172	162	485	222	1,237	177	2.5%	151	2.5%
	Agency	1,398	88	178	118	384	159	70	168	397	145	926	132	1.9%	117	1.9%
	Waiting List initiative	365	18	51	19	88	28	30	29	87	13	188	27	0.4%	30	0.5%
	Overtime	226	4	2	28	34	23	37	20	80	2	116	17	0.2%	19	0.3%
	Other pay	70,112	6,044	6,773	6,686	19,503	6,730	6,831	6,866	20,427	7,044	46,974	6,711	95.0%	5,843	94.9%
	Total Pay expenditure	73,913	6,326	7,199	7,014	20,539	7,092	7,140	7,244	21,476	7,425	49,440	7,063	100.0%	6,159	100.0%
Variance Fav / (Adverse)	(435)	(139)	(4)	37	(106)	25	22	(1)	45	(125)	(185)	(26)		(36)		
Facilities & Estates	Pay budget	18,435	1,535	1,594	1,509	4,638	1,616	1,679	1,621	4,916	1,619	11,173	1,596		1,536	
	Bank	555	60	93	74	228	82	133	102	316	96	640	91	5.7%	46	3.0%
	Agency	346	21	18	41	80	29	46	40	115	33	228	33	2.0%	29	1.9%
	Waiting List initiative	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	895	93	70	81	245	76	103	76	255	98	598	85	5.4%	75	4.9%
	Other pay	16,397	1,393	1,407	1,308	4,109	1,361	1,416	1,351	4,129	1,441	9,679	1,383	86.8%	1,366	90.1%
	Total Pay expenditure	18,193	1,568	1,589	1,505	4,662	1,548	1,698	1,569	4,815	1,669	11,145	1,592	100.0%	1,516	100.0%
Variance Fav / (Adverse)	242	(32)	5	4	(24)	68	(19)	53	101	(49)	28	4		20		
Trust Services (Including R&I and Support Services)	Pay budget	29,492	2,118	2,261	2,128	6,507	2,345	2,230	2,310	6,885	2,417	15,809	2,258		2,458	
	Bank	680	52	65	47	165	50	48	56	154	64	383	55	2.5%	57	2.4%
	Agency	375	64	30	41	135	64	34	40	139	72	346	49	2.3%	31	1.3%
	Waiting List initiative	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	114	11	9	11	31	8	11	7	27	10	68	10	0.4%	9	0.4%
	Other pay	27,425	2,083	1,967	1,960	6,011	2,087	2,118	2,178	6,382	2,028	14,421	2,060	94.8%	2,285	95.9%
	Total Pay expenditure	28,595	2,211	2,070	2,060	6,342	2,209	2,212	2,282	6,703	2,174	15,218	2,174	100.0%	2,383	100.0%
Variance Fav / (Adverse)	897	(94)	190	68	165	136	17	28	183	242	590	84		75		
Trust Total	Pay budget	312,726	25,928	27,613	27,335	80,876	27,467	27,752	27,745	82,964	28,006	191,845	27,406		26,060	
	Bank	9,702	783	1,010	771	2,564	852	988	923	2,762	1,029	6,356	908	3.3%	809	3.0%
	Agency	7,506	488	659	718	1,865	872	722	862	2,455	1,051	5,371	767	2.8%	625	2.4%
	Waiting List initiative	2,514	188	234	194	616	230	248	240	718	237	1,571	224	0.8%	210	0.8%
	Overtime	2,413	296	168	222	686	199	284	147	630	173	1,489	213	0.8%	201	0.8%
	Other pay	297,103	25,055	25,806	25,565	76,426	25,418	25,880	25,816	77,115	26,129	179,669	25,667	92.4%	24,759	93.1%
	Total Pay expenditure	319,238	26,810	27,876	27,469	82,157	27,571	28,121	27,987	83,681	28,619	194,457	27,780	100.0%	26,603	100.0%
Variance Fav / (Adverse)	(6,514)	(883)	(263)	(135)	(1,281)	(104)	(369)	(243)	(717)	(613)	(2,611)	(373)		(543)		

NOTE: Other Pay includes all employer's oncosts.

Key Issue	RAG	Executive Summary	Table																																																										
Financial Risk Rating		The Trust's overall Continuity of Services financial risk rating for the seven months ending 31 October is 4 (actual score 4.0, September 4.0).	Agenda Item 5.1 App 6																																																										
Service Level Agreement Income and Activity		<p>Contract income is £3.60m lower than plan for the 7 month period to 31 October. Activity based contract performance at £239.61m is £2.87m less than plan. Contract rewards / penalties at a net income of £2.52m is £0.43m less than plan. Income of £34.10m for 'Pass through' payments is £0.30m lower than Plan.</p> <table border="1"> <thead> <tr> <th rowspan="2">Clinical Service</th> <th rowspan="2">Activity to 31 October</th> <th colspan="2">Higher than Plan</th> <th colspan="2">Lower than Plan</th> </tr> <tr> <th>Number</th> <th>%</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A&E Attendances</td> <td>70,395</td> <td></td> <td></td> <td>560</td> <td>0.8</td> </tr> <tr> <td>Emergency</td> <td>22,274</td> <td>253</td> <td>1.1</td> <td></td> <td></td> </tr> <tr> <td>Non Elective</td> <td>1,499</td> <td></td> <td></td> <td>121</td> <td>7.5</td> </tr> <tr> <td>Elective</td> <td>8,163</td> <td></td> <td></td> <td>752</td> <td>8.4</td> </tr> <tr> <td>Day Cases</td> <td>32,064</td> <td>266</td> <td>0.8</td> <td></td> <td></td> </tr> <tr> <td>Outpatient Procedures</td> <td>31,514</td> <td></td> <td></td> <td>1,370</td> <td>4.2</td> </tr> <tr> <td>New Outpatients</td> <td>90,052</td> <td></td> <td></td> <td>7,929</td> <td>8.1</td> </tr> <tr> <td>Follow up Outpatients</td> <td>183,214</td> <td></td> <td></td> <td>14,847</td> <td>7.5</td> </tr> </tbody> </table> <p>An income analysis by commissioner is shown at Table INC 2. Information on clinical activity by Division, specialty and patient type is provided in table INC 3.</p>	Clinical Service	Activity to 31 October	Higher than Plan		Lower than Plan		Number	%	Number	%	A&E Attendances	70,395			560	0.8	Emergency	22,274	253	1.1			Non Elective	1,499			121	7.5	Elective	8,163			752	8.4	Day Cases	32,064	266	0.8			Outpatient Procedures	31,514			1,370	4.2	New Outpatients	90,052			7,929	8.1	Follow up Outpatients	183,214			14,847	7.5	Agenda Item 5.2 INC 1
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Savings Programme		The 2014/15 Savings Programme totals £20.771m. The forecast outturn has been revised to £16.965m – equivalent to 81.6% of the Plan for the year. Actual savings achieved for the seven months to 31 October total £8.326m (77% of Plan before the 1/12ths phasing adjustment), a shortfall of £2.506m against divisional plans.	Agenda Item 5.4																																																										

Key Issue	RAG	Executive Summary	Table
Income and Expenditure		The surplus before technical items for the first seven months of 2014/15 is £3.690m. This represents an over performance of £0.307m when compared with the planned surplus to date of £3.383m. Total income of £334.018m is £1.670m lower than Plan. Expenditure at £312.598m is lower than Plan by £0.262m. Financing costs are £1.715m lower than Plan.	Agenda Item 5.3
D&T		The Division reports a current month and cumulative overspending of £24k. Recruitment to vacancies and higher use of agency staff has resulted in the pay underspending reducing by £76k in October to £0.261m favourable. Operating income has over achieved in the month by £0.170m. Income from activities continues to run behind plan.	
Med		Cumulative overspending is £1.243m adverse, a deterioration of £0.236m in the month. The adverse movement in the run rate reflects continued overspending on nursing staff, patient transport costs and SLA under performance.	
Spec Serv		Overspending of £83k increases the cumulative overspending to £0.550m. Position reflects overspendings on pay budgets (nursing and medical staff) non achieved savings (£0.397m) and SLA underperformance.	
SH&N		Overspending to date of £2.987m represents an overspending of £0.786m in October. Causal factors are historical non achievement of savings programme and an underachievement of planned activity to date. Non pay budgets spend is £140k higher than plan for October (mainly drugs, clinical supplies and out sourced activity).	
W&C		Overspending to date totals £1.35m, an increase of £30k in October. Principal factors are underperformance on income from activities (£1.410m) and non achievement of savings programme (£0.943m).	
F&E		The cumulative underspending is £87k, an improvement of £19k in the month.	
THQ		Underspending of £90k in October, after receipt of funding for external interim staff, now results in a cumulative underspending of £86k.	
Capital		The Monitor capital expenditure performance target is to deliver the programme within 85% -115% of the Annual Plan. Expenditure for the first seven months totals £29.691m – this equates to 94% of the current plan for the period.	Agenda Item 6
Statement of Financial Position and Treasury Management		The cash balance on 31 October was £63.28m. The balance on Invoiced Debtors has decreased by £1.893m in the month to £14.607m. The invoiced debtor balance equates to 9.4 debtor days. Creditors and accrual account balances total £80.6m. Invoiced Creditors - payment performance for the month for Non NHS invoices and NHS invoices within 30 days was 79% and 72% respectively. Payment performance to date by invoice value is 86% for Non NHS and 88% for NHS invoices.	Agenda Item 7

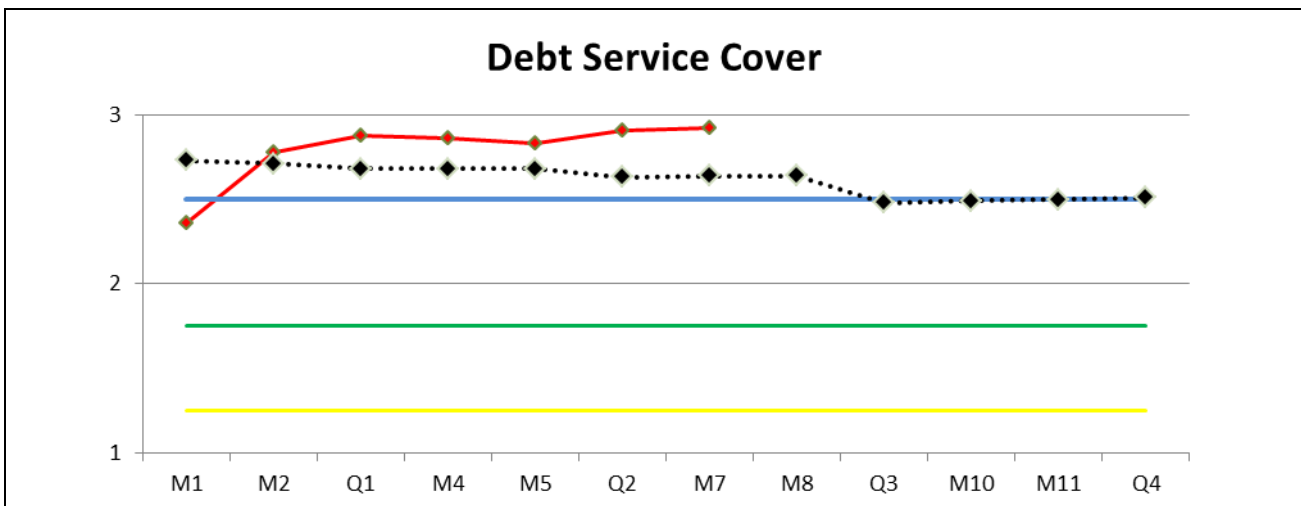
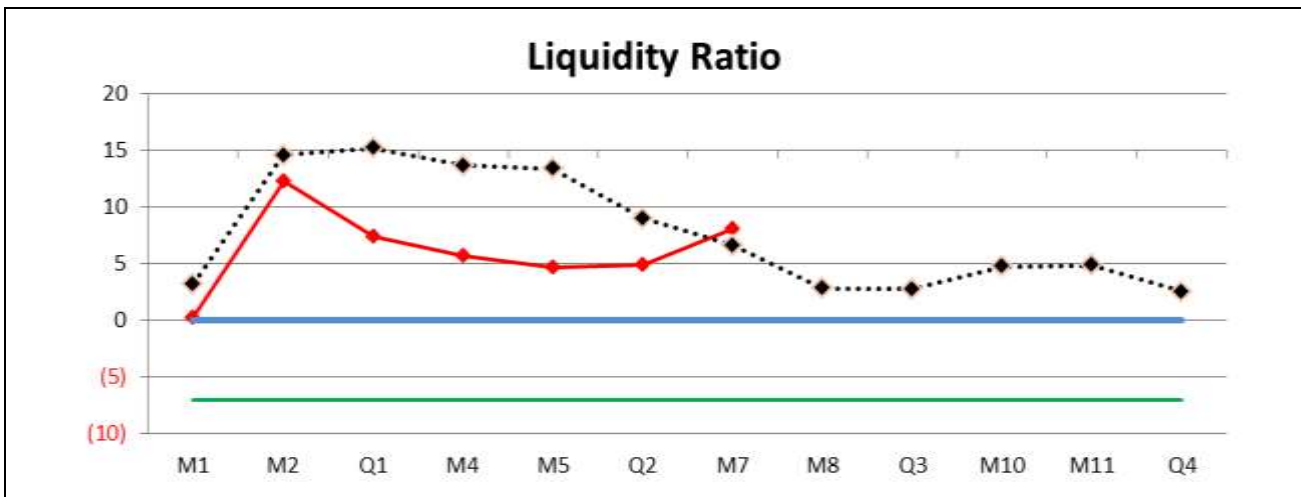
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report October 2014 - Risk Matrix

Risk Register Ref.	Description of Risk	Risk if no action taken		Action to be taken to mitigate risk	Lead	Residual Risk	
		Risk Score	Value			Risk Score	Value
741	Savings Programme	High	£'m 10.0	Programme Steering Group established. Monthly Divisional reviews to ensure targets are met. Benefits tracked and all schemes risk assessed.	JR	High	£'m 6.0
962	Delivery of Trust's Financial Strategy in changing national economic climate.	High	-	Long term financial model and in year monitoring of financial performance by Finance Committee and Trust Board.	PM	High	-
2116	Non delivery of contracted activity	High	10.0		JR	High	8.0
1240	SLA Performance Fines	High	3.0	Regular review of performance.	DL	Medium	1.0
	Commissioner Income challenges	Medium	3.0	Maintain reviews of data, minimise risk of bad debts	PM	Medium	2.0
1623	Risk to UH Bristol of fraudulent activity.	Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	Low	-

Continuity of Service Risk Rating – October 2014 Performance

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

	March 2014	Annual Plan 2014/15	June	September	October
Liquidity					
Metric Performance	2.71	2.53	7.35	4.90	8.03
Rating	4	4	4	4	4
Debt Service Cover					
Metric Performance	3.04	2.51	2.88	2.91	2.92
Rating	4	4	4	4	4
Overall Rating	4	4	4	4	4



	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	Totals	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Provision as per Resources Book	2,000	4,468	59,894	(108)	12,885	3,750	82,889										
Fund technical items			(8,588)				(8,588)										
Adjustments to V7		(98)	5,339				5,241										
Revised provision	2,000	4,370	56,645	(108)	12,885	3,750	79,542										
April Movements	(199)	161	(29,944)	595	(7,954)	(1,052)	(38,393)	1,342	5,986	9,901	9,368	7,467	752	6,158	(2,581)	38,393	
May Movements	(36)	(962)	(19,133)	0	(533)	(8)	(20,672)	1,622	154	205	1,326	12,583	989	345	3,448	20,672	
June Movements	(65)	117	(2,146)	0	386	(1,028)	(2,736)	(72)	113	282	124	151	51	90	1,997	2,736	
July Movements	(117)	(34)	(97)	0	(339)	(24)	(611)	22	5	95	287	7	33	124	38	611	
August Movements	(12)	(321)	(242)	0	(431)	(25)	(1,031)	260	86	80	140	229	74	70	92	1,031	
September Movements	(68)	(131)	(1,384)	0	(574)	(14)	(2,171)	181	198	222	598	353	483	85	51	2,171	
Month 6 balances	1,503	3,200	3,699	487	3,440	1,599	13,928	3,355	6,542	10,785	11,843	20,790	2,382	6,872	3,045	65,614	
Month 7 Movements							0										
Centralisation of Specialised Paediatrics			(9)			(271)	(280)					280				280	
EWTD					(130)		(130)	8	28	18	27	48	1			130	
Appointment Centre						(120)	(120)		120							120	
eSSC Project Support	(88)						(88)								88	88	
RHCN Student Funding					(79)		(79)					79				79	
SHN BRI Redevelopment					(71)		(71)				71					71	
Interim Funding for Posts	(150)						(150)							114		150	
CQUIN Funded Diabetic Nurse			(44)				(44)		44							44	
SIFT Funding					658		658									(658)	(658)
R&I Hosting Funds	50						50									(50)	(50)
Incremental Drift		(69)					(69)	13	8	7	11	19	1	10		69	
Paediatric Discharge Team			(36)				(36)					36				36	
Other	(37)	(36)	(55)			(62)	(190)	16	18	30	3	34	17	72		190	
Month 7 balances	1,278	3,095	3,555	487	3,818	1,146	13,379	3,392	6,760	10,840	11,955	21,322	2,401	7,068	2,425	66,163	

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at November 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

15 Partnership Programme Board Report
Purpose
To provide the Board with an update on matters considered at the October 2014 meeting of the University Hospitals Bristol and North Bristol NHS Trust Partnership Programme Board.
Abstract
The Partnership Programme Board meets to consider matters of relevance to the partnership agenda between University Hospitals Bristol and North Bristol NHS Trust with the aim of promoting highly effective joint working between the partner trusts for the benefit of patients and staff within the two organisations. A summary of the key issues discussed is provided to the Board, for information.
Recommendations
The Board is asked to note the highlight report of the October Partnership Programme Board.
Report Sponsor
<ul style="list-style-type: none"> • Sponsor – Chief Executive • Author – Director of Strategic Development
Appendices
<ul style="list-style-type: none"> • Appendix A – Partnership Programme Board Highlight Report October 2014.

The Partnership Programme Board (PPB)

Held on Monday 20th October 2014

Key Points Summary

Workforce

A small working group has been established to share current practice and learning on reducing recruitment times, workforce planning, bank and agency spend, staff retention and education commissioning.

NBT update

AY reported that the vascular services transfer went well and thanked all for their support. The Bath transfer took place last week and also went well.

It was noted that the surgery team have encountered a small number of issues following the move of vascular services from UH Bristol. The team are looking to find their own solution, and this will be reviewed at the next Trust Management Team. AY noted that as a team it is working very well.

AY acknowledged that NBT are experiencing access problems due major work which is happening within theatres. Outpatients are performing below target and RTT recovery isn't expected until the end of March, with the exception of spinal which will not recover in this timescale.

Following the submission for resilience funding from the CCG, AY explained that NBT wouldn't see an impact on capacity until the end of March due to recruitment constraints.

UH Bristol update

RW acknowledged that the vascular move also went well for UH Bristol and thanked NBT for their support. Moves into Level 7 and 8 of the new build happened successfully, and Level 5 was opened as part of the centralisation of specialist paediatrics. Internal ward moves continue and are on schedule.

The Trust is experiencing problems with access performance, and Monitor are expecting to receive a recovery plan for RTT by the end of November which will return the Trust to compliance for Non-admitted RTT from Q4 onwards. Timelines for Admitted RTT are yet to be confirmed.

Following our CQC inspection in September, the draft report is expected next month, with the final report due to be published in early December.

RW reported that Sir Ian Kennedy and Eleanor Gray visited the Trust last week, as part of their orientation. The visit went successfully.

Joint Stakeholder Strategy

RW explained that it was agreed at the recent Executive to Executive meeting that we need to agree a way to take forward the agenda of the System Leadership Forum which replaces the Healthy Futures Programme Board. The priorities of the Forum are currently being established.

It was discussed that the Boards could offer opportunities for other system leaders to speak to our Boards to share what they are doing. This was supported by the group. It was also agreed that the Partnership Programme Board could invite stakeholders to attend if opportunities arise.

Histopathology

RW advised that Paul Mapson had been involved in communications regarding Histopathology and noted that an overall view will aim to be presented to both trust Boards in November. The paper

North Bristol NHS Trust
University Hospitals Bristol NHS Foundation Trust

submitted will include individual impacts for each Trust.
<p>CAHMS AY reported that there is a delay to the tender being released. The CCG and Area Team are working together, however a timeline is unknown. HH advised that the current contract expires in March 2016. ES confirmed that the release of the tender will now be after the election.</p>
<p>Weston RW confirmed that Taunton and Somerset NHS Foundation Trust submitted a bid for Weston Area Health NHS Trust. Weston released a press release advising that they would confirm the preferred bidder towards the end of November/early December, following Weston's evaluation of Taunton's submission.</p>
<p>Other Areas of Collaboration</p> <p>NICU / Gynaecology. This was raised at a previous meeting. AY advised that NBT were not in a position to consider any amalgamation of the two services at the moment, and noted that their current service is resilient and delivers good outcomes.</p> <p>Clinical Genetics. Currently going through a national review. It is still unclear how many centres will be required.</p> <p>The group acknowledged that the two Trusts have a track record of delivering good service transfers in the City and agreed that we should communicate this more widely.</p>
<p>CQC Inspection UH Bristol reflected on the recent CQC inspection and noted that a huge amount of data was requested prior to, during and after the inspection. UH Bristol reported that they found it useful to have daily wash up meetings. Preparation was critical and the message we gave to staff was to continue as business as usual, noting that it was an opportunity for staff to feedback on what they feel we do well and to acknowledge areas where improvements are required.</p>
<p>Strategy for Development of Clinical Academics David Wynick, Joint Director of Research, attended the meeting and presented a proposal to develop a clear strategy for integration between NHS providers and academic institutions. This work will form part of the Bristol Health Partners approved pan-Bristol Research Priorities work stream to complement the on-going University of Bristol "Biomedical Review".</p> <p>DW put forward 6 proposals for the group to consider and it was agreed that a short life project group will be established and report to the Programme Board. Any decisions would then need to be made by individual Trust Boards.</p>
<p>Review of Governance A review of governance arrangements at NBT is underway. NBT Trust Secretary to liaise with UH Bristol Trust Secretary.</p>
<p>Vacancies NBT advised that they are currently out to advert for two Non-Executive Directors.</p>
<p>Date of Next Meeting Wednesday 21st January, 15.00 – 17.00, Conference Room, UH Bristol Trust Headquarters.</p>

**Cover Sheet for a Report for a meeting of the Trust Board of Directors
to be held in Public on 27 November 2014 at 10.30 am
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

16. Medium Term Capital Programme Review
Purpose
The purpose of this report is to present the proposed Medium Term Capital Programme for the period 2016/17 to 2020/21 for Board review and describe the approach to developing the medium term strategic capital priorities under the programme banner of <i>Campus Phase V</i> .
Abstract
<p>The Medium Term Capital Programme was approved by the Board in June 2014. However, the programme for 2016/17 onwards was very much indicative at that time and has been subsequently developed.</p> <p>This report informs the Board of the proposed Medium Term Capital Programme to 2020/21 and sets out the proposed allocations for specific areas of capital expenditure – both operational and equipment. The Programme will not only support the renewal of equipment and maintenance of buildings as in usual years but it presents a further opportunity to further the Trust’s Clinical Strategy and address areas of the estate that now appear poor when compared to our modern environments.</p> <p>The Medium Term Capital Programme will be subject to a further review in March 2015 and approval by the Board as part of annual budget setting processes.</p> <p>Further detail on the means by which priorities will be identified will be presented at a later date, when consultation with Divisions and other stakeholders has concluded.</p>
Recommendations
The Board is recommended to receive the report for information and confirm their support for the proposed approach to identifying medium term capital priorities.
Report Sponsors
Director of Strategic Development Director of Finance and Information
Appendices
<ul style="list-style-type: none"> • x.1 – Medium Term Capital Programme Review Report • x.2 – Medium Term Capital Programme Review Attachments

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	19/11/14		24/11/14		CPSG* 10/11/14

*Capital Programme Steering Group

Medium Term Capital Programme Review

1. Introduction

- 1.1 The Medium Term Capital Programme is currently established for the period 2014/15 to 2018/19. However the programme for 2016/17 onwards is very much indicative.
- 1.1 It has always been the intention to review the Medium Term Capital Programme once the major redevelopment schemes are approaching completion and in particular extend the period covered to enable plans to be formulated for the next five years or so.
- 1.2 The outline programme from 2016/17 created by this review sets out the proposed allocations for specific areas of capital spending. Within those proposed allocations prioritised plans can be created. In particular the Strategic Implementation Plans can be created within the funding parameters outlined.
- 1.3 Attachment 1 shows a high level summary of the proposed Medium Term Capital Programme.

2 Sources of Funding

- 2.1 Attachment 2 sets out the sources of capital funding for the period to 2020/21.
- 2.2 The primary source of funding is internal depreciation which is projected to exceed £23 million per year.
- 2.3 The net proceeds from the sale of the BRI Old Building are shown in 2016/17. Other options for the BRI Old Building will be evaluated but the disposal receipt is the default option against which other options are evaluated.
- 2.4 It should be noted that no further charitable receipts are assumed after the substantial donations in 2014/15 and 2015/16 are received. There is therefore scope for further schemes funded in full or in part by charitable sources.
- 2.5 From 2017/18 no cash call or contribution has been assumed i.e. total sources and applications have been made equal with the balancing line being the Strategic Capital schemes.
- 2.6 It is not envisaged that there will be further borrowing in the next 5 years or so unless there is a pressing need for a major service re-configuration which cannot be accommodated within the allocation proposed here.

3 Application of Funding (set out in Attachment 3)

3.1 Strategic Schemes - introduction

- 3.1.1 As the Trust's major capital schemes come to fruition it is timely to consider the next set of priorities for capital investment across the site. In support of this work, the Medium Term Capital Programme has been developed to set out the available capital to 2020/21 and in parallel the Trust Board has recently approved the over-arching Estates Strategy which sets out the estate priorities for the period out to 2020.
- 3.1.2 Within the Medium Term Capital Programme, after other commitments as proposed are allowed, for example, 'business as usual' investments in medical equipment and operational capital, there is £36 million available for Strategic schemes of which £6 million will be held as a contingency over the period 2016/17 to 2020/21.

3.2 Strategic Schemes - proposal

- 3.2.1 There are two primary drivers to future capital priorities, capital investment to further the Trust's clinical strategy and investments to improve areas of the estate that have not been impacted by the recent major programme of works and which, as a consequence are now more apparently in need of modernisation and/or refurbishment.
- 3.2.2 Previously, strategic refurbishment funds have been targeted at individual investments exceeding £3 million however it is proposed that schemes in excess of £1.5 million are considered against the £30 million funding with residual priorities being funded from operational capital. On this basis, a larger number of smaller but critical schemes will still be able to be prioritised and funded from annual operational capital. In addition, Above and Beyond have signalled their willingness to consider a "major" initiative from 2016 onwards should a scheme be identified that meets their criteria for charitable support.
- 3.2.3 For the purpose of scoping future priorities against the £30 million, it is proposed that priorities are considered in two main ways:
- (i) *Investments to deliver the Trust's Strategy (Clinical and Estates)*. These are expected to be surfaced through the work in hand to develop the Strategic Implementation Plan and could include initiatives such as theatre expansion and additional ward (or care) capacity. Divisions will be asked to describe any major capital developments required to deliver their strategic intentions. It is proposed that additional architect and cost advisor resource will be procured to facilitate this work.
- (ii) *Investments to upgrade and/or remodel existing trust estate*, for example, radiology refurbishment. It is proposed that the inputs to creating the long list for further consideration and prioritisation are broad and inclusive of as many sources of information as possible and will include, but not be limited to:
- Divisional proposals;
 - Governors' priorities;
 - Complaints themes;
 - Incident reporting themes;
 - Estates intelligence including PLACE reports, ERIC returns and backlog maintenance reports; and
 - Referral from SLT and all sub-groups and notably those responsible for patient safety, quality and Health & Safety.

- 3.2.4 It is proposed that this work is commenced and run in parallel with the 2015/16 capital planning round to ensure optimal alignment with the annual planning process.
- 3.2.5 The strategic scheme prioritisation process will be led by the Director of Strategic Planning with day to day responsibility for delivery residing with Andy Headdon, Programme Director.
- 3.2.6 Next steps will be to set out a clear process including milestones and timelines for this work.

3.3 Medical Equipment

- 3.3.1 This is the most difficult area to assess. An exercise has been undertaken using the Trust's asset register and plotting the likely replacement requirement for all major assets with a gross replacement cost of over £0.5 million.
- 3.3.2 Attachment 4 sets out a likely programme of requirements. On top of these potential commitments it is judged that a non-major items programme of £3.0 million per year is required from 2016/17 for medical equipment replacement below £0.5 million per item. Of the £3.0 million, £0.5 million per year will be held as a contingency.
- 3.3.3 The result shows that a total of £32.7 million for 2016/17 to 2020/21 is programmed.
- 3.3.4 It should be noted, however, that the items shown in attachment 4 are NOT being approved but will still need to be reviewed and prioritised each year. In some cases they may be deleted or deferred or replaced by entirely different technological solutions. Ideally an Imaging Strategy would feed such plans going forward.

3.4 IM&T / Technology

- 3.4.1 The current CSIP programme takes the Trust up to 2016/17. The assumption is that c. £1.5 million is likely to be required each year to continue the development of new IT systems and also enable the replacement of hardware and networking equipment.
- 3.4.2 The £0.5 million PC replacement line is purely technical and represents replacement PCs paid for out of revenue budgets but charged to capital. The position will need to be regularly reviewed.
- 3.4.3 The IM&T schedule is shown in Attachment 5.

3.5 Estates Replacement Programme

- 3.5.1 This includes a number of areas including works replacement, fees, health and safety, fire precautions, vehicle replacement and lease obligations.
- 3.5.2 These are based largely on previous sums managed in the Medium Term Capital Programme. At the time of writing a risk adjusted Backlog Maintenance Programme was not available from the Estates Department so a further assessment is not possible at this time but, in theory, the huge investment in the estate and disposal of the oldest and poorest condition buildings should have reduced the Backlog Maintenance requirement.

- 3.5.3 It is suggested that this area of the Medium Term Capital Programme is re-assessed in due course when more information is available.
- 3.5.4 Attachment 5 sets out the proposed programme of c. £2.7 million per year.

3.6 Operational Capital

3.6.1 The annual allocation of £5.45 million includes a contingency sum and funding for the three areas as follows:

	£million	
Operational Capital	3.50	For prioritisation
Dental Capital	0.45	Ring fenced from Dental SIFT
Divisional Capital	1.00	
Contingency	<u>0.50</u>	
Total	<u>5.45</u>	

- 3.6.2 These sums have no science behind them but are merely judgements above the sums needed to keep the Trust’s operation in good order.
- 3.6.3 Clearly they need to be seen alongside the Major Medical and Strategic schemes allocation as flexibility between the three areas is often useful and appropriate.
- 3.6.4 The issue of renewals was discussed at the recent ‘Breaking the Cycle’ days. However, after reviewing the items that were raised it is considered that there does not need to be a change in the way capital is allocated but that proper prioritisation at operational and clinical level in Divisions should ensure such requirements are met from either Divisional Capital, Operational Capital or Medical equipment programmes.

4 Conclusions and Recommendations

- 4.1 The review set out in this document provides careful consideration for the capital needs of UH Bristol for the period 2016/17 to 2020/21. The available resource of £23 million to £24 million per year does provide a substantial resource for capital investment over each of the next 5 years or so.
- 4.2 Schemes outside of the proposed parameters will need to be subject to a rigorous Business Case which demonstrates full affordability.
- 4.3 The Board is recommended to receive the report for information.

Paul Mapson
Director of Finance & Information
13th November 2014

Deborah Lee
Director of Strategic Development

Medium Term Capital Programme SOURCES

	Prior Years	Total 2014/15	Revised Plan Nov 2014/15	Slippage B/Fwd	2015/16	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Public Dividend Capital	490	2,625	2,625	-	-	-	-	-	-	-	-	3,115
Retained Depreciation	35,498	19,211	19,181	-	22,302	22,302	23,021	23,932	24,638	24,638	24,638	197,848
Prudential Borrowing	74,950	20,000	20,000	-	-	-	-	-	-	-	-	94,950
Donations	1,100	8,605	10,712	-	2,000	2,000	-	-	-	-	-	13,812
Disposals	-	700	700	-	1,100	1,100	3,300	-	-	-	-	5,100
VAT Recovery	-	954	954	-	-	-	-	-	-	-	-	954
Cash Requirements	27,229	5,486	2,607	8,875	(4,852)	4,024	(2,182)	-	-	-	-	31,678
Total Source of funds	139,267	57,581	56,779	8,875	20,551	29,426	24,140	23,932	24,638	24,638	24,638	347,457

APPLICATIONS

	Prior Years	Total 2014/15	Revised Plan Nov 2014/15	Slippage B/Fwd	2015/16	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Schemes	122,835	32,662	29,544	3,523	11,531	15,054	5,399	8,358	7,447	6,698	9,178	204,513
Medical Equipment	3,089	8,078	6,072	1,620	4,020	5,640	7,080	5,580	7,100	7,750	5,168	47,479
Information Technology	4,159	9,075	7,620	1,458	1,256	2,714	1,966	2,000	2,000	2,000	2,000	24,459
Estates Replacement	3,496	2,957	2,932	-	2,400	2,400	2,725	2,775	2,725	2,725	2,725	22,503
Operational Capital	5,688	12,276	10,611	2,274	6,256	8,530	5,450	5,450	5,450	5,450	5,570	52,199
Total Committed Schemes	139,267	65,048	56,779	8,875	25,463	34,338	22,620	24,163	24,722	24,623	24,641	351,153
Net slippage for the year		(7,467)	-		(4,913)	(4,913)	1,520	(231)	(84)	15	(3)	(3,696)
Total Application of funds	139,267	57,581	56,779	8,875	20,551	29,426	24,140	23,932	24,638	24,638	24,638	347,457

SOURCES

Source of Funds	Prior Years £000's	Total 2014/15 £000's	Revised Plan Nov 2014/15 £000's	Slippage B/Fwd £000's	2015/16 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	Total £000's
Public Dividend Capital												
2013/14	490	-				-	-	-	-	-	-	490
Safer hospitals safer care technology fund	-	2,625	2,625	-	-	-	-	-	-	-	-	2,625
Sub total Public Dividend Capital	490	2,625	2,625									3,115
Retained Depreciation												
Depreciation from V8	35,498	19,224	19,181	-	22,302	22,302	23,021	23,932	24,638	24,638	24,638	197,848
Sub Total Retained Depreciation	35,498	19,211	19,181	-	22,302	22,302	23,021	23,932	24,638	24,638	24,638	197,848
Prudential Borrowing												
Prudential Borrowing	74,950	-		-	-	-	-	-	-	-	-	74,950
Prudential Borrowing - additional funds	-	20,000	20,000	-	-	-	-	-	-	-	-	20,000
Sub Total Prudential Borrowing	74,950	20,000	20,000	-	-	-	-	-	-	-	-	94,950
Donations												
Area 61 - Divisional scheme (A&B & TCT)	-	17	36	-	-	-	-	-	-	-	-	36
Friends of Bristol eye	-	-	27	-	-	-	-	-	-	-	-	27
Dolphin House (UofB)	-	-	20	-	-	-	-	-	-	-	-	20
Chapter House Lecture Theatre (UofB)	-	-	87	-	-	-	-	-	-	-	-	87
HELP appeal - Air Ambulance	250	250	250	-	-	-	-	-	-	-	-	500
BHOC upgrade - Above & Beyond	-	2,000	2,000	-	-	-	-	-	-	-	-	2,000
BHOC upgrade - Friends of BHOC	-	2,000	2,000	-	-	-	-	-	-	-	-	2,000
BHOC upgrade - Teenage Cancer Trust	850	1,500	1,500	-	-	-	-	-	-	-	-	2,350
BRI Redevelopment - Above & Beyond	-	-	-	-	2,000	2,000	-	-	-	-	-	2,000
CSP - The Grand Appeal	-	3,838	4,792	-	-	-	-	-	-	-	-	4,792
Risk re charitable donations	-	(1,000)	-	-	-	-	-	-	-	-	-	-
Sub Total New system funding	1,100	8,605	10,712	-	2,000	2,000	-	-	-	-	-	13,812
Disposals												
Sale of Kingsdown	-	700	700	-	-	-	-	-	-	-	-	700
Sale of The Grange	-	-	-	-	1,100	1,100	-	-	-	-	-	1,100
Sale of BRI Old Building (not demolished)	-	-	-	-	-	-	3,300	-	-	-	-	3,300
Sub Total Disposals	-	700	700	-	1,100	1,100	3,300	-	-	-	-	5,100
VAT Recovery												
Welcome Centre	-	954	954	-	-	-	-	-	-	-	-	954
Sub Total VAT Recovery	-	954	954	-	-	-	-	-	-	-	-	954
Cash Requirements												
Planned cash contribution	27,229	5,486	2,607	8,875	(4,852)	4,024	(2,182)	-	-	-	-	31,678
Total Source of funds	139,267	57,581	56,779	8,875	20,551	29,426	24,140	23,932	24,638	24,638	24,638	347,457

SUMMARY OF MAIN ALLOCATIONS

Main allocation	Prior Years	Total 2014/15	Revised Plan Nov 2014/15	Slippage B/Fwd	2015/16	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
STRATEGIC SCHEMES												
BRI Redevelopment - Phase 3	75,283	13,525	13,139	-	-	-	-	-	-	-	-	88,422
BRI Façade Project	324	3,221	2,798	423	-	423	-	-	-	-	-	3,545
BRI Redevelopment - Phase 4	895	8,833	6,662	2,664	11,531	14,195	1,200	-	-	-	-	22,952
Specialist Paediatrics	26,212	5,004	5,104	-	-	-	-	-	-	-	-	31,316
BHOC Strategy	14,403	1,643	1,721	-	-	-	-	-	-	-	-	16,124
Strategic Capital	-	-	120	-	-	-	2,999	7,158	6,247	5,498	7,978	30,000
Strategic Capital contingency	-	-	-	-	-	-	1,200	1,200	1,200	1,200	1,200	6,000
BRI Welcome Centre	5,718	436	-	436	-	436	-	-	-	-	-	6,154
TOTAL STRATEGIC SCHEMES	122,835	32,662	29,544	3,523	11,531	15,054	5,399	8,358	7,447	6,698	9,178	204,513
MEDICAL EQUIPMENT												
Emergency Medical Equipment	202	71	71	-	-	-	-	-	-	-	-	273
Major medical programme - pre 2013/14	303	262	227	-	-	-	-	-	-	-	-	530
Major medical programme - 2013/14	562	2,993	2,457	-	-	-	-	-	-	-	-	3,019
Major medical programme - 2014/15	2,022	2,578	2,477	-	-	-	-	-	-	-	-	2,477
Major medical programme - 2015/16 onwards	-	-	-	-	4,020	4,020	6,580	5,080	6,600	7,250	4,668	36,220
Major medical programme - contingency	-	-	-	-	-	-	500	500	500	500	500	2,500
Replacement MRI scanner	-	1,500	-	1,500	-	1,500	-	-	-	-	-	1,500
Syringe Drivers	-	-	286	-	-	-	-	-	-	-	-	286
ITU Monitors	-	674	-	120	-	120	-	-	-	-	-	674
TOTAL MEDICAL EQUIPMENT	3,089	8,078	6,072	1,620	4,020	5,640	7,080	5,580	7,100	7,750	5,168	47,479
IM&T	4,159	9,075	7,620	1,458	1,256	2,714	1,966	2,000	2,000	2,000	2,000	24,459
ESTATES REPLACEMENT PROGRAMME	3,496	2,957	2,932	-	2,400	2,400	2,725	2,775	2,725	2,725	2,725	22,503
OPERATIONAL CAPITAL												
Contingency	135	408	1,165	-	-	-	-	-	-	-	-	1,300
Operational Capital - pre 2013/14	2,367	447	459	-	-	-	-	-	-	-	-	2,826
Operational Capital - 2013/14	1,228	2,405	2,166	65	-	65	-	-	-	-	-	3,459
Operational Capital - 2014/15	-	2,315	2,110	336	-	336	-	-	-	-	-	2,446
Operational Capital - future years	-	-	-	-	3,000	3,000	3,500	3,500	3,500	3,500	3,620	20,620
Operational Capital - Contingency	-	-	-	-	-	-	500	500	500	500	500	2,500
Cook /Freeze	-	250	-	250	-	250	-	-	-	-	-	250
Sterile Services	1,163	861	1,118	-	1,756	1,756	-	-	-	-	-	4,037
Dental Capital	64	1,383	1,359	-	450	450	450	450	450	450	450	4,123
Divisional Capital	594	1,172	1,100	-	600	600	1,000	1,000	1,000	1,000	1,000	7,294
PEAT/PLACE	97	130	231	-	-	-	-	-	-	-	-	328
Radiopharmacy	-	500	500	-	-	-	-	-	-	-	-	500
VAT contingency/ Balance of loan	-	2,000	-	1,623	450	2,073	-	-	-	-	-	2,073
Spend to Save	40	405	403	-	-	-	-	-	-	-	-	443
TOTAL OPERATIONAL CAPITAL	5,688	12,276	10,611	2,274	6,256	8,530	5,450	5,450	5,450	5,450	5,570	52,199
TOTAL COMMITTED SCHEMES	139,267	65,048	56,779	8,875	25,463	34,338	22,620	24,163	24,722	24,623	24,641	351,153
Slippage from prior year					-	-	4,913	3,393	3,624	3,708	3,693	19,332
In year slippage		(7,467)	-		(4,913)	(4,913)	(3,393)	(3,624)	(3,708)	(3,693)	(3,696)	(23,028)
Net slippage for the year		(7,467)	-		(4,913)	(4,913)	1,520	(231)	(84)	15	(3)	(3,696)
	139,267	57,581	56,779	8,875	20,551	29,426	24,140	23,932	24,638	24,638	24,638	347,457

Major Medical Programme

		Revised Plan Nov 2014/15 £000's	Slippage B/Fwd £000's	2015/16 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's
A. Funded in current programme										
MRI scanner (asset no. 001744)	Queens Building	-	1,500	-	1,500	-	-	-	-	-
Linear Accelerator SL22B (asset no. 001742)	BHOC	-	-	-	-	2,580	-	-	-	-
Linear Accelerator SL22D (asset no. 001885)	BHOC	-	-	-	-	-	2,580	-	-	-
Total funded in current programme		-	1,500	-	1,500	2,580	2,580	-	-	-
B. Major replacement required										
Linear Accelerator Clinac 600A (asset no. 000318)	BHOC	-	-	-	-	-	-	2,100	-	-
CT Scanner (asset no. 001663)	Queens Building	-	-	1,000	1,000	-	-	-	-	-
Varian Acuity (asset no 001674) -replace with CT	BHOC	-	-	1,000	1,000	-	-	-	-	-
MRI scanner (asset no. 000311)	Queens Building	-	-	-	-	1,500	-	-	-	-
Gamma Camera (asset no. 000657)	Queens Building	-	-	-	-	-	-	1,000	-	-
Oncology System (asset no. 002421)	BHOC	-	-	-	-	-	-	1,000	-	-
MRI scanner (asset no. 000787)	BHI	-	-	-	-	-	-	-	1,500	-
BI Plane cath lab (asset no. 000831)	BHI	-	-	-	-	-	-	-	1,250	-
Hybrid cath lab (asset no. 000832)	BHI	-	-	-	-	-	-	-	1,000	-
Monoplane cath lab (asset no. 000833)	BHI	-	-	-	-	-	-	-	1,000	-
Intervention room (asset no. 002383)	Queens Building	-	-	-	-	-	-	-	-	600
128 Slice CT scanner (asset no. 002384)	Queens Building	-	-	-	-	-	-	-	-	650
Big Bore CT scanner (asset no. 002414)	BHOC	-	-	-	-	-	-	-	-	700
Total major replacement required		-	-	2,000	2,000	1,500	-	4,100	4,750	1,950
C. Residual major medical funds										
Major medical funds - current allocation		5,232	-	520	520	3,300	1,920	400	250	2,718
Major medical funds - top up allocation		-	-	1,500	1,500	(800)	580	2,100	2,250	-
Critical care monitors		554	120	-	120	-	-	-	-	-
Syringe Drivers		286	-	-	-	-	-	-	-	-
Contingency		286	-	-	-	500	500	500	500	500
Total residual major medical funds		6,358	120	2,020	2,140	3,000	3,000	3,000	3,000	3,218
Proposed Major Medical Programme		6,358	1,620	4,020	5,640	7,080	5,580	7,100	7,750	5,168

INFORMATION TECHNOLOGY

Job description	Prior Years	Total 2014/15	Revised Plan Nov 2014/15	Slippage B/Fwd	2015/16	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Digital Imaging & UPACS	873	285	619	-	-	-	-	-	-	-	-	1,492
Digital dictation & speech recognition	222	347	347	-	-	-	-	-	-	-	-	569
Connecting Care	80	475	475	-	-	-	-	-	-	-	-	555
EDM	-	1,548	1,154	394	45	439	5	-	-	-	-	1,598
Electronic prescribing	4	889	889	-	-	-	-	-	-	-	-	893
Other	-	464	30	434	-	434	333	-	-	-	-	797
IM&T - Trust Hardware	1,113	3,422	2,946	142	611	753	528	226	400	-	-	5,966
IM&T General	406	114	63	-	100	100	100	-	-	-	-	669
IM&T Strategy	-	-	-	-	-	-	500	1,274	1,100	1,500	1,500	5,874
Critical Care CIS	-	951	463	488	-	488	-	-	-	-	-	951
Portering System	-	80	80	-	-	-	-	-	-	-	-	80
Risk Management System	-	-	54	-	-	-	-	-	-	-	-	54
PC replacement	1,461	500	500	-	500	500	500	500	500	500	500	4,961
	4,159	9,075	7,620	1,458	1,256	2,714	1,966	2,000	2,000	2,000	2,000	24,459

ESTATES REPLACEMENT

Job description	Prior Years	Total 2014/15	Revised Plan Nov 2014/15	Slippage B/Fwd	2015/16	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Compliance with lease obligations	21	127	127	-	50	50	100	100	50	50	50	548
Feasibility fees	74	50	50	-	25	25	50	100	100	100	100	599
Fire precautions	254	123	123	-	75	75	150	150	150	150	150	1,202
Health & Safety	-	25	-	-	25	25	50	50	50	50	50	275
Vehicle Replacement	159	30	30	-	25	25	75	75	75	75	75	589
Works Replacement (incl. H&S, Fire & Vehicles)	2,988	2,602	2,602	-	2,200	2,200	2,300	2,300	2,300	2,300	2,300	19,290
	3,496	2,957	2,932	-	2,400	2,400	2,725	2,775	2,725	2,725	2,725	22,503

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

17. Monitor Feedback on University Hospitals Bristol NHS FT 5-year Strategic Plan
Purpose
The purpose of this report is to inform the Trust Board of Directors of Monitor’s assessment of the Trust’s 5-year Strategic Plan.
Abstract
<p>Monitor employs a two-phase approach to the Foundation Trust planning process. The second stage of the process involves the production and submission of a 5-year Strategic Plan.</p> <p>Monitors approach to assessing UHB’s strategic plan has involved a review of the robustness of financial projections which underpin the plan using a number of sensitivities, resulting in a RAG rating of green, amber or red.</p> <p>UHB’s Strategic Plan has received a rating of Amber. Although Monitor have noted the Trust’s longer term plans are clear with a strong direction, their opinion reflects concerns with regard to financial projections and assumptions included in the financial strategic model in terms of sustainability. Monitor made particular reference to the Trust’s cost improvement programme projections which appear low compared to the efficiency factor in the tariff.</p> <p>Monitor has requested that UHB review the Trust’s assumptions to ensure financial pressures are adequately reflected.</p>
Recommendations
The Board is recommended to receive the report to note.
Report Sponsor
Chief Executive
Appendices
Appendix A: Monitors Review of five-year strategic plans

Previous Meetings

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

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

31 October 2014

Robert Woolley
University Hospitals Bristol NHS Foundation Trust
Trust HQ
Marlborough Street
Bristol
BS1 3NU

Dear Robert

University Hospitals Bristol NHS Foundation Trust

Your foundation trust's five-year strategic plans

Thank you for the huge efforts of your foundation trust during this planning round to address the major challenges faced by the healthcare sector. Below I have summarised key findings from our review of the five year plans and next steps.

Background

Our review of last year's strategic planning concluded that there were significant opportunities for the majority of foundation trusts to improve¹. This is important as a clear and well thought-out strategy helps foundation trusts achieve the vision and values of the NHS by sustaining safe, effective care for patients in the medium term. Supporting the sector to improve was therefore a key objective of the 2014/15 planning round and why we added the five-year strategic plan to the process. More recently, we launched the Strategy Development Toolkit with guidance for foundation trust boards and their teams on every stage of the strategy development process.

In our letter of 16 May 2014, we stressed the importance of foundation trusts having a realistic view of the scale of the financial challenge over the next few years. Furthermore, we reassured you that we want to engage with you in a supportive manner if risks to sustainability are identified. Our approach to reviewing this year's five-year plans has been governed by these principles.

Overview

Our review of the five-year plans has highlighted a number of improvements:

- the "optimism bias" identified in previous plans has become less pronounced
- there is a higher quality of diagnosis and analysis of the various issues facing foundation trusts
- there is evidence of providers and commissioners working more closely together to identify and confront emerging pressures
- some truly innovative transformational initiatives are being developed and implemented across local health economies.

¹ See [Meeting the needs of patients: Improving strategic planning in NHS foundation trusts](https://www.gov.uk/government/publications/nhs-foundation-trusts-improving-strategic-planning), available at <https://www.gov.uk/government/publications/nhs-foundation-trusts-improving-strategic-planning>

However, our analysis shows that there are still some key issues in strategic planning at many foundation trusts:

- overall cost improvement programmes (CIPs) appear insufficient to offset the financial pressures facing the system
- transformational changes are not yet widespread enough across the sector
- there is evidence of poor alignment between provider and commissioner plans
- in aggregate, financial pressures continue to be under-modelled in plans.

As a result, there are concerns about the robustness of foundation trusts' plans to deliver quality care on a sustainable basis.

Our approach to the assessment of your strategic plan

We have not undertaken an in-depth review of foundation trusts' strategies and plans. Instead, we have tested the robustness of the financial projections which describe those plans. We did this by applying a limited number of sensitivities to foundation trusts' own financial projections to adjust for parameters generally known to be poorly modelled².

We have used a RAG rating to categorise our assessment of the level of risk in each case:

Green	No undue concerns were raised from review of the strategic plan. We will continue to monitor ongoing delivery as normal.
Amber	The sensitisation of the projections identifies that the foundation trust's sustainability may be marginal. We therefore ask the trust to review its plans in light of our findings, and to consider what improvements in strategic planning may be required.
Red	There appears to be a high risk to sustainability. Where appropriate, we will invite foundation trusts in this category to a meeting with Monitor so we can reach a shared understanding of possible gaps and agree what is required to close these in terms of resources, support and milestones.

We recognise that there may be limitations in some cases to using top-down sensitivities and will not base any response on this alone. We are of course happy to discuss the outcome and approach applied for your foundation trust with you.

Outcome of the assessment of your strategic plan and next steps

Your strategic plan has been rated as Amber.

The Trust's strategic plan set out the Trust's longer term plans with clarity and strong direction, however, we have concerns with financial projections and assumptions which were included in the financial strategic model. The sensitisation of the projections which were undertaken identifies that the Trust's sustainability may be marginal. In particular, the levels

² The following adjustments to trusts' assumptions were made:

- i. expected CIP delivery was adjusted in light of past performance and delivery against plan
- ii. anticipated pressures to tariff and costs were uplifted in line with Monitor guidance
- iii. contingencies in plans were released (this mitigates against the above adjustments)
- iv. capital expenditure forecasts were reduced to reflect the historical underspend in the sector against plan.

of CIP included in the projections over the planning period appear low compared to the efficiency factor in the tariff. Notwithstanding the need to plan on a realistic basis, foundation trusts need to ensure sufficient ambition is included. Also, the financial projections have potentially under-modelled financial pressures (efficiency factor) compared to national guidance. Whilst you should form your own view on local inflation, we ask you to review the assumptions in your plans in future to ensure financial pressures are adequately reflected. We will discuss this further with Paul Mapson when we visit the Trust on 10 November.

Further information

In early November you will receive a letter from Monitor, NHS England and the NHS Trust Development Authority which sets out the timetable and high level principles for the 2015/16 planning round. Monitor's full guidance will be published in early December.

The summarised version of your strategic plan will be published on our website shortly.

As referred to earlier, we recently published our Strategy Development Toolkit. The toolkit describes a seven-stage framework for boards and their teams, and offers practical guidance at every step of the process together with case studies from other NHS providers. It is a series of frameworks, analyses and ideas intended to provide direction and inspiration, rather than to be prescriptive. Please download the toolkit [here](#)³; you can also find a link to the landing page, together with further information, [here](#)⁴. We hope you find it helpful.

If you have any queries, please feel free to contact me.

Yours sincerely



Amanda Lyons

Senior Regional Manager

Direct line: 02037470485

Cc: Dr John Savage , Chairman

Kate Holden Senior Regional Manager

³ Available at <https://drive.google.com/uc?export=download&id=0B8FRBEcO1QyULXYxRWIza0xSRjQ>

⁴ Available at <https://www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers>

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

18. Remuneration Committee Terms of Reference - review
Purpose
The purpose of this report is to brief the Trust Board of Directors on the outcome of the Remuneration Committee terms of reference annual review.
Abstract
<p>Following a review of the role and responsibilities of the Trust’s Board of Directors Remuneration Committee and Nomination and Appointments Committee, this paper reflects a proposal to combine the two committees, due to the significant overlap in responsibility.</p> <p>The proposed Terms of Reference reflect the amalgamation of the two committees in terms of discharging its duties.</p> <p>The Remuneration Committee met and approved the proposed terms of reference for submission to Board on 14th November.</p>
Recommendations
The Board is recommended to approve the proposal to combine the Remuneration Committee and Nomination and Appointments Committee, and establish the Remuneration and Nomination Committee to operate and discharge it’s duties in line with this proposed Terms of Reference.
Report Sponsor
Vice-Chair/Chair of Remuneration Committee
Appendices
Appendix A: Remuneration and Nomination Committee proposed Terms of Reference

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
					Remuneration Committee 14 th November 2014

Terms of Reference - Nomination and Remuneration Committee

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
1.0	March 2009	Existing version	N/A	N/A
1.1	28/02/2012	Major review for consideration by the Trust Board of Directors	TSec	Draft
2.0	27/03/2012	Minor revisions to the purpose of the Committee following direction of the Trust Board of Directors	TSec	Approved
3.0	14/11/14	Revisions in line with FTN Good Governance compendium and best practice. With a view to combining Remuneration Committee and Nomination and Appointments Committee	Director of Workforce & OD /Trust Sec	TBC

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1. Purpose

- 1.1 To be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service.

When appointing the Chief Executive, the committee shall be the committee described in Schedule 7, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the committee shall be the committee described in Schedule 7, 17(4) of the Act.

2. Authority

- 2.1 The Nomination and Remuneration committee (the committee) is constituted as a standing committee of the Trust's Board of Directors (the Board). Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.
- 2.2 The committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the committee.
- 2.3 The committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 2.4 The committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions

3. Reporting

- 3.1 The committee Chair shall report to the Trust Board of Directors on all proceedings undertaken within its duties and responsibilities.
- 3.2 The committee shall make whatever recommendations to the Trust Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.
- 3.3 The Committee shall make a statement in the annual report about its activities and the process used to decide remuneration.
- 3.4 The Committee shall make information available regarding the attendance of all members at Committee meetings.

4. Membership

- 4.1 The membership of the committee shall consist of:
 - The trust Chair;
 - The other Non-Executive Directors of the Board;

- 4.2 And in addition, when appointing Executive Directors other than the Chief Executive:
- The Chief Executive
- 4.3 The trust Vice-Chair shall chair the committee.
- 4.4 Only members of the committee have the right to attend committee meetings.
- 4.5 At the invitation of the committee, meetings shall normally be attended by the:
- Chief Executive Officer
 - Director of Workforce and Organisation Development
- 4.6 Other persons may be invited by the committee to attend a meeting so as to assist in deliberations.
- 4.7 Any non-member, including the secretary to the committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.

5. Quorum

- 5.1 The quorum necessary for the transaction of business shall be the Chair of the Committee and three independent Non-Executive Directors.
- 5.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the powers and discretions exercisable by the Committee.

6. Secretary

- 6.1 The Trust Secretary shall be secretary to the committee.

7. Duties

7.1 Appointments

The committee will:

- 7.1.1 Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate, and make recommendations to the Board, and Nomination Committee of the Council of Governors, as applicable, with regard to any changes.
- 7.1.2 Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors taking into account the challenges and opportunities facing the trust and the skills and expertise needed on the Board in the future.
- 7.1.3 Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the trust to operate effectively in the health economy.

- 7.1.4 Be responsible for identifying and appointing candidates to fill posts within its remit as and when they arise.
- 7.1.5 When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.
- 7.1.6 Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- 7.1.7 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- 7.1.8 Consider any matter relating to the continuation in office of any Board Executive Director including the suspension or termination of service of an individual as an employee of the trust, subject to the provisions of the law and their service contract.

7.2 Remuneration

The committee will:

- 7.2.1 Establish and keep under review a remuneration policy in respect of Executive Board Directors.
- 7.2.2 Consult the Chief Executive about proposals relating to the remuneration of the other Executive Directors.
- 7.2.3 In accordance with all relevant laws, regulations and trust policies, decide and keep under review the terms and conditions of office of the trust's Executive Directors, including:
- Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, including pensions and cars;
 - Allowances;
 - Payable expenses;
 - Compensation payments;
- 7.2.4 In adhering to all relevant laws, regulations and trust policies establish levels of remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
- 7.2.5 Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors, while ensuring that increases are not made where trust or individual performance do not justify them;

- 7.2.6 Be sensitive to pay and employment conditions elsewhere in the Trust.
- 7.2.7 Monitor and assess the output of the evaluation of the performance of individual Executive Directors, and consider this output when reviewing changes to remuneration levels.
- 7.2.8 Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.

8. Notice and Conduct of Meetings

- 8.1 The Secretary shall call meetings of the committee at the request of the Chair not less than ten clear days prior to the date of the meeting.
- 8.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be available to each member of the committee and where appropriate, other persons required to attend, no later than three working days before the date of the meeting,
- 8.3 Supporting materials shall be provided to committee members and to other attendees as appropriate, at the same time.

9. Minutes of Meetings

- 9.1 The Trust Secretary shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to committee members for approval after each meeting.
- 9.2 The committee shall receive and agree a description of the work of the committee, its policies and all executive director emoluments in order that these are accurately reported in the required format in the trust's annual report and accounts.

10. Frequency of Meetings

- 10.1 The committee shall meet at least three times per annum and at such other times as the Chair of the Committee shall require.

11. Review of Terms of Reference

- 11.1 At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

Date submitted to Board of Directors for approval – **27th November 2014**

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 27 November 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

19. Governor’s Log of Communications
Purpose
The purpose of this report is to provide the Trust Board of Directors with an update on all open questions on the Governors’ Log of Communications, and those questions which have been added or modified since the previous meeting of the Trust Board of Directors.
Abstract
<p>The Governors’ Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.</p> <p>It has been acknowledged by the Trust Board of Directors and Council of Governors that although a useful means of communication, further refinement of the purpose and value of the document should be considered to maximise its use.</p> <p>Discussions are taking place between the Chairman, Trust Secretary and Lead Governor with a view to developing a protocol for the Governors Log which will be implemented from January 2015.</p>
Recommendations
The Board is recommended to receive the report to note.
Report Sponsor
Chairman
Appendices
Appendix A: Governor Log – Items since the previous meeting.

Previous Meetings

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

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
26/11/14					

ID Governor Name

108 Pam Yabsley Title: Provision in ED for patients experiencing mental health crisis**Query 18/11/2014**

What provision does the Emergency Department have for a patient experiencing a mental health crisis?

Response 18/11/2014

Assigned to Executive Lead.

Status Assigned to Executive Lead**107 Clive Hamilton Title: Staff turnover - supplementary question to Item 104****Query 29/10/2014**

Supplementary question to Item 104:

I appreciate that exit interview information could be key to understanding the issues precipitating a resignation but that such information is not always obtained or might conceal the real reason. Is there any merit in a follow-up contact with the ex employee say 1 to 3 months after departure to offer re-employment (if available and suitable) and/or a fuller discussion relating to comparable conditions of employment. I am particularly concerned about the increasing presence of the healthcare independent sector and the loss of staff to that employment pool and the possibility that trained clinical staff may be able to obtain better conditions of employment in that sector which, I understand, is not subject to the same pay restraint as the public sector. This is particularly relevant as a consequence of the recent non-approval of the NHS independent pay review recommendation of 1% across the board pay increase. Is there any benchmark data for independent sector remuneration and conditions of service?

Clive Hamilton 29th October 2014.

Response 06/11/2014

Assigned to Executive Lead 6/11/14.

Status Assigned to Executive Lead**106 Clive Hamilton Title: Safe Staffing Levels****Query 17/10/2014**

The Trust's expected and actual staffing levels for August are displayed on the Trust's web pages at:

http://www.uhbristol.nhs.uk/media/2234372/august_pdf.pdf

The revised format with a comments column is much appreciated as it explains maybe higher than expected shortfalls.

To what if any extent are clinicians engaged in surgical procedures, diagnostic procedures, pharmacy and outpatient clinics covered by this table?

Does the table include all Trust ward locations?

Is there merit in producing a total for all Actual Hours versus all Expected Hours to give a general assessment of safe staffing levels?

Do the Non-Executive Directors have assurance that the August shortfall of expected levels on wards 71-74 at St. Michaels Hospital amounting to a deficit of 1142 hours (22.7%) was adequately covered and the reasons fully assessed for remedial action.

Clive Hamilton 16th October 2014.

Response 24/10/2014

Response from Helen Morgan, Deputy Chief Nurse:

All Trusts were required to publish actual and planned staffing fill rates from June 2014. This requirement currently only applies to inpatient wards, it excludes day care wards, central delivery units and extra capacity wards. The data captures actual versus planned fill rates on a shift by shift basis for registered nurses, midwives, assistant practitioners, nursing and midwifery assistants. We are not currently required to capture any other groups of staff. The table includes all areas we are required publish data on.

Whilst the total actual versus planned gives a general overview of the Trust position, it is the data on a ward by ward basis which is proving of most value to Sisters and Divisional teams.

71/74 is one ward caring for both pre and post natal women. Staff work flexibly across all the maternity wards and are moved if required following a risk assessment. The acuity of the women together with the number of beds open at any one time is always considered. Capturing the change in the numbers of beds open together with the acuity of patients is one of the data capture challenges, but one which we are continuing to explore.

Status Responded

105 Bob Bennett Title: Patients' problems with appointments at BRI

Query 15/10/2014

(Reworded by Trust Secretariat by agreement with Bob Bennett) Anecdotal evidence was provided regarding negative patient experience at the Pain Clinic, BRI. Mr Bennett's query related particularly to the appointment process, including non-recording of appointments and staff attitude, resulting in distress and confusion for the patient. Mr Bennett queried whether there was an underlying issue in terms of the reliability of the appointments process, or whether there was a need to review support and training for staff.

Response 24/10/2014

The specific details were submitted to the Patient Support and Complaints Team and have been reviewed. Unfortunately, due to the lack of detail with regard to these incidents, it is not possible to investigate these issues. However, patients can be directed to the Patient Support and Complaints Team should they wish to make a formal complaint. The concerns expressed have also been forwarded to Jenny Holly, Assistant General Manager for the Pain Service.

In the meantime, following initial review, it has been confirmed that there have been no underlying issues identified with regard to the appointments process, and clarification has been provided that all appointments are booked onto the electronic booking system for the area in question. The Trust has in place a robust Induction and comprehensive mandatory training programme, which include Trust Values and Conflict Resolution training. Mandatory training for all staff is delivered every three years to ensure all staff are refreshed on the key messages on a regular basis.

Status Responded

104 Clive Hamilton Title: Workforce statistics - staff turnover

Query 14/10/2014

Origin - page 79 of Public Trust Board pack September 2014 (Workforce Statistics report)

Rolling turnover of staff is stated as 12.9% in August compared to 12.1% in the previous month. The September Board report for 2010 indicates that staff turnover was 7.7%. Taking the data from successive board reports for September since 2010 the following trend emerges:

2010 7.7%
 2011 8.5%
 2012 10.8%
 2013 11.6%

On page 79 of the September board report (which relates to data from August) it is noted that the staff turnover rate for University Hospitals Bristol is significantly above the national average rate of 9.5% and that the Trust has therefore set a target of reduction to 10.6% but also mentions a target of 10% by the end of 2014/15; which is correct?

Do the Non-Executive Directors accept the lack of ambition represented by this target in view of the national average and is there assurance that an improved target less than the national average should be the aim?

Clive Hamilton 14th October 2014.

Response 28/10/2014

Response from Sue Donaldson, Director of Workforce and Organisational Development:

Firstly it might be helpful to explain how the KPI is set and why we report two figures as set out on page 79. Through the Divisional Operating plan processes, Divisions set a target for each KPI, and this is used to inform the Trust target for the year. In order to monitor the trajectory to the end point, a target is set for each month. The target for August was 10.6%, but the target to be achieved for the end of the year was 10%. This reflects the fact that turnover is a rolling cumulative figure, and therefore 11/12s of the monthly out turn have already been determined (because it is based on the previous 12 months).

We recognise historically our turnover has been increasing and appears much higher than other comparable trust. This is why we have set an ambitious target for reduction, with the full support of the Board.

We have comprehensive programmes in place to improve retention which have been described in our Board papers. These are largely in the context of improving staff experience and engagement, although considerable focus is also on developing a better understanding of why our staff are leaving. An update on this work is due in the Quarterly Workforce and OD Report coming to the board in November. Interestingly as part of this work we are refreshing our benchmarking and it looks as though other trusts are experiencing an upward trend in the number of staff leaving.

Status Responded

Query 14/10/2014

Origin - pages 73-75 of Public Trust Board pack September 2014 (Workforce report)

I need some clarification and assurance regarding the figures quoted at pages 73 to 75 of the September 2014 Board Report.

1. I understand that the trust had a shortfall of 430 full time equivalent staff in August (5.56%); is this correct?
2. On page 75 the August 2013 bank and agency usage is quoted as 474.1 full time equivalents. On page 73 the number of bank and agency staff full time equivalents for August 2014 is quoted as 570.8. This is a 20.4% increase.

Have the Non-Executive Directors assurance that the Trust is sufficiently engaged in programmes to recruit replacement staff, retaining existing staff and forward planning to cope with any shortfalls due to known retirement numbers? Is there assurance that the Mutually Agreed Resignation and unpaid leave Schemes do not have an adverse effect on 1 and 2 above.

Clive Hamilton 14th October 2014.

Response 03/11/2014

Revised response received from Director of Workforce and Organisational Development on 3/11/14:

1. I understand that the trust had a shortfall of 430 full time equivalent staff in August (5.56%); is this correct?

Response: The vacancy rate reported in August was 5.56%, 430 WTE. To qualify this, vacancies reported in our Board reports are the gap between the budgeted establishment and the substantively employed staff. This is different to a "shortfall" because where necessary, vacancies would be covered by bank and agency to ensure that there is no impact on patient care.

2. On page 75 the August 2013 bank and agency usage is quoted as 474.1 full time equivalents. On page 73 the number of bank and agency staff full time equivalents for August 2014 is quoted as 570.8. This is a 20.4% increase.

Response: We recognise that year on year, our use of temporary staff has increased. This is due to additional capacity and other factors, including higher turnover and vacancy rates. Some temporary staff usage will always be required and, when used appropriately, can be a cost effective way of flexing our workforce to cover peaks and troughs of demand. However, we are concerned about the cost of agency staff and there are plans in place to reduce this.

3. Is there assurance that the Mutually Agreed Resignation and unpaid leave Schemes do not have an adverse effect on 1 and 2 above.

Response: Any application under MARS or for unpaid leave schemes must demonstrate that they would be in the financial and operational interests of UH Bristol.

Status Responded