

**Agenda for the Meeting of the Trust Board of Directors held in Public
To be held on Monday 29 February 2016 at 11.00am – 1.00pm
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| <i>Item</i> | <i>Sponsor</i> | <i>Page No</i> |
|--|------------------------------------|----------------|
| 1. Chairman's Introduction and Apologies To note apologies for absence received | Chairman | |
| 2. Patient Story To receive the Patient Story for review | Chief Nurse | 3 |
| 3. Declarations of Interest To declare any conflicts of interest arising from items on the agenda | Chairman | |
| 4. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 29 January 2016 | Chairman | 5 |
| 5. Matters Arising (Action log) To review the status of actions agreed | Chairman | 23 |
| 6. Chief Executive's Report To receive the report to note | Chief Executive | 25 |
| <i>Delivering Best Care and Improving Patient Flow</i> | | |
| 7. Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Board Review – Quality, Workforce, Access | Chief Operating Officer/Deputy CEO | 29 |
| 8. Quality and Outcomes Committee Chair's report To receive the report for assurance | Quality & Outcomes Committee Chair | To follow |
| 9. Quarterly Workforce Report To receive the report for assurance | Director of Workforce & OD | 79 |
| 10. University Hospitals Bristol Education Plan 2016 - 2017 To receive the report for information | Director of Workforce & OD | 105 |
| 11. Partnership Programme Board Report To receive the report for assurance | Chief Executive | 135 |
| <i>Delivering Best Value</i> | | |
| 12. Finance Report To receive the report for assurance | Director of Finance & Information | 137 |
| 13. Finance Committee Chair's Report To receive the report for assurance | Finance Committee Chair | To follow |

| <i>Information</i> | | |
|---|----------|-----|
| 14. Governors' Log of Communications To receive the Governors' log to note | Chairman | 169 |
| 15. Any Other Business To consider any other relevant matters not on the Agenda | Chairman | |
| Date of Next Meeting of the Board of Directors held in public: Wednesday 30 March 2016, 11:00 – 13:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU | | |

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | |
|--|---|------------|--|-----------|--|-------|--------|
| 02. Patient Story | | | | | | | |
| Sponsor and Author(s) | | | | | | | |
| Sponsor: Carolyn Mills, Chief Nurse Author: Colette Reid, Consultant in Palliative Medicine, BHOC; Tony Watkin, Patient Experience Lead (Engagement & Involvement) | | | | | | | |
| Intended Audience | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | Public |
| Executive Summary | | | | | | | |
| <p>Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.</p> <p>The purpose of presenting a patient story to Board members is:</p> <ul style="list-style-type: none"> • To set a patient-focussed context for the meeting. • For Board members to understand the impact of the lived experience for this patient and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work. <p>The patient story will be presented at the meeting by Colette Reid, Consultant in Palliative Medicine. Colette and the Palliative care team has led a number of pieces of work to better understand patients and carers experience of the end of life care provided at UH Bristol. These projects have included: the introduction of the UHBristol End of Life Tool; developing screening tools to assist staff in identifying patients approaching the end of life and offering 'difficult conversations' communication skills teaching to staff. The story specifically focusses on seeking patient and carer feedback about the end of life care delivered in the trust. In seeking feedback we held three focus groups: two with bereaved relatives of patients who died in the trust and one with women with breast cancer and other cancers who are facing the end of their lives. These groups were facilitated by Tony Watkin, Patient Experience Lead.</p> <p>The story will presented verbally at the meeting and will explore the common themes shared by the participants in the focus groups and the implications for the trust, which include ongoing staff development and training in dealing with the patient approaching the end of their life.</p> | | | | | | | |
| Recommendations | | | | | | | |
| To receive the patient story, and note the context from which it was generated. | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | |
| Implementation of the learning associated with this story supports achievement of the Trust's corporate quality objective to improve communication with patients. | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | |
| None | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | |
| Learning from feedback supports compliance with CQC's fundamental standards – regulation 9, person centred care; regulation 10, dignity and respect; regulation 12, safe and appropriate treatment; regulation 17, good governance. | | | | | | | |

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

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

Board members present:

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

Present or in attendance:

Debbie Henderson – Trust Secretary
Amanda Saunders – Head of Membership and Governance
Rachel Smith – Corporate Governance Administrator (Minutes)
Kathy Baxter– Member of the public
Graham Briscoe – Public Governor
Bob Bennet – Public Governor
Florene Jordan – Staff Governor
Pauline Beddoes – Public Governor
Pam Yabsley- Patient Governor
Sue Silvey – Public Governor
Angelo Micciche – Patient Governor
Ray Phipps – Patient Governor
Bob Skinner – Member of the Public
Anne Skinner – Patient Governor
Wendy Gregory – Carer Governor
Clive Hamilton – Public Governor
Mo Schiller – Public Governor
Jeanette Jones – Lead Steward RCN / JUC Governor [arrived 11.25am]
Sue Milestone – Patient Governor
Hannah Wilson – ST7, Anaesthetics
David Messenger – Member of the Public
Kate O’Connor – SpR, Anaesthetics
Pem Wenger – Member of the public
Carole Tookey – Head of Nursing, Division of Medicine [item 2 only]
David Wynick – Director of Research [item 13 only]
Diana Benton - Head of Research and Innovation/Deputy Director of Research [item 13 only]
Fiona Jones – Divisional Director, Division of Diagnostics & Therapies [item 14 only]

148/01/16 Chairman's Introduction and Apologies (item 1)

John Savage, Chairman, welcomed everyone to the meeting. Apologies for absence were received from Emma Woollett – Non-Executive Director/Vice Chair.

149/01/16 Patient Experience Story (item 2)

Carolyn Mills introduced Kathy Baxter, who had been invited to the meeting to share her story and it was hoped Kathy's story would demonstrate the proactive and positive response from the Division of Nursing and the identified learning outcomes for staff. Work had already commenced to identify specific quality objectives which included a theme related to patients with specific needs.

Kathy advised the Board that her experiences of the Trust had not just been as a patient but that she had been employed as a nurse on the High Dependency Unit and was aware of the challenges faced by the nursing staff. Kathy was a regular user of the Trust's services and had unfortunately had a number of negative experiences, as some members of staff had a lack of awareness and empathy when providing care to patients with sight problems. The negative experiences included difficulties with the bed in Accident & Emergency, as staff did not raise or lower it which presented Kathy with significant mobilisation difficulties as she was left alone on a number of occasions. On one particular occasion, Kathy requested the use of a commode but was not assisted in its use; neither was she afforded the privacy and dignity expected, as the nurse had not closed the curtains, which left Kathy in full view of the ward whilst using the commode.

During one admission, Kathy was transferred to five different wards, and her notes had not accompanied her during any of the transfers, which resulted in frequent repetition of the same information after each transfer and staff were not aware of Kathy's sight problems until she provided this information. During one of the transfers, Kathy's cane was lost, without which Kathy felt extremely vulnerable. To add to the negative experiences, Kathy was never provided with a call bell; she had to stand at end of her bed to attract attention from nursing staff walking past. Kathy was not provided with information or support with showering and when returning to bed unassisted after she had showered, also unassisted, Kathy collapsed on the floor with chest pains and was told to by the nurse to wait as she was busy. Kathy was helped back to her bed by an elderly patient from the same ward and, thankfully, the chest pains had not been serious. Kathy was very depressed whilst she was an inpatient and at times, was very upset, but no-one from the nursing team offered her any support, which made her feel very lonely and more depressed. Later that day, a doctor on the ward, spent time with Kathy, without speaking but just sat with her and when he left, he patted her hand and told her she was not alone. This was the first compassion Kathy had been shown by a member of staff.

Kathy also experienced difficulties at mealtimes as she was not told what the meals were and she was given no assistance with either cutting the food or eating it, and she resorted to eating with her hands. Suitable drinking cups were not provided even though they were available for elderly patients or patients with arthritis, and should be readily available for patients with sight problems. Upon discharge, Kathy was provided with medication but no enquiries were made as to how she coped at home with her medication.

Following her discharge, Kathy felt she had not been treated with dignity or respect but felt that if the staff were not aware of the issues, they cannot be resolved. Kathy wrote to Helen Bishop, Deputy Head of Nursing, Division of Medicine, outlining her experiences and they met to discuss and resolve the issues. After their meeting, Helen arranged for Kathy to meet with the nurses on the wards, to share her experiences and to give staff information and tips on how to care for patients with sight problems. Subsequent to this, Kathy had been invited to give lectures to

medical students at the University of the West of England (UWE), to share her experiences and to provide advice on treating patients with sight problems. Kathy had since received feedback from nursing staff, thanking her for the insight she had provided.

John Savage thanked Kathy for sharing her story and expressed his, and the Board's disappointment to hear of her experiences.

Alison Ryan shared her disappointment with Kathy's story and had been struck by the lack of compassion, which was a basic human skill.

In response to a query from Alison Ryan as to the response of the nursing staff to Kathy's feedback, Carole Tookey advised that staff had been most distressed at the thoughtless behaviour that had been displayed and that hearing it from Kathy's perspective had been very powerful. One nurse had also fed back to Kathy with regard to changes she had made and that she had shared this with her colleagues. Alison enquired as to reasons for the lack of compassion displayed by staff and Carole advised this had been reviewed holistically and work was underway with the ward in its entirety to make the required changes.

John Moore acknowledged the pragmatic approach taken in response to Kathy's experiences and queried how improvements would be made across the Trust i.e. notes following patients, and checks undertaken to ascertain patients had the appropriate eating / drinking facilities they required. Carolyn Mills advised that whilst it had been a very negative experience for Kathy, she did not believe the behaviours displayed were endemic within the organisation and had been specific to that particular ward, which identified specific learning points. There had also been discussions with UWE with regard to their nursing curriculum and Kathy's experiences had been shared with the Divisions through various patient experience groups. With regard to pan-organisation actions, good systems and processes were in place to support patients at mealtimes but it had been recognised that the process had failed for Kathy. One key element of learning identified was to ensure staff knew what good looked like for patients with disabilities; a closely monitored set of standards had been implemented for dementia patients and staff had been proactive in obtaining feedback to understand whether the standards were met from this patient group.

Jill Youds acknowledged the comments made and noted that during busy periods on the wards, empathy could be overlooked. Exposing staff to the patient's perspective, more attention could be given to the patient's needs in order to provide the optimum experience, and that whilst the Trust could not teach empathy, raising awareness in staff would be invaluable.

Carolyn Mills acknowledged that it was distressing to know that staff who worked in a caring profession lacked empathy and research had been undertaken to ascertain why this could be lost for example, work pressures, personal life issues but acknowledged it was not acceptable. The Board noted that positive feedback was received which demonstrated that for the majority of patients, they had had a good experience and that staff had demonstrated care and compassion.

Robert Woolley expressed his gratitude to Kathy for sharing her story and advised the Board that improvements had been made to services for patients who were visually impaired. Robert acknowledged the comments made with regard to the ward learning but felt further work was required to ensure staff remained aware of the needs of patients and visitors and suggested the existing programmes were re-visited to ensure their efficacy. With regard to the points made around staff empathy, it linked to the culture the Trust worked hard to develop and appropriate levels of staff engagement to develop the initiatives further. Robert advised that the Patient

Association had visited the Trust to understand the complaints process but noted that improvements were required with regard to how best to communicate with staff the importance of empathy.

In response to a query from Lisa Gardner with regard to the medication issues at discharge, Kathy advised that she had included this in her lectures to medical students and that she had also discussed her experiences with other forums and staff groups. Carolyn Mills confirmed that a very clear process was in place with regard to patients discharged with medication and acknowledged that whilst the process had been followed for Kathy, her lack of sight was not considered at the time. This had been identified as a further learning point for patients with specific needs.

Alison Ryan asked that, further to the comments made by Robert Woolley with regard to further work across the Trust for visually impaired patients, a report be presented to the Quality and Outcomes Committee once completed to track progress. This was agreed.

Sue Silvey commented that all staff should take the needs of all patients into account at all times.

Wendy Gregory acknowledged that Kathy's experience had not been to the standards expected but that Kathy had experienced rough and inappropriate handling and, if the incident when she suffered chest pains was considered, possibly neglect. A greater depth of understanding was required to ascertain whether the issues related to nursing or care assistant levels of competencies and reassurance that these would be corrected if necessary. Wendy raised further concerns that the behaviours of the staff responsible were already embedded and enquired as to the steps taken to address this. Carolyn Mills confirmed this had been addressed with the individuals concerned.

Anne Skinner commented that for dementia patients, booklets were provided which included the patient's personal information which meant they did not have to repeat it and it was the responsibility of staff to familiarise themselves with the patients and the information contained therein.

John Savage concluded by noting that society showed a worrying tendency to disregard empathy and everyone was responsible for addressing this whenever it was encountered.

The Board members expressed their thanks to Kathy for sharing her story. It was:

RESOLVED:

- **That the Board receive the Patient Experience Story for information**
- **That Quality and Outcomes Committee would receive a report which detailed the work undertaken for visually impaired patients**

150/01/16 Declarations of Interest (item 3)

In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. Guy Orpen declared a potential conflict of interest with regard to his role as Deputy Vice Chancellor at the University of Bristol, and their role as one of the strategic partners referred to in the Strategic Partnerships Report who may be included in the pilot study to deliver new ways of partnership working.

151/01/16 Minutes and Actions from Previous Meeting (item 4)

The Board considered the minutes of the meeting held in public on 30 November 2015.

With regard to item 138/11/15, the third paragraph from the bottom on page seven on the minutes to read “In response to a query from Julian Dennis about the timeliness of complaint responses, Carolyn Mills reported that a review of *time allocated for* complaint responses continued”.

With regard to item 139/11/15, the last sentence of the seventh paragraph on page eight of the minutes to read “Following the presentation at the Quality and Outcomes Committee, there had been a *discussion* about plans for end of life care”.

Mo Schiller requested reassurance that the whistleblowing concerns raised with regard to bullying and harassment in Heygroves Theatres were being addressed and Robert Woolley confirmed a great deal of work continued to address the wide-ranging concerns that had been raised, particularly in relation to team working and the concerns with regard to bullying and harassment. It was:

RESOLVED:

- **That the minutes of the meeting held 30 November 2015 be agreed as an accurate record of proceedings subject to the amendments outlined in the minutes**

152/01/16 Matters Arising (item 5)

Outstanding and completed actions were noted by the Board.

153/01/16 Chief Executive’s Report (item 6)

The Board received a written report of the main business conducted by the Senior Leadership Team in December 2015 and January 2016.

Robert Woolley referred to the General Medical Council inspection on 15 April which would focus on standards of training for junior doctors, as part of a pan-South West review. Specialties to be visited included Cardiology, Emergency Medicine, Gastroenterology, acute internal medicine and respiratory medicine, and the inspection team would meet with medical students, foundation core and higher trainee doctors. Education and clinical supervisors within the Trust and executive members of the Board would also meet with the inspection team. The outcome of the visit, and any associated recommendations and action plan would be presented to the Board in due course.

The Board noted that the application to create a Genomics Medicine Centre for the West of England, led by the Trust, had been successful and the centre had commenced work. Recruitment into key roles had also commenced and periodic progress reports would be presented to the Board.

Robert Woolley advised the Board that the annual audit of the Trust’s Health and Safety arrangements had taken place and the Trust had been awarded a five star rating. The results from the Care Quality Commission National Maternity Survey 2015 were also very positive for the Trust. Following disappointing results from the last survey 2010, the Division of Women’s & Children’s had implemented a number of changes in order to improve the patient experience. In St Michael’s hospital, 19 scores in the survey related to inpatient care and the survey identified that for 10 of the 19 scores, the Trust had performed better than the national average. The remaining scores were in line with the national average. With regard to the antenatal community care, the Trust received 2 scores out of 12 better than the national average, with the remainder in line with the national average. All scores for postnatal community care were in line with the national average. An action plan had been developed in

response to the detailed findings from the survey and would be presented to the Board in due course.

With regard to the proposed Junior Doctor industrial action, the planned 48 hour action in January had been cancelled but the threat remained of a full walkout in February, which would result in withdrawal of junior doctor cover for elective and emergency care. Mitigation plans had been agreed for the industrial action, should it go ahead.

The Trust had commenced work on its Annual Plan and a draft one year plan would be submitted on 8 February. The Trust also continued to work in collaboration with its system partners (in Bristol, North Somerset and South Gloucestershire) to develop a five year system-based sustainability and transformation plan. Further updates would follow in due course. Included within this would be plans for the future sustainability of Weston General Hospital and the Trust was an active member of a Sustainability Board that had been convened to develop strategic opportunities for a clinical, operational and financially sustainable future for Weston Hospital.

Robert Woolley advised the Board that the independent review into paediatric cardiac surgery continued; staff interviews had commenced and were anticipated to conclude in February. The Trust anticipated the review would produce its findings in the spring.

Julian Dennis noted his appreciation for the work led by Sean O'Kelly to achieve the successful outcome of the bid to become a Genomics Medicine Centre. It was:

RESOLVED:

- **That the Board receive the report from the Chief Executive to note**

154/01/16 Quality and Performance Report (item 7)

Overall Performance

Deborah Lee introduced the monthly report which reviewed the Trust's performance in relation to Quality, Workforce and Access standards and explained that she would work with Carolyn Mills, Chief Nurse, to ensure future reports contained insights as detailed by Kathy Baxter in her patient story, to make improvements to the Trust's performance for its patients.

The Trust had reported improved performance against all of the headline measures i.e. access to diagnostics, access to planned care through the Referral to Treatment time (RTT) standard, last minute cancelled operations and improvement in cancer services and its patient pathways. Cancer services had reported the strongest month of performance in the last 18 months but further work was required. Colorectal Cancer, where performance had not been to the required level, continued to challenge but mitigations had been take to address the issues in the first part of 2016/17.

Deborah Lee advised the Board that next month's report would not be as positive; January had been a difficult month and the challenge continued in terms of the significant demand for services. The Trust continued to receive referrals in excess of levels previously reported and in excess of planned numbers. The Trust expected to deliver sustained RTT performance from January but this would be dependent on service demands not exceeding the planned trajectory and the Trust Board were asked to note this risk.

In respect of quality of care, Deborah Lee advised the Board that nine of the twelve measures had a green rating and were related to fundamentals of care i.e. falls and pressures ulcers.

In Accident and Emergency, performance continued to be challenging, due in part to the pressures faced and further work was required to improve performance to a more sustainable level.

The Board noted the red ratings against a number of the workforce measures and Deborah Lee advised that the parameters for the measures were currently under review, due to the similarities between their origins.

Carolyn Mills referred to the under-performance related to the Friends and Family Test (response rate of the test) and advised work continued to improve the coverage, particularly in the Emergency Departments.

Sue Donaldson commented on the complex work around the projected workforce and echoed the comments made by Deborah Lee. Improvements to the staff experience remained a key focus and the higher than average turnover rate contributed to the vacancy rate, which subsequently affected sickness rates. It had been positive to note that the turnover rate had decreased, in comparison to the national trend whereby turnover rates had increased. Sue Donaldson referred to the trial of the revised sickness reporting process whereby staff were now required to self-certificate after an absence of between one and three days to gain improved understanding of short-term sickness absence. This would be analysed in detail in February for consideration in March whether to continue the trial into the new financial year and to revise the sickness policy accordingly.

Sue Donaldson updated the Board on the implementation of Monitor's policy to cap agency rates and advised this continued to be closely monitored. It was anticipated that detailed data would be available for analysis and to identify any trends in agency spend. A detailed report would be presented to the Board in February. It was:

RESOLVED:

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

155/01/16 Quality and Outcomes Committee Chair's Report (item 8)

Alison Ryan presented the report for members of the Board on the business of the Quality and Outcomes Committee meeting held on 29 January 2016. The Committee had been reassured by the improvements against the performance standards but noted that the Trust faced a number of pressures and sought assurances as to the sustainability of some services.

The Committee had reviewed ten Serious Incident investigations and the process of how to identify a Serious Incident continued to be scrutinised by the Committee, to ensure the reports and actions plans focussed on the key elements. There had been a discussion with regard to the recognition of sepsis and the Committee had been reassured by a programme (Sepsis 6) designed to assist medical professionals in the swift recognition and treatment of sepsis. The Committee had also been assured with regard to the competencies of the staff who were required to undertake Serious Incident investigations and produce the reports and were satisfied that staff were appropriately trained and supported to do so.

The Committee had also received in interim report related to a high risk complaint and would receive the recommendations and detailed action plan at the next meeting in February.

Key Performance Indicators had been discussed in detail, and included the increased pressures on the Emergency Departments.

The Committee noted the improvements made within Cancer Services and received assurance that the challenges within the Upper and Lower Gastrointestinal Cancer service but significant steps had been taken to address the issues.

The Trust had received a report from the an observational visit undertaken by Bristol Clinical Commissioning Group to review the time taken for patients with Fractured Neck of Femur to be taken the theatre. The report commended the Trust for the level of focus and attention displayed. Concerns had been raised, however, with regard to the general clinical care of such patients and further investigations were underway.

The Committee received an informative presentation on the UH Bristol Patient Safety Improvement Programme Board and recommended the presentation be delivered to the Governors' Quality Focus Group. A Non-Executive Director would also be a member of the Programme Board.

The Clinical Chair from the Women's and Children's Division presented to the Quality and Outcomes Committee an update of actions that arose from the Royal College of Paediatrics and Child Health's visit to the NICU in 2014. Significant progress had been made but there were still challenges to be addressed.

Julian Dennis noted activity in the Adult Emergency Department had been comparable to the same period in 2015 but that the significant activity increases had been seen within the Children's Emergency Department. Deborah Lee clarified that the activity increase had been greatest in the Children's Hospital; there had also been growth in the Adult Emergency Department over the past two months.

In response to an enquiry from Julian Dennis around GP provision, Deborah Lee agreed there was the opportunity to develop the competencies and confidence of primary care partners to manage sick children. The GP training scheme had been significantly revised and as a result, GPs no longer undertook a rotation within a children's hospital and therefore did not have the same level of confidence to treat sick children. There were further opportunities to consider with healthcare partners the provision of children's services and UH Bristol could be instrumental in educating general practice further. Public confidence and perception of where children were cared for was also a key factor as was the preference for parents to bring their children to the Children's Hospital.

Lisa Gardner commented that a former colleague had recently been admitted to Ward A800 and whilst he had been on a trolley in the Emergency Department for five hours, he had had a very positive experience, in light of the pressures faced.

With regard to Fractured Neck of Femur, Lisa Gardner queried the lack of improvement trajectory for the new digital tracker and the ability to receive live information on the performance tracker. Deborah Lee advised that the Trust had developed a proposal and applied to Above and Beyond for funding, which would be matched by the Trust, and would enable the roll out the performance trackers across all ward areas and theatres. This had been included in the capital planning cycle and if it was not included in the first tranche of priorities, it would be considered in the second tranche later in the year.

David Armstrong queried the improvements made for timely discharge and Deborah Lee confirmed that the issues previously faced were being resolved but it was noted that the number of patients awaiting discharge had increased, due to unavailability of domiciliary care places.

Mo Schiller enquired as to the impact of the closure of the BUPA care home on discharges. Deborah Lee advised that the particular care home had been subject to restrictions set by the Care Quality Commission in 2014 and large parts of its capacity had been closed to new patients. Whilst there would be an impact, as a number of patients would require transfer elsewhere, the impact would not be as significant as described in the media.

Clive Hamilton, Public Governor, enquired as to the late circulation of the Quality and Outcomes Committee Chair's report and queried whether meetings of the Committee could be moved to enable more timely reports. John Savage advised that it was not possible to move the timing of the Quality and Outcomes Committee meetings. .

John Savage commended the Quality and Outcomes Committee for its continued commitment. It was:

RESOLVED:

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

156/01/16 Quarterly Complaints and Patient Experience Report (item 9)

Carolyn Mills introduced the Quarterly Complaints and Patient Experience Report for quarter two and advised that both reports had been discussed in detail at the Quality and Outcomes Committee meeting in December. The Committee had discussed the value of detail contained within the report and it was agreed that key issues would be highlighted on the cover sheets for future reports.

Patient Experience

Feedback received in terms of the various methods used to check the data had been positive during the quarter. One area of concern related to the Friends and Family Test response rate and the quarterly report contained detailed actions that would be taken to improve the response rate.

A second concern related to the relatively low patient satisfaction scores on Ward A900 which related primarily to the move of a cohort of patients to a different ward. Face to face interviews with staff and the patients had been undertaken and would be repeated over the coming months. The feedback received had recognised the improvements that had been made as a result of actions already taken.

Complaints

Key themes for complaints continued to relate to activity, delayed appointments and delayed operations. Progress had been made but further improvement was required and was included within the Trust's Quality Objectives.

The decrease in telephone answering remained a key area of focus and monitoring continued. A decrease in the number of complaints received with regard to the Eye Hospital was noted.

An area of focus was the delivery of complaint responses to complainants within timescale. An analysis had been undertaken to understand why performance had deteriorated and the time allocated for staff to complete the complaint investigation had been reviewed and revised. The quality of complaint responses had also been included within the Trust's Quality Objectives and further improvements were still required. Every complaint where the complainant was dissatisfied with their response was escalated to an Executive Director for review.

Jill Youds referred to the Friends and Family Test response rate within the Children's Emergency Department and queried whether improvements in the environment had been considered. Deborah Lee advised that a major refurbishment had been completed to provide as much space as possible and further work was underway to review the options which would enable families to have better environment in which to wait. In addition, hindrances within the department had been removed i.e. the relocation of vending machines and a number of the sculptures would also be moved.

In response to a query from Jill Youds, Carolyn Mills advised that an investigation continued with regard to the inpatient tracker scores for South Bristol Community Hospital.

Julian Dennis enquired as to a resolution to the issues raised with regard to the touch screens within the Emergency Department. Carolyn Mills advised that the touch screens had been trialled in a number of places within the Emergency Department but that the optimum setting had not yet been identified. In addition to the touch screens, the card system was also used.

In response to a query from David Armstrong with regard to the process for the management of dissatisfied complainants, Carolyn Mills advised that many of the dissatisfied responses related to lack of focus on the key issues or issues which had not been fully addressed and that great deal of work had been undertaken to address this issue. With regard to the responses that were returned a second time, Carolyn Mills advised that there were usually legitimate reasons for this but that a very small number of complainants remained dissatisfied. It was noted that some complaints were complex and that it was difficult to satisfy all of the requirements.

Robert Woolley noted the valuable information included within the reports and with regard to the learning points, it was helpful for the Board to receive the Divisional responses but felt that the report did not provide a sense of learning for the Trust as a whole. Robert Woolley and Carolyn Mills would continue to consider how to feedback to individuals who had contributed to the complaint responses. Carolyn Mills advised that further to discussions at the Quality and Outcomes Committee in December, further detail with regard to the macro learning would be included within future reports.

David Armstrong asked whether, in place of the data currently included within the report, there was the opportunity available to include successes since the previous period, and to also include opportunities, threats and risks, as reported within the Quality and Performance report. Carolyn Mills noted the suggestion and referred to the Clywd Hart report (2013) within which there were clear recommendations around the inclusion of the detail of patient complaints within reports that were in the public domain to ensure transparency. It was:

RESOLVED:

- **That the Board receive the Quarterly Complaints and Patient Experience Report for assurance**

157/01/16 Transforming Care Programme Board Report (item 10)

Robert Woolley introduced the report from the Transforming Care Programme Board and advised that following a discussion at the Board Seminar in January, development of the programme for 2016/17 continued. Priorities had been identified for the Transformation Team and updates would be presented to the Board in due course. It was:

RESOLVED:

- **That the Board receive the Transforming Care Programme Board Report for assurance**

158/01/16 Strategic Partnerships Report (item 11)

Robert Woolley introduced the Strategic Partnerships Report on behalf of Anita Randon, Interim Director of Strategy and Transformation, who had since left the Trust. Proposed within the report, and with Robert's support and that of the Senior Leadership Team, was a refresh of the approach to re-visit the original purpose of the partnership's report, which would focus on those partnerships which were strategic and of fundamental importance to the delivery of the Trust's objectives.

David Armstrong suggested that, as part of the report review, it would be helpful to understand the success criteria and the ultimate aims of the partnership for all parties. This was agreed. It was:

RESOLVED:

- **That the Board receive the Strategic Partnerships Report for assurance**

159/01/16 Report on Staffing Levels January 2016 (item 12)

Carolyn Mills introduced the report on safe staffing levels for nursing, which was a national requirement, and advised the Board there were no significant concerns with regard to safe staffing of wards over the past six months. The current vacancy position and the use of temporary staff were noted but these were not key risks to the Trust.

With regard to the key actions for the next six months, procurement of an e-rostering system was to be progressed, due to expiration of the current contract and a review of staff skill mix on the medical wards was to be undertaken to ensure the wards were staffed appropriately to meet changing needs.

In response to a query from Jill Youds around the review of staff within the Children's Emergency Department, Alison Ryan confirmed this review had been undertaken and would be presented to the Quality and Outcomes Committee. It was:

RESOLVED:

- **That the Board receive the Staffing Levels Bi-Annual Report for assurance**

160/01/16 Quarterly Research and Innovation Update (item 13)

Diana Benton, Head of Research and Innovation/Deputy Director of Research, introduced the report and advised the Board of a review of performance over the last six months and the successful award of an NIHR grant of £2.8m, which been largely due to the close alliance with Bristol Health Partners. The report provided information related to income and the Board were advised that future reports would include breakdowns of cumulative income by month. With regard to the initiation and delivery of research, the department continued to maintain its position compared to peers across country and the clear focus on the data quality gathered assisted in maintaining the position. The department also continued to make effective use of the resources provided to initiate research.

New research opportunities in St Michael's were being developed and the department had been successful in its collaboration with North Bristol NHS Trust on a large obstetrics trial. Further investment had also been made into non-malignant haematology research, in order to be able to offer a gold standard service to patients in that area.

A significant reduction in actual and weighted recruitment into research projects over the last two years was noted; this had been due, in part, to limited large trials to recruit into. Work was underway to secure a more sustainable position, which would be achieved by reviewing the specialties with expertise in clinical areas and further participation in open trials. The Trust would not be penalised financially as a result of the reduction in recruitment and discussions had commenced with the Clinical Research Network with regard to a collar and cap system whereby the department would be protected and sustain the research workforce.

Looking forward the department aimed to strengthen its partnership with the University of Bristol and had also submitted an application to become an NIHR biomedical research centre. If successful, the centre would be a collaboration between Avon and Wiltshire Mental Health Partnership NHS Trust, North Bristol NHS Trust and Clinical Commissioning Groups. The shortlisting process would determine which themes would be progressed within the full application. The department had also worked with Division of Medicine to support their development of a sustainable research infrastructure to widen research in the medical specialties in which there is little research activity.

The department had worked hard to develop its Key Performance Indicators and the next steps were to implement them within the Divisions, to ensure more visibility and an enhanced culture of research.

In terms of research governance, a full suite of Standing Operating Procedures had been produced and new skill sets for new staff were being developed to strengthen oversight and ensure compliance with regulations. Changes to Health Research Authority regulations in which researchers applied for research also required processes within the Trust to be revised.

In terms of Innovation, work was underway to define the purpose of innovation in the Trust, the benefits of innovation, and to set the ownership and direction of innovation. The department was also developing its research culture and capabilities through evaluation of how research could be implemented better within clinical practice to improve clinical care.

Guy Orpen referred to the strategy implementation work led by Anita Randon which had focussed on the gap in the understanding and delivery of innovation and noted that the development of the research reports had been helpful. Guy suggested the reports may be further improved by the inclusion of clear indicators of success.

In response to a query from David Armstrong, Diana Benton advised that the continued support of the Board to communicate to all staff within the Trust the value and importance of research would be helpful.

David Armstrong enquired as to Divisional responsibility with regard to research and Diana Benton advised that some Divisions had developed further than others and good relationships had been developed. The department followed the national research portfolio and priorities and disseminates these to the Division, in addition to researchers feeding into the Divisional Management Teams, reiterating that communications and engagement were key factors

Alison Ryan asked how innovation would be used to identify a resolution to a problem and the links to the Divisions in order to disseminate it and whether innovation could be captured within the Successes, Priorities, Overview, Risks and Threats included within the report. Diana Benton would consider this for inclusion within future reports but noted Robert Woolley's comment that it would be dependent on the outcome of the ongoing work with regard to innovation. It was:

RESOLVED:

- **That the Board receive the Quarterly Research and Innovation Update for assurance**

161/01/16 Update on the Transfer of Cellular Pathology Service (item 14)

Sean O’Kelly introduced the report which provided a summary of the progress towards the delivery of a single cellular pathology service across Bristol and advised that a number of factors were required to be in place before establishment of a single service. Due to the difficulty in the establishment of the pre-requisites for the transfer, the timetable had slipped from July 2015 to mid-April 2016, in addition to delays with the building itself. North Bristol NHS Trust has taken ownership of the building and were working through a twelve week period of commissioning the site. Thorough user acceptance testing of the Laboratory Integrated Management System was to be completed before the single system could be implemented with a degree of reliability required. It would be possible to effect the transfer to the single service without a single system but a risk assessment identified the single system as the preferable option.

A significant amount of work had been undertaken to finalise the details of the clinical models. The report outlined further work to be undertaken, led by Dr Chris Burton, Medical Director, North Bristol NHS Trust, with support from representatives from UH Bristol to achieve resolution prior to transfer of the service probably in May 2016.

The Board’s attention was drawn to Appendix One of the report which was an executive summary paper presented to the South Gloucestershire Health Overview Scrutiny Committee on 6 January 2016. It was:

RESOLVED:

- **That the Board receive the Update on the Transfer of Cellar Pathology Service for assurance**

162/01/16 Post-Project Review of the Transfer of Specialist Paediatrics (item 15)

Deborah Lee introduced the post-project review of the transfer of specialist paediatrics from Frenchay Hospital to the Bristol Royal Hospital for Children. The very large and complex transfer fulfilled the final recommendation that arose from the Bristol Heart Inquiry and achievement of the transfer had been a major national and local milestone. The report was not an evaluation of the staff or patient experience of the transfer and focussed solely on the project management of the transfer. Throughout the document, notable points of the project were commended, in addition to learning points which would be developed upon. The report included a list of the recommendations and it was intended to use the recommendations as a checklist to provide assurance for future projects of this scale.

John Moore welcomed the report, acknowledged the model for use within future project planning and suggested use of a similar approach for lessons learnt that arose from Serious Incident investigations in order to fully embed learning across the Trust.

Jill Youds referred to recommendation eight and following discussions in previous Finance Committees, and noted the reference to mitigation of turnover but suggested the recommendation should contain an explicit reference to implementation of a recruitment plan that continued beyond the project completion date. Deborah Lee agreed to re-write recommendation eight.

Paul Mapson recognised the project as the largest single transfer he had experienced which had been undertaken extremely well. The transfer had been highly complex and very difficult, and acknowledged the theatre staffing difficulties. The Board noted the satisfaction of the clinicians with the transfer.

Alison Ryan suggested an omission from the report in that any project evaluation should include a reference to the aims to improve the patient and staff experience and noted an absence of baseline data against which to benchmark. Deborah Lee advised the benefits realisation report did make reference to patient and staff experience but acknowledged it had been difficult due to the absence of a baseline.

Clive Hamilton referred to the nature of the retention policies at North Bristol Trust and Deborah Lee advised that when project timescales were identified, the project had to be aligned with the transfer of the old hospital to the new hospital at Southmead, and North Bristol NHS Trust were required to review their own theatre staffing model. This required a significant transformational change and resulted in their theatre nurse establishment exceeding their initial expectations but had not been an oversight in their workforce planning. In the months prior to the transfer, 40% of the workforce UH Bristol expected to transfer secured roles within Southmead Hospital's own theatre expansion, as the nurses chose to remain within familiar surroundings. The timing had been unfortunate and it was unlikely this scenario would be encountered in future projects. It was:

RESOLVED:

- **That the Board receive the Post-Project Review of the Transfer of Specialist Paediatrics for assurance**

163/01/16 Finance Report (item 16)

Paul Mapson introduced the report which detailed the financial position at the end of December 2015 with a reported surplus of £1.666m (before technical items) and which would be submitted to Monitor. The Trust anticipated being able to report a year end surplus compared to the previously anticipated breakeven position, due to a variety of issues described in the report.

Key points to highlight included the position of the NHS with a £2.4bn overspend in acute hospitals which required a resolution prior to the year end. The consequence of breaching the year-end position would be that the settlement for 2016/17 would be under review.

With regard to nursing, a breakeven position was reported due to the improved controls put in place and a reduction in agency spend. The position was not necessarily related solely to the cap in agency fees but due to the concerted efforts made with regard to staffing. The Board noted this had been difficult to sustain in the last few weeks.

A reasonable cash position was also reported, in addition to a risk rating of four. It was:

RESOLVED:

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

164/01/16 Finance Committee Chair's Report (item 17)

Lisa Gardner presented the report of the business discussed at the meeting of the Finance Committee on 25 January 2016 and apologised for the lateness of the report.

The substantially revised Standing Financial Instructions had been discussed in detail at both the Audit Committee and the Finance Committee and were recommended to the Board for approval.

The Finance Committee reviewed and discussed in detail the forecast outturn, and questioned the unspent operational capital and the slippage of capital. The Finance Committee had been assured there had been no change in the Board's decision on the capital programme and reviewed the systems and process in place to request and procure capital funds.

The Finance Committee noted the improved figures for nursing agency expenditure and acknowledged the figures for January would not be as positive but the Committee would continue to monitor the position to ensure the controls have remained in place.

Work had commenced on the 2016/17 savings programme for the following year and further reports would follow in due course. It was:

RESOLVED:

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

165/01/16 Standing Financial Instructions and Scheme of Delegation (item 18)

Paul Mapson presented the revised Standing Financial Instructions and Scheme of Delegation and the Board noted the significant work undertaken in their production. The intention had been to improve the operating controls and to ensure staff were aware of their responsibilities and limitations.

Clive Hamilton referred to the Trust's financial response to emergency planning and Deborah Lee advised that consideration would be required with regard to the Senior Officer scenario in an emergency response situation whereby the usual authorities could not be followed. It was agreed to consider an explicit reference to the Chief Executive's delegated authority in the emergency plans.

John Moore advised the Audit Committee had enquired how the Standing Financial Instructions would be disseminated and had received reassurance with regard the rollout.

The Board approved the revised Standing Financial Instructions and Scheme of Delegation. It was:

RESOLVED:

- **That the Board approve the Standing Financial Instructions and Scheme of Delegation**

166/01/16 Quarterly Capital Projects Status Report (item 19)

Deborah Lee introduced the Quarterly Capital Projects Status Report and drew the Board's attention to the risk around the King Edward Building programme timing due to the delays in the transfer of Pathology services to Southmead Hospital. It was:

RESOLVED:

- **That the Board receive the Quarterly Capital Projects Status Report for assurance**

167/01/16 Monitor Q3 Risk Assessment Framework Declaration (item 20)

Robert Woolley introduced the standard quarterly declaration to Monitor for performance in Quarter 3 against the standards in Monitor's Risk Assessment Framework and also against the financial risk framework.

The Board approved the Monitor Q3 Risk Assessment Framework Declaration. It was:

RESOLVED:

- **That the Board approve the Monitor Q3 Risk Assessment Framework Declaration**

168/01/16 Board Assurance Framework Report (item 21)

Robert Woolley presented the Board Assurance Framework which detailed the present current status of the key objectives set by the Board for the current year, and which were aligned to long term strategic objectives. The RAG rating described the intention to deliver the objectives by the end of financial year. The single red rating related to documentation to support the Trust's emergency planning process. The Quality and Outcomes Committee had challenged the amber rating for objective 3.3 (recruiting and retaining the best).

Debbie Henderson advised that there would a session at the March Board Seminar to review the content of the Board Assurance Framework in light of the strategic challenges and annual objectives, its purpose and how it would be used moving forward. Robert Woolley suggested consideration should also be given as to how the Board Assurance Framework should be approached in future Board meetings to ensure a more prominent position on the agenda.

The Board approved the Board Assurance Framework and noted the progress towards achievement of the Trust's strategic and annual objectives. It was:

RESOLVED:

- **That the Board receive the Board Assurance Framework for assurance**

169/01/16 Corporate Risk Register (item 22)

Robert Woolley introduced the Corporate Risk Register and advised the Board of the inclusion of more risks following changes discussed in previous meetings. The report's cover sheet detailed the new risks and the risks that had been removed.

John Moore referred to the "Target" column and enquired whether this related to the year-end residual risk. Robert Woolley advised this related to the level of risk the Trust aimed to achieve and would be comfortable with. It was:

RESOLVED:

- **That the Board receive the Corporate Risk Register for assurance**

170/01/16 Audit Committee Chair's Report (item 23)

John Moore presented the report of the business discussed at the meeting of the Audit Committee on 9 December 2015. The Audit Committee had approved the revised Standing Financial Instructions and had approved the proposed Terms of Reference for the Audit Committee and recommended both for approval by the Board.

The Board approved the revised Terms of Reference for the Audit Committee.

John Moore highlighted the helpful overlap between each of the Board's sub-Committees. It was:

RESOLVED:

- **That the Board receive the Audit Committee Chair's report**
- **That the Board approve the revised Terms of Reference for the Audit Committee**

171/01/16 Acute Trust Mass Casualty Response Planning (item 24)

Deborah Lee presented the Trust's response to a request from the Department of Health in relation to Acute Trust Mass Casualty Response Planning. The assurance statement was returned to the Department of Health in December and had been accepted. It was:

RESOLVED:

- **That the Board receive the Acute Trust Mass Casualty Response Planning to note**

172/01/16 Monitor Q2 Risk Assessment Framework feedback (item 25)

Robert Woolley presented confirmation from Monitor of their review of the Q2 declaration. The Board noted the feedback which confirmed the Financial Sustainability Risk Rating of three and the Governance Green Risk Rating. It was:

RESOLVED:

- **That the Board receive the Monitor Q2 Risk Assessment Framework feedback to note**

173/01/16 Governors' Log of Communications (item 26)

The report provided the Trust Board with an update on governors' questions and responses from Executive Directors. There had been one item outstanding prior to circulation of the Board papers and the response had been circulated prior to the Board meeting. It was:

RESOLVED:

- **That the Board receive the Governors Log of Communications to note.**

174/01/16 West of England Academic Health Science Network – Mid-Year Report (item 27)

Robert Woolley introduced the tailored report from the West of England Academic Health Science Network which provided an update on their contribution to the Trust's agenda. The Academic Health Science Network had submitted a number of applications to the national Test Bed programme for investment in activities that would use technology to generate new ways of providing care. Subsequently, the Academic Health Science Network had been awarded Test Bed status for the development of a Diabetes digital coach, which would utilise technology in the remote monitoring of Diabetes patients in their homes and in the community setting across the West of England. It was:

RESOLVED:

- **That the Board receive the West of England Academic Health Science Network Mid-Year Report for information**

175/01/16 Any Other Business

Emma Woollett would chair the next meeting of the Board of Directors in the absence of John Savage.

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed at 13.15.

The next meeting of the Trust Board of Directors will take place on Monday 29 February 2016, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

.....
Chair

.....2016
Date

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

| Outstanding actions following meeting held 29 January 2016 | | | | | |
|---|-------------------------|---|----------------------------|------------------------|--|
| No. | Minute reference | Detail of action required | Responsible officer | Completion date | Additional comments |
| 1. | 153/01/16 | National Maternity Survey outcome and action plan to be submitted to the Board | Chief Nurse | March 2016 | N/A |
| 2. | 149/01/16 | A report detailing the work undertaken to support visually impaired patients be presented to the Quality and Outcomes Committee | Chief Nurse | TBC | N/A |
| Completed actions following meeting held 29 January 2016 | | | | | |
| 3. | 49/06/15 | A report to be provided on the detailed action plan arising from the Education Plan | Director of Workforce & OD | February 2016 | Completed: agenda item 10, 29 February 2016. |

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | | | |
|---|---|-------------------------------------|--|-----------|--|-------|--|--------|--|--|
| 06. Chief Executive's Report | | | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | | | |
| Sponsor & Author: Robert Woolley, Chief Executive | | | | | | | | | | |
| Intended Audience | | | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | Public | | |
| Executive Summary | | | | | | | | | | |
| <p><u>Purpose</u> To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.</p> <p><u>Key issues to note</u> 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 February 2016.</p> | | | | | | | | | | |
| Recommendations | | | | | | | | | | |
| The Trust Board is recommended to note the key issues addressed by the Senior Leadership Team in the month and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda. | | | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | | | |
| The Senior Leadership Team is the executive management group responsible for delivery of the Board's strategic objectives and approves reports of progress against the Board Assurance Framework on a regular basis. | | | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | | | |
| The Senior Leadership Team oversees the Corporate Risk Register and approves changes to the Register prior to submission to the Trust Board. | | | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | | | |
| There are no regulatory or legal implications which are not described in other formal reports to the Board. | | | | | | | | | | |
| Equality & Patient Impact | | | | | | | | | | |
| There are no equality or patient impacts which are not addressed in other formal reports to the Board. | | | | | | | | | | |
| Resource Implications | | | | | | | | | | |
| Finance | ✓ | Information Management & Technology | | | | | | | | |
| Human Resources | ✓ | Buildings | | | | | | | | |

| Action/Decision Required | | | | | | |
|--|--------------------------|------------------------|--|-------------------------------|------------------------|-------------------|
| For Decision | | For Assurance | | For Approval | | For Information ✓ |
| Date the paper was presented to previous Committees | | | | | | |
| Quality & Outcomes Committee | Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) | |
| | | | | | | |

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – FEBRUARY 2016

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** an update on the financial position for 2015/2016.

The group **noted** the action plans following Delivering Best Care week in outpatients, noting that the Outpatient Steering Group would be monitoring progress.

3. STRATEGY AND BUSINESS PLANNING

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

The group **ratified** the declaration of the national standards in Monitor's Risk Assessment Framework at risk of failure in 2016/2017, as part of the 2016/2017 Annual Plan submission.

The group **approved** the business case for a managed inventory system, subject to capital funding approval and inclusion in the capital programme for 2016/2017.

The group received a report detailing further clarification on numbers, costings and contract arrangements and, following discussion, **agreed** not to proceed with an overseas recruitment campaign. The group **approved** further work being undertaken on recruitment and retention initiatives as an alternative.

4. RISK, FINANCE AND GOVERNANCE

The group **approved** a Corporate Records and Retention Policy, subject to some clarification on matters of implementation.

The group **received** an update on the status of the transfer of Cellular Pathology to North Bristol Trust, noting the continued work on the clinical models for a small number of sub-specialties and status of the computer system implementation.

The group **noted** the quarterly workforce report prior to onward submission to the Trust Board.

The group **received** for awareness a report on the current process and formal governance arrangements around proposals for changes to pay, terms and conditions.

The group **received** one low impact Internal Audit Report in relation to Large Scheme Development Contract Management and a medium impact Internal Audit Report in relation to Discharge Planning.

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

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

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

The group **received** for information the quarterly access and quality benchmarking report.

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
February 2016

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | | |
|--|---|---------------|---|-------------------------------------|--|-----------------|--|--------|--|
| 07. Quality and Performance Report | | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | | |
| Report sponsors: <ul style="list-style-type: none"> Overview and Access – Deborah Lee, Chief Operating Officer / Deputy Chief Executive Quality – Carolyn Mills, Chief Nurse and Sean O’Kelly, Medical Director Workforce – Sue Donaldson, Director of Workforce & Organisational Development Report authors: <ul style="list-style-type: none"> Xanthe Whittaker, Associate Director of Performance Anne Reader, Head of Quality (Patient Safety) Heather Toyne, Head of Workforce Strategy & Planning | | | | | | | | | |
| Intended Audience | | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | Public | |
| Executive Summary | | | | | | | | | |
| <u>Purpose</u> To review the Trust’s performance on Quality, Workforce and Access standards. | | | | | | | | | |
| Recommendations | | | | | | | | | |
| The Board is recommended to receive the report for assurance . | | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | | |
| Links to achievement of the standards in Monitor’s Risk Assessment Framework. | | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | | |
| As detailed in the individual exception reports. | | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | | |
| Links to achievement of the standards in Monitor’s Risk Assessment Framework. | | | | | | | | | |
| Equality & Patient Impact | | | | | | | | | |
| As detailed in the individual exception reports. | | | | | | | | | |
| Resource Implications | | | | | | | | | |
| Finance | | | | Information Management & Technology | | | | | |
| Human Resources | | | | Buildings | | | | | |
| Action/Decision Required | | | | | | | | | |
| For Decision | | For Assurance | ✓ | For Approval | | For Information | | | |

Date the paper was presented to previous Committees

| Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) |
|--------------------------|------------------------|--|-------------------------------|------------------------|
| | | | | |

Quality & Performance Report

February 2016

Executive Summary

Progress in recovering performance against the access standards faltered in some areas this month, due to the pressures of very high levels of emergency demand and other previously flagged risks impacting on delivery. There were, however, notable exceptions in the general picture of slowed improvements, not least the achievement of the backlog recovery trajectory target and 92% national standard for Referral to Treatment (RTT) in the month, and the achievement of the 85% national standard for 62-day GP referral to treatment cancer standard, for the first time since June 2014. Performance against the 6-week diagnostic waiting times standard, whilst not reaching the required 99% national standard, was also above the improvement trajectory as forecast. Further successes for the month are detailed on the Overview page of this report, alongside the priorities, risks and threats for the coming months.

Emergency pressures have been particularly evident this month, with both adult and paediatric Emergency Departments experiencing significant increases in attendances and emergency admissions. A number of indicators within our patient flow metrics have signalled that patient acuity has increased in the period. In combination with rising levels of delayed discharges, this has led to an increase in bed occupancy, with the BRI bed occupancy reaching the highest level it has been for a year. Performance against the 4-hour maximum wait in the Emergency Department deteriorated as a consequence during the period, along with other measures of patient flow, including last-minute cancelled operations and the number of bed-days patient spent outlying from the specialty ward optimal for their care. The cancellations of routine surgery due to emergency pressures, along with the reduction in operations and outpatient clinics to manage the junior doctors' Industrial Action, has resulted in the number of patients waiting over 18 weeks for treatment being higher than planned, despite the reduction trajectory being met. The Trust continues to flag system risks to Monitor and escalate issues to commissioners to engage primary care and partner organisations in mitigations to manage demand.

Strong performance against the headline quality metrics in the Trust's Summary Scorecard has been maintained despite the significant system pressures being experienced in recent weeks. Importantly, patients' reported experience of the Trust remains consistently strong, as evidenced through the inpatient and outpatient experience trackers, and Friends & Family Test scores. Performance also remains consistently strong against many of the other core quality standards, such as the incidence of falls and pressure ulcers per 1,000 bed-days, timely nutritional reviews and measures of management of patients with dementia.

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

Performance Overview

External views of the Trust

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

Care Quality Commission

Intelligence Monitoring Report (IMR)

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

Band 6 represents the lowest risk band.

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

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

Current scoring

Risks

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

NHS Choices

Website

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

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

Stars – maximum 5

OK = Within expected range

✓ = Among the best

! = Among the worst

Please refer to appendix 1 for our site abbreviations.

Last month's ratings shown in brackets where these have changed

Monitor's Risk Assessment Framework

In January the Trust achieved all except three of the standards in Monitor's 2015/16 Risk Assessment Framework, as shown in the table below. The 62-day GP and 62-day screening cancer waiting times standards are scored as a single standard. Overall this gives the Trust a Service Performance Score of 2.0¹ against Monitor's Risk Assessment Framework. Monitor restored the Trust to a GREEN risk rating in quarter 1, following its review of actions being taken to recover performance against the RTT, Cancer 62-day GP and A&E 4-hour standards and an acceptance of the factors continuing to affect Trust performance, which are outside of its control.

Monitor's Risk Assessment Framework - dashboard

| Number | Target | Weighting | Target threshold | Reported Year To Date | Risk Assessment Framework | | | | | Q4 Forecast | Notes | Q4 Forecast Risk Assessment Risk rating |
|--------|---|-----------|----------------------|-----------------------|---------------------------|----------------|----------------|----------------|-----------------|-----------------|-----------------------------------|---|
| | | | | | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16* | | | |
| 1 | Infection Control - C.Diff Infections Against Trajectory | 1.0 | < or = trajectory | 9 | ✓ | ✓ | ✓ | ✓ | TBC** | ✓ | Limit to the end of Q4 = 45 cases | Achieved |
| 2a | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) | 1.0 | 98% | 99.1% | ✓ | ✓ | ✓ | ✓ | 98.1% | ✓ | | Achieved |
| 2b | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) | | 94% | 96.8% | ✓ | ✓ | ✓ | ✓ | 97.6% | ✓ | | |
| 2c | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy) | | 94% | 96.9% | ✓ | ✓ | ✓ | ✓ | 97.9% | ✓ | | |
| 3a | Cancer 62 Day Referral To Treatment (Urgent GP Referral) | 1.0 | 85% | 80.5% | * | * | * | * | 82.9% | * | | Not achieved |
| 3b | Cancer 62 Day Referral To Treatment (Screenings) | | 90% | 70.7% | * | * | * | * | 50.0% | * | | |
| 4 | Referral to treatment time for incomplete pathways < 18 weeks | 1.0 | 92% | 91.0% | Not achieved | Not achieved | Not achieved | Not achieved | 92.4% | ✓ | | Achieved |
| 5 | Cancer - 31 Day Diagnosis To Treatment (First Treatments) | 1.0 | 96% | 97.4% | ✓ | ✓ | ✓ | ✓ | 97.5% | ✓ | | Achieved |
| 6a | Cancer - Urgent Referrals Seen In Under 2 Weeks | 1.0 | 93% | 95.8% | ✓ | ✓ | ✓ | ✓ | 93.7% | ✓ | | Achieved |
| 6b | Cancer - Symptomatic Breast in Under 2 Weeks | | 93% | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | | |
| 7 | A&E Total time in A&E 4 hours | 1.0 | 95% | 91.9% | * | * | * | * | 83.8% | * | | Not achieved |
| 8 | Self certification against healthcare for patients with learning disabilities (year-end compliance) | 1.0 | Agreed standards met | Standards met | Standards met | Standards met | Standards met | Standards met | Standards met | Standards met | | Achieved |
| | CQC standards or over-rides applied | Varies | Agreed standards met | None in effect | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | | Achieved |
| | | | | | Risk Rating | GREEN | GREEN | GREEN | To be confirmed | To be confirmed | Triggers further investigation | |

Please note: If the same indicator is failed in three consecutive quarters, a trust will be put into escalation and Monitor will investigate the issue to identify whether there are any governance concerns. For A&E 4-hours, escalation will occur if the target is failed in two quarters in a twelve-month period and is then failed in the subsequent nine-month period or for the year as a whole.

*Q4 Cancer figures based upon draft figures for January.

** C. diff cases from January onwards still subject to commissioner review, but within limit

2.0

To be confirmed (see narrative)

¹ Please note that in the newly revised Monitor Risk Assessment Framework (August 2015) performance against the admitted and non-admitted RTT standards are no longer scored.

Summary Scorecard

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



Key changes in indicators in the period:

RED to GREEN:

- Never Events
- Cancer Waiting Times

RED to AMBER:

- Vacancies

AMBER to GREEN:

- Referral to Treatment Times
- Mortality

GREEN to AMBER:

- Diagnostic waits
- Complaint response

GREEN to RED:

- Cancelled operations
- Outliers

Overview

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

| Successes | Priorities |
|---|---|
| <ul style="list-style-type: none"> • Sustained good performance in all three dementia indicators • Sustained high scores in both our comprehensive local patient experience surveys and the Friends and Family Test; • There has been an in-month reduction in nurse vacancies of c. 20 WTE; • 175 staff are booked for free On Site Health Checks before the end of March; • Lowest reported number of patients waiting over 18 weeks since March 2014; • Achievement of the 62-day GP cancer standard. | <ul style="list-style-type: none"> • Improve time to theatre for fractured neck of femur patients in February; • Improving staff experience and staff retention: analysis of annual staff survey to indicate priorities for action; • Reducing sickness absence: self- certification for absences of 1-3 days was implemented in January. Evaluation mid-February will inform next steps; • Delivery of planned Referral to Treatment (RTT) clock stop activity in February in order to stay on track with RTT backlog reduction trajectory; • Increase service capacity in the short-term for paediatric MRI scanning if possible, in order to recover position against the 6-week wait diagnostic standard |
| Opportunities | Risks & Threats |
| <ul style="list-style-type: none"> • To improve early warning scores acted upon as part of our patient safety improvement programme and regain level of improvement previously achieved. Please note some of the January audit forms contained incorrect thresholds for escalation, and therefore the figure for January cannot be relied on. • Further investment in recruitment and retention approaches have been favourably compared with overseas recruitment in terms of timescales and costs in specialist areas such as Theatres, ITU, Haematology and Oncology. • Launch of “Step into Health” 12 week physical activity/lifestyle programme – currently 46 applicants. | <ul style="list-style-type: none"> • Venous thrombo-embolism risk assessment performance has dropped below the internally set target of 98%, but remains above the national target of 95%; • Omitted doses of critical medication has increased slightly again in January to 1.49% above 2014/15 overall improvement of 1.01%; • Deterioration in “flow” metrics during periods of severe system pressures such as in January e.g. an increase in cancelled operations, long waits in the Emergency Department and patients outlying in wards out with the optimum placement for their care; • Risk of not achieving annual turnover and sickness Key Performance Indicators; • The agency cap reduced on 1st February and challenges continue in achieving compliance; • Risk from April of non-compliance with Essential Training 90% standard due to changes in Information Governance and Fire Safety training; • Delayed recovery against the 6-week diagnostic wait standard, due to ongoing pressure on bed availability and anaesthetic cover; • Further Junior Doctor Industrial Action poses a risk to achievement of the 92% RTT Ongoing pathways standard. |

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

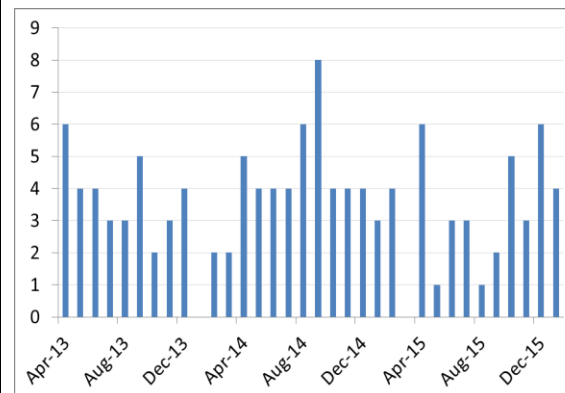
Infection control
The number of hospital-apportioned cases of Clostridium difficile infections and the number of MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias. The Trust limit for 2015/16 is 45 avoidable cases of clostridium difficile and zero cases of MRSA.

Four cases of *Clostridium difficile* (C. diff) were reported in January. These cases still need to be discussed with the Clinical Commissioning Group (CCG) to agree whether any of these cases were potentially avoidable.

| | C. diff | MRSA |
|----------------------|---------|------|
| Medicine | 1 | 0 |
| Surgery | 1 | 0 |
| Specialised Services | 1 | 0 |
| Women's & Children's | 1 | 0 |

There were no cases of MRSA bacteraemia reported in January

Total number of C. diff cases



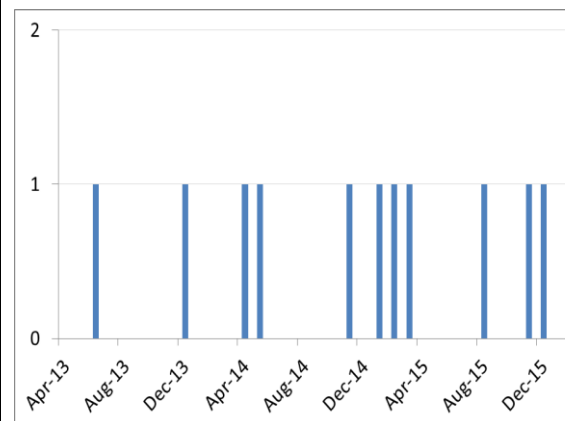
A total of 34 cases (unavoidable + avoidable) have been reported in the year to date (April to January)

We remain within the limit for avoidable cases of C. diff with nine for the year to date, against a target of 45 for 2015/16 as a whole. Any common themes arising from Root Cause Analysis will be addressed within the action plans developed.
There are four cases of MRSA bacteraemia attributed to the Trust to date this year. The case from November is being challenged with Public Health England due to patient's clinical condition. This has not been resolved to date as there are compatibility issues with the Public Health England data capture system and the Trust's IT system.

Never events are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are currently 14 different categories of Never Events listed by NHS England.

There were no never events reported in January 2016.

Number of never events per month



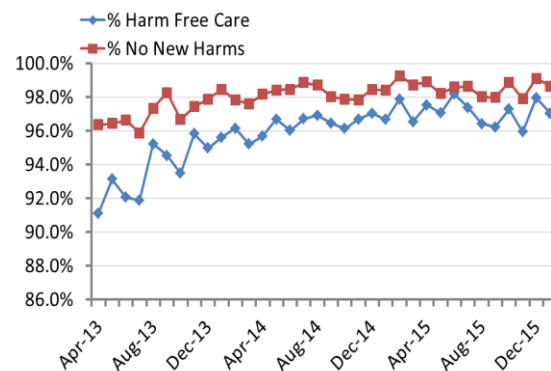
The Quality and Outcomes Committee of the Board will receive the Root Cause Analysis investigation reports of those never events reported in November and December 2015 in due course.

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital.

In January 2016, the percentage of patients with no new harms was 98.8 %, against an upper quartile target of 98.26% (GREEN threshold) of the NHS England Patient Safety peer group of trusts.

The percentage of patients surveyed showing No New Harm each month

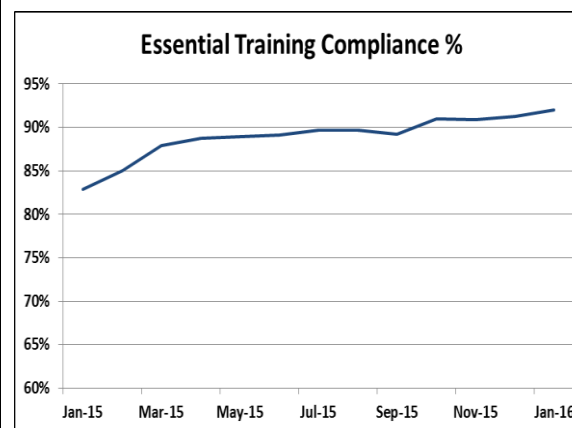


The January 2016 Safety Thermometer point prevalence audit showed three new catheter associated new urinary tract infections, five incidences of new venous thrombo-emboli, one fall with harm and two new pressure ulcers.

Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%

Compliance at the end of January was 92.0% against the 90% threshold for core Essential Training. Six out of seven Divisions achieved the 90% target this month.

| January 2016 | Compliance Rate |
|-------------------------|-----------------|
| UH Bristol | 92.0% |
| Diagnostics & Therapies | 91.5% |
| Medicine | 92.0% |
| Specialised Services | 93.1% |
| Surgery Head & Neck | 93.7% |
| Women's & Children's | 89.3% |
| Trust Services | 93.2% |
| Facilities And Estates | 95.9% |



Compliance exceeded the target of 90% for core essential training for the fourth consecutive month. Above 90% compliance was also achieved for induction, Safeguarding Adults Level 1 and Safeguarding Children Level 1 and Level 2. Other essential training data is included in Appendix 2.

There is a risk from April of a drop in compliance against the 90% standard due to changes in Information Governance and Fire Safety training.

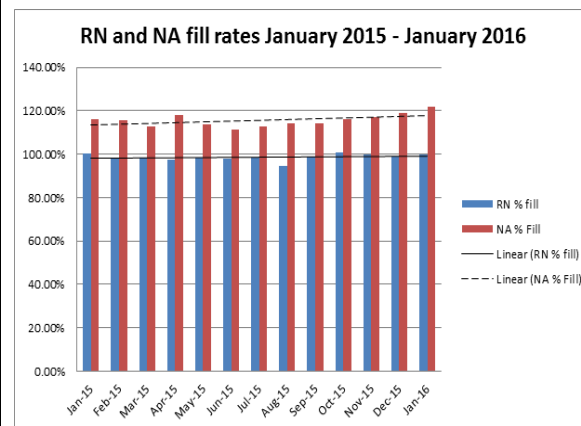
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.

The report shows that in January the Trust had rostered 216,447 expected nursing hours, with the number of actual hours worked of 229,257. This gave an overall fill rate of 106%.

| Division | Actual Hours | Expected Hours | Difference |
|------------------------|----------------|----------------|----------------|
| Medicine | 70,970 | 61,610 | +9359 |
| Specialised Services | 40,211 | 40,088 | +123 |
| Surgery Head & Neck | 45,191 | 42,448 | +2743 |
| Women's & Children's | 72,885 | 72,301 | +584 |
| Trust - overall | 229,257 | 216,447 | +12,809 |

The percentage overall staffing fill rate by month



Overall for the month of January 2016, the Trust had 100% cover for Registered Nurses (RNs) on days and 99% RN cover for nights. The unregistered level of 118% for days and 128% for nights reflects the increased activity seen in January. This was due primarily to Nursing Assistant (NA) specialist assignments to safely care for confused or mentally unwell patients in both adults and children. (Action 2). Recruitment resumed after the Christmas period with the net turnover rate again turning positive for the month.

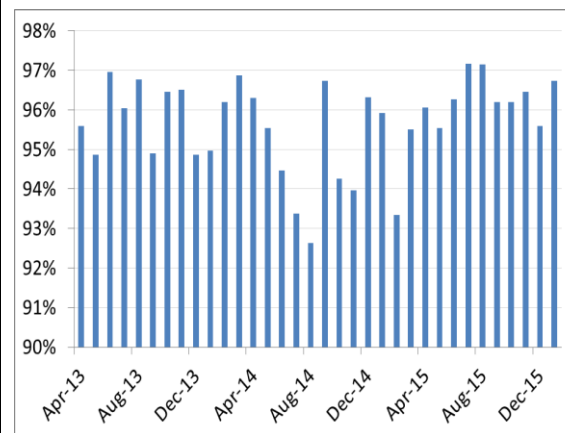
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Friends & Family Test inpatient score is a measure of how many patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.

Performance for January 2016 was 96.7%. This metric combines Friends and Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services. A breakdown of the quarterly scores by division is shown below:

| | 2015/16 | |
|--|-----------|-----------|
| | Quarter 2 | Quarter 3 |
| Medicine | 94% | 94% |
| Specialised Services | 99% | 97% |
| Surgery, Head & Neck | 98% | 98% |
| Women's & Children's (excl. maternity) | 96% | 95% |
| Maternity wards | 94% | 95% |

Inpatient Friends & Family scores each month



The overall Trust level scores for UH Bristol are in line with national norms, and a very high proportion of the Trust's patients would recommend the care that they received to their friends and family. These results are shared with ward staff and are displayed publically on the wards.

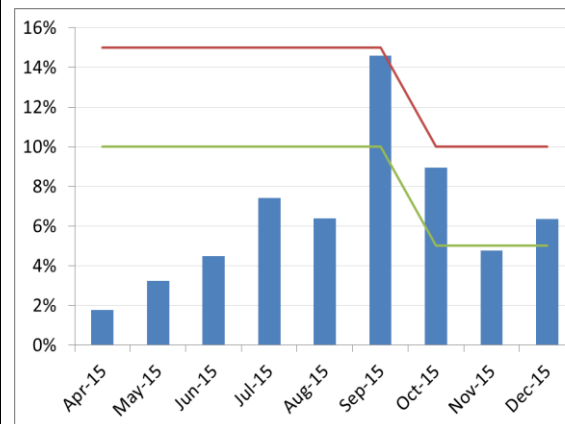
Dissatisfied Complainants. By October 2015 we are aiming for less than 5% of complainants to report that they are dissatisfied with our response to their complaint by the end of the month following the month in which their complaint response was sent.

For the month of December 2015, performance was 6.35%, a slight deterioration from 4.76% in November.

In December, we sent out 63 responses to complaints. By the 11th February 2016 we had received 4 responses back from complainants indicating they were dissatisfied with the Trust's response = 6.35%.

Two of these cases relates to responses from the Division of Surgery Head & Neck and one each from the Divisions of Medicine and Specialised Services.

Percentage of compliantaints dissatisfied with the complaint response each month



Our performance for 2014/15 was 11.1%. Informal benchmarking with other NHS trusts suggests that rates of dissatisfied complainants are typically in the range of 8% to 10%. Improving the quality of written complaint responses is one of our quality objectives for 2015/16.

Actions continue as previously reported to the Board (Action 3).

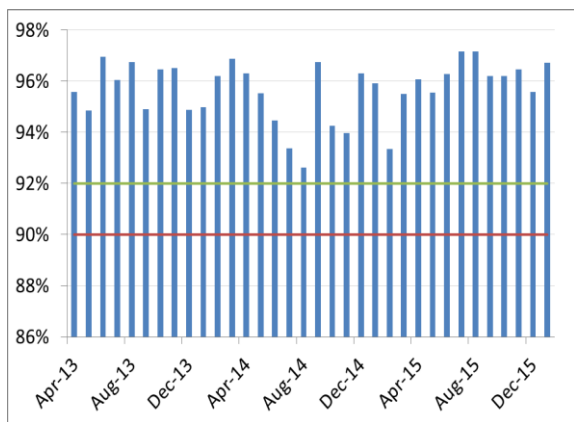
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Inpatient experience tracker comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via analysis and focus groups.

For the month of December 2015, the score was 91 out of a possible score of 100. Divisional scores are broken down at the end of each quarter as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.

| | Q2 | Q3 |
|---|----|----|
| Trust | 90 | 90 |
| Division of Medicine | 87 | 88 |
| Division of Surgery, Head & Neck | 90 | 92 |
| Division of Specialised Services | 91 | 91 |
| Women's & Children's Division (Bristol Royal Hospital for Children) | 91 | 91 |
| Women's & Children's Division (Postnatal wards) | 90 | 90 |

Inpatient patient experience scores (maximum score 100) each month



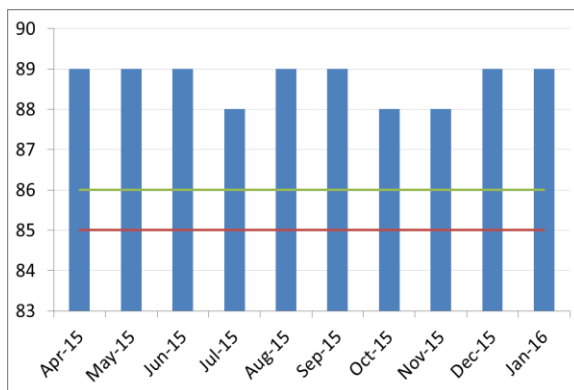
The Trust’s performance is in line with national norms in terms of patient-reported experience. For the year to date the score remains green rated. A detailed analysis of this metric (down to ward-level) is provided to the Trust Board in the Quarterly Patient Experience Report. The amber rating for Quarter 3 for the Division of Medicine will be discussed at the Patient Experience Group in February 2016.

Outpatient experience tracker comprises four scores from the Trust’s monthly survey of outpatients (or parents of 0-11 year olds):
 1) Cleanliness
 2) Being seen within 15 minutes of appointment time
 3) Being treated with respect and dignity
 4) Receiving understandable answers to questions.

This metric is derived from a new survey that the Trust introduced in April 2015. Quarter 3 data shows the Trust score to be 89 out of a possible 100, a slight change from 88 in Quarter 2. The divisional breakdown is shown below.

| | 2015/16 | |
|--|-----------|---------|
| | Quarter 3 | January |
| Trust | 88 | 89 |
| Medicine | 89 | 88 |
| Specialised Services | 83 | 88 |
| Surgery, Head & Neck | 90 | 89 |
| Women's & Children's (Bristol Royal Hospital for Children) | 87 | 90 |
| Diagnostics & Therapies | 91 | 94 |

Outpatient Experience Scores (maximum score 100) each month



At a Trust level, this metric would turn red if outpatient experience at UH Bristol began to deteriorate to a statistically significant degree – alerting us that remedial action was required. For 2015/16 to date the Trust score remains green. The Trust-level thresholds have been applied to Divisional scores in order to provide an indication of performance at this level. A detailed analysis of this metric is provided to the Trust Board in the Quarterly Patient Experience Report.

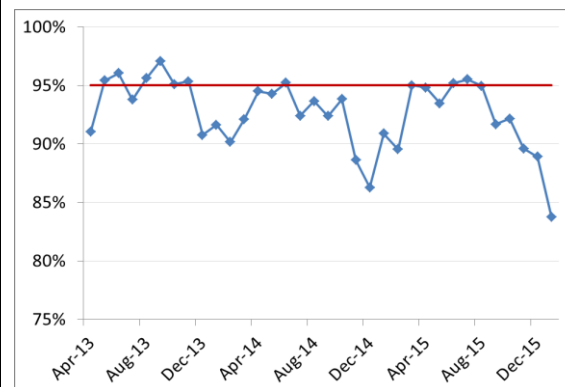
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The national standard is 95%.

The 95% national standard was not achieved in January, with performance for the Trust as a whole reported at 83.8%. Performance and activity levels for the BRI and BCH Emergency Departments are shown below.

| BRI | Jan 2015 | Dec 2015 | Jan 2016 |
|----------------------------|---------------|---------------|---------------|
| Attendances | 5228 | 5490 | 5698 |
| Emergency Admissions | 1881 | 1943 | 2015 |
| Patients managed < 4 hours | 4525 86.6% | 4767 86.8% | 4315 75.7% |
| BCH | Jan 2015 | Dec 2015 | Jan 2016 |
| Attendances | 2841 | 3444 | 3346 |
| Emergency Admissions | 787 | 904 | 862 |
| Patients managed < 4 hours | 2664 93.8% | 2986 86.7% | 2982 89.1% |

Performance of patients waiting under 4 hours in the Emergency Departments



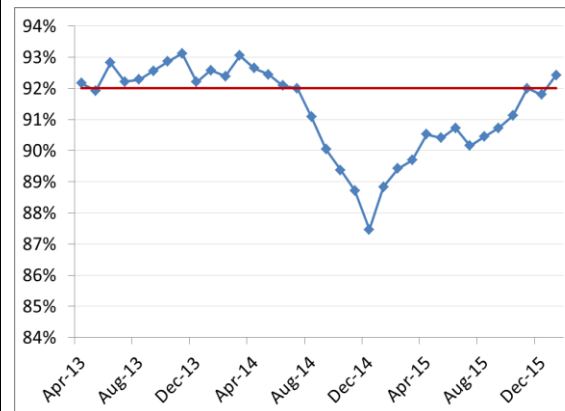
Emergency admissions via the BRI and BCH Emergency Departments increased in January relative to the same period last year. Several indicators also suggest patient acuity increased, which is now starting to translate into increased over 14 days stays. The number of patients on the Green to Go (delayed discharge) list has continued to increase, which has led to a rise in bed occupancy. Actions continue to be taken to manage demand and to reduce delayed discharges (Actions 4A to 4C).

Referral to Treatment (RTT) is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), to be waiting less than 18 weeks at month-end.

The 92% national standard was achieved at the end of January, with the Trust reporting 92.4% of patients waiting less than 18 weeks at month-end. The number of patients waiting over 18 weeks was lower than the backlog improvement trajectory, for both the admitted and non-admitted pathways (see Appendix 3). The number of patients waiting over 40 weeks RTT at month-end was the same as in December, against the trajectory of zero. There were two over 52-week waiters at month-end.

| | Nov | Dec | Jan |
|--------------------------------|-----|-----|-----|
| Numbers waiting > 40 weeks RTT | 22 | 15 | 15 |
| Numbers waiting > 52 weeks RTT | 0 | 0 | 2 |

Percentage of patients waiting under 18 weeks RTT by month



Delivery of the RTT over 18-week trajectories is monitored weekly, with any significant variances from plan escalated to Divisional Director level. The weekly RTT Operational Group continues to oversee the management of waiting lists and booking of longest waiting patients (Action 5).

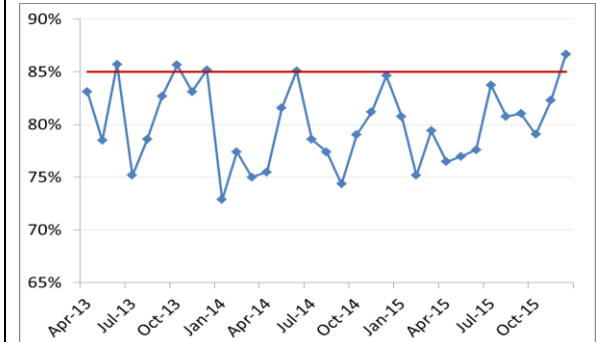
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. There are different standards for different types of referrals, and first and subsequent treatments.

The Trust achieved the 85% 62-day GP standard in December, reporting performance of 86.7%. Performance against the 90% 62-day screening standard was 50.0%. The main reasons for failure to achieve the 85% national 62-day GP standard are shown below.

| Breach reason | Dec 15 |
|--------------------------------------|-------------|
| Late referral by other provider | 4.5 |
| Delayed pathway other provider | 0.5 |
| Medical deferral/clinical complexity | 1.5 |
| Insufficient surgical capacity | 2.0 |
| Patient choice | 1.0 |
| Delayed outpatient appointment | 1.5 |
| Other (three reasons) | 1.0 |
| TOTAL | 12.0 |

Percentage of patients treated within 62 days of GP referral



The 2 x 62-day screening pathway breaches out of 4 treated. The reason for the breaches was patient choice.

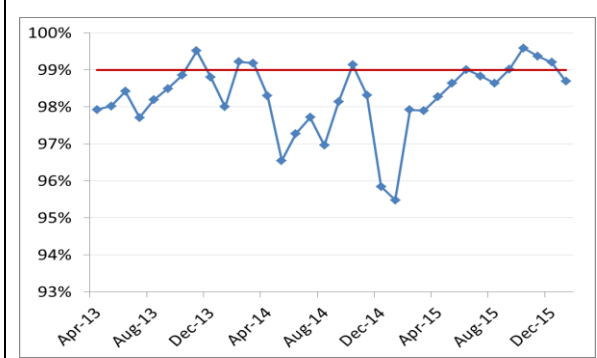
Performance for quarter 4 is currently below that of quarter 3, mainly due to emergency pressures. However, the improvement trajectory is still expected to be achieved. Ideal timescale pathways implementation is complete, with review meetings due to take place shortly (Action 6). A meeting to agree timescales for tertiary referral as part of the 2016/17 CQUIN was held in February. The above areas of focus are part of wide ranging action plan, as previously signed-off by the Board.

Diagnostic waits – diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.

The 99% national standard wasn't achieved at the end of January, with reported performance 98.7%. Performance was, however, above the recovery trajectory as forecast. The number and percentage of over 6-week waiters at month-end, is shown in the table below:

| Diagnostic test | Nov | Dec | Jan |
|-----------------|--------------|--------------|--------------|
| MRI | 14 | 30 | 60 |
| Ultrasound | 1 | 5 | 2 |
| Sleep | 6 | 0 | 3 |
| Endoscopies | 17 | 14 | 20 |
| Other | 2 | 4 | 3 |
| TOTAL | 40 | 53 | 88 |
| Percentage | 99.4% | 99.2% | 98.7% |
| Trajectory | 99.4% | 98.7% | 98.4% |

Percentage of patients waiting under 6 weeks at month-end



Forecast for February is for the 99% standard to be achieved again.

The number of patients waiting more than 6 weeks for a paediatric or cardiac MRI scan was above plan as expected, resulting in the 99% standard not being achieved at the end of January. This was mainly due to an increase in urgent requests, the loss of sessions due to winter pressures and annual leave (Action 7). Options for increasing service capacity to undertake more scans continue to be reviewed, in order to restore performance.

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

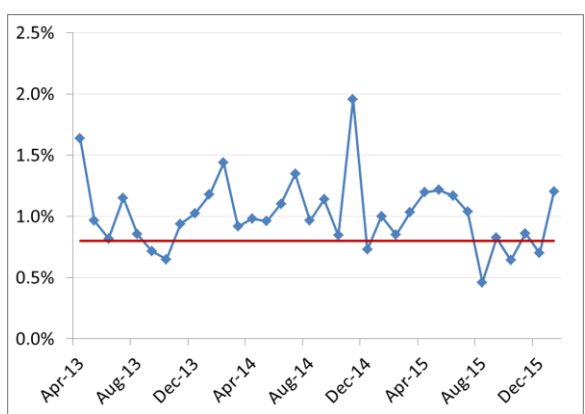
Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.

In January the Trust cancelled 68 (1.20%) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:

| Cancellation reason | Number/% |
|---|----------|
| No ward bed available | 32 (47%) |
| No ITU/HDU bed | 16 (24%) |
| Emergency patient prioritised | 13 (19%) |
| Other causes (4 different breach reasons - no themes) | 7 (10%) |

One patient cancelled in December was readmitted outside of the required 28 days. This equates to 97.4% of cancellations being readmitted within 28 days. This is the second consecutive month performance against the 28-day readmission standard has been above 95%.

Percentage of operations cancelled at last-minute

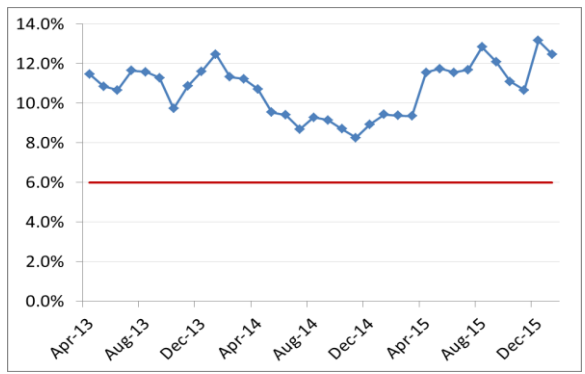


Emergency pressures continued to be the primary reason for the cancellation of routine operations in the period. A separate action plan to reduce elective cancellations continues to be implemented (Actions 8A and 8B). However, please also see actions detailed under A&E 4 hours (4A to 4C) and outlier bed-days (11A to 11C).

Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.

In January 12.5% of outpatient appointments were cancelled by the hospital. As in December, performance against this indicator reflects the necessary cancellations that took place as a result of the Junior Doctor Industrial Action. Analysis suggests the impact of the Industrial Action was circa 1.5%, including both the increased level of cancellations and the loss in outpatient activity from the denominator. February's performance against this metric is also expected to be RED rated, due to the Industrial Action on the 10th February.

Percentage of outpatient appointments cancelled by the hospital



Services will continue to plan for any future Industrial Action, to minimise the level of cancellations appointments (and admissions) and consequent disruption to patients. Ensuring outpatient capacity is effectively managed on a day-to-day basis is a core part of the improvement work overseen by the Outpatients Steering Group (Action 9).

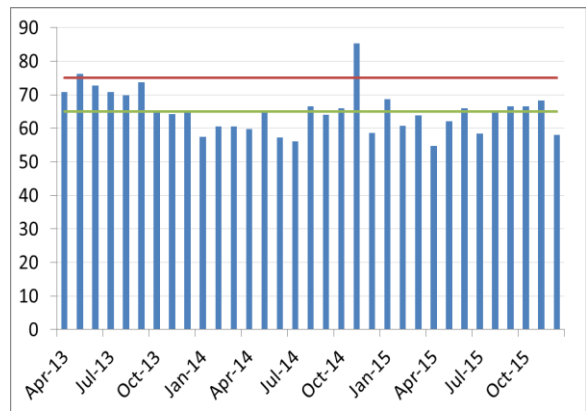
| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Summary Hospital Mortality Indicator (in hospital deaths) is the ratio of the actual number of patients who died in hospital and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other factors.

Summary Hospital Mortality Indicator for December 2015 was 58 against an internally set target of 65.

The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter (i.e. lower and upper confidence intervals greater than 100). No patterns of causes for concern have been identified.

Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month



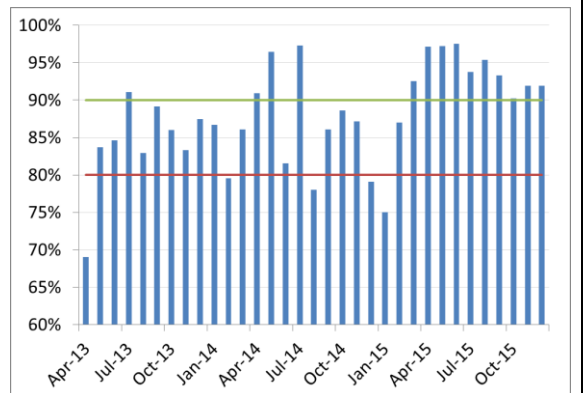
This is a high level indicator of the effectiveness of the care and treatment we provide. Our performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.

Stroke care. This indicator is a measure of what percentage of a stroke patient's stay was spent on a designated stroke unit. The target is for 90% of patients to spend at least 90% of their stay in hospital on a stroke unit, so that they receive the most appropriate care for their condition

Performance in December 2015 was 91.9% (latest data) against a target of 90%. There were 37 patients discharged in December, of which 34 had spent at least 90% of their stay on the stroke unit.

The year to date performance for this measure is 94.2% (327/347 patients) compared with 86.4% last year.

The percentage of stroke patients spending 90% of their stay on a stroke unit by month



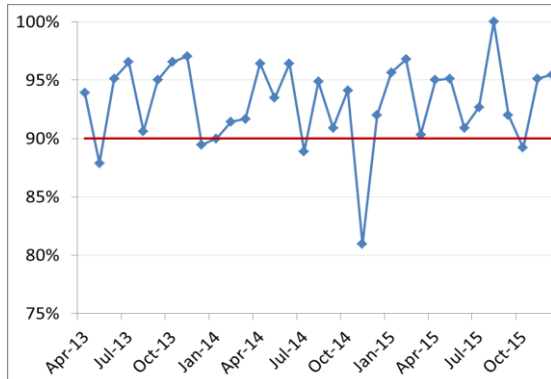
One patient was admitted to the Acute Medical Unit as there were initially no beds on the Stroke Unit, but was transferred promptly and spent eight of nine days there. One patient was appropriately admitted to the Cardiac Intensive Care Unit but when stable spent time on a cardiac ward awaiting a bed on the Stroke Unit (88% of time on stroke unit). One patient was not initially referred to a stroke consultant on admission, but did subsequently spend one of two days on the Stroke Unit.

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.

In December (latest data), 42 out of 44 patients (95.5%) were treated within 90 minutes of arrival in the hospital. Performance for the year to date (94.0%) remains well above the 90% standard.

Percentage of patients with a Door to Balloon Time < 90 minutes by month



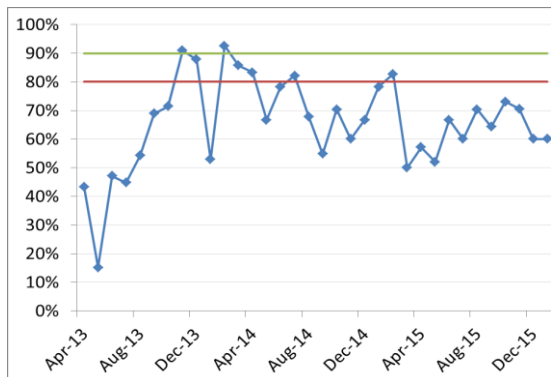
Routine monthly analysis of the causes of delays in patients being treated within 90 minutes continues. The 90% standard continues to be met for the year as a whole.

Fracture neck of femur Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. For details of the eight elements, please see Appendix 1.

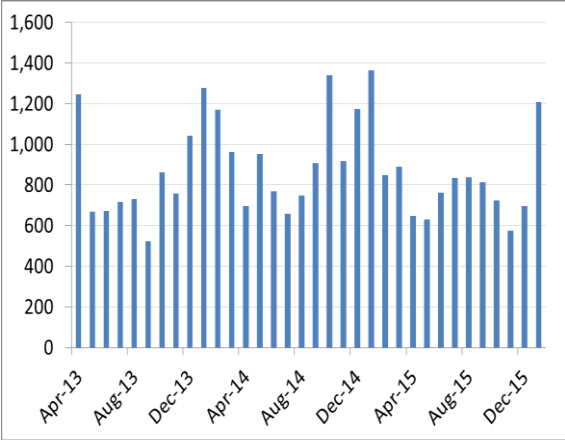
In January we achieved 60.0% overall performance in Best Practice Tariff (BPT). There were 25 patients eligible for BPT; 10 patients' care did not meet all eight standards. Five patients were not operated on within 36 hours. Four patients were not reviewed by an Orthogeriatrician within 72 hours and one patient (aged 103) was not suitable for surgery and on an end of life pathway.

| Reason for not going to theatre within 36 hours | Number |
|---|--------|
| Fracture not visible on initial X-ray | 1 |
| Lack of theatre capacity | 4 |

Percentage of patients with fracture neck of femur whose care met best practice tariff standards.



The patient whose fracture was not visible on initial x-ray later had a fracture identified on a CT scan. However, they had not been kept nil by mouth and so surgery was delayed. The ongoing actions shown in the improvement plan focus on improving access to theatres and improving the overall fractured neck of femur pathway (10A and 10B). For additional assurance the Trust has commissioned the British Orthopaedic Association to review outcomes for fractured neck of femur patients (10C).

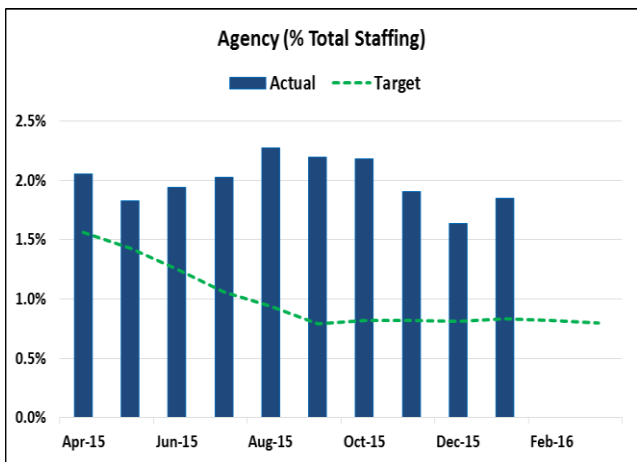
| Description | Current Performance | Trend | Comments | | | | | | | | | | | | | | |
|---|---|------------------|----------|----------|-----|----------------------|-----|----------------------|-----|-------------------------------|---|-------|---|--------------|-------------|---|--|
| <p>Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.</p> | <p>In January there were 1208 outlier bed-days against a Q4 monthly target of 927. This is deterioration from December of 511 outlier bed-days.</p> <table border="1" data-bbox="465 392 958 655"> <thead> <tr> <th>Outlier bed-days</th> <th>Jan 2016</th> </tr> </thead> <tbody> <tr> <td>Medicine</td> <td>898</td> </tr> <tr> <td>Surgery, Head & Neck</td> <td>219</td> </tr> <tr> <td>Specialised Services</td> <td>186</td> </tr> <tr> <td>Women's & Children's Division</td> <td>5</td> </tr> <tr> <td>Other</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1208</td> </tr> </tbody> </table> <p>The deterioration is largely within the Division of Medicine, but also to a lesser extent within the Division of Surgery Head & Neck and is reflective of the operational pressures on the hospital across January.</p> | Outlier bed-days | Jan 2016 | Medicine | 898 | Surgery, Head & Neck | 219 | Specialised Services | 186 | Women's & Children's Division | 5 | Other | 0 | Total | 1208 | <p>Number of days patients spent outlying from their specialty wards</p>  | <p>Medical admissions remain high with an increased 'green to go' list and high numbers of patients with long length of stay. Managing demand has resulted in more patients outlying on non-specialist wards to free-up acute admission capacity within the main admission wards in the BRI.</p> <p>Ongoing actions are shown in the action plan section of this report. (Actions 11A to 11D).</p> |
| Outlier bed-days | Jan 2016 | | | | | | | | | | | | | | | | |
| Medicine | 898 | | | | | | | | | | | | | | | | |
| Surgery, Head & Neck | 219 | | | | | | | | | | | | | | | | |
| Specialised Services | 186 | | | | | | | | | | | | | | | | |
| Women's & Children's Division | 5 | | | | | | | | | | | | | | | | |
| Other | 0 | | | | | | | | | | | | | | | | |
| Total | 1208 | | | | | | | | | | | | | | | | |

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

Agency usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2015/16. The red threshold is 10% over the monthly target.

Agency usage increased by 18.1 FTE, with increases across all Divisions except Facilities & Estates and Trust Services. Nursing agency WTE increased by 34% in month to 101.4 FTE associated with operational pressures during the month.

| January 2016 | FTE | Actual % | KPI |
|-------------------------|--------------|-------------|-------------|
| UH Bristol | 152.1 | 1.8% | 0.8% |
| Diagnostics & Therapies | 6.8 | 0.7% | 0.5% |
| Medicine | 45.6 | 3.7% | 0.8% |
| Specialised Services | 19.6 | 2.2% | 2.0% |
| Surgery, Head & Neck | 28.7 | 1.6% | 0.6% |
| Women's & Children's | 26.1 | 1.4% | 0.8% |
| Trust Services | 8.2 | 1.2% | 0.6% |
| Facilities & Estates | 17.1 | 2.2% | 0.9% |



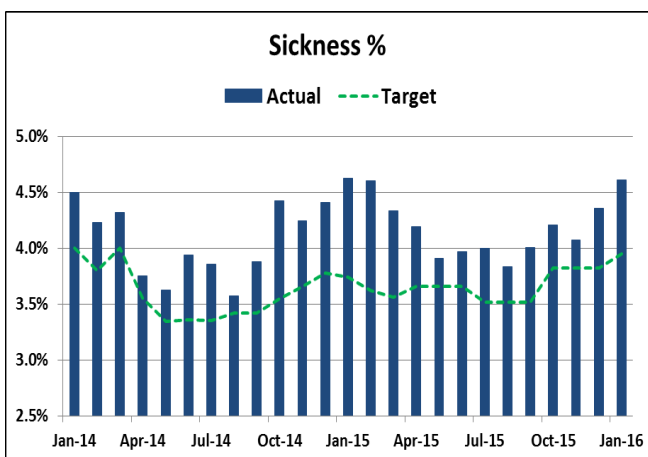
The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 12).

A summary of the Monitor submission in relation to compliance with the newly established agency caps is attached as an appendix.

Sickness Absence is measured as percentage of available Full Time Equivalent (FTEs) absent, based on aggregated Divisional targets for 2015/16. The red threshold is 0.5% over the monthly target.

Sickness absence has increased from 4.4% to 4.6% due to a 13% increase in cold and flu related absence, and 12% rise in musculo-skeletal/back combined. Absence has increased in month in all Divisions except Trust Services and Women's & Children's.

| January 2016 | Actual | KPI |
|-------------------------|-------------|-------------|
| UH Bristol | 4.6% | 4.0% |
| Diagnostics & Therapies | 3.3% | 3.2% |
| Medicine | 4.9% | 4.1% |
| Specialised Services | 4.8% | 3.7% |
| Surgery, Head & Neck | 4.7% | 3.5% |
| Women's & Children's | 4.2% | 4.6% |
| Trust Services | 3.2% | 2.7% |
| Facilities & Estates | 6.0% | 5.6% |



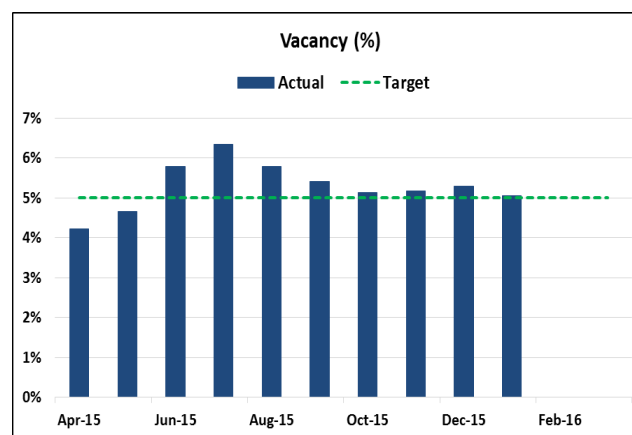
Action 13 describes the ongoing programme of work to address sickness absence. Out-turn for sickness absence in March is expected to be broadly in line with the benchmark for large acute trusts of 4.2%.

| Description | Current Performance | Trend | Comments |
|-------------|---------------------|-------|----------|
|-------------|---------------------|-------|----------|

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

Vacancies reduced from 5.3% to 5.1% (431 FTE) against a target of 5%. Registered Nursing vacancies dropped by 19.8 FTE to 4.6% due to reductions in all bed holding Divisions except Women's & Children's.

| January 2016 | Rate |
|-------------------------|-------------|
| UH Bristol | 5.1% |
| Diagnostics & Therapies | 4.6% |
| Medicine | 6.8% |
| Specialised Services | 4.8% |
| Surgery, Head & Neck | 4.2% |
| Women's & Children's | 2.3% |
| Trust Services | 8.3% |
| Facilities & Estates | 8.9% |

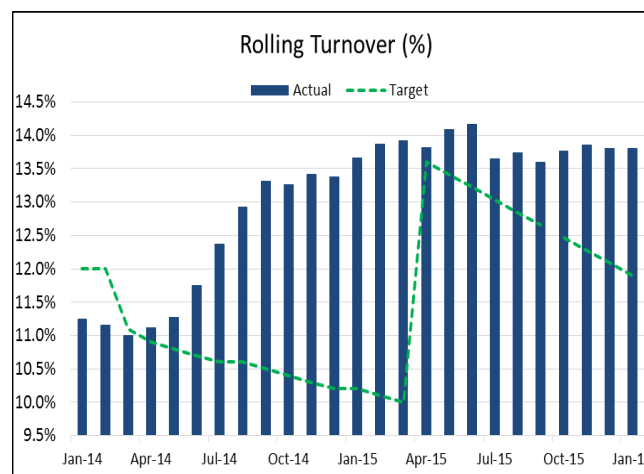


The programme of recruitment activities is summarised in Action 14. Vacancy rates are well below published benchmarks, which average 7.5%.

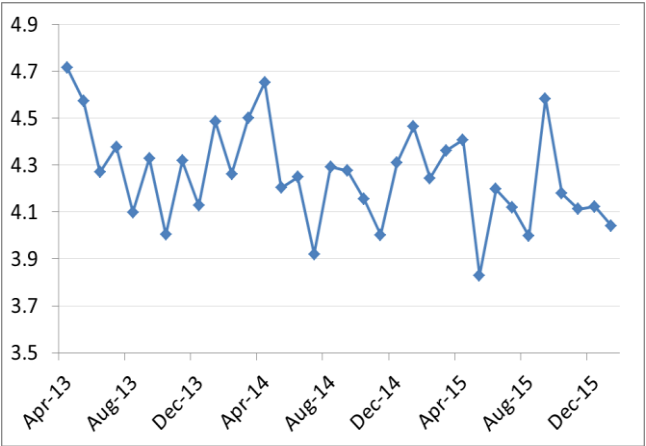
Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 11.5% by the end of 2015/16. The red threshold is 10% above monthly trajectory.

Turnover has remained static at to 13.8% with small reductions in all Divisions except Surgery Head & Neck and Medicine. Registered nurse turnover increased from 13.4% to 13.6%.

| January 2016 | Actual | Target |
|-----------------------|--------------|--------------|
| UH Bristol | 13.8% | 11.9% |
| Diagnostics & Therap. | 12.9% | 11.1% |
| Medicine | 14.3% | 12.8% |
| Specialised Services | 15.5% | 13.1% |
| Surgery, Head & Neck | 14.8% | 13.0% |
| Women's & Children's | 11.6% | 10.2% |
| Trust Services | 15.6% | 11.1% |
| Facilities & Estates | 14.2% | 12.7% |



Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 15). Whilst published benchmark levels are lower at 13%, turnover in many benchmark trusts has continued to rise, whereas rates at UH Bristol have stabilised at around 13.8% over the last six months.

| Description | Current Performance | Trend | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------|-------------------------------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|---|
| <p>Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.</p> | <p>In January the average length of stay for inpatients was 4.04 days. Length of Stay remains above plan, and for this reason is RED rated. Despite signs of increasing patient acuity, Length of Stay is currently lower than the same period last winter. This is partly due to fewer long stay patients being discharged in the month and the higher acuity patients not yet having been discharged and counted in the Length of Stay figures.</p> <p>At the end of January the number of Green to Go delayed discharges was lower than the same period last year (49 versus 59), but remains above the jointly agreed planning assumption of 30 patients.</p> | <p>Average length of stay (days)</p>  <table border="1"> <caption>Average length of stay (days)</caption> <thead> <tr> <th>Month</th> <th>Average Length of Stay (days)</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>4.72</td></tr> <tr><td>May-13</td><td>4.58</td></tr> <tr><td>Jun-13</td><td>4.28</td></tr> <tr><td>Jul-13</td><td>4.42</td></tr> <tr><td>Aug-13</td><td>4.10</td></tr> <tr><td>Sep-13</td><td>4.32</td></tr> <tr><td>Oct-13</td><td>4.02</td></tr> <tr><td>Nov-13</td><td>4.32</td></tr> <tr><td>Dec-13</td><td>4.12</td></tr> <tr><td>Jan-14</td><td>4.48</td></tr> <tr><td>Feb-14</td><td>4.28</td></tr> <tr><td>Mar-14</td><td>4.65</td></tr> <tr><td>Apr-14</td><td>4.22</td></tr> <tr><td>May-14</td><td>4.28</td></tr> <tr><td>Jun-14</td><td>3.92</td></tr> <tr><td>Jul-14</td><td>4.28</td></tr> <tr><td>Aug-14</td><td>4.28</td></tr> <tr><td>Sep-14</td><td>4.18</td></tr> <tr><td>Oct-14</td><td>3.98</td></tr> <tr><td>Nov-14</td><td>4.45</td></tr> <tr><td>Dec-14</td><td>4.28</td></tr> <tr><td>Jan-15</td><td>4.42</td></tr> <tr><td>Feb-15</td><td>4.42</td></tr> <tr><td>Mar-15</td><td>3.85</td></tr> <tr><td>Apr-15</td><td>4.22</td></tr> <tr><td>May-15</td><td>4.12</td></tr> <tr><td>Jun-15</td><td>3.98</td></tr> <tr><td>Jul-15</td><td>4.58</td></tr> <tr><td>Aug-15</td><td>4.18</td></tr> <tr><td>Sep-15</td><td>4.12</td></tr> <tr><td>Oct-15</td><td>4.12</td></tr> <tr><td>Nov-15</td><td>4.12</td></tr> <tr><td>Dec-15</td><td>4.05</td></tr> </tbody> </table> | Month | Average Length of Stay (days) | Apr-13 | 4.72 | May-13 | 4.58 | Jun-13 | 4.28 | Jul-13 | 4.42 | Aug-13 | 4.10 | Sep-13 | 4.32 | Oct-13 | 4.02 | Nov-13 | 4.32 | Dec-13 | 4.12 | Jan-14 | 4.48 | Feb-14 | 4.28 | Mar-14 | 4.65 | Apr-14 | 4.22 | May-14 | 4.28 | Jun-14 | 3.92 | Jul-14 | 4.28 | Aug-14 | 4.28 | Sep-14 | 4.18 | Oct-14 | 3.98 | Nov-14 | 4.45 | Dec-14 | 4.28 | Jan-15 | 4.42 | Feb-15 | 4.42 | Mar-15 | 3.85 | Apr-15 | 4.22 | May-15 | 4.12 | Jun-15 | 3.98 | Jul-15 | 4.58 | Aug-15 | 4.18 | Sep-15 | 4.12 | Oct-15 | 4.12 | Nov-15 | 4.12 | Dec-15 | 4.05 | <p>Work to reduce delayed discharges and over 14 days stays continues as part of the emergency access community-wide resilience plan and additional exceptional actions being taken (Actions 11A to 11D).</p> |
| Month | Average Length of Stay (days) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-13 | 4.72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-13 | 4.58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-13 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-13 | 4.42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-13 | 4.10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-13 | 4.32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-13 | 4.02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-13 | 4.32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-13 | 4.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-14 | 4.48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-14 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-14 | 4.65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-14 | 4.22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-14 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-14 | 3.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-14 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-14 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-14 | 4.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-14 | 3.98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-14 | 4.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-14 | 4.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-15 | 4.42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-15 | 4.42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-15 | 3.85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-15 | 4.22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-15 | 4.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-15 | 3.98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-15 | 4.58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-15 | 4.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-15 | 4.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-15 | 4.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-15 | 4.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-15 | 4.05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Improvement Plan

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|---------------------------|---------------|---|------------------------|--|---|
| Safe | | | | | |
| Essential Training | 1 | Continue to drive compliance of core topics, including increasing e-learning. Detailed plans focus on improving the compliance of Safeguarding and Resuscitation. | Ongoing Ongoing | Oversight by Workforce and OD Group via the Essential Training Steering Group Oversight of safeguarding training compliance by Safeguarding Board | Trajectory linked to action plans to sustain 90%. |
| Monthly Staffing levels | 2 | Continue to validate temporary staffing assignments against agreed criteria. | Ongoing | Monitored through agency controls and action plan. | Action plan available on request |
| Caring | | | | | |
| Dissatisfied complainants | 3 | Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the caseworker handling the complaint, then by the Patient Support & Complaints Manager. The Head of Quality for Patient Experience & Clinical Effectiveness also checks a selection of response letters each week. All responses are then sent to the Executives for final approval and sign-off. | Ongoing | Senior Managers responsible for drafting and signing off response letters before they leave the Division are named on a Response Letter Checklist that is sent to the Executives with the letter. Any concerns over the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary. | 10% by October 2015, then 5% by March 2016. |
| Responsive | | | | | |
| A&E 4-hours | 4A | Commissioner-led task and finish group established in January, to | End of March | Urgent Care Board | Recovery of performance |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|----------------------------------|---------------|---|-----------|--|---|
| | | understand drivers of increase in paediatric emergency demand and to identify possible demand management solutions. | 2016 | | before the end of Q4 |
| | 4B | Delivery of internal elements of the community-wide resilience plan. | Ongoing | Emergency Access Steering Group | Achievement of Q4 revised recovery trajectory. |
| | 4C | Working with partners to mitigate any impact of planned recommissioning of domiciliary care packages providers and bed closures in other acute trusts See also actions 14A to 14C relating to delayed discharges and flow. | Ongoing | Urgent Care Board | Achievement of Q4 revised recovery trajectory. |
| Referral to Treatment Time (RTT) | 5 | Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of management of longest waiting patients through RTT Operations Group | Ongoing | Oversight by RTT Steering Group; routine in-month escalation and discussion at monthly Divisional Review meetings. | Achievement of the RTT Incomplete/Ongoing pathways standard as per revised trajectories (remains on track for end of February). |
| Cancer waiting times | 6 | Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways, and reduced waits for 2-week wait appointments (copy of plan provided to the Quality & Outcomes Committee as a separate paper in August; and Trust Board in September) | Ongoing | Oversight of implementation by Cancer Performance Improvement Group, with escalation to Cancer Steering Group. | Restore internal pathway performance to above 85% for quarter 3 (already achieved in Q2). Achieve 85% across shared and internal pathways combined by March 2016 (on the assumption that the number of late referrals into the Trust reduces by an average of 50%). |
| Diagnostic waits | 7 | Weekly monitoring of waiting list to inform capacity planning, with | Ongoing | Weekly monitoring by Associate Director of | Forecast for 99% standard to be restored from the end of |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|---|---------------|---|---|--|---|
| | | particular focus on paediatric and cardiac MRI, paediatric and adult gastrointestinal endoscopy and sleep studies long waiters. | | Performance, with escalation to month Divisional Review meetings as required. | September (achieved), although risks noted in the trajectory for December and January achievement of 99% (December achieved; January not achieved but in line with trajectory). |
| Last minute cancelled operations | 8A | Continued focus on recruitment and retention of staff to enable all adult BRI ITU beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited but now in pipeline before starting. | Ongoing | Monthly Divisional Review Meetings; | Improvement to be evidenced by a reduction in cancellations for this reason (as seen since August). Ongoing achievement of quality objective on a quarterly basis, with achievement of national standard of 0.8% in quarter 4 2015/16. |
| | 8B | Specialty specific actions to reduce the likelihood of cancellations. | Ongoing | Monthly review of plan with Divisions by Associate Director of Operations. | As above. |
| Outpatient appointments cancelled by hospital | 9 | Reductions in cancellation rates to be realised through improvements in booking practices and appointment slot management | March | Oversight of programme of work, which this is a core part, by the Outpatients Steering Group. | Green target level achieved. |
| Effective | | | | | |
| Fracture neck of femur Best Practice Tariff (BPT) | 10A | Live flow tracker in situ across Division from June to increase visibility and support escalation standards. | Ready to trial in February with full implementation in March 2016 (revised from November 2015 and January 2016) | Inclusion of three new fields to include all trauma patients waiting without a plan, all fractured Neck of Femur (NOF) patients waiting, and all fractured NOF patients over 24 hours. | |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|---------------|---------------|--|--|--|---|
| | | | | IM&T needs to build a new system in order to be able to retrieve this information into the live tracker. Ongoing project in IM&T. | |
| | 10B | Review of all Ward Processes on Trauma and Orthopaedic Wards. Project to review fractured neck of femur direct admission process and reduced length of stay. | February 2016 (revised from November 2015) | Updates to Divisional and Trust Board. | Improve in overall fractured neck of femur pathway |
| | 10C | The Trust has commissioned the British Orthopaedic Association to conduct an external review of outcomes for fractured neck of femur patients. | To be confirmed. | Report of external review | Monitored by Clinical Effectiveness Group/Quality Intelligence Group. |
| Ward Outliers | 11A | <p>Reduce demand on beds to support optimal occupancy.</p> <p>Range of initiatives in place to reduce demand for acute services including proposals to initiate hot clinics to target over 75 year olds, but with limited impact to date.</p> <p>Further significant initiative now being pursued – community acute virtual ward under discussion.</p> | <p>Ongoing</p> <p>Working to bring on line in Q4 (subject to reaching agreement with provider)</p> | <p>Oversight in monthly Urgent Care Working Group</p> <p>Fortnightly Director-led escalation meeting established this month in response to lack of impact of ongoing initiatives</p> | Maintain modelled occupancy of 90%. |
| | 11B | Weekly Patient Progress meeting continues to expedite early discharge with support of our | Ongoing | Monitoring of Green to go list | Green to Go trajectory or no more than 30 patients |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|-----------------|---------------|---|---|---|--|
| | | partners, now escalated to Divisional Director attendance. Divisions reviewing long stay patients with additional (new) focus on those patients requiring one-to-one care. | | | Length of stay reduction to meet bed model by 31st August 2016 |
| | 11C | Learning from Rest week to be shared | March 21016 | Unscheduled Care Programme Board | |
| | 11D | Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first | Ongoing | Oversight in Ward Processes Project Group | Linked to increased and timely use of the Discharge Lounge |
| Well led | | | | | |
| Agency Usage | 12 | Key actions driven corporately include the following. <u>All staff</u> Newly established agency caps set by Monitor give an increasingly challenging maximum for the amount NHS Trusts may pay for an agency worker. Actions associated with this change include the following: <ul style="list-style-type: none"> • Only agencies on approved Monitor frameworks will be used; • There will be a clear clinical and business exception approval | | Oversight by Savings Board (Nursing Agency) and Medical Efficiencies Group (Medical Agency) | Based on the mid-year review, agency usage is anticipated to be around 1.7% compared with a KPI of 1% of total staffing at the end of March. |
| | | | Second incremental step change in agency cap 1 st February 2016, final reduction 1 st April 2016. | | |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|--------|---------------|--|-------------------------|-----------|------------------------|
| | | <p>process for all staff groups;</p> <ul style="list-style-type: none"> • No changes will be made to clinical operating model to limit demand, pending assessment of impact of initial measures; • UH Bristol intends to only use agencies on approved frameworks. <p>During 2016, reporting will be extended to cover all data. Currently reporting covers Temporary Staffing Bureau bookings only.</p> | | | |
| | | <p><u>Nursing and midwifery</u></p> <ul style="list-style-type: none"> • Close working with wards to maximise the functionality of Rosterpro to support booking and payment processes for bank staff. | Ongoing | | |
| | | <ul style="list-style-type: none"> • A “real-time” staffing dashboard is being developed to enable cross-trust review of staffing levels. This will provide a 7-day real-time overview for inpatient staffing, including bank and agency. | October – February 2016 | | |
| | | <ul style="list-style-type: none"> • A direct booking process based at ward level for temporary staff, commencing September 2015 is being rolled out to all areas to allow greater control over staffing at ward level and maximise the availability to bank staff. | Ongoing | | |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|------------------|---------------|--|------------------------------------|---|---|
| | | <ul style="list-style-type: none"> A cross-community Group has been established to share and develop collaborative approaches to reducing agency spend. | Ongoing | | |
| | | <ul style="list-style-type: none"> Internal and external local marketing to develop an increased pool of bank nurses. | Ongoing | | |
| | | <u>Medical agency usage</u> <ul style="list-style-type: none"> “Envoy” texting system, advising doctors of available shifts, implemented in Division of Medicine, wider roll out planned for Surgical and Women`s & Children`s rotas. | March 2016 | | |
| | | <ul style="list-style-type: none"> There is a continued Divisional focus on filling vacancies and gaps, which are the main reasons for medical agency. | Ongoing | | |
| Sickness Absence | 13 | <p>The detailed plan with timescales for the work programmes agreed with Senior Leadership Team is provided below.</p> <ul style="list-style-type: none"> Pilot self certification for absences of 1-3 days implemented in all divisions January. Evaluation mid February will inform next steps. | November 2015 to end February 2016 | Oversight by Workforce and OD Group via the Staff Health and Well Being Sub Group | The mid-year review indicates that the out turn for sickness absence will be amber rated at about 4.2% by March 2016. |
| | | <ul style="list-style-type: none"> Audit and raising the profile of return to work interviews. | November 2015 to February 2016 | | |
| | | <ul style="list-style-type: none"> Contacting employees on the 1st, 3rd and 7th day of sickness absence, phased roll-out. | December 2015 to June 2016 | | |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|--------|---------------|---|---|-----------|------------------------|
| | | <ul style="list-style-type: none"> Managers in “hot spots” to receive coaching in consistent implementation of the policy. | Ongoing | | |
| | | The Staff Health and Well Being action plan continues to be implemented, including the following. | October 2015 to end February 2016 | | |
| | | <u>Staff health and well being</u> <ul style="list-style-type: none"> Free on site health checks over the next 2 years with a target of reaching 2000 staff. Launch of “Step into Health” 12 week physical activity/lifestyle programme – currently 46 applicants | December 2017 January to June 2016 | | |
| | | <u>Musculo-skeletal</u> <ul style="list-style-type: none"> Review of Occupational Health Physiotherapy pathway to improve the focus on prevention and keeping staff at work. | Ongoing | | |
| | | <ul style="list-style-type: none"> Continued targeted intervention by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team. | Ongoing | | |
| | | <u>Colds and flu</u> <ul style="list-style-type: none"> The seasonal flu vaccination campaign for Trust staff commenced in October 2015. The Trust is aiming to achieve the 75% target set by NHS England. Current coverage is 45%. Recovery plan includes | | | |

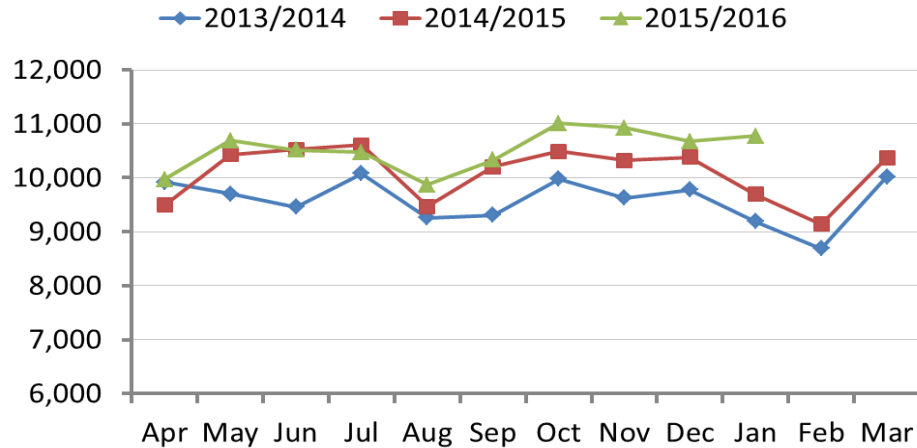
| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|-----------|---------------|--|------------------------------|--|---|
| | | more staff to deliver vaccine, using a bleep system. | End February 2016 | Flu Steering Group | |
| Vacancies | 14 | Recruitment action plan includes the following activities. | | Oversight by Workforce and OD Group via the Recruitment Sub Group. | On the basis of the review of trajectories at the mid year review, out turn is expected to be around 5.9% compared with a target of 5%. |
| | | <ul style="list-style-type: none"> A schedule of advertising activity has been developed utilising the agreed funding for 2015/16 to target the national market for hard to fill posts including nursing and midwifery. Activity includes the use of local radio, Bristol buses and social media. | September 2015 to March 2016 | | |
| | | <ul style="list-style-type: none"> Service level agreements and KPIs for recruitment are being developed to measure performance and support improvement of conversion to hire rates and benefits realisation. | January to April 2016 | | |
| | | <ul style="list-style-type: none"> An overseas recruitment campaign has been agreed in principle by the Senior Leadership Team (SLT) for specialist areas such as Theatres, ITU, Haematology and Oncology. The associated cost of commissioning such a campaign is under consideration. | To be agreed | Senior Leadership Team | |

| Domain | Action number | Action | Timescale | Assurance | Improvement trajectory |
|----------|---------------|---|-------------------------------|--|--|
| Turnover | 15 | <p>Key corporate and divisional actions include the following:</p> <ul style="list-style-type: none"> Senior Leadership Team agreed divisional and corporate actions arising from the staff experience workshops, with progress against actions to be reported back in February. | November 2015 - March 2016. | Oversight of Staff Experience Programme by Transformation Board. | An out turn of 13% is anticipated on the basis of the mid year review. |
| | | <ul style="list-style-type: none"> Pilot preceptorship programmes to support newly qualified nurses in their transition from student to registered nurses. | September 2015/ February 2016 | Oversight by Workforce and Organisational Development Group | |
| | | <ul style="list-style-type: none"> Additional investment for divisional hot spots including innovative training and development. | September 2015 – March 2016 | Senior Leadership Team/Workforce and Organisational Development Group /Divisional Boards | |
| | | <ul style="list-style-type: none"> Role competency and career frameworks to be embedded within the revised appraisal process to improve the quality and application of staff appraisals. | September 2016 | Workforce and Organisational Development Group | |
| | | <ul style="list-style-type: none"> Staff Survey results published at the end of February, which will enable Divisions to develop action plans by the end of March. | End March | Workforce and Organisational Development Group | |

Operational context

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

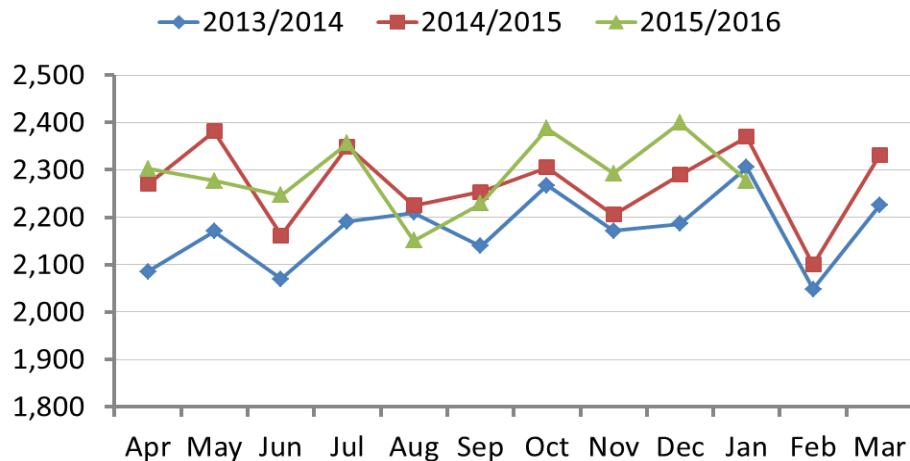
Emergency Department (ED) attendances



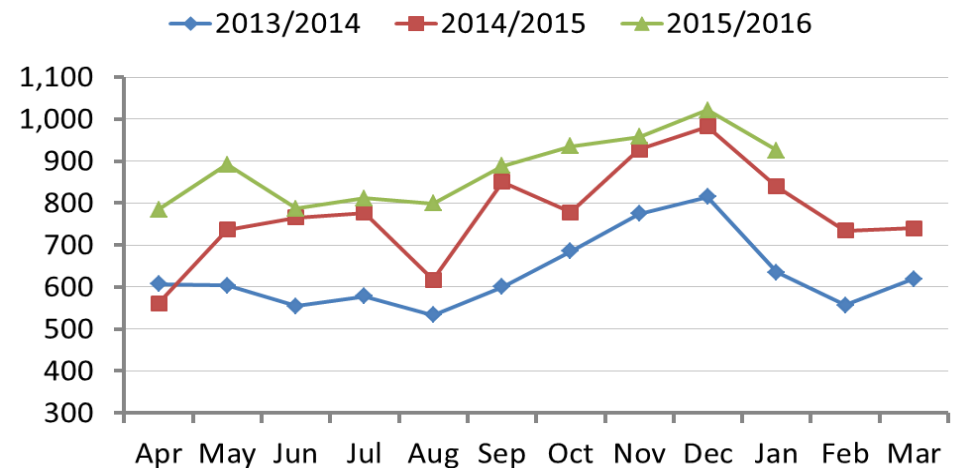
Summary points:

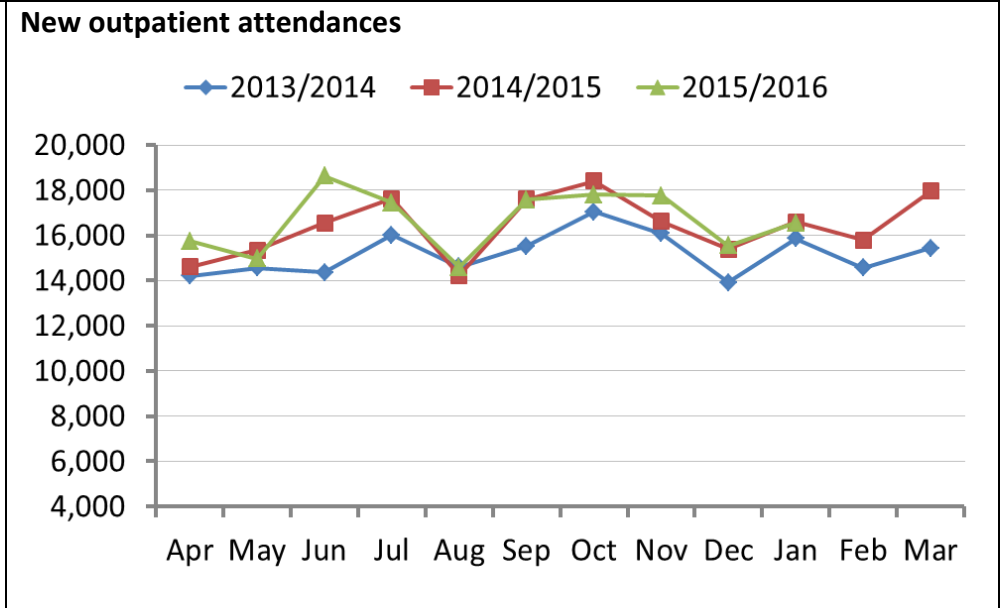
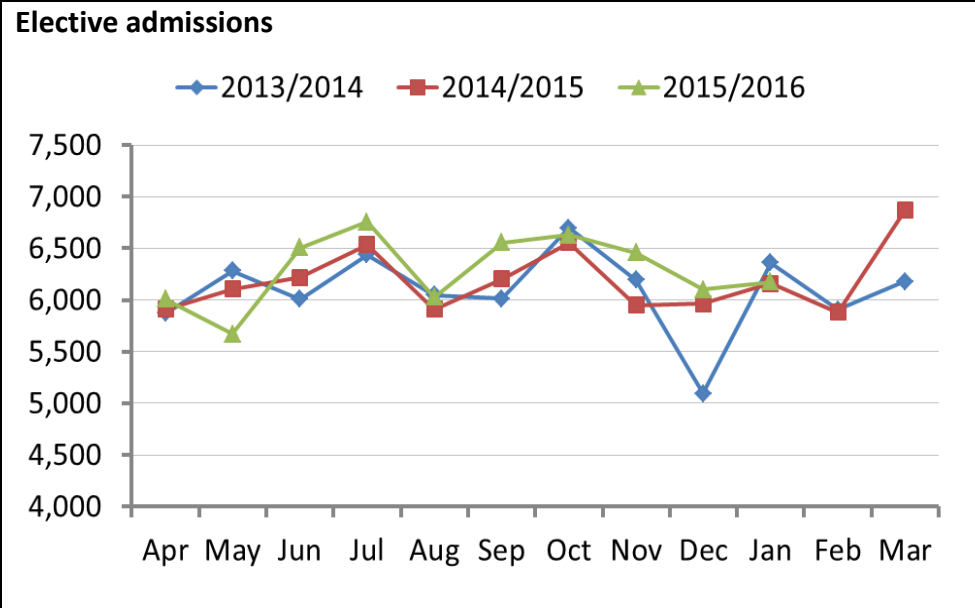
- Emergency activity remains high across all sites, with high levels of ED attendances and total emergency admissions above the same period last year at the BCH; total emergency admissions into the BRI are similar to the seasonal norm, but with significantly more admissions going through the Emergency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

Emergency admissions (BRI)



Emergency admissions (BCH)

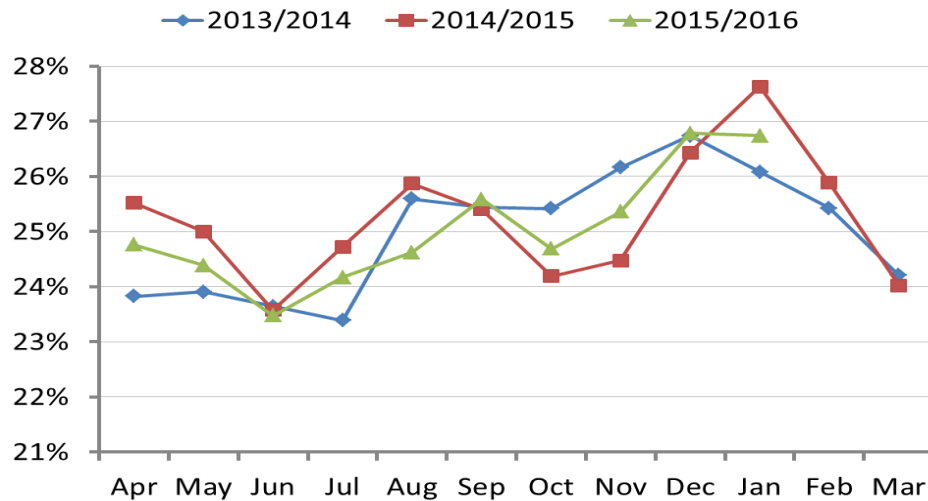




Assurance and Leading Indicators

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

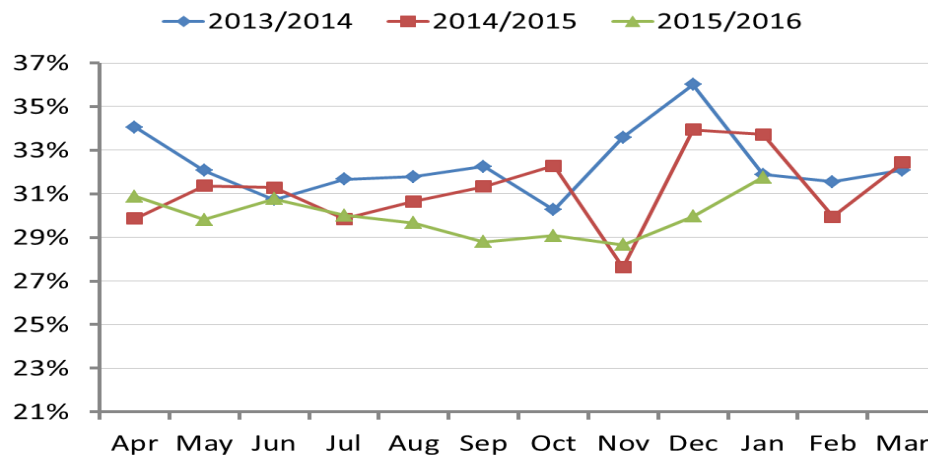
Percentage ED attendances resulting in admission



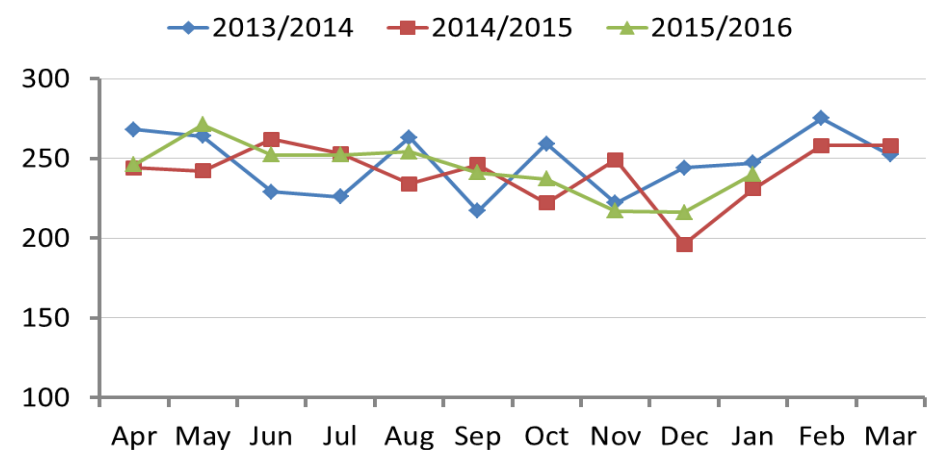
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission was consistent with the seasonal norm in January; the percentage of patients admitted aged 75 years and over has risen, but remains consistent with the seasonal norms;
- The number of delayed discharges and over 14 day stays increased in the period; and as a consequence BRI bed occupancy also increased significantly and was at the highest level seen all year;
- The number of outpatients on the waiting list increased slightly, despite the number of attendances in the month being higher than last; the elective waiting list stayed at the same size despite a small rise in levels of elective admissions; there were more 18 week clock (treatment) stops than in December, and consistent with this there was a decrease in the number of patients waiting over 18 weeks RTT (see Appendix 3);
- Numbers of patients referred by their GP with a suspected cancer has started to increase, which may lead to an increase in demand for 62-day cancer treatments.

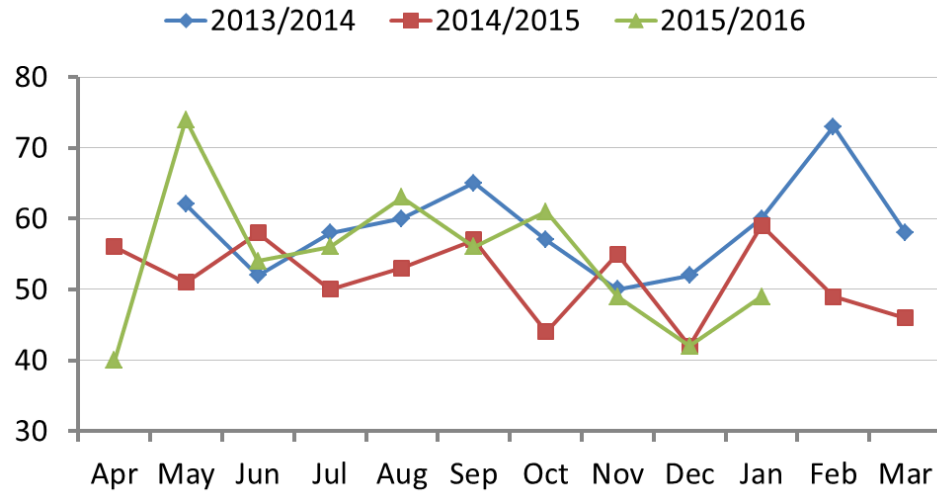
Percentage of Emergency BRI spells patients aged 75 years and over



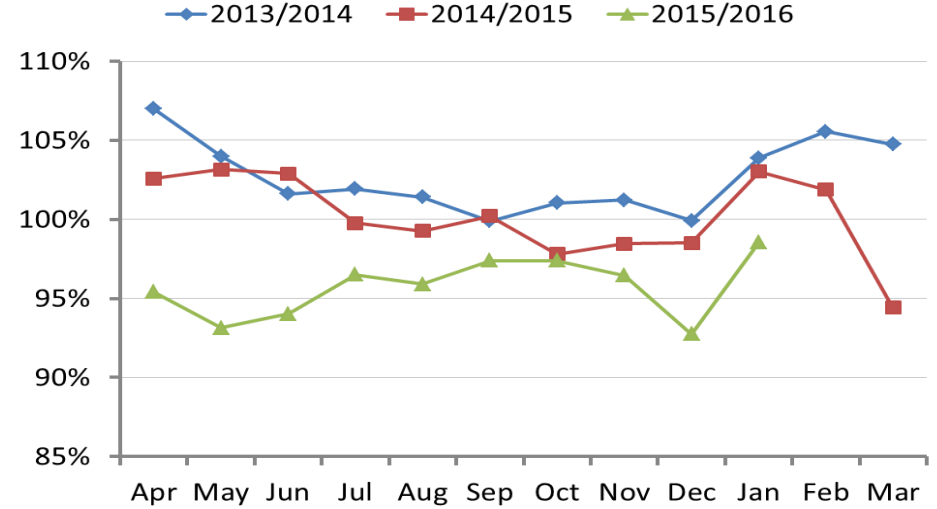
Over 14 day stays



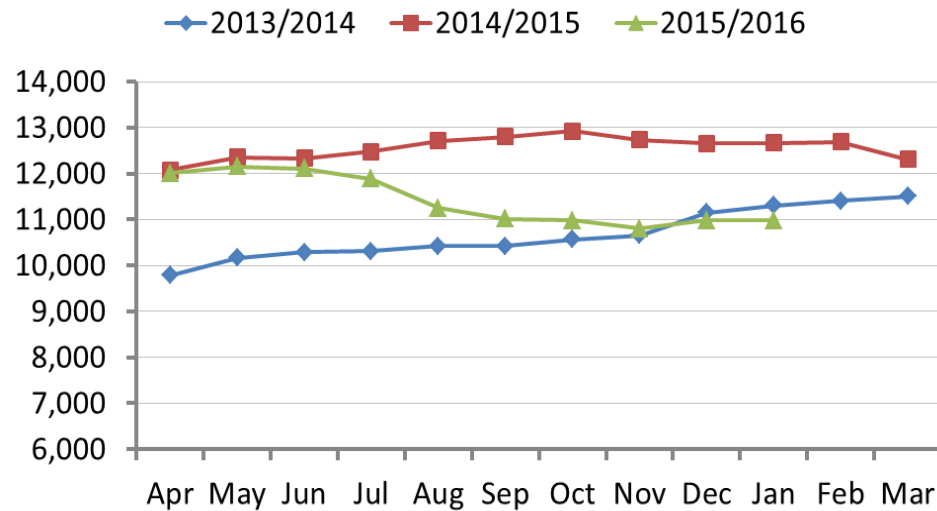
Delayed discharges (Green to Go)



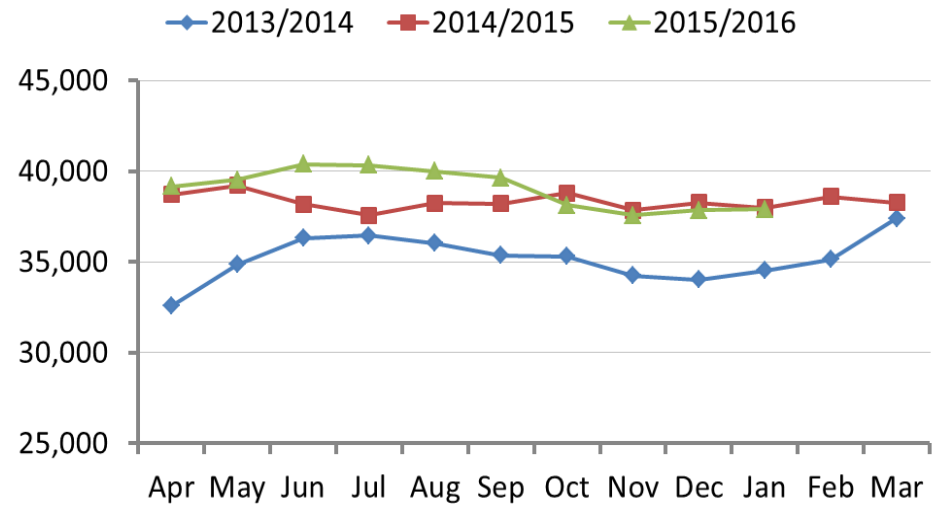
BRI Bed Occupancy



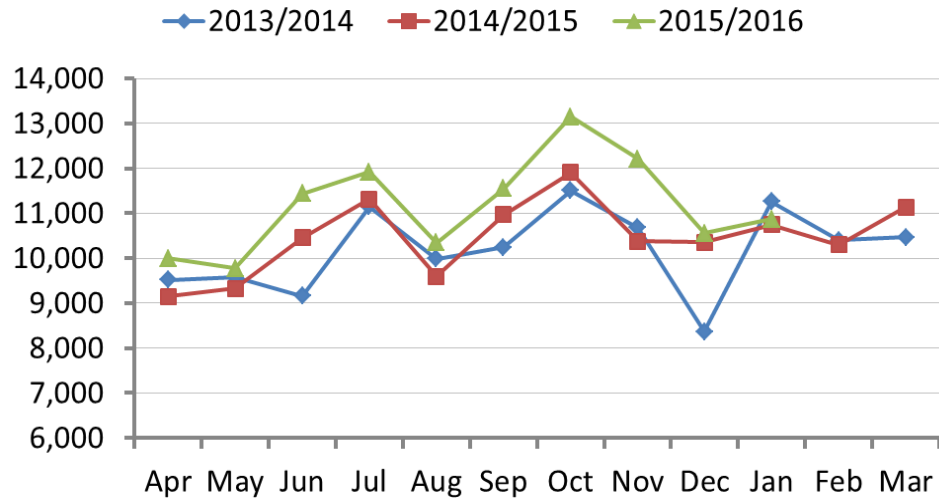
Elective waiting list size



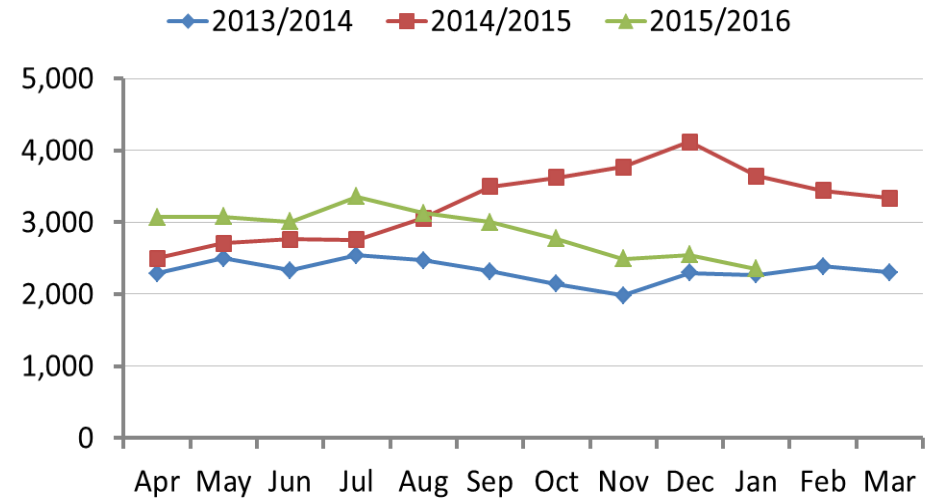
Outpatient waiting list size



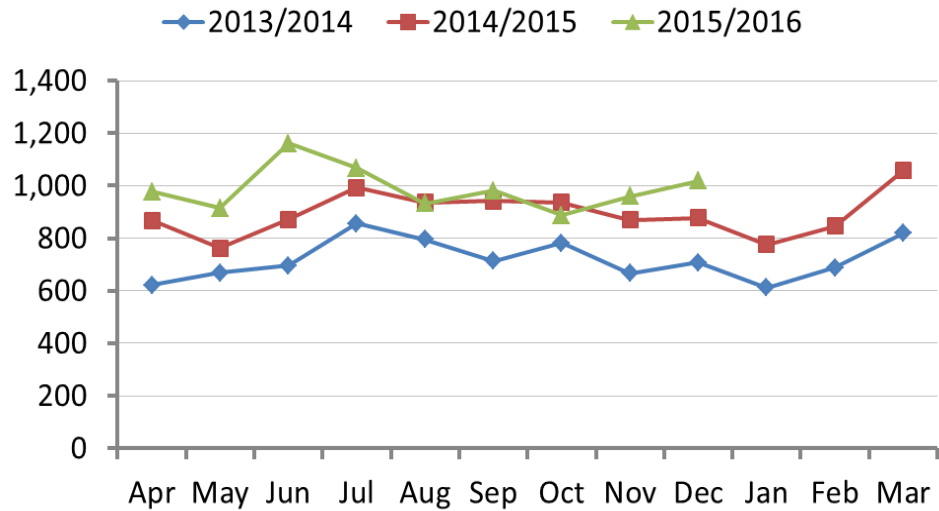
Number of RTT pathways stopped (i.e. treatments)



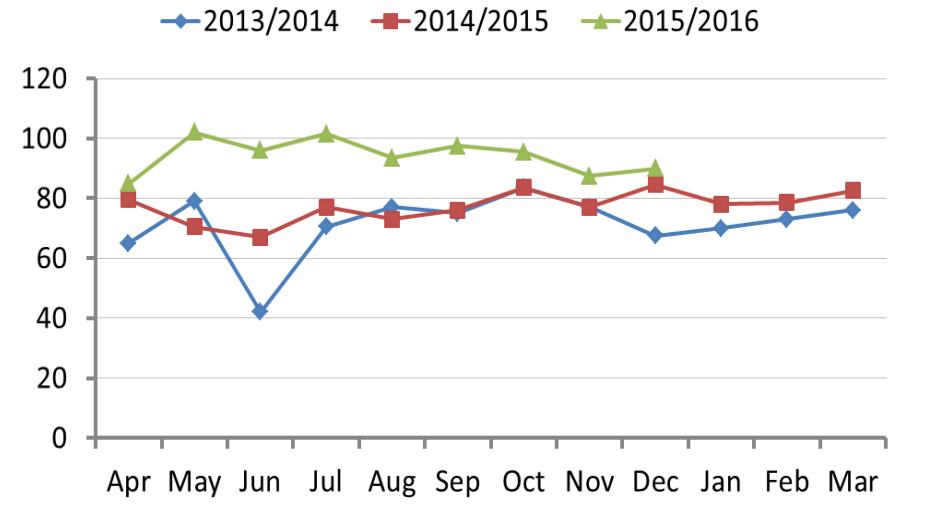
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

QUALITY

additional reports

| Topic | ID | Title | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|--|--|---|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| Patient Safety | | | | | | | | | | | | | | | | | | | | |
| Infections | DA01a | MRSA Bloodstream Cases - Cumulative Totals | 5 | 4 | 5 | 5 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 2 | 3 | 4 | 4 |
| | DA01 | MRSA Bloodstream Cases - Monthly Totals | 5 | 4 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 1 | 0 |
| | DA03 | C.Diff Cases - Monthly Totals | 50 | 34 | 4 | 0 | 6 | 1 | 3 | 3 | 1 | 2 | 5 | 3 | 6 | 4 | 10 | 6 | 14 | 4 |
| | DA02 | MSSA Cases - Monthly Totals | 33 | 25 | 2 | 4 | 4 | 1 | 4 | 2 | 3 | 2 | 3 | 2 | 2 | 2 | 9 | 7 | 7 | 2 |
| C.Diff "Avoidables" | DA03c | C.Diff Avoidable Cases - Cumulative Totals | - | - | 8 | 8 | 2 | 2 | 3 | 4 | 5 | 5 | 7 | 7 | 9 | - | 3 | 5 | 9 | - |
| Infection Checklists | DB01 | Hand Hygiene Audit Compliance | 97.2% | 97.3% | 97.4% | 97.6% | 97% | 96.7% | 97.6% | 97.7% | 97.7% | 97.9% | 95.8% | 98.1% | 98.1% | 96.3% | 97.1% | 97.8% | 97.3% | 96.3% |
| | DB02 | Antibiotic Compliance | 89.3% | 87.6% | 88.8% | 88.8% | 90.7% | 90.9% | 88.9% | 88.3% | 86.1% | 82.3% | 85.7% | 86% | 90.6% | 86.5% | 90.1% | 85.7% | 87.2% | 86.5% |
| Cleanliness Monitoring | DC01 | Cleanliness Monitoring - Overall Score | - | - | 96% | 96% | 96% | 95% | 95% | 93% | 95% | 93% | 93% | 94% | 94% | - | - | - | - | - |
| | DC02 | Cleanliness Monitoring - Very High Risk Areas | - | - | 98% | 98% | 98% | 98% | 98% | 97% | 96% | 97% | 96% | 97% | 97% | - | - | - | - | - |
| | DC03 | Cleanliness Monitoring - High Risk Areas | - | - | 96% | 96% | 97% | 97% | 95% | 94% | 93% | 94% | 95% | 95% | 95% | - | - | - | - | - |
| Serious Incidents | S02 | Number of Serious Incidents Reported | 78 | 54 | 4 | 6 | 6 | 6 | 4 | 3 | 8 | 3 | 4 | 9 | 5 | 6 | 16 | 14 | 18 | 6 |
| | S02a | Number of Confirmed Serious Incidents | 71 | 31 | 4 | 6 | 5 | 4 | 3 | 3 | 8 | 1 | 3 | 4 | - | - | 12 | 12 | 7 | - |
| | S02b | Number of Serious Incidents Still Open | 2 | 20 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 5 | 5 | 6 | 2 | 1 | 11 | 6 |
| | S03 | Serious Incidents Reported Within 48 Hours | 88.5% | 81.5% | 100% | 83.3% | 100% | 100% | 25% | 100% | 62.5% | 133.3% | 100% | 44.4% | 100% | 100% | 81.3% | 85.7% | 72.2% | 100% |
| S04 | Percentage of Serious Incident Investigations Completed Within Timescale | 73.3% | 77.3% | 66.7% | 100% | 75% | 85.7% | 66.7% | 100% | 100% | 75% | 85.7% | 66.7% | 60% | 75% | 78.6% | 87.5% | 72.2% | 75% | |
| Never Events | S01 | Total Never Events | 6 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | 0 |
| Patient Safety Incidents | S06 | Number of Patient Safety Incidents Reported | 12712 | 10175 | 1022 | 1124 | 1087 | 1139 | 1216 | 1023 | 1109 | 1143 | 1142 | 1149 | 1167 | - | 3442 | 3275 | 3458 | - |
| | S06b | Patient Safety Incidents Per 1000 Beddays | 41.32 | 43.98 | 41.85 | 43.14 | 42.65 | 43.43 | 47.3 | 39.07 | 42.88 | 45.48 | 43.86 | 45.33 | 46.04 | - | 44.46 | 42.43 | 45.07 | - |
| | S07 | Number of Patient Safety Incidents - Severe Harm | 89 | 83 | 7 | 6 | 7 | 5 | 5 | 9 | 13 | 8 | 13 | 8 | 15 | - | 17 | 30 | 36 | - |
| Patient Falls | AB01 | Falls Per 1,000 Beddays | 4.8 | 3.95 | 4.91 | 4.53 | 3.61 | 4.46 | 3.81 | 4.05 | 4.6 | 3.9 | 3.53 | 3.79 | 4.14 | 3.56 | 3.97 | 4.19 | 3.82 | 3.56 |
| | AB06a | Total Number of Patient Falls Resulting in Harm | 28 | 22 | 1 | 2 | 2 | 2 | 0 | 2 | 1 | 1 | 4 | 3 | 5 | 2 | 4 | 4 | 12 | 2 |
| Pressure Ulcers Developed in the Trust | DE01 | Pressure Ulcers Per 1,000 Beddays | 0.387 | 0.229 | 0.45 | 0.269 | 0.353 | 0.267 | 0.311 | 0.229 | 0.232 | 0.318 | 0.192 | 0.079 | 0.158 | 0.15 | 0.31 | 0.259 | 0.143 | 0.15 |
| | DE02 | Pressure Ulcers - Grade 2 | 110 | 52 | 10 | 5 | 9 | 7 | 7 | 5 | 4 | 7 | 4 | 2 | 4 | 3 | 23 | 16 | 10 | 3 |
| | DE03 | Pressure Ulcers - Grade 3 | 9 | 7 | 1 | 2 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 0 | 0 | 1 | 1 | 4 | 1 | 1 |
| | DE04 | Pressure Ulcers - Grade 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Venous Thrombo-embolism (VTE) | N01 | Adult Inpatients who Received a VTE Risk Assessment | 98.8% | 98.6% | 99.4% | 99.2% | 99.1% | 99.3% | 99.1% | 99.4% | 99.3% | 99% | 98.4% | 98.1% | 97.4% | 97.1% | 99.2% | 99.2% | 98% | 97.1% |
| | N02 | Percentage of Adult Inpatients who Received Thrombo-prophylaxis | 94.4% | 94.5% | 92.9% | 96% | 93.9% | 93% | 94.3% | 96.6% | 95.2% | 95.1% | 94% | 93.5% | 94% | 93.6% | 93.8% | 95.7% | 93.9% | 93.6% |
| Nutrition | WB03 | Nutrition: 72 Hour Food Chart Review | 88.9% | 90.4% | 88.4% | 87.9% | 86.8% | 93% | 92.3% | 90.7% | 86.6% | 86.5% | 91.5% | 91.6% | 93.2% | 90.4% | 90.9% | 87.9% | 92.1% | 90.4% |
| Safety | Y01 | WHO Surgical Checklist Compliance | 99.7% | 99.9% | 100% | 100% | 100% | 99.7% | 100% | 100% | 100% | 100% | 100% | 99.8% | 100% | 99.9% | 99.9% | 100% | 99.9% | 99.9% |

QUALITY (continued)

| Topic | ID | Title | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|-------------------------------|-------|--|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| Patient Safety | | | | | | | | | | | | | | | | | | | | |
| Medicines | WA01 | Medication Errors Resulting in Harm | 0.45% | 0.06% | 0% | 0.54% | 0% | 0.56% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | |
| | WA03 | Non-Purposeful Omitted Doses of the Listed Critical Medication | 1.01% | 0.92% | 1.54% | 0.52% | 0.63% | 1.43% | 0.96% | 0.83% | 0.73% | 0.75% | 0.78% | 0.62% | 1.03% | 1.49% | 0.96% | 0.77% | 0.8% | 1.49% |
| Safety Thermometer | AK03 | Safety Thermometer - Harm Free Care | 96.6% | 97.1% | 97.9% | 96.5% | 97.5% | 97.1% | 98.2% | 97.4% | 96.4% | 96.2% | 97.3% | 95.9% | 97.9% | 97.2% | 97.6% | 96.7% | 97.1% | 97.2% |
| | AK04 | Safety Thermometer - No New Harms | 98.4% | 98.5% | 99.3% | 98.7% | 98.9% | 98.2% | 98.6% | 98.6% | 98% | 98% | 98.9% | 97.9% | 99.1% | 98.8% | 98.6% | 98.2% | 98.6% | 98.8% |
| Deteriorating Patient | AR03 | Early Warning Scores (EWS) Acted Upon | 89% | 91% | 96% | 88% | 90% | 96% | 91% | 98% | 90% | 92% | 92% | 91% | 90% | 86% | 92% | 94% | 91% | 86% |
| Out of Hours | TD05 | Out of Hours Departures | 10.4% | 11% | 9% | 10.4% | 9% | 11.7% | 11.6% | 10.1% | 11.7% | 11.7% | 12.9% | 11.1% | 9.3% | 10.6% | 10.8% | 11.2% | 11.1% | 10.6% |
| Timely Discharges | TD03 | Percentage of Patients With Timely Discharge (7am-12Noon) | 19.5% | 19.8% | 22.3% | 20.6% | 20.4% | 19% | 18.6% | 19.9% | 17.8% | 19.8% | 18.9% | 19.3% | 22.3% | 22% | 19.3% | 19.2% | 20.2% | 22% |
| | TD03D | Number of Patients With Timely Discharge (7am-12Noon) | 9862 | 8523 | 877 | 873 | 845 | 838 | 789 | 879 | 738 | 844 | 845 | 834 | 1003 | 908 | 2472 | 2461 | 2682 | 908 |
| CAS Alerts | CS01 | CAS Alerts Completed Within Timescale | 97.9% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | CS03 | Number of CAS Alerts Overdue At Month End | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Staffing Levels | RP01 | Staffing Fill Rate - Combined | 103.6% | 103% | 103.4% | 102.4% | 100.4% | 100.3% | 101.8% | 102.8% | 100.5% | 103.1% | 105.8% | 104.8% | 104.8% | 105.9% | 100.8% | 102.1% | 105.1% | 105.9% |
| Clinical Effectiveness | | | | | | | | | | | | | | | | | | | | |
| Mortality | X05 | Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital Deaths | 64.1 | 62.7 | 60.8 | 63.9 | 54.8 | 62 | 66 | 58.4 | 65 | 66.6 | 66.6 | 68.3 | 58 | - | 60.9 | 63.3 | 64 | - |
| | X04 | Summary Hospital Mortality Indicator (SHMI) - National Data | 96.5 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | X06 | Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline | 68.3 | 63.8 | 57.8 | 68.6 | 56.6 | 71.7 | 64.7 | 56.4 | 64 | 61.8 | 69.5 | 72.6 | 58.5 | - | 64 | 60.6 | 66.5 | - |
| Readmissions | C01 | Emergency Readmissions Percentage | 2.83% | 2.9% | 2.83% | 2.96% | 3.01% | 3.55% | 2.7% | 2.75% | 2.89% | 2.77% | 2.83% | 2.77% | 2.86% | - | 3.08% | 2.8% | 2.82% | - |
| Maternity | G04 | Percentage of Spontaneous Vaginal Deliveries | 61.5% | 62.2% | 59.8% | 57.9% | 60.9% | 63.4% | 64.1% | 57.3% | 62.5% | 62.4% | 61.3% | 63.9% | 63.4% | 62.7% | 62.8% | 60.7% | 62.9% | 62.7% |
| Fracture Neck of Femur | U02 | Fracture Neck of Femur Patients Treated Within 36 Hours | 76% | 75.2% | 89.7% | 72.7% | 71.4% | 72% | 66.7% | 76% | 81.5% | 85.7% | 80.8% | 76.5% | 66.7% | 76% | 70.2% | 81.3% | 74% | 76% |
| | U03 | Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours | 93.4% | 82.8% | 93.1% | 86.4% | 77.1% | 68% | 91.7% | 80% | 85.2% | 78.6% | 92.3% | 94.1% | 86.7% | 80% | 78.6% | 81.3% | 90.4% | 80% |
| | U04 | Fracture Neck of Femur Patients Achieving Best Practice Tariff | 70.1% | 63% | 82.8% | 50% | 57.1% | 52% | 66.7% | 60% | 70.4% | 64.3% | 73.1% | 70.6% | 60% | 60% | 58.3% | 65% | 67.1% | 60% |
| | U05 | Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours) | - | - | 37 | 47.5 | 45.5 | 56.2 | 55.8 | 46.7 | 40.2 | 39.4 | 42.4 | 44.4 | 44.8 | 50.2 | - | - | - | - |
| Stroke Care | O01 | Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour | 56.5% | 60% | 66.7% | 60% | 68.6% | 65.7% | 56.1% | 43.8% | 67.4% | 62.2% | 57.5% | 59.5% | 56.8% | - | 63.1% | 59.2% | 57.9% | - |
| | O02 | Stroke Care: Percentage Spending 90%+ Time On Stroke Unit | 86.4% | 94.2% | 87% | 92.5% | 97.1% | 97.2% | 97.6% | 93.8% | 95.3% | 93.3% | 90.2% | 91.9% | 91.9% | - | 97.3% | 94.2% | 91.3% | - |
| | O03 | High Risk TIA Patients Starting Treatment Within 24 Hours | 58.2% | 63.1% | 57.1% | 50% | 69.2% | 83.3% | 30.8% | 58.8% | 100% | 75% | 54.5% | 62.5% | 47.1% | 71.4% | 60.5% | 73.5% | 52.8% | 71.4% |
| Dementia | AC01 | Dementia - FAIR Question 1 - Case Finding Applied | 65% | 90.6% | 77.3% | 81.6% | 83.9% | 88.4% | 82.7% | 83.3% | 92.5% | 91.1% | 97.6% | 97.2% | 95% | 93.4% | 84.9% | 88.8% | 96.6% | 93.4% |
| | AC02 | Dementia - FAIR Question 2 - Appropriately Assessed | 84.1% | 95.7% | 88.5% | 94.2% | 98.6% | 100% | 92.8% | 90% | 92.3% | 93.2% | 98.4% | 96.9% | 98.4% | 95.7% | 97% | 91.8% | 97.9% | 95.7% |
| | AC03 | Dementia - FAIR Question 3 - Referred for Follow Up | 58.5% | 91.3% | 81.3% | 90.5% | 90% | 92.3% | 92.9% | 80% | 100% | 88.9% | 100% | 83.3% | 100% | 100% | 91.5% | 88.9% | 91.3% | 100% |
| | AC04 | Percentage of Dementia Carers Feeling Supported | 75.2% | 86.8% | 81.8% | - | 90.9% | 100% | 93.3% | 92.3% | 76.9% | 70% | 100% | 72.7% | 72.7% | - | 94.6% | 80.6% | 84.2% | 90% |
| Outliers | J05 | Ward Outliers - Beddays Spent Outlying | 11260 | 7725 | 847 | 889 | 647 | 629 | 760 | 833 | 839 | 815 | 722 | 575 | 697 | 1208 | 2036 | 2487 | 1994 | 1208 |

QUALITY (continued)

| Topic | ID | Title | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|----------------------------------|------|--|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| Patient Experience | | | | | | | | | | | | | | | | | | | | |
| Monthly Patient Surveys | P01d | Patient Survey - Patient Experience Tracker Score | - | - | 90 | 89 | 89 | 92 | 89 | 91 | 90 | 90 | 90 | 90 | 91 | - | 90 | 90 | 90 | - |
| | P01g | Patient Survey - Kindness and Understanding | - | - | 93 | 93 | 94 | 96 | 93 | 93 | 95 | 94 | 94 | 95 | 94 | - | 94 | 94 | 94 | - |
| | P01h | Patient Survey - Outpatient Tracker Score | - | - | - | - | 89 | 89 | 89 | 88 | 89 | 89 | 88 | 88 | 89 | 89 | 89 | 89 | 88 | 89 |
| Friends and Family Test Coverage | P03a | Friends and Family Test Inpatient Coverage | 38.7% | 18.7% | 33.9% | 59.3% | 17.4% | 19.7% | 16.2% | 20.5% | 10.4% | 19.8% | 19.3% | 20.4% | 20.6% | 21.9% | 17.7% | 17.1% | 20.1% | 21.9% |
| | P03b | Friends and Family Test ED Coverage | 20.8% | 12.7% | 22.5% | 37.1% | 6.6% | 6.7% | 7% | 12.3% | 14.7% | 17.8% | 15.9% | 16.4% | 13.9% | 15.8% | 6.7% | 14.9% | 15.4% | 15.8% |
| | P03c | Friends and Family Test MAT Coverage | 28.9% | 21.4% | 22.5% | 35% | 23.9% | 33.7% | 20.1% | 22.1% | 18.3% | 14.6% | 25.3% | 20.2% | 20.3% | 15.7% | 26.1% | 18.5% | 21.8% | 15.7% |
| Friends and Family Test Score | P04a | Friends and Family Test Score - Inpatients | 94.9% | 96.3% | 93.3% | 95.5% | 96.1% | 95.5% | 96.3% | 97.2% | 97.2% | 96.2% | 96.2% | 96.5% | 95.6% | 96.7% | 96% | 96.8% | 96.1% | 96.7% |
| | P04b | Friends and Family Test Score - ED | 92.7% | 76% | 89.9% | 93.5% | 80.7% | 66.3% | 70.4% | 78.1% | 77.3% | 76.6% | 72.2% | 76.2% | 80% | 77.7% | 72.2% | 77.2% | 75.9% | 77.7% |
| | P04c | Friends and Family Test Score - Maternity | 94.2% | 96.7% | 97.1% | 91.5% | 97.3% | 93.3% | 97.8% | 98.7% | 97.1% | 96.3% | 98.2% | 96.9% | 97.7% | 94.9% | 95.6% | 97.6% | 97.6% | 94.9% |
| Patient Complaints | T01 | Number of Patient Complaints | 1883 | 1608 | 171 | 181 | 158 | 147 | 154 | 207 | 168 | 185 | 182 | 148 | 116 | 143 | 459 | 560 | 446 | 143 |
| | T01a | Patient Complaints as a Proportion of Activity | 0.261% | 0.254% | 0.291% | 0.273% | 0.266% | 0.25% | 0.231% | 0.315% | 0.302% | 0.279% | 0.267% | 0.219% | 0.19% | 0.225% | 0.249% | 0.298% | 0.227% | 0.225% |
| | T03a | Complaints Responded To Within Trust Timeframe | 85.9% | 74.8% | 83.7% | 85.3% | 89.5% | 83.9% | 82.1% | 87% | 80.9% | 83.3% | 60.7% | 59.5% | 50.8% | 68.1% | 84.9% | 83.9% | 56.5% | 68.1% |
| | T03b | Complaints Responded To Within Divisional Timeframe | 83.8% | 91.2% | 81.4% | 92.6% | 93% | 91.9% | 94% | 98.1% | 93.6% | 95.8% | 80.4% | 81% | 90.5% | 91.5% | 93% | 96% | 84.5% | 91.5% |
| | T04c | Percentage of Responses where Complainant is Dissatisfied | - | 6.25% | - | - | 1.75% | 3.23% | 4.48% | 7.41% | 6.38% | 14.58% | 8.93% | 4.76% | 6.35% | - | 3.23% | 9.4% | 6.83% | - |
| Ward Moves | J06 | Average Number of Ward Stays | 2.32 | 2.25 | 2.28 | 2.24 | 2.31 | 2.18 | 2.19 | 2.25 | 2.28 | 2.28 | 2.23 | 2.25 | 2.27 | 2.29 | 2.22 | 2.27 | 2.25 | 2.29 |
| Cancelled Operations | F01q | Percentage of Last Minute Cancelled Operations (Quality Objective) | 1.08% | 0.93% | 0.85% | 1.03% | 1.2% | 1.22% | 1.17% | 1.04% | 0.46% | 0.83% | 0.64% | 0.86% | 0.7% | 1.2% | 1.19% | 0.78% | 0.73% | 1.2% |
| | F01a | Number of Last Minute Cancelled Operations | 749 | 534 | 46 | 66 | 66 | 63 | 70 | 62 | 25 | 50 | 40 | 51 | 39 | 68 | 199 | 137 | 130 | 68 |

ACCESS

| Topic | ID | Title | Annual Target | | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|---|------|--|---------------|-------|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | Green | Red | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| | | | | | | | | | | | | | | | | | | | | | | |
| Referral to Treatment (RTT) | A01 | Referral To Treatment Admitted Under 18 Weeks | 90% | 90% | 84.9% | 82.5% | 80.4% | 80.5% | 79.9% | 81% | 80.4% | 84.2% | 85.1% | 82.5% | 83.1% | 79.9% | 85% | 83.3% | 80.4% | 84% | 82.6% | 83.3% |
| | A02 | Referral To Treatment Non Admitted Under 18 Weeks | 95% | 95% | 90.3% | 89.4% | 89.3% | 90% | 90.2% | 91.4% | 90.7% | 89.2% | 88.9% | 88.7% | 89% | 88.7% | 89.3% | 87.9% | 90.8% | 89% | 89% | 87.9% |
| | A03 | Referral To Treatment Ongoing Pathways Under 18 Weeks | 92% | 92% | 90.4% | 91% | 89.4% | 89.7% | 90.5% | 90.4% | 90.7% | 90.2% | 90.5% | 90.7% | 91.1% | 92% | 91.8% | 92.4% | 90.6% | 90.4% | 91.6% | 92.4% |
| Referral to Treatment (RTT) Ongoing Volumes | A03A | Referral To Treatment Number of Ongoing Pathways Over 18 Weeks | - | - | - | - | 3440 | 3339 | 3069 | 3078 | 3010 | 3357 | 3128 | 3004 | 2772 | 2491 | 2544 | 2349 | - | - | - | - |
| | A06 | Referral To Treatment Ongoing Pathways Over 52 Weeks | 0 | 1 | 59 | 8 | 11 | 4 | 4 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 5 | 1 | 0 | 2 |
| | A07 | Referral To Treatment Ongoing Pathways 40+ Weeks | - | - | 1842 | 431 | 161 | 119 | 116 | 89 | 38 | 45 | 38 | 28 | 25 | 22 | 15 | 15 | 243 | 111 | 62 | 15 |
| Cancer (2 Week Wait) | E01a | Cancer - Urgent Referrals Seen In Under 2 Weeks | 93% | 93% | 95.5% | 95.8% | 95.8% | 93.1% | 94.2% | 94.9% | 95.3% | 97.3% | 95.4% | 96.8% | 97.5% | 95.8% | 94.8% | - | 94.8% | 96.5% | 96% | - |
| | E01b | Cancer - Breast Symptom Referrals Seen In Under 2 Weeks | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Cancer (31 Day) | E02a | Cancer - 31 Day Diagnosis To Treatment (First Treatments) | 96% | 96% | 96.9% | 97.4% | 98.4% | 97% | 95.8% | 99.5% | 95.3% | 96.7% | 96.7% | 97.3% | 98.7% | 98.6% | 97.8% | - | 96.9% | 96.9% | 98.4% | - |
| | E02b | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) | 98% | 98% | 99.6% | 99.1% | 98.1% | 100% | 100% | 97.8% | 100% | 99.1% | 98.1% | 98.6% | 99.1% | 100% | 98.9% | - | 99.3% | 98.6% | 99.3% | - |
| | E02c | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) | 94% | 94% | 94.9% | 96.8% | 94.4% | 95.9% | 94.1% | 97.4% | 97.9% | 89.1% | 100% | 97.6% | 97.9% | 100% | 98% | - | 96.4% | 95.6% | 98.5% | - |
| | E02d | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy) | 94% | 94% | 97.6% | 96.9% | 97.7% | 97.2% | 97.5% | 98.1% | 94.7% | 96.1% | 98.4% | 96% | 96.1% | 97.6% | 97.4% | - | 96.7% | 96.8% | 97% | - |
| Cancer (62 Day) | E03a | Cancer 62 Day Referral To Treatment (Urgent GP Referral) | 85% | 85% | 79.3% | 80.5% | 75.2% | 79.4% | 76.5% | 77% | 77.6% | 83.7% | 80.7% | 81% | 79.1% | 82.3% | 86.7% | - | 77% | 81.9% | 82.6% | - |
| | E03b | Cancer 62 Day Referral To Treatment (Screenings) | 90% | 90% | 89% | 70.7% | 60% | 100% | 100% | 81.3% | 62.5% | 76.9% | 70% | 85.7% | 14.3% | 71.4% | 50% | - | 78.6% | 78.4% | 51.9% | - |
| | E03c | Cancer 62 Day Referral To Treatment (Upgrades) | 85% | 85% | 90.1% | 90.4% | 94.4% | 87.2% | 100% | 83.3% | 76.9% | 80.8% | 86.7% | 91.2% | 93.6% | 92.7% | 100% | - | 85.2% | 87.6% | 95.7% | - |
| Cancelled Operations | F01 | Last Minute Cancelled Operations - Percentage of Admissions | 0.8% | 1.5% | 1.08% | 0.93% | 0.85% | 1.03% | 1.2% | 1.22% | 1.17% | 1.04% | 0.46% | 0.83% | 0.64% | 0.86% | 0.7% | 1.2% | 1.19% | 0.78% | 0.73% | 1.2% |
| | F02c | Number of LMCs Not Re-admitted Within 28 Days | 36 | 36 | 75 | 58 | 3 | 3 | 10 | 12 | 12 | 7 | 4 | 2 | 5 | 3 | 2 | 1 | 34 | 13 | 10 | 1 |
| Primary PCI | H02 | Primary PCI - 150 Minutes Call to Balloon Time | 90% | 70% | 79.7% | 78.2% | 87.1% | 83.9% | 77.5% | 80.5% | 86.4% | 73.2% | 76% | 76% | 75.7% | 78% | 81.8% | - | 80.6% | 74.7% | 78.7% | - |
| | H03a | Primary PCI - 90 Minutes Door to Balloon Time | 90% | 90% | 92.4% | 94% | 96.8% | 90.3% | 95% | 95.1% | 90.9% | 92.7% | 100% | 92% | 89.2% | 95.1% | 95.5% | - | 94.2% | 94.5% | 93.4% | - |
| Diagnostic Waits | A05 | Diagnostics 6 Week Wait (15 Key Tests) | 99% | 99% | 97.47% | 98.92% | 97.92% | 97.9% | 98.27% | 98.63% | 99% | 98.83% | 98.63% | 99.01% | 99.59% | 99.37% | 99.2% | 98.69% | 98.64% | 98.83% | 99.39% | 98.69% |
| Outpatients | R03 | Outpatient Hospital Cancellation Rate | 6% | 10.7% | 9.2% | 11.9% | 9.4% | 9.4% | 11.6% | 11.7% | 11.6% | 11.7% | 12.8% | 12.1% | 11.1% | 10.7% | 13.2% | 12.5% | 11.6% | 12.2% | 11.6% | 12.5% |
| Delayed Discharges | Q01A | Acute Delayed Transfers of Care - Patients | - | - | - | - | 43 | 39 | 30 | 58 | 51 | 41 | 59 | 48 | 54 | 41 | 30 | 19 | - | - | - | - |
| | Q02A | Non-Acute Delayed Transfers of Care - Patients | - | - | - | - | 11 | 9 | 16 | 20 | 6 | 19 | 11 | 11 | 12 | 10 | 4 | 5 | - | - | - | - |
| Green To Go List | AQ01 | Numbers on the Green to Go List (Acute) | - | - | - | - | 38 | 37 | 26 | 56 | 48 | 37 | 52 | 45 | 50 | 39 | 33 | 42 | - | - | - | - |
| | AQ02 | Numbers on the Green to Go List (Non-Acute) | - | - | - | - | 11 | 9 | 14 | 18 | 6 | 19 | 11 | 11 | 11 | 10 | 9 | 7 | - | - | - | - |
| Length of Stay | J03 | Average Length of Stay (Spell) | - | - | 4.26 | 4.16 | 4.24 | 4.36 | 4.41 | 3.83 | 4.2 | 4.12 | 4 | 4.58 | 4.18 | 4.11 | 4.12 | 4.04 | 4.14 | 4.23 | 4.14 | 4.04 |

ACCESS (continued)

| Topic | ID | Title | Annual Target | | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|--|------|---|---------------|------|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | Green | Red | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| Emergency Department Indicators | | | | | | | | | | | | | | | | | | | | | | |
| Time In Department | B01 | ED Total Time in Department - Under 4 Hours | 95% | 95% | 92.23% | 91.94% | 89.53% | 95.01% | 94.81% | 93.47% | 95.2% | 95.51% | 94.95% | 91.69% | 92.16% | 89.6% | 88.89% | 83.76% | 94.48% | 94.04% | 90.23% | 83.76% |
| Trolley Waits | B06 | ED 12 Hour Trolley Waits | 0 | 1 | 10 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 6 |
| Time to Initial Assessment | B02 | ED Time to Initial Assessment - Under 15 Minutes | 95% | 95% | 97.2% | 87.8% | 99.8% | 87.9% | 87.9% | 88.3% | 89.3% | 92.1% | 92% | 87.1% | 87.6% | 83.2% | 84.9% | 87% | 88.5% | 90.3% | 85.2% | 87% |
| | B02a | ED Time to Initial Assessment - 95th Percentile | 15 | 15 | 15 | 31 | 14 | 29 | 30 | 30 | 28 | 23 | 21 | 32 | 30 | 42 | 37 | 25 | 30 | 26 | 37 | 25 |
| | B02b | ED Time to Initial Assessment - Data Completeness | 95% | 95% | 78.3% | 93% | 76.1% | 94.5% | 93.2% | 92.2% | 92.3% | 93.4% | 91.6% | 92.8% | 93.2% | 94.1% | 93.8% | 92.7% | 92.6% | 92.6% | 93.7% | 92.7% |
| Time to Start of Treatment | B03 | ED Time to Start of Treatment - Under 60 Minutes | 50% | 50% | 55.4% | 54.3% | 59.6% | 56.3% | 57.2% | 53.5% | 53.9% | 57.5% | 60.4% | 53.2% | 52.8% | 49.8% | 53.1% | 52.6% | 54.8% | 57% | 51.9% | 52.6% |
| | B03a | ED Time to Start of Treatment - Median | 60 | 60 | 54 | 55 | 50 | 53 | 51 | 56 | 56 | 52 | 48 | 56 | 57 | 61 | 56 | 59 | 54 | 52 | 58 | 59 |
| | B03b | ED Time to Start of Treatment - Data Completeness | 95% | 95% | 99.3% | 98.9% | 99.5% | 99.3% | 99.3% | 99.1% | 98.5% | 99.1% | 99.2% | 98.7% | 98.8% | 99% | 98.9% | 98.7% | 99% | 99% | 98.9% | 98.7% |
| Others | B04 | ED Unplanned Re-attendance Rate | 5% | 5% | 2.3% | 2.9% | 2.5% | 2.5% | 2.7% | 3% | 2.6% | 2.9% | 2.5% | 2.9% | 2.7% | 3.1% | 3.5% | 3% | 2.8% | 2.8% | 3.1% | 3% |
| | B05 | ED Left Without Being Seen Rate | 5% | 5% | 1.8% | 2.4% | 1.5% | 1.6% | 1.9% | 2.4% | 2.9% | 2.3% | 2% | 2.3% | 2.4% | 2.4% | 2.2% | 2.6% | 2.4% | 2.2% | 2.3% | 2.6% |
| Ambulance Handovers | BA09 | Ambulance Handovers - Over 30 Minutes | 1032 | 1032 | 1287 | 809 | 78 | 49 | 46 | 46 | 29 | 38 | 36 | 92 | 96 | 86 | 104 | 236 | 121 | 166 | 286 | 236 |

WORKFORCE

| Topic | ID | Title | Annual | | Monthly Totals | | | | | | | | | | | | Quarterly Totals | | | |
|--|-------|---|--------|-----------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|----------|----------|----------|
| | | | 14/15 | 15/16 YTD | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 |
| Sickness | AF02 | Sickness Rate | 4.2% | 4.2% | 4.6% | 4.3% | 4.2% | 4% | 4.1% | 4.2% | 3.9% | 4.1% | 4.3% | 4.2% | 4.4% | 4.6% | 4.1% | 4.1% | 4.3% | 4.6% |
| Staffing Numbers | AF08 | Funded Establishment FTE | - | - | 7912.4 | 7958.8 | 7976.8 | 8011.6 | 8088.3 | 8096.3 | 8110.8 | 8128.9 | 8168.6 | 8197.6 | 8199.8 | 8224.1 | - | - | - | - |
| | AF09A | Actual Staff FTE (Including Bank & Agency) | - | - | 8088.6 | 8130.6 | 8080.5 | 8123.2 | 8114.4 | 8069.3 | 8149.2 | 8253.7 | 8249.7 | 8198 | 8180 | 8233.9 | - | - | - | - |
| | AF13 | Percentage Over Funded Establishment | - | - | 2.2% | 2.2% | 1.3% | 1.4% | 0.3% | -0.3% | 0.5% | 1.5% | 1% | 0% | -0.2% | 0.1% | - | - | - | - |
| Bank Usage | AF04 | Workforce Bank Usage | - | - | 432.2 | 416.2 | 368.6 | 424.2 | 423.5 | 395 | 399.2 | 446.2 | 0 | 339.3 | 336.1 | 342.8 | - | - | - | - |
| | AF11A | Percentage Bank Usage | - | - | 5.3% | 5.1% | 4.6% | 5.2% | 5.2% | 4.9% | 4.9% | 5.4% | 4.6% | 4.1% | 4.1% | 4.2% | - | - | - | - |
| <i>Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive)</i> | | | | | | | | | | | | | | | | | | | | |
| Agency Usage | AF05 | Workforce Agency Usage | - | - | 157.3 | 170.3 | 165.8 | 148.3 | 157.3 | 163.5 | 185.2 | 193.1 | 180 | 156.1 | 134 | 152.1 | - | - | - | - |
| | AF11B | Percentage Agency Usage | - | - | 1.9% | 2.1% | 2.1% | 1.8% | 1.9% | 2% | 2.3% | 2.3% | 2.2% | 1.9% | 1.6% | 1.8% | - | - | - | - |
| <i>Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive)</i> | | | | | | | | | | | | | | | | | | | | |
| Vacancy | AF06 | Vacancy FTE (Funded minus Actual) | - | - | 413.3 | 414.7 | 333.2 | 368.5 | 463.6 | 507.9 | 465.1 | 436 | 416.4 | 420.1 | 431.3 | 412 | - | - | - | - |
| | AF07 | Vacancy Rate (Vacancy FTE as Percent of Funded FTE) | - | - | 5.2% | 5.2% | 4.2% | 4.7% | 5.8% | 6.3% | 5.8% | 5.4% | 5.1% | 5.2% | 5.3% | 5.1% | - | - | - | - |
| Turnover | AF10A | Workforce - Number of Leavers (Permanent Staff) | 2415 | 1763 | 239 | 199 | 121 | 174 | 156 | 147 | 398 | 227 | 146 | 148 | 120 | 126 | 451 | 772 | 414 | 126 |
| | AF10 | Workforce Turnover Rate | | | 13.8% | 13.9% | 13.8% | 14.1% | 14.1% | 13.7% | 13.7% | 13.6% | 13.7% | 13.9% | 13.8% | 13.8% | | | | |
| <i>Turnover is a rolling 12 months. It's number of permanent leavers over the 12 month period, divided by average staff in post over the same period. Average staff in post is staff in post at start PLUS staff in post at end, divided by 2.</i> | | | | | | | | | | | | | | | | | | | | |
| Training | AF20 | Essential Training Compliance | - | - | 85% | 88% | 89% | 89% | 89% | 90% | 90% | 89% | 91% | 91% | 91% | 92% | - | - | - | - |

Appendix 1

Glossary of useful abbreviations, terms and standards

| Abbreviation, term or standard | Definition |
|---|--|
| BCH | Bristol Children’s Hospital – or full title, the Royal Bristol Hospital for Children |
| BDH | Bristol Dental Hospital |
| BEH | Bristol Eye Hospital |
| BHI | Bristol Heart Institute |
| BRI | Bristol Royal Infirmary |
| CQC | Care Quality Commission |
| DNA | Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission |
| FFT | <p>Friends & Family Test</p> <p>This is a national survey of whether patients said they were ‘very likely’ to recommend a friend or family to come to the Trust if they needed similar treatment. There is a similar survey for members of staff.</p> |
| Fracture neck of femur Best Practice Tariff (BPT) | <p>There are eight elements of the Fracture Neck of Femur Best Practice Tariff, which are as follows:</p> <ol style="list-style-type: none"> 1. Surgery within 36 hours from admission to hospital 2. Multi-disciplinary Team rehabilitation led by an Ortho-geriatrician 3. Ortho-geriatric review within 72 hours of admission 4. Falls Assessment 5. Joint care of patients under Trauma & Orthopaedic and Ortho-geriatric Consultants 6. Bone Health Assessment 7. Completion of a Joint Assessment 8. Abbreviated Mental Test done on admission and pre-discharge |
| ICU / ITU | Intensive Care Unit / Intensive Therapy Unit |

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

Appendix 2

Other Essential Training Compliance Figures for January 2016

Safeguarding Adults:

Level 1: 92.3% (previous month 91.8%)

Level 2: 87.4% (previous month 86.0%)

Level 3: 34.4% (previous month 35.4%)

Safeguarding Children:

Level 1: 91.8% (previous month 91.1%)

Level 2: 91.6% (previous month 90.7%)

Level 3: 78.4% (core) (previous month 76.7%)

Level 3: 76.5% (specialist) (previous month 78.0%)

Resuscitation: 77.7% (previous month 76.6%)

Appendix 2 (continued)

Summary of Monitor submission showing performance against agency cap requirements 1st January to 31st January 2016

Framework and price cap compliance

| Number of shifts (Reported via Temporary Staffing Bureau) | (i) Exceeded price cap only | (ii) Non Framework but within price cap | (iii) Both framework and price cap exceeded |
|--|------------------------------------|--|--|
| Nursing & Midwifery | 333 | 11 | 523 |
| Healthcare Assistant and other support | 104 | 18 | 6 |
| Medical and Dental | 172 | - | - |

Appendix 3

Access standards – further breakdown of figures

A) **62-day GP standard** – performance against the 85% standard at a tumour-site level for December 2015, including national average performance for the same tumour site

| Tumour Site | UH Bristol | Internal operational target | National |
|--|--------------|-----------------------------|--------------|
| Breast† | 87.5% | - | 96.5% |
| Gynaecology | 95.2% | 85% | 82.4% |
| Haematology (excluding acute leukaemia)* | 100.0% | 85% | 85.4% |
| Head and Neck | 94.1% | 79% | 73.1% |
| Lower Gastrointestinal | 62.5% | 79% | 77.4% |
| Lung | 67.7% | 79% | 75.4% |
| Other* | 66.7% | - | 72.4% |
| Sarcoma* | 100.0% | - | 77.4% |
| Skin | 98.0% | 96% | 95.6% |
| Upper Gastrointestinal | 89.7% | 79% | 76.1% |
| Total (all tumour sites) | 86.7% | 85.0% | 85.0% |
| Monthly trajectory target (<u>excluding</u> assumed improvements in late referrals) | 80.2% | | |
| Monthly trajectory target (<u>including</u> assumed improvements in late referrals) | 82.0% | | |

*3 or fewer patients treated in accountability terms

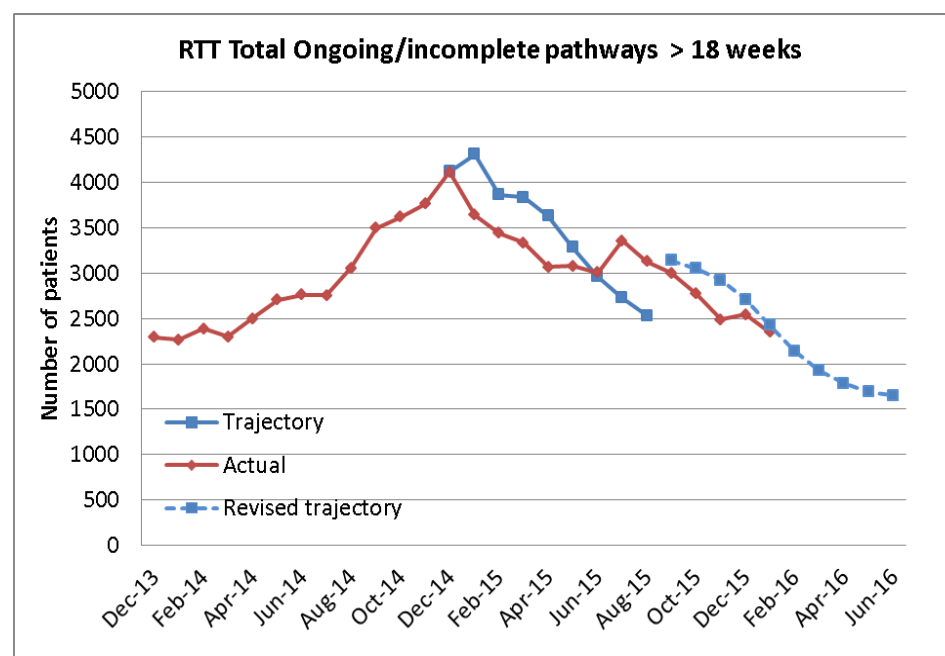
†Tertiary pathways only (i.e. no internally managed pathways), with management of waiting times to a great extent outside of the control of the Trust

Appendix 3 (continued)

Access standards – further breakdown of figures

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

| RTT Specialty | Ongoing Pathways Over 18 weeks | Ongoing Pathways | Ongoing Performance |
|------------------------|--------------------------------|------------------|---------------------|
| Cardiology | 280 | 2,118 | 86.8% |
| Cardiothoracic Surgery | 14 | 248 | 94.4% |
| Dermatology | 18 | 1,607 | 98.9% |
| E.N.T. | 66 | 2,173 | 97.0% |
| Gastroenterology | 64 | 442 | 85.5% |
| General Medicine | 0 | 45 | 100.0% |
| Geriatric Medicine | 4 | 159 | 97.5% |
| Gynaecology | 56 | 1,225 | 95.4% |
| Neurology | 100 | 411 | 75.7% |
| Ophthalmology | 148 | 4,140 | 96.4% |
| Oral Surgery | 174 | 2,684 | 93.5% |
| Other | 1,311 | 13,501 | 90.3% |
| Rheumatology | 0 | 371 | 100.0% |
| Thoracic Medicine | 5 | 816 | 99.4% |
| Trauma & Orthopaedics | 107 | 1,088 | 90.2% |
| Urology | 2 | 2 | 0.0% |
| Grand Total | 2,349 | 31,030 | 92.4% |



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

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11:00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | |
|---|---|------------|--|-----------|--|-------|--|--------|
| 09. Quarterly Workforce Report | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | |
| Sponsor: Sue Donaldson, Director of Workforce & Organisational Development Author: Heather Toyne, Assistant Director of Workforce | | | | | | | | |
| Intended Audience | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | Public |
| Executive Summary | | | | | | | | |
| <p><u>Purpose</u> The Quarterly Workforce Report is intended to provide a more detailed and wide ranging update on our Workforce and Organisational Development agenda than is currently provided in the monthly performance reports. The report is based on the 2015/16 Key Performance Indicators (KPIs) and includes a description of the current position for each indicator, progress on actions to improve performance, and a projected outturn at March 2016.</p> <p><u>Key issues to note</u> During the quarter good progress has continued in respect of the agreed action plans that underpin the Trust's Workforce and Organisational Strategy. However, turnover and absence levels are placing pressure on departments, causing higher than planned vacancies and temporary staffing, although agency use has reduced slightly since last quarter. The national picture is similar, with benchmarks demonstrating increased levels of vacancies, sickness absence, agency usage and turnover.</p> | | | | | | | | |
| Recommendations | | | | | | | | |
| The Board is asked to note the contents of the report for assurance; and discuss any issues arising in relation to the areas reported. | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | |
| N/A | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | |
| N/A | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | |
| N/A | | | | | | | | |
| Equality & Patient Impact | | | | | | | | |
| None | | | | | | | | |

| Resource Implications | | | |
|--------------------------|--|-------------------------------------|---|
| Finance | | Information Management & Technology | |
| Human Resources | | Buildings | |
| Action/Decision Required | | | |
| For Decision | | For Assurance | ✓ |
| | | For Approval | |
| | | For Information | |

| Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Quality & Outcomes Committee |
|-------------------|-----------------|-------------------------------------|------------------------|------------------------------|
| | | | ✓ | 26/02/2016 |

QUARTERLY WORKFORCE REPORT – October to December 2015









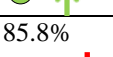


Executive Summary

i. Introduction

During the quarter good progress has continued in respect of the agreed action plans that underpin the Trust's Workforce and Organisational Strategy. However, turnover and absence levels are placing pressure on departments, causing higher than planned vacancies and temporary staffing, although agency use has reduced slightly since last quarter. The national picture is similar, with benchmarks demonstrating increased levels of vacancies, sickness absence, agency usage and turnover.

Although the workforce KPIs are intrinsically linked, for ease of explanation the quarterly report provides an update on key actions under each KPI. The table below sets out the latest position in respect of the agreed KPIs and the projected outturn for 2015 – 2016, based on the mid-year review.

ii. Overview

| Domain | Measure | KPI Description | Q3 KPI | Q3 Actual | Annual KPI 2015/16 | Projected out turn 2015/16 | Available benchmark |
|----------------------|-----------------------------------|--|---------|---|--------------------|----------------------------|---------------------|
| Workforce costs /FTE | Workforce numbers (FTE) | Staffing numbers within 1% of establishment including bank and agency | >1% | 0.3% over  | >1% | >1% | No |
| | Bank (FTE) | Percentage of total staffing (within 10% of target) | 3.1% | 4.3%  | 3.5% | 4.3% | No |
| | Agency (FTE) | Percentage of total staffing (within 10% of target) | 0.8 % | 1.9%  | 1% | 1.7% | No |
| | Overtime | Percentage of total staffing (within 10% of target) | 0.7% | 0.7%  | 0.7% | 0.8% | No |
| | Sickness absence rate (%) | Within 0.5% points of target | 3.8% | 4.3%  | 3.7% | 4.2% | 4.2% |
| Staff Experience | Vacancies | Difference between budgeted establishment and in post | > 5% |  5.2%* | > 5% | 5.9% | 7.5% |
| | Turnover | Trajectory to achieve target by March | 12.1% % | 13.8%  | 11.5% | 13.0% | 13.3% |
| | Friends and Family Test | Percentage recommending UHB as a place to work (agree or strongly agree) | 50+% | 61%  | 50+% | 50+% | 59% |
| Staff Development | All staff Appraisal (exc. medics) | Appraisal of eligible staff on a rolling 12 month cycle | 85% | 85.8%  | 85% | 85% | No |
| | Medical Staff Appraisal | Appraisal of eligible staff on a 15 month cycle – 5 within 5 years | 85% | 88.9%*  | 85% | 85% | No |
| | Essential Training Core topics | All staff completed relevant essential training topics (trajectory to achieve target by March) | 90% | 91.3%  | 90% | 90% | No |

| | Measure | KPI Description | Q3 KPI | Q3 Actual | Annual KPI | Projected out turn |
|-------------------------|--|--|--|------------|------------|--------------------|
| Compliance Requirements | Manual Handling Risk Assessment | Risk assessments completed or reviewed within 12 month timeframe | Risk assessment completed /reviewed in last 12 months in +75% of cases | 90% ● ↑ | 75+% | 75+% |
| | Stress Risk Assessment | Risk assessments completed or reviewed within 12 month timeframe | Risk assessment completed/reviewed in last 12 months in + 75% of cases | 75% ● ↑ | 75+% | 75+% |
| | Junior Doctor New Deal compliance | Junior doctor rotas compliant with New Deal requirements | 90% or more of rotas compliant | 93% ● ↑ | 90+% | 90+% |

Although the above list provides the overall Trust position, we are aware from our quarterly performance reviews with the Divisions and from close working with Divisional HR Business Partners that we continue to have hotspots in respect of specialist nursing, particularly theatre staffing, intensive care unit, coronary intensive care unit and oncology.

We believe we have comprehensive plans in place to improve our position in respect of performance against the workforce KPI's, but continue to reassess their impact on an ongoing basis to understand whether there is something more or different we should do. In the period, a particular focus has been on whether an overseas recruitment campaign is the most cost effective way of dealing with forecast vacancies in specialist nursing, to improve our position in respect of performance against the workforce KPIs on a sustained basis.

iii. Key areas of focus

The detailed action plans are described in the main paper, a summary of the key areas of focus around the key workforce risks is as follows:

Recruitment/vacancy rates

- Innovative campaigns for bank and substantive nursing staff continues, involving local radio, buses and the use of social media. Outcomes are being assessed, and will be included in the next quarterly report.
- The newly appointed Apprenticeship coordinator will be supporting Divisions in developing apprenticeship roles. The objective will be to target difficult to recruit to roles in agreeing numbers during the next quarter.
- Consideration of the lessons learnt from the Lord Carter review

Turnover/retention

- During this quarter, the Transformation Board has endorsed the project plan which will ensure staff appraisals integrate objectives, development, performance and career development by September 2016 including a pilot in June.
- Senior Leadership Team received findings from the staff engagement “listening events” and corporate and agreed actions, with a progress update set for February.
- A communications plan has been developed for the annual staff survey. Divisional actions plans will be in place by the end of March.

Sickness Absence

- Piloting of self-certification for absences of 1-3 days has been rolled out Trust wide in January 2016, with an evaluation to take place by the end of February.
- An internal audit of local management of the sickness absence policy, including completions of return to work interviews is underway.
- An Occupational Health Advisor will be contacting employees taking sickness absence on the 1st, 3rd and 7th day of absence, including signposting sources of support. Phased roll-out to be piloted by Facilities & Estates during Q4.
- Managers in “hot spots” to receive coaching on supporting attendance.

Agency expenditure

- Collaborative working with partners across the local system to ensure agencies comply with the new Monitor and TDA guidance, particularly in the context of the anticipated capping of rates.
- Maximising the functionality of Rosterpro (electronic rostering system) to support booking and payments.
- Premium payments have been agreed until the end of February for bank shifts in specialist areas such as theatres, intensive care, coronary intensive care and some paediatric areas.

iv. Looking forward to 2016/17:

The first cut of workforce KPI's for the 2016/17 divisional operating plans have been reviewed for sickness absence, turnover, bank and agency and provide the context and overview of the challenge for next year. The emerging KPI's for sickness absence and turnover in the first cut is 4% and 12.8% respectively, however the publication of Lord Carter's Operational productivity report has provided an additional focus when reviewing them as a whole in the next phase of the operating plan. We will work with divisional colleagues to improve the position and the reviewed KPI's will be agreed and signed off at the Senior Leadership meeting in March.

QUARTERLY WORKFORCE REPORT –OCTOBER TO DECEMBER 2015

1. INTRODUCTION

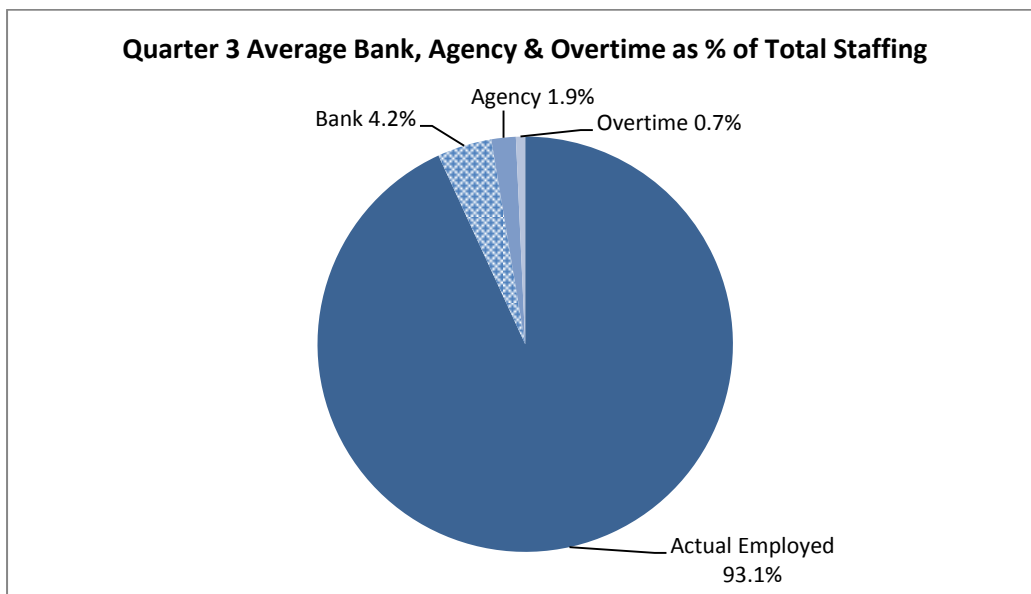
The Executive Summary has provided an overview of the KPI performance for quarter 3 and a brief update on programmes of work. This report provides detailed information in respect of each KPI. A summary dashboard of the KPIs is included in Appendix 1, and detail of performance at a Divisional level is in Appendix 2. A breakdown is provided by staff group in Appendix 3.

2. WORKFORCE NUMBERS

As at the end of December 2015, 7709.9 FTE staff were substantively employed, approximately 7 FTE more than at the end of the previous quarter.

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

The proportion of bank and agency usage as a percentage of total staffing have both reduced this month. Current usage is shown in the pie chart below:



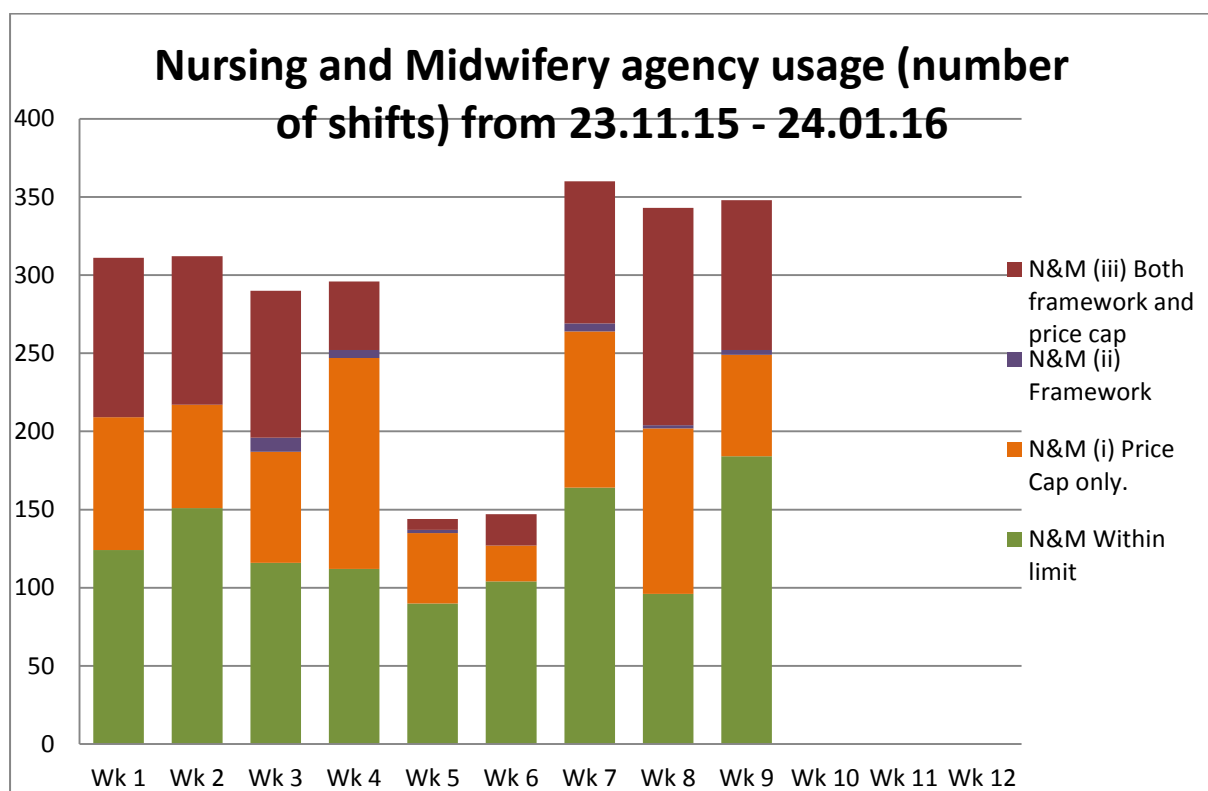
Robust benchmarks are not currently available as Trusts generally do not publish data on agency as a percentage of total staffing. Some Trusts report percentage of pay spend on agency but not on a consistent basis.

The expected out turn for agency as a percentage of total staffing is 1.7% compared with a KPI of 1.0% due to higher than planned levels of vacancies and sickness absence particularly among nursing staff.

New agency caps and frameworks have been introduced by the NHS Trust Development Authority and Monitor for all NHS Trusts and Foundation Trusts in England, aiming to reduce agency spend. This ensures Trusts use agencies which are validated and compliant

with the appropriate caps. Between 23rd November 2015 to 1 April 2016, there is a graduated reduction in the maximum agency rates to bring a ceiling rate of 55% above the substantive salary for the role covered.

The weekly reports made to Monitor by UH Bristol regarding compliance with agency caps and use of approved framework agencies during the reporting period is summarised in the graph below for Nursing and Midwifery for illustrative purposes, all other staff groups are monitored. These are based solely on shifts booked through the Temporary Staffing Bureau. As the weekly reports only commenced at the end of November, it is too early to establish the impact, which will become clearer in the next quarterly report. The levels of overcall and off framework shifts used remains volatile primarily due to the level of demand on services requiring additional staff and the changing position of agencies that may be breaching a cap one week but after reviewing their rates become within the cap. The next step change in price cap occurs on February 1st that will potentially bring more agencies into the above price cap category.



The Trust continues to support the principles of the agency caps and frameworks and has been working with local health community partners and agencies to comply. The Trust recognises there may be exceptions to maintain patient safety and has exceeded the caps or used off-framework agencies, particularly in key specialist areas such as Theatres, Paediatrics and ITU. The Senior Leadership Team endorsed a process for the approval of booking requests in such circumstances, with tight controls and monitoring.

The Trust continues to implement the agreed agency action plan. Progress is described below.

Nursing and midwifery agency actions

Performance against the nursing agency action plan is reported to the Savings Board through the Chief Nurse, as follows:

- Close work with wards to fully use the functionality of Rosterpro to support booking and payment processes for bank staff will be evaluated in February 2016. This case requires a robust method of access to the system from outside of the Trust. Case made to the capital bid scheme to support this approach and is ongoing. Preparatory work can start this month.

Controls/demand management

- A “real time” staffing dashboard is being developed providing a real time overview for inpatient staffing, including bank and agency, to go live February 2016. The system is currently being piloted, planning
- Direct booking by bank staff from home from Q4 to maximise the availability to bank staff is in place, evaluation end of February.
- Monthly performance management of e-rostering KPIs continues, showing an improving position.
- Close work with wards to fully use the functionality of Rosterpro to support booking and payment processes for bank staff will be evaluated in February 2016.
- Divisional agency usage discussed at monthly Divisional Performance reviews, and actions agreed.
- Trust bank recruitment forms part of external recruitment campaigns together with internal marketing encouraging Trust staff to undertake additional shifts. From early February we will be implementing a “pop up” desk in the main BRI entrance to raise awareness of the bank option for our substantive staff, as registered nurse recruitment to the bank remains low, and to also target the public footfall through this entrance for all staff groups.
- Premium payments have been agreed until the end of February for bank shifts in specialist areas such as theatres, intensive care, coronary intensive care and some paediatric areas.

Medical agency usage

The Medical Staff Efficiencies Group, led by the Medical Director, is responsible for the following actions:

Premium payment rates:

- Master Vendor supplier for locums to improve cost efficiency and consistency went live in October - all future medical usage will be through the chosen supplier.

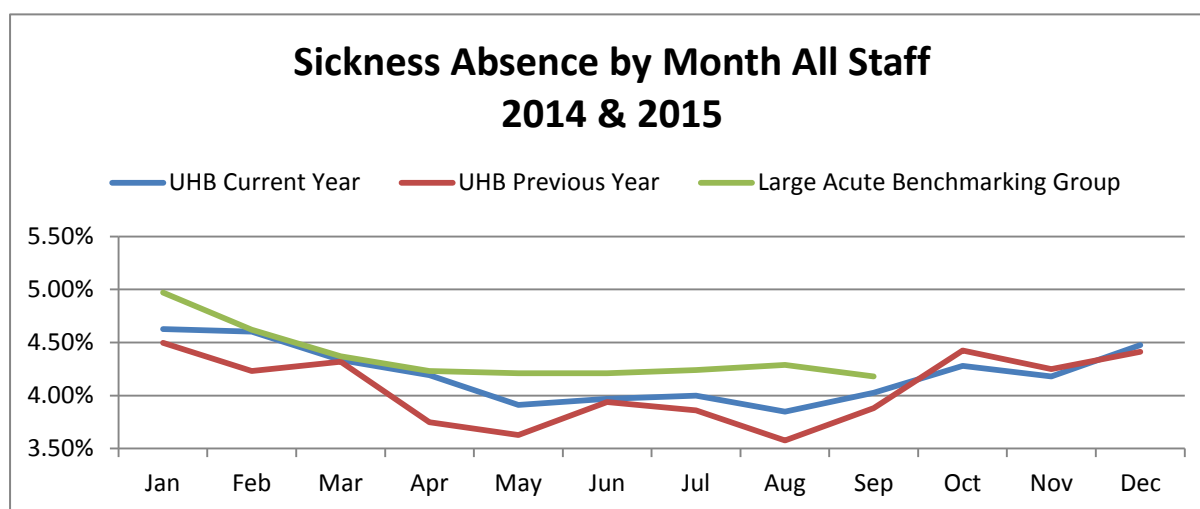
Improved Supply

- “Envoy” texting system, advising doctors of available shifts, implemented in Division of Medicine, wider roll out planned for Surgical and Women`s and Children`s rotas.

3. SICKNESS ABSENCE

Sickness absence has increased slightly to 4.3% this quarter compared to 4.0% last quarter. The expected out turn for March 31st 2016 is 4.2% compared with a KPI of 3.7%. Long-term absence (29 calendar days or more) accounted for 47.3% of calendar days lost, (54.0% last quarter). This is due to overall higher than usual sickness absence during quarter 2 associated with unusually high rates of colds and flu.

The most recently available benchmark data shows that UH Bristol absence rates were lower than comparable Trusts. In quarter 2 the figure of 4.0% for UH Bristol compared with 4.2% nationally for 40 other large acute Trusts (Iview data), see graph below.



Senior Leadership Team endorsed the actions recommended by the Workforce and OD Group which will be implemented during the next quarter, as follows:

- Piloting of self-certification for absences of 1-3 days has been rolled out Trust wide in January 2016, with an evaluation to take place by the end of February.
- An internal audit of local management of the sickness absence policy, including completions of return to work interviews is underway.
- An Occupational Health Advisor will be contacting employees taking sickness absence on the 1st, 3rd and 7th day of absence, including signposting sources of support. Phased roll-out to be piloted by Facilities & Estates during Q4.
- Managers in “hot spots” to receive coaching on supporting attendance.

The Staff Health and Well Being action plan continues to be implemented, including the following:

- Free on site health checks over the next 2 years with a target of reaching 2000 staff;
- 80 staff have applied for ‘Step into Health’ 12 week course with Loughborough college staff covering health topics including nutrition and stress management.

Stress, Anxiety and Depression

- *Resilience Building Programme* continues until July 2016 and is also incorporated in the newly qualified nurse Preceptorship programme.

- A business case to expand *the counselling service* is in progress, to enable the Resilience Building programme to be delivered by in house counsellors.

Flu – Influenza

- The trust has reached 45% by December 2015 compared with 57% at the same time in 2014, against a target of 75% to be reached by the end of February.

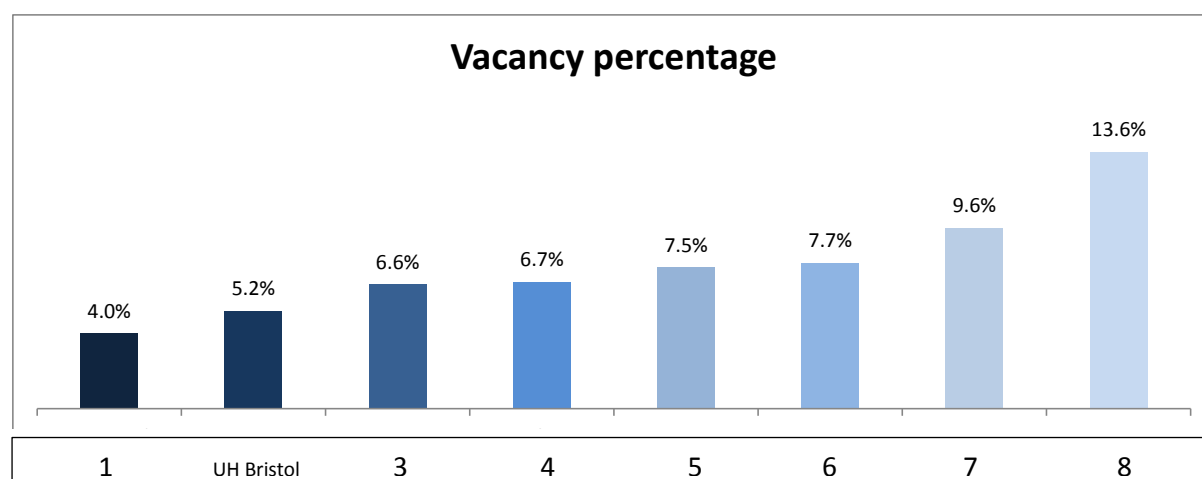
Musculoskeletal

- 189 UHB Physio Direct consultations (63%) referred for Physiotherapy.
- Third UH Bristol annual back care week was well received, including advice for undertaking specific tasks in areas such as theatres and cardiac catheter laboratories.
- *Manual Handling Advice* - the Manual Handling team provided 349 staff follow-up visits, 7 visits related to musculo-skeletal health and 76 Workstation/advisory visits.

4. STAFF EXPERIENCE

A. VACANCIES

Vacancies this quarter were 5.2% (422.6 average FTE) compared with 5.8% last quarter, exceeding the Trust KPI of 5%. UH Bristol vacancy rates continue to be below average compared with those Trusts which publish them on their websites. The UH Bristol vacancy rate (see graph below), continues to compare favourably with other Trusts who publish this data, with an average for the group of 7.5%.



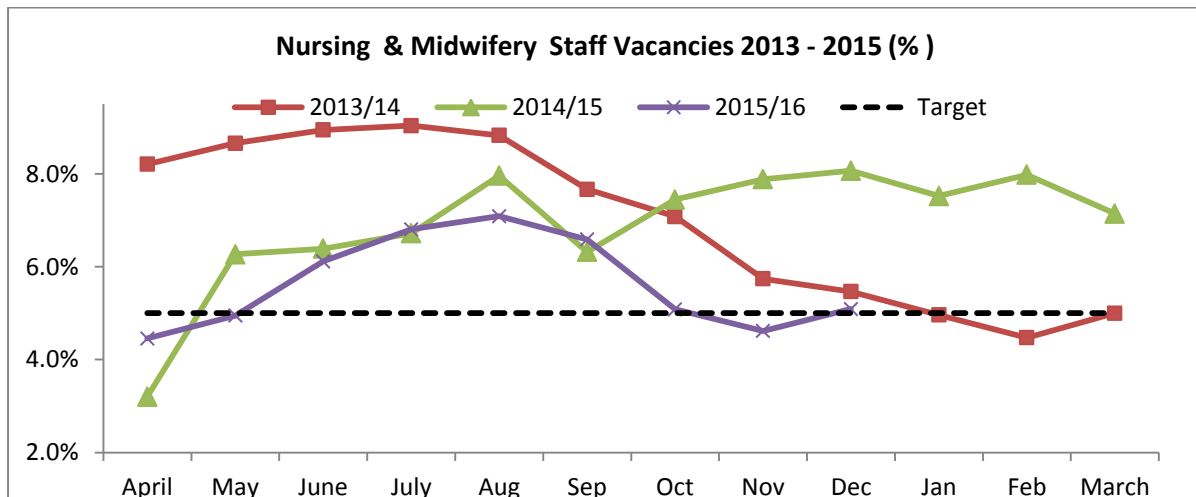
UH Bristol participated in the December 2015 NHS Employers vacancy survey. The results provide evidence of the challenging national context for registered nurse recruitment. Relevant findings include the following:

- 93 % (137 trusts) reported that they are experiencing registered nurse shortages.
- More than 50% of Trusts have between 60 and 300 registered nurse vacancies (compared with about 128 at UH Bristol at the end of December).
- Average registered nurse vacancy rates were 10% (compared with 5.4% at UH Bristol at the end of December 2015).

- 63 per cent (92 trusts) have actively recruited from outside of the UK in the last 12 months.
- 56 per cent (83 trusts) are considering actively recruiting from outside the UK in the next 12 months.

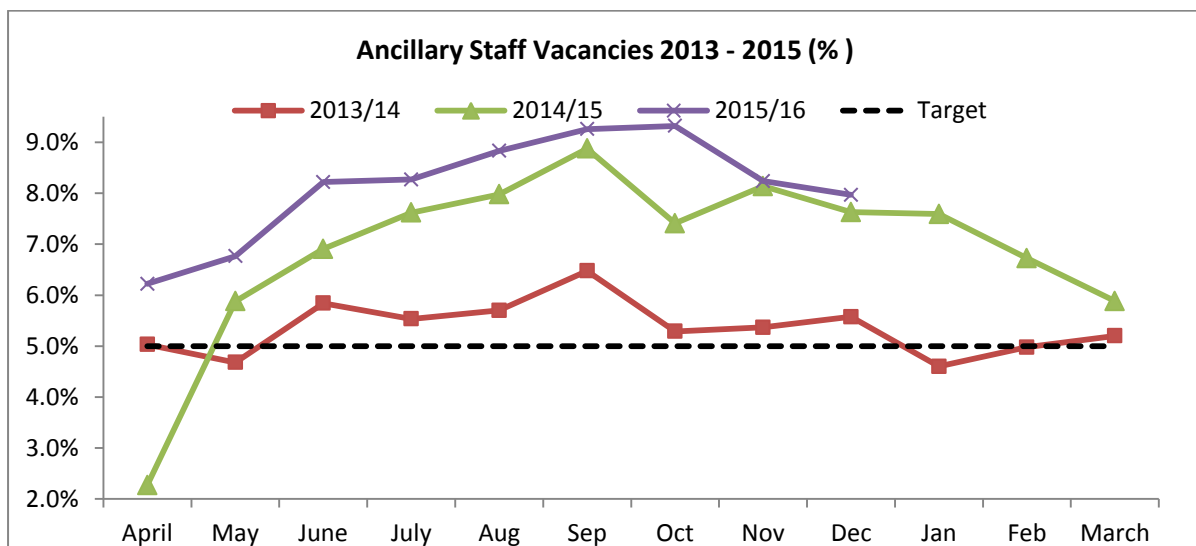
Nursing and Midwifery

Average quarterly nursing vacancy rates were 4.9% (152.3 FTE) compared with 6.8% last quarter, and well below published benchmarks. There are also “hot spots” where there are particular difficulties in recruitment including care of the elderly, respiratory, theatres and oncology/haematology.



Ancillary vacancies

The average vacancy FTE for this quarter was 8.5% (72.7 FTE) which compares with 8.8% FTE in the previous quarter.



Medical staff

There are some key consultant roles across the Trust which have recruitment challenges, including Acute Physician posts in the Medicine Division. These are currently being advertised for the third time, including overseas in New Zealand and Australia. In Diagnostic

and Therapies Division overseas recruitment will again be considered, following previous success.

Progress against the recruitment plan agreed with Senior Leadership Team is described below.

Increasing the speed of recruitment

Progress on two new systems is described below.

- The Service Level Agreement for recruitment has been benchmarked and agreed for the trust. Key performance indicators agreed at Workforce and Organisational Development Group will now be piloted to measure achievement against target. For example: Time to hire from vacancy authorisation to final offer with start date agreed is 45 days.
- The new occupational health web portal for new starter health questionnaires went live in October. As a result, 65% of new starter questionnaires are now turned round in two days, compared to 25% prior to the new system. The target for the end of the next quarter is 80%.

Delivery of recruitment to support 2015/16 Operating Plans

Progress this quarter includes the following recruitment activity.

Nursing recruitment

- External offers were issued to: 86 registered nurses and 26 newly qualified, 1 return to practice and 88 nursing assistants
- 4 open days in Q3 resulted in around 40 registered nursing conditional offers

Innovative campaigns for bank and substantive nursing staff continues, involving local radio, buses and the use of social media. An overseas recruitment campaign has been agreed in principle by the Senior Leadership Team (SLT) for specialist areas such as Theatres, Intensive Care, Haematology and Oncology. The associated cost of commissioning such a campaign is under consideration alongside initiatives to improve retention.

Facilities recruitment

- 23 domestic assistants started in the last quarter, with 35 scheduled for the next two months. The Recruitment and Retention Lead for Facilities also started in October, ensuring efficient conversion to hire.
- The approach to the recruitment of domestic assistants has changed to from large open days to weekly interview slots to improve the speed and flow of recruitment.

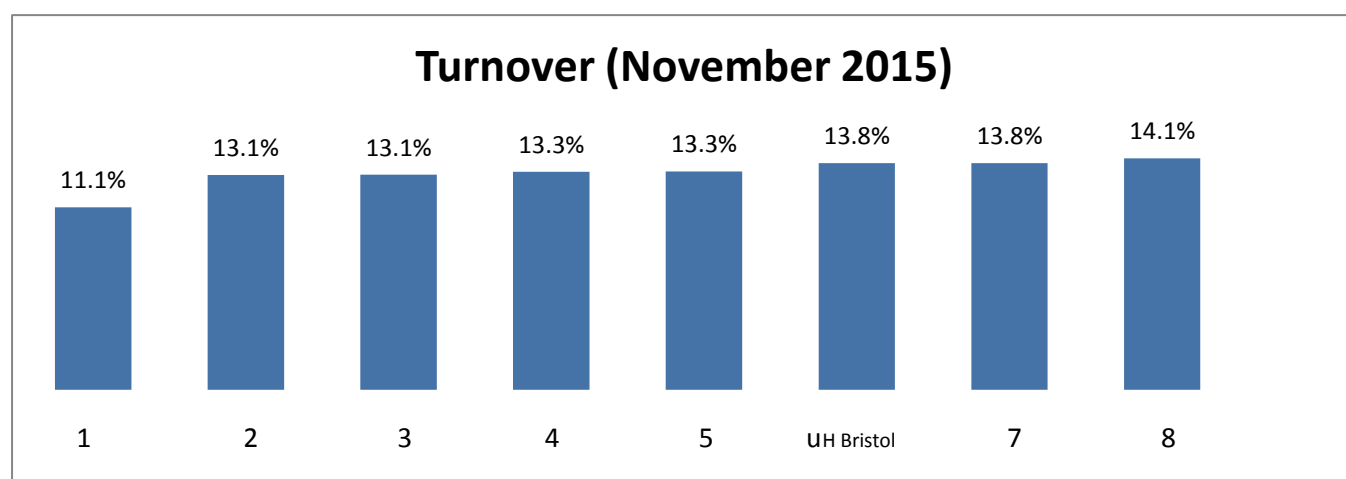
Apprenticeships

With the support of the new Apprenticeship Co-ordinator, HR Business Partners will be incorporating plans for apprenticeships into their workforce plans. The focus will be to develop specialist apprenticeship roles that target difficult to recruit positions, and introducing apprenticeships at lower levels to support the recruitment and retention of healthcare support workers bands 1 -4. There are currently 14 apprentices in the Trust across Estates, MEMO and pharmacy. Healthcare scientists are working regionally to create a level 4 specialist healthcare science apprenticeship, and it is hoped this role will be available to implement into the Trust in September 2017.

B. TURNOVER

There has been an increase in turnover this quarter to 13.8% from 13.6%, remaining above target, which was 12.1% for the quarter. Turnover rates by Division are provided in Appendix 2. The forecast out turn for 31st March 2015 is around 13% compared with a KPI of 11.5%.

The increase in turnover at UH Bristol in recent months has been mirrored across the majority of trusts that we benchmark through their published board reports, although UH Bristol continues to be above the average (13.2% in November) at 13.8%, as the graph below shows.



Exit questionnaires and telephone data continued to show a common theme across most staff groups (registered and unregistered nursing, allied health professionals and administrative and clerical staff) that lack of career development is a key factor in reasons for leaving.

The exit questionnaire return rate for the quarter was 16.5%, there were 49 respondents from 297 leavers, excluding bank and junior doctors.

C. RETENTION

The following actions are in place to improve retention:

i. Divisional development funding:

Divisions continue to progress with their agreed proposals to target hot spots to improve retention through development and training initiatives.

ii. Nursing and Midwifery Programmes

Competences and Career Progression

- The role, training and development plans (incorporating competencies) have been completed for bands 2-7, to be approved at the February Nursing and Midwifery Committee. The priority for Q4 will be the website to showcase the nursing role at UH Bristol.

Preceptorship for Newly Qualified nurses and midwives

- The first Preceptorship programme took place in October 2016, with the next due in February 2016. The programme will be evaluated to assess the impact on retention.

iii. Managing aspirations within a Talent Management structure

The structured internal “transfer window” is now in place for all band 2s and 5 nurses Trust wide, and has been used by small numbers wishing to transfer, enabling staff to gain experience in different roles to aid their development and will result in a more flexible workforce for the Trust.

iv. Staff Engagement/Experience

A number of listening events have been held during the summer for staff to look at practical solutions to enhance communications and improve staff engagement. Findings were submitted to Senior Leadership Team in November, and corporate and divisional actions agreed, with a progress update set by Divisions at Senior Leadership Team for February.

v. Staff Survey

The annual staff survey was sent out in November 2015. A response rate of 44% was achieved. This includes the Friends and Family Test question which is reported to Quality and Outcomes committee through this quarterly report. 61% of staff agreed or strongly agreed that they would recommend UH Bristol as a place to work compared with 57% in the 2014 staff survey, and a benchmark of 59%.

A communications plan has been developed in preparation of the results which are published nationally and locally at the end of February, enabling Divisions to develop local action plans by the end of March as part of the Operating Planning process.

5. STAFF DEVELOPMENT

A. APPRAISAL

Appraisal compliance has remained above target in quarter two, with a rate of 85.8% at the end of quarter 2 (85.1% at the end of quarter one). Diagnostic and Therapies, Medicine, Estates and Facilities and Trust Services have maintained their position and continue to be within the 85% KPI this quarter, but all other Divisions are below target for their non-consultant staff groups but have recovery plans in place.

The detailed project plan to ensure all staff have an annual appraisal which integrates objectives, development, performance and career development was signed off by the December Transformation Board, with the following key milestones:

- Staff experience sessions to inform future policy and training - end of January 2016
- Draft appraisal policy – April 2016
- Pilot E-Appraisal- June 2016
- Trust roll-out- September 2016

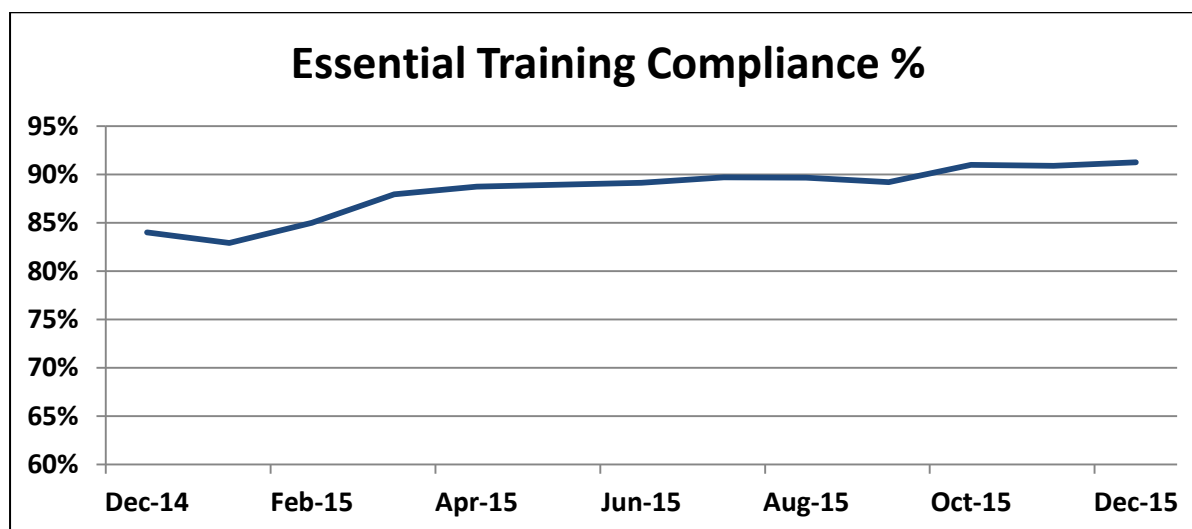
Consultant Appraisal and Revalidation

In quarter 3, 88.9% of consultants had been appraised within the required timeframe

compared with 90.1% in quarter 2.

B. ESSENTIAL TRAINING

The position for Essential Training (Core training) at the end of December was 91.3% (see graph below) with 11 topics reaching over 90%. The focus is to achieve trajectories for Fire and Information Governance (IG) which in April 2016 move to an annual requirement and to drive compliance for safeguarding adults and children. Current Divisional compliance for all essential training topics is detailed in Appendix 1. There has been a month on month increase in E-Learning which was launched in October 2014.



The action plan includes:

- Continue to drive compliance of core topics, including increasing E learning.
- Deliver trajectories for Fire and IG to ensure compliance is reached by March 2016.
- Deliver trajectories for safeguarding adults and children to ensure compliance is reached by March 2016.
- Deliver improvement trajectories for resuscitation.

6. COMPLIANCE REQUIREMENTS

A. HEALTH AND SAFETY

96% of the audit returns have been received compared with 93% of the last quarter. Performance is shown in the table below and all moving in the right direction.

| Dec-15 | Diagnostic & Therapies | Facilities & Estates | Medicine | Specialised Services | Surgery Head & Neck | Trust Services | Women's & Children's | Trust wide |
|----------------------------------|------------------------|----------------------|----------|----------------------|---------------------|----------------|----------------------|------------|
| Manual Handling Risk Assessments | 100% | 100% | 97% | 96% | 86% | 90% | 73% | 90% |
| Stress Risk Assessments | 89% | 100% | 80% | 74% | 86% | 80% | 59% | 75% |

It is anticipated that the KPI of a Risk assessment completed/reviewed in last 12 months in more than 75% of cases will be achieved for both types of risk assessment. Given this, focus is not to look at the report/outcome of the assessments.

B. JUNIOR DOCTOR NEW DEAL COMPLIANCE

The ‘New Deal’ refers to the Junior Doctors Terms and Conditions of Service. This includes rest and hours targets which must be met in order for a rota to be ‘compliant’. At the end of December, there were 68 compliant and 5 non-compliant rotas. The Divisional position is shown in the table below. Recruitment efforts continue in Women’s and Children’s, which is below the 90% KPI as a result of difficulties in recruiting particularly in Neurosurgery.

| | Number Non-Compliant | Number Compliant | Compliance | Anticipated Date for 100% Compliance |
|-------------------------|-----------------------------|-------------------------|-------------------|---|
| Diagnostics & Therapies | 0 | 6 | 100% | |
| Medicine | 0 | 13 | 100% | |
| Specialised Services | 0 | 8 | 100% | |
| Surgery Head & Neck | 0 | 27 | 100% | |
| Women’s & Children’s | 5 | 14 | 74% | March 2016 |
| Total | 5 | 68 | 93% | |

7. LOOKING FORWARD TO 2016/17

The first cut of workforce KPI’s for the 2016/17 divisional operating plans have been reviewed for sickness absence, turnover, bank and agency and provide the context and overview of the challenge for next year. The emerging KPI’s for sickness absence and turnover in the first cut is 4% and 12.8% respectively, however the publication of Lord Carter’s Operational productivity report has provided an additional focus when reviewing them as a whole in the next phase of the operating plan. We will work with divisional colleagues to improve the position and the reviewed KPI’s will be agreed and signed off at the Senior Leadership meeting in March.

8. CONCLUSION

There has been some positive movement in reducing vacancies, particularly nursing, and reductions in the associated usage of agency, although both vacancies and agency usage continue to be above KPIs. Essential training and compliance with risk assessments for manual handling and stress have also improved, and we continue to achieve our appraisal KPI.

However, staff turnover and absence rates remain a concern, and as such continues to be a key area of focus for the Trust.

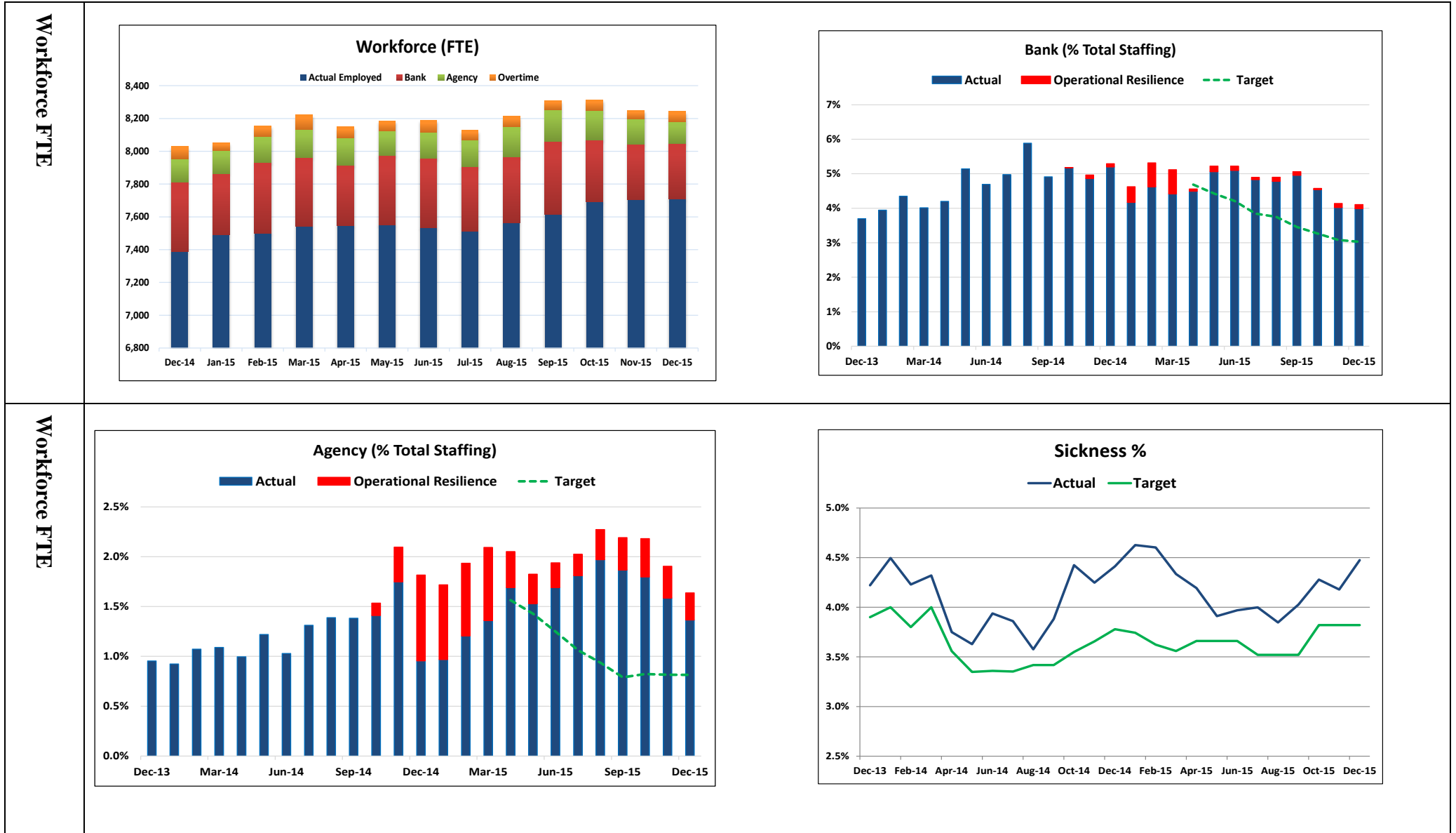
APPENDICES

Appendix 1 – Workforce Performance Dashboard

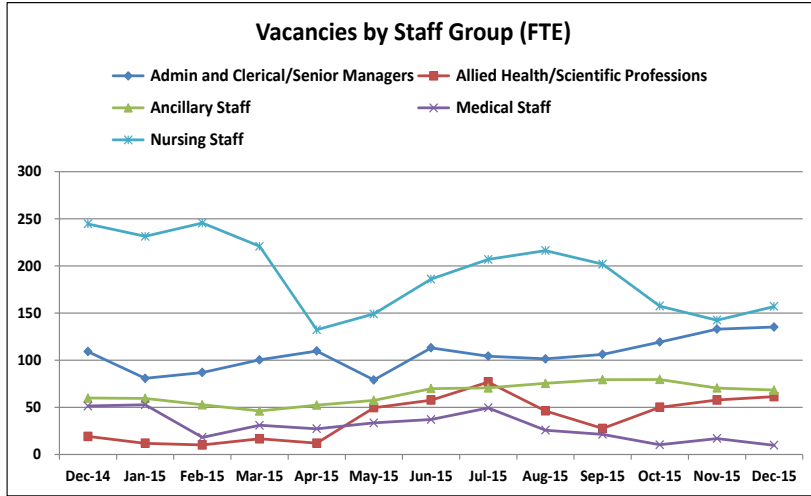
Appendix 2 – Divisional KPIs – Quarterly Comparisons

Appendix 3 – Staff Group KPIs – Quarterly Comparisons

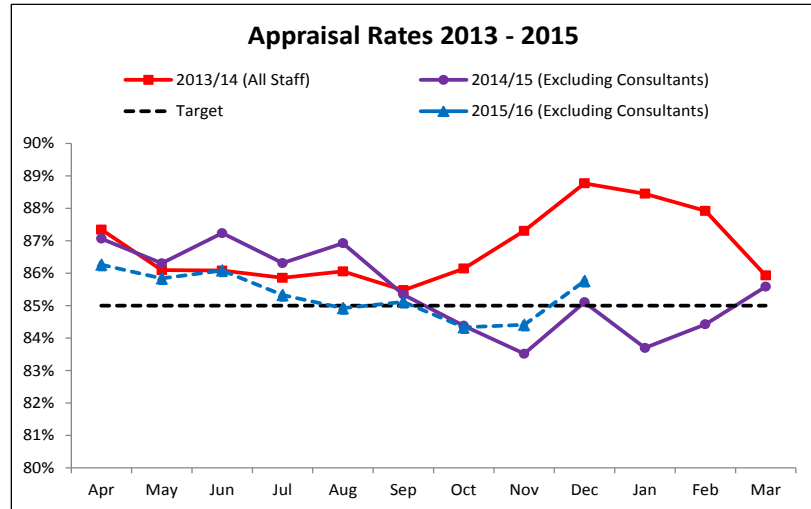
Appendix 1 – Workforce Performance Dashboard



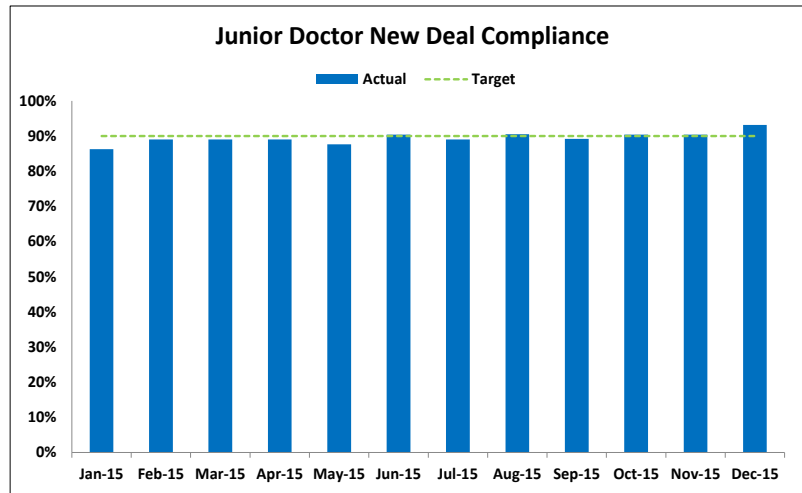
Staff Experience



Staff Development



Compliance Requirements



| Sep-15 | Manual Handling Risk Assessments | Stress Risk Assessments |
|------------------------|----------------------------------|-------------------------|
| Diagnostic & Therapies | 100% | 89% |
| Facilities & Estates | 100% | 100% |
| Medicine | 97% | 80% |
| Specialised Services | 96% | 74% |
| Surgery Head & Neck | 86% | 86% |
| Trust Services | 90% | 80% |
| Women's & Children's | 73% | 59% |
| Trust Wide | 90% | 75% |

Compliance Requirements

| Essential Training Compliance | 387 Diagnostic s And Therapies | 387 Facilities And Estates | 387 Medicine | 387 Specialise d Services | 387 Surgery Head And Neck | 387 Trust Services | 387 Womens And Childrens | Rate |
|--------------------------------|--------------------------------|----------------------------|--------------|---------------------------|---------------------------|--------------------|--------------------------|------|
| Accreditation | 68% | | 90% | 92% | 93% | 86% | 89% | 90% |
| Blood Transfusion | 86% | | 91% | 91% | 93% | 81% | 88% | 90% |
| Clinical Record Keeping | 98% | 99% | 98% | 97% | 97% | 97% | 97% | 97% |
| Conflict Resolution Awareness | 89% | | 92% | 92% | 93% | 82% | 87% | 90% |
| Conflict Resolution Training | 87% | | 89% | 89% | 93% | 77% | 86% | 89% |
| Consent | 98% | 99% | 98% | 97% | 96% | 98% | 97% | 98% |
| Equality & Diversity | 98% | 99% | 99% | 98% | 97% | 98% | 98% | 98% |
| Fire Safety | 98% | 99% | 99% | 98% | 97% | 98% | 98% | 98% |
| Food Safety | 98% | 99% | 98% | 97% | 96% | 98% | 97% | 97% |
| Harassment & Bullying | 98% | 99% | 99% | 97% | 97% | 98% | 98% | 98% |
| Health & Safety | 91% | 90% | 90% | 91% | 92% | 93% | 87% | 90% |
| Infection Prevention & Control | 91% | 90% | 90% | 91% | 92% | 92% | 88% | 90% |
| Information Governance | 97% | 98% | 98% | 97% | 97% | 98% | 98% | 98% |
| Manual Handling | 85% | 88% | 89% | 89% | 90% | 86% | 87% | 88% |
| Medical Devices | 81% | | 83% | 86% | 89% | 74% | 81% | 84% |
| Medicines Management | 75% | | 82% | 85% | 87% | 73% | 77% | 81% |
| Nutrition | 81% | | 87% | 87% | 89% | 74% | 81% | 85% |
| Patient Safety | 81% | | 83% | 86% | 89% | 74% | 81% | 84% |
| Patient Slips, Trips and Falls | 85% | | 88% | 89% | 91% | 76% | 81% | 86% |
| Pressure Ulcer Prevention | 79% | | 87% | 87% | 90% | 74% | 81% | 85% |
| Venous Thromboembolism | 67% | | 88% | 89% | 90% | 79% | 84% | 86% |
| ALL: | 91% | 96% | 91.5% | 92% | 93% | 92% | 89% | 91% |

| Essential Training Compliance | 387 Diagnostic s And Therapies | 387 Facilities And Estates | 387 Medicine | 387 Specialise d Services | 387 Surgery Head And Neck | 387 Trust Services | 387 Womens And Childrens | Rate |
|---------------------------------------|--------------------------------|----------------------------|--------------|---------------------------|---------------------------|--------------------|--------------------------|------|
| Accreditation | | | | | | | | |
| Induction | 84% | 88% | 91% | 84% | 82% | 85% | 88% | 86% |
| Local Induction Checklist | 74% | 89% | 64% | 49% | 55% | 74% | 56% | 61% |
| Resuscitation | 75% | | 77% | 79% | 78% | 72% | 75% | 77% |
| Safeguarding Adults L1 | 94% | 89% | 95% | 91% | 91% | 92% | 93% | 92% |
| Safeguarding Adults L2 | 90% | 79% | 94% | 92% | 90% | 81% | 75% | 86% |
| Safeguarding Adults L3 | 67% | | 34% | 45% | 64% | 30% | 8% | 35% |
| Safeguarding Children L1 | 93% | 89% | 97% | 95% | 87% | 92% | | 91% |
| Safeguarding Children L2 | 86% | 89% | 93% | 92% | 91% | 86% | 93% | 91% |
| Safeguarding Children L3 - Core | 83% | | 72% | | 93% | | 77% | 77% |
| Safeguarding Children L3 - Specialist | | | | | | | 78% | 78% |

Appendix 2 Divisional KPIs – Quarterly Comparisons

| | | | | | | | | | | |
|--------------------|--|------------------|---------------|------------------|-----------------------|-------------------------|------------------|---------------|------------------|---------------|
| Workforce FTE | WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE) | | | | BANK (FTE) | | | | | |
| | | Quarter 3 | | Quarter 2 | | | Quarter 3 | | Quarter 2 | |
| | | Actual | Target | Actual | Target | | Actual | Target | Actual | Target |
| | Diagnostics & Therapies | 955.4 | 983.8 | 957.3 | 980.0 | Diagnostics & Therapies | 1.0% | 1.2% | 1.2% | 1.2% |
| | Facilities & Estates | 770.3 | 785.5 | 777.9 | 784.9 | Facilities & Estates | 5.4% | 1.4% | 6.7% | 3.1% |
| | Medicine | 1241.4 | 1200.2 | 1259.9 | 1216.8 | Medicine | 9.2% | 5.1% | 9.7% | 6.9% |
| | Specialised Services | 875.3 | 864.5 | 870.4 | 859.4 | Specialised Services | 4.7% | 5.0% | 5.6% | 4.9% |
| | Surgery, Head & Neck | 1762.5 | 1776.7 | 1780.4 | 1755.6 | Surgery, Head & Neck | 3.3% | 2.5% | 4.7% | 3.3% |
| | Trust Services | 682.2 | 697.6 | 672.7 | 673.8 | Trust Services | 4.8% | 1.4% | 5.0% | 1.7% |
| | Women's & Children's | 1922.2 | 1880.4 | 1838.8 | 1841.5 | Women's & Children's | 2.8% | 3.7% | 3.4% | 3.5% |
| Trust Total | 8209.2 | 8188.7 | 8157.4 | 8112.0 | Trust Total | 4.3% | 3.1% | 5.1% | 3.7% | |
| Workforce FTE | AGENCY (FTE) | | | | OVERTIME (FTE) | | | | | |
| | | Quarter 3 | | Quarter 2 | | | Quarter 3 | | Quarter 2 | |
| | | Actual | Target | Actual | Target | | Actual | Target | Actual | Target |
| | Diagnostics & Therapies | 0.5% | 0.5% | 1.3% | 0.7% | Diagnostics & Therapies | 0.9% | 1.0% | 1.0% | 1.0% |
| | Facilities & Estates | 2.3% | 0.9% | 2.0% | 1.0% | Facilities & Estates | 4.5% | 3.2% | 4.5% | 3.5% |
| | Medicine | 3.2% | 0.8% | 3.5% | 1.2% | Medicine | 0.0% | 0.1% | 0.0% | 0.1% |
| | Specialised Services | 2.2% | 1.8% | 2.9% | 1.9% | Specialised Services | 0.1% | 0.2% | 0.2% | 0.2% |
| | Surgery, Head & Neck | 1.6% | 0.6% | 2.1% | 0.9% | Surgery, Head & Neck | 0.4% | 0.3% | 0.1% | 0.3% |
| | Trust Services | 2.3% | 0.6% | 2.0% | 0.7% | Trust Services | 0.3% | 0.4% | 0.4% | 0.4% |
| | Women's & Children's | 1.6% | 0.8% | 1.8% | 0.5% | Women's & Children's | 0.2% | 0.4% | 0.3% | 0.4% |
| Trust Total | 1.9% | 0.8% | 2.2% | 0.9% | Trust Total | 0.7% | 0.7% | 0.7% | 0.7% | |

| | | | | | |
|----------------------|-----------------------------|------------------|---------------|------------------|---------------|
| Workforce FTE | SICKNESS ABSENCE (%) | | | | |
| | | Quarter 3 | | Quarter 2 | |
| | | Actual | Target | Actual | Target |
| | Diagnostics & Therapies | 2.9% | 3.0% | 2.7% | 2.8% |
| | Facilities & Estates | 6.7% | 6.0% | 5.2% | 5.0% |
| | Medicine | 5.1% | 4.2% | 5.4% | 4.1% |
| | Specialised Services | 3.7% | 3.8% | 3.9% | 3.7% |
| | Surgery, Head & Neck | 4.3% | 3.4% | 4.1% | 3.4% |
| | Trust Services | 4.1% | 2.7% | 3.4% | 2.4% |
| | Women's & Children's | 4.0% | 4.0% | 3.4% | 3.4% |
| Trust Total | 4.3% | 3.8% | 4.0% | 3.5% | |

| | | | | | | | | | | |
|-------------------------|-------------------------|------------------|---------------|------------------|--------------------|-------------------------|------------------|---------------|------------------|---------------|
| Staff Experience | VACANCY (% FTE) | | | | | TURNOVER (% FTE) | | | | |
| | | Quarter 3 | | Quarter 2 | | | Quarter 3 | | Quarter 2 | |
| | | Actual | Target | Actual | Target | | Actual | Target | Actual | Target |
| | Diagnostics & Therapies | 4.3% | 5.0% | 4.7% | 5.0% | Diagnostics & Therapies | 13.2% | 11.1% | 12.6% | 11.2% |
| | Facilities & Estates | 9.4% | 5.0% | 9.4% | 5.0% | Facilities & Estates | 14.4% | 12.9% | 14.7% | 13.2% |
| | Medicine | 7.6% | 5.0% | 7.3% | 5.0% | Medicine | 13.8% | 12.9% | 12.6% | 13.2% |
| | Specialised Services | 5.1% | 5.0% | 6.6% | 5.0% | Specialised Services | 15.4% | 13.5% | 16.2% | 14.5% |
| | Surgery, Head & Neck | 5.1% | 5.0% | 4.8% | 5.0% | Surgery, Head & Neck | 14.6% | 13.2% | 14.4% | 13.8% |
| | Trust Services | 8.7% | 5.0% | 6.8% | 5.0% | Trust Services | 15.2% | 11.5% | 15.8% | 12.8% |
| | Women's & Children's | 1.3% | 5.0% | 4.3% | 5.0% | Women's & Children's | 11.7% | 10.4% | 11.5% | 10.9% |
| Trust Total | 5.2% | 5.0% | 5.8% | 5.0% | Trust Total | 13.8% | 12.1% | 13.6% | 12.7% | |

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

| | Quarter 3 | | Quarter 2 | |
|-------------------------|--------------|--------------|--------------|--------------|
| | Actual | Target | Actual | Target |
| Diagnostics & Therapies | 88.7% | 85.0% | 84.7% | 85.0% |
| Facilities & Estates | 91.2% | 85.0% | 93.3% | 85.0% |
| Medicine | 85.5% | 85.0% | 85.9% | 85.0% |
| Specialised Services | 84.4% | 85.0% | 82.8% | 85.0% |
| Surgery, Head & Neck | 80.8% | 85.0% | 80.4% | 85.0% |
| Trust Services | 91.0% | 85.0% | 91.3% | 85.0% |
| Women's & Children's | 84.8% | 85.0% | 83.8% | 85.0% |
| Trust Total | 85.8% | 85.0% | 85.1% | 85.0% |

Appendix 3 Staff Group KPIs – Quarterly Comparisons

| | | | | | | | | |
|----------------------|--|-------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|-------------------------|
| Workforce FTE | WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE) | | | | BANK (FTE) | | | |
| | | Quarter 3 | | Quarter 2 | | | Quarter 3 Actual | Quarter 2 Actual |
| | | Actual | Target | Actual | Target | | | |
| | Administrative & Clerical | 1646.9 | 1672.6 | 1663.6 | 1657.7 | Administrative & Clerical | 5.1% | 5.4% |
| | Scientific & Professional | 1274.9 | 1323.0 | 1262.9 | 1298.3 | Scientific & Professional | 0.5% | 0.8% |
| | Estates & Ancillary | 839.3 | 855.8 | 848.0 | 855.5 | Estates & Ancillary | 5.3% | 6.8% |
| | Medical & Dental | 1199.1 | 1200.8 | 1172.9 | 1193.3 | Medical & Dental | 0.0% | 0.0% |
| | Nursing & Midwifery | 3249.0 | 3136.4 | 3210.0 | 3107.2 | Nursing & Midwifery | 6.6% | 8.0% |
| Trust Total | 8209.2 | 8188.7 | 8157.4 | 8112.0 | Trust Total | 4.3% | 5.1% | |
| Workforce FTE | AGENCY (FTE) | | | OVERTIME (FTE) | | | | |
| | | Quarter 3 Actual | Quarter 2 Actual | | Quarter 3 Actual | Quarter 2 Actual | | |
| | Administrative & Clerical | 1.7% | 2.1% | Administrative & Clerical | 0.4% | 0.4% | | |
| | Scientific & Professional | 0.2% | 0.6% | Scientific & Professional | 2.8% | 1.1% | | |
| | Estates & Ancillary | 1.6% | 1.3% | Estates & Ancillary | 0.0% | 4.2% | | |
| | Medical & Dental | 1.4% | 1.5% | Medical & Dental | 0.3% | 0.0% | | |
| | Nursing & Midwifery | 3.0% | 3.4% | Nursing & Midwifery | 0.4% | 0.0% | | |
| | Trust Total | 1.9% | 2.2% | Trust Total | 0.7% | 0.7% | | |

| | | | | | | | |
|----------------------------------|--------------------------------|-------------------------|---------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Workforce FTE | SICKNESS ABSENCE (%) | | | | | | |
| | | Quarter 3 Actual | | Quarter 2 Actual | | | |
| | Add Prof Scientific & Technic | 3.7% | | 2.8% | | | |
| | Additional Clinical Services | 4.3% | | 5.0% | | | |
| | Administrative & Clerical | 4.8% | | 3.9% | | | |
| | Allied Health Professionals | 2.8% | | 2.8% | | | |
| | Estates & Ancillary | 7.3% | | 5.5% | | | |
| | Healthcare Scientists | 1.8% | | 1.5% | | | |
| | Medical & Dental | 0.8% | | 0.9% | | | |
| | Nursing & Midwifery Registered | 4.4% | | 4.4% | | | |
| Nursing & Midwifery Unregistered | 7.7% | | 7.6% | | | | |
| Trust Total | 4.3% | | 4.0% | | | | |
| Staff Experience | VACANCY (% FTE) | | | | TURNOVER (% FTE) | | |
| | | Quarter 3 | | Quarter 2 | | Quarter 3 Actual | Quarter 2 Actual |
| | | Actual | Target | Actual | Target | | |
| | Administrative & Clerical | 7.8% | 5.0% | 6.3% | 5.0% | 11.7% | 11.9% |
| | Scientific & Professional | 4.3% | 5.0% | 3.9% | 5.0% | 16.6% | 14.5% |
| | Estates & Ancillary | 8.5% | 5.0% | 8.8% | 5.0% | 15.6% | 16.1% |
| | Medical & Dental | 1.0% | 5.0% | 2.7% | 5.0% | 13.3% | 13.5% |
| | Nursing & Midwifery | 4.9% | 5.0% | 6.8% | 5.0% | 13.4% | 13.6% |
| | Trust Total | 5.2% | 5.0% | 5.8% | 5.0% | 10.1% | 8.4% |
| | | | | | | 7.7% | 7.4% |
| | | | | | 13.4% | 12.9% | |
| | | | | | 18.1% | 18.1% | |
| | | | | | 13.8% | 13.6% | |

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

| | Quarter 3 | | Quarter 2 | |
|----------------------------------|--------------|--------------|--------------|--------------|
| | Actual | Target | Actual | Target |
| Add Prof Scientific & Technic | 86.5% | 85.0% | 80.5% | 85.0% |
| Additional Clinical Services | 91.7% | 85.0% | 91.3% | 85.0% |
| Administrative & Clerical | 86.3% | 85.0% | 85.5% | 85.0% |
| Allied Health Professionals | 86.1% | 85.0% | 84.5% | 85.0% |
| Estates & Ancillary | 91.3% | 85.0% | 92.8% | 85.0% |
| Healthcare Scientists | 85.2% | 85.0% | 81.3% | 85.0% |
| Medical & Dental | 68.7% | 85.0% | 69.5% | 85.0% |
| Nursing & Midwifery Registered | 85.6% | 85.0% | 85.9% | 85.0% |
| Nursing & Midwifery Unregistered | 90.4% | 85.0% | 88.5% | 85.0% |
| Trust Total | 85.8% | 85.0% | 85.1% | 85.0% |

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | |
|---|---|-------------------------------------|--|-----------|--|--------|--|--|
| 10. University Hospitals Bristol Education Plan 2016 - 2017 | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | |
| Sponsor: Sue Donaldson, Director of Workforce & OD Author: Kay Collings, Head of Education, with the support of Trust Education Leads | | | | | | | | |
| Intended Audience | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | |
| | | | | | | Public | | |
| Executive Summary | | | | | | | | |
| <p>Over the last 12 months considerable effort has been put in to raising the profile of Education at UH Bristol, including the development of a new Education, Learning and Development Strategy for 2015 - 2020, which was signed off by the Trust Board in June 2015; strengthening of the governance arrangements, in particular the establishment of a new Education Group which reports to the Senior Leadership Team (SLT); the restructuring of the corporate Teaching and Learning team; and increased dialogue with key partners and stakeholders, including the University of Bristol, the University of West of England and Health Education South West.</p> <p>To give a clear indication of the next phase of our journey around the education agenda and the priorities for the year ahead, the Head of Education, in conjunction with Education Leads across the Trust, has produced the attached high level Education Plan.</p> <p>The plan was approved by SLT on 20th January 2016 and is presented to Trust Board for information.</p> | | | | | | | | |
| Recommendations | | | | | | | | |
| None. | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | |
| 3.5 Develop an appropriate infrastructure and strategy to deliver high quality training and development, including strengthening partnerships with other organisations. | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | |
| None | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | |
| Failure to deliver on the requirements of the Learning and Development Agreement (LDA) could result in the absence of a robust action plan. | | | | | | | | |
| Equality & Patient Impact | | | | | | | | |
| None | | | | | | | | |
| Resource Implications | | | | | | | | |
| Finance | ✓ | Information Management & Technology | | | | | | |
| Human Resources | ✓ | Buildings | | | | | | |

| Action/Decision Required | | | | | | |
|--|--------------------------|------------------------|--|-------------------------------|--|-------------------|
| For Decision | | For Assurance | | For Approval | | For Information ✓ |
| Date the paper was presented to previous Committees | | | | | | |
| Quality & Outcomes Committee | Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) | |
| | | | | 20 th January 2016 | Education Group Workforce and OD Group | |

University Hospitals Bristol Education Plan 2016 – 2017

Executive Summary

1. Background

Over the last 12 months considerable effort has been put in to raising the profile of Education at UH Bristol, including the development of a new Education, Learning and Development Strategy for 2015 - 2020, which was signed off by the Trust Board in June 2015; strengthening of the governance arrangements, in particular the establishment of a new Education Group which reports to the Senior Leadership Team (SLT); the restructuring of the corporate Teaching and Learning team; and increased dialogue with key partners and stakeholders, including the University of Bristol, the University of West of England and Health Education South West.

To give a clear indication of the next phase of our journey around the education agenda and the priorities for the year ahead, the Head of Education, in conjunction with Education Leads across the Trust, has produced the attached high level Education Plan. The plan outlines the high generic objectives for all learners on placements and then sets out the specific objectives by professional staff group. Drafting of the plan has been overseen by the Education Group, chaired by the Director of Workforce and OD. A reminder of the number of learners we have on placement within each professional group is attached at Appendix A.

The plan was approved by SLT on 20th January 2016 and is presented to Trust Board for information at Appendix B.

2. Overview

The production of the Education Plan has presented a number of opportunities and challenges that as a consequence has meant the plan has taken longer to produce than first envisaged. Historically education priorities have largely been determined and managed within each professional area with limited opportunity for sharing across the professional groups. The new way of working, culminating in one document which pulls together a cohesive picture of the total education agenda and key priorities, has been well received by both education and service leads as it should provide greater opportunity for learning across the different groups; more multi-professional working; increased scope for development of new approaches to education and to identification of new roles/ways of working; and a better understanding of the risks associated with education, including funding. However, given this step change in our approach to education, the high level plan will almost certainly need further refinement over time.

SLT indicated that the plan helpfully sets out the baseline requirements of UH Bristol as a teaching trust in discharging its responsibilities within the Learning and Development Agreement (LDA) and will enable us to gauge how the Trust is performing, to show case areas of good education practice and address any risks. The plan also provides a platform on which we can build. It is clear through work on the Strategic Implementation Plan (SIP) that SLT is keen to pursue more strategic education objectives.

As indicated, the plan has been developed by education/professional leads with the support of and endorsement from the Executive Director with relevant professional accountability for

the various professional staff groups, as set out in the following table. As such, the specific plans for each professional group have been 'authored' by and are owned by the respective education lead as indicated within the plan.

| Executive Director | Professional Accountability |
|------------------------------|--|
| Chief Nurse | Nursing and Midwifery Allied Health Professionals Clinical Psychologists |
| Director of Workforce and OD | Apprenticeships Education Resources |
| Medical Director | Medical and Dental Postgraduates Medical Undergraduates Healthcare Scientists Pharmacists |

3. Monitoring

Progress against the Education Plan will be monitored by the Education Group and an update provided to SLT through regular Education Group reports at each SLT meeting and a detailed bi-annual paper. An Annual Education Report will continue to be provided to the Trust Board. The next one is due in June 2016.

4. Successes, Priorities, Opportunities, Risks and Threats (SPORT) Analysis

Although a detailed annual report is due to come to the Board in May, to provide some insight into the current status of our education plan and agenda, key successes, along with the priorities, opportunities, risks and threats to achievement of our objectives for 2016 – 2017, a SPORT analysis had been undertaken by the Education Group. This is attached at Appendix C.

It is worth highlighting that our greatest strengths appear to lie in the positive experience learners' feedback in student surveys and the huge commitment of our staff to ensure this is the case. However, there is no room for complacency and there have been some specific areas of concern raised that we need to address. Equally, the landscape is shifting, as historical funding streams for education and the responsibility for commissioning education placements are changing or under review. We need to be able to respond to these challenges and build on existing strengths. If we do this well, there are great opportunities in terms of our ability to attract and retain both students and employees; and also influencing the future of NHS education commissioning.

5. Conclusion

We continue to make progress on raising the profile of Education at University Hospitals Bristol and the Education Plan should help ensure we retain our focus around this key agenda, recognising that there is still further work required on our strategic ambition and objectives.

6. Recommendation

Trust Board is invited to receive this report for information.

University Hospitals Bristol – Education Plan 2016- 2017

Learner Numbers by Professional Group in 2015-16

| Title | Number | Notes |
|--|---------------|--------------------------------------|
| Health Support Workers | | |
| QCF Diploma in Clinical Healthcare Support level 2 | 182 | |
| Estates apprenticeships | 6 | |
| MEMO apprenticeships | 4 | |
| Pharmacy apprenticeships | 4 | |
| Nursing and Midwifery | | |
| Adult Nursing | 199 | 869 per annum adult/Paed/midwifery |
| Children's Nursing | 156 | |
| Allied Health Professionals | | |
| Occupational Therapy | 14 | |
| Physiotherapy | 48 | |
| Speech and Language | 4 | |
| Dietetics | 4 | |
| Diagnostic Imaging | 43 | |
| Therapeutic Radiography | 26 | |
| Orthoptist | 3 | |
| Pharmacy Trainees | | |
| Pharmacy Technician | 4 | = 2 x first years + 2 x second years |
| Pre-registration Pharmacist | 3 | = 3 x 1 year placements |
| Clinical Psychology Doctorate | | |
| Clinical Psychology trainee | 1 | |
| Healthcare Scientists (Practitioner Training Programme - undergraduate) | | |
| Pathology Sciences | 8 | |
| | 4 | |
| | 5 | |
| Physiological Sciences | 12 | |
| | 1 | |
| | 1 | |
| Healthcare Scientists (Scientist Training Programme - postgraduate) | | |
| Pathology Sciences | 3 | |
| | 1 | |
| Physiological Sciences | 5 | |
| | 3 | |
| | 1 | |
| Medical Physics & Clinical Engineering | 2 | |
| | 2 | |
| | 1 | |
| Bio Informatics | 1 | |

| | Year | | |
|---|------|------------|---|
| Undergraduate Medical Students | | | These numbers are approximate as students switch Academies and/or suspend studies part way through the year. In addition, there are approx. 7 Y5 students who undertake a 7 week re-sit revision placement. |
| | 2 | 108 | |
| | 3 | 150 | |
| | 4 | 279 | |
| | 5 | 80 | |
| Postgraduate Trainee Doctors | | | |
| Foundation Year 1 | F1 | 39 | |
| Foundation Year 2 | F2 | 41 | |
| Core Trainee Doctors | 1 | 16 | |
| Core Trainee Doctors | 2 | 30 | |
| Specialty Training Registrars | 1-3 | 287 | |
| Specialty Training Registrars | 4-8 | 164 | |
| Dental Students | 1 | 73 | |
| | 2 | 72 | |
| | 3 | 75 | |
| | 4 | 74 | |
| | 5 | 70 | |
| Dental Nurses | 1 | 14 | |
| | 2 | 14 | |
| Dental Hygienists | 1 | 8 | |
| | 2 | 8 | |
| Dental Therapists | 1 | 6 | |
| | 2 | 6 | |
| Dental Technicians | 1 | 2 | |
| | 2 | 2 | |
| | 3 | 2 | |
| Ortho Therapists | 1 | 10 | |
| Dental Postgraduate | | | |
| Dental Core Trainees | | 15 | |
| Specialty Registrars | | 16 | |
| National Institute for Health Research Trainees | | 6 | |
| Specialty Registrar Academic Clinical Fellow | | 1 | |
| Specialty Registrar Academic Clinical Lecturer | | 1 | |
| Academic Clinical Fellow/Dental Core Trainees | | 4 | |

Learner numbers are subject to variations and include learners that are funded directly by the Trust and not via the Multi-professional Education and Training Levy (MPET)

University Hospitals Bristol NHS Foundation Trust

Education Plan

2016-2017

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

**Education Plan high level generic objectives for all learners on placement
 2016 – 2017**

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|--|--|---|-----------------------------|
| Deliver Health Education South West's Learning and Development Agreement contractual obligations for education and maintain levels of activity | <ul style="list-style-type: none"> • Secures equivalent or increased external funding (currently £34m) to support education each year • Maintains and improves stability and profile of education provision throughout the Trust. | <ul style="list-style-type: none"> • Achieve Green RAG rating in the Health Education South West outcome report | Education/professions Leads & Head of Education | April 2016 |
| Improve the learner experience for students and trainees | <ul style="list-style-type: none"> • Individuals feel that UH Bristol is the best place to learn and best place to teach • Learners choose to work at UH Bristol post qualifying | <ul style="list-style-type: none"> • Learner satisfaction percentage for UH Bristol is same or higher than previous year. • A developed set of Key Performance Indicators that mirrors Universities of Bristol and West of England | All Education Leads | July 2016 |
| Conduct a Trust wide Training review that is bottom up with patient and service needs and priorities assessed and matched to corporate and divisional education resources | <ul style="list-style-type: none"> • Ensures access to specific and relevant training for all staff to deliver service and patient needs. • Ensures training provision is reviewed and reflects operating plans and patient needs. | <ul style="list-style-type: none"> • Training requirements will be summarised and costed by division • Training provision is matched to funding available within divisional budgets | Deputy Director of Workforce and OD | Sept 2016 March 2017 |

| | | | | |
|---|--|---|--------------------------|-----------------------|
| <p>Improve our relationships with key stakeholders to enhance our access education:</p> <ul style="list-style-type: none"> • University of Bristol • University of the West of England • Higher Education colleges • Health Education South West • Clinical Commissioning Groups | <ul style="list-style-type: none"> • Strengthens ability for joint initiatives and excellent academic recognition across organisations and raises • Ensure skills development for current and future workforce • Raise Trust profile to be the best teaching hospital • Closer relationships result in joined up thinking and working. | <ul style="list-style-type: none"> • Secures financial investment to support continual professional development from external stakeholders e.g. Health Education South West and Clinical Commissioning Groups • UH Bristol presence on external partner working groups. | <p>Head of Education</p> | <p>September 2016</p> |
|---|--|---|--------------------------|-----------------------|

Developed by Kay Collings Head of education

***Education/Professional Leads** = Jayne Weare, Trish Hewitt, Helen Morgan, Mel Watson, Steve Brown, Sue Dolby, Rebecca Aspinall, Jane Sansom, Jane Luker, Sarah Bain, Tom Osborne, David Grant, Paula Tacchi

Education Plan high level objectives for Medical and Dental Postgraduates

2016 - 2017

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|---|--|--------------------------------------|--|
| <p>Achieve positive evaluation from any external review of our medical and dental education environment. (General Medical Council review visit April 2016 and Health Education South West contract visit October 2016).</p> | <ul style="list-style-type: none"> • Reduces risk of losing post graduate medical and dental core training places. • Secures continued funding to support education provision within the Trust for future years. • Trust has reputation of best place to learn and best place to teach | <ul style="list-style-type: none"> • Specialty medical and dental education leads communicate risks with an action plan against education quality, to the Medical and Dental Education Committee. • Medical and Dental Education Committee ensures education risks are communicated to Divisional management teams. • Continue to reduce red outliers in the General Medical Council trainee survey and increase the number of green outliers. • Any reports or suggestions of bullying and harassment are dealt with by the Director of Medical education and the Medical Director. • Any significant issues involving medical and dental trainees is communicated through the Director of Medical Education via: regular meetings with the medical director, The Medical and Dental education | <p>Director of Medical Education</p> | <p>April 2016 (GMC Visit)</p> <p>October 2016 (HESW Visit)</p> |

| | | | | |
|--|--|--|-------------------------------|--------------|
| | | Committee, the annual Education Supervisors away day and the annual exception exit reports for revalidation. | | |
| Meet the General Medical Council & General Dental Council requirements to formally recognise and approve medical trainers (educational and clinical supervisors) | <ul style="list-style-type: none"> • Quality of education provision is maintained • Learners are supported by appropriately trained staff • Compliant with the Learning and Development Agreement • Improved placement quality leading to potentially more Health Education South West placements and safer staff numbers in vulnerable areas. | <ul style="list-style-type: none"> • 100% of medical and dental supervisors are accredited. • Educational roles are identified in medical job plans as Educational Programmed Activities (EPAs), including Educational Supervisors, Training Programme Directors and Specialty Medical Education Leads | Director of Medical Education | July 2016 |
| To achieve a positive evaluation from the General Medical Council trainer survey | <ul style="list-style-type: none"> • Quality of education provision is maintained • Learners are supported by appropriately trained staff • Compliant with the Learning and Development Agreement • Improved placement quality leading to potentially more Health Education South West | <ul style="list-style-type: none"> • Outcome is determined to be reduced number of outliers from GMC trainer survey • An action plan will be created and submitted to Health Education South West Postgraduate Medical Education by the deadline to address any outliers | Director of Medical Education | October 2016 |

| | | | | |
|--|---|--|--|--|
| | placements and safer staff numbers in vulnerable areas. | | | |
|--|---|--|--|--|

Developed by Dr Rebecca Aspinall, Director of Medical Education

FEMNAL

**Education Plan high level objectives for Medical Undergraduates
 2016 – 2017**

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|---|---|--|------------------|
| To implement a process to coordinate the recruitment of clinical teaching/education fellows, both undergraduate and postgraduate across UH Bristol | <ul style="list-style-type: none"> This will ensure recruitment of high quality candidates and ensure a full complement of teaching/education fellows in UH Bristol. | <ul style="list-style-type: none"> Standard process for recruiting teaching/education fellows is implemented | South Bristol Academy Dean and Director of Medical Education | March 2017 |
| Achieve positive evaluation from the General Medical Council external review of medical undergraduate education at UH Bristol. (General Medical Council review visit April/May 2016). | <ul style="list-style-type: none"> Reduces risk of losing undergraduate training placements Secures continued funding to support education provision within the Trust for future years. Trust builds reputation as best place to learn and best place to teach | <ul style="list-style-type: none"> General Medical Council report is shared at Medical and Dental Education Committee Detailed action plan following visit is created and submitted within agreed timeframe | South Bristol Academy Dean | October 2016 |

Developed by Dr Jane Sansom, South Bristol Academy Dean

**Education Plan high level objectives for Dental Undergraduates and Dental Care Professionals
 2016 – 2017**

| Professional Area | Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|---|---|---|---|----------------|
| Dental Undergraduates/Bristol Dental School | Minimise the risk of a decrease in Dental Service Increment for Teaching funding to UH Bristol as a result of a national reduction in dental student placements | <ul style="list-style-type: none"> Filling student numbers with overseas students will sustain funding levels and quality of education. | <ul style="list-style-type: none"> Student numbers from overseas increase to mitigate funding loss. Funding is maintained at current level (£9.9m) Possible loss of up to £200k per year from 2015 to 2016 | Lead to be identified by division of Surgery, Head & Neck | September 2016 |
| Dental therapists, hygienists, nurses & technicians | Submit business case to Health Education South West to secure commissioning for all Dental Care Professionals (DCPs) training programmes 2016 onwards | <ul style="list-style-type: none"> UH Bristol maintains its reputation as major teaching provider for DCPs Sustained numbers of trained DCPs for recruitment purposes | <ul style="list-style-type: none"> Funding available to support DCPs is sustained | Director of Dental Care Professionals School | June 2016 |
| Dental Assistants | To develop an apprenticeship training framework for Dental Assistants as part of the skills ladder associated with dental team training pathways | <ul style="list-style-type: none"> Potential income generation for Trust by providing training programmes for trainee Nurses from General Dental Practice | <ul style="list-style-type: none"> Apprenticeships in Dental Care Professionals visible within UH Bristol An increase in numbers of trainee dental nurses/assistants to meet the workforce need | Director of Dental Care Professionals School | March 2017 |

Developed by Sarah Bain, Director of School for dental Care Professionals

Education Plan high level objectives for Nursing, Midwifery and Allied Health Professions

2016 – 2017

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|--|--|---|---|---|
| To increase in the number of placement options for student placement capacity UH Bristol 2016/17 for nursing | <ul style="list-style-type: none"> Potential to increase recruitment of nurses and Allied Health Professional's Reduced pressure in some areas with high student numbers Better experience for students | <ul style="list-style-type: none"> Increased number approved placement options available | Deputy Chief Nurse Lead Allied Health Professional | Sept intake 2016 |
| To deliver an improved experience of students specifically in any areas of variance identified via student placement feedback. | <ul style="list-style-type: none"> Consistent high quality placement experiences Trust wide. Centre of excellence for the South West. | <ul style="list-style-type: none"> The number of positive placement evaluations For areas where improvement is required clear actions identified to improve placement. Positive evaluation by students following improvement actions being taken | Deputy Chief Nurse Lead Allied Health Professional | April 2016 July 2016 October 2016 January 2017 |
| That 90% of mentors are up to date with mentorship training (rolling %). | <ul style="list-style-type: none"> Students are mentored by knowledgeable up to date Mentors | <ul style="list-style-type: none"> Live mentor update which demonstrates 90% compliance. Positive feedback from placement evaluations regarding mentors role | Deputy Chief Nurse Lead Allied Health Professional | April 2016 July 2016 October 2016 |

| | | | | |
|--|---|---|--|--------------|
| | | | | January 2017 |
| To ensure 'fair shares' allocation of Health Education South West CPD funding for 2016/17. | <ul style="list-style-type: none"> • Access to relevant speciality modules/numbers to support delivery of operating plan and meet national standards. • Supports staff retention. | <ul style="list-style-type: none"> • New methodology used by HESW and Commissioners to determine allocation to Trusts is based on a fair shares formula. | Deputy Chief Nurse Lead Allied Health Professional | March 2016 |
| To align Health Education South West funded/ commissioned courses with organisational operating plans / priorities. | <ul style="list-style-type: none"> • Courses commissioned and allocated to the trust align with service delivery plans, outlined in Divisional Operating Plans • Supports staff recruitment & retention | <ul style="list-style-type: none"> • Access to modules which reflect professional and service delivery plans, outlined in Divisional Operating Plans | Heads of Nursing and lead Allied Health Professional (identification of need) Deputy Chief Nurse (negotiation with Health Education South West) | |
| To develop divisional ownership and understanding of: <ol style="list-style-type: none"> 1. Process for accessing allocated Health Education South West funded modules in 2016/17. 2. Process of accessing UH Bristol funded modules | <ul style="list-style-type: none"> • Clarity of understanding by Professional leads • Equitable access for staff across the Trust | <ul style="list-style-type: none"> • Access to modules which reflect professional and service delivery plans, outlined in Divisional Operating Plans | Head of Developing People capability | March 2016 |

| | | | | |
|---|---|--|--|------------------|
| <p>To strengthen / formalise Faculty of Children’s Educational Bristol Royal Hospital for Children (BRCH) relationship with the University of the West of England (UWE) / Child Health teams.</p> | <ul style="list-style-type: none"> • Formalised relationship with UWE UH Bristol’s local Higher Education Institution (HEI) provider. • Improved collaborative working | <ul style="list-style-type: none"> • Contract agreed and in place between the Faculty of Children’s Nurse Education and UWE | <p>Head of Nursing Bristol Royal Hospital for Children</p> | <p>tbc</p> |
| <p>To make the faculty of Children’s Education self-funding.</p> | <ul style="list-style-type: none"> • Faculty will be cost neutral to the Division and Trust | <ul style="list-style-type: none"> • Faculty will generate income to offset staffing and other costs. | <p>Head of Nursing Bristol Royal Hospital for Children</p> | <p>By 2017</p> |
| <p>Develop opportunities for formalising links with non-medical consultant roles with the University of the West of England (UWE).</p> | <ul style="list-style-type: none"> • Access to research centres, research mentorship, further training and networking opportunities with a focus on non-medical research. • Potentially increases research esteem for both organisations | <ul style="list-style-type: none"> • Formal links in place with some non-medical consultants. | <p>Chief Nurse/Lead Allied Health Professional</p> | <p>June 2016</p> |
| <p>Develop the clinical nursing professor role within UH Bristol to maximise benefits to UH Bristol.</p> | <ul style="list-style-type: none"> • Leadership of/ champions the development, coordination and implementation of a non-medical clinical research strategy, informed by a critical analysis of organisational priorities • Successful research grant applications related to the above, which bring recognition to UH Bristol | <ul style="list-style-type: none"> • Non-medical research | <p>Chief Nurse</p> | <p>Sept 2016</p> |

| | | | | |
|--|--|---|--------------------------------|------------|
| | <ul style="list-style-type: none"> and UWE Leads a programme of clinical research | | | |
| To ensure no decrease in student numbers for UH Bristol when the bursary changes for student nurses are introduced in Sept 2017. | <ul style="list-style-type: none"> No. of students out turning who are potential employees remains constant or increases. | Student numbers/recruitment of new qualifiers does not decrease. | Chief Nurse/Deputy Chief Nurse | April 2016 |
| To increase access to widening participation into pre-registration nursing and Allied Health Professional programmes undergraduate courses for existing NHS employees in <i>Agenda for Change</i> bands 1-4. | <ul style="list-style-type: none"> Development and retention of our staff employed at bands 1-4. The maintenance of education standards and learning programme quality outcomes. | Increased No's of staff accessing these opportunities via HESW/or spot purchase by Trust. | Deputy Chief Nurse | March 2016 |
| To understand the education & service implications for the newly announced nursing associate roles. | <ul style="list-style-type: none"> Potential impact on widening the access opportunities/higher apprenticeships for nursing | Clear Trust position on costs/benefits and potential commissioned numbers required. | Chief Nurse/Deputy Chief Nurse | 2017 |

Developed by Carolyn Mills Chief Nurse, Helen Morgan, Deputy Chief Nurse and Jayne Weare, Head of Therapy Services

**Education Plan high level objectives for Healthcare Scientists
 2016 – 2017**

| Professional Area | Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|----------------------------------|---|---|--|--------------------------------|---|
| Health Care Scientists Bands 1-4 | Develop apprenticeship frameworks with Health Education South West and local education providers to deliver the education and development required for the known workforce gaps in the Healthcare Science Services. | <ul style="list-style-type: none"> Mitigation of risk of shortage of workforce supply in departments where there are a national shortage Supports Health Education England's widening participation strategy Trust department will be leader in region and nationally for piloting new apprenticeship frameworks | <ul style="list-style-type: none"> Two medical Engineers enrolled on Higher apprenticeship by first intake September 2016 | Diane Crawford, Lead Scientist | September 2016 |
| Health Care Scientists | All Healthcare Science Departments to have at least interim accreditation with the National School of healthcare Science Education Governance strategy | <ul style="list-style-type: none"> Quality training delivery Sharing of learning across Healthcare science departments | <ul style="list-style-type: none"> To have a Trust database holding all accreditation self-assessment records for all Healthcare Science departments involved in postgraduate training programmes | Diane Crawford, Lead Scientist | 50% by September 2016 100% by September 2017 |

Developed by Melanie Watson, Healthcare Scientist, Deputy Lead for Education

**Education Plan high level objectives for Pharmacy
2016 – 2017**

| Professional Area | Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|--|--|---|---|----------------------|--------------------------------------|
| Pre-registration pharmacists and technicians | For > 90% of pharmacy graduates and pharmacy technician students to successfully qualify having fully developed through a comprehensive and innovative training programme commissioned by HESW and delivered South West Medicines Information and Training (SWMIT) to enable the necessary training to be delivered. | <ul style="list-style-type: none"> Suitably trained and experienced workforce. Retained Pharmacists and Pharmacy Technicians in NHS, a proportion in UHBristol. | <ul style="list-style-type: none"> For > 90% of pharmacy graduates and pharmacy technician students to successfully qualify. Measurement: Tracking of student progress; end year success rate; and student feedback from evaluations of training experience. | Director of Pharmacy | 2 cohorts: Sept 2016 Sept 2017 |
| Post registration Pharmacy technicians | For at least 4 Pharmacy Technicians to achieve regional accreditation (through SWMIT programmes) in order to develop professional practice and provide safe and efficient Pharmacy services. | <ul style="list-style-type: none"> Suitably trained and experienced workforce. Retained Pharmacy Technicians in UHBristol. | <ul style="list-style-type: none"> For at least 4 Pharmacy Technicians to achieve regional accreditation. Measurement: Tracking of student progress; end year success rate; and student feedback from evaluations of training experience. | Director of Pharmacy | 2 cohorts: Sept 2016 Sept 2017 |
| Post registration Pharmacists | For at least 3 pharmacists to successfully complete diploma or masters programmes in clinical pharmacy and pharmaceutical technology and quality assurance specialties. | <ul style="list-style-type: none"> Suitably trained and experienced workforce exhibiting delivery of patient benefits. | <ul style="list-style-type: none"> For at least 3 pharmacists to successfully complete diploma or masters programmes. Measurement: In year evidence of steady progress; end year 100% success; and excellent feedback from evaluations | Director of Pharmacy | 2 cohorts: Sept 2016 Sept 2017 |

| | | | | | |
|------------------------------------|--|---|---|----------------------|--------------------------------------|
| | | | of training experience. | | |
| Pharmacist independent prescribing | For at least 3 Pharmacists per annum to successfully qualify as Prescribing Pharmacists. | <ul style="list-style-type: none"> Suitably trained and experienced workforce to develop clinical pharmacy and patient focused services. | <ul style="list-style-type: none"> For at least 3 Pharmacists per annum to successfully qualify as Prescribing Pharmacists. Measurement: Tracking of student progress; end year success rate; and student feedback from evaluations of training experience. | Director of Pharmacy | 2 cohorts: Sept 2016 Sept 2017 |
| Pharmacy Assistants | Equipping all new Pharmacy Assistants with the knowledge and experience to deliver assigned services through commencing 100% of new Pharmacy Assistants on the NVQ2 programme within 6 months and completing 100% of the necessary modules within the required timeframes. | <ul style="list-style-type: none"> Suitably trained and experienced workforce and effective skill mix. | <ul style="list-style-type: none"> Commencing 100% of new Pharmacy Assistants on the NVQ2 programme within 6 months and completing 100% of the necessary modules within the required timeframes. Measurement: Successful commencement and completion of relevant Quality Credit Framework modules in a timely manner. Evidence of development and excellent feedback from evaluations of training experience. | Director of Pharmacy | 2 cohorts: Sept 2016 Sept 2017 |
| Joint working with Bath University | Develop joint practice educator post with Bath University to commence in 2016 | <ul style="list-style-type: none"> Improved collaboration with Bath University School of Pharmacy resulting in higher level of clinical pharmacy training and development. | <ul style="list-style-type: none"> Joint practice educator post with Bath University to commence in 2016. Measurement: Final agreement of role and successful appointment of high calibre candidate. | Director of Pharmacy | By January 2017 |

| | | | | | |
|--|--|---|---|-----------------------------|---|
| <p>South West Regional Pharmacy Training Unit service delivery</p> | <p>South West Regional Pharmacy Training Unit (hosted by UHBristol) to be recognised by SW trust Chief Pharmacists as a high quality provider of the South West Pharmacy Training needs, and retains HESW commissioned services.</p> | <ul style="list-style-type: none"> • Maintenance of high quality Pharmacy training services in the South West NHS. | <ul style="list-style-type: none"> • South West Regional Pharmacy Training Unit (hosted by UHBristol) recognised by SW trust Chief Pharmacists as a high quality provider of the South West Pharmacy Training needs, and retains HESW commissioned services. • Measurement: Positive response by South West Chief Pharmacists to the SWMIT annual report and for SWMIT to retain the existing HESW commissioned service level agreements. | <p>Director of Pharmacy</p> | <p>Sept 2016 Sept 2017</p> |
|--|--|---|---|-----------------------------|---|

Developed by Steve Brown, Director of Pharmacy

**Education Plan high level objectives for Clinical Psychology
 2016 – 2017**

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|--|--|--|----------------------------------|--|
| Increase the offer of specialist clinical health training placements for Doctorate Clinical Psychology trainees to 6 per annum | <ul style="list-style-type: none"> • Establish UH Bristol as a quality placement provider for doctoral trainee clinical psychologists • To aid future recruitment and retention of clinical psychologists | 2016 - 17 Offer of 4 placements 2017 – 18 Offer of 6 placements | Consultant Clinical Psychologist | September 2016 for 1 st cohort January 2018 for 2 nd cohort |
| 100% of staff eligible to be clinical supervisors have completed clinical supervision training recognised by the British Psychological Society and | <ul style="list-style-type: none"> • Quality of education provision is maintained • Learners are supported by appropriately trained staff • Compliant with the Learning and Development Agreement contractual obligations | 100% of eligible supervisors trained | Consultant Clinical Psychologist | January 2017 |

Developed by Sue Dolby, Consultant Clinical Psychologist

**Education Plan high level objectives for Support Workers Bands 1 -4
 2016 – 2017**

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|---|--|-------------------|---|
| Implement trust wide Apprenticeship programme for support workers (bands 1-4) as part of Health Education England's 'Widening Participation' and 'Talent for Care' strategies | <ul style="list-style-type: none"> Planned, affordable workforce, skilled to deliver services, improved staff retention, reduced turnover Raised profile of support worker roles within overall workforce Enables succession planning to cover skills gap and manages impact of retiring workforce | <ul style="list-style-type: none"> Robust plan in place to support implementation of apprenticeships within UH Bristol A minimum of 30 apprentices will be registered by April 2016 to meet obligations as agreed with Health Education South West Higher apprenticeship framework available in Healthcare Science | Head of Education | <p>April 2016</p> <p>September 2017</p> |
| Review opportunities and entry routes for local young people into support roles with UH Bristol | <ul style="list-style-type: none"> Trust is able to take advantage of all opportunities available to promote careers in clinical and non-clinical roles at schools and college career events. Trust becomes a major employer of choice for younger people | <ul style="list-style-type: none"> Active directory of Trust 'healthcare ambassadors' who can attend school and college careers events Trust workforce better reflects the diversity of the local population we serve, using equality and diversity workforce data as guide. Increased number of employees aged 16-24 above current position of total headcount 81 staff. | Head of Education | <p>April 2016</p> <p>April 2017</p> <p>September 2016</p> |

Developed by Kay Collings, Head of Education

**Education Plan high level objectives for Learning Resources
2016 – 2017**

| Objective/Aim | Impact | Measureable Outcome | Lead | Timescale |
|---|--|--|-----------------|-------------------------|
| Adhere to criteria in Health Education England’s Library Quality Assurance Framework (LQAF) and develop library based on HEE’s Knowledge for Healthcare Framework | <ul style="list-style-type: none"> Trust staff agree that UH Bristol provide the best resources, knowledge training, and study facilities in the South West Conforms with LDA and SIFT requirements for a staffed, well-resourced library space | <ul style="list-style-type: none"> Continue to achieve a score of 100% in LQAF Instigate at least one new project directly related to Knowledge for Healthcare Green flag for resources | Library Manager | July 2016 |
| Increase visibility and impact of all current library services whilst maintaining quality and efficiency. | <ul style="list-style-type: none"> More Trust staff become aware of essential evidence based medicine resources paid for by the Trust, and know where and how to access all resources. More Trust staff practice evidence based medicine on a daily basis | <ul style="list-style-type: none"> At least 80 users trained in knowledge skills per month Grow outreach operation to 25 departments Achieve 32% Athens registration Target an average £2 cost per click of electronic resources | Library manager | December 2016 |
| Develop library space in line with the needs of a modern library post Knowledge for Healthcare recommendations (2015) | <ul style="list-style-type: none"> The Library will become increasingly digital, ensuring access for all Trust staff wherever they are More PC space for medical students and nurses undertaking revalidation Better use of physical facility, enabling more Trust staff to train in essential evidence | <ul style="list-style-type: none"> Development of a “digital first” purchasing policy A successful refurbishment of the library space, with at least 20% increase in capacity and a new training space. | Library Manager | June 2016 March 2017 |

| | | | | |
|---|---|---|--|--|
| | based medicine skills | | | |
| Increase number of simulation based multi-professional education programmes within the Trust by 2 each year | <ul style="list-style-type: none"> Enables improved opportunities of access to simulation training courses for trust staff and learners. Can enhance delivery of patient care through skills development for staff and learners | <ul style="list-style-type: none"> Increased of training programmes provided by two in the first year and by two in the second year and number of staff accessing the training | Director Bristol Medical Simulation Centre | September 2016 for first two September |
| Link Simulation Training to the Trust Patient Safety Agenda | <ul style="list-style-type: none"> Provides staff with appropriate skills development to improve patient safety Supports the reduction of patient safety incidents | <ul style="list-style-type: none"> Production of a strategic plan to align simulation training to Patient safety objectives | Director Bristol Medical Simulation Centre | April 2017 |

Developed by Tom Osborne, Library Manager and David Grant, Chair of Bristol Medical Simulation Centre

Education, learning and Development Strategy

Vison statement: To enable our staff to deliver exceptional patient care through our excellence in education and our culture of continuous learning and development

The vision will be characterised by:

- Trust commitment to ensure staff and learners develop the skills and behaviours needed for patients to experience high quality individualised, compassionate and dignified clinical care
- Patient focussed philosophy with staff acting as health and wellbeing advocates
- Effective partnerships with patients, with and between divisions and corporate departments
- Equality and diversity of opportunity
- Effective partnerships with universities and other NHS organisations, with Health Education South West, Bristol Health Partners, the West of England AHSN
- Ambition based on sound foundations with basic building blocks in place.
- Responsive, seamless education, learning and development team working within an effective hub and spoke model
- Multi-professional opportunities to further enhance effective team working used whenever possible
- Modern environments that enable learning in different settings including in clinical practice and via different media
- Cross cutting themes and values woven through all education, learning and development
- Staff responding positively to research, innovation and evidence based changes in practice
- Taking opportunities to showcase our specialist education, learning and development skills e.g. point of care learning

Education, Learning and Development strategy outcomes:

Outcome 1 - Local and regional education leadership.

UH Bristol will expand its role and reputation within the education, learning and development system and wider systems as an effective regional leader, partner, and collaborator.

Outcome 2 - Innovative learning and working.

We will work in new ways with patients and education partners, using modern methods of delivery, blended approaches and technology to transform our education and teaching approach

Outcome 3 – Education - Best place to teach, best place to learn.

With our university and education partners we will help attract the best learners to Bristol due to the diverse and specialist learning placements we have as well as the excellence of our teaching. We will achieve our LDA obligations, improve learner experience, enhance the reputation of the Trust as a teaching trust and enable future staff recruitment.

Outcome 4 - How does the Trust value my learning and development?

Staff will recognise how our Trust values them through equipping them to safely discharge their roles and deliver high quality care with compassion, and helping them towards their potential, through opportunities to gain improved knowledge as well as fulfilling career development.

Outcome 5 - Multi-professional by default.

We will use multi professional relationships, working and solutions as our standard way of learning, maximising opportunities for learning and problem solving as a team.

Outcome 6 – Effective governance of high quality education, learning & development.

Education, learning and development will be governed with processes in place from ward to Board, including flow of information and KPIs reporting on the two audiences. This will contribute to the sound governance of the Trust and enhance our profile and reputation for education, learning and development.

University Hospitals Bristol – Education Plan 2016- 2017

SPORT ANALYSIS

| Successes | Priorities |
|---|---|
| <ul style="list-style-type: none"> • Positive overall experience of students backed by evidence from surveys, e.g. medical & dental, nursing, midwifery & allied health professionals (AHP) <ul style="list-style-type: none"> ○ Most improved feedback from doctors in training in the region – General Medical Council (GMC) National Training Survey 2015 ○ Latest nursing, midwifery & AHP survey indicates that overall the quality of placements within the Trust continues to improve and remains of a good standard – University of the West of England (UWE) Placement Evaluation December 2015 • Huge commitment effort/goodwill from staff to provide a good learning experience for learners on placements • Some great educational resources and approaches <ul style="list-style-type: none"> ○ Children’s Faculty of Nurse Education ○ SIM Centre ○ Library – achieved 100% in Quality Assurance Framework for last four years • Good relationships with stakeholders <ul style="list-style-type: none"> ○ University of Bristol and UWE ○ Health Education South West | <ul style="list-style-type: none"> • Addressing the key issues flagged by the recent GMC National Training Survey and UWE Placement Evaluation Report • Delivery of the 2016-2017 Education Plan and Learning and Development Agreement (LDA) • Taking the education objectives into Divisions as part of the current operating planning process and making the education agenda more service lead • Developing a clear suite of KPIs to monitor performance • Addressing the challenge of creating the resources and time to prioritise the education agenda against competing priorities • Modernising the learning environment • Moving to more multi-professional and multi-disciplinary approaches to education • Being part of the changing landscape – looking at opportunities for driving the commissioning of education and the development of new roles from a system perspective. |

| Opportunities | Risks & Threats |
|--|---|
| <ul style="list-style-type: none"> • Taking the education objectives into Divisions as part of the current operating planning process and making the education agenda more service lead • Promoting our successes in education to aid recruitment and retention of both students and employees, e.g. <ul style="list-style-type: none"> ○ Top area to do medical training in Ophthalmology, Trauma & Orthopaedics and Psychiatry (GMC Training Survey 2015) ○ Children’s Faculty of Nurse Education • Raising the profile of smaller professional groups where UH Bristol could impact on the future of education and design of new roles locally, regionally and nationally, e.g. <ul style="list-style-type: none"> ○ Health Care Scientists ○ Pharmacists • Further developing relationships with key stakeholders and partners to influence education commissioning • Being part of the changing landscape – looking at opportunities for driving the commissioning of education and the development of new roles from a system perspective • Appointment of clinical teaching fellows well received by doctors in training during 2015, consider expanding to other professional groups | <ul style="list-style-type: none"> • Concerns flagged by the recent GMC National Training Survey and UWE Placement Evaluation Report • Changes to national and local funding arrangements may reduce the number of learners coming to UH Bristol and/or reduce the level of income received, e.g. <ul style="list-style-type: none"> ○ Changes to MADEL funding ○ Proposed removal of bursaries for nurses • Changes to the way in which education is commissioned, placing an increased focus on Clinical Commissioning Groups. We need to build confidence about sustainability and to ensure fair shares. • Addressing the challenge of creating the resources and time to prioritise the education agenda against competing priorities |

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | | | | | | |
|---|-------------------|-----------------|-------------------------------------|------------------------|-----------------|-------|-------------------------------------|--------------|--|--|-----------------|--|--|
| 11. Partnership Programme Board Report | | | | | | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | | | | | | |
| Sponsor & Author: Robert Woolley, Chief Executive | | | | | | | | | | | | | |
| Intended Audience | | | | | | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | Public | | | | | |
| Executive Summary | | | | | | | | | | | | | |
| <p><u>Purpose</u> To provide the Board with an update on matters considered at the January 2016 meeting of the University Hospitals NHS Foundation Trust and North Bristol NHS Trust Partnership Programme Board.</p> <p>A summary of the key issues discussed is provided to the Board, for information.</p> | | | | | | | | | | | | | |
| Recommendations | | | | | | | | | | | | | |
| The Board is recommended to receive the report to note . | | | | | | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Equality & Patient Impact | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Resource Implications | | | | | | | | | | | | | |
| Finance | | | | | | | Information Management & Technology | | | | | | |
| Human Resources | | | | | | | Buildings | | | | | | |
| Action/Decision Required | | | | | | | | | | | | | |
| For Decision | | | | | For Assurance | | ✓ | For Approval | | | For Information | | |
| Date the paper was presented to previous Committees | | | | | | | | | | | | | |
| Quality & Outcomes Committee | Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) | | | | | | | | |
| | | | | | | | | | | | | | |

The Partnership Programme Board

Held on Monday 25th January 2016

| Key Points Summary |
|--|
| <p>Executive to Executive Meeting</p> <p>The Board received recommendations from the NBT/UHB Executive to Executive meeting arising from a review of governance arrangements for the partnership and agreed that the partnership agreement should be revised accordingly and accompanied by a forward work-plan.</p> <p>It was agreed to undertake an initial review of Trust strategies to help inform the development of the local Sustainability & Transformation Plan</p> |
| <p>Histopathology</p> <p>The Board reviewed the status of the project to centralise cellular pathology services in the new pathology laboratory at Southmead Hospital, alongside the implementation of a new Laboratory Information Management system, noting good collaboration between the two Trusts and a likely transfer in the Spring.</p> |
| <p>Genomic Medicine Centre</p> <p>The Board received an update about the implementation of the Genomics Medicine Centre for the West of England, including confirmation that Tony Gallagher, Chair of Avon and Wiltshire Mental Health Partnership Trust, had agreed to continue in the chair of the Genomics Partnership Board. The project was now in the mobilisation phase.</p> <p>The project was also noted to be a highly positive example of partnership working between the two Trusts and other West of England stakeholders.</p> |
| <p>Weston Area Health Trust Update</p> <p>The Board received an update about the Weston Sustainability project and considered the need to ensure that the flows of North Somerset patients into and out of Bristol are taken into account and that there is appropriate alignment with the wider Sustainability and Transformation Plan.</p> |
| <p>Date of Next Meeting</p> <p>29th June 2016, 4.00pm – 6.00pm, Conference Room, UH Bristol, Trust Headquarters.</p> |

Attendees

NBT

Andrea Young, Robert Mould, Chris Burton, and Nishan Canagarajah.

UH Bristol

Emma Woollett, Robert Woolley, Sean O'Kelly and Anita Randon.

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | | |
|--|-------------------|-----------------|-------------------------------------|-------------------------------------|-----------------|--------------|--|--------|-----------------|
| 12. Finance Report | | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | | |
| Sponsor: Paul Mapson, Director of Finance & Information Author: Kate Parraman, Deputy Director of Finance | | | | | | | | | |
| Intended Audience | | | | | | | | | |
| Board members | ✓ | Regulators | | Governors | | Staff | | Public | |
| Executive Summary | | | | | | | | | |
| <p><u>Purpose</u> To report to the Board on the Trust's financial position and related financial matters which require the Board's review.</p> <p><u>Key issues to note</u> The summary income and expenditure statement shows a surplus of £2.924m (before technical items) for the first ten months of the financial year. After technical items, the surplus increases to £10.256m.</p> | | | | | | | | | |
| Recommendations | | | | | | | | | |
| None. | | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | | |
| | | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | | |
| | | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | | |
| | | | | | | | | | |
| Equality & Patient Impact | | | | | | | | | |
| | | | | | | | | | |
| Resource Implications | | | | | | | | | |
| Finance | | | ✓ | Information Management & Technology | | | | | |
| Human Resources | | | | Buildings | | | | | |
| Action/Decision Required | | | | | | | | | |
| For Decision | | | For Assurance | | ✓ | For Approval | | | For Information |
| Date the paper was presented to previous Committees | | | | | | | | | |
| Quality & Outcomes Committee | Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) | | | | |
| | 24/02/16 | | | | | | | | |

REPORT OF THE FINANCE DIRECTOR

1. Year to date position overview

The summary income and expenditure statement shows a surplus of £2.924m (before technical items) for the first ten months of the financial year. After technical items the surplus increases to £10.256m.

In response to the pressing need to enable the NHS parliamentary vote to not be breached in 2015/16, the Trust has reviewed its provision for doubtful debts and other provisions thereby releasing £1.5m for the year to increase the forecast income and expenditure surplus to £3.5m. The position will be further reviewed at year end.

The run-rate overspend in Divisions increased in January. The adverse variance was £0.914m, compared with £0.651m in December and £0.765m in November. The year to date overspend is now £7.602m compared to the operating plan target of £1.961m.

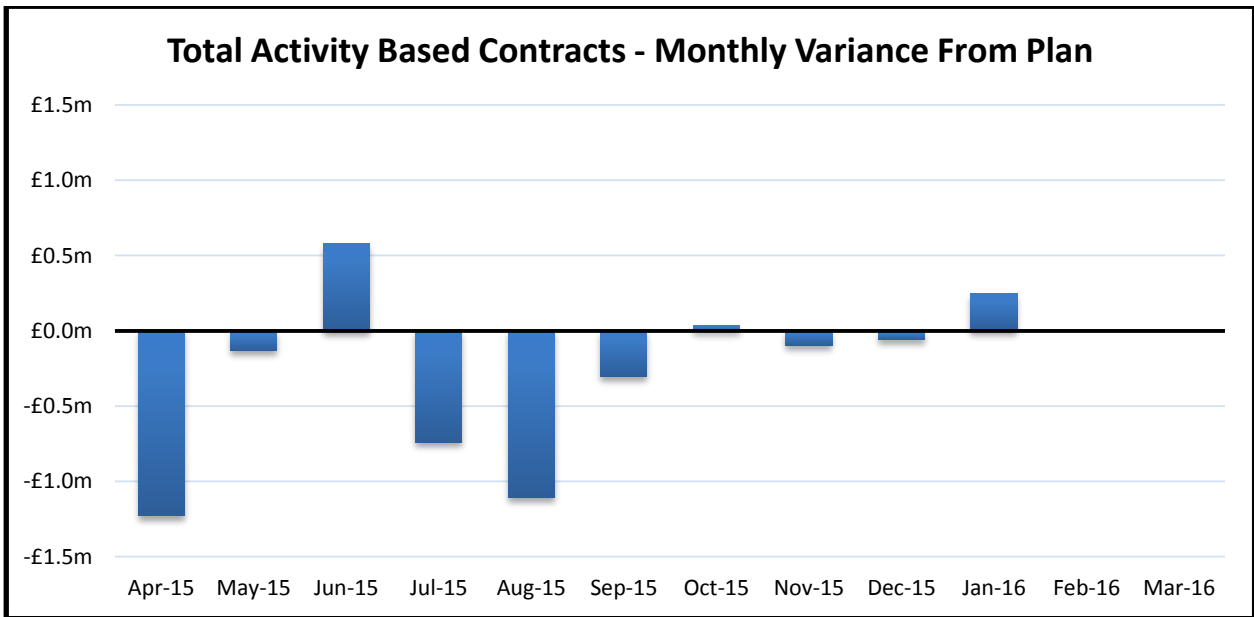
The analysis is shown below:

| (Adverse)/Favourable | January £m | December £m | November £m | Year to date £m |
|----------------------|----------------|----------------|----------------|--------------------|
| Nursing pay | (0.546) | (0.011) | (0.476) | (3.032) |
| Medical staff pay | (0.333) | (0.398) | (0.178) | (1.405) |
| Other pay | 0.199 | 0.278 | 0.238 | 1.149 |
| Non-pay | (0.602) | (0.523) | (0.313) | (2.291) |
| Income | 0.368 | 0.003 | (0.036) | (2.023) |
| Total | (0.914) | (0.651) | (0.765) | (7.602) |

The position on nursing is very disappointing with levels of overspending (and agency use) returning to the highest levels experienced in the late summer. The Trust is breaching its agency cap (9.6% versus cap of 6%). We can expect interest from NHS Improvement. This position also significantly compromises the receipt of Sustainability funding of £13m in 2016/17.

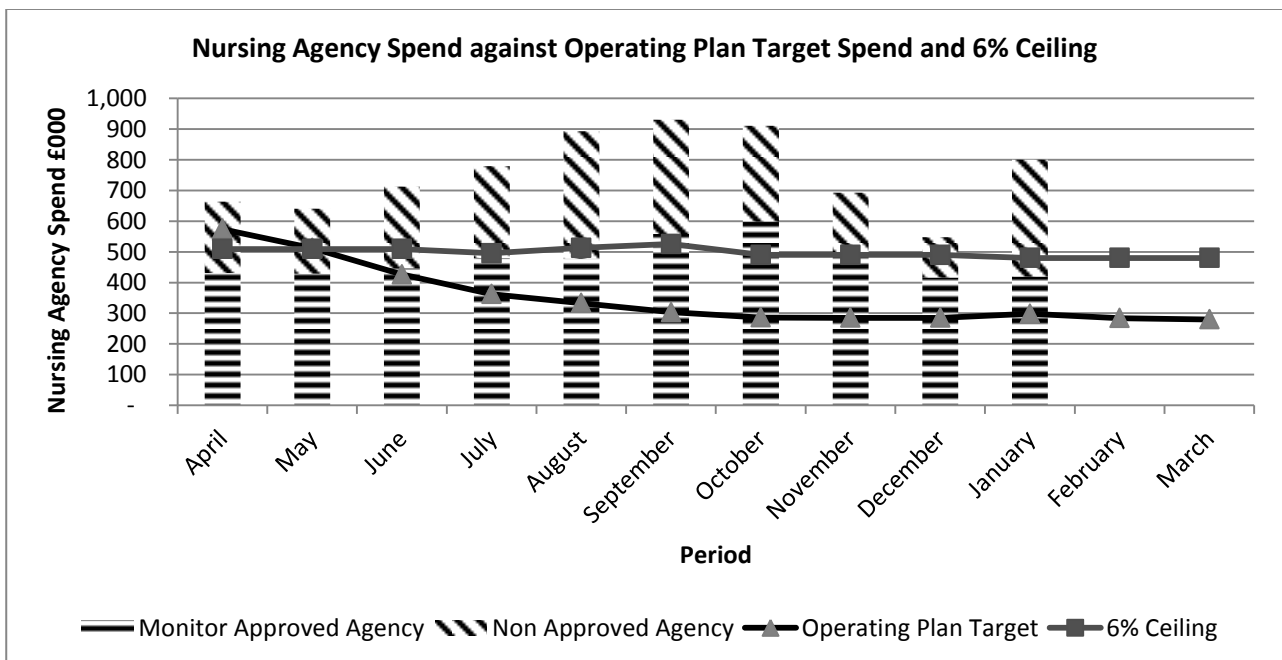
The following tables show how two key financial drivers are changing during the year:

- Clinical Activity – the position in January improved by £0.25m. The net SLA underperformance is £2.79m for the year to date. The graph below shows the total activity position (monthly financial variance from plan). The position is encouraging.



- Nursing Agency Spend – as can be seen there has been a substantial increase in nursing agency expenditure in the month, increasing by 46%. The Trust also saw a decrease in the use of monitor approved framework agencies, with the percentage decreasing from 76% to 52%. In January, the Monitor approved agencies, and in particular the Trust’s tier 1 supplier, changed their position on complying with the agency cap for specialist nurses. The Trust responded by using non framework agencies to supply specialist nurses to encourage the framework agencies to reconsider, as well as incentivising bank staff to work additional shifts. Balancing the provision of clinical activity with complying with the Monitor agency cap is challenging. The year to date position is of concern – specifically:
 - The year to date agency spend is £7.572m compared to the Operating Plan of £3.666m
 - The agency spend is 9.6% of total registered nursing spend in January compared to the Monitor cap of 6% and the submitted trajectory of 5.2% for months 7 to 12.

The total nursing spend position was £0.546m adverse in January.



Whilst extreme activity pressures have significantly contributed to this position in January, there must be a return to concerted action in introducing nursing workforce controls from February to reduce the demand on the restricted supply of nurses in Bristol.

2. Divisional Financial Position

In total, the Clinical Divisions and Corporate Services overspend against budget increased by £0.914m in January to £7.602m cumulatively. The most concerning in month deterioration was within the Divisions of Surgery, Head and Neck, Specialised Services and Medicine. The table below summarises the financial performance in January for each of the Trust's management divisions against the budget and against their January operating plan target. Further analysis of the variances against budget by pay, non-pay and income categories is given at Appendix 2.

| | Budget Variance to 31 Dec | Jan Budget Variance | Budget Variance to 31 Jan | Jan Operating Plan Target | Operating Plan Variance |
|--------------------------|---------------------------------|---------------------------|---------------------------------|---------------------------------|-------------------------------|
| | Fav / (Adv) £'000 | Fav / (Adv) £'000 | Fav / (Adv) £'000 | Fav / (Adv) £'000 | Fav / (Adv) £'000 |
| Diagnostic & Therapies | 188 | 54 | 242 | (21) | 263 |
| Medicine | (1,266) | (186) | (1,452) | (20) | (1,432) |
| Specialised Services | (763) | (214) | (977) | 44 | (1,021) |
| Surgery, Head & Neck | (4,048) | (493) | (4,541) | (1,335) | (3,206) |
| Women's & Children's | (1,209) | (120) | (1,329) | (621) | (708) |
| Estates & Facilities | 61 | 11 | 72 | (9) | 81 |
| Trust Services | (13) | (19) | (32) | 1 | (33) |
| Other corporate services | 362 | 53 | 415 | - | 415 |
| Totals | (6,688) | (914) | (7,602) | (1,961) | (5,641) |

Variance to Budget:

The table below shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings.

| Divisional Variances | Variance to 31 Dec | Jan Variance | Variance to 31 Jan |
|------------------------|-----------------------|--------------------|-----------------------|
| | Fav/(Adv) £'000 | Fav/(Adv) £'000 | Fav/(Adv) £'000 |
| Pay | (2,300) | (722) | (3,022) |
| Non Pay | 307 | (320) | (13) |
| Operating Income | 305 | 324 | 629 |
| Income from Activities | (2,161) | 68 | (2,093) |
| Sub Totals | (3,849) | (650) | (4,499) |
| Savings Programme | (2,839) | (264) | (3,103) |
| Totals | (6,688) | (914) | (7,602) |

Pay budgets have an adverse variance of £0.722m in the month increasing the cumulative adverse variance to £3.022m. The significant adverse movements in the month were in Medicine (£0.366m) and Women's and Children's (£0.269m). Cumulative adverse variances are within Women's and Children's (£1.809m), Specialised Services (£0.827m), Surgery, Head and Neck (£0.374m) and Medicine (£1.075m) offset by favourable variances in Diagnostic & Therapies (£0.552m) and Trust Services (£0.433m). For the Trust as a whole, agency spend is £12.504m to date, an increase of £1.346m in the month. The average monthly spend of £1.250m compares with £0.967m for

2014/15. Agency spend to date is £2.889m in Medicine, £2.706m in Women’s and Children’s, £2.496m in Surgery, Head and Neck and £2.188m in Specialised Services. Waiting list initiatives costs increased by £0.237m in the month to £2.803m to date, of which £1.255m is within Surgery, Head and Neck, £0.631m in Women’s and Children’s and £0.484m in Specialised Services.

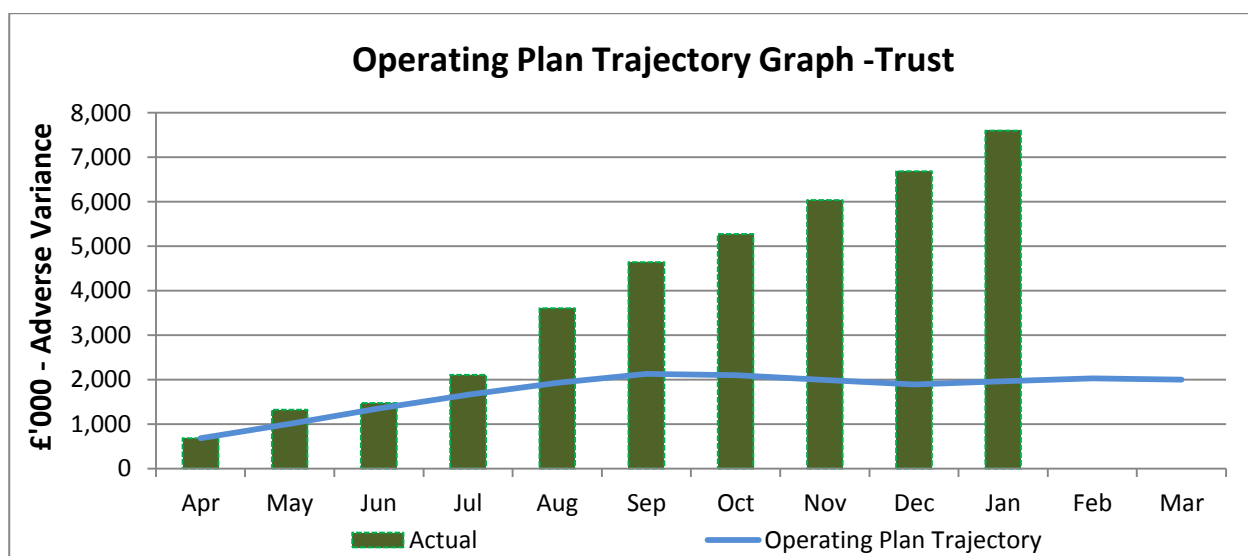
Non-pay budgets have an adverse variance of £0.320m in the month changing the cumulative variance to £0.013m adverse. The significant adverse movements in the month were in Medicine (£0.098m), Surgery, Head and Neck (£0.049m), Trust Services (£0.141m) and Other Corporate Services (£0.119m).

Operating Income budgets have a favourable variance of £0.324m for the month to give a cumulative favourable variance of £0.629m. The significant favourable movements in the month were in Surgery, Head and Neck (£0.117m) and Other Corporate Services (£0.167m).

Income from Activities budgets have a favourable variance of £0.068m in the month to give a cumulative adverse position of £2.093m, reflecting continued improvements in activity run rate. The principal areas of under achievement to date are within Surgery, Head and Neck (£0.896m), Medicine (£0.355m), Specialised Services (£1.109m) and Diagnostics and Therapies (£0.130m) offset by an over achievement in Women’s and Children’s (£0.299m). Within the month, Surgery, Head and Neck under achieved against their income target by £0.304m and Specialised Services by £0.183m. Women’s and Children’s over achieved by £0.262m and Medicine by £0.186m. The difference between the in month deterioration reported here and that reported in section 4 (income) is accounted for by variances relating to private patients, other non SLA income from activities, including RTA income, and differences with the reporting of CIP delivery.

Variance to Operating Plan:

Clinical Divisions and Corporate Services have an adverse variance of £7.602m against a combined operating plan trajectory of £1.961m. The January position is £5.641m above trajectory as shown in the graph below.



Further detail is given under agenda item 5.3 in the Finance Committee papers.

Savings Programme

The savings requirement for 2015/16 is £19.879m. This is net of the £4.476m provided non-recurringly to support the delivery of Divisional operating plans. Savings of £13.463m have been realised to date, a shortfall of £3.133m against divisional plans. The shortfall is a combination of the adverse variance for unidentified schemes of £2.945m and a further £0.188m for scheme slippage. The 1/12th phasing adjustment reduces the shortfall to date by £0.030m.

The year-end forecast outturn is a shortfall of £3.442m, (a worsening of £0.136m from last month's forecast shortfall of £3.306m), which represents delivery of 82.7%.

A summary of progress against the Savings Programme for 2015/16 is summarised below. A more detailed report is given under item 5.4 on this month's agenda.

| | Savings Programme to 31 st Jan 2016 | | | 1/12ths Phasing Adj Fav / (Adv) £'000 | Total Variance Fav / (Adv) £'000 |
|---------------------------|--|-----------------|----------------------------------|--|---|
| | Plan £'000 | Actual £'000 | Variance Fav / (Adv) £'000 | | |
| Diagnostics and Therapies | 1,765 | 1,539 | (226) | (22) | (248) |
| Medicine | 1,836 | 2,076 | 240 | (18) | 222 |
| Specialised Services | 1,350 | 1,513 | 163 | 29 | 192 |
| Surgery, Head and Neck | 4,969 | 2,541 | (2,428) | 52 | (2,376) |
| Women's and Children's | 3,622 | 2,518 | (1,104) | 55 | (1,049) |
| Estates and Facilities | 905 | 948 | 43 | (5) | 38 |
| Trust HQ | 398 | 556 | 158 | (46) | 112 |
| Other Services | 1,751 | 1,772 | 21 | (15) | 6 |
| Totals | 16,596 | 13,463 | (3,133) | 30 | (3,103) |

3. Divisional Reports

The following is intended to provide a brief update on the divisional positions including reasons for variance and actions being taken to address adverse positions. As requested at the previous Finance Committee, the divisional reports at item 5.3 provide further detail on the impact of actions being taken and new actions having been introduced since the last report.

Four Divisions are red rated for their financial performance for the year to date:

Division of Medicine

The Division reports an adverse variance to month 10 of £1.452m; this represents deterioration in the month of £0.186m. The Division is £1.432m adverse to its operating plan target to date. The Division is reporting a savings programme year to date favourable variance of £0.222m and a revised savings programme forecast outturn favourable variance of £0.477m.

The key reasons for the adverse variance against budget and operating plan to date are:

- An adverse variance on SLA income of £0.355m (although a favourable variance in month of £0.186m) due to the following factors:

- i) Attendances to the Emergency Department (ED) were 4% higher (213) in January than in December and, despite being marginally below plan in volume for the year to date, the case-mix of attendances yields a favourable financial variance;
 - ii) Critical care bed days, recorded in Adult High Care, have increased following the move to the dedicated facility on ward A525. Flow of high care patients has improved though there are still instances of patients waiting on the AMU;
 - iii) Emergency admissions in January were 3% fewer than in December, but the acuity and mix of admissions yields a favourable financial variance of £55k in January.
 - iv) Outpatient activity has increased significantly, owing primarily to new capacity in Dermatology (substantive posts) and Rheumatology (locum posts).
- A pay adverse variance of £1.075m due to costs associated with agency nursing and medical staffing. Absolute pay expenditure in January reached the highest level recorded in 2015/16 to date. This is in part due to staffing of the ambulance queue with registered nurses, 24 hours a day for 7 days of the week. This is a Trust-wide cost and must be noted as not being specific to the Division of Medicine, despite being charged to the ED budget. In addition, agency nurses booked in support of ‘dark green’ patients, patients awaiting ‘Patients With Dementia’ beds and other delayed discharges, remain high at c.11 wte at any given time. A significant number of bank shifts also support such requirements and indeed are the first source of staffing for required shifts above those established.
 - The savings programme is now reporting a favourable variance of £0.222m.

Actions being taken and mitigation to restore performance include:

- i) Single sex wards within Care of the Elderly – the aim being improved patient experience with a financial benefit in terms of a reduction in 1:1 agency shifts as duplication across wards is erased;
- ii) ‘Night-clubs’ for patients with, but not limited to, dementia – essentially a co-horting of patients with activities and care planned through the night to avoid disruption across the bed base. A similar financial benefit as per i) above is planned;
- iii) The rolling out of ‘Discharge to Assess’ for ‘Pathway 3’ patients, to understand the impact upon both length of stay and ultimately occupancy rates;
- iv) Monitoring and managing of out of hours requests for additional shifts (nursing);
- v) Development of Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs) within the ED.

The Division is also proposing to undertake formal communication and negotiation with regards to funding, and undertaking procurement for, a community bed placement service. Upon investigation it has been ascertained that many commissioners (as opposed to provider hospitals) fund and procure such services. The number of placements made by the existing service, Care Home Selection, continues to be high and supports the push for accelerated discharge.

Key risks to delivery of the operating plan include:

- Failure of the recruitment strategy to deliver the required number of posts and hence the planned level of agency expenditure reductions are not achieved.
- Failure to adequately control nursing expenditure.
- The risk that activity does not pick up in the later months of the year.
- Potential adverse financial impact of the change to the cystic fibrosis patient co-hort and the impact of the year of care tariff.

Division of Specialised Services

The Division reports an adverse variance to month 10 of £0.977m, which represents deterioration from month 9 of £0.214m. The Division is £1.021m adverse to the operating plan target to date.

Pay budgets show an adverse variance of £0.827m. Income from activities is showing an adverse variance of £1.109m although much of this stems from very low activity in the early part of the year. The savings programme is showing a favourable variance of £0.192m to date and the non pay budgets are reporting a favourable variance of £0.594m due to the year to date share of support funding and unallocated contract transfer funding as well as a small favourable variance on blood.

The key reasons for the adverse variance against budget and operating plan to date are:

- Cardiac Surgery activity – year to date at month 10 the division completed 157 cases fewer than required (89%) of contract resulting in an inpatient under performance of £0.795m.
- Cardiology activity is overachieving year to date by £0.381m and over-performed in the month by £0.127m.
- Cardiac Critical Care activity has underperformed year to date by £0.277m.
- Adult BMT – year to date contract underperformance of £0.634m, with allograft volumes down 26% below contracted levels.
- Radiotherapy Activity – year to date contract underperformance of £0.60m. However a new consultant has started which has increased activity volumes and there was an over performance of £0.016m in month.
- Haematology activity has over-performed year to date by £0.335m. There was an over performance in month of £0.101m. Demand is expected to grow over the rest of the year.
- Private Patient Income is over performing against target by £0.020m.
- Nursing – There has been high agency usage within CICU caused by sickness, supernumerary time and vacancies as well as significant hours requirements for one to one nursing across wards resulting in a £0.674m adverse variance to date.
- Medical pay budgets show an adverse variance of £0.295m mainly due to agency and waiting list costs.
- Non recurring savings support funding has benefited the position by £0.410m.
- Operating income reports a favourable variance of £0.173m.

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

- Delivery of Cardiac Surgery activity- Activity volumes have been improved over recent periods predominantly due to improved patient flow through the CICU. A greater focus has been taken to look to minimise blockages due to avoidable patient scheduling issues. Moving into the winter it is essential that every effort is made to keep flow through CICU and the wards to enable sufficient volumes to be delivered.
- A number of actions have been identified within nursing to maintain a continued focus on this area. These include the development of a critical care bank, recruitment and retention programme led by the divisional matron, continued review of lost time including annual leave and review of CICU staffing levels, all of which are aimed at addressing and reducing agency expenditure.
- Clinical fellows have been appointed to replace junior doctor agency staff in cardiac surgery.
- Additional SLA income opportunities may be possible throughout the year in the areas of Cardiology and Haematology following strong performance year to date. Opportunities with the Gamma Knife are also probable in the final two months of the year.

- The Division is attempting to source new referrals for BMT's within the region including working with Swindon to look at referrals that are currently going to London.
- Continuing to deliver savings programmes identified and developing new schemes.
- Maintaining controls on non-pay expenditure.

Key risks to delivery of the operating plan include

- Continued low volumes of referrals of BMT patients.
- Further losses of Cardiac Surgery activity due to shortages of staff, high acuity of patients or bed pressures during the winter period.
- An inability to recruit to vacant posts in nursing resulting in continued agency expenditure.
- Non recruitment into medical vacancies within the BHOC, particularly for Radiotherapy.
- Continued charges for unused chemotherapy drugs.
- Non delivery of expected savings.
- Any continued reduction in referrals for BMT.

Division of Surgery, Head and Neck

The Division reports an adverse variance to month 10 of £4.541m; deterioration from month 9 of £0.493m. The Division is £3.206m adverse to its operating plan target to date

The key reasons for the adverse variance against budget to date are:

- Underachievement of income from activities of £0.896m due to lower than expected activity primarily in outpatient areas (oral surgery, ophthalmology and ENT) and emergency/unplanned work in upper GI surgery and T&O. A significant element of this is a share of the underperformance on cardiac surgery within Specialised Services (£0.307m).
- An adverse variance to date on non-pay of £1.231m which is an in month deterioration of £0.049m. This is due to the ongoing divisional deficit offset by divisional non-recurring support (£0.686m) plus adverse variances on drugs (£0.160m) and non-clinical supplies/other non-pay (£0.385m).
- An underachievement of the savings programme, resulting in an adverse variance to date of £2.376m. The majority relates to unidentified plans of £2.310m with the balance mainly due to shortfalls on income related schemes. The most significant being income from the national Bowel Screening Programme (flexible sigmoidoscopy) which has been slowed down by the national programme and as such is not recoverable this year.

The key reasons for the adverse variance against operating plan are:

- Underachievement of activity (including the share of cardiac surgery), (£1.316m).
- Higher than planned nursing spend (£0.710m).
- Higher than planned waiting list payments (£0.130m).
- Higher than planned spend on medical and dental agency offset by BEH vacancies (£0.301m).
- Higher than planned spend on drugs (£0.242m).
- Higher than planned expenditure on outsourcing (£0.189m).
- Slippage on CIP delivery.

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

- Pay Actions:**
- Progress with ongoing actions is good; reconciliation of lost time reports, retention strategies implementation progressing; review of requirements for 1:1 nursing continuing. Spend on the BRI wards is becoming less of an issue as supernumerary staff are being absorbed into the rotas (particularly on wards 800 and 609) however the benefit of this is not yet showing at the bottom line for pay due to high waiting list spend and continuing agency in theatres and ITU covering vacancies, sickness and supernumerary shifts.
 - “Action Plan” specifically for Heygroves theatres now in place, with additional resources identified to drive change.
 - Meetings diarised to build up detailed staffing models for next year, with cost centre by cost centre plans for turnover, recruitment and bank and agency use.
 - **New Action:** paper being written by Head of Nursing to further improve recruitment and retention in Heygroves theatres – likely with additional investment in specific theatre suites.
 - **New Action:** Review of on call work carried out centrally to identify savings that can be implemented in the division, and where this can be reflected across other rotas.
- Non Pay Actions:**
- Progress with ongoing actions is now informing the development of CIP plans with regard to outsourcing of activity and non-pay spend. It is not clear if this will deliver in year recovery or whether this will inform the operating plan for 16/17.
 - The division is working towards finalising the Trust Wide Managed Inventory System business case to deliver effective controls into theatre spends.
 - Division has engaged with Trust wide project to reduce Stock Levels.
 - **New Action;** increased focus on theatre and ITU spend, data to be published to budget managers, meetings to review “stocking up” issues in all departments.
 - **New Action;** teams to identify areas of non-pay spend that have not been actively negotiated in a 3 year period. Targeted work plan for procurement.
- Income Actions:**
- **Ongoing actions;** additional sessions have been mobilised in Ophthalmology.
 - **Ongoing actions:** Additional sessions have been mobilised in Oral Surgery and Dentistry. This has improved service delivery.
 - **Ongoing actions** – review of clinics at NBT will be passed to the new interim manager at BDH, starting in mid-December.
 - The Division has completed capacity planning in December and has provided the input to the proposed activity levels for 16/17. Following this will be the proposed changes to planned resources and capacity to deliver these proposals. This will feed into the operating plan submission for 16/17. It may be that benefit will flow into the outturn for 15/16.

Key risks to delivery of the operating plan include:

- That the recruitment strategy fails to address the need to increase capacity and hence deliver planned additional capacity and hence higher activity levels. (Particularly true in Ophthalmology and Dental Services). The month 10 favourable variance on nursing is however very encouraging.
- Failure to address increased need for 1-1 nursing.
- Failure to work up additional cost improvement plans to support financial shortfall, failure to take mitigating actions to control rising cost pressures.
- Failure to improve delivery of activity in those specialties which remain significantly off plan particularly in Trauma and Upper GI.

The Division of Women's and Children's Services

The Division reports an adverse variance to month 10 of £1.329m; this represents deterioration from month 9 of £0.120m. The Division is £0.708m adverse to the operating plan target to date.

The key reasons for the adverse variance against budget to date are:

- An adverse variance on pay of £1.809m due to higher than planned agency costs within medical staff (NICU cover) and nursing (including one to one care). Non clinical staff has an adverse variance of £0.269m driven by requirements such as validating waiting lists, completion of missing outcomes, administrative spend in clinical genetics, vacancies for medical secretaries and increased staffing in the governance team.
- An underperformance on the saving programme, resulting in an adverse variance to date of £1.049m. The majority of which relates to the level of unidentified savings in the plan of £0.972m, most of the balance being shortfalls in income related schemes.
- An overachievement on SLA income of £0.299m including favourable variances in paediatric medical specialties (£0.605m), St Michaels specialties (£0.425m) and paediatric, cardiac & PICU (£0.068m) offset by an adverse performance on paediatric surgical specialties (£0.694m) and on private patients and overseas visitors (£0.141m).
- These adverse variances are offset by a significant favourable variance on non-pay of £1.270m which includes the year to date share of support funding, CQUIN funding and a capacity reserve held within the division.

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

In order to return the Division's financial position to within its operating plan control envelope it is now clear that more financial recovery actions are required as the pace of cost reduction in nursing is insufficient in itself. The monthly Finance Performance meetings are to be used to develop a recovery action plan which will need to include:

- Raising awareness about the financial position and increasing emphasis of controls and reduction in any discretionary spend.
- Ensuring that elective operating is continuing as much as possible whilst winter emergency work is managed safely and efficiently.
- Other key actions have been the implementation of nursing pay controls, alongside managing Monitor's agency cap rules. This has been focussed on reconciling ward funded establishments, Rosterpro and DoH staffing returns; escalating controls and exception reporting for authorising agency staff; and creating governance structure for reviewing ward nursing KPIs routinely. Income has returned to planned levels, in fact over performing in January, and delivery plans are being developed for next year's operating plan to ensure this can be continued with premium costs kept to a minimum.

Key risks to delivery of the operating plan include:

- Maintaining elective income though the winter months, whilst containing winter emergency pressure costs within the operational resilience funding envelope. Cardiac Surgery activity may well be reduced but plans are being developed to increase Neurosurgery activity which is less dependent on PIC bed availability.
- Ensuring nurse agency costs reduce significantly in line with recruitment of 107 new starters this autumn.

- If the usage of off-framework agency staff is stopped immediately it is likely to have a knock on effect in the short term which could potentially reduce income.

The remaining three Divisions are rated green.

Diagnostic and Therapies Division

The Division reports a favourable variance to month 10 of £0.242m, which represents an improvement from month 9 of £0.054m. The Division is £0.263m favourable compared to the operating plan target to date.

The key reasons for the variance against budget to date are:

- A favourable variance on pay of £0.552m which is primarily the result of vacancies in clinical staff.
- An adverse variance on non-pay of £0.045m which includes a recurrent adverse variance on Radiology maintenance contracts of £0.181m and the Microbiology Public Health England contract of £0.265m. The year to date adverse variance also includes LIMS double running costs of £0.206m which is being challenged with NBT. There has also been non-recurrent cost pressures year to date for the laboratory server of £0.050m. These adverse variances are off-set by non-recurring support funding of £0.333m and divisional reserves.
- An adverse variance on income from activities (mainly SLA income) of £0.130m year to date. A £0.029m favourable variance on D&T hosted services is off-set by £0.327m adverse on services hosted by other divisions with a £0.133m non-recurring CQUIN benefit off-set by underachievement on private patient income of £0.075m.
- The savings programme is adverse to requirement by £0.247m year to date; nearly all of this was unidentified in the operating plan.
- A favourable variance on operating income of £0.112m which is across a number of areas including research and innovation, MEMO external contracts and pharmacy income.

Actions being taken and mitigation to restore performance: Further information on the progress with current actions and new actions developed are included in the main divisional report.

- Developing the savings programme to address the shortfall.
- Challenging the dual running LIMS costs with NBT.
- Review of radiology outsourcing costs.

Key risks to delivery of the operating plan include:

- Other Division's under-performance on contracted activity.
- The ability to continue with high levels of vacancies and any potential impact this might have on service delivery.
- Non-delivery or under-delivery of savings schemes currently forecast to achieve.
- Employing high cost agency and or locum staff into hard to recruit to posts to ensure delivery of key performance targets and resilience in services such as Radiology and Laboratory Medicine.

The Facilities and Estates Division

The Division reports a favourable variance to month 10 of £0.072m, which represents an improvement from month 9 of £0.011m. The Division is now £0.081m favourable to the operating plan target to date.

Trust Headquarters

The Division reports an adverse variance to month 10 of £0.032m, this represents a deterioration from month 9 of £0.019m; the Division is £0.033m adverse to the operating plan target to date.

4. Income

Contract income was £1.24m higher than plan in January bringing the year to date position to £1.12m higher than plan. Pass through payments, contract rewards and activity based contracts were favourable against plan in the month whilst contract penalties were below plan. The table below summarises the overall position which is described in more detail under agenda item 5.2.

| Clinical Income by Worktype | In Month Variance Fav/(Adv) | Year to Date Plan | Year to Date Actual | Year to Date Variance Fav/(Adv) |
|-----------------------------|-----------------------------------|----------------------|------------------------|---------------------------------------|
| | £'m | £'m | £'m | £'m |
| Activity Based | | | | |
| Accident & Emergency | 0.07 | 12.30 | 12.57 | 0.27 |
| Emergency Inpatients | 0.36 | 60.79 | 62.85 | 2.06 |
| Day Cases | 0.11 | 31.19 | 31.01 | (0.18) |
| Elective Inpatients | (0.67) | 43.93 | 40.89 | (3.04) |
| Non-Elective Inpatients | (0.25) | 13.25 | 12.72 | (0.53) |
| Excess Bed days | 0.01 | 5.80 | 6.16 | 0.36 |
| Outpatients | 0.20 | 65.65 | 65.00 | (0.65) |
| Bone Marrow Transplants | (0.26) | 7.80 | 6.49 | (1.31) |
| Critical Care Bed days | 0.62 | 35.07 | 36.01 | 0.94 |
| Other | 0.06 | 77.64 | 76.93 | (0.71) |
| Sub Totals | 0.25 | 353.42 | 350.63 | (2.79) |
| Contract Penalties | (0.22) | (5.09) | (4.63) | 0.46 |
| Contract Rewards | 0.25 | 6.69 | 6.52 | (0.17) |
| Pass through payments | 0.96 | 66.93 | 70.55 | 3.62 |
| Totals | 1.24 | 421.95 | 423.07 | 1.12 |

Significant activity underperformance continues within elective inpatients and bone marrow transplants.

Key areas for the elective inpatient underperformance of £3.04m are cardiac surgery (£0.78m), upper gastrointestinal surgery (£0.70m) and paediatrics (£0.98m). Cardiac surgery was £0.15m lower than plan this month although it is expected that activity will remain close to plan for the remainder of the year. Paediatric activity was £0.32m lower than plan in the month, primarily within cardiac surgery (£0.14m) and trauma and orthopaedics (£0.20m).

Bone marrow transplants for adult services are £1.05m below plan to date and were £0.32m below plan this month. The service continues to plan to increase referrals but this is not likely to result in an improvement to this year's position. Paediatric services are £0.26m below plan but are expected to continue close to plan for the remainder of the year.

Emergency inpatients over performance increased in the month by £0.36m to £2.06m year to date, with the over performance within the Children's Hospital accounting for £1.42m year to date and adult cardiology £0.66m.

Critical care over performance increased in the month by £0.62m to a year to date over performance of £0.94m reflecting additional activity in January and improved patient flow.

Contract penalties are £0.46m better than plan. Further detail is given at 2.3 in the contract income report.

Contract rewards performance improved this month by £0.25m to £0.17m behind plan. The forecast year-end delivery of CQUINs is 79.8% compared with a planning assumption of 80%. Increased confidence of delivery across a number of CQUINs has increased the year-end forecast to £7.77m. Further details are provided in section 2.2 in the contract income report for those CQUINs with a ≤70% predicted delivery in whole or part.

Pass through payments are £3.62m higher than planned to date within devices £3.20m higher than plan.

Performance at Clinical Divisional level is shown at appendix 4a. Activity based contract performance is summarised as follows:

| Divisional Variances | In Month Variance Fav/(Adv) | Year to Date Plan | Year to Date Actual | Year to Date Variance Fav/(Adv) |
|------------------------|---|------------------------------|--------------------------------|---|
| | £'m | £'m | £'m | £'m |
| Diagnostic & Therapies | 0.01 | 32.03 | 31.74 | (0.29) |
| Medicine | 0.24 | 40.68 | 40.63 | (0.05) |
| Specialised Services | (0.17) | 45.28 | 43.92 | (1.36) |
| Surgery, Head and Neck | (0.26) | 63.11 | 62.15 | (0.96) |
| Women's and Children's | 0.34 | 83.16 | 83.69 | 0.53 |
| Facilities and Estates | 0.00 | 3.23 | 3.19 | (0.04) |
| Corporate | 0.08 | 85.93 | 85.32 | (0.61) |
| Totals | 0.24 | 353.42 | 350.64 | (2.78) |

5. Risk Rating

The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the ten month period to 31st January 2016, the Trust's achieved an overall FSRR of 4 (actual 3.5 rounded up) against a plan of 3 (3.25 rounded down).

A low risk going forward is the adverse EBITDA performance against plan and the impact upon the FSRR. Within the FSRR, the EBITDA performance impacts on the "capital servicing capacity" metric. The headroom available until this metric scores a rating of 1 has increased to £10.4 million from £7.8 million last month. Should any of the four metrics score a metric rating of 1, Monitor will apply an "over-ride" resulting in an overall FSRR capped at 2 for the Trust and potential investigation. A summary of the position is provided in the table below.

| | Weighting | 31 st December 2015 | | 31 st January 2016 | | 31 st March 2016 | |
|--|-----------|--------------------------------|------------|-------------------------------|------------|-----------------------------|------------|
| | | Plan | Actual | Plan | Actual | Plan | Forecast |
| Liquidity | | | | | | | |
| Metric Result – days | | 8.57 | 12.18 | 7.89 | 13.04 | 7.20 | 13.25 |
| Metric Rating | 25% | 4 | 4 | 4 | 4 | 4 | 4 |
| Capital Servicing Capacity | | | | | | | |
| Metric Result – times | | 1.68 | 1.80 | 1.74 | 1.94 | 1.83 | 2.05 |
| Metric Rating | 25% | 2 | 3 | 2 | 3 | 3 | 3 |
| Income & expenditure margin | | | | | | | |
| Metric Result | | 0.40% | 0.69% | 0.32% | 0.85% | 0.52% | 0.84% |
| Metric Rating | 25% | 3 | 3 | 3 | 3 | 3 | 3 |
| Variance in I&E margin | | | | | | | |
| Metric Result | | 0.00% | 0.29% | 0.00% | 0.53% | 0.00% | 0.32% |
| Metric Rating | 25% | 4 | 4 | 4 | 4 | 4 | 4 |
| Overall FSRR | | 3.25 | 3.5 | 3.25 | 3.5 | 3.5 | 3.5 |
| Overall FSRR (rounded) | | 3 | 4 | 3 | 4 | 4 | 4 |

6. Capital Programme

A summary of income and expenditure for the ten months ending 31 January is given in the table below. Expenditure for the period is £18.531m against a revised plan of £19.532m. The Finance Committee is provided with further information under agenda item 6.1.

| Original Monitor Annual Plan | Revised Annual Plan | Subjective heading | Month ended 31 st January 2016 | | | Forecast | |
|------------------------------|---------------------|---------------------------|---|-----------------|----------------|-----------------|-----------------|
| | | | Plan | Actual | Variance | Outturn | Slippage |
| £m | £m | | £m | £m | £m | £m | £m |
| | | Sources of Funding | | | | | |
| | 0.305 | PDC | | | | 0.305 | |
| 4.558 | 4.869 | Donations | 2.432 | 2.432 | - | 3.179 | (1.690) |
| 1.100 | 14.025 | Disposals | 14.025 | 14.025 | - | 14.025 | - |
| 0.954 | 1.090 | Grants/Contributions | 0.954 | 1.040 | 0.086 | 1.176 | 0.086 |
| | | Cash: | | | | | |
| 20.814 | 20.738 | Depreciation | 17.262 | 17.272 | 0.010 | 20.738 | - |
| 7.043 | (0.961) | Cash balances | (15.141) | (16.238) | (1.097) | (14.777) | (13.816) |
| 34.469 | 40.066 | Total Funding | 19.532 | 18.531 | (1.001) | 24.646 | (15.420) |
| | | Expenditure | | | | | |
| (15.862) | (16.276) | Strategic Schemes | (8.446) | (8.593) | (0.147) | (10.704) | 5.572 |
| (4.287) | (7.526) | Medical Equipment | (3.361) | (3.077) | 0.284 | (5.141) | 2.385 |
| (3.171) | (3.415) | Information Technology | (2.054) | (1.821) | 0.233 | (2.879) | 0.536 |
| (2.177) | (2.222) | Estates Replacement | (1.668) | (1.693) | (0.025) | (2.519) | (0.297) |
| (8.972) | (10.627) | Operational Capital | (4.003) | (3.347) | 0.656 | (5.403) | 5.224 |
| (34.469) | (40.066) | Gross Expenditure | (19.532) | (18.531) | 1.001 | (26.646) | 13.460 |
| - | - | Planned Slippage | | | | 2.000 | 2.000 |
| (34.469) | (40.066) | Net Expenditure | (19.532) | (18.531) | 1.001 | (24.646) | 15.460 |

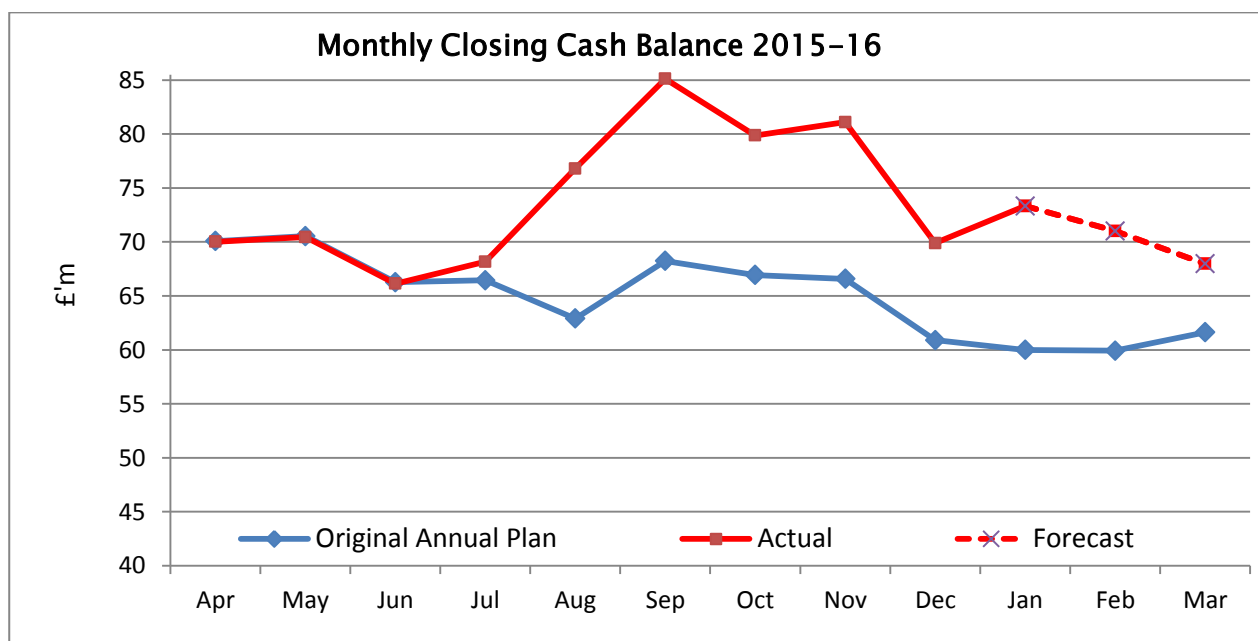
The Trust's forecast outturn has increased from £24.482m last month to £24.646m. This represents 71.5% of the original Monitor Annual Plan and 82% of the revised plan submitted at quarter 2.

7. Statement of Financial Position and Cashflow

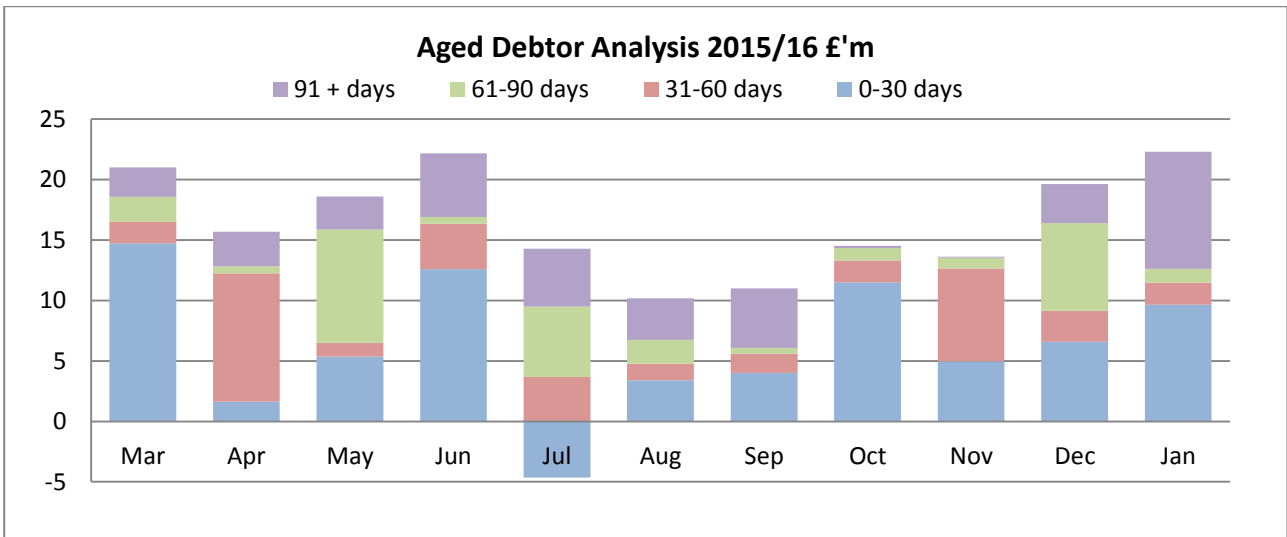
Overall, the Trust has a strong statement of financial position with net current assets of £31.538m as at 31st January 2016. This has increased by £1.080m from last month.

Cash - The Trust held cash and cash equivalents of £73.415m, an increase of £3.467m from last month.

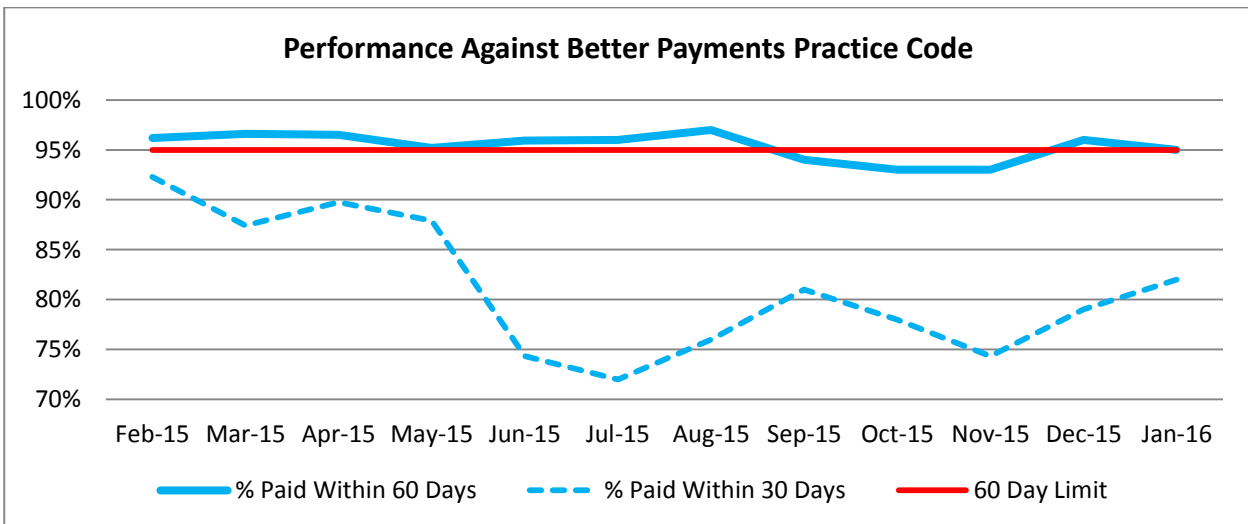
The graph below shows the forecast cash balance trajectory for the remainder of the financial year.



Receivables - The total value of debtors increased by £2.682m to £22.310m in January. SLA debtors increased by £4.750m and non SLA debtors decreased by £2.068m. The total value of debtors over 60 days old increased by £0.334m to £10.823m. The major outstanding debts being from NHS England (£5.890m), which has now been settled, the Welsh Health Specialised Services (£0.445m), maternity care pathways income over a number of organisations (£0.628m) and North Bristol Trust non-SLA debts (£1.390m). Further details are provided in agenda item 7.1.



Accounts Payable Payments – In January, performance for payment of invoices within 60 days was in line with the Prompt Payments Code target of 95%. The number of invoices paid within 30 days increased to 82%. A summary of performance is provided below.



Attachments

- Appendix 1 – Summary Income and Expenditure Statement*
- Appendix 2 – Divisional Income and Expenditure Statement*
- Appendix 3 – Financial Sustainability Risk Rating*
- Appendix 4a – Key Financial Metrics*
- Appendix 4b – Key Workforce Metrics*
- Appendix 5 – Financial Risk Matrix*
- Appendix 6 – Monthly Analysis of Pay Expenditure 2015/16*
- Appendix 7 - Release of Reserves*

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2016– Summary Income & Expenditure Statement

| Approved Budget / Plan 2015/16 £'000 | Heading | Position as at 31st January | | | Actual to 31st December £'000 | Forecast Outturn Month 10 £'000 |
|---|---|-----------------------------|------------------|----------------|-------------------------------------|---------------------------------------|
| | | Plan | Actual | Variance | | |
| | | £'000 | £'000 | £'000 | | |
| | Income (as per Table I and E 2) | | | | | |
| 509,051 | From Activities | 426,333 | 423,667 | (2,666) | 380,629 | 508,242 |
| 91,644 | Other Operating Income | 76,296 | 76,566 | 270 | 68,611 | 93,353 |
| 600,695 | Sub totals income | 502,629 | 500,233 | (2,396) | 449,240 | 601,595 |
| | Expenditure | | | | | |
| (350,166) | Staffing | (292,023) | (295,311) | (3,288) | (264,996) | (354,437) |
| (207,386) | Supplies and Services | (173,667) | (175,726) | (2,059) | (158,920) | (212,123) |
| (557,552) | Sub totals expenditure | (465,690) | (471,037) | (5,347) | (423,916) | (566,560) |
| (8,692) | Reserves | (8,039) | - | 8,039 | - | - |
| 34,451 | EBITDA | 28,900 | 29,196 | 296 | 25,324 | 35,035 |
| 5.74 | EBITDA Margin – % | | 5.84 | | 5.64 | 5.82 |
| | Financing | | | | | |
| (23,054) | Depreciation & Amortisation – Owned | (19,174) | (17,273) | 1,901 | (15,557) | (20,771) |
| 269 | Interest Receivable | 228 | 251 | 23 | 229 | 308 |
| (315) | Interest Payable on Leases | (262) | (267) | (5) | (240) | (320) |
| (3,167) | Interest Payable on Loans | (2,663) | (2,597) | 66 | (2,343) | (3,089) |
| (8,184) | PDC Dividend | (6,820) | (6,386) | 434 | (5,747) | (7,663) |
| (34,451) | Sub totals financing | (28,691) | (26,272) | 2,419 | (23,658) | (31,535) |
| 0 | NET SURPLUS / (DEFICIT) before Technical Items | 209 | 2,924 | 2,715 | 1,666 | 3,500 |
| | Technical Items | | | | | |
| - | Profit/(Loss) on Sale of Asset | - | 9,270 | 9,270 | 9,161 | 9,270 |
| 4,558 | Donations & Grants (PPE/Intangible Assets) | 2,579 | 2,599 | 20 | 2,575 | 3,115 |
| (4,719) | Impairments | (4,558) | (3,277) | 1,281 | (1,695) | (4,886) |
| 500 | Reversal of Impairments | - | - | - | - | 481 |
| (1,472) | Depreciation & Amortisation – Donated | (1,223) | (1,260) | (37) | (1,127) | (1,518) |
| (1,133) | SURPLUS / (DEFICIT) after Technical Items | (2,993) | 10,256 | 13,249 | 10,580 | 9,962 |

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2016– Divisional Income & Expenditure Statement

| Approved Budget / Plan 2015/16 | Division | Total Budget to Date | Total Net Expenditure / Income to Date | Variance [Favourable / (Adverse)] | | | | | Total Variance to date | Total Variance to 31st December | Forecast Outturn Variance Month 10 | Operating Plan Target Year to Date | Variance from Operating Plan Year to Date |
|--------------------------------|--|----------------------|--|-----------------------------------|---------------|------------------|------------------------|----------------|------------------------|---------------------------------|------------------------------------|------------------------------------|---|
| | | | | Pay | Non Pay | Operating Income | Income from Activities | CIP | | | | | |
| £'000 | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| | Corporate Income | | | | | | | | | | | | |
| 504,328 | Contract Income | 421,949 | 421,949 | - | - | 9 | (9) | - | - | - | - | - | - |
| 1,790 | Overheads, Fines & Rewards | 1,815 | 1,674 | - | 233 | (27) | (347) | - | (141) | (281) | (500) | - | - |
| 39,078 | NHSE Income | 32,429 | 32,429 | - | - | - | - | - | - | - | - | - | - |
| 545,196 | Sub Total Corporate Income | 456,193 | 456,052 | - | 233 | (18) | (356) | - | (141) | (281) | (500) | - | - |
| | Clinical Divisions | | | | | | | | | | | | |
| (51,142) | Diagnostic & Therapies | (42,628) | (42,386) | 552 | (45) | 112 | (130) | (247) | 242 | 188 | 200 | (21) | 263 |
| (72,432) | Medicine | (60,271) | (61,723) | (1,075) | (361) | 117 | (355) | 222 | (1,452) | (1,266) | (1,580) | (20) | (1,432) |
| (94,548) | Specialised Services | (78,791) | (79,768) | (827) | 594 | 173 | (1,109) | 192 | (977) | (763) | (1,163) | 44 | (1,021) |
| (100,193) | Surgery Head & Neck | (83,833) | (88,374) | (374) | (1,231) | 336 | (896) | (2,376) | (4,541) | (4,048) | (5,042) | (1,335) | (3,206) |
| (117,089) | Women's & Children's | (97,452) | (98,781) | (1,809) | 1,270 | (40) | 299 | (1,049) | (1,329) | (1,209) | (1,550) | (621) | (708) |
| (435,404) | Sub Total – Clinical Divisions | (362,975) | (371,032) | (3,533) | 227 | 698 | (2,191) | (3,258) | (8,057) | (7,098) | (9,135) | (1,953) | (6,104) |
| | Corporate Services | | | | | | | | | | | | |
| (36,290) | Facilities And Estates | (30,761) | (30,689) | 36 | (194) | 113 | 79 | 38 | 72 | 61 | 75 | (9) | 81 |
| (25,167) | Trust Services | (20,743) | (20,775) | 433 | (614) | (25) | 64 | 110 | (32) | (13) | (30) | 1 | (33) |
| (5,192) | Other | (4,775) | (4,360) | 42 | 568 | (157) | (45) | 7 | 415 | 362 | 460 | - | 415 |
| (66,649) | Sub Totals – Corporate Services | (56,279) | (55,824) | 511 | (240) | (69) | 98 | 155 | 455 | 410 | 505 | (8) | 463 |
| (502,053) | Sub Total (Clinical Divisions & Corporate Services) | (419,254) | (426,856) | (3,022) | (13) | 629 | (2,093) | (3,103) | (7,602) | (6,688) | (8,630) | (1,961) | (5,641) |
| (8,692) | Reserves | (8,039) | - | - | 8,039 | - | - | - | 8,039 | 6,150 | 9,714 | - | - |
| (8,692) | Sub Total Reserves | (8,039) | - | - | 8,039 | - | - | - | 8,039 | 6,150 | 9,714 | - | - |
| 34,451 | Trust Totals Unprofiled | 28,900 | 29,196 | (3,022) | 8,259 | 611 | (2,449) | (3,103) | 296 | (819) | 584 | (1,961) | (5,641) |
| | Financing | | | | | | | | | | | | |
| (23,054) | Depreciation & Amortisation – Owned | (19,174) | (17,273) | - | 1,901 | - | - | - | 1,901 | 1,701 | 2,283 | - | - |
| 269 | Interest Receivable | 228 | 251 | - | 23 | - | - | - | 23 | 21 | 39 | - | - |
| (315) | Interest Payable on Leases | (262) | (267) | - | (5) | - | - | - | (5) | (4) | (5) | - | - |
| (3,167) | Interest Payable on Loans | (2,663) | (2,597) | - | 66 | - | - | - | 66 | 59 | 78 | - | - |
| (8,184) | PDC Dividend | (6,820) | (6,386) | - | 434 | - | - | - | 434 | 391 | 521 | - | - |
| (34,451) | Sub Total Financing | (28,691) | (26,272) | - | 2,419 | - | - | - | 2,419 | 2,168 | 2,916 | - | - |
| 0 | NET SURPLUS / (DEFICIT) before Technical Items | 209 | 2,924 | (3,022) | 10,678 | 611 | (2,449) | (3,103) | 2,715 | 1,349 | 3,500 | (1,961) | (5,641) |
| | Technical Items | | | | | | | | | | | | |
| - | Profit/(Loss) on Sale of Asset | - | 9,270 | - | 9,270 | - | - | - | 9,270 | 9,161 | 9,270 | - | - |
| 4,558 | Donations & Grants (PPE/Intangible Assets) | 2,579 | 2,599 | - | - | 20 | - | - | 20 | (4) | (1,443) | - | - |
| (4,719) | Impairments | (4,558) | (3,277) | - | 1,281 | - | - | - | 1,281 | 2,863 | (167) | - | - |
| 500 | Reversal of Impairments | - | - | - | - | - | - | - | - | - | (19) | - | - |
| (1,472) | Depreciation & Amortisation – Donated | (1,223) | (1,260) | - | (37) | - | - | - | (37) | (23) | (46) | - | - |
| (1,133) | Sub Total Technical Items | (3,202) | 7,332 | - | 10,514 | 20 | - | - | 10,534 | 11,997 | 7,595 | - | - |
| (1,133) | SURPLUS / (DEFICIT) after Technical Items Unprofiled | (2,993) | 10,256 | (3,022) | 21,192 | 631 | (2,449) | (3,103) | 13,249 | 13,346 | 11,095 | (1,961) | (5,641) |

Financial Sustainability Risk Rating – January 2016 Performance

The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the ten month period to 31st January 2016, the Trust’s achieved an overall FSRR of 4 (actual 3.5) against a plan of 3 (3.25 rounded down).

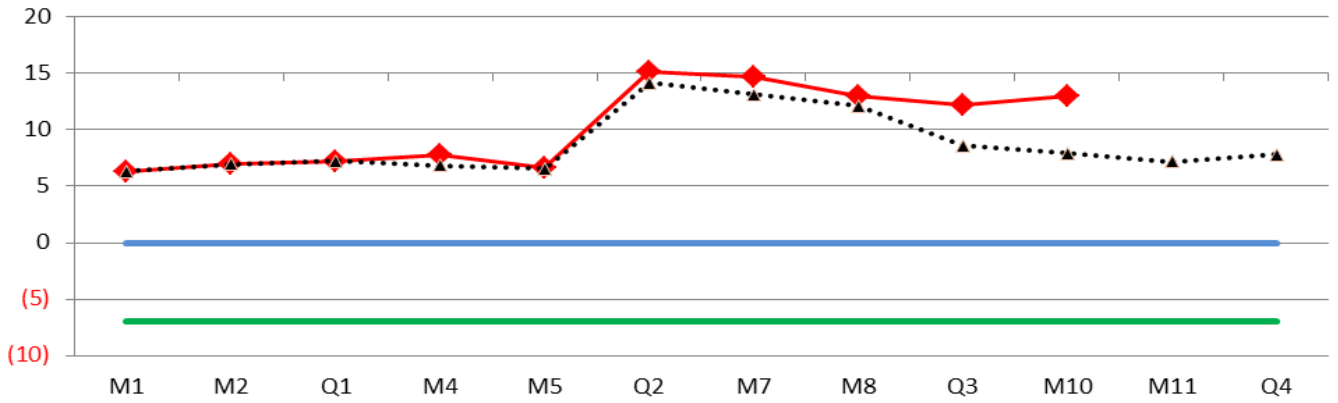
A low risk going forward is the adverse EBITDA performance against plan and the impact upon the FSRR. Within the FSRR, the EBITDA performance impacts on the “capital servicing capacity” metric. The headroom available until this metric scores a rating of 1 has increased to £10.4 million from £7.8 million last month. Should any of the four metrics score a metric rating of 1, Monitor will apply an “over-ride” resulting in an overall FSRR capped at 2 for the Trust and potential investigation.

A summary of the position is provided in the table below.

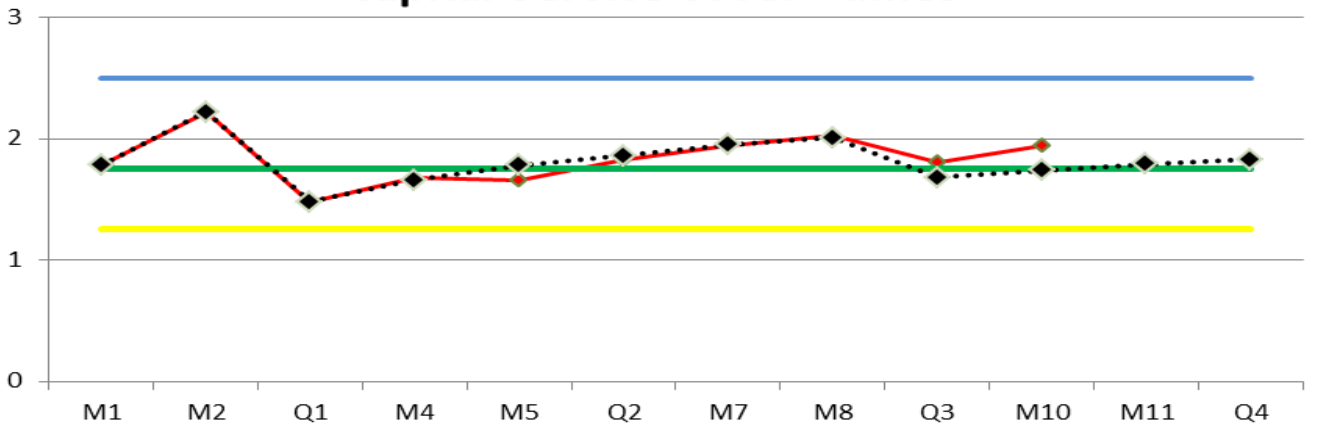
| | Weighting | 31 st December 2015 | | 31 st January 2016 | | 31 st March 2016 | |
|--|-----------|--------------------------------|------------|-------------------------------|------------|-----------------------------|------------|
| | | Plan | Actual | Plan | Actual | Plan | Forecast |
| Liquidity | | | | | | | |
| Metric Result – days | | 8.57 | 12.18 | 7.89 | 13.04 | 7.20 | 13.25 |
| Metric Rating | 25% | 4 | 4 | 4 | 4 | 4 | 4 |
| Capital Servicing Capacity | | | | | | | |
| Metric Result – times | | 1.68 | 1.80 | 1.74 | 1.94 | 1.83 | 2.06 |
| Metric Rating | 25% | 2 | 3 | 2 | 3 | 3 | 3 |
| Income & expenditure margin | | | | | | | |
| Metric Result | | 0.40% | 0.69% | 0.32% | 0.85% | 0.52% | 0.84% |
| Metric Rating | 25% | 3 | 3 | 3 | 3 | 3 | 3 |
| Variance in I&E margin | | | | | | | |
| Metric Result | | 0.00% | 0.29% | 0.00% | 0.53% | 0.00% | 0.32% |
| Metric Rating | 25% | 4 | 4 | 4 | 4 | 4 | 4 |
| Overall FSRR | | 3.25 | 3.5 | 3.25 | 3.5 | 3.5 | 3.5 |
| Overall FSRR (rounded) | | 3 | 4 | 3 | 4 | 4 | 4 |

The charts presented overleaf show the trajectories for each of the four metrics. The 2015/16 revised Annual Plan submitted to Monitor on 31st July 2015 is shown as the black dotted line against which actual performance is plotted in red. The metric ratings are shown for **4 (blue line)**; **3 (green line)** and **2 (yellow line)**.

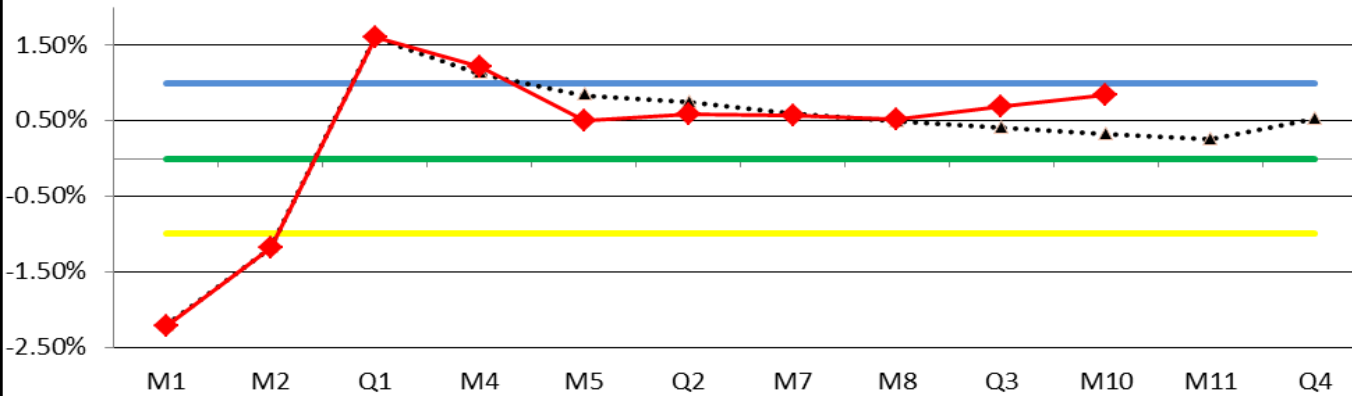
Liquidity Ratio - days



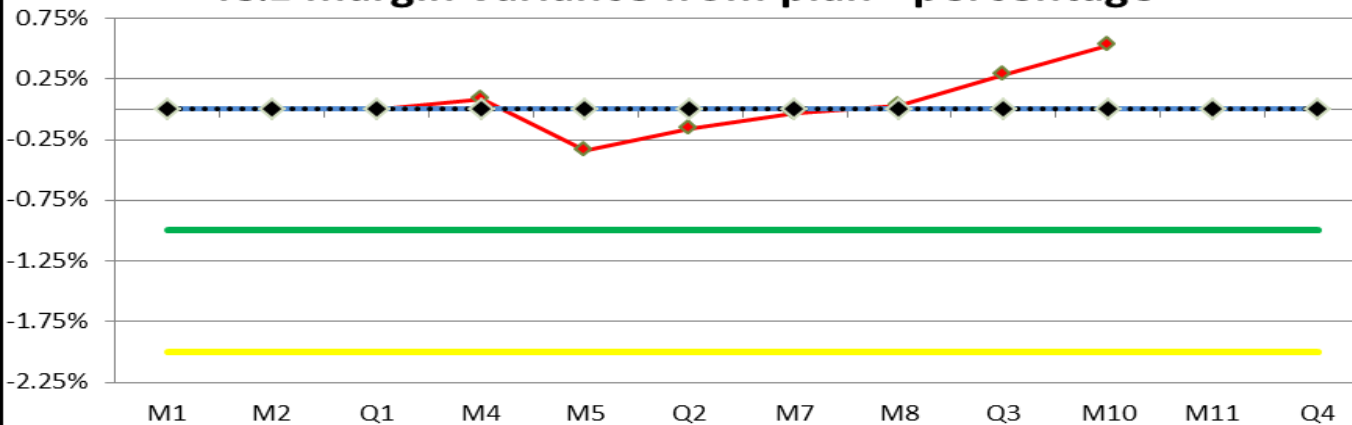
Capital Service Cover - times



I&E Margin - percentage



I&E margin variance from plan - percentage



Key Financial Metrics

Appendix 4a

| | Diagnostic & Therapies £'000 | Medicine £'000 | Specialised Services £'000 | Surgery, Head & Neck £'000 | Women's & Children's £'000 | Facilities & Estates £'000 | Trust Services £'000 | Corporate £'000 | Totals £'000 |
|---|---------------------------------|-------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------|--------------------|-----------------|
| Contract Income - Activity Based | | | | | | | | | |
| Current Month | | | | | | | | | |
| Budget | 3,142 | 4,058 | 4,427 | 6,193 | 8,274 | 318 | | 8,542 | 34,954 |
| Actual | 3,154 | 4,302 | 4,258 | 5,931 | 8,612 | 320 | | 8,626 | 35,203 |
| Variance Fav / (Adv) | 12 | 244 | (169) | (262) | 338 | 2 | 0 | 84 | 249 |
| Year to date | | | | | | | | | |
| Budget | 32,032 | 40,684 | 45,277 | 63,111 | 83,157 | 3,225 | | 85,928 | 353,414 |
| Actual | 31,735 | 40,634 | 43,918 | 62,147 | 83,687 | 3,189 | | 85,319 | 350,629 |
| Variance Fav / (Adv) | (297) | (50) | (1,359) | (964) | 530 | (36) | 0 | (609) | (2,785) |

Information shows the financial performance against the planned level of activity based service level agreements with Commissioners as per agenda item 5.2

| | | | | | | | | | |
|------------------------------------|---|-------|------|-------|------|---|---|---------|---------|
| Contract Income - Penalties | | | | | | | | | |
| Current Month | | | | | | | | | |
| Plan | | (29) | (4) | (11) | (3) | | | (468) | (515) |
| Actual | | (37) | (4) | (9) | (7) | | | (683) | (740) |
| Variance Fav / (Adv) | - | (8) | 0 | 2 | (4) | - | - | (215) | (225) |
| Year to date | | | | | | | | | |
| Plan | | (290) | (36) | (114) | (31) | | | (4,617) | (5,088) |
| Actual | | (292) | (43) | (136) | (47) | | | (4,113) | (4,631) |
| Variance Fav / (Adv) | - | (2) | (7) | (22) | (16) | - | - | 504 | 457 |

Information shows the financial performance against the planned penalties as per agenda item 5.2

| | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|-------|-------|
| Contract Income - Rewards | | | | | | | | | |
| Current Month | | | | | | | | | |
| Plan | | | | | | | | 678 | 678 |
| Actual | | | | | | | | 929 | 929 |
| Variance Fav / (Adv) | - | - | - | - | - | - | - | 251 | 251 |
| Year to date | | | | | | | | | |
| Plan | | | | | | | | 6,689 | 6,689 |
| Actual | | | | | | | | 6,518 | 6,518 |
| Variance Fav / (Adv) | - | - | - | - | - | - | - | (171) | (171) |

Information shows the financial performance against the planned rewards as per agenda item 5.2

| | | | | | | | | | |
|-----------------------------------|-------|-------|-------|---------|---------|-----|-----|-------|---------|
| Cost Improvement Programme | | | | | | | | | |
| Current Month | | | | | | | | | |
| Plan | 185 | 194 | 125 | 474 | 331 | 93 | 69 | 184 | 1,655 |
| Actual | 200 | 255 | 83 | 264 | 249 | 99 | 67 | 177 | 1,394 |
| Variance Fav / (Adv) | 15 | 61 | (42) | (210) | (82) | 6 | (2) | (7) | (261) |
| Year to date | | | | | | | | | |
| Plan | 1,765 | 1,836 | 1,350 | 4,969 | 3,622 | 905 | 398 | 1,751 | 16,596 |
| Actual | 1,539 | 2,076 | 1,513 | 2,541 | 2,518 | 948 | 556 | 1,773 | 13,464 |
| Variance Fav / (Adv) | (226) | 240 | 163 | (2,428) | (1,104) | 43 | 158 | 22 | (3,132) |

Diagnostic & Therapies

| | Operating Plan Target | | Actual | | | | | | | | | | | | Year to date | Year to date variance |
|------------------------------------|-----------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|-----|--------------|-----------------------|
| | Annual | Year to date | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | | |
| Overall agency expenditure (£'000) | 952 | 728 | 106 | 115 | 155 | 116 | 74 | 53 | 48 | 66 | 72 | 59 | | | 864 | (136) |
| Nursing agency expenditure (£'000) | 29 | 22 | 13 | 1 | 1 | - | 1 | 0 | -16 | 0 | 0 | 9 | | | 9 | 13 |
| Overall | | | | | | | | | | | | | | | | |
| Sickness (%) | 3.00 | | 3.00 | 2.70 | 3.10 | 2.80 | 2.50 | 2.60 | 2.90 | 2.50 | 2.90 | 3.30 | | | 2.83 | |
| Turnover (%) | 11.00 | | 11.80 | 11.70 | 12.20 | 12.00 | 12.40 | 12.60 | 12.90 | 13.40 | 13.20 | 12.90 | | | 12.90 | |
| Establishment (wte) | | | 968.01 | 978.45 | 978.94 | 981.34 | 982.24 | 976.50 | 975.47 | 985.42 | 990.39 | 991.85 | | | | |
| In post (wte) | | | 948.03 | 943.08 | 940.05 | 942.45 | 961.72 | 967.27 | 947.27 | 958.59 | 960.26 | 963.92 | | | | |
| Under/(over) establishment (wte) | | | 19.98 | 35.37 | 38.89 | 38.89 | 20.52 | 9.23 | 28.20 | 26.83 | 30.13 | 27.93 | | | | |
| Nursing: | | | | | | | | | | | | | | | | |
| Sickness - registered (%) | | | 0.20 | 1.90 | 2.80 | 4.60 | 0.20 | 2.30 | 3.60 | 7.00 | 10.20 | 10.90 | | | 4.37 | |
| Sickness - unregistered (%) | | | | | | | | | | | | | | | | |
| Turnover - registered (%) | 15.00 | | 15.70 | 12.60 | 11.40 | 11.00 | 11.00 | 10.60 | 10.60 | 17.40 | 17.40 | 17.40 | | | 17.40 | |
| Turnover - unregistered (%) | | | | | | | | | | | | | | | | |
| Starters (wte) | | | - | - | - | - | - | - | - | - | 1.00 | - | | | 1.00 | |
| Leavers (wte) | | | 0.59 | - | 1.00 | - | - | - | - | 1.00 | 1.00 | - | | | 3.59 | |
| Net starters (wte) | | | (0.59) | 0.00 | (1.00) | 0 | 0 | 0 | 0 | (1.00) | 0.00 | 0.00 | | | (2.59) | |
| Establishment (wte) | | | 16.33 | 16.33 | 17.29 | 17.29 | 17.88 | 17.88 | 17.88 | 18.00 | 17.70 | 17.70 | | | | |
| In post - Employed (wte) | | | 16.25 | 16.42 | 16.66 | 15.66 | 15.57 | 15.57 | 15.57 | 15.57 | 16.57 | 16.57 | | | | |
| In post - Bank (wte) | | | 1.35 | 0.42 | 0.52 | 0.41 | 2.10 | 0.85 | 0.85 | 0.20 | 1.90 | 1.58 | | | | |
| In post - Agency (wte) | | | 2.10 | - | - | - | 0.70 | - | - | - | - | 1.00 | | | | |
| In post - total (wte) | | | 19.70 | 16.84 | 17.18 | 16.07 | 18.37 | 16.42 | 16.42 | 15.77 | 18.47 | 19.15 | | | | |
| Under/(over) establishment (wte) | | | (3.37) | (0.51) | 0.11 | 1.22 | (0.49) | 1.46 | 1.46 | 2.23 | - 0.77 | - 1.45 | | | | |

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.

Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.

The annual target for sickness is the average of the previous 12 months as at March 2016.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note:

wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Medicine

| | Operating Plan Target | | Actual | | | | | | | | | | | Year to date variance | | |
|------------------------------------|-----------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----|-----------------------|--------|--------------|
| | Annual | Year to date | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | | Mar | Year to date |
| Overall agency expenditure (£'000) | 1,732 | 1,473 | 324 | 248 | 254 | 226 | 269 | 380 | 373 | 243 | 198 | 375 | | | 2,890 | (1,417) |
| Nursing agency expenditure (£'000) | 1,343 | 1,129 | 279 | 186 | 154 | 184 | 234 | 314 | 307 | 179 | 144 | 269 | | | 2,250 | (1,121) |
| Overall | | | | | | | | | | | | | | | | |
| Sickness (%) | 4.10 | | 5.10 | 5.70 | 6.00 | 5.50 | 5.20 | 5.40 | 5.20 | 4.70 | 4.60 | 4.90 | | | 5.23 | |
| Turnover (%) | 12.70 | | 13.40 | 13.50 | 13.80 | 12.40 | 12.50 | 12.60 | 13.20 | 13.20 | 13.80 | 14.30 | | | 14.30 | |
| Establishment (wte) | | | 1,233.42 | 1,233.54 | 1,238.01 | 1,211.24 | 1,217.72 | 1,221.40 | 1,203.55 | 1,208.43 | 1,188.76 | 1,205.65 | | | | |
| In post (wte) | | | 1,267.74 | 1,282.71 | 1,255.17 | 1,233.82 | 1,254.14 | 1,275.14 | 1,263.80 | 1,228.06 | 1,223.14 | 1,247.13 | | | | |
| Under/(over) establishment (wte) | | | (34.32) | (49.17) | (17.16) | (22.58) | (36.42) | (53.74) | (60.25) | (19.63) | (34.38) | (41.48) | | | | |
| Nursing: | | | | | | | | | | | | | | | | |
| Sickness - registered (%) | | | 4.80 | 5.30 | 6.20 | 6.00 | 5.10 | 4.70 | 3.80 | 3.40 | 2.80 | 3.50 | | | 4.56 | |
| Sickness - unregistered (%) | | | 9.60 | 10.80 | 10.40 | 9.20 | 11.00 | 10.70 | 10.90 | 10.10 | 9.30 | 9.30 | | | 10.13 | |
| Turnover - registered (%) | 13.50 | | 13.00 | 13.60 | 14.20 | 13.30 | 14.20 | 14.60 | 14.60 | 14.50 | 15.00 | 15.70 | | | 15.70 | |
| Turnover - unregistered (%) | 18.50 | | 22.20 | 21.40 | 20.40 | 16.50 | 16.30 | 15.50 | 17.90 | 17.90 | 18.30 | 18.40 | | | 18.40 | |
| Starters (wte) | | | 18.22 | 9.24 | 8.00 | 7.36 | 10.07 | 20.64 | 10.00 | 14.88 | 4.10 | 22.65 | | | 125.16 | |
| Leavers (wte) | | | 7.25 | 10.79 | 10.54 | 4.17 | 17.89 | 14.90 | 10.37 | 11.77 | 6.56 | 12.86 | | | 107.10 | |
| Net starters (wte) | | | 10.97 | (1.55) | (2.54) | 3.19 | (7.82) | 5.74 | (0.37) | 3.11 | (2.46) | 9.79 | | | 18.06 | |
| Establishment (wte) | | | 789.28 | 780.39 | 776.57 | 758.75 | 769.84 | 762.66 | 757.68 | 761.26 | 742.92 | 760.09 | | | | |
| In post - Employed (wte) | | | 674.67 | 685.88 | 682.90 | 677.10 | 678.05 | 676.58 | 675.40 | 669.82 | 662.39 | 672.59 | | | | |
| In post - Bank (wte) | | | 100.97 | 118.33 | 99.23 | 94.67 | 93.31 | 107.88 | 99.83 | 91.74 | 101.90 | 93.97 | | | | |
| In post - Agency (wte) | | | 47.40 | 33.86 | 27.25 | 31.51 | 40.08 | 49.02 | 48.92 | 31.87 | 27.10 | 39.26 | | | | |
| In post - total (wte) | | | 823.04 | 838.07 | 809.38 | 803.28 | 811.44 | 833.48 | 824.15 | 793.43 | 791.39 | 805.82 | | | | |
| Under/(over) establishment (wte) | | | (33.76) | (57.68) | (32.81) | (44.53) | (41.60) | (70.82) | (66.47) | (32.17) | (48.47) | (45.73) | | | | |

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.

Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.

The annual target for sickness is the average of the previous 12 months as at March 2016.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note:

wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Specialised Services

| | Operating Plan Target | | Actual | | | | | | | | | | | | Year to date variance | |
|------------------------------------|-----------------------|--------------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|-----|-----|-----------------------|--------------|
| | Annual | Year to date | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | | Year to date |
| Overall agency expenditure (£'000) | 2,136 | 1,707 | 205 | 219 | 247 | 236 | 185 | 289 | 216 | 180 | 185 | 225 | | | 2,187 | (480) |
| Nursing agency expenditure (£'000) | 633 | 460 | 87 | 121 | 113 | 93 | 68 | 145 | 146 | 104 | 73 | 135 | | | 1,085 | (625) |
| Overall | | | | | | | | | | | | | | | | |
| Sickness (%) | 3.70 | | 3.80 | 3.50 | 3.50 | 3.80 | 3.70 | 4.10 | 3.60 | 3.20 | 4.30 | 4.80 | | | 3.83 | |
| Turnover (%) | 12.40 | | 16.00 | 16.80 | 16.40 | 16.80 | 16.70 | 16.20 | 17.10 | 16.90 | 15.50 | 15.50 | | | 15.50 | |
| Establishment (wte) | | | 834.39 | 825.38 | 851.88 | 858.86 | 860.19 | 859.26 | 860.16 | 865.52 | 867.79 | 870.58 | | | | |
| In post (wte) | | | 870.20 | 888.79 | 874.75 | 873.03 | 856.07 | 877.70 | 879.30 | 878.34 | 868.15 | 882.98 | | | | |
| Under/(over) establishment (wte) | | | (35.81) | (63.41) | (22.87) | (14.17) | 4.12 | (18.44) | (19.14) | (12.82) | (0.36) | (12.40) | | | | |
| Nursing: | | | | | | | | | | | | | | | | |
| Sickness - registered (%) | | | 3.40 | 3.00 | 3.80 | 3.20 | 3.60 | 4.30 | 3.90 | 3.90 | 5.00 | 4.80 | | | 3.89 | |
| Sickness - unregistered (%) | | | 8.40 | 6.40 | 6.20 | 7.70 | 9.10 | 8.20 | 9.40 | 7.30 | 9.10 | 8.80 | | | 8.06 | |
| Turnover - registered (%) | 14.00 | | 16.20 | 17.00 | 17.30 | 17.10 | 16.90 | 16.00 | 17.70 | 18.50 | 17.50 | 17.10 | | | 17.10 | |
| Turnover - unregistered (%) | 16.20 | | 22.00 | 20.90 | 19.00 | 20.60 | 17.80 | 17.50 | 19.70 | 18.50 | 16.50 | 16.90 | | | 16.90 | |
| Starters (wte) | | | 4.60 | 3.46 | 8.64 | 1.80 | 8.00 | 8.60 | 11.00 | 6.60 | 1.00 | 8.64 | | | 62.34 | |
| Leavers (wte) | | | 4.96 | 10.70 | 6.94 | 7.14 | 6.67 | 4.87 | 11.04 | 5.97 | 4.45 | 4.60 | | | 67.34 | |
| Net starters (wte) | | | (0.36) | (7.24) | 1.70 | (5.34) | 1.33 | 3.73 | (0.04) | 0.63 | (3.45) | 4.04 | | | (5.00) | |
| Establishment (wte) | | | 453.58 | 449.36 | 460.69 | 463.54 | 463.26 | 463.26 | 463.26 | 465.36 | 465.36 | 465.36 | | | | |
| In post - Employed (wte) | | | 439.48 | 439.02 | 432.60 | 433.82 | 427.33 | 436.39 | 444.96 | 441.30 | 437.91 | 442.02 | | | | |
| In post - Bank (wte) | | | 32.04 | 37.61 | 43.55 | 35.07 | 32.69 | 42.42 | 35.22 | 36.36 | 39.56 | 31.78 | | | | |
| In post - Agency (wte) | | | 11.33 | 13.13 | 13.01 | 11.02 | 9.77 | 16.08 | 17.58 | 12.75 | 9.16 | 14.66 | | | | |
| In post - total (wte) | | | 482.85 | 489.76 | 489.16 | 479.91 | 469.79 | 494.89 | 497.76 | 490.41 | 486.63 | 488.46 | | | | |
| Under/(over) establishment (wte) | | | (29.27) | (40.40) | (28.47) | (16.37) | (6.53) | (31.63) | (34.50) | (25.05) | (21.27) | (23.10) | | | | |

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.

Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.

The annual target for sickness is the average of the previous 12 months as at March 2016.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note:

wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Surgery, Head and Neck

| | Operating Plan Target | | Actual | | | | | | | | | | | Year to date | Year to date variance | |
|------------------------------------|-----------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----|--------------|-----------------------|---------|
| | Annual | Year to date | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | | | Mar |
| Overall agency expenditure (£'000) | 1,387 | 1,119 | 172 | 190 | 241 | 281 | 320 | 308 | 283 | 244 | 211 | 247 | | | 2,497 | (1,378) |
| Nursing agency expenditure (£'000) | 1,019 | 852 | 144 | 144 | 167 | 242 | 276 | 222 | 195 | 160 | 131 | 187 | | | 1,868 | (1,016) |
| Overall | | | | | | | | | | | | | | | | |
| Sickness (%) | 3.50 | | 4.00 | 3.40 | 3.60 | 4.10 | 4.20 | 4.00 | 4.20 | 4.40 | 4.50 | 4.70 | | | 4.11 | |
| Turnover (%) | 12.60 | | 15.40 | 15.90 | 16.10 | 14.60 | 14.50 | 14.40 | 14.40 | 14.70 | 14.50 | 14.80 | | | 14.80 | |
| Establishment (wte) | | | 1,698.59 | 1,716.16 | 1,735.10 | 1,752.82 | 1,753.62 | 1,760.25 | 1,776.76 | 1,779.36 | 1,773.69 | 1,770.61 | | | | |
| In post (wte) | | | 1,737.89 | 1,752.24 | 1,754.64 | 1,762.71 | 1,786.37 | 1,782.40 | 1,765.18 | 1,764.20 | 1,758.16 | 1,771.12 | | | | |
| Under/(over) establishment (wte) | | | (39.30) | (36.08) | (19.54) | (9.89) | (32.75) | (22.15) | 11.58 | 15.16 | 15.53 | (0.51) | | | | |
| Nursing: | | | | | | | | | | | | | | | | |
| Sickness - registered (%) | | | 4.70 | 3.40 | 3.60 | 4.50 | 4.60 | 4.90 | 4.10 | 4.20 | 5.30 | 4.80 | | | 4.41 | |
| Sickness - unregistered (%) | | | 7.40 | 6.20 | 6.80 | 7.40 | 7.90 | 5.30 | 6.10 | 6.80 | 6.00 | 6.40 | | | 6.63 | |
| Turnover - registered (%) | 13.00 | | 15.10 | 16.40 | 16.80 | 14.90 | 15.60 | 15.40 | 15.10 | 15.90 | 16.30 | 16.40 | | | 16.40 | |
| Turnover - unregistered (%) | 20.10 | | 28.70 | 27.30 | 26.90 | 23.70 | 22.60 | 22.20 | 23.10 | 21.20 | 19.50 | 19.30 | | | 19.30 | |
| Starters (wte) | | | 10.61 | 4.00 | 5.63 | 1.00 | 9.00 | 21.40 | 13.00 | 20.57 | 5.40 | 20.72 | | | 111.33 | |
| Leavers (wte) | | | 9.52 | 8.33 | 10.64 | 5.51 | 23.40 | 10.97 | 7.80 | 11.41 | 9.87 | 11.19 | | | 108.64 | |
| Net starters (wte) | | | 1.09 | (4.33) | (5.01) | (4.51) | (14.40) | 10.43 | 5.20 | 9.16 | (4.47) | 9.53 | | | 2.69 | |
| Establishment (wte) | | | 677.18 | 680.98 | 689.06 | 694.06 | 701.12 | 701.15 | 702.30 | 703.60 | 696.79 | 697.69 | | | | |
| In post - Employed (wte) | | | 644.20 | 646.24 | 650.41 | 642.90 | 648.68 | 636.91 | 645.27 | 650.04 | 649.36 | 656.02 | | | | |
| In post - Bank (wte) | | | 45.02 | 51.89 | 55.40 | 59.14 | 62.43 | 64.34 | 48.09 | 42.73 | 39.56 | 41.50 | | | | |
| In post - Agency (wte) | | | 20.66 | 19.59 | 27.45 | 31.41 | 35.91 | 29.47 | 25.05 | 21.90 | 16.80 | 21.73 | | | | |
| In post - total (wte) | | | 709.88 | 717.72 | 733.26 | 733.45 | 747.02 | 730.72 | 718.41 | 714.67 | 705.72 | 719.25 | | | | |
| Under/(over) establishment (wte) | | | (32.70) | (36.74) | (44.20) | (39.39) | (45.90) | (29.57) | (16.11) | (11.07) | (8.93) | (21.56) | | | | |

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.

Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.

The annual target for sickness is the average of the previous 12 months as at March 2016.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note:

wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.

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Women's and Children's

| | Operating Plan Target | | Actual | | | | | | | | | | | | Year to date variance | |
|------------------------------------|-----------------------|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----|-----|-----------------------|--------------|
| | Annual | Year to date | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | | Year to date |
| Overall agency expenditure (£'000) | 1,228 | 634 | 189 | 230 | 284 | 305 | 171 | 365 | 308 | 300 | 257 | 297 | | | 2,706 | (2,072) |
| Nursing agency expenditure (£'000) | 978 | 467 | 116 | 178 | 225 | 235 | 182 | 248 | 298 | 268 | 205 | 248 | | | 2,203 | (1,736) |
| Overall | | | | | | | | | | | | | | | | |
| Sickness (%) | 3.90 | | 4.00 | 3.50 | 3.40 | 3.40 | 3.30 | 3.60 | 3.60 | 4.00 | 4.20 | 4.20 | | | 3.72 | |
| Turnover (%) | 9.80 | | 12.30 | 12.30 | 12.20 | 12.30 | 12.40 | 11.50 | 11.60 | 11.70 | 11.70 | 11.60 | | | 11.60 | |
| Establishment (wte) | | | 1,814.32 | 1,825.58 | 1,828.38 | 1,835.19 | 1,841.46 | 1,847.70 | 1,878.60 | 1,874.87 | 1,887.66 | 1,893.43 | | | | |
| In post (wte) | | | 1,808.92 | 1,808.69 | 1,832.69 | 1,812.60 | 1,821.97 | 1,873.24 | 1,946.37 | 1,917.60 | 1,902.50 | 1,912.89 | | | | |
| Under/(over) establishment (wte) | | | 5.40 | 16.89 | (4.31) | 22.59 | 19.49 | (25.54) | (67.77) | (42.73) | (14.84) | (19.46) | | | | |
| Nursing: | | | | | | | | | | | | | | | | |
| Sickness - registered (%) | | | 4.60 | 3.90 | 4.00 | 3.80 | 3.80 | 4.60 | 4.40 | 4.20 | 4.80 | 4.80 | | | 4.29 | |
| Sickness - unregistered (%) | | | 5.80 | 5.40 | 4.60 | 4.70 | 3.60 | 2.90 | 3.60 | 5.30 | 6.50 | 6.90 | | | 4.93 | |
| Turnover - registered (%) | 10.00 | | 11.50 | 11.30 | 11.00 | 10.90 | 10.50 | 9.60 | 9.80 | 9.90 | 9.80 | 9.80 | | | 9.80 | |
| Turnover - unregistered (%) | 20.00 | | 22.70 | 24.60 | 23.80 | 23.00 | 23.60 | 17.90 | 17.20 | 15.60 | 16.50 | 16.40 | | | 16.40 | |
| Starters (wte) | | | 6.94 | 5.00 | 6.88 | 9.23 | 19.36 | 59.77 | 44.64 | 21.55 | 0.80 | 10.87 | | | 185.04 | |
| Leavers (wte) | | | 13.40 | 8.23 | 9.95 | 10.14 | 17.03 | 9.73 | 9.57 | 9.67 | 8.25 | 7.84 | | | 103.80 | |
| Net starters (wte) | | | (6.46) | (3.23) | (3.06) | (0.91) | 2.33 | 50.04 | 35.07 | 11.88 | (7.45) | 3.03 | | | 81.24 | |
| Establishment (wte) | | | 1,081.96 | 1,091.14 | 1,089.27 | 1,092.66 | 1,095.48 | 1,099.99 | 1,133.19 | 1,124.25 | 1,132.05 | 1,136.06 | | | | |
| In post - Employed (wte) | | | 1,024.80 | 1,016.21 | 1,014.22 | 1,005.18 | 1,005.84 | 1,034.16 | 1,098.34 | 1,097.15 | 1,093.03 | 1,089.97 | | | | |
| In post - Bank (wte) | | | 39.82 | 41.71 | 41.03 | 36.24 | 42.60 | 43.30 | 40.47 | 35.55 | 27.68 | 31.62 | | | | |
| In post - Agency (wte) | | | 15.95 | 19.81 | 25.19 | 24.60 | 24.19 | 26.96 | 27.74 | 27.63 | 22.64 | 24.66 | | | | |
| In post - total (wte) | | | 1,080.57 | 1,077.73 | 1,080.44 | 1,066.02 | 1,072.63 | 1,104.42 | 1,166.55 | 1,160.33 | 1,143.35 | 1,146.25 | | | | |
| Under/(over) establishment (wte) | | | 1.39 | 13.41 | 8.83 | 26.64 | 22.85 | (4.43) | (33.36) | (36.08) | (11.30) | (10.19) | | | | |

Definitions:

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Targets:

There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.

The annual target for sickness is the average of the previous 12 months as at March 2016.

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2016 - Risk Matrix

| Datix Risk Register Ref. | Description of Risk | Inherent Risk (if no action taken) | | Action to be taken to mitigate risk | Lead | Current Risk Score & Level | Target Risk | |
|--------------------------|--|------------------------------------|-----------------|---|------|----------------------------|--------------------|-----------------|
| | | Risk Score & Level | Financial Value | | | | Risk Score & Level | Financial Value |
| 959 | Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only around 80% of the required savings have been identified and delivered however, the impact on the financial plan has reduced due to other compensatory factors. | 16 - Very High | £7.0m | Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes. Trust is working to develop savings plans to meet 2016/17 target. | DL | 12 - High | 4 - Moderate | £3.0m |
| 416 | Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate. | 9 - High | - | Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board. | PM | 9 - High | 9 - High | - |
| 951 | Risk of national contract mandates financial penalties on under-performance against key indicators. | 9 - High | £4.0m | Contract signed with NHS England. Trust has also agreed heads of terms with main Commissioners. | DL | 9 - High | 1 - Low | £3.0m |
| 50 | Risk of Commissioner Income challenges | 6 - Moderate | £3.0m | The Trust has strong controls of the SLA management arrangements. | PM | 6 - Moderate | 6 - Moderate | £3.0m |
| 408 | Risk to UH Bristol of fraudulent activity. | 3 - Low | - | Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee. | PM | 3 - Low | 3 - Low | - |

Analysis of pay spend 2014/15 and 2015/16

| Division | | 2014/15 | | | | | | |
|--------------------------|-------------------------|-------------|-------------|-------------|-------------|----------------|---------------------------|-----------------------|
| | | Q1 £'000 | Q2 £'000 | Q3 £'000 | Q4 £'000 | Total £'000 | Mthly Average £'000 | Mthly Average % |
| Diagnostic & Therapies | Pay budget | 10,162 | 10,066 | 10,037 | 10,206 | 40,471 | 3,373 | |
| | Bank | 64 | 91 | 86 | 74 | 315 | 26 | 0.8% |
| | Agency | 79 | 184 | 387 | 395 | 1,045 | 87 | 2.6% |
| | Waiting List initiative | 45 | 46 | 65 | 113 | 269 | 22 | 0.7% |
| | Overtime | 101 | 94 | 111 | 99 | 405 | 34 | 1.0% |
| | Other pay | 9,772 | 9,435 | 9,675 | 9,492 | 38,375 | 3,198 | 95.0% |
| | Total Pay expenditure | 10,062 | 9,850 | 10,324 | 10,173 | 40,409 | 3,367 | 100.0% |
| Variance Fav / (Adverse) | 100 | 216 | (287) | 33 | 62 | 5 | | |
| Medicine | Pay budget | 11,591 | 11,880 | 12,506 | 13,320 | 49,297 | 4,108 | |
| | Bank | 805 | 870 | 1,019 | 872 | 3,566 | 297 | 7.1% |
| | Agency | 451 | 630 | 1,058 | 1,356 | 3,495 | 291 | 7.0% |
| | Waiting List initiative | 26 | 39 | 34 | 94 | 193 | 16 | 0.4% |
| | Overtime | 36 | 19 | 16 | 20 | 91 | 8 | 0.2% |
| | Other pay | 10,704 | 10,399 | 10,587 | 11,130 | 42,820 | 3,568 | 85.4% |
| | Total Pay expenditure | 12,022 | 11,957 | 12,715 | 13,471 | 50,165 | 4,180 | 100.0% |
| Variance Fav / (Adverse) | (431) | (77) | (209) | (152) | (868) | (72) | | |
| Specialised Services | Pay budget | 9,577 | 9,653 | 9,727 | 10,232 | 39,189 | 3,266 | |
| | Bank | 309 | 335 | 357 | 292 | 1,293 | 108 | 3.2% |
| | Agency | 509 | 664 | 677 | 885 | 2,735 | 228 | 6.7% |
| | Waiting List initiative | 91 | 90 | 133 | 194 | 508 | 42 | 1.3% |
| | Overtime | 55 | 40 | 22 | 30 | 147 | 12 | 0.4% |
| | Other pay | 8,813 | 8,894 | 9,028 | 9,211 | 35,946 | 2,995 | 88.5% |
| | Total Pay expenditure | 9,777 | 10,022 | 10,215 | 10,613 | 40,627 | 3,386 | 100.0% |
| Variance Fav / (Adverse) | (200) | (369) | (488) | (381) | (1,438) | (120) | | |
| Surgery Head and Neck | Pay budget | 17,951 | 18,025 | 18,188 | 18,190 | 72,354 | 6,030 | |
| | Bank | 463 | 511 | 587 | 463 | 2,024 | 169 | 2.7% |
| | Agency | 226 | 327 | 275 | 448 | 1,276 | 106 | 1.7% |
| | Waiting List initiative | 366 | 456 | 446 | 395 | 1,663 | 139 | 2.2% |
| | Overtime | 184 | 114 | 39 | 43 | 380 | 32 | 0.5% |
| | Other pay | 17,464 | 17,399 | 17,639 | 17,809 | 70,313 | 5,859 | 92.9% |
| | Total Pay expenditure | 18,703 | 18,808 | 18,988 | 19,157 | 75,656 | 6,305 | 100.0% |
| Variance Fav / (Adverse) | (752) | (783) | (800) | (967) | (3,302) | (275) | | |

| 2015/16 | | | | | | | | | |
|-------------|-------------|--------------|--------------|--------------|-------------|--------------|----------------|---------------------------|-----------------------|
| Q1 £'000 | Q2 £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Q3 £'000 | Jan £'000 | Total £'000 | Mthly Average £'000 | Mthly Average % |
| 10,357 | 10,483 | 3,494 | 3,483 | 3,456 | 10,432 | 3,406 | 34,679 | 3,468 | |
| 82 | 109 | 26 | 31 | 36 | 93 | 35 | 318 | 32 | 0.9% |
| 377 | 242 | 48 | 66 | 72 | 186 | 59 | 863 | 86 | 2.5% |
| 98 | 54 | 13 | 49 | 33 | 95 | 23 | 270 | 27 | 0.8% |
| 147 | 94 | 36 | 35 | 29 | 100 | 30 | 369 | 37 | 1.1% |
| 9,572 | 9,648 | 3,296 | 3,239 | 3,252 | 9,788 | 3,275 | 32,282 | 3,228 | 94.7% |
| 10,276 | 10,146 | 3,419 | 3,420 | 3,422 | 10,261 | 3,422 | 34,103 | 3,410 | 100.0% |
| 82 | 337 | 75 | 63 | 34 | 172 | (14) | 577 | 58 | |
| 12,841 | 12,458 | 4,137 | 4,191 | 4,072 | 12,400 | 4,179 | 41,878 | 4,188 | |
| 897 | 935 | 271 | 308 | 325 | 905 | 355 | 3,092 | 309 | 7.2% |
| 826 | 875 | 373 | 243 | 198 | 814 | 375 | 2,889 | 289 | 6.7% |
| 51 | 45 | 15 | 15 | 26 | 56 | 11 | 163 | 16 | 0.4% |
| 16 | 21 | 17 | 9 | 9 | 35 | 8 | 81 | 8 | 0.2% |
| 11,212 | 10,941 | 3,646 | 3,714 | 3,623 | 10,982 | 3,747 | 36,883 | 3,688 | 85.6% |
| 13,002 | 12,817 | 4,322 | 4,289 | 4,181 | 12,792 | 4,496 | 43,107 | 4,311 | 100.0% |
| (161) | (359) | (185) | (98) | (109) | (391) | (317) | (1,230) | (123) | |
| 10,130 | 10,250 | 3,410 | 3,471 | 3,461 | 10,342 | 3,532 | 34,254 | 3,425 | |
| 402 | 404 | 116 | 145 | 91 | 352 | 144 | 1,302 | 130 | 3.7% |
| 671 | 710 | 216 | 180 | 185 | 582 | 225 | 2,188 | 219 | 6.2% |
| 125 | 144 | 53 | 55 | 48 | 156 | 59 | 484 | 48 | 1.4% |
| 29 | 29 | 12 | 10 | 8 | 30 | 7 | 96 | 10 | 0.3% |
| 9,189 | 9,222 | 3,084 | 3,172 | 3,140 | 9,395 | 3,190 | 30,996 | 3,100 | 88.4% |
| 10,415 | 10,510 | 3,481 | 3,562 | 3,473 | 10,516 | 3,625 | 35,066 | 3,507 | 100.0% |
| (285) | (260) | (71) | (91) | (12) | (174) | (93) | (812) | (81) | |
| 19,366 | 19,669 | 6,626 | 6,539 | 6,543 | 19,708 | 6,556 | 65,299 | 6,530 | |
| 559 | 683 | 166 | 173 | 149 | 488 | 176 | 1,906 | 191 | 2.9% |
| 603 | 908 | 283 | 244 | 211 | 738 | 247 | 2,496 | 250 | 3.8% |
| 407 | 387 | 123 | 137 | 111 | 371 | 90 | 1,255 | 125 | 1.9% |
| 38 | 47 | 17 | 17 | 11 | 45 | 9 | 139 | 14 | 0.2% |
| 17,853 | 17,860 | 6,130 | 6,037 | 6,034 | 18,200 | 6,071 | 59,984 | 5,998 | 91.2% |
| 19,461 | 19,885 | 6,719 | 6,608 | 6,517 | 19,844 | 6,593 | 65,780 | 6,578 | 100.0% |
| (95) | (215) | (93) | (69) | 26 | (136) | (37) | (481) | (48) | |

| 2013/14 Mthly Average £'000 | 2013/14 Mthly Average % |
|--------------------------------------|----------------------------------|
| 3,294 | |
| 26 | 0.8% |
| 28 | 0.9% |
| 19 | 0.6% |
| 26 | 0.8% |
| 3,179 | 97.0% |
| 3,278 | 100.0% |
| 16 | |
| 3,679 | |
| 275 | 6.9% |
| 196 | 4.9% |
| 13 | 0.3% |
| 16 | 0.4% |
| 3,479 | 87.4% |
| 3,979 | 100.0% |
| 3,060 | |
| 99 | 3.1% |
| 157 | 5.0% |
| 32 | 1.0% |
| 15 | 0.5% |
| 2,840 | 90.4% |
| 3,142 | 100.0% |
| (82) | |
| 5,911 | |
| 155 | 2.5% |
| 67 | 1.1% |
| 116 | 1.9% |
| 40 | 0.7% |
| 5,766 | 93.8% |
| 6,145 | 100.0% |
| (235) | |

Analysis of pay spend 2014/15 and 2015/16

| Division | | 2014/15 | | | | | | | 2015/16 | | | | | | | | | | 2013/14 Mthly Average £'000 | 2013/14 Mthly Average % |
|---|-------------------------|-------------|-------------|-------------|-------------|----------------|---------------------------|-----------------------|-------------|-------------|--------------|--------------|--------------|-------------|--------------|----------------|---------------------------|-----------------------|--------------------------------------|----------------------------------|
| | | Q1 £'000 | Q2 £'000 | Q3 £'000 | Q4 £'000 | Total £'000 | Mthly Average £'000 | Mthly Average % | Q1 £'000 | Q2 £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Q3 £'000 | Jan £'000 | Total £'000 | Mthly Average £'000 | Mthly Average % | | |
| Women's and Children's | Pay budget | 20,433 | 21,521 | 21,945 | 22,234 | 86,133 | 7,178 | | 22,562 | 22,828 | 7,692 | 7,803 | 7,796 | 23,290 | 7,900 | 76,580 | 7,658 | | 6,123 | |
| | Bank | 530 | 485 | 631 | 528 | 2,174 | 181 | 2.5% | 533 | 582 | 174 | 186 | 127 | 487 | 201 | 1,803 | 180 | 2.3% | 151 | 2.5% |
| | Agency | 384 | 397 | 411 | 650 | 1,842 | 154 | 2.1% | 703 | 840 | 308 | 300 | 257 | 866 | 297 | 2,706 | 271 | 3.5% | 117 | 1.9% |
| | Waiting List initiative | 88 | 87 | 76 | 139 | 390 | 33 | 0.5% | 205 | 169 | 59 | 68 | 76 | 203 | 54 | 631 | 63 | 0.8% | 30 | 0.5% |
| | Overtime | 82 | 79 | 95 | 99 | 355 | 30 | 0.4% | 23 | 19 | 7 | 10 | 9 | 26 | 7 | 74 | 7 | 0.1% | 19 | 0.3% |
| | Other pay | 19,455 | 20,428 | 20,875 | 20,758 | 81,516 | 6,793 | 94.5% | 21,492 | 21,695 | 7,371 | 7,529 | 7,509 | 22,409 | 7,618 | 73,213 | 7,321 | 93.4% | 5,843 | 94.9% |
| | Total Pay expenditure | 20,539 | 21,476 | 22,088 | 22,174 | 86,277 | 7,190 | 100.0% | 22,956 | 23,305 | 7,919 | 8,093 | 7,978 | 23,991 | 8,177 | 78,428 | 7,843 | 100.0% | 6,159 | 100.0% |
| Variance Fav / (Adverse) | (106) | 45 | (144) | 60 | (144) | (12) | | (393) | (477) | (229) | (290) | (182) | (701) | (277) | (1,847) | (185) | | (36) | | |
| Facilities & Estates | Pay budget | 4,638 | 4,916 | 4,931 | 4,936 | 19,421 | 1,618 | | 5,057 | 5,113 | 1,668 | 1,675 | 1,799 | 5,142 | 1,690 | 17,002 | 1,700 | | 1,536 | |
| | Bank | 227 | 316 | 271 | 251 | 1,065 | 89 | 5.5% | 296 | 320 | 100 | 80 | 98 | 278 | 82 | 977 | 98 | 5.8% | 46 | 3.0% |
| | Agency | 80 | 115 | 133 | 174 | 502 | 42 | 2.6% | 145 | 189 | 88 | 90 | 71 | 249 | 50 | 633 | 63 | 3.7% | 29 | 1.9% |
| | Waiting List initiative | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0.0% |
| | Overtime | 244 | 255 | 273 | 193 | 965 | 80 | 5.0% | 225 | 244 | 68 | 76 | 64 | 207 | 69 | 745 | 75 | 4.4% | 75 | 4.9% |
| | Other pay | 4,109 | 4,129 | 4,274 | 4,218 | 16,729 | 1,394 | 86.9% | 4,406 | 4,373 | 1,426 | 1,443 | 1,502 | 4,371 | 1,471 | 14,621 | 1,462 | 86.1% | 1,366 | 90.1% |
| | Total Pay expenditure | 4,660 | 4,815 | 4,951 | 4,835 | 19,261 | 1,605 | 100.0% | 5,072 | 5,126 | 1,682 | 1,689 | 1,735 | 5,106 | 1,673 | 16,977 | 1,698 | 100.0% | 1,516 | 100.0% |
| Variance Fav / (Adverse) | (23) | 101 | (20) | 101 | 161 | 13 | | (16) | (12) | (14) | (14) | 64 | 36 | 18 | 25 | 3 | | 20 | | |
| (Including R&I and Support Services) | Pay budget | 6,524 | 6,903 | 7,257 | 9,053 | 29,738 | 2,478 | | 6,487 | 6,496 | 2,207 | 2,312 | 2,458 | 6,977 | 2,369 | 22,330 | 2,233 | | 2,458 | |
| | Bank | 165 | 154 | 189 | 178 | 686 | 57 | 2.4% | 179 | 211 | 71 | 61 | 99 | 232 | 75 | 698 | 70 | 3.2% | 57 | 2.4% |
| | Agency | 135 | 139 | 154 | 280 | 707 | 59 | 2.5% | 69 | 177 | 129 | 97 | 164 | 390 | 93 | 728 | 73 | 3.3% | 31 | 1.3% |
| | Waiting List initiative | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0.0% |
| | Overtime | 31 | 27 | 33 | 19 | 110 | 9 | 0.4% | 22 | 23 | 9 | 6 | 5 | 20 | 8 | 73 | 7 | 0.3% | 9 | 0.4% |
| | Other pay | 6,061 | 6,433 | 6,362 | 7,822 | 26,678 | 2,223 | 94.7% | 6,029 | 5,967 | 1,997 | 2,063 | 2,141 | 6,201 | 2,153 | 20,350 | 2,035 | 93.1% | 2,285 | 95.9% |
| | Total Pay expenditure | 6,392 | 6,754 | 6,737 | 8,298 | 28,180 | 2,348 | 100.0% | 6,299 | 6,378 | 2,206 | 2,229 | 2,409 | 6,843 | 2,329 | 21,849 | 2,185 | 100.0% | 2,383 | 100.0% |
| Variance Fav / (Adverse) | 132 | 149 | 520 | 755 | 1,557 | 130 | | 188 | 118 | 1 | 83 | 49 | 134 | 40 | 480 | 48 | | 75 | | |
| Trust Total | Pay budget | 80,876 | 82,964 | 84,592 | 88,172 | 336,604 | 28,050 | | 86,800 | 87,298 | 29,233 | 29,474 | 29,585 | 88,292 | 29,632 | 292,023 | 29,202 | | 26,060 | |
| | Bank | 2,564 | 2,762 | 3,140 | 2,657 | 11,124 | 927 | 3.3% | 2,949 | 3,244 | 924 | 984 | 925 | 2,834 | 1,069 | 10,096 | 1,010 | 3.4% | 809 | 3.0% |
| | Agency | 1,865 | 2,455 | 3,096 | 4,187 | 11,603 | 967 | 3.4% | 3,393 | 3,941 | 1,444 | 1,221 | 1,159 | 3,824 | 1,346 | 12,504 | 1,250 | 4.2% | 625 | 2.4% |
| | Waiting List initiative | 616 | 718 | 754 | 935 | 3,023 | 252 | 0.9% | 886 | 799 | 263 | 324 | 294 | 881 | 237 | 2,803 | 280 | 0.9% | 210 | 0.8% |
| | Overtime | 734 | 628 | 589 | 503 | 2,454 | 204 | 0.7% | 499 | 478 | 165 | 164 | 135 | 463 | 138 | 1,578 | 158 | 0.5% | 201 | 0.8% |
| | Other pay | 76,378 | 77,117 | 78,440 | 80,436 | 312,370 | 26,031 | 91.7% | 79,752 | 79,705 | 26,950 | 27,197 | 27,201 | 81,348 | 27,525 | 268,330 | 26,833 | 90.9% | 24,759 | 93.1% |
| | Total Pay expenditure | 82,157 | 83,680 | 86,019 | 88,718 | 340,574 | 28,381 | 100.0% | 87,480 | 88,166 | 29,747 | 29,890 | 29,714 | 89,352 | 30,315 | 295,311 | 29,531 | 100.0% | 26,603 | 100.0% |
| Variance Fav / (Adverse) | (1,281) | (716) | (1,427) | (546) | (3,970) | (331) | | (680) | (868) | (514) | (416) | (129) | (1,058) | (683) | (3,288) | (329) | | (543) | | |

NOTE: Other Pay includes all employer's oncosts.

In Month 6 a review of central provisions held within support services resulted in a movement of credits between agency and employed staff - this is reflected in this report appropriately in prior months.

Significant Reserve MovementsDivisional Analysis

| | Contingency Reserve | Inflation Reserve | Operating Plan | Savings Programme | Other Reserves | Non Recurring | Totals | Diagnostic & Therapies | Medicine | Specialised Services | Surgery, Head & Neck | Women's & Children's | Estates & Facilities | Trust Services | Other including income | Totals |
|---------------------------------------|---------------------|-------------------|----------------|-------------------|----------------|---------------|----------|------------------------|----------|----------------------|----------------------|----------------------|----------------------|----------------|------------------------|--------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Resources Book | 1,000 | 5,111 | 40,114 | (268) | 11,131 | 6,050 | 63,138 | | | | | | | | | |
| April movements | (220) | (2,511) | (29,556) | - | (4,872) | (1,047) | (38,206) | 4,075 | 5,792 | 4,807 | 9,850 | 7,758 | 967 | 4,922 | 35 | 38,206 |
| May movements | (30) | 288 | (5,225) | 312 | (2,481) | (3,500) | (10,636) | (219) | 2,155 | 193 | 89 | 106 | 17 | 153 | 8,142 | 10,636 |
| June movements | (89) | (26) | (529) | - | (334) | (117) | (1,095) | 30 | 162 | 50 | 164 | 320 | 142 | 169 | 58 | 1,095 |
| July movements | 43 | (26) | (94) | - | (182) | (7) | (266) | 31 | 26 | 14 | 23 | 14 | 27 | 15 | 116 | 266 |
| August Movements | 44 | (26) | (447) | | (638) | (11) | (1,078) | 165 | 102 | 69 | 196 | 130 | 34 | 656 | (274) | 1,078 |
| September movements | 89 | (202) | (206) | | (85) | (31) | (435) | 17 | 90 | 61 | 70 | 341 | 45 | 15 | (204) | 435 |
| October movements | (76) | (26) | (758) | - | 238 | (27) | (649) | 13 | 37 | 15 | 21 | 745 | 33 | 125 | (340) | 649 |
| November movements | (55) | (26) | (116) | | 167 | (49) | (79) | 29 | 67 | 46 | 34 | 129 | 46 | (107) | (165) | 79 |
| December movements | (65) | (26) | (487) | | (298) | (128) | (1,004) | 21 | 63 | 24 | 21 | 485 | 34 | 141 | 215 | 1,004 |
| January Movements | | | | | | | | | | | | | | | | |
| EWTD | | | | | (112) | | (112) | 8 | 24 | 15 | 20 | 42 | 1 | 1 | 1 | 112 |
| CEA awards | | | | | 44 | | 44 | (114) | (15) | 35 | (85) | (39) | | | 174 | (44) |
| Support for recruitment and retention | (53) | | | | | (29) | (82) | | | 8 | 18 | 3 | | 53 | | 82 |
| Redevelopment costs | | | | | | (9) | (9) | | | | | | 7 | 2 | | 9 |
| MARS | | | | | | (16) | (16) | | | | | | | | 16 | 16 |
| Other | (26) | (26) | (17) | | (26) | | (95) | 5 | | | 12 | | 26 | 34 | 18 | 95 |
| Month 10 balances | 562 | 2,504 | 2,679 | 44 | 2,552 | 1,079 | 9,420 | 4,061 | 8,503 | 5,337 | 10,433 | 10,034 | 1,379 | 6,179 | 7,792 | 53,718 |

**Cover report to the Board of Directors meeting held in Public
To be held on Monday 29 February 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

| Report Title | | | | | | | | | |
|---|-------------------------------------|-----------------|-------------------------------------|------------------------|-------------------------------------|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 14. Governors' Log of Communications | | | | | | | | | |
| Sponsor and Author(s) | | | | | | | | | |
| Sponsor: John Savage, Chairman Author: Amanda Saunders, Head of Membership & Governance | | | | | | | | | |
| Intended Audience | | | | | | | | | |
| Board members | <input checked="" type="checkbox"/> | Regulators | <input type="checkbox"/> | Governors | <input checked="" type="checkbox"/> | Staff | <input checked="" type="checkbox"/> | Public | <input checked="" type="checkbox"/> |
| Executive Summary | | | | | | | | | |
| <p><u>Purpose:</u> The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-Executive Directors when new items are received and when new responses have been provided.</p> <p><u>Key issues to note:</u> Since the last report was submitted to Board in January, there have been five new queries added to the Governors' Log (142-146). Responses have been provided to two items (140 and 143). Items 146 and 145 are not yet due a response, a response for item 144 will be circulated as soon as it is available.</p> | | | | | | | | | |
| Recommendations | | | | | | | | | |
| None. | | | | | | | | | |
| Impact Upon Board Assurance Framework | | | | | | | | | |
| | | | | | | | | | |
| Impact Upon Corporate Risk | | | | | | | | | |
| | | | | | | | | | |
| Implications (Regulatory/Legal) | | | | | | | | | |
| | | | | | | | | | |
| Equality & Patient Impact | | | | | | | | | |
| | | | | | | | | | |
| Resource Implications | | | | | | | | | |
| Finance | | | Information Management & Technology | | | | | | |
| Human Resources | | | Buildings | | | | | | |
| Action/Decision Required | | | | | | | | | |
| For Decision | | For Assurance | | For Approval | | For Information | | <input checked="" type="checkbox"/> | |
| Date the paper was presented to previous Committees | | | | | | | | | |
| Quality & Outcomes Committee | Finance Committee | Audit Committee | Remuneration & Nomination Committee | Senior Leadership Team | Other (specify) | | | | |
| | | | | | | | | | |

ID **Governor Name**

146 Bob Bennett

Theme:**Source:** Governor Direct**Query** 19/02/2016

In light of the report on NHS mental health service problems, can the Trust confirm if and how many staff are trained in the treatment and handling of patients suffering from mental health disorders? Do we have psychiatric specialists available throughout the Trust? If extra funding in the provision of our mental health services is required, is funding available within the existing Trust budget?

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 19/02/2016**Response**

Pending exec response.

Status: Assigned to Executive Lead**ID** **Governor Name**

145 Angelo Micciche

Theme: Medical Equipment**Source:** Governor Direct**Query** 12/02/2016

In light of a recent item in the media regarding radiation beam equipment such as CT scanners and equipment used to give radiotherapy to cancer patients, etc., does the Trust have any equipment in current use that is past its recommended "scrappage date"?

If so, how are the Trust assured that the equipment is still fit for purpose and are these items on the capital expenditure/ asset list?

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 12/02/2016**Response**

Exec response pending.

Status: Assigned to Executive Lead**ID** **Governor Name**

144 Mo Schiller

Theme: Hospital facilities for carers**Source:** Governor Direct**Query** 05/02/2016

Following my involvement with Face to Face visits in the hospital this week can the Trust outline the overnight sleeping facilities for parents/carers of adult patients (being cared for in an adult setting). For example parents of young adults with special needs who feel it is necessary to stay with the patient overnight. I observed a mattress on the floor by the patient's bedside in use, which does not seem acceptable, especially given some of the carers may also have underlying health issues and the possible implications for Health & Safety and Infection Control.

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 05/02/2016**Response**

Exec response pending.

Status: Assigned to Executive Lead

| ID | Governor Name | Theme | Source |
|---|-------------------|----------------------------|--|
| 143 | Mo Schiller | Workforce | Trust Board Meeting |
| Query | 05/02/2016 | | |
| <p>Following on from workforce reporting provided to the Trust Board, what additional resources are being utilised and what work is being undertaken regarding the continually high percentage of staff sickness, turnover rate and difficulties in recruitment in the Estates and Facilities Department. What measures can be taken to improve the staff morale to reduce the high turnover?</p> | | | |
| Division: | Trust Services | Executive Lead: | Director of Human Resources and Organisational Development |
| | | Response requested: | 05/02/2016 |
| Response | 15/02/2016 | | |
| <p>In order to address the turnover and recruitment difficulties, from October 2015, the Division of Facilities and Estates recruited a fixed term Recruitment and Retention Manager as a dedicated resource for the Division. Due to the stringent checks required by all staff working in clinical areas, recruitment times can vary between six weeks and six months. The post holder has reviewed the recruitment documentation and processes, enabling a more efficient recruitment timeline and is working towards a planned reduction in overall recruitment times. In addition to their Trust induction, Health Services Assistants are required to undertake clinical skills training and the Division has increased the number of places available from 9 to 18 per month thus increasing the throughput of new starters in the organisation. In January, offers were made to 60 potential new recruits and we anticipate these will reduce our vacancy rates and subsequently bank and agency usage.</p> <p>The Division is also reviewing all long term sickness cases to ensure they are being managed in the most proactive, supportive and timely way. Benchmarking with other private and public sector organisations is undertaken to ensure we are adopting best practice with the aim of reducing our sickness levels.</p> <p>The Division continues to implement its 2015/16 engagement plan. This includes the Facilities staff Champions project, where facilities staff from each main clinical hospital site meet with senior managers to provide feedback, raise issues and concerns. Each champion shares meeting information with their local teams to improve morale and engagement. An issues log has also been created to ensure robust resolution and response is in place. A recognition scheme is already in place recognising individual and team successes, with winners being nominated towards the Trust's annual Recognising Success event. Trade staff in Estates staff are being issued with hand held devices and we are looking to utilise the 'Happy App' on these to receive real time staff feedback. Listening events are held in both Facilities and Estates as well staff briefing for those facilities staff who work out of hours. Estates staff have been actively involved in changes to working practices and local decision-making.</p> <p>Data and information from the 2015 staff survey (due to be released this month) will be used to develop staff engagement plans and retention plans. Focused work, such as increased marketing of the Trust's total reward package, comprehensive sickness management and best practices in staff engagement will be critical for both recruitment and retention across the Division.</p> | | | |
| Status: | Closed | | |

| ID | Governor Name | Theme | Source |
|--|----------------------|----------------------------|-------------------------|
| 142 | Wendy Gregory | Cancer services | Project Focus Group |
| Query | 22/01/2016 | | |
| <p>Whilst it is very encouraging to see the Trust's improvement against the overall 62 day cancer standard, it is concerning to see that for the sub-specialities of Head & Neck, Lower GI and Lung Cancer the Trust is failing to achieve the local and national target. Please can assurance be provided with regards to the underlying causes and actions being undertaken to address the matter, and the expected timeframes for improvement or recovery of the position. (Reference Appendix 3, page 49 of the December 2015 Quality & performance Report)</p> | | | |
| Division: | Specialised Services | Executive Lead: | Chief Operating Officer |
| | | Response requested: | 22/01/2016 |
| Response | 26/01/2016 | | |
| <p>It is recognised within the national standards that not every speciality will achieve the 85% standard, due to some cancers being more complex to diagnose and treat than others. Lung and head & neck cancer are two of the most complex specialities. For all three specialities mentioned, we have recently developed and are working to 'ideal timescale' pathways. We have also encouraged our referring partners to work to these, as late referrals are a key contributor to delays and breaches of the national standard.</p> <p>In October, none of the lung cancer patients who waited more than 62 days did so for reasons avoidable by the Trust. Nine were referred late by other providers, one was highly complex, and one was patient choice. The national average performance in October for lung was 74%, UH Bristol performance was 68% The national performance will reflect a large number of Trusts for whom pathways are delivered in a single organisation. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 87.5%</p> <p>The national average performance in October for head and neck was 70%, UH Bristol performance was 67%. Some head and neck patients were impacted by slight delays to diagnostics, which is a problem in these highly complex pathways. Even a one day delay to a single step can cause the whole pathway to exceed 62 days. This should be resolved with the ideal timescales and also demand and capacity in this speciality has been reviewed. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 70%.</p> <p>Two-thirds of the colorectal cases that breached the standard in October were potentially avoidable, and these were due to a capacity shortfall in that speciality. This shortfall has arisen due to unforeseen increases in demand and difficulty in increases capacity within the same timeframe. Additional capacity was created in quarter 3 to ensure everyone was given a treatment plan but some of them were treated beyond day 62. As a result, capacity and demand modelling has been undertaken and a new consultant post approved, which will increase capacity to meet demand. The consultant will start in April 2016. The national average performance in October for colorectal was 72%, UH Bristol performance was 40% and as such this is the biggest focus of our cancer improvement work but the area with the greatest opportunity for a step change improvement on the back of the planned increase in consultant capacity.</p> | | | |
| Status: | Closed | | |

| | | | |
|-----------|---------------------------|-------------------------------|-----------------------------------|
| ID | Governor Name | Theme: Cardiac Surgery | Source: Chairman's Counsel |
| 141 | Chairman and NEDs Counsel | | |

Query 18/12/2015

Following a point made at the Governors Counsel, it would be helpful if we could be briefed on:

1. Level of cancelled operations in cardiac surgery
2. Method for prioritising use of theatres by surgeons
3. Method of prioritising who is put on each list
4. Whether any of the above is impacted on by the private practice being carried out at the weekends.

(Query logged by Alison Ryan, Non-executive Director on behalf of Governors)

Division: Specialised Services

Executive Lead: Medical Director

Response requested: 18/12/2015

Response 29/01/2016

1) The level of cancellations in cardiac surgery has been very high in recent weeks ranging between 25 and 36% over the last 4 weeks. This has led to a high level of poor patient experiences and is primarily a direct consequence of the acute pressures facing the hospital. Excel files with a detailed breakdown on a weekly basis of the cancellations and the reasons for these are kept. The files contain patient specific information and therefore inappropriate to share. The specific figures for the last few weeks have been W/c 14/12 28% cancellations, w/c 7/12 36%, w/c 30/11 25%, w/c 23/11 26% . The commonest causes for cancellation are currently

- i) Shortage of theatre staff
- ii) Lack of Hospital bed for admission
- iii) Lack of CICU bed for admission

Although these causes will vary depending on the pressure on the service.

2) There is a matrix for scheduling as part of the SOP. This creates a balance to ensure that elective and urgent priority patients are balanced. There is always an opportunity to alter this based on clinical priority. This can never be perfect and but offers a practical way of organising the service. Given the multiprofessional environment in which we work on occasion it might be open to criticism from some.

3) The exact scheduling is a complex process based on taking into account the clinical priority of urgent patients but also ensuring that elective patients are treated within appropriate RTT timescales and also taking into account the available surgical expertise as well as issues like numbers of cancellations. This is outlined in the SOP also

4) There is currently no private practice being undertaken in cardiac surgery at the weekend. There are some waiting list initiative lists being undertaken on a Saturday when the acute pressures allow this . The idea of these is to utilise the theatre time at weekends when the level of acute pressure may be less on a Saturday. The idea is that doing these cases deals with some urgent cases and keeps us within RTT. Whether these cases impact on 1-3 is unlikely and would be hard to quantify objectively.

Status: Awaiting Governor Response

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|-----------|----------------------|---------------|--------------------------------|
| ID | Governor Name | Theme: | Source: Governor Direct |
| 140 | Florene Jordan | | |

Query 22/12/2015

In relation to the Centralisation of Specialist Paediatrics, what process was put in place to ensure adequate training of all operating theatre staff and recovery staff? What training took place prior to the transfer and during the early stages post transfer, and what measures were put in place to ensure that this training was adequate?

Division: Women's & Children's Services

Executive Lead: Chief Nurse

Response requested: 22/12/2015

Response 15/02/2016

Training and education was a key part of the project plan to ensure the safe transfer of services to University Hospitals Bristol NHS Foundation Trust (UH Bristol) under the centralisation of specialist paediatrics project. The education and training programme for theatres started in October 2013, with North Bristol NHS Trust (NBT) providing training placements to the theatre team from UH Bristol to support them to gain experience in the specialist areas of neurosurgery, scoliosis, burns and plastic surgery. Training competencies were developed for these specialities and the consultants from NBT delivered educational sessions for UH Bristol theatre staff.

Further practical training commenced in January 2014, with four staff from UH Bristol working in NBT theatres alongside the expert specialist teams. This was focussed primarily in the areas of neurosurgery and spinal surgery. Plastic surgery and anaesthetic training was also offered. The knowledge and skills required to support this additional work was less because UH Bristol already had some skills in these specialities.

Since the CSP transfer in May 2014 training and educational opportunities have continued. Theatre staff undertaking clinical training in the department has a set of core competencies to complete relevant to each speciality area in which they will be working.

With reference to the equipment for the transferring services from NBT, there was forensic oversight of the requirements by the clinical teams from Trusts, the CSP Operational Delivery Group and the Strategic CSP Project Board to ensure the correct equipment was available at the point of transfer. Prior to the transfer, the delivery of specialist equipment to UH Bristol enabled training sessions to take place, these were delivered by the specialist companies who supplied the equipment.

The programme put in place to ensure the training on equipment was adequate was based on 4 key elements: delivery of training from the respective companies who supplied specialist equipment, clinician input into training and developing the required competencies in neurosurgery supported by working with competencies developed at Birmingham Children's Hospital, Supernumerary time was dedicated for training within the speciality. A senior supernumerary theatre coordinator was available on shift Monday to Friday to discuss and resolve any issues of concern requiring escalation or to discuss training opportunities/issues that needed resolving. These 4 elements allowed staff to develop at a pace to meet their individual needs and ensured that individuals had sufficient knowledge and skills to be on-call. Scoliosis training was implemented using a similar model to neurosurgery, a big advantage was having a representative from the company supplying the implants being used always on-site.

Status: Awaiting Governor Response