

Agenda for the Meeting of the Trust Board of Directors held in Public
To be held on Wednesday 25 May 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. Declarations of Interest To declare any conflicts of interest arising from items on the agenda	Chairman	
3. Trust Film: “Proud to Care” To receive the film for information	Chief Nurse	3
4. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 28 April 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	87
10. Strategic Workforce Retention To receive the report for information	Director of Workforce & OD	131
<i>Delivering Best Value</i>		
11. Finance Report To receive the report for assurance	Director of Finance & Information	137
12. Finance Committee Chair’s Report To receive the report for assurance	Finance Committee Chair	To follow

<i>Item</i>	<i>Sponsor</i>	<i>Page No</i>
13. Capital Investment Policy To receive the policy for approval	Director of Finance & Information	169
<i>Compliance, Regulation and Governance</i>		
14. Board of Directors Code of Conduct Declaration (including Fit and Proper Person Test declaration) To receive the declarations for information	Chairman	185
15. Audit Committee Chair's Report To receive the Audit Committee Chairs report for assurance	Audit Committee Chair	To follow
<i>Information</i>		
16. Governors' Log of Communications To receive the Governors' log to note	Chairman	193
17. Any Other Business To consider any other relevant matters not on the Agenda	Chairman	
Date of Next Meeting of the Board of Directors held in public: Thursday 30 June 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 Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title							
03. Trust Film – We are Proud to Care							
Sponsor and Author(s)							
Sponsor: Carolyn Mills, Chief Nurse Author: Jo Witherstone, Senior Nurse for Quality							
Intended Audience							
Board members	✓	Regulators		Governors		Staff	Public
Executive Summary							
<p>This film represents a fantastic opportunity to present our staff, facilities and services in a way that reveals our trust values, who we are and the work we strive to do every day for patients and their families.</p> <p>The purpose of presenting this film to Board members is:</p> <ul style="list-style-type: none"> • To showcase our caring and compassionate staff and services we provide through 24 hours in the life of our hospitals. • For Board members to reflect on how our Trust values, staff engagement, patient experience and quality of care are represented within this short film. <p><u>Trust Film Summary</u></p> <p>The idea for this film came through the work of the compassion in care group formed 2 years ago. Through discussions the group realised that our values were clear in words, but that perhaps we needed a visual representation to capture who we are as an organisation, what we are about and how we embody our Trust values in every day care.</p> <p>We wanted to create an emotive film with a unifying message that succinctly and powerfully demonstrates our caring and compassionate staff and range of services, a film that all staff can relate to and a film that will remain fresh for at least 5 years.</p> <p>We wanted this film to be available to many audiences, staff irrespective of role, or place of work, patients and families, volunteers and new employees to name a few.</p> <p>The film was supported by charitable funds from Above and Beyond.</p> <p>In making this film, we have been overwhelmed by the enthusiasm, engagement and support from all divisions across the organisation, both in showcasing services and involving staff to produce what we think is a fantastic window into what is great about working here at UHBristol.</p> <p>We plan to use this film in many different ways across the organisation, including our website, social media, induction, various meetings/boards, education and recruitment.</p> <p>The film has been viewed on UHBristol Facebook page 44,000 times and shared across social media, generating a strong sense of pride in working for our organisation. One example from the many comments posted on Facebook reads “I am very proud to work in such a great place with inspirational people doing amazing things every day”</p>							

Recommendations							
To receive the film presentation, and note the context from which it was generated.							
Impact Upon Board Assurance Framework							
None							
Impact Upon Corporate Risk							
None							
Implications (Regulatory/Legal)							
Sharing this film widely with staff irrespective of role across the organisation and development of a communication plan to support staff engagement, staff retention and enable staff to have an opportunity to reflect on the work they do every day.							
Equality & Patient Impact							
None							
Resource Implications							
Finance			Information Management & Technology				
Human Resources			Buildings				
Action/Decision Required							
For Decision			For Assurance			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
Thursday 28 April 2016 at 11:00am, Conference Room, Trust Headquarters, Marlborough
Street, BS1 3NU**

Board members present:

John Savage, Chairman
Emma Woollett, Non-Executive Director / Vice Chair
Robert Woolley, Chief Executive
Deborah Lee, Chief Operating Officer/Deputy Chief Executive
Paul Mapson, Director of Finance & Information
Carolyn Mills, Chief Nurse
Sean O'Kelly, Medical Director
Sue Donaldson, Director of Workforce and Organisational Development
Paula Clarke, Director of Strategy and Transformation
Lisa Gardner, Non-Executive Director
Jill Youds, Non-Executive Director
John Moore, Non-Executive Director
David Armstrong, Non-Executive Director
Guy Orpen, Non-Executive Director
Julian Dennis, Non-Executive Director

Present or in attendance:

Owen Ainsley, Divisional Director, Specialised Services
Brian Courtney, Interim Trust Secretary
Clive Hamilton, Public Governor
Angelo Micciche, Patient Governor
Flo Jordan, Staff Governor
John Steeds, Patient Governor
Ben Trumper, Lead Governor and Staff Governor
Karen Stevens, Staff Governor
Wendy Gregory, Carer Governor
Ray Phipps, Patient Governor
Graham Briscoe, Public Governor
Alastair Keith, staff member
Anne Skinner, Patient Governor
Bob Skinner, Foundation Trust member
Pam Wenger, member of the public
Elizabeth Kenney, member of the public (item 3 only)
John Heywood, Research Nurse (item 3 only)
Tony Watkin, Patient Experience Lead (item 3 only)
Rachel Smith, Corporate Governance Administrator (Minutes)

01/04/16 Chairman's Introduction and Apologies

John Savage, Chairman, welcomed everyone to the meeting. Apologies for absence were received from Alison Ryan, Non-Executive Director.

02/04/16 Declarations of Interest

In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. Lisa Gardner advised the Board of her continued association with Above and Beyond.

Guy Orpen declared a confluence of interest with regard to the Memorandum of Understanding between the Trust and the University of Bristol to be discussed at item 12.

03/04/16 Patient Experience Story

Carolyn Mills introduced Elizabeth Kenney, who had been invited to the meeting to share her story. The Board noted that in 2015/16, 4079 patients had been involved in research trials within the organisation, which provided patients with the opportunity to access different treatments and to contribute to wider learning and the development of new treatments. Elizabeth had been one of 203 patients involved in Haematology / Oncology trials in 2015/16.

Elizabeth expressed her sincere gratitude at the opportunity to be involved with the trial and was extremely complimentary about the encouragement, support and information she had received from Jonathan Heywood, Research Nurse, and the wider team.

Jonathan thanked Elizabeth for her comments and explained that he was part of a team who all supported Elizabeth through the trial, which had been a perfect example of how the team worked. The Research Nurse team worked hard to ensure patients became very much part of the family in the Oncology Centre and remain cognisant that there was a person at the centre.

John Savage expressed to Elizabeth the Board's gratitude for her attendance at the meeting to share her experience and that the key area of importance to the Board was the patients it was there to serve.

Robert Woolley thanked Elizabeth for sharing her story and enquired how much information she had received about the trial and what drove her decision to participate in it. Elizabeth stated that following her final diagnosis at the Dental Hospital, the process had been very swift and she met with her oncologist the following day. During that appointment, the conventional treatments were explained, in addition to the option of the clinical trial. Elizabeth did not feel coerced to participate but decided to take the opportunity that was presented to her.

Robert referred to the delays Elizabeth had experienced and Elizabeth advised they were minor issues, compared to her positive experience and the treatment she received from the entire team.

Deborah Lee referred to the Board's objective of delivering care, in addition to teaching and undertaking research, and had been encouraged by the integrated working demonstrated by Jonathan and his team, when working alongside the regular nursing and medical teams. Jonathan thanked Deborah for her comments and advised that the team very much wanted to improve how they worked and were keen to be as integrated as possible throughout the Trust. It was:

RESOLVED:

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

04/04/16 Minutes and Actions from Previous Meeting

The Board considered the minutes of the meeting held in public on 30 March 2016. It was:

RESOLVED:

- **That the minutes of the meeting held on 30 March 2016 be agreed as an accurate record of proceedings**

05/04/16 Matters Arising

Outstanding and completed actions were noted by the Board.

With regard to item 1 (195/03/16 and 184/02/16), Sue Donaldson advised that the quarterly workforce reports now included a detailed overview and the action could be closed.

With regard to item 6 (149/01/16), the Quality and Outcomes Committee had received a report on 26 April which provided assurance for the majority of categories of patients with special needs. It was noted that further work was still required but the action could be closed.

06/04/16 Chief Executive's Report

The Board received a written report of the main business conducted by the Senior Leadership Team in April 2016.

Robert Woolley referred to the most recent junior doctor industrial action and it was noted that the action had passed without incident. Robert thanked the Divisional teams for their involvement in ensuring all services were covered and also thanked the senior medical staff who ensured medical services were provided at the appropriate level. It was regrettable that 190 elective procedures and 1200 outpatient appointments were cancelled and the Trust had apologised to all patients who had been affected. The cancellations added to the Trust's current backlogs but work was underway to re-schedule all those who had been cancelled.

The National Institute for Health Research had commenced shortlisting applications to become a Biomedical Research Centre, and the Trust had submitted a joint bid with the University of Bristol. The bid had built on the tripartite mission of healthcare, teaching and research and was a very positive first step. Guy Orpen advised that three of the themes submitted had been surgical, which were relatively unusual within clinical academia in the UK; two of the themes were located within UH Bristol and one was located within North Bristol Trust.

The Board noted that the transfer of the Cellular Pathology staff from UH Bristol to North Bristol Trust commenced today and had been the culmination of significant work to deliver the recommendations of the independent enquiry into histopathology services in 2010. Robert Woolley formally declared the action plan and all associated recommendations had been delivered and the Division of Diagnostics and Therapies had demonstrated great leadership to achieve completion. The Trust would continue to work closely with colleagues at North Bristol Trust to ensure the arrangements embed as efficiently and effectively as possible.

Work on the Bristol, North Somerset and South Gloucestershire (BNSSG) five year Sustainability and Transformation Plan (STP) had commenced. Following a recent workshop with system leaders in health and social care, a number of work streams had been implemented. The work streams would look at prioritisation of issues which would make a difference to the community, out of hospital care and acute care. The STP would transform relationships with Weston Area Health Trust and North Bristol Trust and would work through the impact of the developments in out-of-hospital care. Further updates would be provided as the plan developed, prior to submission at the end of June. It was:

RESOLVED:

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

07/04/16 Quality and Performance Report

Overall Performance

Deborah Lee drew the Board's attention to the positive and sustained level of quality throughout a challenging period.

Operational pressures and the junior doctor industrial action had affected the Referral to Treatment Times (RTT) but it was positive to note that as the Trust had performed above its planned trajectory, the RTT standard had been achieved for the third consecutive month. This was in addition to achievement of the 6-week diagnostic standard for the third consecutive month.

Emma Woollett noted the continued achievement of the RTT standard and queried the lack of progress in the national standards for Admitted and Non-Admitted under 18 week pathways. Deborah Lee advised that RTT ongoing performance improved during the months when more over 18 week clocks had stopped in month (i.e. admitted and non-admitted performance is worse). The relationship between non-admitted and ongoing was strongest, simply because the volumes for non-admitted were higher.

The Trust had experienced difficulties with the cancer and A&E standards. The impact to the cancer figures related to the acuity of general patients who had required increased amounts of access to level three critical care beds, which had affected those cancer patients whose pathway included an element of care in the Critical Care Unit. The high level of demand for Level 3 care had not allowed for the full complement of beds to be opened.

Every cancer patient who had breached their treatment or had been cancelled had the oversight of a named clinician who was responsible for their ongoing treatment and to ensure their waiting position remained safe. Every patient who had been cancelled in March had received a new date for their treatment and to expedite recovery, two further 2 High Dependency beds had been established in the Heygroves Theatre recovery area for a limited period. It was recognised that the recovery area was not the most ideal environment for a patient immediately following surgery but was a safe and appropriate environment to provide the initial phase of care prior to transfer to the unit or ward as patients typically stayed less than 24 hours. Since the initiation of the recovery plan, only a further three cases had been cancelled. It was predicted that every patient who should have been treated in March and April would be treated by the end of May. The re-scheduled care had been prioritised by the length of time waited and by clinical priority.

In summary, the Board noted that the Trust would not deliver the recovery trajectory for the 62-day GP cancer standard and that Monitor had been made aware of the position, which had deteriorated nationally. In addition, the Board noted that the 31-day cancer standard would also not be achieved. The Regulators and the commissioners had been made aware of the position and were content with the robust recovery plans.

John Moore referred to the increased acuity of cancer patients and enquired whether the same trends had been witnessed nationally. Deborah Lee clarified that the acuity related to general patients which then affected the available capacity for cancer patients and confirmed that a similar position had been reported nationally. The Trust had an opportunity to identify whether a different operating model could be implemented in the three different areas currently available for critical care provision, given the three units were managed by different Divisions, in order to use capacity more effectively and support more consistent ways of working across the three services. This work was being clinically led by the three Clinical Chairs.

Wendy Gregory acknowledged with disappointment the delayed treatment for cancer patients and expressed concerns at the lack of an appropriate audit trail to understand the repercussions of the delays. Wendy also expressed disappointment that the 31-day and 62-day cancer standards would not be met and requested assurance from the Non-Executive Directors that progress was being made in cancer services. Deborah Lee shared Wendy's concerns but felt that progress had been made, as performance had improved. The Trust had experienced a difficult period in which performance had deteriorated and acknowledged it was not acceptable for patients but the operational pressures arising from increased activity and acuity had been unprecedented and difficult to mitigate.

Wendy expressed concern that patients' conditions would deteriorate whilst they waited. Deborah Lee assured the Board that clinicians responsible for providing cancer care had clear oversight and had access to specialised imaging equipment to regularly track cancers of those patients whose surgery had been cancelled in order to remain sighted on any potential risks. In terms of audit, every clinician who operated on a patient whose treatment was overdue was required to complete an incident form if they felt a patient's cancer treatment had been adversely affected by the delay and to date, there had been none. It was acknowledged that the psychological effect on patients whose surgery had been delayed and / or cancelled could not be audited but the scale of the effects was acknowledged by all those involved in planning and delivering cancer care. Deborah also acknowledged the extraordinary efforts made by teams over the last two months to avoid cancellations. Wendy stressed the importance of not focussing simply on statistics, and that the patient should remain the focus; Deborah expressed concern that she might have left anyone with the impression that the Trust was more interested in statistics than patients, and confirmed that the patient always remained at the forefront of every action taken.

Operational pressures had eased in the Emergency Department (ED). Junior doctor industrial action had impacted on demand over the two days, with fewer attendances and it appeared that the public may have acknowledged the messages to not misuse A&E. This had highlighted the importance in how the Trust communicated to patients the alternative care providers that were available. Poor performance however, continued within the ED, although the recovery trajectory continued as planned. Better performance had been noted in the Children's ED but the Trust needed to ensure recovery continued at the same pace as other Trusts nationally. The same level of focus would be applied to the 4-hour breach pathways, as was applied to the 12-hour breach pathways and it was noted that the escalation beds had not been opened for 11 consecutive days, which had been a positive sign. Orla Healthcare remained on track for delivery from Q2 and this initiative was expected to deliver a step change in performance improvement.

Workforce

Sue Donaldson highlighted to the Board the positive movements in the reduction of ancillary and nursing staff vacancies and also a gradual reduction in turnover. The significant ongoing challenges in the workforce agenda were noted and following a discussion at the Quality and Outcomes Committee, the workforce element of the Quality and Performance report would focus on the corporate programmes which support the workforce agenda. It was recognised that a significant amount of the work had been driven and led by the Divisions and it was hoped that a greater correlation between Divisional and corporate work streams would be apparent.

New Key Performance Indicators around some of the hotspot areas had been agreed and the next quarterly workforce would highlight the improvements that had been made. This would allow for progress to be closely tracked and monitored. It was:

RESOLVED:

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

08/04/16 Quality and Outcomes Committee Chair's Report

Jill Youds presented the report for members of the Board on the business of the Quality and Outcomes Committee (QOC) meeting held on 26 April 2016.

The Committee had noted the consistently good levels of performance in some areas which reflected that good practice had been embedded.

The Committee discussed in detail issues around A&E and workforce, and were keen to understand whether the volumes experienced in A&E were the new norm or could be attributed solely to an exceptional spike in activity.

Following the Patient Experience story presented to the Board in January, the Quality and Outcomes Committee had requested a report which provided assurance around the systems and processes in place for patients with disabilities who might require their care to be adjusted in order to meet their individual needs. The report provided assurance in that for most categories of disability, local policies and procedures were in place. For patients with visual and hearing impairments, national guidance was used and the development of local protocols had been identified as an area for potential action. Once local policies had been agreed and implemented, an audit would be undertaken in order to identify compliance and develop training for staff as required.

The Committee had reviewed the Serious Incidents and one report had made reference to weekend working; Committee members had been assured that weekend staffing levels had not been a factor in the incident.

The Committee reviewed the proposed Key Performance Indicator (KPI) headlines to be included within the Summary Scorecard of the Quality and Performance Report. Very few amendments had been made and the Committee was assured that the appropriate KPIs would be presented.

A progress update of the RTT direct reporting and the project to improve the RTT data quality data had also been received.

Sarah Windfeld, Head of Midwifery, had presented to the Committee the results of the 2015 Annual Audit into Supervision of Midwives. The results had been very positive although concerns had been raised about the ratios of supervisors to midwives and the Trust had been asked to consider a recommendation that a full-time Supervisor of Midwives should be appointed. It was noted that the future of midwifery supervision would be the subject of a consultation process in the summer, and it had been agreed that it would not be the appropriate time to consider such a post, due to the forthcoming consultation.

Committee members had challenged the amber status for the discharge-related objective within the Board Assurance Framework and it had been agreed that this would be amended to show a red rating for the end of the year.

The Committee reviewed the National Congenital Heart Disease Report and noted the Trust's results had been as expected (in the second top category). Results of those Trusts who had

performed better than expected were reviewed and the small margins between the top two categories were noted.

In reference to the development of the KPIs and the importance of ensuring insight of the well-led metrics of the Summary Scorecard, David Armstrong queried whether the current review of the KPIs would introduce insights currently not provided in the Board's sub-Committees to include measures around governance and well-led issues.

Deborah Lee advised that David's comments made previously with regard to insight of governance metrics had been noted. The KPI review had concluded for 2016/17 and Deborah confirmed the metrics around whether the Trust was well-governed had not been included in that particular review as it had been agreed that it would be more appropriate to include these metrics within the work programme devised from the Well Led Governance Review and the governance work stream. David expressed concern about the reliance on the Board's sub-committees and the level of oversight afforded by the sub-committees to governance processes and their subsequent implementation. Deborah referred to previous discussions and acknowledged that as the Risk Management Group, which had oversight on governance issues, sat within the executive arrangements, rather than those of the Board and its sub-committees, the Non-Executive Directors would not always be sighted on the issues David raised.

Deborah reassured David that the issues raised were considered and discussed by the Risk Management Group, which was chaired by Robert Woolley. Robert Woolley advised that the Risk Management Group reported into the Audit Committee and John Moore, as Chair of the Audit Committee, advised he would review the format of the report he presented to the Board, in order to provide further sightedness of that governance issues that had been discussed. It was agreed that this may require further reflection in order to address the issues more fully.

David Armstrong referred to the themes highlighted on the Summary Scorecard (safe, caring, effective, responsive and well-led) noting that the metrics on the Trust Scorecard related to Quality, Access and Workforce and queried whether these could be aligned.

Deborah Lee advised that the two scorecards could not be aligned, due to the extent to which the underpinning business information systems would need to be rebuilt and that the metrics currently presented on the Trust Scorecard would remain. It was noted that the reports had a number of different purposes and primarily, had to be fit for purpose for the Divisions. It was noted that the Board, in general, did not share this concern.

David Armstrong referred to the importance of the Board Assurance Framework and its ability to provide insight and manage risk but was not assured that there was adequate visibility of how the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) influenced development of metrics. Deborah Lee advised that the Quality and Outcomes Committee discussed the BAF and CRR.

Emma Woollett referred to the framework for policies and procedures, which was part of the remit of the Audit Committee and recommended it remained as an objective of the Audit Committee, rather than adding to the Board agenda. It was suggested that the arrangements to review policies and procedures were reviewed by the Audit Committee and may require revision. John Savage confirmed that formal reassurance from its sub-committees would be sufficient for the Board and Deborah Lee suggested a dedicated session be allocated at a future Board Seminar to discuss this particular issue.

Clive Hamilton referred to the Quality and Outcomes Committee Chair's report and queried the challenges raised with regard to infection control. Jill Youds advised that the report had demonstrated good performance in terms of infection control and that the Infection Control team had described increased levels of teaching on the wards and also increased scrutiny within the Intensive Care Unit. The Infection Control team had identified breaches with regard to the use of protective equipment; this had been challenged by the Non-Executive Directors who were assured ongoing training continued around basic infection prevention and control routines.

Clive Hamilton noted there had been no cases of MRSA since July 2015 and enquired whether MRSA screening was undertaken within the ED. Carolyn Mills confirmed MRSA screening was undertaken and reported to the Infection Control Committee appropriately. NHS England screening guidance had changed for 2016/17, which included screening in additional areas. The Trust had chosen not to comply with every aspect of the guidance and but had included screening for certain high risk patient groups. Carolyn reassured the Board of her confidence that there was no risk associated with the current level of screening provided.

John Moore acknowledged the successes, particularly related to pressure ulcers and noted that no grade four pressure ulcers had been reported in 2015/16. John further noted the good levels of cleanliness and the decreased trend of falls and echoed Jill's comment around embedding consistently good practice.

Emma Woollett noted the continued good performance around falls and pressure ulcers. It was:

RESOLVED:

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

09/04/16 NHS Improvement 2016/17 Operational Plan Submission

Paul Mapson introduced the Operational Plan which had been submitted on 18 April, following detailed discussions with governors, Non-Executive Directors and Executive Directors. There had been national recognition that plans had not developed well and commissioners had been advised to make more reasonable contract offers. The plan described the strategic aspect, the Sustainability and Transformation Plan (STP) currently underway and also the financial plan, which presented a £14m surplus. The Trust had assumed sustainability funding would be received even though the Trust had not accepted the control total that had been offered. The Trust anticipated that the control total may be modified in due course so the plan may change. Good progress had been noted on those areas which underpinned the plan and contract negotiations with commissioners had progressed. Divisional plans had also improved and mitigating actions had been agreed to manage the risks around medical agency spend and nursing spend.

With regard to the workforce elements, the ongoing challenges were noted and there had also been significant improvements to the ongoing programmes of work, which included reductions in sickness, turnover and the continued issues around the agency fee caps.

In terms of the performance aspects, Deborah Lee advised that the STP funding was linked to the Trust's ability to deliver agreed performance trajectories for national standards or for recovery towards the national standards. The national guidance had set out achievement milestones that the Trust had not yet achieved nor could develop plans with health community partners to achieve, particularly around A&E. Given the Trust's current position, it had been agreed not to submit a trajectory, with significant funding attached, that was not achievable.

The commissioners and/or regulator may request plans to be developed further; this could be possible with robust plans agreed with system partners to deliver improved performance, which could not be delivered solely through internal measures.

Paul Mapson recommended the Operational Plan for 2016/17 and the self-certification for approval by the Board.

Lisa Gardner advised the Board that the Operational Plan had been discussed in detail by the Finance Committee who recommended it for approval by the Board.

John Savage noted that this would be the 14th consecutive year in which the Trust delivered a planned surplus. The achievement was very significant and one which the Trust should remain mindful of, as very few similar-sized enterprises may be able to achieve the same position. John congratulated everyone involved in the production of the plan. Guy Orpen echoed John's comments and commented that the Trust had the ability to reinvest its surplus in patient care. It was:

RESOLVED:

- **That the Board approve the NHS Improvement 2016/17 Operation Plan and self-certification for submission**

10/04/16 Emergency Preparedness Annual Report 2015/16

Deborah Lee introduced the report and notified the Board of the risks identified within, in that not all of the policies, procedures and levels of staff training had been at the required standard. An internal review identified that as national policies had been updated, local plans had not incorporated the changes in best national practice. The report acknowledged, however, that the major incident response had been tested twice and the Trust had responded both times in an exemplary fashion.

As a result of the review, all plans would have been reviewed and a significant number of the amber and red rated areas would improve as a result, by the end of May. Training of the workforce to ensure compliance had been identified as a significant risk and would require staff to be relieved from their roles in order to undergo the training. The Trust had not been prepared to lower the standard to achieve a green rating and would work to ensure the correct level of compliance had been achieved.

A significant programme of work had been undertaken to ensure every piece of critical equipment had been correctly identified and registered, and had access to an uninterrupted power supply. It had been important to ensure that all staff who used critical equipment had a clear understanding of how the equipment worked and how they would respond to an interruption of the power supply.

Emma Woollett noted the report and the Trust's ability to respond to a crisis. Emma observed that whilst it was important to ensure the correct processes were in place, the balance between policy compliance and staff empowerment must be considered. Deborah Lee noted Emma's comments and referred to her earlier comment that she was not prepared to approve the revised policies until the workforce had been appropriately trained, whilst recognising the right of any trained staff member to exercise their judgement at the time of an incident response. It was:

RESOLVED:

- **That the Board receive the Emergency Preparedness Annual Report 2015/16 for assurance, noting the partial assurance in a number of areas.**

11/04/16 BNSSG Vision for Health and Social Care

Robert Woolley introduced the vision for Health and Social Care produced by the Bristol, North Somerset and South Gloucestershire (BNSSG) system leadership group, who had felt it important to have a shared vision which underpinned the group's work. The vision set out the ambitions across 14 domains on the proposed areas for improvement and articulated how services would be transformed and care improved for people and patients.

It was noted that the BNSSG Sustainability and Transformation plan would provide the detail around how the vision would be delivered and the associated timeframe.

In response to a query from Jill Youds, Robert Woolley advised that the vision provided a starting point for the STP. The system leadership group had identified the vision was at a very high level and agreed that a transformational vision was required. The vision was a framework in which the programmes could be directed but a process of prioritisation was expected which may lead to re-prioritisation or alteration.

In response to a query from Emma Woollett, Robert Woolley confirmed there was national funding available and the system leadership group was working to secure funding to support the transformation of services. The challenge would be to ensure there was financial and service sustainability.

Emma Woollett enquired whether there would be the requirement to re-arrange the current disposition of services and flows. Robert Woolley was confident that the STP submission would define the proposed transformation plans, all of which would have agreed priorities and would detail the options appraisal undertaken to identify whether the plans were sufficient. If the plans were not sufficient, the STP would be required to demonstrate how it would rapidly identify the additional measures required to bridge any gaps.

Emma Woollett queried whether individual organisations would be required to forego current arrangements in order to address the gap and allow the service transformation. Robert Woolley confirmed that was the key purpose of the STP and the Board noted that the STP was fundamental for future health and social care provision in the current economic climate.

Paul Mapson advised that the actions would be a combination of those which organisations could achieve and those which required a system solution. It was anticipated that activity demands would continue and a solution was to be identified which could manage the demand, without the requirement to build additional hospitals.

Robert Woolley noted the continued exceptional level of joint commitment by all partners within the system leadership group, which provided a good foundation. It was:

RESOLVED:

- **That the Board endorse the BNSSG Vision for Health and Social Care**

12/04/16 Memorandum of Understanding between University Hospitals Bristol and University of Bristol

Robert Woolley introduced the paper which detailed the continued work to develop the relationship between the Trust and the University of Bristol (UoB), which included the establishment of a new Partnership and Integration Board. The Memorandum of Understanding (MOU) presented set out the purpose of the partnership, the joint vision shared by both parties, the principles of collaboration, governance arrangements and how the Partnership and Integration Board, and its sub-groups, would operate.

The Board noted the importance of the future plans and also the symbolic importance of the collaborative working. Robert advised that similar discussions were underway with colleagues at the University of the West of England (UWE) to establish a similar partnership arrangement. It was also noted that both UoB and UWE were working with North Bristol Trust and that a meeting between the four organisations had been arranged.

Guy Orpen welcomed the development of the relationship between the two organisations and the importance of the day to day practicalities of the relationship at all levels within the organisations. Guy encouraged the Trust and the UoB to communicate the formal arrangement within its respective organisations in order to provide clarity of purpose to the respective workforces for collaborative working.

John Savage noted the significant importance in the development of the relationship between the two organisations. It was:

RESOLVED:

- **That the Board approve the Memorandum of Understanding between University Hospitals Bristol and University of Bristol**

13/04/16 Bristol Royal Infirmary Post-Project Evaluation Report

Deborah Lee introduced the report which heralded the project as a predominant success and it was positive to note that many of the initial difficulties had settled. It had been initially difficult for staff to understand the benefits described by the patients, given the huge change in their working practices but staff were now reporting very positively. The report noted that more than any other project previously undertaken, the transformation of the building had prompted a transformation in how care was provided for patients, which included the introduction of a planned care model which had provided significant benefits. The report noted a number of recommendations, areas of notable practice and the learning points, which would be captured in the strategic development checklist of best practice for future projects.

John Savage noted the success of the project and congratulated the achievements of everyone involved.

Emma Woollett endorsed John's comment and noted the exemplary project and financial management, and suggested recognition of the further work was required on the operating models.

Emma Woollett noted the ongoing revenue impact which had been better than forecast but queried the utilisation of the realised operational benefits. Paul Mapson advised that when buildings were improved, the building was revalued by the district valuer which usually resulted in an impairment. In this instance, the impairment had been larger than expected which provided the revenue benefit. Deborah Lee clarified the financial benefits were received

in that the Trust operated within the planned bed base and that the Trust assumed receipt of an occupancy benefit which would provide operational flow benefit, which had not been maximised.

In response to a query from David Armstrong, Robert Woolley advised that the Strategic Development Board existed to review the optimum use of real estate and that he was working with Paula Clarke to recast the strategy governance arrangements under the Senior Leadership Team. The remit of the new Strategy Steering Group would be to review development across the Trust's estate to ensure appropriate oversight and to also ensure the Senior Leadership Team could drive strategic review and strategic thinking.

David Armstrong queried whether the Trust encouraged its project managers to be affiliated with the relevant professional body to encourage best practice. Deborah Lee advised that the Trust followed the PRINCE project methodology but acknowledged the absence of a project management community within the Trust and would reflect further on the benefits of this. It was:

RESOLVED:

- **That the Board receive the Bristol Royal Infirmary Post-Project Evaluation Report for assurance**

14/04/16 Transforming Care Programme Board Report

Robert Woolley introduced the report which set out the scope of the Transforming Care Programme for the new financial year. The previous framework had been retained with the six themes of delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership. The report summarised the focus which was in line with the Board's priorities, and paid significant attention to service improvement, particularly around patient flow, surgical pathways and timeliness of cancer care. Work programmes continued around ward processes, planned care, outpatients, theatres, and flow in the Children's Hospital. The Board's attention was drawn to the use of technology and the introduction of electronic dashboards and interactive whiteboards, which allow instant communication and reporting. As previously discussed, the 'Happy App' would be rolled out as a mechanism to measure rapid staff feedback to improve staff engagement and involvement.

Julian Dennis referred to previous reports which included harder measures to demonstrate how improvements had been achieved and suggested this would be useful for future reports, in addition to the softer measures currently included. Robert Woolley acknowledged Julian's comments and advised that the hard measures were discussed in detail at the Transforming Care Programme Board.

David Armstrong referred to a report produced by the Transforming Care team at the end of 2014/15 which detailed project deliverables, purpose, status and milestones and would have appreciated a similar report for 2015/16. Robert Woolley advised that the Board had always received a narrative report but assured the Board that he did receive this level of detail, which was discussed at every Programme Board meeting. The programme of work was very transitional between 2014/15 and 2015/16 as older projects concluded and new projects with new KPIs were established.

Jill Youds echoed David's comments and whilst she acknowledged it was a rolling programme, an end of year report would be welcomed. Robert would discuss with Paula Clarke, Director of

Strategy and Transformation, and agree an appropriate balance of reporting to the Trust Board. It was:

RESOLVED:

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

15/04/16 Quarterly Research and Innovation Update

Sean O’Kelly introduced the report which included successes, priorities, opportunities, risks and threats and an update on the KPIs metrics which supported delivery of the Trust’s research agenda.

In terms of successes, the Trust had had seven out of eight areas shortlisted for the Biomedical Research Centre; the full bid was to be submitted by Monday 6 June and significant preparation was underway to complete the bid.

A key priority for the department was to support research staff following recent changes to the Health Research Authority’s research approvals systems.

The department also continued to develop meaningful KPIs to help drive the research programme more fully and widely throughout the Trust, which would be essential if the Trust were successful in its bid to become a Biomedical Research Centre.

The Board noted that, due to the implementation of a new IT system for research data submission, the figures for Q4 2015/16 were yet to be validated and the position was expected to improve following validation. The monthly commercial income and the NIHR monthly grant income remained broadly in line with expectations.

Emma Woollett referred to the patient story presented to the Board, which had been transformational in terms of the patient experience and its impact. Emma felt the report had a very statistical and financial focus and would be keen to receive updates around improvements made to clinical care as a result of research. Sean O’Kelly advised this would be provided with the development of the KPIs but it was acknowledged that some were more qualitative than quantitative and would be harder to evaluate. Consideration would be given to how the impact of research on clinical care could be tracked and included within future reports.

Guy Orpen acknowledged the human dimension of research, in response to the patient story but also acknowledged the financial resources required to provide research. The innovation dimension was also important and whilst the Trust was keen to import good practice from national and international research within existing local practices, it would be difficult to track progress. Guy referred to a report which may be of interest to the Board with regard to health research undertaken 15 years ago which resulted in changes in practice only recently but demonstrated the lengthy process behind research developments.

Guy Orpen noted his appreciation of the support provided by Sean O’Kelly and David Wynick, Director of Research, to John Iredale, the lead at the University of Bristol for the development of the Biomedical Research Centre bid. The Board noted that a number of research grants would shortly end and would not be renewed unless some of the bids were successful. In response to a query from Emma Woollett, Guy Orpen advised that if the bids were not successful, the clinical research service would continue but staff involved in the trials funded by grants may be at risk.

David Armstrong notified the Board that he and Lisa Gardner had undertaken an interesting visit to the Research and Development Unit and areas for discussion included how research fed into changes in healthcare. David and Lisa had been encouraged by the Trust's strong research capability and noted that if the Trust aspired to be a leader in research, the report should include benchmark metrics to demonstrate improvements in research and how close it was to achieving its aspiration. It was:

RESOLVED:

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

16/04/16 Finance Report and Financial Resources Book 2016/17

Paul Mapson introduced the report which detailed the financial position at the end of March 2016 with a year-end position surplus position of £3.460m (before technical items). After technical items, the surplus increased to £12.173m. It was also noted that the figures did not include actual activity for March, due to the year-end close down prior to the availability of coded figures for the month and the report had been based on a projection using months 1 - 11. It was acknowledged that March had been a challenging month, with deteriorations noted particularly in Medicine. It was also hoped that the trend around the nursing spend position would be mitigated in the new financial year. The Trust had also conceded a couple of income challenges which had not been expected.

The Trust reported a healthy cash balance for the year-end and a risk rating of 4. The Board noted that the year-end accounts had been submitted to the Auditors.

Paul also presented the Financial Resources Book 2016/17 which provided detail on a more granular level around the operational plan. The Trust was required to declare prior to submission of the accounts that the Trust was a going concern and this was noted by the Board. It was:

RESOLVED:

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

17/04/16 Finance Committee Chair's Report

Lisa Gardner introduced the report of the business discussed at the meeting of the Finance Committee on 25 April 2016.

The Finance Committee reviewed in the detail the NHS Improvement Operational Plan for 2016/17 and the accompanying Financial Resources Book for 2016/17. The Committee acknowledged the challenges faced by the Trust in 2015/16, due in part to external factors and recommended the Board to note that the Trust was a going concern.

Following the work undertaken around ENT productivity and on recommendation from the Finance Committee, the same methodology had been presented to Divisional Boards for consideration within their cost improvement plans and for development into regular practice. Updates would be presented in due course.

The new Divisional Director and Head of Nursing in Surgery Head and Neck would attend the Finance Committee meeting in June and Committee members looked forward to the opportunity to engage directly with the Divisional leaders, due to the ongoing challenges they faced, and to

receive updates on their savings plans. There were encouraging signs with regard to rigour behind the planning process, due to the new Divisional leadership arrangements now in place.

In terms of the 2015/16 year-end position, it had been as expected but concerns remained around management of the workforce pressures, in relation to agency spend, sickness and turnover.

In light of the Carter review, the Committee would receive in May a report on the development of cost improvement plans.

The Committee requested a report on the bone marrow transplant service, which was now provided in both child and adult services. The service experienced spikes in activity at occasional times of the year and Committee members had been assured that the service was sustainable.

John Moore enquired as to reasons for the failure of Surgery Head and Neck to achieve their savings target and Deborah Lee advised that with regard to the Division's savings target, this had included their outstanding deficit from 2014/15. The Division's savings plan for 2015/16 had been comparable to the other Divisions. It was:

RESOLVED:

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

18/04/16 Quarterly Capital Projects Status Report

Deborah Lee introduced the report which provided an update on the progress, issues and risks arising from the Trust's remaining major capital developments. The Board's attention was drawn to the refurbishment of the King Edward Building, which was interdependent on the refurbishment of the Queen's Building, amongst others, the progress of which had slipped due to further delays in the transfer of histopathology services and Public Health England's microbiology service, both of which were due to move to Southmead Hospital. The Board was reassured that the programme was still deliverable within the planned timeframe but there was no contingency for further slippage. The implications of the slippage would be managed appropriately but it was noted that financial penalties may be incurred if vacant possession was not achieved in line with the sale agreement. It was:

RESOLVED:

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

19/04/16 Board Assurance Framework – Quarter 4 Update

Robert Woolley introduced the Quarter 4 update of the Board Assurance Framework (BAF) and the Board was notified that the format of the BAF would be revised and presented to the Board in July. In terms of Q4, 19 objectives were green rated and had been achieved, 15 were amber rated, and the one red rated objective related to the emergency planning policy framework as described earlier in the meeting. It was:

RESOLVED:

- **That the Board approve the Board Assurance Framework Quarter 4 Update**

20/04/16 Corporate Risk Register

Robert Woolley introduced the Corporate Risk Register and it was positive to note that following the decision to include risks rated 12 and over, the Risk Register was more dynamic and the movement of risks was visible. A number of the risks had been escalated by the Divisions and Board members noted that a number of the risks had been included on the Risk Register previously and de-escalated appropriately.

With regard to Risk 588 (failure to recognise patient deterioration), the Board noted that the risk had been re-evaluated in the course of the month and following a downgrade in the level of risk, had been removed from the Corporate Risk Register.

With regard to Risk 1366 (drain blockages), the Board noted this had been added and subsequently removed from the Corporate Risk Register due to the mitigation plans put in place.

The Board were advised that the cover sheets for future reports would include the most recent position to avoid confusion.

Julian Dennis acknowledged the useful correlation between the BAF and the Corporate Risk Register. It was:

RESOLVED:

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

21/04/16 Monitor Q4 Risk Assessment Framework Declaration

Robert Woolley introduced the Q4 Risk Assessment Framework Declaration and in light of the earlier discussions with regard to the 62-day and 31-day cancer standards, the Board approved the declaration for Q4 and noted the risks going forward. It was:

RESOLVED:

- **That the Board approve the Q4 Risk Assessment Framework Declaration for onward submission to Monitor**

22/04/16 Board of Directors Register of Interests and Gifts

The Board noted the Board of Directors Register of Interests and Gifts. It was:

RESOLVED:

- **That the Board receive the Board of Directors Register of Interests and Gifts for assurance**

23/04/16 Governors' Log of Communications

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

RESOLVED:

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

24/04/16 Any Other Business

Anne Skinner had been encouraged to note the improvements made within the Trust but had been disappointed to note that following her Governor walk rounds over the last three years, there seemed to be a lack of communication between the teams required to clean the beds and those who clean the overhead pendants, and that the equipment cleanliness conditions in NICU and Cardiac ICU were not acceptable. Deborah Lee thanked Anne for bringing the issue to her attention and clarified that there were indeed two teams responsible for the deep cleaning and that staff on the wards were responsible for the cleanliness of ward equipment. Carolyn Mills agreed to investigate this further as it had not been identified as an area of concern in the ward cleanliness audits. Anne’s enquiry would be included on the Governor’s log to ensure a clear record of actions taken would be reported.

John Savage advised the Board that a number of Governors would be approaching the end of their tenure in May and would stand down from the role. John thanked Tony Tanner, Brenda Rowe, Sylvia Townsend, John Steeds, Pam Yabsley, Wendy Gregory, Tom Davies, Ben Trumper, Tony Rance and Jim Petter. The Board expressed its gratitude for the Governors’ input into its activities and that a number of successes had been achieved due to the Governor arrangements in place, and all were wished well.

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed at 13:15pm. The next meeting of the Trust Board of Directors will take place on Wednesday 25 May 2016, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

.....
Chair

.....2016
Date

Trust Board of Directors meeting held in Public 28 April 2016
Action tracker

Outstanding actions following meeting held 28 April 2016					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	181/02/16	The Board to receive an update on the major strategic schemes for consideration and prioritisation.	Director of Strategy & Transformation	Autumn 2016	
Completed actions following meeting held 28 April 2016					
2.	195/03/16	The Board to receive a report setting out the strategic and transformative approach to staff engagement and retention.	Director of Workforce and OD	May 2016	Complete: agenda item 11, 25 May 2016
3.	195/03/16 & 184/02/16	The Board to receive, as part of the workforce report, an overview of the tactical approach to address work in progress on recruitment, retention, turnover and sickness.	Director of Workforce and OD	April 2016	Complete.
4.	184/02/16	That the performance dashboard would be revised to include RAG thresholds and performance figures for 2014/15 within the workforce metrics.	Chief Operating Officer / Deputy Chief Executive	May 2016	Complete: Meeting has taken place and dashboard amended to reflect Board comments.

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 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 May 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 – MAY 2016

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** an update on the financial position for the first month of 2016/2017.

3. STRATEGY AND BUSINESS PLANNING

The group **noted** an update on the business planning round 2016/2017, including status of Operating Plans.

The group **approved** the Annual Quality Report 2015/2016 for onward submission to the Audit Committee and Trust Board.

The group **noted** an update on the strategic planning refresh work and implementation framework and **approved** terms of reference for the Clinical Strategy Group and Strategy Steering Group.

The group **approved** a strategy for developing social media and the development of an implementation plan.

The group **approved** the proposal to repeat the Recognising Success Awards event in 2016 and **agreed** consideration be given to changing the approach the following year.

The group **approved** the 2015/2016 Annual Workforce and Organisational Development Report (incorporating performance during quarter January – March 2016), for onward submission to the Quality and Outcomes Committee and Trust Board.

The group **approved** the Emergency Preparedness, Resilience and Response Policy and Incident Response Plan.

4. RISK, FINANCE AND GOVERNANCE

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

The group **approved** the revised Capital Investment Policy, noting Annex 2 (scoring matrix for non-financial evaluation of major medical and operational capital investments) would be reviewed in the Summer in support of the 2017/2018 Business Planning round, for onward submission to the Finance Committee and Trust Board.

The group **approved** the revised Cancer Steering Group Terms of Reference.

Reports from subsidiary management groups were **noted**, including updates on the transfer of Cellular Pathology to North Bristol Trust and the Transforming Care Programme, and **approved** the revised terms of reference for the Transforming Care Programme Board.

The group **received** two low impact Internal Audit Reports in relation to Main Accounting and Operational Review – Medicine Division, and two medium impact Internal Audit Reports in relation to Rosterpro Central Review and Management of Resuscitation Equipment.

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
May 2016

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 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 Committee is recommended to receive the report for assurance .											
Impact Upon Board Assurance Framework											
Links to achievement of the standards in Monitor’s Risk Assessment Framework.											
Impact Upon Corporate Risk											
As detailed in the individual exception reports.											
Implications (Regulatory/Legal)											
Links to achievement of the standards in Monitor’s Risk Assessment Framework.											
Equality & Patient Impact											
As detailed in the individual exception reports.											
Resource Implications											
Finance				Information Management & Technology							
Human Resources				Buildings							
Action/Decision Required											
For Decision			For Assurance			✓		For Approval		For Information	
Date the paper was presented to previous Committees											
Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)							

Quality & Performance Report

May 2016

Executive Summary

April presented a generally good picture in performance terms, with the first signs of recovery in some areas, following the unprecedented emergency pressures in quarter 4, but the impact of several months of junior doctor industrial action also starting to be felt in others. Improvements were evident for both A&E 4-hour performance and cancelled operations, and despite the risk of a significant rise in the number of patients waiting over 18 weeks from Referral to Treatment (RTT), the 92% national standard was again achieved. Other noteworthy successes for the month are detailed on the Overview page of this report, alongside the priorities, risks and threats for the coming months.

There was a slight easing of the pressures on the Trust's emergency services this month, although the number of patients arriving and being admitted via our Emergency Departments was still 7% above the same period last year. As a consequence, both adult bed occupancy and numbers of patients staying more than 14 days in hospital remained high. However, despite this, performance against the 4-hour A&E waiting times standard improved by almost 5 % relative to March. There was also a significant reduction in the number of elective operations cancelled at last-minute for non-clinical reasons, with the lowest number of cancellations reported since December 2015. Whilst this allowed some catch-up on routine elective work, the impact on the activity lost in quarter 4 due to both emergency pressures and junior doctors' industrial action, led to a rise in the elective waiting list and numbers of admitted pathway patients waiting over 18 weeks. Encouragingly though, performance above the 92% national standard for patients waiting under 18-weeks from Referral to Treatment was maintained. The 99% national standard for the percentage of patients waiting under 6 weeks for a diagnostic test was, however, not achieved, due to the number of endoscopy lists lost as a result of the industrial action. The Trust continues to flag these system risks to NHS Improvement and escalate issues to commissioners to engage primary care and partner organisations in mitigations to manage demand.

This month some of the indicators in the Trust's Summary Scorecard have changed, following last month's annual review of all key performance indicators reported to the Trust Board and used by Divisions to focus improvements to service standards. Performance against many of the wider range of quality metrics we report in our Quality Scorecard remained strong, including infection control metrics, Never Events, inpatient falls and pressure ulcers per 1,000 bed-days, and the two NHS Safety Thermometer composite measures of harm-free care. This continues to provide good ongoing assurance that quality standards are being maintained in the face of high levels of emergency demand. Also notable was the improvement in the percentage of adults patients receiving a VTE (venous Thrombo-embolism) Risks Assessment, which was restored to a green rating this month, and a third consecutive month of being below the green threshold for non-purposeful omitted doses of critical medication, the latter, along with National Early Warning Scores, being new to the Trust Summary Scorecard this month.

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, with our vacancy rates being green rated for a second consecutive month. 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

Ratings for the main University Hospitals Bristol sites

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident & Emergency	Good	Not rated	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family Planning	Good	Good	Good	Good	Outstanding	Good
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

NHS Choices

Website

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

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

Stars – maximum 5

OK = Within expected range

✓ = Among the best

! = Among the worst

Please refer to appendix 1 for our site abbreviations.

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

NHS Improvement Risk Assessment Framework

In April the Trust didn't achieve six of the standards in the NHS Improvement 2016/17 Risk Assessment Framework, as shown in the table below. One of these six standards (i.e. 31-day subsequent drug therapy) is forecast to be achieved for the quarter as a whole. 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 4.0 against Monitor's Risk Assessment Framework. Monitor restored the Trust to a GREEN risk rating in quarter 1 2015/16, 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					Q1 Forecast	Notes	Q1 Forecast Risk Assessment Risk rating
					Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16*	Q1 16/17*			
1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	TBC	✓	✓	✓	✓	TBC**	✓	Limit to the end of Q4 = 45 cases	Achieved
2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	TBC	✓	✓	✓	✓	96.5%	✓	31-day surgery/first def standards will not be met in Q1 due emergency pressures/ lack of critical care beds in Q4	Not achieved
2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	TBC	✓	✓	✓	✓	75.6%	*		
2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	TBC	✓	✓	✓	✓	97.9%	✓		
3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	TBC	*	*	*	*	78.0%	*	62-day GP standard also lower than expected due to impact of lack of critical care beds.	Not achieved
3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	TBC	*	*	*	*	41.7%	*		
4	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	92.3%	Not achieved	Not achieved	Not achieved	Achieved	92.3%	✓		Achieved
5	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	TBC	✓	✓	✓	✓	91.4%	*	See 31-days subs surgery note.	Not achieved
6a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	TBC	✓	✓	✓	✓	94.4%	✓		Achieved
6b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	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%	87.2%	*	*	*	*	87.2%	*		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.

*Q1 Cancer figures based upon draft figures for April.
** C. diff cases still subject to commissioner review, but within limit

4.0
To be confirmed (see narrative)

Summary Scorecard

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



Key changes in indicators in the period:

GREEN to RED:

- Diagnostic waits

RED to AMBER:

- A&E 4-hours
- Sickness absence
- Turn-over

Mortality – un-rated this month (see SHMI report)

Overview

The following summarises the key successes in April 2016, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards in quarter 1 2016/17.

Successes	Priorities
<ul style="list-style-type: none"> • Improvement in venous thrombo-embolism risk assessments following targeted work on data recording and a Trust wide safety focus bulletin highlighting the risk and its potential consequences; • Further increase in in-patient Friends and Family Test coverage to 35.2% to achieve the 30% target; • Ancillary vacancies continue to be at the lowest level for two years, as a result of the work of the Recruitment and Retention Lead in Estates and Facilities, and registered nurse vacancies are at their lowest since April 2015; • Achievement of the RTT national standard despite ongoing emergency pressures and activity lost due to junior doctor industrial action; • Reduction in the level of last-minute cancelled operations. 	<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; • Improve performance in treating patients with fractured neck of femur, although there is improvement in all related metrics compared to last month despite the sustained significant capacity pressures; • There is a continued focus on the reduction of staff turnover and sickness absence with the development of action plans to support the achievement of the 2016/17 KPIs. • Delivery of planned Referral to Treatment (RTT) clock stop activity in May in order to continue to achieve the national RTT standard; • Recovery of cancer 31-day first definitive and subsequent surgery standards by the end of May following critical care-bed related cancellations of surgery in quarter 4; • Implement a recovery plan for restoring performance against the 6-week wait diagnostic standard by the end of July, or sooner if possible.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Short life Transformative Engagement Working Group established to develop high impact projects to accelerate the process of improving experience and engagement. Board Seminar, on 13 May 2016, considered a number of options to accelerate the improvement of staff experience and engagement. 	<ul style="list-style-type: none"> • We did not meet our trajectory for April 2016 agreed with commissioners to recover performance in serious incident reporting timescales and provision of a 72 hour report within the timescale. This relates to one incident out of three reported in the month for both indicators. Details of reasons and actions being taken have been reported to the Quality and Outcomes Committee; • Changes in the requirements to achieve compliance in Information Governance and Fire Safety means levels have reduced. A recovery trajectory is being developed. • Further surges in demand for ITU/HDU beds may put at risk recovery of 31 and 62-day cancer performance by the end of May.

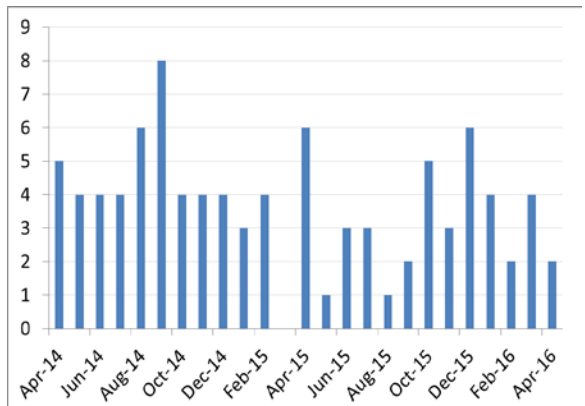
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

Infection control
 The number of hospital-apportioned cases of Clostridium difficile infections. The Trust limit for 2016/17 is 45 avoidable cases of clostridium difficile (the same as 2015/16).

There were two cases of *Clostridium difficile* (C. diff) attributed to the Trust in April. One case was in the Division of Medicine and the other in the Division of Women's & Children's.

	C. difficile
Medicine	1
Surgery	0
Specialised Services	0
Women's & Children's	1

Total number of C. diff cases



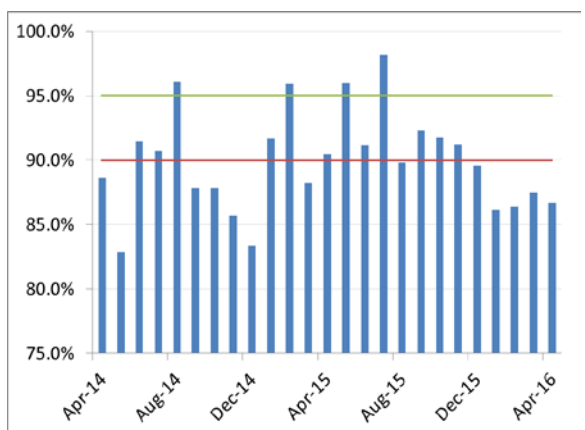
A total of two cases (unavoidable + avoidable) have been reported in the year to date against a limit of 45 (for April 2016 to March 2017).

The monthly assessment of cases continues with the Clinical Commissioning Group (CCG). The April cases have yet to be assessed by the CCG.

Deteriorating patient
 Early warning scores acted upon in accordance with the escalation protocol (excluding paediatrics). This is an area of focus for our Sign up to Safety Patient Safety Improvement Programme. Our three year goal is sustained improvement above 95%.

Current performance is 87% against a three year improvement goal of 95%. This is similar to the previous three months (86% to 88%).
 Six out of 45 patients did not have a documented appropriate response to an elevated Early Warning Score.

Deteriorating patient: percentage of early warning scores acted upon



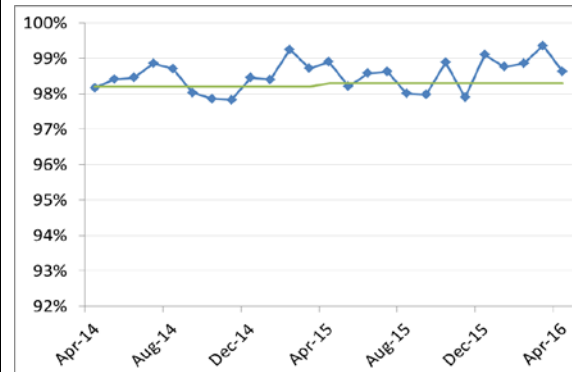
A new adult observation chart incorporating the National Early Warning Score (NEWS) was introduced in December 2015. This has meant a change for staff in how Early Warning Scores are calculated and in the escalation of deteriorating patients for senior clinical review. Implementation was supported by a training programme delivered by Training and Education Manager, experienced in the implementation of NEWS. Actions and further improvements being tested are described in the actions section of this report. (Actions 1A to 1F).

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 April 2016, the percentage of patients with no new harms was 98.6 %, 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



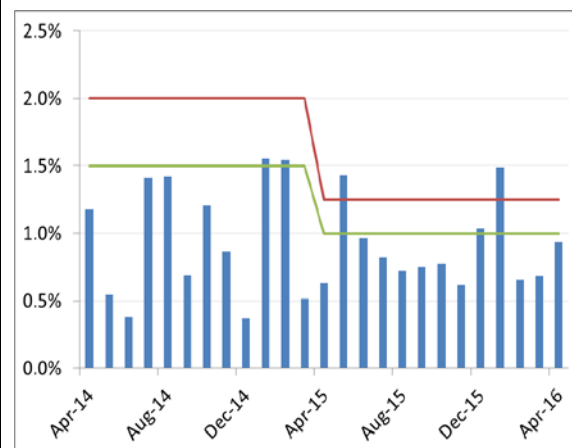
The April 2016 Safety Thermometer point prevalence audit showed three new catheter associated urinary tract infections, two falls with harm, one new pressure ulcer and five new incidences of new venous thrombo-emboli. The incidences of new venous thrombo-emboli are being validated to ensure they were not present or suspected on admission, in which case they would be classed as “old”.

Non-purposeful omitted doses of listed critical medicines Monthly audits by pharmacy incorporate a review of administration of critical medicines: insulin, anti-coagulants, Parkinson’s medicines, injected anti-infectives, anti-convulsants, short acting bronchodilators and ‘stat’ doses.

In April 2016, 0.93% of critical medications were omitted. This is an increase on the previous month’s figure of 0.69%, but below the target 1% on average for the calendar year to date (0.88%).

The 0.93% for April relates to 14 patients who had a non-purposeful missed / omitted dose of the listed critical medication in the 3 days prior to prescription review in the month, from a review of 1499 patients. All of the patients were on different wards apart from five; three of which were on one ward and two of which were on another ward.

Percentage of omitted doses of listed critical medicines



Reasons for omissions were as follows: for six patients the drug was not on ward at the time, for two patients doses were unintentionally omitted, for one patient the drug was given but not signed for, one patient was being transferred at the time the drug was due, one drug was administered later than prescriber requested, and for three patients the reason is unknown. Actions being taken are described in the actions section (Action 2)

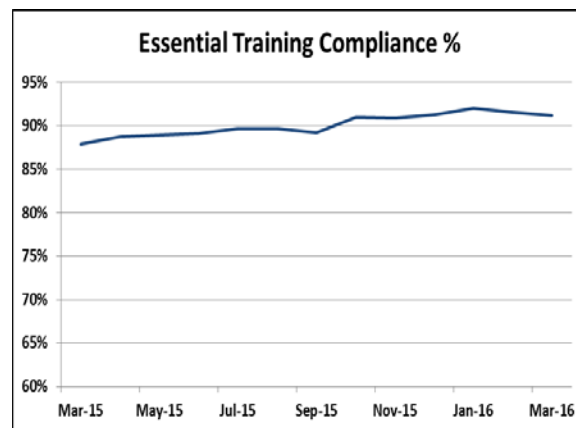
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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

Compliance at the end of March was 91.1% against the 90% threshold for core Essential Training.

March 2016	Compliance Rate
UH Bristol	91.1%
Diagnostics & Therapies	92.7%
Medicine	91.0%
Specialised Services	92.4%
Surgery Head & Neck	92.5%
Women's & Children's	88.2%
Trust Services	92.2%
Facilities And Estates	93.1%

Core Essential Training Compliance



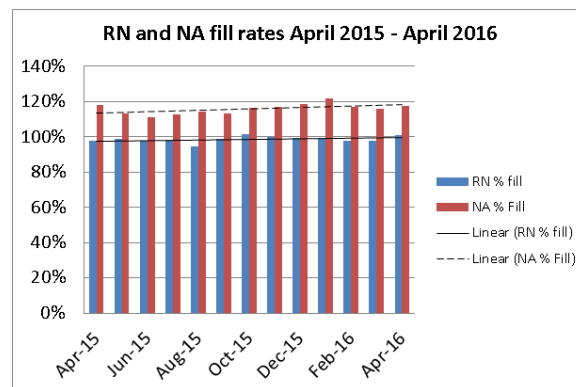
This work continues and we are committed to ensuring compliance information is available in June. Further details are provided under Action 3.

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

The report shows that in April the Trust had rostered 208,986 expected nursing hours, with the number of actual hours worked of 218,779. This gave an overall fill rate of 105%.

Division	Actual Hours	Expected Hours	Difference
Medicine	64,492	60,009	+4,483
Specialised Services	38,796	38,941	-145
Surgery Head & Neck	44,270	41,145	+3,125
Women's & Children's	71,222	68,891	+2,331
Trust - overall	218,779	208,986	+9,794

The percentage overall staffing fill rate by month



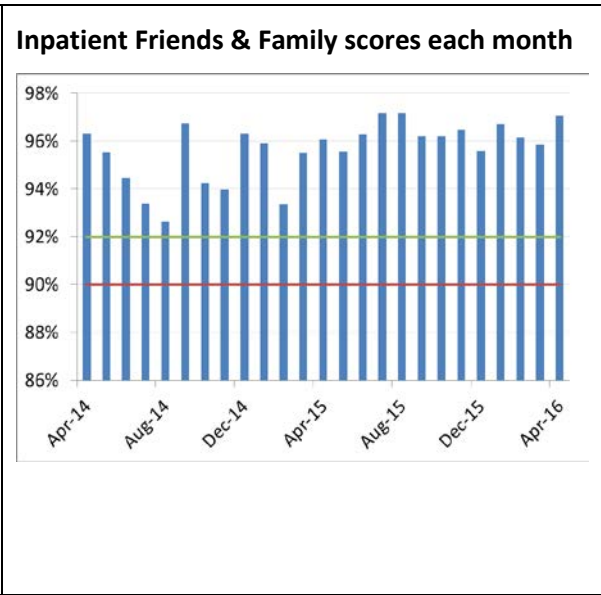
Overall for the month of April 2016, the Trust had 101% cover for Registered Nurses (RNs) on days and 98% RN cover for nights. The unregistered level of 114% for days and 123% for nights reflects the continued activity seen in April. This was due primarily to Nursing Assistant (NA) specialist assignments to safely care for confused or mentally unwell patients in both adults and children. (Action 4).

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 April 2016 was 97.1%. This metric combines Friends and Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services.

Division and hospital-level data is provided to the Trust Board on a quarterly basis and will be provided at the end of quarter 1. This is explored in more detail within the quarterly Patient Experience Report to the Board.



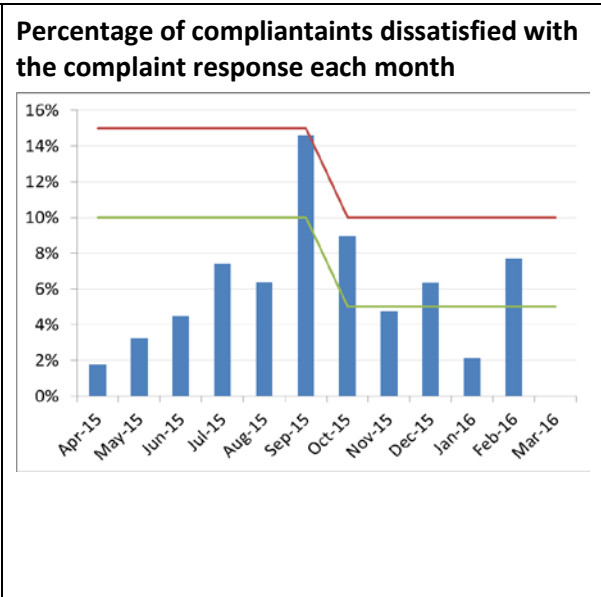
The scores for UH Bristol are in line with national norms, although national data is yet to be published for April 2016.

A very high proportion of the Trust's patients would recommend the care that they receive to their friends and family. These results are shared with ward staff and are displayed publicly on the wards. Division and hospital-level data is provided to the Trust Board and is explored within the Quarterly Patient Experience report.

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 March 2016, performance was 8.33%, compared to 7.69 % in February 2016. In March we sent out 36 responses to complaints. By the 13th May we had received 3 responses indicating they were dissatisfied with the Trust's response = 8.33%.

These cases related to responses from the Divisions of Specialised Services, Diagnostics & Therapies and Women's & Children's (one from each division).



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%.

Actions continue as previously reported to the Board (Action 5).

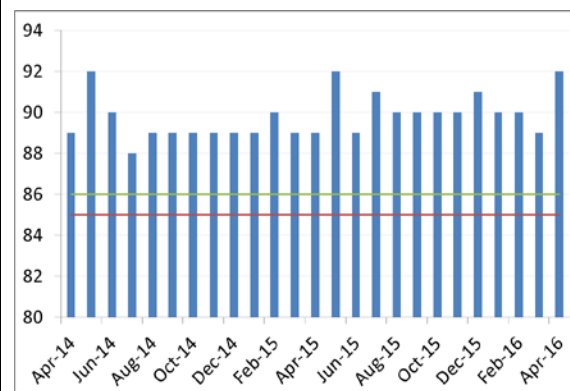
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 months of March and April 2016, the scores were 89 and 92 respectively 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.

	Q3	Q4
Trust	90	90
Division of Medicine	86	86
Division of Surgery, Head & Neck	92	91
Division of Specialised Services	91	91
Women's & Children's Division (Bristol Royal Hospital for Children)	91	92
Women's & Children's Division (Postnatal wards)	90	89

Inpatient patient experience scores (maximum score 100) each month



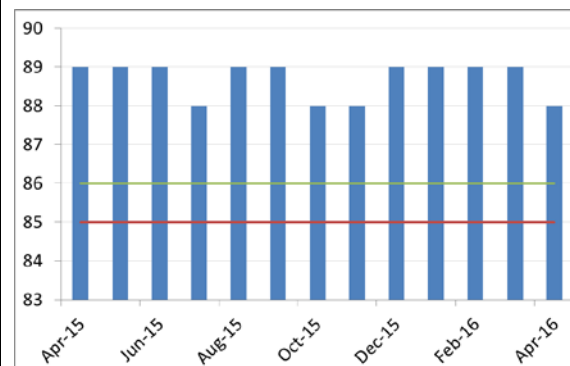
UH Bristol performs in line with national norms in terms of patient-reported experience. This metric would turn Red if patient experience at the Trust began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. In the year to date the score remains green. A detailed analysis of this metric (down to ward-level) is provided to the Trust Board in the Quarterly Patient Experience Report.

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.

The score for the Trust as a whole was 88 in April 2016 (out of a score of 100).

	Quarter 4 2015/16	April 2016
Trust	89	88
Medicine	87	
Specialised Services	88	
Surgery, Head & Neck	88	
Women's & Children's (Bristol Royal Hospital for Children)	86	
Diagnostics & Therapies	94	

Outpatient Experience Scores (maximum score 100) each month



Overall the Trust remains Green rated against this indicator for April 2016. At a Trust level, this metric would turn red if outpatient experience at UH Bristol began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. Divisional scores are examined in detail in the Trust’s Quarterly Patient Experience Report.

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

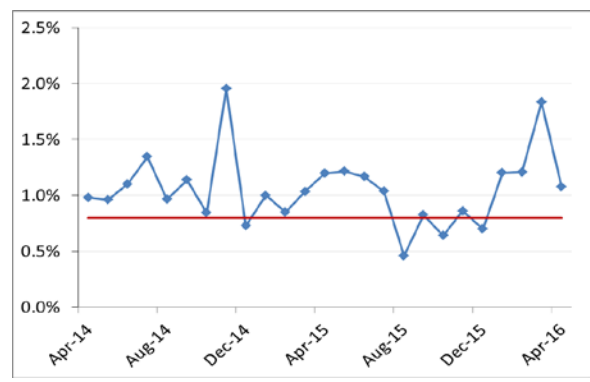
Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.

In April the Trust cancelled 63 (1.08%) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:

Cancellation reason	Number/%
No ward bed available	16 (25%)
Emergency patient prioritised	11 (17%)
No ITU/HDU bed	10 (16%)
No theatre staff or surgeon	10 (16%)
Other causes (10 different breach reasons - no themes)	16 (25%)

Twenty-three patients cancelled in March were readmitted outside of 28 days due to emergency pressures and other patients taking priority. This equates to 78.7% of cancellations being readmitted within 28 days. This is below the 28-day readmission standard of 95%.

Percentage of operations cancelled at last-minute



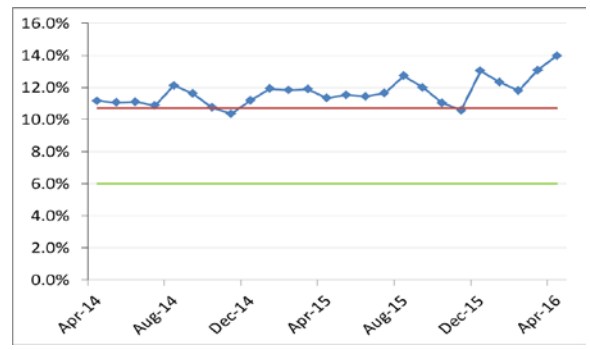
In April the lowest number of last-minute cancellations was reported since December 2015. However, emergency pressures continued to result in cancellations of routine operations in the period, with a high volume of bed-related cancellations. A separate action plan to reduce elective cancellations continues to be implemented (Actions 6A and 6B). However, please also see actions detailed under A&E 4 hours (8A to 8C) and outlier bed-days (13A to 13C).

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 April 14.0% of outpatient appointments were cancelled by the hospital. As has been the case for the last four months, performance against this indicator in part reflects the necessary cancellations that took place as a result of the junior doctor industrial action. Analysis from previous months suggests the impact of the Industrial Action was circa 1.5% per two days lost, including both the increased level of cancellations and the loss of outpatient activity from the denominator. So the impact for April is estimated at 3.0%

May's performance against this metric is also expected to be RED rated, due to further Industrial Action in the period.

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 7).

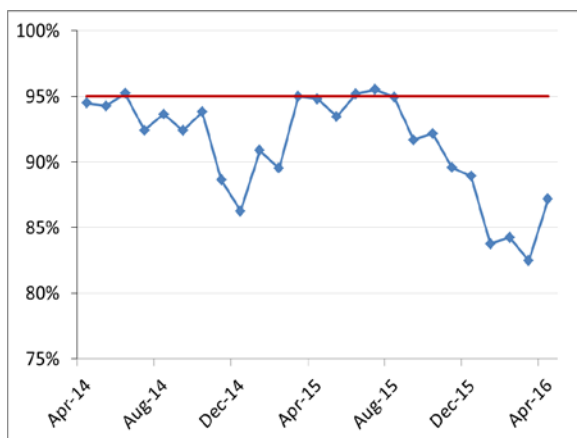
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 April. However, performance improved to 87.2% from 82.5% in March, meeting the recovery trajectory of 81.9%. Performance and activity levels for the BRI and BCH Emergency Departments are shown below.

BRI	Apr 2015	Mar 2016	Apr 2016
Attendances	5167	5866	5594
Emergency Admissions	1771	1976	1875
Patients managed < 4 hours	4800 92.9%	4406 75.1%	4464 79.8%
BCH	Apr 2015	Mar 2016	Apr 2016
Attendances	3055	3935	3036
Emergency Admissions	692	825	753
Patients managed < 4 hours	2915 95.4%	3369 85.6%	2824 93.0%

Performance of patients waiting under 4 hours in the Emergency Departments



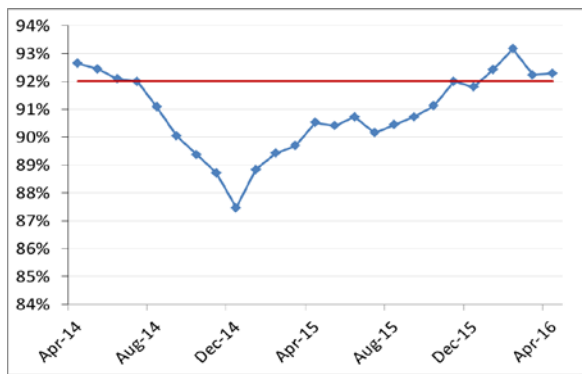
Overall levels of emergency admissions were 7% higher in April than in the same period in 2015, with increases at both the BRI and BCH Emergency Departments. Patient acuity has also remained high, with ambulance arrivals 7.5% up on the same period last year. The number of patients on the Green to Go (delayed discharge) list rose to 95 patients in-April, which led to a continued high rate of bed occupancy. Actions continue to be taken to manage demand and to reduce delayed discharges (Actions 8A to 8C).

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 April, with the Trust reporting 92.3% of patients waiting less than 18 weeks at month-end. The number of patients waiting over 18 weeks was, however, higher 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 decreased in April from the March position, against the trajectory of zero.

	Feb	Mar	Apr
Numbers waiting > 40 weeks RTT	14	26	24
Numbers waiting > 52 weeks RTT	0	0	0

Percentage of patients waiting under 18 weeks RTT by month



The small increase in the backlog this month reflects the activity lost through the junior doctor industrial action and emergency pressures resulting in elective cancellations. 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 9).

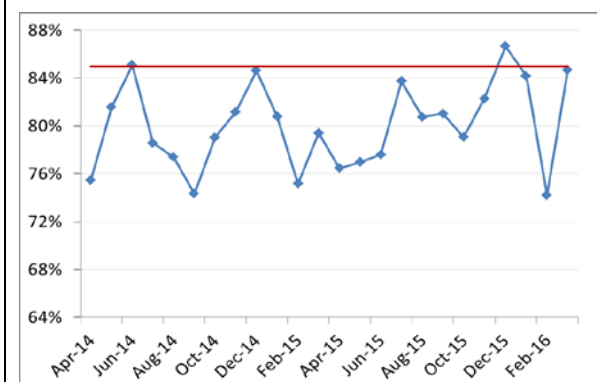
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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

The Trust reported performance of 84.7% against the 85% 62-day GP standard in March. The internal performance improvement trajectory was met for quarter 4 as a whole. Performance against the 90% 62-day screening standard was 70.0%. The main reasons for failure to achieve the 85% national 62-day GP standard are shown below.

Breach reason	Mar 16
Late referral by other provider	5.0
Medical deferral/clinical complexity	7.0
Patient choice deferral	0.0
Delayed radiology diagnostic	0.0
Elective cancellation/capacity	1.0
Admin/pathway tracking issue	0.5
TOTAL	13.5

Percentage of patients treated within 62 days of GP referral



There were 4.5 x 62-day screening pathway breaches out of 15 treated. The breach reasons were patient choice (2), clinical complexity (1), delayed diagnostic (1) and late referral (0.5).

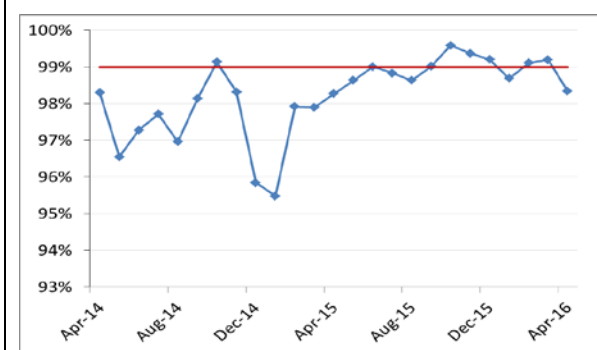
March's performance was high in part due to the cancellation of lung and upper GI patients' surgery resulting from a lack of critical care beds. April and May's performance will be low due to these additional breaching patients being treated. Ideal timescale pathway implementation is complete, with review meetings underway (Action 10). Timescales for tertiary referral has been included in a CQUIN for 2016/17. The above areas of focus are part of the action plan signed-off by the Board.

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

The 99% national standard was not achieved at the end of April, with reported performance 98.3%. The number and percentage of over 6-week waiters at month-end, is shown in the table below:

Diagnostic test	Feb	Mar	Apr
MRI	30	19	13
Ultrasound	7	2	19
Sleep	1	0	3
Endoscopies	19	38	83
Other	6	2	9
TOTAL	64	61	127
Percentage	99.1%	99.2%	99.3%
Trajectory	99.0%	99.3%	99.0%

Percentage of patients waiting under 6 weeks at month-end



Achievement of the 99% standard is at risk for the end of May.

This standard was failed mainly due to a shortfall of adult endoscopy capacity following the failure to recruit to a locum endoscopy post, high levels of cancellations due to emergency pressures and junior doctor industrial action. Junior doctor industrial action has also impacted on the waiting times for sleep studies, with a backlog forecast for the end of May. A recovery plan is being developed and enacted. (Action 11A and 11B).

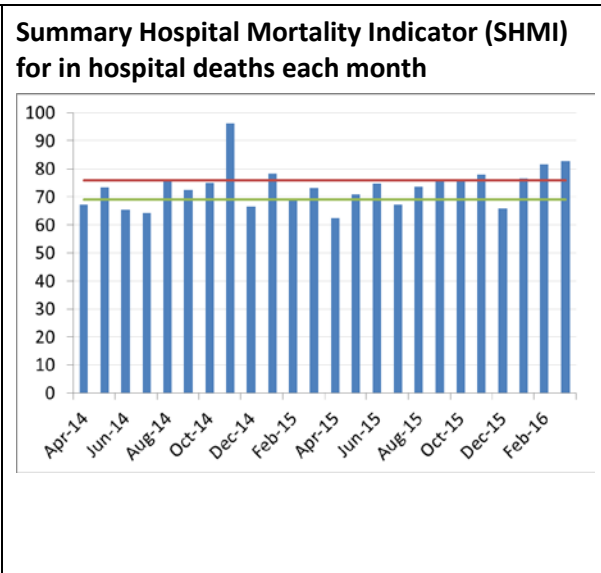
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 March 2016 was 82.9. This indicator has been rebased against the 2015 SHMI baseline as occurs from time to time to reflect improving mortality across all providers. The impact of rebasing is that all providers' SHMI increases.

The RAG rating for this indicator has been suspended pending further discussion of the impact of rebasing at the Quality & Outcomes Committee.

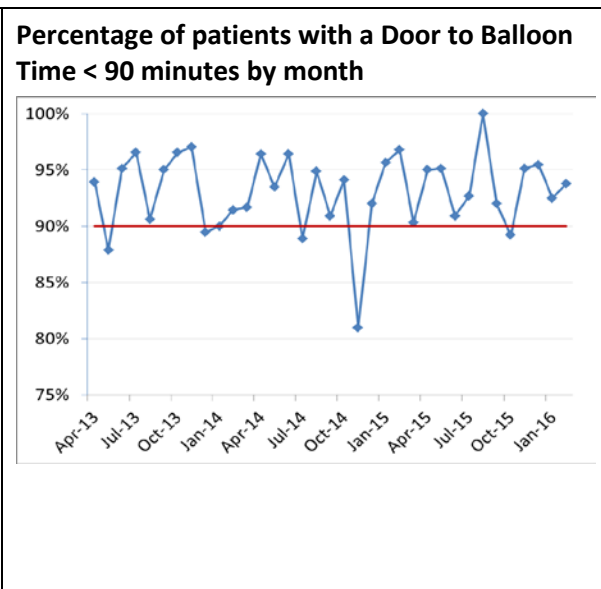
The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter. No patterns of causes for concern have been identified.



This is a high level indicator of the effectiveness of the care and treatment we provide. The latest available national SHMI, September 2015, (which includes deaths occurring within 30 day of hospital admission) for our Trust is 97.8 with lower confidence limit of 90 and an upper confidence limit of 111. Our performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.

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 February (latest data), 30 out of 32 patients (93.8%) were treated within 90 minutes of arrival in the hospital. Performance for the year to date (93.8%) remains well above the 90% standard.



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.

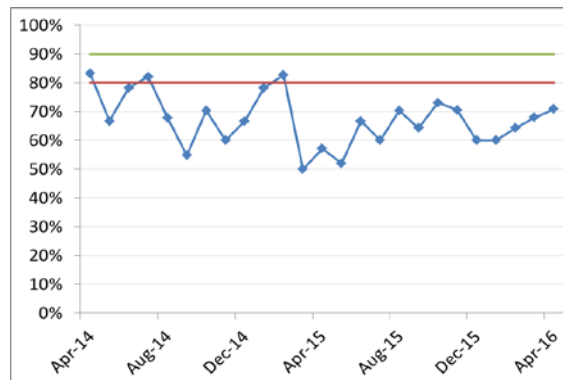
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 April we achieved 70.8% (17/24 patients) overall performance in Best Practice Tariff (BPT), against the national standard of 90%.
 The time to theatre within 36 hours performance was 87.5% (21/24 patients) and the review by an Ortho-geriatrician within 72 hours was 83.3% (20/24 patients).

Reason for not going to theatre within 36 hours	Number
Lack of theatre capacity	Two patients (one due to a list over-run and one no slot was available within 36 hours but they were operated on within 36 hours and 45 minutes).
Unfit for surgery	One patient (patient required scan to inform treatment to medically optimise prior to surgery).

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



The failure to meet the ortho-geriatrician review standard relates to lack of cover over the Easter Bank Holiday, and annual leave. There has also been a significant level of long-term sickness. Although this has been partly covered with locums, cover has not been consistent. Work is underway between the Medicine and Surgery, Head & Neck, to establish a future service model across Trauma & Orthopaedics, and to ensure consistent, sustainable cover is provided. This is now reflected more fully in the action plan. (Actions 12A to 12F).

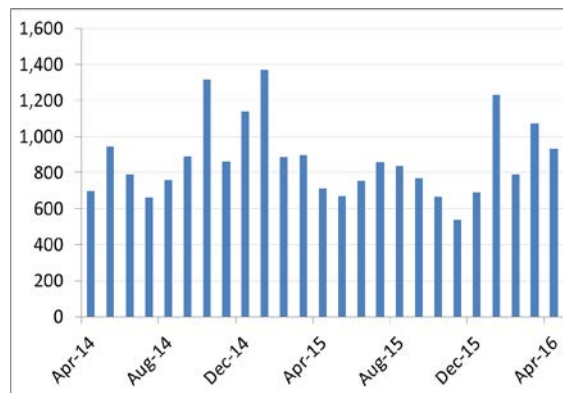
Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.

In April 2016 there were 930 outlier bed-days. This is an improvement from March of 142 outlier bed-days.

Outlier bed-days	April 2016
Medicine	645
Surgery, Head & Neck	214
Specialised Services	65
Women's & Children's Division	4
Other	2
Total	930

The change is largely within the Division of Medicine, which still recorded 645 patient bed-days where patients were outlying in a different speciality.

Number of days patients spent outlying from their specialty wards



Medical admissions remain high, critical care capacity has been at high occupancy levels, and there have been high numbers of patients with a long length stay. Managing demand has resulted in more patients outlying on non-specialist wards to free-up acute admission capacity within the main admission wards. Ongoing actions are shown in the action plan section of this report. (Actions 13A to 13D).

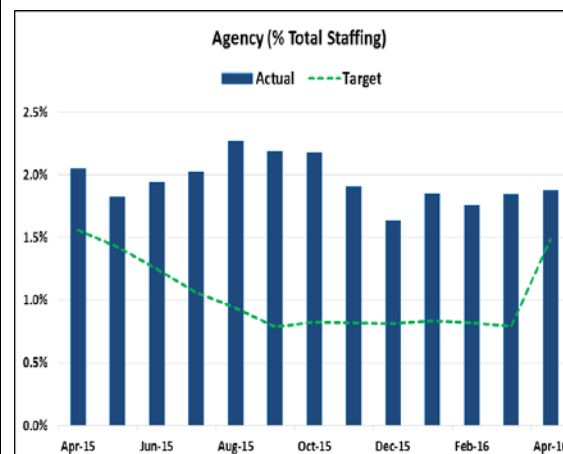
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 3.0 FTE overall, and nursing agency usage was 11.2 FTE higher than last month. There were reductions in all clinical divisions except Women's & Children's and Surgery Head & Neck.

April 2016	FTE	Actual %	KPI
UH Bristol	156.5	1.9%	0.8%
Diagnostics & Therapies	4.1	0.4%	0.5%
Medicine	40.2	3.2%	0.7%
Specialised Services	19.8	2.2%	1.8%
Surgery, Head & Neck	32.2	1.8%	0.6%
Women's & Children's	31.6	1.6%	0.8%
Trust Services	12.2	1.7%	0.5%
Facilities & Estates	16.4	2.0%	0.9%

Agency usage as a percentage of total staffing by month



The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 14).

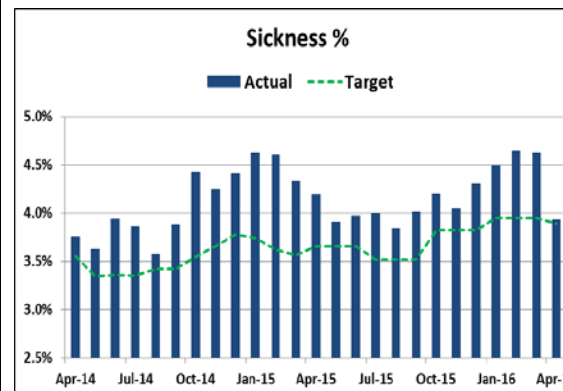
A summary of the Monitor submission in relation to compliance with the newly established agency caps is attached in Appendix 2.

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

Sickness absence has reduced to 3.93% (against the Trust target of 3.9%), achieving the GREEN threshold in 4 out of 7 Divisions. There were reductions in all Divisions, the greatest being nearly 25% in Diagnostics & Therapies. Trust-wide, days lost due to colds and flu reduced by 42% and gastrointestinal by 20%.

April 2016	Actual	KPI
UH Bristol	3.9%	3.9%
Diagnostics & Therapies	2.6%	2.8%
Medicine	4.3%	4.9%
Specialised Services	3.6%	3.5%
Surgery, Head & Neck	4.1%	3.7%
Women's & Children's	4.0%	3.5%
Trust Services	2.8%	3.4%
Facilities & Estates	5.9%	6.0%

Sickness absence as a percentage of full time equivalents by month



Please note: Sickness data is refreshed retrospectively to capture late data entry, and to ensure the data are consistent with what we finally submit for national publication.

Action 15 describes the ongoing programme of work to address sickness absence.

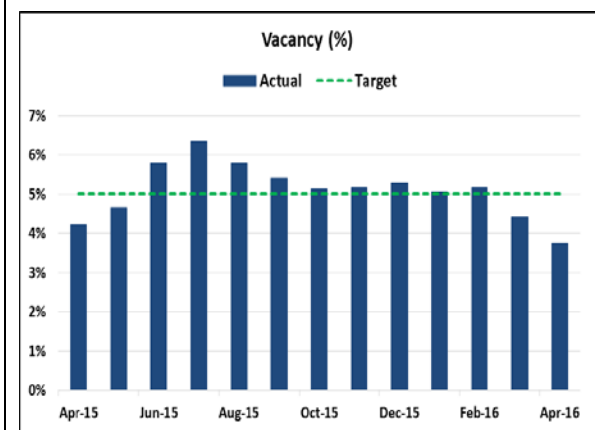
Description	Current Performance	Trend	Comments
-------------	---------------------	-------	----------

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 to 3.8% (305.8 FTE) against a target of 5%. Nursing vacancies reduced partly due to the end of winter pressures funding in Women's & Children's Division. Also nursing vacancies reduced by 10.4 in the Division of Medicine. Registered nursing vacancies are the lowest since April 2015.

April 2016	Rate
UH Bristol	3.8%
Diagnostics & Therapies	5.2%
Medicine	5.6%
Specialised Services	5.4%
Surgery, Head & Neck	2.6%
Women's & Children's	1.6%
Trust Services	4.7%
Facilities & Estates	4.4%

Vacancies rate by month



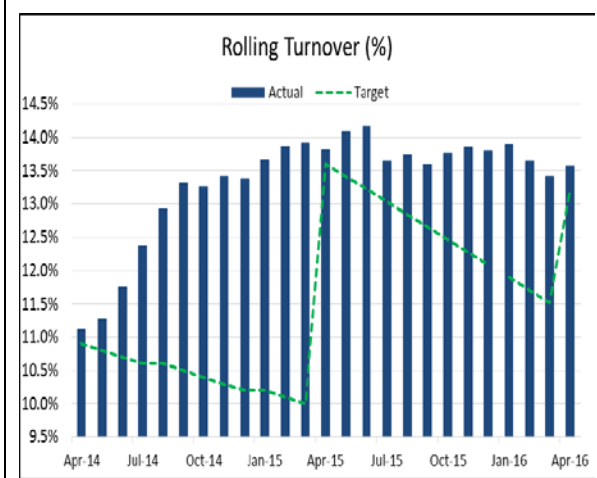
The programme of recruitment activities is summarised in Action 16. We are closely monitoring specialist nursing and theatre vacancies. Appendix 2 provides details of nursing vacancies in Heygroves Theatres, Ward D703, and Coronary Intensive Care Unit, where additional investment is in place to support recruitment and retention.

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 increased from the refreshed March figure of 13.4% to 13.6% in April. The biggest increase was in Trust Services. The largest rise was among professional /scientific and administrative / clerical staff groups.

April 2016	Actual	Target
UH Bristol	13.6%	13.2%
Diagnostics & Therap.	13.2%	12.8%
Medicine	14.8%	14.2%
Specialised Services	14.3%	14.0%
Surgery, Head & Neck	14.0%	13.9%
Women's & Children's	10.8%	10.8%
Trust Services	17.2%	15.4%
Facilities & Estates	13.9%	13.9%

Staff turnover rate by month



Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 17). Increased turnover is due in part to increased retirements which have doubled compared with the previous April.

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 April the average length of stay for inpatients was 4.23 days, a 0.07 day decrease on last month. Length of Stay remains above plan, and for this reason is RED rated.</p> <p>At the end of April the number of Green to Go delayed discharges was higher than the same period last year (67 versus 40), and remains above the jointly agreed planning assumption of 30 patients.</p> <p>In April the highest percentage of over 14 days stay patients were discharged since April 2015, likely reflecting high levels of patient acuity in quarter 4. This suggests the decrease in Length of Stay is not a result of fewer long stay patients being discharged in the period.</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-14</td><td>4.58</td></tr> <tr><td>Jun-14</td><td>4.21</td></tr> <tr><td>Aug-14</td><td>4.28</td></tr> <tr><td>Oct-14</td><td>4.26</td></tr> <tr><td>Dec-14</td><td>4.18</td></tr> <tr><td>Feb-15</td><td>4.48</td></tr> <tr><td>Apr-15</td><td>4.38</td></tr> <tr><td>Jun-15</td><td>4.42</td></tr> <tr><td>Aug-15</td><td>3.84</td></tr> <tr><td>Oct-15</td><td>4.52</td></tr> <tr><td>Dec-15</td><td>4.18</td></tr> <tr><td>Feb-16</td><td>4.12</td></tr> <tr><td>Apr-16</td><td>4.23</td></tr> </tbody> </table>	Month	Average Length of Stay (days)	Apr-14	4.58	Jun-14	4.21	Aug-14	4.28	Oct-14	4.26	Dec-14	4.18	Feb-15	4.48	Apr-15	4.38	Jun-15	4.42	Aug-15	3.84	Oct-15	4.52	Dec-15	4.18	Feb-16	4.12	Apr-16	4.23	<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 13A to 13D).</p>
Month	Average Length of Stay (days)																														
Apr-14	4.58																														
Jun-14	4.21																														
Aug-14	4.28																														
Oct-14	4.26																														
Dec-14	4.18																														
Feb-15	4.48																														
Apr-15	4.38																														
Jun-15	4.42																														
Aug-15	3.84																														
Oct-15	4.52																														
Dec-15	4.18																														
Feb-16	4.12																														
Apr-16	4.23																														

Improvement Plan

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Safe					
Deteriorating patient Early warning scores for acted upon.	1A	Developing and testing revised escalation protocol in the Division of Medicine. Led by medical registrars, and agreed by the lead consultant on test Ward A400, this includes fast bleeping medical registrars for NEWS of 7+.	End of May 2015	Monthly progress reviewed in the deteriorating patient work stream and quarterly by the Patient Safety Improvement Programme Board, Clinical Quality Group and Quality and Outcomes Committee	Sustained improvement to 95% by 2018.
	1B	Further targeted teaching for areas where NEWS incidents have occurred.	Commenced February 2016 and on-going	As above	Sustained improvement to 95% by 2018.
	1C	Accessing doctor education opportunities to assist with resetting triggers safely	Commenced April 2016 and on-going	As above	Sustained improvement to 95% by 2018.
	1D	Further understand and address the reasons why not all nurses feel confident to escalate to more senior clinician through learning from NEWS incidents, through safety culture work. Also please see 1E below.	November 2016	As above	Sustained improvement to 95% by 2018.
	1E	Meeting with Simulation Centre Clinical Director, Medical Director and key stakeholders to enhance current programme of point of care simulation training in adult general ward areas to improve	Meeting to take place June 2016.	As above	Sustained improvement to 95% by 2018.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		coverage of addressing human factors elements of escalating deteriorating patients and use of structured communication.			
	1F	Application for further time for patient safety in doctors' induction to train new appointees on resetting triggers safely and human factors of escalation conversations.	Application submitted April 2016.	As above	Sustained improvement to 95% by 2018.
Reduction in omitted doses of listed critical medicines.	2	Ward pharmacists to speak to the Ward Sisters of the wards with an increased figure this month to see if there are any recurrent issues or themes which can be identified and acted upon	End of May 2015	Any identified issues are tabled at the Medicines Governance Group for discussion	Sustain improvement below 1% each month
Essential Training	3	<p>Continue to drive compliance including increasing e-learning</p> <p>Detailed plans focus on improving the compliance of Safeguarding Resuscitation, Information Governance and Fire Safety.</p> <p>Further work is required to produce the Trust Essential Training compliance report due to the changes within our reporting for both Fire and Information Governance. This work continues and we are committed to ensuring</p>	<p>Ongoing</p> <p>Ongoing</p> <p>June 2016</p>	<p>Oversight by Workforce and OD Group via the Essential Training Steering Group</p> <p>Oversight of safeguarding training compliance by Safeguarding Board</p> <p>Oversight by Workforce and OD Group via the Essential Training Steering Group</p>	From April, the requirements for Information Governance and Fire Safety significantly increased. Divisions are working with the Training team to develop recovery plans which will be available in June and subsequently tracked closely.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		<p>compliance information is available in June. We are working towards improving the presentation of data in a more meaningful way and anticipate reports as of June will reflect the five distinctions within Essential training as follows:</p> <p>Training completed every three years (previously referred to as core):</p> <ul style="list-style-type: none"> • Training completed annually • Training completed once and at Induction • Resuscitation • Safeguarding 			
Monthly Staffing levels	4	Continue to validate temporary staffing assignments against agreed criteria.	Ongoing	Monitored through agency controls and action plan.	Action plan available on request

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Caring					
Dissatisfied complainants	5	<p>Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the case-worker 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.</p> <p>All responses are then sent to the Executives for final approval and sign-off.</p>	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.	Achieve and maintain a green RAG rating for this indicator.
Last minute cancelled operations	6A	<p>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.</p> <p>Development and implementation of a strategy for managing ITU/HDU beds across general adult and cardiac units, to improve ability to manage peaks in demand.</p>	<p>Ongoing</p> <p>To be confirmed – expected to be by quarter 4, when virtual ward up to full impact, relieving ward bed pressures</p>	<p>Monthly Divisional Review Meetings;</p> <p>Relevant Steering Group to be confirmed, but likely to be Cancer Steering Group, due to the recent impact on cancer</p>	<p>Improvement to be evidenced by a reduction in cancellations in Q1.</p> <p>Achievement of quality objective on a quarterly basis.</p>

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
	6B	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	7	Reductions in cancellation rates to be realised through improvements in booking practices and appointment slot management	To be reviewed.	Oversight of programme of work, which this is a core part, by the Outpatients Steering Group.	Green target level achieved. Target not met as planned, in part due to junior doctor industrial action.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Responsive					
A&E 4-hours	8A	Commissioner-led task and finish group established in January, to understand drivers of increase in paediatric emergency demand and to identify possible demand management solutions.	Ongoing	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
	8B	Delivery of internal elements of the community-wide resilience plan.	Ongoing	Emergency Access Steering Group	Achievement of revised recovery trajectory in Quarter 1.
	8C	Working with partners to mitigate any impact of recommissioning of domiciliary care packages providers and bed closures in other acute trusts See also actions 13A to 13D relating to delayed discharges and flow.	Ongoing	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
Referral to Treatment Time (RTT)	9	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 (remains on track for end of May).
Cancer waiting times	10	Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways, and reduced waits for 2-week wait appointments (copy of plan	Ongoing	Oversight of implementation by Cancer Performance Improvement Group, with escalation to Cancer Steering	Achieve monthly recovery trajectory submitted for 2016/17

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		provided to the Quality & Outcomes Committee as a separate paper in August; and Trust Board in September)		Group.	
Diagnostic waits	11A	Weekly monitoring of waiting list to inform capacity planning, with particular focus on paediatric and cardiac MRI, paediatric and adult gastrointestinal endoscopy and sleep studies long waiters.	Ongoing	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Recovery of 99% standard by end of July, due to endoscopy and sleep studies backlogs.
	11B	Recovery plans to be developed and enacted for adult endoscopy and sleep studies backlogs.	End May	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Recovery by end of July.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Effective					
Fracture neck of femur Best Practice Tariff (BPT)	12A	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 June 2016 (deadline revised again from April 2016 to June 2016)	Inclusion of three new fields to include all trauma patients waiting without a plan, all fractured Neck of Femur (NOF) patients waiting, and all fractured NOF patients over 24 hours. IM&T needs to build a new system in order to be able to retrieve this information into the live tracker. Ongoing project in IM&T.	Improve in overall fractured neck of femur pathway
	12B	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) This action is now complete and will be removed from future reports.	Updates to Divisional and Trust Board. Ward processes workshops undertaken in December 2015/January 2016.	Improve in overall fractured neck of femur pathway
	12C	The Trust has commissioned the British Orthopaedic Association to conduct an external review of outcomes for fractured neck of femur patients.	The review is booked for 10 th and 11 th May 2016. The British Orthopaedic Association team will be on site on those days interviewing and assessing. We would expect to	Report of external review	Monitored by Clinical Effectiveness Group/Quality Intelligence Group.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
			receive the report a month after that.		
	12D	Review and prioritise/action the recommendations of the British Orthopaedic Association Fractured Neck of Femur mortality review (review took place 10/11 May 2016 – awaiting report due within 3 weeks). Assess potential causes and mitigating actions for increased Fractured Neck of Femur mortality <30 day mortality in 2014.	30 June 2016	Identifiable actions to take to improve the #NOF service for patients which is likely to lead to improved BPT performance	Awaiting report
	12E	Build and submit case for middle grade medical ortho-geriatric support (1.0 WTE 1-year fixed term with focus on quality/pathway work relating to Fractured Neck of Femur). This will enable consistent and regular ortho-geriatric cover across orthopaedic wards, and avoid breaches due to annual leave etc.	30 June 2016	Successful funding bid and subsequent recruitment to post.	Improvement in Best Practice Tariff indicators.
	12F	Build and submit case for specialist acute fracture nurse support (Band 6 permanent).	30 June 2016	Successful funding bid and subsequent recruitment to post.	Improvement in Best Practice Tariff indicators.
Outlier bed-days	13A	Reduce demand on beds to support optimal occupancy. Range of initiatives in place to	Ongoing	Urgent Care Working Group and System Resilience Group	Maintain modelled occupancy of 90%.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		reduce demand for acute services. Limited impact to and further significant initiative now underway – community virtual ward.			
	13B	Weekly Patient Progress meeting continues to expedite early discharge with support of our partners. Divisions reviewing long stay patients	Ongoing	Monitoring of Green to go list and new reporting of Delayed Transfers of Care	Green to Go trajectory or no more than 30 patients
	13C	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
	13D	‘Plans for the Weekend’ event to take place.	Wednesday 18th May to Monday 23rd May	Executive evaluation has taken place	To increase number of weekend discharges and support reduction in length of stay

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Efficient					
Agency Usage	14	Sickness absence, vacancies and turnover are key to managing agency usage (see section 14, 15 and 16). Corporate actions to directly target agency expenditure are detailed below:		Oversight by Savings Board (Nursing Agency) and Medical Efficiencies Group (Medical Agency)	Trust wide agency and locum ceiling set for 2016/17 of £12.8m, i.e., 35% reduction on 2015/16. Operating plans for 2016/17 set out how this will be achieved. Performance will be closely monitored through Divisional reviews.
		<p>Effective rostering: To reduce “lost time” - currently above funded establishment - ensuring annual leave, study leave, and sickness is planned and monitored appropriately. Actions include:</p> <ul style="list-style-type: none"> • Planning rosters six weeks in advance • Procurement of new rostering system with integrated acuity and dependency system to enable staff to be moved to areas of greatest need • Pending the new rostering system, a staffing dashboard is on trial to provide a cross trust overview of inpatient staffing 	<p>Roll out of e-rostering to outpatient areas End of May 2016. November 2016 pilot new system, go live April 2017</p> <p>Staffing dashboard go live end of May 2016</p>		
		<p>Controls:</p> <ul style="list-style-type: none"> • Robust Escalation policy with clear sign off process and flow chart of questions to be asked before resorting to agency • Operating plan agency 	<p>Ongoing</p> <p>Monthly and quarterly reviews</p>		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		trajectories monitored and tracked through divisional reviews			
		<p>Nursing Assistant one to one care:</p> <ul style="list-style-type: none"> The Enhanced Observation Policy has been piloted in Medicine, due to be rolled out to other Divisions Funding for enhanced observation has been applied to budgets, enabling divisions to recruit additional staff to avoid agency usage 	Divisional roll out of policy End of May 2016		
		<p>Enhancing bank provision:</p> <ul style="list-style-type: none"> Close working with wards to support prompt payment for bank staff. A direct booking process at ward level being rolled out to maximise the availability to bank staff. Internal and external local marketing to develop an increased pool of bank nurses. 	Ongoing		
		<p>Agency Caps:</p> <ul style="list-style-type: none"> Executive working group set up to review compliance with Monitor caps for maximum rates and develop strategies to reduce reliance on agency workers, e.g. enhancing bank 	Ongoing		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		provision and to challenge Agency behaviours. <ul style="list-style-type: none"> A cross-community Group has been established to share and develop collaborative approaches to reducing agency and locum spend. 			
Sickness Absence	15	A dedicated lead: To develop a sickness absence management plan to: <ul style="list-style-type: none"> Review current strategies and develop impact assessment measures Make further recommendations, supported by an action plan. Current actions include:	June 2016 Senior Leadership Team	Oversight by Workforce and Organisational Development (OD) Group via the Staff Health and Well Being Sub Group	A KPI for 2016/17 of 3.9% has been set through the operating planning process.
		Pilot of self-certification for absences of 1-3 days: Targets the 11% of sickness which is for 3 days or less, and ensuring timely return to work interviews are undertaken.	To continue		
		Supporting Attendance Policy: <ul style="list-style-type: none"> Audit to ensure policy is fit for purpose and consistently implemented. Full review of policy including simplifying content/ structure, sign posting and tools to assess attendance 	Full report findings currently awaited May - September 2016		
		Training for managers: Ensure	Underway and		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		training meets the needs of managers and achieves improved competence/confidence.	review Q1		
		Resource allocation: Ensuring that the Employee Services resource is focussed appropriately and targeted at areas of greatest need.	Ongoing		
		Pilot Supporting Attendance Surgeries: To review attendance issues and support managers to expedite cases where possible.	June – August 2016		
		Bespoke Stress and Wellbeing Workshops: Further sessions throughout Q1 after their success in 2015	Q1		
		Musculo-skeletal: As a significant cause of absence, targeted actions include: <ul style="list-style-type: none"> • Continued interventions by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team • Review of Occupational Health Physiotherapy pathway to improve the focus on prevention and keeping staff at work. 	Ongoing		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		<p>Staff Health and Well Being: Annual action plan, including the following:</p> <ul style="list-style-type: none"> • Free on site health checks over the next 2 years - target of reaching 2000 staff • Launch of “Step into Health” 12 week physical activity/lifestyle programme – currently 46 applicants 	<p>In place</p> <p>January to June 2016</p>		
		<p>CQUIN: Actions to achieve a new CQUIN are being developed, focussed on improving health and wellbeing and reducing musculo-skeletal, flu and mental health related absence.</p>	<p>April 2017</p>	<p>CQUIN short term working group</p>	
Vacancies	16	<p>Recruitment action plan includes the following activities.</p> <p>Marketing and advertising:</p> <ul style="list-style-type: none"> • Divisional operating plans identify recruitment requirements for 2016/17 and performance against these will be monitored in Divisional Performance and Operations Meetings. 	<p>Review quarterly</p>	<p>Workforce and OD Group /Recruitment Sub Group.</p>	<p>Detailed trajectories are in place for key recruitment hotspots, including theatres; critical care, haematology and ancillary staff</p>

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		<ul style="list-style-type: none"> Marketing activity plans to be tailored to support demand, focusing on hard to fill posts including nursing and midwifery. A planned schedule of activities will be developed. 	Schedule developed end of May	Divisional Performance and Operational Reviews	
		<p>Service level agreements and KPIs for recruitment have been developed to measure performance and support improvement. The agreed KPI of 45 days for time to recruit will be tracked through divisional reviews.</p>	Reviewed quarterly		
		<p>Business cases have been agreed for recruitment and retention initiatives in specialist areas - Heygroves Theatres, Ward D703 and CICU as an alternative to targeted overseas campaigns. Trajectories are shown in appendix 3.</p>	Reviewed monthly		
Turnover	17	<p>Key corporate and divisional actions include the following:</p> <p>Complete review of appraisal: To improve their quality and application, in response to feedback from the staff survey 2014, including:</p> <ul style="list-style-type: none"> Revised policy, in conjunction with staff side; E-Appraisal working with our 	September 2016	Workforce and OD Group	The KPI for 2016/17 has been set at 12.1%.

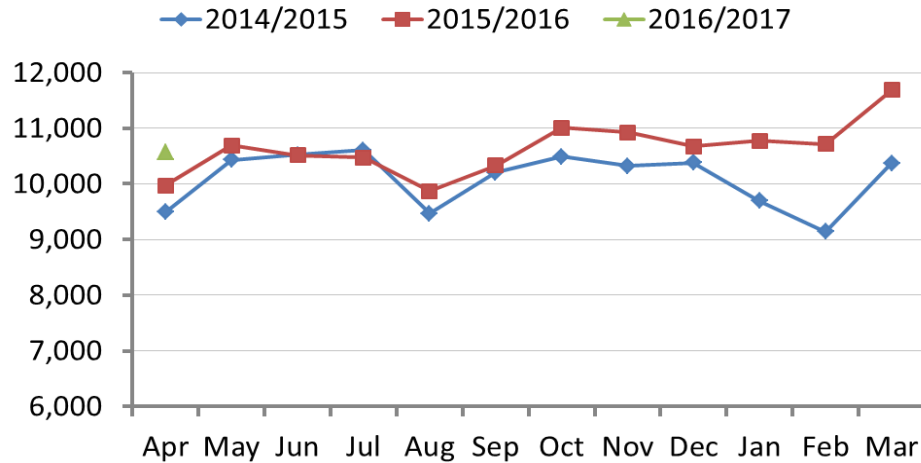
Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		<p>Learning and Development portal supplier;</p> <ul style="list-style-type: none"> Engaging staff through feedback sessions (105 staff). 			
		<p>Targeted leadership and management development programme: Includes Healthcare Leadership Model training and Learning and Leading Together - target of 800 managers trained annually was met for 2015.</p>	<p>Second cohort of Leadership for Supervisors commences July 2016</p>		
		<p>Team building and local decision making: Work with Aston Organisational Development to develop team coaches, taking teams through a programme of work-based activities. Findings from the pilot will be evaluated to inform future roll-out.</p>	<p>July 2016 (Diagnostic and Therapies pilot Divisional Board)</p>	<p>Transformation Board</p>	
		<p>Staff experience workshops: Divisions have incorporated actions with detailed milestones into their operating plans.</p>	<p>November 2015 - March 2017.</p>	<p>Divisional Boards/ Senior Leadership Team/Workforce and OD Group.</p>	
		<p>Training and Development Investment: £200k for divisional hot spots including ITU, Heygroves and Care of the Elderly to provide innovative training and development. Return on Investment report due June 2016.</p>	<p>September 2015 – end June 2016</p>	<p>Senior Leadership Team/Workforce and OD Group /Divisional Boards</p>	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		<p>Divisional staff engagement plans Action plans feeding into Operating Plans have been developed, including listening events, communication meetings, and the “Happy App”. These are informed by the Staff Survey results for 2015. Divisions have received data on hotspots and are responding with targeted action plans.</p>	February to May 2016.	Workforce and OD Group	
		<p>Transformational Engagement: A short life working group established to develop high impact projects to improve staff experience in response to 2015 Staff Survey.</p>	Board/Senior Leadership Seminar May /Trust Board end of May	Senior Leadership Team/Board	

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.

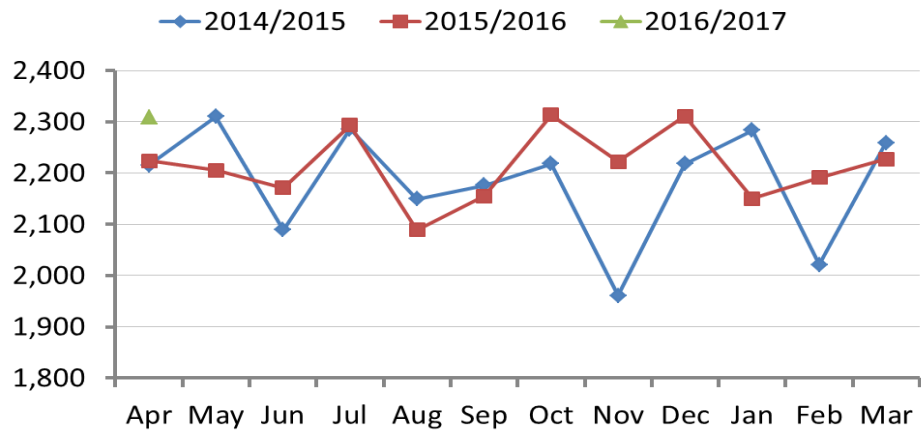
Emergency Department (ED) attendances



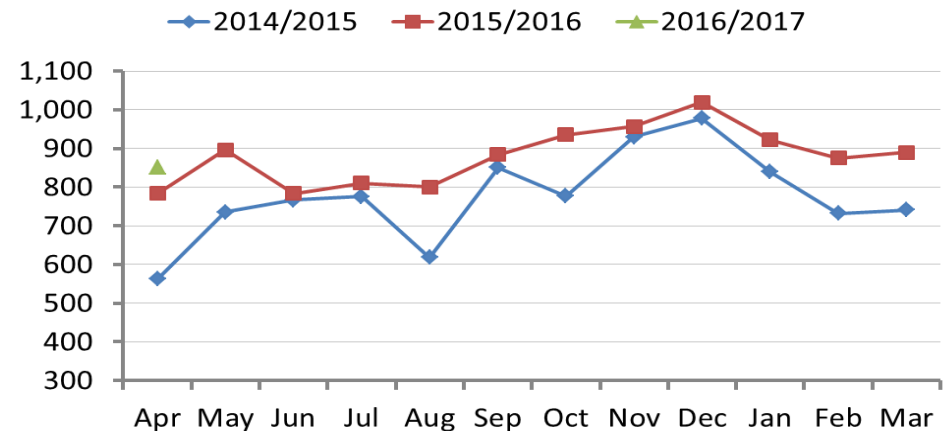
Summary points:

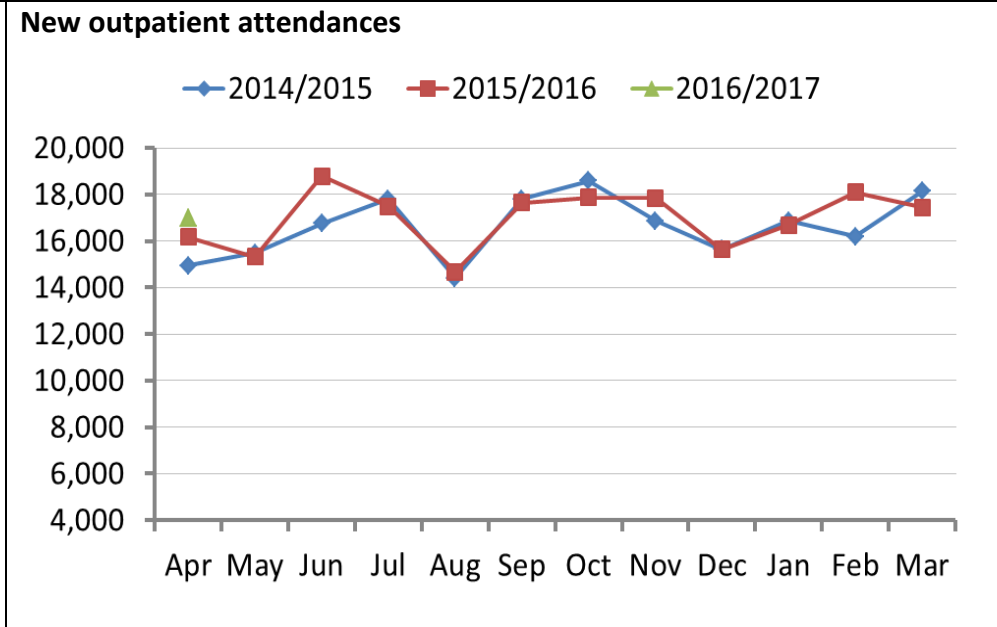
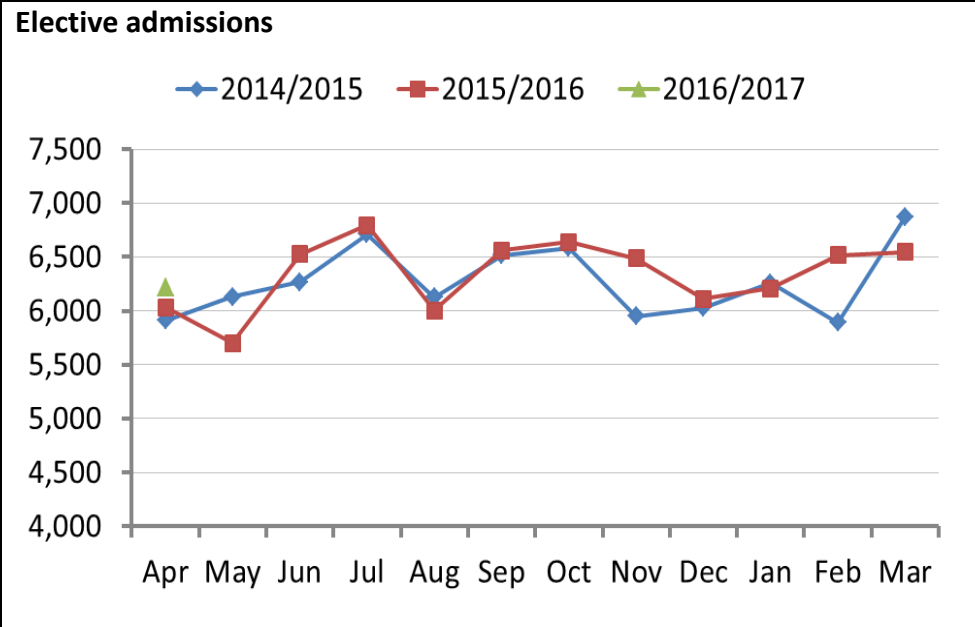
- Emergency activity remains high across all sites, with levels of ED attendances and emergency admissions above the same period last year at the BRI and BCH (see the A&E 4-hour report);
- The number of elective admissions was slightly above the same period last year (but lower than planned, due to the junior doctor industrial action); as will be seen from the Assurance section, the number on the elective waiting list has increased as a result;
- The number of new outpatient appointments is slightly above the same period last year (but again lower than planned, due to the junior doctor industrial action), and the outpatient waiting list has reduced since last month.

Emergency admissions (BRI)



Emergency admissions (BCH)

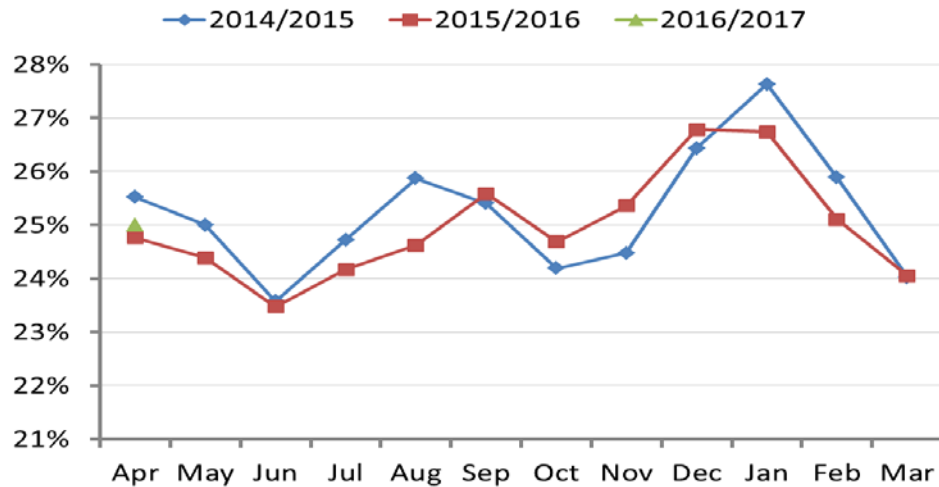




Assurance and Leading Indicators

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.

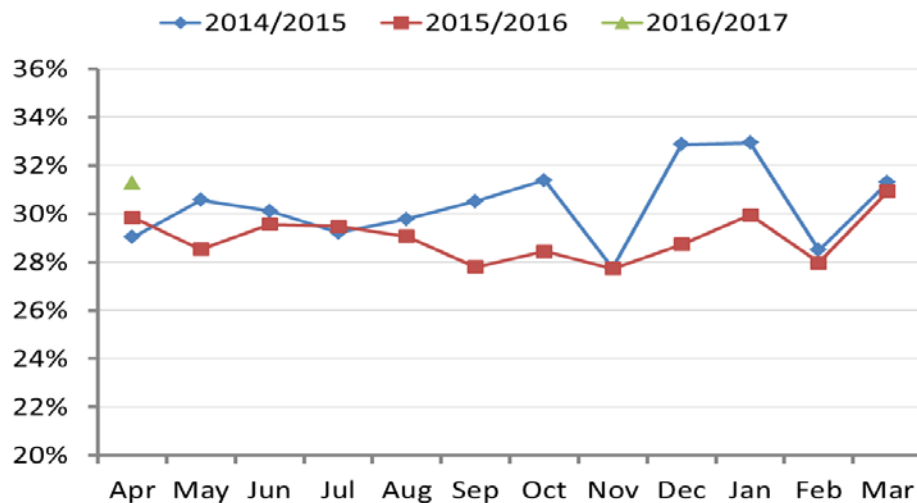
Percentage ED attendances resulting in admission



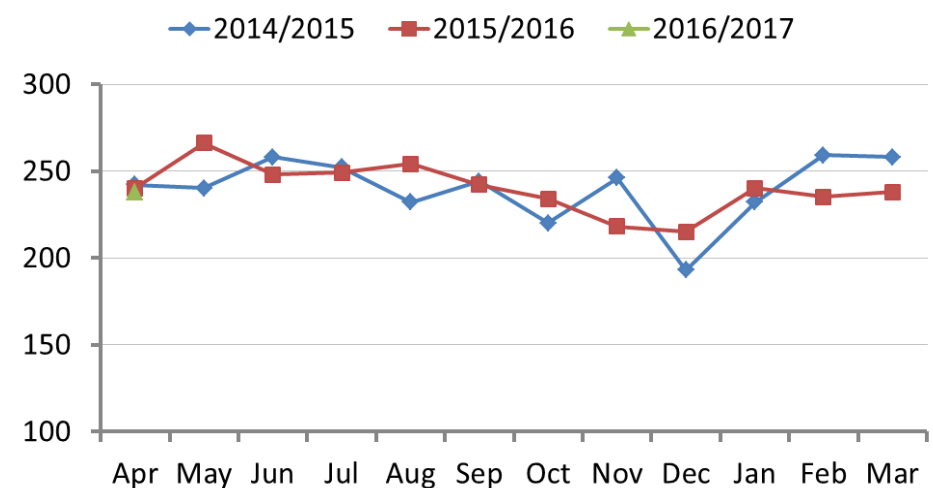
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission was at the seasonal norm in April; however, a higher percentage of patients were admitted aged 75 years and over;
- The number of delayed discharges has increased; however, the number of over 14 days stays has stayed at a similar level to last month, and as a result the BRI bed occupancy has remained at an all-year high;
- The number of patients on the elective waiting list has increased; consistent with this there was a decrease in admitted RTT clock stop and an increase in the number of patients on admitted pathways waiting over 18 weeks RTT (see Appendix 3);
- Numbers of patients referred by their GP with a suspected cancer has stayed at the seasonal norm; a rise in 62-day cancer treatments is, however, expected, following low levels of cancer treatments in quarter 4, due to emergency pressures.

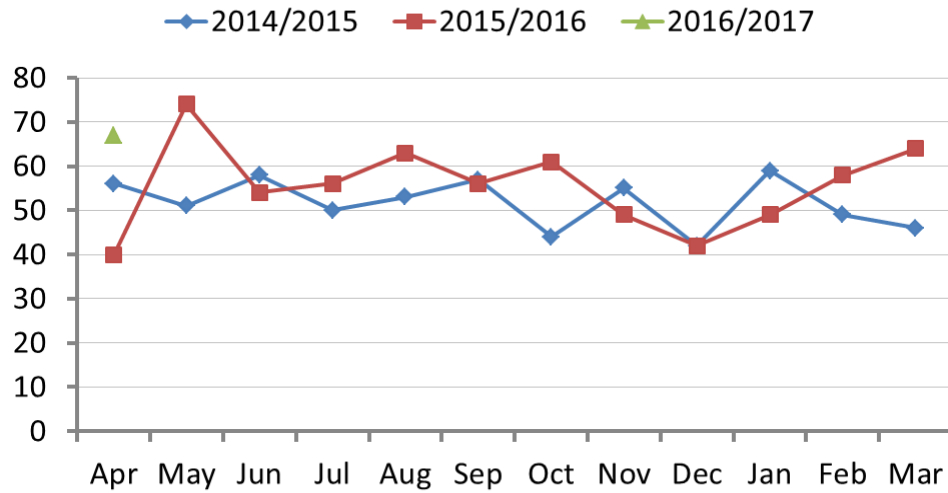
Percentage of Emergency BRI spells patients aged 75 years and over



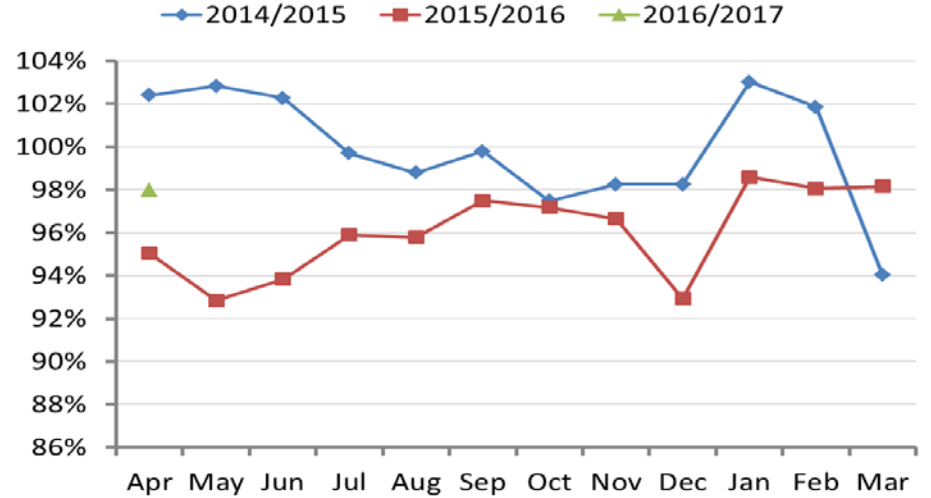
Over 14 day stays



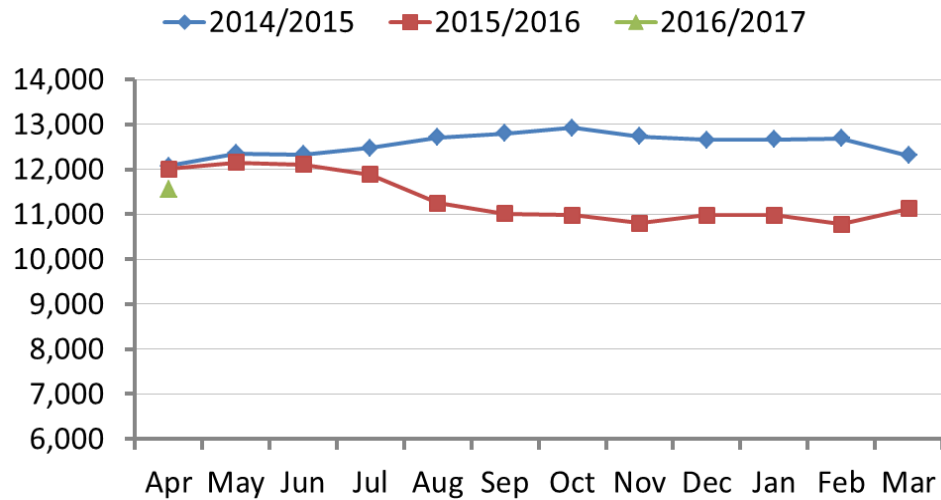
Delayed discharges (Green to Go)



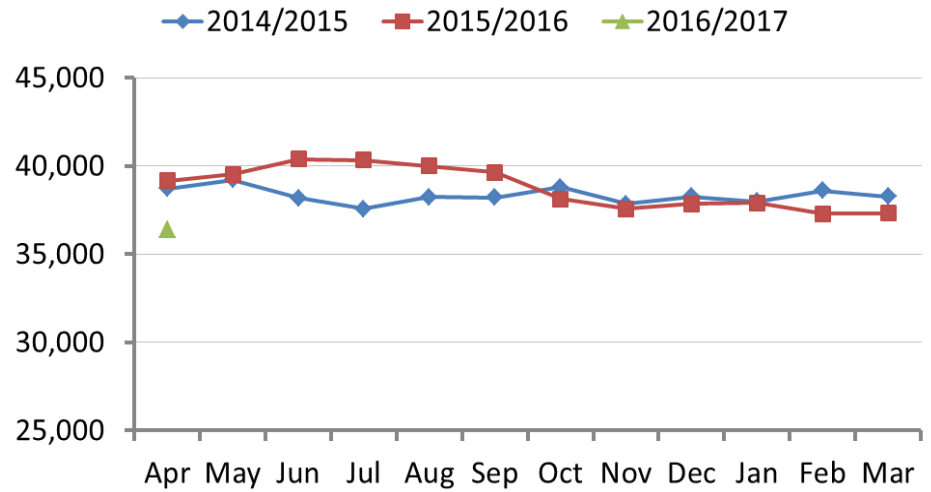
BRI Bed Occupancy



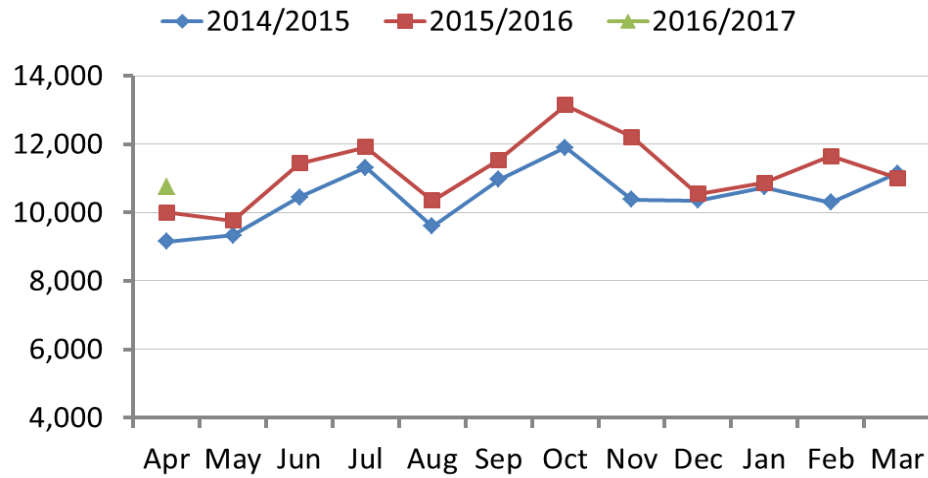
Elective waiting list size



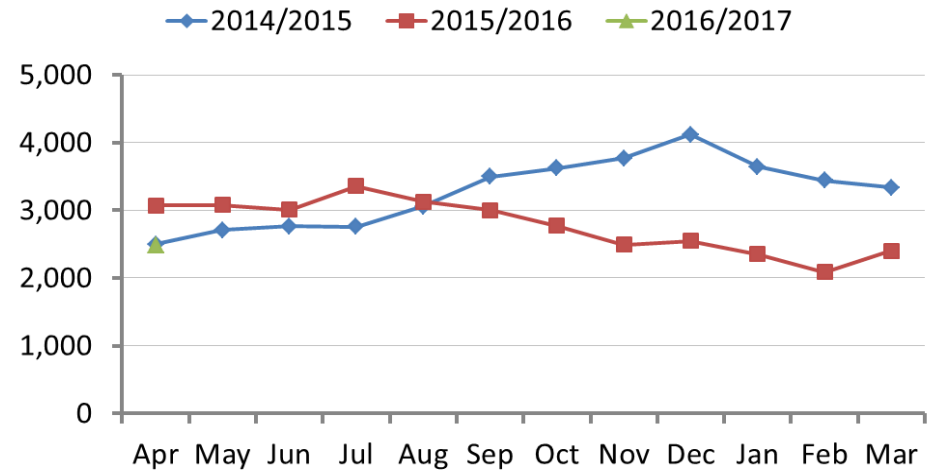
Outpatient waiting list size



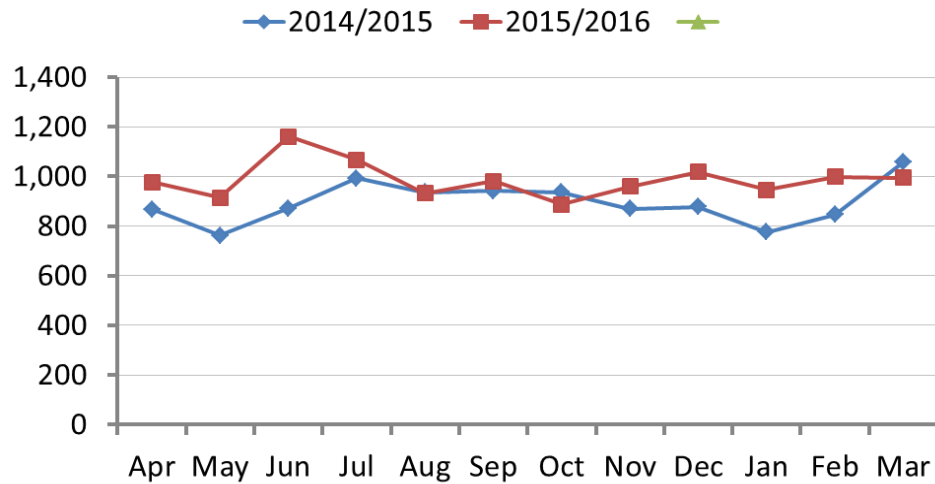
Number of RTT pathways stopped (i.e. treatments)



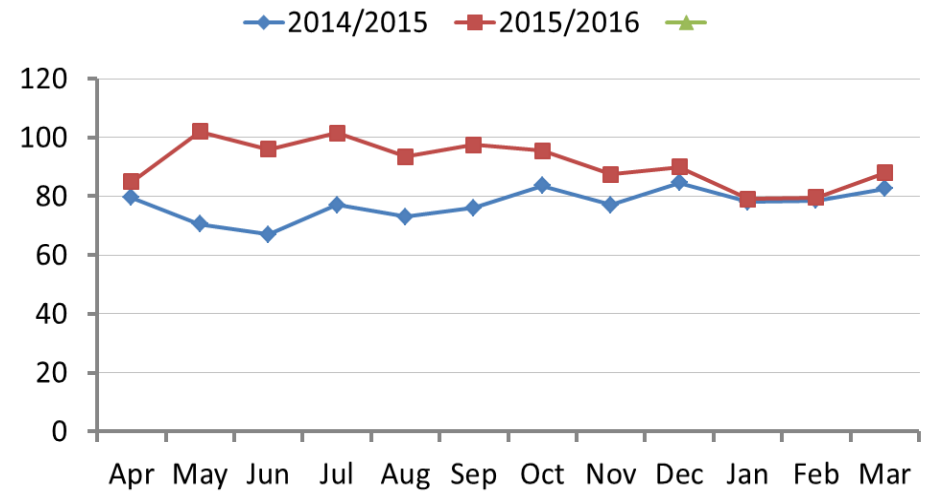
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

QUALITY

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	1	2	2	3	3	3	3	3	3	3	3	0	-	-	-	-
	DA01	MRSA Bloodstream Cases - Monthly Totals	3	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0
	DA03	C.Diff Cases - Monthly Totals	40	2	1	3	3	1	2	5	3	6	4	2	4	2	6	14	10	2
	DA02	MSSA Cases - Monthly Totals	26	2	1	4	2	3	2	3	2	2	2	1	0	2	7	7	3	2
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	2	3	4	5	5	7	7	9	-	-	-	-	-	-	-	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.3%	96.6%	96.7%	97.6%	97.7%	97.7%	97.9%	95.8%	98.1%	98.1%	96.4%	97.7%	96.8%	96.6%	97.8%	97.3%	97%	96.6%
	DB02	Antibiotic Compliance	87.6%	84.4%	90.9%	88.9%	88.3%	86.1%	82.3%	85.7%	86%	90.6%	86.5%	88.2%	86.1%	84.4%	85.7%	87.2%	86.9%	84.4%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	95%	93%	95%	93%	93%	94%	94%	94%	95%	94%	98%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	97%	96%	97%	96%	97%	97%	97%	98%	98%	96%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	95%	94%	93%	94%	95%	95%	95%	95%	96%	95%	90%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	69	3	6	4	3	8	4	4	9	5	6	4	10	3	15	18	20	3
	S02a	Number of Confirmed Serious Incidents	49	-	5	3	3	8	1	4	8	4	5	3	-	-	12	16	8	-
	S02b	Number of Serious Incidents Still Open	16	3	0	1	0	0	1	0	1	1	1	1	10	3	1	2	12	3
	S03	Serious Incidents Reported Within 48 Hours	84.1%	66.7%	100%	25%	100%	62.5%	100%	100%	44.4%	100%	100%	100%	100%	66.7%	80%	72.2%	100%	66.7%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	-	66.7%	-	-	-	-	-	-	-	-	-	-	-	66.7%	-	-	-	66.7%
S04	Percentage of Serious Incident Investigations Completed Within Timescale	74.1%	100%	85.7%	66.7%	100%	100%	75%	85.7%	66.7%	60%	60%	63.6%	100%	100%	87.5%	72.2%	66.7%	100%	
Never Events	S01	Total Never Events	3	0	0	0	0	1	0	0	1	1	0	0	0	0	1	2	0	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	13787	-	1139	1216	1023	1109	1143	1142	1149	1167	1190	1196	1226	-	3275	3458	3612	-
	S06b	Patient Safety Incidents Per 1000 Beddays	44.72	-	43.7	47.66	39.35	42.91	45.47	43.98	45.34	46.17	44.59	48.19	46.64	-	42.55	45.15	46.43	-
	S07	Number of Patient Safety Incidents - Severe Harm	97	-	5	5	9	13	8	13	8	15	5	6	3	-	30	36	14	-
Patient Falls	AB01	Falls Per 1,000 Beddays	3.94	4.24	4.49	3.84	4.08	4.6	3.9	3.54	3.79	4.15	3.56	3.59	4.15	4.24	4.2	3.83	3.77	4.24
	AB06a	Total Number of Patient Falls Resulting in Harm	30	1	2	0	2	1	1	4	3	5	2	3	5	1	4	12	10	1
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.221	0.275	0.269	0.314	0.231	0.232	0.318	0.193	0.079	0.158	0.15	0.242	0.114	0.275	0.26	0.144	0.167	0.275
	DE02	Pressure Ulcers - Grade 2	61	7	7	7	5	4	7	4	2	4	3	6	3	7	16	10	12	7
	DE03	Pressure Ulcers - Grade 3	7	0	0	1	1	2	1	1	0	0	1	0	0	0	4	1	1	0
	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	98.2%	99.3%	99.3%	99.1%	99.4%	99.3%	99%	98.4%	98.1%	97.4%	97.1%	95.6%	96.9%	99.3%	99.2%	98%	96.5%	99.3%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.6%	94.8%	93%	94.3%	96.6%	95.2%	95.1%	94%	93.5%	94%	93.6%	96%	94.5%	94.8%	95.7%	93.9%	94.7%	94.8%
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	90.4%	83.6%	93%	92.3%	90.7%	86.6%	86.5%	91.5%	91.6%	93.2%	90.4%	89.9%	91.4%	83.6%	87.9%	92.1%	90.6%	83.6%
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.8%	99.7%	100%	100%	100%	100%	100%	99.8%	100%	99.9%	99.9%	100%	99.8%	100%	99.9%	99.9%	99.8%

QUALITY (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Patient Safety																				
Medicines	WA01	Medication Errors Resulting in Harm	0.8%	-	0.56%	0%	1.32%	0.79%	1.75%	0%	1.39%	1.2%	1.28%	0.42%	0.41%	-	1.34%	0.91%	0.7%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.87%	0.93%	1.43%	0.96%	0.83%	0.73%	0.75%	0.78%	0.62%	1.03%	1.49%	0.66%	0.69%	0.93%	0.77%	0.8%	0.92%	0.93%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.1%	96.9%	97.1%	98.2%	97.4%	96.4%	96.2%	97.3%	95.9%	97.9%	97.2%	96.7%	97.3%	96.9%	96.7%	97.1%	97.1%	96.9%
	AK04	Safety Thermometer - No New Harms	98.6%	98.6%	98.2%	98.6%	98.6%	98%	98%	98.9%	97.9%	99.1%	98.8%	98.9%	99.4%	98.6%	98.2%	98.6%	99%	98.6%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	90%	87%	96%	91%	98%	90%	92%	92%	91%	90%	86%	86%	88%	87%	94%	91%	86%	87%
Out of Hours	TD05	Out of Hours Departures	10.7%	8.1%	11.7%	11.5%	10.4%	11%	11.4%	13%	11.1%	9.6%	11%	9.6%	9.6%	8.1%	10.9%	11.2%	10.1%	8.1%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	20.3%	23%	19%	18.6%	19.7%	17.9%	19.8%	19.1%	19.2%	22.1%	21.9%	22.3%	23.3%	23%	19.2%	20.2%	22.5%	23%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	10444	971	844	784	864	741	845	856	836	1002	911	926	990	971	2450	2694	2827	971
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.1%	104.7%	100.3%	101.8%	102.8%	100.5%	103.1%	105.8%	104.8%	104.8%	105.9%	103.2%	103.1%	104.7%	102.1%	105.1%	104.1%	104.7%
Clinical Effectiveness																				
Mortality	X02	Hospital Standardised Mortality Ratio (HSMR) - 2009/10 Baseline	87.7	-	88.1	92.5	89.7	87.2	89.1	96.5	95.3	75.8	93.8	-	-	-	88.7	88.8	93.8	-
	X05	Summary Hospital Mortality Indicator (2013 Baseline) - In Hospital Deaths	64.8	-	62.1	66	58.4	65	66.6	66.6	68.3	58	67.2	71.6	73.4	-	63.3	64	70.7	-
	X09	Summary Hospital Mortality Indicator (2015 Baseline) - In Hospital Deaths	73.8	-	70.9	74.9	67.2	73.5	75.8	76.4	78	65.8	76.6	81.6	82.9	-	72.1	73	80.4	-
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	97.3	-	-	96.8	-	-	97.8	-	-	-	-	-	-	-	97.8	-	-	-
Readmissions	C01	Emergency Readmissions Percentage	2.74%	-	3.54%	2.69%	2.74%	2.89%	2.77%	2.83%	2.82%	2.87%	2.67%	2.66%	1.5%	-	2.8%	2.84%	2.27%	-
Maternity	G04	Percentage of Spontaneous Vaginal Deliveries	62.1%	66.6%	63.4%	64.1%	57.3%	62.5%	62.4%	61.3%	63.9%	63.4%	62.7%	60.1%	62.5%	66.6%	60.7%	62.9%	61.8%	66.6%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	75.9%	87.5%	72%	66.7%	76%	81.5%	85.7%	80.8%	76.5%	66.7%	76%	78.6%	80%	87.5%	81.3%	74%	78.2%	87.5%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	82.5%	83.3%	68%	91.7%	80%	85.2%	78.6%	92.3%	94.1%	86.7%	80%	78.6%	84%	83.3%	81.3%	90.4%	80.8%	83.3%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	63.5%	70.8%	52%	66.7%	60%	70.4%	64.3%	73.1%	70.6%	60%	60%	64.3%	68%	70.8%	65%	67.1%	64.1%	70.8%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	56.2	55.8	46.7	40.2	39.4	42.4	44.4	44.8	50.2	47.5	40.5	35.8	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61.5%	-	65.7%	56.1%	43.8%	67.4%	62.2%	57.5%	59.5%	56.8%	62.5%	77.4%	60.6%	-	59.2%	57.9%	66.1%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	93.5%	-	97.2%	97.6%	93.8%	95.3%	93.3%	90.2%	91.9%	91.9%	91.7%	96.8%	84.8%	-	94.2%	91.3%	91.1%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.4%	58.3%	83.3%	30.8%	58.8%	100%	75%	54.5%	62.5%	47.1%	71.4%	80%	80%	58.3%	73.5%	52.8%	77.3%	58.3%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	91.6%	94.5%	88.4%	82.7%	83.3%	92.5%	91.1%	97.6%	97.2%	95%	93.4%	94.7%	96.7%	94.5%	88.8%	96.6%	94.9%	94.5%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	95.8%	96.8%	100%	92.8%	90%	92.3%	93.2%	98.4%	96.9%	98.4%	95.7%	96.3%	96.8%	96.8%	91.8%	97.9%	96.2%	96.8%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.3%	95.2%	92.3%	92.9%	80%	100%	88.9%	100%	83.3%	100%	100%	100%	100%	95.2%	88.9%	91.3%	100%	95.2%
	AC04	Percentage of Dementia Carers Feeling Supported	88.3%	75%	100%	93.3%	92.3%	76.9%	70%	100%	72.7%	72.7%	-	93.8%	100%	75%	80.6%	84.2%	96.2%	75%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9588	930	668	755	858	839	768	666	537	692	1231	788	1072	930	2465	1895	3091	930

QUALITY (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals				
			15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	
Patient Experience																					
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	89	91	90	90	90	90	90	91	90	90	92	90	90	90	92	
	P01g	Patient Survey - Kindness and Understanding	-	-	96	93	93	95	94	94	95	94	95	94	95	94	93	96	94	94	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	89	88	89	89	88	88	89	89	89	89	89	88	89	88	89	88
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	19.2%	35.2%	19.7%	16.2%	20.5%	10.4%	19.8%	19.3%	20.4%	20.6%	21.9%	22%	26.3%	35.2%	17.1%	20.1%	22.7%	35.2%	
	P03b	Friends and Family Test ED Coverage	13%	14.8%	6.7%	7%	12.3%	14.7%	17.8%	15.9%	16.4%	13.9%	15.8%	16.7%	12.3%	14.8%	14.9%	15.4%	14.9%	14.8%	
	P03c	Friends and Family Test MAT Coverage	22.7%	16.2%	33.7%	20.1%	22.1%	18.3%	14.6%	25.3%	20.2%	20.3%	15.7%	24%	33.7%	16.2%	18.5%	21.8%	24.3%	16.2%	
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	96.3%	97.1%	95.5%	96.3%	97.2%	97.2%	96.2%	96.2%	96.5%	95.6%	96.7%	96.1%	95.9%	97.1%	96.8%	96.1%	96.2%	97.1%	
	P04b	Friends and Family Test Score - ED	75.4%	80.2%	66.3%	70.4%	78.1%	77.3%	76.6%	72.2%	76.2%	80%	77.7%	73.7%	71.5%	80.2%	77.2%	75.9%	74.4%	80.2%	
	P04c	Friends and Family Test Score - Maternity	96.6%	96.6%	93.3%	97.8%	98.7%	97.1%	96.3%	98.2%	96.9%	97.7%	94.9%	97.6%	95.8%	96.6%	97.6%	97.6%	96.2%	96.6%	
Patient Complaints	T01	Number of Patient Complaints	1941	176	147	154	207	168	185	182	148	116	143	183	150	176	560	446	476	176	
	T01a	Patient Complaints as a Proportion of Activity	0.252%	0.272%	0.25%	0.231%	0.315%	0.302%	0.279%	0.267%	0.219%	0.19%	0.225%	0.268%	0.221%	0.272%	0.298%	0.227%	0.238%	0.272%	
	T03a	Complaints Responded To Within Trust Timeframe	75.2%	81.6%	83.9%	82.1%	87%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%	81.6%	83.9%	56.5%	74.6%	81.6%	
	T03b	Complaints Responded To Within Divisional Timeframe	91.3%	87.8%	91.9%	94%	98.1%	93.6%	95.8%	80.4%	81%	90.5%	91.5%	84.6%	100%	87.8%	96%	84.5%	91.8%	87.8%	
	T04c	Percentage of Responses where Complainant is Dissatisfied	6.15%	-	3.23%	4.48%	7.41%	6.38%	14.58%	8.93%	4.76%	6.35%	2.13%	7.69%	8.33%	-	9.4%	6.83%	5.74%	-	
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.03%	1.08%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.84%	1.08%	0.78%	0.73%	1.42%	1.08%	
	F01a	Number of Last Minute Cancelled Operations	713	63	63	70	62	25	50	40	51	39	68	71	108	63	137	130	247	63	

Notes:

Serious Incidents:

There has been a change in methodology for 2016/17 for calculating serious incident investigations completed within timescale to align with that of our commissioners. The denominator has changed from investigations received in the month to investigations due in the month. This has meant that two investigations in the March figures reported last month (which were completed early in March but which were due in April) have been removed from the March figures and included in April's figures. The impact on the percentage reported for March is nil as all the investigations for both March and April were completed within the required time scale, but the raw numbers for March have changed from four to two."

Patient Survey KPIs:

Patient (Inpatient) Experience Tracker: A change to the survey methodology is currently being trialed during Quarter 1, to assess the feasibility of reporting this data two weeks after month end (it was previously 6 weeks) hence why two months data being reported in this report. This trial will also evaluate any effects of these changes on the survey scores, and whether the current threshold targets against this metric need to be adjusted accordingly.

Outpatient Tracker Score: A note on reporting changes: during 2015/16 these scores were reported on a 3 month rolling basis. Now that the reliability of this data has been established, from April 2016 this data will be reported as a monthly score (i.e. April 2016 is the result for April 2016 only, rather than a combined February, March and April 2016 score). Divisional updates will continue to be provided on a Quarterly basis.

ACCESS

Topic	ID	Title	Annual Target		Annual		Monthly Totals																Quarterly Totals			
			Green	Red	15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1				
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	91.3%	92.3%	90.4%	90.7%	90.2%	90.5%	90.7%	91.1%	92%	91.8%	92.4%	93.2%	92.2%	92.3%	90.4%	91.6%	92.6%	92.3%				
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3078	3010	3357	3128	3004	2772	2491	2544	2349	2083	2397	2480	-	-	-	-				
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	8	0	1	0	0	0	1	0	0	0	2	0	0	0	1	0	2	0				
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	471	24	89	38	45	38	28	25	22	15	15	14	26	24	111	62	55	24				
	A09	Referral To Treatment Ongoing Pathways 35+ Weeks	-	-	1738	80	267	200	188	172	118	96	81	86	75	68	77	80	478	263	220	80				
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	-	-	95.9%	-	94.9%	95.3%	97.3%	95.4%	96.8%	97.5%	95.8%	94.8%	93.7%	98%	96.6%	-	96.5%	96%	96.1%	-				
	tbc	Cancer Stretch Target - 7 Day Wait for Urgent Referrals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	-	-	97.5%	-	99.5%	95.3%	96.7%	96.7%	97.3%	98.7%	98.6%	97.8%	98.5%	97%	97.7%	-	96.9%	98.4%	97.8%	-				
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	-	-	98.9%	-	97.8%	100%	99.1%	98.1%	98.6%	99.1%	100%	98.9%	96.1%	100%	99%	-	98.6%	99.3%	98.3%	-				
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	-	-	96.8%	-	97.4%	97.9%	89.1%	100%	97.6%	97.9%	100%	98%	97.6%	97.9%	95%	-	95.6%	98.5%	96.9%	-				
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	-	-	97.1%	-	98.1%	94.7%	96.1%	98.4%	96%	96.1%	97.6%	97.4%	97.9%	96.7%	98.6%	-	96.8%	97%	97.8%	-				
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	-	-	80.6%	-	77%	77.6%	83.7%	80.7%	81%	79.1%	82.3%	86.7%	84.2%	74.2%	84.7%	-	81.9%	82.6%	81.1%	-				
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	-	-	68.6%	-	81.3%	62.5%	76.9%	70%	85.7%	14.3%	71.4%	50%	50%	60%	70%	-	78.4%	51.9%	64.6%	-				
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	-	-	91.1%	-	83.3%	76.9%	80.8%	86.7%	91.2%	93.6%	92.7%	100%	81%	92.9%	100%	-	87.6%	95.7%	92.1%	-				
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	1.03%	1.08%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.84%	1.08%	0.78%	0.73%	1.42%	1.08%				
	F01a	Number of Last Minute Cancelled Operations	-	-	713	63	63	70	62	25	50	40	51	39	68	71	108	63	137	130	247	63				
	F02c	Number of LMCs Not Re-admitted Within 28 Days	5	5	76	23	12	12	7	4	2	5	3	2	1	6	12	23	13	10	19	23				
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.28%	1.35%	1.16%	1.12%	1.32%	0.65%	0.74%	1.17%	1.67%	1.18%	1.86%	1.36%	1.68%	1.35%	0.91%	1.34%	1.63%	1.35%				
	F07a	Number of Admissions Cancelled Day Before	-	-	887	79	60	67	79	35	45	73	99	66	105	80	99	79	159	238	284	79				
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	-	-	75.4%	-	80.5%	86.4%	73.2%	76%	76%	75.7%	78%	81.8%	75%	59.4%	63%	-	74.7%	78.7%	66.7%	-				
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	-	-	93.3%	-	95.1%	90.9%	92.7%	100%	92%	89.2%	95.1%	95.5%	92.5%	93.8%	85.2%	-	94.5%	93.4%	90.9%	-				
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.97%	98.34%	98.63%	99%	98.83%	98.63%	99.01%	99.59%	99.37%	99.2%	98.69%	99.11%	99.2%	98.34%	98.83%	99.39%	99.01%	98.34%				
Outpatients	R03	Outpatient Hospital Cancellation Rate	6%	10.7%	11.9%	14%	11.5%	11.4%	11.6%	12.7%	12%	11%	10.6%	13%	12.3%	11.8%	13.1%	14%	12.1%	11.5%	12.4%	14%				
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	58	51	41	59	48	54	41	30	19	33	31	34	-	-	-	-				
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	20	6	19	11	11	12	10	4	5	5	10	3	-	-	-	-				
Green To Go List	AQ01	Numbers on the Green to Go List (Acute)	-	-	-	-	56	48	37	52	45	50	39	33	42	49	48	59	-	-	-	-				
	AQ02	Numbers on the Green to Go List (Non-Acute)	-	-	-	-	18	6	19	11	11	11	10	9	7	9	16	8	-	-	-	-				
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.16	4.23	3.83	4.25	4.15	3.97	4.51	4.2	4.11	4.12	4.04	4.03	4.3	4.23	4.21	4.14	4.13	4.23				

ACCESS (continued)

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Emergency Department Indicators																						
Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	90.43%	87.17%	93.47%	95.2%	95.51%	94.95%	91.69%	92.16%	89.6%	88.89%	83.76%	84.23%	82.49%	87.17%	94.04%	90.23%	83.47%	87.17%
	B07a	BRI ED Total Time in Department - Under 4 Hours	95%	95%	87.4%	79.8%	92.61%	94.15%	93.78%	93.44%	87.75%	89.34%	89.43%	86.83%	75.72%	79.13%	75.11%	79.8%	91.71%	88.55%	76.61%	79.8%
	BB03	BCH ED - Percentage Within 4 Hours	98%	95%	90.56%	93.02%	91.62%	94.93%	96.02%	94.97%	93.81%	93.12%	84.97%	86.7%	89.12%	84.67%	85.59%	93.02%	94.9%	88.18%	86.39%	93.02%
	BB04	BEH ED - Percentage Within 4 Hours	99.7%	99.5%	99.48%	99.33%	99.45%	98.63%	99.84%	99.61%	99.77%	99.23%	99.83%	99.71%	99.83%	99.6%	98.94%	99.33%	99.74%	99.59%	99.44%	99.33%
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	15	3	0	0	0	0	0	0	0	0	6	0	9	3	0	0	15	3
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	99%	96.2%	99.8%	99.9%	100%	99.6%	96.7%	98.4%	99.6%	99%	98.8%	99.3%	97.5%	96.2%	98.8%	99%	98.5%	96.2%
	B02b	ED Time to Initial Assessment - Data Completeness	95%	95%	93%	93.3%	92.2%	92.3%	93.4%	91.6%	92.8%	93.2%	94.1%	93.8%	92.7%	92.9%	94.1%	93.3%	92.6%	93.7%	93.2%	93.3%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.8%	55.2%	53.5%	53.9%	57.5%	60.4%	53.2%	52.8%	49.8%	53.1%	52.6%	45.3%	45.8%	55.2%	57%	51.9%	47.8%	55.2%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.9%	98.8%	99.1%	98.5%	99.1%	99.2%	98.7%	98.8%	99%	98.9%	98.7%	98.6%	98.6%	98.8%	99%	98.9%	98.7%	98.8%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	3%	3%	3.1%	2.6%	2.9%	2.5%	2.9%	2.7%	3.1%	3.5%	3%	3.7%	3.1%	3%	2.8%	3.1%	3.3%	3%
	B05	ED Left Without Being Seen Rate	5%	5%	2.4%	2.1%	2.4%	2.9%	2.3%	2%	2.3%	2.4%	2.4%	2.2%	2.6%	2.7%	2.5%	2.1%	2.2%	2.3%	2.6%	2.1%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1102	62	46	29	38	36	92	96	86	104	236	153	140	62	166	286	529	62

WORKFORCE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Sickness	AF02	Sickness Rate	4.3%	3.9%	4%	4.1%	4.2%	3.9%	4.1%	4.3%	4.2%	4.4%	4.6%	4.6%	4.5%	3.9%	4.1%	4.3%	4.6%	3.9%
<p>For 2015/16, the Trust target for the year is 3.7%. Divisional targets are: 3.0% (DAT), 5.5% (FAE), 4.1% (MDC), 3.7% (SPS), 3.5% (SHN), 3.9% (WAC), 2.6% (Trust Services, excl FAE)</p> <p>Different targets were in place in previous years. There is an amber threshold of 0.5 percentage points above the target. These annual targets vary each quarter. □</p>																				
Staffing Numbers	AF08	Funded Establishment FTE	-	-	8011.6	8088.3	8096.3	8110.8	8128.9	8168.6	8197.6	8199.8	8224.1	8229.4	8258.8	8241.7	-	-	-	-
	AF09A	Actual Staff FTE (Including Bank & Agency)	-	-	8123.2	8114.4	8069.3	8149.2	8253.7	8249.7	8198	8180	8233.9	8246.6	8319.4	8339.7	-	-	-	-
	AF13	Percentage Over Funded Establishment	-	-	1.4%	0.3%	-0.3%	0.5%	1.5%	1%	0%	-0.2%	0.1%	0.2%	0.7%	1.2%	-	-	-	-
<p>Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above</p>																				
Bank Usage	AF04	Workforce Bank Usage	-	-	424.2	423.5	395	399.2	446.2	377.6	339.3	336.1	342.8	361.7	350.9	337.2	-	-	-	-
	AF11A	Percentage Bank Usage	-	-	5.2%	5.2%	4.9%	4.9%	5.4%	4.6%	4.1%	4.1%	4.2%	4.4%	4.2%	4%	-	-	-	-
<p>Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 4.7% in Apr-15 to 2.7% in Mar-16</p>																				
Agency Usage	AF05	Workforce Agency Usage	-	-	148.3	157.3	163.5	185.2	193.1	180	156.1	134	152.1	144.9	153.4	156.4	-	-	-	-
	AF11B	Percentage Agency Usage	-	-	1.8%	1.9%	2%	2.3%	2.3%	2.2%	1.9%	1.6%	1.8%	1.8%	1.8%	1.9%	-	-	-	-
<p>Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 1.6% in Apr-15 to 0.8% in Mar-16</p>																				
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	-	-	368.5	463.6	507.9	465.1	436	416.4	420.1	431.3	412	422.3	361	305.8	-	-	-	-
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	4.7%	5.8%	6.3%	5.8%	5.4%	5.1%	5.2%	5.3%	5.1%	5.2%	4.4%	3.8%	-	-	-	-
<p>For 2015/16, target is below 5% for Green, 5% or above for Red</p>																				
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	2076	219	174	156	147	398	227	146	148	120	137	154	148	219	772	414	439	219
	AF10	Workforce Turnover Rate			14.1%	14.1%	13.7%	13.7%	13.6%	13.7%	13.9%	13.8%	13.9%	13.6%	13.4%	13.6%				
<p>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.</p> <p>Green Target is an improvement trajectory going from 13.6% in Apr-15 to 11.5% in Mar-16. There is an Amber threshold of 10% of the Green threshold (i.e. 15% in Apr-15, falling to 12.7% in Mar-16)</p>																				
Training	AF20	Essential Training Compliance	-	-	89%	89%	90%	90%	89%	91%	91%	91%	92%	92%	91%	-	-	-	-	-
<p>Green is above 90%, Red is below 85%, Amber is 85% to 90%</p>																				

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
GI	Gastrointestinal – often used as an abbreviation in the form of Upper GI or Lower GI as a specialty or tumour site relating to that part of the gastrointestinal tract

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 March 2016

Safeguarding Adults

Level 1: 91.7% (previous month 91.7%)

Level 2: 86.3% (previous month 86.3%)

Level 3: 42.2% (previous month 42.2%)

Safeguarding Children

Level 1: 91.2% (previous month 91.2%)

Level 2: 89.3% (previous month 89.3%)

Level 3: 77.9% (core) (previous month 78.0%)

Level 3: 71.7% (specialist) (previous month 73.6%)

Resuscitation

76.4% (previous month 76.4%)

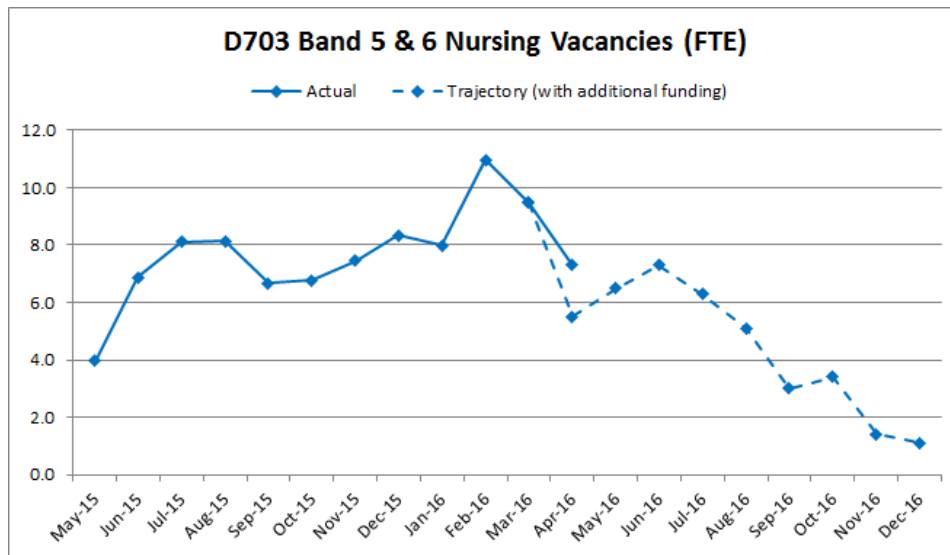
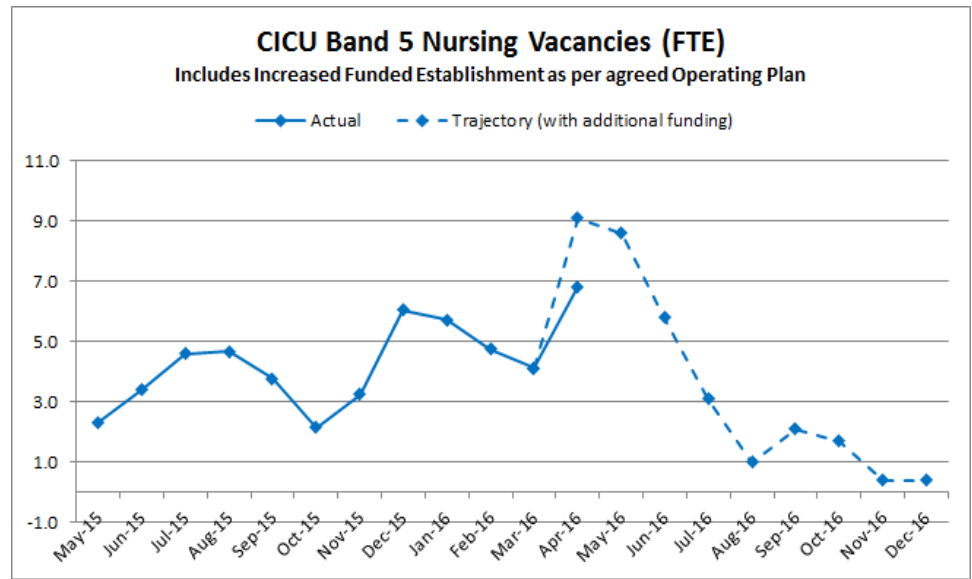
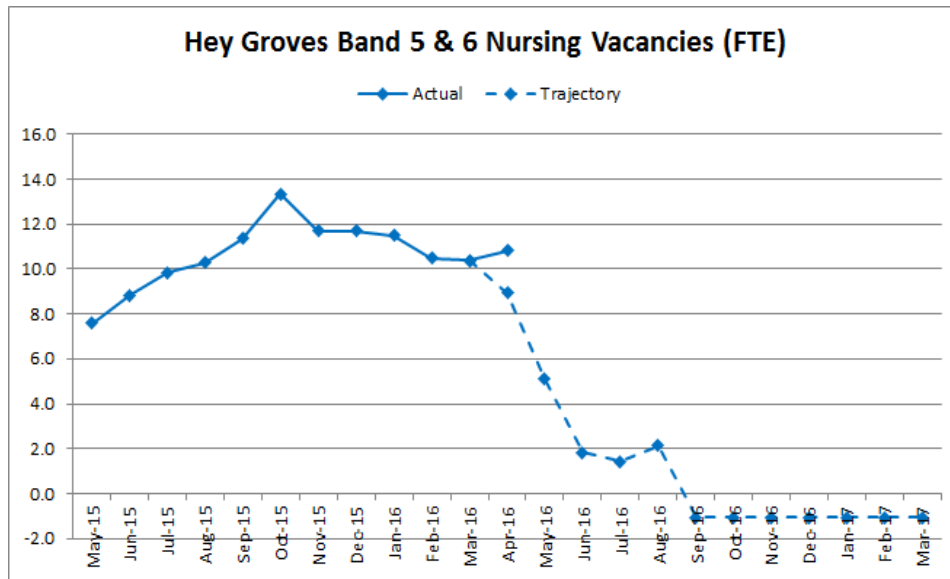
Appendix 2 (continued)

Agency shifts by staff group

Staff Group	Non framework (but within price cap)	Above price cap (but within framework)	Non framework and above price cap	Within framework and price cap	Grand Total
Admin and Clerical				391	391
AHP and Healthcare Scientist				28	28
Facilities and Estates				318	318
Healthcare Assistant /Other	1	21	74	205	301
Medical and Dental			157	8	165
Nursing and Midwifery		447	871	75	1393
Grand Total	1	468	1102	1025	2596

Currently reporting covers Temporary Staffing Bureau bookings only (see appendix 2). During 2016, reporting will be extended to cover all data.

Recruitment compared with trajectory for Heygroves Theatres, CICU and Ward D703



Appendix 3

Access standards – further breakdown of figures

A) **62-day GP standard** – performance against the 85% standard at a tumour-site level for Quarter 4 2015/16, including national average performance for the same tumour site

Tumour Site	UH Bristol	Internal operational target	National
Breast*†	100%	-	95.1%
Gynaecology	85.4%	85%	77.7%
Haematology (excluding acute leukaemia)	80.6%	85%	80.6%
Head and Neck*	73.5%	79%	68.7%
Lower Gastrointestinal	60.0%	79%	72.2%
Lung	70.5%	79%	74.8%
Other*	66.7%	-	77.7%
Sarcoma*	75.0%	-	70.2%
Skin	97.3%	96%	95.0%
Upper Gastrointestinal	73.6%	79%	73.4%
Urological*†	50.0%	-	76.4%
Total (all tumour sites)	81.1%	85.0%	81.9%
Monthly trajectory target (excluding assumed improvements in late referrals)	79.1%		
Monthly trajectory target (including assumed improvements in late referrals)	83.1%		

*10 or fewer patients treated in accountability terms

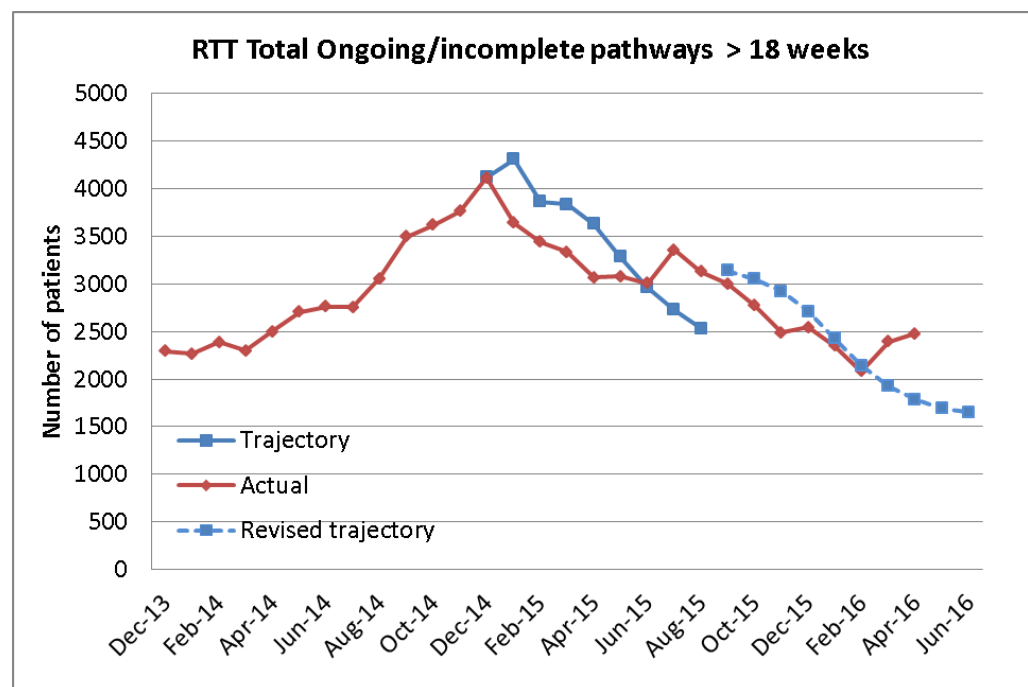
†Tertiary pathways only (i.e. no internally managed pathways), with management of waiting times to a great extent outside of the control of the Trust

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 April 2016

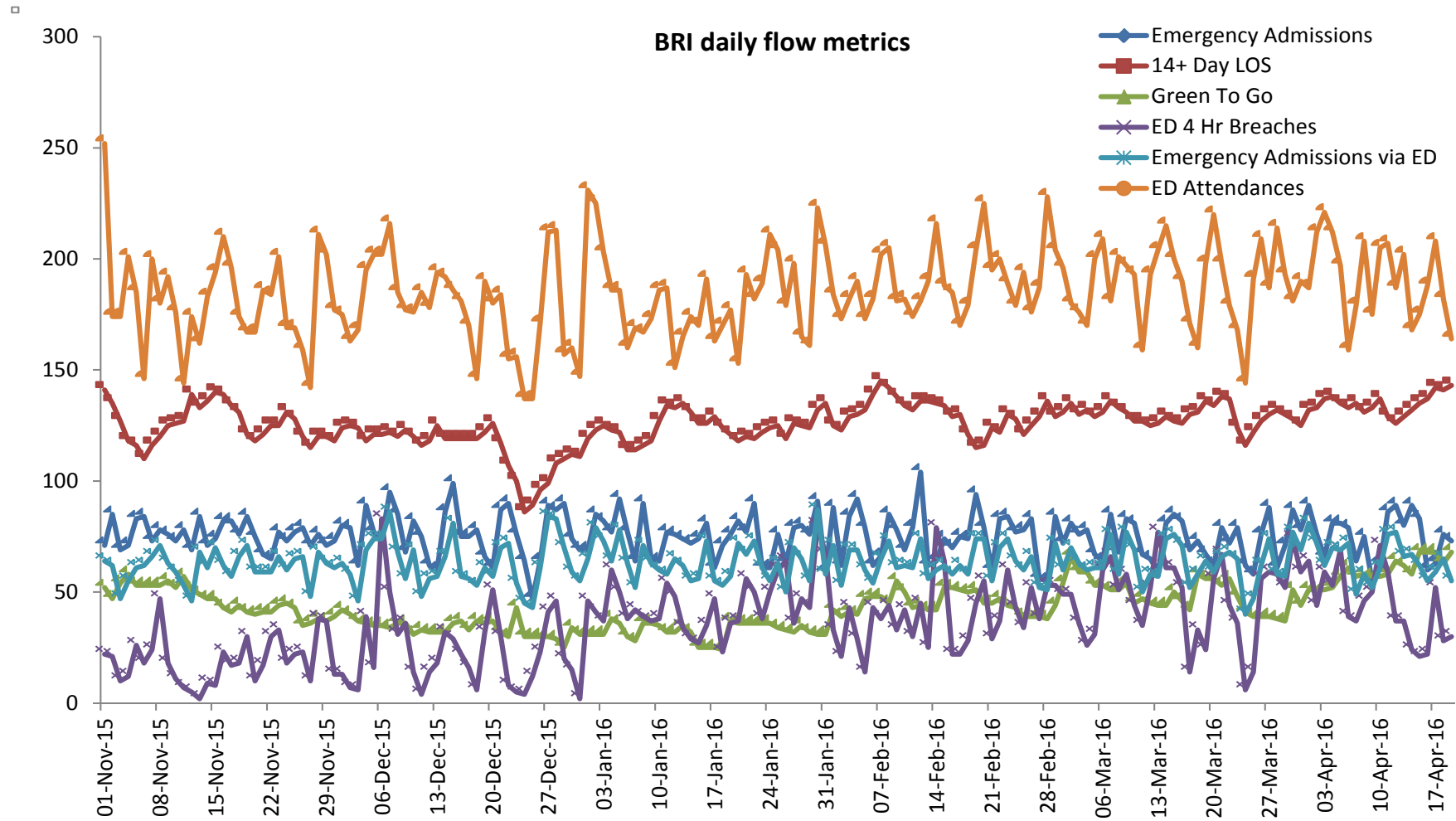
RTT Specialty	Ongoing Pathways Over 18 weeks	Ongoing Pathways	Ongoing Performance
Cardiology	263	1,987	86.8%
Cardiothoracic Surgery	18	251	92.8%
Dermatology	57	2,026	97.2%
E.N.T.	50	2,273	97.8%
Gastroenterology	81	469	82.7%
General Medicine	1	51	98.0%
Geriatric Medicine	0	166	100.0%
Gynaecology	79	1,156	93.2%
Neurology	53	425	87.5%
Ophthalmology	164	4,458	96.3%
Oral Surgery	227	2,497	90.9%
Other	1,380	14,150	90.2%
Rheumatology	0	356	100.0%
Thoracic Medicine	20	850	97.6%
Trauma & Orthopaedics	87	1,038	91.6%
Grand Total	2,480	32,153	92.3%



	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Non-admitted pathways (target/actual)	1911/1725	1811/1634	1689/1632	1498/1470	1313/1222	1190/1460	1330/1479
Admitted pathways (target/actual)	1143/1047	1130/857	1023/912	931/879	832/861	735/937	935/1001
Total pathways (target/actual)	3054/2772	2923/2491	2710/2544	2430/2349	2145/2083	1925/2397	/2480
Target % incomplete < 18 weeks	90.9%	91.1%	91.7%	92.4%	93.2%	93.9%	92.3%
Actual target % incomplete < 18 weeks	91.1%	92.0%	91.8%	92.4%	93.2%	92.2%	92.6%

Appendix 3 (continued)

BRI Flow metrics



**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title									
08. Quality and Outcomes Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: Alison Ryan, Non-Executive Director and Chair of the Quality and Outcomes Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
<p><u>Purpose</u> To provide assurance that the Quality and Outcomes Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 24 May 2016.</p> <p><u>Key issues to note</u> As detailed in the report.</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)				

Report to the Board of Directors meeting 25th May 2016

From QOC Chair – Alison Ryan, Non-Executive Director

This report describes the business conducted at the Quality and Outcomes Committee held 24th May 2016, indicating the challenges made and the assurances received.

Item	Report/Key Points	Challenges	Assurance
Matters Arising from Minutes	Review of a serious incident.	Degree to which the Division were aware of the deficiencies in the process indicated by the Serious Incident. The meeting was attended by the Divisional Clinical Director who answered specific questions in relation EWS, safeguarding, medical supervision of the surgical patients and the RCA process.	The Divisional Director was aware of deficiencies and is following up the issues in all areas.
	Review of 3 Paediatric cases in Emergency Department.	Process of the RCA and the Divisional learning,	Independent review of cases with an action plan.

Item	Report/Key Points	Challenges	Assurance
Serious Incidents and Root Cause Analysis	4 Serious Incidents were reviewed	<p>Continued to seek improvements in relation to the RCA process.</p> <p>Evidence of improvement in terms of support for the family following the death of a child.</p> <p>Challenged the capacity in terms of seasonal cover for outpatient clinics.</p> <p>Challenged the issue in terms of the communication and whether staff are training appropriately.</p>	<p>RCA process in under review which will address the weakness in the current system. Update on the progress of the RCA Review to be reported at a future QoC.</p> <p>Presentation from staff developing bereavement support service to a future meeting.</p> <p>Received substantial assurance that seasonal cover was not an issue.</p> <p>Communication training is being addressed as part of the review.</p>
Monthly Nurse staffing	The report provided information contained in the NHS national staffing return submitted for May 2016.	Divisional hotspots were raised in relation to skill mix and numbers.	<p>Considerable discussion was held in relation to the specific areas.</p> <p>Agreement to include skill mix as part of the Internal Audit Plan for 2016/17.</p>

Item	Report/Key Points	Challenges	Assurance
<p>Adult Mortality Report</p>		<p>Challenges related to engagement of consultants.</p> <p>Questions were asked in relation to :</p> <ul style="list-style-type: none"> • Planning for death and end of life care; • Feedback from post mortems. <p>Learned about communication with families.</p>	<p>Royal College of Physican’s new process being introduced.</p> <p>Clarification was provided that this was an integral part of the process.</p> <p>Acknowledged that there were sometimes difficulties in chasing information. Members were assured however, that the system was working.</p> <p>Training identified as a specific issue</p>

**Cover report to the Board of Directors meeting held in Public
 To be held on Wednesday 25 May 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, Head of Strategic Workforce Planning								
Intended Audience								
Board members	✓	Regulators		Governors		Staff		Public
Executive Summary								
<p><u>Purpose</u> A quarterly Workforce and OD report is produced quarterly and is considered by the following Groups/Committees:</p> <ul style="list-style-type: none"> - Workforce and OD Group 11 May 2016 - Strategic Leadership Team 18 May 2016 - Quality and Outcomes Committee 24 May 2016 - Trust Board 25 May 2016 <p>The quarterly report for the period January – March 2016 is now due. However, given it is also year end, we have taken the opportunity to provide some commentary on 2015/2016 generally and to set out the priorities for the year ahead, particularly in the context of the Trust’s Workforce and OD Strategy and the workforce KPIs established within the recent Operating Planning Process.</p> <p>The detailed paper is provided for background information but also to provide additional assurance that the regular quarterly report in respect of the comprehensive plans in place and actions underway to deliver our workforce strategy and workforce KPIs.</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
Date the paper was presented to previous Committees				
Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
			✓	Workforce & OD Group

2015/2016 Annual Workforce and Organisational Development Report **(incorporating performance during quarter January - March 2016)**

Executive Summary

1. Introduction

Reflecting on the 2015/16 period in this one off report, it has been an interesting year, which has seen national shortages in some key staff groups, particularly nursing and midwifery, associated with increased vacancies and agency usage across many NHS Trusts. The year has also brought the introduction of agency caps and ceilings to support agency reduction, and the Carter report (February 2016: *Operational productivity in English NHS acute hospitals: Unwarranted variations*) to highlight areas for potential efficiencies and productivity gains in a range of areas including workforce. There have also been national negotiations in respect of pay and pensions, notably affecting junior doctors. We have also seen service pressures impacting internally on workforce demand which have extended well beyond the usual period of winter pressure.

This report aims to review UH Bristol workforce changes during the 2015/16 period and provide an opportunity to review key work programmes associated with the Workforce and Organisational Strategy, including the impact on our KPIs together with an overview of quarter four performance, focussed on Divisional successes and challenges. The report also identifies future priorities, reflecting the Divisional and interlinked corporate programmes to achieve our 2016/17 workforce KPIs.

Whilst there is no absolute correlation between each priority in the Workforce and Organisational Development Strategy and each of our workforce KPIs individually, the work programmes have been designed to impact collectively particularly on staff engagement and turnover. Progress has been made in respect of our KPIs in the last year, particularly in the last quarter with a significant reduction in both turnover and vacancy levels, particularly among some staff groups, such as ancillary staff and unregistered nursing, and we have also seen improvements in our staff engagement scores. The impact on our workforce KPIs of programmes to address sickness absence has been slower, and work in this area will be particularly important during 2016/17.

2. Review of 2015/16 Workforce and Organisational Strategy Action Plans

The main achievements associated with each of the six strategic priorities in the Workforce and Organisational Development Strategy are summarised below:

- **Leadership and Management Development:** more than 1000 leaders and managers have participated in a range of Leadership and Management Development programmes and masterclasses.
- **Staff Engagement:** a number of staff experience and engagement workshops to improve two-way communication have taken place and 16 team based coaches trained on the Aston University programme. In addition, we have developed a comprehensive health and well-being programme.
- **Reward and Performance:** the appraisal improvement project has been launched, with a detailed project management plan and over 100 staff attending the staff experience workshops to engage staff in the design of the new approach to appraisal.

- **Recruitment and Retention:** progress has been made in filling vacancies as a result of innovative marketing campaigns throughout 2015/16 including the use of social media and open days. The new recruitment system (TRAC) is now in place and KPIs set to monitor the speed of recruitment and invested £200k in training and development to support retention.
- **Education:** we have focussed on the development of a robust multi-staff group action plan, ensuring we have the governance to support its delivery. We have worked in partnership with universities to provide training and development modules in Intensive Care Unit and implementing Teaching Fellow Posts to support medical undergraduate and postgraduate learners. We continue to ensure all our learners receive a high quality teaching experience.
- **Strategic Workforce Planning:** 30 staff were trained including all HR Business Partners and key senior nurses, to improve capability in workforce planning. Through our operating planning process in 2015/16, we established a joint finance and workforce process to align pay costs with staffing numbers. New KPIs for 2016/17 again are based on the aggregation of divisional workforce plans, and agreed through executive review.

The programmes of work described above will continue into 2016/17, and we will ensure that those with the maximum impact are expedited where possible.

3. KPI Performance

This section provides an overview of our KPI performance this year, together with the newly agreed KPIs for 2016/17 and a focus on hotspots, with a summary of supporting actions.

- **Sickness Absence**

Our 2015/16 sickness absence rate at 4.2% is similar to the average performance for other *large acute trusts* (4.4% for 2015), but above our 2015/16 KPI of 3.7%. At a staff group level, we are close to benchmarks for Registered Nursing, Medical and Dental, Allied Health Professionals and Healthcare Scientists. However we are above the benchmark for our Administrative and Clerical, Estates and Ancillary and Unregistered Nursing staff groups. Divisions have consistently identified sickness absence management as one of the key challenges both across the year and during quarter 4. Through the operating planning process, our 2016/17 sickness KPI has been set at 3.9%.

Current action plans include the following:

- Continuation of the pilot of self-certification for absences of 1-3 days
- Supporting Attendance Policy - audit, review and training for managers, and piloting Supporting Attendance surgeries for managers
- Bespoke Stress and Wellbeing Workshops - further sessions throughout the next quarter
- Musculo-skeletal - continued interventions by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team
- Staff Health and Well Being - Annual action plan, including free on site health checks and the launch of "Step into Health" 12 week physical activity/lifestyle programme.

- **Workforce Numbers/Bank/Agency**

The agreed KPI for 2016/17 is 1.1% for agency compared with an out turn of 2% of total staffing for 2015/16. We also plan a reduction in bank from 4.6% of total staffing to 3.2%. These reductions align with the financial reductions in agency, and are predicated on our recruitment plans for

2016/17. The main causes of nursing agency usage continue to be vacancy cover, high sickness rates, extra capacity/ increased escalation and Registered Mental Health Nurse cover and enhanced observation. Programmes of work to support the achievement of the Monitor ceiling include improved recruitment, retention and sickness absence management. An Executive working group has been set up to review compliance with Monitor caps for maximum rates and develop strategies to reduce reliance on agency workers. A new rostering system with an integrated acuity and dependency system to enable staff to be moved to areas of greatest need is being procured. The Enhanced Observation Policy has been piloted in Medicine, due to be rolled out to other Divisions. Funding for enhanced observation has been applied to budgets, enabling divisions to recruit additional staff to avoid agency usage.

- **Turnover**

During 2016/17 turnover levels at UH Bristol have reduced, against the background of some other large acute trusts and teaching hospitals experiencing higher rates, from 13.9% in March 2015 to 13.3% by March 2016. Nursing assistants have the highest turnover rates, other than Additional Clinical Services, which is a miscellaneous group consisting largely Allied Health Professional helpers and support roles. Through the operating planning process we have set a KPI of 12.1%, approximately 95 fewer leavers during 2016/17 compared with 2015/16.

We also aim to be in the top 20 teaching hospitals for staff survey results. Our work programme is multifaceted and includes our work in relation to leadership and management development, appraisal transformation and team building, together with divisional action plans. The immediate focus in the early part of 2016/17 will be to accelerate our progress on improving staff experience/engagement using a more transformative approach. A 'business case' is being considered at a Trust Board seminar on 13 May 2016.

- **Recruiting to vacancies**

Given the link with increased vacancies on not only agency usage, but staff motivation and work pressure this has been an important priority in the last year, and the UH Bristol vacancy rate (4.4% in March 2016 for all staff compared with a 5% KPI) continues to compare favourably with other Trusts. Recruitment is described by Divisions in their quarterly Performance and Operating Plan review meetings as one of the successes of the last quarter, with a general reduction in vacancies, combined with filling some key consultant and hard to recruit posts including consultants in Emergency Department, Respiratory, Anaesthesia and ITU nursing recruitment. However, hard to recruit hot spots remain which have not yet been filled, such as acute physicians in Medicine Division, an Endoscopist in Surgery Head and Neck, and junior doctor posts across Women's and Children's and Surgery Head and Neck, which will continue to be a challenge in 2016/17.

Business cases have been agreed for recruitment and retention initiatives in key hot spots - Heygroves Theatres, Ward D703 and CICU - as an alternative to targeted overseas campaigns. Divisional recruitment leads will be appointed to target these areas and co-ordinate divisional recruitment activity and to act as on-going support for applicants and new starters.

- **Essential Training**

Essential training over the last year has averaged 90% compliance which is above the average for AUKUH, and in line with our KPI. UH Bristol has been compliant each month since October 2015. From April 2016, reporting will change to include the full range of essential training and will also be

based on changed criteria for Information Governance, which means there will be reduced compliance during 2016/17.

4. Workforce Risks

Workforce risks are recorded at departmental, divisional and corporate level on Datix, our Risk Management System, and are managed and reviewed at an appropriate level, in line with Trust Policy. Our workforce risks are considered by the Workforce and Organisation Group and its subgroups and by the Trust's Risk Management Group on a quarterly basis. Our main workforce risks, identified in our 2015-2020 Workforce and Organisational Development Strategy, include the impact of higher than planned turnover, vacancies, and sickness absence on our ability to sustain safe services without recourse to agency usage.

5. Key Priorities

The strategic programmes of work in 2016/17 link with the divisional challenges. The priority programmes of work which are focussed on our KPIs for 2016/17, include:

Staff Engagement and Retention

- **Complete review of appraisal:** revised policy and E-Appraisal
- **Leadership and management development:** continued targeted programmes
- **Team building and local decision making:** evaluate Aston University pilot and roll out
- **Divisional staff engagement plans:** including listening events and the "Happy App"

Sickness Absence Management

- **A dedicated lead** to develop and oversee delivery of a sickness absence management plan setting out a comprehensive overview of corporate and divisional action plan focussed on the impact and outcome of action taken.

Recruitment

- **Marketing:** to support the delivery of Divisional operating plans
- **Speed of Recruitment:** efficiencies to speed up conversion to hire time
- **Specialist Nursing:** implement agreed business cases for recruitment and retention hot spots, particularly in respect of specialised nursing and theatres staff.

Agency Reduction

- **Agency caps:** developing and monitoring action plans to reduce agency reliance
- **Effective rostering:** procurement of new rostering system and in the interim, a staffing dashboard
- **Nursing Assistant one to one care:** Enhanced Observation Policy and recruitment of additional staff to reduce agency usage.

In addition, there is a focus on strategic workforce planning to ensure that we develop our workforce models to ensure there are sufficient staff with the right skills in the future. This includes supporting the workforce implications of the STP.

2015/2016 Annual Workforce and Organisational Development Report **(incorporating performance during quarter January - March 2016)**

Introduction

This report is a one off report, combining a review of the year and the quarter, and is designed to provide an update on progress against the workforce strategy themes and their impact on KPIs for 2015/16, a review of quarter 4, and a forward look to key programmes of work to support the achievement of our 2016/17 KPIs during the coming year.

Progress has been made in respect of our KPIs in the last year, particularly in the last quarter with a significant reduction in both turnover and vacancy levels, particularly among some staff groups, such as ancillary staff and unregistered nursing. The impact of programmes to address sickness absence has been slower to be evident in our sickness absence rates.

Part one of this report will review the progress which has been made in respect of the Workforce and Organisational Development Strategy work streams and their impact; part two takes a more detailed review of performance against KPIs for 2015/16; part three reviews quarter four at divisional level in terms of successes, challenges and priorities, and part four takes stock of priorities for 2016/17.

1. PART ONE: Progress in 2015/16

Workforce and Organisational Development Strategy Work Programmes

The Workforce and Organisational Development Strategy was ratified by the Trust Board in October 2014. The governance for the strategy is through the Workforce and Organisational Development Group, which is a sub group of Senior Leadership Team. The Strategy was intended to be a high level strategic statement of priorities and future direction for the next five years to deliver our workforce vision, which was defined as:

The Trust will be an employer of choice, attracting, supporting and developing a workforce that is skilled, committed, compassionate and engaged, so that it can deliver exceptional care, teaching and research every day.

Whilst there is no absolute correlation between each priority in the Workforce and Organisational Development Strategy and each of our workforce KPIs individually, the work programmes have been designed to impact collectively on the interlinked KPIs of turnover, vacancies, sickness absence and agency usage and to reduce our workforce risks. The work programmes to deliver the six Strategic Priorities are overseen by the subgroups of the Workforce and Organisational sub groups. The key high impact achievements in relation to each Strategic Priority will now be described.

1.1. Leadership and Management Development

Our ambition was defined as:

We will have leaders and managers at all levels with the skills and knowledge to transform the way care is delivered and know how to bring about innovation and change to ensure exceptional care is provided to all our patients, every day. Our leaders and managers will at all times connect the values of the organisation to create a culture of accountability, high performance and continuous improvement.

Key priorities were to provide a comprehensive approach to leadership and management training and development, so that all managers and leaders have the skills and competencies to support and develop staff creating a culture of high performance and continuous improvement. Progress this year includes the following:

- **Leadership and Management Development Programmes:** 1000 managers have undertaken one of the Leadership and Management Development modules to support their professional development and develop their capability to manage their service and their team
- **Leadership for Supervisors:** In order to develop a professional management development programme for supervisors and team leaders a 12 module programme has been developed with our stakeholders and commenced in January 2016 with 40 participants
- **Leadership Masterclasses:** Over 250 leaders and managers have attended the monthly masterclasses that all focus on the NHS Leadership Healthcare model and allow leaders to connect across divisions and share experiences to professionally develop in an action learning environment.

1.2. Staff Engagement (including health and well being)

Our ambition was defined as:

We will fully engage with our Trust's mission to deliver exceptional care teaching and research every day. We are proud to work for UH Bristol and are passionate about delivery safe, quality care with compassion.

The year on year improvement in our staff survey results indicates that we have made positive progress in fulfilling our key priority which was defined in the Strategy as to *“Improve two-way communication, including a programme of listening events.”*

Progress against our Staff Engagement ambition includes the following:

- **Listening events:** orchestrated by a sub group of Senior Leadership Team providing a number of staff events to look at practical solutions to improve communications between managers and team and improve staff engagement. Corporate and divisional actions have been agreed, based on themes which included the following:
 - Team briefings - giving every team an opportunity for a regular 2 way dialogue;
 - Visible leaders - regular, informal contact between staff and managers;
 - Local decision making - helping teams to fix problems and make changes happen locally, quickly;
 - Behaviours - living our values to support routine dialogue between staff and their manager.
- **Team based working:** using the Michael West evidence-based approach. The Trust is working with Aston Organisational Development to develop 16 team coaches in the organisation who will work with team leaders to develop team effectiveness. This approach is currently being piloted, and the findings will be reviewed to develop an approach to future roll-out.
- **Full census staff survey and regular pulse checks:** Our 2015 survey was our second full census staff survey, which has provided a richer source of feedback from our staff on where we need to improve. In addition, we have implemented local feedback mechanisms within Divisions which are described in section 3 including use of the “happy app”.

- **Health and Well-being programme:** We have a comprehensive Health and Well-being Programme. Our main programmes of work target our top three reasons for absence which are as follows:
 - Stress related absence: in house staff counselling service for all staff (182 staff attended in 2014/15), a Resilience Building Programme (417 staff attended) providing self-help tools and an Employee Assistance Programme for Women`s and Children`s Division. Ward and departments have completed HSE stress audits and subsequent actions plans have been developed.
 - Colds and flu: vaccine is offered to all staff achieving 47% of immunisation reportable staff (4192 staff in total) in the 2015/16 flu campaign, which was one of the highest rates nationally.
 - Musculo-skeletal/back problems: Physio Direct continues to offer telephone advice and clinics providing about 1,200 such interventions in the last year. In addition, there are around 1,400 site visits per year by the Manual Handling team.

1.3. Reward and Performance

Our ambition was defined as:

We will be part of a high performing team, and our contribution will be recognised and rewarded. There are appropriate consequences for under achievement.

We committed in our Workforce and Organisational Development Strategy to fulfil the following objective:

Improve the quality and application of 'staff appraisal', to include:

- *Clarity of role, responsibilities and objectives for all individuals and teams.*
- *Clearly identified competences, and training to enable staff to deliver against objectives.*
- *Regular recognition for achievement, and holding to account where performance falls short of the required levels.*

Progress against this priority is described below:

- **Appraisal improvement project:** The appraisal improvement project was instigated to comprehensively deliver on the above objective, taking account of feedback from our 2014 Staff Survey, and is anticipated to improve staff engagement and retention by ensuring staff have a better quality of appraisal. Work in 2015/16 has focussed on establishing project plans for the three components of the work programme - skills development, systems and policy/process. The new approach will be implemented in September 2016. Over 100 staff attended the staff experience workshops to engage staff in the design of the new approach to appraisal. The findings have been used to develop the programme of work for 2016/17.
- **Pay and reward approaches:** The option for part-time clinical staff to be paid overtime to reduce bank and agency and improve retention has been introduced. We have also built a recruitment and retention premium into the overall reward package for estates staff, which has helped to attract substantive recruits - at least 10 vacancies for trades staff have converted from bank and agency to substantive.

1.4. Recruitment and Retention

Our ambition was defined as:

We will work for an employer of choice, renowned for attracting and retaining highly skilled, talented and compassionate staff who reflect the community we serve, and demonstrate values through our behaviours.

Progress in this workstream includes the following:

- **Marketing:** Innovative marketing campaigns took place throughout 2015/16 to target nursing posts focusing on hard to fill posts and the Bank. This included local and national advertising campaigns using bus backs, radio, bill boards and social media. Open Days were held throughout the year to attract interest to the Trust and to Bristol
- **Speed of recruitment:** Improve the speed of recruitment from application to appointment by streamlining all processes, whilst continuing to ensure there are robust employment checks. We have implemented a new recruitment IT system, TRAC, to improve workflow management, and intelligence of pipeline recruitment and established a KPI for time to recruit, which will be supported by an action plan, and monitored through Divisional Performance and Operations meetings. There continues to be an ongoing plan of work in place to sustain our progress in reducing vacancies.
- **Targeted action to improve retention through investment in training and development:** £200k was invested in turnover hotspots across Divisions. This includes 8 Advanced Anaesthetic module placements provided by Oxford Brookes University in March 2016 and funded by the Trust to support training, development and retention for nurses in Theatres.

1.5. Education

Our ambition was defined as:

Our Trust will be recognised nationally for the provision of excellent education and research, built upon mutually beneficial partnerships with higher and further education institutions. We, as staff of the Trust, will be developed to realise our potential in delivery of education, research and exceptional care to our patients.

The following are examples of high impact deliverables during 2015/16:

- **Focused action plan:** We have developed an integrated Education action plan, overseen by the Education Group, which covers all staff groups, ensuring that we have the governance in place to support its delivery.
- **Teaching Fellow Posts:** We have continued to develop mutually beneficial partnerships through the development of joint Teaching Fellow posts which has improved recruitment and retention for hard to fill to junior doctor posts, supporting service delivery, rota gaps and patient safety.
- **Nursing Assistant recruitment and training:** We continue to invest in our nursing assistant training. Since July 2014, new Nursing Assistants who do not have the appropriate qualification (Qualifications Credit Framework) are recruited a trainee contract and supported through the peripatetic assessor team to undertake the vocational learning programme. The programme has resulted in reduced vacancies and turnover.
- **Quality Assurance:** Our high quality training has been demonstrated through our GMC quality assurance visit to Trust April 2016, which acknowledged the Trust's commitment to education and supportive learning environment for medical students and higher grade trainees. UH Bristol has been rated as the top area in England to train in Ophthalmology and Psychiatry.

1.6. Strategic Workforce Planning

Our ambition was defined as:

We will feel confident that there are sufficient staff in our teams, both now and in the future, to deliver exceptional patient care, by ensuring that service needs are properly assessed and that the right numbers of appropriate staff are available.

Some of the key achievements in relation to Strategic Workforce Planning are summarised below.

- ***Increased capability in workforce planning:*** More than 30 staff have participated in workforce planning training provided by the University of West London, including all HR Business Partners, together with senior nurses, improving capability in producing robust workforce plans.
- ***Operating plans:*** We have changed our workforce planning architecture so that we have joint finance and workforce templates aiming to align pay costs with staffing numbers. Operating plans included plans to address gaps between numbers required and potential recruitment, with a focus on retention, role redesign and exploring other sources of recruitment. Operating plan agency trajectories are monitored and tracked through divisional reviews.
- ***Effective rostering:*** KPIs have been established and are monitored to reduce “lost time” for nursing and midwifery - currently above funded establishment - ensuring annual leave, study leave, and sickness is planned and monitored appropriately. Pending the new rostering system, a staffing dashboard is on trial to provide a cross trust overview of inpatient staffing.
- ***Agency controls;*** A robust Escalation policy has been developed with clear sign off process and flow chart of questions to be asked before resorting to agency.
- ***Strategic 5 year Planning Workshops*** These have been initiated in each Division to identify longer term workforce requirements, to underpin workforce plans which are submitted annually to Health Education England to inform education commissioning.

Overall the key programmes of work have made some contribution to the improved overall staff engagement score in the 2015 survey, and in particular the reduction in turnover and vacancies. The programmes of work described will continue, and staff have provided positive feedback on the ongoing programmes such as the opportunity to shape appraisals, the “happy app” and the extent and range of health and well-being initiatives.

2. PART TWO: Impact of programmes of work on KPIs

Each of the programmes of work which have been described will have a combined impact on a number of workforce KPIs. Performance for the year is shown in the table below.

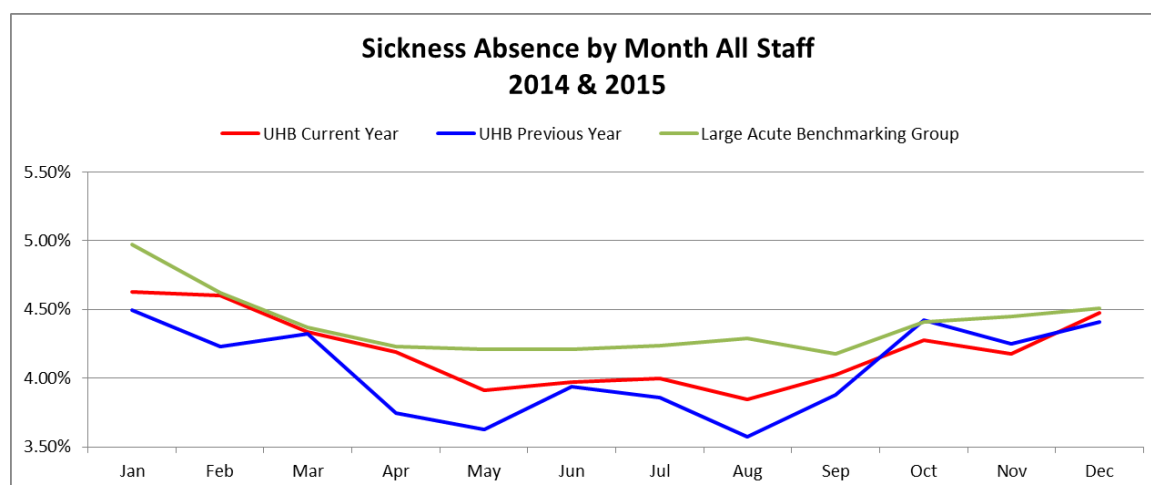
Domain	Indicator	15/16 Annual		Benchmark
		KPI	Actual	
Workforce costs /FTE	Sickness	4.0%	4.6%	4.4%
	Workforce Numbers (% of Funded FTE)	>1%	0.7% over	
	Bank (% Total Staffing)	2.7%	4.2%	
	Agency (% Total Staffing)	0.8%	1.8%	
	Overtime (% Total Staffing)	0.6%	1.0%	
Staff Experience	Vacancies	5.0%	4.4%	7.2%
	Permanent Staff Turnover	11.5%	13.3%	12.9%
	Friends & Family Test	50.0%		
Staff Development	Staff Appraisal (Excluding Consultants)	85.0%	83.5%	82.8%
	Consultant Appraisal	85.0%	88.1%	
	Essential Training Core Topics	90.0%	91.1%	87.6%

See appendix 1 for details of how KPIs are measured

Further detail is provided on each KPI in this section, with additional information available in appendices 1 to 5.

2.1. Sickness Absence

Our 2015/16 average sickness absence rate at 4.2% is similar to the average performance for other *large acute trusts* (4.4% for 2015), but higher than other *teaching trusts* (3.9% for 2015) as shown in the chart below.



Rates increased at UH Bristol during the calendar years of 2014 and 2015 from 4.1% to 4.2% which is in contrast with the benchmark groups which had the same rate in 2014 as 2015.

The year on year increase was due to a general rise across a range of reasons, with the single biggest change being in gastro-intestinal problems, where there was a 16% increase in days lost, followed by absence due to musculo-skeletal problems (8% increase) and psychological reasons (7.4% increase).

At a staff group level, we are close to benchmarks for Registered Nursing, Medical and Dental, Allied Health Professionals and Healthcare Scientists. However we are above the benchmark for other *large acute trusts* for our Administrative and Clerical, Estates and Ancillary and Unregistered Nursing staff groups. As shown in the table below, there are hotspots in some divisions, for example unregistered nursing in Medicine Division, which are the focus of Divisional work programmes (see section 3).

Annual absence by Division/Staff Group

Division	Administrative and Clerical	Allied Health Professionals / Healthcare Scientists	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Nursing and Midwifery Unregistered	All Staff
Diagnostics And Therapies	4.5%	2.7%		1.2%	5.9%*	3.0%*	2.9%
Facilities And Estates	4.3%	-	6.6%	-	-	-	6.2%
Medicine	5.1%	4.0%	4.4%*	1.1%	4.6%	10.0%	5.3%
Specialised Services	4.5%	2.8%	3.6%*	1.4%	4.0%	8.6%	4.0%
Surgery, Head And Neck	4.2%	5.7%*	9.9%*	1.0%	4.4%	6.8%	4.1%
Trust Services	3.6%	2.6%*	-	1.6%*	3.6%*	7.1%*	3.5%
Women`s And Children`s	5.3%	2.8%	3.8%*	1.0%	4.5%	5.4%	3.8%
UH Bristol	4.3%	3.4%	6.4%	1.1%	4.3%	7.8%	4.2%

Benchmark - Large Acute	3.9%	3.7%	6.2%	1.2%	4.8%	7.0%	4.4%
--------------------------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

*small numbers – may exaggerate differences

Unregistered Nursing, followed by Estates and Ancillary have the highest sickness rates. However, when analysing by reason, absence for psychological reasons form a greater proportion of the days lost per FTE (22.9%) for Administrative and Clerical staff than for any other staff group, as shown in the table below. This table shows the days lost per FTE, using the same calculation as the recently published Carter report (*Operational productivity and performance in England NHS acute hospitals: Unwarranted variations*, February 2016). This shows that for all staff, we lose an average of 9.5 days sickness absence but for unregistered nursing, this figure is 19.2 days.

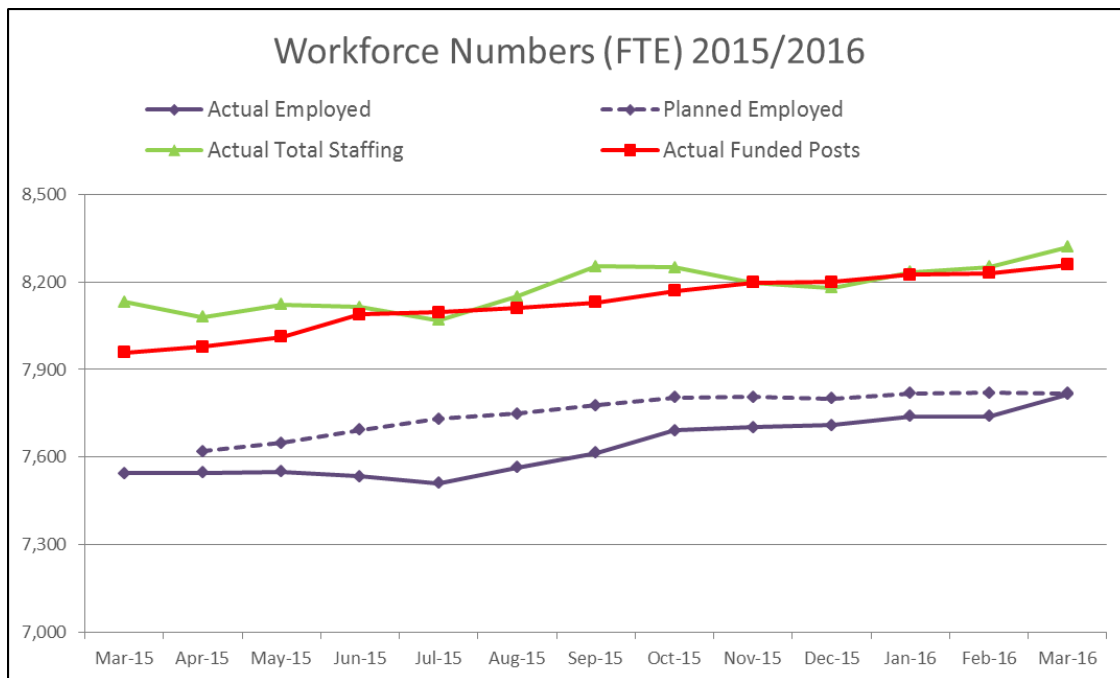
Annual absence by Reason/Staff Group

Days lost by reason by staff group per FTE (2015/16)							
Staff Group	Anxiety/stress/depression/psychiatric	Back problems	Cold, Cough, Flu	Gastro-intestinal	Musculo-skeletal	All Other	Total
Admin and Clerical	2.2	0.4	1.1	0.9	1.2	2.9	9.5
Estates and Ancillary	2.1	1.5	1.6	2.4	2.9	4.9	15.5
Registered Nursing	1.5	0.7	1.6	1.3	1.4	3.4	9.8
Unregistered Nursing	3.1	2.4	2.1	1.3	2.4	5.4	16.8
ALL STAFF	1.8	0.6	1.3	1.2	1.4	3.3	9.5

Absence for psychological reasons, is our greatest cause of lost days. However, there are staff group hot spots in different divisions for absence due to this reason as appendix 2 shows. The highest number of days lost by staff group for psychological reasons among Administrative and Clerical staff is in Diagnostic and Therapies, for Registered Nursing and Midwifery it is in Women's and Children's and for Unregistered Nursing it is in Specialised Services.

2.2. Workforce Numbers/Bank/Agency

The change in total staffing across 2015/16 is shown in the graph below. The dotted line shows the planned levels of substantive staffing which were not achieved due to higher than planned turnover combined with difficulties in nurse recruitment.



By the end of 2015/16, staffing was 443.7 FTE above the funded establishment. The main causes of nursing usage being over funded establishment, linked to excess bank and agency usage, are as follows:

- Sickness for registered nurses and unregistered nurses is above the allowance of 3%
- Registered Mental Health Nurse cover and enhanced observation which has not been funded in 2015/16, although funding has been provided for enhanced observation in 2016/17
- Extra capacity and increased escalation.

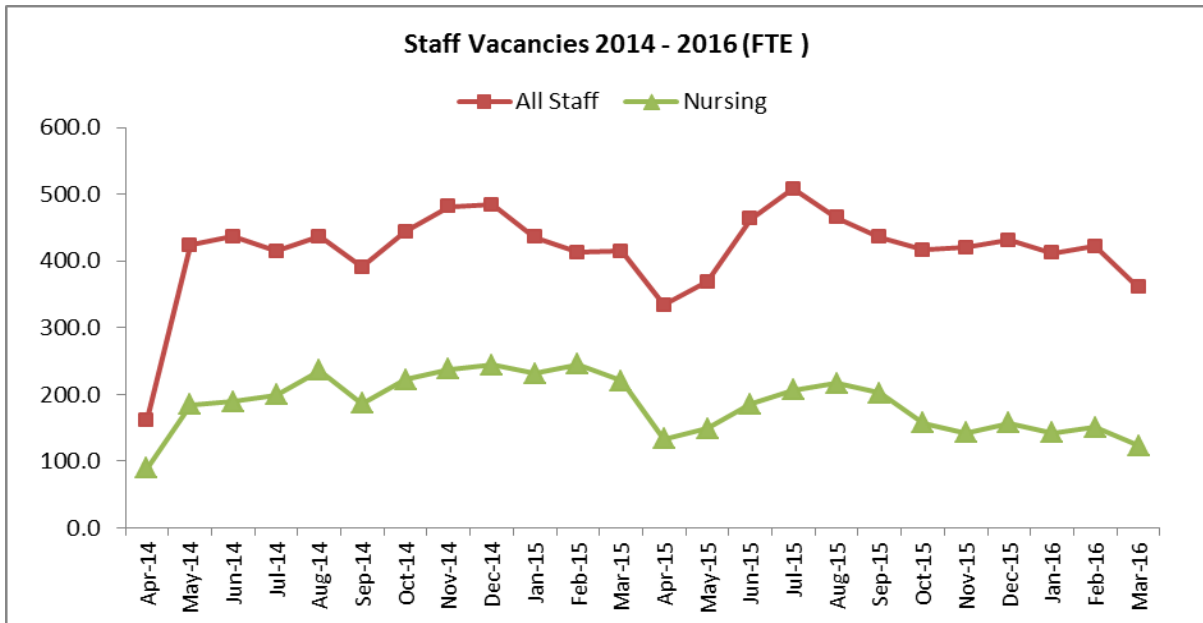
2.3. Bank and agency usage

Nursing and ODP agency expenditure has been significantly above the operating plan target and Monitor ceiling. Agency spend represents 8.7% of total registered nursing spend compared to the Monitor cap of 6% and the submitted trajectory of 5.2% for months 7 to 12. As part of the operating planning process, internal targets were also for agency usage as a proportion of total staffing of 1% - compared with an average usage for 2015/16 of 2%. 62% of agency usage by FTE during 2015/16 was nursing and midwifery – largely for the reasons outlined above, combined with vacancy cover.

2.4. Recruiting to vacancies

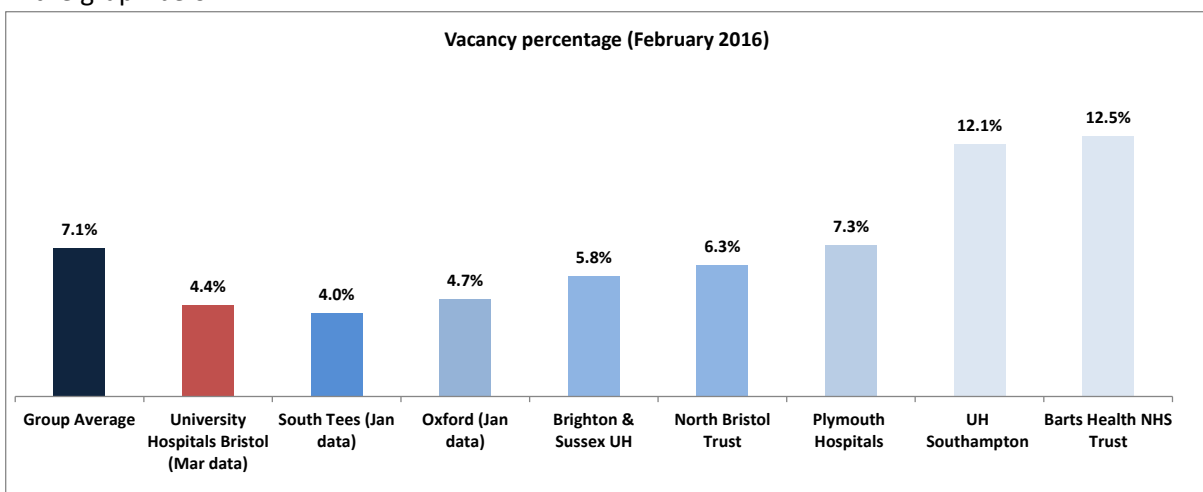
Given the link with increased vacancies on not only agency usage, but staff motivation and work pressure this has been an important priority in the last year, however the UH Bristol vacancy rate (4.4% in March 2016 for all staff) continues to compare favourably with other Teaching Trusts.

With a thriving local economy and a high employment rate, there is considerable competition for administrative and clerical staff, and vacancy rates for this staff group are higher than any other at 6.9% in March. Vacancy rates are 4% for nursing and midwifery, and 1.2% for medical staff. The graph below shows the progress made in reducing vacancies during the second half of 2015/16, particularly for nursing staff.



We have also made considerable process in filling Ancillary vacancies which at 6.1% were at their lowest point since May 2014. Ancillary vacancies have reduced by 28% in the last six months, due to the appointment of a dedicated Recruitment Lead.

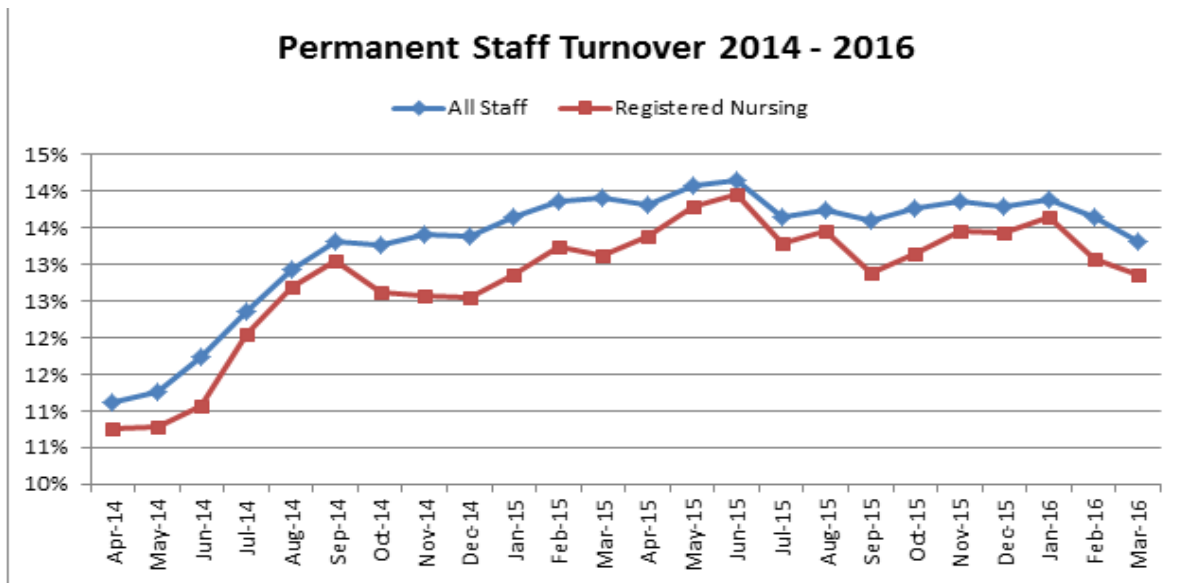
Benchmarks show that we are below the vacancy levels for most trusts which publish data as shown in the graph below.



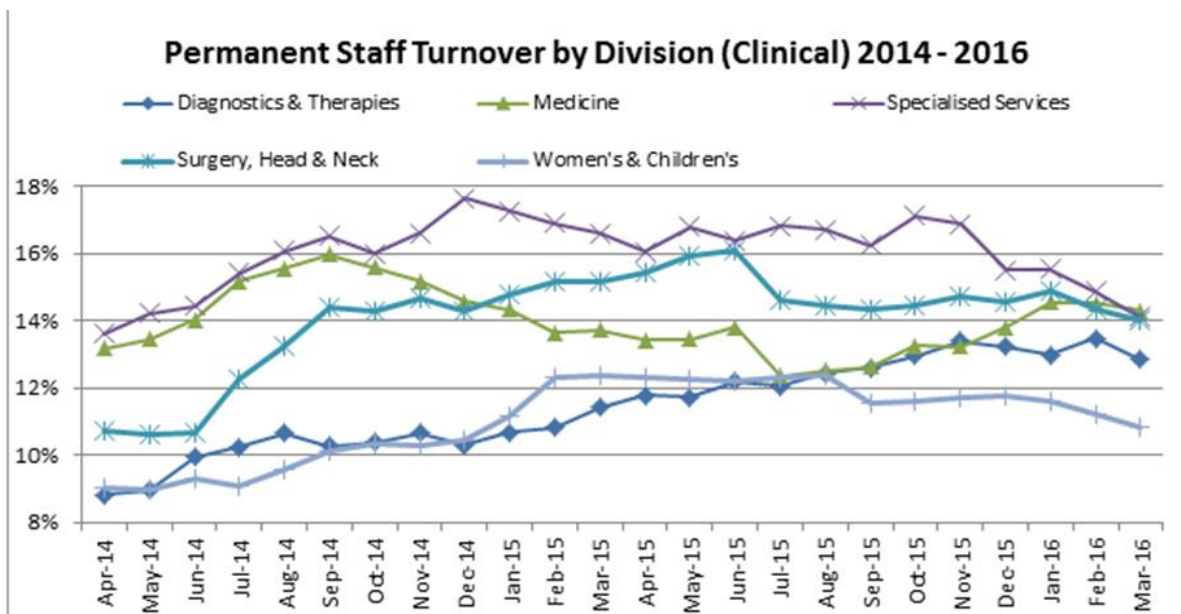
However, there are hotspots amongst these two groups, which have been the focus of specific campaigns, including overseas recruitment for hard to fill consultant posts such as radiology and targeted theatre nurse campaigns.

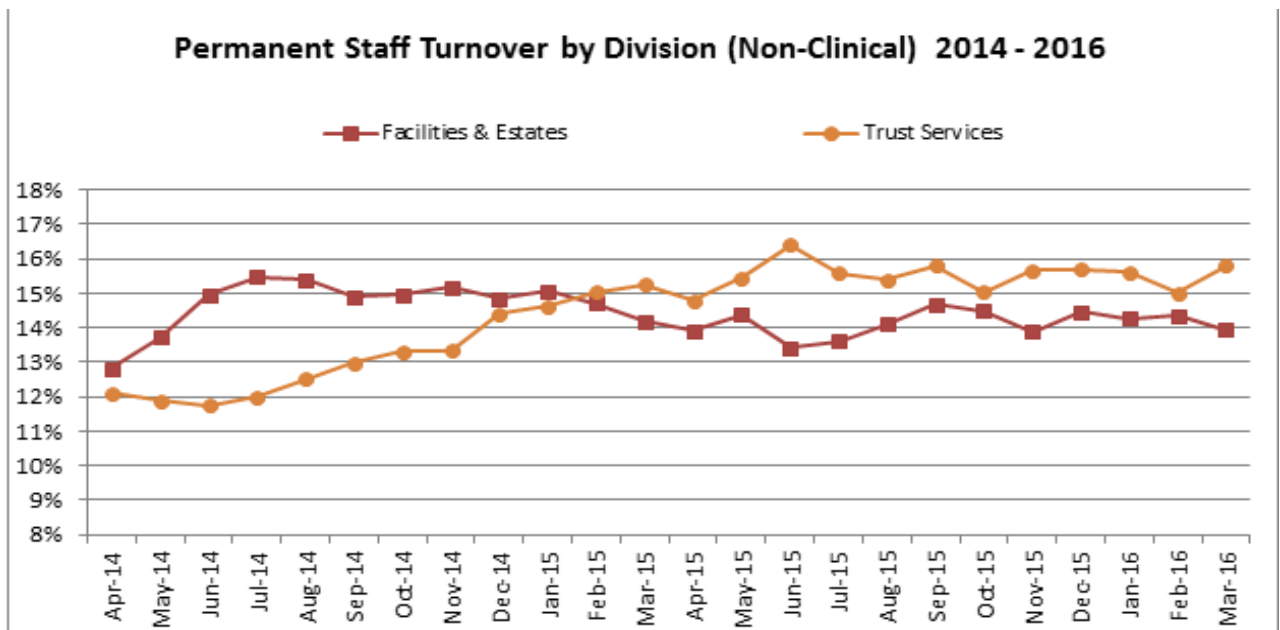
2.5. Turnover

As we have noted in our quarterly reports earlier in the year, turnover increased significantly in the summer of 2014, as the graph below shows.

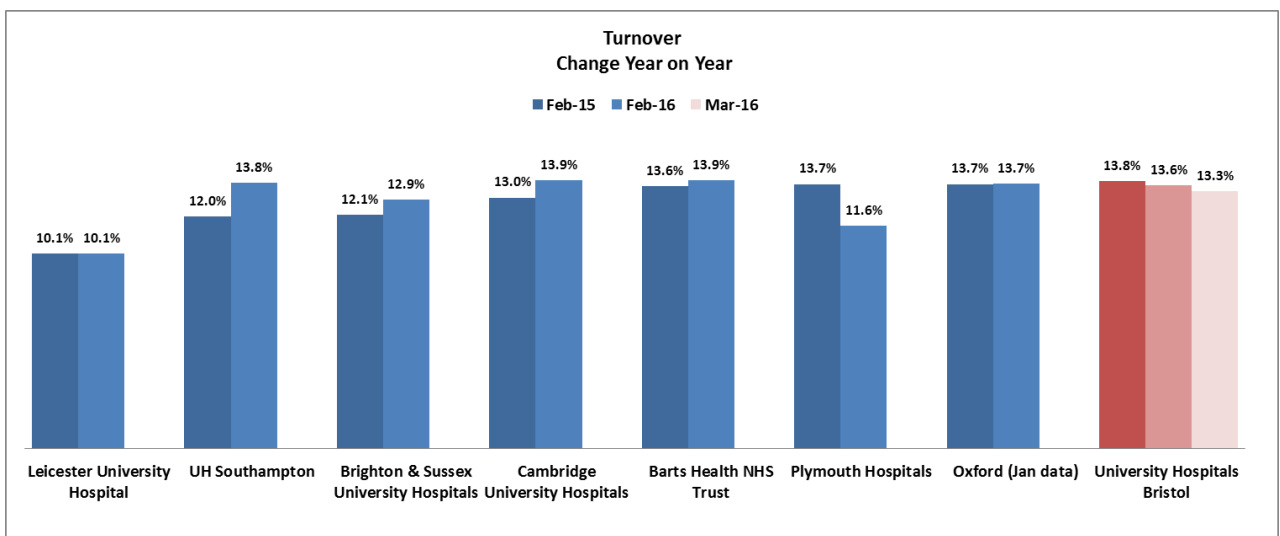


There was an increase across most Divisions during 2014/15, as shown in the graphs below show.





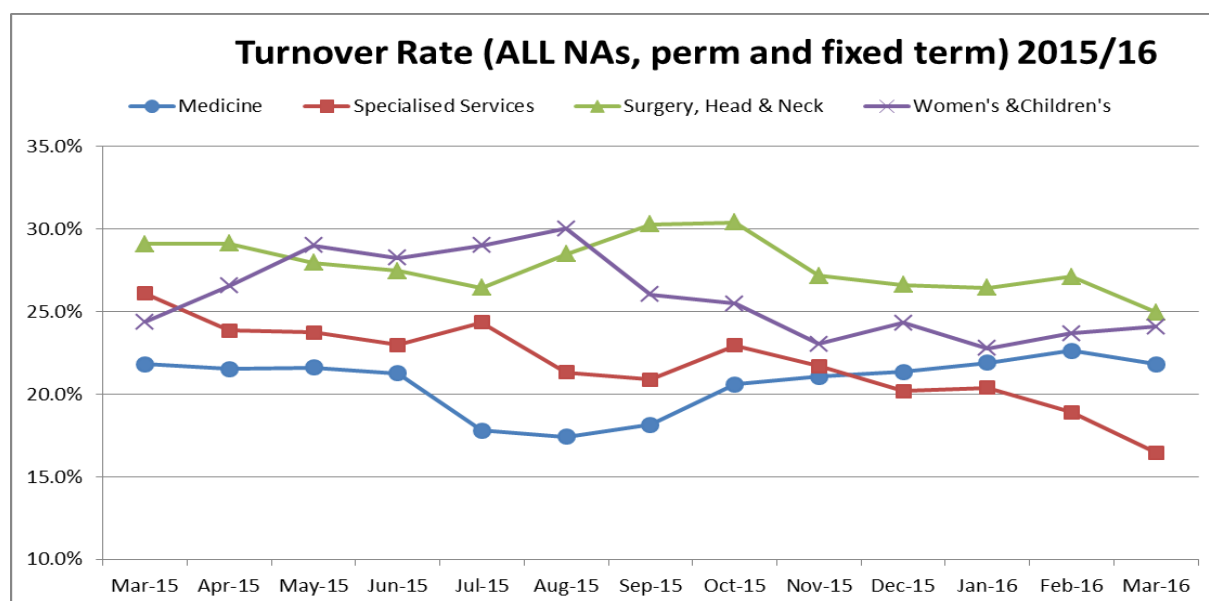
During 2015/16, particularly in the last quarter, turnover levels at UH Bristol have reduced against the background of some other large acute trusts and teaching hospitals experiencing higher rates, as shown in the chart below, which uses the latest available data for Trusts which publish on the intranet, compared with the both the same period and quarter end for UH Bristol.



Although this is encouraging, we started at a higher baseline than many and although turnover has reduced from 13.9% in March 2015 to 13.3% by March 2016 our rates remain above average.

Nursing assistants have the highest turnover rates, other than Additional Clinical Services, which is a miscellaneous group consisting largely Allied Health Professional helpers and support roles. When reporting turnover, we generally exclude fixed term contracts and junior doctors. Given that most new nursing assistants are recruited to fixed term contracts, for this staff group it may be helpful to include fixed term contracts in turnover reporting. If we review turnover rates for all nursing assistants, including trainees who are on fixed term contracts, we see that rates have reduced from 25.5% in May 2015 to 22.5% in March 2016. Rates dropped in all Divisions except Medicine in the last year (see graph below) where there is a focussed programme of staff engagement for nursing assistants which will be described in the next section. However, it should be recognised that turnover is likely to continue to be high for this staff group, given that for some, employment as a

nursing assistant is an important route to gain short term healthcare experience prior to entering training outside of the Trust as a registered nurse, doctor or other health professional.



2.6. Staff survey/Friends and Family test

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

Our overall staff engagement score has improved from 3.69 in 2014 to 3.78 in 2015 compared with a National average score of 3.79. Our scores show a particular improvement in the following areas:

- Reporting good communication between senior management and staff;
- Staff satisfaction with level of responsibility and involvement;
- Support from immediate managers;
- Increase in staff motivation at work;
- Less staff suffering from work related stress in the last 12 months; and
- Less staff witnessing potentially harmful errors, near misses or incidents in the last month.

The following are areas where we aim to improve in the coming year:

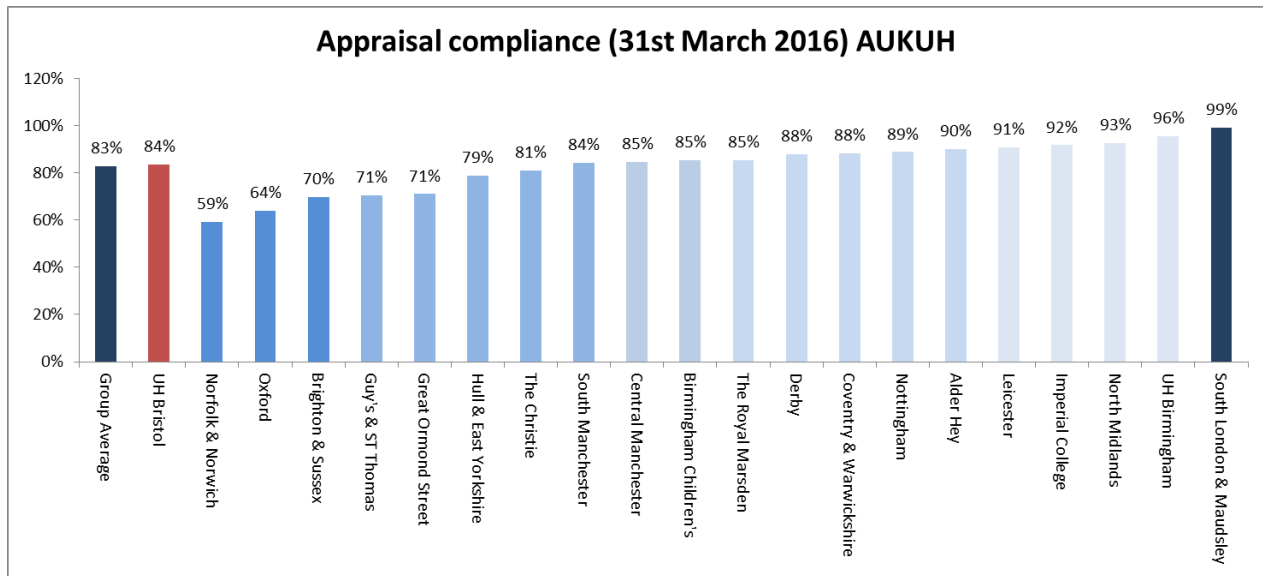
- Effective Team working;
- Staff motivation at work;
- Percentage of staff satisfied with the opportunities for flexible working patterns;
- Staff satisfaction with the quality of work and patient care they are able to deliver; and
- Staff confidence around speaking up if they have concerns.

Actions to address areas to improve are described in Part Three and Four of this report.

2.7. Appraisal

Appraisal compliance has averaged 85% during the year, but during the last two months of the year, compliance slipped below KPI to 83%, largely due to data entry issues.

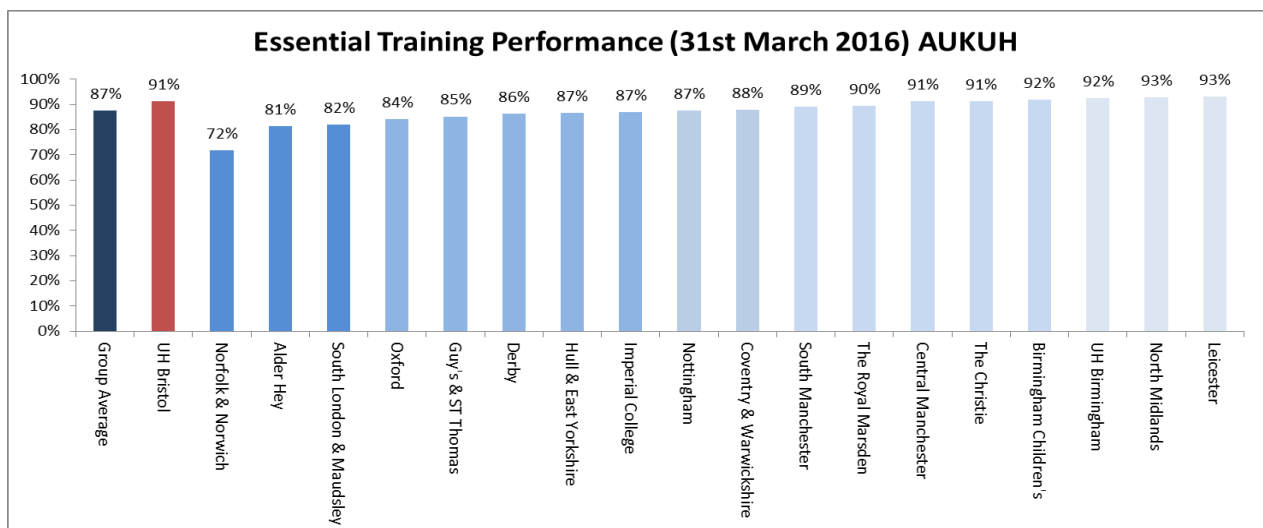
Among AUKUH Trusts participating in benchmarking, the average compliance was slightly below UH Bristol rates, as shown in the graph below.



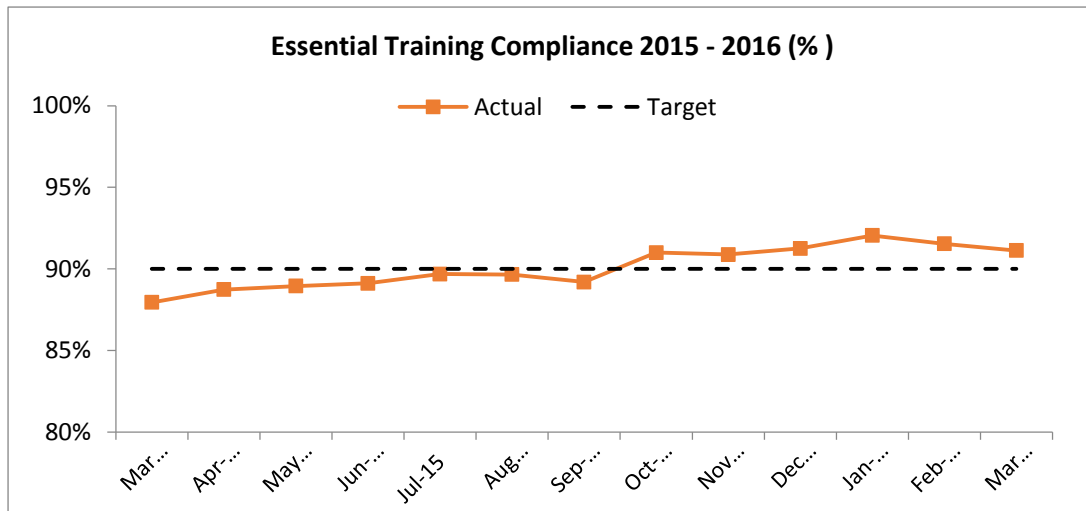
From April 2016, junior doctors will no longer be included in reporting, reflecting the responsibility of the Deanery to ensure they receive a timely appraisal as a condition of proceeding through their training.

2.8. Essential Training

Essential training over the last year has averaged 90% compliance which is above the average for Trusts participating in a benchmarking exercise based on February data.



UH Bristol has been compliant each month since October 2015, as shown in the graph below.



From April 2016, reporting will change to include the full range of essential training and will also be based on changed criteria for Information Governance, which means there will be reduced compliance during 2016/17.

3. PART THREE: Quarter 4 performance

This section provides an overview of quarter four. Performance compared with KPI and the previous quarter is summarised below. This shows there has been an improvement in our vacancy and turnover during the quarter, but a deterioration of sickness, bank and agency. Increased temporary staffing usage this quarter has been associated with the cover for higher sickness and enhanced observation/mental health nurses combined with extra capacity due to increased escalation.

Domain	Measure	Q3 15/16		Q4 15/16	
		Target	Actual Performance	Target	Actual Performance
Workforce costs /FTE	Workforce numbers (FTE)	>1%	0.2% under	>1%	0.7% over
	Bank (FTE)	3.0%	4.1%	2.7%	4.2%
	Agency (FTE)	1.6%	0.8%	0.8%	1.8%
	Overtime	0.7%	0.8%	0.6%	1.0%
	Sickness absence rate	3.8%	4.3%	4.0%	4.6%
	Registered Nursing	None	4.5%	None	4.6%
	Unregistered Nursing	None	7.6%	None	8.8%
Staff Experience	Vacancies	5.0%	5.3%	5.0%	4.4%
	Turnover	12.1%	13.8%	11.5%	13.3%
	Registered Nursing	None	13.4%	None	12.9%
	Unregistered Nursing	None	18.1%	None	16.9%
	Friends and Family Test	50.0%		50.0%	
Staff Development	All staff Appraisal (exc. medics)	85.0%	85.8%	85.0%	83.5%
	Medical Staff Appraisal	85.0%	88.9%	85.0%	88.1%
	Essential Training Core topics	90.0%	91.3%	90.0%	91.1%

See appendix 1 for description of measure and appendices 4 and 5 for breakdown of performance by division and staff group.

More detail, including successes and challenges is provided in the following Divisional summaries.

3.1. Quarter 4 - Divisional summaries

The corporate achievements and areas for improvement described above are mirrored in the Divisions, but each division has specific successes, challenges and hotspots, and these are described below, detail by division and staff group in appendix 4 and 5.

Medicine

Successes:

- **Recruitment:**
 - Vacancies have dropped from 7.7% in Q3 to 6.7% at the end of Q4.
 - Rheumatology recruitment – one shortlisted candidate and readvertising - interviews 21st July 2016
 - Successfully appointed a consultant in Emergency Department and Respiratory respectively
- **Essential training** performance sustained above 90% for the last 2 quarters
- **Appraisal** compliance sustained for the complete year
- Improved **Staff Engagement** for Medical and Dental and Registered Nursing which have very positive scores in comparison to the organisation and also often score better than the rest of the Division.
- **Junior Doctor** rota compliance has been maintained

Challenges

- Service pressures resulting in excess **bank and agency:**
 - Bank staff for enhanced observations due delayed discharges remain high
 - Staffing of the ambulance queue 24 hours a day for 7 days a week and escalation capacity in March resulting in excess agency. The Division will explore different ways of covering this requirement
 - Significant medical locum usage including 2wte locum Consultant working in Acute Medicine
- **Sickness** at the end of quarter 4 remained high at 5.1%, and Medicine was the only clinical Division to have higher turnover at the end of quarter 4 than quarter 3.
- **Recruitment** to the acute physician roles has been unsuccessful after advertising for the third time. Options are currently under review.
- Maintaining nursing and medical staff **engagement** in the light of the planned ward closure.
- Managing the impact of changes to **Junior Doctors rotas**, specifically for the F1 rota from August, following the planned changes to the Junior Doctors contract.

Priorities for 2016/17

- Recruitment, training and effective utilisation of the newly created **Enhanced Observation Team**. This will be a team made up of 15wte to provide nursing assistant one to one care by end of June 16.
- **Sickness Absence Management:** The division have a comprehensive plan, focussing on hotspots, examples include the following:
 - Nursing Assistants account for approximately 20% of the total Medicine workforce, but their absence accounts for 40% of the Division's absence. There is a clear correlation between those wards that have both high absence and number of leavers: A522 (Hepatology), A524 (Respiratory) and SBCH Ward 200. Nursing Assistants are least likely to engage, for example attend staff focus groups or complete an exit interview. There will be a Focus on Nursing Assistant Engagement on with wards developing local plans.
 - Working in conjunction with Health and Safety and Occupational Health to ensure appropriate access and support where absence is related to work activities.
 - Review of A&C areas where sickness remains high – a full review of sickness absence processes will be undertaken in Clinic Preparation – an area with high levels of short term sickness absence.
- **Staff Experience /Retention** High level 2015 staff attitude survey feedback suggests that the Division needs to encourage more local decision making involving all staff in finding solutions – nursing assistants specifically reported this as an issue within the staff survey. There are a range of initiatives to address this,

some examples include:

- OPAU is developing a new model of working, incorporating a review of the way nursing assistants and registered nurses work together
- AMU will be undertaking a time and motion study into the roles of the nursing assistant, registered nurse and junior doctors

○ Band 6s to shadow nursing assistants in a care of the elderly ward to identify improvements to the role
There is also a longer term to conduct a staff/patient experience review of the stroke ward which will also focus on the nursing assistant roles.

Engagement scores for Administration and Clerical staff reported are lowest in contrast to more positive scores for Nursing and Medical staff compared with Trust and National averages. Scores are lowest in Clinic Preparation Outpatient admin and clerical staff where a focussed review will take place. Action plans to for other areas will be developed in partnership with departmental managers.

- **GMC visit** To act on the feedback given by the GMC following their recent visit.

Surgery Head and Neck

Successes

- **Vacancies** reduced to 3.6% by the end of the quarter. Key recruitment successes include:
 - New consultant appointments in Anaesthesia.
 - ITU has recruited to its funded establishment (20 beds).
 - Substantive appointment of ITU matron role.
- The **Divisional Recruitment & Retention Plan** was approved on 15th April, which will include additional resource to drive change in theatres
- **Turnover** reduced from 14.5% at the end of quarter 3 to 14% at the end of quarter 4. Survey Monkeys and the Happy App, to assess how staff are feeling are in place in the following areas: Hey Groves, STAU, Dental Hospital, A800 and QDU. Areas for the future include A700, A602, A604.

Challenges

- **Sickness absence** reached 4.9% at the end of quarter 4 compared with 4.4% at the end of quarter 3
- **Recruitment** challenges in key roles continue including Locum Endoscopist – recruitment efforts have failed twice and there is a heavy reliance of premium payment (waiting list initiative) sessions to bridge the gap between demand and available capacity.
- **Medical staffing levels** in trauma and orthopaedics are a significant challenge with 5 out of 10 gaps on the rota. There have also been a number of vacancies at the CT/F2 doctor level since Feb 2016 - currently attempting to recruit through locum agencies

Priorities 2016/17

- **Recruitment** initiatives underway across the Division:
 - Discussions are ongoing with regular bank and agency staff about transferring to substantive contracts in key areas such as theatres
 - A new marketing strategy is to be designed. There are already generic and specialty specific open days scheduled, and social media is used to advertised theatre vacancies
- **Turnover** hot spots to be identified and targeted, taking six monthly snapshots and regular monitoring through tools like the Happy app, Survey Monkey, world cafes, appreciative enquiry, away days / team building days. Engagement and staff experience will be enhanced by ensuring effective methods of communication are in place and undertaking a learning need analysis, and developing a talent management proposal which takes account of staffing aspirations.
- **Sickness** priorities include a focus on staff groups responsible for the largest number of calendar days lost and a stronger focus on short term sickness and the top 3 reasons for absence - musculoskeletal problems, stress related absence and Gastrointestinal problems.

Women's and Children's

Successes

- The Division was rated green or amber on a range of KPIs, including **sickness** (4.4%), **vacancies** (2%), **consultant appraisal, agency** (0.9%) and **bank** (3.1%) **usage**. **Turnover**, whilst above KPI, is at the lowest point at 10.8% since December 2014, and Women's & Children's has the lowest turnover of any Division.
- The Division achieved compliance in **appraisal** for one month, the first time since March 2014.
- **Staff Survey** results for 2015 showed improvement in 85% of all questions. The Divisional Engagement plan is being refreshed with actions arising from the 2015 results.
- **Staff Friends and Family** test showed over 60% of staff recommend the Division as a place to work

Challenges

- Although within quarterly target, **sickness** is at the highest point for over a year. Administrative and Clerical is a hotspot at 5.3% compared with a staff group benchmark of 3.9%, top reasons being Psychological and Tumours. Registered Nursing sickness was 7.3%, top reasons being Gastrointestinal and Psychological.
- **GMC survey results** have resulted in red flags, and there are associated risks to training posts. Consultant time has been allocated to lead improvement.
- **Junior doctor rotas** compliance reduced to 70%, compared with 73.7% last quarter. Actions agreed include more timely returns, consideration of alternative roles, and better communication and reporting.
- Compliance with **Essential training** overall and **Safeguarding** training specifically is below target and is captured on the Datix risk management with a range of mitigations to improve the position. The management team are collating action plans for each non-compliant area.

Priorities for 2016/17

- Establishing the **Divisional Workforce and OD group** to improve knowledge and sharing of best practice as well as boosting communication of divisional and Trustwide initiatives to help support the workforce and KPIs.
- Children's Hospital staff and patient engagement event - "*In Conversation*" - planned for July and repeated for St Michael's Hospital in the autumn, key areas of the programme will be health and wellbeing.
- There are planned reductions in **sickness** absence in registered and unregistered nursing groups due to support through HR Surgeries and improved presence at Ward meetings.
- Continuation of the **Care First Employee Assistance Programme**, following evaluation, with improved marketing divisionally as well as improved take up of all aspects of contract as offered by Care First (including awareness sessions and training opportunities for managers).
- **Vacancies/recruitment** Robust plans for future nursing open days, specific Children's Hospital recruitment campaigns with clear branding. The Children's Hospital has recruited 112 nurses (September 2016 start dates). The balance between newly qualified and experienced Band 5s continues (95/17 respectively) to be challenging. Maintain prompt nurse recruitment to vacancies with effective co-ordination between nursing leads and Resourcing, to be assessed through TRAC and locally held data and reviewed at Quality Assurance Committee and Divisional Workforce and Organisational Development Group.
- **Retention** Age profiling has identified that there are some areas where there is a growing risk in replacing retiring staff in key areas, including:
 - Matrons (NICU & Maternity)
 - Nursing (Gynaecology & Theatres)
 - Medical staff (PICU, Cardiology, Endocrinology)A career development café will be established to support retention, focusing on a specific staff group each quarter. The Faculty for Children's Nurses Education produced a paper summarising the "Mind The Gap" study highlighting key areas to support nurse retention and this will be incorporated into the Division's plans.

Specialised Services

Successes:

- Overall staff **turnover** continues to reduce (14.1% from a peak of 17.8%)
- Improved **staff engagement** score from national staff survey (from 3.71 in 2014 to 3.79 in 2015, with significant improvements within Nursing)
- **Junior Doctor rota compliance** has been maintained
- **Essential training performance** sustained above 90% (92.4% March)
- Positive feedback for cardiology improvements at **GMC visit**

Challenges

- Increased levels of **sickness** in Q4, ending the year at 4.3% sickness against a target of 3.7%
- **Financial position** adverse against trajectory, largely driven by activity levels and staffing costs
- **Appraisal** compliance below target at 84.4% - partly due to delay in data entry
- Ability to **recruit** to specialist medical posts (particularly for jobs with split site activities)
- Ensuring staff are **recruited** in a timely way to deliver activity increases and proceed immediately with advertising and recruitment for agreed posts

Priorities for 2016/17

- **Nurse recruitment and retention** pressures in CICU and D703 leading to high agency costs. Now that funding has been agreed, it will be a priority to recruit to nursing posts in specialist areas using the following approaches:
 - Actions plan to improve recruitment and retention
 - Alternative plans to overseas recruitments (e.g. placement agencies, skills mix, training etc.)
- **Transfers** which include Genetics / Genomics and Echocardiography
- **Turnover/Engagement** The Division continues to work on devising and implementing the Divisional Engagement and Retention action plan. This will be refreshed in light of the recent staff survey data. Analysis to be undertaken to identify key departments for focus.

Diagnostics and Therapies

Successes

- The division achieved KPIs in a number of areas, including **bank usage** (1%), **vacancy percentage** (4.7%), **consultant appraisal** (90.6%) and **essential training** (92.7%)
- In 2015/16 the Division achieved its **sickness** absence target of 3.0%
- There have been a number of completed **consultations** including:
 - Relunched TUPE consultation - transfer of Cellular Pathology
 - Audiology -management restructure and skill mix rationalisation
 - Radiology - for transfer of Echoes to Specialised Services Division
 - Extended working hours in Catheter Laboratories
- **Recruitment** to 3 out of 5 vacant Radiology Consultant posts which means all Paediatric Radiology posts have been filled.
- **Completion** of retention project in Radiology; action plan is being developed.

Challenges

- The delayed timing of the transfer of cellular pathology to NBT has presented challenges to the HR timeline for consultation and **staff engagement**.
- There are **staffing shortages** in some specialities and staff groups. Posts in short supply nationally (and in some cases internationally) are:
 - Medical Staff – Radiologists and Pathologists
 - Scientific Staff – Medical Physicists, Vascular Scientists, Clinical Scientists, Biomedical Scientists, Clinical Engineering Technicians and Technologists, Neurophysiologists, Audiologists, Sonographers Allied Health Professionals – Radiographers, Speech and Language Therapists, Dietitians

Priorities 2016/17

- The Division aims to reduce the **vacancy** gap by recruiting efficiently and employing effective approaches to both high-volume and short-supply recruitment. Recruitment plans depend on the staff group, but may include:
 - Internal training for example, radiology and medical physics/bioengineering
 - overseas recruitment where vacancies are hard to fill from national pool
 - succession plans for key hard-to-fill posts with associated training and development
 - Redesign such as splitting jobs, skill-mix, reorganisation of tasks, regional approaches, partnerships with other Trusts/ organisations.
- Delivering a **seven day service** for paediatric radiology. Funding approved via the 2016/17 operating plan for additional posts required (3.86 WTE). The service is currently recruiting staff to vacant posts.
- The Divisional staff **engagement plan** is being refreshed for 2016-17, and service-level staff engagement plans will be developed. The retention project in Radiology has reported its outcomes, and action plans are being developed in the service to address the issues

Facilities and Estates

Successes

- Reduction of **vacancies** (5.9%) - at the lowest point since June 2013, due to the appointment of a dedicated Recruitment lead. Recruitment trajectory anticipates further reductions this quarter.
- **Turnover** has reduced this quarter from 14.5 in Q3 to 13.9% in Q4.
- **Essential training** was above KPI at 93.1%.
- **Appraisal** compliance consistently above target, at 90% in March.

Challenges

- **Sickness** has been high this quarter, it was 7.4% and 7.1% in January and February respectively. However, sickness absence reduced in March to 6.7% in March. 24% of bank usage was to cover sickness.
- **High vacancies** in the Facilities department (especially cleaning and catering) has impacted on **bank and agency usage**; however vacancies have reduced rapidly from a high of 9.7% in Month 7 to 5.9% in Month 12.

Priorities 2016/17

- The Divisional staff **engagement plan** is being refreshed for 2016-17 based on Staff Survey results to inform the divisional **retention** agenda. This will be a particular priority in light of the large number of recent new recruits and the need to ensure that this work is not undone by a subsequent high level of **turnover**.
- Continued achievement of **recruitment** trajectory. As level of vacancies reduces, managers will need to accommodate other forms of flexible working as fewer alternative shifts become available to transfer into.
- **Sickness**: Regular “sickness panels” will ensure that managers receive clear guidance in managing long term and short term sickness. This is intended as the “front door” to auditing and monitoring compliance with the absence policy, and will allow more focussed efforts to be made to address training needs or provide further support in areas with difficult sickness issues. In particular there is a need to address the average length of absence for relatively minor illnesses – potential solutions include making provision for staff to be contacted regularly in the initial stages of an episode of sickness to provide health advice and support.

4. PART FOUR: Forward Priorities

4.1. KPIs 2016/17

Our Trust wide KPIs are the aggregated Divisional targets which are set in the operating planning process. Our annual workforce planning process at UH Bristol forms an integral part of the annual Operational Plan cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans.

The planning process also considers workforce 'supply'; including an assessment of the age profile of our existing workforce, turnover, sickness absence and the impact these will have on vacancy levels and the need for temporary staff. Divisional plans are developed by appropriate service leads and clinicians, directed by the Clinical Chair and Divisional Director, and are subject to Executive Director Panel review prior to submission to Trust Board.

Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through Quarterly Divisional Performance reviews held with the Executive team, chaired by the Chief Executive.

Our workforce KPIs are set at a divisional and staff group level, taking account of historic performance and comparable benchmarks. Our new KPIs for 2016/17 are shown in appendix 1.

4.2. Future Priorities

Our key priorities will be focussed on achieving a step change in staff experience and engagement such that we see more positive feedback from staff and reduced turnover and absenteeism. In addition we recognise the importance of developing our strategic approach to workforce planning and working in partnership to deliver our education for our future staffing needs. Action plans linked to these priorities are as follows.

4.2.1. Staff Engagement and Retention

Our work programmes for 2016/17 are intended to achieve our targets for 2016/17. Our KPI, reducing our turnover from 13.3% to 12.1%, will require approximately 95 fewer leavers during 2016/17 compared with 2015/16. In our staff survey results, the AUKUH benchmarking report show us as 4th out of 44 in terms of improvement during 2015 in our staff survey results, but our overall rating relative to other teaching hospitals shows that our aspiration to be in the top 20 teaching hospitals for staff survey results shows that there will be work required to achieve this, given we are current 26 out of 44. Our key programmes going into 2016/17 to achieve these outcomes continue to be the following:

- **Complete review of appraisal:** including a revised policy and E-Appraisal working with our Learning and Development portal supplier by September 2016.
- **Targeted leadership and management development programme:** includes Healthcare Leadership Model training and Learning and Leading Together, with a second cohort of Leadership for Supervisors commencing July 2016.
- **Team building and local decision making:** Findings from the Aston pilot will be evaluated to inform future roll-out by July 2016.
- **Divisional staff engagement plans Action plans:** including listening events, with a focus on the four outcomes from previous events (see section 1.2), communication meetings, and the "Happy App".

The immediate focus in the early part of 2016/17 will be to accelerate our progress on staff experience/engagement using a transformative approach to develop a 'business case' for consideration on 13 May 2016. By doing this it will identify the priority projects that will have the greatest impact. Divisions are developing clear action plans, and progress will be monitored through Workforce and Organisational Development Group.

4.2.2. Sickness Absence Management

Our 2016/17 KPI has been set at 3.9% compared with average sickness through 2015/16 of 4.2%. This will be achieved through the following action plans:

A dedicated lead: The Lead will develop a sickness absence management plan to review current strategies and develop impact assessment measures and make further recommendations, supported by an action plan which will cover the following:

- Supporting Attendance Policy
- Training for managers
- Pilot Supporting Attendance Surgeries
- Continuation of the pilot of self-certification for absences of 1-3 days
- Staff Health and Well Being
 - Annual action plan
 - CQIN – potential to develop
 - Actions focussed on the causes of absence include the following
 - Key causes of absence actions: work focussed on absence related to stress and musculo-skeletal reasons:
 - Stress and Wellbeing Workshops: Further sessions after their success in 2015
 - Musculo-skeletal: continued interventions by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team and review of Occupational Health Physiotherapy pathway to improve the focus on prevention and keeping staff at work.

4.2.3. Recruitment

There continues to be an ongoing plan of work in place to sustain our progress in reducing vacancies with a particular focus on specialist nursing and hard to recruit staff groups. This includes:

- **Marketing:** Targeted recruitment initiatives and marketing will be developed for 2016/17 to support the delivery of operating plans.
- **Speed of Recruitment:** Efficiencies within the recruitment process will be maximised in order to speed up conversion to hire and we will our new time to recruit KPI at divisional reviews.
- **Specialist Nursing:** Business cases have been agreed for recruitment and retention initiatives in specialist areas - Heygroves Theatres, Ward D703 and CICU. Divisional recruitment leads will be appointed to lead on recruitment and retention initiatives in these areas.
- **Reward and Performance:** A probation policy, being developed with staff side, which will enable managers to agree clear objectives and milestones for staff within their first few weeks of employment. This supportive approach enables the employee to become fully integrated and productive from the earliest opportunity. It is anticipated this will reduce pressure on all service areas and management time.

4.2.4. Agency Reduction

- **Agency Caps:** Improved recruitment, retention and sickness absence management are fundamental to the management of agency usage. The scale of the challenge to achieve the agency and locum ceiling from a 2015/16 forecast outturn of £19.7m to £12.8m is well recognised, and is reflected in the scope and range of programmes which feed into the reduction plan. An Executive working group has been set up to review compliance with Monitor caps for maximum rates and monitor action plans.
- **Effective rostering:** Procurement of new rostering system with integrated acuity and dependency system to enable staff to be moved to areas of greatest need will go live in November, and fully operational by March 2017. Pending the new rostering system, a staffing dashboard is on trial to provide a cross trust overview of inpatient staffing.

Nursing Assistant one to one care:

- The Enhanced Observation Policy has been piloted in Medicine, due to be rolled out to other Divisions. Funding for enhanced observation has been applied to budgets, enabling divisions to recruit additional staff to avoid agency usage

4.2.5. Strategic Workforce Planning and Education

During June of 2016/17, our five year workforce plans, which have been developed with Divisions, will be agreed with Workforce and Organisational Development Group and the Education Group prior to submission to Health Education England. These will be based on the workshops which are taking place across Divisions.

The workshops completed to date have identified that we have a number of hard to recruit areas which will require targeted solutions. Examples include:

- **Nursing:** Chemo trained oncology nurses, Specialist nurses (Cardiac/cardiology and oncology) and Theatre practitioners with specialist cardiac skills.
- **Advanced Nurse Practitioners:** for example Cardio-thoracic, and other services where the role has not yet been developed for example, Women`s services.
- **Scientific and technical:** Radiography planners; sonographers, Perfusionists, audiology band 5s, clinical neurophysiology, medical physics technologists.
- **Medical:** Consultants in clinical and medical oncology, cardio thoracic/cardiology juniors, specialist radiologists and junior doctors across a range of specialties including adult and paediatric services.
- **Administrative:** staff with the right skills.

A range of solutions to ensure that we have sufficient staff with the right skills in the future include the following:

- **Apprenticeships:** the need to develop apprenticeships in a range of areas including radiography and other scientific and technical roles to address workforce shortfalls and attract new recruits into the workforce;
- **Development of new skills:** the increasing patient acuity and technological interventions, will affect workforce models, for example, more cardiological interventions and less cardio-thoracic surgery will change consultant specialty mix and require different types of technical staff.
- **Partnership working with academic providers:** removal of bursaries and changes in education commissioning will make educational partnerships even more important..

- **Pathway redesign and transformation:** linking with the Five Year Forward View, the need for pathway redesign and transformation across a range of services with roles which support a more integrated approach across the health and social care system;
- **Junior doctor solutions:** the need to develop clinical fellow and specialty doctor posts, with more roles which combine education, research and service elements to make them more attractive to potential recruits, combined with further exploration of changes in roles.
- **Specialist Nurses:** Specialist nursing training and development including advanced nurse practitioners, and improving retention of nursing by increasing their skills and developing their roles in specialist areas to backfill junior doctors;
- **Succession Planning:** we have a number of potential consultant and senior nurse retirements in hard to recruit areas, and succession planning at a Divisional and specialty level for these areas will be vital.

4.3. Workforce Risks

Workforce risks are recorded at departmental, divisional and corporate level on Datix, our Risk Management System, and are managed and reviewed at an appropriate level, in line with Trust Policy. Our workforce risks are considered by the Workforce and Organisation Group and its subgroups and by the Trust's Risk Management Group on a quarterly basis.

Corporate and divisional risks with the highest ratings this quarter continue to be vacancies and turnover levels, and the associated impact on agency usage. In addition, there are Divisional risk entries linked to these same themes in Medicine and Surgery Head and Neck Divisions. Our programmes of work in these areas are designed to mitigate these risks. In Surgery Head and Neck, there are two specific risks linked to workforce. Firstly medical vacancies at the CT/F2 doctor level since February 2016, and secondly recruitment and retention of staff in Heygroves theatre, both of which have local mitigating action plans. In addition, the risk register includes low Safeguarding Level 3 compliance levels in Women's and Children's Division, where additional training sessions have been instigated, with close monitoring at the Risk Management Group.

5. PART FIVE: Conclusion and recommendation

Conclusion

This paper has reviewed the Workforce and Organisational Development Strategy work programmes including our extensive work on staff engagement, recruitment and retention and the positive effect that these have had on our KPIs during 2015/16, particularly turnover and vacancy levels, both of which have reduced during the year. These programmes of work will continue to be agile and responsive to the needs of our staff in improving organisational performance. This can be demonstrated by our extensive health and well-being programme which has been put in place during the year. This programme has been received positively by staff, and whilst in combination with other programmes, may have an impact on staff engagement and retention, the effect on sickness absence data is taking longer than anticipated.

We have demonstrated the links between the corporate strategic programmes of work and the divisional successes, challenges and priorities. This joined up approach will be maintained to ensure we maximise the outcomes and anticipate a corresponding improvement in our KPI performance. The programmes of work across the organisation and the targeted approach within the divisions to will continue to complement each other, and alignment and KPI impact will be monitored through quarterly and monthly performance and operational reviews. We will also continue to take regular pulse checks with our staff to ensure that our efforts are producing the necessary outcomes.

Retention and sickness absence management will be particularly important in the coming year, through appraisal transformation, improved team working and setting expectations for our leaders and managers in relation to behaviours and values. Our sickness reduction programme will address hotspots and main causes of absence, and this will be reflected in the plan which will be produced by the designated Trust lead for sickness absence management.

The dedicated resource for recruitment hotspots will help to ensure that specialist nursing areas such as theatres, CICU and D703 recruit to their vacancies and reduce turnover. The focus will also be on our future workforce needs, ensuring that we link our strategic workforce planning with our education needs, working in partnership with education providers to deliver the right numbers of staff with the right skills for future years.

Whilst the Trust is leading programmes of work to engage our staff, and these are expected to impact on our KPIs, we are mindful of the national context. We see national engagement struggling because of pay awards, which will affect the morale of our own workforce. In addition, despite our targeted recruitment efforts, there continue to be national shortages in some key areas including nursing, particularly in specialist areas, and some key medical, dental and scientific roles, including acute physicians.

Recommendation

Workforce and Organisational Development Group are asked to:

- Note the progress made in respect of the strategic priority workstreams associated with the Workforce and Organisational Development Strategy and their impact on our KPIs;
- Review and endorse the future priorities which have been described in this report including risks and mitigations.

- Appendix 1:** KPI backward and forward look
- Appendix 2:** Sickness hotspots staff group/reason/division
- Appendix 3:** Workforce Performance Dashboard
- Appendix 4:** Divisional KPIs – Quarterly Comparisons
- Appendix 5:** Staff Group KPIs – Quarterly Comparisons

Appendix 1: KPI overview

Domain	Measure	KPI Description	15/16 Annual		16/17 Target	Bench-mark
			Target	Actual		
Workforce costs /FTE						
	Workforce numbers (FTE)	Staffing numbers within 1% of establishment	>1%	0.7% over	>1%	
	Bank (FTE)	Percentage of total staffing (within 10% of target)	2.7%	4.2%	3.4%	
	Agency (FTE)	Percentage of total staffing (within 10% of target)	0.8%	1.8%	1%	
	Overtime	Percentage of total staffing (within 10% of target)	0.6%	1.00%	0.8%	
	Sickness absence rate	Percentage of days lost of available (within 0.5% points)	4.0%	4.6%	3.9%	4.4%
	<i>Registered Nursing</i>			4.6%	4.0%	4.8%
	<i>Unregistered Nursing</i>			8.8%	5.5%	7.0%
Staff Experience	Vacancies	Difference between budgeted establishment and in post	5.0%	4.4%	5.0%	7.2%
	Turnover	Trajectory to achieve target by March 2017	11.5%	13.3%	12.1%	12.9%
	<i>Registered Nursing</i>			12.9%	12.2%	
	<i>Unregistered Nursing</i>			16.9%	20.5%	
	Friends and Family Test	Percentage recommending UHB as a place to work	50.0%		50.0%	
Staff Development	All staff Appraisal (exc. medics)	Appraisal of eligible staff on a rolling 12 month cycle	85.0%	83.5%	85.0%	83.0%
	Medical Staff Appraisal	Appraisal of eligible staff on a 15 month cycle – 5 within 5 years	85.0%	88.1%	85.0%	
	Essential Training Core topics	“Core” essential training compliance	90.0%	91.1%	90.0%	87.0%

Appendix 2 Sickness hotspots staff group/reason/division

FTE Days Lost per Average FTE in these staff groups (for the Divisions shown) lost to the reasons (top 5 and all others) shown; for period of April 15 to March 16							
Division	Anxiety/stress/depression/other psychiatric illnesses	Back Problems	Cold, Cough, Flu - Influenza	Gastrointestinal problems	Other musculoskeletal problems	All Other Reasons	Total
Diagnostics And Therapies	1.2	0.2	1.1	0.9	0.9	2.1	6.6
Facilities And Estates	2.3	1.7	1.5	2.6	3.0	5.1	16.2
Medicine	2.1	0.7	1.5	1.3	1.9	4.1	11.5
Specialised Services	1.8	0.5	1.7	0.7	1.2	2.8	8.7
Surgery, Head And Neck	1.5	0.5	1.2	1.1	1.4	3.3	8.9
Trust Services	2.1	0.4	1.0	0.7	1.2	2.2	7.7
Womens And Childrens	1.8	0.5	1.1	1.2	0.8	3.2	8.7
Grand Total	1.8	0.6	1.3	1.2	1.4	3.3	9.5

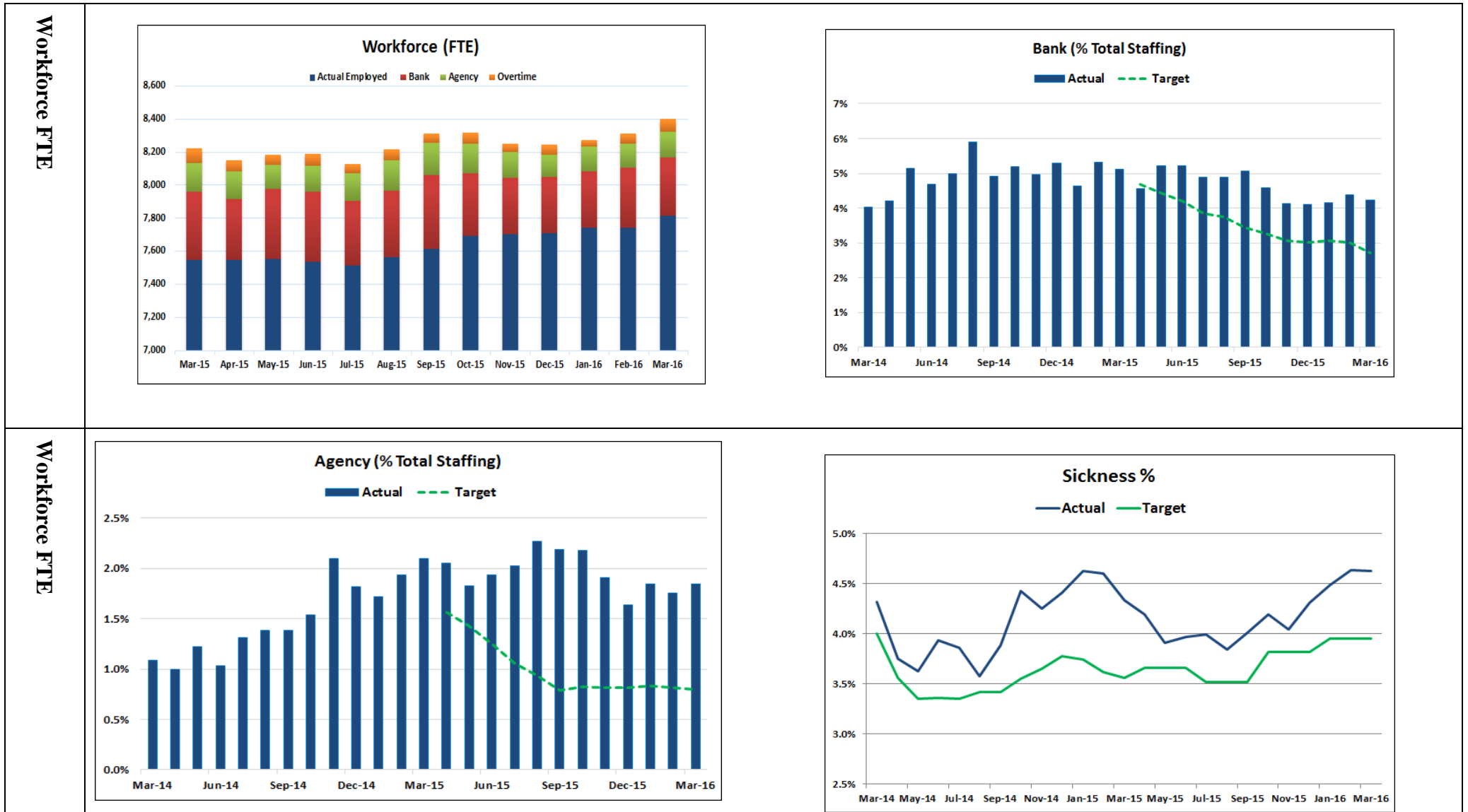
Division	Anxiety/stress/depression/other psychiatric illnesses	Benign and malignant tumours, cancers	Cold, Cough, Flu - Influenza	Gastrointestinal problems	Other musculoskeletal problems	All Other Reasons	Total
Diagnostics And Therapies	2.6	1.8	1.2	0.8	1.9	2.0	10.5
Facilities And Estates	1.0	0.0	0.2	1.3	2.4	3.8	9.0
Medicine	2.3	1.2	1.2	0.9	2.1	3.6	11.8
Specialised Services	2.6	0.6	0.9	1.1	0.8	3.3	9.5
Surgery, Head And Neck	1.7	0.8	1.3	1.1	0.6	2.8	8.7
Trust Services	2.4	0.0	1.1	0.7	1.0	2.0	7.8
Womens And Childrens	2.2	2.2	1.1	1.0	1.3	4.8	12.8
Grand Total	2.2	0.8	1.1	0.9	1.2	2.9	9.5

Division	Anxiety/stress/depression/other psychiatric illnesses	Back Problems	Cold, Cough, Flu - Influenza	Gastrointestinal problems	Other musculoskeletal problems	All Other Reasons	Total
Diagnostics And Therapies	6.3	0.8	1.8	0.3	1.8	12.3	23.3
Facilities And Estates	2.4	1.8	1.7	2.8	3.0	5.2	17.0
Medicine	0.0	0.7	1.6	0.4	6.6	0.7	10.0
Specialised Services	0.0	0.0	2.8	0.6	0.1	5.8	9.3
Surgery, Head And Neck	0.5	0.0	0.8	0.3	1.8	3.3	6.8
Womens And Childrens	1.0	0.0	0.4	1.2	1.5	2.0	6.1
Grand Total	2.1	1.5	1.6	2.4	2.9	4.9	15.5

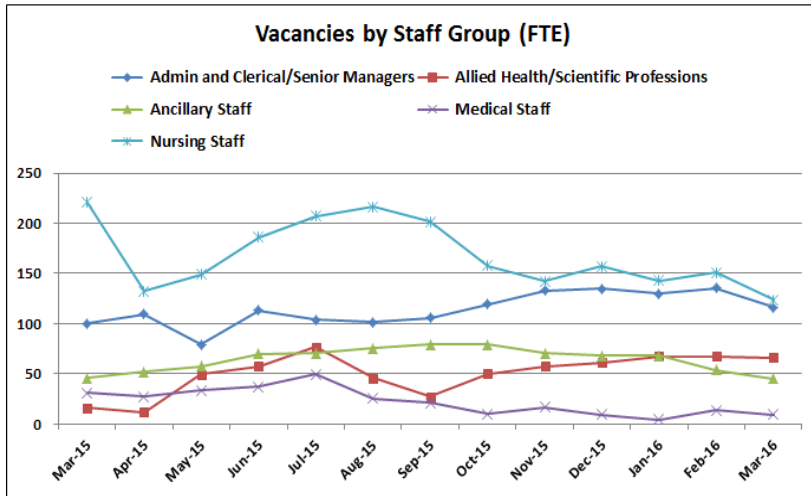
Division	Anxiety/stress/depression/other psychiatric illnesses	Back Problems	Cold, Cough, Flu - Influenza	Gastrointestinal problems	Other musculoskeletal problems	All Other Reasons	Total
Medicine	1.5	0.4	1.4	1.1	1.2	4.2	9.7
Specialised Services	1.2	0.7	2.2	0.8	1.6	2.5	9.0
Surgery, Head And Neck	1.0	1.0	1.3	1.0	1.9	3.4	9.6
Womens And Childrens	1.8	0.7	1.5	1.7	1.1	3.4	10.2
Grand Total	1.5	0.7	1.6	1.3	1.4	3.4	9.8

Division	Anxiety/stress/depression/other psychiatric illnesses	Cold, Cough, Flu - Influenza	Gastrointestinal problems	Injury, fracture	Other musculoskeletal problems	All Other Reasons	Total
Medicine	3.8	2.8	2.7	1.7	4.1	6.9	18.6
Specialised Services	4.7	3.5	1.5	1.6	2.6	4.8	13.7
Surgery, Head And Neck	2.5	1.8	1.9	0.6	1.9	5.0	11.3
Womens And Childrens	2.0	1.8	1.6	1.2	0.5	4.1	16.8
Grand Total	3.1	2.4	2.1	1.3	2.4	5.4	16.8

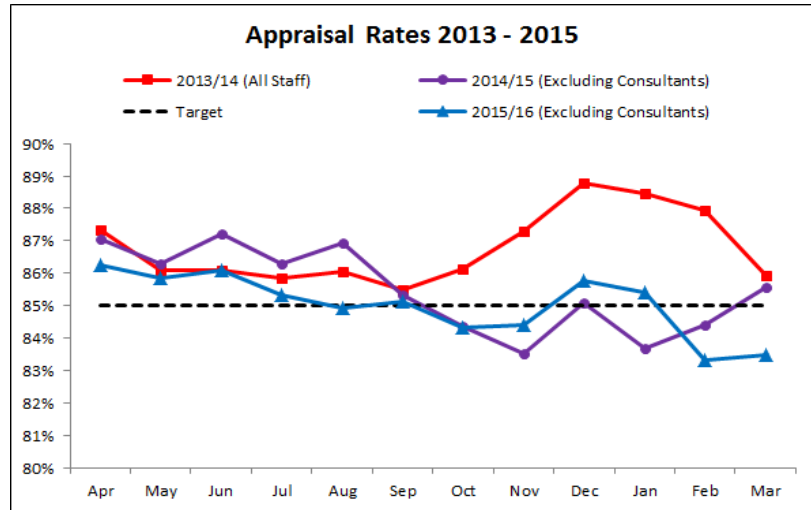
Appendix 3 – Workforce Performance Dashboard



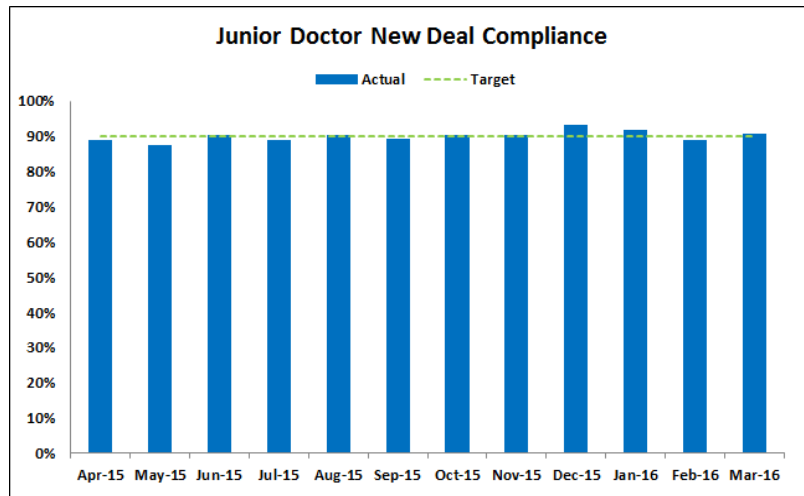
Staff Experience



Staff Development



Compliance Requirements



Mar-16	Manual Handling Risk Assessments	Stress Risk Assessments
Diagnostic & Therapies	100%	89%
Facilities & Estates	100%	100%
Medicine	97%	89%
Specialised Services	96%	74%
Surgery Head & Neck	86%	86%
Trust Services	90%	86%
Women's & Children's	73%	62%
Trust Wide	90%	78%

Compliance Requirements

Essential Training Compliance	Diagnostic s And Therapies	Facilities And Estates	Medicine	Specialise d Services	Surgery Head And Neck	Trust Services	Womens And Childrens	Rate
Accreditation								
Blood Transfusion	76%		90%	93%	91%	85%	89%	90%
Clinical Record Keeping	90%		91%	92%	93%	83%	89%	91%
Conflict Resolution Awareness	98%	97%	97%	97%	97%	97%	97%	97%
Conflict Resolution Training	92%		92%	92%	93%	83%	86%	90%
Consent	90%		89%	90%	92%	79%	87%	89%
Equality & Diversity	98%	97%	98%	97%	97%	98%	97%	97%
Fire Safety	99%	97%	98%	98%	97%	98%	97%	98%
Food Safety	98%	97%	97%	97%	97%	98%	97%	97%
Harassment & Bullying	98%	97%	98%	98%	97%	98%	97%	97%
Health & Safety	93%	87%	90%	92%	92%	91%	85%	90%
Infection Prevention & Control	92%	85%	89%	91%	92%	91%	85%	89%
Information Governance	98%	95%	98%	97%	97%	98%	97%	97%
Manual Handling	85%	84%	81%	84%	84%	85%	79%	83%
Medical Devices	84%		83%	87%	89%	75%	81%	84%
Medicines Management	72%		85%	90%	88%	77%	82%	85%
Nutrition	84%		87%	88%	89%	75%	81%	85%
Patient Safety	84%		83%	87%	89%	75%	81%	84%
Patient Slips, Trips and Falls	88%		87%	90%	90%	78%	82%	87%
Pressure Ulcer Prevention	75%		86%	90%	89%	79%	83%	86%
Venous Thromboembolism	76%		87%	90%	89%	78%	84%	86%
ALL:	92.70%	93.10%	91.00%	92.40%	92.50%	92.20%	88.20%	91%

Essential Training Compliance	Diagnostic s And Therapies	Facilities And Estates	Medicine	Specialise d Services	Surgery Head And Neck	Trust Services	Womens And Childrens	Rate
Accreditation								
Induction	93%	82%	85%	93%	81%	94%	87%	86%
Local Induction Checklist	77%	85%	55%	55%	63%	88%	64%	66%
Resuscitation	73%		75%	78%	77%	76%	76%	76%
Safeguarding Adults L1	93%	89%	94%	90%	94%	94%	88%	92%
Safeguarding Adults L2	92%	83%	93%	94%	91%	82%	75%	86%
Safeguarding Adults L3	100%		48%	40%	62%	35%	7%	42%
Safeguarding Children L1	91%	89%	96%	95%	89%	92%		91%
Safeguarding Children L2	88%	79%	91%	90%	90%	88%	88%	89%
Safeguarding Children L3 - Core	82%		68%		54%		79%	78%
Safeguarding Children L3 - Specialist							72%	72%

Appendix 4 Divisional KPIs – Quarterly Comparisons

Workforce FTE	WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)				BANK (FTE)					
		Quarter 4		Quarter 3			Quarter 4		Quarter 3	
		Actual	Target	Actual	Target		Actual	Target	Actual	Target
	Diagnostics & Therapies	964.6	994.7	955.4	983.8	Diagnostics & Therapies	1.1%	1.3%	1.0%	1.2%
	Facilities & Estates	783.2	788.5	770.3	785.5	Facilities & Estates	4.7%	1.4%	5.4%	1.4%
	Medicine	1244.3	1209.2	1241.4	1200.2	Medicine	8.6%	4.8%	9.2%	5.1%
	Specialised Services	888.1	870.6	875.3	864.5	Specialised Services	4.6%	4.8%	4.7%	5.0%
	Surgery, Head & Neck	1787.4	1774.6	1762.5	1776.7	Surgery, Head & Neck	3.6%	2.1%	3.3%	2.5%
	Trust Services	689.7	705.9	682.2	697.6	Trust Services	4.9%	1.2%	4.8%	1.4%
	Women's & Children's	1911.4	1894.0	1922.2	1880.4	Women's & Children's	3.1%	3.7%	2.8%	3.7%
Trust Total	8268.6	8237.4	8209.2	8188.7	Trust Total	4.3%	2.9%	4.3%	3.1%	
Workforce FTE	AGENCY (FTE)				OVERTIME (FTE)					
		Quarter 4		Quarter 3			Quarter 4		Quarter 3	
		Actual	Target	Actual	Target		Actual	Target	Actual	Target
	Diagnostics & Therapies	0.6%	0.5%	0.5%	0.5%	Diagnostics & Therapies	1.1%	1.0%	0.9%	1.0%
	Facilities & Estates	2.1%	0.9%	2.3%	0.9%	Facilities & Estates	4.1%	2.8%	4.5%	3.2%
	Medicine	3.6%	0.8%	3.2%	0.8%	Medicine	0.1%	0.2%	0.0%	0.1%
	Specialised Services	2.6%	1.9%	2.2%	1.8%	Specialised Services	0.3%	0.3%	0.1%	0.2%
	Surgery, Head & Neck	1.7%	0.6%	1.6%	0.6%	Surgery, Head & Neck	0.4%	0.3%	0.4%	0.3%
	Trust Services	1.3%	0.5%	2.3%	0.6%	Trust Services	0.5%	0.4%	0.3%	0.4%
	Women's & Children's	1.1%	0.8%	1.6%	0.8%	Women's & Children's	0.1%	0.5%	0.2%	0.4%
Trust Total	1.8%	0.8%	1.9%	0.8%	Trust Total	0.7%	0.7%	0.7%	0.7%	

Workforce FTE	SICKNESS ABSENCE (%)				
		Quarter 4		Quarter 3	
		Actual	Target	Actual	Target
	Diagnostics & Therapies	3.4%	3.2%	2.7%	3.0%
	Facilities & Estates	7.1%	5.6%	6.4%	6.0%
	Medicine	5.3%	4.1%	4.9%	4.2%
	Specialised Services	4.6%	3.7%	3.7%	3.8%
	Surgery, Head & Neck	4.6%	3.5%	4.2%	3.4%
	Trust Services	3.4%	2.7%	4.0%	2.7%
	Women's & Children's	4.2%	4.6%	3.9%	4.0%
Trust Total	4.6%	4.0%	4.2%	3.8%	
Staff Experience	VACANCY (% FTE)				
		Quarter 4		Quarter 3	
		Actual	Target	Actual	Target
	Diagnostics & Therapies	4.7%	5.0%	4.3%	5.0%
	Facilities & Estates	7.3%	5.0%	9.4%	5.0%
	Medicine	7.0%	5.0%	7.6%	5.0%
	Specialised Services	4.8%	5.0%	5.1%	5.0%
	Surgery, Head & Neck	4.1%	5.0%	5.1%	5.0%
	Trust Services	7.9%	5.0%	8.7%	5.0%
	Women's & Children's	2.3%	5.0%	1.3%	5.0%
Trust Total	4.9%	5.0%	5.2%	5.0%	
	TURNOVER (% FTE)				
	Quarter 4		Quarter 3		
	Actual	Target	Actual	Target	
Diagnostics & Therapies	12.8%	11.0%	13.2%	11.1%	
Facilities & Estates	13.9%	12.5%	14.5%	12.9%	
Medicine	14.3%	12.7%	13.8%	12.9%	
Specialised Services	14.1%	12.4%	15.5%	13.5%	
Surgery, Head & Neck	14.0%	12.6%	14.5%	13.2%	
Trust Services	15.8%	10.2%	15.7%	11.5%	
Women's & Children's	10.8%	9.8%	11.7%	10.4%	
Trust Total	13.3%	11.5%	13.8%	12.1%	

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 4		Quarter 3	
	Actual	Target	Actual	Target
Diagnostics & Therapies	80.5%	85.0%	88.7%	85.0%
Facilities & Estates	90.0%	85.0%	91.2%	85.0%
Medicine	85.4%	85.0%	85.5%	85.0%
Specialised Services	84.4%	85.0%	84.4%	85.0%
Surgery, Head & Neck	79.4%	85.0%	80.8%	85.0%
Trust Services	86.9%	85.0%	91.0%	85.0%
Women's & Children's	82.9%	85.0%	84.8%	85.0%
Trust Total	83.5%	85.0%	85.8%	85.0%

Appendix 5 Staff Group KPIs – Quarterly Comparisons

Workforce FTE	WORKFORCE NUMBERS, INCL BANK & AGENCY (FTE)				BANK (FTE)			
		Quarter 4		Quarter 3			Quarter 4	Quarter 3
		Actual	Target	Actual	Target		Actual	Actual
	Administrative & Clerical	1656.9	1687.5	1646.9	1672.6	Administrative & Clerical	5.3%	0.0%
	Scientific & Professional	1279.4	1337.5	1274.9	1323.0	Scientific & Professional	0.5%	0.0%
	Estates & Ancillary	851.9	857.7	839.3	855.8	Estates & Ancillary	4.5%	0.0%
	Medical & Dental	1209.5	1208.3	1199.1	1200.8	Medical & Dental	0.0%	0.0%
	Nursing & Midwifery	3272.3	3146.4	3249.0	3136.4	Nursing & Midwifery	6.7%	0.0%
Trust Total	8270.0	8237.3	8209.2	8188.7	Trust Total	4.3%	4.3%	
Workforce FTE	AGENCY (FTE)			OVERTIME (FTE)				
		Quarter 4	Quarter 3		Quarter 4	Quarter 3		
		Actual	Actual		Actual	Actual		
	Administrative & Clerical	1.1%	1.7%	Administrative & Clerical	0.4%	0.4%		
	Scientific & Professional	0.3%	0.2%	Scientific & Professional	2.6%	2.8%		
	Estates & Ancillary	1.5%	1.6%	Estates & Ancillary	0.0%	0.0%		
	Medical & Dental	1.4%	1.4%	Medical & Dental	0.4%	0.3%		
	Nursing & Midwifery	3.0%	3.0%	Nursing & Midwifery	0.4%	0.4%		
Trust Total	1.8%	1.9%	Trust Total	0.7%	0.7%			

Workforce FTE	SICKNESS ABSENCE (%)							
		Quarter 4 Actual		Quarter 3 Actual				
	Add Prof Scientific & Technic	4.8%		3.7%				
	Additional Clinical Services	5.4%		4.3%				
	Administrative & Clerical	4.8%		4.7%				
	Allied Health Professionals	2.7%		2.4%				
	Estates & Ancillary	7.2%		6.9%				
	Healthcare Scientists	2.8%		1.9%				
	Medical & Dental	1.4%		0.8%				
	Nursing & Midwifery Registered	4.5%		4.2%				
Nursing & Midwifery Unregistered	8.1%		7.6%					
Trust Total	4.6%		4.2%					
Staff Experience	VACANCY (% FTE)				TURNOVER (% FTE)			
		Quarter 4		Quarter 3			Quarter 4 Actual	Quarter 3 Actual
		Actual	Target	Actual	Target			
	Administrative & Clerical	7.6%	5.0%	7.8%	5.0%	Add Prof Scientific & Technic	12.4%	11.4%
	Scientific & Professional	5.0%	5.0%	4.3%	5.0%	Additional Clinical Services	17.5%	16.6%
	Estates & Ancillary	6.5%	5.0%	8.5%	5.0%	Administrative & Clerical	15.2%	15.8%
	Medical & Dental	0.8%	5.0%	1.0%	5.0%	Allied Health Professionals	12.5%	13.3%
	Nursing & Midwifery	4.5%	5.0%	4.9%	5.0%	Estates & Ancillary	13.4%	13.5%
	Trust Total	4.9%	5.0%	5.2%	5.0%	Healthcare Scientists	8.7%	10.1%
						Medical & Dental	6.9%	7.7%
					Nursing & Midwifery Registered	12.9%	13.4%	
					Nursing & Midwifery Unregistered	16.9%	18.1%	
					Trust Total	13.3%	13.8%	

Staff Development

APPRAISAL COMPLIANCE (EXCL CONSULTANTS)

	Quarter 4		Quarter 3	
	Actual	Target	Actual	Target
Add Prof Scientific & Technic	81.4%	85.0%	86.5%	85.0%
Additional Clinical Services	89.0%	85.0%	91.7%	85.0%
Administrative & Clerical	84.4%	85.0%	86.3%	85.0%
Allied Health Professionals	82.2%	85.0%	86.1%	85.0%
Estates & Ancillary	89.5%	85.0%	91.3%	85.0%
Healthcare Scientists	70.1%	85.0%	85.2%	85.0%
Medical & Dental	62.6%	85.0%	68.7%	85.0%
Nursing & Midwifery Registered	86.2%	85.0%	85.6%	85.0%
Nursing & Midwifery Unregistered	88.5%	85.0%	90.4%	85.0%
Trust Total	83.5%	85.0%	85.8%	85.0%

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11:00am in the Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title										
10. Strategic Workforce Retention Report										
Sponsor and Author(s)										
Sponsor & Author: Sue Donaldson, Director of Workforce & Organisational Development										
Intended Audience										
Board members	✓	Regulators		Governors		Staff		Public		
Executive Summary										
<u>Purpose</u> This paper provides a high level overview of the discussion that took place at the Board Seminar on Friday 13th May 2016, in respect of proposals to improve staff retention on a sustained basis, and to confirm next steps.										
Recommendations										
The Board is asked to note the contents of the report for information; and to formally agree next steps.										
Impact Upon Board Assurance Framework										
N/A										
Impact Upon Corporate Risk										
N/A										
Implications (Regulatory/Legal)										
N/A										
Equality & Patient Impact										
None										
Resource Implications										
Finance				Information Management & Technology						
Human Resources				Buildings						
Action/Decision Required										
For Decision			For Assurance			For Approval			For Information	✓
Date the paper was presented to previous Committees										
Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Quality & Outcomes Committee						

Attachment: Appendix A

Strategic Workforce Retention

1. Purpose

This paper provides a high level overview of the discussion that took place at the Board Seminar on Friday 13th May 2016, in respect of proposals to improve staff retention on a sustained basis, and to confirm next steps.

2. Background and context

It is widely recognised that the Trust (and the NHS generally) is experiencing workforce challenges, both in terms of the supply of and demand for staff, which could present a number of risks to the delivery of services and quality of care. There is therefore a considerable focus on the workforce agenda. In November 2014 the Board agreed a Workforce and OD Strategy for the period 2015-2020, underpinned by detailed programmes of work and agreed key performance indicators (KPIs) to monitor progress. The Strategy and KPIs set out an ambition to be one of the top teaching hospitals to work for in the UK. Our current performance against these indicators puts us around the average compared to our peers.

Considerable progress has and continues to be made in respect of these work programmes. However, generally during 2015 – 2016 the Trust falls short of our targets in respect of some of these workforce KPIs, in particular reductions in staff turnover and sickness absence, although there are some signs of improvement during January – March 2016. Achievements vary across Divisions and by staff group, with some areas exceeding local targets.

A detailed overview of these workforce challenges, the Trust priorities for action, progress against the action plans and performance in respect of workforce KPIs is set out in the '2015/2016 Annual Workforce and Organisational Development Report'.

Against this background, the Board agreed that further consideration needed to be given to accelerating key projects and taking action to improve the Trust's performance in respect of workforce KPIs, in particular to reduce staff turnover on a sustained basis.

3. Overview of the Seminar Discussion

During the session the Board considered:

- Historical performance in respect of workforce KPIs, including:
 - o Turnover
 - o Sickness Absence
 - o Vacancies
 - o Staff Engagement

- Feedback from staff, through a variety of sources including the annual staff surveys, listening events and exit interviews, as to:
 - o Why staff leave UH Bristol
 - o How staff feel about working at the Trust

- The themes that emerge from this feedback, indicating what staff would like more of:
 - o Regular team meetings
 - o Visible leaders
 - o Local decision making
 - o Consistent behaviours aligned to Trust Values
- The action that has already been taken, corporately and within divisions, to improve staff engagement and retention.

Board members were invited to reflect on what actions had appeared to be well received by staff at UH Bristol, in terms of having the greatest impact on staff retention, and what might be learnt from other organisations across the NHS and outside.

It was acknowledged that there is a strong link between good staff engagement and lower turnover levels and, although staff engagement scores were showing some improvement, there was much more that could be done. It was also acknowledged that staff engagement scores across the Trust were variable.

To inform this discussion, the Board were reminded about the work of Professor Michael West (Lancaster Management School and The Kings Fund) which illustrates the link between positive staff engagement and experience to workforce metrics; and the link to patient experience. A summary of the recommended features of successful employee engagement in the NHS are attached at Annex A.

The Board noted that in comparing UH Bristol to the recommended features, the recent staff survey results indicated **senior leaders** were becoming more visible; and communications and local decision making (**employee voice**) was improving. The Board also noted that there was evidence of good **partnership working** with staff side.

However, whilst UH Bristol had done a lot of work to develop and communicate a strong set of **organisational values**, that appeared to be well recognised by staff, there was perhaps more that could be done to mainstream them. Equally, the Board noted that whilst there were training, development and support mechanisms in place for **line managers** these could be strengthened.

4. Outline Proposal

The Board then considered a proposal to enhance the current approach to improving staff engagement through:

- Describing our Values in terms of the behaviours we expect from our leaders, managers and staff, such that they become the norm and it is safe to call each other out if we fall short of these. Embedding and reinforcing these expected behaviours into HR and other processes as appropriate.
- Improving the support, development and training we provide to managers, in turn enabling them to support individuals and teams more effectively.

The proposal made it clear that these actions were in addition to the detailed plans already underway and that the additional actions should not be taken in isolation by the corporate teams, with a recommendation they should be co-designed with divisional and local teams to ensure they address the key issues raised by staff.

5. Board Response

There was considerable recognition that across the Trust there were lots of examples of exemplary behaviours; excellent leadership and line management; and excellent team working. However, it was also recognised that there is inconsistency, and that to achieve our ambition of being amongst the best, we must strive to embed good practice uniformly across our Trust. Therefore the above proposal was supported in principle subject to consideration of a more detailed implementation plan.

The Board discussed and agreed that to be transformational, it would also be essential to describe and agree, as part of this implementation plan, the culture of the organisation that we are aspiring to be, again in conjunction with divisional and local teams.

Learning from other organisations, it would be important to think about how to define this culture in very simple terms so that staff could easily identify with it, for example other NHS Trust have adopted the 'X Trust Way' or the 'Y Trust Approach', rather like commercial companies have adopted an organisational brand.

The Board identified a potential barrier to effective line management and team dynamics as the size of some teams and the fact that some individuals are members of multiple teams. These issues would need to be considered as part of the implementation plan.

6. Next Steps

It was agreed that a detailed plan should be prepared, with further input from key stakeholders, including the Strategic Leadership Team and the Partnership Forum, for further consideration by the Trust Board at a seminar in June.

7. Conclusion and Recommendation

Trust Board is invited to note this overview of the recent Board Seminar discussion and to formally agree next steps.

Meeting the Challenge: Successful Employee Engagement in the NHS

High performing trusts tend to have a strong set of **organisational values**, developed in partnership with employees. Trust values should be consistently communicated to employees and mainstreamed throughout the organisation, informing HR processes. In order to reinforce the values, both senior leaders and managers throughout the organisation need to be seen to live them out and demonstrate them in their behaviours and decisions.

Senior leadership play an important role in setting the tone at the top of the organisation. They need to be visible and approachable throughout the organisation, and to ensure there is regular and effective communication between senior leaders and employees, using a variety of channels.

There must be a strong **employee voice** throughout the trust. Employees need to be able both to raise concerns if they have them, to offer suggestions for the improvement of their services, and to be involved in decision-making across the trust as a whole. Responsibility for decision-making should be devolved as close as possible to the frontline, with employees given a say over both how they do their jobs and how their services are delivered.

Although senior leaders set the tone, **line managers** are the people who really make the difference to engagement. They need to coach and support employees, helping remove the barriers that get in the way of their teams doing their jobs. Line managers must ensure effective appraisals, as part of a year-round process of performance management, and encourage team working. Line managers themselves need to be engaged, and they often need training and support in order to better engage their teams.

Given the high level of union membership, **partnership working** is also important in providing the foundations for employee engagement in the NHS. Partnership requires a mutual recognition of shared interests and of the benefits of working together. As well as supporting *structures* for partnership working, both sides need to support a *culture* of partnership working based on trust, early engagement, and real involvement in decision-making.

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title							
11. Finance Report							
Sponsor and Author(s)							
Sponsor & Author: Paul Mapson, Director of Finance & Information							
Intended Audience							
Board members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	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 £0.226m before technical items) for the first month of the financial year. The 2016/17 financial plan which includes the receipt of £13m sustainability funding is to deliver a surplus of £14.2m before technical items.</p>							
Recommendations							
None.							
Impact Upon Board Assurance Framework							
Impact Upon Corporate Risk							
Implications (Regulatory/Legal)							
Equality & Patient Impact							
Resource Implications							
Finance	<input checked="" type="checkbox"/>	Information Management & Technology					
Human Resources	<input type="checkbox"/>	Buildings					
Action/Decision Required							
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input 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)		
	23/05/16						

REPORT OF THE FINANCE DIRECTOR

1. Overview

The summary income and expenditure statement shows a surplus of £0.226m (before technical items) for the first month of the new financial year. The 2016/17 financial plan, which includes receipt of £13.0m sustainability funding, is to deliver a surplus of £14.2m before technical items. At month one the Trust is £0.986m adverse to plan.

Reporting on the first month's income and expenditure always carries a health warning. Divisions receive significant funding changes (detailed in appendix 7) including contracts transfers reflecting changes to contracted activity, service developments and savings target allocations which require further time to be properly allocated to budgets. In addition time to review the month one position is limited whilst the audit of the 2015/16 accounts is completed. Therefore the subjective variance analysis within this report needs to be viewed with a degree of caution.

The overspend in April of £0.985m compares to the operating plan trajectory to date of £0.303m. This is despite the inclusion of £4.0m of recurring corporate support funding and hence the deterioration from 2015/16 Quarter 4 (£0.7m - £0.9m) is considerable as this support amounts to £0.33m in April. This is a concerning start to 2016/17 and could call into question the realism of some Divisional Operating Plans.

The subjective analysis is shown below:

(Adverse)/Favourable	April £m	March £m	February £m	2015/16 outturn £m
Nursing & midwifery pay	(0.348)	(0.622)	(0.621)	(4.276)
Medical & dental staff pay	(0.123)	(0.294)	(0.200)	(1.805)
Other pay	0.175	0.328	0.204	1.587
Non-pay	(0.270)	(0.664)	(0.572)	(3.527)
Income	(0.419)	0.331	0.483	(1.208)
Total	(0.985)	(0.921)	(0.706)	(9.229)

There are four financial drivers which are key to controlling the Trust's financial position to achieve the 2016/17 financial plan. These are described in the following sections and more granular reporting of these areas will be developed further over the next few months.

Nursing & Midwifery Pay Spend:

Nursing and midwifery pay spend for the month is £10.388m, of which £9.051m is substantive staff, £0.541m bank and £0.796m agency. A comparison of this position to 2015/16 is shown below:

	Total 2015/16 £m	Average Monthly 2015/16 £m	Average Quarter 4 2015/16 £m	Month 1 2016/17 £m
Substantive	105.245	8.770	8.980	9.051
Bank	8.455	0.705	0.772	0.541
Agency	9.066	0.756	0.831	0.796
Total	122.766	10.231	10.584	10.387

Agency has fallen slightly, but remains high at £0.796m for the month. There has been a small increase in substantive pay, but this reflects the pay award rather than significant change in overall numbers across the Trust. Nursing bank pay did decrease in the month reflecting a whole time equivalent reduction and also the impact of reduced unsocial payments due to the bank holidays in March and other additional payments related to hours worked.

The nursing agency ceiling set last year by Monitor has been replaced by an agency and locums expenditure ceiling for 2016/17 which is set at £12.793m (this covers all agency and medical locum staff). Following the latest rate decrease (April 1st 2016) none of the agencies that supply UH Bristol have agreed to pay within the capped rates for registered nurses. The Trust is also experiencing significant difficulties with regards to “specialist nursing” supply.

The table below shows that the ceiling of £1.066m has been exceeded in April by £0.418m (39%). This is very concerning. The consequence of a breach of the ceiling could be the loss of sustainability funding.

Staff category	2015/16 monthly average (m10 to 12) £m	Ceiling £m	Final Monitor submission £m	Operating Plan £m	Actual (£m)
Medical staff	0.675		0.650	0.721	0.593
Nursing (Registered Nurses & Nursing Assistants)	0.831		0.303	0.295	0.796
Other clinical	0.078		0.062	0.021	0.038
Other	0.166		0.137	0.081	0.057
Total	1.749	1.066	1.153	1.119	1.484

The table of metrics below summarises the position by clinical division, detailed information is provided at agenda item 4.1

Registered Nursing Metrics for April 2016:

	Sickness	Vacancies	Spend	Nursing Hours
	%	%	£'000	%
Medicine				
Target	3.9	5.0	145.0	121
Actual	3.1	7.5	244.6	130
Specialised Services				
Target	4.0	5.0	54.7	121
Actual	3.4	6.5	95.0	122
SHN				
Target	3.8	5.0	38.6	121
Actual	4.2	3.9	215.0	130
W & C				
Target	3.4	5.0	36.9	121
Actual	4.2	1.5	158.8	125

Medical and Dental Pay Spend:

Medical pay spend for the month is £9.743m, of which £9.150m is substantive staff, £0.369m locum and £0.224m agency. A comparison of this position to 2015/16 is shown below:

	Total 2015/16 £m	Average Monthly 2015/16 £m	Average Quarter 4 2015/16 £m	Month 1 2016/17 £m
Substantive	106.038	8.837	9.293	9.150
Locum	4.705	0.392	0.339	0.369
Agency	3.350	0.279	0.333	0.224
Total	114.093	9.508	9.966	9.743

Clinical Activity:

Month 1 performance is against contracts which have been updated to reflect planned activity changes for 2016/17. Activity based contracts show a total underperformance of £0.386m at month one. It should be noted that the level of planned activity for 2016/17 is only marginally higher (c£0.5m) than 2015/16 hence the variances do not reflect the need to deliver substantially higher planned activity (as occurred in 2015/16). Significant underperformance to date is within Women's and Children's (£0.437m) and Surgery, Head and Neck (£0.134m). In Women's and Children's elective inpatients are £0.4m lower than contract and emergency inpatients are £0.2m lower. Surgery, Head and Neck are below contract for day cases (£0.172m) predominantly within dental and ophthalmology and the proposed levels of contracted activity are being finalised

Savings Programme:

The savings requirement for 2016/17 is £17.420m. Savings of £1.034m have been realised to date, a shortfall of £0.350m against divisional plans. The shortfall is a combination of the adverse variance for unidentified schemes of £0.265m and a further £0.085m for scheme slippage. The 1/12th phasing adjustment increases the shortfall to date by £0.067m.

The year-end forecast outturn is £14.218m, a shortfall of £3.202m, which represents delivery of 81.6%.

A summary of progress against the Savings Programme for 2016/17 is summarised below. A more detailed report is given under item 5.4 on this month's agenda.

	Savings Programme to 30 th April 2016				
	Plan	Actual	Variance fav / (adv)	Phasing adjustment fav/(adv)	Total variance Fav/(adv)
	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	121	96	(25)	(16)	(41)
Medicine	114	136	22	(27)	(5)
Specialised Services	117	87	(30)	(8)	(38)
Surgery, Head and Neck	364	229	(135)	(48)	(183)
Women's and Children's	406	223	(183)	20	(163)
Estates and Facilities	55	57	2	(11)	(9)
Trust HQ	83	77	(6)	23	17
Other Services	124	129	5	-	5
Totals	1,384	1,034	(350)	(67)	(417)

2. Divisional Financial Position

Clinical Divisions and Corporate Services are £0.985m adverse to plan. The significant adverse variances were within the Divisions of Surgery, Head and Neck and Women's and Children's. The table below summarises the financial performance in April for each of the Trust's management divisions against their budget and against their April Operating Plan trajectory. Further analysis of the variances against budget by pay, non-pay and income categories is given at Appendix 2. It should be noted that further work is required in respect of phasing of the Operating Plans and as such the reported variances may change once this work is completed.

	Budget Variance to 30 th Apr	April Operating Plan Trajectory
	fav / (adv) £'000	fav / (adv) £'000
Diagnostic & Therapies	(45)	(16)
Medicine	(117)	(49)
Specialised Services	(26)	(61)
Surgery, Head & Neck	(324)	(105)
Women's & Children's	(488)	(65)
Estates & Facilities	(7)	(11)
Trust Services	7	4
Other corporate services	15	0
Totals	(985)	(303)

Work is continuing to address the Division's adverse Operating Plans which are as follows:

	Savings programme shortfall £'000	Support funding £'000	Cost pressures/other £'000	Total Operating Plan shortfall £'000
Diagnostics and Therapies	(131)	478	(347)	0
Medicine	420	66	(1,429)	(943)
Specialised Services	(197)	339	(339)	(197)
Surgery Head and Neck	(1,496)	491	(79)	(1,084)
Women's and Children's	(1,812)	1,041	(368)	(1,139)
Facilities and Estates	46	162	(209)	(1)
Trust Services	(68)	0	72	4
Other Corporate	58	0	0	58
Total	(3,180)	2,577	(2,699)	(3,302)

Variance to Budget:

The table below shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings. Note that work continues in allocating funding to the appropriate budgets and therefore these figures are subject to change.

Divisional Variances	Variance to 30 th April
	Fav/(Adv) £'000
Pay	(234)
Non Pay	24
Operating Income	50
Income from Activities	(408)
Sub Total	(568)
Savings Programme	(417)
Total	(985)

Pay budgets have an adverse variance of £0.234m. The significant adverse variances were in Women's and Children's (£0.231m) and Surgery Head and Neck (£0.112m). For the Trust as a whole, agency spend is £1.127m to date. This compares with a monthly average spend in 2015/16 of £1.260m. Agency spend to date is £0.333m in Medicine, £0.255m in Women's and Children's, £0.262m in Surgery, Head and Neck and £0.182m in Specialised Services. Waiting list initiatives costs were £0.209m in the month of which £0.086m is within Surgery, Head and Neck, £0.032m in Women's and Children's and £0.041m in Specialised Services.

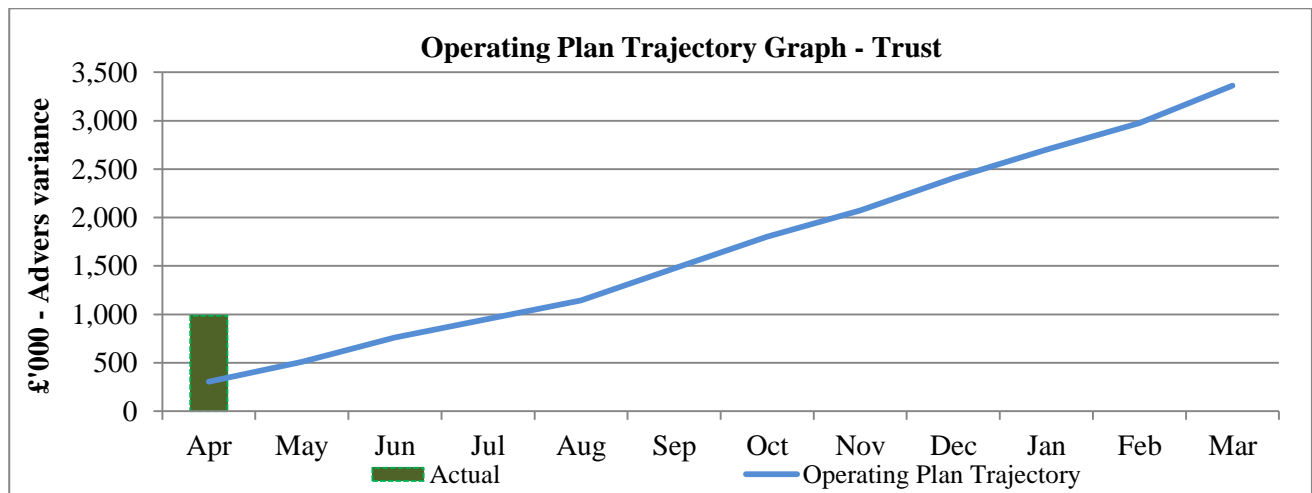
Non-pay budgets have a favourable variance of £0.024m. There was a significant adverse variance in Medicine of £0.146m and a significant favourable variance in Women's and Children's of £0.234m.

Operating Income budgets have a favourable variance of £0.050m. The significant favourable variances were in Surgery Head and Neck (£0.058m) and Specialised Services (£0.041m), offset by adverse variances in Trust Services (£0.033m) and Other Corporate services (£0.030m).

Income from Activities budgets have an adverse variance of £0.408m. The principal areas of under achievement are within Surgery, Head and Neck (£0.108m) and Women’s and Children’s (£0.335m).

Variance to Operating Plan:

Clinical Divisions and Corporate Services have an adverse variance of £0.985m against a combined operating plan trajectory of £0.303m. The April position is £0.682m above trajectory as shown in the graph below.



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

3. Divisional Reports

The following is intended to provide a brief update on the Divisional positions including reasons for variances 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.

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

Division of Medicine

The Division reports an adverse variance to month 1 of £0.117m; The Division is £0.068m adverse to its operating plan trajectory to date. The Division is reporting a savings programme year to date adverse variance of £0.005m and a savings programme forecast outturn favourable variance of £0.421m. The key reasons for the variance are:

Adverse variances

- An adverse pay variance of £0.059m within this total nursing expenditure was £0.050m lower in April than March; agency expenditure was also lower primarily as staffing of the escalation capacity used extensively throughout quarter 4 last year has been scaled back due to an easing of operational pressures in the month.
- An adverse variance on non-pay within drugs and clinical supplies.

Favourable variances

- A favourable variance on income from operations of £0.013m.
- A favourable variance on SLA income of £0.080m Activity based income is £0.112m higher than plan in April. Emergency inpatient activity was 3% higher in April than plan (£0.221m), equivalent to almost an additional day's 'take'. Two week wait dermatology attendances are continuing to increase and this has offset, in part, the expected lower volumes in outpatient attendances – a consequence of the decision to cancel clinics in preparation for the industrial action.

Actions being taken and mitigation to restore performance include:

- Reductions in nursing costs – this is being managed via a programme of close controls with respect to the booking of shifts out of hours, the continued close scrutiny of all agency use and the introduction of dementia initiatives aimed at reducing the number of 1:1 shifts required;
- The rolling out of 'Discharge to Assess' for 'Pathway 3' patients expected to improve both length of stay and ultimately occupancy rates;
- Development of Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs) within the Emergency Department (ED) to reduce medical staffing costs.
- Medical Staff Payments, includes the review of all WLI and additional payments in accordance with new Trust guidance. A capacity planning exercise, in conjunction with refreshed job plans and the recruitment of acute physicians, is also underway;
- Retaining activity volumes and delivering at a margin through the cessation of outsourcing arrangements and better use of existing resources.

The 2016/17 financial plan forecasts a deficit of c. £0.94m but contains a number of risks and assumptions. These include:

- The consultation for and closure of ward A518, independent of ORLA;
- The mobilisation and careful management of the ORLA initiative;
- Recruitment to the Enhanced Supervision Team; and
- Community and social care initiatives including the ownership of a bed placement scheme.

Division of Surgery, Head and Neck

The Division reports an adverse variance to month 1 of £0.324m; The Division is £0.219m adverse to its Operating Plan trajectory to date. The key reasons for the variance are:

Adverse variances

- Underachievement of income from activities of £0.108m due to lower than expected activity primarily in Oral Surgery and Ophthalmology. Also included is a share of the underperformance on Cardiac Surgery within Specialised Services £0.020m.
- An underachievement of savings resulting in an adverse variance to date of £0.183m. The majority relates to unidentified plans of £0.124m.
- An adverse variance on pay of £0.112m primarily due to high nursing agency and bank usage.

Favourable variances

- A favourable variance on income from operations of £0.058m due to higher than planned research and development income.

- A favourable variance on non-pay of £0.021m.

The key reasons for the variance are:

- Underachievement of activity (including the share of cardiac surgery), (£0.108m).
- Higher than planned nursing spend (£0.180m).
- Higher than planned waiting list payments (£0.010m).
- Higher than planned expenditure on outsourcing (£0.035m).
- Slippage on CIP delivery.

Key risks to delivery of the Operating Plan and ongoing improvement include:

- Bed pressures causing a loss of activity to the Division have contributed to the Month 1 position. £0.124m of income has been lost arising from cancellations for bed pressures. Month 1 has also been impacted by the junior doctor strike to an approximate value of £0.154m. This has caused further pressure into delivery of key performance targets.
- The Operating Plan now includes £0.072m of additional costs to deliver cancer performance, including waiting lists to deliver activity that had been lost in Q4 of last year, outsourcing plans for Thoracic Surgery and Liver Surgery (benign work) to enable the recovery of cancer performance in house and commitment to provide additional staffing in Heygroves Recovery, (including Intensivists), to enable cancer patients to be nursed in that environment.
- Medicine bed pressures have also meant that the Division has been using resources to care for patients who should not be within the surgical bed base.
- That the recruitment strategy fails to address the need to increase capacity and hence deliver planned additional capacity and higher activity levels, (particularly true in Ophthalmology, Theatres and Dental Services).
- Failure to deliver the required improvements in both recruitment and retention of staff, in particular in the registered nursing and operating department practitioner workforce will drive additional costs in terms of agency spend into the position, (particularly an issue for theatres and intensive care).
- Failure to address the appropriate need for 1-1 nursing.
- Failure to work up additional savings plans to support the financial shortfall and failure to take mitigating actions to control rising cost pressures.

Actions being taken and mitigation to restore performance include:

- The Division is holding fortnightly Finance and Performance Meetings where Service Line Managers are held to account for finance and service performance.
- The Division is holding fortnightly CIP meetings at which service lines are clear on their individual savings targets and are presenting the development of plans and pipeline ideas to meet those targets.
- Review meetings are being held with the Divisional Director, Divisional Finance Manager and General Manager, reviewing actual expenditure and challenging spend.
- A paper on improving financial controls is in progress, and levels of savings against these controls are being assessed. Additional controls on Estates works have already been implemented and have been shown to be effective.
- The Managed Inventory System Project has been approved and there have been two meetings in April to progress this. The meetings to progress and close out contract terms are aiming to deliver an appropriate contract by the end of May.
- Recruitment plans are under way. The investment in a recruitment/training manager for theatres has been approved and will drive improvements.

- Reduction in turnover is being approached with additional provision of training and staff development and career progression opportunities.
- The new Head of Nursing is focussed on the monthly nursing performance and finance meetings and is arranging meetings with service improvement leads to ensure good understanding of rostering issues and opportunities.
- The Division continues to work with other Divisions in understanding bed modelling and planning going forward.

The Division of Women's and Children's Services

The Division reports an adverse variance to month 1 of £0.488m. The Division is £0.423m adverse to the Operating Plan trajectory to date. The key reasons for the variance are:

Adverse variances

- An adverse variance on pay of £0.231m due to higher than planned agency costs within medical staff (NICU cover) and nursing (including one to one care).
- An underperformance on the saving programme, resulting in an adverse variance to date of £0.163m. The majority of which relates to the level of unidentified savings in the plan of £0.151m.
- An adverse performance on SLA income of £0.335m across a number of specialties including Neurosurgery, Cardiac and PICU and Paediatric Surgical specialties.

Favourable variances

- A significant favourable variance on non pay of £0.234m which includes a share of support funding and capacity growth reserves which offset the underachieved of income.

Actions being taken and mitigation to restore performance:

- Nursing Controls Action Plan developed by Head of Children's Nursing;
- Nursing checklist for 'specialling' of patients being developed;
- Nursing recruitment plans ahead of target, although the dropout rate is currently 18%;
- Non pay budgets have been comprehensively reset based largely on last year's outturn to improve accountability, transparency and controls;
- Neurosciences Investment Plan overseen by the Neurosciences Service Delivery Group, although the Convection Enhanced Delivery programme is currently on hold to new referrals;
- Spinal Surgery Investment Plan and re-profiled activity plan developed by the Spinal Pathway Transformation Group;
- Children's Hospital Flow Programme workshops held to ensure pressures are managed safely and efficiently.

The main challenges to the delivery of the Division's Operating Plan moving forward are:

- Identifying mitigations for the significant adverse pay variances caused by mental health nurse 'specialling', and agency cost premiums.
- Identifying a way of ensuring agency usage, where unavoidable, is within NHS Improvement capped rates.
- Recovering lost elective income later in the financial year; and ensuring that emergency demand does not disrupt elective throughput.

- Converting savings pipeline ideas into cash releasing savings and identifying new opportunities.

The following Division is rated Amber/ Green for its performance to date

Division of Specialised Services

The Division reports an adverse variance to month 1 of £0.026m. The Division is £0.035m favourable to the Operating Plan trajectory to date.

Pay budgets show a favourable variance of £0.015m and income from activities a favourable variance of £0.009m. The savings programme is showing an adverse variance of £0.039m to date and the non pay budgets are reporting an adverse variance of £0.052m. The key reasons for the variances are:

Adverse variances

- Cardiac Surgery activity - the Division completed 14 cases fewer than required, 90% of contract, resulting in an inpatient under performance of £0.59m.
- Cardiology activity has underperformed by £0.027m.
- Medical pay budgets show an adverse variance of £0.006m mainly due to agency and waiting list costs.
- Non Pay budgets report an adverse variance of £0.052m spread across a number of areas.

Favourable variances

- Operating income reports a favourable variance of £0.041m.
- Private patients reports a favourable variance of £0.026m.
- Clinical Genetics budgets are reporting a favourable variance of £0.036m.
- Pay budgets are reporting a favourable variance of £0.015m and nursing budgets are reporting a breakeven position for the month.

Actions being taken and mitigation to restore performance:

- Ambitious plans have been identified for reductions in nursing overspends which will require significant work to achieve, the following actions have been identified:
 - Increased focus on recruitment, retention and training.
 - Reviewing sickness levels.
 - Reviewing one to one practices.
- Increasing Cardiac Surgery activity volumes remains a risks due to the various pressures on the service. The following actions have been identified to address these:
 - Focusing on flow through the area.
 - Revised Scheduling processes.
 - Minimising outliers to ensure elective activity can occur.
 - Developing additional ITU capacity.
 - Ensuring substantive workforce is in place.
- Service Transfers are planned to be cost neutral, as such the following actions are required to ensure successful transfer and implementation:

- Integration of new staff, grip and focus on new services and sufficient management time to understand new services.
- Agency expenditure:
 - Recruiting as quickly as possible once vacancies are known.
 - Replacing long term agency with substantive posts.
 - Developing and growing in house staff to fill hard to recruit to areas.
 - Increased controls on agency authorisation.
- Maintaining BMT Activity levels:
 - Proactive engagement with incoming head of service at Great Western Hospital Swindon, with the view to offering an outreach clinic with the aim of attracting referrals.
- National Commissioning changes to pass through items have been identified posing a significant risk to device income through increased bureaucracy. The Division will need to
 - Ensure medical colleagues are aware of changes.
 - Develop and implement new processes for prior approval.
 - Strengthen processes and support for purchasing and billing of high cost devices.
 - Ensure all billable income is claimed per instructions.
- Medical Staff Payments
 - Reviewing WLI payments.
 - Capacity Planning exercise.
 - Job planning additional PAs where possible.
 - Ensuring authorisation controls are followed.

The main challenges to the delivery of the Division's Operating Plan moving forward are:

- Delivery of Cardiac Surgery Activity.
- Meeting contracted levels of activity across other specialties.
- Controlling and reducing Nursing expenditure to deliver a breakeven year end out turn.
- Reducing agency staffing across all staff groups through; improved retention, reduced sickness, improving recruitment to posts that have been covered for longer than a short term period with temporary staff, improved training and development of staff.
- Delivering the savings programmes identified and continuing to develop new schemes.
- Maintaining controls on non pay expenditure.
- Ensuring successful service transfers for Echo, Clinical Genetics and Genomics.
- Developing procedures to ensure no adverse impacts will be incurred as a result of national commissioning arrangements e.g. prior approval for devices.

Two divisions are rated Amber / Red for their performance to date

Diagnostic and Therapies Division

The Division reports an adverse variance to month 1 of £0.045m. The Division is £0.029m adverse compared to the Operating Plan trajectory to date. The key reasons for the variance are:

Adverse variances

- An adverse variance on non-pay of £0.068m which includes adverse variances on pharmacy wastage of £0.032m and clinical supplies of £0.050m (including audiology equipment replacement).

- The savings programme is £0.041m adverse year to date; nearly all of this was unidentified in the Operating Plan.

Favourable variances

- A favourable variance on pay of £0.105m, primarily the result of vacancies in clinical staff.
- Adverse variances on non-pay above are offset by a balance of contract transfer funding some of which may be allocated to other subjective headings in month 2.

Actions being taken and mitigation to restore performance:

- Developing the savings programme to address the shortfall.
- Realignment of non-pay budgets has taken place for 2016/17.
- Review of radiology contract income data underway.
- Review of CT activity in Radiology to ensure charging correctly.
- Seasonal recruitment model for Radiology and Pharmacy in progress.

Key risks to delivery of the operating plan and future performance include:

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

Trust Headquarters

The Division reports a favourable variance to month 1 of £0.007m. The Division is £0.004m adverse to the Operating Plan trajectory to date.

One Division is rated Green for its performance to date

The Facilities and Estates Division

The Division reports an adverse variance to month 1 of £0.007m. The Division is £0.004m favourable to the Operating Plan trajectory to date.

4. Income

Contract income was £0.84m lower than plan in April. Activity and pass through payments were both below plan whilst contract rewards and penalties were in line with 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)
Activity Based	£'m	£'m	£'m	£'m
Accident & Emergency	0.01	1.29	1.30	0.01
Emergency Inpatients	0.54	6.40	6.94	0.54
Day Cases	(0.10)	3.18	3.08	(0.10)
Elective Inpatients	(0.43)	4.22	3.79	(0.43)
Non-Elective Inpatients	(0.24)	2.24	2.00	(0.24)
Excess Bed days	0.07	0.57	0.64	0.07
Outpatients	(0.31)	6.88	6.57	(0.31)
Bone Marrow Transplants	0.27	0.69	0.96	0.27
Critical Care Bed days	(0.13)	4.08	3.95	(0.13)
Other	(0.06)	7.17	7.11	(0.06)
Sub Totals	(0.38)	36.72	36.34	(0.38)
Contract Penalties	0.00	(0.06)	(0.06)	0.00
Contract Rewards	0.00	0.77	0.77	0.00
Pass through payments	(0.46)	7.29	6.83	(0.46)
Totals	(0.84)	44.73	43.89	(0.84)

Elective Inpatients and Non Elective Inpatients were £0.43m and £0.24m behind plan, most notably the Women's and Children's Division. The Division is investigating the background to this.

Bone Marrow Transplants were £0.27m ahead of plan primarily due to the adult service at £0.24m higher than plan, reflecting the volatility of this service. It is not currently anticipated that this level of over performance will continue.

Emergency Inpatients were £0.54m ahead of plan primarily driven by Medical emergencies at the BRI (£0.59m ahead of plan).

Monitoring of contract penalties will be reported from month 3.

Contract rewards are still subject to negotiation. It is anticipated that CQUIN monitoring will commence from June or July allowing for the agreement of schemes and the setting up of the reporting mechanisms.

Pass through payments were £0.46m lower than plan in April on cardiology devices and hearing implants due to lower than planned activity.

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	(0.03)	3.24	3.21	(0.03)
Medicine	0.11	4.31	4.42	0.11
Specialised Services	0.15	4.98	5.13	0.15
Surgery, Head and Neck	(0.13)	6.76	6.63	(0.13)
Women's and Children's	(0.44)	8.92	8.48	(0.44)
Facilities and Estates	0.00	0.31	0.31	0.00
Corporate	(0.04)	8.20	8.16	(0.04)
Totals	(0.38)	36.72	36.34	(0.38)

5. Risk Rating

The table below shows performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For April, the Trust's achieved an overall FSRR of 3 (actual 3.25) against a plan of 4.

The liquidity and capital servicing capacity metrics are in line with the plan for April with an actual metric score of 4. The income and expenditure margin metric and the income and expenditure margin variance from plan metric score 3 and 2 respectively for April against a plan of 4. The lower than planned metric scores are due to the Trust's lower than planned net surplus before technical items of £0.226m against a planned surplus of £1.212m.

	Weighting	30 th April 2016		31 st March 2017	
		Plan	Actual	Plan	Forecast
Liquidity					
Metric Result – days		12.61	11.70	14.29	14.29
Metric Rating	25%	4	4	4	4
Capital Servicing Capacity					
Metric Result – times		3.99	3.03	2.66	2.66
Metric Rating	25%	4	4	4	4
Income & expenditure margin					
Metric Result		2.08%	0.18%	2.44%	2.44%
Metric Rating	25%	4	3	4	4
Variance in I&E margin					
Metric Result		0.32%	(1.90)%	0.32%	0.00%
Metric Rating	25%	4	2	4	4
Overall FSRR		4.0	3.25	4.0	4.0
Overall FSRR (rounded)		4	3	4	4

6. Capital Programme

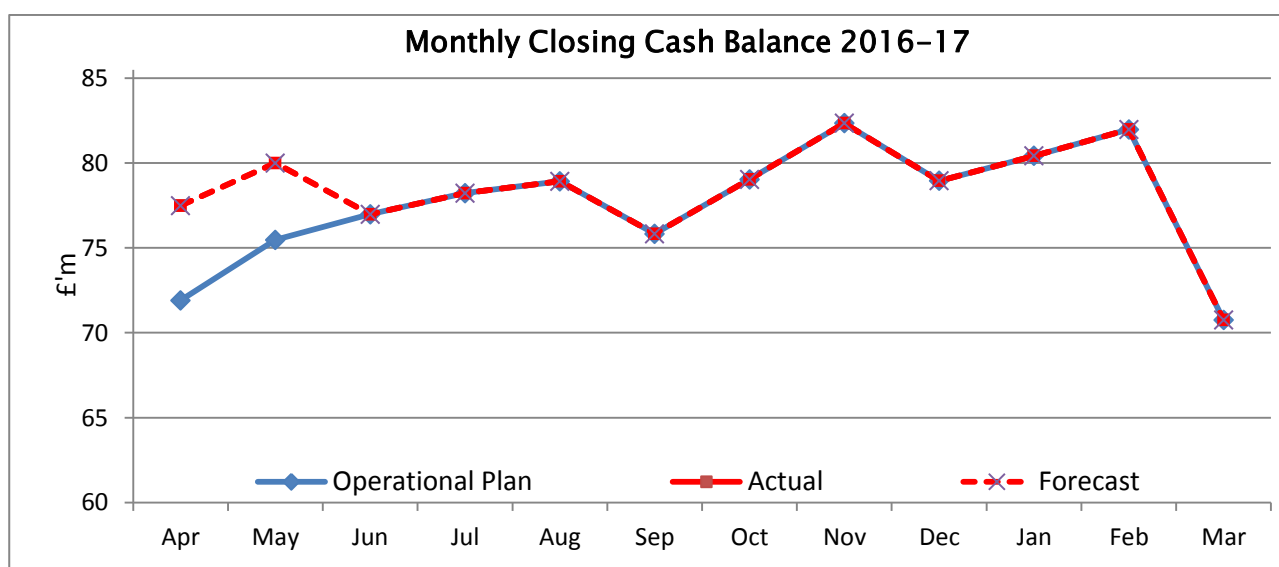
A summary of income and expenditure for April is provided in the table below. Expenditure for the period is £2.067m against a plan of £1.615m. The Finance Committee is provided with further information under agenda item 6.1.

Operational Plan	Current Annual Plan		Month ended 30 th April 2016		
			Plan	Actual	Variance
£'m	£'m	Sources of Funding	£'m	£'m	£'m
0.273	0.273	PDC	-	-	-
2.732	2.917	Cash donations	-	-	-
21.634	21.634	Depreciation	1.735	1.776	0.041
4.461	5.632	Cash balances	(0.120)	0.291	0.411
29.100	30.456	Total Funding	1.615	2.067	0.452
		Expenditure			
(14.761)	(14.196)	Strategic Schemes	(1.901)	(1.862)	0.039
(9.741)	(11.144)	Medical Equipment	(0.042)	(0.108)	(0.066)
(3.971)	(4.659)	Information Technology	(0.110)	0.037	0.147
(2.545)	(2.789)	Estates Replacement	(0.021)	(0.057)	(0.036)
(11.721)	(13.307)	Operational Capital	(0.086)	(0.077)	0.009
(42.739)	(46.095)	Gross Expenditure	(2.160)	(2.067)	0.093
1.636	3.636	Planned Slippage	-	-	-
12.003	12.003	I&E Variation from Plan	0.545	-	(0.545)
(29.100)	(30.456)	Net Expenditure	(1.615)	(2.067)	(0.452)

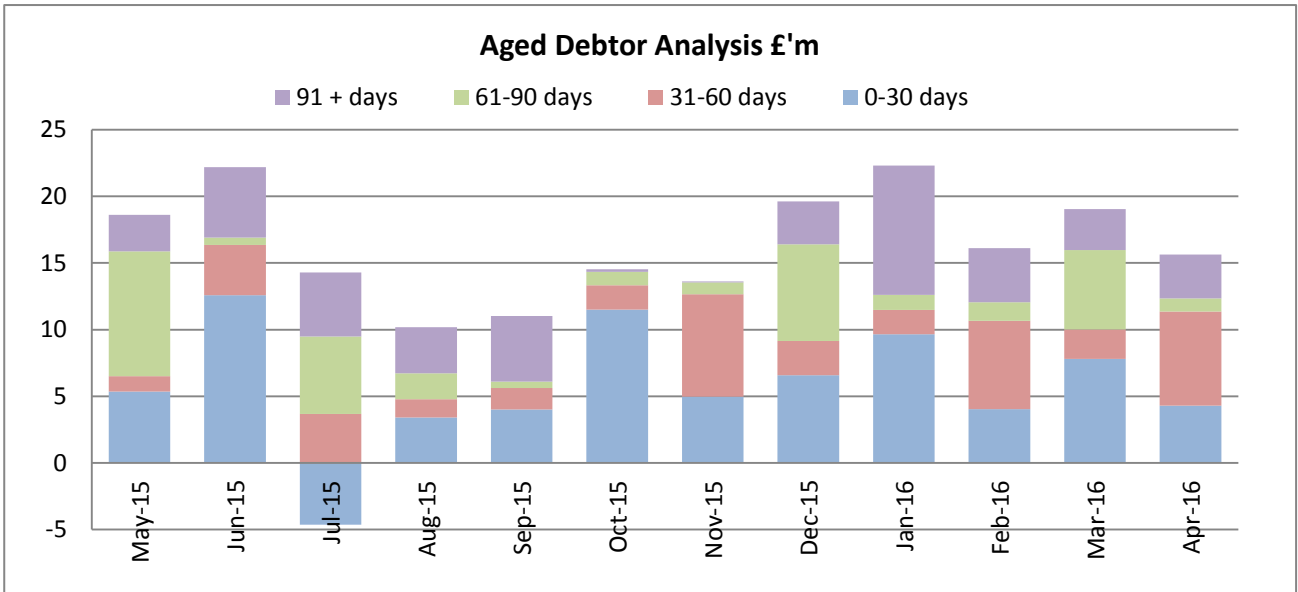
7. Statement of Financial Position and Cashflow

Overall, the Trust had a strong statement of financial position as at 30th April 2016 with net current assets of £30.403m, a reduction of £0.090m from last month.

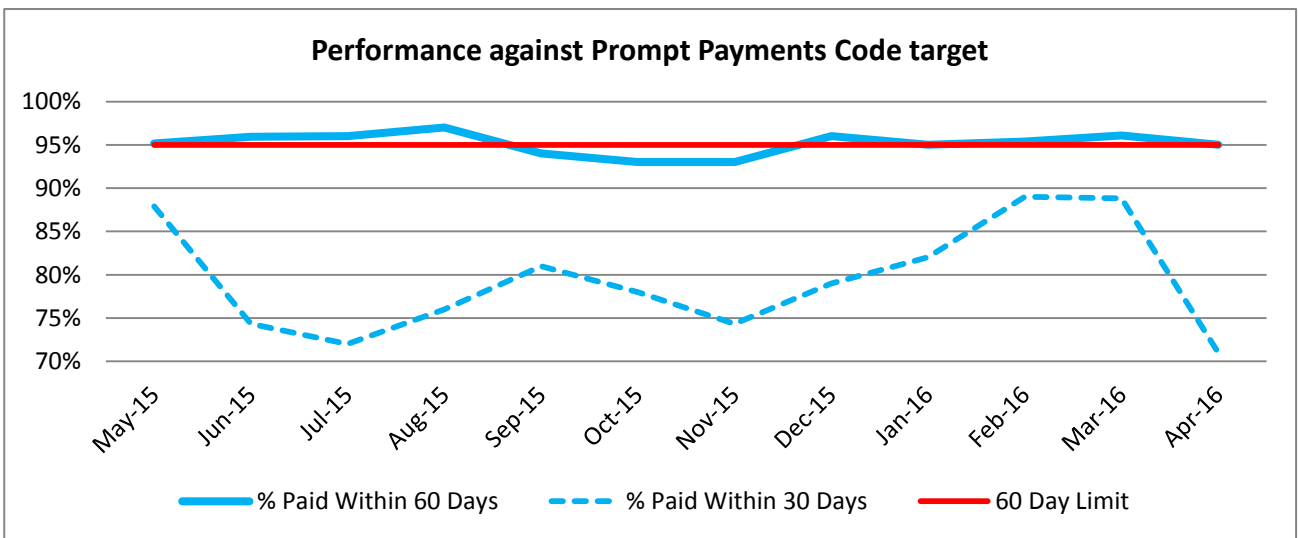
Cash - The Trust held cash of £77.490m, £5.582m higher than plan. Cash receipts were higher primarily due to the settlement of an activity reconciliation invoice from quarter 3. The forecast year end cash balance is £71.815m. The graph below shows the month end cash balance trajectory for the financial year.



Receivables - The total value of debtors decreased by £3.398m in April to £15.637m. SLA debtors decreased by £4.024m and non SLA debtors increased by £0.626m. The total value of debtors over 60 days old have decreased by £4.741m to £4.269m. This decrease was within SLA debtors primarily due to the settlement of an activity reconciliation invoice from quarter 3. Further details are provided in agenda item 7.1.



Accounts Payable Payments – In April, performance for payment of invoices within 60 days was 95% in line with the Prompt Payments Code target of 95%. The number of invoices paid within 30 days dropped to 71% due to additional year end requirements and reduced staffing. Action has been taken to recover the backlog. A chart plotting 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 April 2016– Summary Income & Expenditure Statement

Approved Budget / Plan 2016/17 £'000	Heading	Position as at 30th April		
		Plan £'000	Actual £'000	Variance Fav / (Adv) £'000
	Income (as per Table I and E 2)			
543,903	From Activities	44,387	43,918	(469)
86,193	Other Operating Income	7,588	7,595	7
630,096	Sub totals income	51,975	51,513	(462)
	Expenditure			
(351,287)	Staffing	(30,111)	(30,405)	(294)
(215,927)	Supplies and Services	(17,874)	(18,146)	(272)
(567,214)	Sub totals expenditure	(47,985)	(48,551)	(566)
(14,531)	Reserves	0	-	0
48,351	EBITDA	3,990	2,962	(1,028)
7.67	EBITDA Margin – %		5.75	
	Financing			
(22,471)	Depreciation & Amortisation – Owned	(1,804)	(1,776)	28
244	Interest Receivable	20	25	5
(290)	Interest Payable on Leases	(25)	(24)	1
(3,125)	Interest Payable on Loans	(260)	(246)	14
(8,509)	PDC Dividend	(709)	(715)	(6)
(34,151)	Sub totals financing	(2,778)	(2,736)	42
14,200	NET SURPLUS / (DEFICIT) before Technical Items	1,212	226	(986)
	Technical Items			
-	Profit/(Loss) on Sale of Asset	-	0	0
2,732	Donations & Grants (PPE/Intangible Assets)	0	0	0
(7,477)	Impairments	0	0	0
385	Reversal of Impairments			0
(1,542)	Depreciation & Amortisation – Donated	(129)	(132)	(3)
8,298	SURPLUS / (DEFICIT) after Technical Items	1,083	94	(989)

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

Approved Budget / Plan 2016/17	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Operating Plan Trajectory Year to Date
				Pay	Non Pay	Operating Income	Income from Activities	CIP		
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income									
542,144	Contract Income	44,733	44,733	-	-	(12)	12	-	-	-
-	Overheads, Fines & Rewards	-	(43)	-	-	-	(43)	-	(43)	-
35,625	NHSE Income	3,161	3,161	2	-	(2)	-	-	-	-
577,769	Sub Total Corporate Income	47,894	47,851	2	-	(14)	(31)	-	(43)	-
	Clinical Divisions									
(51,505)	Diagnostic & Therapies	(4,295)	(4,340)	105	(68)	(2)	(39)	(41)	(45)	(16)
(75,691)	Medicine	(6,266)	(6,383)	(59)	(146)	13	80	(5)	(117)	(49)
(99,437)	Specialised Services	(7,829)	(7,855)	15	(52)	41	9	(39)	(26)	(61)
(103,369)	Surgery Head & Neck	(8,611)	(8,935)	(112)	21	58	(108)	(183)	(324)	(105)
(121,633)	Women's & Children's	(10,212)	(10,700)	(231)	234	7	(335)	(163)	(488)	(65)
(451,635)	Sub Total – Clinical Divisions	(37,213)	(38,213)	(282)	(11)	117	(393)	(431)	(1,000)	(296)
	Corporate Services									
(35,784)	Facilities And Estates	(2,929)	(2,936)	4	3	(4)	(1)	(9)	(7)	(11)
(24,650)	Trust Services	(2,002)	(1,995)	69	(47)	(33)	-	18	7	4
(2,818)	Other	(1,760)	(1,745)	(25)	79	(30)	(14)	5	15	-
(63,252)	Sub Totals – Corporate Services	(6,691)	(6,676)	48	35	(67)	(15)	14	15	(7)
(514,887)	Sub Total (Clinical Divisions & Corporate Services)	(43,904)	(44,889)	(234)	24	50	(408)	(417)	(985)	(303)
(14,531)	Reserves	-	-	-	-	-	-	-	-	-
(14,531)	Sub Total Reserves	-	-	-	-	-	-	-	-	-
48,351	Trust Totals Unprofiled	3,990	2,962	(232)	24	36	(439)	(417)	(1,028)	(303)
	Financing									
(22,471)	Depreciation & Amortisation – Owned	(1,804)	(1,776)	-	28	-	-	-	28	-
244	Interest Receivable	20	25	-	5	-	-	-	5	-
(290)	Interest Payable on Leases	(25)	(24)	-	1	-	-	-	1	-
(3,125)	Interest Payable on Loans	(260)	(246)	-	14	-	-	-	14	-
(8,509)	PDC Dividend	(709)	(715)	-	(6)	-	-	-	(6)	-
(34,151)	Sub Total Financing	(2,778)	(2,736)	-	42	-	-	-	42	-
14,200	NET SURPLUS / (DEFICIT) before Technical Items	1,212	226	(232)	66	36	(439)	(417)	(986)	(303)
	Technical Items									
-	Profit/(Loss) on Sale of Asset	-	-	-	-	-	-	-	-	-
2,732	Donations & Grants (PPE/Intangible Assets)	-	-	-	-	-	-	-	-	-
(7,477)	Impairments	-	-	-	-	-	-	-	-	-
385	Reversal of Impairments	-	-	-	-	-	-	-	-	-
(1,542)	Depreciation & Amortisation – Donated	(129)	(132)	-	(3)	-	-	-	(3)	-
(5,902)	Sub Total Technical Items	(129)	(132)	-	(3)	-	-	-	(3)	-
8,298	SURPLUS / (DEFICIT) after Technical Items Unprofiled	1,083	94	(232)	63	36	(439)	(417)	(989)	(303)

Financial Sustainability Risk Rating – April 2016 Performance

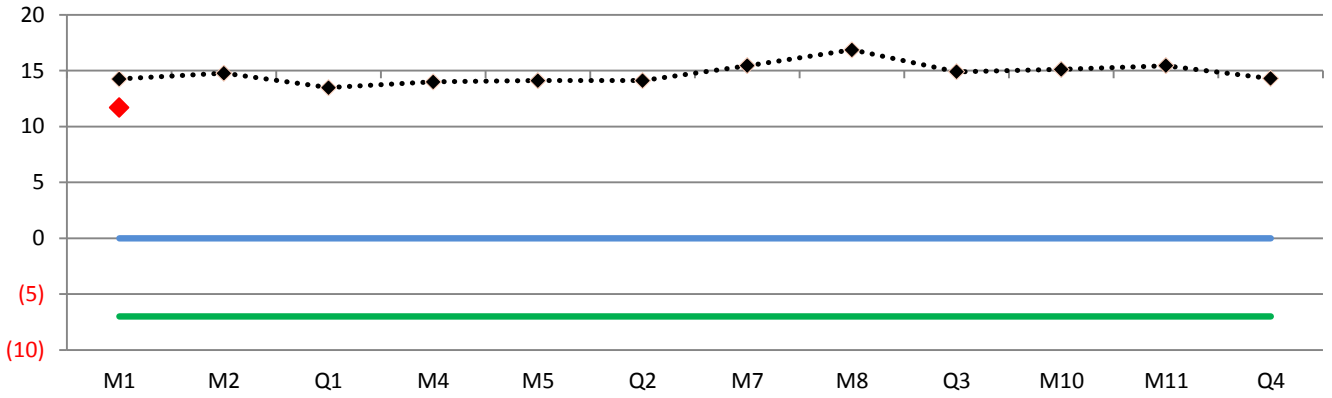
The graphs overleaf show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For April, the Trust's achieved an overall FSRR of 3 (actual 3.25) against a plan of 4.

The liquidity and capital servicing capacity metrics are in line with the plan for April with an actual metric score of 4. The income and expenditure margin metric and the income and expenditure margin variance from plan metric score 3 and 2 respectively for April against a plan of 4. The lower than planned metric scores are due to the Trust's lower than planned net surplus before technical items of £226k against a planned surplus of £1,212k. A summary of the position is provided in the table below.

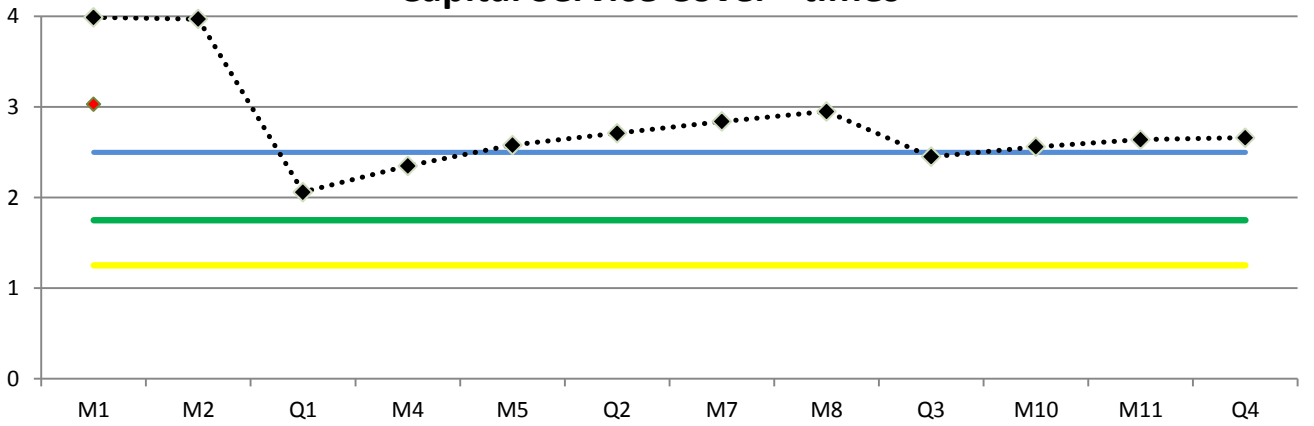
	Weighting	30 th April 2016		31 st March 2017	
		Plan	Actual	Plan	Forecast
Liquidity					
Metric Result – days		12.61	11.70	14.29	14.29
Metric Rating	25%	4	4	4	4
Capital Servicing Capacity					
Metric Result – times		3.99	3.03	2.66	2.66
Metric Rating	25%	4	4	4	4
Income & expenditure margin					
Metric Result		2.08%	0.18%	2.44%	2.44%
Metric Rating	25%	4	3	4	4
Variance in I&E margin					
Metric Result		0.32%	(1.90)%	0.32%	0.00%
Metric Rating	25%	4	2	4	4
Overall FSRR		4.0	3.25	4.0	4.0
Overall FSRR (rounded)		4	3	4	4

The charts presented overleaf show the trajectories for each of the four metrics. The 2016/17 Operational Plan submitted to Monitor on 18th April 2016 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)**.

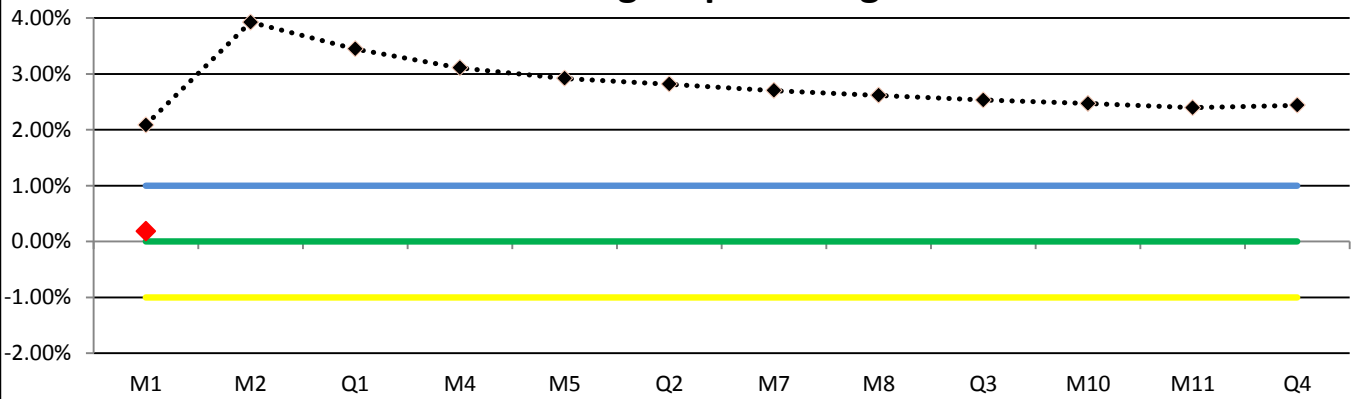
Liquidity Ratio - days



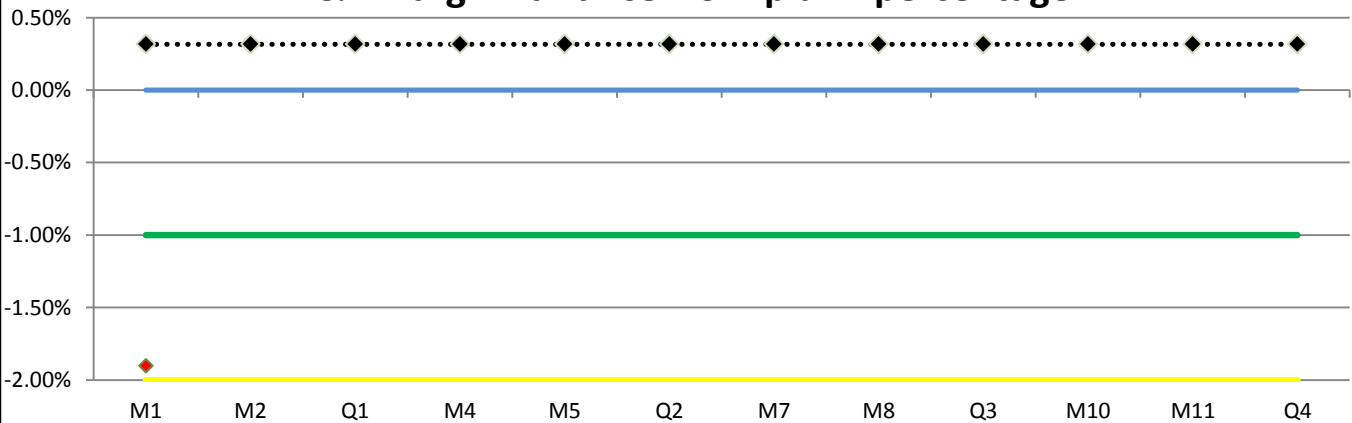
Capital Service Cover - times



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	3,244	4,309	4,980	6,764	8,923	309		8,197	36,726
Actual	3,216	4,421	5,126	6,630	8,486	307		8,154	36,340
Variance Fav / (Adv)	(28)	112	146	(134)	(437)	(2)	0	(43)	(386)
Year to date									
Budget	3,244	4,309	4,980	6,764	8,923	309		8,197	36,726
Actual	3,216	4,421	5,126	6,630	8,486	307		8,154	36,340
Variance Fav / (Adv)	(28)	112	146	(134)	(437)	(2)	0	(43)	(386)

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								(50)	(50)
Actual								(50)	(50)
Variance Fav / (Adv)	-	0	0	0	0	-	-	0	0
Year to date									
Plan								(50)	(50)
Actual								(50)	(50)
Variance Fav / (Adv)	0	0	0	0	0	-	-	-	0

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

Contract Income - Rewards									
Current Month									
Plan								771	771
Actual								771	771
Variance Fav / (Adv)	-	-	-	-	-	-	-	0	0
Year to date									
Plan								771	771
Actual								771	771
Variance Fav / (Adv)	-	-	-	-	-	-	-	0	0

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

Cost Improvement Programme									
Current Month									
Plan	121	114	117	364	406	55	83	124	1,384
Actual	96	136	87	229	223	57	77	129	1,034
Variance Fav / (Adv)	(25)	22	(30)	(135)	(183)	2	(6)	5	(350)
Year to date									
Plan	121	114	117	364	406	55	83	124	1,384
Actual	96	136	87	229	223	57	77	129	1,034
Variance Fav / (Adv)	(25)	22	(30)	(135)	(183)	2	(6)	5	(350)

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)			24													24	(24)
Nursing agency expenditure (£'000)			12													12	12
Overall																	
Sickness (%)	2.8%		2.6%													2.6%	
Turnover (%)	12.5%		13.2%													13.2%	
Establishment (wte)			1,000.69														
In post (wte)			961.64														
Under/(over) establishment (wte)			39.05	-	-	-	-	-	-	-	-	-	-	-	-		
Nursing:																	
Sickness - registered (%)			4.7%													4.7%	
Sickness - unregistered (%)			0.0%													0.0%	
Turnover - registered (%)	4.1%		19.9%													19.9%	
Turnover - unregistered (%)	0.0		0.0%													0.0%	
Starters (wte)			1.00													1.00	
Leavers (wte)			-													-	
Net starters (wte)			1.00	0.00	0.00	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	1.00	
Establishment (wte)			17.66														
In post - Employed (wte)			16.57														
In post - Bank (wte)			0.16														
In post - Agency (wte)			3.46														
In post - total (wte)			20.19	-	-	-	-	-	-	-	-	-	-	-	-		
Under/(over) establishment (wte)			(2.53)	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalentents (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 2017. The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2017.

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.

Medicine

	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)			334												334	(334)
Nursing agency expenditure (£'000)			256												256	(256)
Overall																
Sickness (%)	4.6%		4.30%												4.30%	
Turnover (%)	13.20%		14.80%												14.80%	
Establishment (wte)			1,215.16													
In post (wte)			1,253.43													
Under/(over) establishment (wte)			(38.27)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Nursing:																
Sickness - registered (%)	4.10%		3.10%												3.10%	
Sickness - unregistered (%)	6.50%		7.80%												7.80%	
Turnover - registered (%)	15.10%		16.60%												16.60%	
Turnover - unregistered (%)	25.60%		18.10%												18.10%	
Starters (wte)			11.19												11.19	
Leavers (wte)			11.26												-	
Net starters (wte)			(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.19	
Establishment (wte)			769.87													
In post - Employed (wte)			695.64													
In post - Bank (wte)			82.62													
In post - Agency (wte)			36.20													
In post - total (wte)			814.46	-	-	-	-	-	-	-	-	-	-	-		
Under/(over) establishment (wte)			(44.59)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalentents (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 2017.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2017.

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.

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)			182												182	(182)
Nursing agency expenditure (£'000)			100												100	(100)
Overall																
Sickness (%)	3.60%		3.6%												3.6%	
Turnover (%)	12.40%		14.3%												14.3%	
Establishment (wte)			908.17													
In post (wte)			901.55													
Under/(over) establishment (wte)			6.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Nursing:																
Sickness - registered (%)	4.10%		3.40%												3.4%	
Sickness - unregistered (%)	7.40%		7.00%												7.0%	
Turnover - registered (%)	13.30%		15.60%												15.6%	
Turnover - unregistered (%)	18.00%		12.20%												12.2%	
Starters (wte)			7.80												7.80	
Leavers (wte)			6.37												-	
Net starters (wte)			1.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.80	
Establishment (wte)			480.47													
In post - Employed (wte)			441.23													
In post - Bank (wte)			27.30													
In post - Agency (wte)			12.07													
In post - total (wte)			480.60	-	-	-	-	-	-	-	-	-	-	-		
Under/(over) establishment (wte)			(0.13)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalentents (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 2017.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2017.

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.

Surgery, Head and Neck

	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)			263												263	(263)
Nursing agency expenditure (£'000)			43												43	(43)
Overall																
Sickness (%)	3.70%		4.1%												4.1%	
Turnover (%)	12.10%		14.0%												14.0%	
Establishment (wte)			1,741.45													
In post (wte)			1,785.03													
Under/(over) establishment (wte)			(43.58)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Nursing:																
Sickness - registered (%)	3.80%		4.2%												4.20%	
Sickness - unregistered (%)	3.70%		7.7%												7.70%	
Turnover - registered (%)	12.10%		14.6%												14.60%	
Turnover - unregistered (%)	21.80%		17.0%												17.00%	
Starters (wte)			4.00												4.00	
Leavers (wte)			8.00												-	
Net starters (wte)			(4.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	
Establishment (wte)			695.49													
In post - Employed (wte)			662.80													
In post - Bank (wte)			49.28													
In post - Agency (wte)			28.85													
In post - total (wte)			740.93	-	-	-	-	-	-	-	-	-	-	-		
Under/(over) establishment (wte)			(45.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

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 2017.

The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2017.

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.

Women's and Children's

	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)			255													255	(255)
Nursing agency expenditure (£'000)			38													38	(38)
Overall																	
Sickness (%)	3.80%		4.00%													4.00%	
Turnover (%)	10.80%		10.80%													10.80%	
Establishment (wte)			1,899.46														
In post (wte)			1,932.95														
Under/(over) establishment (wte)			(33.49)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Nursing:																	
Sickness - registered (%)	4.00%		4.20%													4.20%	
Sickness - unregistered (%)	5.00%		8.30%													8.30%	
Turnover - registered (%)	10.60%		9.30%													9.30%	
Turnover - unregistered (%)	15.30%		14.70%													14.70%	
Starters (wte)			4.91													4.91	
Leavers (wte)			9.84													-	
Net starters (wte)			(4.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.91	
Establishment (wte)			1,112.90														
In post - Employed (wte)			1,078.77														
In post - Bank (wte)			32.38														
In post - Agency (wte)			29.91														
In post - total (wte)			1,141.06	-	-	-	-	-	-	-	-	-	-	-	-		
Under/(over) establishment (wte)			(28.16)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalent (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 2017. The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2017.

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.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report April 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 82% of the required savings have been identified at 30th April 2016, leaving a savings gap of £3.2m.	16 - Very High	£3.2m	Trust is working to develop savings plans to meet 2016/17 target of £17.4m and close the current savings gap of £3.2m. Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes.	DL	12 - High	1 - Low	£0.0m
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	Ongoing negotiations with Commissioners but activity and finance largely agreed. Heads of Terms expected by the end of May 2016. If Sustainability & Transformation funding is agreed the risk reduces to c.£1m.	DL	9 - High	1 - Low	£1.0m
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		2015/16							2016/17				2013/14	2013/14	2014/15	2014/15
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Diagnostic & Therapies	Pay budget	10,357	10,483	10,432	10,413	41,686	3,474		3,580	3,580	3,580		3,294		3,373	
	Bank	82	109	93	88	371	31	0.9%	20	20	20	0.6%	26	0.8%	26	0.8%
	Agency	377	242	186	168	972	81	2.4%	36	36	36	1.0%	28	0.9%	87	2.6%
	Waiting List initiative	98	54	95	95	342	29	0.8%	21	21	21	0.6%	19	0.6%	22	0.7%
	Overtime	147	94	100	110	450	38	1.1%	47	47	47	1.4%	26	0.8%	34	1.0%
	Other pay	9,572	9,648	9,788	9,920	38,927	3,244	94.8%	3,351	3,351	3,351	96.4%	3,179	97.0%	3,198	95.0%
	Total Pay expenditure	10,276	10,146	10,261	10,382	41,063	3,422	100.0%	3,475	3,475	3,475	100.0%	3,278	100.0%	3,367	100.0%
Variance Fav / (Adverse)	82	337	172	31	623	52		105	104	104		16		5		
Medicine	Pay budget	12,841	12,458	12,400	12,606	50,305	4,192		4,306	4,306	4,306		3,679		4,108	
	Bank	897	935	905	1,039	3,775	315	7.2%	243	243	243	5.5%	275	6.9%	297	7.1%
	Agency	826	875	814	1,119	3,634	303	7.0%	333	333	333	7.6%	196	4.9%	291	7.0%
	Waiting List initiative	51	45	56	42	194	16	0.4%	29	29	29	0.7%	13	0.3%	16	0.4%
	Overtime	16	21	35	32	105	9	0.2%	8	8	8	0.2%	16	0.4%	8	0.2%
	Other pay	11,212	10,941	10,982	11,308	44,443	3,704	85.2%	3,790	3,790	3,790	86.1%	3,479	87.4%	3,568	85.4%
	Total Pay expenditure	13,002	12,817	12,792	13,539	52,151	4,346	100.0%	4,403	4,403	4,403	100.0%	3,979	100.0%	4,180	100.0%
Variance Fav / (Adverse)	(161)	(359)	(391)	(933)	(1,846)	(154)		(97)	(97)	(97)		(300)		(72)		
Specialised Services	Pay budget	10,135	10,245	10,342	10,557	41,279	3,440		3,657	3,657	3,657		3,060		3,266	
	Bank	402	404	352	423	1,581	132	3.7%	94	94	94	2.6%	99	3.1%	108	3.2%
	Agency	671	710	582	689	2,651	221	6.3%	182	182	182	5.0%	157	5.0%	228	6.7%
	Waiting List initiative	125	144	156	103	528	44	1.2%	41	41	41	1.1%	32	1.0%	42	1.3%
	Overtime	29	29	30	25	114	9	0.3%	31	31	31	0.9%	15	0.5%	12	0.4%
	Other pay	9,189	9,222	9,395	9,674	37,480	3,123	88.5%	3,306	3,306	3,306	90.5%	2,840	90.4%	2,995	88.5%
	Total Pay expenditure	10,415	10,510	10,516	10,913	42,354	3,529	100.0%	3,654	3,654	3,654	100.0%	3,142	100.0%	3,386	100.0%
Variance Fav / (Adverse)	(280)	(265)	(174)	(356)	(1,075)	(90)		3	3	3		(82)		(120)		
Surgery Head and Neck	Pay budget	19,366	19,669	19,708	19,855	78,598	6,550		6,588	6,588	6,588		5,911		6,030	
	Bank	559	683	488	624	2,355	196	3.0%	172	172	172	2.6%	155	2.5%	169	2.7%
	Agency	603	908	738	752	3,000	250	3.8%	262	262	262	3.9%	67	1.1%	106	1.7%
	Waiting List initiative	407	387	371	249	1,414	118	1.8%	86	86	86	1.3%	116	1.9%	139	2.2%
	Overtime	38	47	45	41	171	14	0.2%	70	70	70	1.1%	40	0.7%	32	0.5%
	Other pay	17,853	17,860	18,200	18,209	72,122	6,010	91.2%	6,097	6,097	6,097	91.2%	5,766	93.8%	5,859	92.9%
	Total Pay expenditure	19,461	19,885	19,844	19,875	79,062	6,589	100.0%	6,687	6,687	6,687	100.0%	6,145	100.0%	6,305	100.0%
Variance Fav / (Adverse)	(95)	(215)	(136)	(20)	(466)	(39)		(99)	(99)	(99)		(235)		(275)		

Analysis of pay spend 2014/15 and 2015/16

Division		2015/16							2016/17				2013/14	2013/14	2014/15	2014/15
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	22,562	22,828	23,290	23,780	92,460	7,705		7,944	7,944	7,944		6,123		7,178	
	Bank	533	582	487	611	2,213	184	2.3%	141	141	141	1.7%	151	2.5%	181	2.5%
	Agency	703	840	866	719	3,128	261	3.3%	255	255	255	3.1%	117	1.9%	154	2.1%
	Waiting List initiative	205	169	203	206	783	65	0.8%	32	32	32	0.4%	30	0.5%	33	0.5%
	Overtime	23	19	26	35	102	9	0.1%	30	30	30	0.4%	19	0.3%	30	0.4%
	Other pay	21,492	21,695	22,409	22,958	88,554	7,379	93.4%	7,730	7,730	7,730	94.4%	5,843	94.9%	6,793	94.5%
	Total Pay expenditure	22,956	23,305	23,991	24,530	94,780	7,898	100.0%	8,188	8,188	8,188	100.0%	6,159	100.0%	7,190	100.0%
Variance Fav / (Adverse)	(393)	(477)	(701)	(750)	(2,320)	(193)		(244)	(244)	(244)		(36)		(12)		
Facilities & Estates	Pay budget	5,057	5,113	5,142	5,070	20,382	1,699		1,708	1,708	1,708		1,536		1,618	
	Bank	296	320	278	246	1,140	95	5.6%	45	45	45	2.6%	46	3.0%	89	5.5%
	Agency	145	189	249	154	738	62	3.6%	32	32	32	1.9%	29	1.9%	42	2.6%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0.0%	0	0.0%	0	0.0%
	Overtime	225	244	207	200	876	73	4.3%	68	68	68	4.0%	75	4.9%	80	5.0%
	Other pay	4,406	4,373	4,371	4,499	17,649	1,471	86.5%	1,572	1,572	1,572	91.5%	1,366	90.1%	1,394	86.9%
	Total Pay expenditure	5,072	5,126	5,106	5,100	20,403	1,700	100.0%	1,717	1,717	1,717	100.0%	1,516	100.0%	1,605	100.0%
Variance Fav / (Adverse)	(16)	(12)	36	(30)	(21)	(2)		(9)	(9)	(9)		20		13		
(Including R&I and (Incl R&I and Support Services)	Pay budget	6,487	6,496	6,977	7,438	27,398	2,283		2,329	2,329	2,329		2,458		2,478	
	Bank	179	211	232	223	846	70	3.2%	60	60	60	2.6%	57	2.4%	57	2.4%
	Agency	69	177	390	367	1,002	83	3.7%	26	26	26	1.1%	31	1.3%	59	2.5%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0.0%	0	0.0%	0	0.0%
	Overtime	22	23	20	16	81	7	0.3%	4	4	4	0.2%	9	0.4%	9	0.4%
	Other pay	6,029	5,967	6,201	6,662	24,859	2,072	92.8%	2,190	2,190	2,190	96.1%	2,285	95.9%	2,223	94.7%
	Total Pay expenditure	6,299	6,378	6,843	7,268	26,788	2,232	100.0%	2,280	2,280	2,280	100.0%	2,383	100.0%	2,348	100.0%
Variance Fav / (Adverse)	188	118	134	169	610	51		49	49	49		75		130		
Trust Total	Pay budget	86,805	87,293	88,292	89,718	352,109	29,342		30,111	30,111	30,111		26,060		28,050	
	Bank	2,949	3,244	2,834	3,254	12,281	1,023	3.4%	774	774	774	2.5%	809	3.0%	927	3.3%
	Agency	3,393	3,941	3,824	3,967	15,126	1,260	4.2%	1,127	1,127	1,127	3.7%	625	2.4%	967	3.4%
	Waiting List initiative	886	799	881	695	3,261	272	0.9%	209	209	209	0.7%	210	0.8%	252	0.9%
	Overtime	499	478	463	460	1,899	158	0.5%	258	258	258	0.8%	201	0.8%	204	0.7%
	Other pay	79,752	79,705	81,348	83,230	324,035	27,003	90.9%	28,037	28,037	28,037	92.2%	24,759	93.1%	26,031	91.7%
	Total Pay expenditure	87,480	88,166	89,352	91,607	356,602	29,717	100.0%	30,405	30,406	30,406	100.0%	26,603	100.0%	28,381	100.0%
Variance Fav / (Adverse)	(674)	(873)	(1,058)	(1,889)	(4,493)	(374)		(294)	(294)	(294)		(543)		(331)		

NOTE: Other Pay includes all employer's oncosts.

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	700	11,709	38,455	(690)	2,426	3,194	55,794										
April																	
Divisional support			(4,000)				(4,000)	478	591	580	1,004	1,185	162			4,000	
CIP support			(3,795)				(3,795)	399	511	494	810	991	293	220	77	3,795	
Contracts transfer			(18,684)				(18,684)	481	5,406	6,321	2,285	4,147	44			18,684	
Cost pressures			(230)			(119)	(349)							349		349	
CQUINs			(1,676)				(1,676)	160	223	276	317	368	120	212		1,676	
Pay award		(3,323)					(3,323)	421	475	384	754	871	204	214		3,323	
NI/Pension changes		(5,556)					(5,556)	756	788	637	1,223	1,448	305	399		5,556	
Service developments			(473)			(7)	(480)					440		40		480	
Resilience funding			(1,209)				(1,209)	217	992							1,209	
NMET					376		376	748	60	17	886	28				(376)	
Capital charges funding			(1,000)				(1,000)								1,000	1,000	
EWTD					(119)		(119)	10	25	16	21	44	2	1		119	
SIFT funding					(91)		(91)								91	91	
CEA awards			(248)				(248)	30	31	31	88	68				248	
COO fund	(200)						(200)							200		200	
Other	80	(114)				(82)	(116)	(6)					108	114	(100)	116	
Month 1 balances	580	2,716	7,140	(690)	2,592	2,986	15,324	3,694	9,102	8,756	7,388	9,590	1,238	1,749	-	1,047	40,470

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title							
12. Finance Committee Chair's Report							
Sponsor and Author(s)							
Sponsor & Author: Lisa Gardner, Non-Executive Director and Chair of the Finance Committee							
Intended Audience							
Board members	✓	Regulators		Governors		Staff	Public
Executive Summary							
<u>Purpose</u> To provide assurance that the Finance Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 23 May.							
Recommendations							
None.							
Impact Upon Board Assurance Framework							
Impact Upon Corporate Risk							
Implications (Regulatory/Legal)							
Equality & Patient Impact							
Resource Implications							
Finance		✓		Information Management & Technology			
Human Resources				Buildings			
Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	
Date the paper was presented to previous Committees							
Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)		
	23/05/16						

Report to the Board of Directors meeting

From Finance Committee Chair Lisa Gardner

This report summarises the business conducted at the Finance Committee held on 23 May, indicating the challenges made and the assurances received.

Non-Exec Directors in Attendance: Lisa Gardner (LG), Jill Youds (JY), David Armstrong (DA), John Savage (JS),

Item	Key Points	Challenges	Assurance
Matters Arising from Minutes			
Briefing Reports			
4.1 Update on workforce and nursing	Carolyn Mills presented the report regarding nursing agency controls.	<p>(DA) referred to the planned actions and categorised into those providing insight, changing demand and changing supply. He noted that the supply issue was not addressed.</p> <p>(LG) asked about changing the approach to only using agency when the safe minimum staffing levels would be compromised.</p>	<p>(CM) advised the purpose of her report was about controls rather than supply issues. Work was being done but was not referred to in the paper.</p> <p>(PM) considered the biggest control factor was to manage demand.</p> <p>(CM) advised of a pilot regarding this which will be assessed in June for potential roll out. The Trust could not support the approach of not filling any shifts as used in other Trusts as it was compromising patient safety and outcomes.</p>

		<p>(JY) welcomed appendix 1 in the report and requested it was provided each month.</p> <p>(JY) asked what the Monitor position was nationally given the difficulty in getting agencies to comply with the cap.</p> <p>(DA) raised concern whether reducing agency use would stifle innovation</p> <p>(LG) queried the high use of study leave in women's and children's</p>	<p>Agreed</p> <p>(CM) Discussions were being had with NHS Improvement to help them to understand the difficulties faced by the Trust and the behaviours of the agencies. There was a need to call out the fact that agencies on the framework were not complying with the parameters to be on the framework. The Bristol economy had the right number of nurses (supply) but they were in agencies.</p> <p>(DL) described strategies that would release nurses for redeployment – closing of wards and using ORLA, revised CAMHs pathways etc.</p> <p>(RW) assured that agency shifts were not creating capacity for innovation.</p> <p>(DL/CM) suggested this was due to newly qualified staff requiring transitional training, response to cardiac report but would question</p>
--	--	--	--

4.2 Carter report update

Dean Bodill presented the paper which showed key milestones and actions, introduced the concept of the model hospital and described the Trust's specialty review template. The new SHN divisional manager brought a fresh approach from Gloucester.

(LG) asked about the Glos experience.

(DA) asked how transformation support at a senior level will be given to the Divisions.

(LG) asked how progress would be reported

the controls in place.

(DL) advised the Trust could learn from their approach. They appointed a new director of transformation every year to keep the ideas fresh.

(PM) the next step would be to use the Carter milestones to inform the Trust's plan.

(DL) advised the role of the transformation team was key and their support to Divisions was being discussed

(PM) advised that it would be included in the savings report to the Finance Committee.

Finance Directors Report	Paul Mapson presented his report.	<p>(DA) questioned whether the actions described in the report for SHN were commensurate with the size of their problem.</p> <p>(LG) questioned whether there was an issue with how W&C were budgeting.</p> <p>(LG) commented that the month 1 phasing issues were identified in most years and activity was not recovered.</p>	<p>(DL) suggested this was best addressed next month when the management team would be attending who would be able to discuss their plans in more detail.</p> <p>(DL) explained their activity plans were challenging but owned by the Division. There was a need to understand if the low levels of activity against plan in April were due to phasing or whether there was a need to revise the plans – in which case the associated investment would be reduced. The phased operating plans provided a framework for measurement.</p>
Contract Income and Activity Report	Richard Smith (RS) presented the report.	No questions	
Divisional Financial Reports	DB presented reports	Issues had been considered previously	(DL) suggested the W&C division should attend the finance committee in July in the spirit of board engagement.

Savings Programme	DB presented the report.	(LG) asked whether W&C could therefore learn from SHN	(DL) remained positive regarding the pipeline within SHN but was concerned about the capacity within W&C to move the agenda forward. (DB) agreed and said the service reviews would facilitate this.
Capital Programme	Jeremy Spearing presented the report.	(JY) welcomed the over achievement of plan to date.	(KP) reflected the capital leads, procurement and capital finance were working positively.
CPSG minutes	Jeremy Spearing presented the minutes.	No questions.	
Statement of Financial Position & Treasury Management	Jeremy Spearing presented the report.	(DL) asked about how small businesses were fairing given the Trusts drop in payment performance.	(KP) advised the drop in payment performance reflected NHS requirement of not paying over the year end. Small businesses are paid quickly.
Annual accounts	Kate Parraman presented the report and asked the Committee to note the satisfactory conclusion of the audit.	Agreed.	
Capital Investment Policy	Jeremy spearing presented the policy for approval before going to Trust Board.	Approved.	

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title								
13. Capital Investment Policy								
Sponsor and Author(s)								
Sponsor & Author: Paul Mapson, Director of Finance & Information								
Intended Audience								
Board members	✓	Regulators		Governors		Staff		Public
Executive Summary								
<p><u>Purpose</u> The Capital Investment Policy is subject to a full review in May each year. The policy has been reviewed and a number of minor text revisions have been made as summarised on page two of the policy.</p> <p><u>Key issues to note</u> The policy will be subject to a further review later in the Summer, in particular Annex 2 in support of the 2017/18 Business Planning round and in the context of the developing strategic governance structure and the development of the phase 5 capital allocation process.</p>								
Recommendations								
To approve the revised policy.								
Impact Upon Board Assurance Framework								
None								
Impact Upon Corporate Risk								
None								
Implications (Regulatory/Legal)								
None								
Equality & Patient Impact								
None								
Resource Implications								
Finance		✓		Information Management & Technology				
Human Resources				Buildings				
Action/Decision Required								
For Decision		For Assurance		For Approval		✓	For Information	
Date the paper was presented to previous Committees								
Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)			

Capital Investment Policy

Document Data		
Subject:	Procedural Documents	
Document Type:	Policy	
Document Status:	Approved	
Document Owner:	Director of Strategy and Transformation	
Executive Lead:	Director of Strategy and Transformation	
Approval Authority:	Trust Board of Directors	
Estimated Reading Time:	16 Minutes ¹	
Review Cycle:	12	
Next Review Date:	Date of First Issue:	Date Version Effective From:
25/05/2016	24/06/2008	30/10/2015

Document Abstract
<p>This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol NHS Foundation Trust (UH Bristol). The policy takes into account Monitor's Risk Assessment Framework with effect from 1 August 2015. This policy will be subject to annual review by the Board of Directors.</p>

¹ Divide number of words (1226) by 240 for average reading time and add 25% for specialist content.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
12/5/16	11	Director of Strategy & Transformation	Minor	Reference to Monitor removed and replace with NHS Improvement where appropriate. Reference to Continuity of Services Risk Rating replace with Financial Sustainability Risk Rating. The insertion of the Trust's strategic priorities in line with the 2016/17 Operational Plan. Update of the financial thresholds to reflect the Trust's 2016/17 planned income in line with the 2016/17 Operational Plan.
12/10/15	10	Director of Strategy & Transformation	Minor	Additional bullet point included in section 7.1 - 'The cost of the loan principal payments where relevant'
11/05/15	9	Director of Strategy & Transformation	Minor	Thresholds updated to reflect the Trust's 2015/16 planned turnover of £587m; removal of the reference to Monitor's "Risk Evaluation for Investment Decisions" document; updated Annex 2 to reflect the 2015/16 capital prioritisation process.

Table of Contents

1.	Purpose	1
2.	Scope	1
3.	Investment Philosophy and Objectives	1
4.	Capital Budget Setting	2
4.1	The Medium Term Capital Programme	2
4.2	Identification of Major or High Risk Investments	2
4.3	Business Case Requirements	3
4.4	Project Sponsor	3
5.	Finance Committee	3
6.	Approval Route	4
6.1	Board of Directors	4
6.2	Finance Committee	4
6.3	Senior Leadership Team	4
6.4	Capital Programme Steering Group	4
6.5	Summary	5
7.	Evaluation	5
7.1	Financial Criteria	5
7.2	Non-Financial Criteria	6
8.	Risk Management	6
9.	Appendices	7

1. Purpose

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

The policy takes into account Monitor's Risk Assessment Framework published 26th March 2015. This policy will be subject to annual review by the Board of Directors.

2. Scope

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

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

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

3. Investment Philosophy and Objectives

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

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

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

- We will consistently deliver high quality individual care, delivered with compassion;
- We will ensure a safe, friendly and modern environment for our patients and our staff;
- We will strive to employ the best staff and help all our staff fulfil their individual potential;
- We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation;
- We will provide leadership to the networks we are part of, for the benefit of the region and people we serve;
- We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supports this goal;
- We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.

Our strategic intent is to provide excellent local, regional and tertiary services, and maximise the benefit to our patients that comes from providing this range of services.

We are committed to addressing the aspects of care that matter most to our patients and the sustainability of our key clinical service areas is crucial to delivering our strategic intent. **Our strategy outlines nine key clinical service areas:**

- Children's services;
- Accident and Emergency (and urgent care);
- Older people's care;
- Cancer services;
- Cardiac services;
- Maternity services;
- Planned care and long term conditions;
- Diagnostics and therapies; and
- Critical Care.

Where appropriate, the Trust will make investment decisions in line with the development of the clinical strategy and service portfolio outlined above.

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

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

The Trust will not enter into any project that would result in a breach of the terms of its NHS Provider Licence.

4. Capital Budget Setting

4.1 *The Medium Term Capital Programme*

The Board of Directors will approve both the size of the Medium Term Capital Programme, taking account of the approved long term financial plan, and the budget allocation between classes of investment in the programme, which will include at a minimum:

- Major strategic projects;
- Operational capital;
- Medical equipment;
- Other equipment
- Information Technology; and
- Works replacement.

A capital planning process will be integrated into the annual business planning round which will determine the approval route for each class of investment.

The Trust will move towards establishing a rolling replacement programme for key assets.

Guidance will be made available about the process to be followed for each class of capital investment. The guidance will also make specific reference to the process for rapid preparation and approval of spend-to-save schemes.

4.2 *Identification of Major or High Risk Investments*

A proposal will be classed as a major investment if its estimated capital cost including VAT exceeds 1% of Trust's turnover or £6.31million based on the 2016/17 Operational Plan of £631million.

High risk investments are defined as:

- Transactions which trigger the requirement to inform NHS Improvement. The criteria for reportable transactions are described in Annex 1; and
- Transactions that may have any one or more of the following characteristics:
 - Significant reputational risk;

- The potential to destabilise the core business;
- The creation of material contingent liabilities; and
- An equity component involving shares.

4.3 Business Case Requirements

All investment proposals will be supported by relevant business case documentation according to the value of the proposed investment as shown in Table 1 below:

Scheme cost as % of Trust turnover	Documentation required
Up to 0.25%	Short-form business case
Between 0.25% and 1%	Comprehensive business case
More than 1%	Outline Business Case (OBC) and (subject to OBC approval) a Full Business Case (FBC)

Table 1: Thresholds for business case requirement

Any project requiring financial support for production of the appropriate business case prior to scheme approval must have an approved Project Initiation Document.

Detailed templates and guidance for each form of business case is available from the Director of Strategy & Transformation.

4.4 Project Sponsor

Each capital investment proposal will require Executive Director support who will be the Project Sponsor.

The Project Sponsor is responsible for ensuring that the terms of the Capital Investment Policy and other Trust policies are followed and that business cases follow the appropriate approval route (see section 6).

5. Finance Committee

The Finance Committee will take the role of **capital investment committee** for the purposes of this policy. It will have delegated authority from the Trust Board for:

- Approving the investment and borrowing strategy and associated policies;
- Setting performance benchmarks and monitoring investment performance;
- Reviewing and revising the Capital Investment Policy on an annual basis for Board approval;
- Obtaining assurance that there is compliance throughout the Trust with the Capital Investment Policy;
- Approving capital investments according to the thresholds outlined in section 6.5 including ensuring that the Trust has the legal authority to enter into a particular investment; and
- Approving Project Initiation Documents for all schemes.

6. Approval Route

6.1 Board of Directors

The Board will provide oversight of the Finance Committee. It will have the final decision over all major schemes (greater than 1% of the Trust's turnover) and high risk investments as defined in this policy.

The Board will approve the Capital Investment Policy on an annual basis.

6.2 Finance Committee

The Finance Committee will have delegated authority to approve business cases with a value greater than 0.5% and up to and including 1% of Trust turnover, which do not qualify as high risk investments.

It will report its approvals to the Trust Board including an account of the cumulative value of schemes approved in-year.

It will also consider all business cases classed as major and / or high risk and make recommendations for approval or rejection to the Board.

6.3 Senior Leadership Team

The Senior Leadership Team will have delegated authority to approve investments greater than 0.25% and up to and including 0.5% of turnover, which do not qualify as high risk investments.

It will report its approvals to the Finance Committee, including an account of the cumulative value of schemes approved in-year.

It will also consider schemes between 0.25% and 1.0% of Trust turnover and which do not qualify as high risk investments. It will make recommendations about these proposals to the Finance Committee.

The Senior Leadership Team may choose to delegate approval of capital investments to the Capital Programme Steering Group.

6.4 Capital Programme Steering Group

The Capital Programme Steering Group will report to the Senior Leadership Team.

The Group will be responsible for co-ordinating the capital planning process and issuing internal guidance, ensuring that the appropriate initiation and risk assessment documentation is in place for proposed schemes. It will make recommendations about proposals to the Senior Leadership Team and the Finance Committee in line with their respective approval rights. These recommendations will cover both approval of projects and the programming of related expenditure.

The Group will approve capital investments up to and including 0.25% of Trust turnover and will report its approvals to the Senior Leadership Team.

The Capital Programme Steering Group will report performance against the capital programme both to the Finance Committee and the Senior Leadership Team.

6.5 Summary

Table 2 shows the thresholds used to determine the business case requirement for schemes which fall within the definition of high risk and / or the definition of a major scheme (see section 4.2). It should be noted that the approval route is the same with all high risk and / or major schemes:

Threshold		Business Case format	Capital Programme Steering Group	Senior Leadership Team	Finance Committee	Trust Board	Council of Governors
Percentage of turnover %	Capital expenditure including VAT* £m						
>1%	>£6.31m	OBC + FBC					
>0.25% <=1%	>£1.58m <= £6.31m	Comprehensive	✓	✓	✓	✓	✓
<=0.25%	<=£1.58m	Short-form					

Table 2: Business case requirement and approval route (high risk or major capital schemes)

For schemes that fall outside of the definition of high risk and / or involve capital expenditure totalling 1% or less than the Trust's turnover of £587million, table 3 shows the thresholds, business case requirement and approval route:

Threshold		Business Case form	Capital Programme Steering Group	Senior Leadership Team	Finance Committee	Trust Board
Percentage of turnover	Capital expenditure including VAT* £m					
>0.5% <=1%	>£3.16m <= £6.31m	Comprehensive	✓	✓	✓	
>0.25% <=0.5%	>£1.58m <= £3.16m	Comprehensive	✓	✓		
<=0.25%	<=£1.58m	Short-form	✓			

Table 3: Business case requirement and approval route (all other)

7. Evaluation

Business cases will be evaluated against explicit financial and non-financial criteria outlined below.

7.1 Financial Criteria

Proposals which are not classed as a major investment decision will be assessed for scheme affordability.

Business cases for major capital investment (over 1% of Trust turnover) will be expected to demonstrate as a minimum a neutral recurring revenue position including financing costs as follows:

- The cost of loan principal repayments where relevant;
- 3.5% interest charge if internally funded or financed through Public Dividend Capital; or
- at the cost to the Trust, if financed through borrowing.

The Board may choose to waive the requirement to deliver a neutral recurring revenue position where it deems that exceptional circumstances apply. Such circumstances may include mitigation against significant strategic, statutory, regulatory, operational or reputation risks or a desired investment in a quality improvement.

In this case, the Board will make the final investment decision itself, including explicit approval of the cross-subsidy arrangements which should apply to the capital investment in question.

7.2 *Non-Financial Criteria*

The following non-financial criteria will be used to evaluate all capital investment proposals.

Strategic Fit – the extent to which the proposed investment is consistent with the Trust’s Clinical Strategy and strategic aims.

Magnitude / Scope – the scale of the proposed investment and the scope of the potential benefit.

Improving Quality – the extent to which the proposed investment delivers UH Bristol’s Quality Objectives and improves patient care (Quality objectives are prioritised annually).

Risk Mitigation - the extent to which the proposed investment addresses existing or anticipated strategic, financial, operational, regulatory, and political or reputational risks.

Weightings will be applied to the scoring of investments against these criteria. The weightings will be formally agreed by the Trust Board as part of the annual review of the Capital Investment Policy. The weightings are shown in Table 4 below:

Criterion	Weighting
Strategic fit	25%
Magnitude / Scope of Benefit	25%
Improving Quality	25%
Risk mitigation	25%

Table 4: Thresholds for business case requirement

A scoring template for the non-financial appraisal of an investment is attached at Annex 2. (NB: This is due for review aligned to the phase 5 process to be progressed by autumn 2016 following which this policy will be updated again as required)

8. Risk Management

The non-financial evaluation criteria include risk mitigation and therefore take into account the risk of not entering into a proposed investment.

The Trust will also take into account the risk and return (both financial and non-financial) of making a proposed capital investment. The risks will be fully identified and assessed according to the Trust’s standard risk assessment tool. A sample due diligence checklist is attached at Annex 3.

The Trust will seek to quantify the risks of a proposed investment in financial terms wherever possible. Business cases for major capital investment will include a quantified risk and mitigation assessment.

The Trust will actively monitor the performance of its investments and ensure that adequate risk mitigation is in place.

9. Appendices

Annex 1 – Thresholds for reporting investments to NHS Improvement.

Annex 2 – Scoring Matrix for non-financial evaluation for an investment.

Annex 3 – Simple due diligence checklist to inform risk assessment.

Thresholds for reporting investments or divestments to NHS Improvement

Source: *Risk Assessment Framework*, Monitor, March 2015

If a transaction meets any one of the criteria below, it must be reported to NHS Improvement.

Ratio	Description	UK Healthcare	Non Healthcare
Assets	The gross assets* subject to the transaction divided by the gross assets of the foundation trust	> 10 %	> 5 %
Income	The income attributable to: <ul style="list-style-type: none"> • the assets; or • the contract associated with the transaction divided by the income of the foundation trust 	> 10 %	> 5 %
Consideration to total NHS FT capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the foundation trust following completion.	> 10 %	> 5 %

* Gross assets are the total of fixed assets and current assets.

** Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets.

*** Total capital of the Foundation Trust equals tax payers equity.

Small, Material or Significant Transaction

Transactions which do not meet the reporting requirements set out above are classified as “small” transactions. All reportable transactions will be classified as either “material” or “significant” by NHS Improvement. NHS Improvement will classify a transaction as significant, and subject to a detailed review, if the transaction meets one of the following criteria:

- A relative size of greater than 40% in any of the tests set out above;
- A relative size of between 25% and 40% of the tests set out above and an additional risk factor has been identified by NHS Improvement and is considered relevant;
- A relative size of between 10% and 25% of the tests set out above and in NHS Improvement's view, one or more major risk or more than one other risk has been identified by NHS Improvement and is considered relevant.

A non-exhaustive list of examples of risk factors are set out below to provide an indication of what NHS Improvement may consider to be a major risk or otherwise.

Risk factor	Example of major risk	Example of other risk
Leverage	Capital servicing capacity of the enlarged organisation is <1.75 (as defined in the <i>Risk Assessment Framework</i>)	Capital servicing capacity of the enlarged organisation is <2.5 (as defined in the <i>Risk Assessment Framework</i>)
Acquirer's experience of services provided by target	A significant change in scope of activity of acquirer	A minor change in scope of activity of acquirer
Acquirer quality	Governance at the acquirer is rated “red” or subject to narrative with a “formal investigation” underway	Governance at the acquirer is subject to narrative description of some concerns
Acquirer financial	Financial Sustainability Risk Rating of ≤2 in the acquirer	Financial Sustainability Risk Rating of 2*/3 in the acquirer
Target quality	Target is rated “inadequate” by CQC	Target is rated “requires improvement” by CQC
Target financial	Target has significant current and/or historical deficits	Target has minor current and/or historical deficits

Scoring matrix for non-financial evaluation of major medical and operational capital investments

SCORE	STRATEGY FIT		IMPROVING QUALITY	RISK MITIGATION
	Strategic Fit	Magnitude / Scope of Benefit	Delivery of UH Bristol's Quality Priorities	
5	Clear evidence that the case delivers a specific & tangible element of the Trust's Strategy benefit and provides a specific and tangible benefit across the Bristol / South West Health economy and delivers an income	Impacts on > 10,000	Clear evidence that the case delivers a specific & tangible Trust wide safety priority	Extreme risk score (15 to 25) as per Trust's Risk Assessment Matrix
4	Clear evidence that the case delivers a specific & tangible element of the Trust's Strategy and delivers an income benefit	impacts >5000 < 10,000	Clear evidence that the case delivers a specific & tangible Divisional safety priority	High risk score (8-12) as per Trust's Risk Assessment Matrix
3	Clear evidence that the case delivers a specific & tangible element of the Trust's Strategy	Impacts >1,000 < 5,000	Clear evidence that the case delivers a specific & tangible Trust wide quality priority	
2	Does not fit directly with strategic intentions, but can demonstrate an income and patient benefit not previously captured in the Trust Strategy	Impacts on > 250 < 1,000	Clear evidence that the case delivers a specific & tangible Divisional quality priority	Moderate risk score (4 to 6) as per Trust's Risk Assessment Matrix
1	Evidence that the scheme supports delivery of the Trust Mission and Vision	Impacts on less than 250 patients	Clear evidence that the case influences the Strategy on improving patient care	Low risk score (1 to 3) as per Trust's Risk Assessment Matrix
0	No impact on delivering the Trust's Strategy & Mission or any benefit to income	No impact on patients	No impact on patient care improvements	No risk , score 0
Scores				
Weighting	x 25	X 25	x 25	x 25
Weighted scores				
Total score				

IT SHOULD BE NOTED THAT SOME INVESTMENTS WILL BE FUNDED WITHOUT RECOURSE TO THIS MATRIX. THESE WILL BE UNAVOIDABLE INVESTMENTS AND EXCEPTIONAL IN THEIR NATURE.

Due Diligence Checklist To Inform Risk Assessment

Typical due diligence items

Type of process	Area	Example Items
Financial and commercial due diligence	<ul style="list-style-type: none"> Strategy 	<ul style="list-style-type: none"> Rationale for how proposed investment will deliver value Strategic and business plans Business strengths and weaknesses Competitive dynamics
	<ul style="list-style-type: none"> Finance 	<ul style="list-style-type: none"> Historical normalised earnings Most recent 5-year projection Key assumptions and sensitivity analysis Working capital strategy
	<ul style="list-style-type: none"> Operations and manufacturing 	<ul style="list-style-type: none"> Business economics Customer and supplier relationships/contracts
	<ul style="list-style-type: none"> Organisation and Management 	<ul style="list-style-type: none"> Management capabilities Organisation structure Systems integration Corporate culture and style
	<ul style="list-style-type: none"> Research and development 	<ul style="list-style-type: none"> Key research efforts Research relationships and contracts
Tax and accounting due diligence	<ul style="list-style-type: none"> Information technology 	<ul style="list-style-type: none"> Security and contingency plans Types of systems Outsourced services
	<ul style="list-style-type: none"> Accounting 	<ul style="list-style-type: none"> Financial reporting systems Contribution margin Depreciation schedules
	<ul style="list-style-type: none"> Finance 	<ul style="list-style-type: none"> Capital structure Covenants triggered by deal
	<ul style="list-style-type: none"> Tax 	<ul style="list-style-type: none"> Tax liabilities from non-paid taxes Tax reserve
Legal due diligence	<ul style="list-style-type: none"> Insurance 	<ul style="list-style-type: none"> Claims history and policy status Contingent liabilities
	<ul style="list-style-type: none"> Corporate structure 	<ul style="list-style-type: none"> Shares outstanding and shareholder interests (if relevant) Legal entities
	<ul style="list-style-type: none"> Legal 	<ul style="list-style-type: none"> Indemnification provisions Outstanding and pending limitation Licences, patents and trademarks
	<ul style="list-style-type: none"> Labour 	<ul style="list-style-type: none"> Employment contracts and agreements Pension provisions and funding levels Non-paid benefits
	<ul style="list-style-type: none"> Anti-competitive 	<ul style="list-style-type: none"> Potential anti-trust liabilities Potential remedies/outcomes
	<ul style="list-style-type: none"> Environment 	<ul style="list-style-type: none"> Existing and future liabilities Successor liability Remediation plans

This is not an exhaustive list of areas to be covered within due diligence. The scope of due diligence will vary depending on the proposed transaction and should be discussed and agreed with the NHS foundation trust's professional advisers.

**Cover report to the Board of Directors meeting held in public
To be held on Wednesday 25 May 2016 at 11:00am in the Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title									
14. Board of Directors Code of Conduct (including Fit and Proper Person Test Declaration)									
Sponsor and Author(s)									
Sponsor: John Savage, Chairman Author: Pam Wenger, Trust Secretary									
Intended Audience									
Board members	✓	Regulators	✓	Governors	✓	Staff	✓	Public	✓
Executive Summary									
<p><u>Purpose</u> This report contains the Board of Directors' Code of Conduct and declaration of the Fit and Proper Persons requirement in line with the Care Quality Commission Fundamental Standards of Care, and provides assurance that all members of the Board have signed the annual declaration of compliance with these standards.</p> <p><u>Key issues to note</u> All members of the Board of Directors have completed and signed the annual declaration against the standards of the Code of Conduct and Fit and Proper Persons requirement. Copies of signed declarations are available to the public on request from the Trust Secretariat.</p>									
Recommendations									
The Board is recommended to receive this report to note.									
Impact Upon Board Assurance Framework									
N/A									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
Compliance with statutory requirements for members of NHS Board of Directors									
Equality & Patient Impact									
N/A									
Resource Implications									
Finance				Information Management & Technology					
Human Resources				Buildings					
Action/Decision Required									
For Decision		For Assurance		For Approval		For Information			✓

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

University Hospitals Bristol NHS Foundation Trust

Board of Directors Annual Code of Conduct Declaration

1. Introduction

High standards of corporate and personal conduct are an essential component of public services. As an NHS Foundation Trust, University Hospitals Bristol NHS Foundation Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice.

The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors (in addition to the standard for employees set out in the policy defined in Standards of Business Conduct). This document therefore includes the Department of Health Code of Conduct/Code of Accountability for Boards, specifically for Chairs and Non-Executive Directors, and the Code of Conduct for NHS Managers specifically the Chief Executive and Executive Directors.

This code, with the Code of Conduct for Governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour.

2. Principles of public life

All Directors and employees are expected to abide by the Nolan principles of: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership:

Selflessness - Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

3. General principles

NHS Foundation Trust Boards of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public. The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct. The Board of Directors expects that this Code will inform and govern the decisions and conduct of all Directors.

4. Confidentiality and access to information

Directors and employees must comply with the Trust's confidentiality policies and procedures and must not disclose any confidential information, except in specified lawful circumstances. The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be adhered to at all times.

5. Register of interests

Directors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the constitution. It is the responsibility of each Director to update their register entry if their interests change. A pro forma is available from the Trust Secretary. Failure to register a relevant interest in a timely manner will constitute a breach of this Code.

6. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a Director or for doing (or not doing) anything in that capacity.

If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the corporation, the Director must declare the nature and extent of that interest to the other Directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair and Trust Secretary will advise Directors in respect of any conflicts of interest that arise during Board and Committee meetings, including whether the interest is such that the Director should withdraw from the meeting for the period of the discussion. In the event of

disagreement, it is for the Board to decide whether a Director must withdraw from the meeting.

7. Gifts & hospitality

The Board will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of the Trust funds for hospitality and entertainment will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector.

The Trust has adopted a policy on register of interests and gifts and hospitality which will be followed at all times by Directors and all employees. Directors and employees must not accept gifts or hospitality other than in compliance with this policy.

8. Whistle-blowing

The Board acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The Board has adopted a Speaking Out policy on raising matters of concern which will be followed at all times by Directors and all staff.

9. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically Directors must:

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct;
- Respect others and treat them with dignity and fairness;
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- Be honest and act with integrity and probity;
- Contribute to the workings of the Board as a Board member in order for it to fulfil its role and functions;
- Recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- Raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- Recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, Executive Directors and Non-Executive Directors;
- Make every effort to attend meetings where practicable;
- Adhere to good practice in respect of the conduct of meetings and respect the views of others;
- Take and consider advice on issues where appropriate;
- Acknowledge the responsibility of the Council of Governors to represent the interests of the Foundation Trust's members and partner organisations in the governance and performance of the Trust, and to have regard to the views of the Council of Governors;

- Not use their position for personal advantage or seek to gain preferential treatment nor seek improperly to confer an advantage or disadvantage on any other person; and
- Accept responsibility for their performance, learning and development

10. Compliance

The members of the Board will satisfy themselves that the actions of the Board and individual Directors in conducting Trust business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All Directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code of Conduct including their compliance with; the Department of Health Code of Conduct and Accountability, Code of Conduct for NHS Managers and the Nolan principles of governance.

Board members are required to re-affirm their compliance with the Codes on an annual basis. All Directors have been asked to sign and return the attached declaration.

**Board of Directors Fit and Proper Person Test
Annual Self-Certification – April 2016**

I declare that I am a Fit and Proper Person to carry out my role, I am of good character, I have the qualifications, competence, skills and experience which are necessary for me to carry out my duties. I am capable by reason of health of properly performing tasks which are intrinsic to the position. I am not prohibited from holding office (e.g., directors disqualification order), within the last 5 years I have not been convicted of a criminal offence and sentenced to imprisonment of 3 months or more, been undischarged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangements/compositions with creditors and has not discharged it, nor is it on any 'barred' list.

The legislations states, for those required to hold a registration with a relevant professional body to carry out their role, they must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where the person no longer meets the requirement to hold the registration, and if they are a health care professional, social worker or other professional registered with a health care or social care regulator, they must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the Chair of UHB.

Print Name.....

Job Title/Role.....

Professional Registrations held.....

.....

.....

Signature.....

Date.....

Please return this signed declaration to Pam Wenger, Trust Secretary, University Hospitals Bristol NHS Foundation Trust, Trust Head Quarters, Marlborough Street, Bristol, BS1 3NU or e-mail at pamela.wenger@uhbristol.nhs.uk

Report to the Board of Directors meeting 25 May 2016

From Audit Committee Chair John Moore, Non-Executive Director

This report describes the business conducted at the Audit Committee held 24 May 2016, indicating the challenges made and the assurances received.

Item	Key Points	Challenges	Assurance
Annual Report	Members received the Annual Report which included the Annual Governance Statement	There were no specific issues.	Assurance was provided that the content was consistent with the guidance issued and had been subject to review by External Audit.
Annual Accounts	<p>Members received the report and the annual accounts for consideration.</p> <p>Members noted the change in terms of the FTC and the summarisation certificate which is to be submitted to Monitor.</p> <p>Members noted the Accounting Policies and received an update on the estimates. It was noted that there</p>		

Item	Key Points	Challenges	Assurance
	were no issues identified by the Audit.		
Quality Report	Members received the Annual Quality Report which would form part of the Annual Report.	<p>Information in relation to complaints and specifically the quality of the complaints was raised.</p> <p>Specific question was raised in relation to data quality.</p>	<p>Members received assurance that this was not identified as a priority for this year. Work is still being progressed although it was not a specific objective for 2015/16.</p> <p>Internal Audit confirmed that this was an internal audit every year. Assurance was provided that overall data quality good and there were one or two areas to focus upon.</p>
Head of Internal Audit Opinion	The Head of Internal Audit Opinion was received. Members noted the two red reports and that there had been improvement since the audits.	Members challenged the action plan and response in relation to the Discharge Planning and Infection Control Reports.	Management responses are being developed in relation to these specific issues.

Item	Key Points	Challenges	Assurance
	Members noted that significant assurance report.	Challenges in relation to the fire safety training and how this got to a position that it was non compliant.	<p>Assurance was provided in relation to the processes and training for evacuation training and how the risks were currently being mitigated. Members were assured that the risks were significant and that this work was already in hand.</p> <p>Re-assurance was provided in relation to the quality of the fire safety training and that plans were in place to take forward further work to understand the cohort of training of staff required to undergo the training.</p> <p>Lessons learnt meeting has been arranged to understand what went wrong. Highlighted the fact to the distinction between essential training and essential to role training. Sue Donaldson is tasked with taking this work forward.</p> <p>Members received assurance of the work that previously was undertaken. Subsequent</p>

Item	Key Points	Challenges	Assurance
External Audit	<p>Members received the reports from the External Auditor including the ISA 260.</p> <p>There were no misstatements and a positive result from the audit process and the judgments were included in the report.</p>	<p>Challenges in relation to the significant transaction reported by the Auditors.</p>	<p>Assurance was provided that the team were working to resolve the issue with the Supplier.</p> <p>Further assurance was provided that additional software had been purchased which prevented duplicate payments being made..</p> <p>Assurance was provided that overall process was being reviewed to bring the non-purchase order controls and the purchase order controls in line.</p> <p>The Committee was assured given the very small percentage of the overall spend that here was nothing further that could be taken to minimise the issue.</p> <p>Assurance was providing that t a review of the Annual Leave process would be picked up during the year.</p>

Item	Key Points	Challenges	Assurance
Auditor's Report to the Council of Governors in relation to the Quality Report	The report was provided for content of the Quality Report and unqualified and the consistency of information which the EA are aware. RTT qualified opinion.	No specific challenges.	<p>Members noted the further work that had taken place internally to review an additional 50 cases.</p> <p>Medway upgrade behind schedule but will support training and address the mandatory overrides data quality issues.</p> <p>The training has made some improvements which were undertaken in the latter part of the year.</p> <p>Simplify the way in which the data would be actioned. Data quality issues addressed going forward.</p>
Review of External Auditor Performance	To confirm the extension of the External Auditors Contract	There were no areas where challenge was required.	Assurance from the Committee to extend for a further year.
AOB	Annual Declaration – General Condition 6	None	Agreed to raise at the Board as this was a specific return that was required to be submitted before the end of May 2016.

**Cover report to the Board of Directors meeting held in Public
To be held on Wednesday 25 May 2016 at 11.00am in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

Report Title									
16. Governors' Log of Communications									
Sponsor and Author(s)									
Sponsor: John Savage, Chairman Author: Kate Hanlon, Head of Membership & Governance									
Intended Audience									
Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓
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> In the period one new query has been added to the log, Item 150, for which a response is pending. A response has been circulated for Item 149. No other items are outstanding.</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)				

ID **Governor Name**

150 Anne Skinner

Theme: Cleanliness monitoring**Source:** Trust Board Meeting

Query 13/05/2016

During the 2016 PLACE inspections, ICU beds were found to be cleaned to a very high standard but the ceiling pendants supporting the monitoring equipment in Cardiac ICU and Neonatal ICU were found to have accumulated a significant volume of dirt and dust. The Estates & Facilities Department was aware of this problem in Cardiac ICU prior to the PLACE inspection. Nevertheless, the same problem was found a few weeks later in Neonatal ICU.

Why were checks not made to establish whether this issue was occurring elsewhere when it was first identified and why was prompt rectification not instituted? I would like assurance that the two teams responsible for cleaning bed areas are able to work together to give attention to all the equipment in a vacated bay in the limited time available before the next patient arrives. Further, I would like to understand why this issue was not identified during the audits undertaken by the Estates & Facilities Department and whether there is a procedure to escalate serious issues arising from PLACE inspections promptly to the Trust Executive.

Division: Trust Services**Executive Lead:** Chief Nurse**Response requested:** 16/05/2016**Response****Status:** Assigned to Executive Lead

ID **Governor Name**

149 Mo Schiller

Theme: Bristol Eye Hospital

Source: Governor Direct

Query 07/04/2016

What priority will be given to improving the tired waiting areas in pre-op assessment and OPD department at BEH. Any improvement will enhance the patient experience. Some chairs that are easier for the elderly/disabled are needed. Patients have to wait 4+ hours in these areas and hard chairs are not good for the elderly. White boards and communicating long waits would be helpful.

Division: Surgery, Head & Neck

Executive Lead: Chief Operating Officer

Response requested: 07/04/2016

Response 12/04/2016

The management team at the BEH has recently met with the Trust Governors to hear first-hand about their experience of the eye outpatient department. An action plan, which has been shared with the Governor, has been developed which describes the steps that will be taken to improve the patient experience. This includes bidding to the Friend of BEH to secure funds to make physical enhancements to the seating in the waiting area. The action plan will be circulated by email as an attachment to this response.

Status: *Closed*

ID **Governor Name**
148 Ed Brooks

Theme: Maternity Services

Source: Governor Direct

Query 16/03/2016

Following a recent Chair, Chief Executive and Governor 'Walk Around' visit to St. Michael's, please can more detail be provided with regards to the reported proposed trial of husbands and partners staying overnight with new mothers. How long would a trial run for, how would the trial be managed, who would be included from the staff side and how would it be assessed?

Division: Women's & Children's Services

Executive Lead: Chief Nurse

Response requested: 22/03/2016

Response 23/03/2016

The maternity team in response to feedback from mothers and their partners that the ability to stay with partners overnight would enhance their experience of using our services are running a 6 month pilot project in ward 73 supporting partners to stay if they want to. The project is being led by the midwifery team and has been discussed at the maternity liaison Committee (Maternity Voices). Evaluation of the project will include feedback from service users, staff and a review of any risks/incidents that have occurred in this period. Staff side are not involved in the pilot. The review of the pilot and next steps will be via the Women's Executive meeting and post- natal working party.

Status: Closed

ID **Governor Name**

147 Mo Schiller

Theme: Recruitment

Source: Governor Direct

Query 14/03/2016

Can the Board give governors assurance that there is an effective and rigorous approach to the selection process for Senior Executive and NED positions including the involvement of focus groups, panel interviews and presentations if required. How satisfied is the Board that the preparation and planning for selection process activities is robust and that communication and adherence to Trust values is maintained at all times?

Division: Trust Services

Executive Lead: Director of Human Resources and Organisational Development

Response requested: 14/03/2016

Response 11/04/2016

The criteria and process for selection of the senior executive directors of the Trust Board is overseen by the Remuneration and Nominations Committee (comprising all Non-Executive Directors). The task is to be open and transparent in line with the Trust's Recruitment Policy, including an assessment of values in line with the organisation's standards and expectations. The selection process is planned with rigour and typically includes an interview, focus groups and a presentation. Appointments are made on the basis of ability and experience and not on the basis of seniority. We would generally employ a selection company to help us plan and execute the process.

The recruitment and appointment of Non-executive Director's at the Trust is supported by the Nomination and Appointment Committee, the membership of which comprises governors, the Trust Secretary and the Trust Chairman. A thorough recruitment and selection process has been outlined and approved by the Committee, including that all applications will need to be assessed against the job description and person specification. Shortlisting will be undertaken by the Nomination and Appointments Committee, led by Chairman (and the Senior Independent Director in the recruitment of a Chair), with the Director of Workforce and Organisational Development and the Trust Secretary in attendance in an advisory role. As well as a formal interview, candidates will be required to attend a discussion group comprising of members of the wider Council of Governors, and members of the Board of Directors.

Status: Closed