University Hospitals Bristol NHS
NHS Foundation Trust

Agenda for the Meeting of the Trust Board of Directors held in Public to be held on 30 June 2015 at 11.00am – 1.00pm in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page No*
1. Chairman's Introduction and Apologies To note apologies for absence received	Chairman	–
2. Declarations of Interest To declare any conflicts of interest arising from items on the meeting agenda	Chairman	–
3. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 27 May 2015	Chairman	3
4. Matters Arising (Action log) To review the status of actions agreed	Chairman	11
5. Chief Executive's Report To receive the report to note	Chief Executive	12
Delivering Best Care and Improving Patient Flow		
6. Patient Experience Story To receive the Patient Experience Story for review	Chief Nurse	16
7. Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Quality and Outcomes Committee Chair's report c) Board Review – Quality, Workforce, Access	Chief Operating Officer/ Deputy Chief Executive	21
8. Quarterly Complaints and Patient Experience Reports To receive the reports for assurance	Chief Nurse	97
Building Capability		
9. Education, Learning and Development Strategy 2015 - 20 To receive the report for approval	Director of Workforce & OD	145
10. Annual Education, Learning and Development Report 2014/15 To receive the report for assurance	Director of Workforce & OD	173
11. Equality and Diversity Annual Report 2014/15 To receive the report for assurance	Director of Workforce & OD	204
12. Report on Staffing Levels To receive the report for assurance	Chief Nurse	247

13. Research and Innovation Strategy Update To receive the report for assurance	Medical Director	259
Delivering Best Value		
14. Finance Report To receive the report for assurance	Director of Finance & Information	264
15. Finance Committee Chair's Report To receive the report for assurance (report to follow)	Finance Committee Chair	283
Renewing our Hospitals		
16. Estates Strategy Update To receive the report for assurance	Chief Operating Officer/ Deputy Chief Executive	284
Leading in Partnership		
17. Partnership Programme Board report To receive the report for assurance	Chief Executive	289
Compliance, Regulation and Governance		
18. Corporate Governance Statement – Board self certification of Compliance To receive the report for approval	Chief Executive	293
19. Audit Committee Chair's report To receive the report for assurance	Audit Committee Chair	309
20. Board of Directors Register of Interests To receive the report for assurance	Chairman	313
Information		
21. Monitor Governance Risk Rating Decision and Feedback on Quarter 4, Risk Assessment Framework submission To receive the paper to note	Chief Executive	317
22. Governors' Log of Communications To receive the Governors' log to note	Chairman	322
23. 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: 30 June 2015, 11:00 – 13:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU		

University Hospitals Bristol NHS
NHS Foundation Trust

Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on 27 May 2015 at 11:00am, Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board members present:
John Savage – Chairman
Paul Mapson – Director of Finance & Information
James Rimmer – Chief Operating Officer
Carolyn Mills – Chief Nurse
Sue Donaldson – Director of Workforce and Organisational Development
David Armstrong – Non-Executive Director
Julian Dennis – Non-Executive Director
John Moore – Non-Executive Director
Guy Orpen – Non-Executive Director
Alison Ryan – Non-Executive Director
Lisa Gardner – Non-Executive Director
Jill Youds – Non-Executive Director

Present or in attendance:
Debbie Henderson – Trust Secretary
Isobel Vanstone – Corporate Governance Administrator (Minutes)
Aidan Fowler – Fast-Track Executive
Amanda Saunders – Head of Membership and Governance
Flo Jordan – Staff Governor
Helen Turnham – Registrar in Anaesthetics (Shadowing Sean O'Kelly, Medical Director)
Jeanette Jones – Appointed Governor
Benjamin Trumper – Lead Governor/ Staff Governor
Bill Payne – Appointed Governor
Mo Schiller – Public Governor
Pam Yabsley – Patient Governor
Angelo Micciche – Patient Governor
Graham Briscoe – Public Governor
Sue Silvey – Public Governor
Wendy Gregory – Patient Governor
Sylvia Townsend – Public Governor
Eve Bassett – Public Member
Fiona Jones – Staff Member
Sharon Lim Kong – Staff Member

23/05/15 Chairman's Introduction and Apologies
Apologies for absence were received from Robert Woolley (Chief Executive) Deborah Lee Deputy (Chief Operating Officer/Deputy Chief Executive) and Emma Woollett (Non-Executive Director)

24/05/15 Declarations of Interest
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interest were received.

25/05/15 Minutes and Actions from Previous Meeting
The Board considered the minutes of the meeting of the Board of Directors held in public on 30 April 2015 and it was:

RESOLVED:
- **That the minutes of the meeting held 30 April 2015 be agreed as an accurate record of proceedings**

26/05/15 Matters Arising
Matters arising and actions completed were noted by the Board.

John Moore queried the governance arrangements in place to provide assurance to the Board with regard to hosted organisations. It was agreed to include an action to develop a process of assurance for the Audit Committee for future monitoring.

With regard to item 5, Xanthe Whittaker referred to the recent review of the structure and content of the Quality and Performance Report and noted that this would include a review of the performance indicators. A report would be submitted to the June Quality and Outcomes Committee. It was:

RESOLVED:
- **That an action be included on the action log for the Audit Committee to review governance processes for hosted organisations**
- **That a report on the review of performance indicators be submitted to the Quality and Outcomes Committee in June**

27/05/15 Chief Executive Report
Paul Mapson delivered the Chief Executive's report as Acting Chief Executive. Paul noted the Senior Leadership Team approved a proposal for a unique visual identity for the Bristol Royal Hospital for Children which had been developed working within the nationally-set NHS brand guidelines.

The Senior Leadership Team continued to receive an update on the business planning round for 2015-2016, including the status of Operating Plans for 2015/2016 and capital prioritisation.

Paul Mapson reported referred to the Trust's leadership of the West of England bid to take part in the 100,000 Genome Project. Sean O'Kelly provided an overview of the project which aims to transform diagnosis and treatment for patients with cancer and rare diseases. The initiative involves collecting and decoding 100,000 human genomes to enable better understanding of specific conditions.

In response to a query from David Armstrong regarding consideration of strategic issues by the Senior Leadership Team, Paul Mapson confirmed that both business meetings and strategic meeting take place on a monthly basis and confirmed that the Chief Executive's report provides a summary of the business discussed at the business meetings.

Paul Mapson confirmed that the Board of Directors meeting held in private had approved the Annual Report & Accounts 2014/15 and Quality Report for 2014/15 for submission to

Monitor. The report would be submitted to the Annual Members Meeting in September following Parliamentary submission. It was:

RESOLVED:
- **That the Board receive the report from the Acting Chief Executive**

28/05/15 Patient Experience Story
Carolyn Mills introduced the Patient Story. Naomi Whittingham, UH Bristol patient, agreed to share her story via a pre-prepared narrative circulated to members of the Board. The story chronicled Naomi's experience as a patient with Myalgic Encephalomyelitis and provided an opportunity to raise awareness of the effects of the condition on day-to-day life.

Naomi referred to the severity of the condition which had made hospital treatment extremely challenging including simply getting to and from appointments. The hospital environment itself posed significant challenges due to sensory stimulation of any kind causing a dramatic worsening of symptoms including intense pain, vomiting and whole body tremors. Naomi acknowledged that while it would be impossible to entirely eliminate the risks involved in a hospital visit, there had been examples of excellence in the way the BRI Rheumatology Department transformed the experience of patient care.

Members of the Board had been heartened by Naomi's story and expressed sincere thanks to Naomi for sharing her story with the aim of promoting awareness of the condition. It was:

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

29/05/15 Quality and Performance Report
Overall Performance
Xanthe Whittaker reported that there had been some notable improvement in performance against the quality metrics, including no grade 3 or 4 pressure ulcers in the month, the lowest ever reported level of inpatient falls, and further improvements in dementia metrics during April.

Overall, Xanthe confirmed that Trust had failed six of the standards in Monitor's Risk Assessment Framework, giving the Trust an overall Service Performance Score of 4.0, but noted the achievement of access standards was in line with the Trust's recovery trajectories submitted to Monitor.

Quality and Outcomes Committee Chair's Report
Alison Ryan briefed members of the Board on the business of the Quality and Outcomes Committee meeting held in May and noted completion of four serious incident investigations during the period.

Alison escalated concern raised by the Committee with regard to an on-going risk of patients admitted with mental health needs in the Emergency Department for extended periods of time, whilst awaiting an appropriate mental health assessment and placement. It was noted that the risk had been included on the Medicine divisional risk register and discussions were on-going with relevant service providers co-ordinated by the commissioners.

Alison Ryan also took an opportunity to bring to the attention of the Board, concerns regarding the appropriate level of assurance provided by the Trust's partners in relation to the system-wide actions following the Care Quality Commission inspection undertaken in September. Whilst clear progress had been made with regard to the Trust's internal action plan further assurance would be required on progress against the system-wide actions relating to issues of patient flow.

Alison noted receipt of the regular monthly Nurse Staffing Report and following a request at the April meeting, receipt of a report on e-rostering key performance indicators which provided additional assurance to the Committee.

The Committee received the revised key performance indicators for 2015/16 in relation to the workforce strategy and plan and it had been noted that a report regarding overseas recruitment would be submitted to the Senior Leadership Team in July. The Committee had an in-depth discussion regarding activity for staff engagement including the move toward a transformational approach to improving staff engagement and communication. Concern had been raised regarding the pace of change and focused assurance in terms of outcomes both at corporate and divisional level. The Committee had therefore agreed to incorporate direct divisional feedback on quality, performance and workforce on a bi-monthly basis to increase sightedness at divisional level.

The Committee endorsed the revised Speaking Out Policy for submission to the Board subject to formatting changes. Alison also confirmed that the Committee agreed the revised Terms of Reference for Committee for submission to the Board for approval.

Lisa Gardner referred to fractured neck of femur performance and staff absence during the bank holiday period. Sean O'Kelly advised that the Orthopaedic Consultants do not operate on a separate rota and are included on the general on-call rota and also noted that challenges with regard to resourcing had been as a result of long-term sickness absence. John Moore referred to the capacity issue within the service and asked if a policy was in place for diverting patients to other providers. Sean advised that it would not be possible to divert a patient pre-diagnosis and felt the solution to capacity issues was being addressed via the flexibility of theatre staff to manage fluctuations in demand.

Jill Youds asked if staff members were aware that the Friends & Family Test had been a CQUIN for the Trust and if there had been evidence of willingness for improvement as opposed to completion of the test solely for the purposes of achievement of the CQUIN. Carolyn Mills confirmed that members of staff within the Emergency Department had been aware of the CQUIN monies available for the achievement of the target; however, the department remained focussed on improvement based on patient feedback.

James Rimmer referred to the Committee's concerns regarding assurance that completion of the system-wide patient flow action plans remain on track. James advised that the lack of assurance had been in part due to timing but assured members of the Board that the action plan had been monitored robustly via the Urgent Care Working Group.

Clive Hamilton queried the ability of ambulance crews to diagnose fractured neck of femur and the impact of this on distribution of cases between UH Bristol and North Bristol Trust. The Medical Director said that diagnosis, without the assistance of imaging, was not easily achieved. A full response to a number of questions from Governors in relation to these issues was now being managed within the Governors' Log and a response would be issued in due course.

Access

With regard to access indicators, Xanthe Whittaker reported continued progress against recovery trajectories. Although the 95% target for A&E 4 hour waiting times had not been achieved, with performance reported at 94.8% in the period, the Trust had performed above both its best and realistic case scenario recovery trajectories. Xanthe reported there had been a further reduction in the Referral to Treatment Time backlogs and the Trust had continued to achieve the 6-week wait recovery trajectory for diagnostic testing.

Xanthe noted that although the Trust remained below the 85% target for the 62 day GP Cancer standard, the Trust had achieved 85% for quarter 4 as a whole for internally managed pathways, and also when adjustments had been made to account for the late referrals into the Trust. It was:

RESOLVED:

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

30/05/15 Terms of Reference for Quality and Outcomes Committee

Alison Ryan referred to an enthusiastic discussion at the April and May meeting of the Quality and Outcomes Committee and presented the revised terms of reference for approval. It was acknowledged that the revised terms of reference provided further focus on divisional sightedness and accountability and clarity with regard to workforce strategy. Following a suggestion from David Armstrong it was agreed to consider measures of success for each committee as part of next year's terms of reference review. It was:

RESOLVED:

- **That the Board approve the Terms of Reference for the Quality and Outcomes Committee**
- **That consideration be given to outcomes for measuring success of each committee during future terms of reference reviews**

31/05/15 Quarterly Workforce Report

Sue Donaldson presented the report and made particular reference to the increased pace of recruitment activity. Focus during the period had remained on vacancy management and ongoing management of bank and agency spend.

Sue referred to the review of the workforce key performance indicators (KPIs) for 2015/16 detailed in the report and noted a continuing focus on staff turnover, sickness absence management, health and well-being, and improving staff engagement and experience. The KPIs had been driven as part of the Divisional Operating Planning Process.

Sue referred to the challenges related to benchmarking workforce outcomes due to the lack of information in the public domain for other NHS Trusts and discussion had taken place with the Association of UK University Hospitals to request sharing of benchmarking around workforce KPIs.

With regard to the staff survey results, Jill Youds asked if there had been any feedback following sharing of the report with staff side colleagues. Sue Donaldson confirmed there had been disappointment following the focus on staff engagement and experience during the

year but confirmed that staff side had a desire to work with the Trust to improve this going forward.

Jill Youds referred to 37.4% of Nursing Assistant leavers who had been in post for less than one year. Carolyn Mills advised that the issue had been raised at the Quality and Outcomes Committee and it was agreed to differentiate the number of leavers further to show the percentage of those nursing assistant posts which would have been expected to take up post for one year only.

Clive Hamilton referred to feedback from staff following exit interviews and queried if specific work-streams had been developed to address these areas further. Sue Donaldson confirmed that the areas were being addressed as part of the staff engagement/experience work.

Following a query from David Armstrong regarding bank and agency spend, Paul Mapson advised that this reflected the quarter 4 position. The Trust had addressed these issues within the operational plans for coming year resulting in further alignment between target and actual spend. It was acknowledged that the targets for 2014/15 had been unrealistic and this was reflected in the quarter 4 report from 2014/15.

Wendy Gregory suggested including in future reports, actual number of staff leaving, those who had completed an exit interview and at what stage in the leaving process. It was:

RESOLVED:

- **That the Board receive the Quarterly Workforce Report for assurance**
- **That the Director of Workforce and Organisational Development explore the possibility of including in future reports: the number of staff leavers, those who complete an exit interview, and at what stage in the process**

32/05/15 Speaking Out Policy

Following concern raised by a number a Non-Executive Directors with regard to the format of the policy, John Savage suggested that a further review be undertaken of the policy for submission to the July meeting for approval. It was:

RESOLVED:

- **That the Speaking Out Policy be submitted to the July meeting for approval following amendments**

33/05/15 Finance Report (including Finance Resource Book 2015/16)

Resource Book 2015/16

Paul Mapson presented the 2015/16 Resources Book and noted that the Book is consistent with the figures in the annual plan submitted to Monitor and which the Trust will be reporting against throughout the year.

Paul advised that additional information had been included on Service Level Agreements, an analysis of the Cost Improvement Programme, workforce plan changes and financial duties.

Paul made particular reference to a specific risk relating to CQUINs. Paul referred to the activity analysis and noted an issue relating to capacity plans and a challenge in terms of agreement of CQUINs that would meet the Trust's expectation of reasonable achievement.

Finance Report

Paul Mapson presented the report and noted as of 30th April 2015, the income and expenditure statement shows a deficit of £0.954m (before technical items). Paul advised the Board that month one represented challenges due to end of year activity associated with the completion of the Annual Report and Accounts.

Paul referred to an adverse movement in the plan in respect of the cost improvement programme with overspend in April at £0.541m and underperformance in April for clinical activity. Meetings had taken place with each division to ensure appropriate phasing of plans.

David Armstrong thanked Paul and noted that he felt the document was helpful and robust in terms of detail and assurance and emphasised the challenging year ahead for the health sector. It was:

RESOLVED:

- **That the Board approve the Finance Resources Book 2015/16 and receive the Finance Report**

34/05/15 Finance Committee Chair's Report

Lisa Gardner presented the report which highlighted the business discussed at the meeting of the Finance Committee in May. The Committee raised concern regarding operating plan trajectories for April but recognised the volatility of the first month of the financial year. Assurance had been provided by Executive Directors on further work being progressed for May reporting.

The Committee discussed the challenges within two divisions and members of the Executive team provided assurance that appropriate support was being provided to assist divisions to achieve the plans.

Lisa briefed the Board on the key risks including achievement of the required level of savings; delivery of the Trust's financial plan and strategy; and non-delivery of contracted levels of clinical activity, and noted that the risks continue to be monitored via the Committee.

The Committee received a report from the Transformation Team regarding alignment of activity for staff engagement and patient flow and it was acknowledged that Sue Donaldson, Director of Workforce and Organisational Development would attend meetings of the Committee on a quarterly basis to assist consideration of the workforce agenda. It was:

RESOLVED:

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

35/05/15 Capital Investment Policy

Paul Mapson sought approval from the Board in respect of the revised Capital Investment Policy. Minor amendments included: decision thresholds to reflect the Trust's 2015/16 planned turnover; removal of the reference to Monitor's "Risk Evaluation for Investment Decisions"; and an updated Annex to reflect the 2015/16 capital prioritisation process. It was:

RESOLVED:

- **That the Board approve the Capital Investment Policy**

36/05/15 Treasury Management Policy

Paul Mapson sought approval from the Board following review of the Treasury Management Policy. There were no required changes to the policy. It was:

RESOLVED:

- **That the Board approve the Treasury Management Policy**

37/05/15 Audit Committee Chair's Report

John Moore reported that the Private Board had approved the Annual Report & Accounts 2014/15 and Quality Report for 2014/15 before submission to Monitor by noon on the 29 May 2015. It was:

RESOLVED:

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

38/05/15 Governors Log of Communications

The Chairman presented the Governors log for information. It was:-

RESOLVED:

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

39/05/15 Any Other Business

There no further issues to report

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed at 12.30 pm
The next meeting of the Trust Board of Directors will take place on Tuesday 30 June 2015, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

……. ……2015
Chair Date

University Hospitals Bristol NHS
NHS Foundation Trust

Trust Board of Directors meeting held in Public 27th May 2015
Action tracker

Outstanding actions following meeting held 27th May 2015					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1	**32/05/15**	Revised Speaking Out Policy to be submitted to July meeting for approval	Director of Workforce & OD	July 2015	N/A
2	**31/05/15**	Explore options to include number of staff leavers, those who have completed exit interviews and at what stage of the process in future quarterly workforce reporting	Director of Workforce & OD	August 2015	N/A
3	**30/05/15**	Consideration to be given to outcomes for measuring success of Board committees in future Terms of Reference reviews	Trust Secretary	2015/16 reviews	To be incorporated into Well Led Review action planning
4	**10/04/15**	Report regarding car parking provision and proposed plans to be submitted to the Board	Chief Operating Officer/ Deputy Chief Executive	July 2015	N/A
5	**07/04/15**	Exception reports relating to delayed discharges to be incorporated into future Q&P reports	Chief Operating Officer/ Deputy Chief Executive	June 2015	July – to be incorporated in the revised Q&P report
6	**33/11/14**	Review of structure and format of the Quality and Performance Report to ensure it remains fit for purpose	Chief Operating Officer/ Deputy Chief Executive	June 2015	First revised report to be presented to July meeting
Completed actions following meeting held 27th May 2015					
7	**26/05/15**	Report on review of performance indicators to be submitted to the Quality and Outcomes Committee	Chief Operating Officer	June 2015	Complete – agenda item for QoC 26th June 2015
8	**26/05/15**	Action to be taken forward to Audit Committee to review governance arrangements for hosted organisations	Chief Executive	September 2015	Complete – on action tracker for Audit Committee
9	**84/02/15**	Action plan and assurance report from the Saville Review to be submitted to Monitor	Chief Nurse	June 2015	Complete - submitted to Senior Leadership Team

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on Tuesday 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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

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

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

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – JUNE 2015

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

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

3. STRATEGY AND BUSINESS PLANNING

The group **approved** a revision to operational working arrangements which clearly set out the distinctions and relationships between the operations, transformation and performance functions as they now sat across multiple Executive Director portfolios.

The group **approved** sign-off of Divisional Operating Plans and Divisions confirmed ownership and full commitment to delivery of their plans, noting particular associated risks.

The group **approved** the Education, Learning and Development Strategy and Year One Delivery Plan for onward submission to the Trust Board.

The group **supported** the award categories and revised nomination form for the Recognising Success Awards scheme for 2015.

4. RISK, FINANCE AND GOVERNANCE

The group **approved** a revised policy for the management of external visits, inspections and accreditations and a new policy for the management and co-ordination of responses to national reviews and reports.

The group **received** an update on the status of the transfer of Cellular Pathology to North Bristol Trust, including the proposed timetable and related risks.

The group **approved** the Quarter 4 Patient Experience and Patient Complaints reports for onward submission to the Trust Board.

The group **approved** the Teaching and Learning Annual Report 2014/2015 and the Equality and Diversity Annual Report 2014/2015 for onward submission to the Trust Board.

The group **received** key management guidance on the procurement policies and process for goods, services and capital equipment for information and onward dissemination to Divisions.

The group **noted** two low impact Internal Audit Reports in relation to Medical Staff Appraisals and Accounts Payable and a medium impact Internal Audit report in relation to the Information Governance Toolkit.

Reports from subsidiary management groups were **noted**, including an update on the work of the Transforming Care programme. The group **approved** further work on five standards for 7 day services for discussion with the Clinical Commissioning Group and **approved** a 'Bright Ideas' staff suggestion scheme.

The group **noted** risk exception reports from Divisions. One new high risk was reported.

The group **noted** the Trust response to the Savile Review.

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
June 2015

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
06. Patient Experience Story
Sponsor and Author(s)
Sponsor: Carolyn Mills – Chief Nurse Author: Tony Watkin –Patient Experience Lead (Engagement and Involvement)

Intended Audience									
Board members	x	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

Patient stories reveal a great deal about the quality of services, the culture of an organisation and the effectiveness of systems and processes to manage, improve and assure quality. Dawn is a staff employee of 20 year and in discussion with the Chief Nurse, agreed to share her story with the Trust Board, furthering the ambition to move towards the Board receiving first-hand accounts of patient's experience of our services.

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

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

Key issues to note

Dawn received information about the technicalities of the surgery at a time that was appropriate to her.

The recovery room experience was compromised by the noise levels of the overnight cleaning staff and the sensation of inflatable leg wraps.

Dawn felt the care she received was good and wold have no hesitation in returning to UH Bristol for further care.

Recommendations

To receive and reflect on the story.

Impact Upon Board Assurance Framework

No impact - links with Objective to deliver annual quality objectives-

Impact Upon Corporate Risk
No links to corporate risks.
Implications (Regulatory/Legal)
Learning from feedback supports compliance with CQC's fundamental standards – regulation 4, person centred care, regulation 5, dignity and respect, regulation 7, safe and appropriate treatment. Regulation 22 good governance.
Equality & Patient Impact
None

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

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

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
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Patient Story
Trust Board – 30th June 2015

My experience of hospital care

Summary
This patient story outlines the personal experience of a member of staff who is also a patient in our care. Dawn has worked with the Trust for 20 year as a member of the Facilities and Estates Support Services. For 13½ years dawn worked on the wards and is currently located in Trust Headquarters. Dawn was admitted to the Bristol Royal Infirmary for elective surgery. The narrative has been written by the patient.

The patient wrote
I am Dawn Richards. I work for the Trust Headquarters at the BRI in Bristol. After two cancellations I came into the BRI to have an operation to remove my gallbladder on the 3 February 2015. I had to be in a day surgery for 11.00am. I had my pre-check around 2.00pm. They came to take me to Heygrove Theatre. We got there I had to climb on the operating table where they talked me through the operation. I woke up much later in the recovery room. My daughter came in but said I was out of it. I came to better after they left. I had blood pressure machine on me, oxygen up my nose, and on my shins two wrap around things. I got told they stop blood clots. I had my ob's done regularly through the evening and night. I did go to the toilet on another ward assisted by a nurse. We were given a coffee and tea. For breakfast a drink and toast before we got took to the discharge lounge.

I was released from hospital around 10.30am on 4 February 2015. They put me on 2 weeks sick. I had to go to my GP who put me off for another 4 weeks as my belly button wound was infected which he gave me antibiotics for. I was well looked after and would have no problem if I had to come back in for more operations.

The impact of this patient's experience at UHBristol

In conversation Dawn added that:

- She found the fact that she did not know the details of the procedure until she was sat in the Theatre rather comforting. There was no time for her to worry and they were just able to get on with the surgery.
- She was unable to sleep well in the recovery suite overnight. This was partly because of the sensation of the inflatable leg wraps which were being used to stop blood clots and partly because of the noise levels. Dawn noted that the overnight cleaning staff were very noisy and had loud conversations. Dawn knew the staff members by virtue of her role in the trust and asked them to keep the noise down.

- The night time care from the nursing staff in the recovery room was not what she had expected. Dawn noted that the nursing staff took a long timer to respond to the buzzer and that this had made her feel "non-existent" at times.
- Overall the care she received was good and she was well looked after. Dawn re-stated that she would not go anywhere else to have surgery because she trusted the staff at UH Bristol.

Divisional response:

- Patients have their operation fully explained to them by the surgical team before the operative consent form is signed – this is followed up by a pre-operative assessment check where the operation would also be discussed with an anaesthetist and a pre-operative assessment nurse. Patients are also given a patient information leaflet about the procedure they are undertaking for reference which has frequently asked questions for them to refer to both pre and post operation. Often patients, when they are nervous, do not take in the information we provide which might explain the lack of understanding of the surgery the patient was about to embark on.
- Since April 2015 patients are no longer kept in the Recovery setting in Heygroves Theatre if there are no surgical ward beds available. This had become a more regular occurrence to manage bed pressures in 14/15. This unit has been removed from the escalation plan and will now only be used in "extreme escalation".

  Extreme escalation triggers and thresholds are:

At least **12** patients in the queue with **any one** of the following triggers			
Ambulance waits of > 240 minutes	6 or more "trolley waits" > 11 hours	6 or more Ambulance handover > 30 minutes	More than 50 patients in ED

- If there is no surgical bed available surgical patients will outlie into medicine beds and the immediately post-operative patient will be nursed on a surgical ward.
- Patients will now only be kept in Recovery overnight if they need a closer level of observation to keep them safe (1:1 care) that will not be available in a ward environment. Patients are nursed on beds if they stay overnight.
- The staff should have kept their voices down and respond to Dawn's needs promptly which did not happen. Recovery is a 24/7 unit and unfortunately it can be extremely busy. Staff have been reminded to be aware of noise levels particularly if they have patients staying overnight.
- The Recovery unit has just started a refurbishment programme which, among other improvements, will see curtain tracks fitted to improve patient's privacy and dignity.

- Patients should not be discharged from a Recovery area, this is not best practice and delivers a poor patient experience. This is very unlikely to happen now in the context of the changes to the use of recovery.

This response was provided by Jane Palmer, Head of Nursing Division of Surgery, Head and Neck.

Ends

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
<u>Purpose</u> To review the Trust's performance on Quality, Workforce and Access standards. <u>Key issues to note</u> The monthly Quality & Performance Report details the Trust's current performance on national frameworks, and a range of associated Quality, Workforce and Access standards. Exception reports are provided to highlight areas for further attention and actions that are being taken to restore performance.
Recommendations
The Board is recommended to receive the report for **assurance.**
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					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
26/06/15					

University Hospitals Bristol NHS
NHS Foundation Trust

SUMMARY QUALITY & PERFORMANCE REPORT

June 2015

CONTENTS

SECTION A – Performance Overview

Summary

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

Improvements in the period:

Moving from RED to GREEN – 2 indicators

- Theatre Productivity – no achieving the 90% standard in the month
- Savings Plan achievement – month 2 showing improvements as plans start to embed; see separate Finance Report for further details

Moving from RED to AMBER – 1 indicator

- Staff sickness

Deteriorations in the period:

None

Please note: the change to performance against the Percentage of Studies Meeting the 70-Day standard was reported last month; as updates are only provided quarterly, it is not noted again in the above summary of changes.

The Organisational Health Barometer continues to reflect the challenges in meeting national waiting times standards in the face of rising demand and increasing patient complexity. The impact of the Trust's performance against the access standards is reflected in the Monitor Risk Rating, and also in the contract penalties forecast. However, it also highlights the strong performance against a wide range of quality standards, with a record number of green rated metrics this month.

There are two emerging themes that are playing-out across a range of access measures, which are the current focus of attention. These are the emergency pressures on the Bristol Children's Hospital (BCH), and patient acuity within the Cardiac Intensive Care Unit (CICU). The BCH experienced an 18% increase in levels of emergency admissions into their Emergency Department, above that seen in the same period last year. The transfer of emergency work, with the closure of Frenchay Emergency Department and Centralisation of Specialist Paediatrics, took place early in May 2014. So this 18% increase is above the levels that can be explained solely by the service transfer. The resulting deterioration in performance against the 4-hour standard at BCH, in combination with the sharp increase in delayed discharges within the BRI which also impacted on patient flow, led to the Trust failing to achieve its 4-hour recovery trajectory in the month. However, performance has improved during June, and achievement of the trajectory for the quarter as a whole remains possible. An increasingly clear, positive correlation is being demonstrated between low bed occupancy and strong ED performance, and thus the operational focus remains strong in all areas that contribute to optimal occupancy. The pressure on beds from the increase in emergency admissions also led to an increase in cancelled operations at the

BCH, and an inability to re-admit patients for their procedure within the required 28 days of their cancellation.

Increasing patient acuity within the Cardiac Intensive Care Unit (CICU) has resulted in a significant reduction in number of elective cardiac operations being undertaken with consequent impact on income in the two affected Divisions. Along with the bed pressures at the BCH this has been a significant factor in the Trust not meeting one of its quality objective in the period, of reducing the number of operations cancelled at last minute. Due to fewer elective cardiac operations being carried-out, the number of patients waiting over 18 weeks for cardiac surgery has not decreased as planned, although the Trust has continued to meet its over 18 week backlog reduction trajectories for both non-admitted and admitted patient pathways overall (see Exception Reports A5 to A7). The Trust also achieved the target reduction in the number of patients waiting over 6 week for a diagnostic test at month-end (see Exception Report A8).

For quarter 1 to date, the Trust is failing six of the standards in Monitor's Risk Assessment Framework. These are the A&E 4-hour standard, the Referral to Treatment Time (RTT) Admitted, Non-admitted and Ongoing standards, and the 62-day GP and Screening Cancer Standards. In Monitor's Risk Assessment Framework failure of all three RTT standards, as in the current quarter, is capped at a score of 2.0. The two 62-day cancer standards are grouped into a single combined indicator, scoring 1.0. Overall this gives the Trust a Service Performance Score for the quarter to date of 4.0 against Monitor's Risk Assessment Framework. However, positively Monitor has recently restored the Trust to a GREEN risk following its review of actions being taken to recover performance against the above standards and an acceptance of the factors continuing to affect Trust performance, which are outside of its control.

SECTION B – Organisational Health Barometer

Providing a Good Patient Experience

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
A01	Patient Experience Tracker Score	89	89	N/A	Green: >= 86 Red: < 85	→	Current month is April 2015
A02	Patient Complaints as a Proportion of Activity	0.266%	0.250%	0.258%	Green: <0.21% Red: >0.25%	↓	
A03	Same Sex Accommodation Breaches (Number of Patients Affected)	0	0	0	Green: 0 Red> >0	→	

Delivering High Quality Care

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
B01	Incidence of Hospital Acquired Pressure Sores (Grades 3 or 4)	0	0	0	Green: 0 Red: >= 1	→	No RAG rating for YTD.
B02	Number of Inpatient Falls Per 1,000 Beddays	3.61	4.46	4.04	Green < 5.6 Red: >= 5.6	↑	

Keeping People Safe

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
C01	Number of Serious Incidents (SIs)	6	6	12			
C02	Cumulative Number of Avoidable C.Diff cases	7	-	-	Below Trajectory		Previous is full year 14/15. First month 15/16 not confirmed yet as awaiting commissioner review.

Being Accessible

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
D01	18 Weeks Admitted Pathways	80.5%	79.9%	79.9%	Green: >=90% Red: <85%	↓	
D02	Number of Cancer Standards Failed	2	2	2	Green: 0 Red: >=2	↑	Previous is confirmed Q3. Current and YTD is confirmed Q4.
D03	A&E 4 Hour Standard	94.8%	93.5%	94.1%	Green: >=95% Red: <95%	↓	

PERFORMANCE OVERVIEW

Being Effective

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
E01	Summary Hospital Mortality Indicator (SHMI) - In Hospital Deaths	64.2	55.2	55.2	Green: <65 Red: >=75	↓	Previous is March 2015 and Current is April 2015
E02	30 Day Emergency Readmissions	347	318	318	Below 13/14 Readmission Rate	↓	Previous is March's discharges where there was an emergency Readmission within 30 days. Current is April's discharges.

Being Efficient

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
F01	Overall Length of Stay (Spell)	4.41	3.83	4.11	Green: <= Quarterly target 3.70 Red: >= Quartrely target 3.70	↓	
F03	Theatre Productivity - Percentage of Sessions Used	89.2%	90.8%	90.0%	Green: >= 90% Red: < 90%	↑	
F04	Outpatient appointment hospital cancellation rate	11.6%	11.7%	11.6%	Green: <=6.0% Red: >=10.7%	↑	

Valuing Our Staff

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
G01	Turnover	13.8%	14.1%	14.1%	Green: < target Red: >=10% above target	↑	
G02	Staff Sickness	4.2%	4.0%	4.1%	Green: < target Red: >=0.5 percent pts above target	↓	

Promoting Research

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
H02	Cumulative Weighted Recruitment	6,643	8,578	8,578	Green: Above 2013 Red: Below 2013		Current (and YTD) is rolling Calendar YTD position. Previous is Jan-Feb 2015 and Current is Jan-Mar 2015
H03	Percentage of Studies Meeting the 70 Day Standard (Submission to Recruitment)	53.6%	51.0%	51.0%	Green: >=53% (Upper Quartile) Red: <48% (Median)	↓	Previous is Q1 2013/14 – Q4 2013-14. Current is Q2 2012/13 - Q1 2014/15. Updated Quarterly. No change from last month.

PERFORMANCE OVERVIEW

Governing Well

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
J01	Monitor Governance Risk Rating	4	4	N/A	Green: < 4 Red: > = 4	➡	Previous shows the Q3 declared poisition. Current shows the position in quarter 4 to date. Please note that Monitor has now restored the Trust to a GREEN rating, which replaces the normal scoring system.

Delivering Our Contracts

The Previous column represents Month 1 Contract monitoring position. Current (and YTD) represents Month 2 2015/16

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
K01	Financial Performance Against CQUINs (£millions)	£7.97	£7.89	£7.89	> 50% Green < 50% Red	⬇	To date in 2015/16 no assessment of performance has been carried out. Assumption in monitoring data has been that plan=actual (based on an assumed performance of 80%) - to be updated when estimate of actual performance is known. YTD and Current is Potential year-end rewards. Previous is value reported on Month 1, based on earlier contract proposals.
K02	Contract Penalties Incurred - Variance From Plan (£millions)	£0.03	£0.16	£0.16	Green: Below Plan Red: Above Plan	⬆	Data is variance above (+) or below (-) plan, with a higher negative value representing better performance. YTD and Current is variance reported for May, previous is variance reported in April 2015.

Managing Our Finance

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
L01	Monitor Continuity of Service	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	➡	For financial measures except savings Current and YTD is Current Year To Date. For Savings there is a separate total for latest month and YTD. Previous is previous month's reported data.
L02	Liquidity	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	➡	
L03	Capital Service Capacity	3.0	3.0	3.0	Green: >=3.0 Red: <2.5	➡	
L04	Savings plan achievement	68%	92%	80%	Green: >=90% Red: < 75%	⬆	

Notes

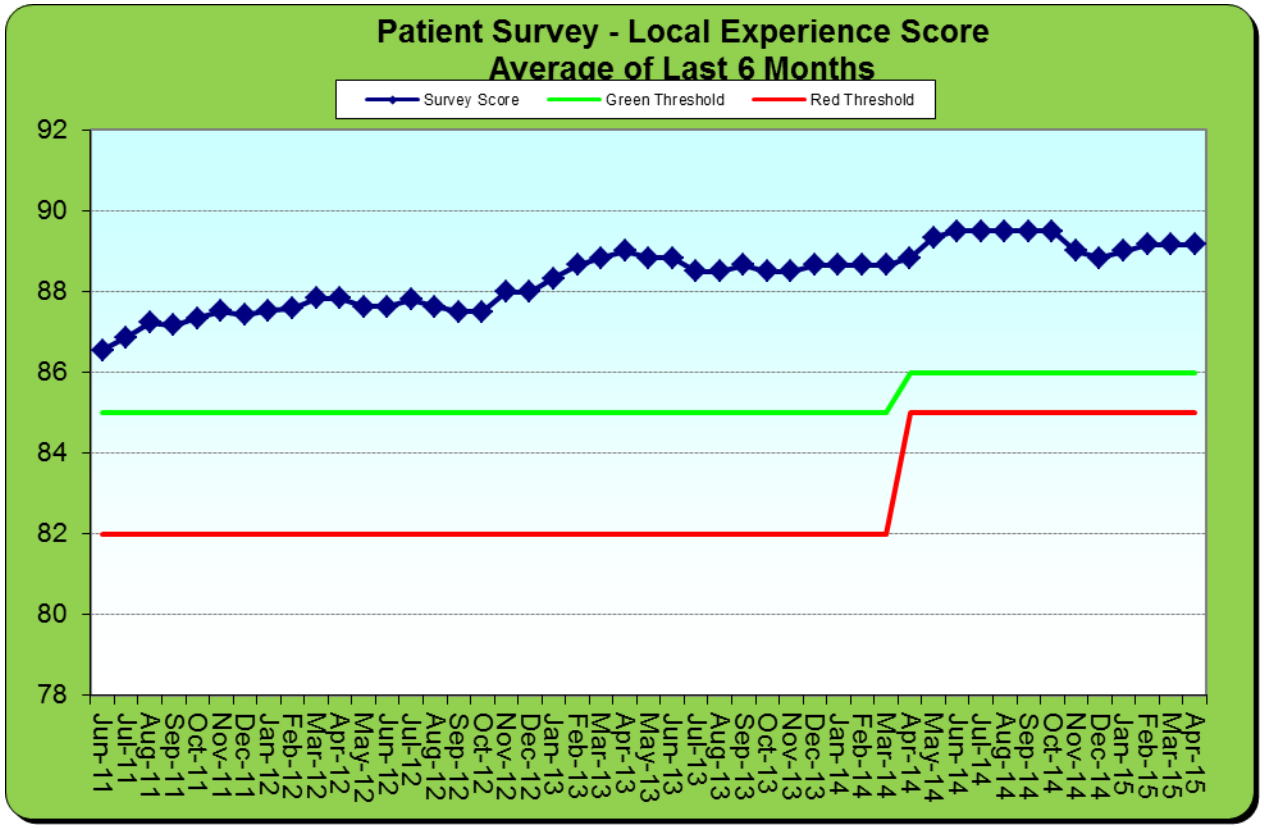
Unless otherwise stated, Previous is April 2015 and Current is May 2015

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

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

Organisational Health Barometer – exceptions summary table

Indicator in exception	Exception Report	Additional information
Patient complaints as a proportion of activity	In *Quality* section of this report	
18-week Referral to Treatment Times (RTT) admitted pathways	In *Access* section of this report	
Number of cancer standards failed	See Additional Information	The 62-day GP and 62-day Screening waiting times standards were confirmed as failed at the end of quarter 4, as previously reported. Further details of performance against these standards can be found in the *Access* section of this report.
A&E 4-hour standard	In *Access* section of this report	
30 Day Emergency Readmission	In *Quality* section of this report	
Overall Length of Stay	See *Access* section (4-hour report)	
Outpatient appointment hospital cancellation rate	See Additional Information	It is believed the increase in outpatient cancellation rate is due to high demand for services such as Dermatology, with capacity needing to be put on to react to this and patient's appointments being cancelled and brought forward where booked to far in the future
Contract penalties above plan	See separate *Finance Report*	


Patient Survey - Local Experience Score
Average of Last 6 Months
Survey Score
Green Threshold
Red Threshold
92
90
88
86
84
82
80
78
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
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Apr-13
May-13
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Jan-14
Feb-14
Mar-14
Apr-14
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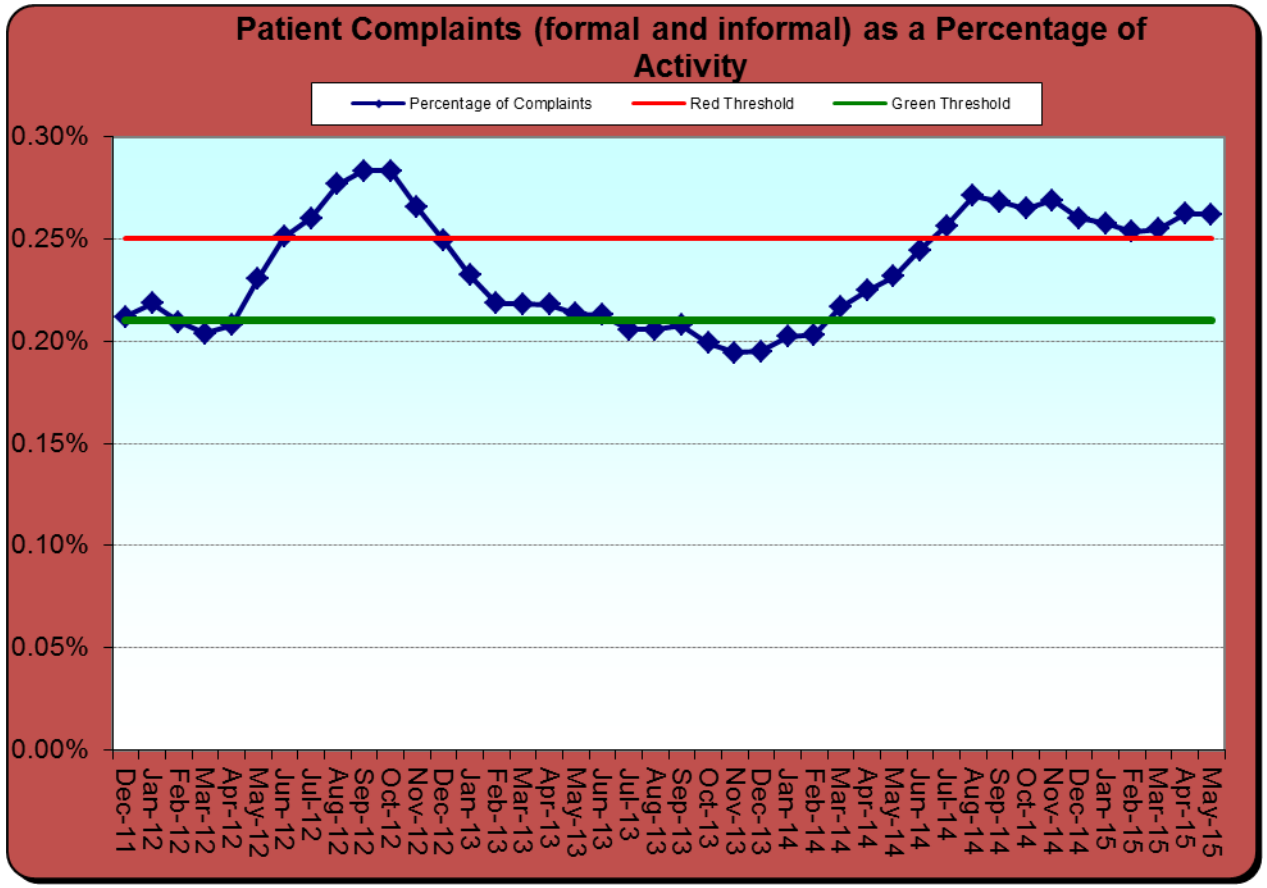
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15


Patient Complaints (formal and informal) as a Percentage of Activity
Percentage of Complaints
Red Threshold
Green Threshold
0.30%
0.25%
0.20%
0.15%
0.10%
0.05%
0.00%
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
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Jan-14
Feb-14
Mar-14
Apr-14
May-14
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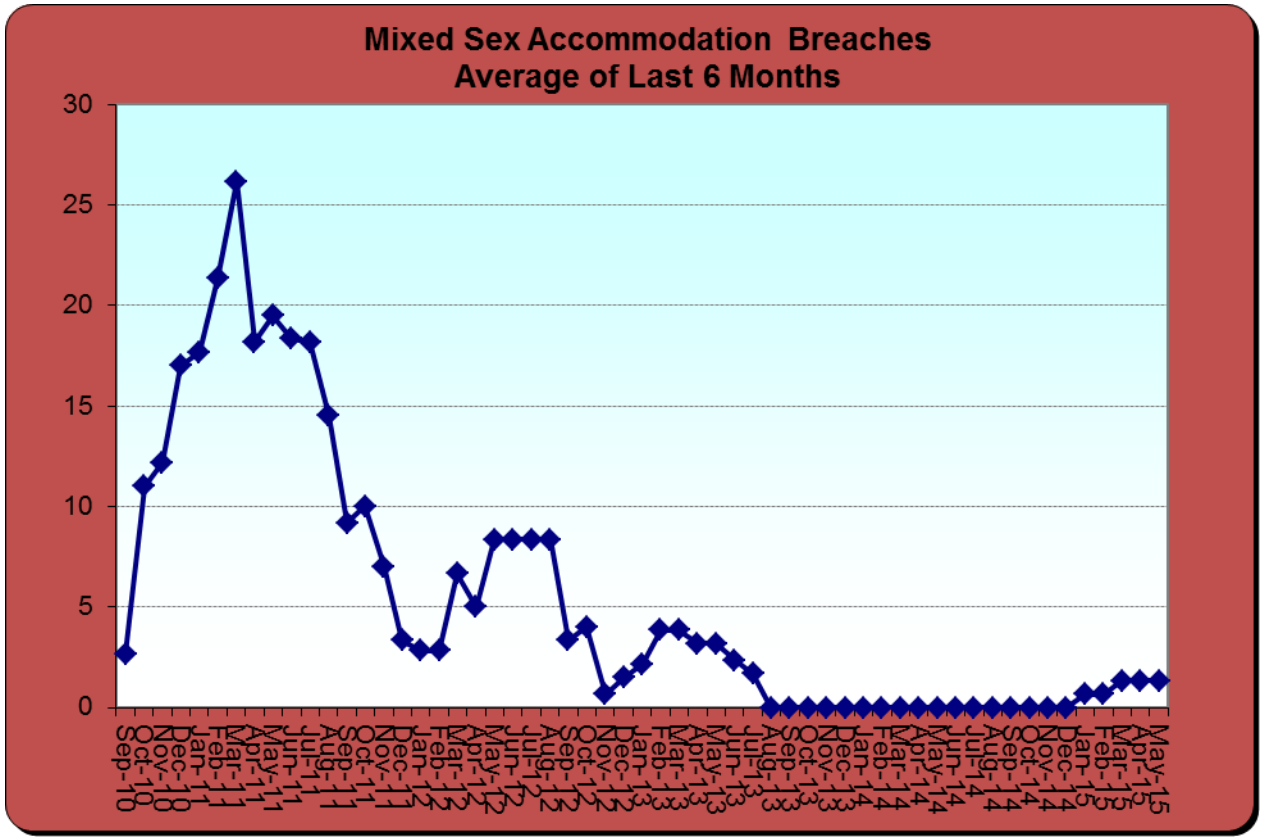
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15


Mixed Sex Accommodation Breaches
Average of Last 6 Months
30
25
20
15
10
5
0
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
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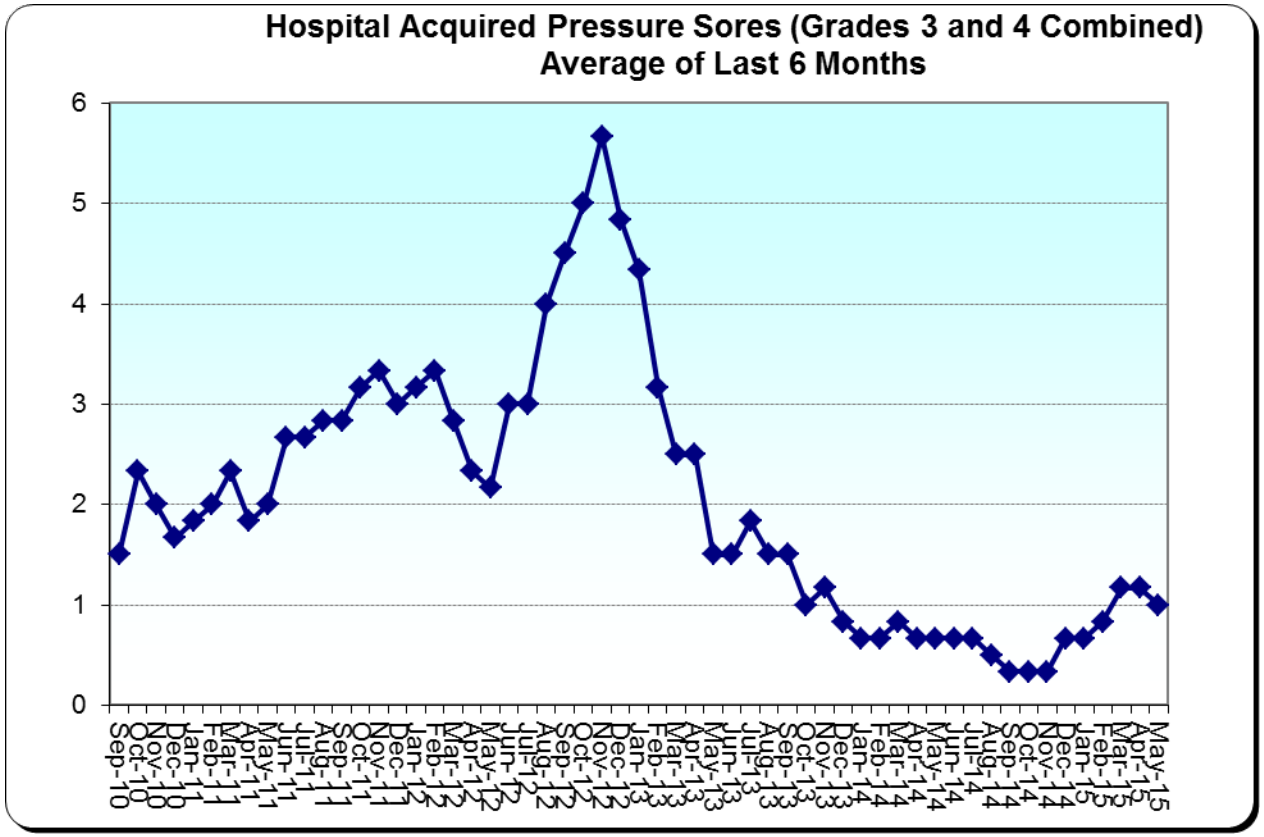
Apr-15
May-15


Hospital Acquired Pressure Sores (Grades 3 and 4 Combined)
Average of Last 6 Months
6
5
4
3
2
1
0
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
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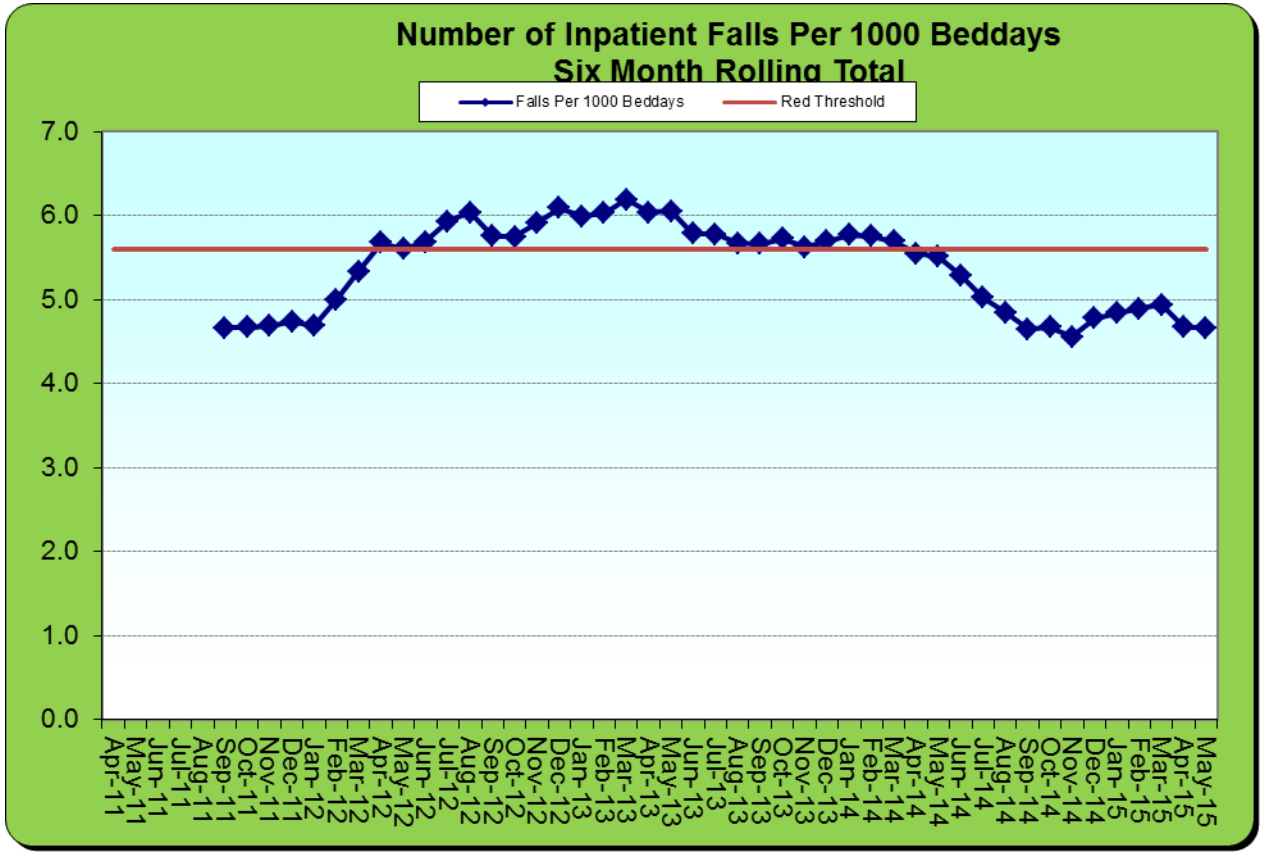
Apr-15
May-15


Number of Inpatient Falls Per 1000 Beddays
Six Month Rolling Total
Falls Per 1000 Beddays
Red Threshold
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
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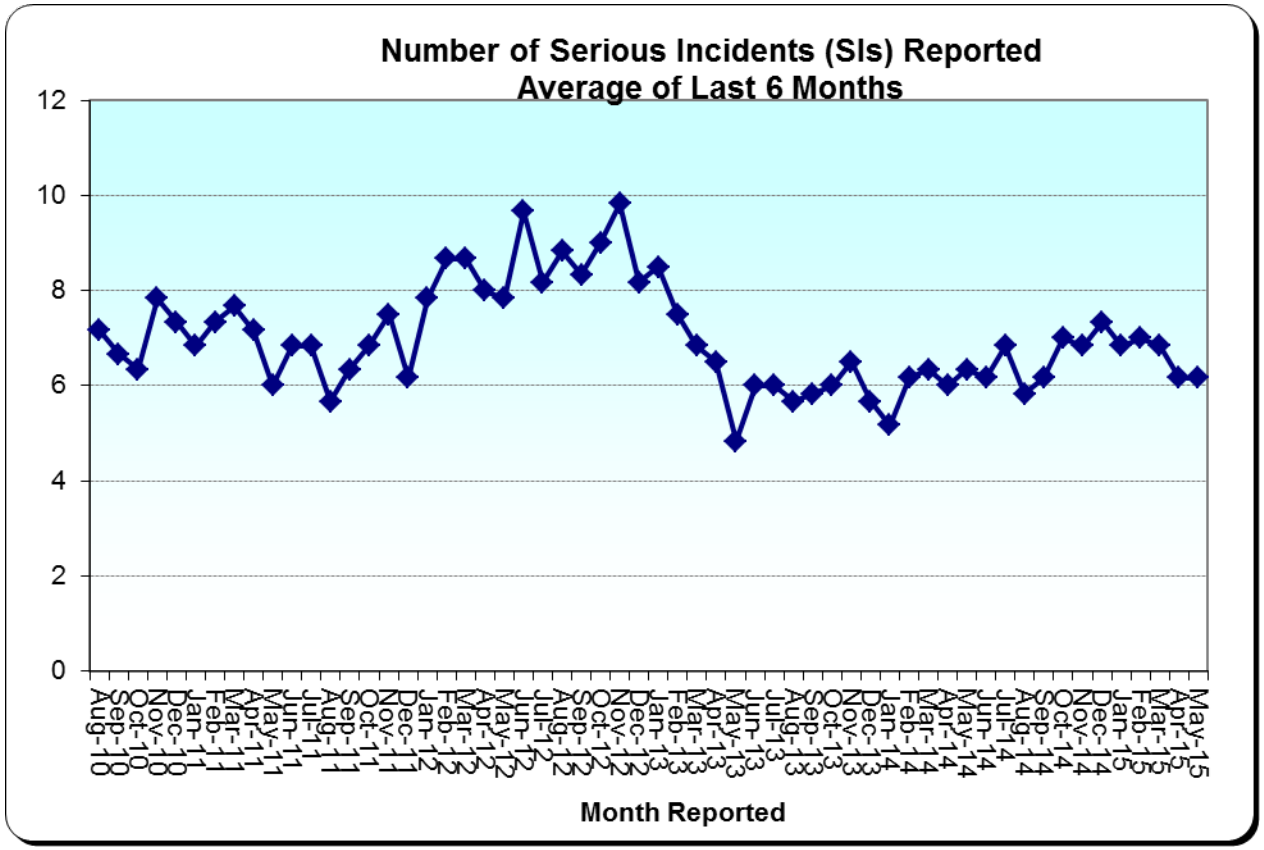
May-15


Number of Serious Incidents (SIs) Reported
Average of Last 6 Months
12
10
8
6
4
2
0
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
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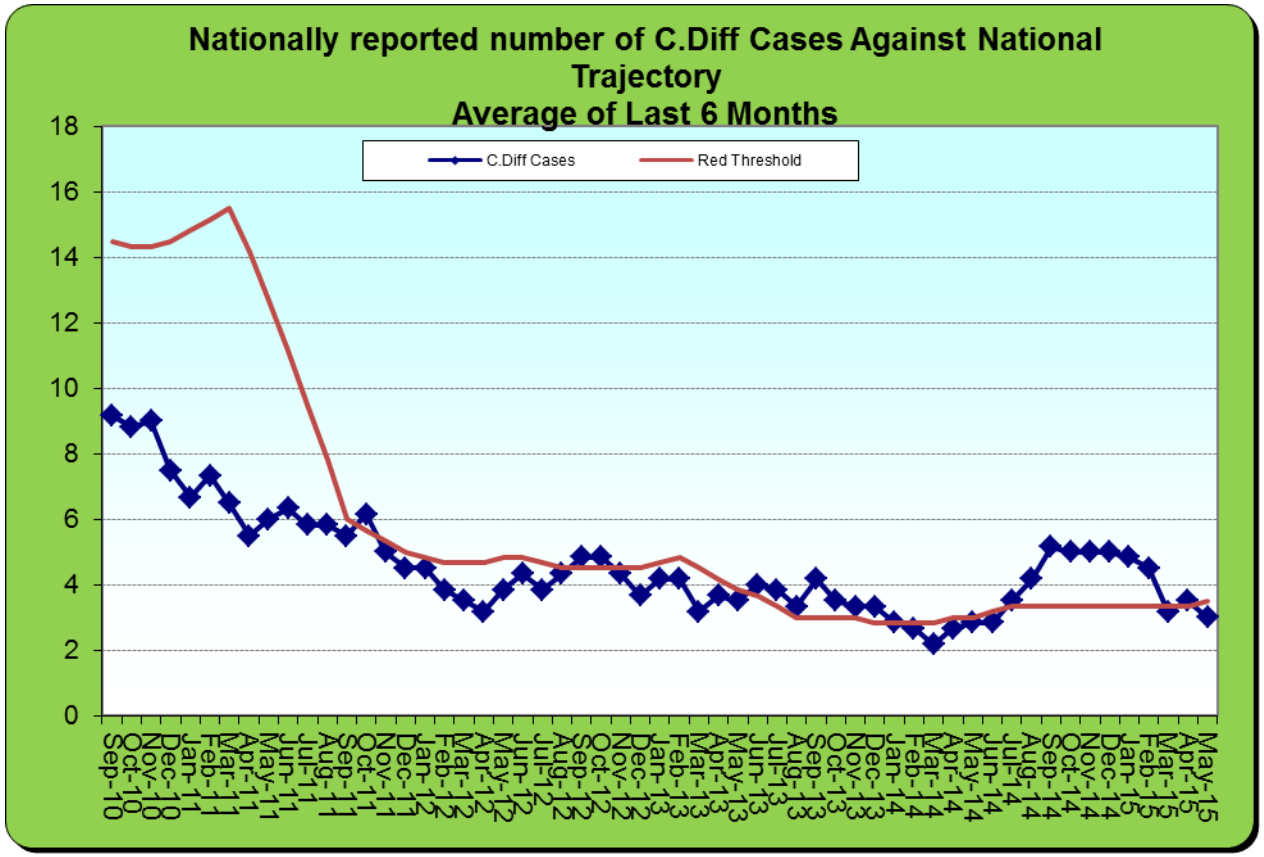
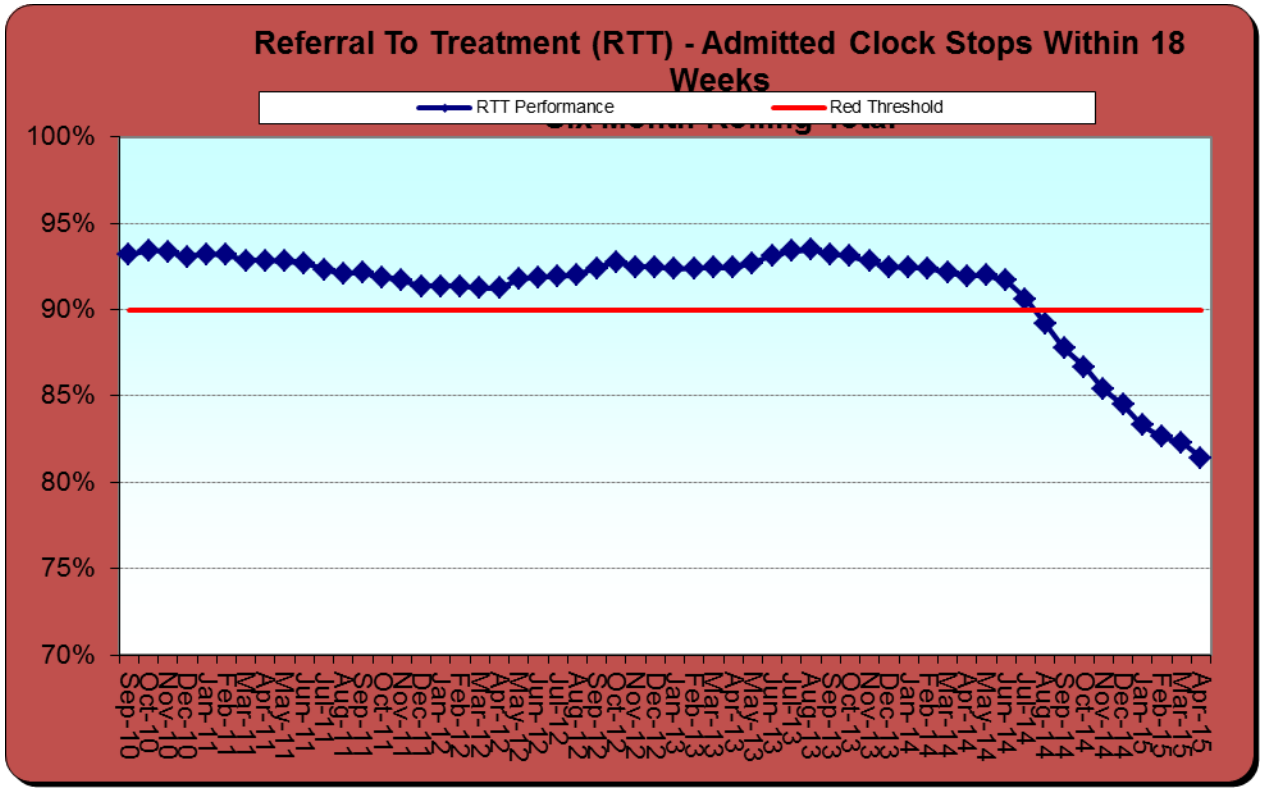
May-15
Month Reported



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


Referral To Treatment (RTT) - Admitted Clock Stops Within 18 Weeks
RTT Performance
Red Threshold
100%
95%
90%
85%
80%
75%
70%
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
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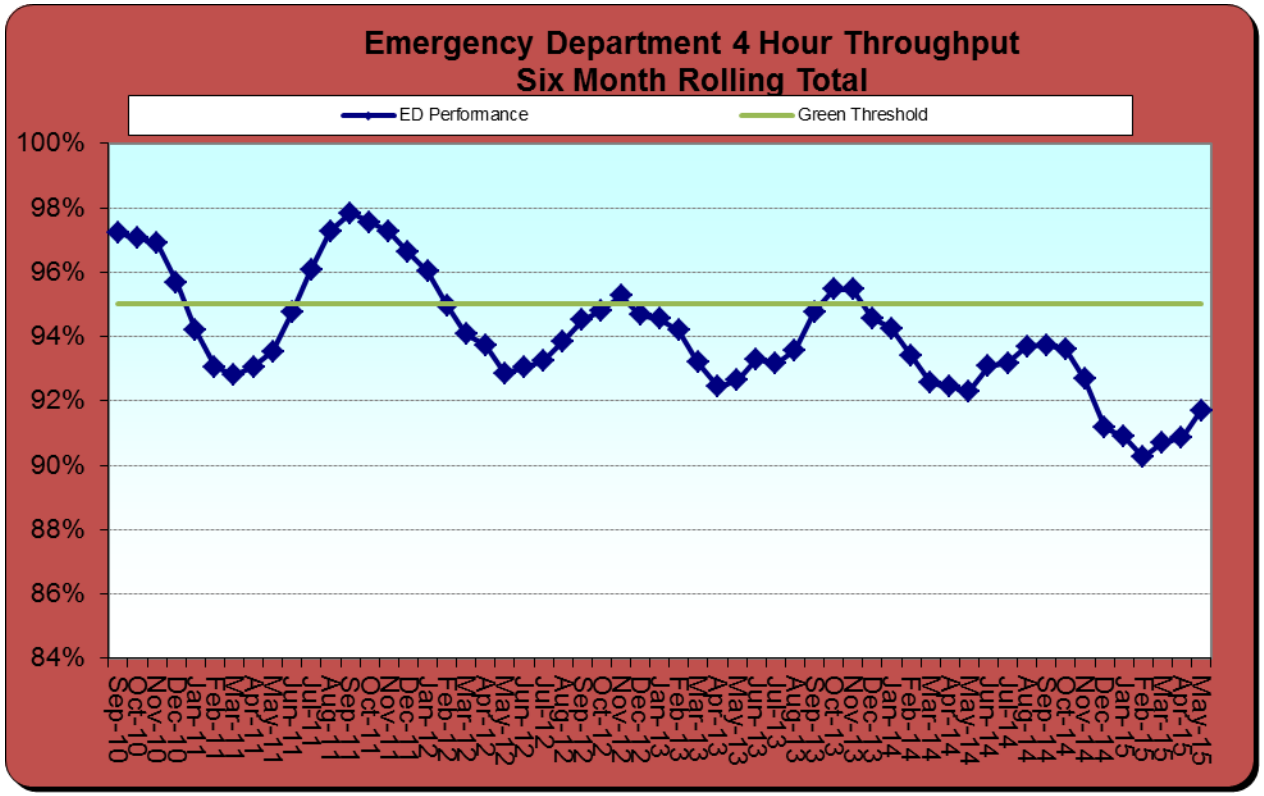
Emergency Department 4 Hour Throughput
Six Month Rolling Total
ED Performance
Green Threshold
100%
98%
96%
94%
92%
90%
88%
86%
84%
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
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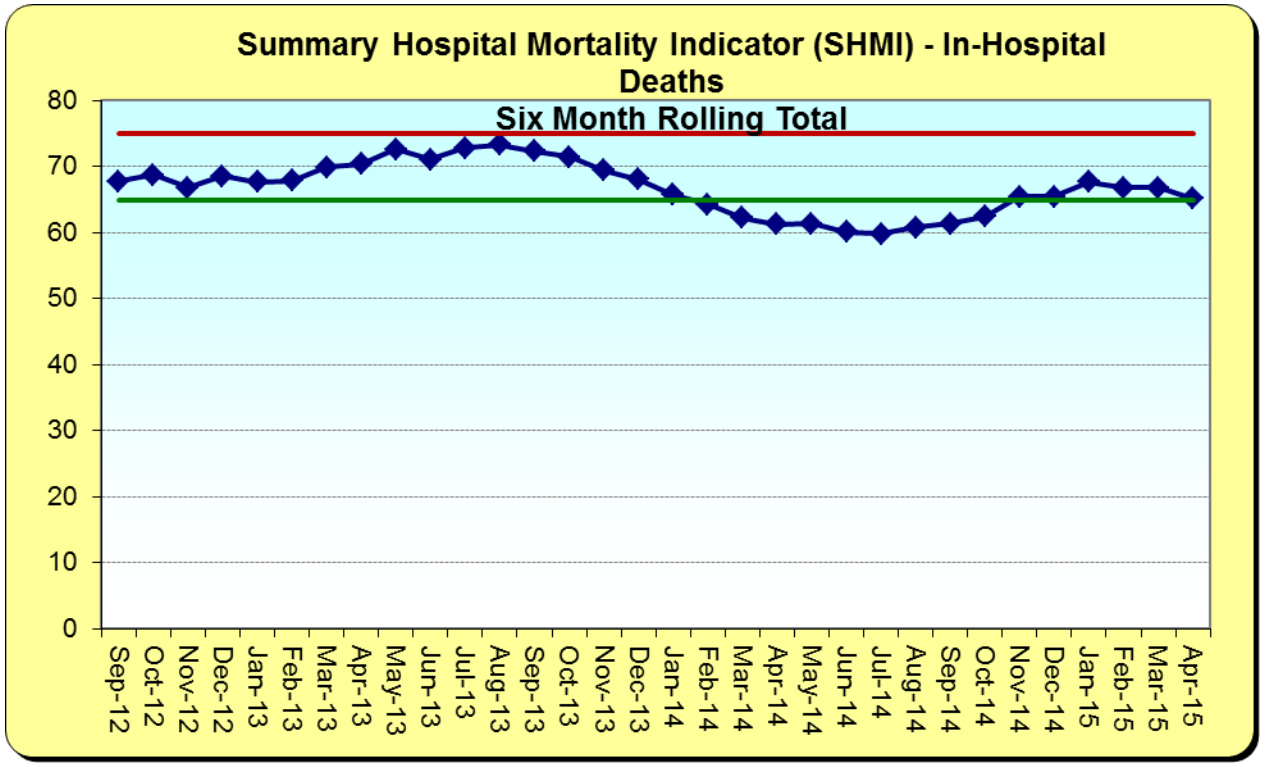
May-15


Summary Hospital Mortality Indicator (SHMI) - In-Hospital Deaths
Six Month Rolling Total
80
70
60
50
40
30
20
10
0
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
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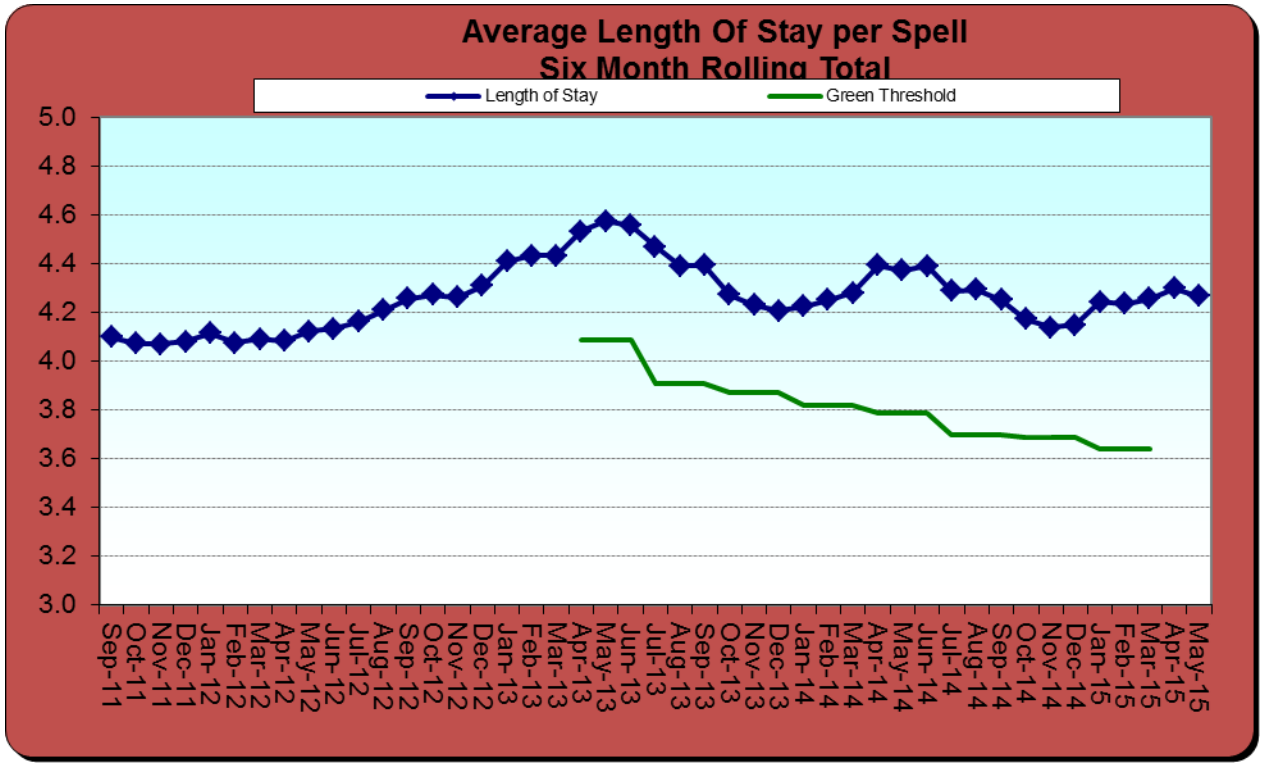
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15


Average Length Of Stay per Spell
Six Month Rolling Total
Length of Stay
Green Threshold
5.0
4.8
4.6
4.4
4.2
4.0
3.8
3.6
3.4
3.2
3.0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
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Apr-14
May-14
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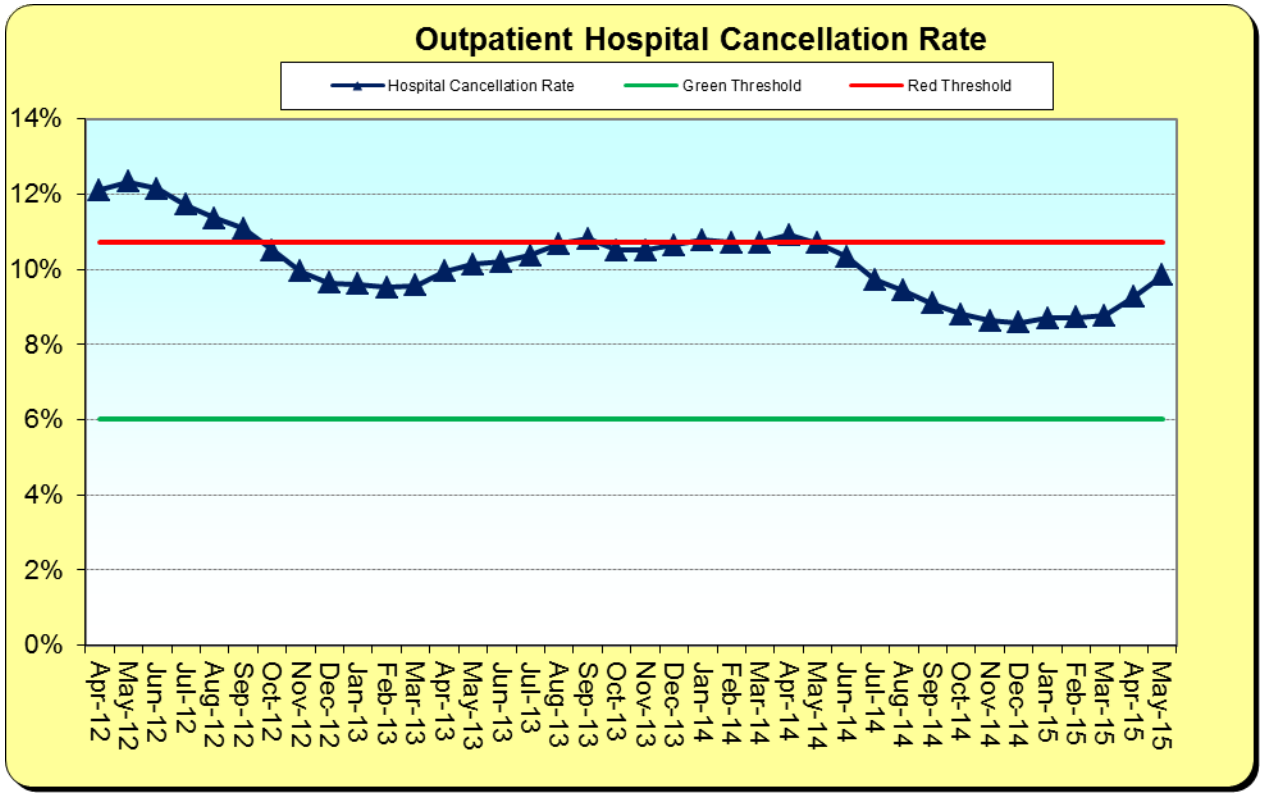
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15


Outpatient Hospital Cancellation Rate
Hospital Cancellation Rate
Green Threshold
Red Threshold
14%
12%
10%
8%
6%
4%
2%
0%
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15

SECTION C – Monitor Risk Assessment Framework

For quarter 1 to date, the Trust has failed to meet five of the standards in Monitor's 2015/16 Risk Assessment Framework. Exception reports are provided for these standards, as follows:

- RTT Non-admitted standard (1.0) – *Access section*
- RTT Admitted standard (1.0) — *Access section*
- RTT Ongoing standard (no additional score – see note below) – *Access section*
- 62-day Referral to Treatment GP and 62-day Screening Cancer standards (1.0 combined standard) – *Access section*
- A&E 4-hour maximum wait (1.0) – *Access section*

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

Overall the Trust has a forecast Service Performance Score of 4.0 against Monitor's Risk Assessment Framework. However, positively Monitor has recently restored the Trust to a GREEN risk following its review of actions being taken to recover performance against the above standards and an acceptance of the factors continuing to affect Trust performance, which are outside of its control.

Please see the Monitor dashboard on the following page, for details of reported position for quarter 1 2015/16.

PERFORMANCE OVERVIEW

Monitor's Risk Assessment Framework - dashboard

	Number	Target	Weighting	Target threshold	Reported Year To Date	Risk Assessment Framework: Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16*	Q1 forecast*	Notes	Q1 Forecast Risk Assessment Risk rating
Monitor Risk Assessment Framework	1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	TBC	✓	✓	✓	✓	TBC	✓	Limit 43 cases. 7 cases awaiting commissioner review for April/May	Achieved
	2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	100.0%	✓	✓	✓	✓	98.8%	✓		Achieved
	2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	94.1%	✓	✓	✓	✓	94.9%	✓		
	2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	97.5%	✓	✓	✓	✓	97.7%	✓		
	3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	77.3%	✗	✗	✗	✗	78.5%	✗	62-day screening standard at risk, but still could be achieved.	Not achieved
	3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	100.0%	✓	✓	✗	✗	88.9%	✓		
	4	Referral to treatment time for admitted patients < 18 weeks	1.0	90%	80.4%	Achieved each month	Not achieved	Not achieved	Not achieved	80.4%	✗		Not achieved
	5	Referral to treatment time for non-admitted patients < 18 weeks	1.0	95%	90.8%	Not achieved	Not achieved	Not achieved	Not achieved	90.8%	✗		Not achieved
	6	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	90.5%	Achieved each month	Not achieved	Not achieved	Not achieved	90.5%	✗	Standard failed - but scores for RTT failure capped at 2.0	Not achieved (see notes)
	7	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	96.3%	✓	✓	✓	✓	97.5%	✓		Achieved
	8a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	94.1%	✓	✓	✓	✓	94.5%	✓		Achieved
	8b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
	9	A&E Total time in A&E 4 hours	1.0	95%	94.1%	✗	✗	✗	✗	94.1%	✗	Trajectory expected to be met	Not achieved
	10	Self certification against healthcare for patients with learning disabilities (year-end compliance)	1.0	Agreed standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met		Achieved
		CQC standards or over-rides applied	Varies	Agreed standards met	None in effect	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		Achieved
					Risk Rating	GREEN	Triggers further investigation	Triggers further investigation	GREEN	Triggers further investigation	Triggers further investigation		

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

***Q1 Cancer figures based upon confirmed figures for the April, and draft for May.**

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

1.1 QUALITY TRACKER

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Monthly Totals Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Quarterly Totals 14/15 Q2	14/15 Q3	14/15 Q4	15/16 Q1
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	5	1	2	3	3	3	3	3	4	4	5	5	1	1	3	4	5	1
	DA03	C.Diff Cases - Monthly Totals	50	7	4	4	6	8	4	4	4	3	4	0	6	1	18	12	7	7
	DA03c	C.Diff Avoidable Cases - Cumulative Totals	8	-	1	2	3	5	6	6	6	7	8	8	-	-	5	6	8	-
	DA02	MSSA Cases - Monthly Totals	33	5	3	7	1	4	1	3	4	3	2	4	4	1	12	8	9	5
MRSA Screenings	DD01	MRSA Pre-Op Elective Screenings	100%	-	100%	100%	100%	100%	100%	100%	99.6%	100%	100%	100%	-	-	100%	99.9%	100%	-
	DD02	MRSA Emergency Screenings	94.7%	-	94.9%	94.3%	95.3%	91.4%	95.8%	94.4%	93.4%	95.5%	94.4%	95.9%	-	-	93.6%	94.5%	95.3%	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	97%	97.8%	96.8%	96.9%	97.1%	96.3%	97.2%	97.6%	97.1%	97.4%	97.6%	97%	97%	97%	97%	97.4%	97%
	DB02	Antibiotic Compliance	89.3%	90.8%	87.9%	89.6%	86.2%	88.5%	90.3%	91.2%	89.1%	90.6%	88.8%	88.8%	90.7%	90.9%	88.2%	90.3%	89.4%	90.8%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	95%	-	96%	93%	96%	96%	95%	95%	94%	95%	96%	96%	96%	95%	95%	95%	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	96%	-	95%	96%	97%	97%	97%	98%	98%	98%	98%	98%	98%	98%	97%	97%	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	95%	-	96%	91%	96%	95%	95%	96%	95%	95%	96%	96%	97%	97%	94%	95%	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	78	12	5	10	3	7	10	6	8	7	4	6	6	6	20	24	17	12
	S02a	Number of Confirmed Serious Incidents	68	2	5	8	3	6	8	5	7	5	4	5	1	1	17	20	14	2
	S02b	Number of Serious Incidents Still Open	5	9	-	-	-	-	1	0	1	2	0	1	4	5	-	2	3	9
	S03	Serious Incidents Reported Within 48 Hours	88.5%	100%	80%	100%	100%	100%	80%	83.3%	100%	100%	100%	83.3%	100%	100%	100%	87.5%	94.1%	100%
	S04	Percentage of Serious Incident Investigations Completed Within Timesca	73.3%	81.8%	83.3%	70%	85.7%	100%	50%	66.7%	37.5%	80%	66.7%	100%	75%	85.7%	81.8%	46.7%	76.2%	81.8%
Never Events	S01	Total Never Events	6	0	0	0	0	0	0	1	0	1	1	1	0	0	0	1	3	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	12712	1087	1010	1104	1038	1258	1151	1028	1073	1017	1022	1124	1087	-	3400	3252	3163	1087
	S06a	Patient Safety Incidents Per 100 Admissions	9.4	9.82	9.07	9.14	9.52	10.48	9.84	9.45	9.7	8.92	9.72	9.6	9.82	-	9.72	9.67	9.41	9.82
	S07	Number of Patient Safety Incidents - Severe Harm	89	7	8	5	4	16	3	12	6	12	7	6	7	-	25	21	25	7
Patient Falls	AB01	Falls Per 1,000 Beddays	4.8	4.04	4.28	4.51	4.59	4.26	5.23	4.5	5.59	4.89	4.91	4.53	3.61	4.46	4.45	5.11	4.77	4.04
	AB06a	Total Number of Patient Falls Resulting in Harm	28	4	2	0	3	5	2	4	1	2	1	2	2	2	8	7	5	4
Falls (CQUIN Improvement)	AB07a	Number of Inpatient Falls (CQUIN)	1476	209	109	116	116	108	134	114	144	132	120	118	92	117	340	392	370	209
	AB07b	Inpatient Falls (CQUIN) - Improvement from Baseline	-311	-73	-35	-44	-33	-43	-22	-26	-8	-23	-15	-42	-51	-22	-120	-56	-80	-73
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.387	0.309	0.314	0.427	0.396	0.394	0.312	0.553	0.388	0.37	0.45	0.269	0.353	0.267	0.406	0.417	0.361	0.309
	DE02	Pressure Ulcers - Grade 2	110	16	8	10	10	10	8	13	8	9	10	5	9	7	30	29	24	16
	DE03	Pressure Ulcers - Grade 3	9	0	0	1	0	0	0	1	2	1	1	2	0	0	1	3	4	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	98.8%	99.2%	98.1%	98.4%	98.6%	98.9%	98.7%	99%	99%	99.1%	99.4%	99.2%	99.1%	99.3%	98.7%	98.9%	99.2%	99.2%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.4%	93.5%	94%	95.3%	96.6%	93.2%	92.6%	92.3%	96.7%	92.4%	92.9%	96%	93.9%	93%	95.1%	93.8%	93.8%	93.5%
Nutrition	WB05	Nutrition: Screening Tool Completed	93.7%	94.8%	-	92.8%	91.8%	94.2%	93.4%	95.1%	93.8%	91.3%	94.6%	96%	94.4%	95.3%	92.9%	94.1%	93.9%	94.8%
	WB03	Nutrition: 72 Hour Food Chart Review	88.9%	90.3%	87.7%	89%	89.3%	93.1%	88.3%	87.2%	87.8%	87.4%	88.4%	87.9%	86.8%	93%	90.4%	87.8%	87.9%	90.3%
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.9%	99.4%	99.5%	99.7%	99.6%	99.7%	99.6%	99.4%	100%	100%	100%	100%	99.7%	99.6%	99.6%	100%	99.9%

QUALITY

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Monthly Totals Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Quarterly Totals 14/15 Q2	14/15 Q3	14/15 Q4	15/16 Q1
Patient Safety																				
Medicines	WA01	Medication Errors Resulting in Harm	0.45%	0%	0.78%	1.09%	0.52%	0.56%	0%	0.57%	0%	0%	0%	0.54%	0%	-	0.72%	0.2%	0.21%	0%
	WA10a	Medication Reconciliation Within 1 Day (Assessment and BHI Wards)	96.5%	94.7%	96.5%	93.3%	97.4%	97.6%	98.6%	97.1%	95%	90%	95.3%	95.6%	93.3%	96%	96%	97.7%	93.8%	94.7%
	WA10b	Medication Reconciliation Within 1 Day (BHOC and Gynae Wards)	95.5%	96.4%	90.9%	86.4%	94.7%	98.8%	98.3%	98.2%	95%	98.4%	-	100%	100%	93.3%	92.6%	97.8%	99%	96.4%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	1.01%	0.96%	0.38%	1.41%	1.42%	0.69%	1.21%	0.86%	0.37%	1.55%	1.54%	0.52%	0.63%	1.43%	1.19%	0.84%	1.23%	0.96%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	96.6%	97.3%	96%	96.7%	96.9%	96.5%	96.1%	96.7%	97%	96.7%	97.9%	96.5%	97.5%	97%	96.7%	96.6%	97%	97.3%
	AK04	Safety Thermometer - No New Harms	98.4%	98.5%	98.5%	98.9%	98.7%	98%	97.9%	97.8%	98.5%	98.4%	99.3%	98.7%	98.9%	98.2%	98.5%	98.1%	98.8%	98.5%
Deteriorating Patient	AR03	Early Warning Scores (EWS) Acted Upon	89%	93%	91%	91%	96%	88%	88%	86%	83%	92%	96%	88%	90%	96%	92%	85%	91%	93%
	CA01	Number of Verified Crash Calls from Adult General Wards	51	13	5	4	9	3	2	2	3	6	5	4	7	6	16	7	15	13
Discharges	TD04A	Out of Hours Discharges (8-7)	11.7%	11.7%	12.1%	12.1%	11.9%	11.5%	10.9%	10.6%	11.4%	12.1%	10.5%	12.2%	10.5%	12.9%	11.8%	11%	11.6%	11.7%
CAS Alerts	CS01	CAS Alerts Completed Within Timescale	97.9%	100%	-	-	90%	100%	85.7%	100%	100%	100%	100%	100%	100%	100%	96.4%	97%	100%	100%
	CS03	Number of CAS Alerts Overdue At Month End	0	0	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Effectiveness																				
Mortality	X05	Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital D	64.1	55.2	57.3	56.1	66.5	64.1	65.9	85.4	58.5	68.7	60.9	64.1	55.2	-	62.2	68.7	64.9	55.2
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	95.8	-	95.8	-	-	95.8	-	-	-	-	-	-	-	-	95.8	-	-	-
	X06	Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline	68.4	58.4	63.1	58.1	74.7	73.9	70.4	89.7	63.3	71.1	57.6	69	58.4	-	69	73.1	66.5	58.4
Learning Disability	AA03	Learning Disability (Adults) - Percentage Adjustments Made	89%	76.5%	100%	76.2%	82.4%	91.3%	90.5%	85%	100%	83.9%	95.5%	83.3%	76.5%	-	83.6%	92.3%	86.7%	76.5%
Readmissions	C01	Emergency Readmissions Percentage	2.82%	2.89%	3.03%	2.51%	2.95%	2.96%	2.45%	2.39%	2.99%	3.06%	2.83%	2.96%	2.89%	-	2.8%	2.61%	2.95%	2.89%
Maternity	G04	Percentage of Normal Births	61.5%	62.2%	62.4%	64.7%	61.4%	63.8%	58.9%	65.5%	59.6%	60%	59.8%	57.9%	60.9%	63.4%	63.4%	61.3%	59.3%	62.2%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	76%	71.7%	82.6%	82.1%	71.4%	61.3%	77.8%	73.3%	70%	78.3%	89.7%	72.7%	71.4%	72%	71.3%	73.6%	81.1%	71.7%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	93.4%	73.3%	95.7%	100%	96.4%	93.5%	88.9%	86.7%	93.3%	95.7%	93.1%	86.4%	77.1%	68%	96.6%	90.3%	91.9%	73.3%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	70.1%	55%	78.3%	82.1%	67.9%	54.8%	70.4%	60%	66.7%	78.3%	82.8%	50%	57.1%	52%	67.8%	66.7%	71.6%	55%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.5%	68.6%	36.8%	48.6%	53.7%	61.1%	62.8%	59%	62.8%	55%	66.7%	60%	68.6%	-	54.4%	61.6%	61.2%	68.6%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	86.4%	97.1%	81.6%	97.3%	78%	86.1%	88.6%	87.2%	79.1%	75%	87%	92.5%	97.1%	-	86.8%	84.9%	85.1%	97.1%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.2%	76%	57.1%	25%	72.2%	66.7%	58.8%	73.3%	64.7%	50%	57.1%	50%	69.2%	83.3%	61.4%	65.3%	52.8%	76%
Dementia	AC01	Dementia - Find, Assess, Investigate and Refer Q1	65%	86.1%	49%	62.1%	67.5%	66.6%	61.4%	63.7%	62.9%	78.3%	77.3%	81.6%	83.9%	88.4%	65.4%	62.6%	79.3%	86.1%
	AC02	Dementia - Find, Assess, Investigate and Refer Q2	84.1%	99.2%	59.5%	84.7%	81.7%	87.3%	87.1%	92.2%	82.2%	90.7%	88.5%	94.2%	98.6%	100%	84.7%	86.3%	91.7%	99.2%
	AC03	Dementia - Find, Assess, Investigate and Refer Q3	58.5%	90.9%	22.7%	55.2%	50%	35.9%	78.3%	73.3%	68%	82.4%	81.3%	90.5%	90%	92.3%	44.8%	74.3%	85.2%	90.9%
	AC04	Percentage of Dementia Carers Feeling Supported	75.2%	95.5%	90%	-	-	70%	80%	88.9%	64.3%	87.5%	81.8%	-	90.9%	100%	57.1%	78.7%	85.2%	95.5%
Outliers	J05	Ward Outliers - Beddays	11216	1285	769	659	749	908	1338	876	1169	1364	847	889	647	638	2316	3383	3100	1285

QUALITY

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Monthly Totals Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Quarterly Totals 14/15 Q2	14/15 Q3	14/15 Q4	15/16 Q1
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	90	88	89	89	89	89	89	89	90	89	89	-	89	89	89	89
	P01g	Patient Survey - Kindness and Understanding	-	-	93	92	93	94	93	93	94	93	93	93	94	-	93	93	93	94
Friends and Family Test	P03a	Friends and Family Test Inpatient Coverage	38.7%	34.1%	39.5%	35.5%	32.9%	33.1%	36.1%	41.3%	29.5%	37.9%	33.9%	59.3%	28.2%	40.5%	33.8%	35.5%	44%	34.1%
	P03b	Friends and Family Test ED Coverage	20.8%	3.8%	19.2%	16.1%	22.7%	26.2%	20.2%	14.9%	16%	17.3%	22.5%	37.1%	5.1%	2.6%	21.6%	17.1%	26.1%	3.8%
	P04a	Friends and Family Test Score - Inpatients	75.8	76.5	73.5	72.4	75	76.8	73.6	73.4	81.8	79.9	73	77.1	78	75.4	74.8	75.8	76.9	76.5
	P04b	Friends and Family Test Score - ED	69.5	63.7	69.3	72.4	69.7	67.1	67	69.5	69.8	70.9	65.2	68.8	67.6	56.8	69.4	68.6	68.3	63.7
Patient Complaints	T01a	Patient Complaints as a Proportion of Activity	0.261%	0.258%	0.277%	0.282%	0.321%	0.266%	0.224%	0.251%	0.224%	0.267%	0.291%	0.273%	0.266%	0.25%	0.288%	0.232%	0.277%	0.258%
	T03a	Complaints Responded To Within Trust Timeframe	85.9%	86.6%	83.3%	91.5%	88.3%	88.1%	84.4%	82.9%	82.9%	84.8%	83.7%	85.3%	89.5%	83.9%	89.5%	83.4%	84.7%	86.6%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	92.4%	91.7%	76.1%	83.3%	81.4%	77.9%	78.6%	87.1%	87.9%	81.4%	92.6%	93%	91.9%	80%	81.1%	88.1%	92.4%
	T04a	Complainants Disatisfied with Response	84	11	11	8	4	2	7	9	8	11	7	7	7	4	14	24	25	11
Ward Moves	J06	Average Number of Ward Moves	2.32	2.23	2.33	2.34	2.38	2.42	2.32	2.37	2.25	2.24	2.28	2.24	2.31	1.73	2.38	2.31	2.25	2.23
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.08%	1.21%	1.1%	1.35%	0.97%	1.14%	0.84%	1.96%	0.73%	1%	0.85%	1.03%	1.2%	1.22%	1.16%	1.16%	0.97%	1.21%
	F01a	Number of Last Minute Cancelled Operations	749	129	64	84	54	68	52	108	41	58	46	66	66	63	206	201	170	129

1.2 SUMMARY

We have a record number of green rated metrics (42) this month, since last year's adoption of the current suite of quality metrics. Of particular note is the sustained good performance throughout the previous twelve months in the following metrics: hand hygiene, cleanliness, falls incidence, pressure ulcer incidence, nutrition screening, reduction in medication errors, harm free care, mortality, Friends & Family test scores, our patient experience tracker and our patient experience survey responses as to whether patients were treated with kindness and understanding. As part of our annual review of quality dashboard metrics (which is being finalised) we will set further improvement targets and will align our metrics with our 2015/16 quality objectives, quality improvement priorities and key CQUINs for 2015/16.

We currently remain challenged by the need to improve timely surgery for patients with fractured neck of femur; actions in train are described in the relevant exception report. We have also seen a further reduction in Friends & Family Test coverage in the Emergency Department, following a surge towards the end of 2014/15; further details are provided in the exception report.

Achieving set threshold (42)	**Thresholds not met or no change on previous month (7)**
- MSSA (Meticillin Sensitive Staphylococcus aureus) cases against trajectory - Hand Hygiene Audit - Antibiotic prescribing compliance - Cleanliness monitoring: overall Trust score - Cleanliness monitoring: very high risk areas - Cleanliness monitoring: high risk areas - Serious Incidents reported with 48 hours - Serious incident investigations completed within required timescale - Never Events - Inpatient falls incidence per 1,000 bed days - Falls resulting in harm - Falls improvement from baseline - Total pressure ulcer incidence per 1,000 bed days - Number of grade 3 hospital acquired pressure ulcers - Number of grade 4 hospital acquired pressure ulcers - Percentage of adult in-patients who had a Venous Thrombo-Embolism (VTE) risk assessment	- Percentage adult in-patients who received thrombo-prophylaxis - NHS Safety thermometer-no new harms. - WHO surgical checklist compliance - Percentage of normal births - Learning disability (adults)-percentage adjustments made - Stroke care: percentage receiving brain imaging within 1 hour - Dementia admissions-case finding applied

QUALITY	
- Nutritional screening completed - 72 hour Food Chart review - Medicines reconciliation performed within one day of admission (Assessment and cardiac wards) - Medicines reconciliation performed within one day of admission (Oncology and Gynaecology wards) - Reduction in medication errors resulting in moderate or severe harm - Non-purposeful omitted doses of listed critical medication - NHS Safety thermometer- harm free care - Deteriorating patient- appropriate response to an Early Warning Score of 2 or more - Deteriorating patient- reduction in cardiac arrest calls from adult general ward areas - Central Alerting System (CAS) alerts completed within timescale - Percentage of CAS alerts overdue at month end - Summary Hospital Mortality Indicator (SHMI) in-hospital deaths - Summary Hospital Mortality Indicator (SHMI) including out of hospital-deaths within 30 days of discharge - Risk Adjusted Mortality (Hospital Standardised Mortality Ratio equivalent) - Stroke care: percentage spending 90% + time on a stroke unit - High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hour - Dementia admissions-assessment completed - Dementia admissions-referred on to specialist services - Ward outliers bed-days - Average number of ward moves - Patient experience local patient experience tracker - Monthly patient survey: kindness and understanding - Friends and Family Test (FFT) coverage: Inpatients - FFT Score: Inpatients - FFT Score: Emergency Department - Number of complainants dissatisfied with our response (not responded in full)	

QUALITY

Quality metrics not achieved or requiring attention (9)	Quality metrics not rated (13)
- MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias against trajectory - 30 day emergency re-admissions - Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours - Fractured neck of femur patients treated with 36 hours - Out of hours discharges - Friends and Family Test (FFT) coverage: Emergency Department - Patient complaints as a proportion of all activity - Percentage of complaints resolved within agreed timescale - Last minute cancelled operations: percentage of admissions	**Change in reporting to quarterly:** - MRSA screening – emergency - MRSA screening – elective **Metrics/thresholds under review:** - Trust apportioned Clostridium difficile cases against national trajectory - Dementia-carers feeling supported **Metrics for information** - Monthly number of *Clostridium difficile* cases - Number of serious incidents - Confirmed number of serious incidents - Total number of patient safety incidents reported - Total number of patient safety incidents per 100 admissions - Number of patient safety incidents severe harm - Number of grade 2 hospital acquired pressure ulcers - Number of falls - Number of last minute cancelled operations

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

Final details of CQUINs for 2015/16 are currently being agreed with our commissioners.

1.4 CHANGES IN THE PERIOD

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

- Medication errors resulting in moderate or severe harm back down ↓ from 0.54% in March to 0% in April;
- Deteriorating patient: early warning scores acted upon up ↑ from 90% in April to 96% in May;
- Friends & Family Test coverage in the Emergency Department down ↓ from 5.1% in April to 2.6% in May;
- Friends & Family Test coverage for in patient areas up ↑ from 28.2% in April to 40.5% in May.

Exception reports are provided for eight RED rated indicators*.

*Please note: an exception report is not provided for MRSA cases although it is red on the dashboard. This is because the measure continues to be a cumulative measure throughout 2015/16 rather than number of cases each month. The red threshold of one case was triggered in April 2015 therefore this measure will automatically remain red for the rest of 2014/15. There were no new cases in May 2015.

*The exception report for Last Minute Cancelled Operations is provided in the access section of this report.

1. 30 day emergency re-admissions
2. Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours
3. Fractured neck of femur patients treated with 36 hours
4. Out of hours discharges
5. Friends and Family Test (FFT) coverage: Emergency Department
6. Patient complaints as a proportion of all activity
7. Percentage of complaints resolved within agreed timescale
8. Last minute cancelled operations: percentage of admissions

QUALITY

Q1. EXCEPTION REPORT: 30-day emergency readmissions	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

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

Performance in the period, including reasons for the exception:

In April there were 318 emergency readmissions within 30 days of discharge, which equates to 2.89% of discharges. Although higher than the target this is 29 fewer readmissions than in March. The rate of readmissions is 0.19% above the 2.7% target, but is to date lower than the readmission rate reported in Q1 2014/15. The Trust continues to review any specialties which are identified through benchmarking reports as having a higher than expected readmission rate, relative to national and clinical peers.

Recovery plan, including expected date performance will be restored:

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

QUALITY

Q2-3. EXCEPTION REPORT: • **Fractured neck of femur patients treated with 36 hours** • **Fractured neck of femur patients achieving best practice tariff**	**RESPONSIBLE DIRECTOR: Medical Director**

Description of how the standard is measured:

Best Practice Tariff (BPT) for patients with an identified hip fracture requires all of the following standards to be achieved:

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

Performance in the period, including reasons for the exception:

Performance for May for time to theatre was 72%; seven of the twenty five patients did not receive surgery within 36 hours. Performance for May for Ortho-geriatrician review was 68%; eight of the twenty five patients did not have an Ortho-geriatric review within 72 hours.

Further details regarding the reasons for non-achievement are given below:

- Of the eight patients that were not reviewed by an Ortho-geriatrician within 72 hours: the delays for seven patients relate a period when two of the three Ortho-geriatricians were absent (due to sickness and study leave). For the eighth patient, their fracture was not identified until after the Best Practice Tariff window;
- Of the seven patients that did not receive surgery within 36 hours, three patients were admitted consecutively therefore two patients did not get to theatre due to capacity. For one patient, their fracture was not identified until after the Best Practice Tariff window. Two patients were delayed as the theatre lists they were booked on over-ran. The seventh patient was not medically fit for theatre and required clinical optimisation which delayed surgery.

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

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

QUALITY

- We are continuing to successfully run the all-day weekend operating, ensuring staffing can support this on an ongoing basis; this includes running these lists on Bank Holidays;
- Theatre establishment for Heygroves Theatre agreed to include a late team for the trauma theatre, ensuring that there is extended time in the operating day to manage an overrunning theatre as required to ensure that the last planned case goes ahead;
- A theatre transformation programme, with actions specifically focused on theatre utilisation and efficiency has started in May and will continue to be rolled-out in coming months;
- Introduction of Trauma Board in theatres to ensure clear visibility of all patients waiting for theatre and tool to allow prioritisation of cases;
- Job plan changes have been agreed in May which will improve the spread of trauma time across the week and enable an additional hip fracture case to the start of planned limb reconstruction theatre lists;
- Heygroves Theatre recovery plan being delivered through fortnightly meetings and performance managed through divisional board – objective to remove delays at the end of the day that can lead to the trauma theatre stopping operating;
- Implementation of live Flow Tracker within the Division, to identify any patients with a hip fracture waiting over 24 hours for theatre. Intervention from Assistant General Manager for Trauma & Orthopaedics for any patient identified over 24 hours, to ensure clear plan in place and to escalate to senior management in the division if no plan to treat within 36 hours.

Clear escalation plan in place when theatre capacity is a reason to delay patients with fractured neck of femur getting to theatre – to include Assistant General Manager attendance at morning trauma meeting. Standard Operating Procedure in place for Trauma Co-ordinator to ensure clear expectations of escalation to senior management team.

The improvement trajectory below for time to theatre shows that the actual number of breaches in April against the recovery plan.

Month (of patient discharge)	Apr-15	May-15	June-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Total patients (predicted)	24	32	29	29	31	30	24	19	36	29	28	22
Expected 36 hour breaches	**2**	**3**	**2**	**2**	**3**	**3**	**2**	**1**	**3**	**2**	**2**	**2**
Performance trajectory	**91.7%**	**90.6%**	**93.1%**	**93.1%**	**90.3%**	**90%**	**91.6%**	**94.7%**	**91.6%**	**93.1%**	**92.8%**	**90.9%**
Total patients (actual) not just BPT patients	35	25										
Actual 36 hour breaches	10	7										
Actual performance	**71.4%**	**72%**										

QUALITY

Q4. EXCEPTION REPORT: Out of hours discharges	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the standard is measured:

The number of patients discharged out of hours as a percentage of total patients discharged in the month. Up until May 2015, an out of hours discharged was defined as occurring between 22:00 and 07:00.

From May 2015, the definition has been changed to occurring between 20:00 and 07:00 to recognise that patients who leave hospital between 20:00 and 22:00 may not arrive home until an unacceptably much later time. The figures for previous months in the quality dashboard have been amended to reflect the new definition.

As part of our annual review of quality metrics we will be further refining this measure to ensure it reflects inappropriate out of hours discharges as there will be instances when an out of hours discharge is appropriate e.g. when a patient is transferred to another Trust for time-critical specialist treatment, or when treatment and safe discharge is planned to be completed after 20:00 or patient choice.

Performance in the period, including reasons for the exception:

In May 2015 the percentage of out of hours discharges was 12.9% against a previously agreed target of 8%. The main reason for the exception is the change in definition of an out of hours discharge. However, we did not achieve our target for reduction in out of hours discharge in 2014/15 and so timely discharge remains one of our quality objectives for 2015/16.

Recovery plan, including expected date performance will be restored.

It is widely recognised that patient flow is facilitated by the early discharge of inpatients. There a number of projects in train that aim to reduce the number of discharges out of hours:

- Re-launch of the Discharge Lounge;
- Embedding of the 45 minute turnaround of beds;
- Embedding real time recording of patient transfers and discharges on Medway so that we accurately capture the time the patient leaves the ward rather than the time the Medway system is subsequently updated.

The projects will have a progressive effect and are tracked via the Non-Elective Services Operational Group.

QUALITY

Q5. Emergency Department Friends and Family Test survey response rate	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The Friends and Family Test (FFT) is a short exit survey: staff provide patients with a questionnaire card at discharge, which asks whether they would recommend the care they received to their Friends and Family. The response rate is calculated as the number of discharged patients relative to the number of questionnaire cards returned. The Emergency Departments have a minimum response rate target of 15%.

Performance in the period, including reasons for the exception:

In May 2015, the Emergency Department response rate was 2.6%. This reflects low response rates in both the Bristol Royal Infirmary Emergency Department (1.3%) and the Bristol Eye Hospital Emergency Department (5.2%). This follows a similarly disappointing month in April (overall response rate 5.1%).

In 2014/15, significant effort by Emergency Department staff enable the Trust to fully achieve its FFT CQUIN targets - particularly during Quarter 4 (January to March 2015), when the Emergency Department response rate rose to 26.1%. The response rates in April and May therefore represent a significant deterioration (see Table 1). The FFT is challenging to deliver in an Emergency Department setting. In 2015/16 to date, following the removal of the CQUIN targets previously associated with the FFT, it has proved difficult to maintain staff focus, engagement and motivation relating to this survey.

Table 1: Emergency Department Response Rates over the last six months

	December	January	February	March	April	May
Response rate	16.0%	17.3%	22.5%	37.1%	5.1%	2.6%

Recovery plan, including expected date performance will be restored:

- The immediate priority is to re-focus staff in both Emergency Departments by re-iterating the value of patient feedback received via this survey. The latest response rates have been shared with the Heads of Nursing and senior nursing staff within each department. A clear message has been given to Emergency Department teams that this survey remains an important indicator of quality of care. Further discussion will take place at the Trust's Patient Experience Group meeting on 25th June, chaired by the Chief Nurse;

QUALITY

- The second strand of the recovery plan is to revisit ways of supporting the EDs to collect feedback via this survey. For the Bristol Royal Infirmary (BRI) Emergency Department, a quotation has been obtained to install two electronic touchscreens that could serve as additional points of data collection. If suitable locations for these devices can be identified – currently being discussed with the department – the purchase will be progressed, with an estimated implementation date of 1 August 2015. It would still be necessary for the BRI Emergency Department to hand out / collect cards, to ensure sufficient numbers of responses are obtained each month and to maintain direct staff engagement with the survey, but this would be at significantly lower volumes than at present;
- The Bristol Eye Hospital Emergency Department (BEH Emergency Department) has an older patient demographic to the BRI Emergency Department and by definition; many patients there have eyesight problems. Until recently, the BEH Emergency Department has been able to exceed response rate targets using a card-based approach. However the purchase / use of touchscreens will also be explored with the BEH Emergency Department Sister during June 2015;
- The initial target is to achieve a 10-15% response rate across the two EDs during July, and then to consistently achieve a 15%+ response rate from September onwards.

QUALITY

Q6. EXCEPTION REPORT: Percentage of complaints per patient attendance in the month	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of complaints received by the Trust and either managed by a formal or informal resolution process in agreement with the complainant, as a percentage against the number of patient attendances within the month. This excludes concerns raised and immediately dealt with by front line staff, which are recorded within the Division. A green rating on the dashboard = <0.21%; red rating is more than 0.25%.

Performance in the period, including reasons for the exception:

In May 2015, complaints received represented 0.25% (to be precise, 0.2504%) of clinical activity, an improvement on the 0.27% reported in March and April respectively. The actual number of complaints received also decreased from 158 in April to 147 in May. Furthermore, of the complaints received in May, it is encouraging to note that 101 are being progressed through formal resolution (68.7%, compared to 54.4% in April).

As highlighted in the 2014/15 annual Quality Report, there has been a step-increase in the volume of complaints received by the Trust since the Patient Support and Complaints Team relocated to a prominent location in the Bristol Royal Infirmary Welcome Centre in December 2013, i.e. the volume the complaints received appears to have increased in response to the increased visibility and availability of an expanded complaints handling service; this includes more prominent use of leaflets and posters encouraging patients and visitors to tell us about their experiences of care.

In light of this it is proposed that the Trust's target for complaints received will be reset in the revised board quality report from July onwards.

Recovery plan, including expected date performance will be restored:

June 2015 complaints data will be discussed in detail by Heads of Nursing at the Trust's Patient Experience Group meeting on 25th June 2015.

QUALITY

Q7. EXCEPTION REPORT: Number and percentage of complaints resolved within Local Resolution Plan timescale	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

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

Performance in the period, including reasons for the exception:

In May 2015, 52 responses out of the 62 which had been due in that month were posted to the complainant by the date agreed (83.9% compared to 89.5% in April 2015). Of these 10 breaches, nine were attributable to Divisions: in all nine cases, significant amendments to response letters were necessary. The remaining breach was due to a delay in executive sign-off.

The Divisions of Women & Children and Specialised Services recorded one breach each, the Division of Medicine recorded three breaches and the Divisions of Surgery Head & Neck recorded four breaches.

The Divisions of Diagnostics & Therapies recorded zero breached deadlines in May 2015.

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

Recovery plan, including expected date performance will be restored:

Each breached deadline is validated by the Patient Support & Complaints Team and the relevant Divisional Complaints Co-ordinator: as well as being a validation of the breach (data quality check), this also ensures that the Division can look at how the delay could have been avoided and therefore how they will learn from this for the future.

Key Performance Indicators are now in place in respect of performance against response deadlines for the Divisions, the Patient Support & Complaints Team and Executive Directors. The Patient Support & Complaints Manager has reinforced with the team the importance of checking all response letters as soon as they are received. An additional step has also been introduced into the checking process in that the Patient Support & Complaints Manager is now also double checking each response before it is sent to Executive Directors for signing.

Performance is discussed and monitored at the Patient Experience Group, chaired by the Chief Nurse.

All written responses must be received by the Patient Support & Complaints Team four working days before the response is due with the complainant.

QUALITY

This is to allow time for the response to be checked prior to executive sign-off.

1.6 SUPPORTING INFORMATION

1.6.1 QUALITY ACHIEVEMENTS

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

- The Division has made significant improvements in the numbers of patients screened for dementia. These improvements ensure that prompt and appropriate referrals are made for patients following discharge, therefore improving the quality of care that patients with dementia receive.

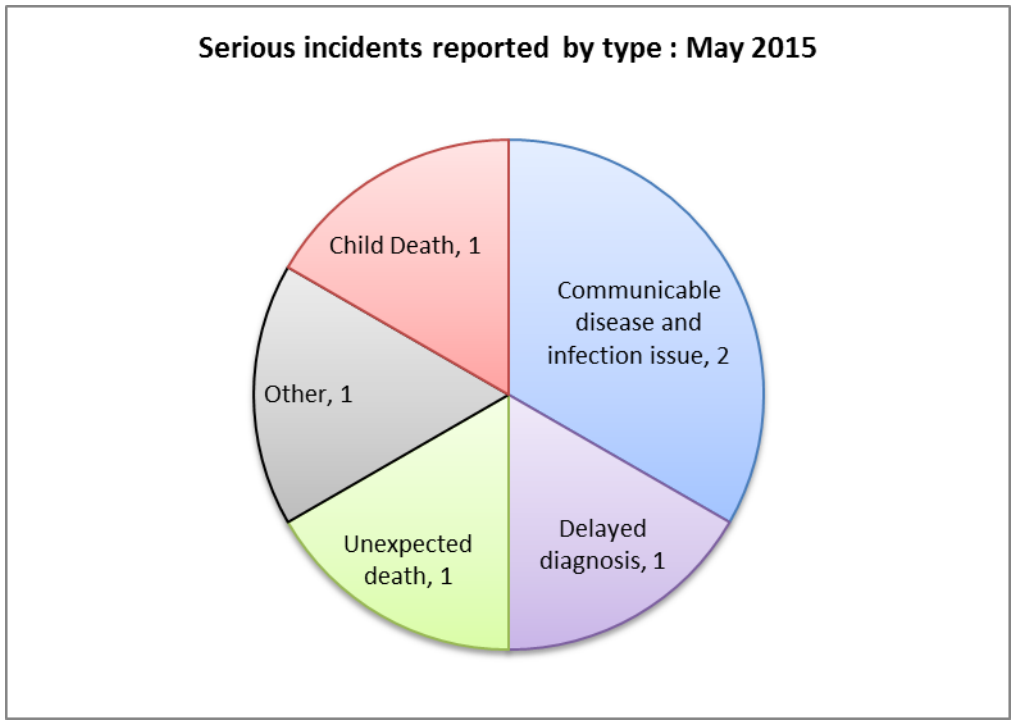
- The Bristol Haematology and Oncology Centre has been selected as one of 17 centres across the country to evaluate a new form of radiotherapy, stereotactic ablative body radiotherapy (SABR) – a modern, more precise delivery technique of radiotherapy, which delivers high doses of radiation while causing less damage to surrounding healthy tissue than conventional radiotherapy. The programme will enable the treatment for patients whose cancer has spread to other organs, and allow this innovative treatment to be delivered to patients closer to their home. Moreover the evaluation study will assist NHS England to gather the evidence it needs, working with the clinical and research community to assess the use of SABR to treat a range of cancer conditions. We wholeheartedly welcome the invitation to contribute to this ground-breaking research.

- The Cardiac Catheter Lab Manager, the Cardiac Catheter Lab Sister and Cardiac Services Matron attended and presented at a European Conference, and as a result are working closely with European colleagues to improve patient safety, outcomes, and experience. Their presentations include sharing good practice in relation to the psychological aspects of preparing patients for interventional cardiology procedures, the reduction of post-procedure complications such as bleeding and our involvement in pioneering research trials, such as the ABSORB stent trial.

- Friends & Family Test inpatient scores remain positive across the Division and have been within the green threshold for 12 months. The Division receives significant amounts positive feedback particularly around end of life care.

1.6.2 SERIOUS INCIDENT THEMES

There were six serious incidents reported in May as shown below:



Further details are provided in the table below:

Date of Incident	SI Number	Division	Incident Details	Investigation
24/04/2015	2015 15740	Diagnostics & Therapies	Patient died, *Clostridium difficile* listed as cause 1a on death certificate.	Investigation underway
23/04/2015	2015 15761	Medicine	Four month delay in informing patient of HIV positive test.	Investigation underway

QUALITY

Date of Incident	SI Number	Division	Incident Details	Investigation
30/04/2015	2015 16479	Women & Children	Delayed diagnosis of intracranial abscess in a child who had attended the Children's Emergency Department on multiple occasions in the preceding two weeks.	Investigation underway
10/05/2015	2015 16717	Surgery, Head & Neck	A patient suffered a cardiac arrest and died. Prior to this their chest drain became dislodged and was removed, which may have caused a pneumothorax.	Investigation underway
30/04/2015	2015 16625	Women & Children	Nine days following an instrumental delivery, a woman presented for a post natal check and a swab was located in vagina. It has been established that the swab was not the type used in the delivery and therefore outside of the controlled counting and checking process.	Investigation underway
28/10/2014	2015 17296	Women & Children	Unexpected, unexplained death of a baby.	Investigation completed

WORKFORCE

2.1 SUMMARY & EXCEPTION REPORTS

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

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

For targets which are below plan, exception reports are provided which detail performance against target. Performance for other workforce KPIs which are monitored on a monthly basis - turnover, sickness absence and vacancies - is summarised in section 2.2.3 of this report. Graphs in the Supporting Information section are continuous from the previous year to provide a rolling perspective on performance.

KPIs in the quarterly workforce report include appraisal, essential training, and junior doctor new deal compliance, in addition to those which form part of the monthly performance report.

The KPI thresholds in this report are agreed as part of the annual workforce planning process. In setting workforce KPIs this year, Divisions have aimed to strike a balance between challenging targets which are in line with relevant benchmarks, but which are also appropriate given the UH Bristol context and recent performance. The Trust-wide targets are built from an aggregation of divisionally agreed targets.

WORKFORCE

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

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

Performance in the period, including reasons for the exception:

During May, there was an adverse variance on the pay expenditure compared to budget of 2.7%, compared with a variance of 1.6% in April.

May 2015	UH Bristol £'000	Diagnostics & Therapies £'000	Medicine £'000	Specialised Services £'000	Surgery Head & Neck £'000	Women's & Children's £'000	Trust Services (exc Estates & Facilities) £'000	Facilities & Estates £'000
Planned Expenditure	28,245	3,450	4,253	3,384	5,769	7,627	1,908	1,669
Actual Expenditure	29,007	3,437	4,308	3,460	6,394	7,623	1,848	1,676
variance target +/-	(762)	13	(54)	(76)	(625)	3	60	(8)
Percentage variance	2.7%	(0.4%)	1.3%	2.3%	10.8%	0.0%	(3.1%)	0.5%

Trust-wide, there was an adverse variance of £762k compared with £455k in April. In line with usual practice during the early part of the financial year, there have been adjustments to the pay budget this month, resulting in a Trust-wide reduction in the pay budgets of 1.2% (£347 K) compared with April. Total spend on agency was £11K higher than last month at £1.05M and bank spend increased by £67k to £1.02M. Surgery Head & Neck, Specialised Services and Medicine each had an adverse variance in pay spend in month above 1%, largely due to bank and agency expenditure.

Details are provided below:

- Surgery Head & Neck: An adverse variance of £625k was reported compared with £203k last month. Medical and dental budgets were overspent by £87k, due to agency juniors and cover for additional sessions. Nursing bank and agency continued to be high, particularly in Heygrove Theatres, and Trauma. The reduction in pay budget in the division is associated with budgetary adjustments, including movement between pay and non-pay budgets;
- Medicine Division: There was an adverse variance of £54k compared with £97k last month. Medicine Division agency spend reduction is in line with their trajectory, with a reduction of 24% (£77k) in month;
- Specialised Services: An overspend of £76k was reported, compared with £70k in April, largely due to high agency spend in Coronary Intensive Care Unit, one to one nursing care across wards and agency to provide perfusion cover due to difficulties in recruitment.

WORKFORCE

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

The recovery plan is described in the bank and agency section in Exception Report W3 below.

WORKFORCE

W2. EXCEPTION REPORT: Workforce Numbers	RESPONSIBLE DIRECTOR: Director of Workforce and Organisational Development

Description of how the standard is measured:

Workforce numbers in Full Time Equivalent (FTE) including substantive, bank and agency staff, compared with budgeted establishment.

Performance in the period, including reasons for the exception:

Total workforce numbers (substantive and bank and agency) variance increased from 2.0% to 2.1% above budgeted FTE in May. Variance continues to be largely due to the continued high usage of bank and agency staff.

Total Numbers including bank and agency May 2015	UH Bristol (FTE)	Diagnostics & Therapies (FTE)	Medicine (FTE)	Specialised Services (FTE)	Surgery Head & Neck (FTE)	Women's & Children's (FTE)	Trust Services (exc Estates & Facilities) (FTE) £'000	Facilities & Estates (FTE)
Actual Employed	7550.7	925.1	1109.0	810.5	1651.0	1718.4	616.1	720.5
Bank and Agency	630.0	18.7	199.7	82.7	111.8	100.7	47.8	68.6
Total Workforce Numbers	8180.7	943.8	1308.7	893.1	1762.9	1819.1	663.9	789.1
Budgeted Numbers	8011.6	978.5	1233.5	825.4	1716.2	1825.6	648.0	784.4
Variance target +/-	(169.1)	34.6	(75.2)	(67.7)	(46.7)	6.4	(15.9)	(4.7)
Percentage variance	2.1%	-3.5%	6.1%	8.2%	2.7%	-0.4%	2.4%	0.6%

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

Work to target excess bank and agency usage is described in W3 below.

WORKFORCE

W3. EXCPETION REPORT: Bank and Agency Compliance	RESPONSIBLE DIRECTOR: Director of Workforce and Organisational Development

Description of how the standard is measured:

Bank and agency usage in Full Time Equivalents (FTE) compared with targets set by Divisions for 2015/16.

Performance in the period, including reasons for the exception:

During May, temporary staffing comprised 7.7% of total staffing numbers (FTE) compared with 7.3 % last month, and an annual average of 6.9%. Agency staffing accounted for 1.8% of total staffing for May, compared to an annual average of 1.7%. Agency usage has reduced by 17.5 FTE and bank usage has increased by 55.8 FTE. The overview below by Division shows usage for bank and agency against the thresholds set by Divisions.

Bank (% Total Staffing)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Target set by division	4.4%	1.2%	8.6%	4.6%	4.2%	3.5%	1.9%	6.3%
Bank May 2015	5.9%	1.1%	12.3%	6.4%	4.9%	3.9%	5.4%	7.5%
Variance from target (FTE)	1.5%	-0.1%	3.7%	1.8%	0.7%	0.4%	3.5%	1.2%
WTE Bank May 2014	400.2	11.2	118.2	43.0	83.7	64.9	30.6	48.5
WTE Bank May 2015	481.7	10.2	161.2	57.3	87.0	71.4	35.6	59.0

Agency (% Total Staffing)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Target set by division	1.4%	1.0%	3.5%	2.1%	0.9%	0.5%	0.7%	1.7%
Agency May 2015	1.8%	0.9%	2.9%	2.8%	1.4%	1.6%	1.8%	1.2%
Variance from target (FTE)	0.4%	-0.1%	-0.6%	0.7%	0.5%	1.1%	1.1%	-0.5%
WTE Agency May 2014	66.6	2.0	15.1	19.4	5.5	7.7	6.9	10.1
WTE Agency May 2015	148.3	8.5	38.5	25.4	24.8	29.3	12.2	9.6

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

- Increased acuity, extra capacity and administrative workload reduced to 35.8% from 37.5%;
- Cover for vacancies increased to 33.4% from 31%;

WORKFORCE

- Cover for sickness absence reduced slightly to 13.4% from 13.5%;
- Nursing assistant one-to-one care reduced to 8.8% from 9.4%.

There has been a positive change in Medicine Division, with a reduction of agency from 4% of total staffing to 2.9%, due to continued recruitment and there were 11.2 FTE more substantively employed nurses in the Division compared with last month.

The table below shows usage when Operational Resilience-funded FTE is excluded, estimated on the basis of average costs of bank and agency.

Bank & agency usage (excluding operational resilience funded) FTE	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services (exc Facilities & Estates)
February 2015	473.64	15.60	91.05	63.07	97.71	85.45	73.73	47.03
March 2015	469.35	8.56	115.21	57.17	88.70	81.89	69.39	48.43
April 2015	556.12	24.82	159.90	76.09	103.94	93.09	61.27	37.01
May 2015	592.87	18.50	162.77	82.66	111.84	100.71	68.60	47.79

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

Nursing and midwifery

Nursing and midwifery agency forms the majority (58% by FTE in May) of agency usage. The agency action plan has been revised, and performance against the agency action plan will now be reported to the Savings Board through the Chief Nurse. Performance against the key elements of the action plan is as follows:

- Ensure that rostering is as efficient and effective as possible: work continues with ward dashboards to ensure that they include information for a range of sources for inpatient wards during July, to be extended to other areas over the summer;
- Reduction in agency spend through Divisional plans: Divisions have produced monthly workforce and finance trajectories showing how they will achieve agency reductions linked to recruitment to vacancies by March 2015.

Administrative/clerical and ancillary agency usage

Administrative/clerical and ancillary agency usage formed 23% of the agency usage in May (by FTE), most of which was required to cover peaks in demand or vacancies. Actions include:

- Work on filling vacancies continues for these staff groups. An increased bank pool for Domestic Assistants has been created for facilities staff, together with a new bank pool for Porters, both of which will support an anticipated reduction in agency usage;
- Bank processes for administrative/clerical staff are under review and changes, which will impact by November 2015, are anticipated to improve the bank fill rate.

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Medical agency usage

Medical agency usage accounts for 11% of agency usage (in May by FTE). The Medical Staff Efficiencies Group, led by the Medical Director, is responsible the following actions:

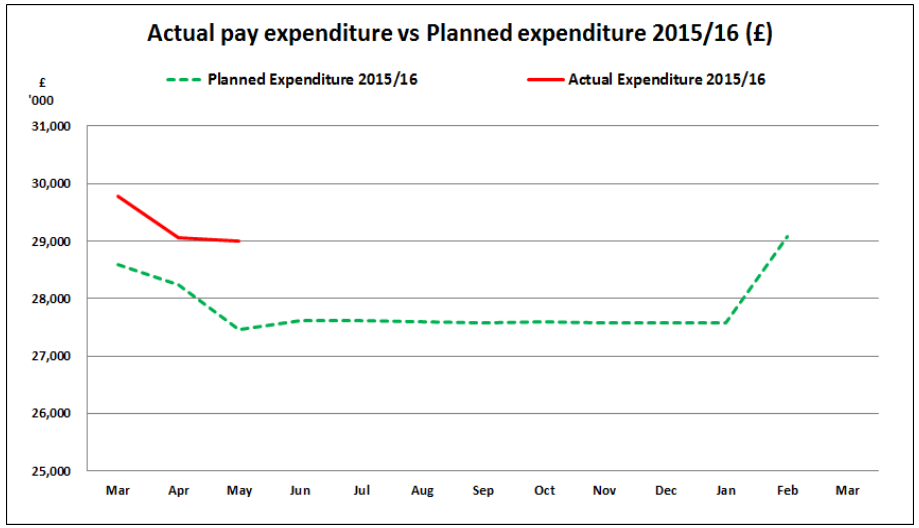
- Review of locum rates;
- Procurement of a Master Vend supplier for locums, contract to be awarded during July;
- Implementation of texting system, similar to that successfully implemented for other staff groups such as Domestic Assistants and nursing and midwifery;
- Divisional focus on filling vacancies and gaps, which are the main reason for medical agency.

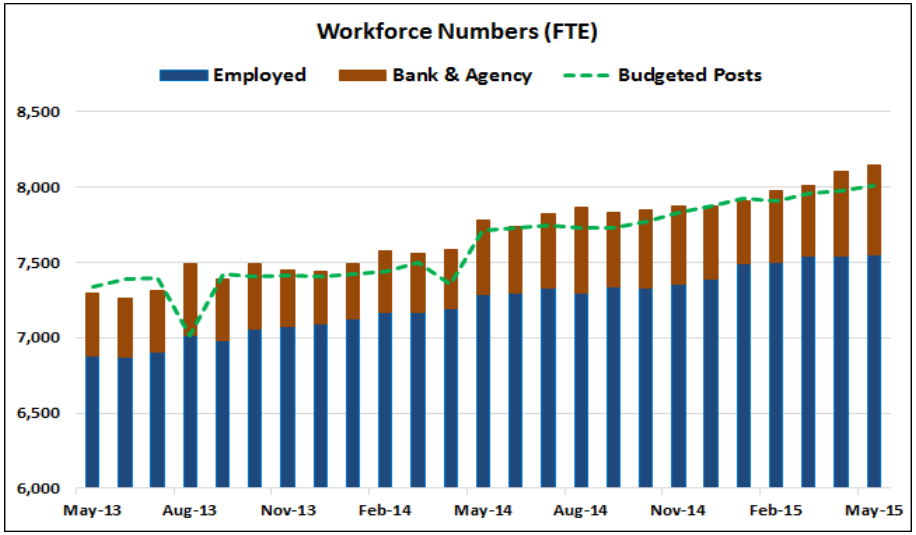
The remainder of agency usage (8% by WTE) provides cover for specialist staff groups where bank staff are not available. The focus continues to be filling vacancies to reduce demand.

2.2 SUPPORTING INFORMATION

2.2.1 Performance against key workforce standards

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





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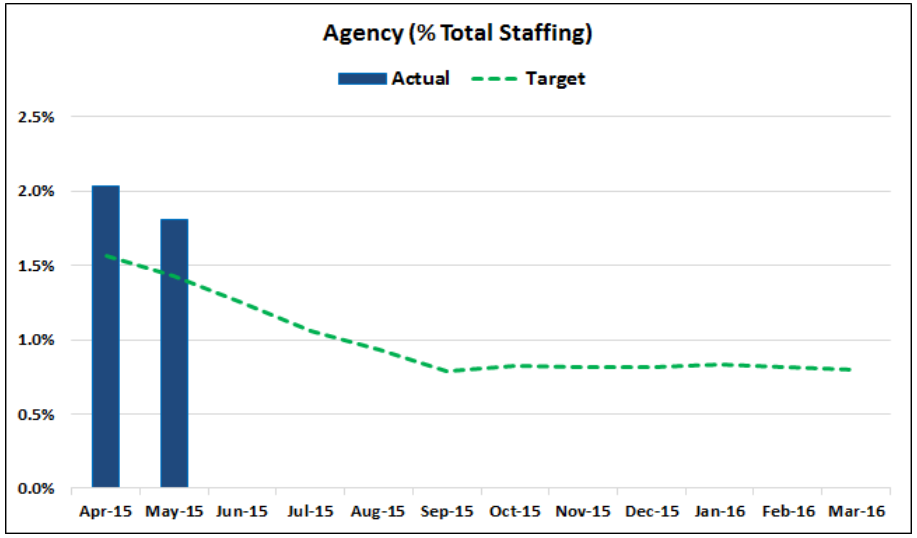
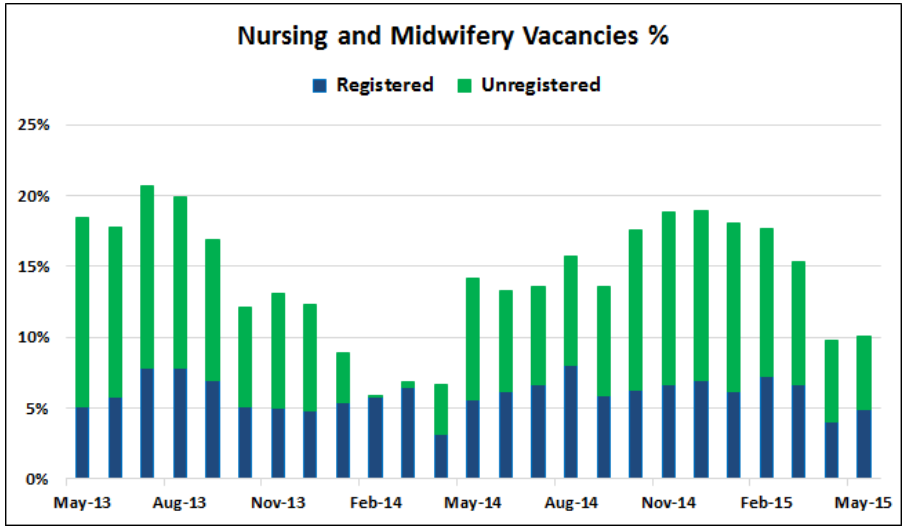
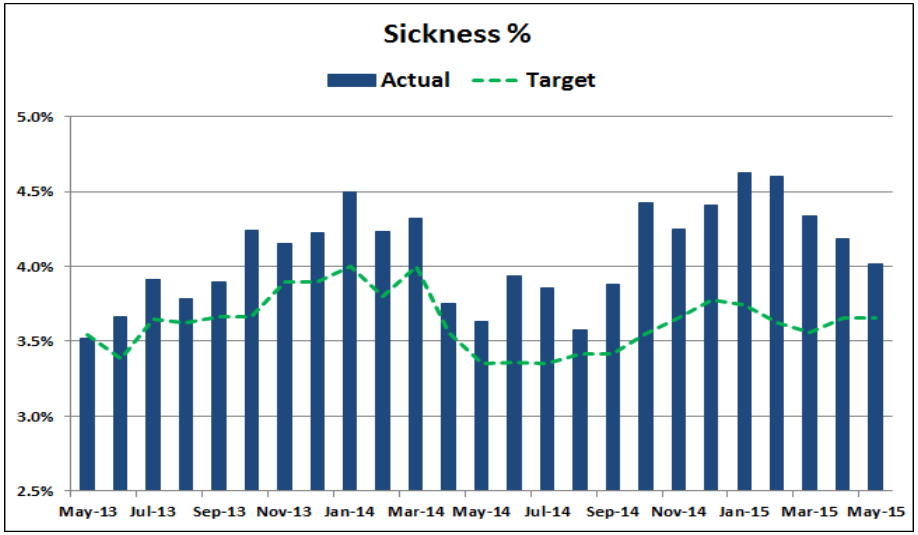
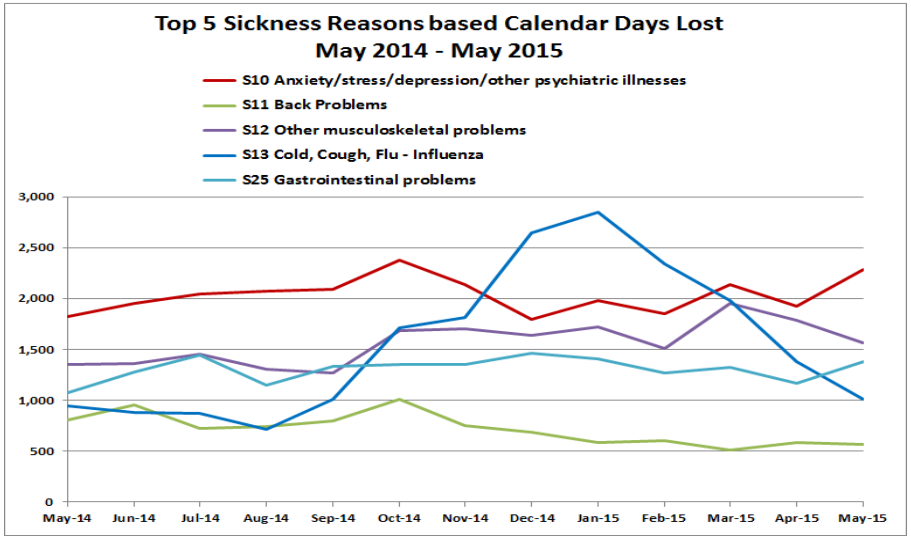
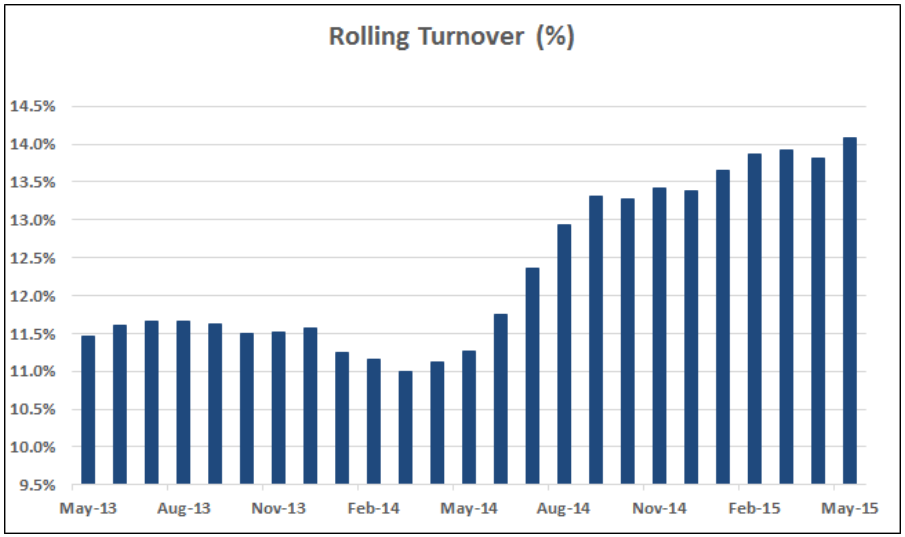

Agency (% Total Staffing)
Actual
Target
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16


Nursing and Midwifery Vacancies %
Registered
Unregistered
25%
20%
15%
10%
5%
0%
May-13
Aug-13
Nov-13
Feb-14
May-14
Aug-14
Nov-14
Feb-15
May-15


Sickness %
Actual
Target
5.0%
4.5%
4.0%
3.5%
3.0%
2.5%
May-13
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15

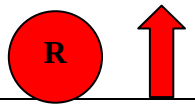
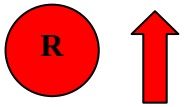
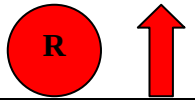
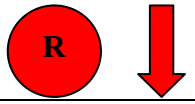
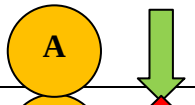
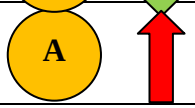
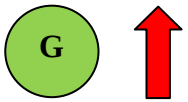

Top 5 Sickness Reasons based Calendar Days Lost
May 2014 - May 2015
S10 Anxiety/stress/depression/other psychiatric illnesses
S11 Back Problems
S12 Other musculoskeletal problems
S13 Cold, Cough, Flu - Influenza
S25 Gastrointestinal problems
3,000
2,500
2,000
1,500
1,000
500
0
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15

WORKFORCE


Rolling Turnover (%)
14.5%
14.0%
13.5%
13.0%
12.5%
12.0%
11.5%
11.0%
10.5%
10.0%
9.5%
May-13
Aug-13
Nov-13
Feb-14
May-14
Aug-14
Nov-14
Feb-15
May-15

2.2.3 Changes in the period

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

Indicator	RAG Rating[1]	Commentary	Notes
Workforce Expenditure (£)		Workforce expenditure adverse variance from budget increased from 1.6% above budget to 2.7% above budget in month compared with April 2015.	See summary, supporting information and exception report.
Workforce Numbers (FTE)		Total workforce numbers including bank and agency increased by 42.9 FTE compared with the previous month. Workforce numbers were 2.1% above budgeted FTE, compared with 2.0% above budget in April 2015.	See summary, supporting information and exception report.
Bank (FTE)		Bank increased by 55.8 FTE to 481.7 FTE, and comprised 5.9% of total staffing FTE (compared with a target of 4.4%) in May 2015. Operational Resilience Pressures funding equated to 2.7% (13.2 FTE) of total bank FTE in May 2015.	See summary, supporting information and exception report.
Agency (FTE)		Agency reduced by 17.5 FTE to 148.3 FTE, and comprised 1.8% of total staffing FTE (compared with a target of 1.4%) in May 2015. Operational Resilience Pressures funding equated to 16.1% (23.9 FTE) of total agency FTE in May 2015.	See summary, supporting information and exception report.
Sickness absence (%)		Sickness absence reduced to 4.0% in May; compared to 4.2% in April. This is 0.4 percentage points above the monthly target of 3.7%.	See summary, supporting information and exception report.
Turnover (%)		Rolling turnover (excluding fixed term contracts, junior doctors, and bank) increased to 14.1% compared a target this month of 13.4% and up 0.3 percentage points compared with April (based on updated figures).	See summary, supporting information and exception report.
Vacancy (%)		Vacancies increased from 4.2% to 4.6% this month, compared with a target of 5%.	See summary, supporting information and exception report.

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

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

2.2.4 Monthly forecast and overview

Measure	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	May 15 Target
Budgeted Posts (FTE)	7709.5	7732.9	7744.9	7729.1	7733.4	7775.8	7833.6	7872.4	7927.2	7912.4	7958.8	7976.8	8011.6	8057.3
Total Staffing (FTE)	7780.7	7739.6	7821.9	7864.8	7835.5	7859.9	7910.8	7954.2	8004.1	8088.6	8130.6	8137.8	8180.7	8123.5
Bank (FTE) Admin & Clerical	89.2	83.7	88.8	103.5	86.4	95.8	93.5	102.5	89.1	101.0	101.4	97.1	110.5	
Bank (FTE) Ancillary Staff	54.6	51.8	51.9	73.3	59.0	55.6	47.5	57.4	51.5	62.7	51.7	51.7	66.0	
Bank (FTE) Nursing & Midwifery	249.5	220.8	241.8	274.2	233.7	247.2	245.0	254.8	227.2	257.5	253.7	265.8	294.6	
Agency (FTE) Admin & Clerical	22.4	21.1	19.3	27.7	26.4	29.9	49.0	52.9	25.2	39.2	44.5	28.9	27.1	
Agency (FTE) Ancillary Staff	6.8	4.9	15.0	12.1	7.6	7.9	14.3	9.7	12.1	11.5	19.9	12.2	7.2	
Agency (FTE) Nursing & Midwifery	52.4	41.6	49.1	58.3	65.0	68.9	83.7	71.9	87.2	89.3	93.9	97.4	86.4	
Overtime	0.6%	0.8%	0.6%	0.9%	0.8%	1.0%	0.8%	0.9%	0.6%	0.8%	1.1%	0.8%	0.7%	0.7%
Sickness absence[1] Rate (%)	3.6%	3.9%	3.9%	3.6%	3.9%	4.4%	4.2%	4.4%	4.6%	4.6%	4.3%	4.2%	4.0%	3.6%
Appraisal (%)	86.3%	87.2%	86.3%	86.9%	85.3%	84.4%	83.5%	85.1%	83.7%	84.4%	85.6%	86.3%	85.8%	85.0%
Consultant Appraisal[4] (%)	89.2%	83.0%	85.5%	88.8%	89.1%	88.4%	90.3%	89.0%	89.7%	90.6%	89.3%	91.5%	92.9%	85.0%
Rolling Average Turnover[2]	11.3%	11.7%	12.4%	12.9%	13.3%	13.3%	13.4%	13.4%	13.7%	13.9%	13.9%	13.8%	14.1%	13.4%
Vacancy[3] Rate (%)	5.5%	5.6%	5.4%	5.6%	5.1%	5.7%	6.1%	6.1%	5.5%	5.2%	5.2%	4.2%	4.6%	≤5%

1. Sickness absence is expressed as a percentage of total whole time equivalent staff in post. Reporting of previous months is updated to ensure any late sickness reporting is captured.
2. Turnover measures the number of leavers expressed as a percentage of the average number of staff in post in the rolling year period and excludes bank, locum and honorary staff.
3. Vacancy measures the number of vacant posts as a percentage of the budgeted establishment (excluding band and agency budgeted establishment).

4. Consultant appraisal process allows 14 months before counting as non-compliant.

ACCESS STANDARDS

3.1 SUMMARY

The following section provides a summary of the Trust's performance against key national access standards at the **end of May 2015**. It shows those standards not being achieved either in the current ***quarter (i.e. quarter 1)***, and/or the ***month***. The standards include those used in Monitor's Compliance Framework, as well as key standards included within the NHS operating framework and NHS Constitution.

 **Achieving (10)**	 **Underachieving (2)**
- 31-day diagnosis to treatment cancer standard - *subsequent drug* - 31-day diagnosis to treatment cancer standard - *subsequent surgery* - 31-day diagnosis to treatment cancer standard – *subsequent radiotherapy* - 31-day diagnosis to treatment cancer standard - *first treatment* - 2-week wait urgent GP referral cancer standard - A&E Time to Treatment - A&E Left without being seen rate - A&E Unplanned re-attendance - Delayed Discharges - Reperfusion times (door to balloon time of 90 minutes)	- Reperfusion times (call to balloon time of 150 minutes) – *local target not achieved* - Ambulance hand-over delays over 30 minutes (year-on-year reduction)
 **Failing (10)**	 **Not reported/scored (0)**
- A&E Maximum waiting time (4-hours) - Referral to Treatment Time for non-admitted patients - Referral to Treatment Time for admitted patients - Referral to Treatment Time for incomplete pathways - 62-day referral to treatment cancer standard – *GP referred* - 62-day referral to treatment cancer standard - *Screening referred* - A&E Time to Initial Assessment - Last-minute cancelled (LMC) operations + 28-day readmission - 6-week wait for key diagnostic tests	

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

3.2 ACCESS DASHBOARD

Access Standards - dashboard

		Thresholds		Previous YTD	Year to date (YTD)	Month												Quarter				
	Target	Green	Red			Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16
Cancer	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	97.1%	94.1%	96.0%	97.0%	93.2%	94.8%	94.7%	96.3%	97.5%	94.3%	95.8%	93.1%	94.1%	Cancer standards report two months in arrears	96.7%	95.0%	96.1%	94.3%	94.1%
	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.9%	96.3%	96.2%	96.8%	96.2%	96.2%	95.7%	94.0%	98.5%	97.9%	98.4%	97.0%	96.3%		97.2%	96.4%	96.2%	97.7%	96.3%
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.0%	98.1%	100.0%	100.0%		99.7%	100.0%	99.6%	99.0%	100.0%
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	97.9%	94.1%	93.5%	94.0%	97.8%	91.7%	96.4%	92.3%	95.0%	95.6%	94.4%	95.9%	94.1%		94.9%	94.6%	94.8%	95.4%	94.1%
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	97.9%	97.5%	95.1%	97.6%	98.4%	97.4%	98.2%	99.5%	97.2%	96.5%	97.7%	97.2%	97.5%		97.2%	97.8%	98.3%	97.1%	97.5%
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	75.3%	77.3%	85.1%	79.4%	77.6%	74.3%	78.8%	81.4%	84.6%	80.8%	75.2%	79.4%	77.3%		80.4%	76.8%	81.6%	78.5%	77.3%
	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	89.6%	100.0%	90.9%	90.2%	94.3%	83.3%	73.3%	100.0%	90.9%	71.4%	60.0%	100.0%	100.0%		90.4%	90.8%	84.4%	80.6%	100.0%
	Cancer 62 Day Referral To Treatment (Upgrades)	Not published	Not published	97.5%	100.0%	100.0%	86.7%	70.0%	89.3%	85.7%	100.0%	90.5%	84.4%	94.4%	87.2%	100.0%		95.3%	83.1%	90.4%	88.8%	100.0%
Referral to Treatment	Referral To Treatment Admitted Under 18 Weeks	90%	90%	91.8%	80.4%	90.1%	87.2%	84.4%	82.4%	85.2%	83.1%	84.3%	80.5%	80.4%	80.5%	79.9%	81.0%	91.2%	84.7%	84.3%	80.5%	80.4%
	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	93.8%	90.8%	92.8%	89.7%	90.0%	89.0%	89.2%	88.8%	89.9%	88.9%	89.3%	90.0%	90.2%	91.4%	93.4%	89.5%	89.3%	89.4%	90.8%
	Referral To Treatment Incomplete pathways Under 18 Weeks	92%	92%	92.5%	90.5%	92.1%	92.0.%	91.1%	90.0%	89.4%	88.7%	87.5%	88.9%	89.4%	89.7%	90.5%	90.4%	92.4%	91.0%	88.5%	89.3%	90.5%
A&E Clinical Quality Indicators	A&E Total time in A&E 4 hours - without Walk in Centre attendances	95%	95%	94.4%	94.1%	95.2%	92.4%	93.7%	92.4%	93.8%	88.6%	86.3%	90.9%	89.5%	95.0%	94.8%	93.5%	94.7%	92.8%	89.6%	91.9%	94.1%
	A&E Time to initial assessment (95th percentile) - in minutes	15	15	13	30	11	13	12	11	12	12	36	14	14	29	30	30	12	12	15	15	30
	A&E Time to treatment decision (median) - in minutes	60	60	55	54	55	59	47	55	51	59	57	48	50	53	51	56	55	54	55	50	54
	A&E Unplanned reattendance rate (within 7 days)	5%	5%	2.4%	2.9%	2.4%	0.2%	2.5%	2.6%	2.5%	2.6%	2.4%	2.7%	2.5%	2.5%	2.7%	3.0%	2.4%	1.7%	2.5%	2.6%	2.9%
	A&E Left without being seen	5%	5%	1.7%	2.2%	1.4%	2.2%	2.0%	2.0%	1.5%	2.3%	1.6%	1.6%	1.5%	1.6%	1.9%	2.4%	1.6%	2.1%	1.8%	1.6%	2.2%
Other key access standards	Last Minute Cancelled Operations	0.80%	1.50%	0.97%	1.21%	1.10%	1.35%	0.97%	1.14%	0.84%	1.96%	0.73%	1.00%	0.85%	1.03%	1.20%	1.22%	1.02%	1.16%	1.16%	0.97%	1.21%
	28 Day Readmissions	95%	85%	89.6%	83.3%	94.4%	95.3%	90.5%	85.2%	85.3%	90.4%	87.0%	82.9%	94.8%	93.5%	84.8%	81.8%	91.3%	90.6%	87.3%	91.0%	83.3%
	6-week wait for key diagnostics	99%	99%	97.4%	98.5%	97.3%	97.7%	97.0%	98.1%	99.1%	98.3%	95.8%	95.5%	97.9%	97.9%	98.3%	98.6%	97.4%	97.6%	97.8%	97.1%	98.5%
	Primary PCI - 150 Minutes Call To Balloon Time (direct admissions only)	90%	70%	78.6%	77.5%	82.1%	80.6%	76.9%	81.8%	79.4%	73.8%	80.0%	78.3%	87.1%	83.9%	77.5%		79.4%	79.6%	77.2%	82.4%	77.5%
	Primary PCI - 90 Minutes Door To Balloon Time (direct admissions only)	90%	90%	96.4%	95.0%	96.4%	88.9%	94.9%	90.9%	94.1%	81.0%	92.0%	95.7%	96.8%	90.3%	95.0%		95.1%	91.7%	88.1%	94.4%	95.0%
	Delayed discharges (Green to Go List)	30	41	53.5	57.0	58	50	53	57	44	55	42	59	49	46	40	74	55.0	53.7	47.0	52.0	57.0
	Ambulance hand-over delays (over 30 minutes) - 10% reduction on 14/15	0	96.5	98.0	46.0	79	139	144	100	77	131	168	119	78	49	46	46	91.7	127.7	125.3	82.0	46.0

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

3.3 CHANGES IN THE PERIOD

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

- Delayed discharges (Green to Go) ↑ (up from 40 in April to 74 at the end of May);
- 28-day readmissions following a last-minute cancelled operation ↓ (down from 84.8% in April to 81.8% in May);
- Cancer 62-day referral to treatment consultant upgrade ↑ (up from 87.2% in March to 100% in April);

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

3.4 EXCEPTION REPORTS

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

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

ACCESS STANDARDS

A1-A2. EXCEPTION REPORT: Last-minute cancellation (LMC) + 28-day readmission following a LMC	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

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

This standard remains part of the NHS Constitution.

Monitor measurement period: Not applicable

Performance during the period, including reasons for exception:

There were 63 last-minute cancellations (LMCs) of surgery in May (1.22% of operations) which is above the national standard of 0.8%. The main reasons for cancellations in May were as follows:

- 29% (18 cancellations) were due to no ward beds being available (primarily due to bed pressures within the Bristol Children's Hospital);
- 21% (13 cancellations) were due to an emergency patient being prioritised;
- 17% (11 cancellations) were due to no high dependency/intensive care beds being available, or these beds not being able to be staffed due to high levels of patient acuity;
- 13% (8 cancellations) were due to a lack of theatre time due to clinically complicated patients needing more time in theatre than expected, and/or the morning theatre session running over;
- 21% (13 cancellations) were due to a range of reasons, with no consistent themes or patterns emerging.

Of the 63 cancellations, 16 were day-cases and 47 were inpatients (25% day-cases). On average, seventy percent of the Trust's admissions in a month are day-cases. The higher cancellation rate for inpatient procedures is likely to be a result of the main causes of cancellation being emergency patients taking priority, clinically complex patients in theatre and lack of a bed on high dependency bed/intensive therapy unit. Day-case procedures do not require high dependency bed/intensive therapy unit beds, and are also less likely to be cancelled due to emergency patients needing to be treated, or cases running over because they were more complicated than expected.

In May 81.8% of patients cancelled in the previous month were readmitted within 28 days of the cancellation, against a national standard of 95%. There were ten breaches of 28-day readmission standard in the month, of which five patients were due for readmission for procedures within the Bristol Heart Institute (BHI), and five within the Bristol Children's Hospital (BCH). The number of failures to re-book within 28 days of a cancellation was unusually high in the BHI, but similar to that reported last month. This was due to a number of the Cardiac Intensive Care Unit beds being occupied for an extended period by high acuity patients. This is preventing the usual volume of cardiac surgery operations taking place, and has limited the ability to re-book cancelled patients promptly. In all other cases, patients could not be re-admitted within 28-days due to emergency

pressures on beds (mainly at the BCH) and more clinically urgent patients requiring admission.

Recovery plan, including expected date performance will be restored:

The following actions are being taken to reduce last-minute cancellations and support achievement of the 0.8% standard (please note, only the high impact actions are shown):

- Refresh of Cardiac Intensive Care Unit staffing requirements against quarter 4 patient acuity levels, to reflect changing case mix and demand for level 3 beds (end July 2015);
- Implementation of intelligent surgical scheduling system within Cardiac Surgery (end July 2015);
- Monthly carve-out of elective slots for 28 day re-books for Cardiac Surgery (implemented);
- Paediatric theatre recruitment focus to be delivered through national theatre specific advert and local open day events; Retention strategy to be implemented (end August 2015);
- Through the Winter Planning Project within the Bristol Children's Hospital Flow Programme, increase Medical bed capacity throughout winter to reduce impact on Surgical bed capacity and thus reduce LMCs (end October 2015);
- Improve Bristol Children's Hospital flow, daily communication, site management and appropriate decision making to reduce LMCs (end June 2015);
- Through the Paediatric Surgical Pathway programme: 1) Ensure robust scheduling processes in place across all specialities; 2) Ensure appropriate capacity in place across both elective & emergency pathways using IMAS modelling (end October 2015);
- Elective activity is routinely discussed at every 08:30 Site Team and the 16:45 Silver Command patient flow meetings. No patients are cancelled without a cross Divisional discussion to ensure other options have been explored (ongoing).

Progress against the recovery plan:

The impact of the above actions is expected to be felt during quarter 2, with achievement of the quality objective trajectory of 1.04% LMCs in the quarter.

ACCESS STANDARDS

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

Description of how the target is measured:

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

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

Performance during the period, including reasons for exceptions:

62-day GP referred

Performance in April was 73.3% against the 85% standard. There were 8.8 more breaches in the month compared with the 'expected' number. Late referrals remained the leading cause of breaches in the period, accounting for 36% of breaches. The other main variances were in the number of breaches due to delayed admitted diagnostic procedures and a range of 'other' causes of breaches, with two of the three 'other' breaches in part resulting from delayed radiology diagnostics. Additional capacity has been established to address the delays in admitted diagnostic procedures. Radiology has improved the system for requesting diagnostic tests, which provides greater clarity over the urgency of the test being requested. In addition, a more robust escalation process has been established, when capacity is not sufficient to meet demand.

Breach reasons - April	Trajectory (expected number)	Actual number	Variance	Percentage of breaches (actual)	
Late referral	4.7	7	2.3	36%	64% of breaches were due to primarily unavoidable reasons, including late referral, delays at other providers, medical deferral, clinical complexity and patient choice.
Medical deferral/Clinical complexity	2.7	3	0.3	15%	
Patient choice to delay	0.9	1.5	0.6	8%	
Histology delay	0.2	0	-0.2	0%	
Delayed outpatient appointment	0.3	1	0.7	5%	
Delayed admitted diagnostic	0.3	2	1.7	10%	
Administrative delay/pathway management	0.3	0.5	0.2	3%	
Delays at other provider	1	1	0.0	5%	There were 11 breaches (56%) relating to internally managed pathways and 8.5 breaches (17 pathways x 0.5 accountability) relating to shared pathways.
Elective cancellation	0.1	0	-0.1	0%	
Elective capacity	0.2	0.5	0.3	3%	
Other	0	3.0	3.0	15%	
	10.7	**19.5**	**8.8**	**100%**	

ACCESS STANDARDS

The transfer of breast and urology services to North Bristol Trust has left the Trust with a challenging group of pathways to meet the 62-day GP standard. This is because breast cancers are relatively easy to treat within 62-day of referral because the diagnostic pathways are simple and patients are usually fit enough to proceed to treatment without further intervention. In May 2015, the 85.0% standard was only achieved for breast and skin cancers at a national level, with all other high volume tumour sites performing at or below 80.4%. The national average performance across all tumour sites was 83.0%. The Trust is now the only acute provider in the country that provides neither breast nor urology cancer outpatients or surgical services. It is calculated that the impact of our tumour site case-mix typically equates to a 3.5% reduction in expected performance. This figure is without any adjustment for the tertiary nature of our services.

62-day GP Screening

Performance in April was 100% against the 90% standard. However, 1.5 breaches are expected to be incurred during the quarter, which is the same number that can be incurred before the 90% standard is failed. For this reason, achievement of the 90% standard is considered to be at risk. The expected breaches of the 62-day screening standard for quarter 1 still require formal review, but at this stage do not appear to be due to reasons largely outside of the control of the Trust.

The loss of the majority of Breast Screening treatments in quarter 2 2014/15, following the transfer of Avon Breast Screening (ABS) to North Bristol Trust, has, as expected, had a significant impact on performance over the last two quarters. Bowel is now the highest volume tumour site for 62-day screening treatments (shared and internal pathways) reported by the Trust. Nationally, bowel screening pathways performed at 72.1% against the 90% standard in April, with the Trust performing at 100%.

Recovery plan, including expected date performance will be restored:

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

The current/recently completed key actions are as follows:

- Four new work-streams identified, targeting broad areas that underpin many pathways, with the aim of achieving greater impact. These areas are: radiology timescales, outpatient timescales, managing weekdays of tests (day of week a test is performed is often more relevant than number of days taken to perform it, due to MDT dates), and identifying patients with poor fitness earlier;
- Revisions to the colorectal two-week wait pathway are in progress, to support improved pathways for patients (fewer appointments) and ongoing attainment of waiting times standards in a time of rising demand. This includes introduction of GP straight-to-test endoscopy;

ACCESS STANDARDS

- Competency based training and assessment for Multi Disciplinary Team (MDT) co-ordinators and all administrative staff involved in booking cancer patients (both at start of post and on an ongoing basis) has been devised and rolled-out to reduce risk of administrative errors. The first new coordinators have been trained according to this programme and all existing staff will be assessed against the competencies as part of appraisal;
- Pathways with optimum timescales for lung and oesophago-gastric (OG) cancer (complex, relatively high volume specialities) have been developed. Mapping of actual against ideal pathways has been completed for OG and lung, although further work is needed on lung to understand issues at other providers. Both show that shared care is a major factor in slowing down pathways. Both pathway timescales have been shared with providers across the region. There is a plan to roll-out the timescales work to other cancer sites over the summer;
- Pathway work for patients with lymphomas of the neck, who commonly have lengthy pathways due to passing between specialities, to design a smooth timely pathway. This could lead to a change in clinical practice, so is currently undergoing clinical audit;
- Trust participating in working group led by commissioners to manage impact of changing NICE guidance for cancer referrals, which could result in 40% more referrals and changes to routes of referral. This presents both a risk and an opportunity for cancer performance. Commissioner support of direct booking via Choose & Book of cancer first outpatient appointments is an important part of this. Final guidance is published on 23rd June.

Progress against the recovery plan:

62-day GP

The 85% standard is expected to be achieved on an ongoing basis for pathways managed solely internally, and when performance is adjusted to account for breaches arising from late referral. Performance for the quarter to date is below the 85% standard for adjusted and internal performance. Performance is forecast to improve for the quarter as a whole.

	Apr-15	May-15	Jun-15	Q1	Jul-15	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Mar-16	Q4
Unadjusted	77.3%															
Adjusted (late referrals)	84.2%															
Internal performance	82.8%															
Shared pathway performance	66.1%															

62-day screening

The 90% standard was achieved in April, although there are expected to be 1.5 breaches reported across May and June, which is the limit of the

tolerance for this standard. For this reason, achievement of the standard for the quarter as a whole is a potential risk.

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

Description of how the target is measured:

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

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

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

Performance during the period, including reasons for exceptions:

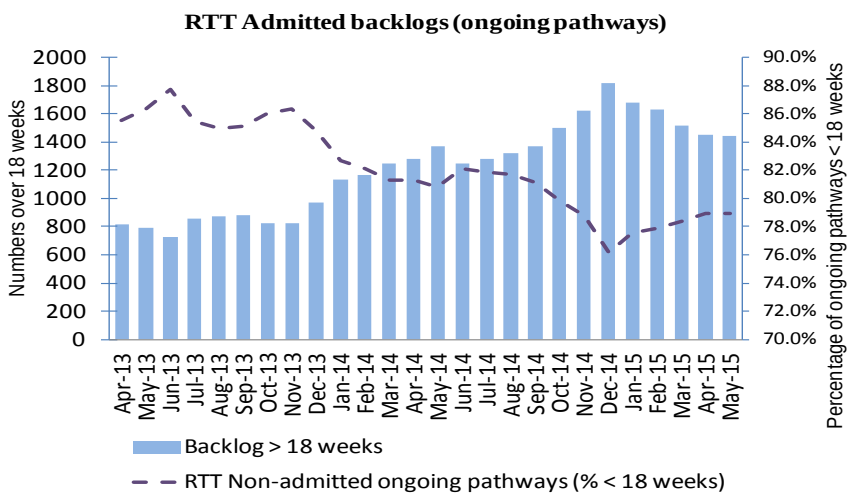
The Trust continued to under-perform against the three RTT pathways standards in May as expected, due to the volumes of long waiting patients treated in the period. The number of patients waiting over 18 weeks on admitted and non-admitted pathways remains higher than the sustainable level to support achievement of the admitted and non-admitted standards. But importantly, the backlog reduction trajectory targets were again met in the period (see final section of the exception report).

The ongoing RTT over 18-week waiting list had not been validated in full for several months. The lack of a 'clean' operational RTT waiting list had also limited the impact of improvements being made to 'picking' patterns and booking practices. These issues have been addressed through recent validation efforts.

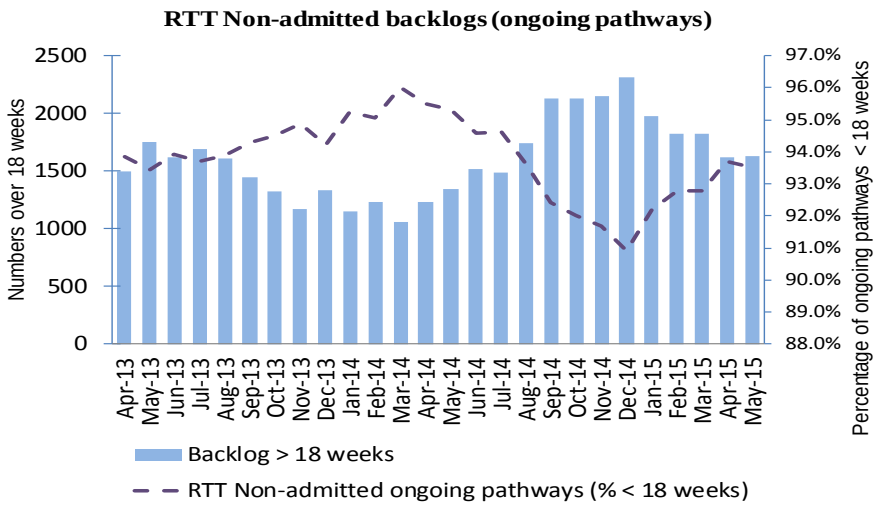
The additional capacity put in place to treat more long waiters, in combination with the impact of the validation work of the appointed team of validators, continued to be felt in May. Despite the unavoidable reduction in available elective capacity during May as a result of bank holidays, the Trust remained on track with achievement of its backlog reduction trajectories as planned. Importantly, the Trust reduced the number of over 40 week waiters down from 116 at the end of April to 89 at the end of May.

ACCESS STANDARDS

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



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



In May, ten of the fifteen specialties achieved the 92% ongoing standard, compared with eleven in April. Performance against the RTT Ongoing pathways standard at a national RTT specialty level in May is shown below.

RTT Specialty	Under 18 Weeks	Over 18 Weeks	Total Patients	Percentage Under 18 Weeks
Cardiology	1791	443	2233	80.2%
Cardiothoracic Surgery	265	37	302	87.7%
Dermatology	1888	73	1961	96.3%
E.N.T.	2409	66	2475	97.3%
Gastroenterology	445	50	495	89.9%
General Medicine	102	7	109	93.6%
Geriatric Medicine	149	1	150	99.3%
Gynaecology	1029	55	1085	94.9%
Neurology	259	112	371	69.8%
Ophthalmology	4063	199	4262	95.3%
Oral Surgery	2084	137	2225	93.8%
OTHER	12708	1848	14564	87.3%
Rheumatology	349	2	351	99.4%

Thoracic Medicine	648	13	661	98.0%
Trauma & Orthopaedics	815	35	850	95.9%
Grand Total	**29004**	**3078**	**32095**	**90.4%**

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

- Restorative dentistry – 74.1%
- Paediatric ENT – 65.5%
- Clinical Genetics – 85.3%
- Paediatric T&O – 84.0%
- Oral medicine – 97.0%

The number of patients waiting over 40-weeks from referral to treatment decreased from 116 at the end of April to 89 at the end of May, and was significantly below the trajectory limit of 106. There was 1 over 52-week RTT waiters reported at May month-end, which was above the trajectory of zero. This case was a patient referred to a London trust for a second opinion at the end of March. The patient has an appointment to be seen in June.

Recovery plan, including expected date performance will be restored:

- Continued weekly focus from the weekly RTT Operational Group on treating longest waiting patients and improving 'picking' patterns to make best use of available capacity to reduce waiting times;
- Full demand and capacity modelling has been completed for all under-performing specialties, with the help of the Interim Management and Support (IMAS) team; these models take into account the level of capacity needed to meet the additional recurrent demand we are seeing, in addition to the capacity needed to clear the backlog; the modelling has been shared with, and signed-off by, the commissioners and Monitor, and has informed contract discussions for 2015/16; the outputs of this work have also resulted in the recovery trajectories shown in the next section of this Exception Report;
- Divisions are continuing to refer patients to external providers where possible;
- A monthly RTT Steering Group is overseeing the progress of the Operational Group as well providing a more strategic oversight of RTT performance. This group is responsible for ensuring all the milestones of the project are met as well as overseeing risks, reviewing benchmarking information, providing cross divisional oversight and recognising / promoting best practice;
- To provide external assurance that our recovery plan is 'fit for purpose', the national Interim Management and Support (IMAS) was asked to undertake a review of our action plan, to ensure it is robust as well as to share best practice from other organisations. Following the original visit in April and further visits to the Trust in June and July, a final report was agreed and the recommendations form the basis of a detailed recovery plan. The actions are now in the process of being implemented.

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- The Trust now has in place a team of validators, to facilitate validation of all patients in the RTT backlogs; a significant number of ongoing pathways are being closed down as a result of this validation work;
- A local (community-wide) Patient Access Policy has recently been reviewed and has been implemented; the new Policy will enable the Trust to take appropriate action when patients delay their outpatient appointments or elective admissions, and where funding decisions are not made within an acceptable time period.

Progress against the recovery plan:

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

Please note: the trajectories shown below are the final versions, as now shared with Monitor and our commissioners, reflecting the Divisions' 2015/16 delivery plans.

Please note: A green RAG (Red, Amber, Green) rating indicates where the recovery trajectory is being met. An amber RAG rating indicates where the performance trajectory was not achieved, due to over-performance against a backlog reduction trajectory

Over 18-week waiters	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Non-admitted (plan)	2455	2044	2068	1920	1754	1616	1548	1465	1391	1273	1193	1125	1056	1022	985
Non-admitted (actual)	1972	1819	1826	1619	1638										
Admitted (plan)	1857	1819	1772	1711	1533	1348	1179	1070	941	820	768	661	590	521	465
Admitted (actual)	1677	1627	1519	1450	1440										
Ongoing performance (plan)	87.0%	88.1%	88.0%	88.6%	89.6%	90.5%	91.2%	91.8%	92.5%	93.2%	93.7%	94.2%	94.7%	95.0%	95.3%
Ongoing performance (actual)	88.9%	89.4%	89.7%	90.5%	90.4%										
Admitted performance (plan)		80.0%	80.0%	80.2%	80.8%	80.8%	80.8%	82.1%	84.3%	86.5%	87.2%	88.6%	89.5%	89.8%	90.3%
Admitted performance (actual)		80.4%	80.5%	79.9%	81.0%										
Non-admitted performance (plan)		89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	90.2%	91.8%	92.4%	93.6%	95.0%	95.1%	95.2%	95.2%
Non-admitted performance (actual)		89.3%	90.0%	90.2%	91.4%										

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A8. EXCEPTION REPORT: 6-week wait for key diagnostic tests	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

The number of patients waiting over 6 weeks for one of the top 15 key diagnostic tests at each month-end, shown as a percentage of all patients waiting for these tests. The figures include patients that are more than 6 weeks overdue a planned diagnostic follow-up test, such as a surveillance scan or scoping procedures. The national standard is 99%.

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

Performance during the period, including reasons for exceptions:

Performance in May was 98.6% against the 99% national standard for 6-week diagnostic wait. This is above the recovery trajectory of 98.4%. There were 94 breaches of the 6-week standard at month-end, of which 58 were waiting for echocardiography scans (down from 66 in April), 5 were for MRI scans (down from 17), 14 were for paediatric gastrointestinal endoscopies (down from 22), and 14 were for audiology (no long waiters at the end of April), with 3 bowel screening surveillance endoscopies more than 6 weeks overdue their follow-up date, the latter due to patients' failure to respond to requests to contact the service. These patients will be removed from the waiting list if they do not respond before the end of June.

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

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

Recovery plan, including expected date performance will be restored:

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

- Month on month capacity plans have been developed for each test, to fill the identified gap in capacity;
- Short-term in-house capacity solutions being put in place to manage the peaks in demand through locums and additional sessions – especially cardiac stress echo and MRI;

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- Additional cardiac stress echo sessions are being sourced from clinicians in other trusts where possible;
- Clinical validation of the appropriateness of referrals where demand is higher than expected is being undertaken;
- A consultant paediatric gastroenterologist post has been recruited to; the successful applicant is now in post and the backlog is starting to be cleared.

Progress against the recovery plan:

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

Month	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total > 6 weeks	161	152	130	106	63	55	63	60
Performance trajectory	**97.6%**	**97.7%**	**98.0%**	**98.4%**	**99.1%**	**99.2%**	**99.1%**	**99.1%**
Actual total > 6 weeks	145	142	114	94				
Actual performance	**97.9%**	**97.9%**	**98.3%**	**98.6%**				
Trajectory achieved	**Yes**	**Yes**	**Yes**	**Yes**				

Risks remain for achievement of the end of June trajectory target, due to resignations and annual leave within the depleted stress echo team. Additional sessions have been planned to reduce the backlog of patients waiting over 6 weeks and stay on track with the recovery trajectory.

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A9-A10. EXCEPTION REPORT: A&E maximum wait 4 hours + Time to Initial Assessment	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

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

Time to Initial Assessment is measured from the patient's arrival in the Emergency Department to their initial assessment, and applies only to ambulance arrivals. The target is for 95% of patients to be assessed within 15 minutes of arrival.

Monitor measurement period: Quarterly

Performance during the period, including reasons for exceptions:

At a Trust level performance against the 4-hour standard declined from 94.8% in April to 93.5% in May. For further information on activity and performance levels by site, please see the tables below. Performance was unexpectedly low at the Bristol Children's Hospital. This was due to a significant increase in levels of emergency admissions, with levels 18% above that seen in May last year, and similar to levels of emergencies experienced in December. The transfer of emergency work, with the closure of Frenchay Emergency Department and Centralisation of Specialist Paediatrics, took place early in May 2014. So this 18% increase is above the levels that can be explained solely by the service transfer.

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

	Apr-15	May 2015	May 2014
Attendances	5167	**5508**	5689
Emergency admissions via the ED	1771	**1791**	1910
Ambulance arrivals	2039	**2167**	2262
Performance against 4-hour standard	92.9%	**92.6%**	91.4%
Numbers of patients waiting less than 4 hours	4800	**5101**	5197

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

	Apr-15	May 2015	May 2014
Attendances	3055	**3354**	2922
Emergency admissions via the ED	692	**803**	679

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Ambulance arrivals	636	**673**	592
Performance against 4-hour standard	95.4%	**91.6%**	96.6%
Numbers of patients waiting less than 4 hours	2915	**3073**	2823

The level 30 minute ambulance hand-over delays in the BRI ED in the period remained significantly below last year's levels, in part reflecting the decrease in ambulance arrivals in the period. Performance against some of the other measures of patient flow also maintained the improvements seen in previous months, including bed-days spent by patients outlying from their specialty ward and ward moves. However, the percentage of discharges that were out of hours rose, and the number of last-minute cancelled operations also remained higher than the quality objective set for the period. The Length of Stay of patients discharged in the period decreased significantly. However, this was a reflection of fewer long stay (delayed discharge) patients being discharged from hospital, as evidenced by the sharp increase in Green to Go patients at the end of May.

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

Month	Total number of Green to Go (Delayed Discharge) patients at month-end
May 2014	51
June 2014	58
July 2014	50
August 2014	53
September 2014	57
October 2014	44
November 2014	55
December 2014	42
January 2015	59
February 2015	49
March 2015	46
April 2015	40
May 2015	**74**

Performance against Time to Initial Assessment was 88.3% against the 95% standard in May. This was due to a data quality issues following the inclusion of the wait for initial assessment at the Bristol Children's Hospital (at 42.9% against the 95% standard) from data sourced from the Medway Patient Administration System (PAS). All children are assessed at the point of an ambulance arriving at the BCH, which is before the patient has been registered as having arrived in the Department. However, it is not currently possible to automate the capture of this data pre-arrival. As a consequence there is a heavy reliance on manual data capture and entry, and consequent validation. Local information continues to confirm all assessments are carried-out at the point of ambulance arrival (i.e. a zero wait). Performance against the Time to Initial Assessment standard at the BRI was 100%. The capture of accurate data for the BCH times to initial assessment remain under review.

Recovery plan, including expected date performance will be restored:

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

A) Front Door – including the 'protection' of the clinical management of minor injury/illness patients to deliver high levels of performance for this stream of patients; Care of the Elderly consultant-led rapid assessment of patients in the Emergency Department and Older Persons Assessment Unit; extension of the South Bristol Urgent Care Centre opening hours; BrisDoc out of hours service supporting the ED minors pathway; GP working in the Bristol Children's Hospital Emergency Department;

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

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

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

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

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

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

Progress against the recovery plan:

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

Key Performance Indicators (KPIs) have been established to enable the delivery against the individual elements of the above plan to be monitored, and to enable analysis of which actions are not delivering the expected outcomes to be undertaken. A sub-set of the KPIs, together with the last six week's performance, is shown below:

	Indicator	Threshold	27/4/15	4/5/15	11/5/15	18/5/15	25/5/15	01/6/15
Front door	Minors performance (ESC 1 and 2)	>=98.0%	96.7	98.5	94.8	96.3	94.4	97.1
	Time to Treatment (60 minutes)	>=50.0%	47.3	44.1	47.6	52.3	43.8	36.0
	Number of emergency admissions (BRI)	<= 463	542	551	543	482	522	519
Admission avoidance	Bed occupancy (BRI)	< = 91.5%	87.3	87.5	89.7	87.0	90.3	89.1
	BRI ED conversion rate %	TBC	35%	32%	31%	32%	32%	33%
	Increase 0 to 1 day stays > 75 year olds	>=250	288	249	271	263	223	261
Flow	Weekly average Length of Stay emergency patients (Medicine)	<=4.9	5.0	4.3	3.9	4.5	4.4	4.4
	Number patients > 14 days Length of Stay BRI	<=99	118	115	117	125	133	123
	Total number of weekend discharges	TBC	171	161	183	118	138	165
Discharges	Green to Go Delayed Discharges (Medicine)	30	30	39	31	57	51	51
	Number of discharges by 10:00	>=15	3	5	15	4	6	5
	Percentage discharges by 14:00	>=75%	32.4	34.2	33.2	35.7	33.8	36.2

The patterns of emergency admissions following the Frenchay Emergency Department closure are still emerging, in particular increases in emergency admissions into the BCH. In conjunction with the changing age-profile of patients admitted to the Trust, this poses risks to achievement of the 95% standard over the winter, which may be difficult to mitigate fully, as reflected in the Realistic scenario.

Scenario	Jan-15	Feb-15	Mar-15	Q4	Apr-15	May-15	Jun-15	Q1	Jul-15	Aug-15	Sep-15	Q2
Best case	91.9%	91.5%	94.0%	**92.5%**	94.7%	94.5%	96.4%	**95.2%**	97.3%	95.8%	94.2%	**95.8%**
Realistic	91.5%	90.6%	92.8%	**91.7%**	94.4%	94.2%	95.8%	**94.8%**	96.0%	95.1%	93.9%	**95.0%**
Actual	90.9%	89.5%	95.0%	**91.9%**	94.8%	93.5%						

Performance in May was below trajectory. However, at the time of this report, achievement of the 94.8% realistic scenario for the quarter remains

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possible.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
<u>Purpose</u> To review the Trust's performance on Quality, Workforce and Access standards. <u>Key issues to note</u> The monthly Quality & Performance Report details the Trust's current performance on national frameworks, and a range of associated Quality, Workforce and Access standards. Exception reports are provided to highlight areas for further attention and actions that are being taken to restore performance.
Recommendations
The Board is recommended to receive the report for **assurance.**
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					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
26/06/15				17/6/15	Patient Experience Group 25/6/15

University Hospitals Bristol NHS
NHS Foundation Trust

Patient Experience Report

Quarter 4, 2014/15

(1 January to 31 March 2015)

Author: **Paul Lewis, Patient Experience Lead (Surveys and Evaluation)**

1. Executive Summary

This report presents quality assurance data from the UH Bristol patient experience survey programme, principally: the Friends and Family Test survey, the monthly inpatient/parent and maternity postal surveys, and the national patient surveys. Summary analysis is provided which draws on discussions held at the Trust's Patient Experience Group, where the data is reviewed at each meeting. The key headlines from Quarter 4 (January – March 2015) are:

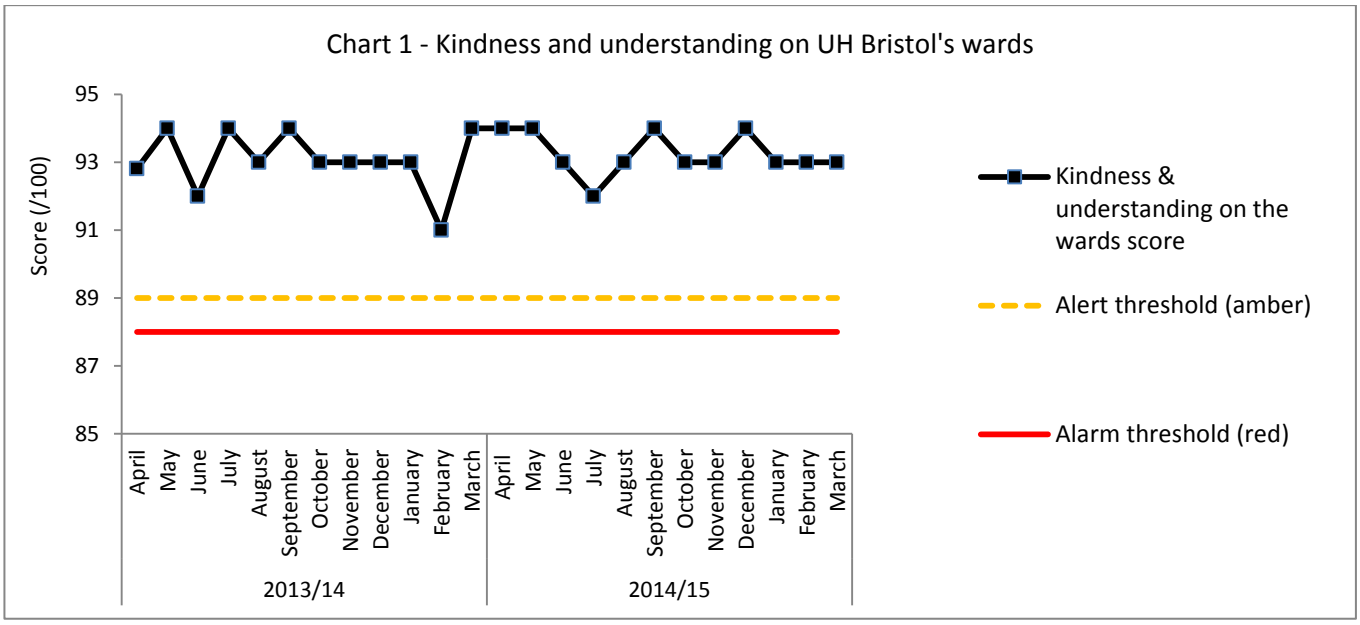
- The Trust continued to achieve "green" ratings in the Trust Board Quality Dashboard: reflecting the provision of a high quality patient experience at UH Bristol.
- Praise for UH Bristol staff continues to be by far the most frequent form of written comment received via the Trust's corporate patient experience surveys: the frequency of this type of feedback significantly outnumbers the top five negative themes combined. The negative themes that emerge most frequently are around communication, waiting / delays, food, and staff behaviour (often an isolated incident with one member of staff, within an otherwise excellent hospital experience).
- There continues to be significant variation in patient-reported experience between wards within the Trust. Detailed analysis of the survey data suggests that these differences are primarily a reflection of differing patient populations, rather than an indication of deeper care failings. Wards 34, 33B (both from the Bristol Royal Hospital for Children), ward 78 (Gynaecology), ward 41 (ophthalmology) and the Coronary Care Unit (CCU) all consistently achieve good scores.
- Early results from the Day Case Friends and Family Test are very positive, however national comparative data is not yet available.
- UH Bristol performs in line with national norms in most of the national patient experience surveys. A notable exception is the national cancer survey, where UH Bristol has consistently received a number of below-average scores. A comprehensive engagement programme with UH Bristol cancer patients has been undertaken to fully explore these results (including five patient focus groups independently facilitated by the Patients Association). The outcomes from this programme are currently being analysed and a summary will be presented in the next Quarterly Patient Experience Report. However, it is clear from this work that patients are very positive about UH Bristol's cancer services and, whilst there are service improvement opportunities, the national cancer survey does not accurately reflect the quality of UH Bristol's care for this patient group.
- In March 2015, the UH Bristol Patient Experience and Involvement Team commenced a new monthly survey of outpatient experience. Surveys are now sent to approximately 500 outpatients (or parents of 0-11 year olds) each month: this will generate robust quarterly Trust-level data and is also likely to facilitate the reporting of six monthly rolling data for Divisions/hospitals. The survey will ask around 30 questions, largely based on the national outpatient survey. The first dataset from this survey will be reported in the next Quarterly Report. This will enable the Trust to begin to identify possible correlation between outpatient-related complaints and reported patient experience in those areas.

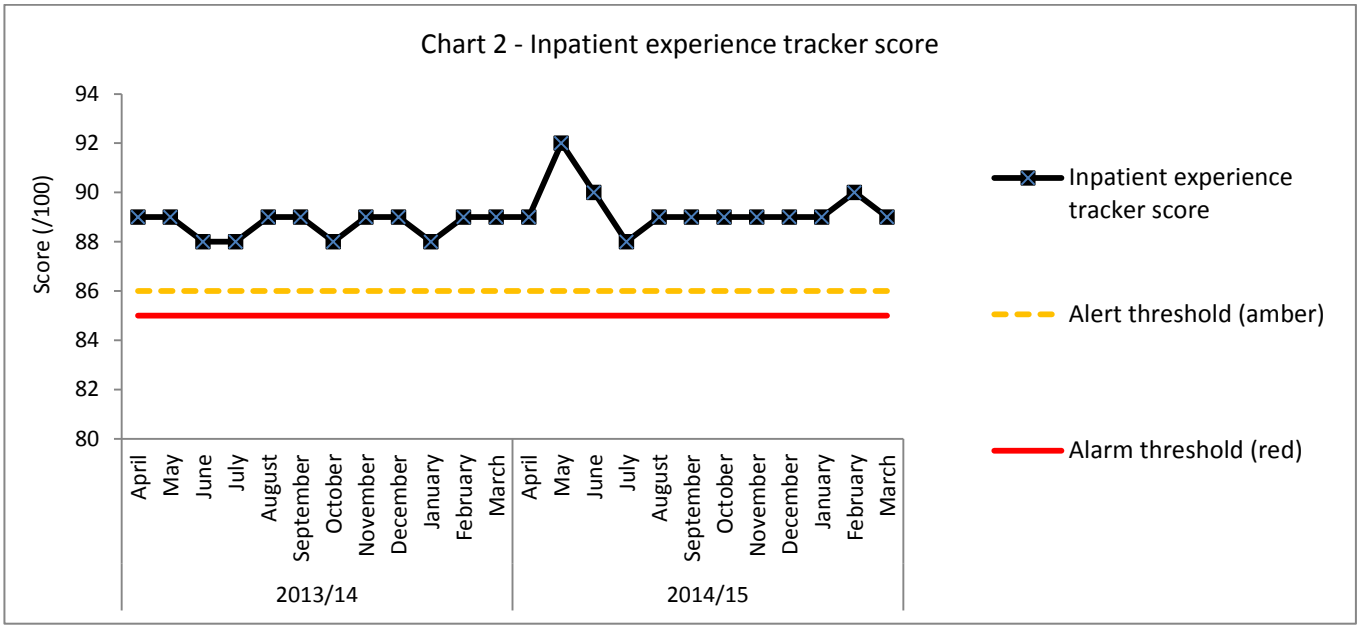
2. Trust-level patient experience data

Charts 1 to 4 (over) show the four headline metrics used by the Trust Board to monitor the overall quality of patient-reported experience at UH Bristol[1]. These scores have been consistently rated "green" in the periods

[1] Kindness and understanding is used as a key measure, because it is a fundamental component of compassionate care. The "patient experience tracker" is a broader measure of patient experience, made up of five questions from the UH Bristol monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions,

shown[2], indicating that a high standard of patient experience is being maintained at the Trust. The scores would turn “amber” or “red” if they fell significantly, alerting the senior management team to the deterioration. Chart 5 (page 4) shows the results from the Trust’s Day Case Friends and Family Test survey (see Appendix D for further information about the Friends and Family Test). Although we won’t have national comparison data until the next Quarterly Report, it can be seen that the scores received so far exceed those achieved being achieved by inpatient areas (which in turn are broadly in line with national inpatient norms).





communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via statistical analysis and patient focus groups conducted by the UH Bristol Patient Experience and Involvement Team.

[2] Note: the Friends and Family Test data is available around one month before the postal survey data.

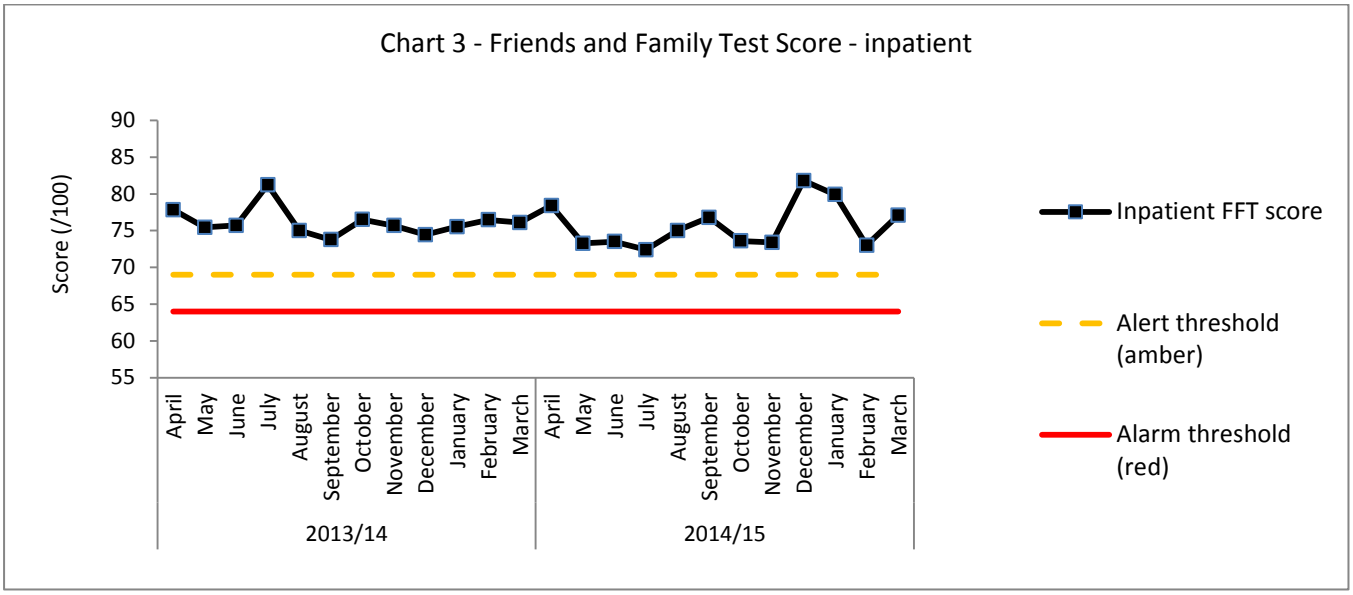


Chart 3 - Friends and Family Test Score - inpatient
Score (/100)
90
85
80
75
70
65
60
55
April
May
June
July
August
September
October
November
December
January
February
March
2013/14
2014/15
Inpatient FFT score
Alert threshold (amber)
Alarm threshold (red)

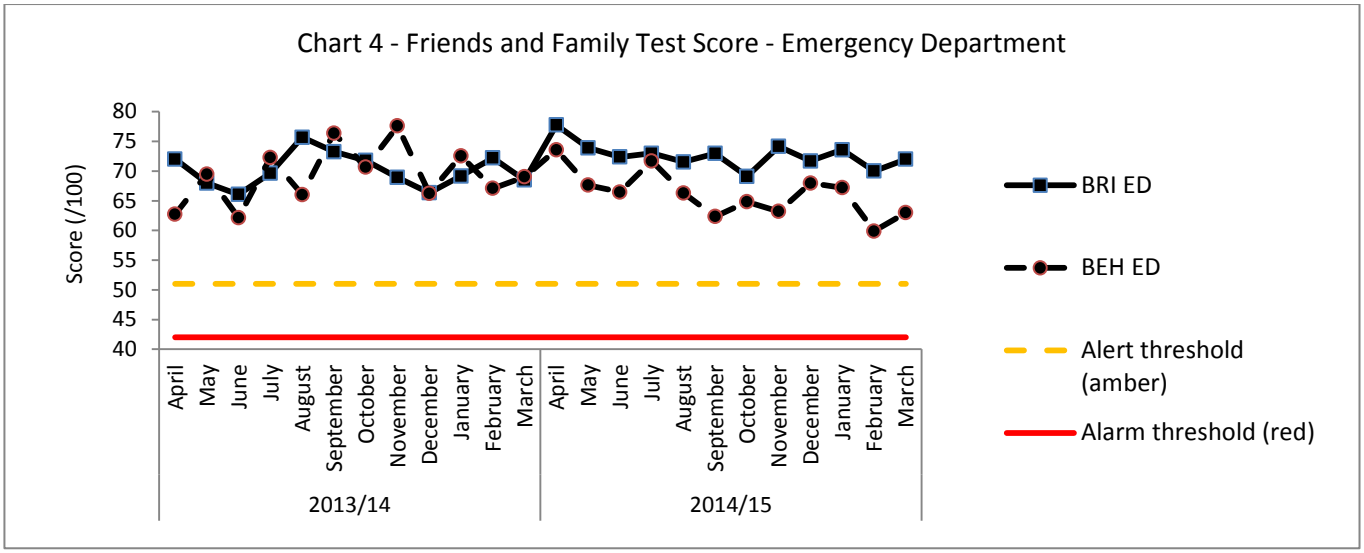


Chart 4 - Friends and Family Test Score - Emergency Department
Score (/100)
80
75
70
65
60
55
50
45
40
April
May
June
July
August
September
October
November
December
January
February
March
2013/14
2014/15
BRI ED
BEH ED
Alert threshold (amber)
Alarm threshold (red)

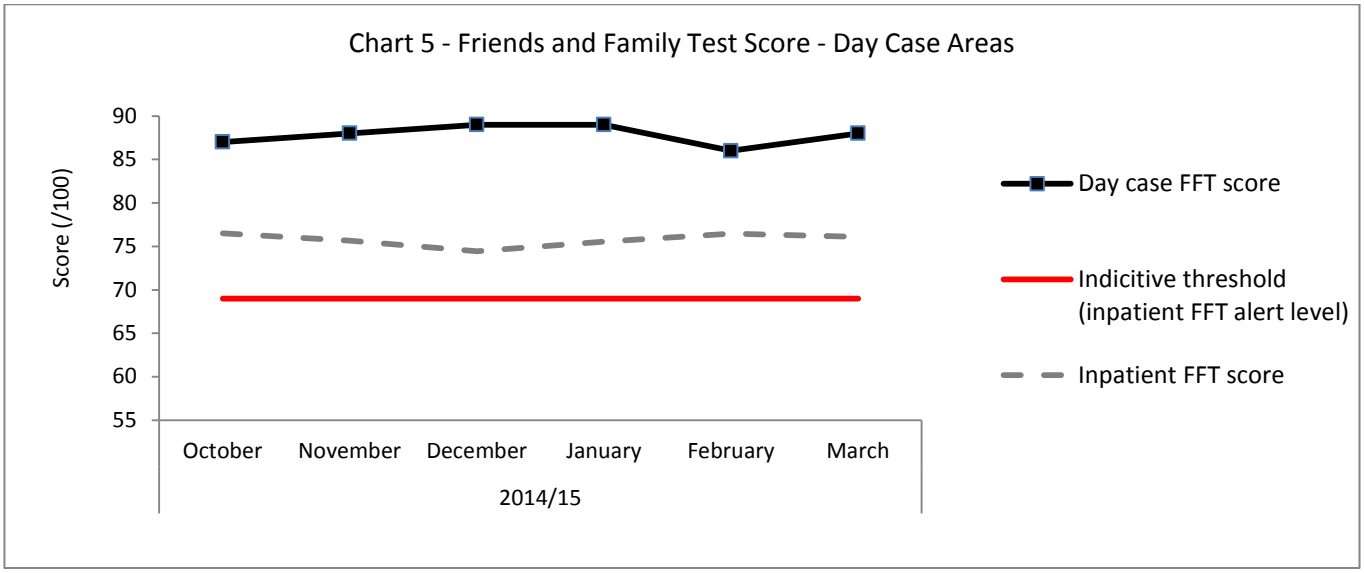


Chart 5 - Friends and Family Test Score - Day Case Areas
Score (/100)
90
85
80
75
70
65
60
55
October
November
December
January
February
March
2014/15
Day case FFT score
Indicitive threshold (inpatient FFT alert level)
Inpatient FFT score

3. Divisional-level patient experience data

Charts 6-8 (over) split the headline patient experience metrics by UH Bristol Division. The Trust-level "alarm threshold" is shown in these charts, but this is a guide only - caution is needed in applying this threshold because there is a higher margin of error in the data at this level. The Division of Medicine tends to attract slightly lower survey ratings: an important factor here is that this Division cares for a relatively high proportion of elderly patients with chronic, complex conditions: research at a national-level has shown that these factors affect patient experience ratings over and above the quality of the care provided[3].

Postnatal wards also tend to attract lower survey ratings. It is important to note that the data from the UH Bristol monthly maternity survey is very different to the other surveys in this report, in that respondents are demographically unique and are not "patients" as such. The Trust's maternity scores are in line with (or better than) their national benchmarks. Nevertheless, improvement initiatives continue to be carried out in maternity services to improve these scores (see Section 5).

Chart 6 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

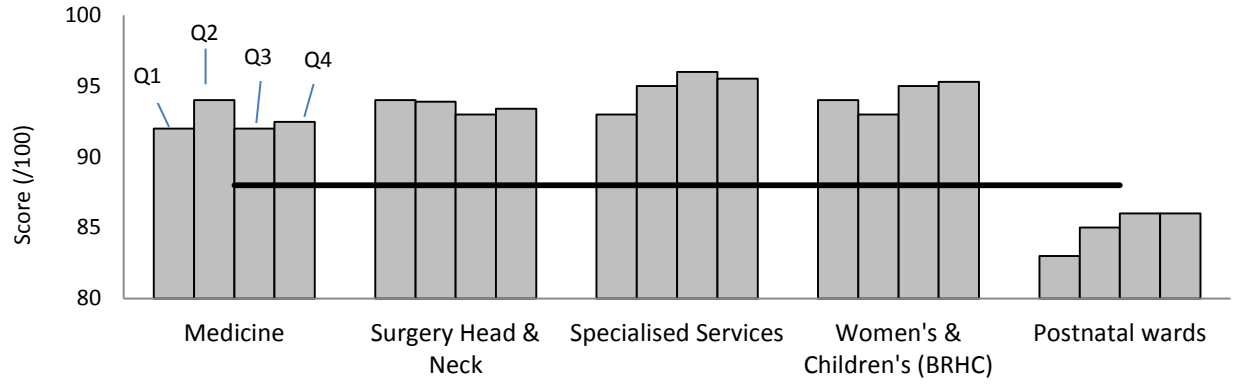
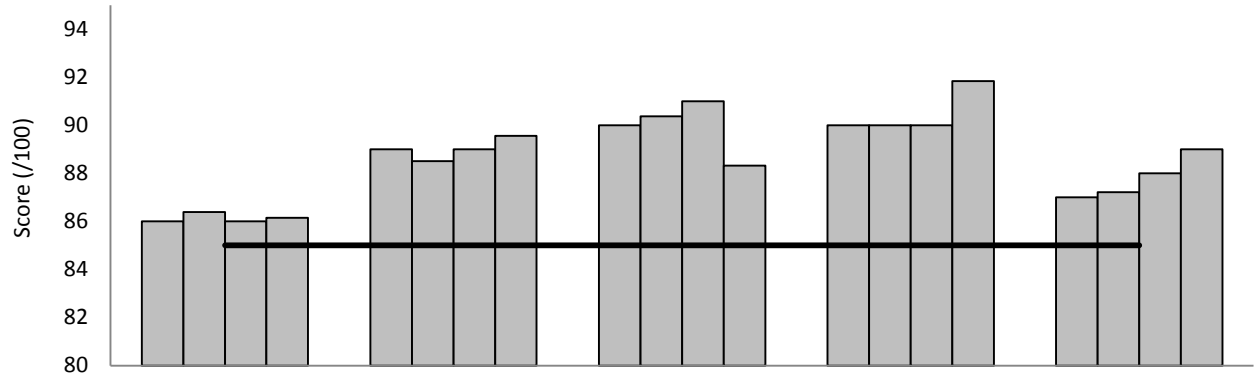
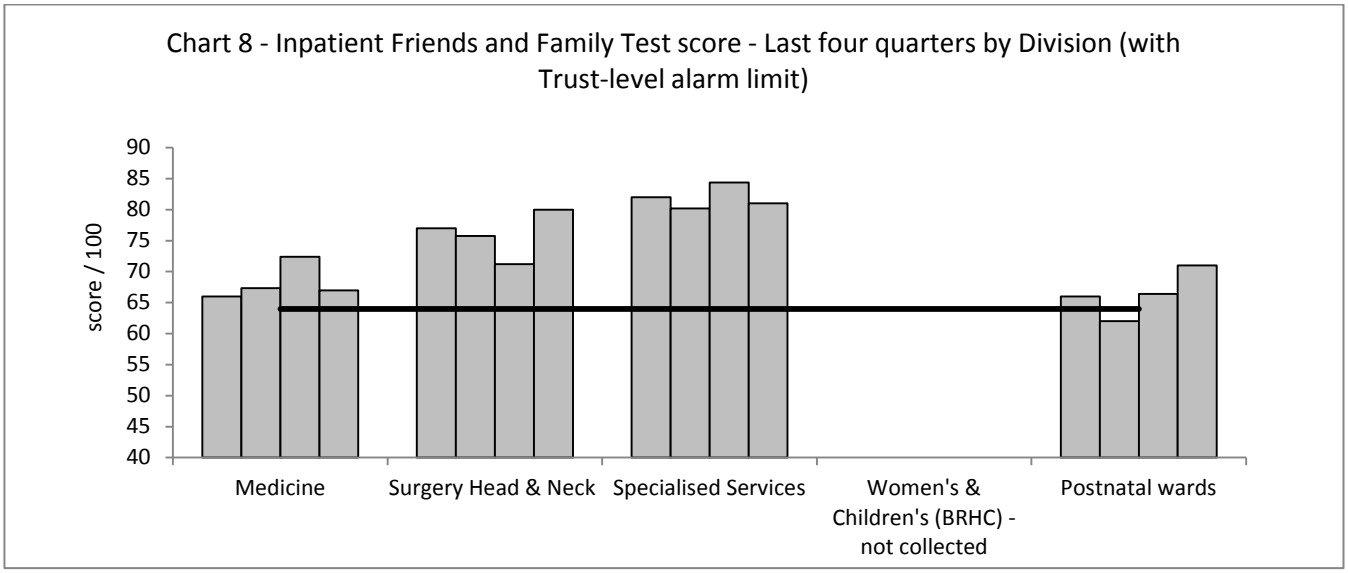


Chart 7 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)



[3] http://www.pickereurope.org/wp-content/uploads/2014/10/Multi-level-analysis-of-inpatient-experience.pdf



**Note: Q1 = April-June 2014; Q2 = July-September 2014; Q3 = October-December 2014; Q4 = January-March 2015.*

4. Hospital-level patient experience data

Charts 9-11 (over) show the headline survey results by hospital[4]. Again, the Trust-level alarm threshold is shown, but should be applied with caution due to the higher margin of error in the data at this level.

The inpatient tracker scores for the South Bristol Community Hospital (SBCH) are consistently below the threshold (Chart 10). This contrasts with the positive scores achieved by SBCH in the Friends and Family Test (Chart 11), and for patient ratings of the kindness and understanding shown by staff (Chart 9)[5]. The Patient Experience and Involvement Team carried out further analysis of the tracker score for SBCH: whilst the hospital achieves very positive ratings for cleanliness and respect and dignity elements of the tracker, the score is dragged down by the measures around involvement in care decisions and communication. This is a realistic reflection of the challenges where a relatively high proportion of patients are very elderly, with complex needs and medical conditions. Nevertheless, the hospital has implemented a number of initiatives to try and improve these issues, including:

- There are two "case manager" posts at SBCH, established to provide a dedicated link between staff and patients/families/carers, allowing clear lines of communication to be established.
- For each patient, the SBCH staff complete a daily diary which details conversations and actions relating to the patient's care. This can be read by the patient/family/carer at any point during their stay, and is given to the patient at discharge.
- On arrival, all patients are given an orientation of the ward and an explanation of how care is provided. A Standard Operating Procedure was also introduced to ensure patients are transferred into the hospital by 5pm, to ensure they have sufficient time to settle in. An audit is currently being carried out to assess adherence to this protocol, and actions will be undertaken to improve compliance if necessary.

[4] The Friends and Family Test (FFT) was not operating in paediatric inpatient wards in Quarter 4. It went "live" for these wards in April 2015, and will be reported in the next Quarterly Patient Experience Report.
[5] The fluctuation in this score is due to small sample sizes, but on average it is well above the alarm threshold.

For the postnatal maternity wards at St Michael's Hospital, the tracker score is consistently above the minimum threshold, indicating that women are broadly positive about their levels of involvement in care decisions, communication from midwives and doctors, and the general care environment. However, the kindness and understanding scores (Chart 9) are consistently lower than other inpatient sites at the Trust. It is important to note that the maternity experience / service-user demographic is unique at the Trust, and so direct comparisons with other inpatient areas are problematic. It is also the case that UH Bristol received maternity service-user ratings in line with the national average in the last national maternity survey. Nevertheless, the maternity service is very active in carrying out service-user experience projects / improvements, and a number of these have been outlined in previous Quarterly Patient Experience Reports. Currently, there is a focus on working with community midwives to ensure that women coming in to St Michael's Hospital to have their baby are clear about what to expect on the postnatal wards. It is emphasised that this isn't a typical hospital experience where women are treated as being ill – they will be encouraged to mobilise (even after a caesarean section) as this improves clinical outcomes, and whilst they will be shown basics of caring for their baby, they will be encouraged to take responsibility for looking after their baby whilst in hospital. It is hoped that by setting appropriate expectations at this stage, women will not interpret encouragement to be independent on the postnatal ward as a lack of kindness by the staff.

Chart 9: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

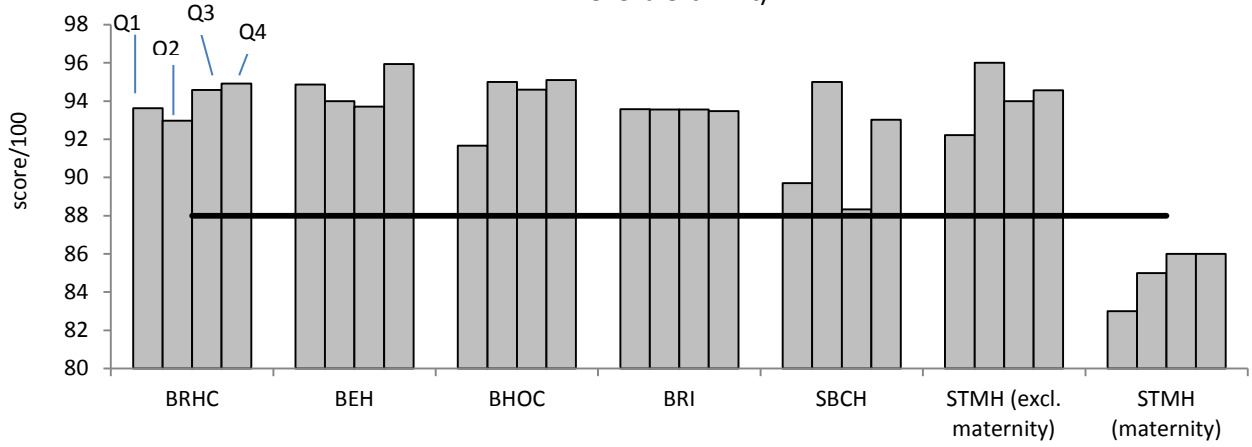
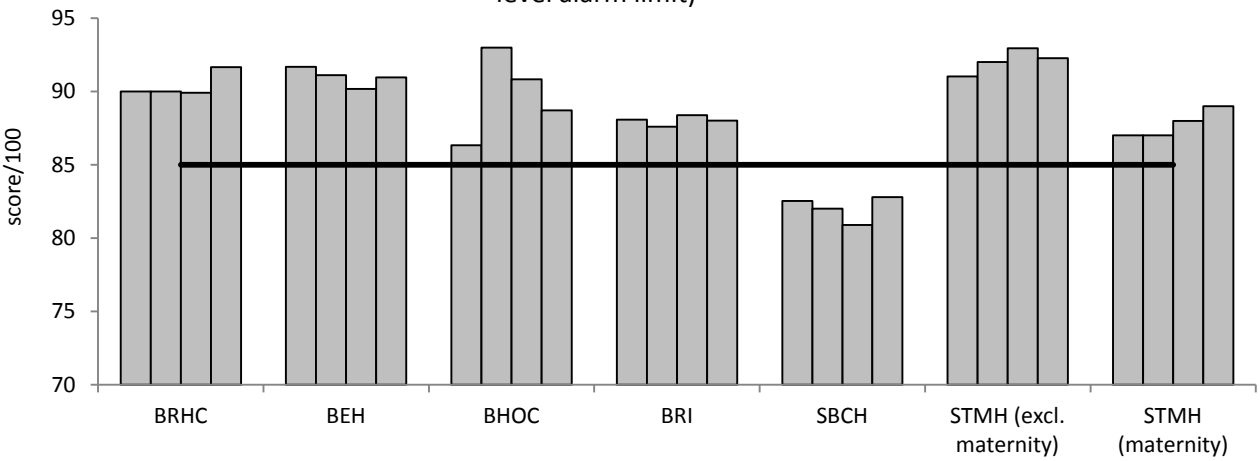
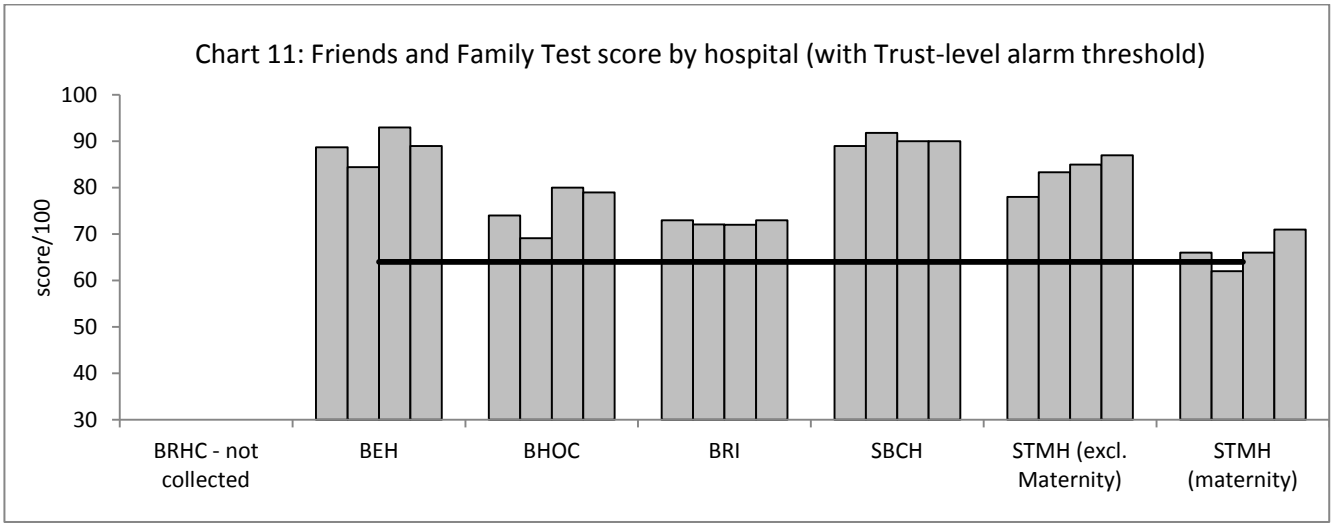


Chart 10: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)





Key: BRHC (Bristol Royal Hospital for Children); BEH (Bristol Eye Hospital – Ward 41); BHOC (Bristol Haematology and Oncology Centre); BRI (Bristol Royal Infirmary); SBCH (South Bristol Community Hospital); STMH (St Michael's Hospital)

5. Ward-level data

Ward-level inpatient survey and Friends and Family Test data is presented in charts 12 to 14 (over). The quality of this ward-level data has been adversely affected by the large number of ward moves occurring within the Bristol Royal Infirmary. These moves make it difficult to accurately assign the patient survey data to individual wards. It also means that the scores presented are only from one quarter: this minimises the effects of the ward moves, but significantly reduces the sample sizes under consideration – increasing the margin of error and so making it difficult to identify clear trends. These issues will resolve as the ward moves are completed over the course of the coming months, but at present caution should be applied to this data.

With these caveats in mind, some notable aspects of Charts 12 to 14 (over) include:

- Wards 34, 33B (both from the Bristol Royal Hospital for Children), ward 78 (Gynaecology), ward 41 (ophthalmology) and the Coronary Care Unit (CCU) all consistently achieve good scores.

- Ward B404 (formerly ward 11) had the lowest Friends and Family Test scores, and was slightly below the thresholds on the other two survey measures shown on page 9. Detailed analysis of this result has been carried out by the UH Bristol Patient Experience and Involvement Team, but no clear issues could be identified. It should be noted that the majority of feedback is positive (e.g. 80% of the Friends and Family Test respondents would recommend the ward) and no formal complaints have been received in the last three months. As this is the first time that Ward B404 has achieved the lowest Friends and Family Test score in this report, these results will be shared with the Ward Sister and the data will continue to monitored in case it becomes a consistent trend.

- A900 has the second lowest Friends and Family Test score (Chart 14). However, this is not corroborated by the postal surveys, and is primarily a result of the relatively small sample size and the vagaries of the Friends and Family Test scoring mechanism (see Appendix D): 11 out of 12 respondents actually said that they would be extremely likely or likely to recommend the trust.

- B501 had the lowest inpatient tracker score in Quarter 4, but this was not correlated with scores for kindness and understanding and on the Friends and Family Test. Ward B501 is a care of the elderly ward, and as discussed earlier in relation to South Bristol Community Hospital, the difficulties around effectively communicating and involving this patient group in their care decisions, tends to drag down the tracker score (i.e. it is a realistic reflection of the challenges that staff in delivering care on this ward).

- Ward A605 was only slightly below the alarm thresholds on both the kindness and understanding and tracker scores (Charts 12 and 13), but this is notable as the ward had previously been at around the trust average. The ward was transferred in April 2015 from the Division of Surgery, Head and Neck to the Division of Medicine. In the build-up to this change, a number of staff had left the ward resulting in a relatively high proportion of temporary staff delivering care. As a result of all of these factors, staff morale on the ward declined. Although the feedback received from patients was still broadly positive during this period, it seems to have been reflected in lower survey scores.

- The scores for postnatal wards and South Bristol Community Hospital were discussed in Section 4 (above).

Chart 12: Kindness and understanding ratings by ward (January to March 2015), with Trust-level alarm threshold)

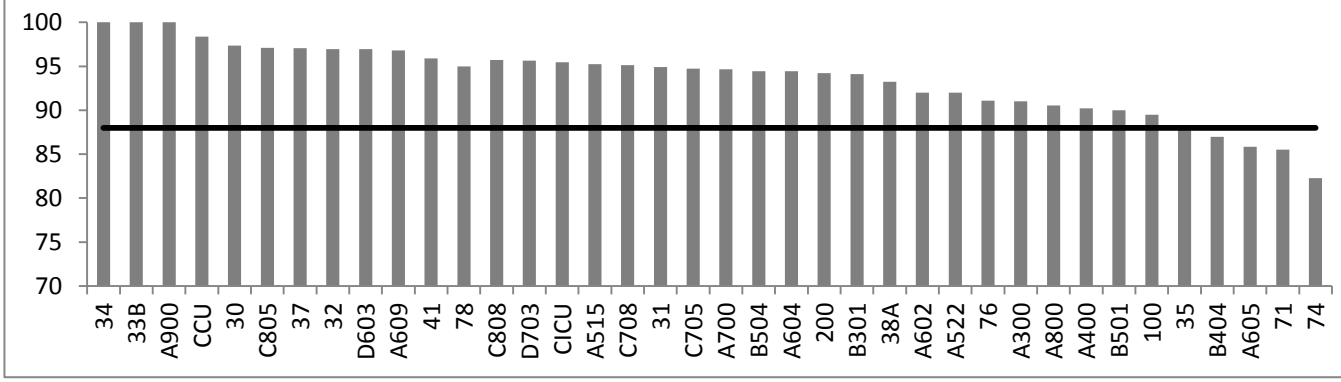


Chart 13: Patient Experience Tracker score by ward (January to March 2015), with Trust-level alarm threshold

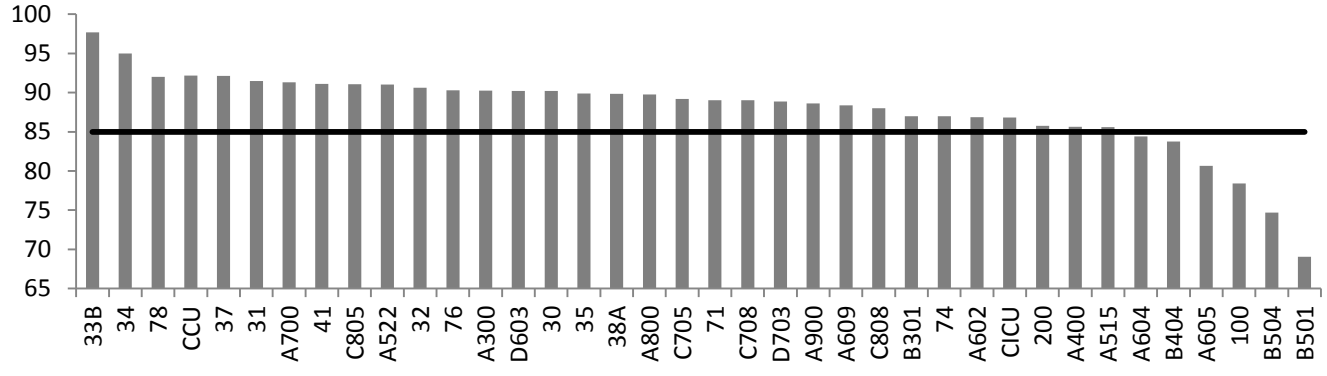
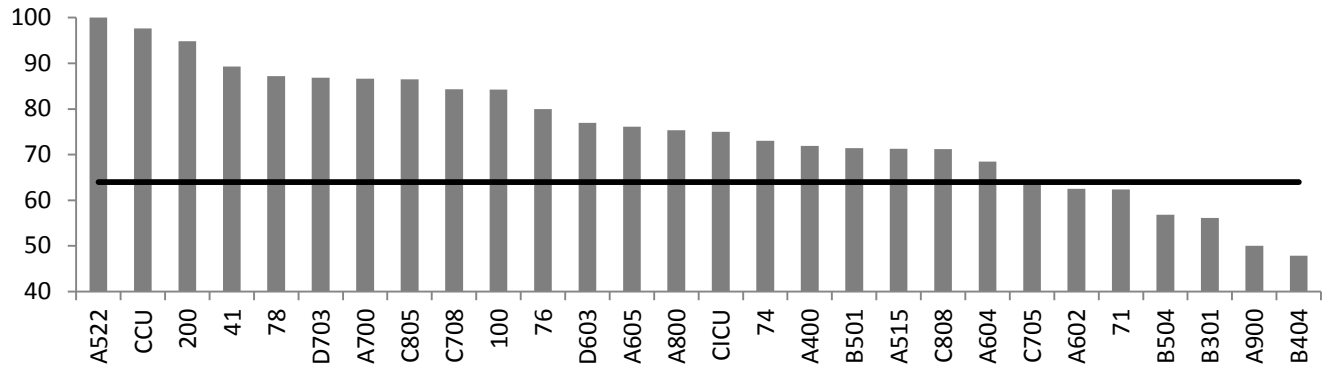


Chart 14: Friends & Family Test inpatient results by ward (January to March 2015), with Trust-level alarm threshold) - no data is available for the Bristol Royal Hospital for Children



Note: the Friends and Family Test Survey was not operating in paediatric inpatient wards in Quarter 4 (it was however implemented in April 2015 and so will be reported in the next Quarterly Patient Experience Report). The Patient Experience Tracker has been collected for postnatal wards since April 2014. No scores are shown for wards that are now closed, or where less than ten responses were received over the quarter.

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

At the end of our postal survey questionnaires, patients are invited to comment on any aspect of their stay – in particular anything that was worthy or praise or that could have been improved. In the twelve months to 31 March 2015 around 5,000 written comments were received in this way. All comments are categorised, reviewed by the relevant Heads of Nursing, and shared with ward staff for wider learning. The over-arching themes from these comments are provided below. Please note that "**valence**" is a technical term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed).

All inpatient /parent comments (excluding maternity)

Theme	Valence	% of comments[6]	
Staff	Positive	61%	*61% of the comments received contained praise for UH Bristol staff. Improvement themes centre on communication, staff, waiting/delays, and food. "Food" generates strong feelings, but the majority of patients (65%) rate it as "very good" or "good"*
Communication	Negative	14%	
Staff	Negative	10%	
Food/catering	Negative	9%	
Waiting/delays	Negative	9%	

Division of Medicine

Theme	Valence	% of comments	
Staff	Positive	58%	*Negative comments about "staff" are often linked to other thematic categories (e.g. poor communication from a member of staff). This demonstrates that our staff are often the key determinant of a good or poor patient experience.*
Communication	Negative	12%	
Staff	Negative	9%	

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

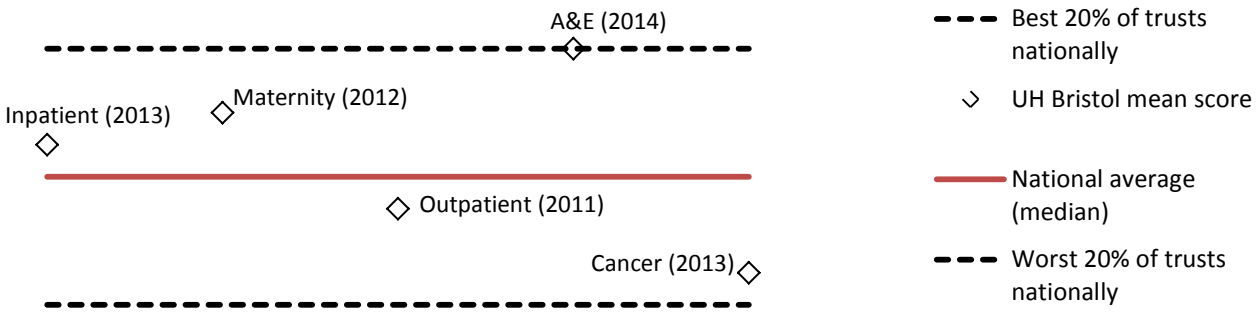
Division of Specialised Services			
Theme	**Valence**	**% of comments**	*Negative comments about staff also often relate to a one-off negative experience with a single member of staff, showing how important each individual can be in shaping a patient's experience of care.*
Staff	Positive	61%	
Communication	Negative	14%	
Food/catering	Negative	10%	
Division of Surgery, Head and Neck			
Theme	**Valence**	**% of comments**	*Communication is a key issue, but it is a very broad theme which includes ease of contacting the trust, patient information, clinic letters, and face-to-face discussions with individual staff.*
Staff	Positive	58%	
Communication	Negative	15%	
Staff	Negative	11%	
Women's & Children's Division (excl. maternity)			
Theme	**Valence**	**% of comments**	*This data includes feedback from parents of 0-11 year olds who stayed in the Bristol Royal Hospital for Children. Again the themes are similar to other areas of the Trust.*
Staff	Positive	68%	
Communication	Negative	15%	
Staff	Positive	11%	
Maternity comments			
Theme	**Valence**	**% of comments**	*For maternity services, the two most common themes relate to praise for staff and praise for care during labour and birth.*
Staff	Positive	61%	
Care during labour	Positive	24%	
Communication	Negative	17%	

7. National patient survey programme

Along with other English NHS trusts, UH Bristol participates in the Care Quality Commission (CQC) national patient survey programme. This provides useful benchmarking data - a summary of which is provided in Chart 15 below[7] and Appendix A. It can be seen that UH Bristol broadly performs among the mid-performing trusts nationally. The main exception is the 2012 national Accident and Emergency survey, where UH Bristol performed well above the national average. The national cancer survey (NCS) on the other hand tends to produce scores for UH Bristol that are lower than the national average, despite a large number of service improvement actions at the Trust to try and redress this. A comprehensive engagement programme with patients receiving cancer services at UH Bristol has been carried out, in collaboration with the Patient's Association. In addition, the Trust is participating in an NHS England programme which involves working closely with a peer Trust that performs consistently well in the NCS. These activities will inform the development of a service-improvement plan, scheduled for presentation at the Trust's Cancer Steering Group in August 2015.

[7] This analysis takes mean scores across all questions and trusts in each survey. The national mean score across all trusts is then set to 100, with upper and lower quintiles and the UH Bristol mean scores indexed to this.

Chart 15: comparison of UH Bristol's national patient experience survey results (year in brackets)



It is interesting to ask: how good is the national average? This is a difficult question to answer as it depends on exactly which aspect of patient experience is being measured. However, the national inpatient survey asks people to rate their overall experience on a scale of 1-10, and the table below shows that around a quarter give UH Bristol the very highest marks (presumably reflecting an excellent experience), with around half giving a "good" rating of eight or nine.

Rating (0-10, with 10 being the best)	UH Bristol	Nationally
0 (I had a very poor experience)	0.3%	1%
1 to 4	6%	6%
5 to 7	18%	21%
8 and 9	50%	46%
10	26%	27%

Appendix A: summary of national patient survey results and key actions arising for UH Bristol

Survey	*Headline results for UH Bristol*	*Report and action plan approved by the Trust Board*	*Action plan progress reviewed by Patient Experience Group*	*Key issues addressed in action plan*	*Next survey results due (approximate)*
2013 National Inpatient Survey	59/60 scores were in line with the national average. One score was below the national average (privacy in the Emergency Department)	May 2014	Quarterly	• Privacy in the Emergency Department • Awareness of the complaints process • Delays at discharge • Explaining potential medication side effects to patients at discharge	May 2015 *(to Trust Board in July 2015)*
2013 National Maternity Survey	14 scores were in line with the national average; 3 were better than the national average	January 2014	Six-monthly	• Continuity of antenatal care • Communication during labour and birth • Care on postnatal wards	January 2016
2013 National Cancer Survey	30/60 scores were in line with the national average; 28 scores were below the national average; 2 were better than the national average	November 2014	Six-monthly	• Providing patient-centred care • Validate survey results • Understanding the shared-cancer care model, both within UH Bristol and across Trusts	September 2015
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	• Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge	December 2014
2011 National Outpatient Survey	All UH Bristol scores in line with the national average	March 2012	Six monthly	• Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments • Copy patients in to hospital letters to GPs	No longer in the national survey programme

Appendix B: Full quarterly Divisional-level inpatient/parent survey dataset (Quarter 4 2014/15)

The following table contains a full update of the inpatient and parent data for January to March 2015. Where equivalent data is also collected in the maternity survey, this is presented also. All scores are out of 100 (see Appendix D), with 100 being the best. Cells are shaded amber if they are more than five points below the Trust-wide score, and red if they are ten points or more below this benchmark. See page 14 for the key to the column headings.

	MDC	SHN	SPS	WAC (Excl. Maternity)	Maternity	Trust (excl Mat.)
Were you / your child given enough privacy when discussing your condition or treatment?	89	91	93	94	n/a	92
How would you rate the hospital food you / your child received?	62	59	61	63	56	61
Did you / your child get enough help from staff to eat meals?	78	86	87	78	n/a	82
In your opinion, how clean was the hospital room or ward you (or your child) were in?	92	95	95	94	90	94
How clean were the toilets and bathrooms that you / your child used on the ward?	91	93	92	92	86	92
Were you / your child ever bothered by noise at night from hospital staff?	79	86	82	81	n/a	82
Do you feel you / your child was treated with respect and dignity on the ward?	94	95	96	96	89	95
Were you / your child treated with kindness and understanding on the ward?	92	93	96	95	86	94
How would you rate the care you / your child received on the ward?	83	87	88	90	81	87
When you had important questions to ask a doctor, did you get answers you could understand?	84	87	89	90	88	87
When you had important questions to ask a nurse, did you get answers you could understand?	83	87	88	90	90	87
If you / your family wanted to talk to a doctor, did you / they have enough opportunity to do so?	72	75	71	76	75	74
If you / your family wanted to talk to a nurse, did you / they have enough opportunity to do so?	79	84	84	88	87	84
Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?	77	82	80	90	87	82
Do you feel that the medical staff had all of the information that they needed in order to care for you / your child?	83	88	87	88	n/a	86
Did you / your child find someone to talk to about your worries and fears?	64	72	71	83	79	72

	MDC	SHN	SPS	WAC (Excl. Maternity)	Maternity	Trust (excl Mat.)
Staff explained why you needed these test(s) in a way you could understand?	81	85	85	93	n/a	85
Staff tell you when you would find out the results of your test(s)?	67	70	66	80	n/a	70
Staff explain the results of the test(s) in a way you could understand?	72	78	74	85	n/a	77
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	74	93	91	95	n/a	91
Did a member of staff explain how you / your child could expect to feel after the operation or procedure?	69	79	75	83	n/a	78
Staff were respectful any decisions you made about your / your child's care and treatement	87	92	92	95	n/a	91
During your hospital stay, were you asked to give your views on the quality of your care?	22	24	27	25	29	25
Do you feel you were kept well informed about your / your child's expected date of discharge?	81	90	89	92	n/a	88
On the day you / your child left hospital, was your / their discharge delayed for any reason?	63	69	61	68	63	66
% of patients delayed for more than four hours at discharge	20	16	18	14	15	18
Did a member of staff tell you what medication side effects to watch for when you went home?	51	64	56	70	n/a	60
Total responses	512	535	388	406	146	1987

Key: MDC (Division of Medicine); SHN (Division of Surgery, Head and Neck); SPS (Specialised Services Division); WAC (Women's and Children's Division, excludes maternity survey data); Maternity (maternity survey data); Trust (UH Bristol overall score from inpatient and parent surveys)

Appendix C – UH Bristol corporate patient experience programme

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

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

Appendix D: survey scoring methodologies

Postal surveys

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

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

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

Friends and Family Test Score

The Friends and Family Test (FFT) is a given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our <<ward>> to Friends and Family if they needed similar care or treatment?

The FFT score is calculated as follows:

The percentage of respondents ticking the “extremely likely to recommend the care” option

Minus

The percentage of respondents ticking the “neither likely nor unlikely”, “unlikely”, and “extremely unlikely” response options

Appendix E: ward specialties (provided by UH Bristol's Information and Technology Department)

Hospital	Ward (old ward name in brackets)	Specialty	Division
Bristol Royal Hospital for Children	30	Medicine	Women's and Children's
	31	Surgery	
	32	Cardiology	
	33A	Neurosurgery	
	33B	Burns	
	34	Oncology	
	35	Adolescents	
	37	Renal Unit	
	38A	Neurosurgery	
	38B	Neurology	
	39	Emergency Dept. Observation	
	PICU	Paediatric Intensive Care Unit	
St Michael's Hospital	71	Maternity	
	74	Maternity	
	75	Neonatal Intensive Care Unit	
	76	Maternity	
	78	Gynaecology	
Bristol Royal Infirmary	A600	Intensive Treatment Unit (ITU)	Surgery, Head & Neck
	A602 (Ward 5B)	General Surgery	
	A604 (Ward 5A)	Trauma and orthopaedics	
	A605 (Ward 6)	General Medicine	
	A609 (Ward 14)	Surgical Trauma and Assessment Unit	
	A700	Thoracic	
	A800	Upper / Lower Gastrointestinal	
Bristol Eye Hospital	41	Opthalmology	
Bristol Haematology and Oncology Centre	D603 (Ward 61)	Oncology	Specialised Services
	D703 (Ward 62)	Haematology	
Bristol Royal Infirmary	C603	Coronary Care Unit (CCU)	
	C604	Cardiac Intensive Care Unit (CICU)	
	C705 (Ward 51)	Cardiology	
	C708 (Ward 52)	Cardiac	
	C805 (Ward 53)	Cardiology	
Bristol Royal Infirmary	A300	Medical Assessment Unit (MAU)	Medicine
	A400	Older Persons Assessment Unit (OPAU)	
	A515 (Old Ward 17)	Stroke	
	A518 (Ward 18)	Flexible capacity	
	A522 (Ward 10)	Respiratory	
	A900	Cystic Fibrosis	
	B301 (Ward 7)	General Medicine	
	B401 (Ward 9)	Gastrointestinal	
	B404 (Ward 11)	Hepatology	
	B501 (Old Ward 12)	General Medicine	
	B504 (Ward 15)	General Medicine	
	C808 (Ward 54)	Respiratory	
South Bristol Community Hospital	100	Rehabilitation	
	200	Rehabilitation	

University Hospitals Bristol NHS
NHS Foundation Trust

Complaints Report

Quarter 4, 2014/2015

(1 January to 31 March 2015)

Authors: **Tanya Tofts, Patient Support and Complaints Manager**
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

1. Executive summary

- 517 complaints were received in Quarter 4 (Q4; 0.28% of activity), compared to 421 complaints (0.23%) in Q3 and 518 (0.29%) in Q2.
- The Trust's performance in responding to complaints within the timescales agreed with complainants was 84.7% in Q4 compared to 83.4% in Q3 and 89.5% in Q2. 63% of breaches (17/27) were attributed to Divisions in Q4 compared to 36% (13/36) in Q3.
- The number of cases where the original response deadline was extended fell to 27 in Q4, compared to 46 cases in Q3 and 41 in Q2.
- There was a very small increase in the number of complainants telling us that they were unhappy with our investigation of their concerns: 25 in Q4 compared to 24 in Q3; however 17 of the 25 cases were from the Division of Surgery Head and Neck.
- In Q4, complaints relating to appointments and admissions continued to account for over a third (36%) of the total complaints received by the Trust, in line with each quarter of 2014/15. Complaints about cancelled or delayed appointments and operations increased in Q4 (140) having previously decreased in Q3 (124).
- Complaints about failure to answer telephones rose for the fourth consecutive quarter (from 4 in Q1 to 26 in Q4).
- Complaints about Bristol Eye Hospital increased significantly from 38 in Q3 to 69 in Q4.
- Complaints about outpatient services in the Bristol Heart Institute also increased significantly from 9 in Q3 to 41 in Q4.

This report includes detailed performance data regarding the handling of complaints and an analysis of the themes arising from complaints received in Q4, possible causes, and details of how the Trust is responding.

2. Complaints performance – Trust overview

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

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

The table on page 3 of this report provides a comprehensive 13 month overview of complaints performance including these three key indicators.

2.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. inpatient admissions and outpatient attendances in a given month.

We received 517 complaints in Q4, which equates to 0.28% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[1]; the figures do not include concerns which may be raised by patients

(continues on page 6)

[1] Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total complaints received (inc. TS and F&E from April 2013)	164	131	130	166	178	170	170	148	14	133	165	171	181
Formal/Informal split	89/75	60/71	64/66	64/102	79/99	73/97	86/84	68/80	61/79	52/81	70/95	79/92	88/93
Number & % of complaints per patient attendance in the month	*0.28% 164 of 58180*	*0.24% 131 of 54981*	*0.23% 130 of 57463*	*0.28% 166 of 60027*	*0.28% 178 of 63,039*	*0.32% 170 of 52,879*	*0.27% 170 of 63,794*	*0.22% 148 of 66,104*	*0.25% 140 of 55,703*	*0.22% 133 of 59,487*	*0.27% 165 of 61,683*	*0.29% (171 of 58,687)*	*0.27% (181 of 66,317)*
% responded to within the agreed timescale (i.e. response posted to complainant)	*88.7% (47 of 53)*	*93.1% (54 of 58)*	*82.5% (47 of 57)*	*83.3% (50 of 60)*	*91.5% (65 of 71)*	*88.3% (53 of 60)*	*88.1% (52 of 59)*	*84.4% (65 of 77)*	*82.9% (58 of 70)*	*82.9% (58 of 70)*	*84.8% (56 of 66)*	*83.7% (36 of 43)*	*85.3% (58 of 68)*
% responded to by Division within required timescale for executive review	71.7% (38 of 53)	82.8% (48 of 58)	86.0% (49 of 57)	91.7% (55 of 60)	76.1% (54 of 71)	83.3% (50 of 60)	81.4% (48 of 59)	77.9% (60 of 77)	78.6% (55 of 70)	87.1% (61 of 70)	87.9% (58 of 66)	81.4% (35 of 43)	92.6% (63 of 68)
Number of breached cases where the breached deadline is attributable to the Division	3 of 6	2 of 4	2 of 10	6 of 10	4 of 6	4 of 7	6 of 7	6 of 12	6 of 12	1 of 12	7 of 10	2 of 7	8 of 10
Number of extensions to originally agreed timescale (formal investigation process only)	11	5	21	8	19	5	17	20	15	11	16	4	7
Number of Complainants Dissatisfied with Response	*5* 2***	*6* 10***	*4* 2***	*11* 4***	*8* 2***	*4* 5***	*2* 4***	*7* 2***	*9* 3***	*8* 2***	*11 * 4***	*7* 1***	*7* 5***

* Dissatisfied – original investigation incomplete / inaccurate ** Dissatisfied – original investigation complete / further questions asked

Figures 1 and 2 show the increase in the volume of complaints received in Q4 compared to Q3 and also when compared to the corresponding period last year.

Figure 1: Number of complaints received

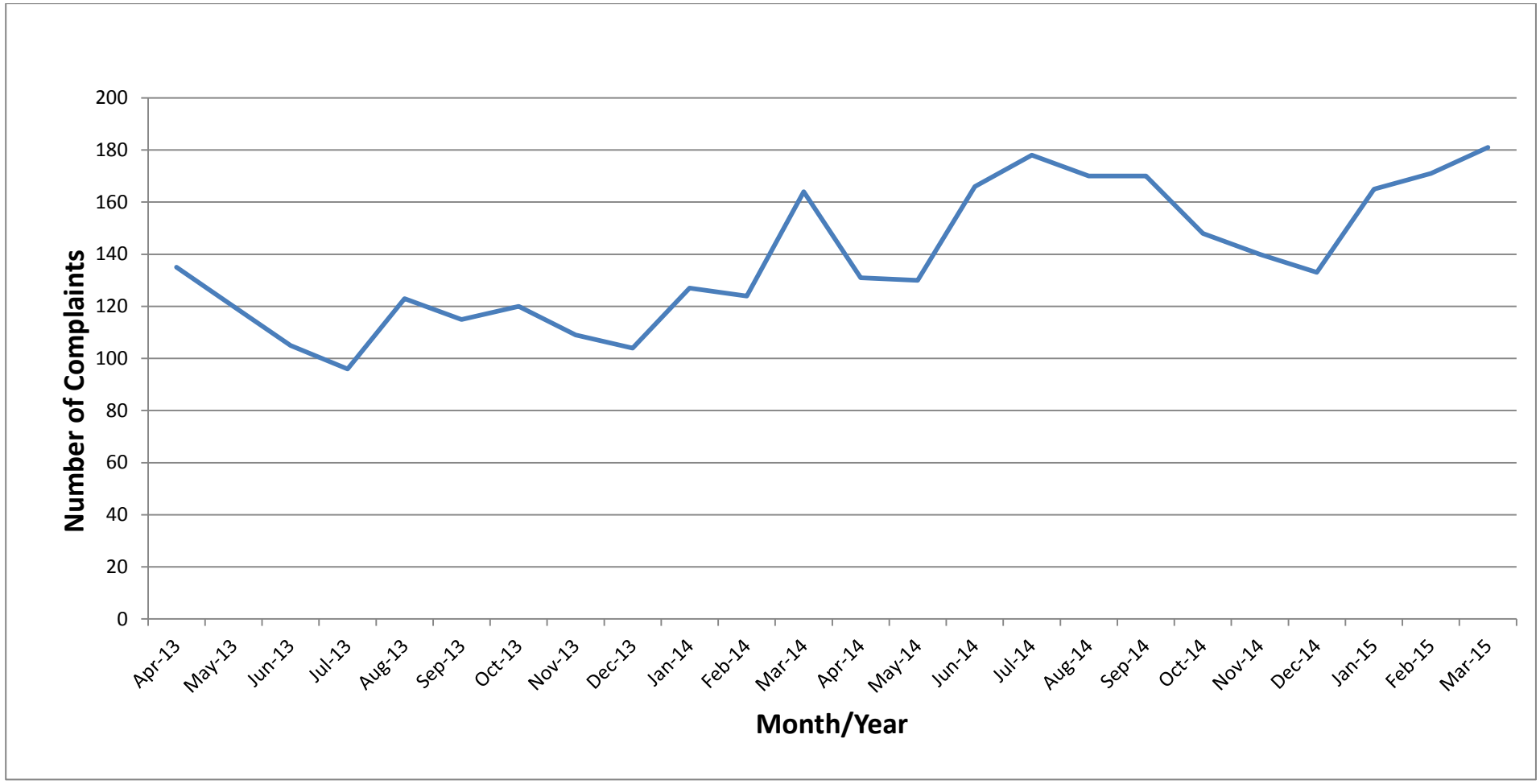
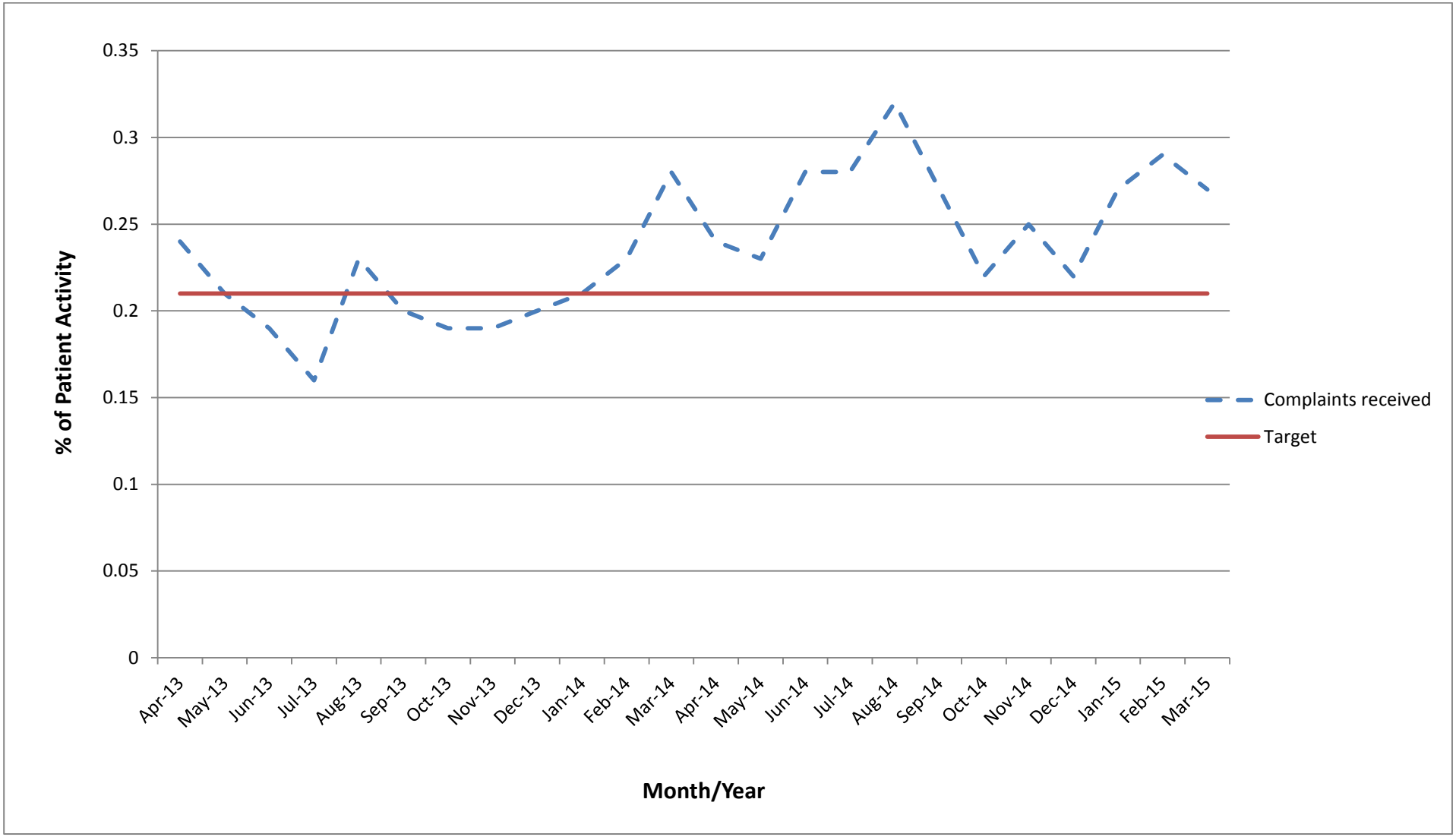


Figure 2: Complaints received, as a percentage of patient activity



and dealt with immediately by front line staff. The volume of complaints received in Q4 represents an increase of approximately 23% compared to Q3 (421) and a 25% increase on the corresponding period a year ago.

The Trust's current target is to achieve a complaints rate of less than 0.21% of patient activity, i.e. broadly-speaking, for no more than 1 in every 500 patients to complain about our services (although every complaint we receive is one too many).

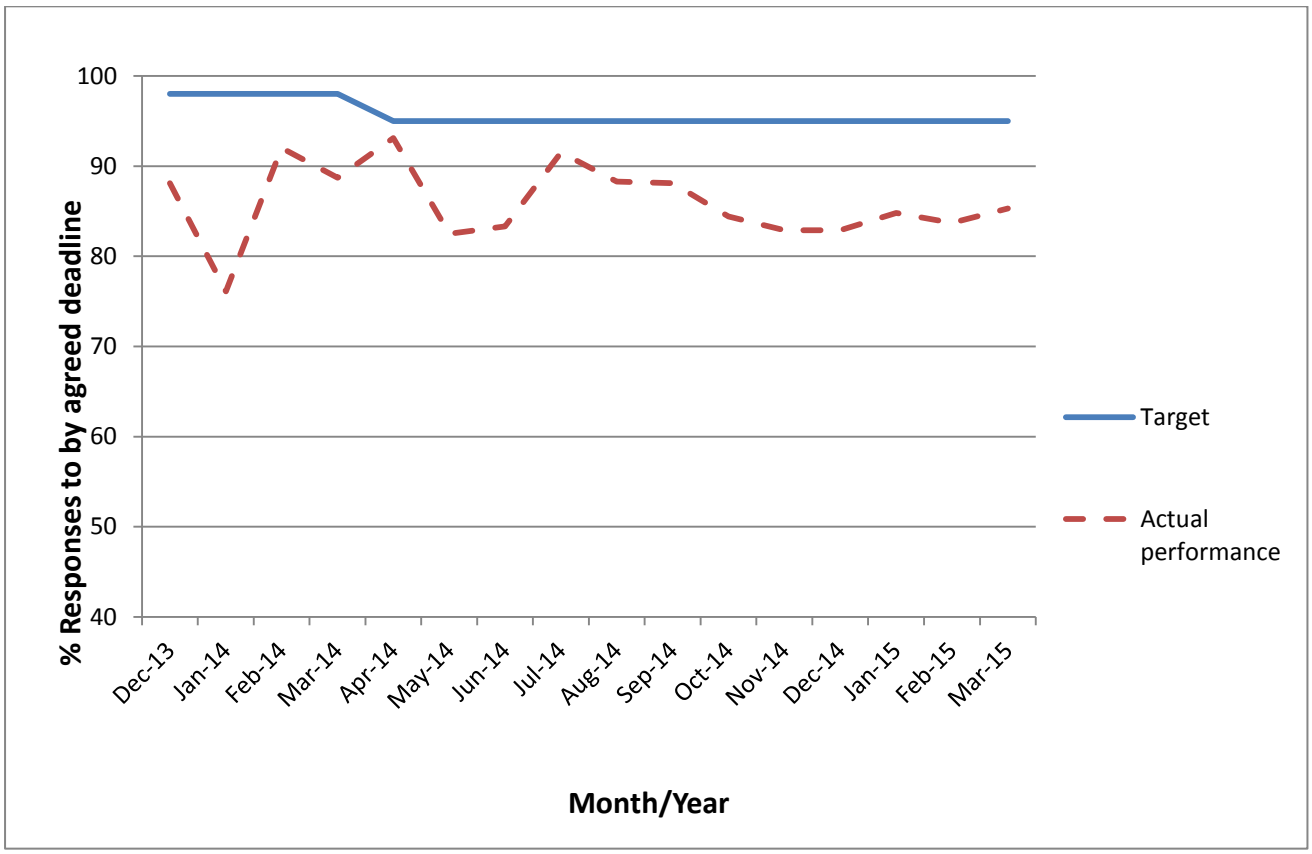
2.2 Complaints responses within agreed timescale

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

Prior to April 2014, our target was to respond to at least 98% of complainants within the agreed timescale. Since 1st April 2014, this target has been 95%. The end point is measured as the date when the Trust's response is posted to the complainant. In Q4, 84.7% of responses were made within the agreed timescale, compared to 83.4% in Q3. This represents 27 breaches out of 177 formal complaints which were due to receive a response during Q4[2]. Figure 3 shows the Trust's performance in responding to complaints since December 2013.

Although overall performance in Q3 and Q4 was very similar, more breaches were attributed to Divisions in Q4 than in Q3: 63% (17/27) compared to 36% (13/36) in Q3. Following the April 2015 Patient Experience Group meeting, the criteria for who breaches are allocated to was clarified with all Divisions.

Figure 3. Percentage of complaints responded to within agreed timescale



[2] Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

2.3 Number of dissatisfied complainants

We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation so that we don't make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

In Q3, there were 25 cases where the complainant felt that the investigation was incomplete or inaccurate. This represents a slight increase on Q3 (24 cases). There were a further 10 cases where new questions were raised, compared to 7 cases in Q3.

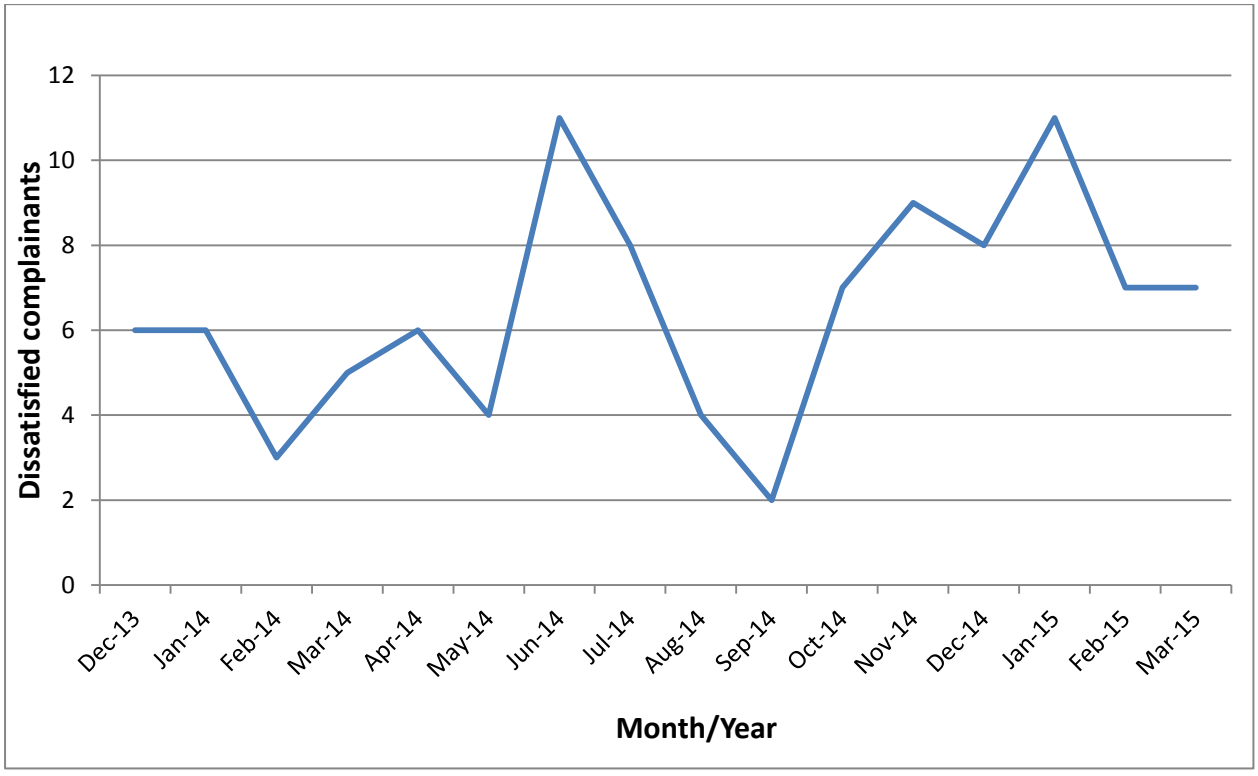
The 25 cases where the complainant was dissatisfied were associated with the following lead Divisions:

- 17 cases for the Division of Surgery, Head & Neck (compared to 11 in Q3) ↑
- 3 cases for the Division of Medicine (compared to 1 case in Q3) ↑
- 4 cases for the Division of Women & Children (compared to 7 in Q3) ↓
- 1 case for the Division of Specialised Services (compared to 4 in Q3) ↓
- 0 cases for the Division of Diagnostics & Therapies (compared to 1 in Q3) ↓
- 0 cases for the Division of Facilities & Estates (compared to 0 in Q3) =

A validation report is sent to the lead Division for each case where an investigation is considered to be incomplete or inaccurate. This allows the Division to confirm their agreement that a reinvestigation is necessary or to advise why they do not feel the original investigation was inadequate.

The number of dissatisfied complainants has increased again in Q4, with the largest increase again being seen in the Division of Surgery, Head & Neck (see section 3.6).

Figure 4. Number of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q4 compared to Q3. Complaints about all category types increased in Q4 in real terms, although 'clinical care' and 'facilities and environment' showed a slight decrease when measured as a proportion of complaints received and 'attitude and communication' remained the same.

Category Type	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Appointments & Admissions	186 (36% of total complaints) ↑	140 (33% of total complaints) ↓
Attitude & Communication	129 (25%) ↑	105 (25%) ↓
Clinical Care	124 (24%) ↑	122 (29%) ↓
Facilities & Environment	26 (5%) ↑	25 (6%) ↓
Access	21 (4%) ↑	12 (3%) ↓
Information & Support	31 (6%) ↑	17 (4%) ↓
Total	**517**	**421**

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the seven most consistently reported complaint categories. In total, these seven categories account for 63% of the complaints received in Q4 (327/517).

Sub-category	Number of complaints received – Q4 2014/15	Q3 2014/15	Q2 2014/15	Q1 2014/15
Cancelled or delayed appointments and operations	140 ↑ (13% increase *compared to Q3*)	124	152	129
Clinical Care (Medical/Surgical)	78 ↑ (34% increase)	58	62	54
Communication with patient/relative	26 ↓ (7% decrease)	28	35	27
Clinical Care (Nursing/Midwifery)	26 =	26	34	30
Attitude of Nursing/Midwifery	10 ↓ (29% decrease)	14	22	16
Attitude of Medical Staff	21 ↑ (40% increase)	15	21	20
Failure to answer telephones	26 ↑ (37% increase)	19	12	4

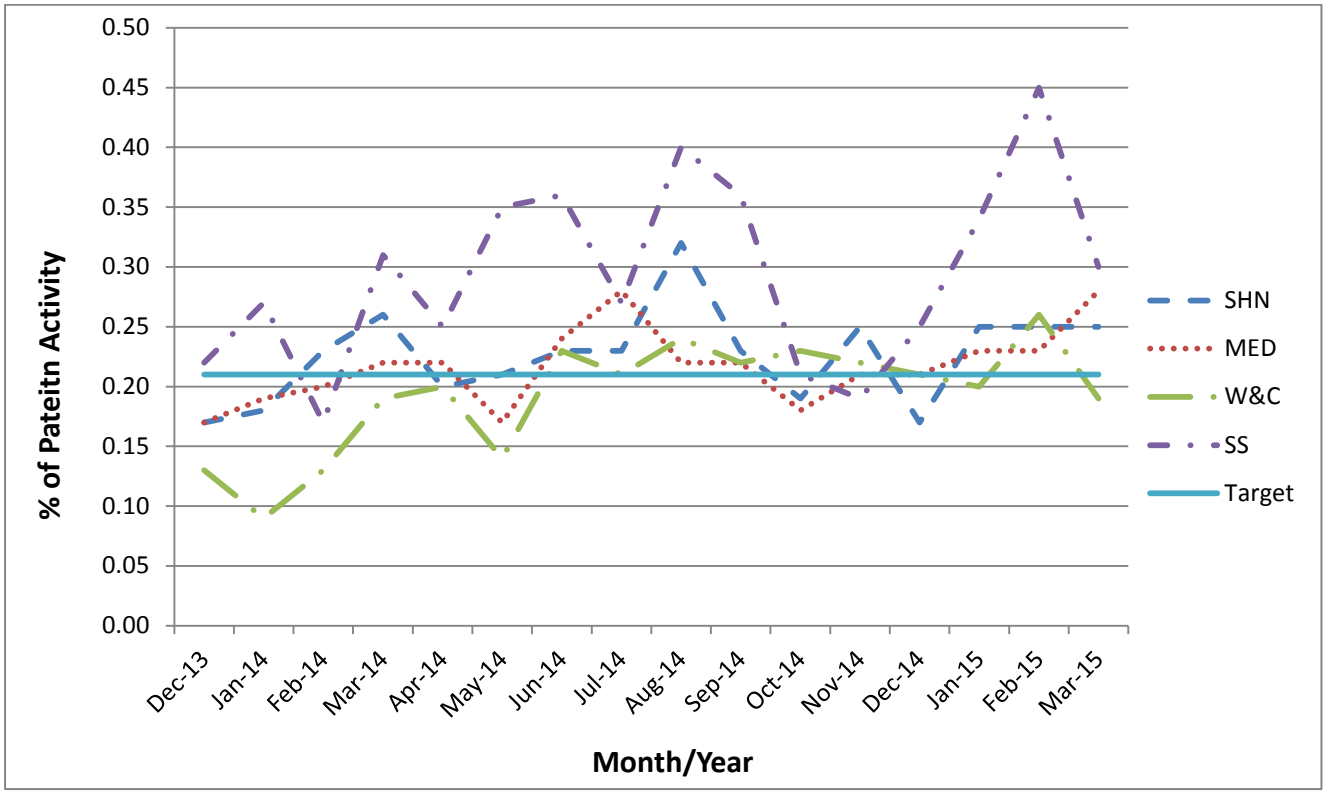
The issue of cancelled or delayed appointments and operations has seen an increase of 13% in Q4, following a significant decrease in the previous quarter. There have been significant increases in complaints about the failure to answer telephones, clinical care, and the attitude of medical staff.

3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 5. This shows an overall upturn in the volume of complaints received in the bed-holding Divisions towards the end of Q3, although the Division of Surgery, Head & Neck did show a fairly significant downturn at the end of Q3.

Figure 5. Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 5. This is because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since January 2014 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division since April 2014

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of complaints received	9	6	8	17	6	10	7	7	8	7	5	11

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q4 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 3.

	Surgery Head and Neck	**Medicine**	**Specialised Services**	**Women and Children**	**Diagnostics and Therapies**
Total number of complaints received	204 (147) ↑	98 (79) ↑	82 (51) ↑	90 (97) ↓	23 (22) ↑
Total complaints received as a proportion of patient activity	0.25% (0.20%) ↑	0.25% (0.20%) ↑	0.36% (0.22%) ↑	0.22% (0.22%) =	N/A
Number of complaints about appointments and admissions	93 (54) ↑	30 (22) ↑	34 (17) ↑	23 (33) ↓	4 (7) ↓
Number of complaints about staff attitude and communication	46 (40) ↑	29 (23) ↑	25 (10) ↑	22 (21) ↑	6 (6) =
Number of complaints about clinical care	42 (38) ↑	22 (25) ↓	11 (20) ↓	39 (37) ↑	9 (4) ↑
Areas where the most complaints have been received in Q4	Bristol Eye Hospital – 69 (38) ↑ Bristol Dental Hospital – 38 (26) ↑ Ear Nose and Throat – 16 (16) = Upper GI – 16 (12) ↑ Trauma & Orthopaedics – 13 (19) ↓ Thoracic Surgery – 6 (5) ↑	A&E –18 (16) ↑ Ward A300 (MAU) – 9 (4) ↑ Gastroenterology & Hepatology – 8 (10) ↓ Ward A400 – 6 (2) ↑	BHI Outpatients – 41 (9) ↑ Chemo Day Unit/Outpatients – 9 (8) ↑ Ward C708 – 9 (9) =	Paediatric Gastro Clinic – 7 (1) ↑ Paediatric Neurology – 7 (4) ↑ Ward 31 – 4 (3) ↑	Pharmacy – 5 (4) ↑
Notable deteriorations compared to Q3	Bristol Eye Hospital - 69 (38) Bristol Dental Hospital - 38 (26) ↑	Ward A300 (MAU) – 9 (4) ↑	BHI Outpatients – 41 (9) ↑	Paediatric Orthopaedics – 12 (7) ↑	Adult Therapy – 4 (2) ↑
Notable improvements compared to Q3	Trauma & Orthopaedics 13 (19) ↓	Dermatology 7 (10) ↓	Cardiology GUCH Services – 4 (9) ↓	Children's ED & W39 – 7 (17) ↓	Audiology – 3 (9) ↓

3.3 Areas where the most complaints were received in Q4 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type[3]

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	6 (2.9% of total complaints) ↑	5 (3.4% of total complaints) ↑
Appointments & Admissions	93 (45.6%) ↑	54 (36.7%) ↓
Attitude & Communication	46 (22.5%) ↑	40 (27.2%) =
Clinical Care	42 (20.6%) ↑	38 (25.9%) ↓
Facilities & Environment	11 (5.4%) ↑	5 (3.4%) ↑
Information & Support	6 (2.9%) ↑	5 (3.4%) ↑
Total	**204**	**147**

Top sub-categories

Sub-category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	77 (67.4% increase compared to Q3) ↑	46 ↓ (52.6% decrease compared to Q2)
Clinical Care (Medical/Surgical)	21 (12.5% decrease) ↓	24 ↑ (20% increase)
Communication with patient/relative	9 (35.7% decrease) ↓	14 ↑ (27.3% increase)
Attitude of Medical Staff	7 (16.7% increase) ↑	6 ↑ (20% increase)
Attitude of Nursing/Midwifery	5 (66.7% increase) ↑	3 ↓ (57.1% decrease)
Clinical Care (Nursing/Midwifery)	9 (125% increase) ↑	4 ↑ (33.3% increase)
Failure to answer telephones	11 (22.2% increase) ↑	9 ↑ (50% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Complaints regarding a failure to answer telephones saw a further increase in Q4. Assurances were provided in the Q3 report that Bristol Dental Hospital had appointed further call centre staff and hoped to see a decrease in complaints in this category – they increased slightly to four complaints for Q4. Complaints in this category for Bristol Eye Hospital increased from just one in Q3 to six in Q4. There was an improvement for ENT, who saw complaints in this category decrease from four	Many long term patients of Bristol Dental Hospital (BDH) still have old phone numbers for the reception desk and are continuing to ring these; the Division is trying to direct all enquiries through the call centre, which has an excellent answering rate. Bristol Eye Hospital (BEH) continues to experience significant pressure on telephone calls, particularly in the Emergency Department, where there are recruitment difficulties but the phones are required to be answered by a	A project is underway at BDH to review all patient letters, to ensure that only the call centre number is being sent to patients. A project is also underway to review activity on the reception desks (partly with a view to the centralisation of medical records) in order to try and support these areas at peak times. At BEH, a further skill mix review will be undertaken for the Emergency Department by the end of June 2015, in order to identify the staffing required for telephone triage of calls, due to the volume and complexity of call details – this is not in the divisional operating plan and

[3] Arrows in Q4 column denote increase or decrease compared to Q3. Arrows in Q3 column denote increase or decrease compared to Q2. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

to one. It should be noted that for all of these sites, the number of complaints in this category are minimal compared to the large numbers of calls they each receive.	clinical member of staff in order to triage the call. This triaging service is frequently used by general practitioners who are requesting advice on some complex matters necessitating significant time on the telephone. Unfortunately, the department is not funded to provide a GP information service and these enquiries can make it difficult for patients to contact the department. In addition, during Q4, the main call centre had new staff members in post who were undergoing training. Also, as there is not an electronic patient record available to call centre staff, they often have to go and retrieve patient records in order to respond to queries appropriately.	alternatives therefore need to be considered, such as reducing the opening hours of the Accident & Emergency Department. We have reviewed the information given to patients about call centre options provided, and it would appear that this is confusing patients, resulting in them being incorrectly directed, thereby extending their calls. The options being given to patients are being reviewed by the Performance and Operations Manager during May/June 2015. The electronic patient record should help significantly, but this is not scheduled for roll-out at the Eye Hospital until the end of the phased implementation programme.
There was a significant increase in Q4 of complaints regarding cancelled or delayed appointments and operation, rising from 46 complaints in Q3 to 77 complaints in Q4. Of particular note were the 24 complaints in this category received by Bristol Eye Hospital; 12 by Bristol Dental Hospital, 11 by Upper GI and 10 in ENT.	At BDH, most of the cancellations relate to the Adult Restorative Dentistry department and this is due to long term recruitment problems. At BEH, complaints in this category are mostly associated with the medical retina, glaucoma and cataract clinics.	At BDH, interviews have been scheduled and three further members of senior staff will be recruited. This will replace two staff who have left the service and one additional post. This should have a significant positive impact upon waiting times for patients in this speciality. The recovery plan, to address the capacity deficit for these services at BEH is in the operating plan and recruitment is ongoing. We continue to look for alternative locations to outsource services – a mobile unit has been ordered but has a lead-in time of six months, therefore we will continue to provide additional weekend capacity wherever possible. Additional glaucoma clinics are now provided at South Bristol Community Hospital. We are also looking at an additional site in Weston-Super-Mare and in North Bristol / South Gloucestershire for glaucoma and medical retina services. Cataract services continue to be a challenge, with low uptake for

		the option to be treated at Emerson's Green. Weekend sessions are planned with a private company for cataract operations – pay rates are currently under discussion.
There was a small increase in Q4 in the number of complaints under the Category Type "Attitude & Communication", although there was a reduction in complaints as a proportion of activity. The majority of complaints in this category type were for Bristol Eye Hospital, with 18 complaints (compared to seven in Q3), followed by Bristol Dental Hospital with 11 (10 in Q3). The remainder were spread across various sites and department, with no discernible trends identified.	Patient expectations of what service can be offered by Bristol Dental Hospital (BDH) is a challenge. We continue to see a rise in referrals of patients with significant mental health conditions and we struggle to meet the expectations of these patients but continue to work with them on an individual basis. Patients attending Bristol Eye Hospital (BEH) do not always understand the role of the Emergency Department, resulting in confusion what some patients are told that they do not require our services on an emergency basis. Patients continue to complain about the system of referral at BEH for cataracts, as we cannot directly refer patients for cataract surgery if they are not referred to the Eye Hospital for this, due to commissioning rules. We continue to see a lack of understanding from patients regarding our guarded prognosis for their visual outcomes following significant pathology or surgery, i.e. they expect to have perfect sight following surgery or infection and this is often not possible. Another ongoing complaint theme at BEH relates to the move of pharmacy facilities to Boots in the Bristol Royal Infirmary – patients are not	BDH is producing a patient information leaflet to help manage patients' expectations about what can be offered - this will be enclosed with appointment letters with effect from August 2015. Individual patient issues will continue to be managed as they arise as they are all different. BEH is producing a new patient information leaflet for the accident and emergency service by the end of July 2015. The hospital has little influence over cataract referrals as we are required to manage them in this way. The Bristol Eye Hospital governance team is recommending that patients are copied into all correspondence regarding their condition, however there is a concern that these letters can be quite technical and that patients may not understand what is written – this will be discussed by the BEH Executive team in July 2015 in respect of giving patients a worst case scenario and documenting this at the time. (see response to pharmacy complaints received by Diagnostics and Therapies later in this report)

	happy that the pharmacy based in the Eye Hospital has closed (also see response to pharmacy complaints received by Diagnostics and Therapies later in this report) In addition, we find that many patients are unwilling to attend appointments outside of BEH. We have several other facilities where these services are delivered, however most patients wish to have their care needs met at BEH. With regards to complaints about the environment at BEH, the ground floor, third floor and theatre areas have all been the subject of ongoing negative comments around the heating/cooling system being inefficient, resulting in complaints from patients and staff.	The following web page has been added to the Trust site under the Bristol Eye Hospital pages. http://www.uhbristol.nhs.uk/patients-and-visitors/your -hospitals/bristol-eye-hospital/eye-clinic-liaison It directs patients to all of the support services available to them in the hospital and also externally – the link is being added to the new patient information leaflet as well.

3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	4 (4.1% of total complaints) ↑	0 (0% of total complaints)
Appointments & Admissions	30 (30.6%) ↑	22 (27.8%) ↑
Attitude & Communication	29 (29.6%) ↑	23 (29.1%) ↓
Clinical Care	22 (22.4%) ↓	25 (31.6%) ↓
Facilities & Environment	7 (7.1%) ↑	4 (5.2%) ↓
Information & Support	6 (6.1%) ↑	5 (6.3%) ↑
Total	**98**	**79**

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	11 ↓ (42.1% decrease compared to Q3)	19 ↑ (280% increase compared to Q2)
Clinical Care (Medical/Surgical)	11 ↑ (22.2% decrease)	9 ↓ (30.8% decrease)
Communication with patient/relative	6 ↓ (14.3% decrease)	7 ↓ (22.2% decrease)
Attitude of Medical Staff	7 =	7 ↑ (16.7% increase)
Attitude of Nursing/Midwifery	2 ↓ (60% decrease)	5 ↓ (54.4% decrease)
Clinical Care (Nursing/Midwifery)	6 ↓ (40% decrease)	10 ↓ (37.5% decrease)

Failure to answer telephones	6 ↑ (500% increase)	1 =

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
There has been a significant increase in the number of complaints received in relation to a failure to answer telephones, rising from one complaint in Q3 to seven in Q4. However, apart from two complaints in this category about Ward A300 (MAU), there were no trends to suggest that this is a problem in any particular ward or department. As the complaints received about A300 (MAU) stated that phones had been "switched off", divisional comments on this would be helpful.	The problem arose on Ward A300 (MAU) because the telephone had been turned to 'mute' during the night shift. This was the main ward telephone that is answered by the Ward Clerk and, at the end of her shift, she redirects calls so that they go to the main desk.	All staff have been made aware that it is not acceptable to mute any telephones. The Ward Clerk is now responsible for checking all telephones daily, to ensure that none are muted and that they are set at an audible level.
There was an increase of 36% in complaints about appointments and admissions, with a total of 30 complaints in Q4 compared to 22 in Q3 (and only 12 in Q2). This category type covers categories such as cancelled and delayed appointments and cancelled or delayed operations.	No discernable trends have as yet been identified within the category of appointments and admissions. A small number of gastroenterology clinics had to be cancelled at short notice in Q4 due to staff sickness, which contributed to overall increase.	The Specialty Managers are now receiving and reviewing all of the formal and informal complaints for their specialties to determine whether there are any common themes and to ensure that each complaint is individually managed to the patient's satisfaction. Additional clinic sessions have been put on in identified specialties to meet demand and clinic co-ordinators have a list of patients who would like earlier appointments for when slots become available.
There were 10 complaints received under the category of "Discharge Arrangements". These were spread across a variety of wards, with two relating to Ward A400 (OPAU) and two for the Emergency Department.	A number of these complaints relate to less than ideal communication between staff and patients. A small number of complaints in Q4 related to the late arrival of transport, or patients not meeting the criteria for hospital transport.	Improving this is a divisional patient experience objective for 2015/16, particularly around discharge planning. Issues around hospital transport are escalated to the South Western Ambulance Service (our commissioned provider) to ensure the information we share with

		them is timely, appropriate and meets the needs of the patients.

3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	3 ↑ (3.7% of total complaints)	0 (0% of total complaints)
Appointments & Admissions	34 ↑ (41.5%)	17 (33.3%) ↓
Attitude & Communication	25 ↑ (30.5%)	10 (19.6%) ↓
Clinical Care	11 ↓ (13.4%)	20 (39.3%) ↓
Facilities & Environment	3 ↑ (3.7%)	2 (3.9%) ↓
Information & Support	6↑ (7.3%)	2 (3.9%) ↓
Total	**82**	**51**

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	26 ↑ (85.7% increase compared to Q3)	14 ↓ (41.7% decrease compared to Q2)
Clinical Care (Medical/Surgical)	7 ↓ (12.5% decrease)	8 ↓ (20% decrease)
Communication with patient/relative	4 ↑ (300% increase)	1 ↓ (85.7% decrease)
Attitude of Medical Staff	0 ↓ (100% decrease)	1 ↓ (66.7% decrease)
Attitude of Nursing/Midwifery	2 =	2 ↑ (100%)
Clinical Care (Nursing/Midwifery)	0 ↓ (100% decrease)	1 ↓ (83.3% decrease)
Failure to answer telephones	9 ↑ (200% increase)	3 ↑ (50% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
The Outpatient Department at Bristol Heart Institute saw a significant increase in complaints in Q4, with 41 complaints in total, compared to just nine in Q3. Of these complaints, 16 were in relation to cancelled or delayed appointments, and nine were in respect of a failure to answer telephones.	There has been an increase in the number of complaints received by this department and a review of workload and work practices is required as a result.	In response to feedback received from patients, the Waiting List Office staff have reviewed their processes and workload. Consequently, the teams have altered their timeframes that they book against, in order to reduce the number of cancelled clinics. Workload has been reviewed and realigned so that specific staff are available to answer telephones. In addition, an email address has been set up for patients to use to contact the bookings team with queries, as an alternative to the telephone.
Ward C708 received nine complaints in Q4, equal to the	These complaints reflect wider pressures in the Division with	The Division has a number of actions in place to reduce the

number received in Q3. Of these complaints, six were about appointments and admissions.	respect to the high number of cancelled operations. The high acuity and dependency within the Cardiac Intensive Care Unit has led to reduced availability for patients post-operatively, and therefore an elevated number of patients have had their operations cancelled.	number of cancellations and thereby improve patient experience. In addition, the matrons work closely with senior medical and nursing staff to see all patients who have had a procedure or surgery cancelled, to ensure that the patient is able to talk through any issues and concerns.
The Chemotherapy Day Unit/Outpatients at Bristol Haematology and Oncology Centre (BHOC) received nine complaints, a slight increase on the eight received in Q3. Of these, three complaints each were in relation to attitude and communication and clinical care and two were about appointments and admissions.	The Chemotherapy Day Unit has been experiencing an elevated percentage of vacancies and sickness, which is reflected in the patients' experience in the BHOC outpatient department.	The clinical care and staff attitude issues have been addressed directly and there is a current plan in place to resolve the staffing issues. It is therefore expected that the number of complaints will reduce. The General Manager at the BHOC is working with the administration teams to resolve the issues with booking appointments.

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	4 ↑ (4.4% of total complaints)	1 (1% of total complaints) ↑
Appointments & Admissions	23 ↓ (25.6%)	33 (34.1%) ↑
Attitude & Communication	22 ↑ (24.4%)	21 (21.6%) ↑
Clinical Care	39 ↑ (43.3%)	37 (38.1%) ↓
Facilities & Environment	0 ↓ (0%)	5 (5.2%) ↑
Information & Support	2 ↑ (2.2%)	0 (0%) ↓
Total	**90**	**97**

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	24 ↓ (20% decrease compared to Q3)	30 ↓ (9.1% decrease compared to Q2)
Clinical Care (Medical/Surgical)	17 ↓ (10.5% decrease)	19 ↑ (26.7% increase)
Communication with patient/relative	6 ↑ (100% increase)	3 ↓ (62.5% decrease)
Attitude of Medical Staff	7 ↑ (600% increase)	1 ↓ (83.3% decrease)
Attitude of Nursing/Midwifery	3 ↓ (25% decrease)	4 ↓ (20% decrease)
Clinical Care (Nursing/Midwifery)	12 ↑ (9.1% increase)	11 ↓ (8.3% decrease)
Failure to answer telephones	0 ↓ (100%)	3 ↑ (200% increase)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
The Paediatric Orthopaedic Clinic received 12 complaints in Q4. Of these, seven complaints were in respect of appointments and admissions, and two each were about attitude and communication and clinical care. In total, there were 35 complaints about paediatric outpatient services in Q4, which equates to almost 40% of the total complaints received by the Division.	Complaints have focused on delays/waiting times for appointments and admissions. Complaints about attitude, communication and clinical care do not seem to be recurring themes. A lot of our services are largely outpatient based; there is no one clear theme emerging but a range of issues under this umbrella term (as the services named are largely outpatient based).	Additional capacity is being created in outpatients and theatres to reduce waiting times. We are also expediting appointments when families have concerns. Feedback is given to the families concerned and we continue to monitor complaints for any trends. Complaints themes are reviewed with speciality teams with particularly high complaint numbers; in surgery, these relate to paediatric orthopaedics and in medicine they relate to neurology and gastroenterology.
There were no discernible trends for complaints received by St Michael's Hospital with the exception of Gynaecology Outpatients, who received five complaints, one of which was a formal complaint. Of these complaints, two each were in respect of appointments and admissions and attitude and communication and one was about clinical care. Maternity services received nine complaints, five of which were in respect of clinical care.	The formal complaint about the delayed appointment for the gynaecology patient was due to a referral to the urology team at North Bristol NHS Trust (NBT) that was mislaid on the system. The complaints about clinical care are often about patients not understanding what and why certain procedures have happened to them.	NBT is aware of the issue and is dealing with it. The Head of Midwifery/Nursing meets when appropriate with the complainant and the consultant to explain and clarify procedures. Community midwives are also being encouraged to ask women about their labour at the first post-natal visit and explain anything that the woman does not understand. All complaints are fed back to staff at team meetings and action plans are written where appropriate.

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Access	2 = (8.7% of total complaints)	2 (9.1% of total complaints) ↓
Appointments & Admissions	4 ↓ (17.4%)	7 (31.8%) ↓
Attitude & Communication	6 = (26.1%)	6 (27.3%) ↓
Clinical Care	9 ↑ (39.1%)	4 (18.2%) ↓
Facilities & Environment	1 ↑ (4.3%)	0 (0%) ↓
Information & Support	1 ↓ (4.3%)	3 (13.6%) ↑
Total	**23**	**22**

Top sub-categories

Category	Number of complaints received – Q4 2014/15	Number of complaints received – Q3 2014/15
Cancelled or delayed appointments and operations	5 =	5 ↓ (16.7% decrease compared to Q2)
Clinical Care (Medical/Surgical)	2 ↑	0 ↓ (100% decrease)
Communication with patient/relative	4 ↑ (33.3% increase)	3 ↑ (50% increase)
Attitude of Medical Staff	1 ↑	0 ↓ (100% decrease)
Attitude of Nursing/Midwifery	0 =	0 =
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	0 ↓ (100% decrease)	1 ↓ (66.7% decrease)

Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
Radiology services received eight complaints, four of which were in respect of attitude and communication, three were about clinical care and one was a request for information and support.	Of the four complaints relating to attitude and communication, one was formal and related to the attitude of an agency sonographer towards a patient. The patient requested not to be seen by that sonographer again. Of the three informal complaints regarding attitude and communication, the first related to communication with a patient regarding the outsourcing of their scan to Emerson's Green. They were unhappy that their details had been passed to a third party and did not wish to have their scan there. The second informal complaint	The sonographer apologised, reflected on the impact of their behaviour on the patient and has made improvements to ensure no other patients are treated in the same manner. A different sonographer scanned patient when they next attended the department in line with the patient's request. For the first informal complaint, the patient was called by Superintendent Radiographer. Their appointment was rearranged at the Bristol Royal Infirmary (BRI). Practice has been changed so that appointment staff now call patients to check if they are willing to go to Emerson's Green before their details are passed on. For the second informal complaint

	related to a patient who had received an MRI appointment letter that was not for her.	it was found that the patient's details had been changed on Medway (which feeds Radiology's CRIS) by a clerk in the Eye Hospital. The complaint was subsequently reassigned to the Eye Hospital for investigation.
	The third informal complaint related to a patient's over-exposure to radiation and was brought to the department's attention through the Patient Support and Complaints Team, who had received an email from the Care Quality Commission.	The third informal complaint was referred to the Patient Safety Team as an incident. The patient did not wish to pursue this through the complaints process and the Patient Safety Team has therefore followed this up with the Division and the investigation is ongoing.
	Of the three clinical care complaints, two were formal and one was informal. The first formal complaint related to a patient who had fallen whilst getting onto a CT table. The second formal complaint related to a telephone call received about a patient scan where the results had not been received.	Upon investigating the first formal clinical care complaint, the radiology department was unable to find any record of the patient having had a CT on the day in question, and staff could not recollect any incident involving the patient. The complainant was informed that based on the Trust's information it was not possible to corroborate their husband's fall. They were advised of the Fallsafe programme that is in place and that where incidents such as falls do occur, they are recorded and appropriate action is taken to prevent reoccurrences. For the second formal complaint the department gave the Patient Support and Complaints Team information on how the patient could contact the referrer who would be able to pass on their results. For this complaint an apology was made and a losses and compensation claim form was processed to cover expenses claimed.
	The informal complaint regarding clinical care related to a member of staff treating a patient roughly when putting in a cannula.	For the informal clinical care complaint, the department apologised for the poor patient experience, explained how the cannulation process should usually work and the difficulties associated with her case, and offered further

		support.
Pharmacy services received five complaints, three of which were about the service not being available at Bristol Eye Hospital and two were in respect of medication not being received.	The outpatient dispensing service for UH Bristol is now provided by Boots the Chemist at a purpose-built facility in the recent development at the entrance of Bristol Royal Infirmary (BRI). The service was introduced during 2014, with the service to Bristol Eye Hospital (BEH) commencing in June. Prior to this, patient groups were consulted about the proposed changes, and plans were adapted from the feedback received. A monthly performance review meeting is held with Boots, at which all aspects of service delivery, including patient complaints, are reviewed and addressed. A number of patient complaints received in Q4 related to the decision by the Trust to outsource the outpatient dispensing service, whilst others related to the delivery of the service. The complaints relating to the Trust's decision mainly arose from patients being treated at BEH, so the focus of attention has been to meet the specific needs of patients being treated in this area. The two complaints concerning medication not being received related to patients who were being treated at Bristol Haematology and Oncology Centre (BHOC). When these complaints were investigated, it was noted that the medicines had been issued to the correct clinical area but could not be located in the clinic when the patients arrived for their appointments.	The service provided by Boots PLC aims to deliver a better experience for patients in a number of ways, with options including delivery of the prescription to a local branch of Boots for collection at a convenient time, or prompt dispensing in a comfortable patient waiting area. We received comments about the vulnerability of a number of visually impaired patients so have worked to improve our communication with staff and patients regarding the range of options available. There are 'drop boxes' in clinic areas to avoid patients having to visit the BRI Boots location, and the hospital pharmacy service at BEH can still be used for urgently required items where patients find difficulty accessing the Boots service. There is also a home delivery service available if necessary. Our feedback has been that since these measures have been more clearly understood, the needs of the majority of patients are being met. In the context of the two prescriptions that could not be located in the clinical area by hospital staff, the department has reviewed the supply arrangements with the BHOC team to ensure that there is clarity with regard to all aspects of ordering and supply. This has reduced the likelihood of any reoccurrence of such problems.

3.3.6 Complaints by hospital site

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

Hospital/Site	Number and % of complaints received – Q4 2014/15	Number and % of complaints received – Q3 2014/15
Bristol Royal Infirmary (BRI)	192 (37.1% of total complaints) ↑	180 (42.8% of total complaints) ↓
Bristol Eye Hospital (BEH)	71 (13.7%) ↑	36 (8.6%) ↓
Bristol Dental Hospital BDH)	37 (7.2%) ↑	25 (5.9%) ↓
St Michael's Hospital (STMH)	50 (9.7%) ↓	54 (12.8%) ↑
Bristol Heart Institute (BHI)	67 (13%) ↑	41 (9.7%) ↓
Bristol Haematology & Oncology Centre (BHOC)	21 (4.1%) ↑	13 (3.1%) ↓
Bristol Royal Hospital for Children (BCH)	71 (13.7%) ↑	70 (16.6%) ↓
South Bristol Community Hospital (inc. Homeopathic Outpatients) (SBCH)	8 (1.5%) ↑	2 (0.5%) ↓
Total	**517**	**421**

The table below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints a hospital site receives is broadly in line with its proportion of attendances. For example, in Q4, the Bristol Royal Hospital for Children (BRHC) accounted for 14.2% of the total attendances and received 13.7% of all complaints

Site	No. of Complaints	No. of Attendances	Complaints Rate	Percentage of Attendances	Percentage of Complaints
BRI	192	56,745	0.34%	30.4%	**37.1%**
BEH	71	30,031	0.24%	16.1%	**13.7%**
BDH	37	22,897	0.16%	12.3%	**7.2%**
STMH	50	22,214	0.23%	11.9%	**9.7%**
BHI	67	4,476	1.50%	2.4%	**13.0%**
BHOC	21	16,153	0.13%	8.7%	**4.1%**
BRHC	71	26,479	0.27%	14.2%	**13.7%**
SBCH	8	7,725	0.10%	4.1%	**1.5%**
TOTAL	**517**	**186,720**	**0.28%**		

This analysis shows that the Bristol Royal Infirmary and Bristol Heart Institute receive the highest rates of complaints and a disproportionately high volume of complaints compared to their respective shares of patient activity; the share of complaints in all other hospital sites is proportionately less than their respective shares of patient activity.

3.5 Complaints responded to within agreed timescale

All of the clinical Divisions, with the exception of Diagnostics and Therapies, reported breaches in Quarter 4, totalling 25 breaches, which represents an improvement on Quarter 3.

	Q4 2014/15	**Q3 2014/15**	**Q2 2014/15**	**Q1 2014/15**
Surgery Head and Neck	8 (11.6%)	12 (14.6%)	5 (7.1%)	9 (14.3%)
Medicine	5 (14.7%)	10 (23.8%)	4 (11.1%)	7 (21.2%)
Specialised Services	1 (5.6%)	4 (15.4%)	1 (4.3%)	2 (8.7%)
Women and Children	11 (23.9%)	6 (12.5%)	8 (17%)	6 (19.4%)
Diagnostics & Therapies	0 (0%)	0 (0%)	1 (11.1%)	0 (0%)
All	**25 breaches**	**32 breaches**	**19 breaches**	**24 breaches**

(So, as an example, there were 11 breaches of timescale in the Division of Women & Children in Q4, which constituted 23.9% *of the complaints responses that had been due in Q4*.)

Breaches of timescale were caused either by late receipt of final draft responses from Divisions which did not allow adequate time for Executive review and sign-off, delays in processing by the Patient Support and Complaints team, or by delays during the sign-off process itself. Sources of delay are shown in the table below. In Q4, the three 'other' breaches were due to delays in other organisations providing their input to the Trust's response.

	Source of delays (Q4, 2014/2015)				**Totals**
	Division	**Patient Support and Complaints Team**	**Executive sign-off**	**Other**	
Surgery Head and Neck	6	0	1	1	**8**
Medicine	3	0	2	0	**5**
Specialised Services	1	0	0	0	**1**
Women and Children	7	0	2	2	**11**
Diagnostics & Therapies	0	0	0	0	**0**
All	17 breaches	0 breaches	5 breaches	3 breaches	**25**

Ongoing actions previously agreed via Patient Experience Group:

- Key Performance Indicators have been agreed in respect of turnaround times for the Patient Support and Complaints Team and for the Executives, in addition to the four working days allowed for the Divisions. The Patient Support and Complaints Team must send the response letter to the Executives for signing within 24 hours of receipt from the Division. The Executives then have up to three working days (maximum) to review, sign and return the response to the Patient Support and Complaints Team. Compliance with these KPIs will be reported on with effect from the Q1 2015/16 Complaints Report.
- Divisions have been reminded of the importance of providing the Patient Support and Complaints Team with draft final response letters at least four working days prior to the date they are due with the complainant. The deadline for receipt of the response by the Patient Support & Complaints Team is 10am on the due date.
- The Patient Support and Complaints Team continues to actively follow up Divisions if responses are not received on time; Divisional staff are also reminded of the need to contact the complainant to agree an extension to the deadline if necessary.
- Longer deadlines are agreed with Divisions if the complainant requests a meeting rather than a written response. This allows for the additional time needed to co-ordinate the diaries of clinical staff required to attend these meetings.

- An escalation process is in place, to be followed by the Patient Support and Complaints Team in the event that divisional staff fail to respond by agreed deadlines to requests for assistance in resolving informal complaints. The agreed process is that the PSCT caseworker will chase the relevant person once if they have not responded (or updated on progress) by the agreed date, and they will then escalate to the relevant Head of Nursing. If the Head of Nursing does not respond, the PSCT caseworker will again chase them once before escalating to the relevant Divisional Director. If there is still no response, the PSCT caseworker will refer the complaint to the Divisional Director once and then escalate to the Chief Nurse if no response is received. Common sense and discretion are applied when invoking this process, to allow for the possibility that someone may be on annual leave, off sick or otherwise unavailable.
- Ongoing vigilance to avoid any delays by Patient Support and Complaints Team.

3.6 Number of dissatisfied complainants

As reported in section 1, there were 25 cases in Q4 where complainants were dissatisfied with the quality of the Trust's response: a slight increase on the 24 received in Q3.

	Q4 2014/15	**Q3 2014/15**	**Q2 2014/15**	**Q1 2014/15**
Surgery Head and Neck	**17**	11	6	8
Medicine	**3**	1	1	5
Specialised Services	**1**	4	5	2
Women and Children	**4**	7	2	5
Diagnostics & Therapies	**0**	1	0	1
All	**25**	24	14	21

The Division of Surgery, Head & Neck have commented as follows regarding the high number of dissatisfied cases they dealt with in Q4:

"The Division is disappointed to see this level of dissatisfied cases, particularly in view of rigorous checking of draft complaints responses at divisional and corporate level. This will be discussed at the Division's clinical governance meeting in July 2015, with a view to reviewing the dissatisfied cases to identify themes and share learning from them. There is also an opportunity to discuss these cases further at the divisional complaints training sessions booked for September and October 2015. The decrease in dissatisfied cases for the Division in April and May 2015 (only two cases in each month) suggests that the high numbers in Q4 were a non-recurring anomaly which the Division will work hard to avoid repeating."

Ongoing actions previously agreed via Patient Experience Group:

- Divisions are notified of any case where the complainant is dissatisfied. The 25 cases recorded in Q4 have now either been responded to in full, or have had revised response deadlines agreed with the complainants.
- The Patient Support and Complaints Team continues to monitor response letters to ensure that all aspects of each complaint have been fully addressed – there has recently been an increase in the number of draft responses which the Patient Support and Complaints Team has queried with Divisions prior to submitting for sign-off.
- All response letters, as well as being checked by the individual caseworker, are now also checked by the Patient Support & Complaints Manager, prior to being sent to the Executives for final sign-off.
- A random selection of two or three draft responses per week are also sent to the Head of Quality (Patient Experience and Clinical Effectiveness) for an additional level of checking prior to Executive sign-off.
- Response letter cover sheets are sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional letter signed

it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.

- Training on investigating complaints and writing response letters has been delivered to the Divisions of Specialised Services and Facilities & Estates, with dates confirmed for the remainder of Divisions to receive this training between June and October 2015. The training delivered so far has been well received, with positive feedback from attendees.
- Trust-level complaints data is replicated at divisional level to enable Divisions to monitor progress and identify areas where improvements are needed. This data is also used in quarterly Divisional performance reviews.

4. Information, advice and support

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

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

In Q4, the team dealt with 178 such enquiries, compared to 135 in Q3. These enquiries can be categorised as:

- 110 requests for advice and information (96 in Q3)
- 49 compliments (32 in Q3)
- 19 requests for support (7 in Q3)

5. PHSO cases

During Q4, the Trust has been advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in four new complaints (compared to two in Q3 and one in Q2), as follows:

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
15464	JR	LM-J	10/04/2014	BHI	Ward C708	Specialised Services
Contacted by PHSO January 2015. PHSO reviewed complaints file and felt that it was premature to investigate at that stage and that the Trust should have the opportunity to provide a further response. Currently waiting for Division to provide dissatisfied response.						
15213	WE	VE	10/03/2014	BHOC	Chemotherapy Day Unit/ Outpatients	Specialised Services
Copy of complaint file, correspondence and medical records sent to PHSO on 23/03/2015. Currently awaiting further contact as to their decision whether to investigate.						
12548		CM	05/02/2013	BRI	Upper GI	Surgery, Head & Neck
Copy of complaint file, correspondence and medical records sent to PHSO on 23/03/2015 and acknowledged by them on 25/03/2015. Currently awaiting further contact as to their decision whether to investigate.						

12124 & 11500		SM	21/11/2012 & 13/08/2012	BRI & BHI	Urology & Cardiology (GUCH)	Surgery, Head & Neck & Specialised Services
Copy of complaints file and medical records sent to PHSO 15/05/2015. Further letter from PHSO 22/05/2015 outlining the scope of their investigation and advising that they will contact us again if they require any further information from us.						

One PHSO case (13987) was closed in Q4 with the PHSO confirming that the Trust had complied with all of their recommendations and that no further action would be taken.

6. Protected Characteristics

The Quarterly Complaints Report includes statistics relating to the Protected Characteristics of patients who have made a complaint. The areas recorded are age, ethnic group, gender, religion and civil status.

The Patient Support and Complaints Team continues to work hard to ensure that as much of this information as possible is gathered from patients, in order to reduce the numbers reported in each category as "unknown".

It should be noted that these statistics relate to the **patient** and not the complainant (if someone else has complained on their behalf).

6.1 Age

Age Group	**Number of Complaints Received – Q4 2014/15**
0-15	77
16-24	28
25-29	24
30-34	22
35-39	22
40-44	18
45-49	34
50-54	32
55-59	44
60-64	34
65+	182
Not Known	0
Total Complaints	**517**

6.2 Ethnic Group

Ethnic Group	**Number of Complaints Received – Q4 2014/15**
Any Other Ethnic Group	2
Any Other Mixed Background	2
Any Other White Background	17
Asian - Indian or British Indian	1
Asian - Pakistani or British Pakistani	1
Asian Or Asian British - Any Other Asian Background	1
Asian Or Asian British - Pakistani	3

Black - any other black background	1
Black Or Black British - African	3
Black Or Black British - Any Other Black Background	1
Black Or Black British - Caribbean	3
Chinese	2
Indian or British Indian	2
Mixed - Any Other Mixed Background	3
Mixed - White And Asian	3
Mixed - White And Black African	1
Mixed - White And Black Caribbean	3
White - British	407
White - Irish	3
Not Collected At this Time	32
Not Stated/Given	23
Unknown	3
Total Complaints	**517**

6.3 Religion

Religion	**(Christian denomination)**	**Number of Complaints Received – Q4 2014/15**
Christian	Anglican (1) / Church of England (170)	171
	Baptist	8
	Catholic – Not Roman Catholic	3
	'Christian'	32
	Congregationalist	1
	Elim Pentecostalist	1
	Greek Orthodox	1
	New Apostolic Church	1
	Protestant	1
	Roman Catholic	33
	United Reformed	3
	(Total Christian)	*(255)*
Buddhist		2
Hindu		2
Jehovah's Witness		2
Methodist		9
Muslim		6
Pagan		1
Atheist		5
No Religious Affiliation		124
Other		2
Unknown		109
Total Complaints		**517**

6.4 Civil Status

Civil Status	Number of Complaints Received – Q4 2014/15
Co-habiting	12
Divorced/Dissolved Civil Partnership	24
Married/Civil Partnership	200
Separated	3
Single	180
Unknown	73
Widowed/Surviving Civil Partner	25
Total Complaints	**517**

6.5 Gender

Of the 517 complaints received in Q4 2014/15, 269 (52%) of the patients involved were female and 248 (48%) were male.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
09. Education, Learning and Development Strategy 2015 - 2020									
Sponsor and Author(s)									
Sponsor: Sue Donaldson, Director of Workforce & Organisational Development Author: Julie Thomas, Interim Teaching & Learning Lead									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

This Education, Learning and Development Strategy describes the trust's mission, vision and ambitions as a teaching trust for both the current and future workforce of University Hospitals Bristol (UH Bristol) and provides a framework of underpinning strategic priorities/themes and work programmes required to deliver on the UH Bristol Trust Mission, Vision, Values and 2020 Strategy.

The Strategy has been subject to extensive consultation with key stakeholders and partners. It was agreed by the Strategic Leadership Team on 17 June 2015 and is now presented to the Trust Board for final approval.

The Strategy has generated a lot of interest and the intention is to work with the Communications Team to make it a feature of the 'Simple Guide' to series, particularly bringing out what it means for staff and patients.

A year one delivery plan is currently under development under, the auspices of the new Education Group, and will be presented to the Senior Leadership Team In July 2015.

Recommendations
The Board is recommended to receive the report for **approval.**
Impact Upon Board Assurance Framework
Objective 3.4
Impact Upon Corporate Risk
Implications (Regulatory/Legal)
Equality & Patient Impact
Completed at Appendix 7

Resource Implications			
Finance	**x**	Information Management & Technology	
Human Resources	x	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)**
				17 June 2015	Education Group

University Hospitals Bristol
Education, Learning & Development Strategy
2015 to 2020

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Category	
Summary	This Education, Learning and Development Strategy describes the trust's mission, vision and ambitions as a teaching trust for both the current and future workforce of University Hospitals Bristol (UH Bristol) and provides a framework of underpinning strategic priorities/themes and work programmes required to deliver on the UH Bristol Trust Mission, Vision, Values and 2020 Strategy.
Equality Analysis	Completed by Julie Thomas: 19 March 2015 (Appendix 6 refers)
Valid From	tbc
Date of Next Review	tbc
Approval Date/Process	Senior Leadership Team: 17 June 2015 Trust Board: 30 June 2015
Distribution	Senior Leadership Team Workforce and OD Group Service Delivery Group Divisional Boards Connect Staff Side
Related Documents	• UH Bristol's 2020 Strategy • Monitor Strategic Plan 2014-2019 • Monitor Operating Plan 2014-2016 • Annual Divisional Education learning and development plans • Workforce and Organisational Development Strategy • Research and Innovation Strategy • Staff Engagement and Experience Programme
Authors	Julie Thomas, Interim Teaching and Learning Lead Alex Nestor, Deputy Director of Workforce and Organisational Development Sue Donaldson, Director of Workforce and Organisational Development
Document Replaces	Teaching and Learning Strategy 2010-2015
Lead Director	Sue Donaldson, Director of Workforce and Organisational Development
Issue Date	

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Appendices

Dear colleagues

We are delighted to present UH Bristol's Education, Learning and Development Strategy, which sets out how we will ensure we attract, retain and develop the very best people the NHS has to offer. It describes how we will ensure that, not only do we develop our own staff but how we will play our part in ensuring the NHS continues to train some of the most exceptional professionals global healthcare has to offer.

This strategy has been developed in recognition of the key role education and training have in supporting the delivery of high quality care on a sustainable basis, in creating a learning culture and in the development of the future of healthcare. The strategy has also been developed in recognition of the importance the Trust, staff and students place on personal development, academic achievements and career progression.

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

Improving knowledge and building capability are essential tools for keeping patients and staff safe, including the prevention of errors; and providing higher quality care, informing innovation and service development.

The Trust needs to ensure it has a lead role in education and training in an increasingly competitive environment, the strategy sets out the context in which education and training will develop, some of the opportunities, challenges and priorities for action for the next 5 years.

We hope you enjoy learning more about our approach and your feedback is always welcome. Please send comments to sue.donaldson@uhbristol.nhs.uk.

Finally we would like to thank the large number of people who have helped shape this strategy and make it what it is.

Sue Donaldson Director of Workforce & Organisational Development	Carolyn Mills Chief Nurse	Sean O'Kelly Medical Director

1. Introduction

The education, learning and development of current and future staff are central to the achievement of UH Bristol's vision, mission and clinical strategy.

> **Our mission as a Trust is to improve the health of people we serve by delivering exceptional care, teaching and research every day.**
>
> **Our vision is for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.**

Many challenges face society, health services and education as the country recovers economically, including rising social expectations and increasing health demand. Effective, innovative and technological solutions based on solid foundations and an embedded learning culture are needed to ensure the right numbers of highly skilled, flexible, resilient staff, able to deliver exceptional health care now and in the future.

Bristol is an attractive place to work and UH Bristol can act as a magnet to learners and staff due to its academic and clinical strengths which include cardiovascular, dental, emergency medicine, endocrinology, oncology, ophthalmology, maternity, paediatrics and neonatal intensive care (NICU), rheumatology and surgery. These strengths give UH Bristol and other university hospitals in general a huge benefit - the potential to do more for patients and provide system leadership through their tripartite mission for clinical service, research and teaching (see Appendix 1, AUKUH 'virtuous circle of benefits). This strategy aims to recognise and build on that potential.

UH Bristol works dynamically with local networks (Appendix 2) and academic institutions including the University of Bristol, University of the West of England and Health Education South West. Areas of work include partnership projects supporting new and better quality treatments and approaches to improving health, shaping education curriculum developments, ensuring patient and professional voices are clearly heard and reflected in developments as well as supporting these partners' excellence and reputation through education in service of future health professionals.

Key ambitions of the Trust's partner universities are also shared by UH Bristol including:

> the pursuit and sharing of knowledge and understanding, both for their own sake and to help individuals and society fulfil their potential (University of Bristol) and
>
> advancing knowledge, inspiring people and transforming futures being at the heart of everything that we do (University of the West of England).

This strategy has emerged from a review started in June 2014 and incorporates the input of numerous drivers, external and internal stakeholders, different staff groups and professions and firmly puts the needs of patients and their families / carers at the heart of it. Individual interviews and a focussed workshop have helped inform its development. Stakeholders have recognised that UH Bristol has many strengths in this arena and great potential to do more in the future. Realistically, some also note that elements within the Trust are not as well connected or 'joined up' as they should be. The strategy sets out the aims and direction of travel for education, learning and development over the next 5 years, including rapidly ensuring strong foundations are in place to enable progress, with ambition and UH Bristol taking its place as a regional and national leader for education, learning and development.

2. Strategic context and drivers

The NHS England Five Year Forward View sets out a clear direction of travel for the NHS and UH Bristol recognises its response to this and other drivers through its 2020 vision, 'Rising to the challenge'. The Trust strategic themes recognise the importance of education, learning and development as key to achieving its strategic intent.

Nationally and regionally, the external context for education, learning and development is healthy. Health Education England (http://hee.nhs.uk/) is maturing in its national and regional roles. It has developed its strategic 'Framework 15' (2014-29) as a reference point for the system. The framework is informed by its understanding of health and healthcare global drivers, their impact on people and patients of the future and its view of the characteristics of the future workforce that will be needed in order to meet the anticipated needs of people and patients. The contractual obligations on the Trust are defined within the Learning and Development Agreement (LDA) with Health Education South West.

This strategy partners with and complements the Workforce and Organisational Development strategy. It recognises and further amplifies the learning and development aspects within it, while also exploring the important role of the Trust as a provider of education in practice. Both strategies are important enablers of the overall Trust strategy. This strategy describes two distinct roles for the

Trust which it terms ‘Education’ and ‘Learning and Development’ and these are explored further in Section 3.

Some parts of the labour market within which UH Bristol recruits are competitive, particularly nursing, consultant radiologists, pathologists, oncologists and acute physicians. This competition increases the challenge for recruitment to keep pace with turnover. It also underpins the importance of education, learning and development as an enabler of retention.

Links to documents referred to above and others informing this strategy are attached at Appendix 3.

3. UH Bristol context for education, learning and development

The Trust delivers over 100 different clinical services across nine individual sites, from neonatal intensive care to long term conditions and older peoples care, serving the people of Bristol, the South West and South Wales (paediatric cardiac) from the very beginning of life to its later stages, and is one of the country’s largest acute NHS Trusts with an annual income of £575m. This breadth offers unique educational opportunities for learners on placement, the ongoing learning and development of its staff as well as opportunities to explore patient oriented and patient co designed learning.

Stakeholders have identified benefits of being a great teaching Trust including:

- Increased quality of patient care resulting in improved patient experience/satisfaction
- Increased knowledge of educators through the teaching process
- Enhanced Trust reputation enabling retention and future recruitment
- Confidence in our staff and services, through our ability to recruit the best – ‘and we know because we taught them’
- Delivery of specialist services attracts certain professionals to career pathways that only a few organisations can offer.
- Improved staff well-being and attendance through enhanced morale and pride in working for such a great trust resulting in improved staff satisfaction
- Additional income for the Trust to invest

The SWOT analysis (Appendix 4) from the Workforce and OD Strategy has been reviewed and updated and informs this work. It recognises significant strengths in teaching and education expertise and the education and research environment as well as opportunities for this strategy to build upon. The identified governance, resourcing and organisational structural weaknesses will be addressed and neutralised within the strategic themes addressed later.

Key risks facing education, learning and development include:

- Recruitment and Retention of staff in a competitive labour market
- Health education funding and tariff changes
- Increasing the attractiveness of hard to fill posts by offering creative development solutions

- Providing the potential to 'grow our own' new roles to support workforce redesign to improve efficiency and effectiveness
- Response to the challenges of the 5 Year Forward ambitions with flexible staff capable of working effectively across the wider health and social care system and within integrated teams
- Potential for a decrease in training posts for doctors

4. UH Bristol - Approach to Education, Learning and Development

The Trust recognises two distinct 'audiences' in the context of education, learning and development; those who are at UH Bristol for a defined period of time – on placement and those who are in their career with the Trust as members of staff.

Audience One – Education

This audience is those who are with the Trust for a period of time, within a contractually defined relationship, required to meet educational outcomes and have a high quality placement experience so that they want to join the UH Bristol or wider NHS workforce in the future.

These learners benefit from the educational opportunities and experience in secondary and tertiary patient care service delivery they can access in the Trust as well as exposure to clinical academics specialisms and expertise. The numbers and subject diversity of learners within this audience are one of the real benefits the trust offers and maximising multi professional learning, enhancing team working and understanding, is a real opportunity.

Audience Two – Valuing our staff through Learning and Development

This audience is made up of the Trust's more than 8,000 staff who choose to work at UH Bristol as part of their career and have the skills to ensure patients experience high quality, individualised, compassionate and dignified care. These more than 8,000 people are made up of those who directly care for patients as well as those who whilst non-patient facing are none the less vital to the delivery of exceptional care. The Trust recognises these people make a choice to work at UH Bristol. Their choices are based on different factors including the reputation and specialist services of the Trust, its location as well as the learning and development opportunities made available to them. They may need further skills to enhance the quality of their existing work, improve performance and productivity and be adaptable to change. They may also choose to progress their career at UH Bristol. These are the challenges that the Trust needs to respond to for this audience.

5. Education, Learning and Development Vision and Mission

The vision and mission are captured below. They support the Trust's ambition and have been informed by extensive listening to and discussions with staff, managers, leaders and other stakeholders. They describe a journey of ambition within a patient focussed philosophy.

Vision

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

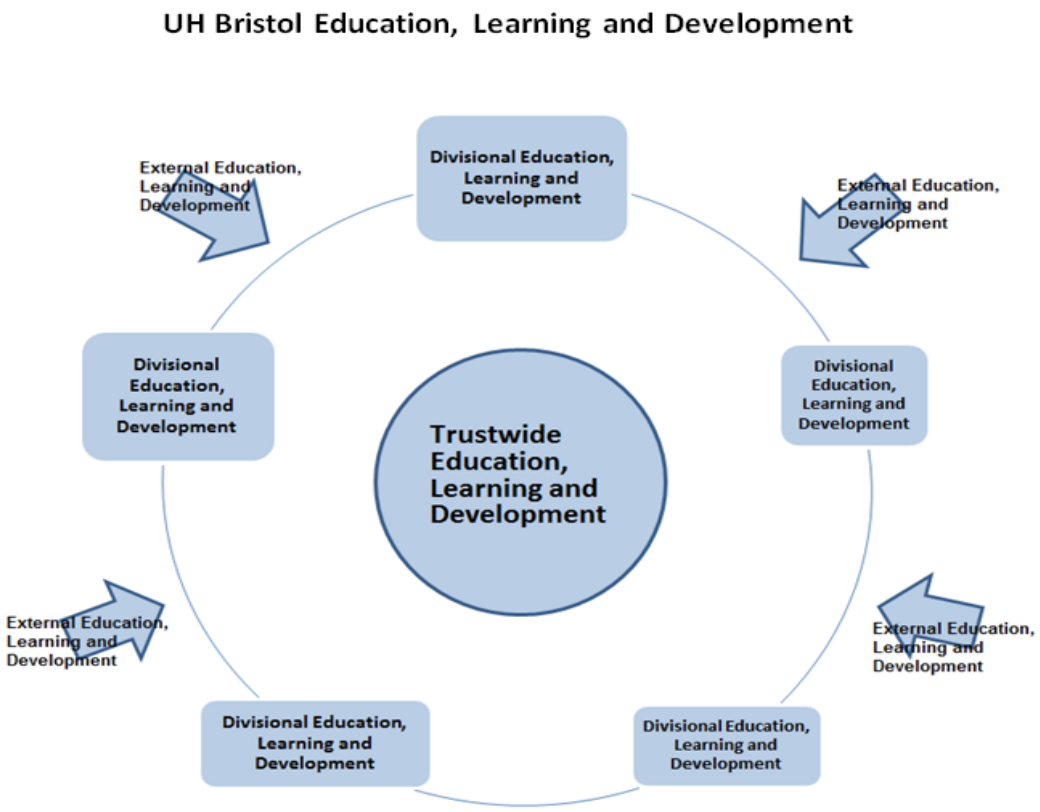
The vision will be characterised by:

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

6. Strategic outcomes and key priority actions

Some principles underpin the vision, mission and strategic outcomes and these are:

- Education, learning and development should respect the divisional structure of the Trust and mirror its organisational design. Elements which can be standardised should be provided centrally, with the divisions retaining local ownership and delivery for their specialisms, thereby providing an integrated whole model. Resource for education, learning and development should be visible and appropriately used across the whole model. The hub and spoke diagram below represents the different size and shape of divisions with effective processes and communications across the whole.



- A commitment to eliminating discrimination, promoting equality of access to opportunity and providing an environment which is inclusive for all, delivering education, learning and development sensitive to the needs of the individual within a patient centred philosophy
- In recognition of the future challenge of maintaining and developing the quality of our services, whilst managing with fewer resources, we will optimise the productivity and efficiency of our systems, processes and staff.

External and internal drivers, the context of the 2020 Trust Strategy, the Workforce and OD strategy, the SWOT analysis, and identified risks have helped inform and identify strategic education, learning and development outcomes for attention. Many of them overlap with and give further detail to learning and development themes within the Workforce and OD strategy.

The Strategic outcomes and priority actions are:

Outcome 1: Local and regional education leadership. UH Bristol will expand its role and reputation within the education, learning and development system and wider systems as an effective regional leader, partner, and collaborator.

- Support the University of Bristol undergraduate medical curriculum review, utilising our specialist strengths and expertise and exploiting team working opportunities whenever possible

- Build strong, collaborative partnerships and enhance confidence in working with the Trust through e.g. securing HESW funding to provide regional educational leadership of the Healthcare Scientist workforce

- Work with Better Care fund partners to develop generic workers capable of supporting patients in alternative environments across health and social care.

- Promote our reputation through organising and participating in national/international academic conferences highlighting UH Bristol's clinical specialist strengths

Outcome 2: Innovative learning and working. We will work in new ways with patients and education partners, using modern methods of delivery, blended approaches and technology to transform our education and teaching approach

- Work with patients, families and carers on how they and their stories can inform the design and delivery of learning, including self-care learning.

- Explore opportunities with university partners to maximise the use of modern methods of learning and delivery, use of technology in collaborative projects.

- Weave into existing programmes and if needed develop new ones on, 'understanding and exploration of error in a safe environment' strengthening the Trust learning culture and team working.

- Strengthen the profile of our workforce to be more reflective of the population we serve while providing education, learning and development solutions to new roles / types of workers e.g. apprenticeships.

- Explore transformation of the existing Education & Research Centre library as a Knowledge Centre for the trust including for patients, families and carers and making the library more accessible at ground floor level.

Outcome 3: Education - Best place to teach, best place to learn. With our university and education partners we will help attract the best learners to Bristol due to the diverse and specialist learning placements we have as well as the excellence of our teaching. We will achieve our LDA obligations, improve learner experience, enhance the reputation of the Trust as a teaching trust and enable future staff recruitment.

- Deliver the Health Education SW Learning and Development Agreement obligations

- Develop appraisal process so each member of staff recognises how they support learners on placement in our teaching trust; to include supervisory practices, importance of reflective practice and implementing learning in practice

- Get timely learner feedback on placements , enabling rapid good practice and risk identification, informing change where required

- Review effectiveness of clinical teaching fellows and, if positive, expand the initiative

- Explore opportunities with partner universities to develop taught Masters level study targeting 'hard to recruit' posts, thereby attracting new talent to the area

- Develop an education 'offering' to GP practices which are taking additional placements, as partnership with primary care

- Support placement (and increased) capacity, supervisor and placement audit information, delete duplicate systems, improve costings exercise accuracy, and enable efficient reporting through implementation of database for all learners on placement

- Make explicit the education funding within the Trust, based on DH Costing Education and Training exercise information, to help medical and dental educators recognise the education funded time within job plans and their responsibilities for supporting learners e.g. greater numbers and diversity of examiners

Outcome 4: How does the Trust value my learning and development? Staff will recognise how our Trust values them through equipping them to safely discharge their roles and deliver high quality care with compassion, and helping them towards their potential, through opportunities to gain improved knowledge as well as fulfilling career development.

- Organise (from existing trust wide and divisional provision – hub & spoke model, p9) and make visible to our staff a network of essential and other learning and development opportunities which they can access to equip them to deliver safe, compassionate and expert care within an innovative, adaptable culture.

- Develop and publish for staff, career paths and progression routes including Widening Access. Implement Care Certificate, Return to Practice and Apprenticeships to attract and retain talent within the trust

- Set up trust wide bursary panel process, developing a centralised fund and utilising new HESW CPD opportunities (Sept 2015 onwards) demonstrating equity of opportunity

- Ensure that all opportunities for education, learning and development opportunities receive a positive evaluation and are accessible for all protected groups.

- Ensure learning and development opportunities are effectively and coherently communicated to staff

Outcome 5: Multi-professional by default. We will use multi professional relationships, working and solutions as our standard way of learning, maximising opportunities for learning and problem solving as a team.

- Review existing education, learning and development programmes and focus on the right opportunities to revise to multi-professional wherever possible – maximise learning from areas of strong team working e.g. maternity and role of midwives and Accident & Emergency and role of paramedics.

- Build in 'review of new multi-professional opportunities explored and implemented' at end of each education, learning and development meeting as a standard agenda item

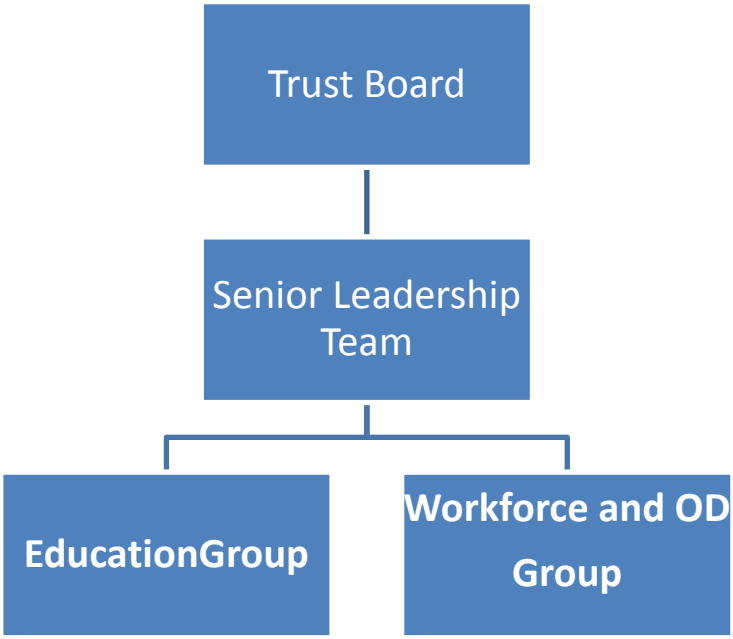
- Update E-Induction to the Trust (initially as pilot for medical staff) rolled out to all staff as rapidly as possible

Outcome 6: Effective governance of high quality education, learning & development. Education, learning and development will be governed with processes in place from ward to Board, including flow of information and KPIs reporting on the two audiences. This will contribute to the sound governance of the Trust and enhance our profile and reputation for education, learning and development.

- Establish Trust and Divisional Education, Learning & Development Groups with membership, objectives and processes to own and drive the agenda
- Develop, agree and implement Quality Assurance process including evaluation of learning
- Establish regular progress reporting to Board with KPIs
- Implement annual planning cycle aligned to Operating Plan Process incorporating:
    - Annual process via appraisal for identification of current and future workforce training needs (appraisal being implemented within WF and OD strategy)
    - underpinned by easy to use competence framework
    - trust wide education learning and development needs analysis, activity plan, capacity planning, resource prioritisation and assessment of participation in and evaluation of training by each protected group (as described in EDS2)
- Maintain and develop a modern, accessible learning environment

7. Oversight, support and resources

Oversight of this work will relate to the two audiences and be brought together at the Senior Leadership Team as described in the diagram below.



Pre-registration nursing and midwifery	Leadership & Management development
Pre-registration other health care professionals*	Induction, Essential and other training
Undergraduate medicine and dentistry	Clinical skills/ Resuscitation
Postgraduate medicine and dentistry	Medical workforce
Post registration nursing and other health care	IM&T Training
Professionals	
Healthcare support workforce inc. apprentices	
Simulation	
Library/Learning resources	
HESW Learning & Development Agreement	

Note *: Other healthcare professionals includes: Allied Health Professionals, Pharmacy, Clinical Psychology, Health Care Scientists.

Funding

Oversight of the funding for education, learning and development will be part of the work of the Education Group. The majority of funding (Multi professional Education and Training Levy) is received from Health Education SW supplemented by direct Trust investment. The DH Costing Education and Training exercise will help inform clearer reporting on funding.

The following support and resources will be put in place:

- The Trust Board, Quality Outcomes Committee, Strategic Leadership Team, Education, Group, Workforce & OD Group, Divisional Management Teams and managerial and clinical

leaders will prioritise delivery of the Education, Learning and Development Strategy and will receive regular progress reports;

- The Strategy will be communicated appropriately to ensure staff understand the purpose and support its implementation;
- Education, learning and development programmes will be put in place responsive to needs analyses and prioritised by Education Group and Workforce and OD Group.
- Adequate and appropriate investment will be made in education, learning and development.

8. Measures of success

Proposed measures of success relating to the strategic outcomes are below:

	Measures of success 2015-2016
Outcome 1	• Structured stakeholder interviews '1 year on' to explore progress across multiple factors, staff groups etc
Outcome 2	• Numbers of programmes amended or introduced co designed with patients • Improved profile workforce reflective of local population
Outcome 3	• Improved learner feedback, Student Friends and Family Test (FFT) and regular pulse checks • Improvements in external feedback and quality visits
Outcome 4	• Improved specific staff survey results relevant to learning and development, career progression and staff FFT, • Improvement in staff retention
Outcome 5	• Numbers of multi professional programmes introduced
Outcome 6	• Board and Divisions will report increased year1 confidence in the education, learning and development offered by the Trust, including Divisions, as well as its governance and systems • Achievement of year one delivery plan of the strategy

The above measures and other information are being built into a quality framework (Appendix 5). Key success factors relating to education are likely to be the HESW Obligations (HESW final approval anticipated June 2015) and feedback measures. For learning and development KPIs will include appraisal and PDP completion and evaluation of learning. Key performance indicators will be reported regularly to Board and will help inform overall return on investment.

The virtuous circle of benefits from the intensity of the research, education and service activity is described in the diagram below from the **Association of UK University Hospitals** of which UH Bristol is a member.

Local Networks and Academic Institutions

University Hospitals Bristol is a member of the **South West Local Education and Training Board** (LETB), Health Education South West (http://southwest.hee.nhs.uk/), with its Chief Executive sitting as a member of the Governing Body and Chair of the West of England Membership Council.

The Trust is one of the **'Bristol Health Partners** (http://www.bristolhealthpartners.org.uk/), a dynamic collaboration between six NHS organisations serving the area, the city's two universities and its local authority.

The Trust is also a member of the **West of England Academic Health Science Network** (AHSN) (http://www.weahsn.net/).

Links to university partners

University of Bristol http://bristol.ac.uk/

University of the West of England http://uwe.ac.uk/

Underpinning Publications Appendix 3

External Publication	**Link**
5 Year Forward View – NHS England	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Framework 15 – Health Education England (HEE)	http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/07/HEE_StrategicFramework15_2410.pdf
The Talent for Care, developing the healthcare support workforce (including apprenticeships), HEE	http://eoe.hee.nhs.uk/files/2014/11/HEE_Talent-for-Care-A-National-Strategic-Framework-Nov-2014.pdf
Widening Participation it Matters, equality, diversity and enabling wider participation, HEE	http://nw.hee.nhs.uk/files/2014/08/r-HEE-Widening-Participation-Strategy_Consultation-Draft-201808211.pdf
Shape of Training independent review, postgraduate medical education and training	http://www.shapeoftraining.co.uk/reviewsofar/1788.asp
Shape of Caring, nurse and healthcare assistant training, NMC, HEE	http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf
Education Outcomes Framework – DH	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324670/EOF-Report.pdf
Knowledge for Healthcare, library and knowledge services, HEE	http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/12/Knowledge-for-healthcare-framework.pdf
EDS 2 -A refreshed Equality Delivery System for the NHS	http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf
Trust Publication	**Link**
Rising to the challenge, our 2020 vision	http://www.uhbristol.nhs.uk/media/2236891/uh_bristol_nhs_ft_clinical_strategy_report_2014_web.pdf
Workforce and Organisational Development Strategy	http://connect/NewTeachingandLearning/LeadershipandManagement/Documents/Workforce%20Strategy%20%20-%20final.pdf
Research and Innovation Strategy	http://www.uhbristol.nhs.uk/media/8038/Research%20and%20Innovation%20Strategy%20Final%20-%2008.12.10.pdf

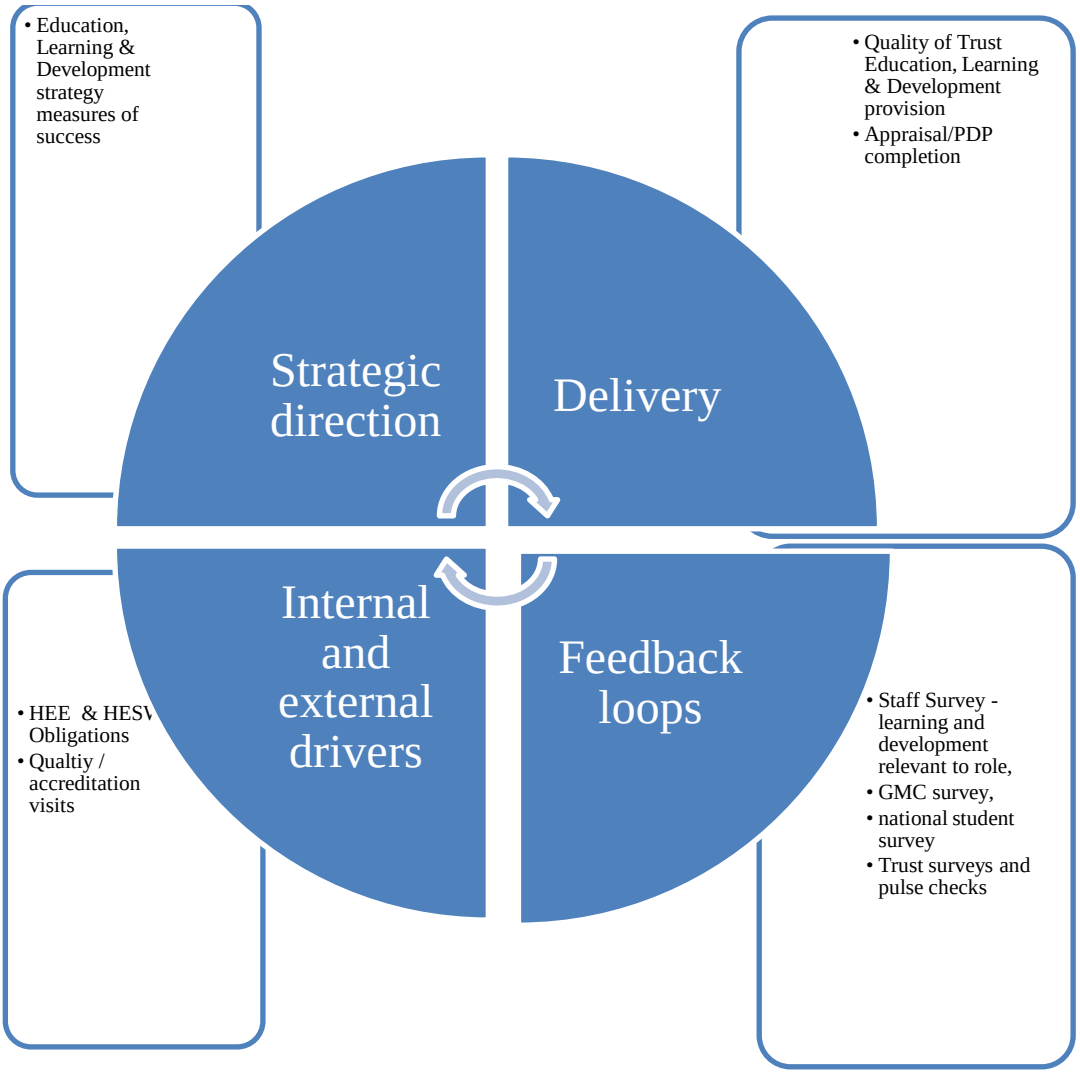
Education, Learning & Development SWOT Analysis – updated March 2015 Appendix 4

Strengths	Weaknesses
• Staff who are committed to delivering excellent patient care • A developing culture of lifelong learning and personal development • Highly regarded teaching and research active trust – attractive to potential recruits • Specialist tertiary service educational placement opportunities • High appraisal rates, relative to sector • Clear KPIs and action plans • Areas of potential strength indicated by the staff attitude survey: o Numbers receiving job-relevant training, learning or development o Staff recommendation of the trust as a place to work or be treated o Not feeling pressured to attend work when unwell • A modern and pleasant learning environment	• Education, learning and development in divisions, not clearly understood or visible to whole trust • Staff turnover above benchmarking peer Trusts • Sickness absence levels above benchmarking peer Trusts • Education monies not visible within budgets • Workforce costs higher than budget • Some red triangle GMC survey results • Issues indicated in the staff attitude survey: o Work related stress o Health and safety training o Well-structured appraisals o Harassment and bullying from other staff o Equality and diversity training o Discrimination at work o Satisfaction with work quality

Opportunities	Threats
• Further opportunities to develop the workforce – new roles, different ways of working – providing staff with new opportunities and new skills • Significant education, learning and development embedded in divisions and professional groups which needs to be recognised, explored for duplication/gaps, consolidated, provided forum for sharing good practice • Academic partnerships can be developed which would produce benefits in shared expertise and skills, and workforce development. • Market to existing and potential employees the benefits of working at UH Bristol, including its status as a major teaching trust and being centre of expertise for specialist services • Partnerships with other providers could be further developed to learn from best practice, benchmark and work collaboratively in workforce development and service delivery. • Modernise and optimise productivity, operational efficiency, learning methods (including blended learning) of education, learning and delivery • The need to change and adapt will drive change and provide scope to transform the way in which care is delivered through service, education, learning and development and workforce redesign • The Trust will need to engage even more closely with our staff and Trade Union representatives to support future changes • Develop a recruitment and retention plan to support the Trust's Equality and Diversity Strategy	• National shortage of qualified nurses due to retirements likely to impact during 2015-2017 • Changes to junior doctor numbers mean potential shortages 2016 onwards • Financial challenges due to reduced educational placements and funding • Difficulties in recruiting to certain areas, such as consultant radiologists, pathologists, oncologists and acute physicians • Scale of change may be demanding for staff to accommodate • Funding and infrastructure to develop and train for new roles and new ways of working may be difficult to identify and secure • The age profile of some consultants and some specific areas of the service could result in cohorts of retirements, resulting in the loss of key skills

Appendix 5

Education, Learning and Development Quality Framework



Appendix 6

1. EQUALITY IMPACT ASSESSMENT SCREENING FORM			
2. Title: Education, Learning and Development Strategy			
3. Author: Julie Thomas		**4. Division: Trust Services**	**5. Date: March 2015**
6. Document Class: Trust Strategy	**7. Document Status: Draft**	**8. Issue Date: TBC**	**9. Review Date:**

10. What are the aims of the document?

Set out the strategic education, learning and development priorities for the next five years, in support of the Trust Values, Vision, Mission and overall 2020 strategy.

11. What are the objectives of the document?

To provide a framework through the Strategic Priorities and work programs to support the delivery of the Trust objectives.

12. How will the effectiveness of the document be monitored?

Through the Education, Learning and Development Group chaired by the Director of Workforce and OD

13. Who is the target audience of the document (which staff groups)?

All staff including managers and leaders, all learners on educational placements with the trust

14. Which stakeholders have been consulted with and how?

SLT, Trust Board, Divisional Chairs and Directors, corporate leads for nursing, medical staff, allied health professionals, staff side and HR staff, universities of Bristol and West of England

15. Who is it likely to impact on?

x	Staff		Patient		Visitors		Carers	x	Other – Learners or trust (please specify):

	Yes or No	Give reasons for decision	What evidence was examined?
Does the policy/strategy/function or proposed change affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010			
Age (younger and older people)	no	• The wording in the Strategy was carefully chosen to ensure that it is clear that equality and diversity is a key theme underpinning all the work programmes.	• The following statement forms part of the Trust Strategy: (the Trust has) 'A commitment to eliminating discrimination, promoting equality of access to opportunity and providing an environment which is inclusive for all, delivering education, learning and development sensitive to the needs of the individual within a patient centred philosophy'
Disability (includes physical and sensory impairments, learning disabilities, mental health)	no		
Gender (men or women)	no		
Pregnancy and maternity	no		
Race (includes ethnicity as well as gypsy travellers)	no		
Religion and belief (includes non-belief)	no		

Sexual Orientation (lesbian, gay and bisexual people)	no		
Transgender people	no		
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no		
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no		

Are there opportunities for promoting equality and/or better relations between people with differing characteristics? YES If YES, please describe: The strategy includes a statement of general principles which will run through the workstreams as follows: • A commitment to eliminating discrimination, promoting equality of access to opportunity and providing an environment which is inclusive for all, delivering education, learning and development sensitive to the needs of the individual within a patient centred philosophy	
Please state links with other relevant policies, strategies, functions or services: Links with the Trust Workforce and OD Strategy, the Research and Innovation Strategy, Rising to the challenge – our 2020 vision Work programmes and action plans – to follow	
Actions Required: Ensure that all work programmes reflect the principle of equality and diversity and Equality Impact Analysis is carried out in a timely and appropriate way.	
Action Lead: Assistant Directors of Teaching and Learning	To be delivered by when: November 2015: review of workstreams to ensure E&D implications are considered with E&D lead, and then annual monitoring.
Progress to date:	

-	
Next steps:	
How will the impact on the service/policy/function be monitored and evaluated? As part of the work programme planning – leads will need to establish when and how to undertake further equality impact analysis e.g. monitoring education, learning and development activity by all the protected characteristics.	
Person completing the assignment: Julie Thomas	Date: 19th March 2015 Review Date:

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
10. Teaching and Learning Annual Report 2014 - 2015									
Sponsor and Author(s)									
Sponsor: Sue Donaldson, Director of Workforce & OD Author: Kay Collings									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

This Annual Report describes the high level context and background to how UH Bristol delivered against its education and teaching priorities during 2014/15. The report demonstrates that there are a vast number of education and teaching programmes delivered across the Trust to ensure the experience of all our learners and staff is of high quality and contributes to providing exceptional care for our patients.

The report has been reviewed by the Teaching and Learning Steering Group (now formed as the Education Group) and received by the Senior Leadership Team.

Recommendations

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

Impact Upon Board Assurance Framework

Objective 3.4

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact

Resource Implications

Finance	x	Information Management & Technology	
Human Resources	x	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)**
				17 June 2015	Education Group

University Hospitals Bristol NHS
NHS Foundation Trust

Teaching and Learning Annual Report

APRIL 2014 – MARCH 2015

CONTENTS

Executive summary

This Annual Report presents a high level overview of the many aspects of the education and teaching opportunities that UH Bristol provides and how the national and local education bodies set the funding streams to support the infrastructure and delivery of this important agenda as a Teaching Trust.

The funding and delivery of a large part of this agenda is governed by the Local Delivery Agreement which the Trust agrees with Health Education South West, who monitors the achievement of key performance indicators. The external environment has been very turbulent with ongoing uncertainties raised by the Multi-Professional Education and Training levy review, which has the potential to reduce significantly the educational income to the Trust. Due to the nature of the changes relating to the education tariff, the Trust income received in 2014/15 for the training provided decreased, with no reduction in the associated expenditure.

The Trust supports over 2000 undergraduate and postgraduate learners across a range of multi-professional groups (Appendix 1), all of whom are supported in their learning by appropriately qualified and trained staff. Sustaining and building on the partnerships with the local and regional Universities we work with to deliver the placements is an integral and important part of the teaching and learning agenda and there is increasing demand to increase the number of placements and ensure that we maintain effective learning environments whilst continuing to provide exceptional care to our patients.

We have continued to further develop our partnerships with other education providers including Bristol University and The University of the West of England, and we have managed to bring additional education funding into the Trust to further benefit our staff, through successful bids such as Health Education South West funding to support 2014/2015 Advanced Practice Acute and Urgent Care education for healthcare organisations within the South West area. UH Bristol was successful in their application, with £105k approved to support staff to attend advanced practice courses at various Higher Education Institutions from September 2014 – March 2015.

This report also provides an opportunity to demonstrate the achievements and developments in training and education for all staff groups, whilst ensuring the importance that staff are compliant with their essential training. The Trust provides a wide variety of teaching and learning opportunities and these range from a number of different options of Qualification Credit Framework (previously National Vocational Qualification's), Customer Service and Business Administration for Bands 1-4 staff together with expansion of our leadership and management development provision for our leaders. These programmes are important to our staff to enable them to develop themselves and improve the patient experience.

During 2014 over 800 managers have attended one of our internal leadership and management courses, all of which focus on the leadership behaviours linked to the healthcare model as used by the National Health Service Leadership Academy. Learning and Leading Together events were launched in February 2015 and focus on learning and leading together through the National Health Service Leadership Healthcare Model and

offered to all Leaders across the Trust. The sessions are interactive and focus on each of the nine dimensions within the NHS Healthcare Leadership Model.[1]

During 2014/15 a review was undertaken of the Teaching and Learning infrastructure to ensure that all service provision is aligned to ensure education and teaching is best placed to deliver a high quality service. As part of this review we appointed an interim project lead to help us take forward the following projects:-

- Ensuring we have a clear annual training plan linked to the Trust's operating plan for 2015/2016, in which we prioritise what we need to do and how we prioritise our resources.
- Leading the development of a new Education strategy – our current Teaching and Learning strategy takes us to March 2015 and we need a new one that sets out our vision for the next 5 years.
- Strengthening our governance arrangements – including setting up a new Education Group.

We have had some remarkable achievements across the board and these projects will enable us to go from strength to strength.

In providing such a large range of education opportunities across the organisation there are a number of challenges emerging, these come mainly from the externally driven changes to commissioning and funding to the internal pressures of time to release staff to attend training due to operational performance delivery. There is a focus to mitigate both external and internal risks to ensure we remain an attractive and viable learning environment. All of this activity is continuing towards improving our patients' care and experience and retaining and attracting new staff.

[1] The NHS Leadership Healthcare model is the competency model used by the Trust. http://www.leadershipacademy.nhs.uk/discover/leadershipmodel/

[2] Education, Learning and Development 2015/16 Activity Plan:–

http://connect/NewTeachingandLearning/TeachingAndLearningStrategyandPolicies/Documents/2015-16%20Trustwide%20Education%20%20Development%20Plan%20final.pdf

1. Introduction

This report presents a high level overview of the 2014/15 year for Teaching and Learning. The year has been an interesting one, with improved wider national and regional maturity and strengthening of internal teaching and learning. Good progress has been made against many of the strategic priorities (Appendix 2) from the teaching and learning strategy and much activity has been delivered ensuring teaching and learning continued to underpin the mission and vision of the Trust.

Following the recent review of the five year Teaching and Learning strategy and infrastructure, two distinct audiences in the context of 'Education' and 'Learning and development' have been recognised; those who are at UH Bristol for a defined period of time on placement, and those who are in their career with the Trust as permanent members of staff. As a consequence to the expansive variety of over one hundred clinical services delivered by the Trust, this breadth offers unique educational opportunities for learners on placement, the ongoing learning and development of our workforce/staff as well as opportunities to explore patient oriented and patient co-designed learning. The remainder of this report will focus on the two audiences in terms of the educational achievements and innovations in 2014/15, highlighting the priorities against the Education, Learning and Development Strategy for next year including any potential risks to achieving those priorities.

2. National and Local Context including previously identified challenges and risks

Nationally and regionally 2014/15 has been a more settled year than the previous year with the introduction of Local Education and Training Boards (LETBs).

2.1 Stakeholder/Partnership working

We have excellent working relationships with our partner Higher Education Institutions and in particular the Universities of Bristol and the West of England, and we continue to work constructively with them as we aim to be part of a developing academic health science network.

We have continued to further develop our partnerships with other education providers including , Universities of Bath, Plymouth, St Mark and St John, Bristol City College, and South West Medical and Dental Postgraduate Education and we have managed to bring additional education funding into the Trust to further benefit our staff, through successful bids such as Health Education South West funding to support 2014/2015 Advanced Practice Acute and Urgent Care education for healthcare organisations within the South West area. UH Bristol was successful in their application, with £105k approved to support non-medical staff to attend advanced practice courses at various Higher Education Institutions from September 2014 – March 2015.

Teaching staff within clinical skills have been working closely with the University of the West England to align our teaching programmes for both nursing students and newly qualified nurses that ensure staff are equipped with the appropriate skills to carry out their roles. The UH Bristol Simulation Centre staff have worked with the University of the West of England to deliver their highly reputable training the trainer courses to equip University teaching staff

with the knowledge and competence to deliver simulated training to undergraduate healthcare professionals.

The UH Bristol Simulation Centre are also working closely with our medical and dental undergraduate deans to broaden the provision of simulated training programmes for students in 2015/16.

The Director of Workforce and Organisational development is a member of the Local Education and Training Board (Health Education South West) and our Chief Executive is a member of the Health Education South West Governing Body. This high level representation ensures that UH Bristol is at the forefront of education development initiatives and opportunities. Our priority for 2015/16 is to further develop our educational relationships with our Health Education South West partners to ensure that UH Bristol is recognised as leading edge in specific specialty areas such as paediatric nurse education and simulation training provision and to ensure that we are considered for additional funding allocations to support education and training developments for example, Advanced Clinical Practice modules.

2.2 Health Education England

During 2014/115 Health Education England (HEE) have developed their fifteen year forward plan – Framework 15 This has significantly informed the plans of Health Education South [2]West (Health Education South West) – our Local Education and Training Board, as well as UH Bristol Trust developments. Framework 15 is informed by:

- its understanding of the global drivers of change in health and healthcare, based upon a review of international evidence;
- its judgment of the impact these drivers are likely to have on people and patients of the future, and how this will shape their characteristics and needs;
- its view of the characteristics of the future workforce that will be needed in order to meet the anticipated needs of people and patients.

Health Education South West work closely with their healthcare partners, which includes UH Bristol, to ensure that over time they invest finite resources more wisely, for the good of patients and staff and providing value for money to taxpayers.

For UH Bristol, the funding arrangements via the Multi professional Education and Training (MPET) levy have continued during 2014/15, however, risks identified in last year's Annual Report for 2014/15 associated with the national and regional context have included:

- Funding and tariff changes in 2014/15 following the Department of Health review on funding.
- Managing changes in commissioning of training and a potential reduction in Local Education and Training Board funding.

[3] Health Education England Framework 15:-

http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/07/Health Education England_StrategicFramework15_2410.pdf.

- Accessing funds to pay for post-graduate continuing professional training and development for non-medical staff remains a challenge and has been mitigated through the inclusion within the Trust's annual financial plan for 2014/15.
  Due to the nature of the changes relating to the education tariff, the Trust income received for the training provided decreased, with no reduction in the associated expenditure.

- Proactive planning for alternative roles in readiness for reductions in e.g. junior doctors numbers.

- Maximising use of existing Capita Learning 4 Health Continual Professional Development contract (due to end April 2016) as well as informing the specifications and delivery of new contracts – being tendered currently for delivery from September 2015 onwards.

3. Leadership and governance of Teaching and Learning

During 2014/15, leadership and oversight for this topic has been through the Teaching and Learning Steering Group – a Trust wide group that reports in to Senior Leadership Team. There has been a strong focus on achievement of compliance with essential training requirements, including work on delivery (via alternative mechanisms, including e learning developments) as well as accurate recording and reporting via a learning management system.

Work on induction (including a medical e-induction project), leadership and management development, as well as oversight of the uni-professional groups responsible for learners on placement with the Trust has been managed by the group.

During the fourth quarter of the year, the Teaching and Learning Steering Group has been heavily involved in helping shape the new Education, Learning and Development Strategy and the arrangements to strengthen leadership and governance of this work. The new arrangements include clarity of accountability of the four involved executives; Director of Workforce and Organisational Development, Chief Nurse, Medical Director and Director of Finance, new terms of reference of a Trust wide Education Group and divisional education groups that will respond to the work on two 'audiences' described in the strategy and are summarised in (Appendix 3) and development of a quality assurance framework.

An additional initiative agreed by the group was a five year strategic approach to apprenticeships for the Trust, setting solid foundations in year one (2015/16) and delivering ambitious numbers (approximately 100 apprentices per year), years two and onwards. It is anticipated, this will be a useful initiative in recruiting, retaining and shaping the profile of the workforce to be more responsive to the population we serve.

4. Education – Providing assurance that we discharge the Trust's responsibility as an excellent education provider

In this section, we describe how we have discharged our education responsibilities and obligations throughout the past year, as a leading healthcare education provider for over 2000 undergraduate and postgraduate learners on placement at the Trust for a period of

time. Through our education contractual obligations with Health Education South West, the Trust has provided all our learners with excellent learning opportunities within a nurturing and caring environment that enable them to successfully complete their chosen professional qualification, and continue their employment with the Trust or within the wider NHS.

Health Education England allocates an annual budget to Health Education South West, its Local Education and training Board, to fund specific education and training that meet strategic education and training objectives. The Trust receives an allocation of £37m, (Appendix 4) to provide a broad range of education and training services and education infrastructure to support the allocation of over two thousand student and trainee placements from a variety of professions. (Appendix 1) These include:

- Medical and Dental - undergraduate and postgraduate trainees.
- Nursing and midwifery – undergraduate and postgraduate trainees.
- Allied Health Professionals and Health Care Scientists.
- Nursing Assistants undertaking the Quality care certificate.

During 2014/15, Health Education South West has been developing its next version of the Learning and Development Agreement (LDA), the 3 year education contract it has with the Trust which is due to commence in April 2015. Much of the focus has been on the 'obligations' or key performance indicators it places on the Trust and we have actively contributed to the shaping of these. The main focus for the Trust in 2015/16 will be the development of a robust system that will assure the high level obligations are met, thus securing UHBristol' s education funding allocation for 2015/16. Obligations include, excellent learner experience evidenced through feedback evaluations and national surveys, learner involvement in responding to patient care pathway changes and developments.

4.1 Medical - undergraduates and postgraduates

In response to our student feedback, the Trust in collaboration with the University of Bristol supported the refurbishment of Dolphin House medical undergraduate teaching facilities to provide additional teaching and meeting rooms to enhance the students experience and to optimise access to undergraduate learning and education. These additional education facilities have provided further space for our teaching fellows and tutors to broaden the delivery of education and improve the student experience and have been well received by the students.

In the spirit of recognising success, our undergraduate medical education team were finalists in the BMJ Awards in May 2014, for 'best education team', demonstrating their commitment and dedication to ensure our students receive excellent learning opportunities towards successful completion of their medical qualification.

Priorities for 2015/16 includes a full audit of student and teaching fellow presentations and publications throughout the year, which will be collated as learning opportunities for all medical students and trainees to access. The undergraduate dean is working in collaboration with the UH Bristol Simulation Centre to design and increase the number of education programmes delivered through simulation.

From the 1st April 2014 the Trust assumed responsibility for the management and administration of individual study leave for postgraduate medical trainees based within the Trust, which resulted in an allocation of £208,873 for the year. This positive change has allowed the Trust the flexibility to support innovative training programmes that enhance the junior doctor's experience, knowledge and skills to improve the patient experience. Some examples include funding to support the development of high quality regional training programmes attended by our medical trainees, attendance at high level specialist resuscitation and managing critically ill patient courses, national specialist association seminars and conferences and a variety of specialist clinical skills training courses for trainee surgeons and physicians.

Funding has been allocated to support seven trainees to attend a national diploma in teaching and learning, which in turn supports the delivery of education and training for our undergraduate students.

Feedback from the paediatric specialty trainees has highlighted a positive rating of 97% for quality and credibility of the Trust's weekly education programme in 2014/15. This feedback is being used to improve the quality of teaching for other medical specialists training programmes across the Trust in 2015/16.

The Trust received fifty thousand pounds in 2014/15 to support the continual professional development of the one hundred staff grade and associate specialist doctors and dentists. This allocation was used to support a variety of professional development courses including, team building and communication skills, appraiser skills and high impact presentation skills and high level individual specialist training skills.

Priorities for 2015/16 include: achieving 100% in all seven training modules provided by Severn Postgraduate Medical Education for all of our medical educational supervisors; the development of new and innovative training programmes for our staff grade and associate specialist doctors utilising the development funds provided to the Trust on an annual basis by Health Education South West.

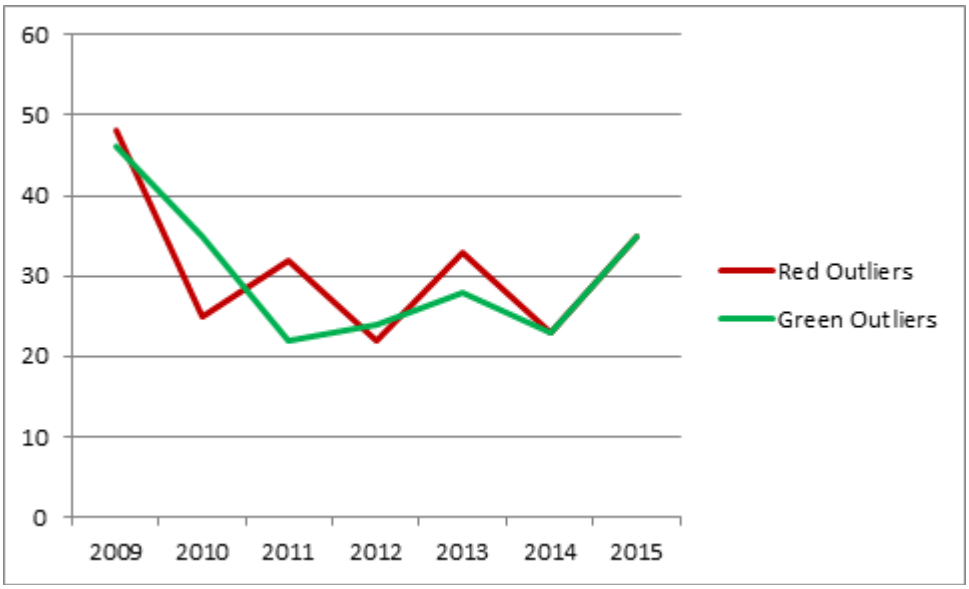
4.1.1 General Medical Council (GMC) National Training Survey (NTS) 2015

Each year the GMC surveys every doctor in postgraduate training and gathers feedback in order to monitor the quality of medical education and training in the UK. The NTS comprises of a core set of questions with additional questions being included from relevant educational bodies' for specific programmes. The questions are linked to 14 indicators (for example, Clinical Supervision, Out of Hours and Overall Satisfaction). The survey has a very good response rate by Severn Postgraduate Medical Education (formerly the Severn Deanery) – 98.6% overall this year with a response rate of 99.72% in UHBristol.

The results from the 2015 survey were released on 3 June 2015 and 13 specialty programmes in Health Education South West, this includes Peninsula and Severn Deaneries combined results, were ranked first in England for overall satisfaction by trainee, with 24 out of 85 programmes being ranked in the top 3. Severn Postgraduate Medical Education came 4th out of 13 for Overall Trainee Satisfaction by Deanery. UH Bristol specialty programmes have contributed to these excellent overall results.

For each indicator in each specialty there is a mean score which, when compared with the national mean, may produce an outlier, either positive or negative. An outlier is where the survey score falls into either the bottom or top quartile with a mean outside the 95% confidence intervals of the national mean.

UH Bristol's total outlier trend can be seen here:



Outliers per post specialty will be disseminated to the relevant UHBristol Specialty Tutor with commendations for good practice or requests for action plans as necessary.

Areas of good practice this year include Cardio-thoracic Surgery with 5 positive outliers (Clinical Supervision, Clinical Supervision out of Hours, Supportive Environment, Work Load and Access to Educational Resources) and both Adult and Paediatric Emergency Medicine with positive outliers in Handover. In addition, Paediatric Emergency Medicine also had positive outliers in Clinical Supervision, Adequate Experience and Local Teaching.

However, there are areas for improvement, most noticeably in Paediatric Diabetes and Endocrinology which has eight red outliers in the following areas:

- Overall Satisfaction
- Clinical supervision out of hours (NB new indicator this year)
- Supportive Environment (NB new indicator this year)
- Work Load
- Access to Educational Resources
- Local Teaching
- Regional Teaching
- Study Leave

The Director of Medical Education, Head of School of Paediatrics and the two Paediatric specialty tutors are meeting in June 2015 to plan a strategy to support the Department in changing the educational quality in this area. Recommendations will be shared with the Division of Women and Children to inform their operating plans for 2016.

We will need to communicate with the Division as well as there will be manpower and service implications. The Director of Medical Education is meeting with the paediatric specialty tutors and clinical lead to formulate an improvement action plan to address the red outliers.

A full report on this year's survey and an action plan is being developed by the Director of Medical Education in conjunction with UHBristol Specialty Tutors, Education Leads and Divisional Managers and will be presented at the Senior Leadership Team meeting in July/August 2015.

4.2 Dental – undergraduates and postgraduates

2014 was a busy year for the Bristol Dental School, with a successful outcome to the General Dental Council assessment inspection of the Bristol Dental School programme. Additional to this positive outcome, the Dental School also received a Silver Athena Swan award, which recognises the contribution of organisations in supporting women in science, engineering and technology to ensure a positive environment for women working in science.

The dental school completed the implementation of the E-portfolio for Dental Undergraduates in 2014; an electronic system already used by postgraduate medical and dental trainees and will support the students to record and monitor their education theory and practice progress for each year of their training pathway.

As Result of the Postgraduate Dental Deanery Quality Assurance visit in January 2015, UH Bristol will be appointing a Clinical Tutor/Educational Lead for Dentistry, to work closely with the Director of Medical Education to improve the quality of dental postgraduate trainee placements, education and experience. The role will be evaluated on an annual basis and provides a valuable link between medical and dental postgraduate trainees.

The Trust has recently been proactive in engaging with Health Education South West by participating educational opportunities such as our involvement in a pilot national Situational Judgement Test for Dental Core Trainee future recruitment process and our dental trainees led a successful initiative supported by the Deanery to organise regional generic training days for postgraduate dentists in training.

Priorities for 2015/16 include, programme submission and approval for the Diploma in Dental Hygiene and Dental Therapy and development of an E portfolio for Dental Care Professional activity.

4.3 Nursing and midwifery undergraduates

The new Annual Review of Competence & Placement Environment Profile (ARCPEP) system for all pre-registration Nursing Placements across UH Bristol has been successfully implemented. We have received the feedback, guidance on how to interpret what is a complex data base, and this has been circulated to UH Bristol Divisions to review the information. A paper summarising the report will be presented at the next Education Group in July 2015.

Through our positive relationships with the University of the West of England, the Academic Dean for undergraduate Nursing & Midwifery at UH Bristol has been instrumental in securing a significant increase in the number of Facilitated Learning and Assessment in Practice places (Mentor preparation programme) for Nursing, Midwifery and Allied Health professionals across the Trust. This will ensure we have sufficient skilled practitioners to mentor our undergraduate Nursing & Midwifery students, which will support our continued maintenance of 100% compliance with Nursing & Midwifery practice placement quality audits as required by Nursing and Midwifery Council (NMC).

Priorities for 2015/16 are to maintain an appropriate mentor to student ratio across all pre-registration Nursing & Midwifery placements to achieve a level of at least 1 mentor: 1.5 students to support high quality Mentorship. This will require additional Preceptorship training provision for new Nursing, Midwifery & Operating Department Practitioner graduates to further develop the competence; enhanced clinical skills acquisition and confidence during the annual Preceptorship period.

To Increase pre-registration Nursing & Midwifery placement capacity to keep pace with undergraduate nursing commissions from Health Education South West, based on UH Bristol's and other NHS organisations' future workforce demands.

4.4 Allied Health Professions

Two radiographers and three physiotherapists celebrated the successful completion of specialist appendicular modules for radiographers and independent prescribing courses for physiotherapists, which have resulted in the introduction of independent clinics for Cystic Fibrosis patients to enhance the patient experience. The impact and benefits of these clinics will be evaluated in the coming year.

Currently the head of the Allied Health Professionals at UH Bristol is working with Health Education England to improve education programmes and ensure they are fit for purpose with equitable access for all allied health professionals across the south west region. The work is ongoing for the remainder of 2015.

Priorities for 2015/16 include accessing further extended practise formal academic training to grow our own staff especially in some hard to recruit areas for example, plain film reporting in chest imaging and axial imaging for radiographers and ultrasound training in obstetrics and gynaecology for current ultrasonographers. Identifying funding for the development of a band 5/6 linked progression trainee post for Magnetic Resonance Imaging (MRI) radiography.

4.5 Health Care Scientists

The Healthcare science workforce in UHBristol has been pro-active in supporting the programmes across the entire training framework. All levels of the framework consist of a combination of credited national qualification with a work based learning element.

In 2014 across the Healthcare Science specialisms we supported six students to successful graduate as Healthcare Science Practitioners from a south west regional cohort of fifty, the first cohort in the country to graduate from these new undergraduate programmes.

At the Health Education England commissioned post graduate Scientist training level we also supported seven to successfully graduate from a South West Regional cohort of twenty eight.

In addition we also supported various secondment placements for specialist expertise learning in MRI training, ophthalmic and Vision Science and Hospital Blood Transfusion areas of service to other local organisations.

We have one higher specialist trainee about to commence in September 2015 in the haematology and oncology department. This developmental training programme supports an experienced Scientist to gain expertise to practice at a Consultant Scientist level.

The Trust also commissioned one trainee in the first cohort of Bioinformatics, a new national training programme to deliver a workforce with knowledge of Bioinformatics in context of analysis of Diagnostic Big Data.

The Healthcare Science departments are recognised through the Academy of Healthcare Science as a centre of excellence for training support. Many of the training leads from HCS in the Trust are involved in strategic leadership and Quality Assurance oversight at a National level for the development of the programmes.

Priority for 2015/16 will be the engagement of health Care Science in the Trust's apprenticeship programme at assistant and associate support grades across healthcare Science, to support recruitment and retention by developing new and innovative roles cutting across current Healthcare Science specialism boundaries and ensuring delivery of quality assured Diagnostics as point of need.

5. Learning and Development - Importance of building capability of the Trust's workforce, to ensure they are fit to undertake their roles.

In this section we discuss the learning and development and building capability of over 8,000 Trust staff who have chosen to work at UH Bristol as part of their career and who require the skills to ensure patients experience high quality, individualised, compassionate and dignified care. Our workforce consists of those staff who directly cares for patients as well as those in less direct patient roles, and who are all extremely important to the Trust in their roles which support and enable exceptional patient care. Our staff choose to work here based on different factors including the reputation and specialist services of the Trust, its location as well as the variety of learning and development opportunities made available to them to further develop their skills to enhance the quality of their existing work, improve performance and productivity and be adaptable to change. There are also opportunities for our staff to progress their careers at UH Bristol, should they chose to do so.

5.1 Essential Training

The Senior Leadership Team agreed a trajectory of 90% compliance with core Essential Training; it reached 88% compliance by the end of March 2015. This drive involved working with all stakeholders to develop robust trajectories and recovery plans which allowed Divisions to focus on key areas where compliance was low and drive through improved performance across the Trust.

The Trust's Learning Management System Self-service for Essential Training was launched in October 2014. The portal includes personal Accreditation Reports and individual Learning Plans, through which staff can determine which training they require and make instant bookings for face to face training, or immediately access and accomplish E-Learning. The move to self-service has encouraged staff to take individual ownership for their training and since its launch more than 5,500 staff have accessed the portal.

From April to July 2014, E-Learning for eighteen Essential Training topics were developed 'in-house' with the support of an IT lead and all multi-professional subject matter experts. All E-Learning was designed to be testable and instantly recorded on individual training records via the Teaching and Learning Portal. Since e-Learning was introduced in October 2014 over 8,000 topics have been completed. E-Learning was further developed following the launch in October using a more sophisticated IT platform allowing for improved functionality and learner experience.

Staff feedback on the system and the ability to learn in a blended way using both face to face training and E-Learning has been overwhelmingly positive. Managers using the data to support improved compliance have also welcomed the revised reporting mechanisms and are eager to embrace the manager notification functionality later that will be launched later on in the year.

Priorities for 2015/16 are to achieve 90% training compliance in all essential training topics and sustain the position year on year and we will be rolling out the successful governance and monitoring procedures to include 'Essential – Specific to Role training', utilising the annual training needs analysis to determine specific subjects. We will improve our quality assurance tools to evaluate and continually improve all Essential Training, across both face to face and eLearning teaching methods to improve learner experience

5.2 Quality care Framework and Health Support Workers

A new career pathway for nurse/midwifery assistants was launched to ensure new starters are recruited onto the correct pathway and are able to access the Qualifications and Credit Framework (QCF) as part of their contract. A main aim for introducing this process as part of the recruitment procedure is to improve staff retention. Early data in relation to this new pathway does suggest that there is a slightly lower proportion of staff leaving than have been recruited through the new system. 11.5% of those recruited between July 2014 and March 2015 have left, compared with 14.1% of those recruited July- March 2014.

Each learner is allocated a Peripatetic Assessor to enable them to start their Quality Care Framework Diploma in Clinical Healthcare Support Level 2/3 within two months of their start date. At any one time there are up to 200 learners going through the qualification and 49 staff successfully completed their qualification during the period April to March 2014/15.

The Care Certificate has been mapped against the Qualifications and Credit Framework and will be introduced from July 2015 for nursing/midwifery assistants. The Care Certificate is a key component of the overall induction of a Health Care Support Worker and meets the essential standards as set out by the Care Quality Commission. It will provide clear evidence to employers, patients and people who receive care and support that the health and social care support worker has been assessed against a specific set of 15 standards. The care certificate will be delivered to new staff during the first 12 weeks of employment.

In response to workforce planning numbers the Nursing Assistant Induction now runs fortnightly instead of monthly ensuring start dates for Nursing Assistants are expedited as quickly as possible.

In the spirit of recognising success; each year an award ceremony is organised for all learners who have completed the Qualifications and Credit Framework to attend and be presented with their certificates. Emma Woollet, Vice Chair hosted this event and this year we awarded 53 certificates.

Priorities for 2015/16 are to introduce the Care Certificate for nurse/midwifery assistants and to have in place resources and systems that will support the nursing assistants to achieve the certificate within a twelve week timescale. For clinical areas we will be identifying nurse/midwifery assistants to become assessors for the Care Certificate and the Vocational Education team will train and mentor them for the role.

5.3 Leadership and Management development

During 2014 over 800 managers has attended one of our internal Leadership and Management Development courses, all of which focus on the leadership behaviours linked to the healthcare model as used by the National Health Service Leadership Academy. These courses are designed to build confidence and ensure managers and leaders meet the required behaviours and understand their role in people management.

In response to a training needs analysis two new courses; Introduction to management and Introduction to leadership have been developed to support newly appointed mangers/leaders to understand expectations of them in their new roles and to support their ongoing development as management and leadership professionals. These courses have been fully reviewed and evaluated to ensure the quality of provision is evident in practice.

Learning and Leading Together events were launched in February 2015 and focus on learning and leading together through the National Health Service Leadership Healthcare Model and offered to all Leaders across the Trust. The sessions are interactive and focus on each of the nine dimensions within the NHS Healthcare Leadership Model. These sessions were developed in response to leaders requesting ‘head-space’ masterclasses and were developed using benchmarked approaches provided by the national leadership academy.

The Leadership and Management Development Website has been completely redeveloped to act as the platform for users to access all programmes and interventions. This has enabled Leaders and Managers to identify their development needs and understand the support available; this has resulted in increased uptake on courses and will be the foundation on which we build future marketing strategies.

In response to a competency gap for Waiting List Officers in Surgery Head and Neck; the leadership and management development team were commissioned in partnership with the transformation team and the division of surgery, head and neck, to develop a pilot training programme to support a standardised approach of levels of service to our patients waiting for operational procedures. The team worked to add behaviours to the standards and the important of customer service. The training was delivered to all Waiting List Officers in the division and covered effective customer service along with patient expectations using 'role play' to help support the new standards. The feedback has been very positive from the delegates and a working group are looking on ways to develop this for new starters going forward in order to ensure patients receive great service from highly competent staff as part of the new starter training package.

Priorities for 2015/16 are to develop an integrated leadership and building capability framework which supports the development of a clear journey to developing a culture of high performing leaders. We will continue to build on our successful leadership masterclasses to develop our understanding of 'collective leadership' and its importance within the healthcare leadership model, ensuring that the impact of these sessions and other interventions on the individual and their teams are evaluated through improved key performance indicators.

5.4 Faculty of Children's Nurse Education

The Faculty of Children's Nurse Education developed in early 2014 at UH Bristol, has experienced an exciting and productive first year including the over achievement of their financial target income. The Faculty was developed to take into account the higher level education and training required by paediatric nurses to deliver specialist care to children and their families at UH Bristol and other NHS Trusts across the region; developing excellent academic relationships with the Universities of the West of England and Plymouth for their support to accredit the many higher level courses provided by the Faculty's paediatric nurse teachers and educators.

The excellent work of the Faculty was recognised by the Care Quality Commission in their recent assessment visit to the Trust in September 2014.

Achievements in 2014/15 include the development and delivery of university credit bearing courses, such as:

- Paediatric Critical Care Course – 3 modules accredited at Degree and Masters Level.
- Children's Cardiac Course – Foundation and Advanced Modules.
- Further development of the Bristol Royal Hospital for Children and regional Children's High Dependency course.

- Advanced Respiratory Management Course.

Other Faculty work during 2014/15 includes further education developments within the Bristol Royal Hospital for Children such as:

- Development of the Bristol Royal Hospital for Children orientation programme for new nursing staff.
- Clinical support for implementation of High Flow, High Humidity Oxygen Therapy, and guideline development.
- Development of a Cardiac Ward Training Needs Analysis (TNA) “blueprint” for other clinical areas across the hospital.

Priorities for 2015/16 are to sustain the quality of educational activity measured against the agreed key performance indicators and learner evaluation. To work collaboratively with other clinical areas to develop courses to be delivered under the Faculty umbrella for example the Neonatal Intensive Care Course, expansion of educational programmes offered by the Faculty, and the production of a journal article to promote the achievements of the Faculty.

6. Learning resources and support

6.1 Simulation Centre

2014 has been another successful year for The Simulation Centre, with the widely reputable Bristol Advanced Simulation Master class programmes expanding their delivery across the South West of England to run similar programmes in Wales and the Midlands. The Centre has also been instrumental in assisting the Pharmaceutical Company Novartis, with the delivery of training programmes to demonstrate new developments. The programme has been a success leading to an increase in training programmes required in future years.

The Simulation Centre continues to strengthen its relationships with overseas Health Care organisations and welcomed a Simulation Fellow from the Hospital Universitario Materno Infantil La Paz in Madrid for a 3 month placement. As a result of this collaboration a 3 day Bristol Enhanced Simulation Training course was developed and delivered in November 2014 with a future course set for June 2015.

Priorities for 2015/16 are to develop a minimum of four new courses that address current patient safety and team working development issues, and can be marketed widely across the country to maintain a positive income for the Centre and internally at no cost to our multi-professional staff.

6.2 Library and Knowledge Services

In 2014 the UH Bristol Library maintained their continued high level success of achieving 100% compliance with the national NHS Library Quality Assurance Framework. Developments over the year that have helped to achieve this award include a further twenty 'Outreach Librarian' services set up in clinical departments throughout the Trust and high quality training in critical appraisal, literature searching, statistics, and point of care tools.

A new internet presence has been developed, that will provide full access to resources for all library users both on and off site.

Priorities for 2015/16 will be to maintain adherence to Health Education England's 'Knowledge for Healthcare Development Framework,' including increased partnership working and the initiation of an information skills e-learning platform, and a move to a primarily electronic resource purchasing policy, including wider ranging ebooks and key clinical journals, working closely with partners to achieve full funding.

We will also be focussing on modernising the physical library facility, to include relegation of duplicate and underused texts, a remodelling of the library and potential relocation to more user friendly facilities, with more focus on user needs.

6.3 Using Information Technology to benefit education delivery and competence

In 2014 Information Management and Technology services and the Essential Training programme lead, developed a system to support e-learning modules to enable more flexible access to training for our staff and support the achievement of the Essential Training annual target of 90%, further e-learning modules to support other training are being developed for 2015/16.

In 2014, a programme to replace and increase the number of computers across the Trust commenced to support the Electronic Document Management system project and provide more staff with access to online learning tools.

WIFI access within the Education and Research Centre is now fully accessible across the entire Centre for all staff and users wishing to use portable devices. This improvement will enable improved access to the internet for both internal and external teachers, trainers and users of the Centre.

7. Finance

The Trust has continued to receive funding from Heath Education South West via the multi professional education and training levy in support of its delivery of the Learning and Development Agreement.

The implementation of Health Education England's approach to the introduction of tariffs for education and costing Education and Training exercise has continued during 2014 -15. While recognising that significant improvement in data and assumptions underpinning the exercise is required, the exercise did enable the Teaching and Learning Steering Group to consider income and expenditure (see Appendix 5) and to be better informed to support next year's exercise.

8. Education, Learning and Development Strategic priorities for 2015/16

Following the work to develop the 2015-20 Education, Learning and Development Strategy, the emerging priorities for the first year action plan 2015/16 are awaiting sign off by the Senior Leadership Team and will be worked through our Education Governance Group for agreement. Below are the six strategic outcomes from the strategy that have been identified using internal and external drivers, the context of the 2020 Trust Strategy, the Workforce and Organisational Development strategy.

Outcome 1 - Local and regional leadership. UH Bristol will expand its role and reputation within the education, learning and development system and wider systems as an effective regional leader, partner, and collaborator.

- Support the University of Bristol undergraduate medical curriculum review, utilising our specialist strengths and expertise and exploiting team working opportunities whenever possible.

- Build strong, collaborative partnerships and enhance confidence in working with the Trust through e.g. securing HESW funding to provide regional educational leadership of the Healthcare Scientist workforce.

- Work with Better Care fund partners to develop generic workers capable of supporting patients in alternative environments across health and social care.

- Promote our reputation through organising and participating in national/international academic conferences highlighting UH Bristol's clinical specialist strengths.

Outcome 2 - Innovative learning and working. We will work in new ways with patients and education partners, using modern methods of delivery, blended approaches and technology to transform our approach.

- Work with patients, families and carers on how they and their stories can inform the design and delivery of learning, including self-care learning.

- Explore opportunities with university partners to maximise the use of modern methods of learning and delivery, use of technology in collaborative projects.

- Weave into existing programmes and if needed develop new ones on, 'understanding and exploration of error in a safe environment' strengthening the Trust learning culture and team working.

- Strengthen the profile of our workforce to be more reflective of the population we serve while providing education, learning and development solutions to new roles / types of workers e.g. apprenticeships.

- Explore transformation of the existing Education & Research Centre library as a Knowledge Centre for the Trust including for patients, families and carers and making the library more accessible at ground floor level.

Outcome 3 – Education - Best place to teach, best place to learn. With our university and education partners we will help attract the best learners to Bristol due to the diverse and specialist learning placements we have as well as the excellence of our teaching. We will achieve our LDA obligations, improve learner experience, enhance the reputation of the Trust as a teaching Trust and enable future staff recruitment.

- Deliver the Health Education SW Learning and Development Agreement obligations.

- Develop appraisal process so each member of staff recognises how they support learners on placement in our teaching Trust; to include supervisory practices, importance of reflective practice and implementing learning in practice.

- Get timely learner feedback on placements, enabling rapid good practice and risk identification, informing change where required.

- Implement an apprenticeship scheme, targeting difficult staff retention and recruitment groups, maximising external funding.

- Review effectiveness of clinical teaching fellows and, if positive, expand the initiative.

- Explore opportunities with partner universities to develop taught Masters level study targeting ‘hard to recruit’ specialists, thereby attracting new talent to the area.

- Develop an education ‘offering’ to GP practices which are taking additional placements, as partnership with primary care.

- Support placement (and increased) capacity, supervisor and placement audit information, delete duplicate systems, improve costings exercise accuracy, and enable efficient reporting through implementation of database for all learners on placement.

- Make explicit the education funding within the Trust, based on DH Costing Education and Training exercise information, to help medical and dental educators recognise the education funded time within job plans and their responsibilities for supporting learner’s e.g. greater numbers and diversity of examiners.

Outcome 4 - How does the Trust value my learning and development? Staff will recognise how our Trust values them through equipping them to safely discharge their roles and deliver high quality care with compassion, and helping them towards their potential, through opportunities to gain improved knowledge as well as fulfilling career development.

- Organise (from existing Trust wide and divisional provision – hub & spoke model, page 9 of the strategy) and make visible to our staff a network of essential and other learning and development opportunities which they can access to equip them to deliver safe, compassionate and expert care within an innovative, adaptable culture.

- Develop and publish for staff, career paths and progression routes including Widening Access to attract and retain talent within the Trust.

- Set up Trust wide bursary panel process, developing a centralised fund and utilising new Health Education South West Continued Professional Development opportunities (Sept 2015 onwards) demonstrating equity of opportunity.

- Ensure that education, learning and development opportunities are taken up and positively evaluated by all staff, for all protected groups.

- Ensure learning and development opportunities are effectively and coherently communicated to staff.

Outcome 5 - Multi-professional by default. We will use multi professional relationships, working and solutions as our standard way of learning, maximising opportunities for learning and problem solving as a team.

- Review existing education, learning and development programmes and focus on the right opportunities to revise to multi-professional wherever possible – maximise learning from areas of strong team working e.g. maternity and role of midwives and Accident & Emergency and role of paramedics.

- Build in 'review of new multi-professional opportunities explored and implemented' at end of each education, learning and development meeting as a standard agenda item.

- Update induction to the Trust (initially as pilot for medical staff) rolled out to all staff as rapidly as possible.

Outcome 6 – Effective governance of high quality education, learning & development. Education, learning and development will be governed with processes in place from ward to Board, including flow of information and Key Performance Indicators reporting on the two audiences. This will contribute to the sound governance of the Trust and enhance our profile and reputation for education, learning and development.

- Establish Trust and Divisional Education, Learning & Development Groups with membership, objectives and processes to own and drive the agenda.

- Develop, agree and implement Quality Assurance process including evaluation of learning.

- Establish regular progress reporting to Board with Key Performance Indicators.

- Implement annual planning cycle aligned to Operating Plan Process incorporating:

  - Annual process via appraisal for identification of current and future workforce training needs (appraisal being implemented within the Workforce and organisational Development strategy).
  - underpinned by easy to use competence framework .
  - Trust wide Education, Learning and Development needs analysis, activity plan, capacity planning, resource prioritisation and assessment of participation in and evaluation of training by each protected group, as described in the new Equality and Diversity System version 2 (EDS2).

- Maintain and develop a modern, accessible learning environment.

9 High level risks for Education, Learning and Development

Trust wide workforce risks have been identified through the process of developing the Workforce and Organisational Development Strategy and the Monitor Strategic Plan 2014/15 to 2019/20, and are regularly reviewed by Risk Management Group and through our Workforce and Organisational governance structure. The key risk 'themes' emerging that impact on the strategic priorities for Education, Learning and Development are:

- Reductions in Foundation year 1 and 2 doctor posts arising from national changes to junior doctor changes.

- Inability to recruit sufficient staff and to fill staff groups/occupations where there is a limited supply and high levels of staff turnover across the Trust.

- Non-compliance with Essential Training, which results in the workforce not being trained with essential training requirements; which could lead to issues with patient and/or staff safety.

Further risks identified, that may impact on the delivery of the Education, Learning and Development Strategic priorities for 2015/16 are:

- A National decrease in medical and dental student numbers may potentially impact on the overall placement numbers at UH Bristol in 2016/17. This decrease in placements will have an adverse effect on the income funding streams from Health Education South West. This risk is currently out of our control for medical students, however for dental students, discussions are underway to mitigate this risk by either increasing the number of overseas student intake or by increasing postgraduate taught activity.

- Educational concerns within the UH Bristol cardiology department for postgraduate medical trainees are being addressed with the Director of Medical Education and the Health Education South West School of Medicine and an action plan has been developed to mitigate the potential withdrawal of medical trainees form this area.

- Health Education England has recently introduced an annual costings and tariff exercise to determine future provision of education funding to NHS organisations. This exercise is being managed within the Trust through the finance department

working closely with educational leads. The final outcome and recommendations are due for implementation within the next three to five years. It is not known at this stage what the impact of this exercise will mean to UH Bristol.

10 Conclusion

This report has described the high level context and background to how UH Bristol delivers against its education and teaching priorities during 2014/15.

As the report demonstrates, there are a vast number of education and teaching programmes delivered across the Trust, and it is imperative that we continue to ensure experience for all our learners and staff is of high quality and contributes to providing exceptional care for our patients.

A revised Teaching and Learning Strategy for 2015 -2018 has been developed and its priorities will ensure that UH Bristol continues to provide and build upon the excellent range of education and teaching opportunities for undergraduate and postgraduate learners across the many professions and the teaching and learning opportunities for all staff groups across the Trust. The refreshed strategy document will be presented to the Trust Board in June 2015.

This report also highlights the challenges and risks for the provision of education and teaching over the coming year, and as part of the 2014/15 review of our education, learning and development governance arrangements, we will be reviewing our education and learning infrastructure to support an education, teaching and learning function, that will embrace these challenges and seek solutions to the risks, in order to provide high quality, exceptional teaching and education for all our learners and staff, including setting up a new Education Group.

Appendix 1

Learner Numbers 2014-2015

Title	Year	Number	Notes
Health Support Workers			
Essential Care Programme		**270**	
QCF Diploma in Clinical Healthcare Support level 2/3		**146**	
Nursing and Midwifery			
Adult Nursing		**199**	
Children's Nursing		**156**	
Allied Health Professionals			
Occupational Therapy		**14**	
Physiotherapy		**50**	
Speech and Language		**4**	
Dietetics		**4**	
Diagnostic Imaging		**43**	
Therapeutic Radiography		**26**	
Orthoptist		**3**	
Pharmacy Trainees			
Pharmacy Technician		**6**	
Pre-registration Pharmacist		**5**	
Clinical Psychology Doctorate			
Clinical Psychology trainee		**1**	
Healthcare Scientists (Practitioner Training Programme - undergraduate)			
Pathology Sciences	1	**8**	
	2	**4**	
	3	**5**	
Physiological Sciences	1	**12**	
	2	**1**	
	3	**1**	
Healthcare Scientists (Scientist Training Programme - postgraduate)			
Pathology Sciences	2	**3**	
	3	**1**	
Physiological Sciences	1	**5**	
	2	**3**	
	3	**1**	
Medical Physics & Clinical Engineering	1	**2**	
	2	**2**	
	3	**1**	
Bio Informatics	1	**1**	
Undergraduate Medical Students			These numbers are approximate as students switch Academies and/or
	2	**108**	
	3	**150**	

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

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

Education governance work streams **Appendix 2**

<table>
<tr><th colspan="2">Education Group</th><th colspan="2">Learning & Development relating to Workforce & Organisational Development Group</th></tr>
<tr><td>What it does:

Lead on:
• Strategy and delivery plans in relation to learners on placement
• education initiatives and innovations and recommends objectives to SLT
• LDA contract sign off with Health Education South West, delivery of contract, sign off annual education commissions
• QA Framework
• Education risks, compliance with education standards or accreditation
• Learner feedback e.g. Student Friends and Family Test, learner surveys
• Clinical skills, resuscitation and simulation income generation opportunities

Support/input to
• Annual education, learning and development planning cycle
• Development, maintenance and monitoring of systems to ensure joined up, accessible, efficient use of resource, with</td><td>Who does it:
Directors, Workforce and Organisational Development, Medicine, Nursing, Finance, Research, Assistant Director Teaching and Learning, Academic Dean pre-registration nursing, South Bristol Academy Dean, Director of Medical Education, Interim Head of Dental School & Director PCD Training, Trust Lead AHP, Trust Lead Scientist ,Library and Information Manager, Director of Pharmacy, Head of Psychology, Divisional Finance Manager, Divisional representation on a matrix basis

Measures of success:
• Improve conversion rates learners > recruits + retention
• Structured 1 year on interview with Health Education South West to explore progress across multiple factors, including learners on placement
• Numbers of multi professional programmes introduced
• Improved learner feedback,</td><td>What it does:

Lead on:
• Strategy and delivery plans in relation to staff learning and development.
• Learning and Development initiatives and innovations and recommends objectives to SLT
• Annual Education, Learning and Development planning cycle including training needs analysis (TNA) and demand forecasting informing the Annual Ed, L&D Activity Plan, including resourcing
• Workforce planning process to include identification of education commissioning numbers
• development, maintenance and monitoring of education, learning and development systems to ensure joined up, accessible, efficient use of resource, with effective information reporting
• learning and development risks, compliance with standards or accreditation
• Learner feedback e.g. staff</td><td>Who does it: (WF & Organisational Development Group)
Directors, Workforce and Organisational Development, Medicine, Finance, Nursing, Facilities & Estates, Transformation, Clinical chair rep, Divisional director rep, Divisional nurse rep, Deputy COO, Divisional HR Business partners, Deputy Director of Workforce & Organisational Development (WF & Organisational Development), Associate Directors Teaching & Learning, HR, Occ Health & wellbeing, Research rep, Head of WF Strategy and planning, Rep for AHP and Healthcare scientists

Measures of success:
• Structured 1 year on interview with Health Education South West to explore progress across multiple factors, staff groups etc
• Numbers of multi professional programmes introduced
• Improved specific staff survey results relating to relevant learning and development, career progression and staff</td></tr>
</table>

effective reporting.	Student Friends and Family Test (FFT), General Medical Council and student surveys • Board and Divisions will report increased year1 confidence in their education, learning and development governance and systems • Achievement of education elements of year 1 delivery plan of the strategy	Friends and Family Test Support/input to: • LDA contract delivery with Health Education South West e.g. apprenticeships • QA framework	FFT, improvement in staff retention • Board and Divisions will report increased year1 confidence in their education, learning and development governance and systems • Achievement of year 1 delivery plan of the strategy

Appendix 3

Strategic Priorities from Teaching and Learning Strategy

We will have a Teaching and Learning strategy that will work in synergy with the Clinical Services Strategy and Research and Innovation Strategy, so that they are mutually supportive, and collectively, are the key drivers to supporting the delivery of the Trust mission.

We will provide high quality Teaching and Learning programmes to support the development of a diverse flexible workforce so we have the right people, with the right skill, in the right place at the right time through effective training needs analysis and appraisal processes enabling us to play a greater leadership role within the health system.

We will develop transformational Leadership competencies to embrace the Trust Values, to drive our performance, and to deliver high quality patient care.

We will create appropriate structures and a strong governance culture within the Teaching and Learning service to ensure equity of opportunity, consistency of approach, and a measurable return on investment for all activity.

We will ensure that our service budgets are managed equitably with a fair bidding process in order to deliver the Trust's Teaching and Learning outcomes alongside our need to deliver efficiency savings. We will draw down on all available external funding to support the delivery of a multi-professional Teaching and Learning Strategy.

We will build on our teaching hospital status and endeavour to increase our income through the marking of our Teaching and Learning services beyond the South West.

We will fully review practices and procedures within our Teaching and Learning services and implement a flexible structure solution capable of meeting the demands of the future.

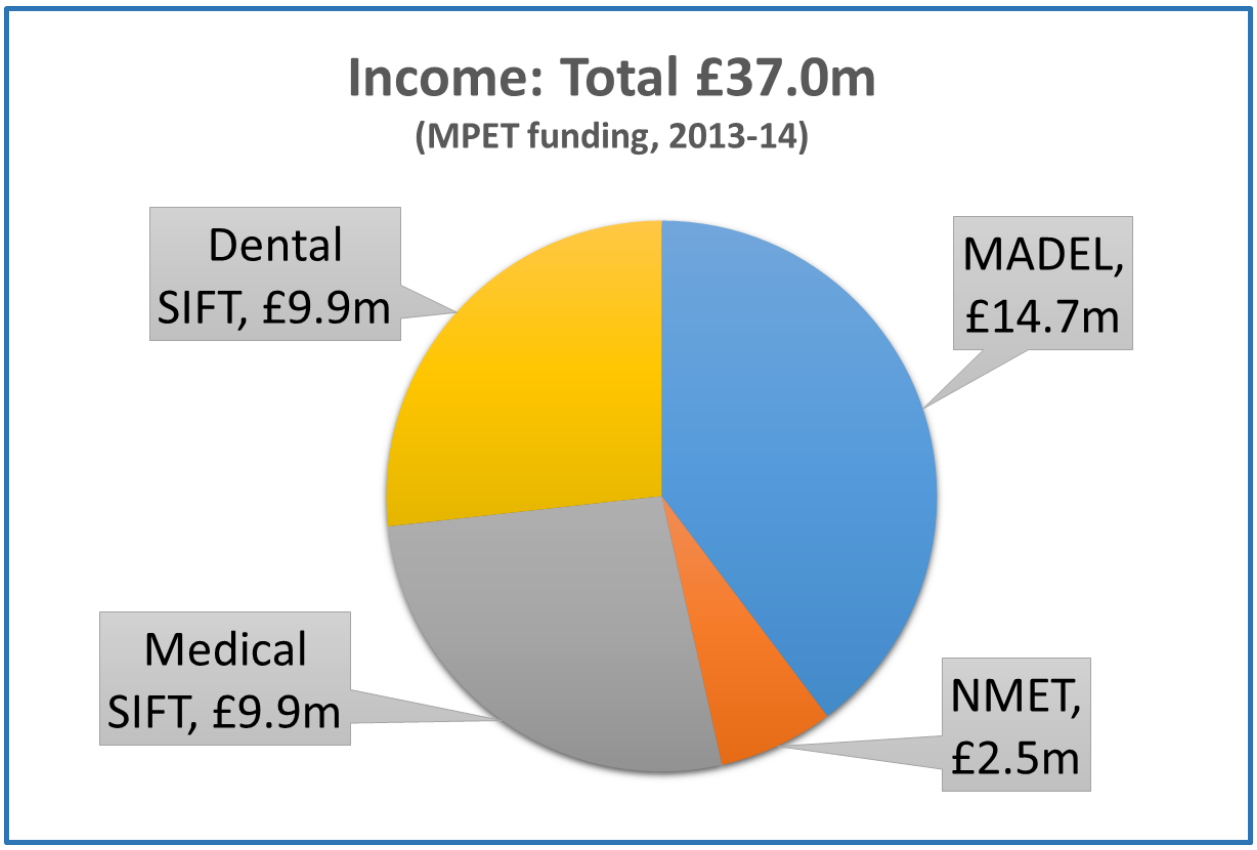
We will ensure the Education Centre is a 'Centre of Excellence', by developing innovative Teaching methods to ensure we maximise usage of the Education Centre and our Teaching and Learning services meet the on-going needs of the workforce.

We will further develop our partnerships with North Bristol Trust, University of Bristol, and University of the West of England, Severn Deanery and the City of Bristol College.

We will establish wide community links and networks to improve our communication and reputation beyond our health care partners.

Appendix 4

Income



Costs by Funding Stream: Total £67.1m

Very important to note that:

- National guidance requires further work
- Impact on productivity continues to be discussed nationally

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
11. Equality and Diversity Annual Report 2014 - 2015									
Sponsor and Author(s)									
Sponsor: Sue Donaldson, Director of Workforce & OD Author: Rebecca Ridsdale, Assistant Director of HR									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose:

The Trust is committed to Equality and Diversity and recognises the significance of the Equalities agenda on both patient and staff experience. As such, the Trust's Equality and Diversity Annual Report provides progress in relation to the Trust's objectives in this important area and compliance with the Equality Act 2010.

The Equality and Diversity Sub-Group of the Workforce and OD Group are responsible for overseeing the production of the Annual Report. The report has also been presented to the Senior Leadership Team and the consequential action plan for 2015/2016 endorsed.

As part of the Trust's annual cycle of business, the Equality and Diversity Annual Report is now being presented to the Quality Outcomes Committee for assurance that the Trust is discharging its responsibilities within the Equality Act and making progress in respect of our Equality objectives.

The report will also be shared with Trust Board for assurance prior to publication on the Trust's website.

Key issues to note:

The Quality Outcomes Committee are asked to

1. Note the contents of this report
2. Discuss any issues arising in relation to the Trust's progress and action plan

Recommendations

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

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact
An Equality Impact Assessment has been completed.

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)**
26/06/15				X	Equality and Diversity Group

University Hospitals Bristol NHS
NHS Foundation Trust

DRAFT Equality and Diversity Annual Report

2014 – 2015

Executive Summary

Introduction:

University Hospitals Bristol NHS Foundation Trust (hereafter referred to as 'the Trust' or UH Bristol) is committed to eliminating discrimination, promoting equality of opportunity and providing an environment which is inclusive for patients, carers, visitors and staff. We aim to provide equality of access to services and to deliver healthcare, teaching and research which are sensitive to the needs of individuals and communities. We are committed to providing equal access to employment opportunities and an excellent employment experience for all.

Purpose:

This annual report demonstrates the Trust's undertakings relating to equality and diversity including compliance with the Equality Act 2010 and the following general public sector duties prescribed by that Act:

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

The report sets out the context of the increasing diversity of Bristol, the Trust's workforce, and the numbers of patient attendances and admissions. It signposts new national initiatives such as the Workforce Race Equality Standard (WRES) and provides details on the Trust's 2014 Staff Survey in relation to the protected characteristics. The report details progress on the Trust's equality objectives including next steps for assessment with the Equality Delivery System (EDS2), including a revised self-assessment, stakeholder involvement and assessment and how clinical training, specifically in relation to learning disabilities and/or training, makes a difference to patient care.

Key Achievements for 2014/15

The Trust has made progress in both clinical and non-clinical areas including:

- Strengthening governance and assurance arrangements including the Equality and Diversity Sub-group reporting to the new Workforce and Organisational Development Group as well as the Senior Leadership Team (SLT). This indicates the level of commitment by the senior team to this important agenda.

- All in-patients with a learning diability are risk assessed with 48 hours of addmission to ensure reasonable adjustments are identified and made.

- The Trust completed a reverse mentoring pilot for Black, Asian and Minority Ethnic (BAME) Staff. The evaluation of the pilot was well received by the Teaching and Learning Steering Group who agreed that reverse mentoring will form part of the Trust's Leadership Development programme. It is anticpated this will encourage more BAME staff to develop their careers across the Trust and support the Trust's talent management programme.

- Logistical support provided by the Trust has enabled the Carer Liaison worker to concentrate on carers' issues and referrals. This has included the introduction of carers "drop in" surgeries within the Bristol Haematology and Oncology Centre along with a referral pathway for carers who require additional support and advice. The Carer Liaison role has extended across Divisions with referrals being made directly from the carer.

- A 'Respecting Everyone' month was held in November 2014 and was designed to highlight Harassment and Bullying. The Trust provided additional sources of support and all managers were invited to make pledges to tackle the issue. The Trust's confidential Harassment and Bullying team were presnted with an award for their hard work and support for staff.

- The Trust has worked closely with families of children who have had cardiac surgery to understand their experience of the care they received and how improvements can be made to the information they receive and the consent process.

Further details are provided in sections 6 and 8 of this report.

Priorities for 2015/16:

There are a number of key priorities which the Trust will focus on during 2015/16. These include extending the coverage of the Equality Delivery System resulting in the continuous improvement of services; focusing on the outcomes from the Trust's Workforce Race Equality Standard and developing training and support for staff and managers.

These priorities form the basis of the Action Plan agreed by the Senior Leadership Team contained in Appendix B. The Equality and Divesity Sub-Group will develop further objectives which support these key priorities and maintain the momentum and focus on this important agenda.

University Hospitals Bristol NHS
NHS Foundation Trust

DRAFT Equality and Diversity Annual Report

2014 - 2015

1. Introduction

1.1 University Hospitals Bristol NHS Foundation Trust (hereafter referred to as 'the Trust' or UH Bristol) is committed to eliminating discrimination, promoting equality of opportunity and providing an environment which is inclusive for patients, carers, visitors and staff. We aim to provide equality of access to services and to deliver healthcare, teaching and research which are sensitive to the needs of individuals and communities. We are committed to providing equal access to employment opportunities and an excellent employment experience for all.

1.2 As part of our commitment to providing responsive, high quality care and an excellent employment experience, this Annual Report demonstrates the Trust's undertakings relating to equality and diversity including compliance with the Equality Act 2010 and the following general public sector duties prescribed by that Act:

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

1.3 The Trust published its Equality Objectives for 2012 - 2014. This report sets out progress and activity in relation to these objectives, highlighting areas for improvement as well as noting areas of good practice.

1.4 The Trust has a set of equality objectives (further details can be found in sections five and six of this paper). A further set of detailed objectives for 2015 – 2018 is being developed by the Trust's Equality & Diversity Sub-Group based on key priority areas such as the Equality Delivery System (EDS2), staff experience including the 2014 Staff Survey results, staff training and the outcomes of the Workforce Race Equality Standard (full results available after 1st July 2015).

2. Context

2.1 Population of Bristol – by Ethnic group [1]

Bristol serves a socially and ethnically diverse population and this is broadly reflected in the profile of the Trust's workforce.

The Black, Asian and Minority Ethnic (BAME) population of Bristol (all groups with the exception of all the White groups) make up 16% of the total population in Bristol. This is an increase from 8.2% of the total population in 2001.

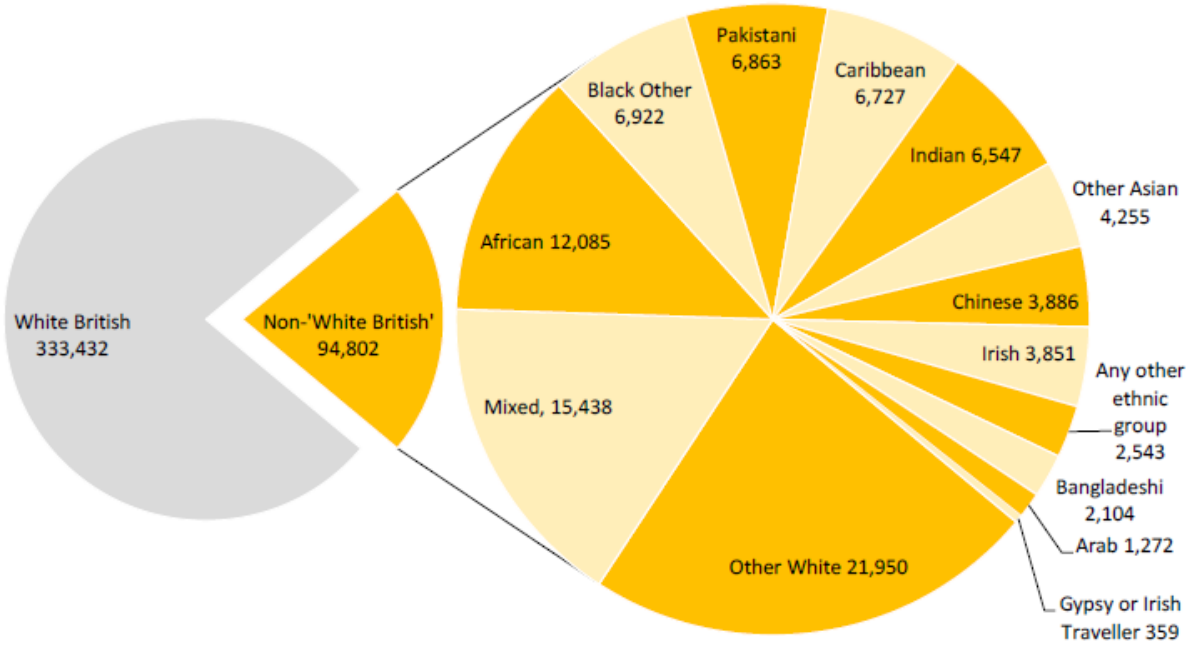
[1] *From The Population of Bristol September 2014, Bristol City Council.*

An alternative definition of the BAME population that can be used is the non-'White British' population (all groups with the exception of White British) which includes the Eastern European population. The non-'White British' population make up 22% of the total population in Bristol - this is an increase from 12% of all people in 2001.

14.7% of staff at UH Bristol describe themselves as coming from a BAME background, whilst the proportion of non-White British staff is 22.7%.

Figure 15. Population by ethnic group

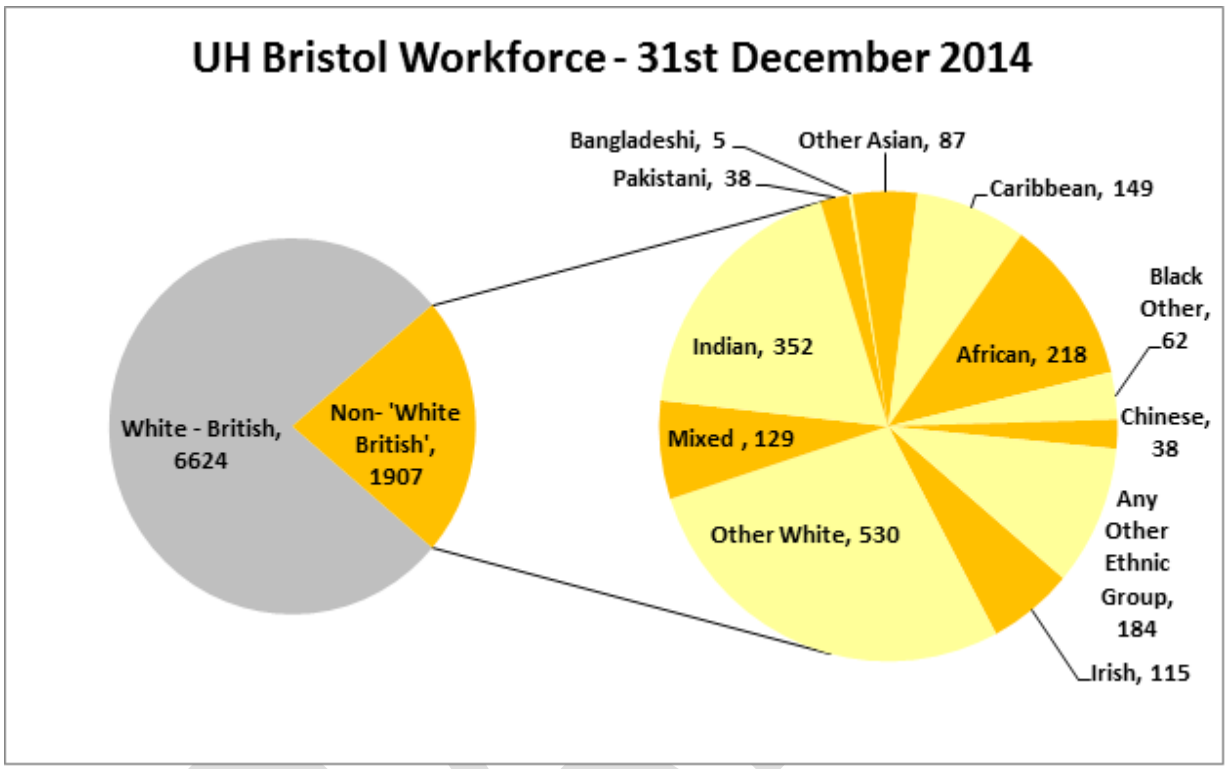
Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]



2.2. Workforce Profile of UH Bristol

A detailed profile of the Trust's workforce is provided in Appendices A1 and A2, including a breakdown of the workforce by staff group and a workforce profile comparison with NHS England[2]. Some high level workforce profile points to note are as follows:

[2] NHS England – comprises of all NHS organisations in England including all community services



Staff Group
As at 31st December 2014, the Trust employed a total of 8,569 staff. Nursing and Midwifery staff is the biggest staff group across the Trust's workforce, representing 38% of the total workforce, followed by Administrative and Clerical staff/Senior Managers with 20% of the workforce.

Sex
78% of staff are female which is comparable with the sex split of staff in NHS England.

Age
By comparison with staff in NHS England, the age profile of staff in the Trust is younger. 36% of the Trust's staff are 45 or over years old compared to 47% of NHS England staff, whilst 10% of Trust staff are 25 or under, compared with 6% of NHS England staff.

Race/ethnicity
Just under 85% of UH Bristol staff have declared that they are White, by comparison with 79% of staff across the NHS in England.

Disability
3% of UHBristol staff declared having a disability, which is directly comparable to the percentage of staff with declared disabilities across the NHS in England.

Religion/Belief
39% of UHBristol staff chose not to declare any religious belief, but 41% of staff are recorded as Christian compared to 39% of NHS England staff, 11% of UH Bristol staff declared that they were Atheists compared to 7% of NHS England staff.

Sexual Orientation
Approximately 1.4% of staff at UH Bristol identified as being either gay, lesbian or bisexual, which reflects the declared sexual orientation percentage of staff across for NHS England.

2.3 Patient Attendances and Admissions Profile

The points below highlight patient attendances and admissions information by protected characteristics where the breakdown is available. Further details are provided at Appendix A3.

- In 2014, the Trust undertook a total of 789,551 inpatient admissions and outpatient attendances.
- Of these attendances, 16.2% were by patients under 16 years old and 33% by patients over 65 years.
- 8.5% of these attendances were by patients from a BAME background and 83.5% by patients from a White background; 8% of episodes were recorded for patients where ethnic background was not stated or unknown.
- The gender split between male and female patients by episode was 46% and 54% respectively.
- 52.1% of attendances/admissions were by patients who declared their religious belief as Christianity and 2.7% by patients who declared their religious belief as Islam. 20.6% of attending patients stated that they had no religious belief and 22.7% of attendances/admissions were by patients where religious belief was not stated or unknown.

3. The National Workforce Race Equality Standard

The NHS Equality and Diversity Council announced in July 31st 2014 that it had agreed action to ensure employees from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This commitment followed reports highlighting disparities in the number of BAME people in senior leadership positions across the NHS, as well as lower levels of well-being amongst the BAME population.

The Council pledged its commitment to implement two measures to improve equality across the NHS, commencing in April 2015.

The first is a Workforce Race Equality Standard (WRES) that, for the first time, requires NHS organisations' to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the levels of BAME Board representation. The second is the Equality Delivery System (EDS2) - a toolkit, which aims to help organisations improve the services they provide for their local communities and provide

better working environments for all groups. The Trust is developing EDS2 at the present time (See Section 9 below).

The WRES Standard and the EDS2 will for the first time be included in the 2015/16 Standard NHS Contract. The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.

The WRES standard goes live from 1st April 2015, and the Trust is required to implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the Standard by July 1st 2015. The Trust's results will be published in July 2015 and will be discussed in detail as part of the 2015/16 Annual Equality and Diversity report.

4. The National Staff Survey 2014 – Key Equality and Diversity findings and planned outcomes

The National Staff Survey for 2014 was carried out in the Trust between September and December 2014.

For the first time the survey questionnaires were sent on a census basis to all substantively employed staff across University Hospitals Bristol NHS Foundation Trust. 3,641 staff chose to take part in the 2014 survey, compared to last year when the Trust used a random sample of 821 staff (10% of staff) resulting in 455 responses.

There were a number of key findings where there were clear discrepancies between members of Trust staff. In some cases the discrepancy was between BAME and White staff, in others it was between members of staff of different declared sexual orientation or disability/illness/health status.

4.1 The key areas of concern and the actions we are taking to address include:

4.2 The percentage of respondents stating that they had received equality and diversity training in the past 12 months was 47%. Although Equality and Diversity training forms part of the Trust's induction training further e-learning is currently being developed. It is anticipated that the flexibility electronic learning allows will more staff to access this training opportunity. This approach is already being taken with junior doctor's induction which, as from July 2015, contains a specific equality and diversity section.

4.3 BAME staff were more likely to say that they did not agree that the Trust acted fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age and that they had personally experienced discrimination in the past 12 months. The Trust has commissioned Audit South West to undertake an audit of recruitment practices and processes to identify any unconscious bias or barriers to employment or promotion within the Trust.

4.4 6% of respondents (217 people) stated that they had personally experienced discrimination in the past 12 months from *patients, service users, relatives or other members of the public.* Staff from BAME backgrounds reported significantly higher rates of physical violence, harassment, bullying and abuse than their White

colleagues. A further review of the Harassment and Bullying policy is currently underway. Some Divisions have already identified harassment and bullying hotspots and are addressing this using additional supportive training for staff such as 'Beat the Bully' training and communication and engagement training.

4.5 Experience of discrimination from patients or the public was most commonly reported by Gay Men and Bi-Sexual respondents by comparison with all respondents of other sexual orientations. Gay Men were most likely to report having experienced physical violence, harasment, bullying and abuse in the past 12 months, by comparison with respondents of other sexual orientations. The Trust has revised the Management of Unacceptable Behaviour from Patients Policy, which will be widely communicated to support staff. The Trust has also re-launched its Staff Lesbian, Gay, Bi-Sexual and Transgender Group to seek ideas, solutions and engagement with this staff group.

4.6 81% of staff from BAME groups stated that they had received an appraisal/development review in the last 12 months, by comparison with 83% of white staff. However, satisfaction with the quality/outcomes of appraisal was higher among respondents from BAME groups. 75% of staff from BAME groups (by comparison with 48% of white staff) stated that their appraisal had helped to improve how they did their jobs. 46% of staff from BAME backgrounds, by comparison with 38% of staff from white backgrounds, stated that they were satisfied with the extent to which the organisation valued their work.

4.6.1 Another Reverse Mentoring cohort for BAME staff and senior managers is planned for the Autumn 2015 and is designed to support and promote career advancement and talent management for BAME staff (see section 6.2). The Trust has also obtained funding from Above and Beyond to provide six education bursaries to support additional training to aid career development for BAME staff. The application process is currently being devised and its success will be reported in the 2015/2016 Annual Equality and Diversity Report

4.7 Gay Women reported considerably lower provision in some areas of training, and substantially (73%) the lowest rate of appraisal in the past 12 months as well as evidence of poorer quality and outcome of appraisal by comparison with all respondents of other sexual orientations. Respondents who identified as bi-sexual or preferred not to state their sexual orientation were the most likely to state that the orgnisation did not act fairly in respect of career progression by comparison with respondents of other sexual orientations.

4.7.1 Performance management and appraisals are key components of the Trust's Workforce and OD strategy. The Trust will be reporting on a revised approach to all staff appraisal in terms of objective setting, quality and expected organisational and personal outcomes in the Autumn.

4.8 The experience of the 657 staff that identified as having long standing illness, health problems or disabilities, as reflected in the Staff Survey was more negative than those of colleagues with no stated disabilities in almost every area of questioning. As a result, the Trust will work with the Living and Working Disabilities, Illness and Injuries Group to identify impactful ways of improving the employment experience of these staff.

These initial steps outlined above start to address some of the findings relating to the protected characteristics from the staff survey. It is recognised that some of these actions support other Workforce and Organisational Development work programmes, such as Staff Engagement and Health and Well-Being.

5. The Trust's Strategic Equality and Diversity Objectives

5.1 The Trust's strategic Equality objectives were developed following engagement events in South Gloucestershire and Bristol with patients, carers and local interest groups.

5.2 The Trust's strategic objectives 2012 – 14 are:

- We become an acknowledged regional leader in equality and diversity outcomes both for our patients and staff. (This includes specific commitments to staff training, to patient satisfaction levels and to mitigating differential experiences reported in healthcare);

- We become a national exemplar for the NHS Equality Delivery System. (This is a commitment to make the Scheme work for the benefit of all the Trust's patients and staff).

5.3 In order to meet these two strategic objectives, the Trust agreed the progress would be monitored against:

- the number of Trust staff undertaking basic Equality and Diversity training dealing with communication and behaviours; and selected staff undertaking specialist training;
- patient and staff satisfaction levels broadly similar for all protected characteristics and patient complaints relating to Equality and Diversity issues minimised.

5.4 A further set of objectives for 2015 – 2018 will be developed by the Trust's Equality & Diversity Group using evidence and key priorities from a range of sources including the Workforce Race Equality Standard, the 2014 Staff Survey results and the EDS2 self-assessment.

6. Progress during 2014/15 against the Trust's Equality Objectives

This section illustrates the Trust's progress in relation to meeting its Equality and Diversity objectives and highlights further work areas for development.

Actions relating to areas for development are listed in greater detail in the Trust's Equality and Diversity Action plan at Appendix B.

6.1 Staff Training

6.1.1 All new Trust staff receive basic Equality and Diversity awareness training as an integral part of the Trust's induction programme. Communication and behaviours are specifically covered as part of the Trust's 'Living the Values' sessions and within our leadership and management development courses. The *Living the Values* sessions

describe the Trust's culture and values and also outlines the expected behaviours staff should embrace and witness during their employment. The importance and linkages of these behaviours on patient care is also examined and reviewed. To date over 5,000 staff at UH Bristol have attended *Living the Values* training.

Feedback from these sessions, detailed below, demonstrates that staff appreciate the opportunity for reflection and discussion about this subject:

- *'Patients have put their trust in me. I will remember to do the best I possibly can for our patients, regardless of pressures'*
- *'Appreciate there are always other things going on in other people's lives. We need to be more patient and value a person's individual differences'.*

6.1.2 Examples of clinical training specifically relating to patients with learning disabilities and/or dementia and/or autism spectrum conditions

The Trust continues to build on existing clinical training methods which target staff teams across the Trust. Clinical training covers a range of issues which relate to evidence based practice, relevant publications and reports and relates directly and indirectly to equality and diversity issues and the protected characteristics.

Examples of clinical training include learning disabilities and/or dementia and/or autism spectrum conditions. The learning disabilities team provides training for Trust teams and has maintained training levels throughout the Trust with the main focus placed on clinical ward teams and medical and dental teams, as well as training external community partners.

Awareness training of conditions such as dementia and learning disabilities, as well as the Mental Health Capacity Act (2005), is also provided at Trust induction, allowing all new staff to receive an appropriate level of awareness and training. A specific training programme has been designed for doctors/dentists and volunteer services as well. The Trust is currently reviewing the e-learning programme to ensure that the levels of training are available and easily accessible.

The Learning Disabilities team also maintains information and clinical updates on the Trust's Connect (Trust Intranet) on how to meet the needs of people with learning disabilities and/or dementia and/or autism spectrum conditions. This enables staff to access up to date relevant information at any time as well as seeking support from the team when an admission or outpatient activity occurs.

On the Trust's Internet pages, patients, carers and stakeholders can access a range of `Easy Read' leaflets and a hospital passport can be used to outline an individual's health needs prior to admission.

The Trust's patient administration system uses an electronic flag system called `a clinical alert' allowing additional reporting and further opportunities to highlight the needs of patients with learning disabilities or/and dementia or/and autism within the Trust. This system flags inpatients and outpatients with particular needs and disabilities to specific clinical teams, providing them with advanced notice of patient's potential visits, admission and movements to and within the Trust.

The Trust's Learning Disabilities team also works with people with learning disabilities and autism who may also have dementia. The Learning Disabilities team works in line with the recommendations set out by the Dementia team within the Trust, in order to maintain and build upon current national standards of good practice.

6.2 Reverse Mentoring

The Trust is working with the Staff Black, Asian and Minority Ethnic Workers Forum to improve the overall employment experience for BAME staff. The Forum has led a Reverse Mentoring pilot. Reverse Mentoring provides BAME staff with the opportunity to talk directly, openly and honestly with an individual senior member of staff, about some of the organisational issues and barriers to progression in the Trust. Conversely, senior staff gain a new perspective on the complex diversity issues in the Trust and improve their understanding and knowledge on equality issues. Senior staff involved in the pilot included the Chief Operating Officer, the Deputy Chief Nurse and a Divisional and Deputy Divisional Director.

A review of the Reverse Mentoring pilot has been completed and a paper recommending the continuation of the scheme was presented to the Teaching and Learning Steering Group. The Steering Group supported the paper in principle and agreed that Reverse Mentoring will form part of the Trust Leadership programme in 2015/16.

6.3 Tackling Harassment and Bullying

The Trust has taken action to address harassment and bullying – including:

- The Trust has raised overall awareness of reporting processes and continues to promote a culture of no tolerance of harassment, bullying and discrimination.
- The Trust's Harassment and Bullying Policy includes a diagnostic toolkit to address concerns in areas where bullying/ harassment/ inappropriate behaviour is known/strongly suspected but no formal complaint has been made. The policy also identifies sources of support both for people who believe that they have been bullied and for those accused of bullying.
- The Trust has specifically targeted information for Junior Doctors re: how to raise concerns and sources of support available.
- November 2014 was designated "Respecting Everyone" month at UH Bristol. During this month, the work of the Confidential Harassment and Bullying advisory service, as well as other sources of support, were widely publicised. All managers were invited to make pledges, stating their commitment to tackling harassment and bullying in their own areas – all pledges made were publicised via Connect and HR Web. All staff were invited to nominate anti-bullying champions and an award was made in February 2015 which was awarded to the Trust's confidential Harassment and Bullying Advisors team.
- The Trust has also distributed Tackling Harassment and Bullying cards which provide clear definitions of harassment and bullying and detail sources of support.
- The Trust continues to provide a confidential Harassment and Bullying Advisory Service – a team of volunteers who provide confidential support and advice to people experiencing bullying or harassment in the workplace.

6.4 Employee Relations Cases/Actions in 2014

Reporting on certain formal employee relations cases is a requirement of the Public Sector Equality Duty and supports both the Workforce Race Equality Standard as well as the Equality Delivery System. Analysis of the data also supports the outcomes from the Staff

Survey and by triangulating such data and information, allows the Trust to drill down on certain issues and develop plans to address gaps or undesirable patterns.

It should be noted that in terms of employment relations cases, the Trust is only able to report on six out of the nine characteristics. It is not able to report on maternity/pregnancy and marital status/civil partnership due to the limited capacity of the internal reporting systems. Recording of gender re-assignment is also not possible due to limitations with the NHS Electronic Staff Record system.

Reporting and monitoring the outcomes of formal disciplinary, grievance and harassment and bullying cases by Employee Services, is a key a priority in order to understand the context and reasons for cases reaching formal stages. As will be seen in Appendix B, the Equality and Diversity action plan prioritises benchmarking against other Trusts - learning from, and sharing, best practice where disciplinary rates are similar and where apparently disproportionate disciplinary action by ethnicity or other protected characteristics is being tackled.

Analysis of the Trust's workforce data demonstrates that during 2014 there were:

- 179 formal disciplinary cases
- 24 formal grievance cases
- 26 formal harassment and bullying cases.

Analysis of these cases showed that:

- Men made up 22% of UH Bristol's workforce but were the subjects of 42% of disciplinary cases and 37% of grievance cases.
- 3% of the workforce declared that they had a disability, but 6% of disciplinaries, 16% of grievances and 15% of Harassment and Bullying cases were brought against/brought by people with declared disabilities.
- BAME staff made up just under 15% of the workforce, but were the subjects of 40% of all disciplinary cases and raised 21% of all grievances and 27% of all harassment and bullying cases.
- The highest number of disciplinary cases (16%), were made against people in the 40-45 years age group who made up 12% of the workforce. People in the 45-50 and 51-55 years age groups which each made up 12% of the workforce raised the highest numbers of grievances (21% of all cases each). The highest number of harassment and bullying cases (23%) were raised by people in 56-60 years age group – which made up 8% of the workforce.

Further details are available at Appendix C.

6.5 Other actions taken by the Trust to support staff with protected characteristics

The Trust continues to support staff with protected characteristics in a variety of ways as described below:

6.5.1 The Trust understands its obligations to ensure that people with disabilities are given equal opportunity to enter into employment and progress wherever possible.

6.5.2 The Trust was successful in maintaining the standards of the "Positive about Disabled People" scheme. This scheme commits the Trust to interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their skills, experience and knowledge.

6.5.4 The Trust takes steps through its Redeployment Policy to enable employees to remain in employment wherever possible. This includes working closely with the Occupational Health Department, Employee Services and external agencies such as Access to Work to ensure reasonable adjustments are made. During 2014, 41 staff used the Redeployment Register. 17 staff were successfully redeployed, of which 6 had a disability.

6.5.5 A Living and Working with Disability, Illness or Injuries forum (LAWDII) has been established and is being led by the Lead Royal College of Nursing RCN staff representative. The Group is currently focusing on staff with dyslexia and associated conditions and has been able to support both staff and managers with effective but simple solutions such as using coloured paper and coloured slide rules.

6.6.6 The Trust completes Personal Emergency Evacuation Plans (PEEP) for staff, where a disability/impairment may impede safe evacuation. 10 staff have completed evacuation plans which include being taken through the procedure to ensure familiarisation with the evacuation procedures.

6.6.7 The Trust has a well-established and active BAME Staff forum that was pivotal in developing the Reverse Mentoring Scheme in 2014/15.

6.6.8 The staff equalities group for Lesbian, Gay, Bi-Sexual and Transgender staff has been refreshed and reintroduced.

6.8.9 A wide range of E-learning training packages in Equality and Diversity have been reviewed for suitability. It has been concluded that an in-house e-learning package best suits the Trust's needs and development of this is in the action plan.

6.8.10 The Equality and Diversity Lead has attended all Divisional Boards to present an overview of the EDS framework and to highlight next steps to be taken - including the key action of identifying a Divisional Equality Lead and mapping Divisional services in preparation for EDS2 assessment.

7.8 **Patient Experience – supporting information and examples of good practice**

The Trust has undertaken a wide variety of stakeholder engagement and involvement events designed to improve the overall patient experience, examples of which are detailed below. The Trust has made progress in data collection, feedback received from patient surveys and learning from formal and informal complaints. Areas requiring improvement include increasing the levels of overall patient monitoring information and extending the equality monitoring to enable the effective objective setting.

Further details of patient experience data are detailed below:

7.8.1 **Patient Experience Surveys**

UH Bristol's monthly survey of discharged inpatients is the Trust's key patient-reported experience measurement tool[3]. It is used extensively for quality assurance and service

[3] Please note that no corporate outpatient survey was conducted in 2014/15.

improvement purposes. It is sent by post to a random sample of around 1,100 patients per month, with a usual response rate of around 46%[4].

The survey data collected includes age, sex and ethnicity variables, which are attributed via an anonymised link between survey responses and the Trust's patient administration system (Medway). From May 2014 the questionnaire itself was amended to capture additional demographic information: disability, religion, and sexuality.

7.8.2 Some of the trends from the Trust's survey data broadly follow those seen at a national level:

- Women give slightly lower care ratings than men (54% and 62% respectively giving an 'excellent' rating for inpatient care)
- Asian and mixed ethnic groups tend to give slightly lower care ratings compared to Black and White ethnic groups, though these differences are not statistically significant in UH Bristol's surveys
- Overall care ratings tend to be lower in younger age groups (17-26) and the very oldest patients
- Disabled patients are less likely to rate their care as "excellent", although instances of poor ratings are still very rare
- We could not discern a statistically significant variation in ratings of UH Bristol's care by sexuality or religion

7.8.3 The survey cannot identify the underlying reasons for the trends seen, but they are likely to reflect a complex mixture of demographic, health, cultural and equalities factors. For example, women typically give slightly lower patient satisfaction ratings than men. However, women can have an experience of healthcare that men don't access as patients (e.g. maternity, gynaecology), and because women also tend to live longer, they are more likely to be asked to rate experiences of a "care of the elderly" ward (an area of care typically associated with lower ratings). Therefore, at face value this "sex difference" could be interpreted as an equalities issue, but in reality we do not know if the difference is a result of the services women are experiencing, their age, their sex, a combination of these things. Similar difficulties exist when looking at ethnicity, age and disability data.

We do know that postal surveys typically do not tend to engage minority groups. A face-to-face / qualitative approach is preferable in this context, and so the Trust's Patient Experience Lead (involvement and engagement) has strong links with local community groups for these purposes.

7.8.4 The Trust will continue direct engagement and involvement events with services users and the local community which forms a significant part of the Trust's Patient Experience and Involvement Action Plan.

7.9 **Patient Complaints**

7.9.1 In 2014/15 the Trust's target was that the volume of complaints received should not exceed 0.21% of patient activity – in other words, that no more than approximately 1 in 500 patients complaining about our service. We achieved 0.26%, compared to 0.21% in 2013/14.

[4] The exact rate varies depending on time of year / patient group.

7.9.2 The total number of complaints received during the year was 1,883, an increase of 30% on the previous year. Compared with 2013/14, there was an increase of 11% in the number of complaints managed through the formal investigation process and a 53% decrease in the number of complaints managed through the informal investigation process.

7.9.3 Patients' ethnicity, age and gender are recorded on the Trust's patient administration system, Medway. Where available, the data covers patients' age, gender and ethnic group. Information about the age, gender and ethnicity of patients who made a complaint in 2014/15 (or on behalf of whom a complaint was made) can be found at Appendix E. This data shows that:

- Just over half the complainants were women (57%)
- 35% of patients were aged 65 years or above[5]
- The overwhelming majority of people who complained, and whose ethnicity is recorded, were White British.

7.9.4 In 2014/15, there were 722 patients whose ethnicity was unknown. This total was made up of people who preferred not to or declined to give this information. If that group of patients bore the same characteristics as the group whose ethnicity is known, it would be reasonable to conclude that the ethnic origin of people who complain about the Trust's services does not mirror the ethnicity of the population the Trust serves. This may be for cultural reasons, and partly it may reflect UH Bristol's role as a tertiary care centre (i.e. the population of the wider region is less diverse than in Bristol). However it may also raise questions about accessibility.

7.9.5 The Patient Support & Complaints Team routinely asks for the patient's ethnic group, age and gender if this data has not been pre-populated on the patient administration system. The Trust's '*How can we help?'* leaflet is available in several of the ethnic languages most commonly spoken by residents of Bristol.

8. Patient Experience – improvements made in the last twelve months

The following examples are steps undertaken by the Trust, designed to improve the experience and quality of care received by patients who share a specific protected characteristics:

- *STITCH - Services and Trusts Integrated to Transform Care in Self-Harm*. This is a user led experience based co-design project working with patients who self-harm harm presenting in the BRI Emergency Department. There are quarterly steering group meetings: the service users/patients are delivering teaching to Emergency Department staff on self- harm. In addition, a new patient leaflet and personal support plans have been introduced.

- *SMART Recovery Group* - The SMART Recovery group meets weekly and is a mutual aid group for people who have problems with addictive behaviours such as drugs, alcohol, gambling etc. and promotes abstinence from these types of behaviours. The group is open to in-patients, out-patients, ex-patients and other members of the public. One of the facilitators is a service user.

[5] This includes all inpatient and outpatient complaints. However, as a point of reference, 29.4% of inpatients seen by the Trust in 2013/14 were aged 65 or above, i.e. the pattern of complaints is broadly similar.

- *End of Life care pathway* - As part of a service development initiative two focus groups were held to enable family members and friends to reflect on the end of life care their loved ones received with us.

- *Carer Liaison* - The logistical support provided by the Trust has enabled the Carer Liaison worker to concentrate on carer's issues and referrals over the past twelve months. This has included the introduction of carers "drop in" surgeries within the Bristol Haematology and Oncology Centre along with a referral pathway for carers who require additional support and advice. The Carer Liaison role has extended across Divisions with referrals being made directly from the carer, the ward staff, department staff, and attending ward board rounds. To raise wider awareness, carer information displays have been available in the Trust including opportunities for the Liaison worker to speak to carers, staff and members of the public about carer's rights and issues and the support available to them within the Trust. This includes promotion of the Trust's Carer Information Scheme which promotes early identification and clear communication with carers, and details on access to discounted parking and extended visiting. In addition, carer awareness training and information to staff on a 1-1 or group basis is provided. This work has contributed to an increase in referrals, with 85 new referrals being received between January and March 2015, a 57% increase on the previous quarter and a total of 258 referrals for the twelve month period.

- *Learning Disability* - All Inpatients with a learning disability are risk assessed with 48 hours following admission and reasonable adjustments are identified and made.

- Congenital Heart Patients. As part of a service improvement plan young adults with a diagnosis of congenital heart disease and who have learning disabilities were invited to share their feedback about the services they receive at the Bristol Heart Institute.

- *Patients with Dementia* - For patients with Dementia, the Trust is striving to make our environments as Dementia friendly as possible, with their needs being considered for each project. The refurbishment projects involving the older people's wards will be incorporating patient sitting areas and activities for patients to engage in during their day. The volunteer scheme continues across the in-patient areas, supporting patients with meal times and befriending. New documentation has been introduced which incorporates more person centred information including carer details and the role they have with that patient as carer engagement remains a priority for the Trust.

- *Rheumatology Services* – patient and staff are involved in the plans to re-locate the new Rheumatology department and Sleep Unit.

- *Cancer Services* – We have worked with the Patients Association to understand the experience of people using the cancer services at our hospitals and to use this information to identify what we can do better. Work undertaken by Healthwatch to engage with and capture the feedback of the community has informed this work.

- *Paediatric cardiac surgery* - We have worked with families of children who have had cardiac surgery to understand their experience of the care they received and how improvements can be made to the information they receive and the consent process.

9. Assessment against the Equality Delivery System (EDS)

9.1 Following the introduction of the EDS2, UHBristol has been working in partnership with the other members of the Diamond Cluster[6] on its implementation of EDS2. The Diamond Cluster has concentrated on recruiting and training an Equality Expert Group consisting of members of the public who may represent the protected characteristics and who have an interest in equalities issues. This expert group will act as a resource for the local NHS organisations to draw upon to assess the goals and outcomes required as part of the EDS2 assessment and is co-ordinated by Bristol Health Watch. The Trust plans to use this expert group as well as other stakeholders to assess services in line with the EDS2.

9.2 The Trust is using the EDS2 framework to improve service provision for all users and staff. The Trust is reviewing its approach to EDS2, recognising that it is much better to manage a comprehensive implementation programme over three to five years. This includes an implementation plan which will involve a further self-assessment to support the Expert Group. In 2015, the Trust will be focusing on the particular EDS2 goal of 'A representative and supported workforce' and the clinical areas of Haematology and Maternity Services.

9.3 The Equality and Diversity Lead has attended all Divisional Boards to present an overview of the EDS framework. Services will be required to present evidence of how they meet the needs of all service users, with particular focus on the protected characteristics. This information will be used to develop a comprehensive set of objectives and actions for monitoring.

10.0 Action Plan Priorities and Outcomes for 2015/16

10.1 The Trust's Senior Leadership Team has agreed an action plan for 2015/16 which supports major national and local equality and diversity needs such as the Equality Delivery System and the future Workforce Race Equality Standard (WRES) as well as the Trust Staff Engagement agenda. The full Action plan is provided at Appendix B of this paper.

The action plan will be monitored in line with the Trust governance processes for Equality and Diversity as outlined in Section 11 below.

11. Governance

11.1 This Equality and Diversity Annual Report demonstrates commitment to compliance with the Equality Act 2010 and provides assurance to the Board that the Trust is fulfilling its equality duties. The report includes coverage of both workforce and patient services

11.2 The Senior Leadership Team is responsible for ensuring the Trust's commitment to Equality and Diversity is implemented at all levels of the organisation and that all business is carried out in accordance with the values of the organisation.

[6] The Diamond Cluster is a local cluster of NHS organisations – University Hospitals Bristol NHS Foundation Trust, North Bristol Trust (acute Trusts); Avon and Wiltshire Partnership (Mental Health Trust) and NHS Bristol and NHS South Gloucestershire, two of the local Clinical Commissioning Groups. The Group is led by the Commissioning Support Unit.

11.3 The Director of Workforce and Organisational Development is the nominated lead Director for Equality and Diversity. There is a dedicated Trust Equality and Diversity Sub Group which reports into the Workforce and OD Group.

11.4 The Equality and Diversity Sub Group leads on the actions contained in the Action Plan (Appendix B).

11.5 Progress on the action plan is reported, via the Equality and Diversity Sub-Group to the Workforce and OD Group and the Senior Leadership Team. A summary will also be included in the quarterly workforce report to the Trust's Quality Outcomes Committee (QOC).

11.6 The Trust works in partnership with its Staff Side representatives. Staff side members actively participate in the Equality and Diversity Sub-Group and the Workforce and OD Group. Equality and Diversity issues can be raised at any point but notably the Industrial Relations Group regularly reviews equality data and all Trust employment policies are agreed in partnership and are equality impact-assessed.

12. Conclusion

12.1 The Trust has made progress on key objectives and has undertaken a wide range of Equality and Diversity activities during the year. However there is considerable work still required as demonstrated for example, by the findings of the WRES and the National staff Survey 2014.

12.2 The action plan at Appendix B will form the basis of work programmes for the financial year 2015/16. The EDS2 self-assessment and stakeholder assessment of Trust services will support the review of the Trust's objectives, and identify gaps in service provision as well as employment experience. These will be addressed to ensure we continuously improve patient care and service provision, evidenced by patient and service user feedback including compliments and complaints.

12.3 The experience of staff across the protected characteristics will be examined by triangulating various data and information sets such as the staff survey, staff turnover, employee relations cases and recruitment. Combined with the information from the Workforce Race Equality Scheme the Trust will continue to work towards having a representative workforce across all staff groups and bands.

Appendices

Appendix A1 UH Bristol workforce profile – by Staff Group

Appendix A2 UH Bristol/NHS in England workforce profile comparison by protected characteristic

Appendix A3 UH Bristol Outpatient attendances/inpatient admissions by protected characteristic

Appendix B UH Bristol Equality and Diversity Action Plan 2015/16

Appendix C UH Bristol Disciplinary, Grievance and Harassment & Bullying Cases 2014

Appendix D UH Bristol Inpatient Experience Survey Data

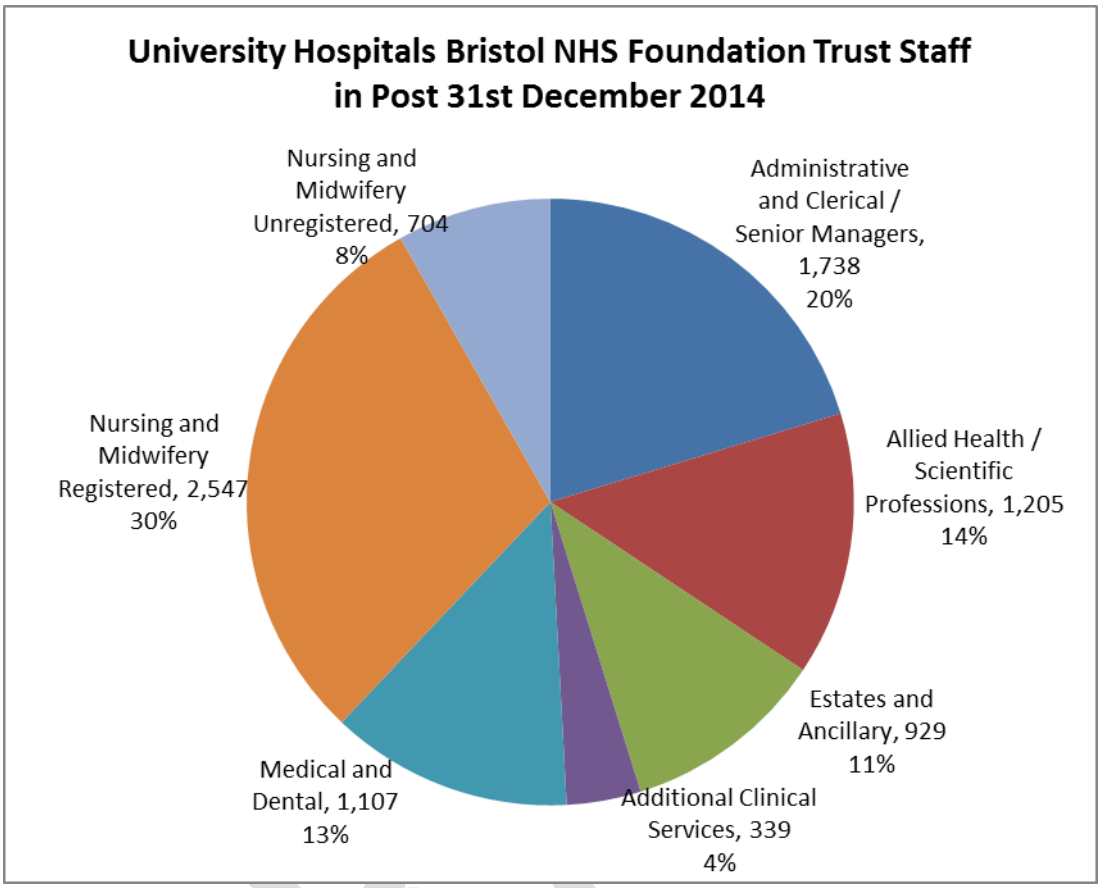
Appendix E Patient Complaints at UH Bristol in 2014/15 by protected characteristic

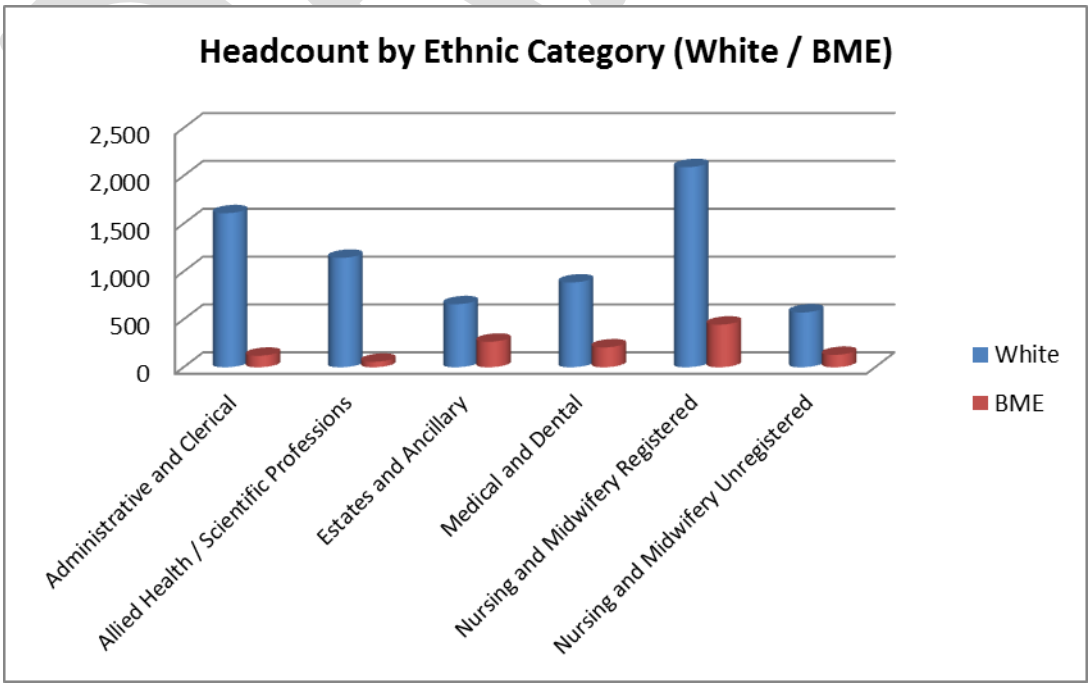
Appendix F EDS Outcomes Summary

Appendix A1

UHBristol Workforce Profile

1. Workforce Staff Group Profile





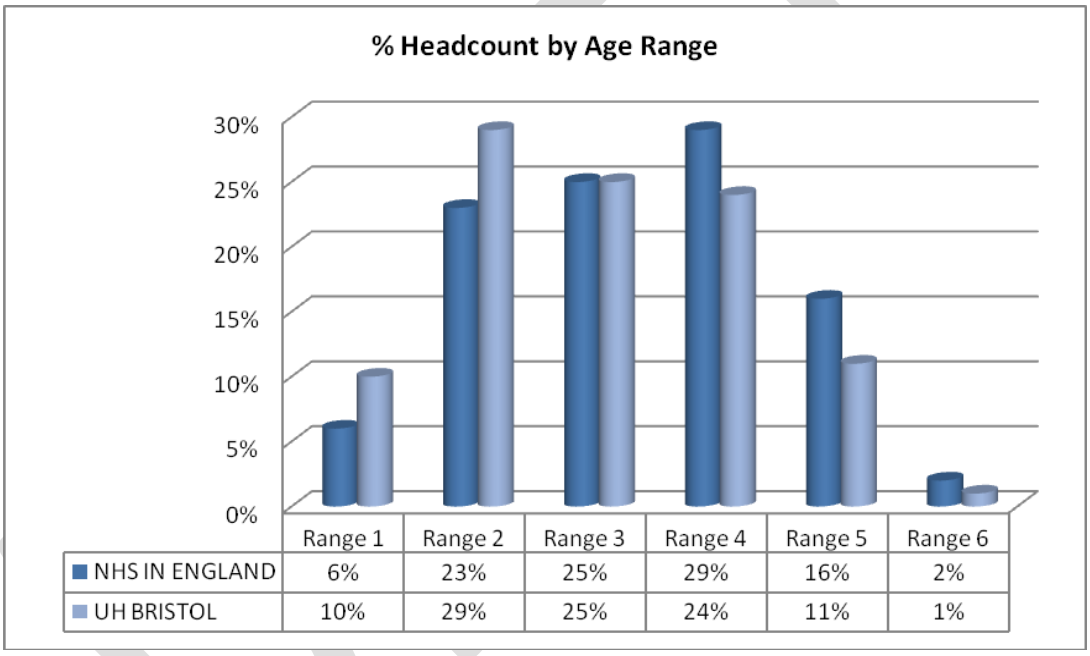
Appendix A2

Workforce Profile – by protected characteristics UH Bristol and NHS in England

Data sets for NHS England as at October 2014
Data sets for UH Bristol as at December 2014

1. % Headcount by Age Range

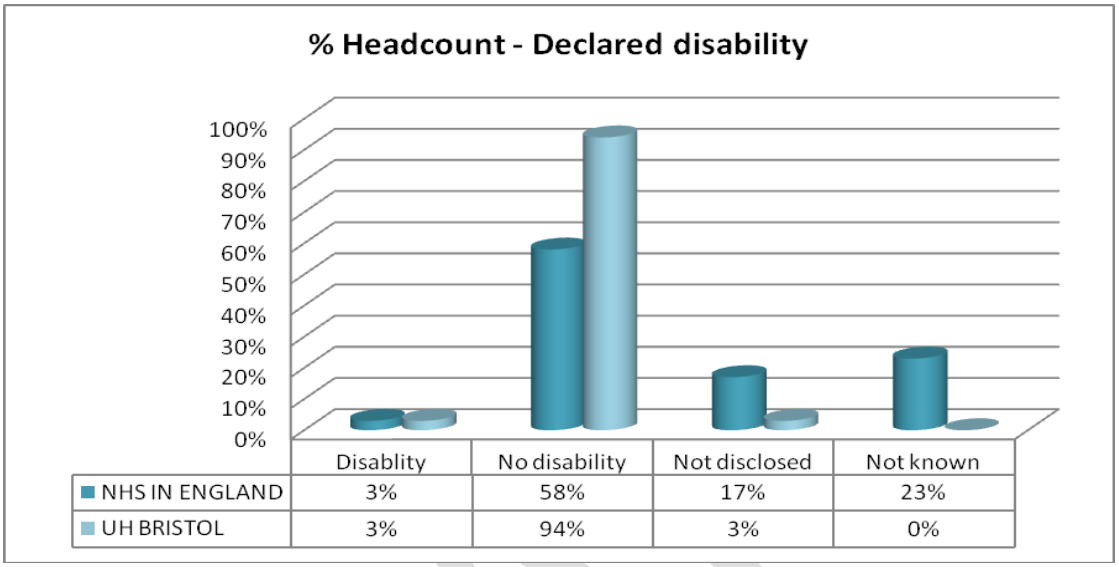
	Under 25	25 to 34	35 to 44	45 to 54	55 to 64	65 +
NHS IN ENGLAND	6%	23%	25%	29%	16%	2%
	25 and under	26 - 35	36 - 45	46 - 55	56 – 65	Over 65
UH BRISTOL	10%	29%	25%	24%	11%	1%



Age Range 1 –NHS in England Under 25 and UH Bristol 25 and under
Age Range 2 - NHS in England 25-34 and UH Bristol 26-35
Age Range 3 - NHS in England 35-44 and UH Bristol 36-45
Age Range 4 - NHS in England 45 – 54 and UH Bristol 46-55
Age Range 5 - NHS in England 55 – 64 and UH Bristol 56-65
Age Range 6 - NHS in England 65+ and UH Bristol over 65

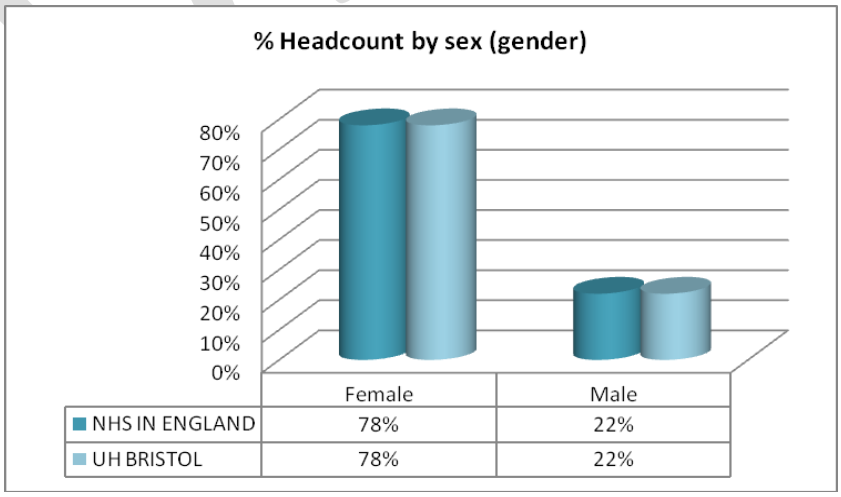
2. % Headcount by declared Disability status

	Disability	No disability	Not disclosed	Not known
NHS IN ENGLAND	3%	58%	17%	23%
UH BRISTOL	3%	94%	3%	0%



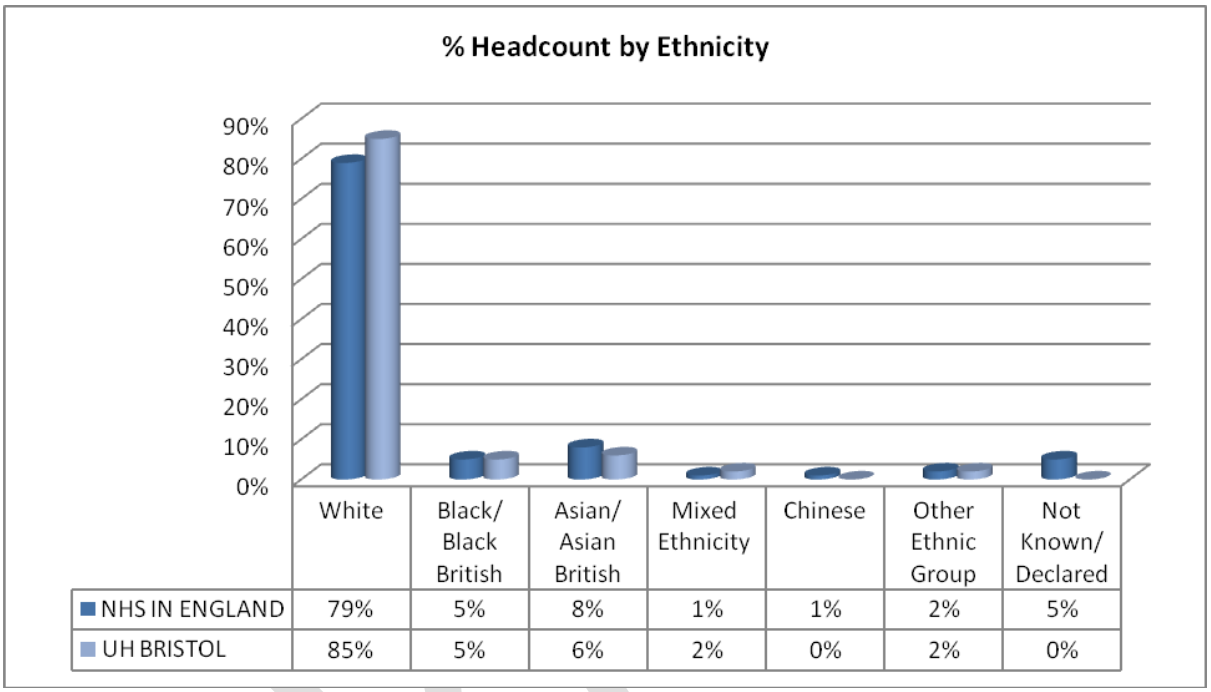
3. % Headcount by identified sex (gender)

	Female	Male
NHS IN ENGLAND	78%	22%
UH BRISTOL	78%	22%



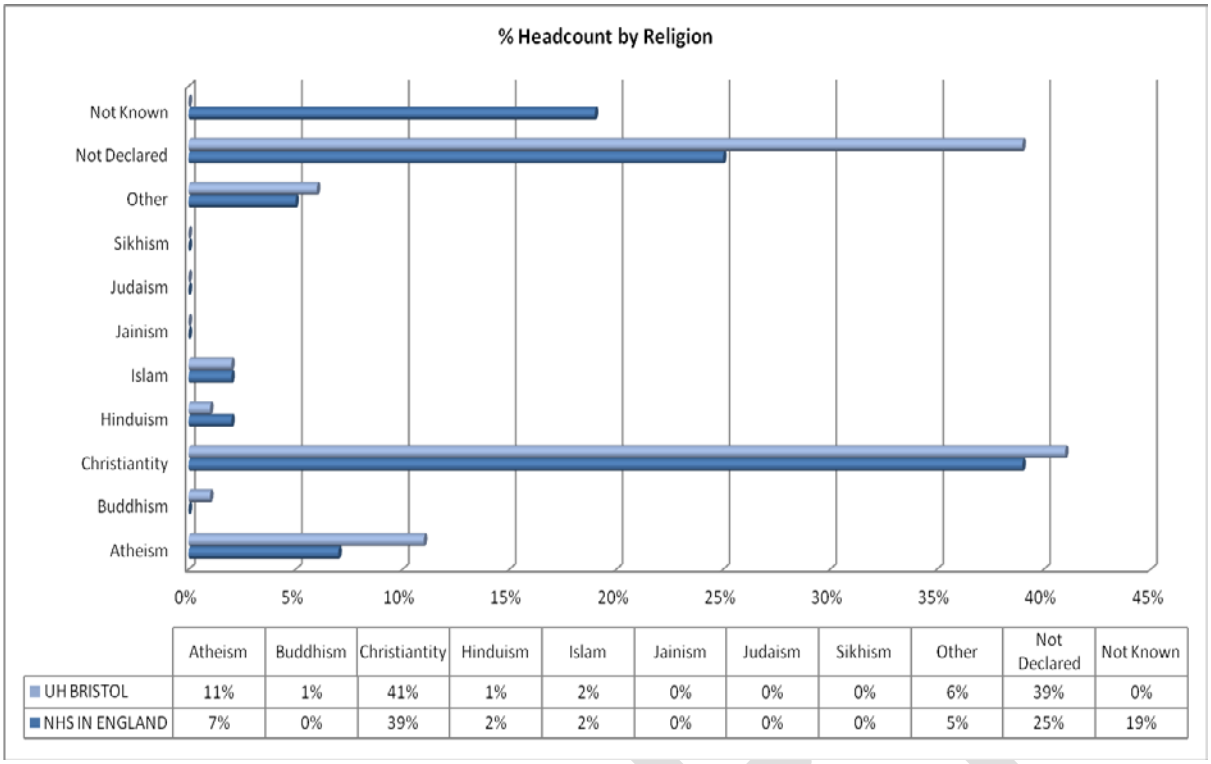
4. % Headcount by declared Ethnicity

	White	Black/ Black British	Asian/ Asian British	Mixed Ethnicity	Chinese	Any Other Ethnic Group	Unknown/ Not Declared
NHS IN ENGLAND	79%	5%	8%	1%	1%	2%	5%
UH BRISTOL	85%	5%	6%	2%	0%	2%	0%



5. % Headcount by stated Religion

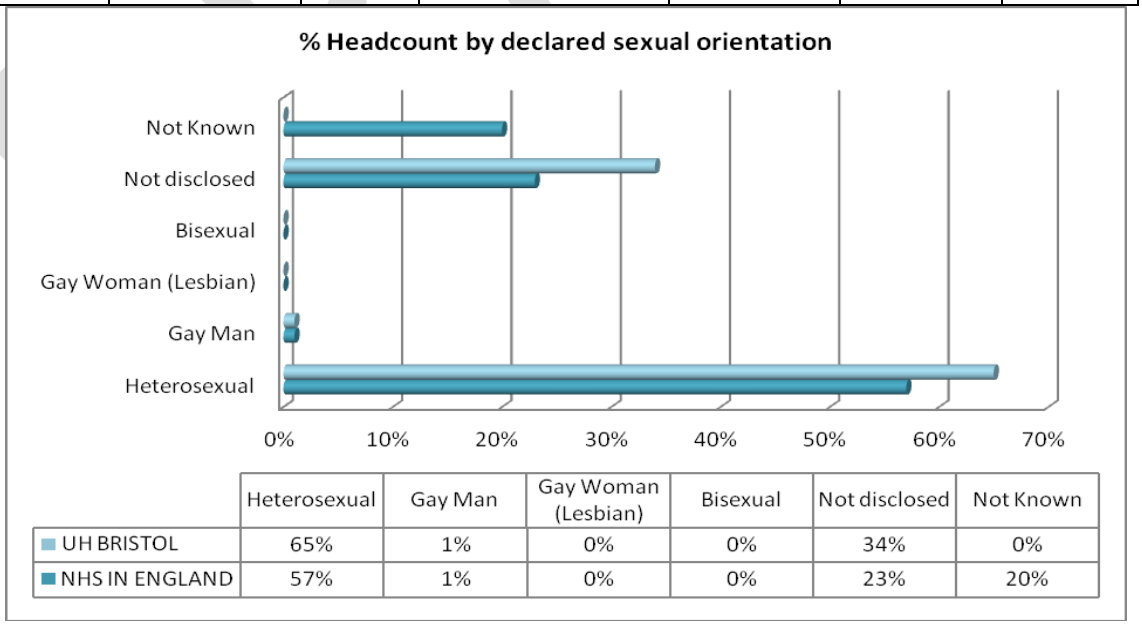
	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism
NHS IN ENGLAND	7%	0%	39%	2%	2%	0%
UH BRISTOL	11%	1%	41%	1%	2%	0%
	Judaism	Sikhism	Other	Not Declared	Not Known	
NHS IN ENGLAND	0%	0%	5%	25%	19%	
UH BRISTOL	0%	0%	6%	39%	0%	



	Atheism	Buddhism	Christiantity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Not Declared	Not Known
UH BRISTOL	11%	1%	41%	1%	2%	0%	0%	0%	6%	39%	0%
NHS IN ENGLAND	7%	0%	39%	2%	2%	0%	0%	0%	5%	25%	19%

6. % Headcount by declared Sexual Orientation

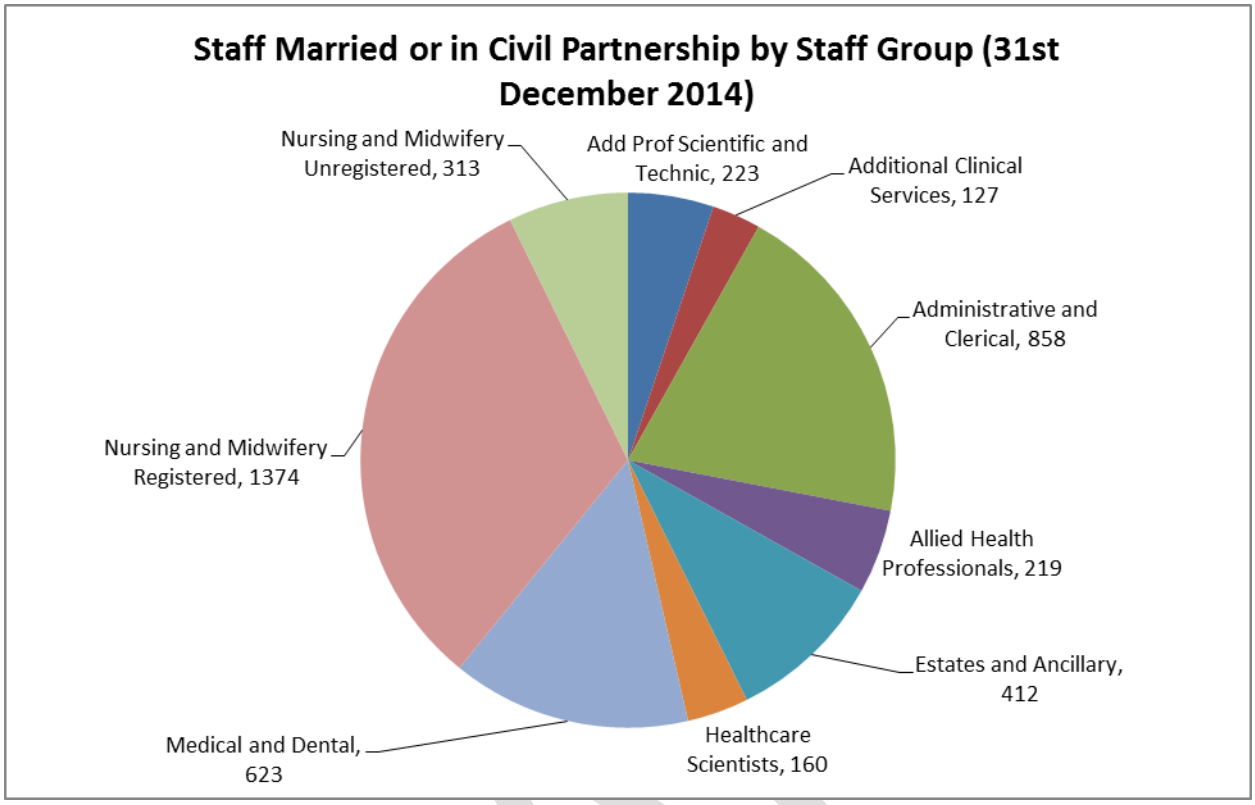
	Heterosexual	Gay Man	Gay Woman (Lesbian)	Bisexual	Not disclosed	Not Known
NHS IN ENGLAND	57%	1%	0%	0%	23%	20%
UH BRISTOL	65%	1%	0%	0%	34%	0%



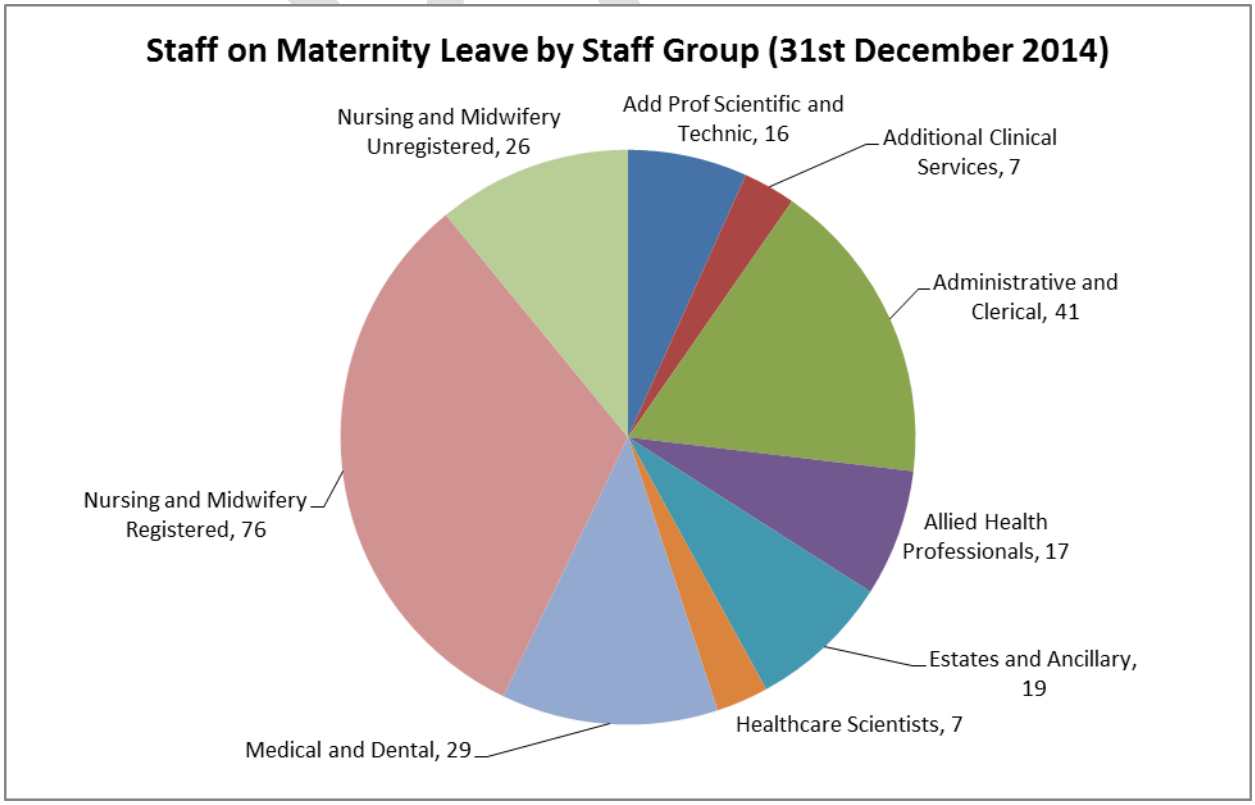
	Heterosexual	Gay Man	Gay Woman (Lesbian)	Bisexual	Not disclosed	Not Known
UH BRISTOL	65%	1%	0%	0%	34%	0%
NHS IN ENGLAND	57%	1%	0%	0%	23%	20%

Please note gender re-assignment is not recorded due to limitation with the national Electronic Staff Record.

7. Headcount of Staff Married or a in Civil Partnership as at 31st December 2014



8. Headcount of Staff on Maternity Leave as at 31st December 2014



Appendix A3

January – December 2014

University Hospitals Bristol NHS
NHS Foundation Trust

Outpatient Attendances and Inpatient Admissions

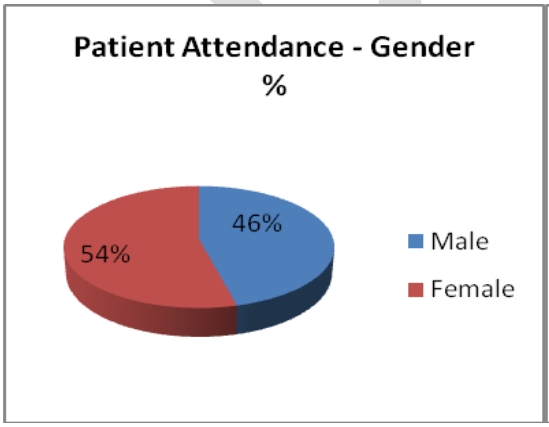
Grand total 789,551

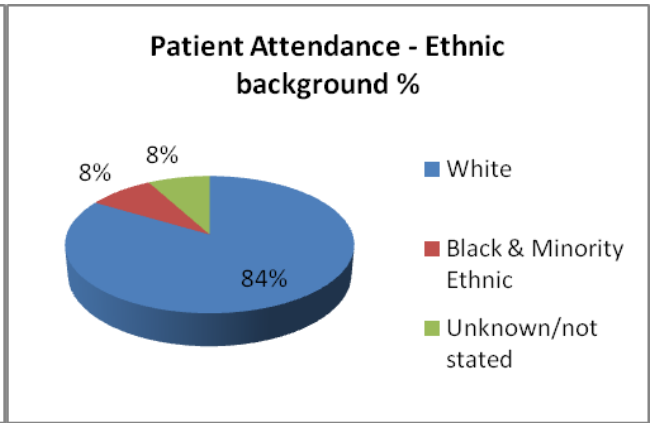
Gender	Total	%
Male	363,423	46%
Female	426,123	54%

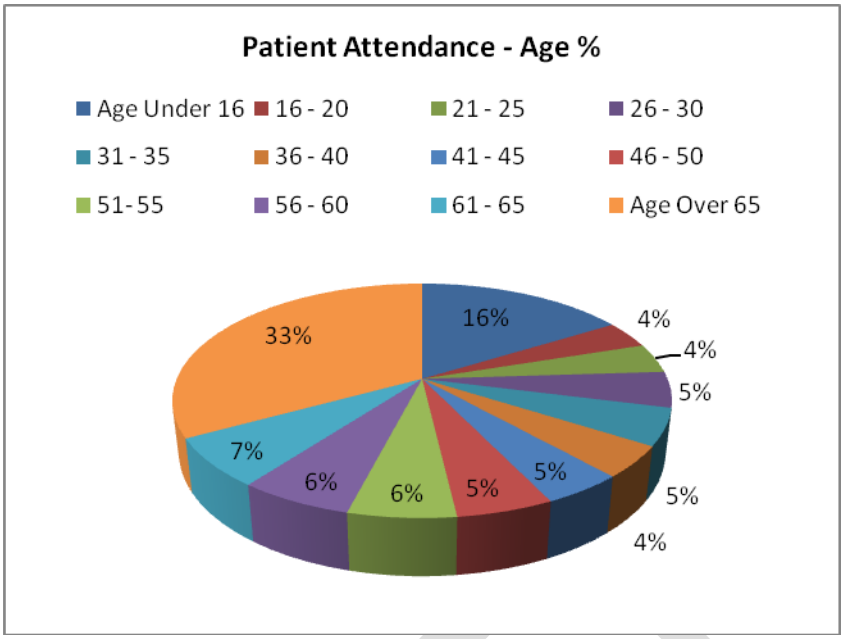
Ethnicity	Total	%
White	659,300	83.5%
Black & Minority Ethnic Background	67,064	8.5%
Not stated / unknown	63,187	8.0%

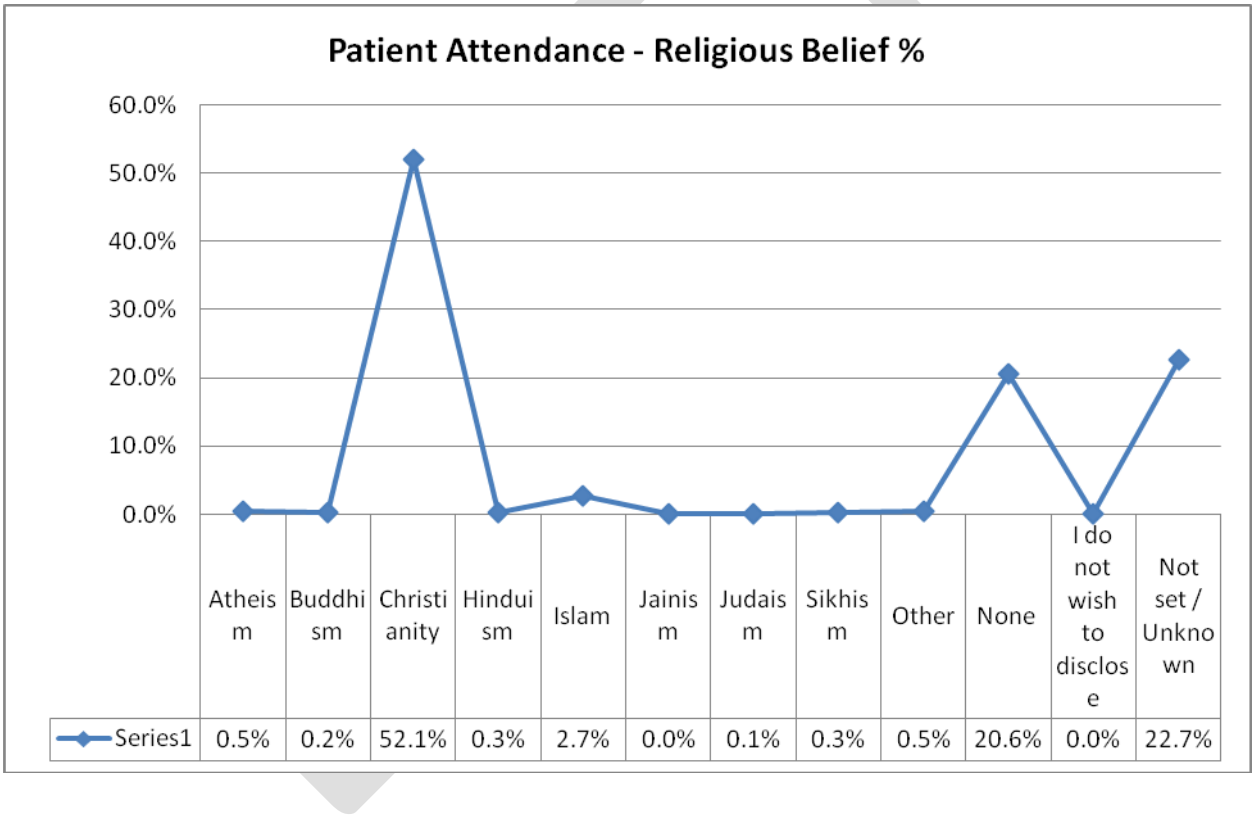
Religious Belief	Total	%
Atheism	3,957	0.5%
Buddhism	1,545	0.2%
Christianity	411,129	52.1%
Hinduism	2,560	0.3%
Islam	21,064	2.7%
Jain	12	0.0%
Judaism	790	0.1%
Sikhism	2,211	0.3%
Other	3,928	0.5%
None - Not Religious	162,836	20.6%
I do not wish to disclose	49	0.0%
Not set / Unknown	179,470	22.7%

Age Group	Total	%
Age Under 16	127,975	16.2%
16 - 20	29,499	3.7%
21 - 25	32,010	4.1%
26 - 30	39,009	4.9%
31 - 35	40,112	5.1%
36 - 40	34,188	4.3%
41 - 45	35,335	4.5%
46 - 50	41,976	5.3%
51- 55	46,489	5.9%
56 - 60	49,479	6.3%
61 - 65	53,107	6.7%
Age Over 65	260,372	33.0%






Patient Attendance - Age %
Age Under 16
16 - 20
21 - 25
26 - 30
31 - 35
36 - 40
41 - 45
46 - 50
51 - 55
56 - 60
61 - 65
Age Over 65
16%
4%
4%
5%
5%
5%
4%
33%
7%
6%
6%
5%


Patient Attendance - Religious Belief %
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Atheism
Buddhism
Christianity
Hinduism
Islam
Jainism
Judaism
Sikhism
Other
None
I do not wish to disclose
Not set / Unknown
Series1
0.5%
0.2%
52.1%
0.3%
2.7%
0.0%
0.1%
0.3%
0.5%
20.6%
0.0%
22.7%

Appendix B

UH Bristol Equality and Diversity Action Plan

May 2015

Planned Actions	Proposed Timescale	Expected Outcomes	Facilitator	Comments
TRAINING				
Development of an online Equality and Diversity Training Programme Programme written and benchmarked against best practice Programme uploaded and tested with user groups Programme rolled out	October 2015 November 2015 December 2015	• Increased staff awareness and responsiveness to needs of individual patients and staff • Increased patient satisfaction evidenced by Friends and Family Test (FTT) complaints and compliments	Head of Reward/Assistant Director of Teaching and Learning	E-learning packages have been reviewed for suitability and contracting arrangements. It is concluded that it will be preferable to develop an e-learning package in-house
Develop resource pack on Equality and Diversity for managers and leaders to access via HR Web	December 2015	• Increased staff awareness resulting in better patient care.	Head of Reward/Assistant Director of Teaching and Learning	To be carried out as part of the development and benchmarking of training in E&D
Devise and run training and briefings/seminars for the Senior Leadership Team and Trust Board on 'Unconscious Bias' in recruitment (both internal and external)	January 2016	• Assurance of understanding of the issues from senior leaders. Senior leadership commitment to promote and cascade best	External Consultant/Director of Workforce and OD/Head of Service Centre	Networks contacted for suitable facilitator

		practice across the Trust.		
Development of a robust Trust wide system for collecting and analysing essential and non mandatory training data	March 2016	• The Trust will be able analyse training opportunities by protected characteristics to check and assure equity of access. • Meet the requirements of the Workforce Race Equality Standard	Assistant Director of Teaching and Learning/Head of Reward	
STAFF EXPERIENCE				
Review the Trust's recruitment processes for potential unconscious bias	October 2015	• Ensure recruiting managers are recruiting fairly and equitably	Head of Service Centre	Review of WRES and Staff Survey data to inform this work.
Review criteria for appointments including ensuring executive search agencies are committed to diversity in their processes	October 2015	• Assurance that criterion are fair and equitable and external agencies have the same standards and values as the Trust	Head of Service Centre	Review of WRES and Staff Survey data to inform this work.
Benchmarking against other Trusts - learning from, and sharing, best practice where : (i) disciplinary rates are similar and where apparently disproportionate disciplinary action by ethnicity or other protected characteristics is being tackled (ii) succession planning and development programmes are in place to support an equal playing field for potential future applicants for Senior Manager and Board positions from diverse	November 2015	• Assurance that the Trust's processes are fair and equitable and to change policy if appropriate. • Enable more staff from a range of diverse backgrounds to	Head of Service Centre/Head of Reward /Assistant Director of Teaching and Learning	To be undertaken in partnership with staff side and E&D Sub Group membership. Discussion underway. Data being gathered.

backgrounds.		apply for more senior posts in the Trust.		
PATIENT EXPERIENCE				
Review processes for patient monitoring data seeking to reduce numbers of 'not declared/no known and increase information collected for all protected characteristics	July 2015	• To have increased and diverse data set to enable detailed analysis and further understanding of patient services and needs	Director of IM&T/Deputy Chief Nurse/Head of Reward	E&D lead co-ordinating Diamond cluster approach on monitoring information
EQUALITY DELIVERY SYSTEM (EDS2)				
Completion of the EDS2 self-assessment and action plan	June 2015	• Organisational EDS map of planned assessment	Head of Reward	Self assessment underway during May 2015 – by key stakeholders identified through the E&D Sub-Group.
Implementation of the EDS2 action plan	October 2015	• Meet the requirements of the WRES and support the Public Sector Equality Duty	Deputy Director of Workforce and OD/Head of Reward	E&D lead has briefed Divisional Boards. Plan in place to pilot in one clinical and one non-clinical area.
Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities.	July 2015	• Leading to improvements in patient care and the employment experience	Head of Reward	To follow once self assessment carried out by key stakeholders.
Devise a comprehensive Communications plan for the remainder of the financial year for both internal and external communications	December 2015	• Increased awareness of issues regarding equality and diversity and the protected characteristics	Head of Communications/Head of Reward	To follow EDS2 pilot
Develop training and additional support for managers on EDS2	December 2015 – January 2016	• Raise awareness of EDS2 and the	Head of Reward	To follow EDS2 pilot

		additional opportunities to improve patient care and employment experiences. Encourage shared ownership of the equality agenda		
Review the Trust's processes for undertaking and completing equality analysis.	August 2015	• To develop mechanisms to ensure equality analysis is carried out for service changes.	Head of Reward /Trust Board Secretary	Report currently being prepared
GOVERNANCE				
Develop and implement an integrated Equality and Diversity Framework for service users and the Trust workforce.	June 2015	• A Trust document which sets out the direction of travel for the Trust's overall equality and diversity aims	Head of Reward	Work commenced
MONITORING				
Design of, and agreement for, an Equal Pay Audit to be implemented across all staff groups	March 2016	• Ensure the Trust system of payments is fair and equitable	Head of Reward /Assistant Director of Finance (Payroll Services)	Equal pay audit researched – plans in development to carry out an audit.

Appendix C

Disciplinary Cases (reported formally under the Trust policy) January – December 2014

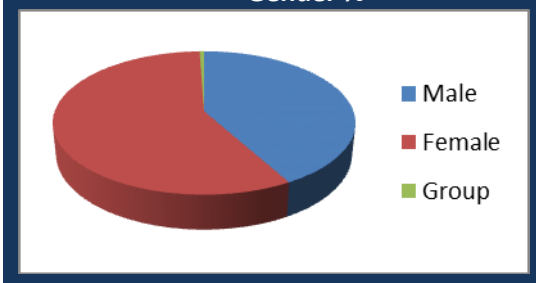
Cases Reported	179

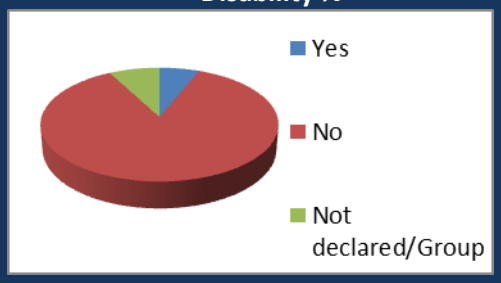
Gender	Total	%
Male	75	42%
Female	103	58%
Group	1	0%

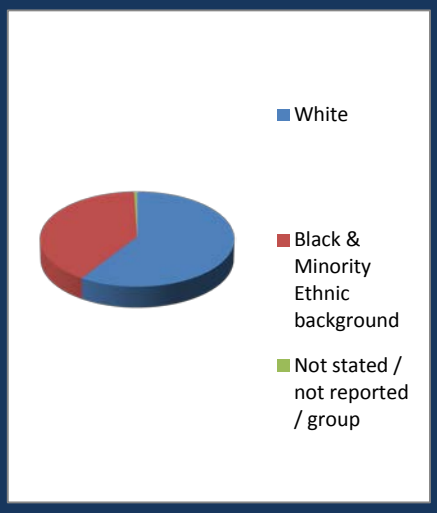
Disability	Total	%
Yes	11	6%
No	154	86%
Not stated / not reported / Group	14	8%

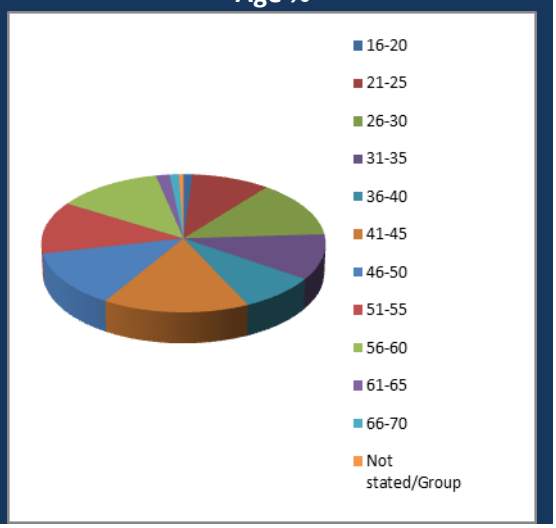
Ethnicity	Total	%
White	106	59%
Black & Minority Ethnic Background	72	40%
Not stated / not reported / Group	1	1%

Age Group	Total	%
16 - 20	2	1%
21 - 25	17	9%
26 - 30	24	13%
31 - 35	19	11%
36 - 40	15	8%
41 - 45	28	16%
46 - 50	23	13%
51 - 55	22	12%
56 - 60	23	13%
61 - 65	3	2%
66 - 70	2	1%
Not stated / not reported / Group	1	1%









Grievance Cases (reported formally under the Trust policy)
January to December 2014

Cases Reported	24

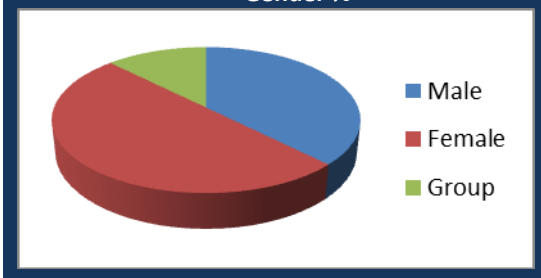
Gender	Total	%
Male	9	37%
Female	12	50%
Group	3	13%

Disability	Total	%
Yes	4	16%
No	17	71%
Not stated / not reported / Group	3	12%

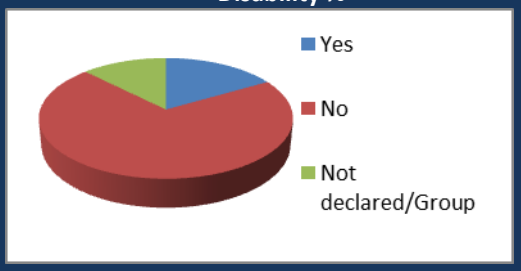
Ethnicity	Total	%
White	16	67%
Black & Minority Ethnic Background	5	21%
Not stated / not reported / Group	3	12%

Age Group	Total	%
16 - 20	0	0%
21 - 25	4	17%
26 - 30	1	4%
31 - 35	1	4%
36 - 40	0	0%
41 - 45	4	17%
46 - 50	5	21%
51 - 55	5	21%
56 - 60	0	0%
61 - 65	1	4%
66 - 70	0	0%
Not stated / not reported / Group	3	12%

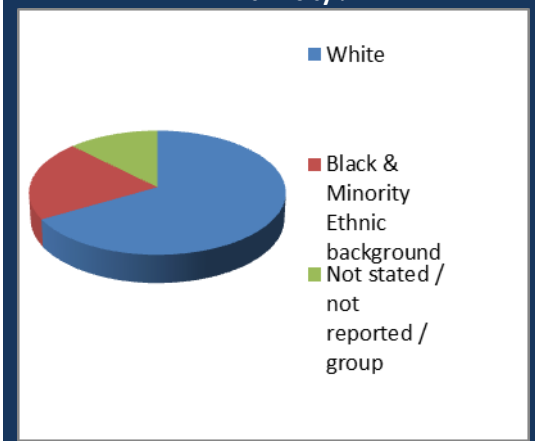
Gender %



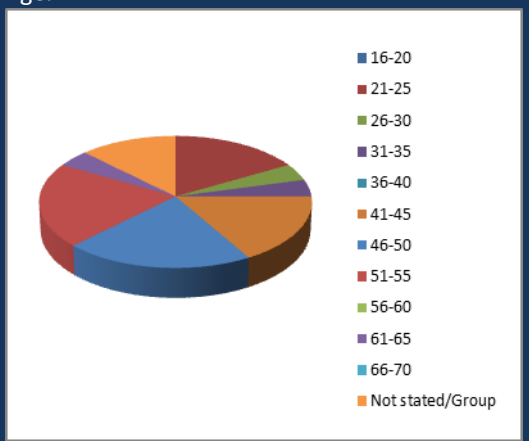
Disability %



Ethnicity %



Age%



Harassment & Bullying Cases (reported formally under the Trust policy)
January to December 2014

Cases Reported	26

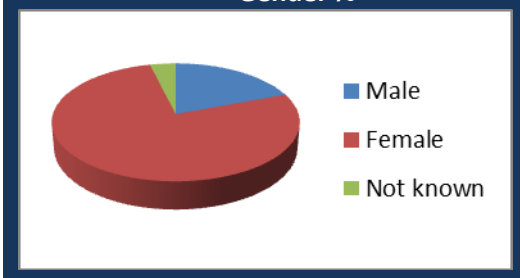
Gender	Total	%
Male	5	19%
Female	20	77%
Not reported	1	4%

Disability	Total	%
Yes	4	15%
No	19	73%
Not reported	3	12%

Ethnicity	Total	%
White	17	65%
Black & Minority Ethnic Background	7	27%
Not stated / not reported	2	8%

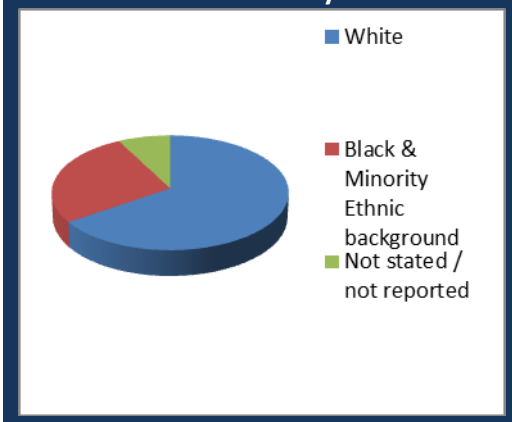
Age Group	Total	%
16 - 20	0	0%
21 - 25	1	4%
26 - 30	4	15%
31 - 35	1	4%
36 - 40	0	0%
41 - 45	6	23%
46 - 50	3	11%
51 - 55	2	8%
56 - 60	6	23%
61 - 65	0	0%
66 - 70	1	4%
Not reported	2	8%

Gender %

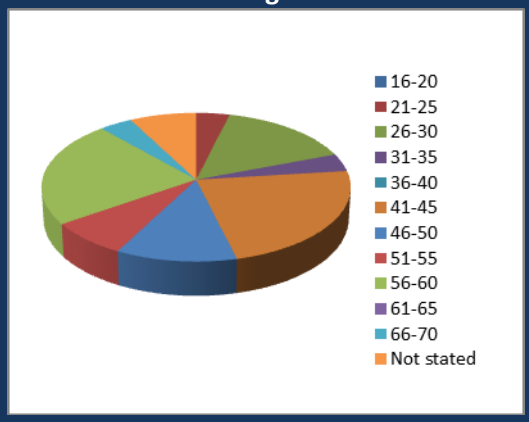


Disability %

Ethnicity %



Age %

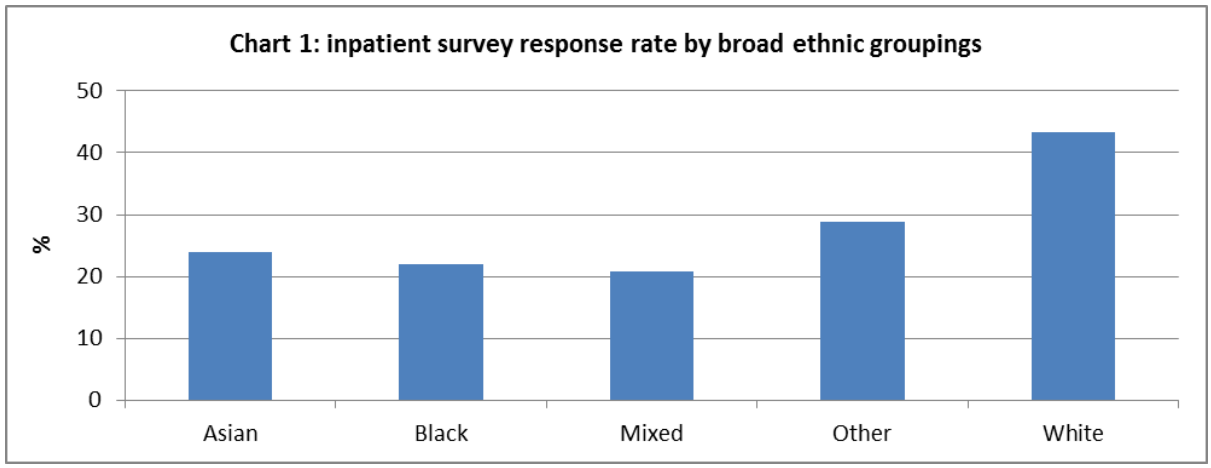


Appendix D

Patient Experience Survey Information

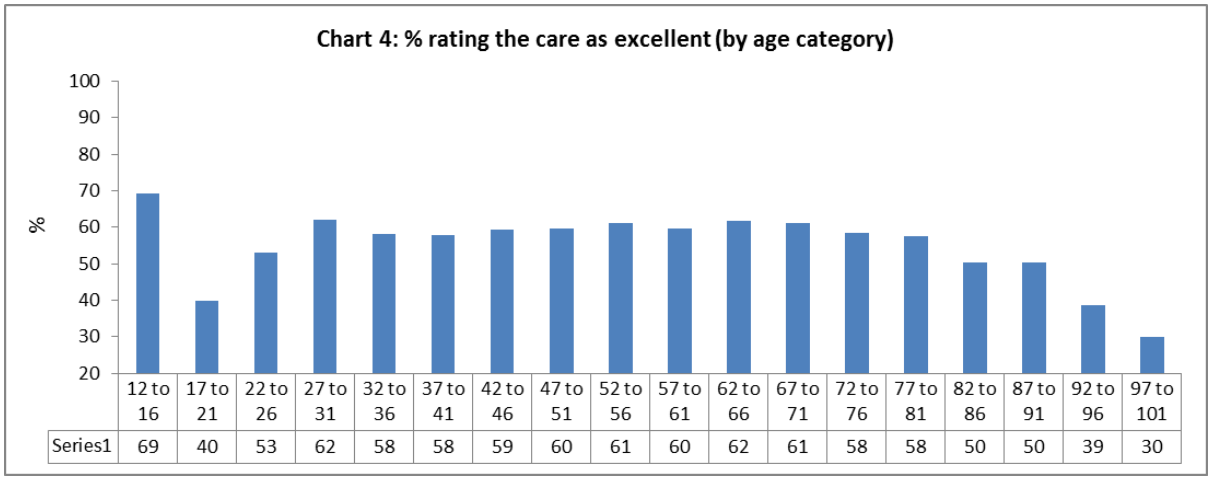
(Based on attendances between April 2014 and February 2015[7])

Inpatient Survey Response Rate by Broad Ethnic Groupings



Overall care ratings by demographic group

1. In-patient ratings in relation to age

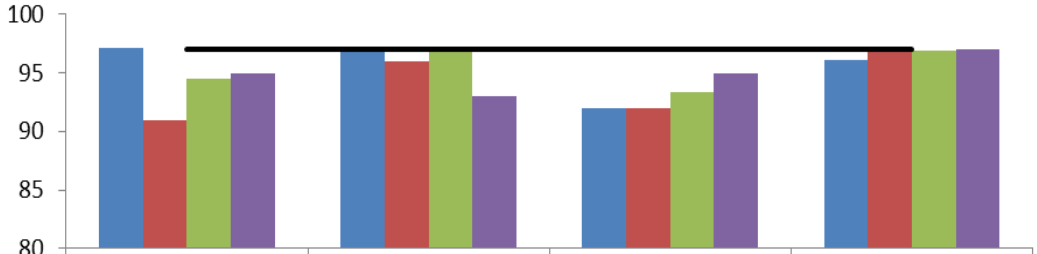


	12 to 16	17 to 21	22 to 26	27 to 31	32 to 36	37 to 41	42 to 46	47 to 51	52 to 56	57 to 61	62 to 66	67 to 71	72 to 76	77 to 81	82 to 86	87 to 91	92 to 96	97 to 101
Series1	69	40	53	62	58	58	59	60	61	60	62	61	58	58	50	50	39	30

[7] At the time of writing, March 2015 data had not been received.

2. In-patient ratings in relation to ethnic group

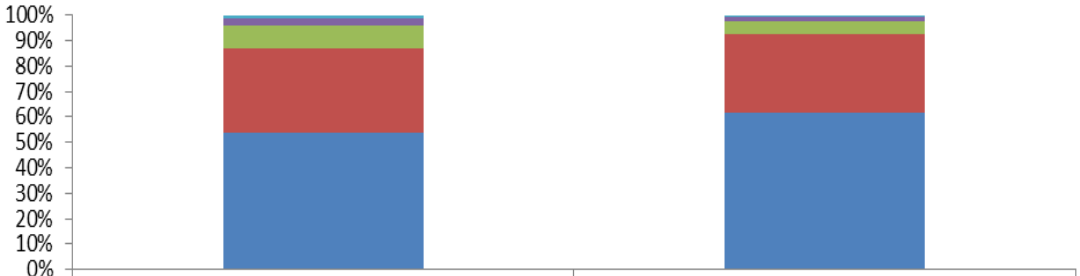
Chart 3: % of inpatients rating the care as excellent, very good, and good (by ethnic group)



	Asian	Black	Mixed	White
2011/12	97	97	92	96
2012/13	91	96	92	97
2013/14	95	97	93	97
2014/15	95	93	95	97
All (14/15)	97	97	97	97

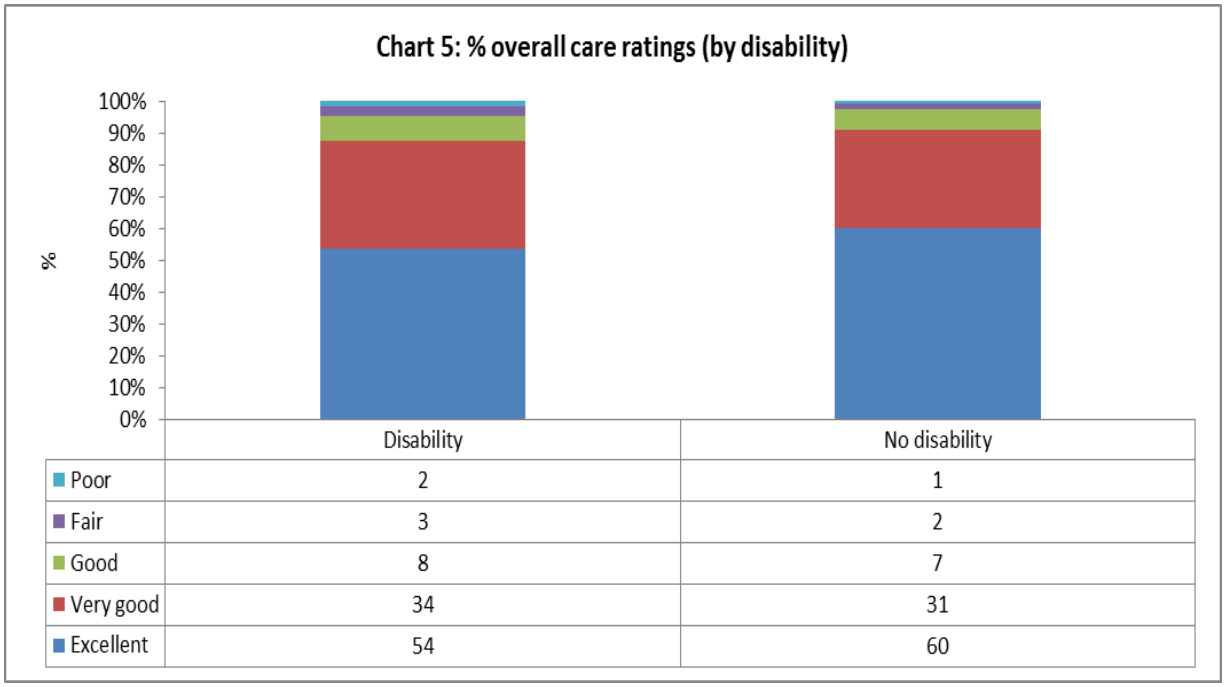
3. In-patient ratings in relation to gender

Chart 2: overall care rating by sex (all data are percentages)



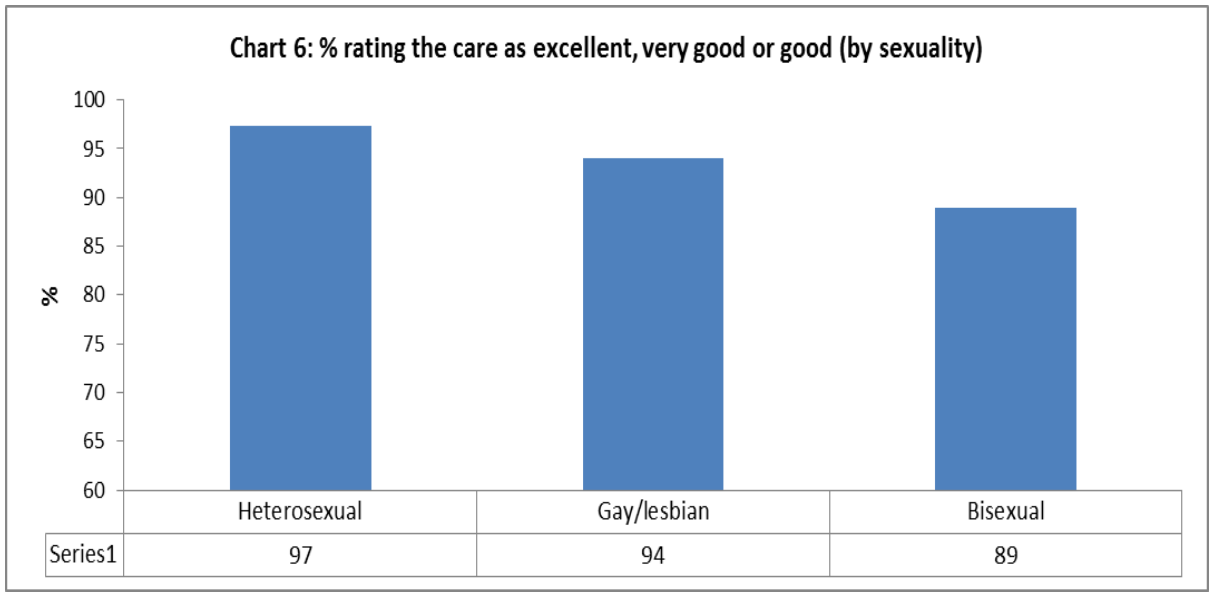
	Female	Male
Poor	1	1
Fair	3	2
Good	9	5
Very good	33	31
Excellent	54	62

4. Overall Care Ratings in relation to disability



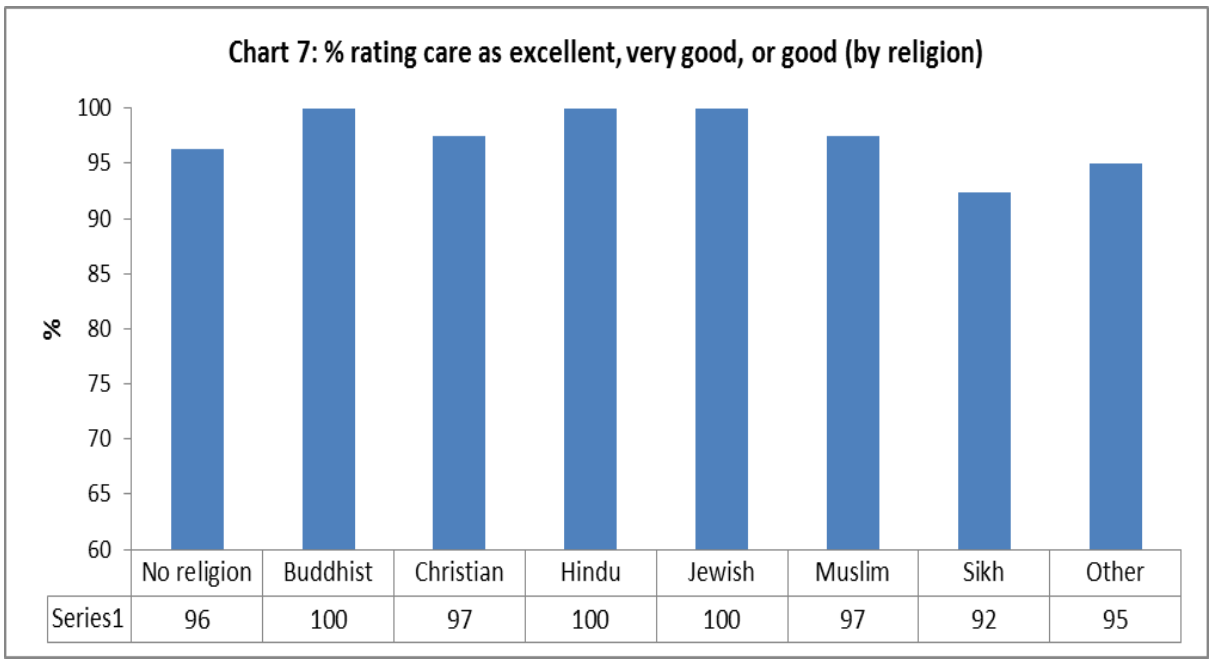
	Disability	No disability
Poor	2	1
Fair	3	2
Good	8	7
Very good	34	31
Excellent	54	60

5. Overall Care Ratings in relation to Sexuality



	Heterosexual	Gay/lesbian	Bisexual
Series1	97	94	89

6. Overall Care Ratings in relation to Religion



Appendix E

Information about the protected characteristics of people who complained about Trust services (or on behalf of whom a complaint was made) in 2014/15

Ethnic group of patient	**Number**
White British	1030
Any Other White Background	7
White Irish	8
African or British African	6
Caribbean or British Caribbean	4
White and Black Caribbean	9
Pakistani or British Pakistani	6
Indian or British Indian	6
White and Black African	2
Any Other Asian Background	8
Any Other Ethnic Group	75
Unknown	722
Total	1883
Age Group of Patient	**Number**
0-15	387
16-24	115
25-29	62
30-34	74
35-39	69
40-44	56
45-49	105
50-54	96
55-59	129
60-64	139
65+	651
Prefer not to say or Unknown	0
Total	1883
Gender of Patient	**Number**
Male	817
Female	1066
Prefer not to say or Unknown	0
Total	1883

Appendix F

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

EDS OUTCOMES SUMMARY 2013/15

	EDS Outcomes	Grade	Reasons for grading
1.1	Services are commissioned, designed and procured to meet the health needs of the local communities, promote well-being, and reduce inequalities	Developing	The Trust can site examples of work and initiatives which meet the health and well-being of protected groups. Our key challenge is around understanding and quantifying gaps in relation to protected groups
1.2	Individual patients health needs are assessed and resulting services provided, in appropriate and effective ways	Developing	The Trust has developed several Working Groups resulting from specific patient needs which aim to improve patient outcomes through mainstream processes
1.3	Changes across services for individual patients are discussed with them and transitions are made smoothly	Developing	The Trust uses Patient Experiences information and Patient Involvement mechanisms to improve patient care pathways and transitions. Need to focus on more on specific protected groups
1.4	The safety of patients is prioritised and assured	Developing	The Trust can demonstrate that patient safety is prioritised for all patients. Our challenge is to ensure we evidence how we are improving patient safety specifically for patients under the protected groups
1.5	Public health, vaccination and screening programmes reach and benefit all local communities and groups	Not Applicable	
2.1	Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds	Developing	We adopt several mainstream and targeted approaches to meet the service access needs of relevant protected groups. Our key challenge though is to monitor patients from the protected characteristics to enhance our services and access.
2.2	Patients are informed and supported so that they can understand their diagnoses, consent to their treatment and choose their places of treatment	Developing	The Trust can demonstrate that all patients are informed and supported so they can understand their diagnoses, treatment. We have targeted approaches for some of the patients from protected groups but further work could be developed in some specific areas
2.3	Patients and carers report positive experiences of the NHS where they are listened to and respected and their privacy and dignity is prioritised	Developing	We can demonstrate that service users are involved in the redesign and commissioning of services. We need to ensure that patients from all the protected characteristics have these opportunities.
2.4	Patients and carers complaints about services and subsequent claims for redress should be handled	Developing	Complaints and PALS queries are handled with respect, efficiency and thoroughness, although further development of monitoring from all the

	respectfully and efficiently		protected characteristics is needed.
3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Achieving	The Trust can demonstrate a clear commitment and evidence that its recruitment processes are fair and equitable.
3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving	UHBristol takes steps to implement NHS pay, terms and conditions (i.e. Agenda for Change). Job evaluation takes place in accordance to the original AfC principles with JE panels having staff side involvement. This rating can be approved if an Equal Pay Audit was conducted across the organisation.
3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Achieving	The Trust's policies such as study leave and appraisal, demonstrate a clear commitment to supporting, training and developing staff.
3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Developing	The Trust can demonstrate a clear commitment to eliminating harassment, bullying and violence towards staff. All staff can and are encouraged to utilise all of the Trust's policies. Our objective is to ensure we understand the experiences of all protected groups and respond effectively to any issues identified.
3.5	Flexible working options are made available to all staff, consistent with the needs of patients and the way that people lead their lives	Achieving	The Trust has a number of policies to support all staff with flexible working options where the service provision allows.
3.6	The workforce is supported to remain healthy with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Developing	The Trust is in the process of developing a Health and Well Being strategy and action plan. The trust recognises this is an area of significant important both in terms of staff well-being and the impact on patient care.
4.1	Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisations and beyond	Developing	The Trust can demonstrate that its Board and senior managers are committed to engaging with patients, communities and staff across the protected characteristics through their positive adoption of E&D policies and initiatives.
4.2	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Middle/line managers are supported through training, policies and procedure to ensure their staff work in an environment free from discrimination.
4.3	The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit develop and support strategic leaders to advance equality outcomes	Undeveloped	The Trust is currently reviewing its entire Leadership programme and the EDS is an opportunity to ensure the competency framework or similar tool is used to support the development of existing and future managers.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
12. 6 Monthly Report on Staffing Levels Adult Inpatient Wards including Midwifery and Bristol Children's Hospital June 2015
Sponsor and Author(s)
Sponsor: Carolyn Mills, Chief Nurse Author: Helen Morgan, Deputy Chief Nurse

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

There is a requirement, post the publication of the Francis Report 2013 and the new nursing vision: Compassion in Practice that all NHS organizations will take a six monthly report to their public Board Boards on staffing capacity and capability which has involved the use of an evidence-based tool.

The purpose of this 6 monthly report is to provide the Board with assurance on progress and activity regarding nurse staffing, demonstrating that capacity and capability in the Trust is sufficient to deliver safe and effective care.

Key issues to note

The report demonstrates a continued commitment in UHBristol to ensure that we have the right number of staff in place with the right skills.

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience).

A number of actions are planned and will feed into the next 6 monthly report, including:

- Review of red flags and implementation using the new Datix reporting system
- Undertake 15/16 annual staffing reviews for all Divisions.
- A review of nurse staffing in the Children's Emergency Department is being undertaken in July/August.
- A review of the roles and responsibilities of band 4 Assistant Practitioners in inpatient areas across the Trust

Recommendations
The Board is recommended to receive the report for **assurance.**
Impact Upon Board Assurance Framework
Links to reference no. 2. National Quality Board Safe Staffing Expectation for Trust Boards. Currently green on the Board Assurance Framework.

Impact Upon Corporate Risk
Implications (Regulatory/Legal)
National Quality Board Safe Staffing Expectation for Trust Boards
Equality & Patient Impact
The Trust level quality performance dashboard for the 6 months December 14 to May 15 indicates that overall the standard of patient care was of good quality (safety/clinically effective/patient experience).

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 on staffing levels for UHBristol adult inpatient wards including Midwifery and Bristol Children's Hospital – June 2015

1.0 Introduction & background

There is a requirement, post the publication of the Francis Report 2013 and the new nursing vision: Compassion in Practice that all NHS organizations will take a six monthly report to their public Board Boards on staffing capacity and capability which has involved the use of an evidence-based tool.

This report must:

- Draw on expert professional opinion and insight into local clinical need and context
- Make recommendations to the Board which are considered and discussed
- Be presented to and discussed at the public Board meeting
- Prompt agreement of actions which are recorded and followed up on
- Be posted on the Trust's public website along with all the other public Board papers.

In June 2014 the Board of Directors received the first report from the Chief Nurse in line with new NHS guidance detailing staffing levels for UH Bristol adult inpatient wards, including Midwifery and Bristol Children's Hospital. In 2014, following the last nursing and midwifery staffing paper they also received an adhoc report detailing the principles for setting safe staffing levels in other professional groups. The Board receives detailed quarterly workforce reports and monthly reports are received at the Quality and Outcomes Committee (Board subcommittee).

This report details:

a) What are the significant changes in the last 6 months for nursing staffing levels at UHBristol adult inpatient wards, including Midwifery and Bristol Children's Hospital
b) How the Trust knows the wards have been safe over the last 6 months

This report demonstrates a continued commitment in UHBristol to ensure that we have the right number of staff in place with the right skills.

Specific expectations of the Board (NHS England/CQC)

Boards are expected to take full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. Responsibilities include:

- Managing staffing capacity and capability by agreeing staffing establishments
- Considering the impact of wider initiatives (such as cost improvement plans)

on staffing
- Monitoring staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift-by-shift basis versus planned staffing levels
- Examining trends in the context of key quality and outcome measures
- Asking about the recruitment, training, skills and experience, and management of nurses, midwives and care staff and giving authority to the Chief Nurse to oversee and report on this at Board level.

2.0 Significant Changes to nursing staffing levels

2.1 Adult inpatient areas

The Trust continues to monitor the acuity of our patients using the 'Safer Nursing Care Acuity Tool'. For adult inpatient areas this tool is now on a web based system and the acuity and dependency of patients is monitored and recorded daily. This information supports both daily decisions and more strategic decisions regard staffing levels, skill mix and establishment.

Maternity continues to use birth rate plus, as part of their annual staffing review, they are not currently using an acuity and dependency scoring on a daily basis.

2.2 Children's Hospital
BRCH continues to record acuity and dependency 6 monthly snap shot audits.

2.3 Adjustments in staffing

As described previously under the Standard Operating procedure (SOP) for setting Safe Nurse Establishments, there are a number of triggers that indicate when a staffing review is required, in addition to the annual review of nursing establishments and skill mix (appendix 1).

Annual staffing reviews for 15/16 have commenced with the Chief Nurse and Deputy Chief Nurse in conjunction with the relevant Divisional Head of Nursing, Divisional Director and Matrons, using the Board agreed principles for safe staffing (see Appendix 2).

The 14/15 annual review did identify the need to agree staffing principles for assessment areas, as the principles used for setting these were found to be variable through the review process, varying between 1 RN per 4 patients and 1 RN per 5 patients. **This principle has been agreed, with the variation in the Registered Nurse to patient ratio reflecting patient acuity and dependency and flow through the units.**

UH Bristol's funded establishment provides a ratio of the number of patients per RN between 2.3 - 8 on a day shift and 2.3 - 8 on a night shift. The ratio of registered to

unregistered staff for UHB for adult inpatient areas continues to range between 50:50 and 90:10. Where the ratio of registered nurses is less than 60% this is based on the professional judgment of the senior nurses and supported by patient acuity and dependency scoring. There have been no changes to the areas that do not fully meet the agreed ratios or the rationale for these variations since the last report.

Two additional staffing reviews have been triggered in line with Trust policy:

- A review of ward D603 was undertaken following the opening of 3 additional Teenager and Young Adult beds, with an increase in staffing agreed.
- Ward 605 has switched from the Division of Surgery Head and Neck (SH&N) to the Division of Medicine, with a saving for the Division of SH&N of 28.14 WTE nursing staff.

3.0 CQC inspection Sept 2014 – update on agreed actions

The CQC review identified that under the regulated activity of diagnostic and screening procedures, treatment of disease, disorder or injury, Surgical Procedures, the Trust had failed to consistently safeguard the health, safety and welfare of service users because the Trust did not ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff employed for the purposes of carrying on the regulated activity. Specifically that there were not always sufficient numbers of suitably qualified, skilled and experienced staff employed on surgical wards and theatres. The actions that the Trust has committed to undertake to address these are:

1. Matrons continue to review staffing levels, across all wards, on a daily basis, and allocate available staffing to maintain safe practice. **Completed**
2. Continue to monitor low staffing incidents, within Divisional and Trust governance arrangements, to ensure themes are identified and remedial actions taken. **Completed and reported in monthly paper to the Quality and Outcomes Committee (Board subcommittee).**
3. Develop additional actions to address high vacancy rates in key areas, notably theatres and surgical wards, including:
   A number of Theatre open days have been run, with varying success both in Bristol and in London.
   Recruitment to surgical wards is progressing well, with fewer vacancies noted over the last few months.
4. Appointment of Recruitment Lead Nurse for Division of Surgery, Head & Neck (SH&N) to drive reduction in time from staff resignation to commencement of new staff. **One of the Matrons has taken on this role**
5. Embark upon international recruitment venture for hard to recruit posts, commencing with theatres. **Tendering process well underway. Shortlisted agency presentation 18.016.15. Business case will be presented to SLT 24.06.15**
6. Review merits of introducing new Recruitment and Retention premia in hard to recruit areas. **Completed**

7. Utilise advance block booking in theatres for bank and/or agency staff, to reduce risk of unfilled shifts, when temporary staffing is likely to be required as this will increase. **In place**
8. Undertake work to better understand reasons for high turnover in some areas, notably theatres and Ward 700, and develop actions to address, where possible. **Attrition rates on ward 700 have now settled, following a settling in period which saw two specialities coming together. Work to recruit to Theatres continues with exit interviews not yielding any key themes other than flexibility and remuneration offered by agency**
9. Augment registered staffing establishment by 1 WTE on weekend days, on ward 700 to address shortfall associated with ENT treatment room activity. **Completed.**
10. Augment registered night time staffing establishment by 1 WTE on weekday nights, to provide additional support to wards 602, 604 and 605 to ensure night time staffing meets Trust recommended guidelines of 1:8 overnight. **Completed.**
11. Review adequacy of staffing of evening hours for Queen's Day Unit Recovery and Surgical Trauma Assessment Unit (STAU) assessment chairs and ensure robust risk assessment and mitigations in place for occasions when staffing falls below established levels. **A skill mix review for Queens Day Unit Recovery is ongoing. STAU has moved to a new clinical area and has an appropriate skill mix in place.**

4.0 Review against NICE Safe Staffing Guidance

The Nice guideline for Safe Midwifery staffing was published in February 2015. The guideline focuses on the pre-conception, antenatal, intrapartum and post natal care provided by midwives in all maternity settings including home, community, day assessment, obstetric units and midwifery led units.

A baseline assessment has been completed against the published standards. The Trust meets 22 of the standards and partially meets 5. There are 4 standards which the Trust does not currently meet, all of which relate to the implementation and reporting of red flags. Actions are in place to address this Trust wide.

NHS England has asked NICE not to begin new activity in its safe staffing programme. NHS England will now take forward the issue of staffing work as part of a wider programme of service improvement. It is looking at alternative approaches to helping NHS providers to achieve the right levels and mix of staff.

5.0 How the Trust knows the wards have been safe over the last 6 months

5.1. Monthly Staffing Reports to Quality and Outcomes Committee.

The Trust continues to submit monthly returns of the Department of Health via the NHS national staffing return. This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas, the percentage

fill rate for Registered Nurses (RN) and Nursing Assistants (NA) for day and night shifts, together with the overall Trust percentage fill rate.

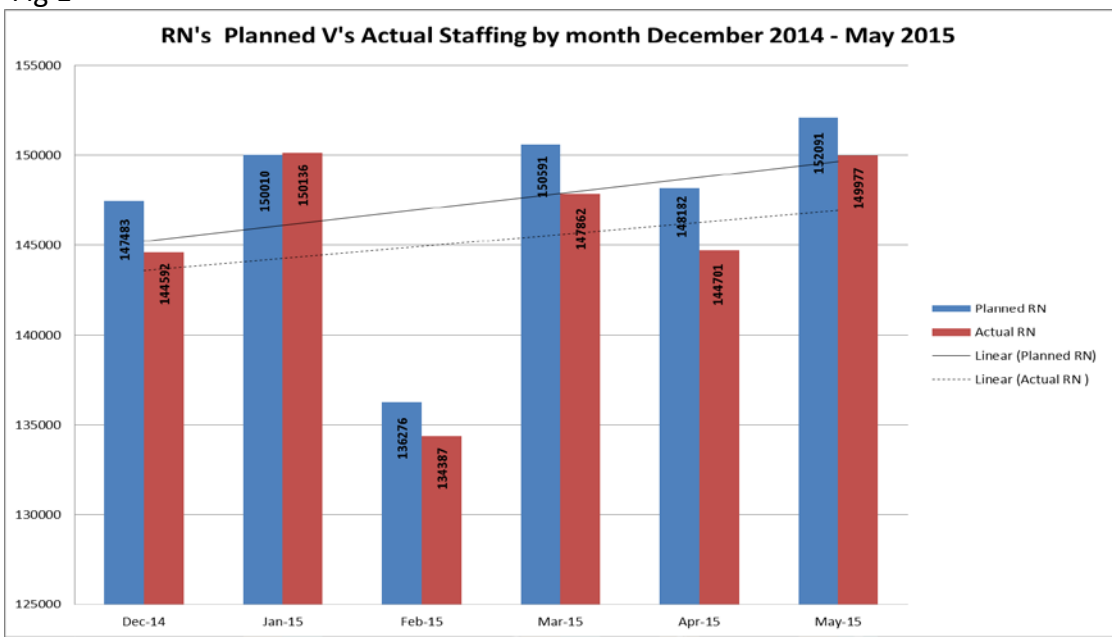
A monthly detailed report is received and reviewed at the monthly at the Quality and Outcomes Committee a Non-Executive sub-committee of the Board. This report gives a detailed breakdown of any variances by Division. A review of Trust wide data over the last six months for planned versus actual nursing hour's, which included RN's and Nursing Assistants, shows that in every month the overall actual nursing hours were above plan.

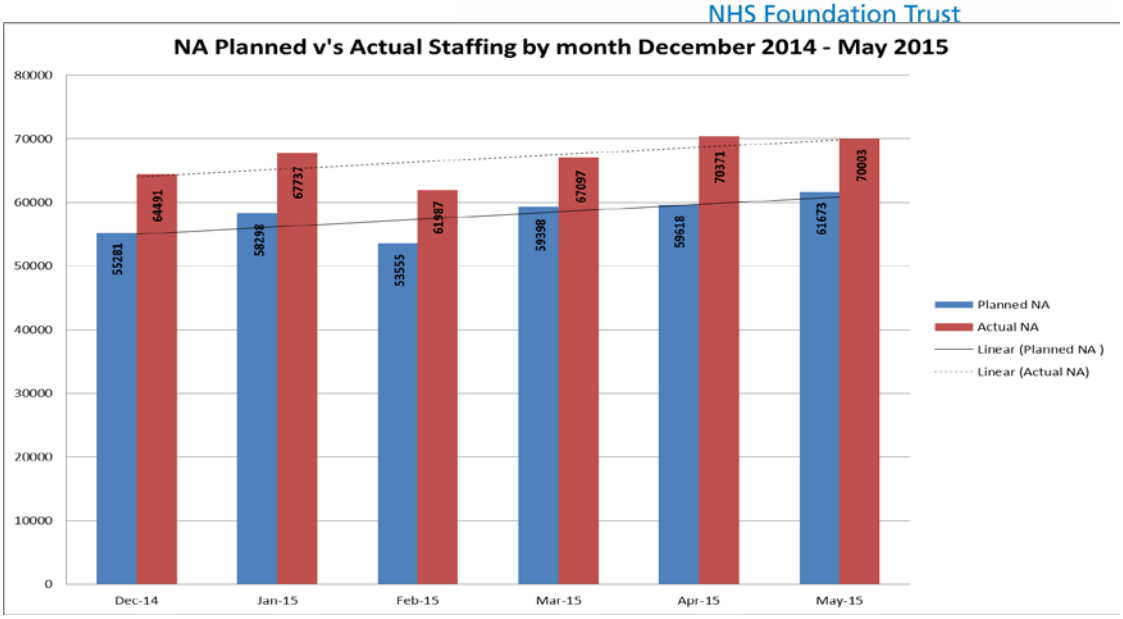
The Trust wide fill rate for planned RN hours (days and nights) over last six months has been slightly below actual hours. The Trust wide fill rate for planned NA hours over last six months (days and nights) has been over actual hours (see fig 1).

Where there is variance within specific areas there is a flexible approach to staffing, with wards providing cross cover where possible to support any shortfall in RN or NA staffing. Bank and agency staff are used as required to cover shifts and to ensure patient safety if cross cover is not possible. All divisions have a daily and robust review of staffing in place and decisions to move or use temporary staff to fill gaps are made on a risk assessment of the staff skill mix, the number of beds open and the acuity and dependency of the patients.

There are no corporate risks on the risk register related to nurse staffing.

Fig 1





5.2 Quality metrics

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience), with no increase in the overall numbers of falls and pressure ulcers per 1000 bed days.

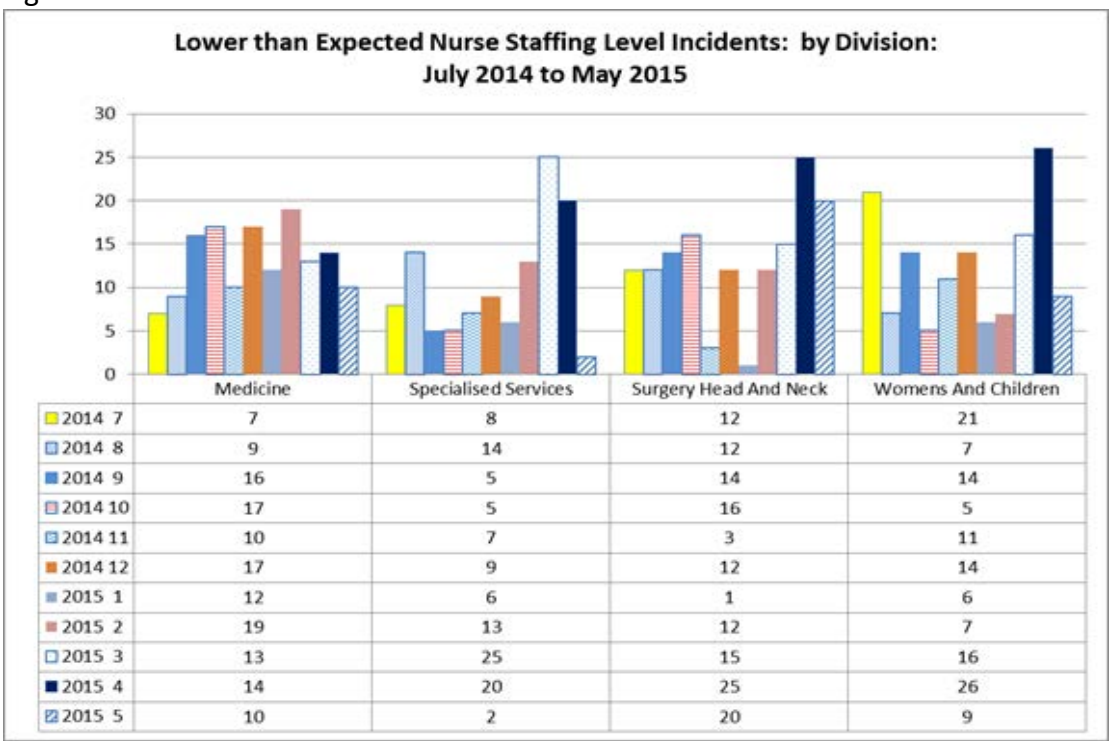
There has been a reduction in the number of falls with harm over the last 6 months, from 15 to 10. A review of RCAs to identify good practice, themes and areas requiring improvement has also been undertaken with actions incorporated into the trust falls work plan for 15/16. The number of grade 3 pressure ulcers seen between Dec 14 and May 15 remains at 4 with thorough RCAs conducted and learning discussed and shared at the Trust Tissue Viability Steering Group. The Deputy Chief Nurse and Tissue Viability Lead Nurse now meet with clinical teams to review all grade 3 RCAs.

5.3 Staffing incidents

The number, content and any themes arising staffing incidents related to staffing levels are reviewed monthly and quarterly via the Nursing and Midwifery Workforce Committee. The data shows an average of 54 incidents a month (see fig 2).

As anticipated during winter months the number of incident forms submitted was higher due to increased patient acuity and dependency and additional bed capacity opened to meet increased demand.

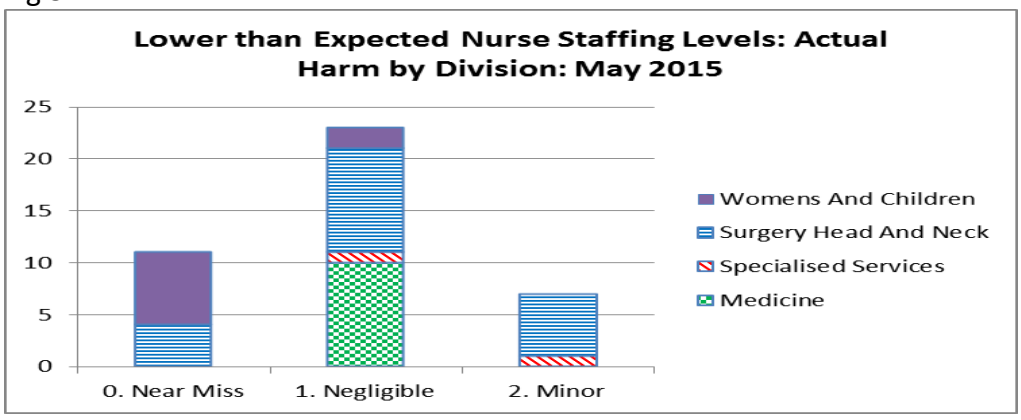
Fig 2



	Medicine	Specialised Services	Surgery Head And Neck	Womens And Children
2014 7	7	8	12	21
2014 8	9	14	12	7
2014 9	16	5	14	14
2014 10	17	5	16	5
2014 11	10	7	3	11
2014 12	17	9	12	14
2015 1	12	6	1	6
2015 2	19	13	12	7
2015 3	13	25	15	16
2015 4	14	20	25	26
2015 5	10	2	20	9

It is interesting to note that where the level of risk assessed in most divisions is moderate to very high; the actual harm continues to be assessed as near miss to minor (see fig 3).

Fig 3



5.4 Update on national developments

- National Nursing Research Unit report on 12 hour shifts – due Dec 2014. **The report has still not been published. No communication has been received regarding its future publication date.**

  The Trust has conducted its own review on 12 hour shifts. Findings and recommendations will be presented to the Workforce and OD Group on 8th

July for discussion and agreement of the proposed actions.

- Safer Care Nursing Tool for Paediatric inpatient settings – **work complete but still awaiting launch date**
- NICE Safe Staffing for Nursing in A & E Departments – **publication has been delayed.**
- National Research being commissioned – impact of supervisory ward sister role, links between staff numbers and outcomes, more in-depth research on 12hr shifts – impact on staff and patients.
  Locally a review of the Supervisory Sister role has been conducted, with themes identified and analyzed. A paper will be presented to Senior Leadership Team in October detailing the review and recommendations, together with results of an internal audit which is currently underway.

Next Steps

- Review of red flags and implementation using the new Datix reporting system
- Undertake 15/16 annual staffing reviews for all Divisions.
- A review of nurse staffing in the Children's Emergency Department is being undertaken in July/August.
- Review the roles and responsibilities of band 4 Assistant Practitioners in inpatient areas across the Trust

Conclusion

In the last six months the Chief Nurse and Divisional Teams have continued to review and monitor staffing levels to ensure they are staffed safely. Ward Sisters and Charge Nurses have an understanding of their funded workforce resource, and are aware that if required this will be adjusted to reflect the acuity and dependency of patients admitted and changes to ward environments.

This paper can assure the Board of Directors that UHBristol has safe staffing levels. However there is no element of complacency and there is a need to stabilise the workforce with an effective recruitment campaign and to ensure if the service model changes that staffing can be adjusted accordingly.

Appendix 1:

UHBristols principles for initiating a staffing review (2014)

As a minimum a staffing and skill mix ratio review will be undertaken annually for each clinical area.

OR when there is:

- A significant change in the service e.g. changes of specialty, ward reconfiguration, service transfer
- A planned significant change in the dependency profile or acuity of patients within a defined clinical area e.g. demonstrated by sustained high acuity/dependency scores or an increased specialling requirement.
- A change in profile and number of beds within defined clinical area.
- A change in staffing profile due to long term sickness, maternity leave, other leave or high staff turnover
- If quality indicators in the key performance indicators a failure to safeguard quality and/or patient safety.
- A Serious Incident (SI) where staffing levels was identified as a significant contributing factor
- If concerns are raised about staffing levels by patients or staff.
- Evidence from benchmark group that UHBristol is an outlier in staffing levels for specific services.

Appendix 2:

Principles of Safe Staffing for General Inpatient Wards

Ratio of registered to unregistered professionals
Within UHB adult inpatient areas the Trust set staffing levels based on a principle of 60:40 ratio, registered nurse to nursing assistant in general inpatient areas. This will be higher in some specialist ward areas due to the increasing complexity of care, for example medication regimes and the number of intravenous drugs now given and increased dependency and complexity of elderly patients being admitted.

Ratio of number of patients per nurse
In setting wards establishment and skill mix UHB use the principles of one registered nurse per 6 patients on a day shift and one registered nurse to 8 patients on a night shift.

In adult critical care areas the ratio is one nurse per patient adult intensive care (level 3 patient) day and night and one nurse per two patients in adult high dependency (level 2 patients) day and night.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
13. Research and Innovation Strategy Update									
Sponsor and Author(s)									
Sponsor: Sean O'Kelly, Medical Director						Author: David Wynick			
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To update the Board in relation to objectives supporting delivery of the Research and Innovation Strategy *and* provide a six-monthly update on performance against key performance indicators for research to the Trust Board.									
Recommendations									
The Board is recommended to receive the verbal report for **assurance.**									
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)**

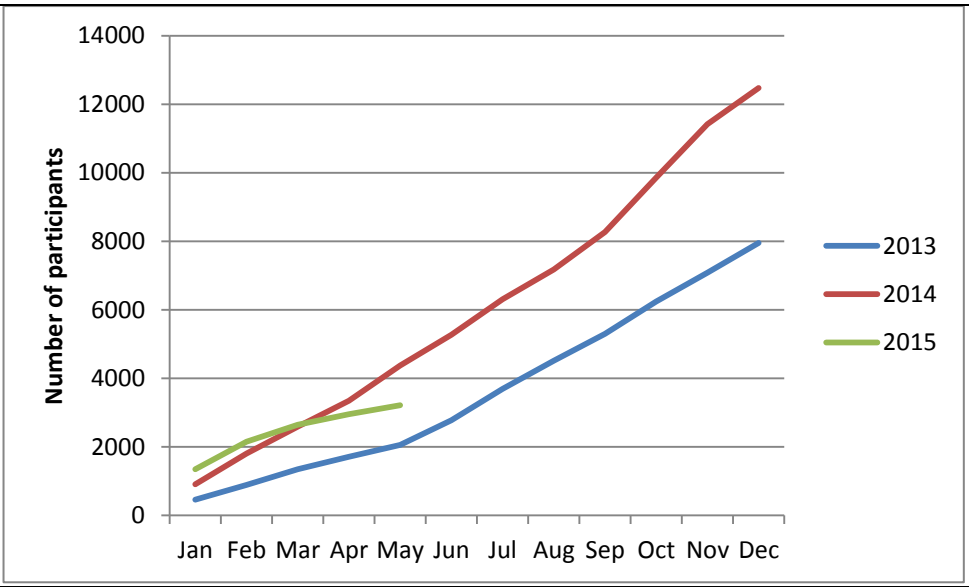
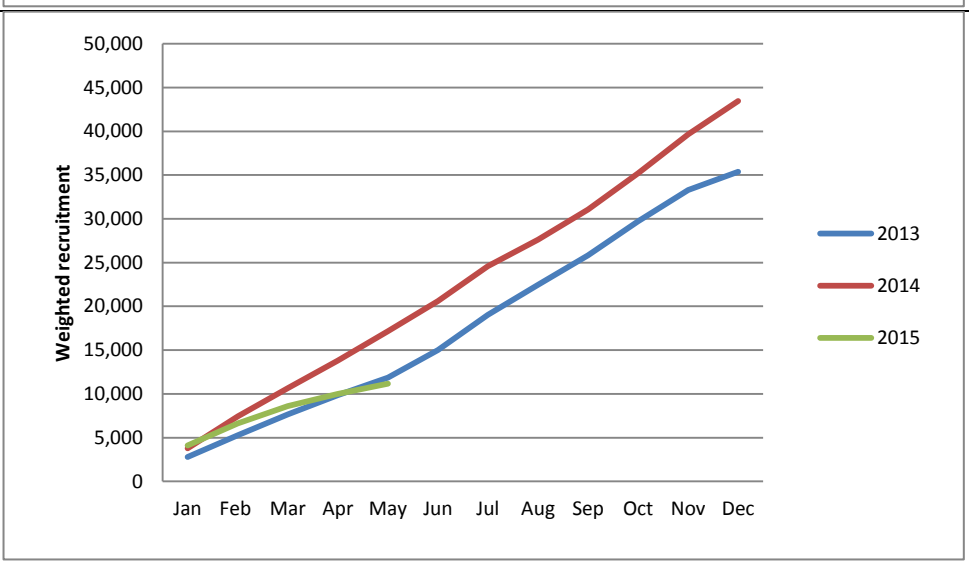
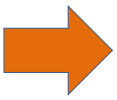
UH Bristol R&I Jan – Jun 2015

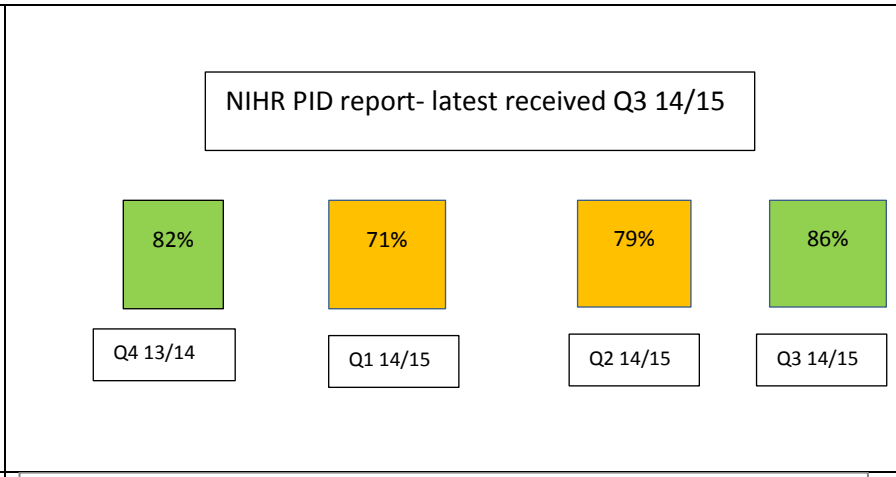
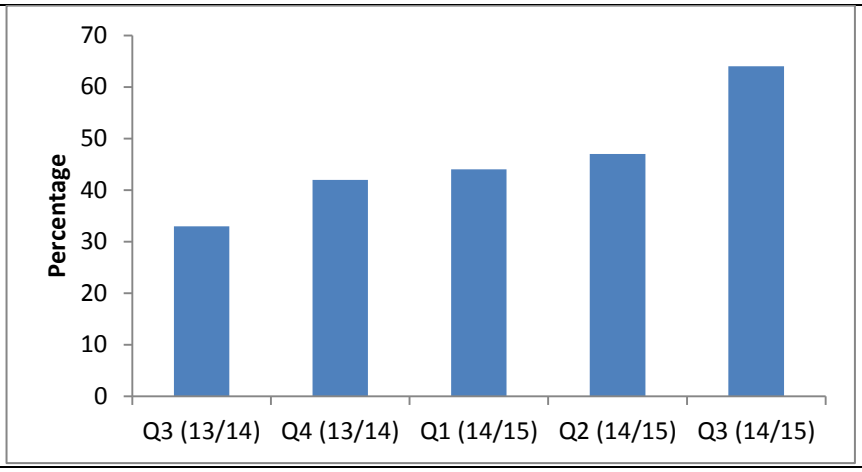
We achieved our highest levels of both recruitment and weighted recruitment during 2014 (calendar year), due to a high recruiting band 2 study. This has since closed and expectations for recruitment for 2015 are consequently lower than in 2014. The targets have been adjusted accordingly. Working with research teams, a number of high recruiting studies have been identified and are in set-up. We anticipate that these studies will show a positive impact on recruitment performance towards the autumn.

We continue to remain in the top half of the league for performance in achieving the 70 day benchmark and have shown improved performance each quarter in performance of meeting time to target in commercial clinical trials.

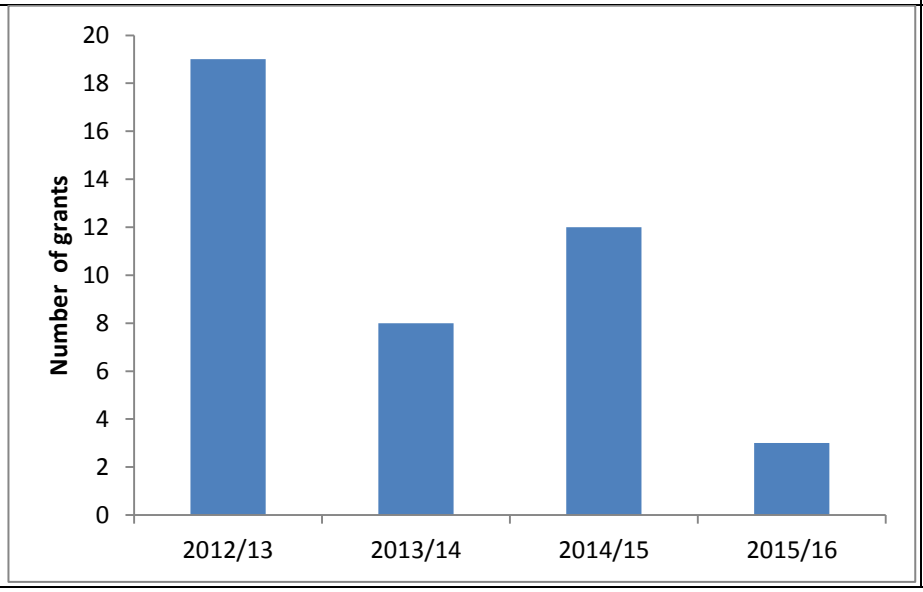
No grants have been awarded to date in 2015 (financial year). However, this is expected due to the timing of this report.

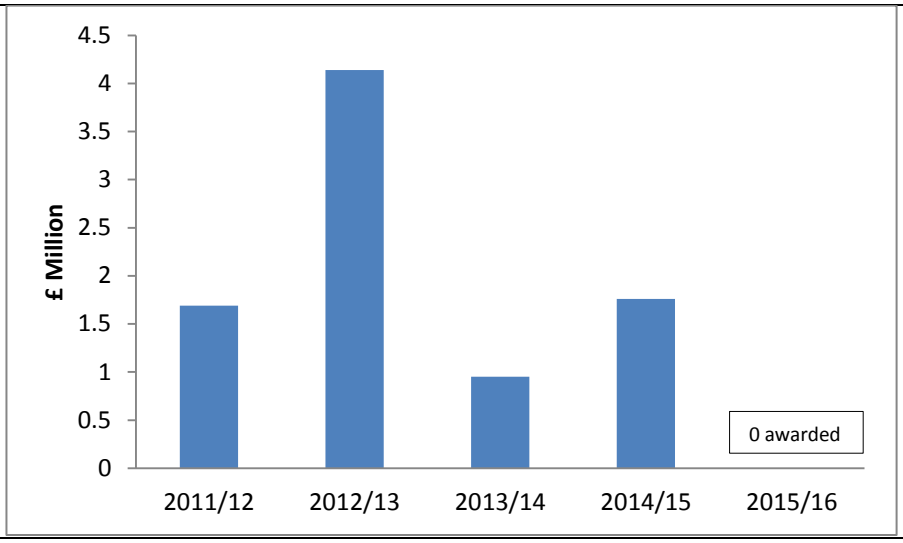
Recruitment Indicators:

	Target for 2015	Performance	Progress against target
a) Cumulative number of patients recruited into NIHR portfolio studies NB. There is a 6 week lag of data from the portfolio.	7,000		
b) Cumulative weighted recruitment into NIHR portfolio studies (exception: calendar year)	30,000		

c) Our performance of meeting the 70 day first patient first visit benchmark adjusted by NIHR in comparison to other Trusts	Green: >81.4% (Upper Quartile) Red: <70.7% (Median)		
d) Percentage of commercial studies recruiting to time and target	Increase on previous quarter		

Grants Indicators:

	Target		
Number of Grants submitted	No target		N/A

Total value of Grants awarded in year	No target		N/A

UH Bristol R&I Jan – Jun 2015

Key:

NIHR	National Institute of Health Research - created by DoH in 2006 to implement the R&D strategy: 'Best Research for Best Health'
Portfolio	The NIHR's list of adopted studies. Studies that are funded through major funders (NIHR, Research Councils, Charities etc) via peer reviewed open national competition are eligible for inclusion on the NIHR Portfolio. Other studies are also adopted on a case by case basis. Funding from CLRNs is provided to support NIHR portfolio adopted studies. Some Commercial research is also adopted but no funding is provided via the CLRNs. UH Bristol falls under the WCLRN who provides funding for delivery of our portfolio studies.
Weighted recruitment	There are 3 different bands of study within the NIHR portfolio- Band 1, 2 and 3. This banding represents the complexities of a study. Patients recruited into a band 1 study are weighted lower than those recruited into a band 2 (observational) study which in turn is weighted lower than those recruited into a band 3 study (interventional). The ratio for the weighting is 1:3:14. The weighted recruitment provides an indicator of the monetary value of our research portfolio and influences the delivery funding supplied by the WCLRN at the end of the year.
70 day benchmark	This benchmark has been set by the NIHR and is 70 days from receipt of a valid research application into Research and Innovation to first patient recruited (consented) by the research team. Our target for approval of each study is 30 days thus allowing 40 days for the research teams to recruit.
Internal delay	Where the 70 day benchmark is not met we are required to supply reasons for this. Some factors influencing whether this benchmark is met is out of our control for example; external sponsors causing delays. However some reasons for not meeting this benchmark is a delay caused by UH Bristol and is thus an 'internal delay'.
Time to target	When an approval application is received into Research & Innovation a target number of patients to be recruited is provided as well as duration of the study. The NIHR requires us to submit quarterly data on whether our commercial studies are meeting their recruitment target and within the timescales of the research study.
Commercial studies	Commercial studies - Research funded AND sponsored (i.e. contracted) by commercial companies e.g. pharmaceutical company; medical device company
Non-commercial studies	Non-commercial - All other research. Funded by a non-commercial organisation such as the NIHR, a research council or charity or local funding. Also includes studies funded by a grant from a commercial company but sponsored by a non-commercial organisation.
R&D approval	Any project that is to be delivered within an NHS trust must be approved by that trusts R&D department before it can start recruiting patients. R&D approval is a process to confirm that a study can be delivered safely and successfully at UH Bristol
RCF	Research capability funding - funding provided by the NIHR for use in developing new grant applications and/or plugging the gaps of NIHR Investigators' salaries in-between grants
WCLRN	WCLRN - One of 25 Comprehensive Local Research Networks (CLRNs) as part of a national research network infrastructure. All NHS organisations in Avon, Gloucester, Wiltshire, Dorset and Somerset are members of the Western CLRN.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
14. Finance Update
Sponsor and Author(s)
Sponsor: Paul Mapson, Director of Finance & Information Author: Kate Parraman, Deputy Director of Finance

Intended Audience									
Board members	X	Regulators		Governors		Staff		Public	

Executive Summary

Purpose
To report to the Board on the Trust's financial position and related financial matters which require the Board's review.

Key issues to note

The summary income and expenditure statement shows a deficit of £0.901m (before technical items) for the first two months of the year. With donated income and donated asset depreciation included the deficit increases to £1.119m. This represents an adverse variance to plan of £0.489m.

The adverse Divisional position of £1.283m compares to the operating plan phased adverse position of £1.010m i.e. £0.273m adverse to the phased plan. The adverse variance is primarily driven by lower than planned clinical activity – particularly in Surgery, Head and Neck, Specialised Services and Medicine Divisions. The key issue is whether or not the position can be improved to re-join the planned trajectories during the year. In practice this relies on an improvement of activity.

Recommendations
The Board is recommended to receive the report for **assurance.**
Impact Upon Board Assurance Framework
None
Impact Upon Corporate Risk
None
Implications (Regulatory/Legal)
None
Equality & Patient Impact
None

Resource Implications							
Finance			**x**	Information Management & Technology			
Human Resources				Buildings			
Action/Decision Required							
For Decision		For Assurance	**x**	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 June			17 June	

REPORT OF THE FINANCE DIRECTOR

1. Overview

The summary income and expenditure statement shows a deficit of £0.901m (before technical items) for the two months of the financial year to May 2015. With donated income and donated asset depreciation included the deficit increases to £1.119m. This represents an adverse variance to plan of £0.489m.

The adverse variance is primarily driven by lower than planned clinical activity – particularly in Surgery, Head and Neck, Specialised Services and Medicine Divisions. The position needs to be understood alongside the trajectories building into Divisional operating plans.

The overall position can be summarised as follows:

Favourable / (Adverse)	**Month 2**	**Operating Plan Phased**	**Operating Plan for Year**
	£'000	**£'000**	**£'000**
Divisions			
Diagnostic & Therapies	25	(13)	-
Medicine	(264)	(210)	-
Specialised Services	(180)	(51)	-
Surgery, Head & Neck	(801)	(545)	(1,250)
Women's & Children's	(154)	(211)	(750)
Clinical Divisions	**(1,374)**	**(1,030)**	**(2,000)**
Corporate Services	91	19	-
Clinical Divisions & Corporate Services	**(1,283)**	**(1,011)**	**(2,000)**
Financing Costs	389	333	2,000
Reserves	334	-	-
Corporate income	71	-	-
Total I&E variance before technical items	**(489)**	**(678)**	**-**
Impairments	-	-	-
Donations (Income less depreciation)	-	-	-
Total I&E variance after technical items	**(489)**	**(678)**	**-**

As can be seen the adverse Divisional position of £1.283m compares to the operating plan phased adverse position of £1.010m i.e. £0.273m adverse to the phased plan. The key issue is whether or not the position can be improved to re-join the planned trajectories during the year. In practice this relies on a catch-up of activity – particularly in Surgery, Head and Neck and Specialised Services.

An element of non-recurring savings on reserves of £0.334m is included in the summary. This is based on an estimate of £2m available at year end. The position on reserves is changing as the year progresses as commitments are firmed up in terms of value and timing. A full assessment will be made next month as part of the quarter 1 report. This currently offsets the adverse position on Divisions. The £2m has not yet been firmed up so can be regarded as estimated for now.

The Corporate Income section of the report is also crucial. As Services Level Agreement (SLA) negotiations are firmed up a full assessment will be made – initially for Quarter 1 – and if any improvements are realised (as expected) then this will be expected to move the Trust from the current £5m deficit plan closer to a break-even position.

The position on savings requires improvement. Having subsidised the £24.355m requirement to break-even by £4.476m, leaving an adjusted Divisional requirement of £19.879m, the year to date delivery is 79% with a forecast out-turn of 89%. It is vital that the delivery increases to at least 90% for the year and preferably 100% as the plans have effectively been set at 82% of the full £24.355m to recognise the reality of the task.

The results to 31 May are reflected in the Trust's Risk Assessment Framework - Continuity of Services Risk Rating of 4 (actual 3.5). Further information on the financial risk rating is given in section 4 below and appendix 4.

The table below shows the Clinical Divisions and Corporate Services income and expenditure position setting out the variances on the four main income and expenditure headings. This generates an overspending against divisional budgets of £1.283m. Detailed information and commentary for each Division is to be considered by the Finance Committee.

Divisional Variances	Variance to 30 April	May Variance	Variance to 31 May
	Fav/(Adv) £'000	Fav/(Adv) £'000	Fav/(Adv) £'000
Pay	(389)	(729)	(1,118)
Non Pay	985	597	1,582
Operating Income	(77)	284	207
Income from Activities	(648)	(629)	(1,277)
Sub Totals	(129)	(477)	(606)
Savings Programme	(541)	(136)	(677)
Totals	**(670)**	**(613)**	**(1,283)**

Pay budgets have an overspending of £0.729m in the month and a cumulative overspending of £1.118m. The principal areas of overspending are in Medicine, (£91k), Specialised Services (£146k), Surgery, Head and Neck (£0.795m) and Women's and Children's (£0.188m). For the Trust as a whole, bank, agency, overtime and waiting list initiative payments totalled £2.577m in May (£5.100m year to date) – this equates to 8.9% of pay expenditure in the month.

N**on-pay budgets** show a favourable variance of £0.597m in the month, increasing the cumulative underspend to £1.582m. The underspending relates in the main to the proportion of contract transfer funding and lower activity related expenditure.

Operating Income budgets show a favourable variance of £0.284m for the month to give a cumulative favourable variance of £0.207m. This relates to Research and Development income and Dental training income.

Income from Activities shows an adverse variance of £0.629m for May increasing the cumulative adverse variance to £1.277m. The principal areas of under achievement in May are Medicine (£0.212m), Surgery, Head and Neck (£0.217m) and Specialised Services (£0.304m). Further details are provided in section 5.3 within the Divisional reports.

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

	Variance to 30 April	May Variance	Variance to 31 May
	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000
Diagnostic and Therapies	(17)	42	25
Medicine	(113)	(151)	(264)
Specialised Services	(60)	(120)	(180)
Surgery, Head and Neck	(376)	(425)	(801)
Women's and Children's	(135)	(19)	(154)
Estates and Facilities	6	27	33
Trust HQ	9	6	15
Trust Services	16	27	43
Totals	**(670)**	**(613)**	**(1,283)**

Savings Programme

The Programme for 2015/16 is £19.879m. This is net of the £4.476m provided non-recurringly to support the delivery of Divisional operating plans. Savings of £2.636m have been realised for the first two months of 2015/16 (79% of Plan), a shortfall of £0.704m against divisional plans. The shortfall is a combination of the adverse variance for unidentified schemes of £0.589m and a further £0.115m for scheme slippage. The 1/12th phasing adjustment reduces the shortfall to date by £27k.

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

	Savings Programme to 31 May 2015			1/12ths Phasing Adj Fav / (Adv)	Total Variance Fav / (Adv)
	Plan	Actual	Variance Fav / (Adv)		
	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	343	263	(80)	(14)	(94)
Medicine	313	393	80	(58)	22
Specialised Services	306	342	36	42	78
Surgery, Head and Neck	1,017	453	(564)	34	(530)
Women's and Children's	787	544	(243)	74	(169)
Estates and Facilities	178	182	4	(4)	-
Trust HQ	48	103	55	(41)	14
Other Services	348	356	8	(6)	2
Totals	**3,340**	**2,636**	**(704)**	**27**	**(677)**

2. Income

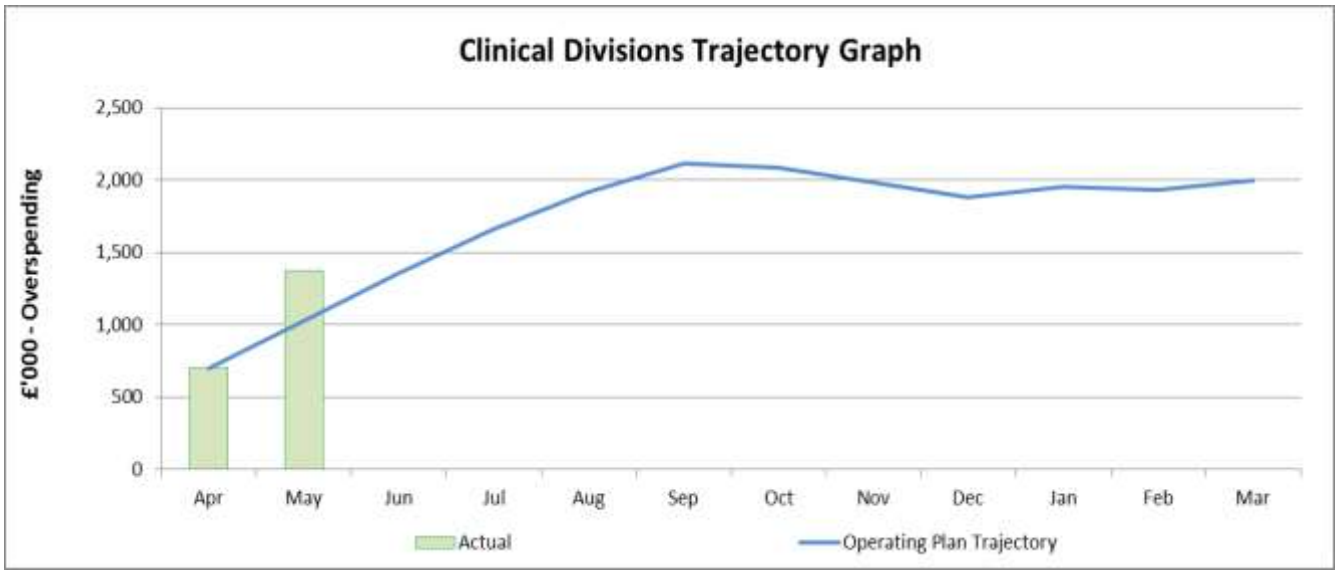
Contract income was £1.05m lower than plan in May and £2.13m lower than plan for the year to date. Activity, penalties and pass through payments were all lower than plan. The table below summarises the overall position.

Clinical Income by Worktype	Plan	Actual	Variance
	£'m	£'m	£'m
Activity Based			
Accident & Emergency	2.44	2.48	0.04
Emergency Inpatients	12.01	12.41	0.4
Day Cases	5.82	5.55	(0.27)
Elective Inpatients	8.20	7.54	(0.66)
Non-Elective Inpatients	2.62	2.30	(0.32)
Excess Bed days	1.14	1.14	-
Outpatients	12.30	11.75	(0.55)
Bone Marrow Transplants	1.46	1.75	0.29
Critical Care Bed days	6.91	6.82	(0.09)
Other	15.18	14.99	(0.19)
Sub Totals	**68.08**	**66.73**	**(1.35)**
Contract Rewards / Penalties	0.05	(0.11)	(0.16)
Pass through payments	11.99	11.37	(0.62)
Totals	**80.12**	**77.99**	**(2.13)**

3. Expenditure

In total, Divisions have overspent by £0.613m in May. The table given in section 1 (page 3) summarises the financial performance for each of the Trust's management divisions. Further analysis of the variances by pay, non-pay and income categories is given at Appendix 2.

The table given in section 1 (page 1) shows performance against the operating plan trajectories. These are shown for each Division in agenda item 5.3. The graph below consolidates the Clinical Divisional performance against their combined operating plan trajectories. It shows that the position for May is £0.344m above trajectory.



Four divisions are red rated[1] for their financial performance for the year to date.

[1] Division has an annualised cumulative overspending greater than 1% of approved budget.

The **Division of Medicine** reports an adverse variance of £0.264m for the two months to 31 May compared to the Division's Operating Plan adverse trajectory of £0.210m.

The Division has an overspending of £91k to date on pay. The Division continues to make progress on the recruitment of substantive nursing staff and reducing agency staffing costs (£93k reduction in month).

Non-pay budgets have a favourable variance of £18k to date, an improvement of £13k in month. Reserves have been issued to budgets in accordance with the Division's Operating Plan and the allocation of funding associated with the 2015/16 SLA changes has been substantially completed.

The Division reports a favourable variance of £7k in the month on its Operating Income budgets.

Income from Activities has a net under achievement of £212k in the month. Emergency inpatient income reduced by £78k reflecting a drop in admissions as well as the average HRG tariff being applied to un-coded activity, which potentially understates the value of the activity. May saw a reduction in Cystic Fibrosis income (£50k), critical care bed days (£34k) and other PbR activity (£46k).

The **Division of Specialised Services** reports an adverse variance on its income and expenditure position of £0.180m to May compared to the Division's Operating Plan adverse trajectory of £0.051m.

Pay budgets show an overspending of £76k for the month, increasing the overspend to £146k. The Cardiac Intensive Care Unit nursing overspend increased to £101k reflecting the additional costs of covering staff shortages and meeting the needs of high acuity patients.

Non pay budgets show a favourable variance of £226k for the month. The principal factors are corporate support funding and moneys yet to be allocated out to operational budgets for the changes in SLA activity with commissioners.

Income from Activities budgets show an adverse variance of £304k for May. Cardiac Surgery underperformance (£124k) in May was due to a large volume of high acuity patients requiring longer lengths of stay resulting in reduced cardiac surgery throughput. Bone Marrow Transplants over performed against contract to the end of May but in month activity was below plan (£72k).

The Surgery, Head and Neck Division reports an adverse variance on its income and expenditure position of £0.801m to 31 May compared to the Division's Operating Plan adverse trajectory of £0.545m. Of the £0.256m adverse variance from plan, £0.350m is due to underperformance of income from activities.

Pay budgets show an overspending of £0.795m to date. This reflects the underlying pay budget shortfall in the Division which will be partially offset by the allocation of contract transfer funding. The need to cover vacant clinical posts with additional sessions at a premium cost has caused an adverse position of £87k on medical and dental staff.

Non pay budgets are underspent by £0.906m to the end of May. This is due to the release of divisional reserves and a proportion of the contract transfer moneys to offset contract underperformance. Funding will be moved to pay budgets once agreed. Clinical supplies are underspent by £0.206m due to lower than planned activity.

Income from Activities shows an adverse variance of £0.510m to 31 May. Cardiac Surgery under performance accounts for £107k with under performance in Ophthalmology (£215k) and Oral Surgery (156k).

Operating Income budgets show a favourable variance of £128k. This is primarily due to training income in the Dental School.

The Division of Women's and Children's Services reports an adverse variance on its income and expenditure position of £0.154m to 31 May compared to the Division's Operating Plan adverse trajectory of £0.210m.

Pay budgets are overspent by £188k to the end of May. The overspending on medical / dental of £116k includes £62k for NICU consultant agency cover and £72k of waiting list initiatives. The nursing / midwifery staff overspending of £19k includes £39k costs for 1 to 1 mental health agency nursing support.

Non-pay budgets show an underspending of £0.301m to date. This reflects the requirement to allocate funding from the contract transfer to operational budgets.

Income from Activities shows an adverse variance of £88k to date. A review of the profiled plan for urgent care, increased emergency admissions and BMT activity has improved the position on Paediatric Medical Specialties to an over performance of £450k. This was offset by under performance in activity at St Michaels (£120k), Paediatric Cardiac and Critical Care (£173k) and Surgical Specialties (£131k).

Income from Operations shows an adverse variance of £10k to date.

The remaining three divisions are green rated.

The **Diagnostic and Therapies Division** reports an underspending to date of £25k compared to the Division's Operating Plan adverse trajectory of £13k. Income from activities has improved to a favourable variance of £52k. Overall the financial performance for May is better than the operating plan projection.

The Facilities and Estates Division reports an underspending to date of £33k.

Trust Headquarters Services reports an underspending to date of £15k.

4. Continuity of Services Risk Rating

The Trust's overall risk rating, based on results for the month ending 31 May is 4. The actual risk rating is 3.5 which is then rounded up to 4 (April 3.5). Further information showing performance to date is given at Appendix 4.

	March	April	May	Annual Plan 2015/16
Liquidity				
Metric Performance	5.61	6.32	6.96	(3.48)
Rating	4	4	4	3
Capital Service Capacity				
Metric Performance	2.86	1.78	2.27	1.55
Rating	4	3	3	2
Overall Rating	**4**	**4**	**4**	**3**

5. Capital Programme

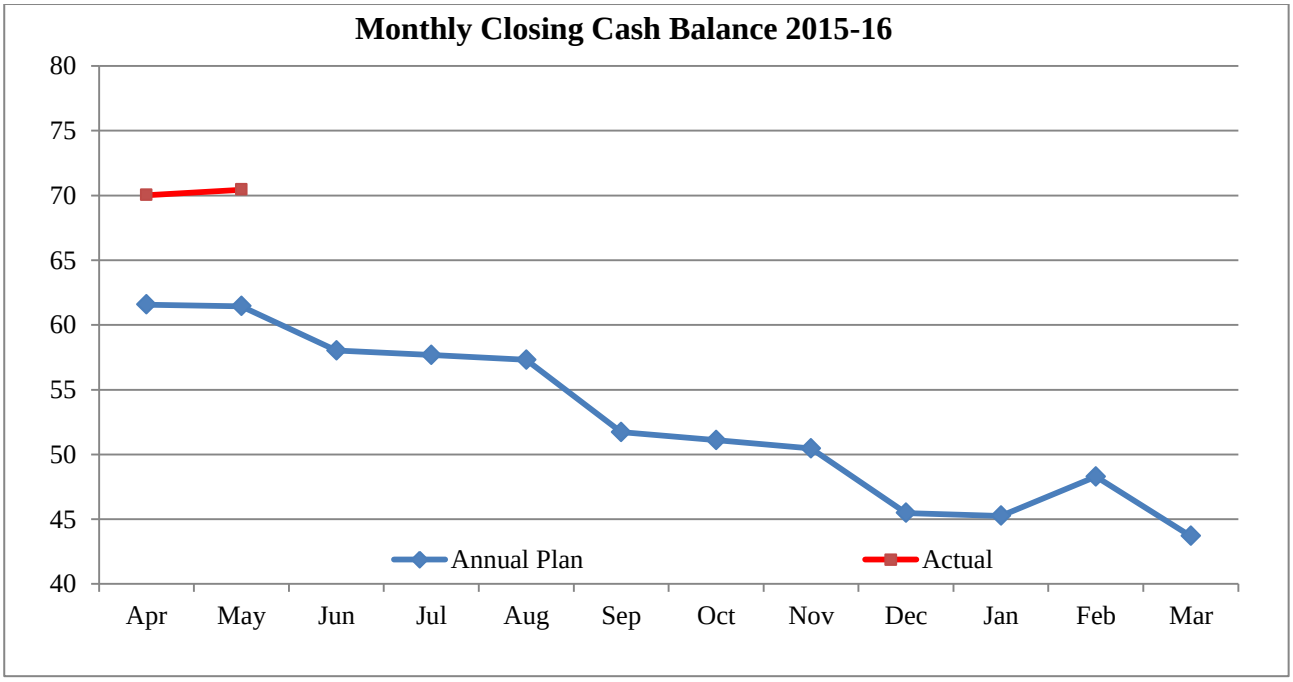
A summary of income and expenditure for the two months ending 31 May is given in the table below. Expenditure for the period of £2.267m equates to 57% of the capital expenditure plan to date.

	Annual Plan	Month Ending 31 May		
		Plan	Actual	Variance Favourable / (Adverse)
	£'000	£'000	£'000	£'000
Sources of Funding				
Donations	4,558	-	-	-
Sale of Property	1,100	-	1,100	1,100
Recovery of VAT	954	954	1,040	86
Retained Depreciation	20,814	3,408	3,428	20
Cash	7,184	(365)	(3,301)	(2,936)
Total Funding	**34,610**	**3,997**	**2,267**	**1,730**
Expenditure				
Strategic Schemes	(15,842)	(1,636)	(1,047)	589
Medical Equipment	(4,257)	(718)	(357)	361
Information Technology	(3,171)	(840)	(277)	563
Estates Replacement	(2,202)	(200)	(366)	(166)
Operational Capital	(9,138)	(603)	(220)	383
Total Expenditure	**(34,610)**	**(3,997)**	**(2,267)**	**1,730**

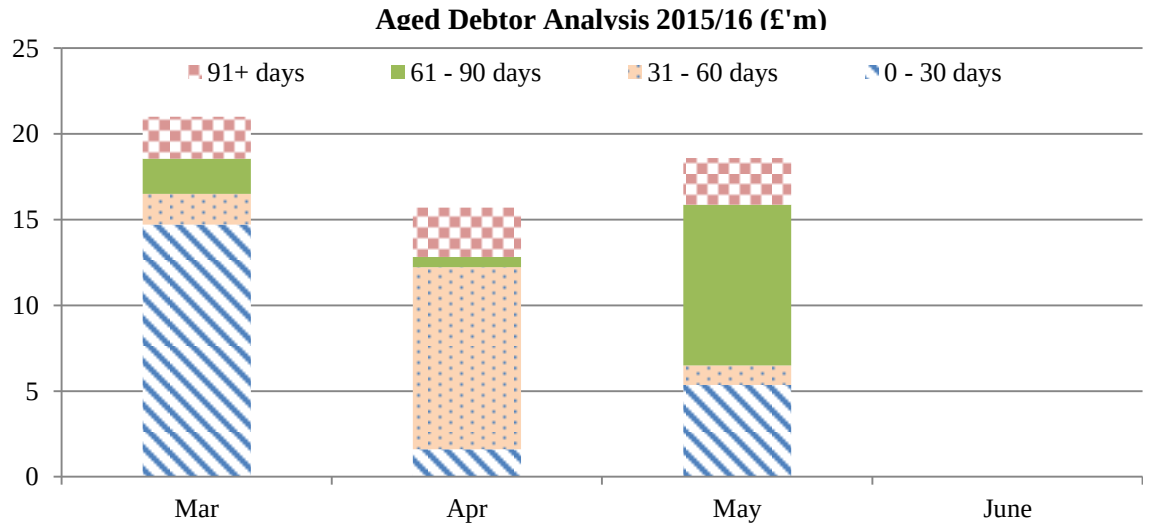
The Finance Committee is provided with further information on this under agenda item 6.1.

Statement of Financial Position (Balance Sheet) and cashflow

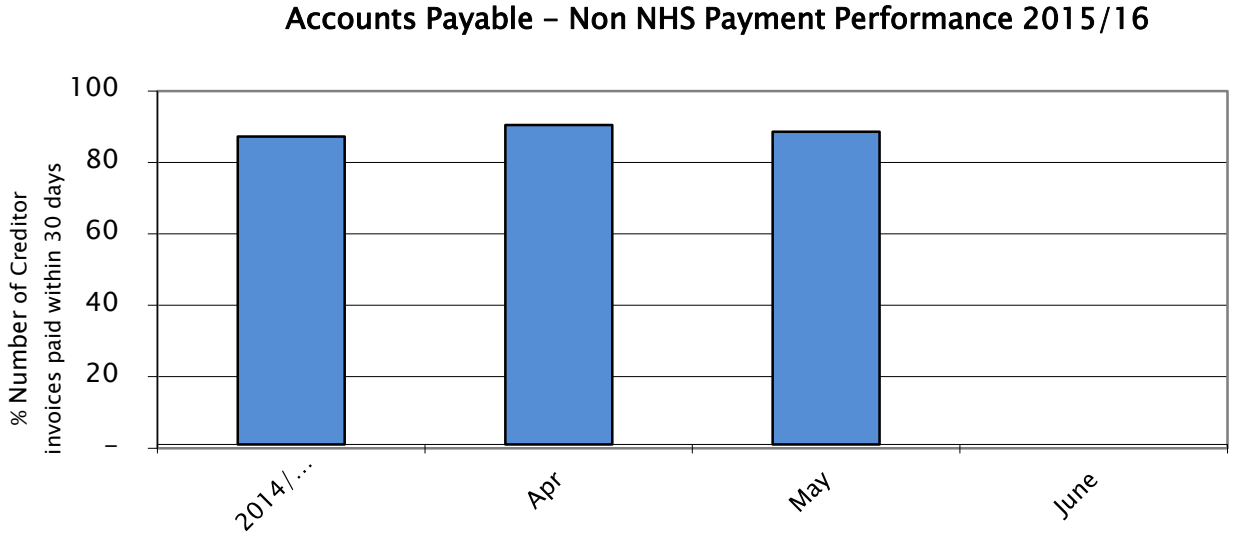
Cash - The Trust held a cash balance of £70.445m as at 31 May. A cashflow forecast for 2015/16 is shown below.



Debtors - The total value of invoiced debtors has increased by £2.907m during May to a closing balance of £18.608m. The total amount owing is equivalent to 11.4 debtor days.



Accounts Payable Payments - The Trust aims to pay at least 90% of undisputed invoices within 30 days. The Better Payment Practice Code has been superseded by the Prompt Payments Code (PPC) which requires the Trust to undertake to pay 95% of invoices within 60 days unless there are exceptional circumstances. The Trust is not required to distinguish between NHS and non NHS and the PPC is targeted towards non NHS suppliers. The complexity of inter-NHS contracts often causes delays when ensuring proper authorisation. From April 2016 the PPC will be strengthened by the introduction of a new Code Compliance Board. It is intended to review the reporting of accounts payable performance and a paper will be presented to the Finance Committee in due course. In the meantime performance of payment of non NHS invoices against 30 days will continue to be reported. This was 89% for May.



Attachments

Appendix 1 – Summary Income and Expenditure Statement
Appendix 2 – Divisional Income and Expenditure Statement
Appendix 3 – Executive Summary
Appendix 4 – Continuity of Services Risk Rating
Appendix 5 – Key Financial Risks
Appendix 6 – Financial Risk Matrix

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report May 2015 – Summary Income & Expenditure Statement

Approved Budget / Plan 2015/16	Heading	Position as at 31st May			Actual to 30th April
		Plan	Actual	Variance Fav / (Adv)	
£'000		£'000	£'000	£'000	£'000
	Income (as per Table I and E 2)				
497,968	From Activities	80,944	79,649	(1,295)	39,850
88,058	Other Operating Income	15,062	15,244	182	7,418
586,026	**Sub totals income**	**96,006**	**94,893**	**(1,113)**	**47,268**
	Expenditure				
(334,083)	Staffing	(56,838)	(58,055)	(1,217)	(29,048)
(204,870)	Supplies and Services	(33,530)	(32,412)	1,118	(16,509)
(538,953)	**Sub totals expenditure**	**(90,368)**	**(90,467)**	**(99)**	**(45,557)**
(17,521)	Reserves	(334)	–	334	–
29,552	**EBITDA**	**5,304**	**4,426**	**(878)**	**1,711**
	Financing				
–	Profit/(Loss) on Sale of Asset	–	7	7	–
(21,920)	Depreciation & Amortisation – Owned	(3,612)	(3,428)	184	(1,715)
244	Interest Receivable	41	44	3	20
(315)	Interest Payable on Leases	(52)	(53)	(1)	(27)
(3,192)	Interest Payable on Loans	(532)	(533)	(1)	(261)
(9,369)	PDC Dividend	(1,561)	(1,364)	197	(682)
(34,552)	**Sub totals financing**	**(5,716)**	**(5,327)**	**389**	**(2,665)**
(5,000)	**NET SURPLUS / (DEFICIT) before Technical Items**	**(412)**	**(901)**	**(489)**	**(954)**
	Technical Items				
4,558	Donations & Grants (PPE/Intangible Assets)	28	28	–	28
(4,219)	Impairments	–	–	–	–
–	Reversal of Impairments	–	–	–	–
(1,472)	Depreciation & Amortisation – Donated	(246)	(246)	–	(123)
(6,133)	**SURPLUS / (DEFICIT) after Technical Items**	**(630)**	**(1,119)**	**(489)**	**(1,049)**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report May 2015 – Divisional Income & Expenditure Statement

Approved Budget / Plan 2015/16	Division	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 30th April	Operating Plan Variance
			Pay	Non Pay	Operating Income	Income from Activities	CRES			
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income									
494,218	Service Agreements	80,123	–	–	(1)	1	–	–	–	–
(6,534)	Overheads	(1,018)	–	–	–	71	–	71	(32)	–
38,585	NHSE Income	6,422	–	–	–	–	–	–	–	–
526,269	**Sub Total Corporate Income**	**85,527**	**–**	**–**	**(1)**	**72**	**–**	**71**	**(32)**	**–**
	Clinical Divisions									
(50,376)	Diagnostic & Therapies	(8,505)	20	46	1	52	(94)	25	(17)	–
(71,776)	Medicine	(12,474)	(91)	18	14	(227)	22	(264)	(113)	–
(83,310)	Specialised Services	(13,842)	(146)	393	(31)	(473)	77	(180)	(60)	–
(99,104)	Surgery Head & Neck	(17,307)	(795)	906	128	(510)	(530)	(801)	(376)	(1,250)
(114,163)	Women's & Children's	(19,160)	(188)	301	(10)	(88)	(169)	(154)	(135)	(750)
(418,729)	**Sub Total – Clinical Divisions**	**(71,288)**	**(1,200)**	**1,664**	**102**	**(1,246)**	**(694)**	**(1,374)**	**(701)**	**(2,000)**
	Corporate Services									
(35,233)	Facilities And Estates	(6,288)	24	5	9	(5)	–	33	6	–
(23,933)	Trust Services	(4,075)	167	(153)	(26)	13	14	15	9	–
(1,287)	Other	550	(109)	66	122	(39)	3	43	16	–
(60,453)	**Sub Totals – Corporate Services**	**(9,813)**	**82**	**(82)**	**105**	**(31)**	**17**	**91**	**31**	**–**
(479,182)	**Sub Total (Clinical Divisions & Corporate Services)**	**(81,101)**	**(1,118)**	**1,582**	**207**	**(1,277)**	**(677)**	**(1,283)**	**(670)**	**(2,000)**
(17,535)	Reserves	–	–	334	–	–	–	334	167	–
(17,535)	**Sub Total Reserves**	**–**	**–**	**334**	**–**	**–**	**–**	**334**	**167**	**–**
29,552	**Trust Totals Unprofiled**	**4,426**	**(1,118)**	**1,916**	**206**	**(1,205)**	**(677)**	**(878)**	**(535)**	**(2,000)**
	Financing									
–	(Profit)/Loss on Sale of Asset	7	–	7	–	–	–	7	–	–
(21,920)	Depreciation & Amortisation – Owned	(3,428)	–	184	–	–	–	184	–	2,000
244	Interest Receivable	44	–	3	–	–	–	3	–	–
(315)	Interest Payable on Leases	(53)	–	(1)	–	–	–	(1)	(3)	–
(3,192)	Interest Payable on Loans	(533)	–	(1)	–	–	–	(1)	1	–
(9,369)	PDC Dividend	(1,364)	–	197	–	–	–	197	–	–
(34,552)	**Sub Total Financing**	**(5,327)**	**–**	**389**	**–**	**–**	**–**	**389**	**(2)**	**–**
(5,000)	**NET SURPLUS / (DEFICIT) before Technical Items**	**(901)**	**(1,118)**	**2,305**	**206**	**(1,205)**	**(677)**	**(489)**	**(537)**	**0**
	Technical Items									
4,558	Donations & Grants (PPE/Intangible Assets)	28	–	–	–	–	–	–	28	–
(4,219)	Impairments	–	–	–	–	–	–	–	–	–
–	Reversal of Impairments	–	–	–	–	–	–	–	–	–
(1,472)	Depreciation & Amortisation – Donated	(246)	–	–	–	–	–	–	–	–
(1,133)	**Sub Total Technical Items**	**(218)**	**–**	**–**	**–**	**–**	**–**	**–**	**28**	**–**
(6,133)	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**(1,119)**	**(1,118)**	**2,305**	**206**	**(1,205)**	**(677)**	**(489)**	**(509)**	**0**

<table>
<tr><th>Key Issue</th><th>RAG</th><th>Executive Summary</th><th>Table</th></tr>
<tr><td>Financial Risk Rating</td><td>A</td><td>The deficit before technical items for the two months ended 31 May 2015 is £0.901m. The Trust's overall Continuity of Services financial risk rating for the month is 4 (actual score 3.5, April = 3.5).

An Amber RAG rating has been applied because the Trust is adverse to Plan at this, albeit early, stage and capital debt service requirements are likely to be a significant feature of the Trust's CoSRR for the reporting of the first quarter's results.</td><td>Agenda Item 5.1</td></tr>
<tr><td>Service Level Agreement Income and Activity</td><td>A</td><td>Contract income was £1.05m lower than plan in May. Activity based contract performance at £66.73m to the end of May is £1.35m less than plan. Contract rewards / penalties at a net cost of £110k is £160k less than plan. Income of £11.37m for 'Pass through' payments is £0.62m lower than Plan.

<table>
<tr><th rowspan="2">Clinical Service</th><th rowspan="2">Activity to 31 May</th><th colspan="2">Higher than Plan</th><th colspan="2">Lower than Plan</th></tr>
<tr><th>Number</th><th>%</th><th>Number</th><th>%</th></tr>
<tr><td>A&E Attendances</td><td>20,288</td><td>205</td><td>1.0</td><td></td><td></td></tr>
<tr><td>Emergency
Non Elective</td><td>6,667
409</td><td>428</td><td>3.9</td><td>
24</td><td>
5.6</td></tr>
<tr><td>Elective
Day Cases</td><td>2,373
8,143</td><td></td><td></td><td>23
742</td><td>1.0
8.4</td></tr>
<tr><td>Outpatient Procedures
New Outpatients
Follow up Outpatients</td><td>13,060
24,395
48,311</td><td></td><td></td><td>420
1,564
1,273</td><td>3.1
6.0
2.6</td></tr>
</table>

An income analysis by commissioner is shown at Table INC 2.
Information on clinical activity by Division, specialty and patient type is provided in table INC 3.</td><td>Agenda Item 5.2</td></tr>
<tr><td>Savings Programme</td><td>R</td><td>The 2015/16 Savings Programme totals £19.879m. Actual savings achieved for April and May total £2.636m (79% of Plan), a shortfall of £0.704m. The 1/12th Phasing adjustment reduces the shortfall to date by £27k. The full year effect of 2015/16 schemes is estimated at £16.590m.</td><td>Agenda Item 5.4</td></tr>
<tr><td>Capital</td><td>A</td><td>The capital programme expenditure for 2015/16 is £34.610m. Actual expenditure of £2.267m is £1.730m less than forecast for the two months to 31 May 2015.</td><td>Agenda Item 6</td></tr>
</table>

Key Issue	RAG	Executive Summary	Table
Diagnostic & Therapies	G	£25k underspent to date compared to the Division's Operating Plan trajectory of £13k overspend. Income from activities is £52k favourable.	Agenda Item 5.3
Medicine	R	£0.264m overspent to date compared to the Division's Operating Plan adverse trajectory of £0.210m. Income from Activities is £0.227m adverse. The Division reports continued progress on nursing staff recruitment.	
Specialised Services	R	£0.180m overspent to date compared to the Division's Operating Plan adverse trajectory of £0.051m. Pay budgets overspent by £146k. This was mainly on nursing staff services to maintain staffing levels on the Cardiac ICU. Income from Activities is £0.473m adverse of which £0.307m relates to lower than planned cardiac surgery in patient work with capacity limited by a number of high acuity patients requiring longer lengths of stay.	
Surgery, Head & Neck	R	£0.801m overspent to date compared to the Division's Operating Plan adverse trajectory of £0.545m. Income from Activities is £0.510m adverse through underperformance within Ophthalmology, Oral Surgery and Cardiac Surgery. Slippage and unidentified schemes on the savings programme is £0.530m adverse. Underspending on the non pay heading includes corporate support and moneys issued to fund additional clinical activity.	
Women's & Children's	R	£0.154m overspent to date compared to the Division's Operating Plan adverse trajectory of £0.210m. The overspending for May is £19k. The principal factors are the overspending on pay budgets (£188k) and non achievement of savings programme (£169k). The under spending on non pay budgets includes moneys for service developments and SLA changes.	
Facitities & Estates	G	£33k underspent to date.	
THQ	G	£15k underspent to date.	
Statement of Financial Position	G	The cash balance as at 31 May was £70.5m. The total value of debtors has increased by £2.907m in the month to £18.608m. The invoiced debtor balance equates to 11.4 debtor days. Creditors and accrual account balances total £78.3m. Payment performance for the month for Non NHS invoices by volume within 30 days was 89%.	Agenda Item 7

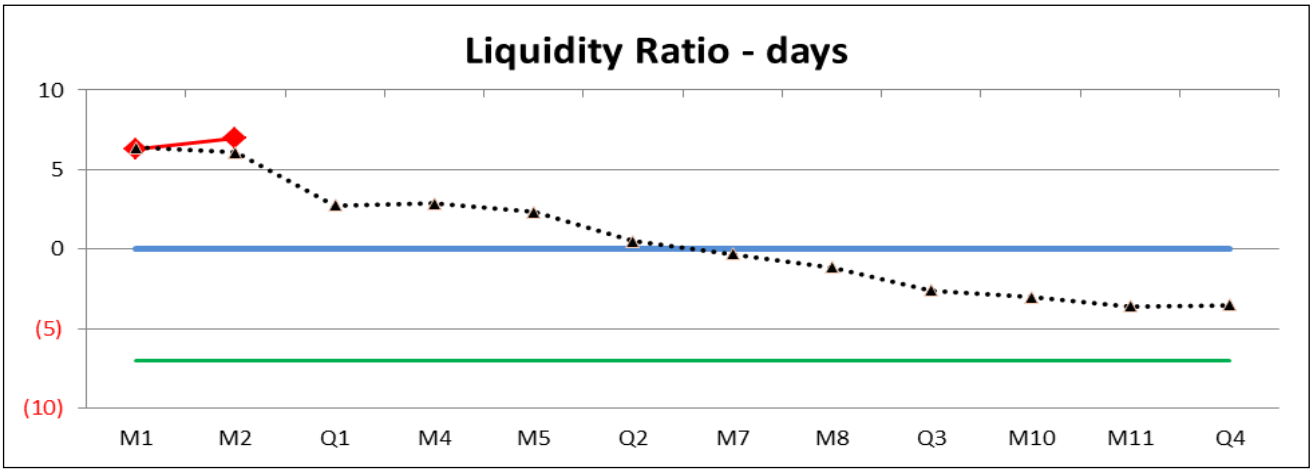
University Hospitals Bristol NHS
NHS Foundation Trust

Appendix 4

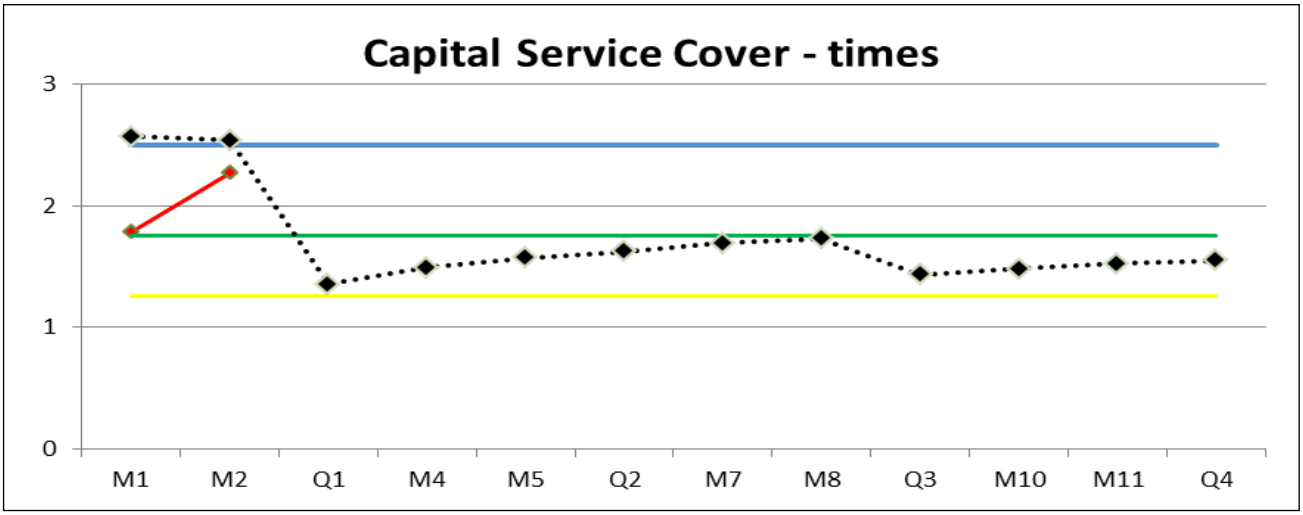
Continuity of Services Risk Rating – May 2015 Performance

The following graphs show performance against the two Continuity of Services Risk Rating metrics. The 2015/16 Annual Plan is shown as the black line against which actual performance will be plotted in red. The metric ratings are shown for **4 (blue line)**; **3 (green line)** and **2 (yellow line)**.

	Outturn March 2015	Plan March 2016	Actual April 2015	Actual May 2015
Liquidity				
Metric Performance	5.61	(3.48)	6.32	6.96
Rating	4	3	4	4
Capital Service Cover				
Metric Performance	2.86	1.55	1.78	2.27
Rating	4	2	3	3
Overall Rating	**4**	**3**	**4**	**4**



	Plan March 2016 £'000	Actual April 2015 £'000	Actual May 2015 £'000
Annual Operating Expenses	**555,561**	**546,684**	**542,802**
Current Assets	81,245	102,115	100,190
Less Inventories	(10,087)	(11,769)	(11,373)
Less Assets held for Sale	-	-	-
Current Liabilities	(76,530)	(80,749)	(78,329)
Totals	**(5,372)**	**9,597**	**10,488**
Metric Performance - days	**(3.48)**	**6.32**	**6.96**



	Plan March 2016 £'000	Actual April 2015 £'000	Actual May 2015 £'000
Revenue available for debt service			
Surplus / (Deficit) after technical items	(6,133)	(1,049)	(1,119)
Impairments	4,219	-	-
PDC Expense	8,184	682	1,364
Depreciation	22,286	1,838	3,674
Interest payable on loans and leases	3,396	288	586
Gain / loss on asset disposals	-	-	(7)
Donations / Grants	(4,558)	(28)	(28)
Total	**27,394**	**1,731**	**4,470**
Capital servicing costs			
PDC Dividend	8,184	682	1,364
Interest on Borrowings	3,088	261	533
Interest on Finance Leases	308	27	53
Loan Principal Repayments	5,834	-	-
Finance Lease Capital Repayments	269	-	23
Total	**17,683**	**970**	**1,973**
Metric Performance - cover	**1.55**	**1.78**	**2.27**

Key Financial Risks **Appendix 5**

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income from Activities - Clinical Activity									
Current Month									
Plan	(2,956)	(3,986)	(4,265)	(6,063)	(7,961)	(307)	-	(8,294)	(33,832)
Actual	(2,975)	(3,802)	(3,927)	(5,787)	(8,421)	(303)	-	(8,486)	(33,701)
Variance Fav / (Adv)	19	(184)	(338)	(276)	460	(4)	-	192	(131)
Year to date									
Plan	(5,990)	(7,953)	(8,597)	(12,238)	(16,106)	(620)	-	(16,573)	(68,077)
Actual	(5,968)	(7,769)	(8,103)	(11,688)	(16,286)	(609)	-	(16,297)	(66,720)
Variance Fav / (Adv)	(22)	(184)	(494)	(550)	180	(11)	-	(276)	(1,357)

The information shown in this section relates to performance against the planned level of activity for May and year to date for service level agreements with Commissioners. Contracts, at the time of writing, had not yet been signed. Divisional management budgets may have small differences in their planning assumptions to reflect their plans to earn extra income from other sources e.g. private patients. More detailed information on performance within divisions is provided in divisional reports included under item 5.3 of the Finance Committee agenda.

Income from Activities - Contract Rewards / Penalties

Current Month									
Plan	-	(29)	(4)	(11)	(3)	-	-	64	17
Actual	-	(15)	(2)	(3)	(2)	-	-	(93)	(115)
Variance Fav / (Adv)	-	14	2	8	1	-	-	(157)	(132)
Year to date									
Plan	-	(57)	(8)	(22)	(6)	-	-	147	54
Actual	-	(50)	(7)	(19)	(6)	-	-	(28)	(110)
Variance Fav / (Adv)	-	7	1	3	-	-	-	(175)	(164)

Contract Rewards is included in total under the 'Corporate' heading with Actual matched to Plan at £0.659m. Other information included within the section including 'Corporate' relates to Contract Penalties.

Income / Savings shown as credit values. Expenditure shown as debit values.

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost Improvement Programme									
Current Month									
Plan	(178)	(186)	(132)	(491)	(357)	(91)	(44)	(178)	(1,657)
Actual	(158)	(252)	(198)	(247)	(318)	(100)	(68)	(180)	(1,521)
Variance Fav / (Adv)	(20)	66	66	(244)	(39)	9	24	2	(136)
Year to date									
Plan	(357)	(371)	(264)	(983)	(713)	(182)	(89)	(354)	(3,313)
Actual	(263)	(393)	(342)	(453)	(544)	(182)	(103)	(356)	(2,636)
Variance Fav / (Adv)	(94)	22	78	(530)	(169)	(0)	14	2	(677)

The Trust's Savings Programme for 2015/16 is £19.879m. This is net of the £4.476m provided non-recurringly to support the delivery of Divisional Operating Plans. Savings of £1.521m have been realised for May (89% of Plan for the month), a shortfall of £0.136m against divisional plans. The shortfall to date is a combination of the adverse variance for unidentified schemes of £0.589m and a further £0.115m for scheme slippage. The 1/12th Phasing adjustment reduces the adverse position to date by 27k.

Agency Staffing Costs									
Current Month									
Plan	124	328	242	164	56	41	20	19	994
Actual	115	248	219	190	230	33	24	(9)	1,050
Variance Fav / (Adv)	9	80	23	(26)	(174)	8	(4)	28	(56)
Year to date									
Plan	248	714	481	328	112	82	41	38	2,044
Actual	221	572	424	362	419	80	21	(9)	2,090
Variance Fav / (Adv)	27	142	57	(34)	(307)	2	20	47	(46)

Planned expenditure on agency staff of £8.209m in 2015/16 is £3.337m or 29% lower than expenditure in 2014/15 of £11.546m. In total, for May, agency staff usage was £56k ahead of plan although it can be seen that a significant amount of higher than planned usage in the Women's and Children's Division continues.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report May 2015 - Risk Matrix

Risk Register Ref.	Description of Risk	Risk if no action taken		Action to be taken to mitigate risk	Lead	Residual Risk	
		Risk Score	Value			Risk Score	Value
			£'m				£'m
741	Risk that Divisons do not achieve the required level of cost efficiency savings.	High	10.0	Programme Steering Group established. Monthly Divisional reviews to ensure targets are met. Benefits tracked and all schemes risk assessed.	DL	High	5.0
962	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	High	-	Long term financial model and in year monitoring of financial performance by Finance Committee and Trust Board.	PM	High	-
2116	Risk of non delivery of contracted levels of clinical activity.	High	10.0	Robust approach to capacity planning - demand assessment and supply.	DL	High	10.0
1240	Risk of national contract mandates financial penalties on under-performance.	High	3.0	Regular review of performance. RTT fines increasing during the year.	DL	High	3.0
	Risk of Commissioner Income challenges	Medium	3.0	Maintain reviews of data, minmise risk of bad debts	PM	Medium	2.0
1623	Risk to UH Bristol of fraudulent activity.	Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	Low	-

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
15. Finance Chair's Update									
Sponsor and Author(s)									
Sponsor: Lisa Gardner, Chair of Finance Committee Author: Kate Parraman, Deputy Director of Finance									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To provide the Board with an update following the Finance Committee held on Tues 23 June. **Report to follow**.									
Recommendations									
The Board is recommended to receive the report for **assurance.**									
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)**

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
16. Estates Strategy Update									
Sponsor and Author(s)									
Sponsor: Deborah Lee, Chief Operating Officer/ Deputy Chief Executive Author: Deborah Lee, Chief Operating Officer/ Deputy Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

The purpose of this paper is to provide a 6 monthly update on progress against implementation of the Trust's estate Strategy which was approved by the Board in June 2014.

Key issues to note

The strategy set out the priorities for development and rationalisation of the Trust's estate over the next decade. There were two primary objectives set out in the strategy, and six supporting activities. Good progress has been made against all of the actions set out and further detail is provided at Appendix 1.

Recommendations

The Board is recommended to receive the report for **assurance** that appropriate progress is being made against the Estates Strategy.

Impact Upon Board Assurance Framework

Supports our strategic objective to ensure a safe, friendly and modern environment for our patients and staff.

Impact Upon Corporate Risk

Implementation of the strategy is a mitigation to risks relating to adequacy of patient care parking and ageing estate though does not directly address any referenced risk on the Corporate register

Implications (Regulatory/Legal)

Supports compliance with statutory estates requirements

Equality & Patient Impact

Has potentially to impact significantly on a positive patient experience and of note improve access for

patients with a disability.

Resource Implications			
Finance	**X**	Information Management & Technology	
Human Resources		Buildings	**X**

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)**

ESTATES STRATEGY – UPDATE ON PROGRESS

1.0 Introduction

This report provides a progress update against the recommendations of the Estate Strategy approved by the Board in June 2014.

2.0 Approved Estate Strategy

The approved strategy set out the options and approach for both the Old Building and Marlborough Hill sites to deliver a range of Trust non clinical objectives. The Strategy concluded with a set of primary and secondary recommendations as follows.

- *To evaluate the options for the future use of the Old Building site as set out in the strategy*
- *The redevelopment of land at Marlborough Hill*

A number of secondary recommendations were agreed as follows

- *An evaluation of the merits of acquiring the Myrtle road property, currently owned by Public Health England*
- *A proposal to declare the property known as The Grange surplus to requirements*
- *Retention of the Central Health Clinic subject to further evaluation, pending the outcome of the tender for sexual health services*
- *Declining the offer to acquire (from the Above and Beyond charity) the Abbots House and Honeypot properties for the development of parent accommodation*
- *Incorporation of the Tyndalls Park accommodation within the Marlborough Hill site plan development and the subsequent evaluation of the on-going requirements to retain the site*
- *An assessment of the strategic estate refurbishment priorities, to inform the deployment of £21m of strategic estates capital in the forward capital programme.*

3.0 Progress To Date

All aspects of the strategy have progressed and continue to progress. Implementation largely sits within the Chief Operating Officer portfolio, with the exception of the planning work to support future expansion of parents accommodation and the Campus Phase 5 programme, which both reside with the Director of Strategy and Transformation.

Objective	Progress
To evaluate the options for the future use of the Old Building site	• Outline scheme for site developed and currently in final discussions with third party to transact the site. • Planning Pre-application submitted, initial feedback received and discussions on-going. • District Valuer has confirmed site value and negotiations with potential purchaser ongoing. • Subject to satisfactory offer being received, proposal to Board in July 2015
Redevelopment of land at Marlborough Hill	• Planning discussions commenced and on-going for multi-storey care park solution, and associated re-provision of Trust Head Quarters • Discussions underway to secure vacant possession of Eugene Street flats • Two design options created and outline business case now being developed for both, and different delivery models
Acquisition of Myrtle Road	• Building not yet brought to market.
Disposal of the Grange	• Estate sold to University of Bristol.
Central Health Clinic	• Retained and refurbishment on-going. Pain clinic to relocate in Q2 2015.
Parents Accommodation	• Scheme to extend Southwell House in progress with support of The Grand Appeal (the building) and Above & Beyond (the land) • Expressions of interest from three charitable partners to support further development of parents accommodation
Tyndalls Park Accommodation	• Part of Marlborough Hill Phase 2, yet to commence
Strategic Capital	• Campus Phase 5 launched and long list of estates and development priorities identified (c£60m). • In light of constrained capital programme, in support of liquidity position, work to commence of evaluating long list to identify most immediate priorities which can be

	progressed within available capital (c£10m) • Programme architecture to support Phase 5 prioritisation and programme delivery being progressed by Director of Strategy and Transformation

Table 1 Progress Update, Estates Strategy Priorities

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
17. Partnership Programme Board Report
Sponsor and Author(s)
Sponsor: Robert Woolley, Chief Executive Officer Author: James Rimmer, Executive Director of Strategy and Transformation
Intended Audience

Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
Purpose To provide the Board with an update on matters considered at the May 2015 meeting of the University Hospitals Bristol and North Bristol NHS Trust Partnership Programme Board. Key issues to note The Partnership Programme Board meets on a bi-monthly basis and considers matters of relevance to the partnership agenda between University Hospitals Bristol and North Bristol NHS Trust with the aim of promoting highly effective joint working between the partner trusts for the benefit of patients and staff within the two organisations. A summary of the key issues discussed is provided to the Board, for information.
Recommendations
The Board is recommended to receive the report for **assurance.**
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)**

North Bristol NHS Trust
University Hospitals Bristol NHS Foundation Trust

The Partnership Programme Board

Held on Monday 18th May 2015

Key Points Summary

Improving Patient Flow in the Community
A formal review of Alamac has been agreed. The three Clinical Commissioning Groups have renewed Alamac for a further year.

Community Child Health
NBT have written to the Clinical Commissioning Group asking for the contract not be extended in year 2, following careful consideration against their Trust's Strategy. Staff had been informed and the information is now in the public domain.

Recruitment
Further discussion required as to what work we can do jointly to control agency costs.

Executive to Executive Meeting
The notes from the Executive to Executive meeting on 10th April were received. An update was given in respect of the joint capacity planning across the city.

NBT update
Phase 2 of their major development planning is ongoing. Disruption to staff was acknowledged, noting that this is expected until completion in June 2016. Good care is being delivered throughout the transition.

Noted that the vascular centralisation had gone well.

ED attendance had seen an increase in volume, with assessments showing that a proportion of the increase is from North Somerset.

UH Bristol update
Changes to the Executive Director team were noted and considered to be working well.

RTT and Cancer trajectories have been provided for the year.

System Leadership Forum including Common Ground on Joint Work on Urgent Care
Reported that this had not progressed as expected, and recognising that systems need to be aligned with leaders having a clear vision for the system.

Histopathology Transfer update
The transfer planning is still progressing, however, there are a number of issues regarding building infrastructure and IT.

Genomic Bid Development
Timelines for the bid have yet to be released. Progress is underway with the project infrastructure and a project manager, as well as a chair for the project board appointed.

Weston Update
Both Trusts have received visits from Taunton and Somerset NHS Foundation Trust for high level discussions regarding the approach to the acquisition and service models. A business case will be submitted to Taunton's July board meeting. Weston were scheduled to receive a CQC inspection in May.

Five Year Forward View Implications and Opportunities
Opportunities to progress the five year forward view are within the system leadership space.

A discussion ensued and some areas covered included tackling agency costs and opportunities for acute services. UH Bristol have flagged their internal areas which would be beneficial for joint discussion and areas that are being reviewed. It was agreed that at a board level it is important that we have some similarities in our strategy to specialist care.

Update on Strategy for University and Trust Liaison

University of Bristol, UWE, UH Bristol and NBT are committed to a better alignment of service and academic priorities and plans. This will be managed bilaterally with UH Bristol and the University of Bristol and UWE. Twice yearly all four organisations will meet to pull ideas together. David Wynick is preparing a Terms of Reference for the generic Strategic Partnership Boards to allow discussions to move forward.

Strategic Workforce Planning

The paper prepared for the South West Chief Executives Group in February had been pre-circulated. Robert Woolley reported that he had written to Chief Executives of all the acute trusts in the South West asking for their Human Resource Directors to meet to discuss the report. There is currently a forum that the NHS employers facilitate for Human Resource Directors across the south west taking place this week. The mandate is clear and set out the objective of what is it we can do across the South West to address the strategic workforce issues as well as the recruitment gaps and agency spends.

A cross-Bristol meeting on 7 day working has been difficult to set up. Sue Donaldson is looking to meet with Human Resource Directors, Medical Directors and Chief Nurses of UH Bristol, Bath and South Gloucestershire together to look at all these issues as quick as feasible. We need to consider what we can do to get Health Education England to support that strategic agenda.

Any Other Business

A discussion ensured regarding the IM&T support service to support both Trusts. Common support was agreed as a sensible idea.

The Chair for the Partnership Programme Board will be rotated to NBT, along with admin support for the next 3 meetings. UH Bristol will take on chairing and administration of the Executive to Executive meetings.

Date of Next Meeting

28th September 2015, 14.00 – 16.00, Conference Room, UH Bristol, Trust Headquarters.

Attendees

NBT

Andrea Young, Robert Mould, Chris Burton, and Anne Robson.

UH Bristol

Emma Woollett, Robert Woolley and James Rimmer.

Apologies

UH Bristol

John Savage and Sean O'Kelly.

NBT

Nishan Canagarajah and Harry Hayer.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
18. Corporate Governance Statement – Board self-certification of Compliance									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive Officer Author: Debbie Henderson, Trust Secretary									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

This report provides the necessary assurance for the Board to enable approval of the proposed Corporate Governance Statement for submission to Monitor on 30th June 2015.

Under the governance condition of the Provider Licence regime, the Board is required to submit the following self-certifications as part of its Annual Plan submission to Monitor on 30 June 2015:

- Corporate Governance Statement
- Joint Ventures and Academic Health Science Centre; and
- Training of Governors

The governance statement specifically requires the Board to confirm:

- Compliance with the governance condition at the date of the statement; and
- Forward compliance with the governance condition for the current financial year, identifying (i) any risks to compliance; and (ii) any actions proposed to manage those risks

Key issues to note

This paper outlines the proposed response for each question and the assurance in place to support the Board's self-certification process. The paper also clarifies achievement or non-achievement of the mitigating actions from the previous year submission (2014/15).

Those actions not achieved have been carried forward into the current year and/or explanations for non-achievement have been provided.

Recommendations

The Board is asked to approve the Corporate Governance Statement for submission to Monitor on 30th June 2015.

Impact Upon Board Assurance Framework

7. We will ensure we are soundly governed and are compliant with the requirements of our regulators.

Impact Upon Corporate Risk

N/A
Implications (Regulatory/Legal)
Statutory requirement/submission as part of the Trust's compliance with its Provider Licence
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)**

Corporate Governance Statement - Board Self Certification
30 June 2015

1. Background

The Risk Assessment Framework (RAF) requires Foundation Trusts to submit a one-year Operational Plan to Monitor as part of the annual planning process. Monitor uses the information provided in these documents primarily to assess the risk that an NHS Foundation Trust may breach its Licence in relation to finance and governance. Monitor will also assess the quality of the underlying planning processes.

Part of this annual planning process is the Board Statements. These Statements to Monitor are as follows:

30 June 2015 Submission

- Corporate Governance Statement – confirming compliance with condition FT (4) of the provider Licence;
- Certification for Academic Health Science Centres (AHSC) – as required by Appendix E of the Risk Assessment Framework (only required for Trusts that are part of a joint venture or AHSC, therefore, not applicable for University Hospitals Bristol NHS Foundation Trust); and
- Training of governor's statement – as required by section 151(5) of the 2012 Act (relating to the requirement for Foundation Trusts to ensure that Governors are equipped with the skills and knowledge they require to undertake their role).

2. Introduction

In accordance with Monitor's Risk Assessment Framework, to comply with the governance conditions of their Licence, NHS Foundation Trusts are required to provide a statement (the **Corporate Governance Statement**) setting out:

- any risks to compliance with the governance condition; and
- actions taken or being taken to maintain future compliance.

Where facts come to light that could call into question information in the corporate governance statement, or indicate that a Foundation Trust may not have carried out planned actions, Monitor is likely to seek additional information from the Foundation Trust to understand the underlying situation. Depending on the Trust's response, Monitor may decide to investigate further to establish whether there is a material governance concern that merits further action. The Trust is expected to submit its declarations to Monitor on 30 June 2015 immediately after the conclusion of the Board meeting.

3. Self-certification process

The Board declarations are made through the Corporate Governance Statements which are provided in the Risk Assessment Framework. A table top exercise has been undertaken with the aim of providing evidence relating to each of the

component parts of the Corporate Governance Statement to support the Board's assessment of its compliance with each of the key questions, the identification of any risks and mitigation and completion of the overall Statement. The proposed sources of evidence to substantiate thee statements in the Board's declaration is included as Appendix **A** to this paper.

In the event that the Trust is unable to fully self-certify, it must provide Monitor with commentary explaining the reasons for the absence of a full self-certification and the action it proposed to take to address the issues. Where the corporate governance statement indicates risks to compliance with the governance condition, Monitor will consider whether any actions or other assurance is required at the time of the statement or whether it is more appropriate to maintain a watching brief.

4. Recommendations

The Board is invited to:

a) Consider and, in light of the assurances described in the attached paper (Appendix A), certify each Statement and if unable to do so, agree what supporting commentary the Board wishes to submit; and

b) Approve (including any amendments agreed) the Corporate Governance Statement for submission to Monitor on 30 June 2015;

Robert Woolley
Chief Executive

University Hospitals Bristol NHS
NHS Foundation Trust

Corporate Governance Statement 2015/16

Corporate Governance Statement Reference	Suggested Evidence of Self-Certification (*Internal Use only*)	Risks and mitigating actions from 2014/15	Achieved / Not achieved	Risks and Mitigating actions for 2015/16	Proposed Board response
The Board is satisfied that University Hospitals Bristol NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	• Annual Report outlining Code of Governance compliance • Annual constitutional review • Annual Governance Statement providing assurance on the strength of Internal Control regarding risk management processes, review and effectiveness • ISA 260/External Audit Opinion on Annual Report and Quality Accounts • Head of Internal Audit Opinion and audit of quality indicators • Approved Internal Audit Plan • Internal and external audits with recommendations approved by Executive Leads and follow up process • Trust Board Governance Structure • Board Effectiveness Review • Monitor Operational Plan 2015/16 • Quarterly progress reports against corporate and quality objectives • Quarterly self-declaration	<u>Risks to compliance going forward</u> Lack of capacity and resources to further embed Monitor's requirements of good and effective corporate governance <u>Mitigating Actions</u> • Board cycle of business to include quarterly review of Corporate Governance Statement to ensure it remains an accurate assessment of the Trust's position • Introduction of Board Assurance Statement twice per annum to support the Annual Governance Statement • Alignment of Clinical Audit Plan with Trust's agreed quality priorities (Quality Accounts); Further work required to embed process and to fully understand how audit has supported improvement in clinical outcomes of care • External Agency Recommendations Policy developed for implementation to ensure the full Board is sighted • Strengthening of the Secretariat function to include a dedicated role with specific responsibility for	Partially achieved Not achieved Achieved Achieved Achieved – no requirement	<u>Risks to compliance going forward</u> Lack of capacity and resources to further embed Monitor's requirements of good and effective corporate governance <u>Mitigating Actions for 2015/16</u> • Board cycle of business to include quarterly review of Corporate Governance Statement to ensure it remains an accurate assessment of the Trust's position • Board Assurance Framework to be revised following Well Led Review Outcome • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in 2015	

	submissions to Monitor on financial and governance ratings • Monthly quality and performance reports to relevant committee and Board (including focus on workforce) • Programme of regular quality reports and reporting to committees and Board including: patient safety, workforce; patient experience; serious incidents; complaints; and trust wide learning • Monthly finance reports to the Board • Quarterly review of Board assurance framework and annual assessment of strategic objectives and associated risks • CQC reports and response to CQC inspection/actions • Risk Management Strategy and policy • Corporate and Divisional Risk Registers • IG Toolkit self-certification • Mandatory training compliance • Review of Code of Conduct for both Board and Council of Governors • SFIs, Scheme of Delegation and Standing Orders annual review • Board walk rounds • Staff appraisal performance and compliance	Compliance and Business Assurance • Increased risk management focus, development and roll-out of a comprehensive risk training and awareness programme; review of risk management Strategy	for additional post Achieved		

The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time	• Monitor guidance generally implemented on an ongoing basis, e.g. Risk Assessment Framework/ Code of Governance • Compliance with the guidance on Well Led Governance Reviews • Annual self-assessment on Monitor's guidance on strategic planning undertaken • Annual review of compliance with Monitor's Code of Governance as part of Annual Report submission • PwC technical updates to the Audit Committee advise on forthcoming changes to regulation	<u>Risks to compliance going forward</u> Lack of capacity and resources to fully embrace and adopt improved corporate governance processes, procedures and systems, leading to a potential degradation in the Trust's corporate governance <u>Mitigating Actions</u> • The proposed new lead for Compliance and Business Assurance will be responsible for reviewing guidance(s) from Monitor and producing briefing reports for the Executive Team, Trust Board (and Council of Governors (where relevant) on the implications of any new guidance and draw up plans for adoption and implementation plans where appropriate • The Trust Secretary in conjunction with the Head of Workforce and OD to develop and roll-out an improved training and development programme in Q2 2014/15 for Board and Council of Governors	No longer required – Trust Secretariat/ Executive Team responsibility via revised portfolios Partially achieved	<u>Risks to compliance going forward</u> Lack of capacity and resources to fully embrace and adopt improved corporate governance processes, procedures and systems, leading to a potential degradation in the Trust's corporate governance <u>Mitigating Actions for 2015/16</u> • Work on-going to develop and roll-out an improved Board development programme • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in 2015	
The Board is satisfied that the Trust implements: (a) effective board and committee structures; (b) clear responsibilities for its Board, for committees	• Board committee and governance structure • Reports and minutes from Committees and the Board • Review of the effectiveness of the Board and its committees and Board development/seminar sessions • Terms of reference for Board, committees and working groups	<u>Risks to compliance going forward</u> Immaturity of existing committee and governance structures/lagging behind pace of external requirements leading to a loss of effective Trust Board oversight. Committees become overburdened, thereby reducing effectiveness The Board committees become mired in operational detail and lose strategic focus		<u>Risks to compliance going forward</u> Immaturity of existing committee and governance structures/lagging behind pace of external requirements leading to a loss of effective Trust Board oversight. Committees become overburdened, thereby reducing effectiveness The Board committees become mired in operational detail and lose strategic focus	

reporting to the Board and for staff reporting to the Board and those committees; and (c) clear reporting lines and accountabilities throughout its organisation	• Annual reports from committees and review of terms of reference/ annual forward planners • Internal Audit reports on corporate governance related issues • Annual Governance Statements • Annual self-assessment of compliance with Monitor Code of Governance • Review of the Trust Constitution, Standing Orders, SFIs and Scheme of Delegation • Cross Board Committee NED Membership and reporting lines • Individual board members annual objectives, appraisals and development plans • Board member training records • Performance Management Framework • Risk management strategy outlining flow of information through the organisation regarding risks and the management of corporate and local risks including escalation and de-escalation • Statutory disclosure of Director' responsibilities in Annual Report • Code of Conduct of Board Members and Governors • Organisational Structure	The governance structure becomes cumbersome, increasing bureaucracy and resulting in loss of clear reporting lines. <u>Mitigating Actions</u> • All Board Committees and Executive Assurance Committees review their terms of reference and carry out an annual effectiveness review /'fit for purpose' test on an annual basis; Alignment of meeting dates/terms of reference/forward planners etc for all Committees • All Board sub-committees produce post meeting key issue reports to the Board to highlight areas of concern and good practice; any matters escalated for board approval • Development in Q2 2014/15 of an Assurance and Escalation Framework, the aim of which will be to ensure that through the articulation of the assurance vision and explanation of key aspects within the relevant system and processes there is a common understanding throughout the Trust of what is meant by assurance and its importance in a well-functioning organisation • Development and roll-out an improved training and development programme in Q2 2014/15 for Board and Council of Governor members • Roll-out and embedding of the	Achieved Achieved Not achieved (see action for 2015/16) Partially achieved	The governance structure becomes cumbersome, increasing bureaucracy and resulting in loss of clear reporting lines. <u>Mitigating Actions for 2015/16</u> • Recommendation from Interim Trust Secretary to develop an Assurance and Escalation Framework, however, not accepted pending outcome of the Independent Review against Monitor's Well Led Governance Framework • Work on-going to develop and roll-out an improved Board development programme • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in 2015	

		Performance Management Framework (approved by the Senior Leadership Team in June 2014) • Development and roll-out of a Decision Rights Framework/ Accountability Matrix in Q2 2014/15 • Development of a BAF Policy in Q2 2014/15 • External governance review commissioned in Q2 2014/15	Achieved Achieved No longer required (development of an Assurance & Escalation Framework) Achieved in Q4		
The Board is satisfied that the Trust effectively implements systems and/or processes: (a) to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively; (b) for timely and effective scrutiny and oversight by the Board of the Licence holder's operations; (c) to ensure	• The Board has access on an ongoing basis to inform its assessment of the risks to compliance with its Licence: - Monthly performance data to the Board and reviewed in respect of targets and standards, in line with Risk Assessment Framework. - Programme of regular quality reports and monitoring information in respect of workforce, patient safety, patient experience, serious incidents, complaints and infection control - Monthly Board finance reporting the overall financial	<u>Risks to compliance</u> Lack of capability, capacity and resources to effectively manage regulatory requirements of the Licence. Assurance of the accuracy, timeliness and consistency of data and reporting/performance tools with the potential to compromise decision-making. Financial sustainability/Delivery of Efficiency Programme. Potential gaps for compliance assurance reporting. Board does not have sufficient insight/awareness of risk to compliance. <u>Mitigating Actions</u> • The proposed new lead for	No longer required –	<u>Risks to compliance</u> Lack of capability, capacity and resources to effectively manage regulatory requirements of the Licence. Assurance of the accuracy, timeliness and consistency of data and reporting/performance tools with the potential to compromise decision-making. Financial sustainability/Delivery of Efficiency Programme. Potential gaps for compliance assurance reporting. Board does not have sufficient insight/awareness of risk to compliance. <u>Mitigating Actions for 2015/16</u> • Annual monitoring of Licence compliance to be reported via the Audit Committee as part of Annual	

compliance with healthcare standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of healthcare professions; (d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern); (e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	position/performance against efficiency savings and key financial risks - Quarterly consideration of Financial Risk Rating (FRR), Continuity of Service Risk Rating (CoSRR) through self-declaration to Monitor and supporting narrative • Monthly Chief Executive report to the Board • Annual Plan and business planning process/scrutiny/ challenge to KPI Board metrics • Monitoring complaints, survey results, incidents, claims and effective reporting mechanisms that provide intelligence triangulation • Board committee structure providing ongoing review, scrutiny and monitoring of required development actions throughout the year – ensuring the Board has appropriate mechanisms to respond should any concerns develop in year • Annual internal audit programme confirmed by annual accounts audit opinion and ISA 260 report to Audit Committee • Divisional performance review meetings /service line meetings • Quarterly Board report on progress with key elements of	Compliance and Business Assurance will provide day to day specialist advice, monitoring, supporting and carrying out investigations to ensure the development of effective compliance and assurance across the Trust • Quarterly monitoring of Licence compliance reporting factored into the Audit Committee cycle of business (forward planner) • Board Assurance Framework reported on a quarterly basis to Audit Committee and Board • NED confirm and challenge ongoing programme an priority focus • Further development of Service Line management, monitoring and reporting to enhance decision-making and timely action • Development of stakeholder mapping and engagement strategy/ implementation plan in order to inform, influence and enhance relationships across the health system (Commissioning, provision, scrutiny) • Robust challenge of going concern assumptions • Board self-assessment of strategic planning process using Monitor's self-assessment tool	Trust Secretariat/ Executive Team responsibility via revised portfolios Not achieved Achieved Achieved Achieved Achieved Achieved	Reporting Process • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in 2015	

(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) to ensure compliance with all applicable legal requirements	the organisation's strategy and corporate objectives • Regular reporting to relevant committees and Board on compliance with CQC Fundamental Standards • IG Toolkit annual submission • Cleanliness audits/PLACE inspections/Clinical Audit & Effectiveness programme /Infection Control standards • CCG Contract review meetings • Monthly Board finance reports to Finance Committee and Board, including progress on delivery of efficiency savings programme • Internal audit reports on financial systems and controls • External audit report (ISA 260) on the Annual Report and Accounts • Approval of the operational plan and financial plan • Annual cycle of business (forward planner) for Board and committees ensuring appropriate scheduling of reports • Corporate Risk Register and Board Assurance Framework reports key risks for finance and performance • Board assessment of strategic risks • Risks and mitigations identified in Monitor's Operational Plan/ Annual Report and Long Term				

	Financial Model • The Corporate Risk Register and mitigating actions monitored by Risk Management Group, Senior Leadership Team, committees and Board • Trust's going concern review • Cost Improvement plans and budget setting process • Governance arrangements (Constitution, Standing Orders, SFIs, Scheme of Delegation • Annual Clinical Audit Plans • Board walk rounds • Staff and Patient Surveys • Review of SIs, RCAs link to learning, adherence, improvement				
The Board is satisfied: (a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) that the Board's planning and decision-making processes take timely and appropriate account	• Quarterly and annual self-declarations to Monitor • Appraisal outcomes • Board approved Remuneration Committees Terms of Reference • Details of training undertaken by NEDs and EDs • Board Induction Programme, skills audit and succession planning • Register of interests and standards of business conduct • Pre-employment checks; contractual conditions regarding other employment • Constitution - Board composition and work of	<u>Risks to compliance</u> The Board has insufficient representation or focus on quality. Insufficient time at meetings is dedicated to quality of care and the impact a decision made may have on quality. The Board does not receive adequate information to enable it to identify a deterioration in the quality of services or care delivery. <u>Mitigating Actions</u> • Agendas are developed with appropriate regard for discussions relating to the quality of care	Achieved	<u>Risks to compliance</u> The Board has insufficient representation or focus on quality. Insufficient time at meetings is dedicated to quality of care and the impact a decision made may have on quality. The Board does not receive adequate information to enable it to identify deterioration in the quality of services or care delivery. <u>Mitigating Actions for 2015/16</u> • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in	

of quality of care considerations; (c) the collection of accurate, comprehensive, timely and up to date information on quality of care; (d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) that the Trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) that there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for	Remuneration Committee • Approved Quality Strategy and Quality Accounts • Patient Story to every Board meeting • Board line of sight – walk rounds • Confirm and challenge focussing specifically on complaints process – complaints trends and themes to Board • External assurance on Quality Account • CQC Intelligent Monitoring/ CQC Compliance assessment • Annual Plan • Head of Internal Audit Opinion • Quality Impact Assessments • Clinical Audit plan improvements – time required to understand progress and link to improvements in outcomes of care • IG toolkit compliance reporting • Clinical audit plan • CQUIN performance reports • Committee meeting minutes focusing on quality improvement • Complaints, claims and incidents reporting • SUI reporting to Board via relevant committee, robust RCA process with further work commencing to improve learning loop and dissemination of learning	• The Board's sub-committee responsible for quality, provides the Board with adequate assurance that the Board's decisions take timely and appropriate account of quality considerations • Quality Impact Assessments (QIA) are carried out as part of the risk assessment for Board decisions • The Board and its quality sub-committee, regularly review the insights into the quality of services provided through the dashboards and associated metrics for signs of any pending or actual deterioration in quality of care and takes robust and timely remedial action	Achieved Achieved Achieved	2015	

escalating and resolving quality issues including escalating them to the Board where appropriate	• Board monthly quality dashboard • Survey outcomes to Board with remedial actions • Data quality focus increasing – validation, internal audit focus, business analysts, coding, Buddying arrangements etc • Annual Plan Engagement • Friends and Family Test, patient and staff surveys • CoG Project Focus Groups – independent, influencing agenda CoG and committees • Governor feedback and activity – PLACE audits etc • Quality Strategy driving analysis of Trust's performance on key quality metrics • Direct link to quality improvement through quality accounts and quality strategy • National reporting mechanism to Board (Berwick) • Board approved Committee ToRs – clear responsibilities • Executive job descriptions • Transformation strategy • Risk registers supported by quality issues captured in Divisional registers • SLT escalation protocols re off plan performance/quality				
The Board of University Hospitals Bristol NHS Foundation Trust	• Formal, rigorous and transparent procedure for the appointment of new directors to the Board	<u>Risks to compliance</u> The inability to recruit Board members with the right skill mix and/or appropriate qualifications		<u>Risks to compliance</u> The inability to recruit Board members with the right skill mix and/or appropriate qualifications	

effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence	• Board approval of constitution review • Board is comprised of appropriately qualified Director of Finance, Medical Director and Chief Nurse • Employment checks • Annual skills and competencies audit and annual appraisal process • Minutes of Remuneration and Nomination Committee (EDs)/Council of Governors' Nomination and Appointments Committee (NEDs) • Nursing staffing review/monitoring of nursing numbers • Revalidation process for doctors • HR policies and procedures • Board development programme in place	Supply and availability of suitably qualified clinical staff <u>Mitigating Actions</u> • Processes for recruitment of Board members reviewed periodically for compliance with best practice • The Board annually reviews its skill mix and ensure alignment with strategic plans to ensure capability to deliver • Regular nursing recruitment drives	Achieved Achieved Achieved	Supply and availability of suitably qualified clinical staff. <u>Mitigating Actions 2015/16</u> • Work toward completion of agreed actions and recommendations from the Independent Well Led Governance Review conducted in 2015	
TRAINING FOR GOVERNORS The Board is satisfied that during the financial year, most recently ended the Trust has provided the necessary training to its Governors as required by in s151(5) of the Health and Social Care Act,	In consultation with the Council of Governors, a development programme for Governors has been in place during 2014/15 and has being strengthened for 2015/16. The programme was established to provide governors with the necessary core training and development of their skills to perform the statutory duties of governors effectively and to discharge their responsibilities with	N/A	N/A	N/A	N/A

to ensure they are equipped with the skills and knowledge they need to undertake their role	enhanced levels of insight. The programme reflects Monitor's guidance for governors and was co-created with governors using self-assessment and the Constitutional Focus Group. There is also range of other opportunities for training and development provided to governors in the course of their attendance at various project groups and other meetings and activities throughout the year.				
CERTIFICATIONS ON ACADEMIC HEALTH SCIENCE CENTRE (AHSCS) AND GOVERNANCE For NHS Foundation Trusts: • That are part of a major Joint Venture or AHSCS; or • Whose Boards are considering entering into either a major Joint Venture or an AHSC	N/A	N/A	N/A	N/A	N/A

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
19. Audit Committee Chair's report									
Sponsor and Author(s)									
Sponsor: John Moore, Chair of Audit Committee Author: John Moore and Debbie Henderson, Trust Secretary									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose
To provide the Board with an update following the Audit Committee Meeting held on 9th June.

Key issues to note
The Committee demonstrated considerable challenge particularly with regard to Single Tender Actions, Procurement Controls, Internal Audit Annual Report and Clinical Audit. The Committee received significant assurance on these areas of challenge.

The Committee also received reports from the Chair and Quality and Outcomes Committee and Finance Committee to ensure continuous triangulation of Trust wide issues.

Recommendations

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

Impact Upon Board Assurance Framework

N/A

Impact Upon Corporate Risk

N/A

Implications (Regulatory/Legal)

N/A

Equality & Patient Impact

N/A

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees

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

Audit Committee Chair Report

1. Purpose

The purpose of this report is provide assurance to the Board of Directors that the Committees it has formally constituted, are meeting in accordance with their terms of reference and to advise members of the Board on the business transacted at the meeting held on 9th June 2015 and invite questions from non-committee members.

2. Key issues for the attention of the Board of Directors

Single Tender Actions
Committee members noted an STA above the threshold of £100k for refurbishment work in the Estates dept. Clarity had been provided post-meeting on the validity of the STA.

Local Counter Fraud Service Annual Report 2014/15
The Committee received assurance that staff training had been being strengthened with regard to attempted fraud to promote vigilance amongst all staff about such scams.

The Committee discussed the effectiveness of informing and involving staff to develop an anti-fraud culture and it was acknowledged that the LCFS team were improving the way in which information is provided to staff at induction.

Internal Audit Annual Report 2014/15
The Committee noted that following a self-assessment of Audit South West's compliance with the Public Sector Internal Audit Standards, it had been confirmed that they continued to comply with Internal Audit Standards and had strong procedures and arrangements in place to develop plans and deliver assignments.

Losses and Compensation Report
With regard to bad debts incurred in relation to overseas patients, it was noted that legislation had changed as of 1st April 2015 and the Trust had commenced a 30-week programme to improve the process. It was noted that the Finance Committee would oversee this work.

Clinical Audit Forward Plan 2015/16
There were 220 projects on the 2015/16 forward plan, with all major specialisms with the majority of sub-specialities represented. Seven of the audits were linked to national CQUINs with five of these linked to priorities of the Care Quality Commission action plan.

Clinical Audit Quarterly Report
Overall 73% of all activity had been commenced by year-end, which represented a 10% increase on 2013/14. The report showed progress against the 2015/16 plan with 84% of all activity commenced according to the planned timescale, including 94% of Priority 1 audits.

Clinical Audit Benchmarking Exercise
The report detailed the findings of a benchmarking exercise on the function of the clinical audit remit compared with other NHS Trusts. The report highlighted strength in terms of robust systems and processes with a number of processes and tools developed by the UHB team being adopted by other Trusts both nationally and internationally.

Hosted Organisations – Governance Arrangements

The Committee were asked to consider the key questions to provide the Board with an appropriate level of assurance in relation to governance arrangements for organisations hosted by the Trust. The Chief Executive will submit a report to the September Audit Committee meeting.

3. Emerging themes for the attention of the Board of Directors (including items for escalation)

Amber-rated issues contained in the Internal Audit Annual Report 2014/15 were as follows:

Non-purchase order procurement
Work had commenced to ensure training in relation to fraud would be incorporated into staff training focusing on setting best practice, setting expectations and ensuring compliance. The Chief Executive also agreed to incorporate this into Executive Director work-plans for the coming year.

A discussion took place with regard to the pace of change in relation assurance relating to separation of duties and awareness of contracts and requested clear milestones by which segregation of duties would be embedded across the Trust.

Data storage
Development of a Data Retention Policy would be undertaken by Debbie Henderson, Trust Secretary to restore the rating from Amber to Green.

Medical staff revalidation
Internal Audit confirmed that serious incidents had been analysed and that these had been on medical staff records, but they had not reached the revalidation point as yet. Work remained on-going.

Medical staff leave records
Work remained ongoing.

4. Governance and risks for the attention of the Board

The Board should note the following in terms of governance, assurance and oversight:

- Assurance and controls relating to overseas patients and bad debts will be monitored via the Finance Committee.

- The Clinical Audit Annual Report will be submitted to the Quality and Outcomes Committee for assurance in July.

5. Key areas of challenge and scrutiny

The Committee demonstrated considerable challenge particularly with regard to Single Tender Actions, Procurement Controls, Internal Audit Annual Report and Clinical Audit. The Committee received significant assurance on these areas of challenge.

The Committee also received reports from the Chair and Quality and Outcomes Committee and Finance Committee to ensure continuous triangulation of Trust wide issues.

6. Decisions and Actions

The following actions were taken at the meeting on 9th June 2015:

- Seek clarity with regard to the validity of STA's above the threshold of £100,000
- A report on key milestones to embed segregation of duties relating to non-purchase order procurement to be provided to the September meeting of the Committee
- A report on the governance processes relating to Hosted Organisations be undertaken and reported to the December meeting of the Committee

John Moore
Non-Executive Director and Chair of the Audit Committee
Date:

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
20. Board of Directors Register of Interests									
Sponsor and Author(s)									
Sponsor: John Savage				Author: Amanda Saunders, Head of Membership & Governance					
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose The purpose of this report is to present the Register of Directors' Interests for consideration by the Trust Board of Directors for assurance. A Trust-wide request for staff to Register Interests, Declare a Nil Return and to update the Register of Hospitality & Gifts has also been undertaken and will be presented to the Board in July.									
Recommendations									
The Board is recommended to receive the report for **assurance.**									
Impact Upon Board Assurance Framework									
N/A									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
Regulatory and statutory requirement to undertake this report annually									
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)**
		9/6/2015			

Trust Board - Register of Business Interests - Updated June 2015

University Hospitals Bristol NHS
NHS Foundation Trust

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
John	Savage	Chairman	Nil return	N/A	01.06.15
Robert	Woolley	Chief Executive	Director of West of England Academic Health Science Network Member of the governing body of Health Education South West	No No	01.06.15
Deborah	Lee	Deputy Chief Executive and Chief Operating Officer	Nil return	N/A	01.06.15
Paul	Mapson	Director of Finance and Information	Nil return	N/A	02.06.15
Carolyn	Mills	Chief Nurse	Nil return	N/A	05.06.15
Sean	O'Kelly	Medical Director	Non-Executive Director Somerset Clinical Commissioning Group Special Advisor, Care Quality Commission	Yes No	08.06.15
James	Rimmer	Executive Director of Strategy and Transformation	Trustee of St. Matthew's Church, Bristol Trustee, Changing Times	No No	08.06.15
Sue	Donaldson	Director of Workforce & Organisational Development	Nil return	N/A	06.06.15

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
Emma	Woollett	Non- Executive Director, Vice-Chair	Woollett Consulting Ltd, consultancy services to NHS organisations, avoid conflict of interest with UH Bristol role Associate with KPMG including NHS projects, avoid conflict of interest with UH Bristol role Trustee of Above and Beyond (until Sept 2015)	Yes Yes No	01.06.15
John	Moore	Non-Executive Director, Chair of Audit Committee	Managing Director at Ezitracker Ltd until May 2015, part if CMM Ltd which supports community based organisations - NHS and other In process of establishing domiciliary care business in Bristol	Yes No	05.06.15
Lisa	Gardner	Non-Executive Director, Chair of Finance Committee	Interim Finance Director at Above & Beyond Director of Watershed Trading Limited & Watershed Trust	Yes No	01.06.15
Alison	Ryan	Non-Executive Director, Chair of Quality & Outcomes Committee	CEO Weldmar Hospicecare Trust - voluntary sector specialist palliative care agency in Dorset	Yes	01.06.15
David	Armstrong	Non-Executive Director	Head of Profession at Chartered Quality Institute, registered charity under Royal Charter	Yes	02.06.15

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
Julian	Dennis	Non-Executive Director	Nil return	N/A	01.06.15
Guy	Orpen	Non-Executive Director	Deputy Vice-Chancellor and Provost Bristol University Director of the Bristol 2015 Company – links with Bristol City Council and Bristol Green Partnership Member of the Council (Board) of the Natural Environment Research Council	Yes No Yes	08.06.15
Jill	Youds	Non-Executive Director	Non-Executive Director, NEST Corporate and Trustee for NEXT Pension Scheme Chair, Judicial Pensions Board Chair, Northern Ireland Judicial Pensions Board Non-Executive Director, Hoople Ltd Managing Director, Cresco Business Solutions	Yes Yes Yes Yes Yes Yes	01.06.15

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
21. Monitor Governance Risk Rating Decision and Feedback on Quarter 4, Risk Assessment Frameworks submission									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive Officer Author: Debbie Henderson, Trust Secretary									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

The purpose of this report is to inform the Trust Board of Directors of Monitor's analysis of the Trust's Quarter 4 submission. Monitor's analysis of the quarter 4 submission is based on the Trust's risk ratings relating to Continuity of Services and Governance, which the Trust submission as follows:

- Continuity of Services Risk Rating – 4
- Governance Risk Rating – Green

Key issues to note

Following the conclusion of Monitor's review of whether the Trust's target failures indicate underlying governance concerns, Monitor have decided to return the Trust to a governance rating of Green.

The correspondence from Monitor outlines the rationale for the decision and acknowledges the work that the Trust, together with its partners, has undertaken to progress the reinstatement of the Green rating.

Recommendations

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

Impact Upon Board Assurance Framework

Annual Objective to improve patient experience by ensuring patients have access to care when they need it and are discharged as soon as they are medically fit - we will achieve this by delivering the agreed changes to our Operating Model – this report results in no change to the Board Assurance Framework

Impact Upon Corporate Risk

Corporate Risk Number 2479 – Performance risk to Monitor Green Rating – this report results in no change to the Corporate Risk Register.

Implications (Regulatory/Legal)

Compliance with the conditions of the Trusts Provider Licence

Equality & Patient Impact

There are no equality implications as a result of this report. Potential impact on patient experience as a result of the Trust's failure to meet targets.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

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

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

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3 June 2015

Mr John Savage
Chair
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Dear John

University Hospitals Bristol NHS Foundation Trust (the "Trust") - Decision to return the Trust to a governance rating of Green

As set out in our letter dated 29 January 2015, "our letter", we decided to place the Trust under review and consider whether further regulatory action was needed following a number of target failures. I am writing to inform you that we have concluded our review of whether the target failures indicate underlying governance concerns at the Trust and have decided to return the Trust to a governance rating of Green.

We have outlined below a summary of our reasons not to open an investigation and our regulatory approach and expectations going forwards as communicated to the Deputy Chief Executive on our call on 1 June 2015.

1. Reasons for decision not to investigate

In our letter we set out our expectations that the Trust, jointly with its system partners, should deliver the following to assure us of a return to sustainable compliance.

- Forecast trajectories to compliance for each of the RTT admitted, non admitted and incomplete standards to be prepared in conjunction with commissioners by the end of February 2015;
- A month on month reduction in the Trust's backlog (and therefore an improvement in the Trust's RTT incomplete standard performance) underpinned by agreed activity plans with commissioners;
- The cluster KPIs for each of the 4 delivery cluster areas (front door, admission avoidance, flow and discharge) in the Trust's whole system four hour recovery plan or where these are not achieved clear evidence of improvement over time with an explanation for the underachievement and plans to mitigate this going forward;
- Clear evidenced improvement against the CQC recommendations with regards to patient flow; and

- Compliance with the Cancer target adjusted for late referrals in Q4 2014/15 and clear improvement over time in the overall non-adjusted Cancer target.

We acknowledge the work that the Trust, together with its partners, has undertaken to progress the above which has included:

- Providing commissioner agreed RTT trajectories to the requested deadline which were underpinned by the demand and capacity modelling work that the Trust has undertaken with the support from IMAS;
- Delivering RTT performance in March over and above its trajectories and continually reducing its backlog over the months January to March 2015;
- Providing RTT refresher training as part of the move to direct reporting from Medway;
- Developing a "plan for a plan" to move to direct reporting of RTT performance from Medway to be provided to Monitor by 5 June 2015;
- Improvement on certain elements within the cluster KPIs such as the improvement in the time to treatment and initial assessment, recent reduction in bed occupancy and reduction in Green to Go, together with progress against the CQC recommendations relating to patient flow. This has translated into a recent improvement in overall A&E performance with 95.0% and 94.8% in March and April 2015 respectively;
- Engaging with the wider system including the CCGs and the reconstituted Cancer network to reduce the number of late referrals and improve pathway management; and
- Commissioning Deloitte to undertake a well-led review and extending this to look at divisional governance.

While it is noted that the Trust still has to improve a number of its internal processes, Monitor's view is that, on the basis of the evidence gathered, the target failures do not indicate underlying governance concerns and the Trust has credible plans to improve performance with support from commissioners. In the light of this, and following consideration of the Prioritisation Framework set out in section 2.1 of Monitor's Enforcement Guidance, Monitor has decided that a formal investigation into whether there are potential licence breaches is not appropriate at this stage.

2. Governance Rating

As a result of our decision, the Trust's governance rating published on Monitor's website will be updated to Green.

3. Regulatory approach going forwards

Although progress has been made in all areas of the target breaches we acknowledge there is still improvement that is needed to ensure sustainable

compliance. The relationship team will need assurance that this improvement is being undertaken at sufficient pace. As such, Monitor expects that:

1. The monthly performance monitoring calls between the Trust and the relationship team will continue during at least Q1 and Q2 2015/16. The calls will monitor performance (as relevant at the time) of the A&E target, the three RTT targets, and the Cancer target ("the targets") against the Trust's trajectories, together with the delivery of the plan to move to reporting from Medway;
2. The Trust pro-actively informs us of any external risks identified to the areas monitored on the monthly performance calls which may have a detrimental impact on performance;
3. The Trust moves to reporting from Medway with appropriate pace and commissions a data quality review on its RTT reporting from an external third party, for example the intensive support team, following this move;
4. Further work is undertaken between the Trust and Monitor's Provider Sustainability Directorate on Cancer 62 day pathway management; and
5. The Trust will prepare a detailed action plan in response to the findings of the well led governance review and divisional governance review. Through our quarterly monitoring calls we will track the progress in implementing these actions.

Should the Trust's performance against the targets be significantly off trajectory or any new information arises which indicates underlying governance concerns, the relationship team will open an investigation.

If you have any queries relating to the matters set out in this letter, we can be contacted on our contact details below.

Yours Sincerely

Kate Holden
Senior Regional Manager
020 3747 0609
Kate.holden@monitor.gov.uk

Amanda Lyons
Senior Regional Manager
020 3747 0485
Amanda.lyons@monitor.gov.uk

cc. Robert Woolley, Chief Executive

Laura Nicholas, Director of Operations & Delivery, BNSSG

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Board of Directors meeting held in public to be held on 30 June 2015 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
22. Governor's Log of Communications									
Sponsor and Author(s)									
Sponsor: John Savage, Chairman		Author: Amanda Saunders, Head of Membership & Governance							
Intended Audience									
Board members	**X**	Regulators		Governors	**X**	Staff	**X**	Public	**X**

Executive Summary

Purpose:
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

Key issues to note:
There are no key issues to note for the period.

Recommendations

The Board is asked to receive this report to note.

Impact Upon Board Assurance Framework

N/A

Impact Upon Corporate Risk

N/A

Implications (Regulatory/Legal)

N/A

Equality & Patient Impact

N/A

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance		For Approval		For Information	**X**

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
					Executive Directors 25.06.15

ID Governor Name

124 Wendy Gregory **Title: Workforce - Exit Interviews**

Query 01/06/2015

Can the Trust advise what is the percentage of exit interviews being undertaken in relation to the total numbers of staff leaving the Trust? Also has the format and timing of the exit interview been reviewed to inform if at times it would be possible to encourage an employee to stay with the Trust.

Response 18/06/2015

In Q4 the HR Employee Services team had a 31.4% return rate of exit data as a result of a combination of exit questionnaires completed by leavers and exit interviews. This reflects 74 'exit responses' out of 236 leavers in this period.

Concerted efforts continue to be made by the Employee Services team to increase the number of exit interviews being undertaken with staff leaving the organisation and also to improve the quality of information received on reasons for staff leaving the organisation, in order to better inform recruitment and retention strategies.

Furthermore, managers continue to be encouraged to engage with their staff known to be leaving the organisation as early as possible, by way of exploring with their staff member the possibility of remaining with the Trust.

Status: *Awaiting Governor Response* ***Executive Lead:*** *Director of Human Resources and Organisational Development*

123 Mo Schiller **Title: Nursing Recruitment**

Query 01/06/2015

When recruiting nurses from Europe and overseas from outside of the EEC, what is the cost comparison for recruitment from the UK? How many of those selected need to follow an adaptation course and what is the time scale for this? Do all staff recruited from Europe and overseas have a language proficiency test and mathematics calculation test for medication?

Response 01/06/2015

Pending Executive response.

Status: *Assigned to Executive Lead* ***Executive Lead:*** *Chief Nurse*

122 Ray Phipps **Title: GPs**

Query 29/05/2015

A recent BMA poll of 15,000 GP`s suggests that:
- 33% were considering retirement in the next five years.
- 25% were considering part time working.
- 10% were thinking of moving abroad.

As GP care is an essential part of the overall healthcare system, can the Trust advise how it links and works with local GPs to inform planning for future service delivery and does the Trust recognise or for see an impact on our services based on any potential decline of GPs locally?

Response 02/06/2015

We engage with our GPs and other primary care colleagues at various levels, both formally and informally. As Clinical Commissioning Groups are GP member organisations, they are our primary partner in collaboratively planning for future service delivery. However, we do engage directly with GP practices and their local network forums on a range topics.

As the NHS England 5 year forward view places an strong emphasis on care closer to home and innovative new models of care through primary and community services, NHS England has recognised the need for more GPs. Without this, the impact on our hospitals is likely to be that demand for our services will continue to grow.

We are therefore working very closely with our colleagues in Bristol, North Somerset and South Gloucestershire CCGs, local authorities and other partners to improve the resilience of the Bristol (and surrounding area) health and social care system to meet such challenges in the future.

Status: *Closed* ***Executive Lead:*** *Director of Strategy and Transformation*

ID	Governor Name		
121	**Bob Bennett**	**Title:**	**Infection Control**

Query **29/05/2015**

Following a query received from a member of the public, please can the Trust advise on the correct policy and procedure for staff wearing clinical uniform – specifically theatre scrubs and other 'sterile' uniforms – in public areas of the Trust such as Costa Coffee in the Welcome Centre? What is the infection control guidance with regards to wearing such items in non-clinical areas, when it would appear that staff are then going to go back into a clinical environment?

Response **16/06/2015**

Clinical uniform such as scrubs are permitted to be worn outside of clinical areas, as guided by the Trust's Uniform Policy. Specifically 'raspberry' coloured scrubs should be covered with a disposable gown when outside of a clinical area. The Policy states that:

'Scrubs - Only appropriate designated clothing should be worn. When designated, hats should fully cover hair. If footwear such as theatre clogs are required they should be clean and in a good state of repair and of appropriate Health and Safety design. Caps/masks/beard coverings should be removed when travelling out of the department. Specifically designed footwear such as theatre clogs should not be worn outside the department. Raspberry coloured scrubs must be covered with a disposable gown whilst travelling within the hospital setting, but not within the department. Staff must not wear theatre scrubs outside the Trust buildings, unless in extreme circumstances, for example in the event of a fire alarm.'

Whilst we recognise the potential for the public to feel concerned about staff in clinical uniform in public areas of the Trust, it is important to note that there is no evidence to show that there is any issue of infection with such clothing being worn out of (and then back into) a clinical area.

Status: *Awaiting Governor Response* ***Executive Lead:*** *Chief Nurse*

120	**Sue Milestone**	**Title:**	**Inpatient Facilities**

Query **01/05/2015**

Please can more detail be provided about access to communications and entertainment devices available to inpatient's across the Trust; what is the standard set up and what types of items have been provided with charitable funding to enhance patient experience?

Response **18/05/2015**

TV and Radio:
1.Parity Bedside Patient TV and Radio provided by the Trust – These devices provide patients with access to multi-channel TV, Radio and Hospital Radio and are sited in: The New Ward Block (BRI), Bristol Heart Institute, Bristol Haematology & Oncology Centre and Bristol Eye Hospital. There are no charges to the patients for use of these facilities.

2.Premier Bedside Patient TV and Radio provided by Premier Telesolutions – These devices are provided by a commercial company and provide access to multi-channel TV, Radio and Hospital Radio. The cost of running these services was previously at a charge to patients but these services are now funded by Above & Beyond. These devices are sited in: Queens Building (BRI) and St Michaels Hospital.

3.Bristol Children's Hospital – Locally provide/manage access to TV and Radio to all patients. In the majority of cases devices are funded via charitable funds including donations to ward funds and from The Grand Appeal.

Telephone access:
1.Most patients through choice tend to utilise their own mobile phone (the Trust funded the installation of a network solution within the New Ward Block to allow patients to continue to use their mobile phones to contact friends and family).
2.Each ward either has a phone they are able to allow patients to utilise if no other option available to them.
3.There are a small number of pay phones available around the Trust.

Internet access:
Internet access is possible for patients and carers via the Trust Wi-Fi system e.g. for laptop, smartphone or tablet. Ward teams are able to advise regarding log-on details, and there is specific guidance for access for children in line with the Trust's safeguarding practices.

Status: *Awaiting Governor Response* ***Executive Lead:*** *Director of Finance*

119	**Graham Briscoe**	**Title:**	**Agency Rates**

Query **24/04/2015**

Recent media reports (Sunday Times 5/4/15) note NHS reliance upon Agency Staff for surgeons, doctors and nurses, with very high rates being reported, especially over weekends. For example: £3,681 for a 24 hour shift by a surgeon, £2,700 for an anaesthetist to be on duty 24 hours and £2,200 for a single shift for an agency nurse . Please can the Trust provide the cost of the highest shift, or 24 hour, agency rates paid and what staff group these rates applied to?

Response **24/04/2015**

Sent to Exec, pending response.

Status: *Assigned to Executive Lead* ***Executive Lead:*** *Director of Human Resources and Organisational Development*

ID	Governor Name		
118	**Clive Hamilton**	**Title:**	**Infusion Pumps**

Query **21/04/2015**

I have been made aware by my constituents of concern regarding the availability and use of Infusion Pumps for treatment. Can you provide appropriate assurance that there are sufficient infusion pumps, readily available, in good repair and with an adequate pool of trained staff to ensure safe use?

Response **21/04/2015**

We have a number of systems in place to ensure that we have sufficient numbers of serviceable equipment available and in use by trained staff:

•Currently the common infusion pumps are provided by a manufacturer free of charge and maintained by them. We pay for the giving sets. There are sufficient numbers and wards can ask for more as required.
•Clinical staff are trained on induction and when introduced to new equipment on the ward or in the theatre. They keep comprehensive records of training. The training matrices are regularly audited.
•High risk equipment such as infusion pumps have defined competencies for staff which they must pass before being allowed to use the pumps.
•All medical devices are on an asset register and assigned to wards as required. We have a number of different infusion pumps for different purposes.
•Other specialist pumps are serviced by MEMO Clinical Engineering and we control & monitor the required services through our asset management software
•Both the suppliers and MEMO Clinical Engineering are regularly assessed for quality of service by BSI or other registered assessors
•Finally, incidents where a medical device is not available is logged onto our risk management system and these are monitored for trends.

The CQC visit in September checked on all these areas and were satisfied with our service.

Status: *Awaiting Governor Response* ***Executive Lead:*** *Medical Director*

117	**Mo Schiller**	**Title:**	**Performance & Finance - Waiting List Initatives**

Query **21/04/2015**

In the financial year 2014/2015 how many surgical Waiting List Initiatives were undertaken across the Trust by Speciality, including Lists that were outsourced to other Providers? What is the cost of running a WLI list against a 'normal list'? Finally, when is it determined that a Waiting List Initiative is required and what is the criteria for patient selection?

Response **27/05/2015**

(The response relates to adult surgical service provision and excludes paediatrics.)

Number of waiting lists in total?
In the Division of Surgery, Head and Neck there were about 350 extra theatre lists within the division.

In the Division of Specialised Services there were 297 Cardiology lists and 120 Cardiac Surgery lists calculated by the volume of consultant WLI payments. The majority of these take place within core hours (e.g. not weekends). The division has a planned under provision of consultant capacity which is then used flexibly to respond to demand when needed.

Number of lists outsourced to other providers?
In Surgery, Head and Neck the use of outsourced activity is that individual patient cases are outsourced rather than whole lists, although in other divisions whole lists are outsourced

In Specialised Services there are no outsourced lists.

What is the cost of running a WLI against a 'normal list?'
In both Divisions we have calculated the baseline cost of providing a standard session against a waiting list and the comparison is a follows;

Theatre list: £ 933 (Standard session) / £1,395 (WLI)
Endoscopy/Cardiology list: £634 (Standard Session)/ £950 (WLI).

These cannot be considered as exact costs as there will always be variances in cost to some extent, for example the list may be scheduled when the theatre recovery is already staffed adequately to manage the additional work and thus incur no further staffing requirements. Alternatively an additional list at a weekend may require additional staff in theatre recovery. Similarly on the ward as staffing levels are lower at weekends routinely when there is no elective planned activity.

When is it determined that a Waiting List Initiative is required and what is the criteria for patient selection?

Waiting List Initiatives are used when additional capacity is required, beyond that which can be delivered through usual capacity. They are typically delivered at weekends and in the early evening. There are no specific patients booked onto waiting lists, beyond them all being patients who need to be treated in the period because they are either clinically urgent or are long waiting patients who we must treat in order to reduce our backlogs at the rate we have agreed.

It is our goal to reduce reliance upon waiting list initiatives however, they will always be a necessary (and useful) part of our delivery plans as they are an effective means of responding to unpredictable peaks in demand.

Status: *Closed* ***Executive Lead:*** *Chief Operating Officer*