

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

August 2019 (presenting July 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 31 July 2019.

All data included is correct at the time of publication. Please note that subsequent validation by clinical teams can alter scores retrospectively.

Target lines 
Improvement trajectories 

Performance improved 

Performance maintained 

Performance worsened 

Upper Quartile 

Lower Quartile 

NBT Quality Priorities 2019/20

- QP1** Supporting patients to get better faster and more safely
- QP2** Meeting the identified needs of patients with Learning Disabilities /Autism
- QP3** Improving our response to deteriorating patients
- QP4** Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
- QP5** Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

ASCR	Anaesthetics, Surgery, Critical Care and Renal
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
MDT	Multi-disciplinary Team
Med	Medicine
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
RAP	Remedial Action Plan
RCA	Root Cause Analysis
WCH	Women and Children's Health
WTE	Whole Time Equivalent

EXECUTIVE SUMMARY

July 2019

Urgent Care

Demand for urgent care continues to rise with 254 more Emergency Department attendances in month than planned. Trust performance was 72.49%. A joint audit with SWASFT and Commissioners was undertaken during July to understand the drivers of increased demand and to target improvement actions.

Factors underlying poor performance relate to staffing constraints particularly at weekends, rising delayed transfers of care as well as increasing attendances. Actions taken to improve staffing levels, increase GP presence in ED, and diverting ED patients to ambulatory care are demonstrating significant improvement in August.

Elective Care and Diagnostics

Elective Care performance is mixed, with a reduction in the overall wait list size (total numbers of patients waiting) for elective care and in the backlog of patients waiting longer than 18 weeks for their treatment. Urology has delivered the 92% RTT standard for the first time since December 2017 and is ahead of trajectory for the delivery of the diagnostics standard for Cystoscopies. Overall diagnostics performance is 8.16% in month, with most diagnostics on plan for recovery by October for Urodynamics and December for CT. Endoscopy recovery planned for March 2020.

Cancer wait time standards

Urology breaches accounted for 60% of total Trust breaches for June against the 62 day wait time standard. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology, the Urology remedial action plan and recovery trajectory is now predicting recovery of the standard in December/January. The Trust is delivering one of the other six cancer wait time standards in month, which is for 31 day subsequent treatment standard for patients receiving anti-cancer drugs, with performance of 100%. The area of greatest challenge for the Trust is increasing demand for patients with suspected skin cancer requiring their first appointment within two weeks. The Trust has a joint remedial action plan and demand management plan with Commissioners. A return to standard is not expected during the summer months, which are the busiest months for this area of demand.

Quality

Despite pressure in urgent care, quality indicators indicate safety being maintained with an SI rate of 0.2 per 1000 bed days, pressure injuries reducing since April 2019 with 0.87 per 100 bed days and reported falls at 4.5 per 1000 bed days, below the national average. Levels of Healthcare Acquired Infection were low in July and there have been no new incidences of MRSA since February 2019.

There were nine overdue complaints in July, with 89% of patients receiving a timely response, better than our improvement trajectory. There has been a launch of the revised Policy and Procedure for Management of Complaints and Concerns in July.

Workforce

Turnover improved and staffing levels increased in July (26.4 wte) with the biggest gain in unregistered nursing specifically Bands 2, 3 and 4; the latter due to the first cohort of international nurses starting as Band 4s. Sickness has remained unchanged at 4.3%, although improvement in time lost for MSK Reasons and Stress/Anxiety/Depression/Other psychiatric illness continues.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement. At the end of July, the Trust reported a deficit of £3.3m which is £0.6m adverse to the planned deficit. The Trust has a 2019/20 savings target of £25m, of which £4.1m was achieved at the end of July against a plan of £5.9m. The Trust is expecting to deliver the full savings plan this year. Our financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

July-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month		
	Description	Target	National**	Rank***	Quartile						
Responsiveness	ED 4 Hour Performance	QP1	95%	77.15%	93/119		72.53%	72.49%	83.33%	▼	
	12 Hour Trolley Waits	QP1	0				1	0		▼	
	Ambulance Handovers Within 15 minutes		100%				93.70%	94.02%	87.91%	▲	
	Ambulance Handovers Within 30 minutes		100%				98.90%	98.93%	98.86%	▲	
	Ambulance Handovers Within 60 minutes		0				4	0	0	▼	
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*86.32%	126/177		85.03%	85.21%	87.80%	▲	
	Referral to Treatment - Total Incomplete Pathways						28590	28740	28248	▲	
	52WW	MSK		6				14	11	6	▼
		Plastic Surgery		0				1	3		▲
		Urology		0				1	0		▼
		Other		0				1	0		▼
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*3.76%	142/204		6.84%	8.16%	4.99%	▲	
	Cancelled Operations	Same day - non-clinical reasons		0.8%				0.78%	0.71%		▼
		28 day re-booking breach		0				2	1		▼
	Bed Occupancy	QP1	95%				95.21%	95.47%		▲	
	Stranded Patients (LoS >7 days : Snapshot as at month end)						326	354		▲	
	Delayed Transfers of Care (DToC)	QP1	3.50%				6.07%	5.64%		▼	
Mixed Sex Accomodation		0				0	0		▶		
Electronic Discharge Summaries						83.94%	84.81%		▲		
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	90.79%	130/145		83.44%	78.44%	91.76%	▼	
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.94%	75/114		88.83%	76.97%	93.02%	▼	
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	95.97%	114/123		88.24%	88.03%	92.66%	▼	
	Patients waiting less than 31 days for subsequent surgery		94%	92.15%	47/57		82.52%	77.88%	66.15%	▼	
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.31%	1/31		100%	100%	100%	▶	
	Patients receiving first treatment within 62 days of urgent GP referral		85%	77.45%	66/138		78.95%	76.99%	77.24%	▼	
	Patients treated within 62 days of screening		90%	87.44%	24/73		91.84%	84.31%	88.89%	▼	

Key Operational Standards Dashboard

July-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description	Target	National**	Rank***	Quartile				
Quality Patient Safety and Effectiveness	Never Event Occurrence by Month		0			0	0		▶
	WHO Checklist Compliance		95%			97.20%	97.30%		▲
	Hand Hygiene Compliance		95%			98.00%	98.00%		▶
	Pressure Injuries	Grade 2				31	24		▼
		Grade 3				0	1		▲
		Grade 4				0	0		▶
	MRSA					0	0		▶
	E. Coli					5	2		▼
	C. Difficile					5	4		▼
	MSSA					1	5		▲
Venous Thromboembolism Screening (In arrears)		95%			95.89%	95.03%		▼	

Key Operational Standards Dashboard

July-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month	
	Description	Target	National**	Rank***	Quartile					
Quality Experience	FFT - Response Rates	Emergency Department QP2	*12.08%	37/136		20.56%		15.00%		
		Inpatient QP2	*24.64%	154/165		17.40%		30.00%		
		Outpatient QP2					11.74%		6.00%	
		Maternity (Birth) QP2	*20.50%	52/125		21.05%		15.00%		
	FFT - % Would recommend	Emergency Department QP2	*85.65%	77/132		88.01%				
		Inpatient QP2	*95.71%	134/158		92.82%				
		Outpatient QP2	*93.75%	108/202		95.63%				
		Maternity (Birth) QP2	*96.67%	22/71		96.74%				
	Complaints	% Overall Response Compliance QP2				71.00%	89.00%			
		Overdue QP2				20	9			
Well Led	Agency Expenditure ('000s)	£605				£1,305	£1,179			
	Month End Vacancy Factor	9.53%				10.79%	11.55%			
	Turnover (Rolling 12 Months)	15.50%				15.47%	15.10%			
	Sickness Absence (Rolling 12 month -In arrears)	4.10%				4.27%	4.30%			
	Trust Mandatory Training Compliance	85.00%				90.00%	88.30%			
	Non - Medical Annual Appraisal Compliance	11.90%				12.01%	18.87%			
Finance	Deficit (£m)	£4.9m 2019/20				£3.4	£3.3	£2.7		
	NHSI Trust Rating					3	3			

* Quality Experience, FFT Performance against Target data for July is not available until 12 September from NHS England.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reports a slight decline of the 4 hour urgent care standard at 72.49% in July and continues to underachieve against the Trust trajectory of 83.33%. The 4 hour target remained challenged due to the highest ever reported volumes of attendances (254 above plan for the month). Sustained high levels of DToc patients were also a contributing factor to the pressure experienced within the Trust.

Planned Care

Referral to Treatment (RTT) - In month, the Trust underachieved against the RTT trajectory of 87.80%, with actual performance at 85.21%. The RTT wait list size has not been achieved for July, reporting 28740 against a trajectory of 28248, although the variance is now smaller than previously reported. The number of patients exceeding 52 week waits continues above trajectory (6) reporting 14, an improvement of three breaches from June; the majority of breaches (11) being on an MSK pathway.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and one breach of the 28 day re-booking target. Root cause analyses have been completed for all patients breaching the standard.

Diagnostic Waiting Times - The Trust has not achieved the national target for diagnostic waiting times with a performance of 8.16% in July and reflects a deterioration from June's position of 6.84%. The Trust has also failed to achieve the recovery trajectory of 4.99%.

Cancer

Cancer performance deteriorated in June, achieving one of the seven standards. The current national submission indicates that the Trust failed the 62 day treatment standard, with a performance of 76.99%. NHS Digital have acknowledged that there is an error in the 62 day reporting system and internal performance monitoring shows performance should have been declared as 79.1%. The Trust however treated 85.4% of all patients who were referred to and treated at NBT within standard.

Areas of Concern

The system continues to monitor the effectiveness of all actions being undertaken, with daily and weekly reviews. The main risks identified to the delivery of the Urgent Care Improvement Plan (UCIP) are as follows:

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Interim Director of Nursing

Overview

Improvements

Maternity Services – Recruitment of midwives and other key leadership posts has improved and the Board has approved the plan for re-opening Cossham on a phased basis.

Never events – There were no Never Events in July 2019, with the last reported Never Event being 26 January 2019. The related CCG Contract Performance Notice was closed on 16 July 2019.

Patient falls - The falls-per-1000 bed days level continues its overall downward trend and remains below the national average (6). Ongoing improvement actions agreed to support the national CQUIN. 2 of the 3 CQUIN measures are well-achieved. The third: 'Lying and Standing Blood pressure' is poor but this is a consistent national picture, with concerns being expressed across providers about the blanket application of this measure and its clinical validity.

MRSA cases - There have been no cases of MRSA bacteraemia in July 2019, the last being reported in February 2019.

Learning From Deaths & Mortality Alerts – Mortality statistics show fewer deaths in NBT than expected. The Trust has delivered 90% of all required case reviews and continues to ensure that high priority cases are delivered as required. There were no new notifications by a Reviewer of Overall Care as Poor or Very Poor (score 1-2) within the latest review period.

Areas of Concern

Incidence of pressure injuries - For the current financial year there has been a significant increase in the number of reported Grade 2 injuries, the July position has shown improvement with since April 2019 with July reporting an incidence of 0.87 per 1000 bed days. The organisational response, to the increase in the incidence of pressure injuries, continues with the Heads of Nursing and matrons across inpatient areas undertaking key elements of quality improvement.

Routine water monitoring has shown an increase in pseudomonas counts in some outlets in augmented care areas. No patient infections have been detected. Mitigations are in place to ensure patient safety and action is being taken to eliminate the colonisation.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns:

The complaints average between 50 - 60 per month which is an improvement on the monthly average of 70 – 80 per month seen earlier in 2019. The number of concerns addressed through PALS continues to rise which is reflection of the accessibility and success of the service.

Response rate to complaints continues to improve being ahead of the 70% set trajectory with compliance at 89%. The continued reporting of weekly complaints in the tracker and Divisional complaints meetings continue to have an significant impact, which will continue building upon the responsiveness and skills of the Divisional teams.

The management of Concerns and Complaints Policy was ratified at the Patient Experience Group in July 2019 and is being implemented across the Trust.

Appointment to the PALS posts has been successful with appointees coming into post during September.

Friends and Family Test: Response rates in ED , OP and maternity (delivery) remain above the required range with satisfactory % recommend rates in these services.

Areas of concern

Complaints and Concerns and Enquiries: The focus is to build processes that sustain 90% compliance rate of meeting response times and move to 100%. This is integral to the weekly meetings with the Divisions.

Friends and Family Test. The concerns of patients in ED remain related to their experience of waiting times. ED are required to report on actions taken to address this aspect of the experience of their patients to the Patient Experience Group in September.

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness position remains at 4.3%. The improvement in time lost for MSK Reasons and Stress/Anxiety/Depression/Other psychiatric illness continues, with 790 fewer whole-time equivalent (wte) days lost to absence for these reasons in the last 12 months than the same period last year.

Improving the leadership capability and capacity of our workforce

The OneNBT Leadership programme has met 90% of its 2019/20 target of staff signing up to the programme, a small reduction from last month as some staff have left the programme. Those that stated work pressure reasons have signed up for the following year.

Mandatory and Statutory training compliance is at 88.3%. Compliance with appraisal completion is below the target for this month of 19% vs a target of 28% (month 4).

Continue to reduce reliance on agency and temporary staffing

Agency use and expenditure decreased in July, predominantly in administration, estates and professional technical staff. Whilst use remained at the same levels as June, expenditure for registered nursing went down following a lower number of booked hours and related expenditure for Tier 4 non-framework agency use. The Trust Management Team have committed to the BNSSG project to reduce Tier 4/non-framework spend. As part of the risk mitigation to the project, the Trust is moving forward with its action plan to improve the experience of our bank staff and review bank rates, which in turn is anticipated to increase bank participation and reduce reliance on agency staff.

Vacancies

The Trust vacancy factor increased to 11.6% in July 2019 from 10.8% in June 2019. Substantive funded establishment increased by 74 wte wte across all staff groups with the biggest increase in unregistered nursing and midwifery, band 6 and 7 nursing and midwifery and administrative and clerical roles. Overall, the Trust saw a net gain of staff in July (26.4 wte) with the biggest gain in unregistered nursing with net gains across Band 2, 3 and 4, the latter due to the first cohort of international nurses starting as Band 4s. The year to date position for registered nursing is 93 wte against a target of 54 wte.

Turnover

The Trust turnover saw a small decrease from 15.5% in June to 15.1% in July, July 2019 saw 26.8 wte fewer leavers than July 2018 which contribute to the rolling 12 month position improving this month. In July 2019 registered and unregistered nursing and midwifery saw the biggest reductions in leavers compared with July 2018. There have been 12.5 wte fewer leavers in the 1st four months of 2019/20 than the same period in 2018/19 with the improvement being entirely in Band 5 nursing and midwifery.

Stability

The stability factor decreased from 85.55% to 85.00% in July compared with June.

FINANCE

SRO: Director of Finance

Overview

The Trust has planned a deficit of £4.9m for the year. This is in line with the control total agreed with NHS Improvement of £5.4m after excluding a planned profit on sale of £0.5m which is no longer allowed to contribute to delivery of the control total under the new business rules for 2019/20.

At the end of July, the Trust reported a deficit of £3.3m which is £0.6m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

The Trust has borrowed a net £3.4m year to date to the end of July which brings the total Department of Health borrowing to £181.7m.

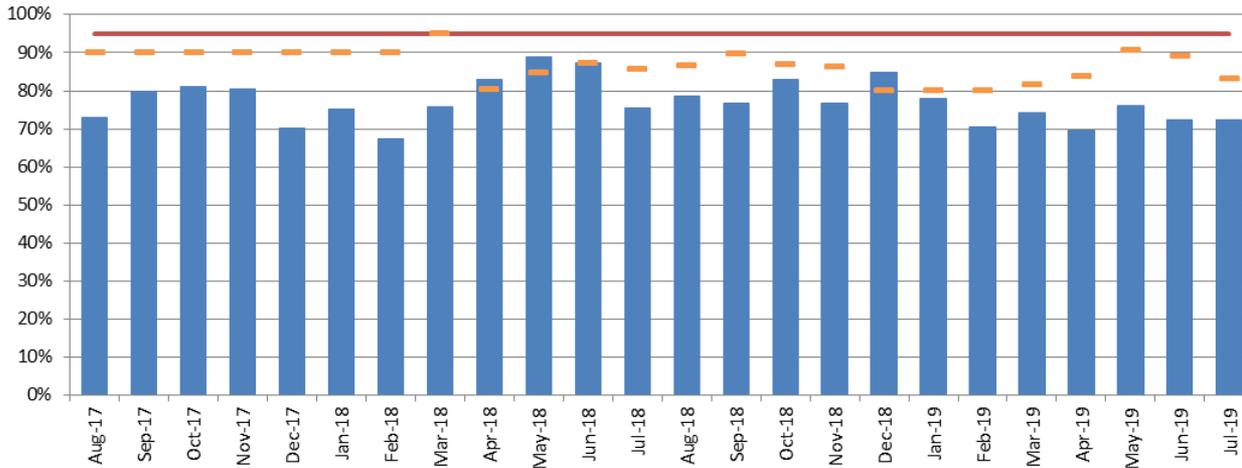
The Trust has a savings target of £25m for the year, of which £4.1m was achieved at the end of July against a plan of £5.9m.

The Trust is rated 3 by NHS Improvement (NHSI).

RESPONSIVENESS

**Board Sponsor: Chief Operating Officer
Evelyn Barker**

ED 4 Hour Performance

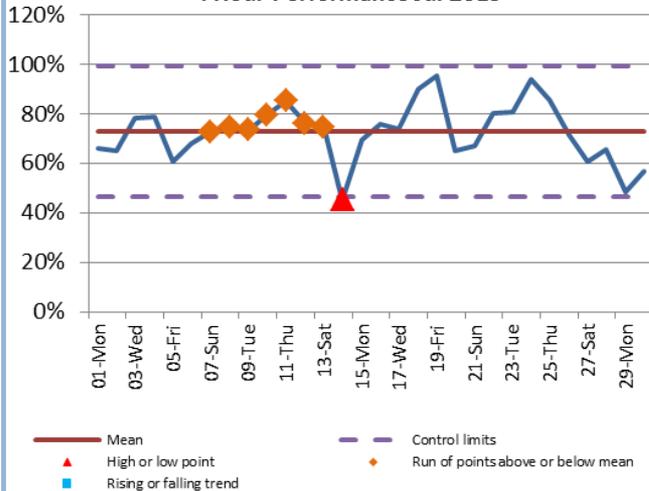


Urgent Care

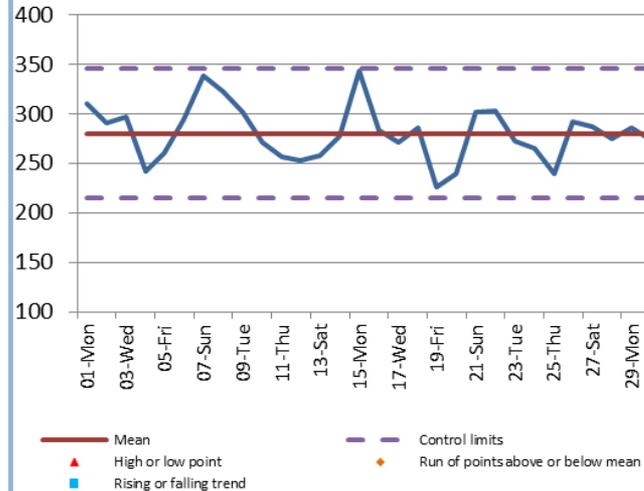
The Trust did not achieve the ED 4 hour wait trajectory of 83.33% in July 2019, with a performance of 72.49%. The position has marginally deteriorated from June and also reflects a deterioration when compared with July 2018.

There was an increase in the total number of attendances compared to June 2019 at 8688, which is the highest ever number of attendances reported in one month. There was an average of 280 attendances per day and seven days exceeding 300. At 8688, there were 602 (7%) more ED attendances in July 2019 when compared with July 2018.

4 Hour Performance Jul 2019



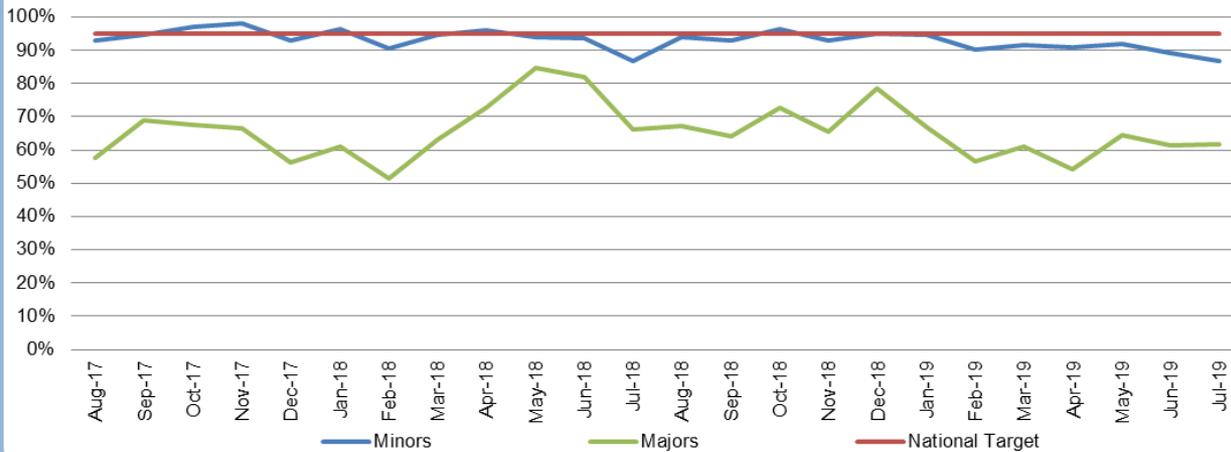
ED Attendances Jul 2019



ED performance for the NBT Footprint stands at 80.69% and the total STP performance was 83.72% for July.

4 hour wait times performance fluctuated throughout the month, varying between 42.48% and 94.22%.

ED 4 Hour Performance by Majors/Minors



4 Hour Performance

60.20% of breaches in July were a result of waits to be seen in ED. Performance has regularly deteriorated at weekends and evenings as the ED staffing investment secured in 2019 has not yet translated into substantively filled posts. Where possible, shifts are filled with locums, but the department is routinely operating below the expected clinical hours for the planned level of activity in 2019/20. The workforce pipeline indicates there will be an improvement in clinical hours in August, which is being seen in the month to date.

The Trust reported no 12 hour trolley breaches.

Internal actions to drive the 4 hour recovery are overseen by the Urgent Care Improvement Board. Key work streams include: increasing the proportion of same day emergency care across all divisions; criteria led discharge supported by 'Perform'; implementation of primary care streaming in ED; length of stay reduction plans; and operational surge protocols.

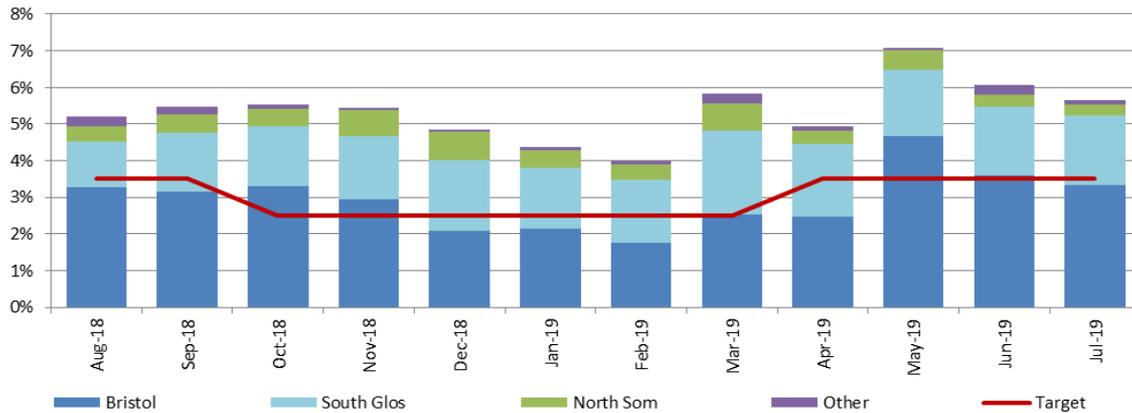
Ambulance arrivals in July were 2893, this represents a 8.8% increase on the same period last year. Of patients arriving by ambulance, 94% had their care handed over to the ED department within 15 minutes and 98.93% were handed over within 30 minutes. There were no 60-minute handover breaches in month.

The overall bed occupancy position was static at 95.47% in July compared with 95.21% in June.

Bed Occupancy vs % Breaches (Majors)



Delayed Transfers of Care Proportion of Bed Days by CCG



DToCs and Stranded Patients

Delays are driven by a lack of capacity in reablement (particularly in Bristol) and Pathway 2 (P2) beds across BNSSG. In particular, there is a mismatch in capacity to meet the needs of patients with complex manual handling requirements. The commissioned P2 stroke specific beds, of which there are only four at Henbury, do not meet expected demand levels and will be addressed as part of the Stroke STP project. The CCG plan is to ensure all P2 providers can deal with patients' "health needs". Attempts in month to decrease acute delays focused on reducing community bed delays in order to facilitate quicker step down from acute settings. Waiting times for neurology specialist rehab are growing and are the subject of Executive level escalation with Specialist Commissioners. Restricted capacity in the region is likely to continue in Quarter 3 and Quarter 4 of 2019/20.

The Trust is currently meeting the trajectory to achieve a 40% reduction in beds occupied by patients with a LoS of >21 days by March 2020. The NHSI Long Length of Stay (LLOs) process has been continued and extended to include all patients with a 7+ day LoS to try and progress earlier discharges.

Weekly average of occupied beds by adult patients in an acute hospital for 21+ days

71 (40%)

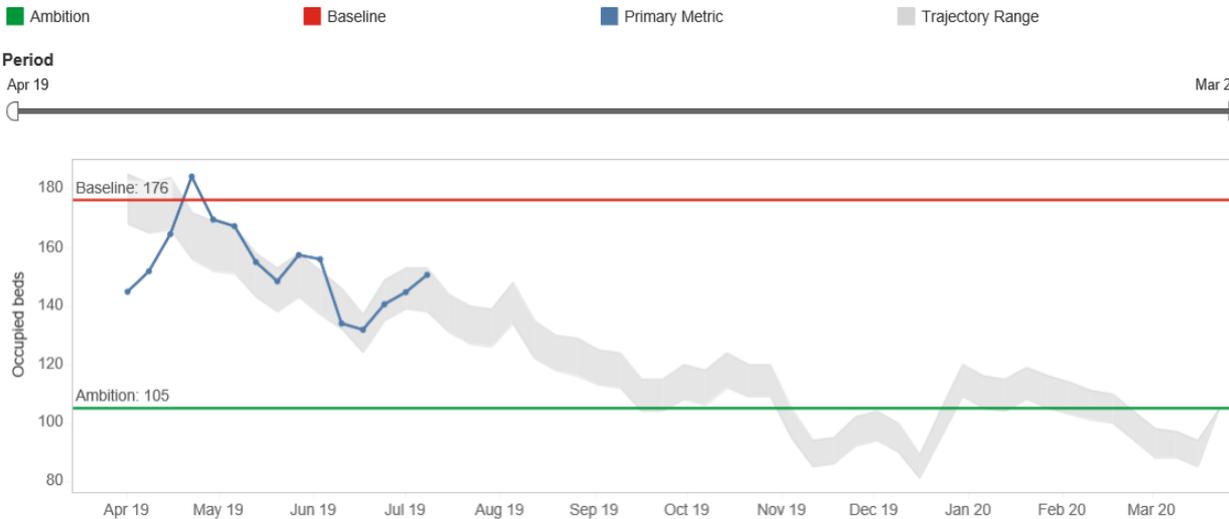
Bed reduction required by March 2020

26 (14%)*

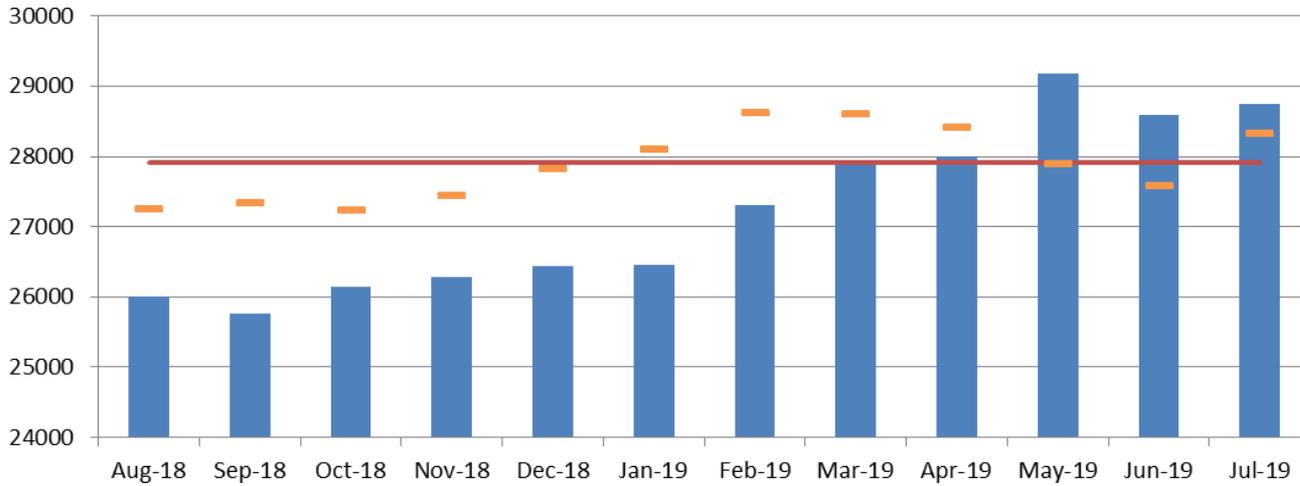
Occupied beds reduced as of 08 July 2019 (weekly average)

46 (26%)*

Bed reduction remaining as of 08 July 2019 (weekly average)



RTT Wait List (Rolling 12 Months)



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 85.21% against trajectory of 87.80%.

The RTT wait list size has not been achieved for July, reporting 28740 against a trajectory of 28248, although the variance is now smaller than previously reported. The wait list has decreased in size compared to previous months through a combination of backlog clearance and data validation, particularly in Breast Surgery, where targeted work has been undertaken.

The Trust has reported a total of 14 patients waiting more than 52 weeks from referral to treatment in July 2019. These patients were within the following specialities:

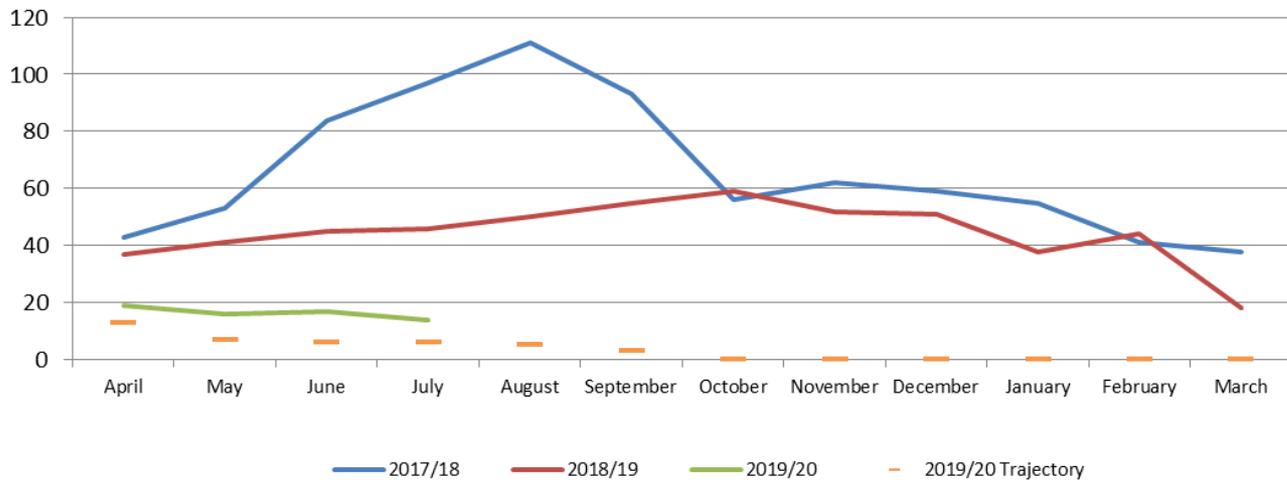
- 11 Trauma and Orthopaedics; and
- 3 Plastic Surgery.

10 of the 11 Orthopaedic long waiters and all other speciality breaches are as a result of capacity issues, with the remaining one breach for Orthopaedics attributable to a late referral from another acute Trust.

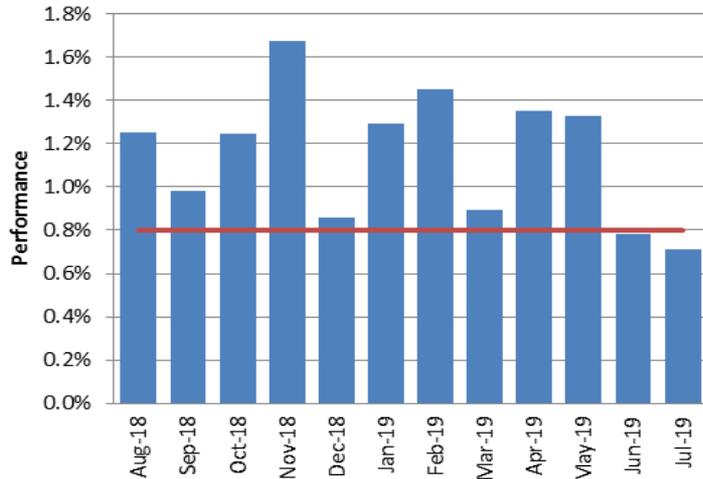
A locum knee Consultant commenced work at the Trust on 14 August, which will enable further reduction of the backlog and in particular the number of longer-waiting patients.

Root cause analyses have been completed for all patients, with future dates for patients' operations being agreed at the earliest opportunity and in line with the patient's choice.

Trust Total 52 Week Waits



Cancelled Operations (same day, non-clinical reasons)



Cancellations

The same day non-clinical cancellation rate in July 2019 was 0.71%, which again attained the 0.8% national target.

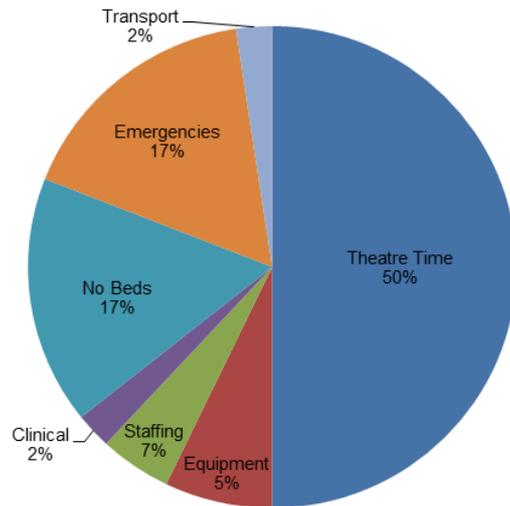
For the second consecutive month there were no urgent cancellations cancelled for a second time.

The number of urgent patients who were cancelled on the day reduced in July to seven patients compared with 19 in June and 24 in both May and April.

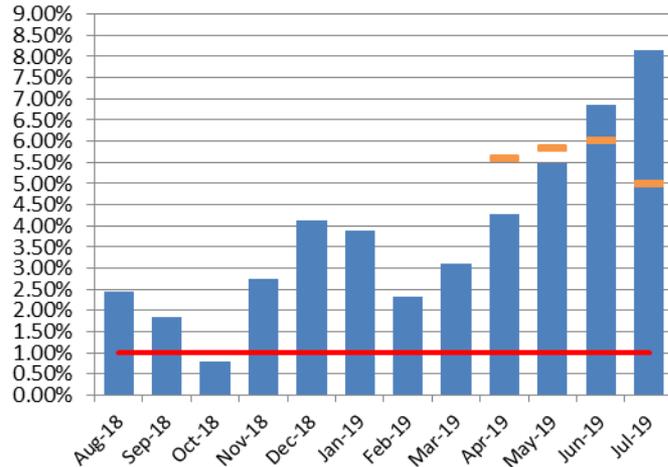
There was one operation that could not be rebooked within 28 days of cancellation in July 2019 in Plastic Surgery. The patient was cancelled on the day due to equipment failure. Unfortunately, due to capacity issues the patient was unable to be rebooked within 28 days; the patient has now been treated.

Root cause analyses have been completed to ensure that there is no patient harm.

Cancelled Operations by Reason



Diagnostic Waits Against Target (1% < 6 Weeks)



Diagnostic Waiting Times

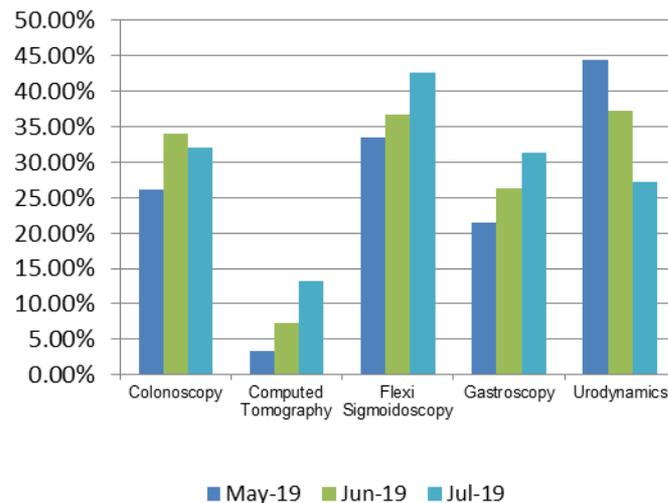
The Trust did not achieve the national 1% target for diagnostic performance in July 2019 with actual performance at 8.16%. This is a decline in performance from the June 2019 position and did not achieve the local trajectory of 4.99%. This is the second consecutive month that the trajectory has not been delivered.

Five test types have reported in month underperformance: Colonoscopy; Computed Tomography (CT); Flexi-Sigmoidoscopy; Gastroscopy; and Urodynamics.

The Colonoscopy position improved in July with performance at 32.07% from 34.04%, with 178 patients waiting over six weeks against a total wait list of 555.

CT has again breached the target in July with performance of 13.24% from 7.22% in June. There were 318 patients waiting more than six weeks against a total wait list of 2401. The Imaging Team is seeking to mitigate the current staffing shortages through the appointment of locums, but has so far been unsuccessful. Additional capacity has been secured through outsourcing to the independent sector, whilst substantive Radiographer appointments are due to commence in September. An adverse DM01 position will continue to be reported until all of these mitigations are in place with earliest clearance of the backlog anticipated to be during November 2019.

Diagnostic Performance by Test



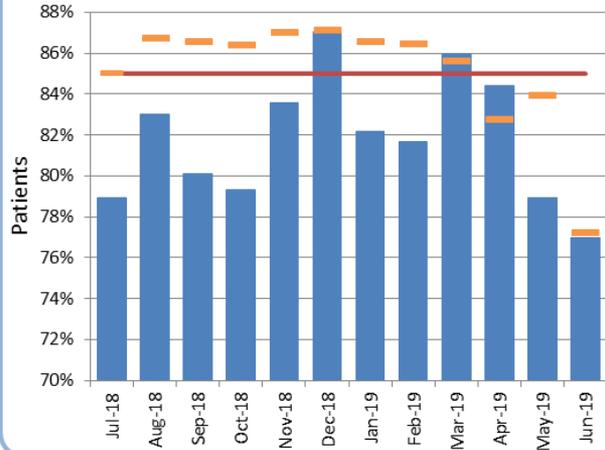
The Flexi-Sigmoidoscopy test position reports another decline in performance at 42.57% in July from 36.75% in June, with 146 patients breaching the 6 week waiting time standard against a total wait list size of 343.

Gastroscopy position has again breached the national target in July with a declined performance of 31.31% from 26.35% in June. As at July, there were 181 patients waiting more than six weeks for a Gastroscopy against a total wait list of 578.

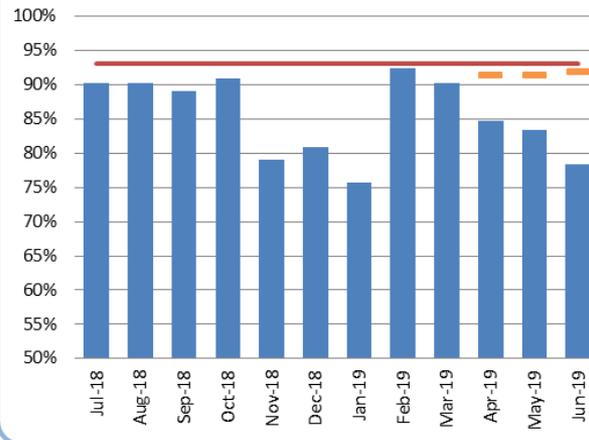
Urodynamics has again reported an improved position in July at 27.20% from 37.17% in June. There were 65 patients waiting more than 6 weeks in month. Outsourcing of activity has commenced in month, hence the reduction in backlog. Further lists of outsourced activity are planned for August 2019 with full recovery expected in October 2019.

All other test types have reported patient diagnostic waiting times within the six week standard, with Cystoscopies returning to standard ahead of recovery trajectory.

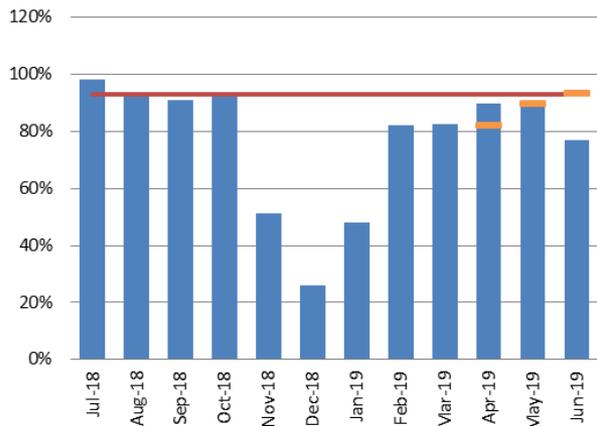
Patients receiving first treatment within 62 days of urgent GP referral



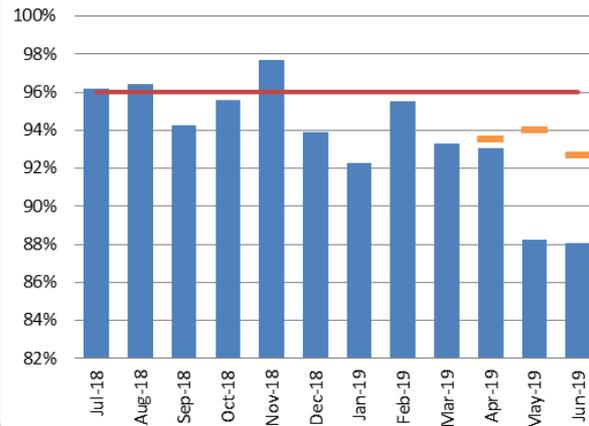
Patients Seen Within 2 Weeks of Urgent GP Referral



Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer

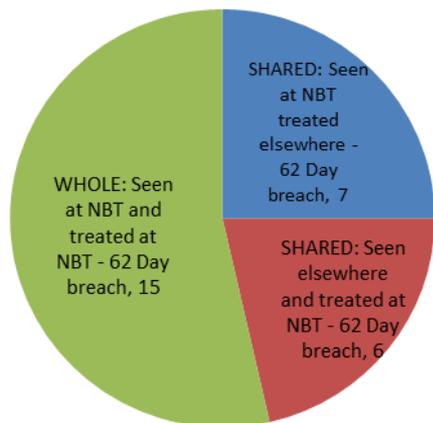
The nationally reported cancer position for June 2019 shows the Trust achieved one of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 78.44% which is a worsened position from May. The Trust saw 2050 TWW referrals in June and there were 442 breaches; the majority were in Skin (breaches were 187, patients seen 472), Colorectal (breaches were 49, patients seen 357) and Breast (breaches were 102, patients seen 542).

Of the 442 breaches, 211 patients declined the first offer of an appointment date requesting a later date. If there were no breaches due to patients choosing later dates the performance would have been 88.7%. The Trust is undertaking a joint investigation and action plan with the CCG to address ongoing performance issues against this standard.

Capacity issues within Endoscopy and Radiology caused significant performance issues within straight to test pathways for Colorectal, Upper GI and Lung. The Trust is forecasting ongoing issues with capacity for Skin throughout the summer and the speciality is currently trying to address these issues by running additional on and off site clinics.

The Trust failed the 31 day first treatment standard with a performance of 88.03% against the 96% target. There were 22 breaches in total; 20 in Urology and 2 in Sarcoma. Urology breaches were due to delays to robotic surgery, due to a continued increase of patients requiring these procedures as first and subsequent treatments. The Sarcoma breaches were due to no surgeon capacity to treat.

62 Day Breach Patients by Breach Type



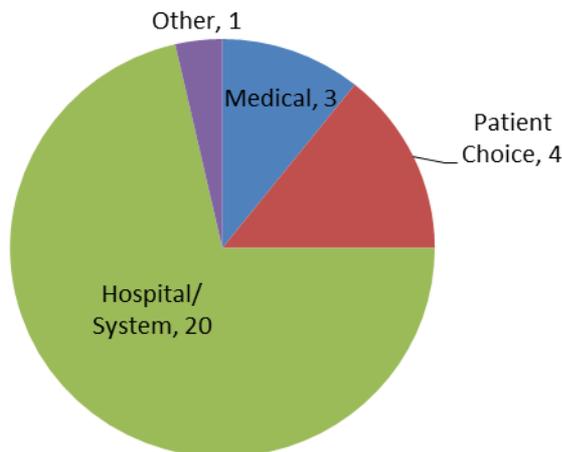
The national submission for the 62 day standard in June indicates the Trust failed the 62 day treatment standard with a performance of 76.99%. NHS Digital has acknowledged that the new national reporting system implemented in April 2019 is not calculating performance correctly and the Trust's internal monitoring shows that 62 day performance was actually 79.1%. This would still be a fail against the 85% standard, but an increase to the nationally reported position. The Trust has escalated this issue to the CCG and NHSE/I through the Access and Performance Group.

In June, 35 patients breached the 62 day standard, 26 of which started their pathway at NBT.

Urology breaches accounted for 60% of total Trust breaches for June. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology. Radiology capacity for prostate patients was increased in June which should enable all patients to receive their MRI on the day of first appointment. Reporting of these scans within adequate timeframes will remain an issue. The Trust has submitted a bid for funding to lead the regional implementation of template biopsy and to support regional recovery of the Urology performance.

The Trust continues to address delays for Oncology capacity with UHBT and a draft SLA for Oncology provision requirements has been submitted to UHBT.

62 Day Breach Patients by Delay Reason

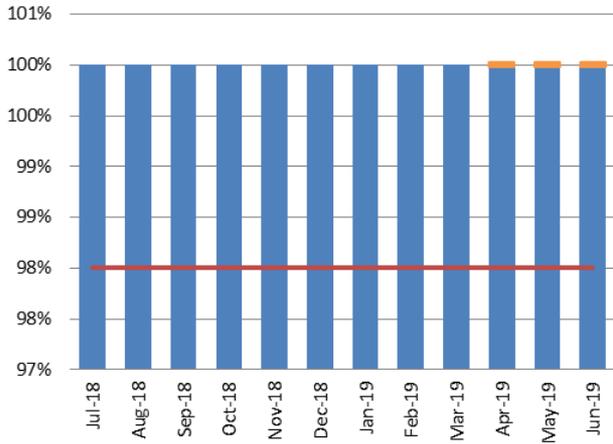


The Urology remedial action plan and recovery trajectory is now predicting recovery of the standard in December/January. This is due to the ongoing recruitment of additional pelvic oncology surgeons and the existing backlog of patients requiring robotic surgery that will require clearing.

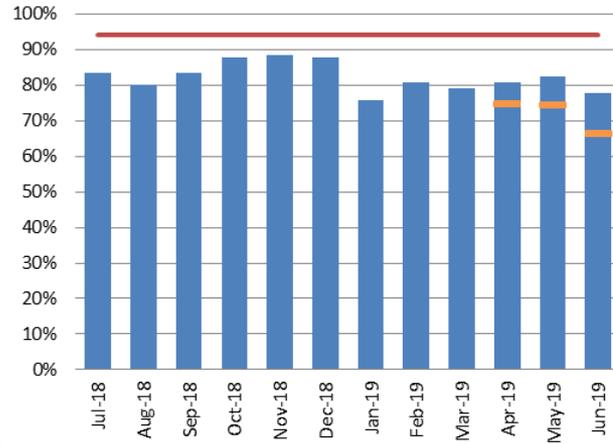
The continued increase of late tertiary transfer patients from elsewhere in the region and the clearing of the associated backlog has continued to impact on Urology performance. In June, nine patients were transferred to NBT beyond day 38 of their pathway accounting for an additional 4.5 breaches. Of these nine, six were transferred in having already breached the 62 day standard. Other breaches recorded in June were: two in Breast (diagnostic delay and complex pathway); three in Gynaecology; two in Haematology (complex pathway); two in Lung (late referral and patient choice); and two in Upper GI (late referral and complex pathway).

As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 85.4% of all patients who were referred to and treated at NBT within the national standard. This shows the Trust passed the standard for internal patients.

Patients Waiting Less than 31 Days For Subsequent Drug Treatment



Patients Waiting Less than 31 Days For Subsequent Surgery



The Trust failed the 31 day subsequent treatment target in June for patients requiring surgery with a performance of 77.88% against the 94% standard.

The continued failure against this standard has resulted in a contract performance notice being issued by the CCG. The Trust has submitted an action plan to recover this position, with significant improvements now forecasted from December 2019.

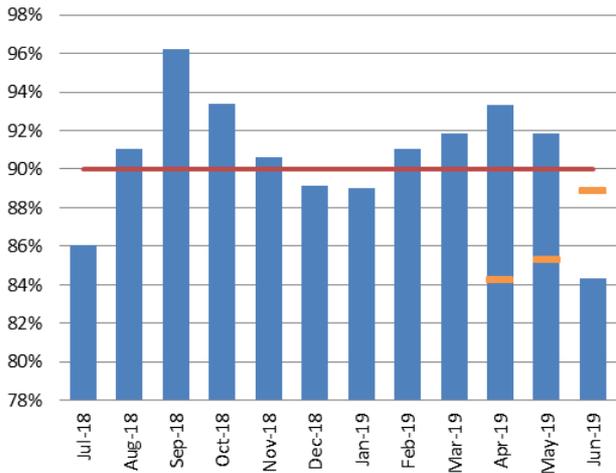
There were 21 breaches in total: one in Breast; two in Colorectal; five in Skin; and 13 in Urology. Performance against this standard will improve once the second Urology robot and associated staffing is fully operational and the significant backlog is cleared within Urology. The Skin and Colorectal breaches were due to no capacity. The Breast breach was due to an appropriate medical delay.

The Trust achieved the 31 day subsequent standard for patients receiving anti cancer drugs with a performance of 100%.

The Trust failed the 62 day screening target with performance of 84.31% against the target of 90%. There were 3.5 breaches, three of which were for Breast and a shared breach for Gynaecology.

Two of the breaches for Breast were due to patient choice, the other due to a medical reason. The Gynaecology shared breach was due to no capacity for first appointment.

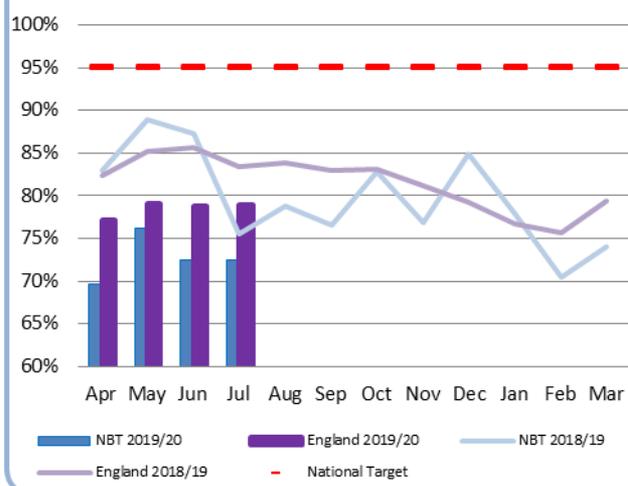
Patients Treated Within 62 Days of Screening



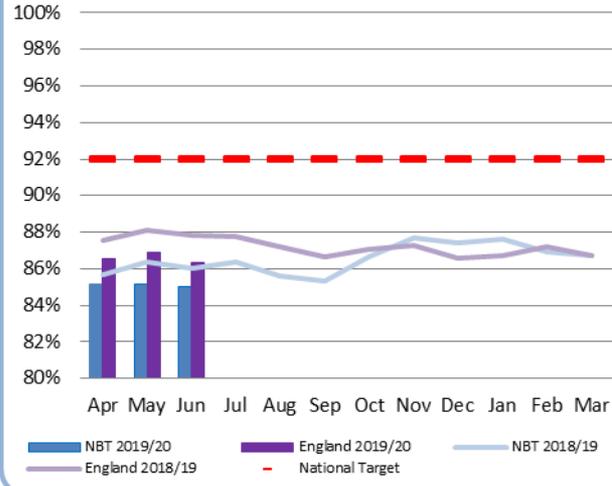
Patients Treated Within 62 Days of Consultant Upgrades



ED 4 Hour Performance : NBT vs England
(England Performance as published by NHSE)



RTT Incomplete : NBT vs England
(England Performance as published by NHSE, in arrears)



ED 4 Hour Performance

NBT ED performance in July 2019 was 72.49% compared to a national Type 1 position of 78.92%. The position reflects a decline from June and a deterioration when compared to the same period last year.

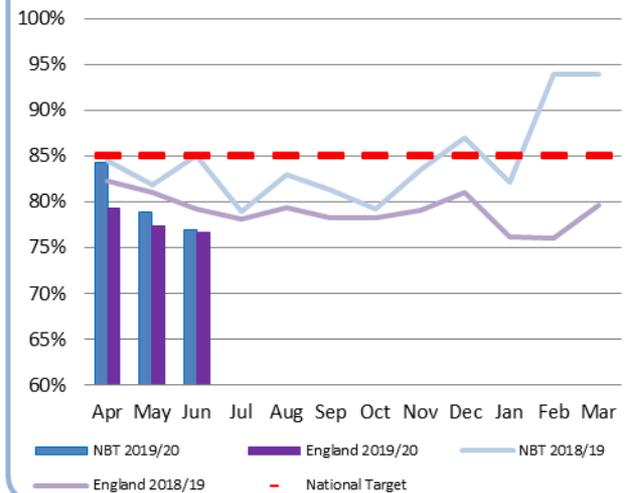
RTT Incomplete

The Trust reported a June 2019 position of 85.02%. This position reflects a decline on last year and falls under the national position of 86.32%.

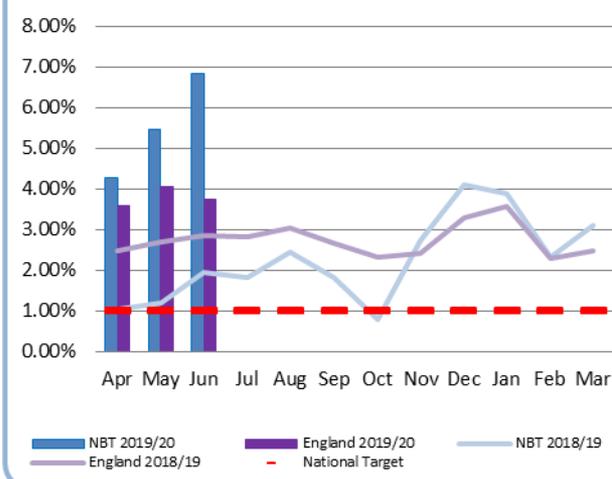
Cancer – 62 Day Standard

NBT has reported 76.98% performance for June and continues to outperform the national position of 76.66%.

Cancer - 62 Day Standard : NBT vs England
(England Performance as published by NHSE)



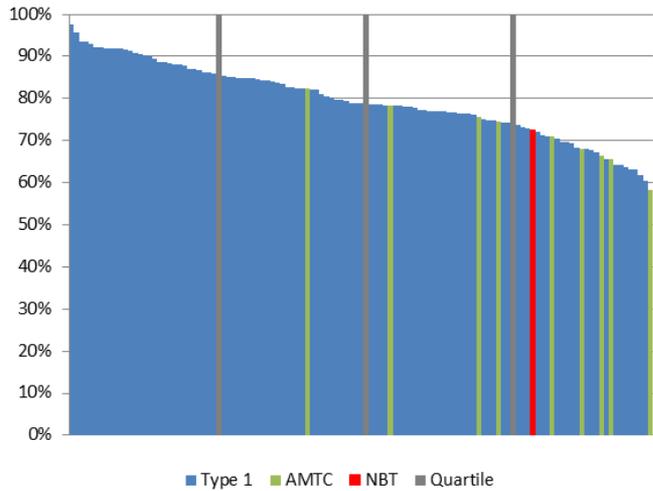
DM01 : NBT vs England
(England Performance as published by NHSE, in arrears)



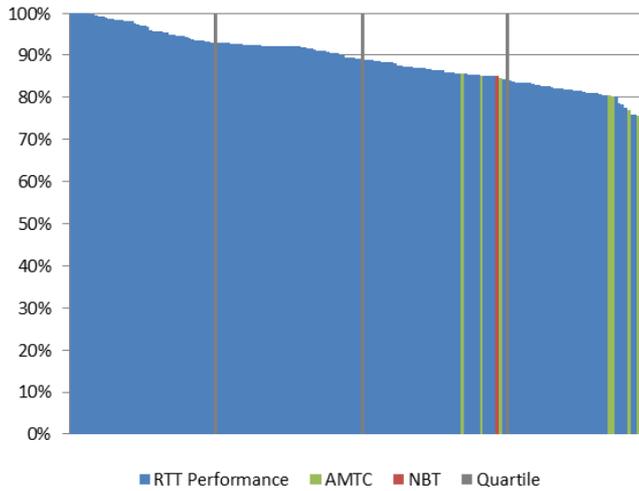
DM01

NBT, in June 2019, failed to achieve the national standard of 1% with a performance position of 6.84%, against the national position of 3.76%.

ED 4H Performance - Type 1, July 2019



RTT 18 Week Performance - June 2019



ED 4 Hour Performance

In July, NBT moved from a position of #93 to #95 out of 119 reporting Type 1 Trusts. This decline has meant the Trust has remained in the 4th quartile. The Trusts ranking among the 10 Trauma centres improved from 6th to 5th in July 2019.

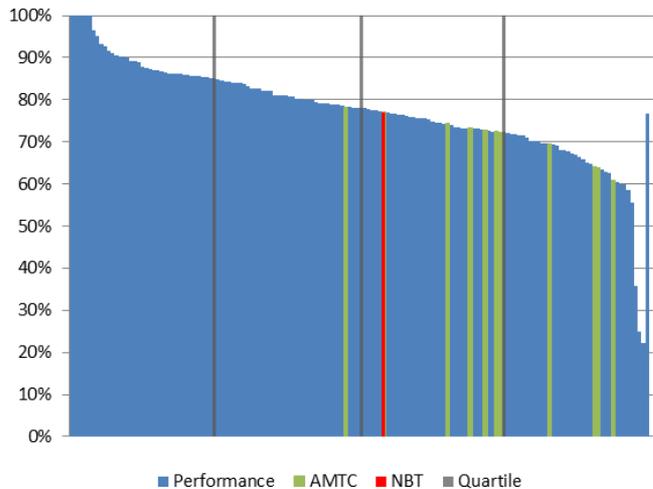
RTT Incomplete

RTT performance in June 2019 reports a continued deteriorated NBT position of #130 out of 180 reported positions. The Trust continues to rank 5th out of 11 other adult major trauma centres. The Trust is reporting within the 3rd quartile.

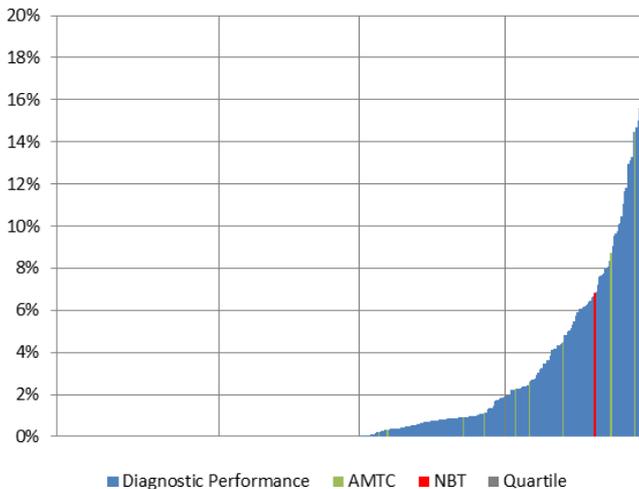
Cancer – 62 Day Standard

At position #76 of 144 reported positions, NBT reports a performance of 76.99%. This represents a deterioration in positioning from May 2019 but ranks the Trust 2nd out of 11 major trauma centres and within the upper 3rd quartile.

Cancer 62 Day Standard June-19



Diagnostic Six Week Performance - June 2019



DM01

NBT reports a further deteriorated position of #158 out of 199 reported diagnostic positions, with a performance of 6.84% in June. This position ranks 8th out of 11 adult major trauma centres and within the 4th quartile.

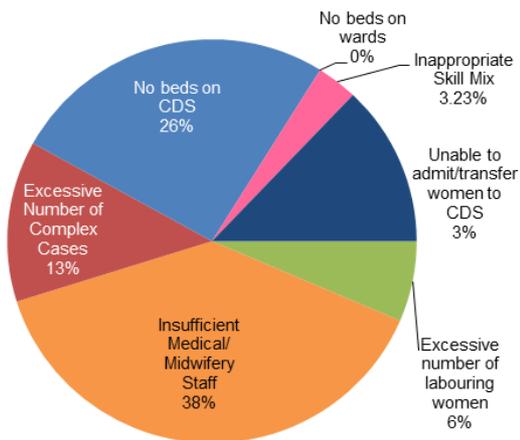
Safety and Effectiveness

**Board Sponsors: Medical Director and Interim Director of
Nursing**

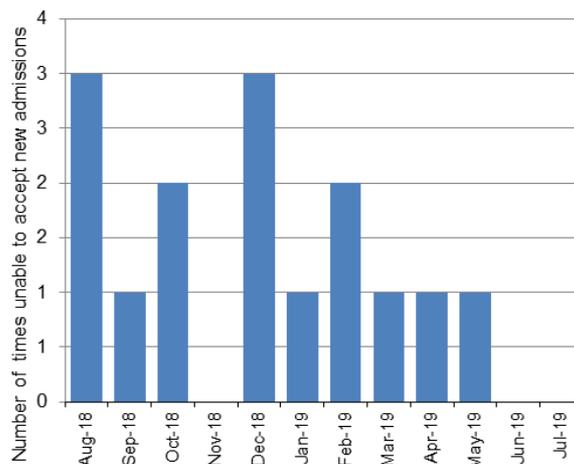
Chris Burton and Helen Blanchard

Birth		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Total Births		534	543	515	535	497	491	478	458	448	439	490	454	524
Midwife to birth ratio		01:30	01:33	01:33	01:33	01:30	01:31	01:30	01:30	01:28	01:27	01:30	01:28	01:32
Normal birth rate		56.1%	56.4%	60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	53.7%	56.3%	56.1%	53.8%
Caesarean birth rate		28.5%	31.2%	27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	35.0%	30.8%	30.4%	31.6%
Emergency caesarean birth rate		17.3%	17.1%	14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	22.4%	19.30%	21.2%	16.0%
Induction of labour rate		35.0%	33.1%	35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	41.5%	36.10%	43.0%	36.5%
Total births in midwife led environment		19.9%	19.3%	18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	15.3%	17.90%	14.1%	13.4%
Birth location	Cossham BC	6.1%	6.4%	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	0.0%	0.0%
	Mendip BC	12.9%	12.1%	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	12.8%	16.6%	12.8%	12.4%
	Home	0.9%	0.4%	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	2.5%	1.2%	1.3%	1.0%
	CDS	79.2%	80.4%	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	84.0%	80.3%	83.6%	84.1%
One to one care in labour		97.0%	95.7%	95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	100.0%	100.0%	100.0%	100.0%
Stillbirth	Actual	0	1	1	2	1	2	2	3	5	2	2	2	1
	Rate	0.00%	0.20%	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	0.5%	0.4%	0.4%	0.2%

Reasons for CDS Being Unable to Accept New Admissions (last 12 months)



Number of Times CDS Unable to Accept New Admissions



Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

- This is going well with excellent multi-disciplinary engagement and attendance at the daily huddle.
- NBT focus is Post Partum Haemorrhage.
- A programme is ongoing to communicate and update all staff via a 'tea trolley' on CDS and also the PPH Station at the intrapartum study day.



'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose.

Recruitment

- Recruitment of midwives - The forthcoming pipeline is comprised of 17 midwives with start dates over the next three months: three between July and August, followed by 12 midwives in September 2019 and two Midwives in October 2019.
- The substantive post of Bereavement Midwife has now been appointed to with a start date of 28 October 2019. This vital post will provide support to women and their families following the introduction of new national bereavement care pathways.
- Interviews for the Quality improvement lead for WACH took place on 02 August 2019 but was not filled and has gone to advert again.
- We are currently recruiting to the post of Lead Sonographer role which is out to national advert.
- An interim Director of Midwifery has been appointed for six months and is due to start 30 September.

Midwifery Led Services

- A temporary closure of Cossham Birth Centre has been in place since October 2018 due to a shortage of midwives and increasing inductions of labour at Southmead Hospital. The closure was reviewed by Trust Board in July and a plan was agreed for increased choice for women with an open on arrival for births at Cossham.
- A review of Midwifery Led Services at NBT from a quality, safety and efficiency perspective is ongoing and has included engagement sessions with staff. A progress update has been presented to the Trust Board in July 2019.

Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

Serious Incidents (SI)

Six serious incidents were reported in July 2019:

- 2 x Patient Falls*
- 1 x Appointments
- 1 x Clinical Assessment or Review
- 1 x Tissue Viability
- 1 x Treatment or Procedure

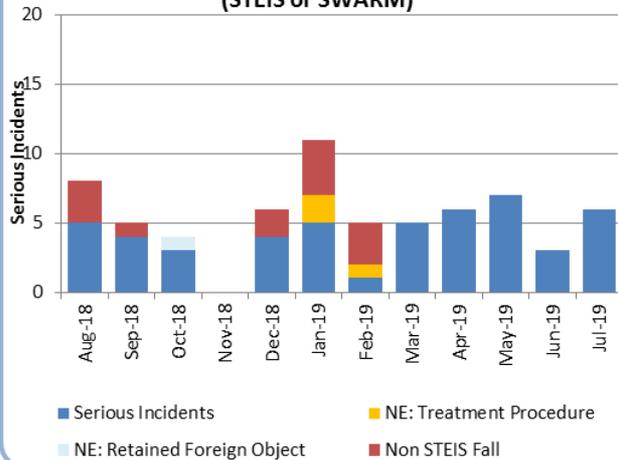
The Board is asked to note that from 01 April onwards, NBT has declared on STEIS all “Serious Falls” as Serious Incidents. Therefore, “non-STEIS falls” will no longer be reflected as a separate category. This means that falls represents our most frequently occurring Serious Incident.

Never Events:

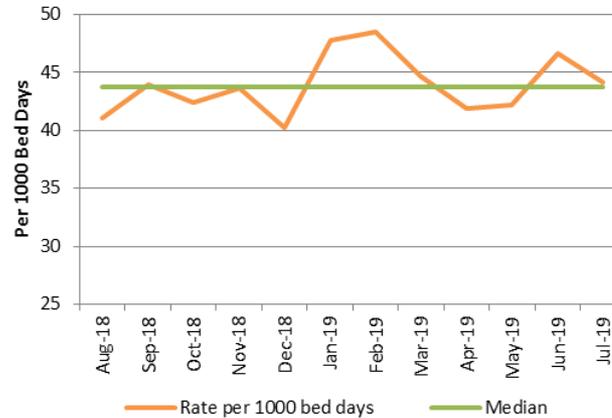
There were no Never Events in July 2019, with the last reported Never Event being 26 January 2019.

Occurrence of Serious Incidents (including Never Events):

Aug 2018 to Jul 2019 by Date Reported (STEIS or SWARM)

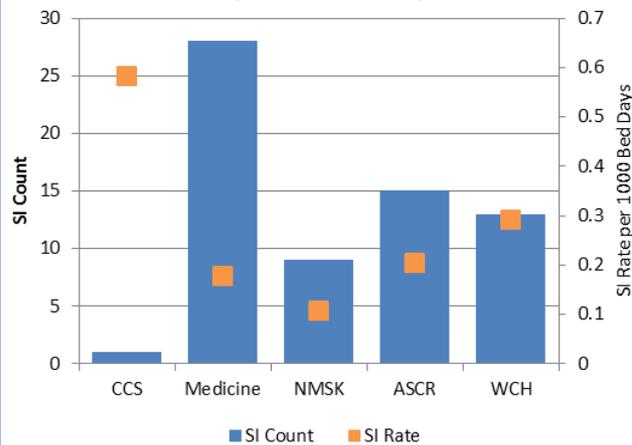


Trustwide ALL Incidents Rate per 1000 Bed Days: Aug 2018 to Jul 2019 (by Incident Date)



*Data from Risk Department

SI Count and SI Rate by Division per 1000 Bed Days Aug 2018 to Jul 2019 by Date Reported (STEIS or SWARM)



Trustwide Serious Incidents Rate per 1000 Bed Days Aug 2018-Jul 2019 by Date Reported (STEIS or SWARM)



SI & Incident Reporting Rates

Incident reporting has decreased slightly in July to 43.77 per 1000 bed days. Whereas NBT’s rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

The Patient Safety Incident Improvement Project is focusing on improving our rates of reporting to facilitate learning.

Divisions:

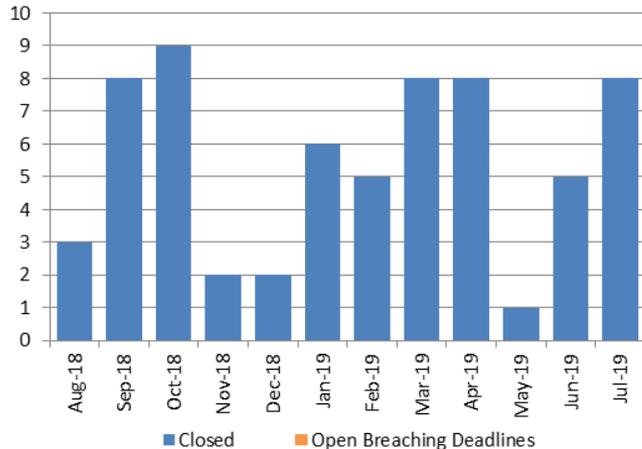
SI Rate by 1000 Bed Days

- CCS – 0.58
- WCH – 0.29
- ASCR – 0.20
- Medicine – 0.18
- NMSK – 0.11

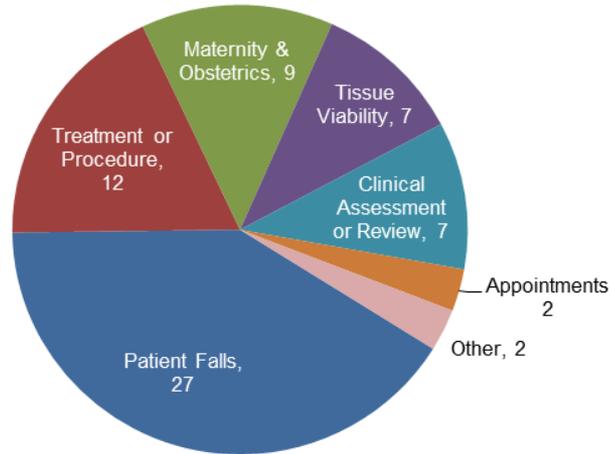
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

Number of Serious Incidents Closed and Open Breaching Deadlines Aug 2018 to Jul 2019 (by Date Reported to STEIS)



Top Types of SI reported Aug 2018 to July 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their July 2019 reporting deadline to commissioners. There have been no breaches since July 2018.

Top SI Types in Rolling 12 Months

Patient Falls remain the most prevalent of reported SIs. These are monitored through the Trust Falls Group, with an update being provided to the next Patient Safety and Clinical Risk Committee (June 2019).

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

“Other” Category:

- 1 Medication
- 1 Safeguarding

CAS Alerts –July 2019

Alert Type	Patient Safety	Facilities	Medical Devices	Supply Distribution Alerts
New Alerts	0	1	3	1
Closed Alerts	0	1	3	1
Open alerts (within target date)	0	0	0	0
Breaches of Alert target	0	0	0	0
Breaches of alerts previously issued	0	0	0	0

Data Reporting basis

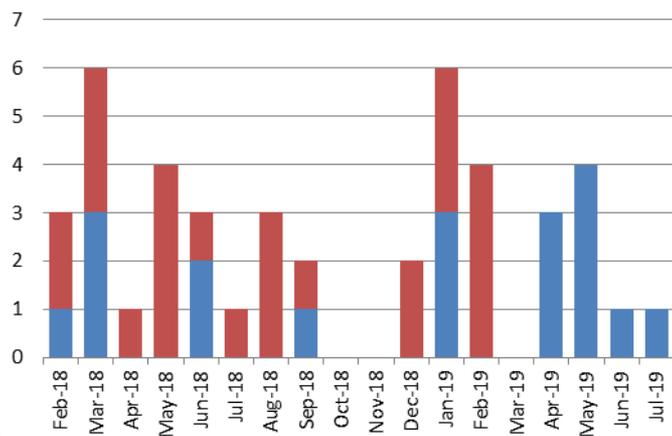
The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient i.e. Trolley breaches. This may mean changes are seen when compared to data contained within prior Months’ reports.

Central Alerting System (CAS)

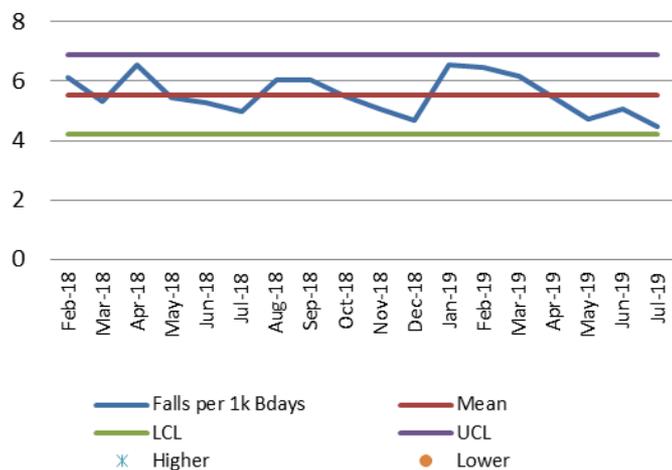
Five new alerts were reported, with none breaching their alert target dates.

From June 2019, the Patient Safety and Clinical Risk Committee has received a monthly status report on CAS alerts. This report will provide information on new alerts with updates for open alerts.

**Severe Falls Resulting in Serious Injury, or Death
STEIS Data Reported by Incident Date
(Red = Non Steis Reportable)**



**Falls per thousand bed days
(by incident date)**



Falls

In July 2019, 139 falls were reported of which one resulted in severe harm, eight were categorised as moderate, 21 low and the remaining 109 as no-harm.

The majority of reported falls occurred within Medicine Division (88), with the others occurring in NMSK (35), ASCR (14), in CCS (1) and Women’s and Children (1).

The falls-per-1000 bed days level was 4.5 and continues to sit below the Trust 2 year average of 5.9 considered national average (6.1).

The first quarter Falls CQUIN performance was 19%. This compares with the national average of 15% and UHB reporting 3%. The breakdown of the three sub-components are;

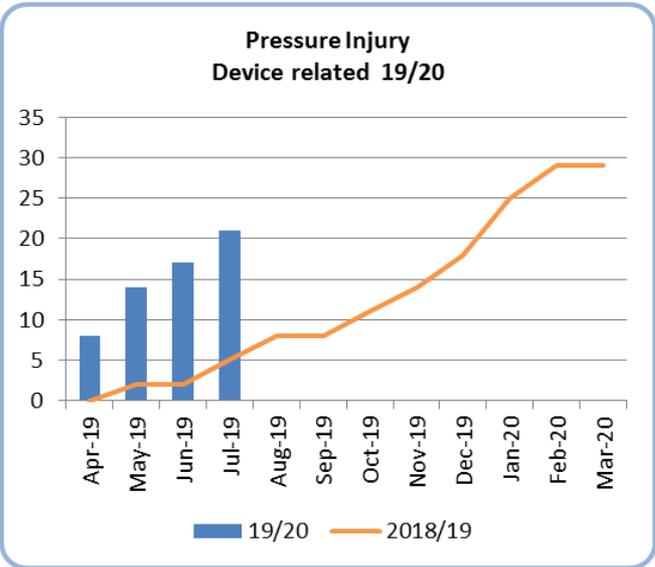
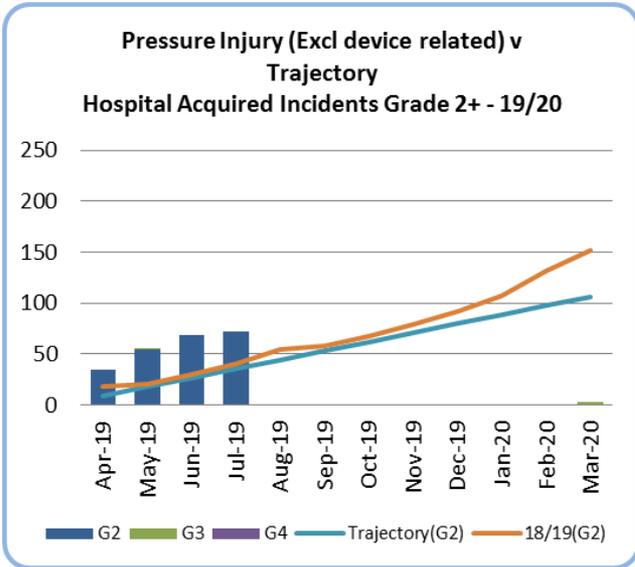
- Patients who were either not prescribed hypnotics or anxiolytics or who had a clear rationale for their prescription: 98%
- Patients who had a lying to standing blood pressure test performed at least once during their admission: 19%
- Patients who had a mobility assessment within 24 hours of admission and a mobility aid provided if required: 92%

CQUIN achievement requires ALL three components to be simultaneously achieved, therefore the lowest compliance level undermines good achievement in the other areas in terms of CQUIN performance.

There is a national level question about the clinical validity of the lying to standing blood pressure test and the outcomes of this discussion will prompt further internal discussion on CQUIN delivery.

We continue to provide training via the falls link nurses attending the Elgar sessions.

The Synbiotix falls audit has been reviewed with an appropriate reduction in questions where duplication of data exists elsewhere.



Pressure Injuries (PIs)

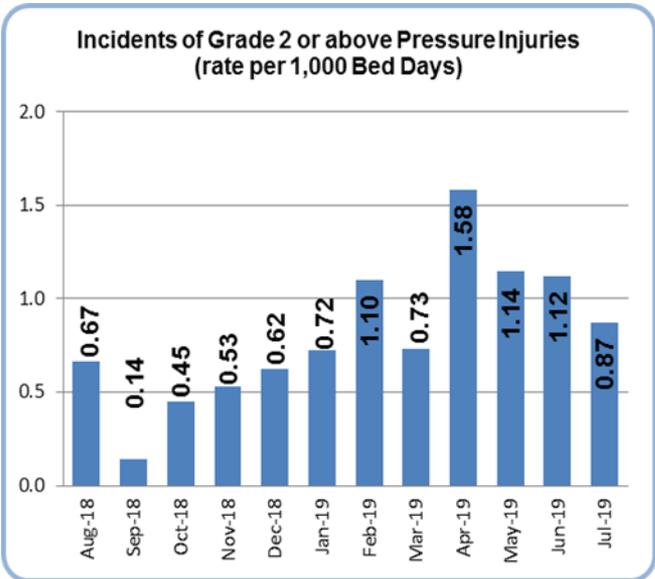
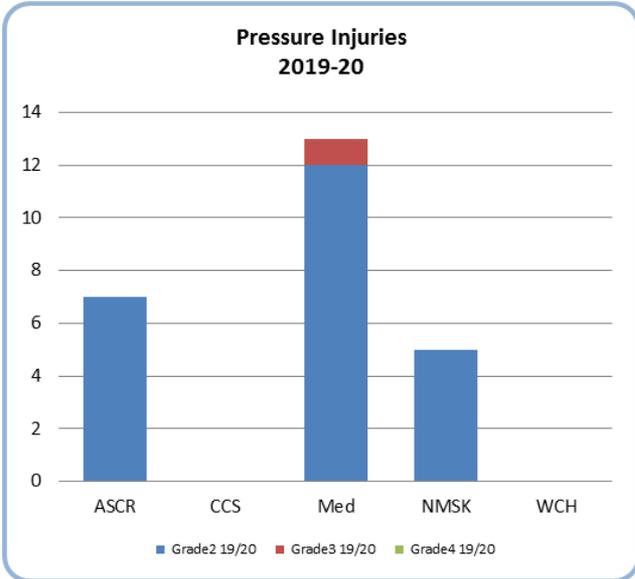
The Trust ambition for 2019/20 is a

- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries
- Zero for both Grade 3 and Grade 4 pressure injuries.

No Grade 4 pressure injuries were reported in July 2019.

There was one Grade 3 pressure injury and 24 reported Grade 2 injuries which occurred to 24 patients. The Grade 3 was in Medicine and was due to a medical device.

The break down of injury is as follows:
64% Sacrum/ buttock,
16% Heels, and
16% Medical device related.

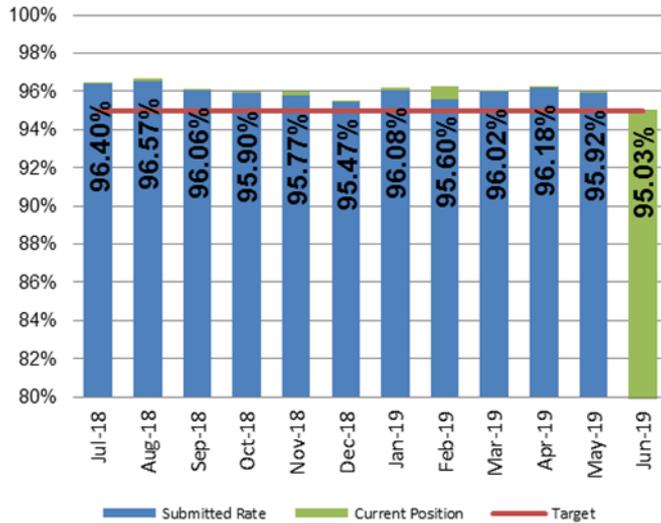


The organisational response, to the increase in the incidence of pressure injuries, continues with the Heads of Nursing and matrons across inpatient areas undertaking key elements of quality improvement.

During August there will be the implementation of

- a weekly formal review of all Grade 2 hospital acquired cases, chaired on rotational basis by Heads of Nursing.
- Divisional commencement of staff competency assessment which will enable us to gain assurance of staff knowledge against current education and training programmes.

Venous Thromboembolism Risk Assessment

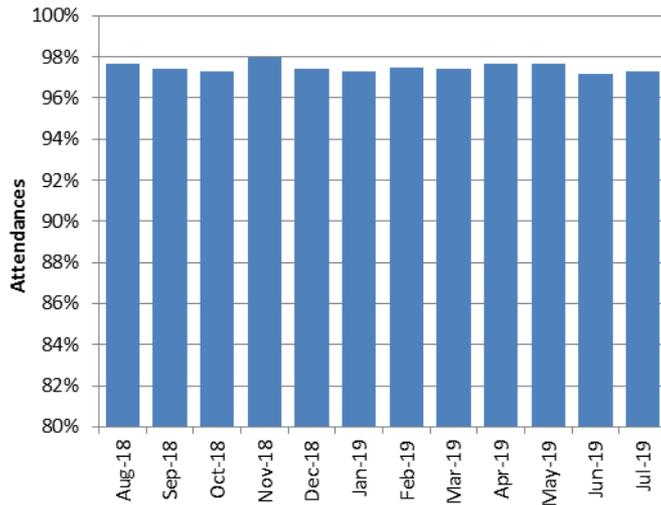


VTE Risk Assessment

The Board expects a VTE risk assessment to be carried out for all appropriate in-patients. Where certain procedures are considered to be of low risk, the assessments may be agreed as a patient cohort. Cohorts are signed off by the Medical Director.

The Trust continues to meet the national standard of 95% of patients having a documented risk assessment in their records at the point of coding the discharge, with the current position for June being 95.03% which is likely to increase as the remaining patients admitted in June are discharged and coded.

WHO Checklist Compliance

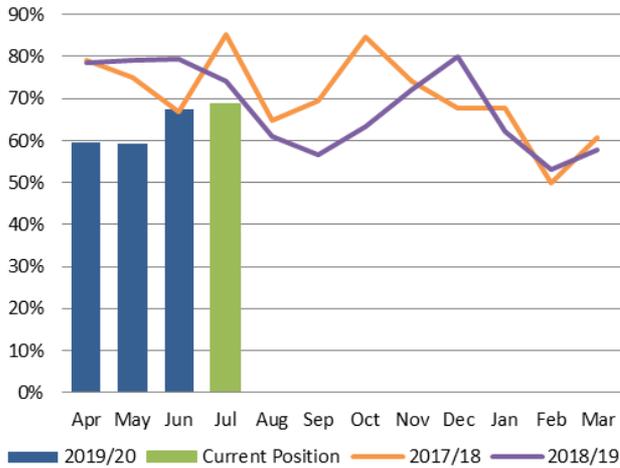


WHO Checklist Compliance

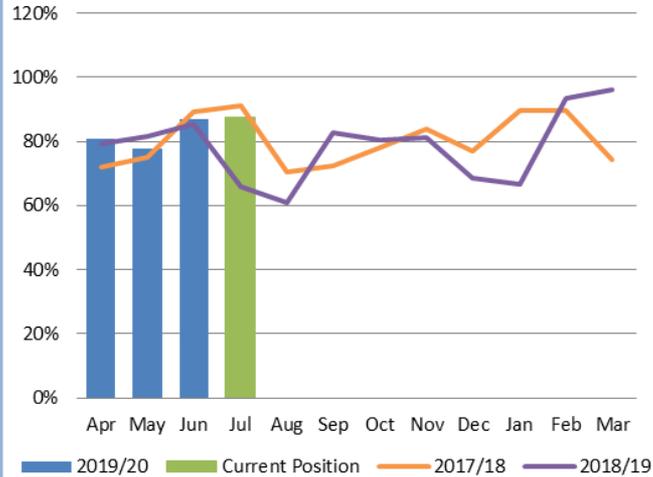
The Board expects that there will be a WHO surgical safety checklist documented prior to each operation in theatres.

Measured compliance with the WHO checklist was 97.3% in July 2019. WHO checklist compliance is monitored by the Theatre Board with any areas failing to record compliance with the requirement being addressed by the relevant leadership team.

All Patients Admitted to an Acute Orthopaedic Ward within 4 Hours



All Patients Medically Fit to have Surgery have Surgery within 36 hours



Fractured Neck of Femur in Patients aged 60 years and over Patients admitted to an acute orthopaedic ward within 4 hours.

Hip Fracture data is reported one month in arrears with the current month included for reference.

In June 2019 the percentage of patients who were admitted to Hip Fracture unit within 4 hours was 67.4% against an England average of 41.4%.

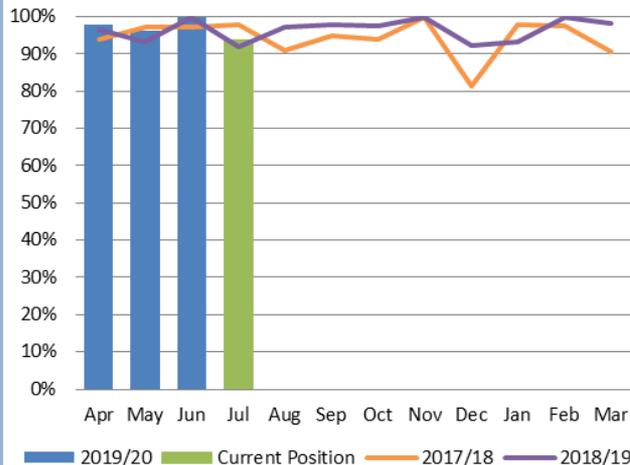
Patients medically fit to have surgery have surgery within 36 hours.

In June, 86.9% of patients received surgery within 36 hours compared to the England average of 71.8%.

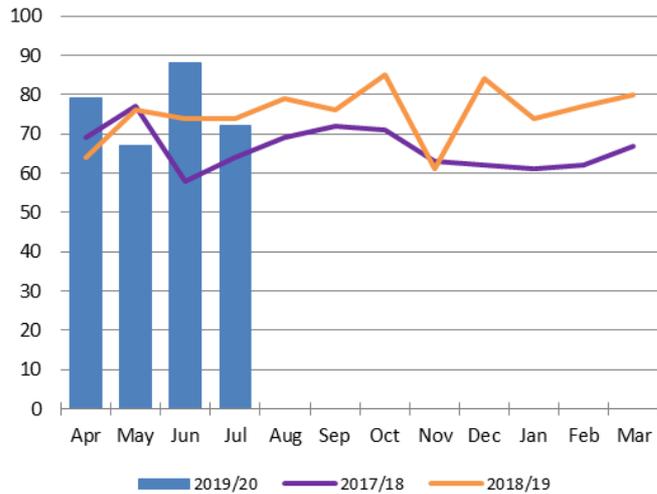
Patients assessed by an Orthogeriatrician within 72 hours.

In June 2019, 100% of patients were seen by an Orthogeriatrician within 72 hours.

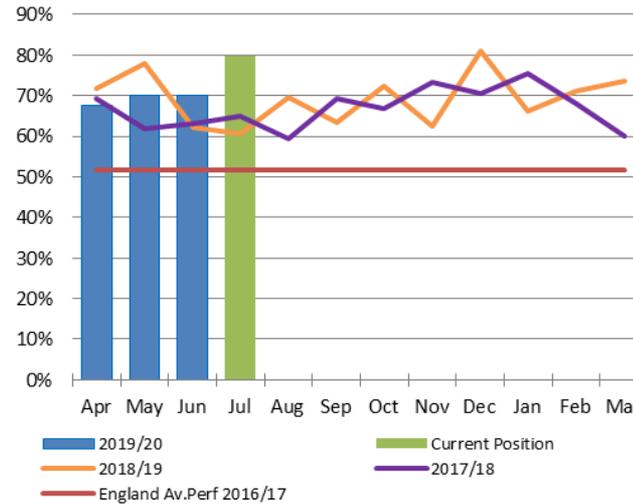
All Patients Assessed by an Orthogeriatrician within 72 hours



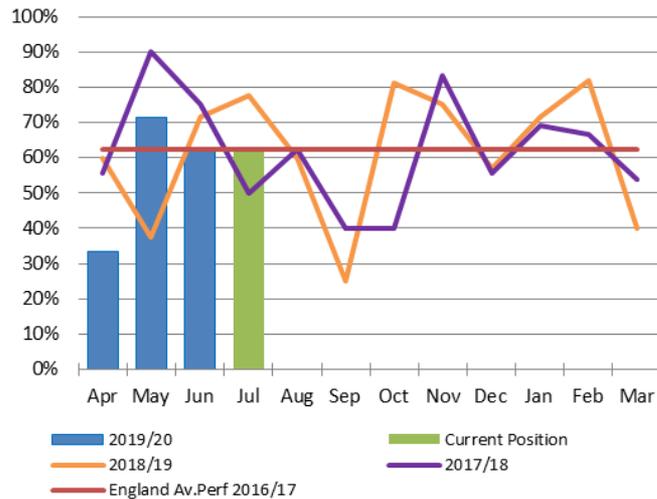
Number of Stroke Patients Admitted



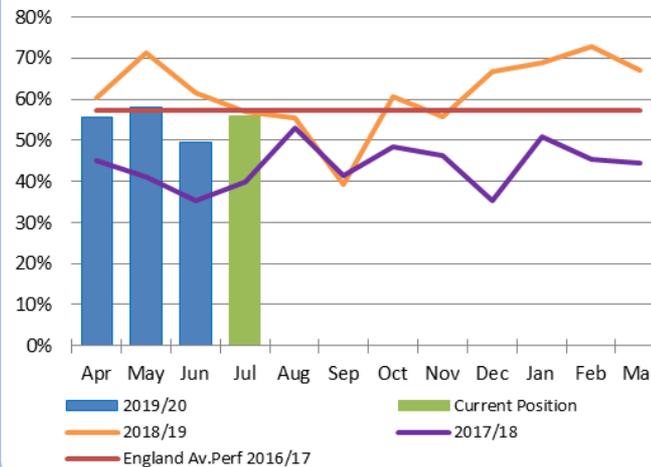
Patients Scanned within 1 Hour of Clock Start



Patients Thrombolysed within 1 Hour



Patients Directly Admitted to a Stroke Unit within 4 Hours



Stroke

Stroke data is reported one month in arrears with the current month included for reference.

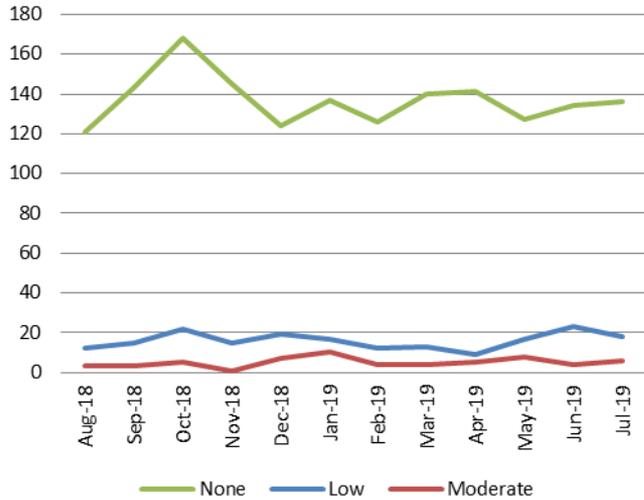
88 patients were admitted to Southmead hospital with stroke in June 2019.

62.5% of stroke patients requiring thrombolysis received this within 1 hour which is comparable to the England average.

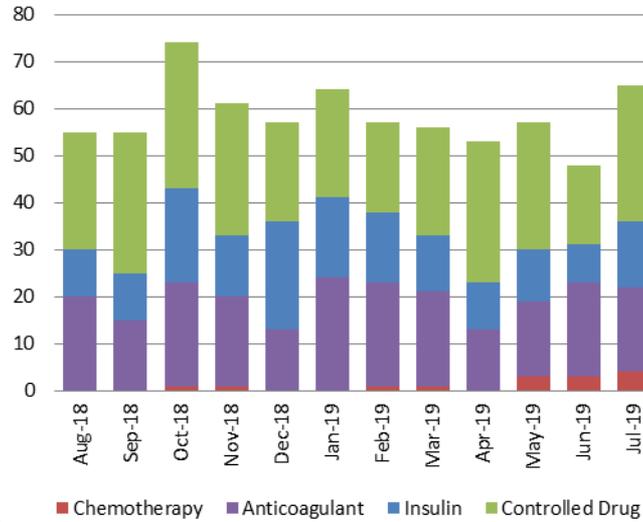
Admission to a stroke unit within 4 hours of presentation remains a challenge with performance at 49.4% in June 2019. The main problem is the overall bed occupancy and the Stroke service is working with the Operations team to ensure the availability of stroke beds at all times.

The number of patients scanned within 1 hour remains higher than the England National average at 70% in June 2019.

Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs



Medicines Management

Severity of Medication Error

During July 2019, the number of “No harm” medication errors represented approximately 85% of all medication errors, demonstrating a strong reporting culture.

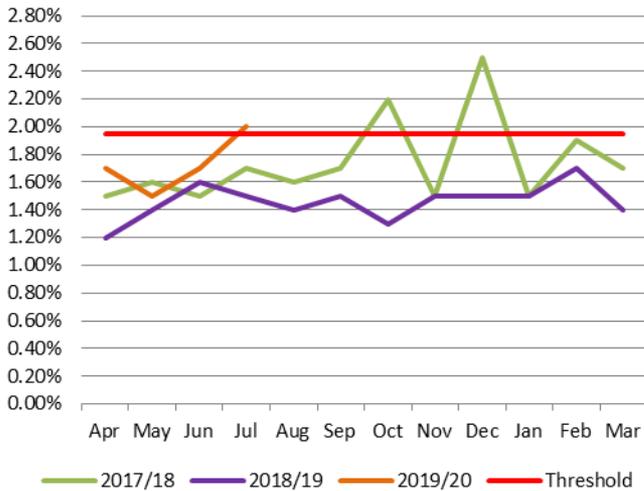
High Risk Drugs

High Risk Drugs formed 33% of all medication incidents reported during July 2019. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team.

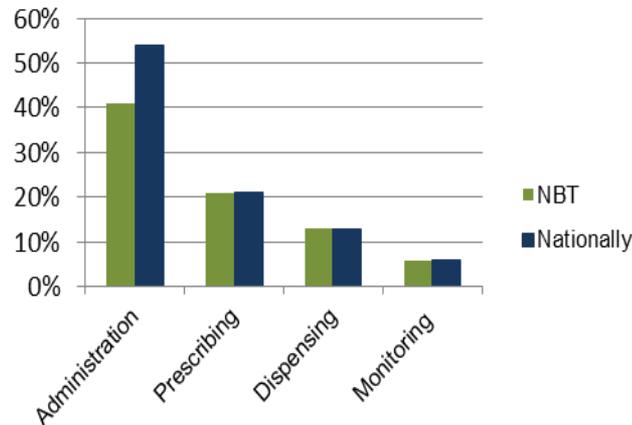
Missed Doses

In July 2019 the percentage of patients with one or missed doses rose to 2%, slightly above the Trust target of 1.95%.

Percentage of Patients with One or More Missed Doses

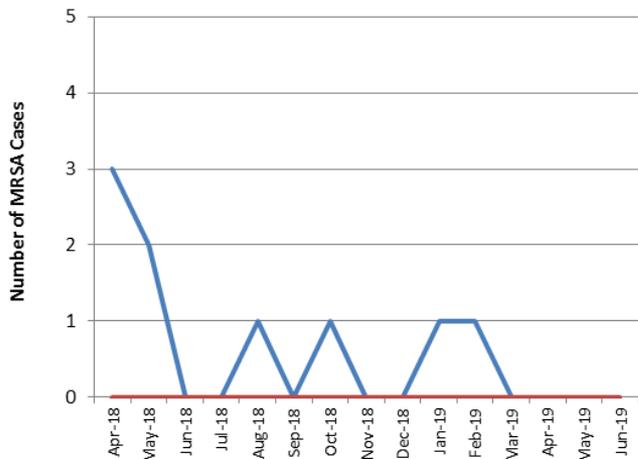


Where Do Medication Errors Happen ? North Bristol Trust vs National

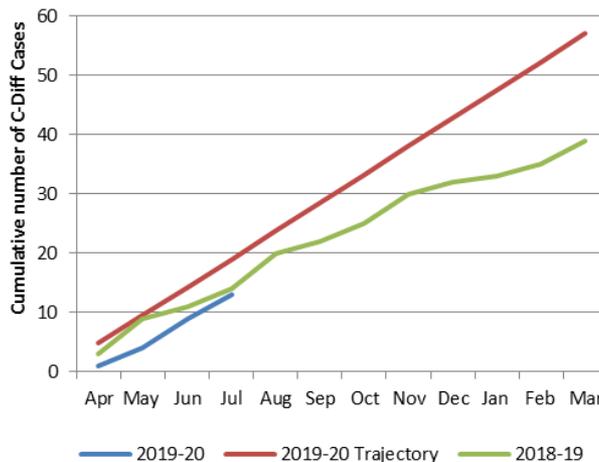


In light of the increase, the Medicines Governance Group will be looking to implement a “small steps of change” project with the ward based teams on a number of specific wards. The aim will be to reduce the number of patients with missed doses by working in partnership with nursing teams and potentially introducing a live dashboard to help monitor performance.

MRSA Cases - Trust Attributable



C.Difficile Cases - Trust Attributable (Cumulative Cases)



MRSA

There have been no cases of MRSA bacteraemia in July 2019.

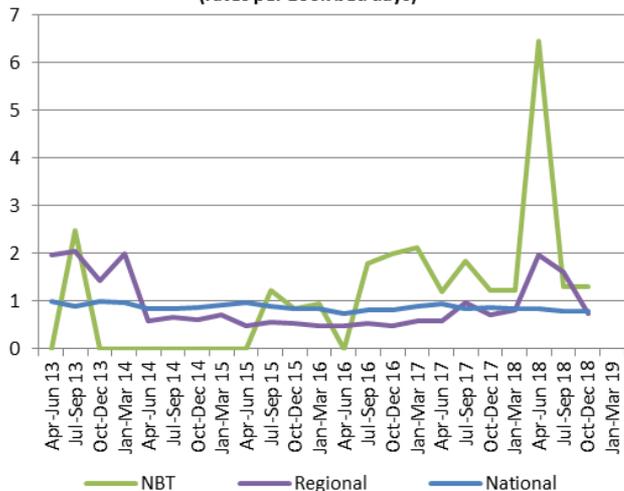
An increased incidence of MRSA colonisation within NICU reported in July has resolved with no further cases.

C. Difficile

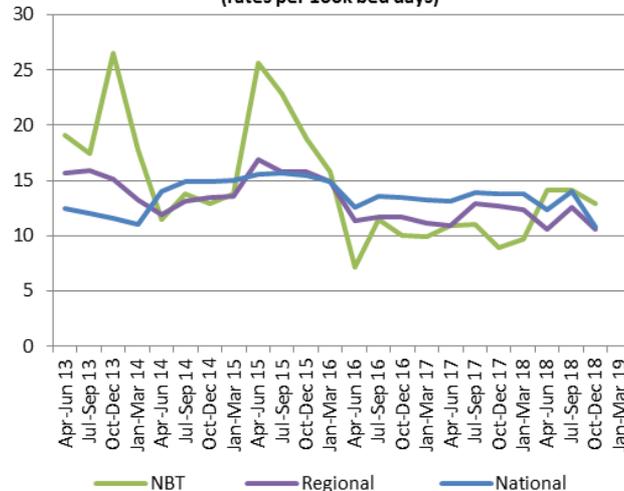
The target for 2019/20 is a maximum total of 57 cases fulfilling the national definition of hospital onset hospital acquired or community onset hospital acquired.

In July there were eight cases reported against the trajectory. Four cases were hospital onset and four cases were community onset.

Quarterly MRSA cases (rates per 100k bed days)



Quarterly C.Difficile cases (rates per 100k bed days)



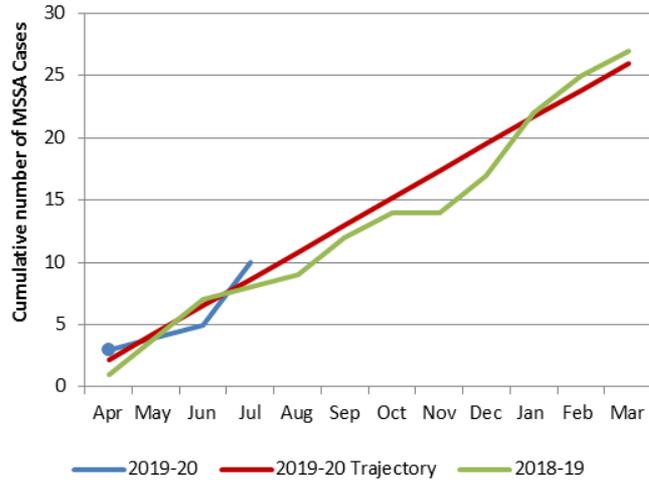
Clinical reviews are carried out using a multi-disciplinary approach to determine whether there are links to any lapses in care that have identified learning and resulting actions relating to policy, for example documentation of records of care, audit compliance.

MSSA

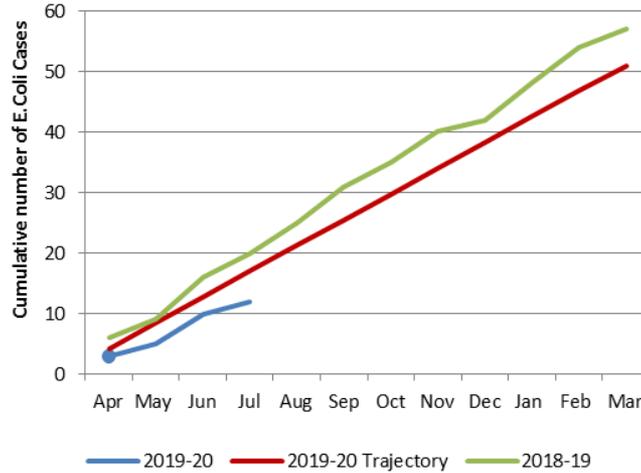
The Trust target for 2019/20 is fewer than 26 cases.

There were five reported cases of MSSA bacteraemia in July, which is above trajectory for this point of the year. Review of the cases have identified a continued theme around line care documentation. The Trust quality improvement initiative continues, aiming to reduce incidence of bacteraemia associated with indwelling devices.

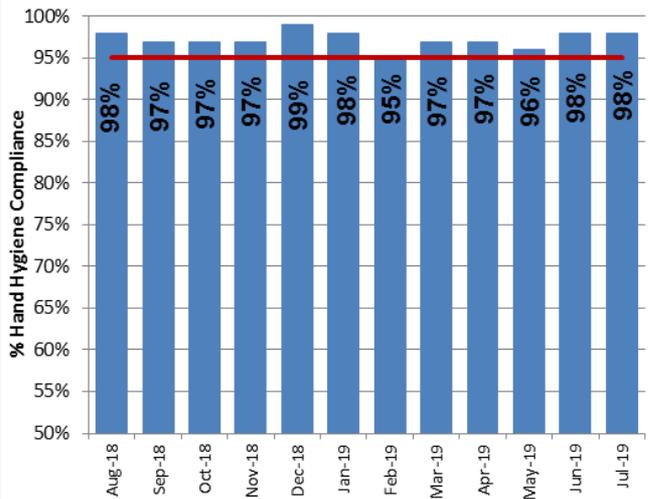
**MSSA Cases - Trust Attributable
(Cumulative Cases)**



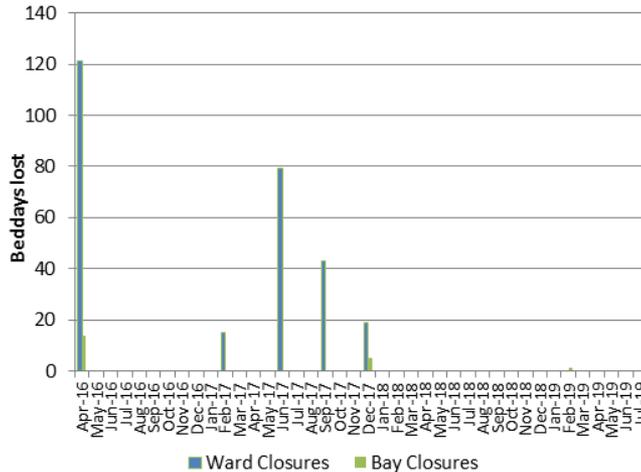
**E.Coli Cases - Trust Attributable
(Cumulative Cases)**



Hand Hygiene Compliance Rates



Monthly beddays lost due to Diarrhoea and Vomiting / Norovirus ward or bay closures



E. Coli.

The Trust target for 2019/20 is 51 bacteraemias representing a 10% reduction on the previous year. There were two cases of E. Coli bacteraemia reported in July. The focus for improvement is on the management of urinary catheters.

Hand Hygiene

Hand Hygiene compliance has been maintained.

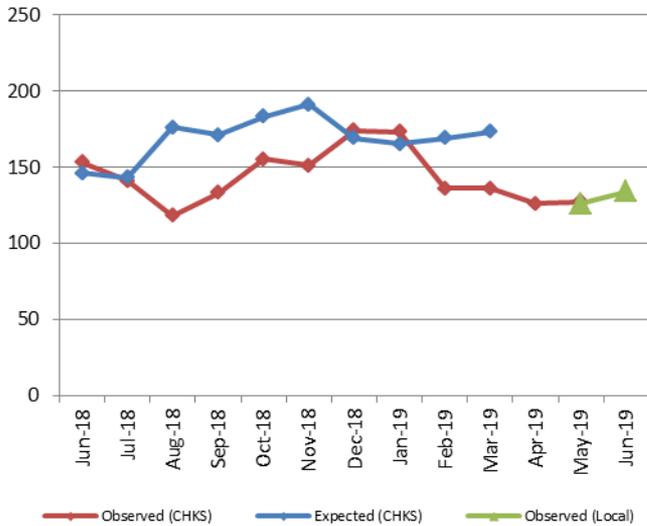
Surgical Site Infection Reporting

NBT undertakes mandatory SSI reporting for infection following hip and knee replacements, with reports on outcome received from PHE quarterly. Ongoing assurance oversight is provided through the Control of Infection Committee.

Pseudomonas water testing

Routine testing of water within augmented care areas in August has demonstrated some outlets with raised pseudomonas counts, however no increase in patient infections has been found. Mitigation actions are in place to ensure patient safety and actions are being taken in conjunction with The Hospital Company to eliminate the colonisation. During this period there has been some restriction on admissions to the burn unit. Appropriate oversight is in place and an update will be provided in the IPR next month.

Total Number of Patient Deaths



Date of Death	April 2018 to April 2019
Total Score 1 or 2	19
In Progress	1
Reviewed not SIRI	16
Reported as SIRI	2

Overall Mortality

The national approach to SHMI Mortality Ratio is under review and new data has not yet been released. NBT continues to monitor mortality through the Standardised Mortality Ratio and the total number of deaths in comparison to the statistically expected number.

Mortality Review Completion

The current data captures the completed reviews up to 30 April 2019. In this time period, 90.32% of all deaths have a completed review. 97.4% of “High Priority” cases have completed Mortality Case Reviews (MCR), including 16 deceased patients with Learning Disability and 15 patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent remains 97% (score 3-5).

Mortality Review Completion

For 01/04/2018 - 30/04/2019

	Completed	Required	% Complete
Screened and Excluded	1034		
High priority Cases	163		
Other (Non-priority) MCR completed	576		
Total reviewed	1773	1963	90.32

There have been 19 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care.

All cases that score 1 or 2 are reviewed through Division governance processes to determine if further investigation is required.

Mortality Review Outcomes

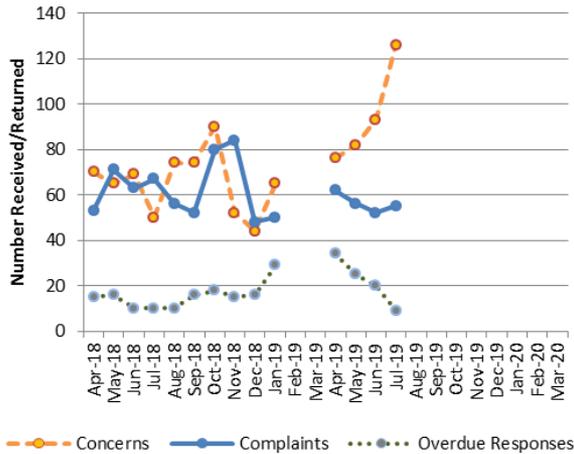
Overall Score:	1	2	3	4	5	Count of responses
Care Received	0 (0%)	19 (2.96%)	124 (19.31%)	351 (54.67%)	148 (23.05%)	642

Two cases have been declared as Serious Incidents Requiring Investigation (SIRI). Those cases not declared as SIRIs have been reviewed with evidence of the outcome held on NBT’s incident reporting system (Datix).

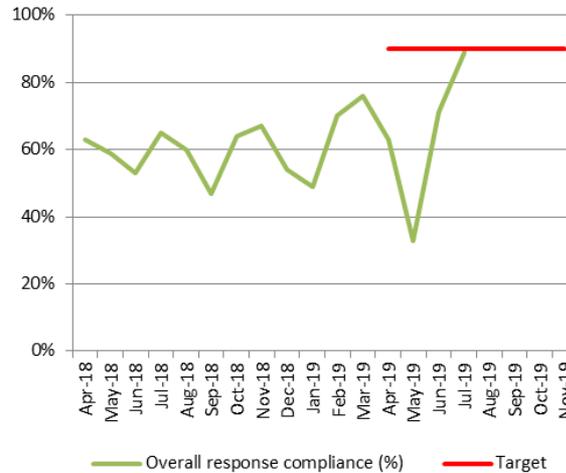
Quality Experience

**Board Sponsor: Interim Director of Nursing
Helen Blanchard**

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

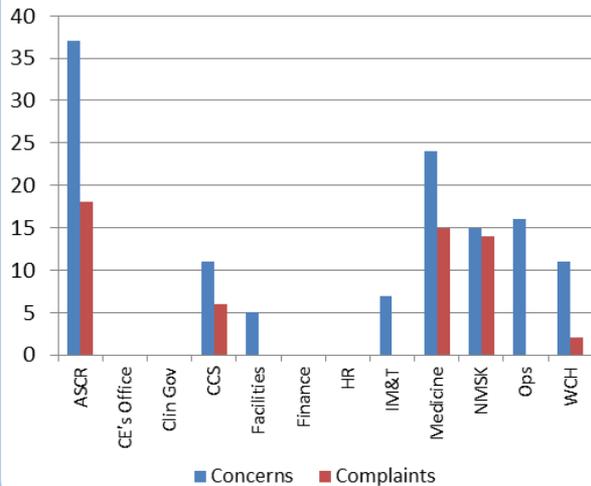
In July 2019 the Trust received 55 formal complaints and 126 PALS concerns.

The 55 formal complaints can be broken down by division:

ACSR: 18 CCS: 6
 Medicine: 15 NMSK: 14 WCH: 2

The number of formal complaints continues to stay within an average of 50-60 complaints per month. This is a continued improvement from the monthly average at the start of 2019 which was between 70-80 per month. This reflects the embedding of the Trust's Patient Advice and Liaison Service (PALS) and the Trust's success in locally resolving patients concerns before they escalate.

Concerns and Complaints per Division



	Total closed in July	Total overdue at end of July
Medicine	21	0
NMSK	18	0
ACSR	26	8
CCS	6	0
WACH	14	0
Clin Gov	0	1
Total	85	9

Final Response Rate Compliance

The Trust final response rate compliance is still ahead of projected target for the month of July at 89%. This reflects the continued hard work of both the corporate and divisional teams in implementing their recovery plans.

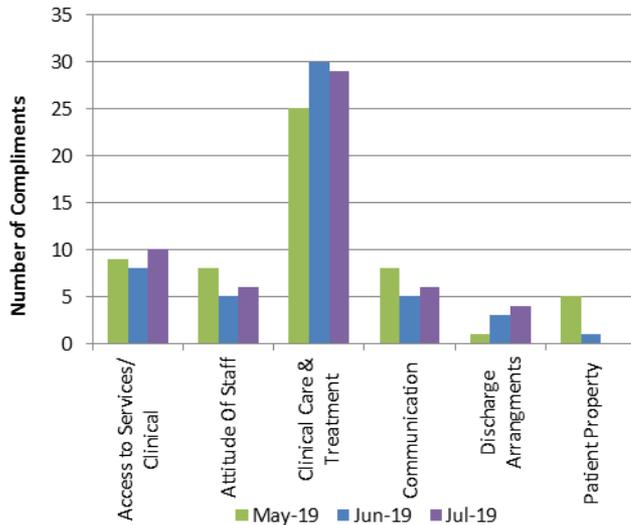
June	25	60% compliance
July	20	70% compliance
August	10	80% compliance
September	5	90% compliance
October	0 – maintain target	100% compliance
November	0 – maintain target	100% compliance

Overdue complaints

The total number of overdue complaints at the end of June sat at 20. At the end of July this figure sat at 9 overdue complaints. This is a reduction of 80% since April 2019. The introduction of a weekly complaints tracker and Divisional meetings has proved a success and will continue as a monitoring and validation process for formal complaints.

N.B. Trust-wide chart showing 2019-20, starting April 2019 and will show rolling data going forward. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues.

Complaints By Subject



Understanding the detail behind the themes:

The highest number of issues raised in complaints remain related to clinical care and treatment. There will be deep dive into understanding the details of these issues during September 2019. This will be shared at Patient Experience Group for actions to be agreed and taken forward.

Compliments

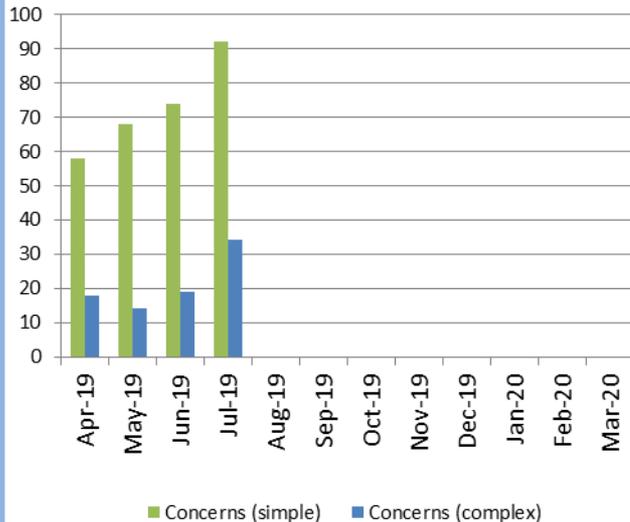
A more systematic approach will be developed to capture compliments and will be developed as part of the ongoing improvement programme. This will follow the current priorities of addressing the complaints backlog and establishing a permanent PALS service. This is included in the Corporate Patient Experience Team work plan with an anticipated finish date of November 2019.

Patient Advice and Liaison Service (PALS)

Following a pilot of the PALS service between Feb-Apr 2019, a new PALS concern chart is now included to give an overview of service provision going forward.

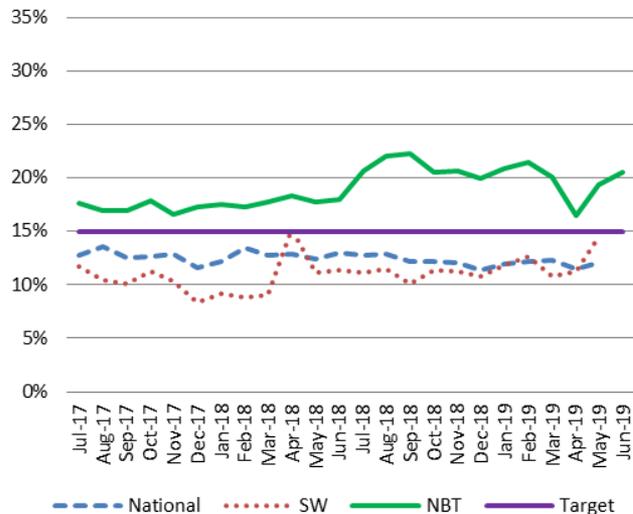
126 PALS concerns were received in July 2019. Of the 126 PALS concerns received in July 2019, 92 (73%) can be classified as more simple concerns and 34 warranted more in depth investigation from within the division and were classified as complex concerns. The volume of PALS received has increased as a result of the PALS service being fully embedded. Awareness of the service has been greater with a new office located on Level 1 of the Brunel building, together with banners located in the atrium and communications through divisions to staff. The month saw a 54% increase in the number of face to face walk ins to the service. The amount of concerns flagged to the service by frontline staff members on behalf of service users also rose. The issues arising through concerns are recorded and there will be reporting in a similar way to concerns once capacity has increased in the team when the newly appointed PALS Manager takes up post on 22 August.

PALS

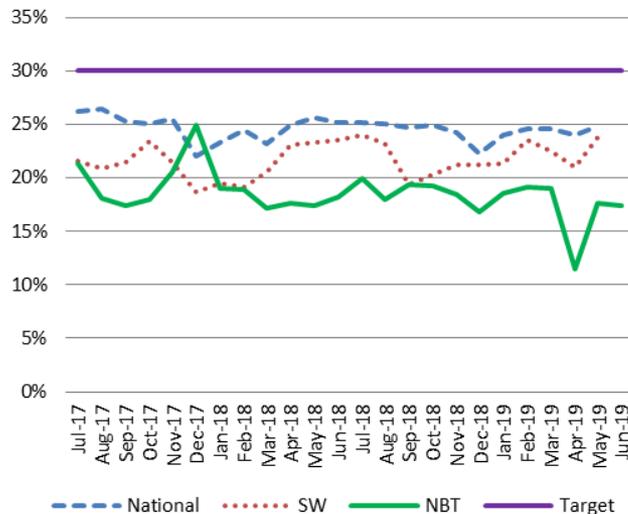


A revised policy '**CG20 – Policy & Procedure for Management of Complaints and Concerns**' together with a new standard operating procedure '**Management of Complaints and Concerns**' was approved at the Patient Experience Group (PEG) meeting on 02 July 2019. This will be rolled out throughout the Trust in August together with training sessions on investigation of complaints, writing formal complaint responses and the local resolution of concerns. The SOP includes process flowcharts on the new triage process and categorisation and compliance standards for formal complaints & PALS concerns. A Datix training programme will also be rolled out alongside the policy following a revision and streamlining of the Datix forms.

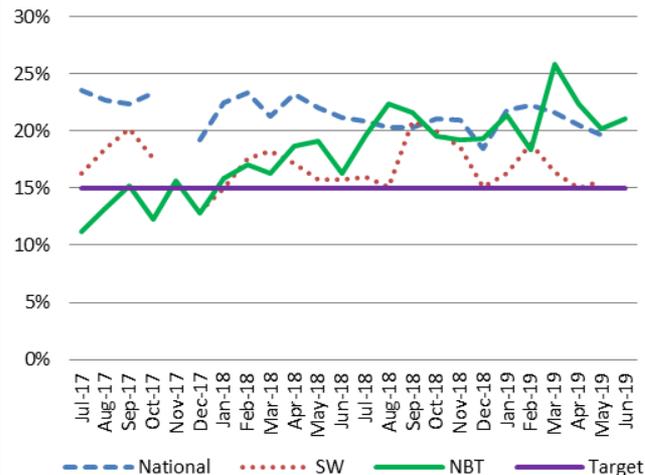
Emergency Department - Response Rate



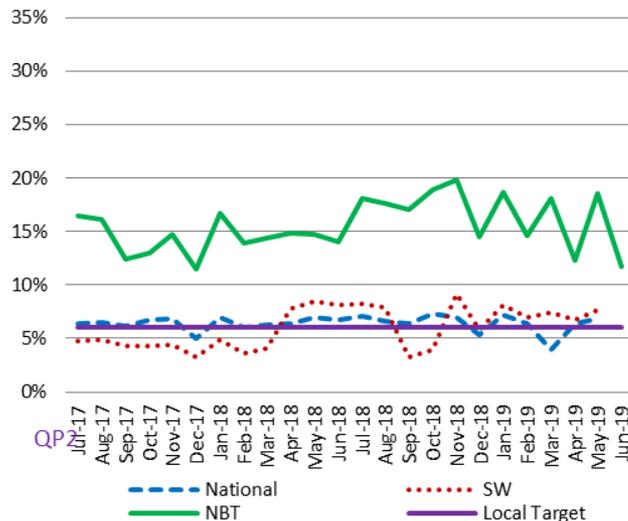
Inpatients - Response Rate



Maternity - Response Rate (Question 2 - Birth / Delivery)



Outpatients - Response Rate



Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	19.57%
Inpatients	30%	18.50%
Outpatients	6%	10.64%
Maternity (Birth)	15%	18.11%

The Emergency Department have maintained their response rate.

The Inpatient response rate remains below target, but stable. A plan to increase the amount of day case patients that are being surveyed is being put in place and will improve this response rate. The results of this should be seen from October 2019 onwards.

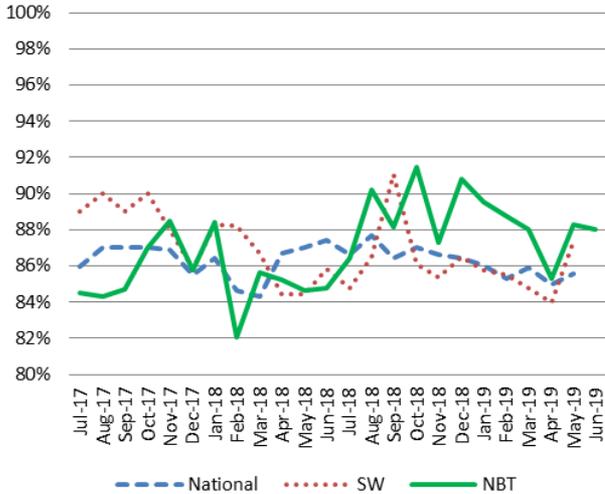
Outpatients have decreased their response rate, but within normal range.

Maternity have decreased by 3% but is still well above target.

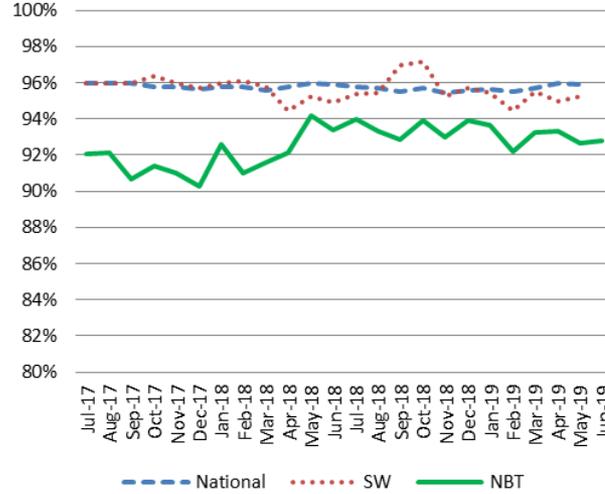
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

N.B. NHS England FFT Official stats publish data one month behind current data presented in this IPR. May 2018, South West region has been split to SW (North) and SW (South). NBT is now plotting against SW (North).

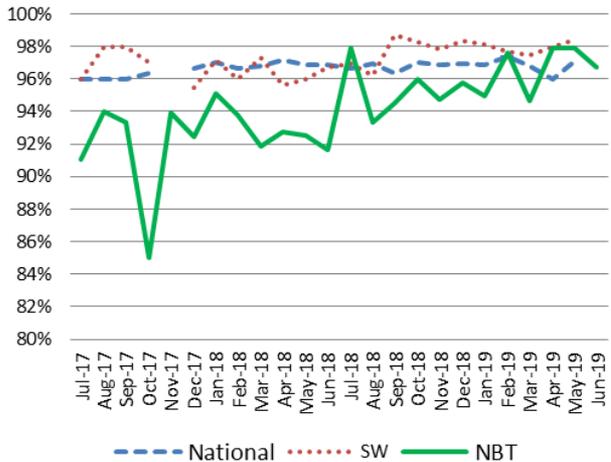
Emergency Department - % Would Recommend



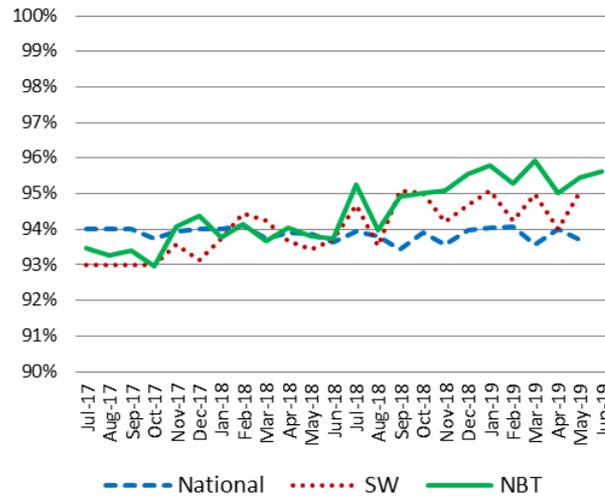
Inpatients - % Would Recommend



Maternity - % Would Recommend (Question 2 - Birth / Delivery)



Outpatients - % Would Recommend



FFT Recommend Rate	Target	NBT Actual
ED	90%	84.03%
Inpatients	95%	93.95%
Outpatients	95%	95.16%
Maternity (Birth)	95%	96.67%

There has been a slight increase in the percentage of patients saying they would recommend the Inpatient wards. Outpatients remain within normal levels and are achieving the target. Maternity (Birth) have again achieved a fantastic result of almost 97% of patients recommending their services. After a period of increase, ED have seen a decline of 4% in the number of people who would recommend the service this month.

What are people saying about our services?

Within inpatients there are no consistent themes from the negative feedback, the positive themes referred to staff attitude, the clinical treatment and the general environment.

Within ED the feedback remains to be around waiting times and the lack of communication around this. Feedback concerning poor staff attitude is also a continuing trend, This is being investigated further by the Division supported by the Patient Experience Lead. Maternity received no negative feedback again (Birth), the kindness and friendliness of staff is the most common reason people would recommend the service

September will see the start of work with four areas in the use of FFT data to improve patient experience. This activity will be reported to an monitored by the Patient Experience Group.

Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

N.B. NHS England FFT Official stats publish data one month behind current data presented in this IPR. May 2018, South West region has been split to SW (North) and SW (South). NBT is now plotting against SW (North).

Friends and Family Test

“Please tell us the main reason for the answer you chose.”

Emergency Dept – (1)

The staff were so kind and caring. Constantly checking up on me to make sure I was ok and offering refreshments to my mum and myself. Hospitals are horrible experiences but the staff at Southmead A&E made it bearable.

Breast Care (1)

Clinician made me feel at ease and so welcome. She was kind and caring and made me feel like I could ask as many questions as I like. She explained things really well and I left feeling absolutely at ease. She my partner accompanied me and he said the same. She was just lovely.

Cotswold – Gynae (5)

I came in to the Cotswold Unit for major gynaecological surgery which was not exactly straight forward and unfortunately, resulted in a significant post operative complication. I did not feel that the post operative care I received from the units nurses that night, was good enough and I did not feel safe in their hands

Day Case – Gate 13 (3)

The waiting time. Consideration of other health conditions that impact waiting. The nurses were brilliant and so were the consultants but waiting so long to see them regardless of being on time for appointment

Outpatients - Physio (5)

The member of staff was very professional and friendly. As I have been waiting for 3 months for this appointment, I was expecting more a manual therapy rather than just advice on some stretching exercises.

25a (1)

The staff were really friendly and patient with me, the surgeons made me very relaxed and explained everything. I felt very well looked after. The night staff were amazing, they were chatty and friendly which was really nice. Sad to say bye to everyone but thankful I am on the road to recovery. Thank you for everything

25b (1)

The care from all the medical staff was of the highest standard and was provided, always with a smile. Everything was run to a high standard and I am very proud of all those who work in our NHS- the best in the world.

33a (3)

Even though you got poster in the room saying how the nurses should get the patient out of bed, get washed and walking around. That didn't seem very forward, they seemed to want to do the opposite with me. Overall I would say 96% of staff was okay.

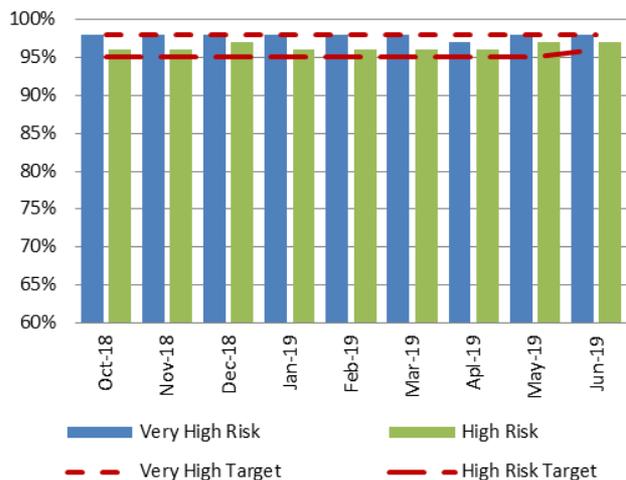
Emergency Dept (5)

You couldn't hear the nurses when they came out to call people in, so some sort of a tannoy or numbering system would be good. The smokers right outside the door! Waiting times. Rude staff on the desks.

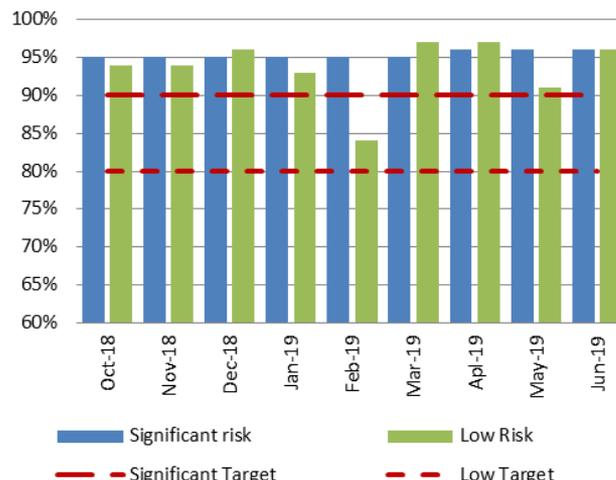
Facilities

**Board Sponsor: Director of Facilities
Simon Wood**

**FM OPs Cleaning Performance
(Very High and High Risk Areas)**



**FM OPs Cleaning Performance
(Significant and Low Risk Areas)**



Operational Services Report on Cleaning Performance against the 49 Elements of PAS 5748 v.2014 (Specification for the planning, application, measurement and review of cleanliness in hospitals)

Cleaning scores in July exceeded all risk categories.

A Task Team has been created to work in AMU replicating the ED model. This team went live as of 01 July and initial feedback and performance has been positive.

The total number of whole time equivalents within the Relief Team stands at 45 (2.5 vacant). The team is used to provide cover for vacancies that arise out of leave or sickness, reducing the reliance upon NBT eXtra to backfill shifts.

Deep clean numbers per week were in line with the previous month with an average of 280 carried out per week, 95.8% of which were above the key performance indicator for 4 hour breaches. Work is currently underway to identify the cause of such a high number of deep cleans being requested.

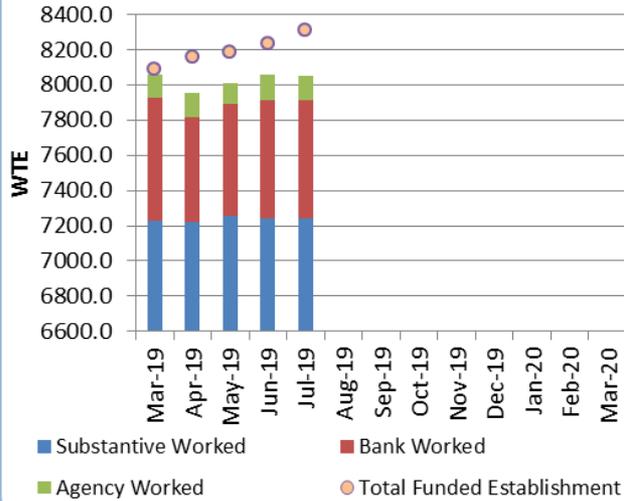
During July the CQC published the results of the NHS National Inpatient Survey 2018. The cleanliness of rooms and wards scored 9.2 out of 10.

Very High Risk Areas Target Score 98% Audited Weekly	Include: Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit
High Risk Areas Target Score 95% Audited Fortnightly	Include: Wards, Inpatient and Outpatient Therapies, Neuro Out Patient Department, Cardiac/Respiratory Outpatient Department, Imaging Services
Significant Areas Target Score 90% Audited Monthly	Include: Audiology, Plaster rooms, Cotswold Out Patient Department
Low Risk Areas Target Score 80% Audited Every 13 weeks	Include: Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, Learning and Research Building (non-lab areas)

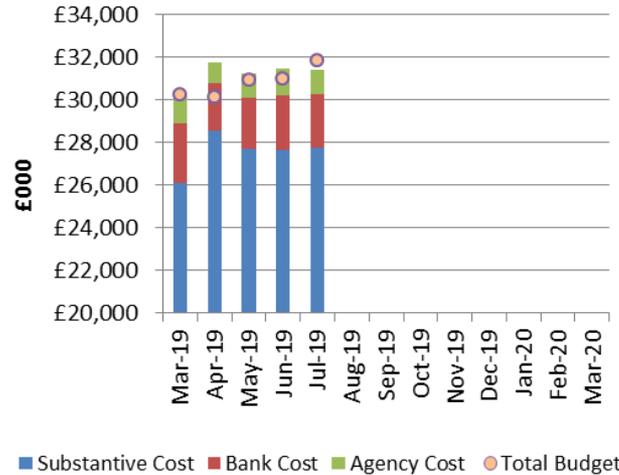
Well Led

**Board Sponsors: Medical Director, Director of People and
Transformation
Chris Burton and Jacqui Marshall**

Worked and Funded



Expenditure and Budget



Substantive

July expenditure is £241k below budget, £1.5m year to date due to current pay reserves. However some individual staff groups are above budget, predominantly medical and nursing and midwifery staff due to ongoing agency use. Worked wte is under funded by 259 wte across all staff groups, predominantly made up of 56 registered nursing and midwifery wte and 93 administration wte.

Temporary Staffing

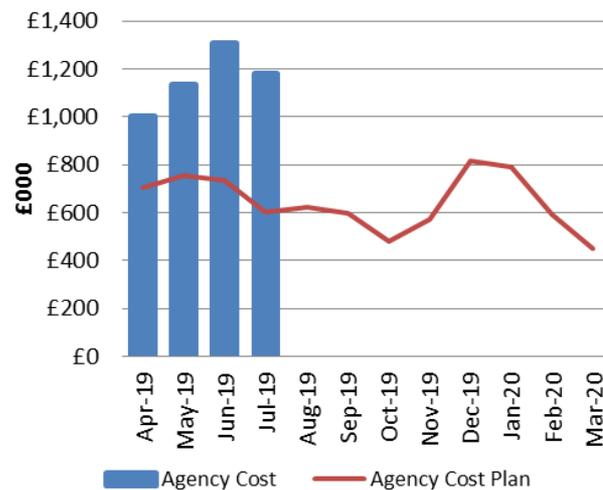
NBT Extra

System wide Nurse Recruitment compliance standards are now in operation across the BNSSG for nursing agency staff to ensure consistency is achieved across the region and processing efficiency is improved.

Agency Use



Agency Expenditure

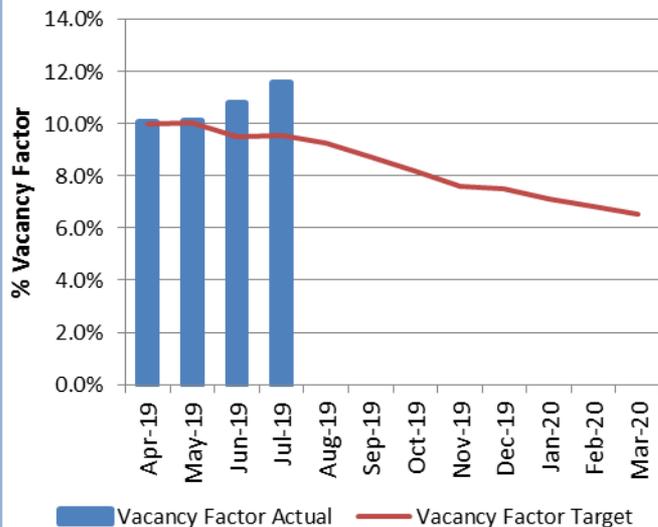


A bespoke recruitment campaign has been designed to increase bank numbers of both substantive and external workers, which highlighting improvements in payment regularity and other available NBT benefits. The current bank pay rates are under review and recommendations are being discussed in partnership with the TUs.

Agency

Agency expenditure decreased from last month but demand still remains high for registered nurses. The BNSSG Reduction in High Cost Agency Project have agreed to implement increased and simplified pay and charge rates from August for Tier 1 & 2 Framework suppliers to support the work to reduce high cost agency usage.

Vacancy Factor Target



Unregistered Nursing and Midwifery Recruitment

A Band 2, 3 and 4 resourcing plan, identifying the continuous talent attraction initiatives scheduled between April 2019 – March 2020 is in place. This is supported by an improved reporting process for vacancies, retention and numbers of new starters for this staff group to ensure consistent Trust wide visibility. In July the Trust had 27 new starters with the year to date position at 75 wte against a target of 54.

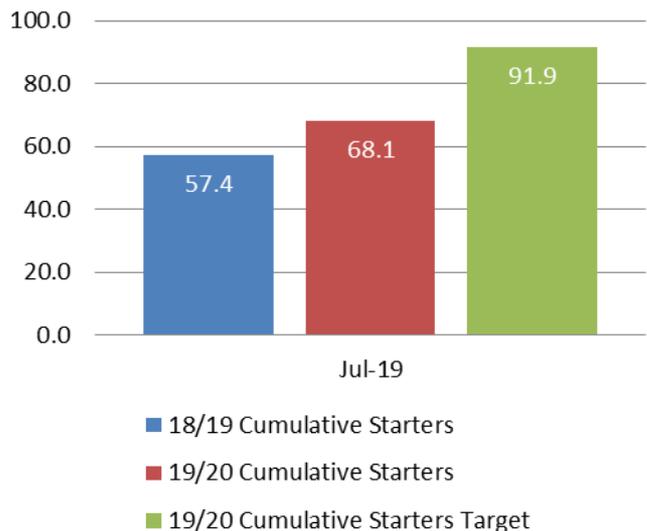
Band 5 Nursing

The Band 5 nursing vacancy position in July is 296 wte (23%) across the five clinical divisions. There were 10 new starters in July which means year to date the Trust is 24 wte starters behind target. August and September pipelines are forecast to correct this shortfall with current projections showing a pipeline 39 wte greater than the target for these months. All Band 5 nursing screening and recruitment is now managed totally in house with the ceasing of outsourced support from Cohesion Recruitment, to improve direct engagement and reduce costs.

The continuing programme of events in the resourcing plan delivered the following key external engagement events in July;

- Welsh Stroke Conference
- ICU CPD day
- Internal Engagement Day – 18 offers made on the day
- 2 x NBT Extra Drop in sessions – to promote Bank opportunities.

Band 5 Nurse Cumulative Starters



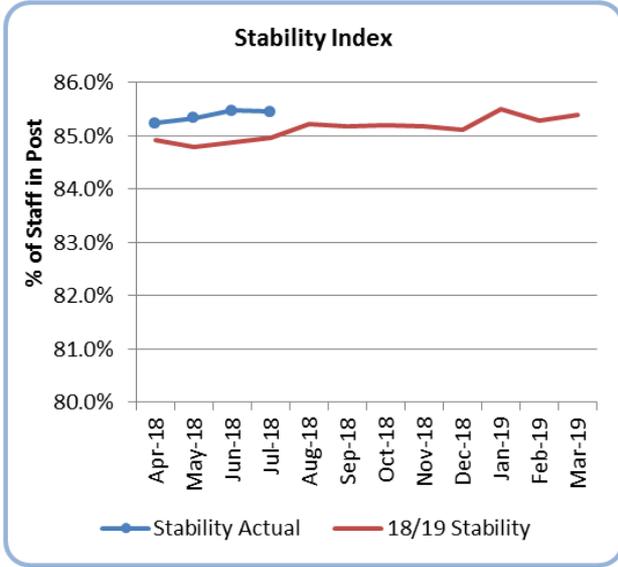
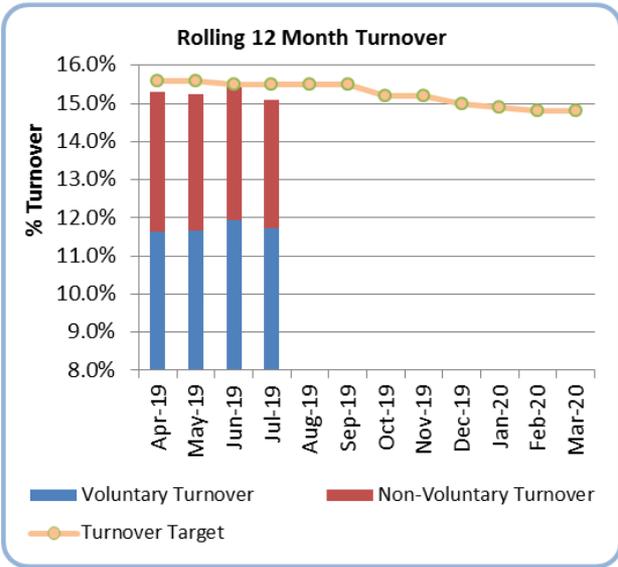
Additional Bespoke plans:

- Theatre plan - Creation of promotional material underway, filming dates booked.
- NBT Extra plan – creation of promotional material underway, social media streams running.

Overseas Nurse and Midwife Recruitment

The International Nurse Recruitment project continues to deliver experienced, permanently employed nurses from the Yeovil pipeline and to date 17 nurses are now working in the Trust. Visa processing delays with the Home Office continue to create a lag in the anticipated timeframes, with final numbers anticipated to be 37 nurses from this pilot with Yeovil by the end of October 2019. The OSCE and Pastoral Care team are delivering their wrap around welcome and support to the nurses and delivering the required training. We have had our first OSCE pass, with more nurses booked into taking their exams in the coming months. A review of the pilot and recommendations is being made to the Nursing and Midwifery Workforce Group as the start of developing a business case for the Trusts future approach to international recruitment as a whole.

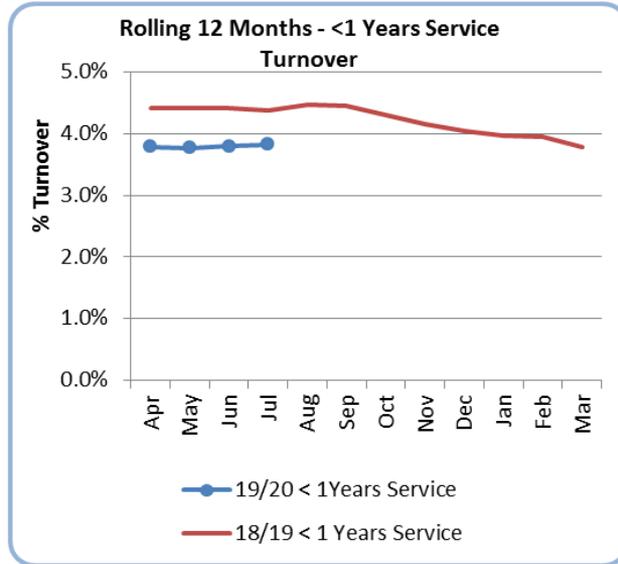
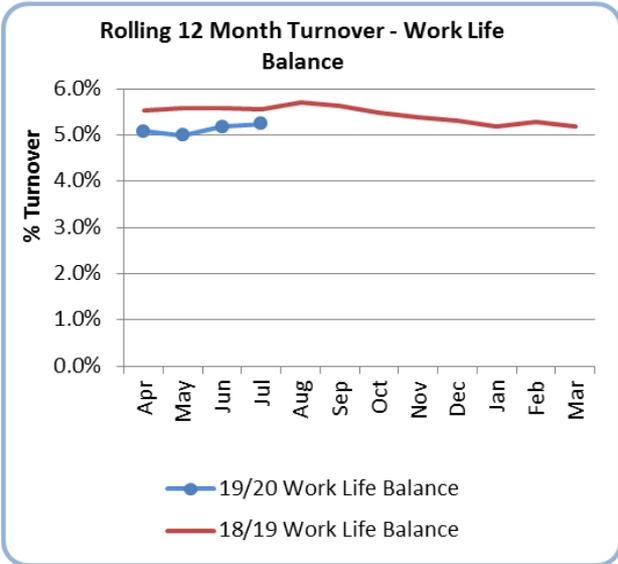
Midwife recruitment for September is complete with 20 candidates in the pipeline to start in September/October and this will close the vacancy gap for Band 5 midwives. An advertisement for Band 6 nurses will run in September to target experienced midwives.



Stability and Turnover

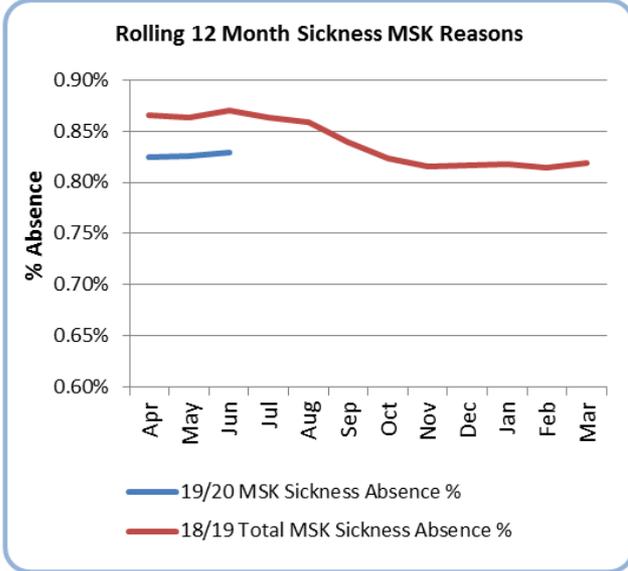
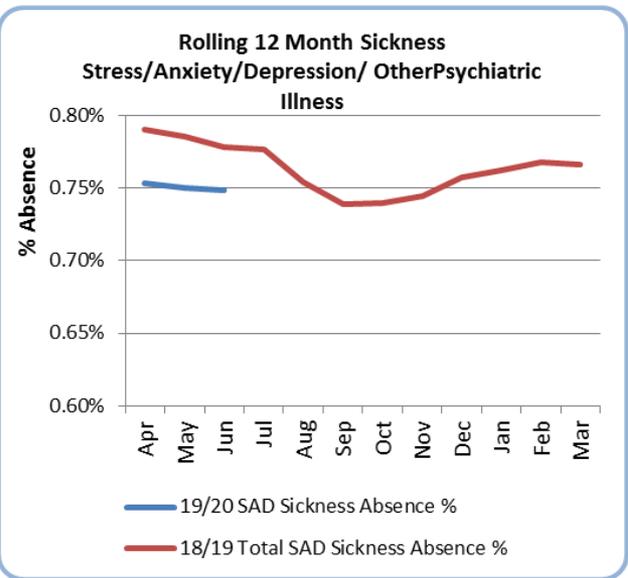
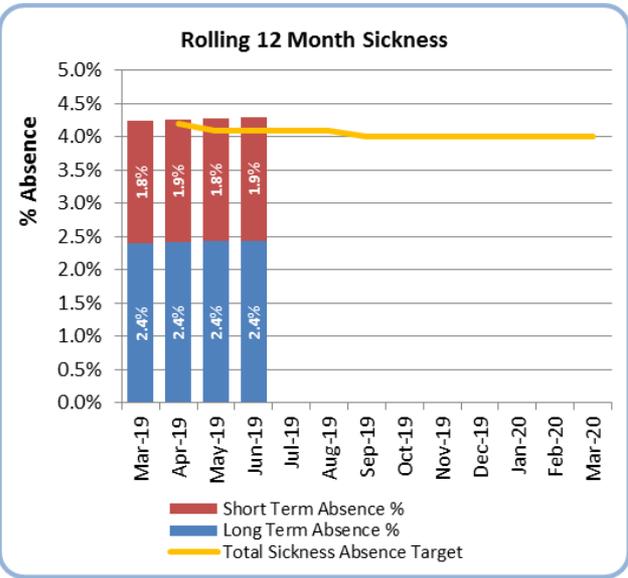
Overall, turnover has improved in July with registered nursing and midwifery seeing improvement from June's position. There have been 12.5 wte fewer leavers across registered nursing and midwifery in the 1st four months of 2019/20 than the same period in 2018/19 with the improvement entirely in Band 5 nurses. Unregistered nursing and midwifery saw the most significant improvement across the five clinical divisions with 21 wte fewer leavers year to date than the same period last year.

Across all staff there has been a small deterioration in the position for leavers with less than one years service and leavers for work life balance reasons. June and July 2019 saw higher numbers of leavers in these staff categories than the same period last year, however with a greater number of staff in post the turnover percentages have not changed significantly. This situation will continue to be monitored.



Actions

- The new, electronic leavers questionnaire and process has now been rolled out Trust-wide. This is giving real-time leaver's data which People Partners are able to interrogate whenever they wish;
- P&T will also look at overarching themes and suggest/implement actions accordingly;
- NBT is joining Cohort 5 of the NHSI retention support programme, with the launch event 06 September 2019. Representatives from P&T and the senior nursing workforce will attend. The focus will be on our hot-spot turnover areas.



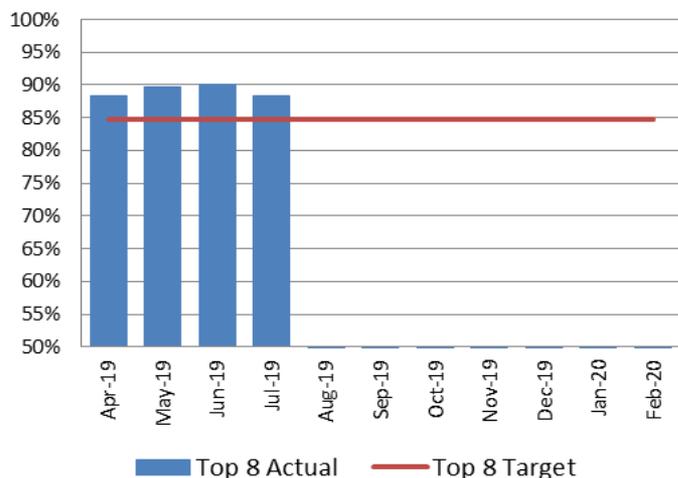
Sickness

Sickness absence has not changed from the previous months position with no significant shifts in any staff group.

Actions

- The P&T short-term sickness absence research project is now complete and due for release imminently;
- This involved an audit of around 2000 sickness records and interviews with around 20 managers across all areas of the Trust.
- A number of recommendations have been suggested which will be worked through in the coming weeks.
- A further piece of work scrutinising stress-related absence is also nearing completion.
- 2 wte Psychologists are being recruited permanently to the programme and will start in October 2019
- Our wellbeing programme continues to gain recognition by winning a second national award – the NHS Parliamentary Wellbeing at Work Award.

**Compliance Top 8 Essential Training
(12 month rolling period)**



Training Topic	Variance	Jun-19	Jul-19
Child Protection	-0.2%	88.6%	88.4%
Equality & Diversity	0.6%	89.6%	90.2%
Fire Safety	0.9%	88.8%	89.7%
Health & Safety	0.3%	92.3%	92.6%
Infection Control	0.5%	90.7%	91.2%
Information Governance	0.2%	84.8%	85.0%
Manual Handling	8.8%	82.1%	90.9%
Waste	0.4%	89.8%	90.2%
Total	-1.7%	90.0%	88.3%

Top 8 Statutory / Mandatory Compliance:

The Top 8 Statutory / Mandatory training compliance is 88% - showing a 1% reduction on the previous month, however this duplicates similar trends in previous years at this time and is believed (in part) to be related to the addition of 300 Foundation 1 medical staff in July. It is expected that compliance will increase again during the coming months.

Leadership Development

Leadership Development: OneNBT programme.

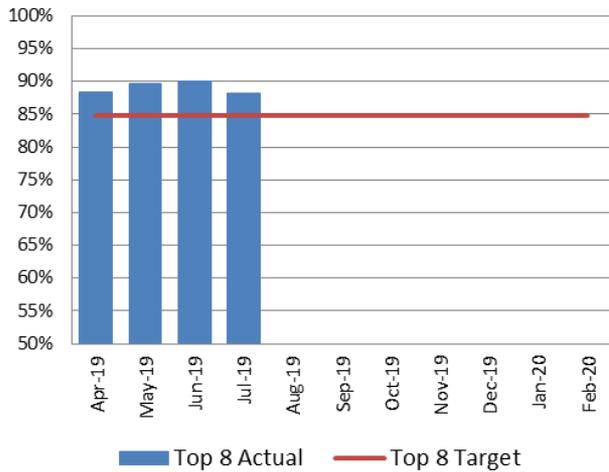
We are still taking nominations from divisions and have over 300 participants which is 90% of our estimated target of 350 learners in Year 1. This is a slight fall from last month and reasons provided include workload, staff leaving the Trust, joining the apprenticeship, or work/home life balance. Most of those leaving the programme due to work pressures have deferred to next year's round of the OneNBT leadership programme.

Apprenticeships and other programmes:

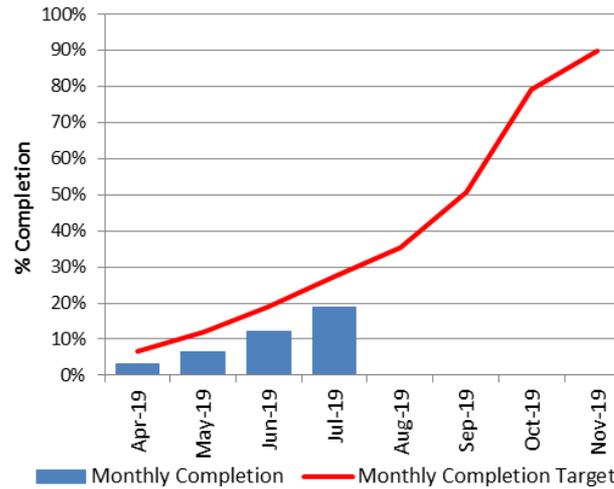
Alongside the OneNBT leadership programme, 21 staff are enrolled in the apprenticeship Leadership and Management Level 3 qualification from across the Trust. We have five staff due to start the Level 6 Chartered Manager Degree Apprenticeship with UWE in September and one staff member enrolling on the Level 7 – Senior Leader Masters Apprenticeship, starting in October. We continue to run the 2 day ILM level 2 course, which is particularly suitable for new managers.

Division	No of Participants	% of allocated spaces
Medicine	63	92%
ASCR	71	78%
Core Clinical	45	61%
NMSK	41	106%
W&C's	27	77%
Facilities	13	295%
Corporate	56	145%
Total	316	90%

**Compliance Top 8 Essential Training
(12 month rolling period)**



Appraisal Window % Completion



Appraisal Completion

We are now into month 4 of the 2019 Appraisal window. Compliance with the target population was 19% at the end of July 2019.

Rolling 12 Month Turnover

Ethnic Origin	Apr-19	May-19	Jun-19	Jul-19
BAME	14.4%	14.3%	14.3%	14.2%
White	15.5%	15.4%	15.7%	15.2%
Undisclosed	21.8%	23.5%	25.9%	22.8%
Gender	Apr-19	May-19	Jun-19	Jul-19
Female	15.3%	15.1%	15.4%	15.0%
Male	15.9%	15.9%	16.0%	15.3%

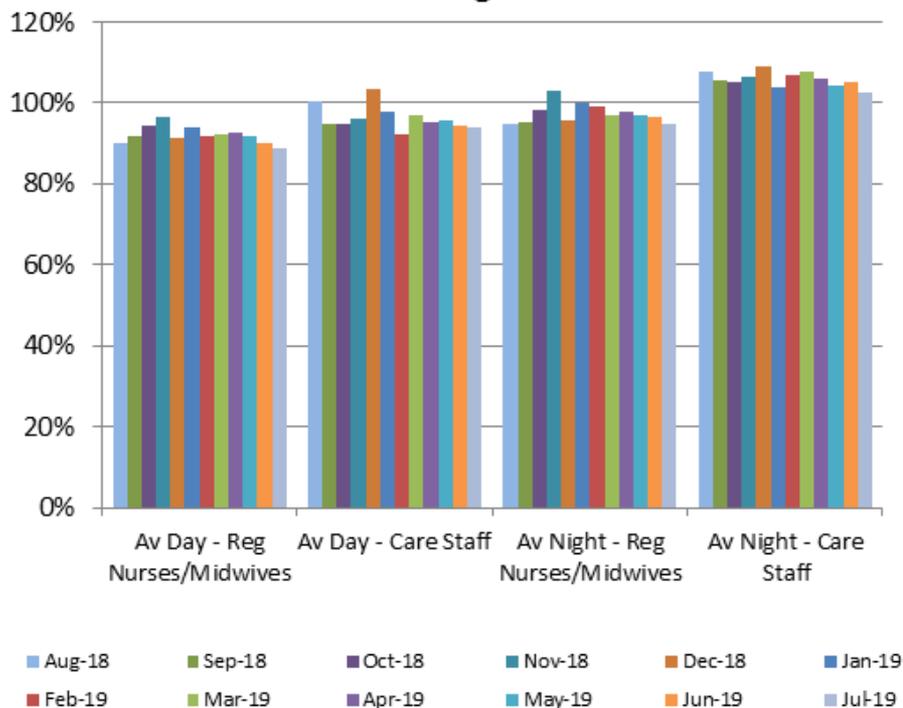
Appraisal Round Completion

Ethnic Origin	Apr-19	May-19	Jun-19	Jul-19
BAME	3.3%	8.1%	15.6%	20.6%
White	3.4%	6.3%	11.3%	18.6%
Undisclosed	0.0%	1.4%	10.5%	17.9%
Gender	Apr-19	May-19	Jun-19	Jul-19
Female	3.1%	6.1%	11.5%	18.1%
Male	3.9%	8.0%	13.9%	22.1%

Equality, Diversity and Inclusion

In addition to the appraisal round completion reported last month, the rolling 12 month turnover position has been presented by gender and ethnic origin summary.

Safe Staffing Fill Rates



Jul-19	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	88.7%	94.1%	94.8%	102.4%

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.

Wards below 80% fill rate are:

Quantock: 79.9% RM Days and 76% MCA nights. The unit has a high number of STS and LTS and working with HR to resolve this. Whilst staffing is challenged, the extended bed base has been moved from Cotswold to Percy Philips, where there is a constant midwife presence.

NICU: 74% MCA on nights. NICU have now fully recruited to MCA roles, however some remained supernumerary.

MSS: 79.3% RN Days. The fill rate is due to this being predominately an overnight surgical recovery ward where many patients leave in the morning, therefore staff are moved to support the rest of Medirooms, returning to support those who need an extended stay in the area in the evening.

Gate 19: 76.7% RN and 63.3% CA Days and 58.8% CA nights. This area is reported as it has been open as escalation capacity for more than three consecutive nights. The fill rate is due to vacancy across the gate which included the labs, the base template is currently under review. The area will only admit patients to the number of staff available, and is being closely monitored to the SOP by the matron to maintain patient safety.

32B: 66.8% CA days. This is due to a template change in the ward requirement for the NA role. The ward has been monitored through leadership and flow to maintain safety.

Rosa Burden: 74.2% CA nights. The number of patient in home leave over the weekend in July significantly increased and therefore roster vacancies in the CA rota were not filled and staff reallocated to days where the acuity is higher.

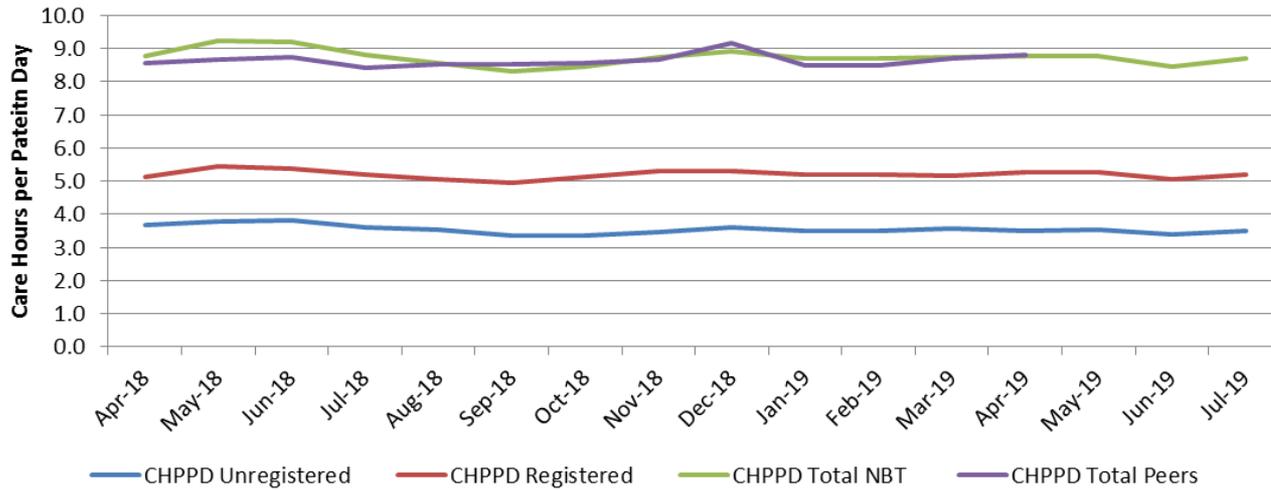
Ward over 175% fill rate:

33A: 177% CA Days and 193% CA Nights. 33a is a burns and Plastics unit whose is 75% Registered Nurses due to the acuity and complexity of the unit. The increased CA usage in month was directly related to providing enhanced care.

Ward over 175% fill rate:

33A:

Care Hours Per Patient Day



Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and split by registered and unregistered nursing and shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values only available to Feb 2019).

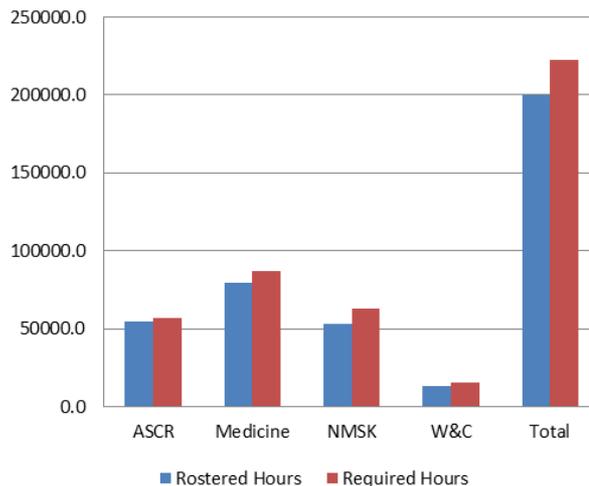
Safe Care Live (Electronic Acuity tool)

The acuity of patients is measured three times daily at ward level.

The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

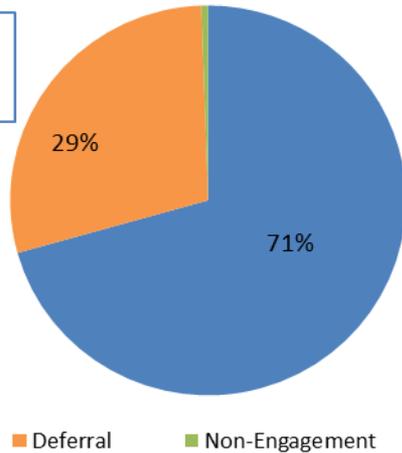
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

Required vs Rostered Hours



Medical Revalidation Compliance Rate Against Revalidations Due (last 12 months)

No. of Doctors revalidating: **184**



Medical Appraisal

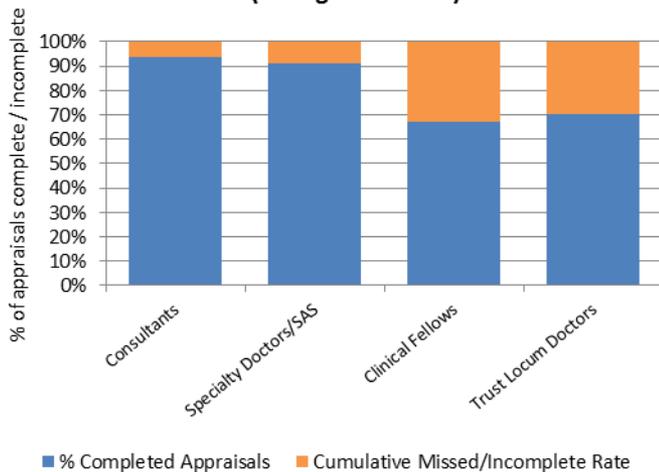
The doctors connected to the Trusts Designated Body for appraisals and revalidation include consultants, specialty doctors, associate specialists, clinical fellows and trust locum doctors. Junior doctors in training are revalidated by Health Education England.

100% of appraisals required in 2018/19 are now complete.

Within the current appraisal year (April 2019 - March 2020), 68% of appraisals due by now have been completed. Those with an overdue appraisal are being managed through the missed appraisal process.

The Trust has deferred 29% of all revalidation recommendations due over the past 12 months, most commonly due to failure to complete the necessary 360 feedback exercises in time. This is being address with individual doctors and through messaging, reminding doctors that the feedback is required by the GMC in every 5 year cycle.

Medical Appraisal Compliance Rate Against Appraisals Due (rolling 15 months)



In June 2019 a non-engagement recommendation was made for a doctor who works abroad but holds an honorary contract with NBT. The individual was deferred in February 2019 and had made insufficient progress by June 2019. The GMC have approved the non-engagement recommendation and the Trust are awaiting to hear the outcome of this.

The migration to a new soft ware provider for supporting revalidation has gone well. The process has contributed to the relatively low appraisal completion rate in the first quarter but it is expected that this be recovered over the rest of the year.

Finance

**Board Sponsor: Director of Finance
Catherine Phillips**

	Position as at 31 July 2019		
	Plan	Actual	Variance (Adverse) / Favourable
	£m	£m	£m
Income			
Contract Income	177.4	174.7	(2.7)
Other Operating Income	28.0	26.6	(1.4)
Additional 2018/19 PSF bonus	0.0	0.7	0.7
Donations income for capital acquisitions	0.0	0.0	0.0
Total Income	205.4	202.0	(3.4)
Expenditure			
Pay	(128.4)	(126.9)	1.5
Non Pay	(62.0)	(59.9)	2.1
PFI Operating Costs	(2.1)	(2.0)	0.1
	(192.5)	(188.8)	3.7
Earnings before Interest & Depreciation	12.9	13.2	0.4
Depreciation & Amortisation	(7.9)	(8.4)	(0.5)
PFI Interest	(11.4)	(11.4)	0.0
Interest receivable	0.0	0.0	0.0
Interest payable	(1.8)	(1.7)	0.1
PDC Dividend	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0
Impairment	0.0	0.0	0.0
Gains / (Losses) on Disposal	0.0	0.0	0.0
Operational Retained Surplus / (Deficit)	(8.2)	(8.3)	(0.0)
Add back items excluded for NHS accountability			
Gains on Disposal	0.0	0.0	0.0
Donations income for capital acquisitions	0.0	0.0	0.0
Depreciation of donated assets	0.0	0.2	0.2
Additional 2018/19 PSF bonus	0.0	(0.7)	(0.7)
Impairment	0.0	0.0	0.0
Adjusted surplus / (deficit) for NHS accountability (excl PSF)	(8.2)	(8.8)	(0.6)
PSF / FRF / MRET (includes additional 2018/19 PSF bonus)	5.5	5.5	0.0
Adjusted surplus / (deficit) for NHS accountability (incl PSF)	(2.7)	(3.3)	(0.6)

Statement of Comprehensive Income

Assurances

The financial position at the end of July shows a deficit of £3.3m, £0.6m adverse to the planned deficit.

Key Issues

- Contract income is £2.7m adverse to plan largely due to under-performance in elective inpatient activity.
- Other operating income is £1.4m adverse to plan due a number of factors including unachieved CIP which is likely to recover.
- Pay is £1.5m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.1m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at July was £1.8m, the impact of which has been offset by a number of one-off benefits. The under achievement of savings represents a risk to the delivery of the Trust's control total.

31 March 2019 £m	Statement of Financial Position as at 31st July 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	555.9	555.4	(0.6)
17.0	Intangible Assets	16.0	13.4	(2.7)
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	580.5	577.2	(3.2)
	Current Assets			
12.8	Inventories	11.2	12.5	1.3
35.5	Trade and other receivables NHS	47.4	31.6	(15.7)
37.1	Trade and other receivables Non-NHS	23.7	36.3	12.6
10.2	Cash and Cash equivalents	8.0	18.2	10.2
95.7	Total current assets	90.3	98.6	8.4
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	670.7	675.9	5.1
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	8.4	(1.0)
64.8	Trade and Other payables - Non-NHS	62.7	69.0	6.2
70.8	Borrowings	70.1	66.2	(3.9)
145.0	Total current liabilities	142.3	143.6	1.3
(49.3)	Net current assets/(liabilities)	(52.0)	(44.9)	7.0
534.3	Total assets less current liabilities	528.5	532.3	(3.8)
7.8	Trade payables and deferred income	7.7	7.7	0.0
517.8	Borrowings	514.8	518.6	3.9
8.7	Total Net Assets	6.1	6.0	(0.1)
	Capital and Reserves			
243.9	Public Dividend Capital	243.9	243.9	0.0
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(2.7)	(2.8)	(0.1)
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	6.1	6.0	(0.1)

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of £3.4m. This brings total borrowing from the Department of Health and Social Care to £181.7m.

The Trust ended the month with a cash balance of £18.2m, compared with a plan of £8.0m. This higher balance is due to the receipt of £14.8m of PSF monies relating to 2018/19.

Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 63% by volume of payments made within 30 days against the target of 95%.

Actions Planned

The focus going into 2019/20 continues to be on maintaining payments to key suppliers, reducing the level of debts and ensuring cash financing is available.

Rolling Cash Forecast, In-year Surplus/Deficit, Capital Programme Expenditure and Financial Risk Ratings

The overall financial position shows a £3.3m deficit, £0.6m adverse to plan.

The capital expenditure for the year to date is £2.2m. The 2019/20 forecast has been reduced to £18.3m as part of the national exercise to reduce capital expenditure by 20%.

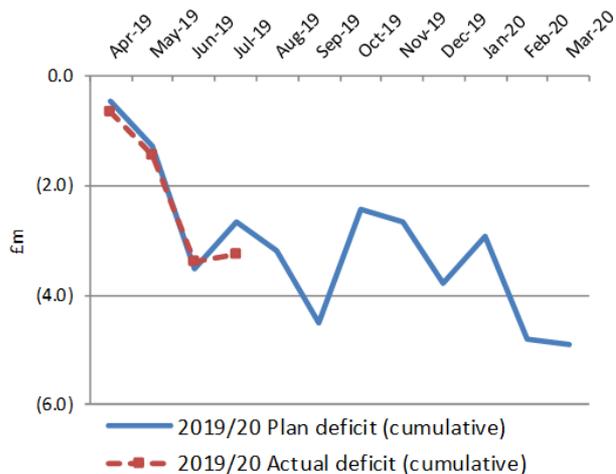
Assurances and Actions

- Ongoing monitoring of capital expenditure with project leads.
- Cash for our planned deficit for the year to date has been made available to the Trust via DH borrowing.

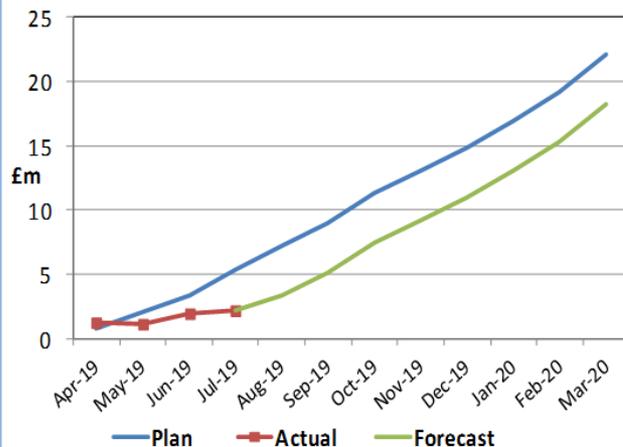
Concerns & Gaps

The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

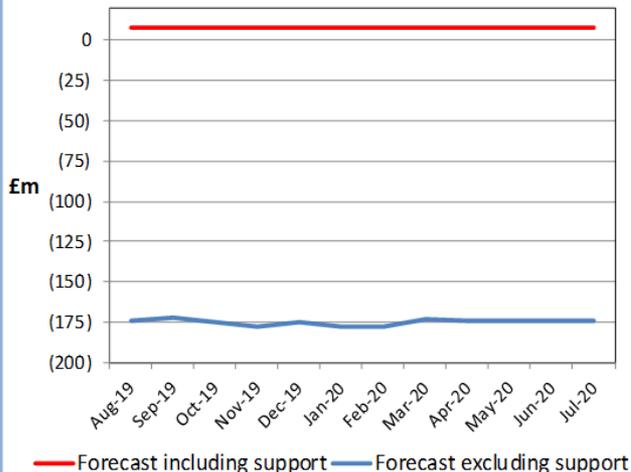
Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure vs. Plan

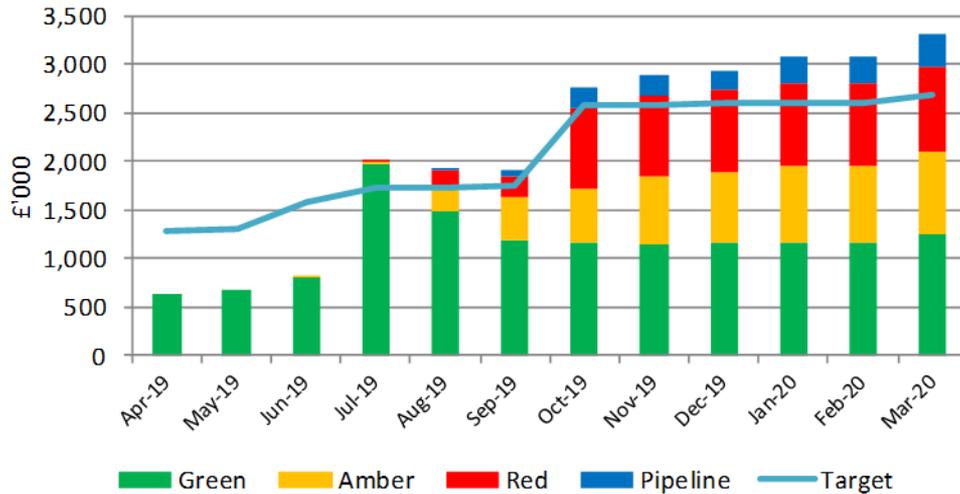


Rolling cash flow forecast

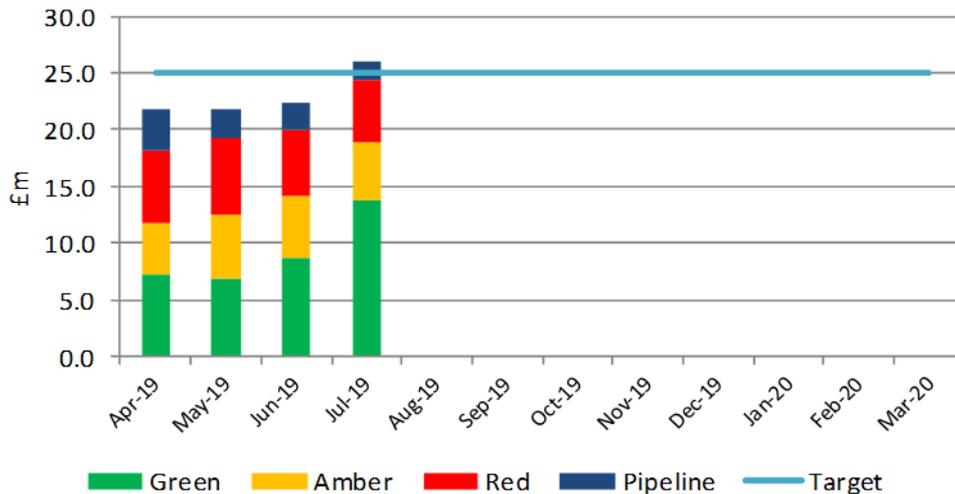


Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	4	3
0.2	I&E margin: distance from financial plan	1	1
0.2	Agency rating	1	1
	Overall finance risk rating	3	3

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £25.9m has been identified as at the end of July.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £25.9m identified schemes. £18.9m of these are rated as green or amber.

Savings delivery is £4.1m as at the end of July, £1.8m adverse against a plan of £5.9m.

Of the £25.9m identified savings in 2019/20, £18.2m is recurrent with a full year effect of £23.4m.

Actions Planned

Maintain focus on identifying opportunities and improving the rate at which ideas and opportunities are turned into full plans for delivery.

Continued monitoring of actions required to deliver identified savings for 2019/20.

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

The Governance Risk Rating (GRR) for ED 4 hour performance continues to be a challenge, actions to improve and sustain this standard are set out earlier in this report. A recovery plan is in place for RTT incompletes and long waiters (please see key operational standards section for commentary). In quarter monthly cancer figures are provisional because the Trust's final position is finalised 25 working days after the quarter end.

We are scoring ourselves against the Single Oversight Framework for NHS Providers (SOF). This requires that we use the performance indicator methodologies and thresholds provided and a Finance Risk Assessment based upon in year financial delivery.

Board compliance statement number 4 (going concern) warrants continued Board consideration in light of the in-year financial position (as detailed within the Finance commentary). The Trust has trajectories for any performance below national standard and scrutinises these through quarterly oversight meetings with NHS Improvement.

Regulatory Area	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Finance Risk Rating (FRR)	Amber											
Board non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
Prov. Licence non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
CQC Inspections	RI											

CQC reports history (all sites)

Location	Standards Met	Report date
Overall	Requires Improvement	Mar-18
Child and adolescent mental health wards (Riverside) *	Good	Feb-15
Specialist community mental health services for children and young people *	Requires Improvement	Apr-16
Community health services for children, young people and families *	Outstanding	Feb-15
Southmead Hospital	Requires Improvement	Mar-18
Cossham Hospital	Good	Feb-15
Frenchay Hospital	Requires Improvement	Feb-15

* These services are no longer provided by NBT.

Monitor Provider Licence Compliance Statements at June 2019

Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified. Updated DBS checks for directors are underway.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to Monitor/NHSI guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration is in place. The Trust received a rating of Requires Improvement from its inspection in November 2014, December 2015 and November 2017. A number of compliance actions were identified, which are being addressed through an action Plan. The Trust Board receives regular updates on the progress of the action plan through the IPR.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. The Finance & Performance Committee is scheduled to review and test these controls and assurances in 2019.
P2	Provision of information	Yes	The Trust provides information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Assurance reports not as yet required by Monitor/NHSI since NBT is not yet a FT. However, once applicable this will be ensured. Scrutiny and oversight of assurance reports will be provided by Trust's Audit Committee as currently for reports of this nature.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Board Compliance Statements at June 2019. Self-assessed, for submission to NHSI

No.	Criteria	Comp (Y/N)	No.	Criteria	Comp (Y/N)
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the NHSI's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes	8	The necessary planning, performance, corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the Trust Board are implemented satisfactorily.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes	9	An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements.	Yes	10	The Trust Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds); and a commitment to comply with all known targets or improvement trajectories going forwards.	Yes
4	The board is satisfied that the Trust shall at all times remain an ongoing concern, as defined by the most up to date accounting standards in force from time to time.	Yes	11	The evidence submitted by the Trust and the 2019 internal audit results indicates that the Trust is at a level 2 equivalent in relation to the requirements of the Data Security and Protection Toolkit.	Yes
5	The board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution, noting that key constitutional performance targets are not currently being met; however improvement plans are in place.	Yes	12	The Trust Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of Directors; and that all Trust Board positions are filled, or plans are in place to fill any vacancies.	Yes
6	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	Yes	13	The Trust Board is satisfied that all Executive and Non-executive Directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including: setting strategy; monitoring and managing performance and risks; and ensuring management capacity and capability.	Yes
7	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	Yes	14	The Trust Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes