

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

July 2019 (presenting June 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 30 June 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 |
| Med | Medicine |
| NMSK | Neurosciences and Musculoskeletal |
| Non-Cons | Non-Consultant |
| Ops | Operations |
| RAP | Remedial Action Plan |
| RCA | Root Cause Analysis |
| WCH | Women and Children's Health |
| MDT | Multi-disciplinary Team |
| PTL | Patient Tracking List |

EXECUTIVE SUMMARY

June 2019

ACCESS

- In June we experienced a decline in the **4 hour urgent care standard at 72.53% and have underachieved against the Trust's trajectory of 89.23%**. The Trust had 8041 attendances, which is a 4% increase compared to June 2018. The Trust reported one >12 hour trolley breach in June during a period of Internal Critical Incident, which was declared following 3 days of high attendances and admissions. 75% of breaches were due to waits for assessment within the ED.
- The Trust has **underachieved against trajectory for Referral To Treatment (RTT)** incomplete performance for June (85.03% vs trajectory of 87.60%). The total **incomplete waiting list was 28590 against a trajectory of 28148**. The Trust has not achieved its trajectory for the number of patients waiting greater than 52 weeks from Referral to Treatment (RTT) in June (17 vs trajectory of 6). The majority of breaches are within MSK sub-specialties.
- In June, the Trust **did not deliver the diagnostic waiting time trajectory** of 6.00% with a final position of 6.84%. Plans are in place to work towards improving the Endoscopy demand and capacity imbalance and full backlog clearance of Urodynamics breaches.
- The Trust has **delivered two of the seven national cancer targets** in May– The 31 Day Subsequent Drug Treatment standard is achieved at 100% and patients treated within 62 days of screening, achieving 91.8%. The Trust's Two Week Wait performance was 83.4% in May (standard 93%), Two Week Wait for Breast Symptoms declined to 88.8% (standard 93%), 31 Day First Treatment has declined to 88.2% (standard 96%), 31 Day subsequent Surgery has improved to 82.5% (standard 94%), while the 62 Day Treatment standard reports a marginal underachievement at 78.9% (standard 85%). NHS Digital have acknowledged that there is an error in the 62 day reporting system nationally which they are working to address. Internal performance monitoring demonstrates performance should be 81.22%
- The Trust exceeded performance against the improvement trajectories for 31 day Subsequent Surgery, 31 day Subsequent Drug Treatment and 62 day Screening. The Trust failed to meet the improvement trajectory for Two Week Wait, Two Week Wait Breast Symptoms, 62 day GP Referral and 31 day First Treatment. The Trust improvement trajectory had forecasted recovery against all standards except Two Week Wait by October 2019. The timeframe for meeting 62 day GP Referral, 31 day First Treatment and 31 day Subsequent Surgery has been revised to December 2019 due to the timeframe for recruiting new staff. Forecasted recovery against the Two Week Wait standard remains as March 2020.

SAFETY

- A 30% reduction of Grade 2 pressure ulcer incidence is a focus of 2019/20 safety improvement work. In June there were 31 Grade 2 and **no Grade 3 or Grade 4 pressure injuries reported**. A presentation has been commissioned for the July meeting to provide an understanding of the current position and assurance about the improvement actions being taken. There were three serious incidents reported and **no Never Events declared in June**, with the last reported Never Event being 26 January 2019. Patient falls have remained below the national average and infection rates continue to achieve trajectory.

PATIENT EXPERIENCE

- The number of overdue complaints was 20 in June**. The number of complaints received in month has reduced further in June from 56 (May) to 52. Maternity sustained a high percentage of patients (97%) who would recommend the service to friends and family.

WORKFORCE

- The overall sickness levels within the workforce remains at 4.3%** compared to 4.4% last year and 4.5% nationally (Feb 2019). The OneNBT Leadership Programme is at 92% of its target of 350 staff signing up for the programme. **Mandatory and Statutory training compliance is above target at 90%**. Appraisal completion rate is lower than target in month. The overall picture on turnover and stability continues to show positive movement. There was a small increase in vacancy factor due to increases in establishment particularly in genetics. The Band 5 nursing starters are 13.2 wte behind target but it is anticipated the gap will be bridged throughout the year with the total 2019/20 starters target still being achieved.

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 June, the Trust reported a **deficit of £3.4m which is £0.1m favourable to the planned deficit**. The Trust has a 2019/20 savings target of £25m, of which £1m of £4.2m was achieved at the end of June. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

June-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 | <div><div></div></div> | 76.16% | 72.53% | 89.23% | ▼ |
| | 12 Hour Trolley Waits QP1 | | 0 | | | | 0 | 1 | | ▲ |
| | Ambulance Handovers Within 15 minutes | | 100% | | | | 93.94% | 93.70% | 95.23% | ▼ |
| | Ambulance Handovers Within 30 minutes | | 100% | | | | 99.39% | 98.90% | 100% | ▼ |
| | Ambulance Handovers Within 60 minutes | | 0 | | | | 0 | 4 | 0 | ▲ |
| | Referral to Treatment - % Incomplete Pathways <18 weeks | | 92% | *86.86% | 126/177 | <div><div></div></div> | 85.14% | 85.03% | 87.60% | ▼ |
| | Referral to Treatment - Total Incomplete Pathways | | | | | | 29179 | 28590 | 28148 | ▼ |
| | 52WW | MSK | 6 | | | | 13 | 14 | 6 | ▲ |
| | | Plastic Surgery | 0 | | | | 2 | 1 | | ▼ |
| | | Urology | 0 | | | | 0 | 1 | | ▲ |
| | | Other | 0 | | | | 1 | 1 | | ▶ |
| | Diagnostic DM01 - % waiting more than 6 weeks | | 1% | *4.08% | 142/204 | <div><div></div></div> | 5.48% | 6.84% | 6.00% | ▲ |
| | Cancelled Operations | Same day - non-clinical reasons | 0.8% | | | | 1.33% | 0.79% | | ▼ |
| | | 28 day re-booking breach | 0 | | | | 1 | 2 | | ▲ |
| | Bed Occupancy QP1 | | 95% | | | | 96.21% | 95.21% | | ▼ |
| | Stranded Patients (LoS >7 days : Snapshot as at month end) | | | | | | 341 | 326 | | ▼ |
| | Delayed Transfers of Care (DToC) QP1 | | 3.50% | | | | 7.07% | 6.07% | | ▼ |
| | Mixed Sex Accomodation | | 0 | | | | 0 | 0 | | ▶ |
| | Electronic Discharge Summaries | | | | | | 84.08% | 84.13% | | ▲ |
| Responsiveness - Cancer (In arrears) | Patients seen within 2 weeks of urgent GP referral | | 93% | 90.79% | 130/145 | <div><div></div></div> | 84.70% | 83.44% | 91.23% | ▼ |
| | Patients with breast symptoms seen by specialist within 2 weeks | | 93% | 78.94% | 75/114 | <div><div></div></div> | 89.83% | 88.83% | 89.60% | ▼ |
| | Patients receiving first treatment within 31 days of cancer diagnosis | | 96% | 95.97% | 114/123 | <div><div></div></div> | 93.08% | 88.24% | 93.98% | ▼ |
| | Patients waiting less than 31 days for subsequent surgery | | 94% | 92.15% | 47/57 | <div><div></div></div> | 80.77% | 82.52% | 74.31% | ▲ |
| | Patients waiting less than 31 days for subsequent drug treatment | | 98% | 99.31% | 1/31 | <div><div></div></div> | 100% | 100% | 100% | ▶ |
| | Patients receiving first treatment within 62 days of urgent GP referral | | 85% | 77.45% | 66/138 | <div><div></div></div> | 84.40% | 78.95% | 83.93% | ▼ |
| | Patients treated within 62 days of screening | | 90% | 87.44% | 24/73 | <div><div></div></div> | 93.33% | 91.84% | 85.29% | ▼ |

Key Operational Standards Dashboard

June-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% | | | | 97.70% | 97.00% | | ▼ |
| | Hand Hygiene Compliance | | 95% | | | | 96.00% | 98.00% | | ▲ |
| | Pressure Injuries | Grade 2 | | | | | 27 | 31 | | ▲ |
| | | Grade 3 | | | | | 0 | 0 | | ► |
| | | Grade 4 | | | | | 0 | 0 | | ► |
| | MRSA | | | | | | 0 | 0 | | ► |
| | E. Coli | | | | | | 2 | 5 | | ▲ |
| | C. Difficile | | | | | | 3 | 5 | | ▲ |
| | MSSA | | | | | | 1 | 1 | | ► |
| | Venous Thromboembolism Screening (In arrears) | | 95% | | | | 95.89% | 95.55% | | ▼ |

Key Operational Standards Dashboard

June-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 | | *12.06% | 37/136 | <div><div></div></div> | 19.39% | 20.56% | 15.00% | ▲ |
| | | Inpatient QP2 | | *24.82% | 154/165 | <div><div></div></div> | 17.58% | 17.40% | 30.00% | ▼ |
| | | Outpatient QP2 | | | | | 18.54% | 11.74% | 6.00% | ▼ |
| | | Maternity (Birth) QP2 | | *19.66% | 52/125 | <div><div></div></div> | 20.17% | 21.05% | 15.00% | ▲ |
| | FFT - % Would recommend | Emergency Department QP2 | | *85.58% | 77/132 | <div><div></div></div> | 88.26% | 88.01% | | ▼ |
| | | Inpatient QP2 | | *95.90% | 134/158 | <div><div></div></div> | 92.64% | 92.82% | | ▲ |
| | | Outpatient QP2 | | *93.72% | 108/202 | <div><div></div></div> | 95.44% | 95.63% | | ▲ |
| | | Maternity (Birth) QP2 | | *97.08% | 22/71 | <div><div></div></div> | 97.94% | 96.74% | | ▼ |
| | Complaints | % Overall Response Compliance QP2 | | | | | 33.00% | 71.00% | | ▲ |
| | | Overdue QP2 | | | | | 25 | 20 | | ▼ |
| Well Led | Agency Expenditure ('000s) | | £734 | | | | £1,136 | £1,305 | | ▲ |
| | Month End Vacancy Factor | | 9.50% | | | | 10.12% | 10.79% | | ▲ |
| | Turnover (Rolling 12 Months) | | 15.50% | | | | 15.24% | 15.47% | | ▲ |
| | In Month Sickness Absence (In arrears) | | 4.10% | | | | 4.26% | 4.27% | | ▲ |
| | Trust Mandatory Training Compliance | | 85.00% | | | | 88.34% | 89.77% | | ▲ |
| | Non - Medical Annual Appraisal Compliance | | 11.90% | | | | 6.50% | 12.01% | | ▲ |
| Finance | Deficit (£m) | | £4.9m 2019/20 | | | | £1.5 | £3.4 | £3.2 | |
| | NHSI Trust Rating | | | | | | 3 | 3 | | ▶ |

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reports a decline of the 4 hour urgent care standard at 72.53% in June and continues to underachieve against the Trust trajectory of 89.23%. The 4 hour target remained challenged by high volumes of attendances overall. A period of lower attendances mid-month delivered an improved period of performance, but this was not able to be sustained, particularly in the latter part of the month where significant increases in attendances were experienced.

Planned Care

Referral to Treatment (RTT) - In month, the Trust underachieved against the RTT trajectory of 87.60%, with actual performance at 85.03%. The total waiting list reports a position of 28,590, underachieving against a trajectory of 28,148, but is a reduction in the wait list reported in May following targeted data quality work. The remaining increase in waiting list is a combination of reduced activity and increased demand. The number of patients exceeding 52 week waits continues above trajectory (6) reporting 17, a decline of one breach from May; the majority of breaches (14) being on an MSK pathway. The Trust is working towards delivery of a remedial action plan, specifically focusing on the challenged sub-specialties within MSK and Plastic Surgery.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and two breaches 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 6.84% in June and reflects a deterioration from May's position of 5.48%. The Trust has also failed to achieve the recovery trajectory of 6.00%. The Trust continues to monitor Endoscopy pathways through Remedial Action Plans and outsourcing plans within Urodynamics are in place to commence clearance in July 2019.

Cancer

Cancer performance deteriorated in May, achieving two of the seven standards. Of the five standards not achieved, the Trust's Two Week Wait has reported another fall to 83.4% and the Breast symptomatic Two Week Wait reported 88.8% in May against the National standard of 93%. The majority of breaches relate to Skin (104), Colorectal (107) and Breast (41). Patients receiving first treatment within 31 days of diagnosis has not achieved the standard and reports a performance of 88.2% against 96% target. Patients waiting less than 31 days for subsequent surgery continues to underperform with a performance of 82.5% against a target of 94% but has improved from April 2019. The current national submission indicates that the Trust failed the 62 day treatment standard, with a performance of 78.9%. 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 81.22%. The Trust continues to achieve the 31 day subsequent drug treatment standard with performance at 100% and the target of patients treated within 62 days of screening at 91.8% against a target of 90%.

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

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

Patient falls - The falls-per-1000 bed days level remains below the national average (6). Ongoing improvement actions agreed to support the national CQUIN.

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

Other infection types – The Trust is below trajectory for C-Difficile, MSSA and e-Coli and continues to sustain compliance above target with Hand Hygiene requirements.

Missed Doses – The Trust is below target for the missed dose percentage and there strong governance arrangements are in place to address any individual wards that miss the target for 2 consecutive months.

Learning From Deaths & Mortality Alerts – The Trust has delivered 91% 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. Advice has also been sought from the Tissue Viability team at NHSI to inform our programme of work. The Board has commissioned a presentation for the July meeting to provide an understanding of the current position and assurance about the improvement actions being taken.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns: The number of complaints received in month has reduced further in June from 56 (May) to 52. Whilst there has been an increase in the number of concerns addressed through PALS it is too soon to attribute this to the impact of this service. The Divisional Recovery Plans continue to deliver improvement in the reduction of overdue complaints and the focus on preventing other complaints becoming over due.

Friends and Family Test: Maternity (Birth) sustained a high percentage of patients who would recommend the service to friends and family - 97%. The effective communication by staff appears to have influenced the positive experience of the Mothers. It was agreed at the Patient Experience Group that we will increase the number of patients asked the FFT question in Day Case to give us a broader understanding of the experience of patients in this area.

Areas of concern

Complaints and Concerns and Enquiries: It is crucial that the timely response to concerns and complaints is sustained by both the central and divisional teams. The weekly recovery review meetings with the Head of Patient Experience focus on responsiveness to all complaints preventing overdue responses. The Policy and Standing Operational Procedure for the management of complaints and concerns agreed at the Patient Experience Group (02.07.2019) gives clarity of roles and responsibilities and process. Recruitment is in progress in the corporate and divisional teams to clinical governance and patient experience posts which will help in this process.

Friends and Family Test. This month we had more feedback than average from patients who had come to hospital for an operation and have not had a positive experience, it is too soon to see if this is a trend, but it will be monitored.

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 improved position on sickness absence continues, with absence currently at 4.3% compared to 4.4% in 2018/19.

The activity taking place to reduce sickness absence and improve wellbeing, including the Wellbeing programme, is continuing and expanding. The positive impact on Stress / Anxiety / Depression and Musculoskeletal absence continues with 1052 less fte days lost to absence for these reasons in the last 12 months (Jun-18 – May-19) than the 12 months previously.

Improving the leadership capability and capacity of our workforce

The OneNBT Leadership programme has now met 92% (from 87% last month) of its 2019/20 target of staff signing up to the programme. Mandatory and Statutory training compliance is at 90%. Compliance with appraisal completion is below the target for this month of 12% vs a target of 19.2% (month 3). People Partners within divisions are reviewing the position and encouraging managers to increase completion.

Continue to reduce reliance on agency and temporary staffing

Agency use and expenditure increased in June predominantly in registered nursing (+20 wte), additional professional, scientific and technical (+7.8 wte) and consultant (+1.9 wte) staff groups. The Trust Management Team have signed off a system approach to reducing tier 4/non-framework spend, and; the Trust bank and agency task and finish group is moving forward with its action plan to improve the experience of our bank staff which in turn is anticipated to increase bank participation and reduce reliance on agency staff.

Vacancies

The Trust vacancy factor increased to 10.8% in June 2019 from 10.1% in May 2019, the increase from May 19 predominantly resulted increases in funded establishment across genetics with the greatest increase in vacancies being seen across qualified and unqualified scientific and technical staff as a result. Vacancies across registered nursing and midwifery remains higher than the year end position in 2018/19. This is due to increases in establishment resulting from the 2019/20 business planning round and an overall net loss of staff in quarter one of 2019/20, band 5 nursing also follows this trend. Despite this the position for registered nursing and midwifery (and band 5 nursing) has seen a lower number of leavers and a higher number of starters in quarter one 2019/20 compared with quarter one in 2018/19.

Turnover

The Trust turnover saw a small increase from 15.2% in May to 15.5% in June. The increase is due to a higher number of voluntary leavers in June 19 (+20 wte) than in June 18 causing the increase when comparing the rolling 12 month position. However the turnover remains over 1% lower than the start of the previous financial year (16.7% in April 2018).

Stability

The stability factor increased in June compared with May 85.5% and 85.3% respectively. The rolling 12 month position for leavers with <1 years' service improved in June, compared to the same period last year with 40.7 wte fewer leavers. The rolling 12 month position for leavers for work life balance reasons deteriorated slightly in June, compared to the same period last year with 26.1 wte fewer leavers.

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 June, the Trust reported a deficit of £3.4m which is £0.1m favourable to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

The Trust has borrowed a net £2.6m year to date to the end of June which brings the total Department of Health borrowing to £180.9m.

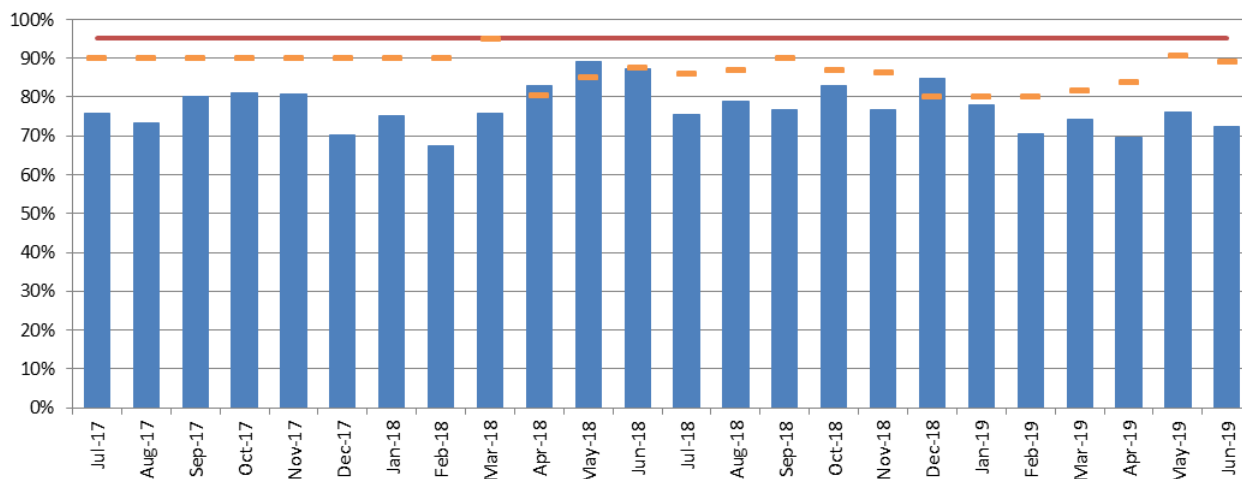
The Trust has a savings target of £25m for the year, of which £1m was achieved at the end of June against a plan of £4.2m.

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 89.23% in June 2019, with a performance of 72.53%. The position has deteriorated from May and also reflects a deterioration when compared with June 2018.

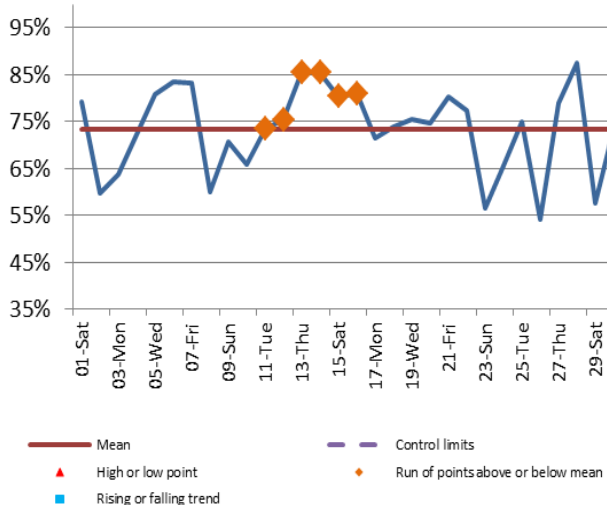
A period of lower attendances mid-month delivered an improved period of performance, but this was not able to be sustained, particularly in the latter part of the month where significant increases in attendances were experienced.

In June there was a small reduction in the total number of attendances compared to May 2019 at 8041. With an average of 268 attendances per day and four days exceeding 300. At 8041, there were 294 (4%) more ED attendances in June 2019 when compared with June 2018.

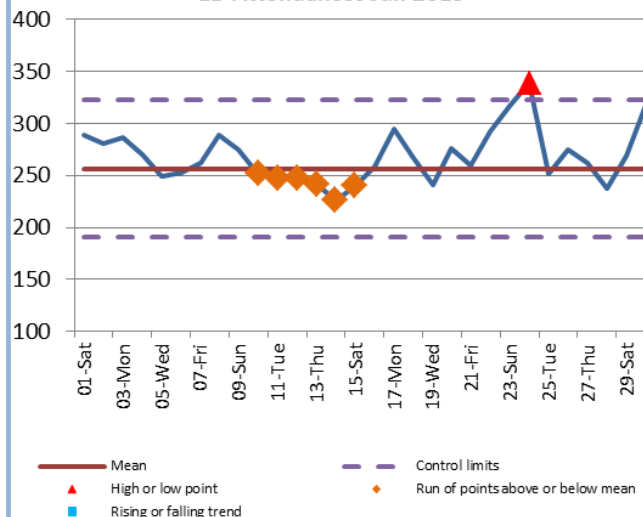
ED performance for the NBT Footprint stands at 80.69% and the total STP performance was 83.59% for June.

4 hour wait times performance fluctuated throughout the month, varying between 59.64% and 93.09%. Surges in attendances led to operational challenges. ED staff vacancies have reduced the Trust's ability to deal with surges in attendances, driving the days of sub 60% performance.

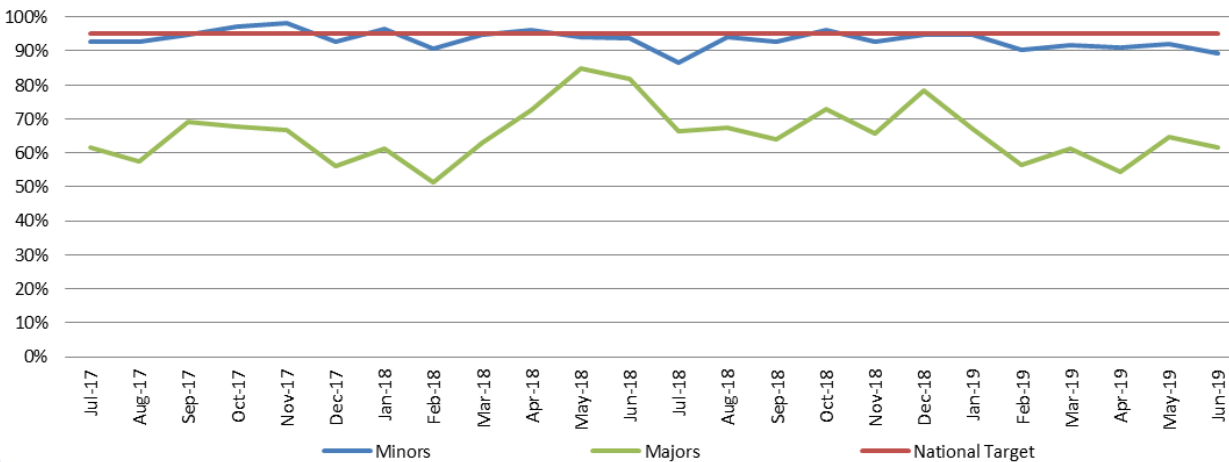
4 Hour Performance Jun 2019



ED Attendances Jun 2019



ED 4 Hour Performance by Majors/Minors

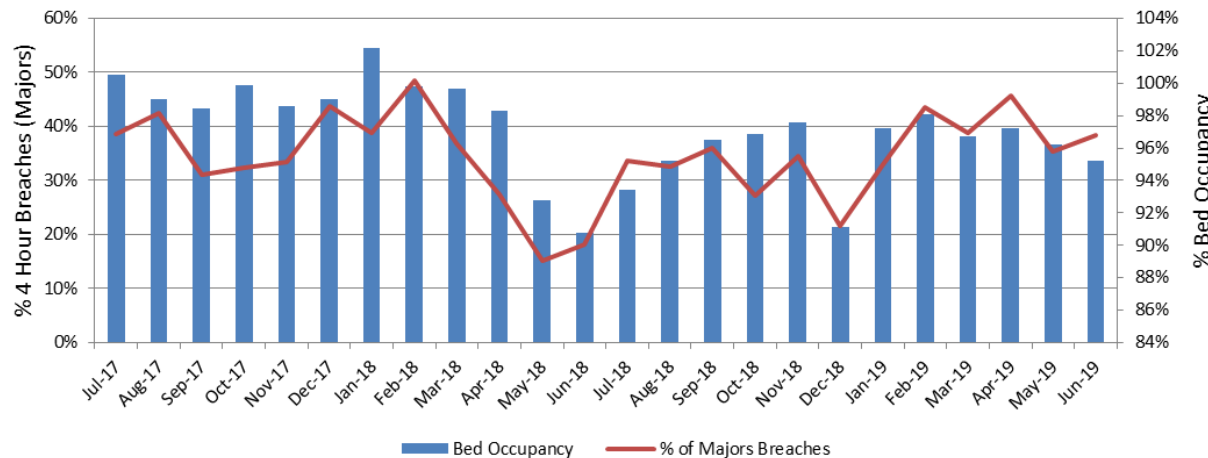


4 Hour Performance

In June the majority of breaches (75%) were attributable to 'waiting ED assessment'. ED assessment breaches have been driven by surges of walk-in attendances and ambulances and staffing gaps in Tier 1 and Tier 2 roles, especially at weekends.

The Trust reported one 12 hour trolley breach on 25 June 2019 during a period of Internal Critical Incident, which was declared following 3 consecutive days of high attendances and admissions. Internal actions to drive the 4 hour recovery are overseen by the Urgent Care Steering Group. 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.

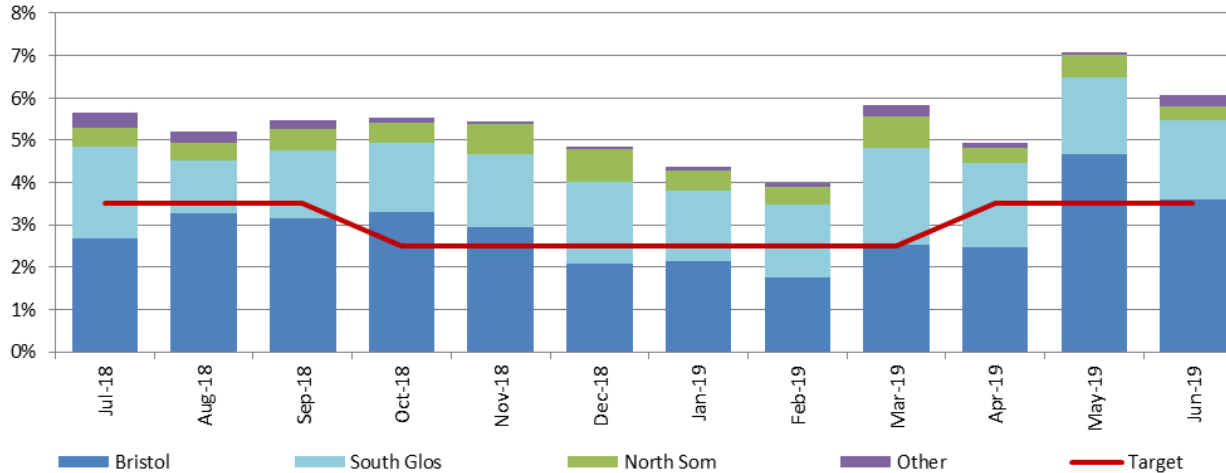
Bed Occupancy vs % Breaches (Majors)



Ambulance arrivals in June were 2750, this represents a 4.9% increase on the same period last year. Of patients arriving by ambulance, 93.70% had their care handed over to the ED department within 15 minutes and 98.90% were handed over within 30 minutes. There were four 60-minute handover breaches in month.

The overall bed occupancy position again improved to 95.21% in June from 96.21% in May. On average across the month emergency admissions to the main bed base marginally reduced in June compared to May. However, this is an increase of 21 emergency admissions per day when compared to the same period last year.

Delayed Transfers of Care Proportion of Bed Days by CCG

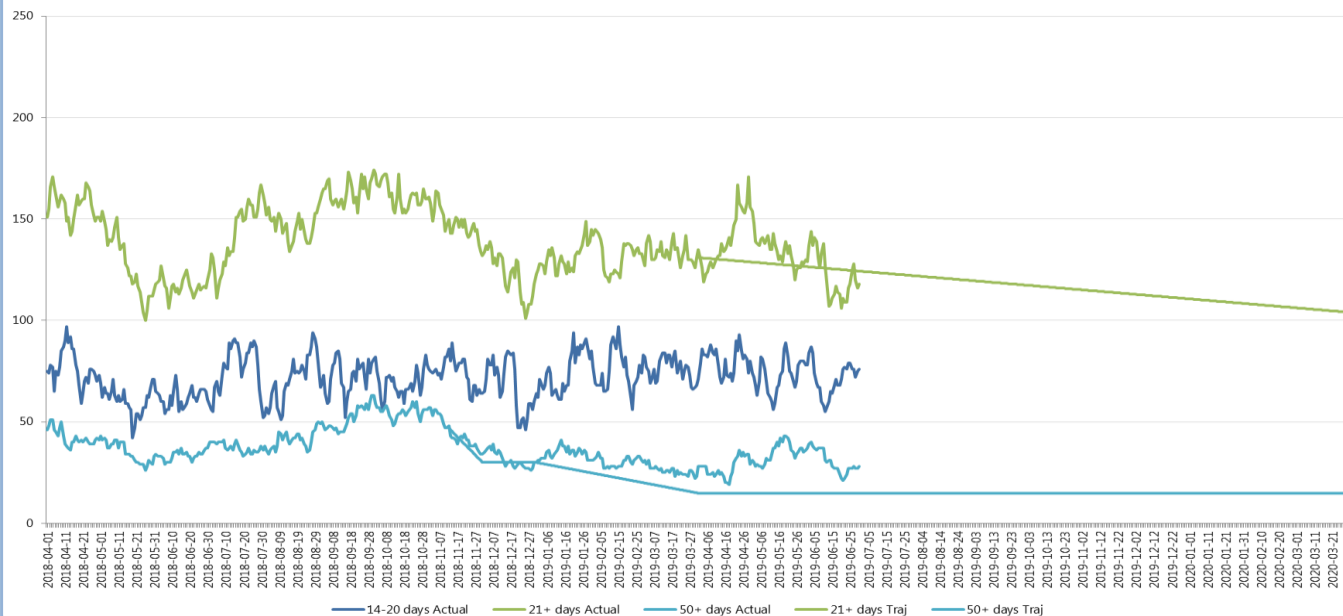


DTocS and North Bristol Operational Standards

The DTocS remained steady during June as a whole but there was an improvement in delays in Bristol. This was linked to the additional Social Work capacity provided by peripatetic social workers undertaking assessment. However, there remained a significant cohort of Bristol delay linked to Home First and delays in accessing Reablement.

For South Glos., the reported delays increased for P2 as there was an increase in stroke referrals and the capacity could not be extended to manage demand. In addition, the numbers waiting for placement increased in the month.

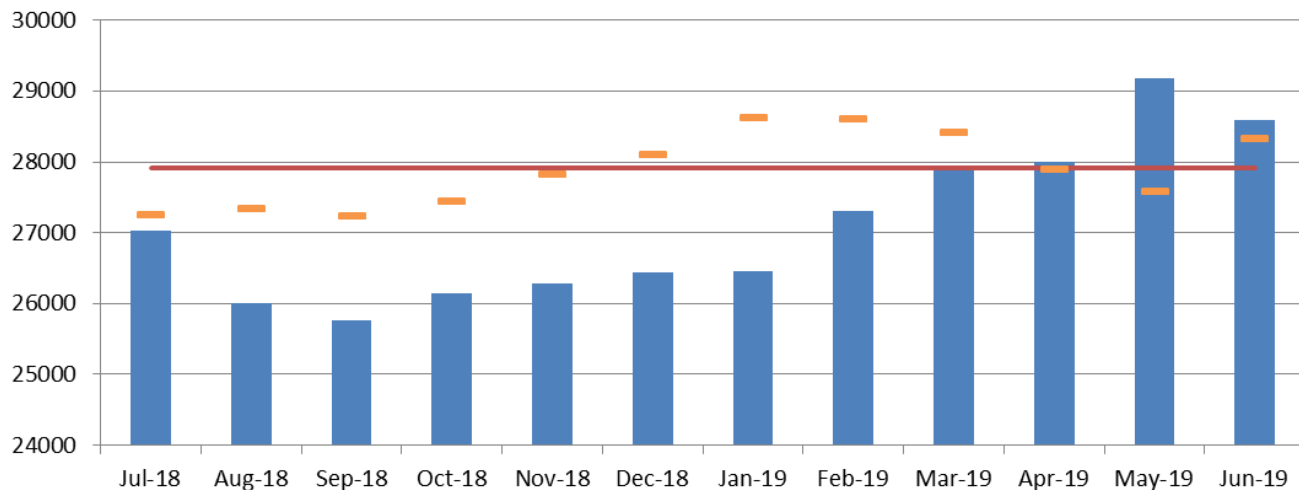
Stranded Patients - NBT Improvement Trajectories



Stranded patient levels for over 21 days did improve in June, however levels for over 50 days increased. The delays in moving complex strokes and neuro through to either P2 or NHSE specialist commissioned beds within BIRU has led to extended delays in both pathways. The latter has been escalated to CCG leads.

The NHSI Long Length of Stay process has been initiated to include reviews with partners and ward teams to further inform the Trust and system partners of the level of demand for internal and external action to promote discharge. The first full month of results will be reported in July.

RTT Wait List (Rolling 12 Months)

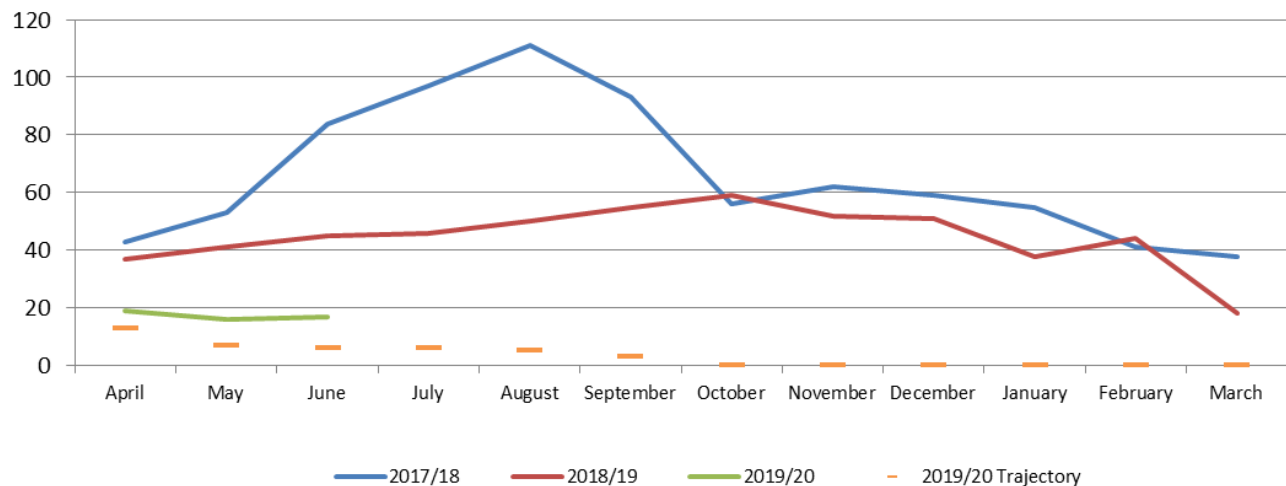


Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 85.03% against trajectory of 87.60%.

The RTT wait list size has not been achieved for June, reporting 28,590 against a trajectory of 28,148, but did decrease compared to May following a targeted piece of data quality work. The remaining waiting list increase is primarily for patients waiting less than 18 weeks. This is driven by a mixture of reduced activity in some specialties (Urology, Breast Surgery and Gynaecology) and an increased demand in others (Plastic Surgery and Gastroenterology). The RTT Incomplete performance gain, that would be expected from an increase in patients waiting less than 18 weeks, has been offset by a deterioration in performance for Neurology.

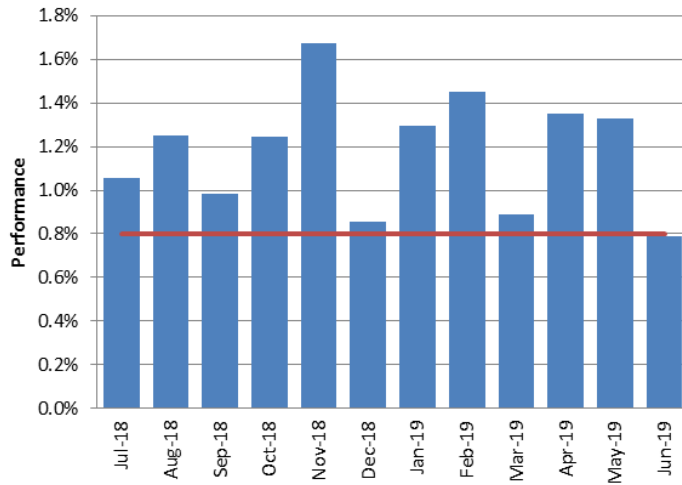
Trust Total 52 Week Waits



The Trust has reported a total of 17 patients waiting more than 52 weeks from referral to treatment in June 2019. These patients were within the following specialties:
 14 Trauma and Orthopaedics;
 1 Plastic Surgery;
 1 Urology; and
 1 Neurology.

12 of the 14 Orthopaedic long waiters and all other speciality breaches are as a result of capacity issues, with the remaining two of the 14 Orthopaedic breaches attributable to pathway delays. 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.

**Cancelled Operations
(same day, non-clinical reasons)**



Cancellations

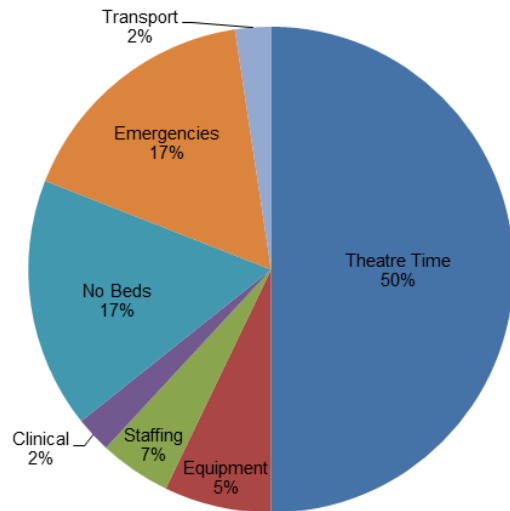
The same day non-clinical cancellation rate in June 2019 was 0.79%, which attained the 0.8% national target for the first time in 12 months.

In month, there was no urgent operation cancelled for a subsequent time.

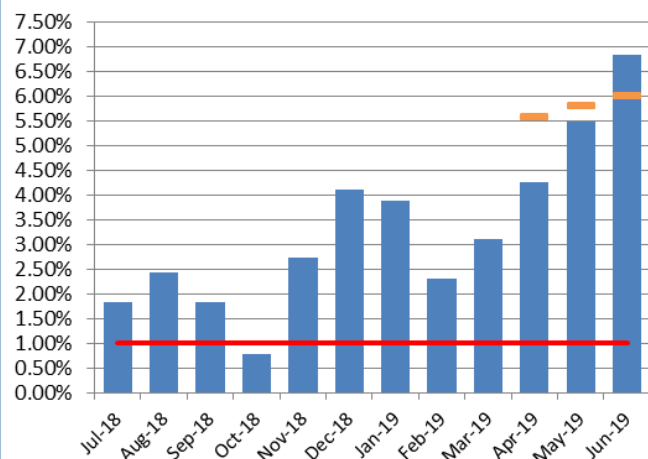
There were two operations that could not be rebooked within 28 days of cancellation in June 2019. Both Nephrology patients were cancelled on the day due to an urgent transplant patient. Unfortunately due to other Urgent and Transplant patients taking priority, these patients were unable to be rebooked within 28 days; these patients have now been treated.

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

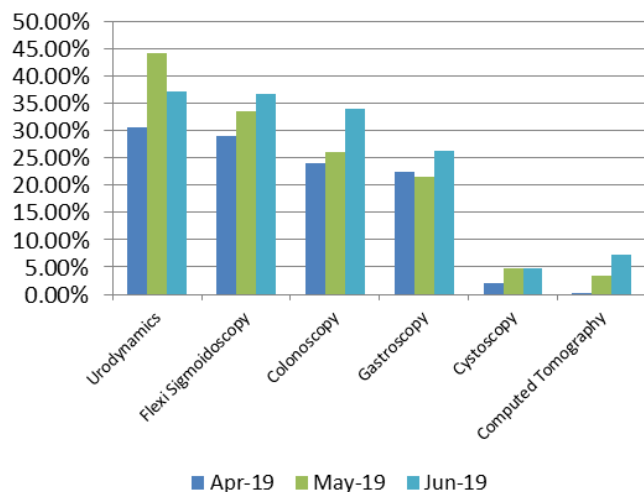
Cancelled Operations by Reason



**Diagnostic Waits Against Target
(1% < 6 Weeks)**



Diagnostic Performance by Test



Diagnostic Waiting Times

The Trust did not achieve the 1.00% target for diagnostic performance in June 2019 with actual performance at 6.84%. This is a decline in performance from the May 2019 position, and did not achieve the trajectory of 6.00% for June 2019. This is the first time this year that the trajectory has not been delivered.

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

Urodynamics has reported an improved position in June at 37.17% from 44.33% in May. There were 100 patients waiting more than 6 weeks in month. Outsourcing of activity has been agreed with six lists arranged with an alternative provider. The first three of these lists are being delivered in July with a further three lists planned for August. This will allow rapid backlog clearance. Any residual backlog following delivery of these lists will be reviewed for September and outsourced if required. The recurrent capacity within the service should then be back in balance with demand.

Flexi-Sigmoidoscopy test position reports another decline in performance at 36.75% in June from 33.54% in May with 122 patients breaching the 6 week waiting time standard against a total wait list size of 332. The Colonoscopy position deteriorated further in June with performance at 34.04% from 26.13%, with 176 patients waiting over six weeks against a total wait list of 517. Gastroscopy have reported a declined position of 26.35% in June from 21.52% in May, with 146 patients waiting over six weeks.

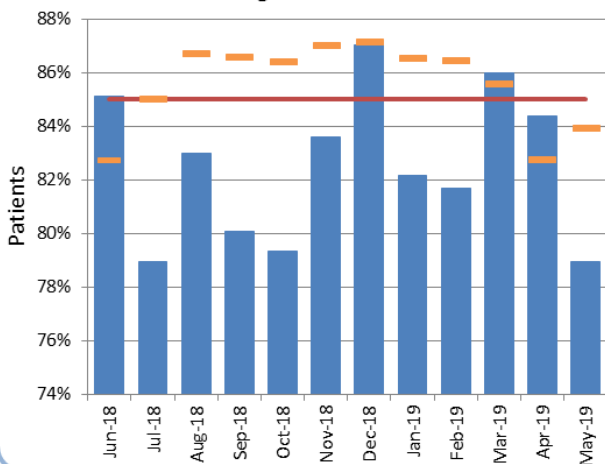
Contracts for insourcing of Endoscopy activity have been agreed and the Contract for outsourcing has been progressed. The work with Commissioners on demand management across the system has commenced this month. The recovery trajectory for these tests is being reset to take account of the impact of this increased capacity.

Cystoscopy test position has again breached the national target in June with an almost static performance of 4.79% from 4.82% in May. As at June, there were still 16 patients waiting more than six weeks for a Cystoscopy against a total wait list of 334.

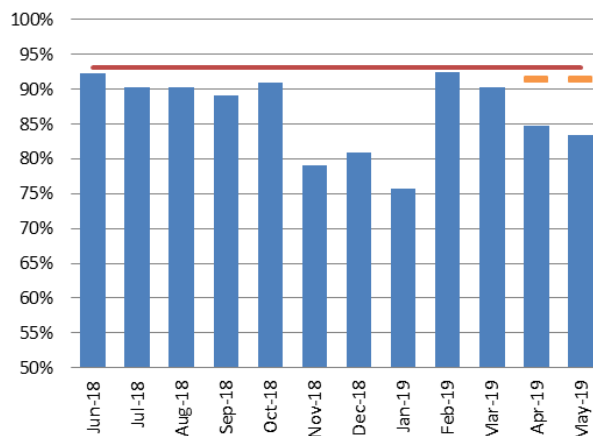
CT has again breached the national target in June with performance of 7.22% from 3.44% in May. There are 155 patients waiting more than six weeks against a total wait list of 2146. Despite running additional weekend lists the Trust is experiencing higher levels of breaches in CT as a result of staffing issues. The Trust will need to reduce outpatient CT capacity in the short term to ensure adequate cover for the 24/7 Emergency CT rota. This will continue to have an adverse impact on the DM01 position. The Imaging Team is seeking to mitigate the current staffing shortages through the appointment of locums.

All other test types have reported patient diagnostic waiting times within the six week standard.

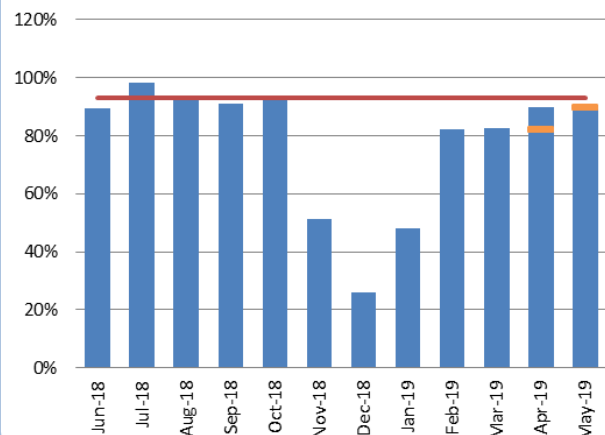
Patients receiving first treatment within 62 days of urgent GP referral



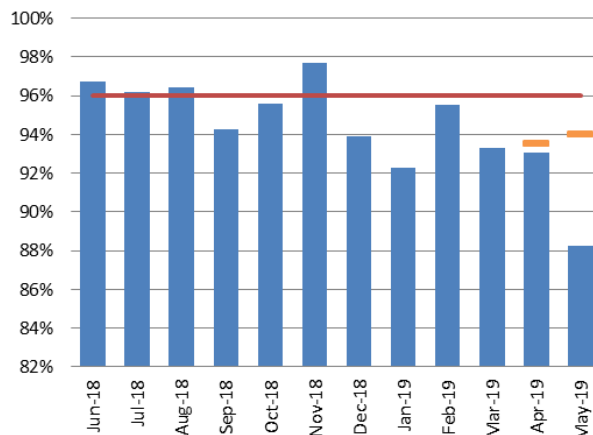
Patients Seen Within 2 Weeks of Urgent GP Referral



Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer

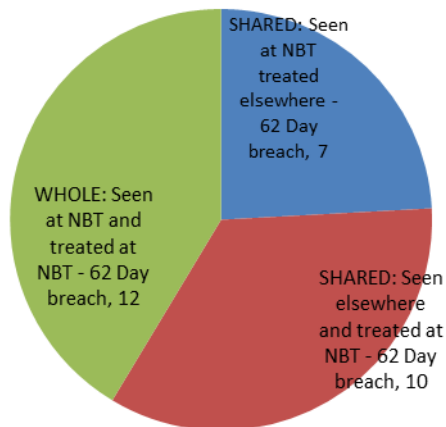
The nationally reported cancer position for May 2019 shows the Trust achieved two of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 83.4% which is a worsened position from April. The Trust saw 2049 TWW referrals in May and there were 340 breaches; the majority were in Skin (breaches-104, referrals-566), Colorectal (breaches-107, referrals-362) and Breast (breaches-41, referrals-450).

Of the 340 breaches, 196 patients declined or cancelled the appointments offered within target. If these were attended then performance would have been 92.73%. 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 through out the summer and the speciality is currently trying to address these issues.

The Trust failed the 31 day first treatment standard with a performance of 88.2% against the 96% target. There were 28 breaches in total; 22 in Urology, two in Breast, two in Colorectal, one in Sarcoma and one in Skin. Urology breaches were due to delays to robotic surgery, due to a continued increase of patients requiring these procedures as first and subsequent treatments which will be resolved when the second robot is fully operational and the backlog cleared. The Skin breach was a medically appropriate delay and all other breaches were due to capacity for surgery.

62 Day Breach Patients by Breach Type



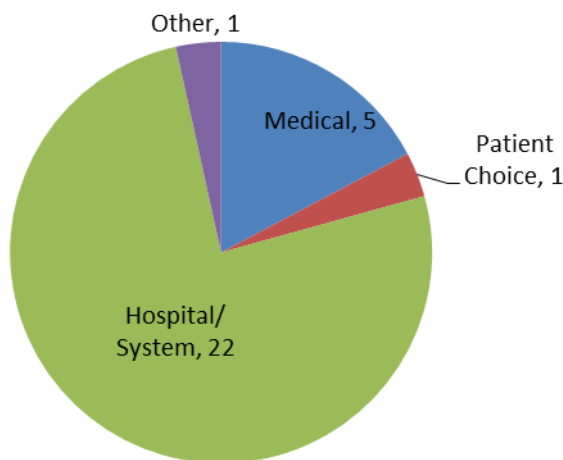
The national submission for the 62 day standard in May indicates the Trust failed the 62 day treatment standard with a performance of 78.91%. There has been acknowledgement from NHS Digital that the new national reporting system implemented in April 2019 is not calculating performance correctly and the Trusts internal monitoring shows that 62 day performance was actually 81.22%. This would still be a fail against the 85% standard but a significant difference to the nationally reported position. The Trust has escalated this issue to the CCG and NHSE through the Access and Performance Group.

In May, 31 patients breached the 62-day standard, 21 of which started their pathway at NBT. Of these 21 patients, 20 had their first appointment at NBT after day seven.

Urology breaches accounted for 71% of total Trust breaches for May. 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 continued delays for Oncology outpatient appointments and robotic surgery capacity will continue to impact performance for the foreseeable future. The Trust continues to address delays for Oncology capacity with University Hospitals Bristol and a draft SLA for Oncology provision requirements has been submitted to UHB.

62 Day Breach Patients by Delay Reason



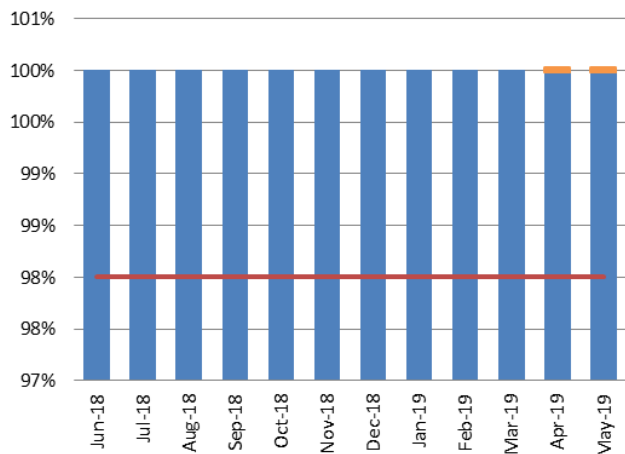
The Urology RAP and recovery trajectory is now predicting recovery of the standard in December/January. This is due to the ongoing recruitment of additional pelvic oncology surgeons and the existing backlog of patients requiring robotic surgery that will require clearing.

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. Of the 22 Urology breaches, 10 were transferred in from other providers for treatment, nine of which were beyond the agreed national transfer date, accounting for 4.5 additional breaches. Nine of these patients had exceeded the 62 day pathway prior to being referred to the Trust.

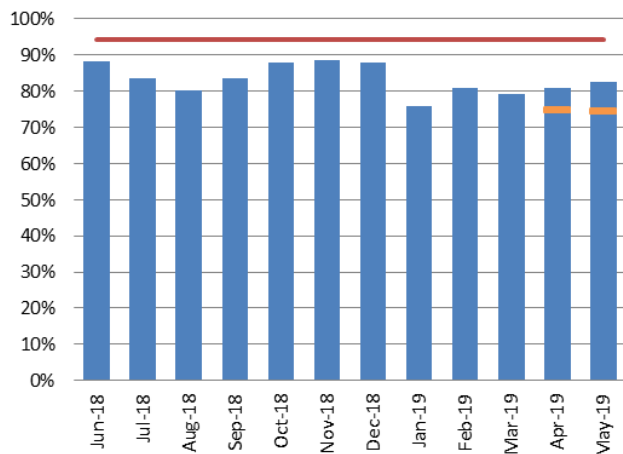
Other breaches recorded in May were; three in Breast (all complex pathways), one in Colorectal (patient delayed treatment), two in Gynaecology (one administrative delay at UHB and one complex pathway), one in Haematology (complex pathway), one in Lung (delays to diagnostics) and one in Upper GI (complex pathway).

As part of performance improvements the Trust has been monitoring it's internal performance against the 62 day standard. The Trust treated 87.6% 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 including Urology.

Patients Waiting Less than 31 Days For Subsequent Drug Treatment



Patients Waiting Less than 31 Days For Subsequent Surgery

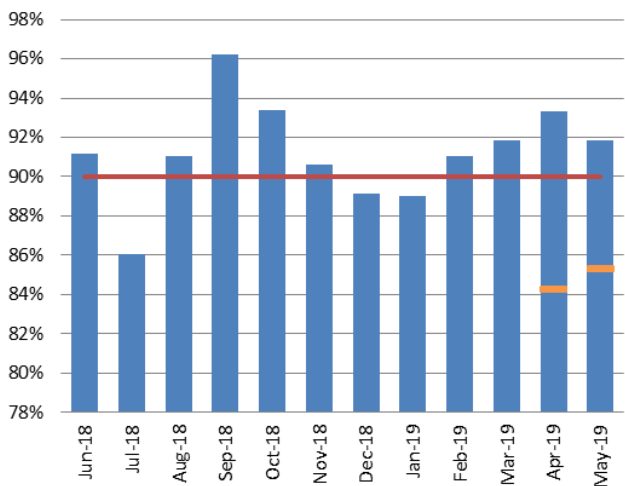


The Trust failed the 31 day subsequent treatment target in May 2019 for patients requiring surgery with a performance of 82.5% against the 94% standard. This is an improved position from April and has achieved the trajectory for May.

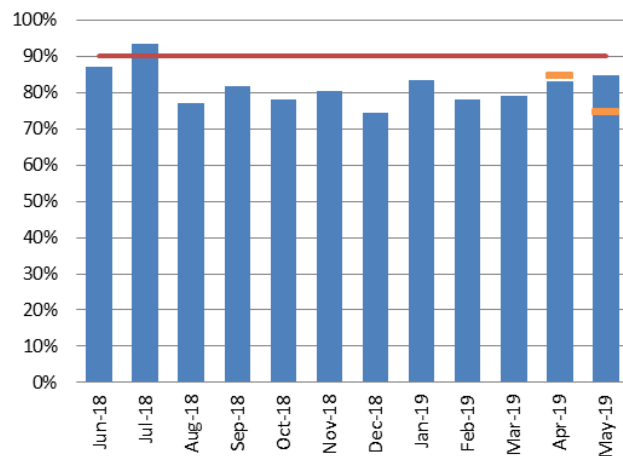
The continued failure against this standard has resulted in a contract performance notice being issued by the CCG. The Trust has submitted an action plan to recover this position, with significant improvements now forecasted from December 2019.

There were 17 breaches in total; three of which were in Skin and 14 in Urology. Performance against this standard will improve once the second robot and associated staffing is fully operational and the significant backlog is cleared. The new theatre schedule was implemented the beginning of April the Skin performance against this standard has improved as forecasted.

Patients Treated Within 62 Days of Screening



Patients Treated Within 62 Days of Consultant Upgrades

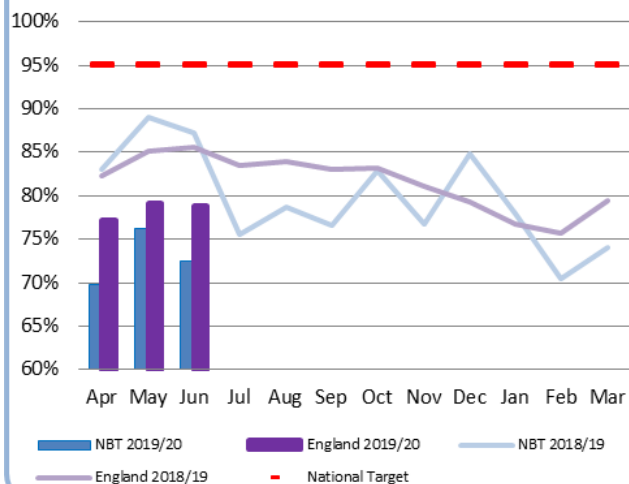


The Trust achieved the 31 day subsequent standard for patients receiving anti cancer drugs with a performance of 100%.

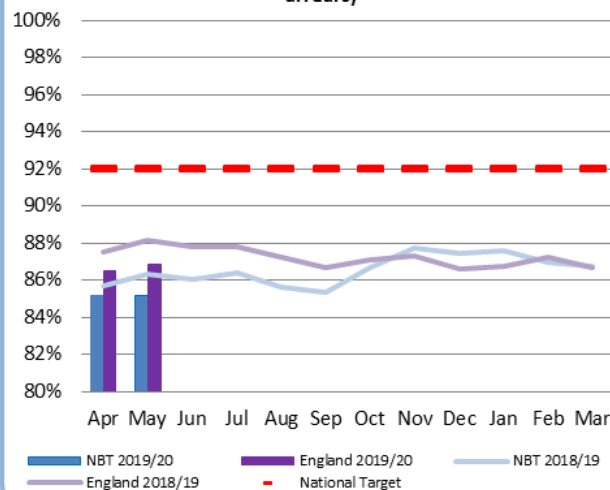
The Trust achieved the 62 day screening target with a performance of 91.8% against the target of 90%.

There were two breaches in Breast. Two were due to patient choice delay within the pathways and one due to a complex pathway requiring multiple diagnostics. There was one breach in Colorectal due to patient delaying their pathway.

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 June 2019 is 72.53% compared to a national Type 1 position of 78.80%. The position reflects an decline from May and a deterioration when compared to the same period last year.

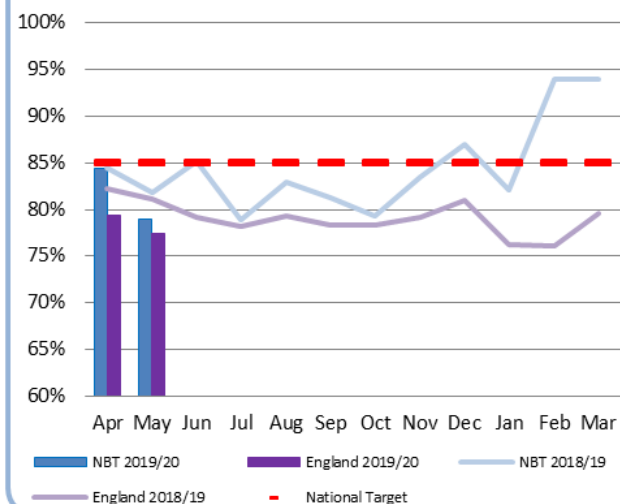
RTT Incomplete

The Trust reported an May 2019 position of 85.14%. This position reflects an decline on last year but falls under the national position of 86.86%.

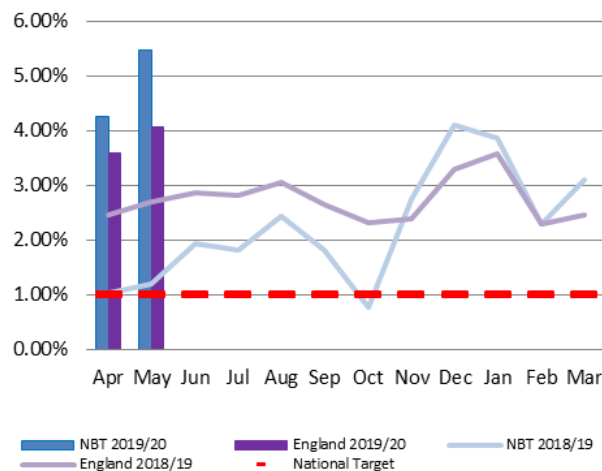
Cancer – 62 Day Standard

NBT has reported 78.95% performance for May and continues to outperform the national position of 77.45%.

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



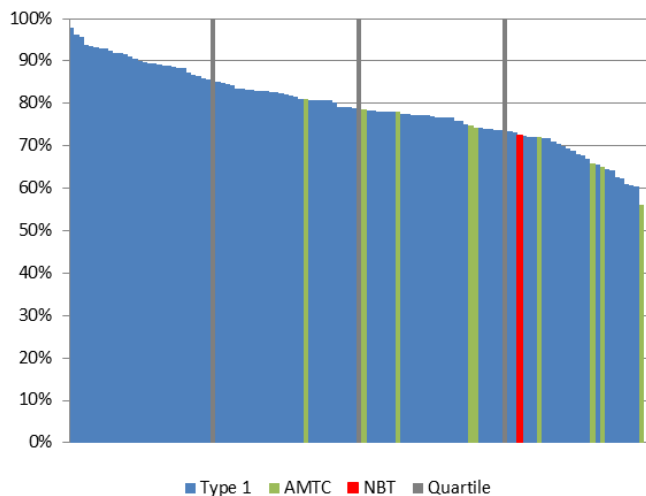
DM01 : NBT vs England (England Performance as published by NHSE, in arrears)



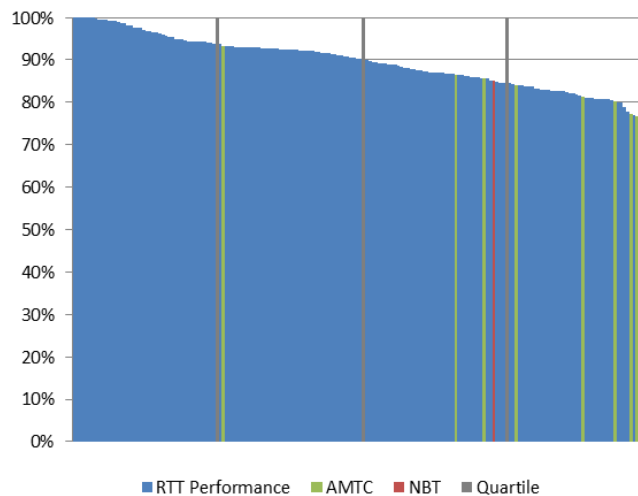
DM01

NBT, in May 2019, failed to achieve the National standard of 1% with a performance position of 5.48%, against the national position of 4.08%.

ED 4H Performance - Type 1 June 2019



RTT 18 Week Performance - May 19



ED 4 Hour Performance

In June, NBT moved from a position of #75 to #93 out of 119 reporting Type 1 Trusts. This decline has moved the Trust back into the 4th quartile. The Trusts ranking among the 10 Trauma centres declined from 3rd to 6th in June 2019.

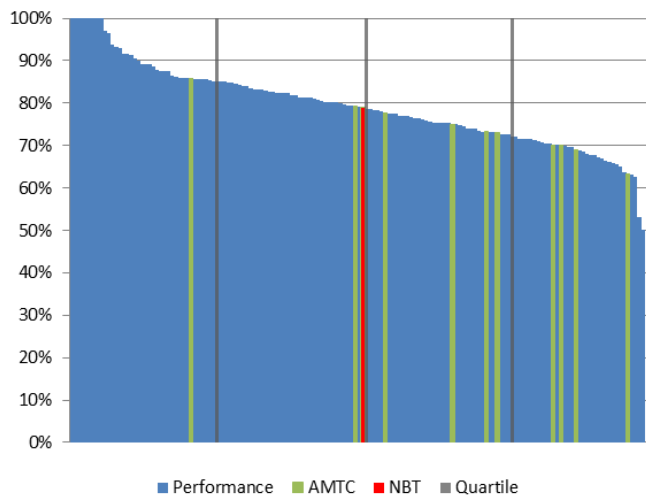
RTT Incomplete

RTT performance in May 2019 reports a deteriorated NBT position of #126 out of 177 reported positions. The Trust now ranks 5th out of 11 other adult major trauma centres.

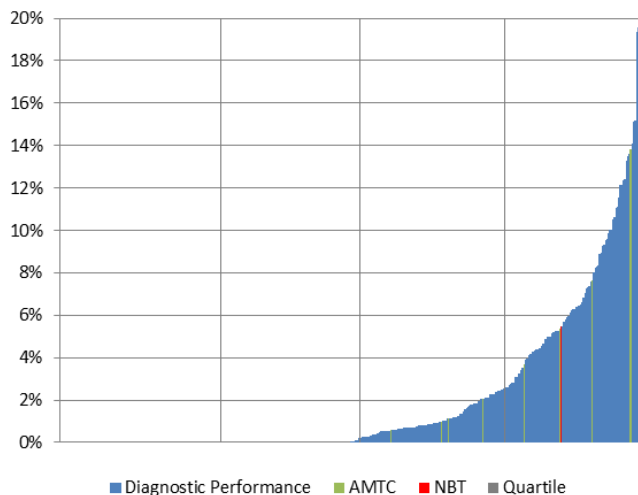
Cancer – 62 Day Standard

At position #66 of 138 reported positions, NBT reports performance of 78.95%. This represents a deterioration in positioning from April 2019 and ranks 3rd out of 11 major trauma centres.

Cancer 62 Day Standard May-19



Diagnostic Six Week Performance - May 19



DM01

NBT reports a deteriorated position of #142 out of 204 reported diagnostic positions, with a performance of 5.48% in May. This position ranks 8th out of 11 adult major trauma centres.

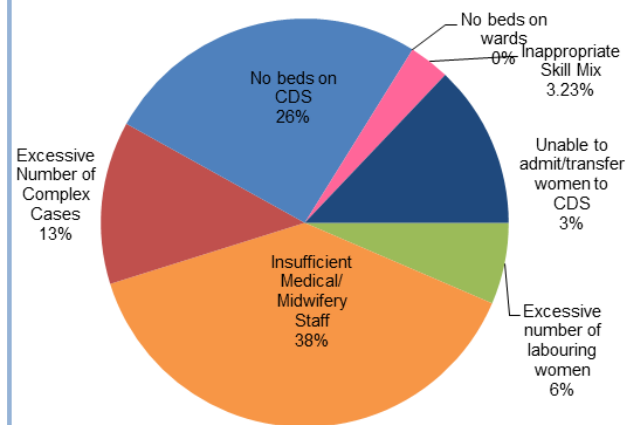
Safety and Effectiveness

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

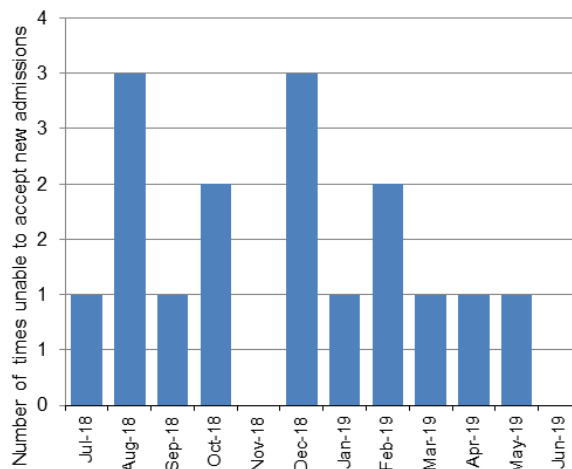
Chris Burton and Helen Blanchard

| Birth | | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Births | | 511 | 534 | 543 | 515 | 535 | 497 | 491 | 478 | 458 | 448 | 439 | 490 | 454 |
| Midwife to birth ratio | | 01:30 | 01:30 | 01:33 | 01:33 | 01:33 | 01:30 | 01:31 | 01:30 | 01:30 | 01:28 | 01:27 | 01:30 | 01:28 |
| Normal birth rate | | 56.0% | 56.1% | 56.4% | 60.1% | 51.8% | 53.1% | 51.1% | 56.0% | 51.1% | 55.7% | 53.7% | 56.3% | 56.1% |
| Caesarean birth rate | | 29.1% | 28.5% | 31.2% | 27.3% | 34.1% | 32.1% | 34.4% | 32.1% | 37.9% | 32.0% | 35.0% | 30.8% | 30.4% |
| Emergency caesarean birth rate | | 18.0% | 17.3% | 17.1% | 14.6% | 18.7% | 19.2% | 19.1% | 18.0% | 23.0% | 17.7% | 22.4% | 19.30% | 21.2% |
| Induction of labour rate | | 34.1% | 35.0% | 33.1% | 35.7% | 34.7% | 34.9% | 33.4% | 34.0% | 37.7% | 38.3% | 41.5% | 36.10% | 43.0% |
| Total births in midwife led environment | | 17.8% | 19.9% | 19.3% | 18.8% | 13.4% | 14.3% | 7.9% | 14.9% | 12.0% | 14.5% | 15.3% | 17.90% | 14.1% |
| Birth location | Cossham BC | 5.7% | 6.1% | 6.4% | 2.8% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0% | 0.0% |
| | Mendip BC | 11.5% | 12.9% | 12.1% | 14.3% | 12.1% | 12.9% | 6.7% | 12.6% | 10.7% | 13.4% | 12.8% | 16.6% | 12.8% |
| | Home | 0.6% | 0.9% | 0.4% | 1.4% | 3.0% | 1.2% | 1.2% | 2.3% | 1.3% | 1.1% | 2.5% | 1.2% | 1.3% |
| | CDS | 81.0% | 79.2% | 80.4% | 79.8% | 83.7% | 84.5% | 89.6% | 83.7% | 86.7% | 83.3% | 84.0% | 80.3% | 83.6% |
| One to one care in labour | | 96.9% | 97.0% | 95.7% | 95.4% | 96.4% | 95.4% | 95.9% | 97.4% | 97.7% | 96.0% | 98.3% | 98.3% | 100.0% |
| Stillbirth | Actual | 4 | 0 | 1 | 1 | 2 | 1 | 2 | 2 | 3 | 5 | 2 | 2 | 2 |
| | Rate | 0.80% | 0.00% | 0.20% | 0.20% | 0.40% | 0.20% | 0.40% | 0.41% | 0.60% | 1.10% | 0.2% | 0.0% | 0.0% |

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



Number of Times CDS Unable to Accept New Admissions



Recruitment

- Recruitment of midwives to fill the new and vacant posts has been underway since October 2018. The total resource required at that point was 23.8 WTE (16.26 WTE new posts and 7.54 WTE vacancies). The forthcoming pipeline is comprised of 19 midwives with start dates over the next three months: two between July and August, followed by 17 midwives in September 2019.
- Interviews for the substantive post of Bereavement Midwife are taking place on 22nd July 2019. This vital post will provide support to women and their families following the introduction of new national bereavement care pathways.
- Interviews for the QI Lead Midwife will take place on 02 August 2019. This is a Band 7 substantive post and will lead on quality improvement programme agenda.
- We are currently recruiting to the post of Lead Sonographer role which is out to national advert.
- We will also be advertising shortly for a Band 7 IT Maternity Lead.

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 will be reviewed by Trust Board on 25 October.
- 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 will be presented to the Trust Board in July 2019.

CQC Inspection

- The anticipated CQC inspection of Women & Children's Health commenced on 25 June 2019.
- Inspectors visited clinical areas and spoke with staff. Information requests were submitted and meetings with senior Divisional staff took place.
- An out of hours visit to the unit took place on 11 July 2019.
- Feedback is awaited.



'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.

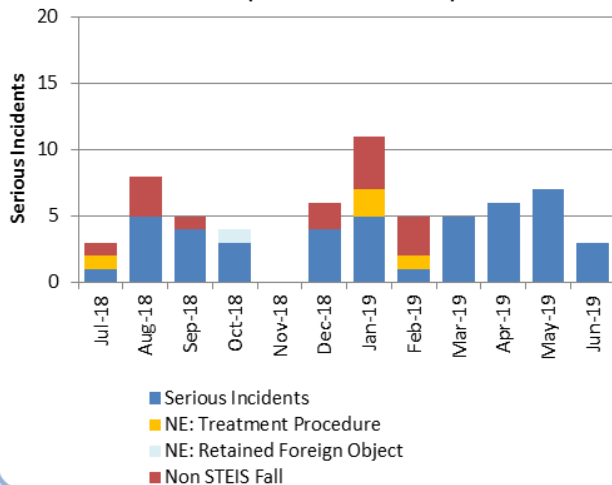
Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

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

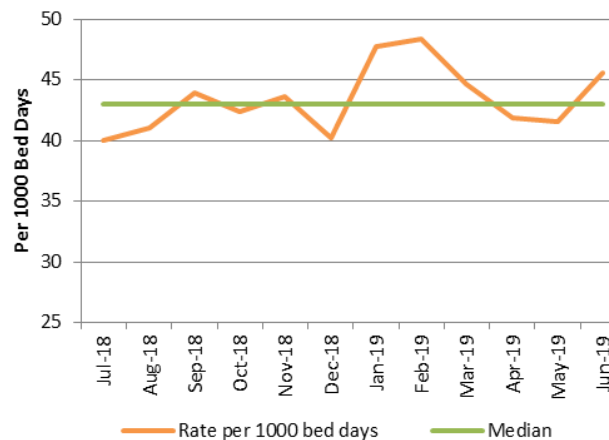
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

**Occurrence of Serious Incidents (including Never Events):
Jul 2018 to Jun 2019 by Date Reported
(STEIS or SWARM)**



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



*Data from Risk Department

Serious Incidents (SI)

Three serious incidents were reported in June 2019:

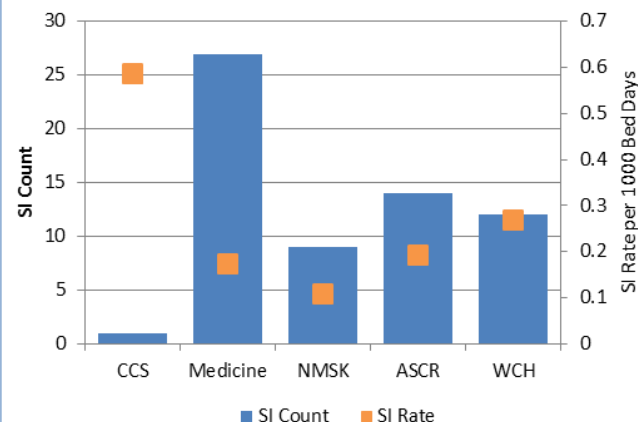
- 1 x Patient Falls*
- 1 x Safeguarding
- 1 x Maternity & Obstetrics

The Board is asked to note that from April 1st onwards NBT will declare 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.

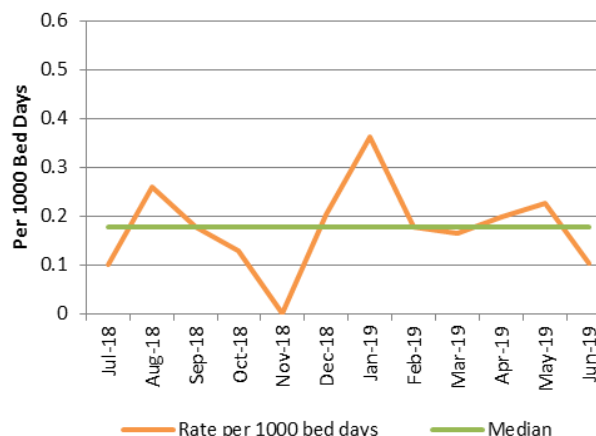
Never Events:

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

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



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



SI & Incident Reporting Rates

Incident reporting has increased slightly in June to 45.6 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:

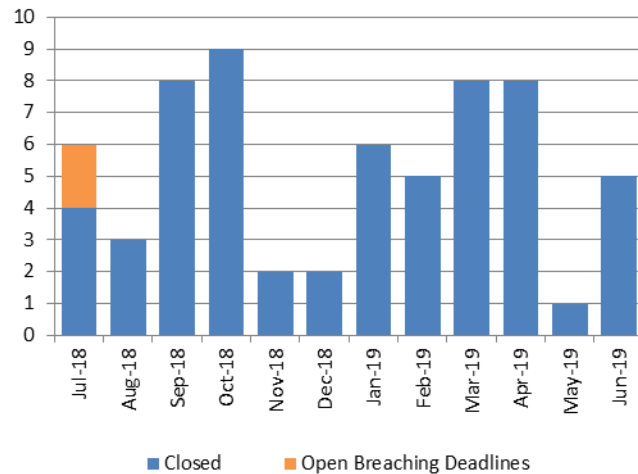
SI Rate by 1000 Bed Days

CCS – 0.58
WCH – 0.27
ASCR – 0.19
Med – 0.17
NMSK – 0.11

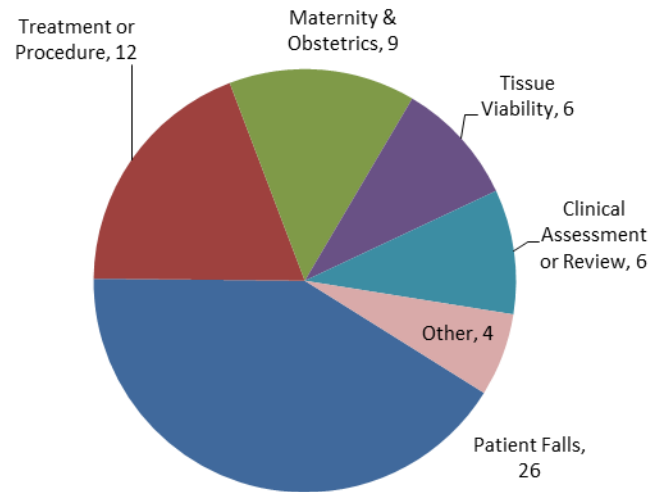
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

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



Top Types of SI reported Jul 2018 to Jun 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their June 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.

CAS Alerts –June 2019

| Alert Type | Patient Safety | Facilities | Medical Devices | Supply Distribution Alerts |
|--------------------------------------|----------------|------------|-----------------|----------------------------|
| New Alerts | 0 | 0 | 2 | 2 |
| Closed Alerts | 0 | 0 | 1 | 2 |
| Open alerts (within target date) | 0 | 0 | 1 | 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)

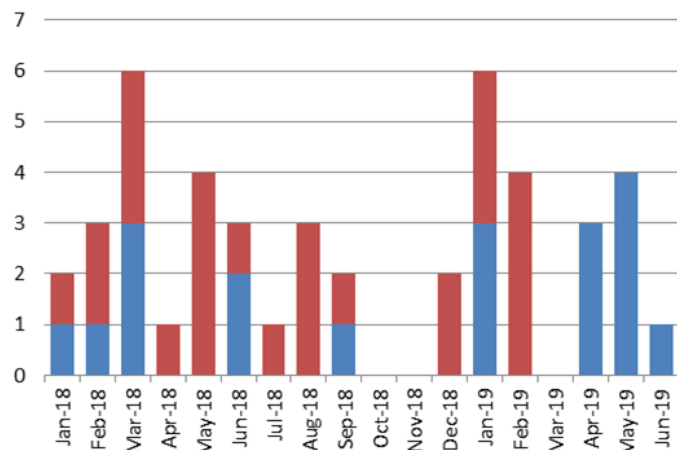
4 new alerts reported, with none breaching their alert target dates.

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

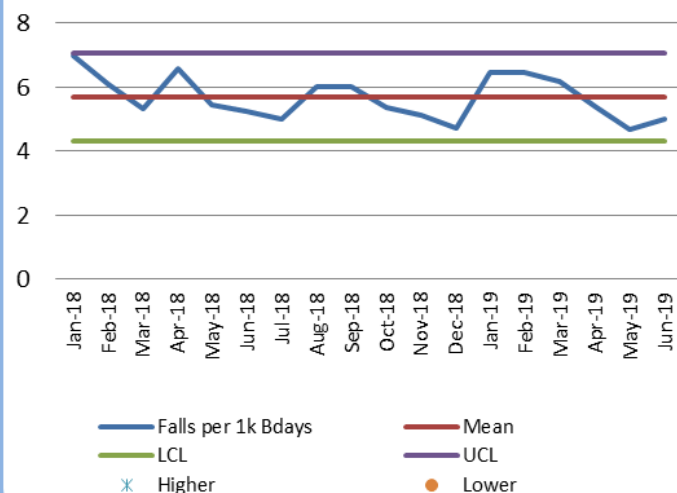
“Other” Category:

- 1 Appointment
- 1 Medication
- 1 Fluid Management
- 1 Safeguarding

**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 June 2019, 152 falls were reported of which one resulted in severe harm, five were categorised as moderate, 43 low and the remaining 103 as no-harm.

The majority of reported falls occurred within Medicine Division (81), with the others occurring in NMSK (53), ASCR (16), in CCS (3) and Women's and Children (1).

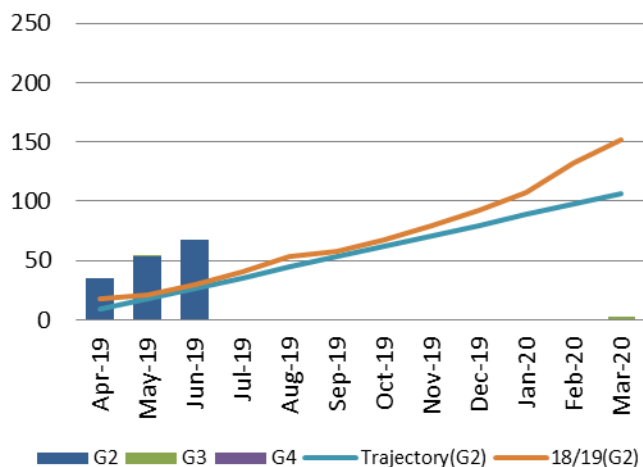
The falls-per-1000 bed days level continues to sit below the considered national average (6.1).

The mandated risk assessment fields are now in place on LORENZO and the data collection process is fully underway for the Falls national CQUIN for 2019/20. This will enable the achievement of the CQUIN standards.

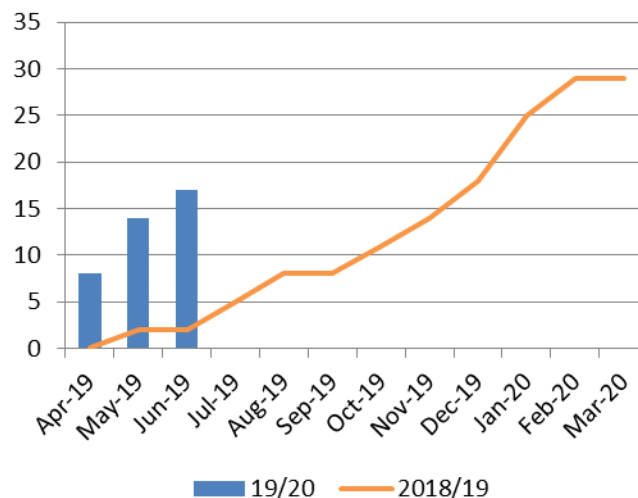
Currently 30 of the 100 patient submissions have been collected for the first quarter. It is anticipated that all 100 will be completed before the submission deadline. The main challenge sits with the completion of lying to standing blood pressure assessments. Additional teaching has been continuing for the Falls Link Nurses for dissemination across the wards.

The initial submissions show that compliance with the other 2 criteria, recording of sedation medication and mobility assessments, are good.

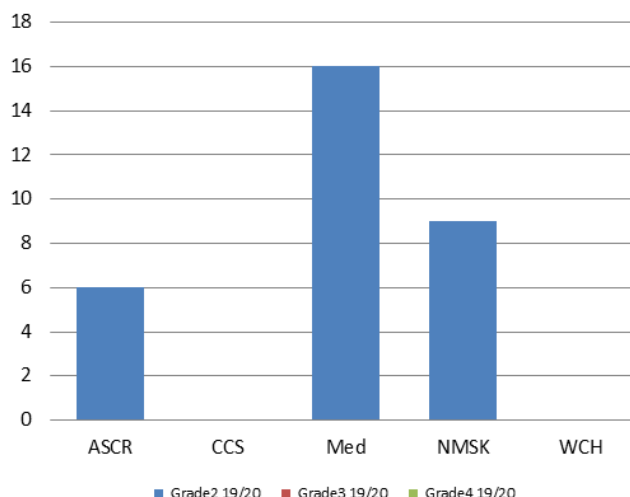
Pressure Injury (Excl device related) v Trajectory
Hospital Acquired Incidents Grade 2+ - 19/20



Pressure Injury Device related 19/20



Pressure Injuries 2019-20



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 4 and Grade 3 pressure injuries.

No grade 3 or 4 pressure injuries were reported in June 2019.

There were 31 reported Grade 2 injuries which occurred to 27 patients.

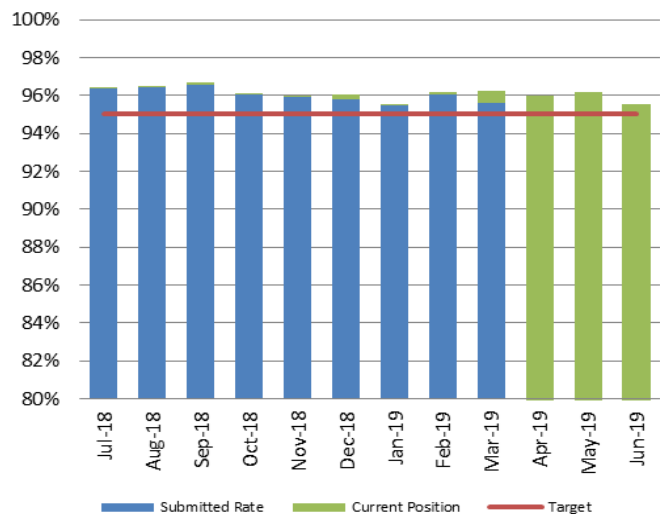
The break down of injury is as follows: 61% Sacrum/ buttock, 13% Heels, 6% Face and 10% Medical device related. The organisational response, to the increase in the incidence of pressure injuries, continues with the Heads of Nursing and matrons across inpatient areas undertaking key elements of quality improvement:

- Actions to prevent PIs,
- education and training,
- monitoring and audit.

Advice has also been sought from the Tissue Viability team at NHSI to inform our programme of work.

The Board has commissioned a presentation for the July meeting to provide an understanding of the current position and assurance about the improvement actions being taken.

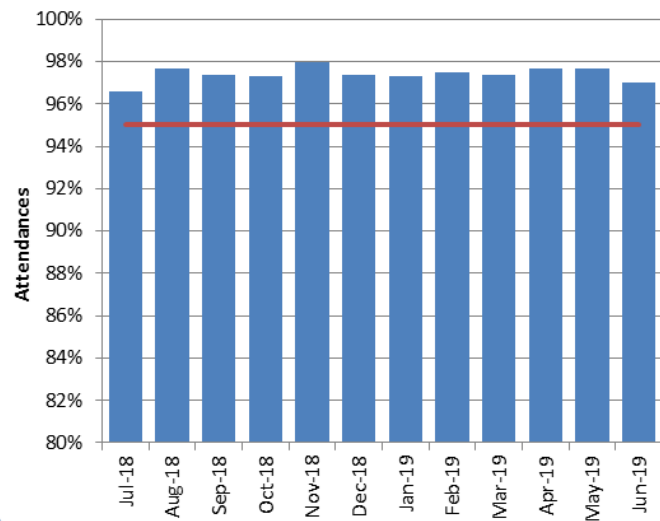
Venous Thromboembolism Risk Assessment



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 have a documented risk assessment in their records at the point of coding the discharge.

WHO Checklist Compliance

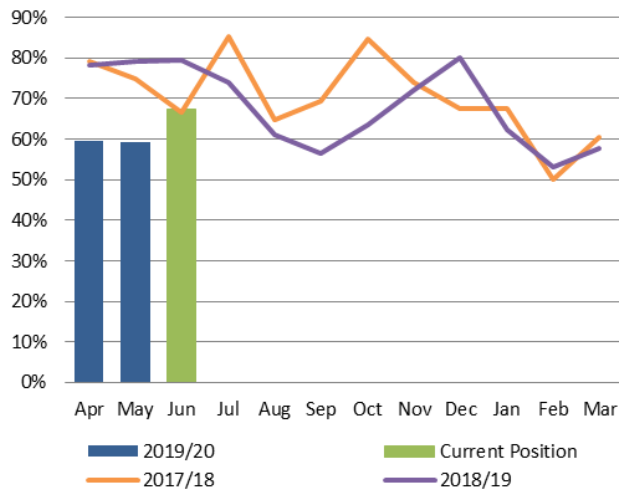


WHO Checklist Compliance

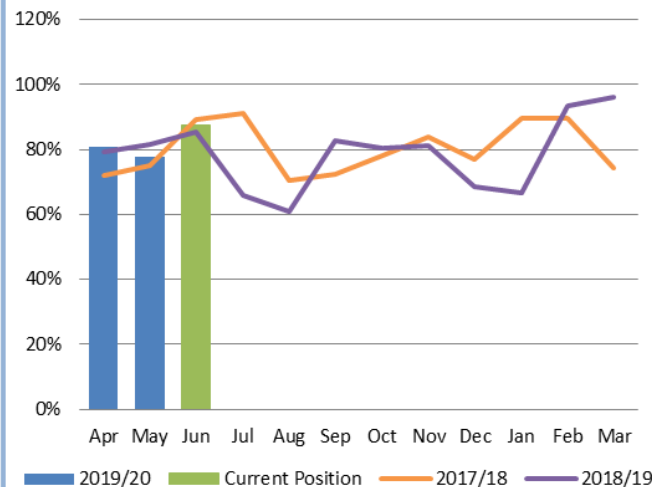
The Board expects that there will be a WHO surgical safety checklist documented prior to each operation in theatres.

Measured compliance with the WHO checklist was 97.0% in June 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 four hours.
 Hip Fracture data is reported one month in arrears with current month included for reference.

In May 2019 the percentage of patients who were admitted to Hip Fracture unit within 4 hours was 59.3% against an England average of 41.4%.

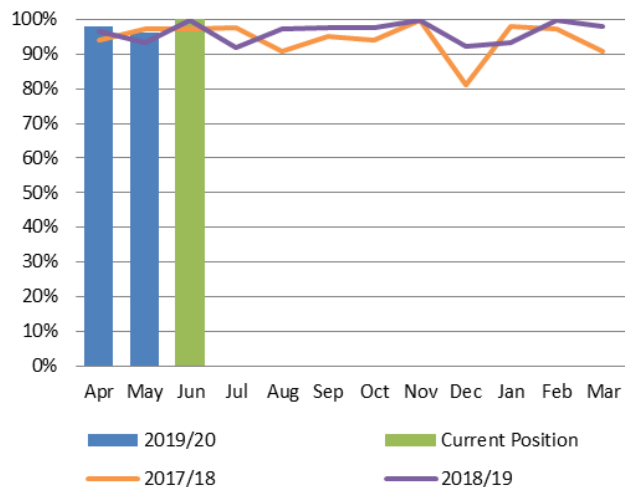
Patients medically fit to have surgery have surgery within 36 hours.

In May 77.8% of patients received surgery within 36 hours compared to the England average of 71.8%. North Bristol NHS Trust is investing in additional trauma co-ordinators with a view to further improving this.

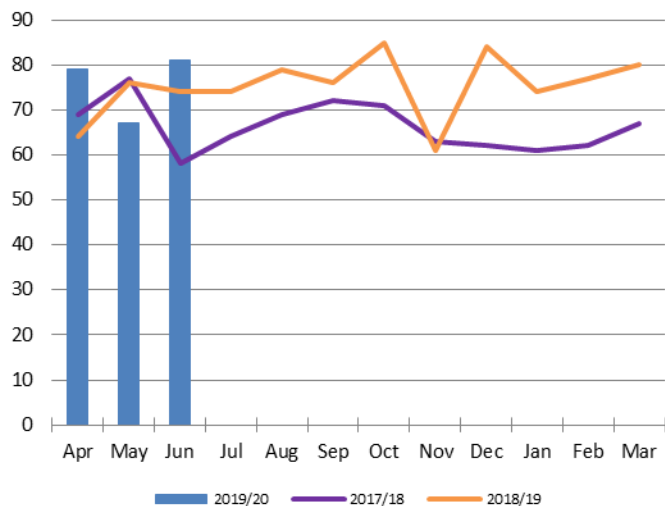
Patients assessed by an Orthogeriatrician within 72 hours.

In May 2019, 96.3% of patients were seen by an Orthogeriatrician within 72 hours.

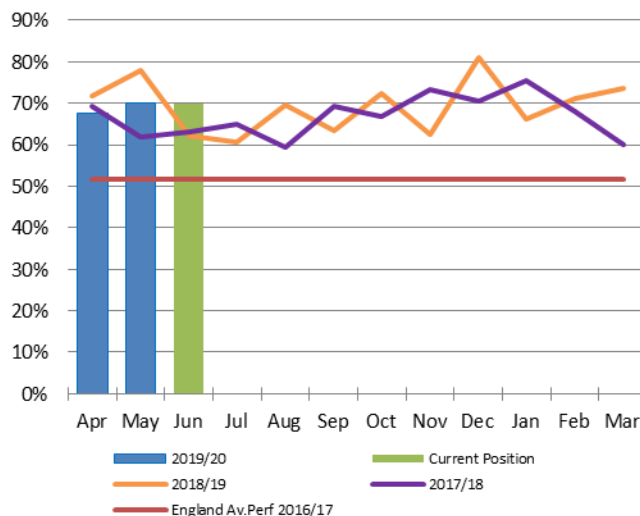
All Patients Assessed by an Orthogeriatrician within 72 hours



Number of Stroke Patients Admitted



Patients Scanned within 1 Hour of Clock Start



Stroke

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

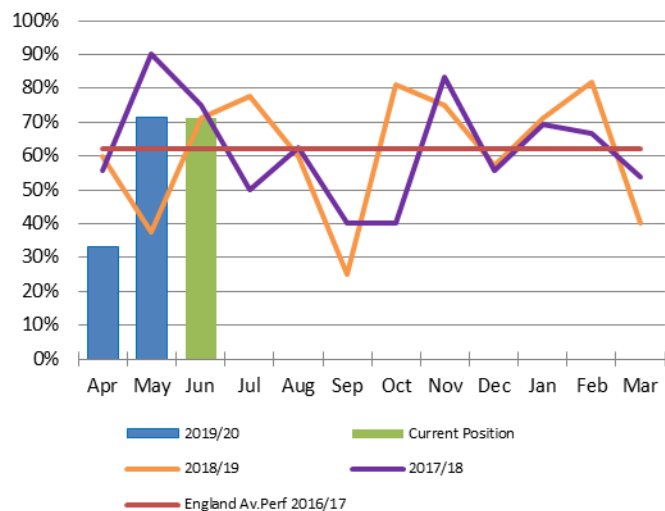
67 patients were admitted to Southmead hospital with stroke in May 2019.

71.4% of stroke patients requiring thrombolysis received this within 1 hour which is sustained performance better than the England average but continues to be a focus in the stroke team.

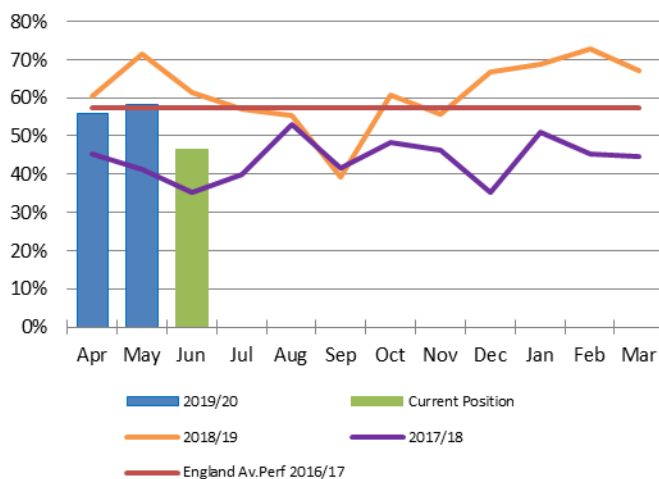
Admission to a stroke unit within 4 hours of presentation remains a challenge with performance at 58.2% in May 2019. The main problem is the overall bed occupancy and the Stroke service is working with the Operations team to ensure the availability of stroke beds at all times.

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

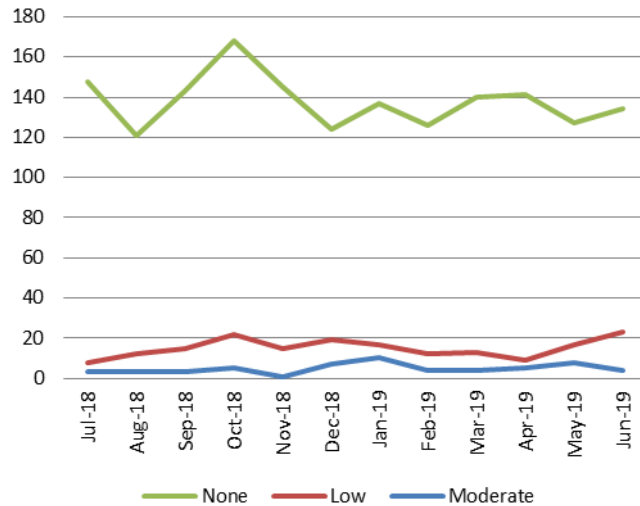
Patients Thrombolysed within 1 Hour



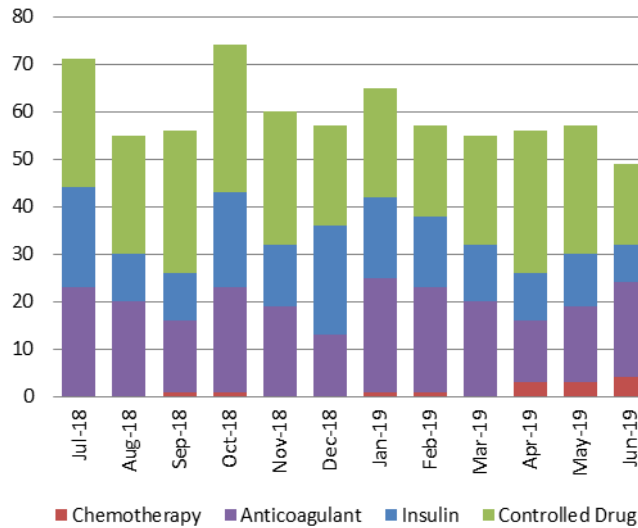
Patients Directly Admitted to a Stroke Unit within 4 Hours



Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs



Medicines Management

Severity of Medication Error

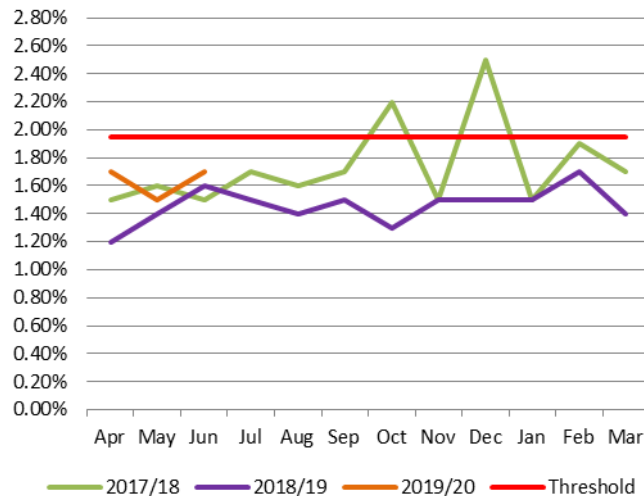
During June 2019, the number of “No harm” medication errors represented c.83% of all medication errors demonstrating a strong reporting culture.

The Medicines Governance Group is investigating a small rise in ‘low harm’ incidents to determine what actions are required.

High Risk Drugs

High Risk Drugs formed c.27% of all medication incidents reported during June 2019. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team.

Percentage of Patients with One or More Missed Doses



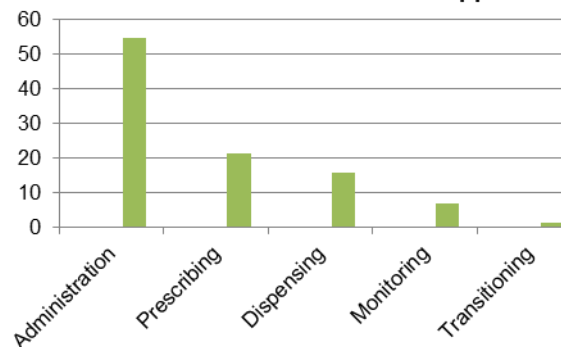
Medication Safety.

Be One of the Safest Trusts in the UK

Reducing medicines-related harm requires a clear understanding of where and when errors occur. Nationally 237.4 million medication errors occur every year in England and 28% have the potential to cause harm.

Nationally:

Where Do Medication Errors Happen?

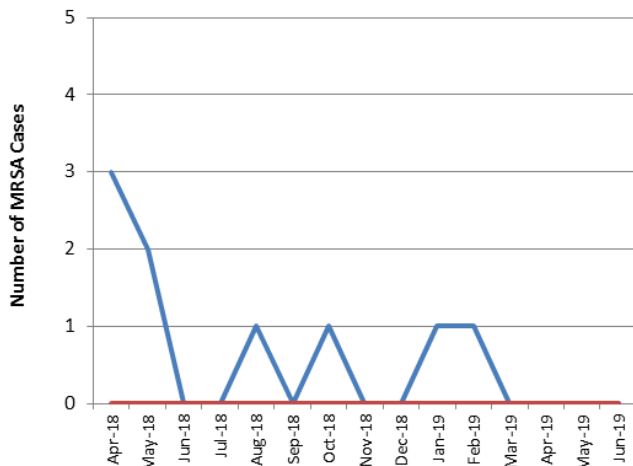


Missed Doses

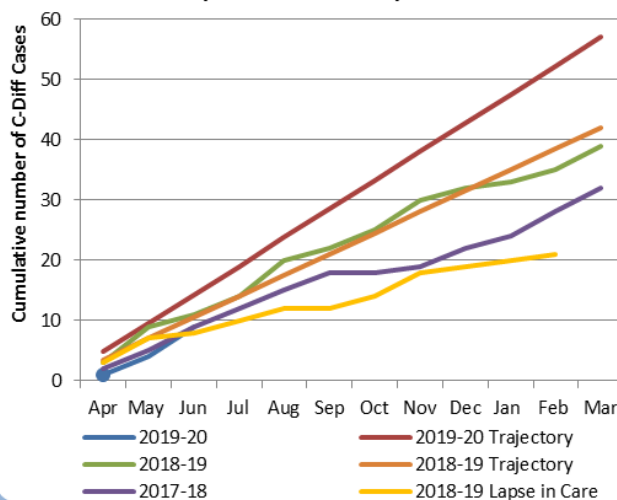
The clinical pharmacy team continues to closely monitor the KPI's associated with all missed doses. Any ward(s) that breach the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week “missed dose audit”.

The audit results are shared with ward staff to help the team develop an action plan to improve standards. The Medicines Governance Group will be monitoring the effectiveness of these action plans to ensure performance is improved.

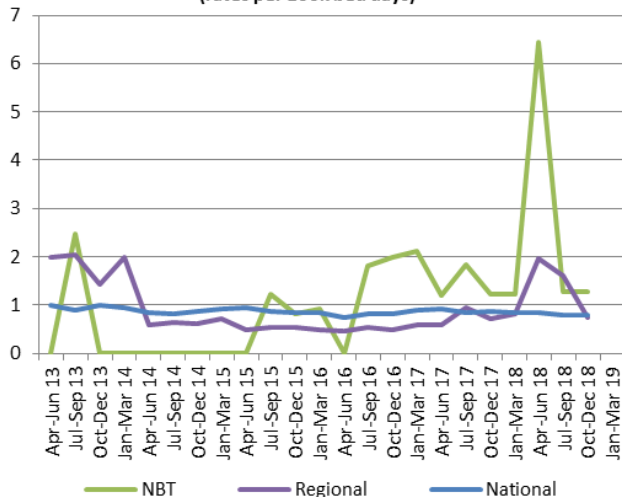
MRSA Cases - Trust Attributable



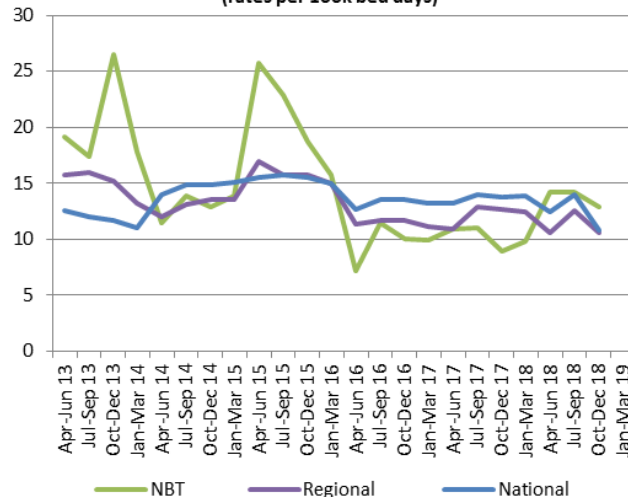
**C.Difficile Cases - Trust Attributable
(Cumulative Cases)**



**Quarterly MRSA cases
(rates per 100k bed days)**



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



MRSA

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

In June an increased incidence of MRSA colonisation was reported within the Neonatal Intensive Care Unit. An Incident Meeting was held, which established evidence of cross infection. There have been no new cases reported since 23 June 2019, with all colonised babies have been discharged.

C. Difficile

NHS Improvement have changed the measurement methodology for C. diff resulting in a new 19/20 target total of 57 cases.

In June there were six cases reported against the trajectory. Five cases were hospital onset and one case was community onset.

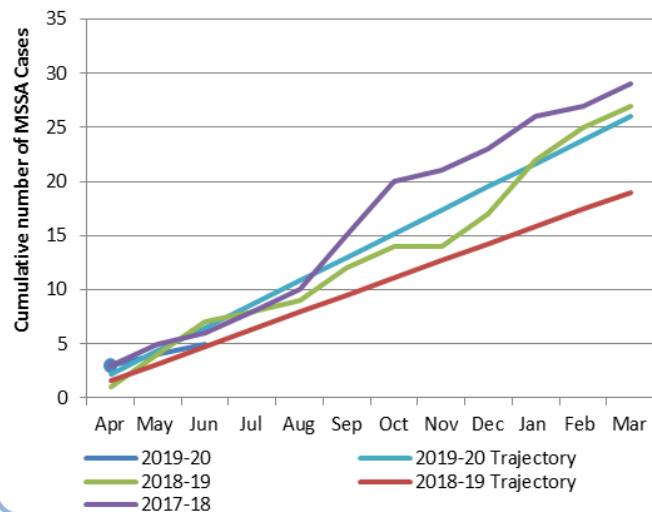
Clinical reviews will be carried out using a multi-disciplinary approach to determine whether there are links to any lapses in care.

MSSA

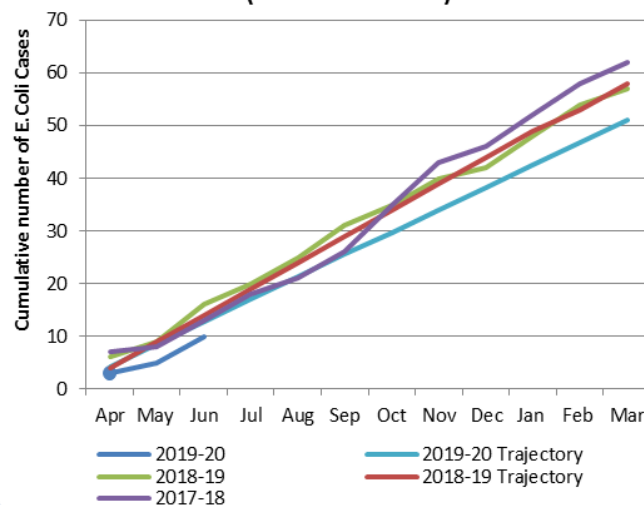
The Trust target for 2019/20 is fewer than 26 cases.

There was one reported case of MSSA bacteraemia in June within the Medical division. A 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)**



E. Coli.

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

Hand Hygiene

Hand Hygiene compliance has been maintained.

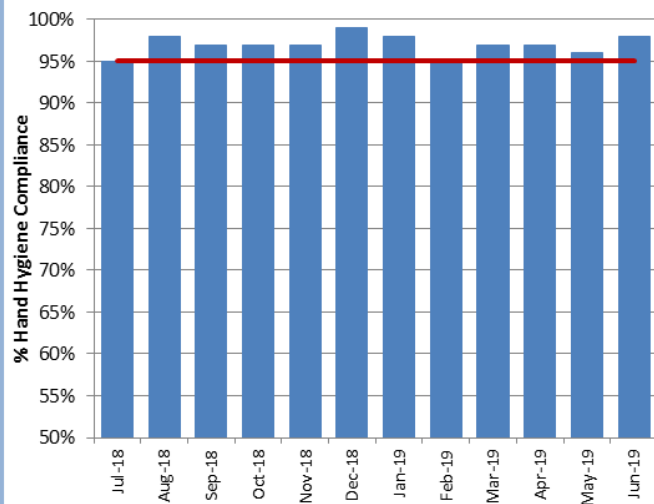
Surgical Site Infection Reporting

NBT undertakes mandatory SSI reporting for infection following hip and knee replacements, which is coordinated by the NMSK Division. There is monitoring through the Control of Infection Committee.

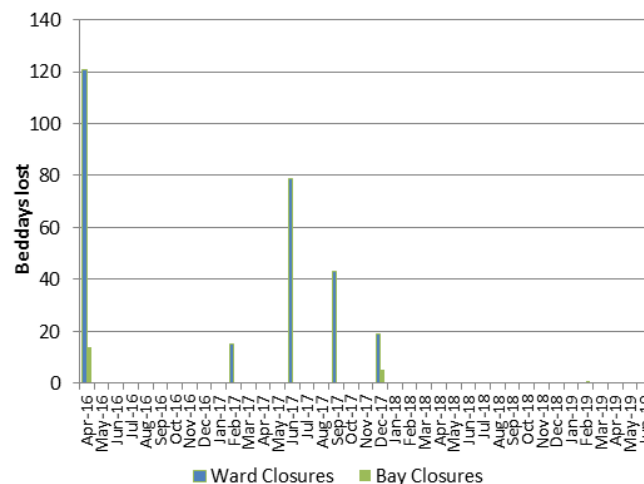
During 2018/19 orthopaedic SSIs have been higher than the national bench mark. A quality improvement programme, led by a Consultant orthopaedic surgeon, is in place to review all aspects of the patients pathway from referral to discharge.

This divisional collaboration involves stakeholders from NMSK, ASCR and Infection Prevention and Control.

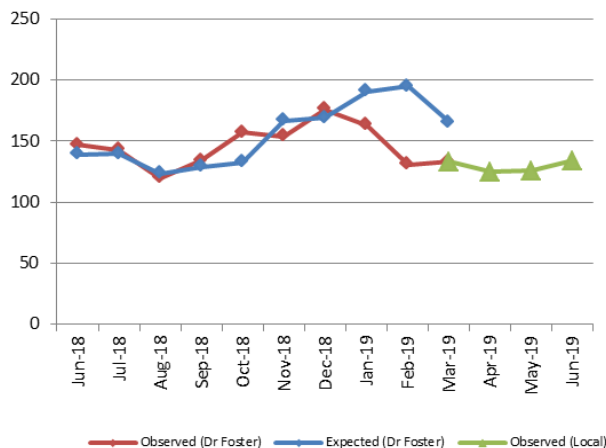
Hand Hygiene Compliance Rates



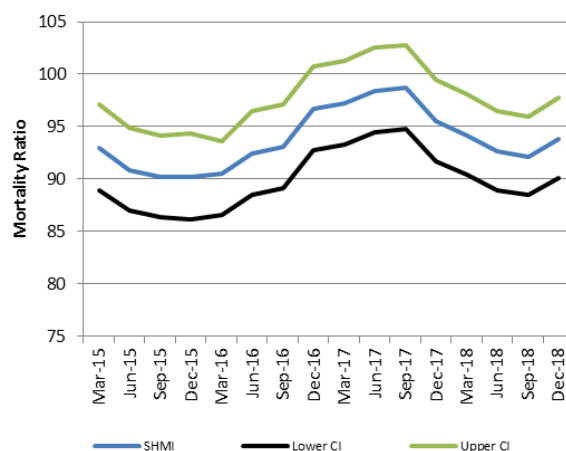
Monthly beddays lost due to Diarrhoea and Vomiting / Norovirus ward or bay closures



Total Number of Patient Deaths



SHMI - Mortality Ratio



Overall Mortality

The Trust's SHMI Mortality Ratio for the most recently calculated period is within the expected range. (Due to changes in national reporting, there has been no change to the SHMI reported from last month).

Mortality Review Completion

The current data captures the completed reviews up to 31 March 2019. In this time period, 90.93% of all deaths have a completed review. 97.3% of "High Priority" cases have completed Mortality Case Reviews (MCR) including 15 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). There were no new notifications by a Reviewer of Overall care as Poor or Very Poor (score 1-2) in March 2019.

Mortality Review Completion

For 01/04/2018 - 31/03/2019

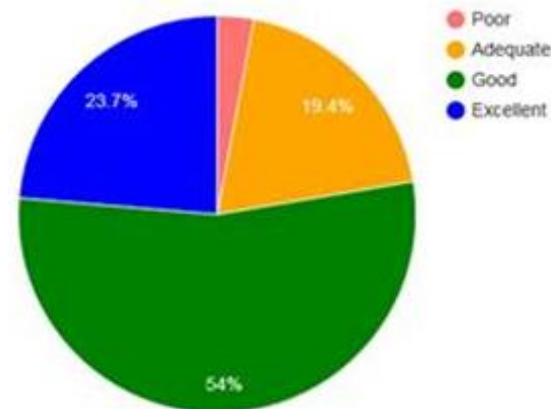
| | Completed | Required | % Complete |
|------------------------------------|-----------|----------|------------|
| Screened and Excluded | 970 | | |
| High priority Cases | 159 | | |
| Other (Non-priority) MCR completed | 525 | | |
| Total reviewed | 1654 | 1819 | 90.93 |

Mortality Review Outcomes

| Overall Score: | 1 | 2 | 3 | 4 | 5 | Count of responses |
|----------------|--------|------------|--------------|--------------|--------------|--------------------|
| Care Received: | 0 (0%) | 18 (2.98%) | 117 (19.37%) | 326 (53.97%) | 143 (23.68%) | 604 |

| | April 2018 to March 2019 |
|-------------------|--------------------------|
| New Notification | 0 |
| In Progress | 0 |
| Reviewed not SIRI | 13 |
| Reported as SIRI | 1 |

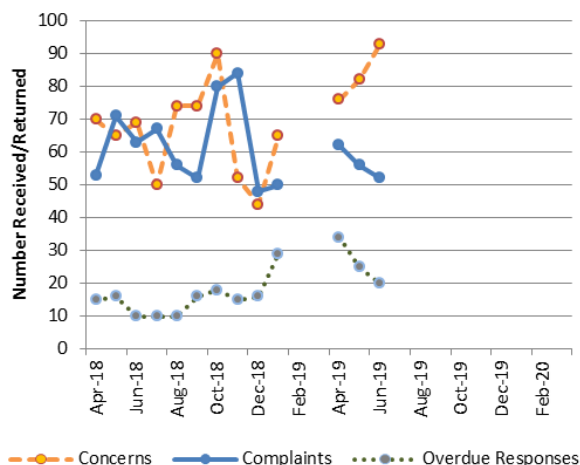
Overall Care - Care Scoring Report - Deaths from 01/04/2018 to 31/03/2019 - Activity up to 08/07/2019



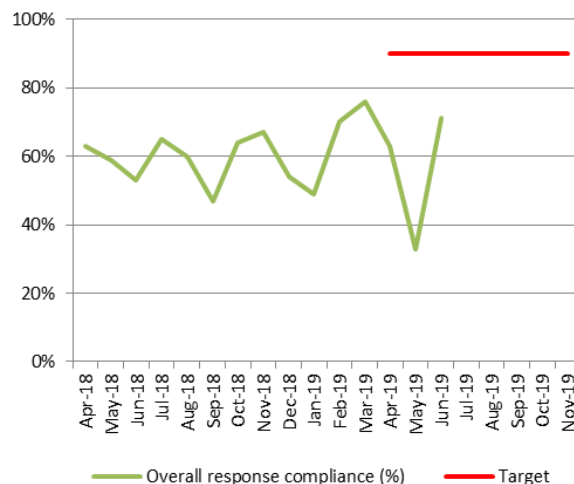
Quality Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

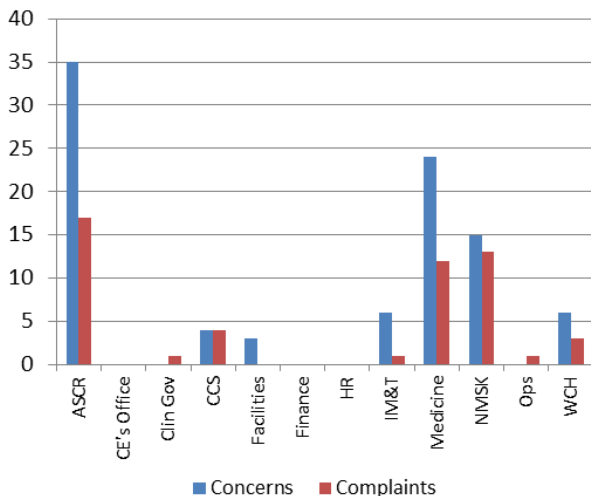
In June 2019 the Trust received 52 formal complaints and 93 PALS concerns.

The 52 formal complaints can be broken down by division:

ACSR: 17 CCS: 4
Medicine: 12 NMSK: 13
Ops: 1 WACH: 3
Clin. Gov: 1 IM&T: 1

This shows a continued slow decrease in the number of formal complaints. It is too early to attribute this to the impact of PALS. The Clinical Governance complaints related to a safeguarding issue whilst the IM&T complaint related to access to medical records.

Concerns and Complaints per Division



| Division | Total closed in June | Total overdue at end of June |
|--------------|----------------------|------------------------------|
| Medicine | 16 | 4 |
| NMSK | 12 | 2 |
| ACSR | 16 | 11 |
| CCS | 3 | 1 |
| WACH | 1 | 1 |
| Clin Gov | 1 | 1 |
| Total | 49 | 20 |

Final Response Rate Compliance

Following the successful roll out of corporate and divisional recovery plans throughout June, the compliance with providing timely responses at end of month of June had risen to 71%.

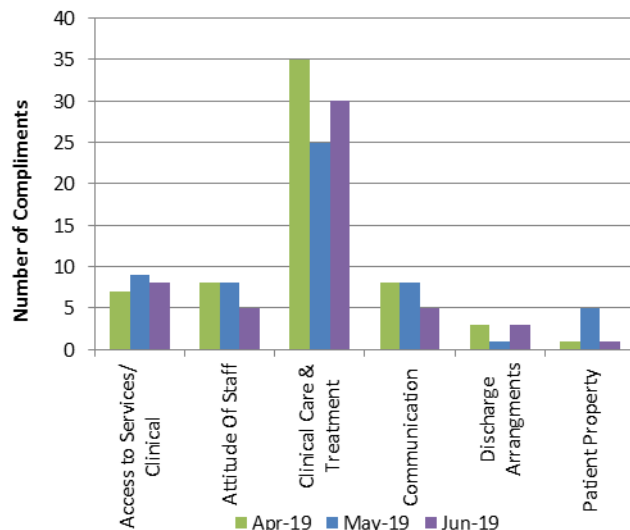
| | | |
|-----------|---------------------|-----------------|
| June | 25 | 60% compliance |
| July | 20 | 70% compliance |
| August | 10 | 80% compliance |
| September | 5 | 90% compliance |
| October | 0 – maintain target | 100% compliance |
| November | 0 – maintain target | 100% compliance |

Overdue complaints

The total number of overdue complaints at the end of June sat at 20. At the week of 10th July this had reduced further to 11 overdue cases, reflecting the success of the recovery plans.

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



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.

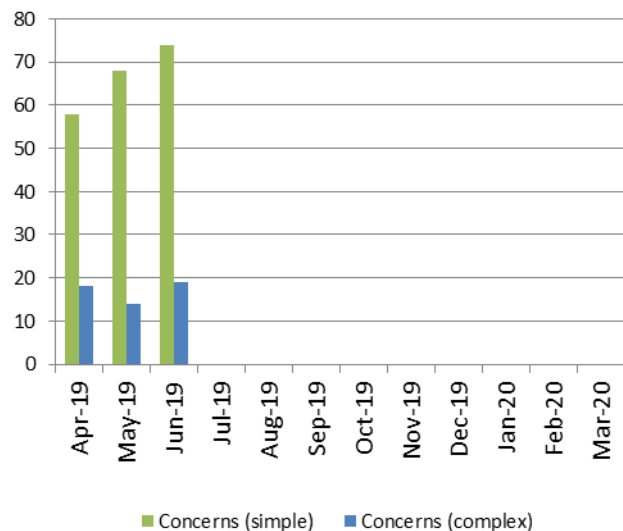
Patient Advice and Liaison Service (PALS)

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.

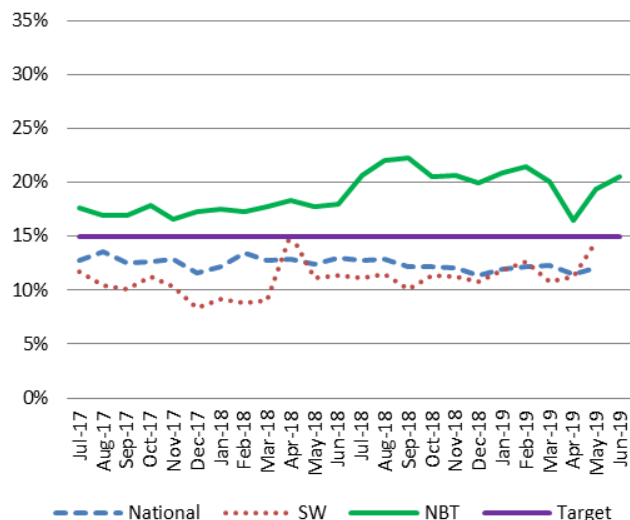
93 PALS concerns were received in June 2019 (82 in May). Of the 93 PALS concerns received in June 2019, 74 (80%) can be classified as more simple concerns and 19 warranted more in depth investigation from within the division and were classified as complex concerns. The issues arising through concerns are recorded and there will be reporting in a similar way to concerns once capacity has increased in the team through the appointment of a PALS manager.

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 of 02 July. This will be rolled out throughout the Trust 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.

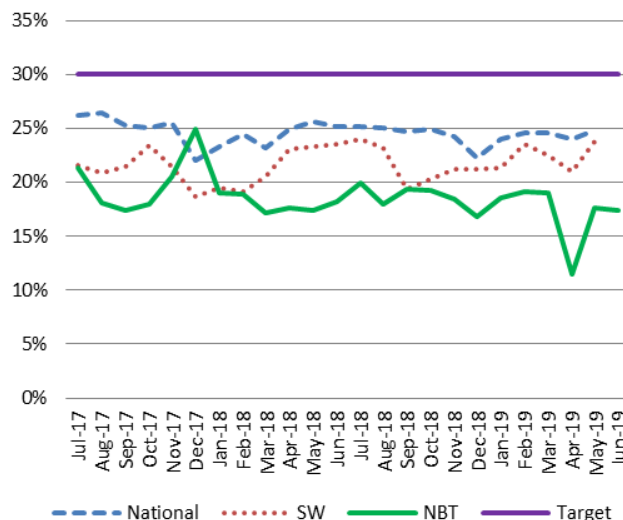
PALS



Emergency Department - Response Rate



Inpatients - Response Rate



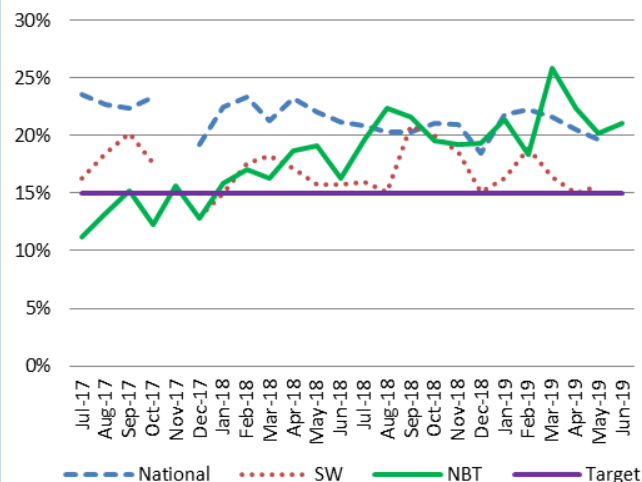
Friends and Family Test

| FFT Response Rate | Target | NBT Actual |
|-------------------|--------|------------|
| ED | 15% | 20.56% |
| Inpatients | 30% | 17.40% |
| Outpatients | 6% | 11.74% |
| Maternity (Birth) | 15% | 21.05% |

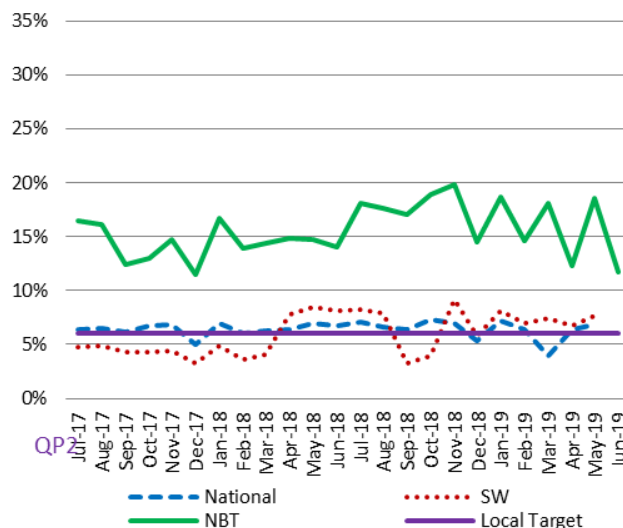
Following the resolution of the issue identified that effected the Interactive Voice Message (IVM) FFT which we use to survey all patients over 60, which continued until 09 May, we have now seen response rates return to normal parameters.

Following a period of decline, ED have continued to improve their response rate.

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



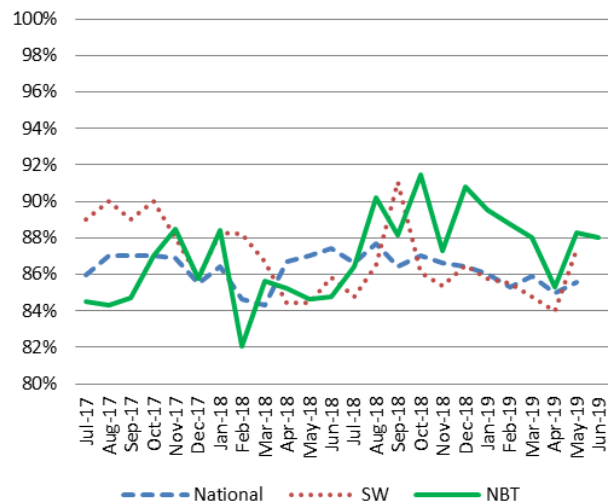
Outpatients - Response Rate



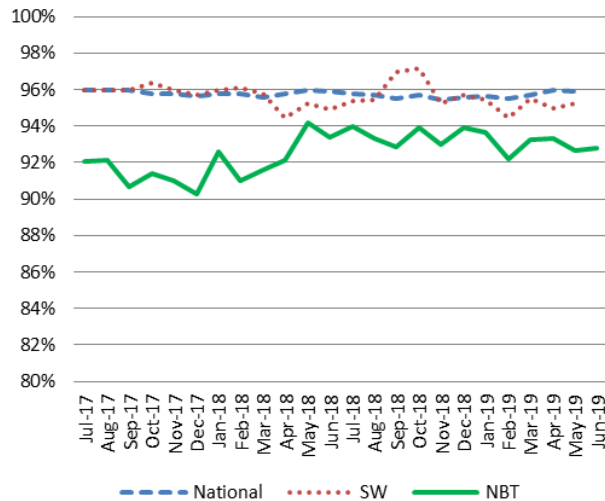
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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).

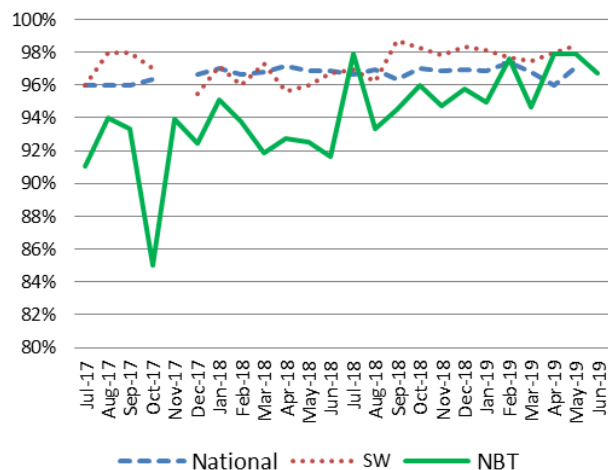
Emergency Department - % Would Recommend



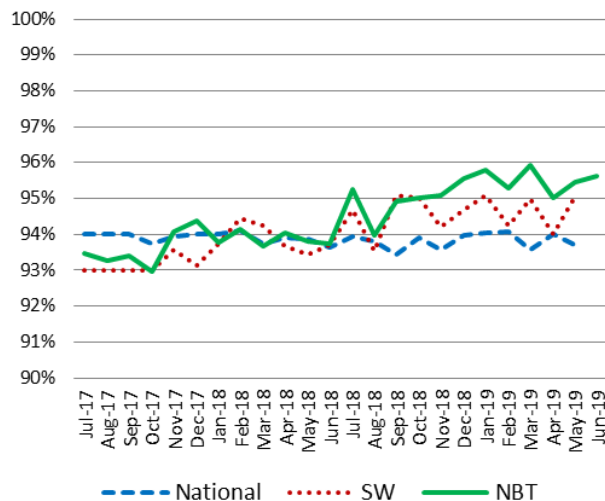
Inpatients - % Would Recommend



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



Outpatients - % Would Recommend



| FFT Recommend Rate | Target | NBT Actual |
|--------------------|--------|------------|
| ED | 90% | 88.01% |
| Inpatients | 95% | 92.82% |
| Outpatients | 95% | 95.63% |
| Maternity (Birth) | 95% | 96.74% |

There has been no significant change 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 achieved a fantastic result of almost 97% of patients recommending their services. After a period of decline ED continue to make an improvement.

What are people saying about our services?

Within inpatients, the majority of negative feedback relates to people who have come in to hospital for an operation. The feedback ranges from inadequate environment for recovery due to mixed sex bathrooms a long walk from bed, lack of after care information and cancellations. In response to this continuing trend we will increase our provision to survey more day case patients to fully establish the issues arising.

Within ED the feedback remains to be around waiting times and the lack of communication around this.

Maternity received no negative feedback again (Birth), the staff and their communication are cited as the main reasons for the positive experiences.

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.”

ED – (1)

Everyone I met from the paramedics that came and took me to hospital, through to the nursing staff and lovely doctor who looked after me were superb. It was a very busy night with over 70 patients to be treated but I was still very well cared for with thoroughness, kindness and consideration. I was kept informed of the progress of my tests and what would happen next and never left wondering what was happening.

9a – (1)

Due to my health issues, I've been in a few hospitals. If this ward is anything like your other wards then you're doing something right. The consultant team, nursing staff, cleaners and food are excellent. I'll be writing a letter of thanks when I get out, great ward Gate 9a.

ED (5)

Really long wait. Gave up and left after being told that some people had been waiting 8 hours. There was a cat in the hospital which although I like cats, seems a bit unhealthy and my partner is allergic.

Outpatients - Urology (5)

My appointment was at 9am. I was kept waiting for nearly an hour and a half. No explanation was offered. I was not advised I would be kept waiting.

Outpatients - Radiology (5)

The discussions with Dr about my problems and results of MRI were in an open waiting area where everyone (members of the public) could hear. Excruciatingly embarrassing.

Outpatients - Gastro (3)

Reducing the waiting time!! I had to wait 90 minutes (1 HR 30) for my appointment. The delays were known early in the day, so why couldn't a message be sent to advise of slips and to arrive 30 minutes or 1 HR later than expected? And why didn't the 2nd scheduled doctor arrive that day?

Cotswold – Gynae (5)

Hospital ward was very cold unfriendly was at hospital all day waiting for op hungry thirsty then to be told at 6pm op cancelled! (after already been given pain meds for after op) it feels like you are just left with no communication at all.

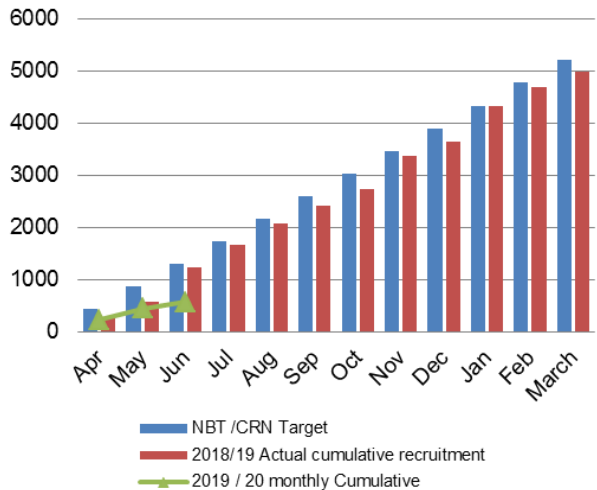
26a (1)

I was greeted by a nurse who informed me that she would be with me up until the time I went to theatre. The nurse explained any tests and made me comfortable. All involved explained their role and encouraged me to ask questions. Post operative care was excellent and a nurse called my family informing them I was now on ward. Pain relief and monitoring was regular and nursing staff were encouraging and reassuring in their care.

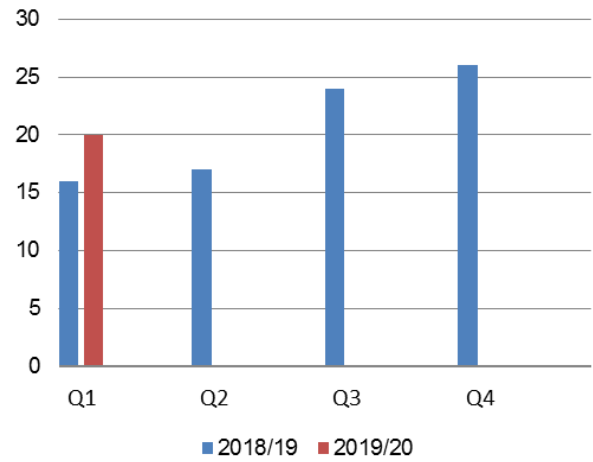
Elgar 1 (1)

All the staff who work on Elgar 1 are very kind and serving you could not get better treatment anywhere else. I thank you all for what you have done for me.

Patient recruitment vs Target



Recruiting NIHR studies with non-medical leads



In line with last year, and regional patterns NBT is currently behind the linear target. However a number of large recruiting studies are due to open within the next 2 months which it is anticipated will address the current shortfall.

The number of NIHR studies lead by non-medical researchers has continued to show strong performance.

Due to a generous charitable donation to the NBT Research Fund, R&I will be opening a Trust-wide open call for applications to fund research projects up to £20k each. The call will open at the end of July 2019.

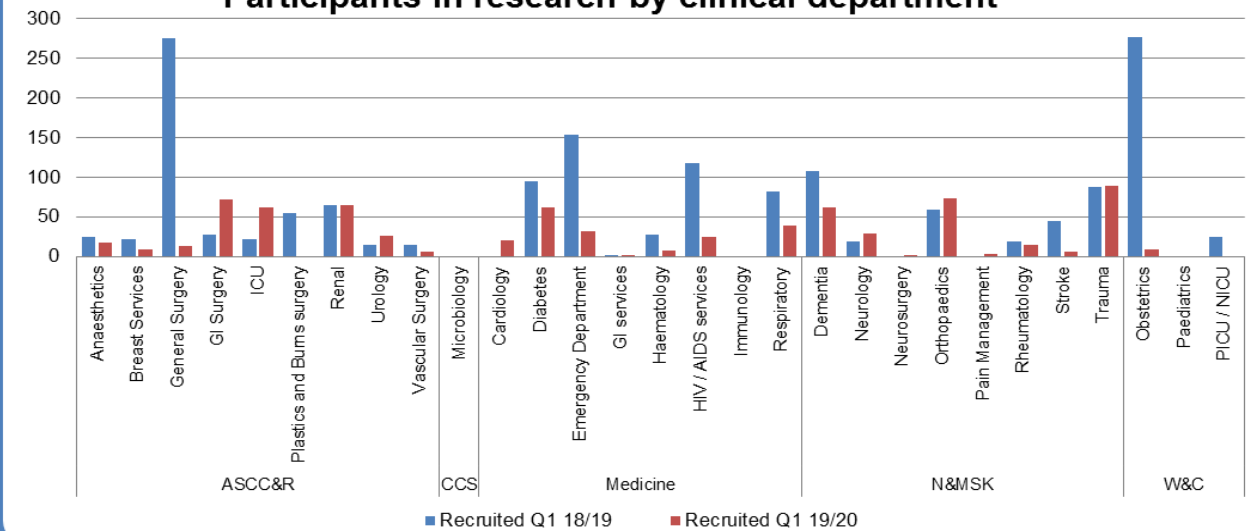
NBT received its 2019/20 Research Capability Funding (RCF) allocation from DoH and, at £1.1m, this represents a 34% increase to last years budget, resulting from NBT's NIHR grant success over the last year.

As a result we were able to open a call for applications from NBT researchers to fund key posts within their team to develop future NIHR grant applications. From this call we have agreed to fund 1.5wte Research Facilitator posts within the Medicine Division and Respiratory and Stroke research teams.

NBT currently holds 31 research grants (NIHR, charity and other) to a total value of £18.2m, with 14 NBT-led grants in set-up (£4.94m).

NBT R&I hosted an Investors in People assessment and have now progressed to a silver award standard.

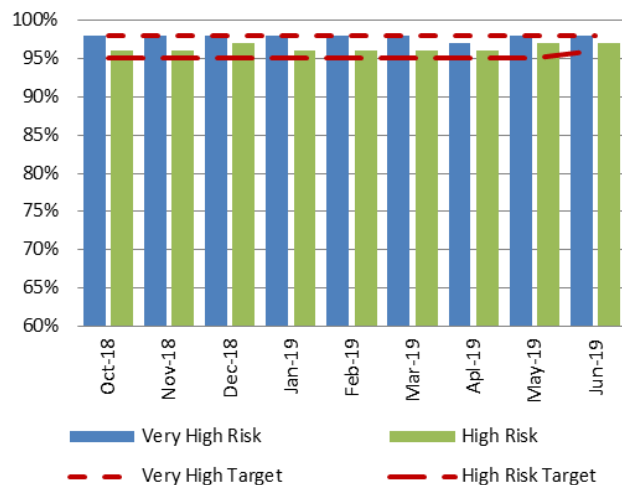
Participants in research by clinical department



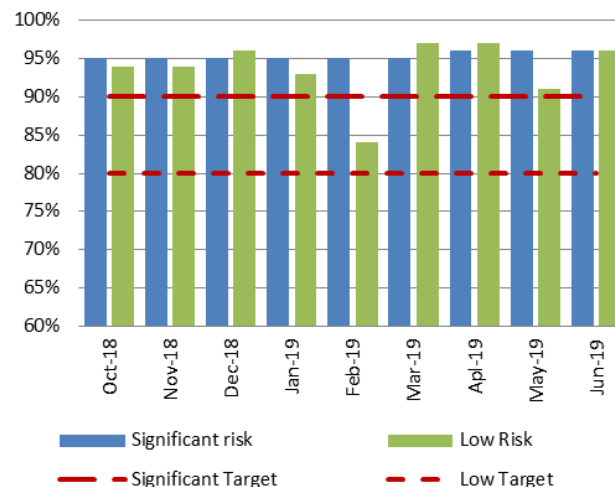
Facilities

**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 for the 2nd month in succession for all risk categories' have met or exceeded their target.

The ED Task Team have been in place since 03 June. We have received positive feedback from our clinical colleagues regarding the high standards of cleanliness and responsiveness. We have started to see a steady improvement in cleaning scores within ED. A Task Team has been created to work in AMU replicating the ED model, this team went live as of 01 July.

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 247 carried out per week 96.63% 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.

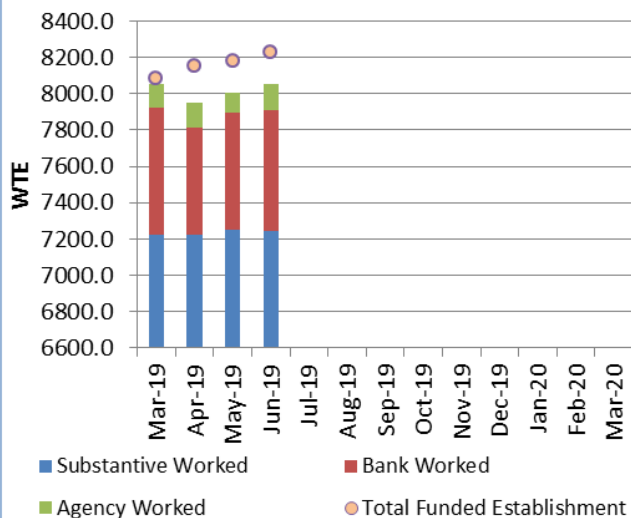
| | |
|---|---|
| Very High Risk Areas Target Score 98% Audited Weekly | Include: Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit |
| High Risk Areas Target Score 95% Audited Fortnightly | Include: Wards, Inpatient and Outpatient Therapies, Neuro Out Patient 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

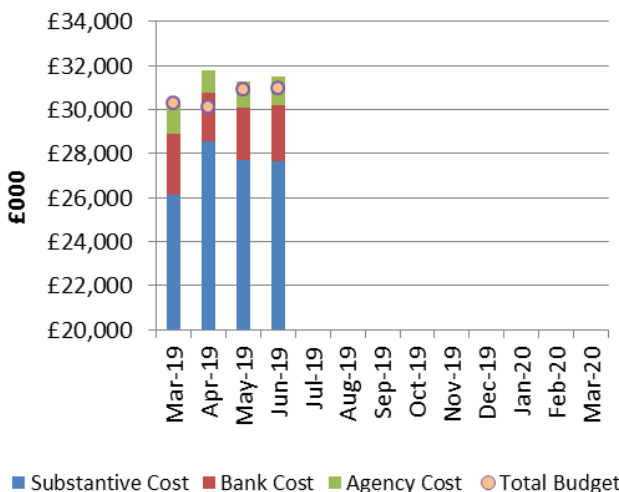
Board Sponsors: Medical Director, Director of People and Transformation

Chris Burton and Jacqui Marshall

Worked and Funded



Expenditure and Budget



Substantive

June expenditure is 187k under budget. The Trust is £1.27m under budget year to date. June worked wte is 178 wte under funded establishment.

Temporary Staffing

NBT Extra

Work is being completed to increase the attraction to bank for all staffing groups as we enter the summer holiday period.

Standards have now been finalised for the BNSSG wide compliance checks process, so that consistency is achieved across the region and processing efficiency is improved.

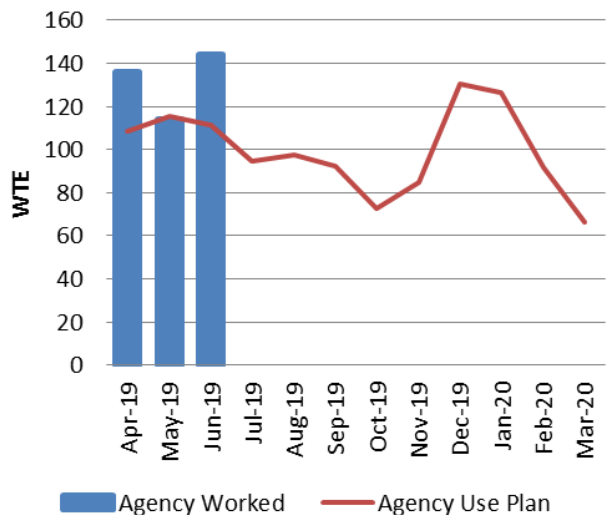
The current bank rates are under review as part of the Bank rates Task and Finish Group with further updates to follow in the forth coming months

Agency

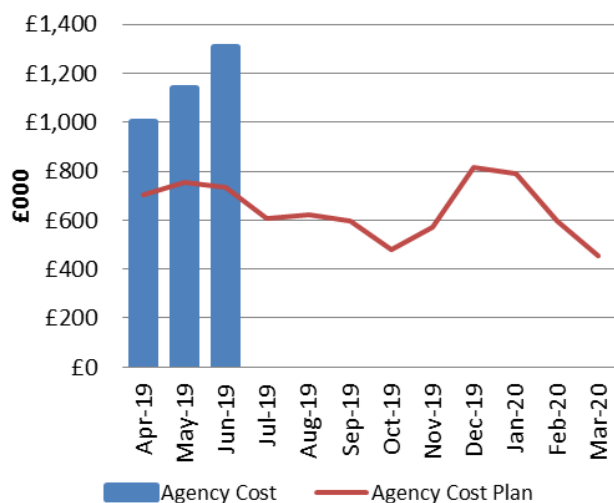
Agency expenditure has increased during June due to high demands for registered nurses.

The BNSSG Agency Project which is working to reduce high cost agency usage has now meet with all agencies suppliers to agree setting a standardised charge rates which will mirror rates introduced by the Welsh Trusts back in 2017 which enabled the exclusion of non framework high cost agencies in the region.

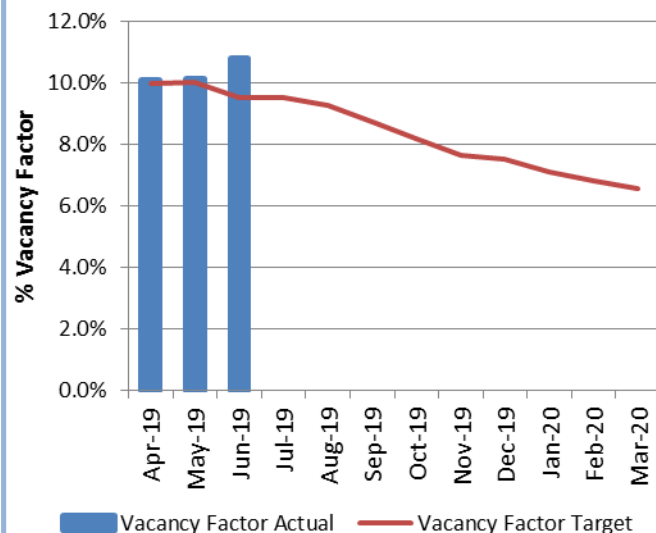
Agency Use



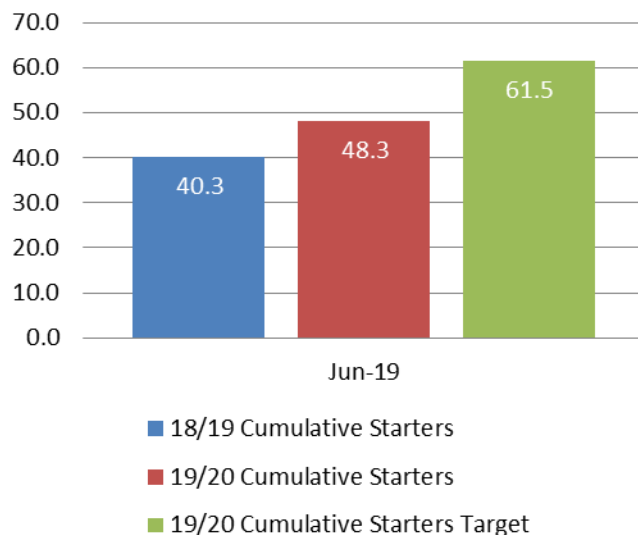
Agency Expenditure



Vacancy Factor Target



Band 5 Nurse Cumulative Starters



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 will be 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 June the Trust had 17.6 external new starters, the year to date position is 60.8 wte against a target of 43 wte.

Band 5 Nursing

The Band 5 nursing vacancy gap increased in June due to 294 wte across the five clinical divisions. There were eight new starters in June which means year to date the Trust is 13.2 wte starters behind target.

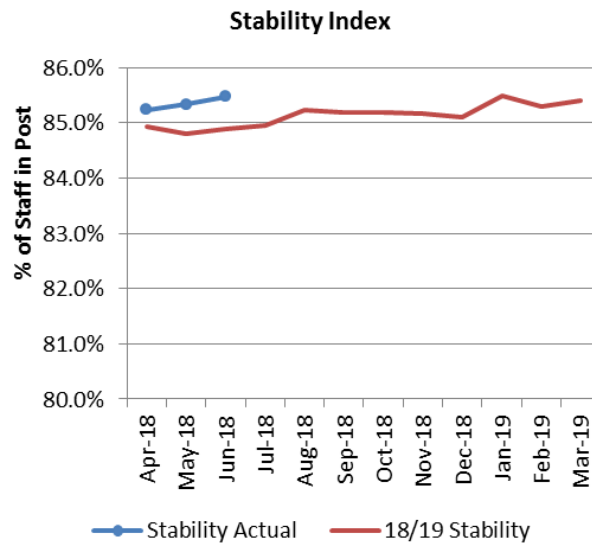
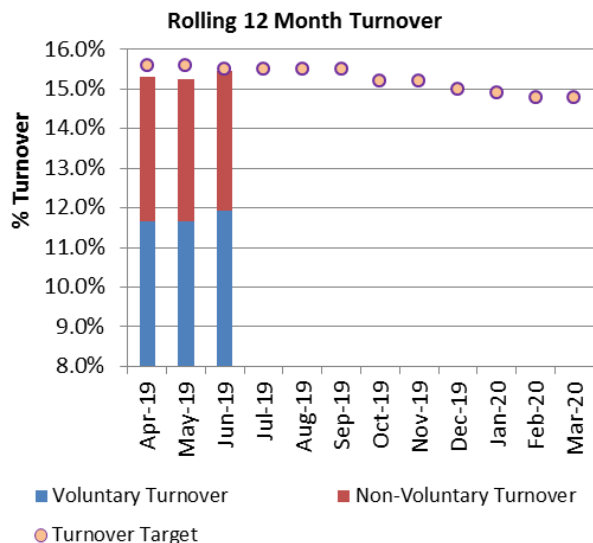
However the continuing programme of events in the resourcing plan delivered 3 key engagement events in June;

- RCNI Careers Day in Bristol, including a 2 seminars from the Clinical Simulation and Stroke teams
- Nursing Times Careers event in London
- Facebook live webinar delivered by the Complex Care team to an audience of 150 viewers

June also saw 60 offers made for start dates between July and September which will bring the trend back in line with annualised targets and the planned reduction in the Trust wide vacancy factor. In additional bespoke recruitment plans were signed off for Renal and Theatre.

Overseas Nurse and Midwife Recruitment

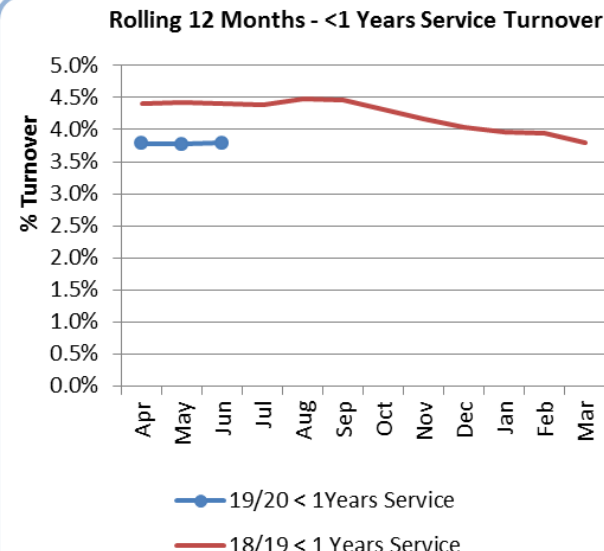
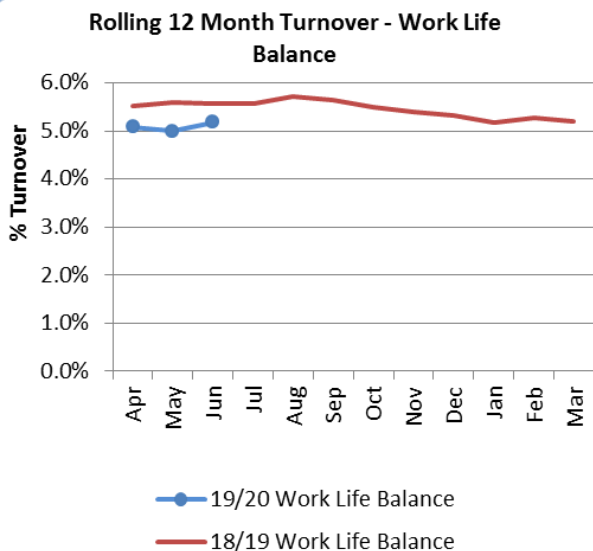
The International Nurse Recruitment project continues to deliver experienced permanently employed Nurses from the Yeovil pipeline. One nurse started in June with 12 more to start in July. Visa processing delays have created a lag in the anticipated timeframes with final numbers anticipated to be 37 nurses from this pilot with Yeovil by the end of September 2019. The OSCE and pastoral care team are delivering their wrap around welcome and support to the nurses as they arrive at the Trust and we are receiving positive feedback from the Nurses on their experiences with the Trust to date. A review of the pilot will take place in July 2019 as well as additional potential pipelines and recommendations will be made to the Nursing and Midwifery Nursing Group on the Trusts future approach to international recruitment as a whole.



Stability and Turnover

Overall the retention indicators all show a positive movement over time, however the rolling 12 month voluntary turnover position did increase in June 2019 along with the leavers for work life balance reasons. There were more voluntary leavers in June 2019 than June 2018 that cause the increase from last month.

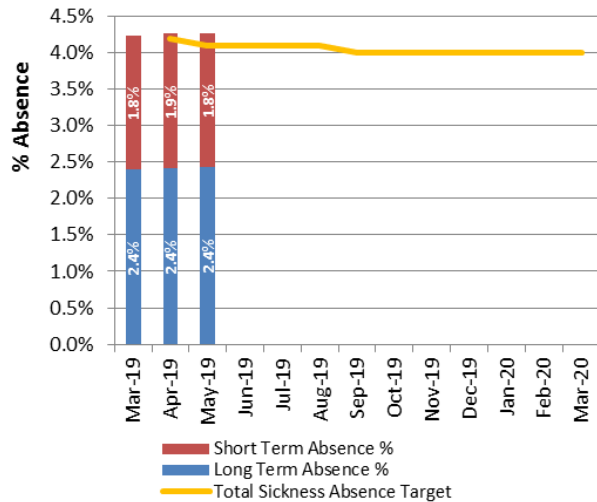
As with overall voluntary leavers the rolling 12 month position for work life balance leavers deteriorated slightly as the number of leavers for this reason was higher in June 2019 than in June 2018. Increases in registered and unregistered nursing and midwifery contributed to this movement.



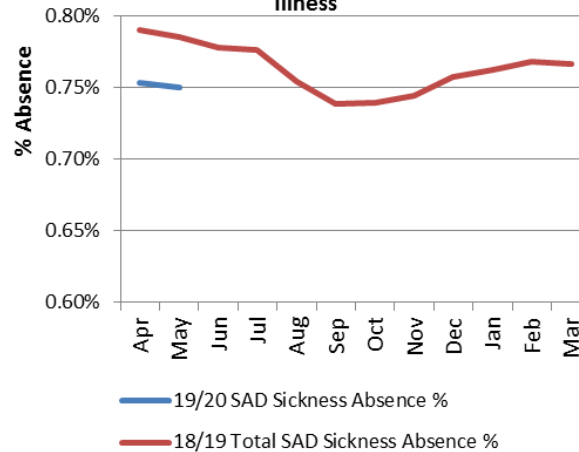
Actions

- New Leavers Questionnaire and process to be rolled out from August, which should give more real-time data on reasons for leaving;
- We are developing a programme of P&T support for new, international nurse recruits to ensure they feel well-supported during their first months in post;
- Work continuing around re-promoting flexible working via a new brochure-type resource for staff and managers which details all the options, links and guidance around flexible working.

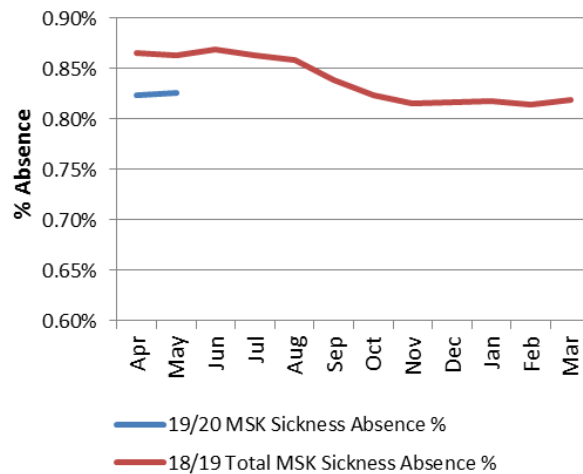
Rolling 12 Month Sickness



**Rolling 12 Month Sickness
Stress/Anxiety/Depression/ OtherPsychiatric
Illness**



Rolling 12 Month Sickness MSK Reasons



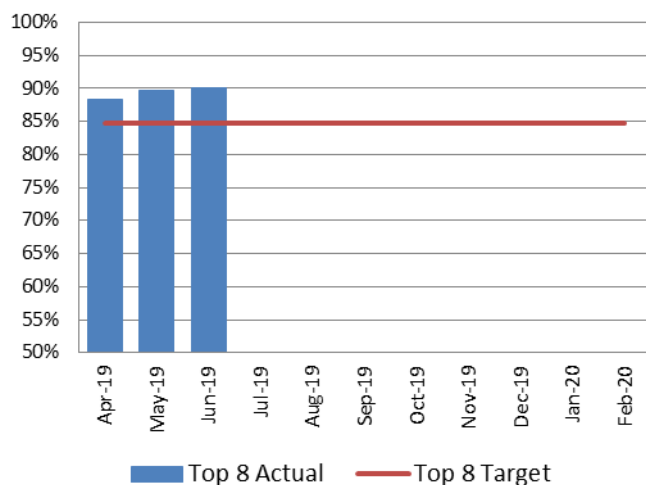
Sickness

Sickness absence for Stress, Anxiety and Depression (SAD), and Musculoskeletal (MSK) reasons is targeted by the Wellbeing Programme. SAD absence has fallen slightly again since last month, remaining below the May 19 level. MSK absence has risen slightly but remains below the May 19 level.

Actions

- Engagement sessions have occurred and Intranet information is now available detailing the new 'adjustment passport' for staff requiring work place adjustments;
- New ER (Case Management) Tracker to be rolled out from August, which will allow more robust tracking of sickness cases and issues;
- The wellbeing programme continues to grow in awareness and usage. There has been a steady and marked increase in take up of the EAP. For example, in May 2019 there were 43 calls to the helpline and 23 face to face counselling sessions, compared to 18 calls and 9 counselling sessions in November 2018.
- 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 | May-19 | Jun-19 |
|------------------------|-------------|--------------|--------------|
| Child Protection | 0.5% | 88.4% | 88.9% |
| Equality & Diversity | 0.1% | 90.2% | 90.3% |
| Fire Safety | 0.1% | 89.7% | 89.8% |
| Health & Safety | 0.4% | 92.6% | 93.0% |
| Infection Control | 0.3% | 91.2% | 91.5% |
| Information Governance | 0.0% | 85.0% | 85.0% |
| Manual Handling | 0.4% | 90.9% | 91.4% |
| Waste | 0.1% | 90.2% | 90.2% |
| Total | 0.2% | 89.8% | 90.0% |

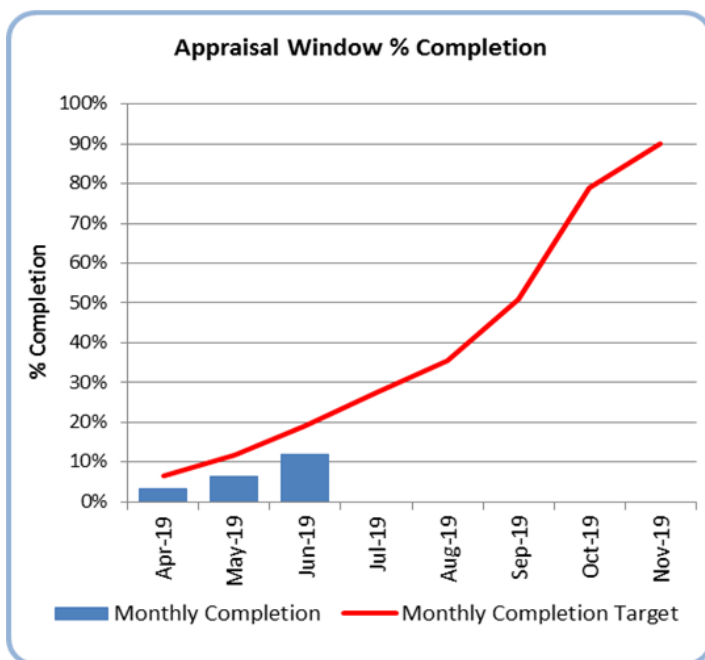
Mandatory & Statutory Training

The Top 8 Statutory / Mandatory training topics continue to show their sustained increase to the current 90%.

Leadership Development

The one NBT Leadership programme launched in June 2019 with the delivery of the first core day. We are still taking nominations from divisions and have over 300 participants which is 92% of our estimated target of 350 learners in year 1.

| Division name | Number participants | % allocated spaces |
|------------------------|---------------------|--------------------|
| Medicine | 66 | 97% |
| ASCR | 73 | 80% |
| Core Clinical | 46 | 63% |
| NMSK | 41 | 106% |
| Women's and Children's | 27 | 77% |
| Facilities | 13 | 295% |
| Corporate | 57 | 147% |
| Total | 323 | 92% |



Appraisal Completion

We are now into month 3 of the 2019 Appraisal window. Compliance with the target population was 12% at the end of June 2019.

Equality, Diversity and Inclusion

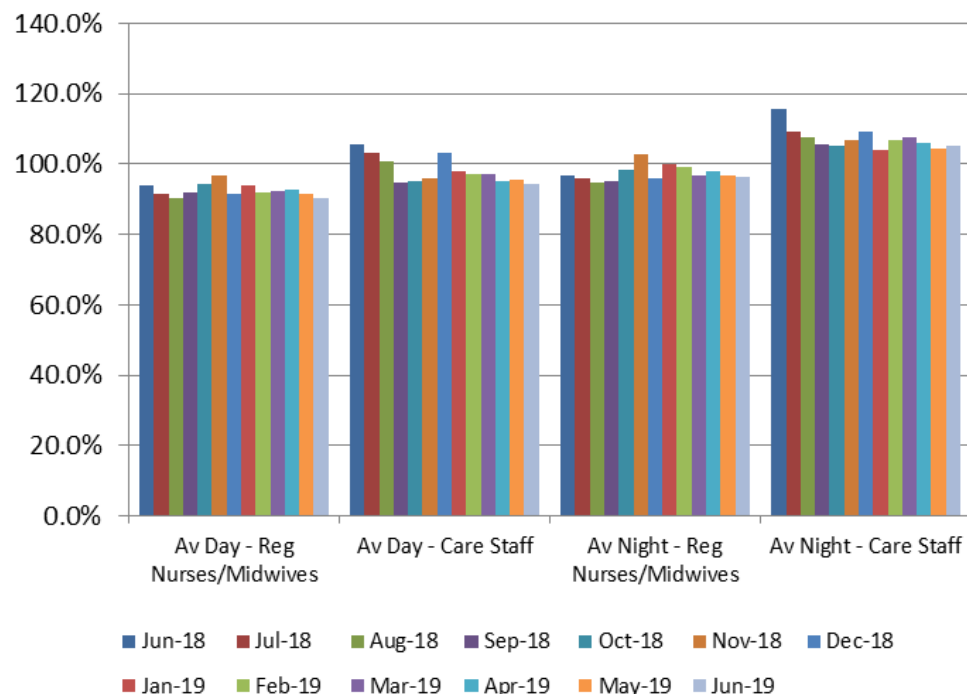
To ensure there is no disproportionality in outcome and experience of certain staff groups and to start understanding where specific focus should be given to improvement, the IPR will now build a core set of workforce KPIs split by gender and ethnicity. The KPIs will be appraisal, MaST training, sickness and turnover.

If identified gaps between female and male staff and BaME and white staff increase disproportionately, further investigation will take place and appropriate actions will be designed to address any underlying issues.

| Gender | Appraisal Completion |
|--------------|----------------------|
| Female | 12% |
| Male | 14% |
| Total | 12% |

| Ethnicity | Appraisal Completion |
|--------------|----------------------|
| BaME | 16% |
| White | 11% |
| Undisclosed | 11% |
| Total | 12% |

Safe Staffing Fill Rates



| Jun-19 | Day shift | | Night Shift | |
|-----------|-----------|---------|-------------|---------|
| | RN/RM | CA Fill | RN/RM | CA Fill |
| Southmead | 90.1% | 94.2% | 96.4% | 105.0% |

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 73.3% MCA nights. The unit has a high number of STS and LTS and working with HR to resolve this. To keep the people attending the unit safe 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 in June. When there is a gap if acuity dictates, this is covered by registered staff. If acuity is low and number of babies is low then the shift is not covered.

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.

MSS: 83% RN and 86.2% CA on days. The fill rate are due this this being predominately an over night surgical recovery where many patients leave in the morning therefore staff are moved to support through the rest of Medirooms returning to support those who need an extended stay in the area in the evening.

9A: 79.3% RN Nights. This is due to the vacancy on the ward. Shift have been filled as required based on the A&D of the ward. oversight has been maintained and reviewed for safety through leadership and flow.

Gate 19: 67.8% CA days and 65% CA nights. This area is reported as it has been open as escalation capacity for more than 3 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.

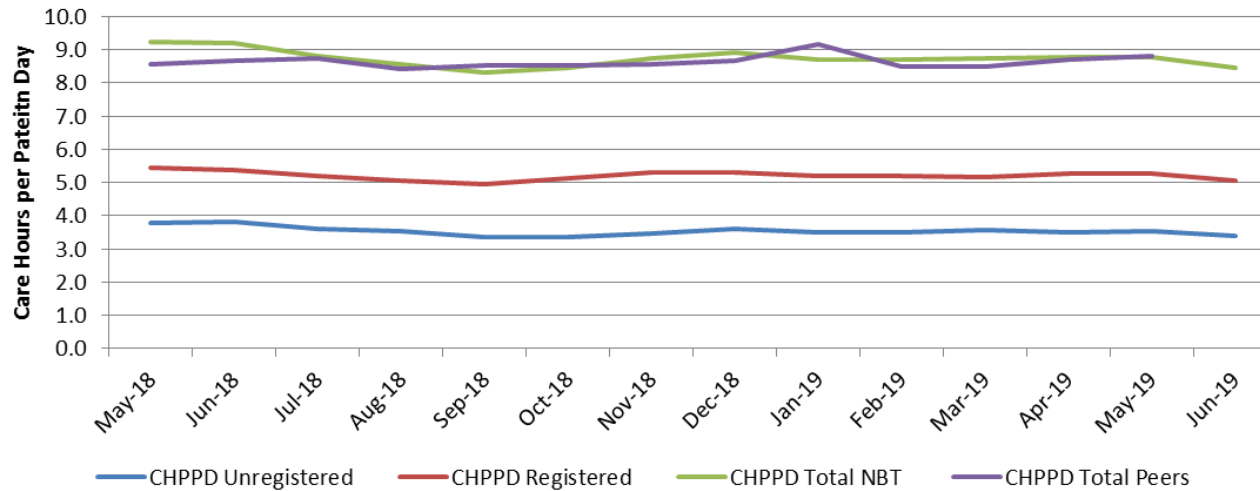
Ward over 175% fill rate:

No ward were over 175% this month

Cossham

Remains closed to women and not reported externally.

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).

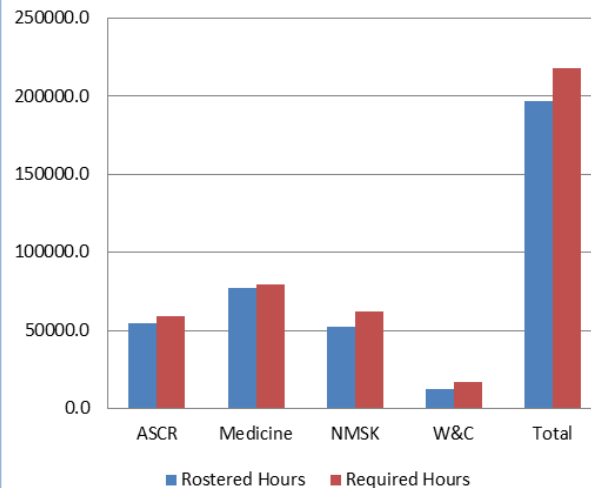
Safe Care Live (Electronic Acuity tool)

The acuity of patients is measured three times daily at ward level. The latest data for March demonstrates there are occasions the rostered hours do not meet the required hours.

The Safe Care data is however 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.

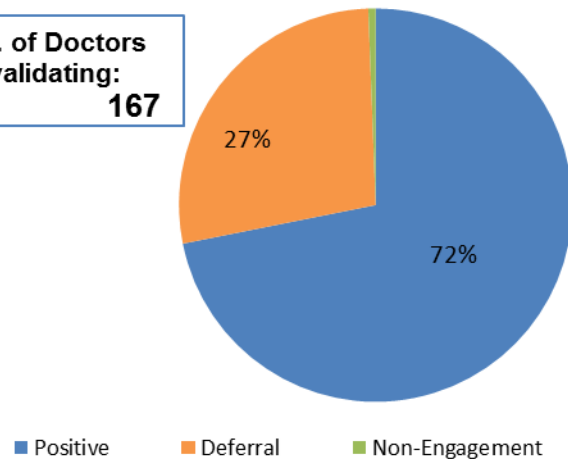
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

Required vs Rostered Hours

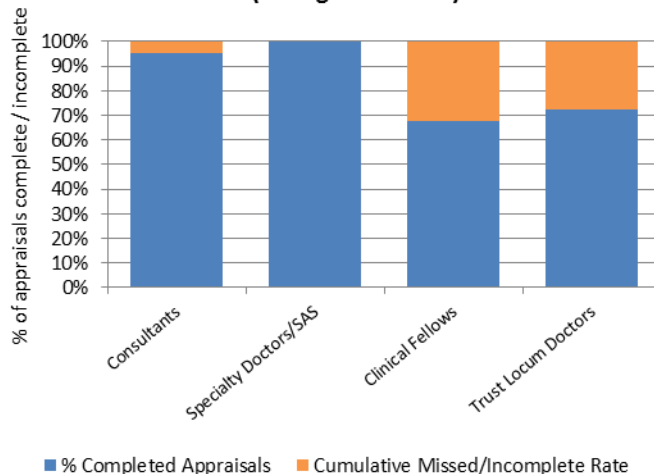


Medical Revalidation Compliance Rate Against Revalidations Due (last 12 months)

No. of Doctors revalidating: **167**



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



Medical Appraisal

The General Medical Council requires that all licensed doctors complete an annual appraisal. The NBT system demonstrates that 100% compliance was achieved in 19/20. The board will receive a full annual report in September 2019.

To date in 19/20, 56% of the appraisals due have been completed. This is reduced performance compared to previous years and is considered to be due to implementation of the new Fourteen Fish appraisal software system in March 2019. The issues related to implementation and user familiarisation with the new software are being resolved and it is anticipated that the appraisal delays will be recovered in year. A small number of doctors who are new to the Trust do not yet know their appraisal dates and this is more common in locum and clinical fellow grades which contributes to the lower appraisal compliance in these groups.

The Trust has an active process for managing those who miss their expected appraisal date. Persistent failure will lead to notification to the General Medical Council (GMC) that the doctor is not 'engaged' with the system.

The Trust has currently deferred 28% of all revalidation recommendations due over the past 12 months. There are a number of legitimate reasons for deferral but the relative increase in percentage deferred over the past 12 months is contributed to by the small overall numbers needing revalidation in the final year of the five year cycle. From March 2019, the GMC will be collecting further information for the reasons of each deferral.

In June 2019 a non-engagement recommendation was made for one doctor who holds an honorary contract with NBT.

Finance

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

| | Position as at 30 June 2019 | | |
|--|-----------------------------|----------------|---------------------------------------|
| | Plan | Actual | Variance (Adverse) / Favourable |
| | £m | £m | £m |
| Income | | | |
| Contract Income | 131.7 | 130.1 | (1.6) |
| Other Operating Income | 21.1 | 19.9 | (1.2) |
| Donations income for capital acquisitions | 0.0 | 0.0 | 0.0 |
| Total Income | 152.8 | 150.0 | (2.8) |
| Expenditure | | | |
| Pay | (96.5) | (95.2) | 1.3 |
| Non Pay | (46.2) | (43.9) | 2.3 |
| PFI Operating Costs | (1.6) | (1.5) | 0.1 |
| | (144.3) | (140.6) | 3.7 |
| Earnings before Interest & Depreciation | 8.5 | 9.4 | 0.9 |
| Depreciation & Amortisation | (5.9) | (6.3) | (0.4) |
| PFI Interest | (8.6) | (8.6) | 0.0 |
| Interest receivable | 0.0 | 0.0 | 0.0 |
| Interest payable | (1.3) | (1.2) | 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) | (7.3) | (6.7) | 0.6 |
| 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) | (7.3) | (7.2) | 0.1 |
| PSF / FRF / MRET | 3.8 | 3.8 | 0.0 |
| Adjusted surplus /(deficit) for NHS accountability (incl PSF) | (3.5) | (3.4) | 0.1 |

Statement of Comprehensive Income

Assurances

The financial position at the end of June shows a deficit of £3.4m, £0.1m favourable to the planned deficit.

Key Issues

- Contract income is £1.6m adverse to plan largely due to under-performance in elective inpatient activity.
- Other operating income is £1.2m adverse to plan due a number of factors including unachieved CIP which is likely to recover.
- Pay is £1.3m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.3m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at June was £3.2m the impact of which has been offset by a number of one-off benefits. The under achievement of savings, if not recovered, represents a risk to the delivery of the Trust's control total.

| 31 March 2019 £m | Statement of Financial Position as at 30th June 2019 | Plan £m | Actual £m | Variance above / (below) plan £m |
|------------------------|---|---------------|---------------|---|
| | Non Current Assets | | | |
| 558.1 | Property, Plant and Equipment | 555.9 | 554.5 | (1.4) |
| 17.0 | Intangible Assets | 16.3 | 16.3 | 0.0 |
| 8.5 | Non-current receivables | 8.5 | 8.5 | 0.0 |
| 583.6 | Total non-current assets | 580.7 | 579.3 | (1.4) |
| | Current Assets | | | |
| 12.8 | Inventories | 11.2 | 12.8 | 1.5 |
| 35.5 | Trade and other receivables NHS | 61.1 | 47.7 | (13.4) |
| 37.1 | Trade and other receivables Non-NHS | 24.3 | 37.4 | 13.2 |
| 10.2 | Cash and Cash equivalents | 8.0 | 10.7 | 2.7 |
| 95.7 | Total current assets | 104.5 | 108.5 | 4.0 |
| 0.0 | Non-current assets held for sale | 0.0 | 0.0 | 0.0 |
| 679.3 | Total assets | 685.2 | 687.8 | 2.6 |
| | Current Liabilities (< 1 Year) | | | |
| 9.4 | Trade and Other payables - NHS | 9.4 | 9.1 | (0.2) |
| 64.8 | Trade and Other payables - Non-NHS | 74.8 | 81.4 | 6.5 |
| 70.8 | Borrowings | 70.1 | 65.6 | (4.6) |
| 145.0 | Total current liabilities | 154.4 | 156.1 | 1.7 |
| (49.3) | Net current assets/(liabilities) | (49.9) | (47.6) | 2.3 |
| 534.3 | Total assets less current liabilities | 530.8 | 531.7 | (0.9) |
| 7.8 | Trade payables and deferred income | 7.7 | 7.7 | 0.0 |
| 517.8 | Borrowings | 517.9 | 518.1 | 0.2 |
| 8.7 | Total Net Assets | 5.2 | 5.9 | 0.7 |
| | 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 | (3.5) | (2.8) | 0.7 |
| 146.5 | Revaluation reserve | 146.5 | 146.5 | 0.0 |
| 8.7 | Total Capital and Reserves | 5.2 | 5.9 | 0.7 |

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of £2.6m. This brings total borrowing from the Department of Health and Social Care to £180.9m.

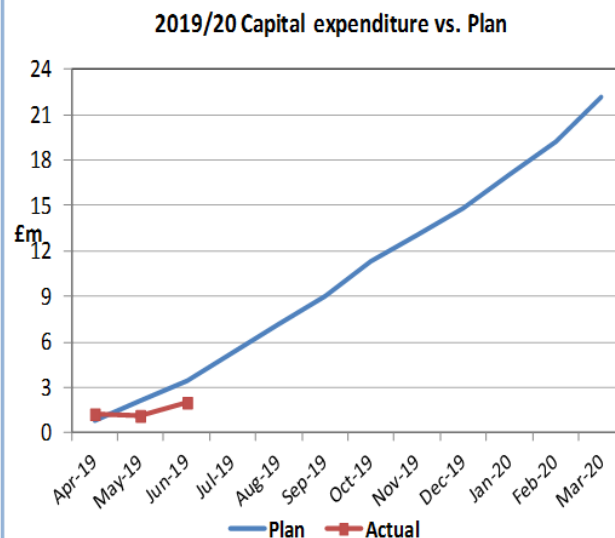
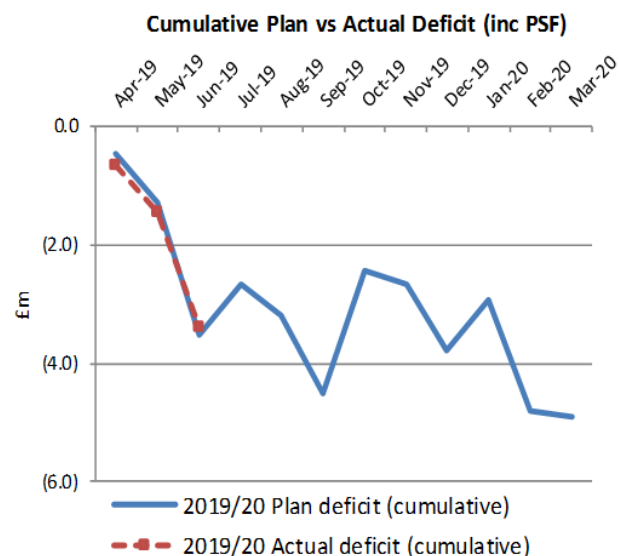
The Trust ended the month with cash of £10.7m, compared with a plan of £8.0m.

Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 68% 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

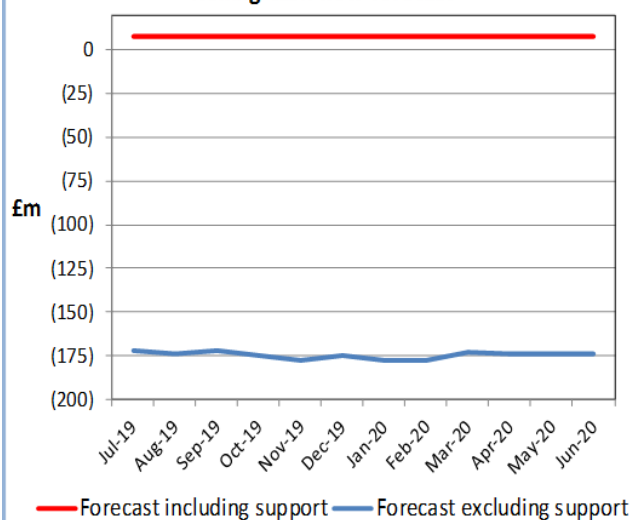
The overall financial position shows a £3.4m deficit, £0.1m favourable to plan.

The capital expenditure for the year to date was £2.0m.

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.

Rolling cash flow forecast

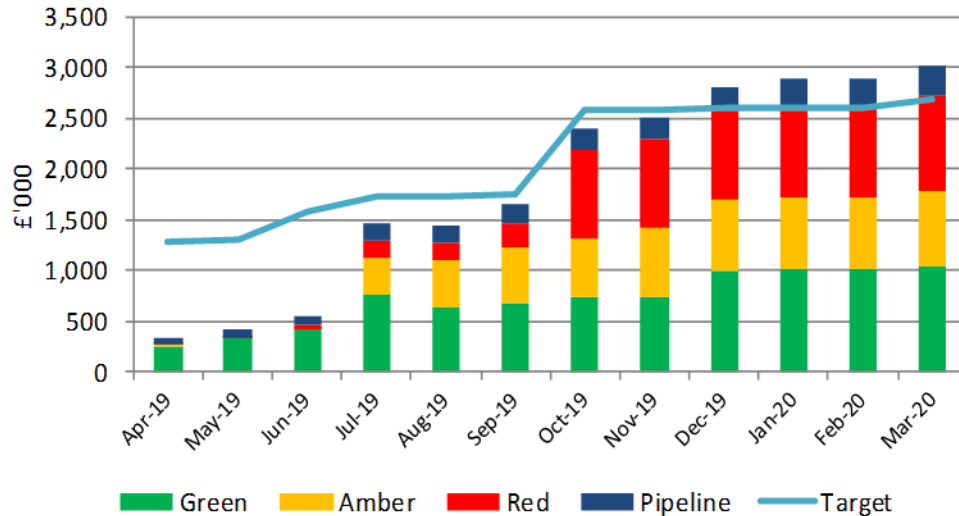


| Weighting | Metric | Year to date | Forecast |
|-----------|--|--------------|----------|
| 0.2 | Capital service cover rating | 4 | 4 |
| 0.2 | Liquidity rating | 4 | 4 |
| 0.2 | I&E margin rating | 4 | 3 |
| 0.2 | I&E margin: distance from financial plan | 2 | 1 |
| 0.2 | Agency rating | 1 | 1 |
| | Overall finance risk rating | 3 | 3 |

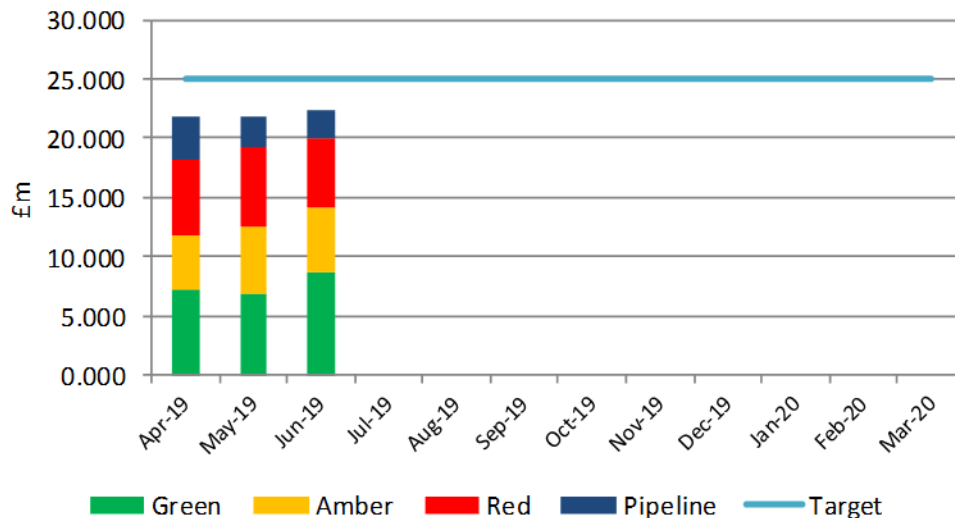
Concerns & Gaps

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.

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m of which £22.4m has been identified as at the end of June. This is below the required level for the year by £2.6m.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £22.4m identified schemes. £14.1m are rated as green or amber.

Savings delivery is £1m as at the end of June, £3.2m adverse against a plan of £4.2m.

Of the £22.4m identified savings in 2019/20, £15m is recurrent with a full year effect of £19.9m.

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 | Amber | Amber | Amber | Amber | Amber | Amber | Amber | Amber | Amber | Amber | 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 | RI | RI | RI | RI | RI | RI | RI | RI | RI | RI | 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 |