

North Bristol NHS Trust INTEGRATED PERFORMANCE REPORT June 2019 (presenting May 2019 data)



Exceptional healthcare, personally delivered

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REPORT KEY

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

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.



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) Learning & improving from statutory & regulatory
- **QP5** 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 May 2019

ACCESS

In May we made marginal improvement in the **4 hour urgent care standard at 76.16% but continue to underachieve against the Trusts trajectory of 90.77%**. At 8266 attendances the Trust has seen its highest number ever. Since April, the Trust has received 13 more attendances per day when compared to the same period last year. Bed Breaches were attributed to increased bed occupancy resulting in poor flow from the Emergency Zone.

The Trust has **underachieved against trajectory for Referral To Treatment (RTT)** incomplete performance for May (85.14% vs trajectory of 87.59%). The total **incomplete waiting list** was 29179 against a trajectory of 28361. The Trust has not achieved its trajectory for the number of patients waiting greater than 52 weeks from Referral to Treatment (RTT) in May (16 vs trajectory of 7) but has improved the position from April. Services are continuing to work towards a clearance of all 52 week waits by end of September 2019.

In May, the Trust **achieved the diagnostic waiting time trajectory** of 5.81% with a final position of 5.48%. Plans are in place to work towards improving the Endoscopy demand and capacity imbalance.

The Trust has **delivered two of the seven national cancer targets** in April – The 31 Day Subsequent Drug Treatment standard is achieved at 100% and patients treated within 62 days of screening continues to improve, achieving 93.33%. The Trust's Two Week Wait stands at 84.70% in May (standard 93%), Two Week Wait for Breast Symptoms has again improved at a position of 89.83% (standard 93%), 31 Day First Treatment has dropped to 93.08% (standard 96%), 31 Day subsequent Surgery has improved to 84.40% (standard 94%), while the 62 Day Treatment standard reports a marginal underachievement at 84.40% (standard 85%). Five out of the seven standards achieved trajectory for May.

SAFETY

A 30% reduction of Grade 2 pressure ulcer incidence is a focus of 2019/20 safety improvement work. In May there were 27 Grade 2 and **no Grade 3 or Grade 4 pressure injuries reported**. An action plan to reduce the incidence of pressure injuries has been developed using Perform methodology to drive improvement across all divisions. There were seven serious incidents reported and **no Never Events declared in May**, with the last reported Never Event being 26 January 2019. Patient falls have reduced to below the national average and infection rates continue to achieve trajectory.

PATIENT EXPERIENCE

The number of overdue complaints was 25 in April. Patient Advice and Liaison Service (PALS) recruitment continues with the addition of a second room to see clients. Friends and Family recommend scores remain reasonably steady across all areas after a technical issue with the telephone provider between 1st April – 9th May was resolved 22 May.

WORKFORCE

The overall sickness levels within the workforce remains at 4.3% compared to 4.4% last year. The OneNBT Leadership Programme has launched successfully with over 300 managers signing up. Mandatory and Statutory training compliance is above target at 90%. Appraisal completion rate is lower than target in month. The overall picture on vacancies/turnover and stability shows positive movement, with the overall vacancy gap remaining stable at 10.1%. The Band 5 nursing shortfall against target is being reduced to 6.6, turnover is improving, and stability is also improving, with fewer staff leaving within one year of starting.

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 May, the Trust is reporting **a** deficit of £1.5m, £0.2m adverse to the planned deficit. The Trust has a 2019/20 savings target of £25m, against which £0.9m was achieved at the end of May. The Trust financial risk rating on the NHSI scale is 3 out of 4.

	Key Operational Standards Dashboard										
			M	ay-19							
IPR sectior	IPR section Description		Target	Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last	
				National**	Rank***	Quartile	performance		Trajeotory	month	
	ED 4 Hour Perform	ance Q	95%	77.15%	75/119		69.73%	76.16%	90.77%		
	12 Hour Trolley Wa	its Q	0				0	0			
	Ambulance Handov	vers Within 15 minutes	100%				89.26%	93.94%	93.79%		
	Ambulance Handov	vers Within 30 minutes	100%				98.27%	99.39%	100%		
	Ambulance Handov	vers Within 60 minutes	0				12	0	0		
	Referral to Treatme	nt - % Incomplete Pathways <18 weeks	92%	*86.52%	124/180		85.18%	85.14%	87.59%		
	Referral to Treatme	nt - Total Incomplete Pathways					27995	29179	28361		
		MSK	7				10	13	7		
eness	52WW	Plastic Surgery	0				9	2			
Responsiveness	02000	Urology	0				0	0			
Resp	Other		0				0	1			
	Diagnostic DM01 -	% waiting more than 6 weeks	1%	*3.60%	138/198		4.27%	5.48%	5.81%		
	Cancelled	Same day - non-clinical reasons	0.8%				1.35%	1.37%			
	Operations	28 day re-booking breach	0				1	1			
	Bed Occupancy	Q	95%				97.07%	96.11%			
	Stranded Patients	LoS >7 days : Snapshot as at month end)					402	341			
	Delayed Transfers	of Care (DToC)	3.50%				4.92%	7.07%			
	Mmixed Sex Accor	nodation	0				0	0			
	Electronic Discharge Summaries						81.27%	84.46%			
	Patients seen within	n 2 weeks of urgent GP referral	93%	89.85%	116/145		90.27%	84.70%	91.30%		
5	Patients with breast symptoms seen by specialist within 2 weeks		93%	75.50%	51/112		82.69%	89.83%	81.90%		
- Cance	Patients receiving first treatment within 31 days of cancer diagnosis Patients waiting less than 31 days for subsequent surgery Patients waiting less than 31 days for subsequent drug treatment		96%	96.31%	98/113		93.28%	93.08%	93.54%		
iveness 1 arreal	Patients waiting less than 31 days for subsequent surgery		94%	91.25%	50/61		79.17%	80.77%	74.55%		
esponsi (Ir	Patients waiting less than 31 days for subsequent drug treatment		98%	98.94%	1/29		100%	100%	100%		
æ	Patients receiving f	irst treatment within 62 days of urgent GP referral	85%	79.40%	53/137		85.98%	84.40%	82.79%		
	Patients treated wit	90%	89.70%	21/69		91.84%	93.33%	84.21%			

	Key Operational Standards Dashboard											
	May-19											
IPR section		Access Standard	Tarret	Benchmarkir	ng (*month i	in arrears)	month's	Performance against Target	Performance against NBT	Performance direction of travel from last		
		Description	Target	National**	Rank***	Quartile	performance	- 	Trajectory	month		
	Never Event Occurren	nce by Month	0				0	0				
	WHO Checklist Comp	pliance	95%				97.70%	97.70%				
ess	Hand Hygiene Compliance		95%				97.00%	96.00%				
sctiven		Grade 2					43	27				
and Effe	Pressure Injuries	Grade 3					1	0				
Safety 6		Grade 4					0	0				
Quality Patient Safety and Effectiveness	MRSA						0	0				
uality P	či ki je E. Coli						3	2				
	C. Difficile						1	3				
	MSSA						3	1				
	Venous Thromboemk	bolism Screening (In arrears)	95%				95.89%	95.28%				

	Key Operational Standards Dashboard											
	May-19											
IPR section		Access Standard	_		- Benchmarkir	ng (*month ii	n arrears)	month's	Performance against Target	Performance against NBT	Performance direction of travel from last	
		Description		Target	National**	Rank***	Quartile	performance	~g C	Trajectory	month	
	i l	Emergency Department	QP2		*11.50%	37/136		16.51%	19.39%	15.00%		
	FFT - Response	Inpatient	QP2		*24.00%	154/165		11.47%	17.58%	30.00%		
	Rates	Outpatient	QP2					12.35%	18.54%	6.00%		
е		Maternity (Birth)	QP2		*20.50%	52/125		22.38%	20.17%	15.00%		
Quality Experience		Emergency Department	QP2		*85.00%	77/132		85.32%	88.26%			
uality E	FFT - % Would	Inpatient	QP2		*96.00%	134/158		93.30%	92.64%			
đ	recommend	Outpatient	QP2		*94.00%	108/202		95.03%	95.44%			
		Maternity (Birth)	QP2		*96.00%	22/71		97.87%	97.94%			
	Complaints	% Overall Response Compliance	QP2					63.00%	33.00%			
	Complaints	Overdue	QP2					34	25			
	Agency Expenditure (('000s)		£755				£1,003	£1,136			
	Month End Vacancy F	Factor		10.03%				10.06%	10.12%			
Ped	Turnover (Rolling 12 N	Months)		15.60%				15.30%	15.24%			
Well Led	In Month Sickness Ab	usence (In arrears)		4.20%				4.24%	4.26%			
	Trust Mandatory Training Compliance		85.00%				88.34%	89.77%				
	Non - Medical Annual Appraisal Compliance			11.90%				3.24%	6.50%			
Finance	Deficit (£m)			£4.9m 2019/20				£0.6	£1.5	£1.3		
Fina	NHSI Trust Rating							3	3			

RESPONSIVENESS SRO: Chief Operating Officer Overview

Urgent Care

May reports an improvement of the 4 hour urgent care standard at 76.16% but continues to underachieve against the Trust trajectory of 90.77%. The 4 hour target remained challenged by high volumes of attendances, with May confirming the highest number of attendances to be received by the Trust in a single month (exceeding March 2019). Reduced flow and increased bed occupancy mid-month significantly impacted the overall performance for the month.

Planned Care

Referral to Treatment (RTT) - In month, the Trust underachieved against the RTT trajectory of 87.59%, with actual performance at 85.14%. The total waiting list reports a position of 29,179, underachieving against a trajectory of 28,361. The increase in waiting list is a combination of reduced activity and increased demand. The number of patients exceeding 52 week waits continues above trajectory (7) with May reporting 16, an improvement on 19 from April; the majority of breaches (13) being on an MSK pathway. The Trust is working towards delivery against a remedial action plan, specifically focusing on the challenged subspecialties within MSK, Ortho-spinal and in Plastic Surgery.

Cancelled Operations - In month, there was one urgent operation cancelled for a subsequent time and one breach of the 28 day re-booking target. Root cause analyses have been completed for all patients breaching both standards.

Diagnostic Waiting Times - The Trust has not achieved the national target for diagnostic waiting times with a performance of 5.48% in May and reflects a deterioration from April's position of 4.27%. Although deteriorated, the Trust has achieved the internal trajectory of 5.81%. 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 April, achieving two of the seven standards. Of the five standards not achieved, the Trust's Two Week Wait has reported another fall to 84.70% and the breast non-symptomatic Two Week Wait reported 89.83% in April against the National standard of 93%. The majority of breaches relate to skin (137), breast (70), colorectal (31), and urology (29). Patients receiving first treatment within 31 days of diagnosis has not achieved the standard and reports a performance of 93.08% against 96% target. Patients waiting less than 31 days for subsequent surgery continues to underperform with a performance of 80.77% against a target of 94% but has improved from March 2019. The current national submission indicates that the Trust marginally failed the 62 day treatment standard, with a performance of 84.40%. New rules for one patient are being queried, which if accepted, will result in the Trust achieving the standard. The Trust failed to meet the national standard of 94% for 31 days subsequent surgery with a performance of 80.77%. 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 93.33% 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 April 2019, with the last reported Never Event being 26th January 2019. A detailed update report has been provided to commissioners with assurance on completion of actions for the previous Never Events. On that basis we are seeking formal confirmation that the Contact Performance Notice in this respect will be lifted.

Patient falls - The falls-per-1000 bed days level has dropped below 5, which is below the considered national average (6). Ongoing improvement actions agreed to support the national CQUIN.

MRSA cases - There have been no cases of MRSA bacteraemia in April 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. Two Mortality Alerts have also been thoroughly reviewed at the Trust's Mortality Group, in line with required timescales.

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, albeit the number in May was reduced from that seen in April. Triangulation of the PI incidence with other key nurse sensitive indicators such as falls, complaints, FFT, staffing levels and use of temporary staff has been undertaken. A pressure injury incident meeting has been held which has identified the key risks and themes and developed a plan for reduction across all divisions.

QUALITY EXPERIENCE SRO: Interim Director of Nursing Overview

Improvements

Complaint and Concerns: May has shown an overall decrease in the number of formal complaints submitted to the Trust (56 compared to 62 in April 2019). Whilst the overall number of concerns has risen, the large majority of these were resolved within 1-2 days. Work continues to sustain the resolution of patient concerns as quickly as possible using the formal complaint process where resolution cannot be achieved in this way.

PALS recruitment continues and designated areas have now been agreed to be able to deliver this service.

Friends and Family Test: Response rates for Inpatient, Outpatient and Emergency Department have returned to within the usual performance parameters. The technical problem with the telephone provider that occurred between 1st April – 9th May was investigated by Healthcare Communications and resolved by 22 May, leading to an improved response rate.

Areas of concern

Complaints and Concerns and Enquiries: Of the cases closed in May 2019 only 33% were within the required timescales. The recovery plan includes development of a weekly tracker highlighting those complaints overdue and those approaching breach of target within 2 weeks and 4 weeks. Weekly meetings with the division complaints leads and teams and the Head of Patient Experience is enabling the development and monitoring of each Divisional detailed recovery plan.

Responding to complaints within agreed timescales has been escalated as a performance issue to be managed through the Divisional Performance Review Meetings.

Friends and Family Test: Feedback in ED continues to relate to waiting times. This correlates with feedback through the national ED survey 2018 results. Work will focus on managing expectation and improved communications, acknowledging the patients anxiety whilst waiting.

WELL LED

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. This is impacting positively on Stress / Anxiety / Depression and Musculoskeletal absence in particular, with less absence for these reasons on a rolling 12 month basis compared to last year.

Improving the leadership capability and capacity of our workforce:

The OneNBT Leadership programme has been successfully launched, and is on track to achieve the target of 350 managers joining the programme in Year 1, with over 300 signed up so far. Mandatory and Statutory training compliance is at 89%, above target and continuing to rise month-onmonth. Compliance with appraisal completion is below the target for this month of 7% (month 2). The OneNBT leadership and management programmes will raise the profile of appraisals and support managers in developing their skills and confidence in this area.

Continue to reduce reliance on agency and temporary staffing:

The overall picture is positive, with the overall vacancy gap remaining stable, the Band 5 nursing shortfall against target being reduced to 6.6, turnover improving, and stability improving with fewer staff leaving within one year of starting.

Vacancies

The Trust vacancy factor remained stable in May 2019 at 10.1%

The Band 5 nursing vacancy gap across all divisions remained stable in May and the Band 5 resourcing plan delivered an above target result for May 2019 of 26 against the target of 20 with a further 35 offers issued, which reduces the shortfall on the cumulative starters target to 6.6.

Turnover

The rolling year position for staff leaving the Trust for voluntary reasons is 811.6 wte, this is 105.7 wte less than the same period last year (June 2018– May 2019 vs June 2017 – May 2018)

Stability

The stability factor increased in May compared with April, 85.3% and 85.2% respectively.

The focus of improving stability is to improve retention of staff and reduce the number of staff leaving after a short period of service.

The rolling 12 month position for leavers with less than one years' service improved in May, compared to the same period last year with 43.7 wte fewer.

The rolling 12 month position for leavers for work life balance reasons improved in May compared with April's position with 39.3 wte fewer.

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 May, the Trust reported a deficit of £1.5m which is £0.2m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

The Trust has borrowed a net £0.3m year to date to the end of May which brings the total Department of Health borrowing to £178.6m.

The Trust has a savings target of £25m for the year, of which £0.9m was achieved at the end of May against a plan of £2.6m.

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



RESPONSIVENESS

Board Sponsor: Chief Operating Officer Evelyn Barker

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Urgent Care

The Trust did not achieve the ED 4 hour wait trajectory of 90.77% in May 2019, with a performance of 76.16%. The position has improved from April but reflects a deterioration when compared with May 2018.

A period of reduced flow and increased bed occupancy significantly impacted 4 hour performance mid-month, bringing down the overall performance in May.

May confirmed the highest number of attendances to be received by the Trust in a single month (exceeding March 2019), with an average of 267 attendances per day and three days exceeding 300. At 8266, there were 268 (3%) more ED attendances in May 2019 when compared with May 2018.

ED performance for the Footprint stands at 83.32% and the total STP performance was 83.71% for May.

 Waiting time performance fluctuated throughout the month, varying between 53.28% and 98.80%, with a median wait time of 3.25 hours (4 hours admitted; 3 hours non-admitted). The median wait time for patients in breach of the 4 hour target was 6.3 hours and over 90% of patients were seen within 7 hours. This reflects an improvement of wait times when compared to April with equivalent variation in performance.





4 Hour Performance

Waiting times improved for both admitted and non-admitted patients in May 2019 when compared to the previous month. The majority of breaches (61%) were attributable to 'waiting ED assessment'. ED assessment breaches have been primarily driven by continued surges of walk-in attendances and high acuity. Wait for bed breaches continued at the same rate as April, resulting from an increase in Delayed Transfers of Care (DToC). May reported nil 12 hour trolley breaches. Internal actions to drive 4hr 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 and implementation of primary care streaming and operational surge protocols.

Ambulance arrivals remained static in May with 2808 arrivals. This represents a 4.8% increase on the same period last year. Of patients arriving by ambulance, 93.94% had their care handed over to the ED department within 15 minutes and 99.39% were handed over within 30 minutes. There were no 60minute handover breaches in month.

The overall bed occupancy position marginally improved to 96.11% in May from 97.07% in April. Emergency admissions to the main bed base remained static in May compared to April, but reflects an increase of over nine emergency admissions per day and an increase of 11 per day when compared to the same period last year.



Delayed Transfers of Care Proportion of Bed Days by CCG



*Owing to submission and data availability dates, the latest month DToC position is unvalidated.

DToCs and North Bristol Operational Standards

The DToC levels have increased this month and this has been linked to the high number of delays in the Bristol system. The concerns about the capacity in the Hospital Social Work Team have remained a constant, and have been escalated again to executive level to be addressed. There have also been extended delays for the Home First pathway linked to the lack of reablement capacity to support.

For South Gloucs, there was an overall reduction in delays following the improved position with delays in Pathway 2 beds and the introduction of the home to assess social care service, which supports early provision of care to facilitate discharge.

The stranded review process has been fully implemented for a significant period. However, the levels of patients counted as over 21 days has not consistently reduced over this period. Following further guidance from ECIST, a ward based approach has also been implemented in medicine and NMSK. This will be fully rolled out in the Trust in June, with engagement from ward level staff to support the earlier discharge planning for patients in the Trust

The Single Referral form has been redeveloped throughout this period and will be relaunched on 1 July 2019 to improve completion of the document in a timely way.





* Please note that the Trust is working to resolve an interoperability issue between eRS and Lorenzo which is effecting RTT clock starts for patients referred via eRS. This is having an adverse impact on the reported incomplete waiting list and has historically reported 7% less than the actual total waiting list size.

Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 85.14% against trajectory of 87.59%.

The RTT wait list size has not been achieved for May, reporting 29,179 against a trajectory of 28,361. The 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.

The Trust has reported a total of 16 patients waiting more than 52 weeks from referral to treatment in May 2019. These patients were within the following specialties: 13 Orthopaedics; 2 Plastic Surgery; and 1 Neurology.

This is an improvement from 19 reported in April. All of the Plastics and ten of the 13 Orthopaedic long waiters are a result of capacity issues, with the remaining three of the ten Orthopaedic and the one Neurology breach attributable to pathway. 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.



Cancellations

The same day non-clinical cancellation rate in May 2019 was 1.37%, which failed the 0.8% national target.

In month, there was one urgent operation cancelled for a subsequent time. The operation was initially cancelled due to an emergency taking priority, it was cancelled a second time due to capacity.

There was one operation that could not be rebooked within 28 days of cancellation in May 2019. The operation was cancelled due to an emergency case taking priority and was unable to be rebooked within 28 days due to lack of capacity.

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



Diagnostic Performance by Test

Diagnostic Waiting Times

The Trust did not achieve the 1.00% target for diagnostic performance in May 2019 with actual performance at 5.48%. Whilst this is a decline in performance from the April 2019 position, delivery is better than the trajectory of 5.81% for May 2019.

Five test types have reported in month underperformance: Colonoscopy; Flexi-Sigmoidoscopy; Gastroscopy; Cystoscopy; and Urodynamics.

The Colonoscopy position deteriorated further in May with performance at 26.13% from 24.12%, with 139 patients waiting over six weeks.

Flexi-Sigmoidoscopy test position reports a decline in performance at 33.54% in May, from 29.12% in April with 107 patients breaching the 6 week waiting time standard against a total wait list size of 319.

Gastroscopy have reported an improved position of 21.52% in May from 22.39% in April, with 113 patients waiting over six weeks.

Plans are in place to work towards improving the Endoscopy demand and capacity imbalance including: the appointment of a Nurse Co-ordinator post to cover weekend working; agreement of Contracts for insourcing and outsourcing of activity to other providers; and working with Commissioners on demand management across the system.

Decontamination machine breakdown issues have featured again in May resulting in a loss of capacity and an impact on waiting times in Endoscopy and Cystoscopy. A harm review is being undertaken for any patients cancelled due to the machine breakdown. At all times, TWW patients are prioritised for their diagnostic tests.

Cystoscopy test position has again breached the national target in May with a decline in performance to 4.82% from 2.07% in April. As at May, there were 16 patients waiting more than six weeks for a Cystoscopy against a total wait list of 332.

Urodynamics has reported a decreased position in May at 44.33% from 30.67% in April. There were 129 patients waiting more than 6 weeks in month. Outsourcing of activity is currently being agreed. It is expected that recovery will be prompt once outsourcing arrangements are in place to clear the backlog, with commencement of backlog clearance anticipated from July 2019.

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



Patients with Breast Symptoms seen by







Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer

The nationally reported cancer position for April 2019 shows the Trust achieved two of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 84.70% which is a worsened position from March. The Trust saw 2090 TWW referrals in April and there were 319 breaches; the majority were in skin (breaches-137, referrals-518) and breast (breaches-70, referrals-581) and colorectal (breaches-31, referrals-292) and urology (breaches-29, referrals-299).

Of the 319 breaches, 161 patients declined or cancelled the appointments offered within target. If these were attended then performance would have been 92.44%. The Trust is undertaking a joint investigation and action plan with the CCG to address ongoing performance issues against this standard. Actions include improved forecasting of required capacity by specialities and work targeting GP practices which have high numbers of non attendances or cancellations.

The Trust failed the 31 day first treatment standard with a performance of 93.08% against the 96% target. There were 18 breaches in total; 16 in Urology, 1 in Gynaecology, and 1 in Haematology. 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 Gynaecology breach was due to cancellation for emergency case and Haematology due to medical reasons not related to the cancer.



April 2019 is the first month the national shared breach reallocation rules have been applied to national performance (in 2018/19 these were shadow reported).

The current national submission indicates the Trust failed the 62 day treatment standard with a performance of 84.40%. However, we are querying application of the new rules for one patient, which if accepted, will result in the Trust achieving the standard.

In April, 29 patients breached the 62-day standard, 18 of which started their pathway at NBT. Of these 18 patients, 14 had their first appointment at NBT after day seven.

Urology breaches accounted for 76% of total Trust breaches for April. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology.

The Urology service is working with Core Clinical Services to ensure adequate capacity for one stop mpMRI and Core Clinical have committed to increasing capacity from June 2019. Reporting of these scans within adequate timeframes will remain an issue. The Urology service has also made significant improvements to waiting times for biopsy. The Trust is leading a regional training scheme to implement local anaesthetic biopsy and the service is increasing it's resources to enable provision of these biopsies within 7 days of request with further work required to ensure sustainability.

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.

The 2 out of 3 62 day breaches for Gynaecology were due to delay to Outpatient hysteroscopy of up to 4 weeks. At present the current wait is up to 6 weeks.

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 April's 22 Urology breaches, 11 were transferred in from other providers for treatment, 9 of which were beyond the agreed national transfer date, accounting for 5.5 additional breaches. Seven of these patients had exceeded the 62 day pathway prior to being referred to the Trust.

As part of performance improvements the Trust has been monitoring it's internal performance against the 62 day standard. The Trust treated 91.82% 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 and the delays in Breast.

NB: The charts show the breakdown of breach reasons for both whole and shared 62 day breaches for the month. Breakdown of breach reason may not match total published performance due to time of which data was captured. Data is extracted from a live system.





Patients Treated Within 62 Days of Screening 98% 96% 94% 92% 90% 88% 86% 84% 82% 80% 78% Jan-19 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Feb-19 Mar-19 Apr-19 May-18





The Trust failed the 31 day subsequent treatment target in April 2019 for patients requiring surgery with a performance of 80.77% against the 94% standard. This is an improved position from March and has achieved the trajectory for April.

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 forecasted from September 2019.

There were 21 breaches in total; 8 of which were in skin and 13 in Urology. Performance against this standard will improve once the second robot is fully operational and the significant backlog is cleared. The new theatre schedule was implemented the beginning of April and will improve the skin position going forward.

The Trust achieved the 62 day screening target with a performance of 93.33% against the target of 90%.

There were 3 breaches in Breast. Two were due to patient choice delay within the pathways and 1 due to a complex pathway requiring multiple diagnostics.



ED 4 Hour Performance

NBT ED performance in May 2019 is 76.16% compared to a national type 1 position of 79.08%. The position reflects an improvement from April and a deterioration when compared to the same period last year.

RTT Incomplete

The Trust reported an April 2019 position of 85.18%. This position reflects an improvement on last year but falls under the national position of 86.52%.

Cancer – 62 Day Standard

NBT has reported 84.40% performance for April and continues to outperform the national position of 79.40%.

DM01

NBT 2018/19

NBT 2018/19

NBT, in April 2019, failed to achieve the National standard of 1% with a performance position of 4.27%, against the national position of 3.60%.

RTT, Cancer and DM01 national performance is reported a month in arrears.



ED 4 Hour Performance

In May, NBT improved from a position of #104 to #75 out of 119 reporting Type 1 Trusts. This improvement has lifted the Trust back into the 3rd quartile. The Trusts ranking among the other 11 Trauma centres improved from 6th to 3rd in May 2019.

RTT Incomplete

RTT performance in April 2019 reports a deteriorated NBT position of #124 out of 180 reported positions. The Trust now ranks 4th out of 11 other adult major trauma centres.

Cancer – 62 Day Standard

At position #53 of 137 reported positions, NBT reports performance of 84.40%. This represents a minor deterioration in positioning from March 2019 and ranks 2nd out of 11 major trauma centres.

DM01

NBT reports a deteriorated position of #138 out of 198 reported diagnostic positions, with a performance of 4.27% in March. This position ranks 7th out of 11 adult major trauma centres.

RTT, Cancer and DM01 national performance is reported a month in arrears.

Safety and Effectiveness

Board Sponsors: Medical Director and Interim Director of Nursing Chris Burton and Helen Blanchard

Birth		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Total Births		523	511	534	543	515	535	497	491	478	458	448	440	490
Midwife to birth ratio		01:30	01:30	01:30	01:33	01:33	01:33	01:30	01:31	01:30	01:30	01:28	01:27	01:30
Normal birth rate		55.8%	56.0%	56.1%	56.4%	60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	53.7%	56.30%
Caesarean birth rate		29.6%	29.1%	28.5%	31.2%	27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	35.0%	30.8
Emergency caesarean birth rate		17.3%	18.0%	17.3%	17.1%	14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	22.4%	19.30%
Induction of labour rate		33.9%	34.1%	35.0%	33.1%	35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	41.5%	36.10%
Total births in midwife led environment		17.8%	17.8%	19.9%	19.3%	18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	15.3%	17.90%
	Cossham BC	4.1%	5.7%	6.1%	6.4%	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
Birth location	Mendip BC	13.3%	11.5%	12.9%	12.1%	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	12.8%	16.60%
Bitti location	Home	0.4%	0.6%	0.9%	0.4%	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	2.5%	1.20%
CDS		81.3%	81.0%	79.2%	80.4%	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	84.0%	80.30%
One to one care in labour		98.1%	96.9%	97.0%	95.7%	95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	98.3%	98.30%
Stillbirth	Actual	1	4	0	1	1	2	1	2	2	3	5	2	0
	Rate	0.40%	0.80%	0.00%	0.20%	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	0.5%	0.00%





'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.

Maternity Staffing

In May 2019 the maternity unit closed on 1 occasion due to high activity and acuity with women being triaged on a case by case basis. No women were transferred during this closure.

Recruitment

- A rolling recruitment programme is in place to continue to recruit to the additional midwifery posts with good progress being made to close the vacancy gap.
- Ailish Edwards commenced in the post of Deputy Director of Midwifery/Head of Nursing on 10th June 2019.
- Recruitment is underway for a substantive Bereavement Midwife following the introduction of new national bereavement care pathways. The post will provide vital support to women and their families.

Midwifery Led Services

- Cossham Birth Centre remains temporarily closed as approved by the Board, to women in labour until October 2019.
- A review of Midwifery Led Services at NBT from a quality, safety and efficiency perspective is underway and as part of this review, engagement sessions with staff have taken place. A progress update will be presented to the Trust Board in July 2019.

Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

- This is going well with excellent multi-disciplinary engagement.
- The daily huddle is well attended and a programme is in place to communicate and update all staff.
- SCORE cultural survey results will be reviewed and focus groups arranged to take this forward.

<u>CNST</u>

Regular meetings are in place to progress and review the evidence that we are compliant with the 10 safety actions. The Quality & Risk Management Committee will give final approval of the submission on 17th July 2019.

Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing





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



Serious Incidents (SI)

Seven serious incidents were reported in May 2019:

- 5 x Patient Falls*
- 1 x Clinical Assessment or Review
- 1 x Treatment or Procedure

Never Events:

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

SI & Incident Reporting Rates

Incident reporting has remained similar to the rate in April at 40.3 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.

Divisions:

SI Rate by 1000 Bed Days CCS - 0.58 WCH - 0.32 Med - 0.21 ASCR - 0.20 NMSK - 0.12

Quality & Patient Safety - Additional Safety Measures Board Sponsor: Director of Nursing



CAS Alerts –May 2019									
Alert Type	Patient Safety	Facilities	Medical Devices	Supply Distribution Alerts					
New Alerts	1	0	3	0					
Closed Alerts	0	0	2	0					
Open alerts (within target date)	1	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.

The Patient Safety and Clinical Committee received a CAS status report that will now be a standing agenda item for ongoing monitoring and assurance.

Incident Reporting Deadlines for Serious Incident Investigation submission

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

Top SI Types in Rolling 12 Months

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

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

"Other" Category:

- 2 Appointments
- 1 Infection Control
- 1 Medication
- 1 Fluid Management
- 1 Neonatal





Falls

In May 2019, 145 falls were reported of which there were 4 reported as severe, 5 were categorised as moderate, 12 categorised as low and the remaining with 124 as no-harm. The majority of reported falls occurred within Medicine Division (109), with the others occurring in NMSK (61), ASCR (19) and (2) in CCS. The falls-per-1000 bed days level has dropped below 5. This is below the considered national average (6).

The Falls Prevention Group have reviewed and agreed required changes to LORENZO and Synbiotix to address the requirements for the Falls CQUIN and the National Audit for Inpatients Falls.

An excellent training video has been produced to support the lying to standing blood pressure testing work.





19/20 — 2018/19





Venous Thromoembolism Risk Assessment

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 May.

There were 33 reported Grade 2 injuries of which 6 were medical device related. The break down of injury is as follows: 48% Sacrum/ buttock, 27% Heels, 53%, 3% Coccyx and 18% Medical device related.

There was an initial organisational response, of appreciative enquiry, taken by Heads of Nursing and matrons across inpatient areas to understand the significant increase in pressure injuries.

A pressure injury incident meeting has been held which is responding to the key risks and themes.

VTE Risk Assessment

The Trust continues to meet the 95% standard.



WHO Checklist Compliance

WHO Compliance is sustained and remains above the Trust standard. WHO checklist compliance is monitored by the Theatre Board.





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 April 2019 there was an improvement in the number of patients who were admitted to Hip Fracture unit within 4 hours to 59.7%. The England National Average is 41.4%.

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

Patients receiving surgery within 36 hours was at 80.85% which is favourable compared to the England average of 71.8%. North Bristol NHS Trust is investing in additional trauma coordinators with a view to further improving this.

Patients assessed by an Orthogeriatrian within 72 hours.

In April 2019, 97.87% of patients were seen by an Orthogeriatrian within 72 hours.

N.B. 'Current position' is subject to change and therefore narrative is written one month in arrears.



Stroke

Stroke data is reported one month in arrears with current month included for reference. Stroke activity continues at a very high level with 79 stroke patients being seen at Southmead in April 2019.

April data shows that only 33.3% of stroke patients requiring thrombolysis received this within 1 hour which is considerably lower than NBT usual data and England Average Performance but review of SSNAP live database indicates that this may improve when all data is validated.

The increased number of stroke patients, and high bed occupancy levels across Southmead Hospital is contributing to the performance against the standard for admission to a stroke unit within 4 hours which is at 55.7% in April 2019. The Stroke service is working with Operations 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 67.6% In April 2019.

N.B. England performance is the latest available position published on SSNAP. 'Current position' is subject to change and therefore narrative is written one month in arrears.





Quality Improvement Programme

The Benefit of Implementing Clinical Prioritisation Pharmacy Technicians at North Bristol Trust (NBT).

Four pharmacy technicians completed the clinical prioritisation training programme and have trialled a ward based clinical pharmacy service on Elgar.

By improving the pharmacy skill mix on the ward the pharmacy technicians with clinical prioritisation skills were able to identify, manage, and refer more complex clinical interventions; enabling the pharmacist to focus on those patients with the greatest clinical need.

The project demonstrated a positive benefit on the clinical pharmacy services at NBT, ensuring pharmacists focused on supporting the wider multidisciplinary team with the more clinically challenging aspects of patient care.

Medicines Management

Severity of Medication Error.

During May 2019 the number of "no harm" medication errors represented c.85% of all medication errors.

With the exception of the current month, there has been a slight downward trend in the number of low harm medication errors over the last 6 months. The Medicines Governance Group will continue to closely monitor these incidents.

High Risk Drugs

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

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

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

A Trust quality improvement initiative continues aiming to reduce incidence of bacteraemia associated with indwelling devices.

C. Difficile

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

Cases reported by the Trust now fall into two categories:

-Hospital onset healthcare associated (HOHA): cases that are detected in the hospital three or more days after admission.

-Community onset health care associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Clinical reviews for the above cases will be carried out using a multi-disciplinary approach to determine whether there are links to any lapses in care related to the care and treatment of the patient.

In May the Trust reported 3 HOHA case and 1 COHA cases occurring within the divisions of ASCR and NMSK.





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



MSSA

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

There was 1 reported cases of MSSA bacteraemia in May within the Medical division.

The Trust quality improvement initiative commenced aiming to reduce incidence of bacteraemia associated with indwelling devices forms part of the reduction plan for MSSA.

E. Coli

The Trust threshold for 2019/20 is 51 cases a 10% reduction on the previous year.

There were two cases of E. Coli bacteraemia reported in May. The focus for improvement is on the management of urinary catheters.

Hand Hygiene

Hand Hygiene compliance has been maintained to the Trust standard.



Hand Hygiene Compliance Rates




Mortality Review	For 01/04/2018 - 28/02/2019	Completed	Required	% Complete
	Screened and Excluded	893		
Completion	High priority Cases	152		
	Other (Non-priority) MCR completed	486		
	Total reviewed	1531	1680	91.13

Mortality Review Outcomes	Overall Score:	1	2	3	4	5	Count of responses
Outcomes	Care Received:	0 (0%)	16 (2.85%)	107 (19.07%)	307 (54.72%)	131 (23.35%)	561

	April 2018 to February 2019
New Notification	0
In Progress	0
Reviewed not SIRI	10
Reported as SIRI	1

Overall Care - Care Scoring Report - Deaths from 01/04/2018 to 28/02/ 2019 - Activity up to 10/06/2019



Overall Mortality

The Trust's SHMI Mortality Ratio for the most recently calculated period is within the expected range.

Mortality Review Completion

The current data captures the completed reviews up to 28 February 2019. In this time period, 91.1% of all deaths have a completed review. 95.9% of "High Priority" cases have completed Mortality Case Reviews (MCR) including 14 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 February 2019.

The Trust Mortality Review Group meeting was held on 13 June and reviewed the overall outcomes described above. The Group also reviewed investigations undertaken by the NMSK division following Dr. Foster mortality alerts for Intracranial Injury & Acute cerebrovascular disease (*N.B. these types of alert are 'warning flags' for further review, not a definite indication of concern*).

At the time of writing, neither of these alerts has triggered a request from the Care Quality Commission for further review.

The NMSK Division has undertaken case level reviews, as well as evaluating other comparative data and provided positive assurance on the standard of care provided.



Quality Experience

Board Sponsor: Interim Director of Nursing Helen Blanchard







Division	Total closed in May 2019	Total overdue at end of May
Medicine	10	4
NMSK	11	4
ACSR	10	14
CCS	1	1
WACH	1	2
Facilities	1	0
Clin Gov	1	0
Total	35	25

Complaints and Concerns

In May 2019 the Trust received 56 formal complaints and 82 PALS concerns.

The 56 formal complaints can be broken down by division: ACSR – 21 CCS – 6 Medicine – 14 NMSK – 8 Facilities– 1 WACH – 5

Overdue Cases

At the end of May, the number of overdue cases was 25 complaints (34 at the end April).

Final Response Rate Compliance

Of the cases closed in May 2019 only 33% were within timescales.

The over arching recovery plan was shared with HoN in May 2019. This includes providing a weekly complaints tracker which highlights those complaints overdue and those approaching the breach date within 2 weeks and 4 weeks This is followed up with weekly meetings with Divisional leads by the Head of Patient Experience.

Divisions will confirm they have a detailed recovery plan in place to meet the required improvement trajectory, signed off by the respective HoN and the respective Divisional Governance Board.

Responding to complaints within agreed timescales has been escalated as a performance issue to be managed through divisional DPRs.

N.B. Trustwide 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.





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.

Complaints by Subject

There was a reduction in complaints surrounding clinical care in treatment. There was an increase in the number of complaints regarding the loss/misplacing of patient property. As a result an audit regarding patient property is being carried out by the PALS team to identify areas for improvement.

Discharge issues continue to be a theme with the main concern being around communication prior to discharge, the use of EDD (Estimated Date of Discharge) dates and also the co-ordination and purpose of discharge meetings. This feedback will be co-ordinated and fed back to the Integrated Discharge Team.

Patient Advice and Liaison Service (PALS)

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

82 PALS concerns were received in May 2019. Following the PALS pilot a decision has been made to categorise PALS concerns into two categories:

- Simple concern (Rapid response target response time 1-2 working days)
- Complex concern (In-depth response from division target response time 3-5 working days)

Using this classification as a guide, of the 82 PALS concerns received in May 2019, 68 (80%) can be classified as more simple concerns and 14 warranted more in depth investigation from within the division and were classified as complex concerns.

In June 2019 a revised Complaints Policy will be launched at NBT which will include process flowcharts on the triage process and the new categorisation and compliance standards for formal complaints & PALS concerns. A Datix training programme will also be rolled out alongside the policy.

N.B. PALs chart showing 2019-20, starting April 2019 and will show rolling data going forward.



Emergency Department - Response Rate

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



Inpatients - Response Rate

Friends and Family Test

FFT Response

Rate

NBT Actual

ED 15% 19.39% Inpatients 30% 17.58% Outpatients 6% 18.54% Maternity (Birth) 15% 20.17% Last month an issue was identified that effected the Interactive Voice Message (IVM) FFT which we use to survey all patients over 60. Our provider, Health Care Communications investigated the issue and found it to be a technical issue with the telephone provider.

Target

In order to mitigate the impact of this we moved all FFT surveys to SMS (text messages)

HCC notified us on the 22nd May the issue had been resolved. The technical problems occurred between 1st April – 9th May

Our response rates have almost fully recovered to the normal parameters.

Maternity were not effected due to their demographic .

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).



Owing to technical issues, NHS England have not N.B. NHS England FFT Official stats publish data one month behind current data published maternity FFT data for November 2017. 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).



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 98% of patients recommending their services. After a period of decline ED made a significant 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. Comments cite operations cancelled on the day and the associated issues of patients having to remain Nil by Mouth for extended periods.

Within ED the feedback remains to be around waiting times and the lack of communication around this. It remains clear that many people do not know the system with people mentioning the "queue" to be seen and people being seen before them.

Maternity received excellent feedback (Birth), particularly around friendliness of staff and communication with many people commenting they were 'kept informed every step of the way'.

42

NBT

Friends and Family Test

"Please tell us the main reason for the answer you chose."

Inpatient – Cotswold (5)

When I got there the surgeon who was going to operate on me did not have enough information about me, the operation was cancelled because it carried all the risk which I didn't know until I got into hospital. I've been in that hospital under gynaecologist for a procedure before and the surgeon has no records of me being in that hospital.

ED – (1)

Excellent service. No waiting, went in on time. Wonderful doctor who was kind and reassuring and listened to me and set me at ease. Explained everything. Gave me the chance to ask questions. All staff lovely and friendly. Thank you.

Inpatient – Gate 19 (5)

I was stuck by a window even though I have light sensitive blindness. I asked several to be moved into a room but I was stuck there for 10 days in a ward with one toilet no orientation at all. Which I believe hindered my recovery.

Birth (1)

Everyone that helped me was fantastic. From the delivery Midwives to the caesarean surgeons and the post trauma Midwives, everyone took care of me. They explained what was happening when it was happening which relaxed me as a first time mum. I have to give a special mention to Becky who looked after me post caesarean. She was kind and I felt confident in her care. She didn't treat me like I didn't know what I was doing...I would highly recommend the care I received at Southmead Hospital

ED **(3)**

Much better communication! I understand my injury wasn't life threatening and you cant guarantee a time but at least an indication would be helpful. Some kind of electronic board with names on showing your position in the queue would reduce anxiety and stress

Inpatient - 32b (1)

I was in hospital for almost 3 days. Everyone I met during my stay was extremely friendly and helpful. I was always told what was happening and what the plans were for me. I couldn't have been cared for better and I'm extremely happy with how the process was dealt. Thank you!

Birth (1)

Absolutely outstanding care and undivided very personal attention was given to all of us. Kept fully informed through every stage of labour and made to feel at ease and happy during what could have been a very stressful situation. Couldn't improve our experience in any way!!!

Outpatients – Haematology (5)

Not seeing a Doctor since July last year, despite frequent appointments, just asked about side effects, told latest blood levels, it could all be done over the phone or email



Facilities

Board Sponsor: Director of Facilities Simon Wood

Exceptional healthcare, personally delivered





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

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

Cleaning scores in month for high risk areas have shown an improvement following the realignment of audits to enable reporting by division.

Following discussion with Infection control, ED and AMU staff, a "task team" will be put in place in June to provide a more proactive approach to cleaning Patient cubicles.

Recruitment into the relief team is ongoing with 4 new starters in month. This brings the total number of substantive staff in the relief team to 36. This team is used to backfill domestic shifts as a result of leave and sickness and to reduce the reliance on NBT Extra, ensuring continuity where possible which helps maintain and drive the cleaning standards.

Deep clean numbers per week were in line with the previous month with an average of 249 carried out per week with an average performance of 98.65%.

10 Domestic assistants will be attending Perform Bootcamps in June.



Well Led

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

Exceptional healthcare, personally delivered







Substantive Cost Bank Cost Agency Cost Otal Budget



Substantive

The expenditure increase seen in April (due to one-off national pay awards) has reduced in May. May expenditure is 367k under budget. The Trust is £1.1m under budget year to date.

Temporary Staffing

NBT Extra

All advertising material has been updated and is now refreshed on line monthly, to improve visibility and attraction of new bank workers. Planning is also underway for an engagement/recognition event for existing bank workers. Standards are being finalised for the BNSSG wide compliance checks process, so that consistency is achieved across the region and processing efficiency is improved.

We have seen an increase in the attraction of ITU bank workers since the recent increase in ITU bank rates and orientation planning is underway.

Agency

Total agency hours for the month reduced, however the increase in spend is due to May being a 5 week month for agency timesheets. A bank and agency task and finish group has been established and will focus on maximising the use of the staff bank within the Trust and supporting the BNSSG collaborative project to reduce high cost agencies. Tier 4 agency reduction plan is being finalised with a proposed timeframe to remove use of this tier from September 2019. This will reverse the trend seen in May of an increase in the use of high cost agencies.





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 May the Trust had 17 external new starters, with a further 33 external offers issued.

Band 5 Nursing

The Talent Acquisition Team continues to deliver against targets set in line with the band 5 resourcing plan. The band 5 nursing vacancy gap across all divisions remained stable in May and the band 5 resourcing plan delivered an above target result for May 2019 of 26 against the target of 20 with a further 35 offers issued, which reduces the shortfall on the cumulative starters target to 6.6.

Critical to increasing resourcing in Trust hotspots is the dual impact of bespoke resourcing plans and engagement events. A programme of events is included in the resourcing plan and May contained 4 engagement events.

- Stroke CPD Day 4 offers made
- 2 x Midwifery Assessment Centres for September intake 19 offers made
- General Band 5 engagement event 17 offers made.

There are 3 key events taking place in June 2019 at Nursing Times Careers London, RCNI Careers & Jobs Fair Bristol and a Social media Live stream event on Complex Care.

Overseas Nurse and Midwife Recruitment

The International Nurse Recruitment project delivered the first nurses from the Yeovil pipeline with two nurses starting in May. The June cohort has been finalised and 10 more nurses are due to start in June 2019, and 10 in July 2019. The OSCE and pastoral care team are well prepared to deliver their wrap around welcome and support to the nurses as they arrive over coming weeks. Currently the pipeline identifies 36 nurses that have demonstrated commitment to the process of relocating by the end of August 2019, with final number anticipated to be 40 nurses from this pilot with Yeovil.

A review of the pilot will take place at the end of June 2019 and make recommendations to the Nursing and Midwifery Nursing Group on the Trusts future approach to international recruitment as a whole and exploring an expanding supply line to close the registered nursing vacancy gap.





Turnover

Overall the indicators all show a positive movement, with reducing turnover and increasing stability since April and with a marked improvement in comparison to this time last year.

In relation to turnover for 'work-life balance reasons', the Nursing workforce is an outlier with current figure for May 2019 at 6.92% compared to an overall Trust figure of 4.99%

Actions being taken to improve include:

- Sessions promoting flexible retirement and flexible working to occur this month, with pension clinics and staff drop-ins planned;
- Joint working with the Talent Acquisition team around improving the support and processes for staff at risk on the redeployment register;
- From 1st July we will participate in a STP partnership initiative, rolling out a jointlyagreed, 6 question survey to all leavers, allowing us to compare and share leaver intelligence across the STP area;
- Work just commenced around repromoting flexible working via a new brochure-type resource for staff and managers which details all the options, links and guidance around flexible working.





Sickness

Sickness absence in the rolling 12 months ending April 2019 is 4.3%, above the target of 4.2% but still an improvement from 4.4% in 2018. Sickness absence for Stress, Anxiety and Depression, and Musculoskeletal reasons is targeted by the Wellbeing Programme. Sickness absence for these reasons was below the levels seen in the same month last year.

Actions being taken to improve include :

- The new, 'Managing Healthy Teams' manager toolkit has now been launched with links to a new and wide range of resources;
- Engagement sessions to promote the new 'adjustment passport' for staff requiring work place adjustments have been planned;
- An intervention is well underway, auditing and reviewing the effectiveness of sickness management practice in a range of areas across the Trust with both high and low absence rates, so that recommendations can be made and best practice shared;
- Research project around stress at work is also almost complete;
- 'Promoting Positive Attendance' is now defined as a core training module for all new managers to the Trust;
- The wellbeing programme continues, including recent awareness sessions on Menopause, Carers, and the Wigwam of Wellbeing at the Festival of Engagement;
- 2 WTE Psychologists are being recruited permanently to the programme
- Wellbeing was a finalist at the recent 2019 Healthcare People Management Association awards alongside two other NHS Trusts.





Training Topic	Variance	Apr-19	May-19
Child Protection	-2.5%	91.2%	88.6%
Equality & Diversity	4.3%	85.3%	89.6%
Fire Safety	4.0%	84.8%	88.8%
Health &Safety	2.7%	89.6%	92.3%
Infection Control	2.3%	88.4%	90.7%
Information Governance	-7.4%	92.2%	84.8%
Manual Handling	-7.8%	89.9%	82.1%
Waste	0.5%	89.3%	89.8%
Total	1.4%	88.3%	89.8%

Mandatory & Statutory Training

The Top 8 Statutory / Mandatory training topics continue to show their sustained increase to the current 89%. E-Learning completions achieved in May 2019 were the highest ever recorded - 6,619, again these are driving the increases in Statutory and Mandatory compliance.

Appraisal Completion

We are now into month 2 of the 2019 Appraisal window. Compliance with the target population was 7% at the end of May 2019. The One NBT leadership and management programmes will raise the profile of appraisals and support managers in developing their skills and confidence in this area.

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 87% of our estimated target of 350 learners in year 1.

Division name	Number participants	% of allocated spaces
Medicine	65	95%
ASCR	67	73%
Core Clinical	43	59%
NMSK	34	88%
Women's and Children's	30	85%
Facilities	10	227%
Corporate	55	142%
Total	304	87%



	Day	shift	Night Shift			
May-19	RN/RM	RN/RM CA Fill RN/		CA Fill		
	Fill rate	rate	Fill rate	rate		
Southmead	91.6%	95.6%	96.9%	104.4%		

Wards below 80% fill rate are:

NICU: Reduced fill rates for HCA 75.7% on days and 66.5% on nights; NICU is now fully recruited to UR staff, however some are still in the supernumerary phase. By next month all shifts should be covered. 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.

Ward over 175% fill rate:

Rosa Burden: CA Day 180.9% currently has a patient with significant enhanced care needs with a requirement of 2 staff member to 1 patient.

33a: HCA 180.1% Day 178.3% night HCA at night usage relate to enhanced care and uplift in Staffing at Night with an increase of a HCA on a twilight shift. The base template has not as yet changed.

Gate 26B: CA Nights 180.4% currently has a patient with significant enhanced care needs with a requirement of 2 staff member to 1 patient.

Cossham

Remains closed to women and not reported externally.

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.





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.





Medical Appraisal

The 6th appraisal and revalidation year ran from the 1st April 2018 until the 31st March 2019. At the end of March 2019, 97% of the appraisals that should have been completed in the past year were compliant (excluding those on long term leave).

Within the 97% that are compliant, there are a small number of doctors who are either new to the Trust and we do not yet know when their last appraisal took place or they have come from abroad and therefore did not complete any previous revalidation standard appraisals. In these circumstances, an appraisal due date is set for the doctor within 6 months to ensure compliance.

Those with a missed appraisal are going through a missed appraisal escalation process. The Trusts missed appraisal escalation process includes a number of emails from the system and the Deputy Medical Director. Failure to engage beyond this point will lead to a non-engagement communication from the GMC which provides a final deadline.

The doctors connected to the Trusts Designated Body for appraisals and revalidation includes consultants, specialty doctors, associate specialists, clinical fellows and trust locum doctors. The Trust also provides an appraisal service for an additional 11 doctors who have connections to other Designated Bodies. Junior doctors in training are revalidated by Health Education England.

The Trust has currently deferred 27% of all revalidation recommendations due over the past 12 months. From March 2019, the GMC will be collecting further information for the reasons of each deferral.

The PReP system is no longer the mandatory appraisal system for all non-training grade doctors employed by the Trust. The contract for PReP expired on the 31st March 2019.

Following an in depth tender exercise in 2018, a new supplier known as Fourteen Fish has been chosen to provide the appraisal and revalidation system to NBT from the 1st April 2019. This new system has been procured alongside UHBristol and Weston Area Health NHS Trust.

The Fourteen Fish appraisal system went live on the 22nd March 2019 and the data from the old system has migrated across. Appraisal compliance has dropped within the first quarter of the 2019/20 year due to the implementation of the new system. NHS England were notified of this in advance.

Work is now underway to raise compliance. The Fourteen Fish system will be in place until 2026.



Finance

Board Sponsor: Director of Finance Catherine Phillips

	Posit	Position as at 31 May 2019			
	Plan	Actual	Variance (Adverse) / Favourable		
	£m	£m	£m		
Income					
Contract Income	89.5	88.3	(1.2)		
Other Operating Income	14.0	12.3	(1.7)		
Donations income for capital acquisitions	0.0	0.0	0.0		
Total Income	103.5	100.6	(2.9)		
Expenditure					
Pay	(64.6)	(63.5)	1.1		
Non Pay	(31.2)	(29.5)	1.7		
PFI Operating Costs	(1.0)	(1.0)	(0.0)		
	(96.8)	(94.0)	2.8		
Earnings before Interest & Depreciation	6.7	6.6	(0.1)		
Depreciation & Amortisation	(3.9)	(4.2)	(0.3)		
PFI Interest	(5.7)	(5.7)	0.0		
Interest receivable	0.0	0.0	0.0		
Interest payable	(0.9)	(0.8)	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)	(3.8)	(4.1)	(0.3)		
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	0.1	0.1		
Impairment	0.0	0.0	0.0		
Adjusted surplus /(deficit) for NHS accountability (excl PSF)	(3.8)	(4.0)	(0.2)		
PSF / FRF / MRET	2.5	2.5	0.0		
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(1.3)	(1.5)	(0.2)		

Statement of Comprehensive Income

Assurances

The financial position at the end of May shows a deficit of $\pm 1.5m$, $\pm 0.2m$ adverse to the planned deficit.

Key Issues

- Contract income is £1.2m adverse to plan largely due to under-performance in non-elective and elective inpatient activity.
- Other operating income is £1.7m adverse to plan due primarily to a phasing issue on income CIPs which is likely to recover, as well a number of smaller issues including private and overseas patient income, research and RTA income.
- Pay is £1.1m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £1.7m favourable to plan mainly in clinical supplies and drugs.

				Variance
31 March	Statement of Financial Position as at	Plan	Actual	above /
2019 £m	31st May 2019	£m	£m	(below) plan
				£m
	Non Current Assets			
558.1	Property, Plant and Equipment	556.4	555.0	(1.4)
17.0	Intangible Assets	16.5	17.0	0.5
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	581.5	580.5	(1.0)
	Current Assets			
12.8	Inventories	11.2	12.9	1.7
35.5	Trade and other receivables NHS	59.6	49.2	(10.3)
37.1	Trade and other receivables Non-NHS	24.8	32.5	7.7
10.2	Cash and Cash equivalents	8.0	4.5	(3.5)
95.7	Total current assets	103.6	99.1	(4.5)
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	685.1	679.6	(5.5)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	8.6	(0.8)
64.8	Trade and Other payables - Non-NHS	75.1	72.7	(2.5)
70.8	Borrowings	70.1	65.7	(4.4)
145.0	Total current liabilities	154.6	147.0	(7.7)
(49.3)	Net current assets/(liabilities)	(51.0)	(47.8)	3.2
534.3	Total assets less current liabilites	530.4	532.7	(2.2)
7.8	Trade payables and deferred income	7.7	7.7	0.0
517.8	Borrowings	515.3	517.8	2.5
8.7	Total Net Assets	7.5	7.2	(0.3)
	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	(1.3)	(1.6)	(0.3)
	year		. ,	. ,
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	7.5	7.2	(0.3)

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of $\pounds 0.3m$. This brings total borrowing from the Department of Health and Social Care to $\pounds 178.6m$.

The Trust ended the month with cash of $\pounds4.5m$, compared with a plan of $\pounds8.0m$.

Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 72% 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.







Weighting	Metric	Year to date	Forecas
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

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

The overall financial position shows a ± 1.5 m deficit, ± 0.2 m adverse to plan.

The capital expenditure for the year to date was £1.1m.

Assurances and Actions

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

Concerns & Gaps

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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.



Savings

Assurances

The savings target for 2019/20 is £25m of which £21.7m has been identified as at the end of May. This is below the required level for the year by £3.3m.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £21.7m identified schemes. £12.5m is rated as green or amber.

Savings delivery is $\pounds 0.9m$ as at the end of May, $\pounds 1.7m$ adverse against a plan of $\pounds 2.6m$, with a further $\pounds 0.4m$ being validated.

Whilst there are £21.7m of identified savings in 2019/20, only £14.7m is recurrent with £9.5m rated as green or amber.

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

Exceptional healthcare, personally delivered

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

CQC reports history (all sites)

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

* These services are no longer provided by NBT.

Monitor Provider Licence Compliance Statements at May 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)	Voc	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.
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		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		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 May 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	٥	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	11	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