

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

November 2019 (presenting October 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 31 October 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
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
RAP	Remedial Action Plan
RCA	Root Cause Analysis
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Urgent Care

For the third consecutive month the Trust has exceeded the England position for ED 4 hour wait performance (Type 1). This is despite October being a more challenged month. The Trust also continues to be ranked first among the 11 Adult Major Trauma Centres for 4 hour wait performance by a significant margin.

Elective Care and Diagnostics

In October, there has been a reduction in the overall waiting list size. There were 13 patients waiting greater than 52 weeks for their treatment in October against a trajectory of 19. The majority of patients breaching are awaiting an Orthopaedic operation. Overall diagnostics performance is 9.09% in month, which has not met the revised recovery trajectory of 6.25%. CT is planned to be compliant with national standard in January 2020 and Endoscopy will deliver against the national standard in March 2020 with agreed outsourcing of activity aiding delivery. There were no urgent operations cancelled for a subsequent time and no breaches of the 28 day re-booking target.

Cancer wait time standards

As anticipated, the Trust did not achieve the 62 day waiting time standard in September with Performance of 72.58%. This is the result of planned backlog clearance within Urology and is expected to worsen in October in line with the Urology Recovery Trajectory. Sustained delivery of the national wait time standard is on track to achieve the 85% target from the end of Quarter 1 of 2020/21. The Two Week Wait standard was not achieved in September as a result of backlog clearance within the Skin specialty. Performance has since improved and it is expected the Skin will be compliant by year end. An overall return to TWW standard is not expected until Quarter 2 of 2020/21, as longer-term plans to close the demand and capacity gap are required.

Quality

The number of overdue complaints reduced to one at the end of October. In order to ensure compliance, weekly divisional meetings take place and a revision of escalation processes in some divisions have been implemented to facilitate timely responses. The Trust's overall compliance rate has returned to standard in October.

In October WHO compliance reached its highest level for the past 12 months at 98.50%. Performance has been sustained for hip fracture care and no never events or cases of MRSA have been reported for October.

Workforce

Overall there has been a positive shift in workforce related indicators in October with a decrease in vacancy factor and the Trust is now achieving the 14.5% Turnover target. Agency use continued to decrease in October compared with September despite a slight increase in demand for temporary staff.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement (NHSI). At the end of October, the Trust reported a deficit of £4.4m which is £1.9m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £7.8m was achieved at the end of October against a plan of £11.9m. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

October-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%	74.46%	32/119	<div><div></div></div>	85.14%	80.04%	83.49%	▼
	12 Hour Trolley Waits QP1		0				0	4		▲
	Ambulance Handovers Within 15 minutes		100%				97.30%	94.09%	92.48%	▼
	Ambulance Handovers Within 30 minutes		100%				99.80%	99.19%	99.45%	▼
	Ambulance Handovers Within 60 minutes		0				0	0	0	►
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*84.78%	79/158	<div><div></div></div>	83.20%	83.28%	88.29%	▲
	Referral to Treatment - Total Incomplete Pathways						29313	29118	28276	▼
	52WW	MSK	15				12	12	19	►
		Plastic Surgery	1				3	1		▼
		Urology	0				1	0		▼
		Other	3				0	0		►
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*3.79%	142/204	<div><div></div></div>	8.69%	9.09%	6.25%	▲
	Cancelled Operations	Same day - non-clinical reasons	0.8%				0.94%	1.30%		▲
		28 day re-booking breach	0				1	0		▼
	Bed Occupancy QP1		95%				95.18%	96.49%		▲
	Stranded Patients (LoS >7 days : Snapshot as at month end)						346	340		▼
	Delayed Transfers of Care (DToC) QP1		3.50%				8.90%	7.29%		▼
Mixed Sex Accomodation		0				0	0		►	
Electronic Discharge Summaries						84.44%	84.70%		▲	
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	90.79%	130/145	<div><div></div></div>	65.54%	69.92%	62.34%	▲
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.94%	75/114	<div><div></div></div>	94.64%	96.08%	93.86%	▲
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	95.97%	114/123	<div><div></div></div>	89.47%	90.20%	96.07%	▲
	Patients waiting less than 31 days for subsequent surgery		94%	92.15%	47/57	<div><div></div></div>	82.56%	75.23%	93.52%	▼
	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>	88.84%	72.58%	79.70%	▼
	Patients treated within 62 days of screening		90%	87.44%	24/73	<div><div></div></div>	92.59%	90.00%	91.57%	▼

Key Operational Standards Dashboard

October-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%			97.50%	98.50%		▲
	Pressure Injuries	Grade 2				46	43		▼
		Grade 3				0	0		►
		Grade 4				0	0		►
	MRSA					1	0		▼
	E. Coli					4	7		▲
	C. Difficile					6	5		▼
	MSSA					5	2		▼
	Venous Thromboembolism Screening (In arrears)		95%			95.89%	94.27%		▼

Key Operational Standards Dashboard

October-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				18.74%	20.00%	15.00%	▲
		Inpatient QP2	*24.98%	133/168		17.88%	16.83%	30.00%	▼
		Outpatient QP2				17.16%	18.95%	6.00%	▲
		Maternity (Birth) QP2	*20.02%	48/122		20.92%	18.39%	15.00%	▼
	FFT - % Would recommend	Emergency Department QP2	*85.25%	35/132		91.22%	92.97%		▲
		Inpatient QP2	*95.91%	132/157		93.72%	93.52%		▼
		Outpatient QP2	*93.71%	93/185		95.36%	95.31%		▼
		Maternity (Birth) QP2	*97.05%	45/71		95.60%	93.26%		▼
	Complaints	% Overall Response Compliance QP2				92.00%	87.00%		▼
		Overdue QP2				4	1		▼
Well Led	Agency Expenditure ('000s)		£481			£968	£836		▼
	Month End Vacancy Factor		8.20%			9.39%	8.75%		▼
	Turnover (Rolling 12 Months)		15.20%			14.75%	14.46%		▼
	Sickness Absence (Rolling 12 month -In arrears)		4.00%			4.35%	4.36%		▲
	Trust Mandatory Training Compliance		85.00%			88.95%	88.89%		▼
Finance	Deficit (£m)		£4.9m 2019/20			£4.4	£4.4	£2.5	
	NHSI Trust Rating					3	3		▶

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust has not delivered its recovery trajectory for the ED 4 hour standard with performance of 80.04% vs a trajectory of 83.49%. Despite falling short of the October trajectory the Trust continues to perform well when compared nationally. The decline in ED performance can be attributed to a deterioration in admitted breach performance. Four 12-hour trolley breaches have been reported during the period of extreme system-wide pressure, including declaration of a system-wide Internal Critical Incident from 17 to 20 October. Bed occupancy averaged at 96.49% across the month. High levels of DToC patients (7% vs. 3.5% target) continue to be experienced and the average number of medically fit patients is 170. This pressure has continued into November and BNSSG is planning a Hard System Reset week from 11 December.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 83.28% against trajectory of 88.29%. The total RTT wait list size in month is above plan by an additional 842 patients, reporting 29118 against a trajectory of 28276. The number of patients exceeding 52 week waits was 13 against a trajectory of 19, an improved position from September; the majority of breaches (12) being in Trauma and Orthopaedics. The volume of patients choosing not to accept reasonable offers of dates for treatment within 52 weeks continues to be a risk going into 2020/21 and has been flagged as an issue with the regional NHSI team.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and no breaches of the 28 day re-booking target.

Diagnostic Waiting Times - The Trust did not achieve the recovery trajectory of 6.25% for diagnostic waiting times with a performance of 9.09% in October. This is an unplanned deterioration in performance, largely attributable to unexpected increased demand for CT scans in October. Plans have been implemented to increase capacity in November to assist in backlog reduction. A new trajectory has been agreed with commissioners and is in place as of October. Agreement has been reached with Commissioners to outsource Endoscopy activity to enable the Trust to comply with the national diagnostic wait time standard by the end of March 2020.

Cancer

The nationally reported Cancer performance for September 2019 shows the Trust achieved three of the seven standards in month. The 62 day standard reports an anticipated deterioration with a performance position of 72.58%. The deterioration of this standard is the result of planned backlog clearance within Urology and is expected to decline further in October. Two Week Wait performance is adversely effected by issues within the Skin specialty. Performance for Skin has since improved and is on track to deliver by year end. Trajectories have been revised and implemented as of September and recovery plans are in place for Urology and Skin.

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 Director of Nursing & Quality Overview

Improvements

Maternity Services – Recruitment of midwives and other key leadership posts has been completed. BirthRate + workforce tool has been completed to inform ongoing staffing requirements linking into the business planning round.

Never events – There were no Never Events in October 2019, with the last reported Never Event being 26 January 2019. Trust actively contributed to a CCG organised Never Event workshop in October.

WHO Checklist – Compliance reached its highest level for the past 12 months at 98.50%.

Quality of Hip Fracture Care - There was sustained performance against key metrics for hip fracture care.

MRSA cases - There were no cases of MRSA bacteraemia in October. There has been one case in 2019/20.

Areas of Concern

MSSA – Higher than expected numbers of MSSA bacteraemia are under investigation.

VTE risk assessment – The target continues to be met ,but the relatively lower levels recently are under investigation by the Thrombosis committee.

QUALITY EXPERIENCE

SRO: Director of Nursing

Overview

Improvements

Complaint and Concerns:

The overall compliance rate for responding to complaints within agreed timescales for October was 87% remaining in line with the improvement trajectory. The compliance rate includes all cases with a due date for completion within October. Weekly tracker review meetings continue to support the compliance in meeting response times.

Friends and Family Test: In October the Emergency Department received the highest percentage of patients recommending ED over the past 12 months remaining above the regional and national requirement.

FFT is changing in April 2020. The focus will be on the providing an opportunity to everyone to give feedback at a time that is best for them using the question; 'Overall how was your experience of the service?' with the rating of very good to very poor / don't know.

Areas of concern

Complaints and concerns:

The ASCR Division continue to have overdue complaints on their weekly tracker. This is being reviewed at the Divisional Governance meetings by the Head of Nursing with actions to address the identified challenges. This includes refreshing staff of their roles and responsibilities and in the use of Datix.

Friends and Family Test: In patient response rate remains below the expected level (30%) at 16.83%. The Divisional Patient Experience leads are taking forward actions to increase the response rate. There is greater staff engagement in FFT over the past month. Maternity (Birth) are showing a decreasing trend in the percentage of patients who recommend the service. It is difficult to understand the cause of this from the small amount of qualitative data provided by respondents. Data will be triangulated with national survey data in the review workshop on 22 November 2020.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

Expenditure on registered nurse agency reduced by £28k in October compared with September, this totals a reduction of £182k compared with August's expenditure as a result of a reduction in Tier 4 (non-framework) and Tier 3 agency use. In October this reduction was despite a slight increase in overall demand for temporary staff, with Tier 1 and bank fill increased, in line with Trust expectations of the project.

Vacancies

The Trust vacancy factor has decrease from 9.4% in September to 8.7% in October, a reduction of 53 wte vacancies. This was due to an overall net gain of staff across the Trust in October with the largest net gains of staff were in Band 2 (5.9 wte), Band 3 (15.4 wte) and Band 5 (17 wte) nursing.

Turnover

The Trust turnover has improved in October and has reached 14.5%, the target the Trust set for 2019/20. With ongoing focus on retention this position is anticipated to improve in line with the current trend of improvement since April 2018. It is not anticipated that the winter period will adversely affect turnover as the improvement trend continued over the winter period in 2018/19.

Stability

The stability factor for October 2019 is 85.7% a small positive improvement from September's position.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness remained at 4.4% in October. There has been a small increase in MSK related absence meaning that for the first time this year we are slightly above the level of MSK absence this time last year. Stress related absence has reduced since last month but not as much as this time last year, meaning that MSK absence is now at the same level as it was this year. This may be in part due to staff shortages in the staff wellbeing psychology and physiotherapy teams over the summer. The psychologist gap is now resolved and actions are in place to fill the Physiotherapist gap.

Improving the leadership capability and capacity of our workforce

The OneNBT Leadership programme has met 91% of its 2019/20 target of staff signing up to the programme, an increase of 3% from September. There has also been an increase in participation with the programme and the number of staff signed up but yet to book onto modules reduced from 62 to 41.

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 October, the Trust reported a deficit of £4.4m which is £1.9m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. However, note that the Trust's forecast for Quarter 3 identified an error in the phasing of the Quarter 3 plan agreed with NHS Improvement and so whilst the Trust missed plan by £1.9m in October, this performance is in line with its forecast which achieves both the Quarter 3 and full year plan position.

There are a number of risks to delivery of the year end control total including elective income recovery and delivery of savings. However, the Trust has identified a number of mitigating actions and is forecasting to deliver the control total.

The Trust has borrowed a net £1.0m year to date to the end of October which brings the total Department of Health borrowing to £179.3m.

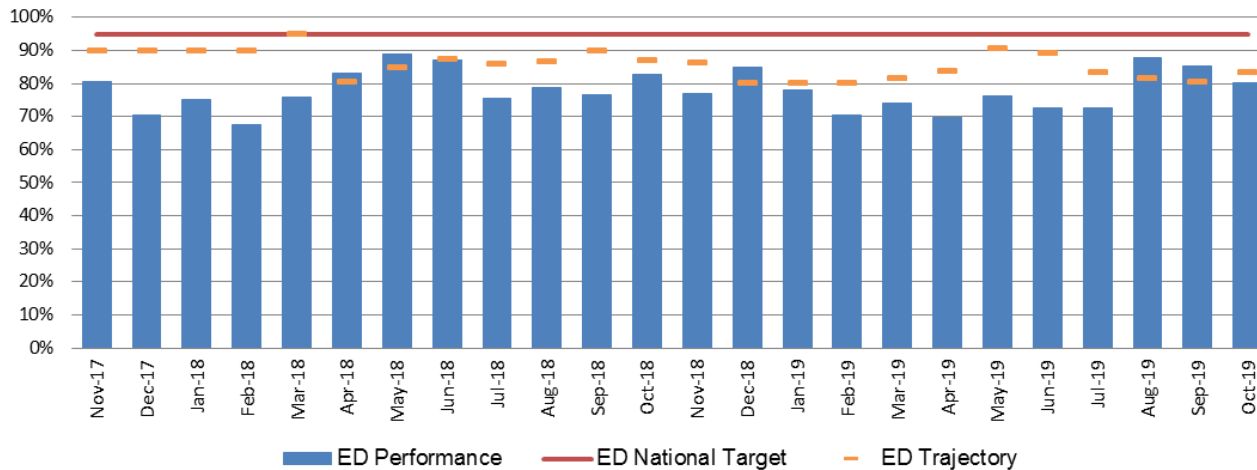
The Trust has a savings target of £25m for the year, of which £7.8m was achieved at the end of October against a plan of £11.9m.

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

RESPONSIVENESS

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

ED 4 Hour Performance



Urgent Care

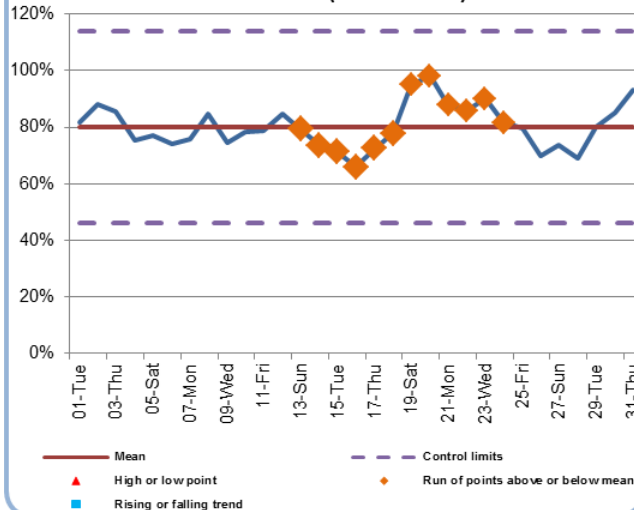
The Trust did not achieve the ED 4 hour wait trajectory in October (performance of 80.04% vs a trajectory of 83.49%). The Trust reported four 12 hour trolley breaches in month during a period of extreme system-wide pressure.

There was an average of 270 attendances per day and four days where attendances exceeded 300. At 8365, there were 517 (6.59%) more attendances when compared with October 2018 and 0.89% more than SLA.

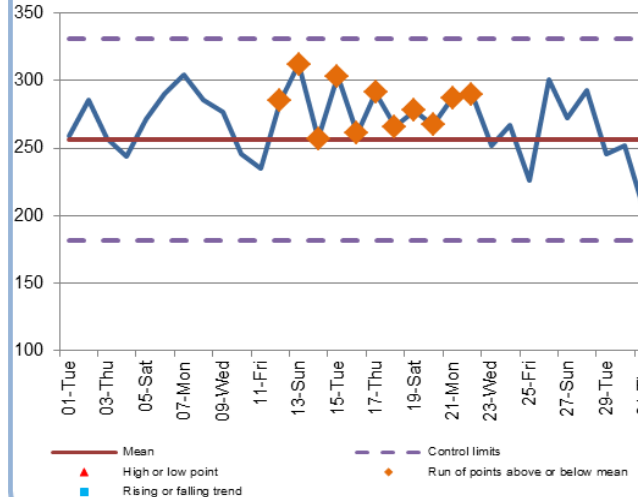
ED performance for the NBT Footprint stands at 85.87% and the total STP performance was 85.37% for October.

There was much greater variation in 4 hour wait times performance during the month, varying between 65.90% and 98.13% and greater variation in attendances.

4 Hour Performance (v1819mean) Oct 2019



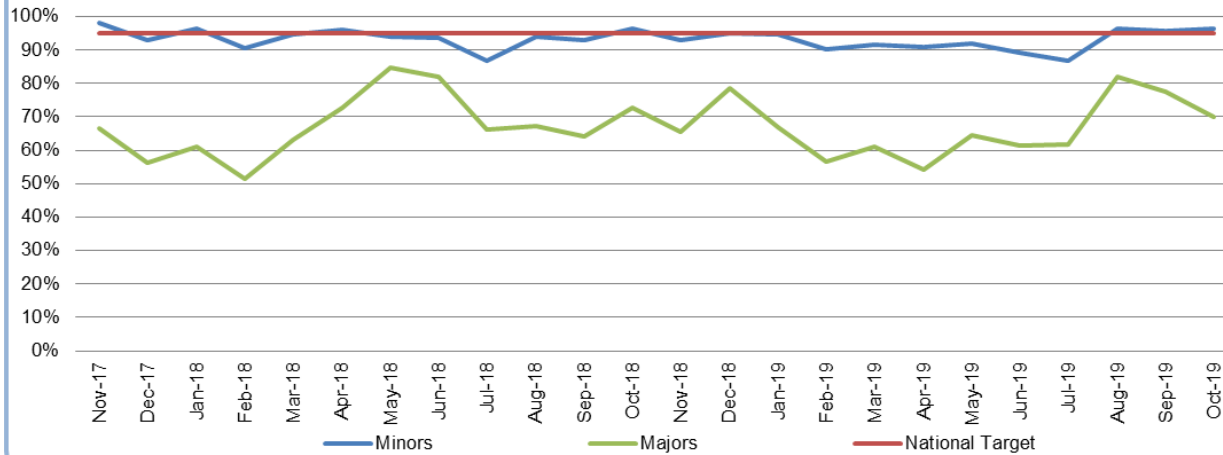
ED Attendances (v1819 mean) Oct 2019



Ambulance arrivals in October were 2946 compared to an average of 2796 YTD, representing a 9% increase from September and 285 more (c.9 per day) as compared to last year. Turnaround times slightly dipped in October with 94.09% of patients handed over to the ED department within 15 minutes and 99.19% were handed over within 30 minutes. For the fifth consecutive month, there were no 60-minute handover breaches in month despite record numbers of ambulance arrivals being received by the Trust.

The increase in ambulance conveyances vs. 2018/19 is subject to an Activity Query Notice between SWASFT and Commissioners. An audit of activity has been undertaken and a final report has been received however; the Trust is yet to agree the associated action plan with SWASFT and commissioners.

ED 4 Hour Performance by Majors/Minors



4 Hour Performance

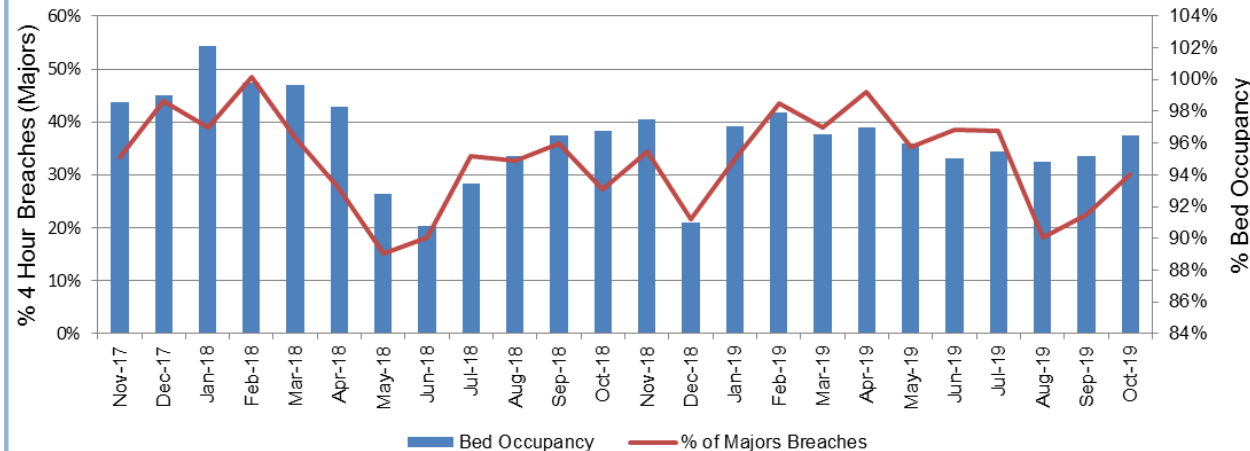
Of the breaches within ED in October, 59.76% were a result of waits for a bed whilst 21.14% were a result of awaiting assessment within the ED.

The deterioration in ED performance can be largely attributed to a decline in admitted breach performance. Non-admitted breach performance remained reasonably static and continued to achieve the 95% standard.

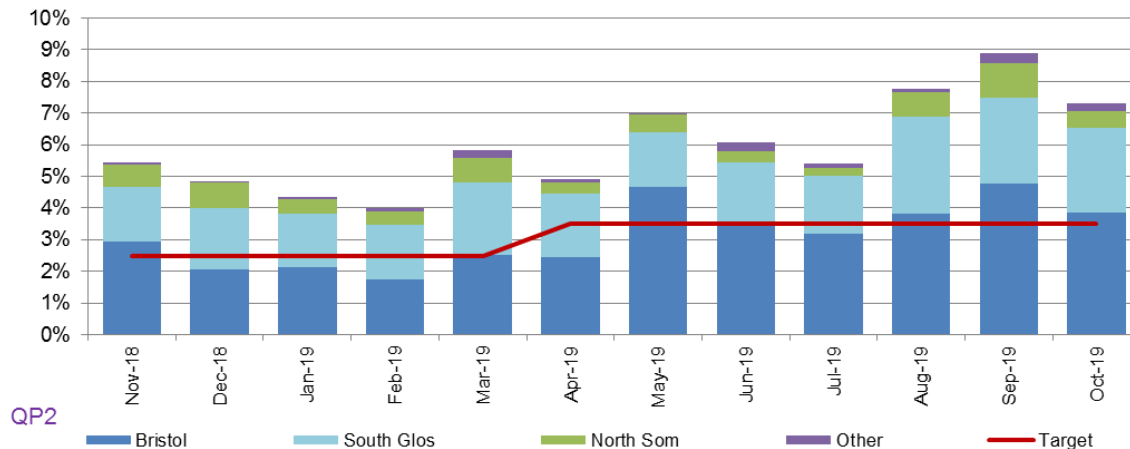
The overall bed occupancy position increased to 96.49% in October, compared with 95.18% in September. Bed occupancy varied between 92.61% and 99.19% in month, with a period of high occupancy coinciding with a deterioration in admitted waiting time performance. This is due to an increase in the numbers of patients presenting requiring beds and continued delayed transfers of care out of the hospital (as described in the DToC and Stranded Patient section of this report), which impacts on timely bed availability, particularly during times of surge in emergency demand.

Internal actions to drive the 4 hour recovery are overseen by the Urgent Care Improvement 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 and length of stay reduction plans.

Bed Occupancy vs % Breaches (Majors)



Delayed Transfers of Care Proportion of Bed Days by CCG



DToCs and Stranded Patients

The DToC rate for the month of October was 7.24% of occupied bed days. If the System were at national target levels of 3.5%, this would have released 28 beds to the Trust. Extra domiciliary care and interim capacity has been established in October, which has supported the decrease in levels.

With a weekly average of 261 cases on the Leaving Hospital Patient Database in October 2019 against the September average of 218.5, the number of patients being actively progressed for complex community supported discharge and/or repatriation to another acute Trust significantly increased again through October. This is reflected in the highest level of SRFs recorded (577) since the initiation of the ICB.

There was a reduction in reported numbers outside operational standards with 429 in total in October vs 482 in September. The top drivers of delays were:

- Waits for Pathway 1 and 2 remained high across the month with delayed bed days in total of 1650; and
- Waits for placement across all categories were reported with total bed days of 1565.

The system has reviewed these delays and have identified actions required to address including;

- Rapid response to support reablement capacity in OPEL 4 situations in Bristol;
- Capacity in Local Authority bed base that is not appropriate for rehabilitation to be available for patients waiting for reablement if not sourced within 72 hours; and
- Review of SRF to be completed to support the Trusted assessment approach.

Primary Metric

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

71 (40%)

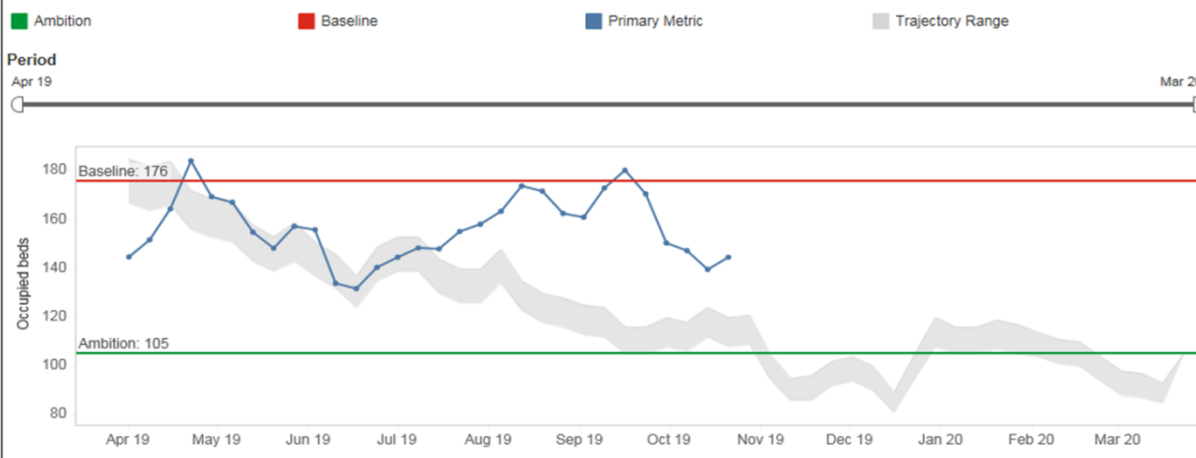
Bed reduction required
by March 2020

31 (18%)*

Occupied beds reduced
as of 21 October 2019 (weekly average)

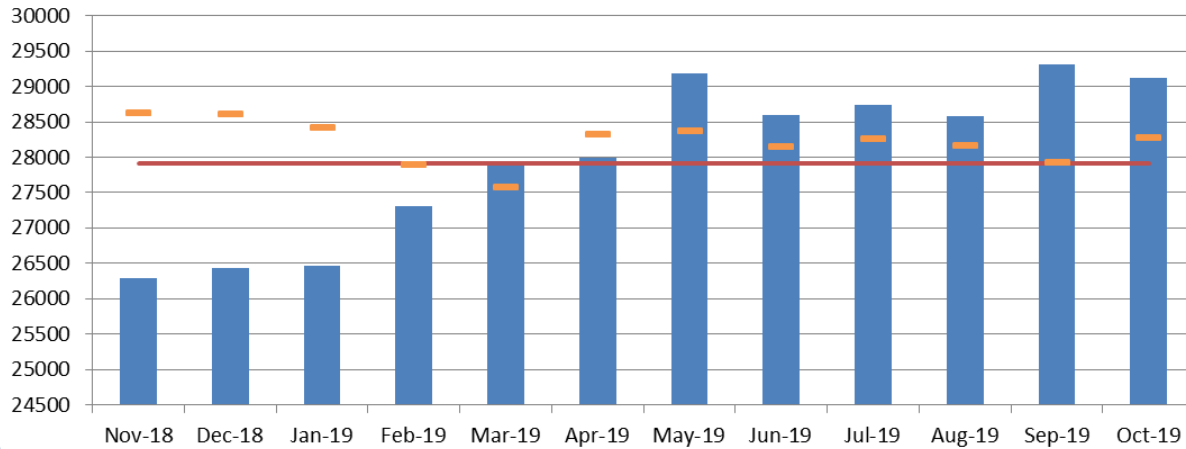
40 (22%)*

Bed reduction remaining
as of 21 October 2019 (weekly average)



Referral to Treatment (RTT)

RTT Wait List (Rolling 12 Months)



The Trust has not achieved the RTT trajectory in month with performance of 83.28% against trajectory of 88.29%.

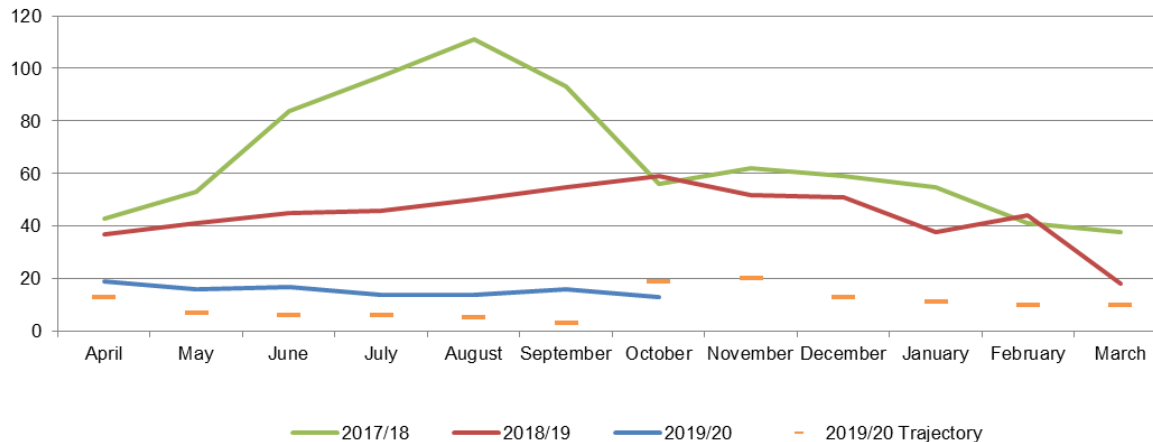
The RTT wait list size reduced in October reporting a total of 29118, down from 29313 in September. Although improved, the wait list continues to exceed the October trajectory of 28276 (2.98% variance to plan vs. a 4.97% variance last month). The reduction in October is primarily the result of increased activity in Gastroenterology. The increase during recent months is due to a combination of speciality level demand and capacity imbalance (e.g. Neurology and Gynaecology), reduction in ASIs and patients awaiting booking via a Referral Assessment Service (RAS) on eRS (coming on to the active waiting list) specifically Neurology, Rheumatology and Respiratory. Improvements in data quality are planned in November, following a shortage of validation staff within Neurology and Rheumatology specialities.

The Trust has reported a total of 13 patients waiting more than 52 weeks from referral to treatment in October 2019 against a trajectory of 19. There were 12 patients under Trauma and Orthopaedics and one in Plastic Surgery. Urology are now reporting within standard.

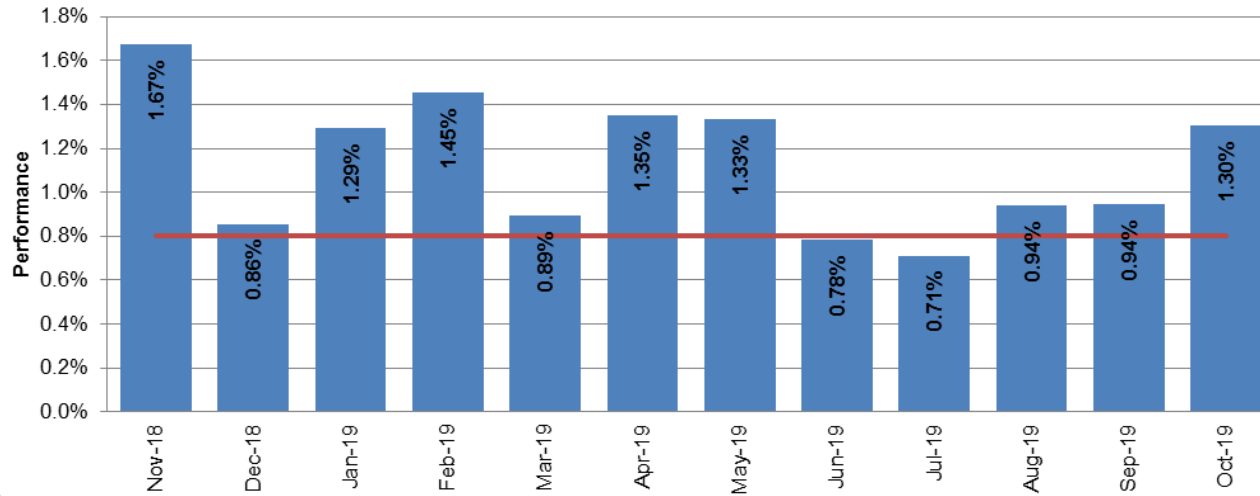
In the majority of cases there was capacity to treat ahead of the 52 week breach date, but not meeting the Trust expectations of two reasonable dates offered for treatment prior to week 28 in the patients' pathway.

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.

Trust Total 52 Week Waits



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



Cancellations

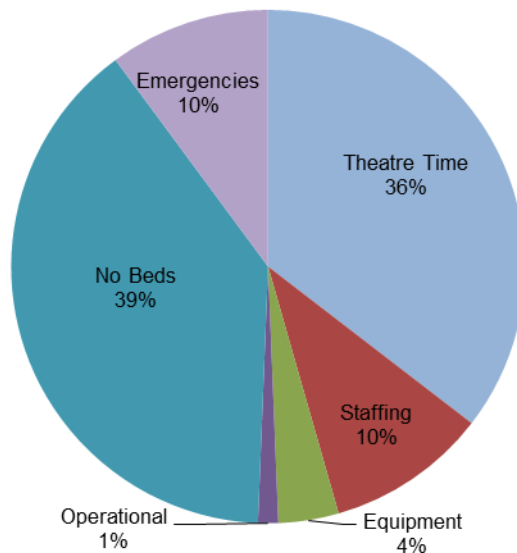
The same day non-clinical cancellation rate in October 2019 was 1.3%, failing the 0.8% national target.

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

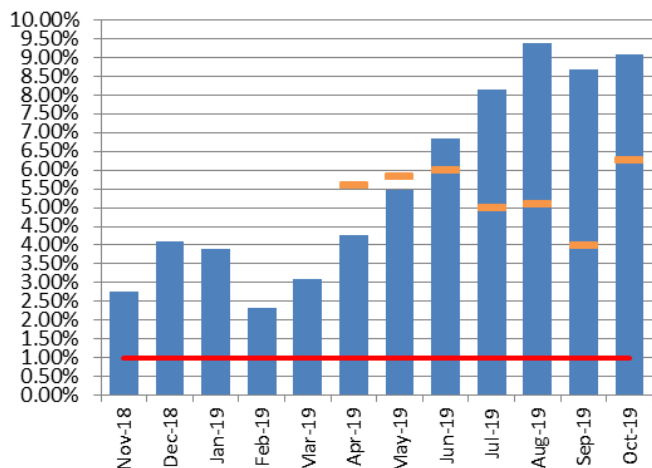
The number of urgent patients who were cancelled on the day increased to 28 patients in October compared with 23 in September.

For the first time this year there have been no operations that could not be rebooked within 28 days of cancellation.

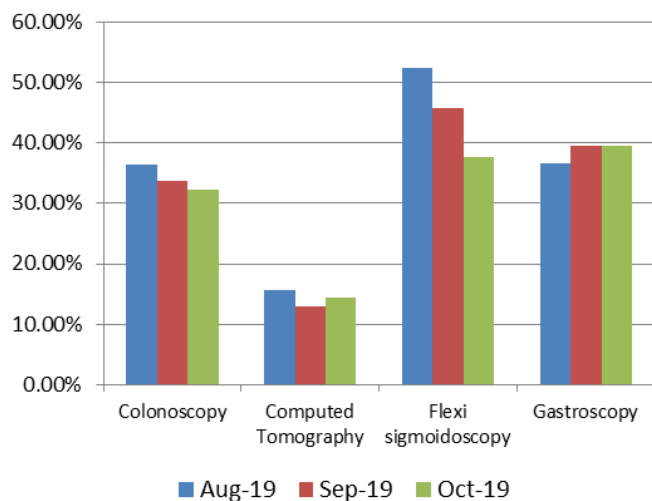
Cancelled Operations by Reason - October 2019



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



Diagnostic Performance by Test



Diagnostic Waiting Times

The Trust did not achieve the national 1% target for diagnostic performance in October 2019 with actual performance at 9.09%. This is an unplanned deterioration in performance from the September 2019 position and did not achieve the Trust's recovery trajectory of 6.25%.

The same four test types have reported in month underperformance: Colonoscopy; Computed Tomography (CT); Flexi-Sigmoidoscopy; and Gastroscopy – with 1006 patients in total waiting beyond 6 weeks for their test, which is an increase from September of 953 patients. Mini Root Cause Analyses are being undertaken for any patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

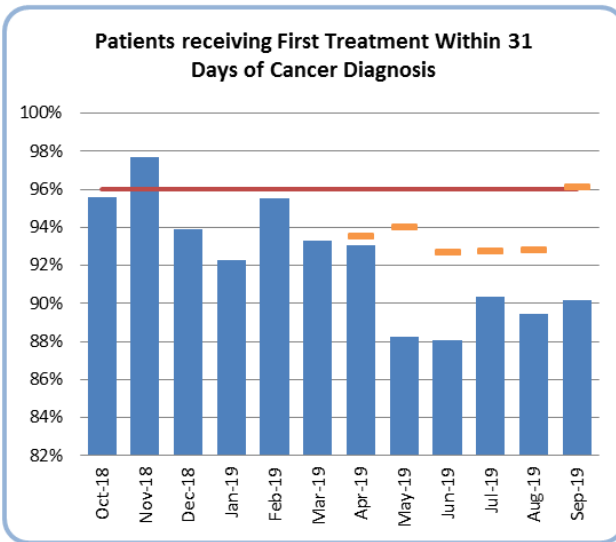
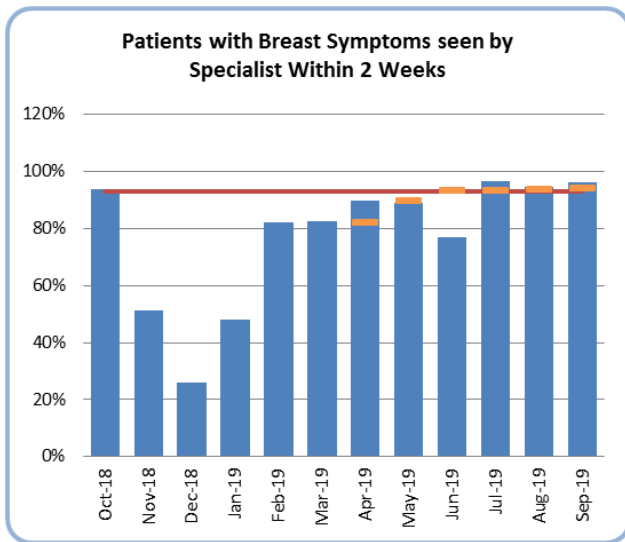
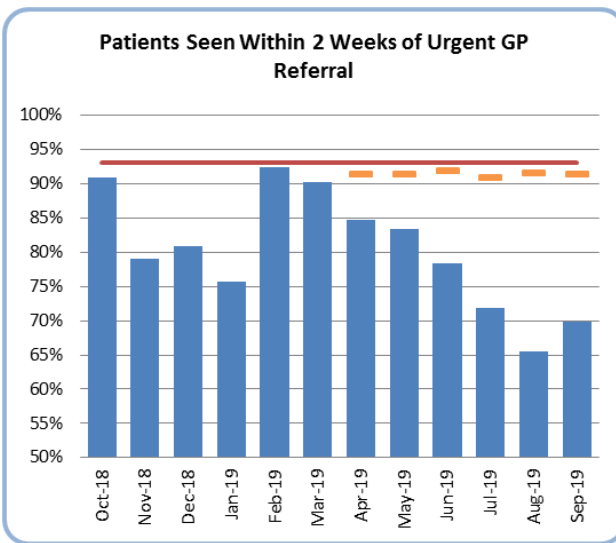
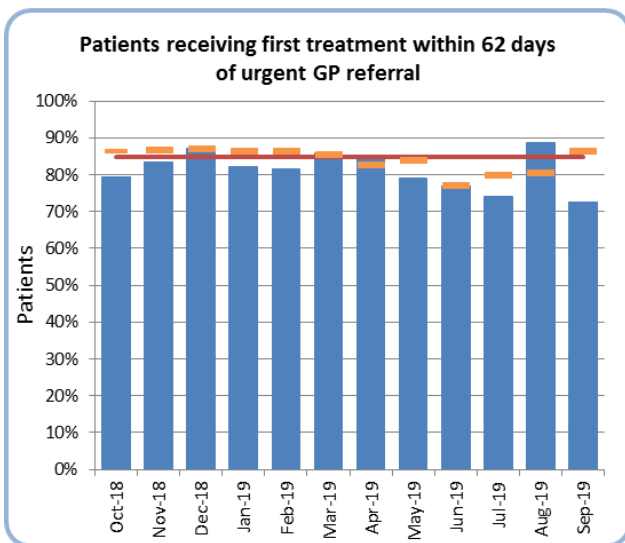
Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Oct-19	% Performance Sep-19
Computed Tomography	2723	395	14.51%	12.88%
Gastroscopy	692	274	39.60%	39.45%
Colonoscopy	631	203	32.17%	33.75%
Flexi sigmoidoscopy	322	121	37.58%	45.73%

Following a large spike in demand, October CT performance reports a deterioration from September and has not met the trajectory of 13%. Additional weekend lists and outsourced capacity have been secured to help address the backlog. Clearance of the CT backlog is planned to be in January 2020.

A number of plans have been implemented to improve Endoscopy performance including weekend activity undertaken by 18 Weeks and GLANSO, increased internal capacity through 6-day nursing cover and system-wide work to reviewed demand and capacity enabling establishment of longer-term plans.

In addition, agreement has been reached with Commissioners for the Trust to outsource Endoscopy activity to an Independent Provider to enable the Trust to deliver compliance with the national wait time standard by the end of March 2020. This is an improvement against the current year-end trajectory of 2.52%.

The recovery trajectory is being reset to reflect this additional capacity and will be reported from next month onwards.



Cancer

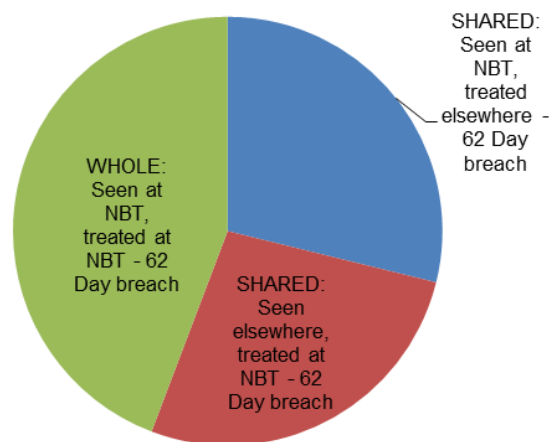
The nationally reported cancer position for September 2019 shows the Trust achieved three of the seven cancer waiting times standards – Breast Symptomatic, 31 day subsequent drug and 62 day screening. Compliance of the 62 day standard forecasted from quarter one of 2020/21 remains on track.

The Trust failed the TWW standard with performance of 69.92%. The Trust saw 2144 TWW patients in September and there were 645 breaches; the majority were in Skin (breaches 548, patients seen 701), Gynaecology (breaches 19, seen 178), Colorectal (breaches 34, patients seen 340) and Breast (breaches 12, patients seen 471). Of the 645 breaches, 533 related to internal capacity issues mostly within outpatients, radiology and endoscopy. 104 patients declined the first offer of an appointment date requesting a later date; the main reason given - patient on holiday.

The Skin speciality achieved all but one of the national standards in September, failing 2WW with 21.83% due to backlog clearance. Performance is much better in October/November therefore we expect Skin to be compliant by year end.

The Trust failed the 31 day first treatment standard with performance of 90.20% against the 96% target. There were 25 breaches in total: 22 in Urology; 1 in Breast; 1 in Skin; and 1 in Colorectal – the majority of which were related to lack of capacity.

62 Day Breach Patients by Breach Type



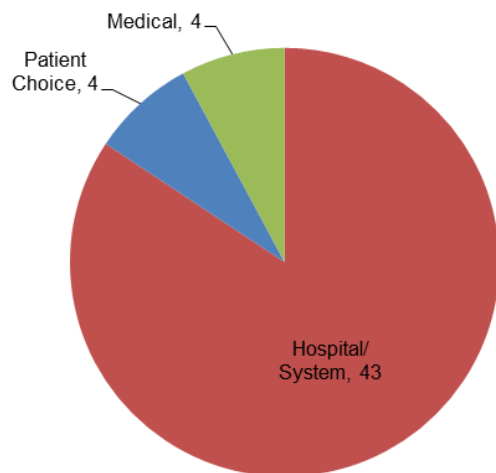
The Trust did not achieve the 62 day standard in September with a performance of 72.58%. The earlier August achievement was unsustainable. Urology's performance for September is 51.06%. This is expected to worsen in October due to the RALP backlog clearance plan.

In September, 42 patients breached the 62 day standard, fourteen of which started their pathway elsewhere and were treated at NBT, 8 of the fourteen were referred beyond 38 days.

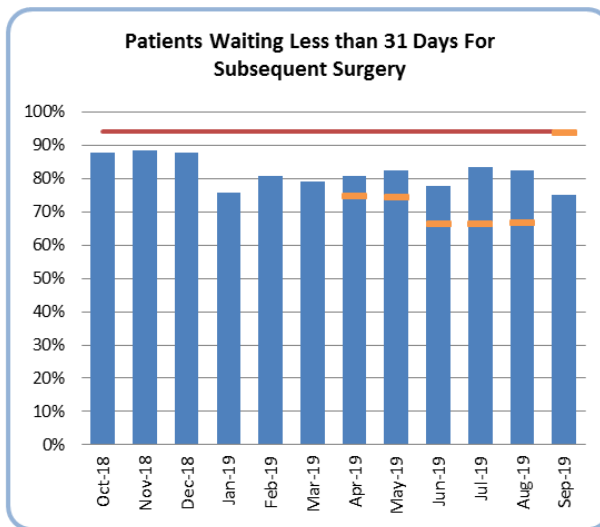
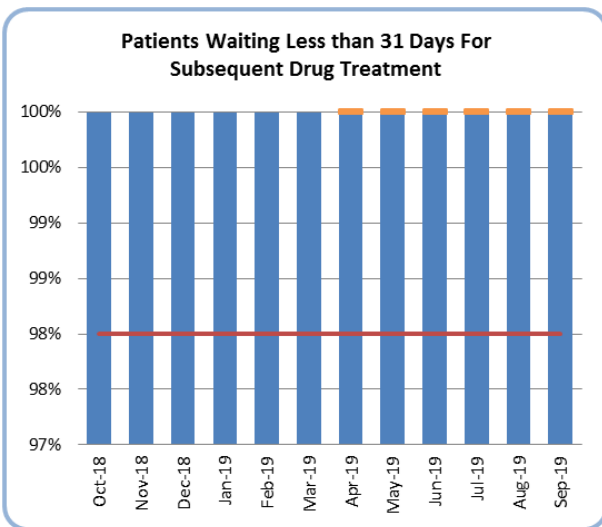
The Trust submission for 31 Day first treatment was 90.20%, with 25 breaches, 22 of the breaches were in Urology, two of which were transferred into the Trust beyond day 38 of their pathway. Other 31 day breaches recorded in September were: 1 in Breast (patient choice); 1 in Skin (capacity); and 1 Colorectal (Complex Pathway).

As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 72.61% of all patients who were initially referred to and treated at NBT within the national standard.

62 Day Breach Patients by Delay Reason



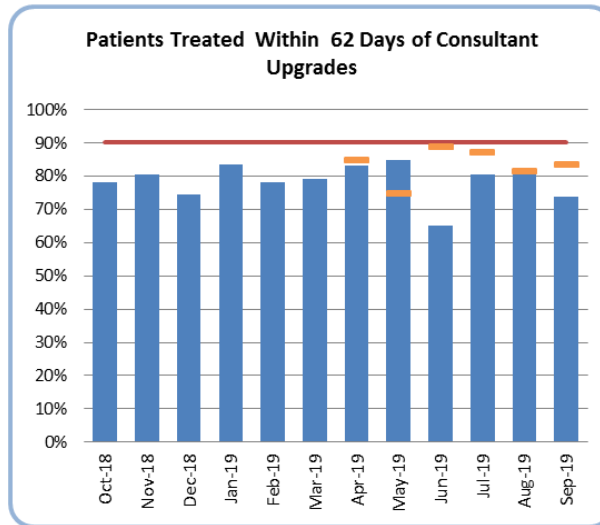
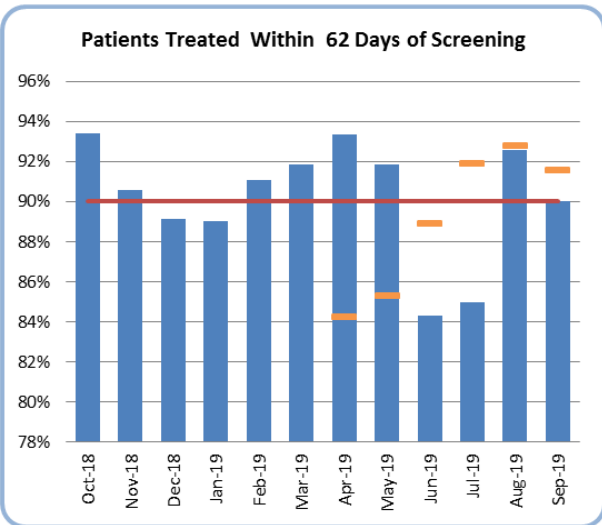
NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.



The Trust failed the 31 day subsequent treatment target in September for patients requiring surgery, with a performance of 75.23% against the 94% standard.

In September there were 27 breaches in total: 12 in Urology, 11 in Skin, 3 in Breast and 1 in Sarcoma. The main reason for the breaches was surgical capacity.

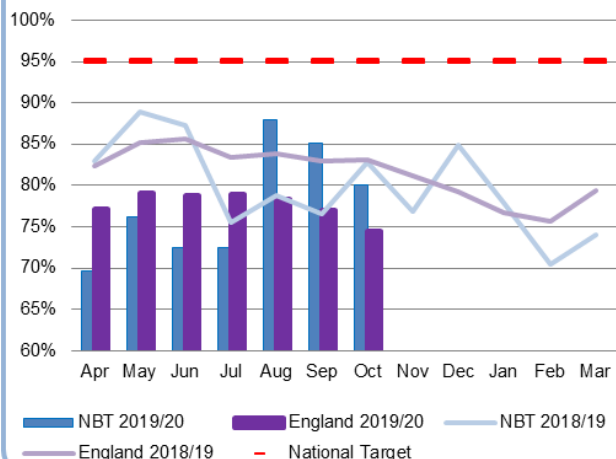
There were 23 over 104 day breaches in September; 19 required a harm review at NBT via Datix, 3 were treated elsewhere and will be subject to their internal process of harm review. 2 breaches were active monitoring and 2 were late transfers.



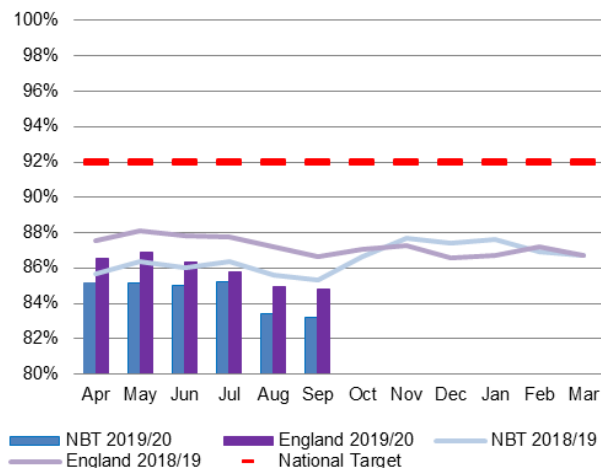
Urology remains the only specialty with 104 day breaches; 19 are under review.

Since the harm review process for patients waiting over 104 days was introduced in 2019, no instances of harm have been found.

ED 4 Hour Performance (Type 1): 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 October 2019 was 80.04% compared to a national Type 1 position of 74.46%. This is the third consecutive month NBT outperformed the national position. The position reflects a decline from September.

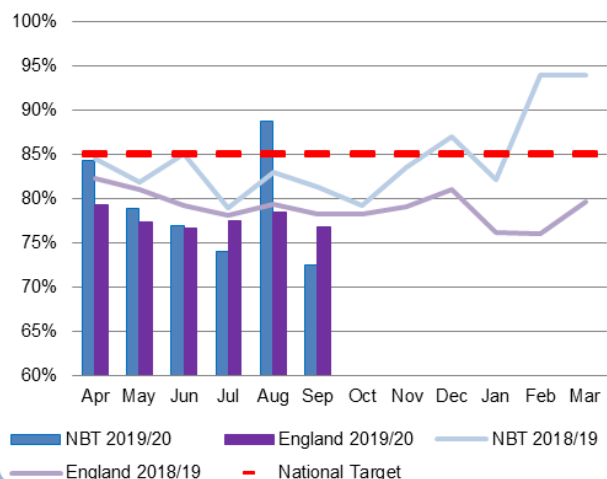
RTT Incomplete

The Trust reported a September 2019 position of 83.20%. This position reflects a decline on last year and falls under the national position of 84.78%.

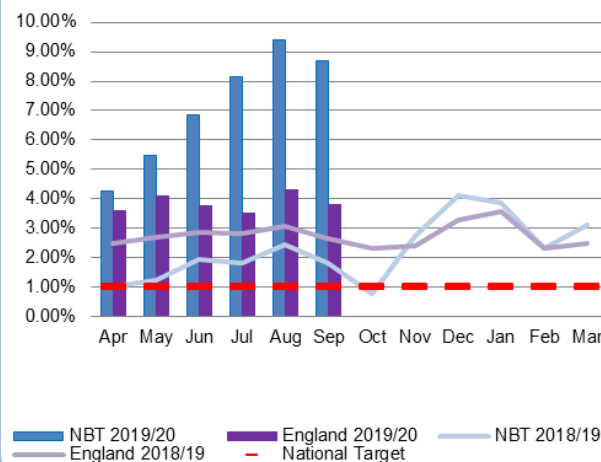
Cancer – 62 Day Standard

NBT has reported an anticipated decline in performance for September reporting at 72.58%, which is less than the national position of 76.58%.

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



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

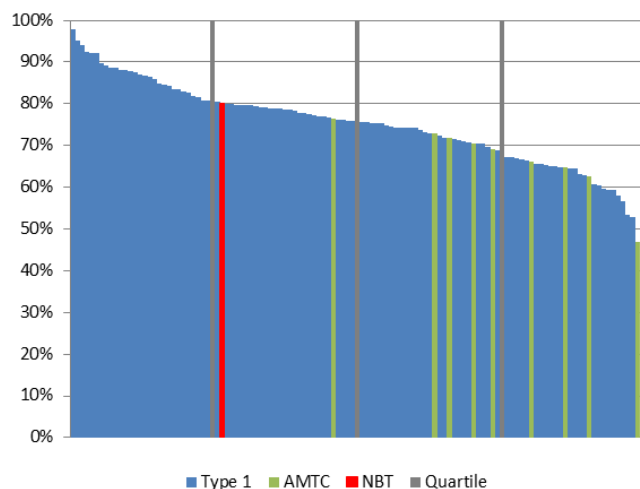


DM01

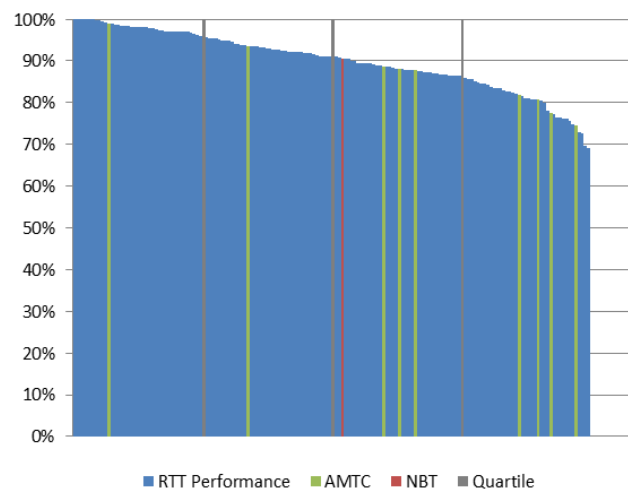
In September 2019, NBT failed to achieve the national standard of 1% with an improved performance position of 8.69%, against the national position of 3.79%.

Performance across all four standards for both the local NBT position and the national position show a deterioration from October 2018.

ED 4H Performance - Type 1, October 2019



RTT 18 Week Performance - September 2019



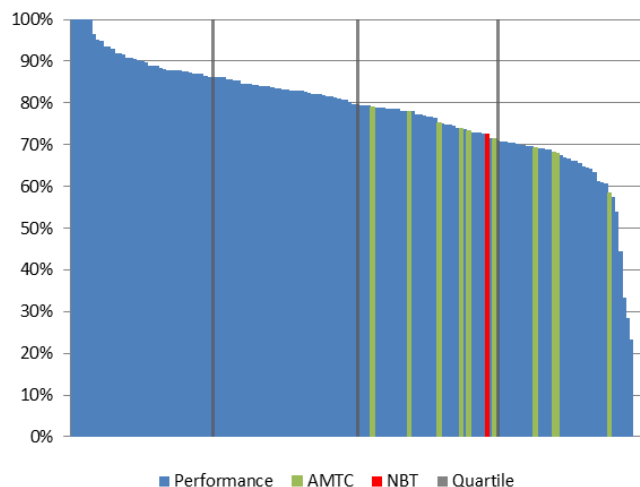
ED 4 Hour Performance

In October, NBT moved to a position of #32 from #23 out of 119 reporting Type 1 Trusts. This has meant the Trust has marginally missed the upper quartile. The Trust's ranking among the 10 Adult Major Trauma Centres remained as 1st by a significant margin in October 2019, despite the decline in performance.

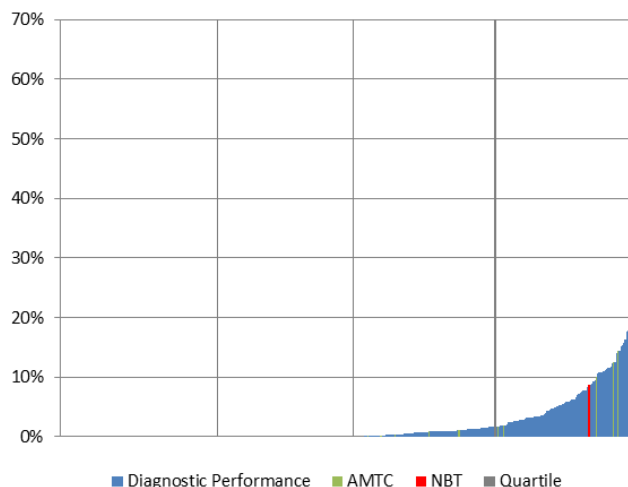
RTT Incomplete

RTT performance in September 2019 was a reported NBT position of #79 out of 158 Providers. The Trust moved to rank 4 out of 10 other Adult Major Trauma Centres. The Trust is reporting within the 3rd quartile.

Cancer 62 Day Standard September-19



Diagnostic Six Week Performance - September 2019



Cancer – 62 Day Standard

At position #105 of 145 reported positions, This represents a planned deterioration in positioning from August 2019 and ranks the Trust 6th out of 11 Adult Major Trauma Centres and within the 3rd quartile.

DM01

NBT reports a static position of #156 out of 192 reported diagnostic positions, with a performance of 8.69% in September. This position ranks 8th out of 11 Adult Major Trauma Centres and remains within the 4th quartile.

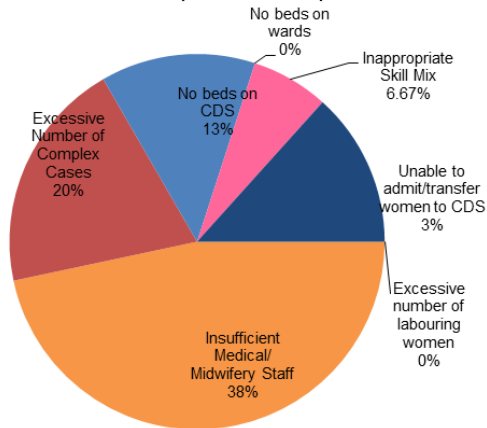
Safety and Effectiveness

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

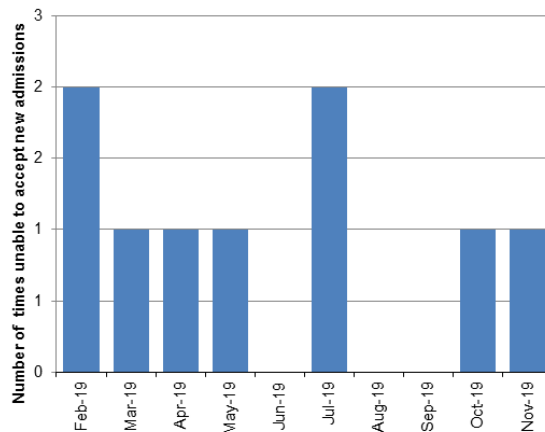
Chris Burton and Helen Blanchard

Birth		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Births		497	491	478	458	448	439	490	454	524	481	455	497
Midwife to birth ratio		01:30	01:31	01:30	01:30	01:28	01:27	01:30	01:28	01:32	01:29	01:28	01:30
Normal birth rate		53.1%	51.1%	56.0%	51.1%	55.7%	53.69%	56.26%	56.08%	53.80%	53.04%	53.90%	53.24%
Caesarean birth rate		32.1%	34.4%	32.1%	37.9%	32.0%	35.02%	30.80%	30.41%	31.58%	33.96%	32.29%	32.79%
Emergency Caesarean birth rate		19.2%	19.1%	18.0%	23.0%	17.7%	22.35%	19.30%	21.17%	15.98%	19.92%	18.04%	16.19%
Induction of labour rate		34.9%	33.4%	34.0%	37.7%	38.3%	41.47%	36.14%	43.02%	36.45%	38.16%	36.53%	38.46%
Total births in midwife led environment		14.3%	7.9%	14.9%	12.0%	14.5%	15.37%	17.86%	14.13%	13.37%	13.60%	13.11%	8.87%
Birth location	Cossham BC	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.21%	0.00%	0.00%
	Mendip BC	12.9%	6.7%	12.6%	10.7%	13.4%	12.84%	16.63%	12.78%	12.40%	12.55%	11.78%	7.86%
	Home	1.2%	1.2%	2.3%	1.3%	1.1%	2.52%	123.00%	1.35%	0.97%	0.84%	1.33%	1.00%
	CDS	84.5%	89.6%	83.7%	86.7%	83.3%	84.17%	80.29%	83.63%	84.11%	85.15%	86.00%	89.31%
One to one care in labour		95.4%	95.9%	97.4%	97.7%	96.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Stillbirth	Actual	1	2	2	3	5	2	2	2	1	2	3	4
	Rate	0.20%	0.40%	0.41%	0.60%	1.10%	0.45%	0.41%	0.44%	0.19%	0.41%	0.66%	0.80%

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



Number of Times CDS Unable to Accept New Admissions



Recruitment

- Successful recruitment to vacant posts in line with the current and projected plan.
- New lead midwife appointed for Antenatal Clinic.
- Senior midwife (SBAR) in progress for Saving Babies Lives v2 required to meet the improvements in CTG interpretation and training across the service.
- Birth rate plus workforce tool has been completed and initial findings discussed and agreed with the team.

Findings suggest shortfall in midwives based on increased acuity and shortfall in specialist posts (scoping currently in progress along with SBAR/business planning process) .

Midwifery Led Services update

- Cossham Birth Centre opened – currently running with an open on arrival model supported by an on call. Audit of all deliveries, transfers and feedback from women in place.
- Audit in progress of Babies Born before Arrival during the year and postnatal readmissions to assess the impact of the community midwifery on call and the plans to reinstate.

Areas of concern

- Impact of national guidance driving significantly increased numbers of women requiring Induction of Labour (IOL). Delays in care impact - outcomes and women's experience .

Action – IOL suite adjacent to CDS in development. Trial period in December with official opening date of 7 January 2020.



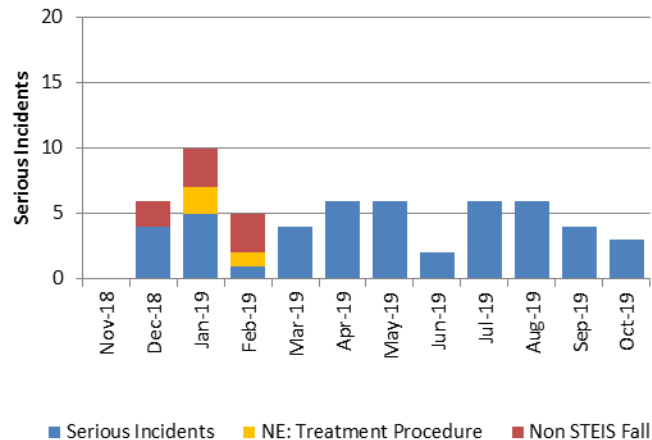
'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose – new anaesthetic videos designed and attached November 2019

Quality & Patient Safety

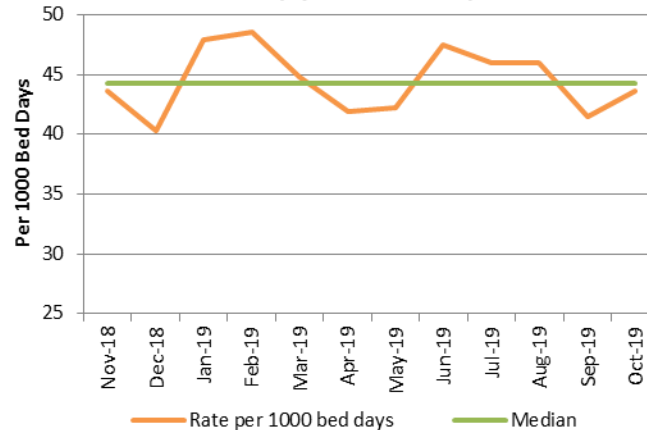
Additional Safety Measures

Board Sponsor: Director of Nursing & Quality

Occurrence of Serious Incidents (including Never Events): Nov 2018 to Oct 2019 by Date Reported (STEIS or SWARM)



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



*Data from Risk Department

Serious Incidents (SI)

Three serious incidents were reported in October 2019:

- 2 x Patient Falls
- 1 x Treatment or Procedure

Never Events:

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

SI & Incident Reporting Rates

Incident reporting has increased in October to 44.23 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

ASCR – 0.23

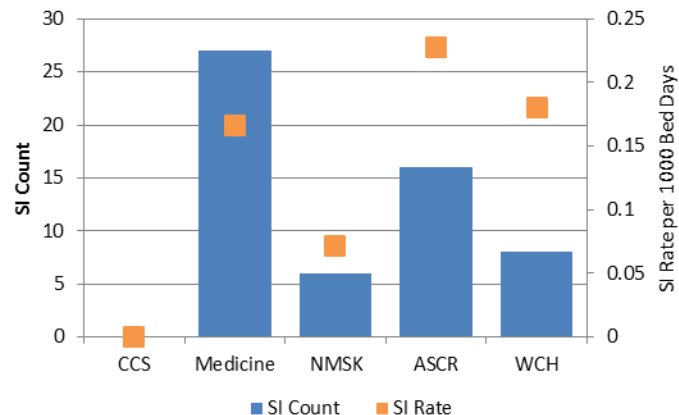
WCH – 0.18

Med – 0.16

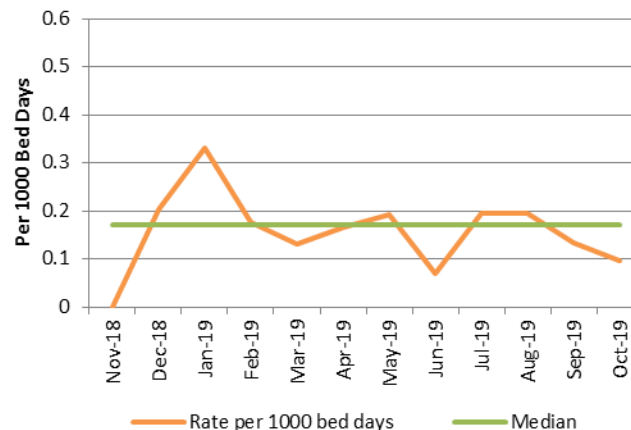
NMSK – 0.07

CCS – 0

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



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

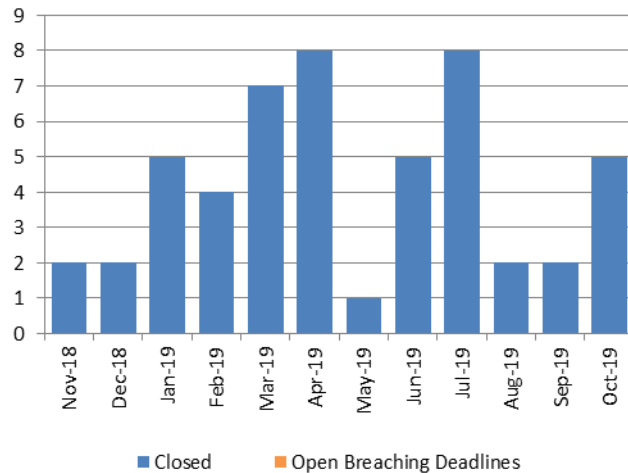


Quality & Patient Safety

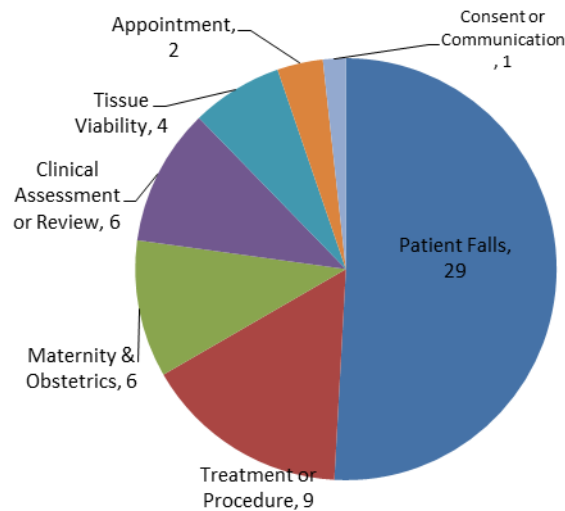
Additional Safety Measures

Board Sponsor: Director of Nursing & Quality

**Number of Serious Incidents Closed and Open Breaching Deadlines Nov 2018 to Oct 2019
(by Date Reported to STEIS)**



Top Types of SI reported Nov 2018 to Oct 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their October 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.

A Falls presentation was given to the September 2019 Patient Safety & Clinical Risk Committee.

CAS Alerts – October 2019

Alert Type	Patient Safety	Facilities	Medical Devices	Supply Distribution Alerts
New Alerts	0	1	8	3
Closed Alerts	0	0	6	3
Open alerts (within target date)	0	1	2	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

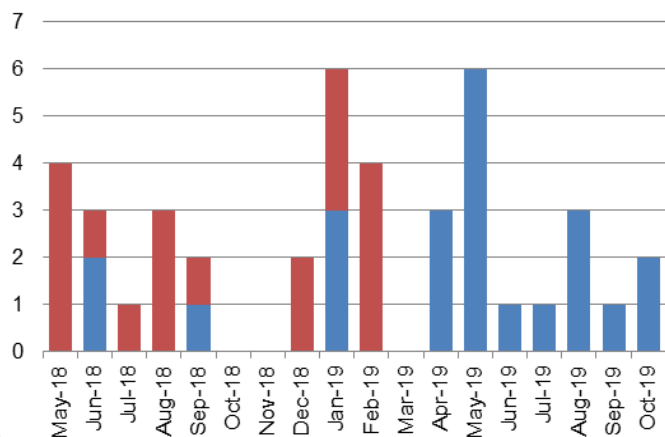
Central Alerting System (CAS)

12 new alert reported, with none breaching their response target dates.

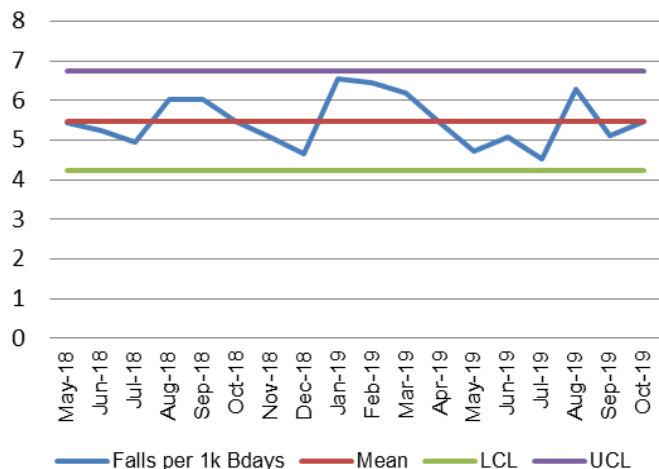
This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.
- Clinical Assessment or Review

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 October 2019, 173 falls were reported of which; two resulted in severe harm, two were categorised as moderate, 42 low and the remaining 127 as no-harm. The majority of reported falls occurred within Medicine Division (108), with the others occurring in NMSK (42), ASCR (21), CCS (1) and Women's and Children (1).

The falls per 1000 bed days level was 6.6 which is an upturn as a consequence of more no-harm reported falls.

Falls CQUIN Quarter 2 WebEx Feedback

The picture from Providers who shared their Quarter 2 data highlighted a large variance in performance.

The Trust's performance has improved in Quarter 2 as demonstrated in the figures below, especially with the 'lying to standing blood pressure assessments':

CQUIN standards:

1. Patients prescribed high risk drugs have clear rationale for doing so
2. Patients have Lying and Standing Blood Pressure checked at least once during admission
3. Patients receive a) mobility assessment and b) mobility aid within 24 hours of admission

Quarter 1 delivery:

1. 80% achieved
2. 19% achieved
3. a) 93% and b) 97% achieved

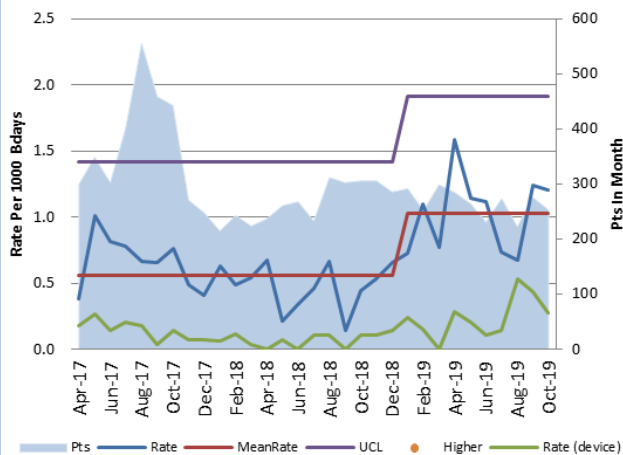
Quarter 2 delivery:

1. 87.5% achieved
2. 57% achieved
3. a) 96% and b) 100% achieved

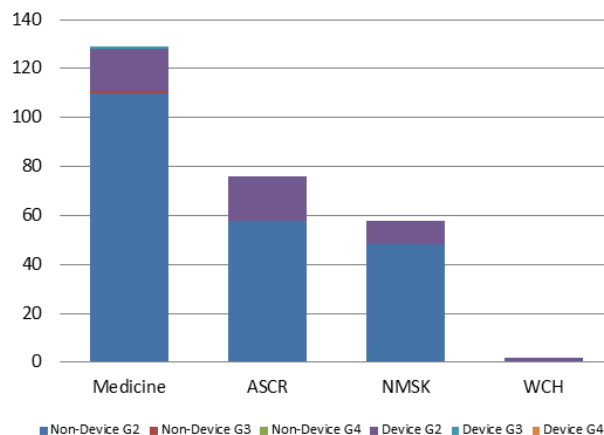
A strong network of Falls Champions continues to be developed to support our improvement work as close to the point of care delivery as possible.

One of the highest performing Providers is using a band 2 patient safety link role in AMU. This person is responsible for completing/making sure Lying and Standing Blood Pressure assessments are completed. This role could also incorporate other safety aspects within an assessment unit environment. This will be discussed with AMU and the case for investment will be considered.

Pressure Injuries - Total G2+ per 1000 Beddays Trustwide



Pressure Injuries Year to Date 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 3 and Grade 4 pressure injuries.

No Grade 4 or 3 pressure injuries were reported in October 2019.

The Trust reported 43 Grade 2 injuries for October, which occurred to 33 patients, which is a slight decrease on the previous month, with a reduction in device related injury. The break down of injury is as follows:

Buttocks / Natal cleft: 35%

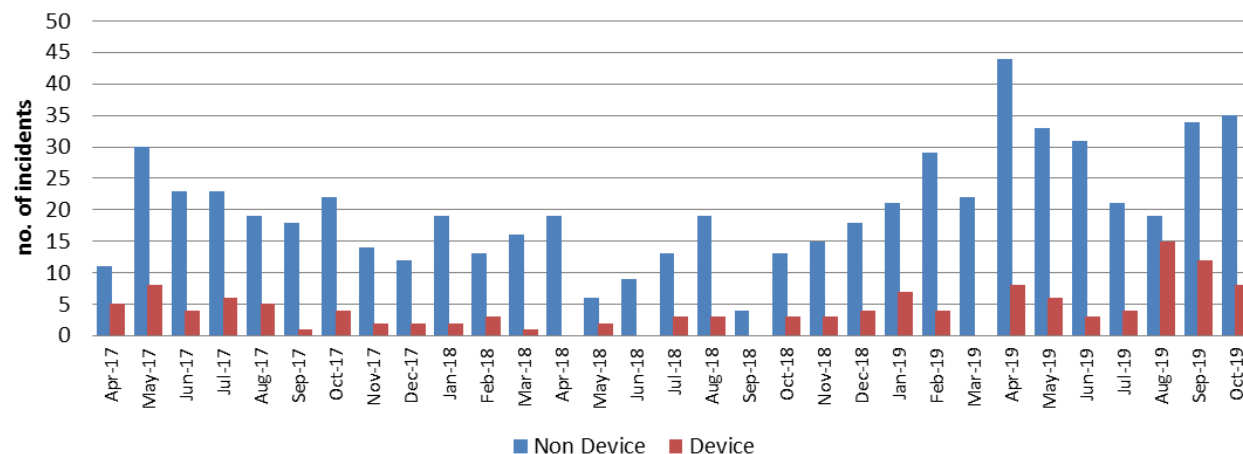
Heel: 23%

Other: 21%

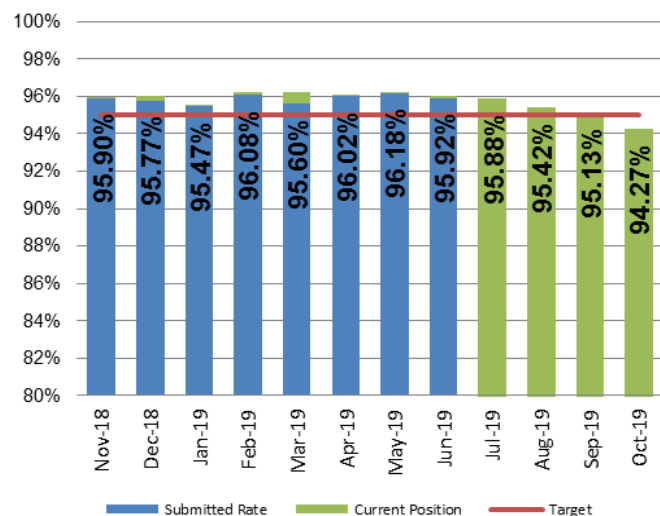
Medical device: 21%

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. Progress on the pressure injury reduction will be presented at this months board by representatives of the clinical divisions.

Pressure Ulcers - Total Incidents



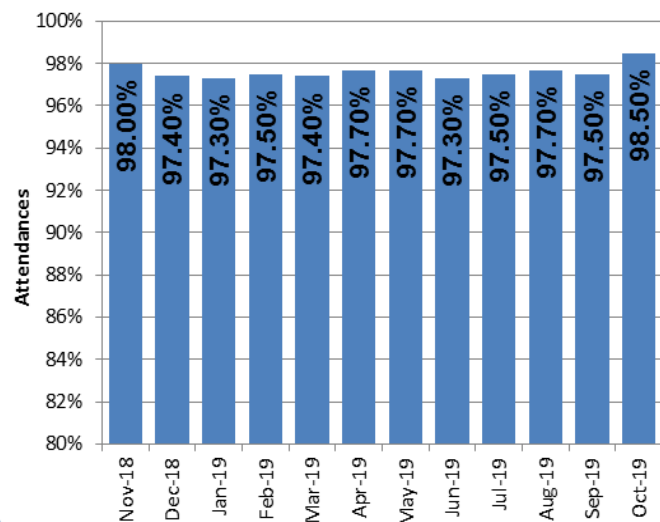
Venous Thromboembolism Risk Assessment



VTE Risk Assessment

The Board expects a VTE risk assessment to be carried out for all appropriate in-patients. Performance in recent months has met the target but been less secure and the Thrombosis Committee are considering the key actions that will ensure sustained delivery.

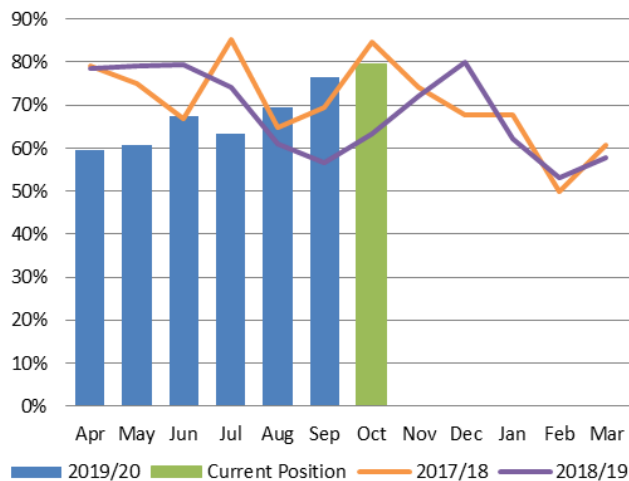
WHO Checklist Compliance



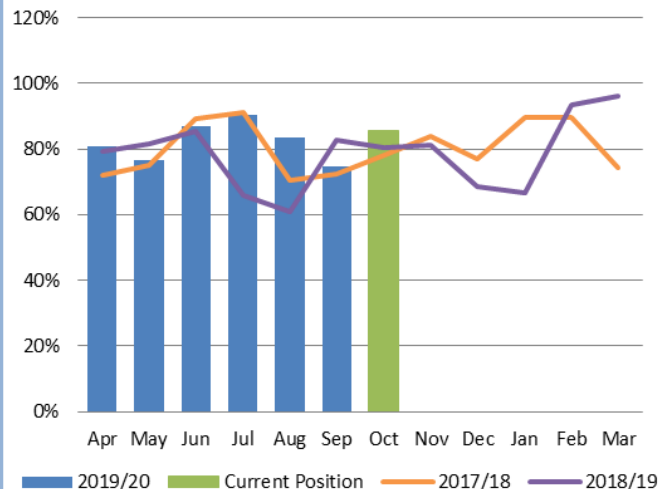
WHO Checklist Compliance

The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres. Any areas failing to record compliance are addressed by the relevant leadership team.

All Patients Admitted to an Acute Orthopaedic Ward within 4 Hours



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



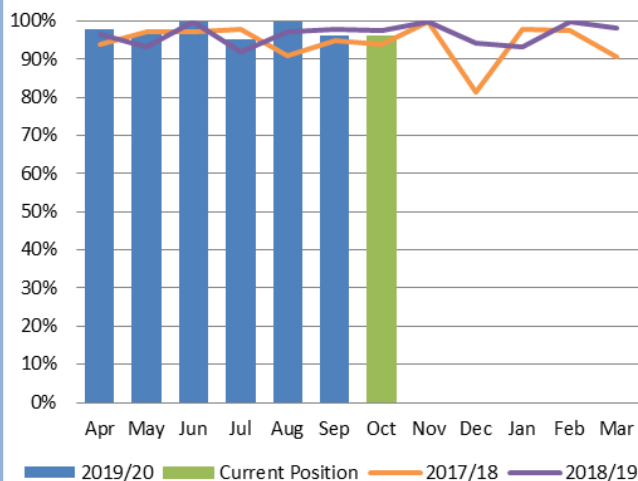
Fractured Neck of Femur in Patients aged 60 years and over

Patients admitted to an acute orthopaedic ward within 4 hours

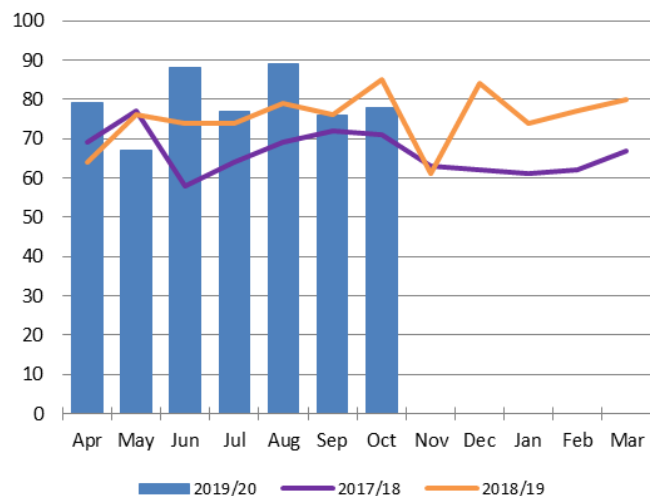
Hip Fracture data is reported one month in arrears with the current month included for reference.

There was sustained performance against key metrics for hip fracture care.

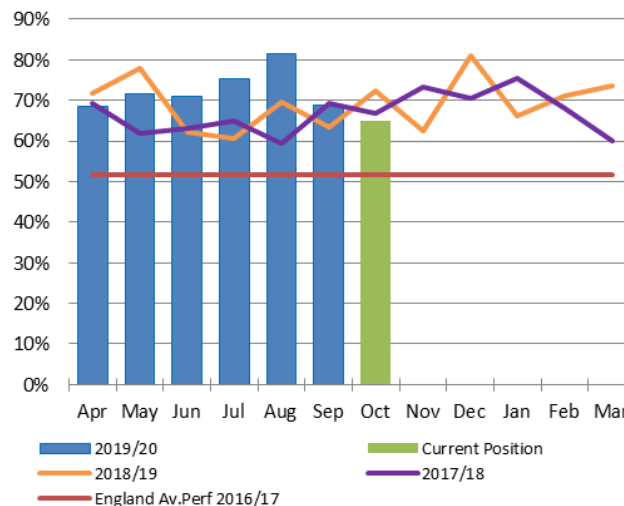
All Patients Assessed by an Orthogeriatrician within 72 hours



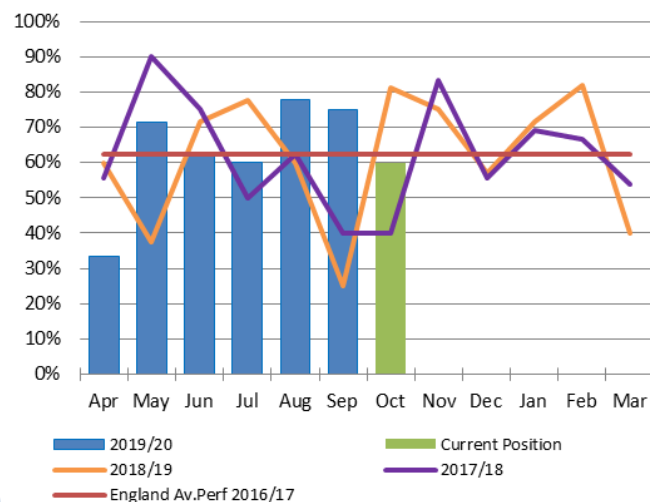
Number of Stroke Patients Admitted



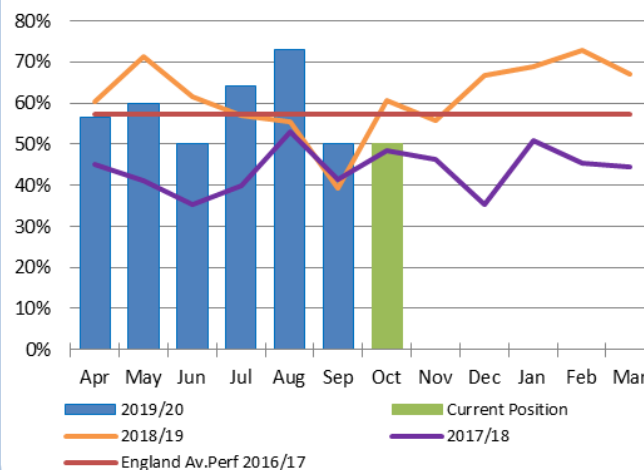
Patients Scanned within 1 Hour of Clock Start



Patients Thrombolysed within 1 Hour



Patients Directly Admitted to a Stroke Unit within 4 Hours



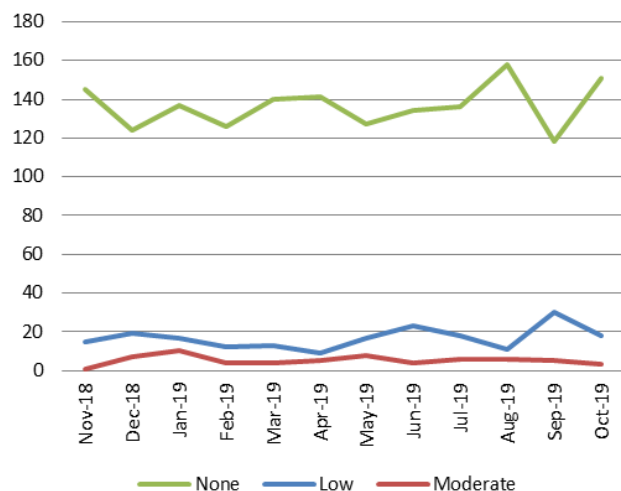
Stroke

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

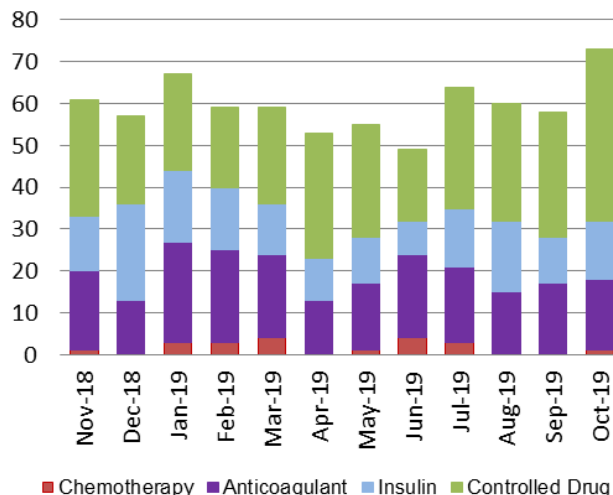
76 stroke patients were admitted during the month of October 2019 with 75% of stroke patients who required thrombolysis receiving this within 1 hour which is above the England average.

Admission to a stroke unit within 4 hours of presentation is a key metric in the NHS Long Term Plan. This continues to be a challenging target for all units in BNSSG and NBT performance was at 50% in October 2019.

**Severity of Medication Error
(Last 12 Months)**



**Incidents Involving High Risk Drugs
(Last 12 Months)**



Medicines Management

Severity of Medication Error

During October 2019, the number of “No Harm” medication errors represented c.88% of all medication errors; reinforcing the strong culture of reporting across the Trust

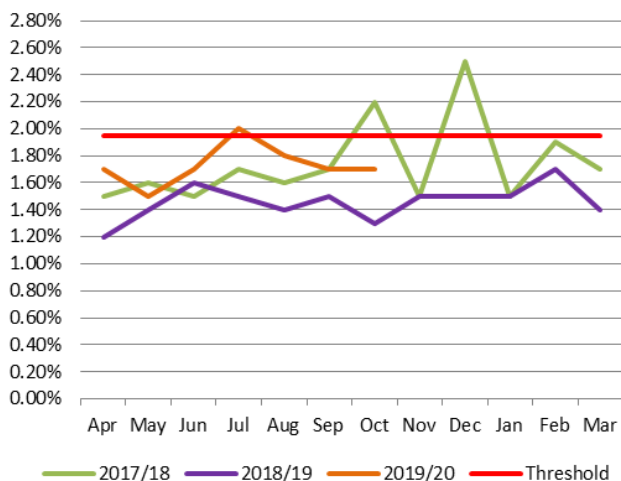
High Risk Drugs

High Risk Drugs formed c.38% of all medication incidents reported during October 2019. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team

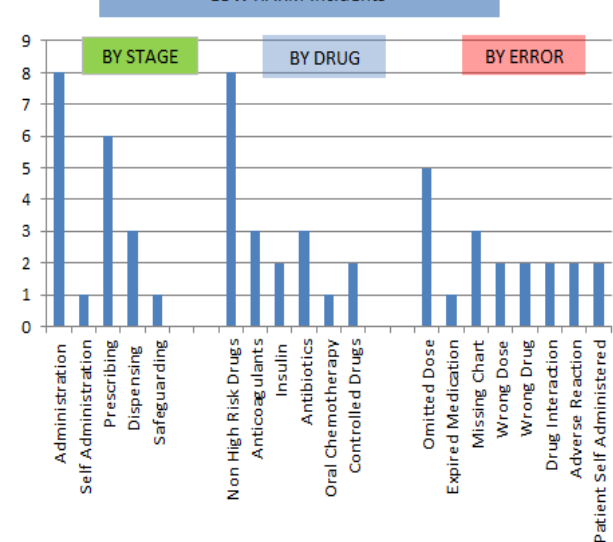
Missed Doses

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

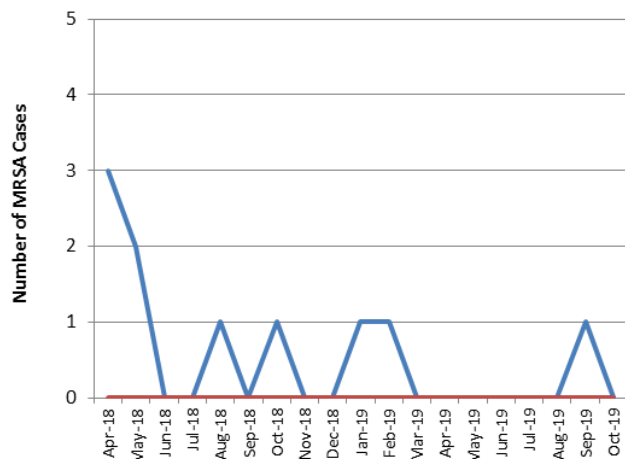
Percentage of Patients with One or More Missed Doses



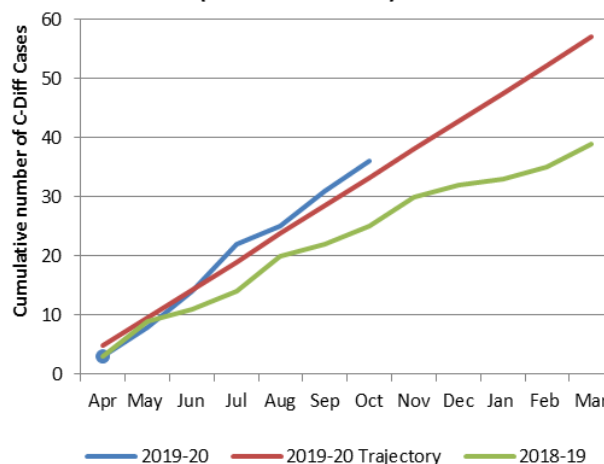
LOW HARM Incidents



MRSA Cases - Trust Attributable



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



MRSA

There were no cases of MRSA bacteraemia in October. Year to date there has been one reported case for the organisation.

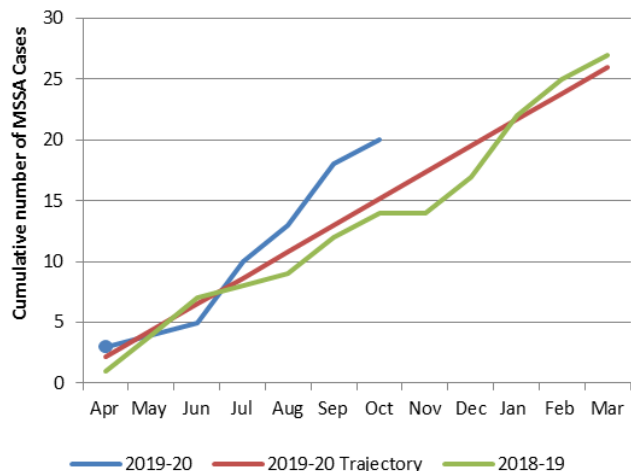
C. Difficile

In October there were five cases reported against the trajectory. Three cases were hospital onset and two cases were community onset.

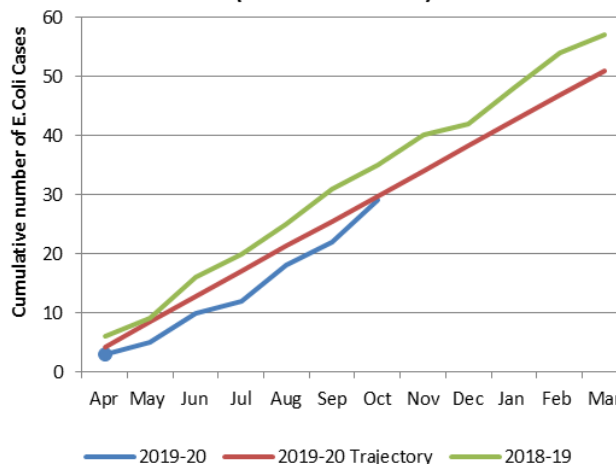
MSSA

There were two reported cases of MSSA bacteraemia in October. As an organisation we remain above trajectory and previous experience in NBT although the rate is comparable to regional and national benchmarks. The Trust staphylococcus steering group continues to monitor and review cases.

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



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



E. Coli.

The Trust target for 2019/20 is a 10% reduction on the previous year. The focus for improvement is on the management of urinary catheters.

Mortality Review Completion

Sep 18 to Aug 19	Completed	Required	% Complete
Screened and Excluded	1040		
High Priority Cases	155		
Other Reviewed Cases	344		
Total Reviewed Cases	1539	1804	85.3%

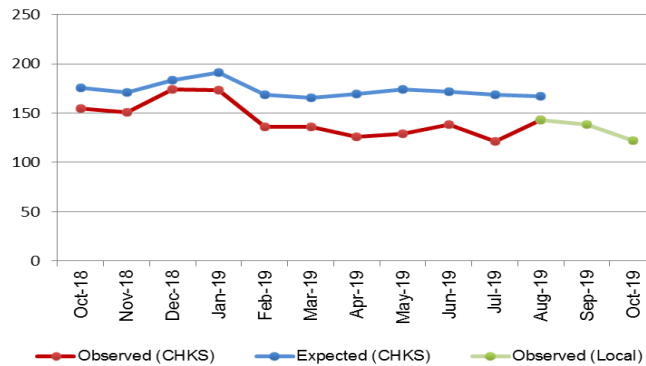
Overall Score	1	2	3	4	5
Care Received	0.0%	3.1%	18.6%	57.1%	21.2%

Date of Death	Sep 18 to Aug 19
In Progress	1
Reviewed Not SIRI	13
Reported as SIRI	0
Total Score 1 or 2	14

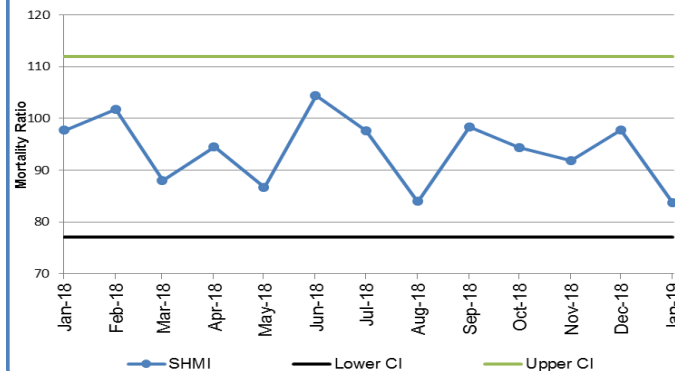
The overall score percentages are derived from the score post review and does not include screened and excluded.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Overall Mortality

Mortality data has remained within the expected range.

Mortality Review Completion

The current data captures completed reviews from 01 Sep 2018 to 31 Aug 2019. In this time period (this is now reported as a 12 month rolling time frame), 85.3% of all deaths had a completed review. Of all "High Priority" cases, 92% completed Mortality Case Reviews (MCR), including all fourteen deceased patients with Learning Disability and six 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 remained at 96.9% (score 3-5).

A review of the findings of the fourteen cases where care was considered poor or very poor is being conducted and will present learning themes to Mortality Review Group in January 2020.

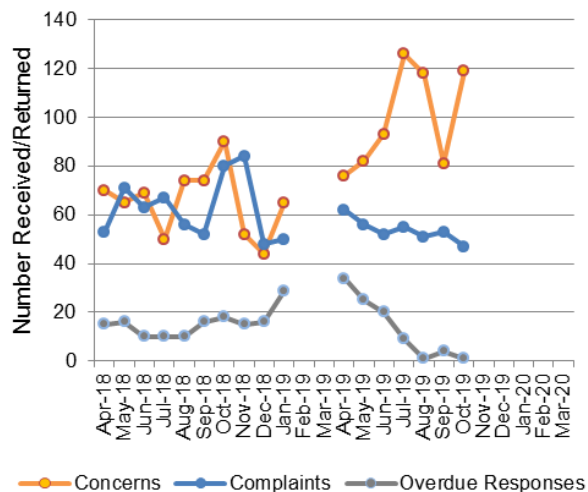
Learning from Deaths Internal Audit:

NBT's Internal Auditors, concluded an audit of our process with an opinion of "Significant Assurance, with minor improvement opportunities".

Quality Experience

**Board Sponsor: Director of Nursing and Quality
Helen Blanchard**

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

In October 2019 the Trust received 47 formal complaints and 119 PALS concerns.

The 47 formal complaints can be broken down by division:

ACSR: 9 CCS: 4 Medicine: 14
NMSK: 9 WACH: 9
Finance: 1 IM&T: 1

The number of formal complaints (47) received in month was less than the monthly average between 50 to 60. This may reflect the embedding of the Patient Advice and Liaison Service (PALS) as an increase in PALS concerns was observed from 81 in September to 119 in October 2019. A further roll out of training, together with a new Complaints policy reinforced taking opportunities for local resolution on the ward before a problem reaches the PALS office.

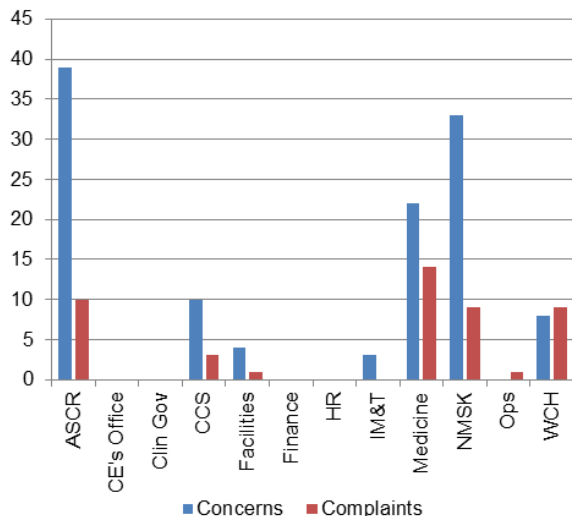
Final Response Rate Compliance

Implementation of the recovery plan across the Trust contributed to 87% of complaints being responded to within the timescale. This includes ALL cases with due date for completion within the last month (October).

Overdue complaints

In order to ensure the compliance target is sustainable, weekly meetings take place with divisions. Support in identifying the cause of the overdue complaints being provided in particular with ACSR with the highest number of overdue complaints.

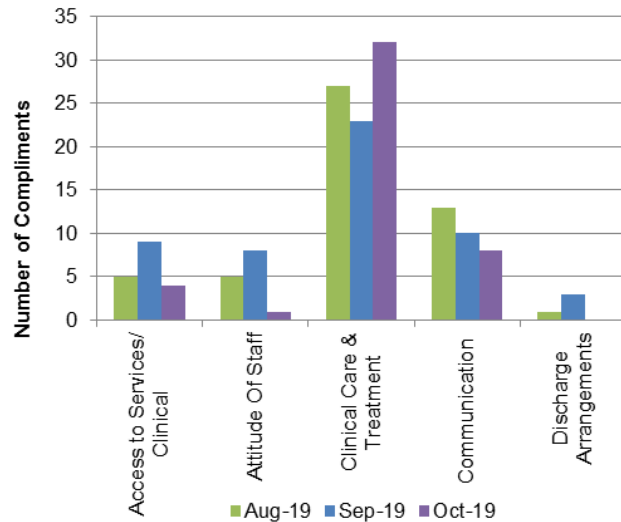
Concerns and Complaints per Division



Division	Total Closed for Oct	Total Overdue at end of Oct
ACSR	13	1
CCS	3	
Medicine	14	
NMSK	9	
WCH	3	
Facilities	2	
Finance	1	

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



Complaints By Subject

There was an increase in the number of complaints within the area regarding clinical care and treatment. This is a broad theme area and a deep dive is currently ongoing to provide further breakdown. The deep dive into understanding the key elements of this category is now planned to be undertaken through the work stream of the Divisional Operational Leads Group. Thus increasing ownership and the opportunity for shared learning. The process will include triangulation with FFT data. A full report will be provided to Patient Experience Group (PEG) at the end of Quarter 4 and an update report at the January 2020 PEG meeting.

Example compliments received by the Trust in October 2019:

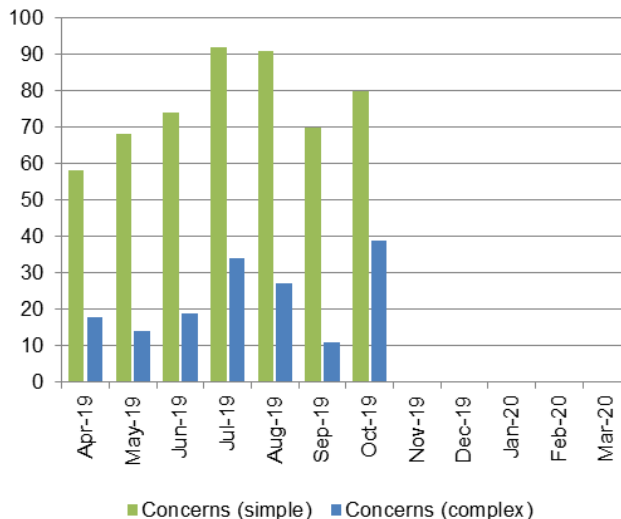
"I was admitted to Southmead AMU last week and later moved to the Infectious Diseases ward because they had a bed available. I was an inpatient for almost a week. It's hard to express how grateful I am to all the staff who cared for me while I was there. I met so many nurses, doctors, porters, medical students, domestic staff, phlebotomists and the consultant and they were so warm and kind when I was the most vulnerable and sick I've ever been. Everything was so organised from making sure I had enough to eat and drink, to medication, to sending me for scans. Everything was kept spotlessly clean. I can't thank you all enough for how well you treated me. I was so unwell and I never once felt anxious or worried - they made me feel completely confident in them and I will always be grateful."

"I attended Southmead hospital for my first appointment, The surgeon I seen was very professional very understanding and won my trust in regards to my future treatment, I just want to thank you guys at Southmead for giving me hope again after a very stressful year in personal matters. I have faith that I'll be able to return to half decent life again even though I can't return to my normal trade, thank you Southmead roll on my surgery date and this is to better things to come"

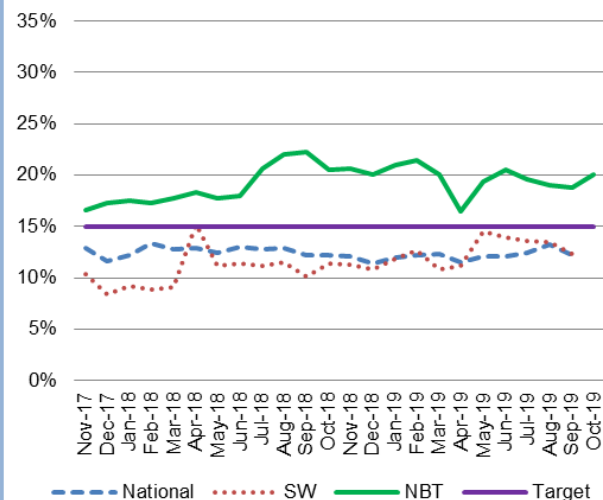
Patient Advice and Liaison Service (PALS)

In the month of October, 119 PALS concerns were received. Of the 119 PALS concerns received, 80 were classified as more simple concerns and 39 warranted more in depth investigation from within the division, and were classified as complex concerns. The introduction of a new Standard Operating Procedure and an Employee Guide to Local Resolution has proved effective at supporting and empowering staff to address concerns locally at ward level.

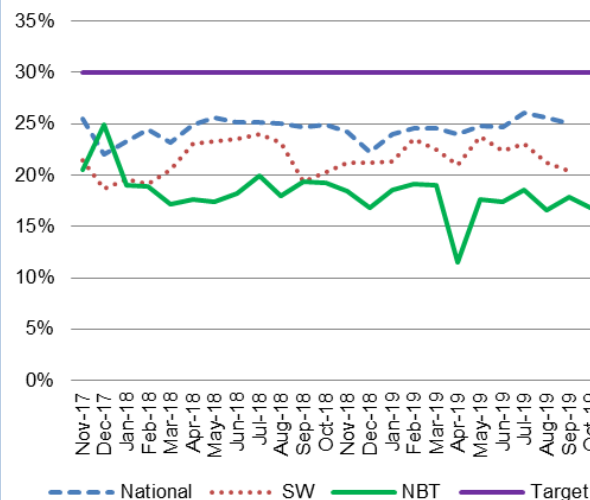
PALS



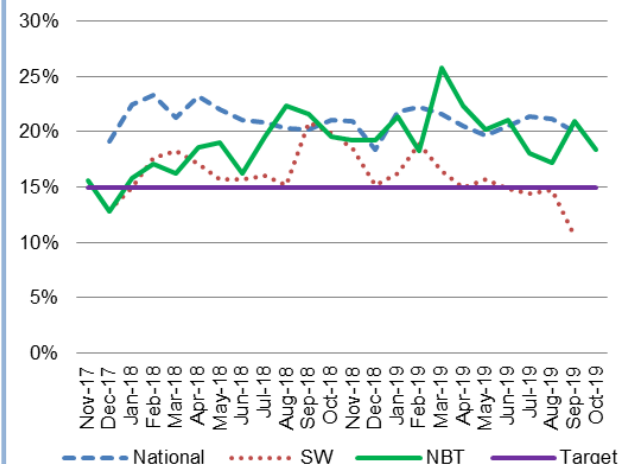
Emergency Department - Response Rate



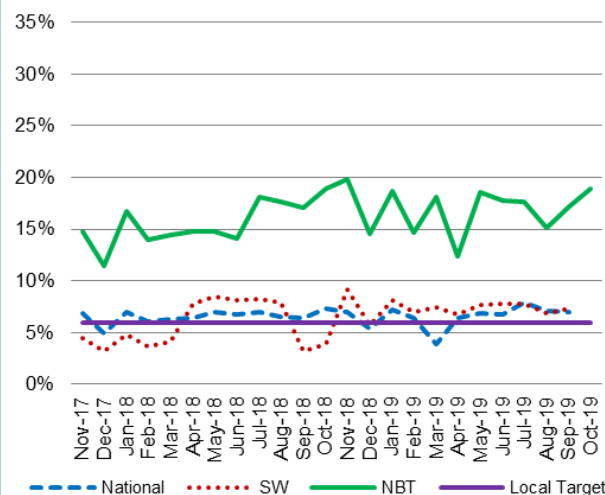
Inpatients - Response Rate



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



Outpatients - Response Rate



Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	20.00%
Inpatients	30%	16.83%
Outpatients	6%	18.95%
Maternity (Birth)	15%	18.39%

The Emergency Department have maintained their good response rate. The rate is above the national and SW (north) regional rates.

The Inpatient response rate continues to fluctuate between 16 and 17%. Business cards were provided to all wards in the month of September promoting the FFT. Improving response rates across in patients are a key action within the current CQC improvement plan. Divisions are taking action in promoting feedback opportunity.

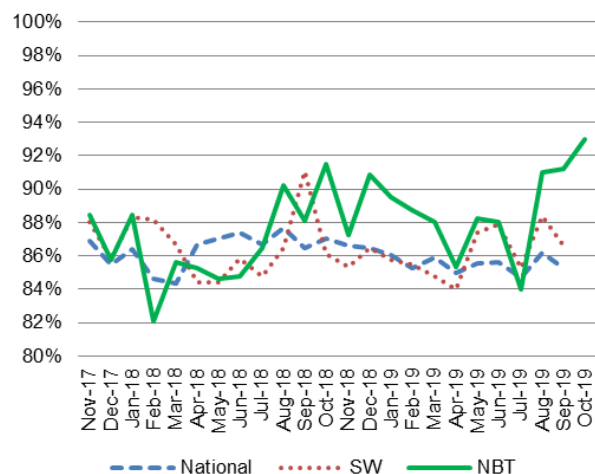
Out patient response rate continue to be very positive, having identified the correct data source of eligible patients in September.

Maternity remained above target although the response rate fluctuates. The promotion of the FFT opportunity is in progress with the provision of FFT business cards to all patients explaining how they can give feedback.

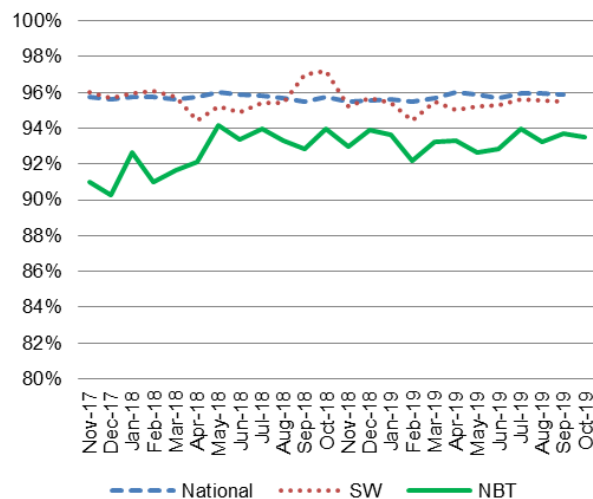
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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



FFT Recommend Rate	Target	NBT Actual
ED	90%	92.97%
Inpatients	95%	93.52%
Outpatients	95%	95.31%
Maternity (Birth)	95%	93.26%

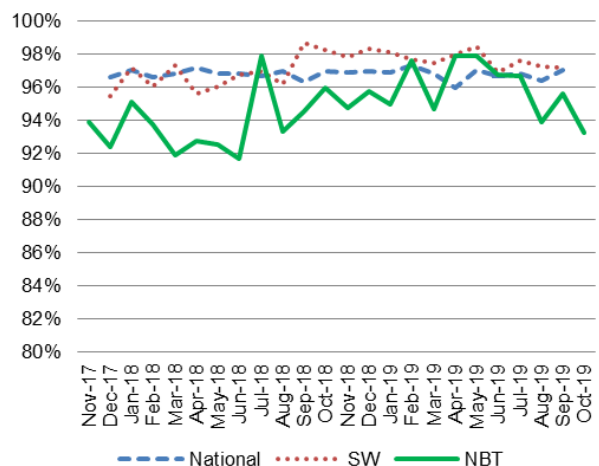
In October the Emergency Department received the highest percentage of patients recommending the ED over the past 12 months remaining above the regional and national requirement. The theme relates to positive staff attitude with reports of by kind professional, friendly and helpful staff. Waiting times remain the are of most concern.

The percentage of inpatients recommending the hospital remain between 92 and 94%. Staff attitude remains the most positive theme.

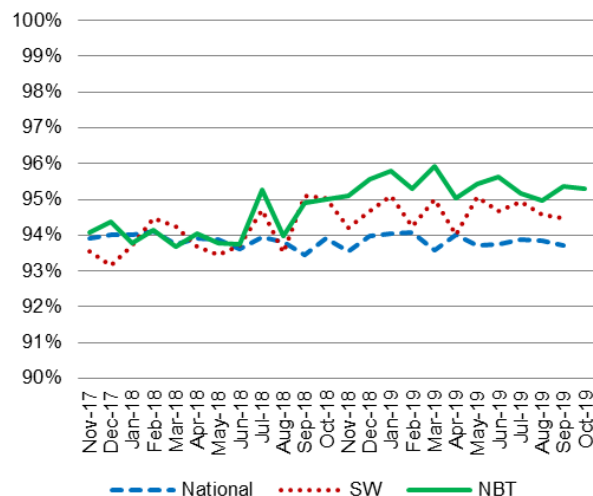
Maternity (Birth) is showing a decreasing trend in the percentage of patients who recommend the service. It is difficult to understand the cause of this from the small amount of qualitative data provided by respondents. Data will be triangulated with national survey data in the review workshop on 22 November 2020.

The percentage of Out patients who would recommend OPs remains above the SW (North) regional & national. Negative feedback relate to waiting times and communication with positive feedback relating to staff attitude and clinical care. This is reflective of wider current feedback from those attending out patients. This is integrated into the improvement plan.

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



Outpatients - % Would Recommend



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.”

Gate 31(4)

Confusing information given, and a 2hr 40 minute wait for medication after being discharged.

Gate 6b (1)

The care and support I have received has been outstanding, everyone has been so friendly and caring no matter how busy and understaffed they have been. Huge thank you from me!

OP Radiology: (1)

The staff are amazing. Communication was good throughout and I was so well taken care of. I feel so lucky that Southmead is my nearest hospital, and to have the wonderful care of the NHS.

OP Urology – Gate 36 (4)

Wait for 90 mins to be seen. No indication that clinic was running late. And how does clinic run late when I'm the 3rd person to be seen. If as the consultant says this might be a clinic delivering difficult news then plan ahead, review which patients are seen and get enough staff to run it effectively. Its even more critical that this clinic runs to time

Maternity Post delivery (1)

The care I received at Southmead throughout my time was first class. Every staff member I came across took the time to listen and support me through labour and the issues I had post birth. They ensured I knew how to care for my new baby girl and worked hard to form positive relationship with myself and my husband. Thank you so much to everyone at Southmead maternity unit!

Birth (1)

The staff went over and above, couldn't have asked for a better support network. Forever grateful for bringing our boy into the world safely

Gate 8a (3)

More care staff for people who need one to one care due to health issues like epilepsy as well as more services for young people under 21 as I felt very alienated being only 17 on a adult ward with people at least 30+

ED (1)

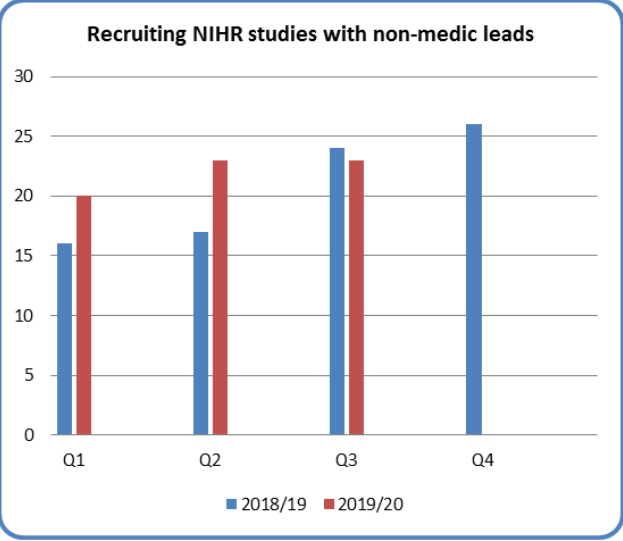
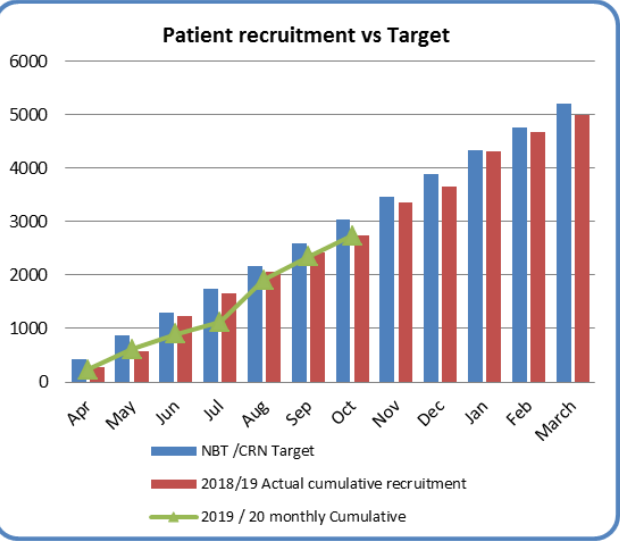
They understood what I was going through, they didn't sugar coat it or try to tell me you'll be okay soon they were just honest and they spoke to me as if they were going through it with me and I didn't feel alone

ED (5)

Communication between staff . I was told to stay by one doctor then kicked out by another at 12.30 at night, when I was in so much pain I couldn't sit down.

Research and Innovation

Board Sponsor: Medical Director

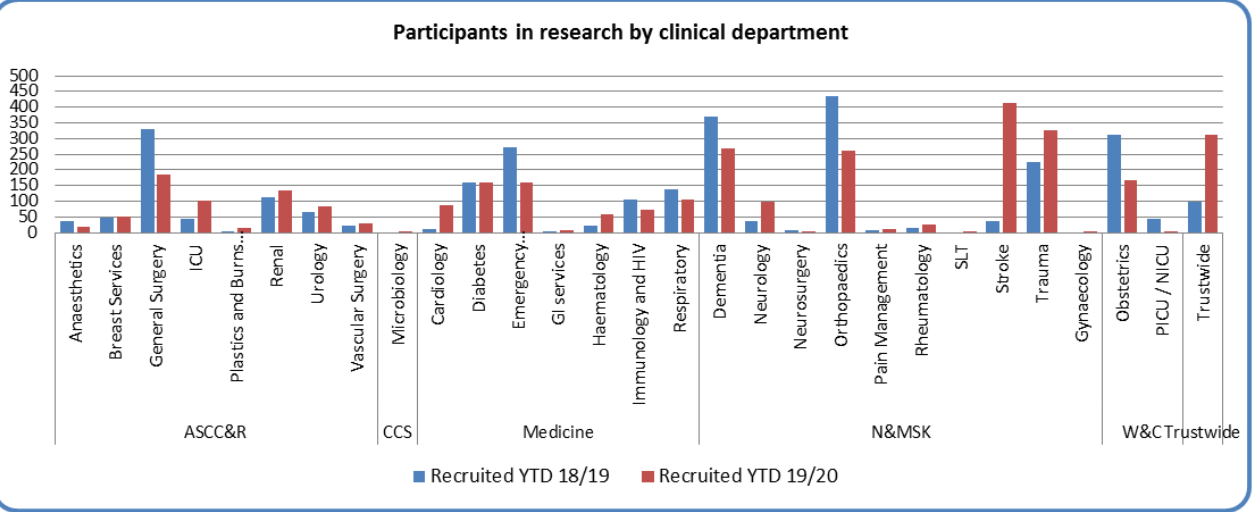


Patient recruitment into research studies is 92% of the target. While the target remains a challenging one it is one which R&I have established plans and expect to meet.

Due to a generous charitable donation to the NBT Research Fund, R&I opened a Trust-wide open call for applications to fund research projects up to £20k each. The call closed on 18th September 2019 and 28 applications have been received.

NBT currently holds 35 research grants (NIHR, charity and other) to a total value of £21m, with 6 NBT-led grants in set-up (£3.2m).

NBT R&I has been shortlisted for Investors in People Employer of the Year, Silver Category. The winner will be announced on the 19th November in London.



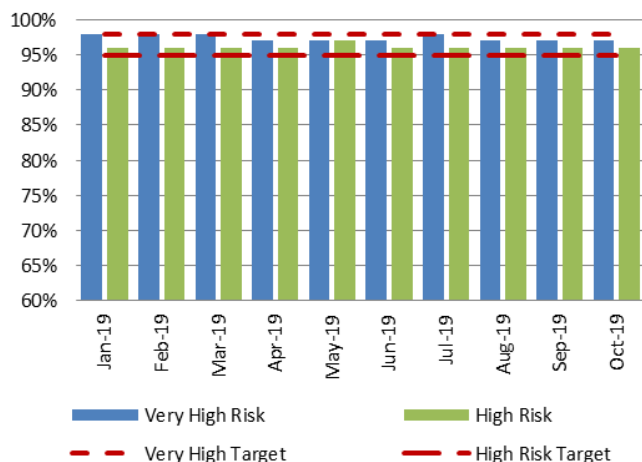
"The Bladder and Bowel Confidence (BABCON) Health Integration Team was approved by Bristol Health Partners in October providing an identity for continence care across the city. NBT are the proud sponsor of this fantastic collaboration of patients, the public, UWE, UoB, Bristol City Council, AWP, BNSSG CCG and UHBristol to focus on improving continence care, education, research and inclusion citywide.



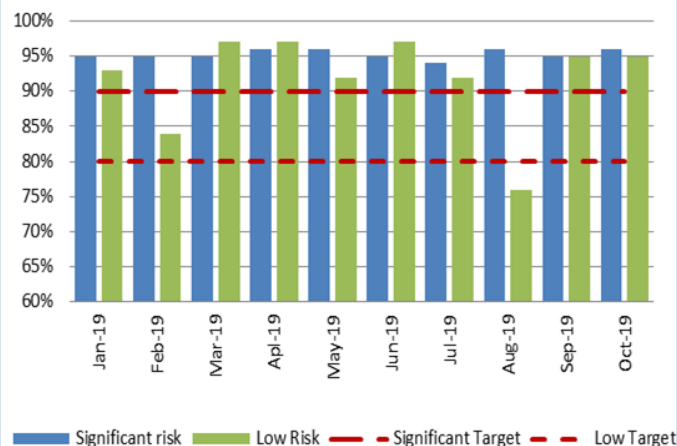
Facilities

**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 remained above target through October during a very busy period at NBT.

The Domestic relief team continues to play a critical role maintaining service by covering for vacancies that arise out of leave or sickness, reducing the reliance on NBT Extra.

Domestic task teams continue to support areas that require additional work

Over 1000 deep cleans were completed in October. 98% were carried out within the 4 hour requirement.

Deep clean work is also ongoing in support of the Trusts C-Diff reduction plan alongside the day to day reactive work.

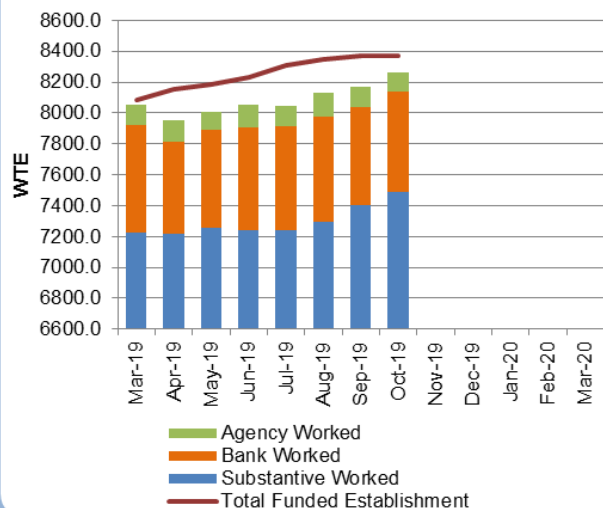
Very High Risk Areas Target Score 98% Audited Weekly	Include: Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit
High Risk Areas Target Score 95% Audited Fortnightly	Include: Wards, Inpatient and Outpatient Therapies, Neuro Out Patient Department, Cardiac/Respiratory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

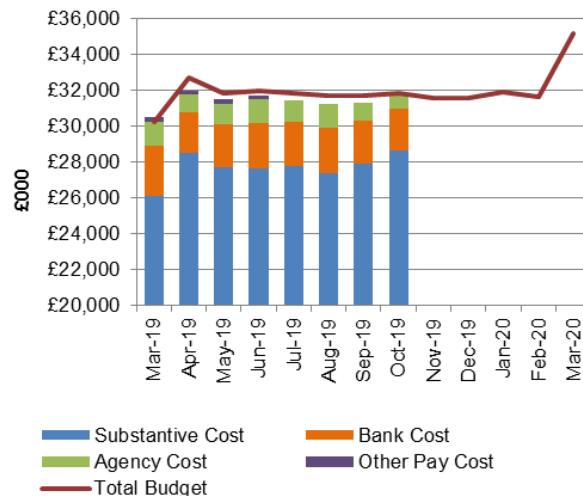
**Board Sponsors: Medical Director, Director of People and
Transformation**

Chris Burton and Jacqui Marshall

Worked and Funded



Expenditure and Budget



Pay

Substantive worked wte increased by 99.5 wte in October to be 102.5 wte under the funded establishment. Pay expenditure was £0.359m over budget in October and non-consultant medical staff and registered nursing and midwifery remain the staff groups most adverse.

The increase was 85 wte in substantive, predominantly nursing in line with the high intake of nurses in September and October and increase of 22 wte in bank use. This is predominantly in registered nursing and midwifery, in line with work to improve bank fill rates. There was also a small reduction in medical bank and agency use.

Temporary Staffing

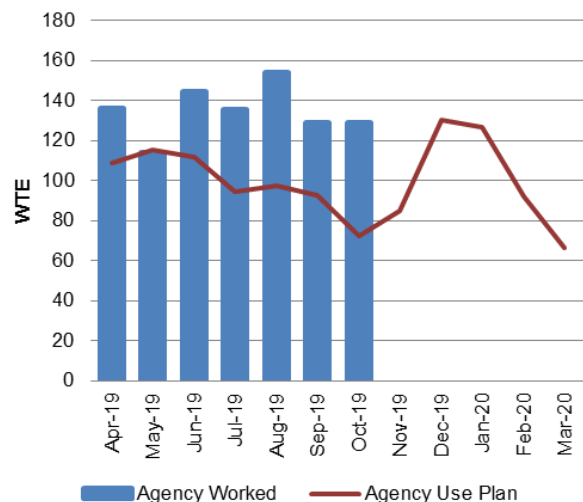
As we move into the second month of the new agency pay rates we have seen a steady flow of agency nurses start to migrate to Tier 1 agencies which has supported the increase in the Tier 1 fill rate. In addition new agencies are joining the panel to support the supply of agency nurses to the Trust.

A Tier 1 engagement day was held this month where we invited 10 agencies who have not yet supplied staff to the Trust with a view to promoting our services and encouraging more supply of agency nurses, whilst highlighting hot spots without Theatres and other areas.

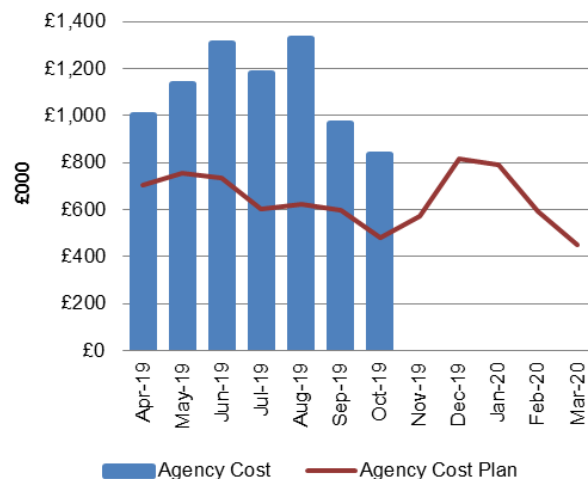
Agency expenditure has reduced for a second month due to the changes in the agency rates. Work continues to reduce the use of high cost agency as the BNSSG project looks to go into the second stage in December.

Our bank fill rates across all staffing groups continue to increase with Winter recruitment campaigns underway.

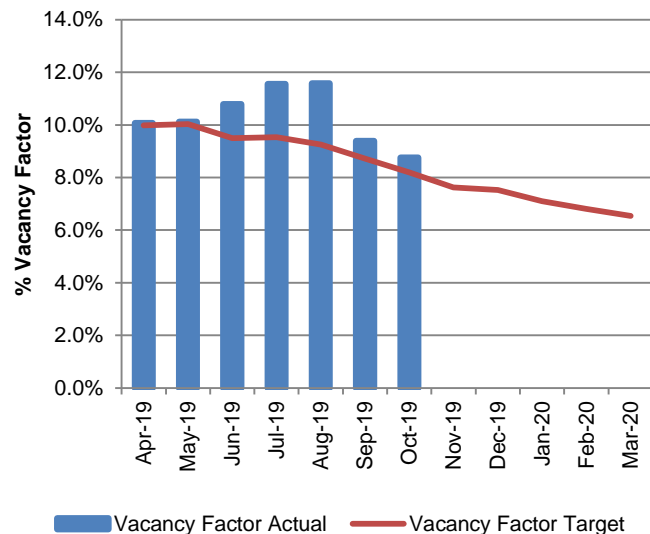
Agency Use



Agency Expenditure



Vacancy Factor Target



Unregistered Nursing and Midwifery Recruitment

The Band 2, 3 and 4 resourcing plan, identifying the continuous talent attraction initiatives scheduled between April 2019 – March 2020 remains in place. In October the Trust had 45 new starters compared to October 2018 starters of 26. Additional recruitment and assessment activity is in place following agreement with divisions as part of overall winter planning.

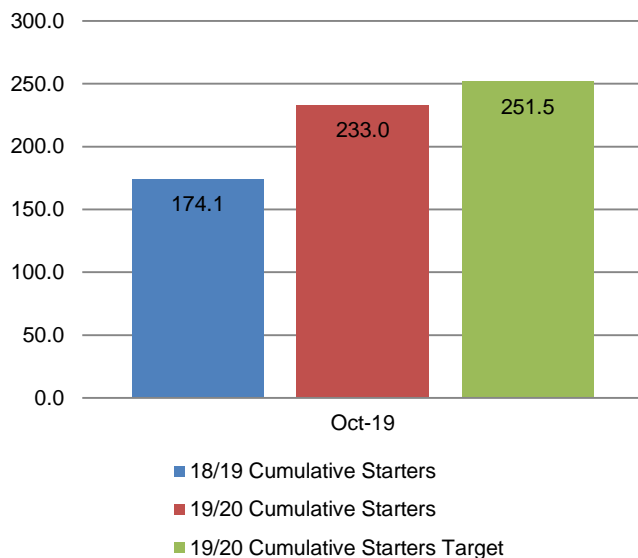
Band 5 Nursing

October's starters were slightly under the target set for the month (40 wte vs target of 57 wte) which means the year to date position is behind the target. Recruitment activity continues with internal and external engagement events to deliver the year end target of 363 wte band 5 starters.

Recruitment and Engagement events in October;

- National Stroke Nursing Forum – 1 October
- UWE Meet the Employer day – 18 October
- Internal Nursing Engagement day – 26 October – 80 attendees
- 10 assessment centres for unregistered Nursing and Bank specific recruitment

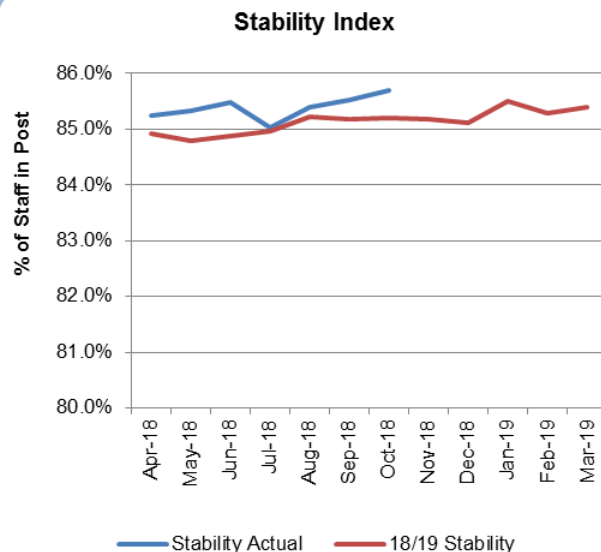
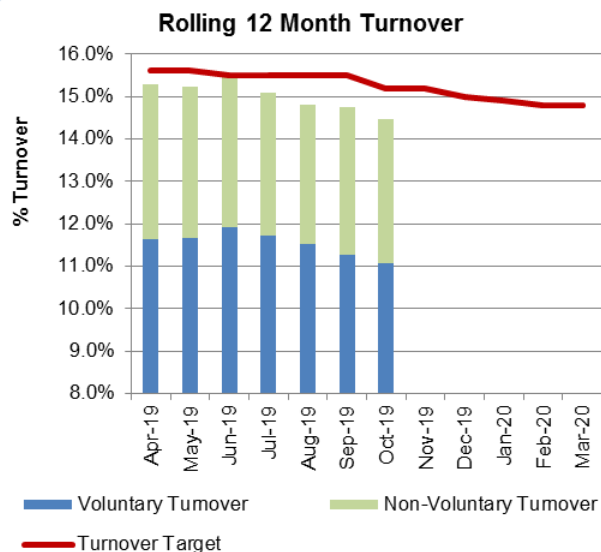
Band 5 Nurse Cumulative Starters



Overseas Nurse and Midwife Recruitment

The International Nurse Recruitment project continues to deliver experienced, permanently employed nurses from the Yeovil pipeline. To date 40 nurses are now working in the Trust, with 18 Nurses, representing a 100% pass rate, having passed the OSCE examination and now fully registered.

The business case for Phase 2 for International recruitment has been signed off, approving an additional 30 experienced overseas Nurses through the Trust partnership with Yeovil District Hospital Trust. VRP approval has also been granted to support internal international staff who have previous nursing experience, to gain their full NMC registration for 8 existing employees to be supported.

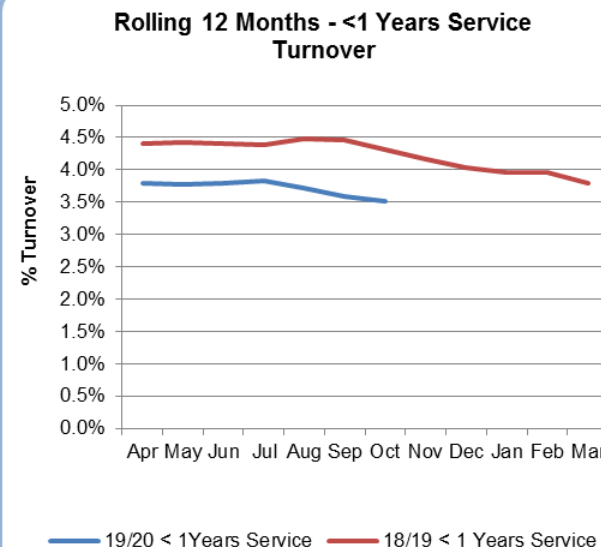
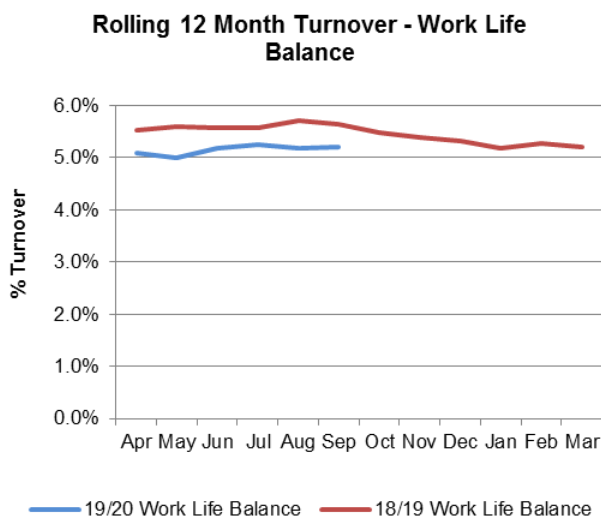


Trust

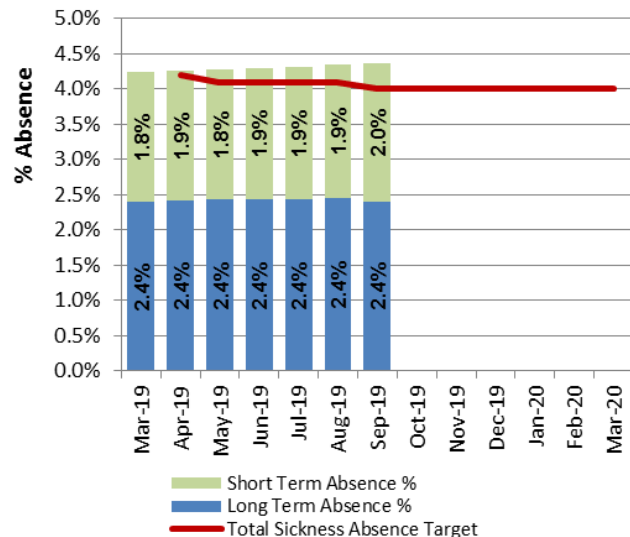
Turnover continues to improve across the Trust with registered nursing and midwifery turnover under 16% for the 1st time since January 2018.

People and Transformation (P & T) Team Actions

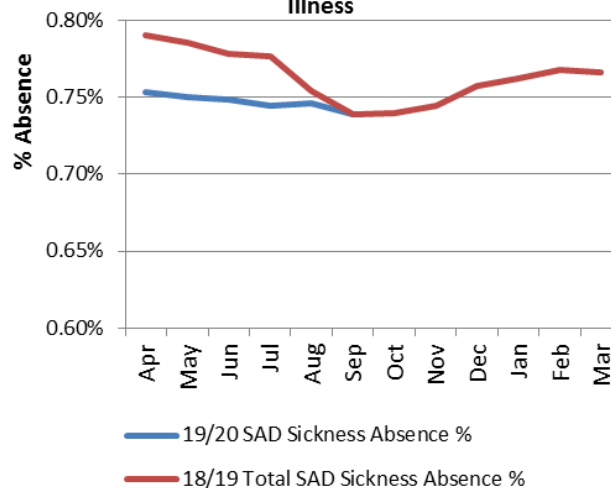
- Work-life balance webinar occurred this month which was recorded and is available for viewing on the HR Portal. It has already had a large number of 'hits';
- NHSI /NBT retention action plan being developed, around the key themes of Starting Well, Staying Well and Stopping Well;
- Work-life balance/Flexible Working 'brochure' almost complete, as a 'go-to' guide for managers and staff, with case studies, guidance and example of best practice;
- Continued promotion of new exit tool to ensure continued high response rate linked to reasons for leaving



Rolling 12 Month Sickness



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



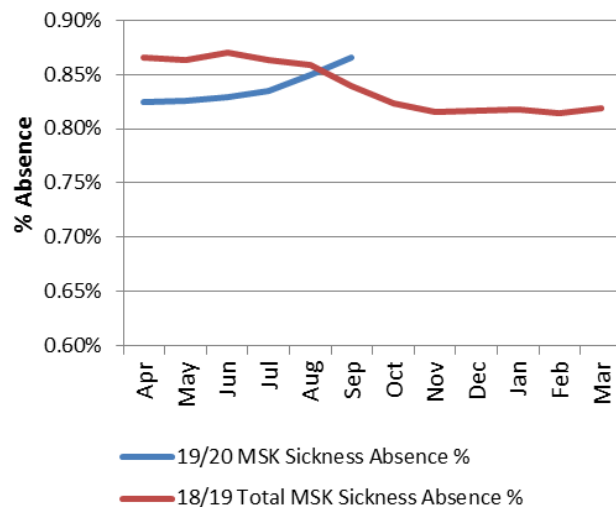
Sickness

Sickness remained at 4.4% in September. There was little movement across staff groups from last month.

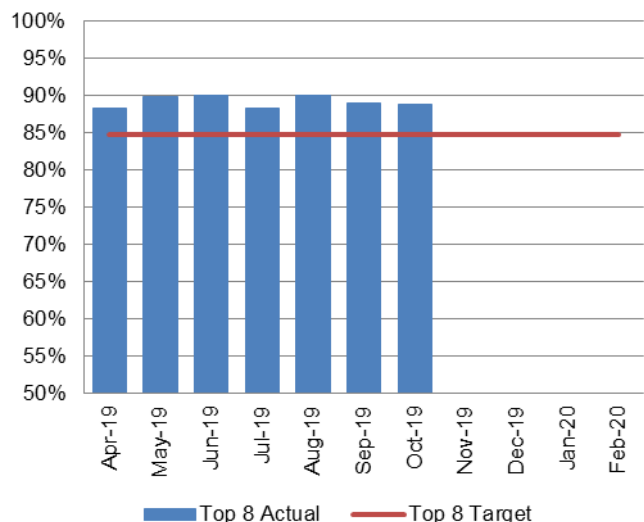
People and Transformation team actions

- Action plan following an audit into the application of the short-term sickness policy is now being implemented;
- Stage 3 (Short-term sickness) training has been reviewed and re-framed to be more effective and so that it specifically targets managers who have stage 3 meetings imminently;
- Continued work to help improve long-term sickness absence in the Women and Children's Division, with action plan developed;
- The new ER Case Tracker is now live and sickness cases now being logged and managed via this system. This will allow for better visibility of all formal sickness cases and mean automatic prompts for managers.

Rolling 12 Month Sickness MSK Reasons



Compliance Top 8 Essential Training (2019-2020)



Training Topic	Variance	Sep-19	Oct-19
Child Protection	-0.2%	88.5%	88.4%
Equality & Diversity	0.4%	90.7%	91.1%
Fire Safety	-0.2%	88.7%	88.4%
Health & Safety	0.3%	91.8%	92.2%
Infection Control	-0.2%	90.9%	90.7%
Information Governance	0.7%	85.9%	86.6%
Manual Handling	-0.3%	84.5%	84.2%
Waste	-1.1%	90.2%	89.2%
Total	-0.1%	88.95%	88.89%

Top 8 Statutory / Mandatory Compliance:

The Top 8 Statutory / Mandatory training compliance rate for October was 89.36% NBT had the highest ever number of eLearning completions last month, at 7,887. This in response to the planned halting of stat / man training during the winter pressure period.

OneNBT programme:

The programme has seen an increase of 10 staff since last month moving to a total of 319. 41 staff have yet to sign up to modules (including 10 new joiners this month) . There is ongoing work to improve sign up and participation:

- Working with people partners to target individuals and their managers
- Email reminders to complete the first steps of the programme
- Chasing for participants to communicate to us if they have withdrawn and capturing reasons within the tracker

Planned work to increase engagement:

- Gain feedback directly from managers and staff on the programme regarding the enrolment process and the programme as a whole
- Feedback to divisions the withdrawal data and key themes
- Take lessons learnt from key themes to improve enrolment processes

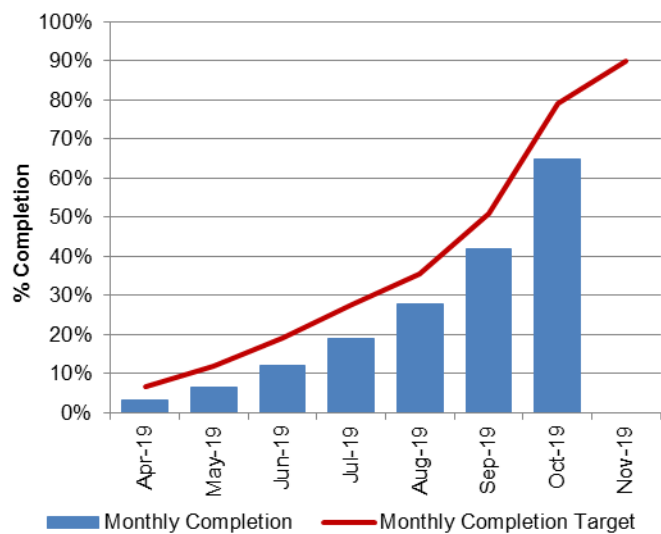
Apprenticeships and other programmes:

Alongside the OneNBT leadership programme, 28 staff are enrolled in the apprenticeship Leadership and Management Level 3 qualification.

Two staff remain on the Level 6 Chartered Manager Degree Apprenticeship with UWE and one staff member remains on the Level 7 – Senior Leader Masters Apprenticeship.

Division	No of Participants	% of allocated spaces
Medicine	63	20%
ASCR	68	22%
Core Clinical	43	14%
NMSK	41	13%
W&C's	26	8%
Facilities	13	4%
Corporate	55	18%
Total	309	88%

Appraisal Window % Completion



Appraisal Completion

Appraisal completion is at 65% against a target of 79%.

People and Transformation Team Actions

- Final call to action around appraisal completion in the Bulletin and Message of the Day this month;
- P&T Team continuing with 'appraisal talk and tours' and distribution of appraisal 'top tip' flyers.

Equality, Diversity and Inclusion Metrics

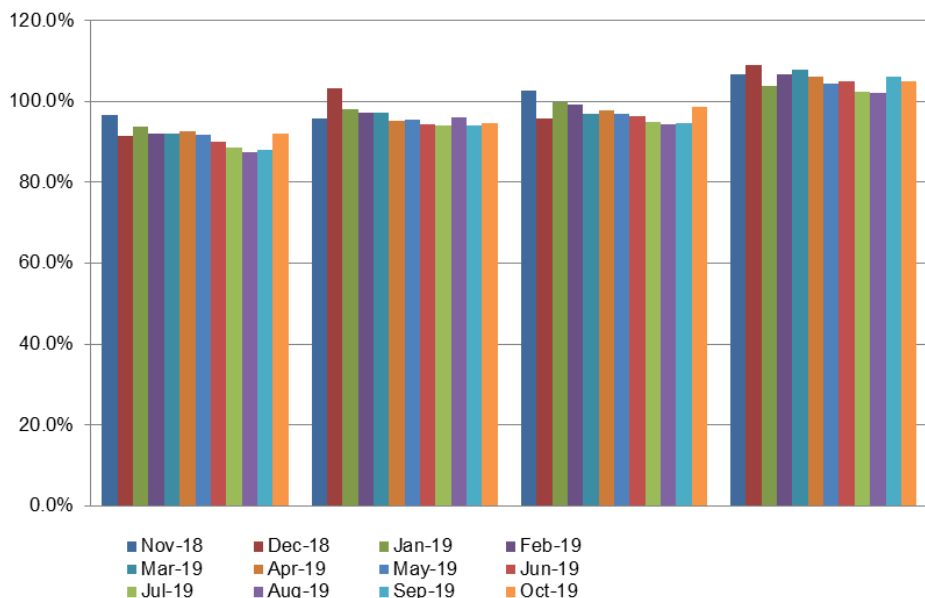
- No adverse differences are apparent from the data reported on ethnicity through the appraisal data.
- Although we have a majority female workforce the % of men having completed appraisals in comparison to women has reduced further since last month.

Equality Diversity and Inclusion Metrics

Ethnic Origin	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
BAME	3.3%	8.1%	15.6%	20.6%	28.3%	42.4%	63.9%
White	3.4%	6.3%	11.3%	18.6%	27.6%	41.9%	64.8%
Undisclosed	0.0%	1.4%	10.5%	17.9%	32.5%	40.0%	60.5%

Gender	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Female	3.1%	6.1%	11.5%	18.1%	27.2%	42.3%	65.5%
Male	3.9%	8.0%	13.9%	22.1%	29.7%	40.3%	61.3%

Safe Staffing Fill Rates



Oct-19	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	88.1%	94.1%	94.7%	106.0%

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.

The staff staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. The current version of the roster system is unable to break this down however changes are anticipated and will be back reported as soon as it is possible.

Wards below 80% fill rate are:

Gate 37 ICU: Care Assistants : Day 51.2% Night 79. 4%

There are a number of vacancies at Band 2. Priority is given to the night shift to fill as there are more staff to support direct patient care in the day. Shifts at CA level are unable or not required to be backfilled.

Gate 19: CA Days 56.4.% This area is reported as it has been open as escalation capacity for more than three consecutive nights. The fill rate is due to vacancy across the gate which includes 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.

Quantock: MCA 75.1% Days 74.5% MCA nights. The unit continues to have a high number of STS and LTS and the team are working with HR to resolve this. Whilst staffing is challenged, the extended bed base has remained on Percy Philips, where there is a constant midwife presence to ensure patient safety. The coordinating Midwife on CDS maintains overnight to ensure safety and support to the unit, this is often less than the reportable 2 hours.

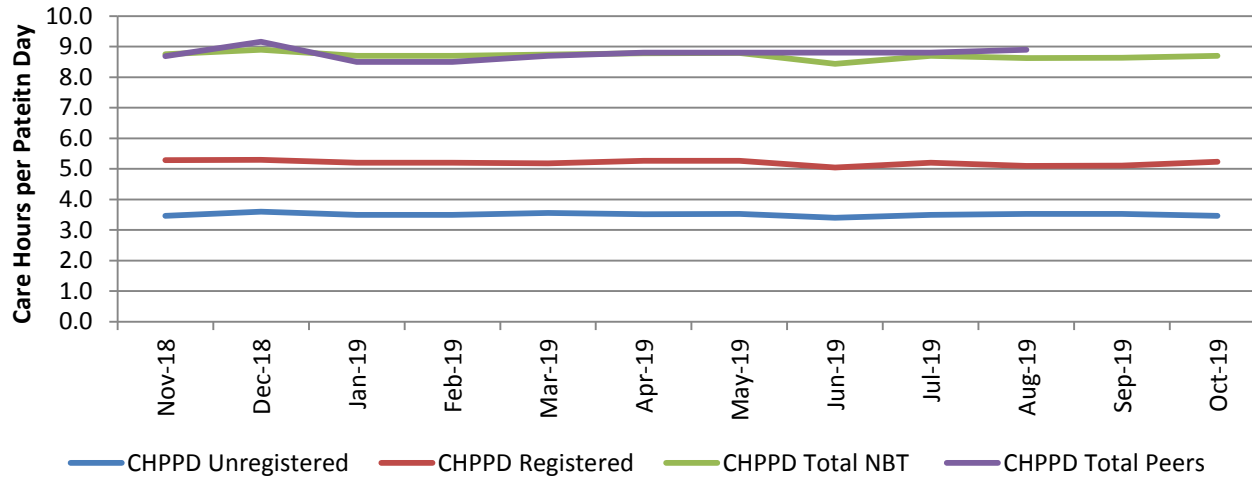
NICU: 0% Fill rate for MCAs on both days and night. Due to a significant change in the underlying template for planned care assistant hours we are unable to create a return for planned V actual hours for October due to the inaccuracy of the manual collection. The base template has been fixed within the rota so reporting will be accurate and recordable.

32B: Care Staff Day 75.1%. Unable to fill vacant HCA shifts with Bank. Back fill into shifts by allocation of staff from other areas; support from Student Nurses. Staffing levels monitored by Matron and SWS to ensure patients remain safe and well cared for.

33B Care Staff Day 76.1% night 75% the baseline template was built to allow for the nursing associate role as explained above. The nursing associate role is not fully recruited into and are being filled by RNs this is reflected in the elevated RN fill rate of 111.1% and 121.1% respectively

Medirooms: Day Shift RN 76.4% Ca 78.2% 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.

Care Hours Per Patient Day



Care Hours per Patient Day (CHPPD)

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

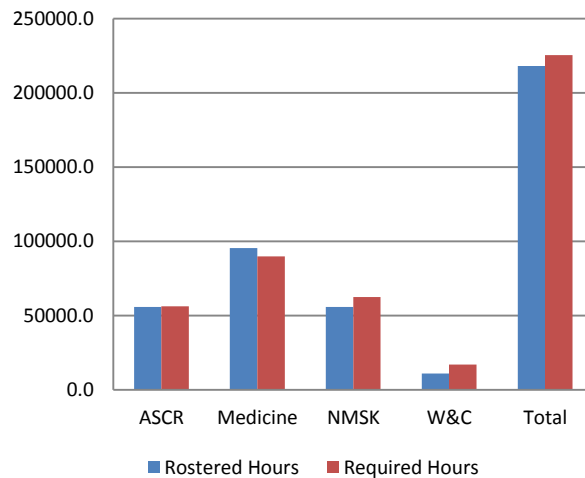
Safe Care Live (Electronic Acuity tool)

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

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

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

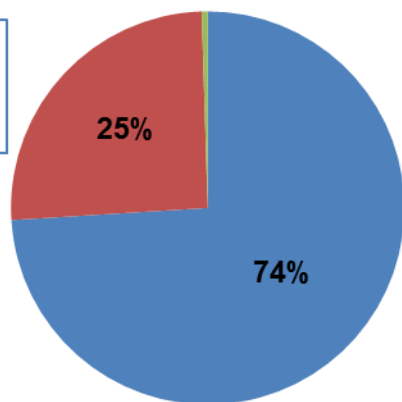
Required vs Rostered Hours Oct-19



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

No. of Doctors
revalidating:

204



■ Positive ■ Deferral ■ Non-Engagement

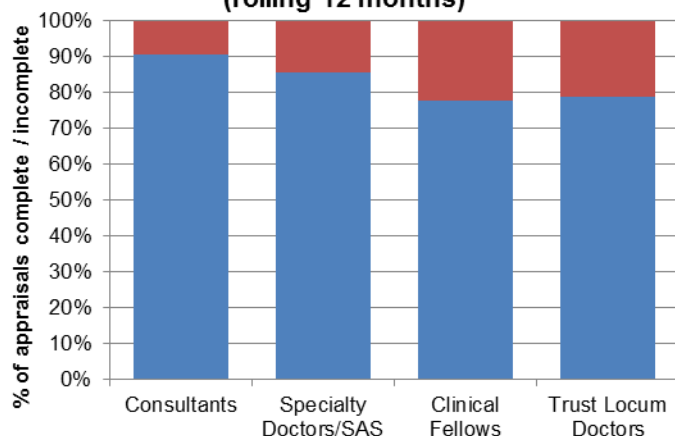
Medical Appraisal

Within the current appraisal year (1 April 2019 - 31 March 2020), 85% of the appraisals that are due by now have been completed. Those with an overdue appraisal are being managed through the missed appraisal process.

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

The Trust has deferred 25% of all revalidation recommendations due over the past 12 months. This is comparable to other designated bodies. From March 2019, the GMC has been collecting further information for the reasons of each deferral.

Medical Appraisal Compliance Rate Against Appraisals Due (rolling 12 months)



■ % Completed Appraisals ■ Cumulative Missed/Incomplete Rate

Finance

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

	Position as at 31 October 2019		Forecast as at October 2019	
	Actual £m	Variance (Adverse) / Favourable £m	Full year Forecast £m	Variance (Adverse) / Favourable £m
Contract Income	307.0	(3.9)	527.7	(1.6)
Other Income	47.5	(1.7)	84.4	(0.1)
Total Income	354.5	(5.6)	612.1	(1.7)
Pay	(222.1)	2.3	(384.3)	2.0
Non-Pay	(107.4)	1.5	(186.7)	(1.2)
Depreciation	(14.1)	(0.2)	(23.9)	0.6
PFI Operating Costs	(3.6)	0.1	(6.2)	0.1
PFI Interest	(20.0)	(0.1)	(34.2)	0.0
Other Financing costs	(2.8)	0.3	(5.1)	0.2
Loss on Disposal	(0.2)	(0.2)	(2.1)	0.0
Adjusted surplus / deficit for NHS accountability (exc PSF)	(15.7)	(1.9)	(30.4)	0.0
PSF	11.3	0.0	25.0	0.0
Adjusted surplus / deficit for NHS accountability (inc PSF)	(4.4)	(1.9)	(5.4)	0.0
Gain on disposal	0.0	0.0	0.5	0.0
Control total	(4.4)	(1.9)	(4.9)	0.0

Statement of Comprehensive Income

Year to date position

Assurances

The financial position at the end of October shows a deficit of £4.4m, £1.9m adverse to the planned deficit. This adverse performance was forecast as it the result of a known phasing issue within the plan. The position is forecast to recover back inline with plan by the end of the quarter to allow the Trust to stay within the control total by the end of the year.

Key Issues

- Contract income is £3.9m adverse to plan largely due to under-performance in elective and non-elective inpatient activity.
- Other operating income is £1.7m adverse to plan due a number of factors including unachieved CIP which is likely to recover.
- Pay is £2.3m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £1.5m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at October was £4.1m, the impact of which has been offset by a number of one-off benefits.

Forecast Outturn

- The Trust is forecasting to meet its control total.
- This reflects anticipated improvements in both elective inpatient activity and in non-elective case-mix.
- Under-performance of income and under achievement of savings represent risks to the delivery of the Trust's control total, however a number of opportunities have also been identified to mitigate against this.

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of £1.0m. This brings total borrowing from the Department of Health and Social Care to £179.3m.

The Trust ended the month with a cash balance of £21.1m, compared with a plan of £8.0m. This higher balance is partly due to £6.1m of year to date slippage on the capital expenditure, along with 2018/19 over performance monies received in year but not yet utilised to reduce trade payables. .

Concerns & Gaps

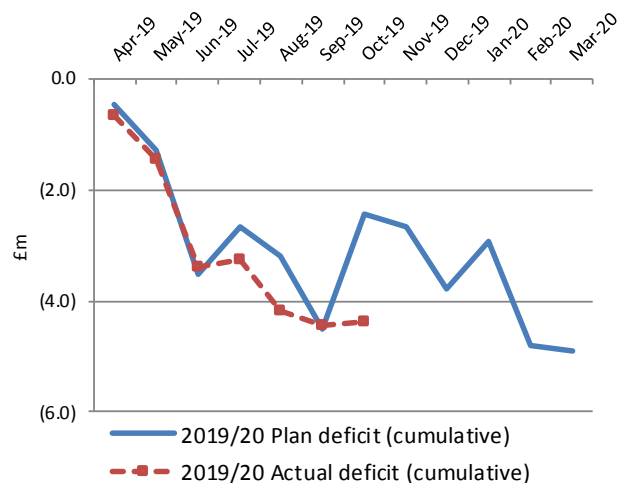
The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 74% by volume of payments made within 30 days against the target of 95%.

Actions Planned

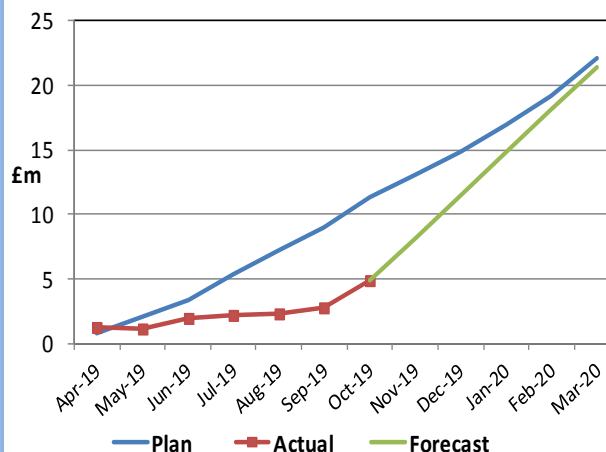
The focus going into 2019/20 continues to be on maintaining payments to key suppliers, reducing the level of debts and ensuring cash financing is available.

31 March 2019 £m	Statement of Financial Position as at 31st October 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	556.3	549.8	(6.5)
17.0	Intangible Assets	15.3	15.3	0.0
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	580.2	573.6	(6.5)
	Current Assets			
12.8	Inventories	11.2	12.3	1.1
35.5	Trade and other receivables NHS	51.6	27.4	(24.2)
37.1	Trade and other receivables Non-NHS	21.7	35.1	13.3
10.2	Cash and Cash equivalents	8.0	21.1	13.1
95.7	Total current assets	92.5	95.8	3.3
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	672.7	669.5	(3.2)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	7.4	(2.0)
64.8	Trade and Other payables - Non-NHS	62.7	65.9	3.1
70.8	Borrowings	70.1	68.0	(2.2)
145.0	Total current liabilities	142.3	141.2	(1.0)
(49.3)	Net current assets/(liabilities)	(49.7)	(45.4)	4.3
534.3	Total assets less current liabilities	530.4	528.2	2.2
7.8	Trade payables and deferred income	7.6	7.6	0.0
517.8	Borrowings	514.9	514.6	(0.3)
8.7	Total Net Assets	7.9	6.0	(1.9)
	Capital and Reserves			
243.9	Public Dividend Capital	245.5	245.1	(0.3)
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(2.5)	(4.0)	(1.5)
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	7.9	6.0	(1.9)

Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure vs. Plan



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

The overall financial position shows a £4.4m deficit, £1.9m adverse to plan.

The capital expenditure for the year to date is £4.9m. The revised expenditure forecast for 2019/20 is £21.4m.

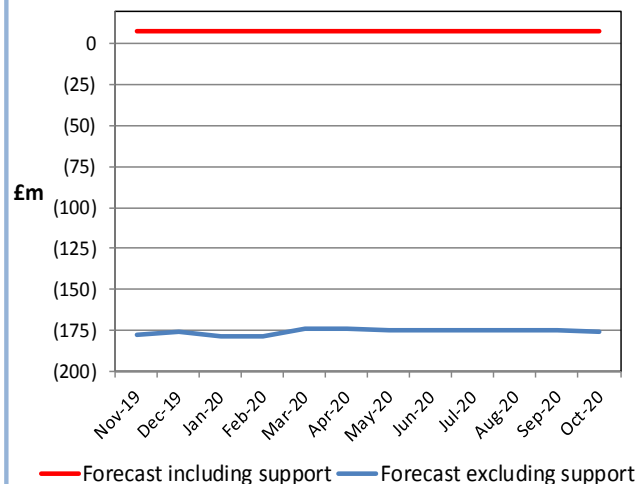
Assurances and Actions

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

Concerns & Gaps

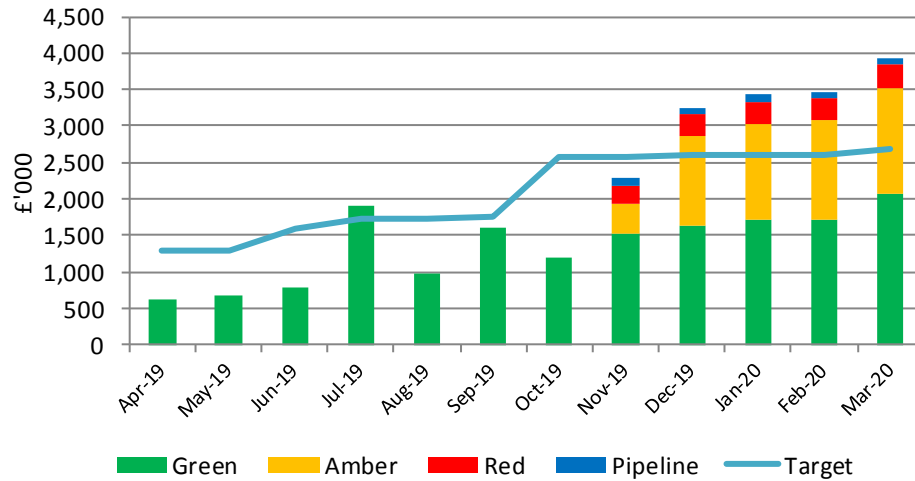
The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

Rolling cash flow forecast



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

2019/20 Monthly CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £24.4m has been identified as at the end of October.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £24.4m identified schemes. £22.4m of these are rated as green or amber.

Savings delivery is £7.8m as at the end of October, £4.1m adverse against a plan of £11.9m.

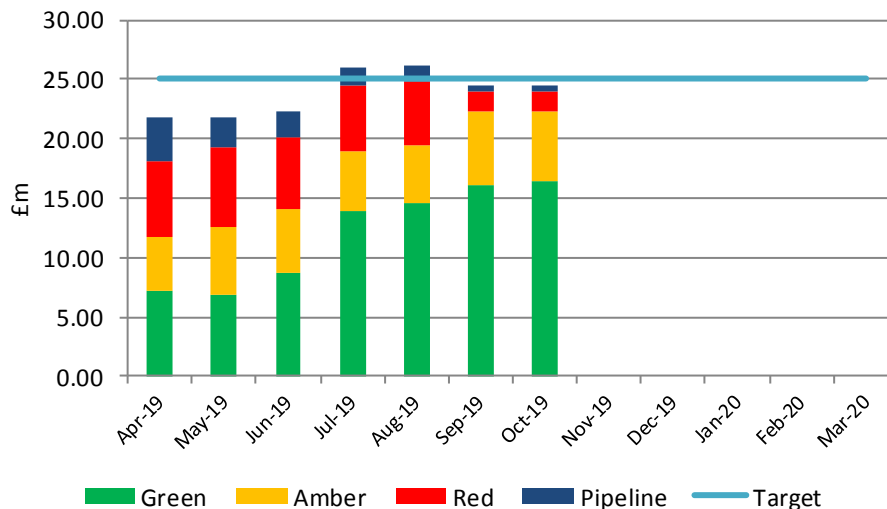
Of the £24.4m identified savings in 2019/20, £16.4m is recurrent with a full year effect of £21.6m.

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.

2019/20 Annual CIP Position



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	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-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	Good	Good

CQC reports history (all sites)

Location	Standards Met	Report date
Overall	Good	September 2019
Southmead Hospital	Good	September 2019
Cossham Hospital	Good	February 2015
Frenchay Hospital*	Requires Improvement	February 2015

* No longer a separately CQC registered site, and will not appear in future iterations of this report.

Monitor Provider Licence Compliance Statements at October 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.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
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. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
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 October 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 TDA'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) as set out in the relevant GRR; and a commitment to comply with all known targets 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 Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
5	The board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution.	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