

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

October 2019 (presenting September 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 30 September 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 second consecutive month the Trust achieved the ED 4 hour wait trajectory. This is also the second month that the Trust has exceeded the England position (Type 1) for the month despite the continuing increase in demand above contracted levels. Improvements in performance continue to be predominantly as a result of increased staffing levels, with marked improvement in performance at weekends.

Elective Care and Diagnostics

In September, there has been an increase in the overall waiting list size; although the volume of elective activity undertaken in month has increased from the August position. There were 16 patients waiting greater than 52 weeks for their treatment in September. The majority of patients could have received treatment prior to week 52 in their pathway, but chose to wait longer for social reasons; this continues to be a risk going into 2020/21. Therefore, the Trust has committed to no patients waiting longer than 52 weeks for treatment in 2020/21 with the exception of patients choosing to wait longer. Overall diagnostics performance is 8.69% in month, which is an anticipated improvement in performance from the peak in underperformance in August. CT is planned to be compliant with national standard in January 2020 and Endoscopy will deliver against their recovery trajectory as planned in March 2020.

Cancer wait time standards

The Trust achieved the 62 day waiting time standard in August with performance of 88.84%; this was largely due to the case mix treated in Urology. Performance will decline in September due to planned backlog clearance and as predicted in the Urology recovery trajectory. Sustained delivery of the national wait time standard is expected from the end of Quarter 1 of 2020/21. The summer demand for patients with suspected skin cancer requiring their first appointment within two weeks led to the drop in TWW performance in August. Following the introduction of the rapid assessment clinics in September onwards it is expected that Skin will be compliant with the TWW standard by end of Quarter 3 of 2019/20. 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

There are four overdue complaints at the end of September. In order to ensure compliance, weekly divisional meetings take place and a revision of escalation processes in some divisions have been requested to facilitate timely responses.

In September, there was a decrease in the rate of patient falls with 5.1 per 1000 bed days reported; this is an improvement on the previous month and more representative of the current trend from April 2019.

Workforce

Overall there has been a positive shift in workforce related indicators in September with a decrease in vacancy factor and the first time the rolling 12 month turnover dropped below 15% since April 2016. Agency use decreased in September compared with August, predominantly in ancillary staff and administration.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement. At the end of September, the Trust reported a deficit of £4.4m which is £0.1m favourable to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £6.8m was achieved at the end of September against a plan of £9.4m. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

September-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month	
	Description	Target	National**	Rank***	Quartile					
Responsiveness	ED 4 Hour Performance QP1		95%	77.15%	93/119		87.89%	85.14%	80.61%	▼
	12 Hour Trolley Waits QP1		0				0	0		▶
	Ambulance Handovers Within 15 minutes		100%				97.20%	97.30%	86.87%	▶
	Ambulance Handovers Within 30 minutes		100%				99.78%	99.80%	98.64%	▶
	Ambulance Handovers Within 60 minutes		0				0	0	0	▶
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*84.98%	126/177		83.39%	83.20%	87.70%	▼
	Referral to Treatment - Total Incomplete Pathways						28587	29313	27924	▶
	52WW	MSK	3				12	12	3	▶
		Plastic Surgery	0				1	3		▶
		Urology	0				1	1		▶
		Other	0				0	0		▶
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*4.31%	142/204		9.39%	8.69%	3.98%	▼
	Cancelled Operations	Same day - non-clinical reasons	0.8%				0.94%	0.95%		▶
		28 day re-booking breach	0				1	1		▶
	Bed Occupancy QP1		95%				94.80%	95.18%		▶
	Stranded Patients (LoS >7 days : Snapshot as at month end)						370	346		▼
	Delayed Transfers of Care (DToC) QP1		3.50%				7.78%	8.96%		▶
Mixed Sex Accomodation		0				0	0		▶	
Electronic Discharge Summaries						83.16%	84.65%		▶	
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	90.79%	130/145		71.79%	65.54%	91.47%	▼
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.94%	75/114		96.75%	94.64%	93.41%	▼
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	95.97%	114/123		90.35%	89.47%	92.76%	▼
	Patients waiting less than 31 days for subsequent surgery		94%	92.15%	47/57		83.33%	82.56%	66.67%	▼
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.31%	1/31		100%	100%	100%	▶
	Patients receiving first treatment within 62 days of urgent GP referral		85%	77.45%	66/138		74.10%	88.84%	80.68%	▶
	Patients treated within 62 days of screening		90%	87.44%	24/73		85.00%	92.59%	92.77%	▶

Key Operational Standards Dashboard

September-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%			97.80%	97.60%		▼
	Hand Hygiene Compliance		95%			98.00%	99.00%		▲
	Pressure Injuries	Grade 2				34	46		▲
		Grade 3				0	0		▶
		Grade 4				0	0		▶
	MRSA					0	1		▲
	E. Coli					6	4		▼
	C. Difficile					3	6		▲
	MSSA					3	5		▲
Venous Thromboembolism Screening (In arrears)		95%			95.89%	93.84%		▼	

Key Operational Standards Dashboard

September-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		*13.22%	37/136		19.05%	18.74%	15.00%	▼
		Inpatient	QP2		*25.60%	154/165		16.54%	17.88%	30.00%	▲
		Outpatient	QP2					15.10%	17.16%	6.00%	▲
		Maternity (Birth)	QP2		*21.13%	52/125		17.19%	20.92%	15.00%	▲
	FFT - % Would recommend	Emergency Department	QP2		*86.18%	77/132		91.00%	91.22%		▲
		Inpatient	QP2		*95.93%	134/158		93.23%	93.72%		▲
		Outpatient	QP2		*93.84%	108/202		94.96%	95.36%		▲
		Maternity (Birth)	QP2		*96.41%	22/71		93.90%	95.60%		▲
	Complaints	% Overall Response Compliance	QP2					91.00%	92.00%		▲
		Overdue	QP2					1	4		▲
Well Led	Agency Expenditure ('000s)		£597				£1,329	£968		▼	
	Month End Vacancy Factor		8.72%				11.58%	9.39%		▼	
	Turnover (Rolling 12 Months)		15.50%				14.82%	14.75%		▼	
	Sickness Absence (Rolling 12 month -In arrears)		4.10%				4.31%	4.35%		▲	
	Trust Mandatory Training Compliance		85.00%				88.30%	90.01%		▲	
	Non - Medical Annual Appraisal Compliance		11.90%				27.75%	41.94%		▲	
Finance	Deficit (£m)		£4.9m 2019/20				£4.2	£4.4	£4.5		
	NHSI Trust Rating						3	3		▶	

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust has again delivered its recovery trajectory for the ED 4 hour standard with performance of 85.14% vs a trajectory of 80.61%. Improvements in performance are predominantly as a result of increased ED staffing levels, with marked improvement in performance at weekends and overnight. Bed occupancy averaged at 95.18% across the month. LoS YTD is broadly in line with 2018/19 LoS levels, with particular increases in the proportion of short stay spells. LoS hot spots have been identified in NMSK and ASCR and are the subject of further work overseen by the Urgent Care Improvement Steering group, supported by Perform. High levels of DToc patients (9% vs. 3.5% target) continue to be experienced, with regular escalation across the system seeking to address delays in community capacity and domiciliary care.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 83.20% against trajectory of 87.68%. The total RTT wait list size in month is above plan by an additional 1389 patients, reporting 29313 against a trajectory of 27924. This is a 4.97% variance to plan vs. a 1.53% variance last month. The number of patients exceeding 52 week waits continues above trajectory (3) reporting 16, an increase in position from August; 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 is being raised as a national issue.

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

Diagnostic Waiting Times - The Trust did not achieve the recovery trajectory for diagnostic waiting times with a performance of 8.69% in September. This is; however, an anticipated improvement in performance from the August 2019 position. Plans have been implemented to improve the performance in Endoscopy and the backlog clearance in CT is on track against a revised recovery trajectory.

Cancer

The nationally reported Cancer performance for August 2019 shows the Trust achieved two of the seven standards in month. The Trust achieved the 62 day treatment standard, with performance of 88.84%. This significant rise in performance from the previous three months is due to the case mix treated, and reduced activity due to annual leave and vacancies. This level of performance will not be sustained into September due to Urology backlog clearance plans commencing. The Trust treated 82.76% of all patients who were referred to and treated at NBT within the 31 day national standard. Trajectories have been revised 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 Interim Director of Nursing

Overview

Improvements

Maternity Services – Recruitment of midwives and other key leadership posts has been completed and the Board has approved the plan for re-opening Cossham Birth centre on an 'open on arrival' model.

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

Patient falls - In September the falls per 1000 bed days decreased to 5.1 which is an improvement on the previous month and more representative of the current trend from April 2019.

MRSA cases - There has been one case of MRSA bacteraemia in September occurring within ASCR. This is the first case of 2019/20.

Areas of Concern

Incidence of pressure injuries - For the current financial year there has been a significant increase in the number of reported Grade 2 injuries,. The September position showed a decline with an incidence of 1.68 per 1000 bed days, as compared to August's incidence of 1.20 per 1000 bed days. This increase is related to the increase in device related pressure injuries. The organisational response to the increase continues with the Heads of Nursing and matrons across inpatient areas undertaking key elements of quality improvement.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns:

The overall compliance rate for responding to complaints within agreed timescales for September was 92%.

The following activities are being taken forward as part of continuing improvement: actions from learning; PALS monitoring for themes from the areas of concern; investigation training being delivered with very positive feedback; Datix forms being revised to be launched in November which will provide more in depth information in reports over time.

Friends and Family Test: Following a reported decrease in OP response rates over the past few months, a review of data identified a problem with determining the denominator (eligible patients). This has been corrected for those months and response rates remain within the normal range.

The percentage of patients recommending ED has increased again.

Areas of concern

Friends and Family Test. The ongoing concerns raised by patients experiencing care in ED relating to the waiting time remains the focus from improvement by ED. This includes managing expectations of waiting and knowing who to ask ensuring the response is one of empathy and compassion

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 £154k in September compared with August as a result of a reduction in Tier 4 (non-framework) and Tier 3 agency use. This was offset by a commensurate increase in Tier 1 agency and bank, the intended consequence of the BNSSG high cost agency reduction project and Trust internal actions to increase bank capacity. Agency use decreased in September compared with August predominantly in ancillary staff and administration, with projects in patient records and clinical coding having the greatest impact.

Vacancies

The Trust vacancy factor has decrease from 11.5% in August to 9.4% in September and vacancies went down across all staff groups. This is predominantly due to the intake of newly qualified Band 5 nurses in September, 88.4 wte started, which reduced the Band 5 nurse vacancy position by 69 wte. An additional 17 wte started as Band 4s, awaiting their registration of which eight have currently received it and nine completed their OSCE exam in October which will further improve the Band 5 vacancy position.

Turnover

The Trust turnover remains at 14.8% in September 2019, this is the first time rolling 12 month turnover has dropped below 15% since April 2016. Provided the improvement seen year to date continues the Trust is on target to meet its turnover target of 14.5% for 2019/20.

Stability

The stability factor for September 2019 is 85.5% and continues to be slightly above the stability rate for 2018/19.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness increased slightly to 4.4%. This means that we are slightly above the target absence level set for the year. There has been a small increase in MSK related absence; and stress related absence is at the same level as last month. This means that for the month of August the position for both types of absence is close to the position this time last year, however action is in place to mitigate this position.

Improving the leadership capability and capacity of our workforce

The OneNBT Leadership programme has met 88% of its 2019/20 target of staff signing up to the programme. Mandatory and Statutory training compliance is at 89%. Appraisal completion is below the target for this month, at 42% vs a target of 51% (month 6). The People and Transformation team have ongoing work promoting the appraisal process and supporting managers.

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 September, the Trust reported a deficit of £4.4m which is £0.1m favourable to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

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 £4.3m year to date to the end of September which brings the total Department of Health borrowing to £182.5m.

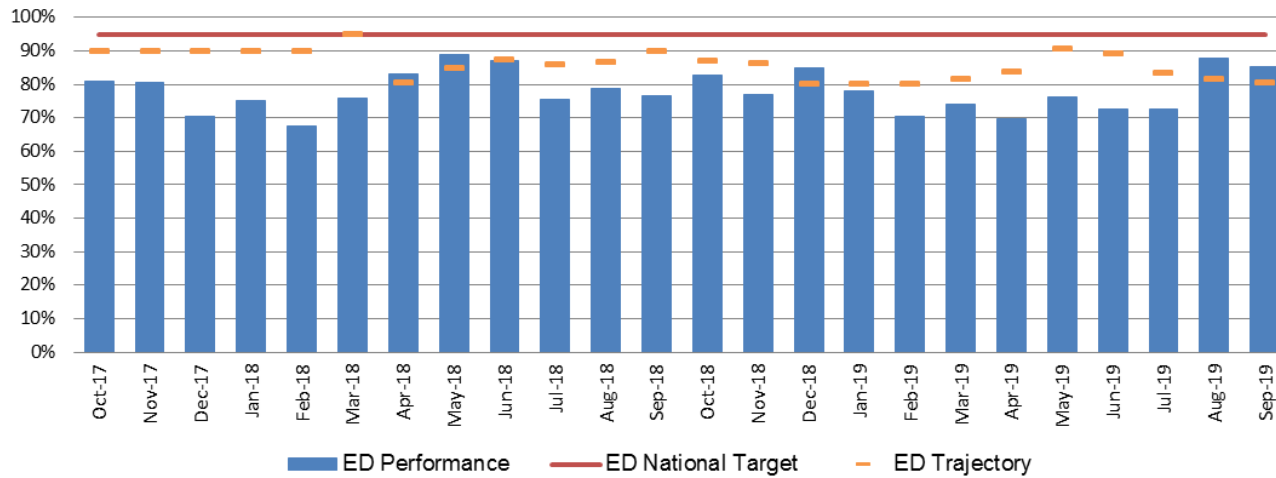
The Trust has a savings target of £25m for the year, of which £6.8m was achieved at the end of September against a plan of £9.4m.

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

RESPONSIVENESS

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

ED 4 Hour Performance



Urgent Care

For the second consecutive month the Trust achieved the ED 4 hour wait trajectory (performance of 85.14% vs a trajectory of 80.61%). The Trust reported no 12 hour trolley breaches in September for the third consecutive month.

There was an average of 281 attendances per day and six day where attendances exceeded 300. At 8450, there were 645 (8.26%) more attendances when compared with September 2018 and 3.95% more than SLA.

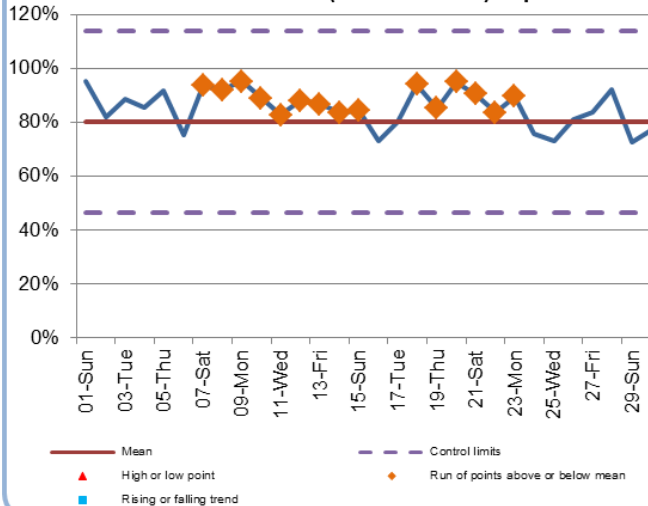
ED performance for the NBT Footprint stands at 89.34% and the total STP performance was 86.00% for September.

There was less variation in 4 hour wait times performance during the month, varying between 72.59% and 95.11%.

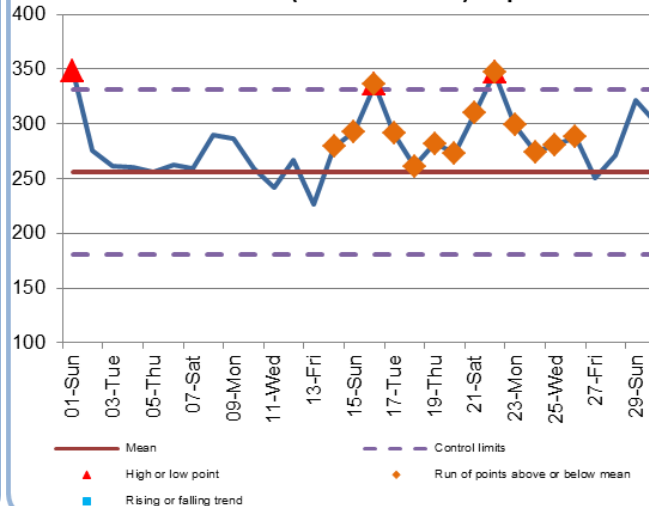
Ambulance arrivals in September were 2698 compared to an average of 2786 YTD and 54 more (c.2 per day) as compared to last year. Turnaround times continued to perform well with 97.30% of patients handed over to the ED department within 15 minutes and 99.80% were handed over within 30 minutes. For the fourth consecutive month, there were no 60-minute handover breaches in month.

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.

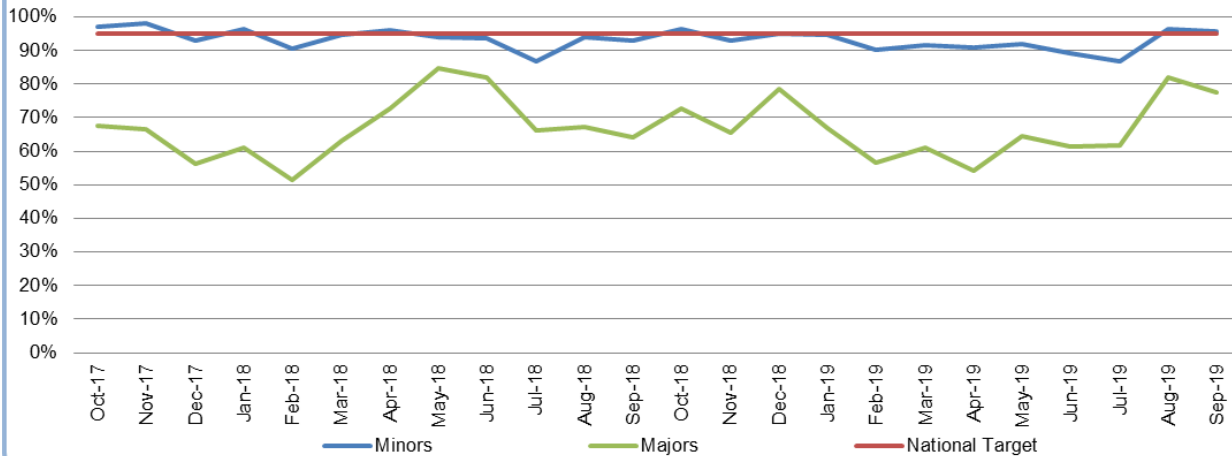
4 Hour Performance (vs 1819 mean) Sep 2019



ED Attendances (vs 1819 mean) Sep 2019



ED 4 Hour Performance by Majors/Minors



4 Hour Performance

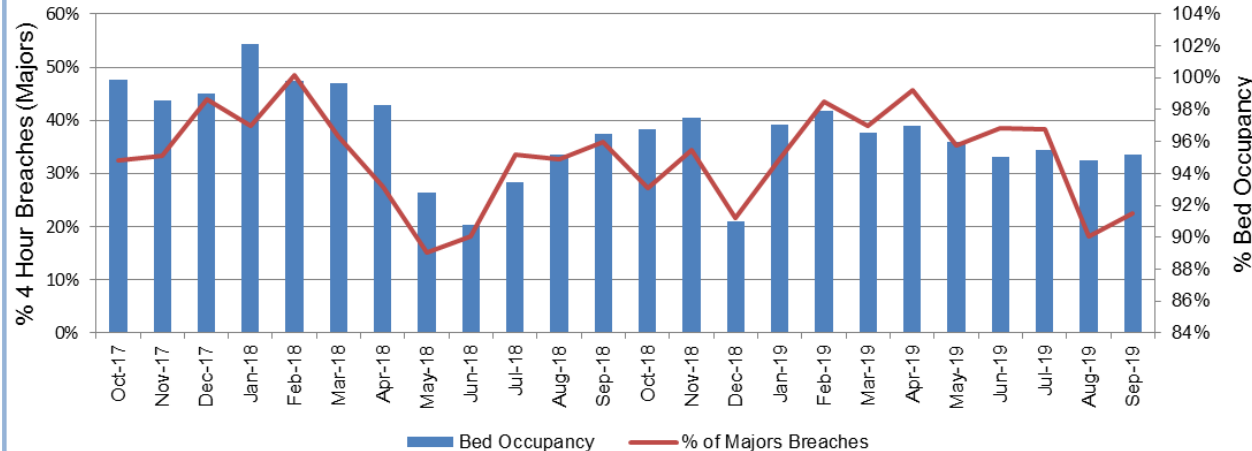
Of the breaches within ED in September, 46.66% were a result of waits for a bed whilst 37.02% were a result of awaiting assessment within the ED.

As described last month, planned increases in ED staffing have directly led to the improvements in 4 hour performance. The most marked improvement in performance has been at the weekends, where performance has historically been most challenged.

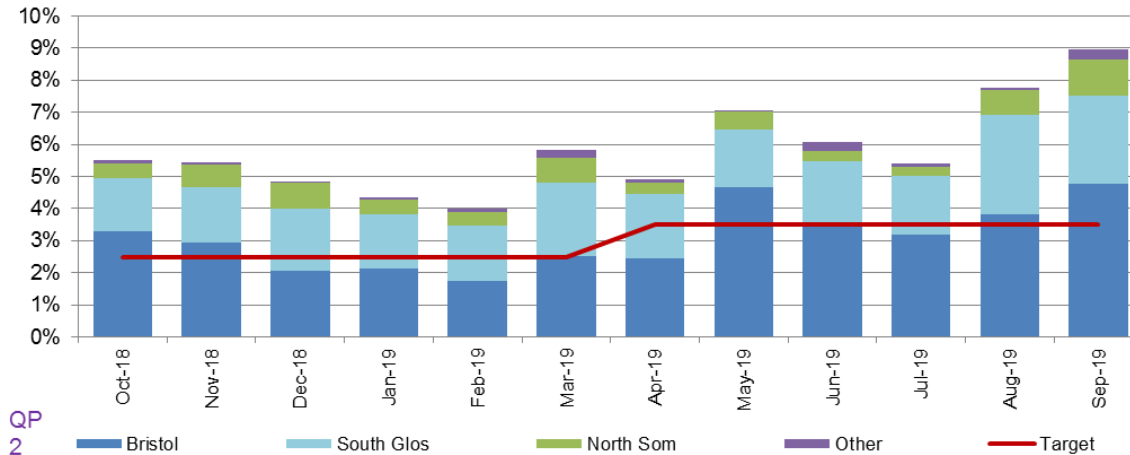
The overall bed occupancy position increased slightly to 95.18% in September compared with 94.80% in August. This is due to delayed transfers of care out of the hospital (as described in the DToC and Stranded Patient section of this report), which impacts on timely bed availability, particularly during 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



QP 2

Primary Metric

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

71 (40%)

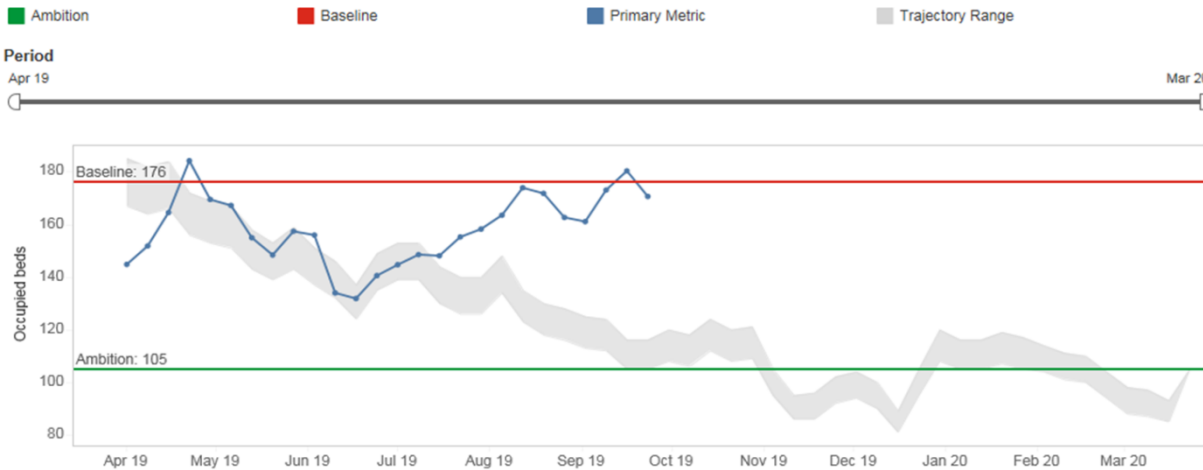
Bed reduction required by March 2020

5 (3%)*

Occupied beds reduced as of 23 September 2019 (weekly average)

66 (37%)*

Bed reduction remaining as of 23 September 2019 (weekly average)



DToCs and Stranded Patients

The DToC rate for the month of September was 9% of occupied bed days. If the System were at national target levels of 3.5%, this would have released 37 beds to the Trust. Extra domiciliary care and interim capacity has been established in October, with the overall DToC level for October anticipated to drop back to around 7%.

With a weekly average of 218.5 cases on LHPD in September 2019 against the August average of 182.5, the number of patients being actively progressed for complex community supported discharge and/or repatriation to another acute Trust significantly increased through September.

There was a growth reported in numbers outside operational standards with 413 in total reported in August vs 482 in September. The top three drivers of delays were;

- Waits for Pathway 2 (P2) beds remained high across the month with 75 at 1740 delayed bed days in total.
- Waits for placement across all categories were reported at 44 with total bed days of 1321.
- Waits for Pathway 1 (P1) also were significant in September with 56 with total bed days of 1183.

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

- Additional support and introduction of trusted assessment out of P2 community beds
- Implementing Trusted assessment from NBT into P2 & P3 bed base
- Additional capacity in Home First for reablement as this has been the causative factor in the delay identified.

Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 83.20% against trajectory of 87.68%.

The RTT wait list size has grown in September, reporting 29313 against a trajectory of 27924. 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.

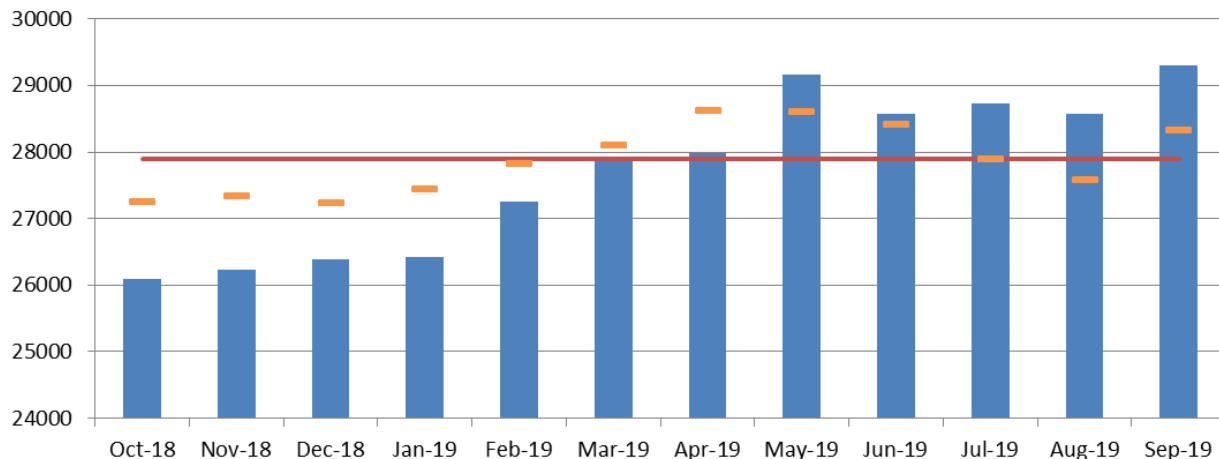
The predicted waiting list size going into winter is higher than originally planned. However, the average number of patients with a clock stop in 2018-19 vs. the same period in 2019-20 has not reduced.

The Trust has reported a total of 16 patients waiting more than 52 weeks from referral to treatment in September 2019. There were 12 patients under Trauma and Orthopaedics; one in Urology; and three in Plastic Surgery.

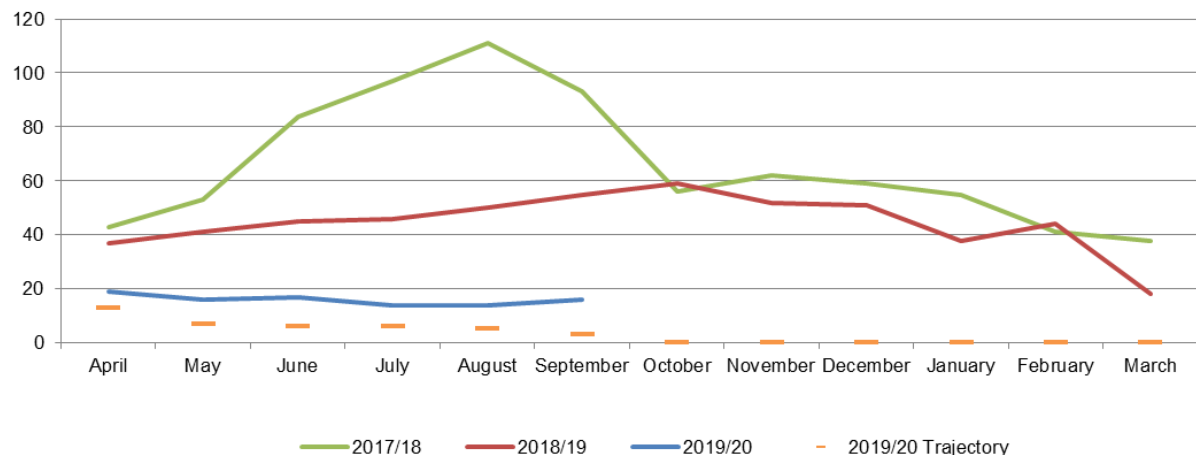
In the majority of cases there was capacity to treat ahead of the 52 week breach date, but some of the specialties did not meet Trust expectations of two reasonable dates offered for treatment prior to week 28 in the patients' pathway.

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.

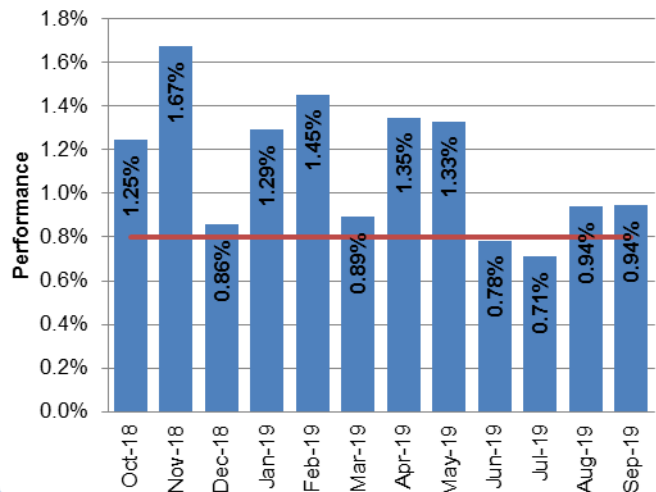
RTT Wait List (Rolling 12 Months)



Trust Total 52 Week Waits



Cancelled Operations (same day, non-clinical reasons)



Cancellations

The same day non-clinical cancellation rate in September 2019 was 0.95%, marginally failing the 0.8% national target.

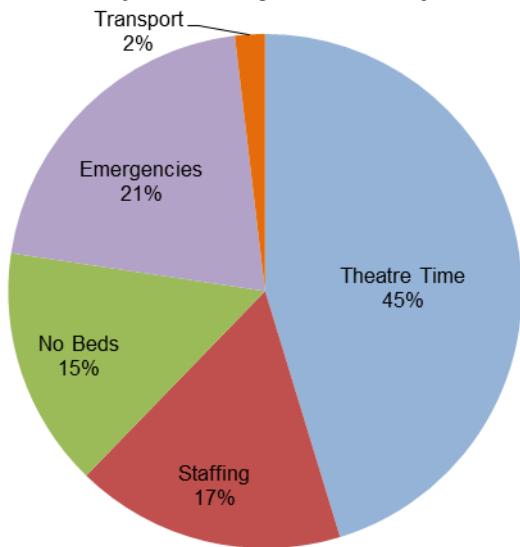
For the fourth consecutive month there were no urgent operations cancelled for a second time.

The number of urgent patients who were cancelled on the day increased to 23 patients in September compared with 14 in August.

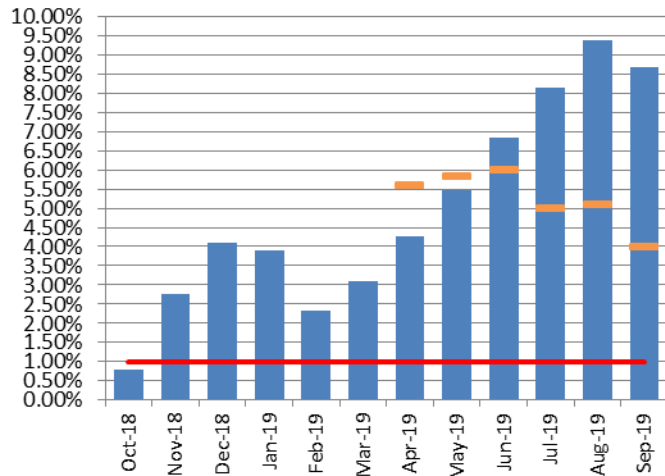
There was one operation that could not be rebooked within 28 days of cancellation in September 2019, in Trauma and Orthopaedics. The patient was cancelled on the day due to lack of equipment. This was a difficult case to rebook as it was a joint case with Plastic Surgery with no available capacity until after the 28 day breach date.

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

Cancelled Operations by Reason- September 2019



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



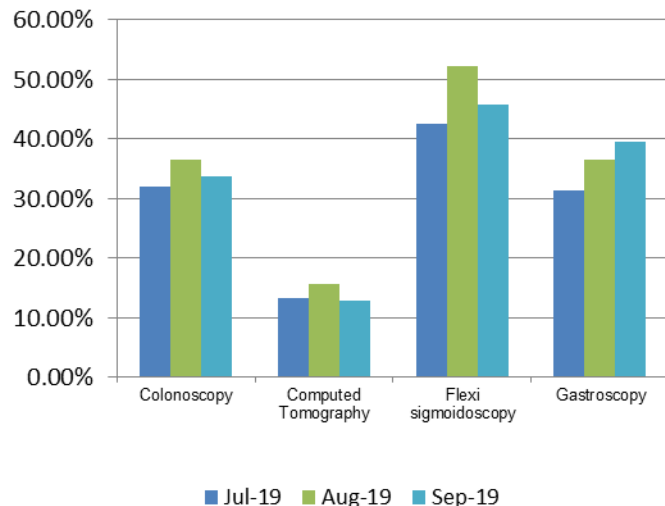
Diagnostic Waiting Times

The Trust did not achieve the national 1% target for diagnostic performance in September 2019 with actual performance at 8.69%. This is an anticipated improvement in performance from the August 2019 position, but did not achieve the Trust’s recovery trajectory of 3.97%. This is the fourth consecutive month that the trajectory has not been delivered, but is expected to be the peak in underperformance in 2019/20.

The same four test types have reported in month underperformance: Colonoscopy; Computed Tomography (CT); Flexi-Sigmoidoscopy; and Gastroscopy – with 953 patients in total waiting beyond 6 weeks for their test, which is a reduction from August of 70 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 Sep-19	% Performance Aug-19
Computed Tomography	2468	318	12.88%	15.60%
Colonoscopy	563	190	33.75%	36.42%
Flexi sigmoidoscopy	328	150	45.73%	52.30%
Gastroscopy	659	260	39.45%	36.62%

Diagnostic Performance by Test



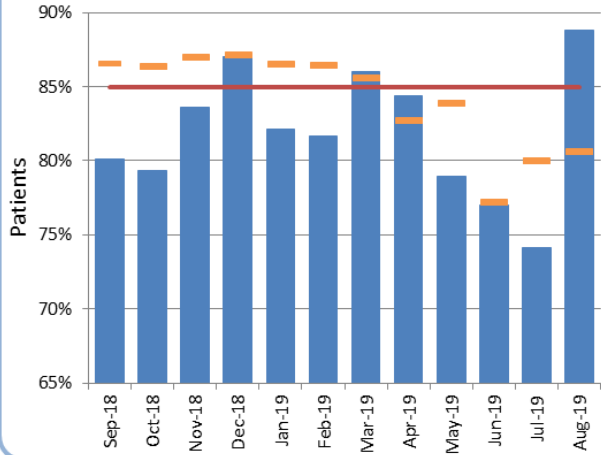
The backlog clearance in CT is on track against the revised recovery trajectory with 318 breaches reported in September (367 in Aug-19). An improvement in performance is expected to continue following the return to work of a substantive Radiographer following maternity leave and the commencement of three new substantive Radiographers. The earliest clearance of the CT backlog is anticipated to be in January 2020.

Increased demand for Endoscopies (c.9%) along with multiple workforce pressures have further exacerbated the capacity deficit (c.39%). With additional remedial actions in place, the original recovery trajectory of 2.57% is expected to be delivered at year-end.

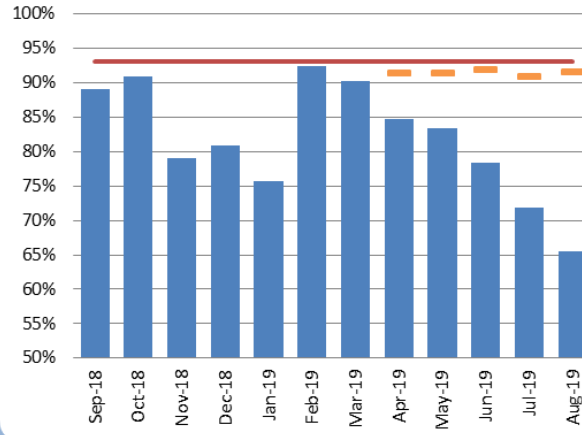
A number of plans have been implemented to improve Endoscopy performance including weekend activity undertaken by 18 Weeks and GLANSO, increased internal capacity through 6-day nursing cover and system-wide work to reviewed demand and capacity enabling establishment of longer-term plans.

Given slippage in year of recovery plans, the trajectory has been updated. There is no change to the original year end performance of 2.5%, however, in the intervening months the level of breach has grown. A proposal to purchase additional outsourced capacity to return to DM01 compliance by March 2020 is awaiting commissioner approval.

Patients receiving first treatment within 62 days of urgent GP referral



Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer

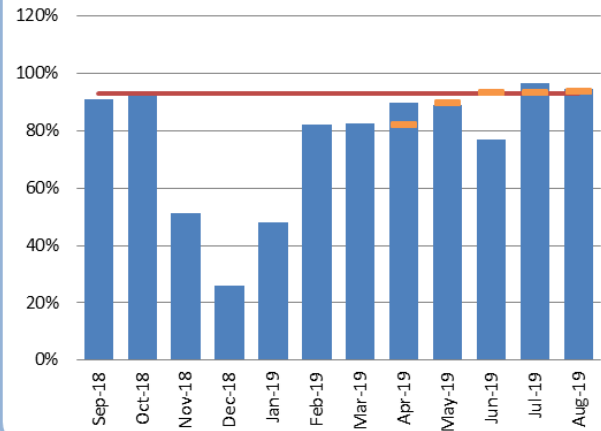
The nationally reported cancer position for August 2019 shows the Trust achieved two of the seven cancer waiting times standards – 62 days and 62 day screening. Revised trajectories have been approved at F&PC in October, with compliance of the 62 day standard forecasted from quarter one of 2020/21. The capacity changes required to meet the 62 day standard will also positively impact on the 31 day and subsequent treatment standards.

The Trust failed the TWW standard with performance of 65.54%. The Trust saw 2159 TWW patients in August and there were 744 breaches; the majority were in Skin (breaches 596, patients seen 675), Gynaecology (breaches 33, seen 181), Colorectal (breaches 30, patients seen 382) and Breast (breaches 35, patients seen 487). Of the 744 breaches, 594 related to internal capacity issues mostly within outpatients, radiology and endoscopy. 130 patients declined the first offer of an appointment date requesting a later date; the main reason given - patient on holiday.

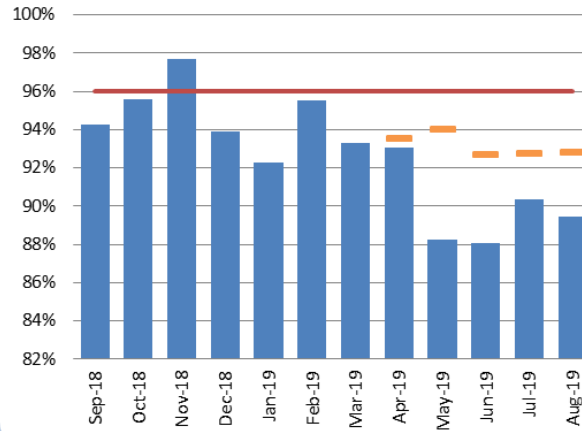
The Skin speciality has submitted recovery plans and have set up additional on and off site clinics starting in September, as well as a range of pathway changes. Therefore we predict to be TWW compliant by year end

The Trust failed the 31 day first treatment standard with performance of 89.47% against the 96% target. There were 23 breaches in total: 17 in Urology; two in Breast; one in Gynaecology; two in Skin and one in Brain – the majority of which were related to lack of capacity and complex pathways.

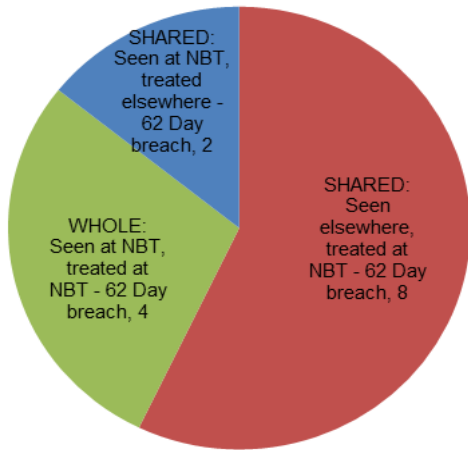
Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



62 Day Breach Patients by Breach Type

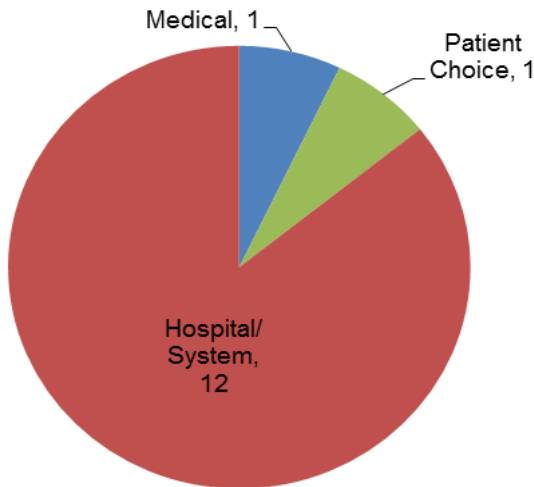


The Trust achieved the 62 day standard in August with a performance of 88.84%. The reported position has been fully validated and relates to the case mix completed in Urology, and reduced activity due to annual leave and vacancies. Eight less patients underwent Robotic-Assisted Laparoscopic Prostatectomy (RALPs) in August compared to the previous month. This performance achievement will not be sustained due to backlog clearance plans being executed in Urology and Skin from September onwards.

In August, 14 patients breached the 62 day standard, eight of which started their pathway elsewhere and were treated at NBT, six of the eight were referred beyond 31 days.

The Trust submission for 31 Day first treatment was 89.47%, with 23 breaches, 17 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 August were: two in Breast (diagnostic delay and complex pathway); one in Gynaecology (complex pathway); two in skin (capacity); one in Brain (Complex Pathway)

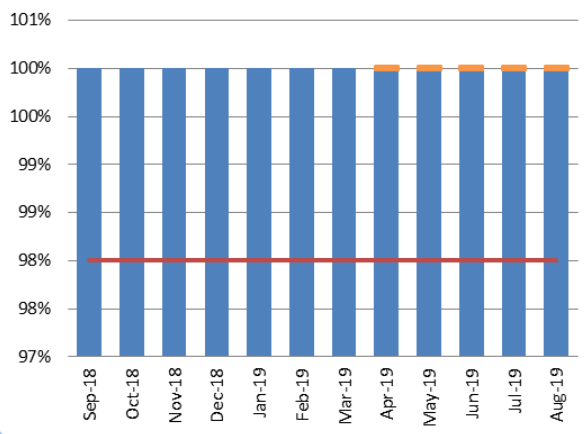
62 Day Breach Patients by Delay Reason



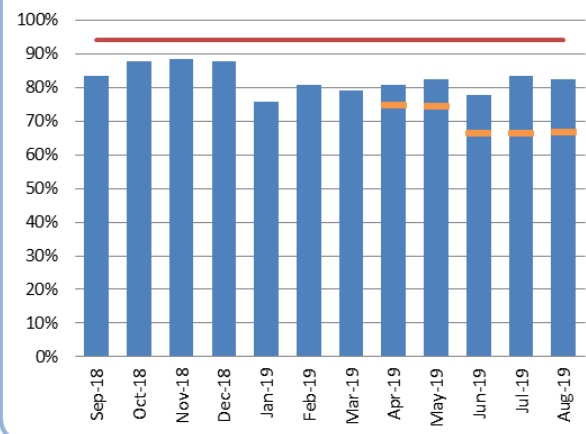
As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 89.1% of all patients who were referred to and treated at NBT within the national standard.

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

Patients Waiting Less than 31 Days For Subsequent Drug Treatment



Patients Waiting Less than 31 Days For Subsequent Surgery

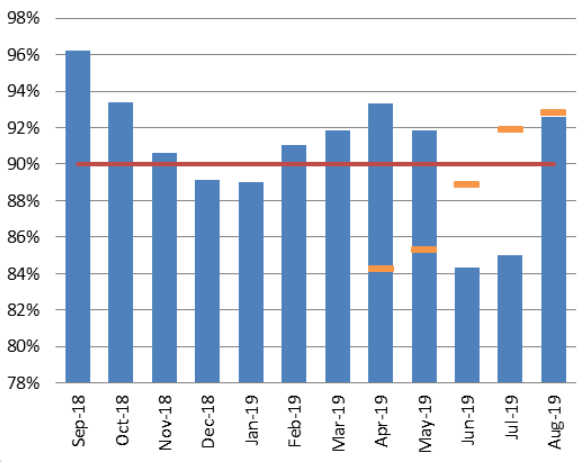


The Trust failed the 31 day subsequent treatment target in August for patients requiring surgery, with a performance of 82.56% against the 94% standard. In August there were 15 breaches in total: 10 in Urology, and five in Skin. The main reason for the breaches was surgical capacity.

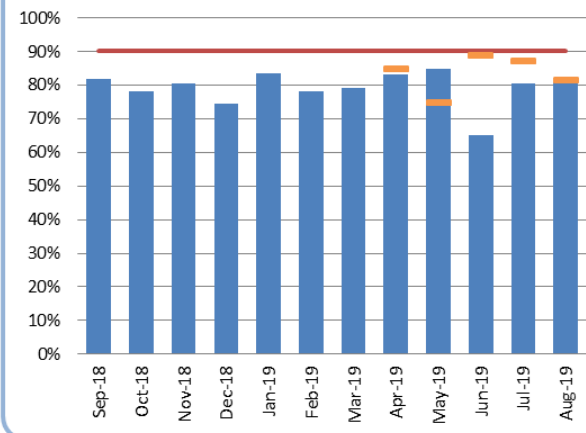
There were nine 104 day breaches in August; seven required a harm review via Datix, the remaining two were treated elsewhere and will be subject to their internal process of harm review. Urology remains the only specialty with 104 day breaches.

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

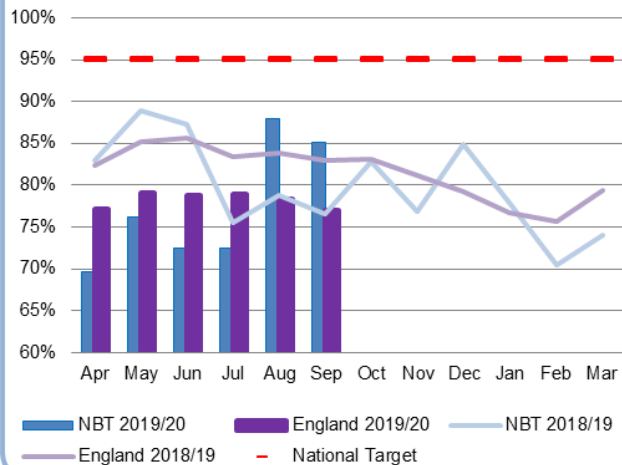
Patients Treated Within 62 Days of Screening



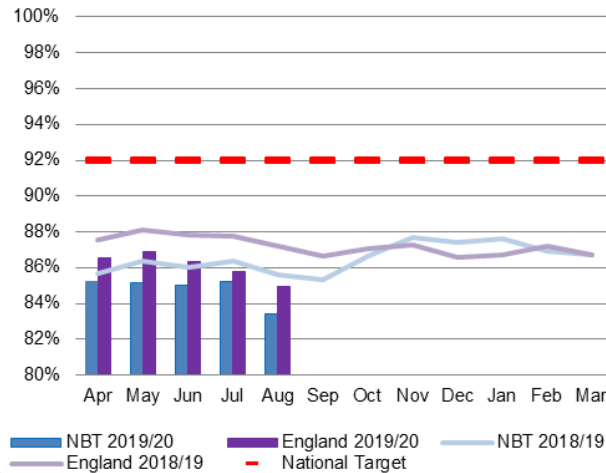
Patients Treated Within 62 Days of Consultant Upgrades



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



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



ED 4 Hour Performance

NBT ED performance in September 2019 was 85.14% compared to a national Type 1 position of 77.00%. The position reflects a slight decline from August but an improvement when compared to the same period last year.

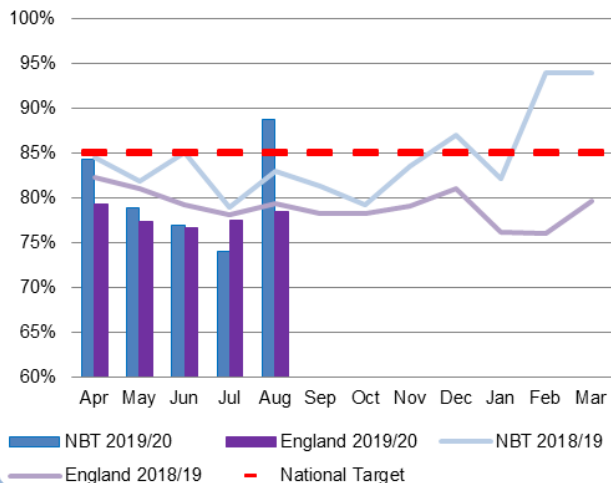
RTT Incomplete

The Trust reported an August 2019 position of 83.39%. This position reflects a decline on last year and falls under the national position of 84.98%.

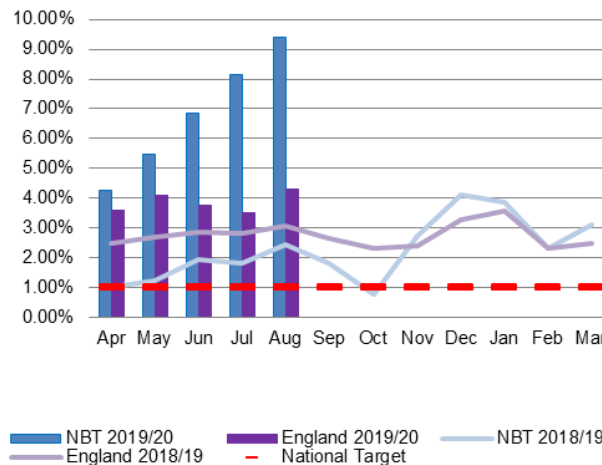
Cancer – 62 Day Standard

NBT has reported 88.84% performance for August, which is significantly higher than the national position of 78.51%.

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



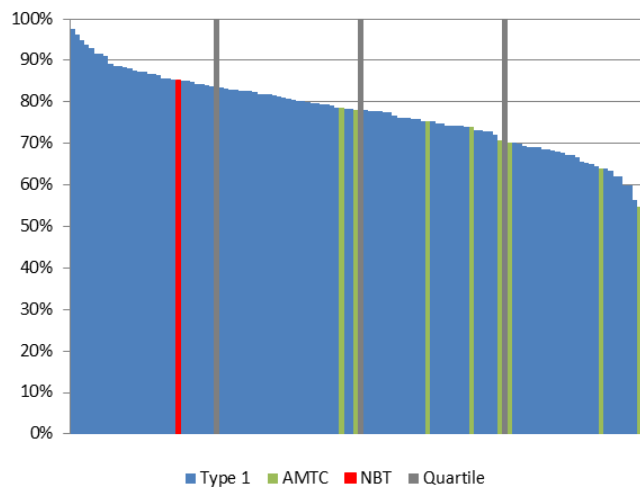
**DM01 : NBT vs England
(England Performance as published by NHSE, in arrears)**



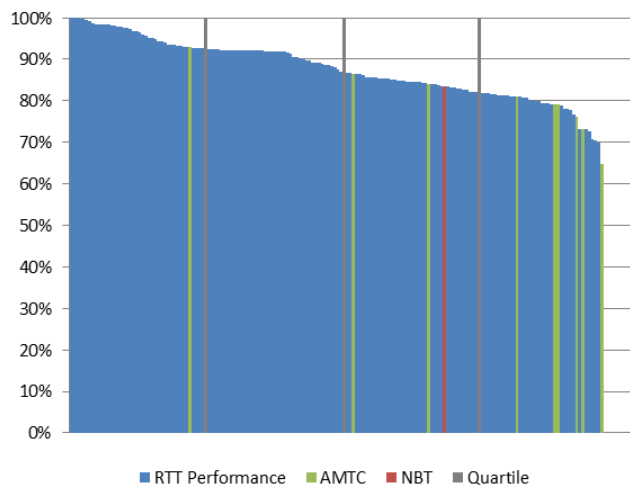
DM01

In August 2019, NBT failed to achieve the national standard of 1% with a declined performance position of 9.39%, against the national position of 4.31%.

ED 4H Performance - Type 1, September 2019



RTT 18 Week Performance - August 2019



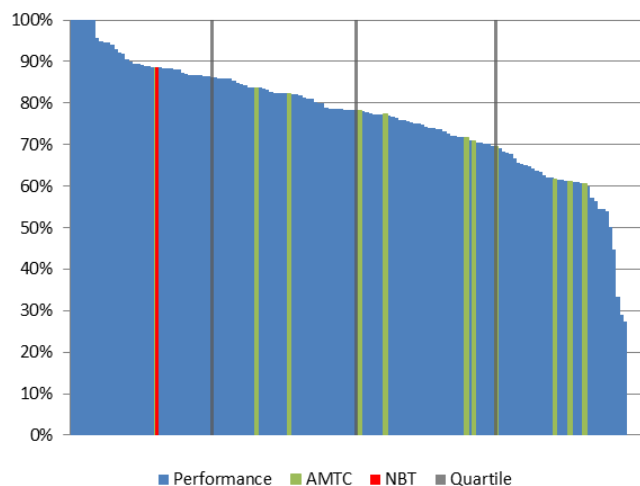
ED 4 Hour Performance

In September, NBT moved to a position of #23 from #22 out of 119 reporting Type 1 Trusts. This has meant the Trust has remained in the 1st quartile. The Trust's ranking among the 10 Trauma centres remained as 1st in September 2019.

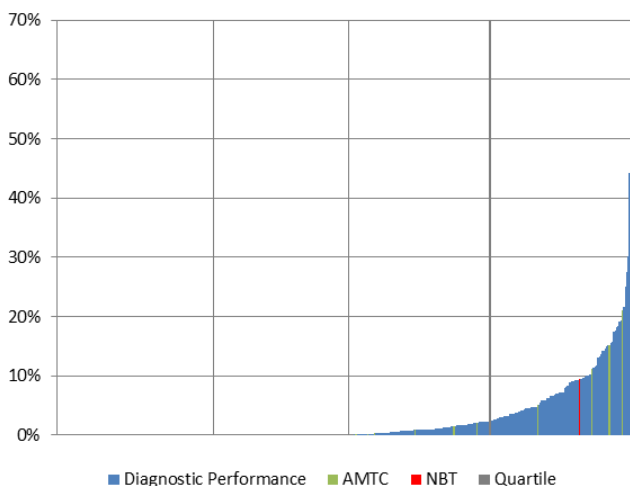
RTT Incomplete

RTT performance in August 2019 reported an static NBT position of #118 out of 169 reported positions. The Trust moved to rank 4 out of 11 other adult major trauma centres. The Trust is reporting within the 3rd quartile.

Cancer 62 Day Standard July-19



Diagnostic Six Week Performance - August 2019



Cancer – 62 Day Standard

At position #24 of 153 reported positions, NBT reports a performance of 88.54%. This represents a significant improvement in positioning from July 2019 and ranks the Trust 1st out of 11 major trauma centres and within the 1st quartile.

DM01

NBT reports an improved position of #156 out of 194 reported diagnostic positions, with a performance of 9.39% in August. This position ranks 8th out of 11 adult major trauma centres and have remained within the 4th quartile.

Safety and Effectiveness

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

Chris Burton and Helen Blanchard

Birth		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Total Births		515	535	497	491	478	458	448	439	490	454	524	481	455
Midwife to birth ratio		01:33	01:33	01:30	01:31	01:30	01:30	01:28	01:27	01:30	01:28	01:32	01:29	01:28
Normal birth rate		60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	53.69%	56.26%	56.08%	53.80%	53.04%	53.90%
Caesarean birth rate		27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	35.02%	30.80%	30.41%	31.58%	33.96%	32.29%
Emergency Caesarean birth rate		14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	22.35%	19.30%	21.17%	15.98%	19.92%	18.04%
Induction of labour rate		35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	41.47%	36.14%	43.02%	36.45%	38.16%	36.53%
Total births in midwife led environment		18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	15.37%	17.86%	14.13%	13.37%	13.60%	13.11%
Birth location	Cossham BC	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.00%	0.21%	0.00%
	Mendip BC	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	12.84%	16.63%	12.78%	12.40%	12.55%	11.78%
	Home	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	2.52%	123.00%	1.35%	0.97%	0.84%	1.33%
	CDS	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	84.17%	80.29%	83.63%	84.11%	85.15%	86.00%
One to one care in labour		95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	100.00%	100.00%	100.00%	100.00%	98.30%	98.60%
Stillbirth	Actual	1	2	1	2	2	3	5	2	2	2	1	2	3
	Rate	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	0.45%	0.41%	0.44%	0.19%	0.41%	0.66%

Recruitment

- Minimal vacancies remain against the funded establishment across midwifery and MCAs. The new Bereavement Midwife commences 28 October.
- Lead Sonographer has commenced.
- SBAR completed to meet Saving Babies Lives v2 to further improve outcomes. Focus includes CTG interpretation and support for newly qualified midwives.
- Birth rate plus workforce tool is in progress and data completion on track. Expected feedback will be November 2019.

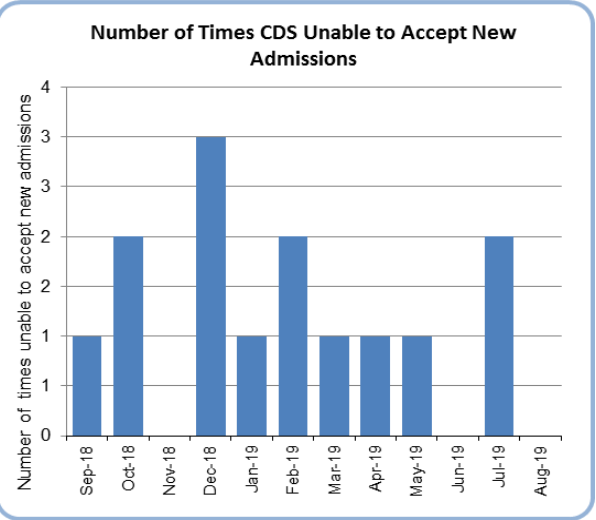
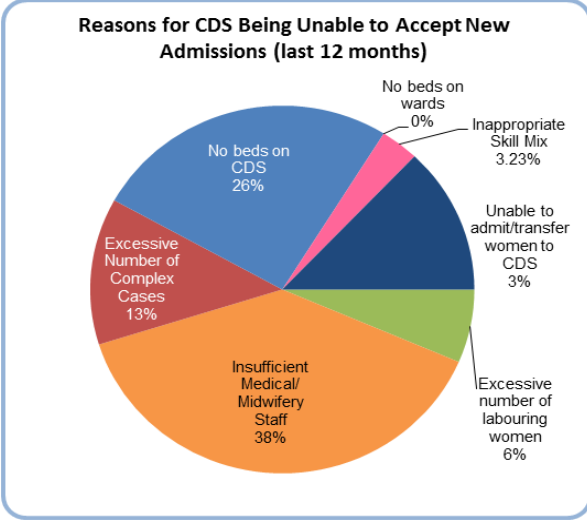
Midwifery Led Services update

- Cossham Birth Centre opened on 21 October through an open on arrival model.
- Audit of all deliveries, transfers and feedback from women will take place over the coming weeks.
- Increasing numbers of women are now booking to deliver at the site.
- Staffing and review of current plans will progress to look at a sustainable midwifery service going forwards.

Areas of concern

- Impact of increasingly high acuity identified through observation and evidenced within early outcomes of BR+ data.
- Impact of national guidance driving significantly increased numbers of women requiring Induction of Labour (IOL) and delays in access to CDS. Women's experience being affected identified through feedback and observation.

Action – Agreed plan to develop a suite adjacent to CDS for those awaiting IOL enabling better management of patient flow leading to a better experience for women. Project plan being developed with clinical team and facilities.

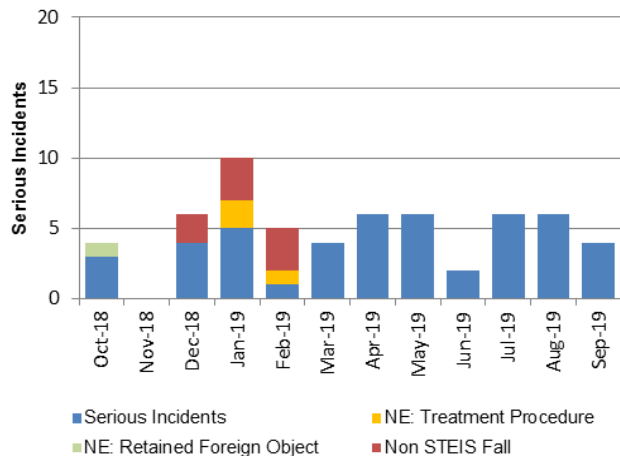


'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose – continues to be updated monthly with updates from Cossham Birth Centre opening in October 2019

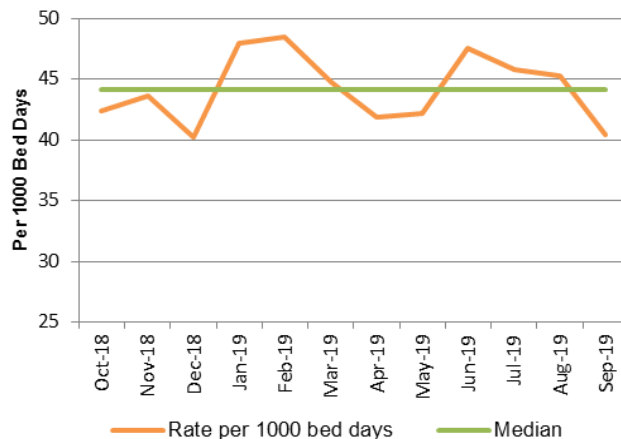
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

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



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



*Data from Risk Department

Serious Incidents (SI)

Four serious incidents were reported in September 2019:

- 2 x Patient Falls*
- 1 x Clinical Assessment or Review
- 1 x Consent or Communication

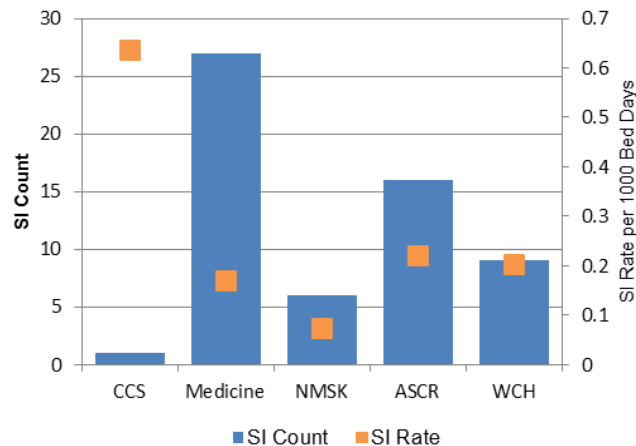
Never Events:

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

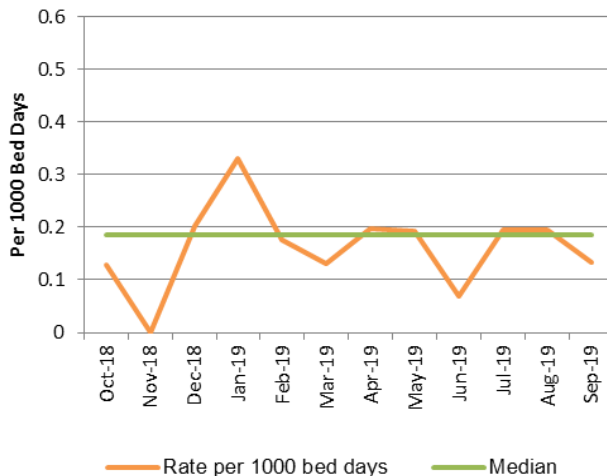
SI & Incident Reporting Rates

Incident reporting decreased in September to 40.39 per 1000 bed days. Whereas NBT's rate of reporting patient safety incidents remained within national parameters, it is noted that we were in the lower quartile of similar NHS Trusts.

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



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



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

Divisions:

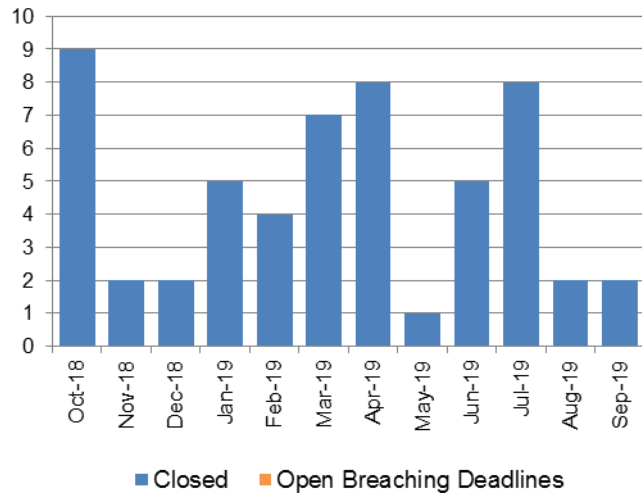
SI Rate by 1000 Bed Days

- CCS – 0.63
- ASCR – 0.22
- WCH – 0.20
- Med – 0.17
- NMSK – 0.07

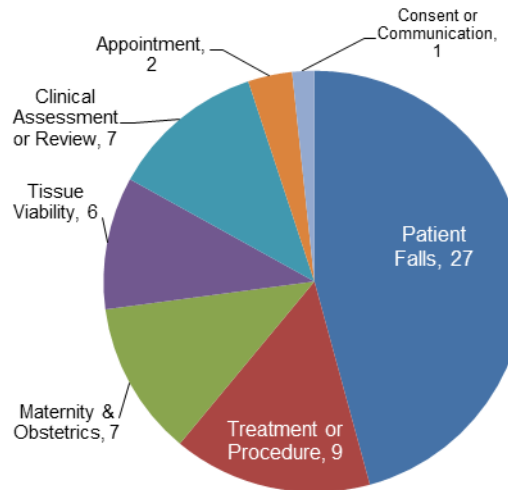
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

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



Top Types of SI reported Oct 2018 to Sep 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

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

Top SI Types in Rolling 12 Months

Patient falls remained 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.

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

CAS Alerts – September 2019

Alert Type	Patient Safety	Facilities	Medical Devices	Supply Distribution Alerts
New Alerts	0	1	3	0
Closed Alerts	0	0	2	0
Open alerts (within target date)	0	1	1	0
Breaches of Alert target	0	0	0	0
Breaches of alerts previously issued	0	0	0	0

Data Reporting basis

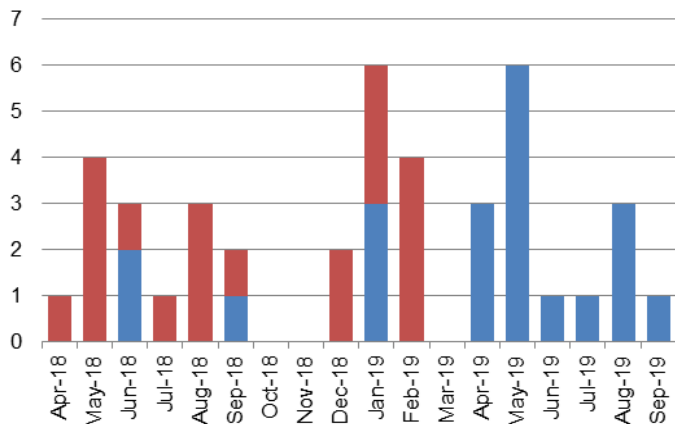
The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient i.e. Trolley breaches. This may mean changes are seen when compared to data contained within prior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

Central Alerting System (CAS)

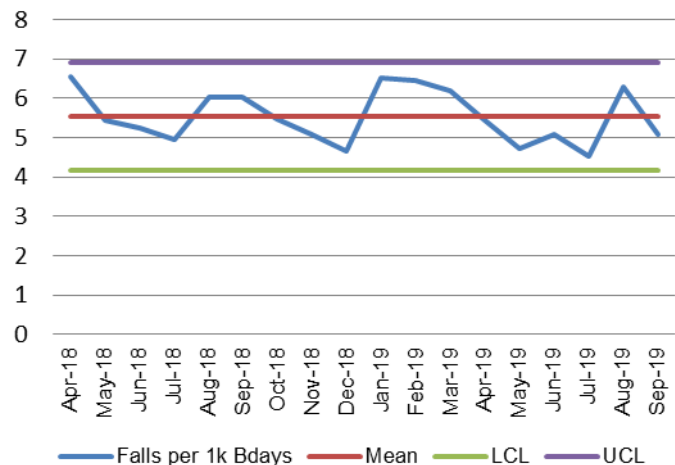
Four new alerts were reported, with none breaching their alert target dates.

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

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



Falls per thousand bed days
 (by incident date)



Falls

In September 2019, 153 falls were reported of which; one resulted in severe harm, six were categorised as moderate, 19 low and the remaining 127 as no-harm. The majority of reported falls occurred within Medicine Division (75), with the others occurring in NMSK (52), ASCR (17), CCS (2) and Women’s and Children (1).

The falls per 1000 bed days level was 5.1 which is an improvement on the previous month and more representative of the current trend from April 19.

The training compliance for falls is > 90% and is currently required every five years. The Falls Prevention Group has agreed, with the training department to change the timescale for falls retraining to three years.

The Falls Prevention Policy is being reviewed in preparation for sign-off at the Patient Safety and Clinical Risk Committee. Changes have also been made to the post-falls reporting process to commissioners ensuring all information is presented and action logged for follow-up.

CQUIN Q2 Report

Forecast – the audit process is nearing completion with a forecast performance of 50-55% that will achieve a partial payment.

Key Actions – the key actions to achieve this improvement (from 19% Q1) were changes made to the LORENZO Risk Assessment, the appointment of a Patient Safety Nurse and the on-going work to improve falls focus meetings across the divisions.

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 September 2019.

The Trust reported 46 Grade 2 injuries for September, which occurred to 40 patients, which is a significant increase on the previous month.

The break down of injury is as follows:

Buttocks / Natal cleft : 33%

Heel: 17%

Coccyx / spine : 9%

Elbow : 9%

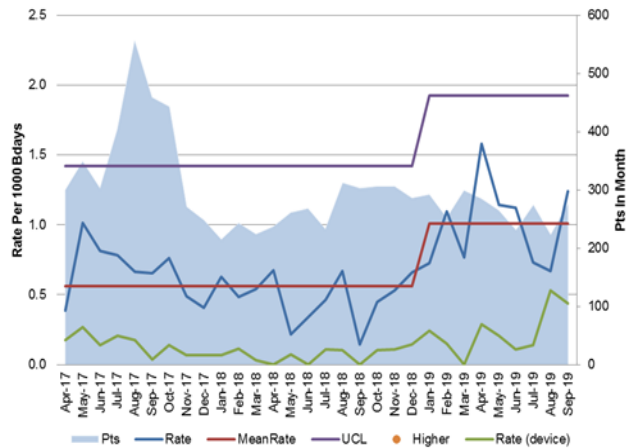
Other : 6%

Medical device: 26%

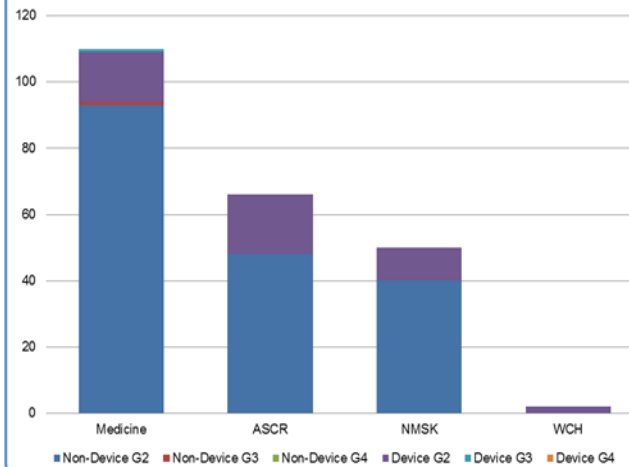
The organisational response to the increase in the incidence of pressure injuries, continues with the Heads of Nursing and matrons across inpatient areas undertaking key elements of quality improvement. This has included procurement exercises on specific patient equipment for example oxygen therapy to help support the reduction of number of pressure injuries related to this area of care.

Divisional commencement of staff competency assessment which will enable us to gain assurance of staff knowledge against current education and training programmes has started using the established Tissue Viability Link Practitioner system, supported by the weekly Grade 2 swarm meetings.

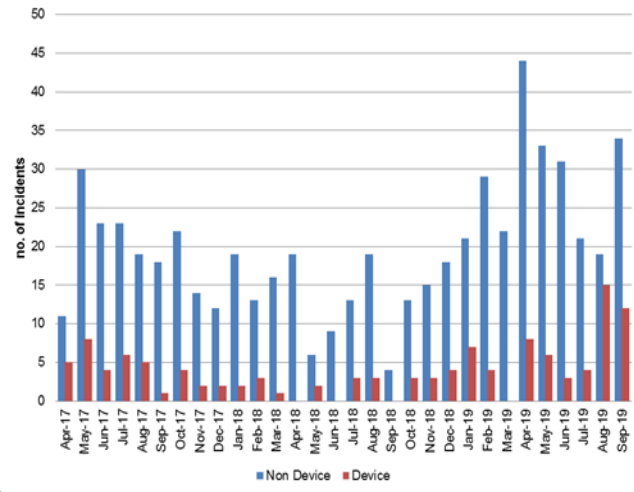
Pressure Injuries - Total G2+ per 1000 Beddays Trustwide



Pressure Injuries Year to Date 2019/20



Pressure Ulcers - Total Incidents



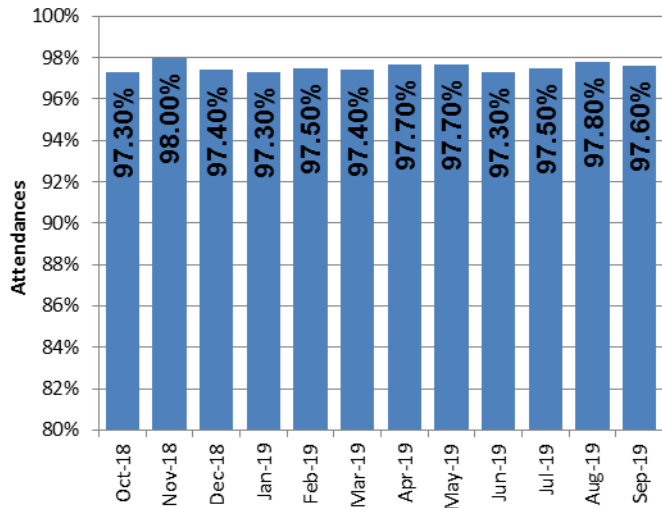
Venous Thromboembolism Risk Assessment



VTE Risk Assessment

The Board expects a VTE risk assessment to be carried out for all appropriate in-patients. The Trust continues to meet the national standard of 95% of patients having a documented risk assessment in their records at the point of coding the discharge.

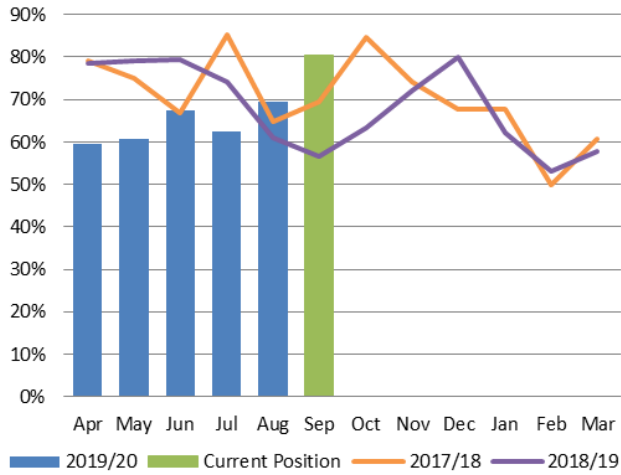
WHO Checklist Compliance



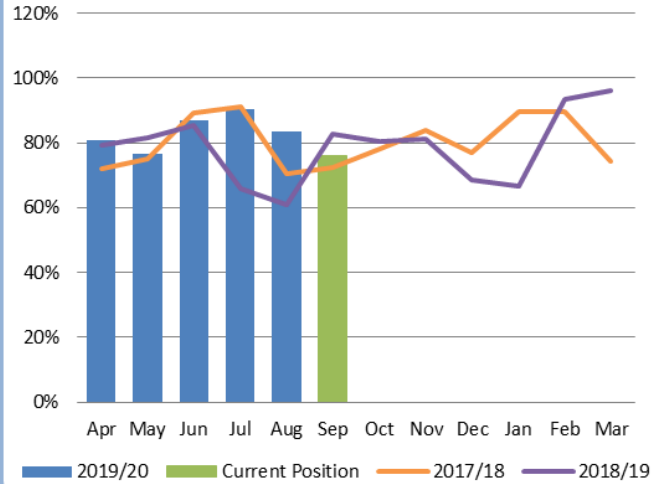
WHO Checklist Compliance

The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres. Measured compliance with the WHO checklist continues to be sustained. 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

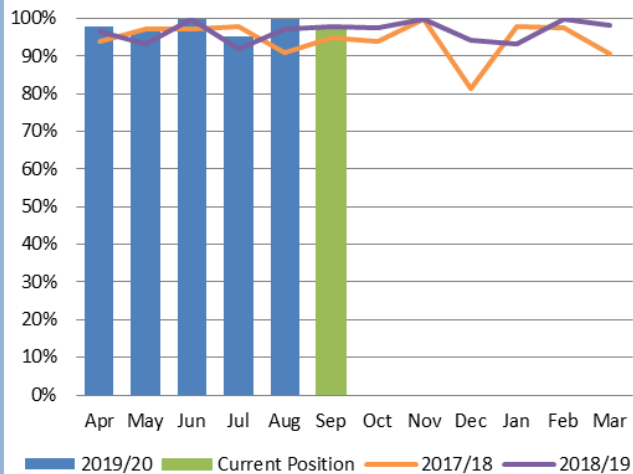


Fractured Neck of Femur in Patients aged 60 years and over Patients admitted to an acute orthopaedic ward within 4 hours.

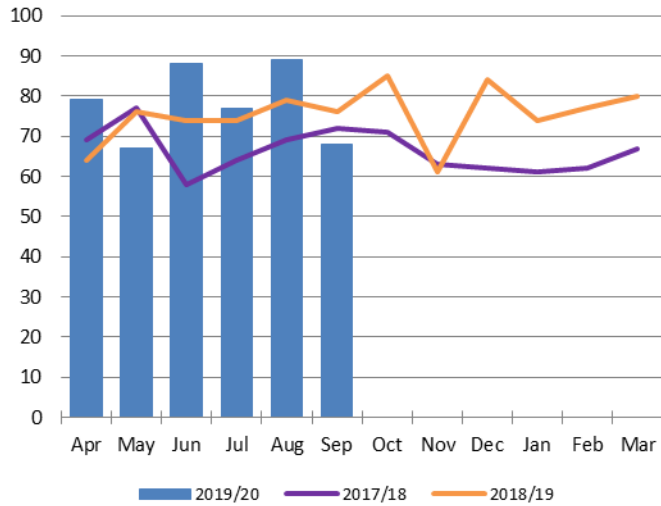
Hip Fracture data is reported one month in arrears with the current month included for reference.

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

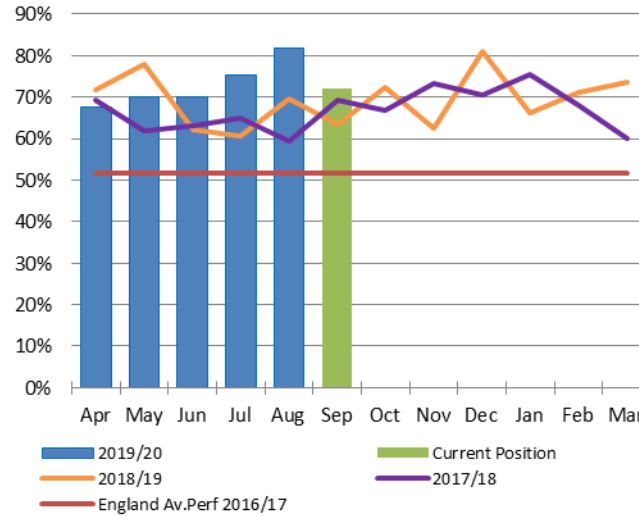
All Patients Assessed by an Orthogeriatrician within 72 hours



Number of Stroke Patients Admitted



Patients Scanned within 1 Hour of Clock Start



Stroke

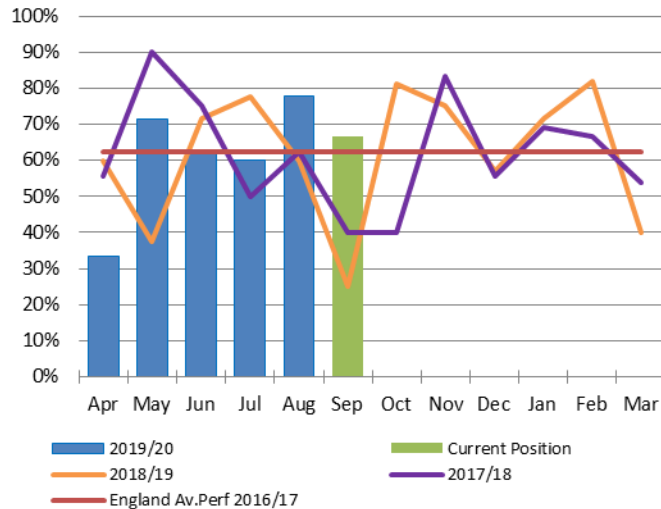
Stroke data is reported one month in arrears with the current month included for reference.

77.78% of stroke patients requiring thrombolysis received this within 1 hour which is above the England average.

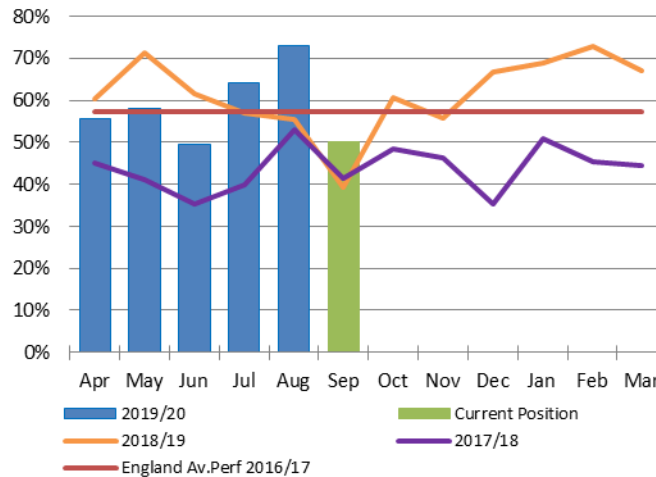
Admission to a stroke unit within 4 hours of presentation remained a challenge with performance at 72.90% in August 2019. This represented an improved position, and was above the England average performance.

The number of patients scanned within 1 hour remained higher than the England National average at 81.71% in August 2019.

Patients Thrombolysed within 1 Hour

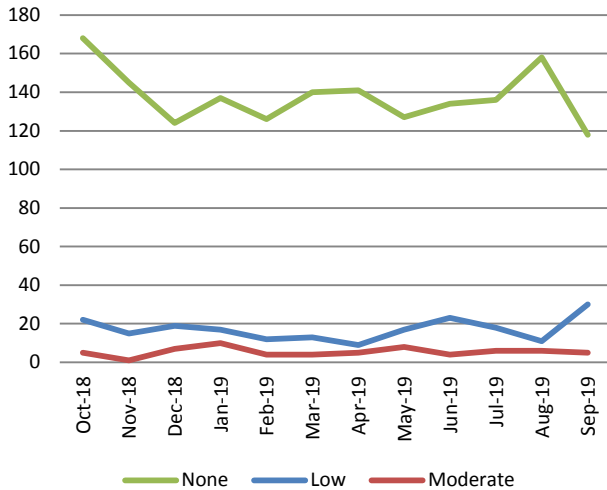


Patients Directly Admitted to a Stroke Unit within 4 Hours

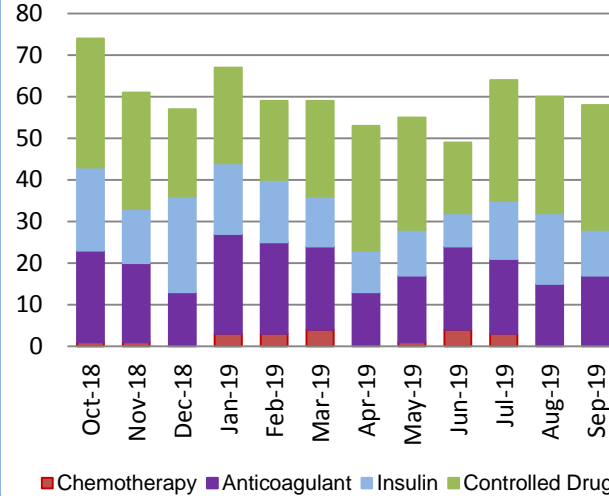


Medicines Management

Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs (Last 12 Months)



Severity of Medication Error

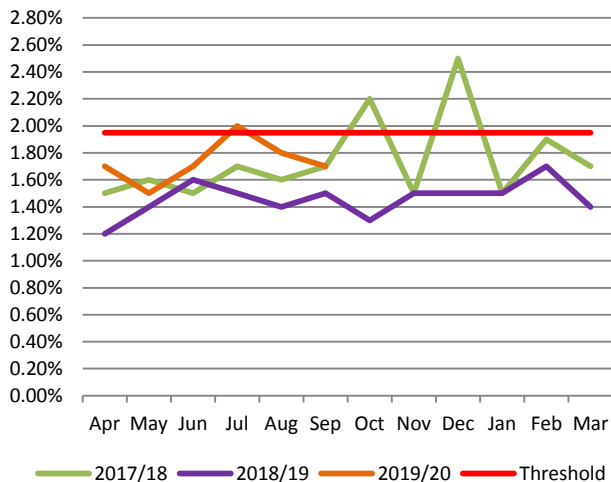
During September 2019, the overall number of incidents reported across the Trust fell by c.13% compared to the previous month.

The number of low harm incidents accounted for c.20% of all incidents during September. The additional graph highlights that c.38% of low harm incidents occurred during the administration stage, with c.17% involving a high risk medication and c.55% were as a result of an omitted dose.

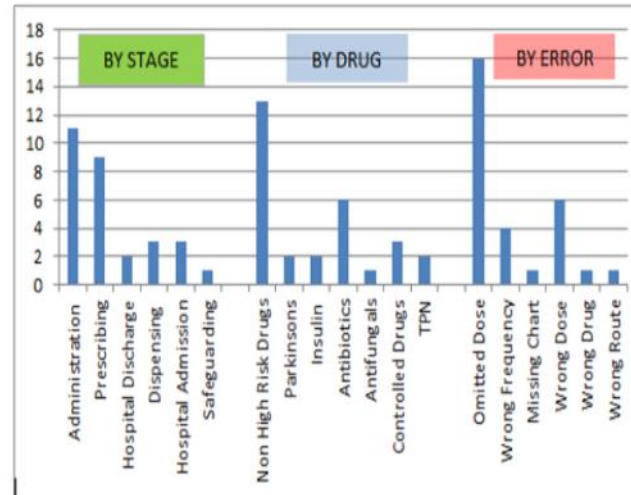
High Risk Drugs

The number of incidents involving High Risk Drugs has gradually fallen over the last two months; with no incidents been reported for chemotherapy medication.

Percentage of Patients with One or More Missed Doses



LOW HARM Incidents (September 2019)



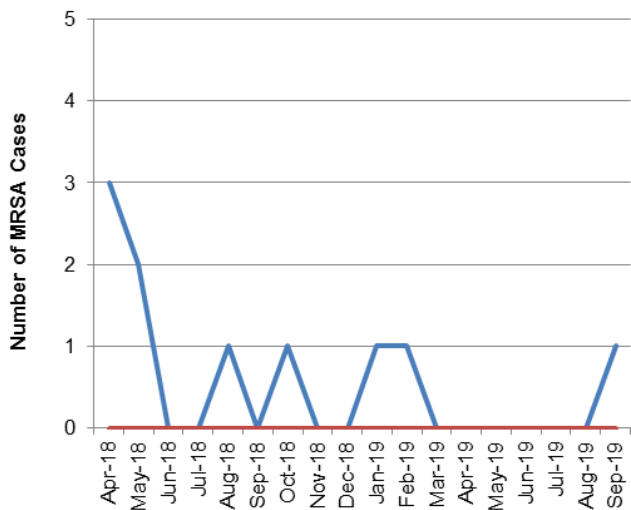
All incidents relating to high risk drugs are closely monitored by the Medicines Governance team and reported to the Medicine Governance Group.

Missed Doses

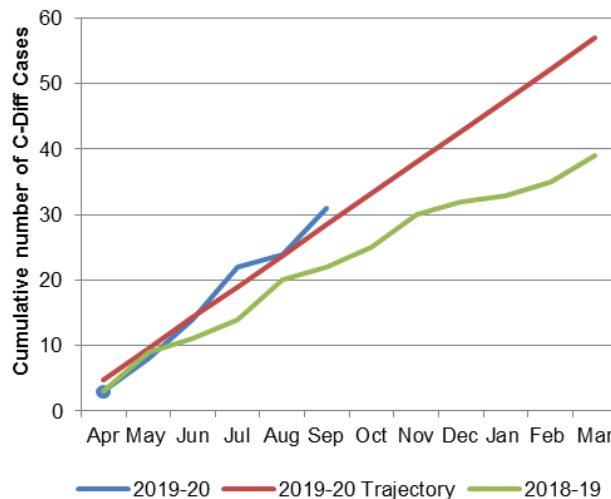
The percentage of patients with missed doses continued to improve and the clinical pharmacy team closely monitors the KPI's associated with all missed doses. Any ward(s) that breaches the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week "missed dose audit".

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

MRSA Cases - Trust Attributable



C.Difficile Cases - Trust Attributable (Cumulative Cases)



MRSA

There has been one case of MRSA bacteraemia in September occurring within ASCR. This is the first case of 2019-20 and remains under investigation

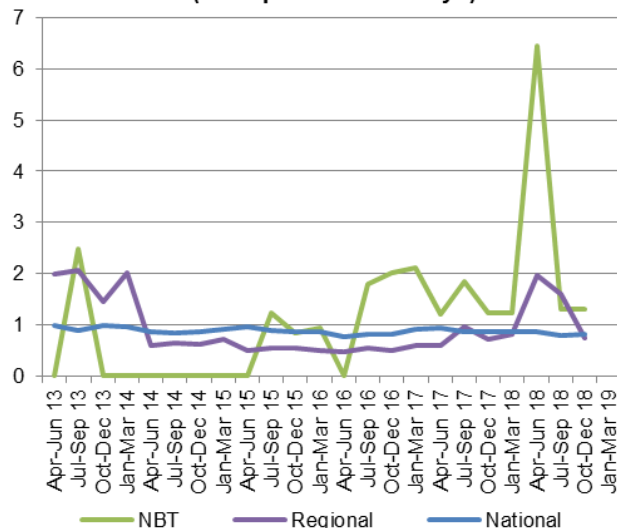
C. Difficile

In September there were six cases reported against the trajectory. Two cases were hospital onset and four cases were community onset.

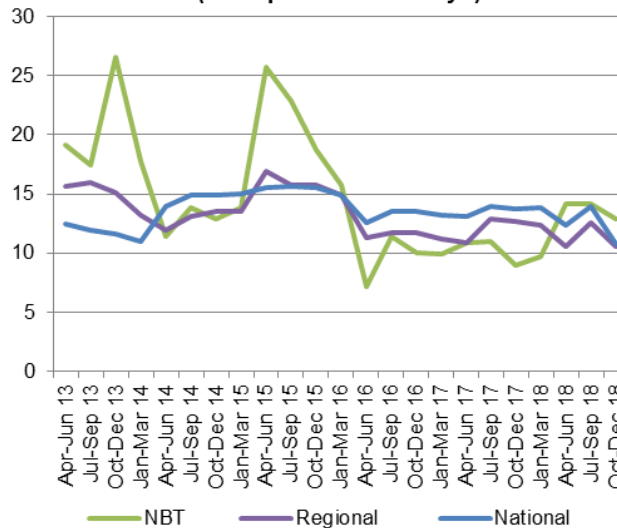
MSSA

There were five reported cases of MSSA bacteraemia in September, which is above trajectory and previous experience in NBT. The rate of MSSA bacteraemia in NBT (year to date) is 9.83 cases per 100,000 bed days against a SW average of 10.16 and England average of 9.75. The rate is therefore comparable to benchmark but the Trust staphylococcus steering group continues to monitor and review cases. A quality improvement initiative continues, aiming to reduce incidence of bacteraemia associated with indwelling devices.

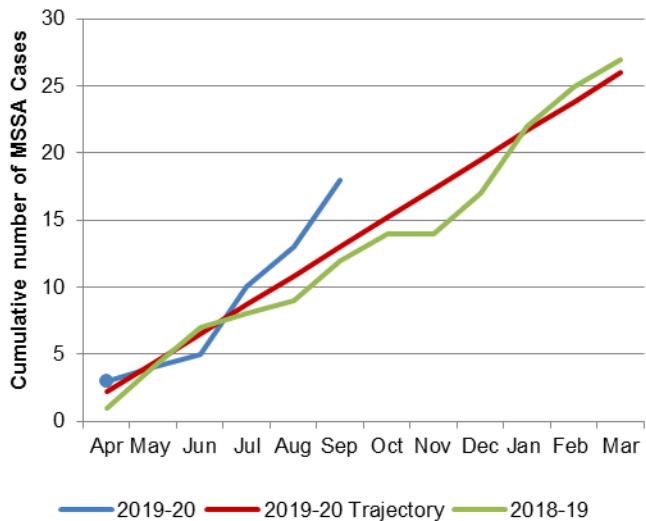
Quarterly MRSA cases (rates per 100k bed days)



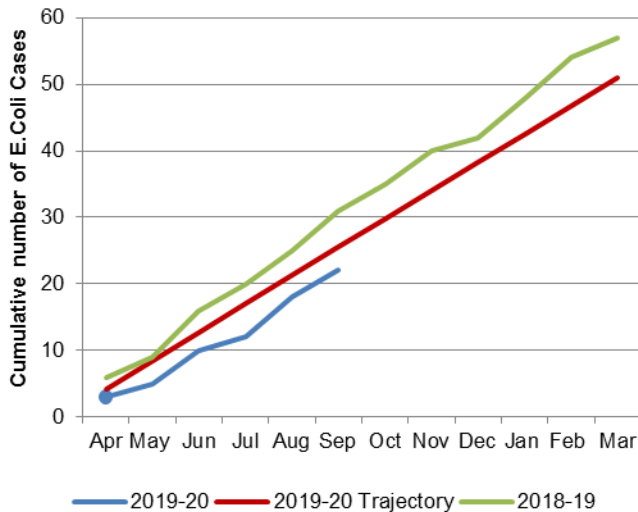
Quarterly C.Difficile cases (rates per 100k bed days)



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.

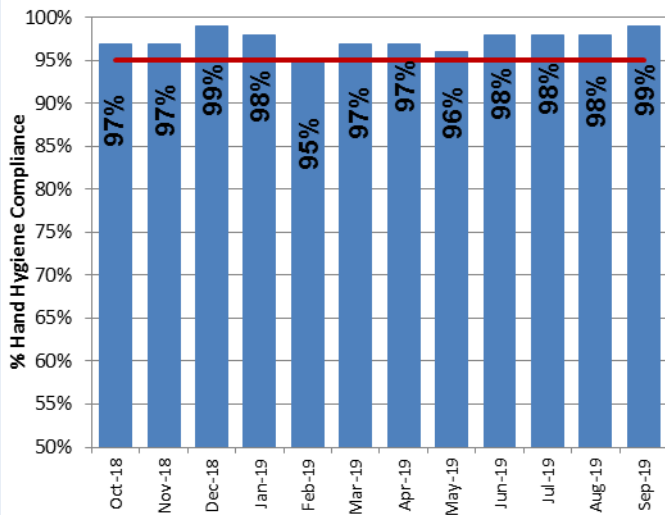
Hand Hygiene

Hand Hygiene compliance has been maintained.

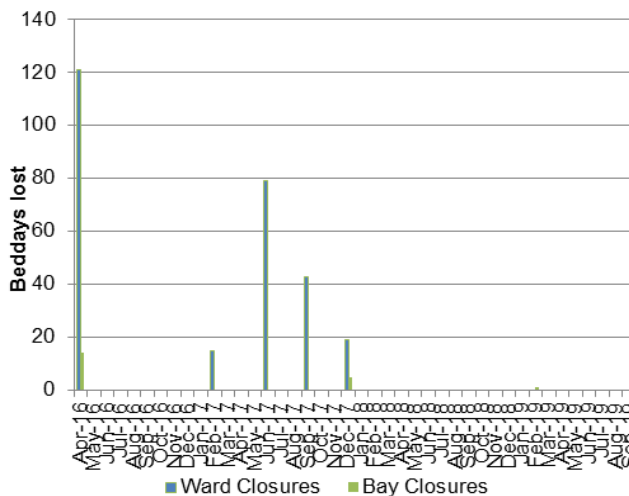
Influenza

The Trust has commenced the staff "flu" vaccination programme, as part of the whole health economy campaign both nationally and locally, as part of BNSSG.

Hand Hygiene Compliance Rates



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



Mortality Review Completion

<p>The overall score percentages are derived from the score post review and does not include screened and excluded.</p>
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Mortality Alert Response Acute Cerebrovascular Disease.

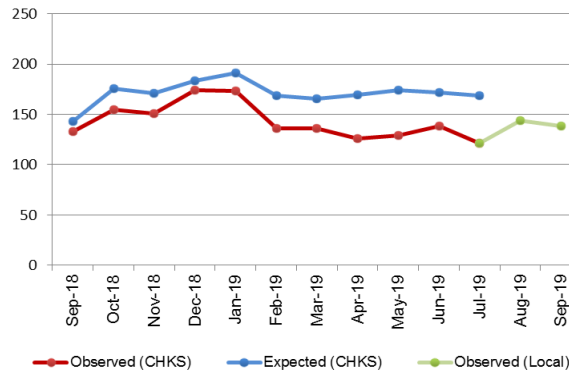
In June 2019 the Trust received a request from the CQC to undertake an investigation into high mortality levels in patients presenting with acute cerebrovascular disease reported by the Dr Foster data base. Review of records of 90 patients that died between April and September 2018 was undertaken. Data was compared with that in the national SSNAP audit.

Death was not considered to be avoidable in any of the cases reviewed. NBT admits a higher proportion of patients with severe stroke than the national average which may explain relatively higher mortality. Case note reviews have shown that the HSMR methodology used by Dr Foster often underestimates the chance of death for this group of patients.

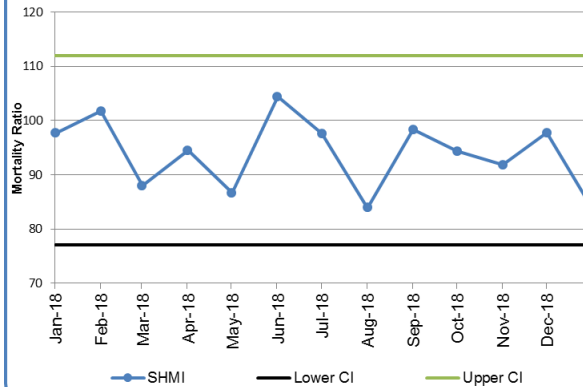
The information has been provided to the CQC in a response from the Medical Director and we await their conclusion.

Mortality Outcome Data

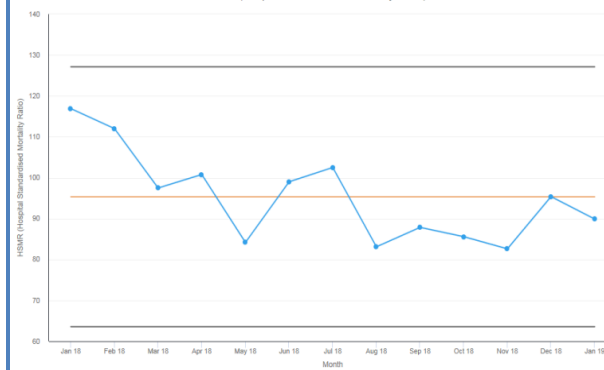
Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



HSMR (Hospital Standardised Mortality Ratio)



Overall Mortality

Mortality data has remained within the expected range.

A deep dive review of the Trust's approach to mortality was received by the Quality & Risk Management Committee on 19 September 2019.

Mortality Review Completion

The current data captures completed reviews from 01 April 2019 to 30 June 2019. In this time period, 83.2% of all deaths had a completed review. Of all "High Priority" cases, 90% completed Mortality Case Reviews (MCR), including all three deceased patients with Learning Disability and one patient 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 97.3% (score 3-5). There have been three mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which have been investigated through Divisional governance processes.

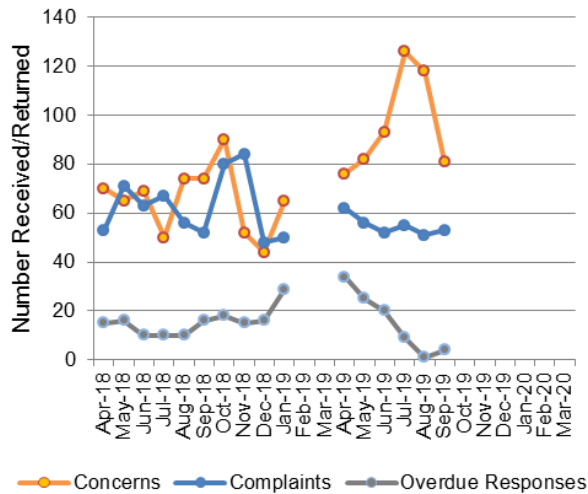
Learning from Deaths Internal Audit:

NBT's Internal Auditors, KPMG, concluded a review of the approach to the national requirements relating to reviewing patient deaths in hospital. The outcome of this was "Significant Assurance, with minor improvement opportunities".

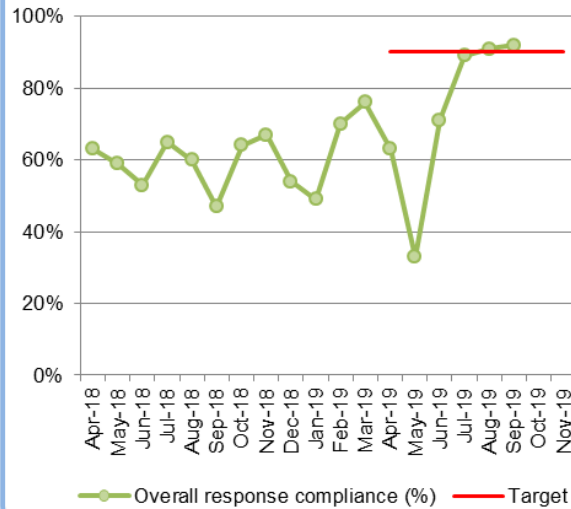
Quality Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

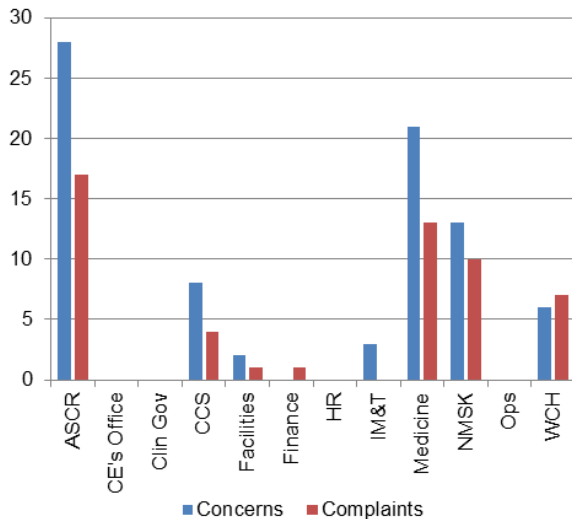
In September 2019 the Trust received 53 formal complaints and 81 PALS concerns.

The 53 formal complaints can be broken down by division:

ACSR: 17 CCS: 4 Facilities: 1
 Medicine: 13 NMSK: 10 WACH: 7
 Finance: 1

The number of formal complaints received in month continued to fall within the 2019 monthly average of between 50-60 cases per month. This may reflect the embedding of the Patient Advice and Liaison Service (PALS) and the success in locally resolving patients' concerns before they escalate. 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.

Concerns and Complaints per Division



	Total closed in Sept.	Total overdue at end of Sept.
Medicine	21	0
NMSK	15	0
ASCR	17	3
CCS	6	0
WCH	5	1

Final Response Rate Compliance

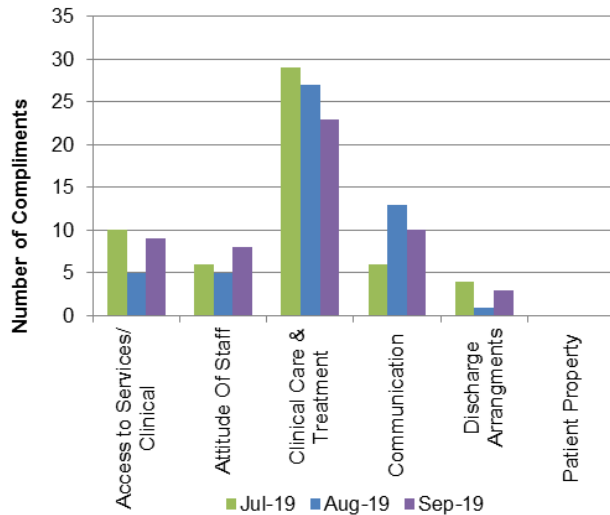
Implementation of the recovery plan across the Trust contributed to 92% of complaints being responded to within the timescale.

Overdue complaints

The total number of overdue complaints at the end of September sat at four. In order to ensure the compliance target is sustainable, weekly meetings take place with divisions. Support is being given in particular with ASCR with the highest number of formal complaints.

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

Complaints By Subject



Complaints By Subject

There was further reduction in the number of complaints within the area of clinical care and treatment. This is a broad theme area and a deep dive is currently ongoing to provide further breakdown. The focus on this area is being demonstrated by the steady reduction. A full report of the deep dive will be available at the end of Q2 report being taken to the Patient Experience Group in November 2019.

Compliments

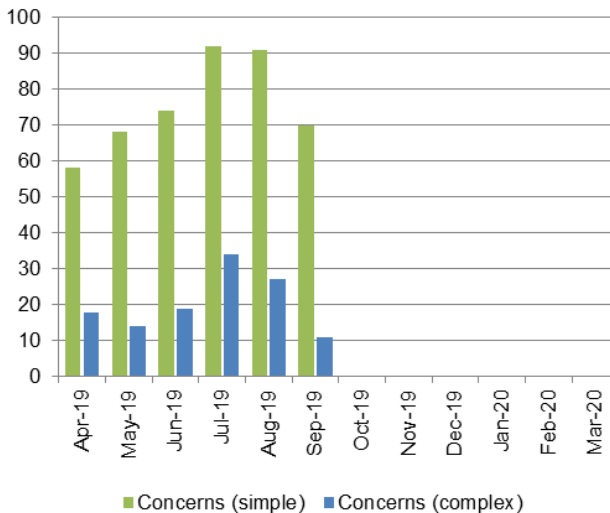
A more systematic approach will be developed to capture compliments and will be developed as part of the ongoing improvement programme. This will follow the current priorities of addressing the complaints backlog and establishing a permanent PALS service. This is included in the Corporate Patient Experience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

Example compliments received by the Trust in September 2019:

“I can’t thank the Urology department in Southmead hospital enough for looking after me during my kidney cancer operation. the whole journey and everyone I met was excellent. it was over and I was at home in couple of days.”

“I recently underwent surgery at Southmead Hospital to have my gallbladder removed, and cannot fault the service I received We had a very reasonable wait at A&E before I was seen but after this the staff were swift to assess me I had heard all sorts of stories from others about the long waiting list for this operation but I could not have asked for more speed and care considering I had a young baby to care for too. Prior to and after the operation the nurses caring for me did everything they could and were always making sure I was comfortable and giving me all the help they could. Also of note was the care of the theatre staff and anaesthetist who made me feel as relaxed as possible and were incredibly friendly and down to earth. The staff at Southmead do an incredible job and can’t thank them enough for everything they do every day in helping so many people.”

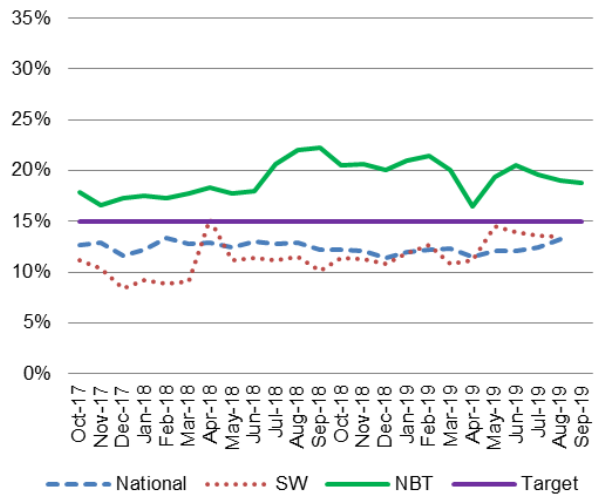
PALS



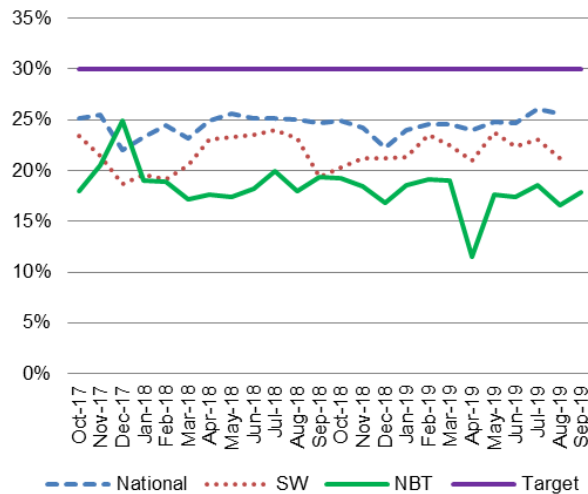
Patient Advice and Liaison Service (PALS)

In the month of September, 81 PALS concerns were received. Of the 81 PALS concerns received, 70 were classified as more simple concerns and 11 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.

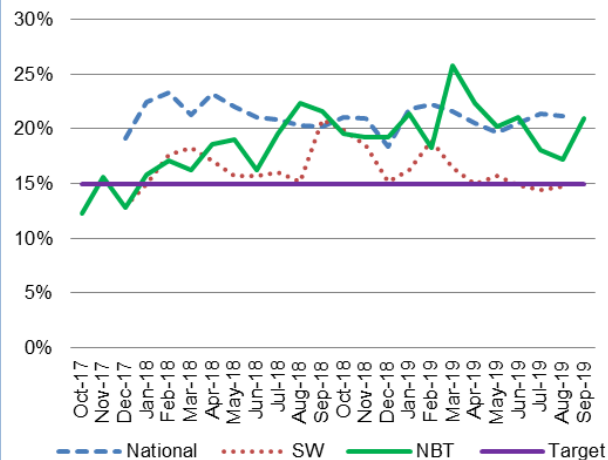
Emergency Department - Response Rate



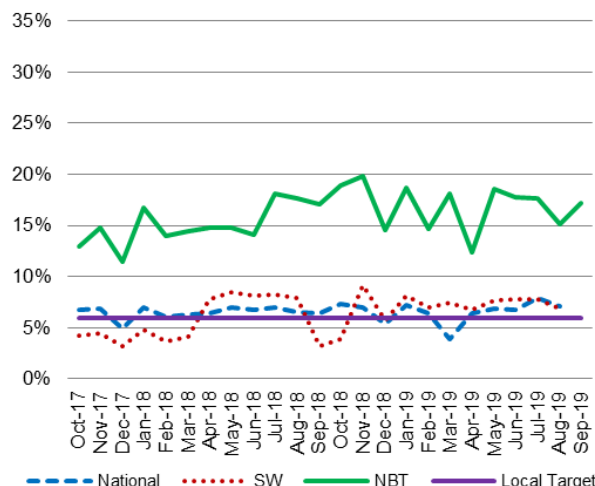
Inpatients - Response Rate



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



Outpatients - Response Rate



Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	18.74%
Inpatients	30%	17.88%
Outpatients	6%	9.42%
Maternity (Birth)	15%	20.92%

The Emergency Department have maintained their good response rate.

The Inpatient response rate increased slightly from 16.54% in the last month to 17.88%.

After reporting a decline in Outpatient responses over the past few months, an investigation in to the data was undertaken between the Patient Experience team and the Performance Team. It was established that the denominator (eligible patients) was being pulled from an incorrect data source and the correct denominator has been clarified as being taken from the Quarterly Activity Return. This has now be resolved and corrected for July, Aug and September. We now see outpatients return to normal range.

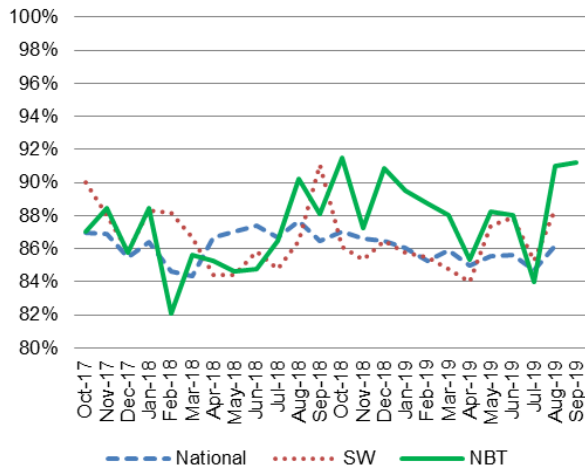
Maternity remained above target.

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.

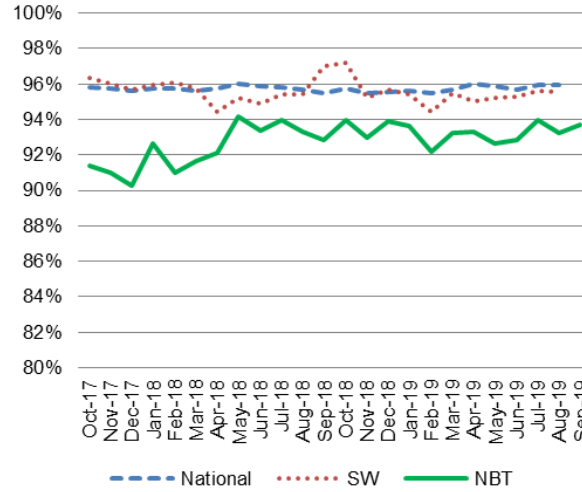
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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%	91.22%
Inpatients	95%	93.72%
Outpatients	95%	95.36%
Maternity (Birth)	95%	95.60%

Just under 95% of patients provided feedback, using the FFT system Inpatients, Outpatients and Maternity (Birth) would recommend NBT to friends and family.

ED maintained their increase in the number of people who would recommend the service in month. They remained above the national performance.

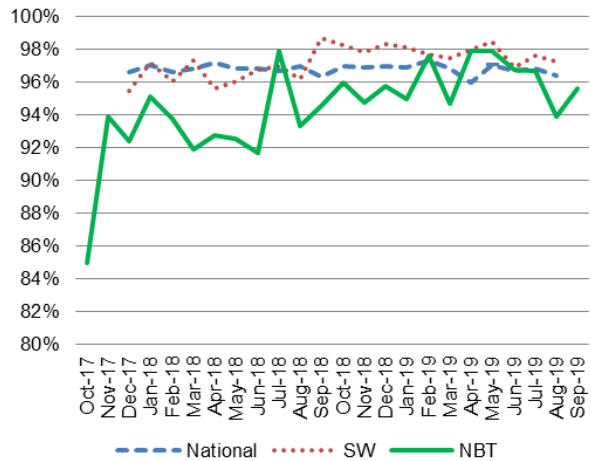
What are people saying about our services?

Within Inpatients there was very little negative comments given, the top theme was communication, but with the small sample of comments it is not possible to draw out specific themes or areas.

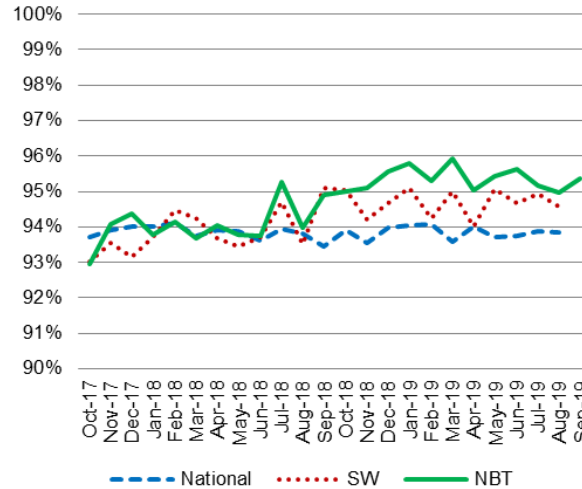
The positive themes remained around staff and the care people received, as well as the environment, stating cleanliness and the building itself as the main reasons for this

Within ED, waiting times and pain were cited as the top reasons for a negative response. A meeting is to take place in October to discuss the National Survey Results and wider patient feedback, with a view to making improvements which will hopefully have a positive impact on the FFT.

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



Outpatients - % Would Recommend



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

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

Friends and Family Test

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

Radiology Dept – (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.

Gate 6b (1)

The care and support I have received has been outstanding, everyone has been so friendly and caring. Huge thank you from me!

ED (3)

Had an X-ray at around 4.45 then had to wait until 7.30 to see someone. From 4.45 until 7.30 not one person was seen. I understand there could of been emergency, there were at least 4 nurses (just sat around) maybe someone could just occasionally kept us updated out of courtesy.

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+

Trauma and Orthopaedics (4)

As usual, appointment was late. I was offered no new information or advices and told there was nothing they could do to help me. It could have saved time to just call and discuss over phone

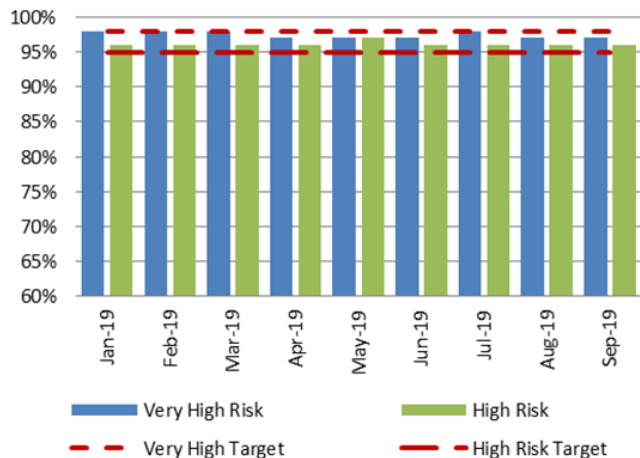
ED (5)

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.

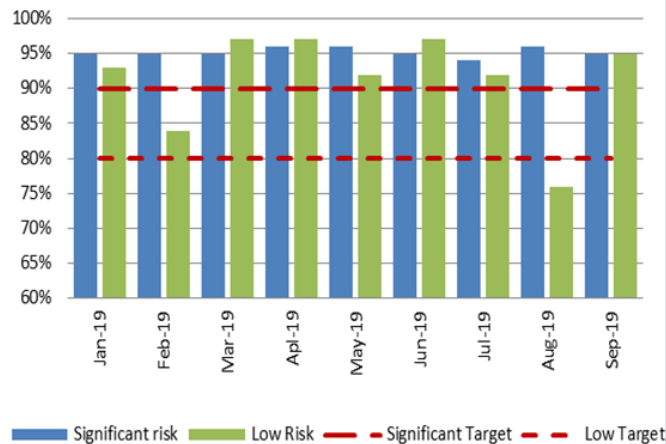
Facilities

**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 held steady through September 2019. Low risk areas reached their target.

The domestic relief team continues to provide cover 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.

Monthly performance meetings with an areas Facilities Manager are conducted to highlight any recurring issues.

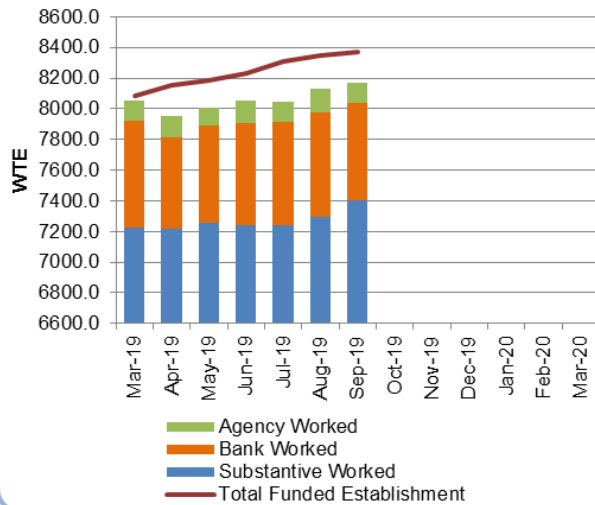
Almost 1000 deep cleans were completed in September of which 93% were above the key performance indicator for 4 hour breaches. Deep clean work is also ongoing in support of the Trusts C-Diff reduction plan alongside the day to day reactive work.

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

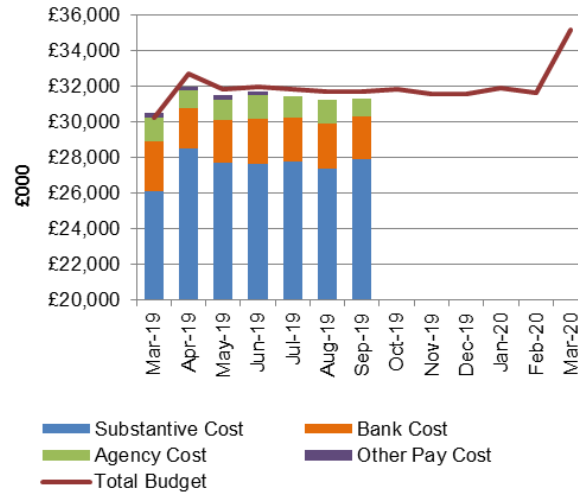
Well Led

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

Worked and Funded



Expenditure and Budget



Pay

Substantive worked wte remains under funded wte (203 wte). However pay for substantive, bank and agency has exceeded budget year to date predominantly in non-consultant medical staff, registered nurses and consultants.

Temporary Staffing

NBT Extra

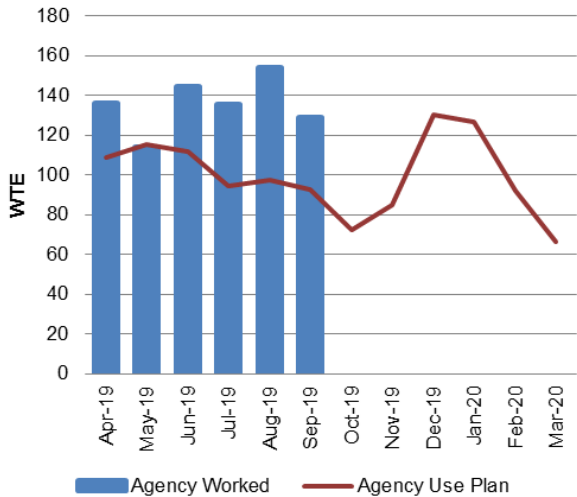
System wide “Clear for one, clear for all” nurse recruitment compliance is now in operation across BNSSG for nursing agency staff. This ensures consistency in the standard of agency nurses and increases efficiency across the region.

A second monthly payroll run of bank shifts worked by our substantive staff has been introduced to address feedback received that this was a potential barrier to shifts being worked. Bank fill rate is increasing with an average of 65% across the month of September.

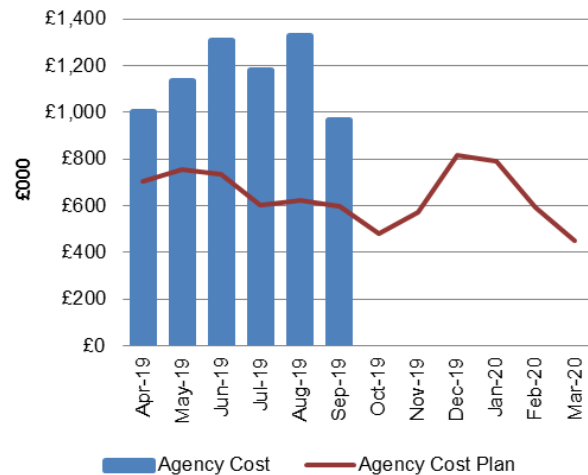
Agency

Agency expenditure reduced from last month, although demand still remains high for registered nurses. The percentage of shifts filled by “Tier 1” Framework agencies is increasing which helps reduce overall costs. In September the weekly average fill rate was 46%, up from 35% in August.

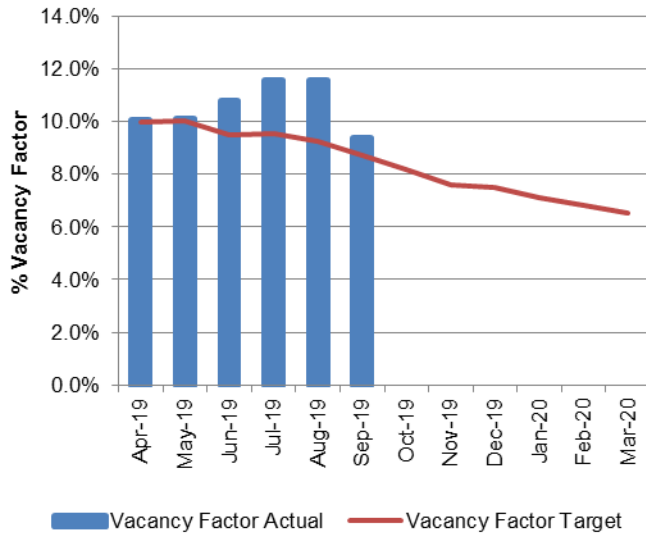
Agency Use



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 September the Trust had 54 new starters against a target of 48. Additional recruitment and assessment activity is in the discussion stage with divisions as part of overall winter planning.

Band 5 Nursing

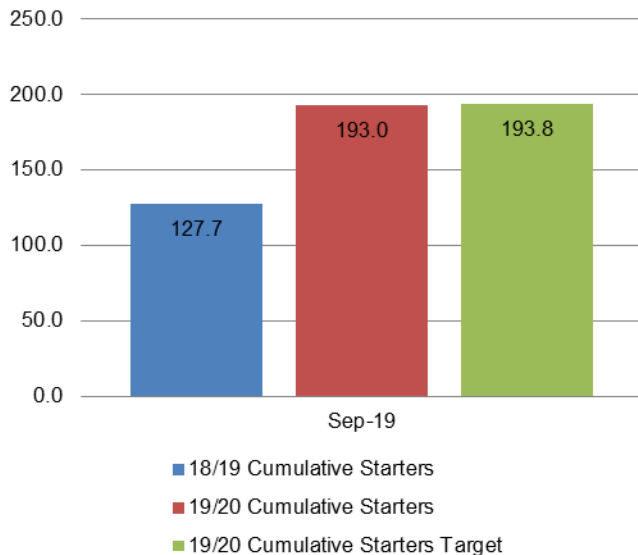
September was a month with high activity, with 105.4 wte new starters in month, against a target of 60 wte which has made up the shortfall in the cumulative target.

Recruitment activity continues with internal and external engagement events. Of the 22 interviews that took place at internal event, offers were made to all candidates due to the high quality of attendees.

Engagement events in September;

- UWE Careers day – 18 September
- Nursing Engagement day – 25 September
- 8 assessment centres for unregistered Nursing and Bank specific recruitment

Band 5 Nurse Cumulative Starters

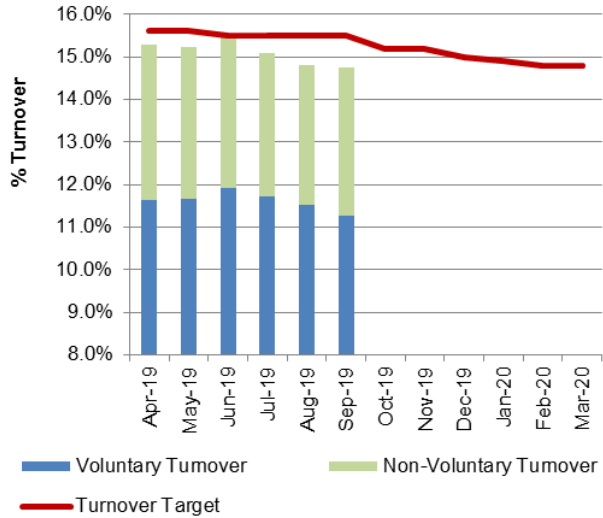


Overseas Nurse and Midwife Recruitment

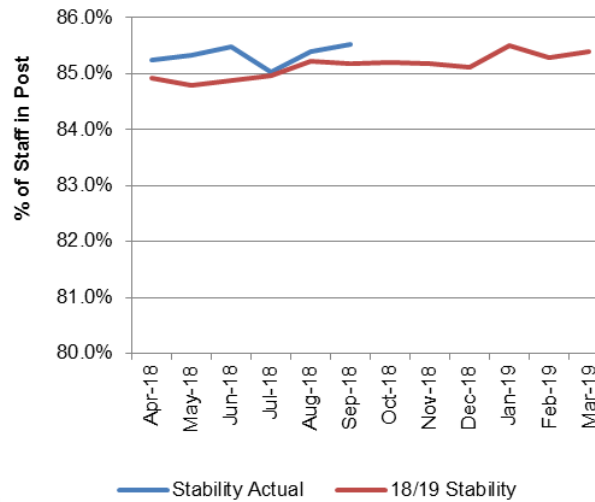
The International Nurse Recruitment project continues to deliver experienced, permanently employed nurses from the Yeovil pipeline, and to date 33 nurses are now working in the Trust. Visa processing delays with the Home Office continue to create a lag in the anticipated timeframes, with final numbers anticipated to be 40 nurses from the Yeovil pilot by the end of October 2019.

The Business case for Phase 2 for International recruitment will be considered by the Trust Management Team in October 2019, in parallel with a submission for VRP approval to support internal international staff who have previous nursing experience, to gain their full NMC registration. The OSCE and Pastoral Care team continue with high quality support and training. Eight nurses have taken the OSCE exam to date, with a 100% pass rate.

Rolling 12 Month Turnover



Stability Index

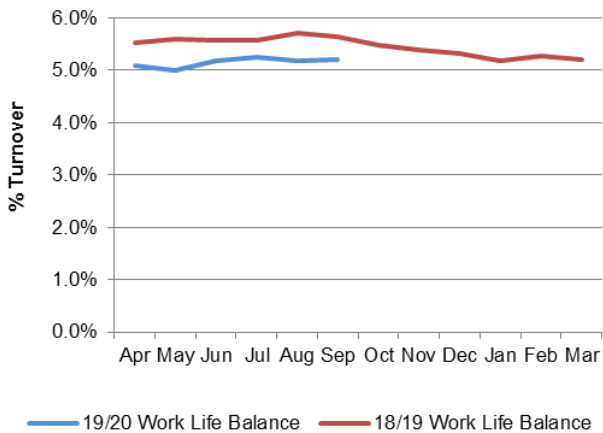


Trust

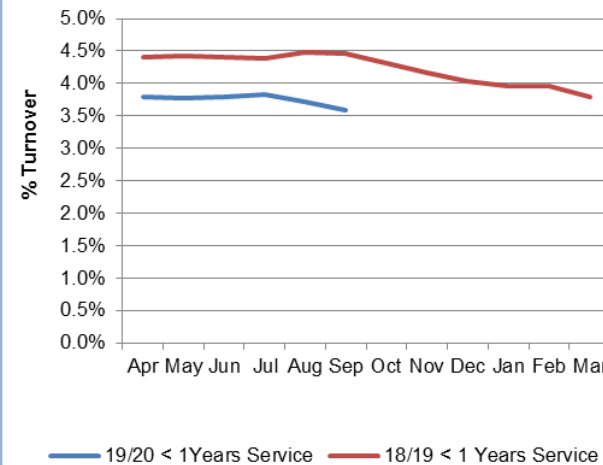
Turnover continues to improve across the Trust. Key improvements were in registered nursing, particularly Band 5s where rolling 12 month turnover has decreased in 2019/20 compared with 2018/19's position, and in Band 2/3 nurses where turnover has reduced from 22.7% in 2018/19 to 18.7% in September 2019.

The proportion of staff leaving for work life balance reasons has seen a slight increase over the course of the year and will be picked up as one of the key aspects under review as part of the Trust participation in the NHSi Retention Improvement Programme.

Rolling 12 Month Turnover - Work Life Balance

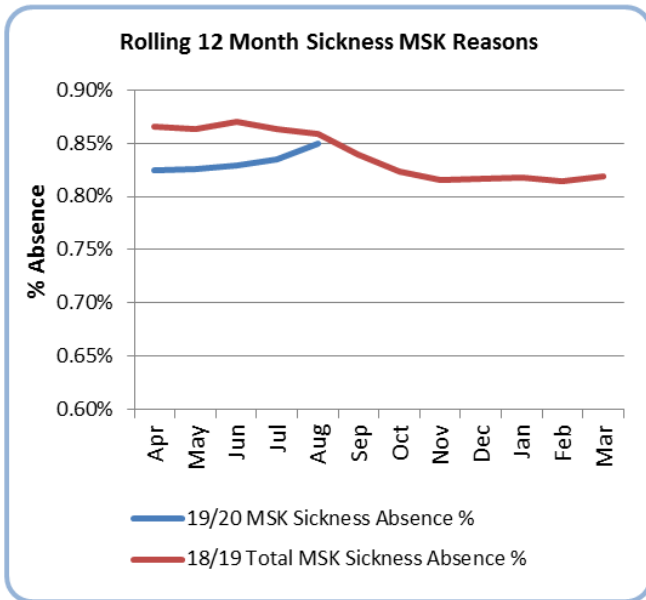
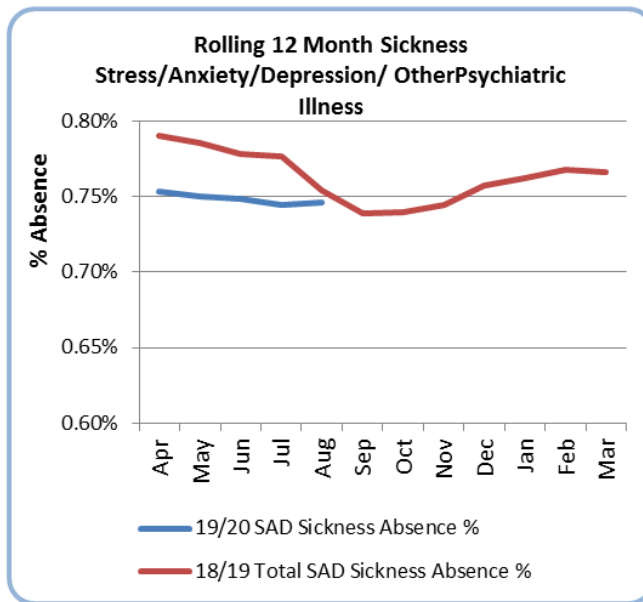
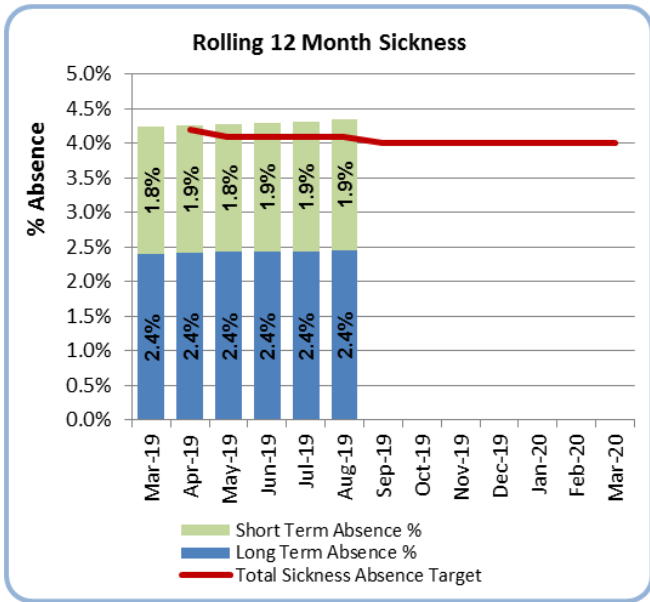


Rolling 12 Months - <1 Years Service Turnover



People and Transformation (p & T) Team Actions

- P&T drop-in sessions in October for National Work Life week, with a focus on flexible working and work-life balance
- Monthly pension drop-in sessions occurring
- NHSi follow-up work - retention workshop planned for later in October
- Further promotion of new exit tool to ensure continued high response rate linked to reasons for leaving



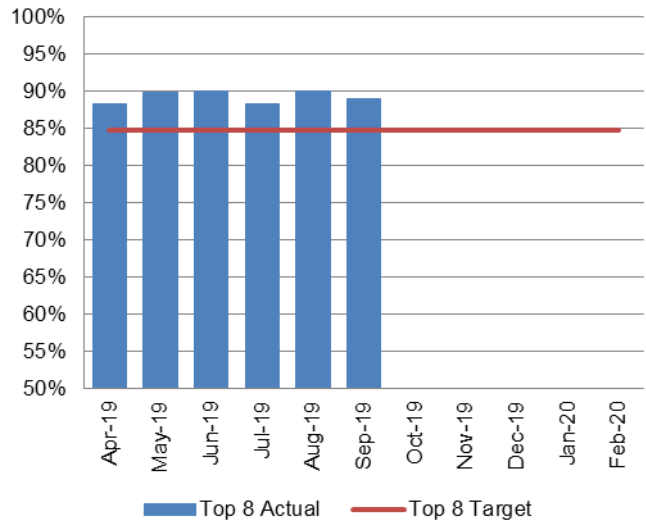
Sickness

Sickness absence slightly increased from the previous month's position.

People and Transformation team actions

- Progressing plans to ensure two wte physio's are available to support Health and Wellbeing programme, particularly MSK reasons for absence
- Wellbeing requests submitted to charity are:
 - A business case for increased mental health support for consultants through the provision of a peer support network and dedicated psychologist support
 - A winter nurse as part of the winter wellbeing plan
- Extensive audit into the application of the short-term sickness policy recently completed with implementation of the recommendations from this now commencing
- A plan of support has been established and is being enacted to improve long-term sickness absence in the Women and Children's Division
- The new ER Case Tracker is now live, and sickness cases in the early implementer areas will start being logged and managed via this system. This will allow for better visibility of all formal sickness cases and mean automatic prompts for managers

Compliance Top 8 Essential Training (2019-2020)



Training Topic	Variance	Aug-19	Sep-19
Child Protection	-1.0%	89.5%	88.5%
Equality & Diversity	-0.2%	90.9%	90.7%
Fire Safety	-0.6%	89.3%	88.7%
Health & Safety	-0.9%	92.7%	91.8%
Infection Control	-0.4%	91.3%	90.9%
Information Governance	0.0%	85.9%	85.9%
Manual Handling	-5.9%	90.4%	84.5%
Waste	0.5%	89.7%	90.2%
Total	-1.1%	90.01%	88.95%

Top 8 Statutory / Mandatory Compliance:

The Top 8 Statutory / Mandatory training compliance rate for September was 89.36%

Leadership Development

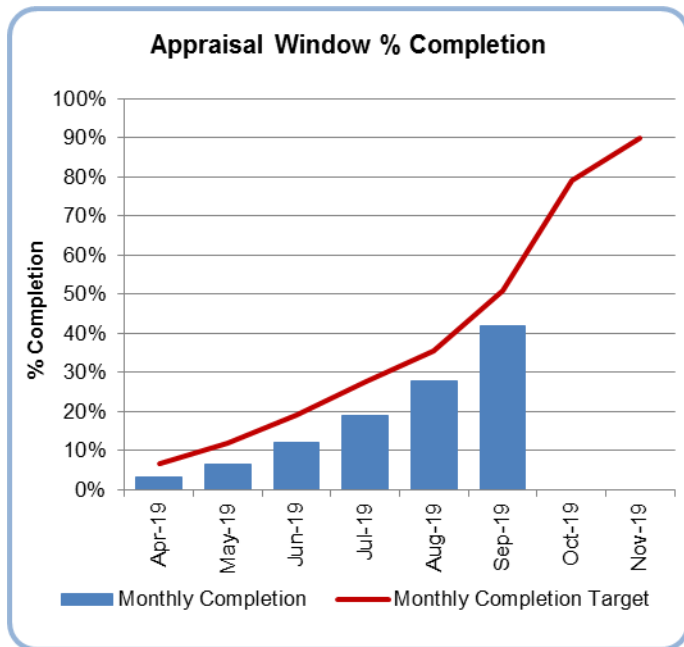
OneNBT programme:

The programme has seen a drop of four staff since last month. Of the 309 staff who have signed up to the programme, 259 staff have booked or attended sessions with 50 still to engage. Overall participants on the programme are at 88% of our target of 350 staff. Feedback continues to be positive for all modules.

Apprenticeships and other programmes:

Alongside the OneNBT leadership programme, 30 staff are enrolled in the apprenticeship Leadership and Management Level 3 qualification and increase of nine staff from last month. Two staff that have successfully started the Level 6 Chartered Manager Degree Apprenticeship with UWE and one staff member due to start the Level 7 – Senior Leader Masters Apprenticeship this month.

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 Completion

Appraisal completion is at 42% against a target of 51%. The completion rate reported is in part impacted by a lag in logging of appraisals on the Trust Managed Learning Environment (MLE).

People and Transformation Team Actions

- The P&T Team are continuing with their appraisal ‘lunch and learn’ sessions in Brunel;
- P&T team members have also conducted ‘appraisal talk and tour’ in Medicine areas to promote appraisals and share tips and best practice.

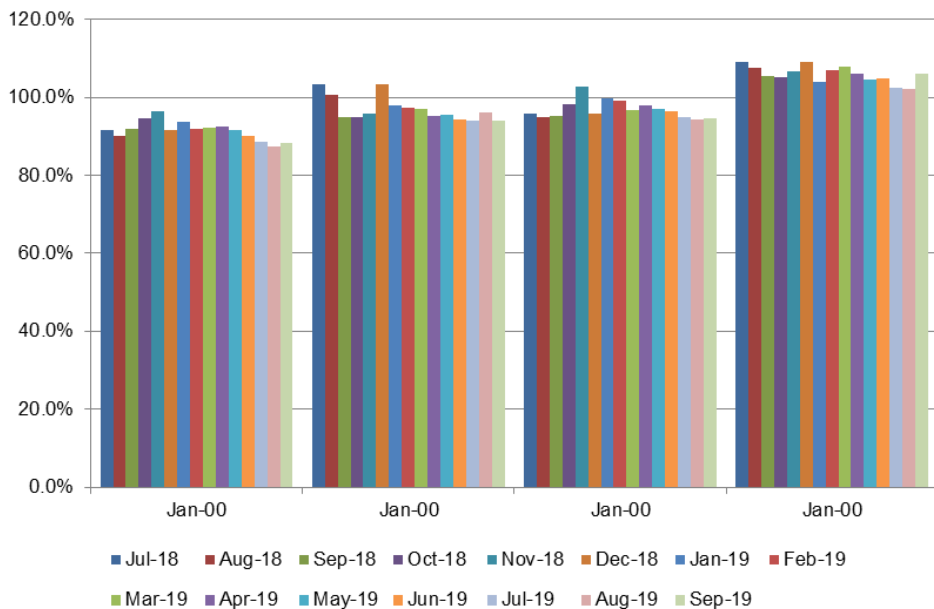
Equality Diversity and Inclusion Metrics

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

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

Wards below 80% fill rate are:

Safe Staffing Fill Rates



Sep-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.

ICU:RN Staff Day 79.3% Care Staff Day 74.2% RN Staff Night 78.1%

During September, acuity remained low therefore shifts remained vacant. In addition to this a number of shifts were flexed off, allowing the staff to work when acuity was higher, reducing requirement for temporary staffing. The decisions not to escalate unfilled shifts to agency is made on a daily basis by the Matron who ensures that there are a minimum number of staff including the ability to have 5 coordinators and admit 6 emergencies into the bed base, however, should the acuity level increase to a higher level then shifts are escalated immediately to be filled.

Gate 19: RN Days 57.8% nights 62.1% This area is reported as it has been open as escalation capacity for more than three consecutive nights. The fill rate is due to vacancy across the gate which included the labs, the base template is currently under review. The area will only admit patients to the number of staff available, and is being closely monitored to the SOP by the matron to maintain patient safety.

Quantock: MCA 79.1% Days 64.7% MCA nights. The unit has a high number of STS and LTS and working with HR to resolve this. Whilst staffing is challenged, the extended bed base has 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 September. The department will manually collect the data for next month.

AMU: AMU over on registered nurses due to escalation / and AEC expansion; under on HCA due to vacancies and moving to support shifts that are short during the day – all shifts that were short were reviewed by the duty matron and monitored for safety

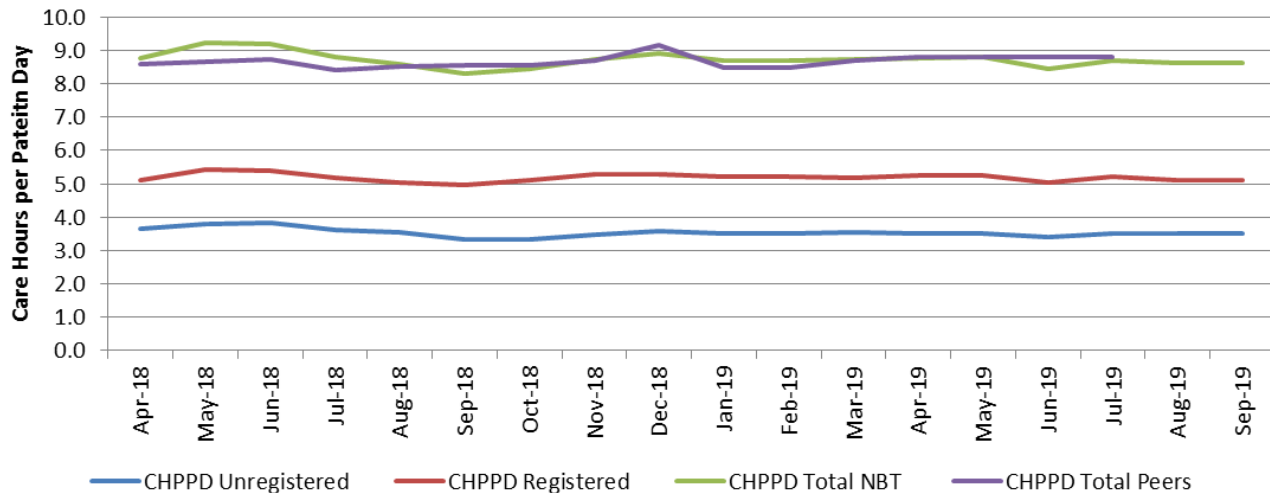
32B: Care Staff Day 73.7%. Unable to fill vacant HCA shifts with Bank. Back fill into shifts by allocation of staff from other areas; support from Student Nurses. Staffing levels monitored by Matron and SWS to ensure patients remain safe and well cared for.

Ward over 150% fill rate:

33B Care Staff Day 151%. 3 times a week an additional HCA is booked for an additional shift to support patient and staff with a complex dressing on a severe burns patient that takes at least two hours with two people.

Rosa Burden CA days 201% Nights 189.6%. The planned staffing is 2 RN and 1 HCA. The additional care staff are in relation to providing enhanced care to one particular patients with complex needs.

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).

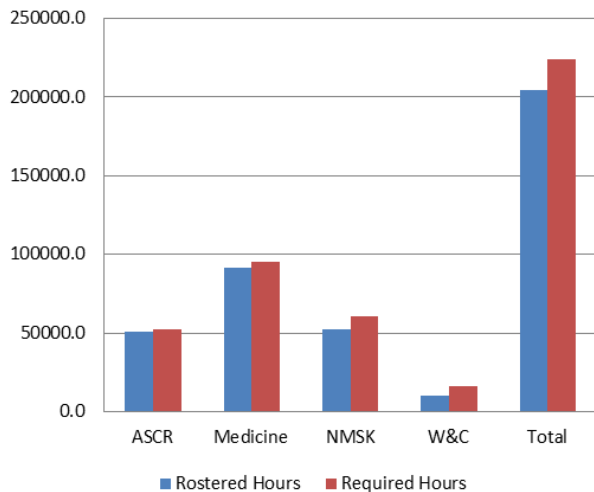
Safe Care Live (Electronic Acuity tool)

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.

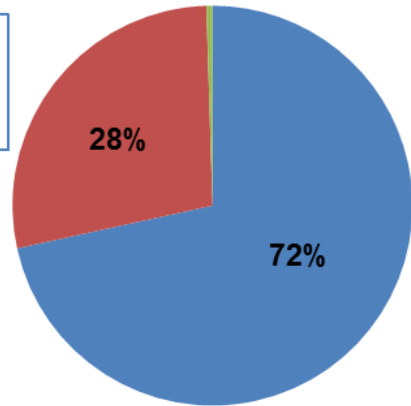
Required vs Rostered Hours



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

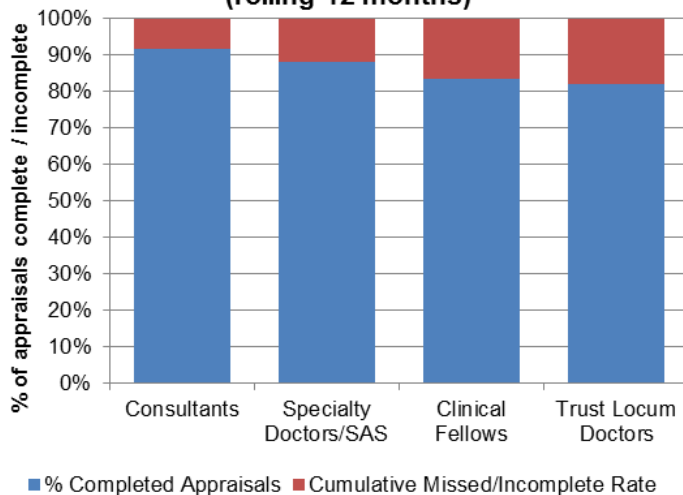
No. of Doctors
revalidating:

204



■ Positive ■ Deferral ■ Non-Engagement

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



Medical Appraisal

Within the current appraisal year (2019 /20), 85% of the appraisals due have been completed.

The Trust has currently deferred 28% of all revalidation recommendations due over the past 12 months which is a 2% decrease from last month.

In June 2019 a non-engagement recommendation was made for a doctor who works abroad but holds an honorary contract with NBT. The GMC have approved the non-engagement recommendation and the individuals licence to practice has been withdrawn.

Finance

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

	Position as at 30 September 2019			Forecast Outturn £m
	Plan	Actual	Variance (Adverse) / Favourable	
	£m	£m	£m	
Income				
Contract Income	264.5	261.1	(3.4)	528.6
Other Operating Income	42.2	40.3	(1.9)	82.3
Additional 2018/19 PSF bonus	0.0	0.7	0.7	0.7
Donations income for capital acquisitions	0.0	0.0	0.0	0.4
Total Income	306.7	302.1	(4.6)	612.0
Expenditure				
Pay	(192.4)	(189.8)	2.6	(385.3)
Non Pay	(92.8)	(90.0)	2.8	(184.3)
PFI Operating Costs	(3.2)	(3.1)	0.1	(6.2)
	(288.4)	(282.9)	5.5	(575.8)
Earnings before Interest & Depreciation	18.3	19.2	0.9	36.2
Depreciation & Amortisation	(11.9)	(12.6)	(0.7)	(24.7)
PFI Interest	(17.1)	(17.1)	0.0	(34.2)
Interest receivable	0.1	0.1	0.0	0.1
Interest payable	(2.7)	(2.5)	0.2	(5.2)
PDC Dividend	0.0	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0	0.0
Impairment	0.0	0.0	0.0	0.0
Gains / (Losses) on Disposal	0.0	0.0	0.0	(2.1)
Operational Retained Surplus / (Deficit)	(13.3)	(12.9)	0.4	(29.9)
Add back items excluded for NHS accountability				
Donations income for capital acquisitions	0.0	0.0	0.0	(0.4)
Depreciation of donated assets	0.0	0.4	0.4	0.7
Additional 2018/19 PSF bonus	0.0	(0.7)	(0.7)	(0.7)
Impairment	0.0	0.0	0.0	0.0
Adjusted surplus /(deficit) for NHS accountability (excl PSF)	(13.3)	(13.2)	0.1	(30.3)
PSF / FRF / MRET (includes additional 2018/19 PSF bonus)	8.8	8.8	0.0	25.0
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(4.5)	(4.4)	0.1	(5.3)

Statement of Comprehensive Income

Year to date position

Assurances

The financial position at the end of September shows a deficit of £4.4m, £0.1m favourable to the planned deficit.

Key Issues

- Contract income is £3.4m adverse to plan largely due to under-performance in elective and non-elective inpatient activity.
- Other operating income is £1.9m adverse to plan due a number of factors including unachieved CIP which is likely to recover.
- Pay is £2.6m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.8m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at September was £2.6m, the impact of which has been offset by a number of one-off benefits.

Forecast Outturn

- Under-recovery of income and under achievement of savings represents a risk to the delivery of the Trust's control total and the current forecast indicates a potential adverse variance against the control total (excluding PSF) of £9.1m.
- The Trust has identified a series of mitigating actions and with these is forecasting to achieve its control total of a £5.4m deficit.
- During October, the divisions are reviewing these mitigating actions and will move them into their November forecast outturn as they are evaluated as likely to be delivered.

	Position as at 30 September 2019			Forecast Outturn £m
	Plan	Actual	Variance (Adverse) / Favourable	
	£m	£m	£m	
Income				
Contract Income	264.5	261.1	(3.4)	528.6
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	(288.4)	(282.9)	5.5	(575.8)
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Interest receivable	0.1	0.1	0.0	0.1
Interest payable	(2.7)	(2.5)	0.2	(5.2)
PDC Dividend	0.0	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0	0.0
Impairment	0.0	0.0	0.0	0.0
Gains / (Losses) on Disposal	0.0	0.0	0.0	(2.1)
Operational Retained Surplus / (Deficit)	(13.3)	(12.9)	0.4	(29.9)
Add back items excluded for NHS accountability				
Donations income for capital acquisitions	0.0	0.0	0.0	(0.4)
Depreciation of donated assets	0.0	0.4	0.4	0.7
Additional 2018/19 PSF bonus	0.0	(0.7)	(0.7)	(0.7)
Impairment	0.0	0.0	0.0	0.0
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Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(4.5)	(4.4)	0.1	(5.3)

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of £4.3m. This brings total borrowing from the Department of Health and Social Care to £182.5m.

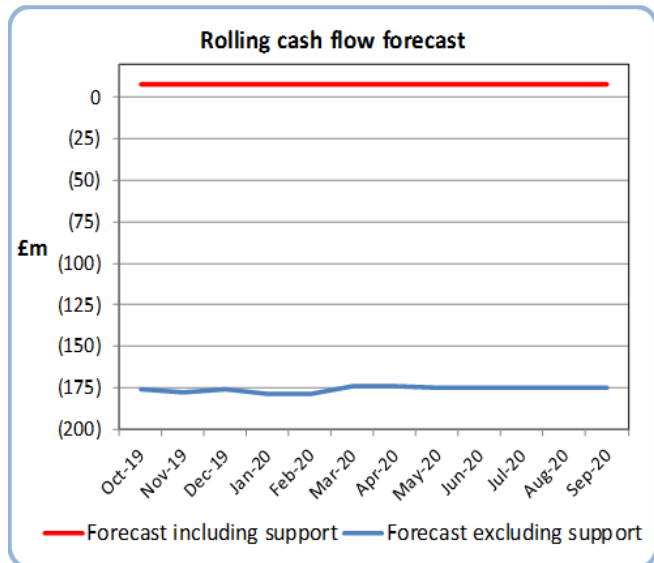
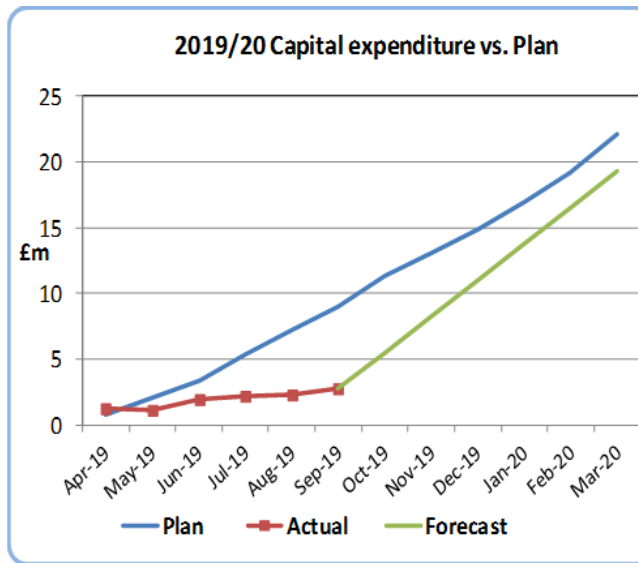
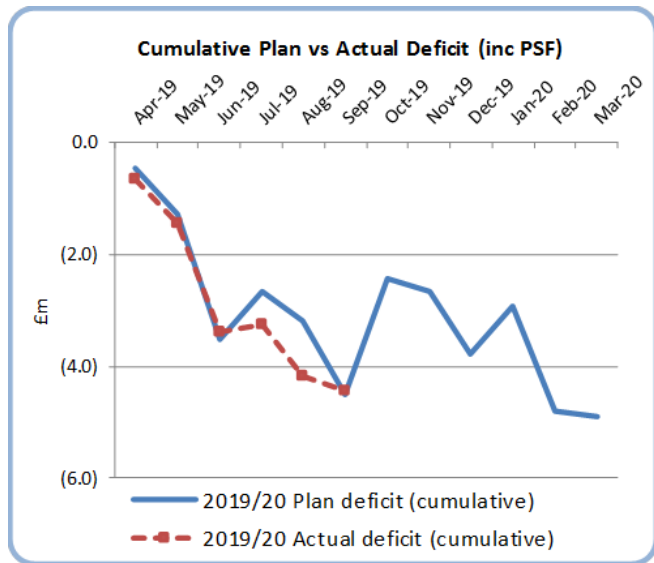
The Trust ended the month with a cash balance of £26.9m, compared with a plan of £8.0m. This higher balance is due to an increased focus on debt collection significantly improving debtors plus prompt transfers of funding where the Trust has been successful in gaining PDC funding for schemes. There are also £3.3m of 2019/20 PSF monies received in relation to a loan drawn in lieu of receipt, and will be repaid in October.

Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 69% by volume of payments made within 30 days against the target of 95%.

Actions Planned

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



Weighting	Metric	Year to date	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

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

The overall financial position shows a £4.4m deficit, £0.1m favourable to plan.

The capital expenditure for the year to date is £2.7m. The revised expenditure forecast for 2019/20 is £19.3m.

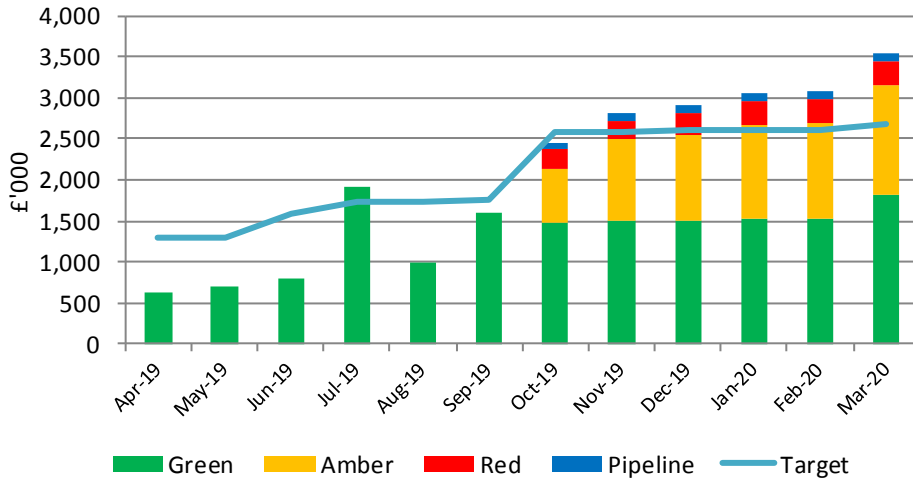
Assurances and Actions

- Ongoing monitoring of capital expenditure with project leads.
- Cash for the 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.

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 September.

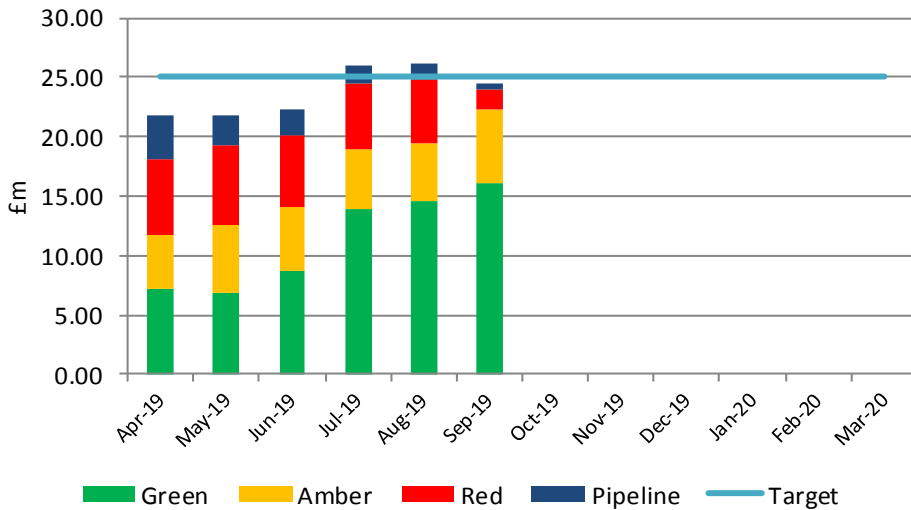
Concerns & Gaps

The lower left graph shows the phased forecast in-year delivery of the £24.4m identified schemes. £22.3m of these are rated as green or amber.

Savings delivery is £6.8m as at the end of September, £2.6m adverse against a plan of £9.4m.

Of the £24.4m identified savings in 2019/20, £16.7m is recurrent with a full year effect of £21.5m.

2019/20 Annual CIP Position



Actions Planned

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

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

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

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

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

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

Regulatory Area	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Finance Risk Rating (FRR)	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Board non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
Prov. Licence non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
CQC Inspections	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI	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 September 2019

Self-assessed, for submission to NHSI

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

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

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