

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2019 (presenting August 2019 data)



CONTENTS

CQC Domain / Report Section	Sponsor / s	Page Number
Performance Dashboard and Summaries	Chief Operating Officer Medical Director Interim Director of Nursing Director of People and Transformation Director of Finance	5
Responsiveness	Chief Operating Officer	13
Safety and Effectiveness	Medical Director Interim Director of Nursing	25
Quality Experience	Interim Director of Nursing	38
Research and Innovation	Medical Director	44
CQUINs	Medical Director Interim Director of Nursing	45
Facilities	Director of Facilities	48
Well Led	Director of People and Transformation Medical Director Interim Director of Nursing	50
Finance	Director of Finance	60
Regulatory View	Chief Executive	65

REPORT KEY

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

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

Target lines 
Improvement trajectories 

Performance improved 

Performance maintained 

Performance worsened 

Upper Quartile 

Lower Quartile 

NBT Quality Priorities 2019/20

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

Abbreviation Glossary

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

Urgent Care

For the first time in 2019/20, the Trust has delivered its recovery trajectory for the Emergency Department 4 hour standard with performance of 87.89%. This has exceeded the England position for the month. Improvements in performance are predominantly due to increased staffing with marked improvement in performance at weekends. Higher levels of performance have continued into September.

Elective Care and Diagnostics

Elective Care performance continues to be mixed, with a reduction in the overall wait list size (total numbers of patients waiting for treatment). The number of patients waiting greater than 52 weeks for their treatment has remained static in month with 14 breaches reported;. The Trust will now be unable to deliver its undertakings to clear the backlog of long-waiting patients by the beginning of October. Overall diagnostics performance is 9.39% in month, which is anticipated to be the peak in underperformance. The majority of diagnostics will be delivering the national standard from September with CT planned to recover in January 2020 and Endoscopy recovery planned for March 2020.

Cancer wait time standards

Urology breaches accounted for c.38% of total Trust breaches for July against the 62 day wait time standard. The Urology remedial action plan and recovery trajectory is predicted to deliver the standard in quarter 1 of 2020/21. The Trust is delivering one of the other six cancer wait time standards in month, which is for 31 day subsequent treatment standard for patients receiving anti-cancer drugs, with performance of 100%. The area of greatest challenge for the Trust has been the summer demand for patients with suspected skin cancer requiring their first appointment within two weeks. Plans are in place for in-year improvements, such as delivery of a 'super clinic' to see c.100 patients in one day. However, a return to standard is not expected during 2019/20 as demand outstrips current capacity.

Quality

There has been a significant reduction in the number of overdue complaints in August, with only one reported. This is following the successful introduction of a weekly divisional tracker improving visibility and monitoring of the timeliness of responses.

In August, there has been an increase in the rate of patient falls with 6.6 per 1000 bed days reported. The increase is mostly within the low and no-harm categories. Required improvements are being addressed by the Falls Prevention Group and overseen by the Quality and Risk Management Committee.

Workforce

The Trust vacancy factor has remained stable at 11.58% in August 2019 from 11.55% in July 2019 and turnover saw a small decrease from 15.1% in July to 14.8% in August, continuing the trajectory of improvement. Sickness absence has not changed from the previous month's position with no significant shifts in any staff group. The Band 2, 3 and 4 nursing resourcing plan delivered 21 new starters in August against a target of 18. For Band 5 nurses year to date the Trust is 32 wte starters behind target, however, September and October's pipelines are forecast to correct this shortfall with current projections showing in excess of 145 starters against a target of 100. In addition, 38 Nursing / Midwifery staff joined the bank in August following the launch of a bank recruitment campaign.

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 August, the Trust reported a deficit of £4.2m which is £1m adverse to the planned deficit. The Trust has a 2019/20 savings target of £25m, of which £5.2m was achieved at the end of July against a plan of £7.6m. The Trust is expecting to deliver the full savings plan this year. Our financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

August-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month	
	Description	Target								
			National**	Rank***	Quartile					
Responsiveness	ED 4 Hour Performance QP1		95%	77.15%	93/119	<div><div></div></div>	72.49%	87.89%	81.49%	<div><div></div></div>
	12 Hour Trolley Waits QP1		0				0	0		<div><div></div></div>
	Ambulance Handovers Within 15 minutes		100%				94.02%	97.20%	87.44%	<div><div></div></div>
	Ambulance Handovers Within 30 minutes		100%				98.93%	99.78%	98.85%	<div><div></div></div>
	Ambulance Handovers Within 60 minutes		0				0	0	0	<div><div></div></div>
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*85.81%	126/177	<div><div></div></div>	85.25%	83.43%	87.70%	<div><div></div></div>
	Referral to Treatment - Total Incomplete Pathways						28726	28573	28155	<div><div></div></div>
	52WW	MSK	5				11	12	5	<div><div></div></div>
		Plastic Surgery	0				3	1		<div><div></div></div>
		Urology	0				0	1		<div><div></div></div>
		Other	0				0	0		<div><div></div></div>
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*3.52%	142/204	<div><div></div></div>	8.16%	9.39%	5.10%	<div><div></div></div>
	Cancelled Operations	Same day - non-clinical reasons	0.8%				0.71%	0.94%		<div><div></div></div>
		28 day re-booking breach	0				1	1		<div><div></div></div>
	Bed Occupancy QP1		95%				95.46%	94.83%		<div><div></div></div>
	Stranded Patients (LoS >7 days : Snapshot as at month end)						354	370		<div><div></div></div>
	Delayed Transfers of Care (DToC) QP1		3.50%				5.41%	7.78%		<div><div></div></div>
	Mixed Sex Accomodation		0				0	0		<div><div></div></div>
	Electronic Discharge Summaries						84.64%	83.65%		<div><div></div></div>
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	90.79%	130/145	<div><div></div></div>	78.44%	71.79%	90.79%	<div><div></div></div>
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.94%	75/114	<div><div></div></div>	76.97%	96.75%	93.10%	<div><div></div></div>
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	95.97%	114/123	<div><div></div></div>	88.03%	90.35%	92.73%	<div><div></div></div>
	Patients waiting less than 31 days for subsequent surgery		94%	92.15%	47/57	<div><div></div></div>	77.88%	83.33%	66.41%	<div><div></div></div>
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.31%	1/31	<div><div></div></div>	100%	100%	100%	<div><div></div></div>
	Patients receiving first treatment within 62 days of urgent GP referral		85%	77.45%	66/138	<div><div></div></div>	76.99%	74.10%	80.00%	<div><div></div></div>
	Patients treated within 62 days of screening		90%	87.44%	24/73	<div><div></div></div>	84.31%	85.00%	91.86%	<div><div></div></div>

Key Operational Standards Dashboard

August-19

IPR section	Access Standard		Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description	Target							
			National**	Rank***	Quartile				
Quality Patient Safety and Effectiveness	Never Event Occurrence by Month		0			0	0		►
	WHO Checklist Compliance		95%			97.50%	97.70%		▲
	Hand Hygiene Compliance		95%			98.00%	98.00%		►
	Pressure Injuries	Grade 2				24	34		▲
		Grade 3				1	0		▼
		Grade 4				0	0		►
	MRSA					0	0		►
	E. Coli					2	6		▲
	C. Difficile					8	3		▼
	MSSA					5	3		▼
	Venous Thromboembolism Screening (In arrears)		95%			95.89%	94.14%		▼

Key Operational Standards Dashboard

August-19

IPR section	Access Standard			Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description	Target								
			National**	Rank***	Quartile					
Quality Experience	FFT - Response Rates	Emergency Department QP2		*12.39%	37/136	<div><div></div></div>	19.57%	19.05%	15.00%	▼
		Inpatient QP2		*26.08%	154/165	<div><div></div></div>	18.50%	16.54%	30.00%	▼
		Outpatient QP2					10.64%	10.32%	6.00%	▼
		Maternity (Birth) QP2		*21.35%	52/125	<div><div></div></div>	18.11%	17.19%	15.00%	▼
	FFT - % Would recommend	Emergency Department QP2		*84.74%	77/132	<div><div></div></div>	84.03%	91.00%		▲
		Inpatient QP2		*95.97%	134/158	<div><div></div></div>	93.95%	93.23%		▼
		Outpatient QP2		*93.87%	108/202	<div><div></div></div>	95.16%	94.96%		▼
		Maternity (Birth) QP2		*96.82%	22/71	<div><div></div></div>	96.67%	93.90%		▼
	Complaints	% Overall Response Compliance QP2					89.00%	91.00%		▲
		Overdue QP2					9	1		▼
Well Led	Agency Expenditure ('000s)		£622				£1,179	£1,329		▲
	Month End Vacancy Factor		9.25%				11.55%	11.58%		▲
	Turnover (Rolling 12 Months)		15.50%				15.10%	14.82%		▼
	Sickness Absence (Rolling 12 month -In arrears)		4.10%				4.30%	4.31%		▲
	Trust Mandatory Training Compliance		85.00%				88.30%	90.01%		▲
	Non - Medical Annual Appraisal Compliance		11.90%				18.87%	27.75%		▲
Finance	Deficit (£m)		£4.9m 2019/20				£3.3	£4.2	£3.2	
	NHSI Trust Rating						3	3		►

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

For the first time in 2019/20, the Trust has delivered its recovery trajectory for the Emergency Department 4 hour standard with performance of 87.89%. This has also exceeded the England position for the month despite the continuing increase in demand. Improvements in performance are predominantly as a result of increased staffing levels, with marked improvement in performance at weekends. Higher levels of performance have continued into September. Sustained high levels of DToc patients (7.78% vs. 3.5% target) continue to be experienced, with regular escalation across the system seeking to address delays and in particular with social care partners.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 83.39% against trajectory of 87.68%. The total RTT wait list size in month is above plan by an additional 427 patients, reporting 28587 against a trajectory of 28160. This is a 1.5% variance to plan vs. a 1.7% variance last month. The number of patients exceeding 52 week waits continues above trajectory (5) reporting 14, a static position from June; the majority of breaches (12) being on an MSK pathway.

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

Diagnostic Waiting Times - The Trust has not achieved the national target or its recovery trajectory for diagnostic waiting times with a performance of 9.39% in August and reflects an anticipated deterioration from July's position of 8.16%. Urodynamics has delivered backlog clearance in advance of their trajectory with no breaches against the 6 week waiting time standard in month.

Cancer

Cancer performance saw a further deterioration in July, meeting one of the seven standards. The current national submission indicates that the Trust failed the 62 day treatment standard, with a performance of 74.10%. NHS Digital have acknowledged that there is an error in the 62 day reporting system and internal performance monitoring shows performance should have been declared as 75.19%. The Trust treated 81.65% of all patients who were referred to and treated at NBT within the national standard. There are recovery action plans in place with Urology and Skin to recover the 2WW and 62 day positions.

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 completed and the Board has approved the plan for re-opening Cossham Birth centre on a phased basis.

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

Patient falls - In August the falls per 1000 bed days increased to 6.6 per 1000 bed days which is above the Trust average of 5.9. A deep dive review is being undertaken of falls and will be presented to the Patient Safety and Clinical Risk Committee and QRMC

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

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, whilst the July position showed an improvement with an incidence of 0.87 per 1000 bed days, August has seen an incidence of 1.2 per 1000 bed days. This increase is related to the increase in device related pressure injuries. 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.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns:

Responding to complaints within agreed timescale continues to improve. The overall achievement for August being at 91%.

The backlog of overdue complaints across the Trust has also reduced significantly and efforts are being focused on sustaining this, and following up the actions and learning. Divisions are starting to put in place action plans and post local resolution meeting workgroups to focus on actions that will drive service improvement. To embed the new processes the new 'Management of Concerns and Complaints Policy' has been rolled out to Divisional Governance teams throughout August and will be further rolled out at the Divisional Governance meetings throughout September. Training sessions in local resolution, investigation training and complaint letter response writing will follow.

Friends and Family Test: The %age of ED patients who would recommend ED increased considerably in August, and is above national performance.

Areas of concern

Complaints and Concerns and Enquiries: The focus is on sustaining the improvement in response rates, aiming for all complaint response times to be met in September ahead of the improvement trajectory. This is integral to the weekly meetings with the Divisions.

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. All response rates decreased, with the inpatient areas showing the greatest fall. Actions to improve this being undertaken.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness position remains at 4.3%. The improvement in time lost for MSK Reasons and Stress/Anxiety/Depression/Other psychiatric illness has levelled off, there have been approximately the same number of FTE days lost to absence for these reasons in the last 12 months that the same period last year. There has been a small increase in MSK related absence and a small decrease in Stress related absence; although overall the position for both absence types is improved from this time last year

Improving the leadership capability and capacity of our workforce

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

Mandatory and Statutory training compliance is at 90%. Compliance with appraisal completion is below the target for this month of 28% vs a target of 35.5% (month 5). Feedback from divisions confirms appraisals are taking place and work is ongoing to increase reporting on this once complete.

Continue to reduce reliance on agency and temporary staffing

Agency use and expenditure increased in August predominantly in support to clinical staff, specifically expenditure for registered nursing went up this month compared with July.

The Trust Management Team have committed to the BNSSG project to reduce tier 4/non-framework spend and this went live on 2 September 2019. As part of the risk mitigation to the project, the Trust is moving forward with its action plan to improve the experience of our bank staff and review bank rates, which in turn is anticipated to increase bank participation and reduce reliance on agency staff.

Vacancies

The Trust vacancy factor has remained stable at 11.58% in August 2019 from 11.55% in July 2019. Substantive funded establishment increased by 41.4 wte with modest across all staff groups, largely due to additional work in Pathology. Overall the Trust saw a modest gain of staff in August which was evenly spread across all roles. The month of August normally contains higher staff movement due to the rotation of medics.

Turnover

The Trust turnover saw a small decrease from 15.1% in July to 14.8% in August, continuing the trajectory of improvement.

Stability

The stability factor rose slightly from 85.0 to 85.4% in August compared with July. This is against a target of 85.2%

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 August, the Trust reported a deficit of £4.2m which is £1m adverse 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 £1.6m year to date to the end of August which brings the total Department of Health borrowing to £179.8m.

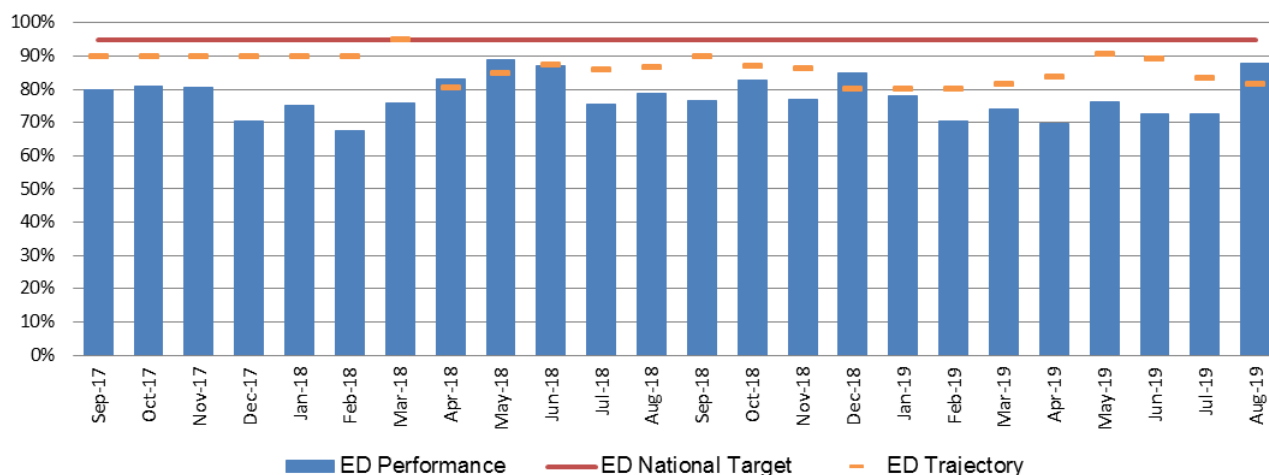
The Trust has a savings target of £25m for the year, of which £5.2m was achieved at the end of August against a plan of £7.6m.

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

RESPONSIVENESS

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

ED 4 Hour Performance



Urgent Care

The Trust achieved the ED 4 hour wait trajectory of 81.49% in August 2019, with a performance of 87.89%. The position has greatly improved from 72.49% in July and also reflects an improvement when compared with August 2018 which was 78.76%. This is the highest level of ED 4 hour performance reported by the Trust since May 2018. The Trust reported no 12 hour trolley breaches in August.

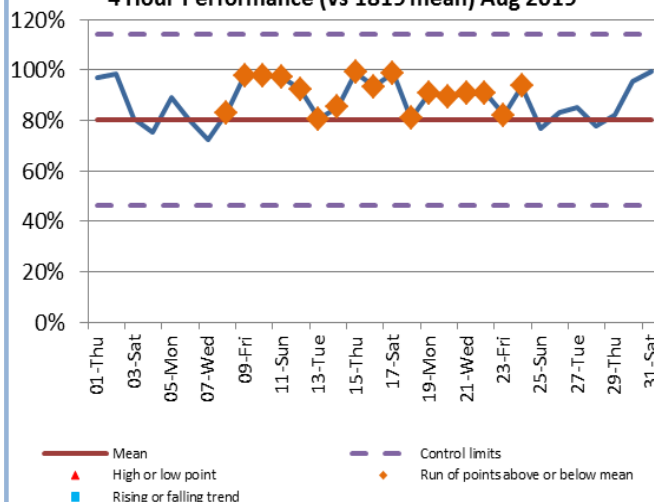
There was an average of 272 attendances per day and five exceeding 300. At 8420, there were 730 (9%) more ED attendances in August 2019 when compared with August 2018.

ED performance for the NBT Footprint stands at 91.34% and the total STP performance was 88.42% for August.

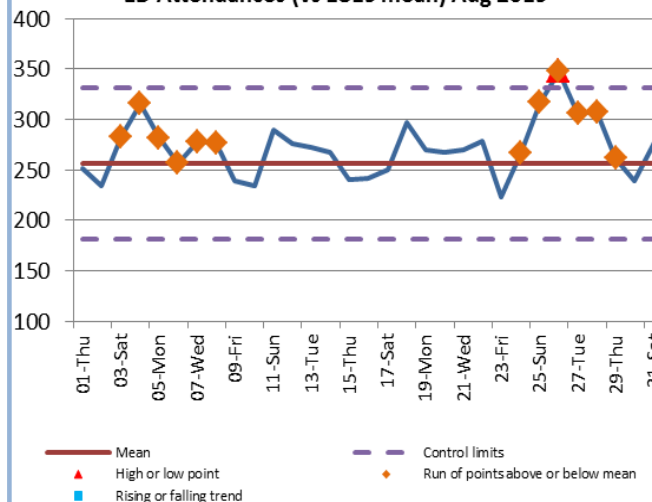
There was far less variation in 4 hour wait times performance during the month, varying between 72.66% and 99.28%, with four occasions of >95% performance reported.

Ambulance arrivals in August were 2767, this represents a 5.41% increase on the same period last year. Of patients arriving by ambulance, 97.40% had their care handed over to the ED department within 15 minutes and 99.78% were handed over within 30 minutes. There were no 60-minute handover breaches in month. The increase in ambulance conveyances is subject to an Activity Query Notice between SWASFT and Commissioners. An audit of activity has been undertaken and a final action plan is awaited.

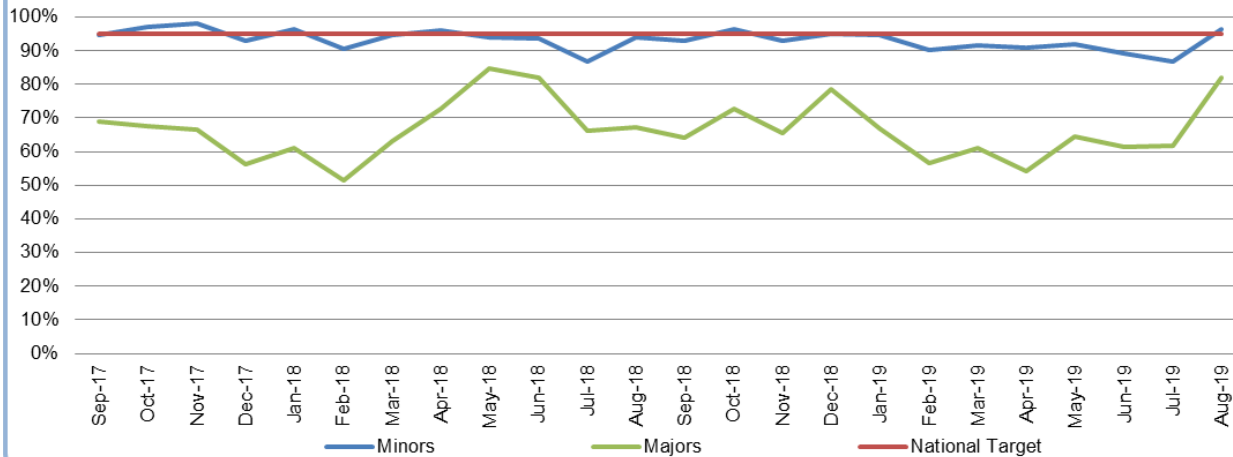
4 Hour Performance (vs 1819 mean) Aug 2019



ED Attendances (vs 1819 mean) Aug 2019



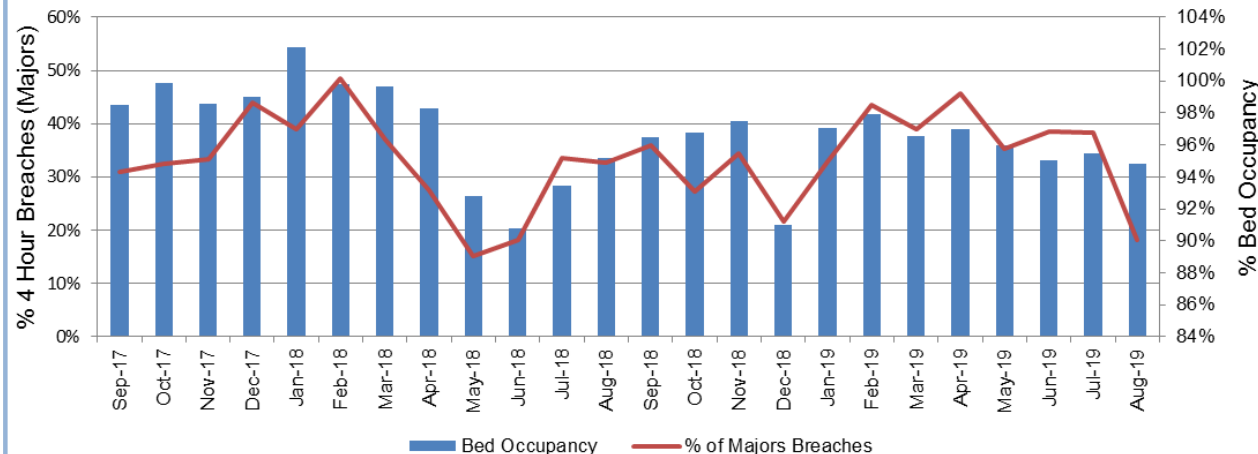
ED 4 Hour Performance by Majors/Minors



4 Hour Performance

43.53% of breaches in August were a result of waits to be seen in ED. The workforce pipeline indicated that there would be an improvement in clinical hours in August, which has come to fruition and has been a significant factor in securing improvements in 4 hour performance. This improvement has continued into September to date. The most marked improvement in performance has been at the weekends, where performance has historically been most challenged. However, staffing remains below the level required to manage the continued increase in demand sustainably, therefore, approval for a second phase of investment in staffing is being sought.

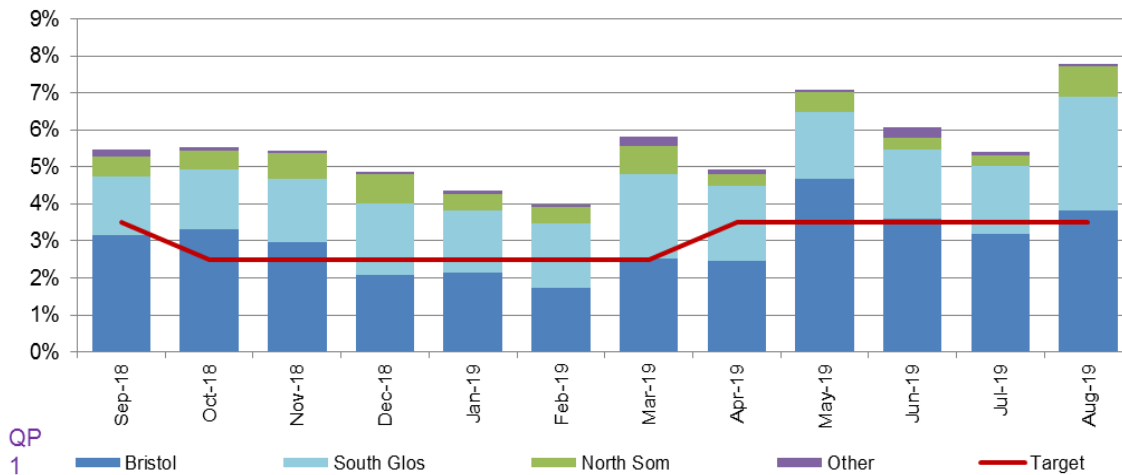
Bed Occupancy vs % Breaches (Majors)



In month there has been an increase in breaches due to wait for beds despite the overall bed occupancy position decreasing slightly to 94.83% in August compared with 95.46% in July. This is due to slow flow 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 Board. Key work streams include: increasing the proportion of same day emergency care across all divisions; criteria led discharge supported by 'Perform'; implementation of primary care streaming in ED; length of stay reduction plans; and operational surge protocols.

Delayed Transfers of Care Proportion of Bed Days by CCG



DToCs and Stranded Patients

The DToC rate for the month of August was 7.78%. If the System were at national target levels of 3.5% it would have release 37 beds to the Trust.

Delays are driven by a lack of capacity in reablement (particularly in Bristol) and Pathway 2 (P2) beds across BNSSG. In particular, there is a mismatch in capacity to meet the needs of patients with complex manual handling requirements. The commissioned P2 stroke specific beds, of which there are only four at Henbury, do not meet expected demand levels and will be addressed as part of the Stroke STP project. Capacity for packages of care across the community for all providers does not meet the current demand with a shortfall in interim placement availability as an alternative.

Waiting times for neurology specialist rehab are growing and are the subject of Executive Level escalation with Specialist Commissioners. Restricted capacity in the region is likely to continue in Quarter 3 and Quarter 4 of 2019/20.

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

71 (40%)

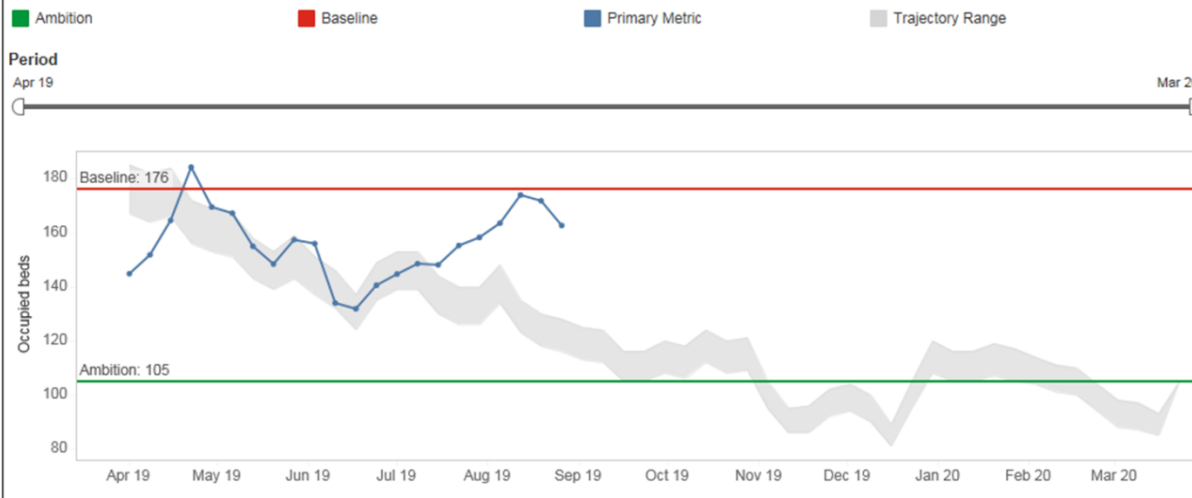
Bed reduction required
by March 2020

13 (8%)*

Occupied beds reduced
as of 26 August 2019 (weekly
average)

58 (33%)*

Bed reduction remaining
as of 26 August 2019 (weekly average)

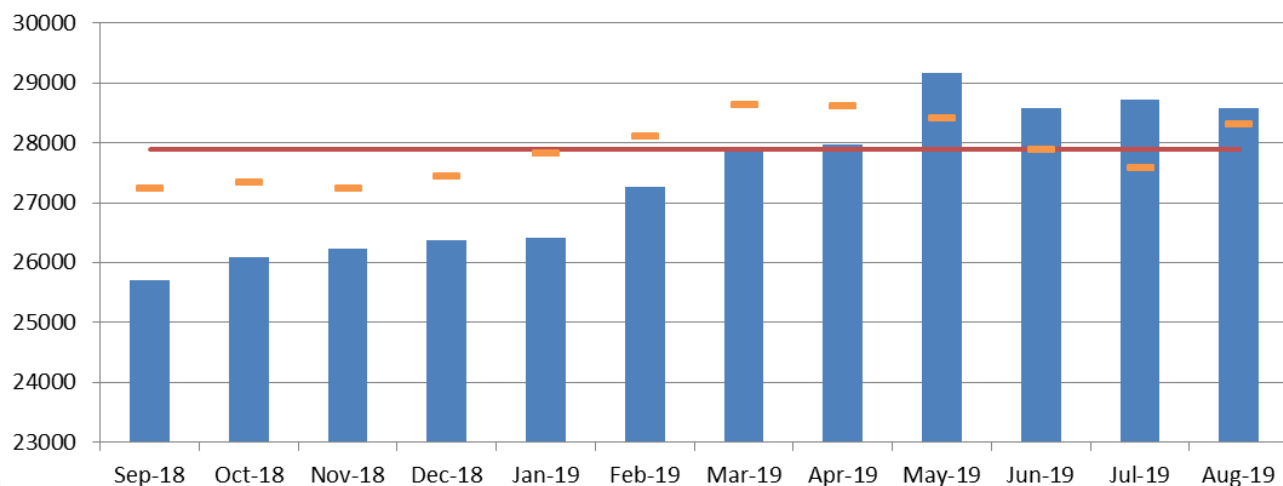


Despite good progress across Quarter 1, the Trust at the end of August is significantly above the trajectory to achieve a 40% reduction in beds occupied by patients with a LoS of >21 days by March 2020.

Attempts in month to decrease acute delays focused on reducing community bed delays in order to facilitate quicker step down from acute settings.

The NHSI Long Length of Stay (LLOS) process has been continued and extended to include all patients with a 7+ day LoS with partners & wards to try and progress earlier discharges.

RTT Wait List (Rolling 12 Months)



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 83.39% against trajectory of 87.68%.

The total RTT wait list size in month is above plan by an additional 427 patients. This is a 1.5% variance to plan vs. a 1.7% variance last month. Urology has sustained performance against the 92% standard. Areas with the greatest decline in performance include Respiratory, Gynaecology, Neurology, Rheumatology, Clinical Immunology and Allergy and Plastic Surgery, all of which are subject to delivery of Remedial Action Plans.

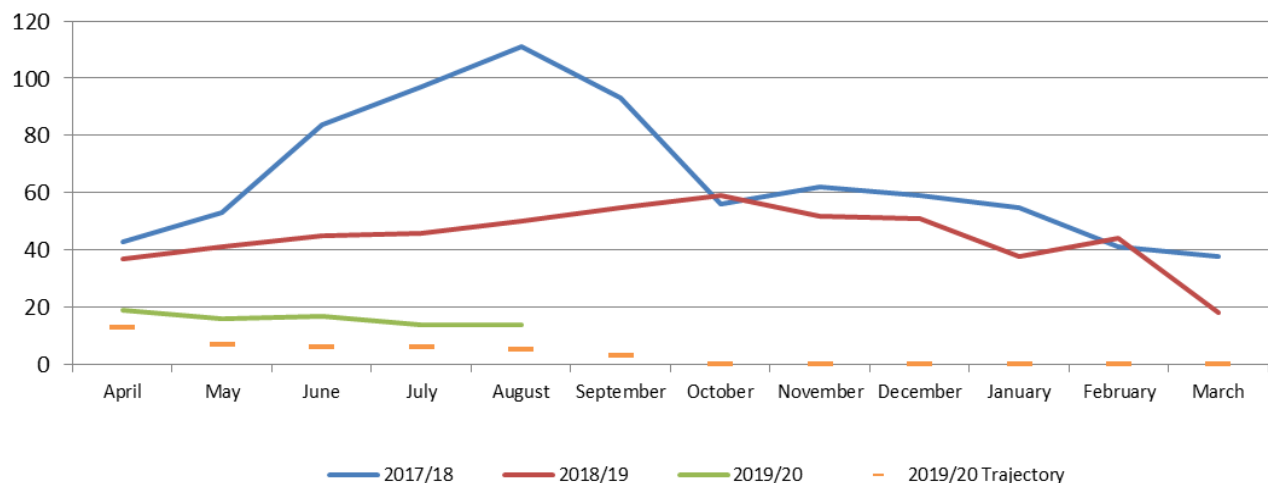
The Trust has reported a total of 14 patients waiting more than 52 weeks from referral to treatment in August 2019. 12 patients under Trauma and Orthopaedics; one in Urology; and one in Plastic Surgery.

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

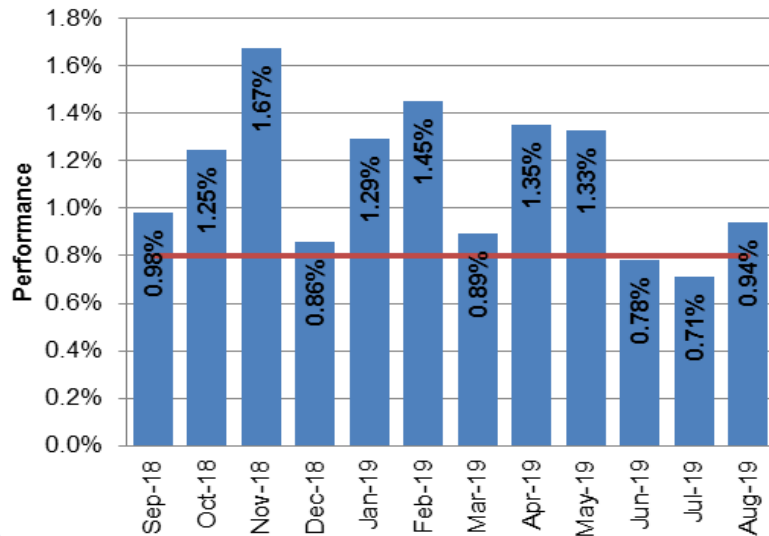
Six of the 14 patients have requested their surgery between October and December and will therefore, continue to breach in subsequent month's reports.

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

Trust Total 52 Week Waits



Cancelled Operations (same day, non-clinical reasons)



Cancellations

The same day non-clinical cancellation rate in August 2019 was 0.94%, failing the 0.8% national target.

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

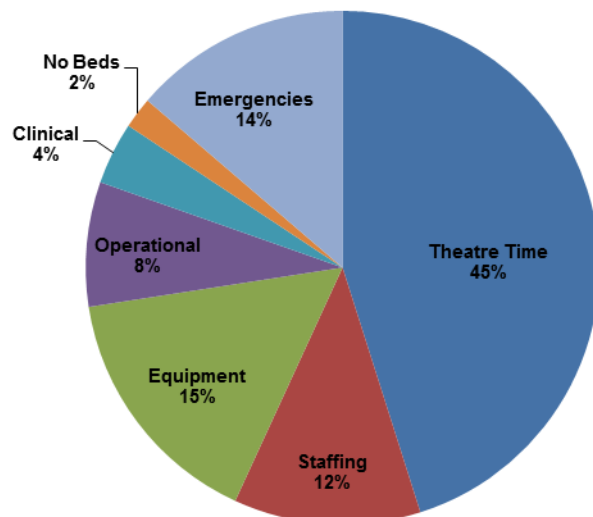
The number of urgent patients who were cancelled on the day increased to 14 patients in August compared with seven in July, 19 in June and 24 in April and May.

There was one operation that could not be rebooked within 28 days of cancellation in August 2019, in Urology. The patient was cancelled on the day due to the surgeon being unavailable. The patient was offered surveillance or rebooking and chose to be rebooked outside of 28 days; the patient has a date for treatment in September.

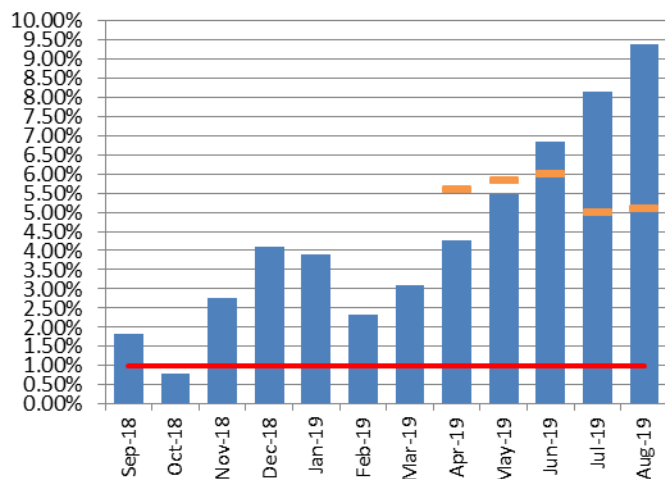
Following sustained delivery of the recovery trajectory for 28 day rebooking breaches, Commissioners have closed the Contract Performance Notice.

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

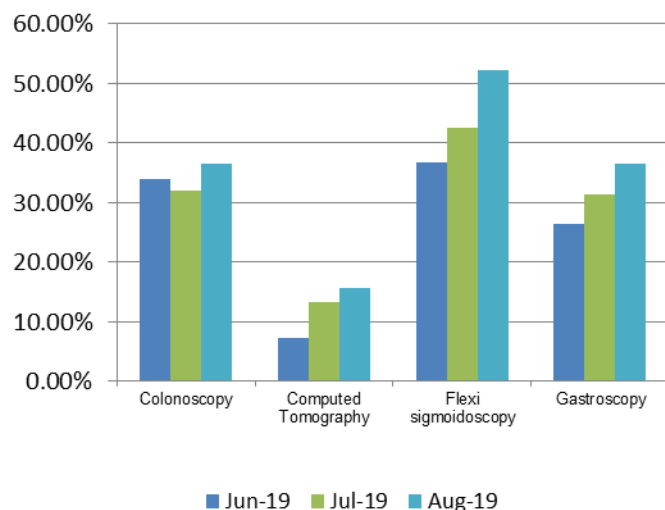
Cancelled Operations by Reason



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



Diagnostic Performance by Test



Diagnostic Waiting Times

The Trust did not achieve the national 1% target for diagnostic performance in August 2019 with actual performance at 9.39%. This is an anticipated decline in performance from the July 2019 position, and did not achieve the trajectory of 5.10%. This is the third consecutive month that the trajectory has not been delivered, but is expected to be the peak in underperformance in 2019/20.

Four test types have reported in month underperformance: Colonoscopy; Computed Tomography (CT); Flexi-Sigmoidoscopy; and Gastroscopy – with 1023 patients in total waiting beyond 6 weeks for their test. 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.

The longest waiting patient reported in August has been waiting for 22 weeks and is awaiting a Colonoscopy.

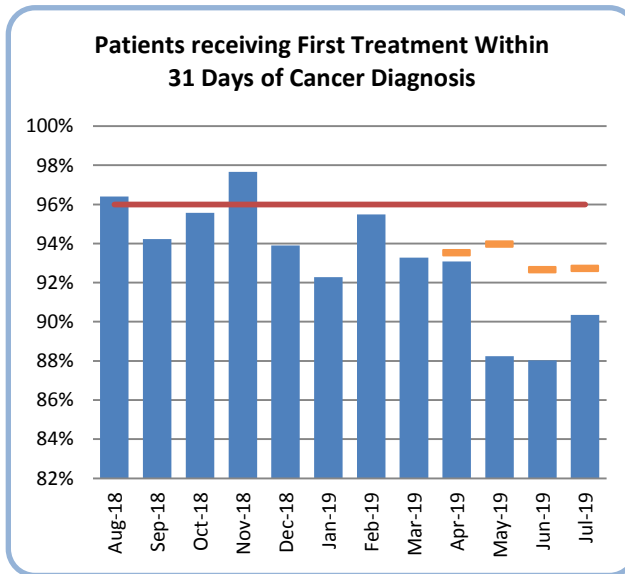
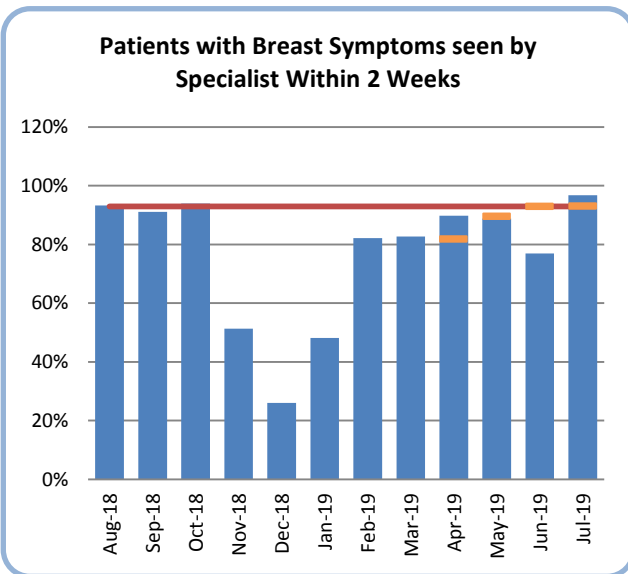
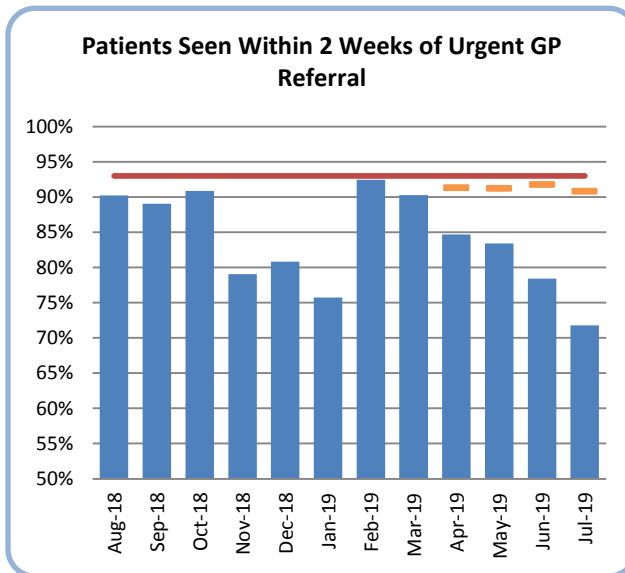
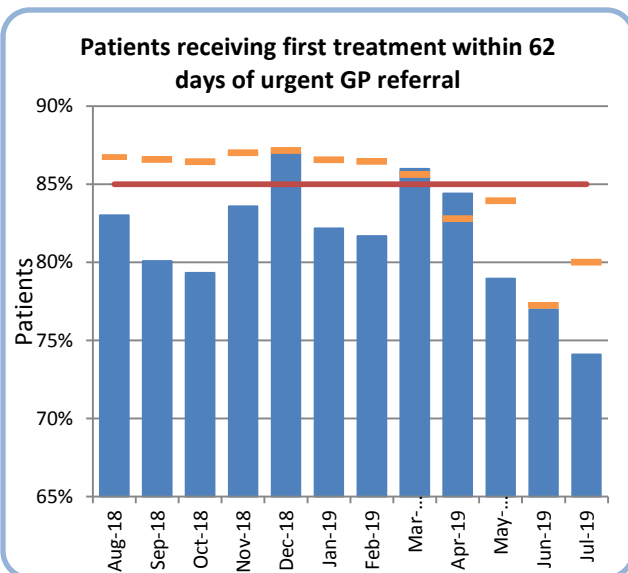
Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Aug-19	% Performance Jul-19
Computed Tomography	2353	367	15.60%	13.24%
Colonoscopy	497	181	36.42%	32.07%
Flexi sigmoidoscopy	348	182	52.30%	42.57%
Gastroscopy	680	249	36.62%	31.31%

Improvements in CT performance are expected to begin in September after 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.

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.

All other test types have reported patient diagnostic waiting times within the six week standard, with Urodynamics returning to standard ahead of recovery trajectory following successful delivery of plans to clear the backlog.

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 (resulting in 535 more patients breaching the 6 week standard vs. the original trajectory in month). A proposal to purchase additional outsourced capacity to return to DM01 compliance by March 2020 is awaiting commissioner approval.



Cancer

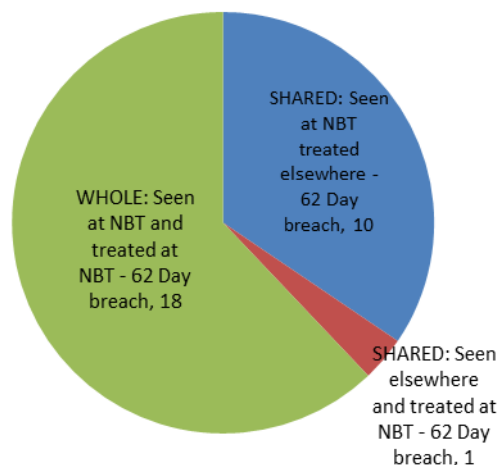
The nationally reported cancer position for July 2019 shows the Trust achieved one of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 71.79%. The Trust saw 2283 TWW patients in July and there were 644 breaches; the majority were in Skin (breaches were 505, patients seen 629), Gynaecology (breaches 44, seen 196), Colorectal (breaches were 38, patients seen 382) and Breast were significantly better this month (breaches were 27, patients seen 579).

Of the 644 breaches, 131 patients declined the first offer of an appointment date requesting a later date. If there were no breaches due to patients choosing later dates the performance would have been 77.65%. The Trust and CCG have a joint action plan in Skin focused on demand management. The speciality, with the help of executive support, has submitted recovery plans; including running additional on and off site clinics as well as a range of pathway changes.

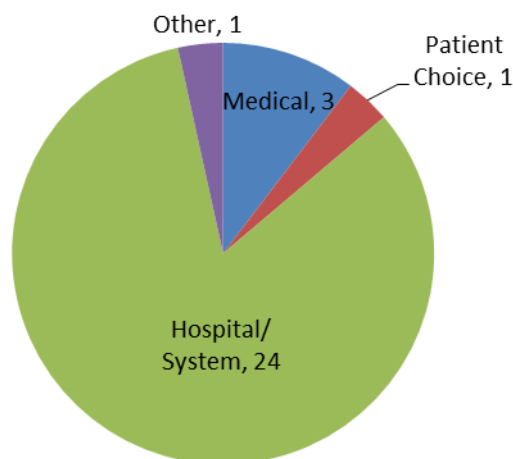
The ongoing capacity issues within Endoscopy and Radiology continue to cause delays to the straight to test pathways for Colorectal.

The Trust failed the 31 day first treatment standard with performance of 90.35% against the 96% target. There were 22 breaches in total: 12 in Urology; two in Breast; four in Skin; and four in Sarcoma. Urology breaches were due to delays to robotic surgery, as a result of continued increase in patients requiring these procedures as first and subsequent treatments. The Skin and Sarcoma breaches were due to no surgeon capacity to treat.

62 Day Breach Patients by Breach Type



62 Day Breach Patients by Delay Reason



The national submission for the 62 day standard in July indicates the Trust failed the 62 day treatment standard with a performance of 74.10%. NHS Digital has acknowledged that the new national reporting system implemented in April 2019 is not calculating performance correctly and the Trust's internal monitoring shows that 62 day performance was actually 75.19%. This would still be a fail against the 85% standard. The Trust has escalated this issue to the CCG and NHSE/I through the Access Performance Group and they have launched an investigation. NBT are providing data to support.

In July, 32.5 patients breached the 62 day standard, 20 of which started their pathway at NBT, discussions are underway with the specialties to agree mitigation plans to improve the position.

Urology breaches accounted for 38% of total Trust breaches for July. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology, as well as late referrals from other providers. Radiology capacity for prostate patients was increased in June which enabled patients to receive their MRI on the day of first appointment, this is reflected in the Urology 2WW July performance. Reporting of these scans within adequate timeframes will remain an issue.

The Trust has been successful in a bid for cancer Alliance funding to lead the regional implementation of template biopsy to support regional recovery of Urology performance; a key driver for sustainability given we are a tertiary service. In July, eight Urology patients were transferred to the Trust beyond day 38 of their pathway accounting for an additional 4.5 breaches.

The Urology remedial action plan and recovery trajectory is now predicting recovery of the standard in the first quarter of 2020/21. This is due to slippage in the recruitment timeline for additional pelvic oncology surgeons and the resultant growth in the backlog of patients requiring robotic surgery.

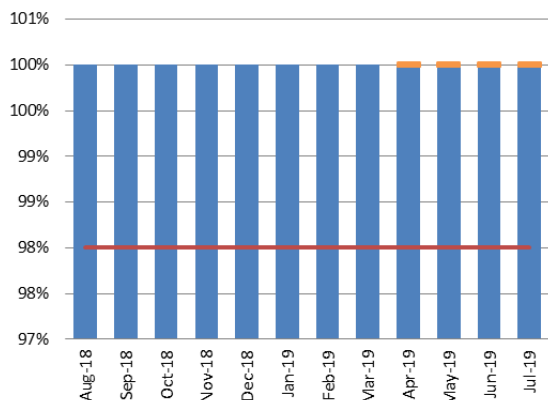
Other breaches recorded in July were: two in Breast (diagnostic delay and complex pathway); four in Gynaecology (complex pathway); two in Colorectal (late referral and patient choice); three in Lung (late referral); one in Sarcoma (surgical capacity); four in skin (capacity); and two in Upper GI (late referral to treating Trust).

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

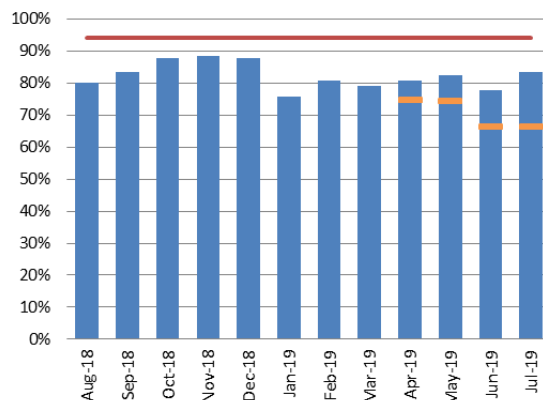
As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 81.65% of all patients who were referred to and treated at NBT within the national standard.

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



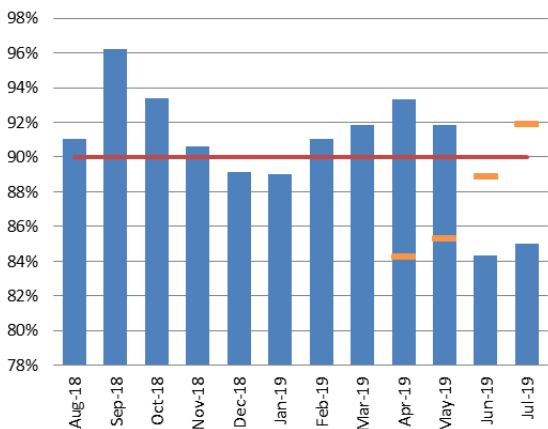
The Trust failed the 31 day subsequent treatment target in July for patients requiring surgery with performance of 83.33% against the 94% standard.

The Trust has an action plan to recover this position, with significant improvements now forecasted from quarter one of 2020/21. Revised trajectories have been developed with particular focus on Urology and Skin.

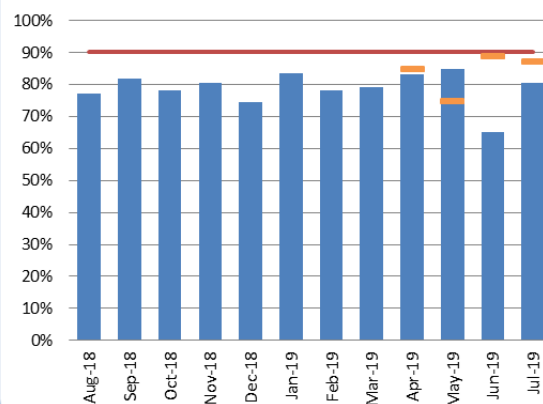
There were 16 breaches in total: 9 in Skin, 7 in Urology. Main reasons for skin breaches is capacity, and in Urology surgical capacity.

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

Patients Treated Within 62 Days of Screening



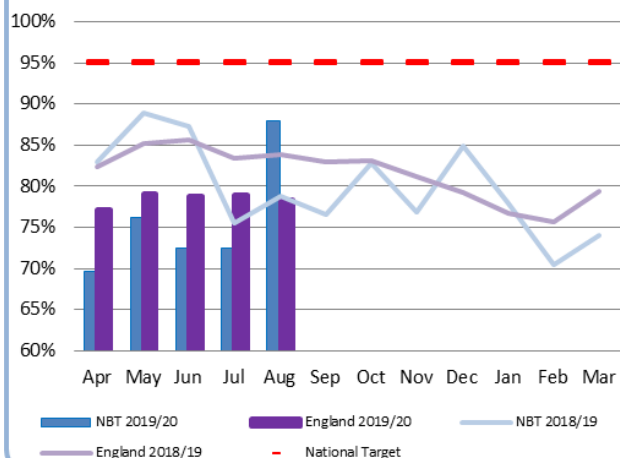
Patients Treated Within 62 Days of Consultant Upgrades



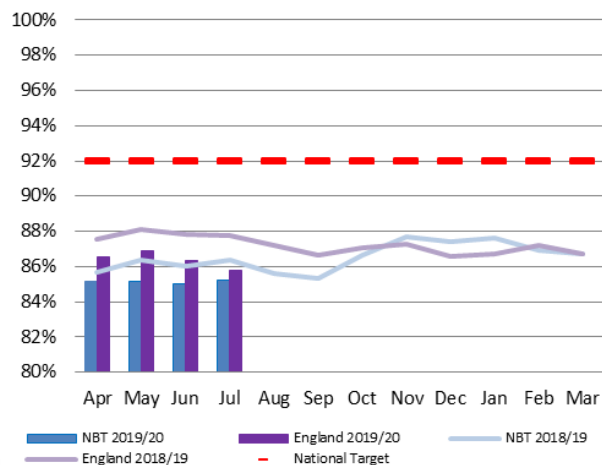
The Trust failed the 62 day screening target with performance of 85.00% against the target of 90%. There were 4 breaches in Breast; two were due to patient choice, two for medical reasons.

There were 15 104 day breaches in July; harm reviews are in progress. Urology remains the greatest volume of reported 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.

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 August 2019 was 87.89% compared to a national Type 1 position of 78.32%. The position reflects a significant improvement from July and an improvement when compared to the same period last year.

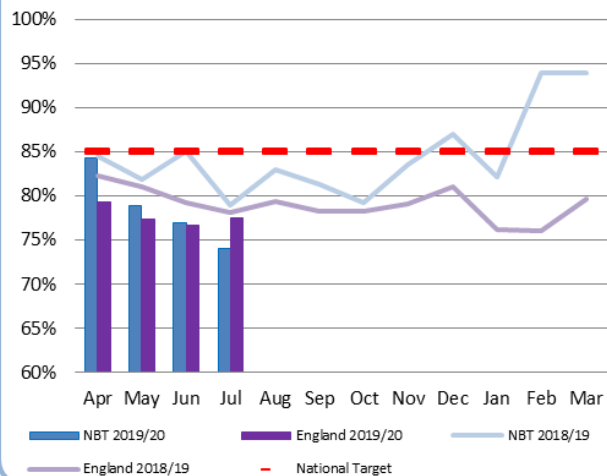
RTT Incomplete

The Trust reported a July 2019 position of 85.21%. This position reflects a decline on last year and falls under the national position of 85.81%.

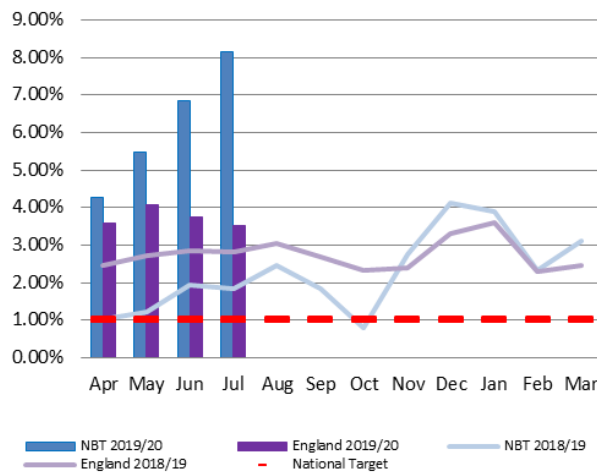
Cancer – 62 Day Standard

NBT has reported 74.10% performance for July, which is less than the national position of 77.56%.

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



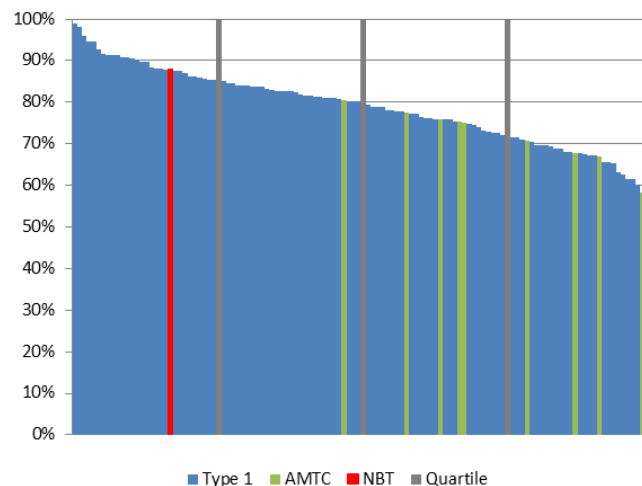
DM01 : NBT vs England
(England Performance as published by NHSE, in arrears)



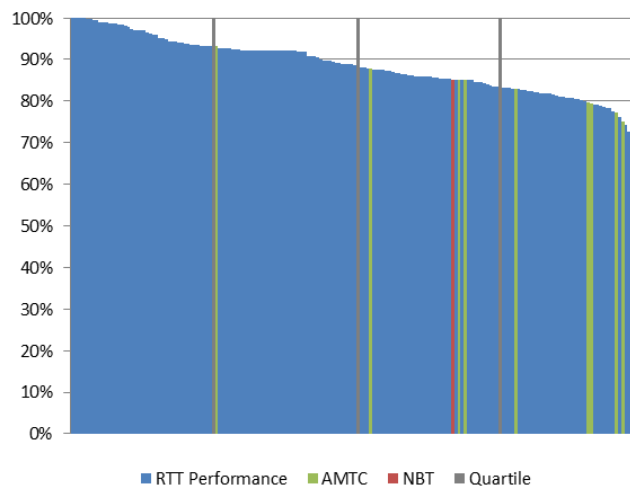
DM01

In July 2019, NBT failed to achieve the national standard of 1% with a declined performance position of 8.16%, against the national position of 3.52%.

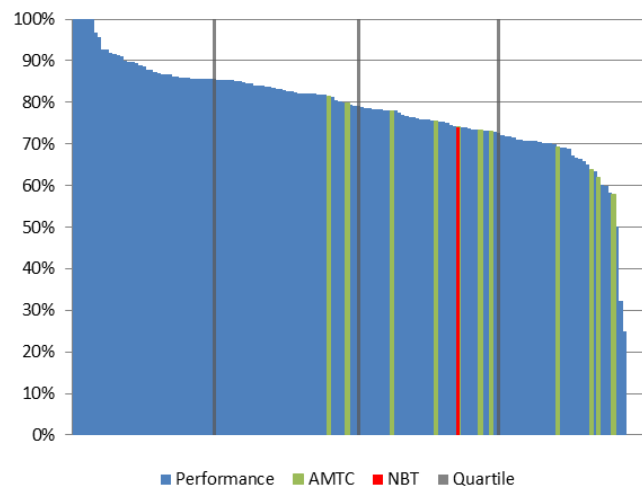
ED 4H Performance - Type 1, August 2019



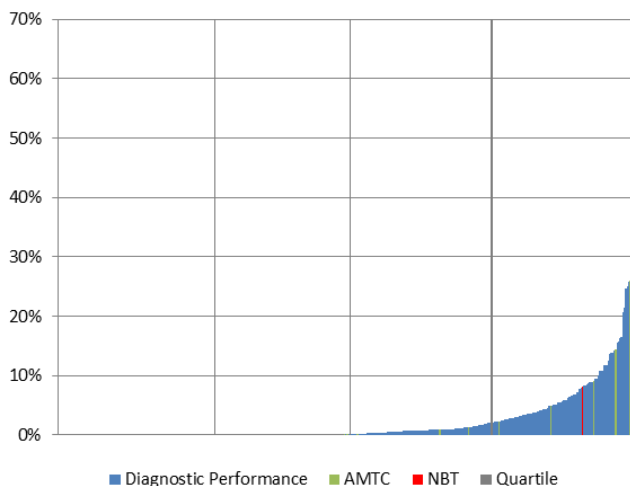
RTT 18 Week Performance - July 2019



Cancer 62 Day Standard July-19



Diagnostic Six Week Performance - July 2019



ED 4 Hour Performance

In August, NBT moved to a position of #21 from #95 out of 119 reporting Type 1 Trusts. This improvement has meant the Trust has moved into the 1st quartile. The Trusts ranking among the 10 Trauma centres improved from 6th to 1st in August 2019.

RTT Incomplete

RTT performance in July 2019 reports an improved NBT position of #118 out of 179 reported positions. The Trust improved to rank 3 out of 11 other adult major trauma centres. The Trust is reporting within the 3rd quartile.

Cancer – 62 Day Standard

At position #98 of 145 reported positions, NBT reports a performance of 74.10%. This represents a deterioration in positioning from June 2019 and ranks the Trust 5th out of 11 major trauma centres and within the 3rd quartile.

DM01

NBT reports a further deteriorated position of #167 out of 203 reported diagnostic positions, with a performance of 8.16% in July. This position ranks 8th out of 12 adult major trauma centres and have remained within the 4th quartile.

Cancelled Operations 28 day re-booking breaches

Based on quarterly national reporting, the Trust has ranked #84 out of 158 reporting Trusts, having reported four breaches in the period.

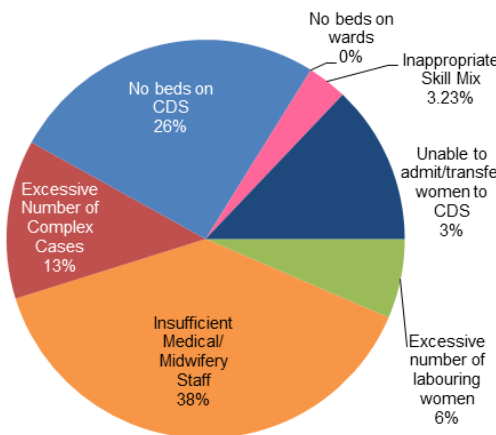
Safety and Effectiveness

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

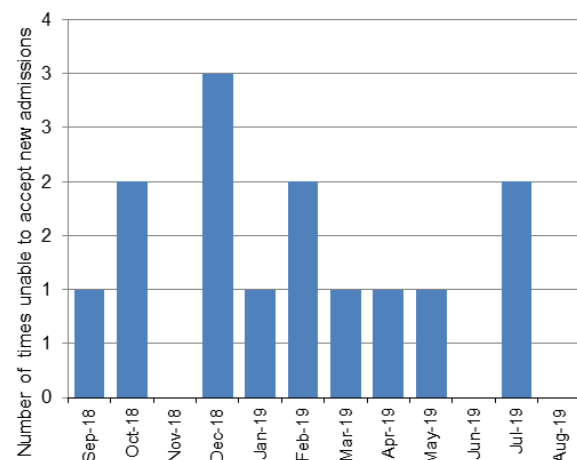
Chris Burton and Helen Blanchard

Birth		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Births		543	515	535	497	491	478	458	448	439	490	454	524	481
Midwife to birth ratio		01:33	01:33	01:33	01:30	01:31	01:30	01:30	01:28	01:27	01:30	01:28	01:32	01:28
Normal birth rate		56.4%	60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	53.7%	56.3%	56.1%	53.8%	52.9%
Caesarean birth rate		31.2%	27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	35.0%	30.8%	30.4%	31.6%	34.0%
Emergency Caesarean birth rate		17.1%	14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	22.4%	19.30%	21.2%	16.0%	20.0%
Induction of labour rate		33.1%	35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	41.5%	36.10%	43.0%	36.5%	38.2%
Total births in midwife led environment		19.3%	18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	15.3%	17.90%	14.1%	13.4%	13.6%
Birth location	Cossham BC	6.4%	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	0.0%	0.0%	0.2%
	Mendip BC	12.1%	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	12.8%	16.6%	12.8%	12.4%	12.6%
	Home	0.4%	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	2.5%	1.2%	1.3%	1.0%	0.8%
	CDS	80.4%	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	84.0%	80.3%	83.6%	84.1%	85.1%
One to one care in labour		95.7%	95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	100.0%	100.0%	100.0%	100.0%	98.3%
Stillbirth	Actual	1	1	2	1	2	2	3	5	2	2	2	1	2
	Rate	0.20%	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	0.5%	0.4%	0.4%	0.2%	0.4%

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



Number of Times CDS Unable to Accept New Admissions



Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

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



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

Recruitment

- Recruitment of midwives - The forthcoming pipeline is comprised of 14 midwives with start dates over the next two months: 12 midwives in September 2019 and two Midwives in October 2019.
- The new Bereavement Midwife starts on the 28 October 2019.
- Adverts are currently on NHS Jobs for Quality improvement lead and Lead Sonographer for WACH.
- An interim Director of Midwifery has been appointed for six months and is due to start 07 October.

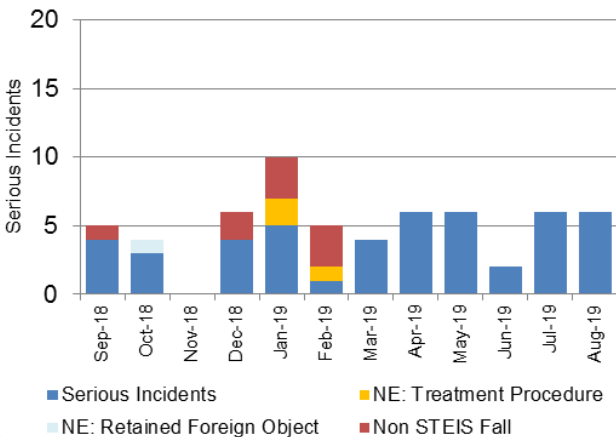
Midwifery Led Services

- Plans are ongoing to ensure the opening of Cossham Birth Centre on an interim open on arrival model. Staff are currently involved in a consultation and appropriate training to enable a successful launch.
- A review of Midwifery Led Services at NBT from a quality, safety and efficiency perspective is ongoing and has included engagement sessions with staff. This project is ongoing and will progress over the next few months with support from an external midwifery consultant and Birth rate plus workforce planning team.

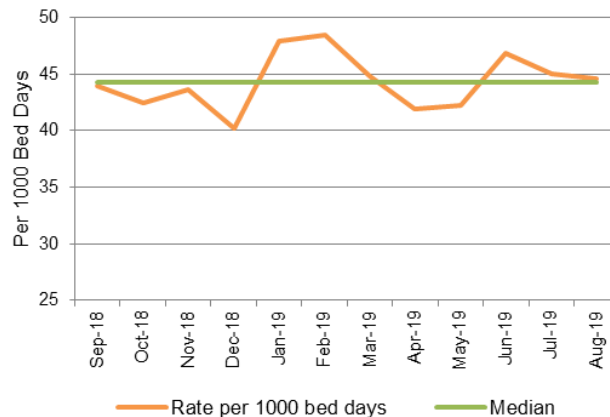
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

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

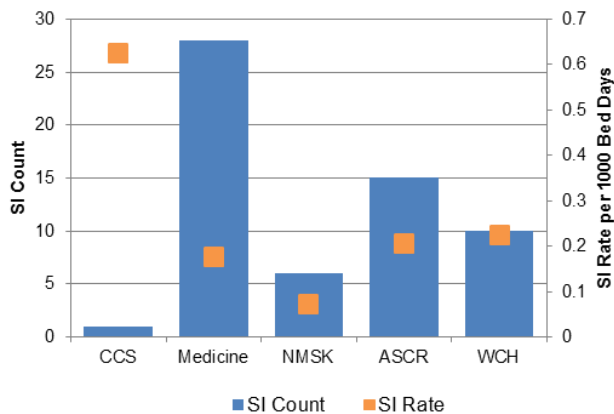


**Trustwide ALL Incidents Rate per 1000 Bed Days:
Sep 2018 to Aug 2019
(by Incident Date)**

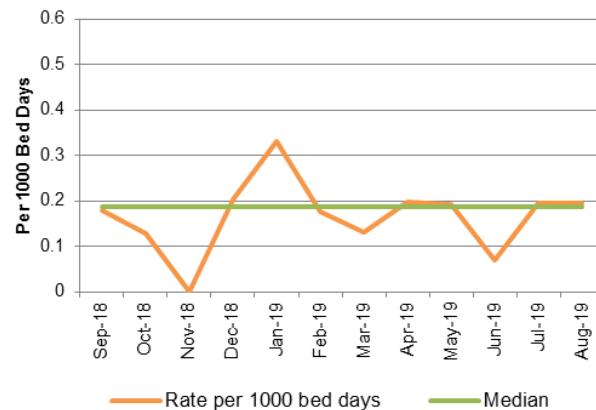


*Data from Risk Department

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



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



Serious Incidents (SI)

Six serious incidents were reported in August 2019:

- 4 x Patient Falls*
- 2 x Clinical Assessment or Review

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

Never Events:

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

SI & Incident Reporting Rates

Incident reporting has increased slightly in August to 44.27 per 1000 bed days. Whereas NBT's rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

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

Divisions:

SI Rate by 1000 Bed Days

CCS – 0.63

WCH – 0.22

ASCR – 0.21

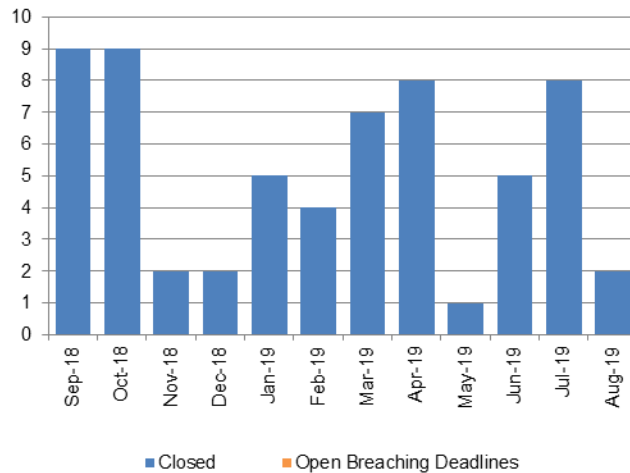
Med – 0.18

NMSK – 0.07

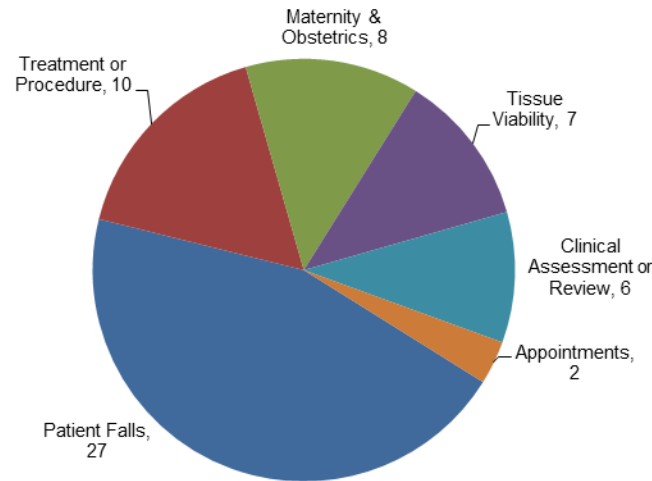
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing

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



Top Types of SI reported Sep 2018 to Aug 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

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

Top SI Types in Rolling 12 Months

Patient falls remain the most prevalent of reported SIs. These are monitored through the Trust Falls Group.

A falls presentation was given to the September 2019 Patient Safety & Clinical Risk Committee, but a more detailed thematic review has been requested.

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

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)

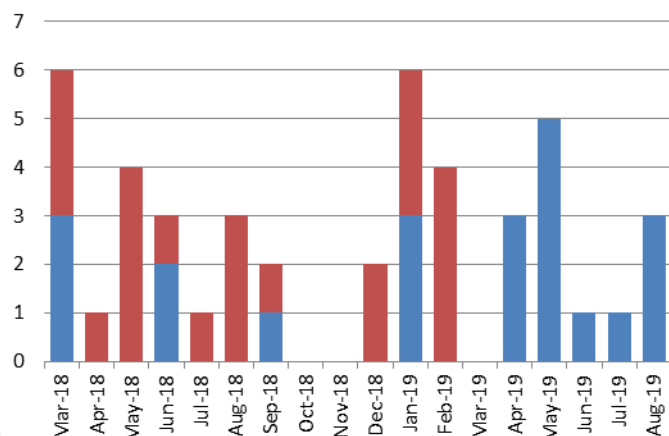
Two new alerts were reported, with none breaching their alert target dates.

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

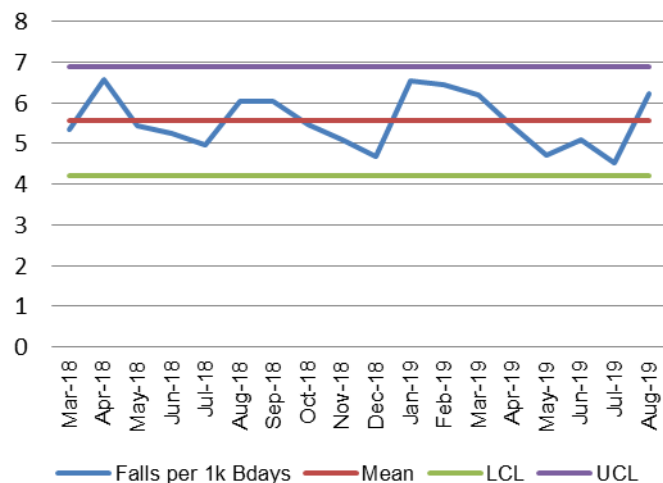
CAS Alerts – August 2019

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

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 August 2019, 193 falls were reported of which three resulted in severe harm, five were categorised as moderate, 41 low and the remaining 144 as no-harm. This increase in reported falls is most represented in the low and no-harm categories.

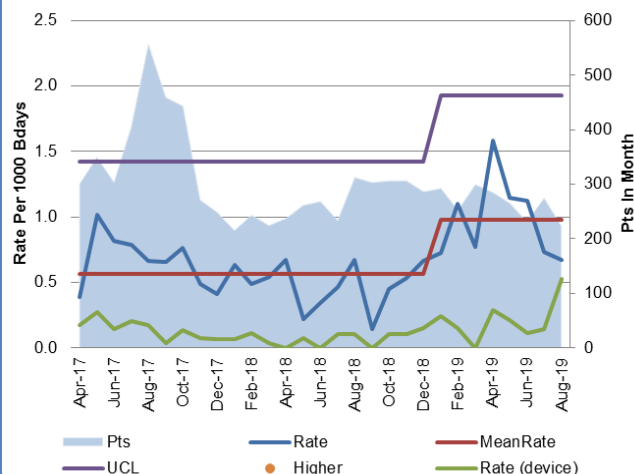
The majority of reported falls occurred within Medicine Division (98), with the others occurring in NMSK (57), ASCR (34), and Women's and Children (4).

The falls per 1000 bed days level was 6.6 which is above the Trust's 2 year average of 5.9 and will be reviewed at the September Falls Prevention Group Meeting.

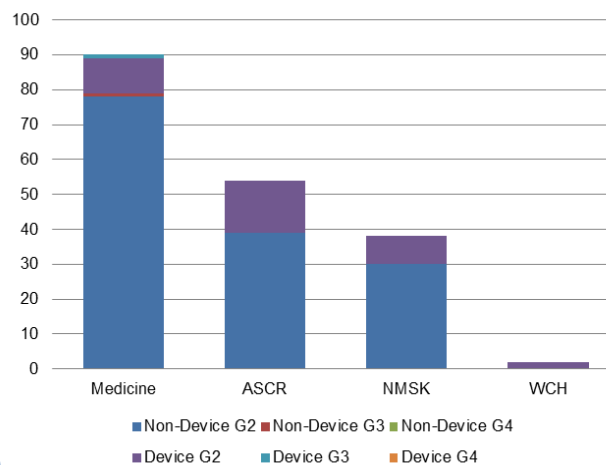
The training compliance for falls is > 90% and is currently required every five years. The Falls Prevention Group is considering recommendations to reduce this timescale to two or three years to improve its impact and relevance.

Following the presentation of a highlight report at the Patient Safety and Clinical Risk Committee in September, changes to the current driver diagram (highlighting required outcomes, improvement drivers and key actions) will be addressed by the Falls Prevention Group.

Pressure Injuries - Total G2+ per 1000 Beddays Trustwide



Pressure Injuries Year to Date 2019/20



Pressure Injuries (PIs)

The Trust ambition for 2019/20 is a

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

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

The Trust are reporting 34 Grade 2 injuries for August, which occurred to 28 patients.

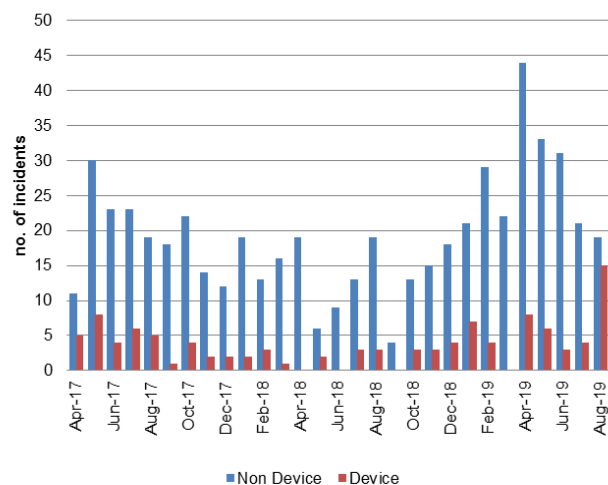
The break down of injury is as follows:
38% Sacrum/ buttock,
12% Heels,
44% Medical device related .

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

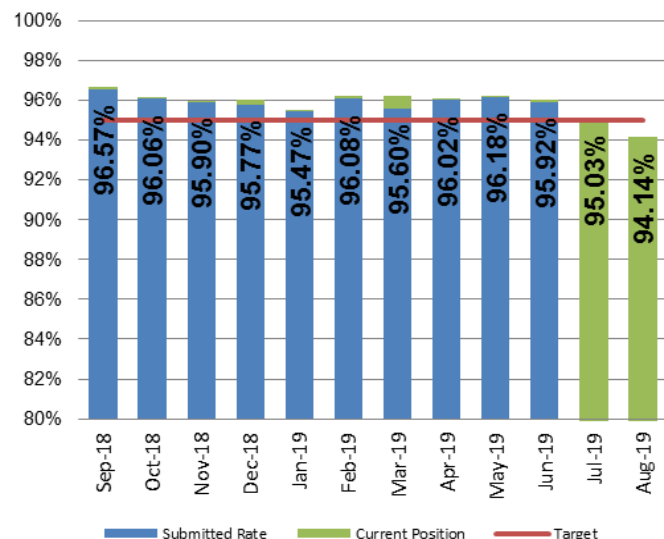
The weekly formal review of all Grade 2 hospital acquired cases, chaired by the Heads of Nursing has commenced, enabling a proactive cross divisional response to the increased incidences of device related harm with the use of Laser (Learning About Safety by Experiencing Risk) documentation for neck collars and oxygen therapy.

Divisional commencement of staff competency assessment which will enable us to gain assurance of staff knowledge against current education and training programmes continues, using the established Tissue Viability Link Practitioner system.

Pressure Ulcers - Total Incidents



Venous Thromboembolism Risk Assessment

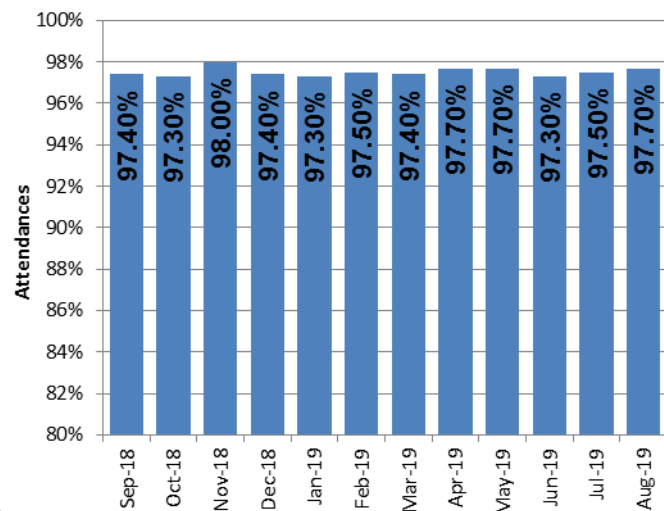


VTE Risk Assessment

The Board expects a VTE risk assessment to be carried out for all appropriate in-patients. Where certain procedures are considered to be of low risk, the assessments may be agreed as a patient cohort. Cohorts are signed off by the Medical Director. This process is periodically audited externally as part of the annual Quality Account – this was last completed for the 2018/19 Quality Account audit reported in May 2019, with no concerns identified.

The Trust continues to meet the national standard of 95% of patients having a documented risk assessment in their records at the point of coding the discharge, with the current position for August being 94.14% which is likely to increase as the remaining patients admitted in June are discharged and coded.

WHO Checklist Compliance

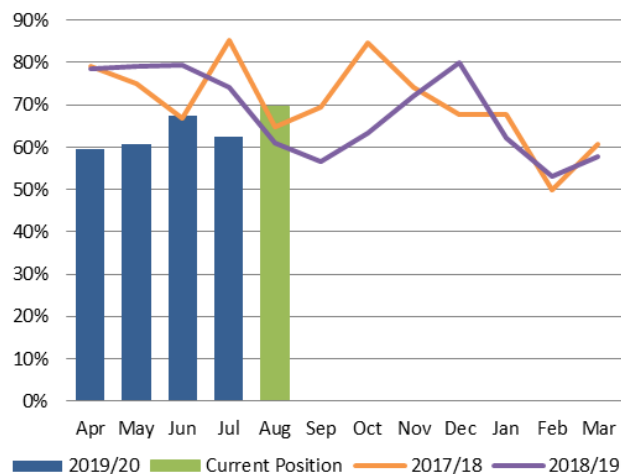


WHO Checklist Compliance

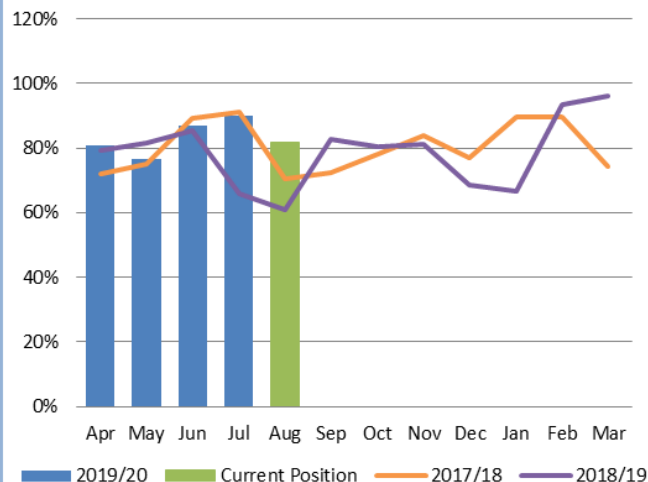
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

Measured compliance with the WHO checklist was 97.70% in August 2019. WHO checklist compliance is monitored by the Theatre Board with any areas failing to record compliance with the requirement being addressed by the relevant leadership team.

All Patients Admitted to an Acute Orthopaedic Ward within 4 Hours



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



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

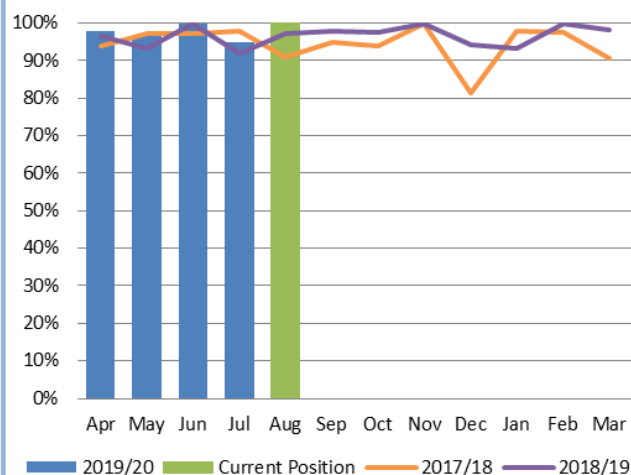
Hip Fracture data is reported one month in arrears with the current month included for reference.

In July 2019 the percentage of patients who were admitted to Hip Fracture unit within 4 hours was 62.5% against an England average of 37.7%.

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

In July, 90% of patients received surgery within 36 hours compared to the England average of 71.2%.

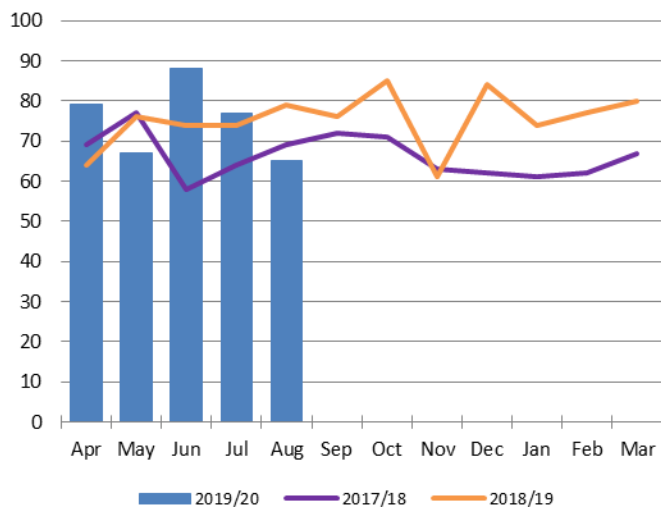
All Patients Assessed by an Orthogeriatrician within 72 hours



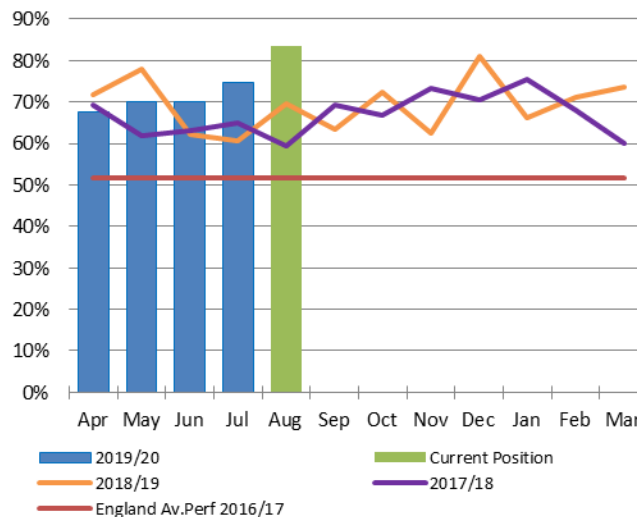
Patients assessed by an Orthogeriatrician within 72 hours.

In July 2019, 95% of patients were seen by an Orthogeriatrician within 72 hours compared to England National average of 92.3%.

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.

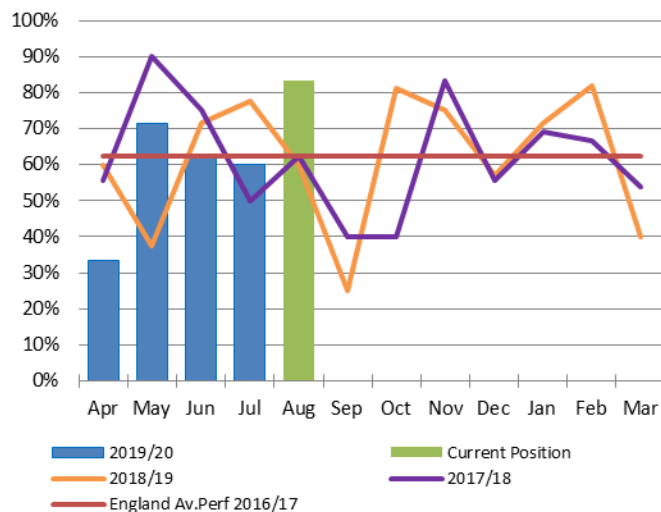
There were 65 patients admitted to Southmead hospital with stroke in July 2019.

60% of stroke patients requiring thrombolysis received this within 1 hour which is comparable to the England average.

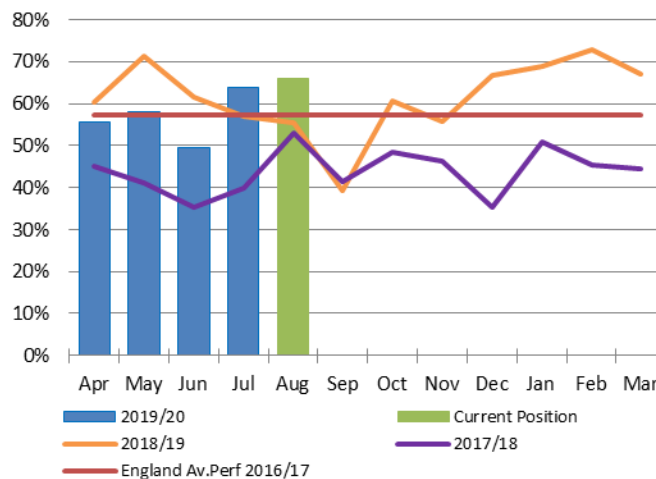
Admission to a stroke unit within 4 hours of presentation remains a challenge with performance at 63.8% in July 2019. The Stroke service is working with the Operations team to ensure the availability of stroke beds at all times.

The number of patients scanned within 1 hour remains higher than the England National average at 74.7% in July 2019.

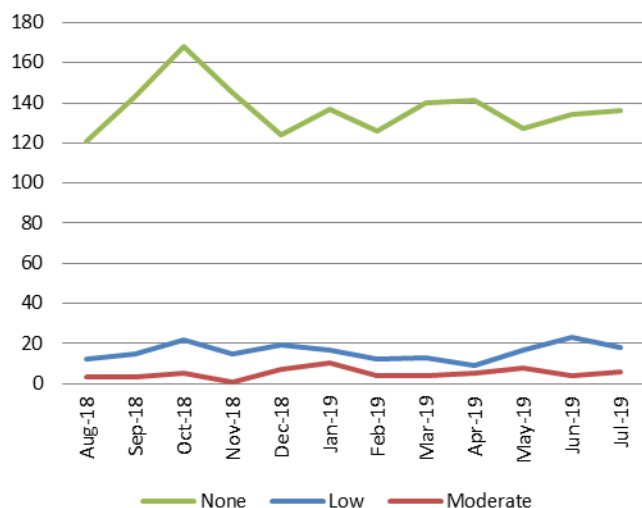
Patients Thrombolysed within 1 Hour



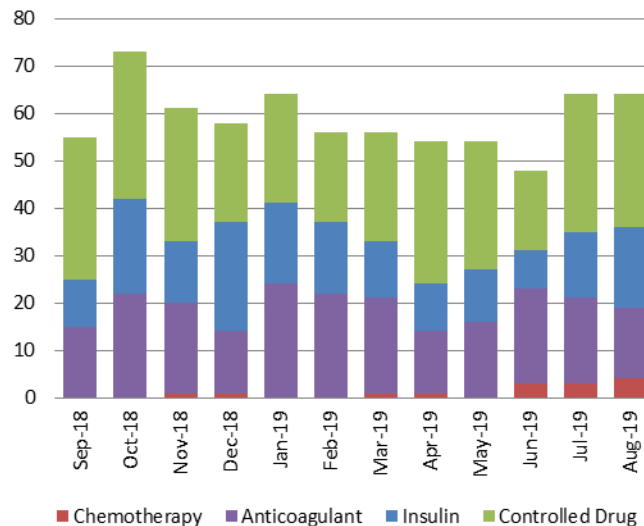
Patients Directly Admitted to a Stroke Unit within 4 Hours



Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs



Medicines Management

Severity of Medication Error

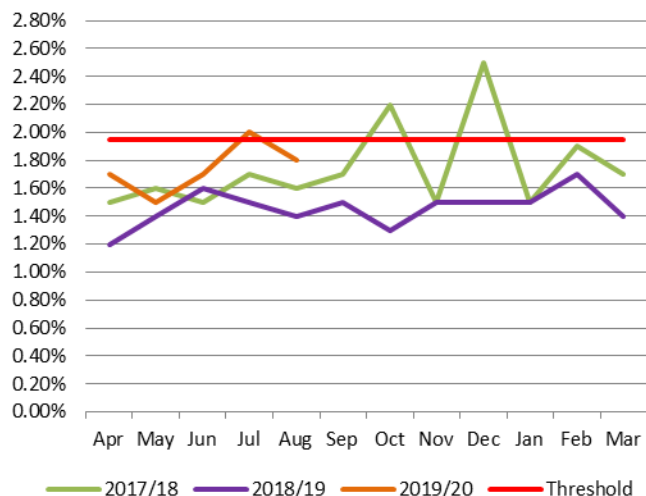
During August 2019, the number of “No Harm” medication errors represented approximately 91% of all medication errors; reinforcing the strong culture of reporting across the Trust.

The Medicines Governance Group continues to monitor the ‘low harm’ incidents to identify and share the learning.

High Risk Drugs

High Risk Drugs formed approximately 31% of all medication incidents reported during August 2019. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team and reported to the Medicine Governance Group.

Percentage of Patients with One or More Missed Doses

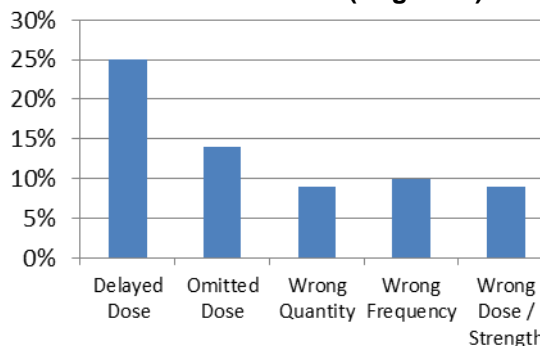


Medication Safety.

Be One of the Safest Trusts in the UK

Reducing medicines-related harm requires a clear understanding of where, when and what type of errors occur.

Top 5 Type of Medication Incidents North Bristol Trust (Aug 2019)

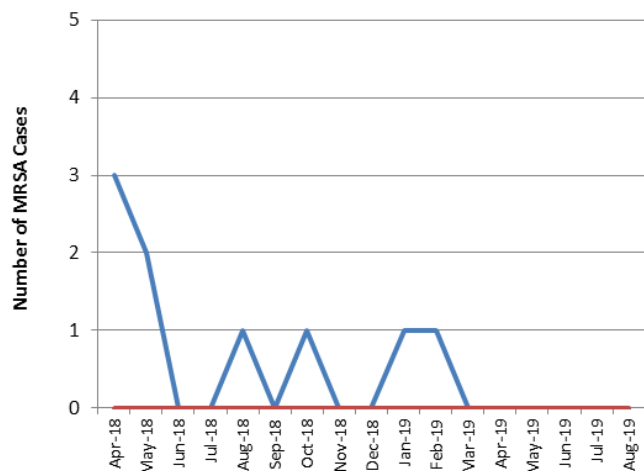


Missed Doses

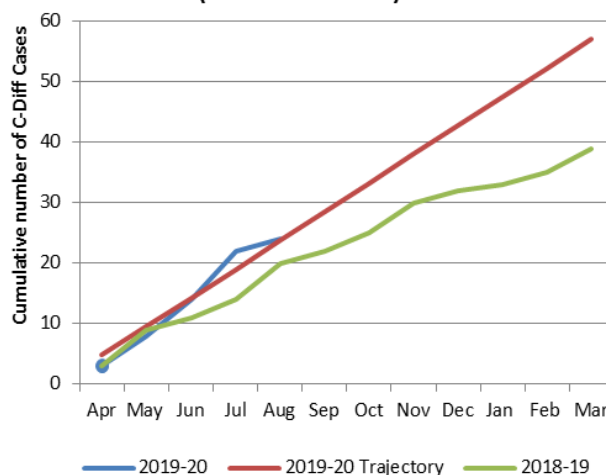
The clinical pharmacy team continues to closely monitor the KPI's associated with all missed doses. Any ward(s) that breach the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week “missed dose audit”.

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

MRSA Cases - Trust Attributable



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



MRSA

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

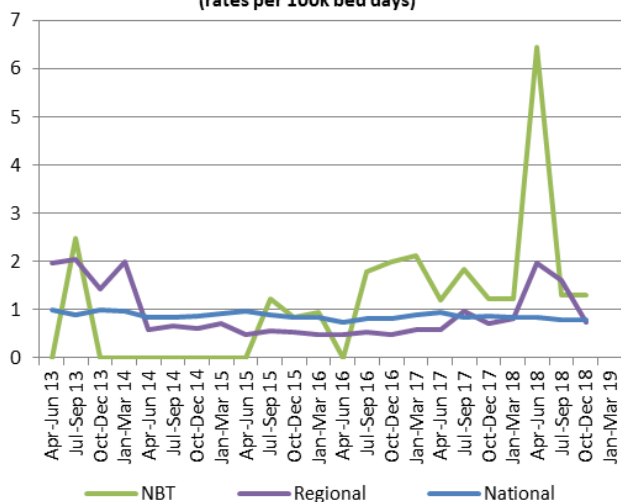
C. Difficile

In August there were three cases reported against the trajectory. Two cases were hospital onset and one case were community onset.

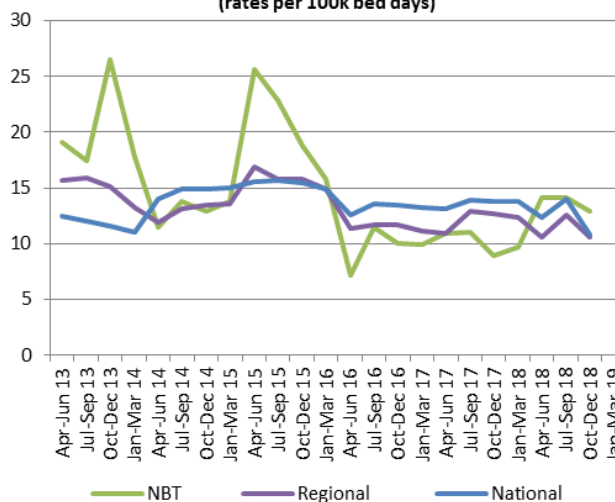
MSSA

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

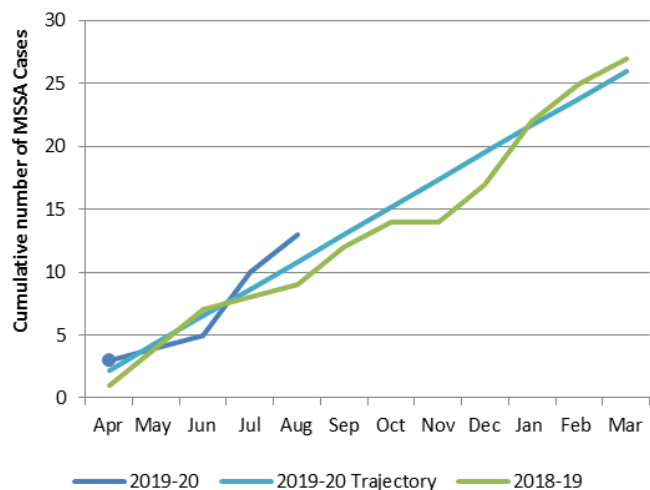
**Quarterly MRSA cases
(rates per 100k bed days)**



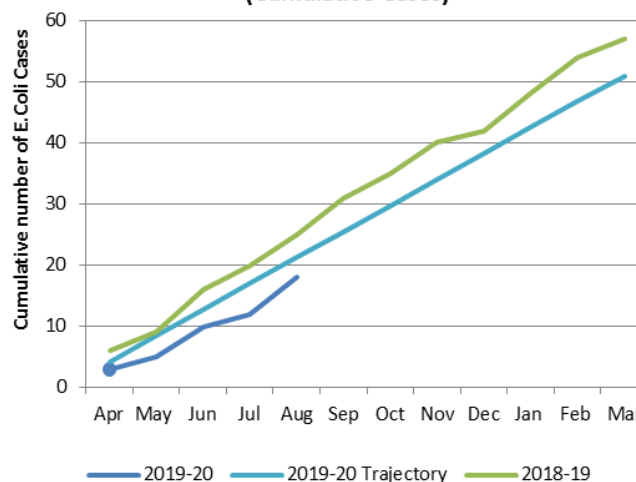
**Quarterly C.Difficile cases
(rates per 100k bed days)**



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



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



E. Coli.

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

Hand Hygiene

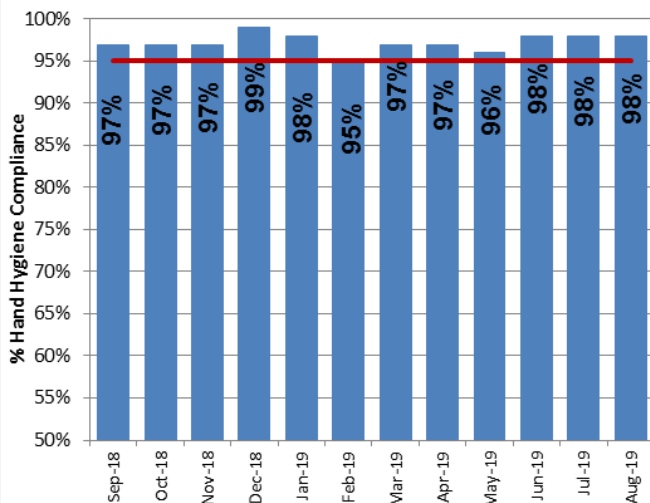
Hand Hygiene compliance has been maintained.

Pseudomonas water testing

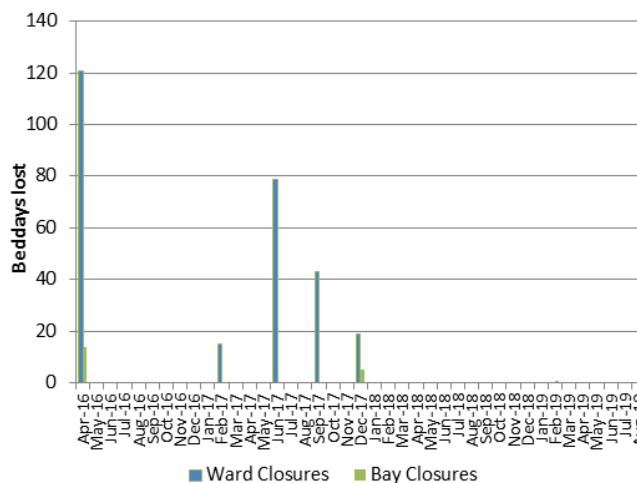
As reported in the last IPR, routine testing of water within augmented care areas in August demonstrated some outlets with raised pseudomonas counts.

Recent water sample results in September have indicated an improved position with outlets responding to remediation. Where necessary we are still using mitigation actions to ensure patient safety. No increase in patient infections has been found.

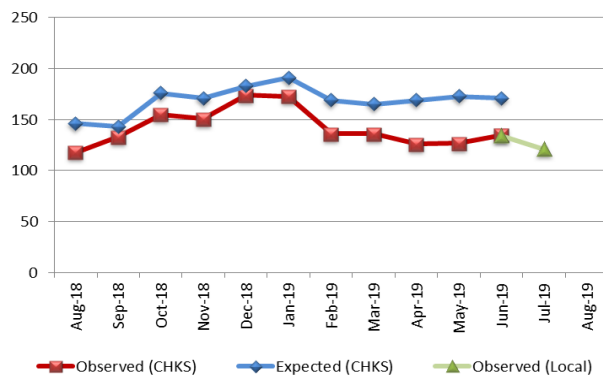
Hand Hygiene Compliance Rates



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



Total Number of Patient Deaths



Overall Mortality

The HSMR and SHMI data charts illustrate continued mortality outcomes within the expected range.

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

Mortality Review Completion

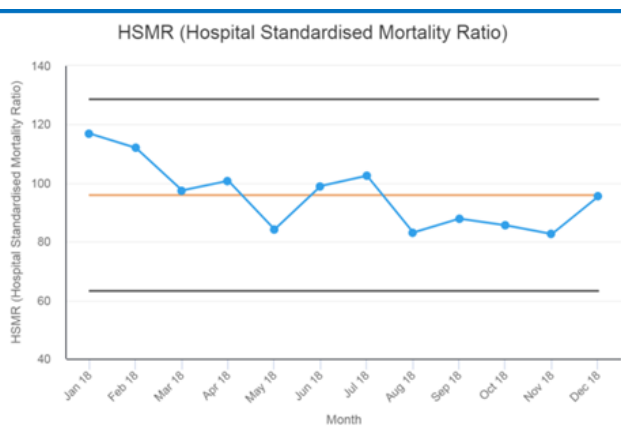
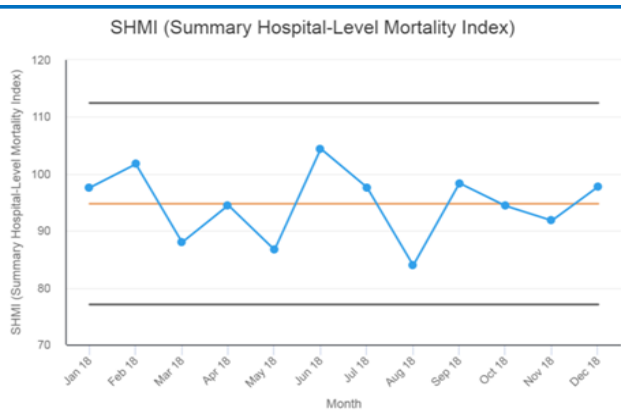
The current data captures completed reviews up to 31 May 2019. In this time period, 93% of all deaths have a completed review. 97% of "High Priority" cases have completed Mortality Case Reviews (MCR), including 16 deceased patients with Learning Disability and 12 patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent remains 97% (score 3-5). There have been 20 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care.

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

One case has been declared as a Serious Incident Requiring Investigation (SIRI). Those cases not declared as SIRIs have been reviewed with evidence of the outcome held on NBT's incident reporting system (Datix).



Mortality Review Completion

	Completed	Required	% Complete
Screened and Excluded	1126		
High Priority Cases	238		
Other Reviewed Cases	552		
Total Reviewed Cases	1696	1823	93.0%

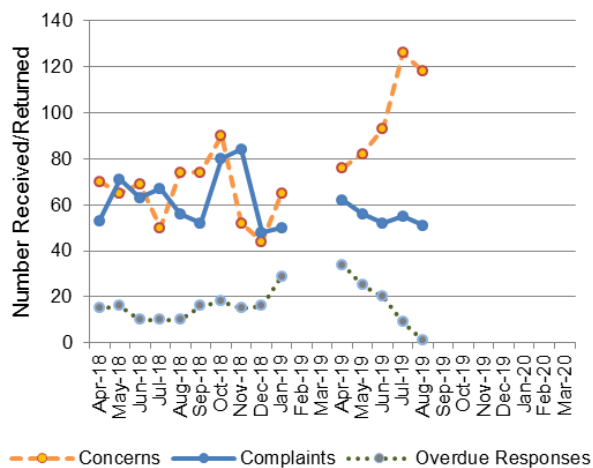
Overall Score	1	2	3	4	5
Care Received	0.0%	2.9%	19.3%	54.6%	23.2%

Date of Death	Apr 18 to May 19
In Progress	0
Reviewed Not SIRI	19
Reported as SIRI	1
Total Score 1 or 2	20

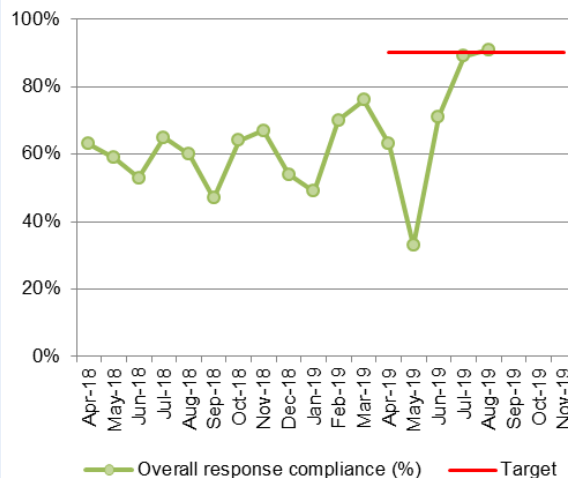
Quality Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

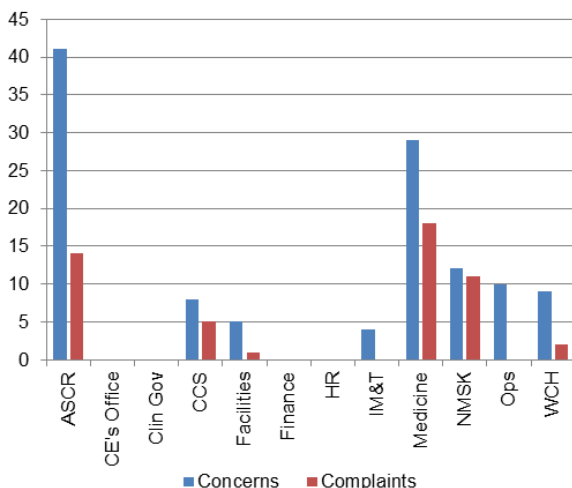
In August 2019 the Trust received 51 formal complaints and 118 PALS concerns.

The 51 formal complaints can be broken down by division:

ACSR: 14 CCS: 5 Facilities: 1
Medicine: 18 NMSK: 11 WACH: 2

The number of formal complaints received in month continues to reduce. This continues to reflect the embedding of the Patient Advice and Liaison Service (PALS) and the success in locally resolving patients concerns before they escalate. A local audit has shown that 91% of complainants now opt for local resolution as opposed to taking a formal route.

Concerns and Complaints per Division



	Total closed in August	Total overdue at end of August
Medicine	15	0
NMSK	17	0
ASCR	20	1
CCS	6	0
WACH	5	0
Clin Gov	1	0
Ops	1	0
IM&T	1	0

Final Response Rate Compliance

Implementation of the recovery plan across the Trust has contributed 91% of complaints being responded to within the timescale.

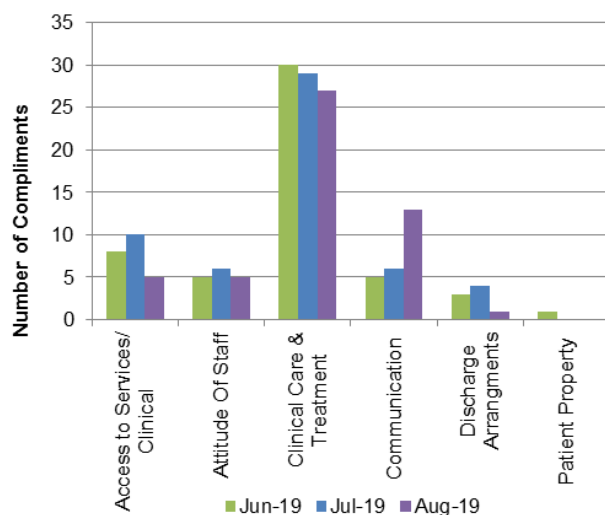
July	20	70% compliance
August	10	80% compliance
September	5	90% compliance
October	0 – maintain target	100% compliance
November	0 – maintain target	100% compliance

Overdue complaints

The total number of overdue complaints at the end of August sat at 1 overdue. The introduction of a weekly complaints tracker circulated to divisions has proved a success and will continue as a monitoring and validation process for formal complaints to ensure the 100% compliance becomes sustainable.

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 a slight 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. This will be available at the end of Q2 report being taken to the Patient Experience Group in November 2019.

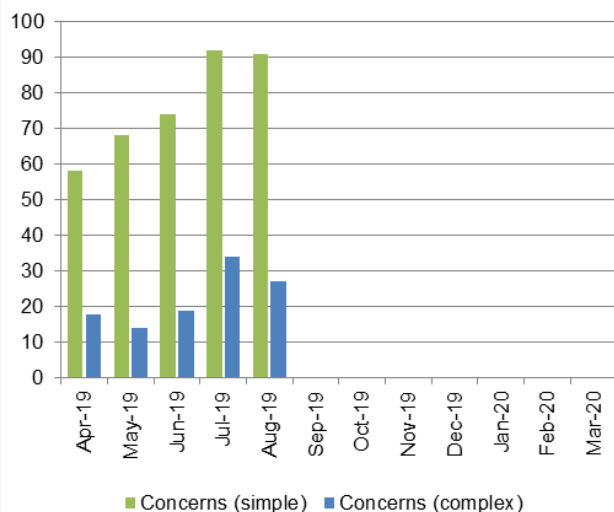
Compliments

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 with an anticipated finish date of November 2019.

Example compliments received in August 2019.

“Our son was cared for in Southmead following a major trauma. Members of staff at every level showed immense care to our son and the professionalism on display was very impressive. The strong team work that we saw in action suggested that people enjoy working there and their common aim of returning patients to health is such a huge testament to the value that the NHS brings to our country and to all our lives. Following my son's discharge, we still have contact with a trauma coordinator who, despite being rushed off her feet, is always responsive and helpful. Thank you.”

PALS

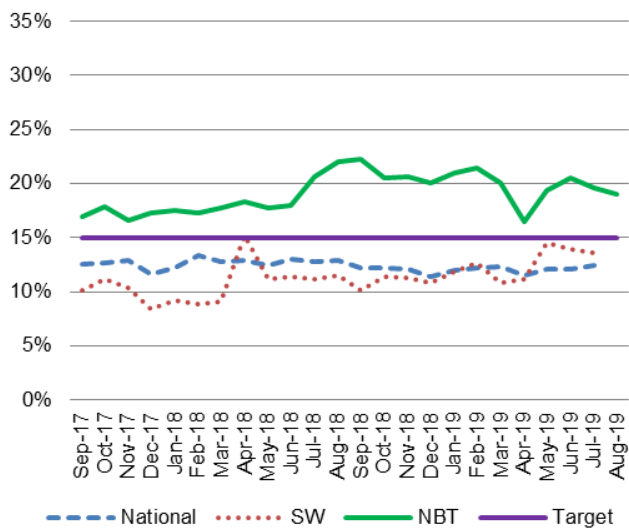


“I was admitted to Southmead AMU last weekI was an inpatient for almost a week. It's hard to express how grateful I am to all the staff who cared for me while I was there. I met so many nurses, doctors, porters, medical students, domestic staff, phlebotomists and the consultant and they were so warm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

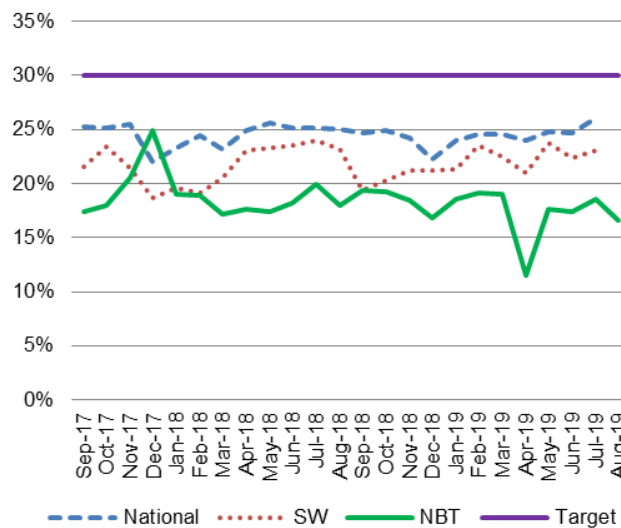
Patient Advice and Liaison Service (PALS)

118 PALS concerns were received in August 2019. Of the 118 PALS concerns received, 91 (77%) can be classified as more simple concerns and 27 (23%) warranted more in depth investigation from within the division and were classified as complex concerns. The PALS team continue to work closely with governance staff within the divisions to identify areas of concern for improvement. Currently the team is looking at discharge concerns, an area that continues to increase, and will begin to liaise with the divisions and discharge teams to feedback ahead of any potential increase in the lead up to winter.

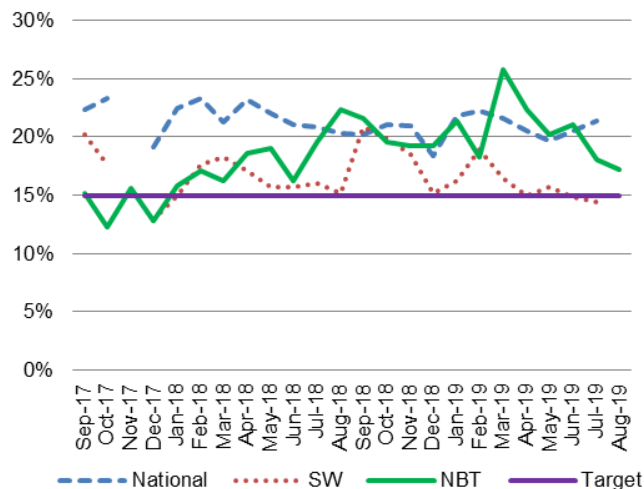
Emergency Department - Response Rate



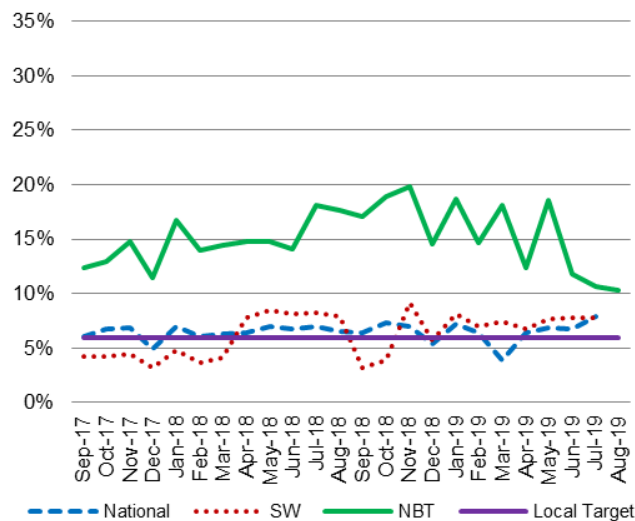
Inpatients - Response Rate



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



Outpatients - Response Rate



Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	19.05%
Inpatients	30%	16.54%
Outpatients	6%	10.32%
Maternity (Birth)	15%	17.19%

The Emergency Department have maintained their good response rate.

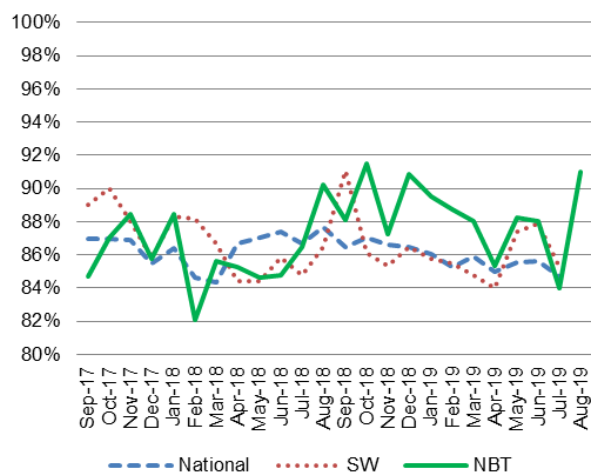
The Inpatient response rate has decreased from 18.5 % in the last month to 16.54%. NHS England require that the overall In patient reported data includes day case responses. A plan to increase the amount of day case patients that are being surveyed is being put in place, as agreed at the Patient Experience Group in July 2019, with the intention to improve the over all reported response rate. The results of this should be seen within October FFT data & onwards.

Maternity have 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.

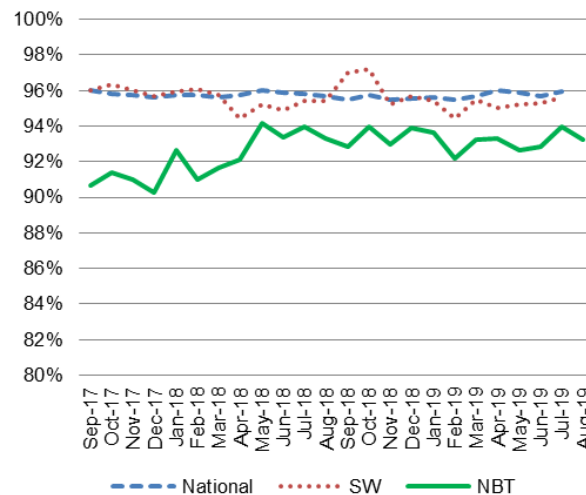
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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).

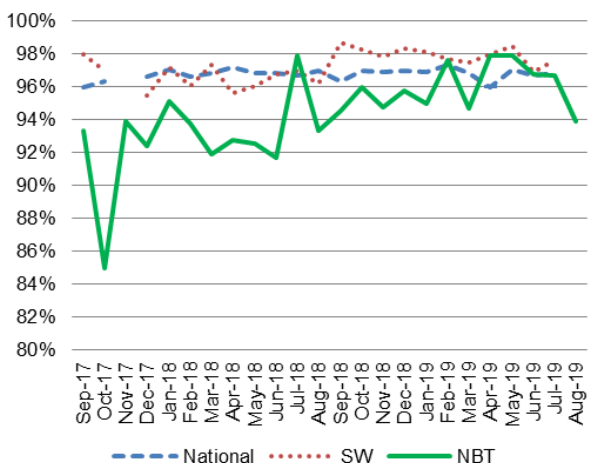
Emergency Department - % Would Recommend



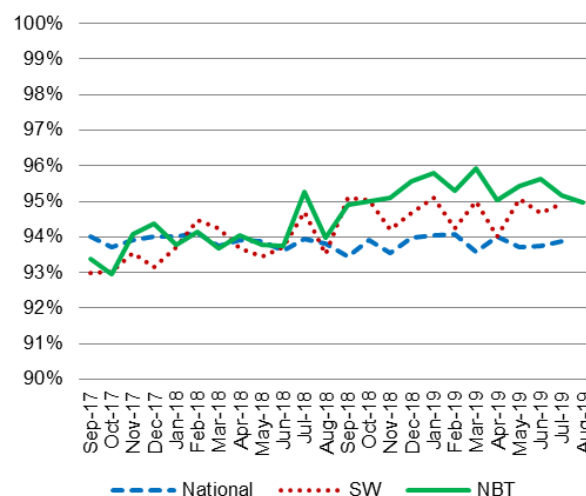
Inpatients - % Would Recommend



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



Outpatients - % Would Recommend



FFT Recommend Rate	Target	NBT Actual
ED	90%	91.00%
Inpatients	95%	93.23%
Outpatients	95%	94.96%
Maternity (Birth)	95%	93.90%

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

ED have seen a seen a significant increase of 7% in the number of people who would recommend the service this month. Bringing them back above the national performance.

What are people saying about our services?

Within inpatients the main negative comments relate to one specific ward, this has been raised with the ward manager to review and will be reviewed and monitored via the Patient Experience Group triangulation of FFT, complaints and concerns reporting mechanism. The wards identified as requiring improvement, from the triangulation of data, have all improved. The majority of inpatient feedback is positive, particularly in relation to helpful and friendly staff attitude

Within ED the feedback remains to be around waiting times and the lack of communication around this. The feedback on poor staff attitude is being monitored. The detail of this feedback is being investigated by the Division supported by the Patient Experience Lead

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Friends and Family Test

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

Emergency Dept – (1)

So quick and efficient at getting scans and checks done for me at very short notice. Every single member of staff I met that afternoon were caring and friendly and professional. I felt truly humbled by the service they provided and would like to say a big thank you.

Colposcopy (1)

I cannot thank (name) and the team enough for conducting the procedure in such a professional and cheerful manner. They put me at ease completely. I would assure any other ladies who may need this procedure - do not worry you are in safe hands here. Thank you.

Birth (3)

The staff were amazing. Very friendly and helpful and cant praise them enough but not enough bed spaces. Could not have an induction due to lack of beds which caused problems later on and resulted in a longer stay

Day Case – Gate 13 (1)

The staff were very friendly. Kept me informed before the scan as to how long I would to wait as there was a computer problem. They also kept me fully informed during the scan and after. Lovely people, made a potentially embarrassing procedure as relaxing as possible.

Outpatients – Trauma and Ortho (5)

I didn't even get to see my consultant, I turned up and was sent for x rays by the time I got back I was told the consultant had gone home, I find this absolutely disgusting!!! I had an hour and a half's drive to the hospital totally wasted a day and I'm no better off still in pain with a broken hip

25a (1)

Wow where do I begin? The speed and efficiency that I was met with was outstanding! Everyone whom I came into contact with treated me with the utmost respect, dignity and care. All the staff were amazing and I cant thank them all enough and when I say all the staff that is from the lovely cleaners, housekeeping right up to the doctors. The food was delicious and nourishing which was a pleasant surprise.

Gate 19 (3)

Pre op experience good (could have been better if appointment letter and info booklet had arrived before and not 3 days AFTER APPOINTMENT). Care during investigations/ diagnosis/planning/ information/ advice/ support was very good particularly from the Drs.

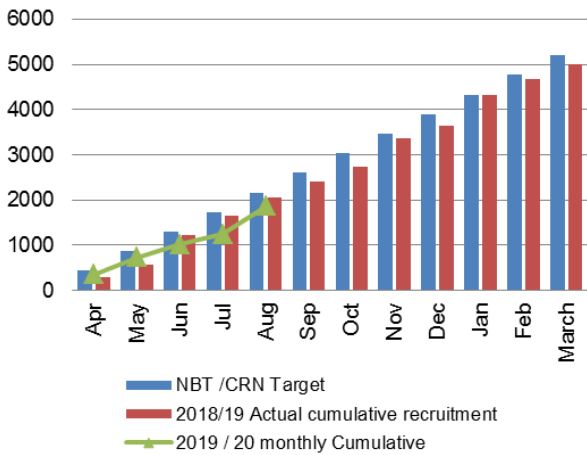
32b (1)

The reason for top marks is that from the very start of my visit, everyone one was so attentive, doctors, nurses & reception were absolutely lovely and so very kind and understanding and I thank them all so much..

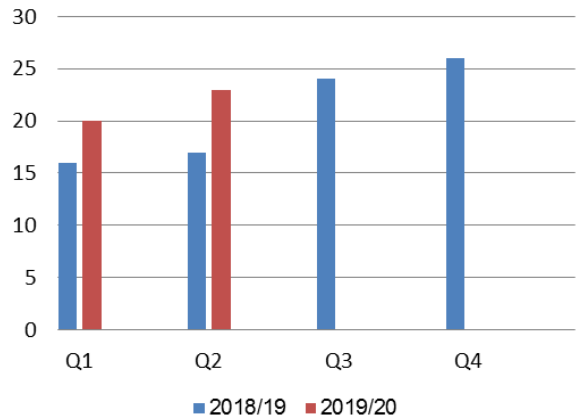
Emergency Dept (5)

I respect the NHS but the mental health services are poor and I felt no one cared I was there waited 13 hours and had no one speak to me and I was handed a leaflet at the end and I came out feeling worse

Patient recruitment vs Target



Recruiting NIHR studies with non-medic leads

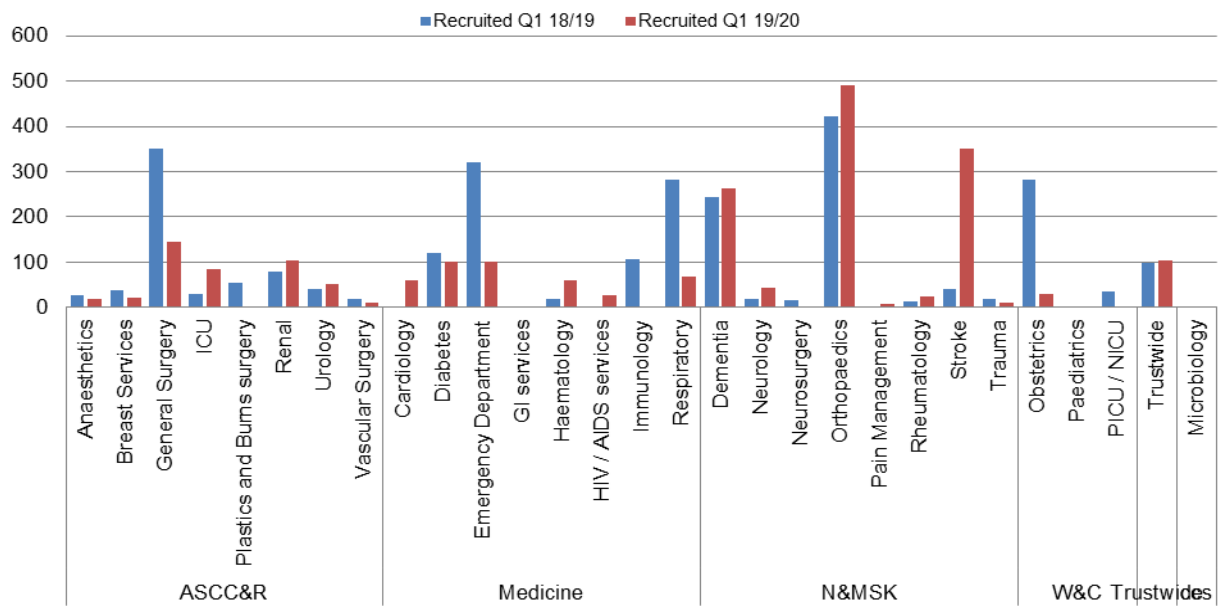


In line with last year, and regional patterns, NBT is currently behind the linear target for recruiting patients / participants to research studies. However three large recruiting studies have opened in August and we are beginning to see the benefits of that recruitment.

The number of NIHR studies lead by non-medic researchers has continued to show strong performance. Work is underway to also increase the number of non-medic researchers leading multi-centre studies.

Due to a generous charitable donation to the NBT Research Fund, R&I has opened a Trust-wide open call for applications to fund research projects up to £20k each. The call will close 18 September 2019.

Participants in research by clinical department



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

NBT currently holds 30 research grants (NIHR, charity and other) to a total value of £19.2m, with 14 NBT-led grants in set-up (£4.2m).

NBT R&I hosted an Investors in People assessment and been awarded a silver award standard.

Further NBT R&I has been shortlisted for Investors in People Employer of the Year, Silver Category. This is a particularly proud achievement as the only public sector organisation shortlisted for the category.









CQUINS

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

Ref/Title	Description	Ann. Value ('000)	Lead Division	Q1 (A) no £ values	Q2 (F)	Q3 (F)	Q4 (F)	Comment <i>(forecasts are % of £ CQUIN value)</i>
1a. Antimicrobial Prescribing - UTI	Achieving 90% of antibiotics treatment for lower UTI in 65+ IP	£182.4k	Trust-wide & Clin. Gov.					17% FORECAST. Challenges with practice change for urine dipstick tests.
1b. Antimicrobial Prescribing - Colorectal	Achieving 90% of antibiotics surgical prophylaxis treatment for elective colorectal surgery	£182.4k	ASCR					100% FORECAST
2. Flu Vaccines	Uptake of flu vaccinations by frontline clinical staff of 80%	£364.8k	Operations	N/A	N/A	N/A		100% FORECAST
3a. Risky Behaviours - Screening	Achieving 80% Timely Screening (Alcohol & Tobacco)	£121.6k	Medicine (ED) & Clin. Gov.					100% FORECAST
3b. Smoking Brief Advice	Achieving 90% of identified smokers given brief advice.	£121.6k	Clin. Gov.					75% FORECAST for each measure. Lorenzo changes enabling practice improvement & compliance (forcing measure in risk assessments)
3c. Alcohol Brief Advice	90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	£121.6k	Medicine & Clin. Gov.					
7. Falls Prevention	Achieving 80% of 65+ inpatients receiving key falls prevention actions	£364.8k	Trustwide & Clin. Gov.					27% FORECAST Lying & Standing blood Pressure practice challenges. Consistent with national picture.
11a. Same Day Emergency Care (Pulmonary Embolus)	75% of patients with confirmed pulmonary embolus being managed in a same day setting	£121.6k	Medicine/ Operations	Unreliable audit				40% FORECAST Audit criteria being clarified locally & with national leads. Requirement is to prove NICE guidelines followed whilst delivering SDEC in each pathway.
11b. Same Day Emergency Care (Tachycardia with AF)	75% of patients with confirmed atrial fibrillation being managed in a same day setting	£121.6k	Medicine/ Operations	Unreliable audit				
11c. Same Day Emergency Care (CAP)	Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting	£121.6k	Medicine/ Operations	Unreliable audit				
Total (£ value and % achieved of quarterly amount available)		£1.82M	Q1 = Baseline only (no £ value)	£N/A				FULL YEAR £1.13M (61.8%)

Target met	Target partially achieved	Target not met

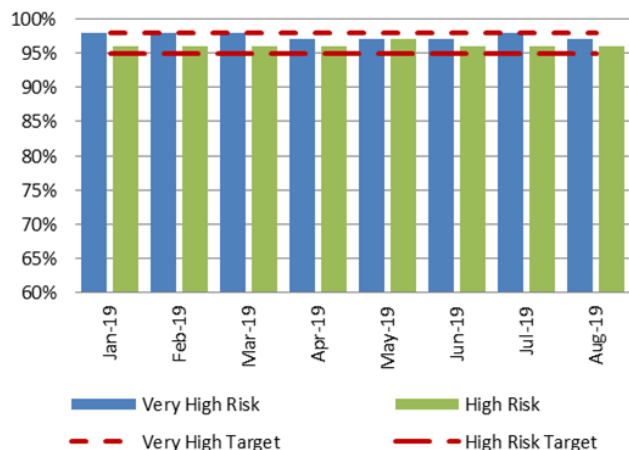
Ref/Title	Description	Ann. Value ('000) rounded	Lead Division	Q1	Q2	Q3	Q4	Comment
1. Medicines Optimisation	1. Improving efficiency in the IV chemotherapy pathway from pharmacy to patient. 2. Supporting national treatment criteria through accurate completion of prior approval proformas (Blueteq). 3. Faster adoption of prioritised best value medicines and treatment. 4. Anti-Fungal Stewardship.	£333.6k	CCS					Q1 achieved in full.
2. Severe Asthma	1. Appropriate initiation prescribing and annual review of biologics by a severe asthma centre. 2. Virtual network MDTs. 3. Network spokes prescribe repeat medication. 4. Completion of data to the UK Severe Asthma Registry and NHS England Quality Dashboard.	£163.0k	Medicine	N/A	N/A	N/A		All triggers are measured in Q4.
3. Spinal Network	1. Spinal Network MDT Oversight. 2. Data entry on BSR. 3. Concentration of Specialised Surgery. 4. Avoidance of unnecessary interventions.	£240.0k	NMSK					Q1 achieved in full.
4. Promoting Transplantation (Renal)	1. Establish a Network. 2. Organ utilisation. 3. Donor and recipient experience in networked providers. 4. Promoting donation.	£200.0k	ASCR	N/A	N/A	N/A		All triggers are measured in Q4.
5. Breast Screening	1. Production of a Workforce Development Plan.	£72.9k	ASCR					Q1 achieved in full.
Total (£ value and % achieved of quarterly amount available)		£1,009.5k		£117k (100%)	£134k (100%) Forecast	£167k (100%) Forecast	£590k (100%) Forecast	

Target met	Target partially achieved	Target not met
		

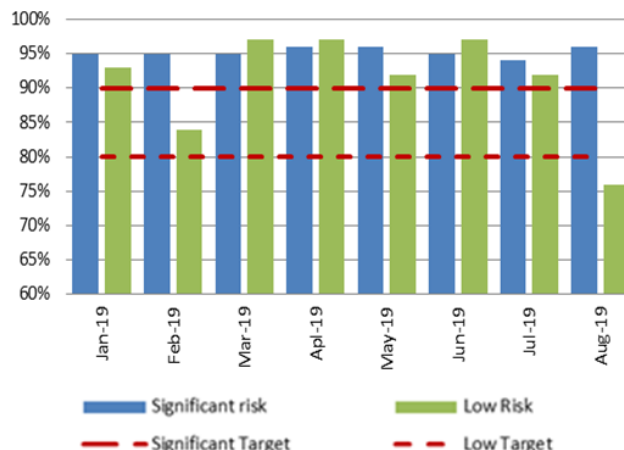
Facilities

**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)

Low risks scores have dropped in August. Work is underway to return performance to normal.

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.

Deep clean numbers per week were in line with the previous month with an average of 270 carried out per week, 97% of which were above the key performance indicator for 4 hour breaches. Work is currently underway to identify the cause of such a high number of deep cleans being requested.

Very High Risk Areas

Target Score 98%
Audited Weekly

Include: Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit

High Risk Areas

Target Score 95%
Audited Fortnightly

Include: Wards, Inpatient and Outpatient Therapies, Neuro Out Patient Department, Cardiac/Respiratory Outpatient Department, Imaging Services

Significant Areas

Target Score 90%
Audited Monthly

Include: Audiology, Plaster rooms, Cotswold Out Patient Department

Low Risk Areas

Target Score 80%
Audited Every 13 weeks

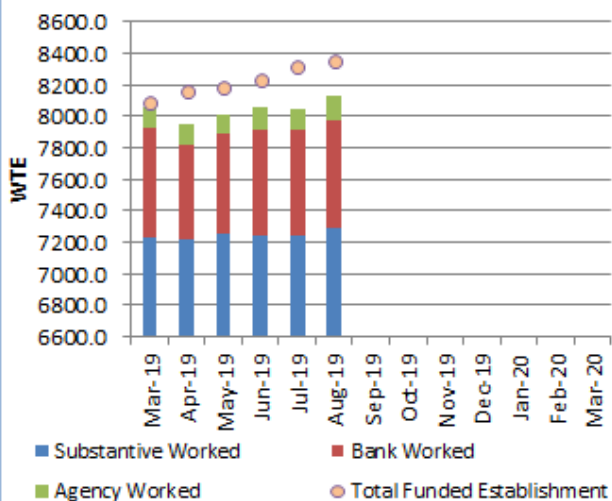
Include: Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, Learning and Research Building (non-lab areas)

Well Led

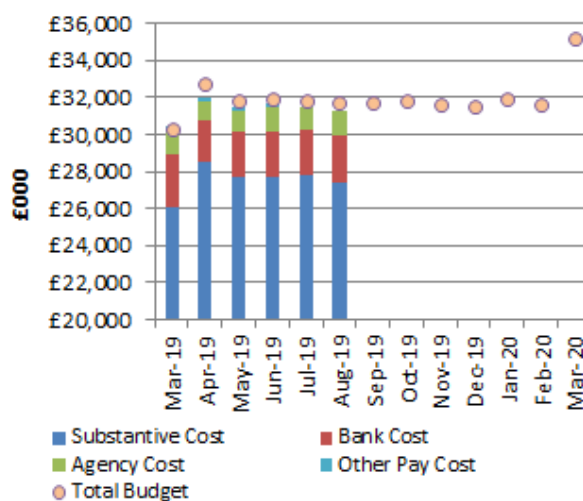
Board Sponsors: Medical Director, Director of People and Transformation

Chris Burton and Jacqui Marshall

Worked and Funded



Expenditure and Budget



Substantive

August expenditure is £363k below budget, £1.8m year to date due to current pay reserves. However some individual staff groups are above budget, predominantly medical and nursing and midwifery staff, due to ongoing agency use.

Worked wte is under funded by 220 wte across all staff groups, predominantly made up of 90 registered nursing and midwifery wte and 96 administration wte.

Temporary Staffing

NBT Extra

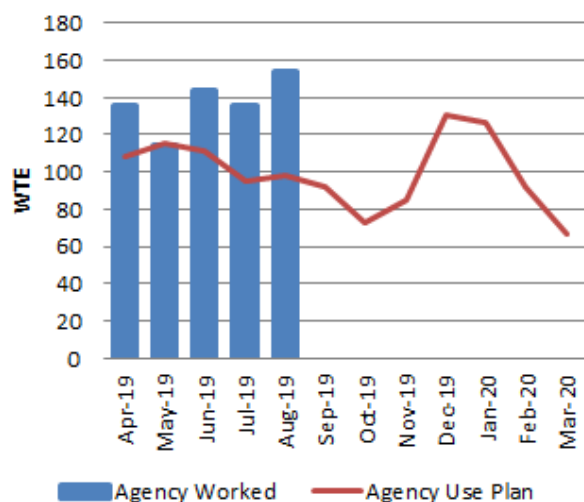
System wide nurse recruitment compliance standards are now in operation across the BNSSG for nursing agency staff to ensure consistency is achieved across the region and processing efficiency is improved. A review will be carried out to determine system approval for "Clear for one, clear for all" approach.

A bespoke recruitment campaign and drop in sessions with NBT eXtra managers commenced to increase bank numbers of both substantive and external workers, highlighting improvements in payment regularity and other available NBT benefits. As a result recruitment increased with 38 Nursing / Midwifery staff joining the bank in August.

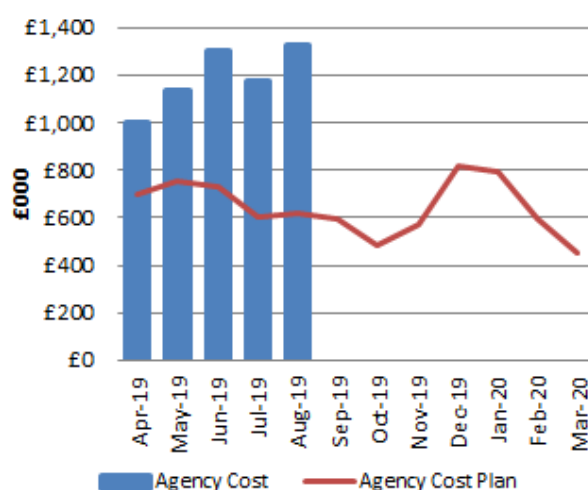
Agency

Agency expenditure increased from last month and demand still remains high for registered nurses. The BNSSG Reduction in High Cost Agency Project formal "Go live" was on 2nd September with an increase in framework suppliers to support the work to minimise impact.

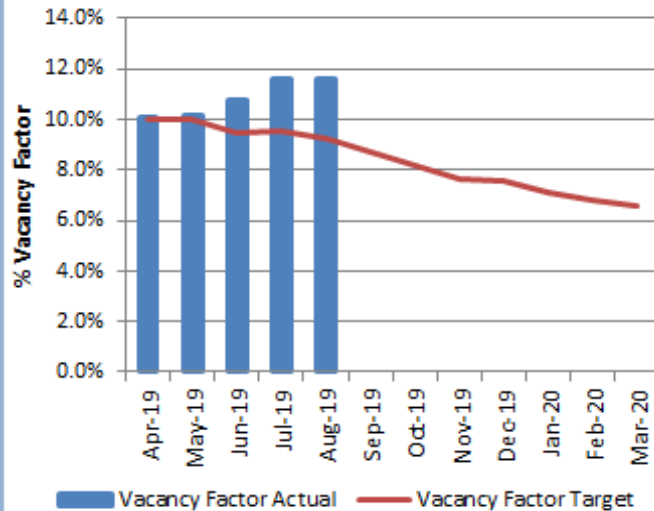
Agency Use



Agency Expenditure



Vacancy Factor Target



Unregistered Nursing and Midwifery Recruitment

A Band 2, 3 and 4 resourcing plan, identifying the continuous talent attraction initiatives scheduled between April 2019 – March 2020 is in place. In August the Trust had 21 new starters against a target of 18, and a further 35 offers were made. Additional recruitment and assessment activity is in discussion stage with divisions as part of overall winter planning.

Band 5 Nursing

The Band 5 nursing vacancy position in August is 301 wte (23%) across the five clinical divisions. There were 17 new starters in August which means year to date the Trust is 32 wte starters behind target. September and October's pipelines are forecast to correct this shortfall with current projections showing in excess of 145 starters against a target of 100.

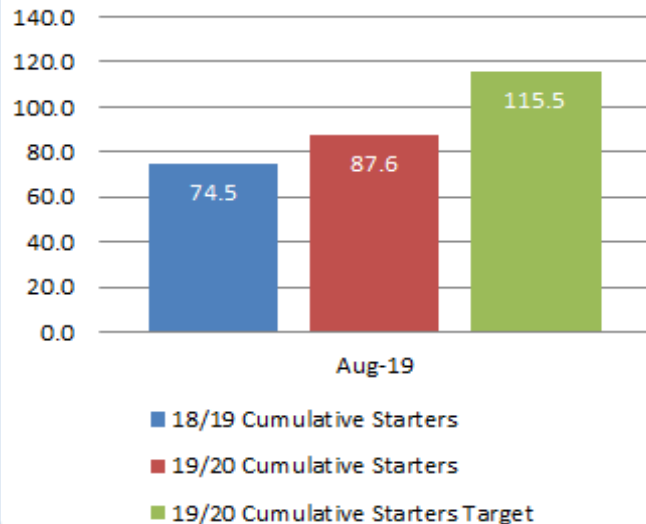
August is a quieter month seasonally and the resourcing plan delivered the following key external engagement events in August;

- Stroke CPD event
- 2 x NBT Extra Drop in sessions – to promote Bank opportunities.

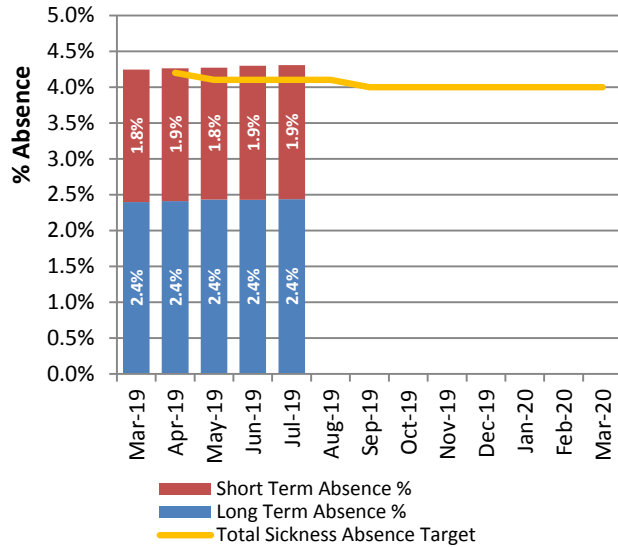
Overseas Nurse and Midwife Recruitment

The International Nurse Recruitment project continues to deliver experienced, permanently employed nurses from the Yeovil pipeline and to date 23 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 this pilot with Yeovil by the end of October 2019. Recommendations are being produced regarding further international recruitment. The OSCE and Pastoral Care team continue with high quality support and training. 8 Nurses have taken the OSCE exam to date, with 7 passes and one planned retake. (pass rate 87.5%)

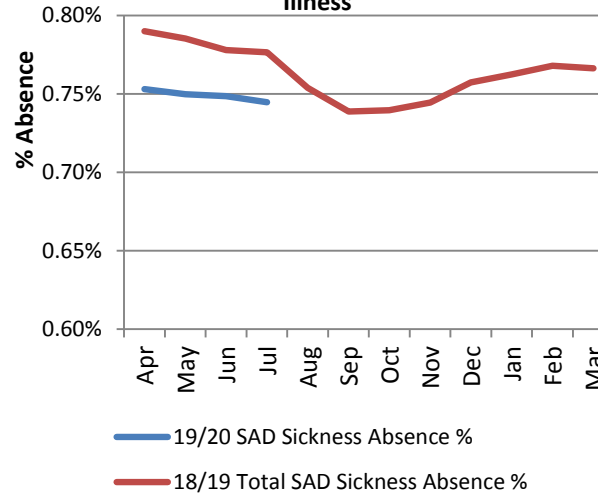
Band 5 Nurse Cumulative Starters



Rolling 12 Month Sickness



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



Sickness

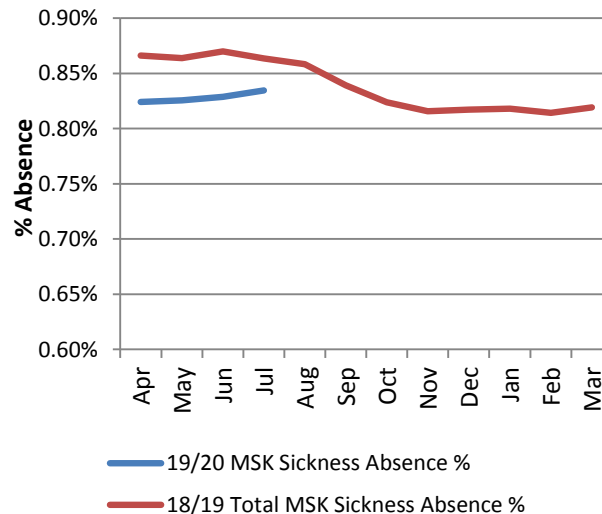
Sickness absence has not changed from the previous months position with no significant shifts in any staff group. We continue to remain slightly above the target absence level.

There has been a small increase in MSK related absence and a small decrease in Stress related absence; although overall the position for both absence types is improved from this time last year.

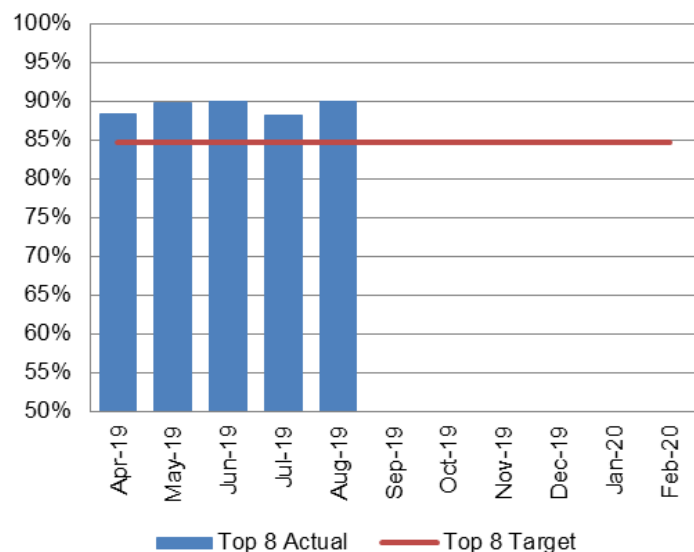
Actions

- Following the agreed permanent funding of the wellbeing programme, the 2 wte temporary physios have been permanently appointed, which will allow more long term development of the service including preventative work.
- A business review of the occupational health service APOHS has taken place and recommendations made to ensure the long term financial sustainability and performance of the service.
- A business case for increased mental health support for consultants through the provision of a peer support network and dedicated psychologist support is being submitted to Trust Charity.

Rolling 12 Month Sickness MSK Reasons



Compliance Top 8 Essential Training (12 month rolling period)



Training Topic	Variance	Jul-19	Aug-19
Child Protection	2.1%	87.4%	89.5%
Equality & Diversity	2.4%	88.5%	90.9%
Fire Safety	1.7%	87.6%	89.3%
Health & Safety	2.1%	90.7%	92.7%
Infection Control	0.3%	91.0%	91.3%
Information Governance	2.7%	83.2%	85.9%
Manual Handling	0.7%	89.7%	90.4%
Waste	1.3%	88.5%	89.7%
Total	1.7%	88.3%	90.0%

Top 8 Statutory / Mandatory Compliance:

The Top 8 Statutory / Mandatory training compliance rate was 90%. eLearning completions continue to strongly contribute towards compliance, with some 69% of all Stat / Man training being completed by eLearning in August 2019.

Leadership Development

OneNBT programme:

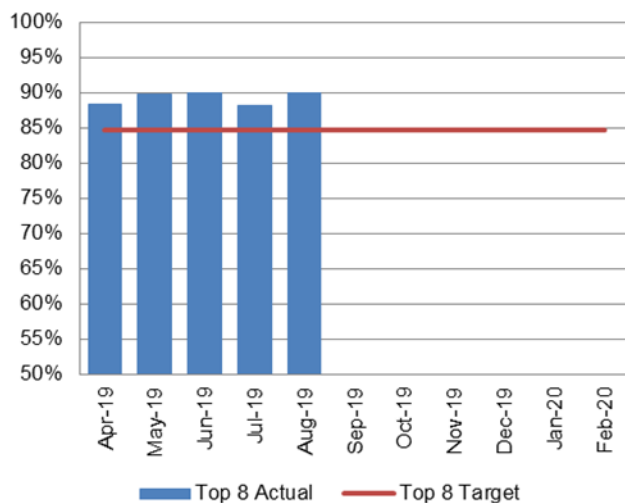
The programme has seen a drop of three staff since last month. Of the 313 staff who have signed up to the programme, 254 have booked or attended sessions with 59 still to engage. The corporate leadership development team and divisional HR people partners are working with individuals and their managers to remind and support them to attend. Overall participants on the programme are at 89% of our target of 350 staff. Feedback continues to be positive for all modules, and the positive action modules for BME staff launched this month.

Apprenticeships and other programmes:

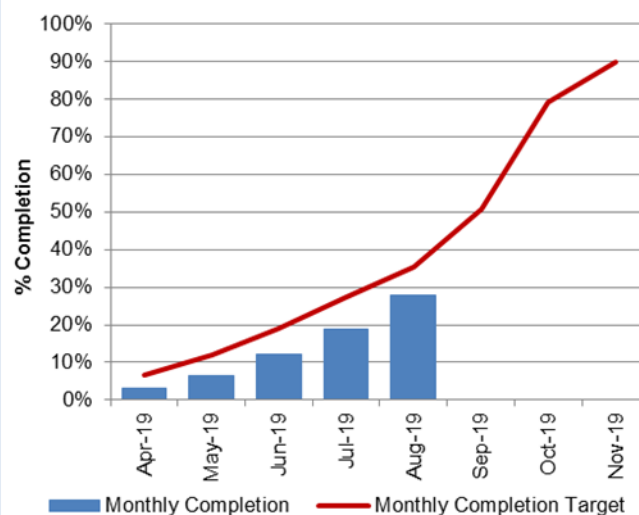
Alongside the OneNBT leadership programme, 21 staff are enrolled in the apprenticeship Leadership and Management Level 3 qualification. We have three staff due to start the Level 6 Chartered Manager Degree Apprenticeship with UWE in September and one staff member enrolling on the Level 7 – Senior Leader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

Division	No of Participants	% of allocated spaces
Medicine	63	92%
ASCR	65	71%
Core Clinical	41	14%
NMSK	41	56%
W&C's	27	77%
Facilities	13	295%
Corporate	63	163%
Total	313	89%

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



Appraisal Window % Completion



Appraisal Completion

We are now into month 5 of the 2019 Appraisal window. Compliance continues to rise with the target population at 28% at the end of August 2019.

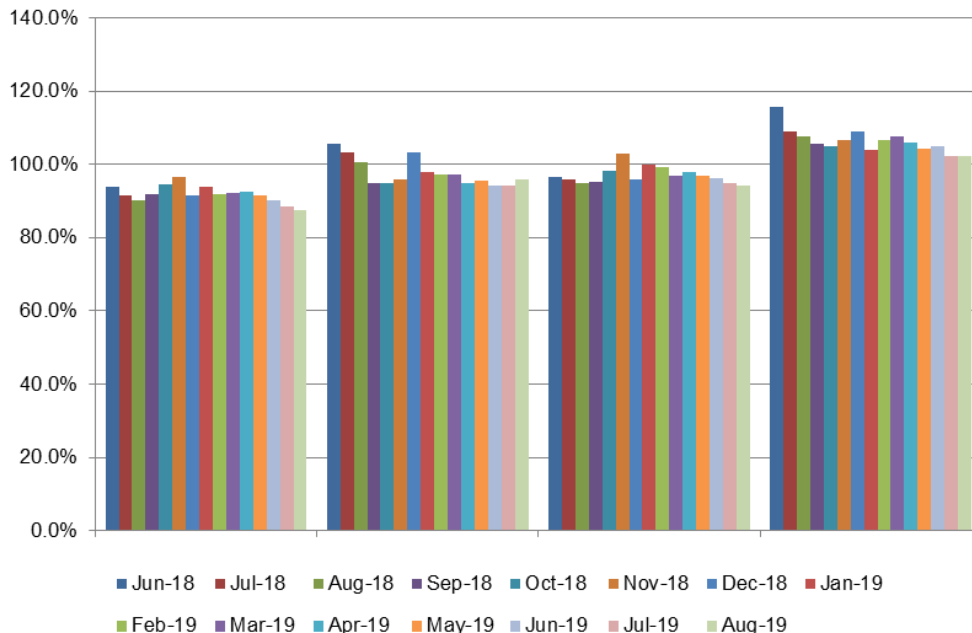
- Fortnightly progress checks in place with local line management/department follow ups in place
- Progress tracking against previous year appraisal delivery to ensure appraisals delivered in line with expectations / targets within appraisal window.
- Appraisal Delivery Plans in place where appropriate.

Appraisal Round Completion

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

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

Safe Staffing Fill Rates



Aug-19	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	87.5%	96.0%	94.4%	102.2%

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

Wards below 80% fill rate are:

ICU: Care assistants 67.1% days and 63.8% Nights ICU is predominately staffed by Registered Nurses and the lower fill are of Care assistants was monitored by the Matron/Head of Nursing and supported by the Registered Nursing staff were required to support safe patient care.

MSS: RN Days 78% The fill rate is due to this being predominately an overnight surgical recovery ward where many patients leave in the morning, therefore staff are moved to support the rest of Medirooms, returning to support those who need an extended stay in the area in the evening.

8B: RN Days 75.2% Safe Staffing reviewed daily by Matrons and Head of Nursing. Nurse Associates and Assistant Practitioners supported SafeCare and staff deployed from other areas to support acuity and dependency across the Division where temporary staff were not available.

Gate 19: RN Days 58.9% nights 35.3% 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.

25B: RN days 79.7% Safe Staffing reviewed daily by Matrons and Head of Nursing. Nurse Associates and Assistant Practitioners supported safecare and staff deployed from other areas to support acuity and dependency across the Division where temporary staff were not available.

7A: RN days 76.6% Safe Staffing reviewed daily by Matrons and Head of Nursing. Nurse Associates and Assistant Practitioners supported safecare and staff deployed from other areas to support acuity and dependency across the Division where temporary staff were not available.

7B: RN Days Safe Staffing reviewed daily by Matrons and Head of Nursing. Nurse Associates and Assistant Practitioners supported SafeCare and staff deployed from other areas to support acuity and dependency across the Division where temporary staff were not available.

Quantock: 73.9% RM Days, 78.5% RM nights and 63.7% 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.

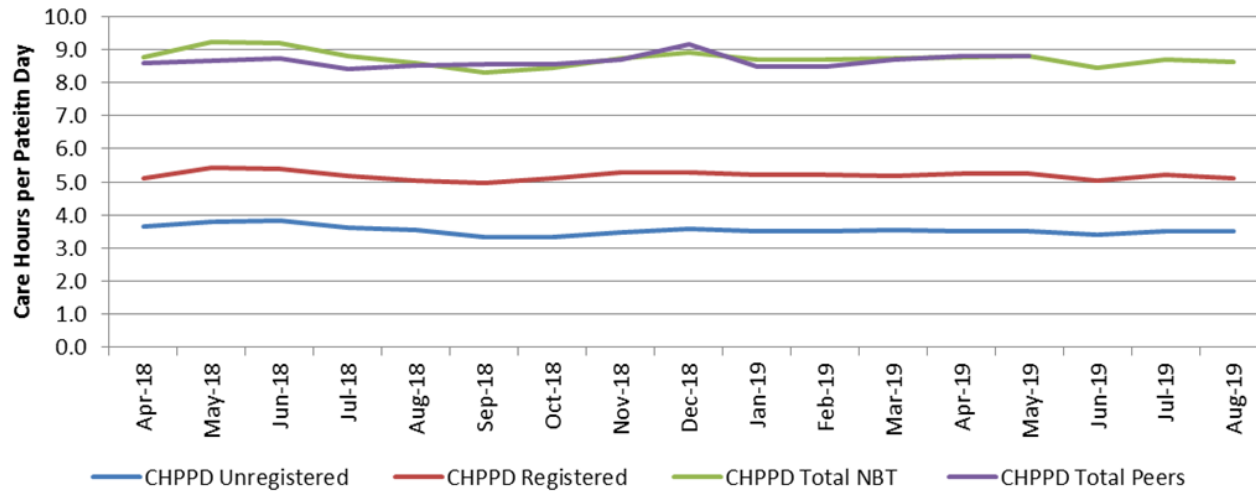
NICU: 72.7% MCA on nights. NICU have now fully recruited to MCA roles, however there are a few who remain supernumerary.

Cotswold: 78.7% RN Days

Ward over 175% fill rate:

No wards had fill rates over 175%.

Care Hours Per Patient Day



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

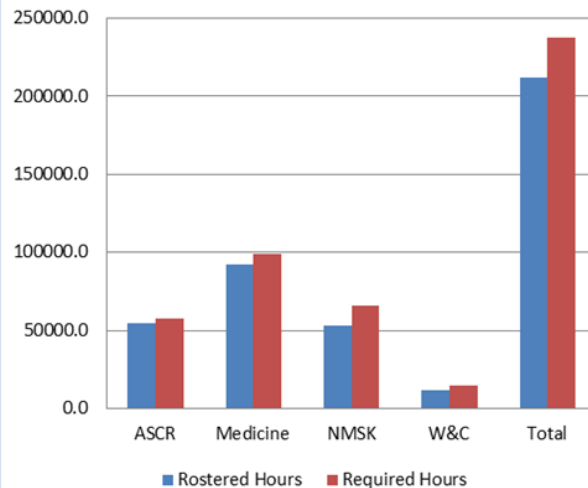
**Safe Care Live
(Electronic Acuity tool)**

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

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

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

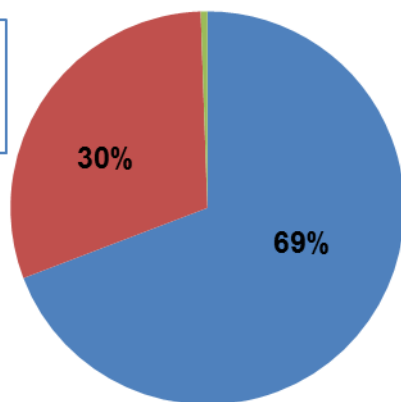
Required vs Rostered Hours



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

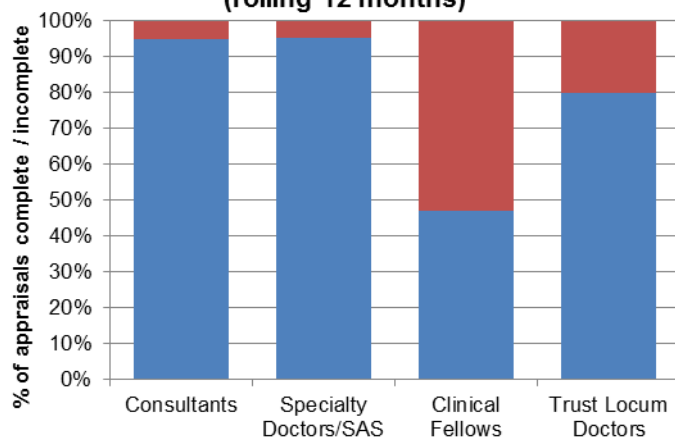
No. of Doctors
revalidating:

185



■ Positive ■ Deferral ■ Non-Engagement

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



■ % Completed Appraisals ■ Cumulative Missed/Incomplete Rate

Medical Appraisal

Within the current appraisal year (01 April 2019 - 31 March 2020), 81% of the appraisals that are due by now have been completed. Those with an overdue appraisal are being managed through the missed appraisal process.

Due to the August 2019 junior doctor rotation, there are a large number of clinical fellows who are new to the Trust and we do not yet know when their last appraisal took place. Once this information has been captured, appraisal compliance should rise further. If these individuals do not provide this information then an appraisal due date will be set for the doctor to ensure compliance.

The Trust has currently deferred 30% of all revalidation recommendations due over the past 12 months. From March 2019, the GMC has been collecting further information for the reasons of each deferral.

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

Appraisal compliance has dropped within the first quarter of the 2019/20 year due to the implementation of the new system in March 2019. NHS England were notified of this in advance and it is expected that this will be recovered in Quarter 2.

Finance

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

	Position as at 31 August 2019			Forecast Outturn £m
	Plan	Actual	Variance (Adverse) / Favourable	
	£m	£m	£m	
Income				
Contract Income	221.1	217.5	(3.6)	529.9
Other Operating Income	35.1	33.5	(1.6)	77.4
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	256.2	251.7	(4.5)	608.4
Expenditure				
Pay	(160.1)	(158.3)	1.8	(384.4)
Non Pay	(77.4)	(74.9)	2.5	(181.0)
PFI Operating Costs	(2.7)	(2.6)	0.1	(6.2)
	(240.2)	(235.8)	4.4	(571.6)
Earnings before Interest & Depreciation	16.0	15.9	(0.1)	36.8
Depreciation & Amortisation	(9.9)	(10.5)	(0.6)	(24.7)
PFI Interest	(14.2)	(14.2)	0.0	(34.2)
Interest receivable	0.0	0.0	0.0	0.1
Interest payable	(2.2)	(2.1)	0.1	(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)	(10.3)	(10.9)	(0.6)	(29.3)
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	0.3	0.3	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)	(10.3)	(11.3)	(1.0)	(29.7)
PSF / FRF / MRET (includes additional 2018/19 PSF bonus)	7.1	7.1	0.0	25.0
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(3.2)	(4.2)	(1.0)	(4.7)

Statement of Comprehensive Income

Assurances

The financial position at the end of August shows a deficit of £4.2m, £1m adverse to the planned deficit.

Key Issues

- Contract income is £3.6m adverse to plan largely due to under-performance in elective inpatient and non-elective activity.
- Other operating income is £1.6m adverse to plan due a number of factors including unachieved CIP which is likely to recover.
- Pay is £1.8m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.5m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at August was £2.4m, the impact of which has been offset by a number of one-off benefits.
- 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 (excl PSF) of £9.1m. However, the Trust has identified a series of mitigating actions and with these is forecasting to achieve the control total of a £5.4m deficit.

31 March 2019 £m	Statement of Financial Position as at 31st August 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	555.9	553.6	(2.3)
17.0	Intangible Assets	15.8	13.1	(2.7)
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	580.3	575.3	(5.0)
	Current Assets			
12.8	Inventories	11.2	12.5	1.2
35.5	Trade and other receivables NHS	49.4	23.7	(25.8)
37.1	Trade and other receivables Non-NHS	23.1	36.8	13.7
10.2	Cash and Cash equivalents	8.0	22.7	14.7
95.7	Total current assets	91.7	95.6	3.8
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	672.0	670.9	(1.1)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	8.5	(0.9)
64.8	Trade and Other payables - Non-NHS	63.7	67.9	4.2
70.8	Borrowings	70.1	64.7	(5.4)
145.0	Total current liabilities	143.2	141.2	(2.1)
(49.3)	Net current assets/(liabilities)	(51.5)	(45.6)	5.9
534.3	Total assets less current liabilities	528.8	529.7	(1.0)
7.8	Trade payables and deferred income	7.6	7.7	0.0
517.8	Borrowings	515.6	517.1	1.5
8.7	Total Net Assets	5.5	5.0	(0.5)
	Capital and Reserves			
243.9	Public Dividend Capital	243.9	243.9	0.0
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(3.2)	(3.8)	(0.5)
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	5.5	5.0	(0.5)

Statement of Financial Position

Assurances

The Trust has received net new loan financing for the year to date of £1.6m. This brings total borrowing from the Department of Health and Social Care to £179.8m.

The Trust ended the month with a cash balance of £22.7m, compared with a plan of £8.0m. This higher balance is due to the receipt from NHS England of £10.1m activity related over-performance monies relating to 2018/19.

Concerns & Gaps

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

Actions Planned

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

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

The overall financial position shows a £4.2m deficit, £1m adverse to plan.

The capital expenditure for the year to date is £2.2m. The 2019/20 forecast was reduced to £18.3m as part of the national exercise to reduce capital expenditure by 20%. This is now being reviewed in the light of recent changes in the guidance from NHS Improvement.

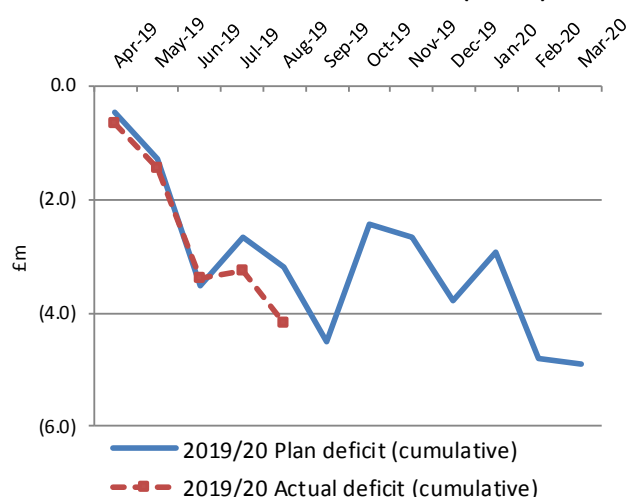
Assurances and Actions

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

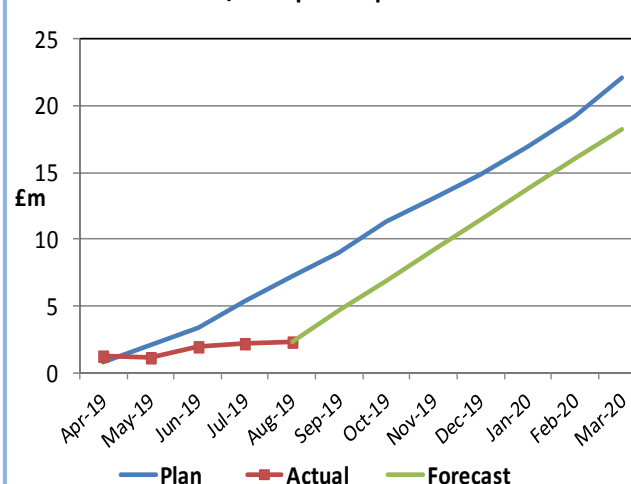
Concerns & Gaps

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

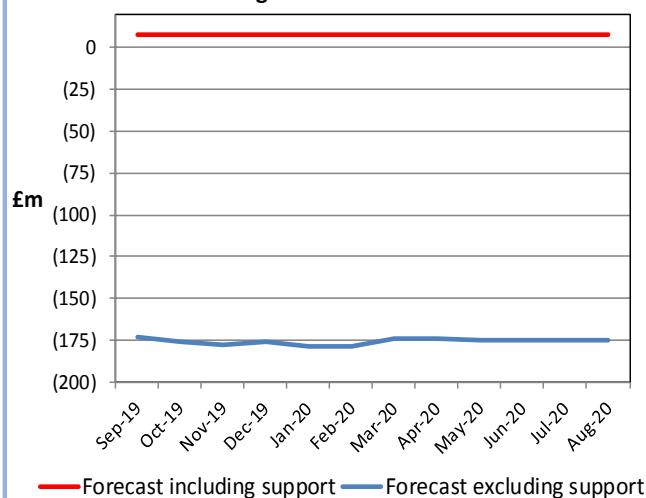
Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure vs. Plan

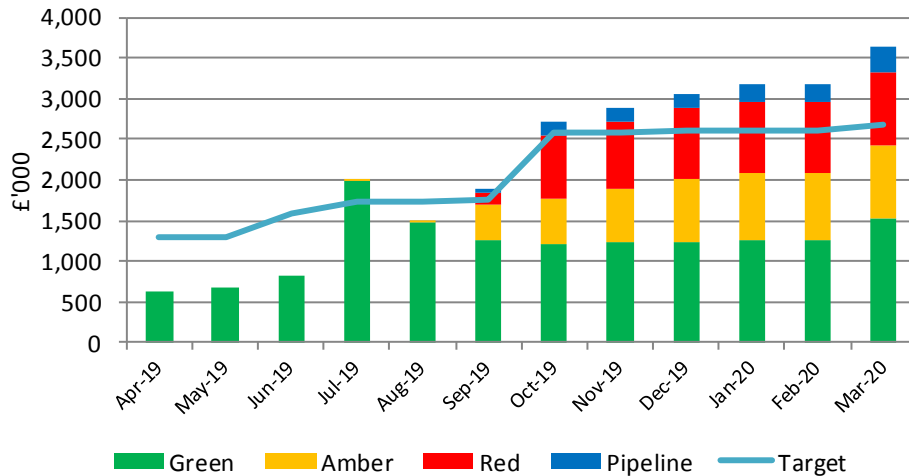


Rolling cash flow forecast

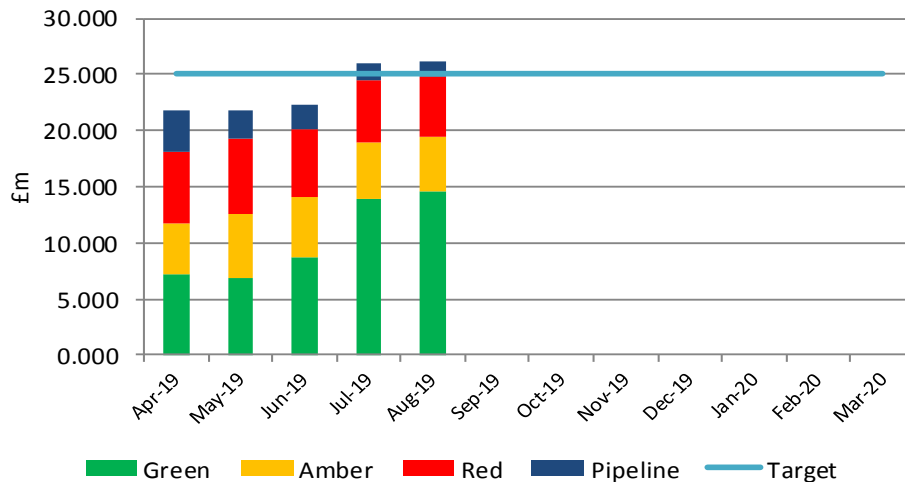


Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	4	3
0.2	I&E margin: distance from financial plan	1	1
0.2	Agency rating	1	1
	Overall finance risk rating	3	3

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £26.2m has been identified as at the end of August.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £26.2m identified schemes. £19.6m of these are rated as green or amber.

Savings delivery is £5.2m as at the end of August, £2.4m adverse against a plan of £7.6m.

Of the £26.2m identified savings in 2019/20, £18.5m is recurrent with a full year effect of £23.7m.

Actions Planned

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

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

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

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

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

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

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

CQC reports history (all sites)

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

* These services are no longer provided by NBT.

Monitor Provider Licence Compliance Statements at August 2019

Self-assessed, for submission to NHSI

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

Board Compliance Statements at August 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