

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

December 2019 (presenting November 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 30 November 2019.

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

Target lines 
Improvement trajectories 

Performance improved 

Performance maintained 

Performance worsened 

Upper Quartile 

Lower Quartile 

NBT Quality Priorities 2019/20

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

Abbreviation Glossary

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

Urgent Care

For the fourth consecutive month the Trust has exceeded the England position for ED 4 hour wait performance (Type 1). Ranking in the upper quartile for November, the Trust also continues to be ranked first among the 11 Adult Major Trauma Centres for 4 hour wait performance by a significant margin.

Elective Care and Diagnostics

In November there has been a significant reduction in the overall waiting list size with only a further 1.6% reduction required to meet the year end target. There were 14 patients waiting greater than 52 weeks for their treatment in November against a trajectory of 20; the level of breaches is anticipated to increase in December due to in-month bed availability issues. The majority of patients breaching are awaiting an Orthopaedic operation. Overall diagnostics performance is not at planned levels despite an improvement in Endoscopy performance. Endoscopy will deliver against the national standard in March 2020 with agreed outsourcing of activity aiding delivery; CT performance continues to be at risk due to in-house capacity issues and difficulties sourcing external capacity. There were no urgent operations cancelled for a subsequent time and one breach of the 28 day re-booking target.

Cancer wait time standards

As anticipated, the Trust did not achieve the 62 day waiting time standard in October with Performance of 66.98%. This is the result of planned backlog clearance within Urology and is expected to improve in November. Sustained performance against the national wait time standard is expected from the end of Quarter 1 of 2020/21. Performance against the Two Week Wait (TWW) standard significantly improved in October, as a result of the successful delivery of Rapid Assessment Clinics in Skin. An overall return to TWW standard is not expected until Quarter 2 of 2020/21, as longer-term plans to close the demand and capacity gap are required.

Quality

There was one Never Event reported in November 2019, due to the administration of medication via the wrong route. The investigation has commenced that will report to the Patient Safety and Clinical Risk Committee.

There were two overdue complaints at the end of November. In order to ensure compliance, weekly divisional meetings take place and a revision of escalation processes in some divisions have been implemented to facilitate timely responses. The overall compliance rate for responding to complaints within agreed timescales remains in line with the improvement trajectory and increased this month to 90%.

In October WHO compliance reached its highest level for the past 12 months at 98.70%. Performance has been sustained for hip fracture care and C-Difficile cases are back in line with trajectory for the year.

Workforce

In December, the Trust's highest staff survey response rate to date was confirmed, closing at 51%. This reflects a 10% increase on last year and a 5% increase on the Trusts 2017 record. Overall, the improvements made in vacancy factor and turnover last month have remained stable. Agency use continued to decrease in November compared with October.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement (NHSI). At the end of November, the Trust reported a deficit of £4.2m which is £1.5m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £9.8m was achieved at the end of November against a plan of £14.5m. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

November-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%	71.33%	25/118	<div><div></div></div>	80.04%	80.18%	80.49%	▲
	12 Hour Trolley Waits		QP1	0				4	9		▲
	Ambulance Handovers Within 15 minutes			100%				94.09%	94.34%	93.17%	▲
	Ambulance Handovers Within 30 minutes			100%				99.19%	99.14%	98.63%	▼
	Ambulance Handovers Within 60 minutes			0				0	1	0	▲
	Referral to Treatment - % Incomplete Pathways <18 weeks			92%	*84.67%	119/177	<div><div></div></div>	83.28%	82.58%	88.78%	▼
	Referral to Treatment - Total Incomplete Pathways							29118	28351	28744	▼
	52WW	MSK		15				12	11	20	▼
		Plastic Surgery		2				1	3		▲
		Urology		0				0	0		▶
		Other		3				0	0		▶
	Diagnostic DM01 - % waiting more than 6 weeks			1%	*3.64%	126/145	<div><div></div></div>	9.09%	8.87%	5.32%	▼
	Cancelled Operations	Same day - non-clinical reasons		0.8%				1.30%	1.10%		▼
		28 day re-booking breach		0				0	1	3	▲
	Bed Occupancy		QP1	95%				96.49%	96.22%		▼
	Stranded Patients (LoS >7 days : Snapshot as at month end)							340	340		▶
	Delayed Transfers of Care (DToC)		QP1	3.50%				7.28%	7.21%		▼
	Mixed Sex Accomodation			0				0	0		▶
	Electronic Discharge Summaries							84.33%	83.36%		▼
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral			93%	91.35%	116/139	<div><div></div></div>	69.92%	87.23%	81.04%	▲
	Patients with breast symptoms seen by specialist within 2 weeks			93%	89.86%	11/109	<div><div></div></div>	96.08%	98.61%	93.94%	▲
	Patients receiving first treatment within 31 days of cancer diagnosis			96%	96.16%	96/100	<div><div></div></div>	90.20%	85.76%	96.07%	▼
	Patients waiting less than 31 days for subsequent surgery			94%	91.08%	61/67	<div><div></div></div>	75.23%	69.09%	94.55%	▼
	Patients waiting less than 31 days for subsequent drug treatment			98%	99.24%	1/27	<div><div></div></div>	100%	100%	100%	▶
	Patients receiving first treatment within 62 days of urgent GP referral			85%	77.07%	123/144	<div><div></div></div>	72.58%	66.98%	63.58%	▼
	Patients treated within 62 days of screening			90%	83.05%	49/82	<div><div></div></div>	90.00%	77.50%	90.63%	▼

Key Operational Standards Dashboard

November-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	1		▲
	WHO Checklist Compliance		95%				98.50%	98.70%		▲
	Pressure Injuries	Grade 2					43	43		▶
		Grade 3					0	0		▶
		Grade 4					0	0		▶
	MRSA						0	1		▲
	E. Coli						7	7		▶
	C. Difficile						5	2		▼
	MSSA						2	3		▲
	Venous Thromboembolism Screening (In arrears)		95%				95.89%	93.91%		▼

Key Operational Standards Dashboard

November-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		*12.58%	19/134	<div><div></div></div>	20.00%	22.49%	15.00%	▲
		Inpatient QP2		*25.02%	145/169	<div><div></div></div>	16.83%	18.38%	30.00%	▲
		Outpatient QP2					18.95%	14.04%	6.00%	▼
		Maternity (Birth) QP2		*19.85%	68/125	<div><div></div></div>	18.39%	18.80%	15.00%	▲
	FFT - % Would recommend	Emergency Department QP2		*84.61%	44/133	<div><div></div></div>	92.97%	91.52%		▼
		Inpatient QP2		*95.77%	130/157	<div><div></div></div>	93.52%	93.68%		▲
		Outpatient QP2		*93.51%	88/193	<div><div></div></div>	95.31%	95.59%		▲
		Maternity (Birth) QP2		*96.61%	59/75	<div><div></div></div>	93.26%	94.68%		▲
	Complaints	% Overall Response Compliance QP2					87.00%	90.00%		▲
		Overdue QP2					1	2		▲
Well Led	Agency Expenditure ('000s)		£572				£836	£990		▲
	Month End Vacancy Factor		7.62%				8.75%	8.77%		▲
	Turnover (Rolling 12 Months)		15.20%				14.46%	14.44%		▼
	Sickness Absence (Rolling 12 month -In arrears)		4.00%				4.36%	4.38%		▲
	Trust Mandatory Training Compliance		85.00%				88.89%	88.80%		▼
Finance	Deficit (£m)		£4.9m 2019/20				£4.4	£4.2	£2.7	
	NHSI Trust Rating						3	3		▶

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust marginally missed the recovery trajectory for the ED 4 hour standard with performance of 80.18% vs a trajectory of 80.49%; this equates to only 25 breaches more than trajectory across the month. The Trust continues to perform well when compared with Type 1 performance nationally, reporting in the upper quartile and ranking 1st out of 11 Adult Major Trauma Centres and 25th out of 118 reporting positions for Type 1 Trusts. Nine 12-hour trolley breaches have been reported during a period of extreme system-wide pressure (nationally ranking 9th out of 31 reporting positions). Bed occupancy averaged at 96.22% across the month. High levels of DToC patients (7% vs. 3.5% target) continue to be experienced and the average number of medically fit patients is 173.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 82.58% against trajectory of 88.78%. The total RTT wait list size in month has achieved trajectory for the first time since April, reporting 28351 against a trajectory of 28744. The number of patients exceeding 52 week waits was 14 against a trajectory of 20; the majority of breaches (11) being in Trauma and Orthopaedics. This position is expected to deteriorate in December, in part due to the lack of availability of beds.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and one breach of the 28 day re-booking target. Cancellations rebooked within 28 days continues to report within trajectory.

Diagnostic Waiting Times - The Trust did not achieve the recovery trajectory of 5.32% for diagnostic waiting times with a performance of 8.87% in November. This is a marginal improvement in performance from October, attributable to an improvement in Endoscopy performance. The recent demand spike continues to negatively impact CT performance for November along with the ongoing capacity imbalance. Outsourcing of Endoscopy activity will commence in January 2020, enabling the Trust to further improve its position against the national diagnostic wait time standard by the end of March 2020. Endoscopy activity increased by 8% from October 19.

Cancer

The nationally reported Cancer performance for October 2019 shows the Trust achieved two of the seven standards in month. The 62 day standard reports an anticipated deterioration with a performance position of 66.98%. The deterioration of this standard is the result of planned backlog clearance within Urology and remains on track to achieve sustained delivery against the national standard by the end of Quarter 1 of 2020/21.

Areas of Concern

The system continues to monitor the effectiveness of all actions being undertaken, with daily and weekly reviews. The main risks identified to the delivery of the Urgent Care Improvement Plan (UCIP) are as follows:

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Maternity Services – successful recruitment of midwives and other key leadership posts has been completed. BirthRate + workforce tool has been completed to inform ongoing staffing requirements.

WHO Checklist – Compliance reached its highest level for the past 12 months at 98.70%.

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

C-Difficile cases are back in line with trajectory for the year.

Areas of Concern

Maternity Services – National guidance driving significant increased Induction of Labour numbers – a specific IOL suit is being opened to provide a specific focus on this area of practice. Also NBT is an outlier for continuity of carer. Plans are being put in place touring 2020 to meet the 50% target by 2021.

Never events – A patient safety incident was reported in November 2019 that meets the Never Event definition of 'administration of medication by the wrong route.' The investigation has commenced and will report to the Patient Safety and Clinical Risk Committee.

Pressure Injuries – One Grade 3 Pressure Injury was reported within ICU following a major trauma. Learning has been identified from this case to act upon in future similar situations should they recur.

MRSA cases - There was one case of MRSA bacteraemia in November. There have been two cases in 2019/20.

QUALITY EXPERIENCE

SRO: Director of Nursing

Overview

Improvements

Complaint and Concerns:

The overall compliance rate for responding to complaints within agreed timescales remains in line with the improvement trajectory and increased this month to 90%. Weekly tracker review meetings continue to support the compliance in meeting response times.

Friends and Family Test. The response rate from those who were inpatients during November increased to 18 %. Promotion of the FFT feedback opportunity and the use of the feedback by staff is being led by the divisional patient experience team members in the clinical Divisions. There is a growing interest by staff in the feedback and its use to celebrate good care as well as secure improvements. This will be reflected in the reports to the Patient Experience Group in January 2020.

Areas of concern

Complaints and concerns: The ASCR Division continue to have overdue complaints on their weekly tracker. The following actions have been identified to help secure Improvement i) the identification of an investigating a manager for every complaint with clarity of the responsibilities of that role ii) Ensure the escalation process, when staff re not responding to requests, is clear and is activated.

Friends and Family Test: Maternity (Birth) are showing a decrease in the percentage of patients who recommend the service. The 2019 National CQC Maternity survey data review workshop in November demonstrated overall very positive feedback in relation to the birth experience of women. The advice and support offered at the start of labour was the only aspect requiring some improvement.

The percentage of patients who would recommend our inpatient services remains below the national and regional average. The key theme for improvement remains communication on care and treatment .This data will be triangulated with that from the 2019 CQC National Inpatient survey data which becomes available in the new year.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

Expenditure on registered nurse agency reduced by £31k in November compared with October, this totals a reduction of £214k compared with August's expenditure (pre agency tier project initiation). The reduction in expenditure has also been driven by a reduction in the use of agency nurses in November compared with October (6 wte), predominantly in Medicine.

Vacancies

The Trust vacancy factor remains stable at 8.8% in November. The registered nursing and midwifery vacancy position remained unchanged in November due to a small net loss of staff driven by the low number of starters in the month. This follows the same trend as the previous year but unlike 18/19 there is a strong pipeline and the number of starters in quarter four of this year is anticipated to be higher than the same period in 18/19 provided the current conversion rates continue.

Turnover

The Trust turnover has improved again in November decreasing to 14.4%, sustaining a position below the Trust annual target of 14.5%. The Trust submitted its retention plan to NHS Improvement in November and is awaiting feedback, the plan aims to deliver a programme of rapid improvement across band 5 nursing, learning from which will support wider retention improvements across the Trust.

Stability

The stability factor for November 2019 is 85.8% a small positive improvement from October's position.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness remained at 4.4% in October with only small amounts of change across all staff groups. Overall Trust's absence position has slightly deteriorated over the last 12 months with the predominant driver being long term sickness absence. Additional actions are being developed aimed at improving the current position.

MSK related absence has fallen this month, although remains higher than this time last year. This may be in part due to staff shortages in physiotherapy teams over the past few months which are now partially filled and actions in place to fill the remaining gap. Stress related absence has reduced again and is lower than it was this time last year, with all psychologist vacancies now being filled and providing increased capacity for winter

Improving the leadership capability and capacity of our workforce

The OneNBT Leadership programme has met 88% of its 2019/20 target of staff signing up to the programme, a decrease of 3% from October with only Medicine increasing the number of staff registered.

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 November, the Trust reported a deficit of £4.2m which is £1.5m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. However, note that the Trust's forecast for Quarter 3 identified an error in the phasing of the Quarter 3 plan agreed with NHS Improvement and so whilst the Trust missed plan by £1.5m in November, this performance is in line with its forecast which achieves the full year plan position.

There are a number of risks to delivery of the year end control total. The greatest of which are the ability of the Trust to recover Elective activity to planned levels in the remaining months of the year and the full delivery of savings schemes. The Trust has identified a number of mitigating actions to, in part, counter the risks above however further mitigation of the risks themselves is required in order for the Trusts control total to be met.

The Trust has borrowed a net £1.0m year to date to the end of November which brings the total Department of Health borrowing to £179.3m, which is less than plan due to the higher cash balance held as a result of slippage of capital expenditure and higher receipts from commissioners.

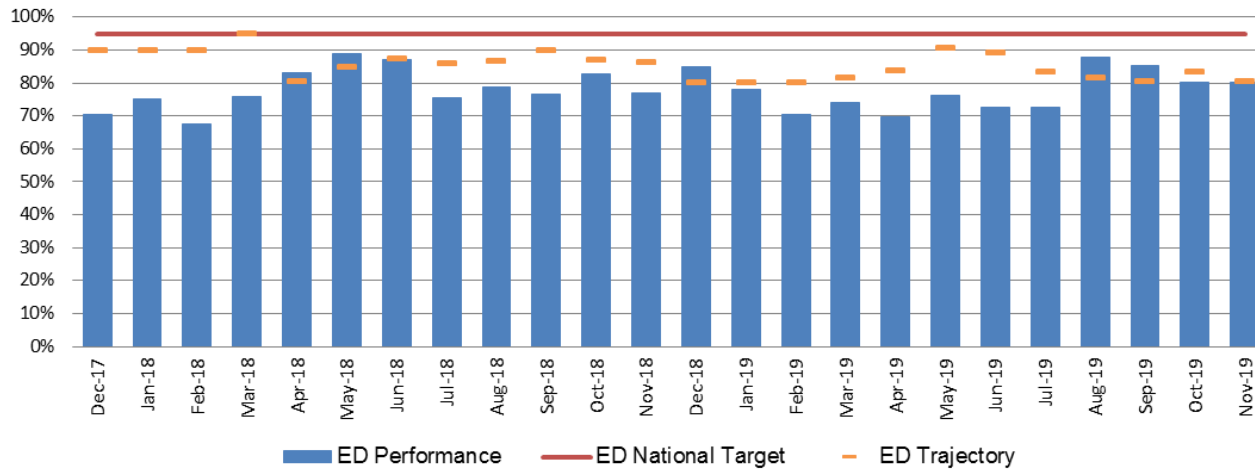
The Trust has a savings target of £25m for the year, of which £9.8m was achieved at the end of November against a plan of £14.5m.

The Trust is rated 3 against the Finance Risk Rating tool by NHS Improvement (NHSI) which is driven by the high levels of historical debt and is inline with plan.

RESPONSIVENESS

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

ED 4 Hour Performance



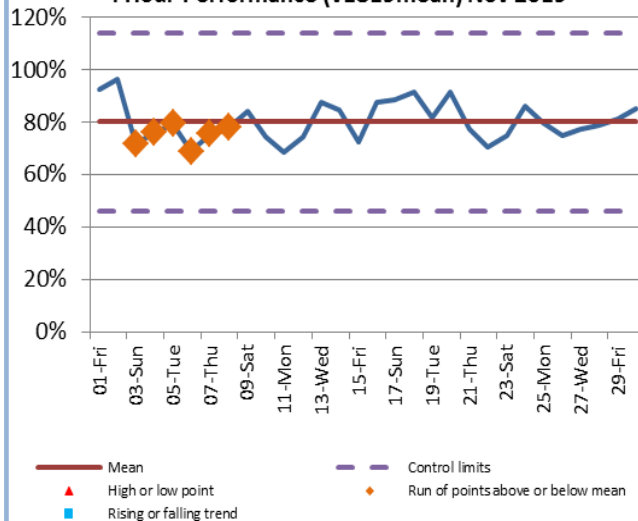
Urgent Care

The Trust marginally failed the four hour performance trajectory of 80.49% with a final performance of 80.18%. The Trust reported nine 12 hour trolley breaches in month during a period of extreme system-wide pressure.

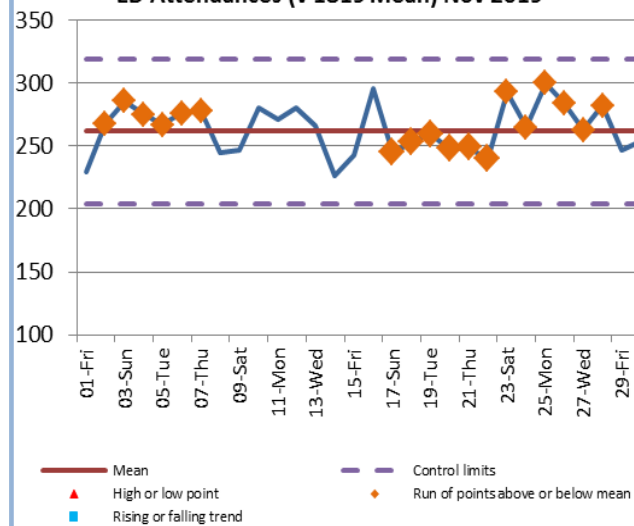
There was an average of 264 attendances per day and one day where attendances exceeded 300. At 7917, there were 217 (2.82%) more attendances when compared with November 2018 and 2.22% more than SLA.

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

4 Hour Performance (v1819mean) Nov 2019



ED Attendances (v 1819 Mean) Nov 2019

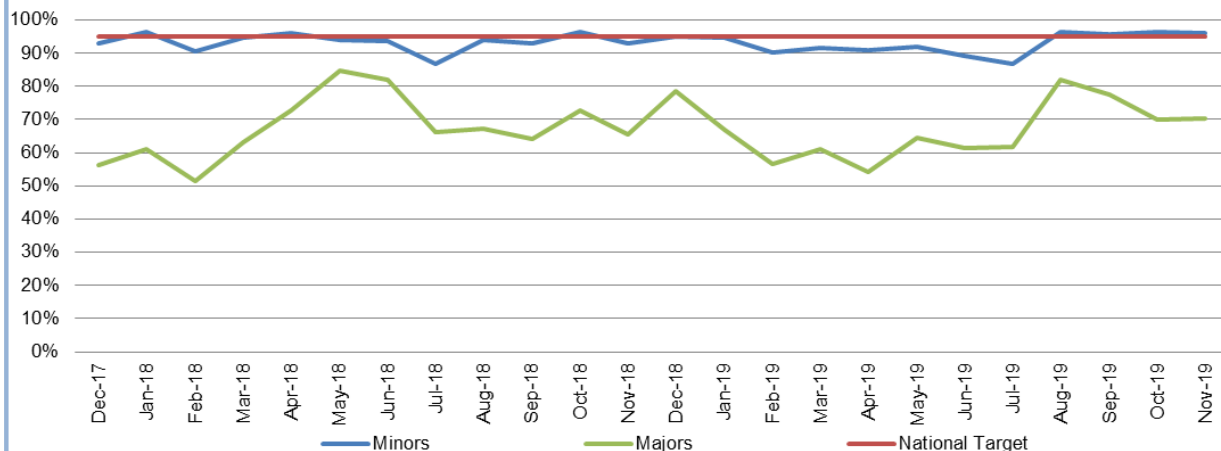


Ambulance arrivals in November were in line with the YTD average, but represent 48 more (c.1.6 per day) when compared to the same period last year.

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

Turnaround times continued to perform well with 94.34% of patients handed over to the ED department within 15 minutes and 99.14% handed over within 30 minutes. In November there was one 60-minute handover breach.

ED 4 Hour Performance by Majors/Minors



4 Hour Performance

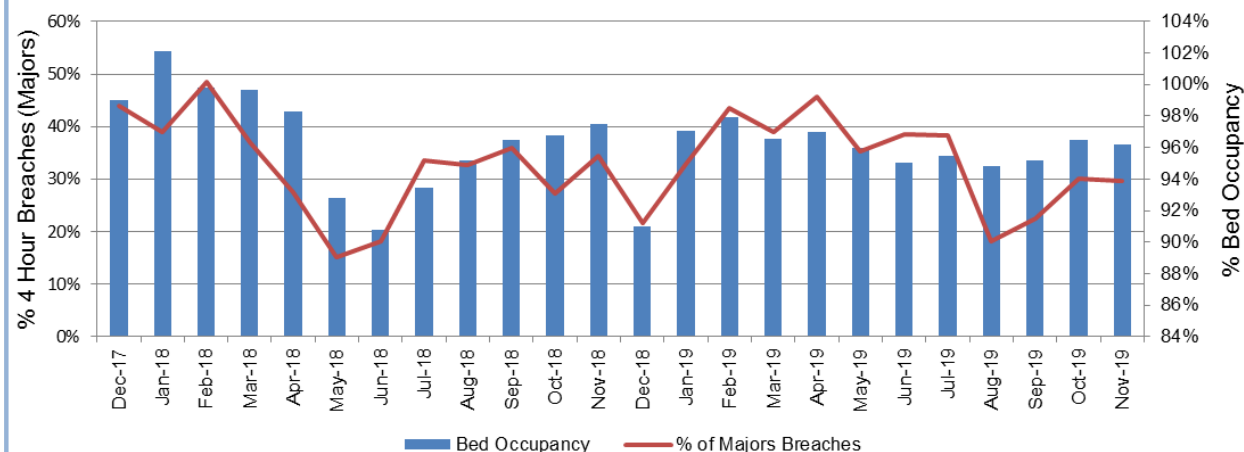
Of the breaches within ED in November, 61.19% were a result of waits for a bed whilst 25.62% were a result of ED delays. Non-admitted breach performance remained stable and continued to achieve the 95% standard.

The overall bed occupancy position reduced to 96.22% in November, compared with 96.49% in October. However, bed occupancy experienced greater variation in November, varying between 89.26% and 100% in month, which resulted in significant periods of reduced flow within the Hospital.

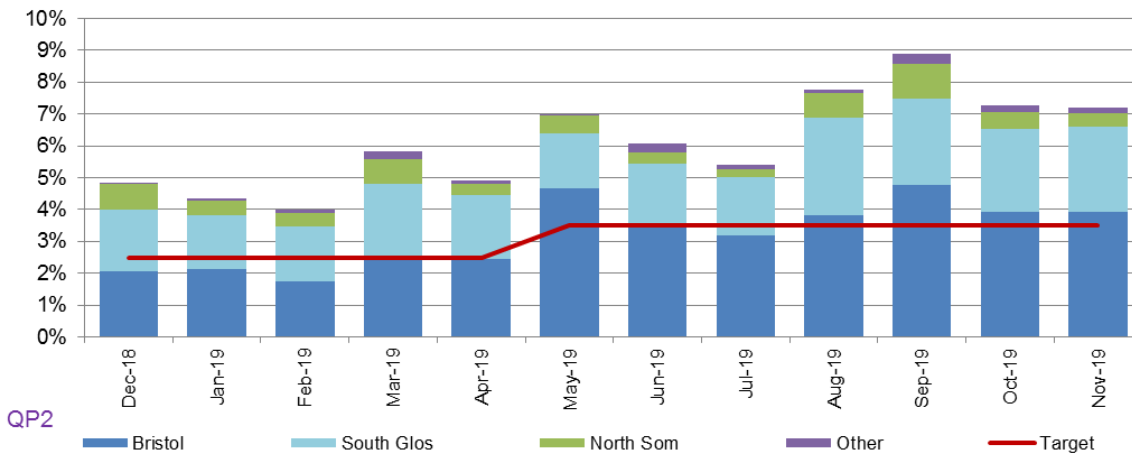
This is due to an increase in the numbers of patients presenting requiring beds and continued delayed transfers of care out of the hospital (as described in the DToC and Stranded Patient section of this report), which impacts on timely bed availability, particularly during times of surge in emergency demand.

Internal actions to drive the 4 hour recovery are overseen by the Urgent Care Improvement Steering Group. Key work streams include: increasing the proportion of same day emergency care across all divisions; criteria led discharge supported by 'Perform'; implementation of primary care streaming in ED and length of stay reduction plans.

Bed Occupancy vs % Breaches (Majors)



Delayed Transfers of Care Proportion of Bed Days by CCG



DToCs and Stranded Patients

The DToC rate for the month of October was 7.24% of occupied bed days. If the System were at national target levels of 3.5%, this would have released 28 beds to the Trust. There has not been a change in monthly levels, with delays still significant for care at home either through packages or reablement capacity, particularly in Bristol.

The top drivers of delays remained:

- Waits for Pathway 1 and 2 were high across the month
- There was also an impact from reduced capacity in Bristol hospital social work team leading to delays in allocation and assessment.

Primary Metric

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

71 (40%)

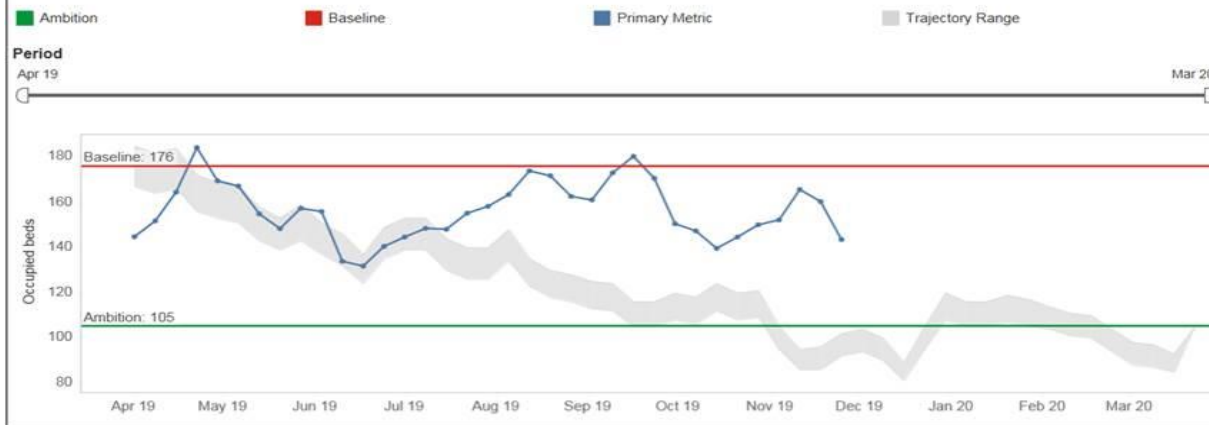
Bed reduction required
by March 2020

33 (18%)*

Occupied beds reduced
as of 25 November 2019 (weekly
average)

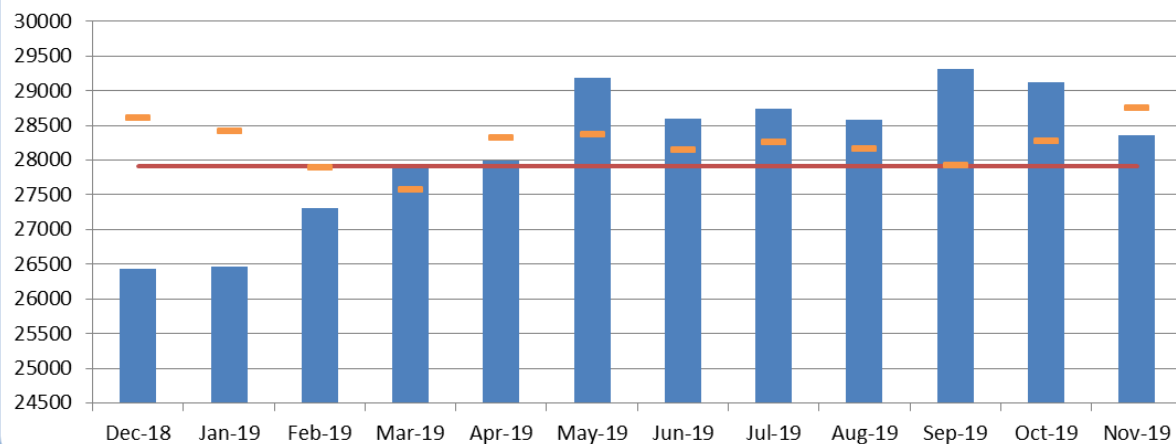
39 (22%)*

Bed reduction remaining
as of 25 November 2019 (weekly
average)



The BNSSG stranded patient action plan does not yet meet the required improvement trajectory. It is anticipated additional winter monies for the system will make some improvements, but not close the overall gap.

RTT Wait List (Rolling 12 Months)



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 82.58% against trajectory of 88.78%.

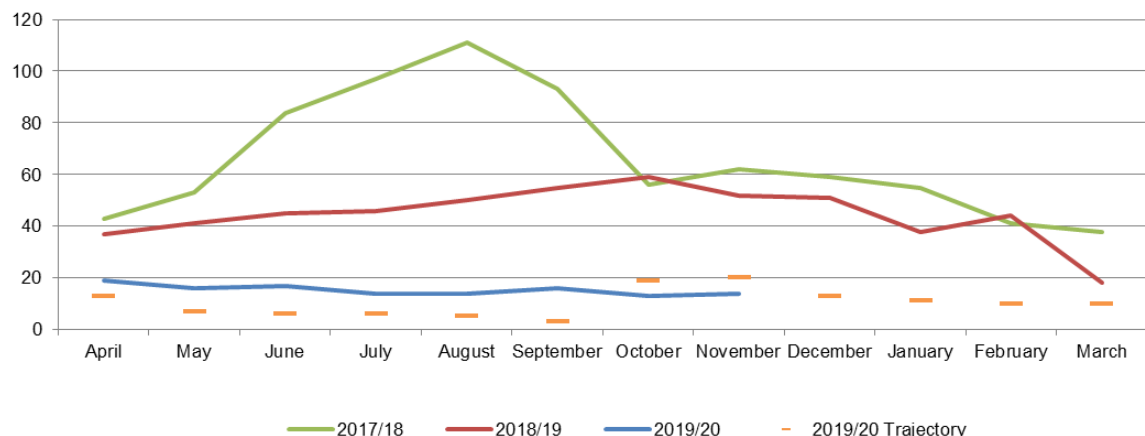
The RTT wait list size reduced further in November, reporting a total of 28351, achieving against a trajectory of 28744. The reduction in November is primarily the result of increased activity in Gastroenterology and improved data quality following an increase in validation staff.

The Trust has reported a total of 14 patients waiting more than 52 weeks from referral to treatment in November 2019 against a trajectory of 20. There were 11 patients under Trauma and Orthopaedics and 3 in Plastic Surgery.

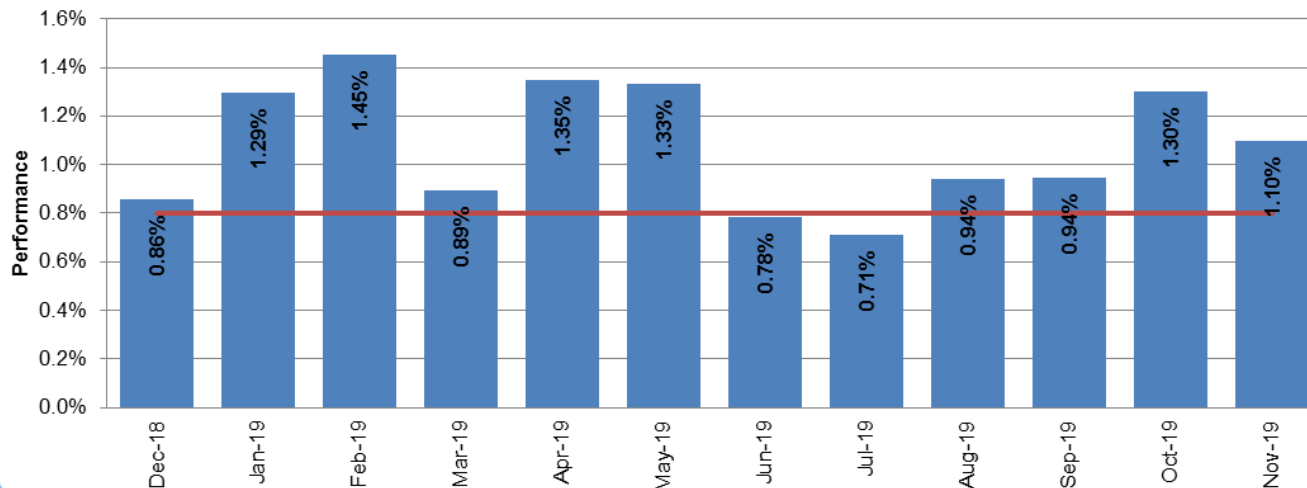
In the majority of cases there was capacity to treat ahead of the 52 week breach date, but not meeting the Trust expectations of two reasonable dates offered for treatment prior to week 28 in the patients' pathway.

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

Trust Total 52 Week Waits



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



Cancellations

The same day non-clinical cancellation rate in November 2019 was 1.1%, failing the 0.8% national target.

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

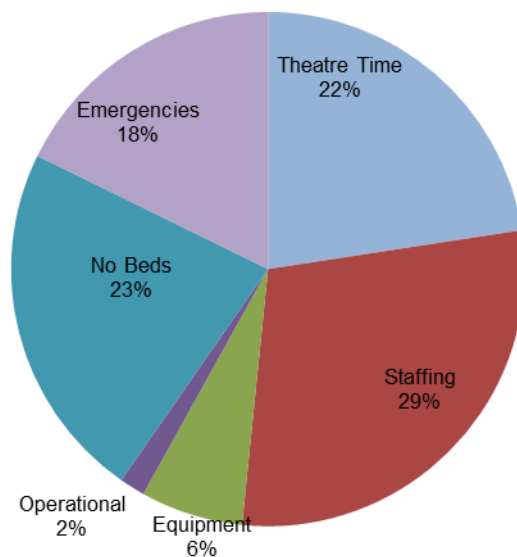
The number of urgent patients who were cancelled on the day improved to 23 patients in November compared with 28 in October.

There was one operation that could not be rebooked within 28 days of cancellation in November 2019. A Trauma and Orthopaedics patient was initially cancelled as a result of equipment failure and was unable to be rebooked within 28 days due to capacity.

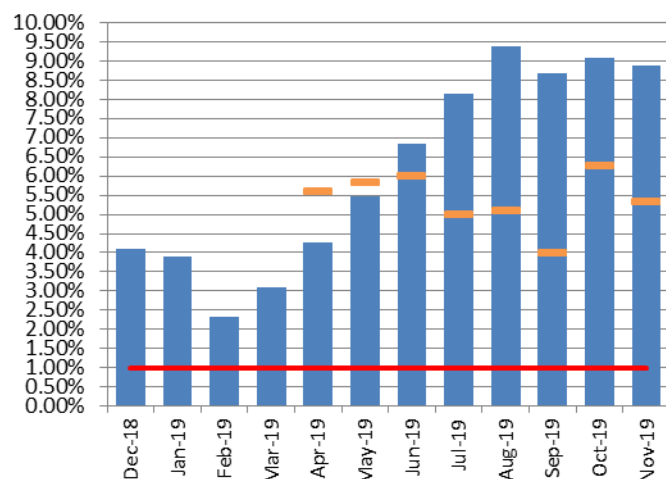
Cancelled operation rebooked within 28 days standard remains within trajectory.

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

Cancelled Operations by Reason - November 2019



Diagnostic Waits Against Target (1% <6 Weeks)



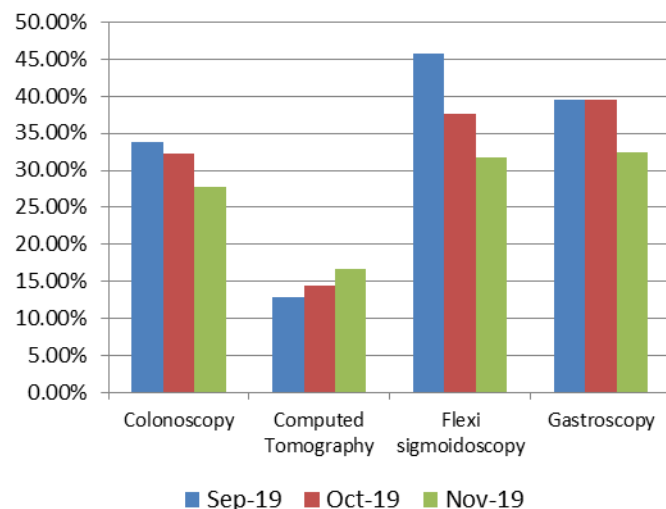
Diagnostic Waiting Times

The Trust did not achieve the national 1%, 6 week waiting time target for diagnostic performance in November 2019 with actual performance at 8.87%. This reflects a marginal improvement in performance from October 2019 but continues to underachieve against the Trust's recovery trajectory of 5.32%.

The same four test types have reported in month underperformance: Colonoscopy; Computed Tomography (CT); Flexi-Sigmoidoscopy; and Gastroscopy – with 992 patients in total waiting beyond 6 weeks for their test, which is a decrease from October of 1006 patients. Mini Root Cause Analyses are being undertaken for any patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Oct-19	% Performance Nov-19
Computed Tomography	2860	479	14.51%	16.75%
Gastroscopy	643	208	39.60%	32.35%
Colonoscopy	616	171	32.17%	27.76%
Flexi sigmoidoscopy	331	105	37.58%	31.72%

Diagnostic Performance by Test

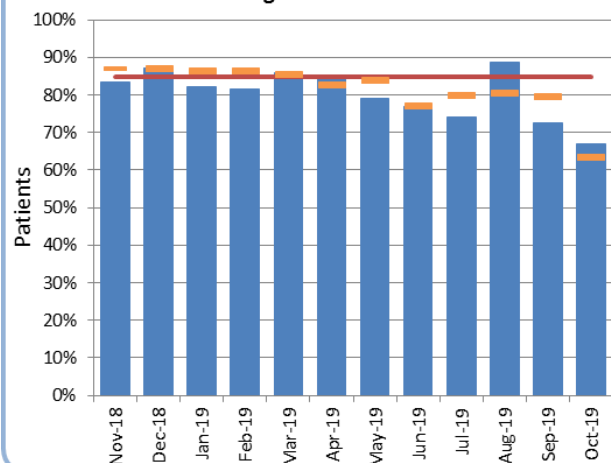


The demand spike in October continues to negatively impact CT performance with November reporting a further deterioration and not meeting the trajectory of 9.93%. There is an ongoing risk to the delivery of the recovery trajectory due to difficulties in securing outsourced activity.

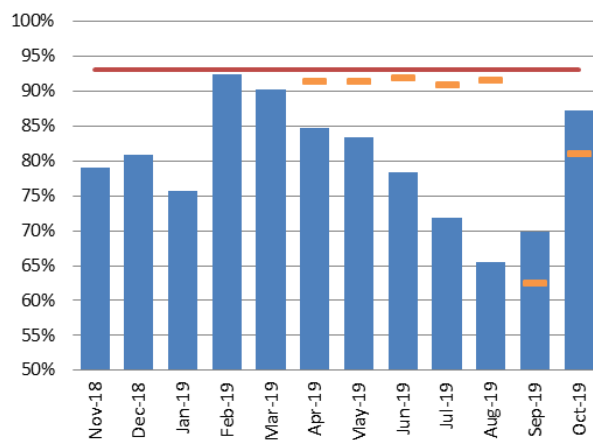
A number of plans have been implemented to improve Endoscopy performance including weekend activity undertaken by 18 Weeks and GLANSO, increased internal capacity through 6-day nursing cover and system-wide work to reviewed demand and capacity enabling establishment of longer-term plans. Endoscopy performance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

Outsourcing of Endoscopy activity to Prime Endoscopy will commence in January 2020, enabling the Trust to further improve performance against the national standard.

Patients receiving first treatment within 62 days of urgent GP referral



Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer

The nationally reported cancer position for October 2019 shows the Trust achieved two of the seven cancer waiting times standards –Breast Symptomatic and 31 Day Subsequent Drug Treatment.

The TWW standard continues to show improvement with a 17.32% increase on last months position. Non compliance of the 62 day standard is forecasted, and improvement remains on track to achieve by Q1 of 2020/21.

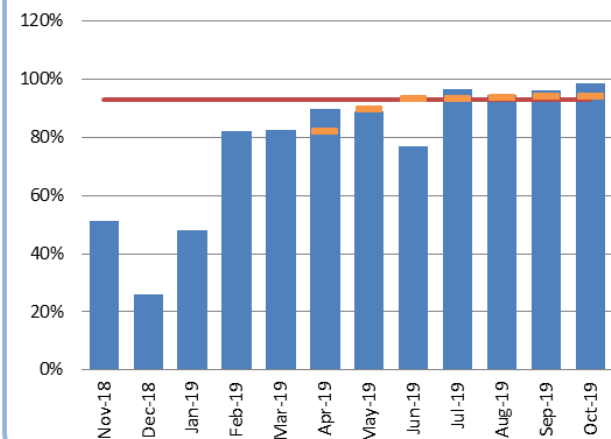
The Trust failed the TWW standard with performance of 87.23%. The Trust saw 2389 TWW patients in October, this was a seasonal increase of 245 on September, there were 305 breaches; the majority were in Skin (breaches 209, patients seen 667), Gynaecology (breaches 33, seen 180), Colorectal (breaches 33, patients seen 355) and Breast (breaches 13, patients seen 661).

Of the 305 breaches, 201 related to internal capacity issues, mostly within outpatients, radiology and endoscopy. 102 patients chose alternative dates from the in target dates offered.

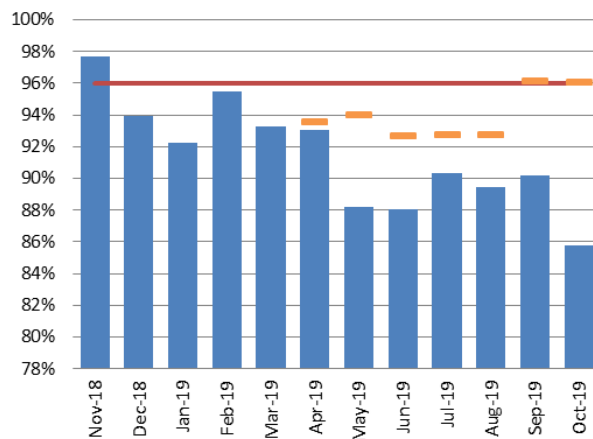
The Skin performance continues to improve as expected in October. Skin is on track to be compliant across all the standards by year end.

The Trust failed the 31 day first treatment standard with performance of 85.76% against the 96% target. There were 41 breaches in total: 29 in Urology; 2 in Breast; 2 in Skin; and 1 in Colorectal and Brain, other 6 – the majority of which were related to lack of capacity.

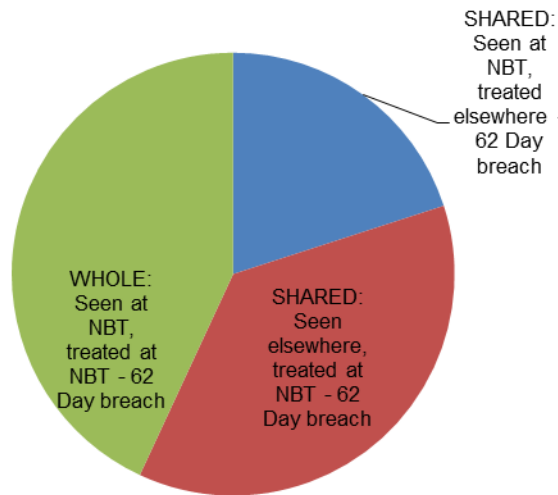
Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



62 Day Breach Patients by Breach Type



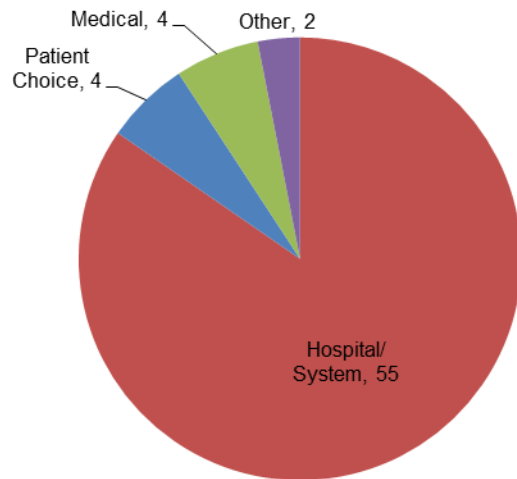
The Trust did not achieve the 62 day standard in October with a performance of 66.98%. This is a reduction of 5.6% in performance from September. Urology's performance in October is 42.3%. The RALP backlog clearance plan remains on track.

In October 65 patients breached the 62 day standard, 28 were whole NBT pathways, 37 breaches were shared. 24 of which started their pathway elsewhere and were treated at NBT, 20 of 24 were referred beyond 38 days.

The Trust submission for 31 Day first treatment was 85.76%, with 41 breaches, 29 of the breaches were in Urology, 23 of which were transferred into the Trust beyond day 38 of their pathway. Other 31 day breaches recorded in October were: 2 in Breast and 1 in Brain (patient choice), 2 in Skin (capacity); and 1 Colorectal (Complex Pathway).

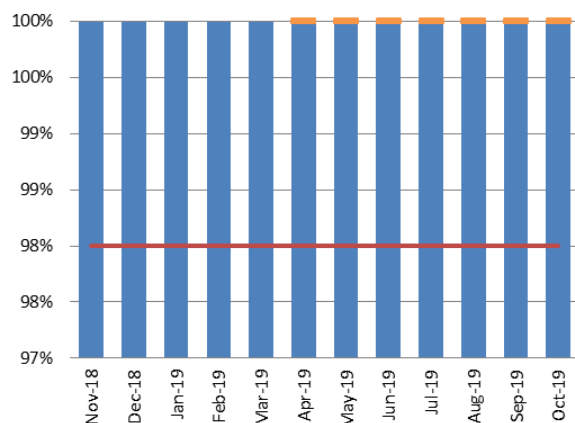
As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 66.88% of all patients who were initially referred to and treated at NBT within the national standard.

62 Day Breach Patients by Delay Reason

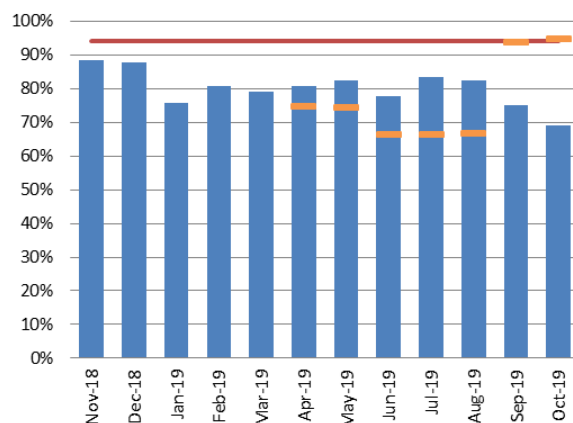


NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Patients Waiting Less than 31 Days For Subsequent Drug Treatment



Patients Waiting Less than 31 Days For Subsequent Surgery



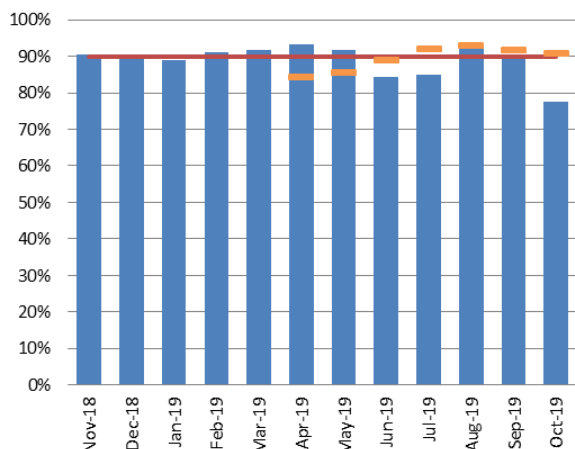
The Trust failed the 31 day subsequent treatment target in October for patients requiring surgery, with a performance of 70.94% against the 94% standard.

In October there were 34 breaches in total: 20 in Urology, 13 in Skin, 1 in Haematology. The main reason for the breaches was surgical capacity.

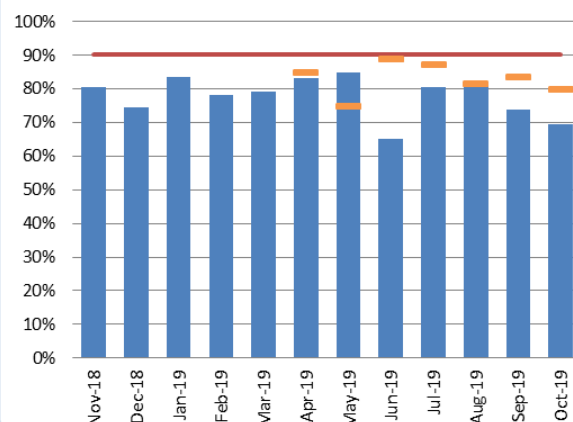
There were 53 over 104 day breaches in October; 31 required a harm review at NBT via Datix, 4 were treated elsewhere and will be subject to their internal process of harm review. 6 breaches were active monitoring.

Urology remains the only specialty with 104 day breaches.

Patients Treated Within 62 Days of Screening

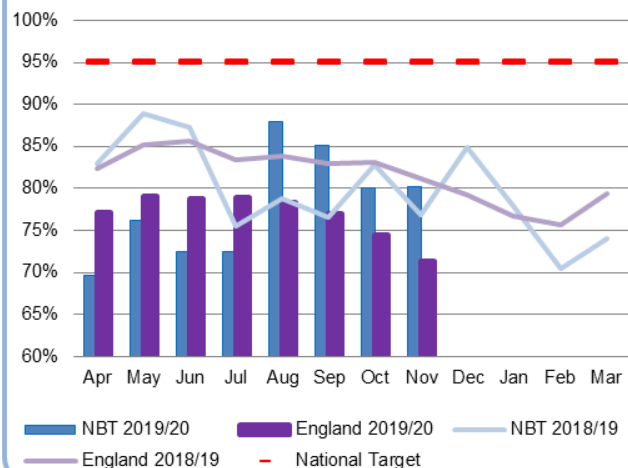


Patients Treated Within 62 Days of Consultant Upgrades

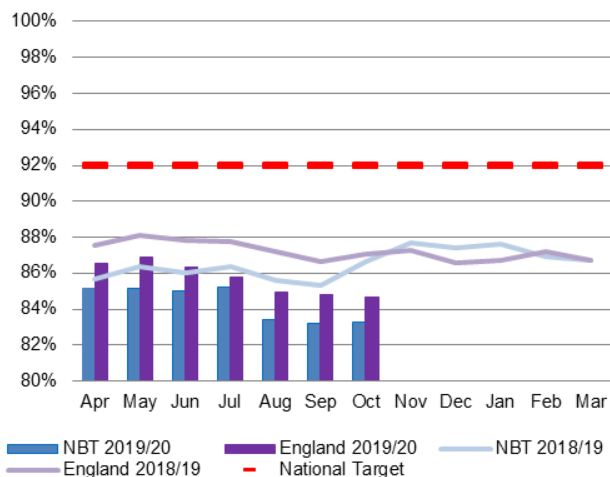


Since the harm review process for patients waiting over 104 days was introduced in 2019, no instances of harm have been found.

ED 4 Hour Performance (Type 1): NBT vs England
(England Performance as published by NHSE)



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



ED 4 Hour Performance

NBT ED performance in November was 80.18% compared to a national Type 1 position of 71.33%. This is the fourth consecutive month NBT outperformed the national position. The Trust position also reports an improvement on November 2018.

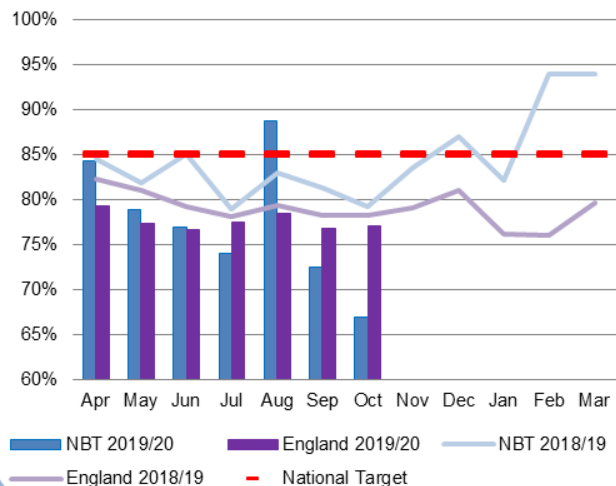
RTT Incomplete

The Trust reported an October 2019 position of 83.28%. This position reflects a decline on last year and falls under the national position of 84.67%.

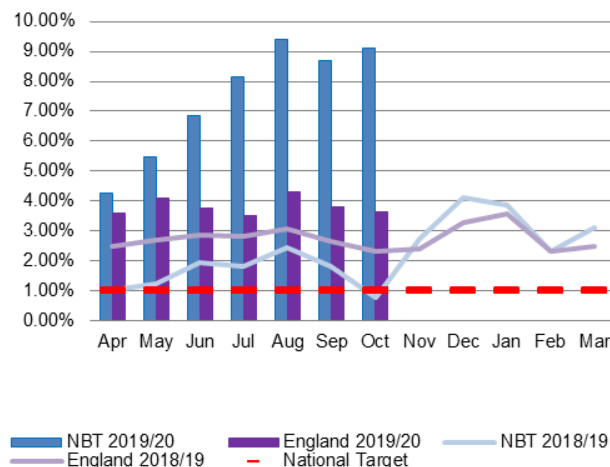
Cancer – 62 Day Standard

NBT has reported an anticipated decline in performance for October reporting at 66.98%, which is less than the national position of 77.07%.

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



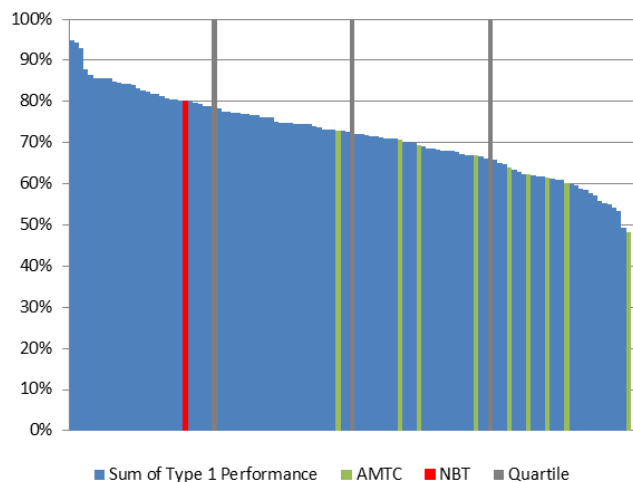
DM01 : NBT vs England
(England Performance as published by NHSE, in arrears)



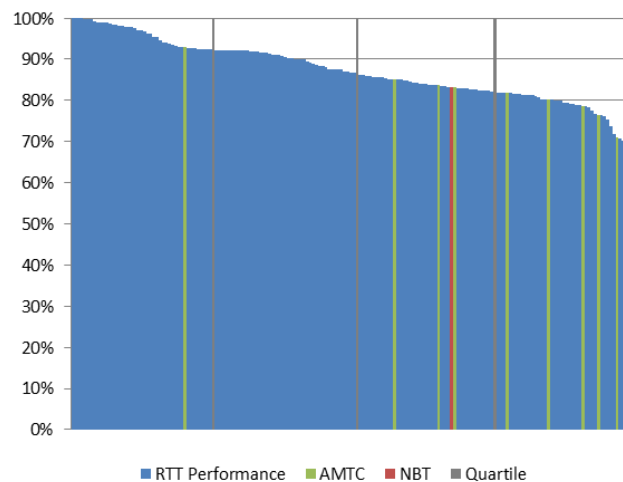
DM01

In October 2019, NBT failed to achieve the national standard of 1% with a worsened performance position of 9.09%, against the national position of 3.64%.

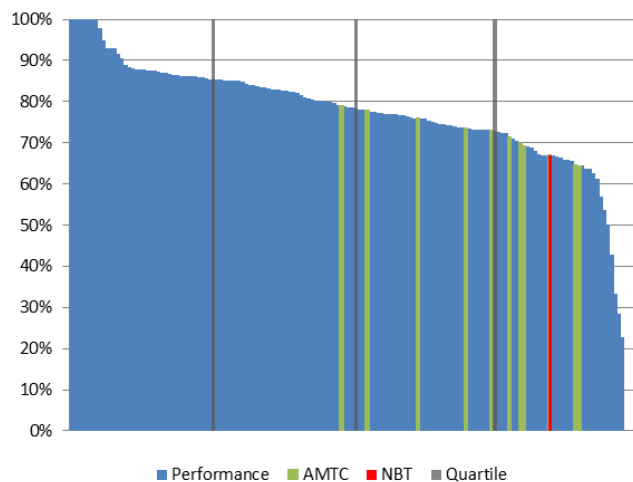
ED 4H Performance - Type 1, November 2019



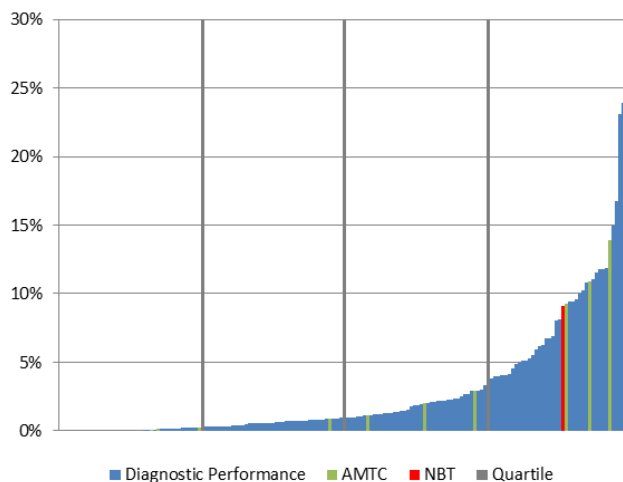
RTT 18 Week Performance - October 2019



Cancer 62 Day Standard October-19



Diagnostic Six Week Performance - October 2019



ED 4 Hour Performance

In November, NBT moved to a position of #25 from #32 out of 118 reporting positions for Type 1 Trusts. This has moved the Trust back into the upper quartile. The Trust's ranking among the 11 Adult Major Trauma Centres remained as 1st by a significant margin in November 2019. The Trust also ranked 9th out of 31 reporting positions for 12 hour trolley breaches.

RTT Incomplete

RTT performance in October 2019 was a reported NBT position of #119 out of 177 reporting positions. The Trust ranked 4 out of 11 Adult Major Trauma Centres. The Trust is reporting within the 3rd quartile. For 52WW, the Trust ranks 9th out of 26 possible reporting positions.

Cancer – 62 Day Standard

At position #123 of 144 reported positions, This represents a planned deterioration in positioning from September 2019 and ranks the Trust 9th out of 11 Adult Major Trauma Centres and within the lower quartile.

DM01

NBT reports an improved position of #126 out of 145 reported diagnostic positions, with a performance of 9.09% in October. This position continues to rank 8th out of 11 Adult Major Trauma Centres and remains within the lower quartile.

Safety and Effectiveness

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

Chris Burton and Helen Blanchard

Birth	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Total Births	491	478	458	448	439	490	454	524	481	455	497	505
Midwife to birth ratio	01:31	01:30	01:30	01:28	01:27	01:30	01:28	01:32	01:29	01:28	01:30	01:30
Normal birth rate	51.1%	56.0%	51.1%	55.7%	53.7%	56.26%	56.08%	53.80%	53.04%	53.90%	53.24%	52.31%
Caesarean birth rate	34.4%	32.1%	37.9%	32.0%	35.0%	30.80%	30.41%	31.58%	33.96%	32.29%	32.79%	35.41%
Emergency Caesarean birth rate	19.1%	18.0%	23.0%	17.7%	22.4%	19.30%	21.17%	15.98%	19.92%	18.04%	16.19%	16.30%
Induction of labour rate	33.4%	34.0%	37.7%	38.3%	41.5%	36.14%	43.02%	36.45%	38.16%	36.53%	38.46%	35.21%
Total births in midwife led environment	7.9%	14.9%	12.0%	14.5%	15.4%	17.86%	14.13%	13.37%	13.60%	13.11%	8.87%	14.29%
Birth location	Cossham BC	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%	0.21%	0.00%	0.00%	1.00%
	Mendip BC	6.7%	12.6%	10.7%	13.4%	12.8%	16.63%	12.78%	12.40%	12.55%	11.78%	12.47%
	Home	1.2%	2.3%	1.3%	1.1%	2.5%	123.00%	1.35%	0.97%	0.84%	1.33%	0.80%
	CDS	89.6%	83.7%	86.7%	83.3%	84.2%	80.29%	83.63%	84.11%	85.15%	86.00%	89.31%
One to one care in labour		95.9%	97.4%	97.7%	96.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Stillbirth	Actual	2	2	3	5	2	2	2	1	2	3	1
	Rate	0.40%	0.41%	0.60%	1.10%	0.45%	0.41%	0.44%	0.19%	0.41%	0.66%	0.20%

Areas of concern

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

Action – IOL suite adjacent to CDS in development. Official opening date of 7 January 2020.

- NBT an outlier in regard to implementation of Continuity of Carer as part of Better Births (National Maternity Transformation)

Action - plans for 2020 in process of development to meet the target of 50% by 2021

Recruitment

- Successful recruitment to vacant posts in line with the current and projected plan.
- Senior midwife (SBAR) in progress for Saving Babies Lives v2 required to meet the improvements in CTG interpretation and training across the service.
- Birth rate plus workforce tool has been completed and awaiting draft report.

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

Midwifery Led Services update

- Cossham Birth Centre opened – currently running with an open on arrival model supported by an on call. Audit of all deliveries, transfers and feedback from women in place. Phase two to be implemented in coming weeks – Midwife on site 24/7 - to improve bookings and births.
- Audit in progress of Babies Born before Arrival during the year and postnatal readmissions to assess the impact of the community midwifery on call and the plans to reinstate.

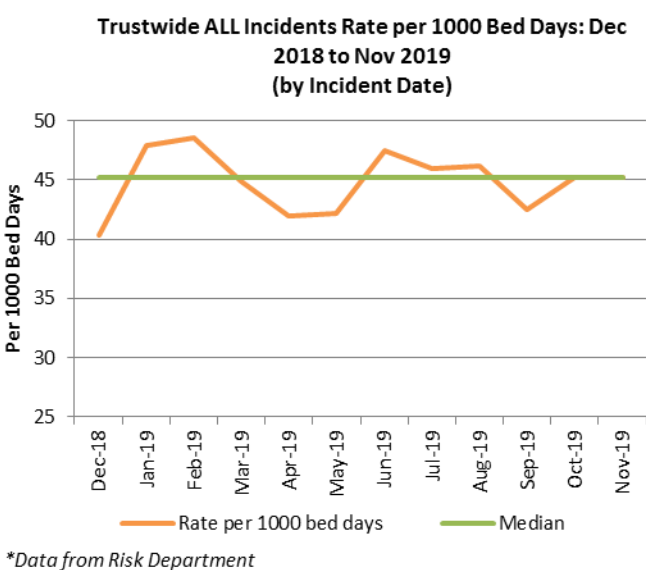
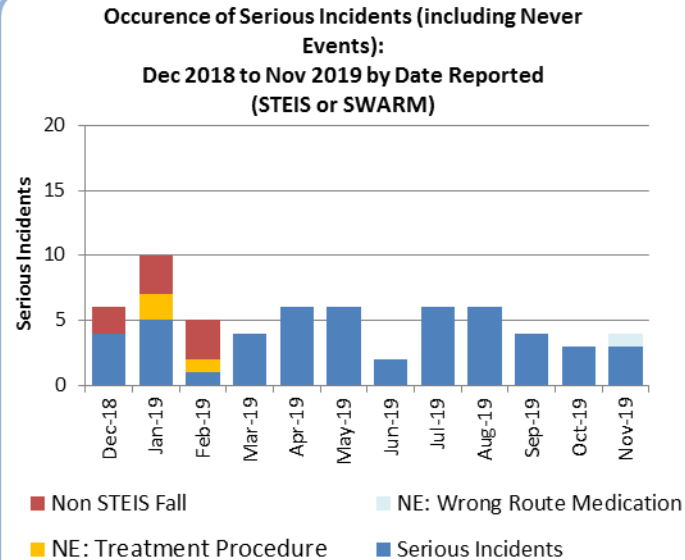


'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose – new anaesthetic videos designed and attached November 2019

Quality & Patient Safety

Additional Safety Measures

Board Sponsor: Director of Nursing



Serious Incidents (SI)
Four serious incidents were reported in November 2019:

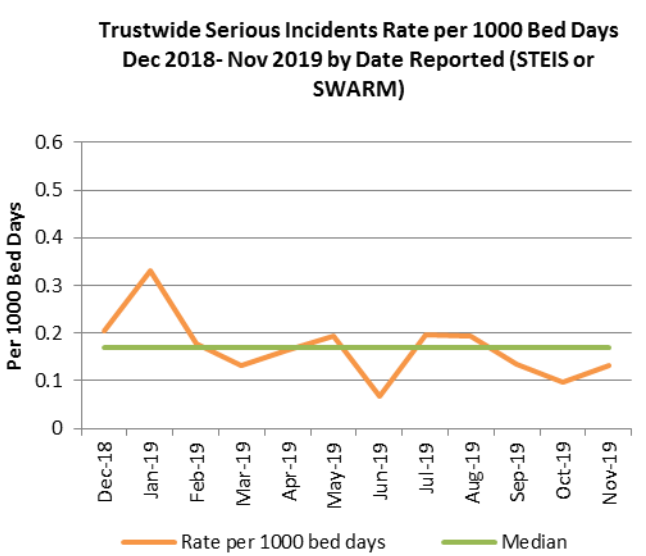
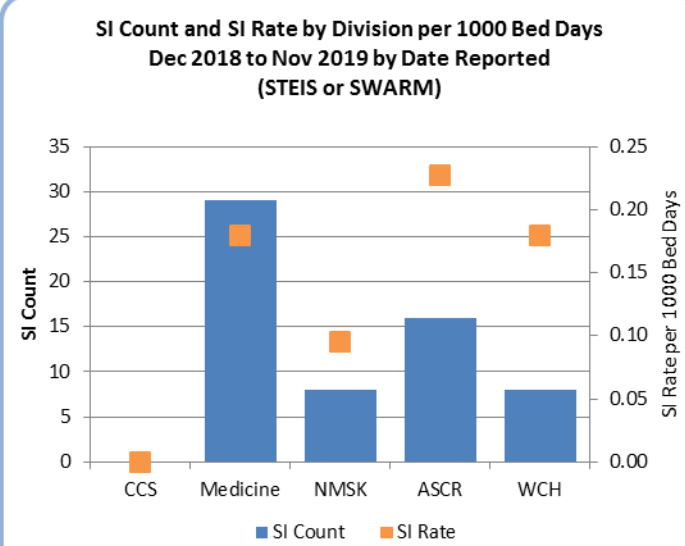
- 3 x Patient Falls
- 1 x Medication

Never Events
A patient safety incident was reported in November 2019 that meets the Never Event definition of administration of medication by the wrong route.

This specifically met the sub-category of “oral/enteral medication or feed/flush by any parenteral route.” The investigation has commenced and will report to the Patient Safety and Clinical Risk Committee.

SI & Incident Reporting Rates
Incident reporting has increased in November to 45.18 per 1000 bed days. Whereas NBT’s rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

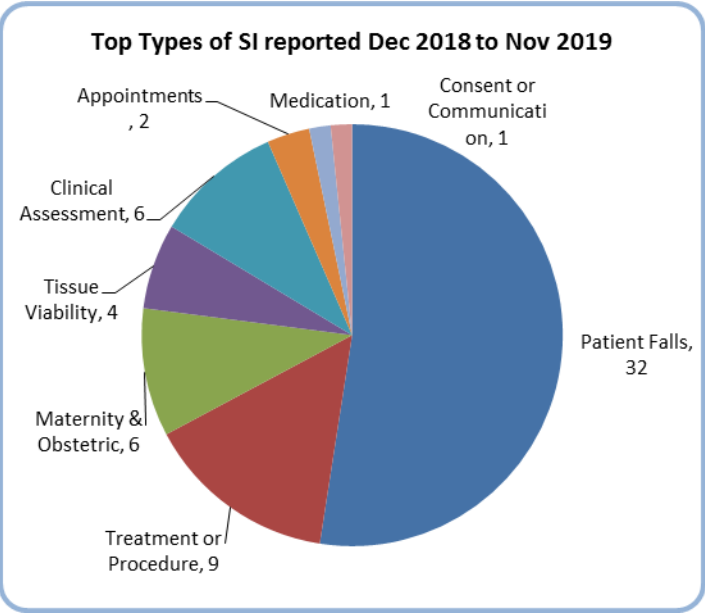
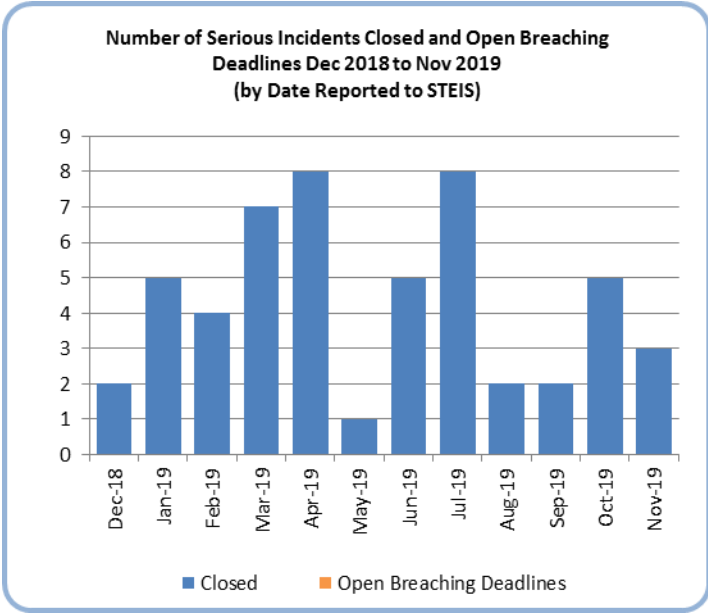
- Divisions:**
SI Rate by 1000 Bed Days
ASCR – 0.23
WCH – 0.18
Med – 0.18
NMSK – 0.10
CCS – 0



Quality & Patient Safety

Additional Safety Measures

Board Sponsor: Director of Nursing



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their November 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 November 2019 Patient Safety & Clinical Risk Committee.

CAS Alerts – November 2019				
Alert Type	Patient Safety	Facilities	Medical Devices	Supply Distribution Alerts
New Alerts	2	0	1	5
Closed Alerts	0	0	1	4
Open alerts (within target date)	2	0	1	1
Breaches of Alert target	0	0	0	0
Breaches of alerts previously issued	0	1	0	0

Data Reporting basis

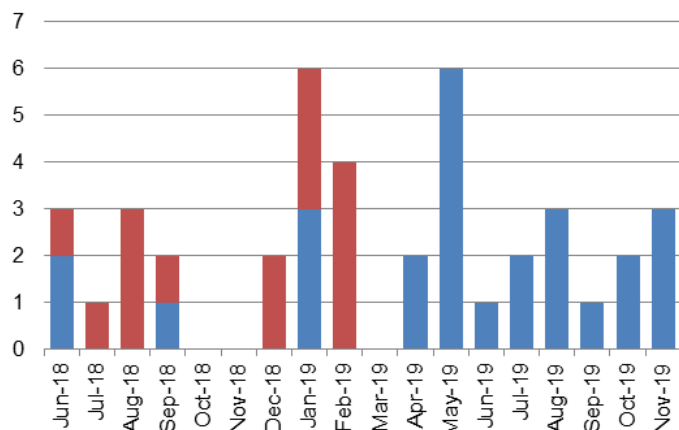
The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient i.e. Trolley breaches. This may mean changes are seen when compared to data contained within prior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

Central Alerting System (CAS)

There are 8 open alerts with 1 alert breaching its deadline. The alert is an EFA (Estates and Facilities Alert) regarding power supply recall in a specific printer model.

- This is followed by
- Treatment or Procedure
 - Maternity & Obstetrics.
 - Clinical Assessment or Review

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

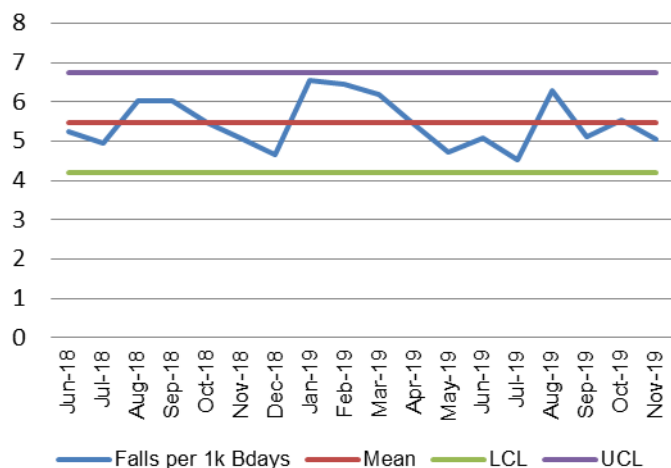


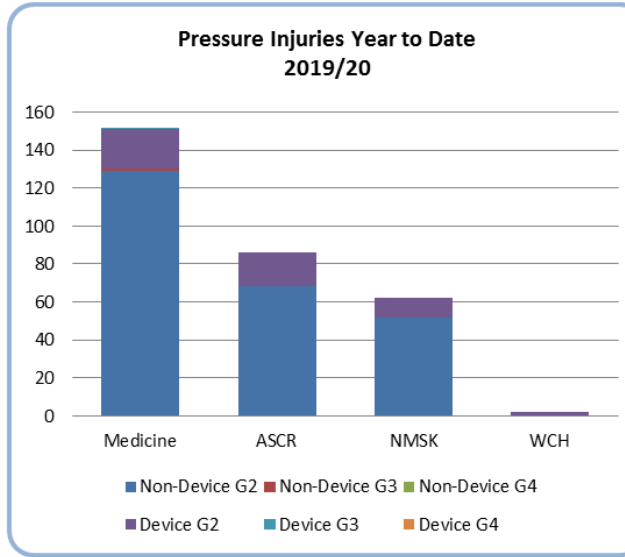
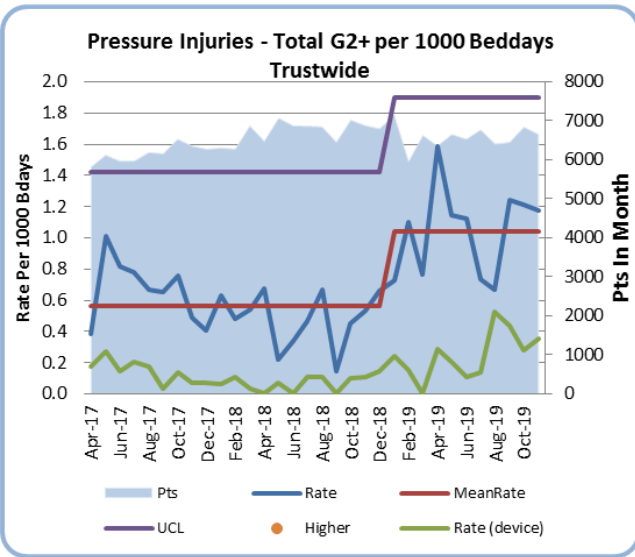
Falls

In November 2019, 153 falls were reported of which; one patient has since died, two resulted in severe harm, five were categorised as moderate, 17 low and the remaining 126 as no-harm. The majority of reported falls occurred within Medicine Division (88), with the others occurring in NMSK (40), ASCR (22), CCS (1) and Women's and Children (2). The falls per 1000 bed days level was 5.1.

Two patient safety link roles are now established in AMU. This role is responsible for ensuring appropriate falls assessments and Lying /Standing Blood Pressure assessments are completed.

Falls per thousand bed days
(by incident date)





Pressure Injuries (PIs)

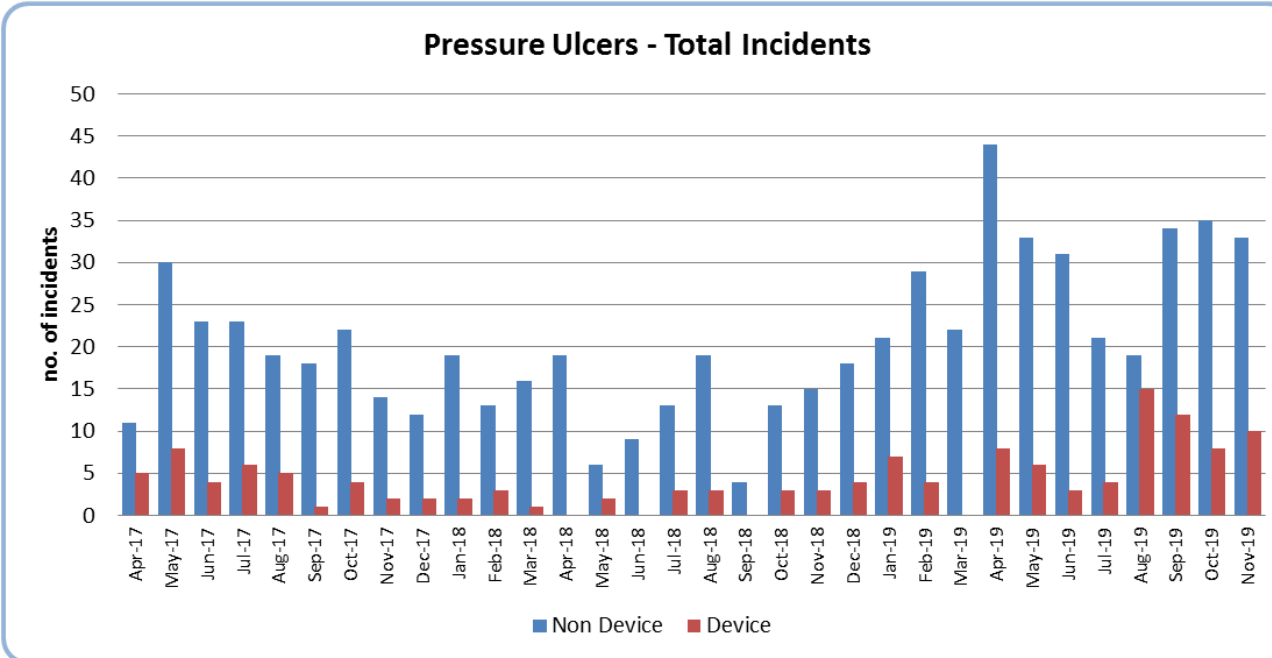
The Trust ambition for 2019/20 is a

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

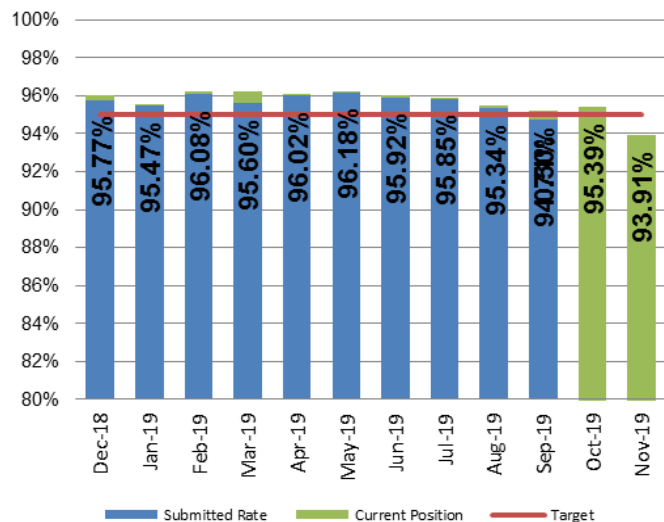
During November ASCR reported an unstageable pressure injury which currently meets the minimum criteria of a grade 3, related to the wound bed being obscured therefore final validation of the damage cannot yet be completed. This has been reported as STEIS. The patient was admitted to ICU following a major trauma with unstable fractures the root cause of the pressure damage was prolonged direct pressure to vulnerable skin. Learning includes the integration of prevention strategies to consider and enable early identification of actual / potential risk of deep tissue injury for spinal trauma patients.

The Trust reported 43 Grade 2 injuries for November, which occurred to 37 patients -10 of which were device related

This month the Trust's Tissue Viability team supported the BNSSG Stop the Pressure study day which was attended by our clinical teams as part of a system wide collaboration in the prevention of pressure injuries



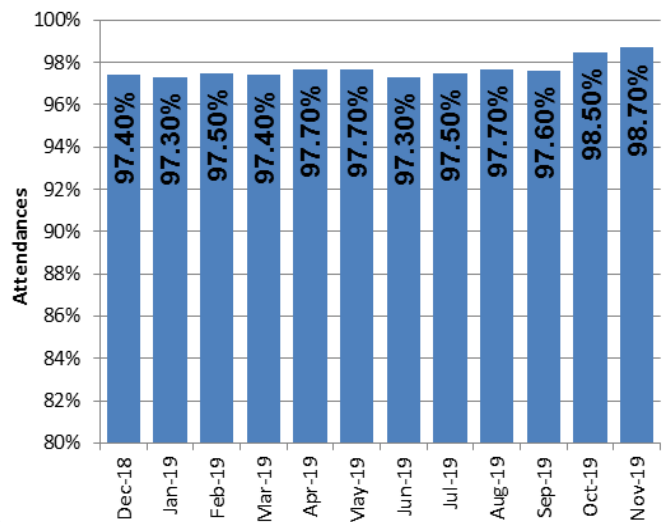
Venous Thromboembolism Risk Assessment



VTE Risk Assessment

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

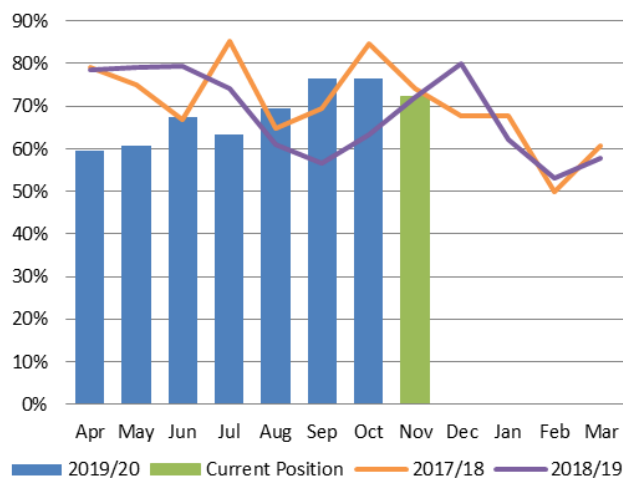
WHO Checklist Compliance



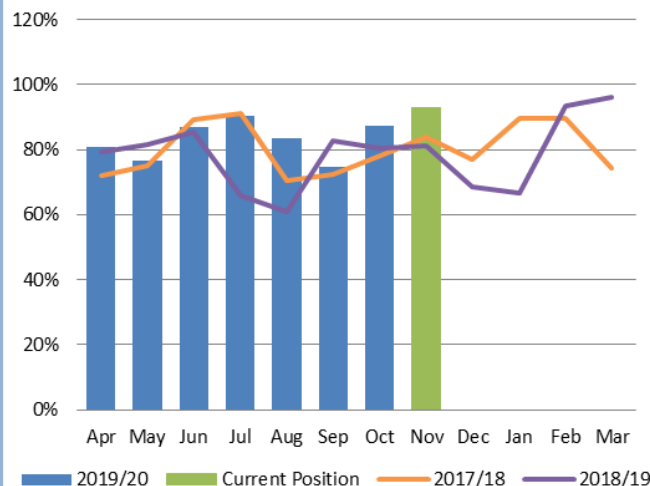
WHO Checklist Compliance

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

All Patients Admitted to an Acute Orthopaedic Ward within 4 Hours



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

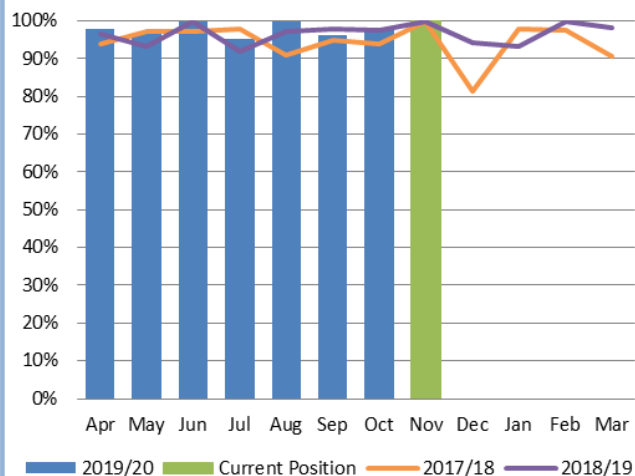


Fractured Neck of Femur in Patients aged 60 years and over

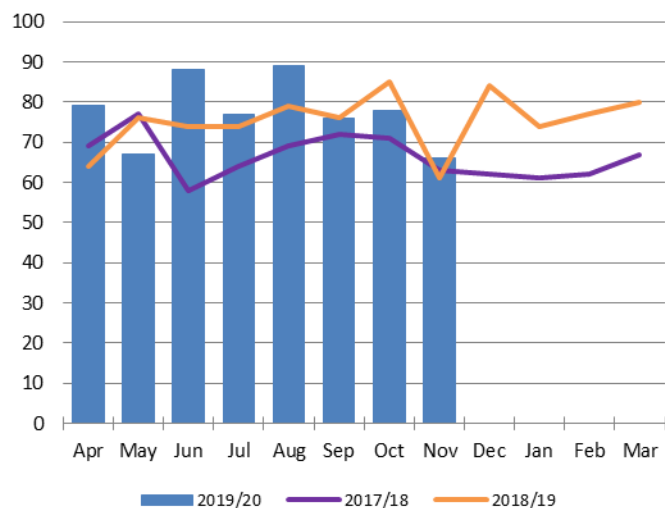
Hip Fracture data is reported one month in arrears with the current month included for reference.

There was sustained performance against key metrics for hip fracture care with 76.4% of patients admitted to an acute orthopaedic ward within 4 hours, 87.3 % fit to have surgery within 36 hours and 98.2% assessed by an Ortho-geriatrician with 72 hours.

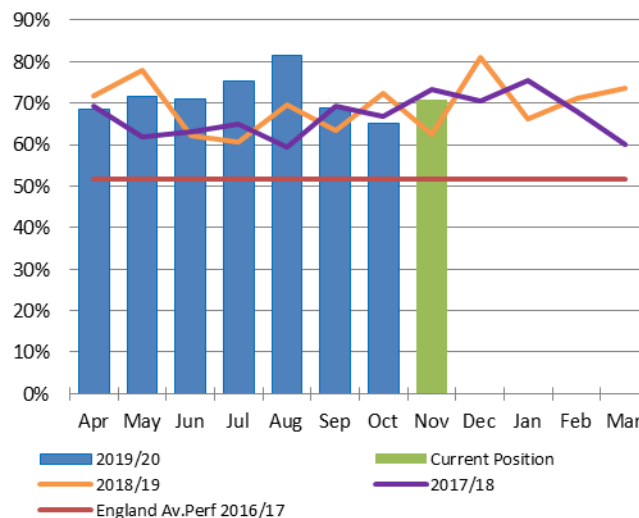
All Patients Assessed by an Ortho-geriatrician within 72 hours



Number of Stroke Patients Admitted



Patients Scanned within 1 Hour of Clock Start



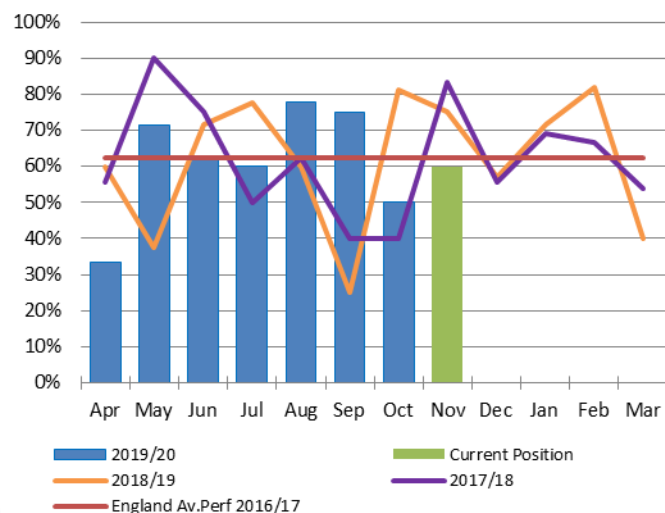
Stroke

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

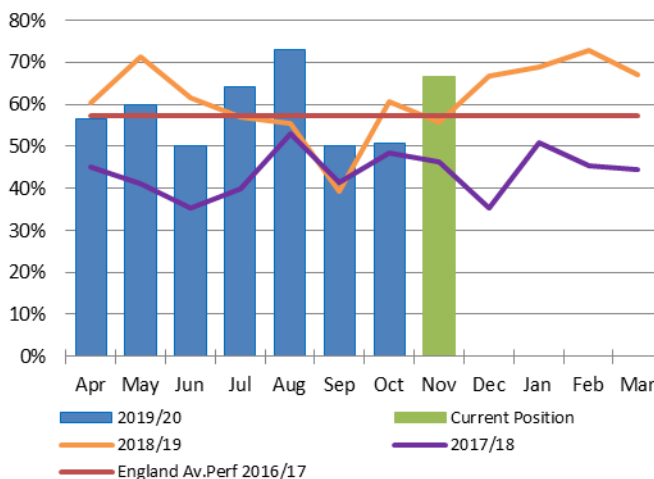
78 stroke patients were admitted during the month of October 2019 with 50% of stroke patients who required thrombolysis receiving this within 1 hour. There is continued variation in this indicator in part related to pressure in the emergency care system.

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

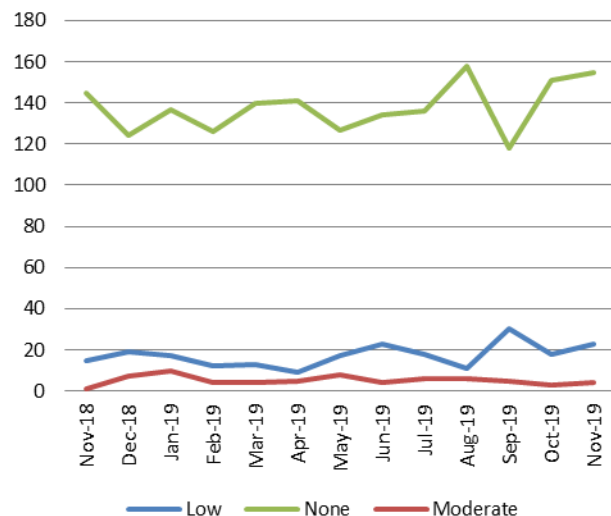
Patients Thrombolysed within 1 Hour



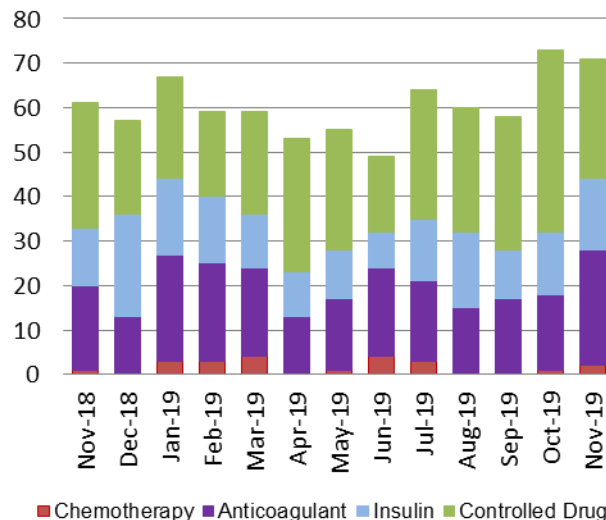
Patients Directly Admitted to a Stroke Unit within 4 Hours



Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs (Last 12 Months)



Medicines Management

Severity of Medication Error

During November 2019, the number of “No Harm” medication errors represented c.85% of all medication errors; continuing to reinforce the strong culture of reporting across the Trust

The number of low harm incidents accounted for c.13% of all incidents during November 19. The additional graph highlights that c.54% of low harm incidents occurred during the administration stage, with c.62% involving a high risk medication and c.54% were as a result of an omitted dose.

High Risk Drugs

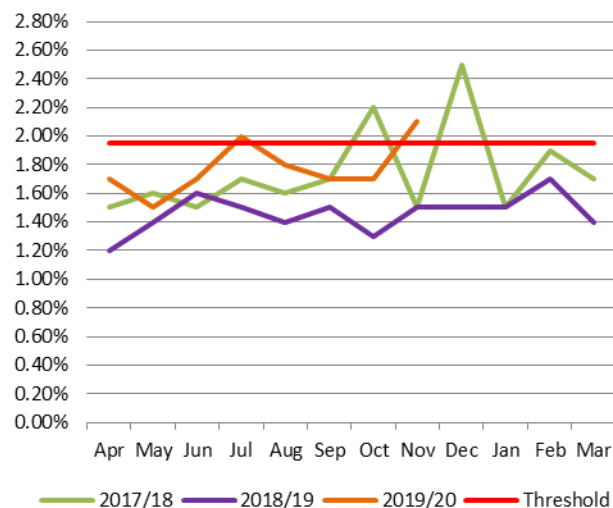
High Risk Drugs formed c.37% of all medication incidents reported during November 2019. All incidents relating to high risk drugs are monitored by the Medicines Governance team

Missed Doses

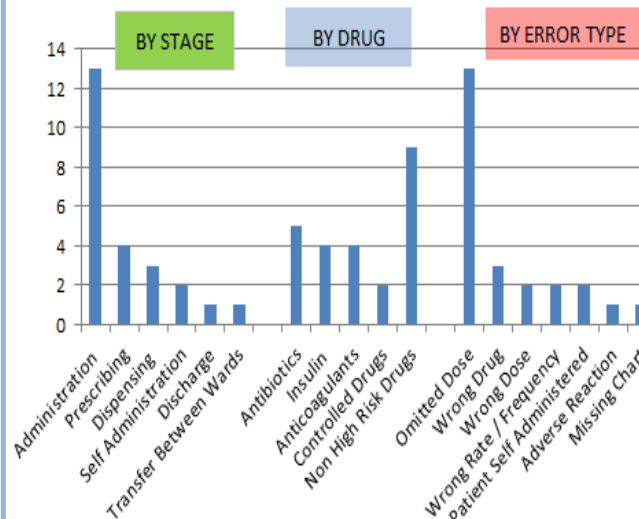
The percentage of patients with missed doses increased during November 19 to 2.1%.

In response, the Medicine Governance Group has implemented a collaborative Quality Improvement Project; in which pharmacy and nursing teams are working together to explore how “small steps of change” can significantly reduce the number of missed doses across two pilot wards.

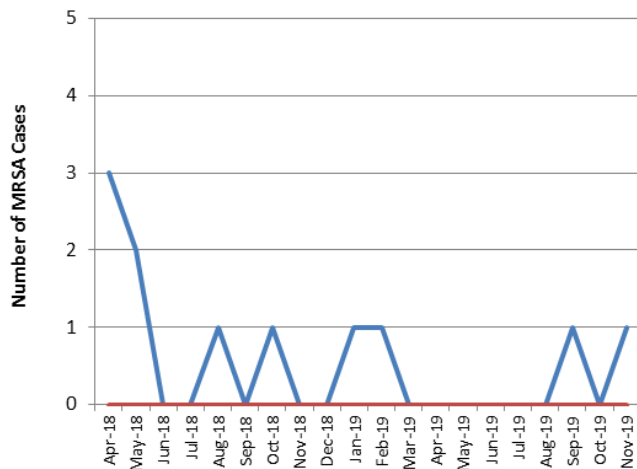
Percentage of Patients with One or More Missed Doses



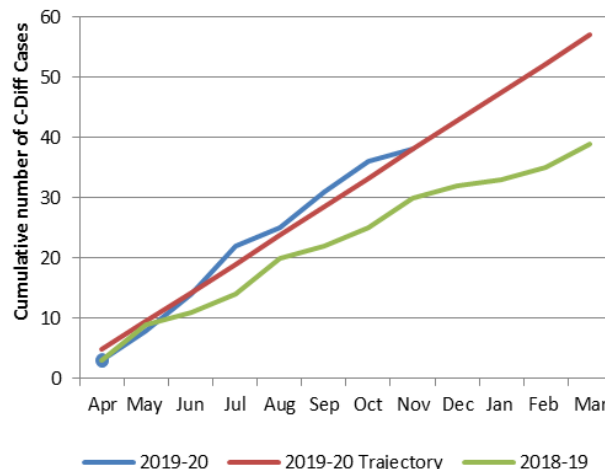
LOW HARM Incidents - Nov 2019



MRSA Cases - Trust Attributable



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



MRSA

There has been one reported case of MRSA bacteraemia in November occurring within ICU, the RCA has been commenced. Year to date there has been two reported cases for the organisation.

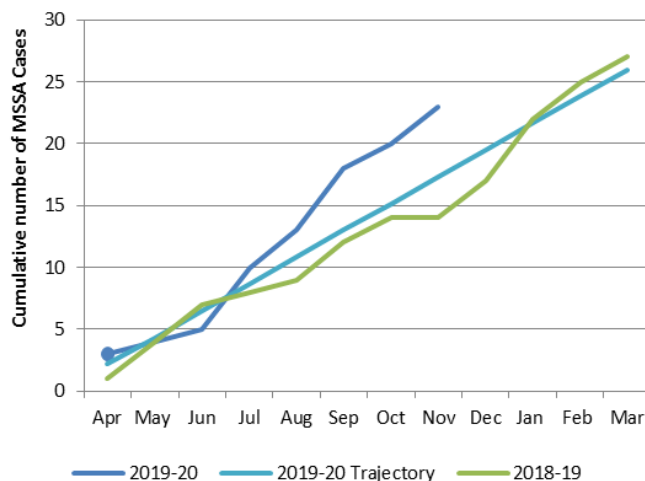
C. Difficile

In November there were two cases reported against the trajectory. These were both hospital onset.

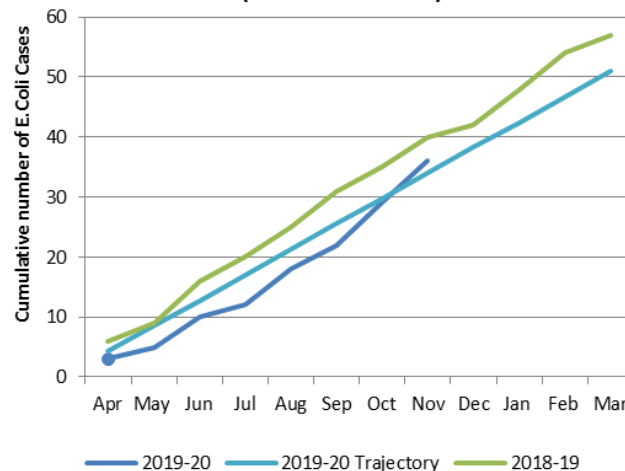
MSSA

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

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



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



E. Coli.

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

Norovirus

In November there has been 2 ward areas affected by an increased incidence of confirmed norovirus which resulted in restricted access to one complete ward and partial restrictions placed upon the other. Both clinical areas are now fully operational.

Mortality Review Completion

Oct 18 to Sep 19	Completed	Required	% Complete
Screened and Excluded	984		
High Priority Cases	179		
Other Reviewed Cases	334		
Total Reviewed Cases	1497	1804	83.0%

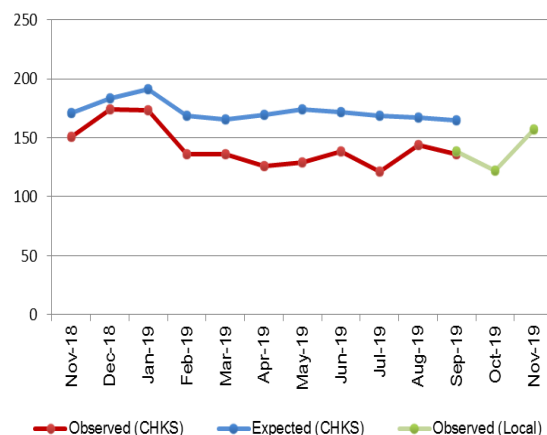
Overall Score	1	2	3	4	5
Care Received	0.0%	2.9%	19.2%	56.7%	21.2%

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

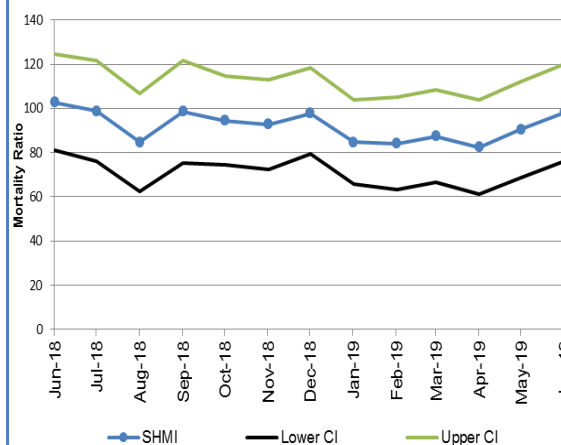
The overall score percentages are derived from the score post review and does not include screened and excluded.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Overall Mortality

Mortality data has remained within the expected range.

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

Mortality Review Completion

The current data captures completed reviews from 01 Oct 2018 to 30 Sep 2019. In this time period (this is now reported as a 12 month rolling time frame), 83% of all deaths had a completed review. Of all "High Priority" cases, 90% completed Mortality Case Reviews (MCR), including all sixteen deceased patients with Learning Disability and five 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 is 97.1% (score 3-5). There have been thirteen mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which have been investigated through Divisional governance processes. All of these cases were reviewed through the Clinical Risk Operational Group.

Learning from Deaths Internal Audit:

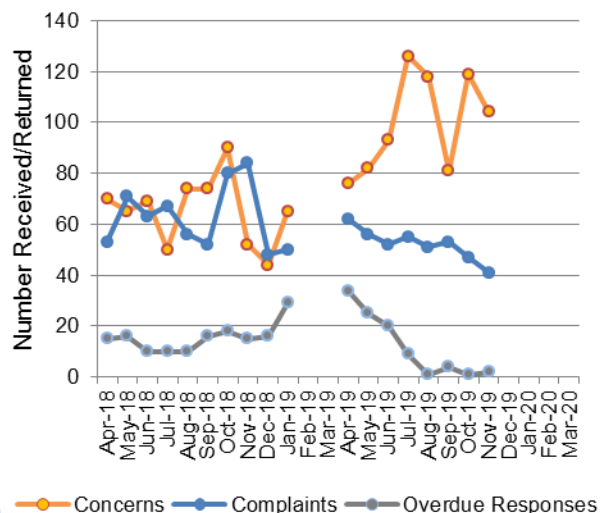
NBT's Internal Auditors, KPMG, concluded a review of the approach to the national requirements relating to reviewing patient deaths in hospital.

This was a positive report, the outcome of which was "Significant Assurance, with minor improvement opportunities".

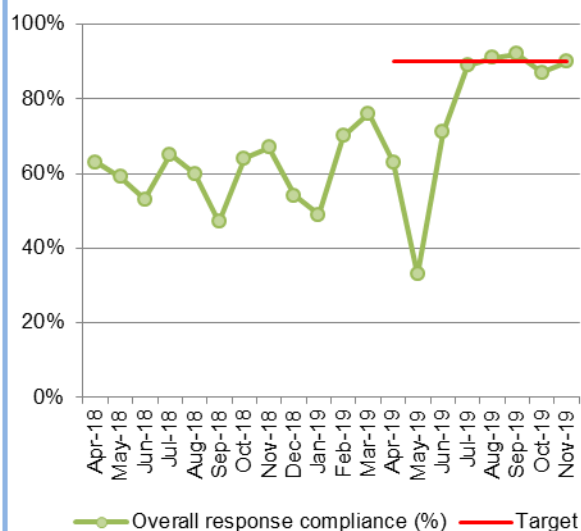
Quality Experience

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

Trust wide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

In November 2019 the Trust received 41 formal complaints and 104 PALS concerns.

The 41 formal complaints can be broken down by division:

ASCR	15	CCS	3
Facilities	2	IM&T	1
Medicine	11	NMSK	5

WACH 4

The number of formal complaints received continues to fall. This most likely reflects the continued embedding of the Patient Advice and Liaison Service (PALS). There was a slight decrease in the number of PALS concerns received from 119 in October to 104 in November.

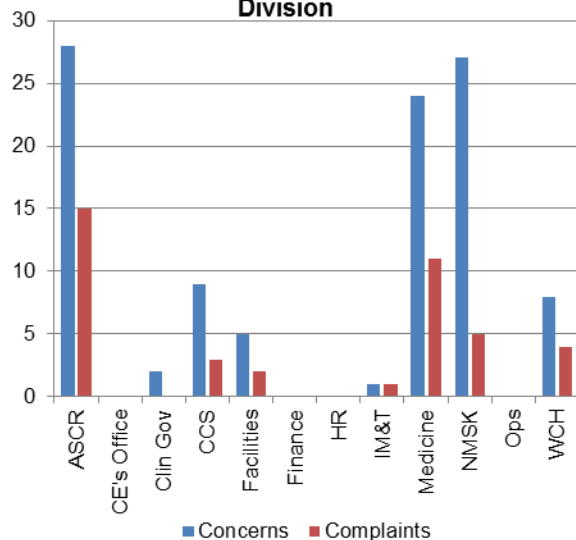
Final Response Rate Compliance

90% of complaints due to be closed in November were responded to. Of the total number of cases due to be closed in November (49), 44 cases were closed on time, 2 cases were closed past their deadline and 3 cases remain open. Of those 3 cases, 2 are overdue (1 IM&T, 1 ASCR), the third case a local resolution meeting has been held and the meeting notes are waiting to be completed by the Division.

Overdue complaints

In order to ensure the compliance target continue to be met, weekly reports and meetings take place with divisions. The weekly reports identify those over due against the dates they are due back to the central team for the completion of the final response. This reporting allows the response time back to the complainant more likely to be met. ASCR Division are experiencing an increase in the number of complaints overdue in this respect. Key issues and challenges have been identified and are being worked through by the Divisional Management Team

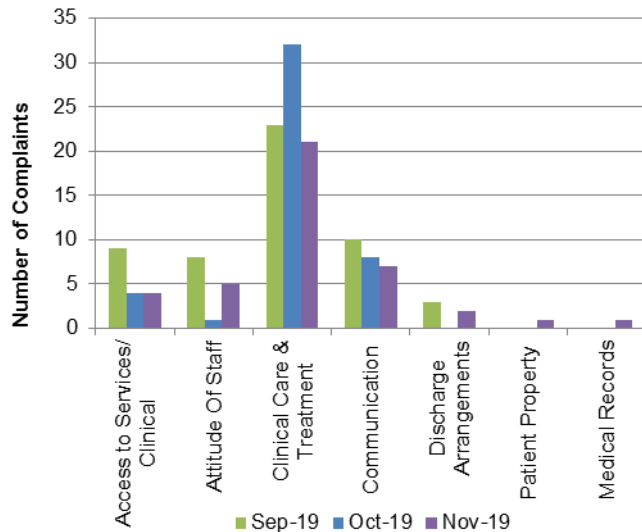
Concerns and Complaints per Division



Division	Total number of complaints closed in November	Number of overdue complaints at the end of November
ASCR	12	1
CCS	5	
Finance	1	
IM & T	0	1
Medicine	16	
NMSK	6	
People & Trans	1	
WACH	6	

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

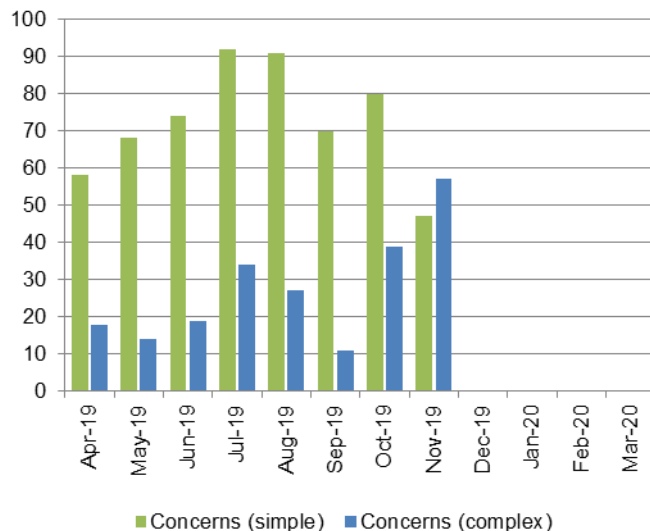
Clinical care and treatment continue to be the category of care that receives the highest number of complaints in all the clinical Divisions. The deep dive into understanding the key elements of this category is now planned to be undertaken through the work stream of the Divisional Operational Patient Experience Leads Group. Thus increasing ownership and the opportunity for shared learning. The process will include triangulation with FFT data. A full report will be provided to Patient Experience Group (PEG) at the end of Quarter 4.

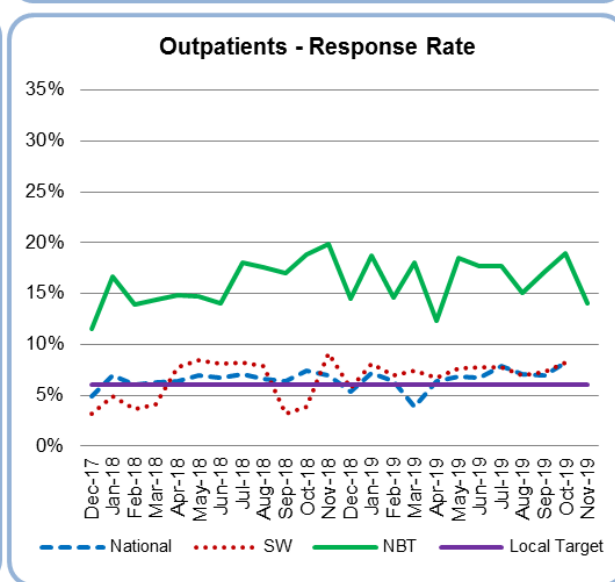
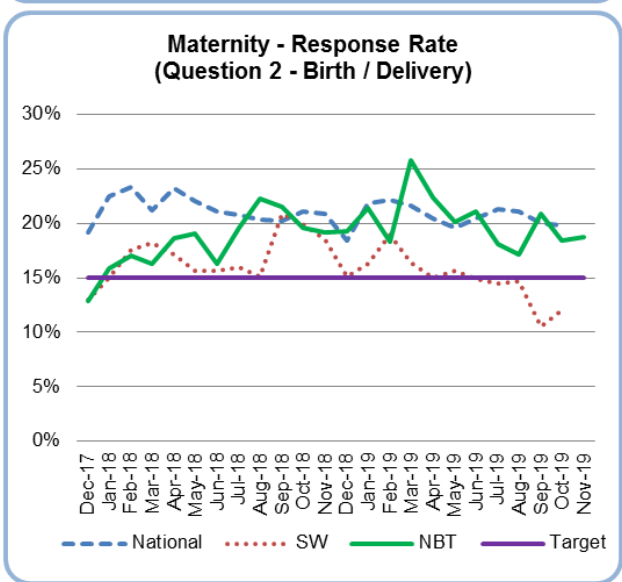
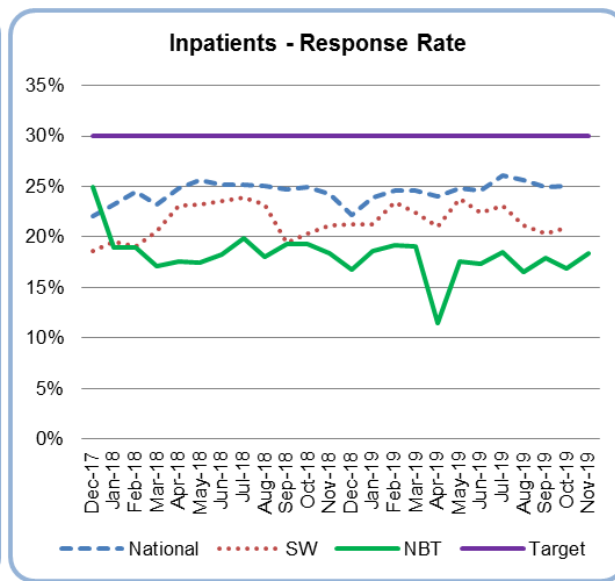
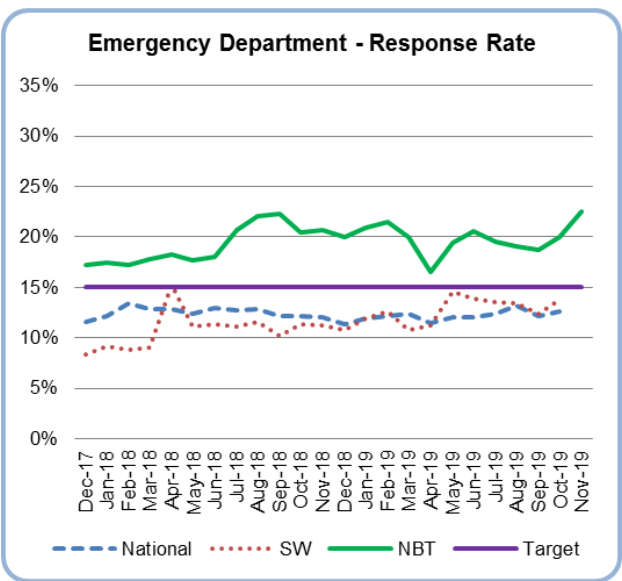
Example compliments received by the Trust in November 2019:

"We received fantastic care and support for the delivery of our daughter. Our midwife was incredibly supportive and respectful. She stayed beyond her shift to ensure a smooth hand over and visited us the next day to meet our daughter, who had decided to hang on a little longer than first anticipated! The whole team at the Mendip Ward were particularly reassuring over the following week when we revisited for help with our daughter's jaundice. We were impressed at such a team of passionate and caring individuals and felt in the best of hands. A big thank you to you all."

"I would like to thank the consultant and his team for looking after me when I had my operation on 25/11/2019. I'd also like to thank the receptionist on gate 21 for taking care of me from the start and until I went home. She was lovely and so easy to talk to. Thank you all so much."

PALS





Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	22.49%
Inpatients	30%	18.38%
Outpatients	6%	14.04%
Maternity (Birth)	15%	18.80%

The Emergency Department had a further increase in their already achieving response rate. The rate remains above the national and SW (north) regional rates.

The Inpatient response rate increased to 18%. As a key element of the CQC improvement plan the promotion of FFT, as feedback opportunity for patients, is being managed by the divisional patient experience staff with wards, departments and specialties.

Out patient response rates continue to be very positive.

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

FFT Recommend Rate	Target	NBT Actual
ED	90%	91.52%
Inpatients	95%	93.68%
Outpatients	95%	95.59%
Maternity (Birth)	95%	94.68%

The number of patients saying they would recommend the **ED** at NBT remains high, well above the national and regional averages. The positive themes continue to relate to positive staff attitude with reports of kind professional, friendly and helpful staff. Waiting times remain the area of most concern.

The percentage of **inpatients** recommending the hospital remain between 92 and 94% . Staff attitude remains the most positive theme. Communication is the theme identified as giving the most negative feedback, although this remains small.

Maternity (Birth) is showing a decreasing trend in the percentage of patients who recommend the service. It is difficult to understand the cause of this from the small amount of qualitative data provided by respondents. The 2019 National CQC Maternity survey data review workshop in November demonstrated overall very positive feedback in relation to the birth experience. The advice and support offered at the start of labour was the only aspect requiring some improvement.

The percentage of people recommending the **Out patients** service to family and friends remains high & above the SW (North) regional & national average. Negative feedback relate to waiting times and communication with positive feedback relating to staff attitude and clinical care. This is reflective of wider current feedback from those attending out patients. This is integrated into the improvement plan.

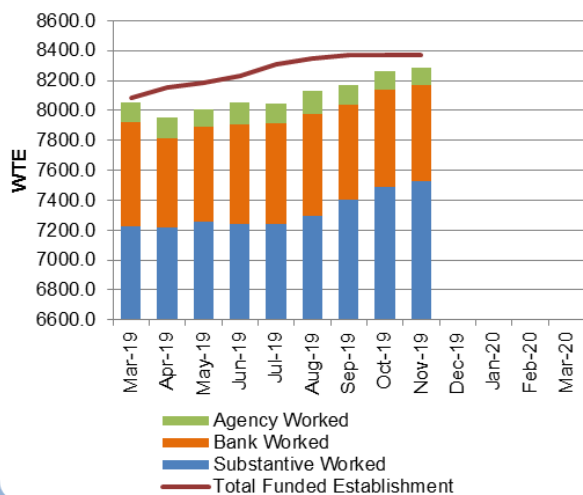
N.B. NHS England FFT Official stats publish data one month behind current data presented in this IPR. May 2018, South West region has been split to SW (North) and SW (South). NBT is now plotting against SW (North).

Well Led

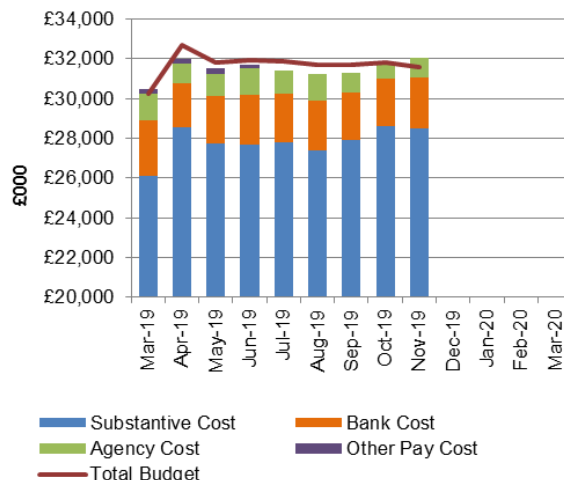
**Board Sponsors: Medical Director, Director of People and
Transformation**

Chris Burton and Jacqui Marshall

Worked and Funded



Expenditure and Budget



Pay

Substantive worked wte increased further by 43 wte in November with the ongoing impact of the autumn intake of registered nurses and midwives being felt. As a result both bank and agency use reduced in November for registered nursing and midwifery and the same reduction was seen in unregistered nursing and midwifery and administrative staff temporary staffing use.

Overall expenditure remained at a similarly level to October however expenditure for both bank and agency increased. Agency expenditure increased compared with October due to a financial adjustment in October reducing expenditure in that month.

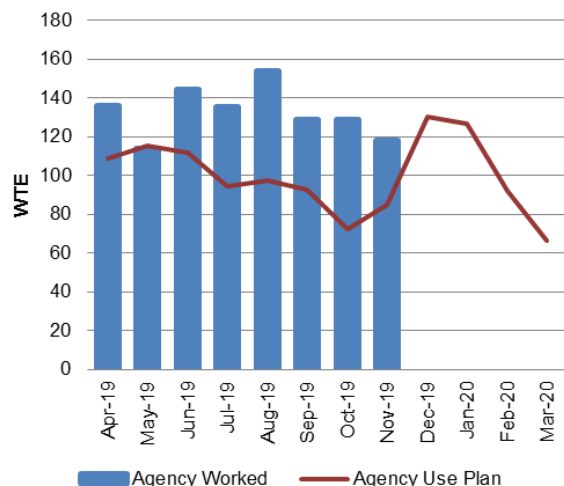
Temporary Staffing

The tier 1 agency nursing fill rates continued to increase during month 3 of the agency nursing project, with a continuous pipeline of new nurses coming through for clearance.

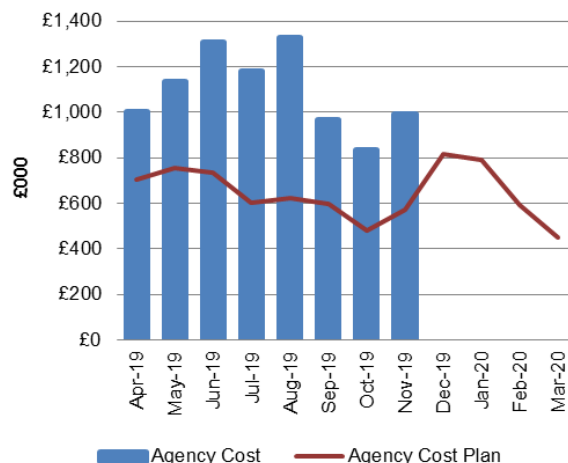
A tier 1 engagement day was held with the top six tier 1 agencies suppliers to thank them for their support and also highlight the remaining business available to them. We also provided them with an update on the plans to reduce the Tier 3 usage which was implemented 1st December 2019.

Our bank fill rates across all staffing groups continue to increase with Winter recruitment campaigns underway for both external nurses and internal nurses who are not registered on the bank.

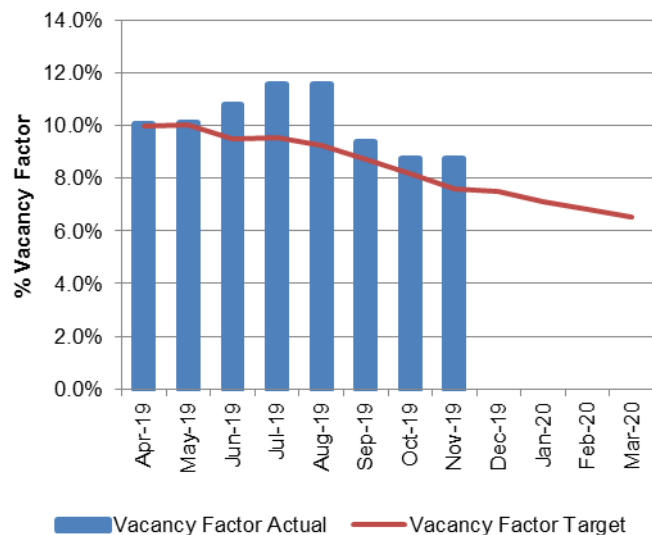
Agency Use



Agency Expenditure



Vacancy Factor Target



Unregistered Nursing and Midwifery Recruitment

The Band 2, 3 and 4 resourcing plan, identifying the continuous talent attraction initiatives scheduled between April 2019 – March 2020 remains in place. In November the Trust had 45 new starters compared to November 2018 starters of 26. Additional recruitment and assessment activity is in place following agreement with divisions as part of overall winter planning. From February 2020 we will stop using Cohesion's services and all Nursing recruitment will be brought in-house to the TA and ES teams.

Band 5 Nursing

November's starters were slightly under the target set for the month (13 wte vs target of 14 wte) which means the year to date position is behind the internally set target. The pipeline is in a strong position with Nursing offers currently ahead of our target at 73% after 8 months. An uplift in March NQ Nurses starters is also forecast with a current pipeline of 36 against a target of 20 in that month. This position plus continuing recruitment activity through internal and external engagement events indicates an ability to deliver the year end target of 363 wte band 5 starters.

Recruitment and Engagement events in November;

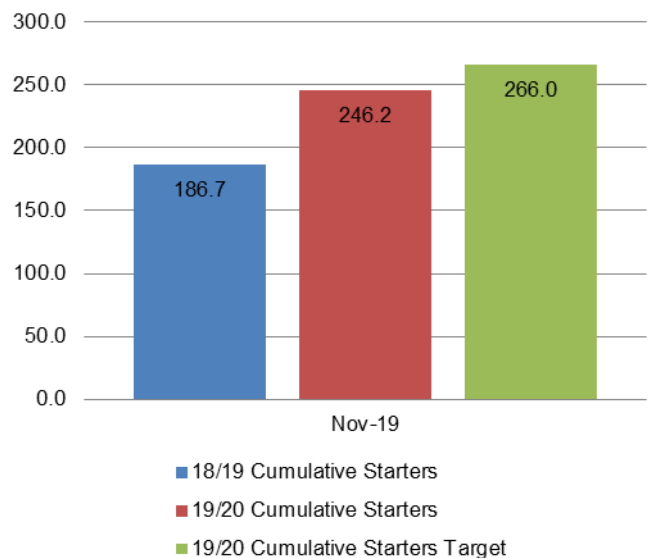
Midwifery Band 5 Assessment Centre – 1 November
 Nursing Times Careers Event, London – 2 November
 Internal Nursing Engagement day – 28 November – 30 attendees
 8 Assessment centres for unregistered Nursing and Bank specific recruitment
 2 Nursing CIPD events – ICU & Theatres/Medirooms

Overseas Nurse and Midwife Recruitment

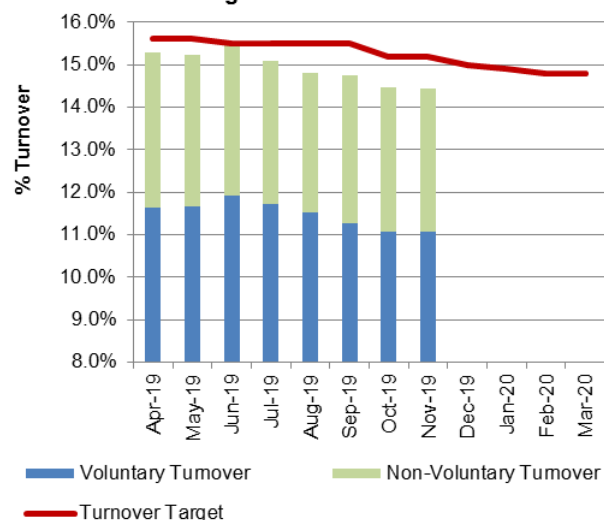
The International Nurse Recruitment project continues to deliver experienced, permanently employed nurses from the Yeovil pipeline. To date 50 nurses are now working in the Trust, as Phase two is underway with 32 Nurses, representing a 100% pass rate, having passed the OSCE examination and now fully registered.

The Pipeline remains strong to deliver the 70 Nurse for FY 19/20, with key hot spot areas targeted, and business planning is under way for FY 20/21 requirements.

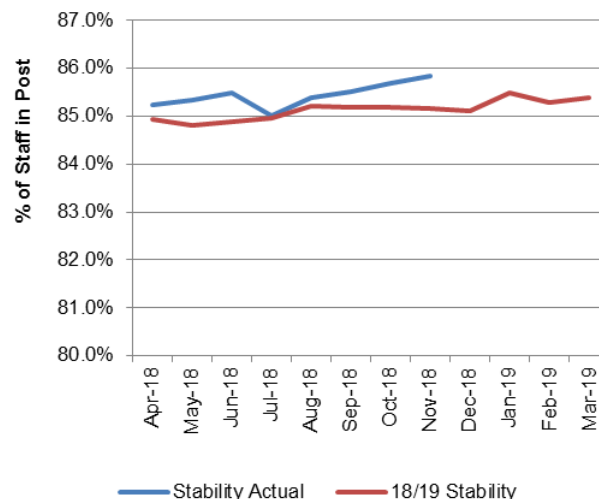
Band 5 Nurse Cumulative Starters



Rolling 12 Month Turnover



Stability Index



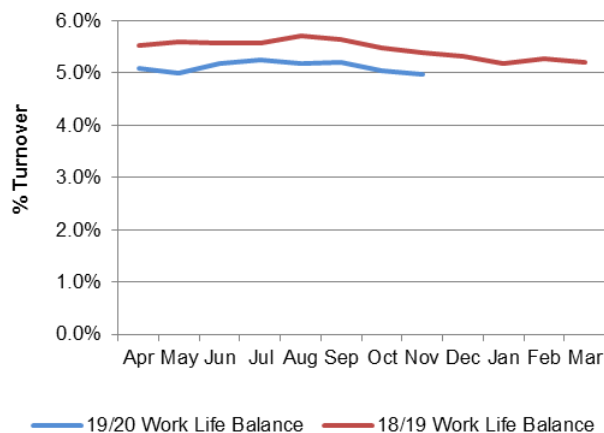
Trust

Turnover continues to improve across the Trust at 14.4% for November. Registered nursing and midwifery turnover improved again in November 15.5% (October) to 15.2% and is at its lowest level since winter 2017.

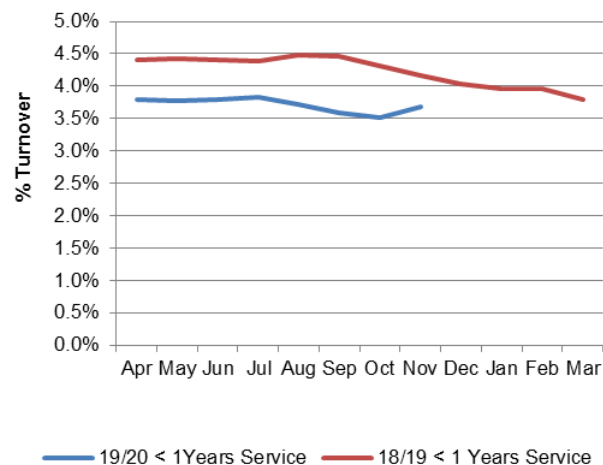
People and Transformation (P & T) Team Actions

- NHSI/NBT retention action plan now developed, around the key themes of Starting Well, Staying Well and Stopping Well;
- Work-life balance/Flexible Working 'brochure' complete, as a 'go-to' guide for managers and staff, with case studies, guidance and examples of best practice. To be promoted via next week's webinar and Newsletter;
- Continued support of EU staff to help them gain 'Settled Status', promoted through a variety of methods;
- Plans for a January re-promotion of the Itchy Feet phone line and linked resources on the HR Portal.

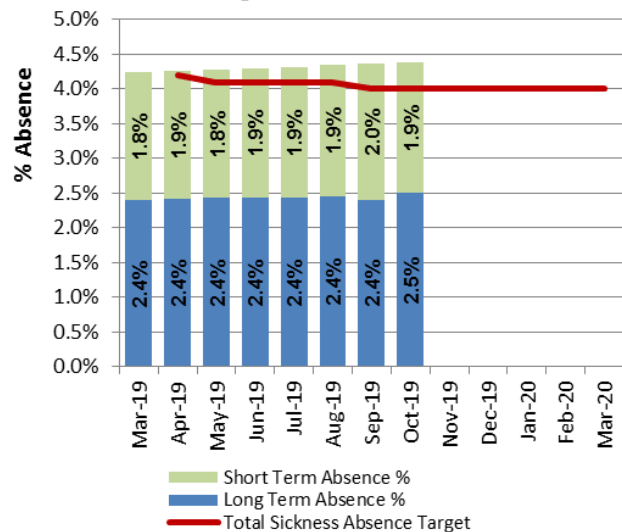
Rolling 12 Month Turnover - Work Life Balance



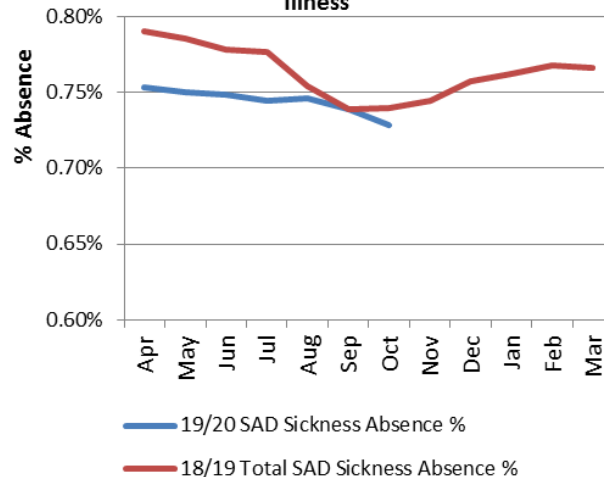
Rolling 12 Months - <1 Years Service Turnover



Rolling 12 Month Sickness



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



Sickness

Sickness remained at 4.4% in October. Whilst short term sickness reduced slightly, long term sickness increased. We remain 0.4% above the target. A sickness absence deep dive report undertaken and to be reviewed by People and Digital Committee.

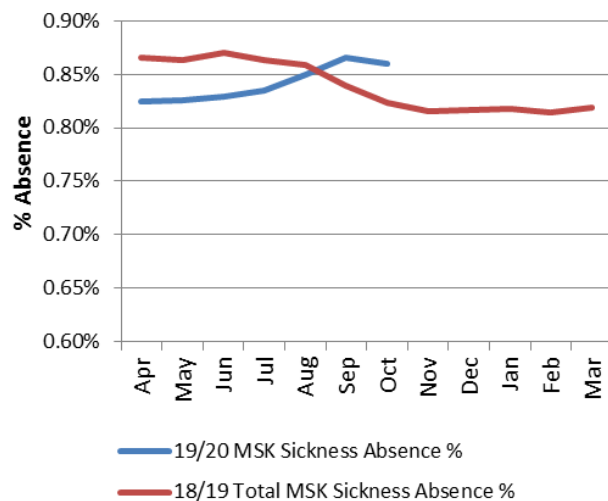
Recommendations identify the need for further diagnostic work particularly to understand the long term sickness drivers, especially absence classified as 'other' so that appropriate interventions can be targeted.

Wellbeing promotion around the Trust with free snacks took place 28/11/19

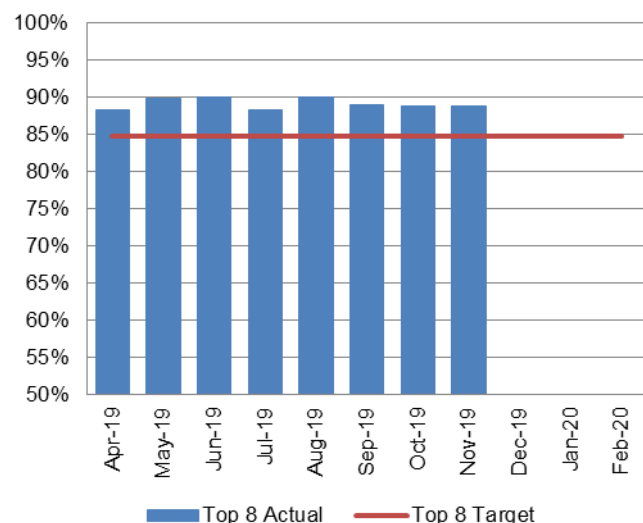
People and Transformation team actions

- Action plan following an audit into the application of the short-term sickness policy is now being implemented;
- Work-related stress project now complete and results being analysed
- Continued work to help improve long-term sickness absence in the Women and Children's Division, with action plan developed;
- Further promotion of the Adjustment Passport this month;
- Long-term Sickness/Maternity Leave Return to work support pack for staff in development.

Rolling 12 Month Sickness MSK Reasons



Compliance Top 8 Essential Training (2019-2020)



Training Topic	Variance	Oct-19	Nov-19
Child Protection	0.7%	88.4%	89.0%
Equality & Diversity	0.0%	91.1%	91.1%
Fire Safety	-0.5%	88.4%	87.9%
Health & Safety	0.2%	92.2%	92.4%
Infection Control	-0.1%	90.7%	90.6%
Information Governance	-0.4%	86.6%	86.2%
Manual Handling	-0.4%	84.2%	83.8%
Waste	-0.2%	89.2%	89.0%
Total	-0.1%	88.89%	88.80%

Top 8 Statutory / Mandatory Compliance:

Training compliance with the Top 8 Statutory / Mandatory training topics is remaining steady at 89.41%.

Leadership Development

OneNBT programme:

Of the 308 staff who have signed up to the programme, 257 staff have engaged with the programme with now 51 still to engage.

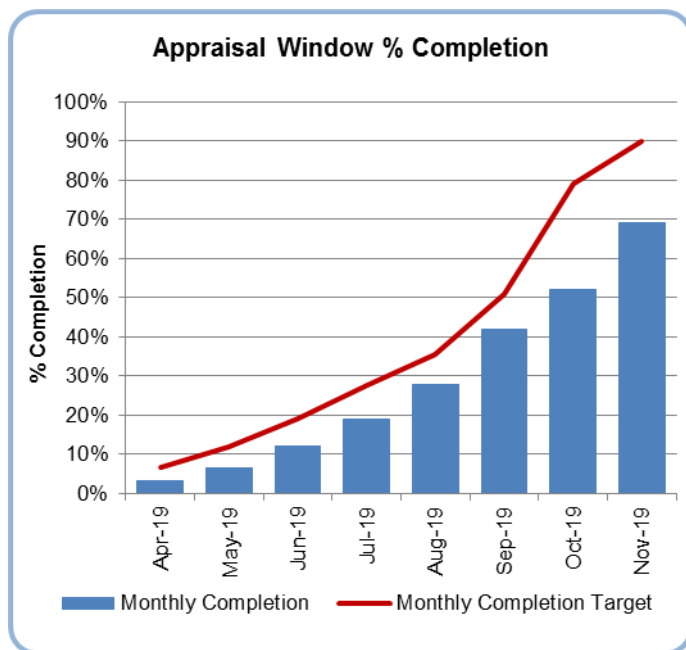
Overall participants on the programme are at 88% of our target of 350 staff. Feedback continues to be positive for all modules.

Apprenticeships and other programmes:

Alongside the OneNBT leadership programme, 28 staff are enrolled in the apprenticeship Leadership and Management Level 3 qualification. 6 staff will be due to complete their end-point assessment in March/April 2020. These will be the first in the Trust to achieve the qualification and complete the programme.

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

Division	Division Target	% of Division Target	Head Count	% of NBT Target (350)
Medicine	68.3	108%	74	21%
ASCR	91.5	68%	62	18%
Core Clinical	73.3	58%	43	12%
NMSK	38.6	104%	40	11%
W&C's	35.2	74%	26	7%
Facilities	4.4	227%	10	3%
Corporate	38.7	136%	53	15%
Total			308	88%



Appraisal Completion

Appraisal completion reached 69% in the appraisal window below the target of 90%.

Equality, Diversity and Inclusion Metrics

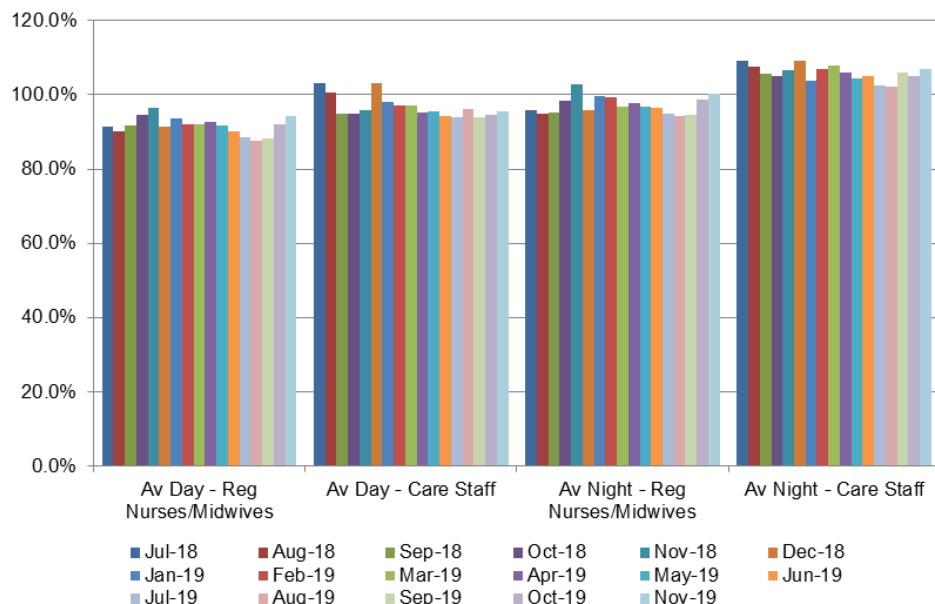
Gap of 2% gap between White & BAME appraisal data, increased since November. There is a 5% completion gap between males & females. This gap has also increased since November, Now the appraisal window has closed a review of the detailed data by division and staff group will take place to identify any hotspots that are contributing to the divergence.

Equality Diversity and Inclusion Metrics

Ethnic Origin	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
BAME	3.3%	8.1%	15.6%	20.6%	28.3%	42.4%	63.9%	67.2%
White	3.4%	6.3%	11.3%	18.6%	27.6%	41.9%	64.8%	69.2%
Undisclosed	0.0%	1.4%	10.5%	17.9%	32.5%	40.0%	60.5%	72.1%

Gender	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Female	3.1%	6.1%	11.5%	18.1%	27.2%	42.3%	65.5%	69.9%
Male	3.9%	8.0%	13.9%	22.1%	29.7%	40.3%	61.3%	64.9%

Safe Staffing Fill Rates



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

Wards below 80% fill rate are:

Gate 19: CA Days 62.6.% This area is reported as it has been open as escalation capacity for more than three consecutive nights. The fill rate is due to vacancy across the gate which includes the labs, the base template is currently under review. The area will only admit patients to the number of staff available, and is being closely monitored to the SOP by the matron to maintain patient safety.

32B: CA Days 76.1%. Low fill rate due to vacancies and NA's being included in the RN reporting lines with roster changes are being made. Some vacancies not filled with Bank due to closed clinic rooms. Staffing levels monitored by Matron and SWS to ensure patients remain safe and well cared for with clinical judgment taking into account number of supernumerary staff providing care such as Student Nurses.

Ward over 150% fill rate:

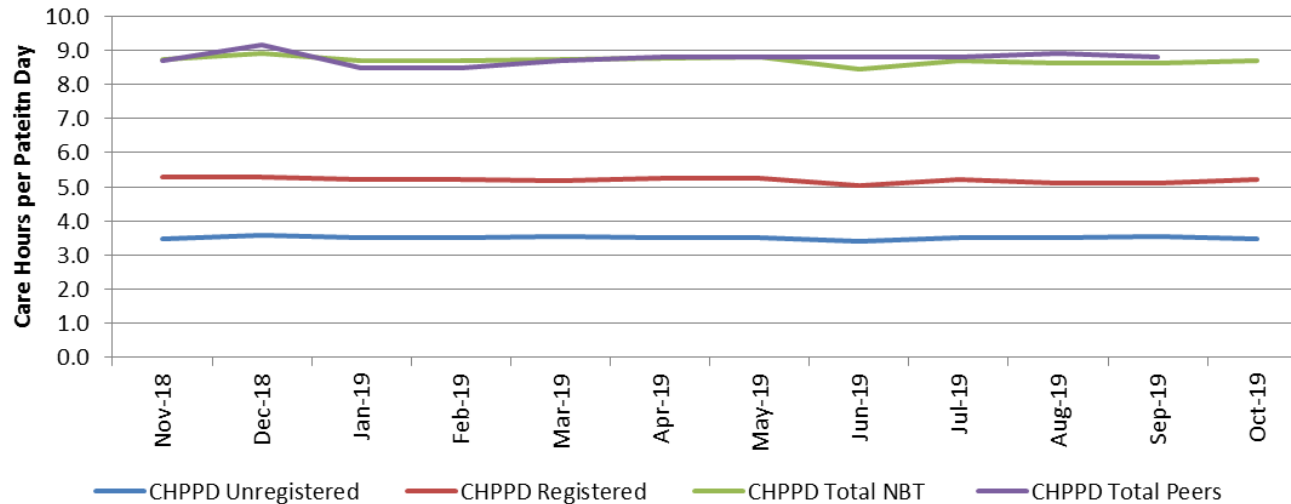
25b CA Night 162% The fill rates represent the need for additional staff overnight to support patient who have cognitive impairments and are a significantly high risk of falls. The patients are risk assessed daily to ensure patient safety needs are addressed.

26b CA Night 151.7% The fill rates represent the need for additional staff overnight to support patient who have cognitive impairments and are a significantly high risk of falls. The patients are risk assessed daily to ensure patient safety needs are addressed.

Nov-19	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	94.1%	95.5%	100.4%	107.0%

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

Care Hours Per Patient Day



Care Hours per Patient Day (CHPPD)

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

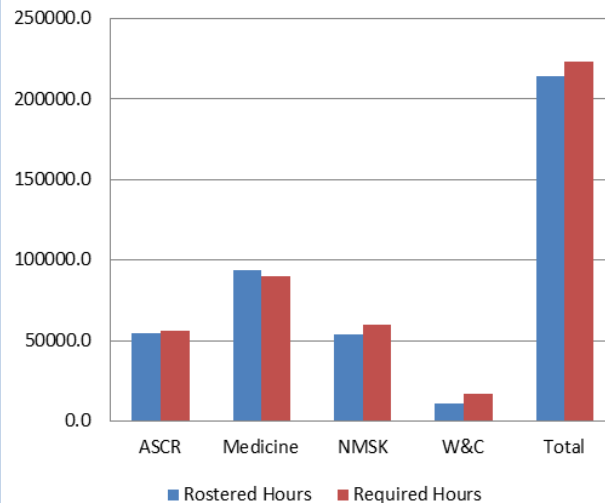
Safe Care Live (Electronic Acuity tool)

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

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

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

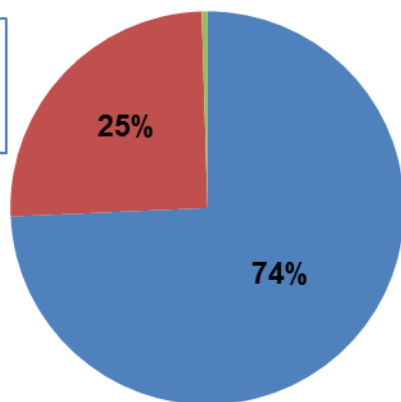
Required vs Rostered Hours



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

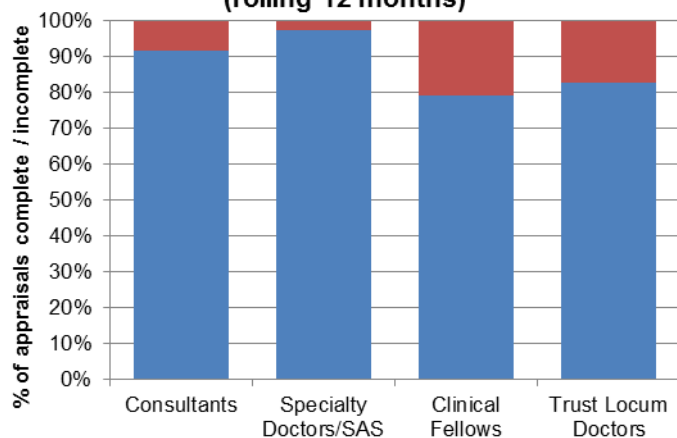
No. of Doctors
revalidating:

214



■ Positive ■ Deferral ■ Non-Engagement

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



■ % Completed Appraisals ■ Missed/Incomplete Rate

Medical Appraisal

The current appraisal year runs between 1st April 2019 - 31st March 2020. At the end of November, 88% of the appraisals that were due are now completed. 65 appraisals remain incomplete and 209 appraisals are due between December and March. The 65 individuals with an overdue appraisal are being managed through the missed appraisal process.

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

There are also a further 28 doctors who are new to the Trust and we are awaiting past ARCPs / appraisals from them in order to establish whether they are compliant with the process.

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

563 of the doctors connected to NBT's Designated Body obtained their primary medical qualification within the UK. 61 obtained their qualification within the EEA and 123 were obtained internationally.

The Trust has currently deferred 25% 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 individual's licence to practice has been withdrawn. There has been no appeal to date.

Fourteen Fish now continues to be the system used in the Trust for appraisal and revalidation and is mandatory for all non-training grade doctors to use.

Finance

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

	Position as at 30 November 2019		Full Year Forecast (as at October 2019)	
	Actual £m	Variance (Adverse) / Favourable £m	Full year Forecast £m	Variance (Adverse) / Favourable £m
Contract Income	351.2	(3.5)	527.7	(1.6)
Other Income	54.6	(1.7)	84.4	(0.1)
Total Income	405.8	(5.2)	612.1	(1.7)
Pay	(254.4)	2.4	(384.3)	2.0
Non-Pay	(122.9)	1.5	(186.7)	(1.2)
Depreciation	(16.2)	(0.3)	(23.9)	0.6
PFI Operating Costs	(4.1)	0.1	(6.2)	0.1
PFI Interest	(22.8)	(0.1)	(34.2)	0.0
Other Financing costs	(3.2)	0.3	(5.1)	0.2
Loss on Disposal	(0.2)	(0.2)	(2.1)	0.0
Adjusted surplus / deficit for NHS accountability (exc PSF)	(18.0)	(1.5)	(30.4)	0.0
PSF	13.8	0.0	25.0	0.0
Adjusted surplus / deficit for NHS accountability (inc PSF)	(4.2)	(1.5)	(5.4)	0.0
Gain on disposal	0.0	0.0	0.5	0.0
Control total	(4.2)	(1.5)	(4.9)	0.0

Statement of Comprehensive Income

Year to date position

Assurances

The financial position at the end of November shows a deficit of £4.2m, £1.5m adverse to the planned deficit. This adverse performance was forecast as it is the result of a known phasing issue within the plan. The position is forecast to recover back inline with plan by the end of the year, with the November performance £0.8m favourable to forecast.

Key Issues

- Contract income is £3.5m adverse to plan largely due to under-performance in elective and the mix of long / short stay non-elective inpatient activity.
- Other operating income is £1.7m adverse to plan due a number of factors including unachieved CIP which is expected to recover.
- Pay is £2.4m favourable to plan reflecting non-recurrent vacancies for substantive roles partially offset by temporary staffing.
- Non pay is £1.5m favourable to plan mainly in clinical supplies and drugs.
- The savings shortfall at November was £4.7m, the impact of which has been offset by a number of one-off benefits.

Forecast Outturn

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

31 March 2019 £m	Statement of Financial Position as at 30th November 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	556.2	551.1	(5.1)
17.0	Intangible Assets	15.1	12.4	(2.7)
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	579.8	572.0	(7.8)
	Current Assets			
12.8	Inventories	11.2	12.0	0.7
35.5	Trade and other receivables NHS	52.4	26.2	(26.2)
37.1	Trade and other receivables Non-NHS	21.0	32.7	11.7
10.2	Cash and Cash equivalents	8.0	22.6	14.6
95.7	Total current assets	92.6	93.4	0.8
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	672.4	665.4	(7.0)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	7.4	(1.9)
64.8	Trade and Other payables - Non-NHS	61.2	63.5	2.3
70.8	Borrowings	70.1	152.6	82.5
145.0	Total current liabilities	140.7	223.5	82.8
(49.3)	Net current assets/(liabilities)	(48.1)	(130.1)	(82.0)
534.3	Total assets less current liabilities	531.7	441.9	89.8
7.8	Trade payables and deferred income	7.6	7.6	0.0
517.8	Borrowings	516.6	429.1	(87.4)
8.7	Total Net Assets	7.6	5.2	(2.4)
	Capital and Reserves			
243.9	Public Dividend Capital	245.5	245.1	(0.3)
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(2.7)	(4.8)	(2.1)
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	7.6	5.2	(2.4)

Statement of Financial Position

Assurances

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

The Trust ended the month with a cash balance of £22.6m, compared with a plan of £8.0m. This higher balance is partly due to £7.3m of year to date slippage on the capital expenditure plan, along with 2018/19 over performance monies received in year but not yet utilised to reduce trade payables. .

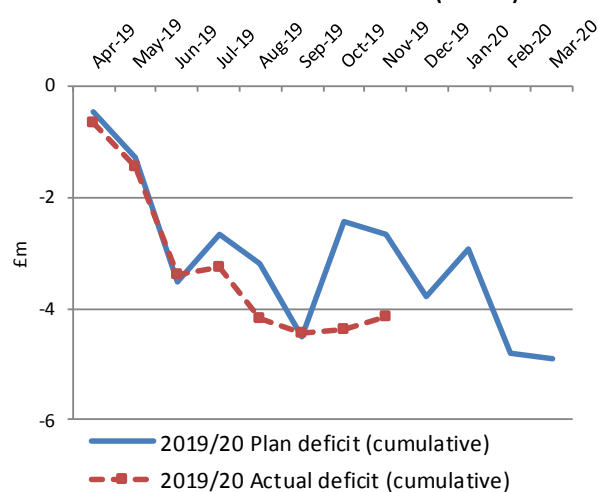
Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 77% by volume of payments made within 30 days against the target of 95%. By value the performance is 83% (85% excluding NHS).

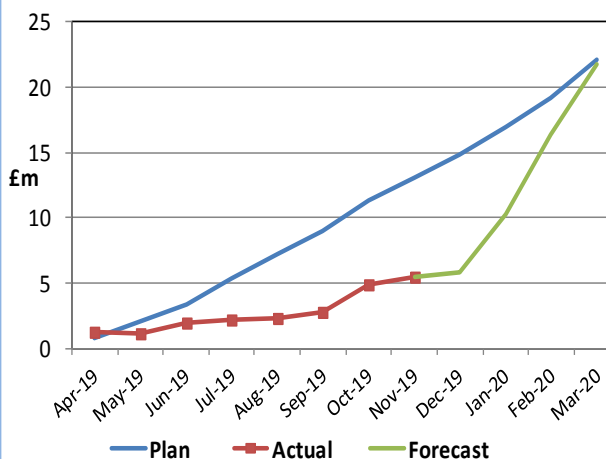
Actions Planned

The focus going into 2019/20 continues to be on improving payments to achieve the BPPC, achieving the remaining capital plan, reducing the level of outstanding debts and ensuring cash financing is available to achieve the Trusts' objectives.

Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure vs. Plan



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

The overall financial position shows a £4.2m deficit, £1.5m adverse to plan.

The capital expenditure for the year to date is £5.4m. The revised expenditure forecast for 2019/20 is £22.7m.

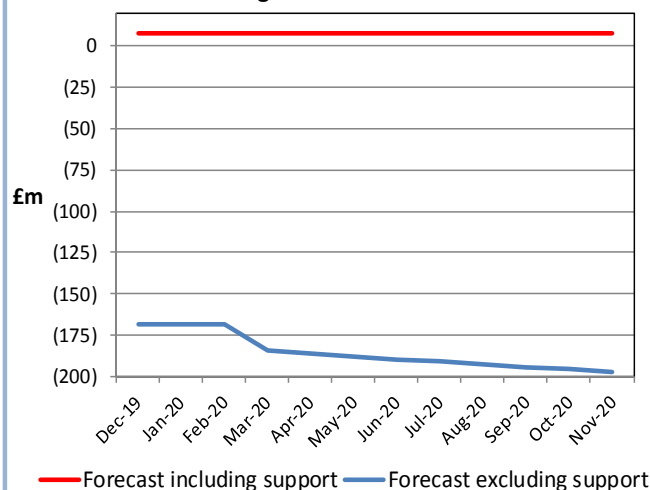
Assurances and Actions

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

Concerns & Gaps

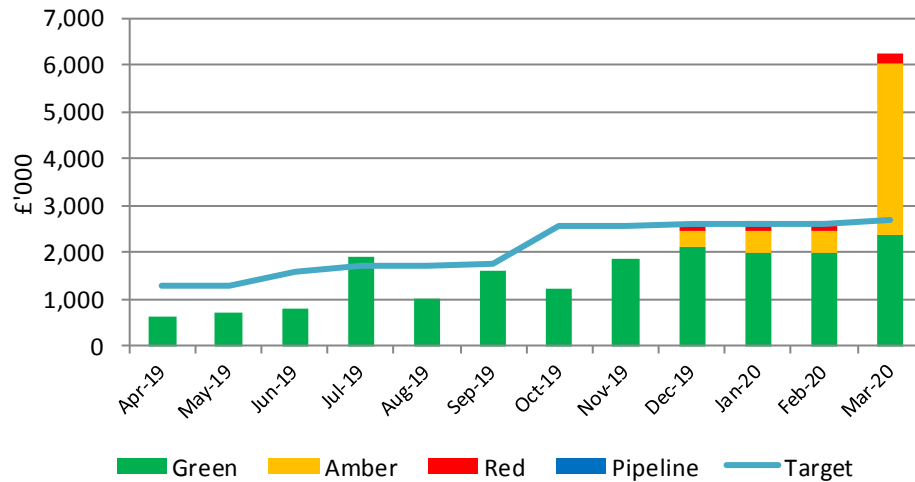
The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

Rolling cash flow forecast

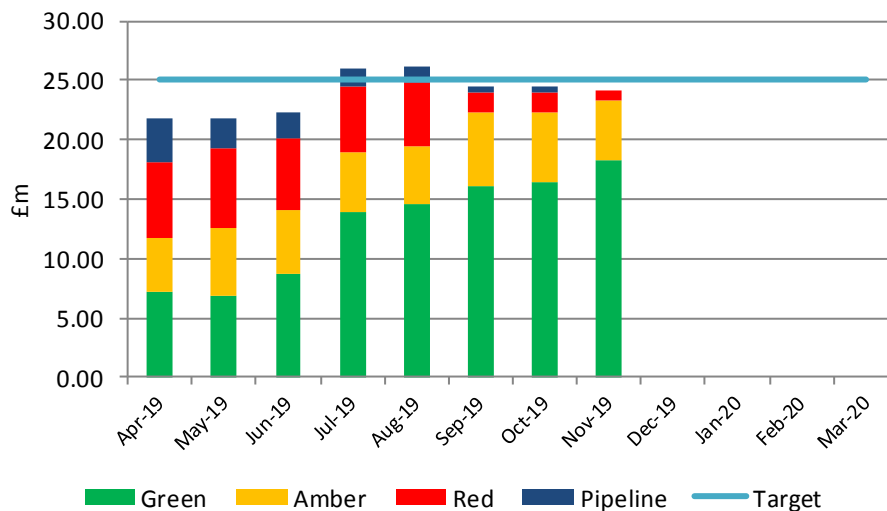


Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	3	3
0.2	I&E margin: distance from financial plan	2	1
0.2	Agency rating	2	2
	Overall finance risk rating	3	3

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £24.2m has been identified as at the end of November.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £24.4m identified schemes. £23.3m of these are rated as green or amber.

Savings delivery is £9.8m as at the end of November, £4.7m adverse against a plan of £14.5m.

Of the £24.4m identified savings in 2019/20, £15.9m is recurrent with a full year effect of £20.7m.

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

CQC reports history (all sites)

Location	Standards Met	Report date
Overall	Good	September 2019
Southmead Hospital	Good	September 2019
Cossham Hospital	Good	February 2015

Monitor Provider Licence Compliance Statements at November 2019

Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Board Compliance Statements at November 2019.

Self-assessed, for submission to NHSI

No.	Criteria	Comp (Y/N)	No.	Criteria	Comp (Y/N)
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes	8	The necessary planning, performance, corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the Trust Board are implemented satisfactorily.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes	9	An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements.	Yes	10	The Trust Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	Yes
4	The board is satisfied that the Trust shall at all times remain an ongoing concern, as defined by the most up to date accounting standards in force from time to time.	Yes	11	The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
5	The board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution.	Yes	12	The Trust Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of Directors; and that all Trust Board positions are filled, or plans are in place to fill any vacancies.	Yes
6	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	Yes	13	The Trust Board is satisfied that all Executive and Non-executive Directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including: setting strategy; monitoring and managing performance and risks; and ensuring management capacity and capability.	Yes
7	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	Yes	14	The Trust Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes