

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2019 (presenting April 2019 data)



CONTENTS

CQC Domain / Report Section	Sponsor / s	Page Number
Performance Dashboard and Summaries	Chief Operating Officer Medical Director Interim Director of Nursing Director of People and Transformation Director of Finance	5
Responsiveness	Chief Operating Officer	13
Safety and Effectiveness	Medical Director Interim Director of Nursing	25
Quality Experience	Interim Director of Nursing	36
Research and Innovation	Medical Director	42
Facilities	Director of Facilities	43
Well Led	Director of People and Transformation Medical Director Interim Director of Nursing	45
Finance	Director of Finance	54
Regulatory View	Chief Executive	59

REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 31 April 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
Med	Medicine
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
RAP	Remedial Action Plan
RCA	Root Cause Analysis
WCH	Women and Children's Health
MDT	Multi-disciplinary Team
PTL	Patient Tracking List

EXECUTIVE SUMMARY

April 2019

ACCESS

April reports a **deterioration of the 4 hour urgent care standard at 69.73%, underachieving against the Trusts trajectory of 83.92%**. At 7934, there were 505 (7%) more ED arrivals in April 2019 when compared with April 2018, equating to an additional 17 attendances per day. This is the second largest number of attendances to be received by the Trust in a month. An increase in emergency admissions and long stay patients further impacted waiting times in April.

The Trust has **underachieved against trajectory for Referral To Treatment (RTT)** incomplete performance for March (85.18% vs trajectory of 87.11%). The total **incomplete waiting list achieved the trajectory** of 28316 with an end of month position of 27995. The Trust has not achieved the trajectory for the number of patients waiting greater than 52 weeks from Referral to Treatment (RTT) in March (19 vs trajectory of 13), services are continuing to work towards a clearance of all 52 week waits by end of September 2019.

In April, the Trust **achieved the diagnostic waiting time trajectory** of 5.58% with a final position of 4.27%. Plans are in place to work towards improving the Endoscopy demand and capacity imbalance.

The Trust has **delivered three of the seven national cancer targets** in March – The 31 Day Subsequent Drug Treatment standard continues to achieve at 100% and patients treated within 62 days of screening continues to improve and is now achieving at 91.84%. The Trust's Two Week Wait stands at 90.27% in March (standard 93%), Two Week Wait for Breast Symptoms has again improved and reports a position of 82.69% (standard 93%), 31 Day First Treatment has dropped to 93.28% (standard 96%) as has 31 Day subsequent Surgery to 79.17% (standard 94%), while the 62 Day Treatment standard reports an improvement at 85.98% (standard 85%).

SAFETY

A 30% reduction of Grade 2 pressure ulcer incidence is a focus of 2019/20 safety improvement work. In April there were 43 Grade 2 and one Grade 3 pressure injuries reported, while there were **no Grade 4 pressure injuries reported**. An action plan is being created as an immediate organisational response to the increased incident of pressure injuries. There were seven serious incidents reported and no Never Events declared in April, with the last reported Never Event being 26 January 2019. Thematic Reviews are conducted across all Never Events that have happened since April 2018.

PATIENT EXPERIENCE

The number of overdue complaints was 34 in April. Funding to sustain the Patient Advice and Liaison Service (PALS) service has been secured with recruitment currently in progress. This will release staff back to address the overdue complaints position. Friends and Family recommend scores remain reasonably steady across all areas with the exception of ED where there is a slight deterioration. NHS Choices rating for Southmead Hospital is 4.5 stars (max 5) while Cossham has dropped to 4 stars.

WORKFORCE

Focus remains on recruitment, retention and staff health and wellbeing. The improvement in the number of staff leaving the Trust for voluntary reasons has sustained a rolling year improvement of 85 wte. The stability (% of staff in post longer than 12 months) of the Trust workforce saw a small deterioration in April compared with March (85.4% to 84.2%). This was due to a slight increase in the number of staff leaving with more than 12 months service in the year preceding April 2019 compared to the year preceding March 2019. In April 17 wte less staff left with more than a years service than in March, as such May's stability position is anticipated to improve. Progress of the health and well being programme remains positive with the reduction of the proportion of sickness attributed to 'Stress/Anxiety/Depression/Other psychiatric illnesses' wte days lost in 18/19 being 421 wte days lower than 2017/18.

FINANCE

The Trust has planned a deficit of £4.9m for the year in line with the agreed control total with NHS Improvement. At the end of April, the Trust is reporting **a deficit of £0.6m, £0.13m adverse to the planned deficit**. The Trust has a 2019/20 savings target of £25m, against which £0.5m was achieved at the end of April. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

April-19

IPR section	Access Standard			Benchmarking (*month in arrears)			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description		Target							
				National**	Rank***	Quartile				
Responsiveness	ED 4 Hour Performance QP1		95%	77.15%	104/133	<div><div></div></div>	74.10%	69.73%	83.92%	▼
	12 Hour Trolley Waits QP1		0				0	0		►
	Ambulance Handovers Within 15 minutes		100%				92.66%	89.26%	92.61%	▼
	Ambulance Handovers Within 30 minutes		100%				99.27%	98.27%	99%	▼
	Ambulance Handovers Within 60 minutes		0				2	12	0	▲
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*86.70%	115/179	<div><div></div></div>	86.71%	85.18%	87.11%	▼
	Referral to Treatment - Total Incomplete Pathways						27910	27995	28316	▲
	52WW	MSK	2				9	10	13	▲
		Plastic Surgery	0				3	9		▲
		Urology	1				4	0		▼
		Other	10				2	0		▼
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*2.47%	129/192	<div><div></div></div>	3.10%	4.27%		▲
	Cancelled Operations	Same day - non-clinical reasons	0.8%				0.89%	1.36%		▲
		28 day re-booking breach	0				1	1		►
	Bed Occupancy QP1		95%				96.63%	97.07%		▲
	Stranded Patients (LoS >7 days : Snapshot as at month end)						338	402		▲
	Delayed Transfers of Care (DToC) QP1		3.50%				5.14%	5.01%		▼
	Electronic Discharge Summaries						83.98%	86.29%		▲
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	91.83%	107/145	<div><div></div></div>	92.44%	90.27%		▼
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.54%	70/108	<div><div></div></div>	82.20%	82.69%		▲
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	96.51%	91/108	<div><div></div></div>	95.49%	93.28%		▼
	Patients waiting less than 31 days for subsequent surgery		94%	92.29%	49/57	<div><div></div></div>	80.87%	79.17%		▼
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.34%	1/30	<div><div></div></div>	100%	100%		►
	Patients receiving first treatment within 62 days of urgent GP referral		85%	79.65%	46/142	<div><div></div></div>	81.67%	85.98%	85.62%	▲
	Patients treated within 62 days of screening		90%	89.52%	19/63	<div><div></div></div>	91.07%	91.84%		▲

Key Operational Standards Dashboard

April-19

IPR section	Access Standard		Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description	Target				
Quality Patient Safety and Effectiveness	Never Event Occurrence by Month	0	0	0		►
	WHO Checklist Compliance	95%	97.40%	97.50%		▲
	Hand Hygiene Compliance	95%	97.00%	97.00%		►
	Pressure Injuries	Grade 2	21	43		▲
		Grade 3	3	1		▼
		Grade 4	0	0		►
	MRSA		0	0		►
	E. Coli		3	3		►
	C. Difficile		4	1		▼
	MSSA		2	3		▲
	Venous Thromboembolism Screening (In arrears)	95%	95.60%	95.00%		▼

Key Operational Standards Dashboard

April-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		*12.34%	25/136	<div><div></div></div>	20.03%	16.51%	15.00%	▼
		Inpatient QP2		*24.55%	133/166	<div><div></div></div>	19.04%	11.47%	30.00%	▼
		Outpatient QP2					18.05%	8.20%	6.00%	▼
		Maternity (Birth) QP2		*21.63%	46/127	<div><div></div></div>	25.80%	22.38%	15.00%	▼
	FFT - % Would recommend	Emergency Department QP2		*85.93%	63/132	<div><div></div></div>	88.03%	85.32%		▼
		Inpatient QP2		*95.71%	133/154	<div><div></div></div>	93.24%	93.30%		▲
		Outpatient QP2		*93.57%	89/190	<div><div></div></div>	95.94%	95.03%		▼
		Maternity (Birth) QP2		*96.81%	54/65	<div><div></div></div>	94.69%	97.87%		▲
	Complaints	% Overall Response Compliance QP2					76.00%	63.00%		▼
		Overdue QP2					10	34		▲
Well Led	Agency Expenditure ('000s)		£702				£1,348	£1,003		▼
	Month End Vacancy Factor		9.98%				10.52%	10.64%		▲
	Turnover (Rolling 12 Months)		15.60%				NA	15.30%		▼
	In Month Sickness Absence (In arrears)		3.87%				4.50%	4.20%		▼
	Trust Mandatory Training Compliance		85.00%				88.80%	88.30%		▼
	Non - Medical Annual Appraisal Compliance		90% Nov. 2018				72.00%	80.00%		▲
Finance	Deficit (£m)		£4.9m 2019/20				£21.4	£0.6	£0.5	
	NHSI Trust Rating						3	3		►

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

April reports a deterioration of the 4 hour urgent care standard at 69.73%, underachieving against the Trusts trajectory of 83.92%. The 4 hour target remained challenged by high volumes of attendances with the Trust, receiving 505 (7%) more ED attendances in April 2019 when compared with April 2018. An increase in long stay patients and admissions to the core bed base further reduced flow throughout the hospital resulting in an increase in bed delays.

Planned Care

Referral to Treatment (RTT) - In month, the Trust underachieved against the RTT trajectory of 87.11%, with actual performance at 85.18%. The year opened with a total waiting list position of 27,995, below the trajectory of 28,316. The number of patients exceeding 52 week waits continues above trajectory with April reporting at 19; the majority of breaches (17) owing to capacity issues. The Trust is working towards delivery against a remedial action plan, specifically focusing on the challenged sub-specialties within MSK, Ortho-spinal and in Plastic Surgery.

Cancelled Operations - In month, there was one breach of the 28 day re-booking target. Root cause analyses have been completed for all patients breaching the 28 day rebooking standard.

Diagnostic Waiting Times - The Trust has not achieved the national target for diagnostic waiting times with a performance of 4.27% in April and reflects a deterioration from March's position of 3.10%. Although deteriorated, the Trust has achieved the internal trajectory of 5.58%. The Trust continues to monitor Endoscopy pathways through Remedial Action Plans and additional capacity is being sought for Urodynamics to support the backlog clearance.

Cancer

Cancer performance has improved in March, achieving three of the seven standards. Of the four standards not achieved, the Trust's Two Week Wait has reported a fall to 90.3% and the breast non-symptomatic Two Week Wait reported 82.69% in March against the National standard of 93%. The majority of breaches relate to skin (66), breast (62) and gynaecology (23). Patients receiving first treatment within 31 days of diagnosis has not achieved the standard and reports a performance of 93.28% against 96% target. Patients waiting less than 31 days for subsequent surgery continues to underperform with a performance of 79.17% against a target of 94%. The Trust achieved the 62 day standard, with an improved performance of 85.98% against a national standard of 85%. The Trust continues to meet the national standard of 98% for 31 days subsequent drug treatment and has recovered the position for the proportion of patients treated within 62 days of screening at 91.84% against a target of 90%.

Areas of Concern

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

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

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Interim Director of Nursing

Overview

Improvements

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

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

Incidents involving High Risk Drugs - Over the last 6 months there has been a modest but encouraging downward trend in the number of medication incidents involving High Risk Drugs

Areas of Concern

Incidence of pressure injuries - There has been a significant increase in the number of reported Grade 2 injuries (43, of which 8 were medical device related). As an organisational response to this significant increase in pressure injuries, an appreciative enquiry approach was taken by Heads of Nursing and matrons across inpatient areas, in an effort to understand the reasons for the deterioration in performance. Triangulation of the PI incidence with other key nurse sensitive indicators such as falls, complaints, FFT, staffing levels and use of temporary staff is being undertaken. The outcomes of these approaches will be central to the work of the Trust's Pressure Injury task group.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns: Improvement in reporting: A review of how data is collected and recorded regarding numbers of complaints, concerns and overdue complaints was carried out in April 2019 . A number of inconsistencies were identified, but the data is now validated and new reports agreed which ensure all agreed exclusions and collation method going forward. As a result this data has been refreshed for year Apr 2019-Apr 2020 to display true reflection of increases and decreases in service delivery and to feed into a six month recovery plan to be rolled out June 2019 – September 2019 which will address both the overdue complaints backlog and the achievement of a final response compliance target of 90% with an aspiration to deliver 90% compliance by the end of November 2019. This is reflected in this report.

Funding to sustain PALS has been secured and recruitment is in progress with a room being secured for the face to face meeting with patient and the public

Friends and Family Test: For April, the percentage of patients saying they would recommend the Trust has improved in maternity(Birth), but reduced slightly for the Emergency Department.

Areas of concern

Complaints and Concerns and Enquiries: The number of complaints received has increased in April as well as the number of overdue responses. A six month recovery plan is being implemented to achieve a 90% compliance in terms of response times by the end of November 2019.

Friends and Family Test: There has been a significant decrease in response rates across all areas in April. The cause of this has been identified as an issue with the Interactive Voice Messages. This has been escalated to the phone service provider and to BT who are working to resolve this as soon as possible.

The percentage recommending the ED, whilst overall has been performed very well against the national and SW(North) regional rates, has decreased again this month. Action will be taken with ED to address the communication and reassurance around waiting times which appears to be a key aspect influencing factor in the recommendation of the service.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Strategic Priority 4. Create an exceptional workforce for the future

Stability

The stability (% of staff in post longer than 12 months) of the Trust's workforce for 19/20 will be influenced by the success of its retention programme. The stability factor decreased slightly in April due to the number of leavers in March with greater than a years service increasing when compared with February, 73 wte and 59 wte respectively. In April the number of leavers with more than one years service decreased to 56 wte and it is anticipated that May's stability position will improve as a result.

Progress against corporate objectives KPIs:

Reduction in proportion of leavers with less than one year service: The rolling 12 month position for leavers with less than one years service improved again in April, 29.1 wte lower than the same point in 18/19 with April 19's in month position being 5.1 wte lower than April 18.

Reduction in proportion of leavers with reason 'work life balance': The rolling 12 month position for leavers for work life balance reasons improved again in April, 32.3 wte lower than the same point in 18/19 with April 19's in month position being 10.4 wte lower than April 18.

Turnover

The improvement in the number of staff leaving the Trust for voluntary reasons has sustained the rolling 12 month improvement of 85 wte. In order to support the recruitment plans which underpin nursing and midwifery teams a focus on improving retention in these teams will continue.

Vacancies

The Trust vacancy factor remained stable in April 19 at 10.6% (from 10.5% in March 19). Starters of 11 wte in unregistered nursing and midwifery staff, 8.7 wte registered nursing and midwifery staff and 11 wte unregistered AHPs and scientific and technical staff were significant contributors to the overall net gain of 45 wte. The in month position of the band 5 nurse resource plan positive, with 19.4 wte starters and leavers below anticipated levels, 20 wte actual leavers vs 27 wte anticipated.

Health and Well-being

The psychological wellbeing programme has only been at ~60% capacity since January 2019 due to team members on temporary contracts leaving. However the confirmation of the programme funding becoming recurrent means that a permanent psychologist recruitment process is now well underway. Capacity should return to 100% by August 2019.

Progress against corporate objective:

Reduction of proportion of sickness attributed to 'Stress / Anxiety / Depression / Other psychiatric illnesses': wte days lost in the period Apr-18 to Mar-19 saw an improved position of 421 less fte days lost compared with 17/18.

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 April, the Trust reported a deficit of £0.6m which is £0.1m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

The Trust has borrowed £1.3m year to date to the end of April which brings the total Department of Health borrowing to £179.5m.

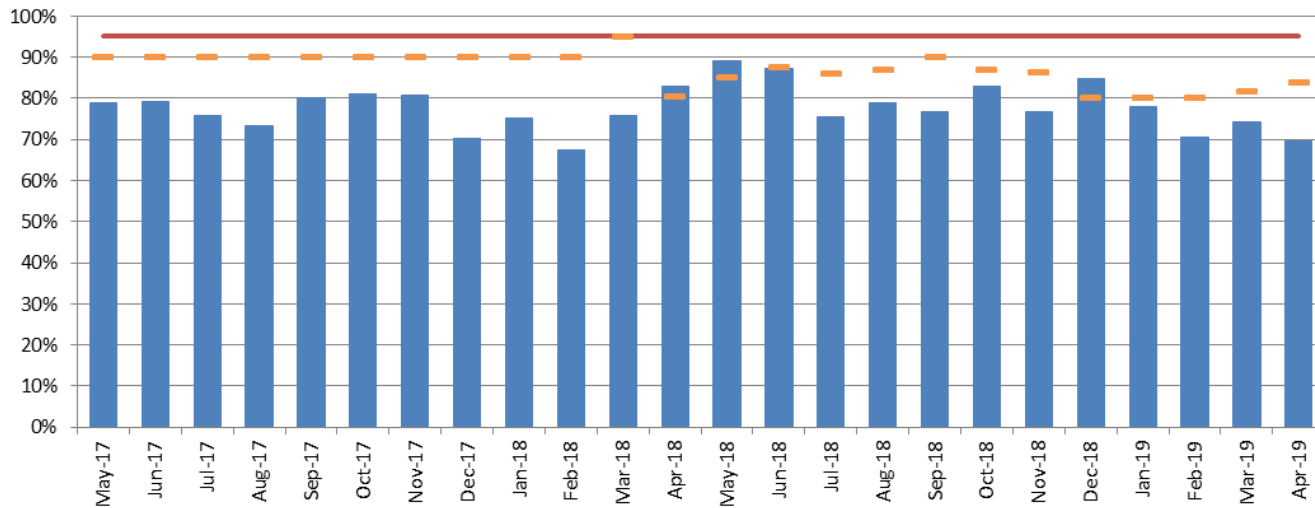
The Trust has a savings target of £25m for the year, of which £0.5m was achieved at the end of April against a plan of £1.3m.

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

RESPONSIVENESS

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

ED 4 Hour Performance



Urgent Care

The Trust did not achieve the ED 4 hour wait trajectory of 83.92% in April 2019, with a performance of 69.73%. The position has deteriorated from March and also reflects a deterioration when compared with April 2018.

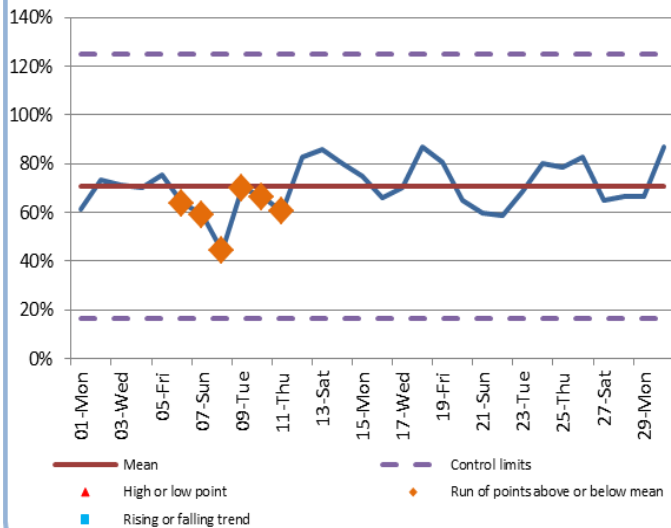
April is confirmed as the second highest number of attendances to be received by the Trust in a single month with an average of 264 attendances per day and three days exceeding 300. At 7934, there were 505 (7%) more ED attendances in April 2019 when compared with April 2018.

ED performance for the Footprint stands at 78.37% and the total STP performance was 81.77% for April. This already is a deterioration in performance when compared to the previous year.

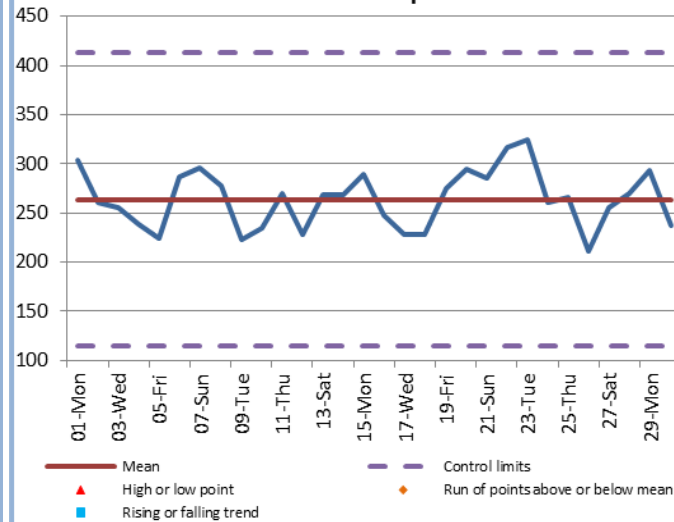
Waiting time performance fluctuated throughout the month, varying between 45.32% and 86.84%, with a median wait time of 3.5 hours (4 hours admitted; 3 hours non-admitted). The median wait time for patients in breach of the 4 hour target was 7 hours and 90% of patients were seen within 8.5 hours.

Significant challenges in achieving the four hour standard in April continue to be reflected across the wider BNSSG system.

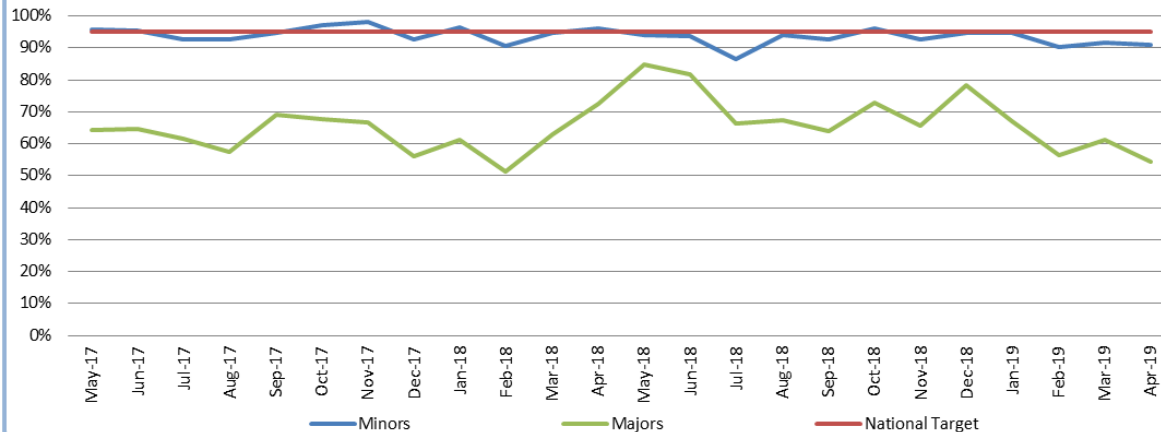
4 Hour Performance Apr 2019



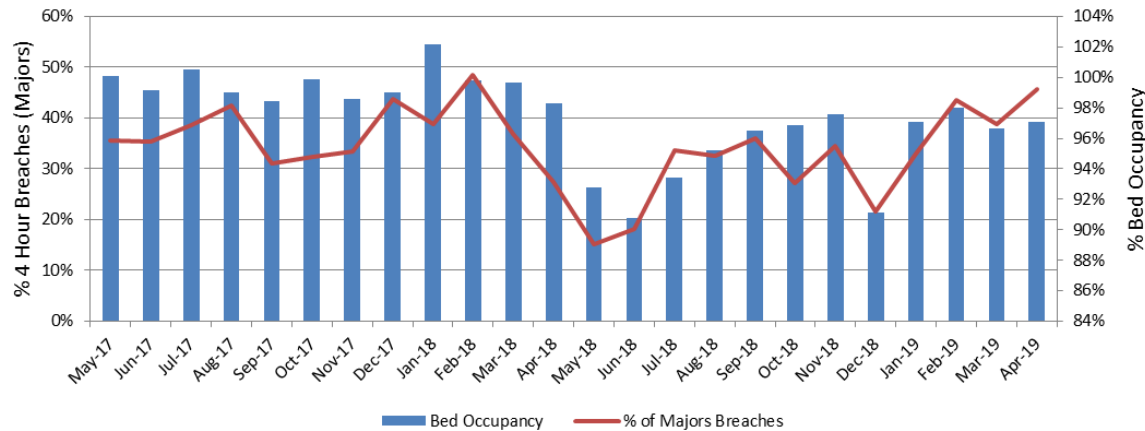
ED Attendances Apr 2019



ED 4 Hour Performance by Majors/Minors



Bed Occupancy vs % Breaches (Majors)



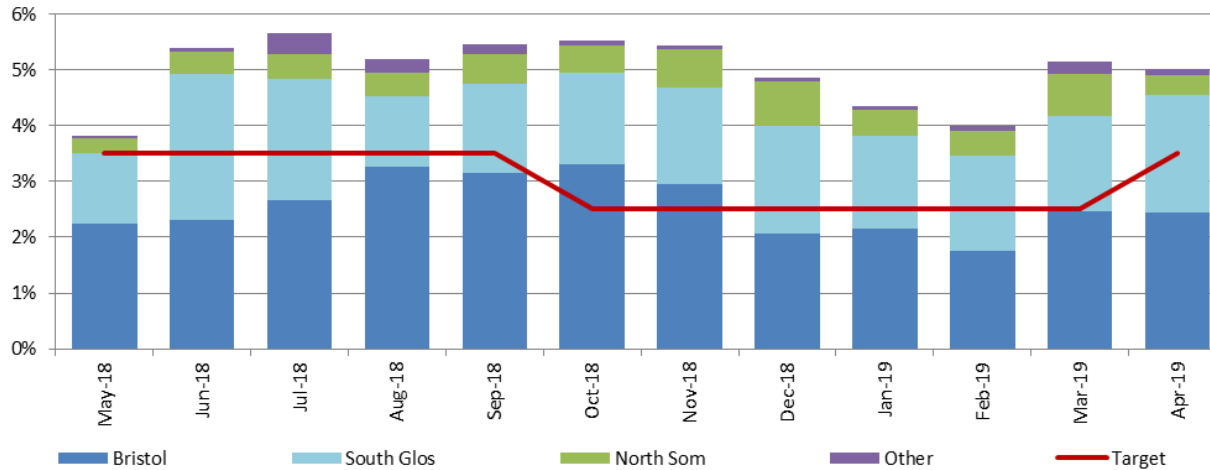
4 Hour Performance

Waiting times slightly worsened for both admitted and non-admitted patients in April 2019. The majority of breaches (61%) were attributable to 'waiting ED assessment', a decrease from 69% in March. ED assessment breaches have been primarily driven by continued surges of walk-in attendances, mixed with high acuity in April. The proportion of wait for bed breaches increased in April resulting from an increase in bed demand and long stay patients reducing flow through the hospital. April reported nil 12 hour trolley breaches.

Ambulance arrivals increased by almost two per day (2.02%) in April with 2717 arrivals. This represents a 9.9% increase on the same period last year. Of patients arriving by ambulance, 89% had their care handed over to the ED department within 15 minutes and 98.27% were handed over within 30 minutes. There were 12 60-minute handover breaches in month. All breaches occurred on 08 April, when the department was in internal critical incident, due to lack of physical space to offload patients within a timely manner.

The overall bed occupancy position marginally deteriorated to 97.07% in April from 96.63% in March. Occupancy variance increased in April with the bed position fluctuating between 89.72% and 100%. Emergency admissions to the main bed base increased by 5.6% from March, reflecting an increase of over nine emergency admissions per day and an increase of 11 per day when compared to the same period last year.

Delayed Transfers of Care Proportion of Bed Days by CCG



DTocS and North Bristol Operational Standards

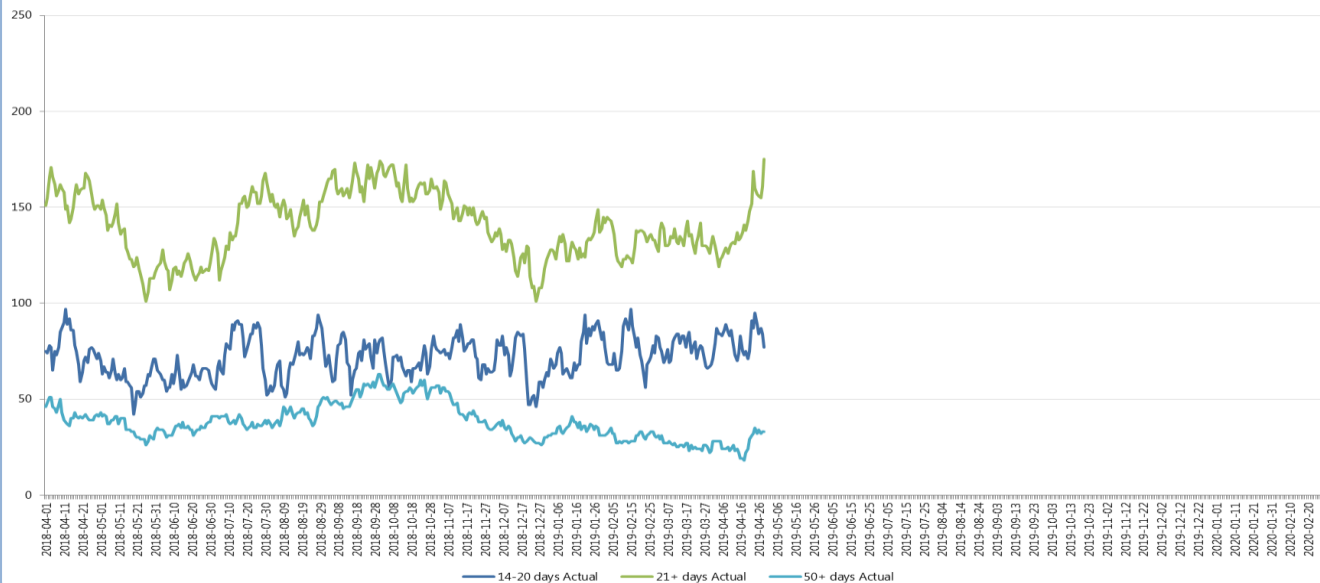
There has been an increase for the second month in the level of measurable DToc. This relates to a lack of availability from care providers over the school holiday period affecting packages and reablement. In addition, there have been staff changes in the Bristol Social Work team which has impacted on their ability to manage demand. This sustained deterioration has been escalated to partners through WSOG.

Delays remained for Pathway 2 beds in all areas and is linked to slow flow in the community. The positive and earlier identification of stroke patients to be managed in a Pathway 2 bed has created a further demand that is not able to be managed within the available capacity.

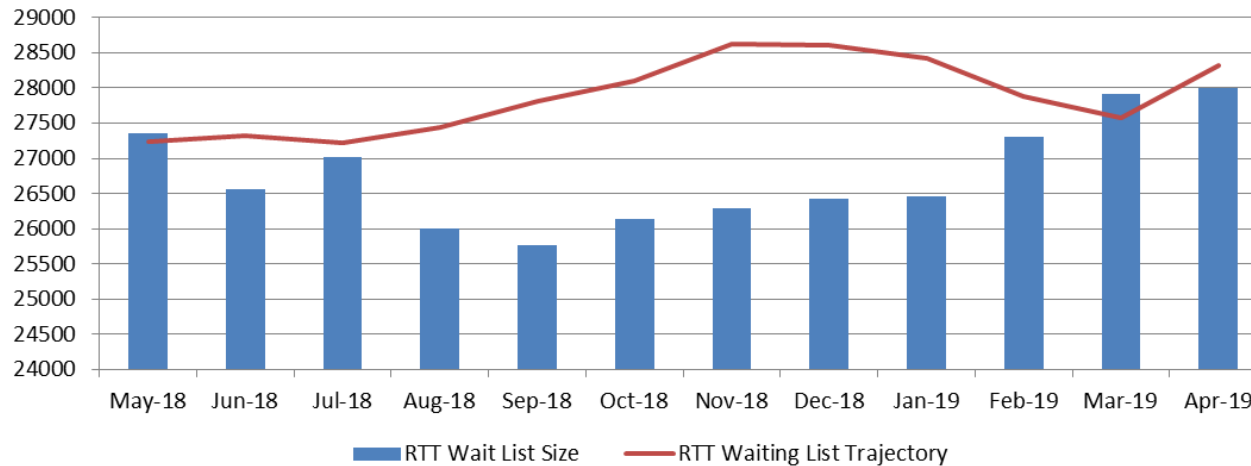
There was an increase this month in both the over 50 days and over 21 days stranded position when measured against the new trajectory. This cohort of patients are known to partners, but the issues highlighted above have significantly impacted on flow and timely discharge.

Themes collated from the stranded reviews indicate gaps in provision for: Stroke Rehabilitation, younger complex people, bariatric patients and those who require deep clean/declutter to return home.

Stranded Patients - NBT Improvement Trajectories



RTT Wait List (Rolling 12 Months)



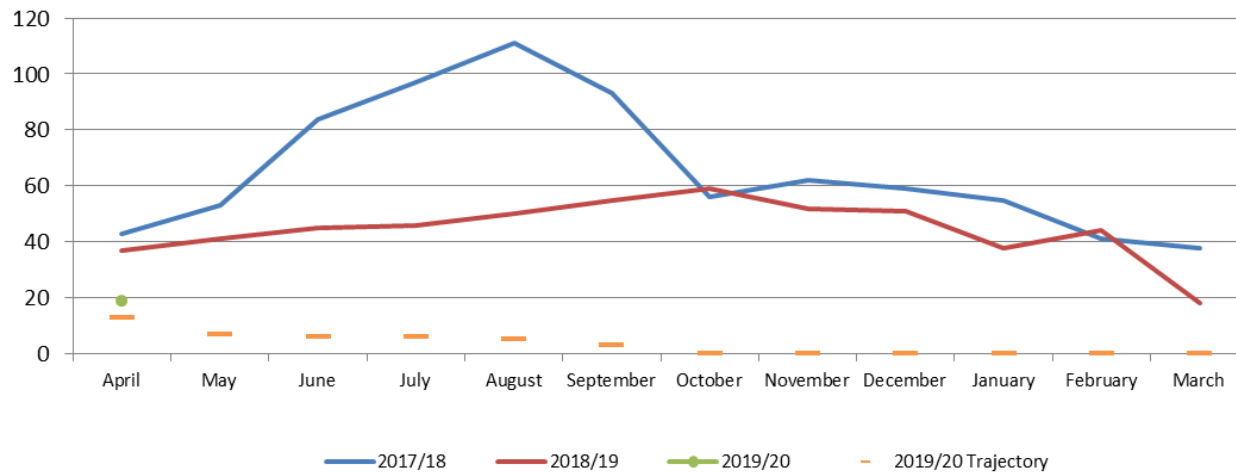
Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 85.18% against trajectory of 87.11%. Underperformance is mainly attributable to Clinical Immunology, Neurology, Gynaecology and Respiratory.

The total Incomplete waiting list for April was 27,995 which was lower than trajectory total of 28,316. The number of patients waiting over 18 weeks was more than trajectory with the actual total being 4,194 against a trajectory of 3,651.

The Trust has reported a total of 19 patients waiting more than 52 weeks from referral to treatment in April 2019. These patients were within the following specialties:
10 Orthopaedics and
9 Plastic Surgery.

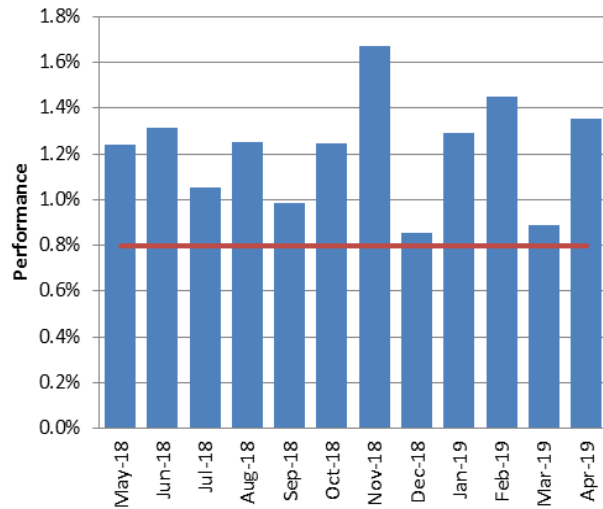
Trust Total 52 Week Waits



This is a marginal increase from 18 reported in March but an improvement from 37 reported in April 2018. All of the Plastics and eight of the ten Orthopaedic long waiters are a result of capacity issues, with the remaining two of the ten Orthopaedic breaches attributable to pathway delays due to late referrals from University Hospitals Bristol. 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.

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

Cancelled Operations
(same day, non-clinical reasons)



Cancellations

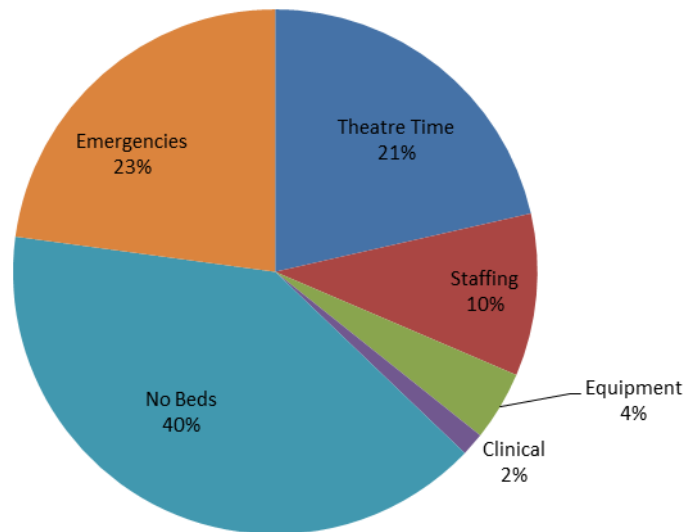
The same day non-clinical cancellation rate in April 2019 was 1.35%, which failed the 0.8% national target.

In month there were no urgent operations cancelled for a subsequent time. This is the third month in a row of achieving this.

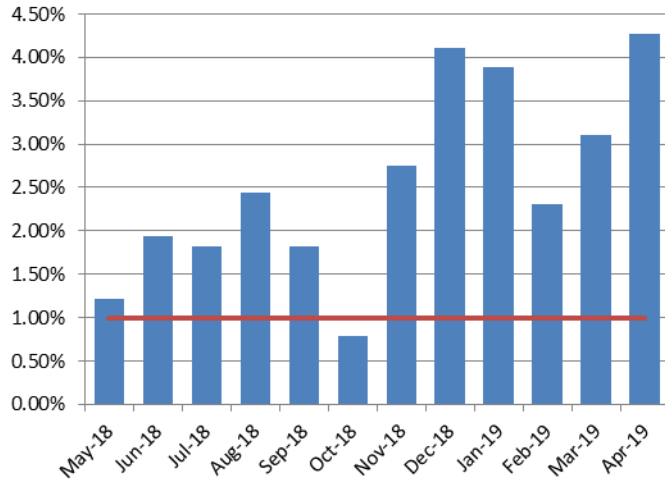
There was one operation that could not be rebooked within 28 days of cancellation in April 2019. The operation was initially cancelled due to theatre requirement for an emergency patient and was unable to be rebooked within 28 days due to lack of capacity.

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

Cancelled Operations by Reason



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



Diagnostic Waiting Times

The Trust did not achieve the 1.00% target for diagnostic performance in April 2019 with actual performance at 4.27%. Whilst this is a decline in performance from the March 2019 position, delivery is better than the trajectory of 5.59% for April 2019.

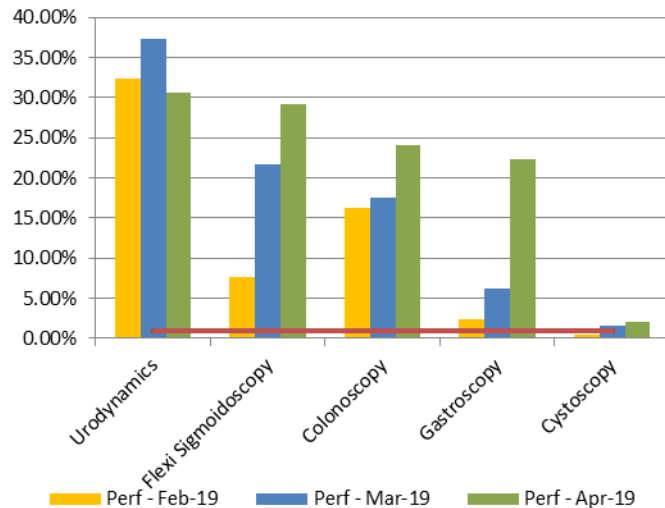
Five test types have reported in month underperformance: Colonoscopy; Flexi-Sigmoidoscopy; Gastroscopy; Cystoscopy; and Urodynamics.

The Colonoscopy position deteriorated again in April with performance at 24.12% from 17.48%, with 123 patients waiting over six weeks.

Flexi-Sigmoidoscopy test position reports a decline in performance at 29.12% in April, from 21.72% in March with 83 patients breaching the 6 week waiting time standard against a total wait list size of 285.

Gastroscopy again reported a significantly worsened position of 22.39% in April from 6.22% in March, with 105 patients waiting over six weeks.

Diagnostic Performance by Test



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

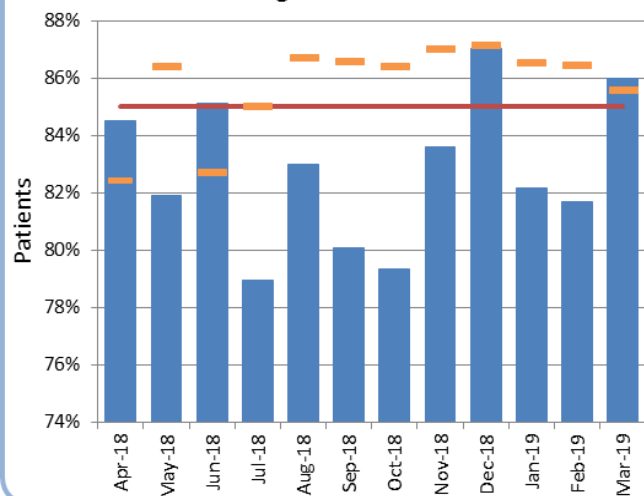
Cystoscopy test position has breached the national target in April with a decline in performance to 2.07% from 1.56% in March. As at April, there were five patients waiting more than six weeks for a Cystoscopy against a total wait list of 241.

Urodynamics has reported an improved position in April at 30.67% from 37.35% in March. There were 92 patients waiting more than 6 weeks in month. A demand and capacity review of the service has deemed the service in balance for recurrent demand and is now exploring options for extra capacity to clear the backlog.

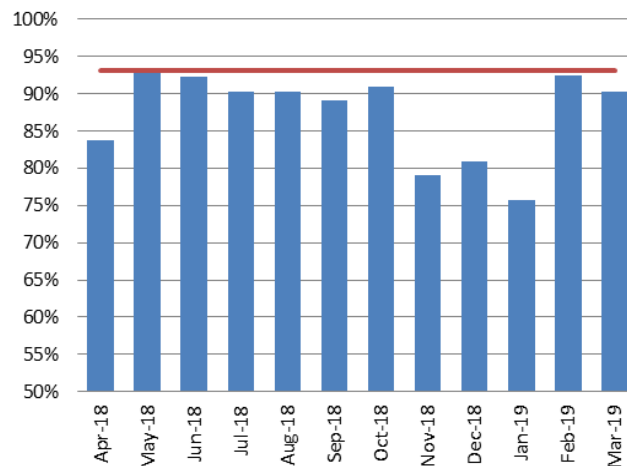
DEXA Scan test position reports a greatly improved position in April at 0% from 18.75% in March. There were no patients with a wait exceeding six weeks for a DEXA scan in April.

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

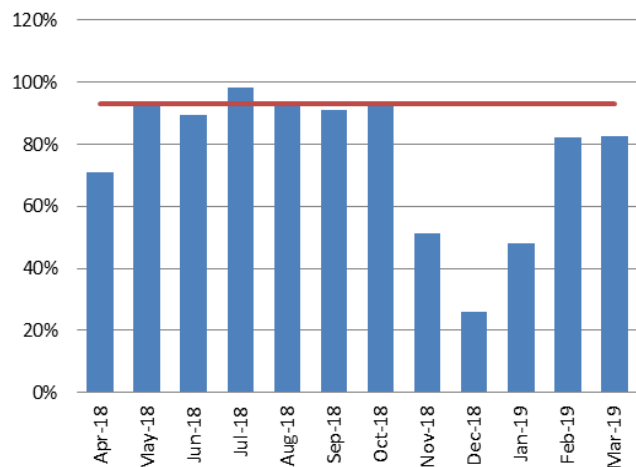
Patients receiving first treatment within 62 days of urgent GP referral



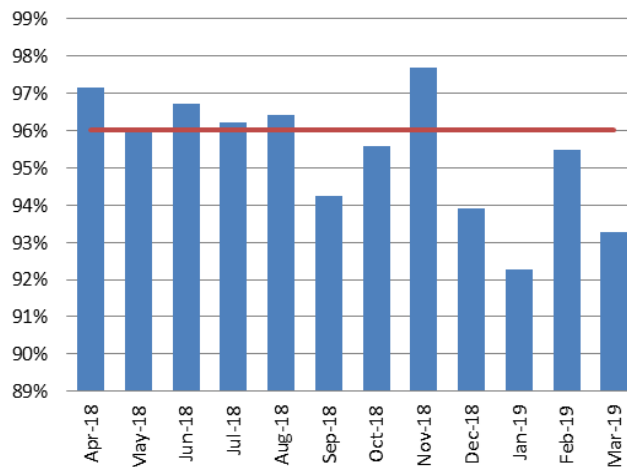
Patients Seen Within 2 Weeks of Urgent GP Referral



Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis

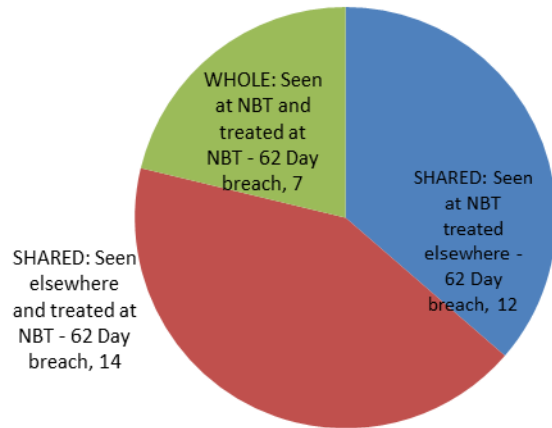
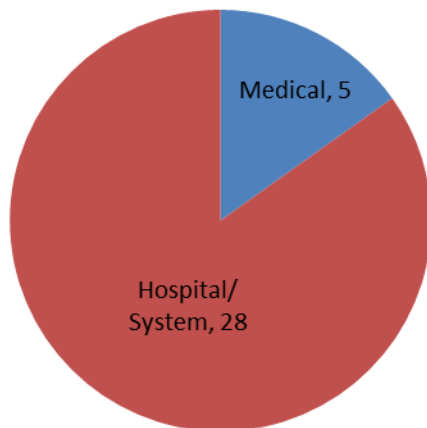


Cancer

The nationally reported cancer position for March 2019 shows the Trust achieved three of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 90.3% which was a worsened position from February. The Trust saw 2077 TWW referrals in March and there were 202 breaches; the majority were in skin (breaches – 66, referrals - 542) and breast (breaches – 62, referrals - 642) and gynaecology (breaches – 23, referrals - 186).

Of the 202 breaches, 149 patients declined or cancelled the appointments offered within target. If these were attended then performance would have been 97.50% The Trust is undertaking a joint investigation and action plan with the CCG to address ongoing performance issues against this standard. Actions include improved forecasting of required capacity by specialities and work targeting GP practices which have high numbers of non attendances or cancellations.

The Trust failed the 31 day first treatment standard with a performance of 93.28% against the 96% target. There were 17 breaches in total; 12 in Urology, 2 in Skin, 1 in Sarcoma, 1 in Colorectal and 1 in Breast. Urology breaches were due to delays to robotic surgery, due to a continued increase of patients requiring these procedures as first and subsequent treatments which will be resolved when the second robot is fully operational and the backlog cleared. The Breast and Sarcoma breaches were due to complex patients, the Skin and Colorectal Breaches were due to capacity.

62 Day Breach Patients by Breach Type**62 Day Breach Patients by Delay Reason**

The Trust passed the 62 day treatment standard in March with a performance of 85.98%. This is the second time in the 18/19 financial year that the standard was achieved.

In March, 33 patients breached the 62-day standard, 20 of which started their pathway at NBT. Of these 20 patients, 17 had their first appointment at NBT after day seven. Delays in radiology contributed to four breaches.

The delays to Breast TWW appointments in November to January has impacted 62 day performance in March. There were 4 Breast 62 day breaches in March and 3 of these patients had their initial appointments after day 29 due to the previously identified capacity issues. This position has recovered in April.

Urology breaches accounted for 60% of total Trust breaches for March, with all of the internal breaches on the prostate pathway. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology.

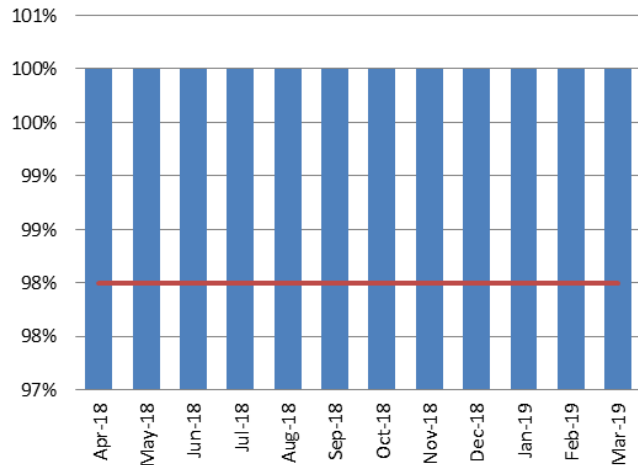
The Urology service is working with Core Clinical Services to ensure adequate capacity for one stop mpMRI and Core Clinical have committed to increasing capacity from June 2019. Reporting of these scans within adequate timeframes will remain an issue. The Urology service has also made significant improvements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

The continued delays for Oncology outpatient appointments and robotic surgery capacity will continue to impact performance for the foreseeable future. The Trust continues to address delays for Oncology capacity with University Hospitals Bristol.

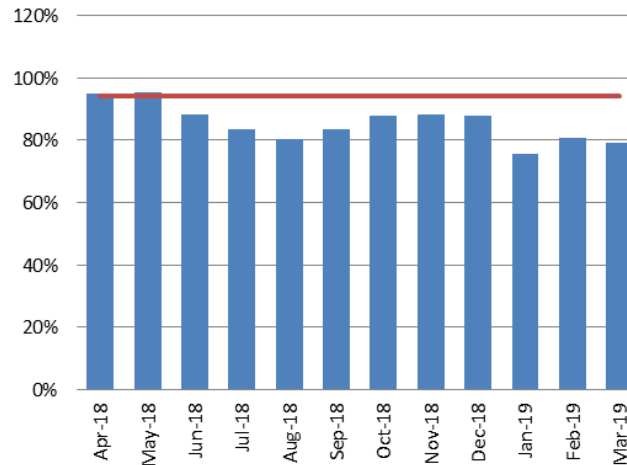
The continued increase of late tertiary transfer patients from elsewhere in the region and the clearing of the associated backlog has continued to impact on Urology performance. Of March's 20 Urology breaches, 13 were transferred in from other providers for treatment, all of which were beyond the agreed national transfer date, accounting for 6.5 additional breaches. 8 of these patients had exceeded the 62 day pathway prior to being referred to the Trust.

As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 92.6% of all patients who were referred to and treated at NBT within the national standard. This shows the Trust passes the standard for internal patients including Urology and the delays in Breast.

Patients Waiting Less than 31 Days For Subsequent Drug Treatment



Patients Waiting Less than 31 Days For Subsequent Surgery



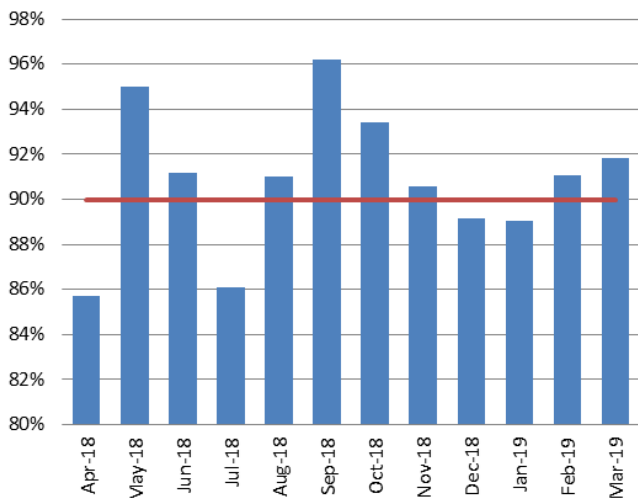
The Trust failed the 31 day subsequent treatment target in March 2019 for patients requiring surgery with a performance of 79.17% against the 94% standard. This was a worsened position from February

The continued failure against this standard has resulted in a contract performance notice being issued by the CGG. The Trust has submitted an action plan to recover this position, with significant improvements forecasted from September 2019.

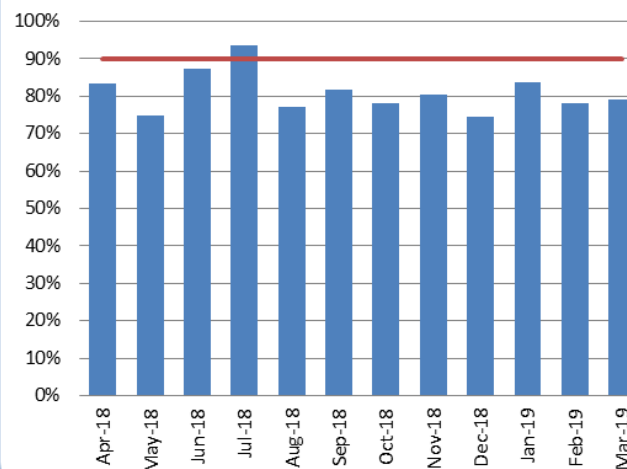
There were 21 breaches in total; 3 of which were in skin and 18 in Urology. All Urology breaches were due to the increased demand for robotic treatments on both the 62 day and subsequent pathways.

Performance against this standard will improve once the second robot is fully operational and the significant backlog is cleared. The skin position will continue to improve in April 2019 when the new theatre timetable is implemented.

Patients Treated Within 62 Days of Screening



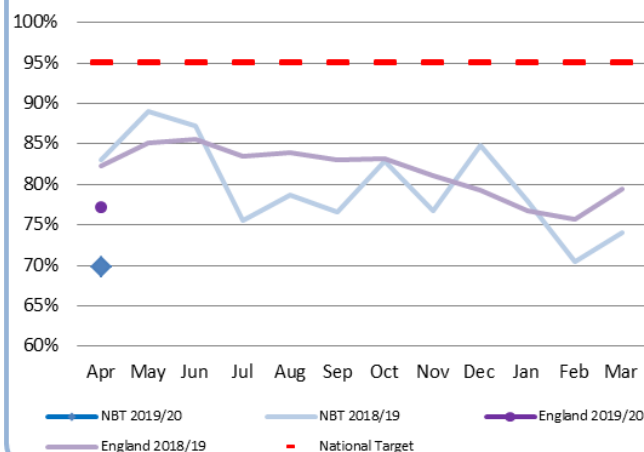
Patients Treated Within 62 Days of Consultant Upgrades



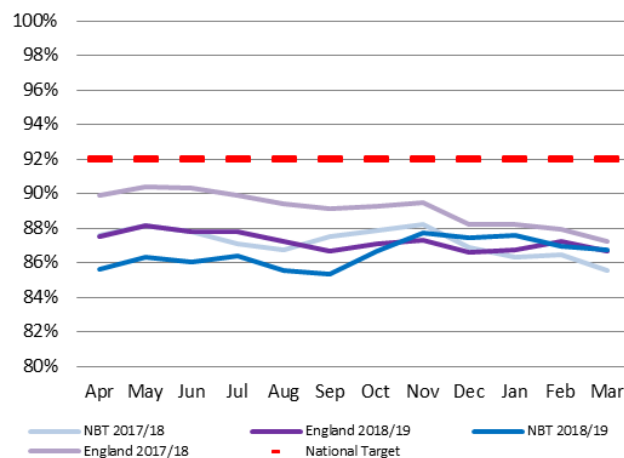
The Trust achieved the 62 day screening target with a performance of 91.84% against the target of 90%.

There were 2 breaches in Breast. Both patients required additional diagnostic steps and one of the patients required a complex procedure which required additional preparation and planning.

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



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



ED 4 Hour Performance

NBT ED performance in April 2019 is 69.73% compared to a national type 1 position of 77.15%. The position reflects a deterioration from March and a deterioration when compared to the same period last year.

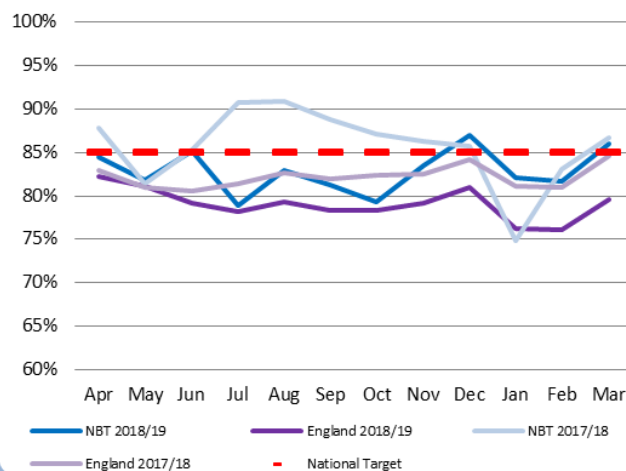
RTT Incomplete

The Trust reported a March 2019 position of 86.71%. This position marginally exceeded the national position of 86.70%.

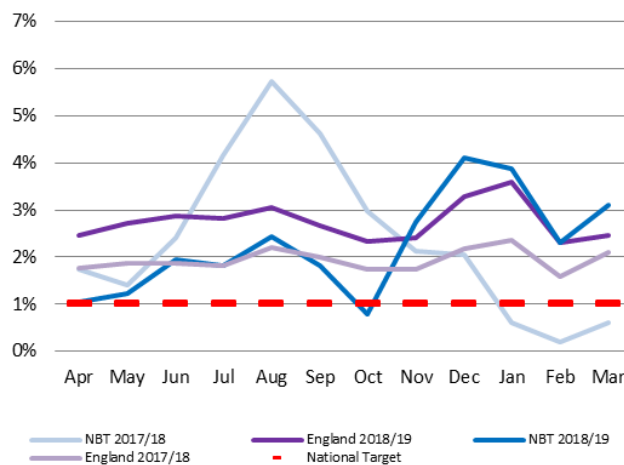
Cancer – 62 Day Standard

NBT has reported 85.98% performance and continues to outperform the national position of 79.65% in March 2019.

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



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

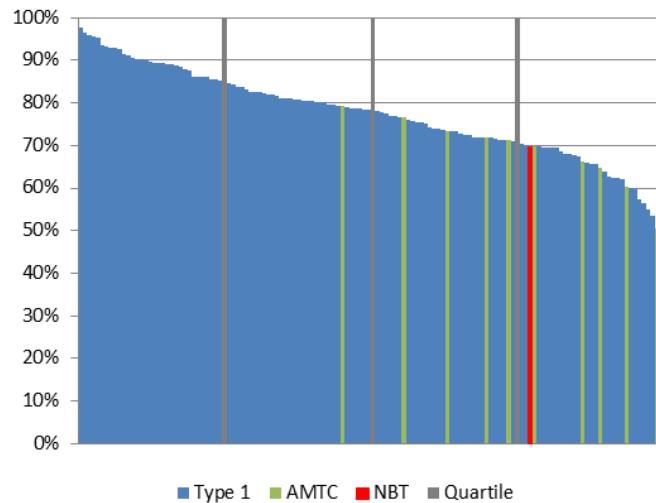


DM01

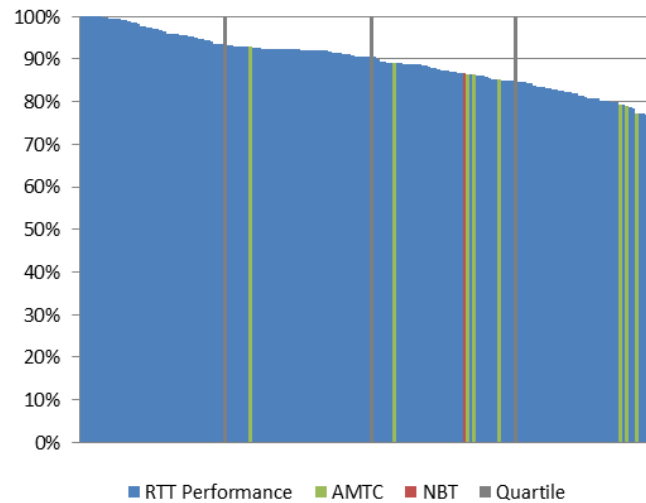
NBT, in March 2019, failed to achieve the National standard of 1% with a performance position of 3.10%, against the national position of 2.47%.

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

ED 4H Performance - Type 1 April 2019



RTT 18 Week Performance - March 19



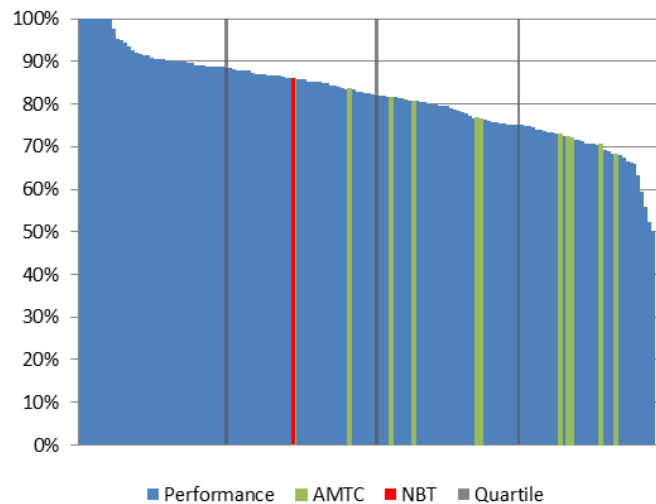
ED 4 Hour Performance

In April, NBT deteriorated from a position of #95 to #104 out of 133 reporting Type 1 Trusts. This deterioration has tipped the Trust into the upper 4th quartile. The Trusts ranking among the other 11 Trauma centres dropped from 5th to 6th in April 2019.

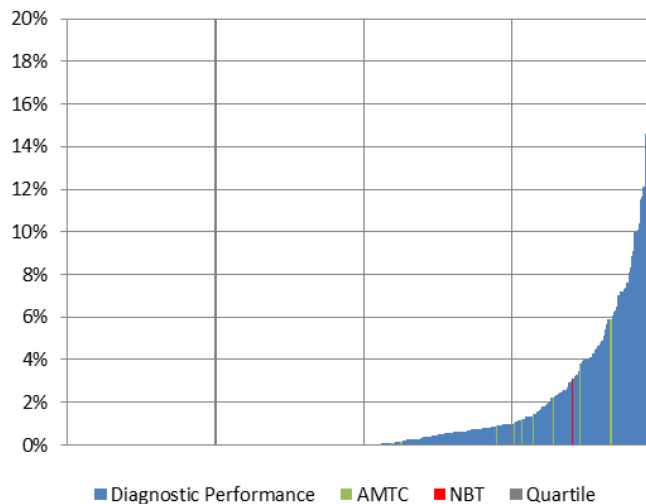
RTT Incomplete

RTT performance in March 2019 reports an improved NBT position of #115 out of 179 reported positions. The Trust now ranks 3rd out of 11 other adult major trauma centres.

Cancer 62 Day Standard March-19



Diagnostic Six Week Performance - March 19



Cancer – 62 Day Standard

At position #46 of 140 reported positions, NBT reports performance of 85.98%. This represents a significant improvement in positioning from February 2019 and continues to rank 1st out of 11 major trauma centres.

DM01

NBT reports an improved position of #127 out of 193 reported diagnostic positions, with a performance of 2.32% in February. This position ranks 7th out of 11 adult major trauma centres.

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

Safety and Effectiveness

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

Chris Burton and Helen Blanchard

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

Maternity Staffing

In April 2019 the maternity unit closed on 1 occasion due to high activity and acuity with women being triaged on a case by case basis. No women were transferred during this closure. The new escalation/surge policy was launched on 1st May 2019.

Recruitment

- A rolling recruitment programme is in place to continue to recruit to the additional midwifery posts approved by the Board.

Closure of Cossham Birth Centre

Cossham Birth Centre remains temporarily closed to women in labour until September 2019. A review of current staffing provision from a quality, safety and efficiency perspective is underway and as part of this review, engagement sessions with staff have commenced to give the opportunity for them to be involved in shaping Midwifery Led Services at NBT.

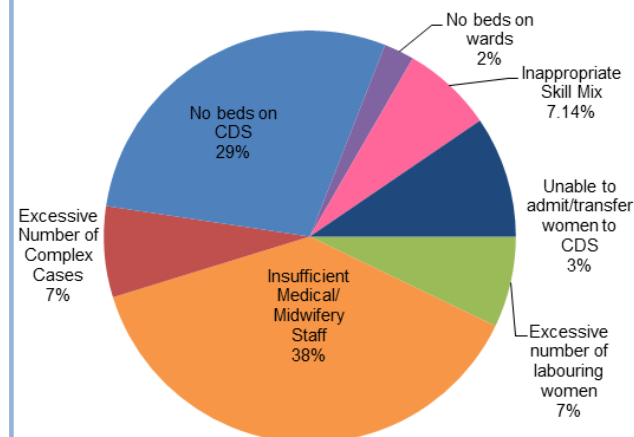
Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

Wave 3 of the MNHSC was launched at NBT on 25th March 2019. The team have attended a 3 day learning event and weekly huddles have commenced. SCORE cultural survey results have been received and the team are meeting mid-May to discuss this.

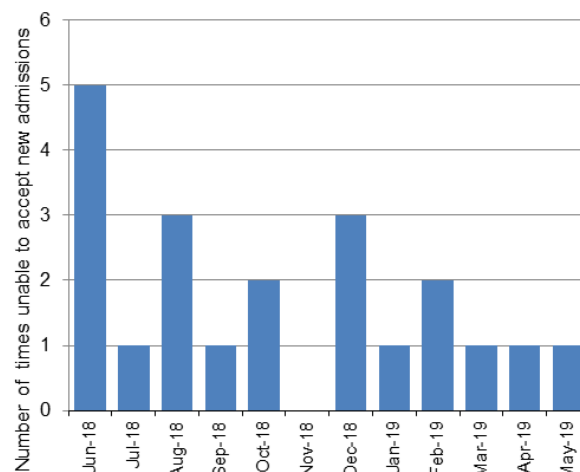
External Peer Review 26th & 27th February

We have now received the formal report of this review. This has been shared with staff and learning will be captured in an improvement plan. Staff will be involved in developing the actions and will be kept up to date on progress.

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



Number of Times CDS Unable to Accept New Admissions



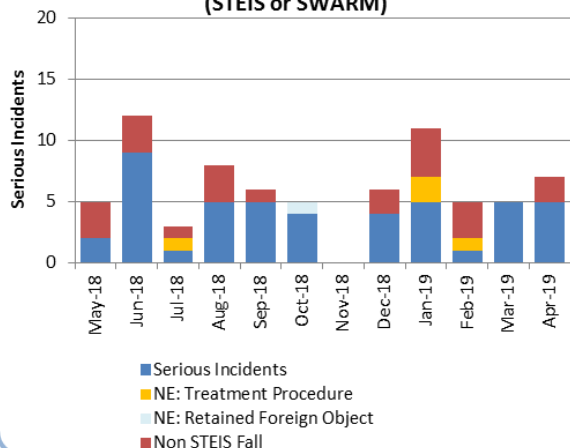
'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose.

Quality & Patient Safety - Additional Safety Measures

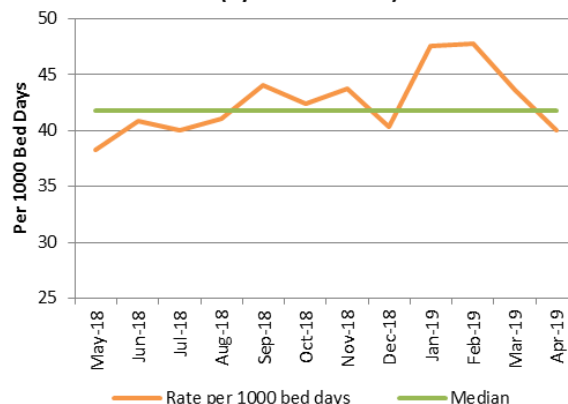
Board Sponsor: Director of Nursing

27

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



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



*Data from Risk Department

Serious Incidents (SI)

Seven serious incidents were reported in April 2019:

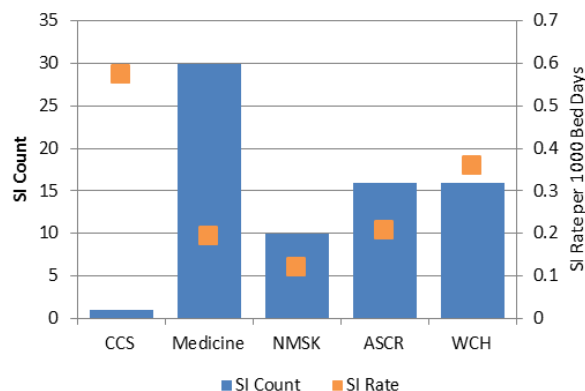
- 4 x Patient Falls
- 2 x Clinical Assessment or Review
- 1 x Tissue Viability

The Board is asked to note that from April 1st onwards NBT will declare on STEIS all “Serious Falls” as Serious Incidents. Therefore, will no longer reflect “non-STEIS falls” as a separate category. This means that falls represents our most frequently occurring Serious Incident.

Never Events:

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

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



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



SI & Incident Reporting Rates

Incident reporting has remained similar to the rate in March at 40.0 per 1000 bed days. Whereas NBT’s rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

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

Divisions:

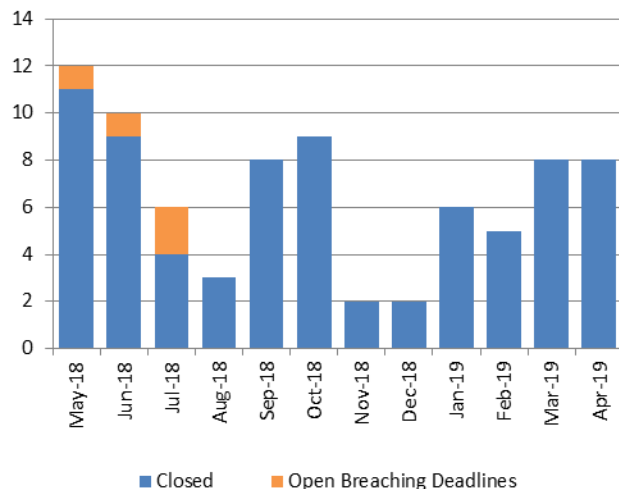
SI Rate by 1000 Bed Days

CCS – 0.58
WCH – 0.36
ASCR – 0.21
Med – 0.19
NMSK – 0.12

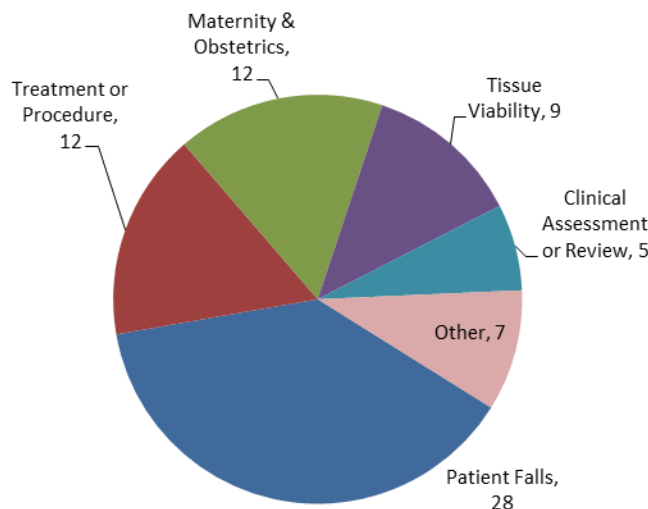
Quality & Patient Safety, Additional Safety Measures

Board Sponsor: Director of Nursing

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



Top Types of SI reported May 2018 to Apr 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

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

Top SI Types in Rolling 12 Months

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

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

“Other” Category:

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

CAS Alerts –April 2019

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

Data Reporting basis

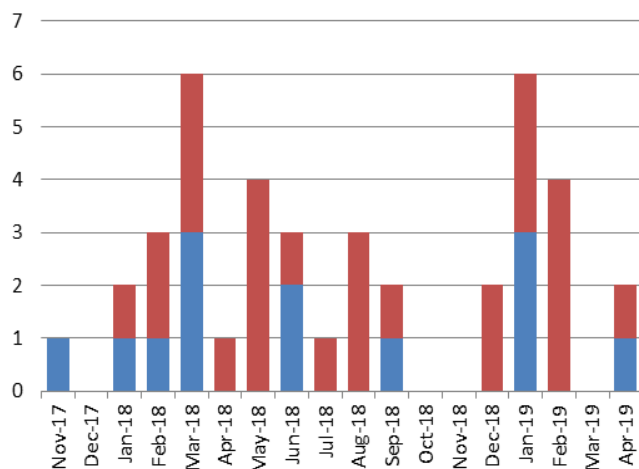
The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient i.e. Trolley breaches. This may mean changes are seen when compared to data contained within prior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

Central Alerting System (CAS)

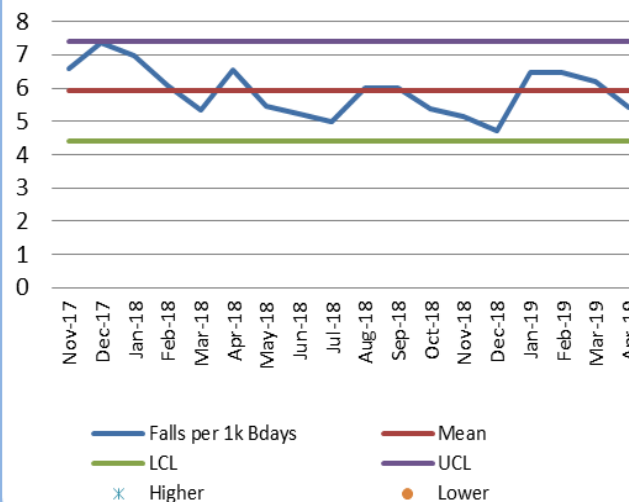
1 new alert reported, and 1 is still within alert target date.

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

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



Falls per thousand bed days
(by incident date)



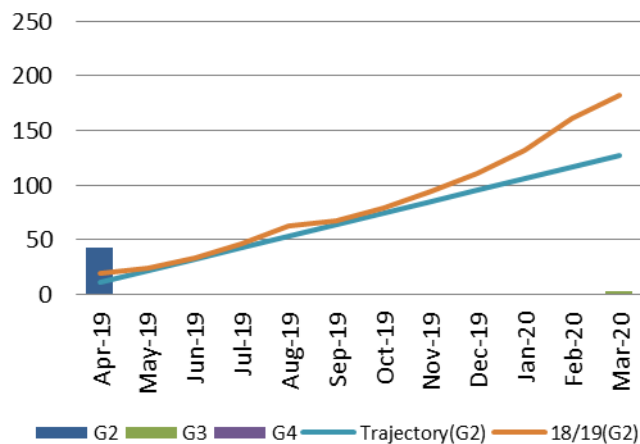
Falls

In April 2019, 163 falls were reported of which there were two reported as Serious Harm falls (4+). Of the total 163 Falls reported, 11 were categorised as 'Moderate Harm falls', and 47 categorised as 'Harmful Falls' with 133 'no-harm'. The majority of reported falls occurred within Medicine Division (109), with the others occurring in NMSK (61), ASCR (19) and (2) in CCS.

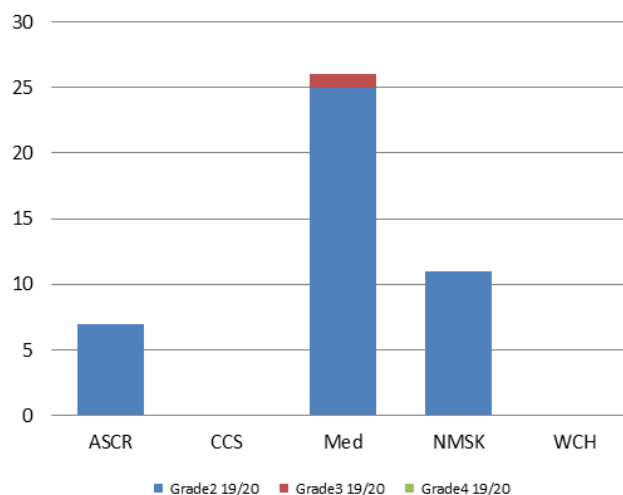
The Falls Prevention Group continue to collect falls data to assess and explore the effects of learning and opportunities for further changes needed to ensure future risks are removed.

This includes support to the National Falls Audit Evaluation study and joining the London Falls Prevention Network to share and learn for colleagues elsewhere.

Pressure Injury v Trajectory Hospital Acquired Incidents Grade 2+ - 2019/20



Pressure Injuries 2019-20



Pressure Injuries (PIs)

The Trust ambition for 2019/20 is a

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

No grade 4 pressure injuries were reported in April. One Grade 3 pressure injury occurred within Medicine.

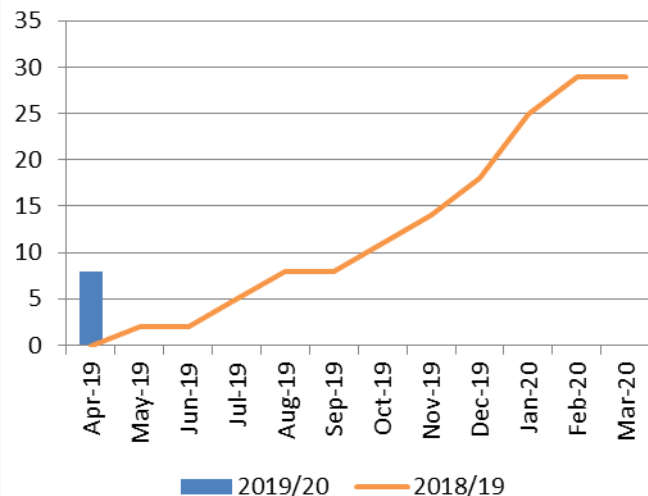
There were 43 reported Grade 2 injuries of which 8 were medical device related. The break down of injury is as follows: 48% Sacrum/ buttock, 25% Heels, 7% Coccyx, 2% Ankle and 18% Medical device related.

As an organisational response to this significant increase in pressure injuries, an appreciative enquiry approach was taken by Heads of Nursing and matrons across inpatient areas, in an effort to understand the reasons for the deterioration in performance.

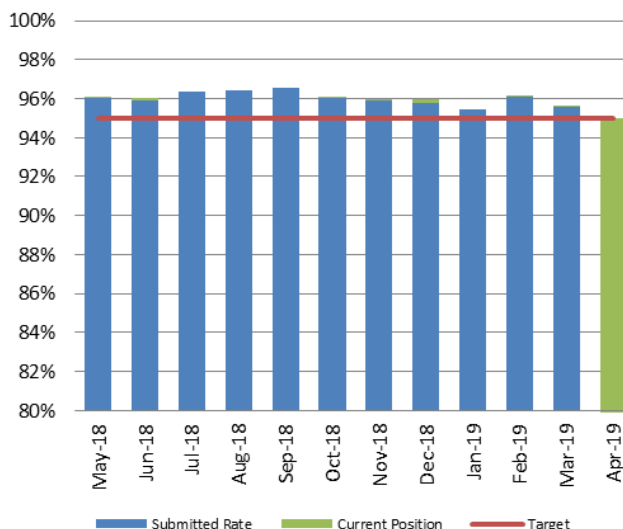
Triangulation of the PI incidence with other key nurse sensitive indicators such as falls, complaints, FFT, staffing levels and use of temporary staff is being undertaken. The outcomes of these approaches will be central to the work of the Trust's Pressure Injury steering group.

At the time of writing it is forecast the incidence of PIs for May will have improved compared to April.

Pressure Injury Device related 2019/20

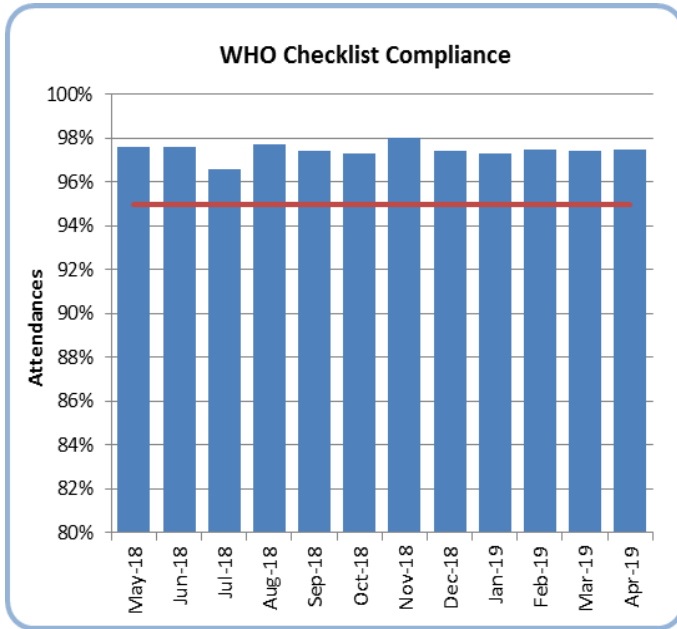


Venous Thromboembolism Risk Assessment



VTE Risk Assessment

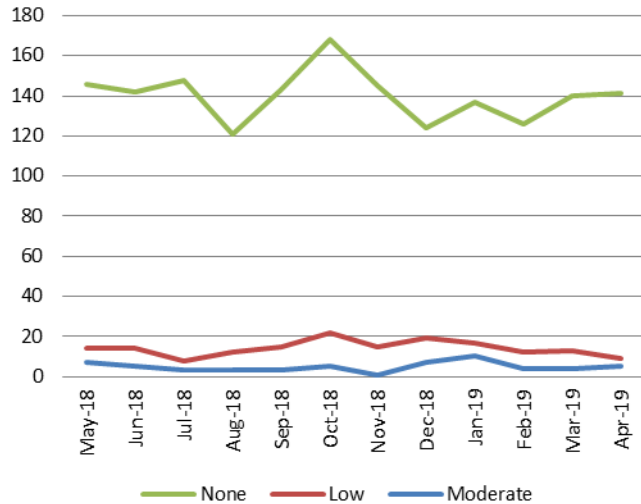
The Trust continues to meet the 95% standard.



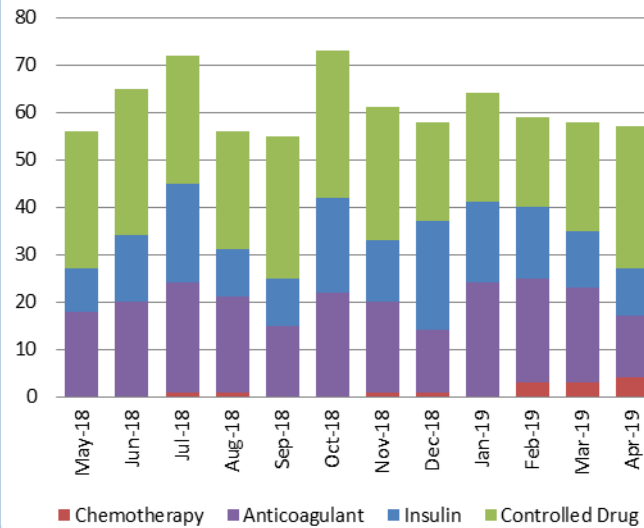
WHO Checklist Compliance

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

Severity of Medication Error (Last 12 Months)



Incidents Involving High Risk Drugs



Medicines Management

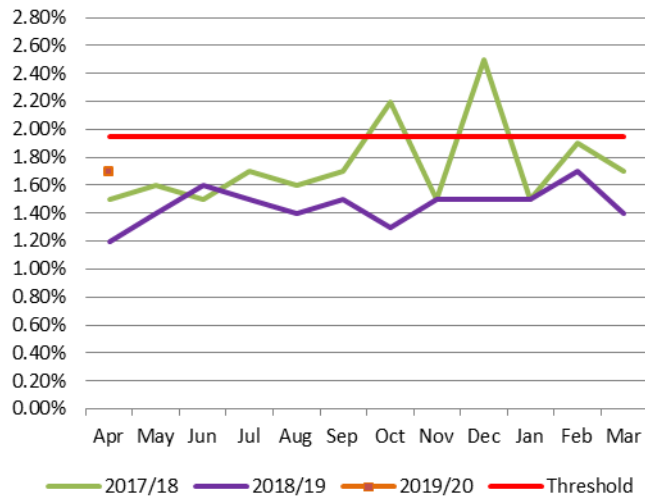
Severity of Medication Error.

During April 2019 the number of “no harm” medication errors represented c.87% of all medication errors. Over the last 6 months there has been a downward trend in the number of low harm medication errors.

High Risk Drugs

High Risk Drugs formed c.36% of all medication incidents reported during April 19. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team and reported to the Medicine Governance Group.

Percentage of Patients with One or More Missed Doses



Quality Improvement Programme

Redesigning the Pharmacy weekend service at North Bristol NHS Trust to improve patient safety and quality through a more efficient use of resources

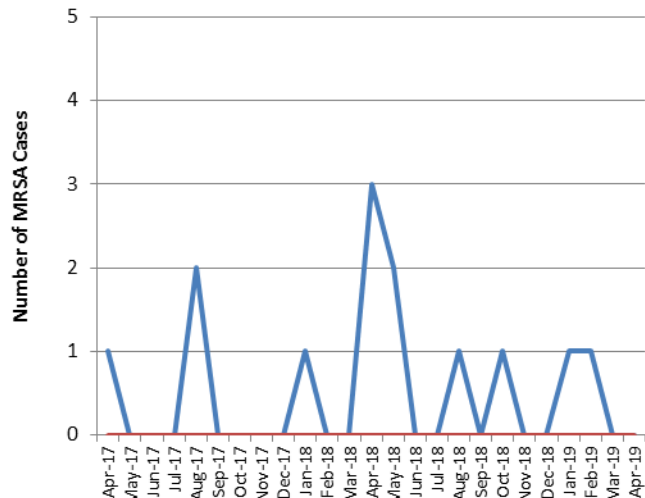
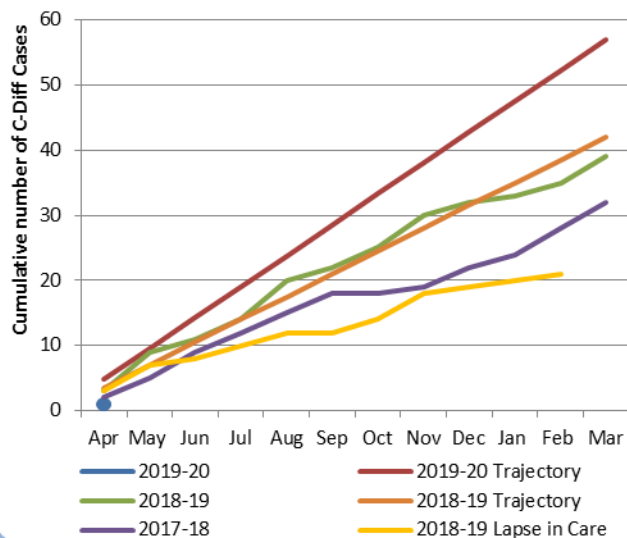
Traditionally, at weekends, all requests for missed doses and discharges (TTAs) were sent from the wards to the dispensary. The proposal was to get those pharmacists and medicine management technicians (MMTs) working at weekends.

Without increasing the capacity or resources, this quality improvement programme has enabled the pharmacy team to process 23.5% more discharges (TTAs) over the weekends, compared to the same period in the previous year.

Missed Doses

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

MRSA Cases - Trust Attributable

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

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

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

C. Difficile

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

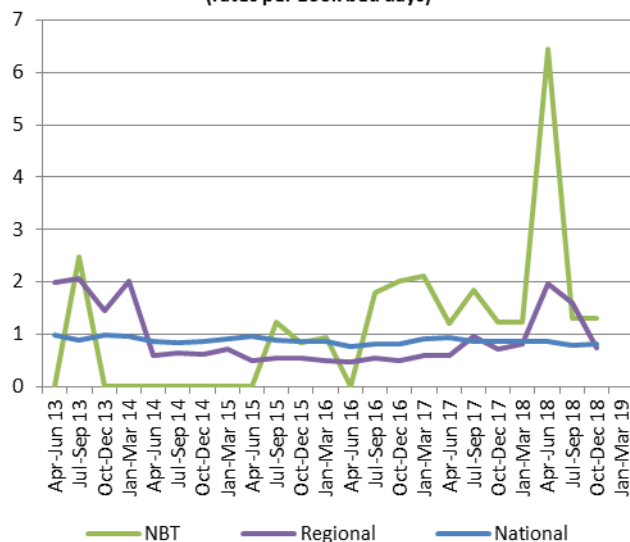
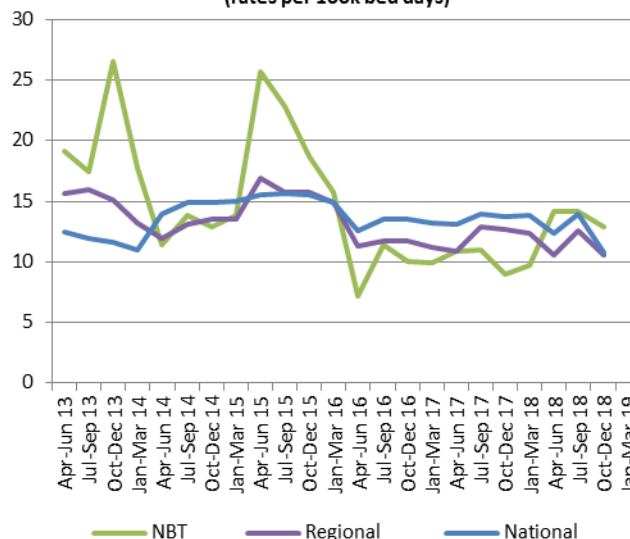
Cases reported by the Trust now fall into two categories

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

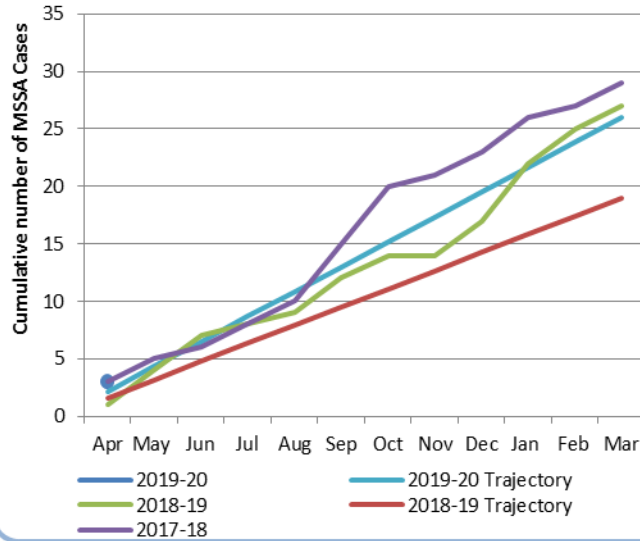
Community onset health care associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks

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

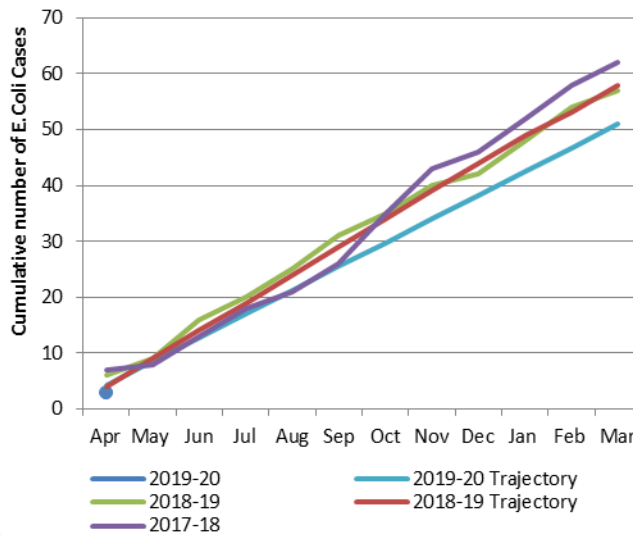
In April the Trust reported 1 HOHA case and 2 COHA cases.

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

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



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



MSSA

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

There were three reported cases of MSSA bacteraemia in April within the Medicine, ASCR and NMSK divisions.

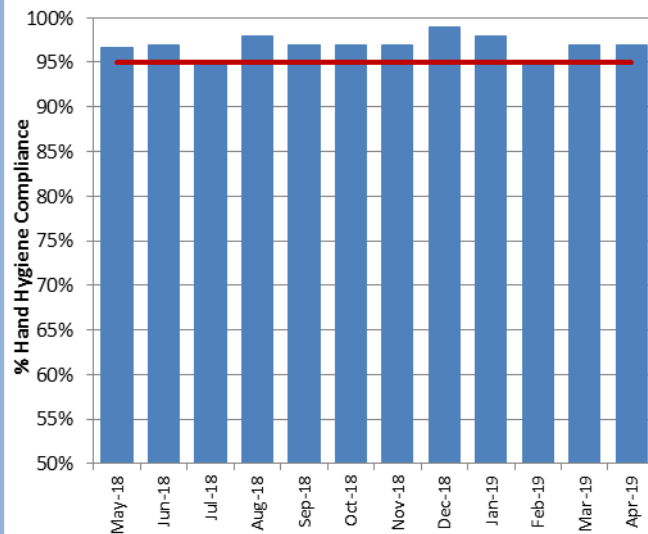
The Trust quality improvement initiative commenced aiming to reduce incidence of bacteraemia associated with indwelling devices forms part of the reduction plan for MSSA.

E. Coli

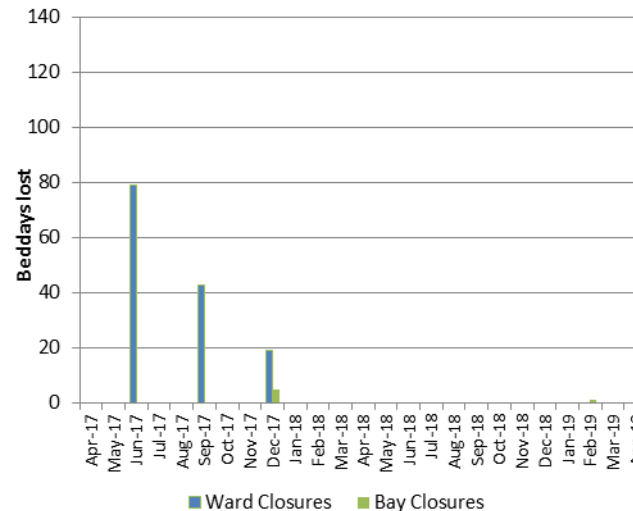
The Trust threshold for 2019/20 is 51 cases a 10% reduction on the previous year.

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

Hand Hygiene Compliance Rates



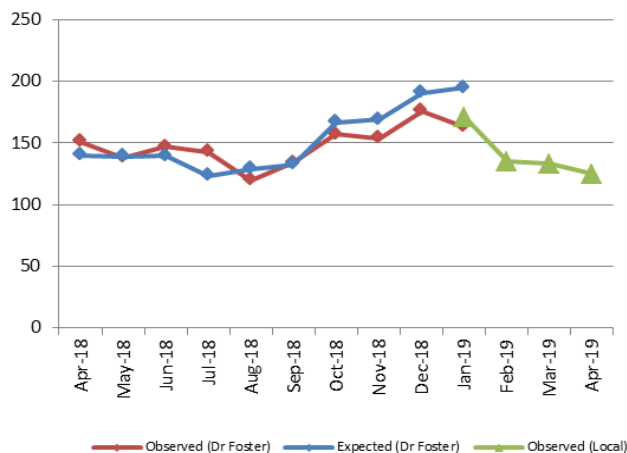
Monthly beddays lost due to Diarrhoea and Vomiting / Norovirus ward or bay closures



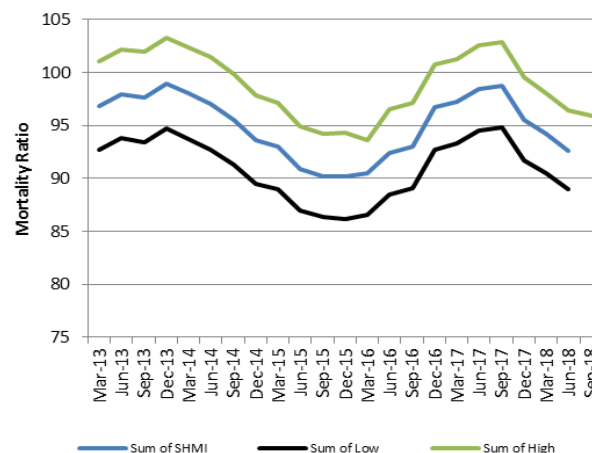
Hand Hygiene

Hand Hygiene compliance has been maintained to the Trust standard.

Total Number of Patient Deaths



SHMI - Mortality Ratio



Overall Mortality

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

Mortality Review Completion

The current data captures the completed reviews up to 31 January 2019. In this time period, 89.7% of all deaths have a completed review. 93.3% of "High Priority" cases have completed Mortality Case Reviews (MCR) including 11 deceased patients with Learning Disability and 15 patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent remains 97.4% (score 3-5). In this time period, there have been 2 cases where the Overall Care was judged by a Reviewer as Poor or Very Poor (score 1-2). Divisional governance processes confirmed one case was not a Serious Incident. The other is still awaiting further review.

The next trust mortality review meeting will be in June where further trust-wide learning themes will be shared and will be presented in subsequent Integrated Performance Reports.

The mortality review team have started working with our Major Trauma team to connect the learning from their reviews with the wider Learning from Deaths specialty program.

Mortality Review Completion

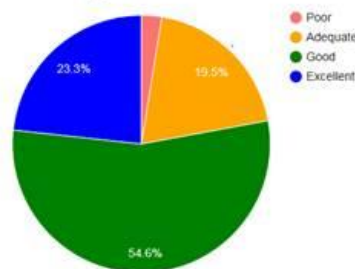
For 01/04/2018 - 31/01/2019	Completed	Required	% Complete
Screened and Excluded	800		
High priority Cases	138		
Other (Non-priority) MCR completed	441		
Total reviewed	1379	1537	89.72

Mortality Review Outcomes

Overall Score:	1	2	3	4	5	Count of responses
Care Received	0 (0%)	13 (2.56%)	99 (19.53%)	277 (54.64%)	118 (23.27%)	507

	April 2018 to January 2019	Last 12 Months
New Notification	2	2
In Progress	0	0
Reviewed not SIRI	10	14
Reported as SIRI	1	1

Overall Care - Care Scoring Report - Deaths from 01/04/2018 to 31/01/2019 - Activity up to 09/05/2019



Quality Experience

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

Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	16.51%
Inpatients	30%	11.47%
Outpatients	6%	8.20%
Maternity (Birth)	15%	22.38%

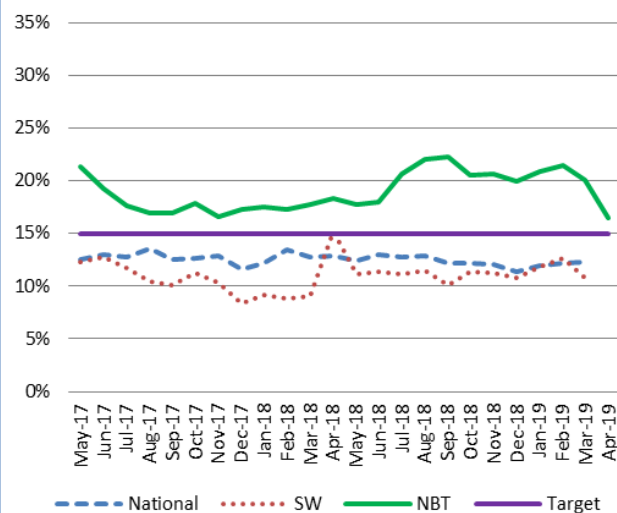
The Inpatient and Emergency Department response rate has significantly decreased to the lowest levels we have reported. On reviewing this in more detail, the cause of this has been identified as an issue with the Interactive Voice Messages. This has been escalated to the phone service provider and to BT who are working to resolve this as soon as possible.

The number of FFT's that were sent remains within the same range (2119 sent in March and 2041 in April).

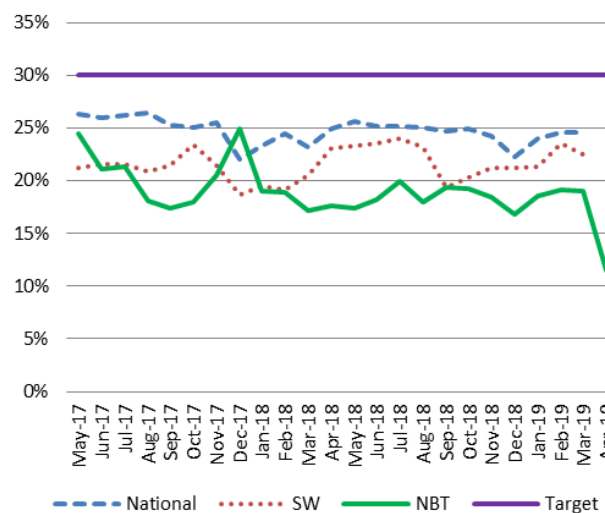
We don't, at this time, have the SW and National figures, so we are unable to see if this is reflected nationally or locally

As we normally report significantly above the targets within ED, Maternity and Outpatients, we remain over achieving in these areas .

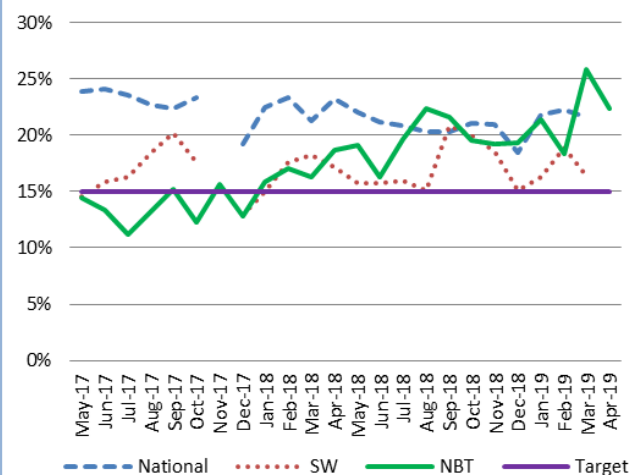
Emergency Department - Response Rate



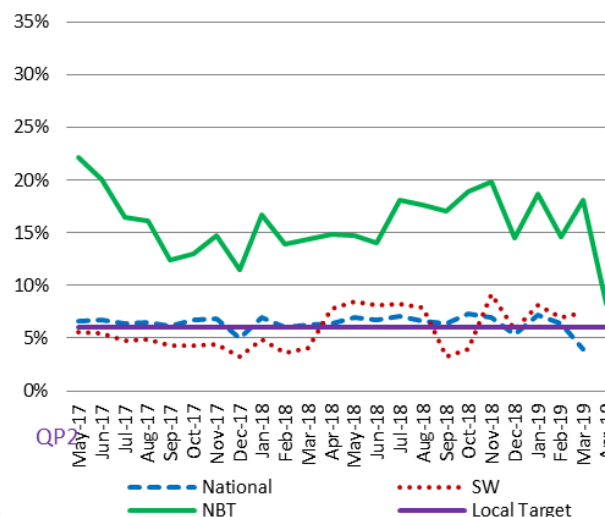
Inpatients - Response Rate



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



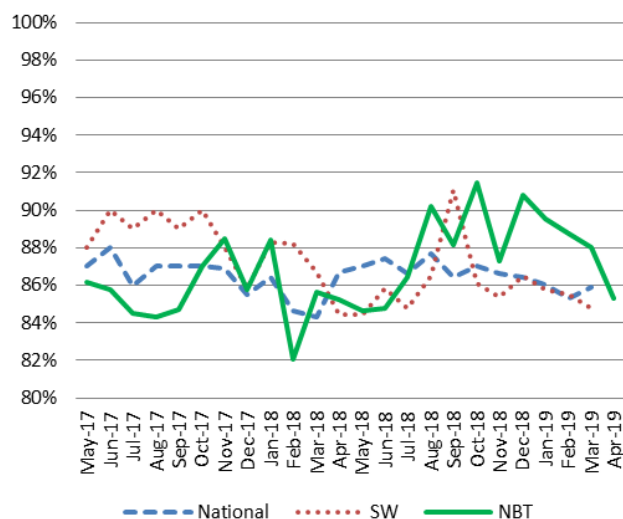
Outpatients - Response Rate



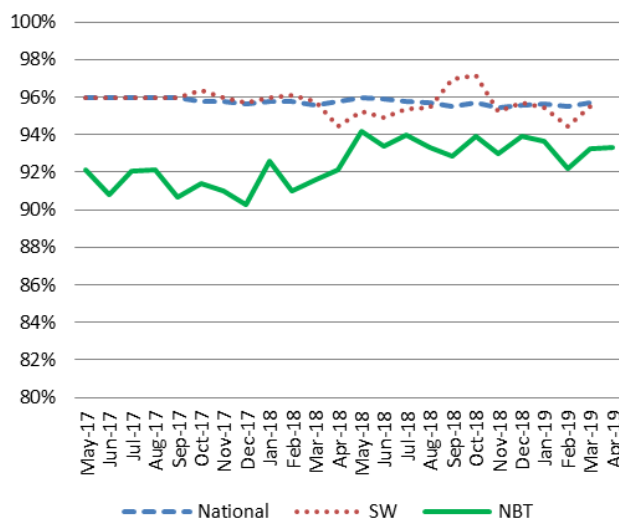
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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

Emergency Department - % Would Recommend



Inpatients - % Would Recommend



FFT Recommend Rate	Target	NBT Actual
ED	90%	85.32%
Inpatients	95%	93.30%
Outpatients	95%	95.03%
Maternity (Birth)	95%	97.87%

There has been no significant change in the percentage of patients saying they would recommend the Inpatient wards. Outpatients remain within normal levels and are achieving the target. Maternity (Birth) have achieved a fantastic result of almost 98% of patients recommending their services.

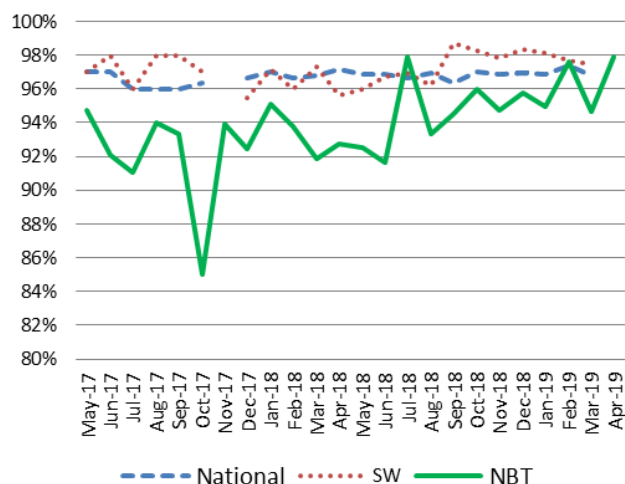
The percentage recommending Emergency Department (ED) has continued to decline since December 2018 after a long period of performing well above the National and SW, we are now in line with their performance. We will seek to identify themes that have lead to this decrease.

What are people saying about our services?

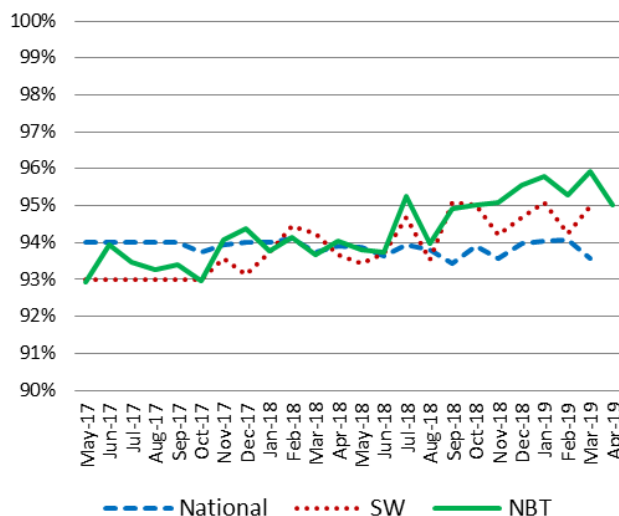
In April, Inpatients cited the care and the staff as the top reasons they would recommend the hospital. However there is not significant enough amount of feedback to give a clear picture of why people would not recommend our services.

Within ED, people continue to express frustration around waiting times more often if they also perceive a lack of treatment or reassurance. A workshop is being held in early June to review FFT data, complaints & concerns and the National ED Survey results in order to identify focus for improvement and celebrate positive feedback

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



Outpatients - % Would Recommend



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

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

Friends and Family Test

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

Inpatient – Cotswold (1)

The care I received from every single person, down from the consultant surgeon to the lunch lady was amazing. The clinical care was brilliant but also the sensitivity and kindness from the staff made me feel safe and cared for from the moment I arrived. I can't thank them enough for looking after me but also my husband during such a tricky time. I would like to thank the staff on Cotswold Ward

Inpatient - 26a (1)

I have never been as vulnerable and dependent on others as I was after surgery. The wonderful staff on the ward made a very difficult time, for me, comfortable and without stigma. They treated me with care, respect and dignity. Southmead Hospital is so lucky to have such amazing and committed staff. Thank you

Inpatient - 6b (1)

This ward is the best I have every been on. As much as it possible to say this hospital has been a pleasure the staff on 6b have made it that. They are all wonderful they are so friendly and caring and wonderful people.

ED – (1)

Fast service made my little boy feel very well looked after even showing him his x-rays and educating him on the bones, first class service

Outpatients – Urology (3)

I felt it was a wasted appointment to be sat down for 2 minutes, no discussion of symptoms or results given and handed a leaflet that could have been posted with appointment letter for the cystoscopy. Urology are clearly stretched given that appointment had been cancelled twice previously. I was very frustrated to be bought in just for that!

Outpatients – Neurology (1)

Loved the hospital , so well signposted and clean and bright. I found where I needed to go easily. Reception staff were so friendly and welcoming. The neurologist was absolutely lovely and made me feel so at ease and I really felt cared for by someone that really knew their stuff. Thank you

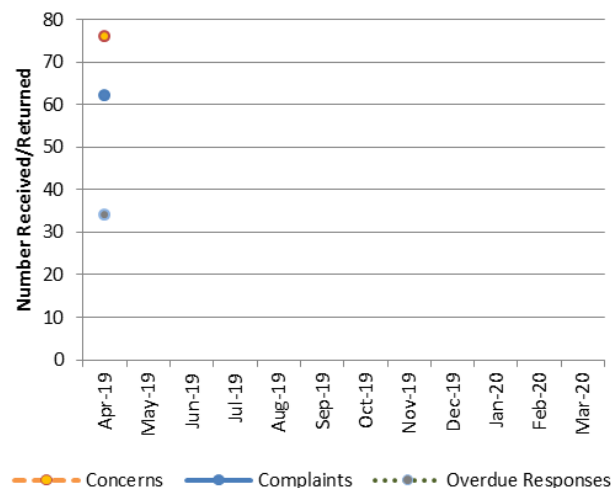
Inpatient – 32b (5)

7 hour wait for pain relief after admission After that, most nurses competent and helpful

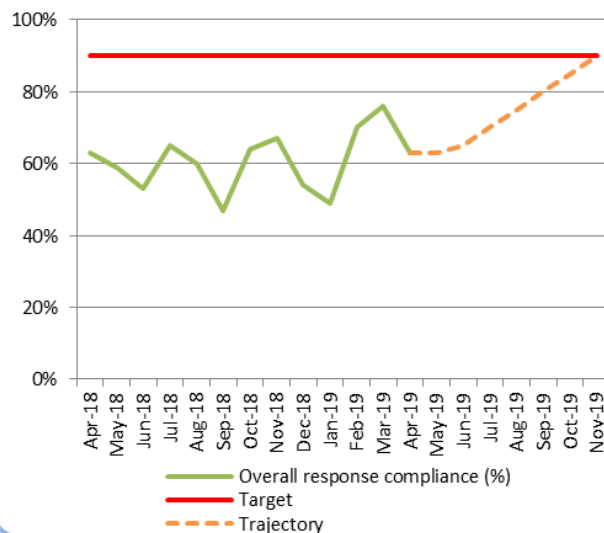
Inpatient – Gate 19 (5)

After the operation I was put on a day case ward for 2 days which was diabolical. You do not put patients that have just had surgery on that kind of ward who just got left it was terrible.

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Compliance



Complaints and Concerns

Following a review of Datix reports, the report for collating data on the Trust wide complaints, concerns & overdue complaints has been improved to ensure accuracy. In April 2019 the Trust received 62 formal complaints and 76 PALS concerns.

The 62 formal complaints can be broken down by division:

ACSR – 24

Clinical Governance – 2

CCS – 1

Medicine – 15

NMSK – 12

Ops – 1

People & Transformation – 1

WACH – 6

35 of the formal complaints were in the area of Clinical Care & Treatment including complaints surrounding quality of care, decisions regarding treatment plan and post operative recovery.

Overdue Cases

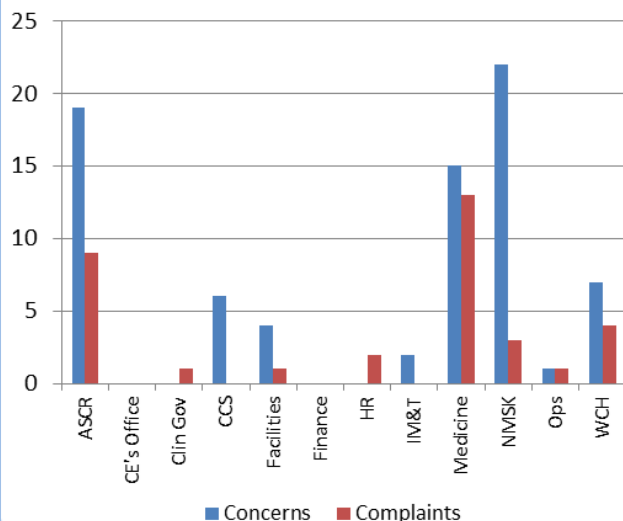
34 formal complaint responses were overdue at the end of April. The backlog of overdue responses will be addressed in the six month recovery plan outlined below.

Final Response Compliance

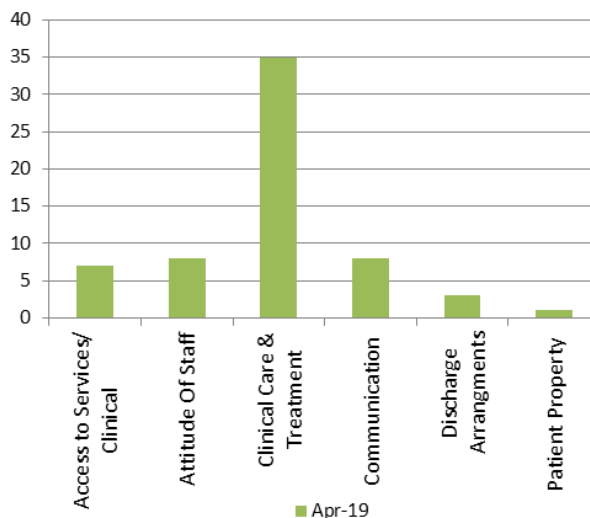
Of the cases closed in April 2019, 63% were completed within the agreed timescale. The Trust target is 90% compliance. A six month recovery plan will be rolled out in June 2019 which aims to bring compliance to target by November 2019.

The recovery plan will be shared with HoN end of May 2019.

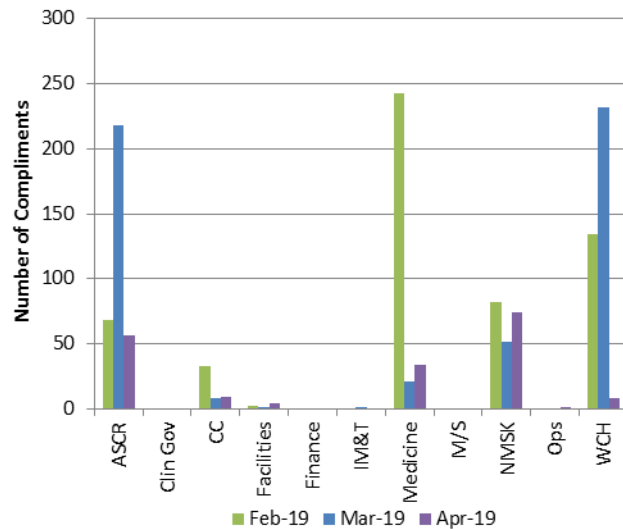
Concerns and Complaints per Division



Complaints by Subject



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

Compliments by Division

Compliments

The data reflects just a proportion of the number of compliments received across the Trust. A more systematic approach will be developed to capture compliments and will be developed as part of the ongoing improvement programme. This will follow the current priorities of addressing the complaints backlog and establishing a permanent PALS service.

Patient Advice and Liaison Service (PALS)

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

76 PALS concerns were received in April 2019.

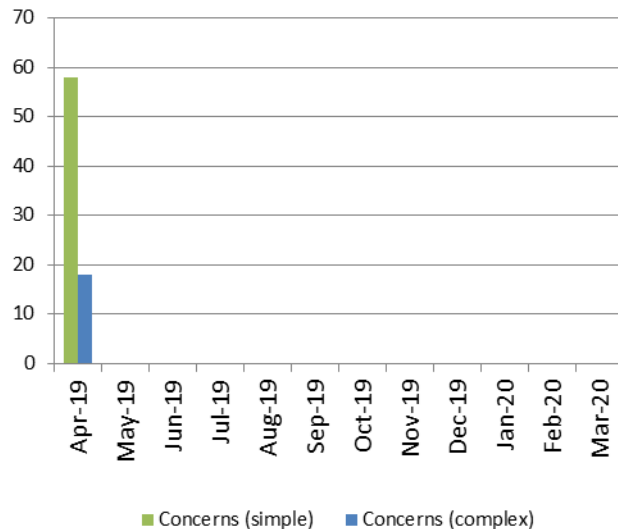
Following the PALS pilot a decision has been made to categorise PALS concerns into two categories:

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

Using this classification as a guide, of the 76 PALS concerns received in April 2019, 58 can be classified as more simple concerns and 18 warranted more in depth investigation from within the division and would be classified as complex concerns using the new categorisation methods.

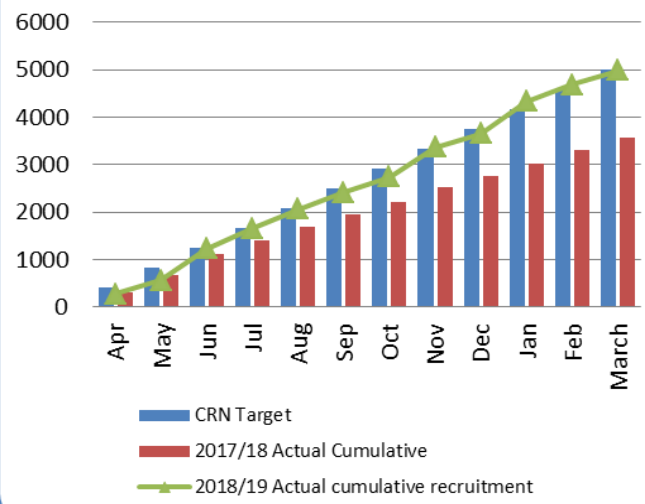
In June 2019 a revised Complaints Policy will be launched at NBT which will include process flowcharts on the triage process and the new categorisation and compliance standards for complaints & PALS concerns. A Datix training programme will also be rolled out alongside the policy.

Enquiries are dealt with by PALS the same day and the process for data collection surrounding enquiries is to be agreed.

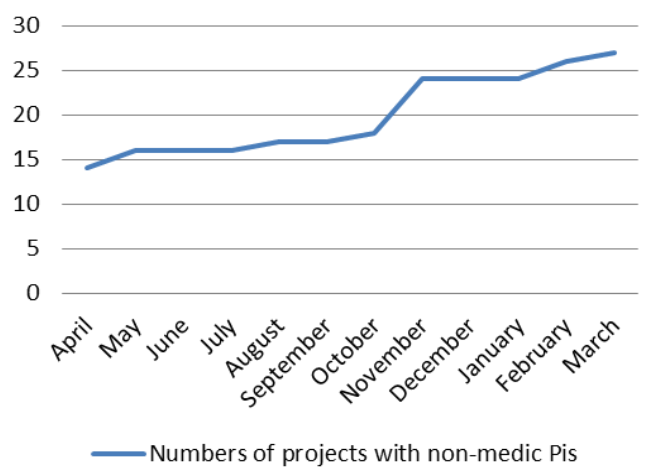
PALs

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

Recruitment vs Target



Numbers of projects with non-medical Lead Researchers



NBT is achieving 100% of the recruitment target set by the regional network. Over 1600 more patients and staff have had the opportunity to participate in research compared to this time last year.

The renal research team, led by Albert Power, have recruited the 3rd highest number of patients in the world to a trial looking at a new drug for patients to help prevent end stage kidney disease.

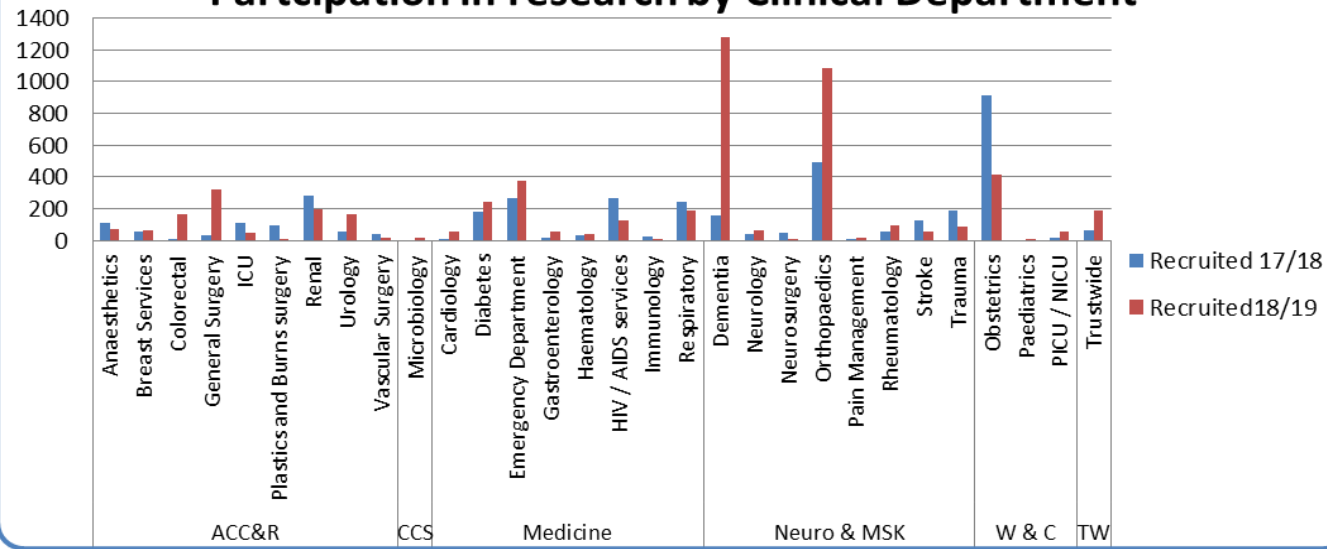
NBT has received its 2019/20 Research Capability Funding (RCF) allocation from DoH and, at £1.1m, this represents a 50% increase to last years budget, this increase is due to NBT's NIHR grant success over the last year.

As a result we have been able to open a call for applications for RCF, 17th June deadline. Applications are being sought from NBT researchers to fund key posts within their team to drive future NIHR grant applications.

NBT is currently setting up 11 newly awarded NIHR grants worth a total of £6.5m, these will all open by summer /autumn 2019, this is the most NIHR grants NBT has had in set-up at any one time.

The most recently awarded NIHR grant, led by Dr Vikki Wyld, aims to undertake a national multicentre trial to evaluate Radiofrequency denervation for chronic and moderate to severe low back pain: The RADICAL trial (RADICAL), the grant is worth £1.8m.

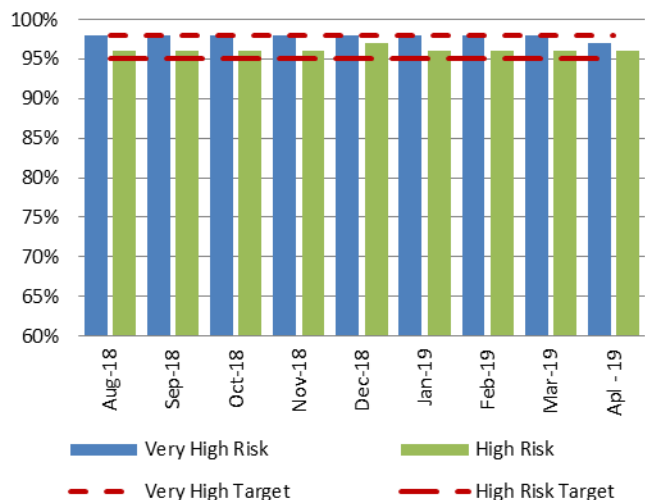
Participation in research by Clinical Department



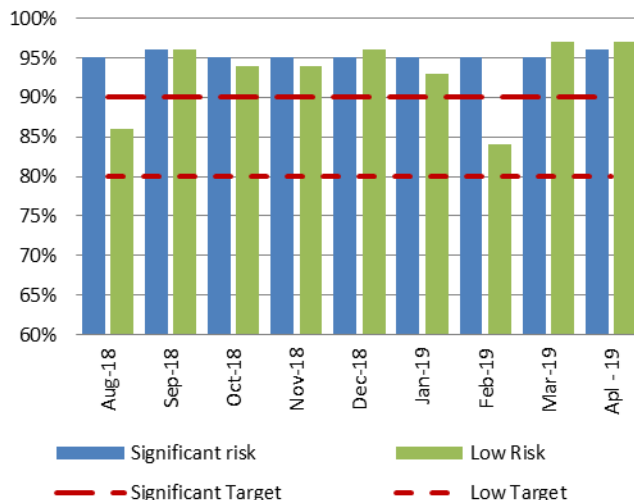
Facilities

Board Sponsor: Director of Facilities
Simon Wood

**FM OPs Cleaning Performance
(Very High and High Risk Areas)**



**FM OPs Cleaning Performance
(Significant and Low Risk Areas)**



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

Cleaning scores in month have dipped slightly. This is due to Infection Control and domestic audits merging on April 1st. Work is in hand to recover the reduction.

ED Zone remains problematic with access to patient cubicles. Discussions are taking place to adjust the domestic role from a planned cleaning regime into a more reactive role in order to better support clinical teams.

Recruitment into the relief team is ongoing with 7 new starters in month.

Deep clean numbers per week were in line with the previous month with an average of 250 carried out per week with an average breach level of 1.98%.

In order to reduce dust within Acute Medical Unit additional cleaning has been introduced ensuring that once a week all high level ceilings, hoists, vents are vacuumed and washed down.

Very High Risk Areas

Target Score 98%
Audited Weekly

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

High Risk Areas

Target Score 95%
Audited Fortnightly

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

Significant Areas

Target Score 90%
Audited Monthly

Include: Audiology, Plaster rooms, Cotswold Out Patient Department

Low Risk Areas

Target Score 80%
Audited Every 13 weeks

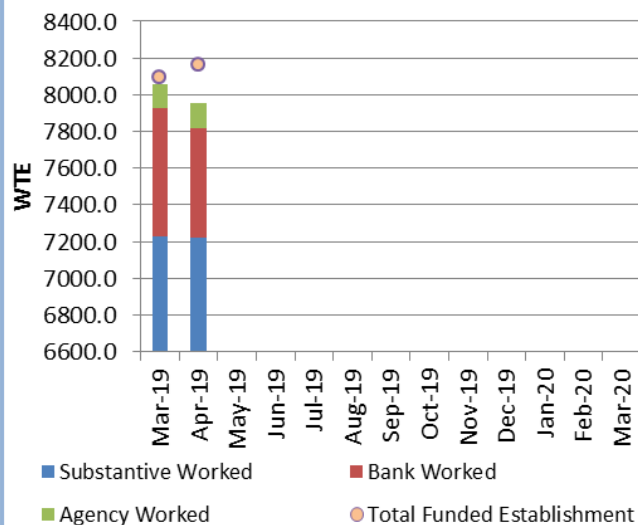
Include: Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, Learning and Research Building (non-lab areas)

Well Led

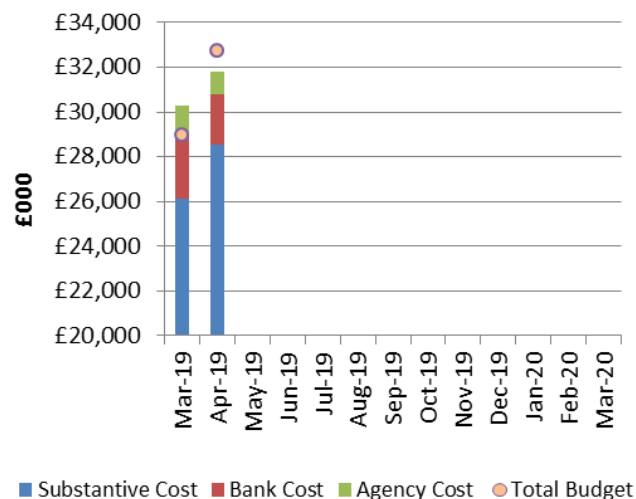
**Board Sponsors: Medical Director, Director of People and
Transformation**

Chris Burton and Jacqui Marshall

Worked and Funded



Expenditure and Budget



Substantive

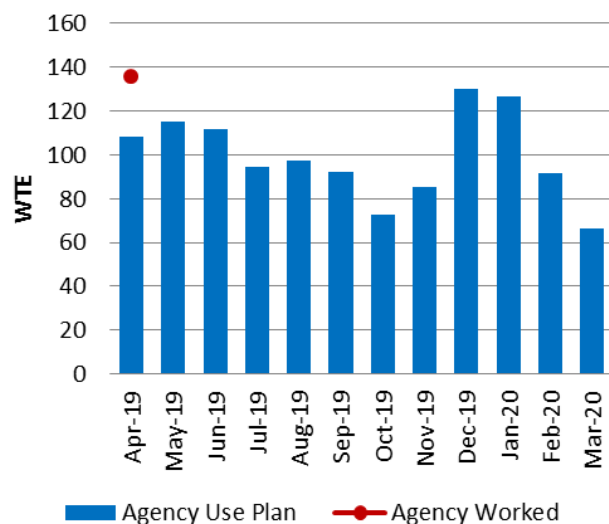
Expenditure on substantive staff saw a significant increase in April compared with March. This relates to the pay awards and one off payments in April to staff at the top of their band as a result of the contract changes negotiated nationally.

Temporary Staffing

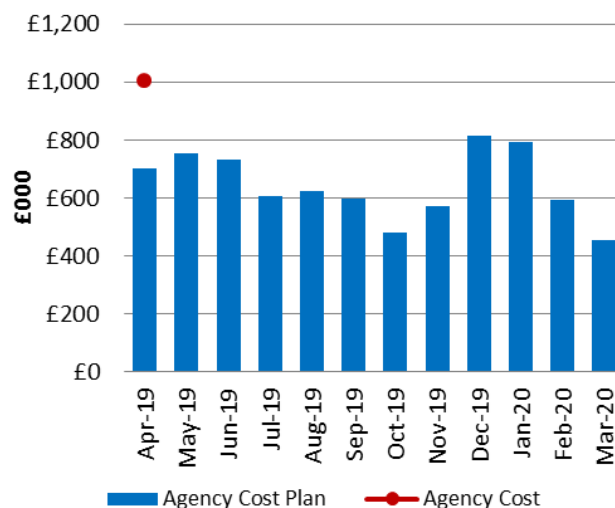
The planned wte and expenditure for agency staff reflects the operating plan submitted to NHSi in May.

Bank worked wte reduced by 101 wte in April compared with March with the greatest reductions in registered and unregistered nursing and midwifery staff and ancillary staff.

Agency Use



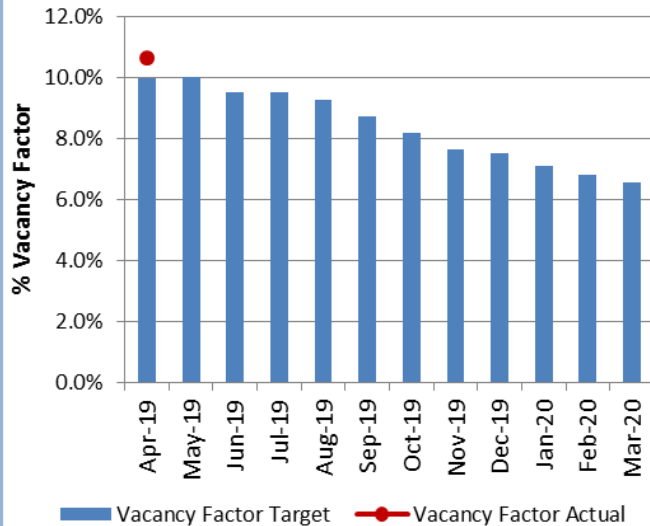
Agency Expenditure



Actions

A bank and agency task and finish group has been established and will focus on maximising the use of the staff bank within the Trust and supporting the BNSSG collaborative project to reduce spend on high cost agencies

Vacancy Factor Target



Unregistered Nursing and Midwifery Recruitment

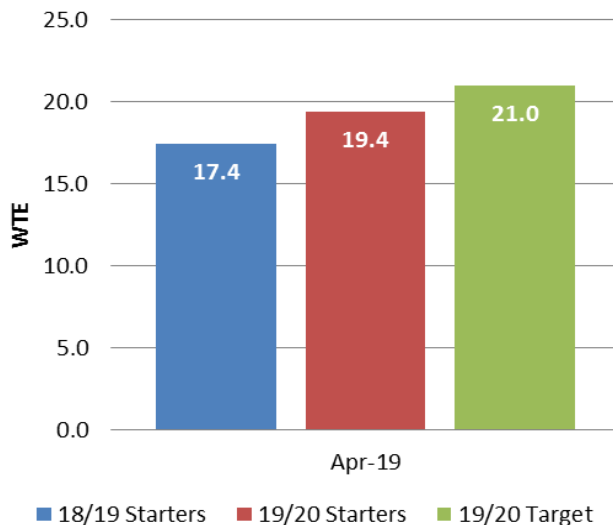
A band 2, 3 and 4 resourcing plan identifying the continuous talent attraction initiatives is scheduled between April 19 – March 2020. This will be supported by an improved reporting process for vacancies, retention and numbers of new starters for this staff group.

The focus is on attracting high quality candidates whilst increasing the number of candidates actually starting with the Trust, in line with the operational capacity of teams to receive new starters.

Band 5 Nursing

The Talent Acquisition Team continues to deliver against targets set in line with the band 5 resourcing plan. Critical to increasing resourcing in Trust hotspots (specifically around experienced nurses) are the new levels of activity for the bespoke resourcing plans being delivered across all divisions including ICU, Complex Care, Stroke, Renal, Theatres, Medirooms, Emergency Medicine. This is already demonstrating an increase in interest and applications from ICU nurses, and Stroke has seen some positive results from a recent CPD event. The band 5 nursing vacancy gap across all divisions increased in April due to an increase in funded establishment, however this was anticipated by the band 5 resourcing plan. Turnover in band 5 nursing was below anticipated levels, 27wte anticipated against actual of 20 wte.

Band 5 Nurse Cumulative Starters

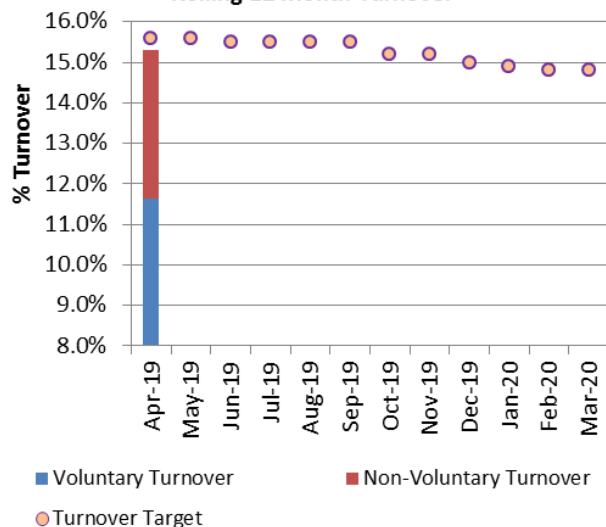


Overseas Nurse and Midwife Recruitment

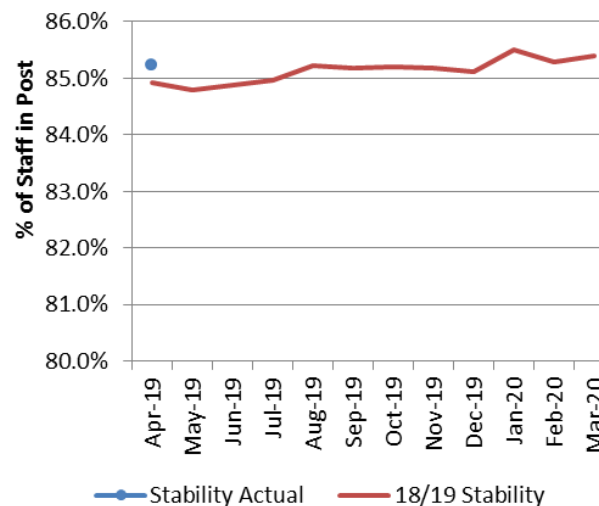
The International Nurse Recruitment project will deliver the first nurses from the Yeovil pipeline in May with two nurses currently on route. The June cohort has been finalised and 10 more nurses are due to start in June 19. The OSCE and pastoral care team are well prepared to deliver their wrap around welcome and support to the nurses as they arrive over coming weeks. Currently the pipeline identifies 32 nurses that have demonstrated commitment to the process of relocating by the end of August 2019, with final number anticipated to be 40 nurses from this pilot with Yeovil.

In June 2019, a review of the pilot will take place and make recommendations to the Nursing and Midwifery Nursing Group on the Trusts future approach to international recruitment as a supply line to close registered nursing vacancies.

Rolling 12 Month Turnover



Stability Index



Over the last 12 months the improvement in turnover has been in voluntary turnover with a smaller reduction in in non-voluntary turnover. Ongoing focus on retention means the Trust is targeting the same level of improvement seen in 18/19 with a year end target of 14.9% total turnover in 19/20.

Leavers for leaving reason 'Work Life Balance' and leavers with <1 Years service will now be measured as a rolling 12 month position to take account of the impact of the anticipated growth in workforce planned for 19/20.

People and Transformation team actions include:

The pilot is continuing of revised exit questionnaires in hotspot areas in all divisions, with good feedback from users. Further engagement with managers from these areas is planned;

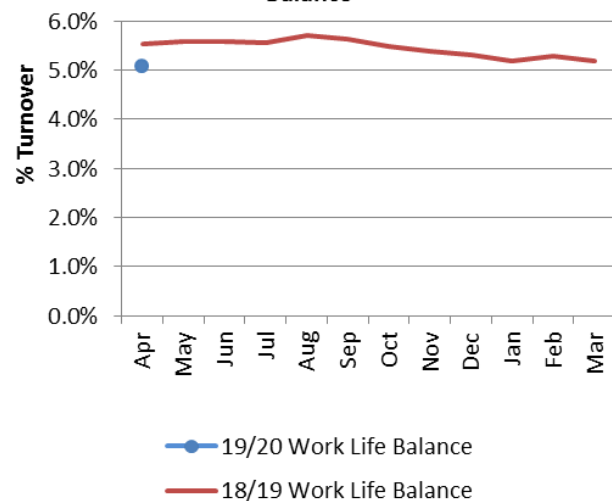
The ICU project on nurse turnover is now complete, recommendations have been made and are being shared;

Sessions promoting flexible retirement and flexible working are to take place next month, with pension clinics and staff drop-ins planned for 20 June;

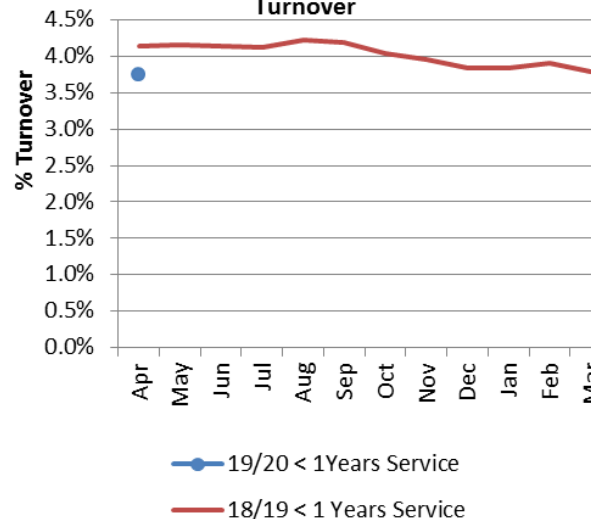
'Itchy Feet' pages on the HR Portal are now live, with new resources and guidance for staff and managers of staff who are thinking of leaving us;

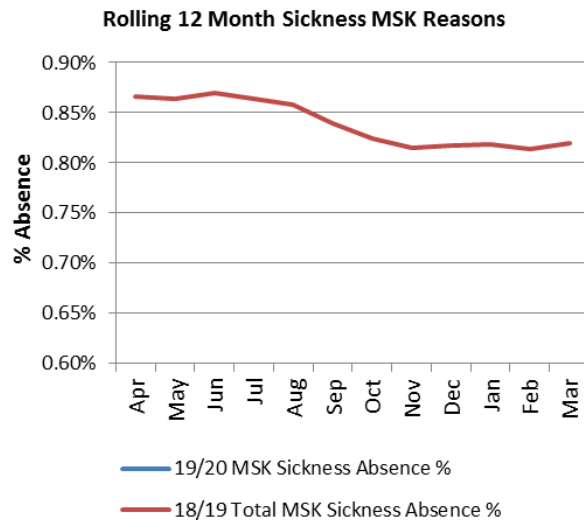
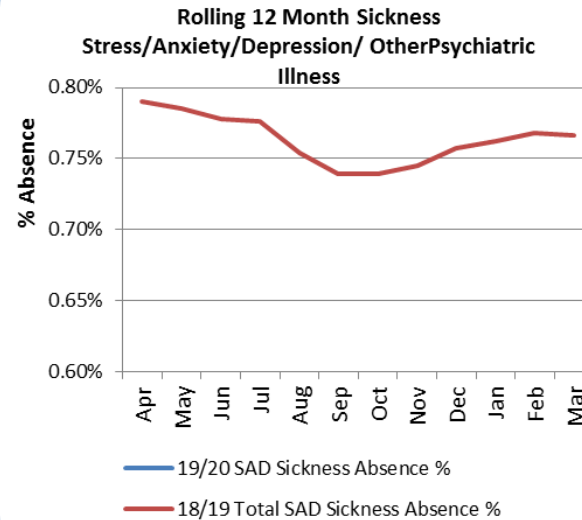
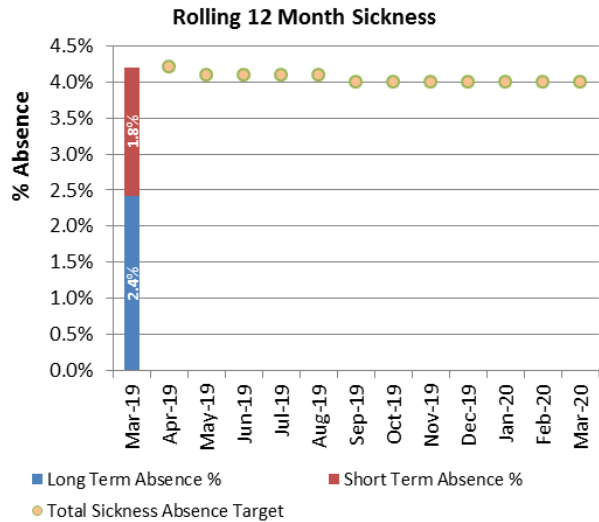
'Tip-toe to Transformation' tips for May have all been on the theme of 'Staff Leavers – Is it really goodbye?'

Rolling 12 Month Turnover - Work Life Balance



Rolling 12 Months - <1 Years Service Turnover





Sickness

Sickness absence ended 18/19 with an annual position of 4.2%, an improvement from 4.4% in the previous year. Ongoing focus of the Trust Health and Wellbeing programme means the Trust has targeted the same level of improvement in 19/20 moving from 4.2% to 4.0% by year end.

Sickness reasons 'MSK' and 'Stress/anxiety/depression/other psychiatric illness' will be measured as a rolling 12 month position to take account of the impact of the anticipated growth in workforce planned for 19/20.

People and Transformation team actions include :

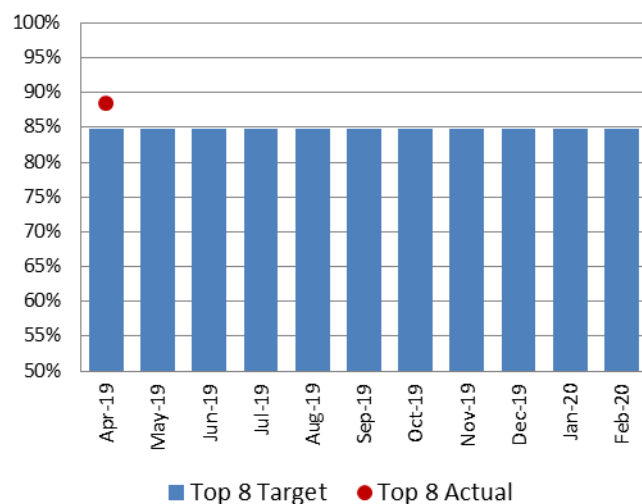
The new, 'Managing Healthy Teams' manager toolkit has now been launched with links to a new and wide range of resources;

Work to introduce the new 'adjustment passport' for staff requiring work place adjustments is nearly complete;

Final workshop has now been developed in the positive attendance series. All workshops are as follows:

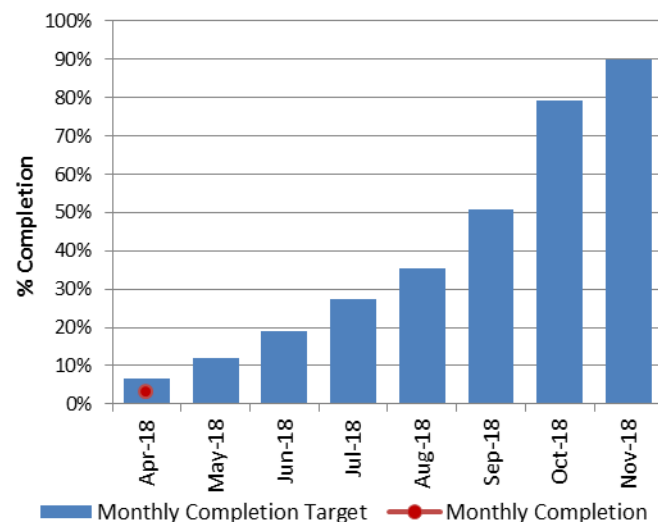
- Carrying out Return to Work interviews/stage 1 meetings
 - Sickness target setting
 - Short-term sickness - completing Stage 3 reports
 - Long-term sickness – final review meetings
- New support for staff and managers linked to the menopause; first drop-in session on 17 May, with further sessions planned.

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



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

Appraisal Window % Completion

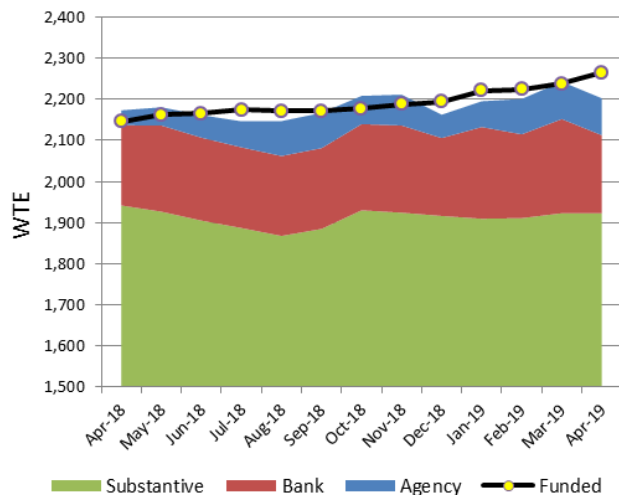


Mandatory & Statutory Training

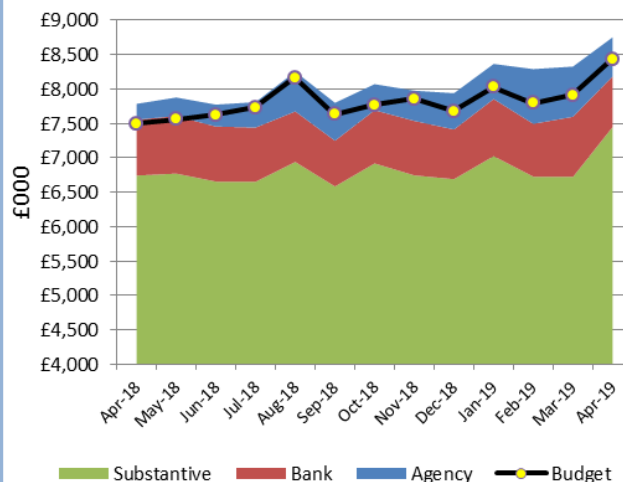
Trust Compliance with the Top 8 Statutory / Mandatory training topics is now achieving 88% on a regular basis. eLearning completions achieved on the MLE continue to show a steady increase.

The first Appraisal reports of the 2019 round have now been run and showed that 1% of staff had received an appraisal in the first three weeks of the round starting.

Registered Nursing and Midwifery Worked vs Funded



Registered Nursing and Midwifery Expenditure vs Budget

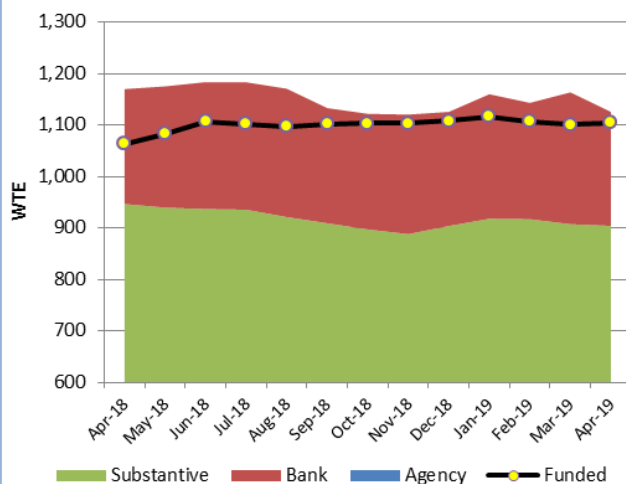


Substantive Nursing and Midwifery

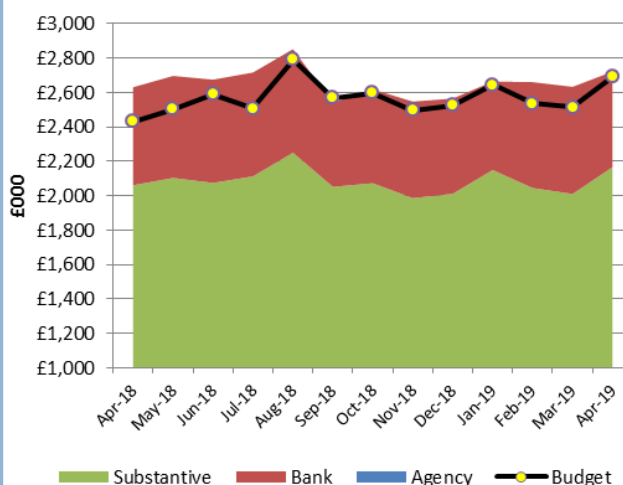
Bank and agency worked and expenditure decreased in April compared with March. Overall pay cost increased due to the one off pay award in April 2019.

Expenditure £		Mar-19	Apr-19
Reg. N&M	Substantive	£731	£567
	Bank	£874	£736
	Agency	£6,725	£7,451
	Total	£8,329	£8,754
Unreg. N&M	Substantive	£2,634	£2,723
	Bank	£0	£0
	Agency	£623	£556
	Total	£3,257	£3,278

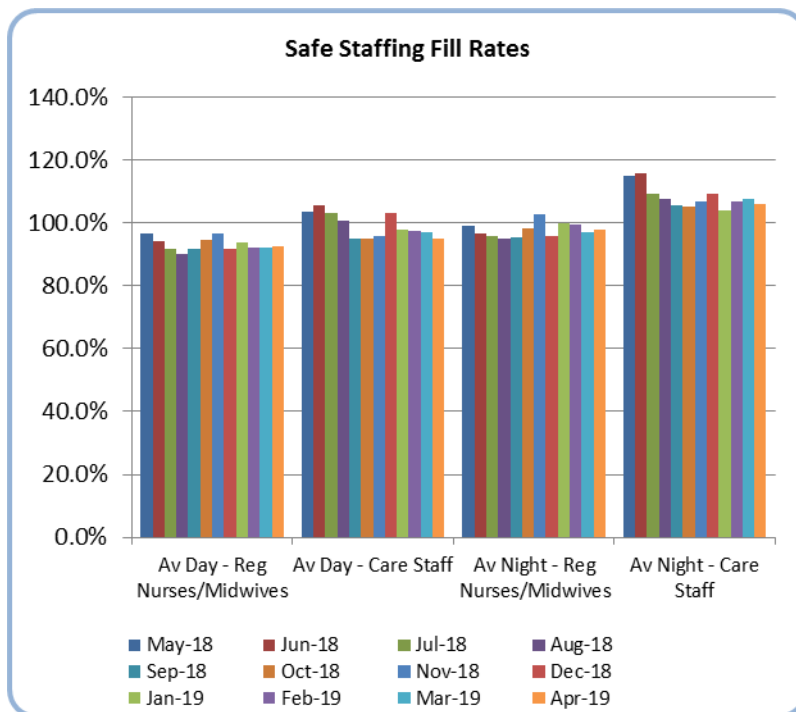
Unregistered Nursing and Midwifery Worked vs Funded



Unregistered Nursing and Midwifery Expenditure vs Budget



Worked WTE		Mar-19	Apr-19
Reg. N&M	Substantive	6,725	7,451
	Bank	874	736
	Agency	731	567
	Total	8,329	8,754
Unreg. N&M	Substantive	3,257	3,278
	Bank	623	556
	Agency	0	0
	Total	3,880	3,834



Wards below 80% fill rate are:

NICU:

Reduced fill rates for HCA 74.5% on days and 70.8% on nights; NICU staffing remains closely monitored on each shift. In order to maintain safety the unit has been closely supported by the CDS coordinator and staff sent to support as necessary. A recruitment plan is in place with 8 WTE now recruited.

32B (SAU):

Reduced fill rate for HCA 73% days. The ward currently has vacancies and was unable to fill these with bank staff. The ward has monitored daily providing support from other wards when possible. Gate 19(IR)

Ward over 175% fill rate:

Rosa Burden currently has a patient with significant enhanced care needs with a requirement of 2 staff member to 1 patient.

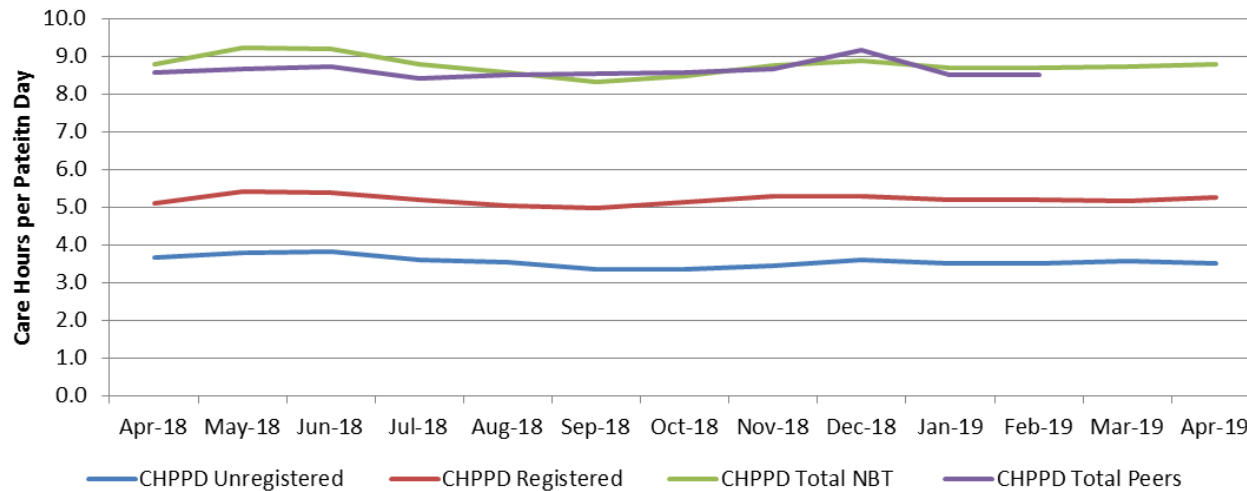
Cossham:

Cossham remains closed and is not reported externally.

Apr-19	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	92.6%	95.1%	97.8%	106.1%

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 split by registered and unregistered nursing and shows CHPPD for our Model Hospital peers (all data from Model Hospital).

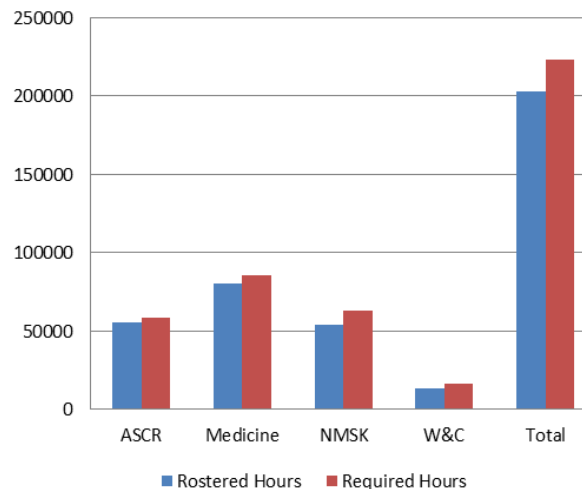
Safe Care Live (Electronic Acuity tool)

The acuity of patients is measured three times daily at ward level. The latest data for March demonstrates there are occasions the rostered hours do not meet the required hours.

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

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

Required vs Rostered Hours



Finance

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

	Position as at 30 April 2019		
	Plan £m	Actual £m	Variance (Adverse) / Favourable £m
Income			
Contract Income	45.7	44.0	(1.7)
Other Operating Income	7.0	5.9	(1.1)
Donations income for capital acquisitions	0.0	0.0	0.0
Total Income	52.7	49.9	(2.8)
Expenditure			
Pay	(32.7)	(32.0)	0.7
Non Pay	(16.1)	(14.0)	2.1
PFI Operating Costs	(0.5)	(0.5)	0.0
	(49.3)	(46.5)	2.8
Earnings before Interest & Depreciation	3.4	3.4	0.0
Depreciation & Amortisation	(1.9)	(2.1)	(0.2)
PFI Interest	(2.9)	(2.9)	0.0
Interest receivable	0.0	0.0	0.0
Interest payable	(0.4)	(0.3)	0.1
PDC Dividend	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0
Impairment	0.0	0.0	0.0
Gains / (Losses) on Disposal	0.0	(0.1)	(0.1)
Operational Retained Surplus / (Deficit)	(1.8)	(2.0)	(0.2)
Add back items excluded for NHS accountability			
Gains / (Losses) on Disposal			
Donations income for capital acquisitions	0.0	0.0	0.0
Depreciation of donated assets	0.0	0.1	0.1
Impairment	0.0	0.0	0.0
Adjusted surplus /(deficit) for NHS accountability (excl PSF)	(1.8)	(1.9)	(0.1)
PSF / FRF / MRET	1.3	1.3	0.0
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(0.5)	(0.6)	(0.1)

Statement of Comprehensive Income

Assurances

The financial position at the end of April shows a deficit of £0.6m, £0.1m adverse to the planned deficit.

Key Issues

- Contract income is £1.7m adverse to plan largely due to under-performance in non-elective and elective inpatient activity.
- Other income is £1.1m adverse reflecting under-performance in a number of areas.
- Pay is £0.7m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.1m favourable to plan mainly in clinical supplies and drugs.

31 March 2019 £m	Statement of Financial Position as at 30th April 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	531.1	555.4	24.3
17.0	Intangible Assets	17.1	17.0	(0.1)
8.5	Non-current receivables	8.5	8.5	0.0
583.6	Total non-current assets	556.7	580.9	24.2
	Current Assets			
12.8	Inventories	11.2	13.0	1.8
35.5	Trade and other receivables NHS	27.4	35.5	8.2
37.1	Trade and other receivables Non-NHS	36.1	30.3	(5.8)
10.2	Cash and Cash equivalents	8.0	11.0	3.0
95.7	Total current assets	82.7	89.9	7.3
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	639.4	670.9	31.4
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	7.7	(1.7)
64.8	Trade and Other payables - Non-NHS	69.2	73.7	4.5
70.8	Borrowings	89.6	66.4	(23.2)
145.0	Total current liabilities	168.2	147.8	(20.4)
(49.3)	Net current assets/(liabilities)	(85.5)	(57.8)	27.7
534.3	Total assets less current liabilities	471.3	523.1	(51.8)
7.8	Trade payables and deferred income	8.4	7.7	(0.7)
517.8	Borrowings	495.7	517.5	21.7
8.7	Total Net Assets	(32.9)	(2.1)	30.8
	Capital and Reserves			
243.9	Public Dividend Capital	243.3	243.9	0.6
(375.2)	Income and expenditure reserve	(398.5)	(394.4)	4.1
(6.4)	Income and expenditure account - current year	0.5	(0.7)	(1.3)
146.5	Revaluation reserve	121.8	149.1	27.4
8.7	Total Capital and Reserves	(32.9)	(2.1)	30.8

Statement of Financial Position

Assurances

The Trust received new loan financing in April of £1.3m. This brings total borrowing from the Department of Health and Social Care to £179.5m.

The Trust ended the month with cash of £11.0m, compared with a plan of £8.0m.

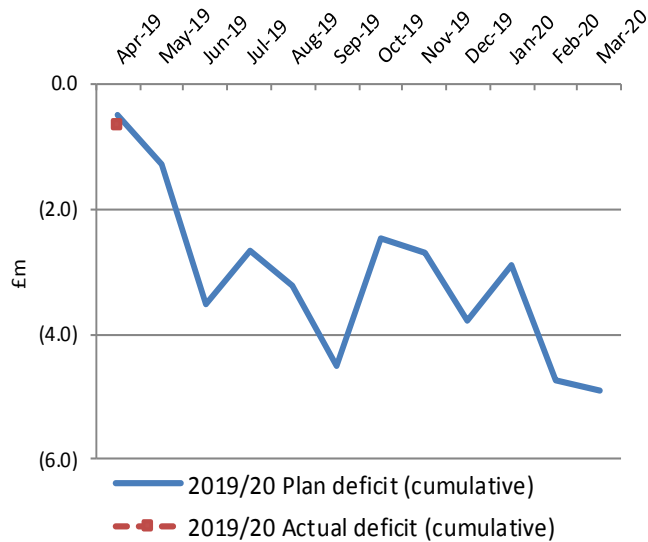
Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 68% by volume of payments made within 30 days against the target of 95%.

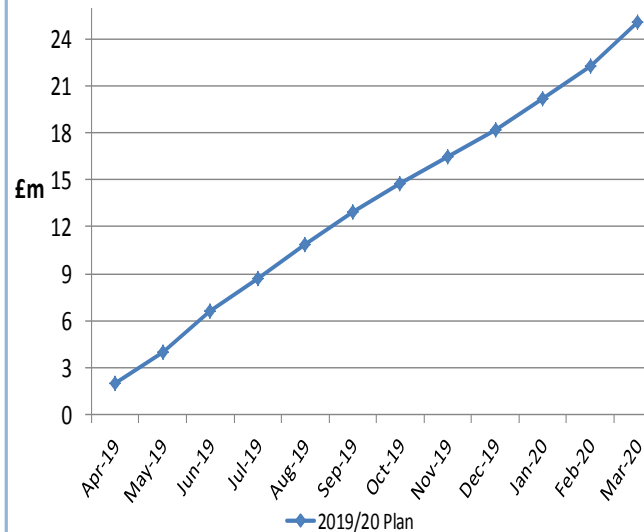
Actions Planned

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

Cumulative Plan vs Actual Deficit (inc PSF)



2019/20 Capital expenditure plan



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

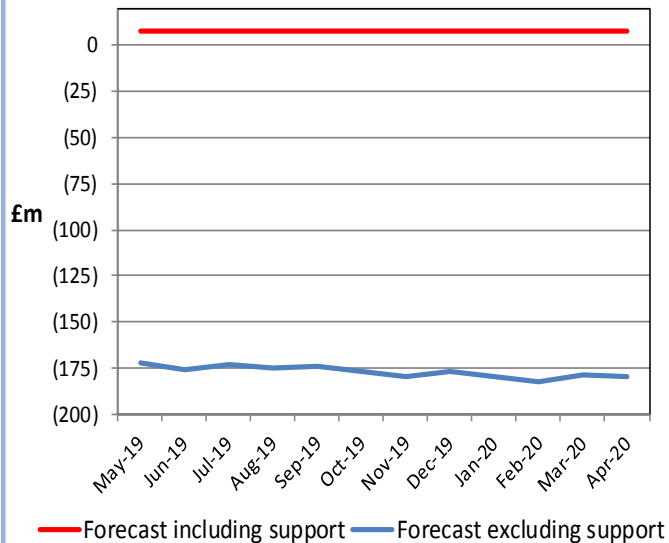
The overall financial position shows a £0.6m deficit, £0.1m adverse to plan.

The capital expenditure plan for the year is £25.1m.

Assurances and Actions

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

Rolling cash flow forecast

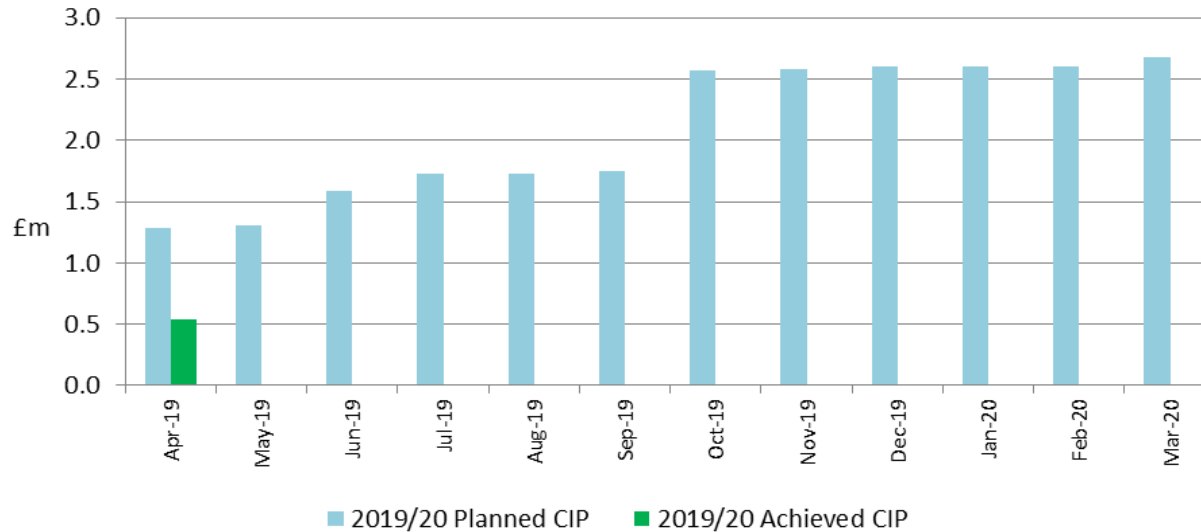


Weighting	Metric	2019/20 Plan
0.2	Capital service cover capacity	4
0.2	Liquidity rating	4
0.2	I&E margin rating	3
0.2	I&E margin: distance from financial plan	1
0.2	Agency rating	1
	Overall finance and use of resources risk rating	3

Concerns & Gaps

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

2019/20 Planned CIP Profile



Savings

Assurances

The savings target for 2019/20 is £25m against which £0.5m was achieved at the end of April.

Concerns & Gaps

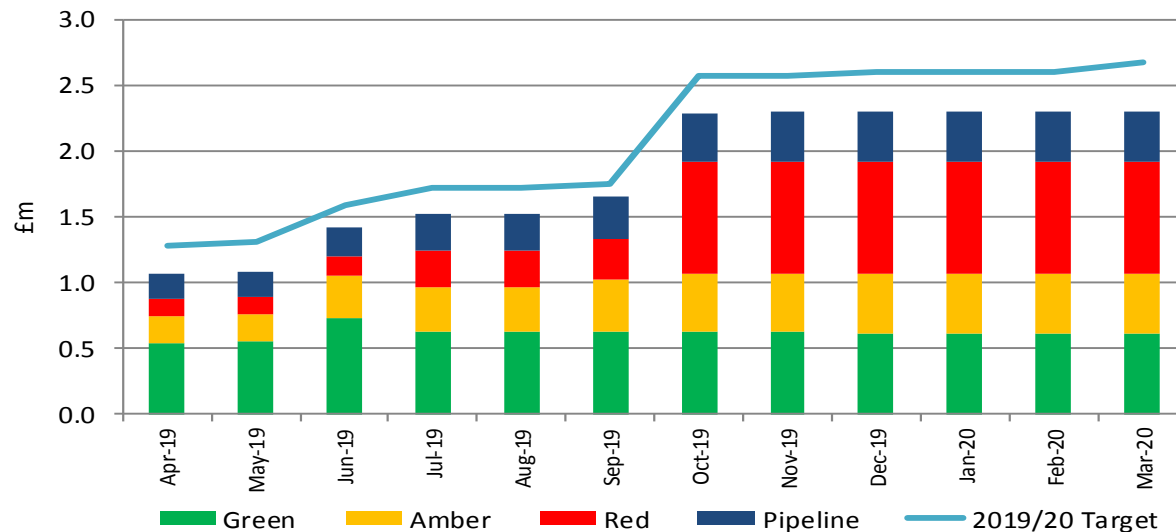
Although there remains a small shortfall of £0.2m in terms of identified savings, only £18.5m of the £25m plan is recurrent with £12.3m rated as green or amber.

Actions Planned

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

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

2019/20 Monthly CIP



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 the Monthly Integrated Delivery Meetings.

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

CQC reports history (all sites)

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

* These services are no longer provided by NBT.

Monitor Provider Licence Compliance Statements at April 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 Monitor/NHSI guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration is in place. The Trust received a rating of Requires Improvement from its inspection in November 2014, December 2015 and November 2017. A number of compliance actions were identified, which are being addressed through an action Plan. The Trust Board receives regular updates on the progress of the action plan through the IPR.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	Information provision to Monitor/NHSI not yet required as an aspirant Foundation Trust (FT). However, in preparation for this the Trust undertakes to comply with future Monitor requirements.
P3	Assurance report on submissions to Monitor	Yes	Assurance reports not as yet required by Monitor/NHSI since NBT is not yet a FT. However, once applicable this will be ensured. Scrutiny and oversight of assurance reports will be provided by Trust's Audit Committee as currently for reports of this nature.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Board Compliance Statements at April 2019

Self-assessed, for submission to NHSI

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