

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

April 2019 (presenting March 2019 data)



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REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 31 March 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 2018/19

- QP1** Eliminate delays in hospital to improve patient safety and reduce bed occupancy ('home is best')
- QP2** Enhance the way patient involvement and feedback is used to influence care and service development
- QP3** Continue improving the quality of end of life care across all specialities
- QP4** Strengthen learning and action by embedding quality governance at specialty, cluster and Divisional level
- QP5** Demonstrate a stronger clinical understanding and application of the Mental Capacity Act and Deprivation of Liberty Standards

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

March reports an improvement for the 4 hour urgent care standard at 74.10% but continues to fall short of the Trust trajectory at 81.59%. At 8224, there were 1011 (14.02%) more ED arrivals in March 2019 when compared with March 2018, equating to an additional 32 attendances per day. This is the largest number of attendances to be received by the Trust in a single month. The year closed with an improved 2018/19 performance of 79.78% when compared to the 2017/18 position of 77.06%.

The Trust has **marginally underachieved against the agreed recovery trajectory for Referral To Treatment (RTT)** incomplete performance for March (86.71% vs trajectory of 87.04%). The Trust has not achieved the trajectory for the number of patients waiting greater than 52 weeks from Referral to Treatment (RTT) in March (18 vs trajectory of 0) and has a plan to eliminate 52 week waits by end of September 2019.

In March, there was a deterioration in the diagnostic waiting time standard from February's position of 2.32%. The deterioration is largely attributable to Endoscopy and Urodynamics and has resulted in the Trust **not meeting the national standard (1.00%) for diagnostic performance** with actual performance of 3.10%.

The Trust has **delivered two of the seven national cancer targets** in February – The 31 Day Subsequent Drug Treatment standard continues to achieve at 100% and patients treated within 62 days of screening has recovered from January and is now achieving at 91.07%. The Trust's Two Week Wait stands at 92.44% in February (standard 93%), Two Week Wait for Breast Symptoms has improved and reports a position of 82.20% (standard 93%), 31 Day First Treatment at 95.49% (standard 96%), 31 Day subsequent Surgery 80.87% (standard 94%) and the 62 Day Treatment standard reports at 81.67% (standard 85%). Cancer performance has been impacted in 2018/19 by capacity shortfalls, which are remediated in the 2019/20 plan.

SAFETY

Reduction in pressure ulcer incidence is a focus of safety improvement work. In March there were 21 Grade 2 and three Grade 3 pressure injuries reported, while there were **no Grade 4 pressure injuries reported**. The Trust achieved a 12% reduction for Grade 2 pressure ulcers in 2018/19. There were five serious incidents reported and no Never Events declared in March. Thematic Reviews are conducted across all Never Events that have happened since April 2018.

PATIENT EXPERIENCE

The number of overdue complaints increased to 10 in March, achieving the Trust's target of 10. The Patient Advice and Liaison Service (PALS) pilot is ongoing with an aim to improve responsiveness to patient concerns. Friends and Family recommend scores remain steady across all areas, with ED, Outpatients and Maternity actuals above target. NHS Choices rating for Southmead Hospital is 4.5 stars (max 5) while Cossham has dropped to 4 stars.

WORKFORCE

The **stability** (% of staff in post longer than 12 months) **of the Trust workforce has improved** and is 1% higher than 2017/18 year end (equating to 51 whole time equivalent (wte) more staff in post with more than one years service). The number of staff leaving the Trust for voluntary reasons has improved overall in 2018/19, with 85 wte lower leaving than the same period last year. **Reduction of proportion of sickness attributed to 'Stress/Anxiety/Depression/Other psychiatric illnesses'**: The wte days lost in the period April – February in 2018/19 was 237 wte days lower than the same period in 2017/18.

FINANCE

The Trust has a planned a deficit of £18.4m for the year in line with the agreed control total with NHS Improvement. At the end of March, the Trust is reporting **a deficit of £21.4m, which is £3m adverse to plan**. The Trust has a savings target of £34.7m, of which, £26.3 has been forecast at the end of March. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard											
March-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%	79.32%	95/134	<div><div></div></div>	70.47%	74.10%	81.59%	<div><div></div></div>	
	12 Hour Trolley Waits QP1		0				21	0		<div><div></div></div>	
	Referral to Treatment - % incomplete pathways <18 weeks		92%	*87.22%	134/180	<div><div></div></div>	86.95%	86.71%	87.04%	<div><div></div></div>	
	Trust Wide Referral to Treatment Backlog (to achieve 92%)		NA				3563	3708	3574	<div><div></div></div>	
	52WW	Neurosurgery and Epilepsy		0				1	1	0	<div><div></div></div>
		MSK		0				20	9		<div><div></div></div>
		Ortho-Spinal		0				7	1		<div><div></div></div>
		Other		0				16	7		<div><div></div></div>
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*2.30%	127/193	<div><div></div></div>	2.32%	3.10%		<div><div></div></div>	
	Cancelled Operations	Same day - non-clinical reasons		0.8%				1.30%	0.89%		<div><div></div></div>
		28 day re-booking breach		0				2	1		<div><div></div></div>
	Bed Occupancy QP1		95%				98.02%	96.63%		<div><div></div></div>	
	Stranded Patients (LoS >7 days : Snapshot as at month end)						346	338		<div><div></div></div>	
	Delayed Transfers of Care (DToC) QP1		3.50%				3.99%	5.14%		<div><div></div></div>	
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	93.73%	141/145	<div><div></div></div>	75.74%	92.44%		<div><div></div></div>	
	Patients with breast symptoms seen by specialist within 2 weeks		93%	86.11%	107/107	<div><div></div></div>	48.16%	82.20%		<div><div></div></div>	
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	97.05%	96/109	<div><div></div></div>	92.28%	95.49%		<div><div></div></div>	
	Patients waiting less than 31 days for subsequent surgery		94%	93.55%	42/54	<div><div></div></div>	75.63%	80.87%		<div><div></div></div>	
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.47%	1/26	<div><div></div></div>	100%	100%		<div><div></div></div>	
	Patients receiving first treatment within 62 days of urgent GP referral		85%	76.14%	55/144	<div><div></div></div>	82.17%	81.67%	86.47%	<div><div></div></div>	
	Patients treated within 62 days of screening		90%	88.61%	28/68	<div><div></div></div>	89.04%	91.07%		<div><div></div></div>	

Key Operational Standards Dashboard

March-19

IPR section	Access Standard		Performance against Target 2018/19	Performance against NBT Trajectory	Performance direction of travel from last month
	Description	Target			
Quality Patient Safety and Effectiveness	Never Event Occurrence		0	4	▲
	Safety Thermometer - Hospital Compliance			96.22%	▼
	WHO Checklist Compliance		95%	97.40%	▼
	Hand Hygiene Compliance		95%	97.00%	▲
	Pressure Injuries	Grade 2	164 2018/19	180	▲
		Grade 3	0 2018/19	6	▲
		Grade 4	0 2018/19	1	▲
	MRSA		0	9	▲
	E. Coli		58 2018/19	57	▲
	C. Difficile		42 2018/19	39	▲
	MSSA		19 2018/19	27	▲
	Venous Thromboembolism Screening (In arrears)		95%	95.44%	▲

Key Operational Standards Dashboard

March-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		*12.15%	*22/137	<div><div></div></div>	21.49%	20.03%	15.00%	▼
		Inpatient QP2		*24.60%	*125/165	<div><div></div></div>	19.16%	19.04%	30.00%	▼
		Outpatient QP2					14.63%	18.01%	6.00%	▲
		Maternity (Birth) QP2		*22.22%	*63/126	<div><div></div></div>	18.32%	25.80%	15.00%	▲
	FFT - % Would recommend	Emergency Department QP2		*85.28%	*68/131	<div><div></div></div>	88.77%	88.03%		▼
		Inpatient QP2		*95.51%	*129/159	<div><div></div></div>	92.19%	93.24%		▲
		Outpatient QP2		*94.09%	*97/195	<div><div></div></div>	95.30%	95.94%		▲
		Maternity (Birth) QP2		*97.36%	*20/76	<div><div></div></div>	97.59%	94.69%		▼
	Complaints	% Overall Response Compliance QP2					70.00%	76.00%		▲
		Overdue QP2	<10				9	10		▲
Well Led	Agency Expenditure ('000s)		£290				£1,296	£1,348		▲
	Month End Vacancy Factor		5.00%				10.42%	10.52%		▲
	In Month Turnover		1.20%				1.12%	1.32%		▲
	In Month Sickness Absence (In arrears)		3.87%				4.93%	4.50%		▼
	Trust Mandatory Training Compliance		86.00%				88.06%	88.84%		▲
	Non - Medical Annual Appraisal Compliance		90% Nov. 2018				72.00%	80.00%		▲
Finance	Deficit (£m)		£18.4m 2018/19				£19.9	£21.4	£18.4	
	NHSI Trust Rating						3			▼

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

March reports an improvement of the 4 hour urgent care standard at 74.10% but continues to fall short of the Trust trajectory at 81.59%. Further improvement of the standard was impeded by high volumes of attendances, the most to be received by the Trust in a single month. At 8224, there were 1011 (14.02%) more ED arrivals in March 2019 when compared with March 2018, equating to an additional 32 attendances per day. The year closed with an improved 2018/19 performance of 79.78% when compared to the 2017/18 position of 77.06%.

Planned Care

Referral to Treatment (RTT) - In month, the Trust marginally underachieved against the RTT trajectory of 87.04%, with actual performance at 86.71%. The year closed with a total waiting list position of 27910, exceeding a trajectory of 27578 and the March 2018 position of 27158. The number of patients exceeding 52 week waits continues above trajectory with March reporting at 18; the majority of breaches (14) 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. The Trust is working to resolve an interoperability issue between the Electronic Referral System and Lorenzo which is having an adverse impact on the reported incomplete waiting list.

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 3.10% in March and reflects a deterioration from February's position of 2.32%. The deterioration is largely attributable to Endoscopy and Urodynamics. 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 February, achieving two of the seven standards. Of the five standards not achieved, the Trust's Two Week Wait has reported a significant improvement of 92.44% and the breast non-symptomatic Two Week Wait reported 82.20% in February against the National standard of 93%. The majority of breaches relate to skin (37) and breast (44). Patients receiving first treatment within 31 days of diagnosis has not achieved the standard and reports a performance of 95.49% against 96%. Patients waiting less than 31 days for subsequent surgery continues to underperform with a performance of 80.87% against a target of 94%. The Trust has not achieved the 62 day standard, with a performance of 81.67% 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.

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 was 100% compliance with the audit in March of removing air flow meters post nebulisation – the Trust is moving across to air compressors following testing of several models for patient and staff acceptability.

Serious falls – Zero serious falls were reported in March 2019 following six in January.

Areas of Concern

Pressure Injuries – We failed to meet the agreed 20% reduction target in hospital acquired pressure injuries at the end of the year, having maintained the agreed trajectory of improvement for 10 out of the last 12 months.

Admission within 4 hours to specialist beds – This remains challenging to deliver sustained performance. Stroke now reporting 42% and hip fracture reporting 56% in March 2019. The stroke thrombectomy service has been limited for 4 days in April.

QUALITY EXPERIENCE

SRO: Interim Director of Nursing

Overview

Improvements

Complaint and Concerns: The number of complaints received remains fairly static at a rate between 48 - 51 since December 18. The response rate has improved this month with 76% of complaints answered within the agreed time frame (performance indicator = 85%). A Patient Advice and Liaison Service (PALS) continues to provide an accessible responsive service to patient / carers. The full impact will be seen over the coming year.

Friends and Family Test: The Inpatient response rate remains steady around 19% with an increase in those who would recommend the ward or department to 93%. The Emergency Department response rates remain above the required response rate of 15% and also above the national and regional average. Maternity (birth) response rate are sustained above the required response rate with an overall improving in the percentage who would recommend the unit. Outpatient response rate remain consistently well above the regional and national average with improving % recommend rates.

Areas of concern

Complaints and Concerns and Enquiries: There has been a significant decrease in the number of recorded concerns and enquiries in March. Due to service demand in PALS the recording in real-time of enquiries and concerns was incomplete. It is known to be higher than that recorded. Action is being taken to rectify this position. The data displayed in relation to compliments is known to only be just a proportion of the significant number of compliments received across the Trust.

Friends and Family Test: Maternity (Birth) remain below the national and regional percentage recommend at 95% but with an upward trend. Review of the qualitative data will be undertaken to seek to understand what may be influencing this.

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 workforce has improved and at year end is 1% higher than 17/18 year end (equating to 51 wte more staff in post with more than one years service). Movement from last month is a result of both having more staff in post with more than one years service but also more staff in post overall. In developing team stability as a key theme in 19/20 we will focus on our hot spot areas, primarily across both registered and unregistered nursing and midwifery teams and work is already in progress to develop an action plan for unregistered nursing and midwifery.

Progress against corporate objectives:

Reduction in proportion of leavers with less than one year service: In 18/19 259.6 wte have left the Trust with less than one years service, which is lower than 17/18 by 25.4 wte. This represents an increase in the reported improvement from last month's position.

Reduction in proportion of leavers with reason 'work life balance': Year to date 356 wte left due to work life balance, 8 wte less than the same period last year. Our focus on flexible working will intensify in 2019/20 with the aim of improving engagement, stability and overall health and wellbeing of our staff.

Turnover

The number of staff leaving the Trust for voluntary reasons has improved in 18/19, with 85 wte less staff leaving than in 17/18, with a year end improvement in rolling 12 month turnover of 1%. Registered nursing and midwifery has not followed the same trend and the stability of this staff group is one of our priorities for 19/20, this is mirrored by national statistical information. The Interim Director of Nursing & Quality is leading the nursing & midwifery steering group to gain momentum on progress.

Vacancies

The Trust has ended the year with a vacancy factor of 10.5% which has remained at the same level for the past five months. Band 5 nurses are a key staff group in focus in terms of recruitment and vacancies decreased in March as a result of Band 5 nurses starting in March and also newly qualified nurses who started in January and February obtaining their PIN. 19/20 will see a focus on recruitment of key staff groups that underpin our operating plan or have been identified as areas of risk.

Health and Well-being

Sickness absence decreased in February and the improved position in terms of time lost to sickness continues. The improvement made has been in short term sickness and following on from the success of the 18/19 flu campaign 24% less time was lost to sickness absence attributed to cough, cold and influenza than in the same period in 17/18 (November to February). This improvement accounts for 42% of the overall improvement in time lost to short term sickness in 18/19 when compared with 17/18. The external recognition of the success NBT's staff wellbeing programme continues, having been one of three Trusts to be shortlisted for the national Healthcare People Management Association awards for Staff Wellbeing.

Progress against corporate objective:

Reduction of proportion of sickness attributed to 'Stress / Anxiety / Depression / Other psychiatric illnesses': The whole time equivalent (wte) days lost in the period April – February in 18/19 was 237 wte days lower than the same period in 17/18. Whilst there has been a sustained improvement in 18/19, the overall year to date improvement has decreased. The Trust's recent decision to fund the wellbeing programme on a recurrent basis means that we can appoint permanently to the staff wellbeing psychologist roles, enabling us to enhance the volume and impact of work focussing on Stress, Anxiety and Depression.

FINANCE

SRO: Director of Finance

Overview

The Trust had planned a deficit of £18.4m for the year in line with the control total agreed with NHS Improvement.

At the end of March, the Trust reported a deficit of £21.4m which is £3m adverse to the planned deficit including PSF (£0.2m favourable excluding PSF).

The Trust has borrowed £15.7m net year to date to the end of March which brings the total Department of Health borrowing to £178.3m.

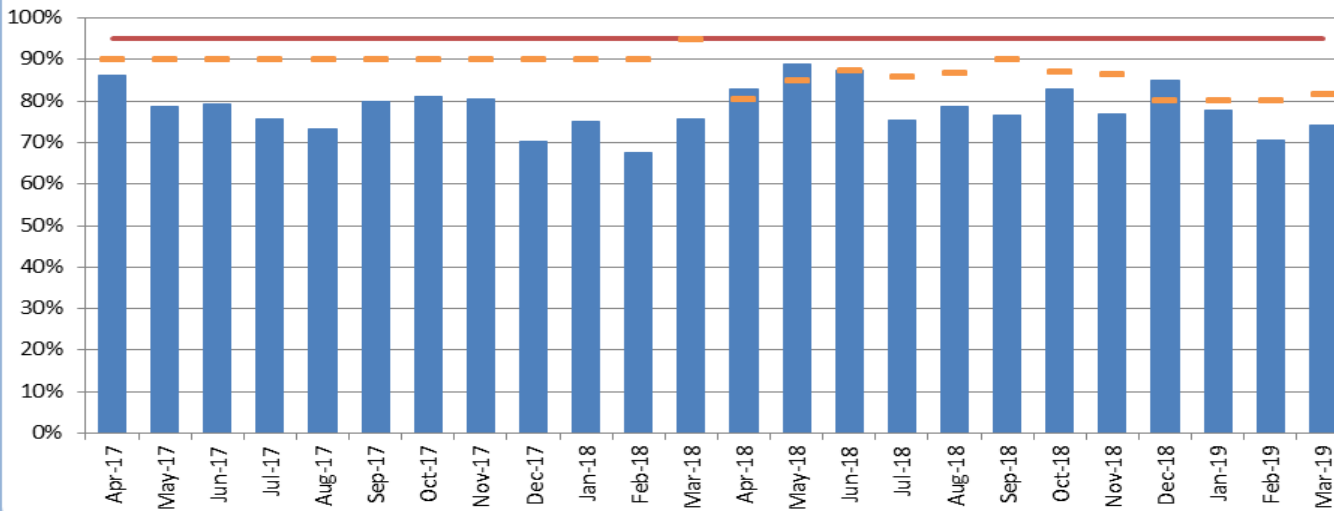
The Trust had a savings target of £34.7m for the year, of which £26.3m was achieved at the end of March.

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 81.59% in March 19, with a performance of 74.10%. The position is improved from February but reflects a deterioration when compared with March 2018.

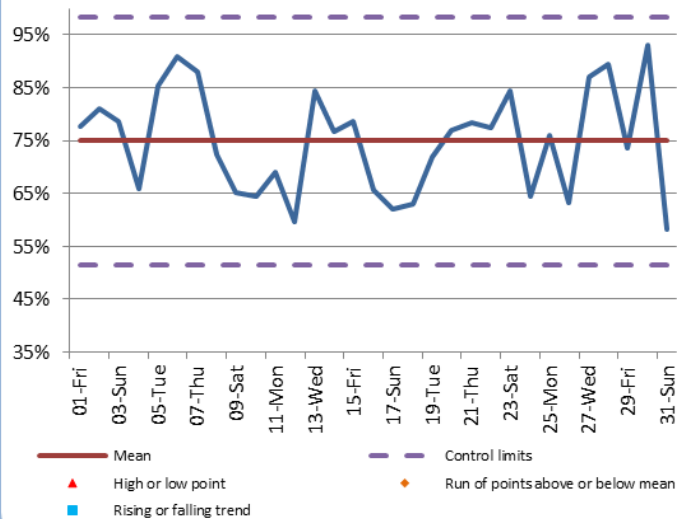
With an average of 265 attendances per day and frequently exceeding 300 attendances, March confirmed the highest number of attendances to be received by the Trust in a single month. At 8224, there were 1011 (14.02%) more ED arrivals in March 19 when compared with March 2018.

The year closed with an improved 2018/19 performance of 79.78% when compared to the 2017/18 position of 77.06%, amidst a backdrop of increased attendances of almost 16 per day (6.62%). ED performance for the Footprint finished at 81.26% and the total STP performance was 84.89% for March.

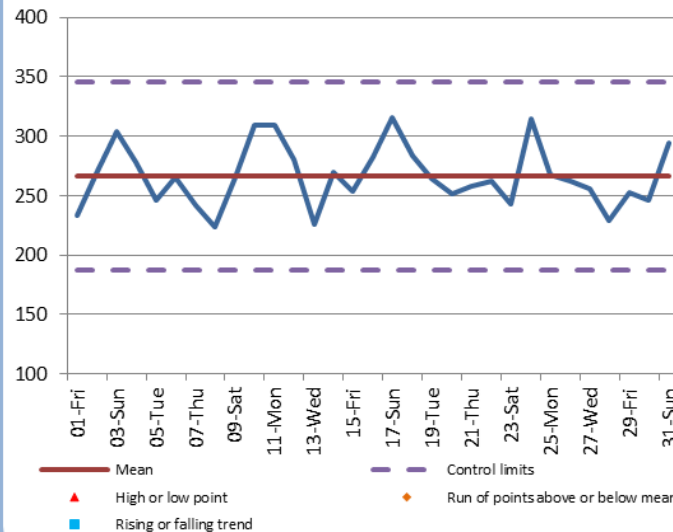
Waiting time performance fluctuated throughout the month, varying between 58.16% and 93.09%, with a median wait time of 3.5 hours. The median wait time for patients in breach of the 4 hour target was 6.5 hours and 90% of patients were seen within 7 hours.

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

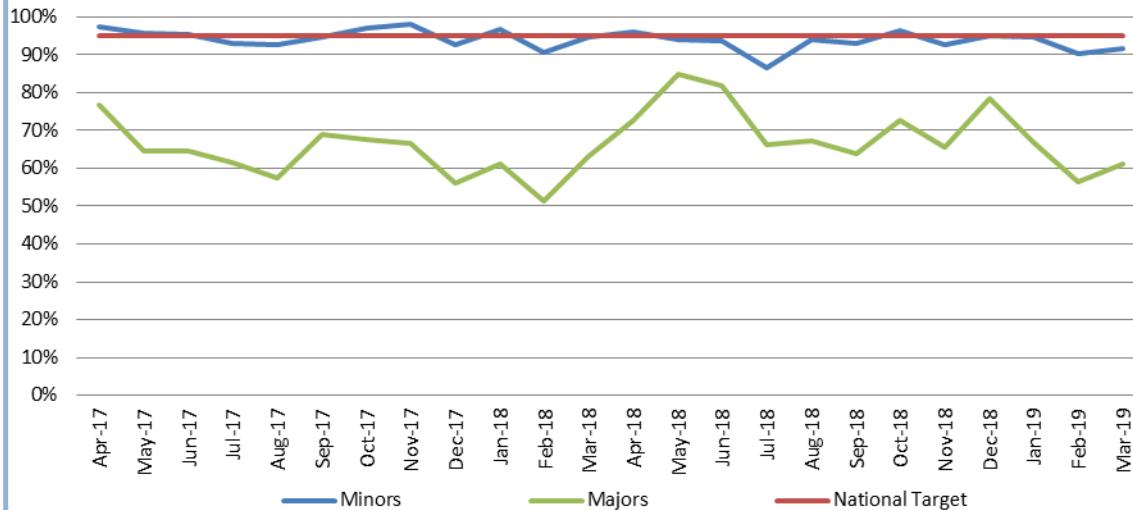
4 Hour Performance Mar 2019



ED Attendances Mar 2019



ED 4 Hour Performance by Majors/Minors



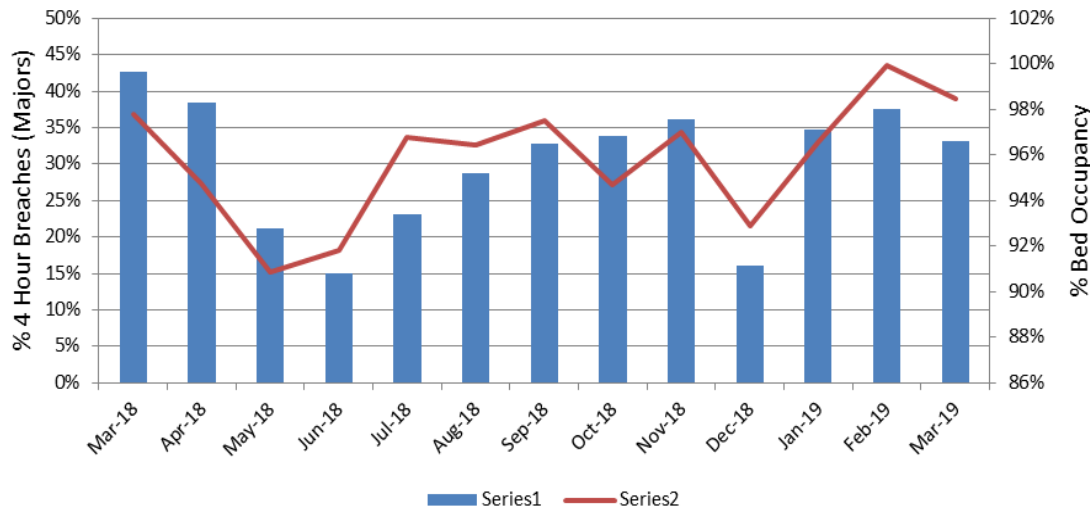
4 Hour Performance

Waiting times slightly improved for both admitted and non-admitted patients in March 19, but has not recovered sufficiently to the position seen before February 19. The majority of breaches (66%) were attributable to 'waiting ED assessment' which is an increase from 59% in February. The increase in ED assessment breaches has been primarily driven by surges of walk-in attendances, mixed with high acuity in March. Walk-in attendances increased by almost 11 per day (6.64%) from February which is an 11.77% increase from March 2018. March reported nil 12 hour trolley breaches.

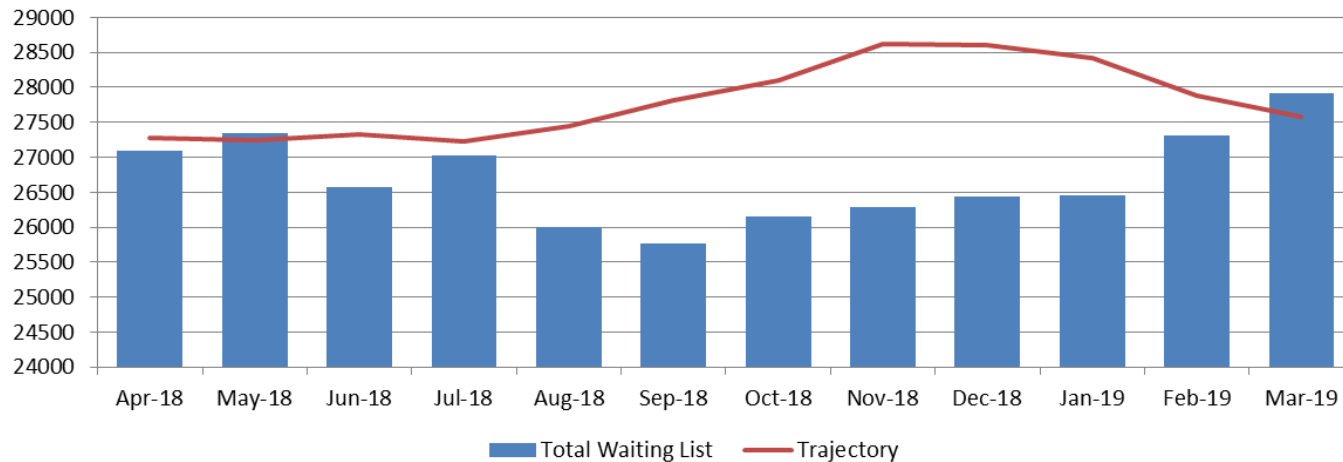
Ambulance arrivals decreased by over two per day (2.56%) in March with 2753 arrivals. This represents a 4.64% increase on the same period last year and a total year increase of 8.59% from 2017/18. Of patients arriving by ambulance, 93% had their care handed over to the ED department within 15 minutes and 99.30% were handed over within 30 minutes. There were two 60 minute handover breaches in month.

The overall bed occupancy position improved to 96.63% in March from 98.02% in February. Occupancy fluctuated between 92.73% and 98.27%. Emergency admissions to the main bed base increased by 6.25% in 2018/19, reflecting an increase of over seven emergency admissions per day when compared with 2017/18.

Bed Occupancy vs % Breaches (Majors)



RTT Total Waiting List Size vs Trajectory

**Referral to Treatment (RTT)**

The Trust has not achieved the RTT trajectory in month with performance of 86.71% against trajectory of 87.04%. Underperformance is mainly attributable to Clinical Immunology, Gynaecology and Plastic Surgery.

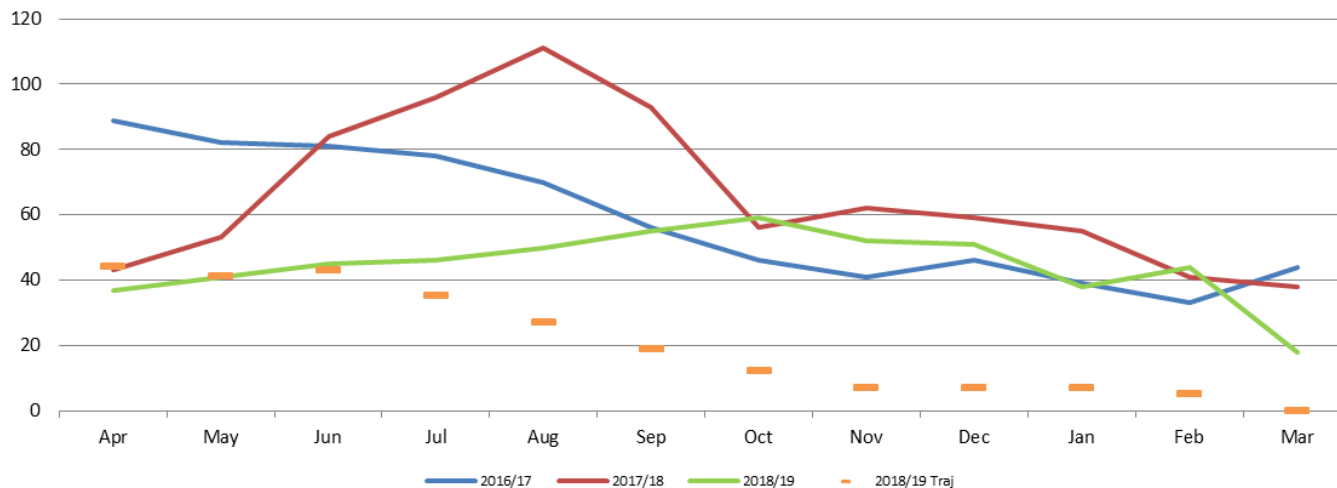
The year closed with a total waiting list position of 27910, exceeding a trajectory of 27578 and the March 2018 position of 27158.

The Trust has reported a total of 18 patients waiting more than 52 weeks from referral to treatment in March 19. These patients were within the following specialties:

- 9 MSK;
- 3 Plastic Surgery;
- 4 Urology;
- 1 Ortho-Spinal and
- 1 Neurosurgery;

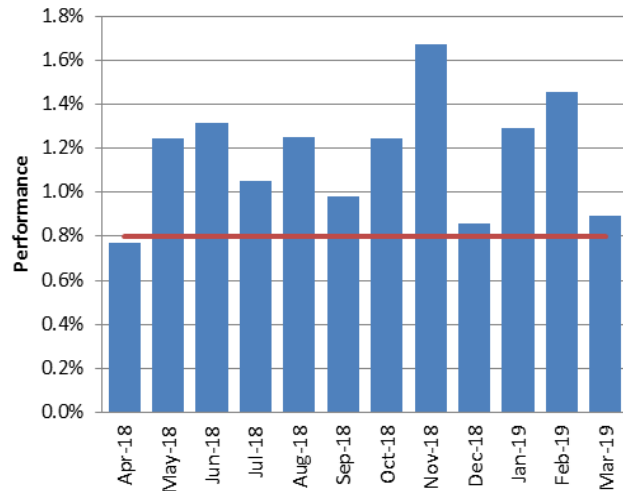
This is an improvement from 44 reported in February and 38 reported in March 2018. Fourteen long waiters are a result of capacity issues, with the remaining four attributable to pathway delays. Root cause analyses have been completed for all patients, with dates for patients' operations being agreed at the earliest opportunity and in line with the patient's choice.

Trust Total 52ww

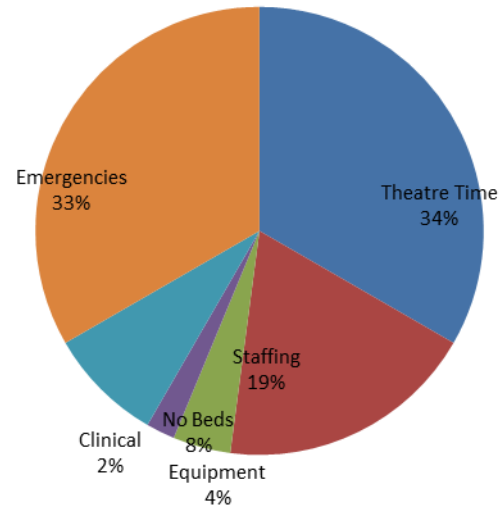


* Please note that the Trust is working to resolve an interoperability issue between eRS and Lorenzo which is effecting RTT clock starts for patients referred via eRS. This is having an adverse impact on the reported incomplete waiting list and has historically reported 7% less than the actual total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

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



Cancelled Operations by Reason



Cancellations

The same day non-clinical cancellation rate has improved in March, with a performance of 0.89%, marginally above the 0.8% target.

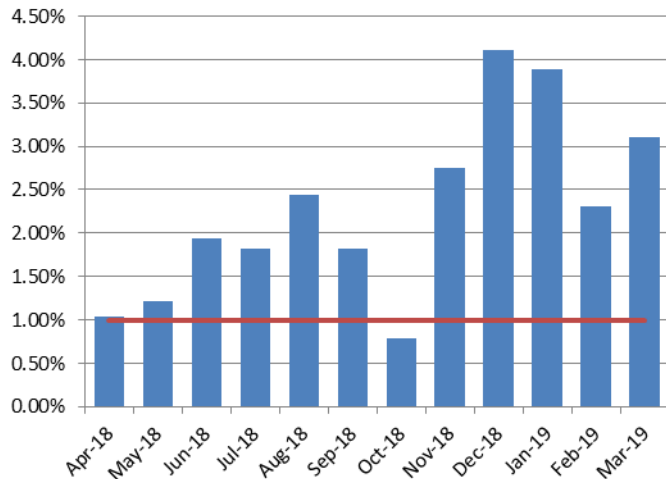
In month there were no urgent operations cancelled for a subsequent time.

There was one operation that could not be rebooked within 28 days of cancellation in March 19.

The operation was initially cancelled as a result of inclement weather 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.

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



Diagnostic Waiting Times

The Trust did not achieve the 1.00% target for diagnostic performance in March 19 with actual performance at 3.10%. The underperformance is largely attributable to an increase in the number of patients waiting more than six weeks for Urodynamic, Colonoscopy, Flexi sigmoidoscopy and Gastroscopy tests.

Six test types have reported in month underperformance; Colonoscopy, Cystoscopy, DEXA Scan, Flexi-Sigmoidoscopy, Gastroscopy and Urodynamics.

The Colonoscopy position deteriorated in March with performance at 17.48% from 16.28%, with 72 patients waiting over six weeks in month.

Cystoscopy test position has breached the national target in March with a decline in performance to 1.56% from 0.43% in February. As at March, there were three patients waiting more than six weeks for a Cystoscopy against a total wait list of 192.

DEXA Scan test position reports a deteriorated position in March at 18.75% from 4.00% in February. There were three patients with a wait exceeding six weeks for a DEXA scan in March.

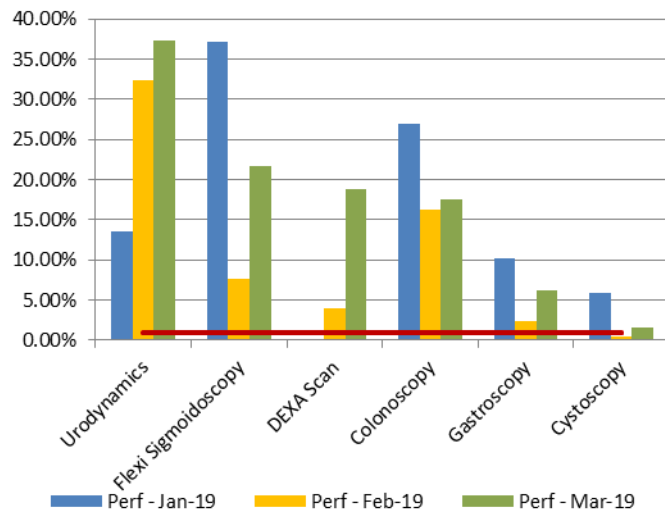
Flexi-Sigmoidoscopy test position reports a significant decline at 21.72% in March, from 7.63% in February with 53 patients breaching the 6 week waiting time standard against a total wait list size of 244.

Gastroscopy reported a worsened position of 6.22% in March from 2.45% in February, with 25 patients waiting over six weeks.

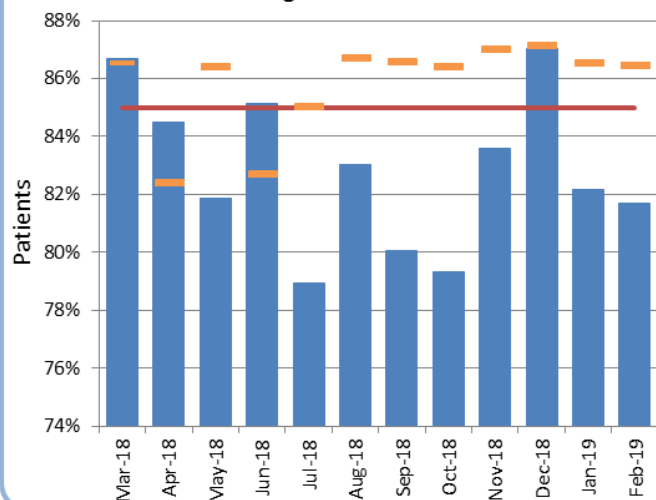
Urodynamics has reported a further deteriorated position in March at 37.35%. There were 124 patients waiting more than 6 weeks in month. A demand and capacity review of the service has deemed the service in balance for current demand and is now investigating what extra capacity can be sourced to clear the backlog.

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

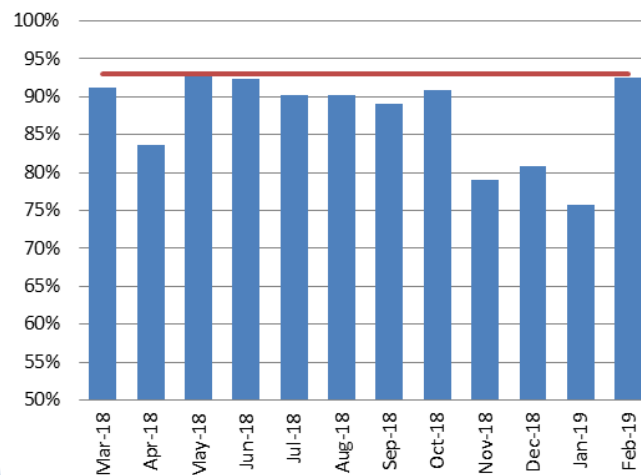
Diagnostic Performance by Test



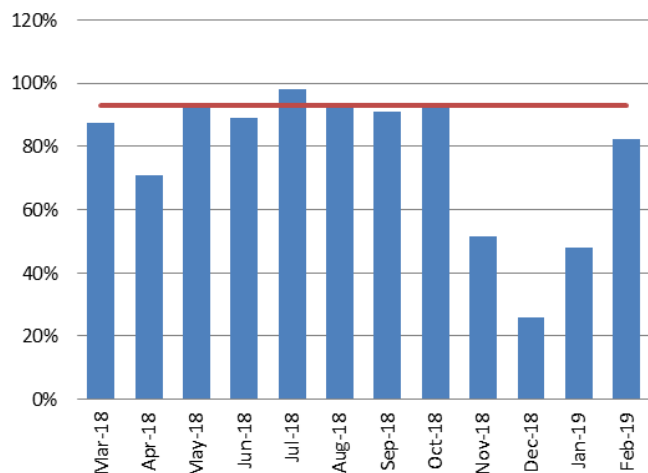
Patients receiving first treatment within 62 days of urgent GP referral



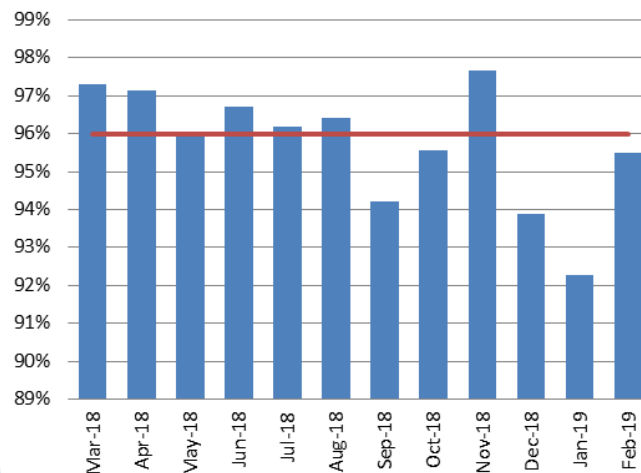
Patients Seen Within 2 Weeks of Urgent GP Referral



Patients with Breast Symptoms seen by Specialist Within 2 Weeks



Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer

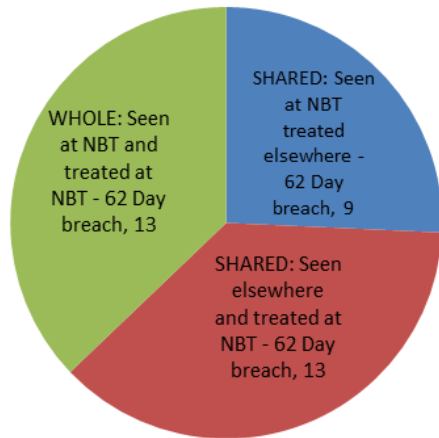
The nationally reported cancer position for February 19 shows the Trust achieved two of the seven cancer waiting times standards.

The Trust failed the TWW standard with performance of 92.44% which was a significant improvement on January performance.

The Trust saw 1845 TWW referrals in February and there were 140 breaches; the majority were in skin (37), and breast (44). The Breast service improved performance against this standard by 43.7% from January.

Of the 140 breaches, 82 patients declined or cancelled the appointments offered within target. If these were attended then performance would have been 96.86%. 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.

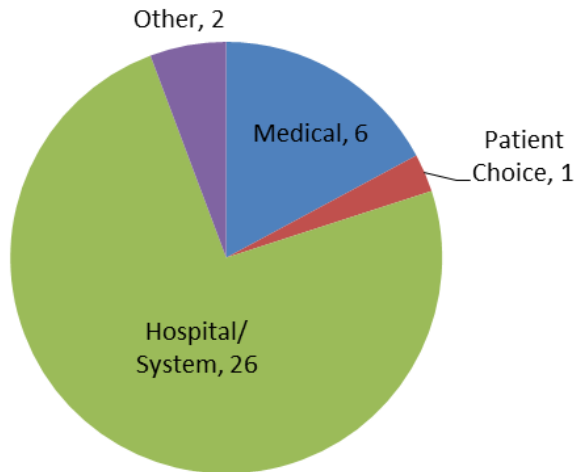
The Trust failed the 31 day first treatment standard with a performance 95.49% against the 96% target. There were 12 breaches in total; all in urology. All urology breaches were attributed to delays to robotic surgery due to a continued increase in numbers of patients requiring these procedures as first and subsequent treatments which will be resolved when the second robot is operational and the backlog cleared.

62 Day Breach Patients by Breach Type

The Trust failed the 62 day treatment standard in February with a performance of 81.67%. In February, 35 patients breached the 62-day standard, 22 of which started their pathway at NBT. Of these 22 patients, 18 had their first appointment at NBT after day seven. Delays in radiology contributed to two of these breaches and were wholly accountable for one breach. The radiology delays refer to patients on the prostate pathway requiring mpMRI in a one stop clinic with rapid reporting.

Urology breaches accounted for 66% of total Trust breaches for February, with the majority 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 the Trust.

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 19. 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.

62 Day Breach Patients by Delay Reason

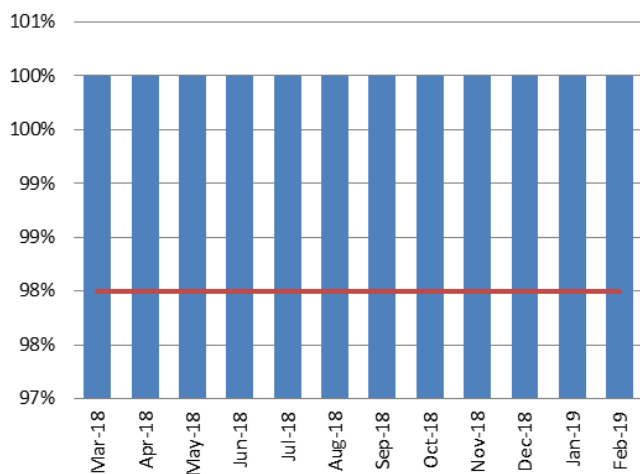
The continued delays for Oncology outpatient appointments and robotic surgery capacity will continue to impact performance for the foreseeable future. The Trust continues to address delays for Oncology capacity with University Hospitals Bristol.

The delays in TWW appointments for Breast patients in November to January has resulted in Breast 62 day breaches in February. All patients who breached the standard required additional tests but the initial delays resulted in the inability to complete these pathways within the remaining timeframes.

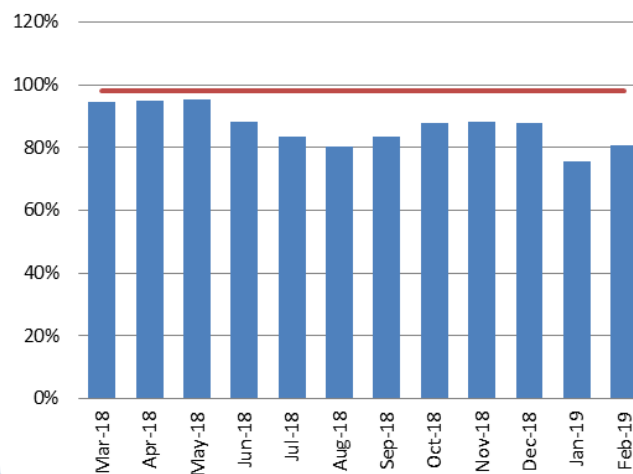
The continued increase of late tertiary transfer patients from elsewhere in the region and the clearing of the associated backlog has continued to impact on Urology performance. Of February's 23 Urology breaches, 13 were transferred in from other providers for treatment, all of which were beyond the agreed national transfer date, accounting for 6.5 additional breaches. 10 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 87.0% of all patients who were referred 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 February 19 for patients requiring surgery with a performance of 80.87% against the 94% standard. This was, however, an improvement in performance from January.

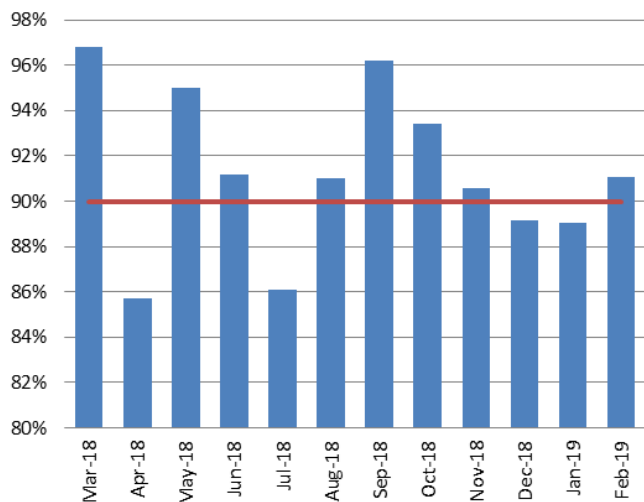
The continued failure against this standard has resulted in a contract performance notice being issued by the CGG. The Trust has submitted an action plan to recover this position as a response with significant improvements forecasted from September 19.

There were 21 breaches in total; 13 of which were in skin and 8 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 begin to improve from April 19 when the new theatre timetable is implemented.

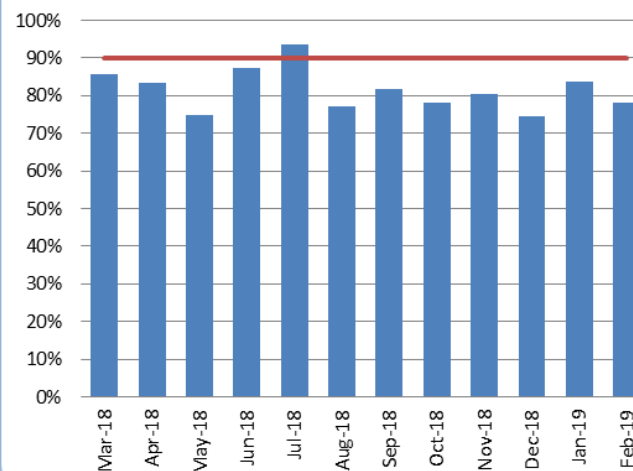
The Trust achieved the 62 day screening target with a performance of 91.07% against the target of 90%.

There were 2 breaches in Breast, 1 in Colorectal and 1 in Haematology. The need to transfer patients between different providers within the region impacted on all of these breaches.

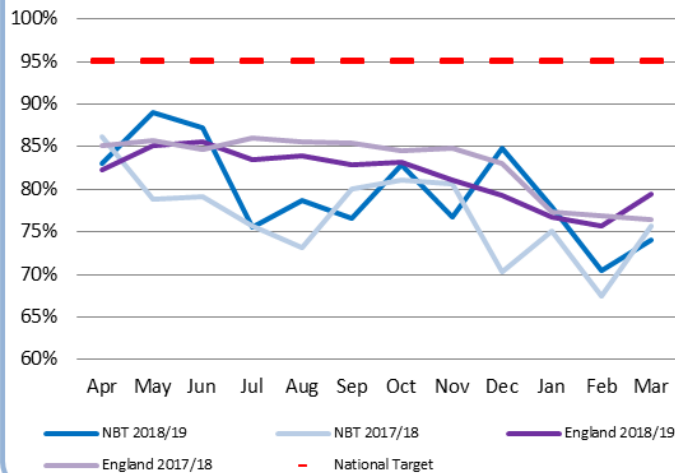
Patients Treated Within 62 Days of Screening



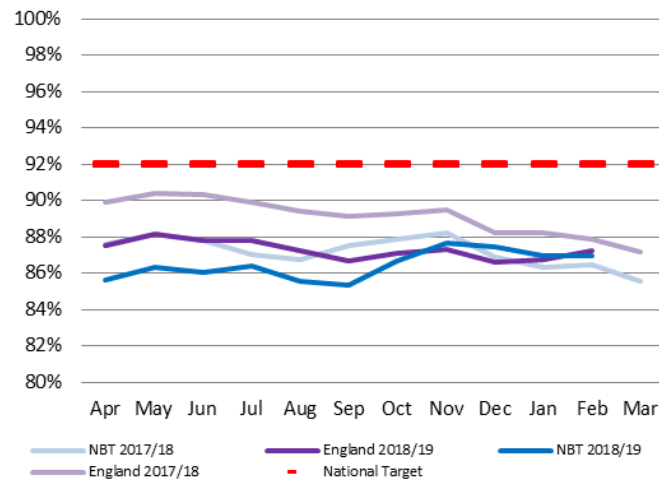
Patients Treated Within 62 Days of Consultant Upgrades



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



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



ED 4 Hour Performance

NBT ED performance in March 19 is 74.10% compared to a national type 1 position of 79.47%. The position reflects an improvement from February and a deterioration when compared to the same period last year.

RTT Incomplete

The Trust reported a February 19 position of 86.95%. This deteriorated position now reports under the national position of 87.22%.

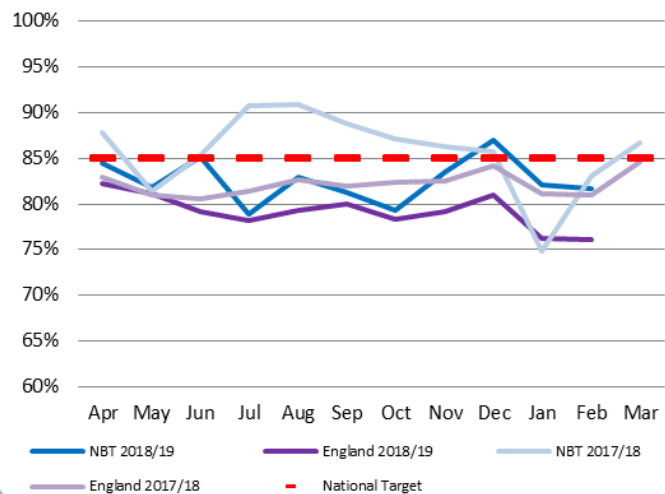
Cancer – 62 Day Standard

NBT has reported 81.67% performance and continues to outperform the national position of 76.14% in February 19.

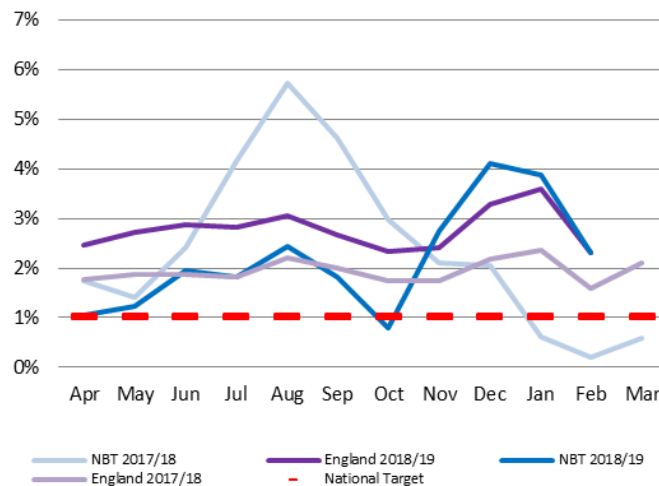
DM01

NBT, in February 19, failed to achieve the National standard of 1% with a performance position of 2.32%, marginally up from the national position 2.30%.

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

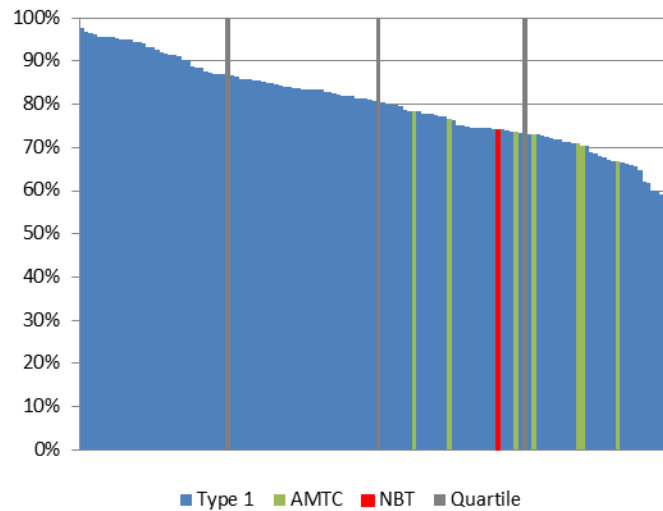


DM01 : NBT vs England (England Performance as published by NHSE, in arrears)

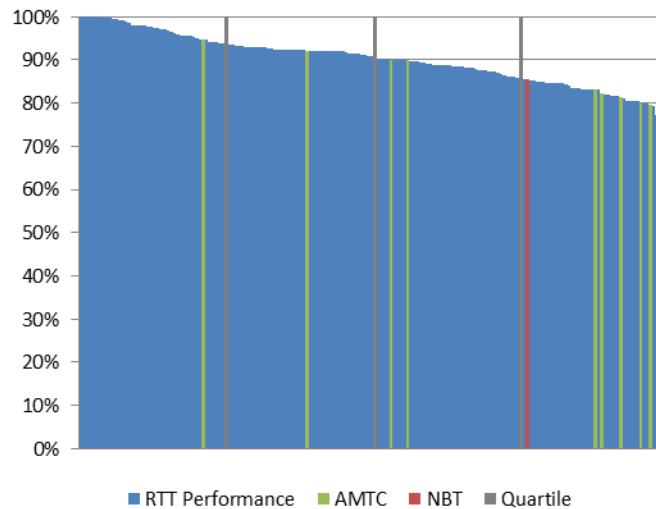


RTT, Cancer and DM01 national performance is reported a month in arrears.

ED 4H Performance - Type 1 March 2019



RTT 18 Week Performance - February 19



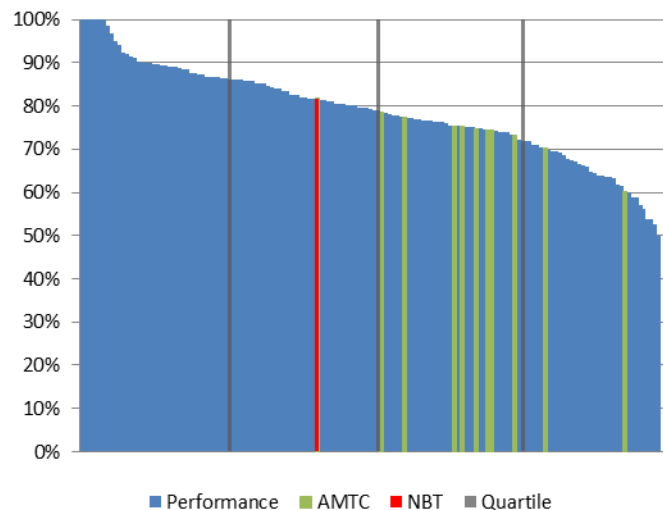
ED 4 Hour Performance

In March, NBT improved from a position of #100 to #95 out of 134 reporting Type 1 Trusts. Although improved, the Trust continues to report within the lower third quartile. The Trusts ranking among the other 11 Trauma centres improved from 7th to 5th in March 19.

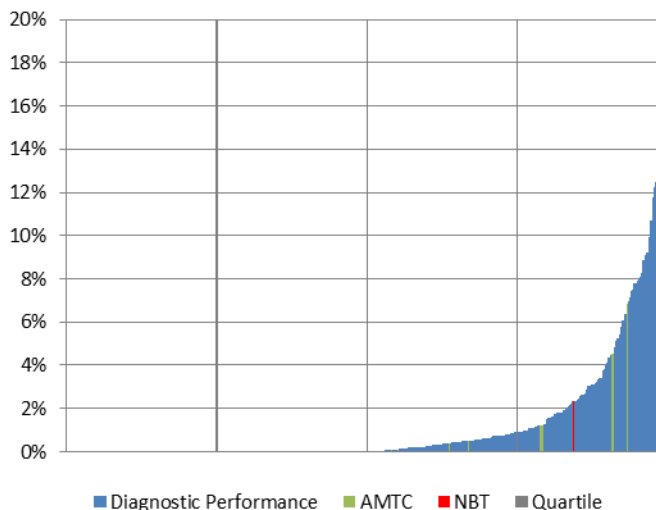
RTT Incomplete

RTT performance in February 19 reports a deteriorated NBT position of #134 out of 180 reported positions. The Trust now ranks 5th out of 11 other adult major trauma centres.

Cancer 62 Day Standard February-19



Diagnostic Six Week Performance - February 19



Cancer – 62 Day Standard

At position 55# of 140 reported positions, NBT reports performance of 81.67%. This represents a slight deterioration in positioning from January 19 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.

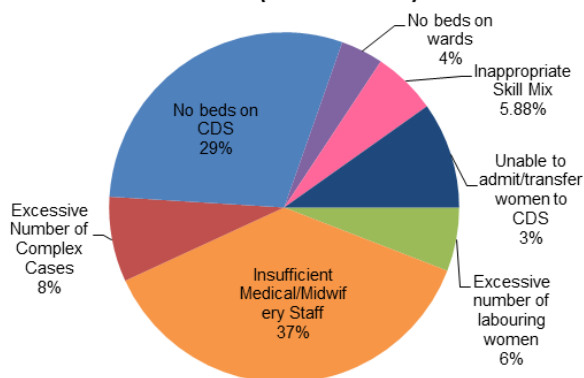
Safety and Effectiveness

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

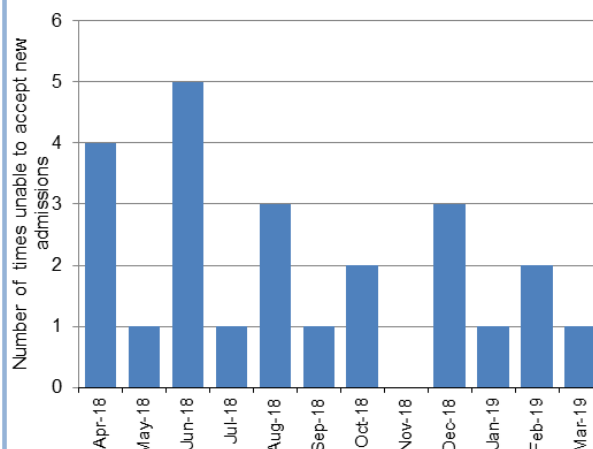
Chris Burton and Helen Blanchard

Birth		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Total Births		516	523	511	534	543	515	535	497	491	478	458	448	
Midwife to birth ratio		01:30	01:30	01:30	01:30	01:33	01:33	01:33	01:30	01:31	01:30	01:30	01:28	
Normal birth rate		56.6%	55.8%	56.0%	56.1%	56.4%	60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	
Caesarean birth rate		30.3%	29.6%	29.1%	28.5%	31.2%	27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	
Emergency caesarean birth rate		17.2%	17.3%	18.0%	17.3%	17.1%	14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	
Induction of labour rate		35.5%	33.9%	34.1%	35.0%	33.1%	35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	
Total births in midwife led environment		18.9%	17.8%	17.8%	19.9%	19.3%	18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	
Birth location	Cossham BC	3.1%	4.1%	5.7%	6.1%	6.4%	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Mendip BC	15.2%	13.3%	11.5%	12.9%	12.1%	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	
	Home	0.6%	0.4%	0.6%	0.9%	0.4%	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	
	CDS	80.1%	81.3%	81.0%	79.2%	80.4%	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	
One to one care in labour		97.4%	98.1%	96.9%	97.0%	95.7%	95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	
Stillbirth	Actual	0	1	4	0	1	1	2	1	2	2	3	5	
	Rate	0.00%	0.40%	0.80%	0.00%	0.20%	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	

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



Number of Times CDS Unable to Accept New Admissions



Maternity Staffing

In March 19 the maternity unit closed on one occasion due to high activity and acuity with women being triaged on a case by case basis. One woman was transferred to St Michael's Hospital during this closure. The escalation policy has been reviewed - red flags realigned and terminology updated. The policy will include limiting services and diverts with closure being a rare occurrence at Opel 4 Black. The new policy launches on 1 May 19.

Recruitment

- A rolling recruitment programme is in place to continue to recruit to the additional midwifery posts approved by the Board.
- The post of Matron for Birth Centres and Home Birth Service has been advertised with interviews taking place on 13 May 19.
- Funding has been agreed for a Band 7 Quality Improvement Lead Midwife and Band 3 administrator to support the Governance agenda.
- Three additional consultant posts also agreed for Division.

Closure of Cossham Birth Centre

Cossham Birth Centre remains temporarily closed to women in labour. Work has commenced on the Midwifery Led Service Model Review.

Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

NBT embarked on the MNHSC work with national and local patient safety collaborative leads visiting NBT on 2 April 19. Good MDT engagement and involvement. Awaiting SCORE cultural survey results.

External Peer Review 26 & 27 February 19

Report received following the peer review and improvement actions being developed. Divisional CQC Self Assessment presented to the Executive Team.



'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

Serious Incidents (SI)

26

Five serious incidents were reported to STEIS in March 19:

- 2 x Maternity & Obstetrics
- 1 x Clinical Assessment or Review
- 1 x Treatment or Procedure
- 1 x Tissue Viability

Never Events:

Three Never Events occurred in January (2 declared in January/1 declared in February). These 3 Never Events were unintentional connection of a patient requiring oxygen to an air flowmeter, taking the total number of these Never Events to 4 for 2018/19.

A Thematic Review was conducted and reported common areas of learning to the Patient Safety and Clinical Risk Committee April 19. The review noted the national occurrence of these Never Events as reflected in Healthcare Safety Investigation Branch's (HSIB) national report into unintentional connection of a patient requiring oxygen to an air flowmeter (published February 2019).

As a direct result of the investigation and learning process, NBT is purchasing air compressors to replace the use of medical gas piped air for nebulisers.

SI & Incident Reporting Rates

Incident reporting has remained similar to the rate in January at 42.0 per 1000 bed days; this is consistent with national averages for similar organisations.

Divisions:

SI Rate by 1000 Bed Days

WCH – 0.38

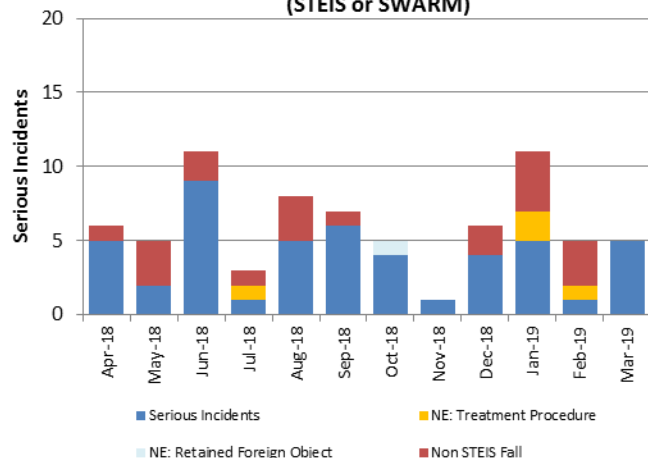
ASCR – 0.20

Med – 0.19

NMSK – 0.15

Occurrence of Serious Incidents (including Never Events):

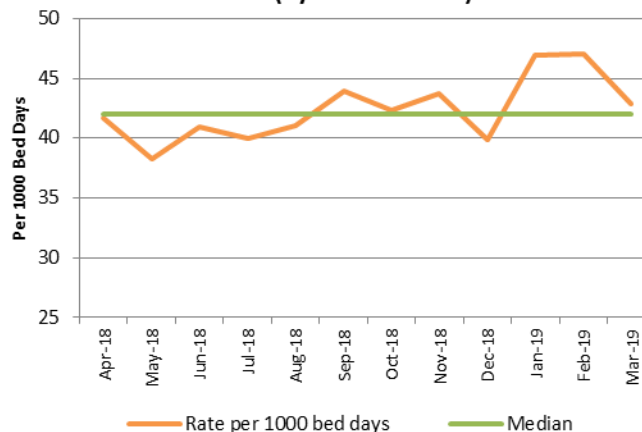
Apr 2018 to Mar 2019 by Date Reported (STEIS or SWARM)



Trustwide ALL Incidents Rate per 1000 Bed Days:

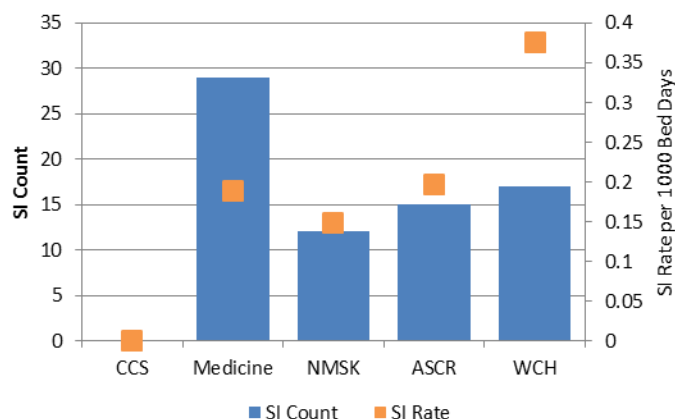
Apr 2018 to Mar 2019

(by Incident Date)

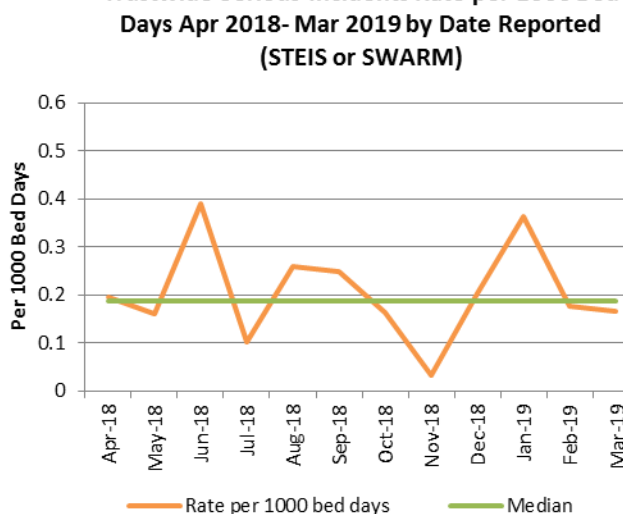


*Data from Risk Department

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



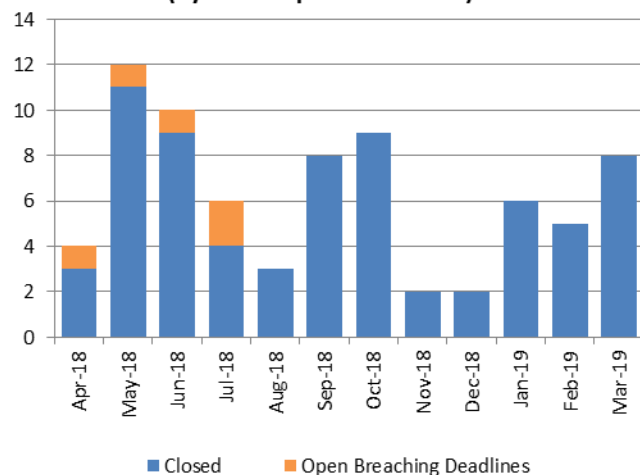
Trustwide Serious Incidents Rate per 1000 Bed Days Apr 2018- Mar 2019 by Date Reported (STEIS or SWARM)



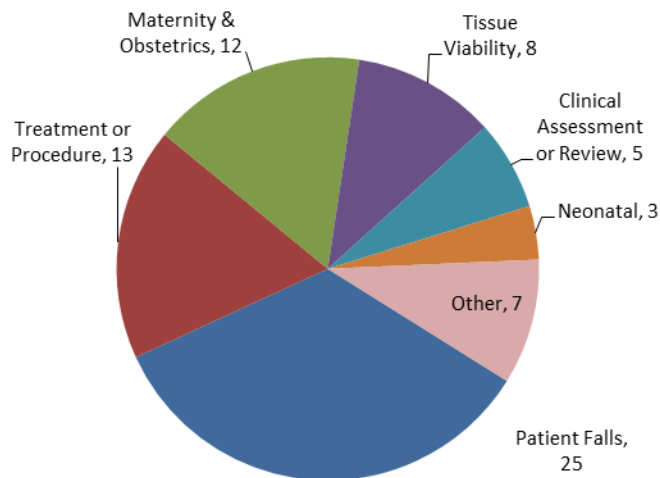
Quality & Patient Safety, Additional Safety Measures

Board Sponsor: Director of Nursing

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



Top Types of SI reported Apr 2018 to Mar 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their March 19 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

This is followed by

- Treatment or Procedure
- Maternity & Obstetrics.

Data Reporting basis

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

Central Alerting System (CAS)

7 new alerts reported. Two previously issued alerts are in breach of their targets. These are:

Estate Alert 2018/06: Vernacare Vortex macerator: potential to contamination mains water supply.

Due 29/03/2019: Not applicable to Brunel - Bouygues maintain Haigh macerators. None at Southmead. Confirmation awaited if used at Cossham.

Estate Alert 2019/001: Portable fans in health and social care facilities: risk of cross infection: Due 02/04/2019: Estates to lead. Liaison with Infection Control (SW)- Raised at Decontamination Committee. Estates (CJS) arranging a meeting to provide an appropriate control and response

CAS Alerts –March 2019

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

“Other” Category:

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

Harm Free Care

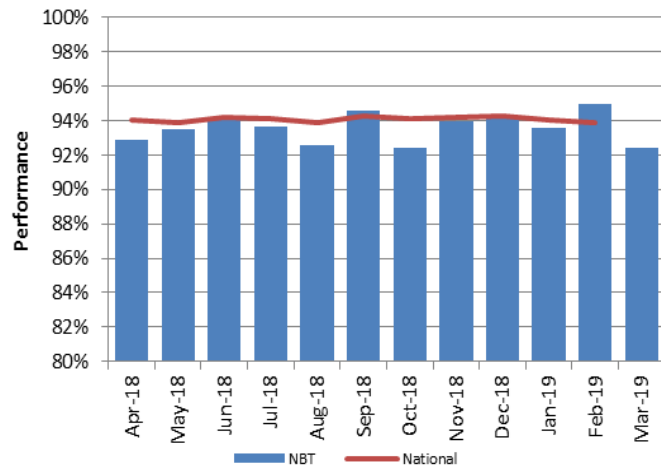
The 'harm free' care reporting includes both overall harm free care and the new harm rates which are reflective of 'hospital acquired harm'. This month shows 96.22% for harm free care compliance adjusted for hospital acquired harm.

Falls

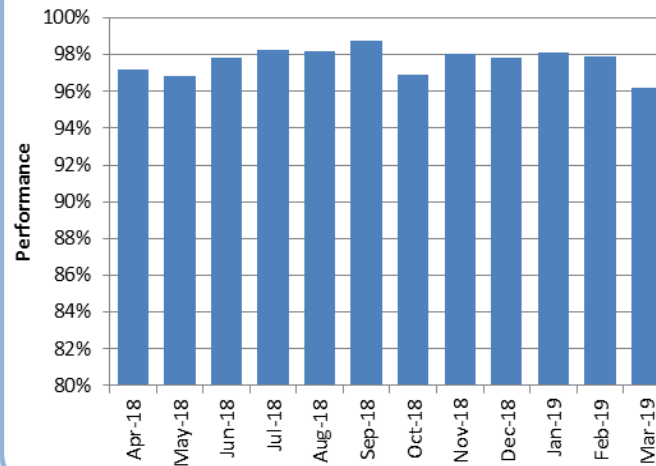
In March, 191 Falls were reported of which there were zero reported as Serious Harm falls (4+). Of the total 191 Falls reported, 11 were categorised as 'Moderate Harm falls', and 47 categorised as 'Harmful Falls' with 133 'no-harm'. The majority of reported falls occurred within Medicine Division (109), with the others occurring in NMSK (61), ASCR (19) and (2) in CCS.

The Falls Group plan to 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.

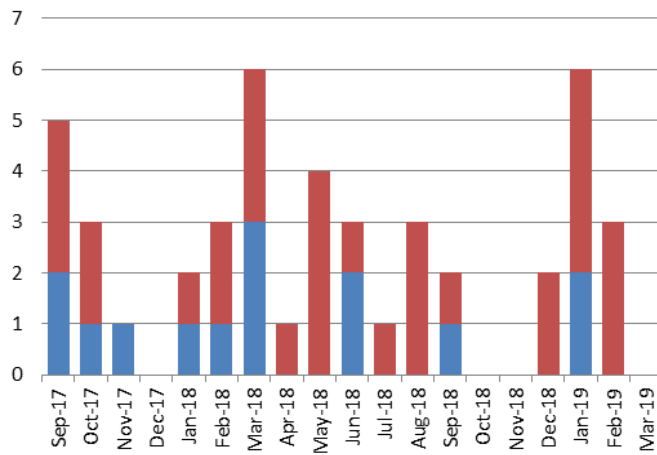
Safety Thermometer Harm Free Care Compliance (Overall)



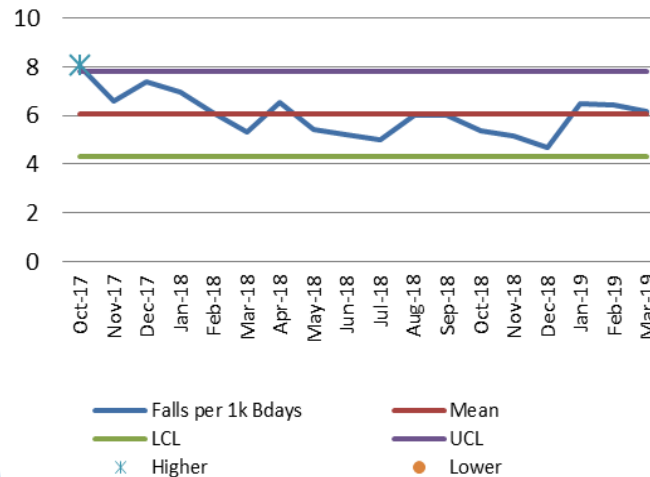
Safety Thermometer Harm Free Care Compliance (New Cases)



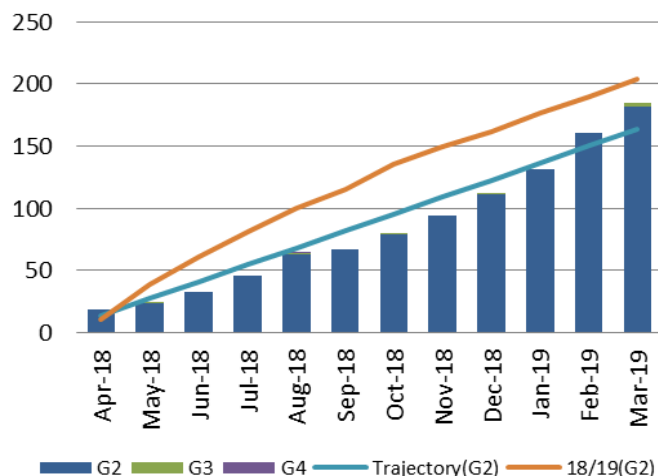
**Severe Falls Resulting in Serious Injury, or Death
STEIS Data Reported by Incident Date
(Red = Non Steis Reportable)**



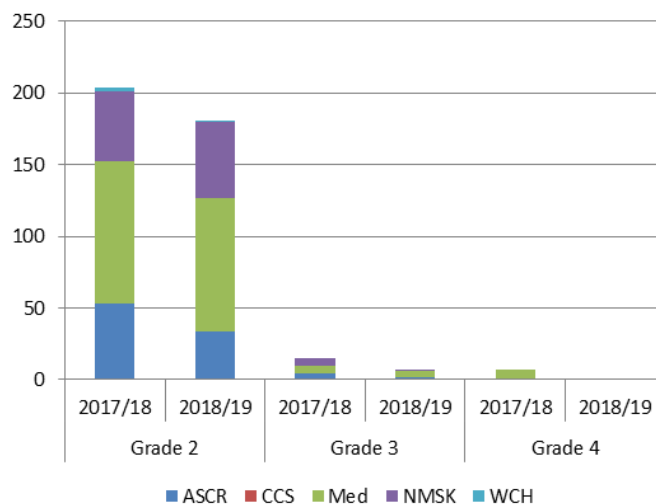
**Falls per thousand bed days
(by incident date)**



Pressure Injury v Trajectory
Hospital Acquired Incidents Grade 2+ - 18/19



Pressure Injuries by Division



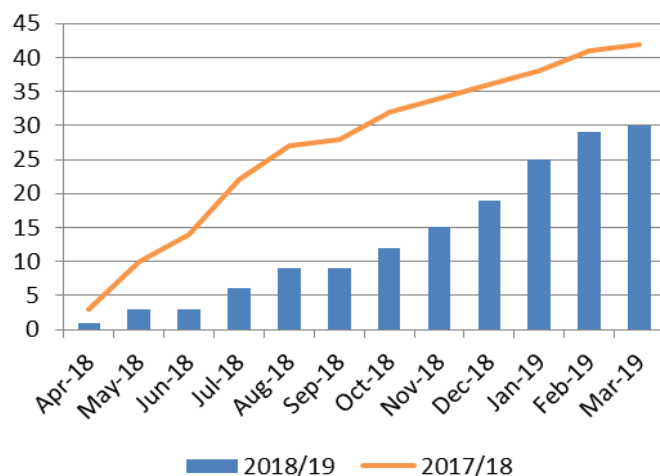
Pressure Injuries

The Trust achieved a 12% reduction on Grade 2 pressure injuries and 53% reduction on Grade 3 pressure injury harms for 2018/19.

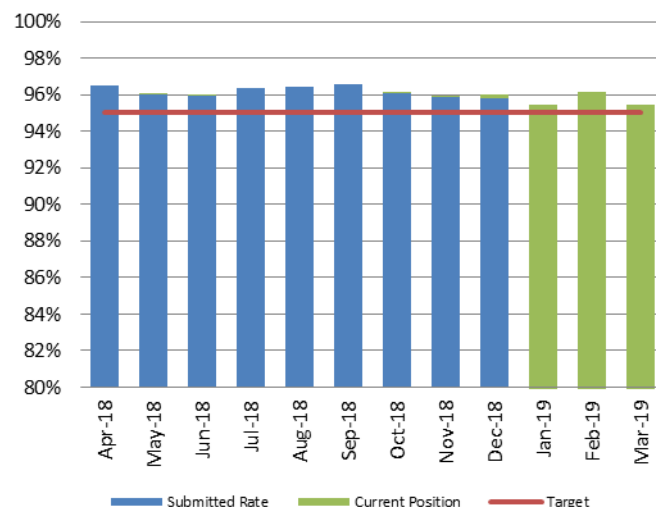
There were no reported Grade 4 pressure injuries in March. There were three Grade 3 pressure injuries on two patients, which occurred within Medicine (sacrum) and ASCR (heel and sacrum).

There were 21 reported Grade 2 injuries which occurred within the NMSK, ASCR and Medicine Divisions. Of all Grade 2 pressure injuries reported, 19% heels and 62% sacrum/natal cleft.

Pressure Injury
Device related 18/19



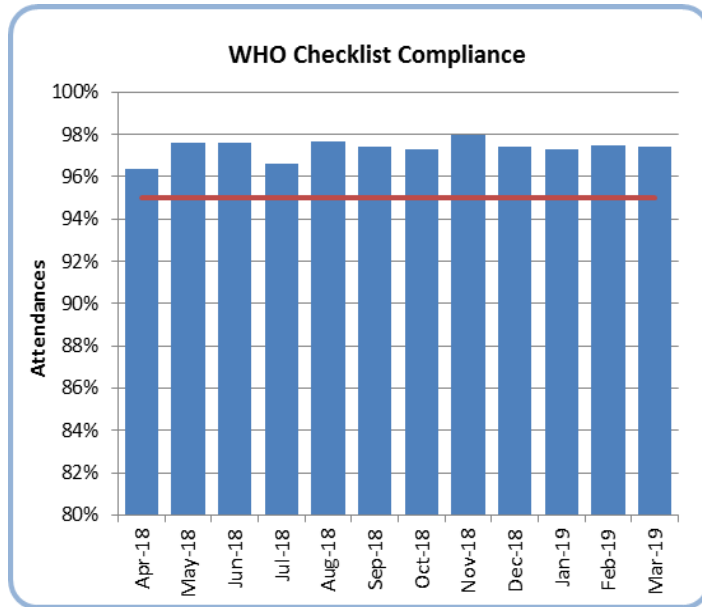
Venous Thromboembolism Risk Assessment



The expectation from the Trust Quality Improvement Project, led by the Medicine Division to reduce NBT acquired pressure injuries is the learning will influence a continued reduction in Grade 2, 3 and 4 pressure injury incidence across the division and the Trust. The Trust is also participating in the BNSSG pressure injury reduction programme and this is continuing into 2019/20.

VTE Risk Assessment

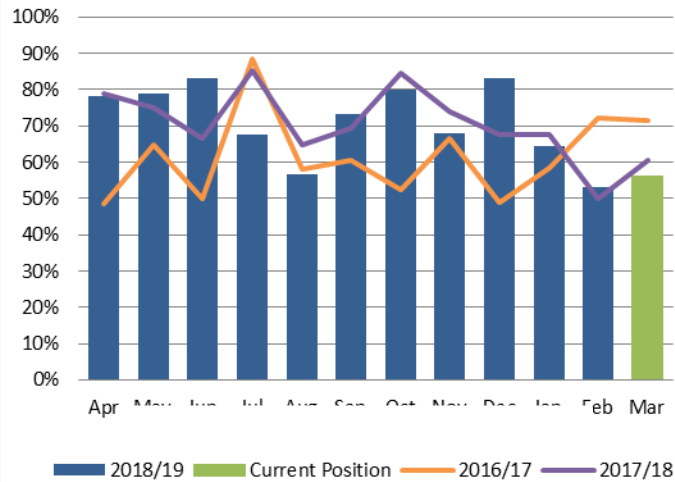
Timely VTE Risk Assessments above the 95% national standard have continued.



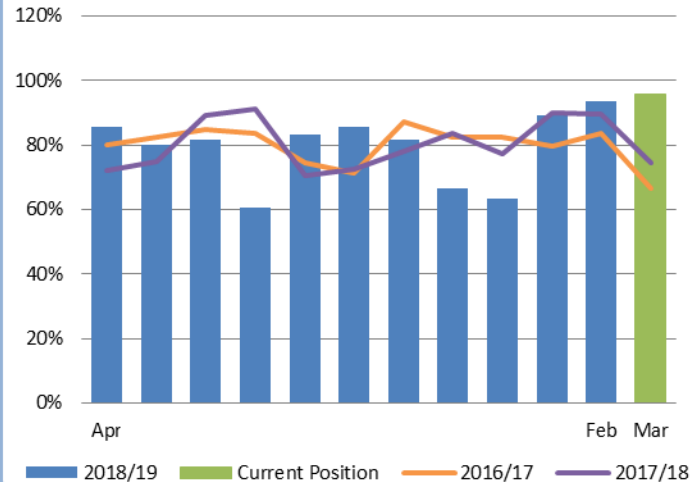
WHO Checklist Compliance

Compliance is sustained and remains better than the Trust standard.

All Patients Admitted to an Acute Orthopaedic Ward within 4 Hours



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



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

In February 19 there was a fall in the number of patients who were admitted to Hip Fracture unit within 4 hours to 53.2%. This reflects the increased bed pressures in month. The England National Average is 41.4%.

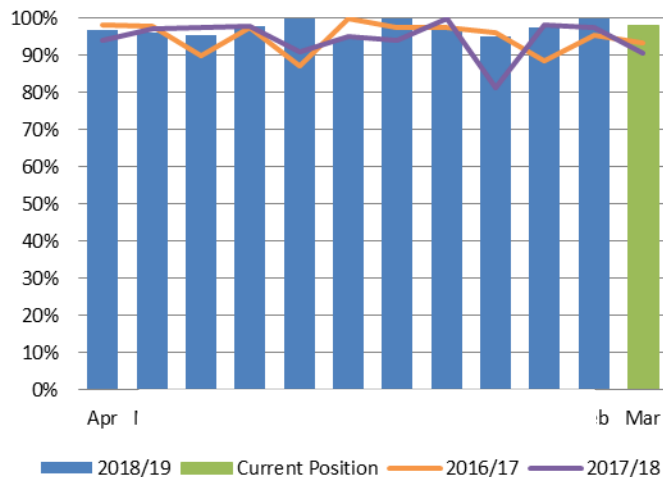
Patients medically fit to have surgery have surgery within 36 hours.

Patients receiving surgery within 36 hours was at 93.6% which is favourable compared to the England average of 71.8%.

Patients assessed by an Orthogeriatrician within 72 hours.

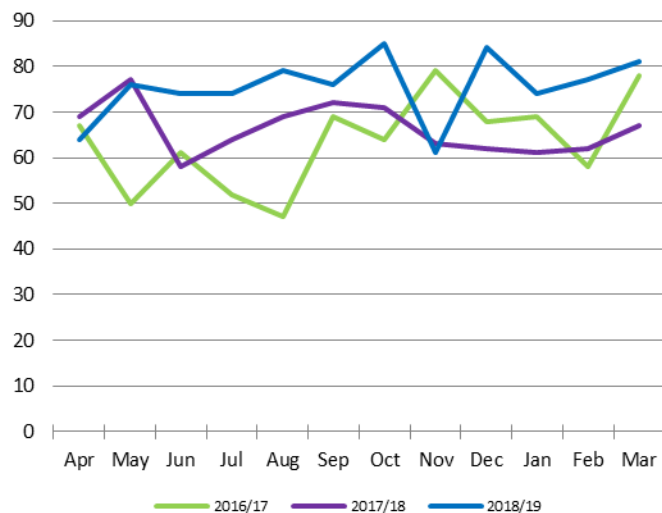
In February 19, 100% of patients were seen by an Orthogeriatrician within 72 hours.

All Patients Assessed by an Orthogeriatrician within 72 hours

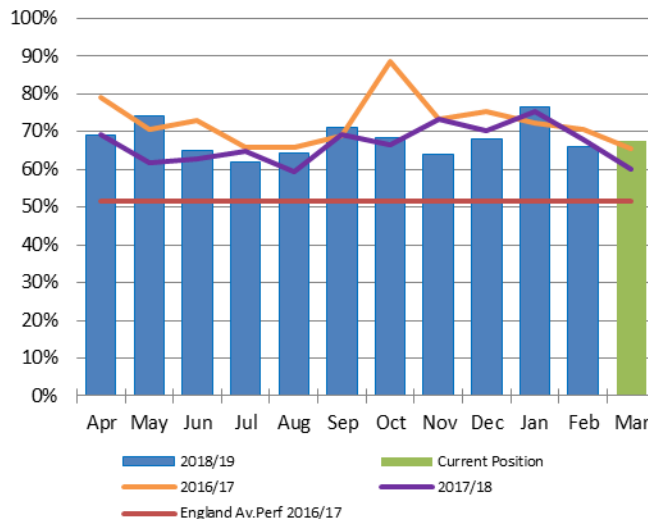


N.B. Current position is subject to change.

Number of Stroke Patients Admitted



Patients Scanned within 1 Hour of Clock Start



Stroke

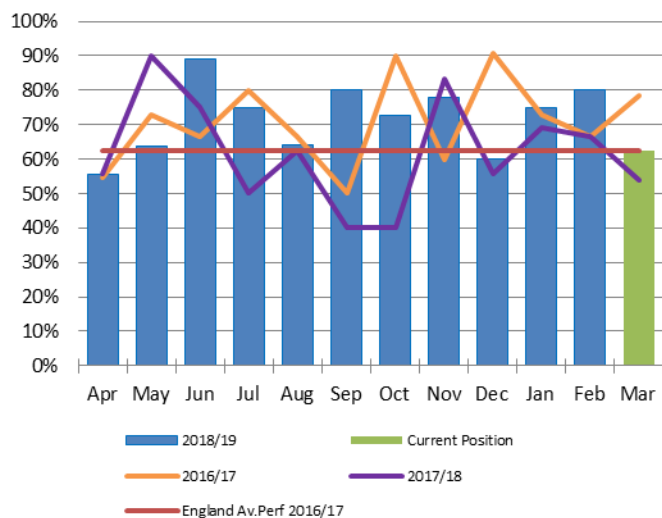
Stroke activity remains higher than the previous year.

62% of stroke patients requiring thrombolysis received this within 1 hour which is close to the National England average performance but less than usually achieved in NBT.

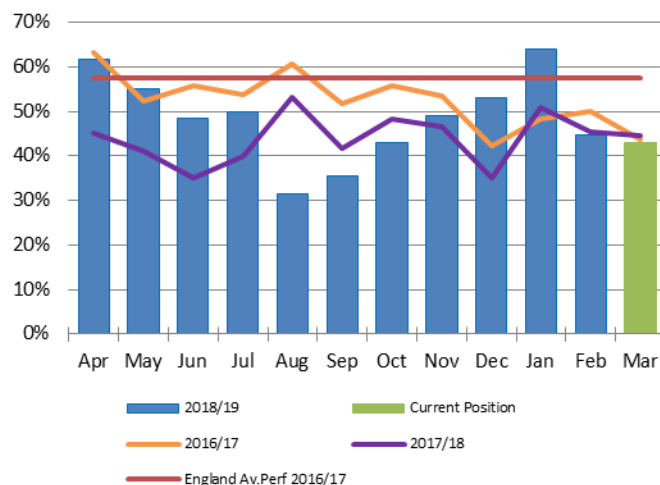
The stroke service remains under pressure and reliant on some locum consultant staff which is contributing to the reduced performance against the standard for admission to a stroke unit within 4 hours.

The Trust has needed to limit the stroke thrombectomy service for 4 days in April because of unexpected short term consultant absence. The Division are working with the Executive to increase resilience in the stroke service in the short and longer term.

Patients Thrombolysed within 1 Hour

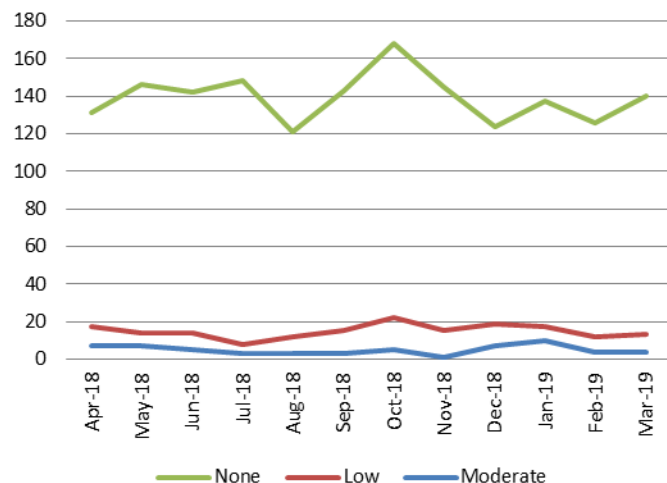


Patients Directly Admitted to a Stroke Unit within 4 Hours

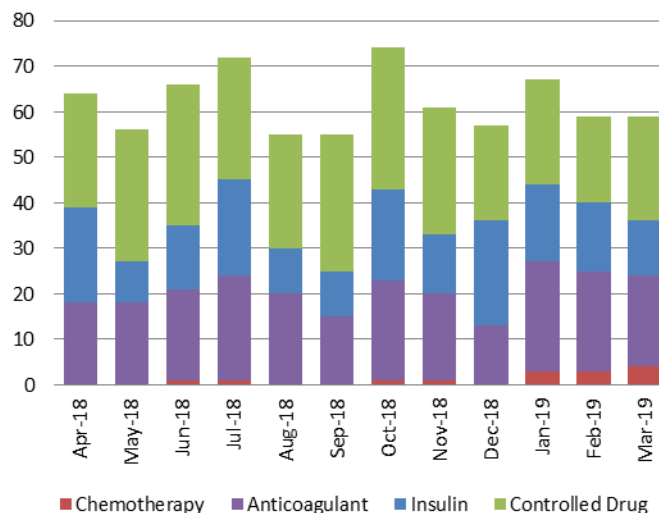


N.B. England performance is the latest available position published on SSNAP.

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



Incidents Involving High Risk Drugs



Medicines Management Severity of Medication Error.

High Risk Drugs

Incidents relating to high risk drugs are closely monitored by the Medicines Governance team.

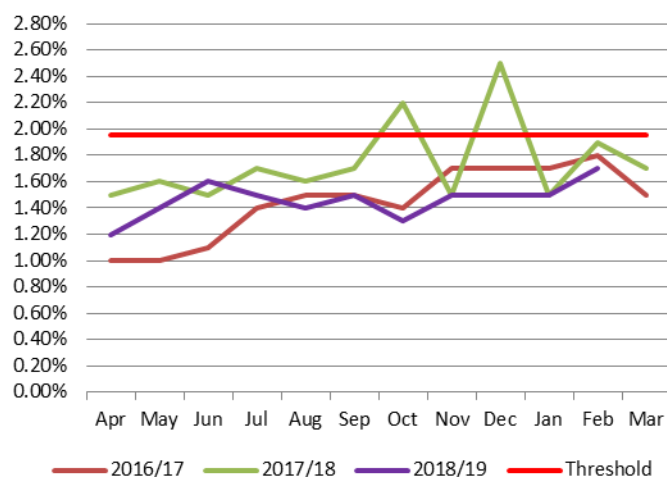
Missed Doses

Missed doses levels remain the same for this month at 1.5%. Critical Care have focused in month to drop their figures from 3.1% to 0.9%.

Chemocare Protocols

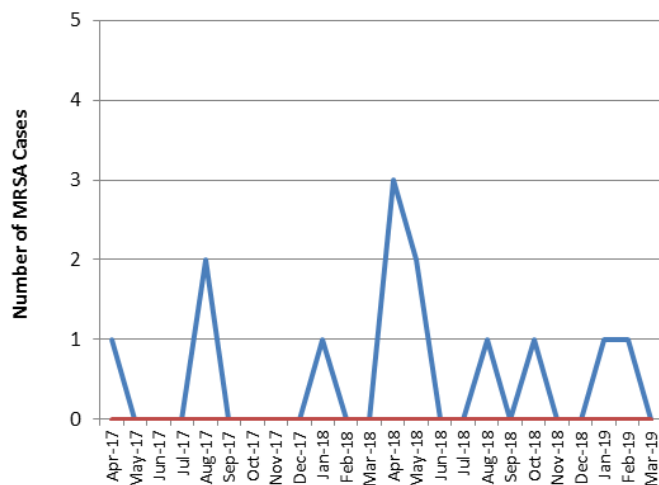
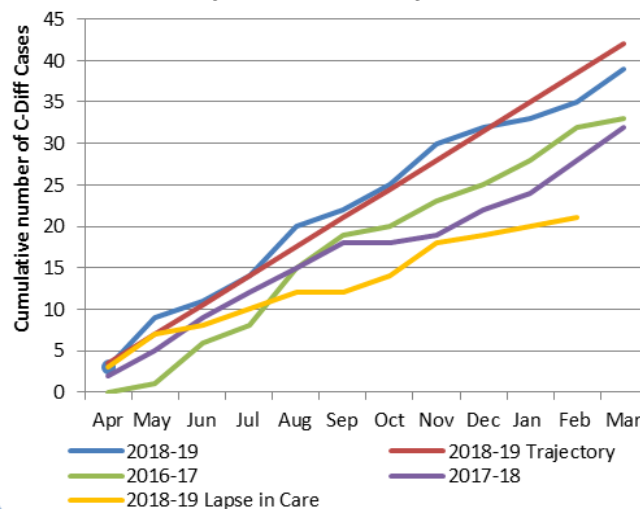
All NBT patients have their chemotherapy prescribed via Chemocare, apart from lung patients and clinical trials patients. Clinical trials protocols are in the process of being built and lung protocols have been built but are waiting for prescribers to complete their competencies before being released to the live system.

**Percentage of Patients with One or More
Missed Doses**



Protocol progress	Mar-19	Jul-18
Released to LIVE	67	40
Validated - ready for release	1	5
Submitted for validation	1	0
Queries	0	4
Build in progress	5	1
Lung to be built	0	5
Trials to be built	3	5
To be built	0	7
To be built - no current NBT use	5	5
To be built no network protocol	3	5
Built corrections required	1	3
Total	86	80

MRSA Cases - Trust Attributable

C.Difficile Cases - Trust Attributable
(Cumulative Cases)

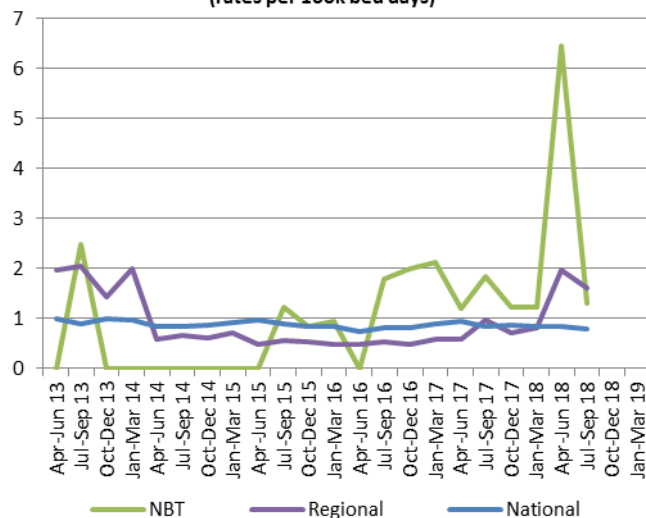
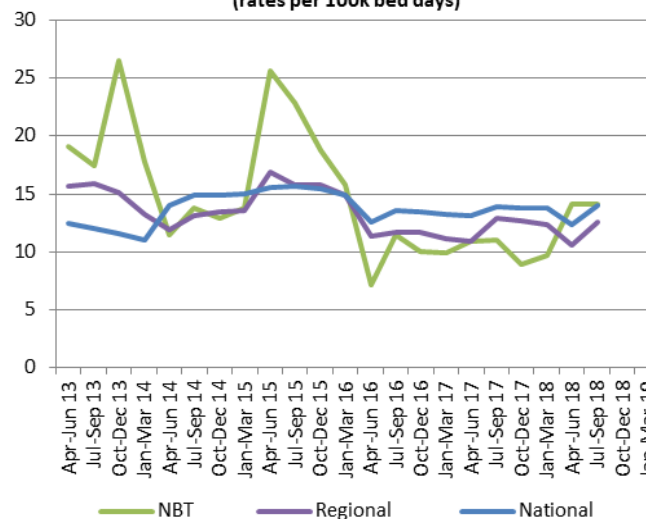
MRSA

There have been no cases of MRSA bacteraemia in March 19. The final total for 18/19 is nine.

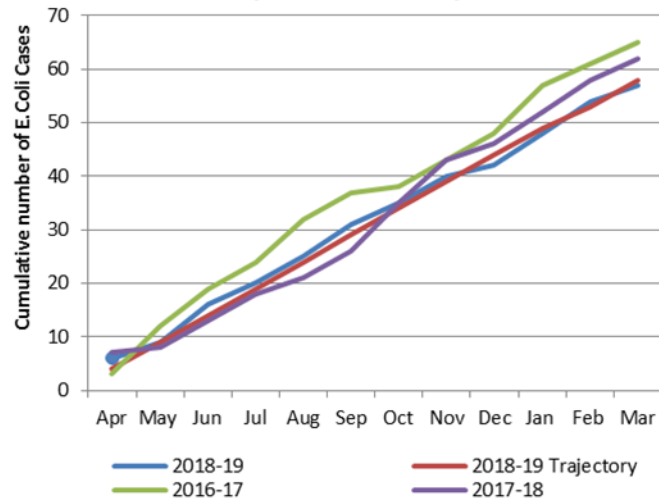
A Trust quality improvement initiative has been commenced aiming to reduce incidence of bacteraemia associated with indwelling devices.

C. Difficile

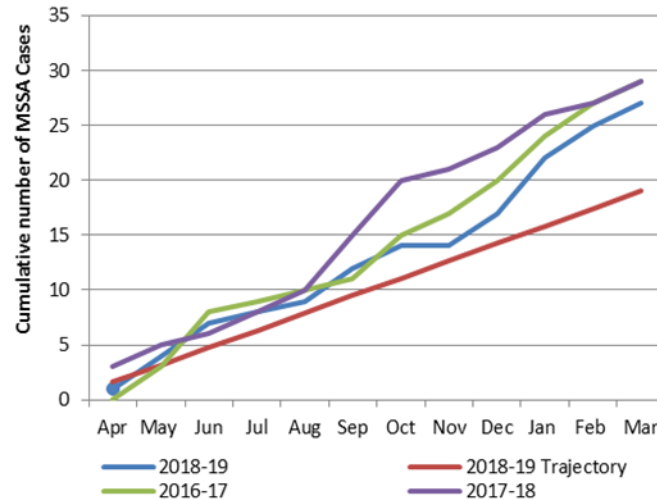
Four cases were reported in March 19. The total number of cases for 18/19 was 39 which is three fewer than the maximum objective set. Lapses in care were found in 21 of the cases to the end of February following investigation.

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

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



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



MSSA

There were two reported cases of MSSA bacteraemia in March. The Trust total for 18/19 is 27, which is two cases fewer than in 17/18.

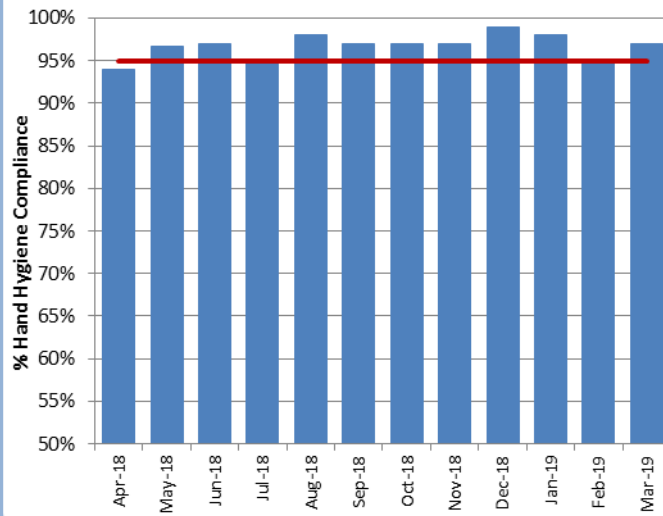
E. Coli

There were three cases of E. Coli bacteraemia reported in March. The focus for improvement is on the management of urinary catheters. The Trust total for 18/19 is 57 cases which is slightly fewer than 17/18.

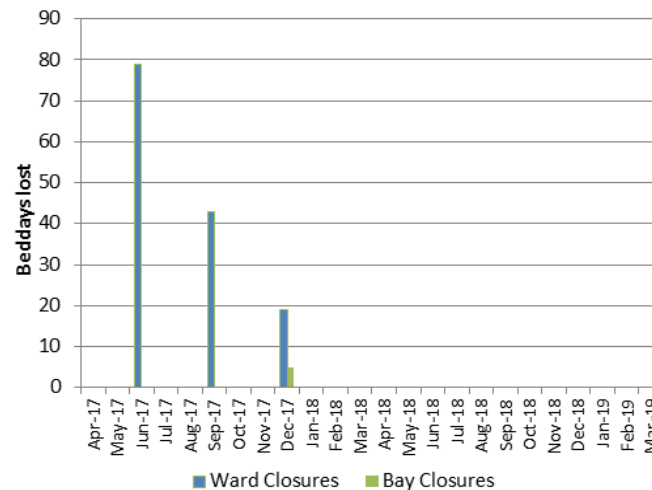
Hand Hygiene

Hand Hygiene compliance has been maintained to the Trust standard.

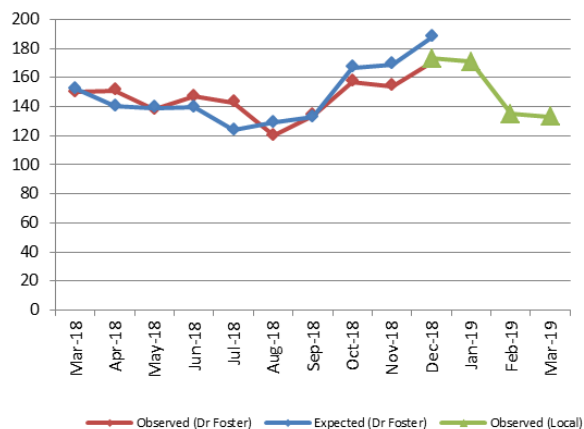
Hand Hygiene Compliance Rates



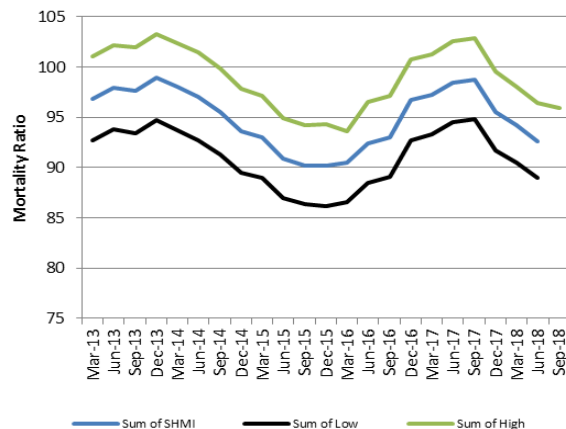
Monthly beddays lost due to Diarrhoea and Vomiting / Norovirus ward or bay closures



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 December 18. In this time period, 92% of all deaths have a completed review. 95% of "High Priority" cases have a completed reviews including nine deceased patients with Learning Disability and 10 patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed with an Overall Care score of adequate, good or excellent remains 98% (score 3-5). In this time period, there have been no new cases where the Overall Care was judged by a Reviewer as Poor or Very Poor (score 1-2).

Areas to focus on improving: early conversations with patients about future medical treatments where likelihood of improvement is low (ReSPECT Process).

Case reviews have noted good care in recognising deteriorating patients and escalating to medical teams, communication between clinical teams and excellent practice in End of Life care. A small number of cases, have shown the need to improve the response to abnormal observations (NEWS2) and improve communication between teams, though these issues did not contribute to the outcome.

Mortality Review Completion

For 01/04/2018 - 31/12/2018

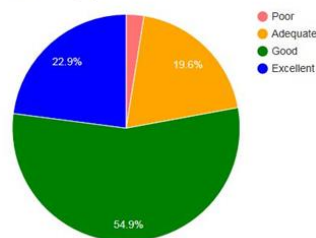
	Completed	Required	% Complete
Screened and Excluded	696		
High priority Cases	122		
Other (Non-priority) MCR completed	420		
Total reviewed	1238	1353	91.5

Mortality Review Outcomes

Overall Score:	1	2	3	4	5	Count of responses
Care Received:	0 (0%)	12 (2.53%)	93 (19.58%)	261 (54.95%)	109 (22.95%)	475

	Up to 31/12/2018	Last 12 Months
New Notification	0	2
In Progress	1	4
Reviewed not SIRI	7	8
Reported as SIRI	1	1

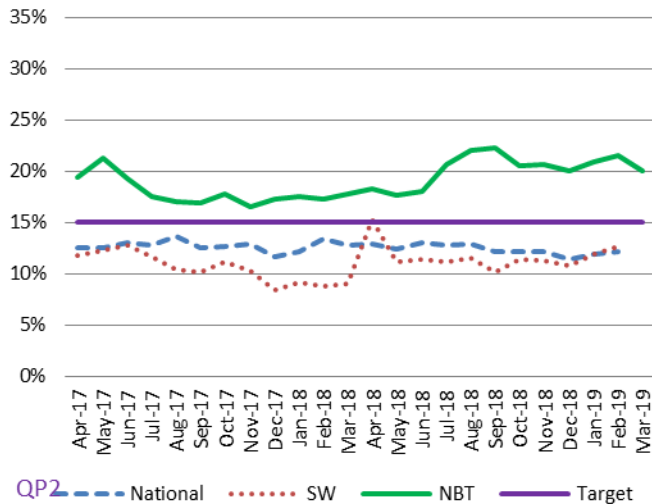
Overall Care - Care Scoring Report - Deaths from 01/04/2018 to 31/12/2018 - Activity up to 11/04/2019



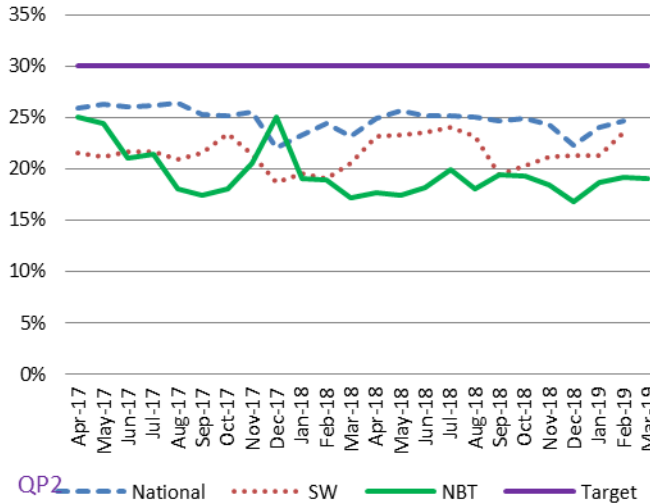
Quality Experience

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

Emergency Department - Response Rate



Inpatients - Response Rate



Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	20.03%
Inpatients	30%	19.04%
Outpatients	6%	18.01%
Maternity (Birth)	15%	25.80%

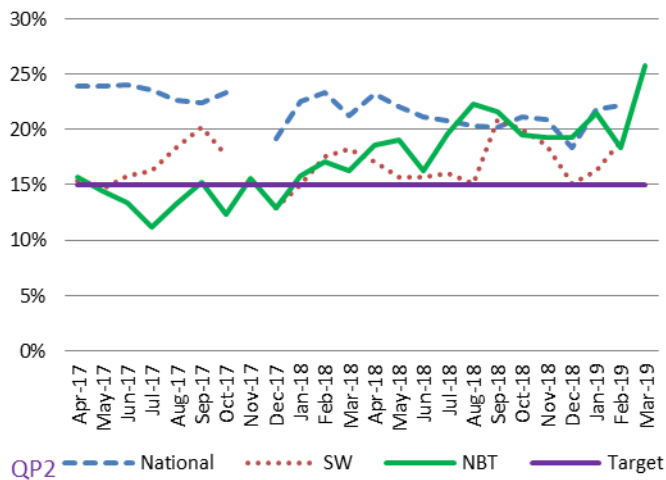
The Inpatient response rate remains the same as last month at 19%.

The Emergency Department remains significantly above the National & SW Regional average.

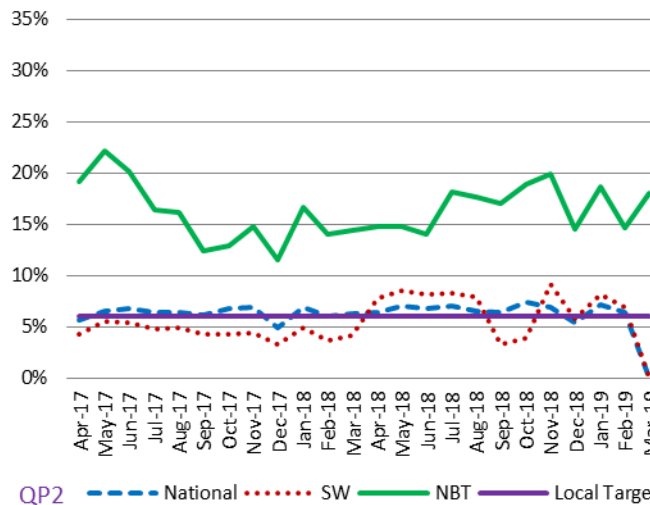
Outpatient services have increased after fluctuating results since November 18. This is reflected in the National and SW regional average.

Maternity (Birth) have continued to report above the 15% target and the national and SW regional response rates.

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



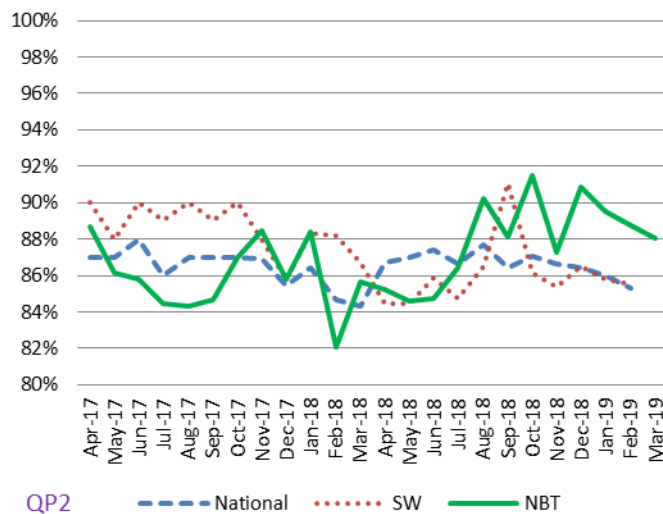
Outpatients - Response Rate



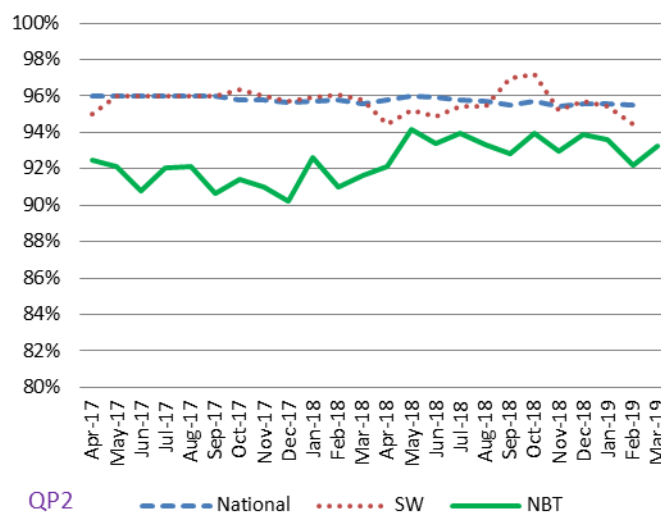
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

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).

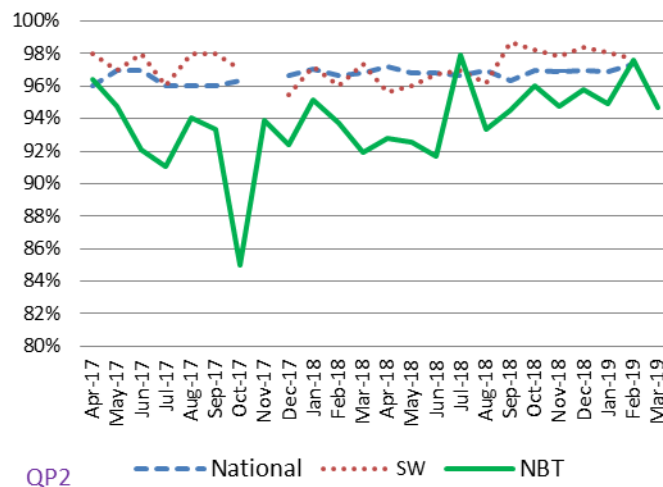
Emergency Department - % Would Recommend



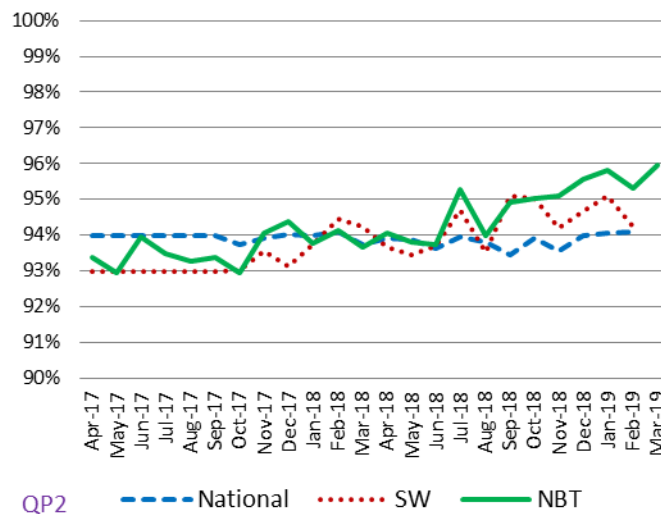
Inpatients - % Would Recommend



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



Outpatients - % Would Recommend



FFT Recommend Rate	Target	NBT Actual
ED	90%	88.03%
Inpatients	95%	93.24%
Outpatients	95%	95.94%
Maternity (Birth)	95%	94.69%

No significant change in % recommend scores from last month. Outpatients remain on an upwards trajectory. The Emergency Department have an average % recommend scores above the regional and national scores and the Inpatient average is below the national & regional benchmark

What are people saying about our services?

In March, inpatients cited the care and the staff as the top reasons they would recommend the hospital and communication and staff as the top reasons they would not.

Patients visiting outpatients continue to share frustrations about the lack of communication when there is a delay in the clinic. The responsiveness of staff and the clinical treatment are the top reasons why people would recommend outpatients.

Within the Emergency Department people continue to express frustration around waiting times more often if they also perceive a lack of treatment or reassurance, during and following their wait to be seen. Staff to continue to increase communication and explanations to patients.

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 cant 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. They have made the 3 and a half months that I have spent here really amazing. I cannot put into words how grateful I am for everything they have done for me.

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

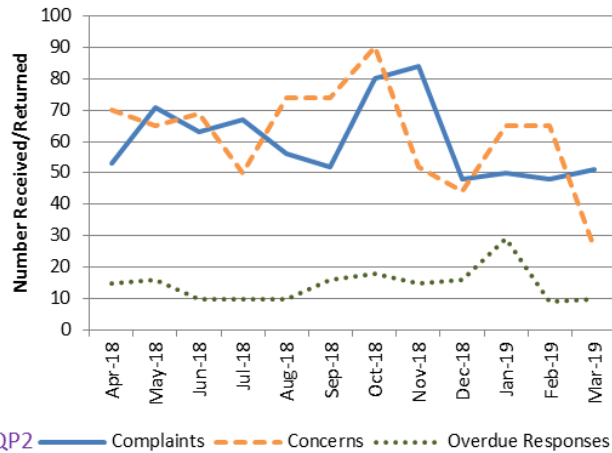
Inpatient – 32b (5)

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

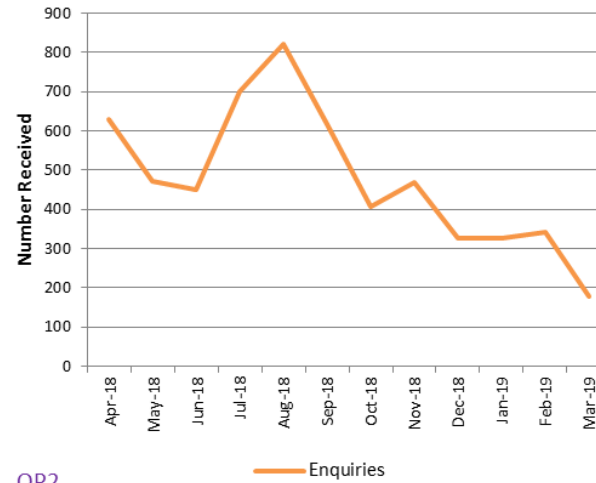
Inpatient – Gate 19 (5)

After the operation 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



Trustwide Enquiries



Complaints and Concerns

In March, 51 complaints were received.

26 concerns and 177 enquires were recorded in March 19. Due to service demand in the Patient Advice and Liaison Service (PALS), the recording in real-time of enquiries and concerns was incomplete. It is known to be higher than that recorded. This will be rectified.

Overdue cases

The number of cases that were overdue at the end of March was 10.

Local Resolution Meetings

Two local resolution meetings were undertaken in March 19 to resolve ongoing complaints. A local resolution meeting provides an opportunity for the patient and relatives to meet with senior staff to discuss their concerns and seek mutual resolution to their concerns in an informal and open manner.

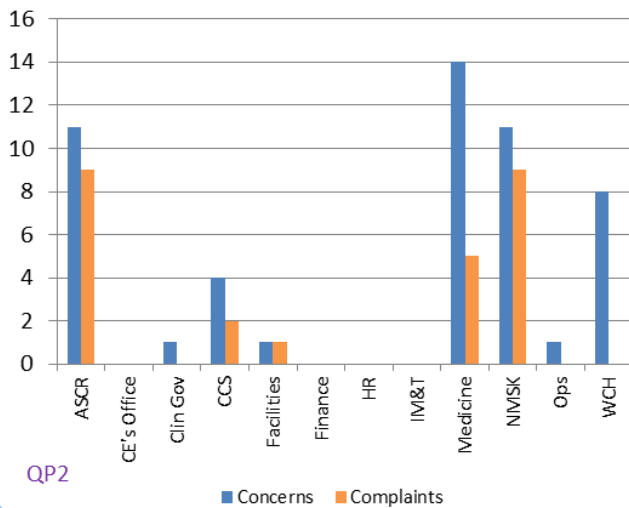
Final Response Compliance

Of the cases closed in March 19, 29 (76%) were completed within the agreed timescale.

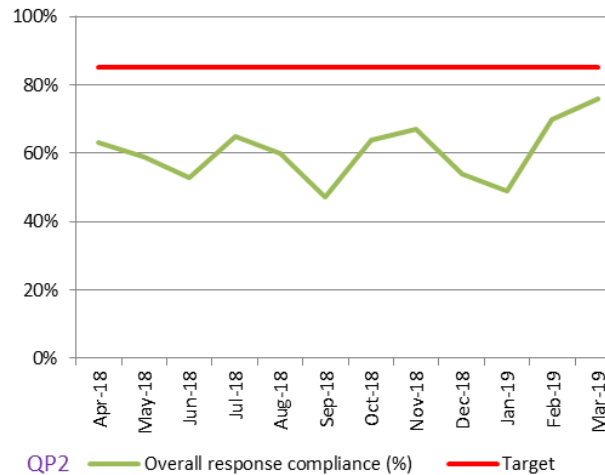
NHS Choices web posts

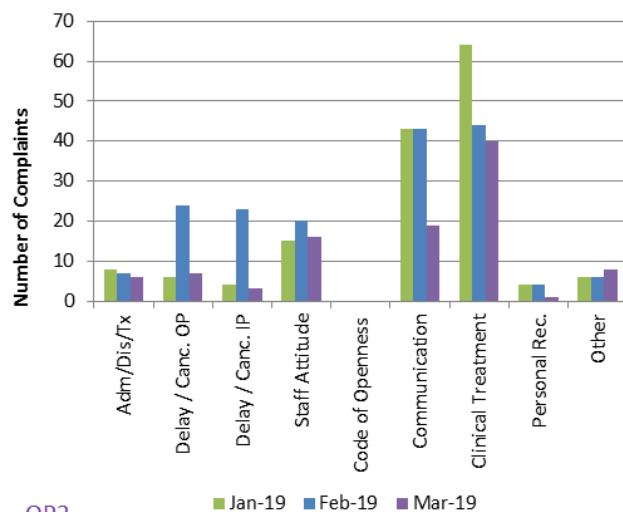
Southmead has a current star rating of 4.5 after 210 reviews. Cossham has a star rating of 4 after 11 reviews. In March, one feedback remark was received giving a 5 star rating relating to radiology. Posts are shared with the relevant teams

Concerns and Complaints per Division

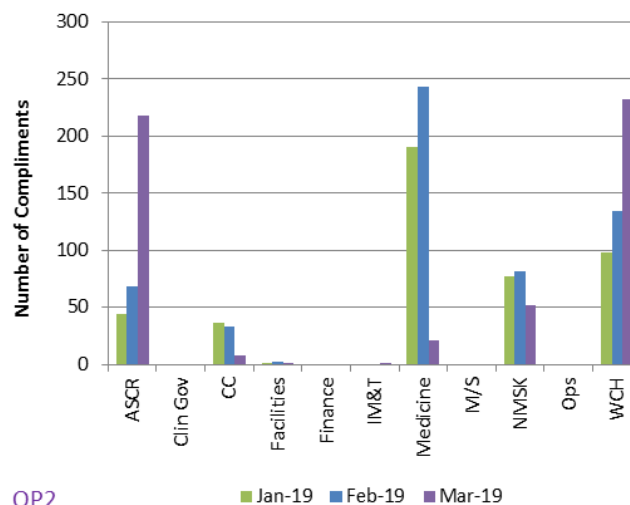


Complaint Compliance



Complaints by Subject

QP2

Compliments by Division

QP2

Complaint/Concern Handling

The top three categories of complaints/concerns currently are :

- all aspects of clinical treatment (40),
- communication/ information (19)
- staff attitude (16).

Compliments

The data reflects just a proportion of the significant 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

Parliamentary Health Service Ombudsman (PHSO) Cases

	Q2 18/19	Q3 18/19	Q4 18/19	Feb-19	Mar-19
New Cases referred to PHSO	3	0	1	0	1
No. of cases fully upheld	0	1	0	0	0
No. of cases partially upheld	1	0	0	0	0
No. of cases not upheld	1	0	0	0	0
Fines levied	0	0	0	0	0
Corrective Actions Compliant within timescales	0	0	0	0	0
Non- compliant	0	0	0	Nil	Nil

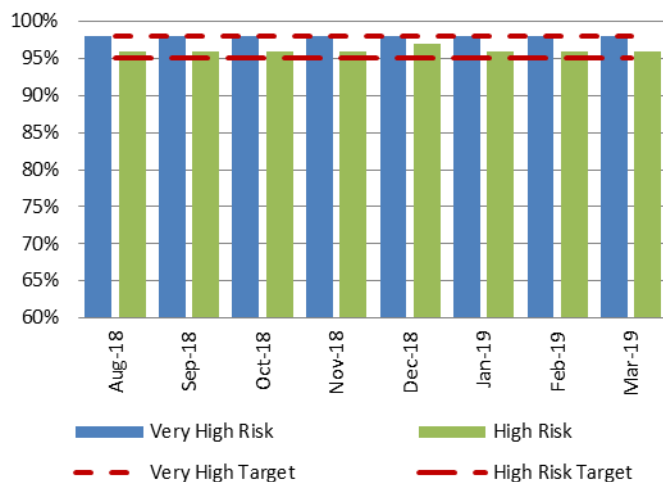
Ombudsman cases

One new case was received from the Ombudsman in March 19 while no outcomes were received.

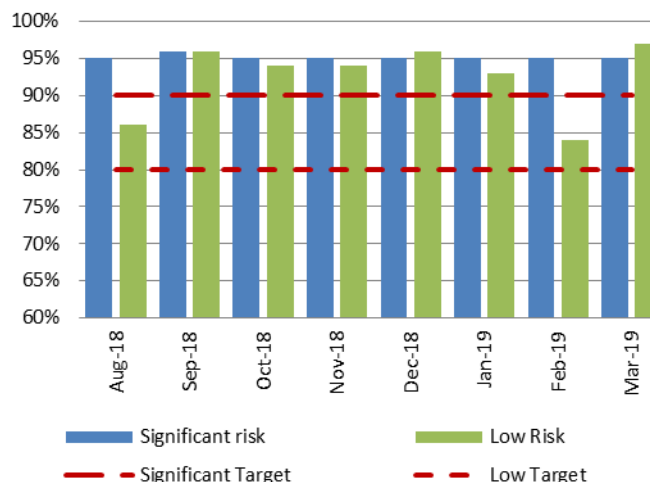
Facilities

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 remained high, with a strong performance from all domestic teams with targets being achieved across all four risk categories.

The domestic relief team continues to ensure that more and more vacancies are covered. Reliance on the bank has dramatically reduced ensuring consistency where it matters. Due to the migration of relief staff into vacant substantive posts, a relief team recruitment campaign is currently underway.

Deep clean numbers per week decreased in month to an average of 250 per week with an average breach level of 1.65%.

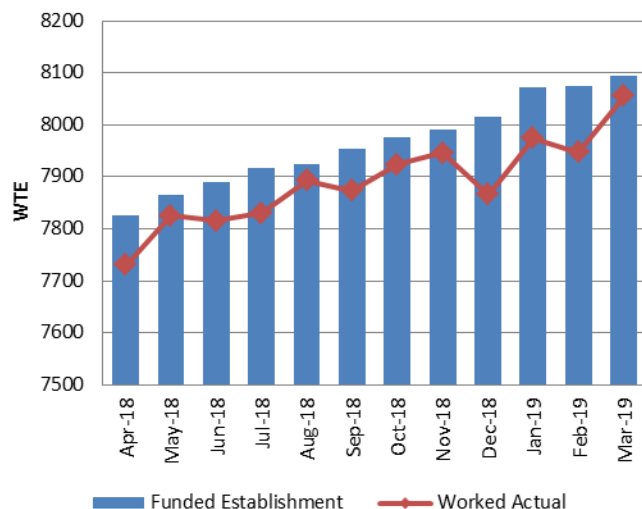
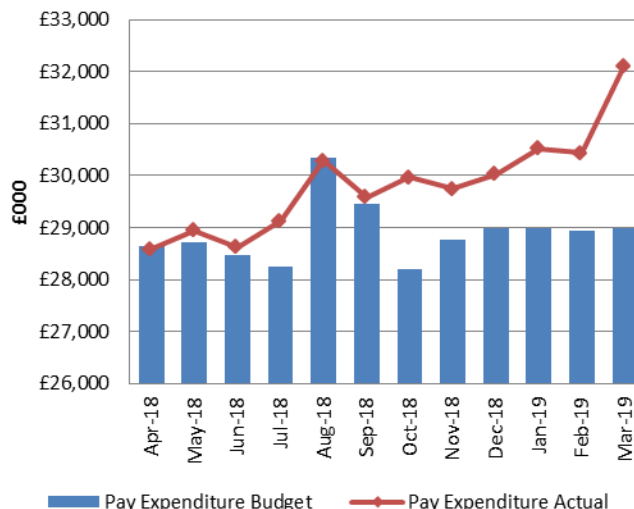
From 3 April 19, the Facilities Synbiotix platform integrated with the Infection control Sigma platform. This will ensure full parity between the two platforms. Clinical staff will find accessing data for their areas much easier and the system as a whole more interactive.

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**

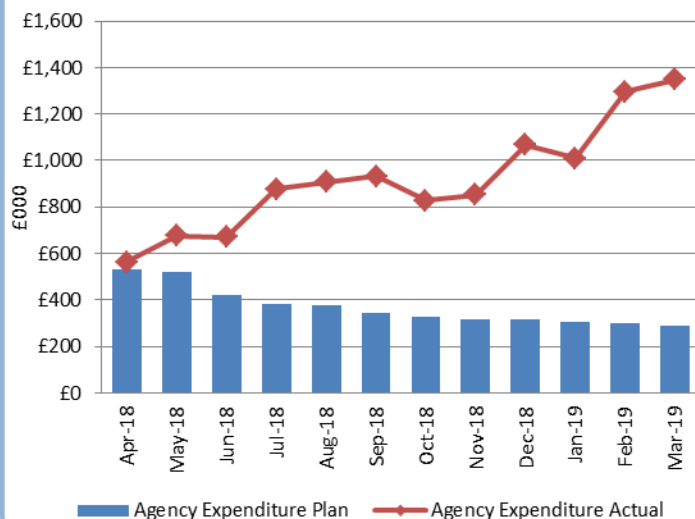
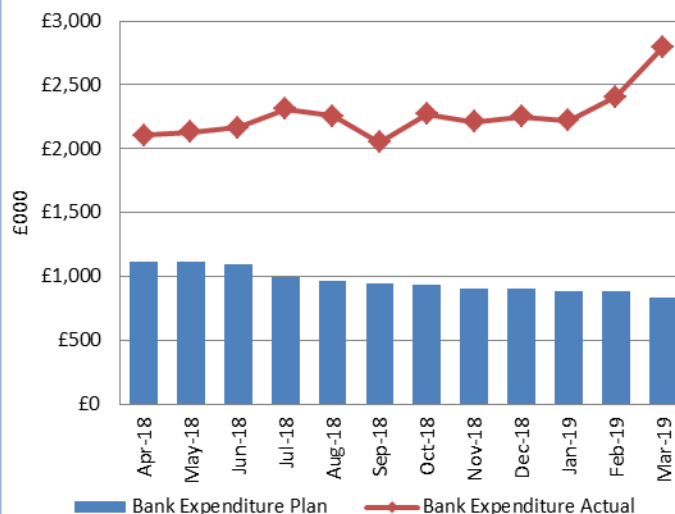
Chris Burton and Jacqui Marshall

Worked vs Funded Establishment**Pay Expenditure vs Plan****Substantive**

Substantive worked wte increased in March commensurate with the net gain of substantive staff particularly in junior doctors following February and March trainee rotations.

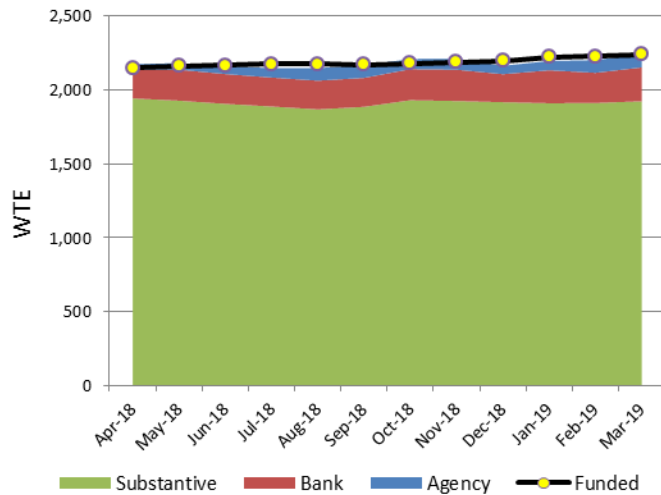
Temporary Staffing

Overall demand for temporary staffing increased in March compared with February and this is reflected in the increase in worked wte and expenditure. Agency consultant use decreased in March with a reduction in expenditure in Medicine. However, overall costs increased due to late invoicing for radiology agency consultant use. Agency administrative and clerical use continues at the same level in March. Corporate teams using agency staff have plans to convert agency to substantive use during 19/20.

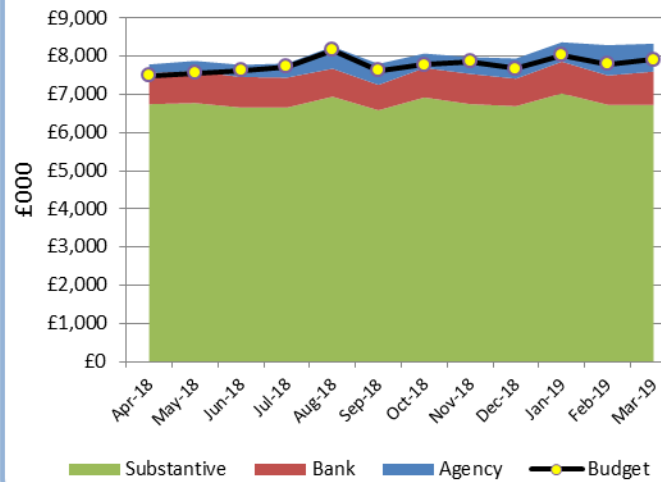
Agency Expenditure vs Plan**Bank Expenditure vs Plan****Actions**

Work progresses with the BNSSG to develop a change in agency rates with an aim to drive out high cost and non framework agencies. The Trust and the neutral vendor GRI will be working together over the next month to review project plans to deliver this. In addition, work is taking place to review bank rates to support Band 5 bank recruitment plans with the aim of improving bank fill rates reducing demand for agency. A 12 month marketing plan is in place, which includes advertising on social media and attending nursing events and open days.

Registered Nursing and Midwifery Worked vs Funded



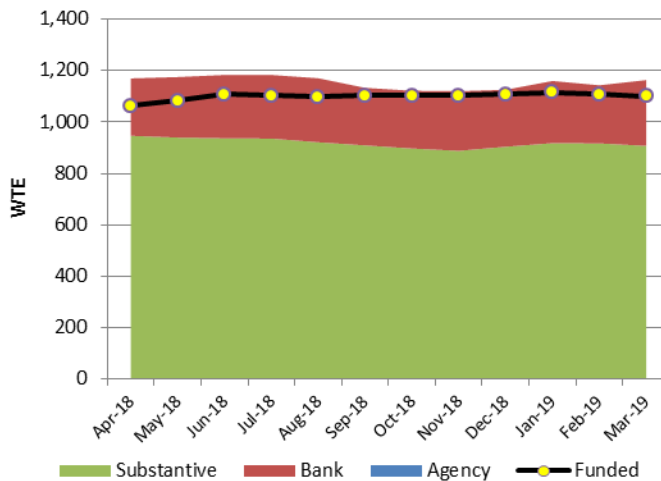
Registered Nursing and Midwifery Expenditure vs Budget



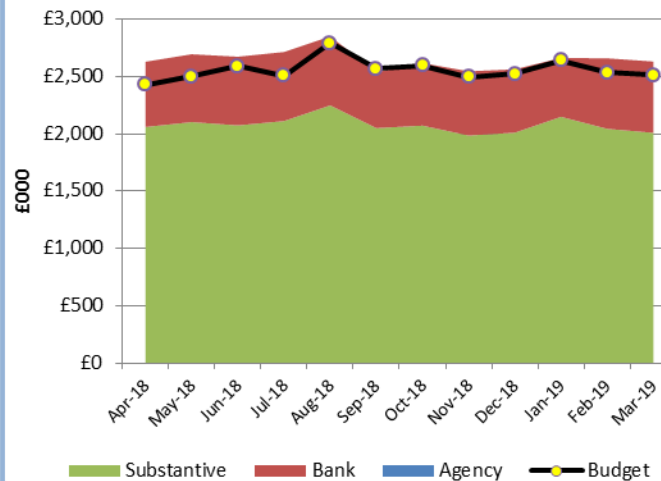
Substantive Nursing and Midwifery

March 19 saw an increase in registered staff of 12 wte and a decrease of 9 wte unregistered staff when compared with February. This is commensurate with newly qualified nurses transitioning from their unregistered posts, to registered nurse posts in March once they have received their PIN. The position compared to 12 months ago shows 19 wte less registered and 29 wte less unregistered staff in substantive posts.

Unregistered Nursing and Midwifery Worked vs Funded



Unregistered Nursing and Midwifery Expenditure vs Budget



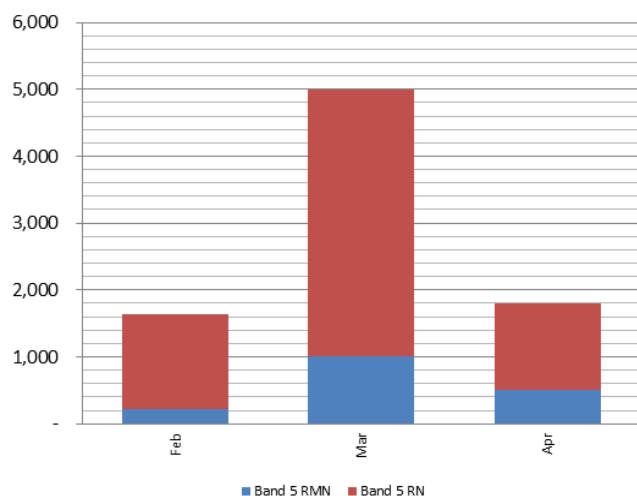
Worked WTE		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Reg. N&M	Substantive	1,942	1,927	1,905	1,887	1,868	1,885	1,930	1,924	1,916	1,909	1,911	1,923
	Bank	195	210	202	196	194	196	210	212	189	223	204	229
	Agency	36	44	55	63	85	86	69	75	57	63	86	90
	Total	2,173	2,180	2,161	2,146	2,147	2,167	2,208	2,211	2,162	2,195	2,201	2,242
Unreg. N&M	Substantive	947	940	937	936	922	910	898	889	904	918	917	908
	Bank	224	236	247	248	250	224	225	233	222	242	226	256
	Agency	0	0	0	0	0	0	0	0	0	0	0	0
	Total	1,171	1,176	1,184	1,184	1,171	1,134	1,123	1,121	1,126	1,161	1,144	1,164
Expenditure £		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Reg. N&M	Substantive	£6,744	£6,774	£6,657	£6,654	£6,942	£6,585	£6,921	£6,747	£6,692	£7,026	£6,729	£6,725
	Bank	£813	£836	£800	£788	£734	£665	£774	£793	£723	£831	£768	£874
	Agency	£230	£270	£319	£370	£578	£552	£379	£439	£527	£510	£795	£731
	Total	£7,787	£7,879	£7,776	£7,812	£8,254	£7,802	£8,073	£7,978	£7,941	£8,367	£8,292	£8,329
Unreg. N&M	Substantive	£2,062	£2,104	£2,076	£2,113	£2,251	£2,052	£2,073	£1,986	£2,012	£2,150	£2,046	£2,011
	Bank	£570	£593	£600	£604	£602	£489	£546	£562	£554	£515	£616	£623
	Agency	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Total	£2,632	£2,697	£2,676	£2,717	£2,853	£2,541	£2,619	£2,548	£2,566	£2,665	£2,662	£2,634

Spend on registered nurses and midwives continues to exceed budget, predominantly resulting from the agency cover for vacancies.

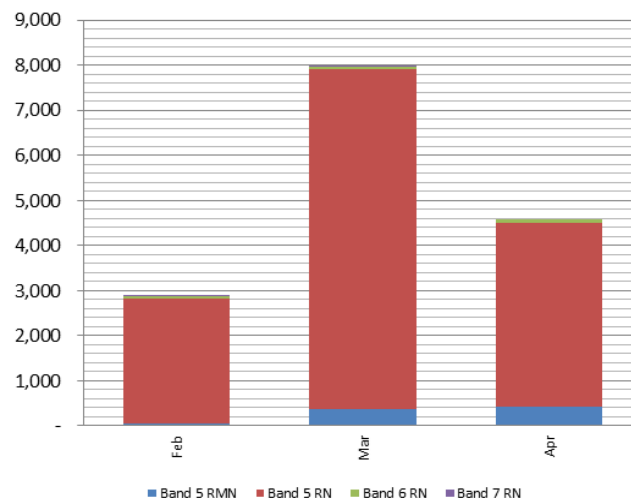
Actions in place

Additional controls have been implemented to reduce the demand for agency registered nurses and for the use of additional unregistered nurse shifts above funded levels (for enhanced care and additional activity) remain in place. The nursing and midwifery workforce group continues to monitor effective rostering, use of temporary staff, opportunities for new roles, international recruitment and recruitment and retention.

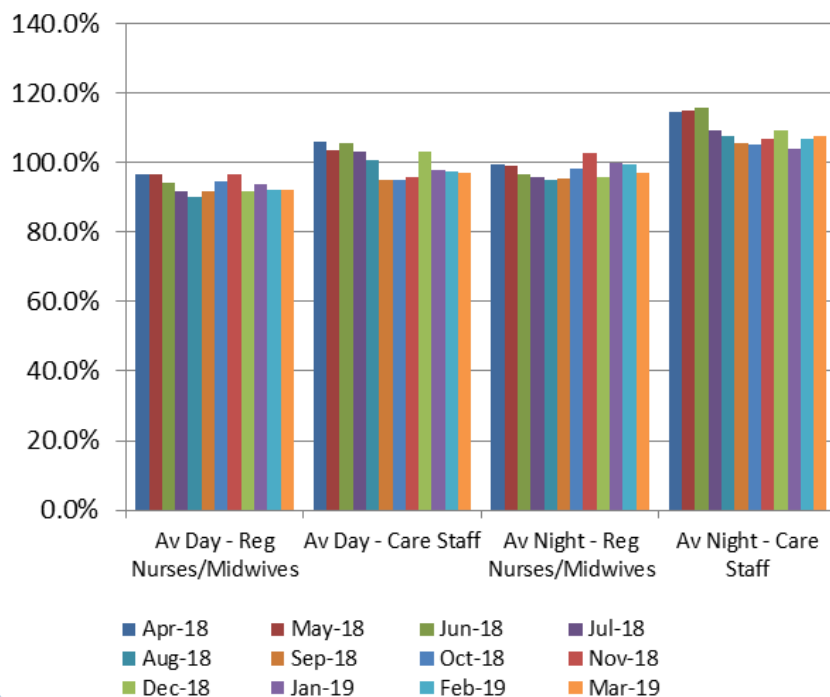
Non-Framework Nursing



Agency Nursing



Safe Staffing Fill Rates

**Wards below 80% fill rate are:**

NICU: Reduced fill rates for HCA 58.4% on days and 60.5% 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.

32B (SAU): Reduced fill rate for HCA 74.1% days and 75% Nights. The ward was unable to back fill the TNA roles while they are on placement. The ward has monitored daily providing support from other wards when possible.

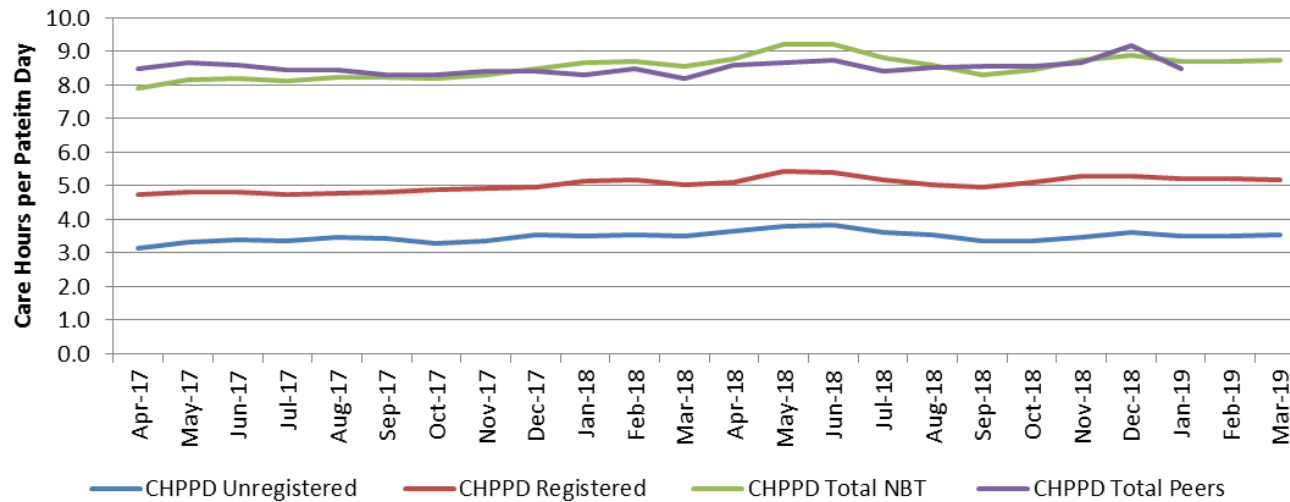
Ward over 175% fill rate:

33A HCA nights 275%. The ward has required additional 1:1 support for a specific patient requiring enhanced care.

Mar-19	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	92.1%	97.1%	96.8%	107.7%

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).

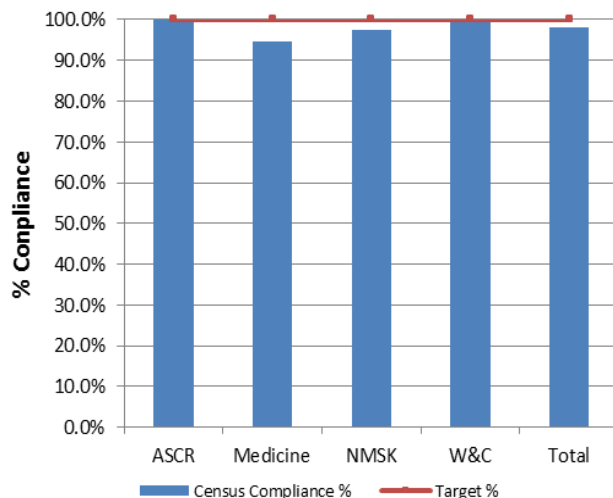
Safe Care Live (Electronic Acuity tool)

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.

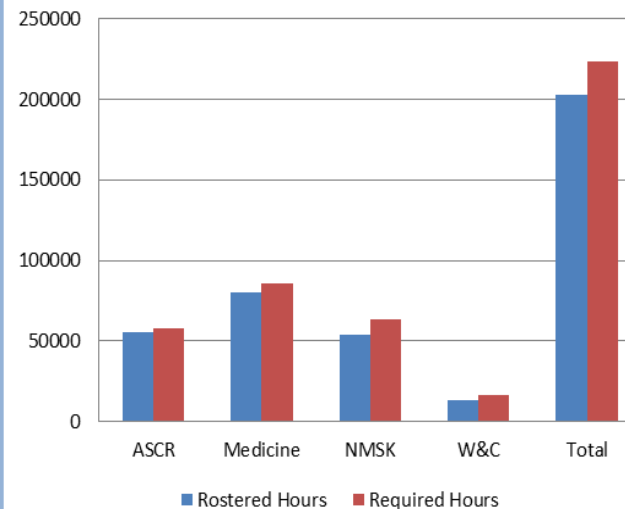
The Safe Care data is however triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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.

Patient Census Compliance

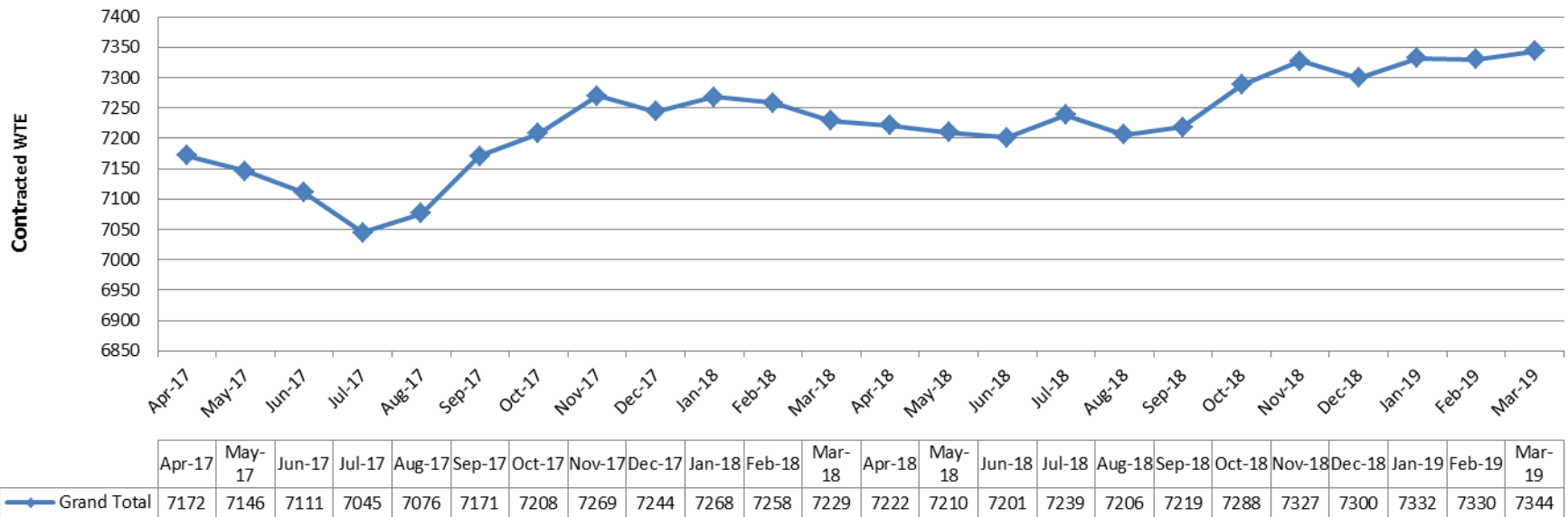


Required vs Rostered Hours



Staff Group	2016/17 Year End	2017/18 Year End	Mar-19	% Change 2017/18 to Date
	WTE	WTE	WTE	
Add Prof Scientific and Technic	211	216	229	6.1%
Additional Clinical Services	1,344	1,436	1,386	-3.5%
Administrative and Clerical	1,368	1,349	1,400	3.8%
Allied Health Professionals	359	353	396	12.0%
Estates and Ancillary	673	653	686	5.1%
Healthcare Scientists	349	342	360	5.4%
Medical and Dental	874	894	920	2.9%
Nursing and Midwifery Registered	2,003	1,985	1,967	-0.9%
Grand Total	7,181.8	7,228.6	7,343.5	1.6%

Total Contracted Staff in Post



Unregistered Nursing and Midwifery Recruitment

Vacancies and movement of staff internally and externally are being reviewed in order to plan the necessary resourcing activity. The Nursing and Midwifery Committee will review planning assumptions in April. The resourcing plans effectiveness will be based on the ability of the TA team to support assessment centres across each band on a monthly basis through the year, with a focus on increasing quality of candidates, rather than quantity of candidates.

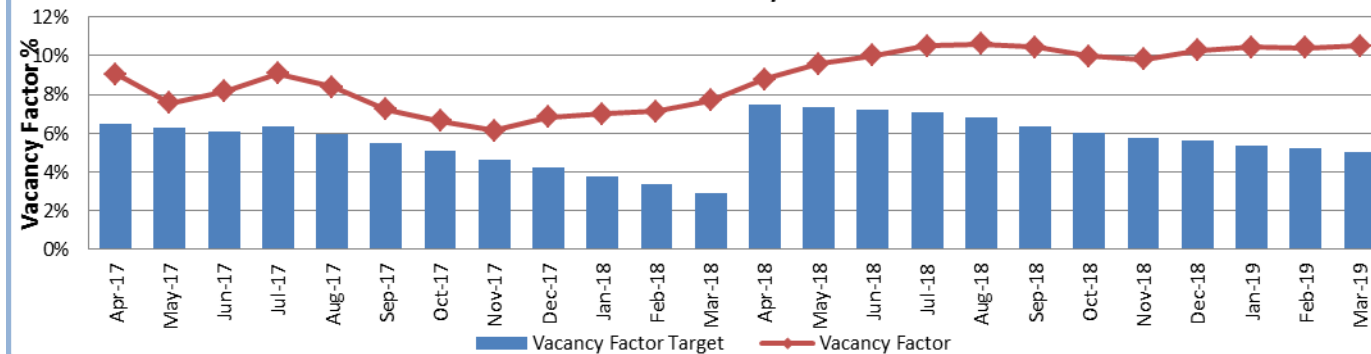
Band 5 Nursing

The Talent Acquisition Team continues to deliver against targets set in line with the existing resourcing plan. Critical to increasing resourcing in Trust hotspots (specifically around experienced nurses) is the activity and support for bespoke resourcing plans being delivered for ICU, Complex Care, Stroke, Renal, (Theatres and ED in planning).

Overseas Nurse and Midwife Recruitment

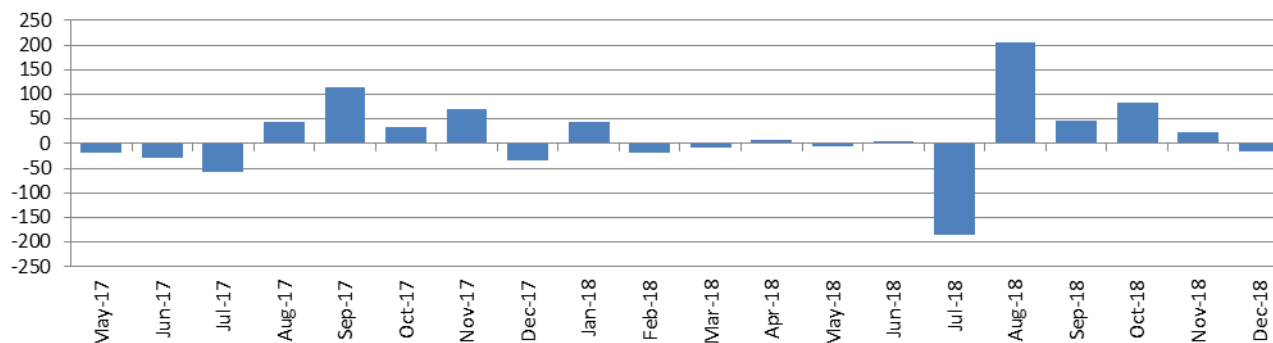
The International Nurse Recruitment project aims to start delivering the first nurses in May, with a pipeline likely to continue in June, July and August. The next step is the OSCE and pastoral care program being delivered by L&R, to ensure that the international cohort transition from B4 to B5 as soon as they are clinically competent and adjusted to NHS protocols. Currently the pipeline will provide 31 nurses across all divisions by the end of August 19.

Month End Vacancy Factor

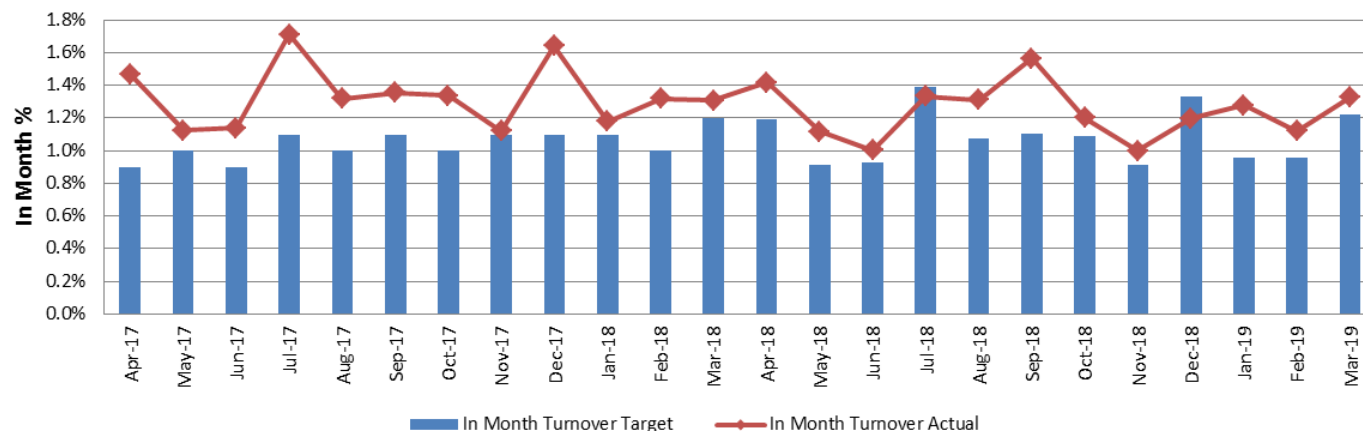


Staff Group	Vacancy Factor Feb-19	Vacancy WTE Feb-19	Vacancy Factor Mar-19	Vacancy WTE Mar-19	Variance
Add Prof Scientific and Technic	8.8%	15.7	5.9%	10.7	-2.8%
Additional Clinical Services	13.2%	207.4	13.7%	212.7	0.4%
Administrative and Clerical	8.7%	131.0	9.0%	136.7	0.3%
Allied Health Professionals	4.1%	15.9	4.8%	18.9	0.8%
Estates and Ancillary	10.0%	76.4	10.1%	77.4	0.1%
Healthcare Scientists	2.3%	8.2	1.9%	6.7	-0.4%
Medical and Dental	7.9%	79.1	8.8%	88.8	0.9%
Nursing and Midwifery Registered	13.4%	296.8	13.0%	288.6	-0.5%
Trust	10.4%	830.5	10.5%	840.4	0.1%

Net Change WTE



In Month Turnover



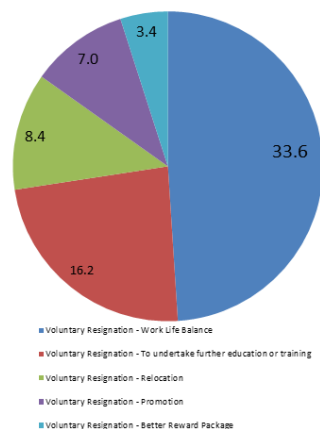
Turnover

The number of staff leaving the Trust increased in March. However the trend for rolling 12 month turnover shows an improvement of 1% in 18/19 compared with 17/18 commensurate with the overall reduction in leavers this year.

People and Transformation team actions include:

- Work underway, focussing on HCA turnover – reasons and hot-spot areas; diagnostic now complete, follow-up actions to be agreed;
- Pilot continuing of revised exit questionnaire and process in hotspot areas in all divisions;
- ICU project on nurse turnover now complete, recommendations made and being shared;
- Flexible working continues to be a focus, with work underway to pull together and then promote the flexible working opportunities available through eRostering, flexible retirement and other leave policies;
- Continued support of EU staff, offering weekly drop-ins and supporting them with their settled status applications.

Top 5 Voluntary Leaving Reasons - March 2019



Staff Group	Turnover Feb-19	Leavers WTE Feb-19	Turnover Mar-19	Leavers WTE Mar-19	Variance
Add Prof Scientific and Technic	0.45%	1.0	2.81%	225.9	2.37%
Additional Clinical Services	1.14%	15.9	1.00%	1393.4	-0.14%
Administrative and Clerical	1.46%	20.2	1.27%	1387.7	-0.18%
Allied Health Professionals	0.39%	1.6	1.09%	394.1	0.70%
Estates and Ancillary	0.76%	5.3	1.15%	688.9	0.39%
Healthcare Scientists	0.71%	2.5	0.94%	359.2	0.23%
Medical and Dental	0.66%	3.0	1.24%	454.0	0.57%
Nursing and Midwifery Registered	1.40%	27.2	1.62%	1952.0	0.22%
Trust	1.12%	76.6	1.32%	6855.3	0.21%

Rolling 12 Months	Feb-19	Mar-19	Variance
Total Turnover	15.6%	15.6%	0.0%
Voluntary Turnover	11.9%	11.9%	0.0%
Stability	85.3%	85.4%	0.1%

December 2018 Benchmarking Data (based on Headcount)	NBT	UHB	Model Hospital Peers Mean	National Acute Large and Teaching Mean
Rolling 12 Month Turnover	16.6%	15.7%	13.6%	13.8%

Note: NHS Digital have not updated their online portal for benchmarking data

In Month Short Term and Long Term Sickness Absence



Sickness

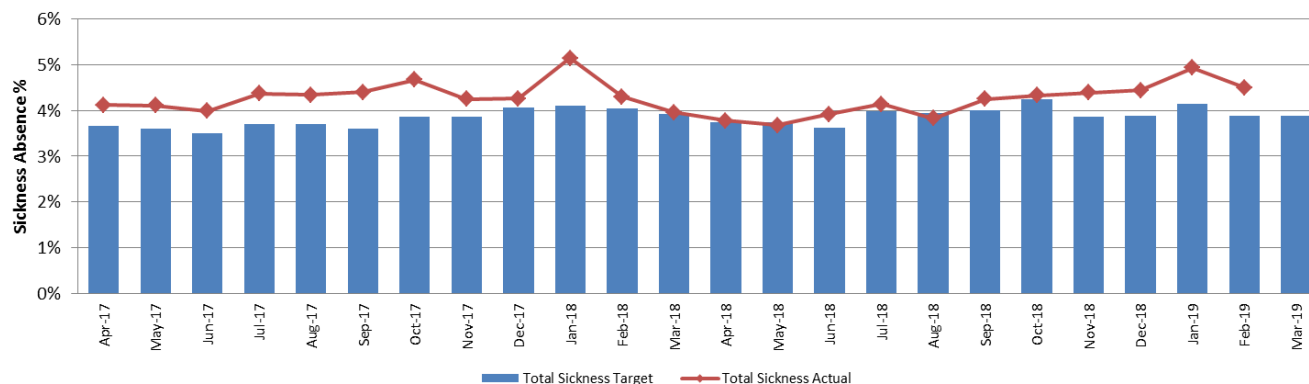
Overall trend shows an improvement, with the Trust rolling 12 month position sustained at 4.2%. The rolling 12 month position for long term absence remains at 2.4% but short term sickness has reduced from 2% to 1.8% compared with the same position last year.

People and Transformation team actions include :

- The last P&T webinar at the end of March focussed on supporting staff with a terminal illness;
- The webinar this month is with an Occupational Health doctor and will provide guidance on supporting staff suffering with mental ill-health;
- The new, 'Managing Healthy Teams' manager toolkit is due to be launched this month;
- Continued progress to implement and sign up to the 'Dying to Work Charter' (in discussion with staff-side);
- New workshop now developed around undertaking effective return to work and stage 1 sickness meetings – to be rolled out to b6 nurses as a priority staff group;

Note: NHS Digital have not updated their online portal for benchmarking data

In Month Total Sickness Absence



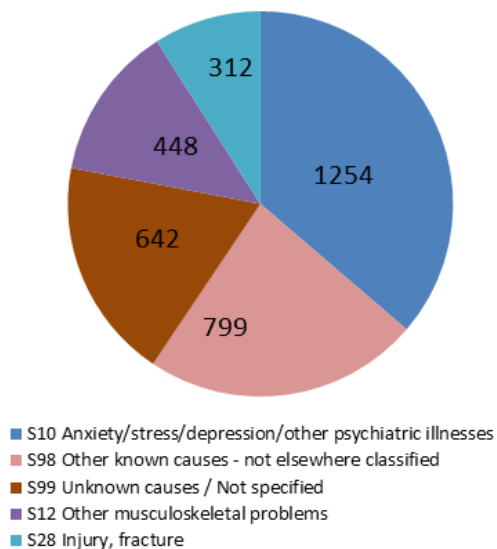
November 2018 Benchmarking Data	NBT	UHB	Model Hospital Peers Mean	National Acute Large and Teaching Mean
Rolling 12 Month Absence	4.4%	4.2%	4.4%	4.4%

N.B. Due variance in calculation method the in month sickness absence for NBT in the comparator may differ slightly from what is internally reported.

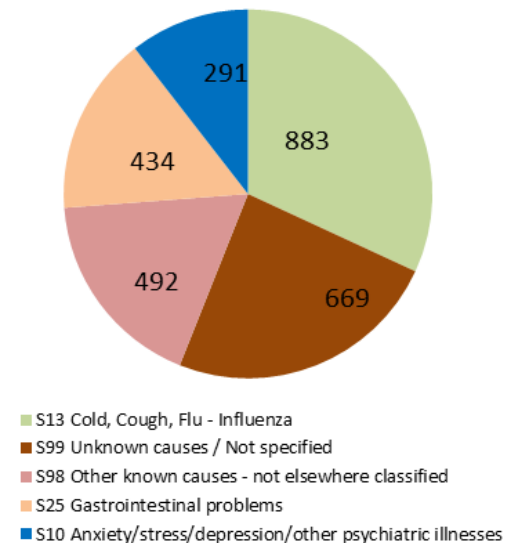
In Month Sickness Absence by Staff Group

Staff Group	Variance	Jan-19	Feb-19
Add Prof Scientific and Technic	-0.05%	3.56%	3.51%
Additional Clinical Services	-0.79%	6.71%	5.92%
Administrative and Clerical	-0.75%	5.26%	4.51%
Allied Health Professionals	0.17%	2.71%	2.88%
Estates and Ancillary	0.68%	6.73%	7.41%
Healthcare Scientists	0.52%	3.25%	3.78%
Nursing and Midwifery Registered	-0.80%	5.35%	4.55%
Medical and Dental	-0.17%	1.33%	1.16%
Trust	-0.43%	4.93%	4.50%
Rolling 12 Month Sickness Absence	Jan-19	Feb-19	Variance
Total Absence	4.2%	4.2%	0.0%

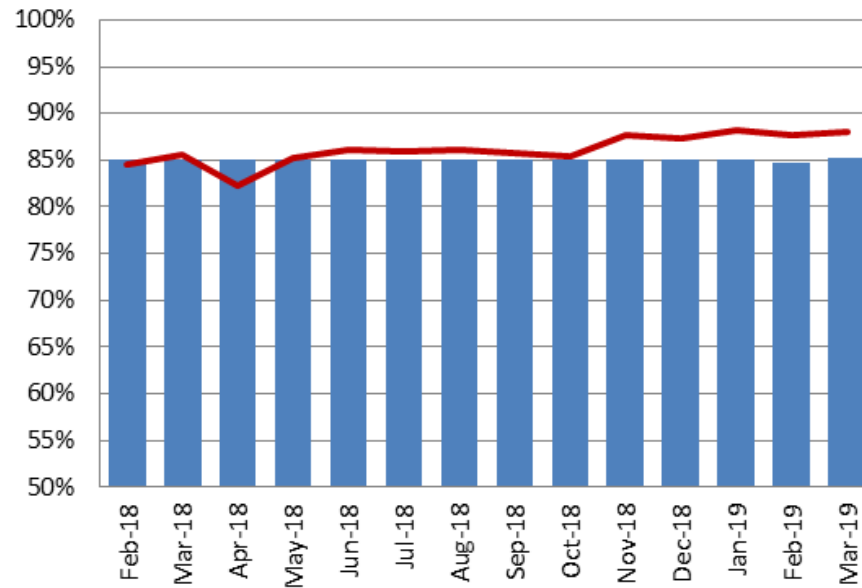
Long Term Sickness
Top 5 Reasons (WTE Days) Feb 2019



Short Term Sickness
Top 5 Reasons (WTE Days) Feb 2019



Compliance Top 8 Essential Training
(12 month rolling period)



Mandatory & Statutory Training

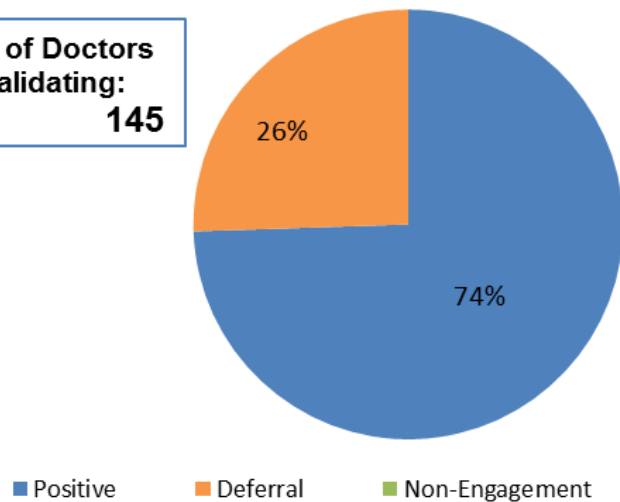
With the re-commencement of face to face training, Trust Compliance with the Top 8 Statutory / Mandatory training topics is starting to show a slow but sustained increase over the 88% achieved over January and February 19.

eLearning completions achieved on the MLE for March 19 show an increase of 23% compared to March 18. This has also contributed to maintaining Trust MaST compliance

Training Topic	Variance	Feb-19	Mar-19
Infection Control	-2.1%	90.5%	88.4%
Health and Safety	-2.2%	91.7%	89.6%
Waste	0.0%	89.3%	89.3%
Information Governance	6.5%	85.7%	92.2%
Child Protection	5.3%	85.8%	91.2%
Equality and Diversity	-3.2%	88.5%	85.3%
Fire	-4.6%	89.4%	84.8%
Manual Handling	6.2%	83.7%	89.9%
Total	0.8%	88.1%	88.84%

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

No. of Doctors revalidating:
145



Medical Appraisal

The 6th appraisal and revalidation year ran from 1 April 2018 until 31 March 2019. At the end of March 19, 97% of the appraisals that should have been completed in the past year are compliant. 3% remain incomplete.

Within the 97% that are compliant, there are a small number of doctors who are either new to the Trust and we do not yet know when their last appraisal took place; or they have come from abroad and therefore did not complete any previous revalidation standard appraisals. In these circumstances, an appraisal due date is set for the doctor within 6 months to ensure compliance.

The 3% with a missed appraisal are going through a missed appraisal process. The Trusts missed appraisal escalation process includes a number of letters from the Trusts appraiser leads, Deputy Medical Director and Responsible Officer. Failure to engage beyond this point will lead to a non-engagement communication from the General Medical Committee (GMC).

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

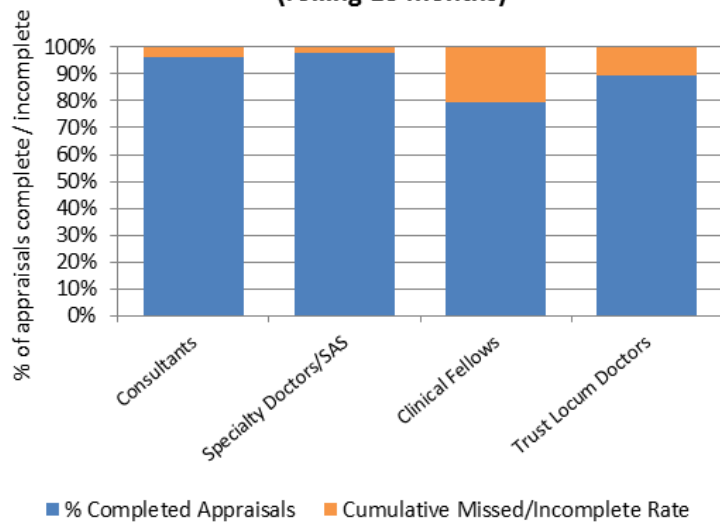
The Trust has currently deferred 26% of all revalidation recommendations due over the past 12 months. From March 19, the GMC will be collecting further information for the reasons of each deferral.

The PReP system is no longer the mandatory appraisal system for all non-training grade doctors employed by the Trust. The contract for PReP expired on 31 March 19.

Following an in depth tender exercise in 2018, a new supplier known as Fourteen Fish has been chosen to provide the appraisal and revalidation system to NBT from 1 April 19. This new system has been procured alongside UHBristol and Weston Area Health NHS Trust.

The Fourteen Fish appraisal system went live on 22 March 19 and the vast majority of information from the old system has successfully migrated across. Appraisal compliance is expected to slightly drop within the first quarter of the 2019/20 year due to the implementation of the new system. NHS England have been notified of this and were made aware at an early stage.

Medical Appraisal Compliance Rate Against Appraisals Due (rolling 15 months)



Finance

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

	Position as at 31 March 2019		
	18.19 Plan £m	Actual £m	Variance (Adverse) / Favourable £m
Income			
Contract Income	485.8	497.4	11.6
Other Operating Income	82.0	84.1	2.1
Donations income for capital acquisitions	0.0	1.2	1.2
Total Income	567.8	582.7	14.9
Expenditure			
Pay	(346.8)	(358.0)	(11.2)
Non Pay	(187.2)	(190.0)	(2.8)
PFI Operating Costs	(6.2)	(6.0)	0.2
	(540.2)	(554.0)	(13.8)
Earnings before Interest & Depreciation	27.6	28.7	1.1
		4.9%	
Depreciation & Amortisation	(22.9)	(22.9)	0.0
PFI Interest	(34.6)	(34.3)	0.3
Interest receivable	0.0	0.1	0.1
Interest payable	(5.0)	(5.1)	(0.1)
PDC Dividend	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0
Impairment	0.0	1.8	1.8
Gains on Disposal	0.3	(0.4)	(0.7)
Operational Retained Surplus / (Deficit)	(34.6)	(32.1)	2.5
Add back items excluded for NHS accountability		(5.5%)	
Donations income for capital acquisitions	0.0	(1.2)	(1.2)
Depreciation of donated assets	0.0	0.7	0.7
Impairment	0.0	(1.8)	(1.8)
Adjusted surplus /(deficit) for NHS accountability (excl PSF)	(34.6)	(34.4)	0.2
PSF	16.2	13.0	(3.2)
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	(18.4)	(21.4)	(3.0)

Statement of Comprehensive Income

Assurances

The financial position at the end of March shows a deficit of £21.4m, £3m adverse to the planned deficit.

This position includes the loss of £3.2m of Provider Sustainability Funding (PSF) to reflect below target A&E performance since Quarter 2.

The Trust's position against the NHSI control total is measured excluding PSF, and is therefore £0.2m favourable to plan.

Key Issues

- Contract income is £11.6m favourable to plan with non-elective activity offsetting underperformance in elective inpatient activity and critical care.
- Pay is £11.2m adverse to plan reflecting nursing and medical staff overspends together with under-delivery of savings.
- Non pay is £2.8m adverse with variances in a number of areas, notably clinical supplies and against savings plans.
- The plan for both Other Income and Pay have been adjusted to reflect the impact of the Agenda for Change pay award and the associated funding.

31 March 2018	£m	Statement of Financial Position as at 31st March 2019	Plan £m	Actual £m	Variance above / (below) plan £m
		Non Current Assets			
517.7		Property, Plant and Equipment	517.0	558.1	41.1
17.3		Intangible Assets	14.5	17.0	2.5
14.0		Non-current receivables	9.0	11.0	2.0
549.0		Total non-current assets	540.5	586.1	45.6
		Current Assets			
11.2		Inventories	11.2	12.8	1.6
35.5		Trade and other receivables NHS	30.9	44.9	14.0
22.4		Trade and other receivables Non-NHS	22.4	15.1	(7.3)
17.0		Cash and Cash equivalents	15.0	10.2	(4.8)
86.1		Total current assets	79.5	83.1	3.6
0.0		Non-current assets held for sale	0.0	0.0	0.0
635.1		Total assets	619.9	669.1	49.2
		Current Liabilities (< 1 Year)			
9.4		Trade and Other payables - NHS	9.4	7.5	(1.9)
67.3		Trade and Other payables - Non-NHS	72.9	67.7	(5.2)
44.4		Borrowings	39.9	70.5	30.7
121.0		Total current liabilities	122.2	145.8	23.6
(34.9)		Net current assets/(liabilities)	(42.7)	(62.7)	(20.0)
514.1		Total assets less current liabilities	497.8	523.4	(25.6)
9.2		Trade payables and deferred income	8.4	7.8	(0.7)
531.4		Borrowings	534.6	516.8	(17.8)
(26.4)		Total Net Assets	(45.3)	(1.2)	44.1
		Capital and Reserves			
242.5		Public Dividend Capital	242.5	243.9	1.4
(359.8)		Income and expenditure reserve	(375.2)	(375.2)	(0.0)
(15.5)		Income and expenditure account - current year	(18.8)	(19.2)	(0.4)
106.3		Revaluation reserve	106.3	149.3	43.0
(26.4)		Total Capital and Reserves	(45.3)	(1.2)	44.1

Statement of Financial Position

Assurances

The Trust received new loan financing in March of £3.3m. This brings total borrowing from the Department of Health and Social Care to £178.3m.

The Trust ended the month with cash of £10.2m, compared with a plan of £15.0m.

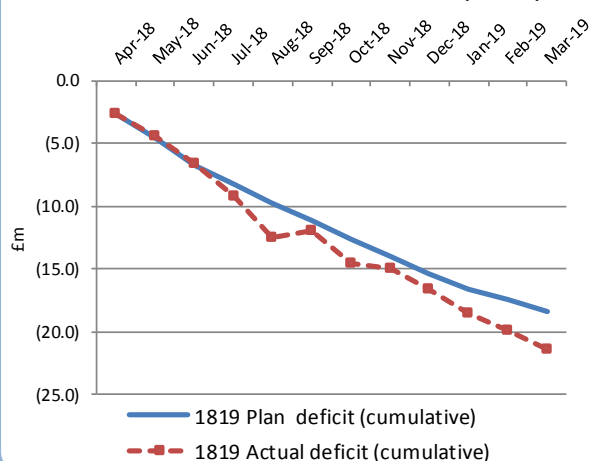
Concerns & Gaps

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 72% by volume of payments made within 30 days against the target of 95%.

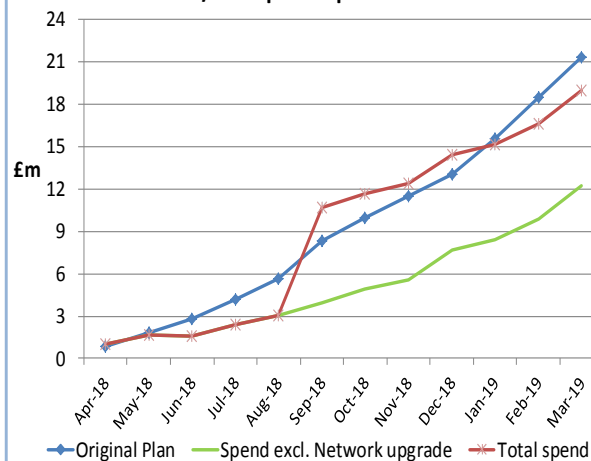
Actions Planned

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)



2018/19 Capital expenditure

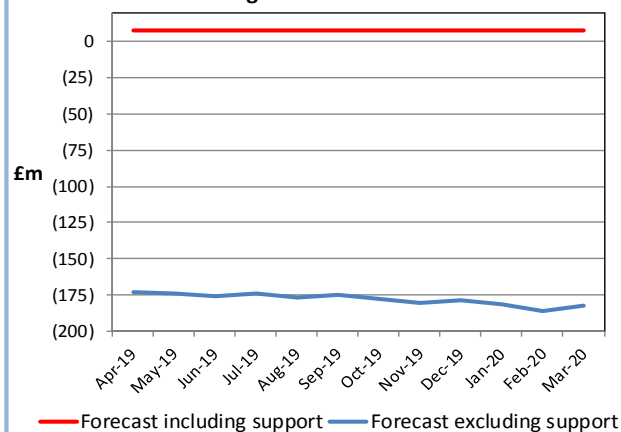


Rolling Cash Forecast, In-year Surplus/Deficit, Capital Programme Expenditure and Financial Risk Ratings

The overall financial position shows a £21.4m deficit, £3m adverse to plan.

Capital expenditure was £19.0m for the year. This includes £6.8m in relation to the additional IT Network upgrade approved in year. The expenditure has been updated to reflect this change although the original plan did not include the full cost of the network. NHSI have approved an increased capital limit for this finance lease.

Rolling cash flow forecast



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

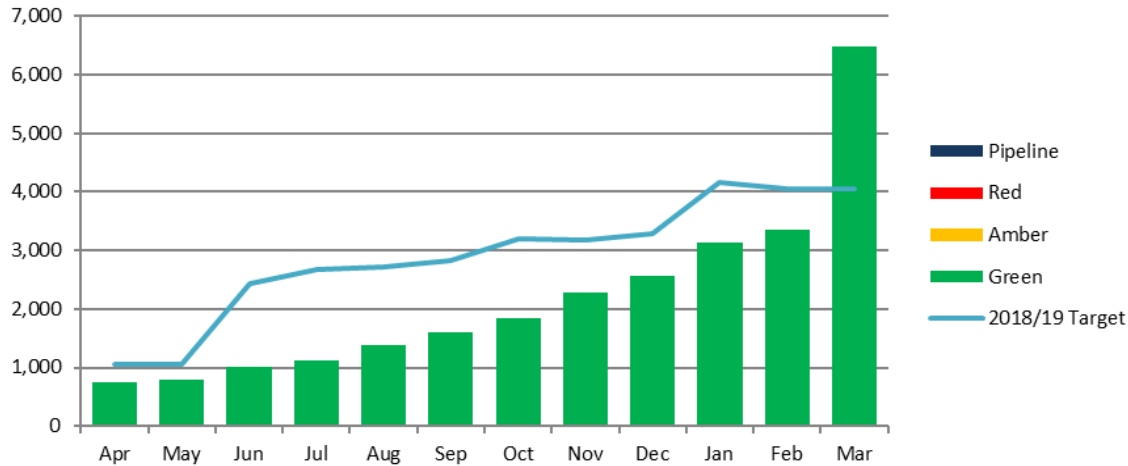
Assurances and Actions Planned into 2019/20

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

Concerns & Gaps

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

Trust 2018/19 Monthly CIP position



Savings

Assurances

The savings target for 2018/19 was £34.7m (£37.7m recurrently) against which £26.3m was achieved at the end of March.

Concerns & Gaps

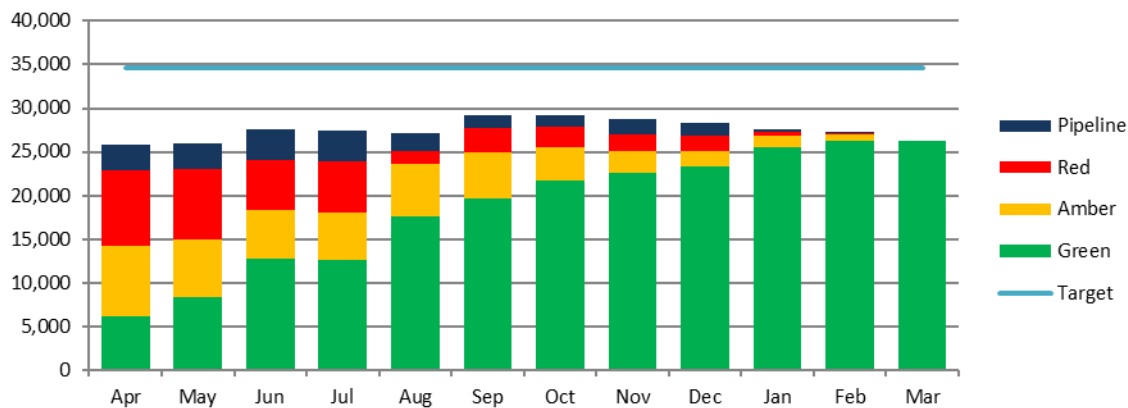
Of the £26.3m savings achieved, £11m is non-recurrent and is only an in-year benefit. The full year benefit of recurrent schemes implemented in year is £17.5m.

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.

**(North Bristol)
2017/18 Annual CIP Position (In-Year)**



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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Finance Risk Rating (FRR)	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Board non-compliant statements	1	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 March 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 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 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 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 March 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