North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

August 2017 (presenting July 2017 data)
Executive Summary
July 2017

ACCESS
Overall July performance against the four hour target was 75.70%, a 3.34% decrease to June’s position. The majority of breach reasons were ED attributable, followed by a wait for beds. The Trust has achieved the agreed recovery trajectory for Referral To Treatment (RTT) incomplete performance for July (87.06% vs trajectory of 87.01%). The waiting list backlog stands at 3766 vs a target of 3710.

The Trust continues to experience an increase in patients waiting greater than 52 weeks from Referral to Treatment (RTT) (97 in July). The main reasons for these breaches are lack of capacity for Upper Limb operations and patients choosing to defer their treatment. The Trust has failed to achieve the national target (1.00%) for diagnostic performance with actual performance of 4.16% in July. There has been a drop in performance for DEXA Scans due to a prolonged period of staff shortages leading to the growth of a backlog of patients breaching their planned date for a Scan. The Trust has an improvement plan in place.

The Trust has delivered 6 of the 7 national cancer targets in June. The 62 day standard was exceeded in June with performance at 85.35% vs the 85.00% standard. There continues to be underperformance against the Two Week Wait urgent GP referrals standard, where there has been demand and capacity imbalance for skin patients in particular.

SAFETY
Nursing staff levels continue to be monitored closely, but five wards triggered the Quality Effectiveness and Safety Trigger Tool (QuESTT) in July. Actions are in place to support the Ward Sisters with recruitment to vacancies and sickness management.

Harm Free Care is better than the national average and the best for twelve months at 95%.

Incidence of pressure ulcers in July were 20 reported Grade 2 pressure injuries, three reported Grade 3 and none reported at Grade 4. The Trust remains on target to achieve a 50% reduction of pressure injuries over the three year period, April 2015 - March 2018.

The Trust reported 0 cases of MRSA and 3 cases of C. Difficile in different clinical areas in July.

PATIENT EXPERIENCE
The number of complaints remains steady. Reported concerns decreased from 58 to 54 in July. Friends & Family response rates have seen a decrease in July 2017 in three of the four areas. Inpatients response rate has increased 0.4% compared to the 21.0% reported in June. The lowest response rate continues to be within Maternity. The Maternity Team is promoting feedback to mothers to encourage others to respond.

NHS Choices ratings for both Southmead Hospital and Cossham Hospital are both 4.5 stars.

WORKFORCE
The Trust vacancy factor increased from 8.1% in June to 9.1% in July. Targeted actions are in progress to fill posts substantively in specific areas, such as Theatres and ICU, where there are high levels of vacancies. The in-month turnover rate marginally increased in July to 1.7% which is above the NHSI target rate of 1.1%. The in-month sickness rate has reduced again in June to 3.98%, from 4.11% in May, but remains above the 3.5% target submitted to NHSI.

FINANCE
The Trust has planned a deficit of £18.7m in line with the agreed control total with NHS Improvement. The financial position for the end of July is £0.2m adverse to plan. As of July 2017, the Trust is no longer in Financial Special Measures. The Trust is currently rated amber by NHSI. Continued focus on delivering the full savings required, as well as full delivery of planned activity and income for the year, will be crucial to ensure delivery of the Trust’s control total.
Key / Notes

Unless noted on each graph, all data shown is for period up to, and including, 31 July 2017.

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

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**Abbreviation Glossary**

CCS - Core Clinical Services
CEO - Chief Executive
Clin Gov - Clinical Governance
IM&T - Information Management
Med - Medicine
MSKN - Musculoskeletal and Neurosciences
RAP - Remedial Action Plan
Non-Cons - Non-Consultant
Ops - Operations
Renal - Renal Transplant & Outpatients
ASCR / Surg - Surgery
W&Ch - Women’s & Children’s
RCA - Root Cause Analysis
HON - Head of Nursing
Overview

Urgent Care
July’s four hour A&E performance was 75.70%. The majority of breach reasons were ED attributable, followed by a wait for beds. One of the factors in this drop in performance relates to continued ED workforce shortfalls. This should improve at the beginning of August 2017 when a new rotation of junior doctors commences.

Delayed Transfers of Care (DToC) rate has not met the national standard of 3.5%, with an actual performance of 3.81%.

Referral to Treatment (RTT)
In month, the Trust has achieved the Trust RTT trajectory of 87.01%, with actual performance at 87.06%. At the end of July the Trust has seen a further increase in greater than 52 week waiters bringing the total to 97 breaches. The number of patients choosing to wait greater than 52 weeks for their treatment continues to be a challenge. In addition, a number of breaches have been identified due to lack of capacity and pathway delays. Mitigating actions are being put in place to reduce the demand and capacity imbalance, which is a particular issue for upper limb surgery. The Trust has missed the trajectory for Neurosurgery at the end of July by 4 breaches and the Epilepsy trajectory has not been met in month, but both areas continue to be on track for clearance of all breaches by the end of Quarter 3 of 2017/18.

Cancelled Operations
In month, there were two breaches of the 28 day re-booking target; bringing the year to date total to three.

Diagnostic Waiting Times
The Trust has failed to achieve the 1.00% target for diagnostic performance in July with actual performance at 4.16%. There continues to be in month underperformance in Endoscopy. July has seen a continued increase in DEXA Scan breaches (70 June vs 127 July), which has adversely impacted the Trust aggregate position. Mitigating actions are in place in both areas including outsourcing of activity to other Providers.

Cancer
Cancer performance in June has achieved six of the seven standards. The Trust has met and exceeded the 62 day standard in June at 85.35% (target 85.00%). Although steadily improving since April, there continues to be underperformance against the Two Week Wait urgent GP referrals standard, where there has been demand and capacity imbalance for skin patients in particular.

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

- UCRP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCRP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.
- UCRP Risk: Weston Emergency Department shuts due to staffing problems related to sustainability issues. Risk of 10-15 extra medical admissions to NBT overnight. Contingency plans have been agreed across the system including a repatriation protocol.
## Key Operational Standards Dashboard

### July 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>National Target</th>
<th>Performance against National Target</th>
<th>NBT Trajectory</th>
<th>Performance direction of travel from last month</th>
<th>Year end forecast position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Attendances &lt;4 hour standard</td>
<td>95%</td>
<td>75.70%</td>
<td>85.97%</td>
<td>▼</td>
<td>95.00%</td>
</tr>
<tr>
<td>Referral to Treatment % incomplete pathways &lt;18 weeks</td>
<td>92%</td>
<td>87.06%</td>
<td>87.01%</td>
<td>▼</td>
<td>88.03%</td>
</tr>
<tr>
<td>Referral to Treatment 52 Week Waits - Neurosurgery and Epilepsy</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>▲</td>
<td>0</td>
</tr>
<tr>
<td>Referral to Treatment 52 Week Waits - Other</td>
<td>0</td>
<td>84</td>
<td>0</td>
<td>▼</td>
<td>N/A</td>
</tr>
<tr>
<td>Trust Wide Referral to Treatment Backlog</td>
<td>N/A</td>
<td>3766</td>
<td>3710</td>
<td>▼</td>
<td>3341</td>
</tr>
<tr>
<td>Diagnostic DM01 % waiting more than 6 weeks</td>
<td>1%</td>
<td>4.16%</td>
<td>N/A*</td>
<td>▼</td>
<td>1.00%</td>
</tr>
<tr>
<td>Cancelled Operations Same day - non-clinical reasons</td>
<td>0.8%</td>
<td>1.66%</td>
<td>N/A</td>
<td>▲</td>
<td>N/A</td>
</tr>
<tr>
<td>Cancelled Operations 28 day re-booking breach</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>▼</td>
<td>N/A*</td>
</tr>
</tbody>
</table>

*Trajectories being set and awaiting internal sign off and agreement with Commissioners.*

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[Conclusion or Additional Notes]
Responsiveness
Urgent Care
Board Sponsor: Director of Operations

Overview of Urgent Care
Sustained pressure experienced within both the Emergency Department and the Trust during July resulted in a significant number of patients waiting in excess of the four hour target.

Over 93% of minors patients were treated within four hours with more than 60% of majors patients also receiving treatment within the four hour standard.
Responsiveness
Urgent Care
Board Sponsor: Director of Operations

4 Hour Breaches
Patients experienced delays due to a combination of issues - workforce shortages in particular within the medical grades of ED and also the inability to support patients being transferred within the hospital in a timely way, due to extremely high occupancy levels, limiting timely flow through the hospital.

Mental Health Breaches
July saw a slight decrease in numbers of mental health attendances in the Emergency Department; 60 in July v 67 in June.

The proportion of breaches attributed to mental health delays increased again in July, accounting for over 75% of the total four hour breaches for mental health patients.

12 Hour Trolley Waits
There were four 12 hour trolley breaches in July, an increase from three in June. This reflects ongoing issues with imbalance of capacity available to meet the peaks in demand of patients requiring admission. Of the four breaches, three were mental health breaches and one was NBT attributable.
Responsiveness
ED performance and Mental Health Breaches
Board Sponsor: Director of Operations

**Attendances and Admissions**
There is a continuing increase in attendances and emergency admissions compared to 2016/17 however, July 2017 has seen the same number of attendances as that reported in July 2016, 7634. Year to date attendances are up by 4.7% (6.2% majors and 2.9% minors).

**Conversion Rate**
NBT have had a higher conversion rate in July 2017 than seen in previous years. At a rate of 32.80%, this is 1.33% higher than July 2016 and 1.89% higher than July 2015.
Responsiveness
Length of Stay and Discharge
Board Sponsor: Director of Operations

Length of Stay
Length of Stay (LoS) over 7 days continues to be a challenge across all Divisions.

Medically fit for discharge (MFFD) remains high, 308 overall across the Trust (equivalent to 35.81% of the core bed base a decrease from the 36.63% reported in June).

‘Operation Reset’ took place for 2 weeks from 24th July - 6th August 2017 and focused on patients with delays using local health economy partners to support timely discharge of complex patients and find suitable alternative discharge destinations.

The project focus was to support the 70 patients who were outside of North Bristol Operational Standards (NBOS - agreed metrics for managing patient pathways). In addition, the top 20 patients with complex discharges for South Gloucestershire and Bristol were a focus for ‘Operation Reset’.

LoS Over 7
Not on MFFD list (Green) and On MFFD (Blue)

LoS Over 14
Not on MFFD list (Green) and On MFFD (Blue)
Responsiveness

Length of Stay by Division

Board Sponsor: Director of Operations

Stranded Patients - Length of Stay

Work continues to provide a focussed review of any patient tipping over seven days across all Divisions.
Responsiveness
Length of Stay, Discharge and NBOS
Board Sponsor: Director of Operations

Delayed Transfers of Care (DTOC) rate is 3.81% against the national standard of 3.5%. This represents a significant decrease in performance and is the worst reported position since November 2016.

The increasing level of DTOCs is under review by partners as there continues to be evidence that there are areas where there is potentially a capacity issue. The delays for the highly complex care home placements have increased in length over the last month, with less options available for families to review.

The system however has signed up to delivering against the North Bristol Operational Standards (NBOS) which have a further 5% of patients delayed for ongoing care and this remains the focus of our partnership meetings. The main cause of delays against NBOS remains lack of availability of home care packages for Bristol patients and Pathway two packages for all partners.
Responsiveness

Bed Occupancy and Re-admissions

Board Sponsor: Director of Operations

Bed Occupancy

Bed Occupancy for July was reported at 100.23% for the month, up from 98.71% in June. This level of occupancy exceeds the 95% occupancy set to maintain flow. Bed occupancy remains high and when escalation beds are taken into account, has been greater than 100% beds occupied.

30 day Emergency Re-admissions

Detailed analysis is being undertaken with our partners to understand if there are any opportunities to avoid patients being readmitted into NBT.
Responsiveness
Referral to Treatment All Specialties
Board Sponsor: Director of Operations

Referral to Treatment (RTT)
The Trust has exceeded the RTT trajectory in month with performance of 87.06%. The Trust failed to achieve the RTT backlog trajectory, reporting 3766 against trajectory of 3710. The percentage performance has been achieved, despite the backlog reduction not being achieved, due to the increase in patients waiting <18 weeks in comparison to the recovery trajectory.

Trauma and Orthopaedics, Gastroenterology, Respiratory Medicine, and Neurosurgery at a specialty level failed to meet their planned recovery trajectories in month. Remedial action plans are in place to monitor progress for specialties who are not meeting the constitutional standards.
## Responsiveness

**Elective Operations**

Board Sponsor: Director of Operations

### Cancellations

The same day non-clinical cancellation rate in July was 1.66% against the national target of 0.8%, down from 1.75% reported in June. The majority of cancellations (30%) relate to theatre timing issues.

In month there were two operations cancelled for a subsequent time.

The Theatres Board is overseeing the monthly performance for the Trust cancelled operations with an aim to further reduce cancellations. The Theatres Board is also overseeing a delivery plan to address theatres productivity and to introduce changes to scheduling.

In month, there were two breaches of the 28 day re-booking standard. One breach was a Trauma and Orthopaedics patient, who was cancelled due to unavailable surgery specific equipment. The second breach was a General Surgery patient who was cancelled on the day due to an emergency case requiring the theatre. Both patients were unable to be re-booked within standard due to staff availability.
Responsiveness
Referral to Treatment 52 week waits
Board Sponsor: Director of Operations

Referral to Treatment 52 Week Waits
The Trust has missed the trajectory for Neurosurgery at the end of July by four breaches.

Whilst the Epilepsy trajectory has not been met in month, the number of breaches in July (5) have decreased from the six reported in June.

Both services remain on track to clear all >52 week waiters by the end of Quarter 3 of 2017/18.

There were a total of 97 patients waiting over 52 weeks in July:
7 Neurosurgery;
5 Epilepsy; and
85 Others (patient choice; lack of capacity; pathway delays).

The number of patients choosing to wait greater than 52 weeks for their treatment continues to be a challenge with 31 patients currently choosing to defer their treatment. Root Cause Analyses have been completed for all patients, with dates for patients’ operations being agreed at the earliest opportunity in line with the patient’s choice.

In addition, a number of breaches have been identified due to lack of capacity and a smaller number due to pathway delays. Mitigating actions have been put in place and a recovery trajectory is under development in particular for long waiting upper limb patients.
Responsiveness
Diagnostics
Board Sponsor: Director of Operations

Diagnostic Waiting Times
In July, the Trust underperformed against the diagnostic six week wait standard with performance of 4.16%.

Of the 13 diagnostic tests, seven have reported underperformance in July - an increase from the four reporting in June; DEXA Scan, Flexible Sigmoidoscopy, Gastroscopy, Colonoscopy and Non Obstetric Ultrasound and to a lesser extent Cystoscopy and Urodynamics are reporting in month underperformance.

The largest number of breaches were for DEXA Scans (127), which is 125 breaches above threshold for the test type.

The decline in DEXA Scan breach performance relates to a prolonged period of staffing shortages - vacancies, sickness and training need within the department - leading to a growing backlog of patients who have breached their planned test date.

DEXA Scan and Endoscopy (Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy) performance is predicted to continue to underachieve although, based on current information, recovery plans indicate the services will be beginning to see improvements from September 2017.
## Key Operational Standards Dashboard

**June 2017**

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>Performance against National Target</th>
<th>NBT Trajectory</th>
<th>Performance direction of travel from last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients seen within 2 weeks of urgent GP referral</td>
<td>93%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients with breast symptoms seen by specialist within 2 weeks</td>
<td>93%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients receiving first treatment within 31 days of cancer diagnosis</td>
<td>96%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients waiting less than 31 days for subsequent surgery</td>
<td>94%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients waiting less than 31 days for subsequent drug treatment</td>
<td>98%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients receiving first treatment within 62 days of urgent GP referral</td>
<td>85%</td>
<td>85.26%</td>
<td>▲</td>
</tr>
<tr>
<td>Patients treated within 62 days of screening</td>
<td>90%</td>
<td>N/A</td>
<td>▲</td>
</tr>
</tbody>
</table>

Please note: Monthly positions are provisional and may not match final quarterly position.
Responsiveness

Cancer

Board Sponsor: Director of Operations

The June 2017 cancer performance for the Trust shows the Trust met six of the seven national waiting time standards.

Whilst there was an improvement from May performance, the Trust continues to fail the Two Week Wait (TWW) standard with a performance of 91.40%. The Trust received 1948 TWW referrals in June and there were 168 breaches. 89 of these breaches were in Skin and 33 in Colorectal.

The increase in referral rates and failed TWW performance will continue into July 2017. TWW performance is steadily improving from April into July, however ongoing capacity issues in skin will prevent the Trust from achieving the performance standard currently. The majority of patients that breach are offered an appointment by day 14, however these appointments can be offered at short notice and between day 12 and 14 of their pathway.

The Trust passed the Breast non-symptomatic screening standard with a performance of 95.08%. There were three breaches in total, all due to patients being on holiday and unable to attend appointments.
Responsiveness
Cancer
Board Sponsor: Director of Operations

The Trust passed the 62 day national standard for June 2017 with a performance of 85.35% against the 85% target. The Trust is now being measured against the new national breach reallocation policy however there is no system for NHSE to collect this performance data as yet so the Trust has declared performance as 85.60% under the former rules.

The Trust failed 62 day performance for Quarter 1 2017/2018 with a performance of 84.79% under the new policy. However, NBT will re-upload June’s performance and NBT will pass Quarter 1 with 85.10%.

There were 28 patients that breached in June and, of those, 23 started their pathway at NBT. Of the 23 patients, 17 had their first appointment at NBT after day seven. Delays in radiology resulted in one whole breach and contributed to nine others. Delays in pathology resulted in one whole breach and contributed to seven others.

Five Urology patients were transferred in to the Trust from other providers for treatment in June beyond day 38 of their pathway. The Urology department managed to treat two of these patients within 24 days of transfer and this enabled the Trust to reallocate two half breaches back to the referring providers for these patients.

### New National Policy Applied

#### 62 Day (Urgent GP) - Target 85 %

<table>
<thead>
<tr>
<th>New National Policy Applied</th>
<th>Total treated</th>
<th>Total treated in target</th>
<th>Breaches</th>
<th>% meeting target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>June</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Breast</td>
<td>34.5</td>
<td>30.5</td>
<td>4</td>
<td>88.41%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>CUP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3</td>
<td>2.5</td>
<td>0.5</td>
<td>83.33%</td>
</tr>
<tr>
<td>Haematology</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>80.00%</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>0.5</td>
<td>0</td>
<td>0.5</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lung</td>
<td>8.5</td>
<td>5</td>
<td>3.5</td>
<td>58.82%</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>3.5</td>
<td>1.5</td>
<td>2</td>
<td>42.86%</td>
</tr>
<tr>
<td>Skin</td>
<td>15.5</td>
<td>14.5</td>
<td>1</td>
<td>93.50%</td>
</tr>
<tr>
<td>Upper GI</td>
<td>4.5</td>
<td>4</td>
<td>0.5</td>
<td>88.89%</td>
</tr>
<tr>
<td>Urology</td>
<td>50.5</td>
<td>43.5</td>
<td>7</td>
<td>86.14%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>136.5</td>
<td>116.5</td>
<td>20</td>
<td>85.35%</td>
</tr>
</tbody>
</table>
Cancer
The Trust passed the 31 day first treatment performance standard with a performance of 96.61%. This is an improvement on May performance. There were ten breaches in total; Seven in Urology, one in Skin, one in Sarcoma and one in Head and Neck due to a joint procedure with UHB surgeons and plastics at NBT. Four patients were cancelled on the day of surgery due to lack of elective capacity.

NBT achieved the 31 day subsequent treatment targets in June 2017 for both surgical and drug treatments. The Trust also passed the 62 day screening target with a performance of 100.00%.

The Trust will be involved with piloting a band five patient pathway coordinator funded by NHSE with the purpose of reducing breaches for patients that transfer between NBT and UHB. The main focus will be on the lung pathway and will look to support NHSE’s aim that all Trusts in the South region must pass 62 day performance in September 2017.
## Section Summary

### Improvements:
Harm free care is above the national average and the best for 12 months at 95%, hospital acquired harm only further improves the rate of harm free care to 98%. VTE risk assessment is now consistently achieved and an application has been submitted for exemplar status accreditation; A site visit is booked for October.

Agency use has increased in month but remains well below the cap at 3.2%.

### Areas of Concern:
Five areas triggered on the QUESTT tool this month. Three wards have plans in place however NICU remains a high risk.; With the reduction in cots this is expected to stabilise although retention remains an issue. South Bristol Dialysis Unit was improving, but this month has again triggered a score of 12.

There were three grade three pressure ulcers this month all within Musculoskeletal and Neurosciences Division, following SWARMs improvement work is focusing on the care of plasters, wound care and skin assessment on transfer.
<table>
<thead>
<tr>
<th>Standard (target)</th>
<th>July 2017</th>
<th>Quarterly Trend (Q4 2016/17 vs Q1 2017/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td><strong>Target</strong></td>
<td><strong>Performance against National Target</strong></td>
</tr>
<tr>
<td>Never Event Occurrence by Month</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Safety Thermometer Overall Compliance</td>
<td>-</td>
<td>95.12%</td>
</tr>
<tr>
<td>Malnutrition Screening</td>
<td>90%</td>
<td>89.51%</td>
</tr>
<tr>
<td>Hand Hygiene Compliance (in arrears)</td>
<td>95%</td>
<td>96.10%</td>
</tr>
<tr>
<td>MRSA</td>
<td>0 Internal</td>
<td>0</td>
</tr>
<tr>
<td>C. Difficile</td>
<td>&lt;3.6 Internal</td>
<td>3</td>
</tr>
<tr>
<td>MSSA</td>
<td>&lt;1.6 Internal</td>
<td>2</td>
</tr>
<tr>
<td>Venous Thromboembolism Screening</td>
<td>95.0%</td>
<td>95.09%</td>
</tr>
</tbody>
</table>
Safe Staffing
Quality, Effectiveness & Safety Trigger Tool (QuESTT), Acuity & Dependency
Board Sponsor: Director of Nursing

QuESTT
In July one area of non submission has been reviewed by the Head of Nursing and rescored. Five wards this month have triggered for action.

Quantock: Score 12 Actions: New sister appointed starts in November, recruitment to vacancies, close sickness management, review of activity alongside new guidelines.

NICU: Score 14 Actions: Recruitment continues, reduced cot numbers being monitored closely, sickness management in place.

Cotswold: Score 15 Actions: Recruitment underway, new ward sister in post, managing additional maternity work in reduced bed base due to estates work.

Gate 28a: Score 12 Actions: New staff due to commence in next two months. Sickness managed in line with policy with HR support, Trust wide action in place regarding additional beds on wards.

South Bristol Dialysis: Score 12 Actions: Divisional review of dialysis capacity and estates work, sickness management in place.

Safe Care Live (Electronic Acuity tool). The acuity of patients is measured three times daily and staff are moved between Divisions to ensure safety is maintained where a significant shortfall in required hours is identified.

Data validation is continuing to ensure consistency of patient assessments by all staff. The Head of Nursing for the Medical Division is working with each ward to improve census completion.
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

There remains an ongoing increase in July in over establishment of Health Care Assistants (HCA) with a small number of over establishment of Registered Nurses (RN).

MSKN
Increases in HCA requirements to cover Enhanced Care for cognitive impairment and high risk of falls.

Medicine
Staffing for extra capacity being cared for on wards, and interventional radiology and increase in Enhanced Care requirements for complex patients.

ASCR
Increases in HCA’s to cover sickness in Theatres / Medirooms and due to use of Medirooms as a bed escalation area. Increased requirement for enhanced care across Surgical wards for Medical patients in bed base.

Actions in place:
RN’s and HCAs in the pipeline due to start over the next three months to support shortfall. Cross Trust working to support areas where vacancies are increased.

The agency expenditure in July increased to 3.89%, this was reflective of the increased use of both framework and Non framework agencies used to cover vacancies and to ensure safety.

<table>
<thead>
<tr>
<th>Worked WTEs</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency N&amp;M</td>
<td>28</td>
<td>32</td>
<td>35</td>
<td>40</td>
<td></td>
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<td>1960</td>
<td>1958</td>
<td>1929</td>
<td>1924</td>
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<td>Agency HCA</td>
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<tr>
<td>Substantive</td>
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</table>
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

The overall fill rate for Registered Nurses (RN) on both day and night shift remained stable in July however there was an increase in both day and night shift fill for Care Assistants (CA). CA hours increase are reflective of the enhanced care requirements for patients across the Trust, along with requirement to staff additional bed capacity. CHPPD remains at an overall of 8.1 this includes CHPPD for ICU, NICU and the Birth Suite.

Wards below 80% fill rate are:
NICU: Reduced fill rate for CA Day and Night shifts, NICU staffing is monitored closely alongside cot dependency with RN’s used instead of CA’s if required. To ensure safety is maintained there has been a reduction in the number of cots by four to six, dependent on acuity.
ICU: Reduced fill rate for CA Day shifts. ICU staffing is managed in line with patient dependency, a review of staffing recently has changed the skill mix which provides an increase in RN’s.
8B: Reduced fill rate for CA’s on days, safety was maintained where required by utilising Ward Sister and Matron.

Maternity Services
Mendip Birth Suite/ Quantock/ Percy Phillips and Central Delivery Suite (CDS):
Due to estates work underway within Maternity services there has been a reduced bed base, therefore the shortfall for some CA shifts have not been filled with bank when not required. Safety has been maintained by moving Midwives to support CDS and other areas within the Unit and Matrons working clinically when required.

July 2017

<table>
<thead>
<tr>
<th>Ward</th>
<th>Day shift</th>
<th>Night Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cossham</td>
<td>87.5%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Southmead</td>
<td>97.1%</td>
<td>116.7%</td>
</tr>
</tbody>
</table>

July 2017 Care Hours Per Patient Day (CHPPD)

<table>
<thead>
<tr>
<th>Ward</th>
<th>Cumulative Pt. census</th>
<th>CHPPD RN</th>
<th>CHPPD CA</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cossham</td>
<td>58</td>
<td>23.9</td>
<td>10.8</td>
<td>34.7</td>
</tr>
<tr>
<td>Southmead</td>
<td>30038</td>
<td>4.7</td>
<td>3.4</td>
<td>8.1</td>
</tr>
</tbody>
</table>

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA) / Maternity Care Assistants (MCA), planned and actual, on both day and night shifts are collated manually by each gate/ department every month. 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.

Southmead Midwifery Fill Rate and CHPPD:
Cossham Birth Suite fill rates are reflective of a reduced number of Births and closure of the Birth Suite for a short period in July. There was a decrease in CHPPPD to 34.7 in July.
Safe Staffing
Maternity
Board Sponsor: Director of Nursing

<table>
<thead>
<tr>
<th>Midwife to Birth Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug-16</td>
</tr>
<tr>
<td>01:30</td>
</tr>
<tr>
<td>Feb-17</td>
</tr>
<tr>
<td>01:30</td>
</tr>
</tbody>
</table>

Reasons for CDS being unable to accept new admissions (last 12 months)

- No beds on CDS: 37%
- Insufficient Medical/Midwifery Staff: 48%
- Excessive Number of Complex Cases: 0%
- Inappropriate Skill Mix: 0%
- Unable to admit/transfer women to CDS: 4%
- Excessive number of labouring women: 3%

Maternity Staffing
This report provides information about midwifery staffing and will track occasions when the Central Delivery Suite (CDS) was unable to take admissions and why.

In July 2017 the unit closed on three occasions. This was due to a lack of beds on CDS, insufficient medical / midwifery staff and excessive numbers of labouring women.

The Midwife to birth ratio was maintained at 1:30 in July and has been a constant since April 2016. The Birth Rate Plus report continues to be used to inform business planning for the future workforce plan, alongside the introduction of integrated working between the birth centres and the community.

There were 509 births in July with a normal birth rate of 58.2%. Cossham Birth Centre had 30 births in June and Mendip Birth Centre had 57 births.

81.3% of births were on CDS, with a decrease in the total births in birth centre locations from 18.3% to 17.1%.

There was a decrease in the Caesarean rate from 29.6% in June to 27.9% in July.

One to one care in labour was provided for 97.8% of women in our care.
Quality & Patient Safety

Additional Safety Measures

Board Sponsor: Director of Nursing

Serious Incidents (SI)

Twelve serious incidents were reported to STEIS in July 2017:
• 4 x Pressure Ulcer
• 2 x 12 Hour Trolley Breach
• 1 x Lost to Follow Up
• 1 x Medication Error
• 1 x Missed Diagnosis
• 1 x Fall
• 1 x Missed Diagnosis
• 1 x Surgical Complication (Never Event: Wrong Implant)

The Never Event related to a wrong size prosthesis used within a routine hip operation and has subsequently been corrected. A SWARM was held and an internal Patient Safety Alert issued to enact enhanced checking procedures. A full Root Cause Analysis is underway.

One serious fall was investigated through the SWARM process.

SI & Incident Reporting Rates

The overall incident reporting rate has continued to increase, to 40 per thousand bed days.

The increase in Serious Incident Reporting trends was reviewed at the July Quality & Risk Management Committee. It primarily reflects a maturing safety culture within the Trust and greater consistency in applying the national Serious Incident Reporting Framework criteria. All Serious Incidents are reviewed using the SWARM approach by senior Trust clinical executives or deputies with the clinical teams to identify immediate learning and actions.
Quality & Patient Safety
Additional Safety Measures
Board Sponsor: Director of Nursing

Number of Serious Incidents Closed and Open Breaching Deadlines Aug 2016-Jul 2017 by Date Reported to STEIS

- [Graph showing incident distribution by date]

Incident Reporting Deadlines
One serious incident breached the reporting deadline.

Top SI Types in Rolling 12 Months
Falls remain the most prevalent of reported SI's, followed by SWARM Falls and Pressure ulcers.

Seven Serious incidents have been submitted to the CCG in July; None breaching the deadlines.

One SWARM Fall was signed off by the CCG.

Central Alerting System (CAS)
12 New alerts reported, none breaching alert target.

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

CAS Alerts –July 2017

<table>
<thead>
<tr>
<th></th>
<th>Patient Safety</th>
<th>Facilities</th>
<th>Medical Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Alerts</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Closed Alerts</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Open alerts (within target date)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Breaches of Alert target</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Harm Free Care

The ‘harm free’ care reporting now includes both overall harm free care and the new harm rates which are reflective of ‘hospital acquired harm’. This month shows an improvement to 98.1% for hospital acquired harm which was a reflection of a decrease in the number of hospital acquired pressure ulcers and a decrease in falls with harm recorded on safety thermometer day. Validation of all pressure ulcers reported on the day was undertaken with the tissue viability team.

Overall Falls

There were 185 reported falls, of which, two resulted in serious injury.

The falls lead is actively engaging in the Datix implementation programme to help shape the new incident reporting system and its use to capture key aspects of all falls and improve the way this is analysed for themes and disseminated to clinical teams.
Pressure Injury
Pressure injury incidence per thousand bed days is 0.8.

Grade 4: Nil reported in July
Grade 3: Three reported in July, all occurring within MSKN Division. Immediate actions following the SWARMS: Review of plaster cast care records to include pressure injury prevention strategies, review of ward transfer skin assessments and wound management plans.

Grade 2: 20 reported in July occurring on 19 patients.

The Trust remains on target to achieve a 50% reduction of all pressure injuries over the three year period, in line with the target set at the outset of the national ‘Sign up to Safety’ programme.

VTE Risk Assessment
Timely VTE Risk Assessments above the 95% national standard have continued. The emphasis on broader quality improvement work in relation to cases of Hospital Acquired Thrombosis continues, overseen by the Thrombosis Committee.

The Trust has applied for VTE exemplar centre status and the required accreditation visit date has now been set for October 2017.
Malnutrition
Malnutrition compliance for July was 89.50%; A slight increase from the previous month, but non-compliant with the 90% target. The Women and Children’s Division remain non-compliant, although there is an improvement from last month. This is being addressed by the Supervisory Ward Sister / Matron who have set timeframes regarding regular checks on compliance. This will involve the nurse caring for their group of patients to dedicate 15 minutes to complete Lorenzo assessments before midday, in the afternoon / early evening and at night. This will be closely monitored by the Supervisory Ward Sister.

WHO Checklist Compliance
Measured compliance with the WHO checklist improved from 95.8% in June 2017 to 96.1% in July 2017. The WHO checklist compliance improvement programme continues to be overseen by the Theatre Board and work is underway reviewing the WHO safer surgery compliance to ensure we are accurately reporting against all activity.
The work of the NBT Patient Safety Medicines Management team continues.

**Missed Doses**
The percentage of missed doses has decreased from last month and remains within target.

**Incidents**
The Medication Safety Subgroup reviews all drug related incidents from eAIMS and includes Division representatives to improve shared learning across the hospital.

**Themes / Types / High risk drugs**
Common causes of incidents over the past 12 months are shown.
Safety
Infection Control
Board Sponsor: Medical Director

**MRSA**
There have been no reported cases of MRSA bacteraemia in July. The Trust position remains at one in 2017/18 and eight in the past 12 months.

The Trust has a remedial action plan in place and continues to work closely with the Divisions to reduce risk of further cases as agreed with commissioners and NHSI. Focus is on screening and management of indwelling devices (especially peripheral cannula), and is a principle work stream for the infection control annual 2017/18 programme.

**C. Difficile**
There have been three reported cases in July occurring within different clinical areas. The infection prevention and control team and clinical teams continue to investigate each case and review lessons learnt.
In May 2017 the Department of Health published national guidance on the reduction of gram negative blood stream infections. The ambition is set at a 10% reduction across the whole healthcare community for this year, with a 50% reduction by 2020.

There were five reported cases of E.Coli in July, an investigation will occur for each case to establish themes and learning outcomes.

MSSA

There were two reported cases of MSSA bacteraemia in July. The RCA's for these cases are now reviewed and presented bi-monthly to ensure lessons learnt.

Hand Hygiene

The Trust Hand Hygiene compliance is meeting the Trust standard at 96.1%.

Norovirus

There were no areas placed under restricted access in July.

Public Health England (PHE) Benchmarks

Data from the latest published report is shown.
Effectiveness
Mortality
Board Sponsor: Medical Director

SHMI mortality indicators remain below 100 in NBT resulting in fewer observed deaths than would be expected for the case mix. Statistically, mortality at NBT is ‘as expected’.

The new mortality review tool called the Structured Case note Review (SCR) is now being used within all specialties apart from Neurosurgery. Work is underway to develop a specific SCR module for this specialty. They continue to use their own review system.

To reduce the risk of backlogs, the Specialty Mortality Review Leads are informed if consultants have not reviewed the case notes within three weeks of receiving them. The Divisional Clinical Director will be informed if not completed at four weeks. Screening of notes has started in four specialties with a weighted sample taken for full SCR.

A policy for Mortality Reviews is out for consultation with CDs and is timetabled for approval at the September Quality Committee.

Data on how many deaths occurred where ‘care delivery problems’ contributed, will be published in the Board report from the end of quarter 2.
### Section Summary

**Improvements & Actions:**
The number of overdue complaints have slightly reduced from 46, to 37 in July. Divisions have continued to meet fortnightly with the Director of Nursing to explain and restore their position.

These actions have been shared with the CCG quality subgroup and a remedial action plan has been submitted to the CCG.

**Trends:**
Response rates continue below the national average for inpatients and maternity and benchmarking with other Trusts using the same system of data collection is underway, along with an approach to increase response rates by supporting the use of feedback for improvement.
Caring
Friends & Family Test
Board Sponsor: Director of Nursing

Note: NHS England FFT Official stats publish data one month behind current data presented in this IPR.

Inpatient Experience
National and regional comparisons
% of respondents that would recommend the service they have experienced at NBT to a friend and family:

June comparisons
- National Average = 96%
- SW Region = 96%
- NBT = 90.8%

July NBT = 92% (approx. 3% increase on June, below regional and national average).

Outpatient Experience
June % recommend national & regional comparisons
- National = 93%
- Regional = 94%
- NBT = 94%

July, 93.5% would recommend
Staff attitude has the largest number of positive and negative comments indicating the importance of these domains in the experience of patients, emphasising the importance of a customer focused positive attitude.
Caring
Friends & Family Test
Board Sponsor: Director of Nursing

% Recommend and Experience
Emergency Department
July % recommend for NBT is 84.49%.
June % recommend benchmarks
National = 88%
Regional = 90%
NBT = 85.8%

Staff attitude continues to be the largest contributor to positive comments. Whilst waiting time is the largest contributor for negative comments, it is also the second highest in terms of positive comments.

Maternity Department (Birth)
July % recommend for NBT would recommend is 91.04% continuing the decrease over the past 4 months.
June % recommend NBT benchmarking
National = 97%
Regional = 98%
NBT = 92%

Action by Division to improve:
- Review of qualitative data to seek understanding on responses on likely and unlikely to recommend responses.
- Triangulation of data is required with other sources of feedback e.g. complaints, concerns etc. to seek understanding of experience of mothers.

Staff attitude remains the largest positive theme along with implementation of care.
Caring
Friends & Family Test
Board Sponsor: Director of Nursing

Maternity Department
June Benchmarking response rates
National = 24%
Regional = 15.8%
NBT = 13.33%

NBT July response rate decreased to 11.2%. The graph shows the overall downward trend of response rates. Action:
• To seek feedback from other Trusts using same methodology of data collection in maternity (delivery).
• Promotion of feedback to mothers.

Emergency Department
June Benchmarking response rates
National = 13%
Regional = 12.8%
NBT = 19%

NBT July response rates = 17.58%. A continuing decrease since May, but remain above national and regional average.

Outpatient Department
Response rates remain well above the locally agreed response rate of 6% and continually exceed the Regional and National average response rates. NBT response rate has decreased from June 20.19% to 16.37% in July.

Inpatient Department
Benchmarking response rates June:
National average = 26%
Regional = 21.6%
NBT = 21%

July response NBT = 21.4%
Our approach to increase response rates will be through demonstrating the impact and value of feedback.
I was seen one hour and twenty minutes after appointment time. I was sent to wrong waiting area by reception. Consultant and nurse were not sympathetic to my situation, did not respect my dignity and did not explain fully what the examination would entail.

Extremely good staff. I felt the postnatal rooms were not overly comfortable in comparison to the birthing rooms and the rooms at Cossham hospital. It was also very loud however the staff were brilliant and took excellent care of my newborn and myself which was very important to me as our newborn needed monitoring after he was born.

Treatment I received whilst on the ward was fantastic right from the doctors and nurses to the catering staff. Everyone was polite and very kind.

All of the staff we met during our time at Southmead were so wonderful. Extremely professional, knowledgeable and reassuring.

Doctors excellent. Mixed views re: calibre of their staff’s performance, with some very good, others poor. Dis-organisation, incompetency, lack of communication and professionalism evident. A casual callousness noticed from a small core of HCAs: patients left to fend for themselves etc. These HCAs had no sense of place or decorum - shouting, yelling, shrieking, being the norm and this never tackled by senior staff.

All staff were friendly and gave excellent service, but due to the closure at Weston it was an extremely understaffed team and a very long wait for all (I waited 6 hours). Fully support the NHS as they work so hard but it’s frightening that hospitals have to close as it makes a big impact.

Very quick referral, warm and welcoming staff, good communication, confident and knowledgeable doctor, spot on!

Receptionist was polite friendly and put me at ease. Triage nurse was lovely, reassurance given and I was seen very quickly. All of this was gratefully received as I was attending with my 3yr old and was a worried emotional parent.
Complaints and Concerns:
The Trust received 47 Complaints and 54 Concerns in July 2017.

Compliments:
The recording of the number of compliments could be improved if all Wards and Departments send them to ACT for recording.

NHS Complaints National Guideline Targets:
The three day acknowledgement target was met.

Overdue Cases:
The number of overdue complaints has slightly reduced to 37.

Continuing Action:
Director of Nursing and Quality is meeting with Heads of Nursing bi-weekly, to review overdue complaints and actions required to close them in order to reach the agreed overall target of less than ten overdue complaint responses per month Trust wide in September. The CCG have received NBT remedial action plan.

Final Response Compliance
Of the cases closed in July (to account for late responses), those completed within agreed timescale were 79 (64.23% - this has declined on the previous month (72.4%)). The exceptions were:
12.26% (15) were one - 10 days overdue.
4.88% (6) were 10 - 20 days overdue.
18.70% (23) were greater than 20 days overdue.
Caring
Complaints & Concerns
Board Sponsor: Director of Nursing

Complaint Handling
The top three categories of complaints in July 2017 reflect the ongoing trend of clinical care, communication (including staff attitude), delays and cancellations. This correlates with FFT data.

The Advice and Complaints team work closely with Divisions to inform good practice in responding to complainants.

NHS Choices web-posts continue to show very positive comments. Southmead Hospital has an overall star rating of 4.5 out of five from 241 reviews and Cossham has a rating of 4.5 out of five from 22 reviews.

In July 2017 the star ratings given were:
12 x 5 stars
3 x 1 star

The Advice and Complaints team provide feedback comments to each reviewer, usually within a day of receipt.

Ombudsman Cases
There was one new case for the PHSO for July 2017.

N.B. If all avenues for complaint resolution have been exhausted and the complainant is still dissatisfied with the Trust’s response, the complainant has the right to take their complaint to the PHSO. Cases can take many Months from ‘new’ to ‘decision’ which means the volumes shown represent differing time periods and will not therefore ‘add up’ within any given period.
<table>
<thead>
<tr>
<th>Ref/Title</th>
<th>Description</th>
<th>Ann. Value ('000)</th>
<th>Lead Division</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Health &amp; Wellbeing</td>
<td>5% improvement in 2 out of 3 staff survey health &amp; wellbeing questions</td>
<td>£255.96</td>
<td>Human Resources</td>
<td>N/A</td>
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<td>CQUIN payable on outcome only, irrespective of activities delivered.</td>
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<tr>
<td>1b. Health &amp; Wellbeing</td>
<td>Healthy food offered on premises</td>
<td>£255.96</td>
<td>Facilities</td>
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<td>Continuation of 16/17 scheme.</td>
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<tr>
<td>1c. Health &amp; Wellbeing</td>
<td>Uptake of flu vaccinations by frontline clinical staff of 70%</td>
<td>£255.96</td>
<td>Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>Continuation of 16/17 scheme. Payment based on outcome.</td>
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<tr>
<td>2a. Sepsis – ID. &amp; screening (emergencies)</td>
<td>Timely screening, actions &amp; 3 day review</td>
<td>£191.97</td>
<td>Medicine (ED)</td>
<td></td>
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<td></td>
<td></td>
<td>Continuation of 16/17 scheme - Q1 - compliant</td>
</tr>
<tr>
<td>2b. Sepsis - treatment &amp; review (inpatients)</td>
<td>Timely identification, treatment and 3-day review</td>
<td>£191.97</td>
<td>Clin. Gov.</td>
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<td>Continuation of 16/17 scheme - Q1 - compliant</td>
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<tr>
<td>2c. Sepsis - Antibiotic review</td>
<td>Empiric review of antibiotic prescriptions (Sepsis)</td>
<td>£191.97</td>
<td>Clin. Gov./CCS</td>
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<td>Continuation of 16/17 scheme - Q1 - compliant</td>
</tr>
<tr>
<td>2d. Antibiotic consumption</td>
<td>Reduction in consumption per 1,000 admissions</td>
<td>£191.97</td>
<td>Core Clinical Services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>Continuation of 16/17 scheme. Payment based on outcome.</td>
</tr>
<tr>
<td>4. Improving services for people with mental health needs in A&amp;E</td>
<td>Joint working with mental health sector for care planning for frequent attenders.</td>
<td>£767.89</td>
<td>Medicine</td>
<td></td>
<td></td>
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<td>Q1, baseline established.</td>
</tr>
<tr>
<td>6. Advice &amp; Guidance</td>
<td>Implement advice &amp; guidance to GPs for agreed specialties</td>
<td>£767.89</td>
<td>Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q1, plans &amp; delivery standards, Q2 mobilisation, Q3 &amp; 4 target delivery.</td>
</tr>
<tr>
<td>7. eReferrals</td>
<td>Implementation of 90% Outpatient referrals through eReferrals</td>
<td>£767.89</td>
<td>Core Clinical Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q1 – planning, Q2-Q4, increasing % delivery requirements.</td>
</tr>
<tr>
<td><strong>Total (£ value and % achieved of quarterly amount available)</strong></td>
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<td><strong>£4,607.32</strong></td>
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<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Comment</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>----------------------------</td>
<td>---------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td>1. Armed Forces</td>
<td>Embedding the Armed Forces Covenant to support improved health outcomes for the Armed Forces Community</td>
<td>£10.10</td>
<td>Operations</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
<td>Armed Forces Commissioner has indicated that this CQUIN has been achieved for the whole of 2017/18 – awaiting written confirmation.</td>
</tr>
<tr>
<td>2. Abdominal Aortic Aneurysm (AAA) Screening</td>
<td>Improving Uptake – communications and promotion</td>
<td>£165.95</td>
<td>ASCR</td>
<td>🟢</td>
<td></td>
<td></td>
<td></td>
<td>Q1 evidence submitted – 100% achievement for the Quarter anticipated.</td>
</tr>
<tr>
<td>3. Clinical Utilisation Review (CUR)</td>
<td>CUR Completion of 2016/17 Pilot</td>
<td>£202.48</td>
<td>Operations</td>
<td>🟢</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Confirmed 100% achievement for 2017/18.</td>
</tr>
<tr>
<td>4. Spinal Network</td>
<td>Spinal surgery: networks, data, Multi-Disciplinary Team (MDT) oversight</td>
<td>£303.73</td>
<td>MSKN</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical Utilisation Review (CUR) 2017-19 scheme (or agreed alternative)</td>
<td></td>
<td>£303.73</td>
<td>TBC</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td>Following evaluation of 2016/17 CUR pilot it has been agreed that CUR CQUIN will not be pursued in 2017-19. Therefore, alternative being negotiated. Likely to be Renal - Home Dialysis.</td>
</tr>
<tr>
<td>6. Medicines Optimisation</td>
<td>Hospital Pharmacy Transformation and Medicines Optimisation</td>
<td>£303.73</td>
<td>CCS</td>
<td>🟢</td>
<td></td>
<td></td>
<td></td>
<td>Q1 evidence submitted – 100% achievement for the Quarter anticipated.</td>
</tr>
<tr>
<td>7. Nationally Standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT)</td>
<td>Implementation of nationally standardised doses of SACT</td>
<td>£303.73</td>
<td>CCS</td>
<td>🟢</td>
<td></td>
<td></td>
<td></td>
<td>Q1 evidence submitted – 100% achievement for the Quarter anticipated.</td>
</tr>
<tr>
<td>8. Neurological Conditions Emergency Care Plan</td>
<td>Preventing Avoidable Admissions for Patients with a Long Term Neurological Condition</td>
<td>£303.73</td>
<td>MSKN</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td>This is a potential new CQUIN to replace Shared Decision Making – this is in the process of being negotiated.</td>
</tr>
<tr>
<td>9. Enhanced Supportive Care</td>
<td>Patients with advanced Hepatocellular cancer and/or advanced liver disease are offered early referral to a Supportive Care Team</td>
<td>£303.73</td>
<td>Medicine</td>
<td>🟢</td>
<td></td>
<td></td>
<td></td>
<td>Confirmed 100% achievement for Q1.</td>
</tr>
<tr>
<td>Total (£ value and % achieved of quarterly amount available)</td>
<td>£2,200.89</td>
<td>£400.67k (100%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilities Management

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)

Board Sponsor – Director of Facilities

Improvement in cleaning scores in Very High and High Risk areas with Significant and Low risk areas continuing to exceed their targets.

Mandatory training compliance for July still exceeds the 85% target, currently at 92% and 89% of staff appraisals have been completed against the 90% target.

Staff engagement has been a key feature of the past 12 months - to increase the frequency of engagement we are now holding regular and local staff meetings alongside wider quarterly staff engagements with the senior management team. All sessions are minuted and followed by regular newsletters.

<table>
<thead>
<tr>
<th>Area Type</th>
<th>Target Score</th>
<th>Frequency</th>
<th>Included Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High Risk Areas</td>
<td>98%</td>
<td>Audited Weekly</td>
<td>Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit</td>
</tr>
<tr>
<td>High Risk Areas</td>
<td>95%</td>
<td>Audited Fortnightly</td>
<td>Wards, Inpatient &amp; Outpatient Therapies, Neuro Out Patient Department, Cardiac/Respiratory Outpatient Department, Imaging Services</td>
</tr>
<tr>
<td>Significant Areas</td>
<td>90%</td>
<td>Audited Monthly</td>
<td>Audiology, Plaster rooms, Cotswold Out Patient Department</td>
</tr>
<tr>
<td>Low Risk Areas</td>
<td>80%</td>
<td>Audited Every 13 weeks</td>
<td>Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, Learning and Research Building (non-lab areas)</td>
</tr>
</tbody>
</table>
# Section Summary

## Improvements & Actions:

### Staff FFT
The Quarter 2 Staff FFT survey has been launched. Overall Trust results for Quarter 1 and results for last year are shown at the end of this section.

### Staff Attitude Survey
Preparations are underway for the 2017 National Staff Attitude survey, which will be launched at the end of September. This year, a survey will be sent to all eligible staff, rather than a sample of staff. A communications plan is being developed to encourage as many staff as possible to participate. The results will provide a good baseline assessment for the plans to improve overall staff engagement. Further staff engagement via the ‘Happy App’ is developing and additional teams are using the system.

### Staff Health & Wellbeing
Work continues to agree funding for an expanded range of wellbeing initiatives.

### Resourcing Plan
Targeted recruitment activity is in place to address the qualified nursing vacancies within theatres and success will be reviewed in September. Additional resources are agreed to reduce the unqualified nursing vacancies and recruit to the additional vacancies prior to the winter plan being operational. An additional 150 unqualified nursing roles to be filled by November 2017.

## Trends:

- Overall, sickness has stabilised over the last 3 months, with short term sickness reducing in line with the seasonal trend although remains above the NHSI target of 3.5% for June.

## Areas of Concern:

- Whilst bank expenditure slightly decreased, agency expenditure rose and both were in excess of the NHSI expenditure target for July. We are closely monitoring expenditure.

- The Trust vacancy factor increased from 8.1% in June to 9.1% in July. This remains above the NHSI vacancy factor target which for July was 6.4%. A resourcing plan is currently being developed to reduce the vacancy factor over the next three months.

- In month turnover increased in July to 1.7%, above the NHSI target of 1.1%. Retention reduction actions are being developed to pilot in theatres.
### Key Operational Standards Dashboard

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>July 2017</th>
<th>Quarterly Trend (Q4 2016/17 vs Q1 2017/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Expenditure ('000s)</strong></td>
<td>£573</td>
<td>£2,818 (Q4 2016/17) - £1,405 (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>Month End Vacancy Factor</strong></td>
<td>9.08%</td>
<td>9.44% (Q4 2016/17) - 8.26% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>In Month Turnover</strong></td>
<td>1.71%</td>
<td>1.10% (Q4 2016/17) - 1.24% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>In Month Sickness Absence (In arrears)</strong></td>
<td>3.98%</td>
<td>4.88% (Q3 2016/17) - 4.72% (Q4 2016/17)</td>
</tr>
<tr>
<td><strong>Trust Mandatory Training Compliance</strong></td>
<td>82.00%</td>
<td>83.09% (Q4 2016/17) - 83.55% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>Non - Medical Annual Appraisal Compliance</strong></td>
<td>46.93%</td>
<td>57.25% (Q4 2016/17) - 58.41% (Q1 2017/18)</td>
</tr>
</tbody>
</table>
Well Led
Workforce Utilisation
Board Sponsor: Director of People & Transformation

Trust Position
Worked WTE increased by 0.1% in July, whereas expenditure reduced by 1.5% when compared with June.

Overall Worked WTE
The main increase in worked WTE in July was in unregistered nursing via the bank with the second largest increase in estates and ancillary staff, also via the bank.

Temporary Staffing Worked WTE
The bank worked WTE for unregistered nurses is 85% greater than the number of reported substantive vacancies and funded bank and agency posts. This represents a 10% increase from last month.

Expenditure
The main reduction in expenditure in July related to substantive consultant staff.
Well Led
Workforce Utilisation
Board Sponsor: Director of People & Transformation

Bank and Agency
Overall bank use increased in July and whilst expenditure decreased, it remained above the NHSI expenditure target. Agency use and expenditure increased in July and exceeded the NHSI expenditure target for the first time in 2017/18. Nursing and midwifery registered saw the greatest increase in agency use and expenditure.

Non Framework use increased in July compared with June, which again is predominantly due to high demand in specialist areas such as ICU, NICU and Theatres. RMN usage also increased for both bank and agency during July.

NICU, ICU and Theatres are hotspot areas for temporary staffing use; targeted recruitment campaigns are taking place in Theatres and ICU to support filling vacant posts to lower bank / agency usage.

Work continues with local Trusts in developing a collaborative approach to agency spend and the business case to move to a neutral vendor.

We are continuing to recruit to NBT eXtra in a number of staff groups, and have a total pipeline of 46 candidates, which includes 19 Registered Nurses and 14 Estates and Ancillary staff.
Alignment between ESR and the Trust’s Financial System is a recommendation of the Carter Review. A 95% minimum alignment is required.

Compliance with this metric continues to remain steady; not dropping below 98%.
Well Led
Resourcing
Board Sponsor: Director of People & Transformation

Vacancy Factor
The vacancy factor increased from 8.1% in June to 9.1% in July. Every staff group saw an increase in vacancies.

Nurse Recruitment Open Day
The Trust continues to hold nurse recruitment open days approximately every six weeks. Our next Open Day is planned for the 25th August 2017. Currently there are 106 candidates registered to attend.

Resourcing Plan
A Trust resourcing plan is currently being deployed to increase our volume of recruitment prior to the winter plan becoming operational.

Resourcing Delivery Team
The Resourcing Delivery Team are currently reviewing processes in order to speed up recruitment timelines. The performance of the team is currently above the agreed SLA. A turnaround plan is in place to recover and meet the standards by the end of September 2017. Use of pass porting staff where appropriate is being targeted.

Vacancy Factor by Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Vacancy Factor Jun-17</th>
<th>Vacancy WTE Jun-17</th>
<th>Vacancy Factor Jul-17</th>
<th>Vacancy WTE Jul-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>6.3%</td>
<td>10.4</td>
<td>11.2%</td>
<td>18.5</td>
<td>4.9%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>8.1%</td>
<td>116.7</td>
<td>9.6%</td>
<td>140.4</td>
<td>1.5%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>8.0%</td>
<td>116.1</td>
<td>9.0%</td>
<td>129.5</td>
<td>0.9%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>7.6%</td>
<td>27.3</td>
<td>8.0%</td>
<td>28.9</td>
<td>0.4%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>11.2%</td>
<td>83.1</td>
<td>11.6%</td>
<td>85.9</td>
<td>0.4%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>4.8%</td>
<td>16.3</td>
<td>5.1%</td>
<td>17.5</td>
<td>0.4%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>7.5%</td>
<td>71.8</td>
<td>8.2%</td>
<td>77.4</td>
<td>0.6%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>8.3%</td>
<td>174.7</td>
<td>9.0%</td>
<td>188.9</td>
<td>0.7%</td>
</tr>
<tr>
<td>Trust</td>
<td>8.1%</td>
<td>616.5</td>
<td>9.1%</td>
<td>687.1</td>
<td>0.9%</td>
</tr>
</tbody>
</table>
Well Led Turnover
Board Sponsor: Director of People & Transformation

Turnover
July saw a net loss of 56 WTE; Albeit the number of starters slightly increased in July when compared with June, the number of leavers significantly increased too.

The only staff group to see a reduction in leavers was medical and dental. The greatest increase in leavers was in nursing and midwifery registered which saw an 85% increase in leavers in July when compared with June.
Sickness

Sickness has decreased slightly largely due to a reduction in short term sickness which is expected at this time of year.

Work continues to agree funding for an expanded range of wellbeing initiatives.

In September 2017, a pilot will begin for a nurse screening service. This outreach service is funded by Bristol City Council and will mean that staff aged 40+ who are registered with a Bristol GP will be able to have their over 40’s health check on site, rather than at their GP surgery. Dates have been scheduled from the end of September until the end of 2017.

If successful, and if funding is agreed, this will be rolled out more widely to staff who do not meet the above criteria.
Well Led
Sickness
Board Sponsor: Director of People & Transformation

In Month Sickness Absence by Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Variance</th>
<th>May-17</th>
<th>Jun-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>1.12%</td>
<td>3.01%</td>
<td>1.88%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>-0.55%</td>
<td>5.43%</td>
<td>5.97%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>0.43%</td>
<td>4.69%</td>
<td>4.26%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>0.21%</td>
<td>2.28%</td>
<td>2.08%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>0.72%</td>
<td>6.26%</td>
<td>5.54%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>0.48%</td>
<td>3.18%</td>
<td>2.70%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>-0.09%</td>
<td>4.13%</td>
<td>4.22%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>0.26%</td>
<td>0.75%</td>
<td>0.49%</td>
</tr>
<tr>
<td>Trust</td>
<td>0.13%</td>
<td>4.11%</td>
<td>3.98%</td>
</tr>
</tbody>
</table>

Rolling 12 Month Sickness Absence

<table>
<thead>
<tr>
<th>Total Absence</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.51%</td>
<td>4.49%</td>
<td>-0.02%</td>
</tr>
</tbody>
</table>

Long Term Sickness Top 5 Reasons (WTE Days) June 2017

- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S52 Other musculoskeletal problems
- S99 Unknown causes / Not specified
- S28 Injury, fracture

Short Term Sickness Top 5 Reasons (WTE Days) June 2017

- S10 Anxiety/stress/depression/other psychiatric illnesses
- S99 Unknown causes / Not specified
- S98 Other known causes - not elsewhere classified
- S25 Gastrointestinal problems
- S52 Other musculoskeletal problems
Well Led
Staff Engagement
Board Sponsor: Director of People & Transformation

**Essential Training Actions**
Compliance in July saw a slight dip to 82.0%. This is not unusual during the summer period due to the numbers of staff on leave.

Work continues through the STP and the South West Stream Lining project ensure that all subjects and content align to the National Core Skills Framework which will enable ease of pass porting prior learning for new starters. NBT is already aligned to the framework and do pass port across organisations where possible.

**Training Topic Variance Jun-17 Jul-17**

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Variance</th>
<th>Jun-17</th>
<th>Jul-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control</td>
<td>-2.2%</td>
<td>85.8%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>-1.8%</td>
<td>86.5%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Waste</td>
<td>-1.4%</td>
<td>88.7%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Information Governance</td>
<td>-1.3%</td>
<td>78.9%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>-0.6%</td>
<td>84.4%</td>
<td>83.9%</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>-1.4%</td>
<td>86.5%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Fire</td>
<td>-0.5%</td>
<td>77.8%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>-1.1%</td>
<td>77.6%</td>
<td>76.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-1.3%</td>
<td>83.3%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>
Well Led
Staff FFT
Board Sponsor: Director of People & Transformation

Staff FFT
Staff are asked to participate in the Staff Friends and Family Test once each year.

In Quarter 1 2017/18, staff in Facilities, Corporate areas and MSKN were invited to participate. Results are shown compared to last year. The detailed responses have been shared with participating areas in order for them to take action as appropriate.

It can be seen, whilst there is an upward trend in relation to staff recommending the Trust as a place to receive treatment, this is not reflected in the numbers of staff who would recommend the Trust as a place to work.

The Quarter 2 survey has just been launched to the following areas:

- ASCR
- Women and Children’s
- NBT Extra.
Medical Appraisal
The fifth appraisal and revalidation year started on the 1st April 2017. 79% of the appraisals that were due between April and July have been completed. Six appraisals remain incomplete from the previous appraisal year which ended in March 2017. This number has reduced by six in the past month. These six appraisals are being managed through the Trust’s escalation process.

The August 2017 doctor’s changeover has seen the number of clinical fellows employed by the Trust increase by 18. As these individuals are not in recognised training posts, they will be required to appraise and revalidate with NBT.

The Trust has currently deferred 35% of all revalidation recommendations due over the past 12 months. The current number of recommendations due are low and the vast majority of them are for clinical fellows. The number of doctors going through revalidation will rise again in 2018 and the deferral rate is expected to drop again during this time.

The Trust’s first non-engagement recommendation was made to the GMC in May 2017 following continuous failure by an individual to engage with the process and meet agreed deadlines. The GMC decided to withdraw the individual’s licence to practice in July 2017. The individual has appealed the decision.

An annual report representing the 2016/17 appraisal year was returned to NHS England in May 2017. Details from this were included in an annual Trust Board report which was presented to the Trust Board on the 27th July 2017. A statement of compliance signed and submitted to NHS England on the 30th July 2017.
**Section Summary**

**Summary**

The Trust has a planned deficit of £18.7m for the year in line with the control total agreed with NHS Improvement.

- At the end of July the Trust is reporting a deficit of £9.5m compared with a planned deficit of £9.3m, £0.2m adverse to plan.
- The adverse variance is primarily driven by loss of Sustainability and Transformation Funding (STF) of £0.4m related to non-delivery of A&E performance trajectories. The position excluding STF is £0.2m favourable to plan which means the Trust can still earn the financial element of STF.
- Non-pay (including finance costs) was £0.4m favourable, whilst income was £0.2m adverse to plan, and pay was on plan.
- Savings delivery was £2.9m less than the £10.8m required in the year to date. There has been a step-up in July but not as significantly as required.
- The main areas of concern relate to the level of elective activity income against planned levels as well as savings delivery which is behind plan. This is despite the fact that the overall financial plan profile reflects a savings profile that is lower in Quarter 1.
- The Trust has ended the month with £11.9m cash after receipt of £2.5m loan financing from the Department of Health to support the ongoing deficit.
- Capital expenditure was £2.1m for the year to date against a plan of £3.4m.
- The Trust is rated amber by NHS Improvement (NHSI) as a result of being taken out of Financial Special Measures in July 2017.

**Key areas of concern:**

- Continued focus on delivering the full savings required as well as full delivery of planned activity and income for the year will be crucial to ensure delivery of the Trust’s control total.
Assurances

The financial position at the end of July shows a deficit of £9.5m, £0.2m adverse to the planned deficit of £9.3m. However, the position excluding STF is £0.2m favourable which means that the Trust can still earn the financial element of STF.

Key Issues

- Delivery of savings was £2.9m less than the £10.8m required to date.
- Contract income is £0.3m adverse to plan reflecting primarily under-performance in electives. Other income is £0.1m favourable including an increase in overseas income.
- Pay is in line with plan which is higher than planned with vacancies offset by escalation pressures.
- Non pay is £0.8m favourable to plan with materially lower independent sector along with a non-recurrent benefit of £0.6m partially offset by higher consumable costs.

Actions Planned

Continued focus on identification of the full savings required as well as full delivery of planned activity and income for the year will be crucial to ensure delivery of the Trust’s control total.
**Assurances**

The Trust received new loan financing in July of £2.5m. The total Department of Health borrowing is now £147.4m.

The Trust ended the month with cash of £11.9m, £7.9m higher than plan. The higher balance is required in order to meet contractual payments prior to receipts being received from commissioners in August.

**Concerns & Gaps**

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is below the required 95% with 77% by volume of payments made within 30 days.

**Actions Planned**

The focus continues to be on reducing the level of debts and ensuring cash financing is available.

---

### Finance

**Statement of Financial Position**

Board Sponsor: Director of Finance

<table>
<thead>
<tr>
<th>31 March 2017</th>
<th>Statement of Financial Position as at 31st July 2017</th>
<th>Plan £m</th>
<th>Actual £m</th>
<th>Variance above / (below) plan £m</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Property, Plant and Equipment</td>
<td>512.4</td>
<td>512.2</td>
<td>(0.2)</td>
</tr>
<tr>
<td></td>
<td>Intangible Assets</td>
<td>11.0</td>
<td>15.2</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>Non-current receivables</td>
<td>19.0</td>
<td>20.0</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total non-current assets</strong></td>
<td>542.4</td>
<td>547.4</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inventories</td>
<td>9.7</td>
<td>10.3</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>Trade and other receivables NHS</td>
<td>24.1</td>
<td>18.2</td>
<td>(6.0)</td>
</tr>
<tr>
<td></td>
<td>Trade and other receivables Non-NHS</td>
<td>30.8</td>
<td>32.3</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Cash and Cash equivalents</td>
<td>4.0</td>
<td>11.9</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td><strong>Total current assets</strong></td>
<td>68.6</td>
<td>72.6</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>Non-current assets held for sale</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total assets</strong></td>
<td>611.0</td>
<td>620.0</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td><strong>Current Liabilities (&lt; 1 Year)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade and Other payables - NHS</td>
<td>9.5</td>
<td>12.6</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Trade and Other payables - Non-NHS</td>
<td>70.1</td>
<td>66.1</td>
<td>(3.9)</td>
</tr>
<tr>
<td></td>
<td>Borrowings</td>
<td>11.5</td>
<td>40.1</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td><strong>Total current liabilities</strong></td>
<td>91.1</td>
<td>118.8</td>
<td>27.7</td>
</tr>
<tr>
<td></td>
<td><strong>Net current assets/(liabilities)</strong></td>
<td>(22.5)</td>
<td>(46.2)</td>
<td>(23.7)</td>
</tr>
<tr>
<td></td>
<td><strong>Total assets less current liabilities</strong></td>
<td>519.9</td>
<td>501.2</td>
<td>18.7</td>
</tr>
<tr>
<td></td>
<td>Trade payables and deferred income</td>
<td>18.5</td>
<td>9.7</td>
<td>(8.7)</td>
</tr>
<tr>
<td></td>
<td>Borrowings</td>
<td>516.5</td>
<td>522.6</td>
<td>6.2</td>
</tr>
<tr>
<td></td>
<td><strong>Total Net Assets</strong></td>
<td>(15.0)</td>
<td>(31.1)</td>
<td>(16.1)</td>
</tr>
<tr>
<td></td>
<td><strong>Capital and Reserves</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Dividend Capital</td>
<td>241.5</td>
<td>241.7</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Income and expenditure reserve</td>
<td>(353.8)</td>
<td>(363.5)</td>
<td>(9.6)</td>
</tr>
<tr>
<td></td>
<td>Income and expenditure account - current year</td>
<td>(9.4)</td>
<td>(9.7)</td>
<td>(0.4)</td>
</tr>
<tr>
<td></td>
<td>Revaluation reserve</td>
<td>106.7</td>
<td>100.4</td>
<td>(6.3)</td>
</tr>
<tr>
<td></td>
<td><strong>Total Capital and Reserves</strong></td>
<td>(15.0)</td>
<td>(31.1)</td>
<td>(16.1)</td>
</tr>
</tbody>
</table>
The overall financial position was £0.2m adverse against plan at the end of July.

Capital expenditure was £2.1m compared to a plan of £3.4m for the year to date. The plan for the year is £21.8m.

**Assurances and Actions Planned**

- Daily cash monitoring and planning to ensure sufficient cash is available to meet immediate liabilities.
- Cash for our planned deficit for the year to date has been made available to the Trust via the interim working capital facility and DoH loan.

**Concerns & Gaps**
The Trust is rated at three (a score of one is the best) in the finance and use of resources metric. This means the financial position remains a concern but is no longer the highest score because the Trust exited financial special measures (FSM) in July 2017.
Assurances
£39.4m of efficiencies required for the year have been fully identified at the end of July, although this has slightly reduced since June.

Concerns & Gaps
Under-delivery of £2.9m in the first four months against a target of £10.8m.

The graphs show forecast delivery of £39.4m. £29m is rated as green or amber, which is an improvement of £2m since June.

Actions Planned
Continued monitoring of actions required to deliver required savings in 2017/18 and catch up the year to date shortfall.
The Governance Risk Rating (GRR) for ED 4 hour performance continues to be a challenge through 2017/18, 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 therefore, whilst indicative, the figures presented are not necessarily reflective of the Trust’s final position which is finalised 25 working days after the quarter.

We are scoring ourselves against the Single Operating Framework (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 statements - number 4 (going concern) and number 10 (ongoing plans to comply with targets) warrant continued Board consideration in light of the in year financial position (as detailed within the Finance commentary) and ongoing performance challenges as outlined within this IPR. The Trust is committed to tackling these challenges and recovery trajectories are scrutinised on an ongoing basis through the Monthly Integrated Delivery Meetings.

### CQC reports history (all sites)

<table>
<thead>
<tr>
<th>Regulatory Area</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board non-compliant statements</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Prov. Licence non-compliant statements</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CQC Inspections</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
<td>RI</td>
</tr>
</tbody>
</table>

#### Location

- **Overall**: Requires Improvement - Apr-16
- **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 - Apr-16
- **Cossham Hospital**: Good - Feb-15
- **Frenchay Hospital**: Requires Improvement - Feb-15

* These services are no longer provided by NBT.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Criteria</th>
<th>Comp (Y/N)</th>
<th>Comments where non compliant or at risk of non-compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>G4</td>
<td>Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>G5</td>
<td>Having regard to monitor Guidance</td>
<td>Yes</td>
<td>The Trust Board has regard to Monitor guidance where this is applicable.</td>
</tr>
<tr>
<td>G7</td>
<td>Registration with the Care Quality Commission</td>
<td>Yes</td>
<td>CQC registration is in place. The Trust received a rating of Requires Improvement from its inspection in November 2014 and again in December 2015. 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.</td>
</tr>
<tr>
<td>G8</td>
<td>Patient eligibility and selection criteria</td>
<td>Yes</td>
<td>Trust Board has considered the assurances in place and considers them sufficient.</td>
</tr>
<tr>
<td>P1</td>
<td>Recording of information</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>P2</td>
<td>Provision of information</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>P3</td>
<td>Assurance report on submissions to Monitor</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>P4</td>
<td>Compliance with the National Tariff</td>
<td>Yes</td>
<td>NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.</td>
</tr>
<tr>
<td>P5</td>
<td>Constructive engagement concerning local tariff modifications</td>
<td>Yes</td>
<td>Trust Board has considered the assurances in place and considers them sufficient.</td>
</tr>
<tr>
<td>C1</td>
<td>The right of patients to make choices</td>
<td>Yes</td>
<td>Trust Board has considered the assurances in place and considers them sufficient.</td>
</tr>
<tr>
<td>C2</td>
<td>Competition oversight</td>
<td>Yes</td>
<td>Trust Board has considered the assurances in place and considers them sufficient.</td>
</tr>
<tr>
<td>IC1</td>
<td>Provision of integrated care</td>
<td>Yes</td>
<td>Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.</td>
</tr>
</tbody>
</table>
## Self-assessed, for submission to NHS Improvement

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Comp (Y/N)</th>
<th>No.</th>
<th>Criteria</th>
<th>Comp (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA’s oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.</td>
<td>Yes</td>
<td>8</td>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission’s registration requirements.</td>
<td>Yes</td>
<td>9</td>
<td>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 (<a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a>).</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td>Yes</td>
<td>10</td>
<td>The Trust Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
<td>Yes</td>
<td>11</td>
<td>The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>The board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution.</td>
<td>Yes</td>
<td>12</td>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
<td>Yes</td>
<td>13</td>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>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.</td>
<td>Yes</td>
<td>14</td>
<td>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.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Comment where non-compliant or at risk of non-compliance**

As the Trust has not yet achieved a sustainable position in relation to delivery of the 4 Hour A&E and RTT standards due to a reliance on external system changes/factors, the Trust is unable to confirm compliance with this statement.