North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

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

ACCESS
Overall June performance against the four hour target was 79.13%, a 0.34% increase compared to May's position. The majority of breach reasons were ED attributable, followed by a wait for beds. Volume of ED attendances remains high in comparison to the same period in 2016/17.

The Trust has achieved the agreed recovery trajectory for Referral To Treatment (RTT) incomplete performance for June (87.78% vs trajectory of 86.70%). The waiting list backlog stands at 3722 vs a target of 3812.

The Trust has failed to achieve the national target (1.00%) for diagnostic performance with actual performance of 2.42% in June. There continues to be underperformance against target due to Endoscopy surveillance patients becoming overdue for review in month. In addition, there has been a drop in performance for DEXA Scans. This is due to a prolonged period of staff shortages leading to the growth of a backlog of patients, who are breaching their planned date for a Scan. The Trust has improvement plans in place for both of these areas.

The Trust has delivered 4 of the 7 national cancer targets in May. The 62 day standard was failed in May with performance at 81.46% vs the 85.0% standard. The majority of breaches related to Urology patients for a variety of breaches reasons including, late referrals from other providers, lack of capacity and complex diagnostics. Early indications are that Urology performance has greatly improved in June. There continues to be underperformance against the Two Week Wait urgent GP referrals standard, where there has been demand and capacity imbalance for skin and breast patients in particular.

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

Incidence of pressure ulcers decreased in June with 23 reported Grade 2 pressure injuries, 1 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.

The Trust reported 0 cases of MRSA and 4 cases of C. Difficile in different clinical areas in May.

PATIENT EXPERIENCE
The number of complaints received by the Trust in June has decreased from 48 to 44 in June. Reported concerns decreased from 65 to 58 in June.

Friends & Family response rates have seen a decrease in June 2017 in all fours areas. The lowest response rate continues to be within Maternity. The Maternity Team has been consulting with another Trust who uses the same methodology of data collection to see if there is any learning that can be shared to improve the Trust's performance in future.

NHS Choices ratings for both Southmead Hospital and Cossham Hospital remain at 4/5 stars.

WORKFORCE
The Trust vacancy factor increased from 7.57% in May to 8.14% in June. Targeted actions are in progress to fill posts substantively in specific areas, such as Theatres and Facilities, where there are high levels of vacancies. The in-month turnover rate marginally increased in June to 1.14% which is above the planned rate for the month of 0.90%. The in-month sickness rate has reduced from 4.12% in April to 4.11% in May, but remains above the 3.59% target submitted to NHS Improvement.

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 June is £0.3m favourable to plan. As of July 2017, the Trust is no longer in Financial Special Measures. Continued focus on identification of the full savings target required, as well as good contract delivery and management in the first half of 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, 30 June 2017.

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

All target lines
All improvement trajectories

Performance up
Performance maintained
Performance down
Performance improved
Performance worsened
## Overview

### Urgent Care

June’s four hour A&E performance was 79.13%. 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 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

The DTOC rate has met the national standard of 3.5% and continues to improve with actual performance at 2.48%.

### Referral to Treatment (RTT)

In month, the Trust has exceeded Trust RTT trajectory of 86.70%, with actual performance at 87.78%. At the end of June the Trust has seen a further increase in greater than 52 week waiters. 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 following a data quality/validation exercise. Mitigating actions have been put in place to ensure that data quality issues do not cause further breaches. The Trust has narrowly missed the trajectory for Neurosurgery at the end of June by 1 breach. The Epilepsy trajectory has not been met in month, but continues to be on track for clearance of all breaches by the end of Quarter 3 of 2017/18.

### Cancelled Operations

In month, there was one breach of the 28 day re-booking target; the first breach of the year to date.

### Diagnostic Waiting Times

The Trust has failed to achieve the 1.00% target for diagnostic performance in June with actual performance at 2.42%. There continues to be in month underperformance in Endoscopy. June has seen a significant increase in DEXA Scan breaches (5 May vs 70 June), which has adversely impacted the Trust aggregate position.

### Cancer

Cancer performance in May has achieved four of the seven standards. The Trust has failed the 62 day standard in May at 81.46% (Target 85.00%). The majority of breaches related to Urology patients for a variety of breaches reasons including, late referrals from other providers, lack of capacity and complex diagnostics. Early indications are that Urology performance has greatly improved in June. There continues to be underperformance against the Two Week Wait urgent GP referrals standard, where there has been demand and capacity imbalance for skin and breast 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

**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>
<th>Year end forecast position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td><strong>National Target</strong></td>
<td><strong>Performance</strong></td>
<td><strong>Direction</strong></td>
<td><strong>Year end</strong></td>
</tr>
<tr>
<td>Emergency Attendances</td>
<td>95%</td>
<td>79.13%</td>
<td>90.00%</td>
<td>▶️</td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>92%</td>
<td>87.78%</td>
<td>86.70%</td>
<td>▼️</td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>0</td>
<td>15</td>
<td>16</td>
<td>▶️</td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>0</td>
<td>69</td>
<td>N/A</td>
<td>▶️</td>
</tr>
<tr>
<td>Trust Wide Referral to Treatment Backlog</td>
<td>N/A</td>
<td>3722</td>
<td>3812</td>
<td>▶️</td>
</tr>
<tr>
<td>Diagnostic DM01</td>
<td>1%</td>
<td>2.42%</td>
<td>N/A*</td>
<td>▶️</td>
</tr>
<tr>
<td>Cancelled Operations</td>
<td>0.8%</td>
<td>1.75%</td>
<td>N/A</td>
<td>▶️</td>
</tr>
<tr>
<td>Cancelled Operations</td>
<td>0</td>
<td>1</td>
<td>N/A*</td>
<td>▶️</td>
</tr>
</tbody>
</table>

*Trajectories being set and awaiting internal sign off and agreement with Commissioners.*
Responsiveness
Urgent Care
Board Sponsor: Director of Operations

Overview of Urgent Care
Sustained pressure experienced within both the Emergency Department and the Trust during June resulted in a significant number of patients waiting in excess of the 4 hour target.

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.

There were 3 x 12 hour trolley breaches on 27th June which occurred within an hour of one another which reflected the imbalance of capacity available to meet the peaks in demand of patients requiring admission on that day.
Responsiveness
ED performance and Mental Health Breaches
Board Sponsor: Director of Operations

There is a continuing increase in attendances and emergency admissions compared to the same period in 2016/17.

Mental Health Breaches
June saw increased numbers of mental health attendances in the Emergency Department. The trend for 4 hour breaches for mental health patients has remained relatively constant at 37.9% breaches as a proportion of all mental health attendances in June.

However, the proportion of breaches attributed to mental health delays increased in the month of June, which accounted for 73.2% of the total 4 hour breaches for mental health patients.
Length of Stay and Discharge

Responsiveness

Board Sponsor: Director of Operations

Length of Stay (LoS) over 14 days continues to be a challenge across all divisions. Work continues to provide a focussed review of any patient tipping over 7 days and an audit of patients with a LoS between 7 to 14 days across all divisions.

Medically fit for discharge (MFFD) remain high, 315 overall across the Trust (equivalent to 36.63% of the core bed base).

‘Operation Reset’ commencing for 2 weeks from 24th July 2017 aims to focus on patients with delays using local health economy partners to support timely discharge of complex patients and find suitable alternative discharge destinations. The focus will be on supporting the 70 patients who are currently outside of North Bristol Operational Standards (NBOS – agreed metrics for managing patient pathways). In addition, there will be a focus on the top 20 patients with complex discharges for South Gloucestershire and Bristol.
Responsiveness
Length of Stay, Discharge and Emergency Re-admissions
Board Sponsor: Director of Operations

Bed Occupancy / Discharge
Bed Occupancy for June was reported at 98.71% for the month. 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.

Delayed Transfer of Care (DToC) was at a rate of 2.48% in June, which was a further improvement from the previous level of 2.97%. This remains below the 3.5% national standard. The system however has signed up to delivering against the NBOS standards 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 2 packages for all partners.

30 day Emergency Re-admissions
Further detailed analysis is being undertaken with our partners to understand if there are any opportunities to avoid patients being readmitted into NBT.
Referral to Treatment (RTT)
The Trust has achieved the RTT trajectory in month with performance of 87.78%. The Trust also achieved the RTT backlog trajectory, reporting 3722 against trajectory of 3812.

Trauma and Orthopaedics, Gastroenterology and Respiratory Medicine at a specialty level failed to meet their planned recovery trajectories in month. Remedial action plans are in place to monitor progress across a number of specialties who are not meeting the constitutional standards.
Responsiveness
Elective Operations
Board Sponsor: Director of Operations

Cancellations
The same day non-clinical cancellation rate was 1.75% vs the national target 0.8%. The majority of cancellations at the last minute (48%) relate to theatre timing issues.

In month there were zero 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 was one breach of the 28 day re-booking target. This was a General Surgery patient, who was cancelled due to a theatre overrun related to a complex patient. As the planned operation could only be performed by one particular surgeon, the patient was listed for the next available routine slot, which was outside of the 28 day standard.
Responsiveness
Referral to Treatment 52 week waits
Board Sponsor: Director of Operations

Referral to Treatment 52 Week Waits
The Trust has narrowly missed the trajectory for Neurosurgery at the end of June by 1 breach. Whilst the Epilepsy trajectory has not been met in month, the service remains on track to clear all >52 week waiters by the end of Quarter 3 of 2017/18.

There were a total of 84 patients waiting over 52 weeks in June:
9 Neurosurgery
6 Epilepsy
69 Others (patient choice; lack of capacity; data quality)

The number of patients choosing to wait greater than 52 weeks for their treatment continues to be a challenge with 30 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 following a data quality/validation exercise. Mitigating actions have been put in place to ensure that data quality issues do not cause further breaches.
In June, the Trust underperformed against the diagnostic six week wait standard with performance of 2.42%.

Of the 13 diagnostic tests, four have reported underperformance in June - an increase from the three reporting in May; Colonoscopy, DEXA Scan, Flexible Sigmoidoscopy and Gastroscopy are reporting below the standard this month.

The largest number of breaches were for DEXA Scans (70), which were 66 breaches above threshold for that test type.

The decline in DEXA Scan breaches relates to a prolonged period of staffing shortages leading to a growing backlog of patients who have breached their planned test date. A recovery plan and trajectory have been requested.

DEXA Scan and Endoscopy (Colonoscopy, Flexible Sigmoidoscopy and Gastroscopy) performance is predicted to continue to underachieve.
### Key Operational Standards Dashboard

**May 2017**  
**One Month in Arrears**

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>National Target</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>89.03%</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>92.80%</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>96.59%</td>
<td>N/A</td>
<td>▲</td>
</tr>
<tr>
<td>Patients waiting less than 31 days for subsequent surgery</td>
<td>94%</td>
<td>97.09%</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>100.00%</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>81.46%</td>
<td>86.50%</td>
<td>▼</td>
</tr>
<tr>
<td>Patients treated within 62 days of screening</td>
<td>90%</td>
<td>96.05%</td>
<td>N/A</td>
<td>▼</td>
</tr>
</tbody>
</table>

- **Description**: National Target
- **May 2017**: One Month in Arrears
- **NBT Trajectory**: Performance direction of travel from last month

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Please note: Monthly positions are provisional and may not match final quarterly position.
Responsiveness
Cancer
Board Sponsor: Director of Operations

Cancer
The May 2017 cancer performance for the Trust shows the Trust met four of the seven national waiting time standards.

Whilst there was an improvement from April performance, the Trust failed the Two Week Wait (TWW) standard at 89.03%.

The Trust received 1949 TWW referrals in May, a rise of 138 from the previous month. Of the 1949 referrals there were 215 breaches. 109 of these breaches were in Skin, 48 breaches were in Breast, 28 breaches were in Colorectal and 14 breaches were in Upper GI.

The increase in referral rates and failed TWW performance will continue into June 2017. TWW performance is steadily improving from April into June, however ongoing capacity issues in skin will prevent the Trust from achieving the performance standard currently.

The Trust failed the breast non-symptomatic screening standard with a performance of 92.75%. There were 5 breaches in total, all due to capacity issues as patients were unable to attend the appointments that were offered on day 14 of their pathway and there was no capacity to offer prior to day 14.
Responsiveness
Cancer
Board Sponsor: Director of Operations

Cancer
The Trust failed the 62 day national standard for May 2017 with a performance of 81.46% 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 declared performance as 80.04% under the former rules.

In May there were 35 patients who breached in total, 24 of which were TWW referrals direct to NBT and 11 of which were tertiary referrals into the Trust from other providers.

Of the 24 breaches that started their pathway at NBT 10 received their first OPA or diagnostic after day seven. Radiology delays impacted on 18 breaches with radiology delays being wholly responsible for 5 breaches.

11 Urology patients were transferred in to the Trust from other providers for treatment in May, 4 of them were received after day 38 of their pathway and not treated within 24 days of receipt. 1 was received prior to day 38 and not treated by day 62 of their pathway. 6 were received after day 38 and treated within 24 days. This enabled the trust to reallocate 3 breaches back to the referring providers for these patients.

NB: The charts show the breakdown of breach reasons for both whole and shared 62 day breaches for the month of March. Breakdown of breach reason may not match total published performance due to time of which data was captured. Data is extracted from a live system.
Responsiveness

Cancer

Board Sponsor: Director of Operations

The Trust passed the 31 day first treatment performance standard with a performance of 96.59%. There were 10 breaches in total; 4 in breast, 2 in skin and 4 in Urology. 2 patients were cancelled on the day of surgery, 1 was an administrative error and 7 were due to elective capacity.

NBT achieved the 31 day subsequent treatment targets in May 2017 for both surgical and drug treatments. The Trust also passed the 62 day screening target with a performance of 96.05%.

The Trust will continue to struggle to meet the TWW performance target through the summer due to increased referrals in skin and consultant capacity. The service will continue to outsource one clinic per week through this period in an attempt to address this issue.
Section Summary

Improvements:

One ward triggered the QuESTT early warning tool, actions are in place to support the ward Sister with recruitment to vacancies, sickness management and to understand the impact on the staffing model following a recent change of use swapping 12 MSK rehab beds for acute medical beds. The rate of agency use has increased in month but remains well below the cap at 3.2%.

The rate of falls per 1,000 bed days is at the lowest level for 12 months for two consecutive months.

Areas of Concern:

NICU cots have been reduced by 4-6 to meet BAPM and commissioned standards for safe staffing following a case to increase staffing that was not supported by specialist commissioning. The South West Neonatal Network have been informed.

In July we reported a never event of wrong size implant following a hip replacement. Safety alerts have been issued, a SWARM conducted, and 72 hour report completed. Duty of candour has been followed for the patient and the RCA underway (deadline 25/09/17).

The rate of serious incidents has stabilised following improvements to our processes. We are now seeing an improvement in low harm and near misses that should be reflected in next months data.

There was one grade 3 pressure ulcer in month and work to do to improve the numbers of grade 2 pressure ulcers. Following a visit from the Royal United Hospital Bath to share best practice our senior team are planning to adopt their approach of an immersion event to reduce grade 2s, and at back to the floor we have awarded bronze, silver, gold and platinum awards for wards with the greatest number of months since their last grade 2 hospital acquired pressure ulcer.
# Patient Safety Dashboard

<table>
<thead>
<tr>
<th>Standard (target)</th>
<th>June 2017</th>
<th></th>
<th></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>
<td><strong>NBT Trajectory</strong></td>
<td><strong>Performance direction of travel from last month</strong></td>
</tr>
<tr>
<td><strong>Never Event Occurrence by Month</strong></td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td><strong>Safety Thermometer</strong></td>
<td>-</td>
<td>93.35%</td>
<td>N/A</td>
<td>92.57% (Q4 2016/17) - 93.41% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>Malnutrition Screening</strong></td>
<td>90%</td>
<td>89.13%</td>
<td>N/A</td>
<td>91.04% (Q4 2016/17) - 90.04% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>Hand Hygiene Compliance</strong> (in arrears)</td>
<td>95%</td>
<td>98.00%</td>
<td>N/A</td>
<td>96.43% (Q4 2016/17) - 97.27% (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>MRSA</strong></td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>1 (Q4 2016/17) - 1 (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>C. Difficile</strong></td>
<td>&lt;3.6 Internal</td>
<td>4</td>
<td>N/A</td>
<td>8 (Q4 2016/17) - 9 (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>MSSA</strong></td>
<td>&lt;1.6 Internal</td>
<td>1</td>
<td>N/A</td>
<td>9 (Q4 2016/17) - 6 (Q1 2017/18)</td>
</tr>
<tr>
<td><strong>Venous Thromboembolism Screening</strong> (in arrears)</td>
<td>95.0%</td>
<td>95.01%</td>
<td>N/A</td>
<td>95.51% (Q4 2016/17) - 95.35% (Q1 2017/18)</td>
</tr>
</tbody>
</table>
Safe Staffing
Quality, Effectiveness & Safety Trigger Tool (QuESTT), Acuity & Dependency
Board Sponsor: Director of Nursing

In June one of the wards triggered above the threshold of 12 for action. There were 6 wards which did not submit data, each has been individually reviewed and rescored with review by the Heads of Nursing.

**Gate 9a Triggered 12**
**Reasons:** Vacancies, sickness, complaints, and significant demands on the service.

**Actions in Place:** new staff due to commence in September, Sickness managed in line with policy, Head of Nursing providing support for completion of complaint responses. Staffing levels are being closely monitored in line with safe care live data to ensure appropriate staffing model in place for Specialties.

**Safe Care Live (Electronic Acuity tool)** is used at the twice daily safe staffing meetings. 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 for this month shows that all Clinical Divisions have higher acuity than staffing planned. The shortfall is risk assessed across the Trust. Data validation is continuing to ensure consistency of patient assessments by all staff. The Medical Division is working to improve census completion.
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

Nursing Workforce
There remains an increase in June in over establishment of Health Care Assistants (HCA) with a reduction in the over establishment of Registered Nurses (RN).

MSKN
Increases in HCA to cover Enhanced Care and above plan sickness.

Women and Children’s
Staffing the additional bed capacity which remained open throughout June.

Medicine
Staffing for extra capacity and increase in Enhanced Care requirements for complex patients on 2 wards.

ASCR
High number of vacancies and sickness in Theatres / Medirrooms and due to use of Medirooms as bed escalation area.

CCS
Increased use of HCAs in OPD due to sickness.

Actions in place:
RNs and HCAs in the pipeline due to start over the next three months to support shortfall. HCAs being trained to provide mental health support role for certain patient groups to reduce dependency on RMNs.

The use of agency staff in June increased to 3.3%, this was due to increased vacancies and to ensure safety within ASCR and NICU.
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

The overall fill rate for Registered Nurses (RN) on both day and night shifts decreased in June with an increase in both day and night shifts for Care Assistants (CA). CA hours increase are reflective of the enhanced care requirements for patients across the Trust. In June there was continued requirement for staff for additional bed capacity with patients cared for in Medirooms, Interventional Radiology and AMU. 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 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 4 -6 dependent on acuity.

ICU: Reduced fill rate for CA Day and Night shifts, with shortfall supported with above100% fill for RN 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.

Mendip Birth Suite: Fill rates for all shifts were below 80% when births were reduced, at this time staff were moved to support CDS and other areas within the Unit.

Quantock: Reduced fill rates for Maternity support worker day shifts, staff were moved across the unit to maintain safety.

Cossham Midwifery Fill Rate and CHPPD:
Cossham Birth Suite fill rates have decreased this month across all shifts , this is reflective of a reduced number of Births which have occurred. There was an increase in CHPPD to 50.1 in June.

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.
Safe Staffing
Maternity
Board Sponsor: Director of Nursing

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

Number of times CDS unable to accept new admissions

| CDS Transfer Destinations |

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

- No beds on CDS: 30%
- Insufficient Medical/Midwifery Staff: 46%
- Excessive number of complex cases: 0%
- Excessive number of labouring women: 12%
- Inappropriate skill mix: 3%
- Unable to admit/transfer women to CDS: 3%
- No beds on wards: 6%

In June 2017 the unit closed on one occasion. This was due to a lack of beds on CDS.

The Midwife to birth ratio was maintained at 1:30 in June 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 a pilot to change to integrated working between the birth centres and the community.

There were 475 births in June with a normal birth rate of 57.9%. Cossham Birth Centre had 20 births in June and Mendip Birth Centre had 67 births.

78.7% of births were on CDS, with a slight decrease in the total births in birth centre locations from 19.7% to 18.3%.

There was an increase in the Caesarean rate from 27% in May to 29.6% in June.

One to one care in labour was provided for 96.4% of women in our care.
Quality & Patient Safety
Additional Safety Measures
Board Sponsor: Director of Nursing

Serious Incidents (SI)
Nine serious incidents were reported to STEIS in June 2017:
2 x Surgical Complication
2 x Delayed Treatment
1 x Delay to Act on Test Results
1 x Medication Error
1 x Unexpected Death
1 x Fall
1 x Infection Control

Two serious fall investigated through the SWARM process.

Initial details, including any urgent safety actions identified from immediate learning have been reported to the national reporting system STEIS in line with the 72 hour reporting process and summary information is shared with the Board through the bi-weekly Flash reports.

SI & Incident Reporting Rates
Incident reporting has increased slightly to 37 PBD. Serious incidents rate continues to be high at 0.38, but has fallen slightly from May.

Directorates:
SI Rate by 1000 Bed Days
CCS* – 0.37
ASCR – 0.31
WCH – 0.31
Med – 0.28
MSKN – 0.16

*CCS Bed Base Intentional Radiology only
Quality & Patient Safety
Additional Safety Measures
Board Sponsor: Director of Nursing

**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.

Eight Serious incidents have been submitted to the CCG in June, 1 breaching the 60 working day deadline.

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

---

**Number of Serious Incidents Closed and Open Breaching Deadlines Jul 2016- Jun 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Closed</th>
<th>Open Breaching Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-16</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Aug-16</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Sep-16</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Oct-16</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Nov-16</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Dec-16</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Jan-17</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Feb-17</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Mar-17</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Apr-17</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>May-17</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Jun-17</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

**Top Types of SI reported Jul 2016- Jun 2017**

- Fall, 18
- Fall Swarm, 15
- Pressure Ulcer, 12
- Infection Control, 3
- Unexpected Death, 8
- Incorrect Test Results, 5
- Surgical Complication, 5
- Delayed Treatment of Deteriorating Patient, 3
- Medication Error, 3
- Delayed Treatment, 12
- Other categories:
  - Unintended Damage to Organ 2
  - Delay to Act on Test Results 2
  - 12 Hour Trolley Breach 2
  - Misplaced NG Tube 1
  - Wrong Site Surgery 1
  - Lost to Follow Up 1
  - Retained Foreign Object 1
  - Equipment Failure 1

**CAS Alerts – June 2017**

<table>
<thead>
<tr>
<th>Category</th>
<th>Patient Safety</th>
<th>Facilities</th>
<th>Medical Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Alerts</td>
<td>0</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Closed Alerts</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Open alerts (within target date)</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Breaches of Alert target</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**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.
Safety
Harm Free Care
Board Sponsor: Director of Nursing

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 shows a decrease to 97.21% for hospital acquired harm which reflected an increase in the number of reported hospital acquired pressure ulcers. One ward saw a significant increase in heel reported injuries, and following this implemented some immediate improvement measures to prevent further occurrences.

Overall Falls
There were 150 reported falls in month with 3 major falls included, of which two have been externally reported.

Thematic review has identified the need to review standing and supine blood pressure monitoring which will be considered further at the next Falls Prevention meeting.
Safety
Harm Free Care
Board Sponsor: Director of Nursing

Pressure Injury
Pressure injury incidence per 1000 bed days has decreased in June.
Grade 4: Nil reported in June.
Grade 3: One reported in June occurring within the Medical Division.
Immediate actions following the SWARM: Carrying out all patients’ skin integrity and documentation within the SKIN bundle. Completion and documentation of the intentional rounding tool.
Grade 2: 23 reported in June occurring on 21 patients
Further work will begin on a Trust-wide pressure injury reduction emersion event.
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 is has applied for VTE exemplar centre status and it is anticipated that the required accreditation visit will be undertaken in the Autumn 2017.
Malnutrition
Malnutrition compliance for June was 89.13%. The improvement and sustainability for Women's Division to ensure that they remain above 90% for Nutritional screening is being led by the Matron working with the Ward Sister with weekly reporting to help drive the improvement with the team.

WHO Checklist Compliance
Measured compliance with the WHO checklist improved to 95.8% in June 2017 from 94.5% in May 2017.

The WHO checklist compliance improvement programme is ongoing and is being 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 is 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.

**Major / Catastrophic Incidents**
No major / catastrophic incidents were reported in May.

**Themes / Types / High risk drugs**
Common causes of incidents over the past 12 months are shown.
MRSA
There have been no reported cases of MRSA bacteraemia in June. The Trust position remains at 1 in 17/18 and 8 in the past 12 months.

The Trust has been unsuccessful in their appeal to NHS England of the third party arbitration decision for the March Community acquired case and the April case from ICU.

MSSA
There was one reported case of MSSA bacteraemia in June.

C. Difficile
There have been 4 reported cases in June occurring within different clinical areas. The total number remains below the expected trajectory. The infection prevention & control team and clinical teams continue to investigate each case and review lessons learnt.
E-Coli
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.
The Trust will commence reporting on the IPR from August 2017. An investigation will occur for each case to establish themes and learning outcomes. There were a total of 7 cases in April, 1 in May and 5 in June.

Hand Hygiene
The Trust Hand Hygiene compliance is meeting the Trust standard

Norovirus
There was one care of the elderly ward placed under restricted access, in June, due to confirmed Norovirus affective both patients and staff.

Public Health England (PHE) Benchmarks
Data from the latest published report is shown.
Effectiveness
Mortality
Board Sponsor: Medical Director

Mortality
HSMR and 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’.

There were 1643 cases identified to undergo mortality review in the year to March 2017. 1390 of these were “reviewable” cases (e.g. notes were accessible). 51.7% of the total number of cases were reviewed. 61.2% of the “reviewable cases” were reviewed. The reviews by specialty in the 15 months to June 2017 are shown and demonstrate considerable variation in delivery by specialty.

A new mortality review tool called the Structured Case note Review (SCR) has gone live in July after being tested with all specialties. All trust Specialty Mortality Review Leads have been identified and are engaged in the new process. Screening of notes will take place in 4 specialties with a sample taken for full SCR. A policy for Mortality Reviews will go out for consultation this month and be approved 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 Q2.

Top 5 most frequent diagnosis group for in-hospital death (rolling 12 months April 2016 - March 2017)

Total Number of Patient Deaths

SHMI - Mortality Ratio - Rolling 12 Months
2017/18 recruitment has started the year well with NBT achieving the recruitment target.

The Trust is still challenged to meet the 70 day target in initiating studies. This is as a result of external national changes to the metric and the continuing internal issues with pharmacy capacity. A plan is in place to improve performance. It should be noted that our improved Q2 performance is expected to place us inside the top half.

Recruitment to time and target has seen a continued strong performance with over 70% commercial studies meeting the required recruitment target. A recovery plan is in place but it should be noted we are performing well above the national average.

The Trust will host a MHRA GCP regulatory inspection between the 29th August and the 1st September.

The R&I strategy has been finalised and is awaiting Board confirmation.

NBT currently holds 12 NIHR research grants worth £18m. In addition, two NIHR grants worth £700,000 total are under contract negotiation and will become active mid-2017. This includes a grant awarded to Dr Ed Carlton, Consultant, Emergency Medicine, to undertake a trial with the aim of ruling out heart attacks faster and reducing the time these patients spend in hospital.

There are currently 6 charity funded grants in delivery worth a total of £397,071 to NBT including £170k for Ronelle Mouton (Vascular surgery) and two grants worth £73k each for Christy Burden and Stephen O’ Brien (Women and Children’s).
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 & 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)

Audit scores for cleaning have risen in all areas this month.

Mandatory training compliance for June still exceeds agreed target at 92% and 98% of staff appraisals due have been completed.

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.
# Section Summary

## Improvements & Actions:

Areas of focus for FFT is to improve the percentage who would recommend through the use of feedback for learning at ward and department level.

Overdue complaints have increased again to 46, directorates are meeting fortnightly with the Director of Nursing to explain and restore their position. Of the 2 reviews already complete medicine expect to be back on track, and Neuro MSK confirming a timeline to restore the MSK position. These actions have been shared with the CCG quality subgroup and will form an improvement plan.

## Trends:

Response rates continue below the national average for inpatients and maternity.
Caring
Friends & Family Test
Board Sponsor: Director of Nursing

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

Inpatient Experience
Percentage of respondents who would recommend the service they have experienced at NBT to a friend and family if they need similar care is 90.80% for June 2017 a decreasing trend since March 2017. Cause not identifiable.

% recommend: In the month of May 2017 NBT was 4% below the National average (96%) at 92%.

Staff attitude remains the highest area of positive and negative reported experience.

Outpatient Experience
93.94% would recommend for June 2017.

% recommend: In the month of May 2017 NBT was 1% above the National average (94%) at 95%.

Staff attitude and waiting times remain the largest number of positive and negative comments indicating the importance of these domains in the experience of patients.
% Recommend and Experience

Emergency Department

June percentage recommend for NBT would recommend is 85.8%.

% recommend: In the month of May 2017 NBT was 1% below the National average (87%) at 86%.

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.

+ve experiences related to caring staff providing a friendly and efficient service.

-ve experiences related to reported rudeness of some staff, not being updated, waiting and not having the outcome expected.

Maternity Department (Birth)

June percentage for NBT would recommend is 92% decrease on previous 3 months data

% recommend: In the month of May 2017 NBT was 2% below the National average (97%) at 95%.

Staff attitude remains the largest positive theme along with implementation of care.
Response Rates

Maternity Department

There remains an overall decrease in response rates from Delivery/ Birth part of the pathway. In May, NHS E FFT stats data showed NBT response rate at 14% with national RR at 23.9%

NBT June response rate decreased to 13.3% (total discharges = 473/ No. of responses = 63 i.e. 473/63)
Action: awaiting feedback from maternity team following consultation with other trust using same methodology of data collection.

Emergency Department

Response rate continued trend of improving response rates. NBT remain above the South West Regional and National average, dropping slightly in June to 19.2% (5191/998).

Outpatient Department

Response rates remain well above the locally agreed response rate of 6% and continually exceed the Regional and National average response rates. The significant drop from May to 13.6% is noted (44,388/6053).
Review of the integrity of telephone data is being undertaken.

Inpatient Department

Response rate decreased in June to 21.1%( 7333/1544) and remains below the required national response rate target. The trend is similar to the average overall National response rate.
Caring
Friends & Family Test - Patient Comments
Board Sponsor: Director of Nursing

Inpatient
“All staff on this ward are amazing - Name the housekeeper fantastic. Discharge could have been handled better in the first instance, lack of information to carer, got better towards the end.”

Outpatients
“I received a letter in the post asking me to phone to book a phone call. I had to wait 2 weeks for a phone call. I was told I would then be sent an appointment. I received another letter asking me to ring to book an appointment. I waited around 20 minutes to speak to someone who said there are no appointments and someone would ring me when one is available. Everyone I spoke to was friendly and helpful, but the system is crazy.”

ED
“Got triaged fairly quickly, but was then sat in a room on my own in increasingly more pain with no updates and no drugs for over 90 minutes; it didn't feel like anyone cared about me apart from the receptionist, who was lovely.”

Maternity
“1 for postnatal and 1 for birthing. Could not fault the midwives and doctors in both the delivery suite and Mendip postnatal ward. Only issue was the lack of facilities to deal with the heat in Mendip! Availability of some fans would make a huge difference in coping during heat waves.”

Outpatient
“Main reason for my high score ...... was the hard work by staff doctor & nurses finding out the best way to get me back to full fitness”

ED
“Highly efficient service, hugely kind and empathic triage nurse, doctors and X-ray team. Looked after my toddler whilst my baby had an X-ray, impressive and reassuring presence of all the medical professionals encountered. Very clean, good toys available for the children.”

Inpatient
“Hours sat waiting for a bed, days in hospital waiting for a scan, nurses either not understanding my English or not listening to me, getting woken up because I might be moved, no communication about when I would see the doctor.”
Complaints and Concerns:
The Trust received 44 Complaints & 58 Concerns in June 2017.

Compliments:
Overall increase due to improved provision of information from ASCR.

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

Overdue Cases:
The number of overdue Complaints continues to climb, with June’s figure at 46. This was reduced to 40 by the end of the first week in July. ACTION, Director of Nursing and Quality is meeting with Heads of Nursing Bi weekly to secure improvement in order to reach the agreed overall target of <10 overdue complaint responses/month within the first week of September.

This matter will also be addressed in the Divisional Performance Meetings commencing 24Th July.

Final Response Compliance
Of the cases closed in June (to account for late responses), those completed within agreed timescale were 59 (72.84%). The exceptions were:
11.11% (9) were 1 - 10 days overdue.
4.94% (4) were 10 - 20 days overdue.
11.11% (9) were greater than 20 days overdue.
Complaint Handling

The top three categories of complaints June 2017 reflect the ongoing trend of clinical care, communication (including staff attitude), delays and cancellations.

All written responses are fed back to the 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 242 reviews and Cossham has a rating of 4.5 out of five from 24 reviews.

In June 2017 the star ratings given were:

- 7 x 5 stars
- 3 x 4 Stars
- 1 x 3 Stars
- 1 x 0 stars

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

Ombudsman Cases

There were three new cases for the PHSO for June 2017.

Payment of £350 provided to complainant relating to a significant administrative error relating to communication on diagnosis.
## Section Summary

### Improvements & Actions:

**Staff FFT**  
The Quarter 1 Staff FFT survey has now closed with a response rate of 16%. Data is now being uploaded so that reports can be produced for each participating area.

**Staff Health and Wellbeing**  
A plan has been drafted with proposals for 2017-18. Funding is currently being identified to fund the initiatives which include extending and increasing the resource for a staff physiotherapist service, continuing the wellbeing courses offered by the psychology team and providing training for managers to support them around mental health and wellbeing of their staff. Such initiatives are expected to support staff staying in work or shortening their sickness absence period.

**Junior Doctor Rotas**  
All junior doctor rotas are now on the Allocate Software eRota system and have been reviewed against the requirement of the new junior doctor contract and compliance confirmed. Initial financial costing is complete and awaiting validation.

**SLM Development**  
The second development centre took place in the week commencing 10th July with 78% of the SLM leadership community attending. The aim of the workshop was to identify barriers that prevented teams from achieving action plans and setting their strategy. Building an understanding of team dynamics and helping delegates understand working preferences and encouraging cross divisional support groups. Working towards an understanding of their team capabilities.

### Trends:
- The in month turnover rate remained at 1.1% in June, with the number of leavers increasing by 3 WTE in June when compared with May. The in month turnover for May was slightly above the annual plan submitted to NHSI which was 0.9%
- Agency expenditure continues to be below the level in the annual plan submitted to NHSI.

### Areas of Concern:
- Sickness absence reduced from 4.12% in April to 4.11% in May. However, the overall sickness level remains above the target of 3.59%. A deep dive into sickness absence is being presented to the next workforce committee meeting.
- The Trust vacancy factor increased from 7.6% in May to 8.1% in June above the vacancy factor target of 6.1% in the annual plan submitted to NHSI. Targeted actions are in progress to fill substantively high levels of vacancies in specific areas, such as Theatres and Facilities.
### Key Operational Standards Dashboard

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>June 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>Agency Expenditure</strong></td>
</tr>
<tr>
<td><strong>Agency Expenditure</strong></td>
<td>£582</td>
<td>£498</td>
</tr>
<tr>
<td><strong>Month End Vacancy Factor</strong></td>
<td>6.10%</td>
<td><strong>8.14%</strong></td>
</tr>
<tr>
<td><strong>In Month Turnover</strong></td>
<td>0.90%</td>
<td><strong>1.14%</strong></td>
</tr>
<tr>
<td><strong>In Month Sickness Absence (In arrears)</strong></td>
<td>3.59%</td>
<td><strong>4.11%</strong></td>
</tr>
<tr>
<td><strong>Trust Mandatory Training Compliance</strong></td>
<td>85.00%</td>
<td><strong>83.28%</strong></td>
</tr>
<tr>
<td><strong>Non - Medical Annual Appraisal Compliance</strong></td>
<td>90.00%</td>
<td><strong>57.61%</strong></td>
</tr>
</tbody>
</table>
Well Led
Workforce Utilisation
Board Sponsor: Director of People & Transformation

Trust Position
Worked WTE reduced by 0.1% whereas expenditure reduced by 1% in June 2017 compared with May (excluding the impact of any financial adjustments in either month).

Temporary Staff
Bank worked WTE remains high, most significantly for unregistered nurses where bank use represents 44% of the total use in the Trust in June. The bank worked WTE is 75% greater than the number of reported substantive vacancies and funded bank and agency posts.

The increase in expenditure on bank and agency staff was proportionally less than the increase in worked WTE other than for locums where the converse was true.
Well Led
Workforce Utilisation
Board Sponsor: Director of People & Transformation

Bank and Agency
Bank use increased in June and continues to be above the expenditure plan submitted to NHSI, whilst agency expenditure remains at a similar level to last month’s usage.

Non Framework has increased in June compared with May which again is predominantly due to high demand in specialist areas such as ICU and NICU and Theatres.

NICU, ICU and Theatres are hotspot areas for temporary staffing use; recruitment plans are being developed that will more effectively fill vacant posts in these areas reducing the reliance on temporary staffing.

Work continues with local Trusts in developing a collaborative approach to agency spend.

We are continuing to recruit Bank Nurses with more than 15+ in the pipeline to start, and recent adverts having attracted 10-15 applications in a 2 week period.

We’re continuing our work in increasing our substantive workforce that are registered with the Bank, to ensure they have freedom to work additional hours in their own areas, or other areas within the Trust.
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
In June the vacancy factor increased from 7.6% in May to 8.1% in June. The biggest increase is in ancillary band 2 staff, registered nursing and midwifery and unregistered scientific and technical staff.

Nurse Recruitment Open Day
The Trust continues to hold nurse recruitment open days approximately every six weeks. 17 candidates were recruited on the 23rd June. Our next Open Day is planned for the 25th August 2017.

Resourcing Plan
A Trust resourcing plan is currently being developed with the next iteration scheduled for August.
Well Led
Turnover
Board Sponsor: Director of People & Transformation

A small increase of 3 WTE in the number of leavers maintains turnover at 1.1% in June.

Nursing & Midwifery Registered, Additional Clinical Services, Estates and Ancillary and Administrative and Clerical remain the staff groups with the greatest number of leavers with little change in June when compared with May.

In Month Turnover

In Month Turnover by Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Turnover May-17</th>
<th>Leavers WTE May-17</th>
<th>Turnover Jun-17</th>
<th>Leavers WTE Jun-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>1.9%</td>
<td>4.0</td>
<td>0.5%</td>
<td>1.0</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>1.6%</td>
<td>21.4</td>
<td>1.4%</td>
<td>18.6</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>1.2%</td>
<td>16.5</td>
<td>1.3%</td>
<td>17.4</td>
<td>0.1%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>0.7%</td>
<td>2.6</td>
<td>1.0%</td>
<td>3.6</td>
<td>0.3%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>1.2%</td>
<td>7.9</td>
<td>1.4%</td>
<td>9.6</td>
<td>0.3%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>0.5%</td>
<td>1.9</td>
<td>0.6%</td>
<td>2.0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>0.2%</td>
<td>1.0</td>
<td>0.9%</td>
<td>4.6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>1.0%</td>
<td>20.8</td>
<td>1.0%</td>
<td>20.4</td>
<td>0.0%</td>
</tr>
<tr>
<td>Trust</td>
<td>1.1%</td>
<td>76.0</td>
<td>1.1%</td>
<td>77.1</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Rolling 12 Months

<table>
<thead>
<tr>
<th>Rolling 12 Months</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Turnover</td>
<td>15.39%</td>
<td>15.39%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Voluntary Turnover</td>
<td>11.61%</td>
<td>11.74%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Stability</td>
<td>84.55%</td>
<td>85.25%</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

Top 5 Voluntary Leaving Reasons - June 2017

- Voluntary Resignation - Work Life Balance
- Voluntary Resignation - Relocation
- Voluntary Resignation - Promotion
- Voluntary Resignation - To undertake further education or training
- Voluntary Resignation - Better Reward Package
Well Led

Sickness

Board Sponsor: Director of People & Transformation

**In Month Total Sickness Absence**

- Total Sickness Target
- Total Sickness Actual

- Sickness Absence %
- April-16, June-16, Aug-16, Oct-16, Dec-16, Feb-17, April-17, June-17, Aug-17, Oct-17, Dec-17, Feb-18

**In Month Short Term & Long Term Sickness Absence**

- Long Term Sickness Target
- Short Term Sickness Target
- Long Term Sickness Actual
- Short Term Sickness Actual

- % Sickness Absence
- April-16, June-16, Aug-16, Oct-16, Dec-16, Feb-17, April-17, June-17, Aug-17, Oct-17, Dec-17, Feb-18

**Sickness**

A small reduction in long term sickness and a small increase in short term sickness means that the level of sickness in May remains unchanged.

Anxiety/Stress/Depression remains as the number one reason for long term sickness, increasing in May. The reason Other Musculoskeletal Problems has reduced by 41% from March 2017 to May 2017 (886 FTE days lost to 514 FTE days lost).

The largest increase in short term sickness has been in Anxiety/Stress/Depression and Cough, Cold & Influenza which has seen 40% more FTE days lost in May 17 than the same time last year.

A core focus of the staff health and wellbeing plan is around mental health wellbeing and resilience.
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>Apr-17</th>
<th>May-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>-1.49%</td>
<td>4.50%</td>
<td>3.01%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>-0.21%</td>
<td>5.64%</td>
<td>5.43%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>0.23%</td>
<td>4.46%</td>
<td>4.69%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>0.20%</td>
<td>2.09%</td>
<td>2.28%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>-0.41%</td>
<td>6.66%</td>
<td>6.26%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>-0.10%</td>
<td>3.27%</td>
<td>3.18%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>0.27%</td>
<td>3.86%</td>
<td>4.13%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>-0.12%</td>
<td>0.87%</td>
<td>0.75%</td>
</tr>
<tr>
<td>Trust</td>
<td>-0.01%</td>
<td>4.12%</td>
<td>4.11%</td>
</tr>
</tbody>
</table>

Rolling 12 Month Sickness Absence

<table>
<thead>
<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Absence</td>
<td>4.51%</td>
<td>4.51%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Long Term Sickness Top 5 Reasons (WTE Days) May 2017
- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S12 Other musculoskeletal problems
- S99 Unknown causes / Not specified
- S17 Benign and malignant tumours, cancers

Short Term Sickness Top 5 Reasons (WTE Days) May 2017
- S10 Anxiety/stress/depression/other psychiatric illnesses
- S98 Other known causes - not elsewhere classified
- S13 Cold, Cough, Flu - Influenza
- S25 Gastrointestinal problems
- S99 Unknown causes / Not specified
Well Led
Staff Engagement
Board Sponsor: Director of People & Transformation

Essential Training Actions
Compliance for May remains steady at 83.7%.

New e-learning such as the updated equality and diversity package is about to be launched. Further e-learning developments are being considered with a focus on reducing time away from the workplace where appropriate, along with other bespoke methods of delivering training.

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Variance</th>
<th>May-17</th>
<th>Jun-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control</td>
<td>-0.6%</td>
<td>86.4%</td>
<td>85.8%</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>-1.1%</td>
<td>87.6%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Waste</td>
<td>-0.2%</td>
<td>88.9%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Information Governance</td>
<td>0.3%</td>
<td>78.6%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>-0.4%</td>
<td>84.8%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>-0.2%</td>
<td>86.7%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Fire</td>
<td>-0.1%</td>
<td>77.9%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>-0.8%</td>
<td>78.4%</td>
<td>77.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>-0.4%</strong></td>
<td><strong>83.7%</strong></td>
<td><strong>83.3%</strong></td>
</tr>
</tbody>
</table>
Medical Appraisal

70% of the appraisals that were due between April and June have been completed. Incomplete appraisals are being managed through the Trusts escalation process.

The Trust has currently deferred 35% of all revalidation recommendations due over the past 12 months. The number of recommendations due is low because of the way revalidation was rolled out across the existing workforce by the GMC and the majority in this year are clinical fellows which we know are the most difficult to reach in the national data. The number of doctors going through revalidation will rise again in 2018.

The Trusts first non-engagement recommendation was made to the GMC in May 2017 following an individuals continuous failure to engage with the process and meet agreed deadlines. Consideration of the individuals license to practice is happening through the GMC process.

The 2016/17 annual report on the revalidation process appears in this months board papers for consideration.
### 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 June the Trust is reporting a deficit of £7.3m compared with a planned deficit of £7.6m, £0.3m favourable to plan. Income was £0.6m adverse to plan with pay and non-pay (including financing costs) favourable to plan by £0.2m and £0.7m respectively.
- 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 £12.7m cash after receipt of £3.3m loan financing from the Department of Health to support the ongoing deficit.
- Capital expenditure was £1.2m for the year to date against a plan of £2.5m.
- The Trust is rated red by NHS Improvement (NHSI) as a result of being in Financial Special Measures in June.

### 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 June shows a deficit of £7.3m, £0.3m favourable to the planned deficit of £7.6m.

## Key Issues

- Delivery of savings was £1.8m less than the £7.4m required to date.
- Contract income is £0.2m adverse to plan reflecting primarily under-performance in elective inpatient activity. Other income is £0.4m adverse primarily due to lower Research income.
- Pay has a £0.2m favourable variance due to above plan vacancies.
- Non pay is £0.9m favourable to plan with materially lower independent sector and drug usage 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 June of £3.3m. The total Department of Health borrowing is now £144.9m.

The Trust ended the month with cash of £12.7m, £8.7m higher than plan. The higher balance is required in order to meet contractual payments prior to receipts being received from commissioners in July.

June saw invoiced debtors reduce in month by £20.6m, due to clearance of 2016/17 over-performance invoices.

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 76% 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.
The overall financial position was £0.3m favourable against plan at the end of June.

Capital expenditure was £1.2m compared to a plan of £2.5m 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 DH loan.

**Concerns & Gaps**
The Trust is rated at 4 (a score of 1 is the best) in the finance and use of resources metric. This measure relates to the override due to the Trust being in financial special measures, the Trust would have been rated at 3. The Trust exited financial special measures in July.
Assurances
£39.6m of efficiencies required for the year have been identified at the end of June, £0.2m above the in year target.

Concerns & Gaps
Under-delivery of £1.8m in the first three months against a target of £7.4m.

The graphs show forecast delivery of £39.6m. £26.9m is rated as green or amber.

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.

<table>
<thead>
<tr>
<th>Regulatory Area</th>
<th>Jul-16</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>
</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>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></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></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>

CQC reports history (all sites)

<table>
<thead>
<tr>
<th>Location</th>
<th>Standards Met</th>
<th>Report date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Requires Improvement</td>
<td>Apr-16</td>
</tr>
<tr>
<td>Child and adolescent mental health wards (Riverside) *</td>
<td>Good</td>
<td>Feb-15</td>
</tr>
<tr>
<td>Specialist community mental health services for children and young people *</td>
<td>Requires Improvement</td>
<td>Apr-16</td>
</tr>
<tr>
<td>Community health services for children, young people and families *</td>
<td>Outstanding</td>
<td>Feb-15</td>
</tr>
<tr>
<td>Southmead Hospital</td>
<td>Requires Improvement</td>
<td>Apr-16</td>
</tr>
<tr>
<td>Cossham Hospital</td>
<td>Good</td>
<td>Feb-15</td>
</tr>
<tr>
<td>Frenchay Hospital</td>
<td>Requires Improvement</td>
<td>Feb-15</td>
</tr>
</tbody>
</table>

* These services are no longer provided by NBT.
## Self-assessed, for submission to NHSI

<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 NHSI

<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.

Timescale for compliance: Q3 2017/18 – for RTT