North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2017 (presenting April 2017 data)
Executive Summary
April 2017

ACCESS
Overall April performance against the four hour target was 86.23%, a 2.13% decrease compared to March’s position. 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.
The Trust has achieved the agreed recovery trajectory for Referral To Treatment (RTT) incomplete performance for April (87.59% vs trajectory of 86.25%). The waiting list backlog stands at 3711 vs a target of 3976. Musculo-skeletal services have hit their recovery trajectory for the first time since June 2016 and Gynaecology has hit their recovery trajectory for the first time since October 2016.
The Trust has marginally failed to achieve the national target (1.00%) for diagnostic performance with actual performance of 1.74%. Whilst there continues to be in month underperformance in Endoscopy, April has also seen an increase in Non-obstetric Ultrasound breaches.
Good cancer performance has been sustained in March, with the Trust continuing to deliver on all 7 of the 7 national targets. Achievement of the 62 day standard continued in March with performance at 89.6% vs 85.0%, confirming a sustained improvement into quarter four. The Trust has delivered all 7 of the 7 national targets for the official Quarter 4 position. A significant accomplishment.

SAFETY
The Trust reported 1 case of MRSA, 2 cases of C. Difficile and 3 cases of MSSA in April.
Incidence of pressure ulcers reduced in April with 11 reported Grade 2 pressure injuries and none reported at Grade 3 or 4. The Trust remains on target to achieve a 50% reduction of pressure injuries over the three year period.
Nursing staff levels continue to be monitored closely with one ward triggering the Quality Effectiveness and Safety Trigger Tool (QuESTT) in April. Patient acuity is monitored daily to ensure patient safety is maintained at all times.

PATIENT EXPERIENCE
The number of complaints and concerns received by the Trust in April has shown significant reduction to that reported in March with a 21% drop in complaints and a 23% decrease in reported concerns. Friends & Family response rates continue to be stable, exceeding regional targets. Maternity, although still not achieving national or regional target, has reported continued improvement and has met the local response rate target.
NHS Choices ratings for both Southmead Hospital and Cossham Hospital remain at 4/5 stars.

WORKFORCE
The Trust vacancy factor reduced from 9.80% in March to 9.10% in April, it is anticipated this will reduce further in May. The in-month turnover rate increased in April to 1.47% which is above the planned rate for the month of 0.90%. The in-month sickness rate has reduced from 4.60% in February to 4.37% in March, but remains above the 4.01% target submitted to NHS Improvement for April.

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 April 2017 is £0.1m favourable to plan. The Trust is rated red by NHSI as a result of being placed 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.
### Abbreviation Glossary

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

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### Key / Notes

Unless noted on each graph, all data shown is for period up to, and including, 30 April 2017.

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

Provisional data: 94.28%

Target lines:

- Improvement trajectories:
- No National target:

**DASHBOARD KEY:**

- Perf worsened & below target
- Perf worsened, but above target
- Perf worsened, no target
- Perf improved, but below target
- Perf improved & above target
- Perf improved, no target
- Perf stayed same, below target
- Perf stayed same, above target
- Perf stayed same, no target
Overview

Urgent Care
April’s four hour A&E performance was 86.23%. This represents a fall of 2.13% against the March position. 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. A dip in cumulative bed capacity can be seen post the four day Easter Bank Holiday period. The total discharges did not create enough capacity for the volume of admissions, creating a significant negative bed position.

Delayed Transfers of Care (DTOC) rate has met the national standard of 3.5% at 2.86%.

Referral to Treatment (RTT)
In month, the Trust has exceeded Trust RTT trajectory of 86.25%, with actual performance at 87.59%. Musculo-skeletal services have hit their recovery trajectory for the first time since June 2016 and Gynaecology has hit their recovery trajectory for the first time since October 2016.

At the end of April the Trust achieved the recovery trajectory for patients waiting greater than 52 weeks (16 vs 21 trajectory). The increase in the number of patients choosing to wait greater than 52 weeks for their treatment continues to be a challenge. Neurosurgery performance against the 52 week wait trajectory is better than planned for the year to date as a result of booking improvements and scheduling enhancements. 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 were four breaches of the 28 day re-booking target. One breach was in Vascular Surgery whereby theatre overran. The three other breaches in ASCR are due to a lack of in month capacity. Root Cause Analysis’ (RCAs) have been completed for all breaches and are submitted to commissioners.

Diagnostic Waiting Times
The Trust has failed to achieve the 1.00% target for diagnostic performance in April with actual performance at 1.74%. Whilst there continues to be in month underperformance in Endoscopy, April has also seen an increase in Non-obstetric Ultrasound breaches.

Cancer
Cancer performance in March continues to show an improvement with the Trust achieving all standards for the month and for Quarter 4. The Trust met 89.6% against the 62 day standard in March (Target 85.00%), and 93.00% performance for the Two Week Wait standard. This marks a significant achievement for the Trust and demonstrates a significant improvement in waiting times for patients on cancer pathways.

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

**Access Standard**

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>April 2017</th>
<th>Quarterly Trend (Q3 16/17 vs Q4 16/17)</th>
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<tbody>
<tr>
<td>Emergency Attendances - waits under 4 hour standard vs total attendances (Target 95%)</td>
<td>Performance against national target: 86.23%</td>
<td>78.34% (Q3 16/17) to 81.95% (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>NBT Trajectory: 90.00%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trend from last Month: ↓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year end forecast position: 95.00%</td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment - % incomplete pathways &lt;18 weeks (Target 92%)</td>
<td>87.59%</td>
<td>86.29% (Q3 16/17) to 87.64% (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>86.25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>88.03%</td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment (Neurosurgery, Epilepsy) - 52 Week Waits (Target 0)</td>
<td>16</td>
<td>33 (Q3 16/17) to 18 (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment - 52 Week Waits (Target 0)</td>
<td>27</td>
<td>13 (Q3 16/17) to 26 (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Trust Wide Referral to Treatment Backlog</td>
<td>3711</td>
<td>4002 (Q3 16/17) to 3648 (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>3976</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3341</td>
<td></td>
</tr>
<tr>
<td>Diagnostic DM01 - % waiting more than 6 weeks (Target 1%)</td>
<td>1.74%</td>
<td>13.99% (Q3 16/17) to 0.81% (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>N/A*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.00%</td>
<td></td>
</tr>
<tr>
<td>Cancelled Operations - same day - non-clinical reasons (Target 0.8%)</td>
<td>1.46%</td>
<td>1.49% (Q3 16/17) to 1.33% (Q4 16/17)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Cancelled Operations - 28 day re-booking breach (Target 0)</td>
<td>0</td>
<td>5 (Q3 16/17) to 7 (Q4 16/17)</td>
</tr>
<tr>
<td></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

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**4 hour Breach Analysis**

Overall April performance against the four hour target was 86.23%, a 2.13% decrease compared to March’s position.

There was an increase in breaches compared to March, from 615 to 1018.

The largest increase was in ED attributable breaches. Although there has been a significant increase in non-bed breach reasons, which would imply that this is driven by internal ED issues, the analysis also shows a drop in admitted performance. ED workforce issues have meant that they have not had the resilience to prevent a similar fall in the non-admitted performance which they were previously maintaining.

A plan is being put in place to support and maintain ED staffing requirements 24/7.
ED Performance

Total ED attendances were 2.46% higher in April than in March. April 2017 reports a 7.5% increase in attendance levels than those seen in April 2016.

ED majors attendances increased in April 2017 by 10.8% against those seen in April 2016. Minors attendances also increased by 3.9% against the same period last year.

Overall 2017 ED attendance conversion rates in April is 33.3% which remains similar to the April 2016 rate.

All emergency admissions, ED and direct admissions, are 6.2% above those reported in April 2016. Medical emergency admissions overall show a 5% increase.

A dip in cumulative bed capacity can be seen post the four day Easter Bank Holiday period. The total discharges did not create enough capacity for the volume of admissions, creating a significant negative bed position.
Responsiveness
Length of Stay and Discharge
Board Sponsor: Director of Operations

Length of Stay/Discharge
Bed Occupancy for April was reported at 98.72% for the month. This level of occupancy exceeds the 95% occupancy set to maintain flow.

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.

The Medicine Division has carried out prolonged stay reviews across Respiratory, Cardiology and Complex Care. Issues identified from these reviews included internal NBT and external community delays. The delay issues are now being taken forwards with relevant services to find solutions and resolve.

Delayed Transfer of Care (DToC) was at a rate of 2.86% in April, a slight decrease to last month’s reported 3.56%.

Medically fit for discharge (MFFD) bed days remain high, occupying 4168 bed days overall across the Trust (equivalent to 15.63% of the core bed base).
Responsiveness
Elective Operations
Board Sponsor: Director of Operations

Cancellations
The same day non-clinical cancellation rate was 1.46% vs the national target 0.8%. The number of patients cancelled due to bed related issues continues to be small (6%). 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.

There were zero 28 day rebooking breaches reported in April 2017, as the four breaches for the month had already been reported in their original cancellation month in 2016/17. The Trust has changed reporting of 28 day rebooking breaches in 2017/18 to ensure that the breaches are reported once they have occurred rather than prospectively.
Responsiveness
Referral to Treatment All Specialties
Board Sponsor: Director of Operations

Referral to Treatment (RTT)
The Trust has achieved the RTT trajectory in month with performance of 87.59%. The Trust also achieved the RTT backlog trajectory.

Remedial action plans are in place to monitor progress across a number of specialties who are not meeting the constitutional standards.

Musculo-skeletal (MSK) and Gynaecology at a specialty level both achieved their recovery trajectories for the first time in a number of months.

Key focus areas include operational management/training, further capacity and demand modelling and an improvement of business intelligence reporting.
Responsiveness
Referral to Treatment 52 week waits & Diagnostics
Board Sponsor: Director of Operations

Referral to Treatment 52 Week Waits & Diagnostic Waiting Times
The Trust continues to meet the trajectory for Neurosurgery at the end of April. 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.

The Trust has also reported in-month breaches for Orthopaedic and Spinal patients. The 27 breaches were due to patient choice; root cause analysis’ have been completed for these patients.

In April, the Trust marginally underperformed against the diagnostic 6 week wait standard with performance of 1.74%.

The largest number of breaches were for Non-obstetric Ultrasounds (101), which were 64 breaches above threshold for that test type. These breaches combined with the underperformance in other test types brought the overall Trust position below standard.

There were a total of 43 over 52 week waiters in April, as follows:
- 27 Ortho-Spinal and Orthopaedic
- 6 Neurosurgery
- 10 Epilepsy
### Key Operational Standards Dashboard

**Access Standard**

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<th>Performance against national target / contract / plan:</th>
<th>NBT Trajectory:</th>
<th>Trend from last month:</th>
<th>Quarterly Trend (Q3 16/17 vs Q4 16/17)</th>
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</thead>
<tbody>
<tr>
<td><strong>Patients seen within 2 weeks of urgent GP referral (Target 93%)</strong></td>
<td>93.0%</td>
<td>N/A</td>
<td>↓</td>
</tr>
<tr>
<td><strong>Patients with breast symptoms seen by specialist within 2 weeks (Target 93%)</strong></td>
<td>93.3%</td>
<td>N/A</td>
<td>↓</td>
</tr>
<tr>
<td><strong>Patients receiving first treatment within 31 days of cancer diagnosis (Target 96%)</strong></td>
<td>98.0%</td>
<td>N/A</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Patients waiting less than 31 days for subsequent surgery (Target 94%)</strong></td>
<td>96.3%</td>
<td>N/A</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Patients waiting less than 31 days for subsequent drug treatment (Target 98%)</strong></td>
<td>100%</td>
<td>N/A</td>
<td>→</td>
</tr>
<tr>
<td><strong>Patients receiving first treatment within 62 days of urgent GP referral (Target 85%)</strong></td>
<td>89.6%</td>
<td>86.5%</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Patients treated 62 days of screening (Target 90%)</strong></td>
<td>100%</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

Cancer
The Trust passed the Two Week Wait (TWW) 93% target with a performance of 93.0%. Of the 2124 TWW patients that were seen by the Trust in March, 148 breached the TWW target. The 2124 TWW patients referred in March were the largest number received in any month for 2016/17.

The Trust passed Q4 for the TWW standard with a performance of 93.6%, but failed to pass the standard for the year with a performance of 92.3%.

The Trust again passed performance for both breast screening patients seeing a consultant within two weeks and patients receiving first treatment within 31 days of decision to treat.
Responsiveness
Cancer
Board Sponsor: Director of Operations

The Trust passed the 62 day national standard for March 2017 with a performance of 89.6% against the 85% target. The Trust also passed the 62 day standard for Q4 of 2016/17 with performance of 88.9%.

The Trust passed the 62 day standard for the year with performance of 85.4%.

In March one breach was wholly attributed to radiology delays with radiology contributing to five more breaches. Two breaches were partially attributed to Pathology delays. 12 patients attended first appointment after day seven, which contributed to the breaches of the ideal timed pathways.

The Trust continues to monitor performance against the new national breach reallocation guidance which commences from April 2017. If the guidance had been applied to March’s performance there would have been an increase in performance.

Improvements in Urology pathways for patients transferred to NBT from other providers has had the largest impact on improved performance under the new guidance. Concerns remain for lung pathway patients and those requiring treatment at the BHOC.

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.
Cancer

NBT achieved the 31 day first treatment target in March 2017 with performance of 98.0%. There were six 31 day breaches in total, two of which were due to medical delays, one due to consultant sickness and three due to administrative delays at other providers.

The 31 day subsequent treatment standards have both been met in March 2017.

The Trust has finished 2016/17 by meeting all cancer performance standards for Q4. The Trust has also met six of the seven cancer targets for the year of 2016/17. These targets have been met despite an increase of referrals of almost 10% from the year 2015/16 and in total 22,305 Two Week Wait patients were referred to NBT in 2016/17 with 3,306 receiving their first cancer treatment at the Trust.
## Section Summary

**Improvements:**

The requirement for agency nursing has further reduced this month to 2.7%, well below the 5.7% national ceiling.

Whilst safety thermometer remains at 93% overall, the report now includes new harms, those that are hospital acquired, and this rate is 98%. The falls rate has stabilised to just over six per 1000 bed days the last three months with just one fall causing serious injury in April. Pressure ulcers have also further reduced this month, with the target reduction over three years being met.

**Areas of Concern:**

South Bristol Dialysis Unit were a new trigger on QuESTT last month and the only remaining area triggering; work continues on recruitment and environmental improvements.
### Patient Safety Dashboard

**Standard (target)**

<table>
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<tr>
<th>Performance against national target / contract / plan</th>
<th>Against NBT Trajectory</th>
<th>Trend from last Month</th>
<th>Performance to be achieved by. (as per trajectory)</th>
<th>Quarterly Trend (Q3 16/17 vs Q4 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Event Occurrence by Month (Target 0)</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>2 (Q3 16/17) to 1 (Q4 16/17)</td>
</tr>
<tr>
<td>Safety Thermometer - overall compliance (Target 90%)</td>
<td>93.10%</td>
<td>N/A</td>
<td>N/A</td>
<td>93.08% (Q3 16/17) to 92.57% (Q4 16/17)</td>
</tr>
<tr>
<td>Malnutrition Screening (Target 90%)</td>
<td>90.97%</td>
<td>N/A</td>
<td>N/A</td>
<td>87.25% (Q3 16/17) to 91.04% (Q4 16/17)</td>
</tr>
<tr>
<td>Hand Hygiene Compliance (Target 95% - in arrears)</td>
<td>96.20%</td>
<td>N/A</td>
<td>N/A</td>
<td>97.1% (Q3 16/17) to 96.43% (Q4 16/17)</td>
</tr>
<tr>
<td>MRSA (Target 0 Internal)</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>2 (Q3 16/17) to 1 (Q4 16/17)</td>
</tr>
<tr>
<td>C. Difficile (Target &lt;3.6 Internal)</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>6 (Q3 16/17) to 5 (Q4 16/17)</td>
</tr>
<tr>
<td>MSSA (Target &lt;1.6 Internal)</td>
<td>3</td>
<td>N/A</td>
<td>N/A</td>
<td>9 (Q3 16/17) to 7 (Q4 16/17)</td>
</tr>
<tr>
<td>Venous Thromboembolism Screening (Target 95% - in arrears) - provisional</td>
<td>94.28%</td>
<td>N/A</td>
<td>N/A</td>
<td>95.73% (Q3 16/17) to 94.89% (Q4 16/17)</td>
</tr>
</tbody>
</table>
Safe Staffing
Quality, Effectiveness & Safety Trigger Tool (QuESTT), Acuity & Dependency
Board Sponsor: Director of Nursing

QuESTT
In April, one ward triggered above the threshold of 12 for action. Four areas did not submit data and have been reviewed by the Heads of Nursing in order to assess current score.

South Bristol Dialysis Unit (12)
Action: Recruitment is in place to fill shortfall, sickness levels remain elevated with management in line with the sickness management policy in place. Environmental issues are being reviewed for estates work being overseen by the Head of Nursing, this has resulted in reduced chair capacity.

SafeCare 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 Divisions apart from Women and Children’s have higher acuity than staffing planned. The shortfall is risk assessed across the Trust.

Data validation, daily patient acuity measurements and educational tools are in place to ensure consistency of patient assessments by all staff. Divisions not achieving the required census are being supported by Matrons to achieve this.
Nursing Workforce

There remains an over establishment of 49 Health Care Assistants (HCA) in April with a corresponding under establishment of 9 Registered Nurses. The over establishments were in Medicine, MSKN and Women and Children’s which relate to staffing the additional bed capacity which has remained open, some new starters who required induction and supernumerary time and to provide some sickness cover.

The use of agency in Theatres, Anaesthetics, Medirooms, and NICU has reduced this month. There was also a reduction in use of bank and number of substantive nurses. Adult Intensive Care required the use of non framework agency due to both acuity of patients and the number of vacancies. There are registered nurses in the pipeline due to start over the next three months to support this shortfall.

Agency expenditure did decrease significantly this month to 2.7% of the nursing pay cost in April against the NHSI ceiling of 5.7%.

Recruitment continues to be proactively managed including the use of Trust wide open days to ensure a pipeline of both registered and non registered nurses is in place to support the turnover.
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

The overall fill rate for both Registered Nurses (RN) and Care Assistants (CA) increased for all shifts apart from RN days which remained stable. The increase in CA hours is still reflective of the enhanced care requirements for patients across the Trust.

In April there was continued requirement for staff for additional bed capacity with patients cared for in Medirooms and Interventional Radiology overnight which have been included in the Unify submission.

CHPPD numbers shows a slight decrease of 0.2 this includes CHPPD for ICU, NICU and the Birth Suite.

Wards below 80% fill rate are:

NICU: Reduced fill rate in CA’s Day shifts, NICU staffing is monitored closely alongside cot dependency with RN’s used instead of CA’s if required. To ensure safe staffing is maintained a process of staffing escalation utilising Ward Sisters and Matrons is in place, which has been utilised in April due at times of sickness.

ICU: Reduced fill rate for CA Night shifts. ICU staffing is managed in line with patient dependency, to maintain safe staffing when required, support is provided by Matron, Ward Sister and education team.

Cossham Midwifery Fill Rate and CHPPD:
Cossham Birth Suite fill rates have decreased this month. Staffing is managed as part of Southmead Maternity unit and staff are moved to provide support depending on the numbers of women attending. There was an decrease in CHPPD to 26.6 in April due to an increase in women from 53 in March to 72 in April.
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 April 2017 there were no unit closures.

The Midwife to birth ratio was maintained at 1:30 in April and has been a constant since April 2016. The final report, Birth Rate Plus is now available and is being 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 535 births in April with a normal birth rate of 59.6%. Cossham Birth Centre had 38 births in April and Mendip Birth Centre has had 49 births.

79.1% of births were delivered on CDS, with a small reduction in the total births in birth centre locations to 16.3%.

The Caesarean rate reduced from to 32.2% in March to 25.6% in April.

The one to one care in labour was provided for 96.9% of women in our care.
Serious Incidents (SI)
Eight serious incidents were reported to STEIS in April 2017:
- 2 x Delayed Treatment
- 1 x Fall
- 1 x Infection Control
- 1 x Unexpected Death
- 1 x Surgical Complication
- 1 x Missed Diagnosis
- 1 x 12 Hour Trolley Breach

One serious fall was 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 bi-weekly flash reports.

SI & Incident Reporting Rates
Incident reporting increased slightly to 38 PBD. Serious incidents are still above the median.

Divisions:
- SI Rate by 1000 Bed Days
  - CCS* - 0.42
  - ASCR - 0.33
  - WCH - 0.25
  - Med - 0.23
  - MSKN - 0.17

*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 Serious Incidents but are reducing in terms of serious falls.
Pressure ulcers have slightly increased and are the second most prevalent Serious Incident type alongside unexpected deaths.

Central Alerting System (CAS)
Six new alerts reported, none breaching alert target.

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Closed</th>
<th>Open Breaching Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-16</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Jun-16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Jul-16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Aug-16</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sep-16</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Oct-16</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nov-16</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Dec-16</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Jan-17</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Feb-17</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Mar-17</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Apr-17</td>
<td>2</td>
<td></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.

CAS Alerts – April 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>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Closed Alerts</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Open alerts (within target date)</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Breaches of Alert target</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Top Types of SI reported May 2016- Apr 2017 N = 88 by Date Reported (STEIS or SWARM)

- Fall, 20
- Pressure Ulcer, 11
- Unexpected Death, 11
- Fall Swarm, 11
- Delayed Treatment, 6
- Incorrect Test Results, 4
- Lost to follow up, 3
- Surgical Complication, 3
- Missed Diagnosis, 3
- Medication Error, 3
- Other, 13

Other categories:
- Unintended Damage to Organ, 2
- Retained Foreign Object, 2
- Wrong Site Surgery, 2
- Delayed Treatment, 2
- Infection Control, 2
- Misplaced NG Tube, 1
- 12 Hr Trolley Breach, 1
- Equipment Failure, 1
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 an improvement to 98% with a reduction in the number of falls and pressure ulcers resulting in harm.

Overall Falls

There were 188 falls in month with one major fall on Ward 6B. In May there will be the Second National Audit for Inpatient Falls and also work reviewing the fields for the Trust’s new incident management system, Datix, particularly in relation to the definitions for impaired cognition.
Safety
Harm Free Care
Board Sponsor: Director of Nursing

Pressure Injury
Pressure injury incidence per 1000 bed days has decreased in April.

Grade 4: Nil reported in April.
Grade 3: Nil reported in April.
Grade 2: 11 reported in April.

The Trust remains on target to achieve a 50% reduction of 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 now applying for VTE exemplar centre status. The application is with the national Exemplar Centres network hosted by Kings College Hospital for review.
**Malnutrition**

Malnutrition compliance for April was 90.1%, which is the third consecutive month that the Trust has achieved the target. Two clinical divisions did not achieve the 90% target, targeted work continues in these two areas.

**WHO Checklist Compliance**

Measured compliance with the WHO checklist was 95.3%.

An external follow up review from NHS Improvement was undertaken on 5th May 2017, picking up recommendations made within the first review undertaken in October 2016. This provided positive feedback and assurance on progress made against the original report’s recommendations. QRMC reviewed this at its meeting on 18th May and noted the improvements and ongoing work.
The work of the NBT Patient Safety Medicines Management team continues but with less input due to current patient flow pressures.

**Missed Doses**
The percentage of missed doses is only just within target. Recent rises are thought to be indicative of patient flow pressures. This will be further highlighted through Heads of Nursing meetings.

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

A recent closed incident was reviewed and flagged to the Trust Risk group and an investigation opened for further trust wide learning.

**Major/ Catastrophic Incidents**
1 “catastrophic” falls incident was reported in March and is currently under investigation to determine if medication had a role in this.

**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 has been one reported case of MRSA bacteraemia in April. A full investigation has been conducted and the Trust have requested third party arbitration, which is being supported by our Bristol Commissioning colleagues.

It should be noted that a community acquired case, occurring in March, has also been attributed to NBT.

This therefore brings the total number of cases to 8 within the rolling year.

A system wide review of both hospital and community acquired cases is to take place to ensure shared learning. This will be in addition to the Trusts current remedial action to reduce risk of further cases as agreed with commissioners and NHSI. Focus is on screening and management of indwelling devices (especially vascular catheters and cannulae) will remain principle work streams for the infection control annual 2017/18 programme.

MSSA
There were three reported cases of MSSA bacteraemia in April. Measures to reduce cases will work in conjunction with those associated with the MRSA bacteraemia.
Safety
Infection Control
Board Sponsor: Medical Director

C. Difficile
There have been 2 reported cases reported in April occurring within the same clinical area. The infection prevention & control team and clinical teams involved are conducting a full review.

Public Health England (PHE) Benchmarks
Data from the latest published report is shown.

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

Conclusion
The number of Staph Aureus (MRSA and MSSA) bacteraemia cases is the primary focus for attention by the infection control team but other infection control measures continue to demonstrate good practice.
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’.

The most common causes of death of inpatients remain consistent. Mortality review continues to be overseen by the Quality Surveillance Group. 61.8% of 1488 cases were reviewed in the year to March 2016. The reviews by specialty in the 12 months to March 2017 are shown and demonstrate considerable variation in delivery by specialty.

This is a high priority for national safety work and the NBT programme is being developed and overseen by the Quality Surveillance group. QRMC has reviewed this programme and the resulting learning.

The Medical Director and Mr Robert Mould (NED) attended the national conference on learning from deaths on 21st March 2017 and the learning from that meeting will be integrated in to the NBT policy.
In 2016/17 NBT recruited over 3000 patients, exceeding our target by over 100 patients. The year has started well with monthly recruiting comfortably within the recruitment range expected for April.

Having seen a weaker performance in initiating studies and recruiting to time and target over the previous two quarters the process changes implemented are generating an improving trend which is being monitored. NBT continues to perform well when compared to similar Trusts, placing within the top 30%.

Recruitment to time and target has seen a particularly strong result in Q4 thanks to the efforts of the research teams and investigators undertaking more detailed feasibility assessments.

NBT aims to achieve 80% studies initiated within 70 days and 80% recruiting to time and target by the end of Q3.

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 Edd 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) from the David Telling Trust and two Health Foundation grants worth £73k each for Christy Burden and Stephen O'Brien (Women and Children).
North Bristol Trust have increased the NHS 49 elements to 52. 36 of these elements are managed by FM Ops i.e. Domestics Services and Estates. 13 of the elements are managed by Nursing only and 3 are jointly managed by Nursing & Domestic Services.

The allocation of domestic staff to areas is becoming more stable and consistent due to full recruitment and other management initiatives.

A review of the hours in significant and low areas is being undertaken to identify any potential for redirecting resource to high and very high risk areas. Trials of this throughout April have achieved a 1% improvement in the high risk areas overall.

Mandatory training compliance for April is currently exceeding Trust targets and completion of staff appraisals is at 100%.

Staff engagement has been a key feature of the past 12 months including local and divisional wide sessions presented by all levels of management supported by regular newsletters.

A refresher training programme for all existing staff has now begun and compliments a new and interactive operations manual developed by the FM training team.
### Section Summary

#### Improvements & Actions:

Friends and Family Test (FFT) response rate and percentage that would recommend are above the national average for the emergency department. The team have also had a recent workshop with Picker who administer the national survey, using feedback to improve their service.

Overdue complaints are under trajectory at 25 cases, the target of 10 cases has been missed, however this remains the target and the new divisions are working to achieve this very low level. The lay Peer review panel is now established and their feedback is being actively used for improvement.

#### Trends:

Data transfer issues to healthcare communications have been resolved and response rates in maternity services are improving.
Inpatient Experience
Percentage of respondents who would recommend the service they have experienced at NBT to friend and family if they need similar care is 92% (92.46%) for April 2017.

National data for March published this month (May) showed 96% would recommend. NBT data for March is 93% recommend.

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

Outpatient Experience
National data for March published this month showed 94% would recommend. NBT data for March was 92% would recommend.

95% would recommend for April 2017, the highest level reported in over 11 months.

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.
Caring Friends & Family Test
Board Sponsor: Director of Nursing

Emergency Department Experience
National data for March published this month showed 87% of respondents recommending ED services. NBT for March was 88% would recommend.

April percentage for NBT would recommend remains at a similar level.

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. Positive experiences of staff attitude and waiting related to compassionate staff providing an efficient and timely service.

Maternity Department (Birth)
National data for March published this month showed 97% of respondents recommending maternity services. NBT was 96% would recommend.

April percentage for NBT would recommend is 94%.

Staff attitude remains the largest positive theme along with implementation of care. Comments include repeated words of supportive, caring and providing an exceptional service.
Maternity Department

Required response rate met (Delivery/Birth) but has dropped below the National and South West Region average trend. Action: Further work to be undertaken to learn from other Trusts.

Emergency Department

Response rate met with the trend indicating NBT remain above the South West Regional and National average.

Outpatient Department

Response rate remain well above the locally agreed response rate and continually exceed the Regional and National average response rates.

Inpatient Department

Response rate remains below the National response rate at 25% response rate. The trend is similar to the average overall National response rate and above the overall South West Regional average.
Caring Friends & Family Test - Patient Comments
Board Sponsor: Director of Nursing

**Inpatient**
“Lack of continuity - different staff every day, neither patient or next-of-kin gets to know nurse and others, nurse has to start from square one every time. The only daily familiar feature was the cleaner.”

**Inpatient**
“All staff took time explain what was happening and when; I felt looked after and staff were interested in trying to find a solution which they did. I can’t fault the service.”

**Outpatient**
“Appointment was cancelled 40 minutes before it was due, and then 15 minutes later was phoned back to say it was still happening as they had sorted staffing issues. Good service once I was there but a very stressful start.”

**Outpatient**
“The place was very clean and tidy and the staff were professional and went the extra step to make sure my treatment was the right treatment for me.”

**Maternity**
“I can’t recommend the birthing suite at Southmead enough...the team of midwives were incredible and so supportive...I went from feeling like I couldn’t do it and thinking I would need to give in to the pain and have the epidural, to feeling calm and in control in the birthing pool where I had my bundle of joy in no time at all. I couldn’t have done it without their support and I will be forever grateful!”

**ED**
“Staff were amazing but I had a 7 hour wait.”

**ED**
“Can’t praise enough the outstanding care and professionalism of the staff.”
Complaints and Concerns
The Trust received 41 Complaints & 54 Concerns in April 2017, showing a significant reduction in both Complaints and Concerns for the month.

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

Overdue Cases
The number of overdue cases for April is 25. Organisational change has impacted on the number of responses received. The target reduction to no more than 10 overdue cases has been missed but remains the objective for the new divisions.

Final Response Compliance
Of the cases closed in April (to account for late responses), those completed within agreed timescale were 61 cases (77%). The exceptions were:
- 5.06% (4) were 1 - 10 days overdue.
- 6.33% (5) were 10 - 20 days overdue.
- 11.39% (9) were greater than 20 days overdue, reflecting the operational pressures in the Trust that led to the increased overdue responses).
Caring Complaints & Concerns
Board Sponsor: Director of Nursing

Complaint Handling
The top three categories of complaints April 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 four out of five from 251 reviews and Cossham has a rating of four out of five from 27 reviews.

In April 2017 the star ratings given were:
- 8 x 5 Star
- 1 x 1 Star

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

Ombudsman Cases
There were no new cases for the PHSO for April 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>Parliamentary Health Service Ombudsman (PHSO) Cases</th>
<th>Q1 16/17</th>
<th>Q2 16/17</th>
<th>Q3 16/17</th>
<th>Qtr 4 16/17</th>
<th>Apr-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases referred to PHSO</td>
<td>2</td>
<td>Nil</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>No. of cases fully upheld</td>
<td>0</td>
<td>Nil</td>
<td>Nil</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No. of cases partially upheld</td>
<td>1</td>
<td>Nil</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>No. of cases not upheld</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fines levied</td>
<td>Nil</td>
<td>Nil</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Corrective Actions Compliant within timescales</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>1</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Well Led
SRO: Director of People & Transformation

Section Summary

Improvements & Actions:

Staff Engagement
NBT are a pilot site with HEE funding for the use of real time staff feedback for 2017/18. Theatres are the first area live within the Trust and we will monitor the impact on staff engagement, recruitment, retention and absence. Progress will be reported to the Workforce Committee. Other areas working on introducing the system include: Resourcing and Payroll Services at Frenchay and the Central Delivery Suite and NICU at Southmead.

Trainee Nursing Associate (TNA) - New role
NBT is a Fast Follower pilot site for the 2-year Nursing Associate programme, which commenced last month. To date 13 Band 3 TNAs have been recruited to the programme. The curriculum planning continues at UWE, and will include ‘in hospital’, ‘near home’ and ‘at home’ placement experiences for students.

January 2017 – March 2017: Trac Recruitment Benchmarking Exercise
Trac recently issued a benchmarking exercise to 122 NHS users of Trac’s recruitment system; of the 122, 48 took part. The data collected was for the period 1st January 2017 - 31st March 2017. NBT went live on Trac 13th February 2017 and so only had data covering part of the benchmarking period. Despite this NBT’s use of Trac was good when compared with the other organisations, the key metrics are below:

- NBT are 2nd quickest out of 48 for time it takes to shortlist with 4.3 days.
- NBT are 2nd quickest out of 48 for time it takes to complete pre-employment checks and issue an unconditional offer letter with 19 working days.
- NBT are 24th out of 48 in terms of volume of offers made, with 229 offers sent between 13th February and 31st March.

Essential training compliance
Despite the pause in essential face to face training in February and March 2017 compliance increased in April.

Trends:
- The Trust vacancy factor reduced from 9.8% in March to 9.1% in April and is anticipated to reduce further in May as the impact of the cost improvement programmes for 2017/18 is reflected in the funded establishment. This is anticipated to bring the vacancy factor more in line with the target trajectory submitted to NHSI, which for April was 7.7%.
- Agency expenditure has continued to reduce and is at it’s lowest monthly rate in the last 12 months.

Areas of Concern:
- Sickness absence reduced from 4.60% in February to 4.37% in March as would be anticipated with seasonal variation. However, the overall sickness level remains above the target submitted to NHSI for April 2017, which was 4.01%. Well being initiatives are being offered to staff on a Trust wide basis to further reduce sickness and bring in line with the NHSI target.
- The in month turnover rate increased from 1.34% to 1.47% in April (target for April 2017 submitted to NHSI - 0.9%).
<table>
<thead>
<tr>
<th>Standard (target)</th>
<th>April 2017</th>
<th>Quarterly Trend (Q3 16/17 vs Q4 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Expenditure (Target £597 - £000)</td>
<td>£463 (green)</td>
<td>£2,471 (Q3 16/17) to £2,818 (Q4 16/17)</td>
</tr>
<tr>
<td>Month End Vacancy Factor (Target 7.7%)</td>
<td>9.06% (red)</td>
<td>9.27% (Q3 16/17) to 9.44% (Q4 16/17)</td>
</tr>
<tr>
<td>In Month Turnover (Target 0.9%)</td>
<td>1.47% (green)</td>
<td>1.23% (Q3 16/17) to 1.10% (Q4 16/17)</td>
</tr>
<tr>
<td>In Month Sickness Absence (Target 4.01%)</td>
<td>4.37% (red)</td>
<td>4.80% (Q3 16/17) to 4.66% (Q4 16/17)</td>
</tr>
<tr>
<td>Trust Mandatory Training Compliance (Target 85%)</td>
<td>83.71% (green)</td>
<td>83.22% (Q3 16/17) to 83.09% (Q4 16/17)</td>
</tr>
<tr>
<td>Non - Medical Annual Appraisal Compliance (Target 90.0%)</td>
<td>57.60% (red)</td>
<td>55.58% (Q3 16/17) to 57.25% (Q4 16/17)</td>
</tr>
</tbody>
</table>
The funded establishment for April 2017 onwards does not this month reflect the impact of the 2017/18 cost improvement programmes and the current pay expenditure budget is based on the plan submitted to NHSI in December 2016.

The updated budget and associated funded establishment for 2017/18 is currently being produced and will be reflected in the Pay Expenditure vs Plan information from May 2017 onwards. It is anticipated that this updated information will show a positive change in the gap between Worked vs Funded establishment.
Well Led
Workforce Utilisation
Board Sponsor: Director of People & Transformation

Bank and Agency
Bank expenditure remains above plan. This is to be expected as part of the aim to reduce reliance on agency, however, we need to maintain a focus on ensuring that robust plans are in place to reduce bank usage and bring it in line with the planned expenditure.

In addition, locum use and expenditure is now being reported under bank spend, when previously it was reported under agency spend.

This month we have seen the lowest agency usage for a 12 month period. Robust plans remain in place to ensure appropriate scrutiny of agency usage requests takes place and approval is only granted where absolutely warranted.

We continue to recruit nurses onto the bank to reduce reliance on agency and have 15+ in the pipeline to start work on the bank. Recent adverts have attracted 10-15 applications in a two week period.

Work also continues to increase the number of our substantive workforce registered with the bank.
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%.
Vacancy Factor
In April the vacancy factor reduced from 9.8% to 9.1% when compared with March. This is as a result of a net gain of staff and also a reduction in the funded establishment recorded in the ledger in April when compared with March.

Nurse Recruitment Open Day
The Trust recruited 34 Registered Nurses at the 5th May open day. The next open day is planned for the 23rd June 2017.

Recruitment Plans
The Trust continues to run specific recruitment campaigns for hot spot areas (Theatres, ICU, NICU, Medicine). These campaigns are being advertised by social media, NHS Jobs and the Trust website.

Alongside these recruitment campaigns there is significant work taking place to reduce agency usage in Theatres, with recruitment plans in place to increase NBT eXtra and recruit substantively. In addition, work is on-going to improve engagement and turnover, with the introduction of the “Happy App”.

**Vacancy Factor by Staff Group**

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Vacancy Factor Mar-17</th>
<th>Vacancy WTE Mar-17</th>
<th>Vacancy Factor Apr-17</th>
<th>Vacancy WTE Apr-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>8.9%</td>
<td>13.4</td>
<td>8.7%</td>
<td>13.0</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>11.0%</td>
<td>161.2</td>
<td>8.3%</td>
<td>120.5</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>12.0%</td>
<td>183.5</td>
<td>10.8%</td>
<td>162.1</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>8.9%</td>
<td>33.7</td>
<td>8.3%</td>
<td>30.7</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>10.6%</td>
<td>79.3</td>
<td>11.3%</td>
<td>85.2</td>
<td>0.7%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>7.5%</td>
<td>28.9</td>
<td>2.8%</td>
<td>10.3</td>
<td>-4.7%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>7.7%</td>
<td>73.5</td>
<td>9.1%</td>
<td>88.7</td>
<td>1.4%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>8.7%</td>
<td>189.0</td>
<td>8.8%</td>
<td>189.1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Trust</td>
<td>9.8%</td>
<td>762.5</td>
<td>9.1%</td>
<td>699.6</td>
<td>-0.7%</td>
</tr>
</tbody>
</table>
Well Led

Turnover

Board Sponsor: Director of People & Transformation

Turnover

Leavers increased in April when compared with March. In certain staff groups this was offset by an increase in starters over the same period.

Additional Clinical Services and Administrative and Clerical staff groups both saw an increase in starters and a net gain of staff in April when compared with March.

The Nursing and Midwifery Registered staff group saw a lower net loss of staff in April when compared with March.

The staff group saw an increase in leavers as shown in the 'In Month Turnover by Staff Group' table.

The impact was partially offset by an increase in starters, 30 WTE started in April 2017 compared with 13 WTE in March 2017.

Turnover Summary

<table>
<thead>
<tr>
<th>Rolling 12 Months</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Turnover</td>
<td>15.33%</td>
<td>15.92%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Voluntary Turnover</td>
<td>11.37%</td>
<td>11.83%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Stability</td>
<td>84.78%</td>
<td>84.76%</td>
<td>-0.02%</td>
</tr>
</tbody>
</table>
Well Led Sickness
Board Sponsor: Director of People & Transformation

Sickness
Short term sickness has continued to reduce as anticipated, in part due to the seasonal trend.

Well being of staff remains a priority and actions being taken at Divisional level to improve sickness includes:

- Medicine - health promotion sessions have been organised with the staff physiotherapist for admin/desk bound staff
- Neuro/MSK - roll out of e-rostering within admin to improve management of sickness and annual leave within non 24/7 areas and active use of e-rostering to monitor return to work interviews (compliance and timeliness).
- Well being initiatives offered to all staff on a Trust wide basis

These actions are reflected in the reduction in short term sickness absence and also the reduction over the previous quarter in long term sickness absence.
In Month Sickness Absence by Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Variance</th>
<th>Feb-17</th>
<th>Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>-0.13%</td>
<td>3.56%</td>
<td>3.44%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>-0.45%</td>
<td>6.94%</td>
<td>6.49%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>0.32%</td>
<td>4.26%</td>
<td>4.58%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>-0.58%</td>
<td>3.21%</td>
<td>2.63%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>-0.23%</td>
<td>7.60%</td>
<td>7.37%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>-0.62%</td>
<td>3.33%</td>
<td>2.72%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>-0.41%</td>
<td>4.36%</td>
<td>3.95%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>-0.10%</td>
<td>1.03%</td>
<td>0.93%</td>
</tr>
<tr>
<td>Trust</td>
<td>-0.22%</td>
<td>4.60%</td>
<td>4.37%</td>
</tr>
</tbody>
</table>

Rolling 12 Month Sickness Absence

<table>
<thead>
<tr>
<th>Total Absence</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.58%</td>
<td>4.57%</td>
<td>-0.01%</td>
</tr>
</tbody>
</table>

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

- S10 Anxiety/stress/depression /other psychiatric illnesses: 293.88
- S12 Other musculoskeletal problems: 1171.91
- S98 Other known causes - not elsewhere classified: 304.63
- S17 Benign and malignant tumours, cancers: 704.97
- S11 Back Problems: 886.94

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

- S99 Unknown causes / Not specified: 559.13
- S98 Other known causes - not elsewhere classified: 662.65
- S13 Cold, Cough, Flu - Influenza: 564.86
- S10 Anxiety/stress/depression /other psychiatric illnesses: 584.52
- S25 Gastrointestinal problems: 655.80
Well Led
Staff Engagement
Board Sponsor: Director of People & Transformation

Appraisal
In response to a decline in appraisal completion across the Trust, the appraisal process changed on 1st May to an appraisal compliance window. From next month, information will be included to demonstrate show progress against this area.

Essential Training Actions
April saw an increase in compliance of 1.25%.

Subject matter experts are continuing to carry out bespoke training as required to target areas of low compliance and e-learning is still available as an alternative in most subjects.

Reporting is being adjusted to take account of the changes in Divisional structures, which may result in some Divisions seeing variances in their overall compliance from April onwards.
Since revalidation was introduced, the fifth appraisal year started on 1st April 2017. 54% of the appraisals that were due in April have been completed. 36 Appraisals remain incomplete from the previous appraisal year which ended in March. These 36 appraisals are being managed through the Trust’s escalation process with a target completion date by 30th June 2017.

The Trust has currently deferred 30% of all revalidation recommendations due over the past 12 months. The current number of recommendations due are low and the majority are for clinical fellows. The number of doctors going through revalidation will rise again in 2018.

An annual report on the revalidation process was last presented to the Trust Board in July 2016 with a statement of compliance signed and submitted to NHS England.

A report of appraisal compliance is now due to be completed and returned to NHS England by the deadline of June 2017 to represent the appraisal year 1st April 2016 – 31st March 2017. Details from this report will be presented to the Trust Board again in June or July 2017 following the submission to NHS England.
Section Summary

Summary:

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

- The financial position for the end of April shows a deficit of £2.7m compared with a planned budget deficit of £2.8m. This is £0.1m favourable to plan. Income and pay were favourable to plan by £0.6m and £0.5m respectively. Non-pay was £0.9m adverse.
- Savings delivery was £0.8m less than the £2.4m required.
- The main areas of concern relate to the level of Elective Activity and therefore 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 £6.5m cash after receipt of £3.3m cash support in-month via an uncommitted revenue loan.
- Capital expenditure was £0.1m in month.
- The Trust is rated red by NHS Improvement (NHSI) as a result of being placed in Financial Special Measures.

Key areas of concern:

- 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.
Assurances
The financial position for April shows a deficit of £2.7m, £0.1m favourable to the planned deficit in the 2017/18 plan of £2.8m.

Key Issues
- Delivery of savings was £0.8m less than the £2.4m required.
- Contract income is £0.8m favourable to plan reflecting primarily above plan non-elective activity.
- Pay has a £0.5m favourable variance due to above plan vacancies.
- Non pay is £0.9m adverse to plan. The main contributing components are Clinical Supplies together with an in month CIP shortfall.

Actions Planned
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.

<table>
<thead>
<tr>
<th>Position as at 30 April 2017</th>
<th>1718 Plan £m</th>
<th>Actual £m</th>
<th>Variation from budget (Adv) / Fav £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Income</td>
<td>37.0</td>
<td>37.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Other operating income</td>
<td>6.9</td>
<td>6.7</td>
<td>(0.2)</td>
</tr>
<tr>
<td>Donations income for capital acquisitions</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Income</td>
<td>43.9</td>
<td>44.5</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay</td>
<td>(27.7)</td>
<td>(27.2)</td>
<td>0.5</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>(13.7)</td>
<td>(14.6)</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>(41.4)</td>
<td>(41.8)</td>
<td>(0.4)</td>
</tr>
<tr>
<td><strong>Earnings before Interest &amp; depreciation</strong></td>
<td>2.5</td>
<td>2.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Depreciation &amp; Amortisation</td>
<td>(2.1)</td>
<td>(2.1)</td>
<td>0.0</td>
</tr>
<tr>
<td>Non PFI Interest receivable</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Non PFI Interest payable</td>
<td>(0.4)</td>
<td>(0.6)</td>
<td>(0.2)</td>
</tr>
<tr>
<td>PFI Interest</td>
<td>(2.8)</td>
<td>(2.8)</td>
<td>0.0</td>
</tr>
<tr>
<td>PDC Dividend</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other Financing Costs</td>
<td>0.0</td>
<td>0.0</td>
<td>(0.0)</td>
</tr>
<tr>
<td>Impairment</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Retained Surplus / (Deficit) for accounting purposes</td>
<td>(2.8)</td>
<td>(2.8)</td>
<td>0.0</td>
</tr>
<tr>
<td>Add back items excluded for NHS accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRIC 12 Adjustment</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Donations income for capital acquisitions</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Depreciation of donated &amp; government grant assets</td>
<td>0.0</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Impairment</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Adjusted Surplus / (Deficit) for NHS accountability</td>
<td>(2.8)</td>
<td>(2.7)</td>
<td>0.1</td>
</tr>
</tbody>
</table>
Assurances
The Trust accessed new loan financing in April of £3.3m. The total as at 31st March 2017 was £138.6m.

The Trust ended the month with cash of £6.5m.

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.
Assurances
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 scores a 4 (a score of 1 is the best) in the finance and use of resources metric. Based on the metrics reported during 2016/17, the score would be the lowest level after the override because of Financial Special Measures.

<table>
<thead>
<tr>
<th>Area</th>
<th>Weighting</th>
<th>Metric</th>
<th>Year to date</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial sustainability</td>
<td>0.2</td>
<td>Liquidity (days)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>Capital service capacity</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Financial efficiency</td>
<td>0.2</td>
<td>I&amp;E margin</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Financial controls</td>
<td>0.2</td>
<td>Distance from financial plan</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>Agency spend</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Overall use of resources rating (before override)</td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Overall use of resources rating (after override)</td>
<td></td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
The Trust was £0.1m favourable against the Plan for April included within the 2017/18 Plan.

Capital expenditure was £0.1m for the month. 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.
Assurances
Identified CIP schemes total £28.8m at the end of April. £1.6m was delivered in month one versus a target of £2.4m.

Concerns & Gaps
The graphs show forecast in-year delivery totaling £28.8m which is below the required level for the year by £10.6m. £25.0m is rated as green or amber.

Actions Planned
Continued monitoring of actions required to deliver required savings in 2017/18.
The Governance Risk Rating (GRR) for ED 4 hour performance continues to be a challenge through 2016/17, 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>May-16</th>
<th>Jun-16</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>
</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>2</td>
<td>2</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>

### 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>
<tr>
<td>Ref</td>
<td>Criteria</td>
<td>Comp (Y/N)</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<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>
</tr>
<tr>
<td>G5</td>
<td>Having regard to monitor Guidance</td>
<td>Yes</td>
</tr>
<tr>
<td>G7</td>
<td>Registration with the Care Quality Commission</td>
<td>Yes</td>
</tr>
<tr>
<td>G8</td>
<td>Patient eligibility and selection criteria</td>
<td>Yes</td>
</tr>
<tr>
<td>P1</td>
<td>Recording of information</td>
<td>Yes</td>
</tr>
<tr>
<td>P2</td>
<td>Provision of information</td>
<td>Yes</td>
</tr>
<tr>
<td>P3</td>
<td>Assurance report on submissions to Monitor</td>
<td>Yes</td>
</tr>
<tr>
<td>P4</td>
<td>Compliance with the National Tariff</td>
<td>Yes</td>
</tr>
<tr>
<td>P5</td>
<td>Constructive engagement concerning local tariff modifications</td>
<td>Yes</td>
</tr>
<tr>
<td>C1</td>
<td>The right of patients to make choices</td>
<td>Yes</td>
</tr>
<tr>
<td>C2</td>
<td>Competition oversight</td>
<td>Yes</td>
</tr>
<tr>
<td>IC1</td>
<td>Provision of integrated care</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Regulatory View
### Board Compliance Statements at April 2017

**Board Sponsor:** Chief Executive Officer

### 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