North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

October 2016 (presenting September 2016 data)
Executive Summary  
September 2016

ACCESS
The Trust failed to meet the 4 hour standard for A&E with September performance at 83.7% against an agreed trajectory of 91.0%. The majority of breaches remain bed related and the main focus for improvement remains reducing length of stay (LoS) by 10%. The Trust has reviewed the first draft of Directorate LoS plans and has requested a second draft in October. The Delayed Transfers of Care (DTOC) rate remains above the national standard at 3.8% but is considerably closer to the national target of 3.5% in comparison to the previous month. The Trust has met the agreed trajectory for Referral To Treatment (RTT) incomplete performance for September at an overall percentage level (86.3% vs trajectory of 86.0%). The backlog currently stands at 4187 vs a target of 4175. There has been underperformance in Gynaecology and Musculo-skeletal at a speciality level. Gynaecology underperformance has resulted from a demand and capacity imbalance. A draft remedial action plan is in place. This month has also seen a further decline in Non-obstetric Ultrasounds due to vacancies within the service and an increase in demand. The provisional position of Cancer targets in August showed the Trust had delivered nationally on 5 of the 7 Cancer waiting time standards. The Trust failed to meet the Two Week Wait standard (86.9% vs 93.0%) as a result of patient choice delays. Additional support from MacMillan has been sought to improve performance going forward. The Trust marginally failed to meet the 31 Day Treatment standard (95.6% vs 96.0%) due to a lack of beds. A zero tolerance approach to cancellations for Cancer patients has been employed by the Trust and has improved performance for September. For 62 Day Treatment, the Trust exceeded trajectory (87.1% vs 86.2%) and the national standard (85.0%) in August.

SAFETY
One grade 3 pressure ulcer was reported in September. Pressure ulcer rates have increased overall with a recent spike in grade 3’s, although a 33.7% decline in grade 2’s has been observed. Safety briefings have been held with all relevant staff emphasising the importance of skin checks. The falls rate has deteriorated slightly to 6.73. The Medicine directorate will be implementing new falls prevention tools in November 2016. Safety Thermometer Harm Free Care compliance rate has just fallen below the target in September (92.8% vs 94.0%). The Trust reported three cases of MRSA and four cases of C. Difficile in September 2016. The Trust has been unable to establish a source for one case of MRSA, but a breach in the MRSA screening policy has been identified. Appropriate action is being taken with clinical teams.

PATIENT EXPERIENCE
Complaints & Concerns received by the Trust have reduced overall, overdue complaints have risen slightly in September from an all-time low in August (14 v 6). Friends & family comments scores continue to reflect mainly positive responses; there has been a decline in response rates following introduction of SMS.

WORKFORCE
Enhanced pay controls should come through in a further reduction in pay expenditure in October and requires continued attention from the Trust. Our pay as a percentage in 2015/16 was 66% of income and at Month 6 has positively moved to 64%. In-month turnover has increased in September (0.1%). Work to reduce turnover needs to be a focus of the Trust going forward. Vacancy factor has decreased significantly in September due to recruitment of newly qualified nursing staff. Sickness absence has reduced in August mostly due to a decrease in short term sickness.

FINANCE
The Trust has a year to date (YTD) deficit of £29m which is £2.2m adverse to plan. The primary drivers for the cumulative adverse to plan are lower than planned income of £1.5m together with a non-pay overspend of £1.9m, offset a by pay underspend of £1.2m. There is a planned year end deficit of £52m. A draft recovery plan has been submitted to NHS Improvement aiming to reduce the deficit by a further 8m in order to achieve the control total for 2016/17.
Key / Notes

Unless noted on each graph, all data shown is for period up to, and including, 30 September 2016.

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:

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

Abbreviation Glossary

CCS - Core Clinical Services  
CEO - Chief Executive  
Clin Gov - Clinical Governance  
IM&T - Information Management  
Med - Medicine  
MSK - Musculoskeletal  
RAP - Remedial  

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
RESPONSIVENESS
SRO: Director of Operations

Overview

Urgent Care
September’s four hour A&E performance was 83.71% against an improvement trajectory of 91.00%. Performance was challenged due to Trust bed occupancy levels at 96.5% (down from 97.3% the previous month) driven predominantly by higher than planned numbers of long stay patients. Medical patients continued to occupy beds outside of the medical bed base throughout September and delayed transfers of care (DTOC) remain above national target, although improvements have been seen. Focus is now on reducing the number of breaches in majors through delivery of the Emergency Department (ED) professional standards. The majority of four hour breaches remain bed related. Ahead of winter, Directorates have submitted LoS improvement plans targeted at a 10% reduction and are reviewing the appropriate use of the bed base to ensure maximum efficiency for the management of forecasted capacity deficits. Further improvement of DTOC is required to achieve the 2.5% stretch target and achievement of NBT standards (target reduction of 32 beds, halving the number of medically fit for discharge bed days) in order to support the Directorate LoS plans to ensure the planned bed occupancy rate is achieved – if not, alternative capacity options will be required for winter. The ED is trialling a move from Lorenzo to paper booking in of patients to assess whether this will impact favourably on the number of patients who are breaching the four hour target – an evaluation of this will be shared at the end of the month. The Trust is working with Commissioners to refresh the ED trajectory for Quarters 3 and 4 of 2016/17.

Referral to Treatment (RTT)
In month, the Trust met its refreshed trajectory of 86.0%, with actual performance at 86.3%. General Surgery, Gastroenterology, Neurosurgery and Plastics all exceeded trajectory which has countered underperformance mainly in Musculo-skeletal (MSK) and Gynaecology. Both General Surgery and MSK have agreed Remedial Action Plans and a first draft plan has been received from Gynaecology. The emerging underperformance in Gynaecology relates to a mixture of staffing issues and an imbalance in demand and capacity. The specialty aims to deliver the national 92% standard by the end of March 2017. The Trust’s under 18 week pathways for September exceeded the predicted modelling completed earlier in the year, which in part countered the higher number of over 18 week patients (backlog).

At the end of September the Trust achieved the recovery trajectory for patients waiting greater than 52 weeks (56 vs. 59 trajectory). 52 week wait trajectories are better than planned for the year to date within Epilepsy and Neurosurgery as a result of booking improvements and scheduling enhancements. Performance against the Orthopedic Spinal trajectory is back on track at the end of September as predicted. Outside of the known trajectories, MSK has reported a number of breaches of the 52 week standard due to patient choice reasons. In addition, Anaesthesia, Surgery and Critical Care (ASCC) has reported a small number of breaches related to lack of radiofrequency ablation of varicose veins (VNUS) and colorectal capacity and an Upper GI pathway delay. Root Cause Analysis’ (RCAs) have been completed for all breaches and will be submitted to commissioners.

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 scope to provide Discharge to Assess pathways to reduce the size of the Leaving Hospital Patient Database (LHPD). Despite a 2016/17 local agreement to reduce overall Delayed Transfer of Care levels and to reduce Medically Fit for Discharge (MFFD) bed days – this has not transpired and there is low confidence of this being achieved this winter.
- **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

**Board Sponsors:** Director of Operations

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>September 2016</th>
<th>Quarterly Trend (Q1 16/17 vs Q2 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Attendances – waits under 4 hour standard vs total attendances</strong></td>
<td>83.71%</td>
<td>78.47% (Q1 16/17) to 80.62% (Q2 16/17)</td>
</tr>
<tr>
<td>(Target 95%)</td>
<td>91.00%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Referral to Treatment - % incomplete pathways &lt;18 weeks (Target 92%)</strong></td>
<td>86.33%</td>
<td>86.54% (Q1 16/17) to 86.33% (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>85.97%</td>
<td>87.16%</td>
</tr>
<tr>
<td><strong>Referral to Treatment – 52 Week Waits (Target 0)</strong></td>
<td>56</td>
<td>81 (Q1 16/17) to 56 (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>59</td>
<td>29</td>
</tr>
<tr>
<td><strong>Trust Wide Referral to Treatment Backlog</strong></td>
<td>4187</td>
<td>4279 (Q1 16/17) to 4187 (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>4175</td>
<td>3680</td>
</tr>
<tr>
<td><strong>Diagnostic DM01 – % waiting more than 6 weeks (Target 1%)</strong></td>
<td>6.01%</td>
<td>1.09% (Q1 16/17) to 6.01% (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>1.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td><strong>Cancelled Operations – same day - non-clinical reasons (Target 0.8%)</strong></td>
<td>1.52%</td>
<td>2.42% (Q1 16/17) to 1.76% (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Cancelled Operations – 28 day re-booking breach (Target 0)</strong></td>
<td>0</td>
<td>7 (Q1 16/17) to 3 (Q2 16/17)</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>
Responsiveness
Urgent Care
Board Sponsor: Director of Operations

A&E
Overall September’s performance against the 4 hour target was 83.71%, with waiting for a bed being the main cause of breaches, followed by awaiting Emergency Department (ED) assessment. As of 10 October a new ambulatory model in ED has gone live with regards to management of A&E patients, which is expected to reduce ED delays further.

During September, the Trust has remained predominately in red escalation levels with the majority of escalation capacity open reflecting the known bed deficit overall.

Medically fit for discharge (MFFD) bed days remain high, occupying 5417 bed days overall across the Trust (equivalent to 181 beds or 21.07% of the core bed base)

System wide capacity & demand (C&D) modelling indicates a system shortfall in long term placements and Discharge to Assess capacity. A commissioner delivery plan was due by the end of September to confirm the plans to mitigate against this and address the known capacity gap as part of wider resilience planning.
Responsiveness
Patient Flow Work stream
Board Sponsor: Director of Operations

### Patient Flow

Despite progress against a number of Emergency Care Intensive Support Team (ECIST) recommendations listed below, the high level of bed occupancy and the inability to date to shift discharges to earlier in the day across all areas has resulted in continued flow pressures.

- Percentage of weekend emergency admissions to discharges has mostly been above the ECIST recommended 85% (10th/11th Sept at 84.14%)
- The AMU/ambulatory care changes have resulted in us being above the 50% target for new admissions being discharged within 2 midnights.

Alongside initiatives to decrease bed occupancy, the Proactive Hospital Programme will focus on:

- Value added days pilot to review at an MDT level whether all in-patients require an acute bed, or an alternative arrangement could be made (i.e. community support/OPD follow up).
- Integrated Discharge Service – standardise support across all wards as well as reducing the levels of Discharge to Assess cancellation rates.
- More effective use of Trust resources i.e. Discharge Lounge/Pharmacy.
- Training staff and agreeing the governance framework to deliver criteria led discharge.
Length of Stay and Discharge

Board Sponsor: Director of Operations

Capacity & Demand modelling of complex discharges has been undertaken at a system level to inform Urgent Care Recovery Plans (UCRP) to reduce the number of patients waiting for care outside of the hospital.

Following the Trust’s contract negotiations we are awaiting the CCG updated plans for commissioning further care out of hospital to reduce our medically fit bed days.

In September, the total number of Medically Fit for Discharge (MFFD) days was 5417 out of 28576 bed days Trust wide.

The Delayed Transfer of Care (DToC) level has improved, remaining slightly above the national target of 3.5% at 3.78%.
Referral to Treatment (RTT)
The Trust met the revised RTT trajectory in month although Musculo-skeletal (MSK) and Gynaecology at a specialty level failed to meet the planned incomplete performance levels. MSK has an agreed remedial action plan in place and Gynaecology has provided a first draft plan. The main risk to recovering performance is the wider Trust LoS progress and bed occupancy in addition to resolution of staffing issues within Gynaecology.

At the invitation of the Trust, the Elective Intensive Support Team (EIST) completed a six week diagnostic of Trust RTT processes in Quarter 1. Progress against the action plan is being monitored via the monthly RTT General Manager group chaired by the Director of Operations. Key focus areas include Operational Management/Training, further Capacity & Demand modelling and improving BI reporting. The EIST will continue to provide senior independent support for the Trauma & Orthopaedics recovery plan. The Trust will complete a re-scoring exercise with the EIST by the end of October 2016 to track the impact of the above actions.
Responsiveness
Elective Operations
Board Sponsor: Director of Operations

Cancellations
The same day non-clinical cancellation rate was 1.52% vs. the national target of 0.8%. For the first time this year, a lack of beds was not the main cause of cancellation, instead lack of theatre time (lists overrunning due to complications) became the primary driver. The Theatres Board is to oversee a delivery plan to address theatres productivity and to introduce changes to scheduling as the cases per working day is still marginally below the 112 cases needed to meet the Trust's contracted levels.

The 2016/17 trajectory for 28 day re-booking has been agreed with commissioners and the Trust; in month there were no breaches of this target. Urgent operations cancelled for the 2nd time were in Plastics and Trauma & Orthopaedics and were related to in month pressures in Trauma leading to cancellations. A mini RCA is underway to understand if any further lessons can be learnt.
Responsiveness
Referral to Treatment 52 week waits & Diagnostics
Board Sponsor: Director of Operations

The Trust continues to meet the recovery trajectories for Neurosurgery and Epilepsy and is back on trajectory for Orthopaedic Spines at the end of September as predicted.

The Trust has also reported in month breaches in Orthopaedics related to patient choice issues, and is forecasting between 5 -10 per month for the remainder of the year. In addition, Surgery has reported a small number of breaches related to lack of radiofrequency ablation of varicose veins (VNUS) and colorectal capacity and an Upper GI pathway delay. RCAs have been completed for all of these breaches.

In September, the Trust has experienced a further decline in performance against the diagnostic wait time standard due primarily to Endoscopy and Non-obstetric Ultrasound. Endoscopy breaches relate to a significant increase in two week wait demand, which has been raised as an issue with Commissioners. The Sonographer-led ultrasound service has been carrying vacancies and has also seen an increase in demand. The team is currently identifying additional capacity to enable this backlog to be reduced to August levels by the end of October.

NB: The >52 week wait clearance dates are as follows: by Quarter 4 of 2016/17 for Orthopaedic Spines; Neurosurgery by Quarter 3 2017/18; and Epilepsy by Quarter 3 2017/18.
## Key Operational Standards Dashboard

### Access Standard

<table>
<thead>
<tr>
<th>Access Standard</th>
<th>August 2016</th>
<th>Quarterly Trend (Q4 15/16 vs Q1 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance against national target / contract / plan:</strong></td>
<td><strong>Trend from last month:</strong></td>
<td></td>
</tr>
<tr>
<td>Patients seen within 2 weeks of urgent GP referral (Target 93%)</td>
<td>86.94%</td>
<td>93.67% (Q4) to 93.80% (Q1)</td>
</tr>
<tr>
<td>Patients with breast symptoms seen by specialist within 2 weeks (Target 93%)</td>
<td>97.18%</td>
<td>94.06% (Q4) to 94.07% (Q1)</td>
</tr>
<tr>
<td>Patients receiving first treatment within 31 days of cancer diagnosis (Target 96%)</td>
<td>95.58%</td>
<td>94.07% (Q4) to 96.17% (Q1)</td>
</tr>
<tr>
<td>Patients waiting less than 31 days for subsequent surgery (Target 94%)</td>
<td>98.81%</td>
<td>94.59% (Q4) to 95.82% (Q1)</td>
</tr>
<tr>
<td>Patients waiting less than 31 days for subsequent drug treatment (Target 98%)</td>
<td>100%</td>
<td>100% (Q4) to 100% (Q1)</td>
</tr>
<tr>
<td>Patients receiving first treatment within 62 days of urgent GP referral (Target 85%)</td>
<td>87.10% 86.17%</td>
<td>79.11% (Q4) to 83.56% (Q1)</td>
</tr>
<tr>
<td>Patients treated 62 days of screening (Target 90%)</td>
<td>97.50%</td>
<td>90.00% (Q4) to 85.56% (Q1)</td>
</tr>
</tbody>
</table>

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

The final validated position of cancer performance in August shows the Trust had delivered on five of the seven cancer waiting time standards.

The Trust failed the Two Week Wait (TWW) target with a performance of 86.94%. There were 268 TWW breaches in August, of which 205 were patient related issues of not accepting appointments offered within 14 days. There were 40 breaches in Urology due to middle grade vacancies, but extra capacity provided by the service prevented this position being worsened further. The issues with patient availability have been raised at the BNSSG meeting and a MacMillan GP will be visiting Cancer Services these issues are resolved.

NBT failed the 31 day target with a performance of 95.58%. There were 11 31 day breaches in total, all in Urology. The 11 breaches were made up of the following; five were due to being cancelled on the day of surgery due to no beds, five breached due to lack of surgical capacity to treat within the target and one was for medically appropriate reasons. The Trust Management Team had agreed from mid-August to have a zero tolerance approach to bed cancellations for cancer cases which has had a positive impact on September performance.
Responsiveness
Cancer
Board Sponsor: Director of Operations

NB: The charts show the breakdown of breach reasons for both whole and shared 62 day breaches for the month of August. 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

The Trust exceeded both the 62 day national standard and the recovery trajectory for August. The information to the left shows the breakdown of breaches in terms of reason by individual speciality.

In August, one breach could be wholly attributed to problems in Pathology with Pathology delays also contributing to three further breaches, but not being the sole cause. Analysis of the breaches has identified that 17 of the 26 patients who breached could have been saved either by better adherence to timed pathways or improvements in administrative processes.

The new 62 day breach reallocation national standards and the BNSSG CQUIN will change the way that shared breaches are allocated from October 2016. From October, if patients are referred to the treating provider beyond the agreed timescale (day 38 for the national standards and specialty specific timeframes for the CQUIN) then the whole breach will be allocated to the referring provider. If this standard had been applied to August performance then the number of breaches would have reduced to 16.5 resulting in an increase in performance to 87.77%.

### August 2016 62 day performance

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Treated</th>
<th>In target</th>
<th>Breach</th>
<th>Performance</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain</td>
<td>0.5</td>
<td>0.5</td>
<td>0</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>24</td>
<td>23.5</td>
<td>0.5</td>
<td>97.90%</td>
<td>1 x patient choice</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8.5</td>
<td>7.5</td>
<td>1</td>
<td>88.20%</td>
<td>1 x admin delay in endoscopy</td>
</tr>
<tr>
<td>CUP</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2.5</td>
<td>1.5</td>
<td>1</td>
<td>60.00%</td>
<td>1 x complex medical pathway, 1 x pathway delay at NBT</td>
</tr>
<tr>
<td>Haematology</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>100.00%</td>
<td></td>
</tr>
<tr>
<td>Head and Neck</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>5</td>
<td>4.5</td>
<td>0.5</td>
<td>90.00%</td>
<td>1 x pathway delay at NBT</td>
</tr>
<tr>
<td>Paediatric</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarcoma</td>
<td>2.5</td>
<td>2</td>
<td>0.5</td>
<td>80.00%</td>
<td>1 x admin delay caused by Cancer Services</td>
</tr>
<tr>
<td>Skin</td>
<td>33.5</td>
<td>33</td>
<td>0.5</td>
<td>98.50%</td>
<td>1 x pathway delay at NBT</td>
</tr>
<tr>
<td>Upper GI</td>
<td>4.5</td>
<td>3.5</td>
<td>1</td>
<td>77.80%</td>
<td>1 x medical reasons, 1 x pathway delay at UHB</td>
</tr>
<tr>
<td>Urology</td>
<td>50</td>
<td>36.5</td>
<td>13.5</td>
<td>73.00%</td>
<td>4 x pathway delay at NBT, 2 x admin delay, 1 x patient choice, 3 x lack of elective capacity, 7 x late referral to NBT</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135</strong></td>
<td><strong>116.5</strong></td>
<td><strong>18.5</strong></td>
<td><strong>86.30%</strong></td>
<td></td>
</tr>
</tbody>
</table>
Responsiveness
Cancer
Board Sponsor: Director of Operations

Cancer
The 31 day subsequent treatment standards have both been met in August 2016.

The 62 day screening standard has recovered to 97.5% following resolution of the staffing problems in June and July. This recovery continues into September where the target is anticipated to have been met again.

Work is being undertaken to agree the timed pathways for Quarter 2 of the BNSSG CQUIN and this is due to be reported in October. Gynaecology, Cancer of Unknown Primary (CUP), Neuro-Endocrine, Haematology and Colorectal are the specialities to be agreed in Quarter 2.

Performance against the 62 day standard is predicted to fail in September due to increased breaches following the poor TWW performance of June and July. Cancer performance and individual patient pathways are being monitored closely through the weekly RTT meetings chaired by the Deputy Director of Operations to expedite patients and prevent avoidable breaches.
## Section Summary

### Improvements

It is of note that no wards triggered an early warning QUESTT score of 12 or above, with new nurses that started with us in September we expect to see fill rates further improve, and continued improvements towards achieving our target of zero agency.

Whilst pressure ulcers have resulted in our harm free care rate being below the national average, it should be noted that this includes community acquired harms, and that for Quarter 2 we have seen a 33% reduction in grade 2 pressure ulcers.

Compliance of over 95% for Venous Thromboembolism (VTE) continues, and work progresses to ensure a learning approach for all hospital acquired thromboembolisms.

Nutrition screening has further improved and at 89.9% is virtually achieving the standard expected.

### Area of Concern

The falls rate per 1000 bed days was 6.73, much the same as the previous month. Improvement actions continue to embed learning from SWARMS and use all available tools.

There were three MRSA bacteraemia in month which are subject to root cause analysis investigation. They were in three separate areas with no evidence of connection between them.
<table>
<thead>
<tr>
<th>Standard (target)</th>
<th>September 2016</th>
<th>Quarterly Trend (Q1 16/17 vs Q2 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Never Event Occurrence by Month (Target 0)</strong></td>
<td><img src="Green" alt="0" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Safety Thermometer – overall compliance (Target 94%)</strong></td>
<td><img src="Red" alt="92.84%" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Malnutrition Screening (Target 90%)</strong></td>
<td><img src="Red" alt="89.90%" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hand Hygiene Compliance (Target 95% - in arrears)</strong></td>
<td><img src="Green" alt="97.10%" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>MRSA (Target 0 Internal)</strong></td>
<td><img src="Red" alt="3" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C. Difficile (Target &lt;3.6 Internal)</strong></td>
<td><img src="Red" alt="4" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>MSSA (Target &lt;1.6 Internal)</strong></td>
<td><img src="Green" alt="1" /></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Venous Thromboembolism Screening (Target 95% - in arrears)</strong></td>
<td><img src="Green" alt="95.72%" /></td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please note: Subsequent validation by clinical teams can alter scores retrospectively. Data correct at time of publication.
Safe Staffing
Ward Early Warning Trigger Tool (QUESTT) & Acuity & Dependency

Board Sponsor: Director of Nursing

QUESTT
The QUESTT tool is an early warning tool triangulated and used by the Director of Nursing and Heads of Nursing to ensure early support is given to wards and departments when required. In September 2016, all of the areas who submitted data triggered below the threshold of 12 for action. 84% of wards submitted data. The areas of no submission have been reviewed by the Head of Nursing to ensure that any concerns are escalated and support is provided when required.

SafeCare (Acuity and Dependency)
SafeCare Live was launched in August, with the Neuroscience Directorate being the pilot. In view of the plan for Trust-wide roll out over the next three months, and as testing and changes to the system are occurring, there will be a break in reporting compliance and acuity until January 2017.
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

Overall there has been a reduction in the over establishment of nursing due to an under establishment of Registered Nurse/Midwife. Health Care Assistants (HCAs) remain over establishment which is reflective of the numbers of patients receiving Enhanced Care and the extra capacity beds which remain open in September.

The use of framework agency continues in order to fill vacancies and provide Registered Mental Health 1:1 care, with non-framework agency still required at times to ensure safety is maintained. This remains under tight control with approval only through the Director or Deputy Director of Nursing. The use of agency HCA’s has seen a sustained zero use for 3 months. Agency expenditure reduced to a total of 4.4% of the nursing pay cost in September.

Whilst there was an increase in substantive Registered Nurses there was not a corresponding reduction in the use of Bank or Agency due to the induction period requiring backfill. There are a number of Registered Nurses starting over the next 2 months which is when vacancies are planned to be filled. The recruitment team are undertaking intensive HCA recruitment in order to fill HCA vacancies. The Trust has implemented further controls in reducing the agency use in October.

<table>
<thead>
<tr>
<th>Worked wtes</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>N&amp;M Agency</td>
<td>53</td>
<td>46</td>
<td>48</td>
<td>57</td>
<td>49</td>
<td>48</td>
</tr>
<tr>
<td>Bank</td>
<td>132</td>
<td>140</td>
<td>141</td>
<td>150</td>
<td>146</td>
<td>150</td>
</tr>
<tr>
<td>Substantive</td>
<td>2,029</td>
<td>1,968</td>
<td>1,957</td>
<td>1,940</td>
<td>1,932</td>
<td>1,947</td>
</tr>
<tr>
<td>Total</td>
<td>2,214</td>
<td>2,155</td>
<td>2,146</td>
<td>2,147</td>
<td>2,128</td>
<td>2,145</td>
</tr>
<tr>
<td>HCA Agency</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bank</td>
<td>235</td>
<td>259</td>
<td>245</td>
<td>266</td>
<td>279</td>
<td>255</td>
</tr>
<tr>
<td>Substantive</td>
<td>862</td>
<td>860</td>
<td>861</td>
<td>850</td>
<td>841</td>
<td>832</td>
</tr>
<tr>
<td>Total</td>
<td>1,104</td>
<td>1,122</td>
<td>1,107</td>
<td>1,116</td>
<td>1,120</td>
<td>1,087</td>
</tr>
</tbody>
</table>
Safe Staffing
Nursing Workforce
Board Sponsor: Director of Nursing

The overall fill rate for Registered Nurses (RN) has marginally increased by 0.1% in September with all other rates seeing a slight decrease.

The areas below 80% fill rate are:

- **Mendip Birth Suite:**
  All fill rates were reduced across the shifts. Staff are moved within the unit if required to support the area of highest acuity and maintain safety. If the Birth Suite activity is lower than planned then unfilled shifts are not required to be filled. Recruitment has taken place with new starters in October.

- **NICU:**
  There has been reduced fill rate for CA on Nights at 70.2%. Staffing and acuity has been monitored very closely and staff moved to ensure that safety is maintained with dependency of babies being cared for. There was reduced cot capacity in September and agency used to maintain safety when required. Vacancies are due to be filled in the next three months.

- **Intensive Care Unit (ICU):**
  The acuity and dependency of the patients within ICU has remained similar to last month; resulting in staffing being closely monitored and reallocated on a daily basis to assist caring for patients on wards. This has been reflected with a fill rate of 74.2% on the night shift.

- **Cossham:**
  There was a decrease in fill rate for most shifts for Cossham. Safety was maintained by ensuring appropriate staffing was in place for the number of births that occurred. The booked birth rate is lower this month and for the next three months, staffing will continue to be monitored very closely.

---

**Table 1**

<table>
<thead>
<tr>
<th>September 2016</th>
<th>Day shift</th>
<th>Night Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RN/RM Fill rate</td>
<td>CA Fill rate</td>
</tr>
<tr>
<td>Cossham</td>
<td>88.3%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Southmead</td>
<td>92.9%</td>
<td>105.4%</td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>September 2016</th>
<th>Care Hours Per Patient Day (CHPPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cumulative Pt. census</td>
</tr>
<tr>
<td>Cossham</td>
<td>59</td>
</tr>
<tr>
<td>Southmead</td>
<td>28107</td>
</tr>
</tbody>
</table>

The numbers of hours Registered Nurses (RN) and Care Assistants (CA), 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.
Maternity Staffing

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

In September, the unit was closed on three occasions and this was due to high activity and capacity issues and to maintain safety. The escalation policy was implemented resulting in two patients being redirected to St Michaels and one patient being redirected to Cossham.

The Midwife to birth ratio was at 1:30 in September which has been a constant since April this year.

There were 519 births in September with a normal birth rate of 56.6%. Cossham Birth Centre has seen a significant increase in births to 46 in September from 28 in August. Mendip Birth Centre has also seen an increase from 55 to 65 births.

Mendip Birth Centre has been relocated to CDS since mid-August. In a specified birth centre area ensuring co-located birth centre care continues.

75.1% of births were on CDS, which is a 6.4% decrease from last month. The total births in birth centre locations was 21.4%.

The Caesarean rate for September was 32.8%.
Quality & Patient Safety  
Additional Safety Measures  
Board Sponsor: Director of Nursing

Serious Incidents (SI)
Four serious incidents were reported to STEIS in August 2016:
• 1 x Pressure Ulcer Grade 3
• 1 x 12 hour Trolley Breach
• 2 x Falls
• 4 x Serious falls not reported to STEIS

Pressure Ulcer: Grade 3 undetected moisture damage to the Natal Cleft.
12 Hour Trolley Breach: The patient was unharmed therefore a request has been submitted to the CCG for removal from STEIS.

Falls: Two subdural haemorrhages and four falls (three #NOF, one subdural) were discussed and reviewed at SWARM and a Part ‘B’ investigation is in process.

SI & Incident Reporting Rates
The new approach to falls has resulted in less incidents reported to STEIS. Overall incident reporting is up to 36 per 1000 bed days, which is now above the lower quartile. The latest NRLS report also showed a positive increase in low or no harm patient safety incident reports for NBT. This pro-active approach is being encouraged.

Directorates: Generally, the rate of SI’s per Directorate has reduced except for ASCC and MSK.
Quality & Patient Safety
Additional Safety Measures
Board Sponsor: Director of Nursing

Incident Reporting Deadlines
One incident breached the submission deadline by two working days:
• ASCC Never Event - delayed for executive approval.

Top SI Types in Rolling 12 Months
Falls remain the most prevalent of reported SIs. The new SWARM approach to investigating falls is now established, four serious falls have been managed internally under the SWARM process.

Unexpected deaths are collectively the second most prevalent Serious Incident type.

Pressure ulcers have significantly reduced overall in the last 12 months but there has been a recent spike in Grade 3s.

Central Alerting System (CAS)
No breaches occurred in August.

| 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 compliance rate in September has not sustained the target of 94%. Each month when the safety thermometer data is collected it is validated by the Matrons and Heads of Nursing. There was a noted increase in the number of patients with harm from pressure ulcers, many of which were present on admission to hospital. This directly affects the ‘harm free’ rate.

Overall Falls
There were 202 falls in September. The falls rate is 6.73 per 1000 bed days. This has not changed significantly since August. There have been 5 falls resulting in serious injury of which 2 have been reported externally. All are being investigated with SWARMS conducted within 2 working days. The Medicine Directorate has agreed to implement the new falls prevention tools from November 2016 and has developed a specific action plan for falls on the Acute Medical Unit.

Gender Breaches
Our position has been sustained with no single sex accommodation gender breaches in September.
Pressure Ulcers
Pressure ulcer incidence increased to 0.8 per 1000 bed days.

Grade 4: None in September.

Grade 3: One Grade 3 pressure ulcer occurred within the Women & Children’s directorate with injury to natal cleft causing unidentified moisture damage. Actions implemented include safety briefings to all relevant staff on the necessary skin checks for this area.

Grade 2: Overall Quarter 2 has observed a 33.7% reduction in grade 2 pressure ulcers when compared to 2015/16. September has seen 25 cases occurring on 25 patients. The Tissue Viability Team work closely with clinical teams in ensuring the review and prompt completion of the patient's skin assessment, early escalation of skin damage and other preventative measures.

VTE Risk Assessment
Timely delivery of VTE Risk Assessments above the 95% national standard has continued and the Trust will be seeking closure of the Contract Performance Notice in relation to this issue at the November CCG Quality Sub Group. The emphasis on broader quality improvement work in relation to cases of Hospital Acquired Thrombosis continues, overseen by the Thrombosis Committee.
Malnutrition

Malnutrition screening compliance for September was 89.9% very close to our target of 90.0%.

The wards that have not seen a significant improvement or have dropped in compliance are being managed through additional training on Lorenzo from the Matrons and Heads of Nursing.

It is expected that malnutrition screening compliance will be achieved and exceed 90% by October 2016, so every effort is being made to raise and sustain compliance.

WHO Checklist Compliance

The WHO checklist compliance is very close to the target but has shown little improvement over the last three months. The improvement programme for this is being overseen by the Trusts Theatre Board and work is underway reviewing the data submission from the Independent Sector to ensure we are accurately reporting against all activity.
The Patient Safety Medicines Management team has been shortlisted in the Patient Safety category of the NBT Exceptional Healthcare Awards for continuing improvement work in all work streams. Our work was presented at a European workshop on Medicines Review in October.

**Missed Doses**
The percentage of missed doses continues to show good practice. Improvement work is being undertaken in admissions with audit and tests of change.

**Incidents**
The Medication Safety Subgroup reviews all drug related incidents from eAIMS.

**Major Incidents**
No “major” incidents were reported in August.

**Themes/Types/High risk drugs**
The most common causes of incidents over the past 12 months are shown. Incidents are not always being categorised correctly with respect to actual impact, which may be over-stated and an evaluation is underway. Work is also underway investigating an administration incident to see how a review of second checking practices could improve this category.
Safety
Infection Control
Board Sponsor: Medical Director

The Trust reported three cases of MRSA Bacteraemia in September 2016. They occurred in three separate areas: Renal, ICU and Women’s health.

Detailed investigation continues but no obvious failings in care have been found in the cases in Renal and ICU.

No established source has been found in the case in Women’s health but there does appear to have been a breach in the MRSA screening policy and appropriate actions are being taken forward with the clinical teams.

There was one reported case of MSSA bacteraemia in September. Rates YTD are similar to the previous two years.
C. Difficile

There were four cases reported in September which is fewer than August but one case above the monthly trajectory requirement. There were 13 cases in Quarter 2 which is above the target of 11 cases. The total for the year to date is below trajectory.

A full review of all C. Difficile RCAs has been undertaken. Evidence of cross infection has been found on one medical ward. The ward has been deep cleaned and a review of practice has taken place. Cleanliness of equipment and the environment have emerged as key risks in other RCAs. A remediation plan is being implemented.

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.
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 considered to be as ‘expected’.

The most common causes of death of inpatients remain consistent. Mortality review continues to be overseen by the Quality Surveillance Group.

Dr Foster has updated overview mortality statistics for the year to March 2016. All are in the ‘within expected’ range:

- HSMR 93.7 (CI 92-109)
- Weekday HSMR 93.4 (CI 90-110)
- Weekend HSMR 99.4 (CI 83-119)

Mortality statistic in low risk groups:
- NBT 0.59 (CI 0.27-0.92)
- National benchmark 0.57
Facilities Management
Cleaning Performance
Board Sponsor: Director of Facilities

Very High Risk Areas includes: Wards, ICU, Theatres, NICU, AAU, ED, RDU etc.

High Risk Areas includes: Wards, Inpatient & Outpatient Therapies, Neuro OPD, Cardiac/Respiratory OPD, Imaging Services etc.

Significant Areas includes: Audiology, Plaster rooms, Cotswold OPD etc.

Low Risk Areas includes: Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, L&R (non-lab areas) etc.

- 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

Cleaning performance improved by 2% in September.

Stretch targets, month by month have been set to assist in identifying successful initiatives and drive performance.

Activities to address continuous improvement:
- The domestic roster is now fully recruited. All new starters expected in post by 1 Dec.
- Turnover is now at 2% but there is focus on further reduction.
- Revised training programme for all new starters is now in place which strengthens the investment in individuals at the start of their contract to support retention, quality and performance.
- Consistent and effective management of Domestic sickness is continuing to show good results falling a further 0.45% to 5.0% (from 8% in April).
- Implementation of a new audit tool for cleaning performance is set for November 1st.
- A full review of cleaning policy is being undertaken. Roles & Responsibilities document has been reviewed and sent out for comment, prior to the Control of Infection Committee.
Quality Experience
SRO: Director of Nursing

<table>
<thead>
<tr>
<th>Section Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements &amp; Actions</td>
</tr>
<tr>
<td>Friends and Family Test (FFT) response rates have dipped with the implementation of SMS and the use of SMS and voice recording to all wards where it is appropriate for their patient group. This has highlighted the need to ensure correct phone numbers for all inpatient admissions further to the transfer of the PAS system to Lorenzo.</td>
</tr>
<tr>
<td>FFT results continue to provide really useful patient feedback at ward and department level. This month waiting times was the highest negative comment both for inpatients and outpatients.</td>
</tr>
<tr>
<td>Trends</td>
</tr>
<tr>
<td>Complaints management continues to make progress although not yet at zero for overdue complaints, we do expect to achieve zero. Complaints training is focusing upon early intervention and resolution. The corresponding shift from complaints to concerns that are less formally managed continues, the number of complaints received in September was 53, with our range over the last year being between 50 and 75.</td>
</tr>
</tbody>
</table>
Inpatient Response

There is a slight dip in both the recommend rate and the response rate (by 1.5%) from August. Most inpatient areas have now transferred across to SMS/IVM and this has highlighted the following data quality issues with Lorenzo:

1. 37% of patient contact data is failing due to not having the correct telephone numbers for patients. For 17% of patients there is no telephone number. A Trust wide push to check accuracy and or to collect patient contact details is required and will be addressed through the Directorates.

2. The patient demographic update synchronisation between Lorenzo and the Patient Demographics Spine (PDS) has caused challenges for staff. An approach to address this is being explored.

The scorecard for inpatients shows the percentage split of comments by theme. Staff attitude was again the largest positive comment and along with waiting times, is also the highest theme for negative comments.

Outpatient Response

Rates remain stable at 15% for September. Staff attitude and waiting times had the largest number of positive and negative comments indicating the importance of both domains in the experience of patients.
Emergency Department

There was a slight dip in the response rate (by 2.5%) from August. The data quality issues also apply here. There was however a slight increase in the recommend rate. Staff attitude is the largest contributor to positive comments (e.g. “Fantastic service!, amazing friendly and caring staff. Thank You”, “Such friendly, kind, and thoughtful staff”) and has reduced as a theme for negative comments this month. Waiting times has become the largest contributor for negative comments this month (e.g. not being kept informed of delays, waiting over 6 hours, misdiagnosis leading to 4 hour wait then a return to ED a week later).

Maternity Department

Birth: A slight dip in the birth response rate from August. 40 women had no telephone number, in common with the trust wide data quality issue. The overall recommend rate has increased however.

Overall: Staff attitude was again the largest positive theme (e.g. “very caring midwives”, “Cossham birth centre was fabulous”) with implementation of care this month (e.g. “The care we received from staff was excellent”). Waiting times received the most negative comments (e.g. “asked 4 times for help and frame to be put in, but non given”).
Very long wait on the day, had appointment moved after I got into hospital at 7am, hadn’t eaten since 10pm night before then not offered more food, only a cup of tea, had op at 5pm. Nowhere comfortable to wait. Actual theatre team (anaesthetist and nurses were good) and after care was good.

“The staff were amazing despite being busy, even the chap serving drinks and food went above and beyond”

“The nurse was very friendly and accommodating even though there was a long wait, I felt it was worth the wait”

“I was turned away, although I believed I was attending the minor injuries unit”

“Whilst trying to get some sleep in the night the very loud conversation by the staff kept me awake. I had 2 hours sleep that night and went home feeling worse than when I went in”

“Seen quickly, gate easy to find. Liked the check in. Nice and easy no stress. Parking was a small issue but aside from that all good”

“My appointment was at 11.30, but I was seen at 13.25, there were people there that have been waiting more than two and half hours, so the atmosphere was very tense on top of the long wait”
Complaints and Concerns
The Trust received 53 Complaints & 67 Concerns in September which continues the shift from complaints to concerns, and also shows a slight reduction in the number of concerns received.

NHS Complaints National Guideline Targets
The NHS three day acknowledgement target continues to be achieved and no cases opened since April 2015 have exceeded the six month target.

Overdue Cases
Disappointingly, the number of overdue cases has risen to 14. Directorates will refocus on getting the responses back on time to achieve the Trust’s goal for zero overdue cases.

Final Response Compliance
Of the cases closed in August (to account for late responses), those completed within agreed timescale were 115 cases or 87.79%. The exceptions were:
- 7.63% (10) were 1–10 days overdue.
- 3.05% (4) were 10–20 days overdue.
- 1.53% (2) were greater than 20 days overdue.

At the end of September, five cases remain overdue from a previous month.
Caring
Complaints & Concerns
Board Sponsor: Director of Nursing

Complaint Handling
The top three categories of complaints in September reflect the ongoing trend: clinical care, communication (including staff attitude), delays and cancellations.
All written responses are fed back to the directorates to inform good practice in responding to complainants.

NHS Choices web-posts continue on balance to reflect more positive comments. In September the star ratings given were:
- 4 x 5 stars
- 2 x 3 Stars
- 1 x 1 Star
- 1 x 0 Star

Ombudsman Cases
No new cases were reported for investigation by the PHSO in September and one investigation was concluded which was not upheld.

All actions requested by the PHSO following investigations were completed by the responsible directorate within the requisite timescale.

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.
## Section Summary

### Improvements & Actions

As part of the financial recovery plan (FRP) a governance structure has been set up around the workforce efficiency programmes. A Workforce Efficiency Programme Steering Group has been set up to oversee the following workforce streams:

- Learning & Development Group
- Nursing Workforce Group
- Medical Workforce Group
- Workforce Admin
- Workforce Controls Group

### Policies:

- **Medical Workforce:** The ExCap Policy (formerly WLI) was implemented from October 1st implementing standard rates across Bristol. Job Planning Guidance for Consultants with a master class for Consultants has taken place with job panels due to be completed by 31 December 2016.
- A number of policies were agreed at the JCNC: Organisational Change, Redundancy, Redeployment, Secondments and Acting Up, Access to and Storage of Staff Files.
- Absence management and critical illness policy is being considered by the JCNC sub group to support the FRP.

### Staff Development:

- A deep dive review is being undertaken on all induction and statutory and mandatory training to support delivery of our FRP.
- The NBT Apprenticeship Graduation Awards Ceremony took place on October 14th. Around 200 staff have achieved their apprenticeships so far this year, with graduates in housekeeping and Healthcare Assistants at Levels 2 and 3.
- Induction – in excess of 200 new staff have been through induction in the last month, many of whom were newly qualified staff.

### Trends:

- In September there was a small reduction in temporary staffing.
- Sickness absence reduced in August due to a decrease in short term sickness.
- The Trust vacancy factor has decreased significantly, largely due to newly qualified nurse recruitment.

### Area of Concern:

- Our enhanced pay controls need to demonstrate a further reduction in pay in October and work to reduce turnover needs to be our focus.
## Key Operational Standards Dashboard

<table>
<thead>
<tr>
<th>Standard (target)</th>
<th>September 2016</th>
<th>Quarterly Trend (Q1 16/17 vs Q2 16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Expenditure (Target £1,362 - £000)</strong></td>
<td>£1,307</td>
<td>£4,044 (Q1 16/17) to £3,896 (Q2 16/17)</td>
</tr>
<tr>
<td><strong>Month End Vacancy Factor (Target 8%)</strong></td>
<td>9.33%</td>
<td>8.54% (Q1 16/17) to 10.05% (Q2 16/17)</td>
</tr>
<tr>
<td><strong>In Month Turnover (Target 1.30%)</strong></td>
<td>1.44%</td>
<td>1.28% (Q1 16/17) to 1.38% (Q2 16/17)</td>
</tr>
<tr>
<td><strong>In Month Sickness Absence Aug (Target 4.11% - in arrears)</strong></td>
<td>4.12%</td>
<td>4.79% (Q4 15/16) to 4.30% (Q1 16/17)</td>
</tr>
<tr>
<td><strong>Trust Mandatory Training Compliance Aug (Target 85.00%)</strong></td>
<td>82.71%</td>
<td>August data and therefore no trend available until next month</td>
</tr>
<tr>
<td><strong>Non-Medical Annual Appraisal Compliance (Target 85.9%)</strong></td>
<td>56.05%</td>
<td>Not reported until Q2</td>
</tr>
</tbody>
</table>
Well Led
Workforce Utilisation
Board Sponsor: Director of Workforce & OD

Worked WTE remains beneath the current funded establishment.
Bank expenditure has seen a slight decrease this month.

Agency usage continues to drop slightly for both Framework and Non-Framework agencies which is supporting the drive to reduce expenditure on temporary staffing.

NBT Extra is running recruitment campaigns for nursing and medical staff to attract staff from agencies onto the bank. A key attraction is the further reduction in capping of pay rates to agency staff which will be implemented in November.
Alignment between ESR and the organisation’s Financial System is a recommendation of the Carter Review. A 95% minimum alignment is required by October 2016.

Compliance with this metric continues to remain steady and not dropping below 98%.
Vacancy Factor
In September, the vacancy factor decreased by 1.2% to 9.3%.

The Trust had a net gain of 114 WTE in September of which 72 WTE were nursing.

New HCA Selection Process
The selection process for HCA’s has been reviewed and a pilot is taking place, which includes phone call interviews prior to Assessment Centres, and scenario based questions to shortlist candidates. The next Assessment Centre is on the 27th October.

Nurse Recruitment Open Day
The next Nurse Recruitment Open Day will be held on the 28th October. There are currently 50 applicants registered to attend.

Careers Website
The recruitment page on the NBT Website is currently being updated. The aim is to use the webpage as an advertising platform for our vacancies.
Well Led
Turnover
Board Sponsor: Director of Workforce & OD

In Month Turnover

In Month Turnover by Staff Group

Staff Group       Turnover Aug-16 | Leavers WTE Aug-16 | Turnover Sep-16 | Leavers WTE Sep-16 | Variance
Add Prof Scientific and Technic 1.00% 2.19 1.34% 3.00 0.34%
Additional Clinical Services 2.36% 30.86 1.79% 22.99 -0.57%
Administrative and Clerical 1.51% 21.30 1.59% 22.46 0.08%
Allied Health Professionals 0.58% 2.00 1.45% 5.16 0.87%
Estates and Ancillary 0.44% 2.79 0.57% 3.64 0.13%
Healthcare Scientists 0.58% 2.00 1.90% 6.60 1.31%
Medical and Dental 0.66% 2.69 0.36% 1.50 -0.29%
Nursing and Midwifery Registered 1.24% 24.11 1.53% 29.73 0.29%
Trust 1.33% 87.94 1.44% 95.08 0.11%

Turnover Summary

<table>
<thead>
<tr>
<th>Rolling 12 Months</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Turnover</td>
<td>15.46%</td>
<td>15.50%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Voluntary Turnover</td>
<td>11.42%</td>
<td>11.47%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Stability</td>
<td>86.21%</td>
<td>85.90%</td>
<td>-0.31%</td>
</tr>
</tbody>
</table>

Top 5 Voluntary Leaving Reasons - September 2016

- Voluntary Resignation - Relocation: 22.64%
- Voluntary Resignation - Work Life Balance: 18.65%
- Voluntary Resignation - To undertake further education or training: 17.00%
- Voluntary Resignation - Promotion: 4.53%
- Voluntary Resignation - Better Reward Package: 10.03%
Well Led
Sickness
Board Sponsor: Director of Workforce & OD

Sickness
In month sickness absence decreased slightly between July and August. This was largely attributable to a decrease in short term sickness.

A reduction in long term sickness is taking longer to have an impact and a new critical illness policy will support the process.

A new online sickness course has been developed to complement the current sickness absence training offered by HR.

Directorates continue to monitor their absence levels, in conjunction with their HR Partners.
Well Led
Sickness
Board Sponsor: Director of Workforce & OD

In Month Sickness Absence by Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Variance</th>
<th>Jul-16</th>
<th>Aug-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>0.72%</td>
<td>4.06%</td>
<td>3.49%</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>-1.15%</td>
<td>5.53%</td>
<td>5.89%</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>-0.63%</td>
<td>4.26%</td>
<td>3.91%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>-0.19%</td>
<td>1.80%</td>
<td>2.24%</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>-0.88%</td>
<td>7.13%</td>
<td>6.25%</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>-0.33%</td>
<td>3.25%</td>
<td>2.13%</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>-0.44%</td>
<td>4.56%</td>
<td>4.49%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>-0.09%</td>
<td>1.54%</td>
<td>1.23%</td>
</tr>
</tbody>
</table>

Rolling 12 Month Sickness Absence

<table>
<thead>
<tr>
<th></th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Absence</td>
<td>4.52%</td>
<td>4.51%</td>
<td>-0.05%</td>
</tr>
</tbody>
</table>

Short Term Sickness Top 5 Reasons (WTE) Aug 2016

- S08 Other known causes - not elsewhere classified
- S10 Anxiety/stress/depression/other psychiatric illnesses
- S99 Unknown causes / Not specified
- S25 Gastrointestinal problems
- S11 Back Problems

Long Term Sickness Top 5 Reasons (WTE) Aug 2016

- S10 Anxiety/stress/depression/other psychiatric illnesses
- S12 Other musculoskeletal problems
- S98 Other known causes - not elsewhere classified
- S99 Unknown causes / Not specified
- S28 Injury, fracture
Well Led
Staff Engagement
Board Sponsor: Director of Workforce & OD

Essential Training Actions
Compliance remains steady in September with overall compliance just below target. Line Managers will be reviewing mandatory training compliance as part of their appraisal processes.

We have been under taking a review of mandatory training to identify whether any efficiency savings can be made within the programmes.

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Variance</th>
<th>Aug-16</th>
<th>Sep-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control</td>
<td>-1.02%</td>
<td>85.94%</td>
<td>84.93%</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>0.47%</td>
<td>87.00%</td>
<td>87.46%</td>
</tr>
<tr>
<td>Waste</td>
<td>2.15%</td>
<td>85.42%</td>
<td>87.57%</td>
</tr>
<tr>
<td>Information Governance</td>
<td>-5.52%</td>
<td>75.72%</td>
<td>70.20%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>0.22%</td>
<td>83.48%</td>
<td>83.70%</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>0.33%</td>
<td>83.71%</td>
<td>84.04%</td>
</tr>
<tr>
<td>Fire</td>
<td>-0.86%</td>
<td>78.26%</td>
<td>77.40%</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>-0.78%</td>
<td>81.06%</td>
<td>80.29%</td>
</tr>
<tr>
<td>Total</td>
<td>0.11%</td>
<td>82.61%</td>
<td>82.71%</td>
</tr>
</tbody>
</table>
### Section Summary

#### Summary
- For the year to date the Trust has a deficit of £29.0m which is £2.2m adverse to plan.
- The primary drivers for the adverse position were lower than planned income of £1.5m together with a non-pay overspend of £1.9m primarily drugs and clinical supplies. This is offset by pay underspends of £1.2m.
- The Trust has ended the month with £4.7m cash after receipt of £54.6m cash support in-year via a combination of Revolving Working Capital Facility and also uncommitted revenue loans.
- Capital expenditure is £10.6m for the year to date (including £6.6m of PFI expenditure).
- The Trust is rated red by NHS Improvement (NHSI) as a result of the planned year end deficit of £52m.
- The Trust has submitted a draft recovery plan to NHSI with a number of actions to reduce the deficit by a further £8m in order to achieve the control total.

#### Areas of concern
- Other operating income is £1.9m adverse YTD. This is due to below plan Research and Road Traffic Accident income.
- Pay expenditure has a £1.2m favourable variance YTD and it was marginally favourable, £0.1m in month. Further pay controls are being introduced in October to ensure further reductions are achieved.
- There are £4m of Red rated, Pipeline or Unidentified savings schemes in year, providing a delivery challenge.
- Due to the deficit, monthly cash loans are required from the Department of Health. The cash position is extremely challenging with the deficit position and the ongoing delay to the Frenchay land sale.

#### Actions Planned
- Review of savings schemes with directorates to close the remaining shortfall against the required savings.
- Tracking of activity to ensure delivery against activity plan.
- Tracking of agency usage and targeted reduction in medical and nursing agency expenditure.
Assurances

The financial position for September shows a deficit of £29m compared with a planned budget deficit of £26.8m. This is an adverse position to plan of £2.2m for the year to date.

Key Issues

The forecast outturn position is £52m which requires delivery of £27m savings.

Contract income is £0.4m adverse to plan.

Pay remains favourable to plan overall with a slight favourable in-month of £0.1m.

Non pay is £1.9m adverse to plan – mainly due to lower than planned savings delivery coupled with additional expenditure on drugs and other supplies.

Actions Planned

Weekly review of savings schemes with directorates to close the remaining shortfall against the required savings.

Weekly tracking of activity and agency usage.
Assurances

The Trust drew down £5.3m of loan finance in September, bringing the total for the current year to £54.6m.

Concerns & Gaps

Trade and other receivables are lower than plan.

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance which is below the required 95% with 63% by volume of payments made within 30 days (70% by value). The in-month performance however was 75% by volume (72% by value) which is above average for the year so far.

Actions Planned

The focus is on reducing the level of debts outstanding from both NHS and non-NHS providers.
**Finance**

**Financial Risk Ratings**

**Board Sponsor**  Director of Finance

1. **NHSI Overall Risk Assessment Criteria Rating:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Overall Rating</td>
<td>Red</td>
</tr>
</tbody>
</table>

2. **Financial Sustainability Risk Ratings:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating</td>
<td>1</td>
</tr>
</tbody>
</table>

**Assurances**

Sufficient cash for our planned deficit has been made available to the Trust via the interim working capital facility and DH loan.

**Concerns & Gaps**

The Trust has a red rating on the NHSI (NHS Improvement) risk assessment criteria as a result of the deficit for 2016/17.

NHSI also measures the Trust against the risk ratings used by Monitor.
The Trust was £2.2m adverse against the planned deficit in September.

Capital expenditure is £10.6m for the year to date which includes £6.6m relating to phase 2 of the PFI. Overall, the expenditure is £6.8m below the plan for the year to date.

**Assurances and Actions Planned**

- Monthly review of capital plans and actions to ensure the overall capital resource limit is achieved.
- Daily cash monitoring and planning to ensure sufficient cash is available to meet immediate liabilities.
Assurances

A new saving control mechanism has been implemented to review any changes in delivery of schemes with DGMs required to provide detail on changes in excess of £50k.

Concerns & Gaps

The graphs show forecast in-year delivery totaling £26.6m which is below the required level for the year by £0.4m.

Actions Planned

• Meetings with directorates to review progress of implementation and ensuring delivery of the total savings requirement of £27m.
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 Accountability Framework (AF). This requires that we use the performance indicator methodologies and thresholds provided and a Finance Risk Assessment based upon in year financial delivery and Monitor’s Risk Assessment Framework.

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.

Statement number 11 (information governance) is now being reported as non-compliant as the Trust is now assessed at level 1 against the Information Governance (IG) Toolkit. An action plan to return to level 2 compliance has been approved by the Board, but the statement will be recorded as non-compliant until the next assessment demonstrates achievement of level 2 compliance.

<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</td>
<td>Good</td>
<td>Feb-15</td>
</tr>
<tr>
<td>(Riverside)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist community mental health services</td>
<td>Requires Improvement</td>
<td>Apr-16</td>
</tr>
<tr>
<td>(children and young people)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health services for children, young</td>
<td>Outstanding</td>
<td>Feb-15</td>
</tr>
<tr>
<td>and families</td>
<td></td>
<td></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>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board non-compliance statements</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Prov. Licence non-compliance</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>
## Monitor Provider Licence Compliance Statements at September 2016

### Board Sponsor: Chief Executive Officer

### Regulatory View

#### 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>No</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
- Q4 2016/17 – for Information Governance