

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

March 2020 (presenting February 2020 data)



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Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	80.01%	70.47%	74.10%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%		74.61%	68/118	
	A&E 12 Hour Trolley Breaches	0	0	21	0	0	0	1	0	0	0	4	9	2	38	48		0 - 187	26/35	
	Ambulance Handover < 15 mins (%)	100%	93.27%	92.36%	92.66%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%				
	Ambulance Handover < 30 mins (%)	100%	99.10%	99.10%	99.27%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%				
	Ambulance Handover > 60 mins	0	0	2	12	0	4	0	0	0	0	1	0	2	2					
	Delayed Transfers of Care	3.50%	3.50%	3.99%	5.82%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	8.01%				
	Stranded Patients (>21 days) - month end			138	133	160	133	131	135	276	156	138	128	129	163	158				
	Bed Occupancy Rate	95.00%	95.00%	98.01%	96.65%	97.09%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.86%	98.75%				
	Cancelled Operations (Same day - non-clinical)	0.80%		1.45%	0.89%	1.35%	1.33%	0.78%	0.71%	0.94%	0.94%	1.30%	1.10%	1.25%	1.21%	1.13%		1.57%	70/149	
	Cancelled Operations (28 Day Rebooking)	0	3	3	1	1	1	2	1	1	1	0	1	0	5	1		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	3.66%	2.32%	3.10%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%		4.42%	366/400	
	Diagnostic 13+ Week Breaches	0	0	8	10	15	74	84	130	205	225	239	63	147	258	113				
	RTT Incomplete 18 Week Performance	92.00%	88.22%	86.95%	86.71%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%		83.64%	313/379	
	RTT 52+ Week Breaches	0	10	44	18	19	16	17	14	14	16	13	14	14	9	17		0 - 188	14/36	
	Total Waiting List		28145	27304	27910	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552				
	Cancer 2 Week Wait	93.00%	75.61%	92.44%	90.27%	84.70%	83.44%	78.44%	71.79%	65.54%	69.92%	87.23%	90.21%	81.94%	78.21%	-		90.09%	131/145	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	93.44%	82.20%	82.69%	89.83%	88.83%	76.97%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	-		83.61%	89/108	
	Cancer 31 Day First Treatment	96.00%	96.83%	95.49%	93.28%	93.08%	88.24%	88.03%	90.35%	89.47%	90.20%	85.76%	93.24%	96.80%	92.74%	-		94.54%	93/123	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-		97.99%	-	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.44%	80.87%	79.17%	80.77%	82.52%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	-		89.24%	63/66	
	Cancer 62 Day Standard	85.00%	69.19%	81.67%	85.98%	84.40%	78.95%	76.99%	74.10%	88.84%	72.58%	66.98%	71.62%	75.53%	68.18%	-		73.58%	100/142	
	Cancer 62 Day Screening	90.00%	90.24%	91.07%	91.84%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	-		78.91%	67/88	
Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hours	100%		82.65%	83.55%	80.77%	83.71%	83.52%	84.39%	83.01%	84.33%	84.19%	83.23%	83.35%	83.75%	82.99%					

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Trend	Benchmarking <small>(in arrears except A&E & Cancer as per reporting month)</small>			
																		National Performance	Rank	Quartile	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term	0.90%		0.7%	0.5%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%					
	Caesarean Section Rate	28%		37.9%	32.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%					
	Still Birth rate	0.40%		0.6%	1.1%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%					
	Induction of Labour Rate	32.10%		37.7%	38.3%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%					
	PPH 1000 ml rate	8.60%		10.0%	12.3%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%					
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0				
	Serious Incidents			6	8	4	7	2	6	5	4	3	3	6	3	5					
	Total Incidents			1552	1537	1496	1511	1628	1647	1637	1469	1694	1723	1656	1758	1590					
	Total Incidents (Rate per 1000 Bed Days)			65	59	59	59	66	64	64	59	65	69	64	66	64					
	WHO	95%		96.76%	96.59%	96.73%	96.41%	95.84%	95.80%	97.32%	97.56%	97.62%	97.78%	98.98%	99.72%	99.39%					
	Pressure Injuries Grade 2			29	21	43	27	31	24	34	46	43	43	32	34	17					
	Pressure Injuries Grade 3			0	3	1	0	0	1	0	0	0	0	1	0	1					
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0					
	Falls per 1,000 bed days			29	31	30	31	30	31	31	30	31	30	31	32	30					
	#NoF - Fragile Hip Best Practice Pass Rate			93.62%	83.02%	74.47%	75.00%	82.61%	85.37%	80.56%	70.18%	83.93%	87.23%	86.11%	65.63%	-					
	Stroke - 90% Stay on Stroke Ward	90%		95.65%	92.42%	97.01%	88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	-					
	Stroke - Thrombolysed <1 Hour	60%		81.82%	40.00%	33.33%	71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	-					
	Stroke - Directly Admitted to Stroke Unit <4 Hours	60%		72.92%	67.14%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	-					
	Stroke - Seen by Stroke Consultant within 14 Hours	90%		82.69%	79.45%	74.65%	78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	-					
	MRSA	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0					
E. Coli		4	6	3	3	2	5	2	6	4	7	7	7	7	4						
C. Difficile		5	2	4	3	5	6	8	3	6	5	2	3	5	4						
MSSA		2	3	2	3	1	1	5	3	5	2	3	1	1	2						
VTE	95%	95%	96.56%	96.60%	96.42%	96.64%	96.39%	96.30%	95.92%	95.64%	96.06%	95.89%	95.19%	95.02%	-						

North Bristol Trust Integrated Performance Report Scorecard

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																		National Performance	Rank	Quartile
Quality Caring & Experience	FFT A&E (Recommend)			88.77%	88.03%	85.32%	88.26%	88.01%	84.03%	91.00%	91.22%	92.97%	91.52%	91.48%	91.15%	89.55%		85.48%	110/130	
	FFT A&E (Response Rate)	15.00%		21.49%	20.03%	16.51%	19.39%	20.56%	19.57%	19.05%	18.74%	20.00%	22.49%	21.07%	21.28%	21.08%		11.70%	18/135	
	FFT Inpatients (Recommend)			92.19%	93.24%	93.30%	92.64%	92.82%	93.95%	93.23%	93.72%	93.52%	93.68%	93.59%	94.86%	93.19%		95.79%	114/159	
	FFT Inpatients (Response Rate)	30.00%		19.16%	19.04%	11.47%	17.58%	17.40%	18.50%	16.54%	17.88%	16.83%	18.38%	17.70%	17.58%	18.07%		23.98%	119/159	
	FFT Outpatients (Recommend)			95.30%	95.94%	95.03%	95.44%	95.63%	95.16%	94.96%	95.36%	95.31%	95.59%	95.76%	95.45%	95.13%		93.84%	90/185	
	FFT Outpatients (Response Rate)	6.00%		14.66%	18.05%	12.35%	18.54%	17.73%	17.69%	15.10%	17.16%	18.95%	14.04%	11.17%	13.96%	12.09%				
	FFT Maternity (Recommend)			97.59%	94.69%	97.87%	97.94%	96.74%	96.67%	93.90%	95.60%	93.26%	94.68%	90.80%	97.37%	97.78%		96.97%	32/73	
	FFT Maternity (Response Rate)	15.00%		18.32%	25.80%	22.38%	20.17%	21.05%	18.11%	17.19%	20.92%	18.39%	18.80%	21.75%	18.10%	20.41%		18.62%	62/127	
	PALS - Count of concerns			35	26	76	82	93	126	118	81	119	104	90	107	108				
	Complaints - % Overall Response Compliance	90%		70.00%	76.00%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%				
Complaints - Overdue			41	10	34	25	20	9	1	4	1	2	3	0	2					
Complaints - Written complaints			48	51	62	56	52	55	51	53	47	41	36	57	51			42/144		
Well Led	Agency Expenditure ('000s)	594						1305	1179	1329	968	836	990	868	1081	869				
	Month End Vacancy Factor	6.80%						10.79%	11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.75%				
	Turnover (Rolling 12 Months)	14.80%						15.47%	15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.00%				
	Sickness Absence (Rolling 12 month -In arrears)	4.00%						4.30%	4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%					
Finance	Trust Mandatory Training Compliance	84.78%						90.00%	88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%				
	Deficit (£m)	-£4.8		-£19.9	-£21.4	-£0.7	-£1.5	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0	-£8.0				
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3				

EXECUTIVE SUMMARY

February 2020

Urgent Care

The Trust failed the four hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12 hour trolley breaches in month, during a period of extreme system-wide pressure. Nationally, Trust performance deteriorated, ranking 3rd out of 11 Adult Major Trauma Centres and ranking 68th out of 118 reported positions for 4 hour performance. The Trust ranked 26th out of 35 reporting positions for 12-hour trolley breaches in February.

Elective Care and Diagnostics

The Trust has reported a decrease in overall wait list size in February but continues to be higher as a result of including all patients with an active RTT clock reporting in eRS in the national RTT submission. In comparison with historic methods of reporting the wait list continues to decrease. There were 17 patients waiting greater than 52 weeks for their treatment in February against a trajectory of 10, expected due to winter pressures leading to cancelled operations, which will also continue into March and into 2020/21. Overall diagnostics performance was 5.60% in month, which is the best performance since May 2019. A successful bid for centrally held Elective Care funds for additional CT and Endoscopy capacity should result in improved performance by year-end. There were no urgent operation cancelled for a subsequent time and one breach of the 28 day re-booking target as a result of the bed pressures experienced in February.

Cancer wait time standards

The Trust did not achieve the 62 day waiting time trajectory in January, with Performance of 74.06%. Backlog clearance plans are in place with additional capacity sought for clearance through January and February 2020. The recovery trajectory for the Two Week Wait standard was achieved in January. An overall return to TWW standard is not expected until the end of 2020/21, as we develop and implement longer-term plans to close the remaining demand and capacity gap.

Quality

There were two overdue complaints at the end of February. In order to ensure compliance, weekly divisional meetings take place with a revised escalation process. WHO checklist is now reporting at 99.39% as a result of improved accuracy in data capture, validation and reporting.

Workforce

Staff turnover continues to improve with February's annual position at 13.7% with the biggest improvements in registered and unregistered nursing and midwifery. Vacancy factor also decreased to 7.6% in February, with a net gain of registered nursing staff, including 8 international nurses being the biggest contributor to the ongoing improvement. Agency expenditure decreased in February predominantly in consultant agency and registered nursing relating to a reduction in agency use. Temporary staffing demand and fill rates remained at the same levels as January and work is still ongoing to design initiatives to improve bank capacity.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement (NHSI). At the end of February, the Trust reported a deficit of £8m which is £3.2m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £16.6m was achieved at the end of February. The Trust financial risk rating on the NHSI scale is 3 out of 4.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust failed the four hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12-hour trolley breaches in month, during a period of extreme system-wide pressure. Nationally, Trust performance deteriorated ranking 3rd out of 11 Adult Major Trauma Centres and ranking 68th out of 118 reported positions for 4 hour performance. The Trust ranked 26th out of 35 reporting positions for 12-hour trolley breaches in February.

Bed occupancy averaged at 98.75%, however higher levels of bed occupancy across the month and a lack of traction in delivering the system stranded action plan has led to continued pressure in February. High levels of DToC patients (7.9% vs. 3.5% target) continue to be experienced and would have released 41 beds to the Trust had the national target been achieved. Social care delays and pathway 2 rehabilitation beds are driving the largest proportion of stranded bed days.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 82.95% against trajectory of 88.22%. The total RTT wait list size in month has reduced from last month but continues to be higher overall as a result of adding eRS patients to the wait list. In comparison with historic methods of reporting the wait list (28126) and backlog (5075) would have met trajectory (28145). The 2020/21 trajectory has been set to reflect the inclusion of these patients going forwards. The number of patients exceeding 52 week waits in February was 17 against a trajectory of 10; the majority of breaches (11) being in Trauma and Orthopaedics. Cancellations due to bed pressures experienced in January and February have impacted the deterioration in the 52 week wait position.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and one breach of the 28 day re-booking target.

Diagnostic Waiting Times - The Trust has had the best performance since May 2019 with a recovery trajectory for diagnostic performance in February 2020 with actual performance at 5.60% versus a trajectory of 3.66%. At a test level, underperformance is in CT and Endoscopy. The MRI position again improved in February, as anticipated, and has returned to national standard. A bid for Elective Care funds has been successful; providing additional Endoscopy and CT activity prior to year-end.

Cancer

The Trust has not achieved any of the seven Cancer Wait Times standards in January but did achieve trajectory for Two Week Wait. Decline of the 31 Day standard is as a result of patients choosing to delay surgery until after the festive period. This largely affected the Urology backlog clearance plan. Additional capacity has been sought to help with the increased demand in January and February, but high levels of breaches are now occurring as a result of further backlog clearance. Urology remains the only specialty with 104 day breaches (8). Since the introduction of the harm review process, no instances of physical harm have been identified.

Areas of Concern

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

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Mortality data - SHMI remains within the expected range

Maternity Services – Improvements in Post Partum Haemorrhage (PPH) rates over past 12 months and the introduction of the Induction Of Labour suite in January 2020 is showing reductions in delay of care and positive feedback for patient experience.

Pressure Injuries - This month has seen a continued reduction in Grade 2 pressure injuries, with one Grade 3 and no Grade 4s.

Medication Safety - The percentage of patients with missed doses during February 2020 continued a reducing trend from November 2019.

Areas of Concern

Maternity Services - The overall Caesarean Section rate continues to rise – whether planned or emergency and work is being undertaken to understand the reasons and actions required.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand and fill rates in February (bank, agency, unfilled) remained at the same level as January and this was also reflected in registered nursing and midwifery. There is an ongoing piece of work to review our bank fill rates for registered nursing and midwifery, in the first instance, reviewing how our bank only staff and substantive staff who are registered on the bank work shifts and how we can increase the uptake of bank work and improve our fill rates.

Vacancies

The Trust vacancy factor reduced from 8.8% in January to 7.6% in February. The improvement was predominantly in registered nursing and midwifery with a reduction of 22.6 wte vacancies, 21.6 of which were band 5 nurses. There was a small amount of movement in other staff groups compared to January.

Turnover

The Trust turnover decreased to 13.7% in February, below the target set for 2019/20 of 14.5%. Trust turnover peaked at 16.7% in April 2018, the highest point since the move in 2014. The difference between 16.7% and 13.7% in terms of numbers of leavers equates to 170 wte fewer staff leaving each year.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness remains static at 4.4%, 0.4% above the target the Trust set for 19/20. With short term sickness remaining stable over the winter months and without the spike seen in January 2019 the increase in the overall sickness absence position is being driven predominantly by long term sickness. There is ongoing work to review and improve long term sickness rates and the overall process to capture and understand staff absence.

Currently we are reviewing sickness absence as well as absence due to COVID-19 through the Silver command structure. Our wellbeing and sickness absence management interventions such as Occupational Health and the wellbeing programme are being refocussed to provide specific tailored support in the context of COVID-19.

FINANCE

SRO: Director of Finance

Overview

At the end of February, the Trust reported a deficit of £8m (including Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and excluding gains on disposal, which was £3.2m adverse to the planned deficit and £1.4m adverse to when compared to the year to date forecast. This variance to forecast reflects the £1.4m loss on disposal relating to the replacement of the Trust's IT network which was recognised in January but had been forecast to take place in March.

There are a number of risks to delivery of the planned year end deficit, the greatest of which are the ability of the Trust to recover Elective activity in the final month of the year and the full delivery of savings schemes. The Trust has identified a number of mitigating actions to counter these risks in order for the Trust's planned deficit to be met.

The Trust has repaid a net £7.5m year to date to the end of February which brings the total Department of Health borrowing to £170.8m, which is lower than planned due to the higher cash balance held as a result of slippage of capital expenditure and higher receipts from commissioners.

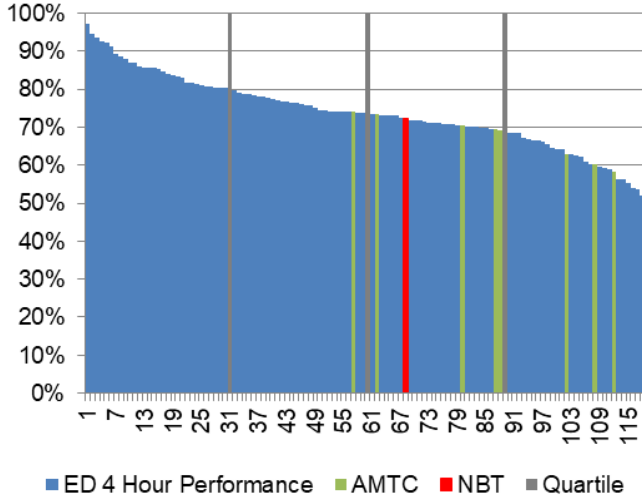
The Trust has a savings target of £25m for the year, of which £16.6m was achieved at the end of February against a plan of £22.3m.

The Trust is rated 3 against the Finance Risk Rating tool by NHS Improvement (NHSI) which is driven by the high levels of historical debt and is inline with plan.

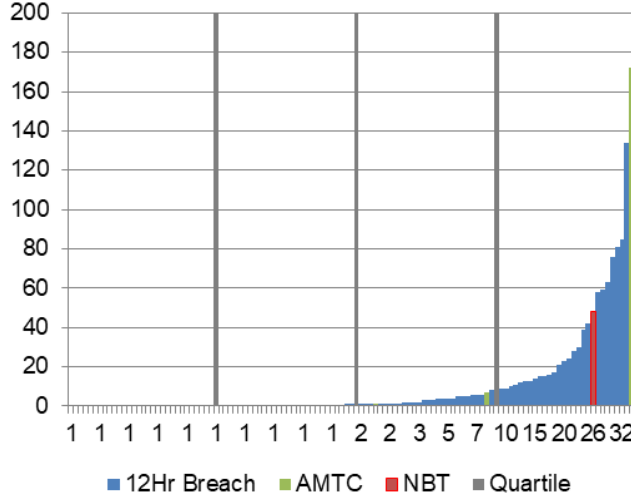
RESPONSIVENESS

**Board Sponsor: Chief Operating Officer
Evelyn Barker**

ED 4 Hour Performance - February 20



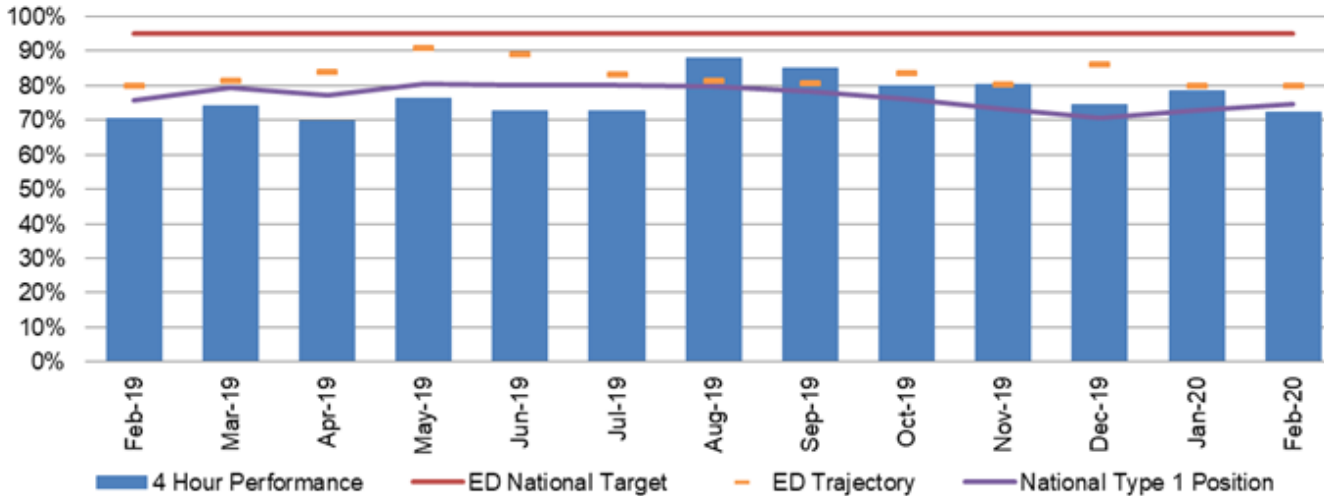
ED 12 Hour Trolley Wait - February 20



Urgent Care

The Trust failed the 4 hour performance trajectory of 80.01% with performance of 72.43% and reported 48 12-hour trolley breaches in month. The breaches occurred following specific days of high levels of ED attendances, above the month average emergency admissions and long waits for beds. During this period, regular two-hourly huddles, hourly safety checks both in ED and AMU (including corridors) were undertaken. Corridor care increased by 12% in February when compared to the 12 month average, with a 51% increase in escalation use from January.

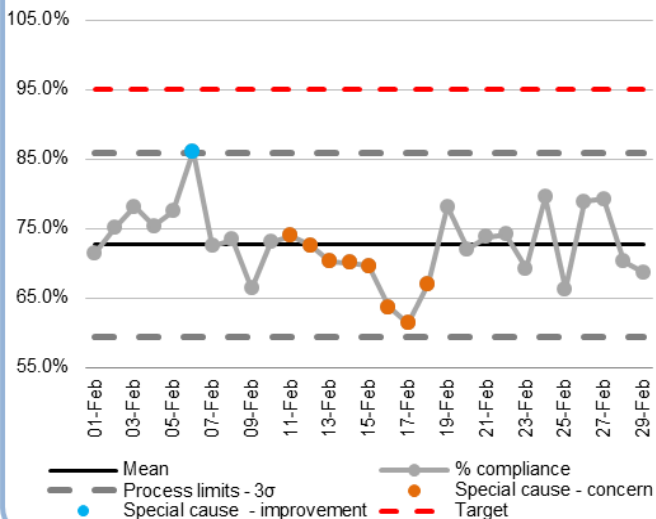
ED 4 Hour Performance



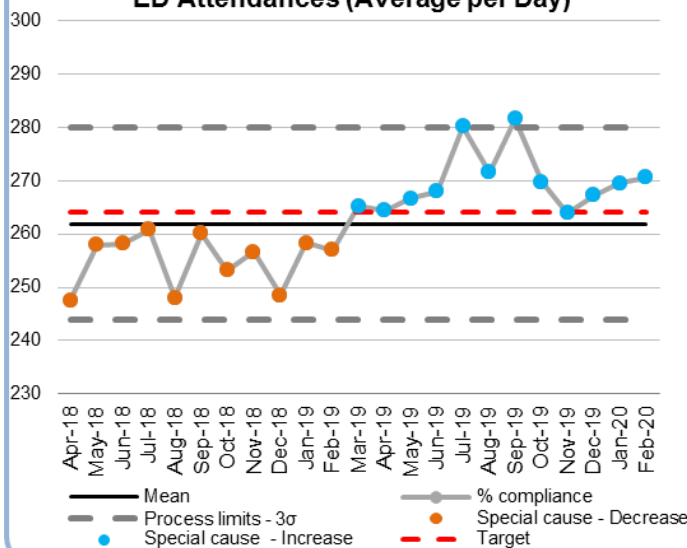
At 7848, there were 8.52% more attendances than SLA. Non-elective admissions were down against plan for long-stay admissions (-14.45%), but were up against plan for short-stay admissions (65.04%), which follows the trend of increased short-stay versus long-stay activity in 2019/20 year to date. Overall Non-Elective activity is up against plan by 2.65%. This profile of admissions continues to adversely impact income, but reflects the national direction of travel to introduce more same-day emergency care.

ED performance for the NBT Footprint stands at 80.14% and the total STP performance was 81.23% for February.

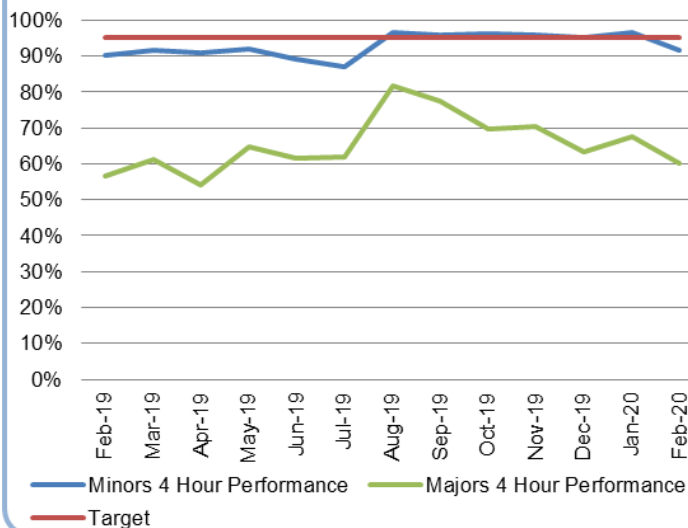
ED 4 Hour Performance



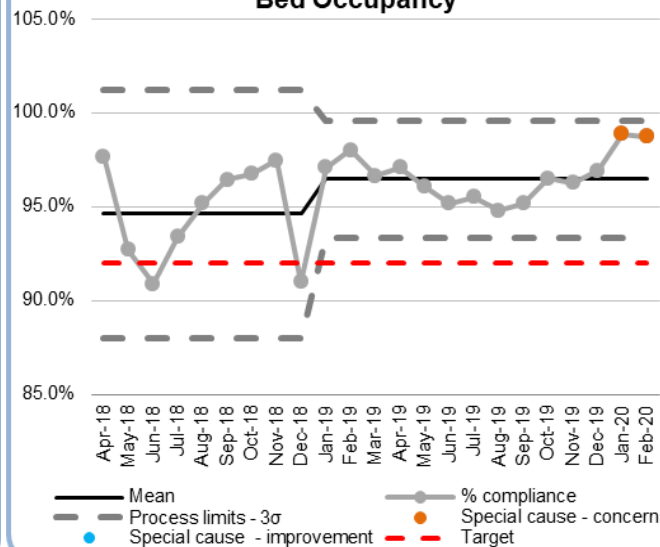
ED Attendances (Average per Day)



ED 4 Hour Performance by Majors/Minors



Bed Occupancy



4 Hour Performance

Of the breaches in ED in February, 44.69% were a result of waits for a bed and 39.33% were a result of ED delays. In hours, staffing has remained stable from September, however implementation of the new junior doctor contract has impacted staffing at weekends from February. ED is enacting mitigations to minimise the impact of the contract e.g. monthly staffing reviews, moving all locum spend to weekends and continuing with the substantive recruitment drive.

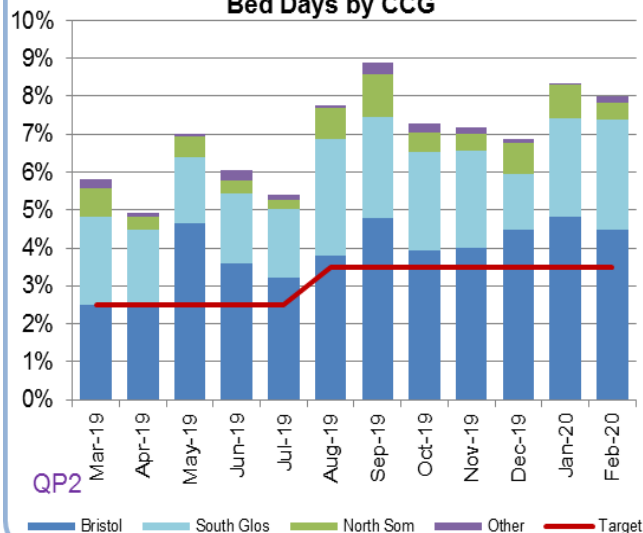
There was wider variation in bed occupancy during February, varying between 93.30% and 102.31% in month. Maximum occupancy exceeded that in January. Occupancy levels remained high with an occupancy at over 100% for 8 days of the month.

To provide assurance of patient safety during this period of high occupancy, quality walk-arounds were implemented in inpatient wards and escalation areas by the DDoN. The Trust pre-emptively transferred patients from the ED in line with the Trust policy and with Executive approval. At the current time there is no reported adverse patient experience reports during this period.

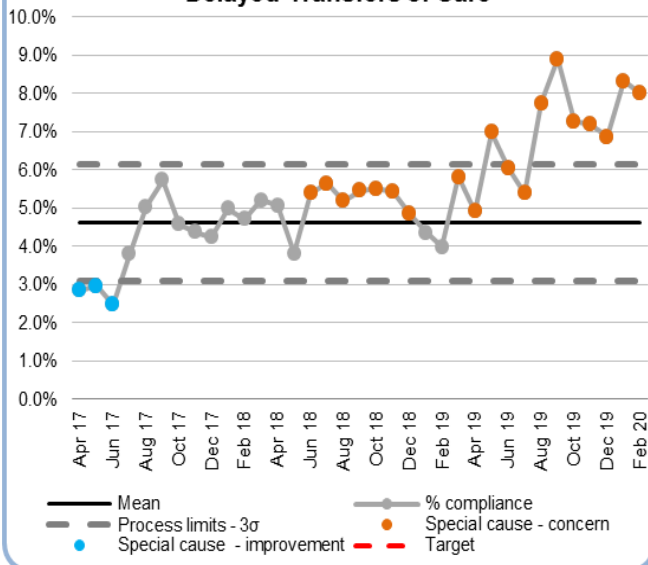
In response to heightened demand for beds, an additional escalation area was opened in January attached to the Elgar bed base. The ongoing use of this area is under continual review.

*ED Attendance Target: Annual 2019/20 ED attendance plan calculated as average per day

Delayed Transfers of Care Proportion of Bed Days by CCG



Delayed Transfers of Care



DToCs and Stranded Patients

The DToC rate for February did show some improvement but still remained high and of concern at 8.01%. The levels of patients on LHPD also remained high with an average of 217.5 across the month.

The main drivers of delay were:

- patients waiting for a pathway 2 rehabilitation beds (averaged 32.25 per week),
- patients waiting for social work allocation (averaged at 40 patients per week). In both instances, the largest delays were reported for Bristol,
- patients waiting for CHC Fast Track placement or complex packages of care.

Additional Social Work capacity is just coming into post and community teams have been drafted in to provide additional capacity to get the cases moving forward.

The Stranded improvement trajectory has not been achieved and the levels of patients reported as staying beyond 21 days remains significantly above required levels – in line with national trends. The Trust continues to report high levels of cases attributed to external provision with an average over the month of 60% external and 40% internal.

Demand in February has remained consistent with January levels, but there has been a significant improvement in the level of SRF rejection, now below 10% following training and development of teams. This improvement has been further improved through March.

Primary Metric

Weekly average of occupied beds by adult patients in an acute hospital for 21+ days

71 (40%)

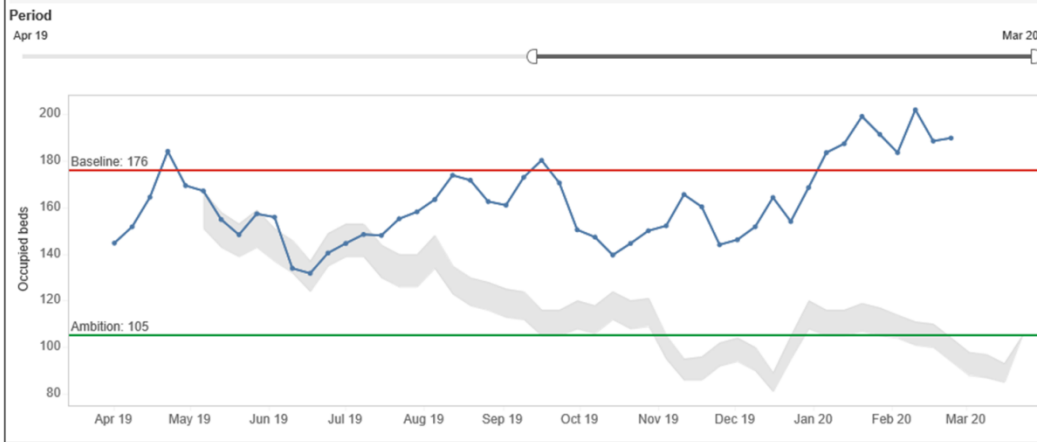
Reduction in occupied beds required by March 2020

14 (8%)*

Occupied beds increased as of 24 February 2020 (weekly average)

85 (48%)*

Bed reduction remaining as of 24 February 2020 (weekly average)



Cancellations

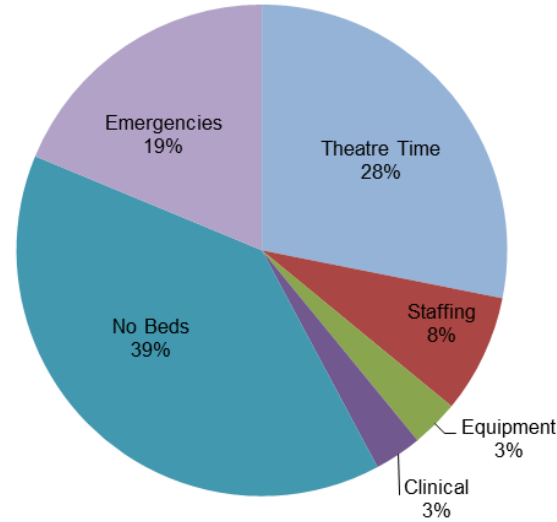
The proportion of cancellations due to a lack of beds in February has reduced from 44% but is an increase when compared with the average over the last 13 months (25%) and to the same period last year (28%).

Decreased cancellations due to bed capacity have been offset by an increase in cancellations for emergencies in February, which has resulted in a stable trend for cancellations overall.

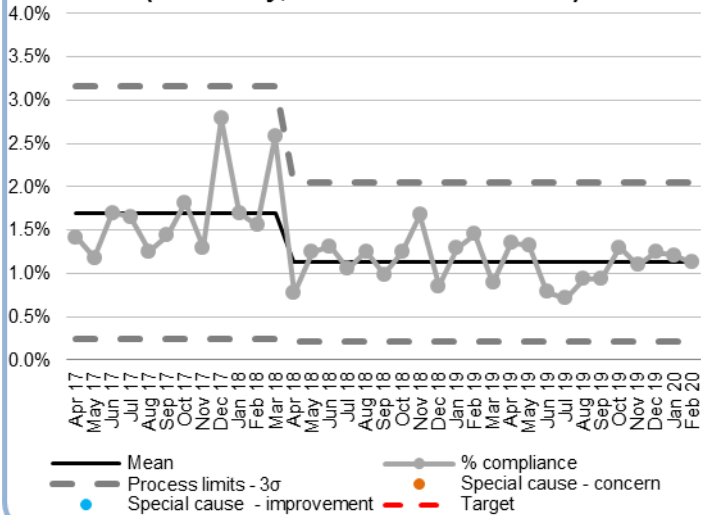
There were no urgent operations cancelled for a second time in February.

There was one operation that could not be rebooked within 28 days of cancellation in February 2020 resulting from bed pressures.

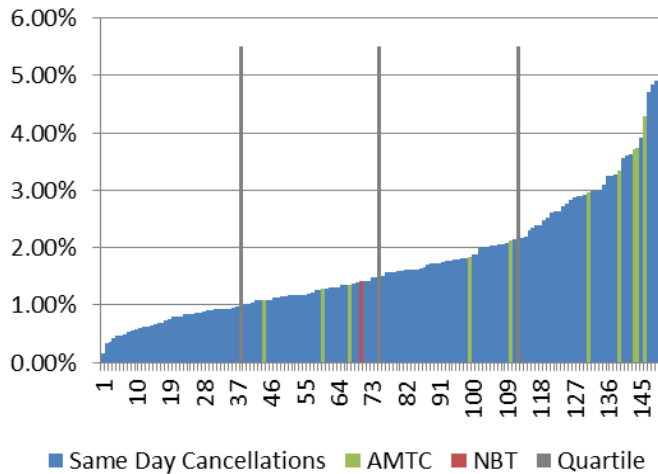
Cancelled Operations by Reason - February 2020



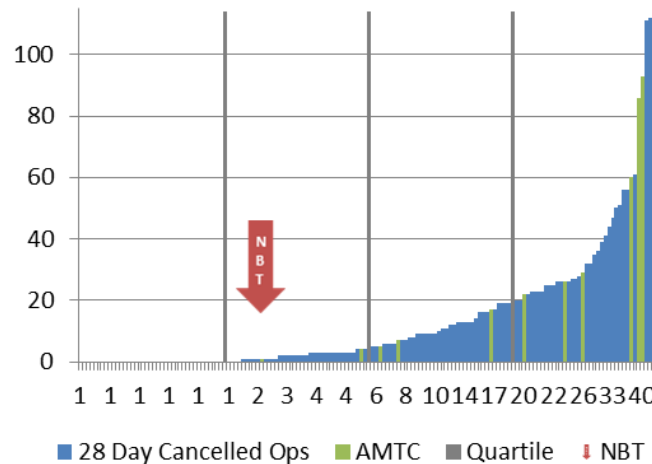
Cancelled Operations (Same Day, Non-Clinical Reasons)



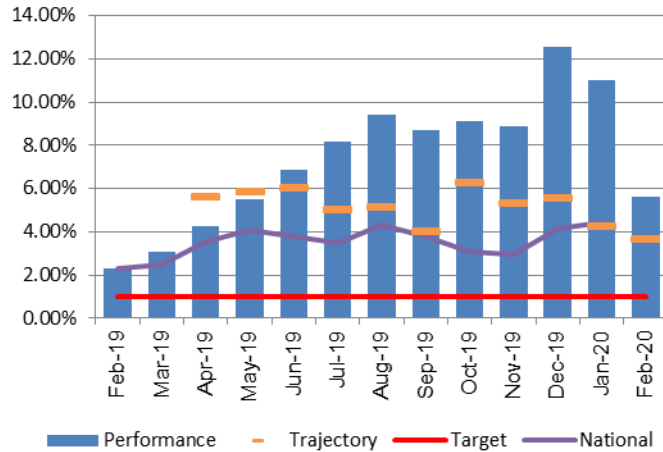
Cancelled Operations (Same Day Non-Clinical Reasons) - Quarter 3 2019/20



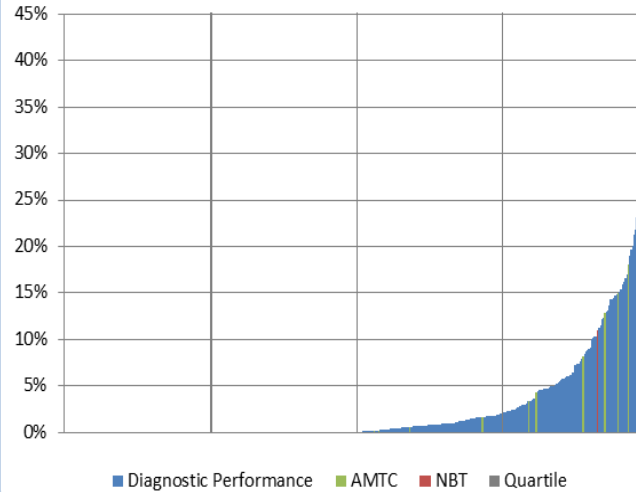
Cancelled Operations not Rebooked Within 28 Days - Q3 2019/20



Diagnostic Waits Against Target (1% <6 Weeks)



Diagnostic Six Week Performance - January 2020



Diagnostic Waiting Times

The Trust has had the best performance since May 2019 in February 2020 with actual performance at 5.60% versus a trajectory of 3.66%.

Four test types have reported in month underperformance: Colonoscopy; CT; Flexi-Sigmoidoscopy; and Gastroscopy. MRI maintained national standard as predicted.

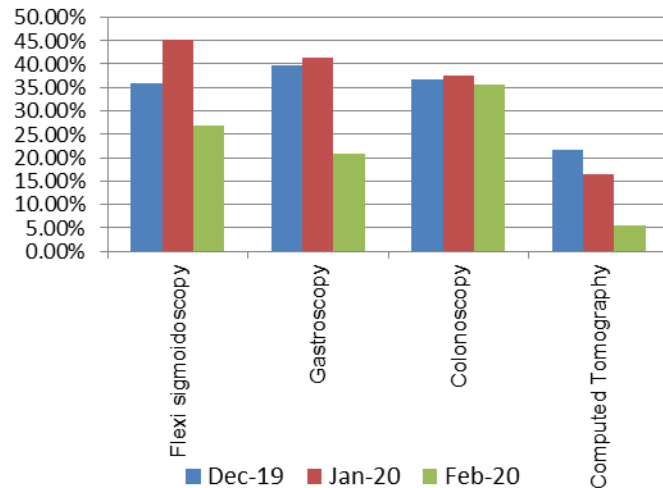
There were 596 patients in total waiting beyond 6 weeks for their test of which 113 were waiting greater than 13 weeks.

A harm review is undertaken for patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

A bid for Elective Care funds to support delivery of the national diagnostics target has been successful, enabling the provision of additional CT and Endoscopy capacity. This has included a Locum in Endoscopy and weekend CT lists in January, improving the performance from the peak of underachievement in December.

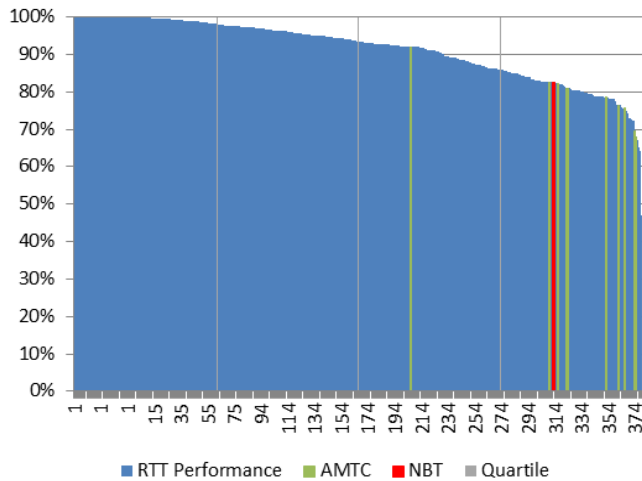
Outsourcing of Endoscopy capacity commenced at the beginning of February 2020. The CT outsourcing contract is in the process of being finalised.

Diagnostic Performance by Test

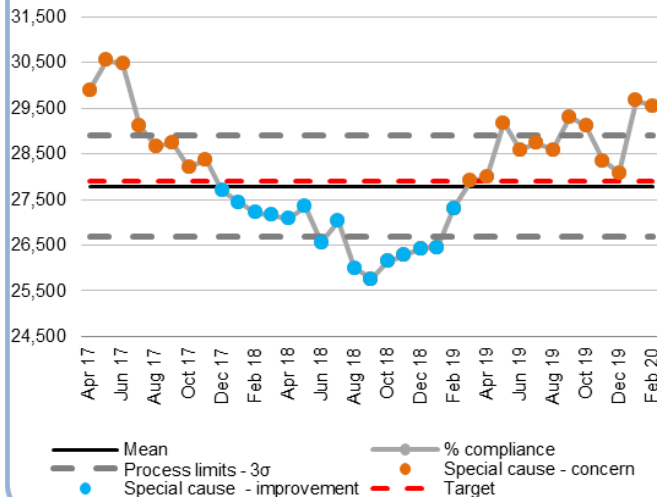


Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Jan-20	% Performance Feb-20
Computed Tomography	778	120	16.51%	5.40%
Gastroscopy	623	129	41.40%	20.71%
Colonoscopy	639	228	37.55%	35.68%
Flexi sigmoidoscopy	341	92	45.21%	26.98%

RTT 18 Week Performance - January 2020



RTT Wait List



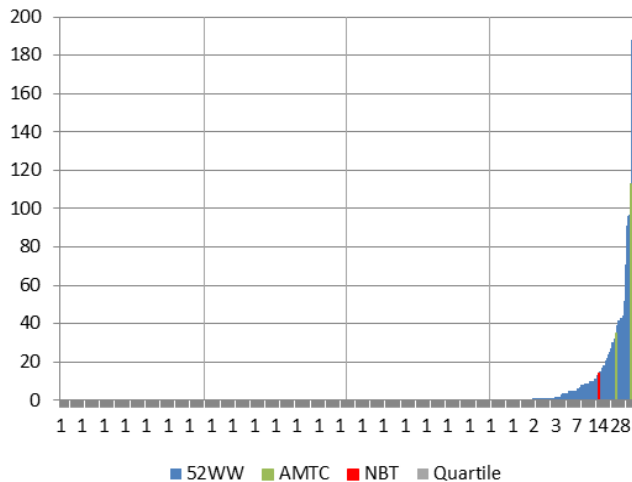
Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 82.95% against trajectory of 88.22%.

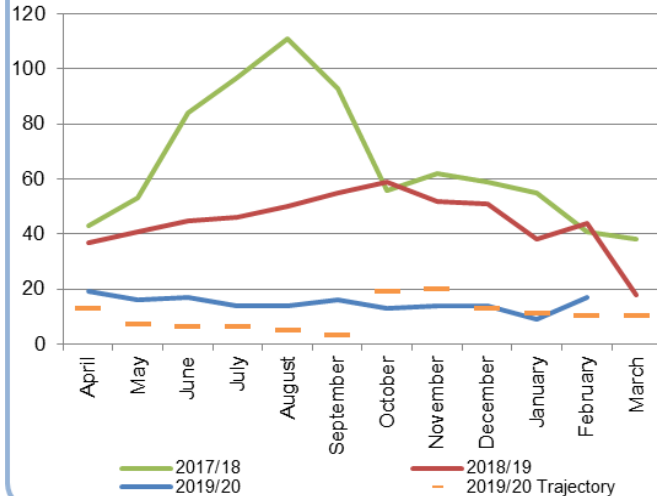
The total RTT wait list size in month has reduced, but continues to be higher overall as a result of adding eRS patients to the wait list, reporting in eRS in the national RTT submission (29552). In comparison with historic methods of reporting the wait list (28126) and backlog (5075) would have met trajectory (28145).

The 2020/21 trajectory is being set to reflect the inclusion of these patients going forwards, with the January 2020 position providing the baseline position.

RTT 52 Week Performance - January 2020



Trust Total 52 Week Waits

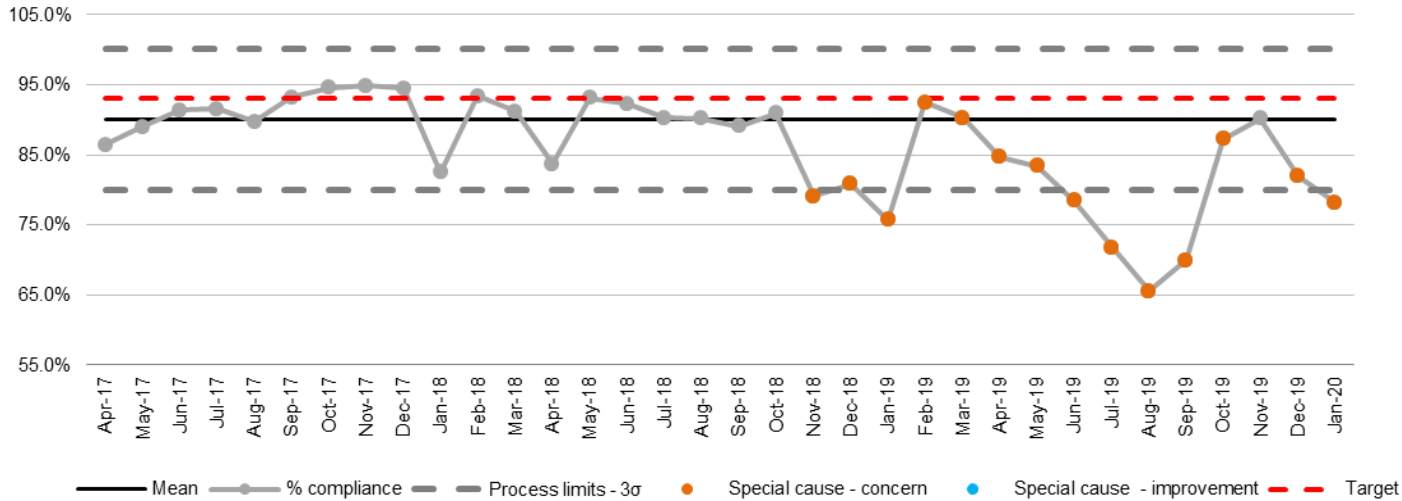


The Trust has reported 17 patients waiting more than 52 weeks from referral to treatment in February against a trajectory of 10. There were 11 patients under Trauma and Orthopaedics, four in Neurosurgery, one in Spinal surgery and one in General surgery.

Remedial actions to reduce the number of breaches continue to be delivered, but progress has been hampered by winter pressures during January and February to date. This will impact on the number of anticipated breaches in February, March and into 2020/21.

The current year-end forecast is 39 patients waiting >52 weeks; 32 of these are for Trauma and Orthopaedics, 7 for Neurosurgery and 1 patient waiting for Spinal surgery.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer

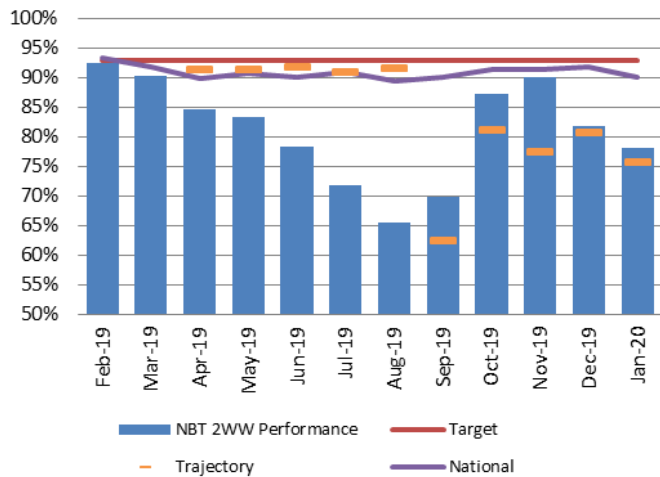
The nationally reported cancer position for January 2020 shows the Trust failed to achieve all of the cancer waiting times standards.

The Trust achieved the recovery trajectory for the TWW standard at 78.21%.

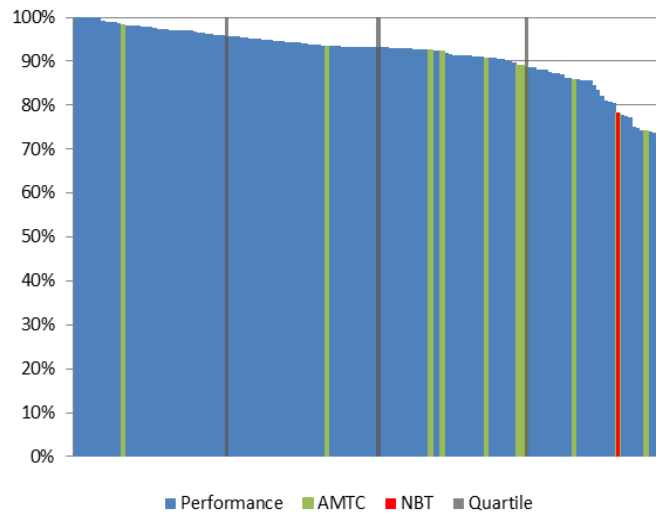
The main issues remain in Lower GI, and Breast, accounting for 302 of the 463 breaches.

The Prime contract for Endoscopy should improve the Upper GI position from March onwards.

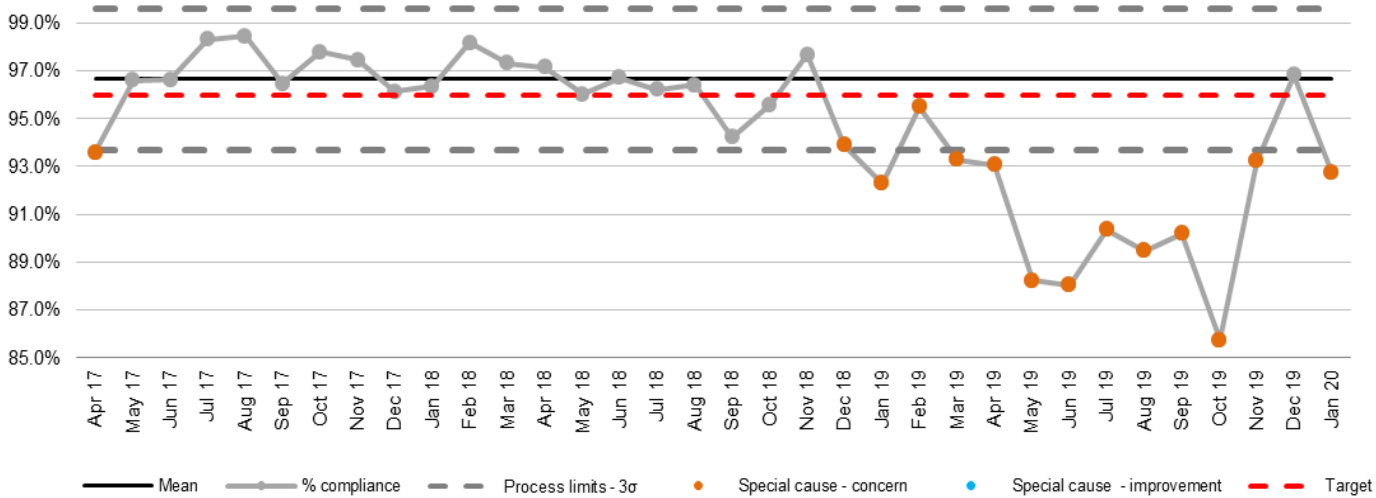
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard January-20



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



The Trust failed the 31 day first treatment standard in January reporting 92.74%.

The reason for this was due to Urology backlog patients choosing to delay their surgery until January.

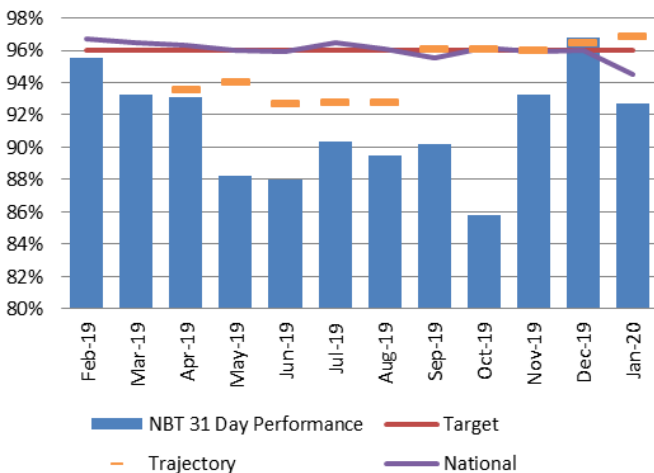
The Trust also failed the 31 day subsequent surgery treatment standard.

14 of the 18 breaches were in Urology.

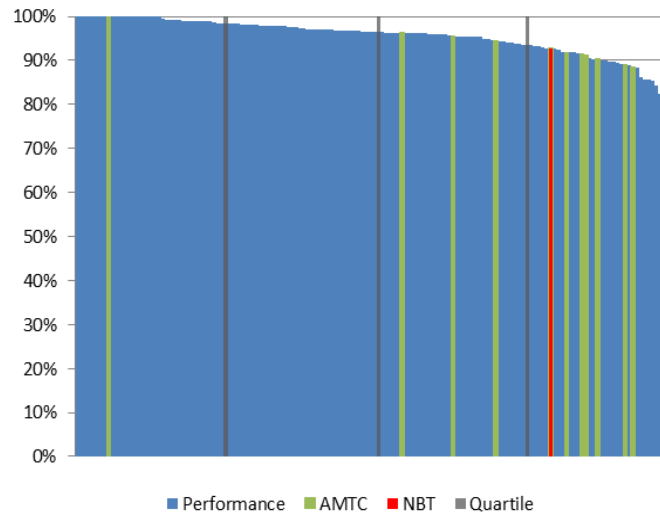
There were eight over 104 day breaches in January all within Urology that required a harm review. Five were due to late IPT transfers.

Since the harm review process started for patients waiting over 104 days was introduced in 2019, no instances of physical harm have been found.

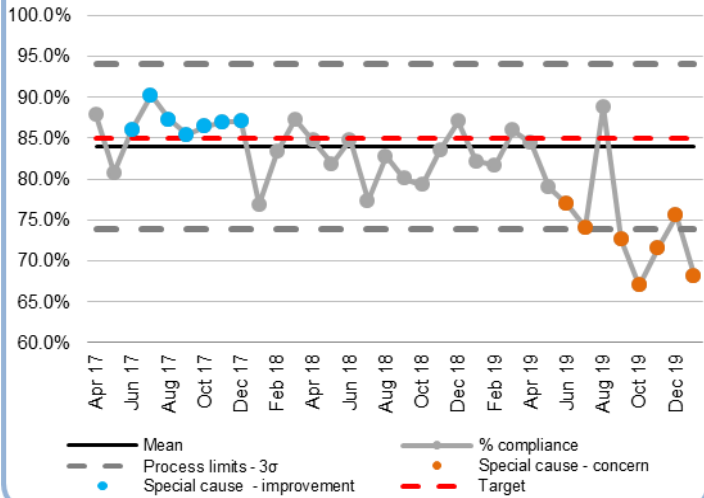
Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



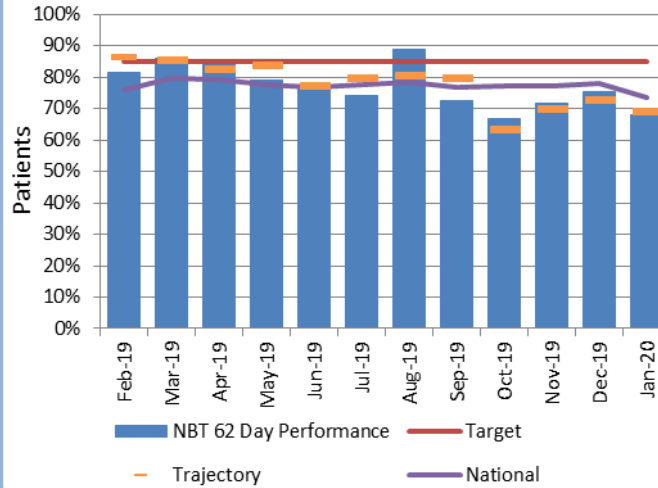
Cancer 31 Day Standard January-20



Patients Receiving First Treatment within 62 Days of Urgent Referral



Patients receiving first treatment within 62 days of urgent GP referral



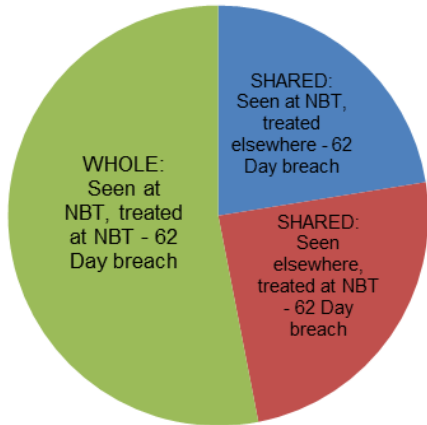
The Trust failed the 62 Day trajectory and standard in January 2020.

The majority of the issues remain in Urology and Breast

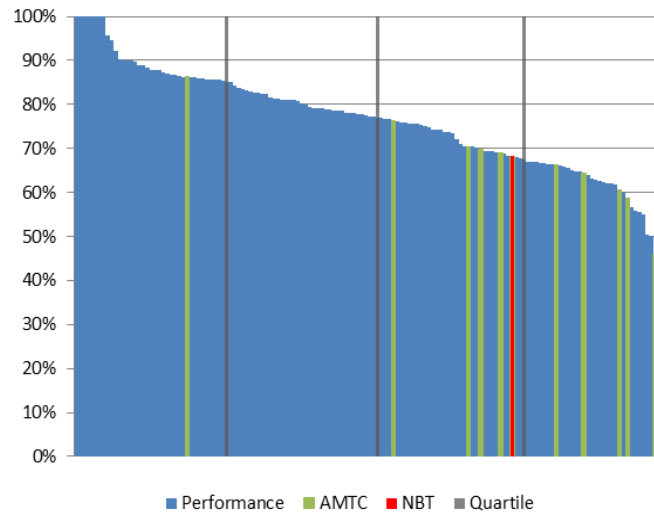
Urology's backlog clearance plans are ongoing and the forward look performance is improving as a result.

In January, 42 patients breached the 62 day standard, 32 were as a result of hospital and system issues. 59% (24) of the breaches were in Urology.

62 Day Breach Patients by Breach Type



Cancer 62 Day Standard January-20



26 of the 42 breaches were for patients referred to and treated at NBT only.

As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 74.06% of all patients who were initially referred to and treated at NBT within the national standard.

NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Safety and Effectiveness

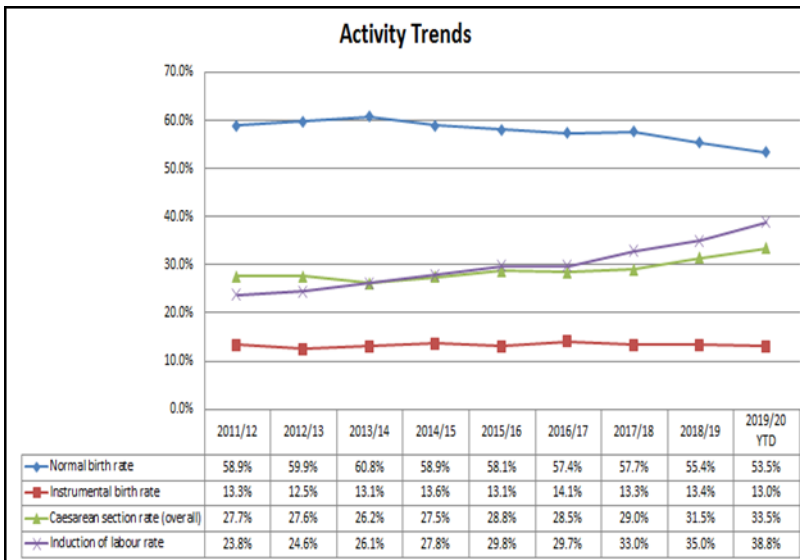
**Board Sponsors: Medical Director and Director of Nursing
and Quality**

Chris Burton and Helen Blanchard

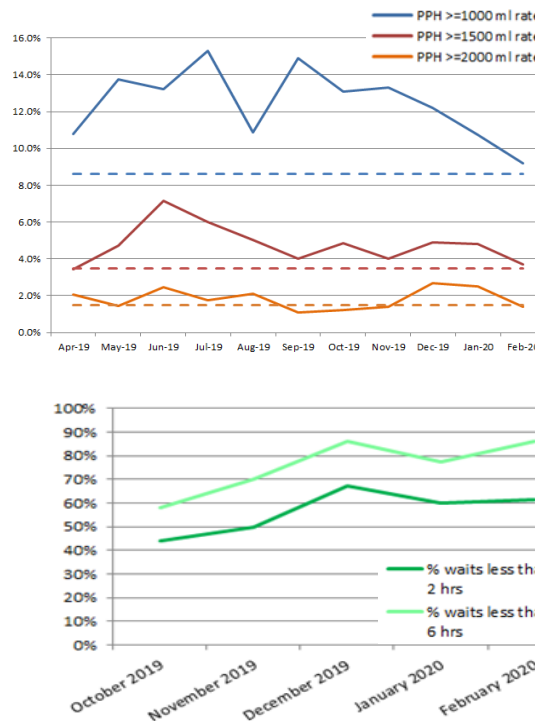
NBT Maternity Dashboard 2019 -2020

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	
Mode of birth	Caesarean section rate (overall)	28.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%
	Elective CS rate (as % of all birth episodes)		12.7%	11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.7%	14.4%
	Emergency CS rate (as % of all birth episodes)		22.4%	19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.7%	19.7%
Maternal indicators	Induction of labour rate	32.1%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%
	PPH >=1000 ml rate	8.6%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%
	PPH >=1500 ml rate	3.5%	3.4%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%
	PPH >=2000 ml rate	1.5%	2.1%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%
Neonatal indicators	5 minute apgar <7 rate at term	0.9%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%
	Stillbirth rate	0.4%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%
	Stillbirth rate at term		0.2%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%
	Stillbirth rate <37 weeks		2.6%	3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%

North Bristol Trust Maternity Acuity/ Activity trends



Reduction in PPH with new IOL pathway



Clinical quality outcomes

The changes in NICE guidelines for induction of labour (IOL) continue to impact with the % being over 40% for the last three months.

The implementation of a dedicated area for IOL from January 2020 is having a very positive impact with

- ↑ feedback in positive patient experience
- ↓ waits for transfer to labour ward clearly evidenced in QI work in progress
- Better staff support and multi-professional working

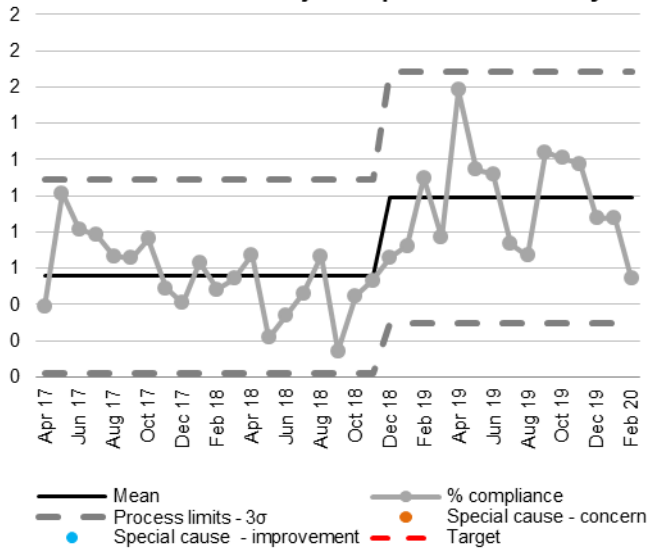
Furthermore there is early information that the change in delay in care has reduced the PPH rate (see chart)

Birth-rate plus assessment

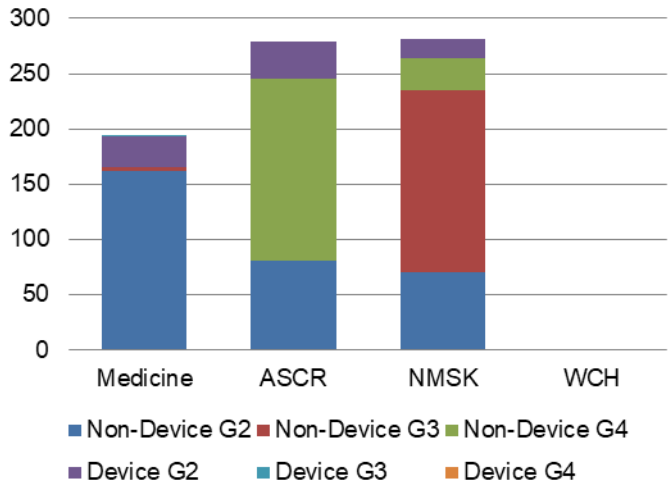
Business plan submitted based on extra staffing requirements for clinical and non-clinical posts: Divisional priority being given to funding for:

- Maternity Theatre scrub nurse cover a 24/7 period
- Meeting the safe staffing requirement to meet minimal recommended clinical staffing levels
- Meeting the Continuity of Carer (CoC) plans as identified in CNST and commissioner contracts for all women to be on a CoC pathway by March 2021

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2019/20



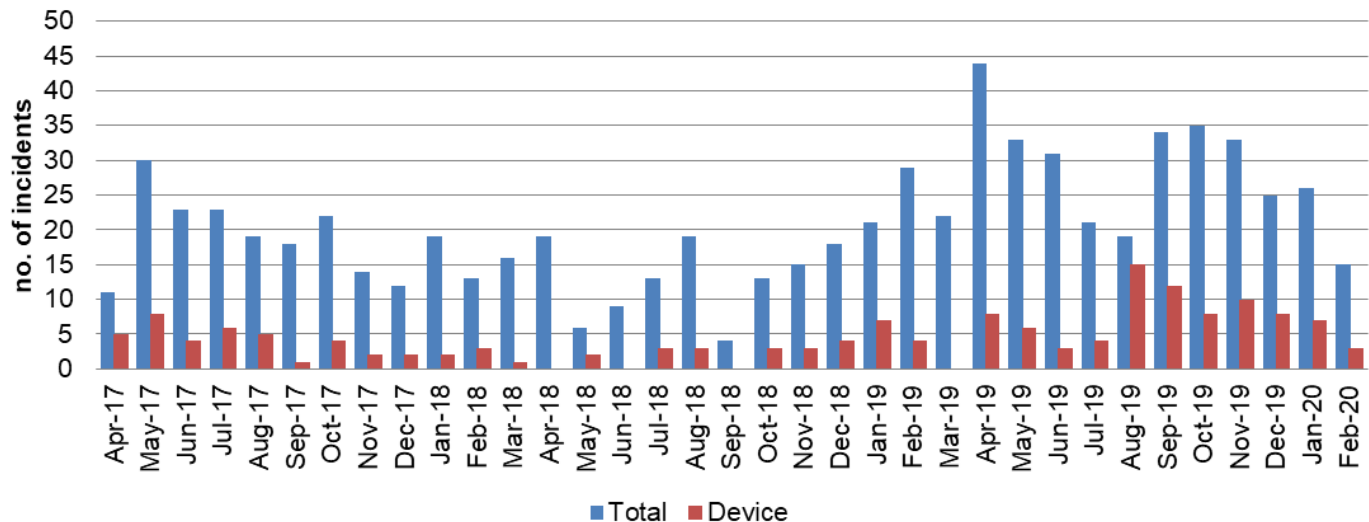
Pressure Injuries (PIs)

The Trust ambition for 2019/20 is a

- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries
- Zero for both Grade 3 and Grade 4 pressure injuries.

During February there was one reported Grade 3 PI, within Medicine. The investigation found the cause to be prolonged direct pressure to vulnerable skin. Actions from learning centred on increasing awareness on the assessment required for pressure relief when considering specialist seating.

Pressure Ulcers - Total Incidents

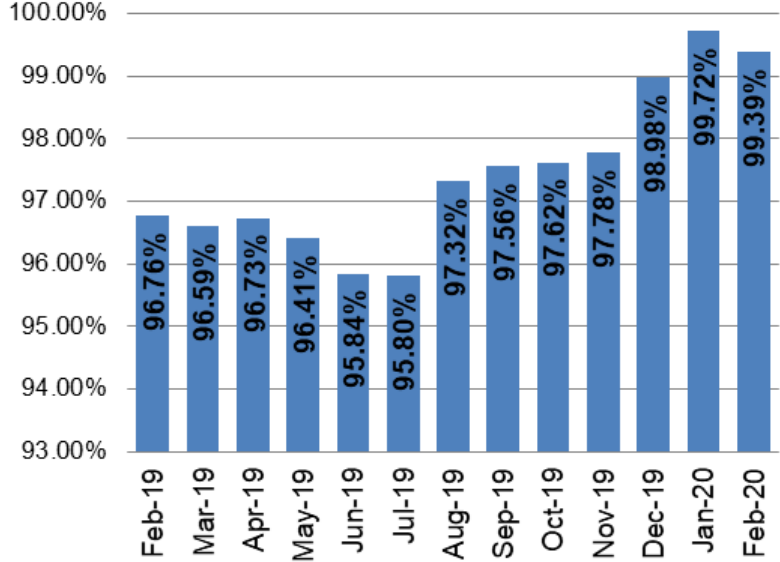


This month has seen a continued reduction in Grade 2 pressure injuries with 17 cases reported on 17 patients, with the summary as follows:

- Buttocks / Natal cleft : 33 %
- Heel: 17 %
- Coccyx: 17%
- Elbow: 17%
- Medical device: 16 %

Nursing intensive support teams continue for three clinical areas within Medicine and ASCR. The objective is to work collaboratively with the clinical teams using quality improvement methodology to mitigate the risk of pressure injuries within these areas with the emphasis on learning and actions to improve.

WHO Checklist Compliance (Emergency and Elective)

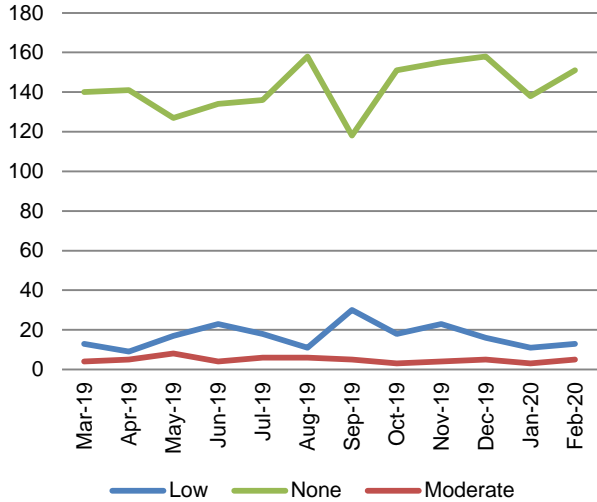


WHO Checklist Compliance

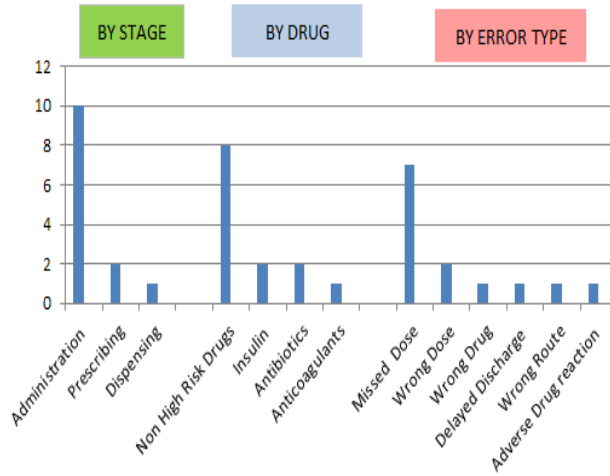
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

Severity of Medication Error (Last 12 Months)



LOW HARM Incidents - Feb 2020



Medicines Management

Severity of Medication Error

During February 2020, the number of “No Harm” medication errors represented c.89% of all medication errors, demonstrating the strong safety culture within the Trust.

Low Harm Incidents

77% of low harm incidents occurred during the administration stage, with 38% involving a high risk medication and 54% were as a result of a missed dose.

High Risk Drugs

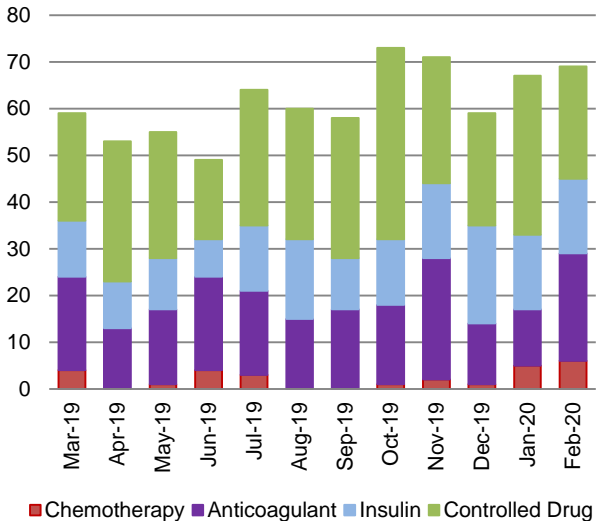
The Medicines Governance Group is working to establish a collaborative working group across the local health population for insulin and anticoagulant incidents.

Missed Doses

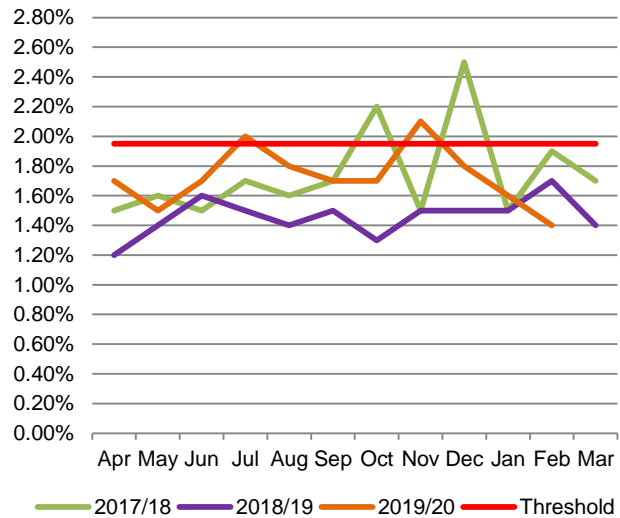
During February 2020, the percentage of patients with one or more missed doses was 1.4% .

The clinical pharmacy team closely monitors the KPI’s associated with all missed doses. Any ward(s) that breaches the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week “missed dose audit”.

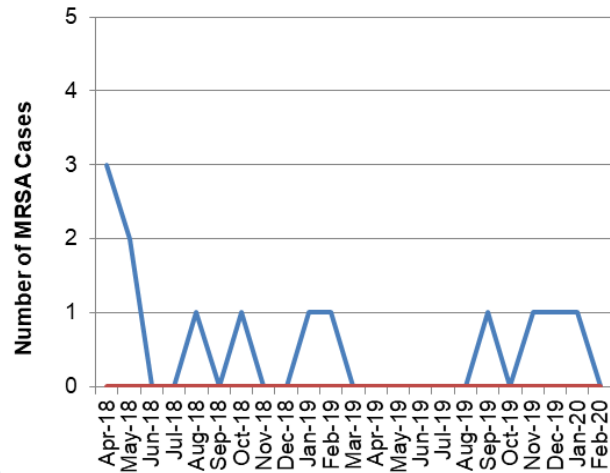
Incidents Involving High Risk Drugs (Last 12 Months)



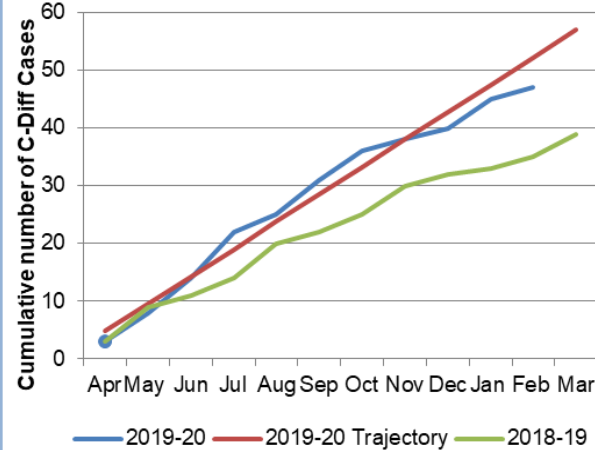
Percentage of Patients with One or More Missed Doses



MRSA Cases - Trust Attributable



C.Difficile Cases - Trust Attributable (Cumulative Cases)



MRSA

There have been no reported cases of MRSA bacteraemia in February. Year to date there have been four reported cases for the organisation.

C. Difficile

In February there were four cases reported against the trajectory and the Trust is on course to meet the required year end performance.

MSSA

There were two reported case of MSSA bacteraemia in February. We remain above trajectory in 2019/20 but the rate is comparable to regional and national benchmarks. The Trust staphylococcus steering group continues to monitor and review cases.

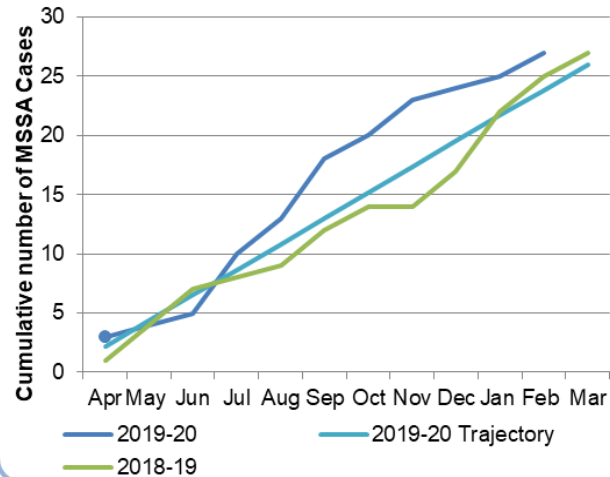
E. Coli.

The Trust target for 2019/20 is a 10% reduction on the previous year but it is unlikely that this will be achieved. Further community wide work to reduce these infections is planned for 20/21.

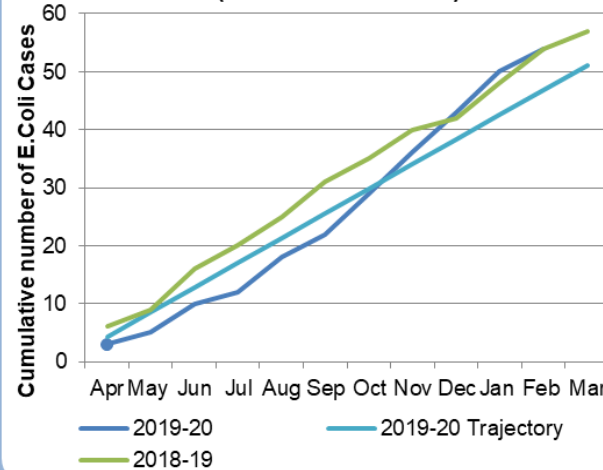
COVID- 19 (Coronavirus)

The Trusts infection control effort and resources are focussed on managing the Covid-19 epidemic and its impact on the Trust. Actions are in place to ensure compliance with national guidance as it develops.

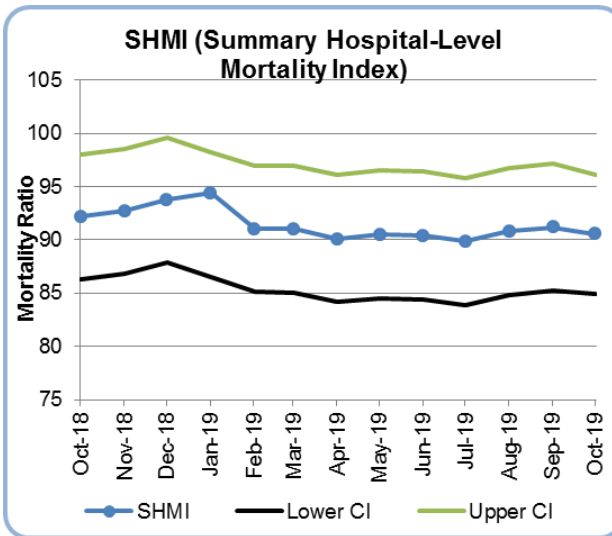
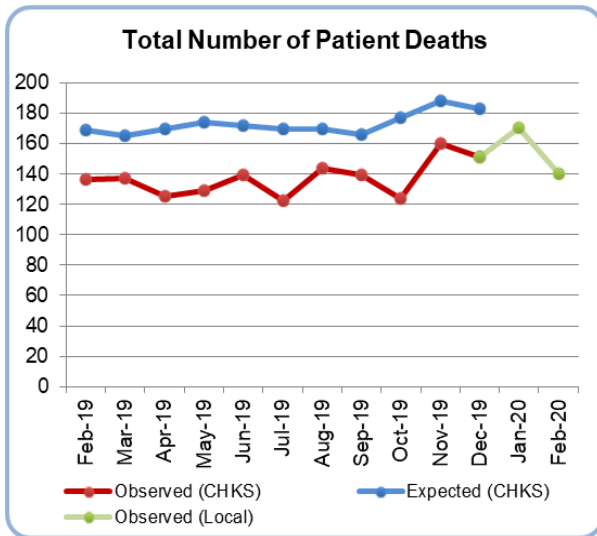
MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



Mortality Outcome Data



Overall Mortality

Mortality data has remained within the expected range.

Mortality Review Completion

The current data captures completed reviews from 01 Jan 19 to 31 Dec 2019. In this time period (this is now reported as a 12 month rolling time frame), 83.2% of all deaths had a completed review. Of all “High Priority” cases, 90% completed Mortality Case Reviews (MCR), including seventeen of the eighteen deceased patients with Learning Disability and thirteen of the fourteen patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.6% (score 3-5). There have been thirteen mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed through Divisional governance processes.

All of these cases will be reviewed through the Clinical Risk Operational Group.

Medical Examiner Service

The Trust is working with UH Bristol & Weston to implement a joint Medical Examiner Service from 1/4/2020. This is being progressed on a phased basis and adverts for Medical Examiner and Medical Examiner’s Officers have been issued in line with the project plan. Ongoing review of the project progression and risks in light of the COVID-19 impact is being maintained.

Mortality Review Completion

Jan 19 to Dec 19	Completed	Required	% Complete
Screened and Excluded	1022		
High Priority Cases	167		
Other Reviewed Cases	282		
Total Reviewed Cases	1471	1769	83.2%

Overall Score	1	2	3	4	5
Care Received	0.0%	3.4%	17.1%	55.0%	24.5%

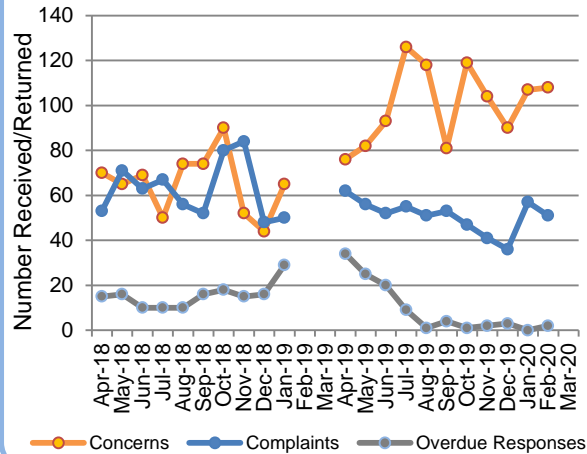
The overall score percentages are derived from the score post review and does not include screened and excluded.

Date of Death	Jan 19 to Dec 19
In Progress	4
Reviewed Not SIRI	9
Reported as SIRI	0
Total Score 1 or 2	13

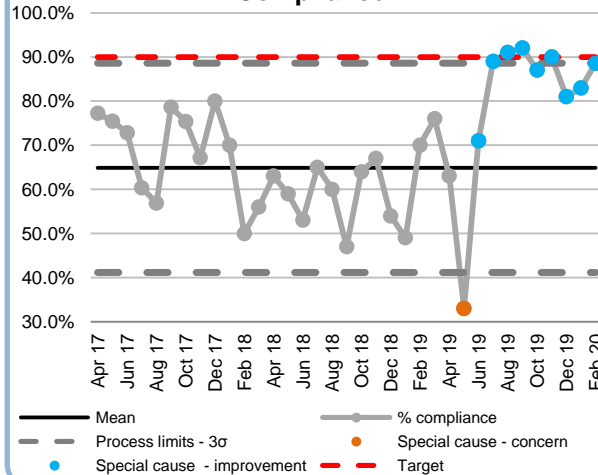
Patient Experience

**Board Sponsor: Director of Nursing and Quality
Helen Blanchard**

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

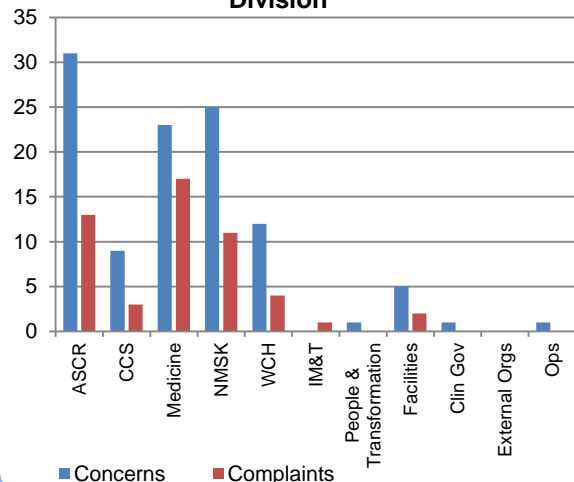
In February 2020, the Trust received 51 formal complaints. This is a decrease on January 2020. 108 PALS concerns were received (this includes enquiries). This is consistent with the number received in January 2020.

The 51 formal complaints can be broken down by division: (the previous month total and increase / decrease shown in brackets)

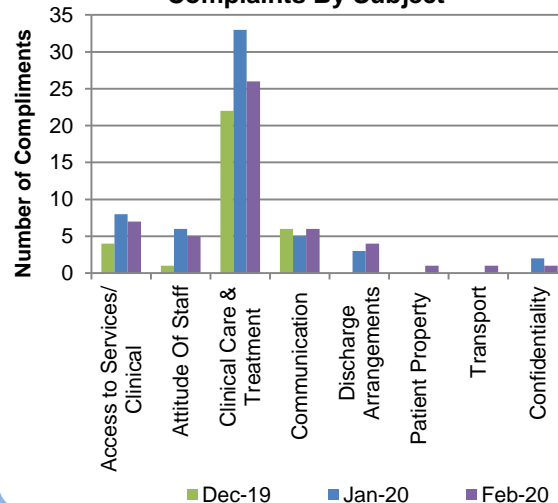
ASCR	13 (18/ -28%)	CCS	3 (3/ 0%)
Medicine	17 (13/ +31%)	NMSK	11 (11/ 0%)
WACH	4 (11/ -64%)	IM&T	1 (1/0%)
Facilities	2		

Medicine and Facilities are the only Divisions which have seen an increase in complaints.

Concerns and Complaints per Division



Complaints By Subject



Compliance Response Rate Compliance

The chart demonstrates statistically significant performance improvement (the result of a process change and not natural variation).

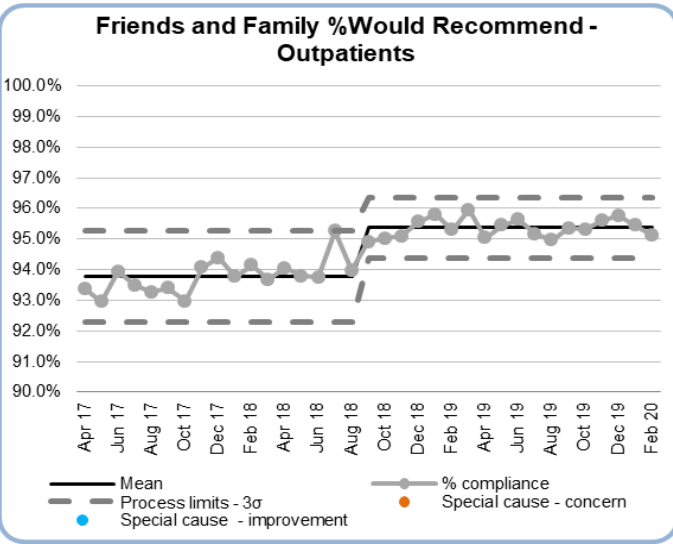
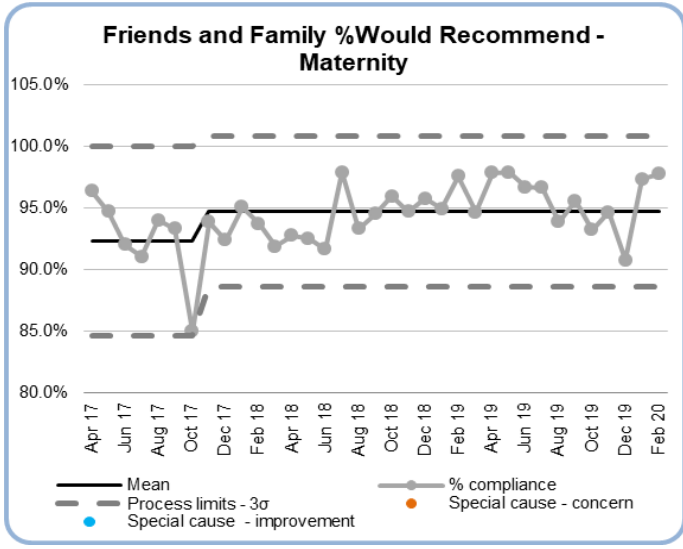
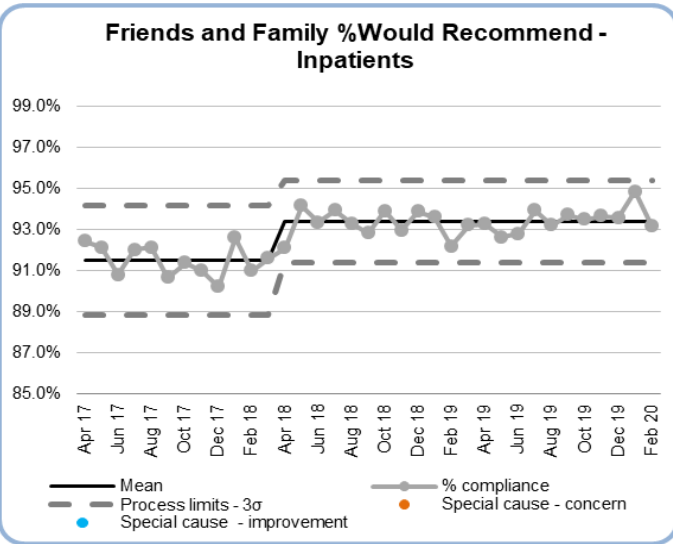
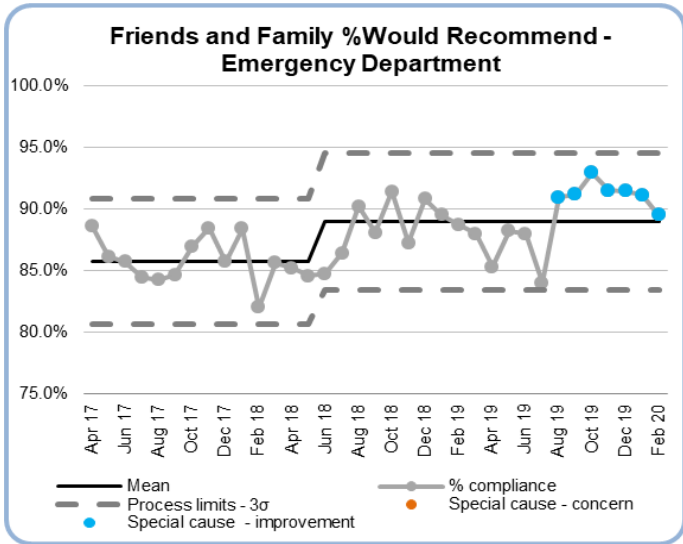
In February, 88.57% of complaints were closed within the initial agreed time frame.

That is, 31 of the 35 complaints due to be closed in the month were responded to on time.

Overdue complaints

There were two overdue complaints as of 29/02/2020. This does not include those complaints on hold (due to LRMs, Serious Incident Investigations & legal proceedings). These are all recorded and monitored on weekly tracker reports which are sent to each division. This has now been extended to corporate divisions. Both overdue complaints sit within corporate divisions (Ops and Clinical Governance). These are being completed and closed. Overdue complaints are discussed at weekly meetings.

N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues.



FFT Recommend Rate	Target	NBT Actual
ED	90%	89.55%
Inpatients	95%	93.19%
Outpatients	95%	95.13%
Maternity (Birth)	95%	97.78%

The statistically significant improvement in recent months remains in the percentage of patient recommending the service in the Emergency Department.

The new national FFT approach will be implemented from April 2020 and will focus on using the qualitative information to celebrate good practice and identify areas of improvement.

The questions asked have been changed as follows:

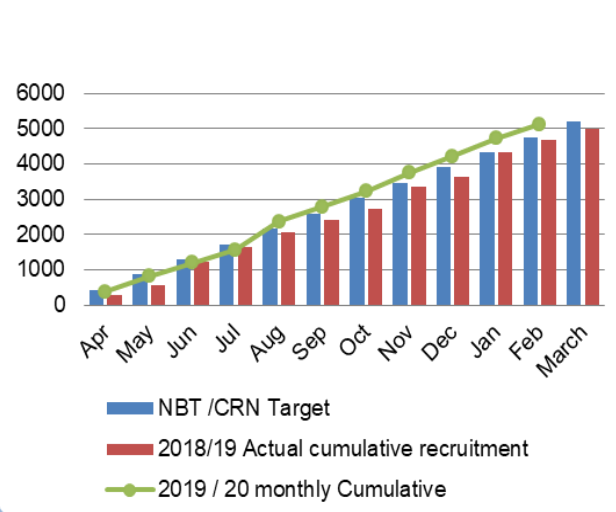
1. Overall how was your experience of our service? (Ratings of Very good, Good; Neither good nor poor; Poor, Very poor; Don't know)
2. Please tell us why you gave your answer? (free text)

At the time of writing, this is still proceeding but we will keep this under review in light of national guidance connected to COVID-19.

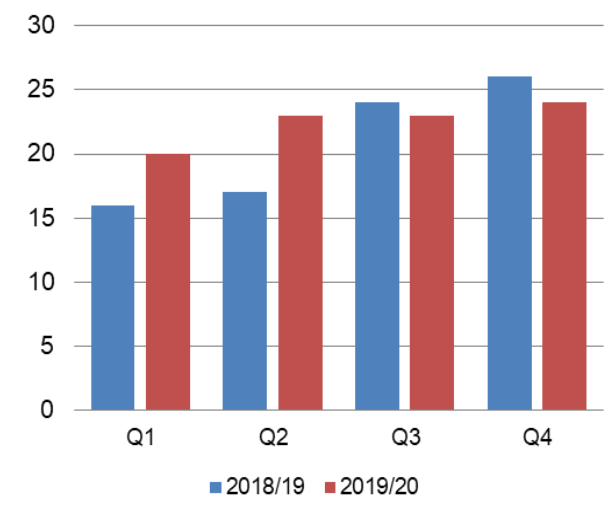
Research and Innovation

Board Sponsor: Medical Director

Patient recruitment vs Target



NIHR studies led by non-medics



NBT has now recruited over 100% target to date and are confident of achieving our full year target.

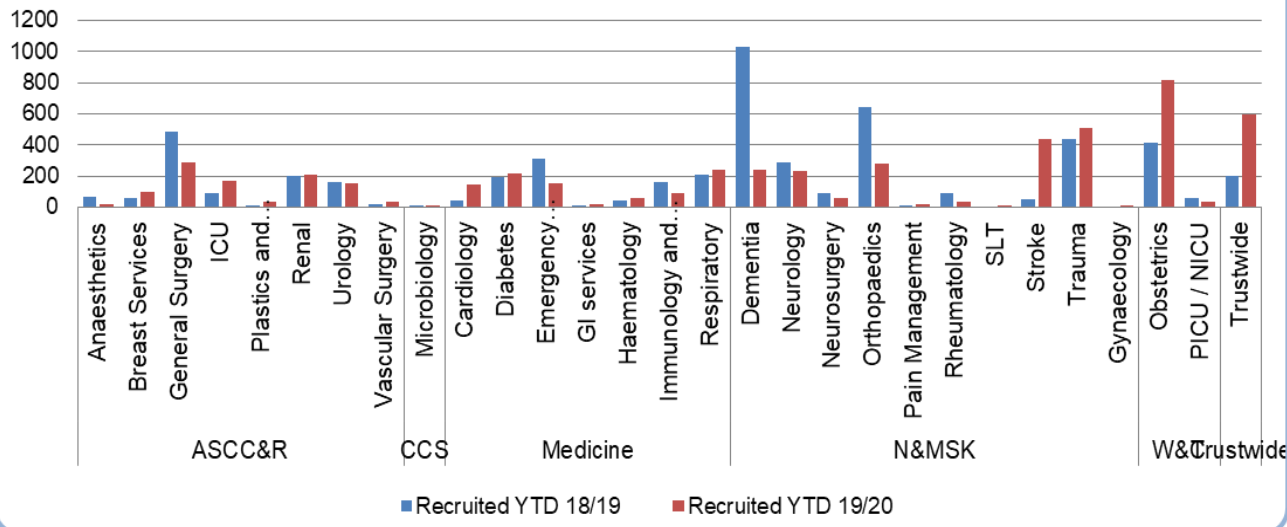
The number of non-med PI's has been maintained throughout 2019/20 but in addition we are beginning to see a modest growth in non-med Chief investigators leading multi-centre NIHR project.

NBT has led two large regional studies this year in Stroke and Healthcare management which have supported both the performance recruitment performance of both NBT but also contributed significantly to the performance of the West of England Network.

Due to a generous charitable donation to the NBT Research Fund, R&I opened a Trust-wide open call for applications to fund research projects up to £20k each. We were delighted to have received 28 applications, of which six have been awarded, with members of the public playing a key role in deciding which projects to fund:

- Dr Anna Bibby (Respiratory) £19,979
- Dr David Arnold (Respiratory) £5,000
- Dr Matt Thomas (ICU) £19,689
- Shona MacIntosh (Vascular) £19,986
- Dr Jo Daniels (Psychology) £13,805
- Katherine Gale (Gynaecology) £19,992

Participants in research by clinical department



NBT currently leads 46 research grants (NIHR, charity, industry and other) to a total value of £22m, and is a partner on 38 grants to a total value of £8.5m.

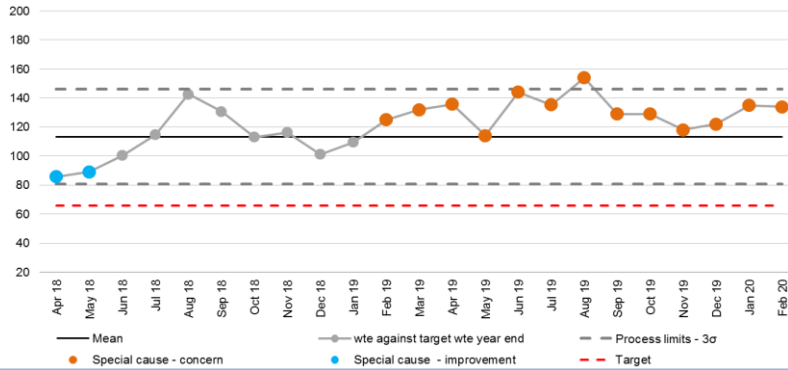


Well Led

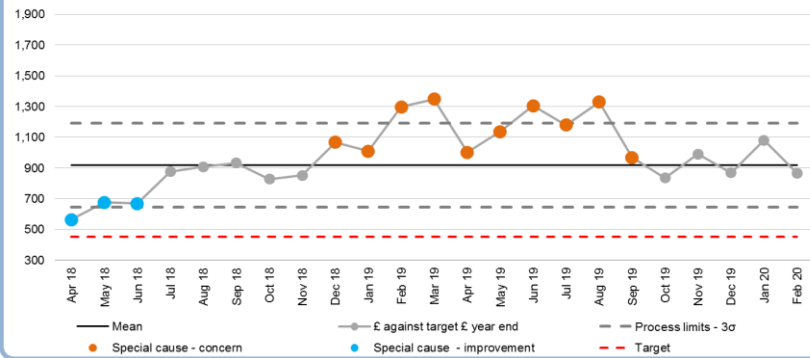
Board Sponsors: Medical Director, Director of People and Transformation
Chris Burton and Jacqui Marshall

Workforce

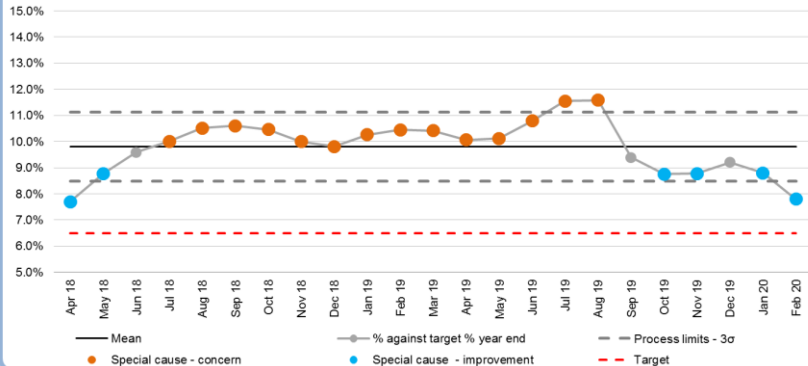
Agency Use-Trust starting 01/04/18



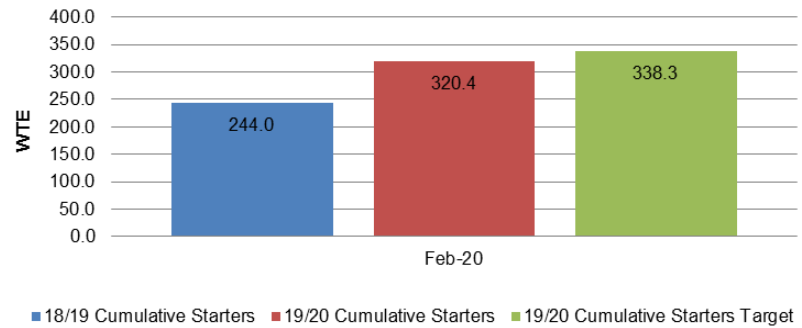
Agency Expenditure-Trust starting 01/04/18



Vacancy Factor-Trust starting 01/04/18



Band 5 Nurse Cumulative Starters



Pay

Pay has exceeded budget for 2019/20 year to date with largest variance in registered nursing and midwifery and junior doctors. However nursing and midwifery pay is favourable when reserves are considered. Worked wte continues to exceed funded wte. This is predominantly in unregistered nursing and non-consultant grade medical staff and more recently registered nursing and midwifery accounting for high volumes of new starters, newly qualified and international and ongoing supernumerary periods/.

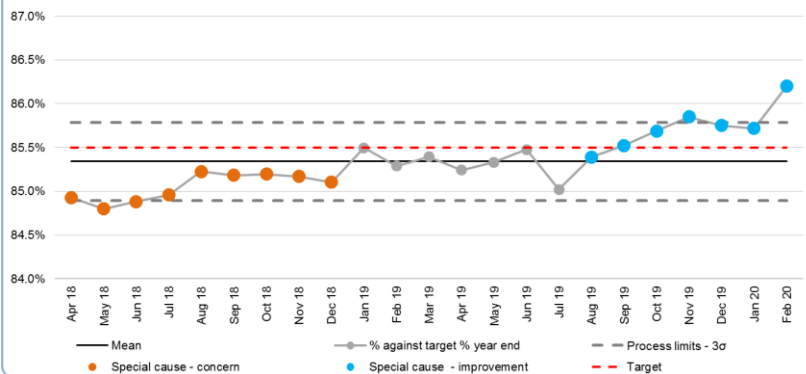
Nursing and Midwifery Resourcing

There were 20 wte band 5 nurse starters and 8 international nurse starters in February. Overall starters year to date is slightly behind the year to date target, but with a strong pipeline in March we anticipate 350 wte starters for band 5 nursing in 19/20 (international and domestic). Business planning has approved the International Business case for 120 nurses for 20/21, but current uncertainties around the impacts of travel may result in a delay in the arrivals.

The bank fill rate for registered nursing continues as an area of focus, as it is behind the same period in 18/19. Detailed analysis our bank staff is still in progress aimed at improving our understanding the reasons why staff are not active on the bank and enabling targeted work to encourage those groups of staff to pick up bank work. Tier 1 agency usage continues to improve since the start of the year as part of the overall high cost agency project and currently a stabilised 78% of agency requests are being filled by tier 1 agencies at the end of February. Plans are underway within the STP for additional activities to increase Tier 1 fill further.

Engagement and Wellbeing

Stability -Trust starting 01/04/18



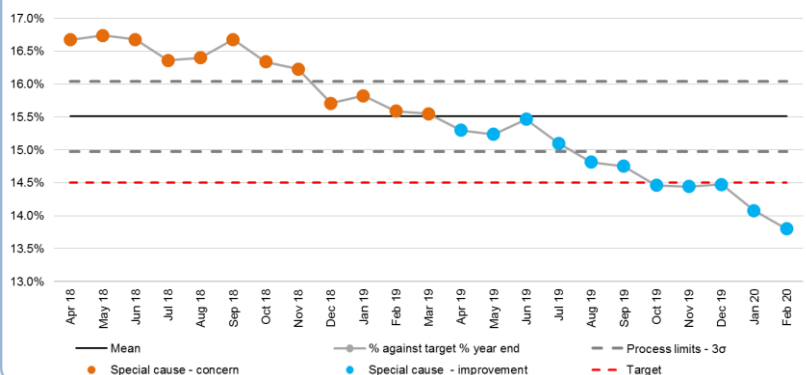
Turnover and Stability

Overall Trust turnover and stability continues to improve with registered and unregistered nursing and midwifery and administrative and clerical staff seeing the biggest change from January to February. Band 5 nursing also saw an improvement following driven by the large increase in staff in post over the last six months and a reduction in the number of leavers.

Projects

The NHSI/NBT retention action plan was implemented during February, seeking qualitative insights into main reasons for staff leaving/thinking of leaving. Contact with leavers and leavers/returners is continuing through March. Analysis on the feedback to date is showing some clear themes starting to emerge.

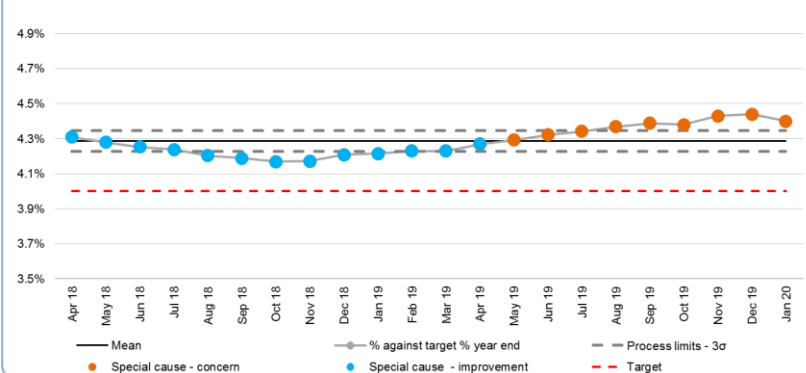
Turnover -Trust starting 01/04/18



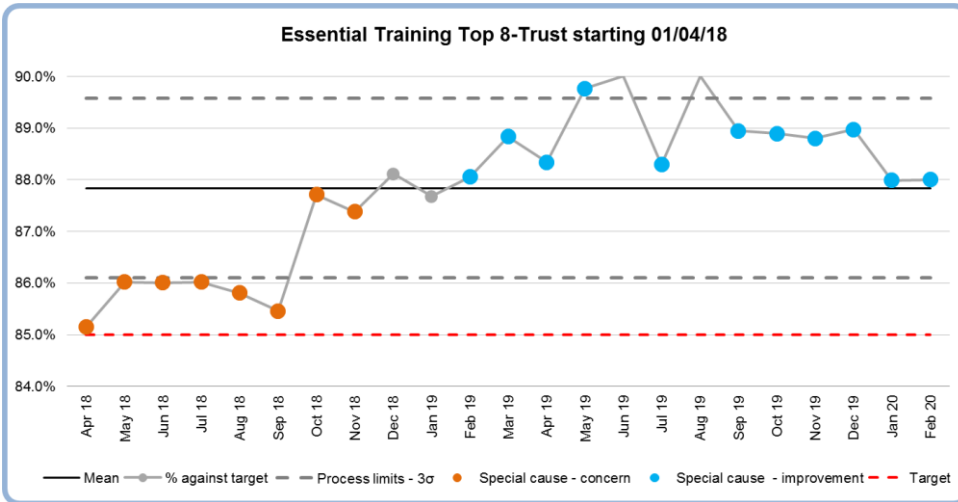
Sickness

Overall in month sickness is lower in January 2020 than January 2019 which saw a significant spike in short term sickness and over the winter period (Nov-Dec) 19/20 has seen lower rates of short term sickness. However There remains an issue with long term sickness which is driving the deterioration in our annual position. We have identified some key areas for investigation in terms of the sickness recorded process which when improved will provide greater insight into driver of sickness absence.

Sickness Absence -Trust starting 01/04/18



The P&T team is undertaking work with key areas, reviewing the effectiveness of return to work meetings. They will also be starting some work with the Facilities team around the management of long-term sickness. Linked to this are plans to investigate areas where absence reasons recorded as 'unknown' are disproportionately high, to identify opportunities to improve our understanding of the drivers for this absence and allowing us to target our health and wellbeing interventions accordingly.



Training Topic	Variance	Jan-20	Feb-20
Child Protection	-0.3%	87.9%	87.6%
Equality & Diversity	0.3%	90.3%	90.7%
Fire Safety	-0.3%	87.0%	86.7%
Health & Safety	0.3%	92.0%	92.3%
Infection Control	-1.5%	92.0%	90.6%
Information Governance	-0.2%	84.3%	84.1%
Manual Handling	-0.1%	83.4%	83.3%
Waste	1.4%	86.5%	87.9%
Total	0.0%	87.99%	87.95%

Essential Training

There has been an overall compliance reduction of 1 % which is in line with planned predictions however we continue to remain above our 85% compliance target. We however have seen an increase in the number of eLearning activities undertaken.

Leadership & Management Development OneNBT Leadership Programme

253 staff are enrolled on the 2019 OneNBT Leadership programme which is 72% of the 350 target. Those who did not engage were withdrawn automatically at the end of February and a report will be produced to summarise reasons for non-engagement.

In addition to the key process improvements we have highlighted over the last few months, we issued a survey to learners and managers of the 2019 programme. We have received 60 responses from learners and 38 responses from managers. The survey will close shortly and feedback will inform both 2020 planning and provide divisions with strengths and areas for improvement if required.

The 2020 application window has now opened as of 2nd March until 29th May. We had 42 defer and have received 24 applications which gives us 66 participants for 2020 so far.

OneNBT L&M Apprenticeships

28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification). 7 of those have been promoted since joining the programme.

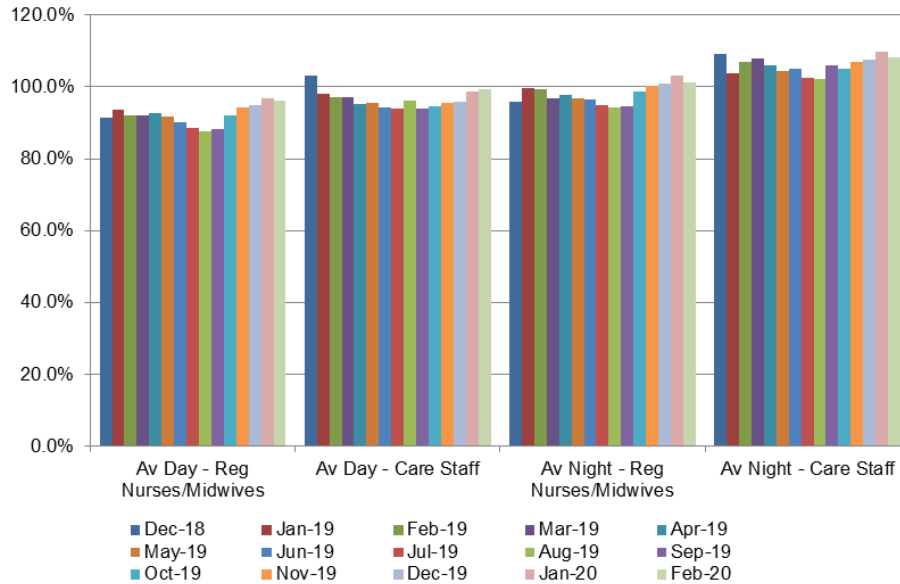
6 managers due to complete their end-point assessment in April 2020. These will be the first in the Trust to achieve the qualification and complete the programme.

April 2020 cohort on track to start (further 10 managers from across the Trust).

Covid19 training update:

All non-medical training will be deferred until the end of March with the exception of apprenticeship programmes, external CPD modules, preceptorship and induction programmes, non-invasive ventilation and blood track training. This approach will be regularly reviewed and updated.

Safe Staffing Fill Rates



The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. The current version of the roster system is unable to break this down, however changes are anticipated and will be back reported as soon as it is possible.

Wards below 80% fill rate for Care Staff

NICU (68.8% day, 60.8% Night): Where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed.

ICU (63.8% Night): Where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed.

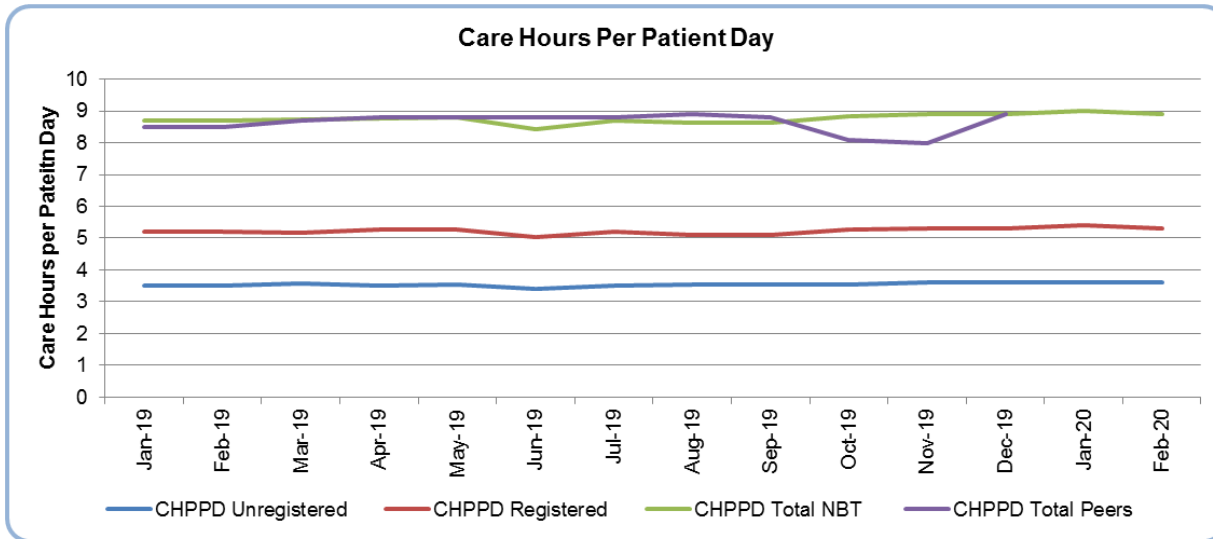
Ward over 150% fill rate for Care Staff

Ward 6b (156.2% night): Average of six patients requiring enhanced care, when enhanced care shifts could not be filled RMNs were used. There were also two patients in side rooms due to infection and one patient requiring 2:1 care.

Cotswold (196.1% night): Cotswold ward is currently open to escalation beds and extra staff requested as needed. If shifts are unfilled a member of staff may be moved from another area to support maintaining safe staffing.

Feb-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	96.2%	99.2%	101.3%	108.0%

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.



Care Hours per Patient Day (CHPPD)

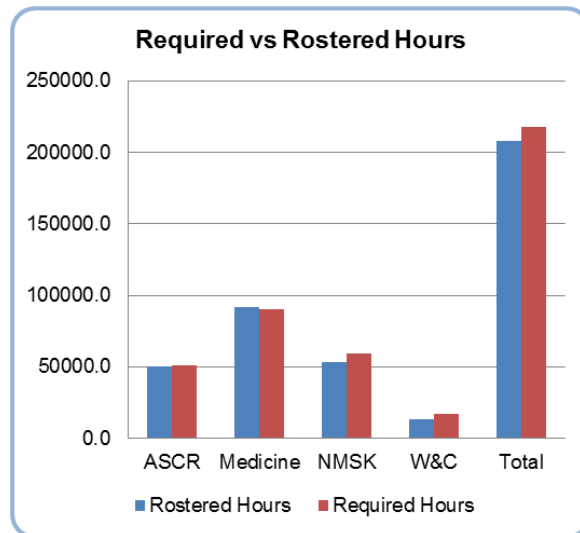
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values are only available to Feb 2019).

Safe Care Live (Electronic Acuity Tool)

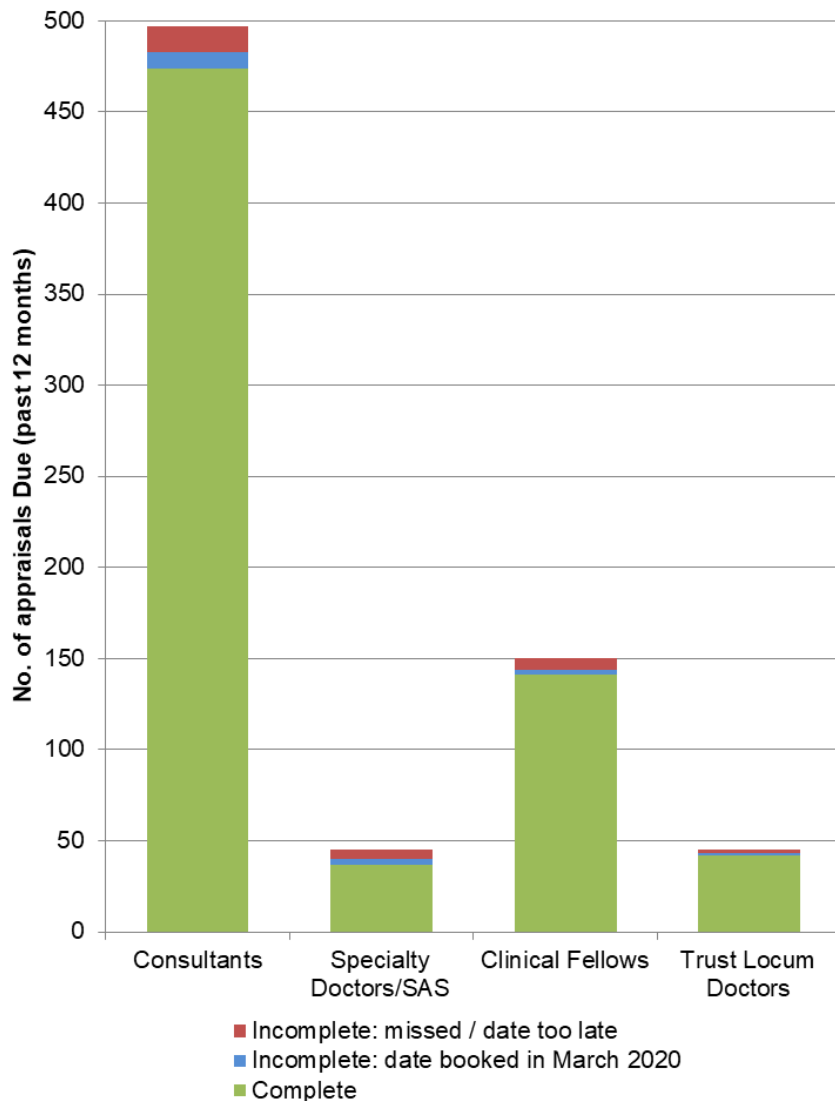
The acuity of patients is measured three times daily at ward level.

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

Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



Appraisal Compliance (prev. 12 months)



Medical Appraisal

The current appraisal year runs between 1st April 2019 - 31st March 2020. Of appraisals due, 96% over the course of the past 12 months have either been completed (at NBT or with the doctors previous employer) or have a meeting date set within the next month.

26% of revalidation recommendations to the GMC in the past 12 months have been deferrals. The revalidation team have identified that the majority of these deferrals are due to incomplete feedback from colleagues and/or patients. The team aim to reduce this figure to 20% within the 2020/21 year by focussing on the processes used to engage medics with the colleague and patient feedback. The first step of this will be started in April 2020.

Eight consultants have been trained as new medical appraisers in February 2020.

The GMC has announced that all revalidations before the end of September 2020 will be deferred for one year in view of the Covid19 response.

Finance

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

	Position as at 29 February 2020		Full Year Forecast (as at December 2019)	
	Actual	Variance (Adverse) / Favourable	Full year Forecast	Variance (Adverse) / Favourable
	£m	£m	£m	£m
Contract Income	480.1	(3.9)	525.1	(4.2)
Other Income	79.1	1.7	88.9	4.4
Total Income	559.2	(2.2)	614.0	0.2
Pay	(352.8)	1.4	(385.1)	1.2
Non-Pay	(171.0)	(1.2)	(187.7)	(2.2)
Depreciation	(23.8)	(1.4)	(24.2)	0.3
PFI Operating Costs	(5.6)	0.2	(6.3)	0.0
PFI Interest	(31.4)	(0.1)	(34.0)	0.2
Other Financing costs	(4.5)	0.3	(5.0)	0.3
Loss on Disposal	(0.2)	(0.2)	(2.1)	0.0
Adjusted surplus / deficit for NHS accountability (exc PSF)	(30.1)	(3.2)	(30.4)	0.0
FRF	22.1	0.0	25.0	0.0
Adjusted surplus / deficit for NHS accountability (inc PSF)	(8.0)	(3.2)	(5.4)	0.0
Gain on disposal	0.6	0.6	0.6	0.1
Control total	(7.4)	(2.6)	(4.8)	0.1

Statement of Comprehensive Income

Assurances

The financial position at the end of February shows a deficit of £8m which is £3.2m adverse to plan. Of this, £1.4m relates to a timing difference of the loss on disposal relating to the replacement of the Trust's IT network which had been planned to happen in March.

Contract income is £3.9m adverse to plan largely due to under-performance in elective and the mix of long / short stay non-elective inpatient activity. The Trust continues to forecast that it will achieve the planned deficit. This reflects anticipated improvements in both non-elective activity and case-mix. Under-performance of income and under achievement of savings represent risks to the delivery of the Trust's planned deficit and potential mitigations are being developed to ensure that the position is achieved which will allow the Trust to receive PSF and FRF funds from the regulator.

31 March 2019 £m	Statement of Financial Position as at 29th February 2020	Plan £m	Actual £m	Variance above / (below) plan £m
558.1	Non Current Assets			
17.0	Property, Plant and Equipment	554.6	547.5	(7.2)
8.5	Intangible Assets	14.4	14.4	0.0
	Non-current receivables	8.5	4.0	(4.5)
583.6	Total non-current assets	577.5	565.9	(11.7)
	Current Assets			
12.8	Inventories	11.2	11.6	0.4
35.5	Trade and other receivables NHS	52.9	33.1	(19.8)
37.1	Trade and other receivables Non-NHS	17.4	30.6	13.3
10.2	Cash and Cash equivalents	8.0	19.6	11.6
95.7	Total current assets	89.5	95.0	5.5
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	667.1	660.9	(6.2)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	6.7	(2.7)
64.8	Trade and Other payables - Non-NHS	59.9	67.7	7.7
70.8	Borrowings	70.1	140.5	70.4
145.0	Total current liabilities	139.4	214.9	75.5
(49.3)	Net current assets/(liabilities)	(49.9)	(119.9)	(70.0)
534.3	Total assets less current liabilities	527.6	446.0	81.7
7.8	Trade payables and deferred income	7.5	6.9	(0.6)
517.8	Borrowings	514.8	430.8	(84.0)
8.7	Total Net Assets	5.4	8.3	3.0
	Capital and Reserves			
243.9	Public Dividend Capital	245.5	248.0	2.5
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(5.0)	(4.5)	0.5
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	5.4	8.3	3.0

Statement of Financial Position

Assurances

The Trust has repaid net loan financing for the year to date of £7.5m in line with plan. This brings total borrowing from the DOH to £170.8m. The Trust ended the month with a cash balance of £19.6m, compared with a plan of £8.0m. This higher balance is partly due to £1.5m of year to date slippage on the capital expenditure plan, along with 2018/19 over performance monies received in year.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 80% by volume of payments made within 30 days against the target of 95%. By value the performance is 85% (87% excluding NHS). The focus going into 2019/20 continues to be on improving payments to achieve the BPPC, achieving the remaining capital plan, reducing the level of outstanding debts and ensuring cash financing is available to achieve the Trusts' objectives.

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

The overall financial position shows a £8m deficit, £3.2m adverse to plan.

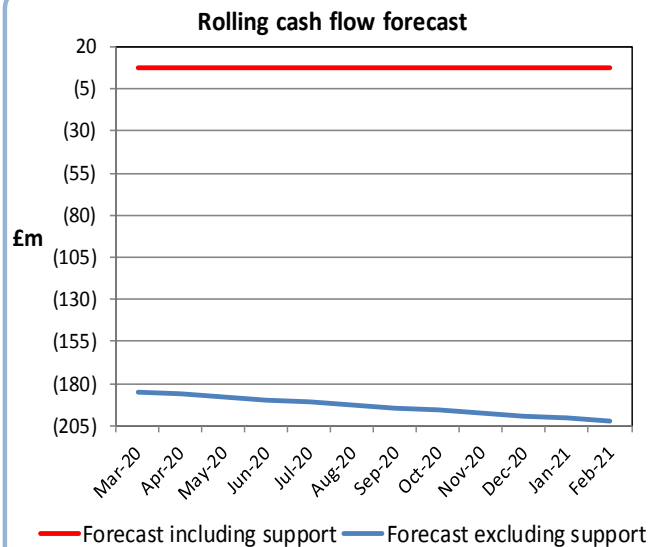
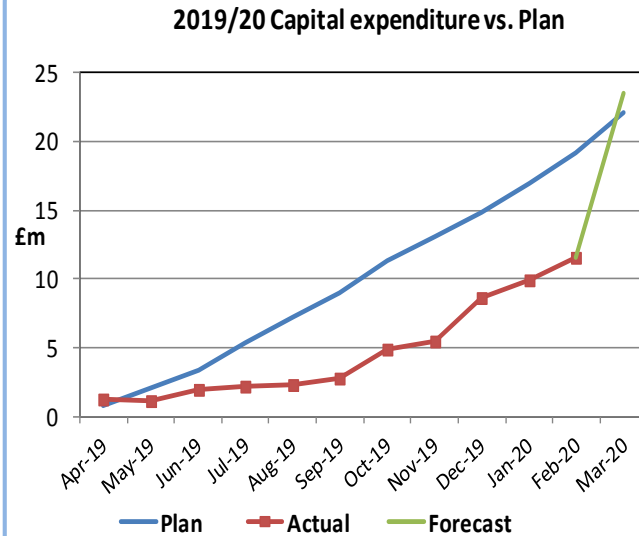
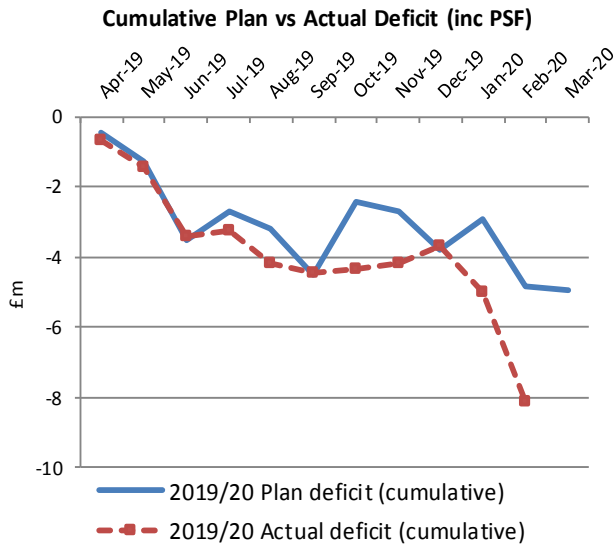
The capital expenditure for the year to date is £11.6m. Whilst there is currently slippage of capital spend there work is underway to ensure that the plan is delivered. The revised capital expenditure forecast for 2019/20 is £23.5m.

Assurances and Actions

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

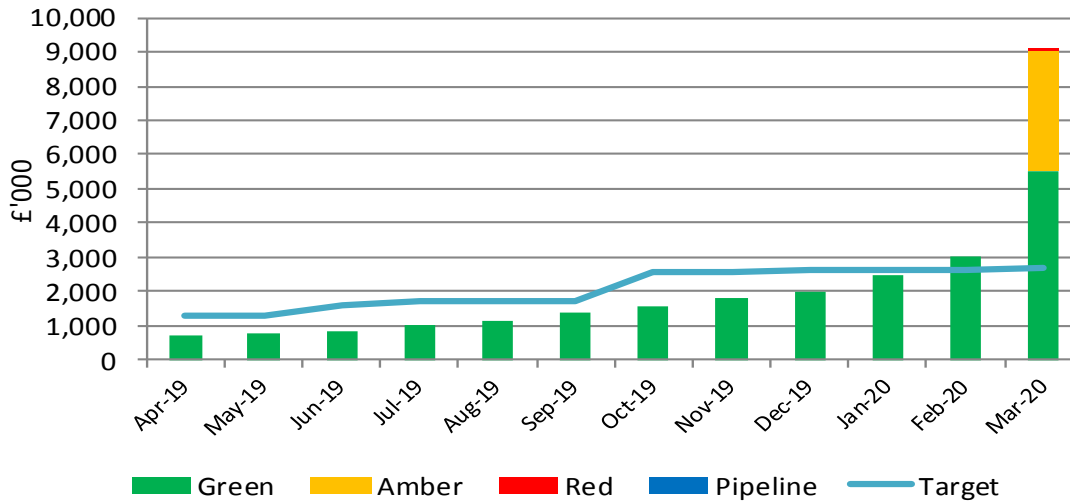
Concerns & Gaps

The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

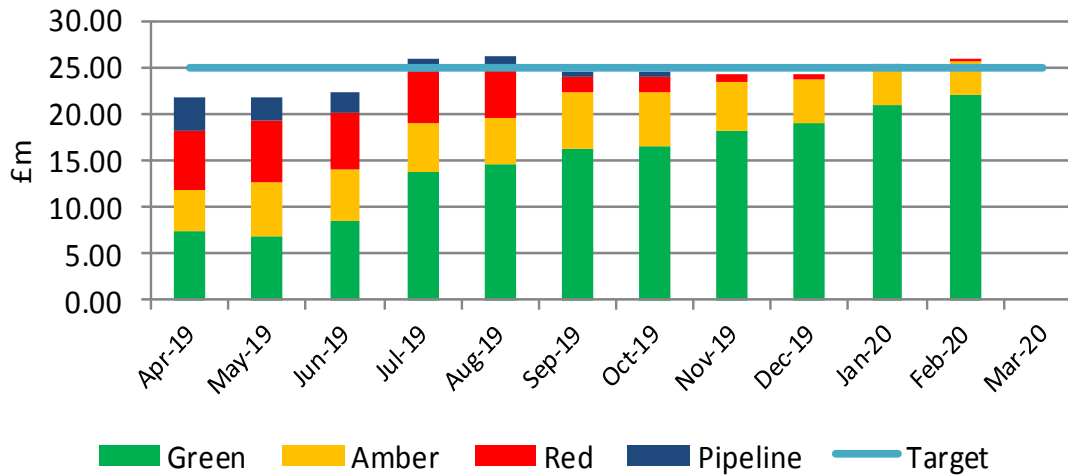


Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	3	3
0.2	I&E margin: distance from financial plan	2	1
0.2	Agency rating	2	2
	Overall finance risk rating	3	3

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £25.7m has been identified as at the end of February.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £25.7m identified schemes. £25m of these are rated as green or amber.

Savings delivery is £16.6m as at the end of February, £5.7m adverse against a plan of £22.3m.

Of the £25.7m identified savings in 2019/20, £15.7m is recurrent with a full year effect of £19.8m.

Actions Planned

Maintain focus on identifying opportunities and improving the rate at which ideas and opportunities are turned into full plans for delivery.

Continued monitoring of actions required to deliver identified savings for 2019/20.

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

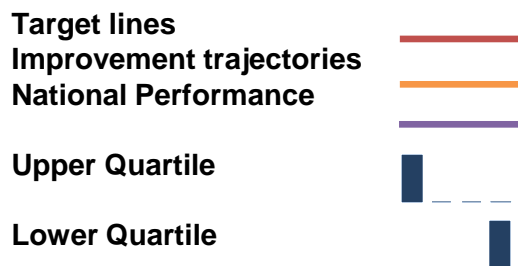
Monitor Provider Licence Compliance Statements at February 2020

Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Unless noted on each graph, all data shown is for period up to, and including, 29 February 2020.

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

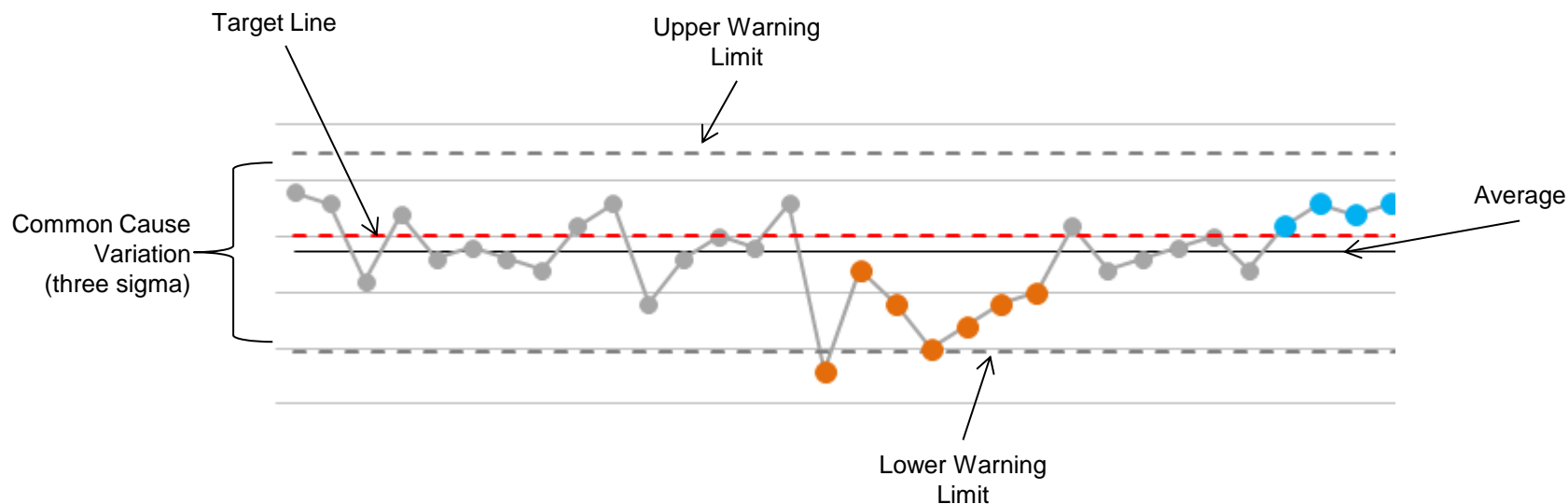


NBT Quality Priorities 2019/20

- QP1** Supporting patients to get better faster and more safely
- QP2** Meeting the identified needs of patients with Learning Disabilities /Autism
- QP3** Improving our response to deteriorating patients
- QP4** Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
- QP5** Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:

- Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Further reading:

SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf