

North Bristol NHS Trust


















































INTEGRATED PERFORMANCE REPORT

February 2020 (presenting January 2020 data)





























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Domain	Description	National Standard	Current Month Trajectory (RAG)	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-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%	80.02%	77.89%	70.47%	74.10%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%		75.68%	30/118	
	A&E 12 Hour Trolley Breaches	0	0	0	21	0	0	0	1	0	0	0	4	9	2	38		0 - 411	22/37	
	Ambulance Handover < 15 mins (%)	100%	91.41%	90.02%	92.36%	92.66%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%				
	Ambulance Handover < 30 mins (%)	100%	98.67%	98.62%	99.10%	99.27%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%				
	Ambulance Handover > 60 mins	0	0	1	0	2	12	0	4	0	0	0	0	1	0	2				
	Delayed Transfers of Care	3.50%	3.50%	4.36%	3.99%	5.82%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.33%				
	Stranded Patients (>21 days) - month end			146	138	133	160	133	131	135	276	156	138	128	129	163				
	Bed Occupancy Rate		95.00%	97.09%	97.94%	96.44%	96.87%	95.94%	95.07%	95.40%	94.69%	95.07%	96.40%	96.17%	96.79%	98.76%				
	Cancelled Operations (Same day - non-clinical)	0.80%		1.29%	1.45%	0.89%	1.35%	1.33%	0.78%	0.71%	0.94%	0.94%	1.30%	1.10%	1.25%	1.21%		1.53%	47/151	
	Cancelled Operations (28 Day Rebooking)	0	3	2	3	1	1	1	2	1	1	1	0	1	0	5		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	4.23%	3.89%	2.32%	3.10%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%		4.17%	378/400	
	Diagnostic 13+ Week Breaches	0	0	20	8	10	15	74	84	130	205	225	239	63	147	258				
	RTT Incomplete 18 Week Performance	92.00%	88.24%	87.61%	86.95%	86.71%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%		84.37%	121/175	
	RTT 52+ Week Breaches	0	11	38	44	18	19	16	17	14	14	16	13	14	14	9		0-175	15/35	
	Total Waiting List		28454	26459	27304	27910	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672				
	Cancer 2 Week Wait	93.00%	80.52%	75.74%	92.44%	90.27%	84.70%	83.44%	78.44%	71.79%	65.54%	69.92%	87.23%	90.21%	81.94%	-		91.84%	132/142	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	93.99%	48.16%	82.20%	82.69%	89.83%	88.83%	76.97%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	-		84.32%	86/112	
	Cancer 31 Day First Treatment	96.00%	96.47%	92.28%	95.49%	93.28%	93.08%	88.24%	88.03%	90.35%	89.47%	90.20%	85.76%	93.24%	96.80%	-		95.97%	57/111	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.30%	1/28	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.06%	75.63%	80.87%	79.17%	80.77%	82.52%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	-		91.63%	53/62	
Quality Patient Safety & Effectiveness	Cancer 62 Day Standard	85.00%	73.10%	82.17%	81.67%	85.98%	84.40%	78.95%	76.99%	74.10%	88.84%	72.58%	66.98%	71.62%	75.53%	-		77.99%	90/139	
	Cancer 62 Day Screening	90.00%	89.71%	89.04%	91.07%	91.84%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	-		85.21%	46/76	
	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%		82.40%	82.65%	83.55%	80.77%	83.71%	83.55%	84.39%	83.01%	84.33%	84.24%	83.28%	83.50%	83.78%				
	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%				
	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%				
	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%				
	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%				
	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%				
	Never Event Occurance by month	0	0	3	0	0	0	0	0	0	0	0	0	1	0	0				
	Serious Incidents			10	5	4	5	6	2	6	5	4	3	3	7	3				
	Total Incidents			1644	1552	1537	1496	1511	1628	1647	1637	1469	1694	1723	1656	1758				
	Serious Incidents (Rate per 1000 Bed Days)			63.07	65.35	59.36	59.44	58.67	65.91	64.31	64.40	59.48	65.46	68.96	63.73	66.30				
	WHO		95%	97.10%	96.72%	96.53%	96.73%	96.35%	95.81%	95.68%	97.25%	97.37%	97.53%	97.74%	98.94%	99.63%				
	Pressure Injuries Grade 2			21	29	21	43	27	31	24	34	46	43	43	32	34				
	Pressure Injuries Grade 3			0	0	3	1	0	0	1	0	0	0	0	1	0				
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0				
	Falls per 1,000 bed days			31	28	31	30	31	30	31	31	30	31	30	31	32				
	#NoF - Admissions to Acute Ortho Ward <4 Hours			62.22%	53.19%	58.49%	59.57%	60.71%	67.39%	63.41%	69.44%	75.44%	76.36%	72.34%	69.44%	60.00%				
	#NoF - Surgery <36 Hours if Medically Fit			66.67%	93.62%	94.34%	80.85%	76.79%	86.96%	90.24%	83.33%	75.44%	87.27%	91.49%	88.89%	63.33%				
	#NoF - Assessed by Orthogeriatrician <72 Hours			93.33%	100.00%	98.11%	97.87%	96.43%	100.00%	95.12%	100.00%	96.49%	98.18%	100.00%	91.67%	90.00%				
	Stroke - Patients Admitted			71	60	80	79	67	88	77	89	76	89	83	82	79				
	Stroke - Scanned <1 Hour of Clock Start			66.15%	71.15%	73.61%	67.61%	70.00%	70.00%	75.34%	81.48%	68.66%	65.06%	68.42%	72.06%	61.97%				
	Stroke - Thrombolysed <1 Hour			71.43%	81.82%	40.00%	33.33%	71.43%	62.50%	77.78%	60.00%	75.00%	50.00%	37.50%	41.67%	62.50%				
	Stroke - Directly Admitted to Stroke Unit <4 Hours			68.75%	72.92%	67.14%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	43.28%				
	MRSA	0	0	1	1	0	0	0	0	0	0	1	0	1	1	1				
	E. Coli			6	6	3	3	2	5	2	6	4	7	7	7	7				
	C. Difficile			1	2	4	3	5	6	8	3	6	5	2	3	5				
	MSSA			5	3	2	3	1	1	5	3	5	2	3	1	1				
	VTE	95%	95%	96.34%	96.98%	97.02%	96.84%	96.72%	96.67%	96.65%	96.15%	95.99%	96.45%	96.36%	95.66%					

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Quality Caring & Experience	FFT A&E (Recommend)			89.55%	88.77%	88.03%	85.32%	88.26%	88.01%	84.03%	91.00%	91.22%	92.97%	91.52%	91.48%	91.15%		84.20%	27/130	
	FFT A&E (Response Rate)		15.00%	20.93%	21.49%	20.03%	16.51%	19.39%	20.56%	19.57%	19.05%	18.74%	20.00%	22.49%	21.07%	21.28%		11.58%	12/134	
	FFT Inpatients (Recommend)			93.62%	92.19%	93.24%	93.30%	92.64%	92.82%	93.95%	93.23%	93.72%	93.52%	93.68%	93.59%	94.86%		95.84%	130/158	
	FFT Inpatients (Response Rate)		30.00%	18.59%	19.16%	19.04%	11.47%	17.58%	17.40%	18.50%	16.54%	17.88%	16.83%	18.38%	17.70%	17.58%		22.59%	133/169	
	FFT Outpatients (Recommend)			95.80%	95.30%	95.94%	95.03%	95.44%	95.63%	95.16%	94.96%	95.36%	95.31%	95.59%	95.76%	95.45%		94.01%	95/193	
	FFT Outpatients (Response Rate)		6.00%	18.71%	14.66%	18.05%	12.35%	18.54%	17.73%	17.69%	15.10%	17.16%	18.95%	14.04%	11.17%	13.96%				
	FFT Maternity (Recommend)			94.95%	97.59%	94.69%	97.87%	97.94%	96.74%	96.67%	93.90%	95.60%	93.26%	94.68%	90.80%	97.37%		96.69%	52/61	
	FFT Maternity (Response Rate)		15.00%	21.43%	18.32%	25.80%	22.38%	20.17%	21.05%	18.11%	17.19%	20.92%	18.39%	18.80%	21.75%	18.10%		18.19%	47/121	
	PALS - Count of concerns			65	35	26	76	82	93	126	118	81	119	104	90	107				
	Complaints - % Overall Response Compliance		90%	49.00%	70.00%	76.00%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%				
	Complaints - Overdue			29	41	10	34	25	20	9	1	4	1	2	3	0				
	Complaints - Written complaints			50	48	51	62	56	52	55	51	53	47	41	36	57				
Well Led	Agency Expenditure ('000s)		793					1136	1305	1179	1329	968	836	990	868	1081				
	Month End Vacancy Factor		7.10%					10.12%	10.79%	11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%				
	Turnover (Rolling 12 Months)		14.90%					15.24%	15.47%	15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%				
	Sickness Absence (Rolling 12 month -In arrears)		4.00%					4.27%	4.30%	4.31%	4.35%	4.36%	4.38%	4.43%	4.44%					
	Trust Mandatory Training Compliance		84.78%					89.77%	90.00%	88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%				
Finance	Deficit (£m)		-£2.9	-£18.5	-£19.9	-£21.4	-£0.7	-£1.5	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0				
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3				

EXECUTIVE SUMMARY

January 2020

Urgent Care

For the sixth consecutive month the Trust has exceeded the England position for ED 4 hour wait performance (Type 1). Ranking in the upper quartile for January, the Trust also continues to be ranked first among the 11 Adult Major Trauma Centres for 4 hour wait performance. However, January was a particularly challenging month operationally both within the Trust and across the system, with increased bed occupancy overall and 38 reported 12 hour trolley breaches.

Elective Care and Diagnostics

The Trust has reported an increase in overall wait list size in January; this is 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 and backlog decreased in January. There were 9 patients waiting greater than 52 weeks for their treatment in January against a trajectory of 11. Due to winter pressures leading to cancelled operations, the Trust is expecting an adverse impact on greater than 52 week breaches in February, March and into 2020/21. Overall diagnostics performance was 11.00% in month, which is the first sign of improvement in performance since November. A successful bid for centrally held Elective Care funds for additional CT and Endoscopy capacity should result in improved performance by year-end. There was one urgent operation cancelled for a subsequent time and five breaches of the 28 day re-booking target as a result of the bed pressures experienced in January.

Cancer wait time standards

The Trust achieved the 62 day waiting time trajectory in December, with Performance of 75.53%. Backlog clearance plans are in place with additional capacity sought for clearance through January and February 2020. Sustained delivery of the national wait time standard is on track to achieve the 85% target from the end of Quarter 1 of 2020/21. The recovery trajectory for the Two Week Wait standard was achieved in December. 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 no overdue complaints at the end of January. In order to ensure compliance, weekly divisional meetings take place with a revised escalation process. WHO checklist is now reporting at 99.6% as a result of improved accuracy in data capture, validation and reporting.

Workforce

Staff turnover continues to improve with January's annual position at 14.1% below the target set for 2019/20 of 14.5%. Vacancy factor also decreased to 8.8% in January, with a large intake of registered and unregistered nursing and midwifery staff. With a pipeline of 81 WTE band 5 nurses with a start date in February and March, this is set to further improve. Agency use and expenditure increased in January; the increase was largely in areas of operational pressure, e.g. escalation in Medirooms. Bank fill rates continue to be an issue with analysis in progress to determine a course of action to improve the position.

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 January, the Trust reported a deficit of £5m which is £2.1m 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 £15m was achieved at the end of January. 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 80.02% with performance of 78.33% and reported 38 12 hour trolley breaches in month, during a period of extreme system-wide pressure. Despite this, the Trust continues to perform well when compared with Type 1 performance nationally, reporting in the upper quartile, ranking 1st out of 11 Adult Major Trauma Centres and ranking 22nd out of 37 reported positions for 12-hour trolley breaches.

Bed occupancy averaged at 98.77%, however higher levels of bed occupancy across the month and a lack of traction in delivering the system stranded action plan has led to significant pressure in January, continuing into February. High levels of DToC patients (8.33% vs. 3.5% target) continue to be experienced and would have released 44 beds to the Trust had the national target been achieved. Social care delays 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 83.62% against trajectory of 88.24%. The total RTT wait list size in month has increased, as a result of including all patients with an active RTT clock reporting in eRS in the national RTT submission (29674). In comparison with historic methods of reporting the wait list (27825) and backlog (4733) decreased in January and would have met trajectory (28454). The 2020/21 trajectory is being set to reflect the inclusion of these patients going forwards. The number of patients exceeding 52 week waits in January was 9 against a trajectory of 11; the majority of breaches (7) being in Trauma and Orthopaedics. It is predicted that the cancellations due to bed pressures experienced to date in January will impact on the number of patients waiting greater than 52 weeks over the next few months, as patients are rescheduled to accommodate the longest waiting patients, extending the wait time for other patients. Elective activity has been below plan in January (the elective plan is already at a reduced level in January to allow for winter pressures). This is predominately as a result of cancellations prior to the day of operation (as opposed to same-day cancellations).

Cancelled Operations - In month, there was one urgent operation cancelled for a subsequent time and five breaches of the 28 day re-booking target.

Diagnostic Waiting Times - The Trust did not achieve the recovery trajectory for diagnostic performance in January 2020 with actual performance at 11.00% versus a trajectory of 4.23%. At a test level, underperformance is in CT and Endoscopy with the ongoing addition of Non-obstetric Ultrasound. The MRI position improved in January, as anticipated, returning 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 achieved two of the seven Cancer Wait Times standards in December with four of the standards achieving trajectory. Improvements to the 31 Day standard are as a result of patients choosing to delay surgery until after the Christmas period. The Urology backlog clearance plan has experienced difficulties in December as a result of patients choosing to delay surgery. Additional capacity has been sought to help with the increased demand in January and February, although high levels of breaches are expected as a result of further backlog clearance. Urology remains the only specialty with 104 day breaches. 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.

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

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

Areas of Concern

MRSA – There was one reported case of MRSA bacteraemia in January occurring within NMSK, the RCA has been commenced. Year to date there have been four reported cases for the organisation.

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 demand for temporary staffing increased in January by 12% compared with December, despite this the % of unfilled shifts decreased. Whilst the number of registered nursing bank shifts filled increased in January the number of shifts filled by registered nursing bank staff is less than the same period during winter 2018/19. Bank fill for unregistered nursing increased in January compared with December and overall more shifts are being filled than the same period in winter 2018/19. Elgar wards saw an increase in unregistered nursing bank use compared with December in response to escalation in that area.

In January agency spend increased by £213k, the increase was predominantly in registered nursing, wte (+14) and expenditure (+£87k), £106k was an accounting correction for facilities and did not relate to expenditure on agency staff used. The largest increase in registered nursing agency use was in medi-rooms (+10wte) and emergency theatres (+4wte). Medi-rooms saw an increase in patients in overnight in January compared with December accounting for the some of the increase in temporary staffing.

Vacancies

The overall vacancy factor decreased in January to 8.8% and the Trust saw a net gain of staff. Net gains were made in registered and unregistered nursing and midwifery, with 10 international nurses starting in January. Theatres nursing saw a net gain of staff and a reduction in nursing vacancies of 10 wte, predominantly in medi-rooms.

Turnover

The Trust turnover decreased to 14.1% in January, below the target set for 2019/20 of 14.5%.

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. Sickness due to stress/anxiety/depression/other psychiatric illness remains static however there has been an increase in the proportion of absence due to MSK reasons. However, in contrast, the staff survey question "in the last 12 months have you experienced MSK problems as a result of work activities" has improved, from 31.4% to 30.0% of staff saying they had. In the question "in the last 12 months have you felt unwell as a result of work related stress" has improved from 42.5% to 39.8% of staff saying they had. In both questions we are now in line with acute trust average.

The slight deterioration in the Trust sickness absence position has been predominantly driven by an increase in long term sickness and work is beginning to undertake this analysis so that we can put appropriate interventions in place to address this. The staff survey results are encouraging: we have seen a 4% improvement in the question "my organisation definitely takes positive action on health and wellbeing" and we are now 3% above national acute average.

FINANCE

SRO: Director of Finance

Overview

At the end of January, the Trust reported a deficit of £5m (including Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and excluding gains on disposal) which was £2.1m adverse to the planned deficit. January's performance was impacted by the £1.4m loss on disposal relating to the replacement of the Trust's IT network which had been planned to happen in March and so whilst there was an adverse variance in the month, there is no impact on the forecast outturn position which continues to be in line with plan.

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 remaining months 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.

The Trust has repaid a net £2.0m year to date to the end of January which is inline with plan and brings the total Department of Health borrowing to £177.8m, 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.

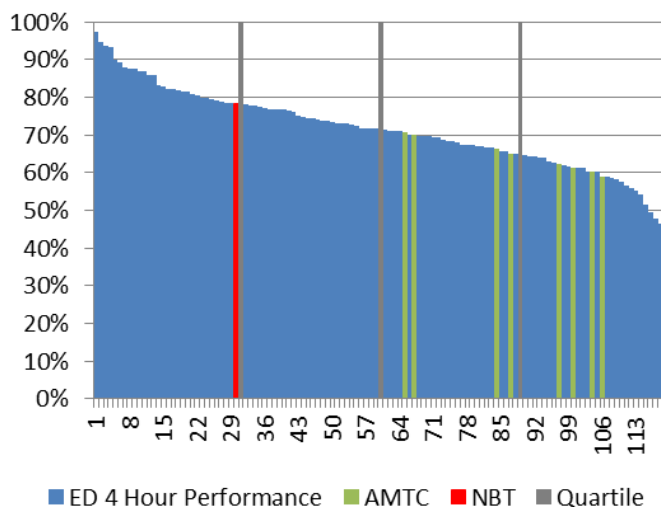
The Trust has a savings target of £25m for the year, of which £15m was achieved at the end of January against a plan of £19.7m.

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.

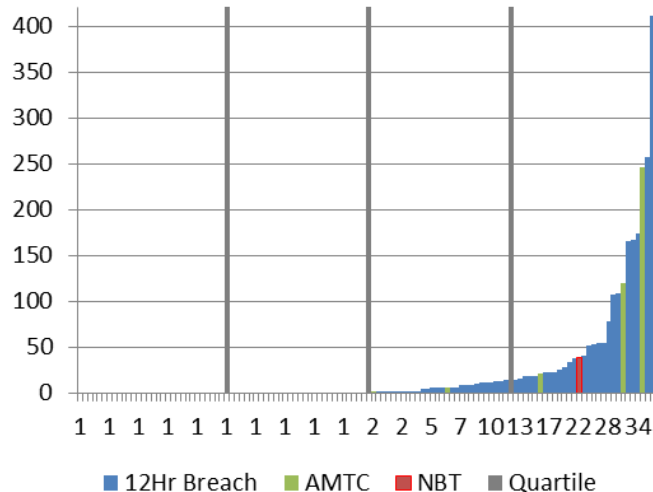
RESPONSIVENESS

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

ED 4 Hour Performance - January 20



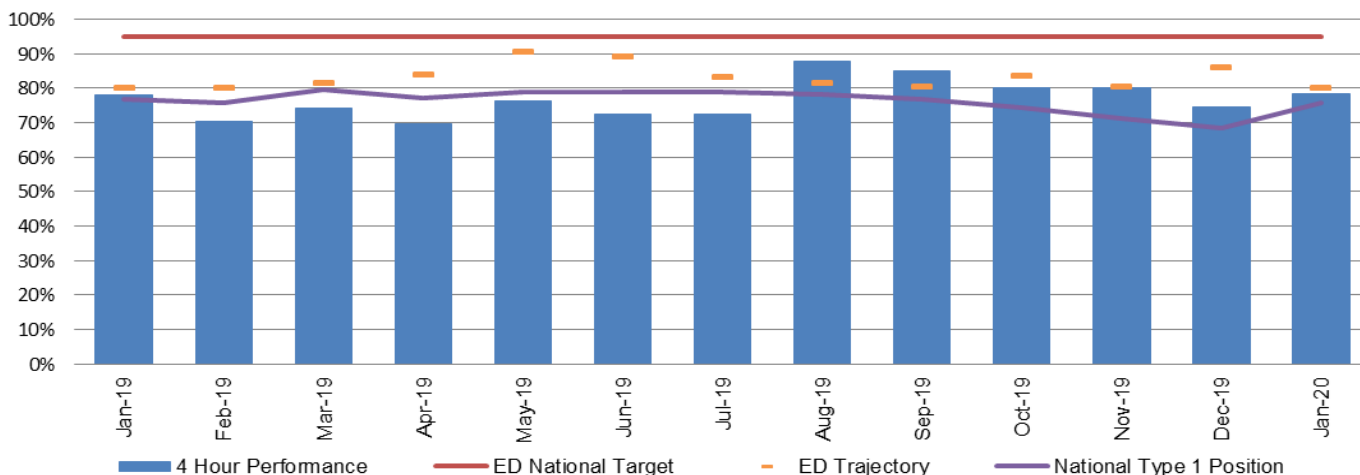
ED 12 Hour Trolley Wait - January 20



Urgent Care

The Trust marginally failed the four hour performance trajectory of 80.02% with performance of 78.33% and reported 38 12 hour trolley breaches in month. The breaches occurred following two days of high levels of ED attendances, above the month average emergency admissions and long waits for beds. During this period, waits to be seen were consistent and under control between the hours of 08:00-24:00 and on top of the regular two-hourly huddles, hourly safety checks both in ED and AMU (including corridors) were undertaken.

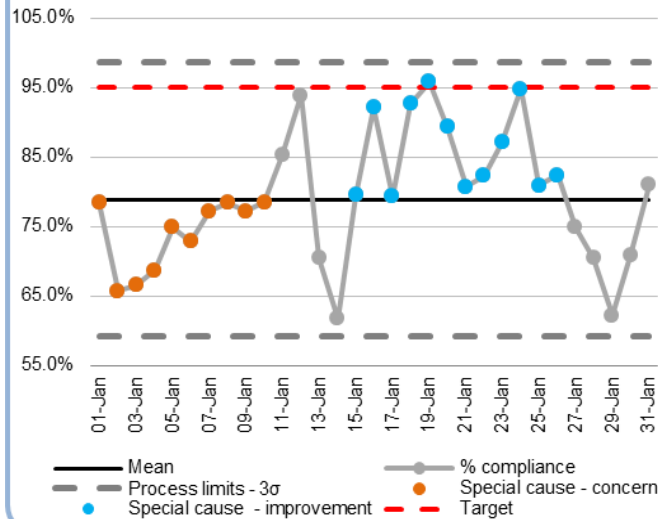
ED 4 Hour Performance



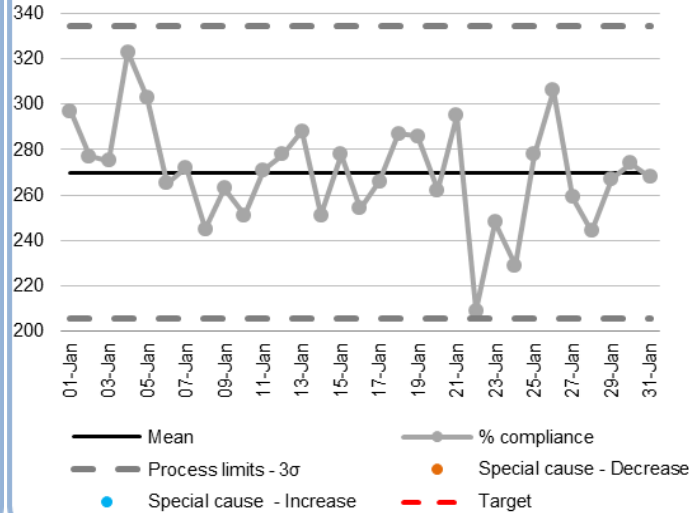
At 8356, there were 9.46% more attendances than SLA. Non-elective admissions were down against plan for long-stay admissions (-14.99%), but were up against plan for short-stay admissions (47.21%), which follows the trend of increased short-stay versus long-stay activity in 2019/20 year to date. This 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 84.18% and the total STP performance was 83.67% for January.

ED 4 Hour Performance



ED Attendances

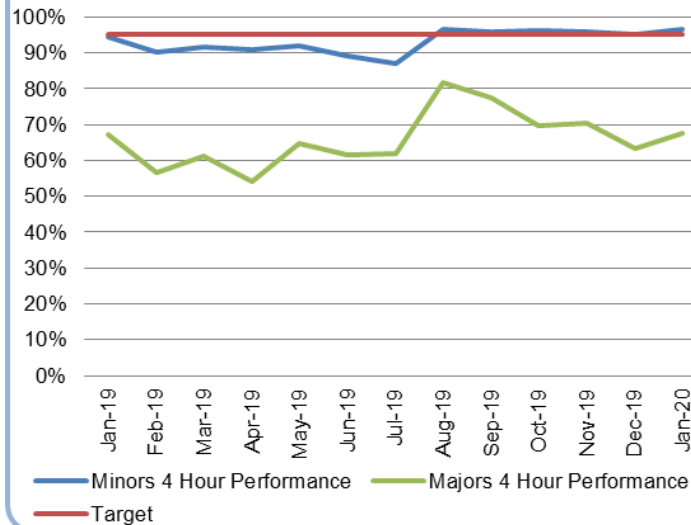


4 Hour Performance

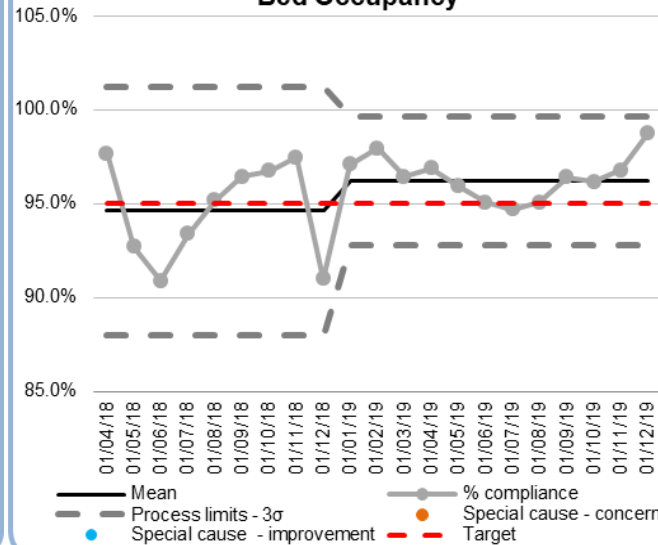
Of the breaches in ED in January, 48.59% were a result of waits for a bed and 35.17% were a result of ED delays. In hours staffing has remained stable from September, however implementation of the new junior doctor contract will impact staffing at weekends from February. ED is enacting mitigations to 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 less variation in bed occupancy during January, varying between 94.23% and 101.85% in month. Occupancy levels remained high with an occupancy at over 98% for 24 days of the month.

ED 4 Hour Performance by Majors/Minors

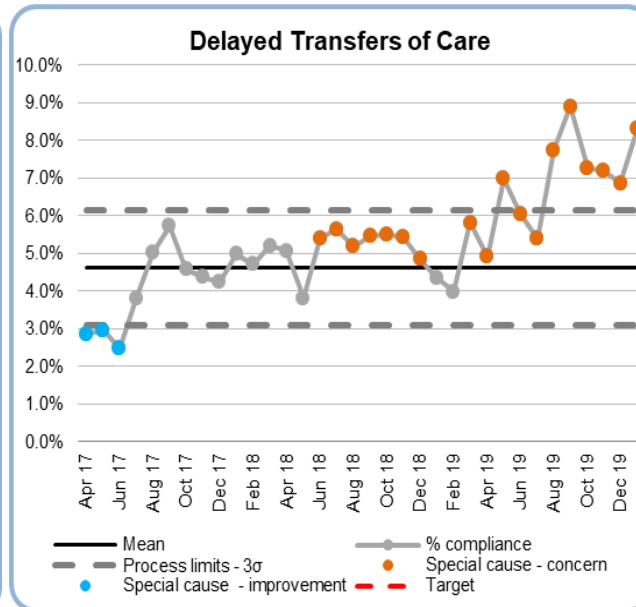
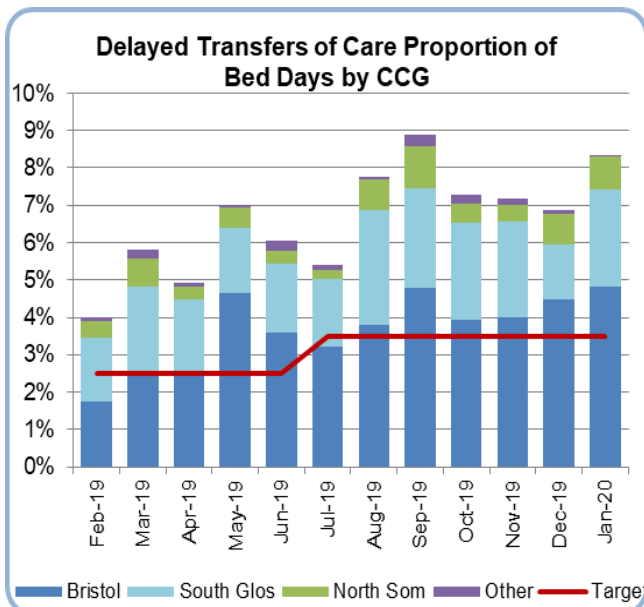


Bed Occupancy



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 with a planned date to deescalate being confirmed.



DToCs and Stranded Patients

The DToC rate for January has highlighted a significant increase with a rate reported of 8.33%. The performance through 2019/20 has indicated continued impact of decreasing social care capacity in the community. The number of complex referrals for support from all providers was at its highest in January with 723 SRFs completed against an average of 560-580. If the national DToC rate of 3.5% was achieved, this would have released 44 beds to the Trust.

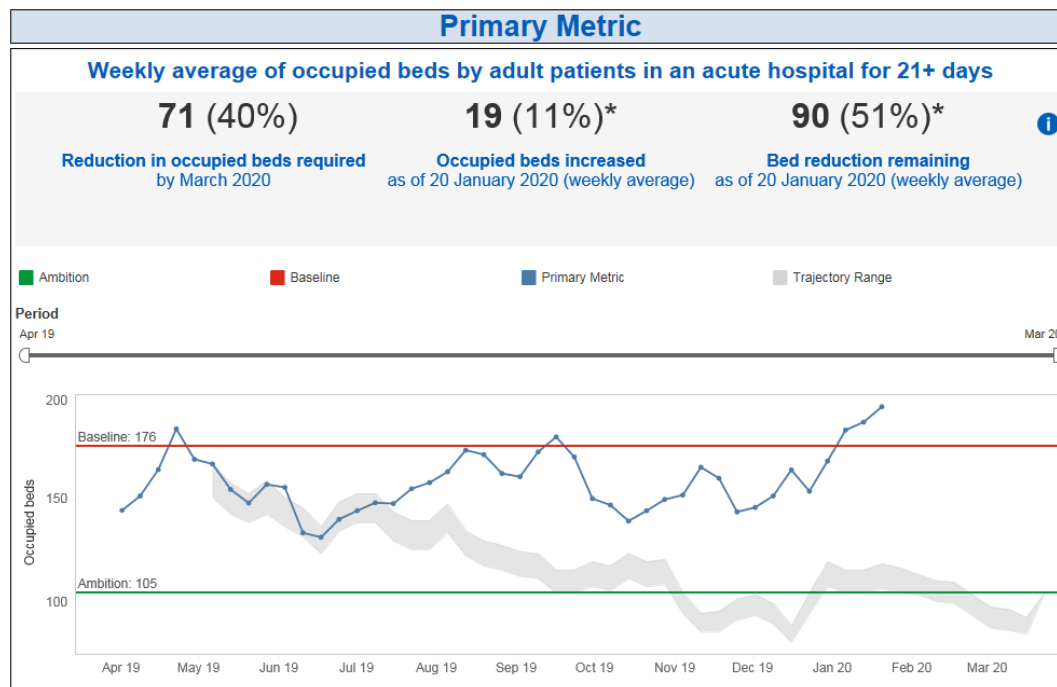
Areas of increased delay have been highlighted to be:

- Social work allocation for Bristol;
- Pathway 2 across all providers; and
- Increased delays for Fast Track referrals.

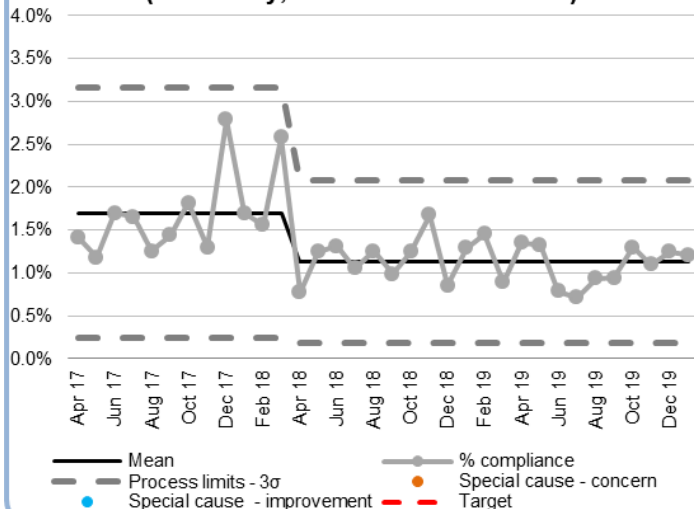
The Trust's stranded patients (those with a LOS over 21 days) has continued to increase into Quarter 4, with externally reported delays increasing this month. Additional non-recurrent winter funding from NHSE/I has not had a significant impact to combat the main drivers of delayed bed days including:

- Further reablement capacity to increase P1 slots across Bristol and South Gloucestershire;
- Further P3 bed capacity with a total of 41 beds now available across the Bristol system from the original 19;
- Recruitment campaigns focused on the Domiciliary Care Market, to increase care provision; and
- Financial incentives for weekend care home discharges has only been for a small number of North Somerset homes.

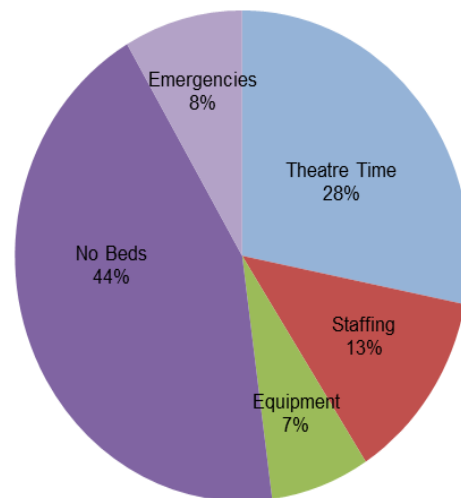
The additional funding is insufficient to recover the stranded trajectory or return the DTOC level to the 3.5% standard.



**Cancelled Operations
(Same Day, Non-Clinical Reasons)**



Cancelled Operations by Reason - January 2020



Cancellations

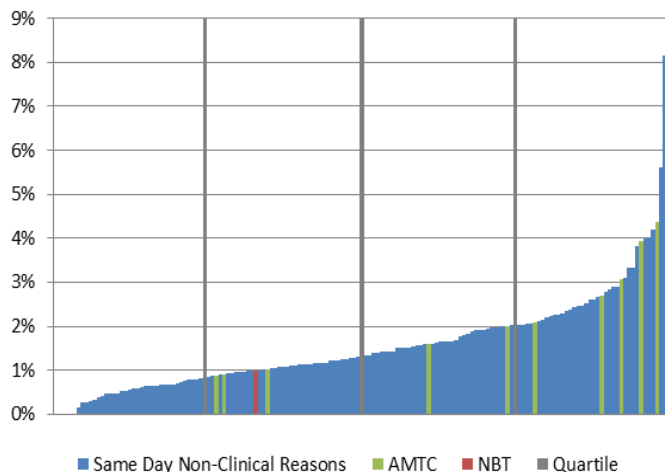
The proportion of cancellations due to a lack of beds in January has increased significantly (44%) when compared with the average over the last 13 months (24%) and to the same period last year (35%).

Increased cancellations due to bed capacity have been offset by a decrease in cancellations for emergencies in January, which has resulted in a stable trend for cancellations overall.

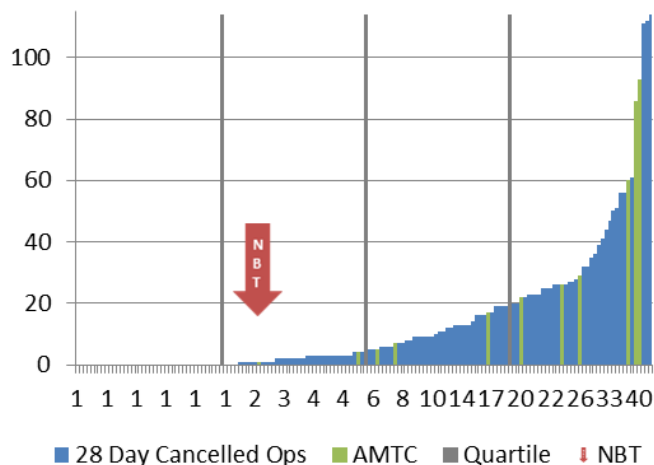
For the first time in eight months, the Trust has reported one urgent operation cancelled for a second time resulting from bed capacity.

As a result of the increasing bed pressures there were five operations that could not be rebooked within 28 days of cancellation in January 2020.

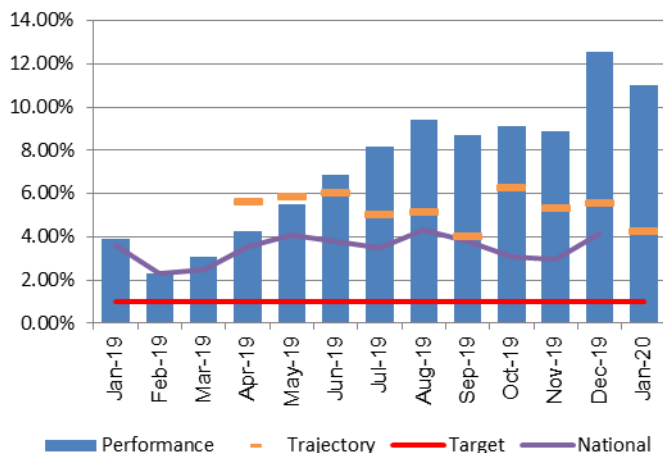
Cancelled Operations (Same Day Non-Clinical Reasons) - Quarter 2



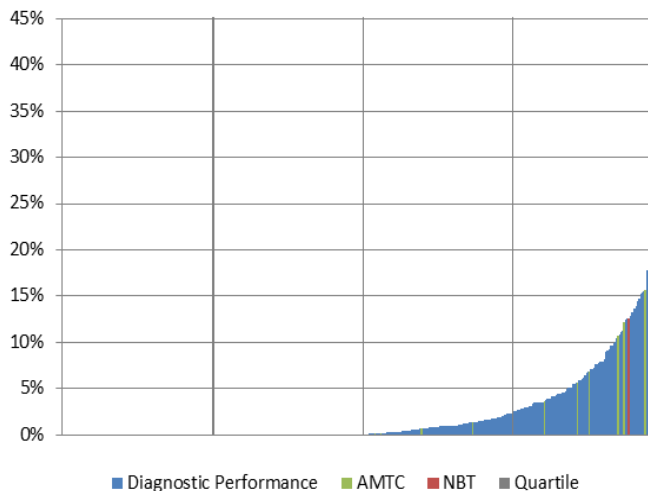
Cancelled Operations not Rebooked Within 28 Days - Q3 2019/20



Diagnostic Waits Against Target (1% < 6 Weeks)



Diagnostic Six Week Performance - December 2019



Diagnostic Waiting Times

The Trust did not achieve the recovery trajectory for diagnostic performance in January 2020 with actual performance at 11.00% versus a trajectory of 4.23%.

The same five test types have reported in month underperformance: Colonoscopy; CT; Flexi-Sigmoidoscopy; Gastroscopy; and Non-obstetric Ultrasound. MRI returned to national standard as predicted.

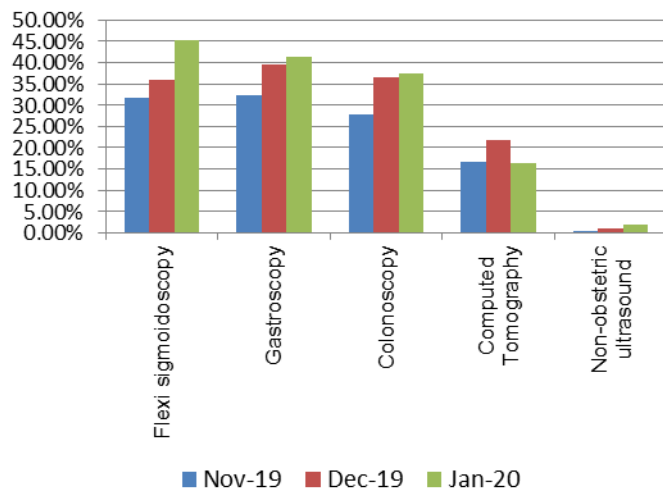
There were 1228 patients in total waiting beyond 6 weeks for their test of which 258 were waiting greater than 13 weeks.

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.

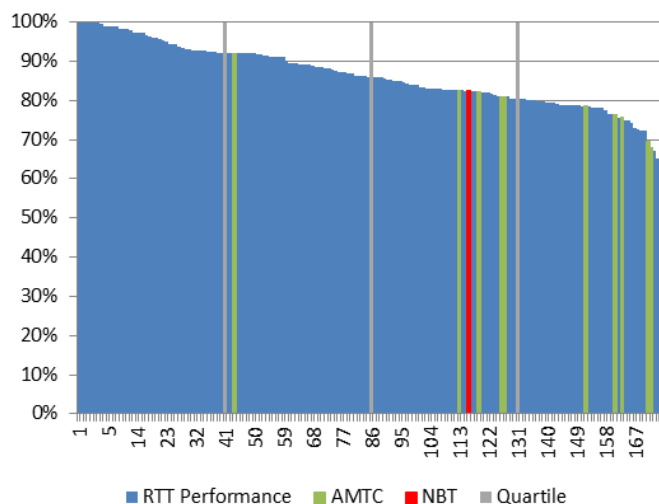
Outsourcing of Endoscopy capacity has commenced at the beginning of February 2020. The CT outsourcing contract is in the process of being finalised.

Diagnostic Performance by Test

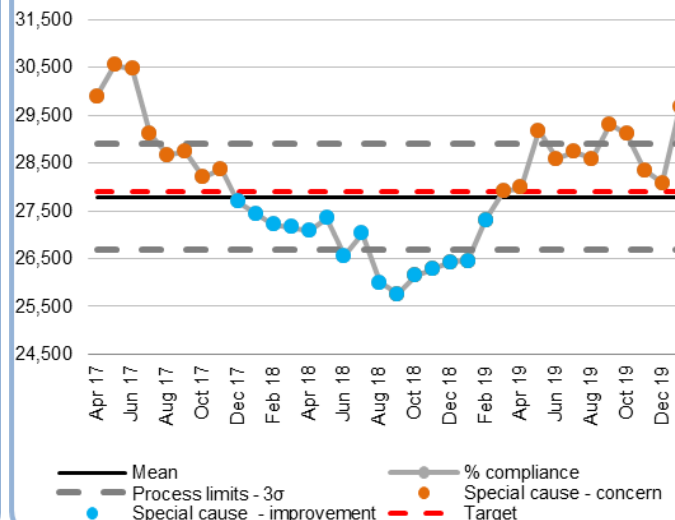


Test Type	Total Wait List	Patients waiting >6-weeks	%Performance Dec-19	%Performance Jan-20
Computed Tomography	596	423	21.77%	16.51%
Gastroscopy	657	272	39.66%	41.40%
Colonoscopy	751	282	36.59%	37.55%
Flexi sigmoidoscopy	376	170	35.88%	45.21%
Non-Obstetric Ultrasound	3542	69	1.02%	1.95%

RTT 18 Week Performance - December 2019



RTT Wait List



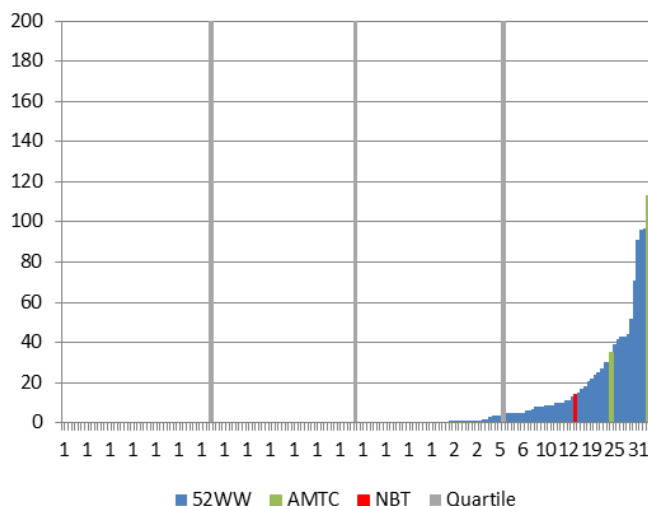
Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 83.62% against trajectory of 88.24%.

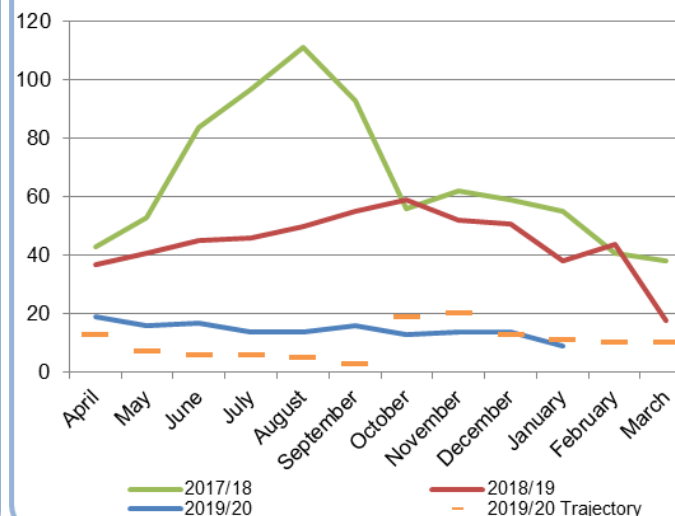
The total RTT wait list size in month has increased, as a result of including all patients with an active RTT clock reporting in eRS in the national RTT submission (29674). In comparison with historic methods of reporting, the wait list (27825) and backlog (4733) decreased in January and would have met trajectory (28454).

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 - December 2019



Trust Total 52 Week Waits

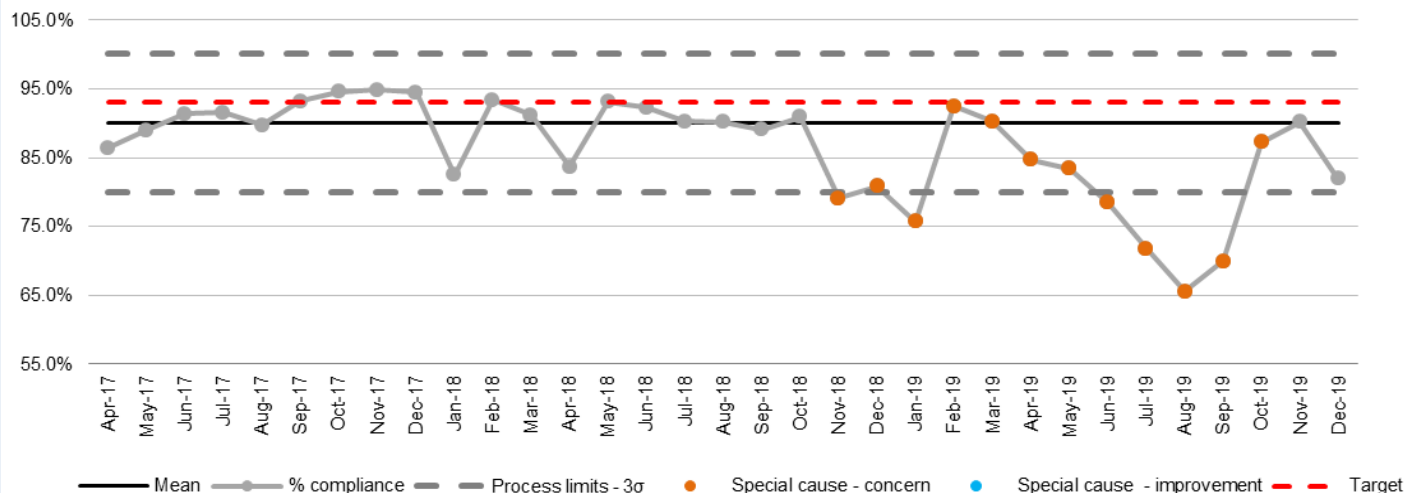


The Trust has reported nine patients waiting more than 52 weeks from referral to treatment in January against a trajectory of 11. There were seven patients under Trauma and Orthopaedics, one in Urology and one in Neurosurgery.

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 MSK and the remainder are Neurosurgery and Neurology patients.

Patients Seen Within 2 Weeks of Urgent GP Referral



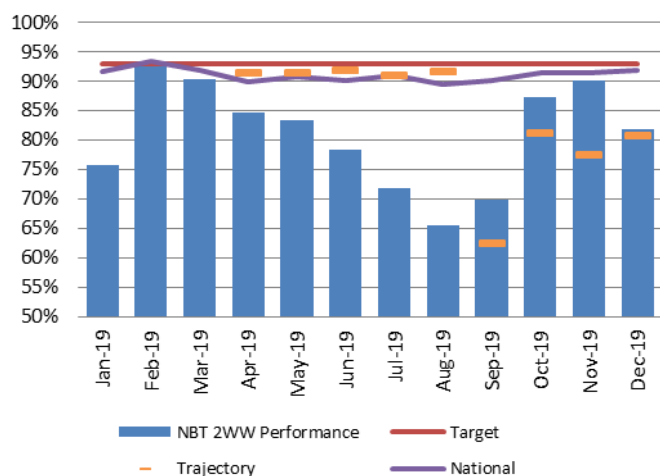
Cancer

The nationally reported cancer position for December 2019 shows the Trust achieved two of the seven cancer waiting times standards.

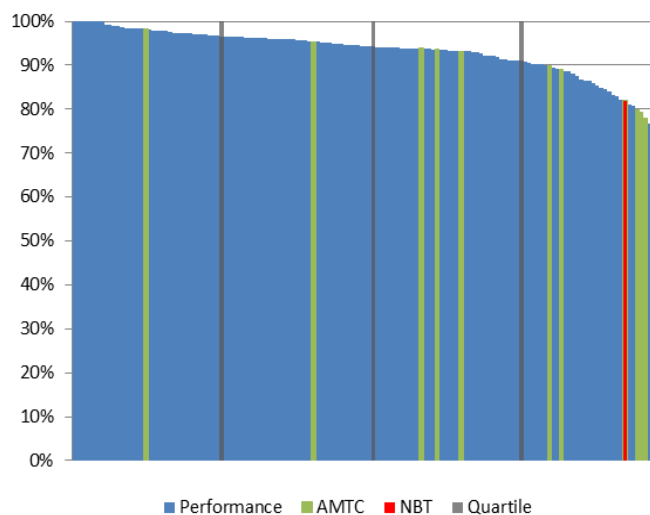
The achievement of the 31 Day standard was due to Urology backlog patients choosing to delay surgery until January.

The Trust achieved the recovery trajectory for the TWW standard in December. A deterioration in Lower and Upper GI performance has impacted the trend this month, resulting from Endoscopy capacity. This is likely to continue until end of Quarter 1 of 2020/21.

Patients Seen Within 2 Weeks of Urgent GP Referral



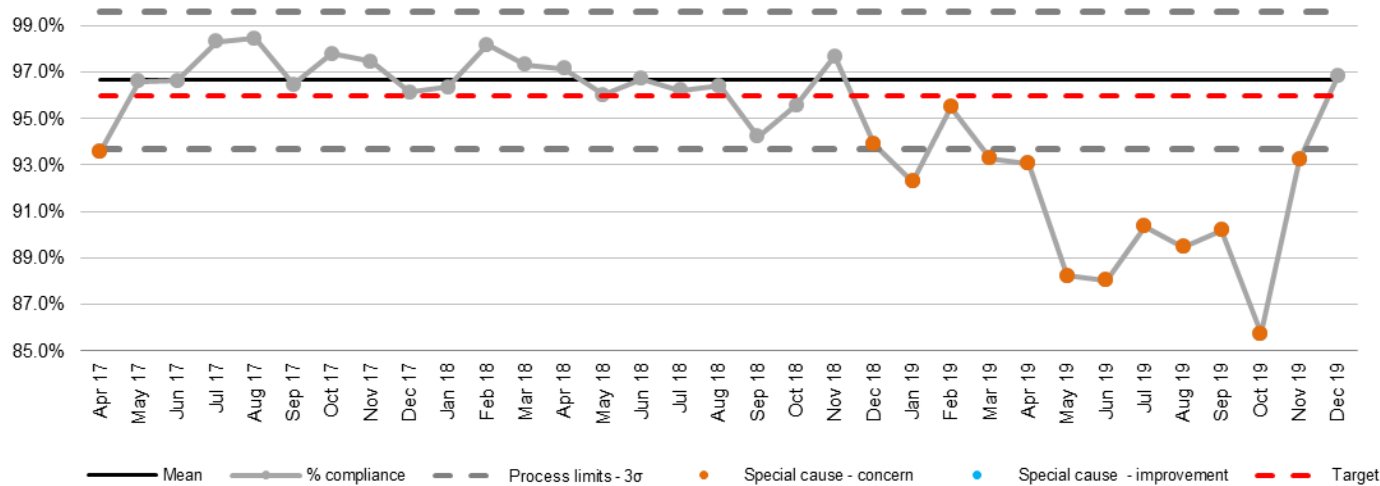
Cancer TWW Standard December-19



The commencement of the sub-contract with Prime Endoscopy has been delayed until February 2020. Once delivery has commenced this activity will show improvement against the TWW standard. Plans are in place to recover Skin and Haematology TWW performance.

There was a National Awareness Campaign for Breast Cancer in October which resulted an increase in referrals, the increased demand will continue to adversely impact TWW performance into January.

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis

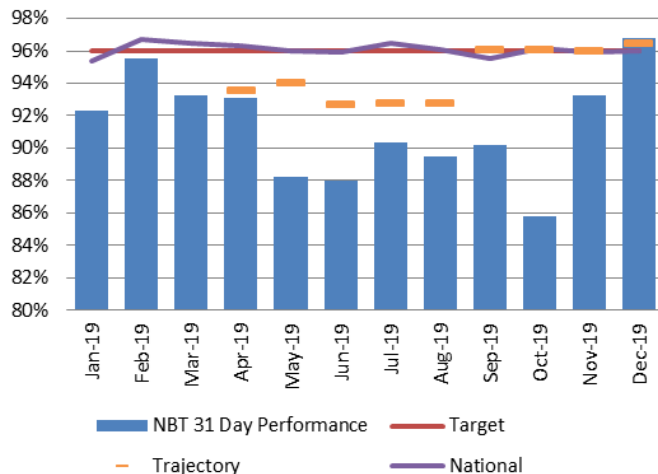


The Trust met the 31 day first treatment standard in December. NBT Quartile has improved from 4th to 3rd for 31 Day in December as a result.

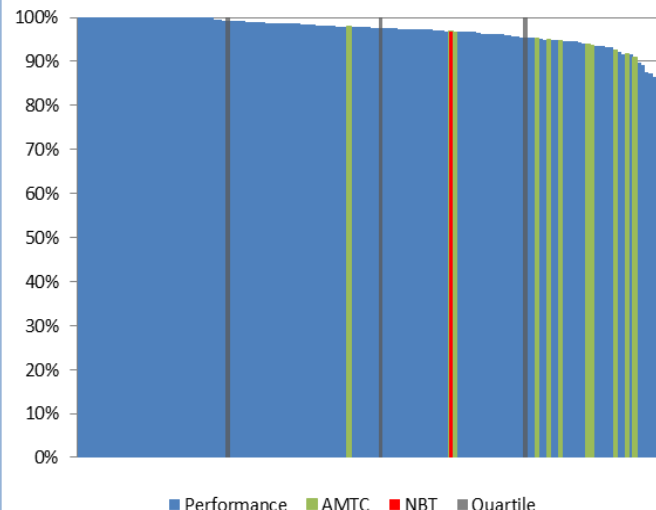
The reason for this was due to Urology backlog patients choosing to delay their surgery until after the Christmas period. Most of those have dates booked in January 2020.

The Trust failed the 31 day subsequent surgery treatment trajectory in December. Breaches were due to the lack of capacity within Skin, Urology and Breast. Breast saw a rise in referrals in October due to a national campaign.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis

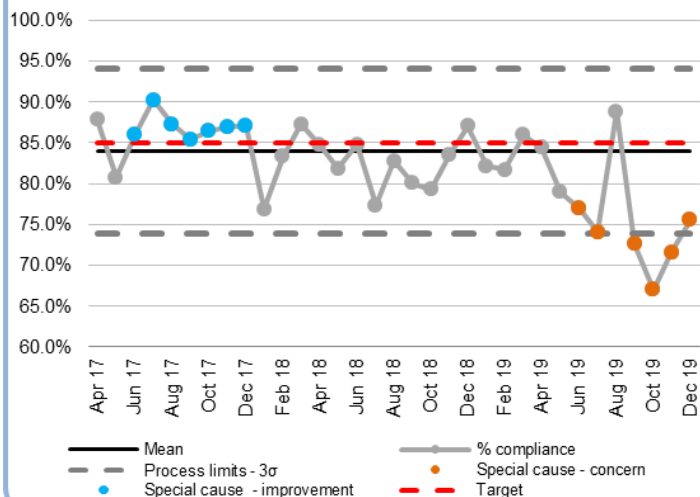


Cancer 31 Day Standard December-19

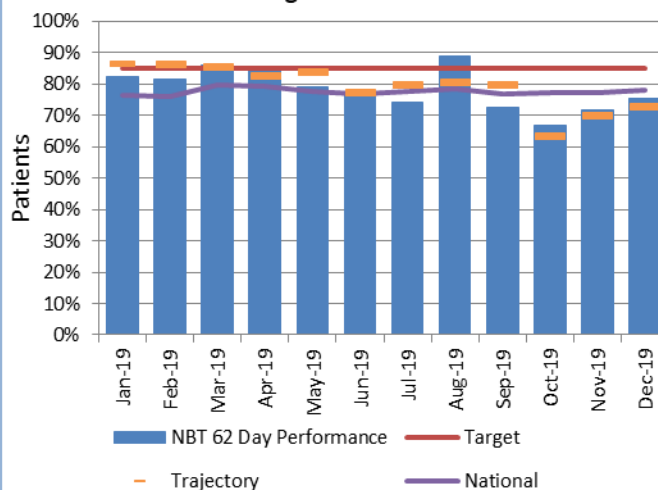


There were 11 over 104 day breaches in December all within Urology that required a harm review. 6 were due to late IPT transfers. Since the harm review process started for patients waiting over 104 days was introduced in 2019, no instances of physical harm have been found.

Patients Receiving First Treatment within 62 Days of Urgent Referral



Patients receiving first treatment within 62 days of urgent GP referral

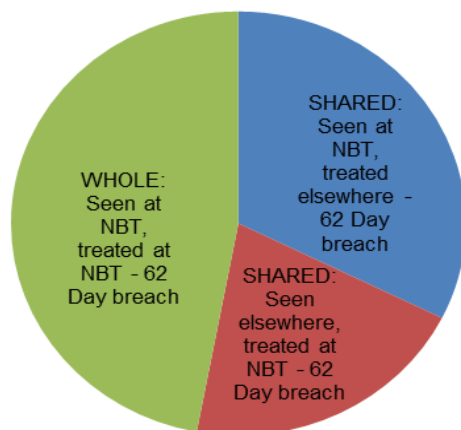


The Trust failed the 62 Day trajectory and standard in December.

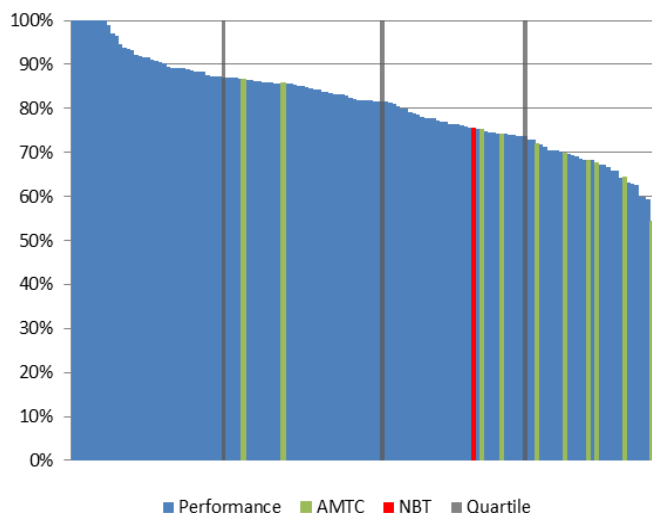
Whilst the majority of the issues remain in Urology, Breast and Lower GI also had capacity issue which has led to a rise in breaches this month compared to last month.

Urology's backlog clearance plans are ongoing, although they have experienced difficulties with patients choosing to wait longer for treatment. Additional capacity has been identified in January and February to support ongoing clearance plans due to patient choice.

62 Day Breach Patients by Breach Type



Cancer 62 Day Standard December-19



In December, 34 patients breached the 62 day standard, 23 breaches were as a result of hospital and system issues. 41% (14) of the breaches were in Urology.

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

		Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Maternal	Caesarean section rate (overall)	28.0%	37.9%	32.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%
	Elective CS rate (as % of all birth episodes)		14.7%	14.3%	12.7%	11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.7%
	Emergency CS rate (as % of all birth episodes)		23.2%	17.7%	22.4%	19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.7%
	Induction of labour rate	32.1%	37.7%	38.3%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%
	PPH >=1000 ml rate	8.6%	10.0%	12.3%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%
	PPH >=1500 ml rate	3.5%	2.8%	5.1%	3.4%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%
	PPH >=2000 ml rate	1.5%	1.5%	2.0%	2.1%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%
	5 minute apgar <7 rate at term	0.9%	0.7%	0.5%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%
	Stillbirth rate	0.4%	0.6%	1.1%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%
	Stillbirth rate at term		0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%
	Stillbirth rate <37 weeks		7.0%	12.5%	2.6%	3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%

North Bristol Trust Maternity Acuity/ activity trends

SOUTH WEST MATERNITY DASHBOARD

PPH=1500 ml rate (%)

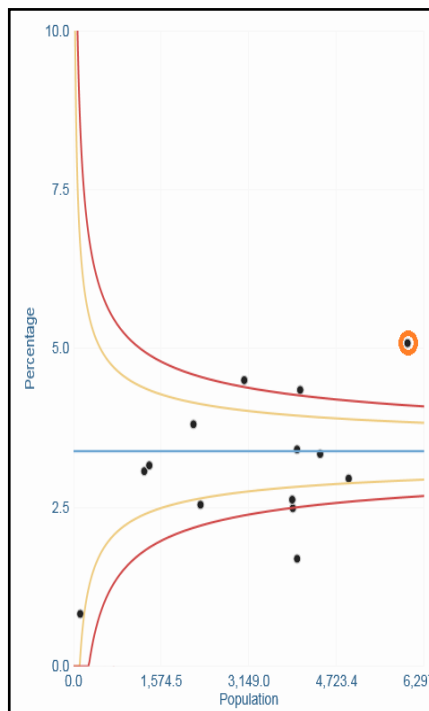
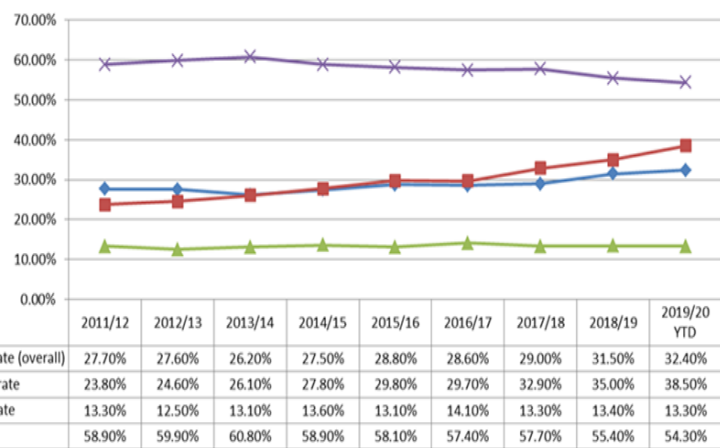
Clinical quality outcomes

The overall CS rate continues to rise. This is demonstrated in the chart over the last 12 months.

The SWCD gives an annual analysis of key clinical indicators with new % available in April 2020. Both emergency and overall CS rates have continued to rise during 2019/20. This is based on increased acuity of women (previous CS, Medical complexity, tertiary care)

The changes in NICE guidelines for induction of labour (IOL) rates following revised NICE guidelines in 2019 have led to increasing numbers with the current rate at 38-40%. The activity trend analysis chart shows this is a 15% rise since 2012.

Activity Trends



South West clinical network data of PPH rates over 1500mls demonstrate an outlying position. However, this has dropped by 1% during 2019/20. Following a dedicated area being allocated from January 2020 for women having IOL further improvements are evident and being audited as a QI project..

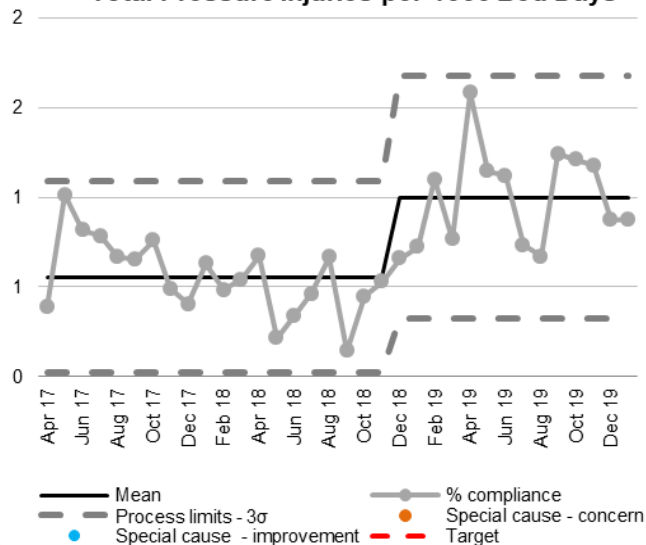
Birth-rate plus assessment

The increased acuity within the service has been recognised and a review of midwifery posts is required.

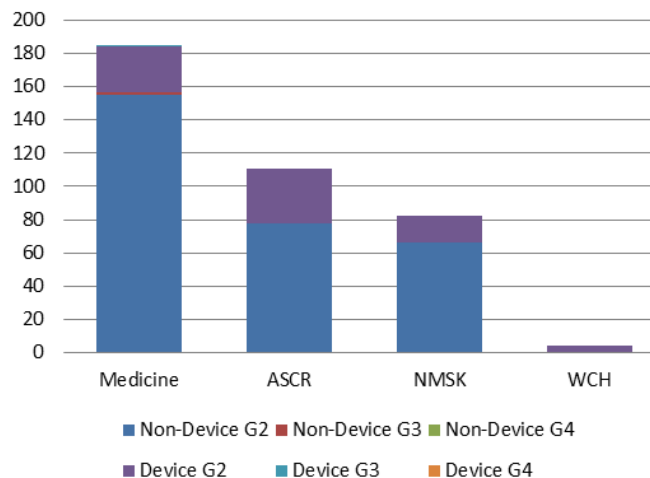
The Division is developing a business plan which will be based on:

- Known increased tariff for maternity 2-11% along the pathway.
- Requirement to implement Continuity of Carer for 51% of all women by March 2021.
- CNST maternity incentive scheme requirements.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2019/20



Pressure Injuries (PIs)

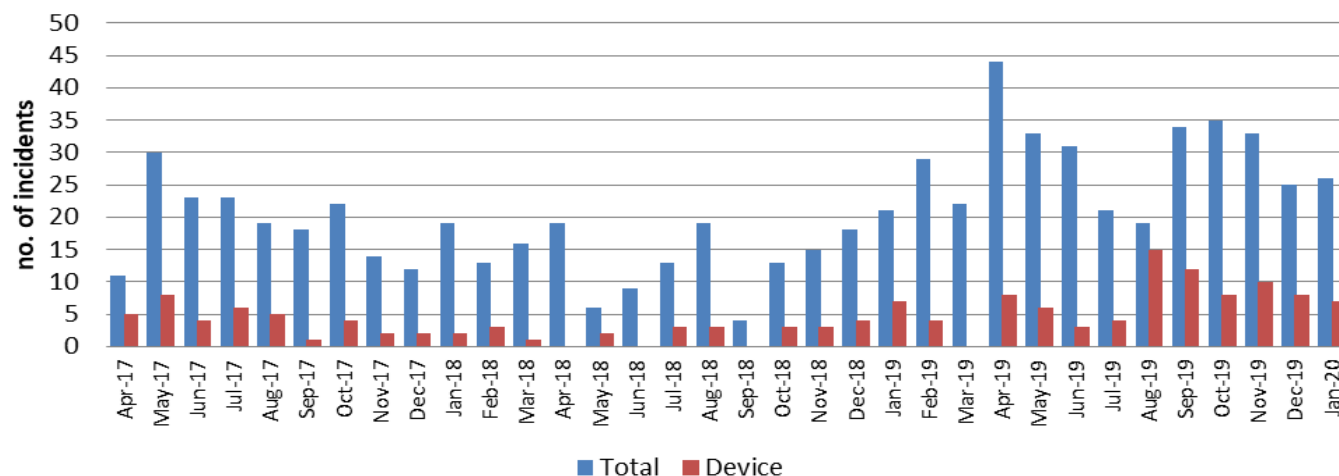
The Trust ambition for 2019/20 is a

- 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 January there was zero reported Grade 3 pressure injuries.

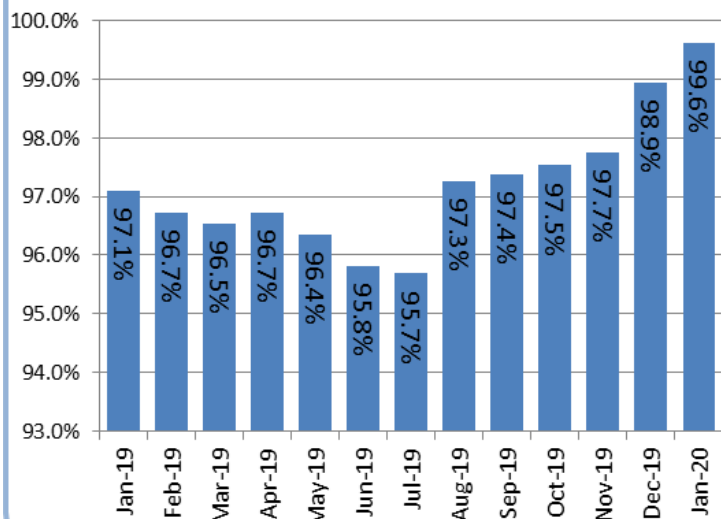
This month has seen a continued reduction in Grade 2 pressure injuries with 34 reported on 27 patients, seven (21%) which were related to devices.

Pressure Ulcers - Total Incidents



Nursing intensive support teams have begun 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)

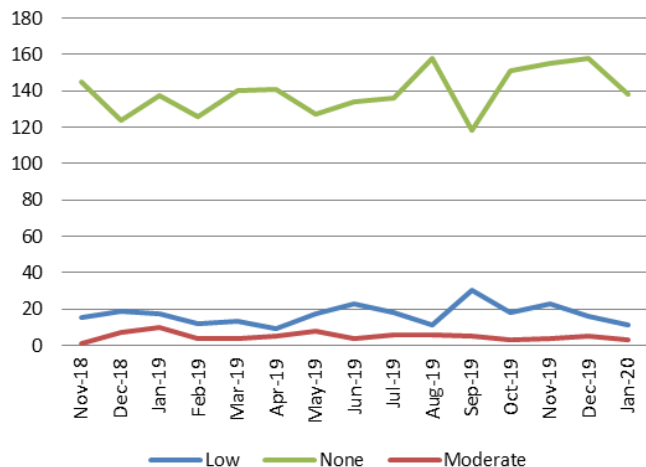


WHO Checklist Compliance

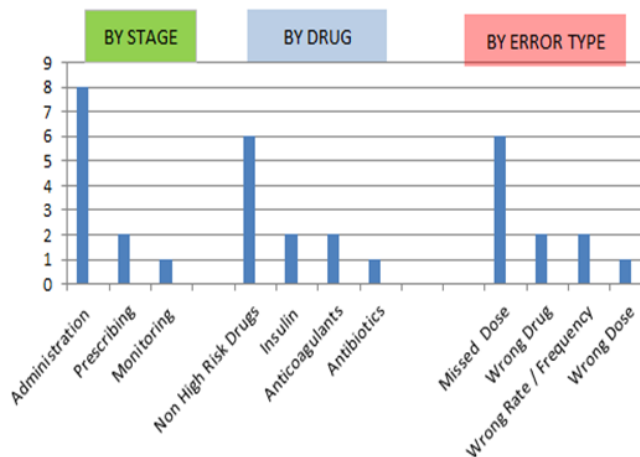
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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 - Jan 2020



Medicines Management

Severity of Medication Error

During January 2020, the number of “No Harm” medication errors represented c.91% of all medication errors, demonstrating the strong safety culture within the Trust.

Low Harm Incidents

73% of low harm incidents occurred during the administration stage, with 55% involving a high risk medication and 55% were as a result of an omitted dose.

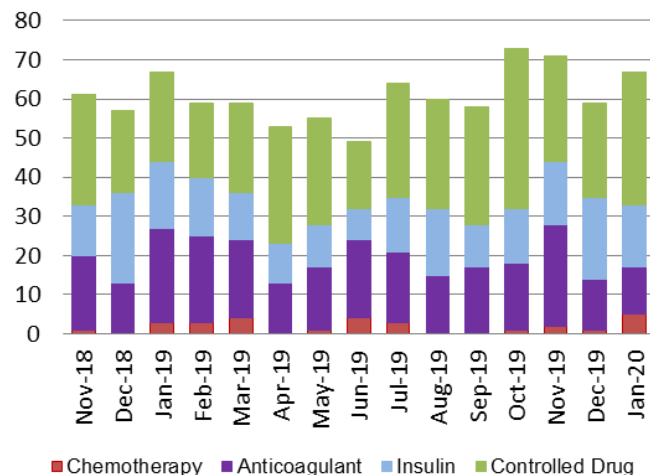
High Risk Drugs

The Medicines Governance Group is working to establish a collaborative working group for insulin and anticoagulant incidents.

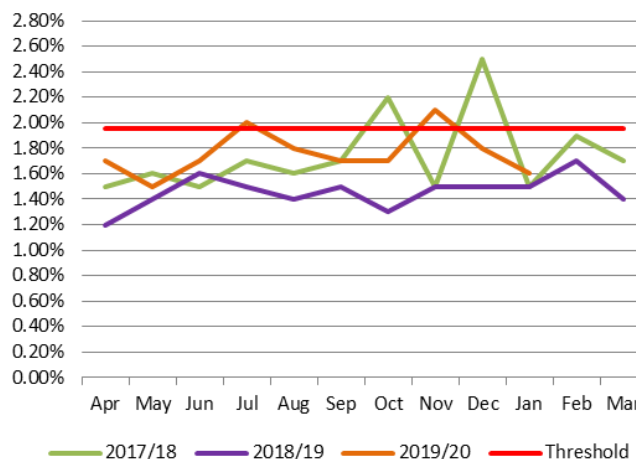
Missed Doses

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”.

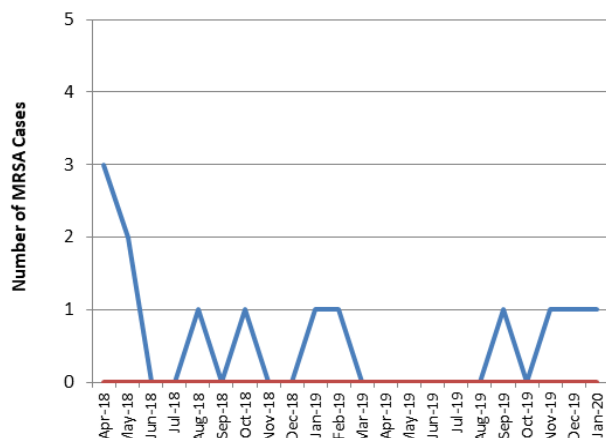
Incidents Involving High Risk Drugs (Last 12 Months)



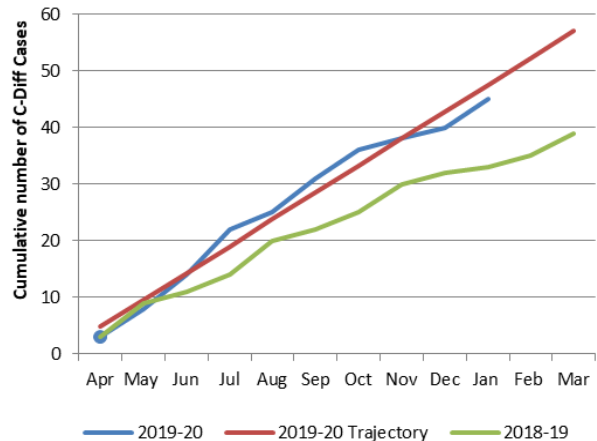
Percentage of Patients with One or More Missed Doses



MRSA Cases - Trust Attributable



C.Difficile Cases - Trust Attributable (Cumulative Cases)



MRSA

There was one reported case of MRSA bacteraemia in January occurring within NMSK, the RCA has been commenced. Year to date there have been four reported cases for the organisation.

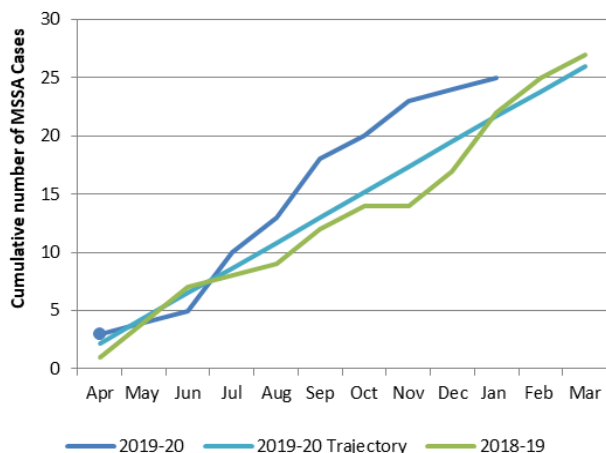
C. Difficile

In January there were five cases reported against the trajectory. All were hospital onset hospital acquired.

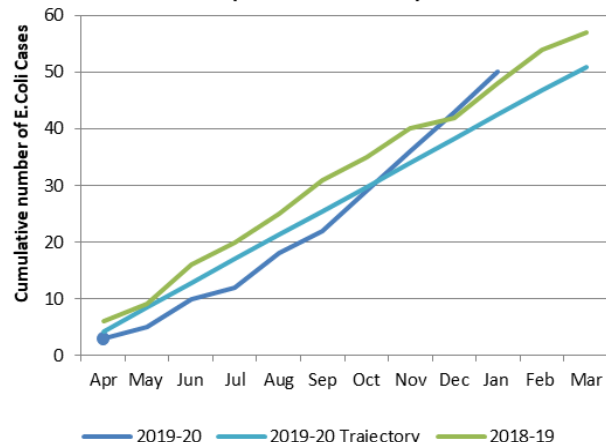
MSSA

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

MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



E. Coli.

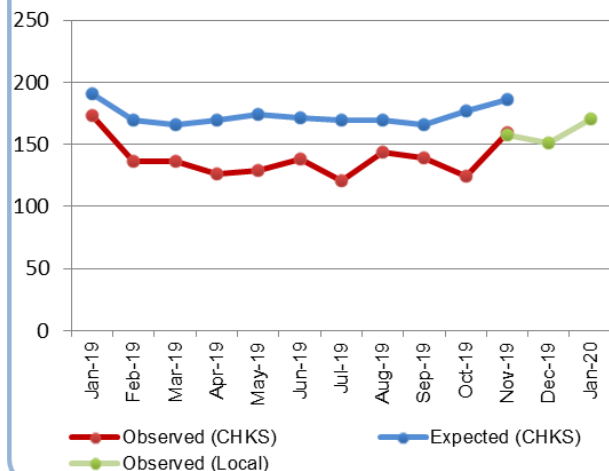
The Trust target for 2019/20 is a 10% reduction on the previous year but it is unlikely that this will be achieved. The focus for improvement is on the management of urinary catheters.

COVID- 19 (Coronavirus)

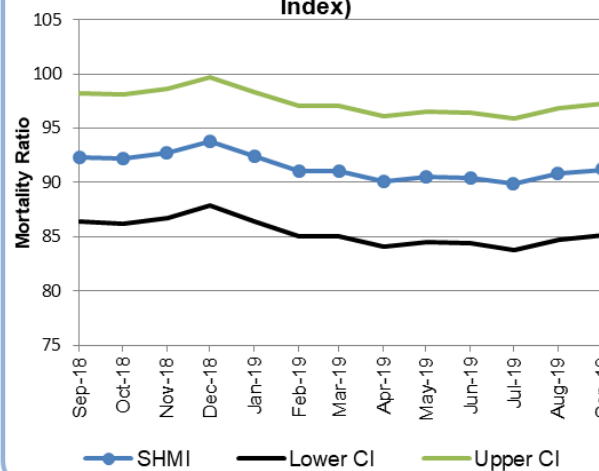
Actions are in place to ensure compliance with national arrangements for managing the Covid-19 impact following the outbreak in China. Emergency planners are working on the plan for management should a more widespread pandemic occur in future months.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Overall Mortality

Mortality data has remained within the expected range.

Mortality Review Completion

The current data captures completed reviews from 01 Dec 18 to 30 Nov 2019. In this time period 83% of all deaths had a completed review. Of all "High Priority" cases, 85% completed Mortality Case Reviews (MCR), including sixteen of the seventeen deceased patients with Learning Disability and eight of the ten 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 96.7%. There have been eleven mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care (not necessarily contributing to death) which have been reviewed through Divisional governance processes and by the Clinical Risk Operational Group.

Learning from Deaths Internal Audit:

In September 2019, NBT's Internal Auditors, KPMG, gave Significant Assurance, with minor improvement opportunities to the mortality review process.

Mortality Review Completion

Dec 18 to Nov 19	Completed	Required	% Complete
Screened and Excluded	1061		
High Priority Cases	159		
Other Reviewed Cases	266		
Total Reviewed Cases	1486	1785	83.2%

Overall Score	1	2	3	4	5
Care Received	0.0%	3.4%	18.4%	56.6%	21.7%

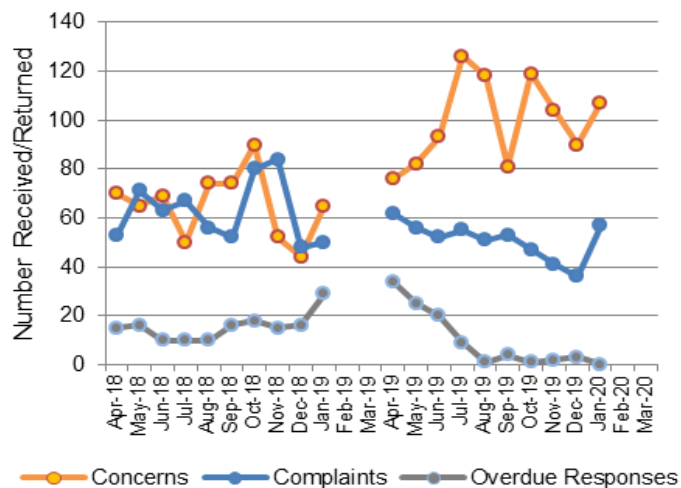
The overall score percentages are derived from the score post review and does not include screened and excluded.

Date of Death	Dec 18 to Nov 19
In Progress	2
Reviewed Not SIRC	11
Reported as SIRC	0
Total Score 1 or 2	13

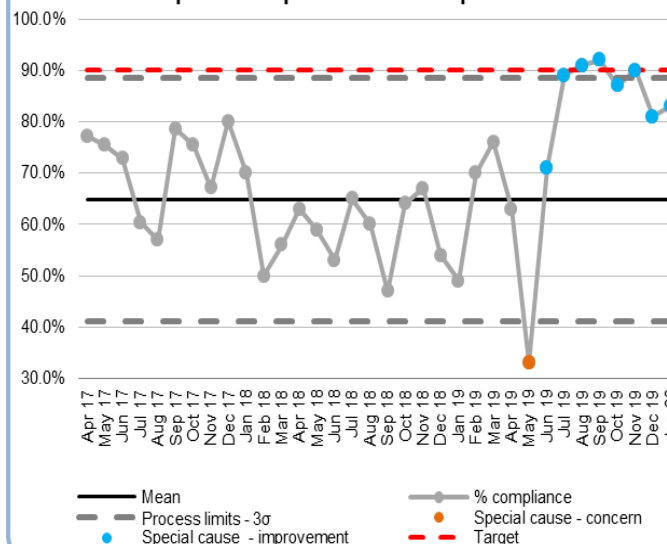
Patient Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance

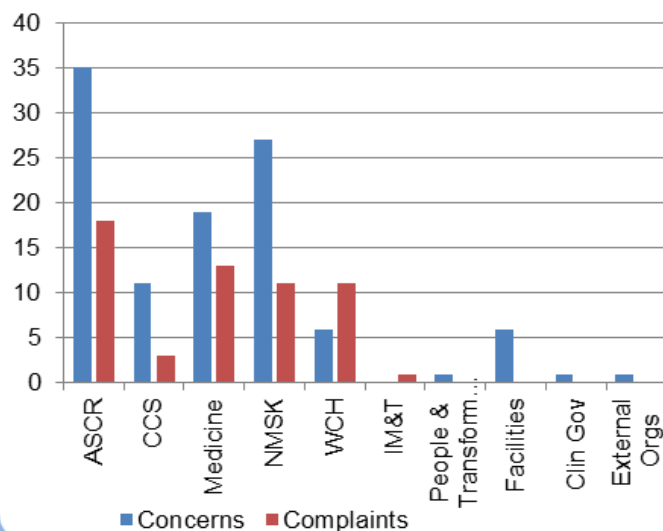


Complaints and Concerns

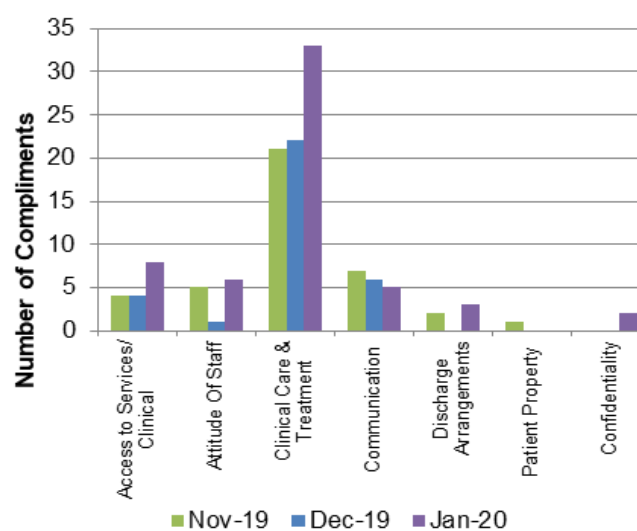
The number of complaints received has increased across all divisions but most notably in ASCR. 56% of complaints received in ASCR were for Urology. A deep dive into the issues raised in this service will be presented to the Patient Experience Group (PEG) this month.

There has been a marked increase for the subject 'Clinical Care & Treatment'. A deep dive into this subject has been undertaken for PEG this month looking at the most common issues arising, the appropriateness of the coding and the changes required.

Concerns and Complaints per Division



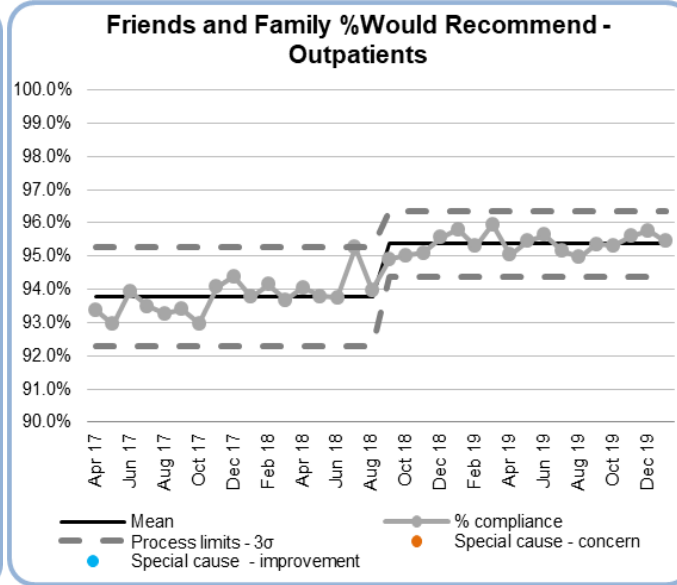
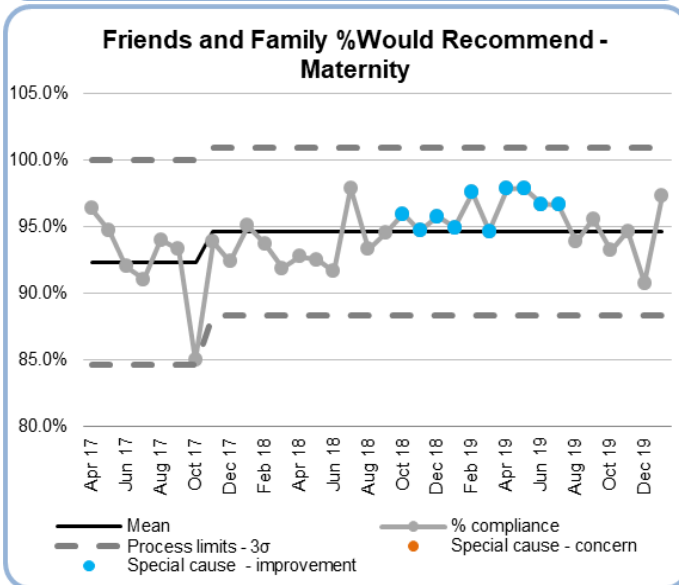
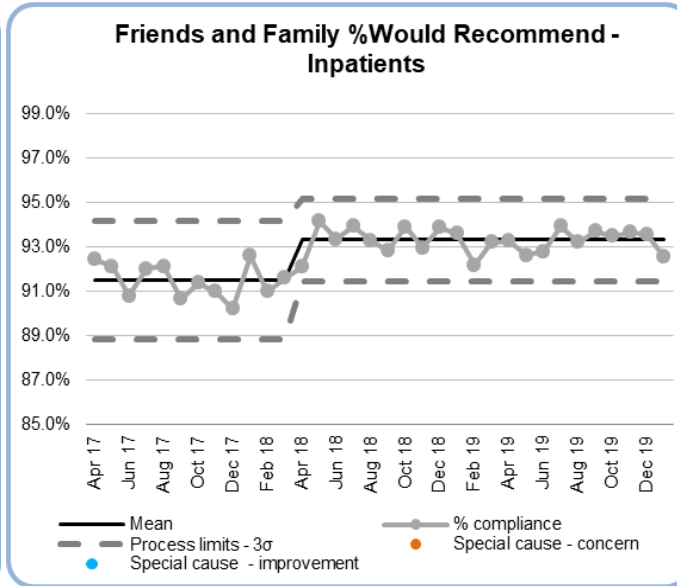
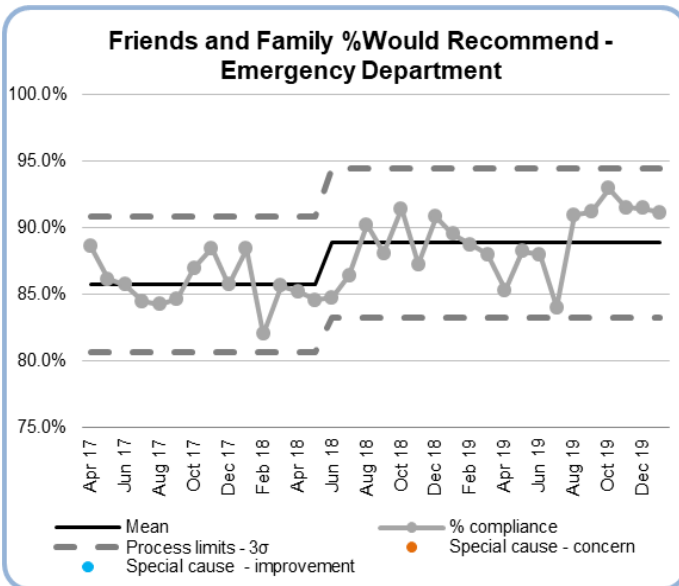
Complaints By Subject



Compliance Response Rate Compliance

The chart demonstrates a statistically significant performance improvement (the result of a process change and not natural variation) from June 2019. In January, 83% of complaints were closed within the initial agreed time frame. That is, 36 of the 48 complaints due to be closed in the month were responded to on time. The remaining 12, also due to be closed in January, were closed in the month but missed the specific due date in that month.

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%	91.15%
Inpatients	95%	94.86%
Outpatients	95%	95.45%
Maternity (Birth)	95%	97.37%

There have been no sizeable shifts in recommend rates despite the pressures experienced throughout the hospital throughout January.

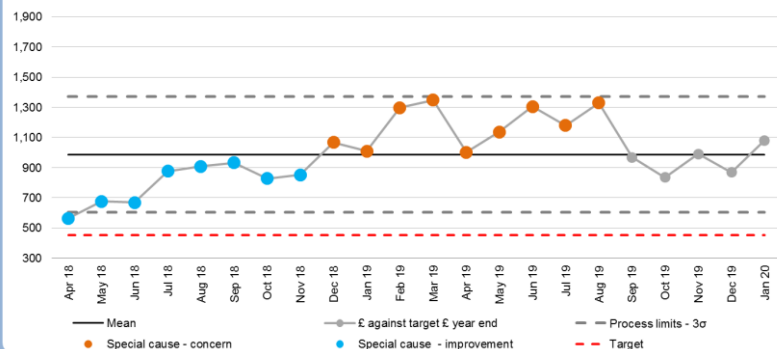
Well Led

**Board Sponsors: Medical Director, Director of People and
Transformation**

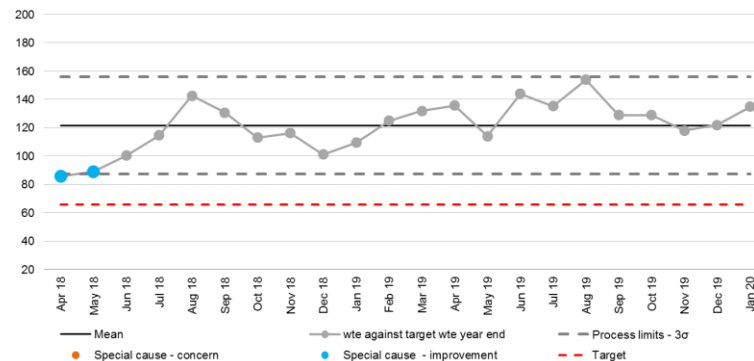
Chris Burton and Jacqui Marshall

Workforce

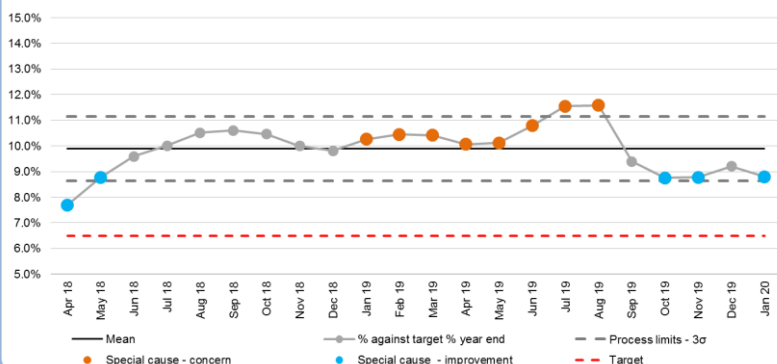
Agency Expenditure-Trust starting 01/04/18



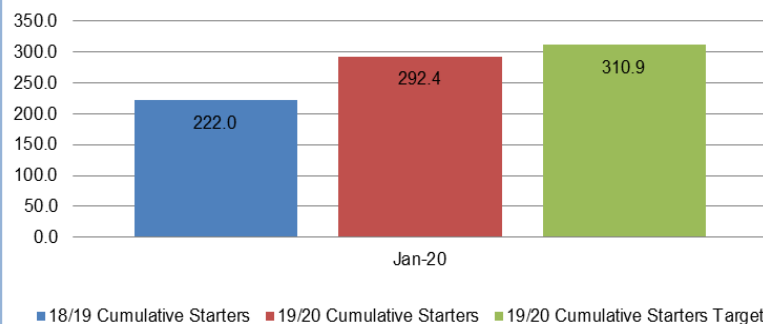
Agency Use-Trust starting 01/04/18



Vacancy Factor-Trust starting 01/04/18



Band 5 Nurse Cumulative Starters



Pay

Pay has exceeded budget for 2019/20 year to date, and for the 1st time worked wte has exceeded funded wte at Trust level, in part this was driven by registered nursing worked wte exceeding funded wte for the first time this year. High volumes of new starters and supernumerary periods will see substantive staff starting in the Trust but no immediate reduction in temporary staffing use.

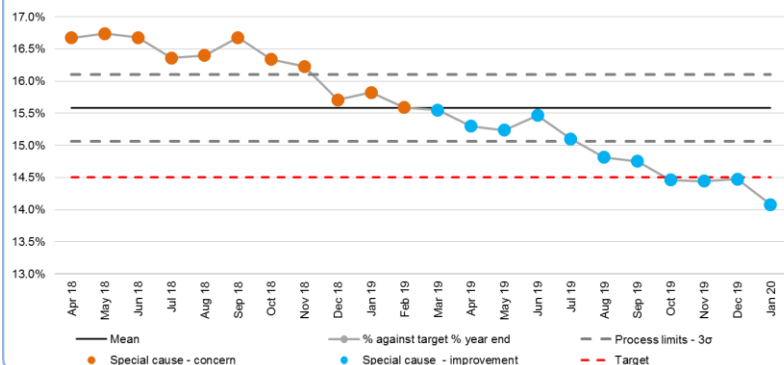
Nursing and Midwifery Resourcing

There were 32.6 WTE Nursing starters in January with, overall starters year to date is slightly behind the year to date target but a current pipeline of 81 wte band 5 nurses with start dates in February and March will improve this position. Current planning for Domestic and international Nurse recruitment is being finalised as well as BNSSG collaborative opportunities.

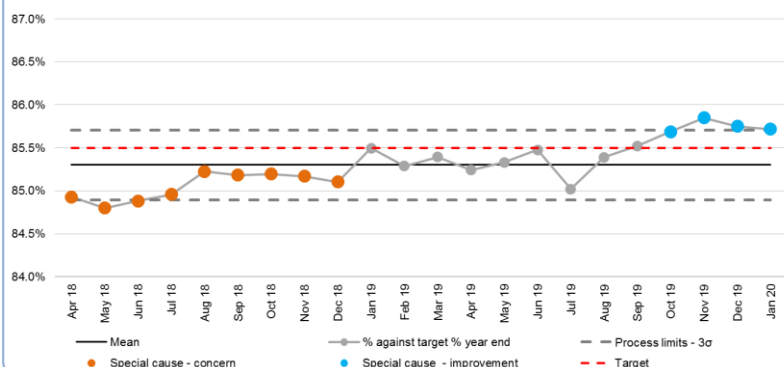
The bank fill rate for registered nursing is being addressed, as it is behind the same period in 18/19, a detailed analysis our bank staff is in progress aimed at improving our understanding the reasons why staff are not active on the bank and enabling targeted work to encourage those groups of staff 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 79% of agency requests are being filled by tier 1 agencies at the end of January.

Engagement and Wellbeing

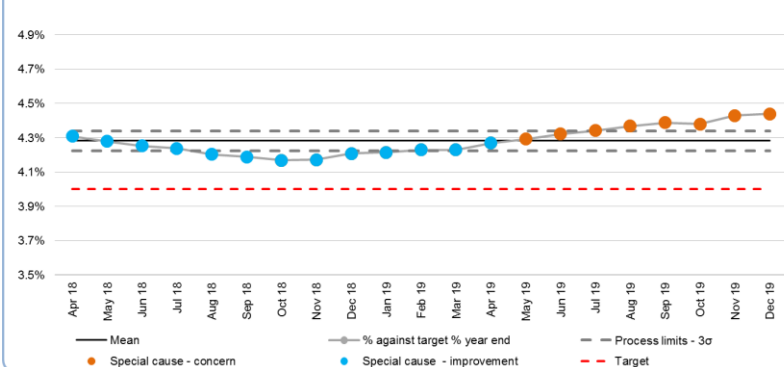
Turnover-Trust starting 01/04/18



Stability -Trust starting 01/04/18



Sickness Absence-Trust starting 01/04/18



Turnover and Stability

Overall Trust turnover and stability continue to improve and this remains a key area of focus to continue to improve on our position. Registered nursing and midwifery turnover remained at the same level as December at 15.1%, 2% lower than the previous year (January 19 – 17.1%). Other improvements were also seen in unregistered nursing and midwifery and administrative and clerical staff in January.

Staff engagement as measured by the staff survey increased from 6.9/10 to 7.1/10; now above acute average. The response to the question “I will probably leave this organisation in the next 12 months” has reduced from 21.4% of staff to 19.8% of staff saying they would – now better than acute average.

Projects:

- NHSI/NBT retention action plan approved by NHSI and now being delivered: getting qualitative insight into main reasons for leaving through face to face sessions with B5 Nursing staff during February
- Flexible working work stream as part of the BNSSG “great place to work” project is reviewing practice at NBT and other organisations and making recommendations.

Operational Actions:

- Work-life balance/Flexible Working ‘e-brochure’ launched;

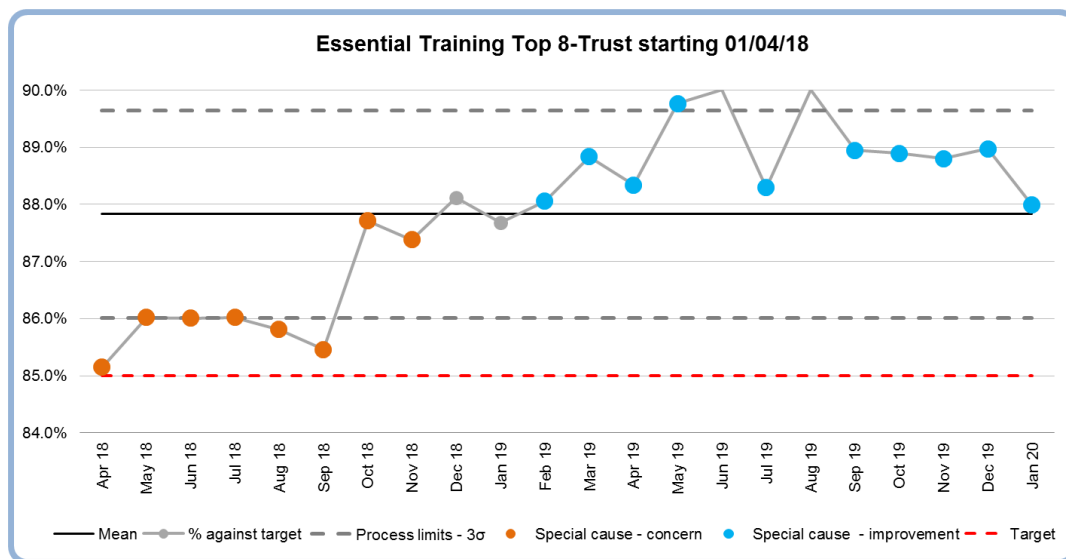
Sickness

Overall short term sickness went down in December compared with November particularly in registered nursing and administrative and clerical staff. Long term sickness increased in December which meant the overall position remained static in December compared with November. 35 short term sickness episodes from November became long term episodes in December.

The P&T team are actively working with departments in the hospital where levels of short and long term absence for reasons stated as ‘unknown’ are high to identify further opportunities to improve our understanding of the drivers for this absence allowing us to target our health and wellbeing interventions accordingly.

Operational

- Wellbeing programme continuing to support staff wellbeing including: Junior Doctor’s Wellbeing Week in January; Women and Children’s ‘Department of Kindness’ installation during February / March



Training Topic	Variance	Dec-19	Jan-20
Child Protection	-1.5%	89.4%	87.9%
Equality & Diversity	-1.1%	91.5%	90.3%
Fire Safety	-0.7%	87.7%	87.0%
Health & Safety	-1.3%	93.3%	92.0%
Infection Control	1.2%	90.9%	92.0%
Information Governance	-1.0%	85.3%	84.3%
Manual Handling	-0.9%	84.3%	83.4%
Waste	-2.5%	89.0%	86.5%
Total	-1.0%	88.97%	87.99%

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

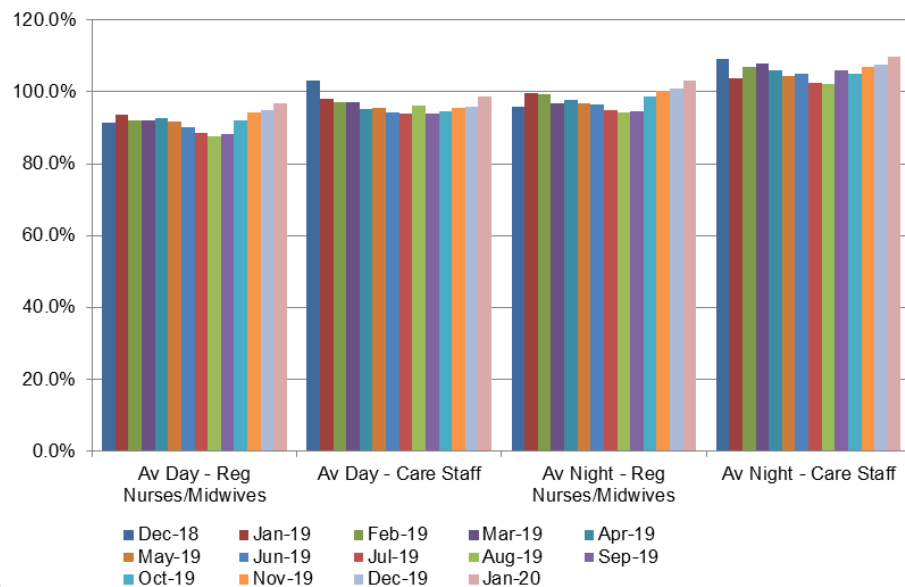
280 staff are enrolled on the OneNBT Leadership programme with 30 still to engage. Reasons for withdrawals/deferrals continue to be gathered and those still not engaged before the 2020 application window will be withdrawn. 39 have deferred to start in June 2020. Overall participants on the programme are at 80% of our target of 350 staff.

In addition to the key process improvements highlighted last month a survey has been issued to learners and managers of the 2019 programme. 47 responses from learners and 32 responses from managers so far. This will also inform 2020 planning.

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 March/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).

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

Ward 33b (71.4% day, 79.9% night): Vacant band 4 posts mean fill is low for care staff and additional registered nurses are used to provide safe staffing levels.

Central Delivery (76.6% day) and Quantock (72.2% day): Where shifts have been unfilled a acuity assessment is carried out. Staff will be moved from areas of lower activity if and when needed. An on call midwife is also available on a central delivery suite rota

NICU (79.9% day, 59.1% 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 26b (169.9% night) and Ward 25b: (155.6% night): Enhanced care needs due to patient mix. On average six and four patients respectively has enhanced care needs.

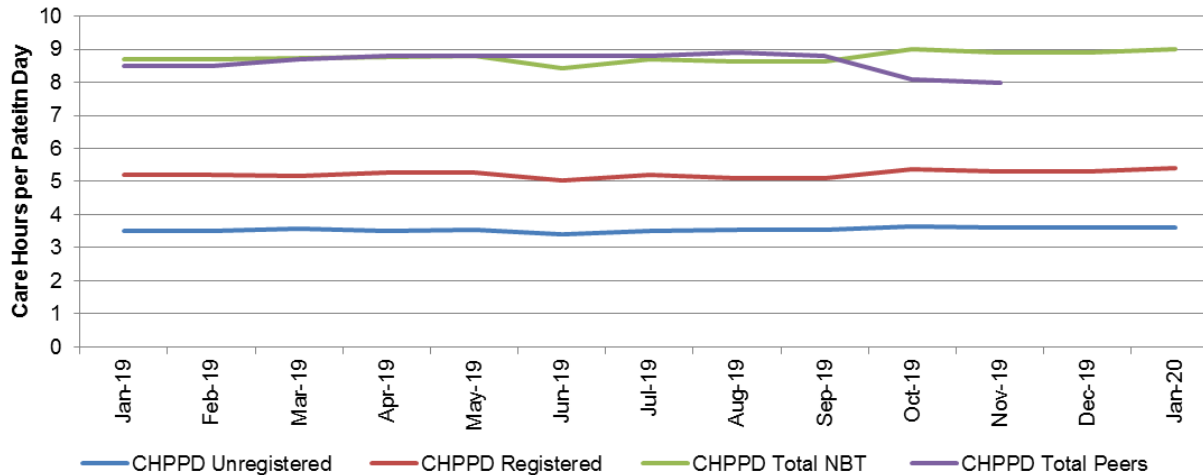
Ward 6b (151.5% night): Average of six patients requiring enhanced care, when enhanced care shifts could not be filled RMNs were used. There were also two patients in side rooms due to infection and one patient requiring 2:1 care.

Cotswold (193.5% 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)

Jan-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	96.8%	98.6%	103.2%	109.7%

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



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).

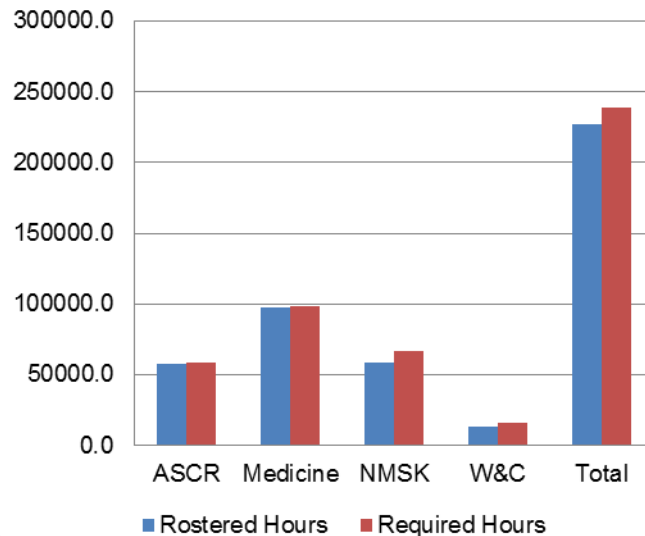
Safe Care Live (Electronic Acuity Tool)

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

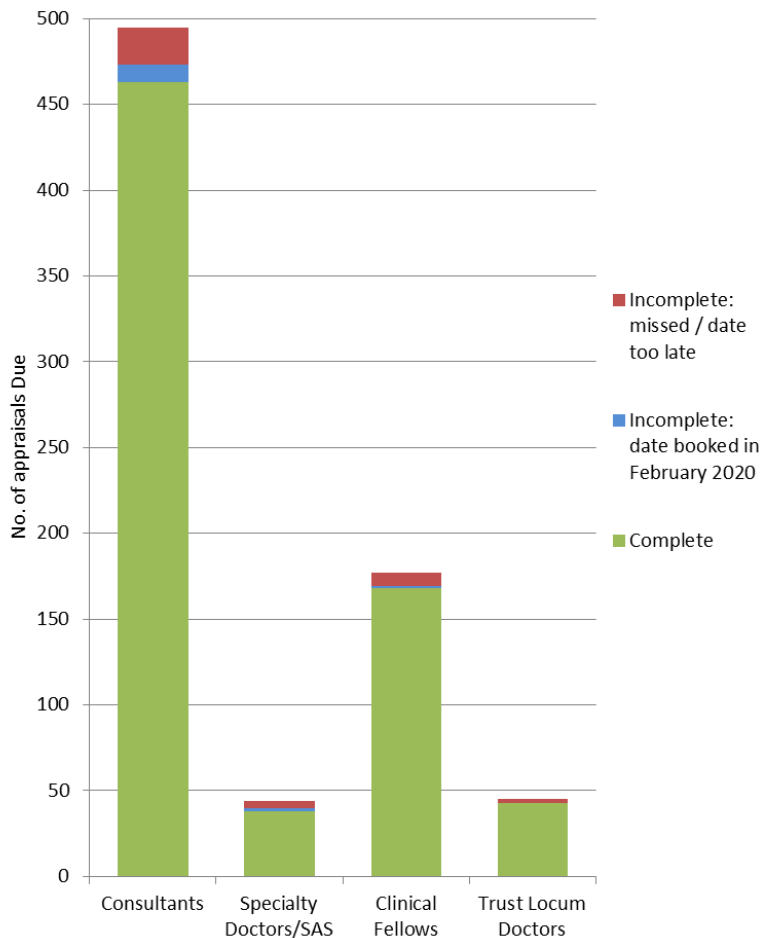
The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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.

Required vs Rostered Hours



Appraisal Compliance (prev. 12 months)



Medical Appraisal

95% of appraisals due over the course of the past 12 months have either been completed or have a meeting date set within the next month.

25% 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.

Seven consultants are being trained as new medical appraisers in February 2020 in order to ensure that the Trust maintains a sufficient number of available appraisers.

Finance

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

	Position as at 31 January 2020		Full Year Forecast (as at December 2019)	
	Actual	Variance (Adverse) / Favourable	Full year Forecast	Variance (Adverse) / Favourable
	£m	£m	£m	£m
Contract Income	438.7	(4.0)	525.1	(4.2)
Other Income	72.4	2.0	88.9	4.4
Total Income	511.1	(2.0)	614.0	0.2
Pay	(320.2)	1.6	(385.1)	1.2
Non-Pay	(155.5)	(0.7)	(187.7)	(2.2)
Depreciation	(21.5)	(1.1)	(25.6)	0.3
PFI Operating Costs	(5.1)	0.2	(6.3)	0.0
PFI Interest	(28.5)	(0.1)	(34.0)	0.2
Other Financing costs	(4.1)	0.2	(5.0)	0.3
Loss on Disposal	(0.2)	(0.2)	(0.7)	0.0
Adjusted surplus / deficit for NHS accountability (exc PSF)	(24.2)	(2.1)	(30.4)	0.0
FRF	19.2	0.0	25.0	0.0
Adjusted surplus / deficit for NHS accountability (inc PSF)	(5.0)	(2.1)	(5.4)	0.0
Gain on disposal	0.6	0.6	0.6	0.1
Control total	(4.3)	(1.5)	(4.8)	0.1

31 March 2019 £m	Statement of Financial Position as at 31st January 2020	Plan £m	Actual £m	Variance above / (below) plan
	Non Current Assets			
558.1	Property, Plant and Equipment	554.3	547.9	(6.5)
17.0	Intangible Assets	14.6	14.6	0.0
8.5	Non-current receivables	8.5	4.0	(4.5)
583.6	Total non-current assets	577.5	566.5	(11.0)
	Current Assets			
12.8	Inventories	11.2	11.8	0.6
35.5	Trade and other receivables NHS	52.5	31.2	(21.3)
37.1	Trade and other receivables Non-NHS	19.4	32.6	13.2
10.2	Cash and Cash equivalents	8.0	24.8	16.8
95.7	Total current assets	91.1	100.4	9.3
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	Total assets	668.6	666.9	(1.6)
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	7.8	(1.6)
64.8	Trade and Other payables - Non-NHS	59.0	68.3	9.3
70.8	Borrowings	70.1	143.0	72.8
145.0	Total current liabilities	138.5	219.1	80.6
(49.3)	Net current assets/(liabilities)	(47.4)	(118.6)	(71.3)
534.3	Total assets less current liabilities	530.1	447.9	82.2
7.8	Trade payables and deferred income	7.5	6.9	(0.6)
517.8	Borrowings	515.2	434.4	(80.8)
8.7	Total Net Assets	7.4	6.6	(0.8)
	Capital and Reserves			
243.9	Public Dividend Capital	245.5	246.0	0.5
(375.2)	Income and expenditure reserve	(381.6)	(381.6)	0.0
(6.4)	Income and expenditure account - current year	(2.9)	(4.2)	(1.3)
146.5	Revaluation reserve	146.5	146.5	0.0
8.7	Total Capital and Reserves	7.4	6.6	(0.8)

Statement of Comprehensive Income

Assurances

The financial position at the end of January shows a deficit of £5m which is £2.1m 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 £4m 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.

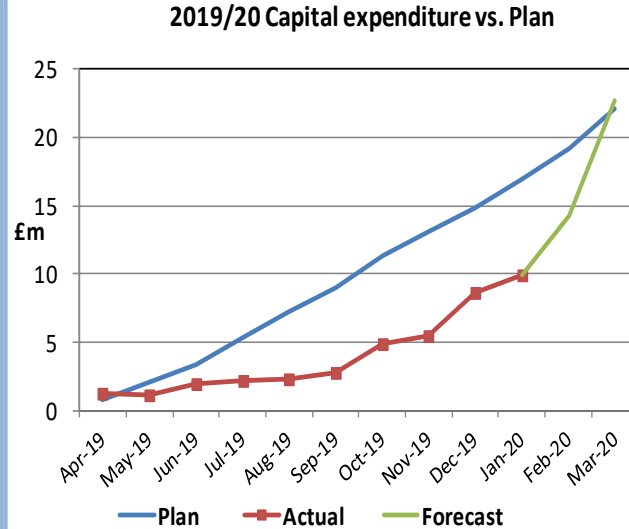
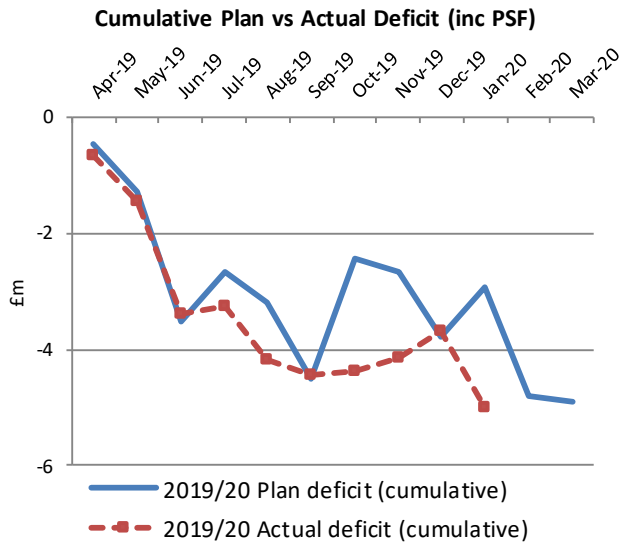
Statement of Financial Position

Assurances

The Trust has repaid net loan financing for the year to date of £2.0m in line with plan. This brings total borrowing from the DOH to £177.8m. The Trust ended the month with a cash balance of £24.8m, compared with a plan of £8.0m. This higher balance is partly due to £2.9m 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% (86% 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 £5m deficit, £2.1m adverse to plan.

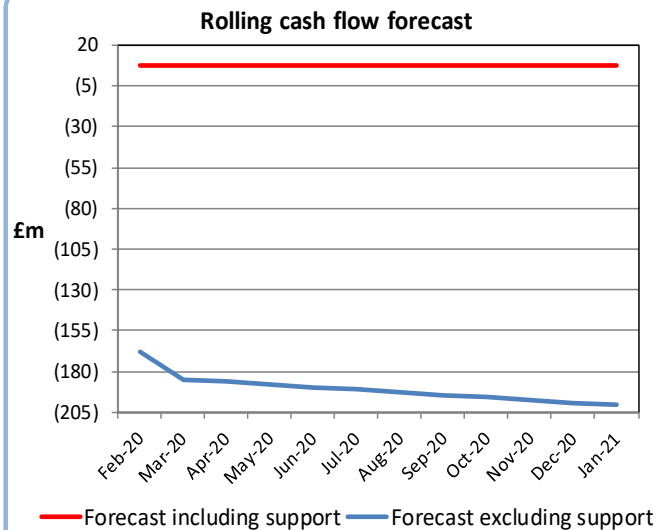
The capital expenditure for the year to date is £9.9m. Whilst there is currently slippage of capital spend there work is underway to ensure that the plan is delivered. The revised capital expenditure forecast for 2019/20 is £22.7m.

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.

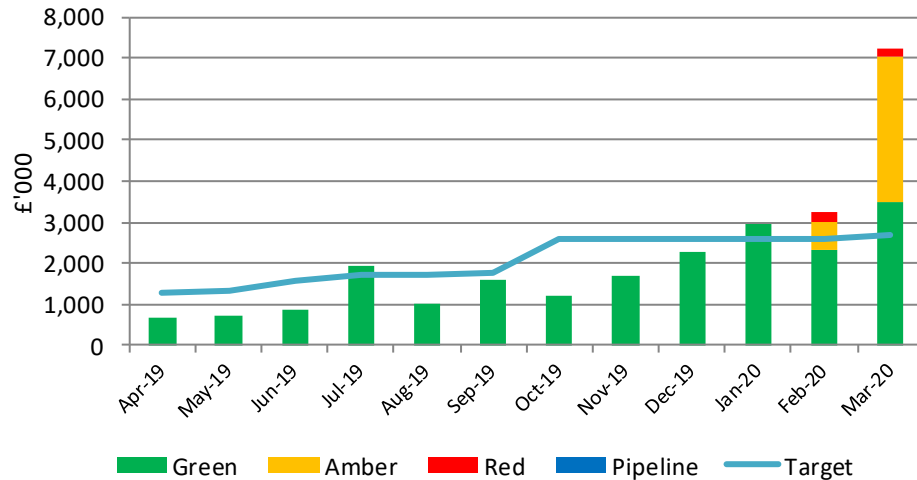
Concerns & Gaps

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.

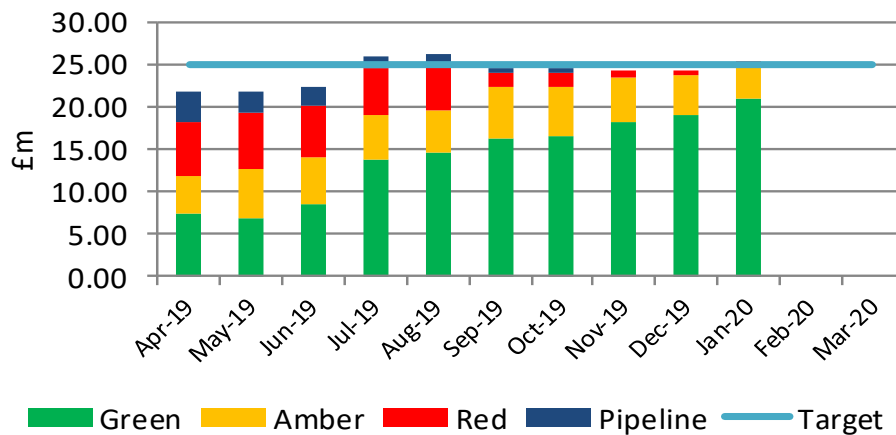


Weighting	Metric	Year to date	Forecast
0.2	Capital service cover rating	4	4
0.2	Liquidity rating	4	4
0.2	I&E margin rating	3	3
0.2	I&E margin: distance from financial plan	2	1
0.2	Agency rating	2	2
	Overall finance risk rating	3	3

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £25.5m has been identified as at the end of January.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £25.5m identified schemes. £25m of these are rated as green or amber.

Savings delivery is £15m as at the end of January, £4.7m adverse against a plan of £19.7m.

Of the £25.5m identified savings in 2019/20, £15.6m is recurrent with a full year effect of £18.9m.

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 January 2019

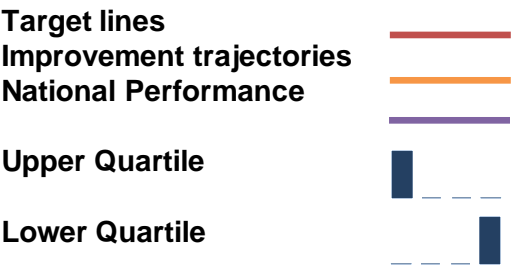
Self-assessed, for submission to NHSI

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.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 January 2020.

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



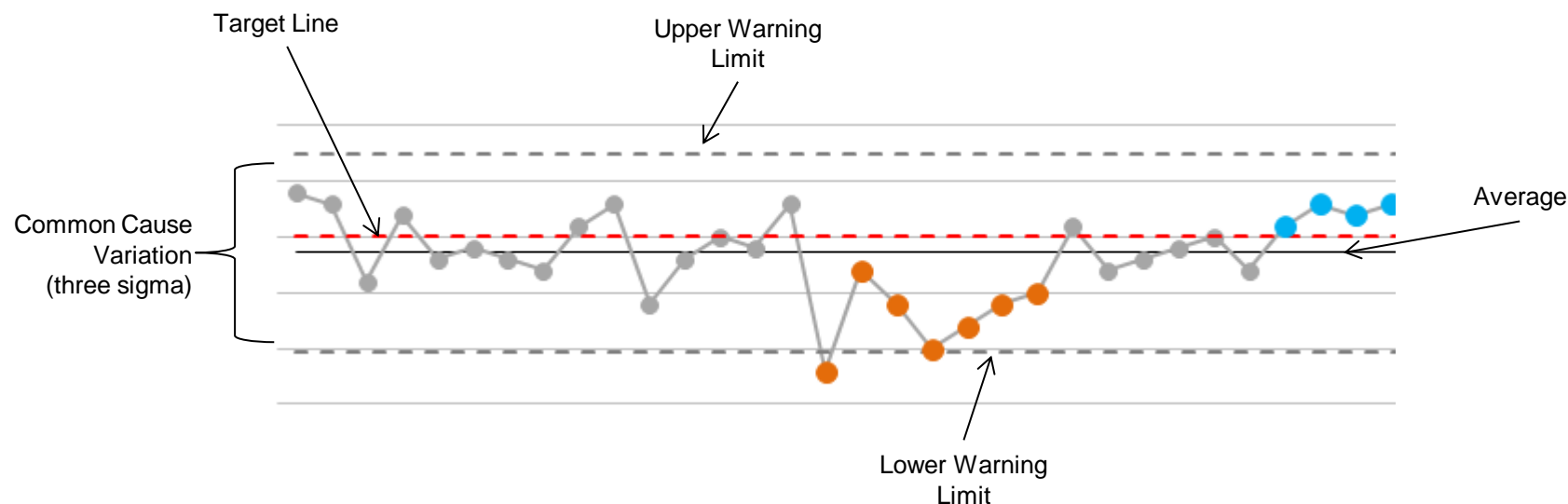
NBT Quality Priorities 2019/20

- 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

Appendix 2: Statistical Process Charts (SPC) Guidance



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

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) 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.
- C) 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:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) 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.
- C) 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