

North Bristol NHS Trust

# **INTEGRATED PERFORMANCE REPORT**

May 2020 (presenting April 2020 data)





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North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-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%	82.36%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%		87.98%	11/118	
	A&E 12 Hour Trolley Breaches	0	0	0	0	1	0	0	0	4	9	2	38	48	2	0		0 - 251	1/11	
	Ambulance Handover < 15 mins (%)	100%	90.99%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%				
	Ambulance Handover < 30 mins (%)	100%	98.72%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%				
	Ambulance Handover > 60 mins	0	0	12	0	4	0	0	0	0	1	0	2	2	1	0				
	Delayed Transfers of Care	3.50%	3.50%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	9.23%	7.02%				
	Stranded Patients (>21 days) - month end			160	133	131	135	276	156	138	128	129	163	158	124	63				
	Bed Occupancy Rate		95.00%	97.09%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.95%	98.87%	82.25%	50.84%				
	Cancelled Operations (28 Day Rebooking)	0	3	1	1	2	1	1	1	0	1	0	5	1	2	0		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	4.25%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.25%		10.19%	303/400	
	Diagnostic 13+ Week Breaches	0	0	15	74	84	130	205	225	239	63	147	258	113	114	402				
	RTT Incomplete 18 Week Performance	92.00%	82.67%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%		84.78%	185/364	
	RTT 52+ Week Breaches	0	75	19	16	17	14	14	16	13	14	14	9	17	43	130		0 - 3097	28/52	
	Total Waiting List		30896	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552	28516	25877				
	Cancer 2 Week Wait	93.00%	87.74%	84.89%	83.52%	78.40%	71.87%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	-		91.95%	106/139	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	94.51%	89.74%	88.70%	76.83%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	-		86.13%	77/96	
	Cancer 31 Day First Treatment	96.00%	97.16%	93.07%	88.49%	88.03%	90.87%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	-		96.75%	49/112	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	-		99.23%	1/29	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.00%	80.00%	83.02%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	-		92.60%	44/53	
	Cancer 62 Day Standard	85.00%	71.75%	83.84%	77.95%	76.99%	74.35%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	-		78.86%	104/140	
	Cancer 62 Day Screening	90.00%	92.31%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	-		85.08%	46/89	
	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%		80.79%	83.71%	83.53%	84.37%	83.03%	84.37%	84.19%	83.22%	83.21%	83.81%	82.97%	83.49%	83.34%				



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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term	0.90%		0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	
	Caesarean Section Rate	28%		35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	
	Still Birth rate	0.40%		0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	
	Induction of Labour Rate	32.10%		41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	
	PPH 1000 ml rate	8.60%		10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	Serious Incidents			9	10	2	7	5	4	3	3	6	3	5	7	3	
	Total Incidents			1496	1511	1626	1648	1636	1472	1696	1723	1662	1807	1694	1359	940	
	Total Incidents (Rate per 1000 Bed Days)			59	59	66	64	64	60	65	69	64	68	68	62	71	
	WHO		95%	96.73%	96.41%	95.84%	95.80%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.40%	
	Pressure Injuries Grade 2			43	27	31	24	34	46	43	43	32	34	17	29	24	
	Pressure Injuries Grade 3			1	0	0	1	0	0	0	0	1	0	1	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			30	31	30	31	31	30	31	30	31	32	30	27	16	
	#NoF - Fragile Hip Best Practice Pass Rate			74.47%	75.00%	82.61%	85.37%	80.56%	70.18%	83.93%	87.23%	86.11%	65.63%	0.00%	-	-	
	Stroke - Patients Admitted			79	67	88	77	89	76	89	83	82	79	72	97	71	
	Stroke - 90% Stay on Stroke Ward		90%	97.01%	88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	85.33%	-	
	Stroke - Thrombolysed <1 Hour		60%	33.33%	71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	60.00%	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	47.83%	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	74.65%	78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%		
Infection Control	MRSA	0	0	0	0	0	0	0	1	0	1	1	1	0	0	0	
	E. Coli		4	3	2	5	2	6	4	7	7	7	7	4	6	2	
	C. Difficile		5	3	5	6	8	3	6	5	2	3	5	4	4	1	
	MSSA		2	3	1	1	5	3	5	2	3	1	1	2	3	1	



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Quality Caring & Experience	PALS - Count of concerns			76	82	93	126	118	81	119	104	90	107	108	104	45	
	Complaints - % Overall Response Compliance		90%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	
	Complaints - Overdue			34	25	20	9	1	4	1	2	3	0	2	0	2	
	Complaints - Written complaints			62	56	52	55	51	53	47	41	36	57	51	26	24	
Well Led	Agency Expenditure ('000s)						1179	1329	968	836	990	868	1081	869	1112	613	
	Month End Vacancy Factor						11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.60%	
	Turnover (Rolling 12 Months)		14.10%				15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	
	Sickness Absence (Rolling 12 month -In arrears)		4.00%				4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%		
	Trust Mandatory Training Compliance		84.78%				88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.40%	
Finance	Deficit (£m)			-£0.7	-£1.5	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0	-£8.0	-£6.2	-	
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3	



### Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00% and reported nil 12 hour trolley breaches in month for the first time since September 2019. The ongoing COVID-19 pandemic saw ongoing reduced ED attendances and bed occupancy which impacted positively on four-hour performance. Trust performance continued to improve in April, ranking 1st out of 11 Adult Major Trauma Centres and ranking 11<sup>th</sup> out of 115 reported positions for Type 1 four-hour performance, nationally.

### Elective Care and Diagnostics

The Trust has reported a reduction in overall wait list size in April due to a reduction in referrals resulting from the COVID-19 pandemic. There were 130 patients waiting greater than 52 weeks for their treatment in April against a trajectory of 75. This increase in breaches was due predominately to cancelled operations as part of the COVID-19 response. As a result of planned care cancellations, diagnostic performance deteriorated to 61.25% compared to a trajectory of 4.25%. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy in early March. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait.

### Cancer wait time standards

The Trust saw 91.25% of patients on a TWW pathway within two weeks in March. This surpassed the recovery trajectory of 87.74%. The Trust achieved the national standard for treatment within 31 days of diagnosis in March resulting from an increase in robotic capacity in Urology. The Trust achieved the 62 day waiting time trajectory in March. All services have been adversely impacted by the Trust's response to the COVID-19 pandemic with an expectant performance deterioration in April. Any delays to treatment have been in line with national guidance to ensure safety for patients.

### Quality

There were two overdue complaints at the end of April. In response to the COVID-19 pandemic, new complaints and concerns are being logged as enquiries. Complainants have been notified that if they wish to pursue the complaint they will need to contact the Trust again in four months time. 'No Harm' medication errors represented 93% of all medication errors in April 2020, demonstrating the continued strong safety culture within the Trust.

### Workforce

Staff turnover continues to improve in 2020/21 with the annual position lower than the target set in the draft operating plan. Vacancy factor is reported as 4.60% in April, this is in part due to the funded establishment not yet having non-recurrent funding included for 2020/21. However, the Trust had a net gain of staff in April which would have had a positive impact on vacancies. Work to establish our vacancy trajectory post COVID-19 impact is in progress. Temporary staffing demand reduced significantly in April for COVID-19 related reasons with agency use in registered nursing reduced by two thirds.

### Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The position for the end of April shows the Trust meeting this requirement and achieving a breakeven position. The financial risk rating of the trust on the NHSI/E scale remains at 3 out of 4.



# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00% and reported nil 12-hour trolley breaches for the first time since September 2019. Nationally, Trust performance continued to improve, ranking 1st out of 11 Adult Major Trauma Centres and ranking 11<sup>th</sup> out of 115 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 50.85% with less variation experienced in April, resulting from a full COVID-19 impact. Ongoing reduced ED attendances and bed occupancy impacted positively on four-hour performance. Walk-in attendances increased towards the end of the month, but remain considerably below pre-COVID-19 levels. Significant levels of DToc patients (7.02% vs. 3.5% target) continue to be experienced and would have released 17 beds to the Trust had the national target been achieved. Discharges were progressed improving the position in April, but delays for more complex patients remained.

#### Planned Care

**Referral to Treatment (RTT)** – The Trust has not achieved the RTT trajectory in month with performance of 71.82% against trajectory of 82.67%. The total RTT wait list size in month has further reduced as a result of a referral reduction, due to the COVID-19 pandemic. The number of patients exceeding 52 week waits in April was 130 against a trajectory of 75; the majority of breaches (103) being in Trauma and Orthopaedics. Elective activity cancellations as a result of the COVID-19 response have been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance.

**Cancelled Operations** – As a result of the COVID-19 pandemic, the cancelled operations submission has been suspended nationally and is therefore not reported for April 2020.

**Diagnostic Waiting Times** – Trust performance for diagnostic waiting times has deteriorated significantly as a result of elective cancellations in response to the COVID-19 pandemic. As of April 2020, 61.25% of patients have waited more than 6 weeks for a diagnostic test compared to a planned trajectory of 4.25%. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy up until early March. There has also been reduced demand in April for imaging modalities in addition to the movement of routine patients to pending status for Imaging. This has reduced the wait list overall and further amplified the impact of breaches on performance. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait.

#### Cancer

The Trust has achieved one of the seven Cancer Wait Times standards in March and achieved trajectory for four of the standards. Achievement of the 31 day standard is as a result of the Urology robotic improvements in capacity as per their clearance plan. Active monitoring breaches have increased due to the diagnostic delay as a result of COVID-19 guidance. Referral rates are down across all specialties by c.65%.

#### Areas of Concern

The main risks identified to the delivery of national Responsiveness standards are as follows:

- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements as per the Trust's response to the COVID-19 pandemic.
- The ongoing impact of COVID-19 Infection Prevention and Control guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.



# QUALITY PATIENT SAFETY AND EFFECTIVENESS

## SRO: Medical Director and Director of Nursing & Quality Overview

### Improvements

**Infection control** – Current effort is focussed on minimising COVID-19 transmission and supporting new design of the hospital for restoration. A board assurance document has been presented to QRMC.

### Areas of Concern

**Pressure Injuries** - Despite the reduction in bed occupancy, there has been an increase in pressure injuries per 1000 bed days in April. In addition to the ongoing review of actions around learning from each incident the Divisional Heads of Nursing have introduced audits alongside senior nurses and peer reviews.



# 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**

Due to the Trust response to the COVID-19 pandemic and the reduction in some areas of clinical activity, demand for temporary staffing reduced significantly in April. This in turn meant a reduction in bank and agency use and expenditure and in unfilled shifts. The most significant reduction in agency was in registered nursing where booked shifts reduced by two thirds.

#### **Vacancies**

The Trust vacancy position as reported against funded establishment is significantly lower than March's position, we ended the year on 6.76% from a starting position of 10.06%.

April's vacancy factor is 4.60%, the significant drop is predominantly due to non recurrent funded establishment ending in March and the new year's non recurrent establishment not due to be added in until May. However the Trust saw an overall net gain of staff predominantly for medical and dental staff due to the intake of new F1s in April and unregistered nursing which would have led to a reduction in overall vacancies.

We are now focussing on establishing our vacancy trajectory for the year incorporating the impact of COVID-19 on our resourcing plans.

#### **Turnover**

The Trust turnover continues to improve with April's position at 12.82%, against a draft target for 2020/21 of 13.50%. April saw a reduction in leavers compared with March largely due to a reduction in fixed term contracts ending and retirements associated with financial year end.

#### **Improving the sustainability and wellbeing of our workforce**

The year end sickness absence position was 4.45%, 0.5% above the 2019/20 target of 4.00%. In 2020/21 the sickness absence target will continue to be 4.00%. Existing People and Transformation projects around work-related stress and effective return to work meetings are being re-commenced, along side some tailored work within the ASCR division.

During the COVID-19 pandemic period additional wellbeing support is being provided for staff including additional psychologist capacity (redeployed from clinical roles where demand reduced); new support programmes for managers and teams; guidance videos and leaflets; and a range of welfare support provided by the charity and others such as hampers, free meals.



# FINANCE

## SRO: Director of Finance

### Overview

On 17th March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework that covers from April 2020 to July 2020.

During this four month period instead of being monitored in terms of delivering an agreed financial trajectory, the Trust; excluding any impacts of COVID-19, is being given income in line with historical expenditure adjusted for inflation and is required to manage its spend in line with this to effectively breakeven.

In addition, the Trust is able to recover any reasonable costs incurred responding to the COVID-19 pandemic as long as this is in line with national guidance.

Finally, the Trust has entered into an agreement with NHSE to host the Bristol NHS Nightingale Hospital against which it will be able to recover costs incurred in line with an agreed financial plan.

At the March Board meeting the Trust Board approved an annual plan which included financial elements that were consistent with discussions with commissioners at the point that the business planning was suspended. This has allowed the Trust to calculate budgets for operational managers so that they can operate within the Trust SFIs where they are authorised to spend within approved budgets.

For April and May, the Trust was operating under Control and Command SFIs as an overlay to normal financial controls.

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 in line with plan.



# **RESPONSIVENESS**

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



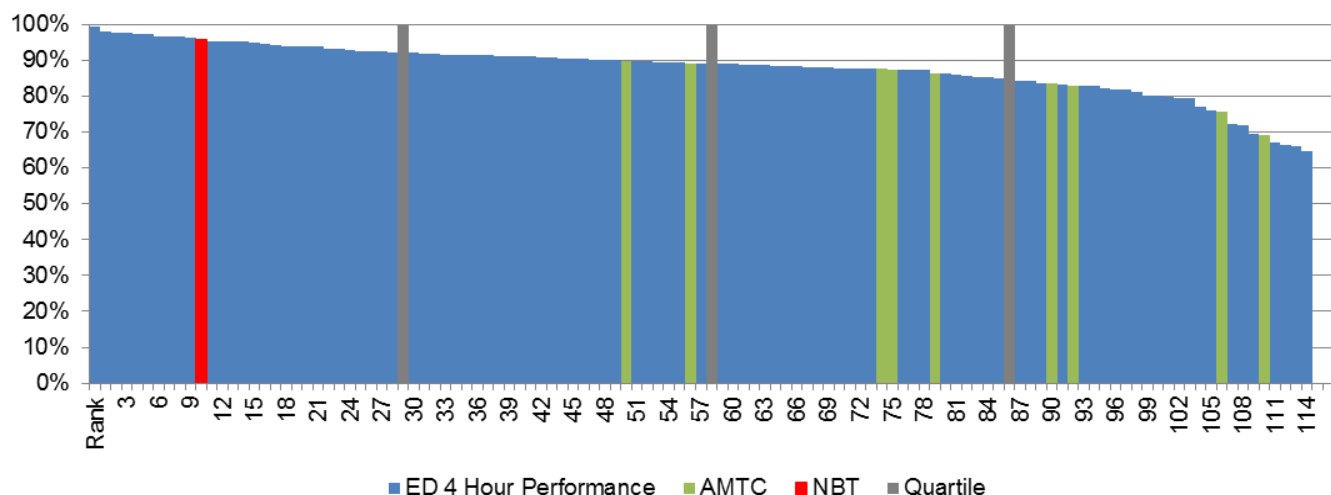
## Urgent Care

The Trust achieved the four-hour performance trajectory of 82.36% with performance of 96.00%. The improved position for April has been positively impacted by reduced attendances and improved bed occupancy resulting from the COVID-19 pandemic. The Trust continues to perform well for Type 1 performance when compared nationally.

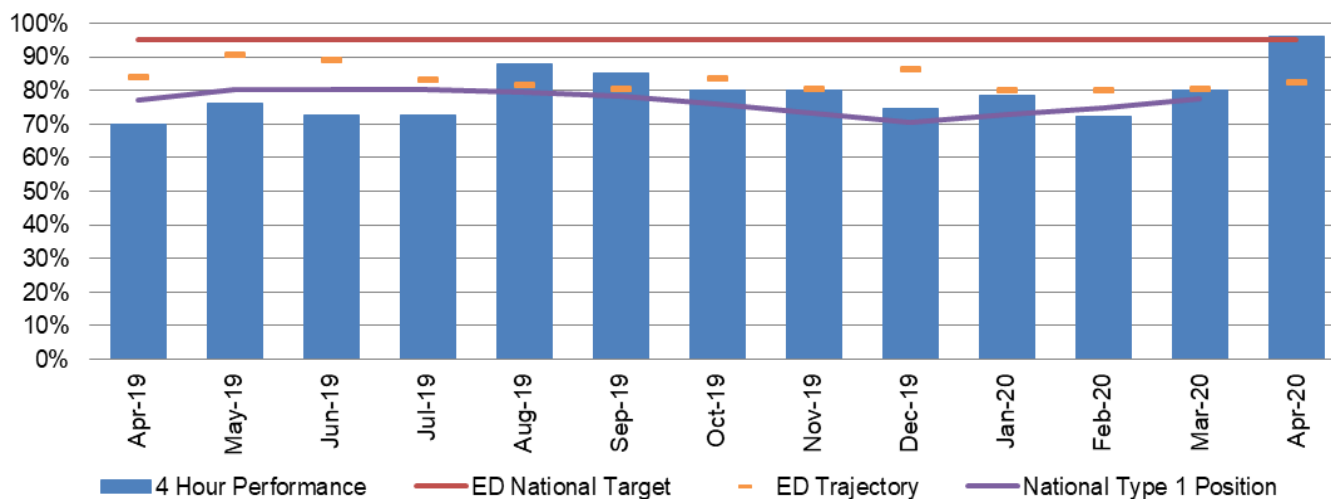
At 4127, there were 50.35% less attendances than SLA. This mirrors the national picture, with attendances being reported at around 50% of the normal level. Non-Elective admissions were down against plan for long-stay admissions (-45.35%) and short-stay admissions (-21.75%) demonstrating the full month impact of COVID-19. Overall, Non-Elective activity is down against plan by 39.26%.

ED performance for the NBT Footprint stands at 97.00% and the total STP performance was 95.15% for April.

### ED 4 Hour Performance - April 20

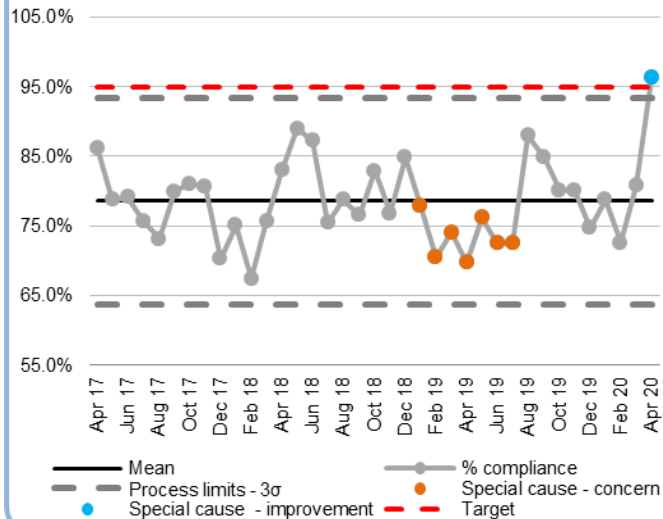


### ED 4 Hour Performance

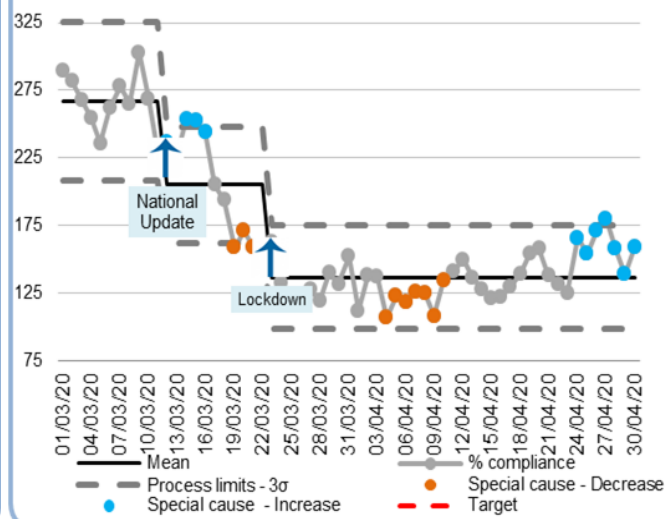




### ED 4 Hour Performance-Monthly



### ED Attendances

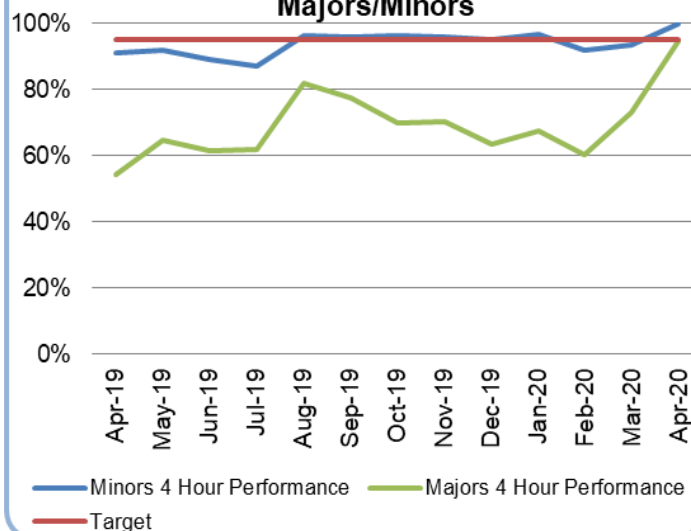


### 4 Hour Performance

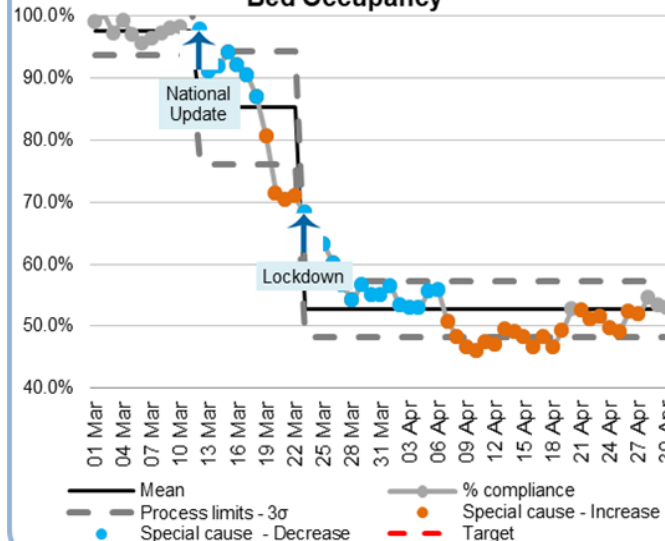
Of the breaches in ED in April, 30.91% were a result of waits for specialist and 23.03% were a result of clinical delays. This represents a significant shift from waits for beds (16.36%) and ED delays (11.52%).

As a result of the COVID-19 pandemic, ED attendances have reduced significantly when compared to pre-COVID-19 levels. A slight increase in attendances has been seen more recently, driven by more walk-in attendances whilst ambulance attendances remain stable.

### ED 4 Hour Performance by Majors/Minors



### Bed Occupancy

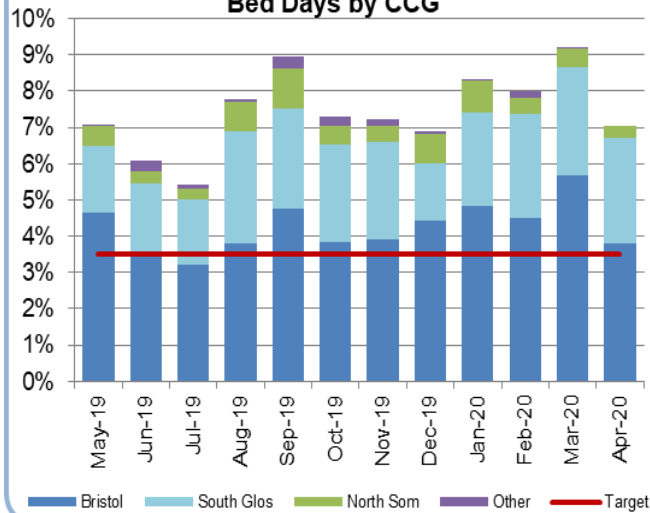


There was less variation in bed occupancy during April 2020, impacted by the full effect of COVID-19. Bed occupancy varied between 46.07% and 56.47% in month. In line with attendances, occupancy has seen a slight increase towards the end of April, but remains significantly below the levels experienced at the start of March 2020.

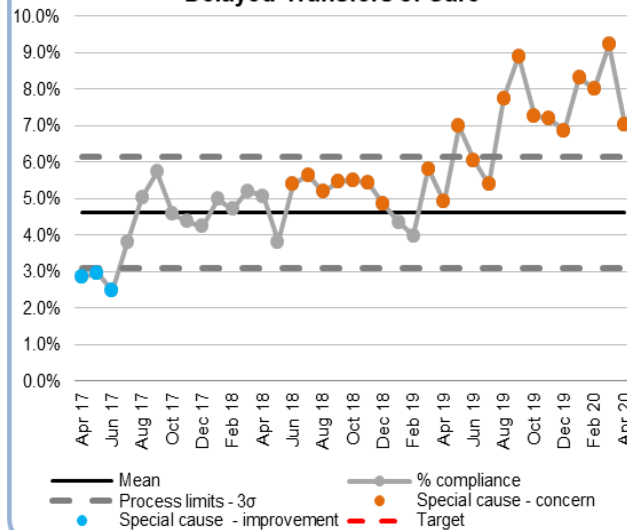
\*ED Attendance Target: Annual 2019/20 ED attendance plan calculated as average per day



### Delayed Transfers of Care Proportion of Bed Days by CCG



### Delayed Transfers of Care



### DToCs and Stranded Patients

Whilst DToCs formal reporting has been ceased following the implementation of the services response to COVID-19, the review process has been maintained in NBT. The average level of DToC has remained at c.6.5%. The average bed days accumulated by delayed patients is 227.25 equivalent to 7.5 beds.

Main reasons for delay are linked to waiting for a complex assessment bed, waiting for rehab bed availability and fast track placements. The flow into these locations has also been impacted by providers concerns about managing COVID-19 positive patients.

The stranded patient levels have dropped vs. March as patients moved to extra capacity opened by the BNSSG system and as admissions reduced over the month. However, the stranded level reported for week of 27/04/2020 was 14%, the joint highest reported in the region.

### 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

**116 (66%)\***

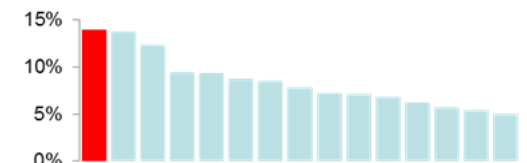
Occupied beds reduced as of 27 April 2020 (weekly average)

**0 (0%)\***

Bed reduction remaining as of 27 April 2020 (weekly average)

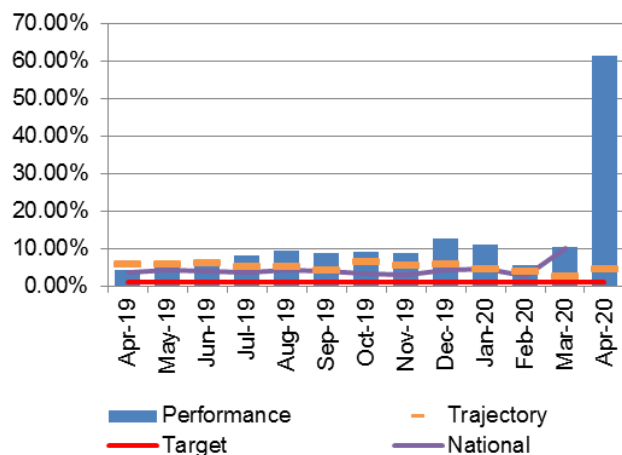


### 21+ LoS occupancy % in the South West

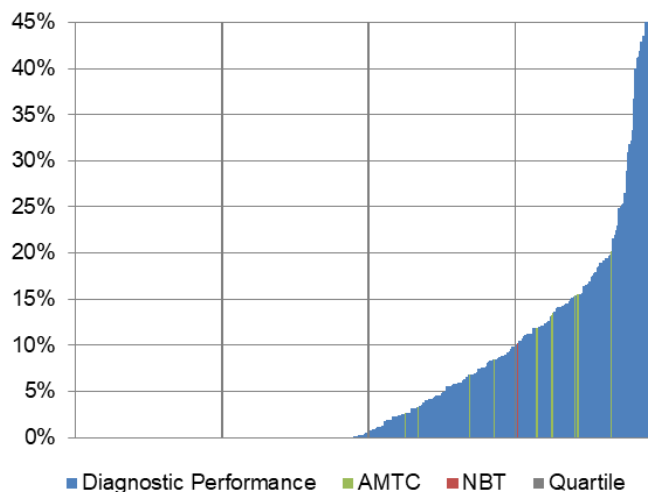




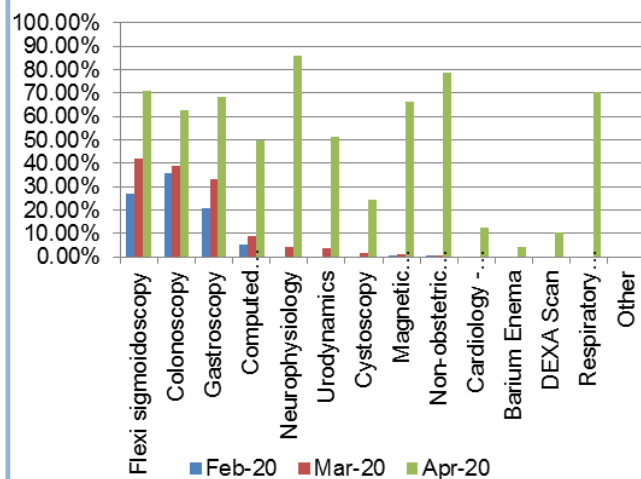
### Diagnostic Waits Against Target (1% <6 Weeks)



### Diagnostic Six Week Performance - March 2020



### Diagnostic Performance by Test



Test Type	Total Wait List	Patients waiting >6-weeks	%Performance Mar-20	%Performance Apr-20
Neurophysiology	106	91	4.08%	85.85%
Non-obstetric ultrasound	2051	1611	0.56%	78.55%
Flexi sigmoidoscopy	375	265	41.89%	70.67%
Respiratory physiology - sleep studies	57	40	0.00%	70.18%
Gastroscopy	742	508	33.17%	68.46%
Magnetic Resonance Imaging	995	660	1.28%	66.33%
Colonoscopy	702	441	38.68%	62.82%
Urodynamics	218	112	3.95%	51.38%
Computed Tomography	939	465	8.73%	49.52%
Cystoscopy	472	115	1.85%	24.36%
Cardiology - echocardiography	185	23	0.00%	12.43%
DEXA Scan	249	26	0.00%	10.44%
Barium Enema	43922	1	0.00%	4.17%

## Diagnostic Waiting Times

The Trust performance has greatly deteriorated to 61.25% in April versus a trajectory of 4.25%. This is the result of cancelled elective activity in response to COVID-19. Percentage performance has been impacted by both the reduction in overall wait list size and the substantial increase in the backlog.

All 13 test types have reported in month underperformance, a movement from eight in March.

Reduced demand continued for most test types in April, primarily MRI, CT and non-obstetric ultrasound, following the suspension of routine referrals from the end of March in response to the COVID-19 pandemic.

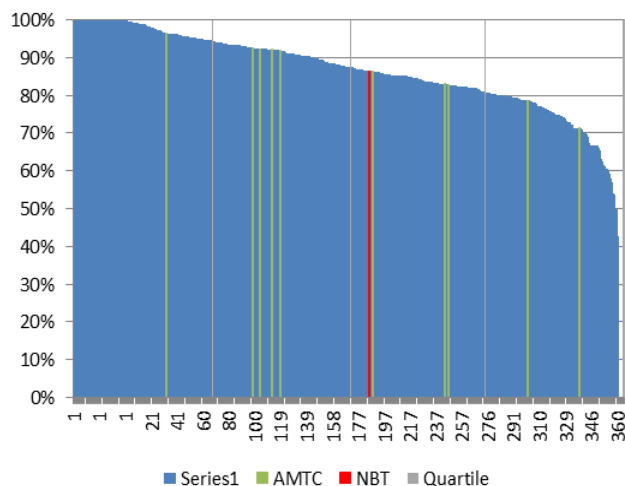
There were 4358 patients in total waiting beyond 6 weeks for their test, of which 402 were waiting greater than 13 weeks.

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.

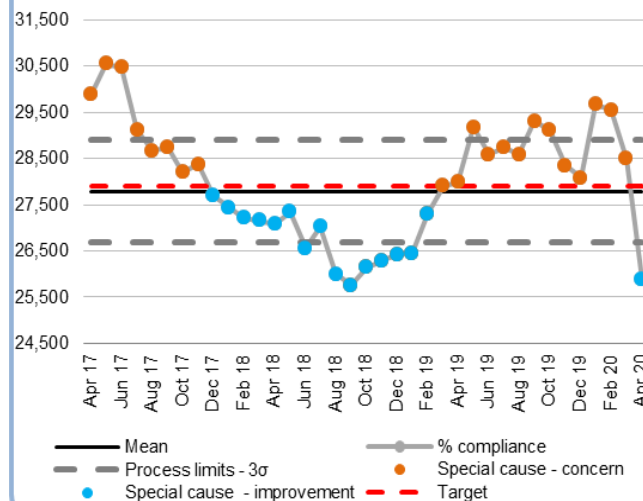
Prior to the COVID-19 pandemic there had been a successful bid for Elective Care funds to support delivery of the national diagnostics target, the Trust had been on track to deliver significantly improved performance, following a period of increased capacity in CT and Endoscopy up until early March.



### RTT 18 Week Performance - March-2020



### RTT Wait List

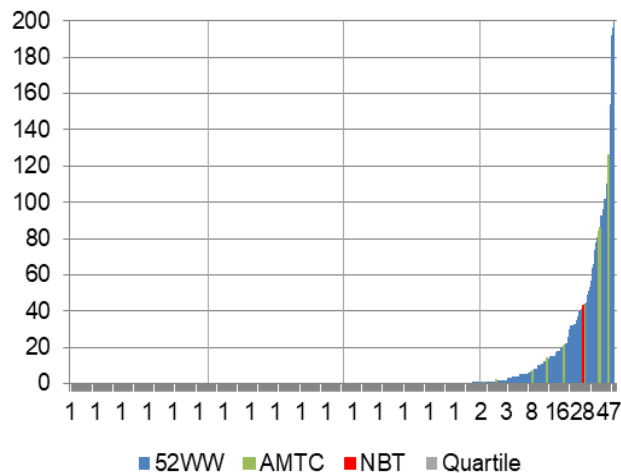


## Referral to Treatment (RTT)

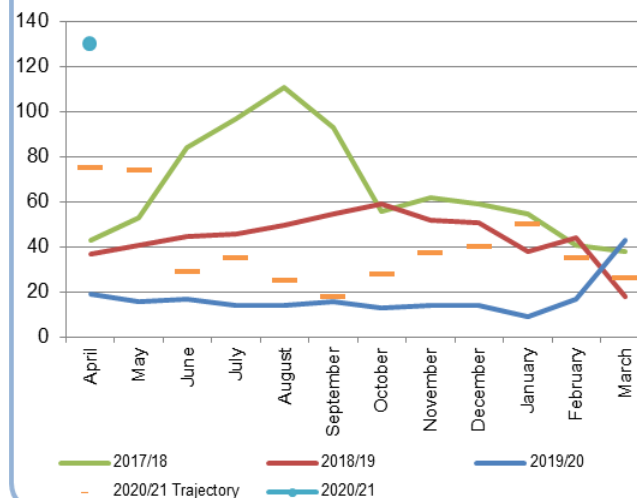
The Trust has not achieved the RTT trajectory in month with performance of 71.82% against trajectory of 82.67%.

Due to the need to prepare our response to COVID-19, all elective surgery was cancelled apart from 'P1' urgent/life and limb surgery from Thursday 19 March. The Trust also postponed routine outpatient appointments from the end of March until 30 June. This affected the Trust performance and backlog position. On the 13 March the Trust had been predicting performance of 81.50% and a backlog of 5050 (actual backlog was 5697).

### RTT 52 Week Performance - March-2020



### Trust Total 52 Week Waits



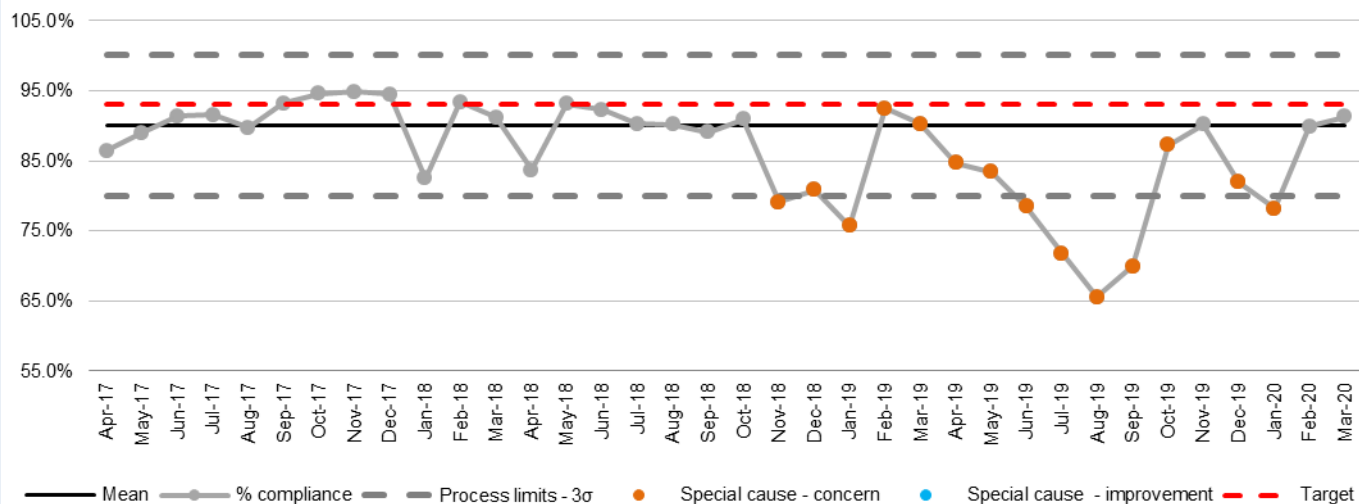
The continued reduction in the wait list size has been predominantly due to a referral reduction in April as a result of COVID-19.

The Trust has reported 130 patients waiting more than 52 weeks from referral to treatment in April against a trajectory of 75. There were 103 patients under Trauma and Orthopaedics, 11 in Neurosurgery, five in Gynaecology, four in Spinal Surgery, two in Plastic Surgery, two in General Surgery, one in Neurology, Urology and Gastroenterology.

Remedial actions to reduce the number of breaches have been hampered by winter pressures during January, February and March and the COVID-19 pandemic.



### Patients Seen Within 2 Weeks of Urgent GP Referral



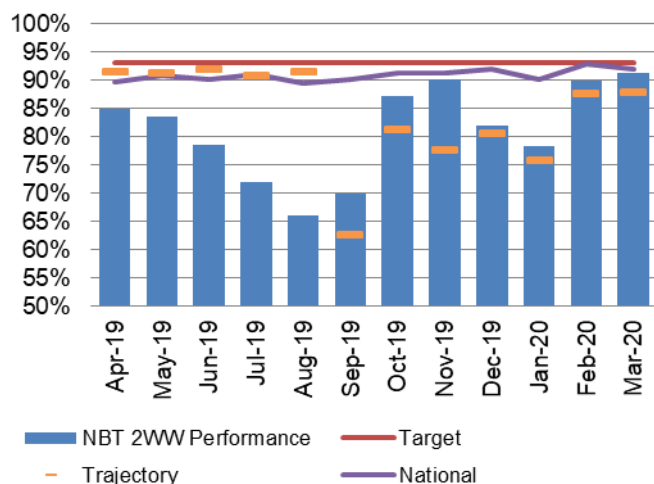
### Cancer

The Trust achieved the recovery trajectory of 87.74% with a performance position of 91.25% for the TWW standard in March.

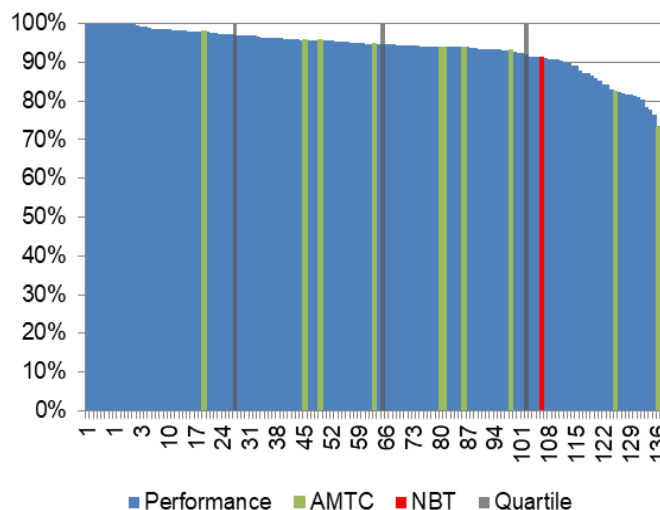
The Infection control precautions required to manage Endoscopy saw straight to test pathways cease and patients already in the system delayed or postponed.

All TWW specialties were affected by patients who refused to attend appointments initially. This picked up once virtual clinics were set up and this is reflected in the performance overall.

### Patients Seen Within 2 Weeks of Urgent GP Referral



### Cancer TWW Standard March-20

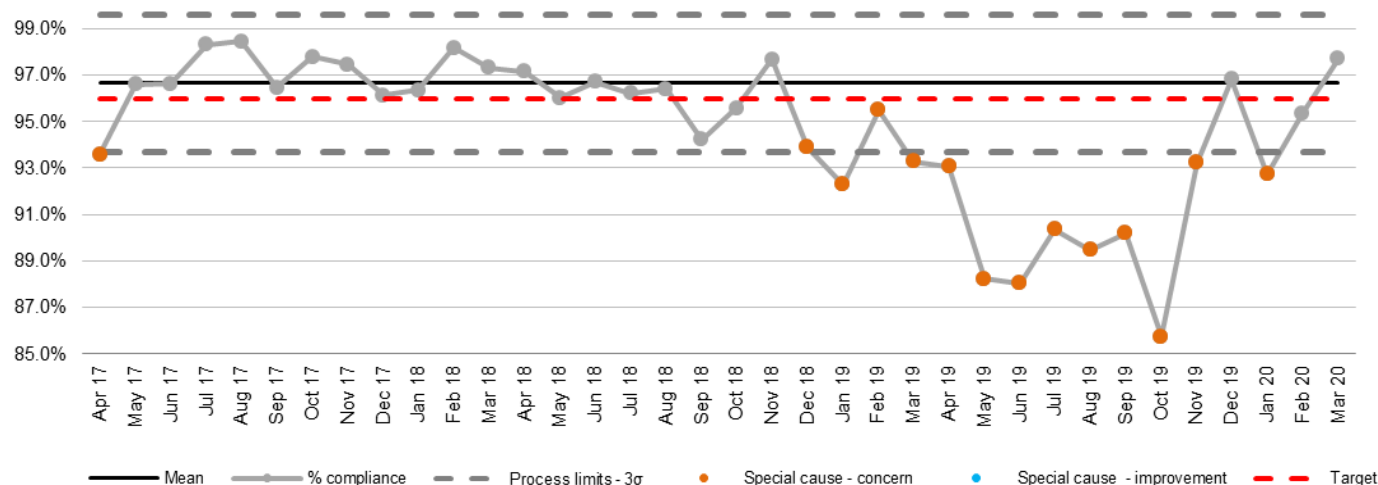


The Trust experienced a c.65% drop in TWW referrals in March across all specialties as a result of COVID-19.

The Trust has set up two helplines, one for concerned patients on Cancer pathways and another to support General Practitioners in the community.



### Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis

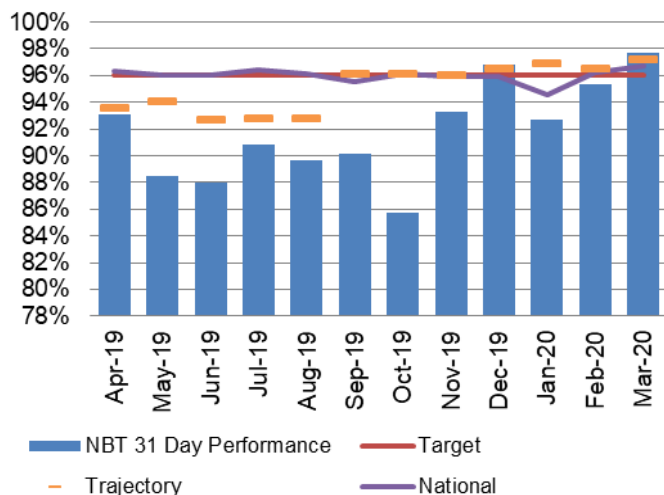


The Trust achieved the 31 day first treatment national standard of 96% with performance of 97.71% and exceeded Trajectory of 97.16%.

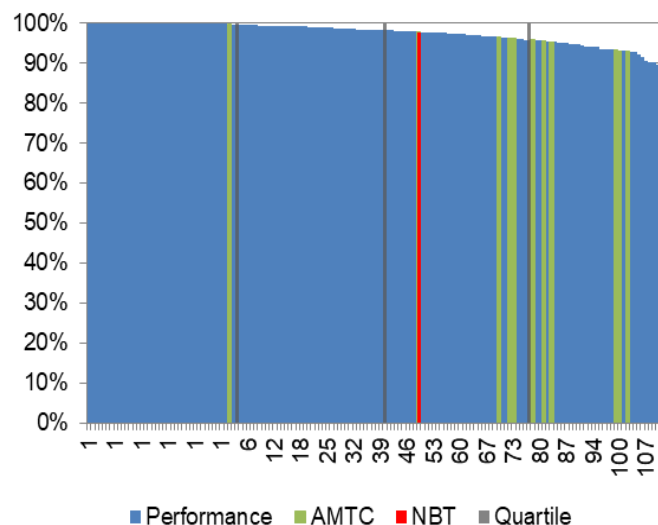
The improved position was due to increase in robotic capacity in Urology to enable backlog clearance.

The Trust achieved the 31 day subsequent surgery treatment standard. This was largely due to the COVID-19 impact. The majority of 31 day subsequent breaches are in Skin who stopped Sentinel-Node Biopsy (SNB) at the start of COVID-19 changes. Whilst this standard was achieved in March, this is going to impact future performance as SNB comes back on line. There were seven recorded breaches in March across all specialties.

### Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



### Cancer 31 Day Standard March-20

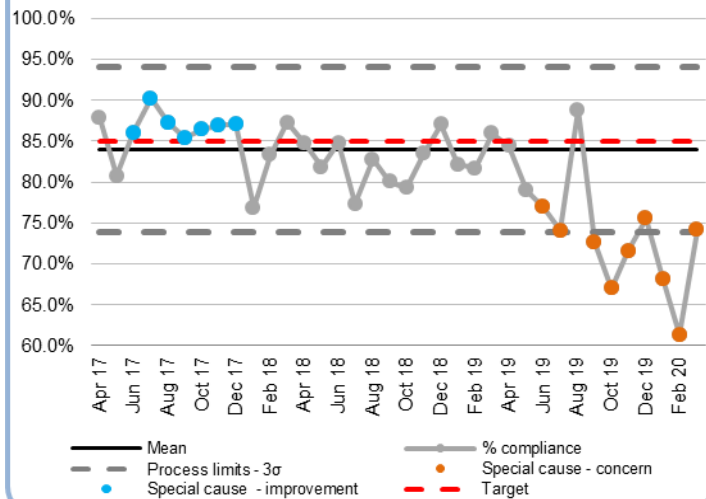


There are 10 over 104 day breaches in March, six within Urology, one in Gynaecology and three in Colorectal that required harm reviews. This is a major improvement on previous months.

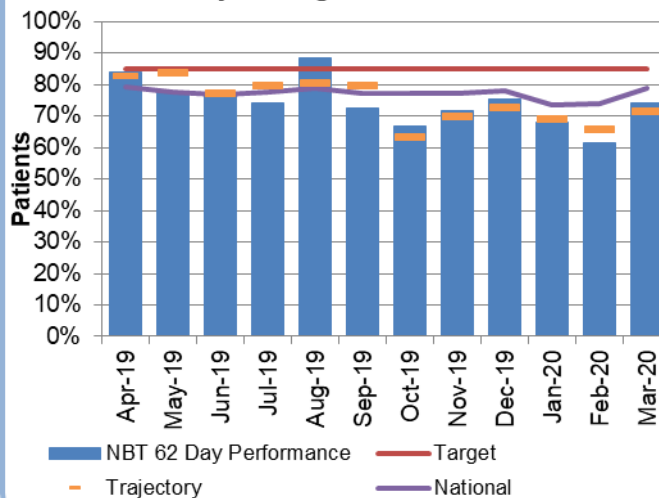
COVID-19 impact will see an increase in overall 104 day breaches as well as additional harm reviews due to changes in treatment and subsequent delays to pathways.



### Patients Receiving First Treatment within 62 Days of Urgent Referral



### Patients receiving first treatment within 62 days of urgent GP referral



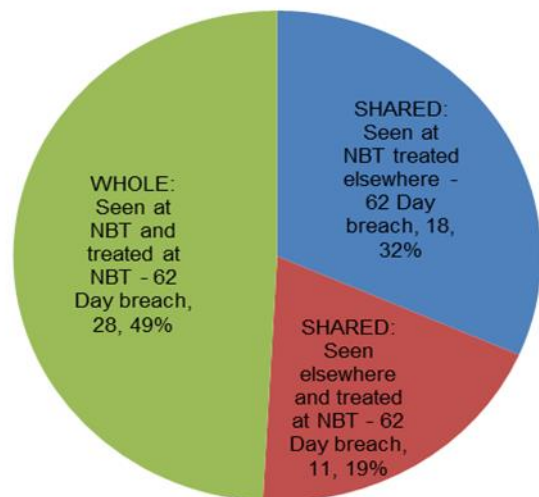
The Trust achieved the 62 day trajectory in March 2020, reporting a position of 74.15% against a trajectory of 71.75%.

Despite the COVID-19 impact the Trust was able to treat 191 patients in March compared to an annual average of 137 per month. There were 57 breaches of which 26 were in Urology, slightly higher than the annual average of 22 per month.

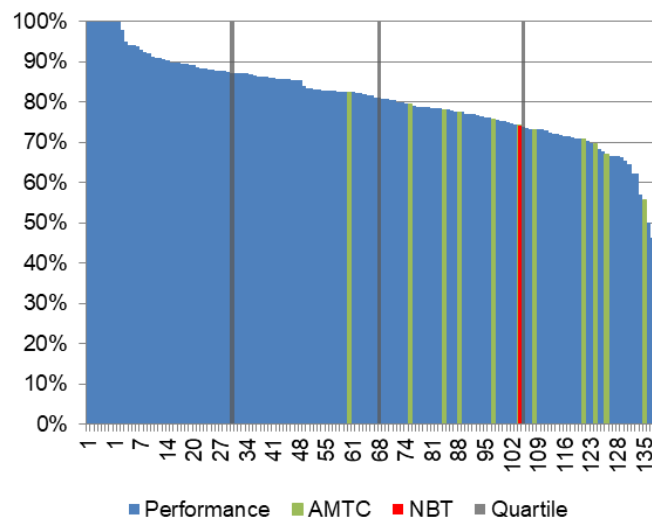
The ability to carry out surgery during the latter part of March was challenged due to COVID-19 and reluctance of patients choosing not to proceed with their treatment plan; this will have a more significant impact on performance in April.

Treatment numbers for March were higher than normal; Breast treatments doubled to 40 in March compared with 22 in February and Urology treated 68 in March compared with 60 in February. This was before COVID-19 changes to priority plans were put in place. Breaches stayed consistent across previous months; this was due to Breast managing their breaches more effectively whilst increasing treatment numbers and Urology backlog clearance. Of the 57 breaches, 49.12% were for patients referred to and treated at NBT only.

### 62 Day Breach Patients by Breach Type



### Cancer 62 Day Standard March-20



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**

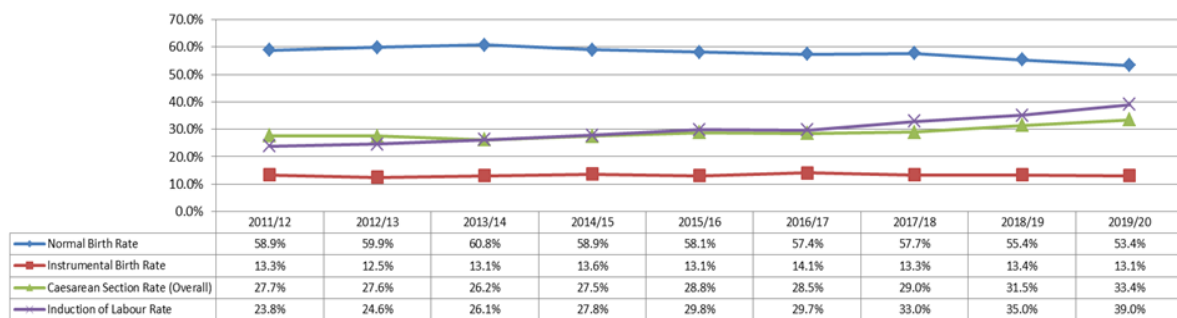
**Chris Burton and Helen Blanchard**



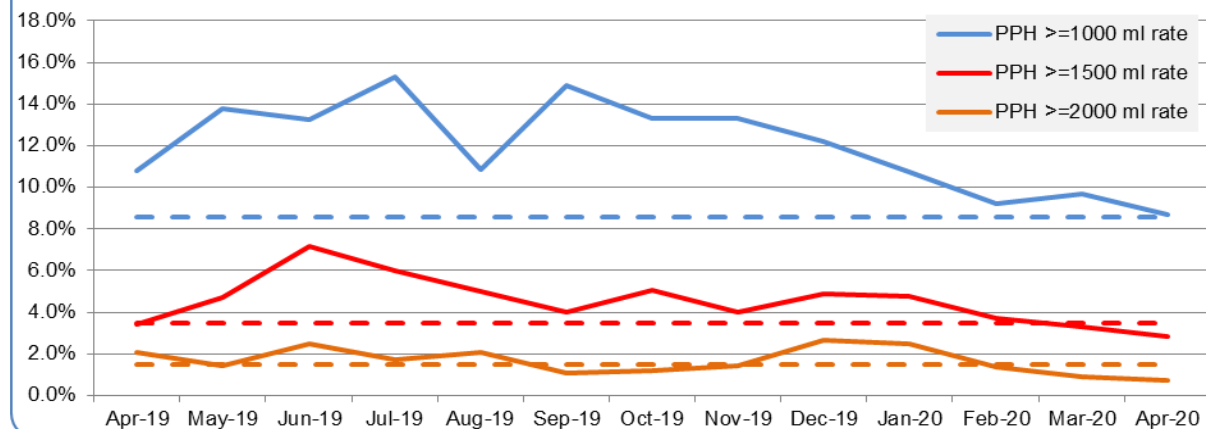
# NBT Maternity Dashboard 2019 -2020

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
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%	33.4%	31.5%
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%	15.6%	12.0%
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%	17.8%	19.5%
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%	9.7%	8.7%
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%	3.3%	2.8%
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%	0.9%	0.7%
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%	0.7%	1.3%
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%	0.4%	0.2%
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%	0.0%	0.3%
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%	4.8%	0.0%

## Activity Trends



## Reduction in PPH with new IOL pathway



## COVID-19 Maternity

Maternity pathways have been re-organised in line with RCOG guidance. NBT is in line with all clinical and operational recommendations and continues to review changes daily.

Safety quality assurance systems are in place to ensure no untoward outcomes, specifically in regard to reduction in antenatal face to face contacts and impact of post-natal changes.

Board maternity safety champions overview of the 10 maternity safety indicators during COVID-19 is in place

The maternity service has responded to the requirement to re-organise ward areas and divert care over the last few months. This has required changes in multi-professional working arrangements – with a number of positive reflections as services have become more efficient. Early discharge home and re-organised pathways have been encouraging examples of this.

## Clinical quality outcomes

Whilst CNST indicator reporting has been stopped, the maternity service have continued with essential monitoring for the saving babies lives criteria.

The induction of labour (IOL) rates continue to rise. However, the dedicated IOL process continues to show reduced delays in care and positive feedback from women. Importantly, there is also evidence that the change in care is demonstrating a continued reduction in the smaller volume PPH rate.

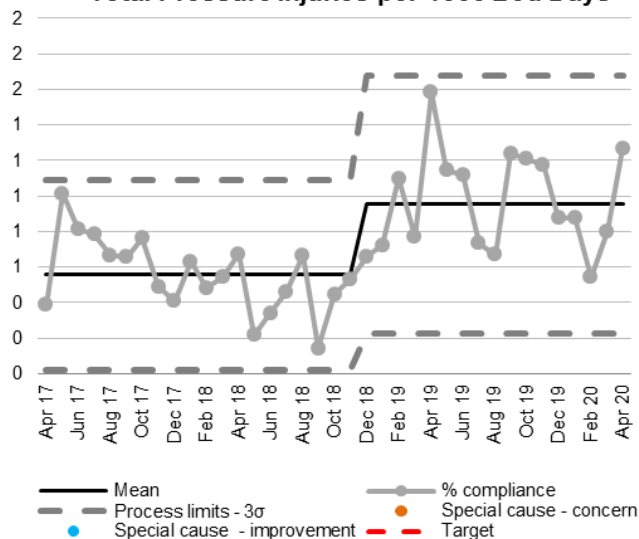
## Safe staffing

Maternity Theatre scrub nurse cover has been provided over 24/7 period – whilst this was initially operational due to COVID-19 it is subject to a business case for continued support in line with best practice.

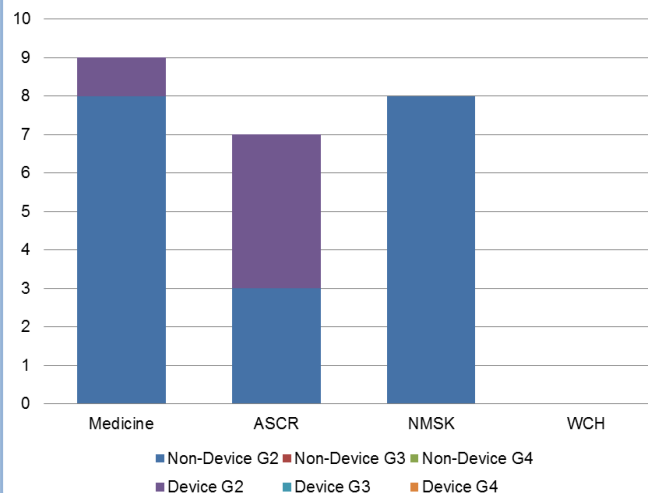
Midwifery staffing levels are being managed through daily monitoring and re-deployment. Updating and training of staff for new models of care is a priority over the next 3-6 months.



### Total Pressure Injuries per 1000 Bed Days



### Pressure Injuries Year to Date 2020/21



### Pressure Injuries (PIs)

The Trust ambition for 2020/21 is a

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

During April there were no reported Grade 3 or 4 pressure injuries.

In April, 24 Grade 2 pressure injuries were reported, on 18 patients. Device related injuries and those to buttocks continue to be of the highest incidence with the summary as follows:

Buttocks: 33 %

Natal Cleft/ Coccyx: 17%

Heel: 8 %

Elbow: 13%

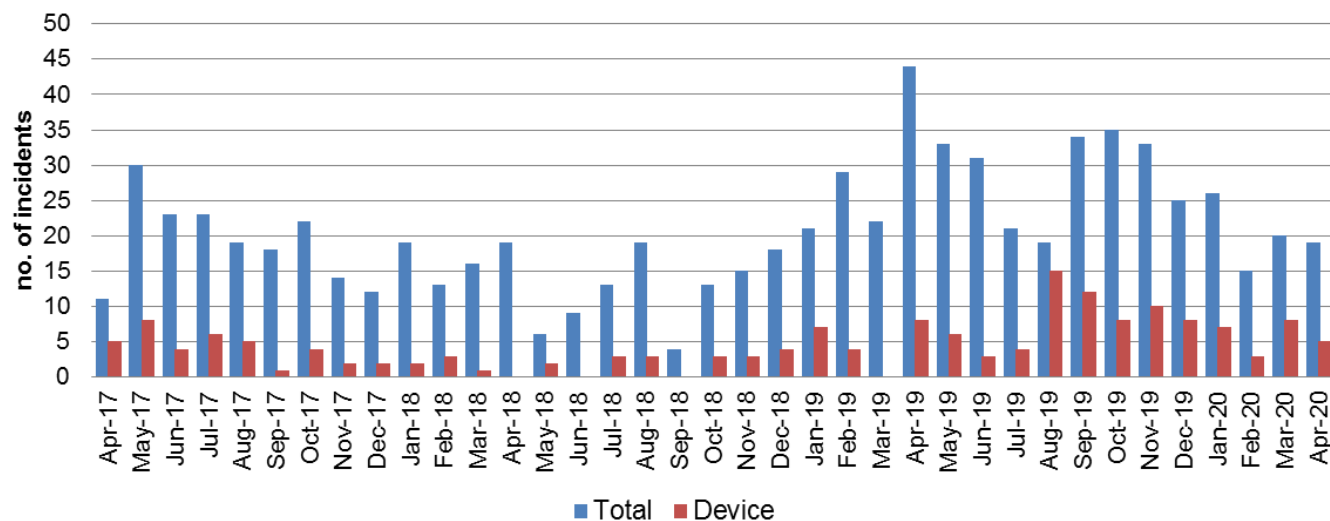
Shoulder/Hip: 8%

Medical device: 21 %

Despite the reduction in bed occupancy, there has been an increase in pressure injuries per 1000 bed days. In addition to the ongoing review of actions around learning from each incident the Divisional Heads of Nursing are;

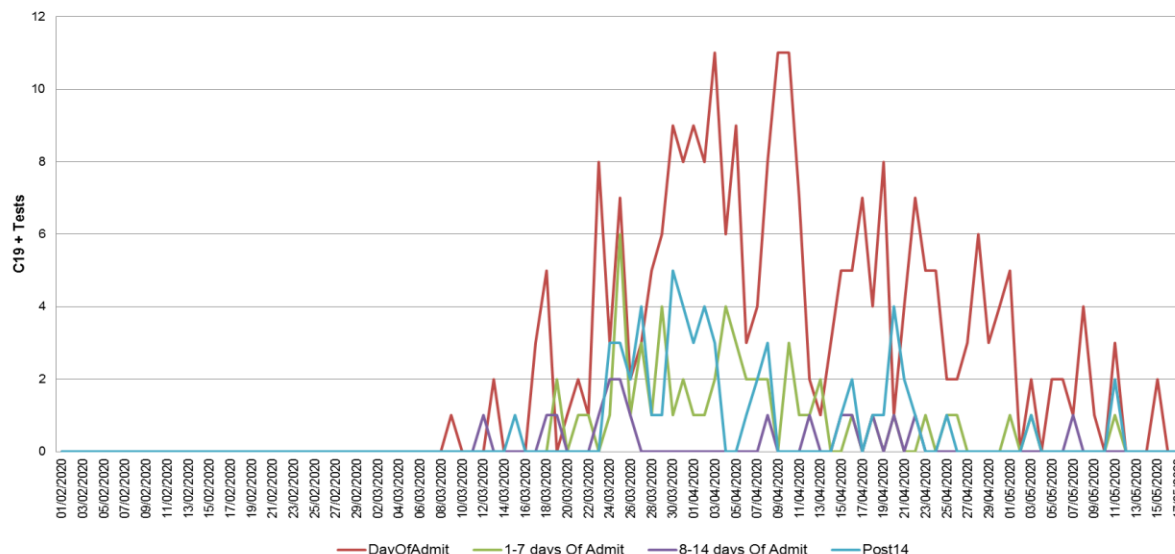
- undertaking patient facing audits with senior nurses during May/June
- conducting peer reviews of care across the organisation
- reinstating the Trust's pressure injury incident meeting and safety huddles which have paused during COVID-19.

### Pressure Ulcers - Total Incidents





**C19 Positive Tests During IP Admission - 1st Feb - 14th May 2020**  
 \* Time calculated from date of sample, not positive result returned



## COVID- 19 (Coronavirus)

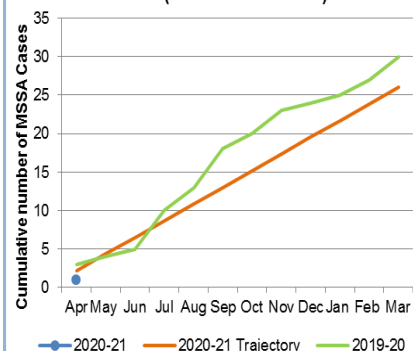
The Trusts infection control effort and resources are focussed on managing the COVID-19 epidemic and its impact on the Trust. Actions are in place to ensure compliance with national guidance as it develops. Quality and Risk Management committee will review the board level assurance of infection control practice.

There has been national concern about the risk of transmission of COVID-19 infection in hospital. An outbreak of infection has been experienced in Elgar Ward 1 in late March and April. Four infections of patients who has been in the hospital for more than 7 days have been found in the first two week of May. These will be investigated and it is the intention to investigate all cases beyond 7 days (pending a national definition of hospital acquired infection).

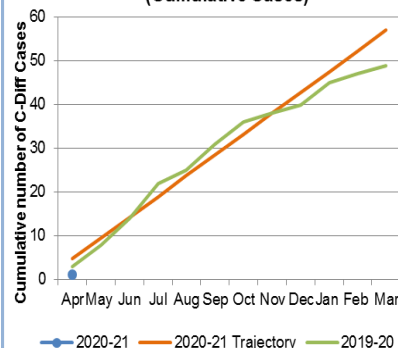
## MRSA

There were no reported cases of MRSA bacteraemia in April.

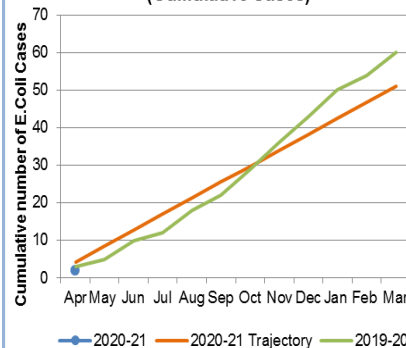
**MSSA Cases - Trust Attributable (Cumulative Cases)**



**C.Difficile Cases - Trust Attributable (Cumulative Cases)**



**E.Coli Cases - Trust Attributable (Cumulative Cases)**



## C. Difficile

In April there was one Trust attributable case reported.

## MSSA

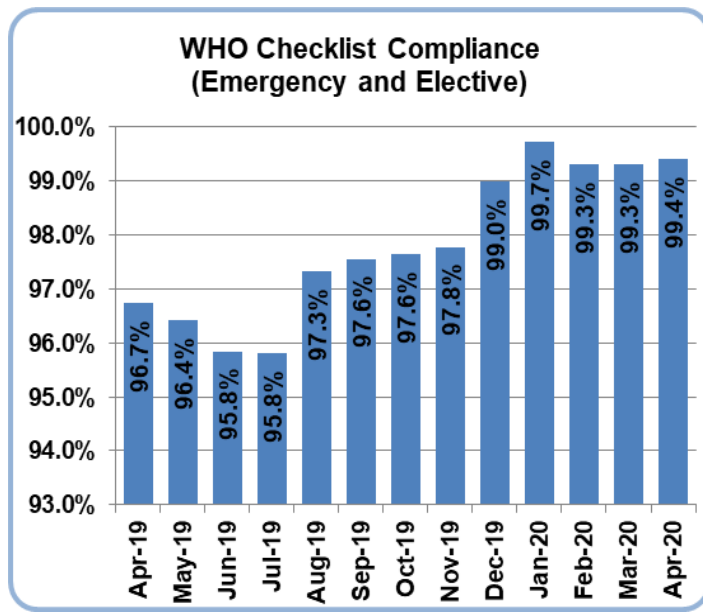
There was one reported cases of MSSA bacteraemia in April.

The Trust staphylococcus steering group continues to monitor and review cases.

## E. Coli.

The Trust target for 2019/20 was not achieved. Further community wide work to reduce these infections is planned for 2020/21, and we await revised thresholds.





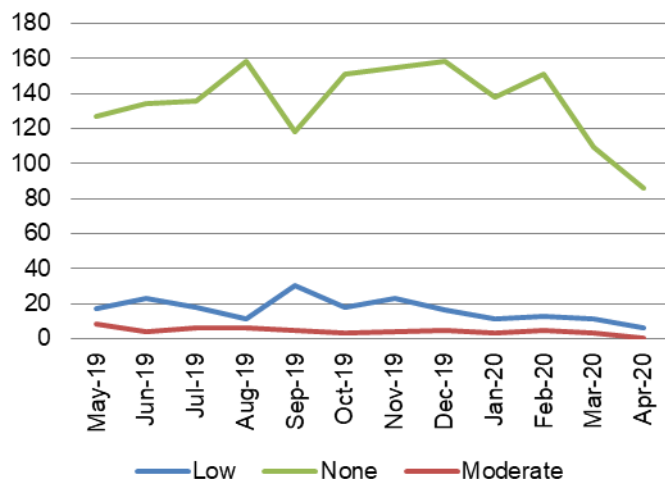
## WHO Checklist Compliance

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

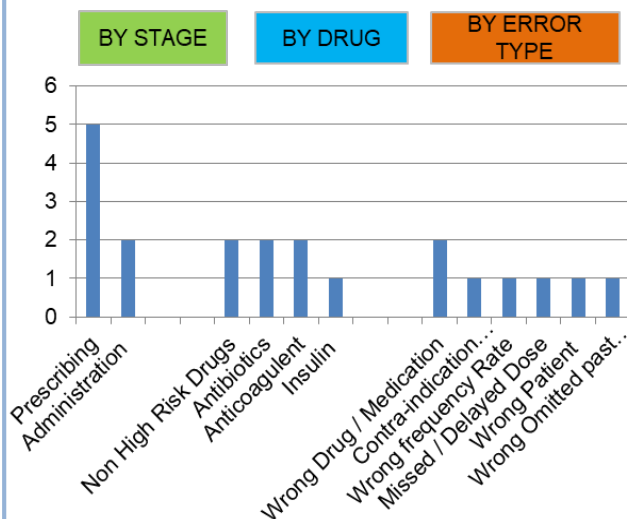
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.



**Severity of Medication Error  
(Last 12 Months)**



**LOW HARM Incidents - April 2020**



## Medicines Management

### Severity of Medication Error

During April 2020, the number of “No Harm” medication errors represented c.93% of all medication errors, demonstrating the continued strong safety culture within the Trust.

A comparison of the total number of incidents reported over a rolling 12 month period demonstrated that there was c. 3.3% reduction in the total number of reported incidents when comparing the periods (May 2019 to April 2020) to (April 2019 to March 2020).

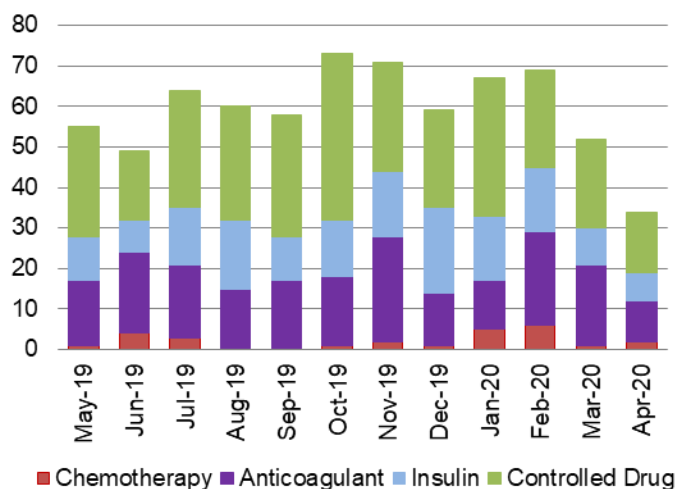
### Low Harm Incidents

71% of low harm incidents occurred during the prescribing stage, with 71% involving a high risk medication and 14% as a result of a missed / delayed 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.

**Incidents Involving High Risk Drugs  
(Last 12 Months)**



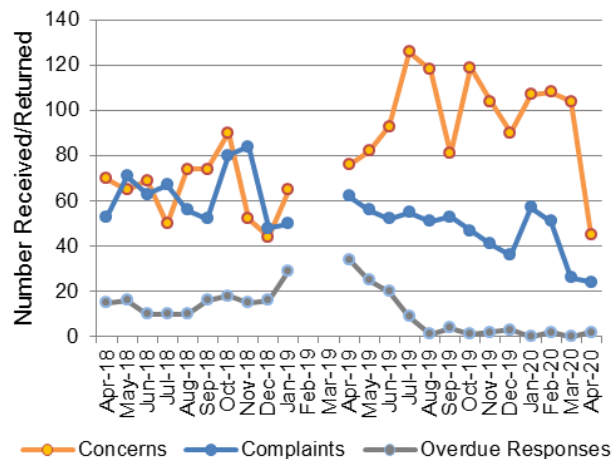


## **Patient Experience**

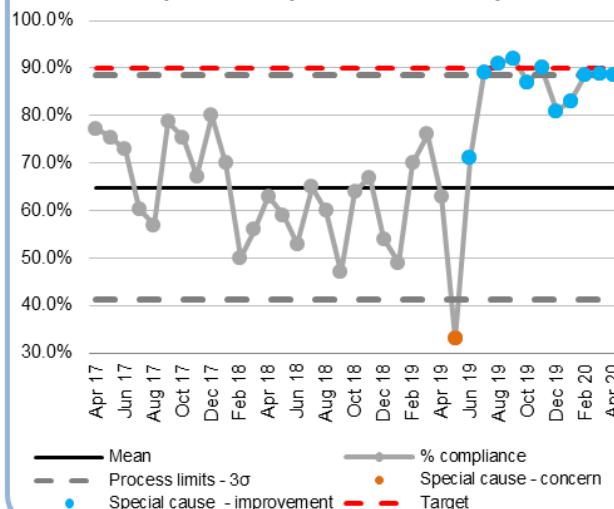
**Board Sponsor: Director of Nursing and Quality  
Helen Blanchard**



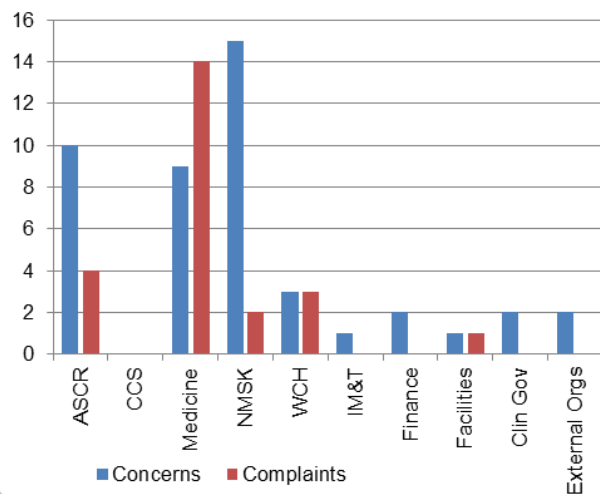
### Trustwide Complaints, Concerns & Overdue Complaints



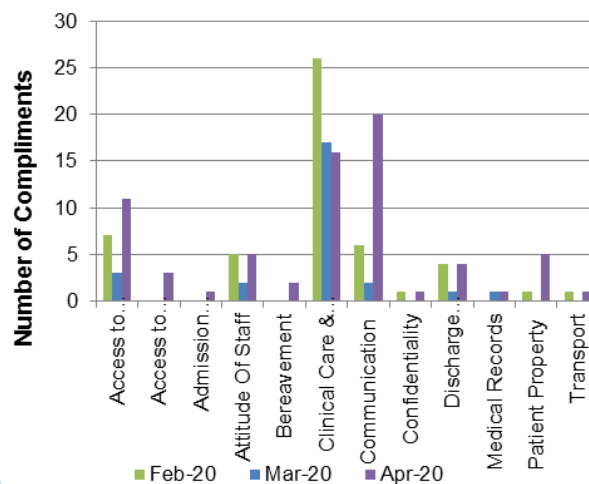
### Complaint Response Rate Compliance



### Concerns and Complaints per Division



### Complaints By Subject



### Complaints and Concerns

In April 2020, the Trust received 24 formal complaints.

This is consistent with March 2020 and reflects the impact of COVID-19. We have received fewer formal complaints which is expected given the Trust's decrease in activity and public perception of the NHS, meaning people may be reluctant to raise complaints at this time.

45 PALS concerns were received in April 2020 (this includes enquiries). This is a significant decrease on previous months. This is likely due to the reasons described above.

The 24 formal complaints can be broken down by division: (the previous month total and increase is shown in brackets)

ASCR	4 (7)	CCS	0 (2)
Medicine	14 (6)	NMSK	2 (6)
WACH	3 (4)	Facilities	1 (1)

### Compliance Response Rate Compliance

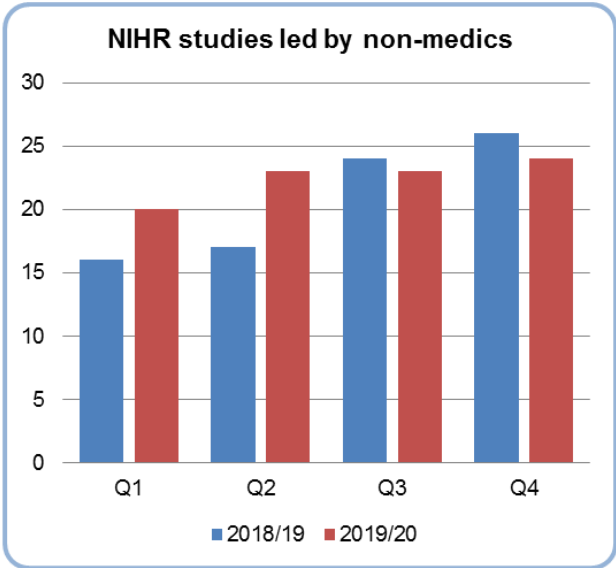
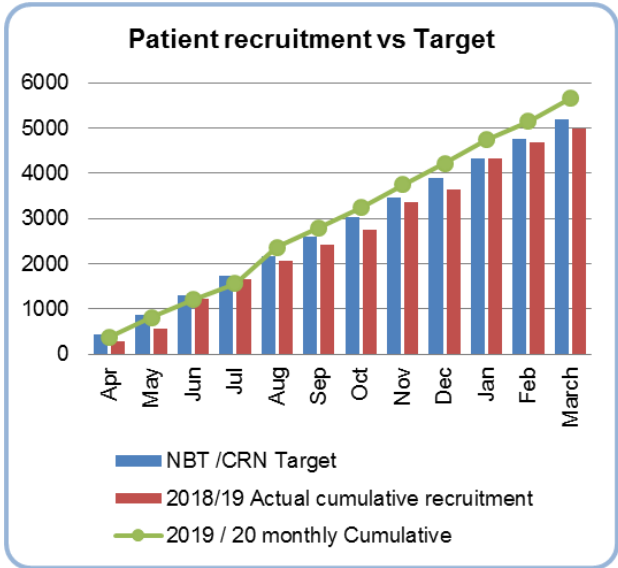
The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In April 88.46% complaints were closed on time. That is, 23 of 26 complaints due to be closed in April were responded to by the due date, the remaining three were also closed in April but beyond the due date.

### Overdue complaints

There are two overdue complaints, both in WCH. For both cases, the complaint is overdue as LRM meeting notes have not yet been provided to the complainant so they cannot be closed.

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

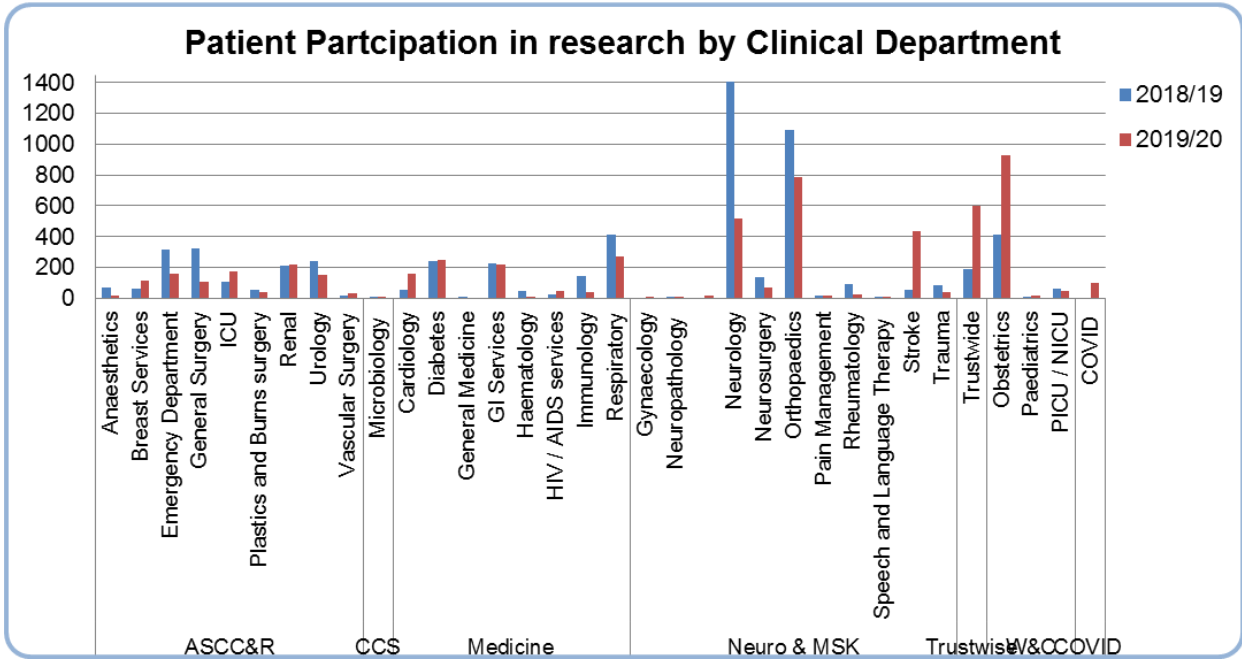




NBT full year recruitment exceeded target, achieving 109% of an already ambitious target. The recruitment reflects the exceptional work of all the departments and teams across the Trust. The target for 2020/2021 which was set before the COVID-19 outbreak is equally challenging as NBT continues to capitalise on our previous achievements

Since the start of the COVID-19 outbreak NBT has opened 15 COVID-19 specific studies with a further 5 in set up. Since April NBT have recruited 443 participants across the studies.

R&I has worked with the management of the Nightingale Hospital to ensure our research readiness, ensuring the regulatory approvals, logistics and staffing were all in place to enable the Bristol Nightingale to be an active research hub if and when it is needed.



NBT has been awarded a prestigious NIHR research grant, Dr Katie Whale, £250,000, for the REST trial (sleep interventions for TKR).

NBT currently leads 54 research grants (NIHR, charity, industry and other) to a total value of £22.3m, and is a partner on 40 grants to a total value of £8.7m.

To help drive forward the COVID-19 research effort, NBT has developed 16 COVID-19 related research grant ideas (as lead (8) or as a major partner, (8)), to date we have been awarded £60k to fund the NBT led COVID-19 studies DICOVER and CERA.





## **Well Led**

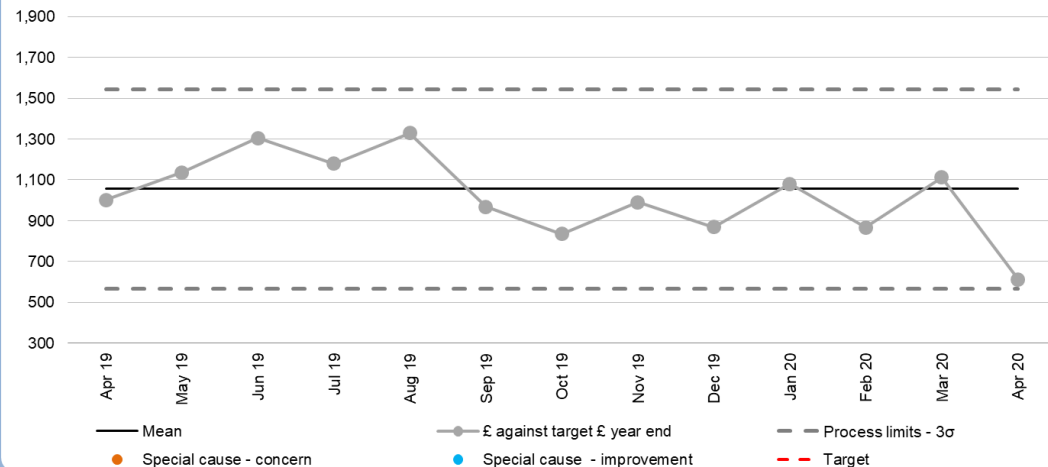
**Board Sponsors: Medical Director, Director of People and Transformation**

**Chris Burton and Jacqui Marshall**



# Workforce

Agency Expenditure-Trust starting 01/04/19



## Pay

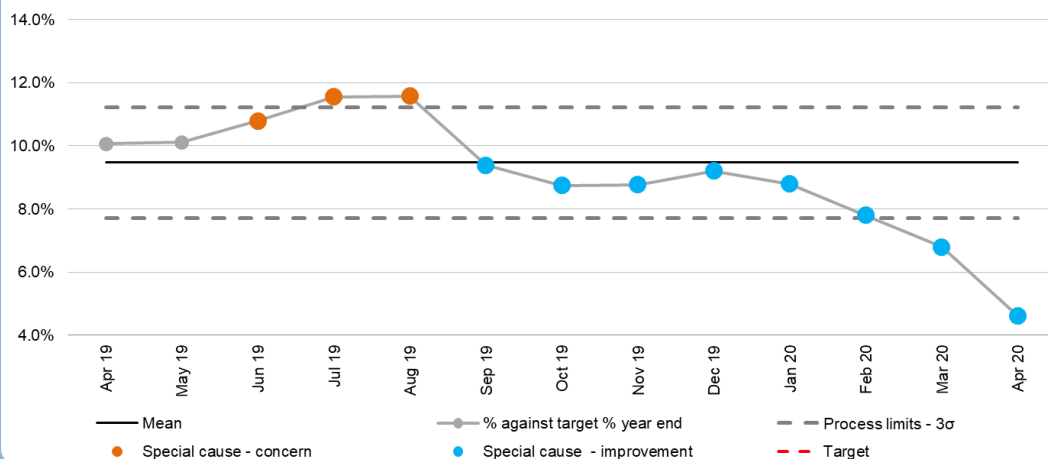
Overall pay and worked wte were lower in April than March, predominantly due to the reduction in temporary staffing demand.

## Vacancy Resourcing

Substantive recruitment continued throughout April utilising technology to ensure social distancing requirements as part of our COVID-19 response.

Significant activity to recruit additional temporary workers increased the overall Bank population by 200 new starters in the month. Agency usage decreased significantly in April due to service reductions, dropping from 233 bookings in the first week of the month, to 37 in the last week.

Vacancy Factor-Trust starting 01/04/19

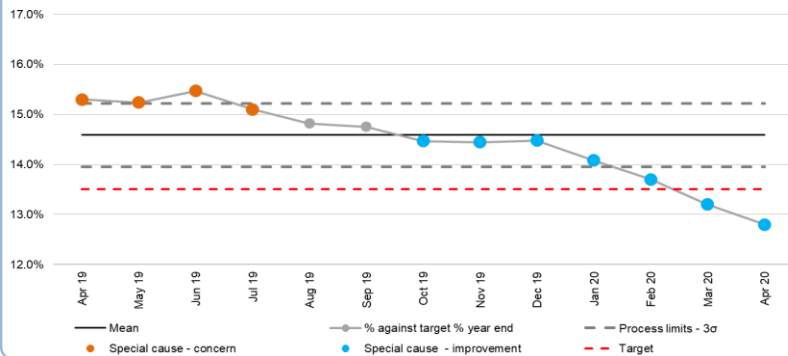


The funded establishment currently shows a false vacancy position until non-recurrent funding and business plans for the year are finalised.

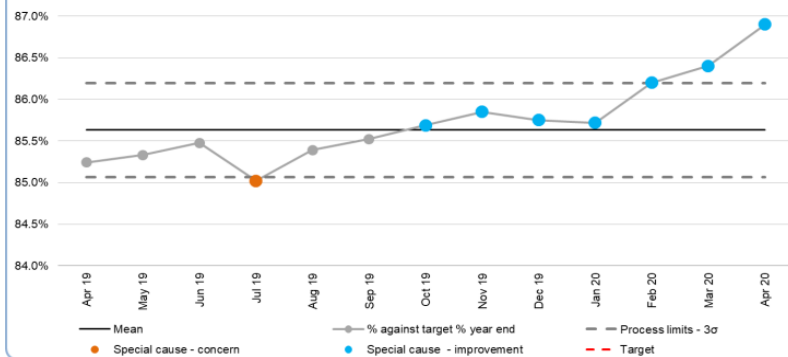


# Engagement and Wellbeing

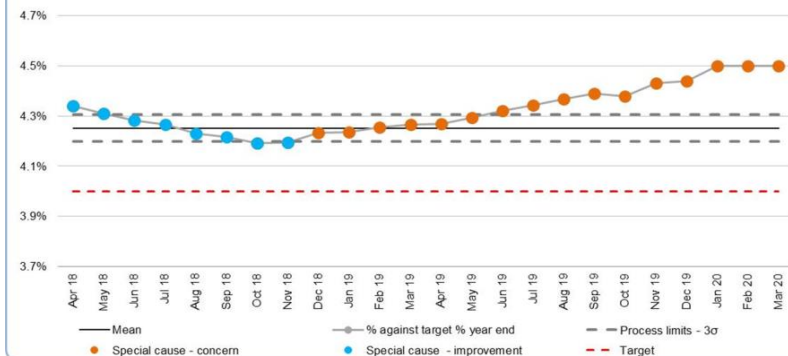
Turnover-Trust starting 01/04/19



Stability -Trust starting 01/04/19



Sickness Absence-Trust starting 01/04/18



## Turnover and Stability Projects

Turnover is showing a consistent and significant fall since June 2019. The NHSI/NBT nursing retention action plan was implemented during February, seeking qualitative insights into main reasons for staff leaving/thinking of leaving. The plan was paused during the COVID-19 Period but is now being refreshed, as the Trust moves towards restoration, with new milestones; and will be resubmitted to NHSI.

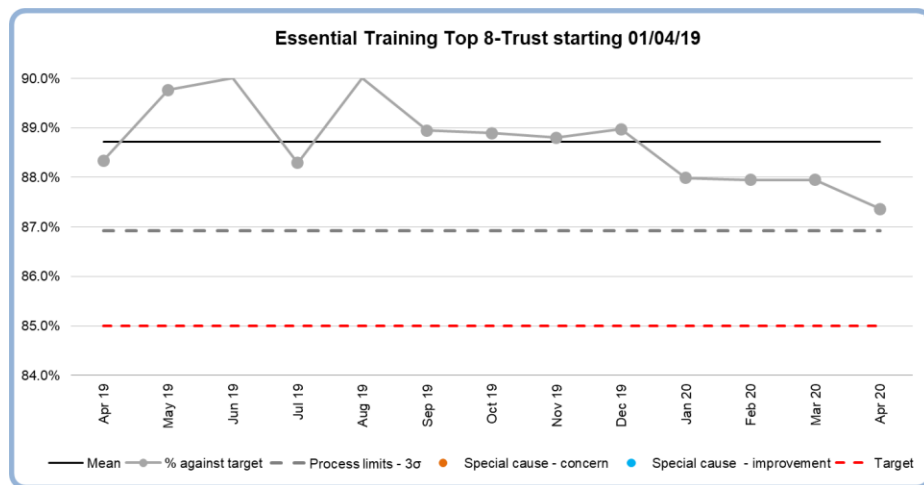
## Sickness

Long-term sickness is an ongoing issue and has been driving the deterioration in our annual position. The investigations into this – in particular the recording process and the number of sickness absences showing as ‘unknown’ – were paused as we entered the COVID-19 period but will be reinstated over the coming weeks.

In addition the management of absence processes have been improved through the COVID-19 period due to the need to monitor and keep track of staff who were not only sick but shielding / self isolating. This includes the pilot of a single central phone line for medical staff to report absence, with recording being on the eRoster system and a simple process for staff to access COVID-19 testing.

The impact of COVID-19 sickness absence will be reviewed over the coming weeks.





## Essential Training

There has been no significant change in compliance compared to last month. However, whilst compliance has remained the same overall, topics requiring face to face training (practical manual handling and Resuscitation have seen a fall in compliance).

## Leadership & Management Development

Due to COVID-19 all leadership & management programmes were paused until the end of June. We are currently making plans to restart all programmes during the next few months and are reviewing our delivery methods to support the trust guidance on social distancing and ensure immediate development needs are met.

## OneNBT Leadership Programme

The 2019 Leadership programme was paused until the end of June 2020. 253 staff remain enrolled which is 72% of the 350 target. We are now looking to restart the 2019 programme utilising new methods of delivery across both leadership & management modules. This will range from webinars, small group reflection sessions, online workshops and small group F2F delivery.

The 2020 application has remained open despite COVID-19 and has been extended to the end of September. We had 42 defer and have received 41 applications which gives us 83 participants for 2020 so far. The programme was due to start in June however this is now likely to be an October start and will be dependent on the COVID-19 situation at that time.

## OneNBT L&M Apprenticeships

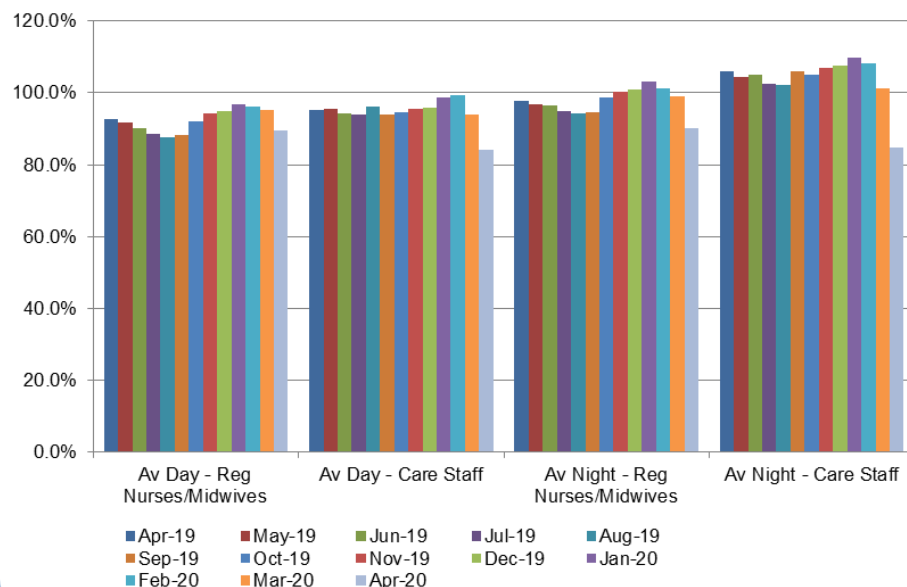
Our corporate apprenticeships were paused during the pandemic however we will now be restarting those who were close to their end-point assessment from 18<sup>th</sup> May. 12 managers are due to complete their end-point assessment and these will be the first in the Trust to achieve the qualification and complete the programme. We still have 28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification) seven of which have been promoted since joining the programme.

Our other two cohorts will resume from July 2020 and similar to the leadership programme will be utilising new delivery methods. We also postponed our April & July 2020 cohorts due to COVID-19 however we will now be aiming for an October 2020 cohort start.

Training Topic	Variance	Mar-20	Apr-20
Child Protection	3.8%	87.6%	91.4%
Equality & Diversity	-4.5%	91.2%	86.7%
Fire Safety	4.9%	86.3%	91.2%
Health & Safety	1.1%	92.4%	93.5%
Infection Control	-6.2%	90.2%	84.0%
Information Governance	-3.8%	83.1%	79.3%
Manual Handling	3.7%	82.3%	85.9%
Waste	-1.5%	88.6%	87.1%
<b>Total</b>	<b>-0.6%</b>	<b>87.9%</b>	<b>87.4%</b>



**Safe Staffing Fill Rates**



Apr-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	89.4%	84.1%	90.2%	84.7%

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.

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.

In March the organisation in preparedness for COVID-19 phase, elective activity was reduced and capacity released for care pandemic response. During April 2020 In responding to the COVID-19 pandemic the organisation reconfigured our inpatient services and closed 3 inpatient wards 34b, 26b, 6b in addition to reconfiguring the provision of our Maternity services.

The organisations overall occupancy has been reduced and elective activity programme substantially reduced, where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing an overall increase in March due to the current situation.

The nursing staff were reallocated to support other trust functions during this time to maintain safe staffing across the organisation.

#### Wards below 80% fill rate for Registered Staff

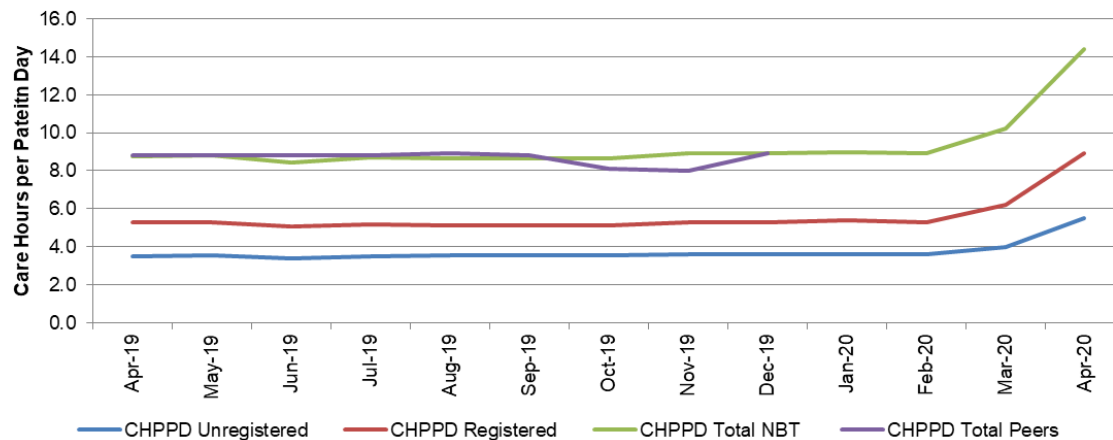
Cotswold (61.4% Day)  
 Medirooms (77.4% day)  
 Elgar 1 ( 77.7% Day)  
 Elgar 2 ( 67% Day)  
 Gate 7b (70.8% Night)

#### Wards below 80% fill rate for Care Staff

Elgar 2 (79.3% Day : 70% Night):  
 Gate 31a (73.7% Day : 63.2% Night):  
 Gate 37 (71.7% Night)  
 Cotswold (24.6% day : 33.3% Night)  
 Percy Phillips ( 67.9% Day)  
 Gate 7b (66.3% Day : 63.1% Night)  
 Gate 8b (73.3% Day)



**Care Hours Per Patient Day**

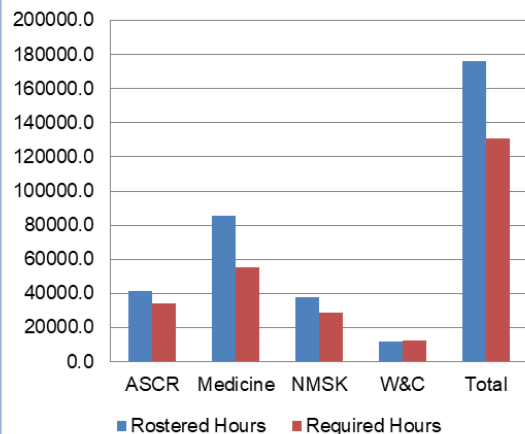


## Care Hours per Patient Day (CHPPD)

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).

During April 2020 the organisation was prepared and staff available to respond to a pandemic surge as is shown with CHPPD and rostered versus required hours. Staffing levels were maintained at levels to respond to short notice changes in demand.

**Required vs Rostered Hours**



## 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.



## **Finance**

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



	Position as at 30 April 2020			
	Covid-19 £m	Nightingale £m	Core Trust £m	Trust Total £m
Contract Income	-	-	45.1	45.1
Other Income	2.5	16.0	7.3	25.8
<b>Total Income</b>	<b>2.5</b>	<b>16.0</b>	<b>52.4</b>	<b>70.9</b>
Pay	(1.5)	(0.1)	(32.7)	(34.3)
Non-pay	(1.0)	(15.9)	(13.7)	(30.7)
Financing	-	-	(5.9)	(5.9)
<b>Total Expenditure</b>	<b>(2.5)</b>	<b>(16.0)</b>	<b>(52.3)</b>	<b>(70.9)</b>
<b>Surplus / (deficit)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of April 2020 shows a breakeven position consistent with the new cost recovery regime that has been implemented to support service delivery under COVID-19.

Income in March includes £2.5m of retrospective true up for COVID-19 cost recoveries on the core trust and a further £16.0m of cost recovery for Nightingale which is mainly for setup cost.

Financial reviews and variance analyses have been performed on the April result reported above in comparison with both the Quarter 4 run rate for 2019/20 and also the trust level budget/plan (now suspended) that was agreed in March.

The resulting table and comments are included on the following page for assurance.

There are no key issues to report.

31 March 2020 £m		30th April 2020 £m
	<b>Non Current Assets</b>	
560	Property, Plant and Equipment	561.2
12	Intangible Assets	11.8
4	Non-current receivables	4
<b>576</b>	<b>Total non-current assets</b>	<b>577</b>
	<b>Current Assets</b>	
13.1	Inventories	13.2
50.4	Trade and other receivables NHS	48.7
22.2	Trade and other receivables Non-NHS	37.4
10.7	Cash and Cash equivalents	65.4
<b>96.4</b>	<b>Total current assets</b>	<b>164.6</b>
	<b>Current Liabilities (&lt; 1 Year)</b>	
11	Trade and Other payables - NHS	8.9
57.6	Trade and Other payables - Non-NHS	92.8
3.7	Deferred income	41.8
13	PFI liability	13
173.6	DHSC loans (i)	173.7
2.4	Finance lease liabilities	2.2
<b>261.4</b>	<b>Total current liabilities</b>	<b>332.3</b>
	<b>Liabilities (&gt; 1 Year)</b>	
7.2	Trade payables and deferred income	7.2
377.8	PFI liability	377.1
5.4	DHSC loans	5.4
5.3	Finance lease liabilities	4.4
<b>395.7</b>	<b>Total Long Term liabilities</b>	<b>394.1</b>
<b>15.3</b>	<b>Total Net Assets</b>	<b>15.3</b>
	<b>Capital and Reserves</b>	
248.5	Public Dividend Capital	248.5
-382.3	Income and expenditure reserve	-382.3
0	Income and expenditure account - current year	-0.1
149.1	Revaluation reserve	149.1
<b>15.3</b>	<b>Total Capital and Reserves</b>	<b>15.3</b>

## Statement of Financial Position

### Assurances

Total borrowing from DOH remain at the end of 2019/20 level of £178.5m. The Trust ended the month with a cash balance of £65.4m, compared with the March figure of £10.7m. The improved cash position is a result of the new financial regime with which paid over expected income for both April and May in the first month of the year.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the month is 90.2% by value compared to an average of 85.5% for 2019/20.



## Statement of Comprehensive Income, Further Assurance

NHSI/E calculated the expected cost base of the Trust using two methods to generate a monthly block contract amount and a monthly top-up amount. Any spend over / under this is adjusted in future months and so the Trust has effectively had its operational costs funded through a retrospective true-up process, though any significant variation from the NHSI/E calculated sums will be subject to review.

For the month of April the Trust has had to request additional true-up funding of £2.6m as due to the lower levels of elective activity there are significant underspends that offset the majority of the £2.6m under-funding off the Trust block and top up payments. The Trust has communicated to NHSI/E that these underspends are likely to reduce as the service restoration work increases the levels of elective activity.

The table below shows the April spend for the Core Trust compared to the Quarter 4 spend run rate and also compared to the Board approved annual plan.

	Position as at 30 April 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
	£m	£m	£m (Adv)/Fav	%	£m	£m (Adv)/Fav	%
Contract Income	45.1	44.4	0.7	1.5%	47.9	(2.8)	(5.9%)
Other Income	7.3	10.4	(3.1)	(30.1%)	6.3	1.0	15.4%
<b>Total Income</b>	<b>52.4</b>	<b>54.8</b>	<b>(2.4)</b>	<b>(4.5%)</b>	<b>54.2</b>	<b>(1.8)</b>	<b>(3.4%)</b>
Pay	(32.7)	(33.0)	0.3	(0.9%)	(33.6)	0.9	(2.7%)
Non-pay	(13.7)	(16.5)	2.8	(16.7%)	(16.9)	3.2	(18.7%)
Financing	(5.9)	(6.1)	0.2	(3.5%)	(6.1)	0.2	(3.5%)
<b>Total Expenditure</b>	<b>(52.3)</b>	<b>(55.6)</b>	<b>3.3</b>	<b>(5.9%)</b>	<b>(56.6)</b>	<b>4.3</b>	<b>(7.6%)</b>
<b>Surplus / (deficit)</b>	<b>0.0</b>	<b>(0.8)</b>	<b>0.8</b>	<b>(104.4%)</b>	<b>(2.4)</b>	<b>2.4</b>	<b>(101.5%)</b>
(*) Quarter 4 average has been adjusted for large one-off elements recognised in March as part of the year-end process which would skew the average							



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

### Financial Risk Ratings , Capital Expenditure and Cash Forecast (4 months),

The capital expenditure for the month was minimal.

#### Financial Risk Rating

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.

#### Rolling Cash forecast

A high level cashflow forecast has been developed which shows that the Trust is able to manage its affairs without any external support. The forecast covering the four months of the new financial regime is shown below.

Cash £m	Opening Balance	April	May	June	July
Receipts		113.7	60.0	72.0	22.2
Outgoings		(59.0)	(65.4)	(68.8)	(59.3)
Net cashflow		54.7	(5.4)	3.2	(37.0)
Cum cash flow	10.7	65.4	60.0	63.2	26.1



## **Regulatory**

**Board Sponsor: Chief Executive  
Andrea Young**



# Monitor Provider Licence Compliance Statements at April 2020

## Self-assessed, for submission to NHSI

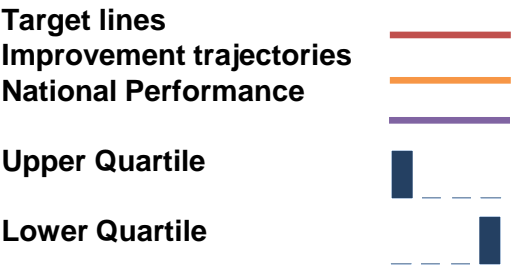
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed 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. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently complying with national COVID-19 guidance which involves the standing down of significant elective and outpatient activity.
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, 30 April 2020.

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



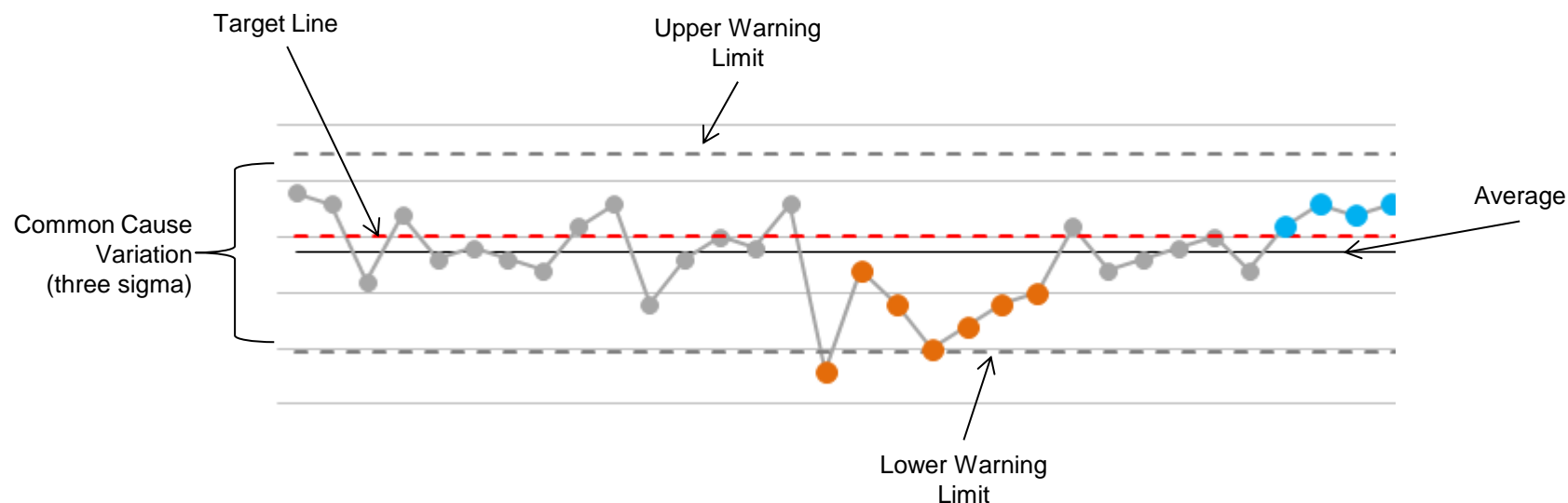
## NBT Quality Priorities 2019/20

- 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	
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>DDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HoN</b>	Head of Nursing
<b>IMandT</b>	Information Management
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-disciplinary Team
<b>Med</b>	Medicine
<b>MRI</b>	Magnetic Resonance Imaging
<b>NMSK</b>	Neurosciences and Musculoskeletal
<b>Non-Cons</b>	Non-Consultant
<b>Ops</b>	Operations
<b>P&amp;T</b>	People and Transformation
<b>PTL</b>	Patient Tracking List
<b>RAP</b>	Remedial Action Plan
<b>RAS</b>	Referral Assessment Service
<b>RCA</b>	Root Cause Analysis
<b>SI</b>	Serious Incident
<b>TWW</b>	Two Week Wait
<b>WCH</b>	Women and Children's Health
<b>WTE</b>	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](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)