

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

September 2020 (presenting August 2020 data)



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North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-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%	85.96%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%		87.98%	50/114	
	A&E 12 Hour Trolley Breaches	0	0	0	0	4	9	2	38	48	2	0	0	0	0	0		0 - 68	1/14	
	Ambulance Handover < 15 mins (%)	100%	97.41%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%				
	Ambulance Handover < 30 mins (%)	100%	99.80%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%				
	Ambulance Handover > 60 mins	0	0	0	0	0	1	0	2	2	1	0	0	0	0	0				
	Stranded Patients (>21 days) - month end			278	159	138	128	127	160	156	120	58	57	72	84	98				
	Bed Occupancy Rate		85.00%	94.81%	95.18%	96.51%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.93%				
	Diagnostic 6 Week Wait Performance	1.00%	0.94%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%		47.82%	79/240	
	Diagnostic 13+ Week Breaches	0	0	205	225	239	63	147	258	113	114	402	2292	3161	1886	1979			16/179	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0				
	RTT Incomplete 18 Week Performance	92.00%	83.92%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%		46.80%	114/380	
	RTT 52+ Week Breaches	0	25	14	16	13	14	14	9	17	43	130	275	454	648	797		0	148/199	
	Total Waiting List		31205	28587	29313	29118	28351	28078	29672	29552	28516	25877	25518	25265	27512	28810				
	RTT Backlog Clearance Time (in weeks)			3.0	3.3	3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6				
	Cancer 2 Week Wait	93.00%	80.43%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	88.13%	-		90.38%	107/137	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	96.05%	-		86.43%	34/87	
	Cancer 31 Day First Treatment	96.00%	94.58%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	97.51%	-		95.06%	34/108	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%	-		99.31%	1/27	
	Cancer 31 Day Subsequent - Surgery	94.00%	86.00%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	-		87.90%	25/74	
	Cancer 62 Day Standard	85.00%	87.32%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	75.31%	-		78.41%	84/133	
	Cancer 62 Day Screening	90.00%	86.67%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	44.44%	-		25.39%	19/50	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hou	100%		83.01%	84.37%	84.19%	83.21%	83.18%	83.79%	82.95%	83.44%	83.27%	84.11%	85.41%	83.15%	83.21%				

North Bristol Trust Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%
	Caesarean Section Rate			34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%
	Still Birth rate			0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%
	Induction of Labour Rate			38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%
	PPH 1000 ml rate			10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%
	Never Event Occurance by month	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Serious Incidents			10	8	3	4	6	3	5	7	3	1	4	7	5
	Total Incidents			1108	954	1131	1121	1096	1150	1117	852	601	677	818	898	910
	Total Incidents (Rate per 1000 Bed Days)			44	39	44	45	42	43	45	39	45	43	45	44	43
	WHO		95%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.20%
	Pressure Injuries Grade 2			34	46	43	43	32	34	17	29	24	16	13	8	14
	Pressure Injuries Grade 3			0	0	0	0	1	0	1	1	0	0	0	0	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	30	31	30	31	32	30	27	16	18	21	24	25
	#NoF - Fragile Hip Best Practice Pass Rate			80.56%	69.64%	83.78%	87.23%	86.11%	68.18%	60.00%	70.91%	2.13%	10.42%	11.54%	40.78%	-
	Stroke - Patients Admitted			89	76	89	83	82	79	72	97	71	72	79	84	0
	Stroke - 90% Stay on Stroke Ward		90%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	78.60%	-
	Stroke - Thrombolysed <1 Hour		60%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	-
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	-
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	-
Quality Caring & Experience	MRSA	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0
	E. Coli		4	6	4	7	7	7	7	4	6	2	3	2	5	7
	C. Difficile		5	3	6	5	2	3	5	4	4	1	4	3	6	6
	MSSA		2	3	5	2	3	1	1	2	3	1	2	1	4	2
Quality Caring & Experience	PALS - Count of concerns			118	81	119	104	90	107	108	104	45	105	49	75	51
	Complaints - % Overall Response Compliance		90%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98%	98.08%	97.06%
	Complaints - Overdue			1	4	1	2	3	0	2	0	2	1	0	0	0
	Complaints - Written complaints			51	53	47	41	36	57	51	26	24	27	40	59	53
Well Led	Agency Expenditure ('000s)			1329	968	836	990	868	1081	869	1112	613	386	364	555	822
	Month End Vacancy Factor			11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%
	Turnover (Rolling 12 Months)		14.00%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%	13.10%	13.40%
	Sickness Absence (Rolling 12 month -In arrears)		4.30%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	-
	Trust Mandatory Training Compliance			90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%

EXECUTIVE SUMMARY

August 2020

Urgent Care

The Trust achieved the four-hour performance trajectory of 85.96% with performance of 86.90% and reported nil 12-hour trolley breaches for the fifth month consecutively. ED attendances increased to 94.37% of 2019/20 levels in August. Greater levels of attendances, admissions and bed occupancy negatively impacted four-hour performance in-month. Despite performance becoming increasingly challenged, the Trust continues to perform well nationally, maintaining the ranking of 1st out of 10 Adult Major Trauma Centres and ranking 50th out of 114 reported positions for Type 1, four hour performance.

Elective Care and Diagnostics

The Trust has reported a continued increase in the overall wait list size, impacted by increased demand and reduced clock stops for patient waiting under 18 weeks. There were 797 patients waiting greater than 52 weeks for their treatment in August against a pre-pandemic trajectory of 25. The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Diagnostic performance deteriorated to 32.36% with an 18.41% increase in the number of patients exceeding 13 weeks resulting from capacity challenges in Endoscopy. Compared to the national position, the Trust's RTT 18 week performance, diagnostic six week and 13 week performance improved in July with 52WW performance remaining static.

Cancer wait time standards

The TWW standard achieved the pre-pandemic trajectory of 80.43% with performance at 88.13%. The deterioration in performance from June relates to capacity constraints in Breast and Skin specialties. The Trust achieved the 31 day trajectory of 94.58% and the national standard of 96% with 31 day performance at 97.51%. The 62 day waiting time standard did not achieve trajectory of 87.32% in July with performance at 75.31%. Recovery of this standard is anticipated towards year end. The number of patients waiting more than 104 days due to COVID-19 have also significantly reduced in comparison with last month. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

Quality

There has been a slight decrease in overall complaints in August, however the category of Access to Services remains high. These complaints are predominately a result of cancelled operations and delays to appointments. The Trust restoration programme is near completion with pathways in place for patients at low, medium and high risk of carrying COVID-19 infection. Lower levels than trajectory continue for C-Difficile, MSSA and E.coli, with no MRSA cases for the year to date and Trust attributable Grade 2 pressure injuries remain below 2019/20 levels.

Workforce

The Trust turnover continues to improve with August's position at 12% (excluding the impact of staff temporarily employed during the COVID-19 response) compared to 12.2% in July and 15% at the same time last year. Temporary staffing demand continues to grow in line with activity and occupancy with a 5% increase in August compared with July.

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework will now apply until the end of August (and potentially the end of September); an update on the funding process for quarters 3 and 4 has been expected for some time but has not yet been received. The position for the end of August shows the Trust meeting the NHSI/E calculated income level and achieving a breakeven position.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust achieved the four-hour performance trajectory of 85.96% with performance of 86.90% and reported nil 12-hour trolley breaches for the fifth consecutive month. Nationally, Trust performance maintained the ranking of 1st out of 10 Adult Major Trauma Centres and ranks 50th out of 114 reported positions for Type 1, four hour performance.

Bed occupancy averaged at 87.93% with increased variation in August, resulting from the increased level of attendances and resulting admissions. Four-hour performance is becoming increasingly challenged with increasing attendances, admissions and bed occupancy. Stranded patient levels continue to increase due to capacity constraints within the community. This has been highlighted as an area of concern to System leads. The recording of Delayed Transfers of Care (DToC) has now formally ceased. The Trust will now be required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge.

Planned Care

Referral to Treatment (RTT) – 18 week RTT performance reported an improvement at 63.95% in August; the improvement is the result of increased demand and reduced under 18 week clock stops impacting the wait list. The number of patients exceeding 52 week waits in August was 797 against a pre-COVID-19 trajectory of 25; the majority of breaches (484; 60.73%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the initial COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Diagnostic Waiting Times – Trust performance for diagnostic waiting times deteriorated in August, predominantly impacted by reduced Endoscopy capacity resulting from staff annual leave, sickness and COVID-19 related absence. As of August, 32.36% of patients have waited more than 6 weeks for a diagnostic test compared to a pre-COVID-19 trajectory of 0.94%. Overall, August reported a static waiting list activity level and an 18.41% increase in the number of 13 week waits resulting from Endoscopy capacity constraints. Nationally, the Trust position continued to improve, significantly surpassing the national performance level for 6 week performance in July. A high level review is completed by modality for all patients waiting over 13 weeks for their diagnostic test to ensure no harm has come to the patients as a result of the extended wait times.

Cancer

The Trust achieved three of the seven Cancer Wait Times standards in July and achieved trajectory for five of the standards. All tumour sites are ensuring that cancer patients are prioritised, and are able to be treated in a safe and timely manner however, due to all the restrictions services are facing this has resulted in higher waiting list sizes than pre-pandemic levels. The number of patients waiting more than 104 days due to COVID-19 have significantly reduced. TWW demand is increasing but capacity remains challenging in Breast and Skin. The introduction of FIT testing in primary care will assist with reducing future demand in Colorectal pathways, but has had little effect on the management of the backlog created during the pandemic. The Trust achieved the 31 day standard in July and the Trust is predicting a recovery of the 62 day standard towards the end of this financial year.

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 and Clinical Prioritisation 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

PPH rates have improved in the last 2 months

Infection control: The Trust is at lower levels than trajectory for C-Difficile, MSSA and eColi, with no MRSA cases for the year to date. No hospital acquired COVID-19 cases since early June.

COVID-19 pathways: The hospital restoration programme is near completion with pathways in place for patients at low, medium and high risk of carrying COVID-19 infection.

Medical Examiner system: Implementation of the BNSSG Medical Examiner system is making good progress

Pressure Injuries: An increase in grade 2 pressure injuries was seen in August however compared to August 2019, August 2020 has seen a significant reduction in Trust attributable pressure injuries, including medical device pressure injuries.

Areas of Concern

Caesarean Section rate: The maternity service has seen a continued increase in caesarean section (CS) rates since May 2020. A deep dive into CS rates has been completed.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Expand leadership development programme for staff

A new matron leadership programme, aligned to the OneNBT leadership programme and led by the Director of Nursing and Quality, was launched in August with a virtual briefing for all matrons. The programme starts in September.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence rate remained stable at 4.5% in July. The sickness absence rate for the last three months was 3.9% lower than the same period last year where the sickness absence rate was 4.2% which should indicate an improvement in our annual absence rate. The difference is a lower level of short term sickness absence in the period this year. A deep dive into long term sickness begins in September 2020, which will further inform our health and wellbeing programme.

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand increased in August compared to July (+5%). Overall Bank use went down in August, predominantly due to a reduction in junior doctors bank use following the change of house in August. Other staff groups bank use remained at similar levels to July.

Registered nursing agency use increased in August compared with July and made up 90% of the overall increase in use. The increase was predominantly driven by ICU. ICU has seen a seasonal spike in acuity in August and unavailability levels and vacancies have driven the rise. ICU have nurses in the pipeline for the coming September intake which should improve the position once supernumerary periods have completed. Registered Mental Health Nurse agency use continues to make up 50% of nursing agency use.

Vacancies

The Trust vacancy factor continues to improve and is 5.1% (426 wte) in August compared with 6.0% (495 wte) in July. The reduction of 69 wte vacancies is predominantly due to the change in house of junior doctors in August filling vacancies. There was also a reduction in registered nursing and midwifery vacancies, with the greatest reduction of 10 wte in band 5 nursing and midwifery.

Excluding the impact of the junior doctor change of house and staff leaving from COVID-19 cost centres the Trust saw a net gain of staff in all staff groups with the largest gain in administrative and clerical and unregistered nursing (international nurse recruits starting at band 4 awaiting their registration).

Turnover

Trust turnover also continues to improve and is 12% in August compared with 12.2% in July and 15% this time last year (this excludes the impact of staff leaving from COVID-19 cost centres – 13.4% including this impact).

Work continues on improving nurse retention and the NHSEI retention support programme is recommencing. NBT has also been confirmed as one of the new retention 'Pathfinder' sites in BNSSG for retention and our work is contributing to some national planning with the Department of Health and Social Care on nurse retention.

FINANCE

SRO: Director of Finance

Overview

On 17 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 covered the COVID-19 regime period from April 2020 to July 2020.

During this period (initially intended to be four months but now extended to six) , 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 while this is in line with national guidance and is approved by the regional team during their assurance work on the Trust after submission of month end returns.

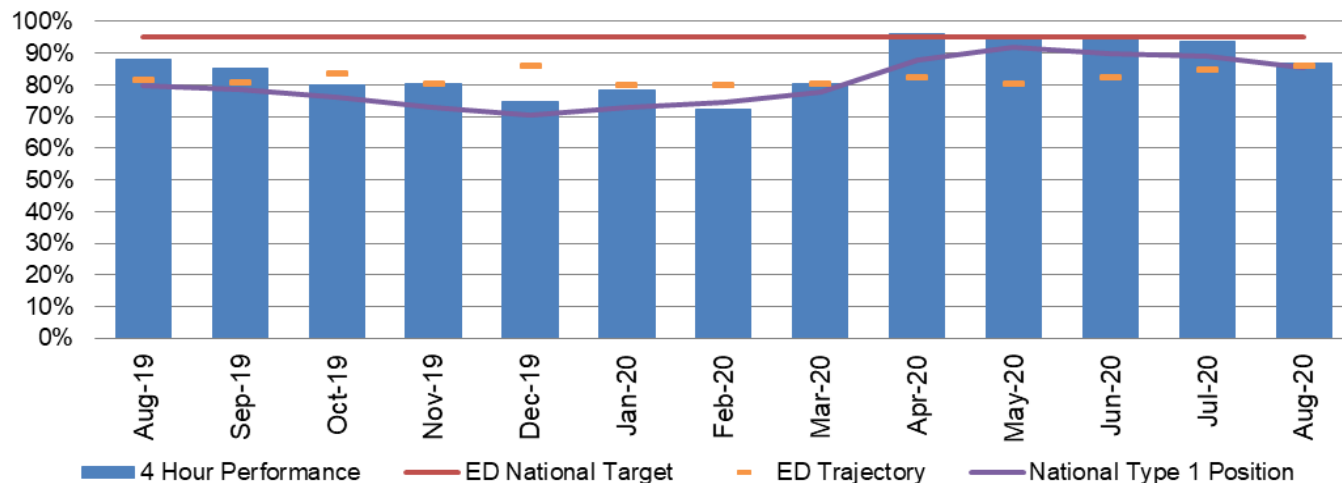
An update on the funding process for quarters 3 and 4 has been expected for some time but has not yet been received.

The new framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic (net of any savings from reduced or cancelled elective activity) in line with national guidance. The position for the end of August shows the Trust meeting this requirement and achieving a breakeven position.

Responsiveness

**Board Sponsor: Chief Operating Officer and Deputy Chief
Executive
Evelyn Barker**

ED 4 Hour Performance



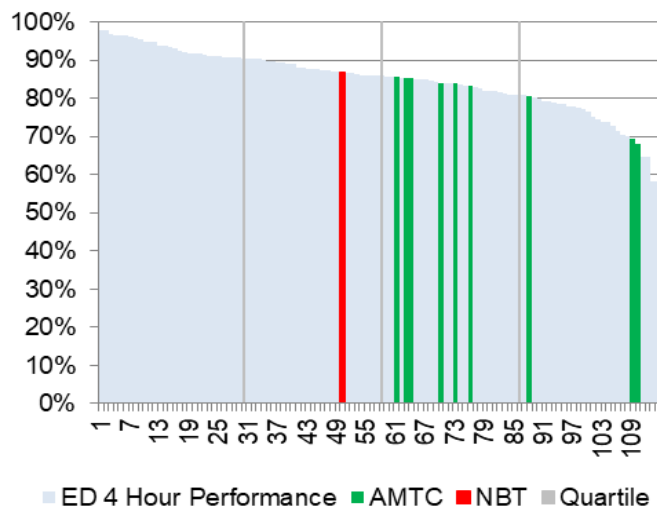
Urgent Care

The Trust continued to exceed the four-hour performance trajectory of 85.96% in August with a performance of 86.90%.

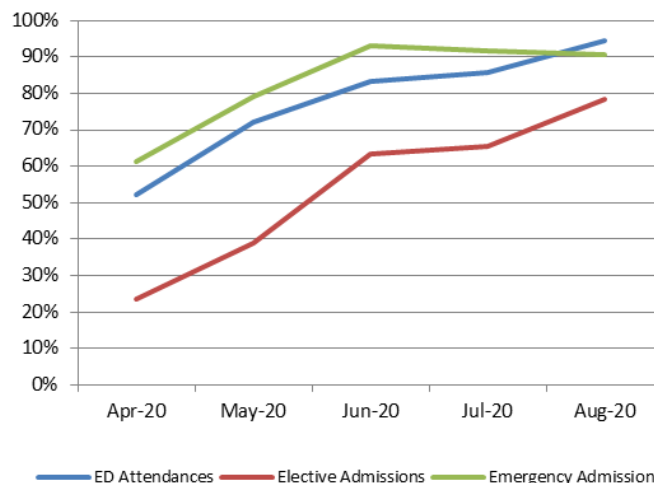
Performance remained challenged in August with greater levels of attendances, admissions and bed occupancy.

Despite a challenging month impacting four-hour performance in August, the Trust continues to perform well for Type 1 performance when compared nationally.

ED 4 Hour Performance - August 20



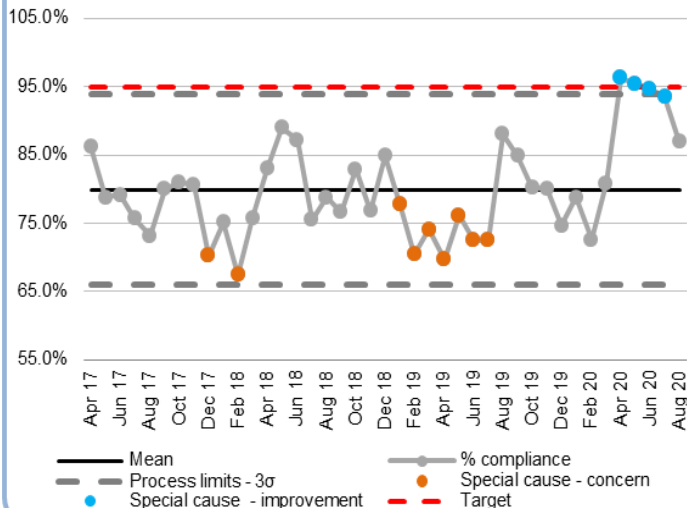
Activity as % of 2019/20



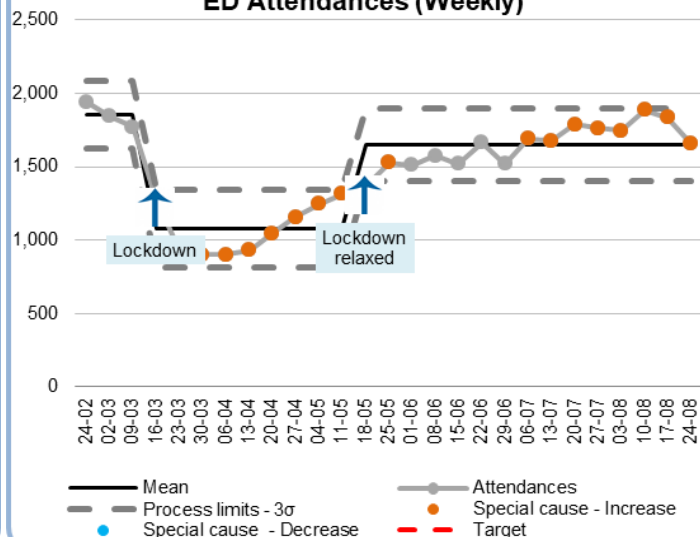
At 7934, ED attendances were at 94.37% of 2019/20 levels vs 85.79% in July. Emergency admissions were at 90.78% of 2019/20 levels and elective admissions were at 78.26% of 2019/20 levels.

ED performance for the NBT Footprint stands at 89.65% and the total STP performance was 87.85% for August.

ED 4-Hour Performance



ED Attendances (Weekly)



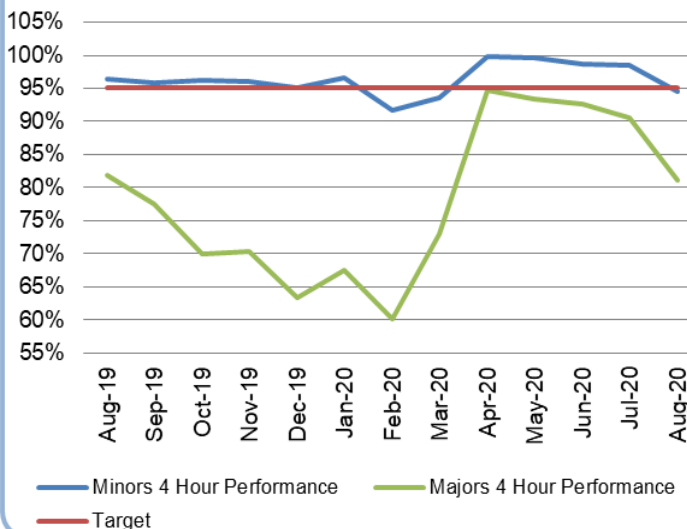
4 Hour Performance

The performance deterioration has been impacted most notably by a decline in Majors performance in August, negatively impacted by an increasing bed occupancy position.

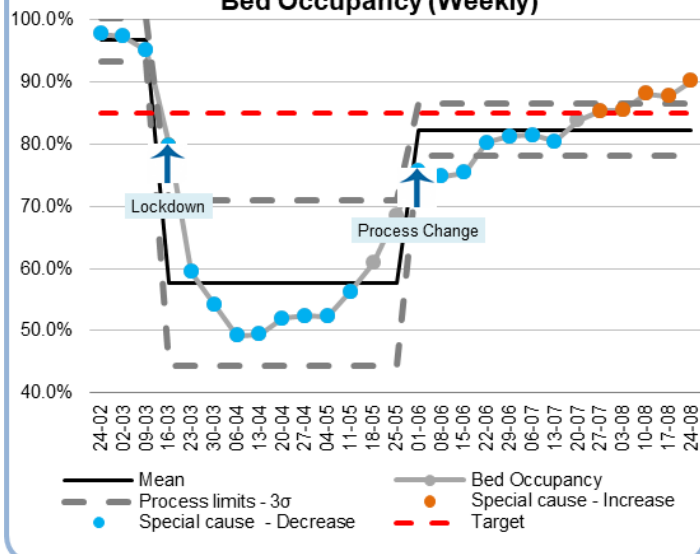
Of the breaches in ED in August, 39.17% were a result of waiting for assessment and 11.36% were due to waits for Medical beds, reflective of the bed pressures experienced in August.

The increased attendance level in July continued through to August, further impacted by the BRI needing to divert attendances to the Trust on the 19 August.

ED 4 Hour Performance by Majors/Minors



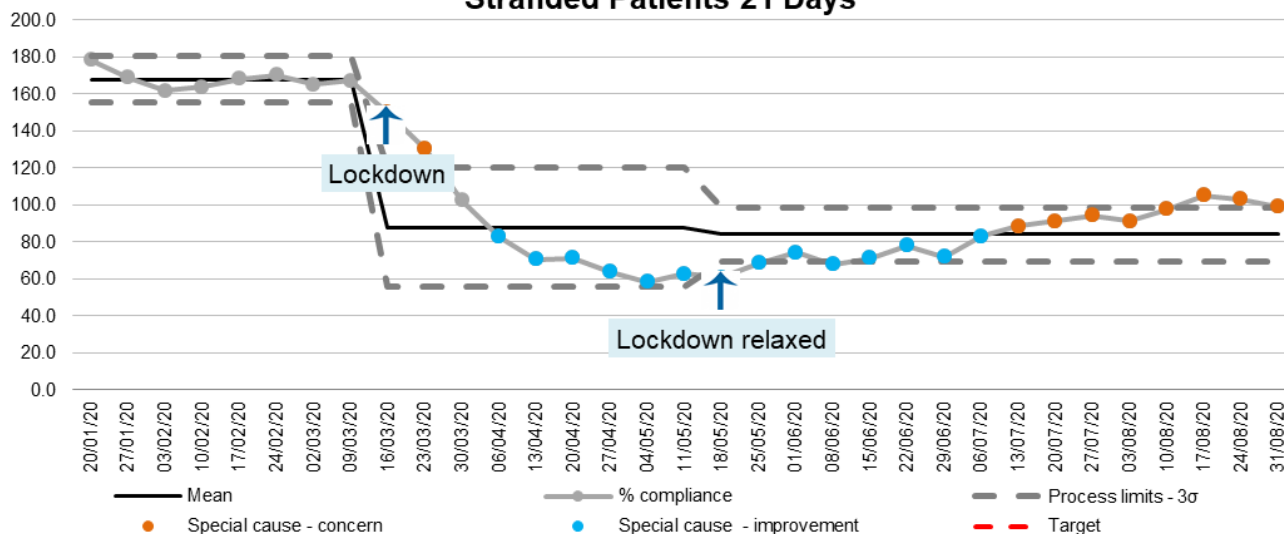
Bed Occupancy (Weekly)



Variation in bed occupancy increased in August resulting from the increasing bed pressures. Bed occupancy varied between 75.72% and 92.73%, breaching the 85% target 27 days (90%) in the month. In July the Trust breached the 85% target eight times in month.

NB: The method for calculating bed occupancy changed in June due to a reduction in the overall bed base resulting from the implementation of IPC measures.

Stranded Patients 21 Days



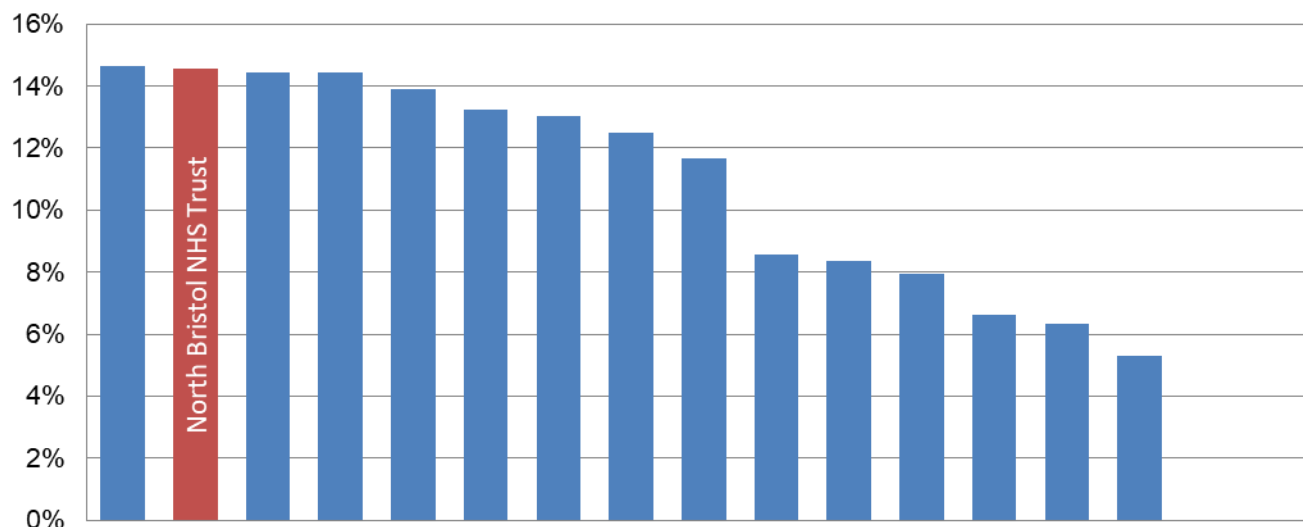
DToCs and Stranded Patients

The levels of Stranded Patients over 21 days has been highlighted as an area of concern to system leads. This has been driven by increasing constraints in capacity in the community, linked to lack of flow in Pathway 3 beds and complex reablement packages not being available for Pathway 1. There have also been ongoing delays for Fast Track patients in all aspects.

The recording of Delayed Transfers of Care (DToC) has now formally been ceased. The Trust will now be required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge. In addition, there will be a weekly review of all stranded patients for those waiting for 14 days+ and 21 days+ that will be reported on a weekly basis to NHSE/I.

Business Intelligence and the IDS lead will be ensuring there will be a regular reporting structure in place once NHSE/I have confirmed the methodology.

21+ LoS occupancy % in South West



Diagnostic Waiting Times

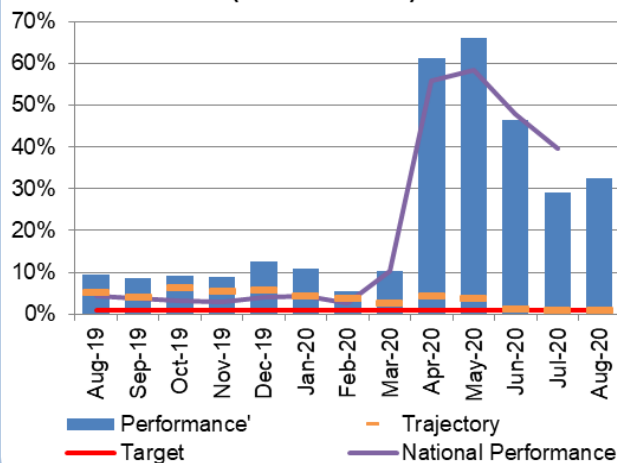
Diagnostic performance deteriorated to 32.36% in August. The deterioration in performance is predominantly the result of a 24.65% reduction in Endoscopy waiting list activity impacted by staff annual leave, sickness and COVID-19 related absence (self isolating).

Echocardiogram and Computed Tomography (CT) have also deteriorated in August. Echocardiogram activity has remained stable, but has been negatively impacted by the correction in reporting of patients who were deferred during the response to the pandemic to return them to the active waiting list. The deterioration in CT is largely the result of backlog clearance, with more patients tipping into the six week backlog but reporting a 3.72% reduction in the overall wait list and a significant reduction (52.21%, 423 patients) in the number of patients waiting over 13 weeks.

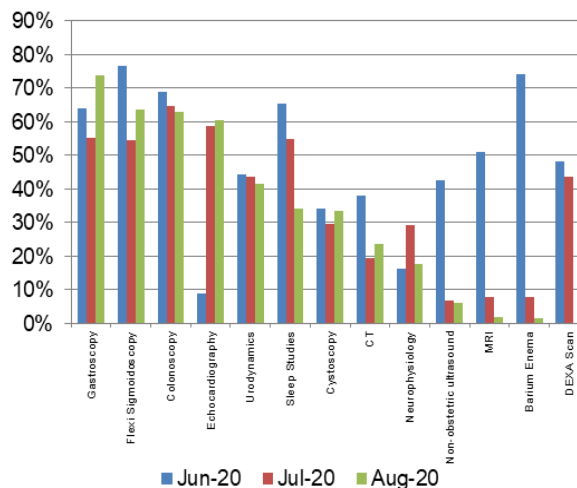
The overall wait list increased by 6.05% and the number of patients waiting over 13 weeks increased by 18.41%. The increase in long waits can be attributed to the Endoscopy deterioration, with an overall improvement of 31.04% when Endoscopy is excluded. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, the Trust positioning has improved month on month throughout the pandemic for both six week and 13 week performance. The positioning for the proportion of 13 week breaches improved from 111 out of 227 reported positions in June to 16 out of 179 reported positions in July. Performance for July was significantly improved when compared to the national position.

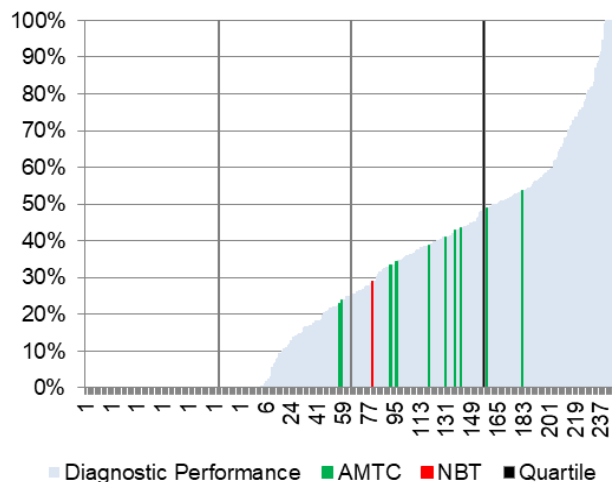
Diagnostic Waits Against Target (1% <6 Weeks)



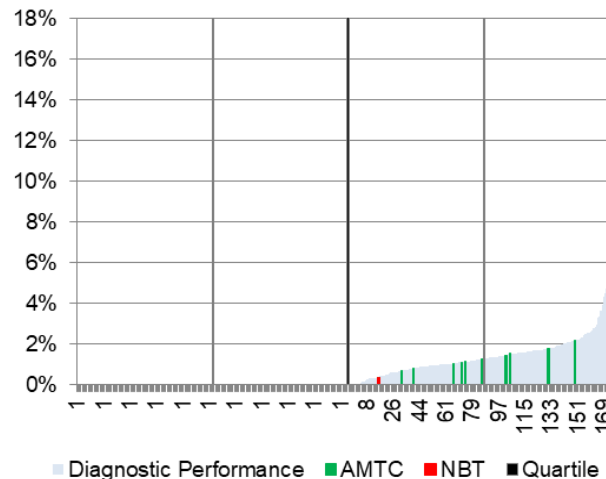
Diagnostic Performance by Test



Diagnostic Six Week Performance - July 2020



Diagnostic 13 Week Performance - July 2020



Referral to Treatment (RTT)

The Trust reports an improved RTT performance position in August at 63.95% resulting from an increasing wait list and a 9.08% improvement in the backlog.

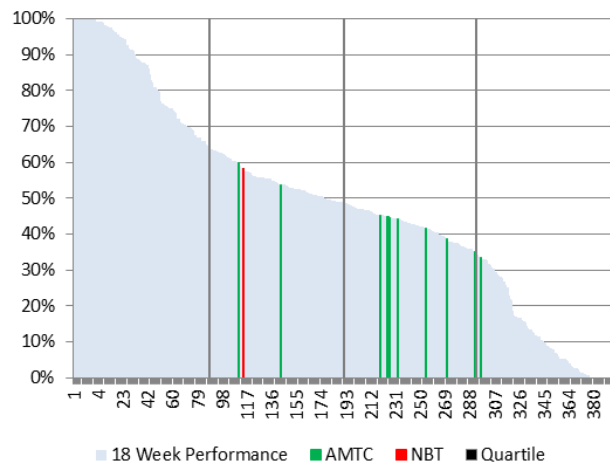
The wait list increase is the combined result of increased demand and fewer clock stops in-month, particularly for patients waiting less than 18 weeks. Clock stops for over 18 week pathways increased as a result of the application of the Royal College of Surgeons Clinical Prioritisation guidance favourably impacting the backlog. Outpatient clock stops are currently reporting at 82.02% of 2019/20 levels and Inpatient clock stops are at 61.56%.

At month end, there were 797 patients waiting greater than 52 weeks for their treatment against a pre-COVID-19 trajectory of 25; the majority of breaches (484; 60.73%) being in Trauma and Orthopaedics. The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

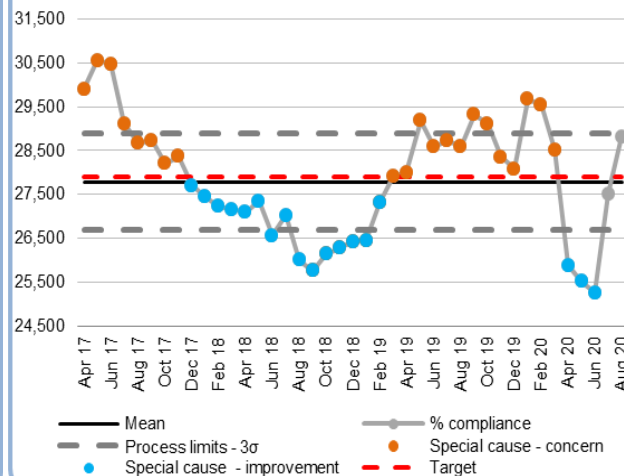
Despite the modest performance improvement in July, nationally the Trust's 18 week positioning continued to improve. The improvement demonstrates a lower level of deterioration for RTT performance when compared with other providers.

The positioning of the 52WW breaches as a proportion of the overall wait list has remained relatively static since February 2020, suggesting that the rate of deterioration is in line with other providers.

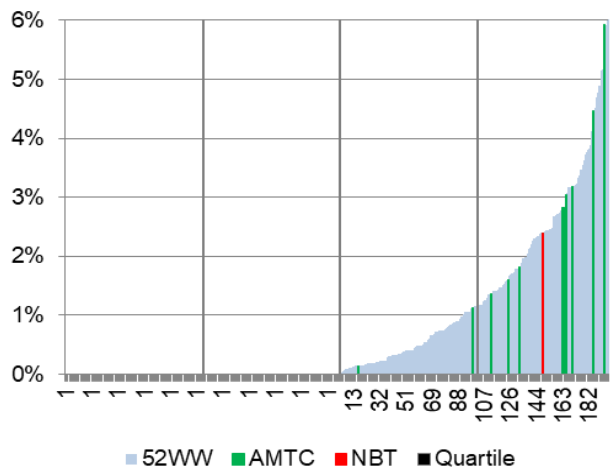
RTT 18 Week Performance - Jul 2020



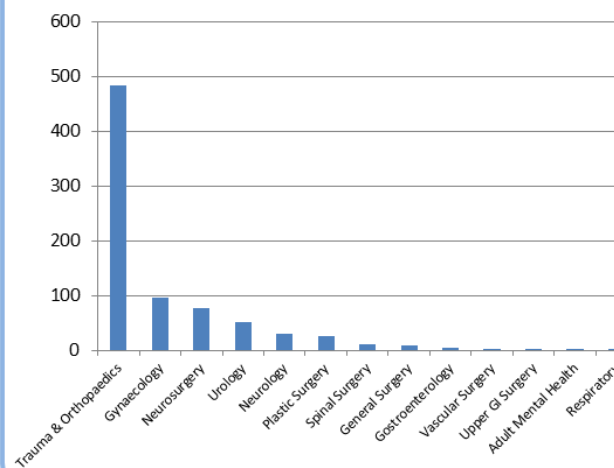
RTT Wait List



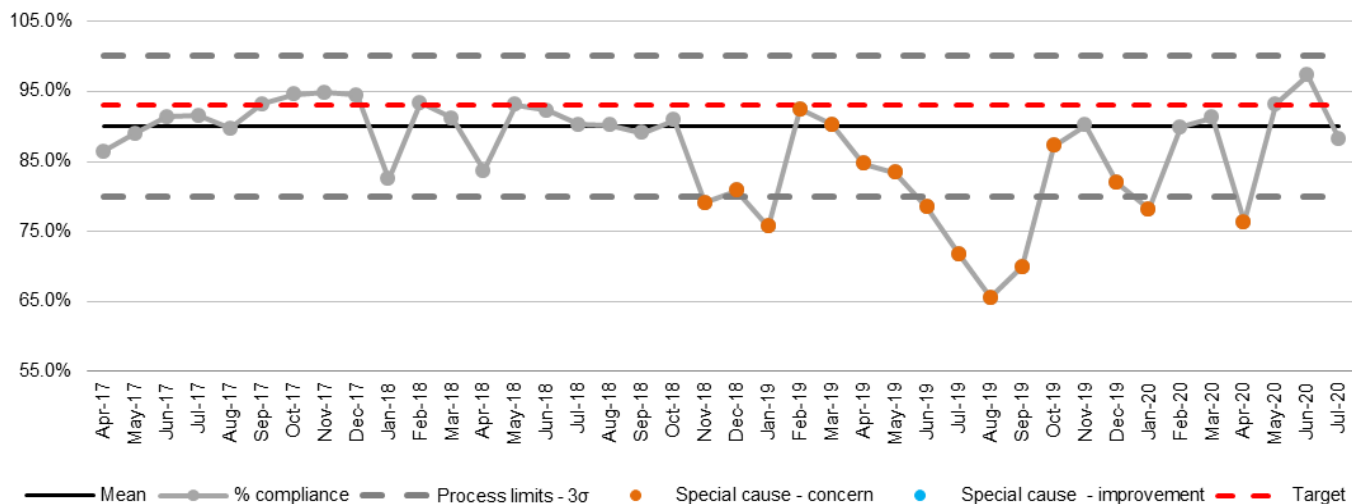
RTT Proportion of 52WW - Jul 2020



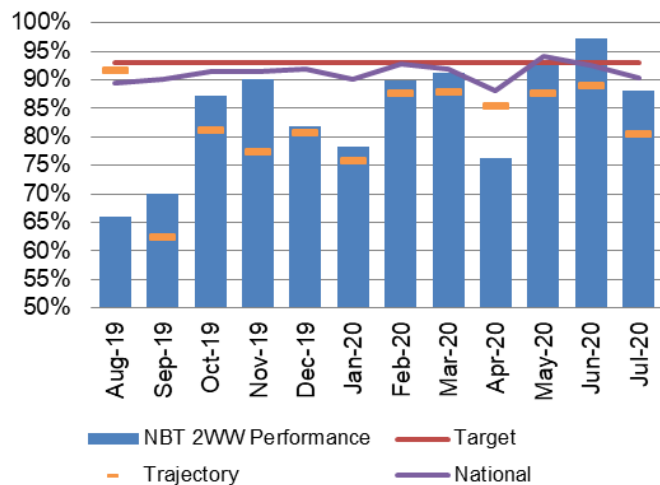
52 Week Breaches by Specialty July-20



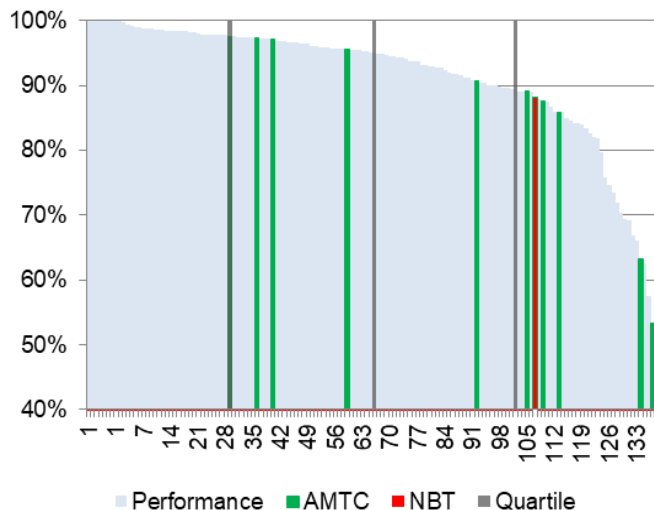
Patients Seen Within 2 Weeks of Urgent GP Referral



Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard July-20



Cancer Two Week Wait (TWW)

The Trust achieved the recovery trajectory but failed the national standard with a performance of 88.13% for the TWW standard in July. July saw a small increase of 117 referrals since June. Whilst referrals are starting to recover, they are still down by 19% compared to the same period last year.

Out of the 1895 patients seen in July, 225 breached; 96 related to Colorectal, 41 in upper GI pathways and 35 in Skin.

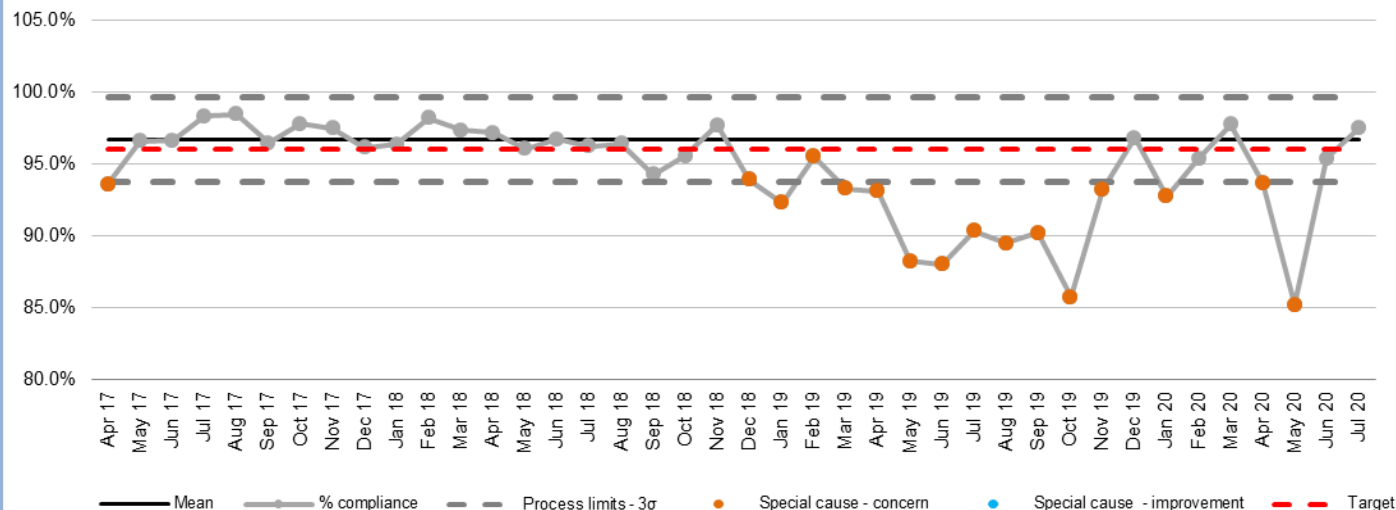
In reviewing the patient breach reasons, 109 patients breached as a result of COVID-19/hospital delays following clinical review. Patient confidence is still a concern and shielding was still in place. 71 of the breaches related to patient choice. We do expect to see an increase in patient choice delays during July and August.

TWW capacity remains challenging in Breast, colorectal and skin specialties. Achievement of TWW Cancer Waiting Times standards is dependent largely on Breast achieving one stops and patient choice/confidence re COVID-19 returning to normal,

Quarantine and self-isolation rules are also starting to impact.

Cancer 31-Day Standard

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis

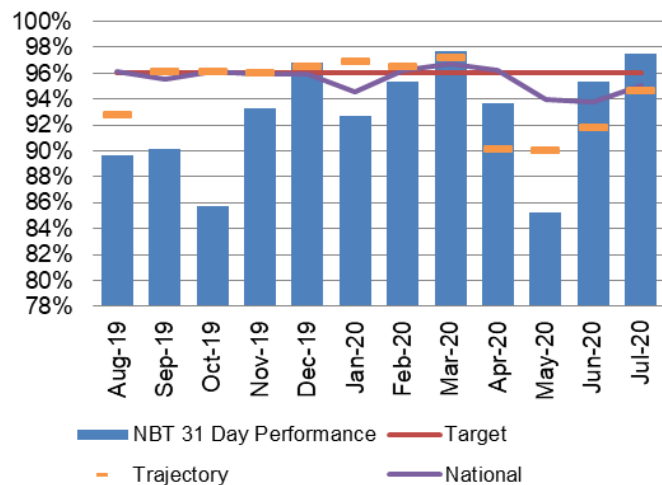


The Trust achieved the 31 day first treatment national standard of 96% with performance of 97.51% and achieved the trajectory of 87.22%.

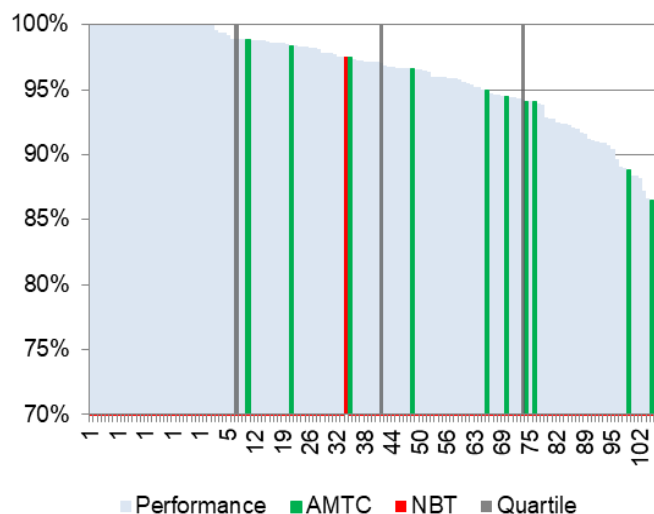
The Trust was able to treat 201 patients in July, 6 patients breached the 96% target. 3 patients were delayed due to COVID-19 decision to defer, and the remainder was patient choice. 2 of the delays were in skin and Urology, 1 in Breast and Colorectal.

The Trust achieved the 31 day subsequent surgery treatment trajectory, but failed the standard with 93.20% (4 Urology breaches, 1 in Sarcoma and Breast). The majority being clinical decision to defer due to COVID-19.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



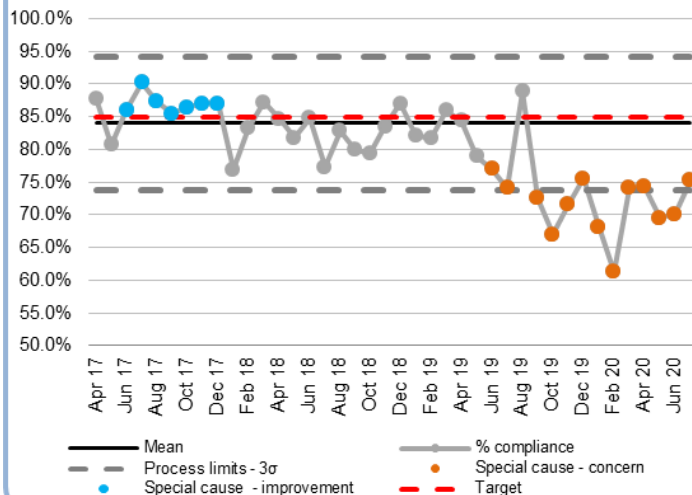
Cancer 31 Day Standard July-20



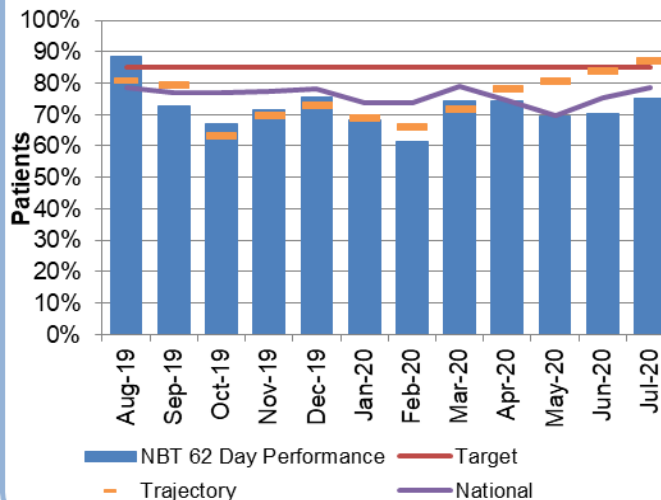
There were 9 104 day treated breaches in July that require Datix; 6 within Urology (3 did not require harm reviews due to active surveillance or treated elsewhere); 1 in Skin and 2 in Colorectal requires a harm review.

Out of the Datix reviews; 15 were related to COVID-19 clinical delays on the diagnostic and treatment pathways.

Patients Receiving First Treatment within 62 Days of Urgent Referral



Patients receiving first treatment within 62 days of urgent GP referral



Cancer 62-Day Standard

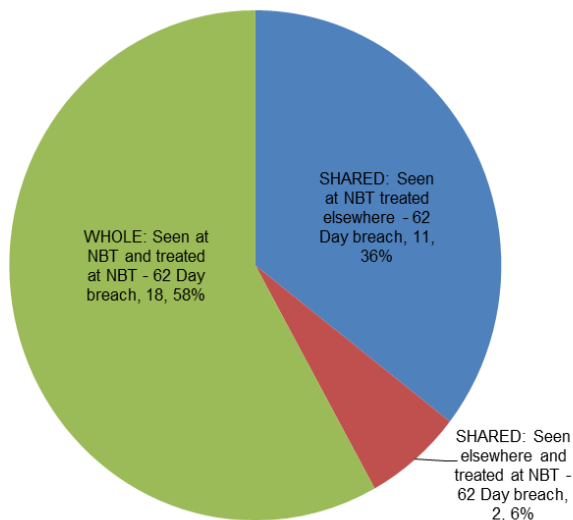
The Trust failed the 62 day cancer trajectory and the national standard in July 2020, reporting a position of 75.31% against a trajectory of 87.32%.

The trajectories for 62 day standards shows non-compliance to the end of this financial year but there is a risk to delivery should there be any further impact of COVID-19 factors.

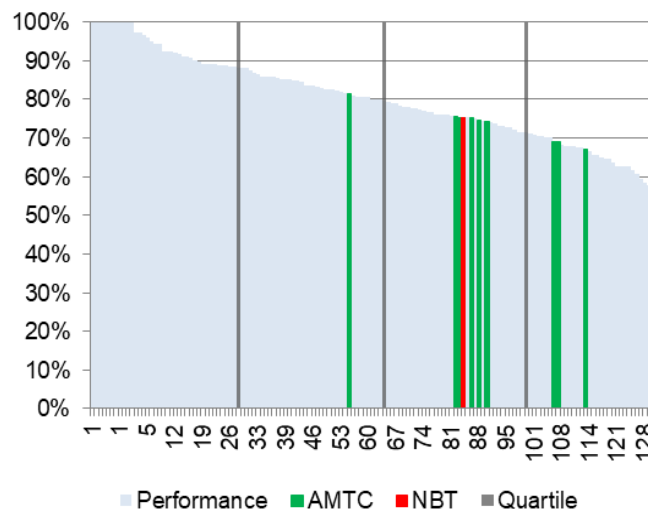
The Trust treated 119.5 patients with 31 breaches of which 18 were in Urology. 12 of breaches were as a result of clinical deferral due to COVID-19 within the diagnostic and treatment pathway. 15 were complex pathways. The others were 1 patient choice and 3 due to patient unfit for treatment.

58% of the breaches were NBT delays, 6% were shared with referring organisations and 36% were NBT patients treated elsewhere.

62 Day Breach Patients by Breach Type

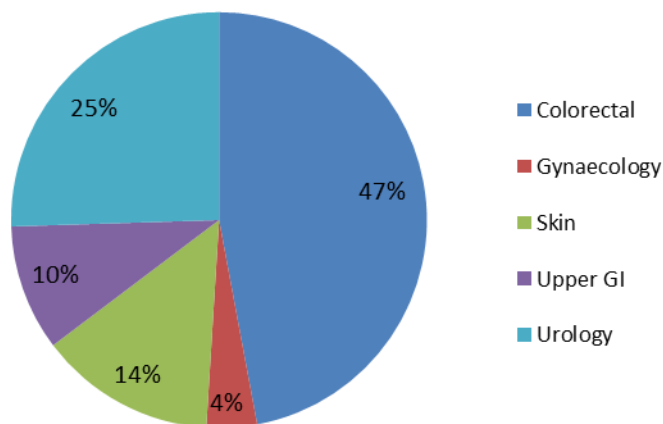


Cancer 62 Day Standard July-20

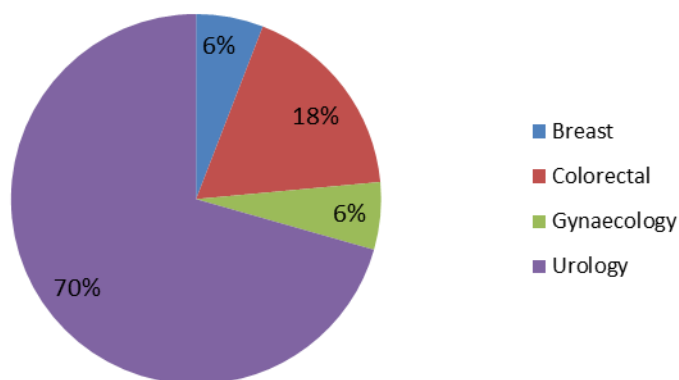


NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Patients Waiting 104 Days on PTL Without DTT



Patients Waiting 104 Days on PTL With DTT



Cancer 104-Day Patients Live PTL Snapshot

We have 68 patients on the live cancer PTL as of 15 September 2020. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

We have 51 patients waiting >104 days without a DTT. 24 of them are in colorectal 13 in Urology, 2 in Gynaecology, 7 in Skin and 5 in Upper GI.

Of the 51 patients, 7 are due to a clinical decision of safer to delay due to COVID-19 17 are due to Endoscopy service suspension and 9 are due to patient choice to defer due to COVID-19 as agreed with clinician.

Out of the 7 patients deferred for clinical reasons 6 patients are low risk prostate & 1 low risk bladder patient. All patient choice delays have recently been re-reviewed by clinical teams and contacted.

There were 17 patients with a DTT >104 days with a confirmed cancer diagnosis. 12 of these are Urology due to COVID-19 Cancer Treatment protocols, 1 in Breast and Gynaecology and 3 in colorectal. All have received clinical review.

There are now 17 of the 51 patients delayed due to Endoscopy suspension of the 17 currently 7 patients do not have a TCI/plan, all have been escalated to Endoscopy.

Safety and Effectiveness

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

Chris Burton and Helen Blanchard

The reduction in maternity beds during service restoration continues to impact on service responsiveness. The service is exploring the use of Perspex screens to increase capacity in the service whilst maintaining social distancing and COVID-19.

Neonatal cots are now open to 32.

Clinical outcomes

PPH rates improved the last two months. In line with nationally benchmarked data – the PPH rate monitoring will be changing from end of Quarter 3 for rates of >1500mls only.

Emergency CS rates have continued to increase. The figures are being influenced by a rise in Category 3 CS related in part to women's choice – particularly in relation to increasing IOL rates and women selecting to stop the process and have an elective procedure. A review of CS rates has been completed and will be presented in the Maternity annual governance report to be published in September 2020.

Safe staffing

Births increased over the last three months and in line with complexity trends the acuity on CDS which have continued. Safe staffing is monitored and areas of concern highlighted with mitigations, including re-deployment of staff, as required. Safe staffing is monitored by the Director/Deputy Director of Midwifery.

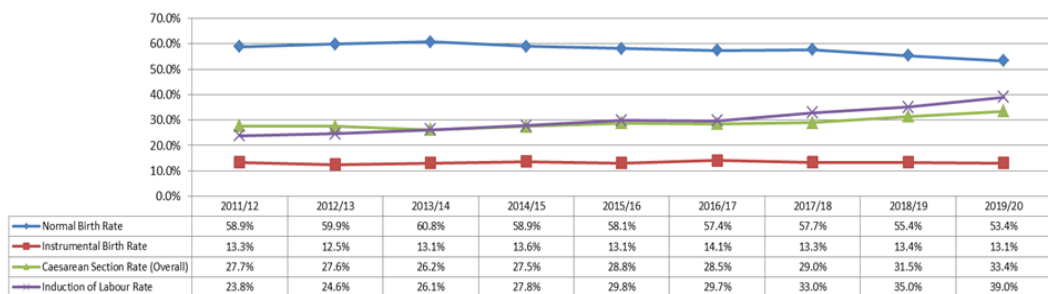
The safe staffing (BirthRate+ staffing tool) outputs are subject to Business plan agreement.

Better Births (NHSE)

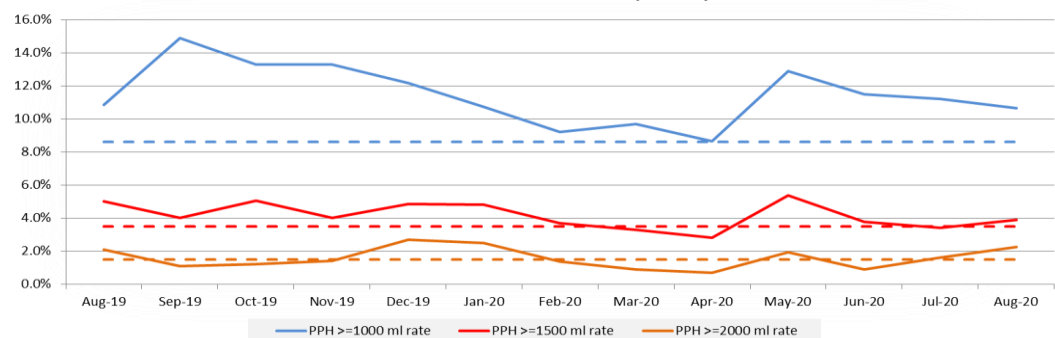
In line with the national mandate to implement continuity of carer for women – providing a smaller team approach care along the maternity pathway; NBT plans to launch the first three teams from 07 September 2020.

*RAG is determined by a tolerance level set by the number of standard deviations away from the target a performance is.

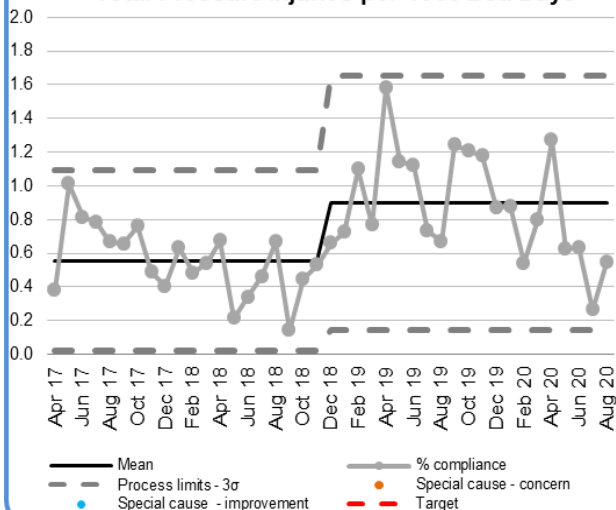
Activity Trends



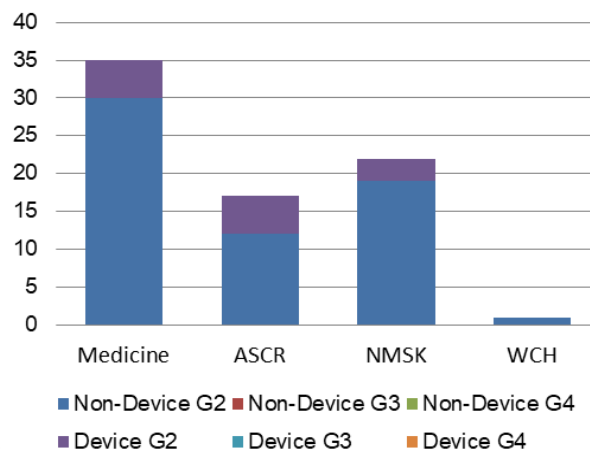
Reduction in PPH with new IOL pathway



Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2020/21

**Pressure Injuries (PIs)**

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 or 4 pressure injuries in August. 14 Grade 2 pressure injuries were reported. This included 1 device related injury. The incidence summary for August is as follows:

Medical Devices: 7%

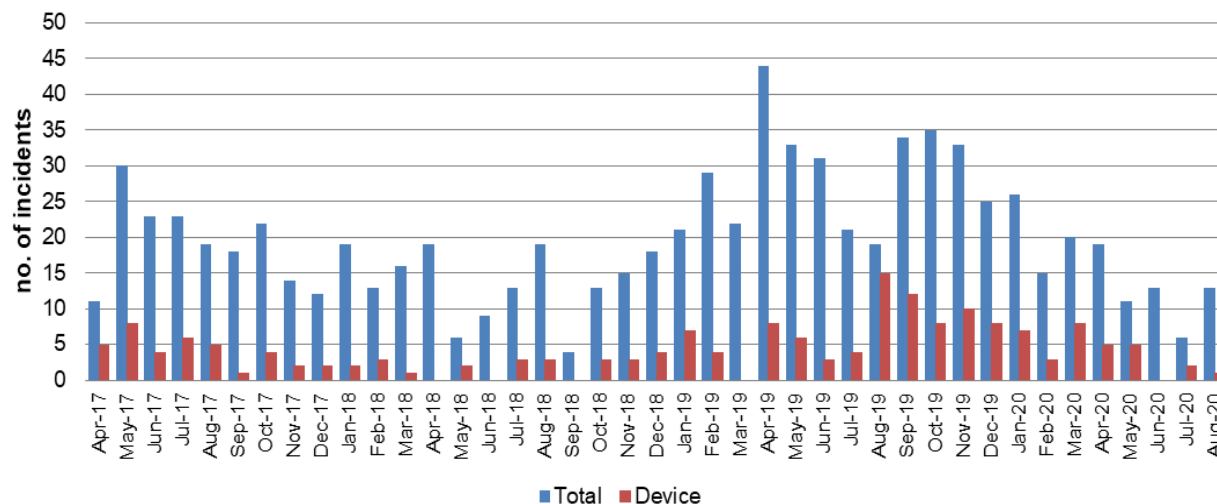
Heels: 36%

Buttock/ Natal Cleft: 29%

Elbow/ Foot: 14%

Nose/ Cheek: 14%

Pressure Ulcers - Total Incidents



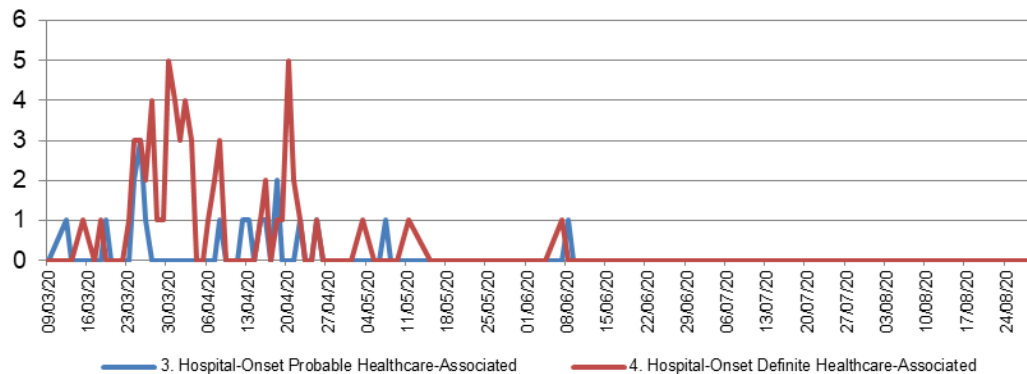
For August there has been an increase in grade 2 pressure injuries however there has been a sustained reduction in medical device related pressure injuries in 2020/21. Compared to August 2019, August 2020 has seen a significant reduction in NBT attributable pressure injuries including medical device PI's.

Clinical divisions continue to focus on pressure area care by:

- Sharing learning outcomes and identifying key themes and trends for action at monthly Pressure Injury review group
- Seating related PI QI project to address pressure relieving equipment.
- SSKIN Competency for Allied Health Professionals PDSA in process

This year's reduction strategy will be reviewed and updated with the findings of the focused thematic review of 2019/20. The planned completion for this is September 2020.

COVID-19 Onset Category by Positive Test Date



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.

There have been no cases fulfilling the definition of hospital acquired COVID-19 infection since early June 2020.

The development of guidance to risk assess Covid-19 pathways within the Trust is an essential step towards restoration of core NHS services in line with national recommendations. Relevant NBT policies have now been ratified by the Trust's Control of Infection Committee with clear pathways established across the hospital for different patient areas according to level of transmission risk.

Work continues to support PPE champions and PPE audit and the Trust continues to provide a robust staff Coronavirus testing system.

MRSA

There have been no reported cases of MRSA bacteraemia in 20/21.

C. Difficile

In July, there were three Trust attributable cases reported. Total for the year remains below trajectory.

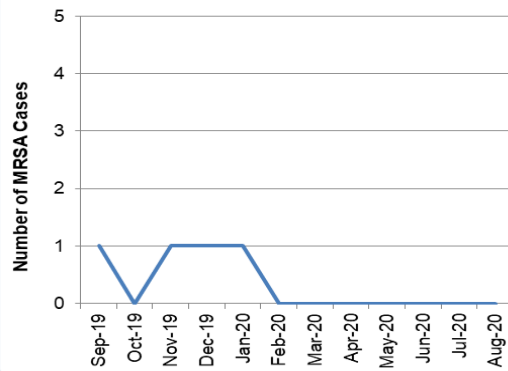
MSSA

There were two cases of MSSA bacteraemia in August. The Trust staphylococcus steering group continues to monitor and review cases

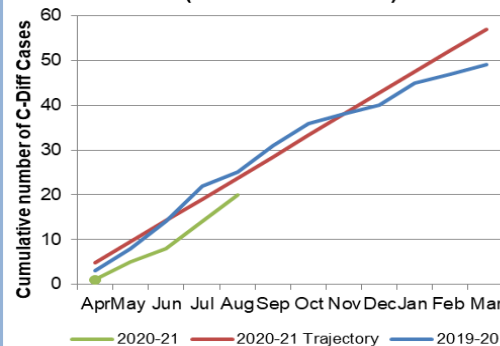
E. Coli.

In August seven cases of E Coli were reported. Further Trust wide work for urinary related cases is planned for 2020/21 as part of the continence group

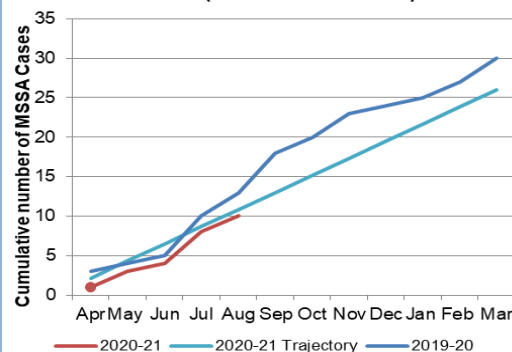
MRSA Cases - Trust Attributable



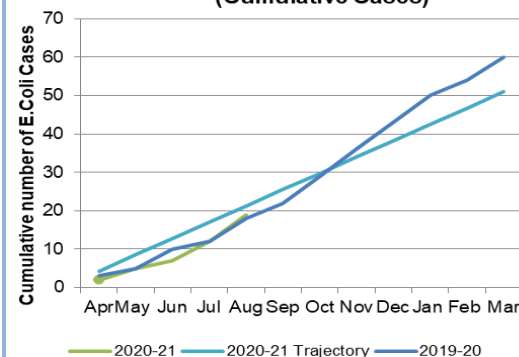
C.Difficile Cases - Trust Attributable (Cumulative Cases)

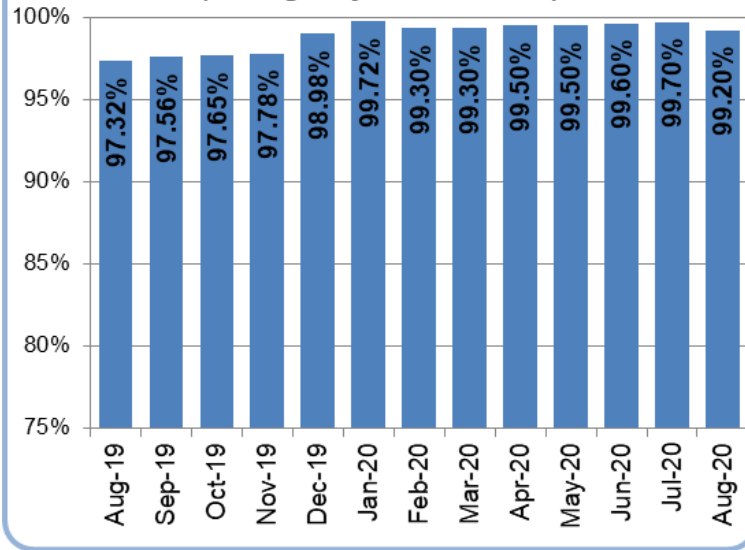


MSSA Cases - Trust Attributable (Cumulative Cases)



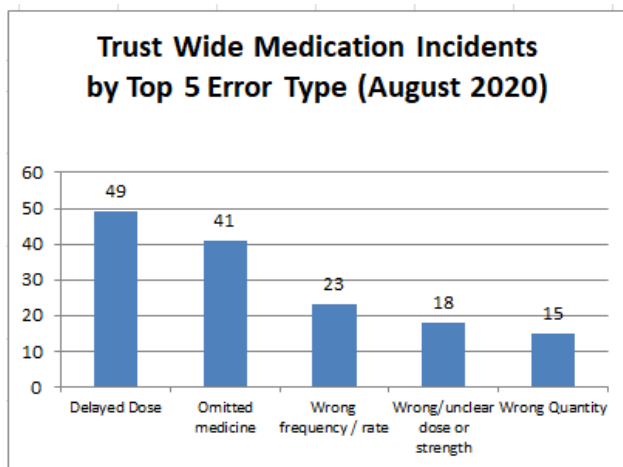
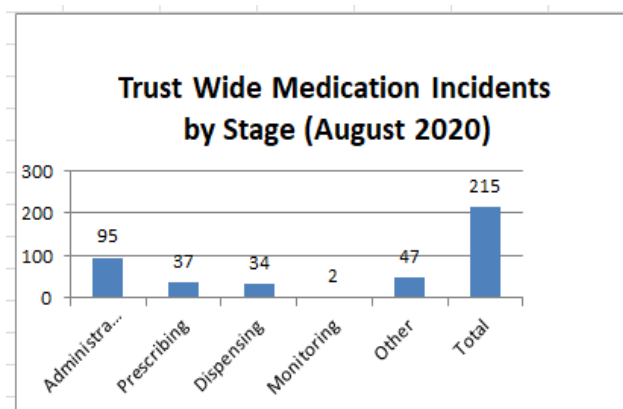
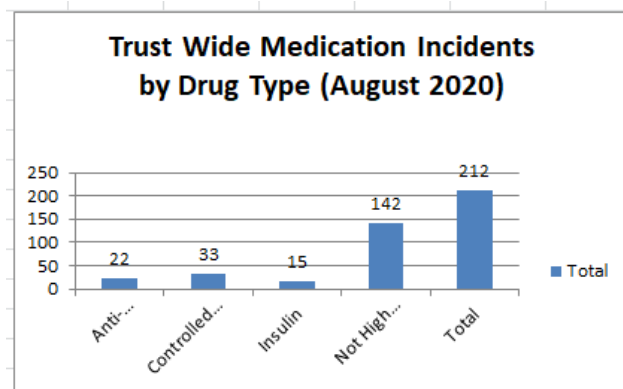
E.Coli Cases - Trust Attributable (Cumulative Cases)



**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.



Medicines Management

Severity of Incidents:

89% of incidents reported during August 20 were reported as 'no harm'; Low Harm incidents were 10% of all incidents reported in August 2020 and the trends / themes are highlighted below. The Moderate incidents are being investigated to identify the learning.

Top Type of Errors:

Omitted & Delayed Doses accounted for 46% of incidents reported during August 2020 and is consistently the most common error reported.

Incidents by Type of Medication:

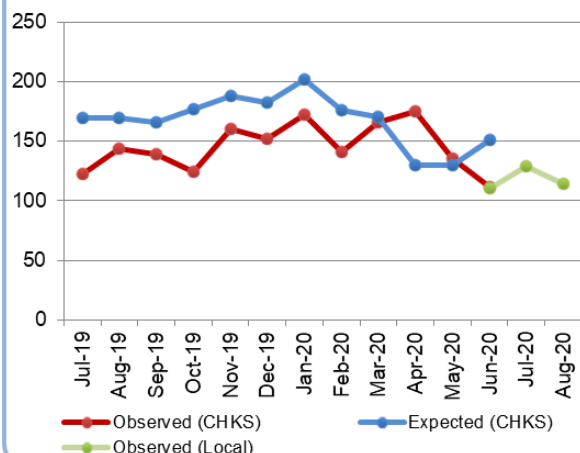
33% of all Medication incidents involved a High Risk Medicine. A collaborative working group have been established as part of the STP Medicines Optimisation Quality and Safety Committee to focus on a system wide approach to Insulin and Anticoagulant incidents.

Incidents by Stage:

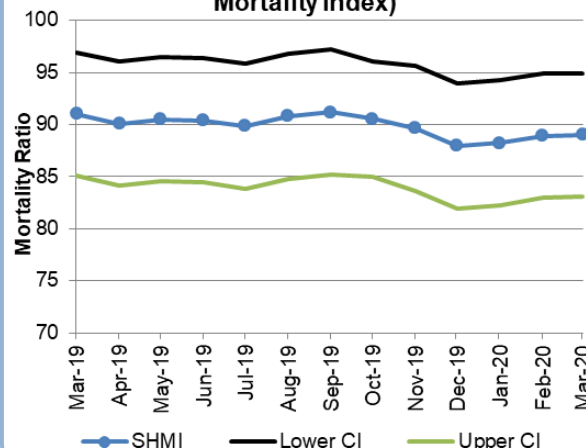
Incidents occurring at the Administration stage accounted for 44% of all incidents; with prescribing (17%) and dispensing (16%) being the next two most common stages at which medication errors occur. The challenge of increasing the visibility and themes within "other Medication Incidents" remains a priority for the Medication Safety Team.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Overall Mortality

Mortality outcome data has remained within the expected statistical range. The COVID-19 pandemic impact on mortality data is likely to be complex and is not yet reflected in SHMI. The gap of actual over expected deaths in April 2020 occurred at the time of the Covid-19 surge.

Mortality Review Completion

The current data captures completed reviews from 01 July 2019 to 30 June 2020. In this time period 88.9% of all deaths had a completed review. Of all "High Priority" cases, 93.0% completed Mortality Case Reviews (MCR), including 22 of the 22 deceased patients with Learning Disability and 28 of the 29 patients with Serious Mental Illness.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97.0% (score 3-5). Over 12 months there have been 14 reviews with a score of 1 or 2 indicating potentially poor, or very poor care. These are considered as potential Serious Incidents through Divisional governance processes and the Patient Safety Group.

Learning Disability Pandemic Mortality Review

The Trust is undertaking an in-depth review into deaths of patients with Learning Disabilities occurring between March and May (11 cases) at the peak of the pandemic period. The outcomes will be considered by QRMC.

Medical Examiner system

NBT is leading implementation of the ME system in BNSSG. The project is over seen by the Clinical Effectiveness and Audit committee and is on schedule to deliver to the required national time lines. Work is in progress to understand the impact on the established NBT system once all cases are reviewed through the ME process

Mortality Review Completion

Jul 19 – June 20	Completed	Required	% Complete
Screened and excluded	1154*		
High priority cases	249		
Other cases reviewed	210		
Total reviewed cases	1613	1814	88.9%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	3.1%	17.8%	49.5%	29.6%

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

Date of Death	Jul 2019 – June 2020
In progress	2
Reviewed not SIRI	11
Reported as SIRI	1
Total score 1 or 2	14

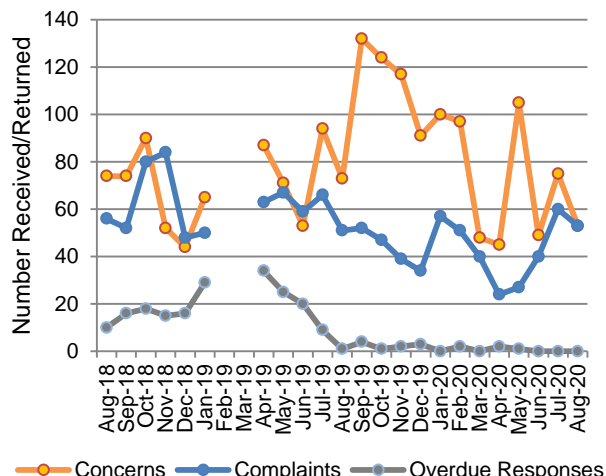
*171 (non high priority) cases were excluded from any form of review between January and April 2020 to aid with clearing a backlog of cases worsened by the COVID-19 pandemic mortality review suspension.

All high priority cases are still being reviewed.

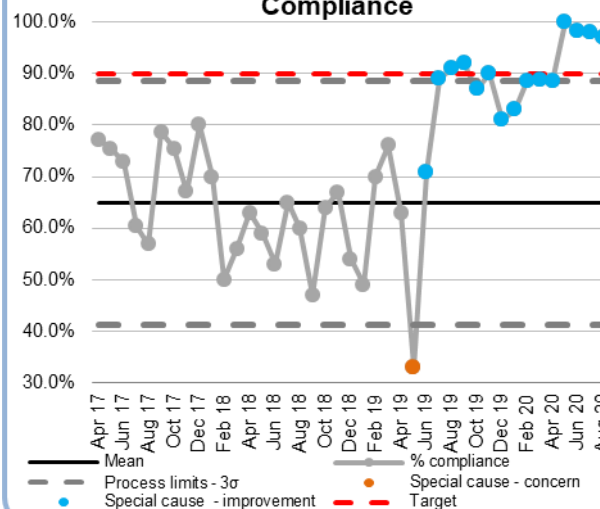
Patient Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

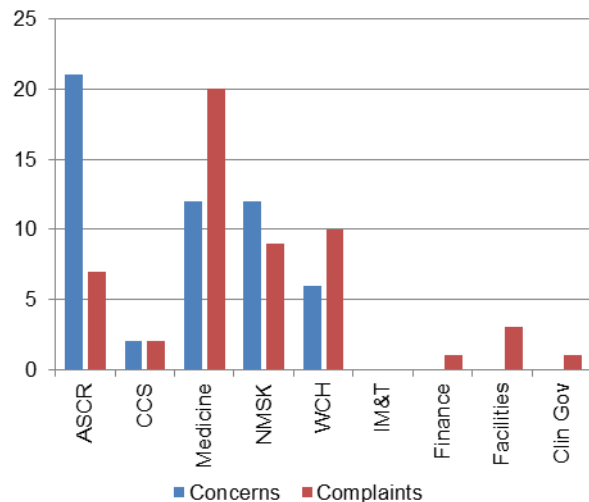
In August 2020, the Trust received 53 formal complaints. This is a slight decrease on the previous month where 60 complaints were received.

Review of complaints by subject shows that for the second month in a row, the most common subject of complaints is Clinical Care and Treatment whilst complaints regarding Access to Services (which include complaints regarding delays to appointments and cancellations) also remains high.

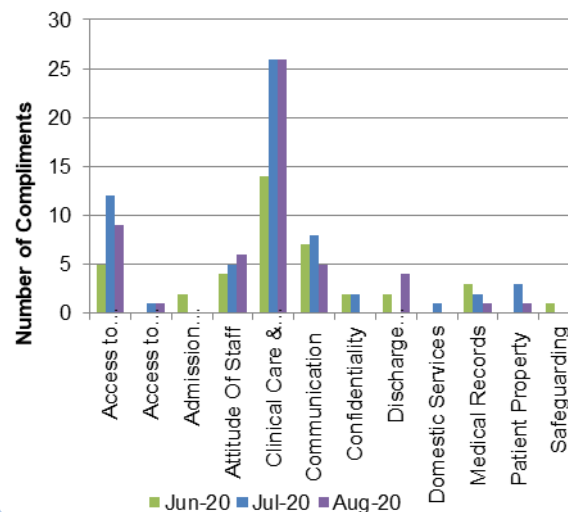
The 53 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	7 (21)	CCS	2 (2)
Medicine	20 (20)	NMSK	9 (9)
WCH	10 (5)	Finance	1 (0)
Clinical Gov	1(1)	Facilities	3 (0)

Concerns and Complaints per Division



Complaints By Subject



WCH and Facilities have seen the biggest increase in the number of complaints received in August 2020. There are no specific trends in themes for these divisions.

Enquiries and PALS concerns are recorded and reported separately. In August 2020, a total of 37 enquiries were received by the Patient Experience Team. This is a significant decrease on the previous month (-42%). This is often the case during school holidays.

Compliance Response Rate Compliance

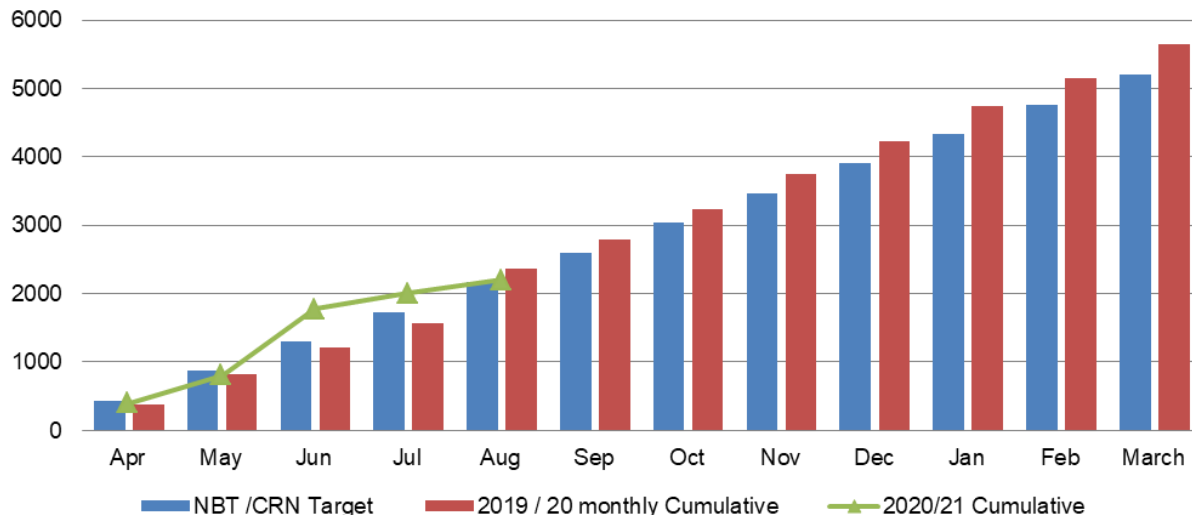
The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In August 97.1% complaints were closed on time. That is of the 35 complaints due to be closed in August, 34 were responded to on or before the due date.

Overdue complaints

There are no overdue complaints.

N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues. From June-19 Enquiries have **not** been included in the 'concerns' data.

Patient recruitment vs Target (2020/21)



The NBT recruitment target was set before the COVID-19 outbreak. However despite and because of epidemic, recruitment in Q1 20/21 has been strong. However recruitment through Q2-3 is anticipated to slow.

NBT suspended 221 studies during the epidemic and R&I is now working with researchers and radiology to identify studies which can be opened without creating additional burden for radiology

R&I is leading the regional logistics planning workstream for the delivery of future vaccine studies working with all the local partners.

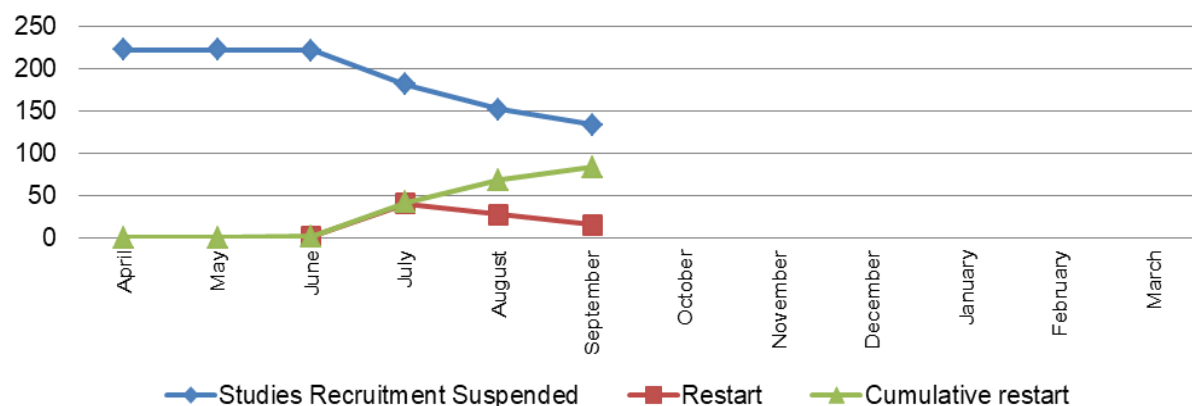
NBT currently leads 55 research grants (NIHR, charity, industry and other) to a total value of £22.2m, and is a partner on 47 grants to a total value of £9m.

NBT's prestigious NIHR grant, AERATOR, led by Prof Nick Maskell, is due to start on 15th September, following an expedited set-up afforded by the award of Urgent Public Health Status by the DHSC. This study aims to explore the Aerosolisation And Transmission Of SARS-CoV-2 in Healthcare Settings (£432k),

The NBT-led study, DISCOVER, which found that 3 in 4 patients are still suffering from COVID symptoms months down the line (Long Covid) has received widespread national and local media coverage .

R&I has been selected for a Funding Assurance Review by DHSC in relation to our grant processes and is also currently being audited by the European Commission on two of our large EC grants.

Recruitment RESTART progress



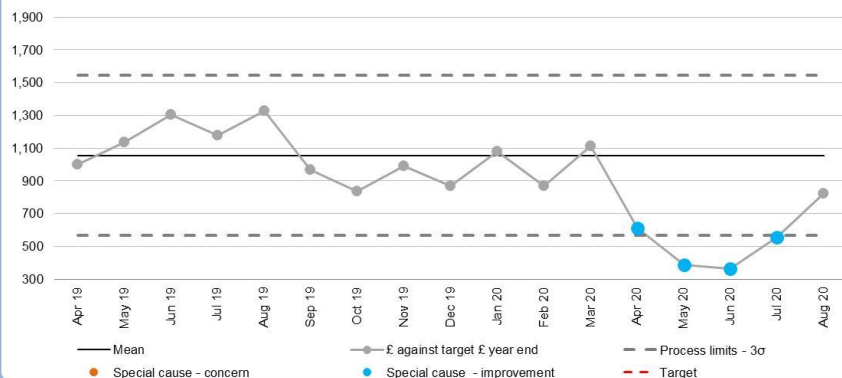
Well Led

Board Sponsors: Medical Director, Director of People and Transformation

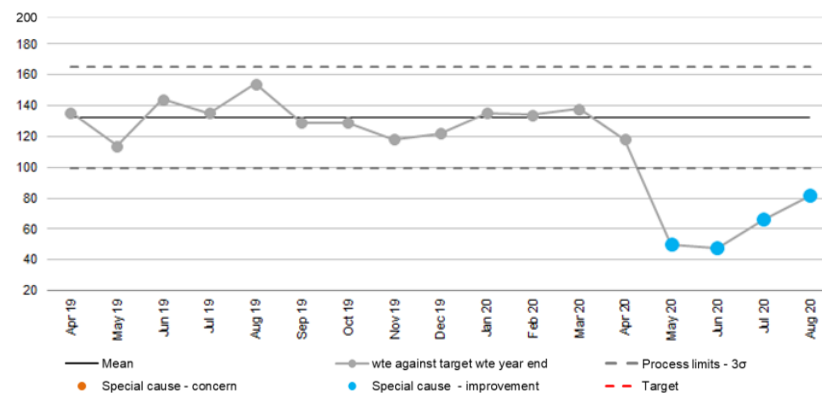
Chris Burton and Jacqui Marshall

Workforce

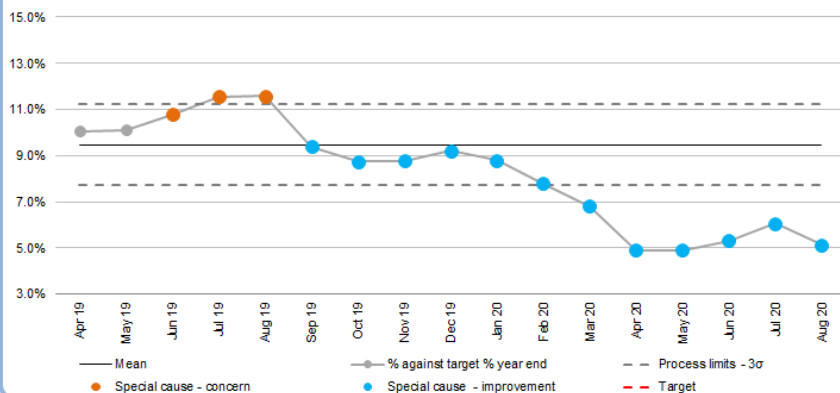
Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



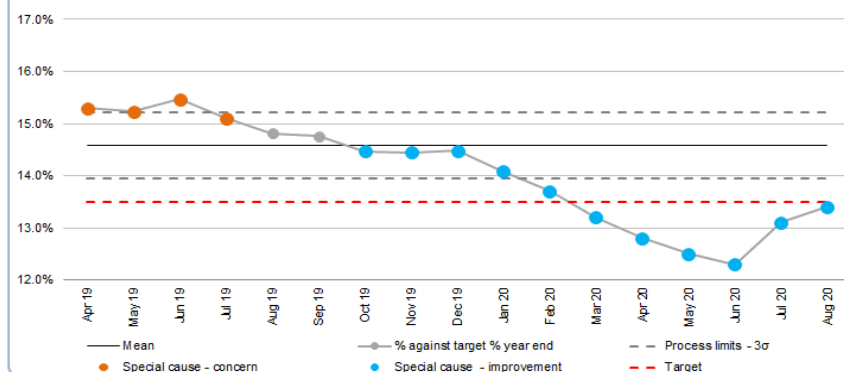
Resourcing

Agency spend increased in August due mainly to services coming back on line and an increase in short notice non framework ICU and RMN requirements. Work is underway to upskill existing workforce resources and work with extended framework agency booking to reduce the short notice non framework reliance and expenditure.

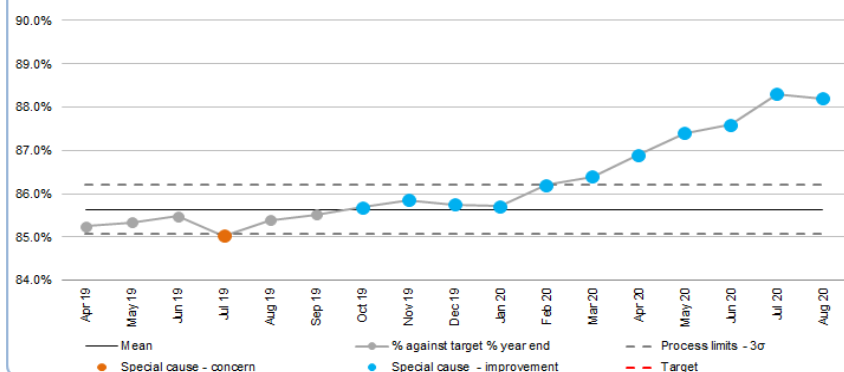
Substantive recruitment delivered 37 wte band 5 nurse and midwife starters which included the first post lockdown cohort of 10 international nurses. Their 14 day quarantine period has ended and the nurses have commenced induction. The pipeline is in place to deliver the planned 60 arrivals in the financial year, providing no further travel restrictions are implemented. The domestic pipeline remains strong, with continued virtual engagement and recruitment activity planned until year end.

Engagement and Wellbeing

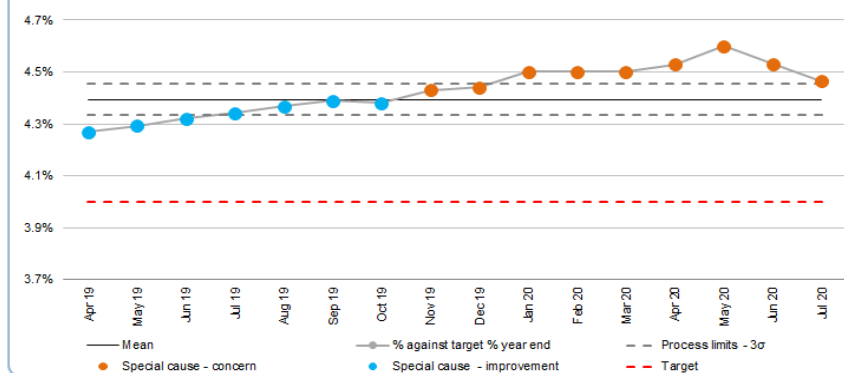
Turnover-Trust starting 01/04/19



Stability -Trust starting 01/04/19



Sickness Absence-Trust starting 01/04/19



Turnover and Stability

Work continues on improving nurse retention. Our current position on retention is performing better than the targets agreed with NHSEI. The NHSEI retention support programme is recommencing and, as part of BNSSG, NBT has also been confirmed as a one of the new retention 'Pathfinder' sites. Finally, we have been contributing to some national planning with DHSC on nurse retention.

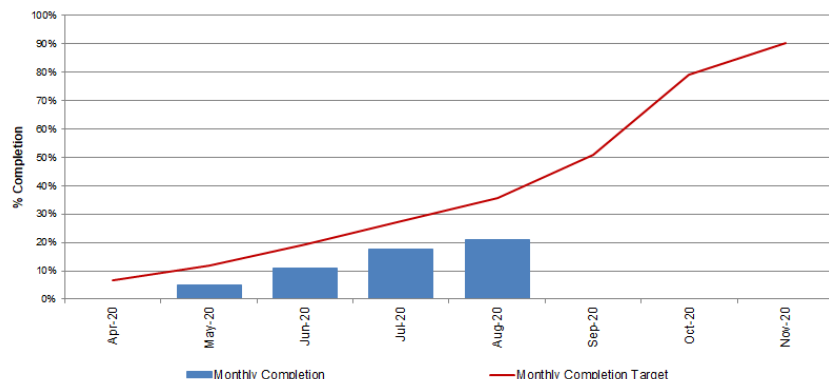
Sickness and Health and Wellbeing

Actions from the 'stress at work' project undertaken pre-COVID-19 are being finalised, and a 'Talking Toolkit' for managers linked to this is being developed, due for launch later this month.

Other work undertaken to help improve sickness absence includes:

- Continued support of the return of Shielding staff through the development and provision of tools and advice and guidance for staff and managers.
- Focussed work on holding effective return to work meetings, with Sisters in NMSK (occurring over the next 2 months).
- Continued development of guidance around COVID-19 related sickness absence.
- Further work on improving the health risk assessment process to support safe working at NBT for everyone, including new starters, bank workers and volunteers.
- Partnership working with the Psychology Team, People Team, Unions and People Partners to help understand better how to manage and support staff with high absence levels.
- A 'deep dive' into long term sickness (data analysis, best practice and next steps) is commencing this month, refreshing some of the work started pre-COVID-19.
- The staff survey launches on 23 September 2020.

Appraisal Window % Completion



Appraisal

Messaging around non-medical appraisal is continuing and numbers are steadily increasing. Appraisal training has recommenced and appraisal resources on LINK are receiving a large volume of 'hits'.

Essential Training

There has been an expected drop in compliance associated with the impact of COVID-19 and pausing essential training, topics requiring face to face training (practical manual handling and resuscitation) have seen the most significant drop. Essential training is being relaunched which is anticipated to have a positive impact on the compliance of individual subjects that have dropped during the COVID-19 period.

Leadership & Management Development

Matron Leadership Programme

A new matron leadership programme has been designed for the clinical matrons, aligned to the OneNBT Leadership Programme and led by the Director of Nursing & Quality. This launched in August with a virtual briefing for matrons and the programme starts in September.

OneNBT Leadership Programme

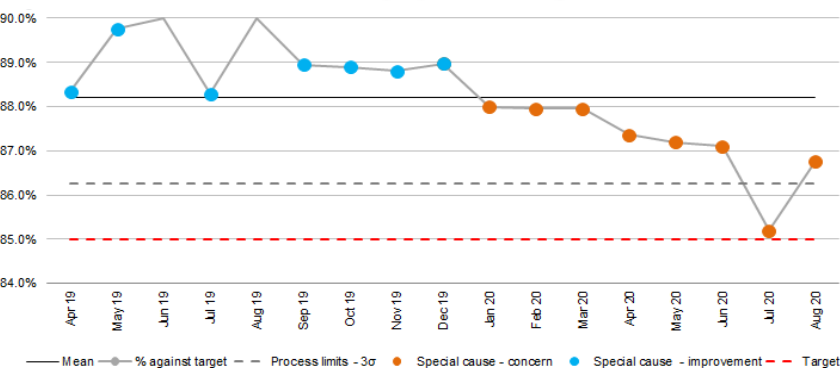
The next intake is scheduled for March 2021 as the October 2020 intake remains full.

OneNBT L&M Apprenticeships

We have had six managers successfully complete their apprenticeship and five achieving a distinction which is fantastic news for the programme. A further six managers are due to complete this year.

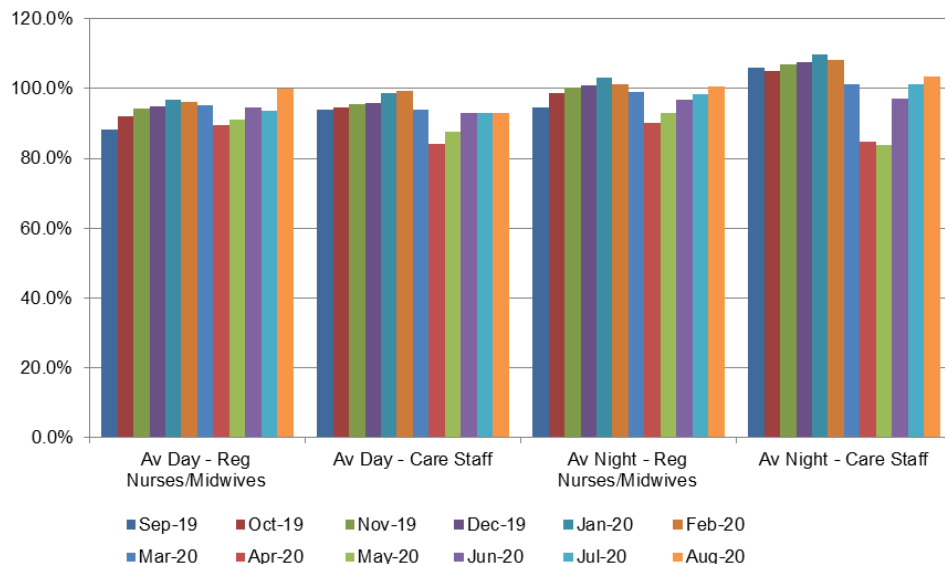
There 15 managers enrolled in the Level 3 Leadership & Management Apprenticeship 10 of which have been promoted since joining the programme. The October 2020 cohort has 15 applicants and we have seen a significant increase in demand through word of mouth and department nominations as a result of the impact they have seen from previous learners on the programme.

Essential Training Top 8-Trust starting 01/04/19



Training Topic	Variance	Jul-20	Aug-20
Child Protection	1.5%	84.6%	86.1%
Adult Protection	1.7%	86.7%	88.4%
Equality & Diversity	1.5%	89.2%	90.6%
Fire Safety	0.6%	86.0%	86.6%
Health & Safety	1.5%	88.9%	90.3%
Infection Control	3.1%	88.3%	91.4%
Information Governance	1.1%	81.5%	82.6%
Manual Handling	1.2%	75.7%	76.9%
Waste	1.8%	86.2%	88.0%
Total	1.5%	85.2%	86.8%

Safe Staffing Fill Rates



Aug-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	100.1%	92.9%	100.7%	103.4%

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. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

The organisation's overall occupancy remains reduced and the elective activity programme is in restoration phase with reduced elective care beds available. Elgar 1 & 2 staff was merged manually as this one team is providing patient care in the open Elgar ward. The other ward remains closed and the staff redeployed as in previous months.

Wards below 80% fill rate for Registered Staff:

7A (72.5% Days 59.7% Nights) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

Wards below 80% fill rate for Care Staff:

Cotswold Ward: The is no change to the current plan for Cotswold Ward with no Care Assistants planned in staffing numbers

AMU: (78.7% Nights) Planned reduction due to change in dependency with the AFU direct admissions. Template change expected

ICU (12.9% days 28.4% nights) Unregistered staff vacancies

8b: (73.7% days) Unregistered staff vacancies

7A (49.1% Days 62.4% Nights) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

NICU (57.8% days 57.3% Nights) Unregistered staff vacant shifts, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

Wards over 150% fill rate:

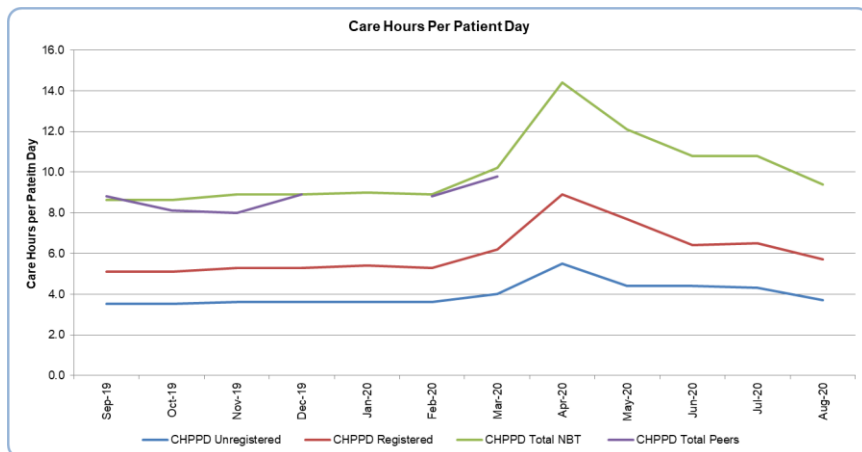
32a (173.7% Night) increase in establishment due to change to frailty admissions , awaiting reset of base template for planned staffing

6b (205.1% night) additional patients requiring enhanced care and colocation of tracheostomy patients into this area.

RBC: (188.8%, days 179.9% night) Has taken several complex neurology patients requiring 1:1 care with some being sectioned. Enhanced care has been reviewed regularly and discharge planning is active.

33a (151.4% nights) changes in case mix of patients, due to COVID-19 pathway requirements requires increase in support staff

Quantock (155.6% days) ward reconfiguration as part of service restoration, Quantock ward staffing supporting maternity care within Cotswold Ward.



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 the Model Hospital peers (all data from Model Hospital).

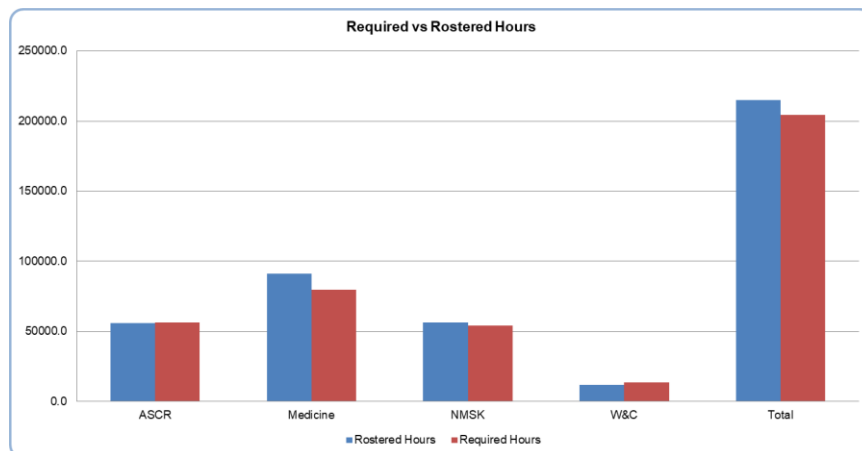
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

Safe Care Live (Electronic Acuity Tool)

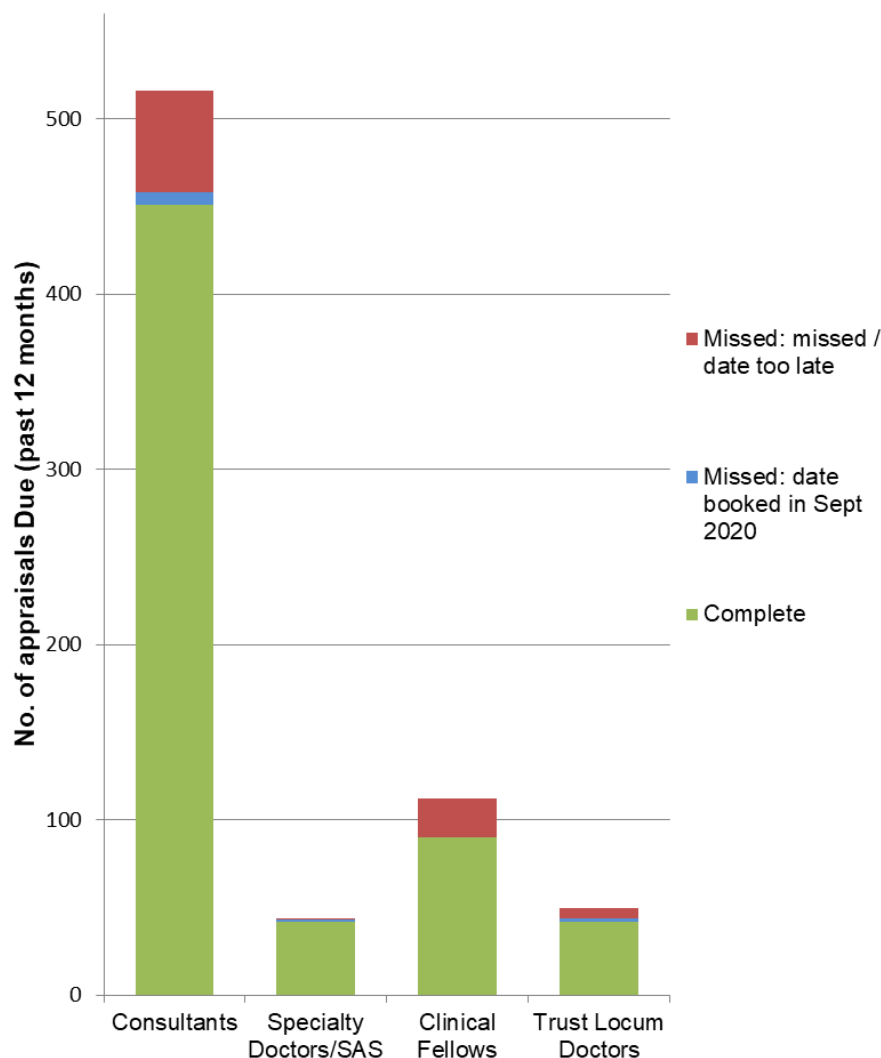
The acuity of patients is measured three times daily at ward level.

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

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



Appraisal Compliance (prev. 12 months)



Medical Appraisal

In March 2020 the appraisal process was suspended due to COVID-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 122 appraisals, (included as completed appraisals in this data). Any appraisals due before or after the period of suspension are expected to take place and will be considered as a missed appraisal if not completed.

Since restarting the appraisal process, the revalidation team have advised all doctors that appraisals can contain less CPD than normal if this has been impacted by COVID-19. Where possible, doctors with a cancelled appraisal have still been advised to hold an appraisal discussion with their appraiser to discuss the impact of COVID-19 and their wellbeing. The Fourteen Fish system remains the mandatory system for recording medical appraisals.

On 17 March 2020 all revalidations due prior to the end of September 2020 were automatically deferred for 12 months by the GMC due to COVID-19. In June 2020 the GMC automatically deferred all remaining revalidations due prior to 16 March 2021 for 12 months. The next revalidations due at NBT will be in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen. Where possible, the revalidation team will now be making revalidation recommendations for those doctors who were automatically deferred in advance of their new date in order to reduce the number that will be due in 2021/22.

Finance

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

	Position as at 31 August 2020					
	Apr	May	Jun	Jul	Aug	YTD
	£m	£m	£m	£m	£m	£m
Contract Income	45.1	44.9	46.1	46.1	45.4	227.6
Other Income	25.8	9.6	10.7	9.3	13.9	69.3
Total Income	70.9	54.4	56.9	55.4	59.3	296.9
Pay	(34.3)	(34.5)	(34.1)	(33.1)	(34.1)	(170.1)
Non-Pay	(30.7)	(14.0)	(16.8)	(16.4)	(19.2)	(97.0)
Financing	(5.9)	(6.0)	(6.0)	(5.9)	(6.0)	(29.8)
Total Expenditure	(70.9)	(54.4)	(56.9)	(55.4)	(59.3)	(296.9)
Surplus/ (Deficit)	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)

	31st March 2020 £m	31st August 2020 £m	Change £m
Non Current Assets			
Property, Plant and Equipment	560.0	561.9	1.9
Intangible Assets	12.0	10.8	(1.2)
Non-current receivables	4.0	4.0	0.0
Total non-current assets	576.0	576.7	0.7
Current Assets			
Inventories	13.1	12.5	(0.6)
Trade and other receivables NHS	50.5	25.9	(24.6)
Trade and other receivables Non-NHS	22.2	32.0	9.8
Cash and Cash equivalents	10.7	91.5	80.8
Total current assets	96.4	161.9	65.4
Total assets	672.4	738.6	66.1
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	11.1	8.5	(2.6)
Trade and Other payables - Non-NHS	57.6	81.1	23.6
Deferred income	3.7	52.0	48.2
PFI liability	13.0	15.0	2.0
DHSC loans	173.6	179.0	5.4
Finance lease liabilities	2.4	2.4	0.0
Total current liabilities	261.4	338.0	76.6
Net current assets/(liabilities)	(165.0)	(176.1)	(11.2)
Total assets less current liabilities	411.0	400.6	(10.4)
Trade payables and deferred income	7.2	6.4	(0.8)
PFI liability	377.8	373.6	(4.2)
DHSC loans	5.4	0.0	(5.4)
Finance lease liabilities	5.3	4.9	(0.4)
Total Net Assets	15.3	15.6	0.3
Capital and Reserves			
Public Dividend Capital	248.5	249.0	0.5
Income and expenditure reserve	(382.3)	(383.4)	(1.0)
Income and expenditure account - current year	0.0	(0.2)	(0.2)
Revaluation reserve	149.1	150.2	1.0
Total Capital and Reserves	15.3	15.6	0.3

Statement of Comprehensive Income

Assurances

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

Income for the month of August includes additional true-up funding of £7.6m which represents £1.2m funding for COVID-19 costs, £3.0m of Nightingale-related costs, and the underlying core trust deficit of £3.4m (under-funding in block of £3.9m mitigated partially by non pay savings of £1.0m due to reduced activity).

There are no further key issues to report.

Statement of Financial Position

Assurances

DHSC loans value excluding interest of £178.5m is to be replaced with PDC by the end of September 2020. The Trust ended the month with a cash balance of £91.5m, compared with the March figure of £10.7m. The improved cash position is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 89.8% by value compared to an average of 85.6% for 2019/20.

	Position as at 31 August 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
	£m	£m	£m (Adv)/Fav	%	£m	£m (Adv)/Fav	%
Contract Income	45.4	44.4	1.0	2.3%	46.2	(0.8)	(1.7%)
Other Income	9.7	10.4	(0.7)	(7.0%)	6.3	3.4	53.0%
Total Income	55.1	54.8	0.3	0.5%	52.5	2.6	4.9%
Pay	(33.5)	(33.0)	(0.5)	1.6%	(33.6)	0.1	(0.2%)
Non-pay	(15.6)	(16.5)	0.9	(5.8%)	(16.5)	1.0	(5.9%)
Financing	(6.0)	(6.1)	0.1	(1.7%)	(6.1)	0.1	(1.8%)
Total Expenditure	(55.1)	(55.6)	0.5	(0.9%)	(56.2)	1.1	(2.0%)
Surplus / (deficit)	(0.0)	(0.8)	0.8	(100.0%)	(3.7)	3.7	(100.0%)
(*) 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							

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.

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

Retrospective top up Income	Apr	May	Jun	Jul	Aug	Total
Core Trust Underspend	(2.4)	(2.3)	(1.9)	(1.4)	(0.4)	(8.5)
Gap in block contract funding	2.4	2.4	2.4	2.4	3.9	13.3
Covid Costs	2.5	3.0	2.1	2.1	1.2	10.9
Nightingale Costs/ (credits)	16.0	(0.5)	1.0	(0.4)	3.0	19.2
Total	18.5	2.6	3.5	2.7	7.6	34.9

For the month of August the Trust has had to request additional true-up funding of £7.6m which is set out in the bottom table. The Trust has communicated to NHSI/E that while spend directly related to COVID-19 may reduce in coming months the underspends experienced in April and May are now falling away as service restoration work increases activity.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

The capital expenditure for the first five months of the year is £11.4m which compares to a year to date plan of £9.5m.

Financial Risk Rating

The new financial framework means that a Financial risk rating is no longer calculated or reported to NHSI.

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 in the table.

Cash £m	Opening balance	Apr-20 (actual)	May-20 (actual)	Jun-20 (actual)	Jul-20 (actual)	Aug-20 (actual)	Sep-20 (forecast)
Receipts		115.5	71.8	70.2	60.0	59.5	55.3
Outgoings		(60.9)	(58.2)	(58.1)	(60.0)	(59.0)	(58.9)
Net cashflow		54.6	13.6	12.1	(0.0)	0.5	(3.6)
Cum cashflow	10.7	65.4	79.0	91.1	91.0	91.5	87.9

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

Monitor Provider Licence Compliance Statements at August 2020

Self-assessed, for submission to NHSI

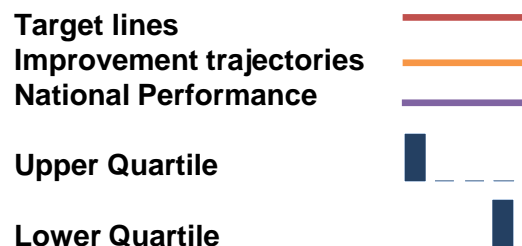
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed 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 implementing national COVID-19 restoration guidance which involves staged standing back up elements of activity previously reduced as part of the COVID-19 operational response.
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 August 2020.

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.

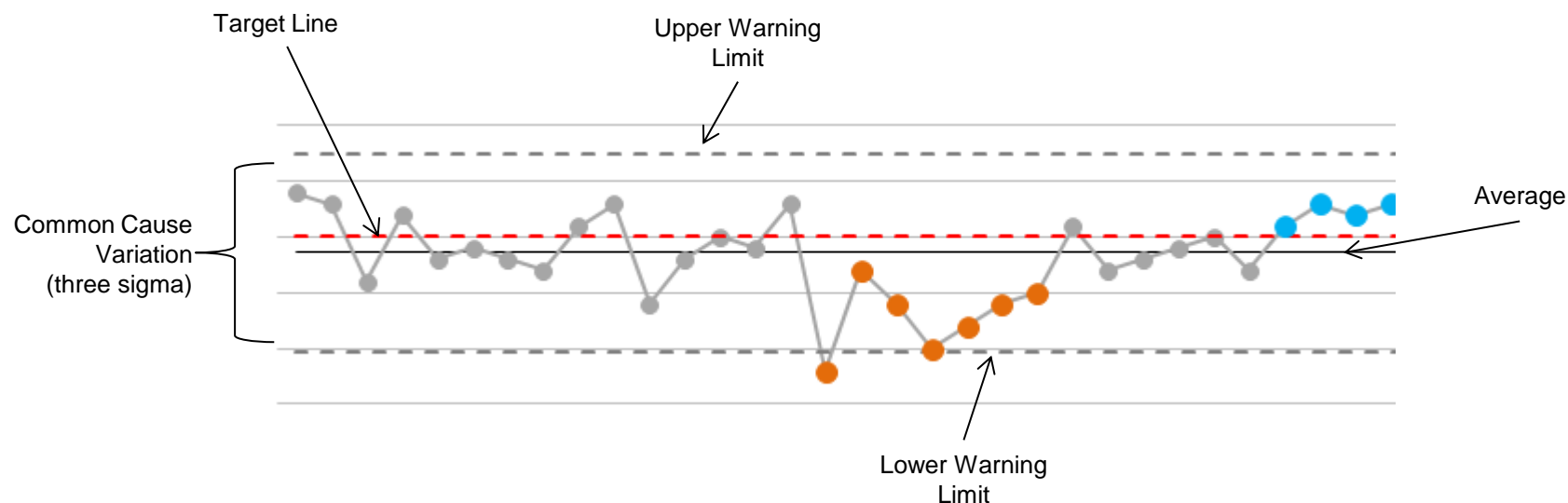


NBT Quality Priorities 2020/21

- QP1** Enhance the experience of patients with Learning Disabilities and / or Autism by making reasonable adjustments which are personal to the individual
- QP2** Being outstanding for safety – at the forefront nationally of implementing the NHS Patient Safety Strategy within a 'just' safety culture.
- QP3** Ensuring excellence in our maternity services, delivering safer maternity care.
- QP4** Ensuring excellence in Infection Prevention and Control to support delivery of safe care across all clinical services

Abbreviation Glossary

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



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

- 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