

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

December 2020 (presenting November 2020 data)



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North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-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%	78.66%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%		87.17%	52/113	
	A&E 12 Hour Trolley Breaches	0	0	9	2	38	48	2	0	0	0	0	0	0	12	3		0 - 337	4/33	
	Ambulance Handover < 15 mins (%)	100%	95.21%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%				
	Ambulance Handover < 30 mins (%)	100%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%				
	Ambulance Handover > 60 mins	0	0	1	0	2	2	1	0	0	0	0	0	4	33	26				
	Stranded Patients (>21 days) - month end			128	127	160	156	120	58	57	72	82	95	115	249	143				
	Bed Occupancy Rate		93.00%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%				
	Diagnostic 6 Week Wait Performance	1.00%	23.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%		29.22%	134/248	
	Diagnostic 13+ Week Breaches	0	0	63	147	258	113	114	402	2292	3161	1886	1979	1998	1697	1427			127/222	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8				
	RTT Incomplete 18 Week Performance	92.00%	65.63%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%	70.46%	74.00%	74.35%		65.46%	148/383	
	RTT 52+ Week Breaches	0	1706	14	14	9	17	43	130	275	454	648	797	1001	1092	1249		0	167/254	
	Total Waiting List		31917	28351	28078	29672	29552	28516	25877	25518	25265	27512	28810	29387	30214	29632				
	RTT Backlog Clearance Time (in weeks)			3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4	5.4	4.8				
	Cancer 2 Week Wait	93.00%	94.15%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	88.13%	78.12%	76.35%	89.01%	-		87.88%	93/139	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	-		76.99%	62/95	
	Cancer 31 Day First Treatment	96.00%	93.62%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	97.51%	95.78%	90.31%	92.68%	-		95.74%	95/112	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.45%	1/31	
	Cancer 31 Day Subsequent - Surgery	94.00%	83.15%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	-		89.90%	37/61	
	Cancer 62 Day Standard	85.00%	81.53%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	75.31%	73.10%	70.07%	72.87%	-		74.50%	81/133	
	Cancer 62 Day Screening	90.00%	84.21%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	-		84.99%	47/66	
	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%		83.21%	83.16%	83.79%	82.90%	83.42%	83.25%	84.03%	85.37%	82.95%	82.49%	82.86%	83.75%	83.55%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	
	Caesarean Section Rate		28.00%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	31.2%	
	Still Birth rate		0.40%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	
	Induction of Labour Rate		32.10%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	39.8%	
	PPH 1000 ml rate		8.60%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	
	Never Event Occurance by month	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			8	10	3	5	6	2	1	4	7	5	4	5	6	
	Total Incidents			1121	1096	1150	1118	853	597	679	832	946	1025	1055	1159	962	
	Total Incidents (Rate per 1000 Bed Days)			45	42	43	45	39	45	43	46	47	49	47	49	43	
	WHO		95%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	
	Pressure Injuries Grade 2			43	32	34	17	29	24	16	13	8	14	13	28	17	
	Pressure Injuries Grade 3		0	0	1	0	1	1	0	0	0	0	0	1	1	0	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Falls per 1,000 bed days			6.32	6.11	7.04	8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.56	8.83	
	#NoF - Fragile Hip Best Practice Pass Rate			87.23%	86.11%	68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	76.19%	-	
	Admitted to Orthopaedic Ward within 4 Hours			72.34%	69.44%	53.57%	54.72%	55.36%	93.83%	85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	-	
	Medically Fit to Have Surgery within 36 Hours			91.49%	88.89%	66.07%	71.70%	83.93%	85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	85.71%	-	
	Assessed by Orthogeriatrician within 72 Hours			100.00%	94.44%	92.86%	92.45%	100.00%	95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	92.86%	-	
	Stroke - Patients Admitted			83	82	79	72	97	71	72	79	84	63	83	86	71	
	Stroke - 90% Stay on Stroke Ward		90%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	-	
	Stroke - Thrombolysed <1 Hour		60%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	-	
Quality Caring & Experience	MRSA	0	0	1	1	1	0	0	0	0	0	0	0	0	1	0	
	E. Coli		4	7	7	7	4	6	2	3	2	5	7	8	4	5	
	C. Difficile		5	2	3	5	4	4	1	4	3	6	6	6	8	8	
	MSSA		2	3	1	1	2	3	1	2	1	4	2	1	4	6	
	PALS - Count of concerns			104	90	107	108	104	45	105	49	75	51	95	73	99	
Well Led	Complaints - % Overall Response Compliance		90%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97.06%	98%	94.44%	92.68%	
	Complaints - Overdue			2	3	0	2	0	2	1	0	0	0	0	2	2	
	Complaints - Written complaints			41	36	57	51	26	24	27	40	59	53	46	48	39	
	Agency Expenditure ('000s)			990	868	1081	869	1112	613	386	364	555	822	687	875	900	
	Month End Vacancy Factor			8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.55%	
Well Led	Turnover (Rolling 12 Months)		13.70%	14.44%	14.47%	14.08%	13.68%	13.25%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	
	Sickness Absence (Rolling 12 month -In arrears)		4.20%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	-	
	Trust Mandatory Training Compliance			88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	

Urgent Care

The Trust did not achieve the four-hour performance trajectory of 78.67% with performance of 77.95% in November. This is the first time since March 2020 that the Trust has not achieved the internal trajectory. The Trust conceded 26 ambulance delays exceeding one hour and three 12-hour trolley breaches whilst the Trust was in OPEL 4 escalation. Despite an overall reduction in ED attendances in November, four-hour performance was significantly challenged by rising COVID-19 admissions, COVID-19 related staff absence and continued bed demand. Ambulance arrivals remained consistent with October 20 and pre-pandemic levels, demonstrative of the sustained acuity within ED.

Elective Care and Diagnostics

As part of Phase 3 planning, trajectories have been reset to more accurately reflect the planned delivery for the rest of the year. In November the Trust has reported a decrease in the overall wait list size, impacted by greater activity levels and reduced demand. There were 1249 patients waiting greater than 52 weeks for their treatment in November against a revised trajectory of 1706. 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 improved for most test types in November but failed the revised trajectory of 23.09%, with performance at 26.73%. Performance has been predominantly impacted by capacity constraints in Non-Obstetric Ultrasound due to COVID-19 related staff absence. Despite a modest improvement in 6-week performance, the number of patients waiting over 13 weeks reduced by 15.91% in November.

Cancer wait time standards

In October, the TWW standard, 31 day standard and 62 day standard failed to achieve the revised recovery trajectories. Performance has been predominantly impacted by capacity constraints and patient choice delays. TWW demand continued to increase when compared to pre-pandemic levels, with some services in October seeing an increase in 2WW referrals beyond predicted levels. The recovery of the 62 day trajectory remains on track for January 2021, but the second wave of COVID-19 has put this at risk. Significant work has been carried out to ensure patients are clinically reviewed and treatment plans are in place. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

Quality

The Trust received 39 formal complaints in November, with the most common subject of complaints being Clinical Care and Treatment. The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust; there has been a rise in the number of Hospital-onset cases in November. There have been no reported Grade 3 or 4 pressure injuries in November and a reduction in the number of Grade 2 pressure injuries reported.

Workforce

The Trust turnover continues to improve with October's position at 11.07% (excluding the impact of staff temporarily employed during the COVID-19 response). The Trust vacancy factor decreased to 3.39%. Temporary staffing demand has increased in November, predominantly due to COVID-19 related staff absence and bank use increased to respond to the increase in demand along with an increase in unfilled shifts.

Finance

NHSI/E suspended the usual operational planning process in March 2020 and financial framework due to COVID-19 response preparations with a revised financial framework applied until the end of September. The position for the end of September showed the Trust meeting this requirement and achieving a breakeven position. From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported a four-hour performance of 77.95% in November and did not meet the performance trajectory of 78.67% for the first time since March 2020. Ambulance handover delays were reported in-month with 26 handovers exceeding one hour whilst the Trust was in OPEL 4 Escalation. Despite the high number of ambulance delays, the Trust reports favourably in comparison to the region. There were three 12-hour trolley breaches reported, all occurring on days that the Trust was in an escalation status of OPEL4. Performance was significantly challenged by rising COVID-19 admissions in November, peaking at 144 inpatients on the 18 November, occupying 17.27% of the bed base. Ward closures and additional IPC measures negatively impacted flow whilst capacity was also impacted by COVID-19 related absence. Stranded patient levels reduced and stabilised in November, ranking fourth in the region. Further improvement is anticipated for December. The recording of Delayed Transfers of Care (DToc) has now formally ceased. The Trust is now 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 sustained improvement at 74.35% in November, achieving the new trajectory of 65.63% and reducing the backlog by 3.26%. The number of patients exceeding 52 week waits in November was 1249 against a revised trajectory of 1706; the majority of breaches (780; 62.45%) 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 – Diagnostic performance reports a modest improvement to 26.73% in November but failed to achieve the revised trajectory of 23.09%. Despite a performance improvement reported for most test types, Trust performance in November has been negatively impacted by a deterioration in Non-Obstetric Ultrasound resulting from capacity constraints due to COVID-19 related staff absence. There was continued improvement in the number of patients waiting 13 weeks or more in November, with a 15.91% reduction from October. Nationally, the Trust positioning deteriorated for 6 week performance moving from the second quartile into the third for October, whilst the 13WW performance remained static.

Cancer

The Trust failed six of the seven Cancer Wait Times (CWT) standards in October and achieved the revised recovery trajectory for the two of the standards. Failure to achieve the standards in October was due to backlog clearance plans in diagnostics and surgery. Some services continue to run at reduced activity due to staffing pressures and patient choice. The number of patients waiting more than 104 days as of 30/11/2020 is 56. TWW demand continued to increase when compared to 2019 levels and in October some services saw an increase in 2WW referrals way beyond predicted referral rates which added to the 2WW compliance reasons especially in Breast and Skin. Capacity remained challenging in Breast and Skin. Significant progress has been made in Endoscopy backlog clearance with waits back to pre-COVID-19 levels. The recovery of the 62 day trajectory remains challenging for January 2021, the second wave of COVID-19 has put this at risk.

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: All aspects of reducing PPH project have been maintained. Although in 20/21 the rates of 1.5l PPH have fluctuated, comparing to previous years there has been an improvement.

Pressure Injuries: There have been no reported Grade 3 or 4 pressure injuries in November and a decrease of Grade 2 pressure injuries reported in October.

Medication Incidents: 9.7% of all medication incidents reported from NBT have caused harm which is below the median for its peers (10.4%) and below the National median (10.8%). A lower number demonstrates safer medication practice.

Mortality Reviews / Medical Examiner service – the Trust continues to closely review deaths in hospital with a 90% completion rate. Of the cases reviewed in more detail (using the Structured Judgement review (SJR) approach) 95.6% assess care as between adequate and excellent. The Medical Examiner service, established across the BNSSG acute trust system is now fully recruited to and reviewing an increasing number of cases.

Areas of Concern

Infection control: We have seen a rise in the number of Hospital onset cases of COVID-19 in November, as well as Staff groups affected, all of these have been subject to Outbreak meetings and PHE input. Transmission within ward bay areas has been a common theme and the learning taken forward .

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

The Trust vacancy factor decreased to 3.39% in November, continuing to be at the lowest level since vacancies were reported in this way in 2015. Vacancies reduced in the majority of staff groups, most significantly in Administrative and Clerical and Estates and Ancillary staff groups the latter due to successful recruitment of domestics, porters and Theatres ancillary staff. Additional Clinical Services saw an increase of 21 wte vacancies, predominantly due to an increase in funded establishment which was greater than the increase in staff in post. This is mainly due to an increase in HCA posts linked to the Trust expanded recruitment campaign for band 2 and 3 HCAs over winter.

Turnover

The Trust turnover is reported as 12.74% in November. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 11.07%, compared to 14.56% in November 2019. All staff groups improved or remained static from the previous month's position. The Trust is continuing to lead the Healthier Together retention pathfinder work and is currently working with the system to determine the anticipated impact of retention interventions in 2021/22. This includes the potential impact of increased staff movement following the release of COVID-19 restrictions and deployment of the vaccine.

Expand leadership development programme for staff

The team current focus is on supporting band 2 and 3 HCAs and expanded recruitment over winter, process redesign is underway for HCA Induction to improve on boarding efficiency whilst maintaining quality standards

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence was 4.41% in October with limited movement across all staff groups. Comparison of the 20/21 year to date position with the same period in 19/20 shows a reduction in short term and increase in long term sickness. November's absence position will show an increase in short term sickness due to the spike in COVID-19 related absence in that month, whilst not formally reported COVID-19 is expected to contribute 1.19% to sickness absence and 3.99% to special leave (this relates to all other COVID-19 related absence).

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand increased in November. Bank use significantly increased, predominantly in registered nursing and midwifery, ancillary staff and junior doctors. Overall bank fill rates saw a slight reduction, 70.68% in October to 68.58% in November, This has been driven by the significant increase in demand throughout November due to spike in COVID-19 related absence, particularly in the first two weeks of lockdown. This also manifested in an increase in unfilled shifts, an increase of 58 wte overall (an increase of 18.58% in October to 22.70% in November). The unfilled shifts were predominantly across registered and unregistered nursing and ancillary staff with the greatest increase in temporary staff requests in November being for the request reason 'COVID-19'. Agency use decreased in November but the proportion of non-framework agency use increased. Unlike previous months RMN use decreased and the increase in tier 4 was seen in ICU.

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 initially for the first four months of the year that was then extended to cover the first half of the year. This first half year framework required 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 September shows the Trust meeting this requirement and achieving a breakeven position (top ups due to the trust for April to August have been finalised and agreed while the £7.6m due for September is still to be audited and confirmed).

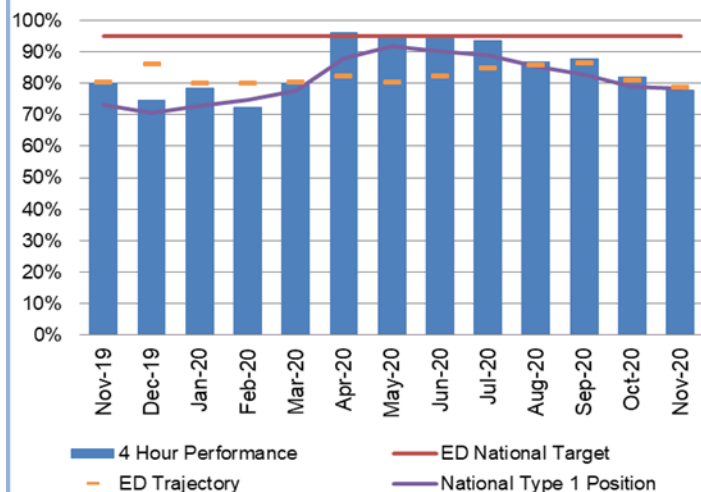
From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years. Separately each System (either Sustainability and Transformation Partnership [STP] or Integrated Care System [ICS]) has received an allocation to cover the required top-up income, COVID-19 costs and growth that has been calculated as being needed to bring the System into an overall breakeven position.

Due to errors in calculating the levels of achievable Other income NBT and the System are currently forecasting deficit positions for the full year. This gap in funding is being discussed with Regional and National teams to identify the reasons for the gaps and identify potential routes to secure funding. In the event that the additional funding is not received the Trust is still forecasting maintaining a cash balance throughout the year that will enable it to operate effectively including the full delivery of its capital plan.

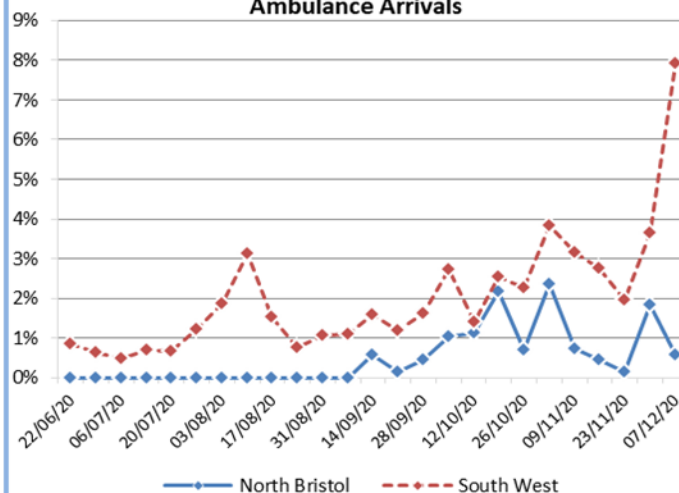
Responsiveness

**Board Sponsor: Chief Operating Officer
Karen Brown**

ED 4 Hour Performance



60 Minute Ambulance Handover Delays as % of Ambulance Arrivals



Urgent Care

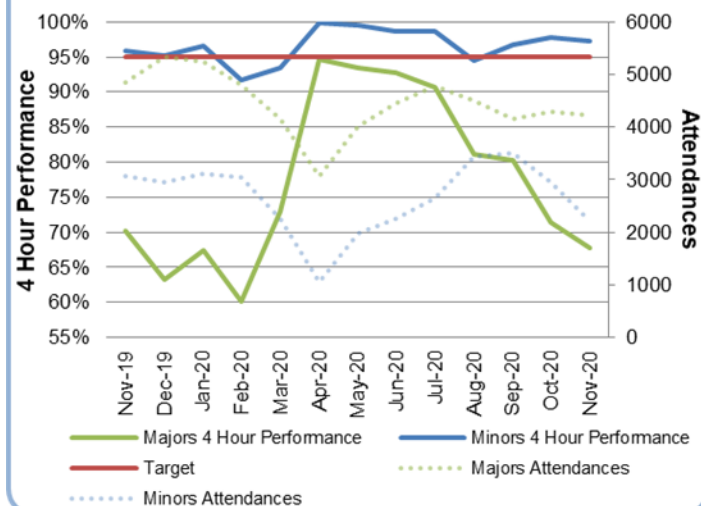
The Trust did not achieve the four-hour performance trajectory of 78.67% in November with performance of 77.95%. This is the first time since March 2020 that the Trust has not achieved the internal trajectory. The Trust conceded 26 ambulance delays exceeding one hour in November and three 12-hour trolley breaches whilst the Trust was in OPEL 4 escalation.

Performance was significantly challenged by rising COVID-19 admissions in November, peaking at 144 inpatients on the 18 November, occupying 17.27% of the bed base. Ward closures and additional IPC measures negatively impacted flow whilst capacity was also impacted by COVID-19 related absence.

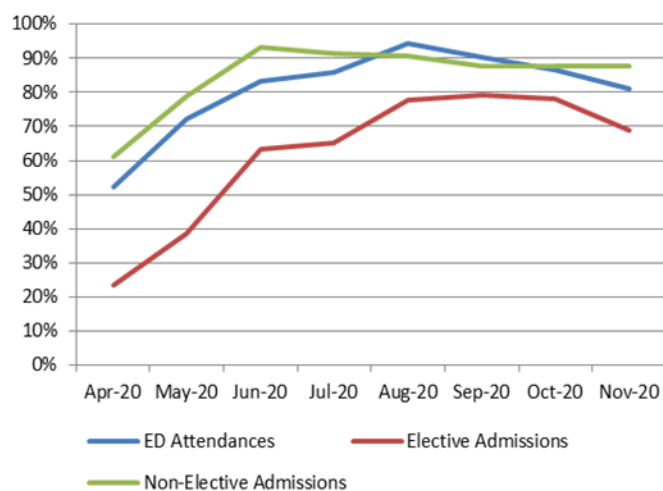
Majors performance was most notably impacted (67.79%), whilst Minors performance remained stable at 97.27% due to reduced attendance levels.

At 6425, ED attendances were down by 8.27% compared to the previous month, and were at 81.12% of 2019/20 levels. Emergency admissions were at 87.81% of 2019/20 levels and elective admissions were at 68.79% of 2019/20 levels. For November the Trust ranked 56 out of 139 providers for year to date emergency admission difference.

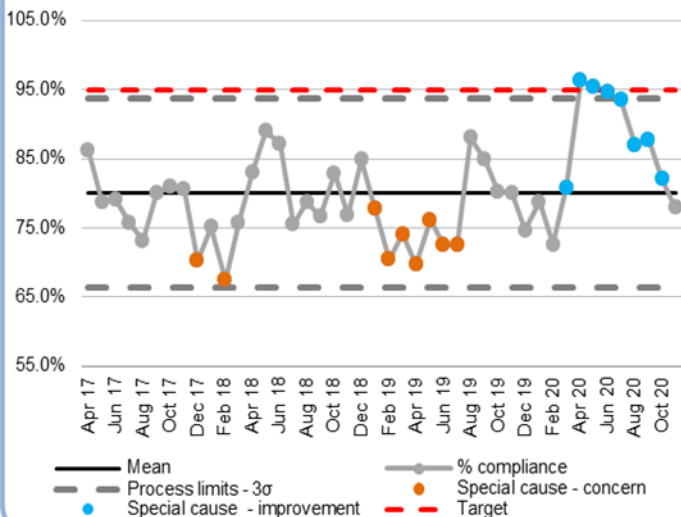
ED 4 Hour Performance by Majors/Minors



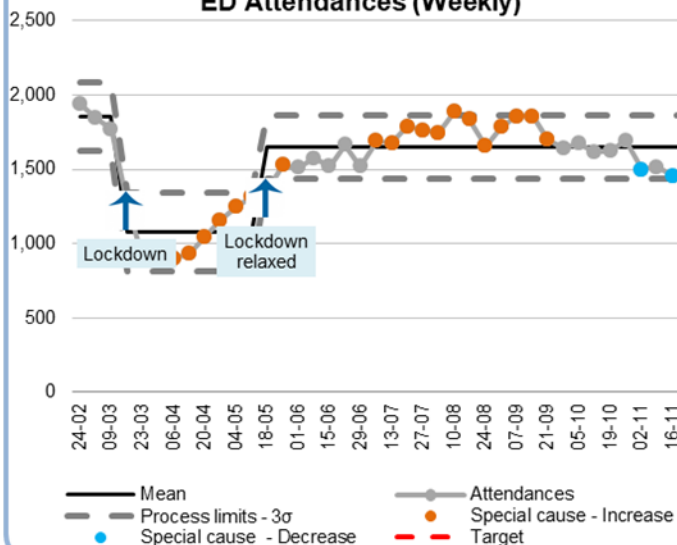
Activity as % of 2019/20



ED 4-Hour Performance



ED Attendances (Weekly)

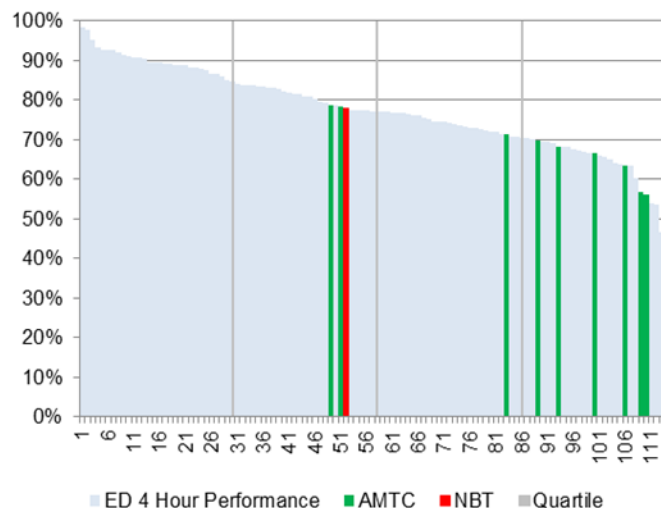


4-Hour Performance

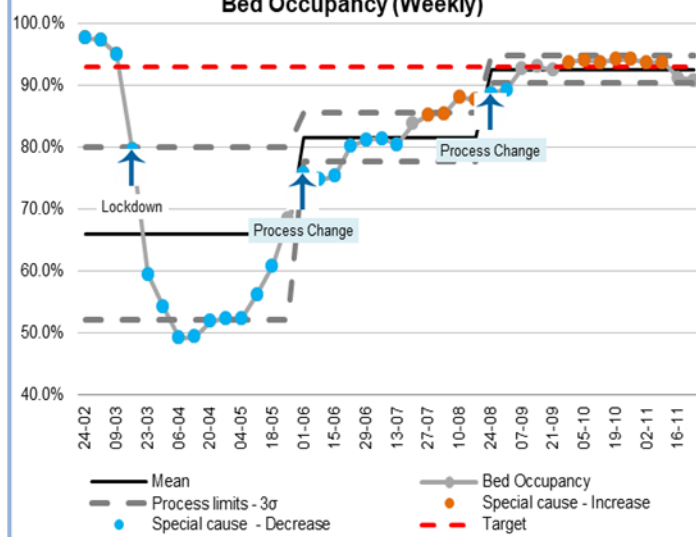
Of the breaches in ED in November, 47.35% were a result of waiting for a medical bed and 15.03% of delays resulted from waits for assessment. Medicine bed capacity has been the predominant cause of breaches for the third consecutive month.

Despite ED attendances reducing, ambulance arrivals remained consistent with October and 19/20 levels, demonstrating sustained acuity and demand for beds. This continued demand coupled with increasing COVID-19 pressures and reduced flexibility within the bed base made for a very challenging month.

ED 4 Hour Performance - November 20



Bed Occupancy (Weekly)

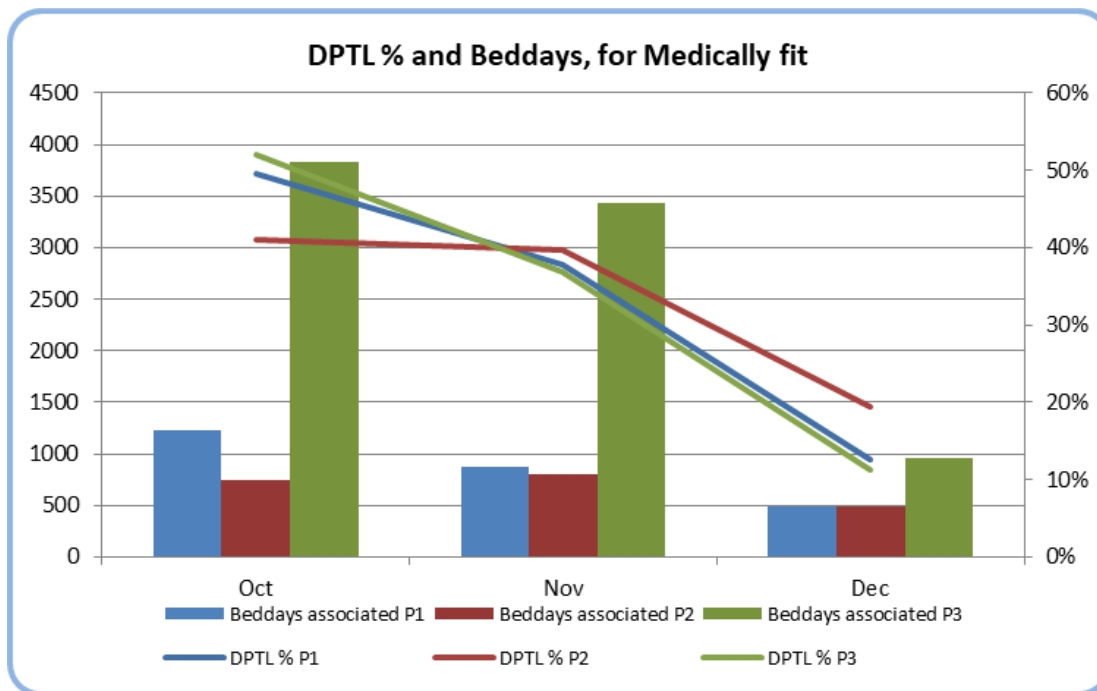


Bed occupancy varied between 87.19% and 97.49%. The increase in variation is a result of decreasing bed occupancy in November. The 93% trajectory for bed occupancy was breached for 15 days in November.

For the first time since the onset of the COVID-19 pandemic, the Trust did not rank first amongst AMTCs for ED performance, ranking third for November; though the Trust remains in the second quartile when compared nationally.

ED performance for the NBT Footprint stands at 82.61% and the total STP performance was 86.61% for November.

NB: The method for calculating bed occupancy changed in June and September due to reductions in the overall bed base resulting from the implementation of IPC measures. Weekly attendance growth comparison graph applies the NBT and South West week on week percentage difference to a baseline of 100 for comparability.



Right to Reside Report

The Trust is required to report the levels of patients who do and do not meet the right to reside criteria on a daily basis. We have just migrated from a manual process to an integrated digital iForm, which has increased our ability to analyse our data as highlighted.

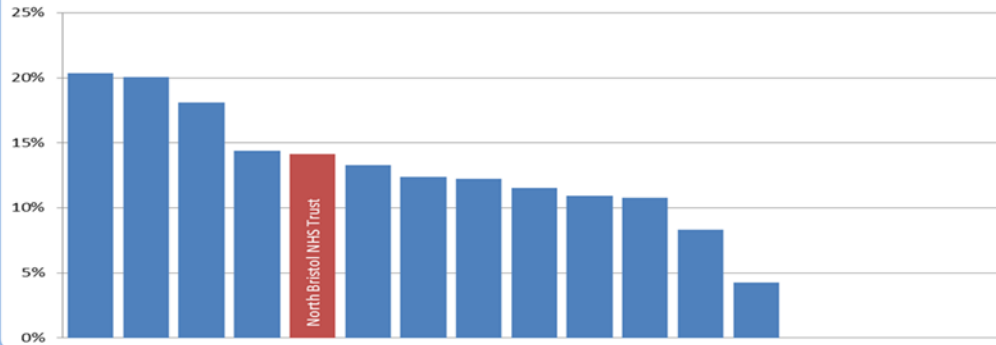
As of midnight 10 December (snapshot), 195 patients (25% of all patients) are medically fit for discharge and do not meet the criteria for right to reside. Issues preventing discharge are mainly waits for P1/P2/P3 pathways (64%) i.e. external resource/bed availability, outside NBT's control. 26% are awaiting NBT therapy or medical decision – for which we are introducing reporting and escalation processes to review.

The impact on bed days consumed replaces the previous national DToC process.

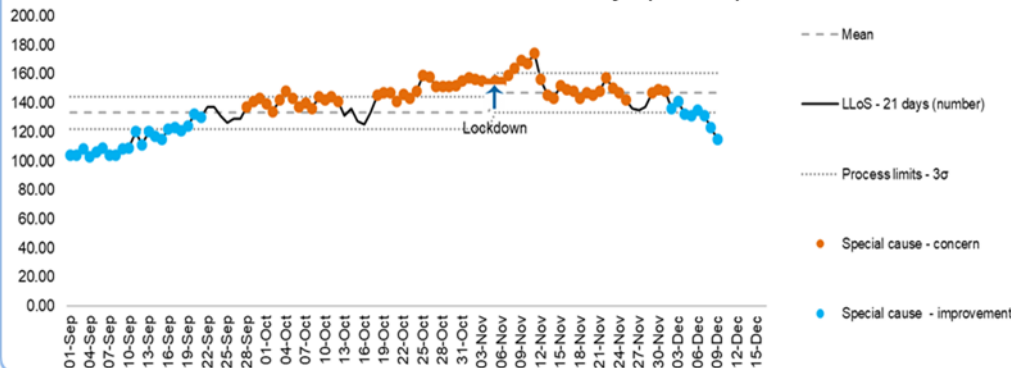
DPTL Reasons

viii. Pathway 1: awaiting availability of resource for assessment and start of care at home. 48	x. Pathway 3: awaiting availability of a bed in a residential or nursing home that is likely to be a permanent placement. 45	iii. Awaiting therapy decision to discharge (no acute medical or nursing intervention required; therapist stat... 27	ix. Pathway 2: awaiting availability of rehabilitation bed in community hospital or other b... 23	xv. Repatriation-/transfer to another acute trust for spe... 16	vii. Awaiting confirmation from 10		
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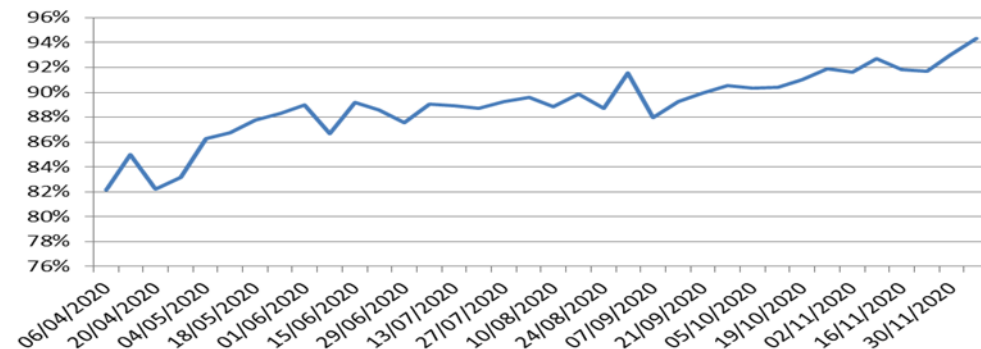
21+ LoS occupancy % in SW



SPC Chart for LoS - 21 Days (number)



% Discharges P0 and P1 (EL&NEL, All Ages, All LOS)



Stranded Reporting

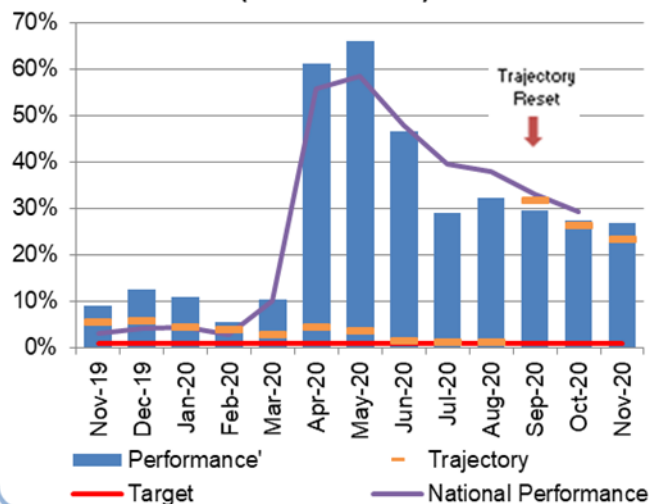
NBT benchmarks fourth highest in the South West at 14%, ranking closely with local providers. This is an improved position from November where the Trust was second highest. Levels are reducing and have reached levels of 115, last seen on 15 September. This was a result of additional P3 capacity as part of a BNSSG Phase B COVID-19 plan.

The process for reviewing stranded has remained constant with three times weekly review including all partners and system leads to identify actions required to progress discharge and identify blockages such as COVID-19 outbreaks in care homes or delays to the referral process.

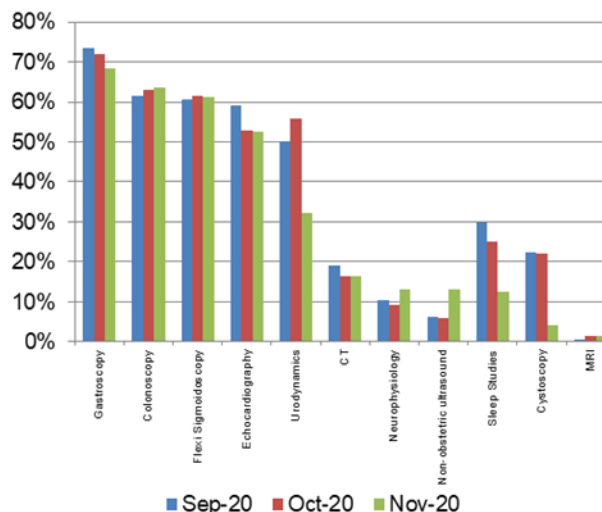
Discharge Home

Weekly discharges to P0 and P1 pathways have increased from 82% in week commencing 6 April, to 94% in week commencing 7 December. The national target is for combined P0 and P1 discharges to be at 95%, with home as default destination.

Diagnostic Waits Against Target (1% <6 Weeks)



Diagnostic Performance by Test

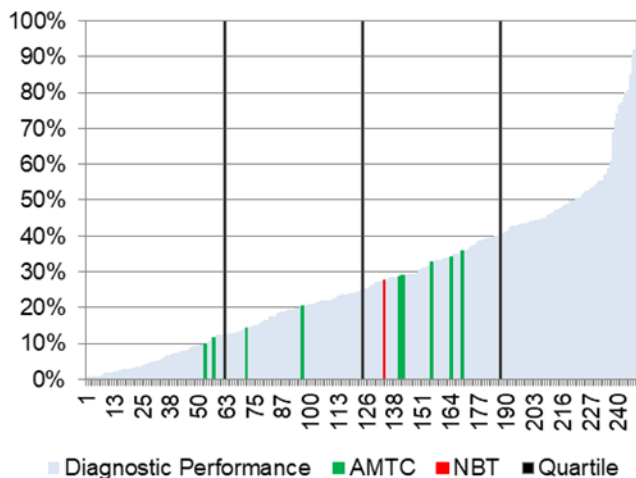


Diagnostic Waiting Times

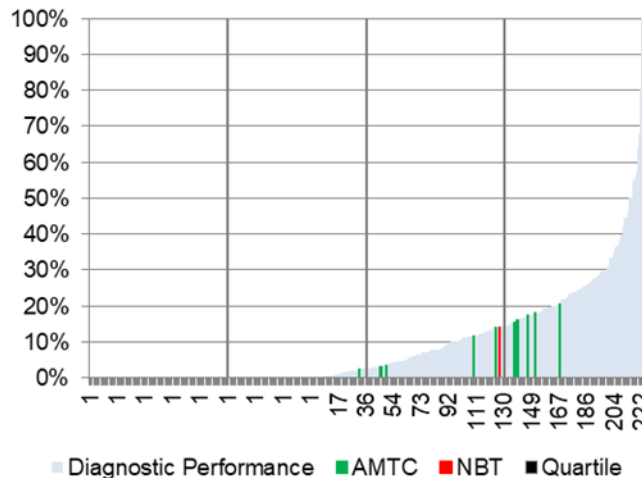
Diagnostic performance improved slightly to 26.73% in November but failed to achieve the revised trajectory of 23.09%. Improvement has been reported for nine test types in month with notable improvement for Urodynamics.

Despite this improvement, Trust performance in November has been negatively impacted by a deterioration in Non-Obstetric Ultrasound resulting from capacity constraints due to COVID-19 related staff absence. Performance for this test has the greatest impact on the Trust total as a result of the wait list size. Performance for the Trust would have been 24.61% had Non-Obstetric Ultrasound achieved trajectory.

Diagnostic Six Week Performance - October 2020



Diagnostic 13 Week Performance - October 2020

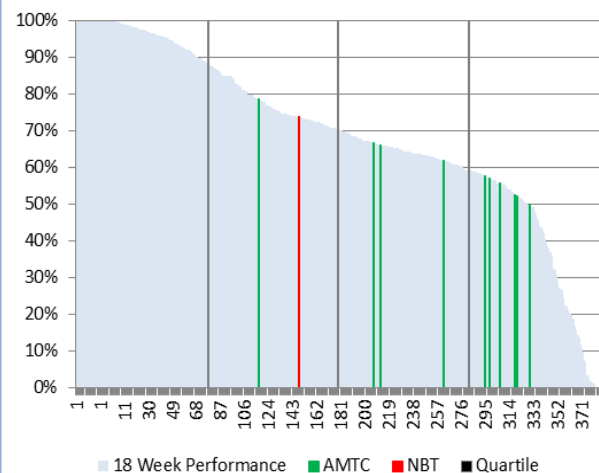


In November, waiting list activity levels reduced by 1.73%, reporting at 88.58% of 2019 levels. Capacity constraints within Non-Obstetric Ultrasound contributed to 80.94% of the activity reduction.

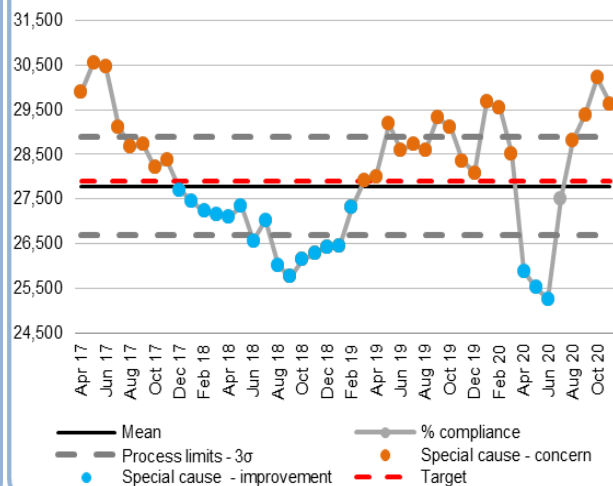
There was continued improvement in the number of patients waiting 13 weeks or more in November, with a 15.91% reduction from October. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, the Trust positioning deteriorated for 6 week performance moving from the second quartile into the third for October, whilst the 13WW performance remained static.

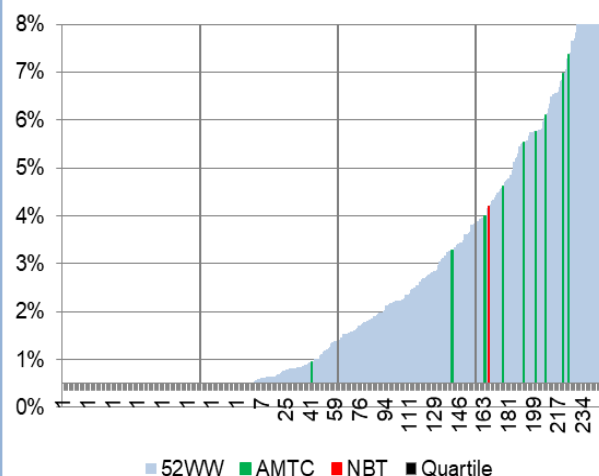
RTT 18 Week Performance - Oct 2020



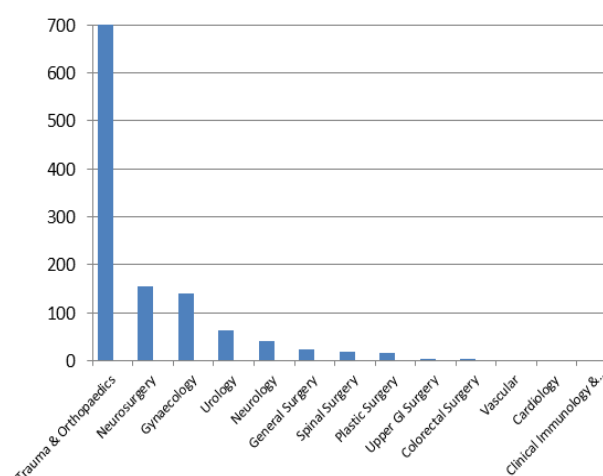
RTT Wait List



RTT Proportion of 52WW - Oct 2020



52 Week Breaches by Specialty - November-20



Referral to Treatment (RTT)

In November, the Trust reported a static RTT performance of 74.35%, exceeding the trajectory of 65.63%. There was a 1.93% decrease in the wait list and a 3.26% improvement in the backlog. The waiting list decreased slightly to 29632 in November, reporting under the new trajectory of 31917. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering largely above plan, resulting in a lower waiting list than predicted.

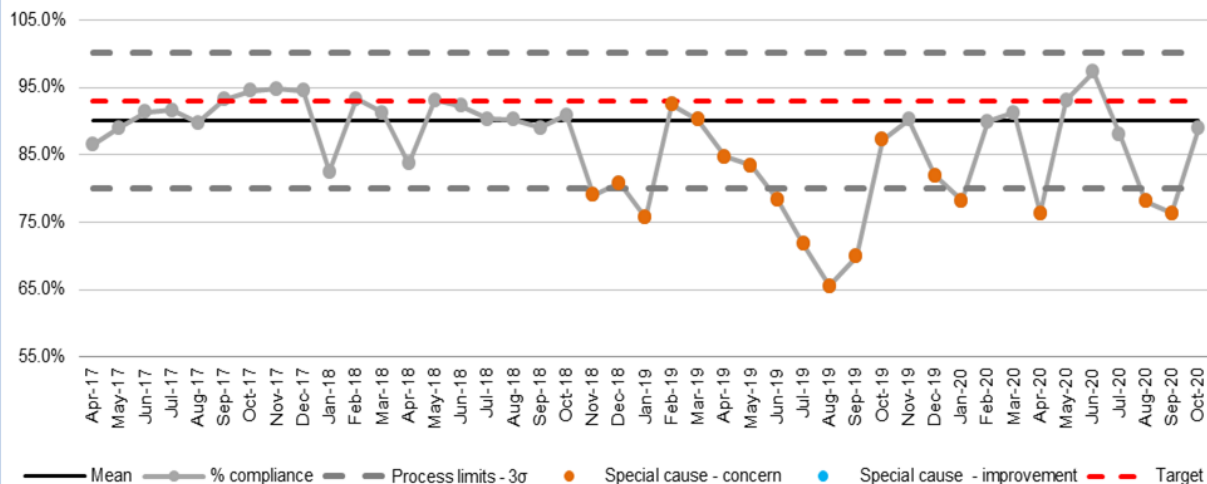
Admitted and non-admitted clock stops increased by 2% in November supporting the sustained backlog and 18 week performance improvement. There was a 30.16% reduction in admitted clock stops for patients waiting more than 52 weeks as a result of elective cancellations in response to Wave 2 of the pandemic.

At month end, there were 1249 patients waiting greater than 52 weeks for their treatment against a refreshed trajectory of 1706; the majority of breaches (780; 62.45%) 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.

Nationally the Trust's 18 week positioning remained unmoved, in the second quartile for October. The positioning of the 52WW breaches as a proportion of the overall wait list has improved in October ranking 167/254 compared to 178/243 in September.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer: Two Week Wait (TWW)

The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 89.01% in October. Referrals increased overall with a significant increase in Breast and Skin which affected the service's ability to put on sufficient capacity.

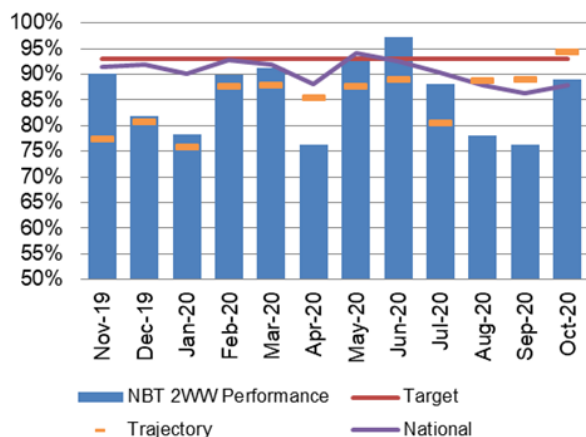
Out of the 1984 TWW patients seen in October, 218 breached; 52 related to Colorectal, 15 in Upper GI pathways and 67 in Breast.

Colorectal services failed the standard for October, at 77.09%. They received 227 referrals and had 52 breaches. In October, the backlog clearance plans were well established using both independent sector and internal capacity. In October, out of the 52 colorectal breaches, 17 were due to patient choice and 33 to test CT Colonoscopy procedures.

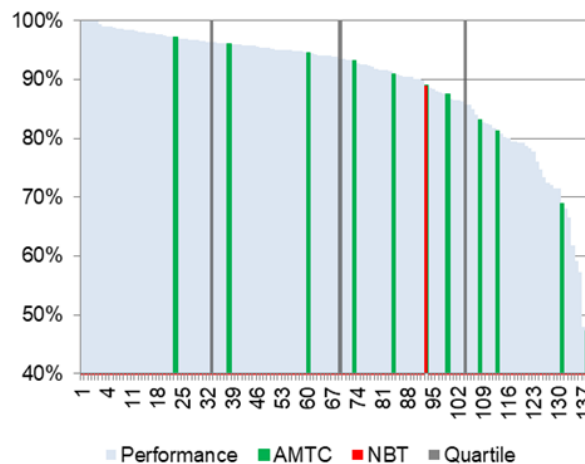
Upper GI failed the standard this month, at 88.37% but made a significant improvement on their previous month's performance of 47.20%. The additional capacity in October both on site and in the independent sector enabled the service to treat up to 10 patients per list and increase of 6 per list since COVID-19 restrictions. They received 130 referrals with 15 breaches. Skin services received 455 referrals in October and just missed the standard at 89.00%.

Breast services received 691 referrals in October this was a drop of 61 referrals on previous month. The October performance for Breast was 90.26%, conceding 67 breaches. Despite not achieving trajectory, TWW performance was improved on September, moving from the fourth to the third quartile. However, the standard is not expected to achieve sustained compliance until at least the new year

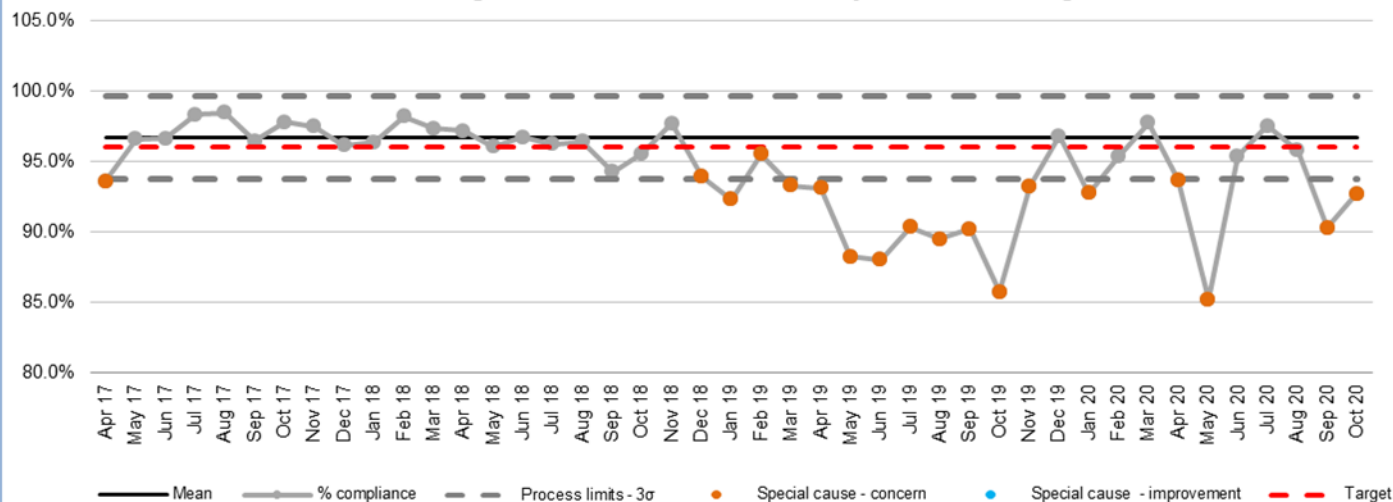
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard October-20



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



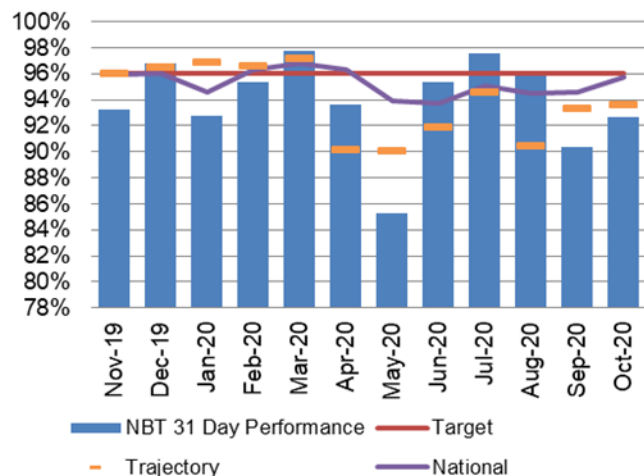
Cancer: 31-Day Standard

The Trust failed the 31 day first treatment national standard of 96.00% with performance of 92.68%.

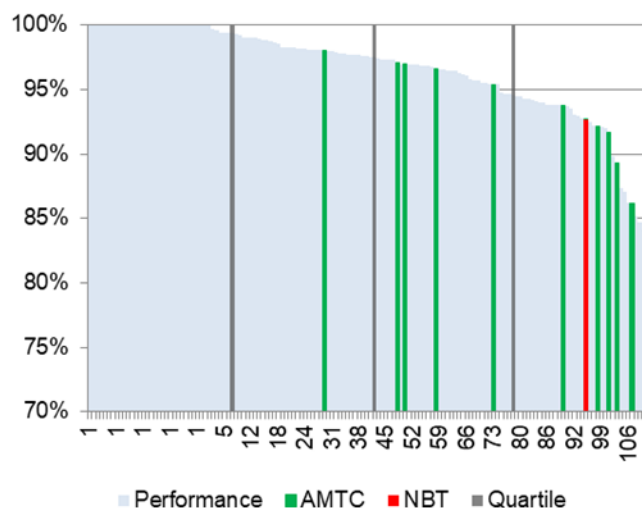
The Trust was able to treat 246 patients in October, with 18 breaches. 10 patients breached in Skin due to capacity and staffing pressures.

The Trust failed the 31 day subsequent surgery standard performing at 87.76%. The Trust treated 98 patients with 12 breaches in Breast and Urology.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer 31 Day Standard October-20

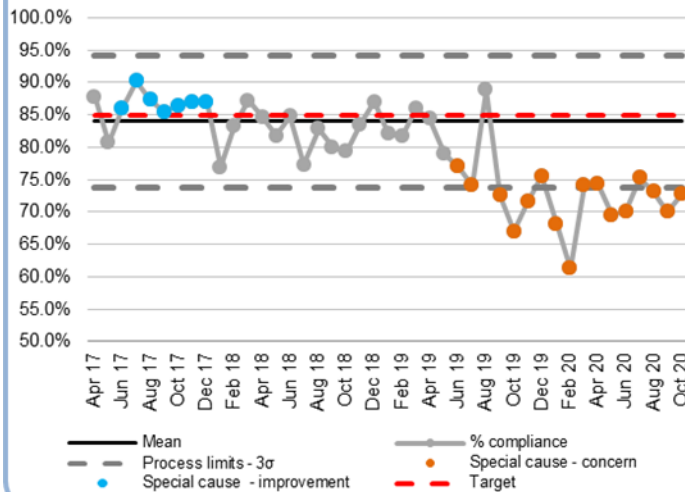


Skins 31 day performance for October was 84.62%, a significant improvement on September (63.27%), both in terms of treated and reduction in breaches.

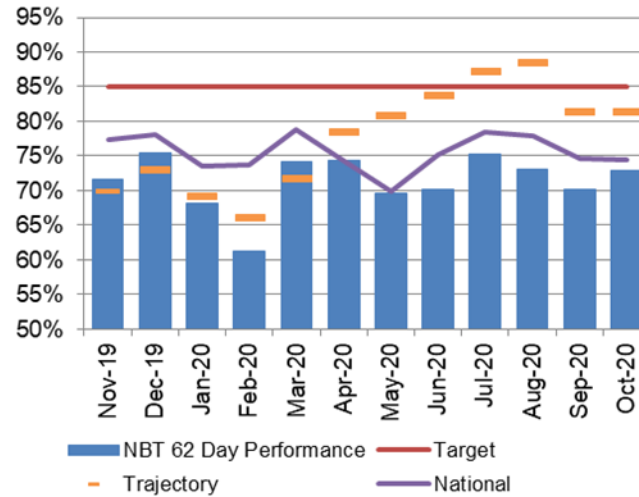
There were eight 104 day treated breaches in October that required Datix harm reviews; five within Urology and two in Breast and one in skin.

Of the eight patients that required Datix harm reviews, four were due to hospital COVID-19 delays, three medical reasons and one complex pathway. No harm has been identified as a result of the delay.

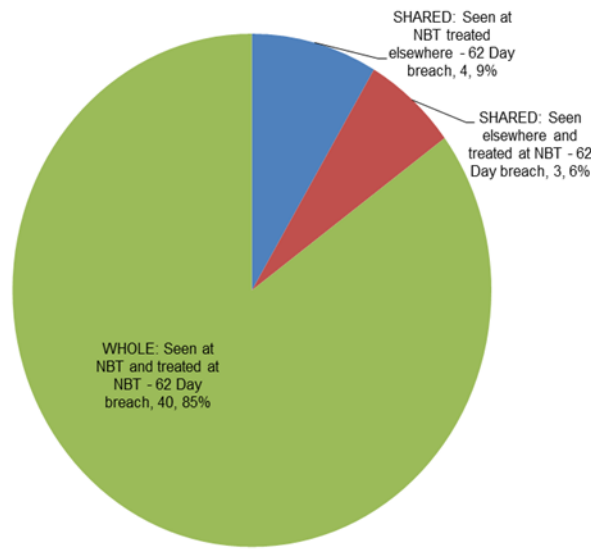
Patients Receiving First Treatment within 62 Days of Urgent Referral



Patients receiving first treatment within 62 days of urgent GP referral

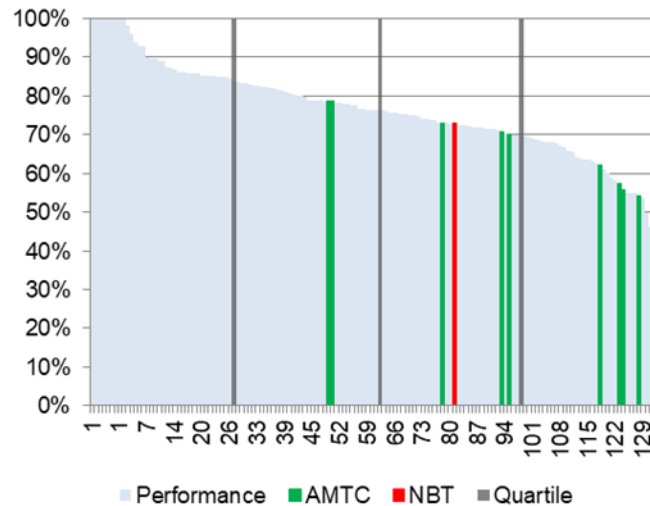


62 Day Breach Patients by Breach Type



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

Cancer 62 Day Standard October-20



Cancer: 62-Day Standard

The Trust failed the 62 day cancer trajectory and the national standard in October, reporting a position of 72.87% against a revised trajectory of 80.91%.

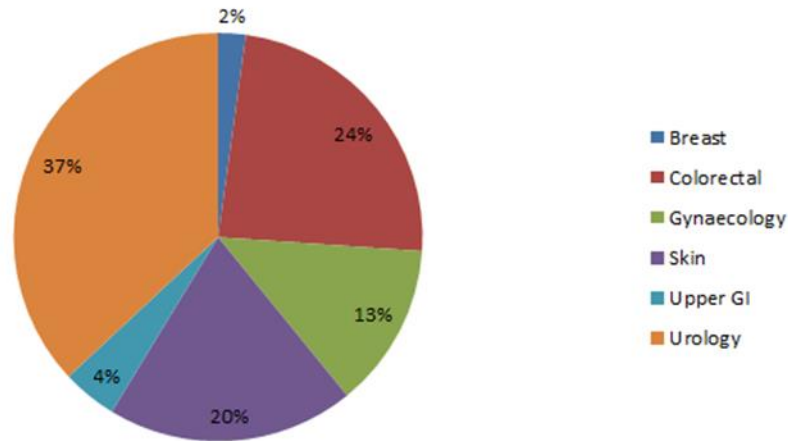
164 patients were treated with 44.5 breaches. All of the breaches in October were as a result of clinical deferral due to COVID-19 within the diagnostic and treatment pathway.

Urology's October performance of 53.54% with 24 breaches failed to achieve both CWT and post COVID-19 revised trajectory. This was not unexpected as Urology had implemented the phase three recovery plans and were clearing backlogs.

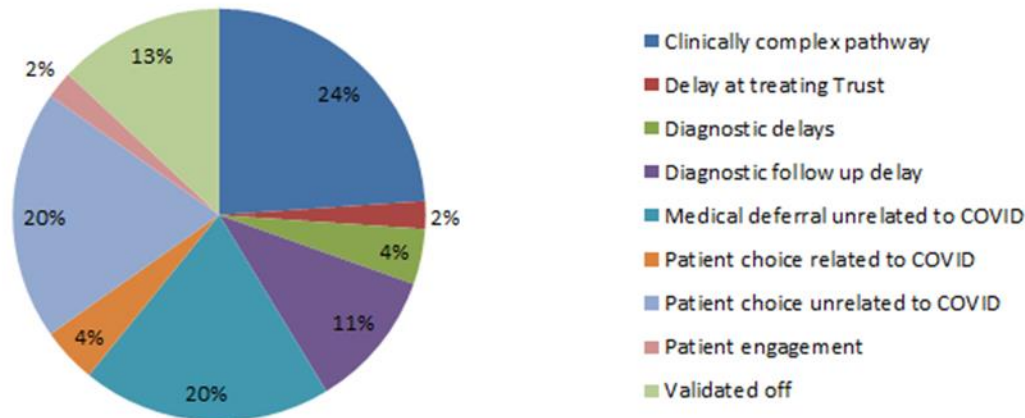
The majority of Urology breaches were due to clinically deferred decisions to delay diagnostic or treatment. The remaining breaches were a combination of late transfers, patient choice and individual diagnostic test delays.

Breast 62 day performance continues to decline, 50.00% of the breaches this month were due to complex pathways or a treatment being delayed for a genuine medical reason. The breast pathway is being reviewed and a triage process is being introduced which will have a positive impact on the 62 day pathway.

104 Day Waiters on PTL Without DTT



104 Delay Reasons - Without DTT



Cancer

104 Day Patients Live PTL Snapshot as of December 2020

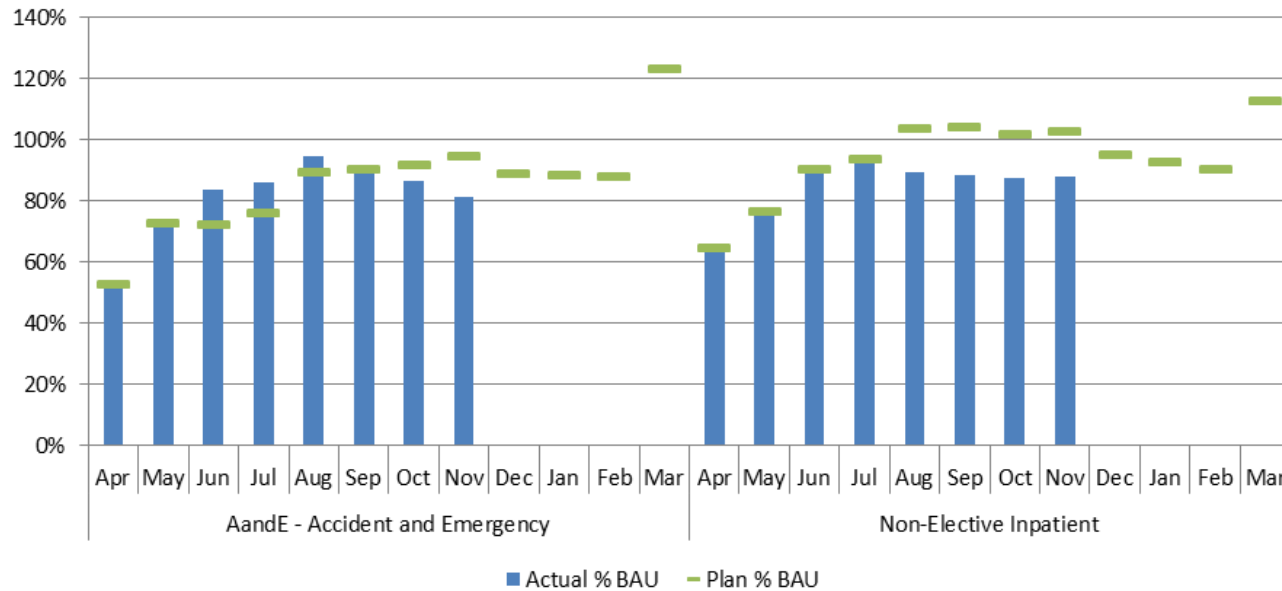
The Trust has 46 patients on the live cancer PTL as of 8th December waiting over 104 days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

The Trust has 46 patients waiting >104 days without a DTT. One in Breast, six in Gynaecology, seven in colorectal, nine in Skin, two in Upper GI and 17 in Urology.

There were three patients with a DTT >104 days with a confirmed cancer diagnosis..

Significant work has been carried out by the specialties to ensure all patients waiting over 104 days are clinically reviewed and treatment plans are in place. There has been an overall reduction in the number of 104 day breaches since August's highest position of 106 patients.

Non-Elective Activity vs Plan

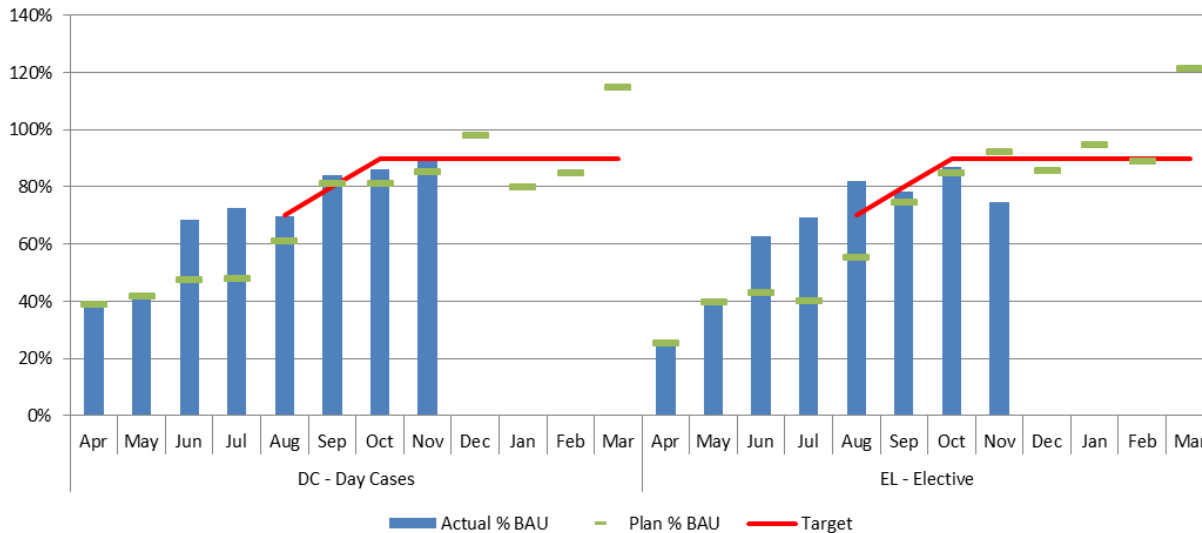


Non-Elective Activity vs Plan

- **ED attendances** have been above plan in every period with the exception of October and November.
- **Non-Elective** activity has been below plan since July 2020.

NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19.

Elective Inpatient Activity vs Plan

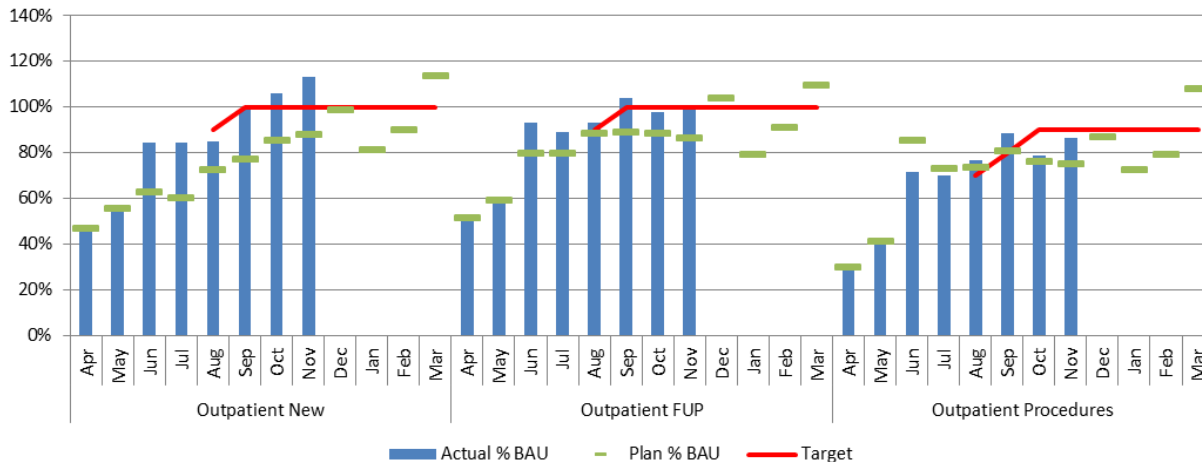


Elective Activity vs Plan

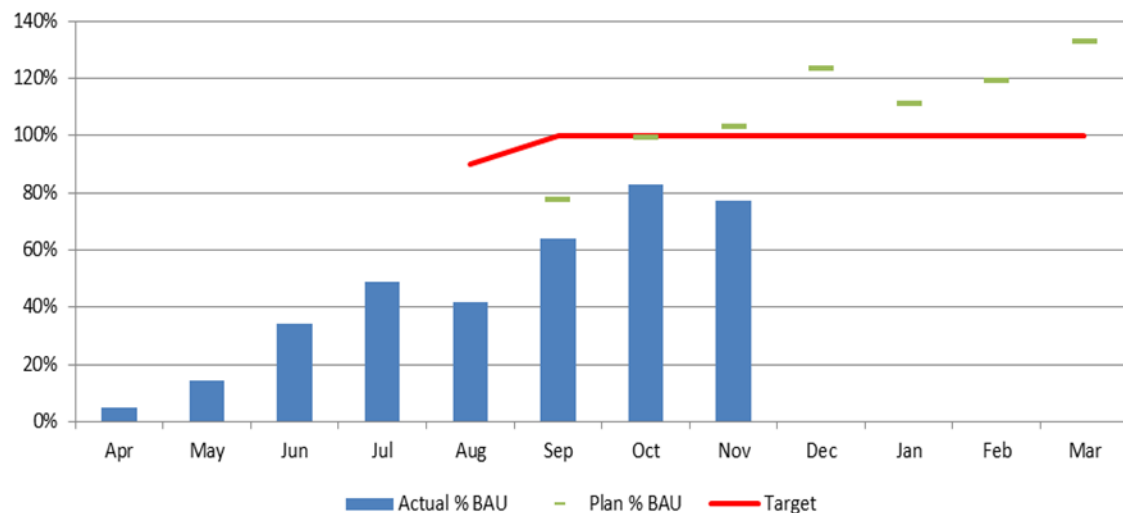
- **Day case** activity has been above plan in every period and achieved target in November.
- **Overnight admissions** have achieved plan in every period with the exception of November. November has been impacted by elective cancellations in response to the second wave of COVID-19.
- **Outpatient first attendances** have been above plan in every period and has achieved the target in every period since September.
- **Outpatient follow up** attendances have been above plan for every period.
- **Outpatient procedures** have been above plan in every period with the exception of June and July. The targets were achieved for August and September.

NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Data includes activity undertaken in the Independent Sector on behalf of the Trust.

Outpatient Activity vs Plan



Endoscopy Activity vs Plan

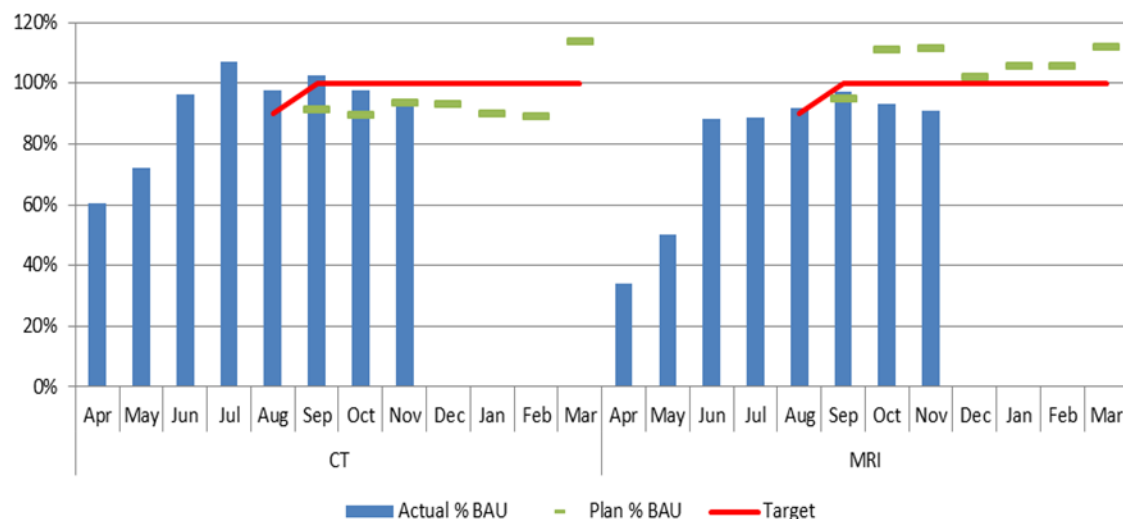


Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan and target from September. At test level, Colonoscopy is achieving plan and Flexi-Sigmoidoscopy and Gastroscopy is reporting below plan. This relates to the under-reporting of activity due to a coding lag.
- **CT activity** has achieved plan since September.
- **MRI activity** did not achieve the target or plan in October. National 6 week wait performance was achieved in September but reported a slight deterioration to 1.42% in October and November.

NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19.

CT & MRI Activity vs Plan



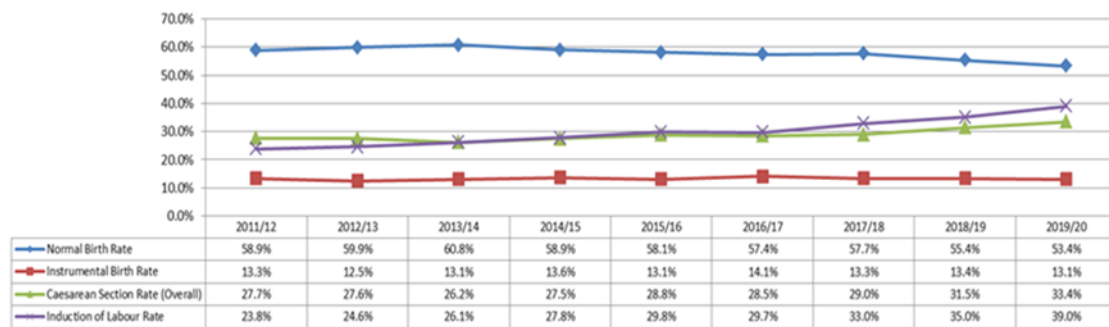
Safety and Effectiveness

**Board Sponsors: Medical Director and Deputy Chief Executive
and Director of Nursing and Quality
Chris Burton and Helen Blanchard**

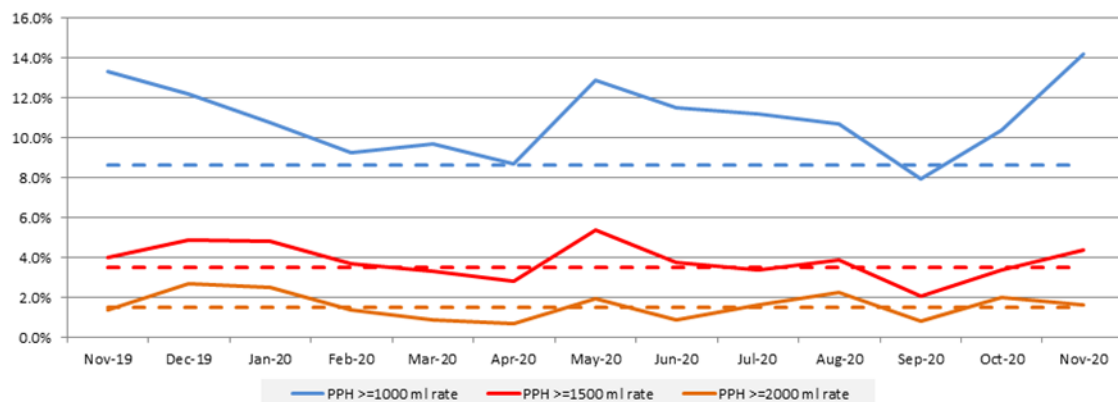
NBT Maternity Dashboard

	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Caesarean section rate (overall)	28.0%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%	31.2%
Elective CS rate (as % of all birth episodes)		19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%	14.9%
Emergency CS rate (as % of all birth episodes)		16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%	16.3%
Induction of labour rate	32.1%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%	39.8%
PPH >=1000 ml rate	8.6%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%
PPH >=1500 ml rate	3.5%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%	4.4%
PPH >=2000 ml rate	1.5%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%	1.6%
5 minute apgar <7 rate at term	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%
Stillbirth rate	0.4%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%
Stillbirth rate at term		0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%
Stillbirth rate <37 weeks		3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%	5.3%

Activity Trends



Reduction in PPH with new IOL pathway



COVID-19 Maternity

The division has installed additional screens across the division to improve infection control within multiple occupancy bays.

Visiting arrangements within maternity have been under nationwide discussion. Our current restrictions are informed by national guidance and in place to protect women, babies and the staff in the face of an ongoing rise in COVID-19 cases across BNSSG. We acknowledge the restrictions do have an impact on parents experiences of maternity and neonatal services.

Clinical

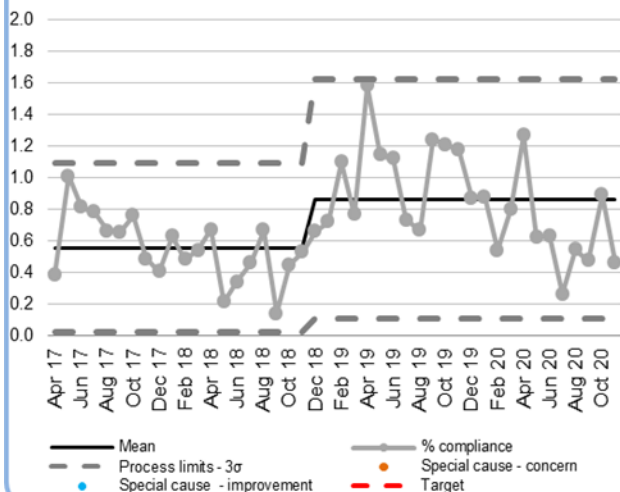
Both Elective and Emergency CS rates have reduced this month to 31.2. Births have increased over the last three months and in line with complexity trends the acuity on CDS remains high. There has been a rise in month of the induction rate to 39.8% in line with this complexity.

All aspects of the project to reduce PPH have been maintained. The average incidence of PPH for the past 3 years has been 5.3%. However, so far this financial year, the rate is 3.6% - a reduction of a third.

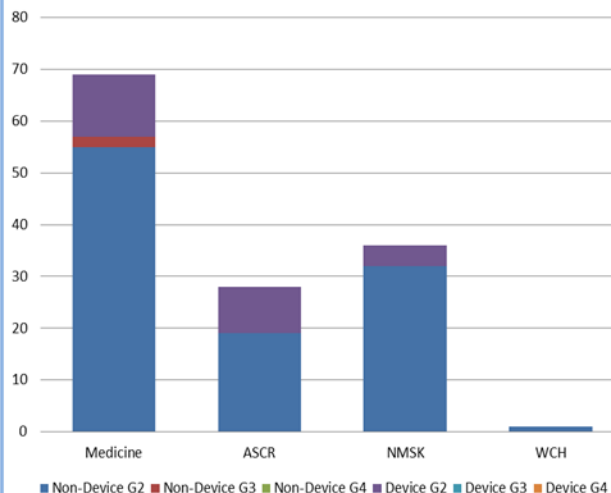
Better Births NHSE

NBT is working towards meeting the national target of 35% of women being booked onto a continuity of carer pathway by March 2021 as part of the national ambition to reduce stillbirths by 50% by 2024. The same target must be in place for BaME and deprived women across the service and a review of performance against this is being completed. This requirement needs to be achieved by each provider of maternity services in BNSSG and collectively as one Local Maternity System (LMS).

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 November.

In November we saw a decrease of Grade 2 pressure injuries reported (17). This included 6 device related injuries. Device related injuries and those to heels continue to be of the highest incident with the summary as follows:

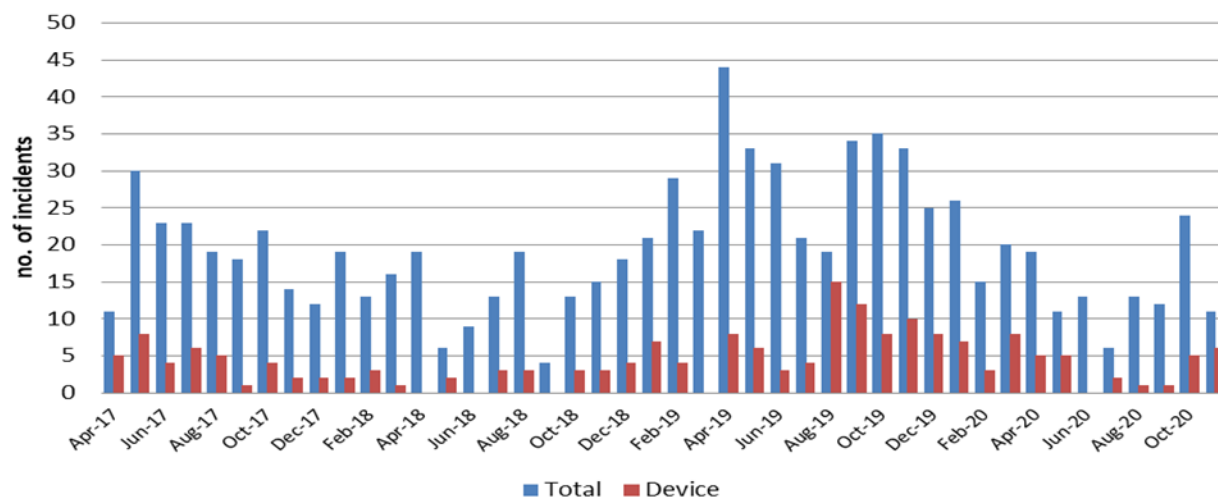
Medical Devices: 35%
Heels: 29%
Buttock/ Sacrum: 24%
Coccyx/ Natal Cleft: 12%

In response to an increase in COVID-19 patients in ICU requiring proning, targeted teaching was provided to clinical teams. The aim was to ensure preventative measures were implemented to reduce the potential increase incidence of pressure damage, particularly in relation to medical devices. This approach has proved to be beneficial.

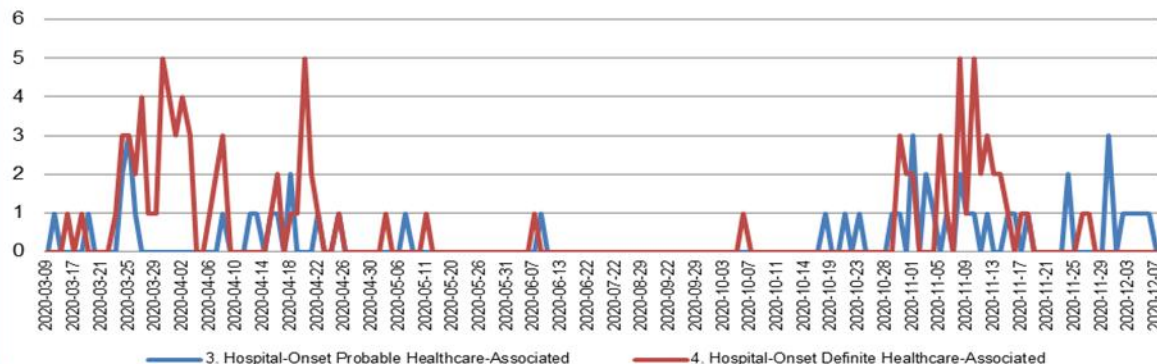
Clinical teams continued to identify and address themes and trends at divisional level.

In November, we celebrated Stop the Pressure Day. This was facilitated through Microsoft Teams and the clinical staff were tasked in creating 'Love Great Skin' boards. This was well attended and supported by clinical areas. The BNSSG CCG team also attended and learning shared across the BNSSG.

Pressure Ulcers - Total Incidents



COVID-19 Onset Category by Positive Test Date



COVID- 19 (Coronavirus)

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. The impact of the second wave of COVID-19 infection was felt in November aligned with a rise in community transmission of the virus.

We have seen a rise in the number of Hospital onset cases, and a number of Staff groups have been affected. All events are the subject of Outbreak meetings with appropriate PHE input.

Transmission within ward bay areas has been a common theme. We have also re-issued the most up to date guidance regarding eye protection .

Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing.

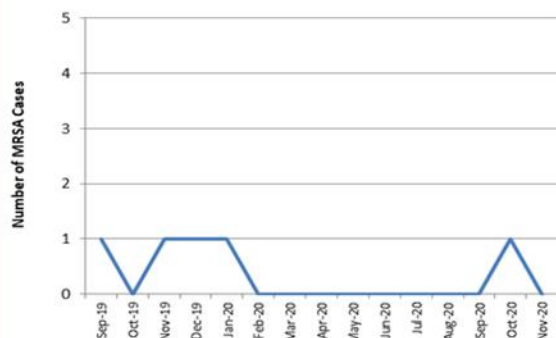
MRSA

MRSA bacteraemia = 0 hospital attributable
MSSA bacteraemia = 5 hospital attributable

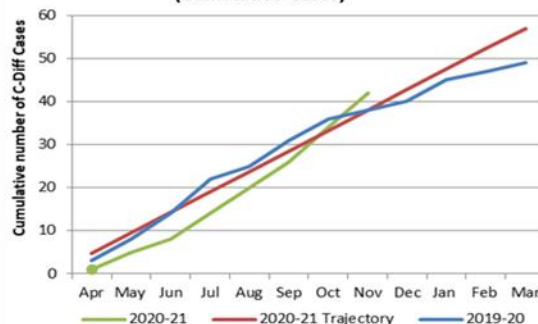
C. Difficile

Total of 8 (5 Hospital onset healthcare associated; 3 Community onset healthcare associated) cases have been reported which is higher than the expected trajectory. There is some suggestion that patients with COVID-19 may be more likely to be diagnosed with C.diff infection and this is being investigated

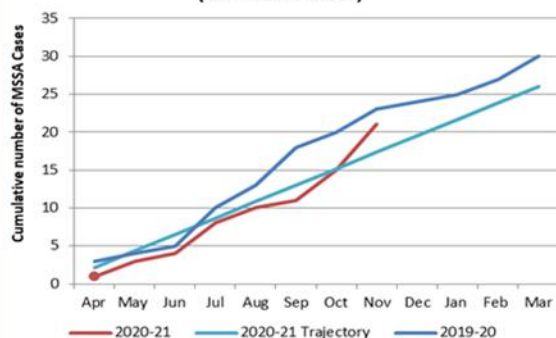
MRSA Cases - Trust Attributable



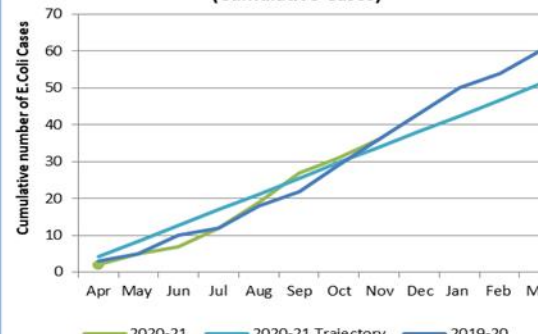
C.Difficile Cases - Trust Attributable (Cumulative Cases)

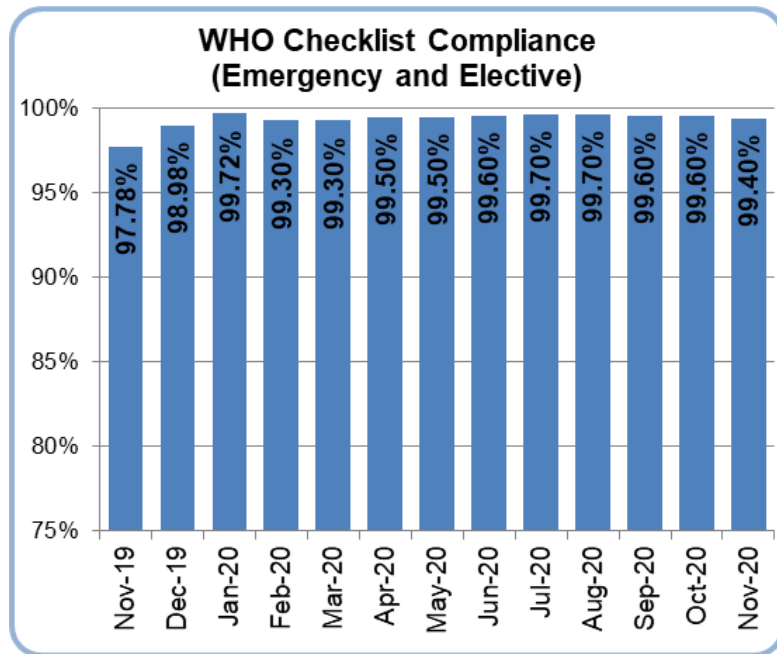


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



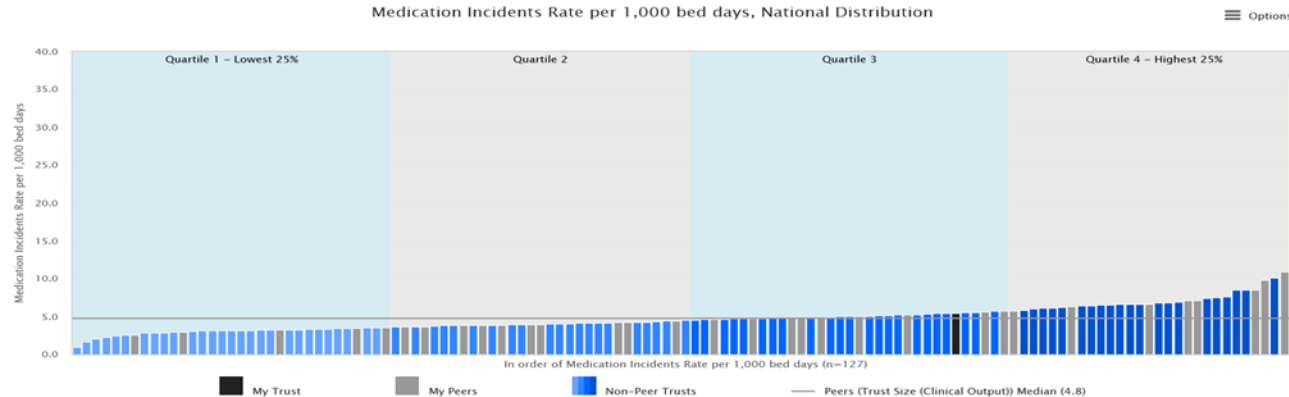


WHO Checklist Compliance

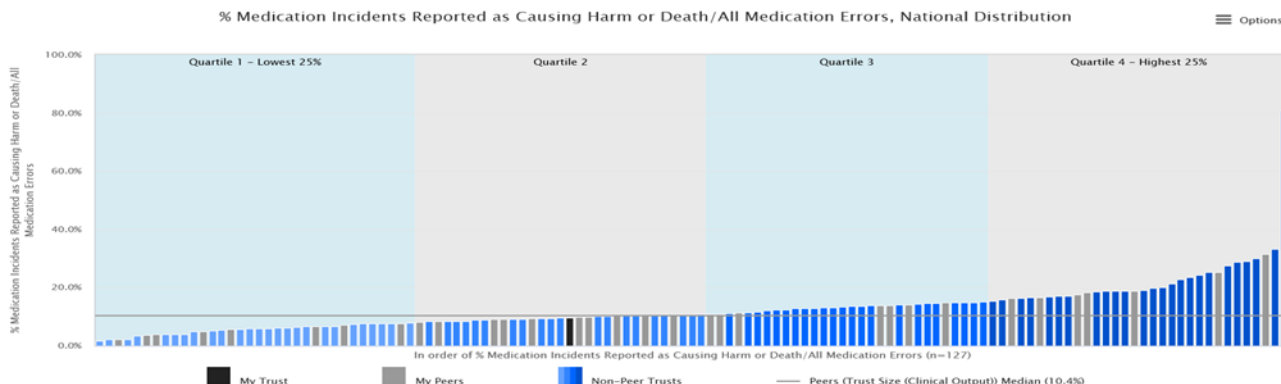
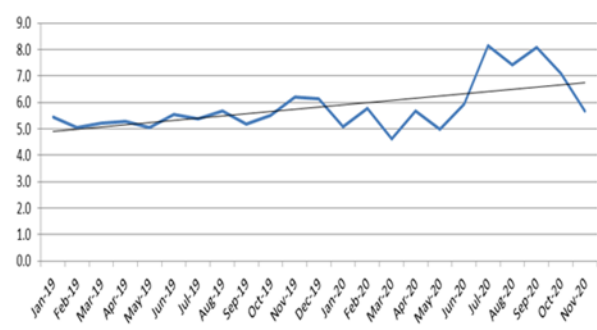
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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.

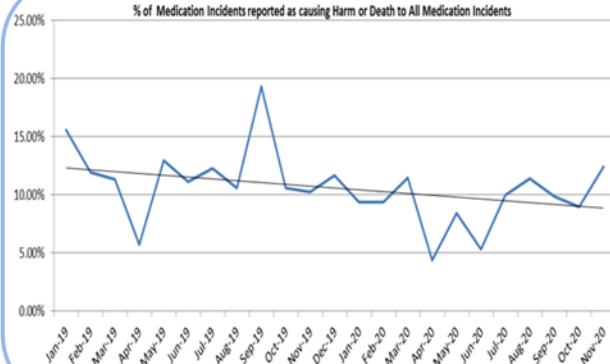
Medication Incidents Rate per 1,000 bed days, National Distribution



% Medication Incidents Reported as Causing Harm or Death/All Medication Errors, National Distribution

North Bristol Trust
Medication Incidents per 1000 Bed Days*

* Based on Actual Trust Data (Oct 2020)

North Bristol Trust
% of Medication Incidents reported as causing Harm or Death to All Medication Incidents

Medicines Management National Benchmarking

These metrics are a measure of medicines safety and governance. *Data source: National Reporting & Learning System (NRLS) October 2020.*

Medication Incident Rate

North Bristol Trust remains at a rate of 5.5 medication incidents per 1000 bed days which is above the median for its peer group (4.8) and above the National median (4.5). High levels of reporting are considered an indicator of a strong safety culture.

Percentage of Medication incidents reported as causing Harm or Death. 9.7% of all medication incidents reported from NBT have caused harm which is below the median for its peers (10.4%) and below the National median (10.8%). A lower number demonstrates safer medication practice.

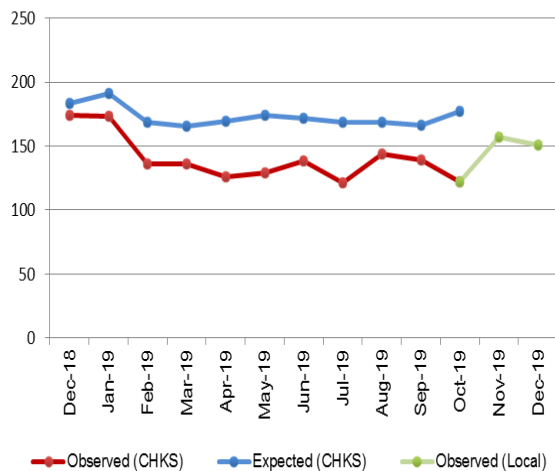
North Bristol Trust Medication Incident Reporting (November 2020).

Organisations where staff believe reporting incidents is worthwhile are likely to report a higher proportion of "no harm" incidents. No harm incidents account for 88% of NBT reported incidents and the percentage of harm incidents is declining over time.

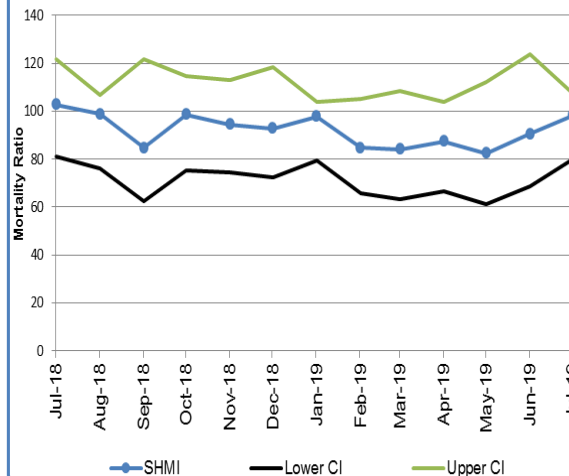
NBT has a medicines governance process overseen by the Drugs and Therapeutics committee which reports to Quality and Risk Management Committee.

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 has not yet worked through into this data due to the normal time lag for its national publication.

Mortality Review Completion

The current data captures completed reviews from 01 Oct 19 to 30 Sep 20. In this time period 89.9% of all deaths had a completed review. Of all "High Priority" cases, 94.3% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 33 of the 34 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 95.6% (score 3-5). There have been 20 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as potential Serious Incidents through Divisional governance processes. 1 reviewed as SIRI (Feb 20).

Medical Examiner Service

The Medical Examiner service has been established jointly across BNSSG and started scrutinising deaths at NBT in July 2020. So far 49 deaths occurring between June 20 and September 20 have been scrutinised by a Medical Examiner, with an increasing % of cases each month as the full team is established. Cases scrutinised by the Medical Examiner replace the previous internal screening of each death as a more senior and independent check. Proactive contact is also made with family members and/or carers to support them and identify potential concerns.

The further development of the ME service and its interface with existing NBT governance processes will continue to be overseen by the Clinical Effectiveness and Audit Committee.

Mortality Review Completion

Oct 19 – Sep 20	Completed	Required	% Complete
Screened and excluded	1135*		
High priority cases	264		
Other cases reviewed	188		
Total reviewed cases	1587	1765	89.9%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	4.4%	19.1%	48.6%	27.9%

Date of Death	Jun 20 – Sep 20
Scrutinised by ME	49
Concern raised (%)	0 (0%)

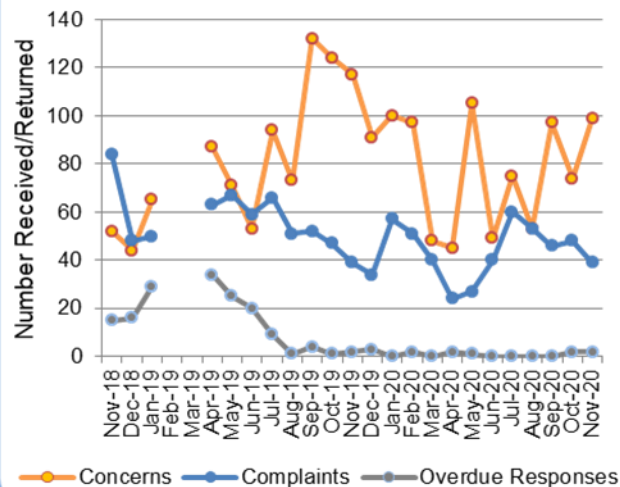
*171 (non high priority) cases were excluded from any form of review between January and April 2020 to aid with clearing a backlog of cases worsened by the COVID-19 pandemic mortality review suspension.

All high priority cases are still being reviewed.

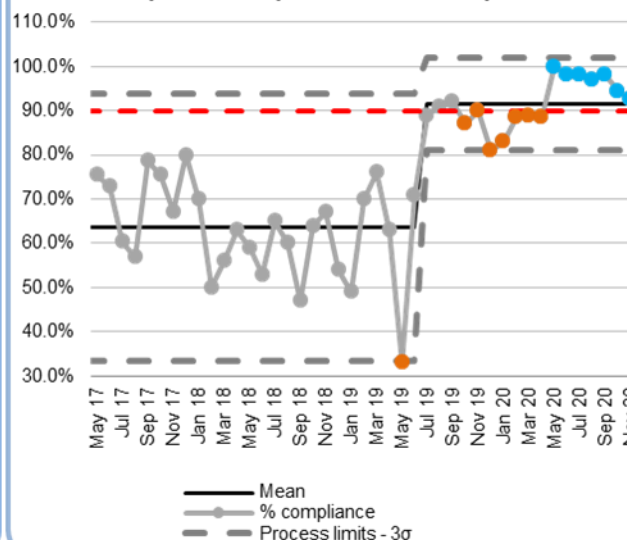
Patient Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

In November 2020, the Trust received 39 formal complaints.

The 39 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	9 (18)	CCS	2 (0)
Medicine	8 (14)	NMSK	13 (6)
WCH	3 (4)	Facilities	1(3)
IM&T	0 (2)	Nursing & Quality	3 (0)

Enquiries and PALS concerns are recorded and reported separately. In November 2020, a total of 53 enquiries were received by the Patient Experience Team. 99 PALS concerns were received. This is an increase of activity from October but is in line with previous months.

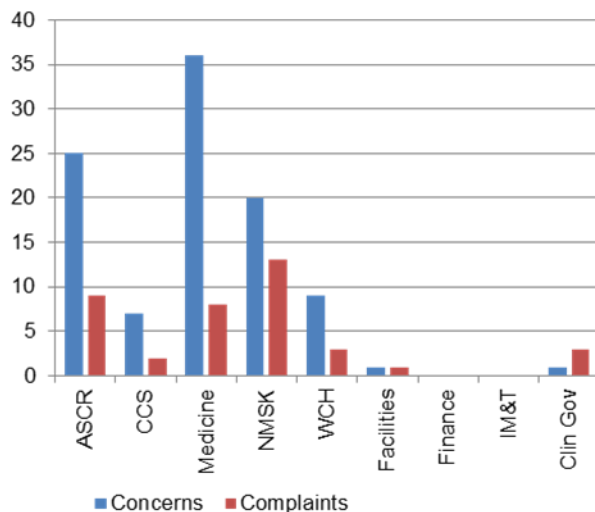
Compliance Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. In November, 93% of complaints were closed within the agreed timeframe. This is a slight decrease in performance from previous months but remains above the target of 90%. Of the 41 complaints due to be closed in November, 38 were responded to on or before the due date. 1 remains open and 2 were responded to after the agreed timescale.

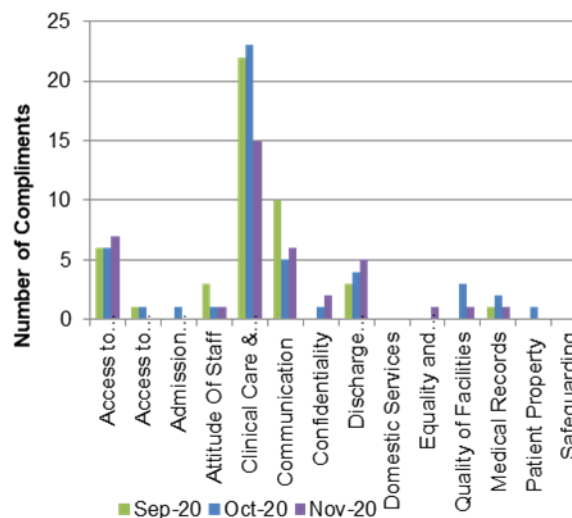
Overdue complaints

There are 2 overdue complaints. 1 is for WACH due to delays in the the complainant receiving notes from their Local Resolution Meeting. The second is overdue with the Overseas Team in Finance.

Concerns and Complaints per Division



Complaints By Subject



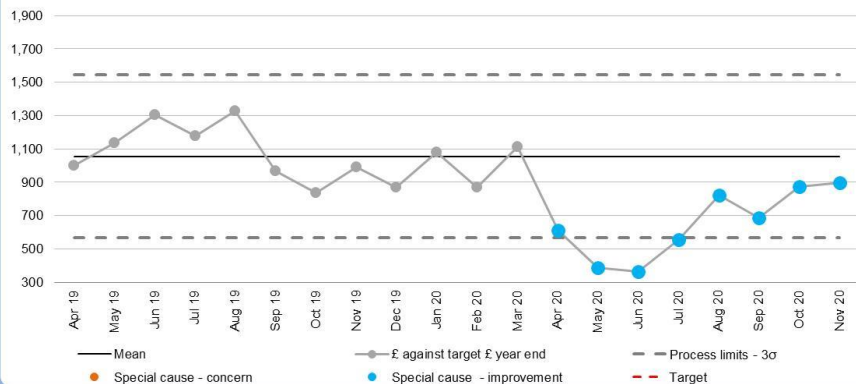
N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues. From June-19 Enquiries have **not** been included in the 'concerns' data.

Well Led

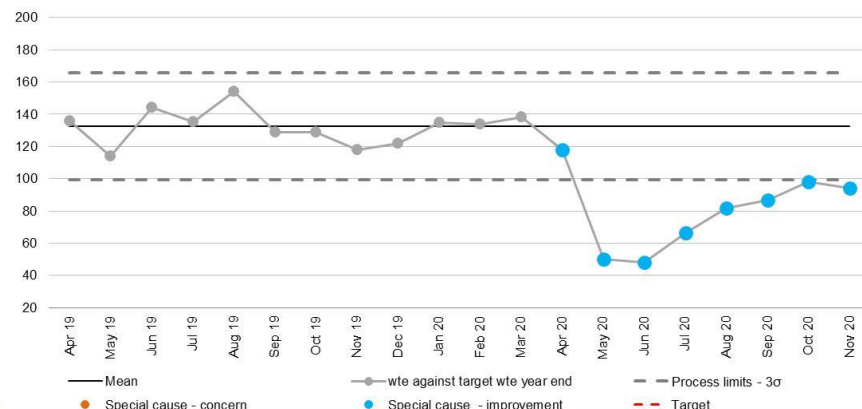
**Board Sponsors: Medical Director, Director of People and
Transformation**

Chris Burton and Jacqui Marshall

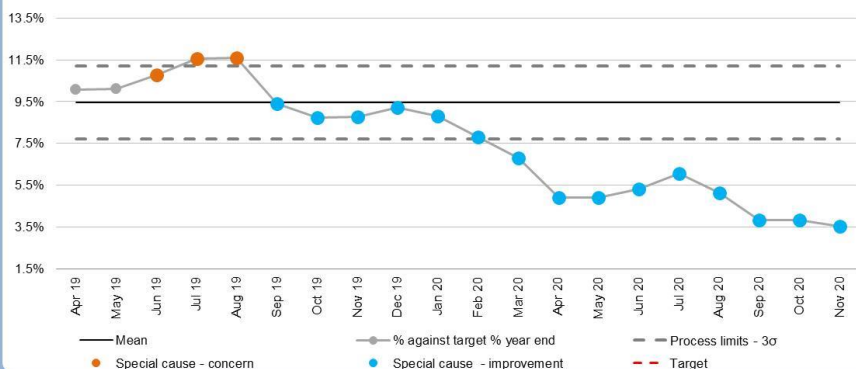
Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



Resourcing

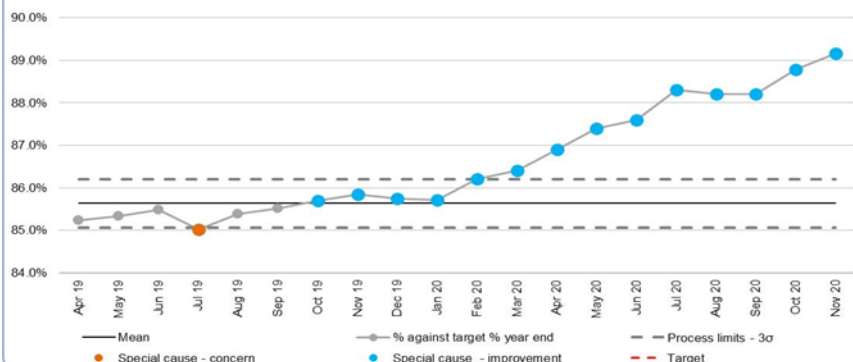
Overall Agency usage reduced slightly from last month however expenditure remained consistent with October. This was due, in part, to an increase in the usage of higher cost supply to cover increased absence levels in both substantive and Bank only staff availability for the shifts required as well as an increase in short notice requirements for ICU nurses and RMN's.

Substantive recruitment saw 15 band 5, 26 band 2 HCA's and 6 band 3 HCA's. Ongoing HCA Recruitment is targeting 25 new starters per month until the end of this financial year, which creates a current forecast of zero HCA vacancies at that. November's on line Digital Nursing Engagement event had 29 attendees and resulted in 8 offers.

The resourcing teams were also supporting the initiation of COVID-19 vaccination recruitment across the BNSSG, whilst dedicated resource was being brought in.

Engagement and Wellbeing

Stability -Trust starting 01/04/19



Turnover and Stability

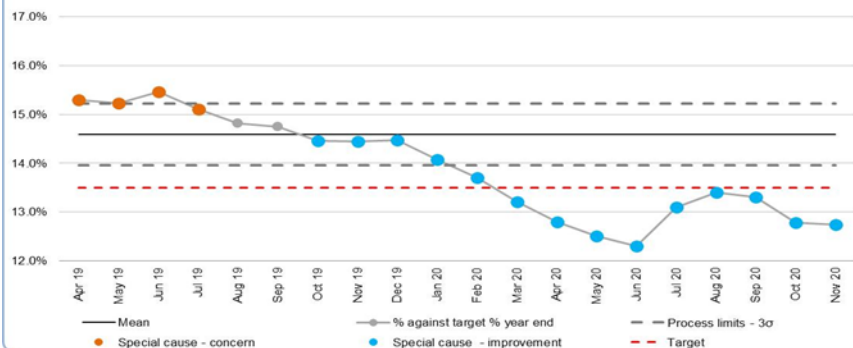
Turnover continues to improve with the majority of staff groups seeing an improvement or no change in November. Following a positive meeting last month with NHSIE regarding NBT's 'Itchy Feet' Campaign, joint working is planned to roll this out more widely as part of the BNSSG/ STP retention project. The Campaign is currently being refreshed within NBT.

Sickness and Health and Wellbeing

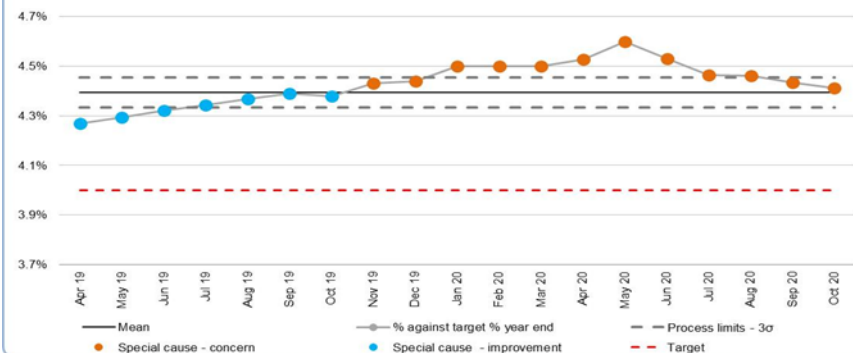
Work undertaken to help improve sickness absence includes:

- Absence project in ASCR targeting absence hot spot areas (on-going);
- Continued development of guidance and support for staff off sick with COVID-19 related sickness absence and improved reporting through the development of regular Absence SBARs to Silver and Gold command;
- COVID-19 health risk assessments have (from 7th December) been incorporated into the new starter pre-employment check process to support safe working at NBT for everyone, in conjunction with Occupational Health;
- A COVID-19 Health risk assessment review process has been agreed and implemented from the 11th December aimed at supporting the health and well-being of existing staff;
- 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
- First few high level case reviews for the 'top 30' LTS cases commenced earlier this month, with further reviews planned on a monthly basis to support the effective management of the Trust's longest sickness cases

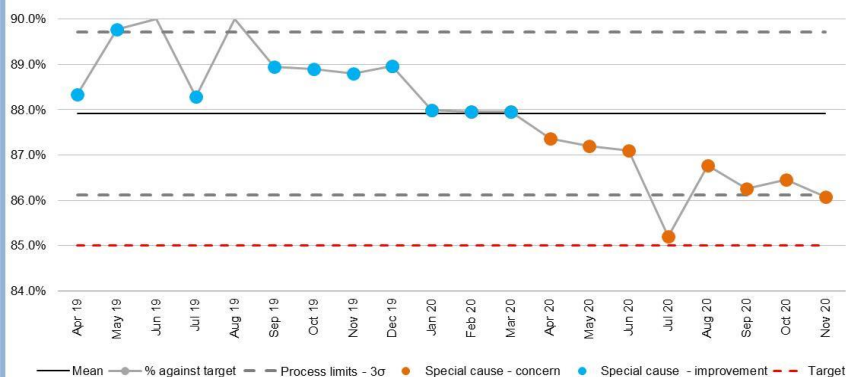
Turnover-Trust starting 01/04/19



Sickness Absence-Trust starting 01/04/19



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



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

Despite challenging staffing conditions, compliance continues to remain above the 85% threshold with eLearning being the main access route. Clinical sessions requiring a practical element remain at a reduced attendance ratio due to social distancing requirements, wherever possible additional session have been added to compensate for this.

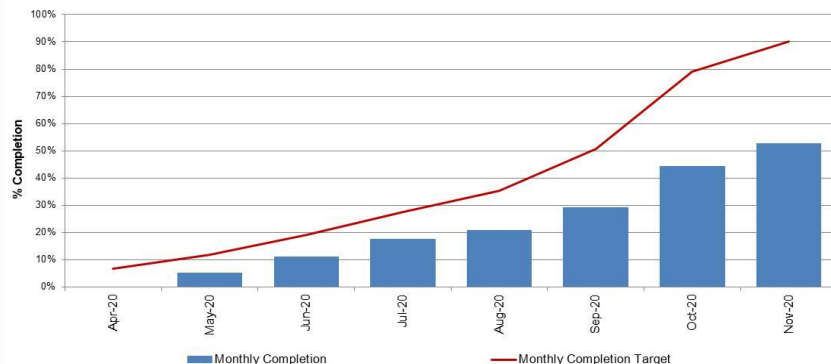
Leadership & Management Development

A reduced programme of offerings will be in place until March 2021 (although content directly related to staff wellbeing or use of eRostering is still available).

Apprenticeship Centre

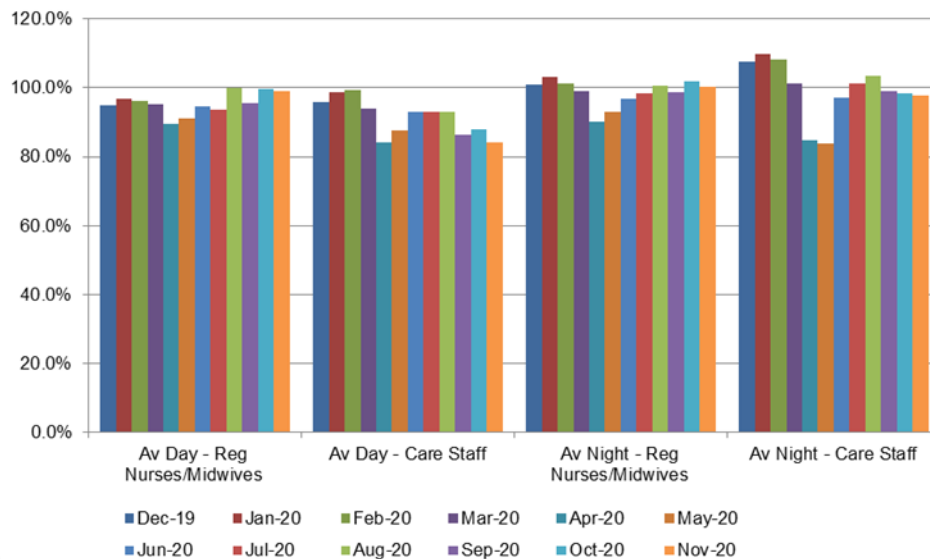
Resources continue to focus on the recruitment drive for Band 2 Healthcare Assistants (HCA). Process redesign is underway for HCA Induction to improve on boarding efficiency whilst maintaining quality standards.

Appraisal Window % Completion



Training Topic	Variance	Oct-20	Nov-20
Child Protection	-0.1%	85.8%	85.7%
Adult Protection	-0.6%	88.2%	87.6%
Equality & Diversity	-0.4%	91.1%	90.7%
Fire Safety	-0.2%	85.9%	85.7%
Health & Safety	-0.9%	89.3%	88.4%
Infection Control	-0.2%	91.4%	91.2%
Information Governance	0.0%	81.7%	81.6%
Manual Handling	-0.9%	77.2%	76.3%
Waste	-0.3%	87.6%	87.3%
Total	-0.4%	86.45%	86.07%

Safe Staffing Fill Rates



The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. 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.

Wards below 80% fill rate for Registered Staff:

Rosa Burden 53% - RBC closed for several days and reduced patients as a result staffing was reduced to account for these changes in dependency.

Cotswold Ward (59% Days) : Reduced number of beds open and staffing reduced accordingly to match capacity and patient acuity.

Wards below 80% fill rate for Care Staff:

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

AMU: (78.8% Nights) Planned reduction due to change in dependency with the AFU direct admissions. Template change expected

8b: (59.2% days) Unregistered staff vacancies

7b (79.6%% Days) This is a green ward which is intermittently running below full occupancy so planned staffing has been reduced according to the dependency on the ward on a daily basis.

NICU (55.4% Days 69.2% Nights) Unregistered staff vacant shifts, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

Elgar 2 (79.7% day & 77.7% night) Beds reduced by 6.

28b (73.7% day & 77.3% night) Ward has been a blue COVID-19 ward and has had reduced occupancy

25b (79.9% day) vacancies

Rosa Burden (65.7 % day & 49.1% night) – unit closed for several days and reduced patients as a result staffing was reduced to account for these changes in dependency.

Medirooms (78.4% day)

ICU (41.1% day & 43.3% night) Unregistered staff vacancies

Wards over 150% fill rate:

6b (171.4% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.

25a (151.7% Nights) additional patients requiring enhanced care RMN/HCA support

Nov-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	99.0%	84.2%	100.4%	97.9%

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

Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

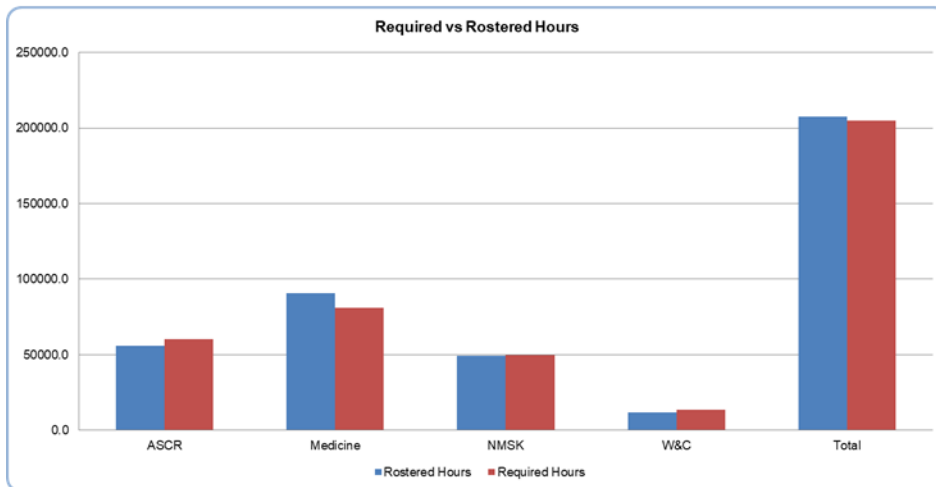
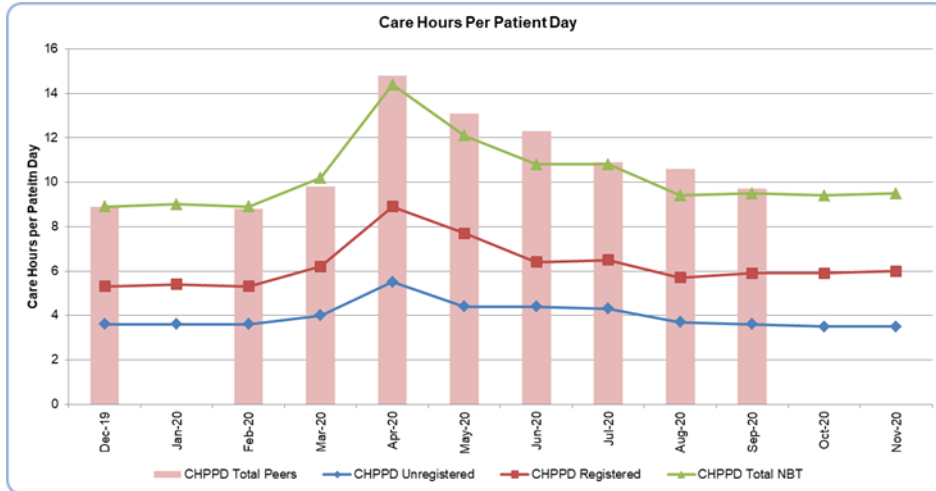
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

Safe Care Live (Electronic Acuity Tool)

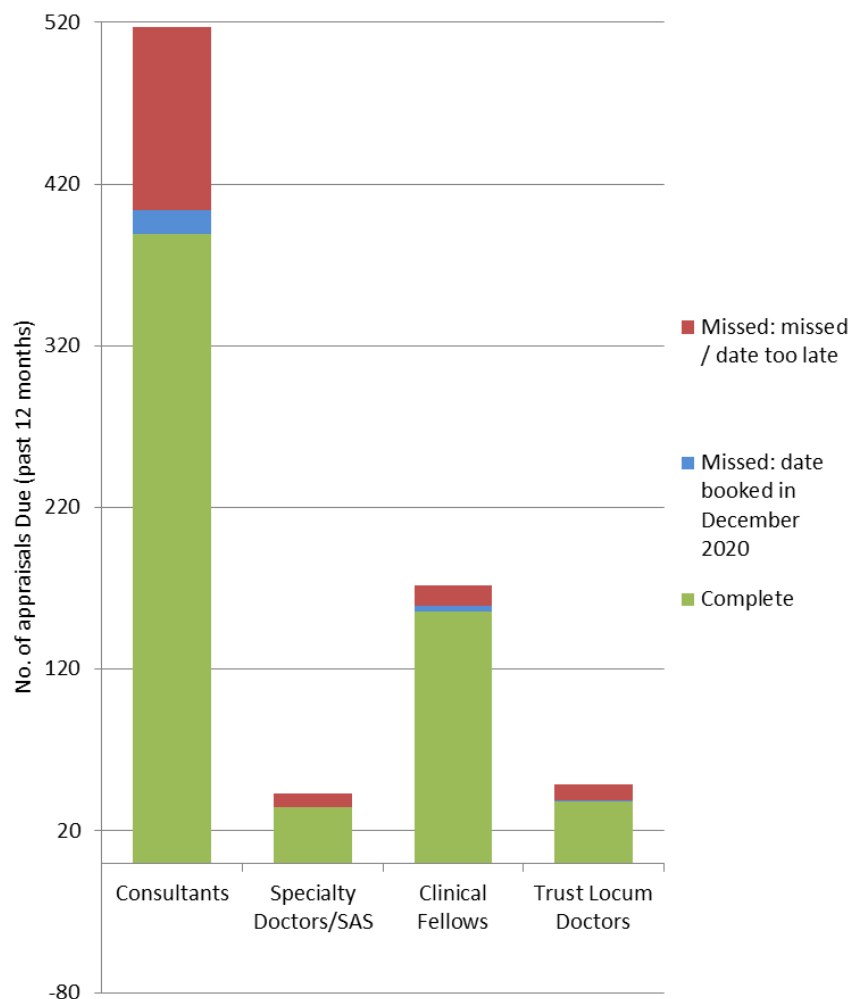
The acuity of patients is measured three times daily at ward level.

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 108 appraisals, (included as complete appraisals in this data). The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach to appraisal preparation. This means that appraisal portfolios can contain minimal evidence of CPD, QIA and written reflection. These things will now be captured in the appraisal discussion and the focus of the appraisal should be on doctors wellbeing and personal development. The Fourteen Fish system remains the mandatory system for medical appraisals.

On the 17th 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 the 16th 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 order to reduce the number that will be due in 2021/22.

Finance

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

Position as at 30 November 2020

	Nov Forecast	Nov Actuals	Variance to Forecast	YTD Forecast	YTD Actuals	Variance to Forecast
Contract Income	52.6	53.9	1.3	378.5	379.5	1.0
Other Income	4.4	5.1	0.7	91.8	93.5	1.7
Total Income	57.0	59.0	2.0	470.3	473.1	2.8
Pay	-35.8	-35.3	0.4	-276.2	-275.3	0.9
Non-Pay	-18.1	-17.7	0.4	-150.9	-151.8	-0.9
Financing	-5.8	-6.1	-0.3	-47.3	-47.4	-0.1
Total Expenditure	-59.6	-59.1	0.5	-474.4	-474.5	-0.1
Surplus/ (Deficit)	-2.6	-0.2	2.5	-4.1	-1.4	2.7

Statement of Comprehensive Income

Assurances

The financial position at the end of November shows a year to date deficit of £1.4m compared to a forecast of £4.1m

The trust achieved breakeven in months 1 to 6 under the cost recovery regime implemented to support service delivery under COVID-19 and a deficit of £1.3m when operating within the new financial envelope.

Income for the month includes a retrospective claim of £0.6m for Nightingale Hospital running costs.

There are no further key issues to report.

	19/20 M12 £m	20/21 M7 £m	20/21 M8 £m	In-month change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	560.0	562.1	560.7	(1.4)	0.7
Intangible Assets	12.0	10.6	10.3	(0.3)	(1.7)
Non-current receivables	4.0	4.0	4.0	0.0	0.0
Total non-current assets	576.0	576.7	575.0	(1.7)	(1.0)
Current Assets					
Inventories	13.1	12.2	12.3	0.1	(0.8)
Trade and other receivables NHS	50.5	28.7	22.7	(6.1)	(27.8)
Trade and other receivables Non-NHS	22.2	33.0	29.1	(3.9)	6.9
Cash and Cash equivalents	10.7	92.7	111.9	19.2	101.2
Total current assets	96.4	166.7	176.0	9.3	79.6
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	11.1	10.9	12.1	1.2	1.0
Trade and Other payables - Non-NHS	57.6	80.8	77.2	(3.5)	19.7
Deferred income	3.7	56.3	65.9	9.6	62.2
PFI liability	13.0	15.0	15.0	0.0	2.0
DHSC loans	173.6	0.0	0.0	0.0	(173.6)
Finance lease liabilities	2.4	2.6	2.6	0.0	0.2
Total current liabilities	261.4	165.5	172.8	7.3	(88.6)
Trade payables and deferred income	7.2	6.5	7.5	0.9	0.3
PFI liability	377.8	372.2	371.5	(0.7)	(6.3)
DHSC loans	5.4	0.0	0.0	0.0	(5.4)
Finance lease liabilities	5.3	6.2	6.1	(0.1)	0.7
Total Net Assets	15.3	192.9	193.1	0.3	177.8
Capital and Reserves					
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Income and expenditure reserve	(382.3)	(383.4)	(383.4)	0.0	(1.0)
Income and expenditure account - current year	0.0	(1.4)	(1.1)	0.3	(1.1)
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
Total Capital and Reserves	15.3	192.9	193.1	0.3	177.8

Statement of Financial Position

Assurances

The improved cash position of £111.9m (£101.2m up since March) 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 89.4% by value compared to an average of 85.8% for 2019/20.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

Capital expenditure for the first 7 months of the year is £16.3m which compares to a year to date plan of £17.0m.

Financial Risk Rating

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

Rolling Cash forecast

The high level cash flow below is in line with NBT's element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £43m cash balance after the unwinding of the month in hand advance payment in March 2021.

	Dec-20 (Forecast) £m	Jan-21 (Forecast) £m	Feb-21 (Forecast) £m	Mar-21 (Forecast) £m
Cash brought forward	111.9	101.2	94.8	91.6
Total I&E cash flows	(0.9)	(1.9)	(1.8)	(3.7)
Total Other cash flows	(9.8)	(4.6)	(1.3)	(44.6)
Total in-month cash movement	(10.7)	(6.4)	(3.1)	(48.3)
Cumulative cash balance	101.2	94.8	91.6	43.3

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

Monitor Provider Licence Compliance Statements at November 2020

Self-assessed, for submission to NHSI

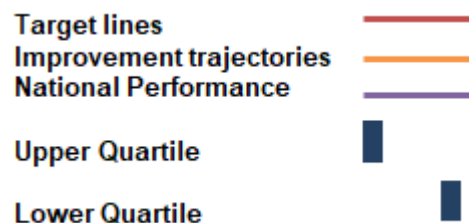
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed 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, 30 November 2020.

All data included is correct at the time of publication.

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

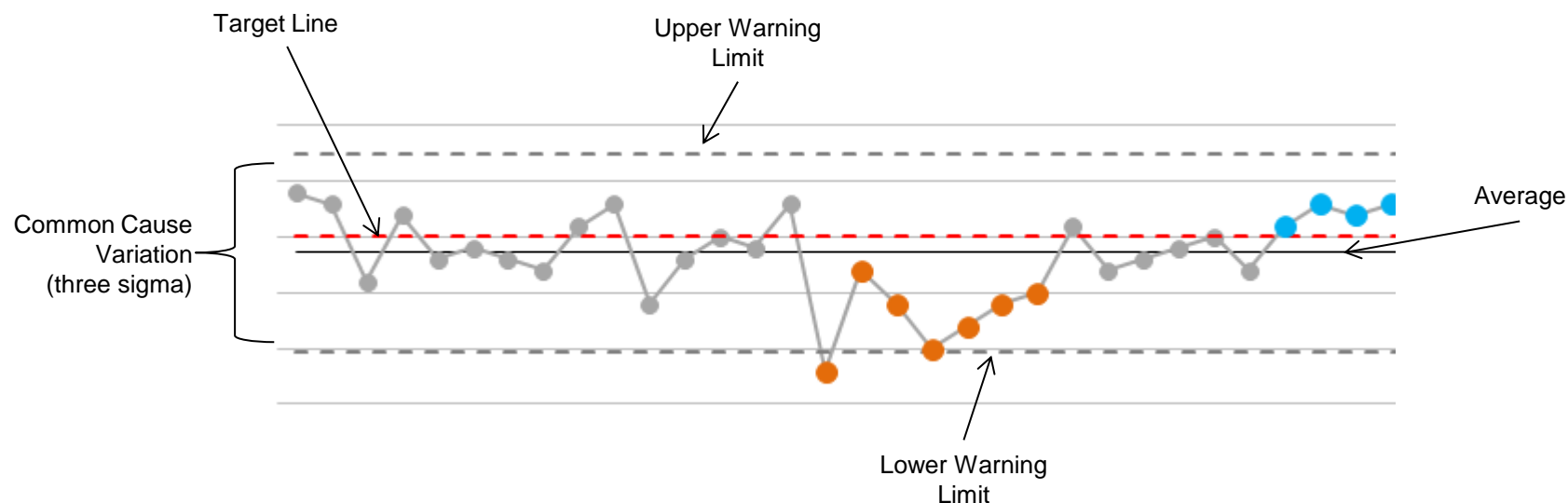


NBT Quality Priorities 2020/21

- 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
IPC	Infection, Prevention Control
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