

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**April 2020**  
(presenting March 2020 data)

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# North Bristol Integrated Performance Report Scorecard

Domain	Description	National Standard	Current Month Trajectory (RAG)	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Trend	Benchmarking <small>(In arrears except A&amp;E &amp; Cancer as per reporting month)</small>		
																		National Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	80.46%	74.10%	69.73%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%		77.65%	42/118	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	1	0	0	0	4	9	2	38	48	2		0-139	3/30	
	Ambulance Handover < 15 mins (%)	100%	91.44%	92.66%	89.26%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%				
	Ambulance Handover < 30 mins (%)	100%	99.07%	99.27%	98.27%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%				
	Ambulance Handover > 60 mins	0	0	2	12	0	4	0	0	0	0	1	0	2	2	1				
	Delayed Transfers of Care	3.50%	3.50%	5.82%	4.92%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	9.23%				
	Stranded Patients (>21 days) - month end			133	160	133	131	135	276	156	138	128	129	163	158	124				
	Bed Occupancy Rate		95.00%	96.65%	97.09%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.95%	98.86%	82.26%				
	Cancelled Operations (Same day - non-clinical)	0.80%		0.89%	1.35%	1.33%	0.78%	0.71%	0.94%	0.94%	1.30%	1.10%	1.25%	1.21%	1.13%	SUSPENDED		1.57%	70/149	
	Cancelled Operations (28 Day Rebooking)	0	3	1	1	1	2	1	1	1	0	1	0	5	1	2		0-114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	2.52%	3.10%	4.27%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%		2.76%	356/400	
	Diagnostic 13+ Week Breaches	0	0	10	15	74	84	130	205	225	239	63	147	258	113	114				
	RTT Incomplete 18 Week Performance	92.00%	88.13%	86.71%	85.18%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%		83.14%	297/375	
	RTT 52+ Week Breaches	0	10	18	19	16	17	14	14	16	13	14	14	9	17	43		0-142	16/37	
	Total Waiting List		27754	27910	27995	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552	28516				
	Cancer 2 Week Wait	93.00%	87.50%	90.27%	84.70%	83.44%	78.44%	71.79%	65.54%	69.92%	87.23%	90.21%	81.94%	78.21%	89.94%	-		92.75%	131/145	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	93.44%	82.69%	89.83%	88.83%	76.97%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	-		87.34%	89/108	
	Cancer 31 Day First Treatment	96.00%	96.51%	93.28%	93.08%	88.24%	88.03%	90.35%	89.47%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	-		96.27%	93/123	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	-		99.04%	-	
	Cancer 31 Day Subsequent - Surgery	94.00%	94.39%	79.17%	80.77%	82.52%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	-		91.15%	63/66	
Cancer 62 Day Standard	85.00%	66.12%	85.98%	84.40%	78.95%	76.99%	74.10%	88.84%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	-		73.78%	100/142		
Cancer 62 Day Screening	90.00%	89.29%	91.84%	93.33%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	-		76.06%	67/88		
Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hours	100%		83.55%	80.79%	83.71%	83.53%	84.37%	83.03%	84.37%	84.21%	83.18%	83.30%	83.84%	82.94%	83.51%					

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term	0.90%		0.5%	0.5%	0.7%	0.7%	0.2%	0.4%	17%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%		
	Caesarean Section Rate	28%		32.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%		
	Still Birth rate	0.40%		1.1%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%		
	Induction of Labour Rate	32.10%		38.3%	41.5%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%		
	PPH 1000 ml rate	8.60%		12.3%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%		
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
	Serious Incidents			9	8	6	3	6	5	4	3	3	3	6	3	5	0	
	Total Incidents			1539	1496	1511	1626	1647	1636	1472	1696	1723	1662	1805	1683	1314		
	Total Incidents (Rate per 1000 Bed Days)			59	59	59	66	64	64	60	65	69	64	68	68	60		
	WHO		95%	96.59%	96.73%	96.41%	95.84%	95.80%	97.32%	97.56%	97.62%	97.78%	98.98%	99.72%	99.39%	99.11%		
	Pressure Injuries Grade 2			21	43	27	31	24	34	46	43	43	32	34	17	29		
	Pressure Injuries Grade 3			3	1	0	0	1	0	0	0	0	1	0	1	1		
	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	31	30	31	30	31	32	30	27		
	#NoF - Fragile Hip Best Practice Pass Rate			83.02%	74.47%	75.00%	82.61%	85.37%	80.56%	70.18%	83.93%	87.23%	86.11%	65.63%	-	-		
	Stroke - Patients Admitted			80	79	67	88	77	89	76	89	83	82	79	72	77		
	Stroke - 90% Stay on Stroke Ward		90%	92.42%	97.01%	88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	-		
	Stroke - Thrombolysed <1 Hour		60%	40.00%	33.33%	71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	67.14%	55.71%	58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	79.45%	74.65%	78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	-		
MRSA		0	0	0	0	0	0	0	1	0	1	1	1	0	0			
E. Coli		4	3	3	2	5	2	6	4	7	7	7	7	4	6			
C. Difficile		5	4	3	5	6	8	3	6	5	2	3	5	4	4			
MSSA		2	2	3	1	1	5	3	5	2	3	1	1	2	3			
VTE		95%	95%	96.60%	96.42%	96.64%	96.39%	96.30%	95.92%	95.64%	96.06%	95.89%	95.19%	95.02%	SUSPENDED	-		

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																			National Performance	Rank	Quartile
Quality Caring & Experience	FFT A&E (Recommend)			88.03%	85.32%	88.26%	88.01%	84.03%	91.00%	91.22%	92.97%	91.52%	91.48%	91.15%	89.55%	SUSPENDED		85.48%	110/130	---	
	FFT A&E (Response Rate)	15.00%		20.03%	16.51%	19.39%	20.56%	19.57%	19.05%	18.74%	20.00%	22.49%	21.07%	21.28%	21.08%	SUSPENDED		11.70%	18/135	█	
	FFT Inpatients (Recommend)			93.24%	93.30%	92.64%	92.82%	93.95%	93.23%	93.72%	93.52%	93.68%	93.59%	94.86%	93.19%	SUSPENDED		95.79%	114/159	█	
	FFT Inpatients (Response Rate)	30.00%		19.04%	11.47%	17.58%	17.40%	18.50%	16.54%	17.88%	16.83%	18.38%	17.70%	17.58%	18.07%	SUSPENDED		23.98%	119/159	█	
	FFT Outpatients (Recommend)			95.94%	95.03%	95.44%	95.63%	95.16%	94.96%	95.36%	95.31%	95.59%	95.76%	95.45%	95.13%	SUSPENDED		93.84%	90/185	█	
	FFT Outpatients (Response Rate)	6.00%		18.05%	12.35%	18.54%	17.73%	17.69%	15.10%	17.16%	18.95%	14.04%	11.17%	13.96%	12.09%	SUSPENDED					
	FFT Maternity (Recommend)			94.69%	97.87%	97.94%	96.74%	96.67%	93.90%	95.60%	93.26%	94.68%	90.80%	97.37%	97.78%	SUSPENDED		96.97%	32/73	█	
	FFT Maternity (Response Rate)	15.00%		25.80%	22.38%	20.17%	21.05%	18.11%	17.19%	20.92%	18.39%	18.80%	21.75%	18.10%	20.41%	SUSPENDED		18.62%	62/127	█	
	PALS - Count of concerns			26	76	82	93	126	118	81	119	104	90	107	108	SUSPENDED					
	Complaints - % Overall Response Compliance	90%		76.00%	63.00%	33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%					
Complaints - Overdue			10	34	25	20	9	1	4	1	2	3	0	2	0						
Complaints - Written complaints			51	62	56	52	55	51	53	47	41	36	57	51	26				42/144	█	
Well Led	Agency Expenditure ('000s)	452						1179	1329	968	836	990	868	1081	869	1112					
	Month End Vacancy Factor	6.55%						11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%					
	Turnover (Rolling 12 Months)	14.80%						15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.70%					
	Sickness Absence (Rolling 12 month -In arrears)	4.00%						4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	0.00%					
	Trust Mandatory Training Compliance	84.78%						88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%					
Finan	Deficit (£m)	-£6.2		-£214	-£0.7	-£15	-£3.4	-£3.3	-£4.2	-£4.5	-£4.4	-£4.2	-£3.7	-£5.0	-£8.0	-£6.2					
	NHSI Trust Rating			3	3	3	3	3	3	3	3	3	3	3	3	3					

# EXECUTIVE SUMMARY

## March 2020

### Urgent Care

The Trust marginally failed the four-hour performance trajectory of 80.46% with performance of 80.16% and reported two 12-hour trolley breaches in month, during a period of extreme system-wide pressure in the first half of the month of March. The start of the COVID-19 pandemic led to reduced ED attendances and bed occupancy in the latter half of the month which impacted positively on four-hour performance. Trust performance improved, ranking 1st out of 11 Adult Major Trauma Centres and ranking 42<sup>nd</sup> out of 118 reported positions for four-hour performance, nationally.

### Elective Care and Diagnostics

The Trust has reported a reduction in overall wait list size in March due to a decrease in referrals resulting from the COVID-19 pandemic. There were 43 patients waiting greater than 52 weeks for their treatment in March against a trajectory of 10. This increase in breaches was due predominately to cancelled operations as part of the COVID-19 response. As a result of planned care cancellations, diagnostic performance deteriorated to 10.25% compared to a planned trajectory of 2.52%. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy up until mid-March. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait.

### Cancer wait time standards

The Trust saw 89.94% of patients on a two-week wait pathway within two weeks in February. This surpassed the recovery trajectory of 87.50%. The Trust was very close to achieving trajectory and the national standard for treatment within 31 days of diagnosis in February resulting from an increase in robotic capacity in Urology. The Trust did not achieve the 62-day waiting time trajectory in February. Urology's backlog clearance plans are ongoing, but have been adversely impacted by the Trust's response to the COVID-19 pandemic; any delays to treatment have been in line with national guidance to ensure safety for patients.

### Quality

There were no overdue complaints at the end of March. In response to the COVID-19 pandemic, new complaints and concerns are being logged as enquiries. Complainants have been notified that if they wish to pursue the complaint, they will need to contact the Trust again in four months time. 'No Harm' medication errors represented 89% of all medication errors in March 2020, demonstrating the continued strong safety culture within the Trust.

### Workforce

Staff turnover further improved in March with an annual position of 13.2%, achieving the annual target of <14.5% for 2019/20. Vacancy factor for 2019/20 was 6.8%, improved on the 2018/19 position of 10.9% and therefore very close to achieving the target <6.5%. A focus on staff retention and a band 5 registered nursing resourcing plan supported the reduction in vacancy factor across the year. Agency expenditure and bank usage increased in March as a result of increased demand driven by COVID-19 related absences. Despite the increased demand, bank fill rates remained stable.

### Finance

At the end of March, the Trust reported a deficit of £6.2m (including Provider Sustainability Fund and Financial Recovery Fund) which is in line with the total required by NHS Improvement (NHSI). The Trust has a 2019/20 savings target of £25m of which £22.1m was achieved with a number of schemes being deferred to 2020/21 as a result of COVID-19 preparations. The Trust financial risk rating on the NHSI scale is 3 out of 4.



# RESPONSIVENESS

## SRO: Chief Operating Officer Overview

### Urgent Care

The Trust marginally failed the four-hour performance trajectory of 80.46% with performance of 80.16% and reported two 12-hour trolley breaches in-month, during a period of extreme system-wide pressure during the first half of the month of March. Nationally, Trust performance improved, ranking 1st out of 11 Adult Major Trauma Centres and ranking 42nd out of 118 reported positions for 4-hour performance. The Trust ranked 3rd out of 30 reporting positions for 12-hour trolley breaches in March.

Bed occupancy averaged at 82.25% however, higher levels of bed occupancy in the beginning of the month and a lack of traction delivering the system stranded action plan led to continued pressure at the start of March. Reduced ED attendances and bed occupancy in the latter half of the month, impacted positively on four-hour performance. Significant levels of DTtoC patients (9.23% vs. 3.5% target) continue to be experienced and would have released 43 beds to the Trust had the national target been achieved. Social care delays and pathway 2 rehabilitation beds are driving the largest proportion of stranded bed days.

### Planned Care

**Referral to Treatment (RTT)** – The Trust has not achieved the RTT trajectory in month with performance of 80.02% against trajectory of 88.13%. The total RTT wait list size in month has reduced as a result of a referral reduction, due to the COVID-19 pandemic. The number of patients exceeding 52 week waits in March was 43 against a trajectory of 10; the majority of breaches (38) being in Trauma and Orthopaedics. Elective activity cancellations as a result of the COVID-19 response have been a significant factor in the deterioration in the 52 week wait position and the 18-week RTT performance.

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

**Diagnostic Waiting Times** – Trust performance for diagnostic waiting times has deteriorated as a result of elective cancellations in response to the COVID-19 pandemic. As of March 2020, 10.25% of patients have waited more than 6 weeks for a diagnostic test compared to a planned trajectory of 2.52%. Harm reviews are being conducted for all patients waiting greater than 13 weeks to ensure no harm to patients as a result of the extended wait. There has been reduced demand in March for imaging modalities in addition to the movement of routine patients to pending status for imaging and Echocardiograms. This has reduced the wait list overall and further amplified the impact of breaches on performance.

### Cancer

The Trust has achieved one of the seven Cancer Wait Times standards in February and did achieve trajectory for Two Week Wait. Improvement of the 31 Day standard is as a result of the urology robotic improvements in capacity as per their clearance plan. A capacity issue within template biopsy is causing pathway delays and under achievement of 62-day compliance. Active monitoring breaches have increased due to the diagnostic delay.

### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Overview

#### Improvements

**Infection control** – Current effort is focussed on COVID-19 but the year end position for other infections shows a reduction in MRSA bacteraemia and that the CDiff targets have been met.

**Medication Safety** - March has seen the number “No Harm” medication errors representing 89% of all medication errors, demonstrating the continued strong safety culture within the Trust.

#### Areas of Concern

**Maternity Services** - The overall Caesarean Section rate remains unchanged from February – whether planned or emergency and work is being undertaken to understand the reasons and actions required.

**WHO surgical safety checklist** – An apparent decline in checklist compliance is being investigated. There have been substantial changes to the work in operating theatres and in the first instance the investigation will consider if this is due to an issue of data or an issue of practice.

**Pressure Injuries** March has seen an increase in Grade 2 pressure injuries with 28 cases reported on 24 patients.



# WELL LED

## SRO: Director of People and Transformation and Medical Director Overview

### **Corporate Objective 4: Build effective teams empowered to lead**

#### **Continue to reduce reliance on agency and temporary staffing**

Overall temporary staffing demand increased 14% in March compared with February. Bank, agency and unfilled demand all increased with the greatest proportional increase in unfilled shifts, 41% (70 wte).

Agency expenditure was 27% higher in March than February (£243k). Whilst there was a reduction in tier 4 non-framework agency use there was an increase in the user of tier 3 agencies contributing to the increased expenditure.

Bank % fill rates remained stable March despite a significant increase in demand. worked wte increased by 39 and expenditure by £776k. Junior doctors, consultant and registered nursing saw the greatest increase. COVID 19 related absence is anticipated to be a significant driver of this increase with 26.4 wte of temporary staff used for the reason 'COVID 19' and an additional 33 wte used for sickness absence (33% increase from February).

#### **Vacancies**

The year end vacancy factor was 6.8% compared with 10.9% in March 2019. The year end position was 0.3% above the vacancy factor target of 6.5%, the equivalent of 25 wte vacancies. The most significant reduction was in registered nursing as a result of the dedicated Band 5 registered nursing resourcing plan and focus on staff retention over the year, resulting in a reduction of 112 wte vacancies.

#### **Turnover**

The Trust turnover decreased in March to 13.2% compared with 15.7% in March 2019. The year end position exceeded the turnover target for 19/20 of 14.5%. The most significant improvement was in registered and unregistered nursing and midwifery and administrative and clerical staff.

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

The rolling 12-month sickness position for February 2020 is 4.5%, 0.5% above the target the Trust set for 19/20 of 4%. The deterioration in sickness during 19/20 has been statistically identified as driven by long term sickness. The greatest increase from March 2019 to March 2020 has been in estates and ancillary staff and qualified scientific and technical. Short-term sickness has not seen any significant variation in 19/20 when compared to 18/19.

# FINANCE

## SRO: Director of Finance

### Overview

For the year to March 2020 the Trust reported a deficit of £6.8m (including Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) and excluding gains on disposal). This was in line with the total required by NHSI and was after the impact of a £1.4m increase in the provision for untaken annual leave caused by our preparation for COVID-19 readiness.

Income in 19/20 included £1.837m of COVID-19 related cost recoveries as a result of lost income and additional expenses incurred in the last two weeks of the month (none of the 19/20 recoveries relate to Nightingale Hospital Bristol as the spend for the trust started after April 1<sup>st</sup> 2020).

The Trust has received net loan financing of £0.2m year to date to the end of March which brings the total Department of Health borrowing to £178.5m, which is in line with plan.

The Trust has a savings target of £25m for the year, of which £22.1m was achieved £15.4m recurrent with a full year impact of £18.6m. A number of schemes planned for delivery in month 12 were deferred into 20/21 as the prioritisation of COVID-19 preparation in March prevented their completion.

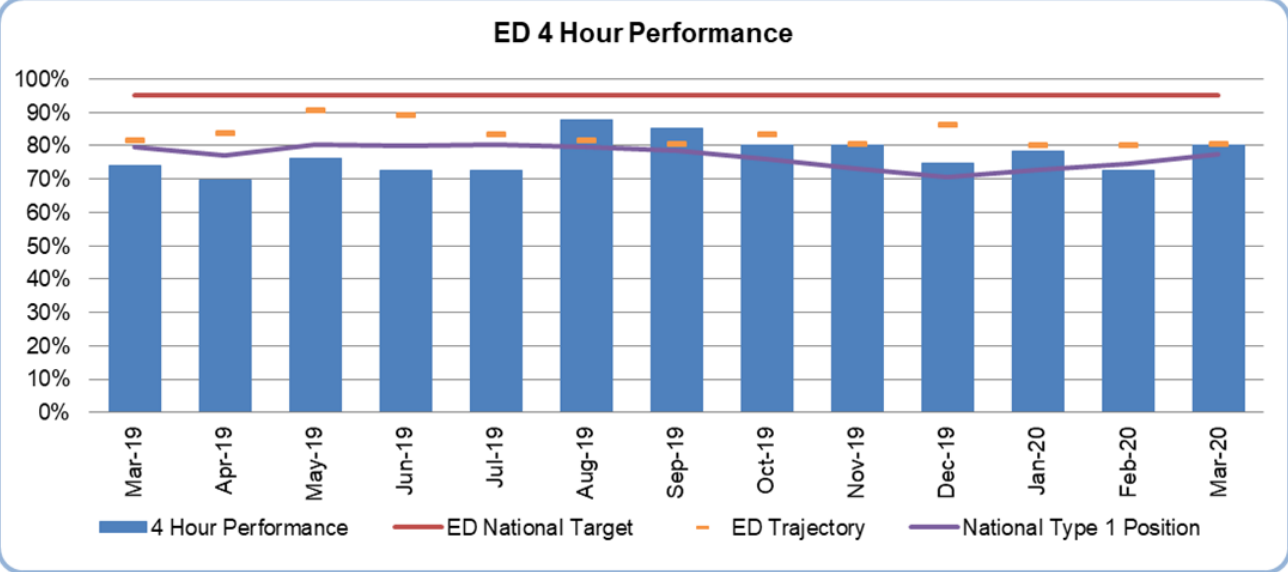
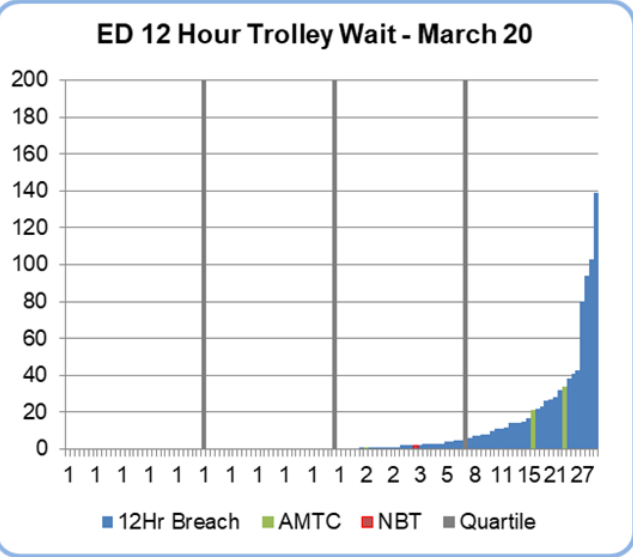
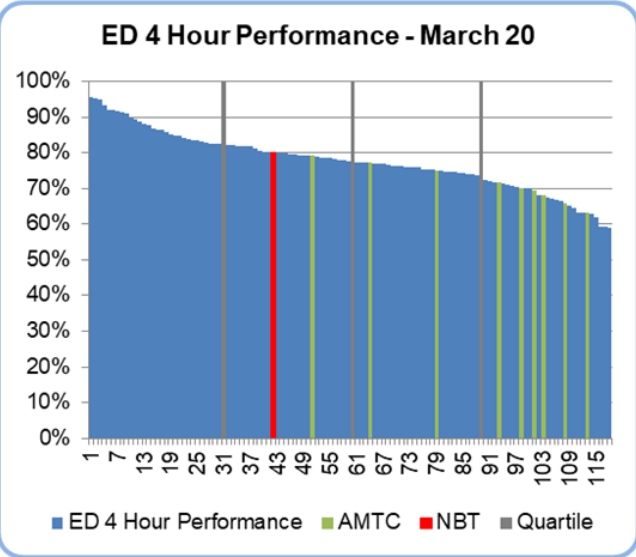
Gross capital spend in year was £21.7m compared to a full year plan of £22.1m due to delays in delivery of equipment related to COVID-19. The cash balance at 31<sup>st</sup> March was £10.7 vs. plan of £8.0m, this was due to above underspend on capital and the actual capital spend being later in the year and so being a capital creditor at year end.

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

# Responsiveness

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

# Responsiveness – Indicative Overview



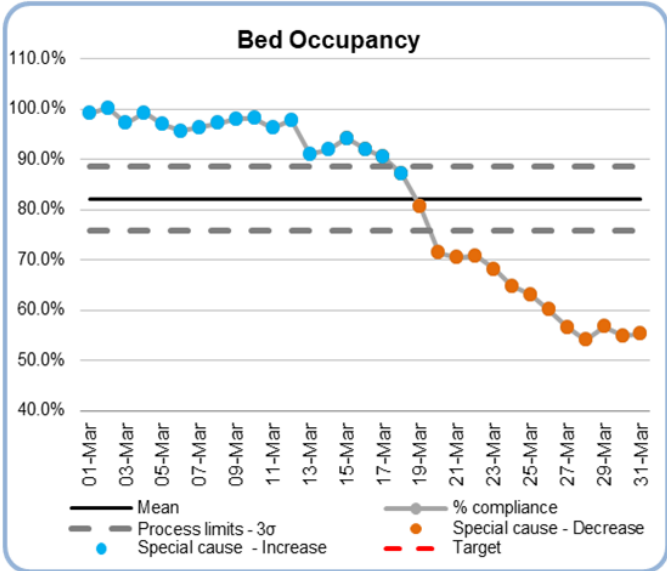
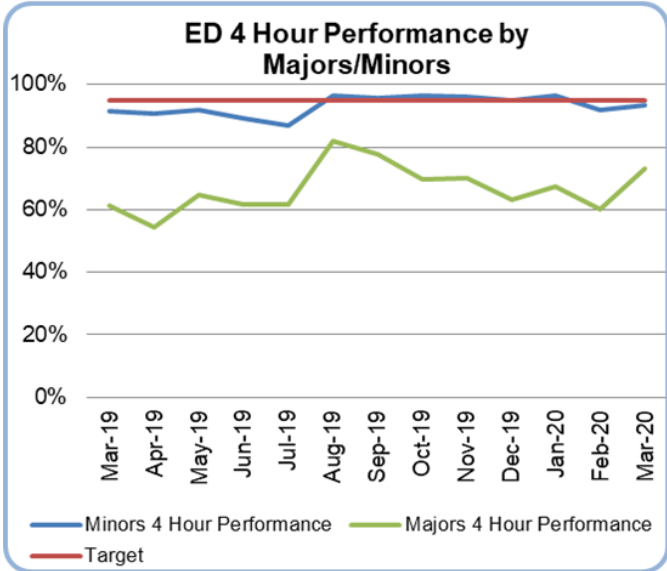
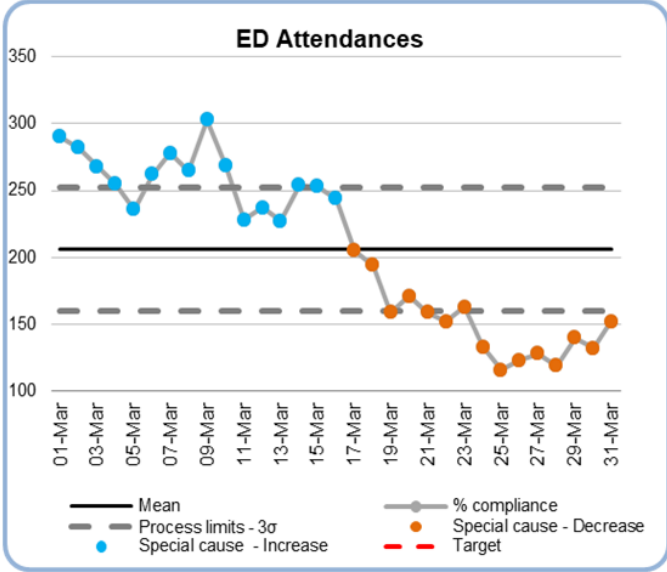
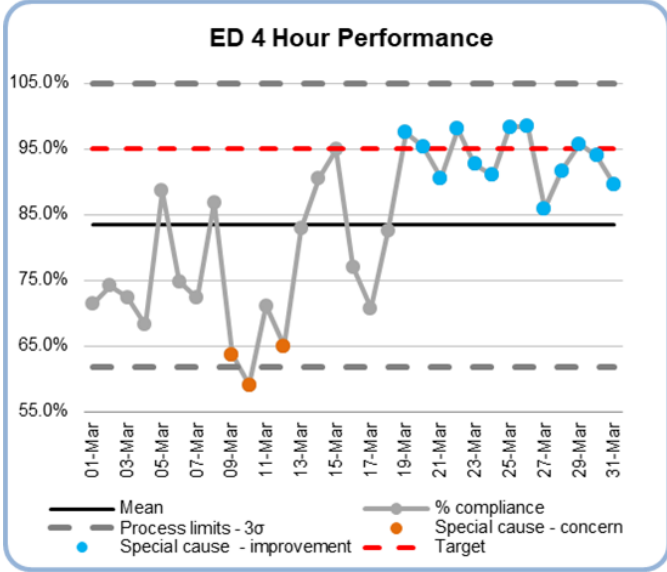
### Urgent Care

The Trust marginally failed the four-hour performance trajectory of 80.46% with performance of 80.16% and reported two 12-hour trolley breaches in month. There was one ambulance handover delay exceeding 60 minutes. The breaches occurred during a period of high bed occupancy and ED attendances in the first half of the month. During this period, regular two-hourly huddles incorporating the entire emergency zone were undertaken to ensure flow and address any issues related to capacity. At times of surge, hourly safety checks were undertaken by the CSM team for both ED and AMU. The Trust continues to perform well for Type 1 performance when compared nationally.

At 6422, there were 23.73% less attendances than SLA. Non-elective admissions were down against plan for long-stay admissions (-26.15%) but were up against plan for short-stay admissions (26.64%), which follows the trend of increased short-stay versus long-stay activity in 2019/20 year to date. Overall Non-Elective activity is down against plan by 14.55%. This profile of admissions continues to adversely impact income but reflects the national direction of travel to introduce more same-day emergency care.

ED performance for the NBT Footprint stands at 85.12% and the total STP performance was 84.03% for March.

# Urgent and Emergency Care



### 4 Hour Performance

Of the breaches in ED in March, 40.42% were a result of ED delays and 38.38% were a result of waits for beds.

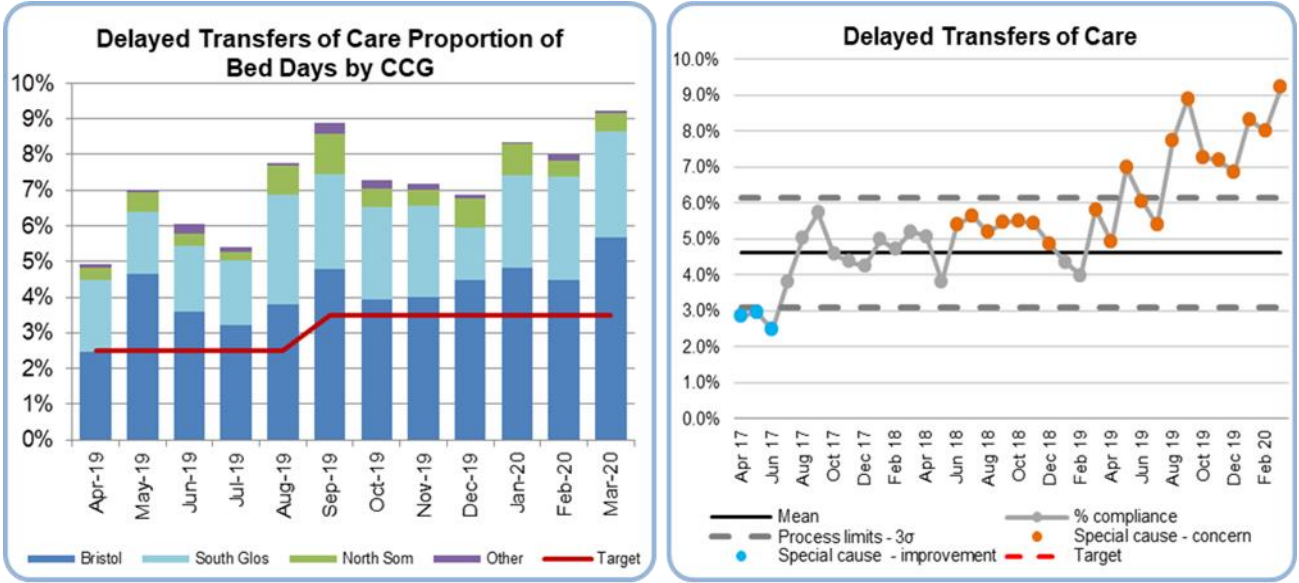
As a result of the COVID-19 pandemic, ED attendances reduced significantly from the 16 March, driven by less walk-in attendances and a significant reduction in ambulance attendances. The local attendance reduction has mirrored the national reduction in attendances.

There was wider variation in bed occupancy during March as a result of elective cancellations as part of the COVID-19 response. Bed occupancy varied between 54.97% and 100.23% in month. Maximum occupancy decreased from that of February. Occupancy levels remained high in the first half of the month with an average occupancy of 97.68%.

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

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

# Urgent and Emergency Care



### DToCs and Stranded Patients

The DToC rate for March showed the highest reported level for a significant period. The increase was particularly noted in the Bristol case load.

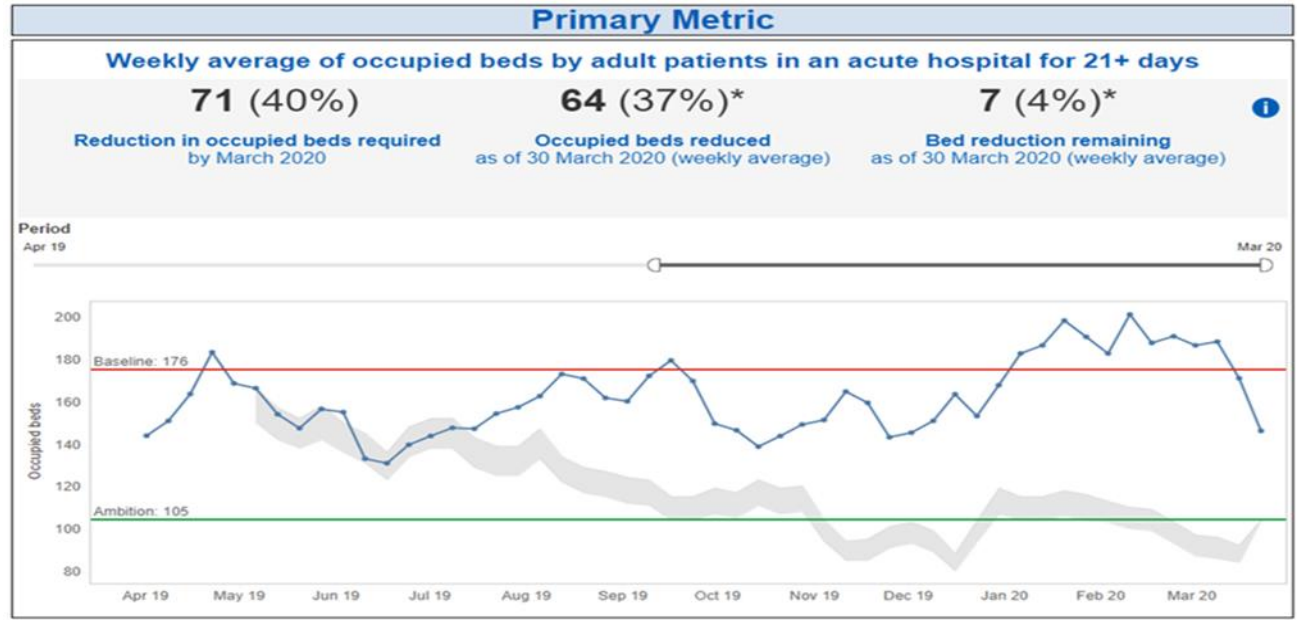
The main drivers of delay were:

- Patients waiting for social care allocation and assessment;
- Patients waiting for complex placements where there was a significant delay with 2 patients waiting over 100 days; and
- Patients waiting for Pathway 2 capacity in the right area to be available.

Through the month the changes linked to the COVID-19 outbreak reduced the number of stranded patients as all effort was put into moving patients into an additional bed base. However, the reported level through the month still did not achieve the trajectory set nationally.

This has been compounded by a move to take all Social Workers off site and move assessment into a community setting, where capacity has not been sourced to meet demand.

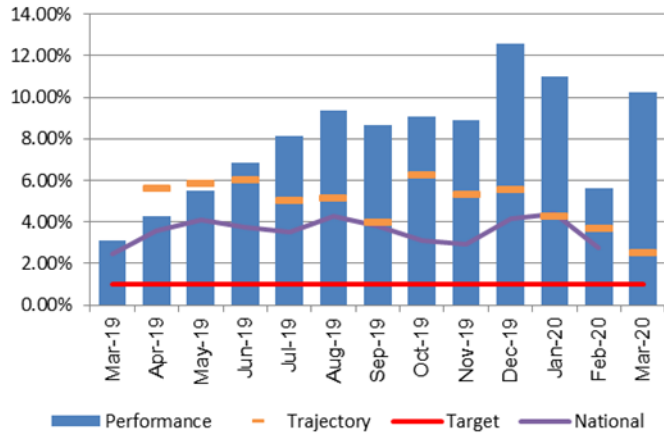
Therefore, the patients will remain in the Acute Trust bed base until an alternative can be sourced. This will be reviewed through the continuation of the stranded process, both internally and through national reporting structures.



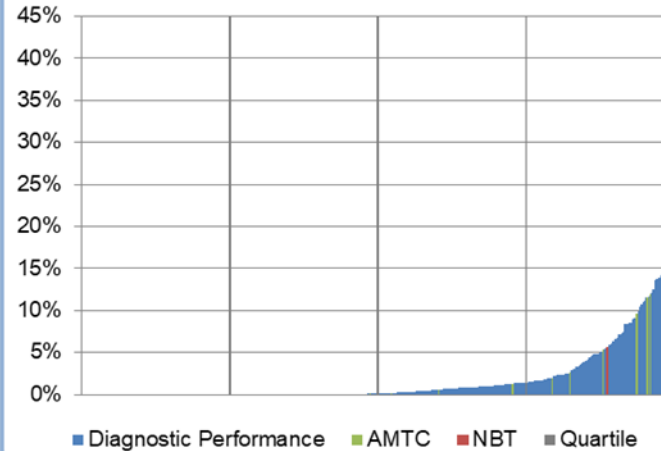


# Diagnostic Wait Times

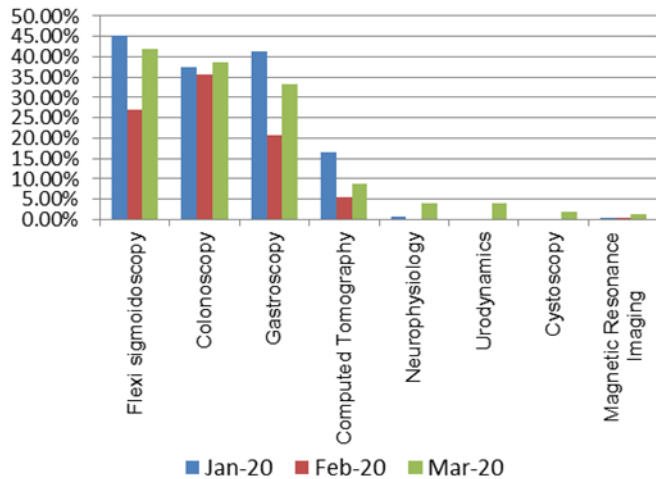
**Diagnostic Waits Against Target (1% <6 Weeks)**



**Diagnostic Six Week Performance - February 2020**



**Diagnostic Performance by Test**



## Diagnostic Waiting Times

The Trust performance has deteriorated to 10.25% in March versus a trajectory of 2.52%. This is the result of cancelled elective activity in response to COVID-19.

Eight test types have reported in month underperformance, a movement from four in February.

There was a reduction in demand for most test types in March, primarily MRI, CT and non-obstetric ultrasound.

There were 790 patients in total waiting beyond 6 weeks for their test of which 114 were waiting greater than 13 weeks. This represents a 33% backlog increase since February.

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

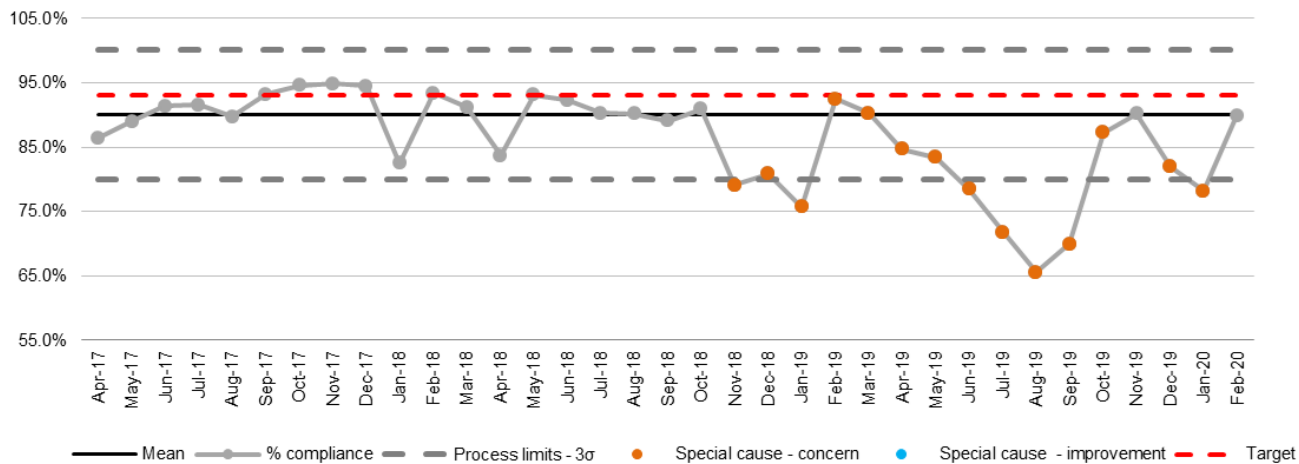
Following the successful bid for Elective Care funds to support delivery of the national diagnostics target, the Trust had been on track to deliver significantly improved performance, following a period of increased capacity in CT and Endoscopy up until mid-March.

Routine diagnostic tests have now been postponed until after 30 June due to COVID-19.



# Cancer Performance

Patients Seen Within 2 Weeks of Urgent GP Referral



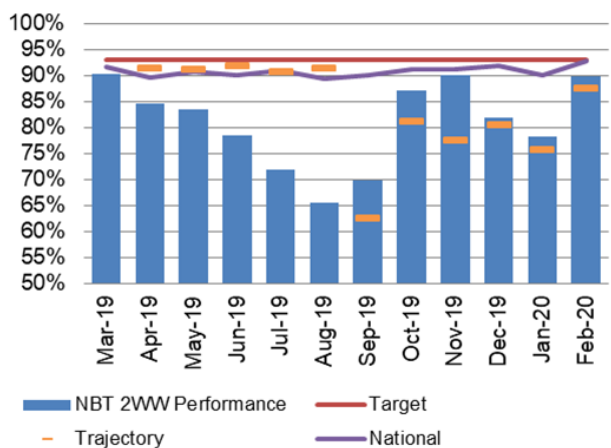
## Cancer

The nationally reported Cancer position of 89.94% for February 2020 shows the Trust achieved the recovery trajectory of 87.50% for the TWW standard.

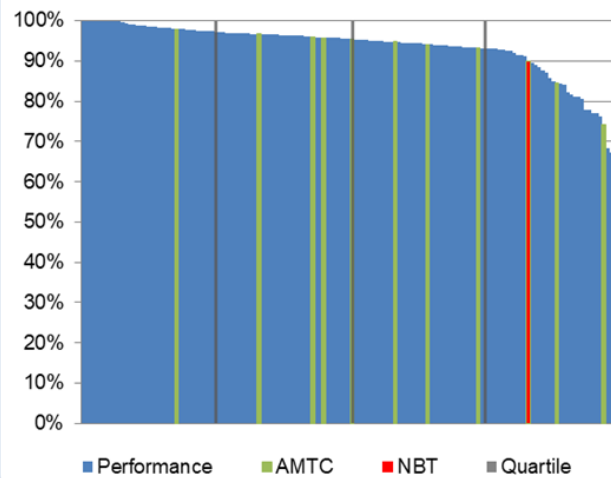
The main issues remain in Lower GI, Breast and Skin, accounting for 81% of the breaches.

The Prime contract for Endoscopy started in February for upper GI, which has made a significant positive impact on number of breaches. In January the recorded breaches was 70 and in February this reduced to 8 representing an 89% reduction.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard February-20



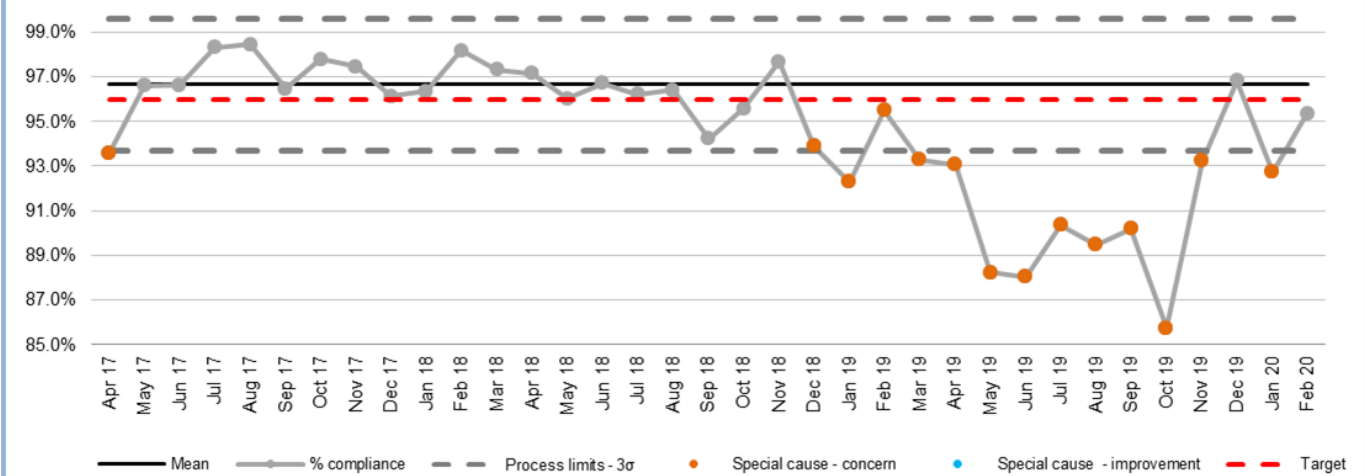
Endoscopy capacity within NBT is still having an adverse impact on the Lower GI performance.

TWW skin performance issues this month are largely due to patient choice, choosing to delay 1<sup>st</sup> offer within 14 days.

TWW demand has reduced significantly in March as a result of COVID-19. The Trust has set up two helplines, one for concerned patients on Cancer pathways and another to support General Practitioners in the community.

# Cancer Performance

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



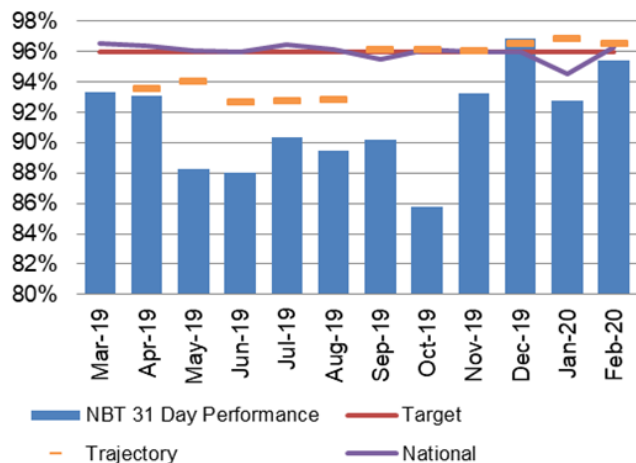
The Trust did not achieve the 31 day first treatment trajectory of 96.51% in February reporting 95.36%.

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

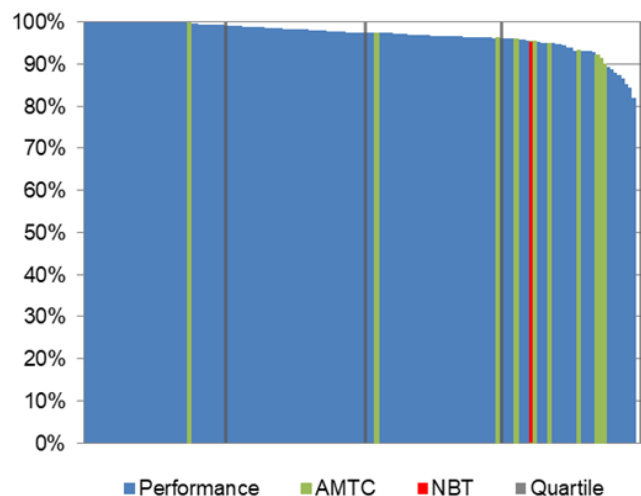
The Trust failed the 31 day subsequent surgery treatment standard due to Sentinel Node Biopsy issues in Skin. There were 13 recorded breaches in Skin.

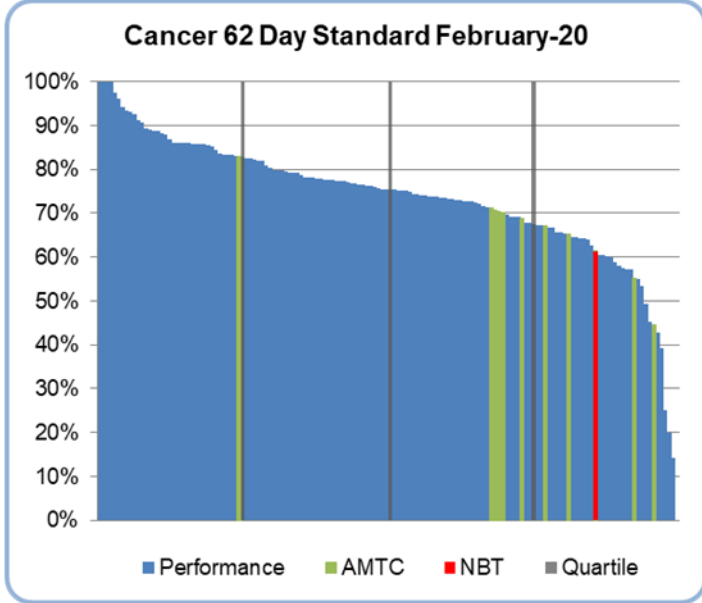
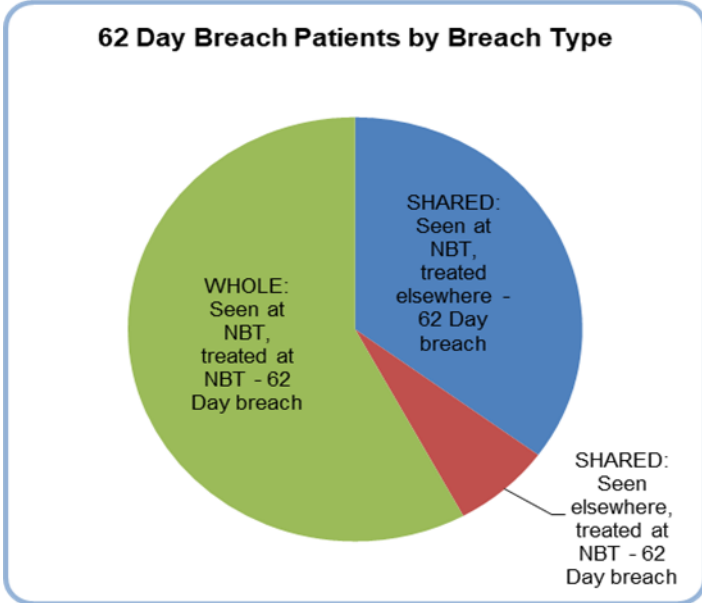
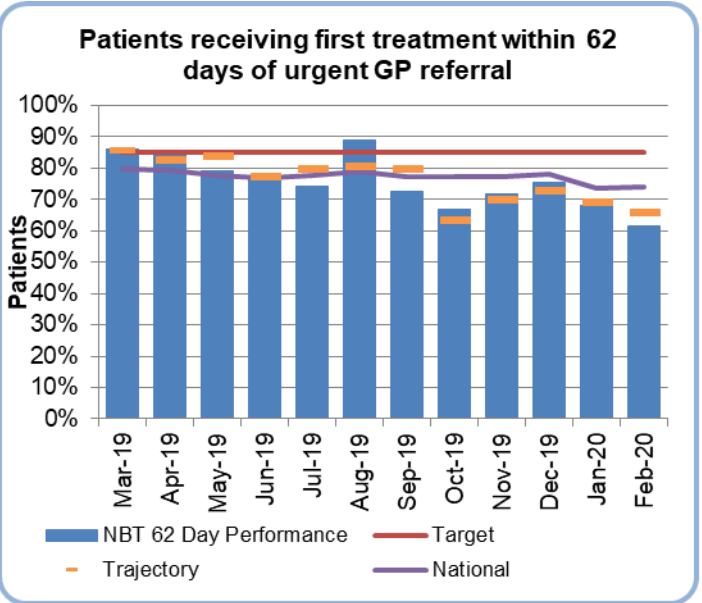
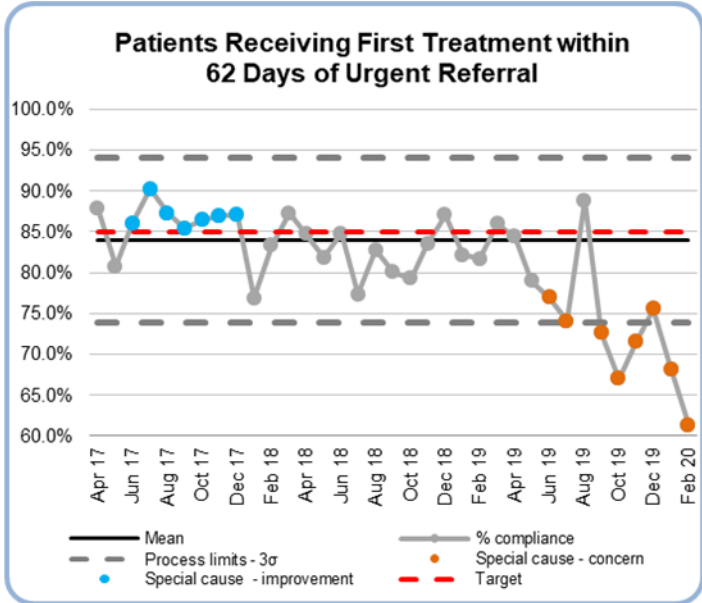
There are 7 over 104 day breaches in February, all within Urology, that required a harm review. This is a major improvement. Three were due to late IPT transfers.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer 31 Day Standard February-20





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

The majority of the issues remain in Urology and Breast.

Urology's backlog clearance plans are ongoing and there has been a marked improvement in cancer waiting times compliance in 31 days as a result, but recent capacity issues in template biopsy has resulted in pathway issues that will affect 62 day performance into March.

In February, 53 patients breached the 62 day standard, 45 were as a result of hospital and system issues. 51% (26) of the breaches were in Urology.

62% of the 53 breaches were for patients referred to and treated at NBT only.

## **Quality, Safety and Effectiveness**

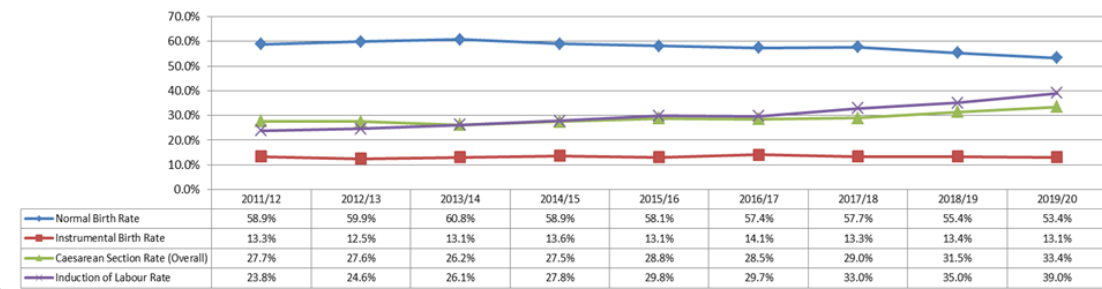
**Board Sponsors: Medical Director and Director of Nursing and Quality  
Chris Burton and Helen Blanchard**



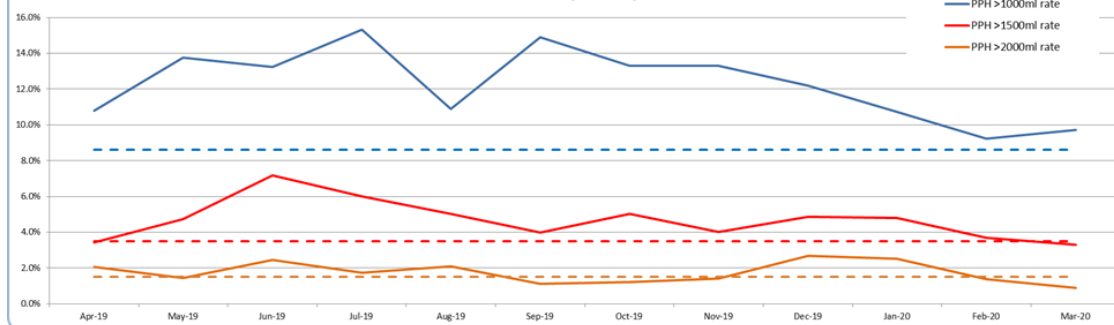
## NBT Maternity Dashboard 2019 -2020

	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Caesarean section rate (overall)	28.0%	32.0%	35.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%
Elective CS rate (as % of all birth episodes)		14.3%	12.7%	11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.7%	14.4%	15.6%
Emergency CS rate (as % of all birth episodes)		17.7%	22.4%	19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.7%	19.7%	17.8%
PPH >=1000ml rate	8.6%	12.3%	10.8%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%
PPH >=1500ml rate	3.5%	5.1%	3.4%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%
PPH >=2000ml rate	1.5%	2.0%	2.1%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%
5 minute apgar <7 rate at term	0.9%	0.5%	0.5%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%
Stillbirth rate	0.4%	1.1%	0.5%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%
Stillbirth rate at term		0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Stillbirth rate <37 weeks		12.5%	2.6%	3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%

### Activity Trends



### Reduction in PPH with new IOL pathway



## COVID-19 Maternity

Review has taken place across the maternity pathway to keep services safe whilst reducing contact where possible.

New maternity staffing and clinical guidance produced 9<sup>th</sup> April 2020 – NBT in line with recommendations and continuing to assess daily.

All changes in practice are agreed at Silver and agreed through discussions with the board maternity safety champion.

## Clinical quality outcomes

Clinical outcomes continue to be assessed during COVID-19 changes in practice.

NICE guidelines for induction of labour (IOL) shows continued increase. The dedicated IOL suite continues to have a positive impact in patient experience with decreased wait times for transfer to labour ward clearly evidenced in QI report and better staff support and multi-professional working. Importantly, there is also evidence that the change in delay in care is demonstrating a reduction in the PPH rate.

CNST – revised dates in place to meet standards – this also applies to Saving Babies Lives standards.

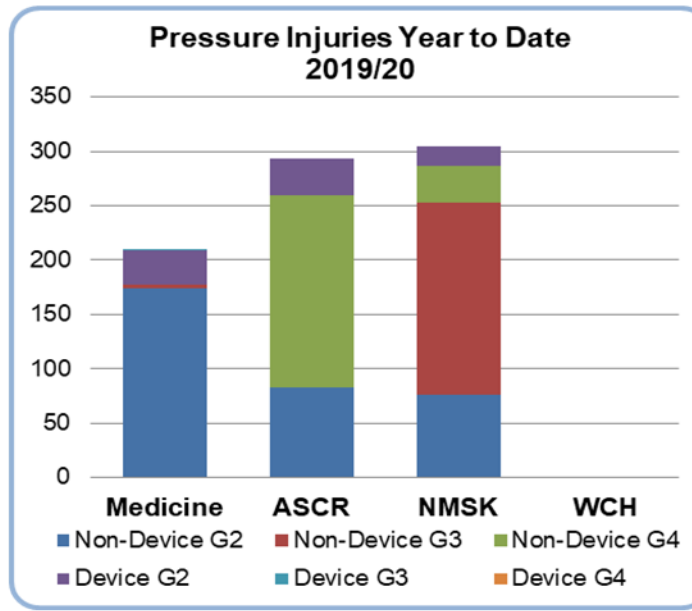
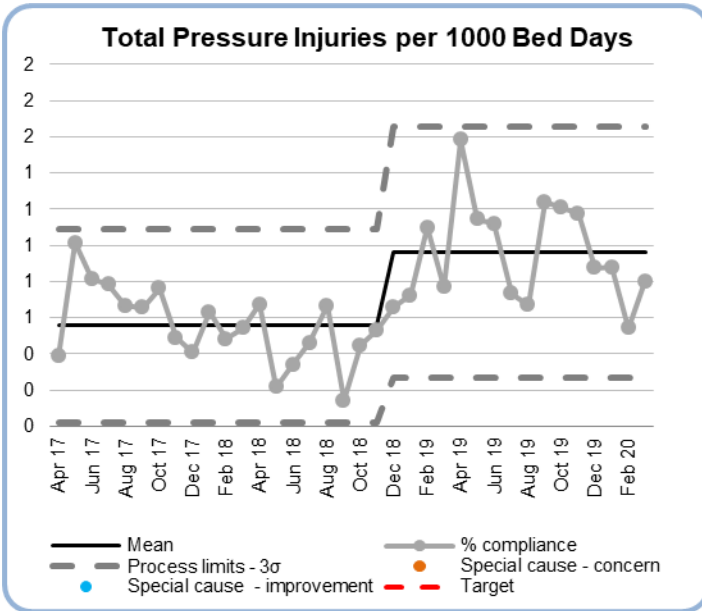
Note – the induction of labour suite has needed to be moved to Cotswold due to COVID-19 reorganisation. Every effort is being made to keep delays to a minimum and maintain these figures.

## Staffing

Maternity Theatre scrub nurse cover 24/7 period – is in place on a temporary basis during COVID-19 due to significant shortfalls in safe staffing.

Clinical midwifery staffing levels monitored daily and extra staff deployed as necessary to meet the safe staffing needs of CDS as a priority.

## Pressure Injuries



### Pressure Injuries (PIs)

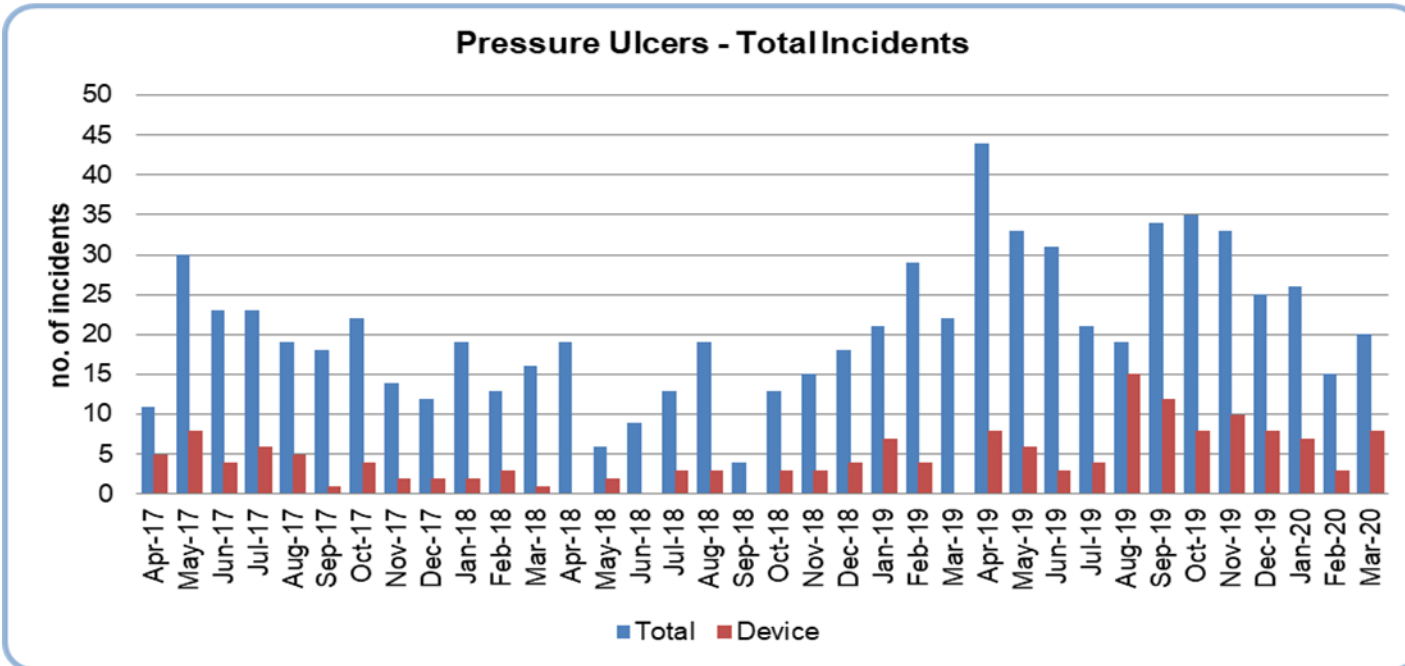
The Trust ambition for 2019/20 is a

- 30% reduction of Grade 2 pressure injuries, which at year end we have not achieved.
- 30% reduction of device related pressure injuries, which at year end we have not achieved.
- Zero for both Grade 3 which at year end we have not achieved, although a reduction has occurred for this financial year.
- Zero Grade 4 pressure injuries. This has been achieved for 19/20.

During March there was one reported Grade 3 PI, within NMSK. The investigation found the cause to have evolved from a deep tissue injury. Actions from learning centred on increasing awareness on the assessment required for pressure relief when considering specialist seating, which with the NMSK team are taking forward.

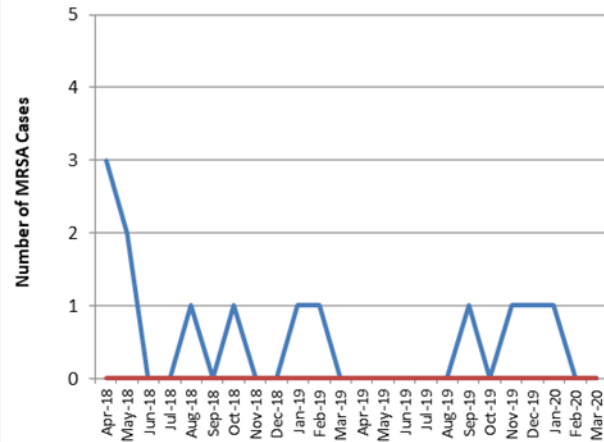
Disappointingly March has seen an increase in Grade 2 pressure injuries (particularly device related) with 28 cases reported on 24 patients, with the summary as follows:

- Buttocks / Natal cleft : 45 %
- Heel: 17 %
- Elbow/ankle/knee: 10%
- Medical device: 28 %

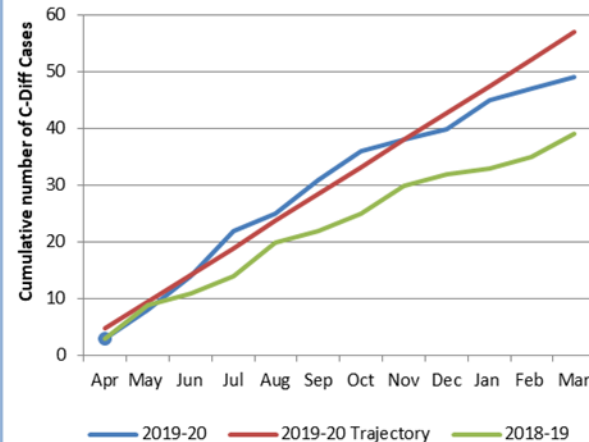


## Infection Prevention and Control

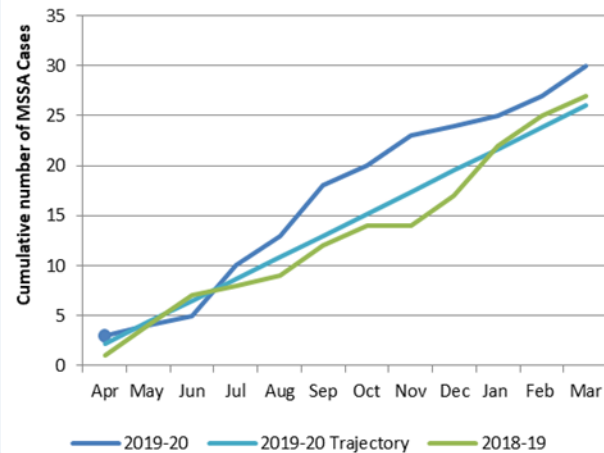
**MRSA Cases - Trust Attributable**



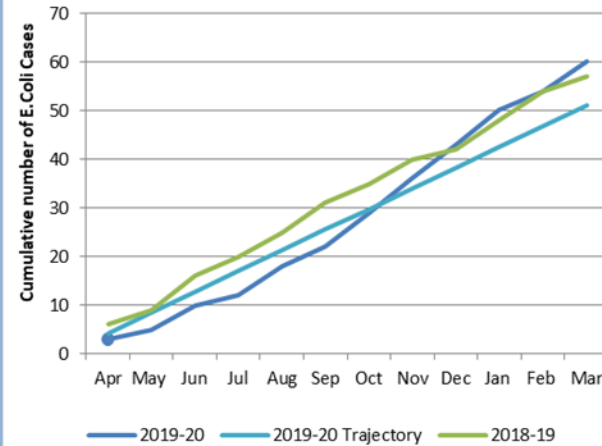
**C.Difficile Cases - Trust Attributable (Cumulative Cases)**



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



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



### MRSA

There have been no reported cases of MRSA bacteraemia in March. We have reported four cases during 2019/20. This is in comparison to 9 cases reported in 2018/19.

### C. Difficile

In March there were four cases reported against the trajectory. The Trust reported 51 cases in 19/20 against the target of fewer than 57 cases.

### MSSA

There were three reported cases of MSSA bacteraemia in March bringing the year end total to 30 against the plan of 26. This rate is comparable to regional and national benchmarks. The Trust staphylococcus steering group continues to monitor and review cases.

### E. Coli.

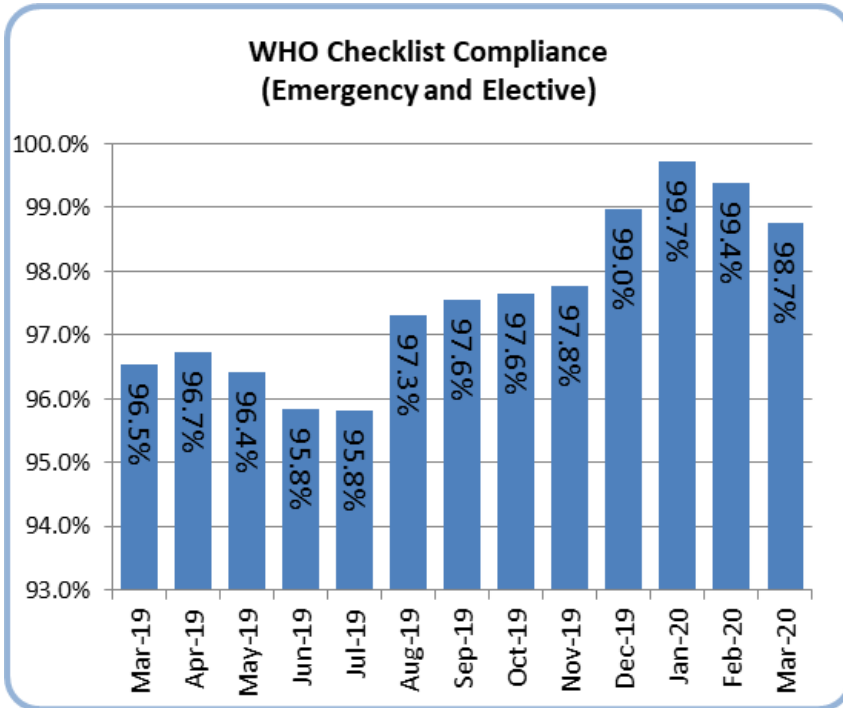
The Trust target for 2019/20 was a 10% reduction which this has not been achieved. Further community wide work to reduce these infections is planned for 20/21.

### COVID- 19 (Coronavirus)

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

Elgar 1 is currently under restricted access due to an increased incidence of COVID-19 positive cases which has affected patients and staff. In hospital development of COVID-19 is being observed across the NHS and the IC control team are working with teams to ensure practice minimises transmission risk.

## WHO Checklist Compliance



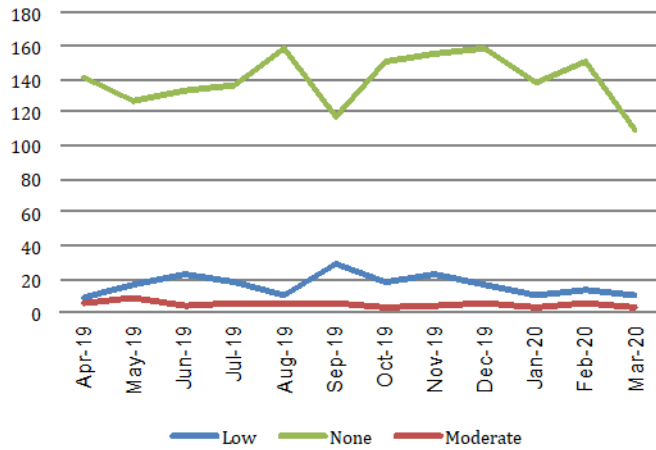
### WHO Checklist Compliance

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

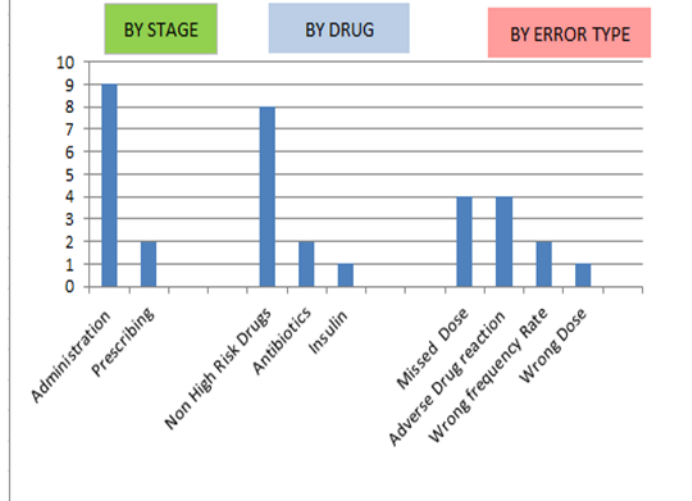
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

## Medicines Management Report

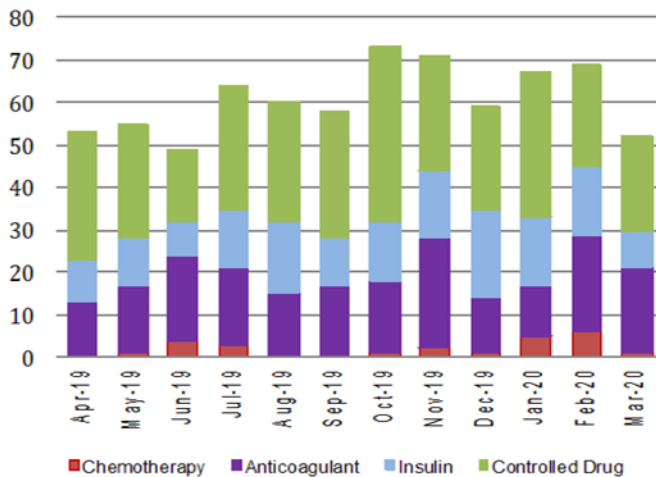
**Severity of Medication Error (Last 12 Months)**



**LOW HARM Incidents - March 2020**



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



### Medicines Management

#### Severity of Medication Error

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

#### Low Harm Incidents

82% of low harm incidents occurred during the administration stage, with 27% involving a high risk medication and 36% were as a result of a missed dose.

#### High Risk Drugs

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

# Patient Experience

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



## Complaints and Concerns

### Complaints and Concerns

In March 2020, the Trust received 26 formal complaints.

This is a decrease on February 2020, however it reflects the Trust's response to COVID-19 and the management of complaints and concerns. This plan was implemented from 23<sup>rd</sup> March 2020. All new complaints and concerns received after this date have been logged as enquiries and a letter sent to the complainant to advise them that their complaint cannot be investigated at this time and to re-contact the Trust in 4 months should they still wish to pursue their complaint. Immediate action will be taken for any 'urgent' complaints received regarding patient safety.

104 PALS concerns were received (this includes enquiries). This represents a static trend from January 2020.

The 26 formal complaints can be broken down by division: (the previous month total and increase is shown in brackets)

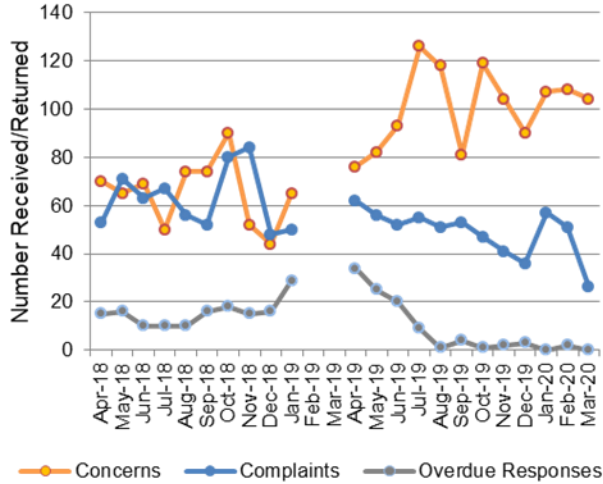
ASCR 7 (13/ -46%) CCS 2 (3/ -33%)  
Medicine 6 (17/ -64%) NMSK 6 (11/ -45%)  
WACH 4 (4/ 0%) Facilities 1 (2/ -50%)

### Compliance Response Rate Compliance

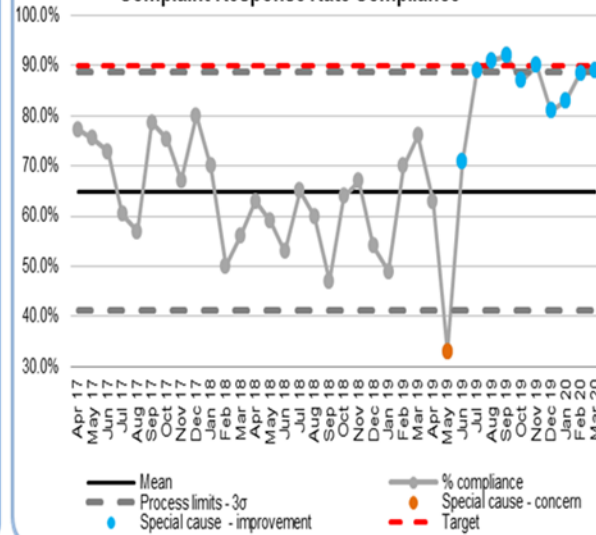
The chart demonstrates statistically significant performance improvement (the result of a process change and not natural variation). In March, 88.9% of complaints were closed within the initial agreed time frame. That is, 48 of 54 complaints due to be closed in the month were responded to on time.

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

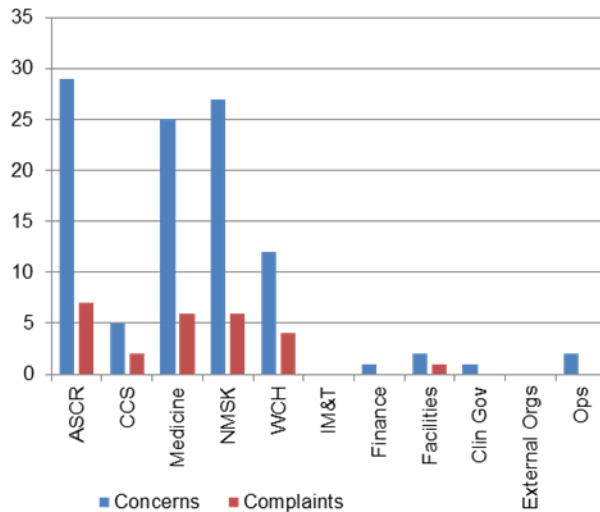
**Trustwide Complaints, Concerns & Overdue Complaints**



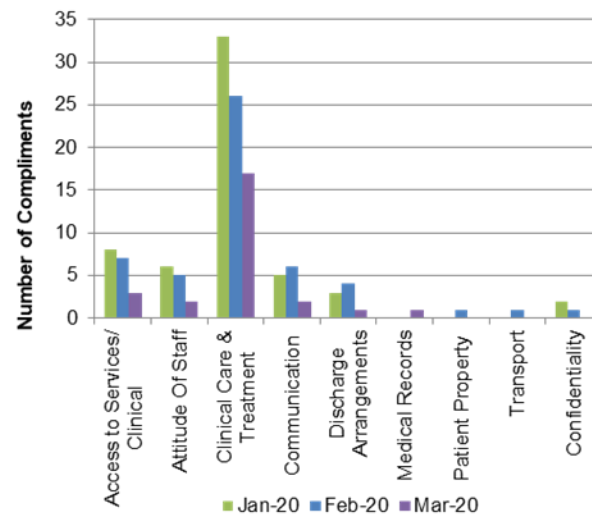
**Complaint Response Rate Compliance**



**Concerns and Complaints per Division**

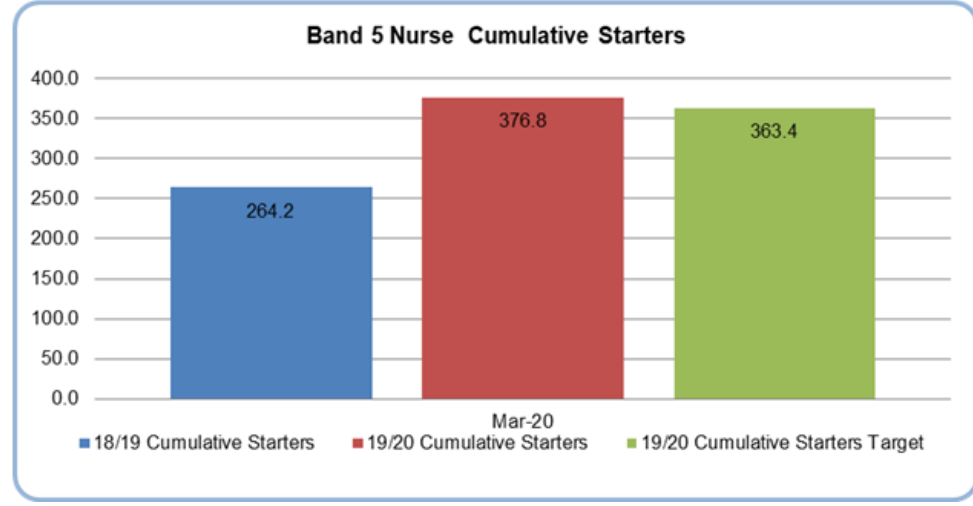
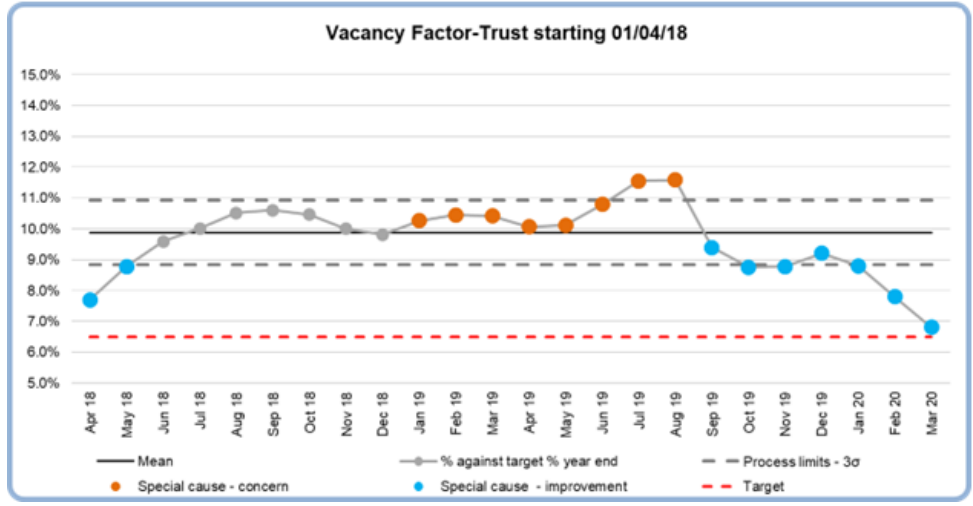
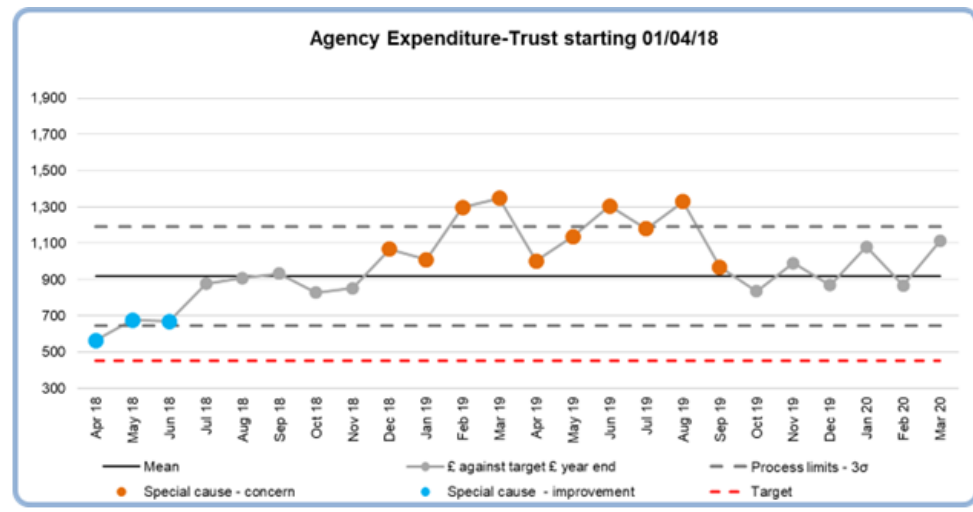
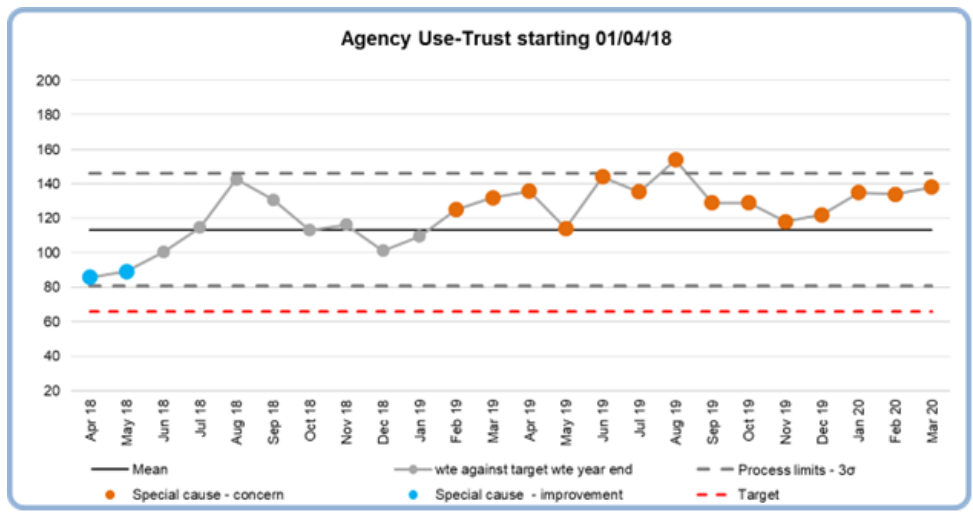


**Complaints By Subject**



## Well Led

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

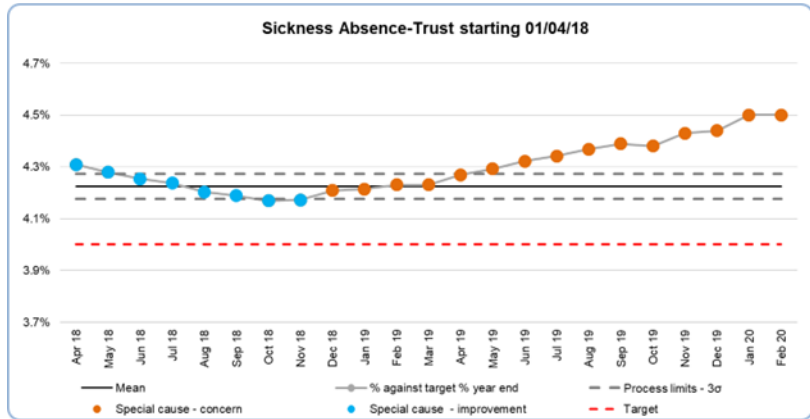
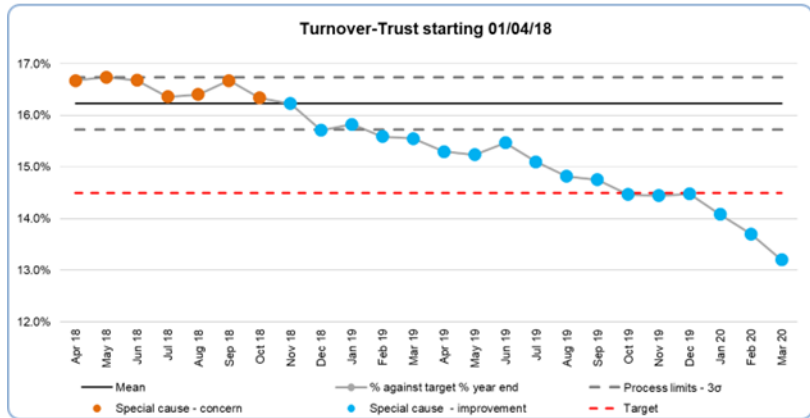
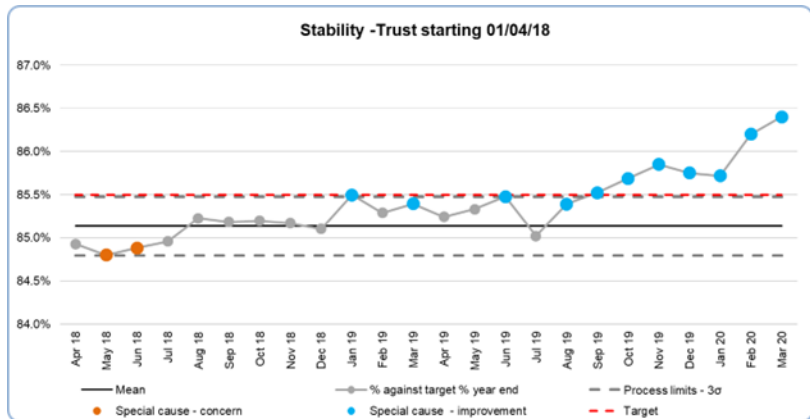


**Pay**

Overall pay has not exceeded the overall pay budget at year end, however certain staff groups had exceeded their individual pay budgets at year end, particularly registered nursing and midwifery, junior doctors and consultants predominantly due to known causes in terms of bank use and high cost agency use . The overall pay position deteriorated from forecast predominantly due to a spike in bank use in March related to COVID-19.

**Nursing and Midwifery Resourcing**

The year end position for band 5 nurse resourcing was 376.8 wte against a target of 363 wte. 2020/21 will focus on delivering targeted recruitment for hotspot areas such as Theatres and Stroke. Currently work is ongoing to quantify the impact of COVID-19 on all of the resourcing streams planned for the year.



**Turnover and Stability Projects**

The NHSI/NBT nursing retention action plan was implemented during February, seeking qualitative insights into main reasons for staff leaving/thinking of leaving. While momentum for this may have slowed in recent weeks, the data capture is being reviewed and follow up actions planned.

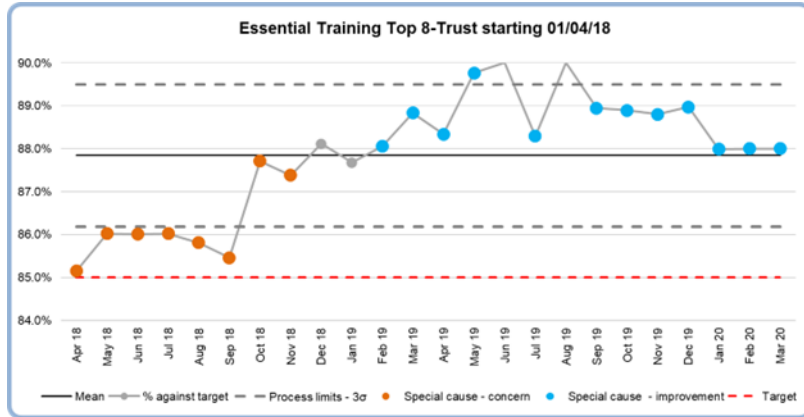
Other projects aimed at improving turnover this year and which are continuing include the development of electronic leavers forms, the expansion of the P&T Itchy Feet resource and guidance and the support and encouragement of EU staff to apply for settled status.

**Sickness**

Long-term sickness remains an issue and is driving the deterioration in our annual position. We have identified some key areas for investigation in terms of the sickness recording process which, when improved, will provide greater insight into drivers of sickness absence. Linked to this are our investigations into areas where absence reasons recorded as 'unknown' are disproportionately high. Understanding better the true reasons for this absence will allow us to target our health and wellbeing interventions accordingly.

The P&T team is working with key areas, reviewing the effectiveness of return to work meetings. They will also be starting some work with the Facilities team around the management of long-term sickness, which is in part driving our overall sickness position. Learning from regular case reviews of 'closed' cases is very helpful in developing improvements going forward.

The final roll-out of the ER Case Tracker, used to log, manage and monitor long-term sickness case and trends will help us provide more targeted support and interventions going forward.



## Essential Training

There has been no change in compliance compared to last month. With the temporary halting of face to face training, eLearning offerings have been able to meet the shortfall.

## Leadership & Management Development OneNBT Leadership Programme

Due to COVID-19 the 2019 leadership programme has been paused until the end of June. 253 staff remain enrolled which is 72% of the 350 target. For those able to participate, we have provided webinars in replacement of the leadership modules and sent out other external online resources for participants during the pandemic.

In addition to the key process improvements we highlighted over the last few months, we issued a survey to learners and managers of the 2019 programme. We have produced a summary report of the results and plan to use feedback to inform our 2020 programme planning.

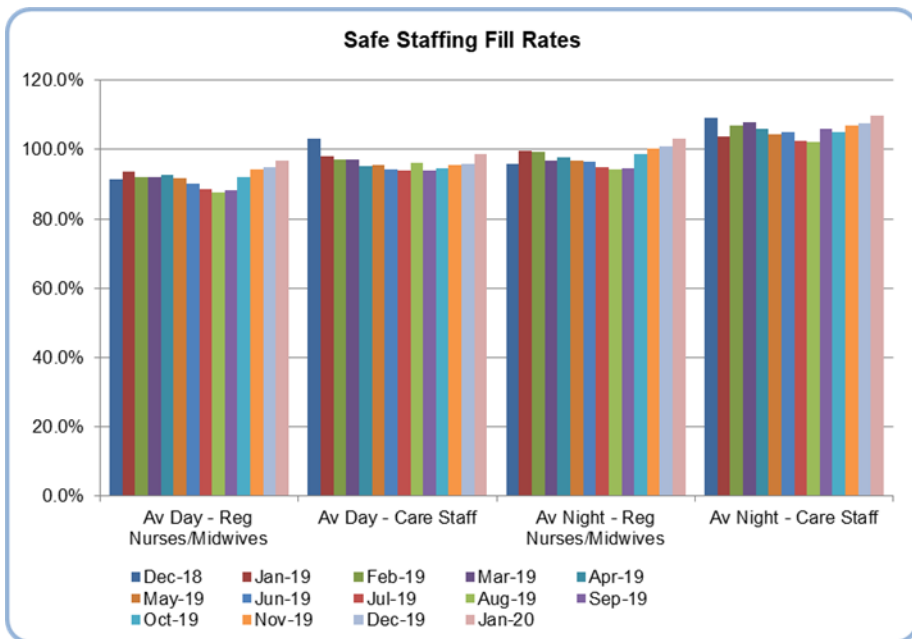
The 2020 application has remained open despite COVID-19 and has been extended to the end of June. We had 42 defer and have received 36 applications which gives us 78 participants for 2020 so far. The programme was due to start in June however this will be dependent on the COVID-19 situation.

## OneNBT L&M Apprenticeships

Our corporate apprenticeships have been paused during the pandemic. We still have 28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification) seven of which have been promoted since joining the programme.

Six managers were due to complete their end-point assessment in April however due to COVID-19 this has been postponed. These will be the first in the Trust to achieve the qualification and complete the programme. We have also postponed our April 2020 cohort to start in July at present however this may be subject to change.

Training Topic	Variance	Feb-20	Mar-20
Child Protection	0.1%	87.6%	87.6%
Equality & Diversity	0.5%	90.7%	91.2%
Fire Safety	-0.3%	86.7%	86.3%
Health & Safety	0.1%	92.3%	92.4%
Infection Control	-0.4%	90.6%	90.2%
Information Governance	-1.0%	84.1%	83.1%
Manual Handling	-1.0%	83.3%	82.3%
Waste	0.7%	87.9%	88.6%
<b>Total</b>	<b>0.0%</b>	<b>87.95%</b>	<b>87.95%</b>



Mar-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	95.1%	93.9%	99.0%	101.2%

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

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

- Gate NICU (67.2% day, 73,6% Night):**
- Gate ICU (75.3% Night 73.6% Night):**
- Gate 31a (76.9% Night):**
- Gate 8b (73.1% Night)**
- CDS (72.2% Night)**
- Gate 19 (71.2% Day)**

During March the organisation has bene in preparedness for COVID-19, elective activity has been reduced and capacity released for care pandemic response. The organisations overall occupancy has been reduced and where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing an overall increase in March due to the current situation.

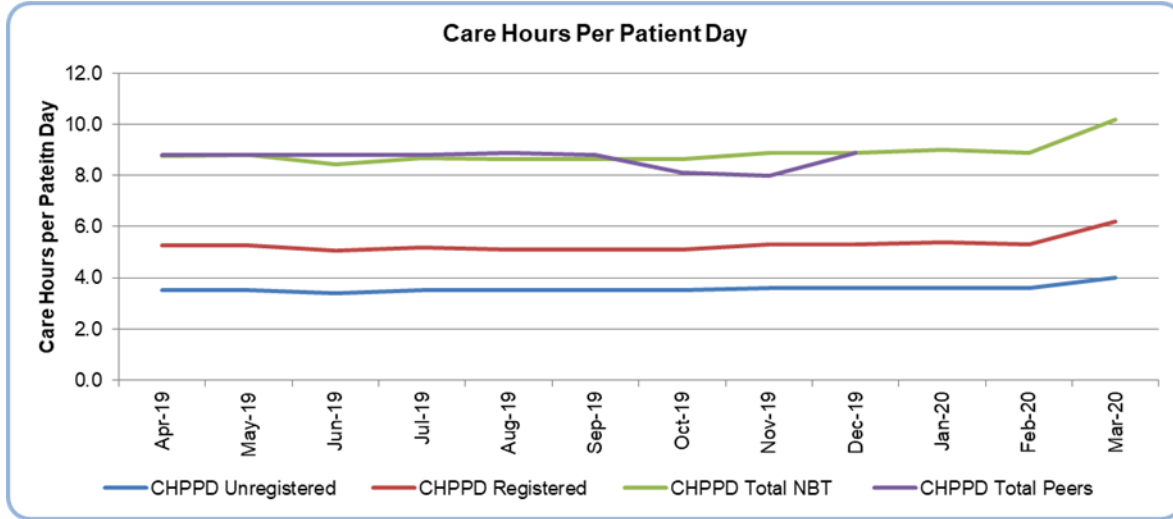
**Wards below 80% fill rate for Registered Nurses**

- ICU (77.6% Night)**
- Gate 19 (63.0% Day)**

During March the organisation has bene in preparedness for COVID-19, elective activity has been reduced and capacity released for care pandemic response. The organisations overall occupancy has been reduced and where shifts have been unfilled a acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing an overall increase in March due to the current situation.

The 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



### Care Hours per Patient Day (CHPPD)

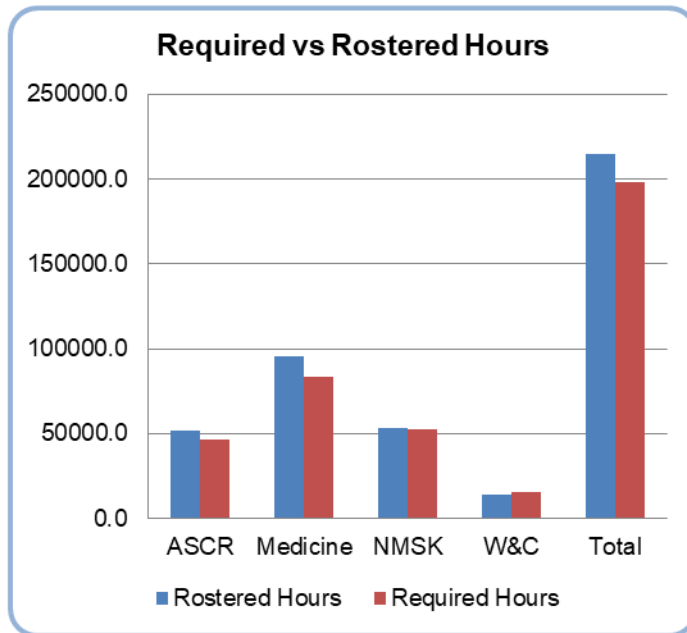
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values are only available to Feb 2019).

### Safe Care Live (Electronic Acuity Tool)

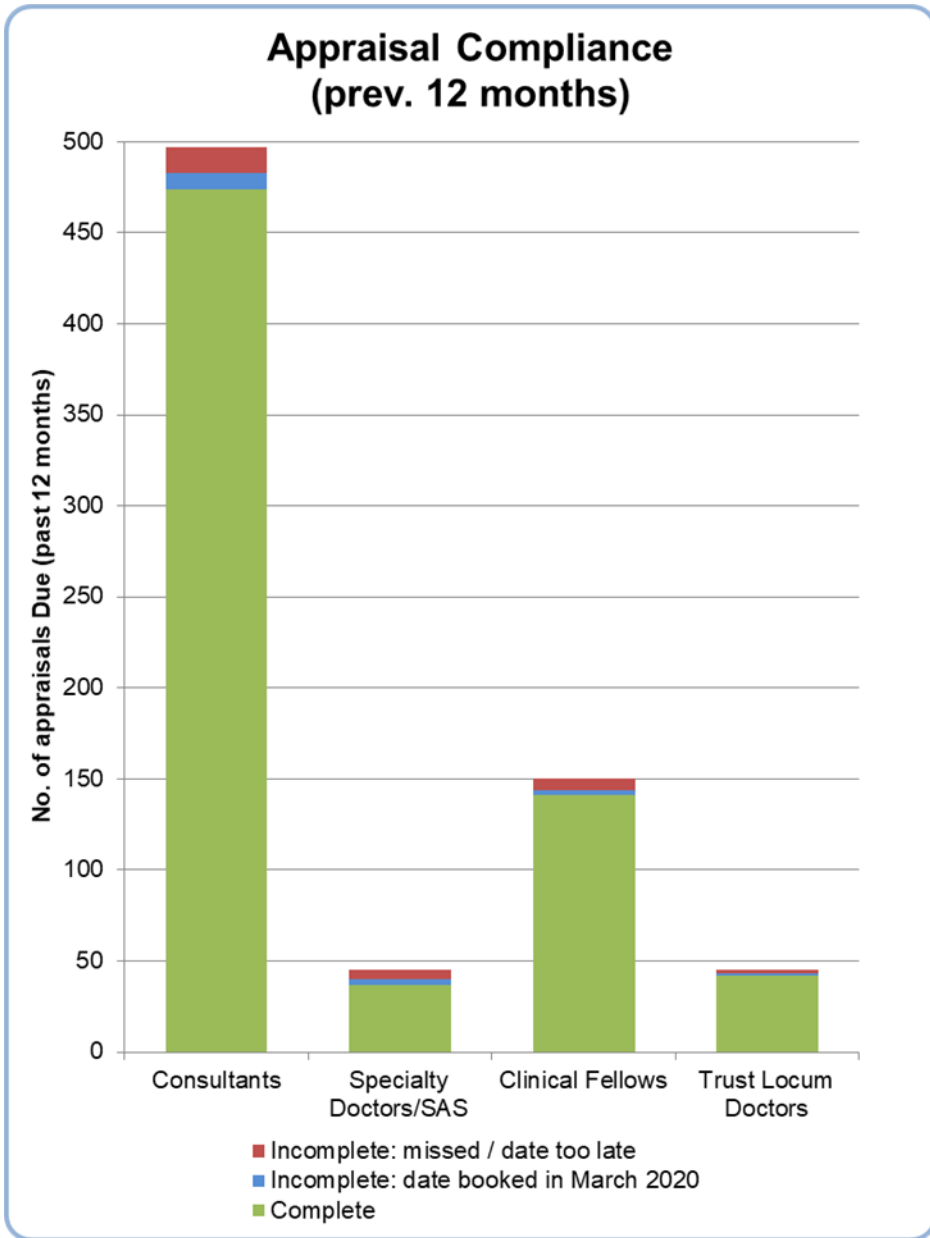
The acuity of patients is measured three times daily at ward level.

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

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







## Medical Appraisal

The current appraisal year runs between 1st April 2019 - 31st March 2020.

The GMC has announced that all revalidations before the end of September 2020 will be deferred for one year in view of the COVID-19 response.

**Due to current circumstances all medical appraisals and revalidation have been suspended by the GMC until further notice.**

# Finance

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

	Position as at 31 March 2020		Full Year Forecast (as at December 2019)	
	Actual £m	Variance (Adverse) / Favourable £m	Full year Forecast £m	Variance (Adverse) / Favourable £m
Contract Income	527.1	(2.2)	525.1	(4.2)
Other Income	92.4	7.9	88.9	4.4
<b>Total Income</b>	<b>619.5</b>	<b>5.7</b>	<b>614.0</b>	<b>0.2</b>
<b>Pay</b>	<b>(387.7)</b>	<b>(1.4)</b>	<b>(385.1)</b>	<b>1.2</b>
<b>Non-Pay</b>	<b>(192.7)</b>	<b>(7.2)</b>	<b>(187.7)</b>	<b>(2.2)</b>
Depreciation	(25.5)	(1.0)	(24.2)	0.3
PFI Operating Costs	(6.1)	0.2	(6.3)	0.0
PFI Interest	(34.2)	0.0	(34.0)	0.2
Other Financing costs	(4.9)	0.4	(5.0)	0.3
Loss on Disposal	(0.2)	1.9	(2.1)	0.0
<b>Adjusted surplus / deficit for NHS accountability (exc PSF)</b>	<b>(31.8)</b>	<b>(1.4)</b>	<b>(30.4)</b>	<b>0.0</b>
FRF	25.0	0.0	25.0	0.0
<b>Adjusted surplus / deficit for NHS accountability (inc PSF)</b>	<b>(6.8)</b>	<b>(0.0)</b>	<b>(5.4)</b>	<b>0.0</b>
Gain on disposal	0.6	0.1	0.6	0.1
<b>Control total</b>	<b>(6.2)</b>	<b>0.1</b>	<b>(4.8)</b>	<b>0.1</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of March shows a deficit of £6.8m. The reported deficit is in line with the Trust's revised control total and enabled it to receive the full available amount of PSF, FRF and MRET funding.

Required control total was relaxed in March by £1.4m to enable the trust to increase its provision for untaken annual leave which was caused by cancellation of leave in order to prepare for COVID-19..

Income in March includes £1.837m of COVID-19 cost recoveries agreed with NHSI

**There are no key issues to report**

31 March 2019 £m	Statement of Financial Position as at 31st March 2020	Plan £m	Actual £m	Variance above / (below) plan £m
	<b>Non Current Assets</b>			
558.1	Property, Plant and Equipment	569.5	560.0	(9.5)
17.0	Intangible Assets	14.2	12.0	(2.2)
8.5	Non-current receivables	3.5	4.0	0.5
<b>583.6</b>	<b>Total non-current assets</b>	<b>587.2</b>	<b>576.0</b>	<b>(11.2)</b>
	<b>Current Assets</b>			
12.8	Inventories	11.2	13.1	1.9
35.5	Trade and other receivables NHS	49.5	38.4	(11.1)
37.1	Trade and other receivables Non-NHS	15.3	28.0	12.7
10.2	Cash and Cash equivalents	8.0	10.7	2.7
<b>95.7</b>	<b>Total current assets</b>	<b>84.0</b>	<b>90.2</b>	<b>6.2</b>
0.0	Non-current assets held for sale	0.0	0.0	0.0
<b>679.3</b>	<b>Total assets</b>	<b>671.2</b>	<b>666.2</b>	<b>(5.0)</b>
	<b>Current Liabilities (&lt; 1 Year)</b>			
9.4	Trade and Other payables - NHS	9.4	9.0	(0.4)
64.8	Trade and Other payables - Non-NHS	56.7	63.4	6.7
70.8	Borrowings	70.1	149.4	79.3
<b>145.0</b>	<b>Total current liabilities</b>	<b>136.3</b>	<b>221.8</b>	<b>85.5</b>
<b>(49.3)</b>	<b>Net current assets/(liabilities)</b>	<b>(52.2)</b>	<b>(131.6)</b>	<b>(79.3)</b>
<b>534.3</b>	<b>Total assets less current liabilities</b>	<b>535.0</b>	<b>444.4</b>	<b>90.6</b>
7.8	Trade payables and deferred income	6.9	7.2	0.3
517.8	Borrowings	509.2	428.1	(81.1)
<b>8.7</b>	<b>Total Net Assets</b>	<b>18.9</b>	<b>9.1</b>	<b>(9.8)</b>
	<b>Capital and Reserves</b>			
243.9	Public Dividend Capital	245.5	248.5	3.0
(375.2)	Income and expenditure reserve	(381.6)	(378.5)	3.1
(6.4)	Income and expenditure account - current year	(8.1)	(10.1)	(1.9)
146.5	Revaluation reserve	163.1	149.1	(14.0)
<b>8.7</b>	<b>Total Capital and Reserves</b>	<b>18.9</b>	<b>9.1</b>	<b>(9.8)</b>

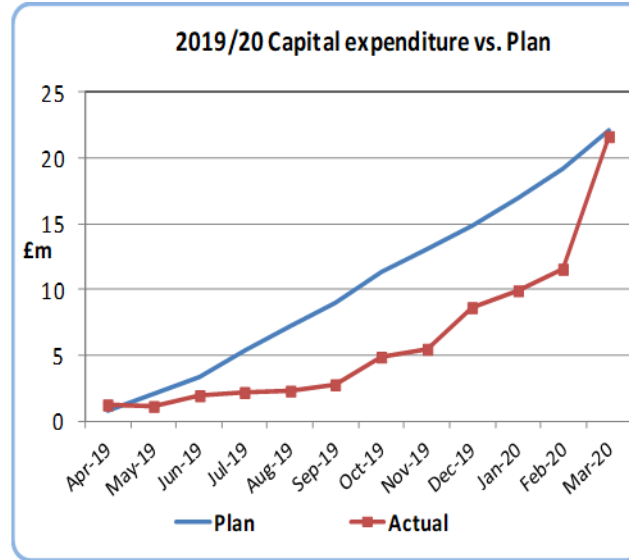
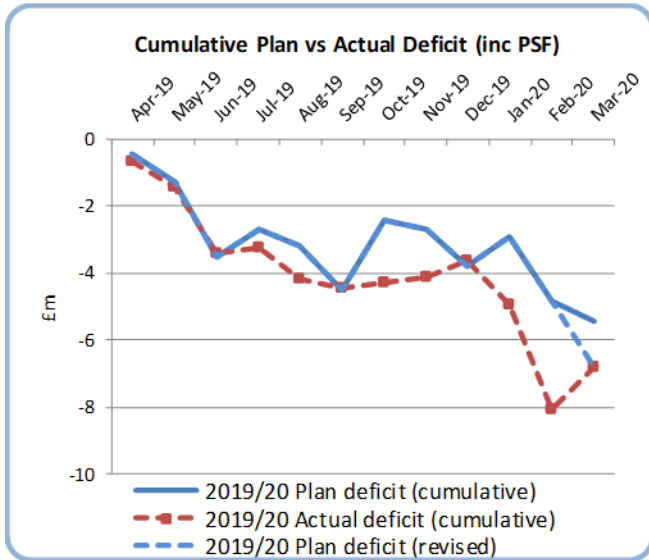
## Statement of Financial Position

### Assurances

The Trust has received net loan financing for the year to date of £0.2m, in line with plan. This brings total borrowing from the DOH to £178.5m. The Trust ended the year with a cash balance of £10.7m, compared with a plan of £8.0m.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 81% by volume of payments made within 30 days against the target of 95%. By value the performance is 86% (87% excluding NHS). The focus going into 2020/21 continues to be on improving payments to achieve the BPPC, achieving the remaining capital plan, reducing the level of outstanding debts and ensuring cash financing is available to achieve the Trusts' objectives.



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

The overall financial position shows a £6.8m deficit, in line with the Trust's revised control total.

The capital expenditure for the year was £21.7m.

### Assurances and Actions

Cash for our planned deficit for the year to date has been made available to the Trust via DH borrowing.

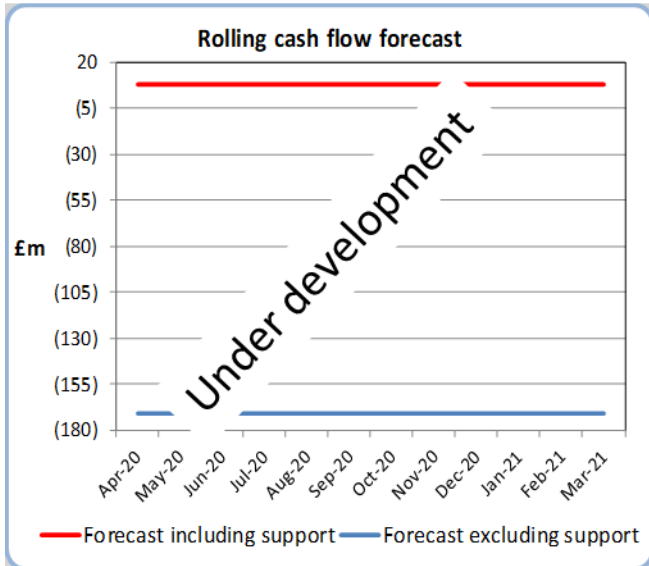
### Concerns & Gaps

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

### Rolling Cash forecast

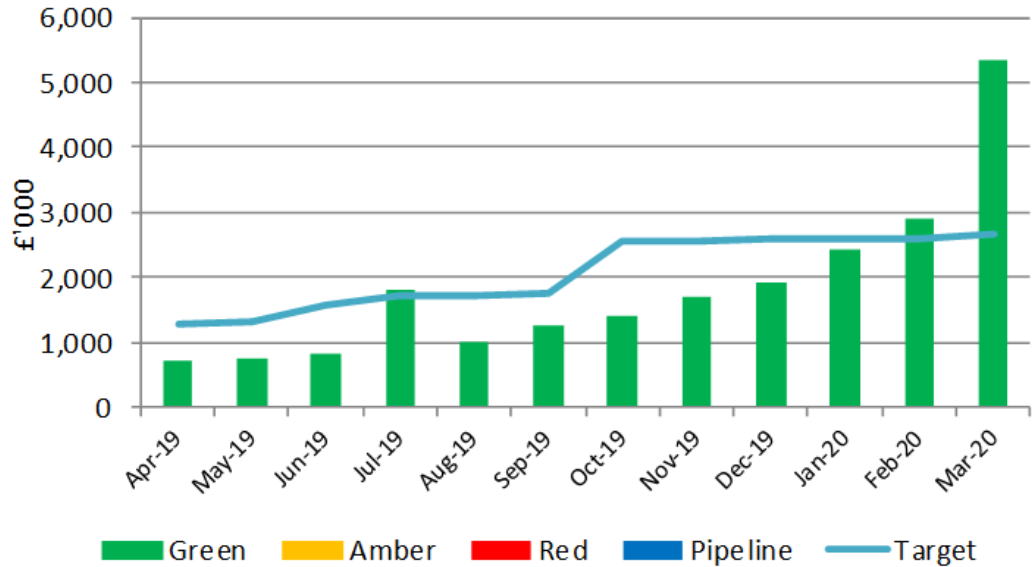
This needs to be developed as the process and timings for cash reimbursement for COVID-19 and Nightingale costs are still being finalised.

However; the Trust has received cash to cover two months' baseline expenditure in April to ensure that the Trust does not have any cashflow issues.



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

2019/20 Monthly CIP Position



**Savings**

**Assurances**

The savings target for 2019/20 is £25m against which £22.1m was delivered as at the end of March.

**Concerns & Gaps**

The graph shows the phased forecast in-year delivery of the £22.1m delivered schemes.

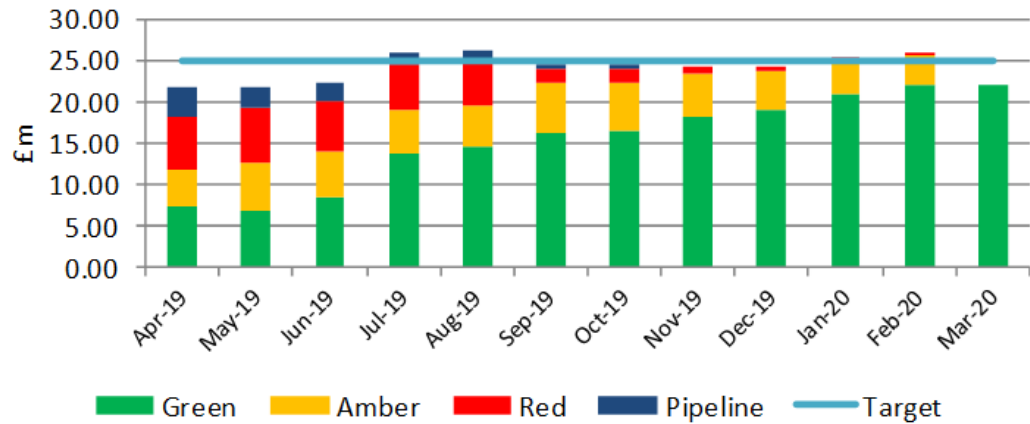
In-year savings delivery deteriorated by £3.6m during March due to delayed delivery of savings project with an initial start date in March. It is still expected that most of this amount can be recovered in 2020/21 if resources are released from the delivery of COVID-19 response.

Of the £22.1m identified savings in 2019/20, £15.4m is recurrent with a full year effect of £18.6m.

**Actions Planned**

During preparation for the COVID-19 response all transformation and CIP activity has been suspended in line with national guidance. This will be restarted once capacity allows.

2019/20 Annual CIP Position



# Regulatory

**Board Sponsor: Chief Executive  
Andrea Young**

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



# Appendix 1: General guidance and NBT Quality Priorities

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

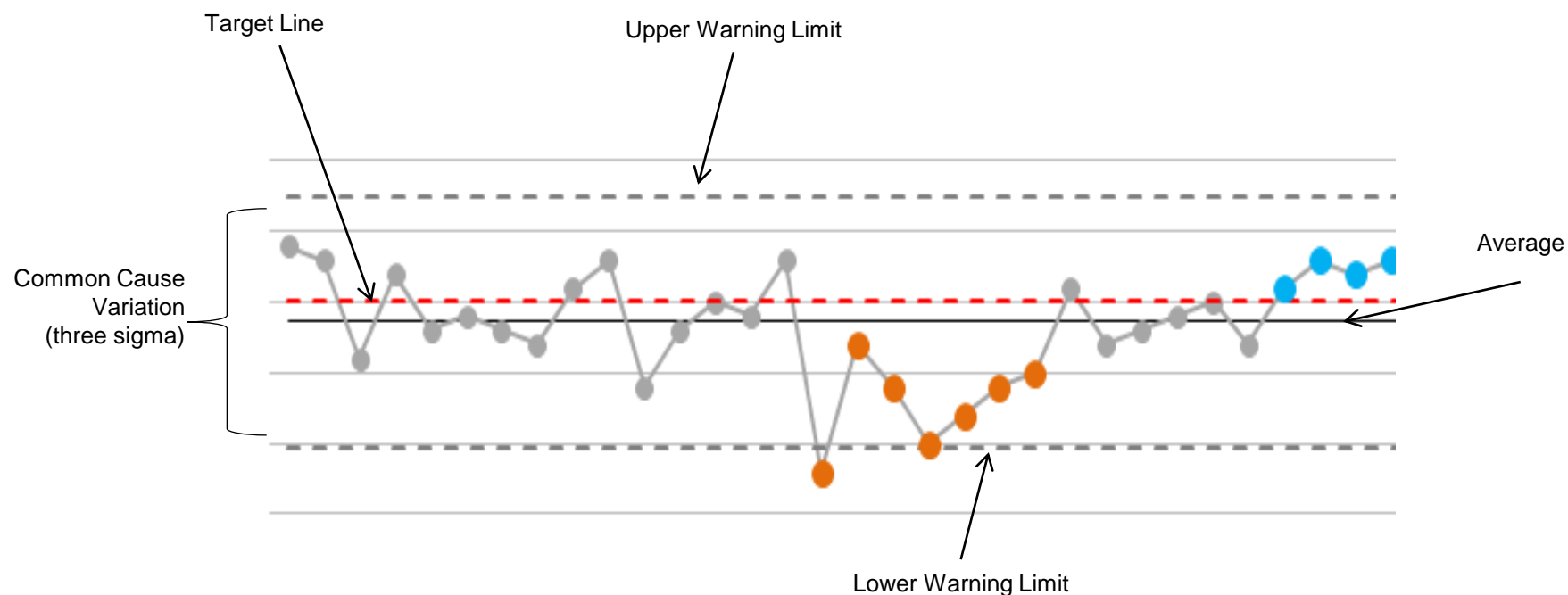
All data included is correct at the time of publication.  
Please note that subsequent validation by clinical teams can alter scores retrospectively.



## NBT Quality Priorities 2019/20

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

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



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

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

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

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

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

**Further reading:**

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

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

Making Data Count: [https://improvement.nhs.uk/documents/5478/MAKING\\_DATA\\_COUNT\\_PART\\_2\\_-\\_FINAL\\_1.pdf](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)