

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**August 2020**  
(presenting July 2020 data)

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	10
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	20
Patient Experience	Chief Nursing Officer	27
Well Led	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	29
Finance	Director of Finance	35
Regulatory View	Chief Executive	39
Appendix		41

# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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%	84.81%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%		87.98%	31/114	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	4	9	2	38	48	2	0	0	0	0		0 - 58	1/13	
	Ambulance Handover < 15 mins (%)	100%	95.08%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%				
	Ambulance Handover < 30 mins (%)	100%	98.93%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%				
	Ambulance Handover > 60 mins	0	0	0	0	0	0	1	0	2	2	1	0	0	0	0				
	Delayed Transfers of Care	3.50%	3.50%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	9.23%	7.02%	4.69%	4.23%	4.44%				
	Stranded Patients (>21 days) - month end			137	280	160	139	129	129	162	158	123	63	60	75	87				
	Bed Occupancy Rate		85.00%	95.51%	94.81%	95.18%	96.51%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	71.97%	82.97%				
	Cancelled Operations (28 Day Rebooking)	0	3	1	1	1	0	1	0	5	1	2	0	0	0	0		0 - 114	2/43	
	Diagnostic 6 Week Wait Performance	1.00%	0.94%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%		58.46%	105/236	
	Diagnostic 13+ Week Breaches	0	0	130	205	225	239	63	147	258	113	114	402	2292	3161	1886				
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0				
	RTT Incomplete 18 Week Performance	92.00%	83.96%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%		51.94%	155/390	
	RTT 52+ Week Breaches	0	35	14	14	16	13	14	14	9	17	43	130	275	454	648		0	147/183	
	Total Waiting List		31059	28740	28587	29313	29118	28351	28078	29672	29552	28516	25877	25518	25265	27512				
	RTT Backlog Clearance Time (in weeks)			3.0	3.0	3.3	3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5				
	Cancer 2 Week Wait	93.00%	88.77%	71.87%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	-		92.50%	44/136	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	76.54%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	-		90.59%	28/81	
	Cancer 31 Day First Treatment	96.00%	91.81%	90.87%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	-		93.75%	55/116	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	-		98.70%	1/40	
Cancer 31 Day Subsequent - Surgery	94.00%	74.19%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	-		86.76%	32/64		
Cancer 62 Day Standard	85.00%	83.85%	74.35%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	-		75.21%	94/134		
Cancer 62 Day Screening	90.00%	88.46%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	-		12.87%	13/50		
Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hou	100%		84.37%	83.01%	84.37%	84.19%	83.21%	83.18%	83.81%	82.97%	83.48%	83.30%	84.09%	85.45%	83.21%					

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%		
	Caesarean Section Rate			31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%		
	Still Birth rate			0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%		
	Induction of Labour Rate			36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%		
	PPH 1000 ml rate			15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%		
	Never Event Occurance by month	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	Serious Incidents			11	9	4	4	3	6	3	5	7	3	1	4	7		
	Total Incidents			1066	1108	953	1131	1121	1096	1150	1117	851	601	675	803	870		
	Total Incidents (Rate per 1000 Bed Days)			42	44	39	44	45	42	43	45	39	45	43	47	42		
	WHO		95%	95.80%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%		
	Pressure Injuries Grade 2			24	34	46	43	43	32	34	17	29	24	16	13	6		
	Pressure Injuries Grade 3			1	0	0	0	0	1	0	1	1	0	0	0	0		
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Falls per 1,000 bed days			31	31	30	31	30	31	32	30	27	16	18	21	24		
	#NoF - Fragile Hip Best Practice Pass Rate			85.19%	80.56%	69.64%	83.78%	87.23%	86.11%	68.18%	60.00%	70.91%	1.10%	8.42%	9.46%	0.00%		
	Stroke - Patients Admitted			77	89	76	89	83	82	79	72	97	71	72	79	84		
	Stroke - 90% Stay on Stroke Ward		90%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	-		
	Stroke - Thrombolysed <1 Hour		60%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	86.00%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	-		
MRSA	0	0	0	0	1	0	1	1	1	0	0	0	0	0	0			
E. Coli		4	2	6	4	7	7	7	7	4	6	2	3	2	5			
C. Difficile		5	8	3	6	5	2	3	5	4	4	1	4	3	6			
MSSA		2	5	3	5	2	3	1	1	2	3	1	2	1	4			
Quality Caring & Experience	PALS - Count of concerns			126	118	81	119	104	90	107	108	104	45	105	49	75		
	Complaints - % Overall Response Compliance		90%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100%	98.30%	98.08%		
	Complaints - Overdue			9	1	4	1	2	3	0	2	0	2	1	0	0		
Well Led	Complaints - Written complaints			55	51	53	47	41	36	57	51	26	24	27	40	59		
	Agency Expenditure ('000s)			1179	1329	968	836	990	868	1081	869	1112	613	386	364	555		
	Month End Vacancy Factor			11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%		
	Turnover (Rolling 12 Months)	14.00%		15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%	13.10%		
Well Led	Sickness Absence (Rolling 12 month -In arrears)	4.30%		4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	-		
	Trust Mandatory Training Compliance			88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%		

# EXECUTIVE SUMMARY

## August 2020

### Urgent Care

The Trust achieved the four-hour performance trajectory of 84.81% with performance of 93.47% and reported nil 12-hour trolley breaches for the fourth month in a row. ED attendances increased in July but remain below pre-COVID-19 levels for walk-in attendances (-16.15%). The reduced attendance level continues to favourably impact four-hour performance. Nationally, Trust performance maintained the ranking of 1<sup>st</sup> out of 10 Adult Major Trauma Centres and ranks 31<sup>st</sup> out of 114 reported positions for Type 1, four-hour performance.

### Elective Care and Diagnostics

The Trust has reported an increase in the overall wait list size for the first time since the pandemic, impacted by increased demand. There were 648 patients waiting greater than 52 weeks for their treatment in July against a trajectory of 35. 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 to 28.98% with a 40% reduction in the number of patients exceeding 13 weeks resulting from increased activity as part of the second phase of the COVID-19 response. The improvement in June resulted in the Trust moving into the third quartile for proportion of 13 week waits. A high-level review is completed by modality for all patients waiting over 13 weeks for their diagnostic test to ensure no harm has come to the patients as a result of the extended wait times.

### Cancer wait time standards

The TWW standard improvement continued in June reporting 97.30% (achieving the 93% target), positively impacted by the roll out of virtual clinics. The Trust marginally failed the 31-day waiting time standard of 96% with performance of 95.35%, favourably impacted by a reduction in COVID-19 deferrals and the stabilisation of wait times to pre-COVID-19 levels. The 62-day waiting time standard remained static in June but treatment volumes increased. Breaches were predominantly the result of pathway delays and deferrals to treatment. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

### Quality

There has been a significant increase in complaints regarding Access to Services in June. These complaints are predominately a result of cancelled operations and delays to appointments. The Trust continues to focus on minimising COVID-19 transmission and supporting the new design of the hospital for restoration. The CQC has provided positive assurance on the Trust's Infection Prevention and Control Board Assurance Framework. Full investigations are being carried out for any probable or definite hospital acquired infections. The Trust is at lower levels than trajectory for C-Difficile, MSSA and E.coli, with no MRSA cases for the year to date. There has been a continued reduction of pressure injuries, with grade 2s reported at their lowest level since September 2018.

### Workforce

The Trust turnover continues to improve with June's position at 12.1% (excluding the impact of staff temporarily employed during the COVID-19 response) compared to 12.3% last month and 15.2% at the same time last year. Temporary staffing demand continues to grow in line with activity and occupancy with a 23% increase in July compared with June.

### Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework will now apply until the end of August (and potentially the end of September), an update on the funding process for quarters 3 and 4 is due imminently. The position for the end of July shows the Trust meeting the NHSI/E calculated income level and achieving a breakeven position.



# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust achieved the four-hour performance trajectory of 84.81% with performance of 93.47% and reported nil 12-hour trolley breaches for the fourth consecutive month. Nationally, Trust performance maintained the ranking of 1<sup>st</sup> out of 10 Adult Major Trauma Centres and ranks 31<sup>st</sup> out of 114 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 82.97% with reduced variation in July, resulting from the increased level of attendances and resulting admissions. Despite significantly improved performance when compared with pre-COVID-19 levels, four-hour performance is becoming increasingly challenged with increasing attendances, admissions and bed occupancy. Lower levels of DToc patients (4.44% vs. 3.5% target) continued in July, however, would have released six additional beds to the Trust had the 3.5% target been achieved. Stranded patient levels continue to increase; a review has highlighted areas for improvement for the Trust and the System. Internally, a project has been initiated to focus on earlier completion of single referrals forms (SRF) to reduce time frames from admission.

#### Planned Care

**Referral to Treatment (RTT)** – 18-week RTT performance was reported at 58.48% in July; the marginal improvement is the result of increased referrals impacting the wait list. The number of patients exceeding 52 week waits in June was 648 against a pre-COVID-19 trajectory of 35; the majority of breaches (401; 61.88%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the initial COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18-week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

**Diagnostic Waiting Times** – Trust performance for diagnostic waiting times significantly improved in July as a result of increased elective activity as part of the second phase restoration plans. As of July, 28.98% of patients have waited more than 6 weeks for a diagnostic test compared to a pre-COVID-19 trajectory of 0.94%. July reported a 21.78% increase in activity and a 40% reduction in the number of 13 week waits. Nationally, the Trust position continued to improve surpassing the national performance level for 6 week performance for the first time since 2018/19. A high-level review is completed by modality for all patients waiting over 13 weeks for their diagnostic test to ensure no harm has come to the patients as a result of the extended wait times.

#### Cancer

The Trust achieved three of the seven Cancer Wait Times standards in June and achieved trajectory for four of the standards. Continued achievement of the TWW and TWW Breast Symptoms standards was a result of the successful roll out of virtual clinics which improved patient confidence in attending appointments. In June, 31 day achieved the highest performance since March. The operational effect of COVID-19 saw patients being triaged for treatment as part of safety netting. This was in line with the national prioritisation framework. The deterioration in the 62 Day standard is reflective of the introduction of the pre-surgery 14 day shielding requirement that lengthened the pathway and previously clinically deferred patients receiving treatment in June.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Overview

#### Improvements

**PPH rates** have improved in the last 2 months

**Infection control** – the Trust is at lower levels than trajectory for C-Difficile, MSSA and E.coli, with no MRSA cases for the year to date.

**Infection Prevention & Control Board Assurance Framework** - positive assurance feedback received from the CQC following their review of this BAF.

**COVID-19 pathways:** The hospital restoration programme is near completion with COVID-19 and non-COVID-19 pathways in place.

**Pressure Injuries** – There has been a continued reduction in the overall incidence of pressure injuries in July; the last time NBT attributable Grade 2 Pressure Injuries were reported to be less than 10 was September 2018

#### Areas of Concern

**Caesarean Section rate:** During June & July the maternity service has seen an increase in caesarean section rates, creating a pressure on the service.

# WELL LED

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

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

#### **Expand leadership development programme for staff**

The Trust's leadership and management development programmes has now restarted, with the October 20 intake reaching its capacity of 120 starters.

#### **Prioritise the wellbeing of our staff**

Sickness remained stable at 4.5% in June. Whilst the annual position has remained between 4.5% and 4.6% for the last 6 months there has been an increase in long term sickness during the COVID-19 period and triangulation with risk assessment information is in progress to determine whether the increase is due to the delayed return of staff that were already on periods of long-term sickness when the pandemic period started and how the newly established reassignment hub can support any such staff back to work.

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

Demand for temporary staffing increased in July by 23% compared with June. Increases were seen in bank, agency and unfilled shifts. Bank use increased in July with the greatest increase in registered and unregistered nursing, the former in ASCR, Medicine and NMSK and unregistered nursing (band 2 HCAs) predominantly in NMSK to support enhanced care.

Agency increased by 18% in July with the predominant increase being in tier 1 registered nursing use, RMNs in Medicine and operating department practitioners for anaesthetic nursing and scrub nurses and ODPs in plastics/breast Theatre. However, agency use in July is 50% lower than the Q4 19/20 average, 45 wte in July vs a Q4 19/20 average of 92 wte. Expenditure is also remains lower, with July expenditure being £235k lower than the Q4 19/20 monthly average both due to a lower volume of use and tier 1 agencies filling 95% of total agency shifts.

#### **Vacancies**

The Trust vacancy factor was 6.0% (495 wte) in July compared with 5.3% last month and 11.6% at this time last year, this excludes additional staff employed during the pandemic on COVID-19 budgets. 25 wte of the vacancy increase is against a specific research cost centre in the women and children's division which is being reviewed to determine whether the establishment change has created genuine vacancies. Without the impact of this change the vacancy position for July is 5.7% (471 wte).

Medical and dental staff and registered nursing were the predominant driver of the increase in vacancies. Registered nursing saw a net loss of staff in July particularly in ICU and dialysis, coupled with a lower number of band 5 nurse starters. The same dip in new starters happened last year, prior to the large intake of newly qualified nurses throughout September and October.

#### **Turnover**

The Trust turnover continues to improve with June's position at 12.1% excluding the impact of staff temporarily employed during the COVID-19 response (13.1% including them) compared to 12.3% last month and 15.2% at the same time last year.



# FINANCE

## SRO: Director of Finance

### Overview

On 17 March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework that covered the COVID-19 regime period from April 2020 to July 2020.

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

In addition, the Trust is able to recover any reasonable costs incurred responding to the COVID-19 pandemic while this is in line with national guidance and is approved by the regional team during their assurance work on the Trust after submission of month end returns.

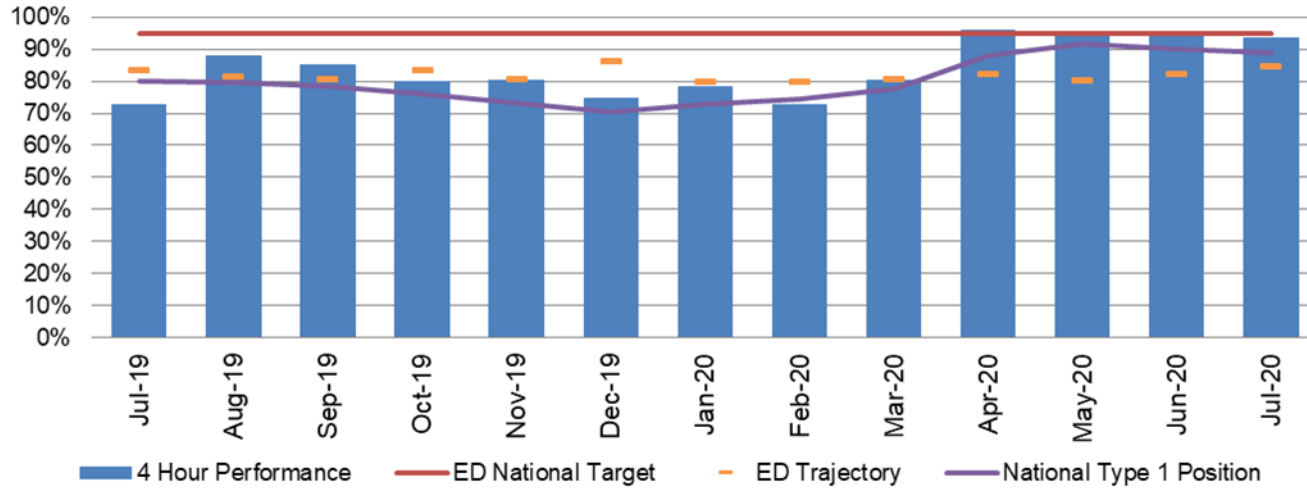
An update on the funding process for quarters 3 and 4 has been expected for some time but hasn't yet been received.

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

# Responsiveness

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

**ED 4 Hour Performance**



**Urgent Care**

The Trust continued to exceed the four-hour performance trajectory in July and was close to achieving the national standard of 95% with performance of 93.47%.

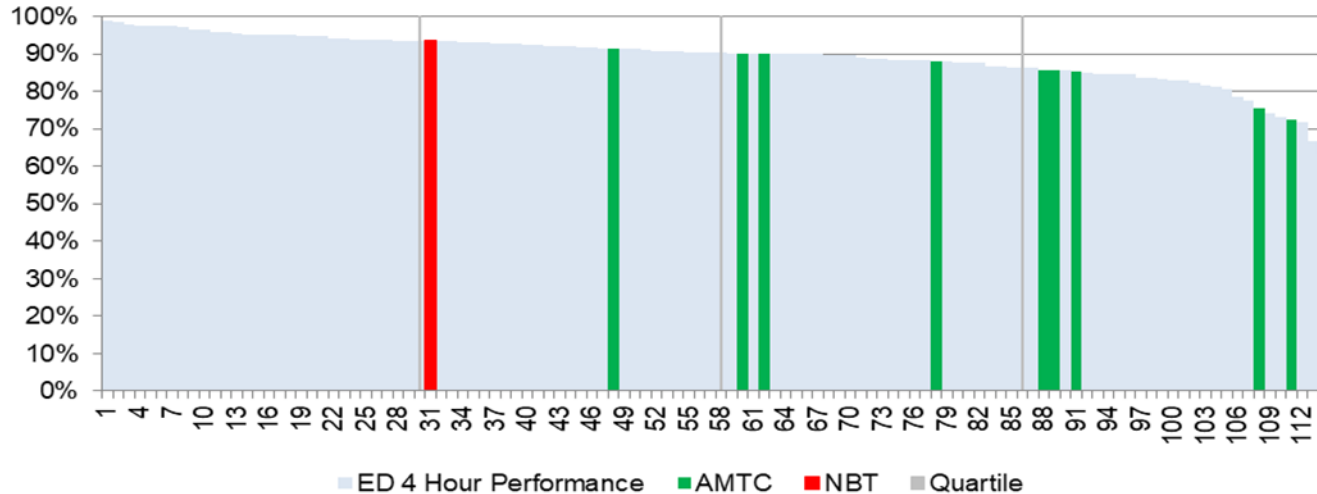
Performance has been more challenged in July with greater levels of attendances, admissions and bed occupancy but remains considerably improved when compared to pre-COVID-19 performance.

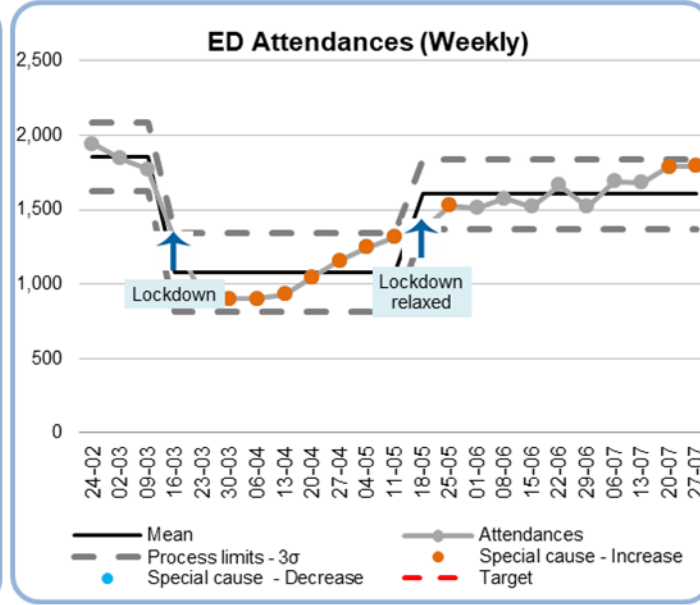
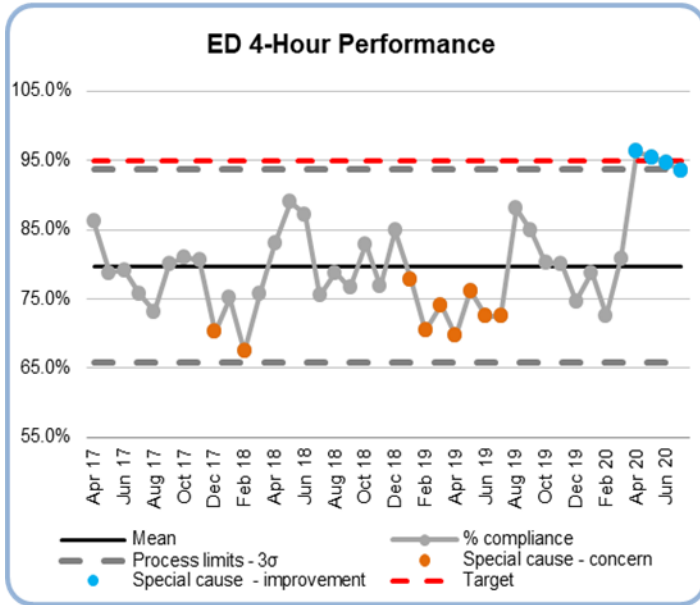
Current trajectories were set before the pandemic and will be reset for September 2020 – March 2021 to more accurately reflect the anticipated delivery for the rest of the year. Despite moving into the upper second quartile in July, the Trust continues to perform well for Type 1 performance when compared nationally.

At 7422, there were 10.28% less attendances than planned as per the Phase 2 plan. Non-Elective admissions were down against plan for long-stay admissions (-12.76%) and short-stay admissions (-2.75%).

ED performance for the NBT Footprint stands at 94.72% and the total STP performance was 90.29% for July.

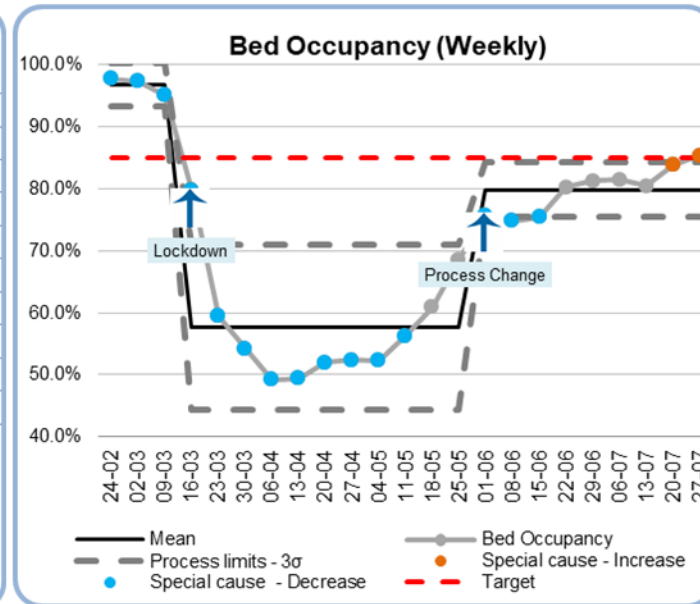
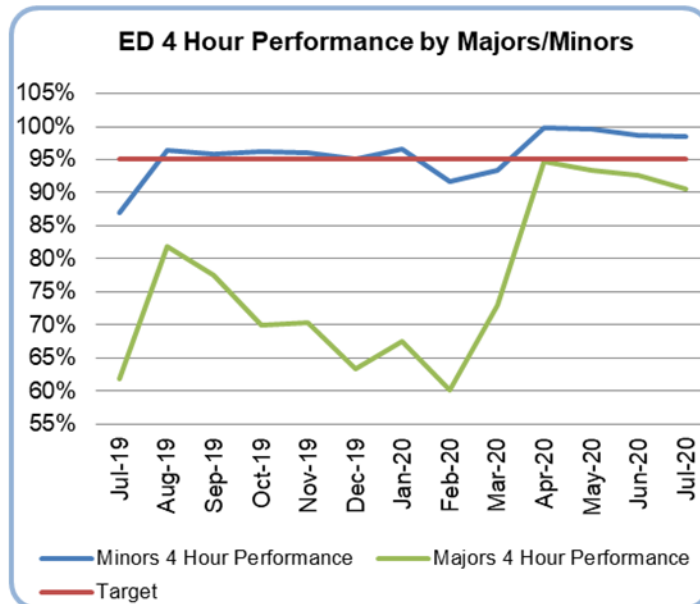
**ED 4 Hour Performance - July 20**





### 4 Hour Performance

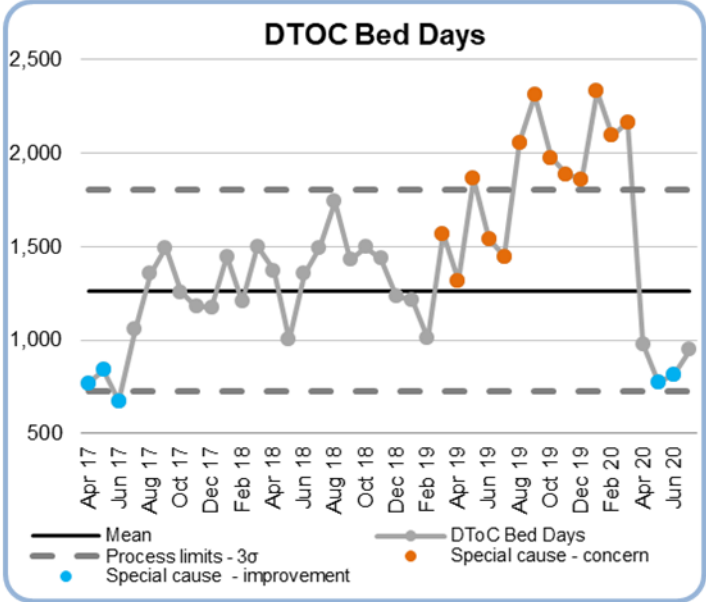
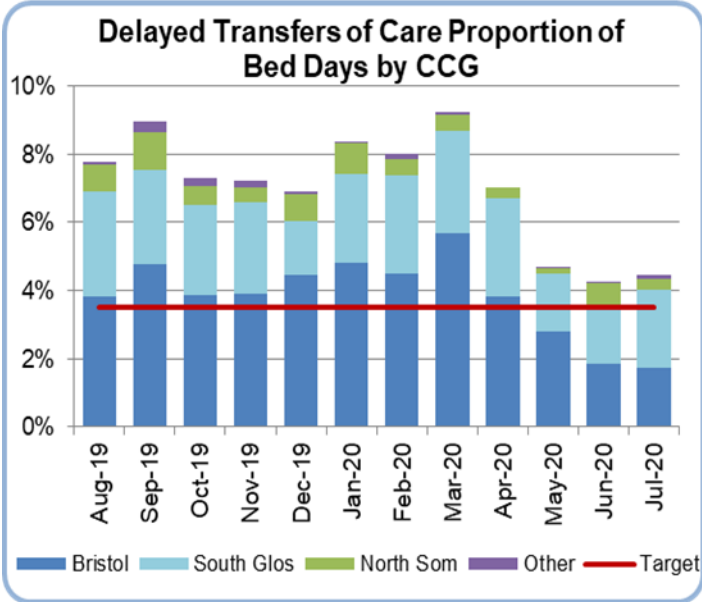
Of the breaches in ED in July, 29.90% were a result of awaiting or undergoing treatment in ED and 28.87% were a result of ED delays, primarily waits for assessments and late referrals to specialties. This represents a static position from June and a significant shift from wait for beds pre-COVID-19 (10.93%) resulting from the improved bed position.



Attendances started to rise again in July, particularly towards the end of the month with the final week of July reporting a 7.66% reduction when compared to pre-COVID-19 levels. The increase has been driven by walk-in attendances (9.79%) whilst ambulance arrivals are comparable to 2019/20 levels.

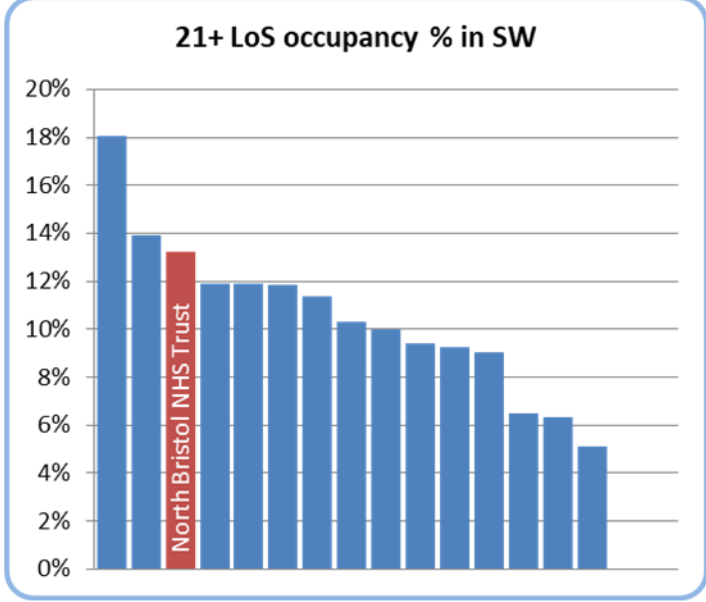
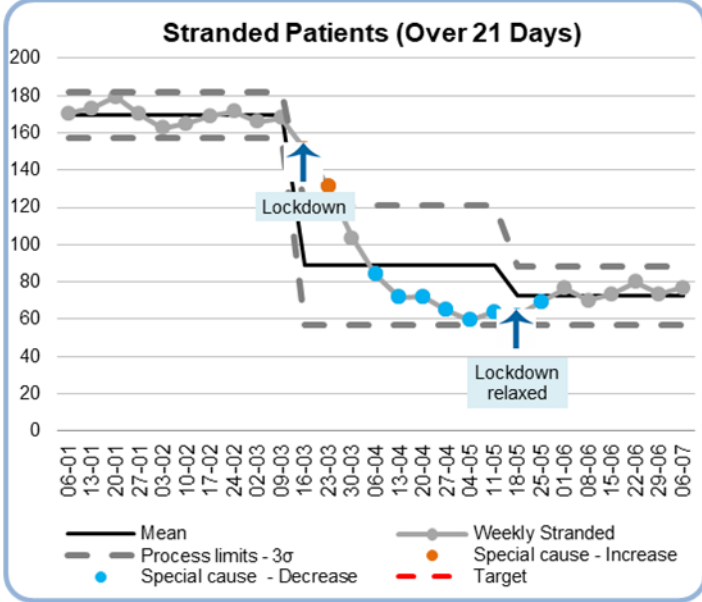
Variation in bed occupancy reduced further in July as the rate begins to stabilise at an increased level. Bed occupancy varied between 76.47% and 88.49%, breaching the 85% target eight times in month. This reflects an increase on June 20 resulting from increased elective activity undertaken by the Trust as part of Service Restoration.

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



### DTOCs and Stranded Patients

The DToC system has not been reinstated by NHSE and there will be a further period of national review of reporting requirements that are likely to include the number of patients who meet the right to reside criteria (NMFFD) and stranded levels. However, the DToC review process is still being applied as a method of maintaining oversight for the Trust. The report shows an increase in the monthly reported levels to 4.44% with accumulated bed days weekly average of 213.6 equivalent to 7.12 days.

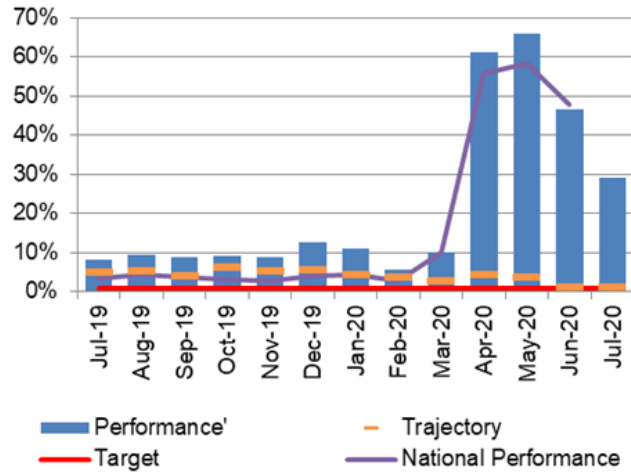


Capacity constraints remain an issue for reablement packages in Pathway one, Dementia pathway 3 beds in the South Gloucestershire area and Fast Track. In addition, extended delays were noted for single patients with highly complex presentations.

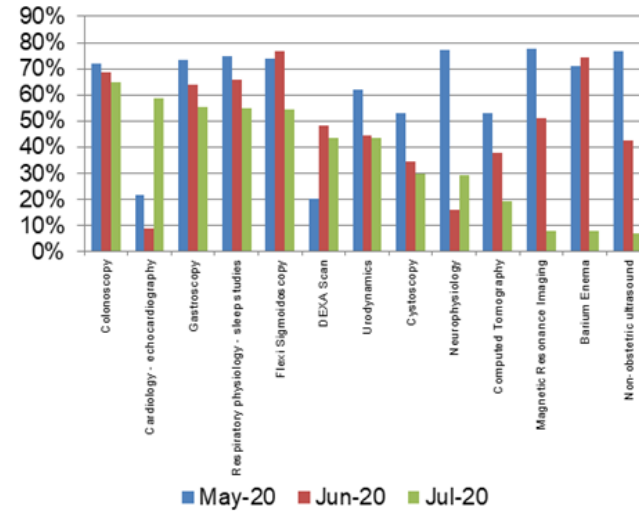
Stranded patient levels have increased and remains on an upward trajectory. A thematic review undertaken by WSOG highlighted areas for improvement both within the Trust and the system. Internally, a project has been initiated to focus on earlier completion of SRF to reduce time frames from admission.

The current stranded review process will continue to support a 3x weekly review of all stranded patients to report on the reasons for any delay and escalate themes.

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



**Diagnostic Performance by Test**



**Diagnostic Waiting Times**

Diagnostic performance has improved to 28.98% in July versus a pre-COVID-19 trajectory of 0.94%. The position continues to be positively impacted by increased waiting list activity (21.78%) as part of service restoration. In June, diagnostic performance surpassed the national performance level for the first time since 2018/19.

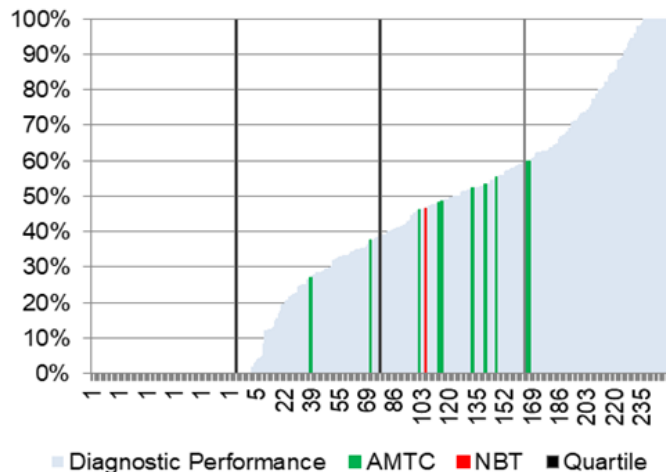
Percentage performance has been impacted by a 33.17% reduction in the backlog and a 40.34% reduction in the numbers of patients waiting more than 13 weeks for a diagnostic test. The wait list has increased by 7% as demand is increasing.

All 13 test types continue to report in month underperformance with Echocardiogram and Neurophysiology being the only two test types reporting a deterioration from June. Echocardiogram should have been reporting a deteriorating position from March onwards due to the deferral of routine patients in response to COVID-19. This change in pathway management was not captured correctly in national reporting until July. This did not impact on the safe management of patients.

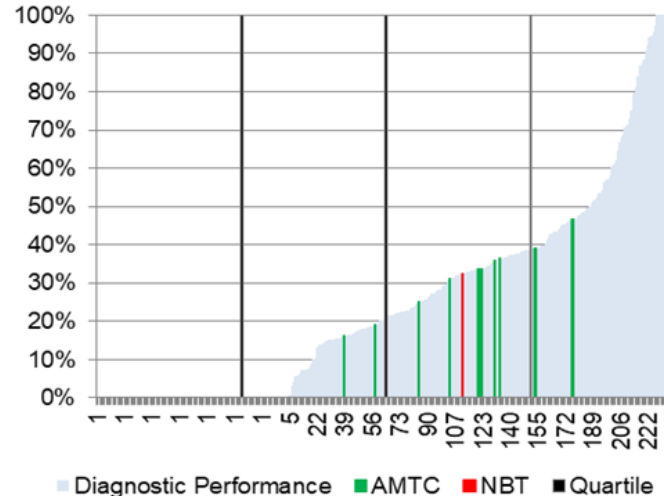
All Endoscopy delays can now be primarily attributed to COVID-19. Additional capacity has been secured through the independent sector where patients will be seen in order of clinical urgency.

Nationally, the Trust positioning has improved month on month throughout the pandemic for both six week and 13-week performance. The positioning for the proportion of 13-week breaches improved from the lower quartile to the third quartile in June.

**Diagnostic Six Week Performance - June 2020**

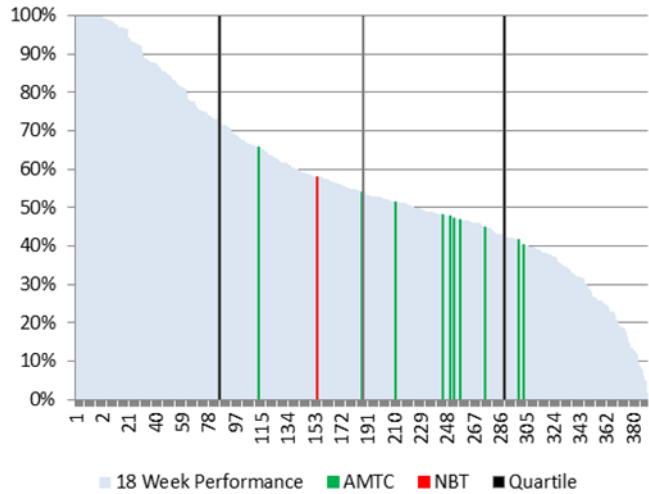


**Diagnostic 13 Week Performance - June 2020**

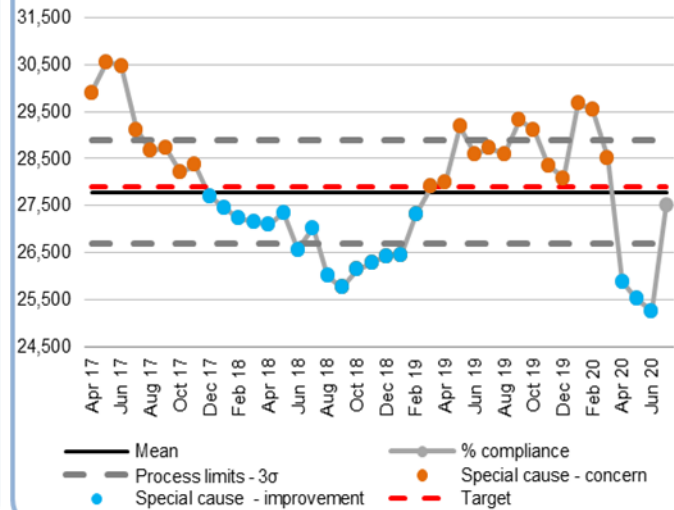




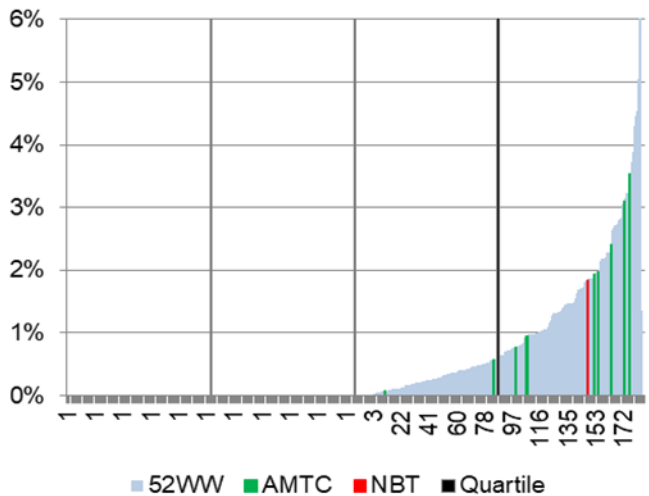
**RTT 18 Week Performance - Jun 2020**



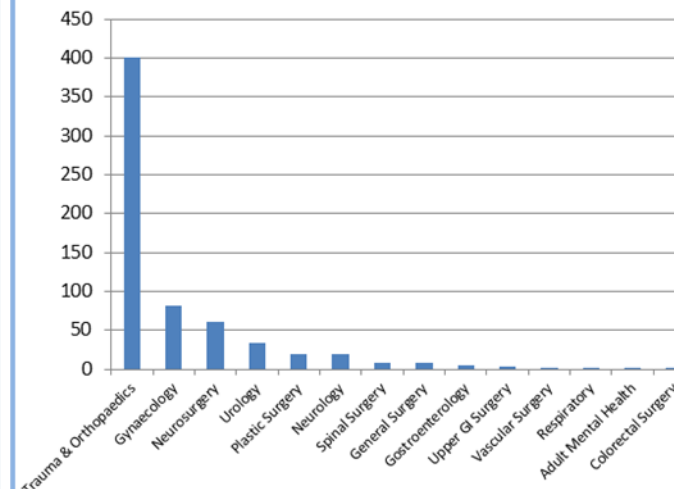
**RTT Wait List**



**RTT Proportion of 52WW - Jun 2020**



**52 Week Breaches by Specialty July-20**



**Referral to Treatment (RTT)**

The Trust reports a static RTT performance position in July resulting from an increased wait list due to an increase in referrals. The wait list has also increased from the release of withheld MSK referrals from the Referral Centre being added to the Trust's list of ASIs.

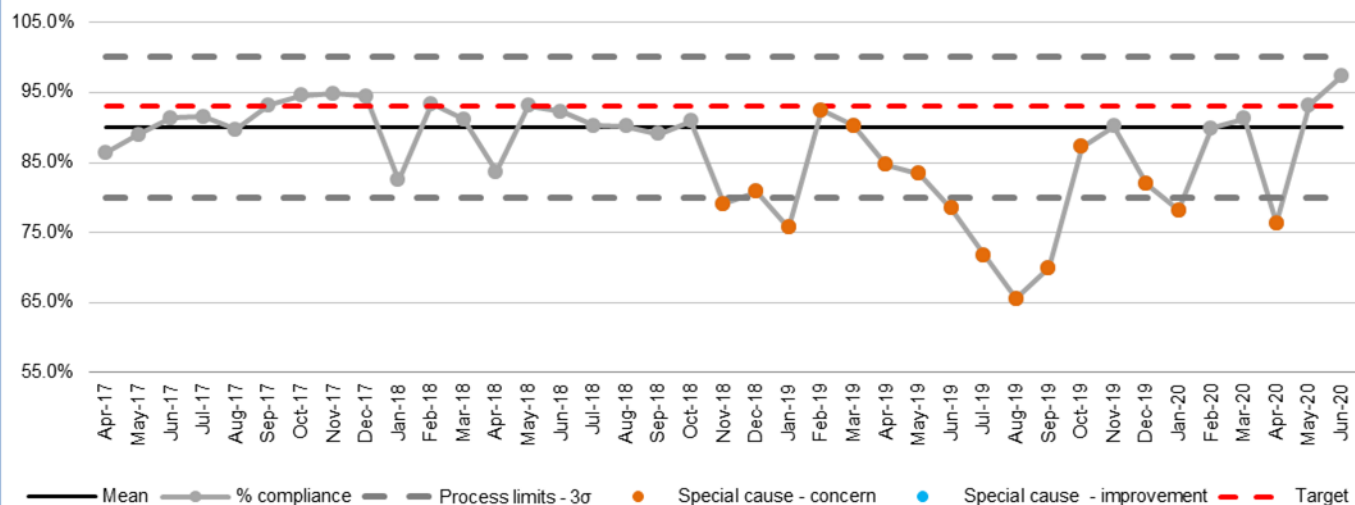
Nationally, the Trust's 18-week performance positioning improved in June, moving from the third quartile to the second quartile and ranking 2<sup>nd</sup> out of all Major Trauma centres. The improvement demonstrates a reduced level of deterioration for RTT performance when compared with other providers.

There were 648 patients waiting greater than 52 weeks for their treatment in July against a trajectory of 35; the majority of breaches (401; 61.88%) 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.

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

# Cancer Performance

Patients Seen Within 2 Weeks of Urgent GP Referral



## Cancer Two Week Wait (TWW)

The Trust achieved both the recovery trajectory and the national standard with a performance of 97.30% for the TWW standard in June.

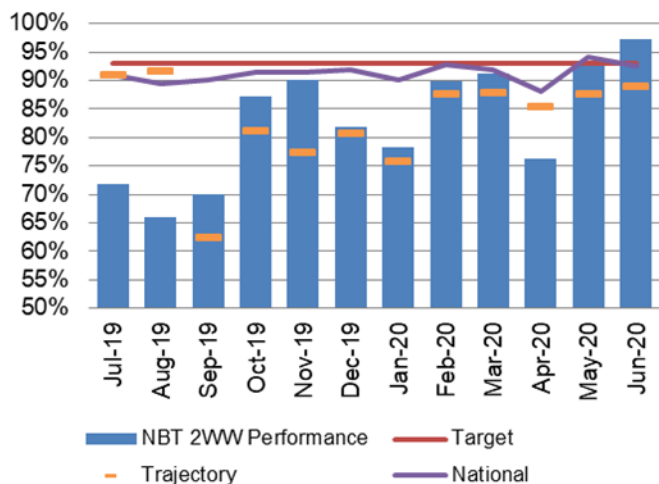
Out of the 1778 patients seen in June, 48 breached; 29 (60.42%) related to Upper GI, Colorectal and Urology pathways.

In reviewing the patient breach reasons, patient confidence in attending appointments increased in May compared to April and this is reflected in the breach position with 52 patient choice breaches in April and only 22 in May. This can be further seen in June with only 20 caused by patient choice.

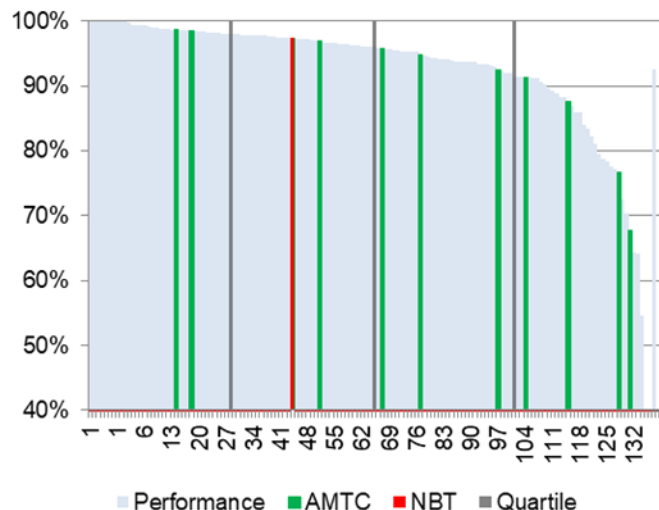
The Trust experienced a 23.86% drop in TWW referrals in June compared to June 2019 across all specialties as a result of COVID-19.

All patients who declined initial referral, face-to-face consultation or diagnostic test have been contacted as part of the safety netting procedures put in place during the pandemic.

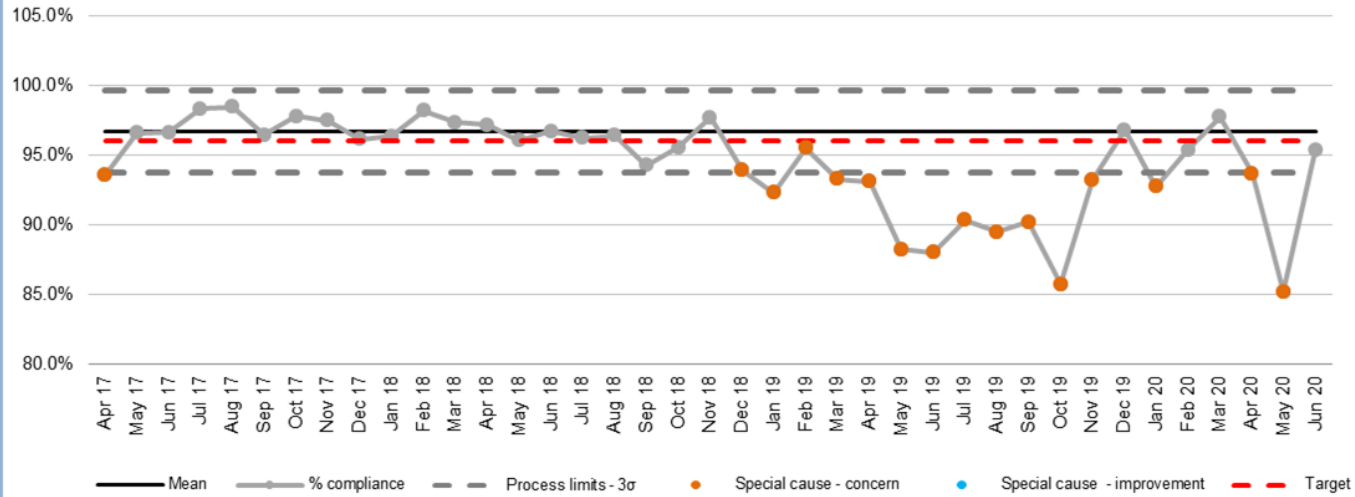
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard June-20



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



**Cancer  
31-Day Standard**

The Trust was close to achieving the 31-day first treatment national standard of 96% with performance of 95.35% and achieved the pre-COVID-19 trajectory of 91.81%.

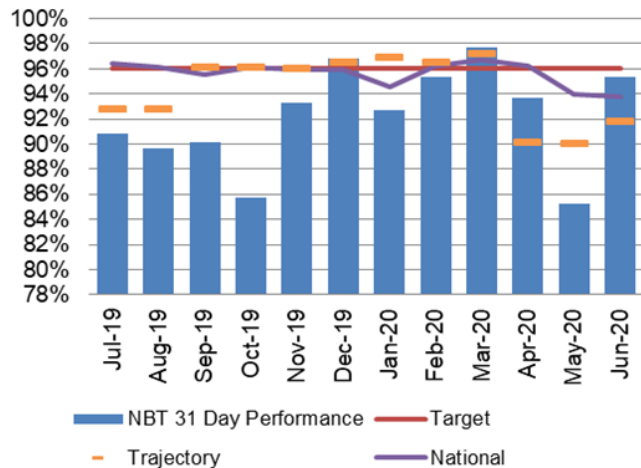
The Trust was able to treat 172 patients in June, 8 of which breached the 96% target. The operational effect of COVID-19 saw patients being clinically triaged and remaining under clinical review with the surgical team for treatment as part of safety netting. This was in line with the national prioritisation framework. 6 of these breaches were due to clinical decision to defer. 1 was due to patient choice and the other was due to long term shielding.

The Trust achieved the 31-day subsequent surgery treatment trajectory but failed the standard with 86.57% (9 Urology breaches). The majority being clinical decision to defer due to COVID-19.

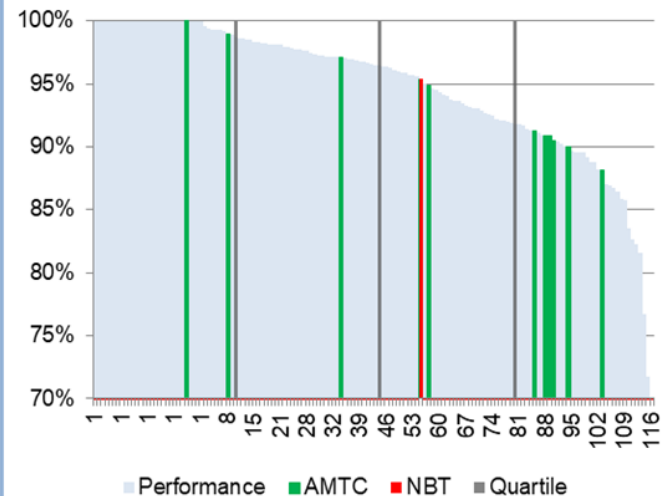
There were 23 104-day breaches in June; 20 within Urology (13 did not require harm reviews due to active surveillance or treated elsewhere); 2 in Skin (1 not requiring harm review as treated elsewhere) and 1 in Breast which requires a harm review.

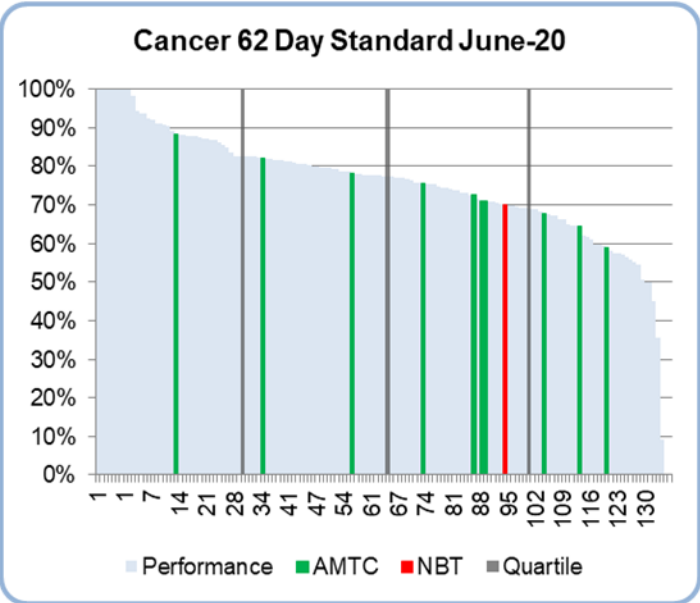
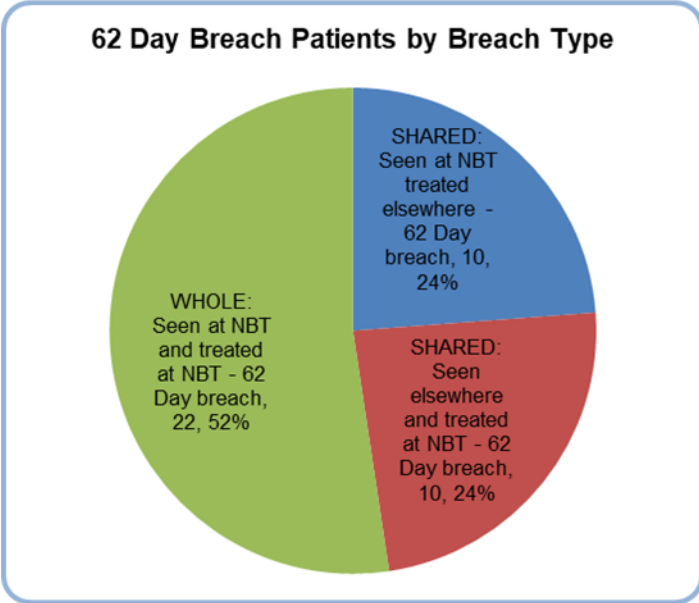
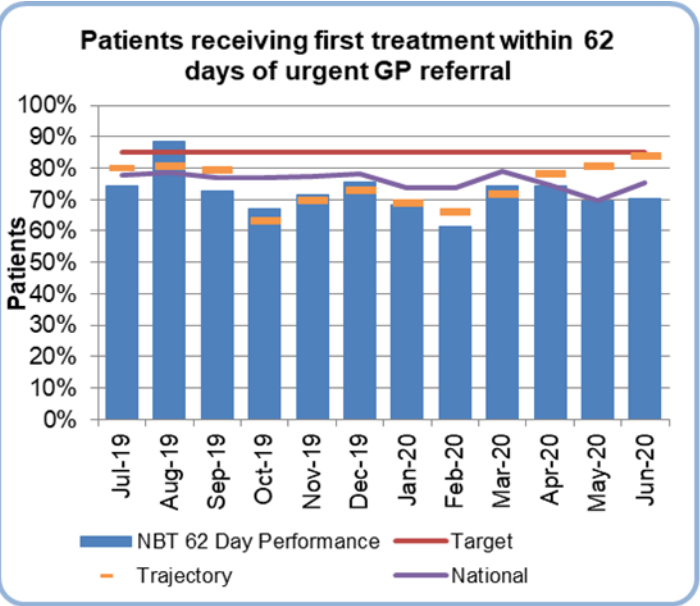
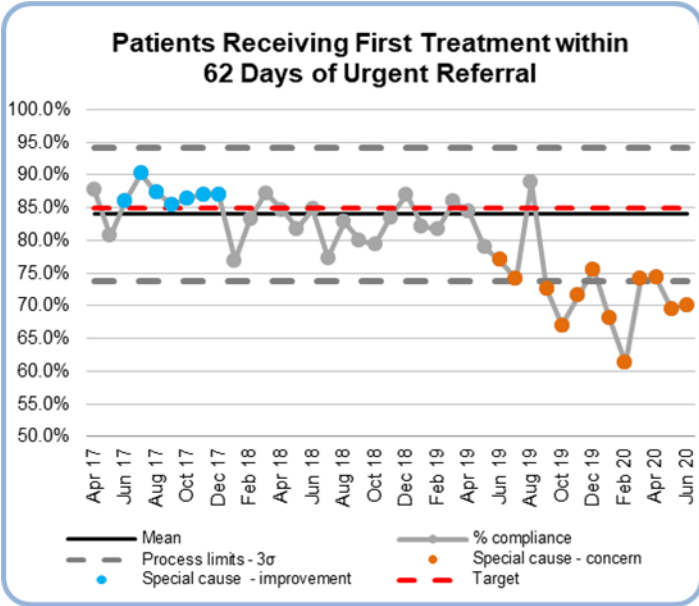
Out of the 17 Datix reviews; 15 were related to COVID-19 delays on the diagnostic and treatment pathways.

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



**Cancer 31 Day Standard June-20**





### Cancer 62-Day Standard

The Trust did not achieve the 62-day trajectory in June 2020, reporting a position of 72.84% against a trajectory of 83.85%.

The Trust treated 125.5 patients in June, a 20% increase when compared to May.

In June Urology, Breast and Colorectal continued to provide treatment via the Independent Sector. In May overall treatment numbers dropped due to the introduction of the pre-surgery 14 day shielding requirement that lengthened the pathway however, June treatment numbers have reverted to previous volumes.

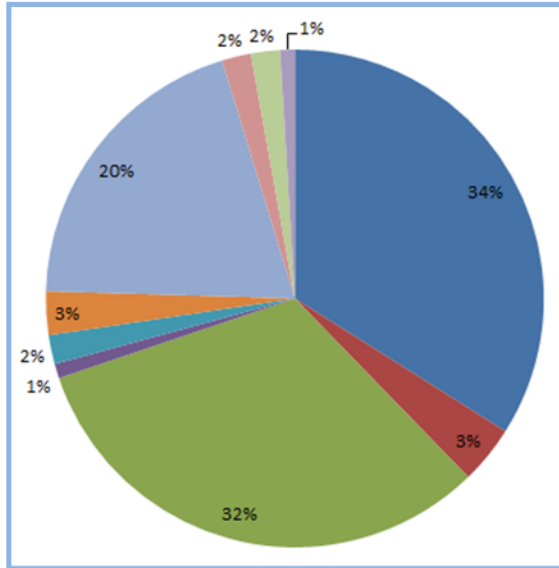
There were 43 breaches of which 28 were in Urology with 25 of those as a result of clinical deferral due to COVID-19 within the diagnostic pathway. The others were 1 patient choice, 1 complex pathway and 1 due to patient unfit for treatment.

The majority overall were caused by delays in the diagnostic pathway due to service restrictions and clinical decision to defer treatment due to COVID-19.

52% of the breaches were NBT delays, 24% were shared with referring organisations and 24% were NBT patients treated elsewhere.

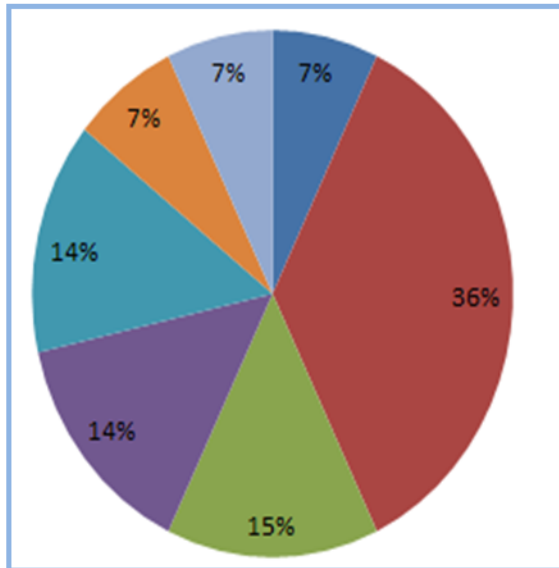
NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

104 day patients without a DTT



- Clinical Decision safer to delay due to COVID
- Clinically complex pathway
- Endoscopy service Suspension
- Insufficient capacity
- Late referral received from external Trust
- Medical deferral unrelated to COVID
- Patient choice related to COVID
- Patient choice unrelated to COVID
- Transferred to different treating Trust
- Unknown - Escalated

104 day patients with a DTT



- 14 Day Pre Operation issue
- Clinical Decision safer to delay due to COVID
- Clinically complex pathway
- Late referral received from external Trust
- Medical deferral unrelated to COVID
- Patient choice related to COVID

**Cancer**  
**104-Day Patients Live PTL Snapshot**

This data is accurate as of 10/08/20 Live Cancer PTL. The reports are split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

Patients without a DTT reflect suspected cancer referrals delayed at diagnostic stage. 35 patients were due to a clinical decision of safer to delay due to COVID-19 following COVID-19 Cancer guidance. 34 were due to Endoscopy service suspension and 22 due to patient choice to defer due to COVID-19 as agreed with clinician. Out of the 35 patients deferred for clinical reasons 40% were low risk prostate & 23% were high risk of catching COVID-19. The remaining patients were due to other low risk cancers, suspected benign outcomes and COVID-19 Surgical planning which was discussed with the patient in a consultant led OPA. All patient choice have recently been re-reviewed by clinical teams and contacted.

There were 14 patients with a DTT >104 days with a confirmed cancer diagnosis. 11 of these are Urology due to COVID-19 Cancer Treatment protocols, 3 clinically complex patients, 2 late referrals from external trusts sent >104 days & 1 patient choice unrelated to COVID-19. 1 Colorectal – complex, 1 – Sarcoma patient choice & 1 Skin – declined 14-day pre op isolation. All have received clinical review.

## **Quality, Safety and Effectiveness**

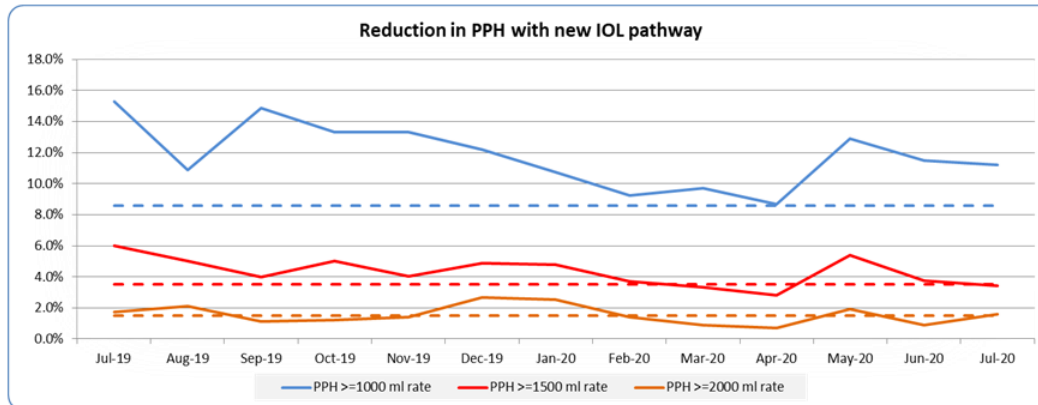
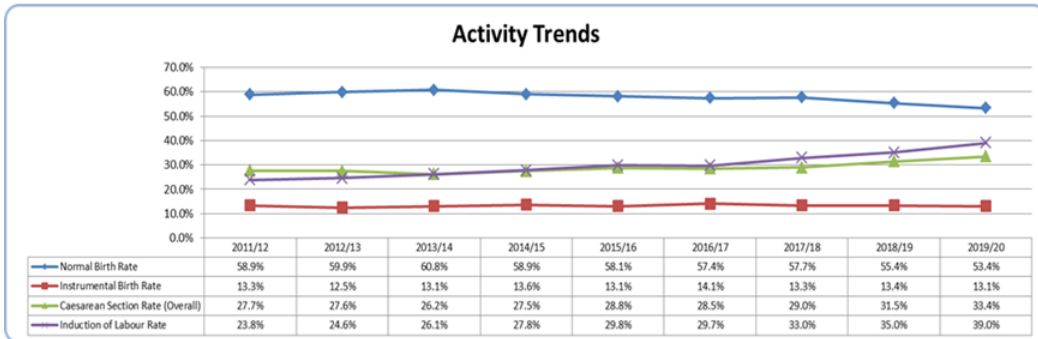
**Board Sponsors: Medical Director and Director of Nursing and Quality  
Chris Burton and Helen Blanchard**



## NBT Maternity Dashboard

	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Caesarean section rate (overall)	28.0%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%
Elective CS rate (as % of all birth episodes)	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	19.2%
Emergency CS rate (as % of all birth episodes)	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	21.4%	19.2%
Induction of labour rate	32.1%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%
PPH >=1000 ml rate	8.6%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%
PPH >=1500 ml rate	3.5%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%
PPH >=2000 ml rate	1.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%
5 minute appar <7 rate at term	0.9%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%
Stillbirth rate	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%
Stillbirth rate at term	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%
Stillbirth rate <37 weeks	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	0.0%	2.6%

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



## COVID-19 Maternity

The impact of reduced maternity beds and neonatal cots has created additional challenges but this is being managed through;

- Creation of extra space on Neonatal unit with 32 cots now available.
- Extra Induction of Labour beds opened in July.
- Revision of escalation policy
- Direct discharge home from CDS now implemented

The Division has focused on patient flow and reducing any unnecessary delays in the Induction of Labour pathways and is looking to introduce new Perspex Screen bed dividers to allow the reintroduction of a number of beds and increase CDS recovery beds by 1..

## Clinical quality outcomes

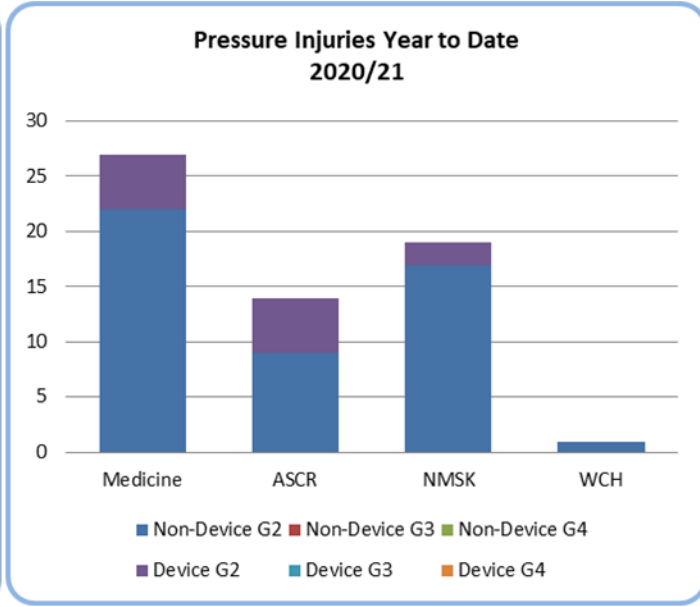
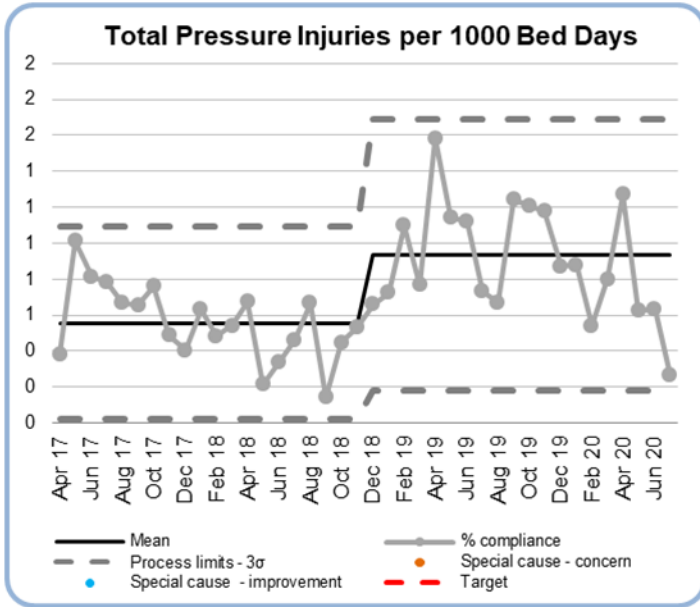
PPH rates improved last 2 months. Revision of the dashboard has taken place in line with national benchmarking and is being agreed across the network.

Caesarean section rate has increased over the last 2 months – with increased emergency CS rates. There have been a number of in-utero transfers and preterm births that have influenced these figures.

## Safe staffing

Births have been increased in month and acuity on CDS has been high. Safe staffing monitored and areas of concern highlighted with mitigations, including re-deployment of staff, as required.

A revision of safe staffing (BirthRate+ staffing tool) is being updated in line with implementation of a new team working plan for midwifery (continuity of carer) – part of the NHSE Better Births requirements. A consultation is in progress with community midwives for changes in work patterns to meet the above



## Pressure Injuries

### 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 July. 8 Grade 2 pressure injuries were reported. This included 2 device related injuries. The incidence summary for July is as follows:

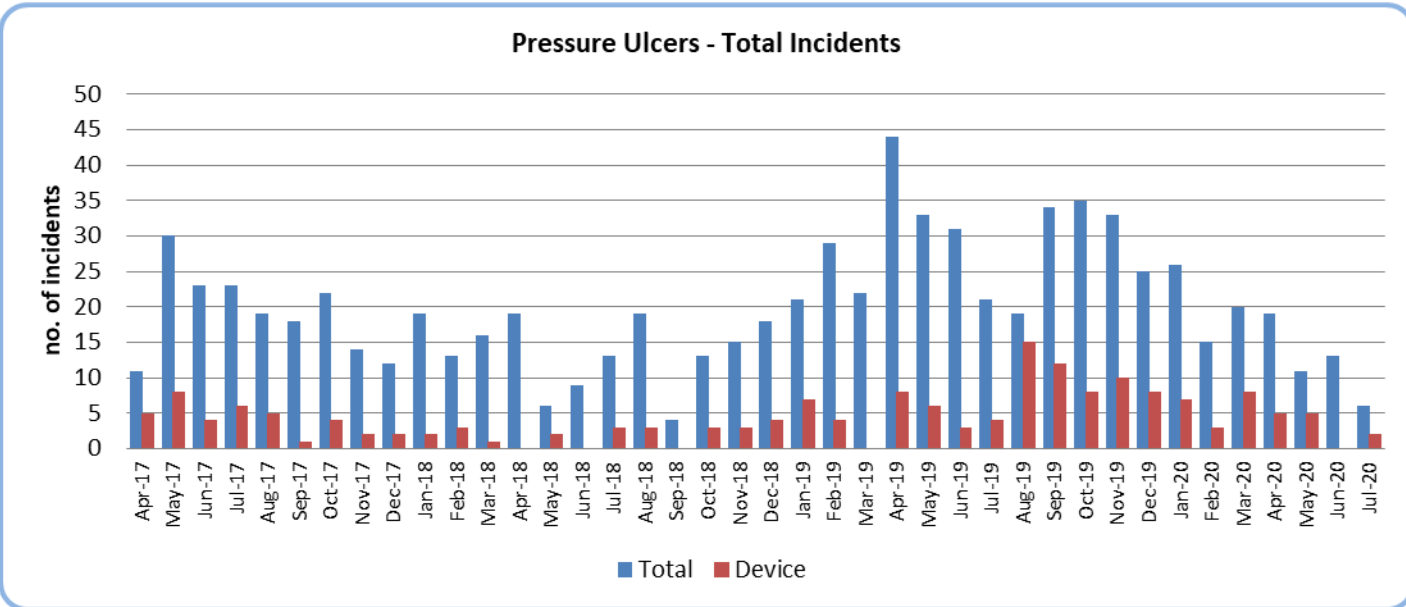
- Medical Devices: 25%
- Coccyx/ Buttock: 37%
- Heel: 25%
- Elbow: 13%

For July there has been a sustained reduction in Grade 2 pressure injuries, the last time NBT attributable Grade 2 Pressure Injuries were reported to be less than 10 was September 2018.

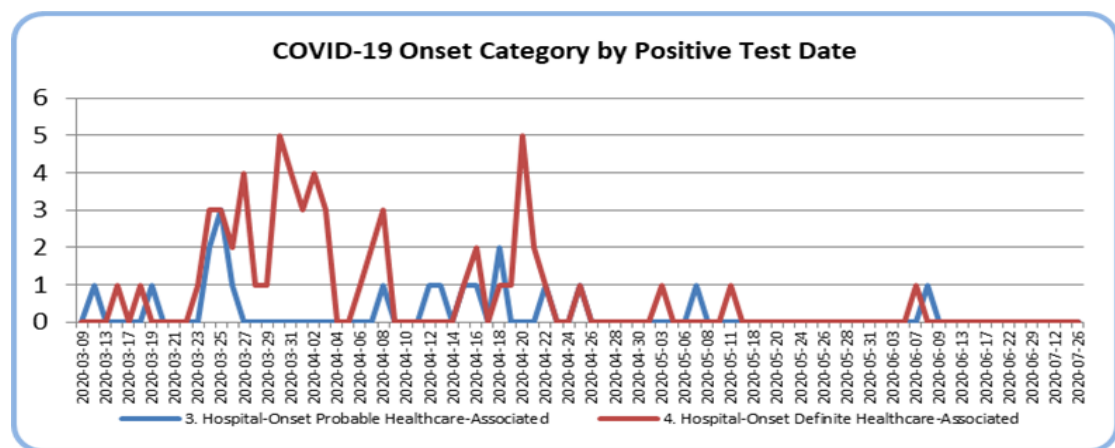
Clinical divisions continue to focus on pressure area care by:

- Conducting peer reviews of care across the organisation and feeding back at the Trust's pressure injury review meeting and safety huddles .

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



## Infection Prevention and Control



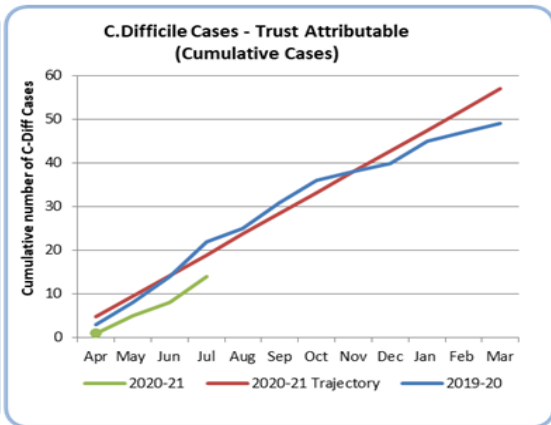
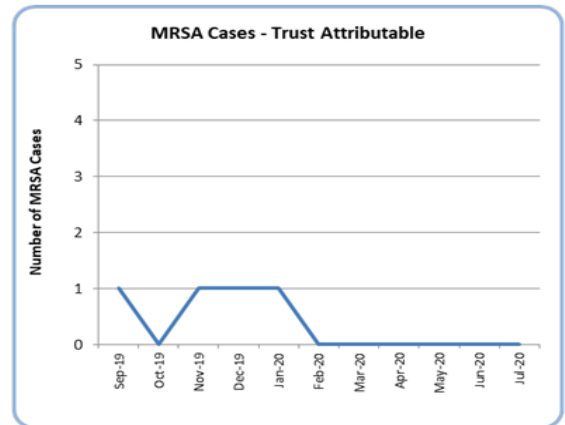
### COVID- 19 (Coronavirus)

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

There has been national concern about the risk of transmission of COVID-19 infection in hospital. Each case developing beyond 7 days in hospital is immediately flagged to IPC and investigated using the established IPC incident management systems. No such cases were reported in July

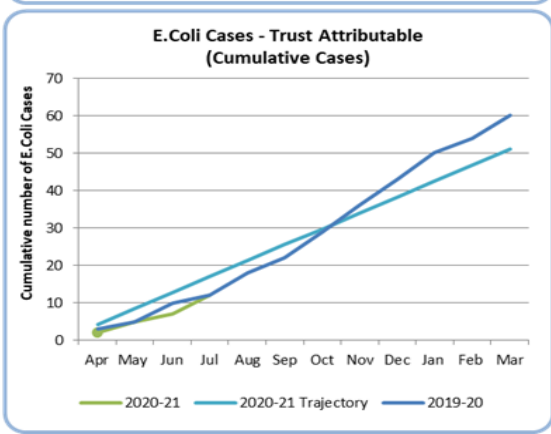
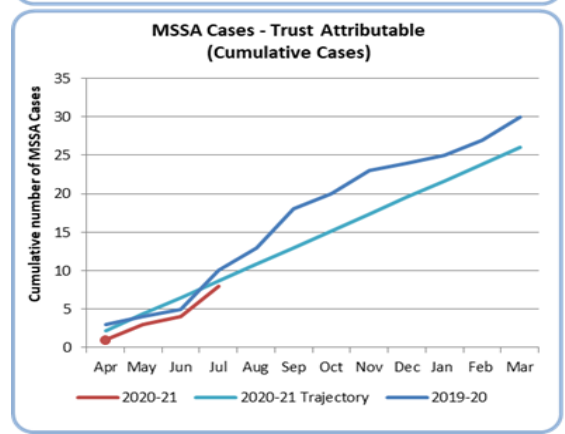
The challenge is to increase capacity whilst providing a safe and equitable service for patients, staff and visitors.. A task and finish group is reviewing the implementation of Perspex screens between bed spaces to return beds to use.

The CQC undertook a desktop review of the Trust's Infection Prevention & Control Board Assurance Framework, which included documentation review and discussion with lead execs and others. This provided positive assurance on the Trust's approach, as subsequently confirmed in the CQC's written assessment.



### MRSA

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



### C. Difficile

In July, there were four Trust attributable cases reported

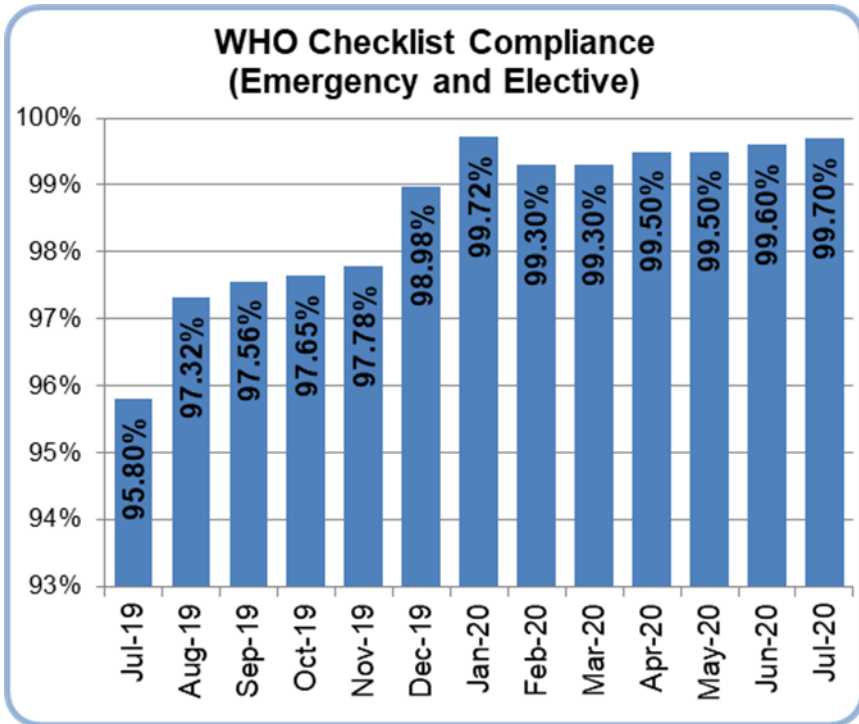
### MSSA

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

### E. Coli.

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

## WHO Checklist Compliance

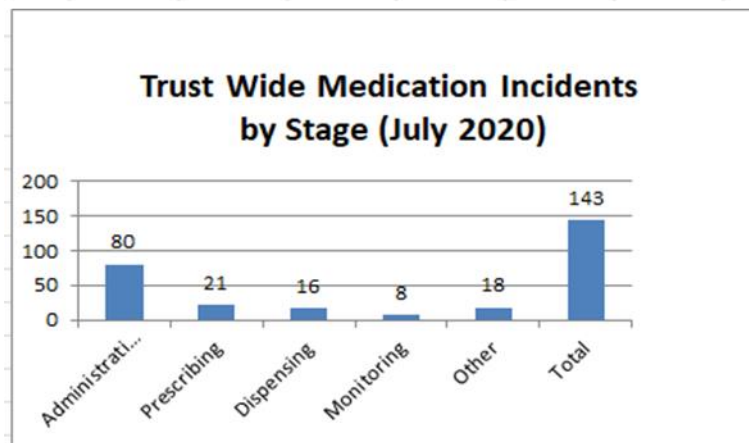
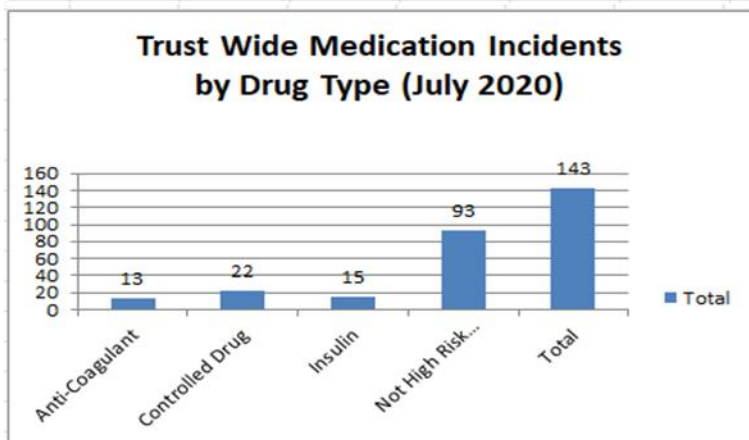
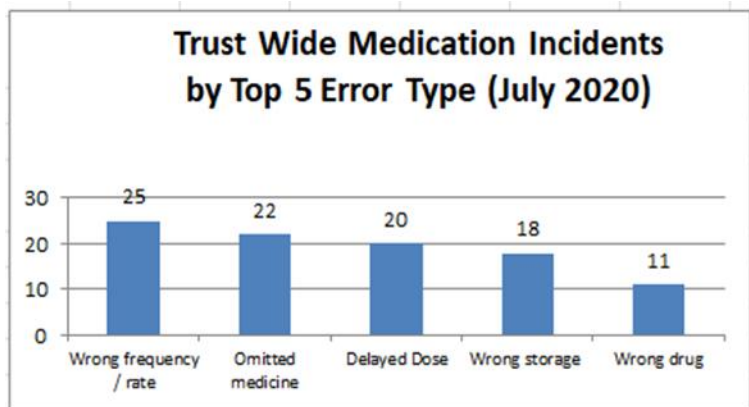


### WHO Checklist Compliance

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



### Medicines Management

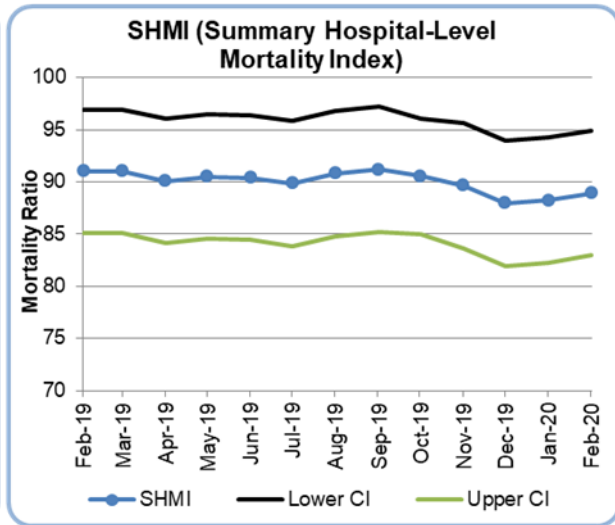
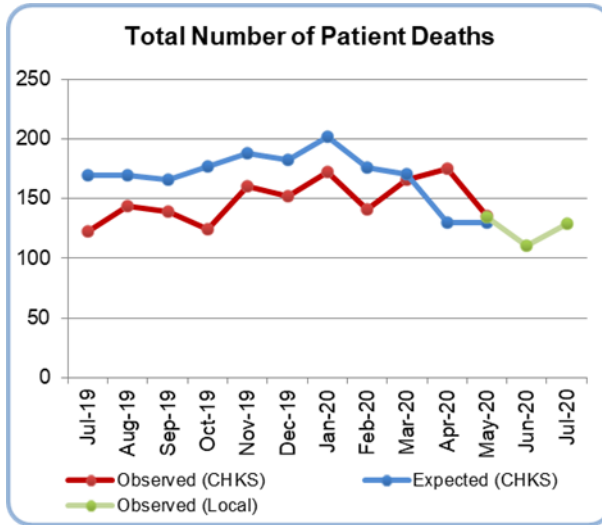
**Severity of Incidents:** No Harm incidents formed c.94% of all incidents reported during July 20; demonstrating a strong culture of incident reporting. Low Harm incidents formed 6% of all incidents reported in July 20 and the trends / themes are highlighted below. The Moderate incidents are investigated to clarify the classification of harm and identify the learning.

#### Top Type of Errors:

Omitted & Delayed Doses accounted for 34% of all incidents reported during July 20 which is consistent with previous months. Omitted / delayed doses were the main cause of LOW HARM incidents in July 20 (c.23%) and June 20 (c.34%).

**Incidents by Type of Medication:** A collaborative working group have now been established as part of the STP Medicines Optimisation Quality & Safety Committee to focus on a system wide approach to Insulin and Anticoagulant incidents

**Incidents by Stage:** Incidents occurring at the Administration stage accounted for 56% of all incidents; The challenge of increasing the visibility and themes within “other Medication Incidents” remains a priority for the Medication Safety Team.



## Mortality Review Completion

Jun 19 – May 20	Completed	Required	% Complete
Screened and excluded	1185*		
High priority cases	232		
Other cases reviewed	216		
<b>Total reviewed cases</b>	<b>1633</b>	<b>1852</b>	<b>88.2%</b>

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	2.9%	17.3%	50.9%	28.9%

Date of Death	Jun 19 – May 20
In progress	0
Reviewed not SIRI	12
Reported as SIRI	1
<b>Total score 1 or 2</b>	<b>13</b>

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

\*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.

## 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 expected time lag for publication.

## Mortality Review Completion

The current data captures completed reviews from 01 June 19 to 31 May 20. In this time period, 88.2% of deaths had a completed review. Of all “High Priority” cases, 89.2% completed Mortality Case Reviews (MCR), including all twenty-three of the deceased patients with Learning Disability and 27 of the 28 patients with Serious Mental Illness.

## Mortality Review Outcomes

97% of cases reviewed by MCR had an Overall Care score of adequate, good or excellent. There have been thirteen 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 and reviewed through the Trust Clinical Risk Operational Group.

## Learning Disability Pandemic Mortality Review

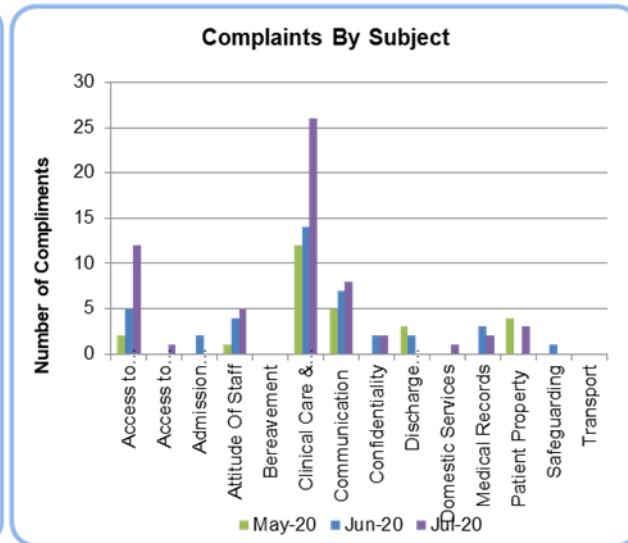
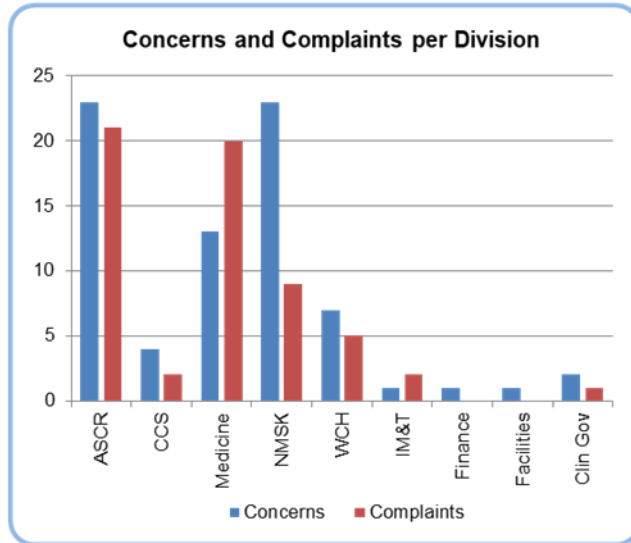
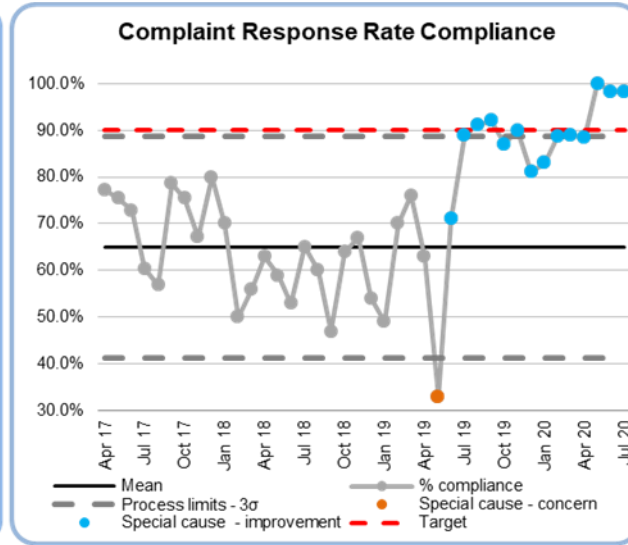
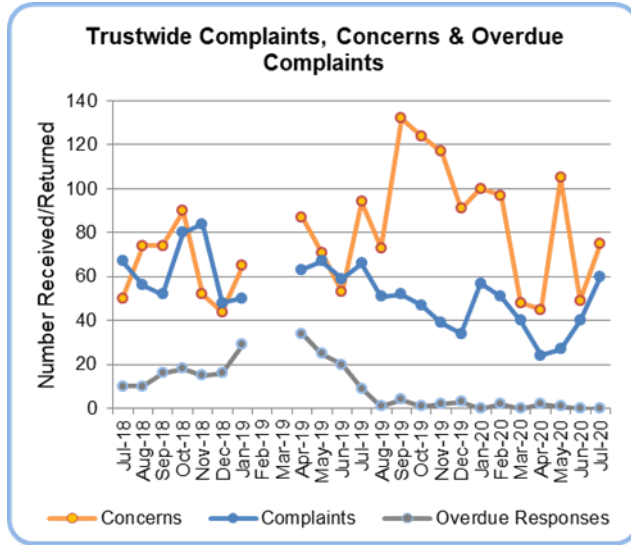
The Trust is undertaking an in-depth review into deaths of patients with Learning Disabilities occurring between March and May (11 cases) at the peak of the pandemic period. This will follow the same methodology as the general Pandemic Mortality Review (30 cases) undertaken in June, with additional input from the Learning Disability Liaison Team and a Clinical Matron. The aim of the review is to ensure that the care we provided to these patients was a to a good standard. The outcomes will be reviewed by QRMC.



# Patient Experience

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

## Complaints and Concerns



### Complaints and Concerns

In July 2020, the Trust received 60 formal complaints. This is a significant increase on the previous month where only 40 complaints were received.

Review of the complaint subjects shows a significant increase in complaints regarding Clinical Care and Treatment whilst complaints regarding Access to Services (which include complaints regarding delays to appointments and cancellations) also remains high.

The 60 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	21 (11)	CCS	2 (1)
Medicine	20 (12)	NMSK	9 (7)
WCH	5 (6)	IM&T	2 (2)
Clinical Gov	1(1)		

ASCR and Medicine have seen the biggest increase in the number of complaints received.

Enquiries are no longer included in the number of PALS concerns reported. These are recorded and reported separately. This enables a more realistic picture of the level of actual concerns and complaints being received. In July 2020, a total of 64 enquiries were received by the Patient Experience Team. This is a slight increase (16%) on the previous month.

### Compliance Response Rate Compliance

The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In July, 98% of complaints were closed on time. That is of the 52 complaints due to be closed in July, 51 were responded to on or before the due date.

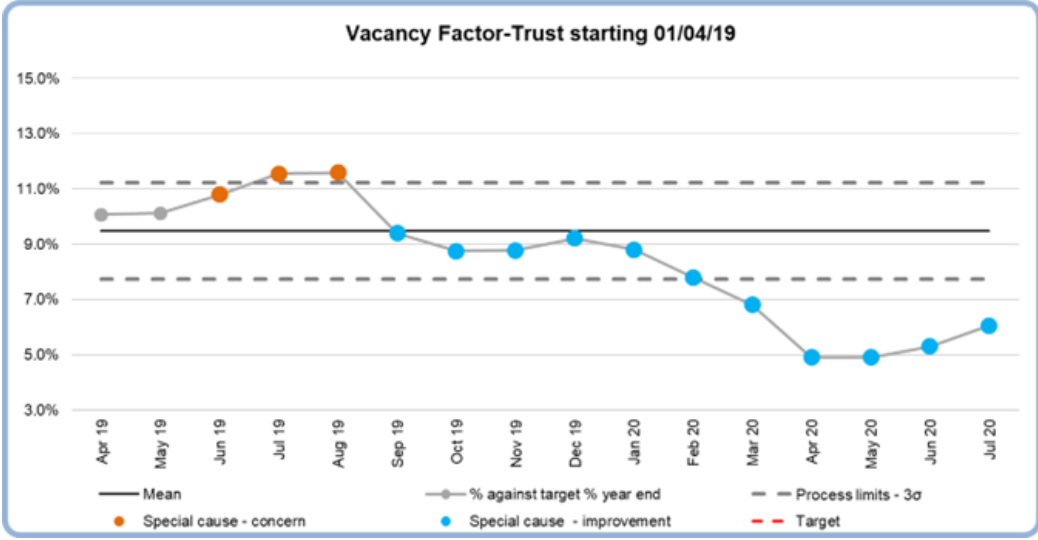
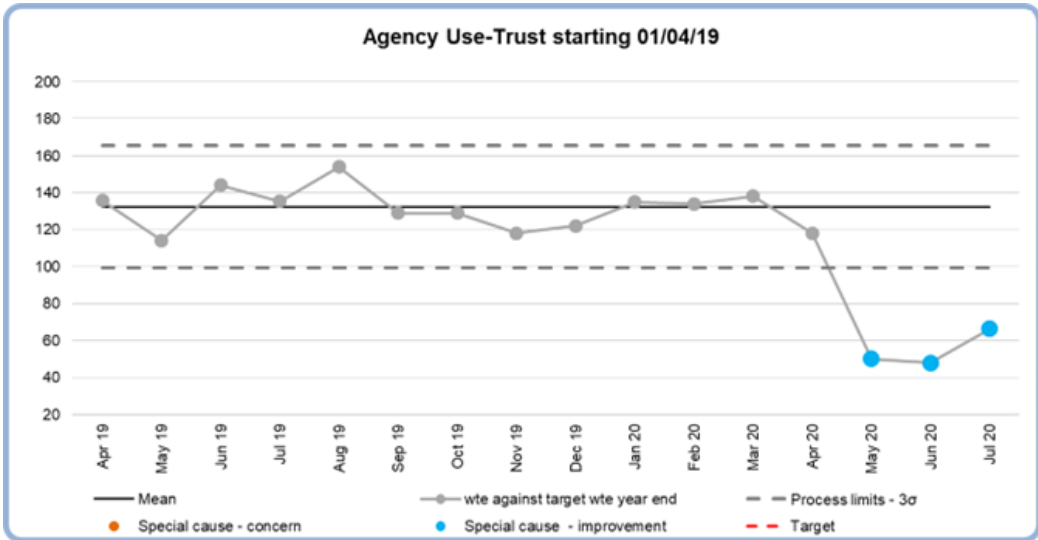
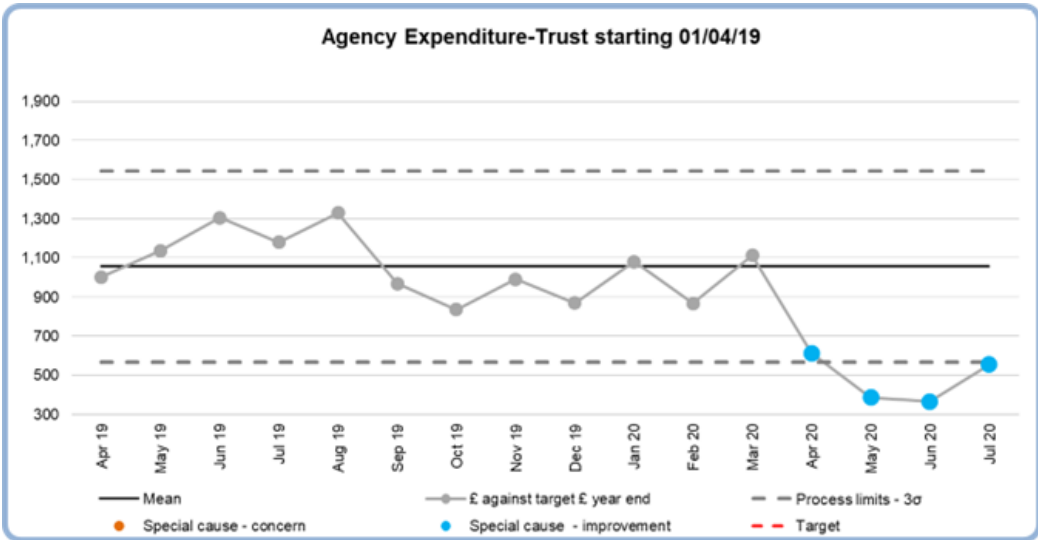
### Overdue complaints

There are no overdue complaints.

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

## Well Led

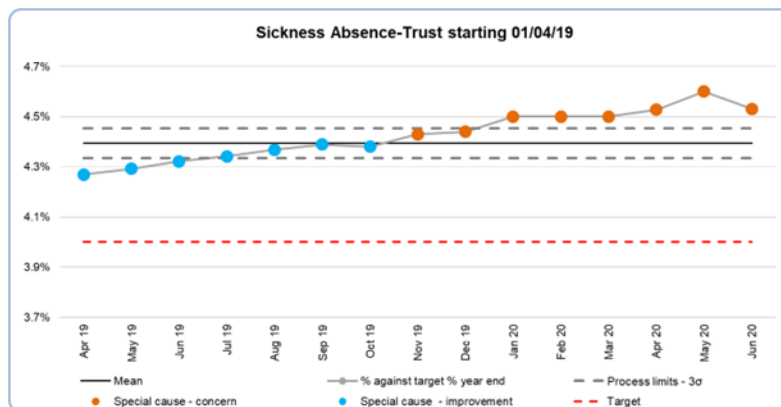
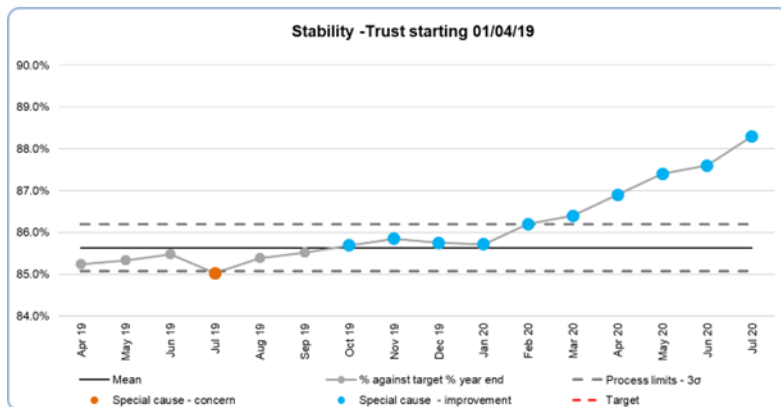
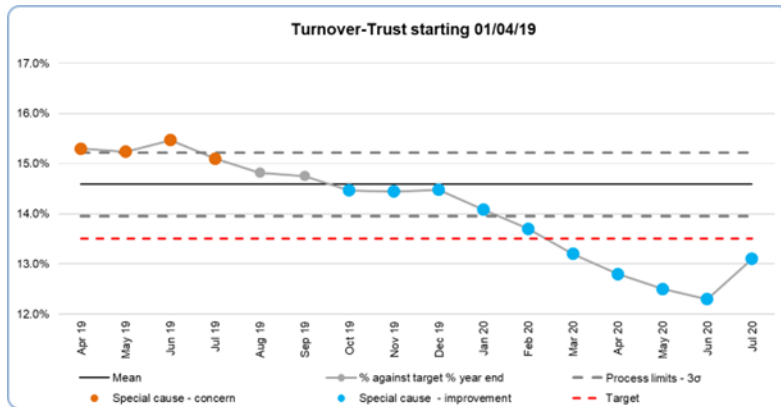
**Board Sponsors: Medical Director, Director of People and Transformation  
Chris Burton and Jacqui Marshall**



**Resourcing**

The pipeline for newly qualified nurses has been maintained at 112 wte, which is at the same volume as 2019/20. The Trust still aims to recruit 75 international nurses in 2020/21, 60 from the Yeovil pipeline and 15 via conversions of existing UK based nurses. The first 10 nurses from the Yeovil pipeline are due to start in late August and will be working from September once their quarantine period has ended.

There is active work to recruit to bank RMNs and to ICU and Theatres bank which are ongoing hotspots for agency use. The Trust is also actively working with system partners to expand its cohort of bank stroke nurses.



### Turnover and Stability

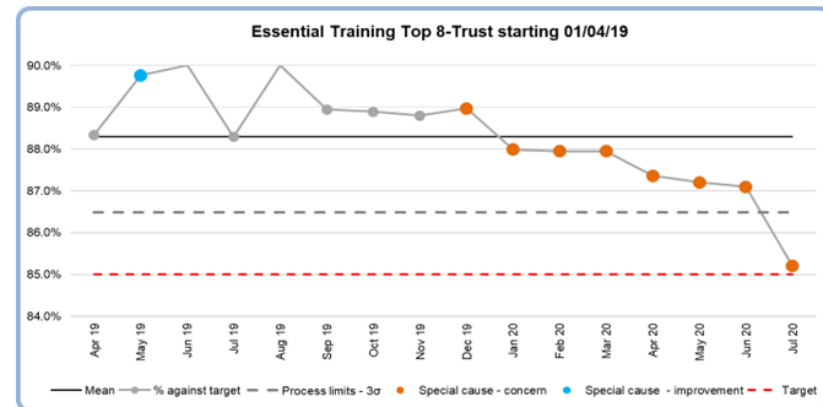
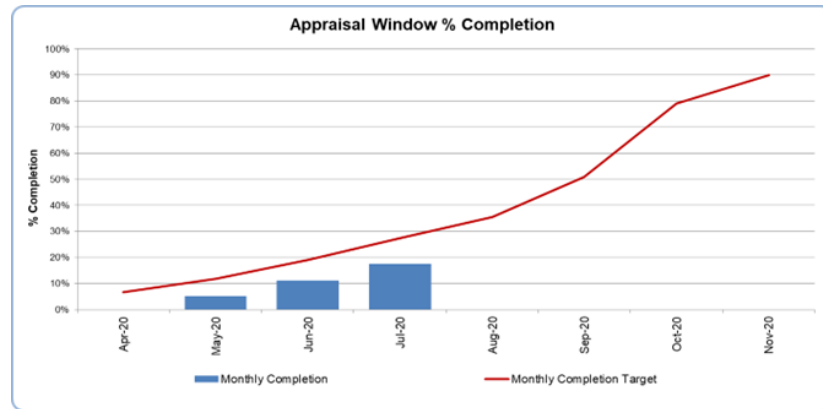
A key intervention this month is linked to the safe, well-managed return of staff who have been shielding and those that are unable to currently work in their normal work area, ensuring that we retain all these people through the risk assessment process and use of the reassignment hub where appropriate.

### Sickness

The People Team are finalising actions from the ‘stress at work’ project undertaken pre-COVID-19 and are currently developing a ‘Talking Toolkit’ for managers linked to this. This is due for launch in September.

Other People Teamwork undertaken to help improve sickness absence includes:

- Continued support of the return of Shielding staff through the development and provision of tools and advice and guidance for staff and managers.
- Completing the final implementation phase of the ER Case Tracker by 31.8.20 which will mean all formal sickness cases being logged and managed via the new system. We currently have 593 short- and long-term sickness cases logged on the Tracker and can now start working proactively with this data, with an initial focus on LTS cases.
- Sickness Absence management training has now re-commenced and Manager Advice Sessions attendance is increasing.
- Transfer of all sickness absence resources and toolkits onto LINK has now occurred.
- Partnership working with the Psychology Team, People Team and People Partners to help understand better how to manage and support staff with high absence levels.



Training Topic	Variance	Jun-20	Jul-20
Child Protection	-2.8%	87.4%	84.6%
Adult Protection	-2.4%	89.0%	86.7%
Equality & Diversity	-2.4%	91.5%	89.2%
Fire Safety	-0.1%	86.1%	86.0%
Health & Safety	-2.6%	91.4%	88.9%
Infection Control	-0.6%	88.8%	88.3%
Information Governance	-1.6%	83.1%	81.5%
Manual Handling	-2.4%	78.1%	75.7%
Waste	-1.9%	88.1%	86.2%
<b>Total</b>	<b>-1.8%</b>	<b>87.1%</b>	<b>85.2%</b>

### Appraisal

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

### Essential Training

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

### Leadership & Management Development

All programmes have now restarted successfully and delivery has been reviewed to support the trust guidance on social distancing.

### NEW – Matron Leadership Programme

A new matron leadership programme has been designed for the clinical matrons, aligned to the OneNBT Leadership Programme and led by the Director of Nursing & Quality. This will be launched on Tues 18th August to brief all clinical matrons over MS teams, with a start date of Tues 15th September. This will be 12-15 month programme with a mix of modules from the OneNBT Leadership programme and bespoke modules. For further details please contact Leanne Rose.

### OneNBT Leadership Programme

The Oct 2020 entry point has now reached its maximum of 120 participants and has now closed. This group will attend their core leadership day online (split into two parts) to give them an introduction to the programme. The next entry point will be March 2021 and the application window for this will open in October.

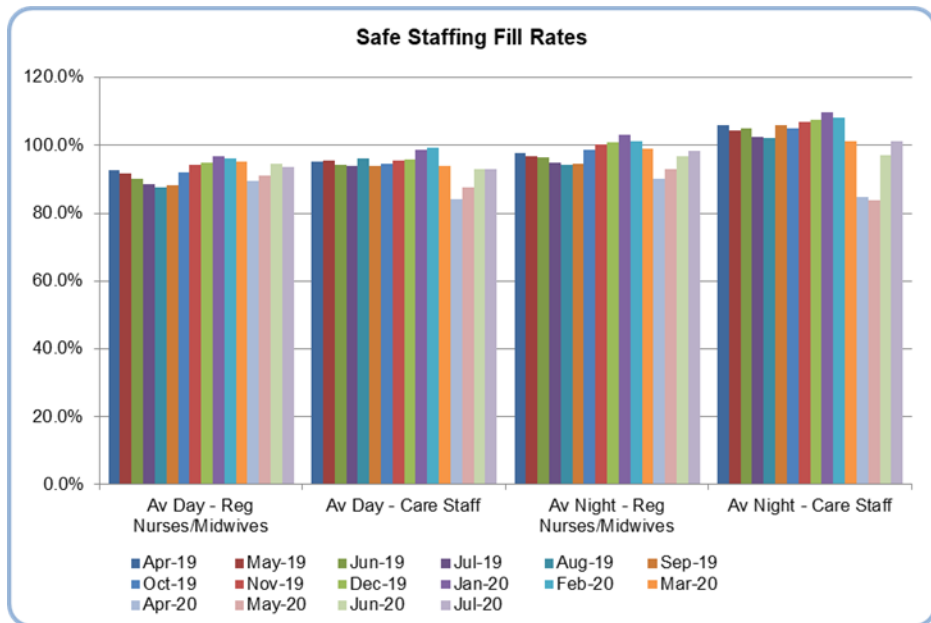
### OneNBT L&M Apprenticeships

We have had 6 managers successfully complete their apprenticeship and 5 achieving a distinction which is fantastic news for the programme.

6 managers are still due to complete their end-point assessment in the next few months. There are still 15 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification), 10 of which have been promoted since joining the programme.

The Oct-20 cohort has 15 applicants and we have seen a significant increase in demand through word of mouth and department nominations as a result of the impact they have seen from previous learners on the programme.





July 2020	DAY		Night	
	RN	CA	RN	CA
Southmead Hospital	93.8%	93.1%	98.6%	101.4%
Cossham Birth	90.8%	98.4%	86.7%	92.7%

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

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

The organisation’s overall occupancy remains reduced and elective activity programme in restoration phase with reduced elective care beds available. Of particular note is the change to staffing levels in Cotswold with the temporary release of planned Non - registered care hours due to low patient numbers. Elgar 2 was reported nationally in error due to a recording issue. This ward remains closed and the staff redeployed as in previous months.

**Wards below 80% fill rate for Registered Staff:**

**Mendip (76.1% days 78.7% Night)** No Narrative received

**7A (76% Days 71% Nights)** This is a green wards which is running below full occupancy so staffing has been reduced accordingly

**Medirooms (79.4% Days)** Due to reduced lists staff have been redeployed with some leave and sickness not backfilled.

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

**ICU (24.6% days 31.6% nights)** Unregistered staff vacancies

**7A (62.3% Days 79% Nights)** This is a green wards which is running below full occupancy so staffing has been reduced accordingly

**NICU (70.3% days 62.9% Nights)** No Narrative received

**Wards over 120% fill rate:**

**25b (140.2% days)** additional HCA for enhanced care

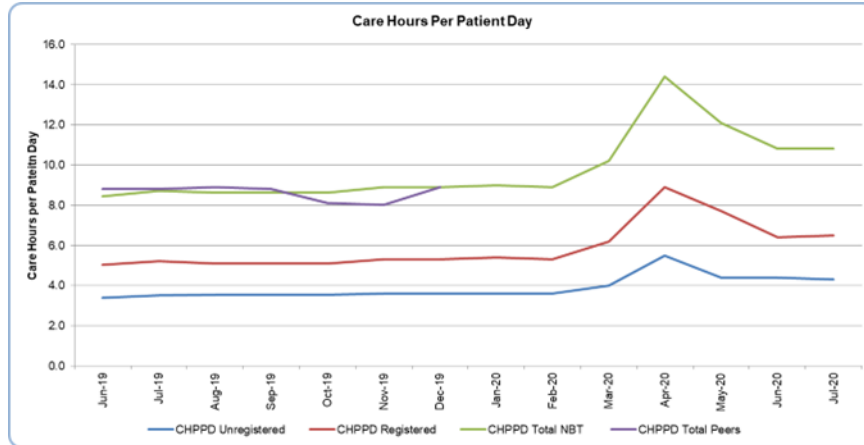
**6b (159.4 5 days ,207.1% night)** additional HCA for enhanced care

**25a (145.2% days ,155.1% Night)** additional HCA for enhanced care

**33a (180.9% Days 199.3% nights)** changes in case mix of patients, due to COVID-19 pathway requirements requires increase in support staff

**8a (148% Days, 180.7% night)** this represents a complex patient who requires 3 nurses to manage safety.

**Quantock (152.1% days)** No Narrative received



**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).

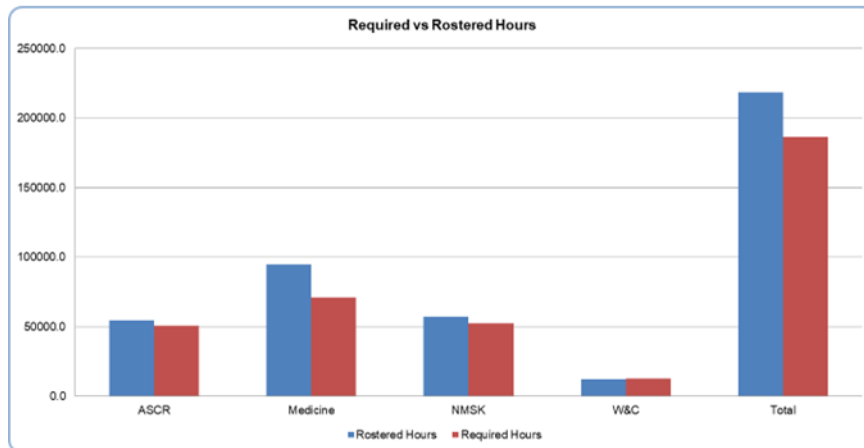
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

**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.



# Finance

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

	Position as at 31 July 2020				
	Apr	May	Jun	Jul	YTD
	£m	£m	£m	£m	£m
Contract Income	45.1	44.9	46.1	46.1	182.2
Other Income	25.8	9.6	10.7	9.3	55.4
<b>Total Income</b>	<b>70.9</b>	<b>54.4</b>	<b>56.9</b>	<b>55.4</b>	<b>237.6</b>
Pay	-34.3	-34.5	-34.1	-33.1	-136
Non-Pay	-30.7	-14	-16.8	-16.4	-77.9
Financing	-5.9	-6	-6	-5.9	-23.8
<b>Total Expenditure</b>	<b>-70.9</b>	<b>-54.4</b>	<b>-56.9</b>	<b>-55.4</b>	<b>-237.6</b>
<b>Surplus/ (Deficit)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Statement of Comprehensive Income

### Assurances

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

Income for the month of July includes additional true-up funding of £2.5m which represents £2.1m funding for COVID-19 costs, Nightingale related credits in the month of (£0.4m) and the underlying core trust deficit of £0.8m (under-funding in block of £2.4m mitigated partially by non-pay savings of £1.6m due to reduced activity)

There are no further key issues to report.

	31 March 2020 £m	Position as at 31st July 2020 Actual £m
<b>Non Current Assets</b>		
Property, Plant and Equipment	560.0	560.7
Intangible Assets	12.0	11.2
Non-current receivables	4.0	4.0
<b>Total non-current assets</b>	<b>576.0</b>	<b>575.8</b>
<b>Current Assets</b>		
Inventories	13.1	12.5
Trade and other receivables NHS	50.5	27.6
Trade and other receivables Non-NHS	22.2	32.5
Cash and Cash equivalents	10.7	91.0
<b>Total current assets</b>	<b>96.4</b>	<b>163.7</b>
<b>Total assets</b>	<b>672.4</b>	<b>739.5</b>
<b>Current Liabilities (&lt; 1 Year)</b>		
Trade and Other payables - NHS	11.1	7.3
Trade and Other payables - Non-NHS	57.6	82.4
Deferred income	3.7	52.0
PFI liability	13.0	15.0
DHSC loans	173.6	173.7
Finance lease liabilities	2.4	2.4
<b>Total current liabilities</b>	<b>261.4</b>	<b>332.8</b>
<b>Net current assets/(liabilities)</b>	<b>(165.0)</b>	<b>(169.1)</b>
<b>Total assets less current liabilities</b>	<b>411.0</b>	<b>406.7</b>
Trade payables and deferred income	7.2	6.5
PFI liability	377.8	374.3
DHSC loans	5.4	5.4
Finance lease liabilities	5.3	5.0
<b>Total Net Assets</b>	<b>15.3</b>	<b>15.6</b>
<b>Capital and Reserves</b>		
Public Dividend Capital	248.5	249.0
Income and expenditure reserve	(382.3)	(383.4)
Income and expenditure account - current year	0.0	(0.3)
Revaluation reserve	149.1	150.2
<b>Total Capital and Reserves</b>	<b>15.3</b>	<b>15.6</b>

## Statement of Financial Position

### Assurances

Total borrowing from DOH remain at the end of 2019/20 level of £178.5m. The Trust ended the month with a cash balance of £91.0m, compared with the March figure of £10.7m. The improved cash position is a result of the new financial regime with which paid over expected income for both April and May in the first month of the year.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the month was 89.4% by value compared to an average of 85.6% for 2019/20.

## Statement of Comprehensive Income, Further Assurance

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

For the month of July, the Trust has had to request additional true-up funding of £2.5m which is set out in the table at the base of the page. The Trust has communicated to NHSI/E that while spend directly related to COVID-19 may reduce in coming months the underspends experienced in April and May are now falling away as service restoration work increases activity.

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

	Position as at 31 July 2020						
	Actual £m	Q4 Avg (*) £m	Act. V Q4 Avg.		Budget £m	Act. V Budget	
			£m (Adv)/Fav	%		£m (Adv)/Fav	%
Contract Income	46.1	44.4	1.7	3.8%	49.8	(3.7)	(7.4%)
Other Income	7.6	10.4	(2.8)	(26.8%)	6.3	1.3	20.5%
<b>Total Income</b>	<b>53.7</b>	<b>54.8</b>	<b>(1.1)</b>	<b>(2.0%)</b>	<b>56.1</b>	<b>(2.4)</b>	<b>(4.3%)</b>
Pay	(31.7)	(33.0)	1.3	(3.9%)	(33.7)	2.0	(5.9%)
Non-pay	(16.1)	(16.5)	0.4	(2.5%)	(16.5)	0.4	(2.6%)
Financing	(5.9)	(6.1)	0.2	(3.4%)	(6.1)	0.2	(3.5%)
<b>Total Expenditure</b>	<b>(53.7)</b>	<b>(55.6)</b>	<b>1.9</b>	<b>(3.4%)</b>	<b>(56.3)</b>	<b>2.6</b>	<b>(4.7%)</b>
<b>Surplus / (deficit)</b>	<b>0.0</b>	<b>(0.8)</b>	<b>0.8</b>	<b>(100.9%)</b>	<b>(0.2)</b>	<b>0.2</b>	<b>(103.2%)</b>

*(\*) Quarter 4 average has been adjusted for large one-off elements recognised in March as part of the year-end process which would skew the average*

Retrospective top up	Apr	May	Jun	Jul	Total
Core Trust Underspend	-2.4	-2.3	-1.9	-1.6	<b>-8.2</b>
Gap in block contract funding	2.4	2.4	2.4	2.4	<b>9.4</b>
Covid Costs	2.5	3	2.1	2.1	<b>9.7</b>
Nightingale Costs/ (credits)	16	-0.5	1	-0.4	<b>16.2</b>
<b>Total</b>	<b>18.5</b>	<b>2.6</b>	<b>3.6</b>	<b>2.5</b>	<b>27.1</b>

**Financial Risk Ratings , Capital Expenditure and Cash Forecast**

The capital expenditure for the first 4 months of the year is £8.3 m which compares to a year-to-date plan of £7.6m.

**Financial Risk Rating**

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

**Rolling Cash forecast**

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

Cash £m	Opening balance	Apr-20 (actual)	May-20 (actual)	Jun-20 (actual)	Jul-20 (actual)	Aug-20 (forecast)	Sep-20 (forecast)
Receipts		115.5	71.8	70.2	60.0	53.6	8.1
Outgoings		(60.9)	(58.2)	(58.1)	(60.0)	(56.2)	(59.9)
Net cashflow		54.6	13.6	12.1	(0.0)	(2.6)	(51.8)
Cum cashflow	10.7	65.4	79.0	91.1	91.0	88.4	36.5



# 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. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently complying with national COVID-19 guidance which involves the standing down of significant elective and outpatient activity.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

# Appendix 1: General guidance and NBT Quality Priorities

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

All data included is correct at the time of publication.

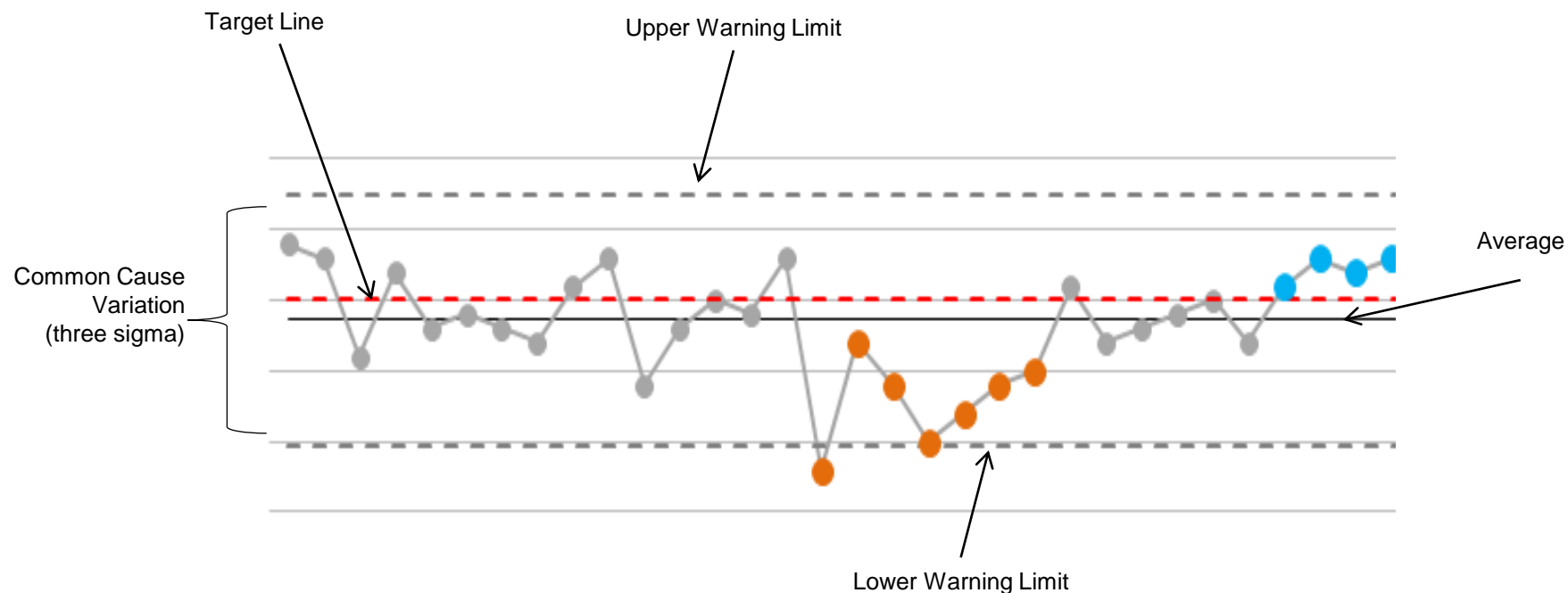
Please note that subsequent validation by clinical teams can alter scores retrospectively.



## 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	
<b>AMTC</b>	Adult Major Trauma Centre
<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)