

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**July 2020**  
(presenting June 2020 data)

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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																		National Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	82.38%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%		87.98%	22/114	
	A&E 12 Hour Trolley Breaches	0	0	1	0	0	0	4	9	2	38	48	2	0	0	0		0 - 28	1/10	
	Ambulance Handover < 15 mins (%)	100%	94.83%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%				
	Ambulance Handover < 30 mins (%)	100%	99.04%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%				
	Ambulance Handover > 60 mins	0	0	4	0	0	0	0	1	0	2	2	1	0	0	0				
	Delayed Transfers of Care	3.50%	3.50%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	9.23%	7.02%	4.69%	4.23%				
	Stranded Patients (>21 days) - month end			133	137	280	160	139	129	129	162	158	123	63	60	75				
	Bed Occupancy Rate		85.00%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.95%	98.87%	82.25%	50.84%	58.18%	75.59%				
	Diagnostic 6 Week Wait Performance	1.00%	1.19%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%		55.74%	144/227	
	Diagnostic 13+ Week Breaches	0	0	84	130	205	225	239	63	147	258	113	114	402	2292	3161			153/226	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0				
	RTT Incomplete 18 Week Performance	92.00%	83.68%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%		62.21%	212/382	
	RTT 52+ Week Breaches	0	29	17	14	14	16	13	14	14	9	17	43	130	275	454		0 - 1466	127/157	
	Total Waiting List		30908	28590	28740	28587	29313	29118	28351	28078	29672	29552	28516	25877	25518	25265				
	RTT Backlog Clearance Time (in weeks)			2.8	3.0	3.0	3.3	3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3				
	Cancer 2 Week Wait	93.00%	87.51%	78.40%	71.87%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	-		94.19%	106/137	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	88.44%	76.83%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	-		93.74%	10/65	
	Cancer 31 Day First Treatment	96.00%	90.00%	88.03%	90.87%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	-		93.94%	102/108	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	-		98.98%	1/29	
	Cancer 31 Day Subsequent - Surgery	94.00%	77.08%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	-		88.46%	51/67	
Cancer 62 Day Standard	85.00%	80.92%	76.99%	74.35%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	-		69.86%	71/133		
Cancer 62 Day Screening	90.00%	95.83%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	-		47.91%	33/66		
Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hours	100%		83.53%	84.37%	83.03%	84.35%	84.18%	83.21%	83.19%	83.81%	82.97%	83.48%	83.08%	83.98%	85.74%					

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Domain	Description	National Standard	Current Month Trajectory (RAG)	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%		
	Caesarean Section Rate			30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%		
	Still Birth 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%		
	Induction of Labour Rate			43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%		
	PPH 1000 ml rate			13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%		
	Never Event Occurance by month	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
	Serious Incidents			7	10	5	5	3	3	6	3	5	7	3	1	4		
	Total Incidents			1094	1066	1108	952	1131	1120	1096	1149	1116	847	596	656	736		
	Total Incidents (Rate per 1000 Bed Days)			44	42	44	38	44	45	42	43	45	38	45	42	41		
	WHO		95%	95.84%	95.80%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.50%		
	Pressure Injuries Grade 2			31	24	34	46	43	43	32	34	17	29	24	16	13		
	Pressure Injuries Grade 3			0	1	0	0	0	0	1	0	1	1	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			30	31	31	30	31	30	31	32	30	27	16	18	21		
	Stroke - Patients Admitted			88	77	89	76	89	83	82	79	72	97	71	72	79		
	Stroke - 90% Stay on Stroke Ward		90%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.13%	-		
	Stroke - Thrombolysed <1 Hour		60%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.15%	-		
Stroke - Seen by Stroke Consultant within 14 Hours		90%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	-			
MRSA		0	0	0	0	1	0	1	1	1	0	0	0	0	0			
E. Coli		4	5	2	6	4	7	7	7	7	4	6	2	3	2			
C. Difficile		5	6	8	3	6	5	2	3	5	4	4	1	4	3			
MSSA		2	1	5	3	5	2	3	1	1	2	3	1	2	1			
Quality Caring & Experience	PALS - Count of concerns			93	126	118	81	119	104	90	107	108	104	45	105	49		
	Complaints - % Overall Response Compliance		90%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100%	98.30%		
	Complaints - Overdue			20	9	1	4	1	2	3	0	2	0	2	1	0		
	Complaints - Written complaints			52	55	51	53	47	41	36	57	51	26	24	27	40		
Well Led	Agency Expenditure ('000s)			1305	1179	1329	968	836	990	868	1081	869	1112	613	386	364		
	Month End Vacancy Factor			10.79%	11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%		
	Turnover (Rolling 12 Months)		14.00%	15.47%	15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%		
	Sickness Absence (Rolling 12 month -In arrears)		4.4%	4.30%	4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	-		
	Trust Mandatory Training Compliance			90.00%	88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%		

# EXECUTIVE SUMMARY

## July 2020

### Urgent Care

The Trust achieved the four-hour performance trajectory of 82.38% with performance of 94.74% and reported nil 12-hour trolley breaches for the third month in a row. ED attendances stabilised in June, remaining below pre-COVID-19 levels (-16.23%). 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 22<sup>nd</sup> out of 114 reported positions for Type 1, four hour performance.

### Elective Care and Diagnostics

The Trust has reported a continued reduction in overall wait list size in June due to a reduced level of referrals, resulting from the COVID-19 pandemic. There were 454 patients waiting greater than 52 weeks for their treatment in June against a trajectory of 29. 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 46.56% in June resulting from a further increase in activity as part of the second phase of the COVID-19 response. 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 patient as a result of the extended wait times. Despite the significant impact the pandemic has had on planned care performance, nationally the Trust positioning has improved for Diagnostic six week performance, proportion of 13 week waits (Diagnostics) and RTT 18 week performance.

### Cancer wait time standards

The TWW standard improved significantly to 93.17% in May (achieving the 93% target), positively impacted by the roll out of virtual clinics. The Trust did not achieve the trajectory for treatment within 31 days of diagnosis. The standard was adversely impacted by an activity reduction, with patients being triaged for treatment as part of safety netting. The 62 day waiting time standard deteriorated in May resulting from a reduction in treatments due to the implementation of Infection Prevention Control measures lengthening the pathway. 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-20. These complaints are predominately a result of cancelled operations and delays to appointments. The Trust is currently focussed on minimising COVID-19 transmission and supporting new design of the hospital for restoration. 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 eColi, with no MRSA cases for the year to date.

### Workforce

Staff turnover continues to improve in 2020/21 with May's position at 12.30%, compared to 12.50% last month and 15.60% at the same time last year. Vacancy factor is reported as 5.4% in June compared with 10.8% at the same time last year, The vacancy factor has increased in June as the impact of staff employed through the pandemic period (aspirant nurses and future F1s) has been removed. Temporary staffing demand increased by 20% in June predominantly in registered and unregistered nursing due to RMN use, enhanced care needs and increased occupancy.

### 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 June 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 82.38% with performance of 94.74% and reported nil 12-hour trolley breaches for the third month in a row. Nationally, Trust performance maintained the ranking of 1<sup>st</sup> out of 10 Adult Major Trauma Centres and ranks 22<sup>nd</sup> out of 114 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 75.59% with reduced variation in June, resulting from the overall stabilisation of attendances and resulting admissions. A reduced level of walk-in attendances and bed occupancy has favourably impacted four-hour performance in month. However, ambulance attendances are back to pre-COVID-19 levels, which has resulted in a slight performance deterioration from May. Lower levels of DToC patients (4.23% vs. 3.5% target) continued in June, however would have released 5 additional beds to the Trust had the 3.5% target been achieved. Stranded patient levels increased slightly, caused by a lengthening in the pathway due to a requirement for a negative COVID-19 test result before discharge to a care setting. The impact is being partially mitigated by a reduction in test turnaround times.

### Planned Care

**Referral to Treatment (RTT)** – The Trust has not achieved the pre-COVID-19 RTT trajectory of 83.68%, with a performance of 58.20%. The total RTT wait list size in month has declined further resulting from a reduced level of referrals due to the COVID-19 pandemic. The number of patients exceeding 52 week waits in June was 454 against a trajectory of 29; the majority of breaches (282; 62.11%) 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.

**Diagnostic Waiting Times** – Trust performance for diagnostic waiting times improved in June as a result of increased elective activity as part of the second phase of the NHS Response to COVID-19. As of June, 46.56% of patients have waited more than 6 weeks for a diagnostic test compared to a pre-COVID-19 trajectory of 1.19%. Nationally, the Trust position continued to improve moving into the upper third quartile. The Trust had been on track to deliver significantly improved performance following a period of increased capacity in CT and Endoscopy up until early March. The Trust is reviewing the harm review process for patients waiting greater than 13 weeks for their diagnostic test in light of the increasing volumes of patients with extended wait times. High level reviews are mandated by the Trust at modality level for all patients waiting over 13 weeks.

### Cancer

The Trust achieved three of the seven Cancer Wait Times standards in May and achieved trajectory for four of the standards. 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. As expected, the 31 Day standard deteriorated in May. 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 has lengthened the pathway.

### 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

**Infection control** – Current effort is focussed on minimising COVID-19 transmission and supporting new design of the hospital for restoration. Quality and Risk Management Committee (QRMC) has reviewed the board level assurance of infection control practice and this was also positively discussed in a one hour call with the CQC (as part of their routine reviews with all providers) on 21<sup>st</sup> July.

The Trust is at lower levels than trajectory for C-Difficile, MSSA and eColi, with no MRSA cases for the year to date.

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

**Mortality Reviews (COVID pandemic)** –The results of the ‘pandemic mortality review’ on a random selection of 30 cases between 20<sup>th</sup> March and 20<sup>th</sup> April were reported to the July QRMC meeting. Overall care delivery in each case was evaluated as being ‘Adequate’ or better. The review did generate some important learning and recommendations, which will be overseen by the Clinical Effectiveness and Audit Committee

**Pressure Injuries** – There has been a continued reduction in the overall incidence of pressure injuries in June, with no device related pressure injuries for the first time in 15 months.

#### Areas of Concern

**Caesarean Section rate:** During June the service has seen an increase in caesarean section rates.

# 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 new methods of delivery designed and implemented to ensure the safety of staff through social distancing.

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

Sickness rose in May to 4.6% with the impact of COVID-19 related sickness with COVID-19 being the 3<sup>rd</sup> greatest sickness absence reason by time list in April and May. Psychological support to all staff increased during pandemic period from 2 WTE to approx. 10 WTE by seconding clinical psychologists whose patient caseload had dropped due to reduction in normal activity. Pulse surveys rated question: "I feel cared for by the Trust, in terms of my health and wellbeing" during pandemic period averaged 3.4 out of 5. A new full time clinical psychologist started in July to provide bespoke support to Consultants who were identified as not accessing traditional wellbeing support.

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

Demand for temporary staff increased by ~20% in June compared with May with bank, agency and unfilled shifts all increasing. This is still 36% lower than the same period in 19/20 due to reduced activity and occupancy. The predominant increase was in registered nursing and midwifery for both bank and agency (largest growth for reason 'Vacancy') with largest increase in agency in critical care and theatres anaesthetics nursing, and; in unregistered nursing and midwifery for bank (largest growth for reason 'Enhanced Care') and largest increases in NMSK and gastroenterology.

#### **Vacancies**

The Trust vacancy factor was 5.4% in June compared with 10.8% at this time last year, this excludes additional staff employed during the pandemic on COVID-19 budgets. The position for April and May has also now been updated showing a position of 4.9% in both months. The small increase in June equates to a 33 wte increase predominantly in Administrative and Clerical staff, Medical and Dental and Pharmacy. It should be noted that ahead of finalised budgets the vacancy position is not yet stable.

#### **Turnover**

The Trust turnover continues to improve with June's position at 12.3% compared to 12.5% last month and 15.6% at the same time last year. Recruitment and Turnover is now a workforce planning programme within the NBT Transformation Programme with an ongoing organisation wide focus on retention to continue the Trust significant improvement.



# 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 covers from April 2020 to July 2020.

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

In addition, the Trust is able to recover any reasonable costs incurred responding to the COVID-19 pandemic 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.

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.

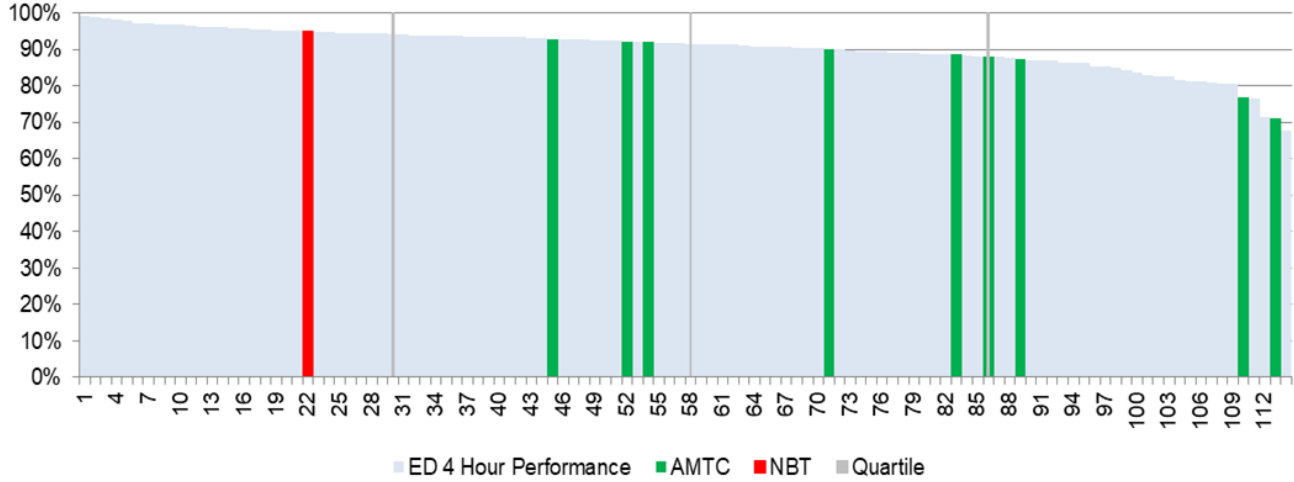
The new framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic (net of any savings from reduced or cancelled elective activity) in line with national guidance. The position for the end of June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

# Responsiveness

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

# Responsiveness – Indicative Overview

ED 4 Hour Performance - June 20



## Urgent Care

The Trust continued to exceed the four-hour performance trajectory in June and was close to achieving the national standard of 95% with performance of 94.74%. The national standard was achieved for Quarter 1 2020 with a total performance of 95.31%.

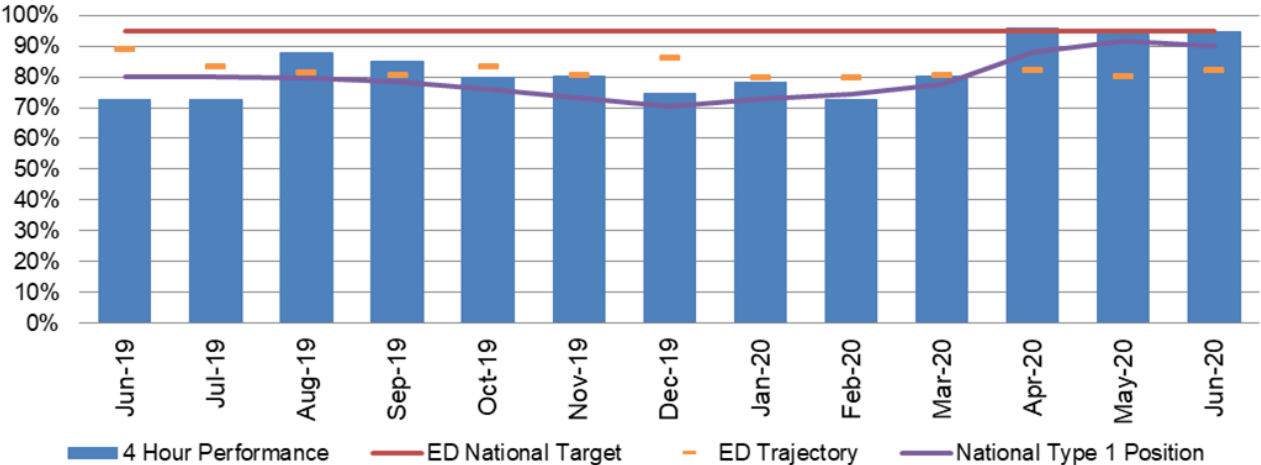
The performance position continues to be positively impacted by a 16.23% reduction in overall attendances, resulting from the COVID-19 pandemic.

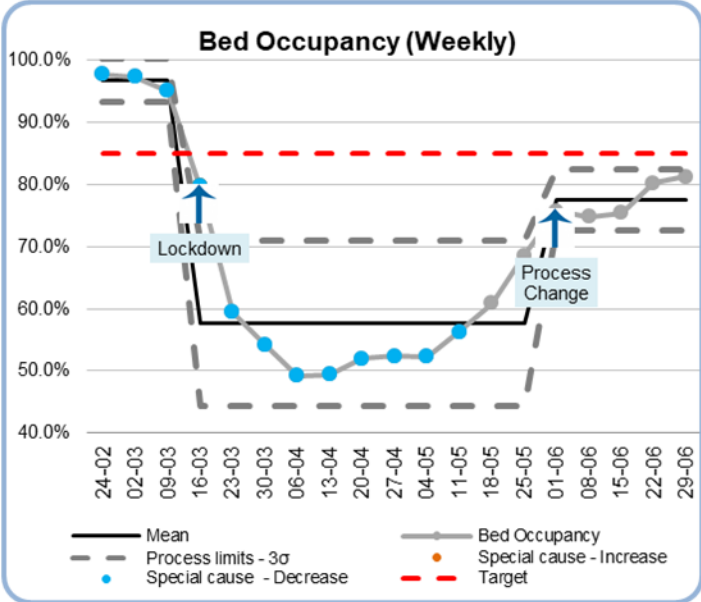
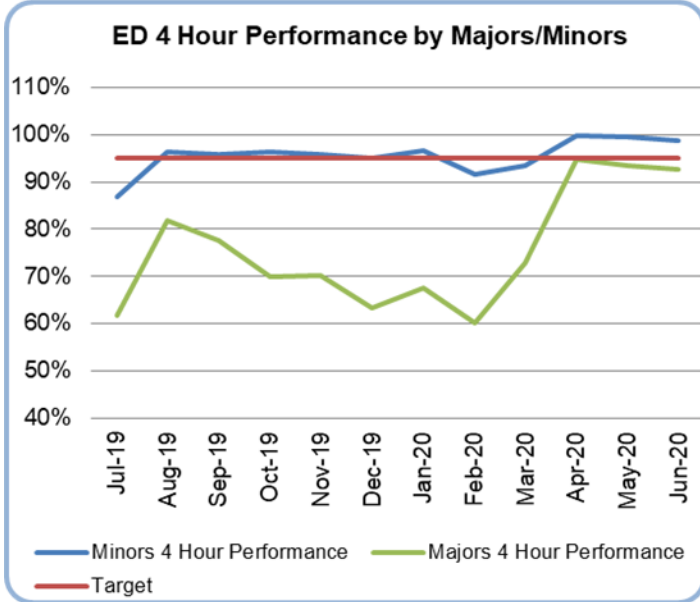
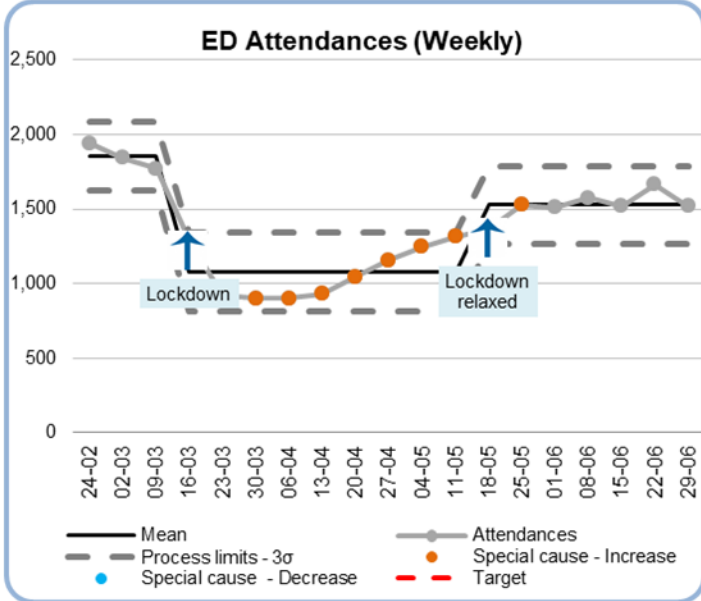
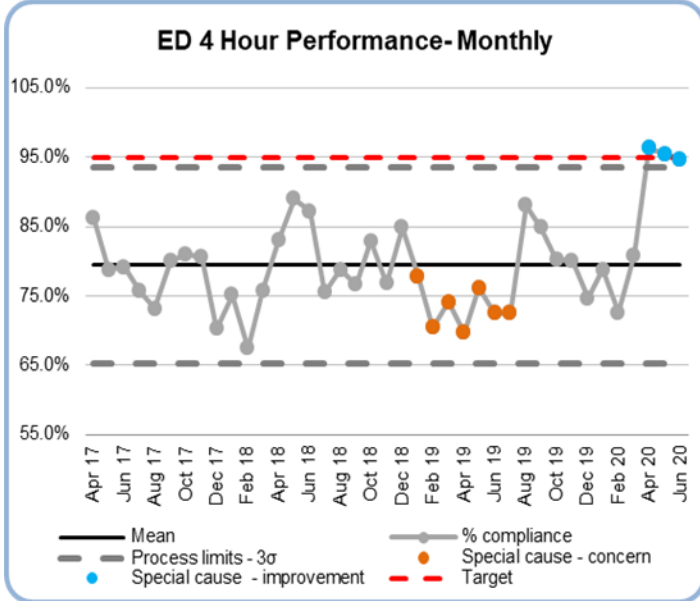
Current trajectories were set before the pandemic and will be reset for September 2020 – March 2021 to more accurately reflect the anticipated delivery for the rest of the year. The Trust continues to perform well for Type 1 performance when compared nationally.

At 6725, there were 15.83% less attendances than planned as per the Phase 2 plan. Non-Elective admissions were down against plan for long-stay admissions (-13.57%) and short-stay admissions (-4.48%).

ED performance for the NBT Footprint stands at 95.95% and the total STP performance was 92.88% for June.

ED 4 Hour Performance





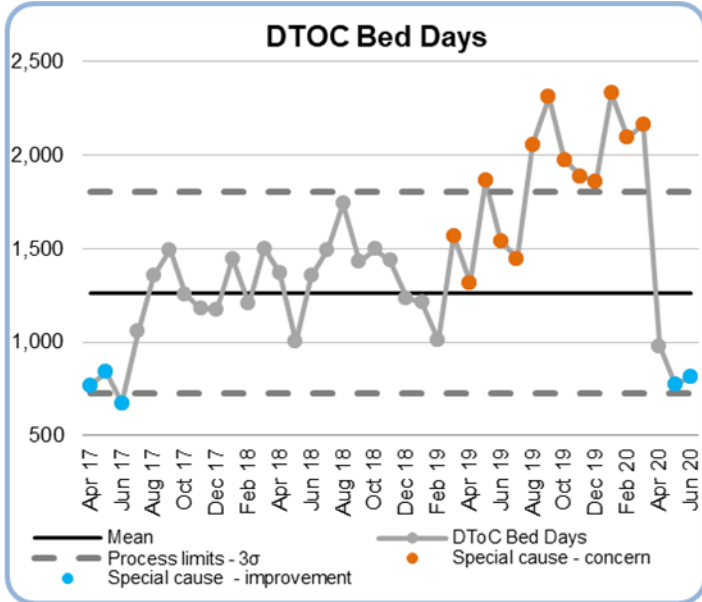
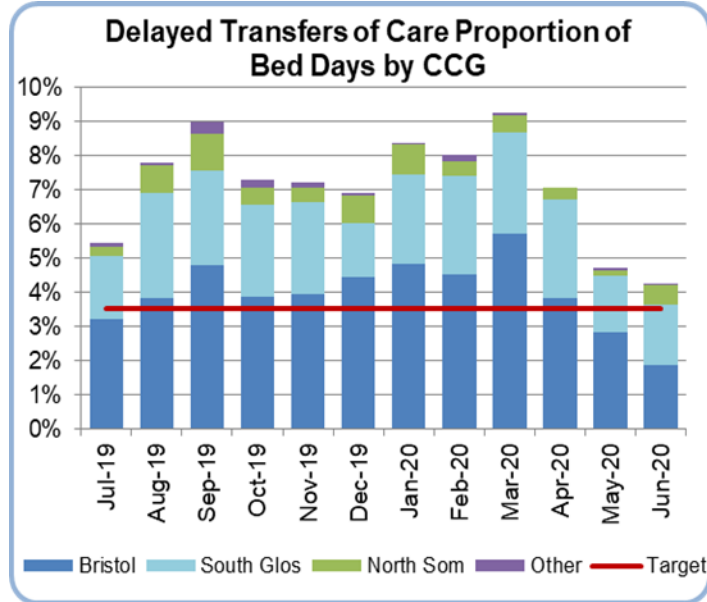
### 4 Hour Performance

Of the breaches in ED in June, 33.33% were a result of awaiting or undergoing treatment in ED and 24.58% were a result of ED delays, primarily waits for assessments and late referrals to specialties. This represents a static position from May and a significant shift from wait for beds pre-COVID-19 (9.89%) resulting from the improved bed position.

The increasing trend in ED attendances stabilised throughout June, remaining below pre-COVID-19 levels. A reduction in walk-in attendances when compared to pre-COVID-19 levels is driving the overall decrease and is as per Phase 2 plans. Ambulance arrivals began to rise following the easing of lockdown rules on the 13 May and as of June are back to pre-COVID-19 levels.

There was less variation in bed occupancy during June 2020, impacted by the stabilisation of attendances. Bed occupancy varied between 70.59% and 86.11%, breaching 85% once in month. The method for calculating bed occupancy changed in June due to a reduction in the overall bed base resulting from the implementation of Infection Prevention Control measures. This has increased the overall bed occupancy position, but remains below pre-COVID-19 levels.

# Urgent and Emergency Care



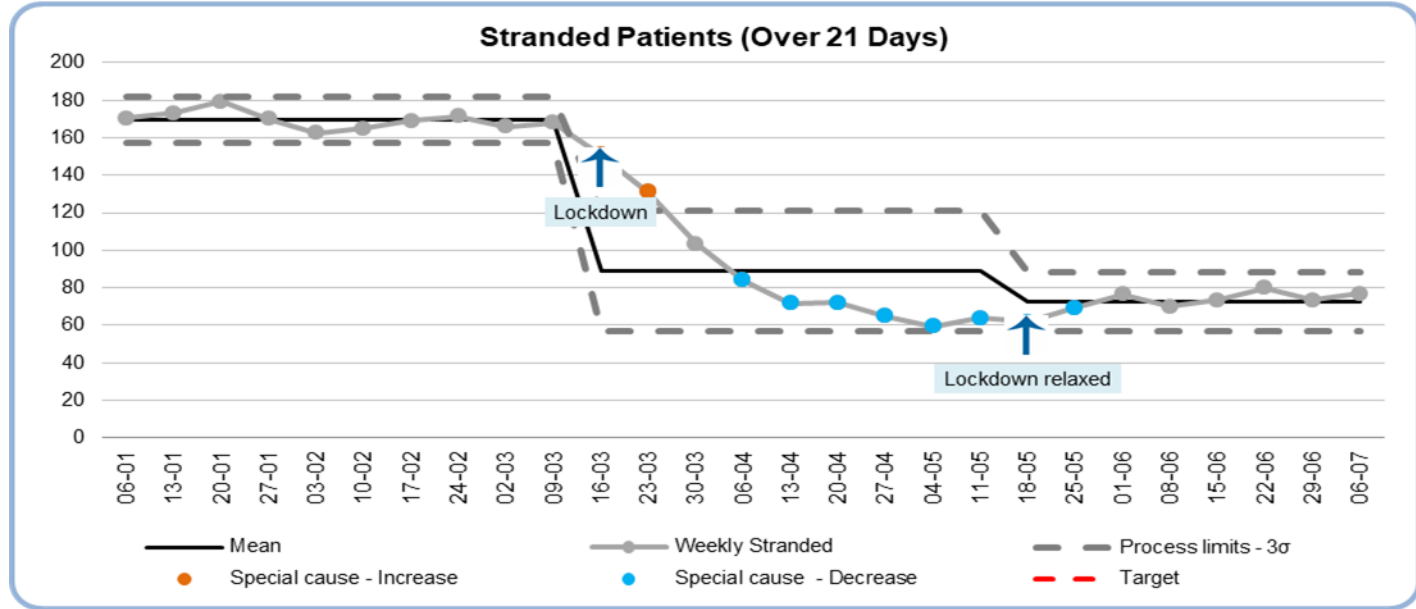
## DTOCs and Stranded Patients

Whilst DTOCs formal reporting has been ceased following the implementation of the services response to COVID-19, the review process has been maintained in NBT. The average level of DTOC has reduced to 4.23%. However, the average bed days accumulated by delayed patients is 186.75 weekly equivalent to 6 beds. Had the Trust achieved the national 3.5% target 5 beds would have been released.

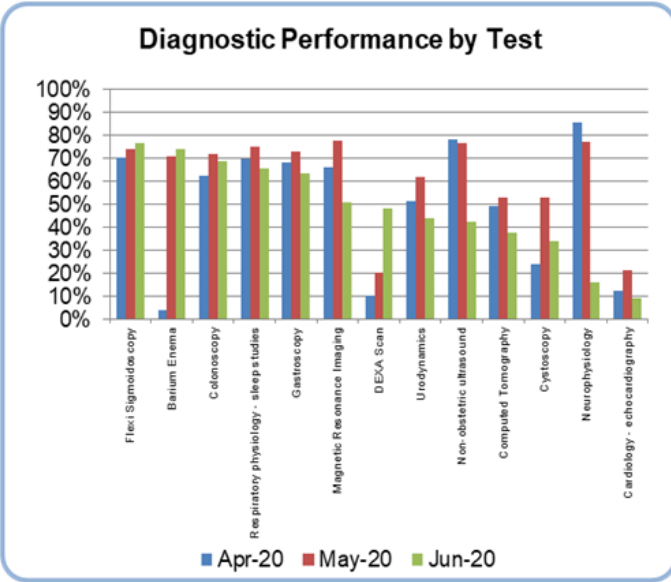
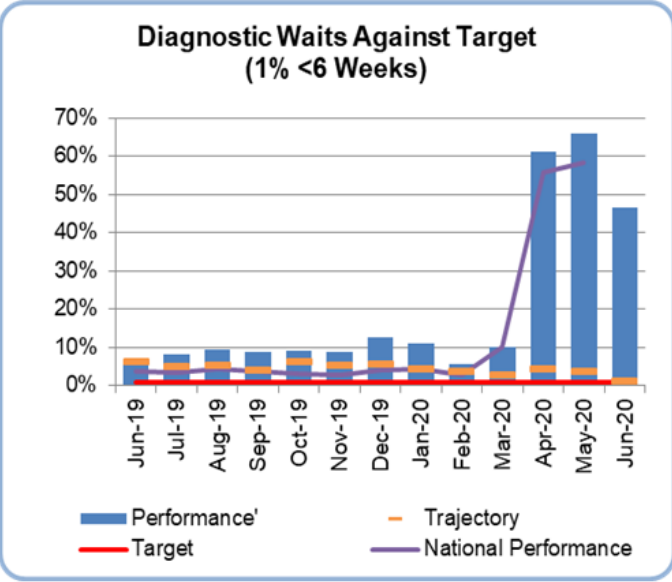
The main reasons for delay this month are linked to provision of more complex care requirements on pathway 1 that require additional capacity, access to residential dementia beds and fast track pathways.

Stranded patient levels have increased and the trajectory remains on an upward trajectory. The process is under review with partners to ensure time is used to escalate both specific patients and themes that impact on the timely discharge of patients. The requirement for swabs for all patients discharged to a care setting did initially impact on length of stay, but this is being resolved as testing time reduces.

There are significant delays associated with patients who swab positively multiple times without symptoms, or those who refuse a swab for transfer.



# Diagnostic Wait Times

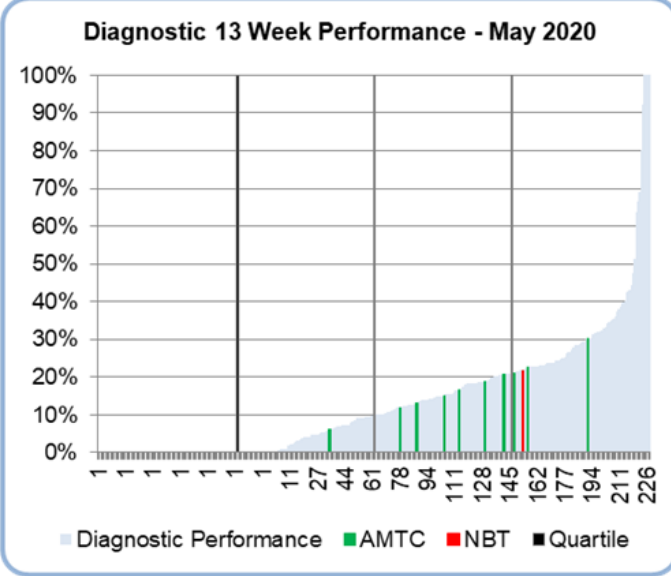
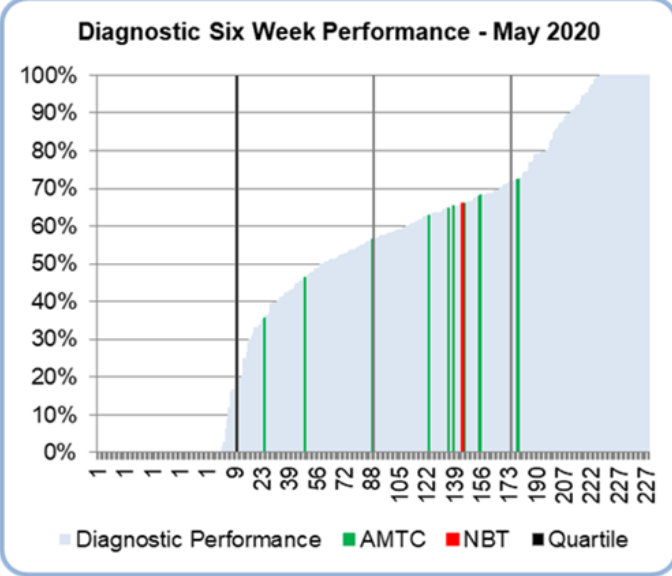


## Diagnostic Waiting Times

Diagnostic performance has improved to 46.56% in June versus a trajectory of 1.19%. The improved position is a result of increased activity.

At the end of April, the Trust entered the second phase of the NHS Response to COVID-19 where providers were asked to step up non-COVID-19 urgent services and some routine, non-urgent elective care. As a result, diagnostic waiting list activity increased by a further 63.65% in June (27.68% in May).

Percentage performance has been impacted by a reduction in the backlog and the overall wait list. 13+ week waits continue to increase (37.91%), resulting from capacity constraints and patient choice.

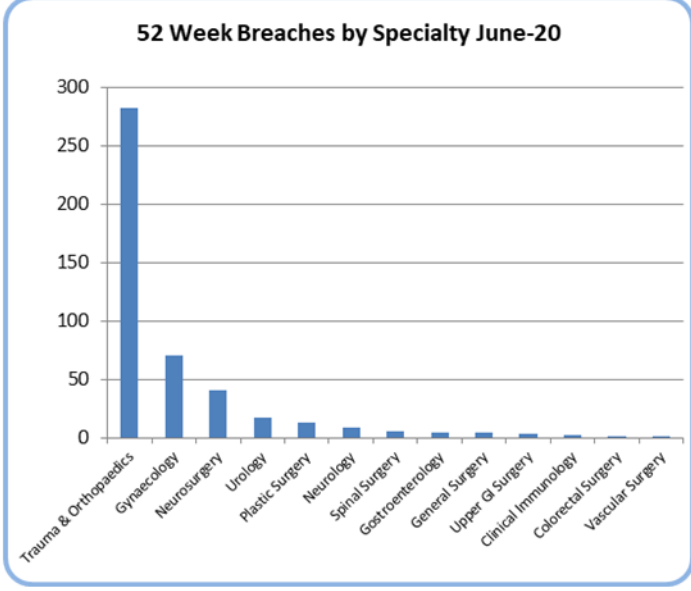
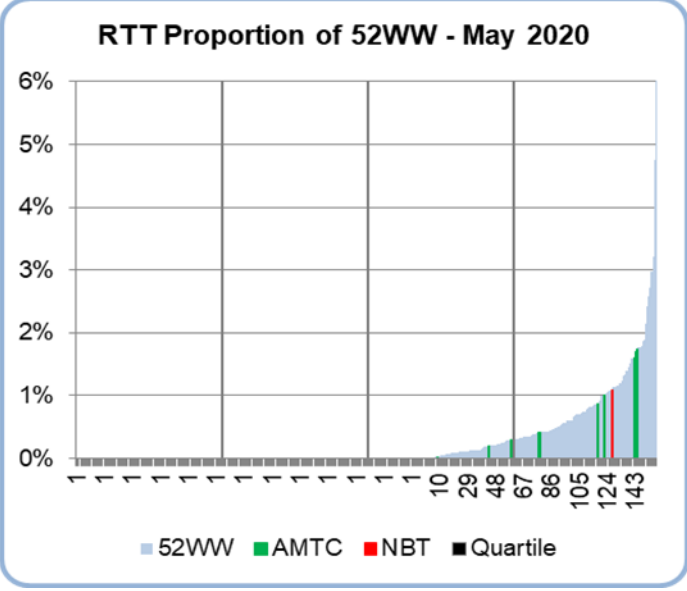
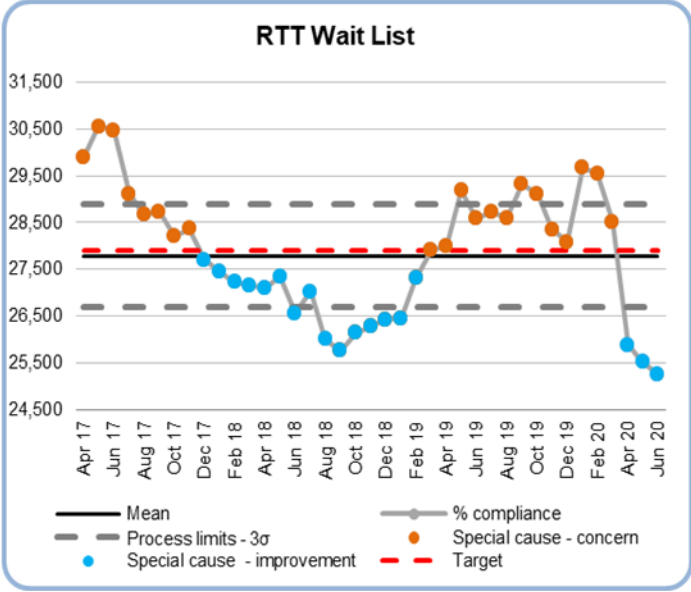
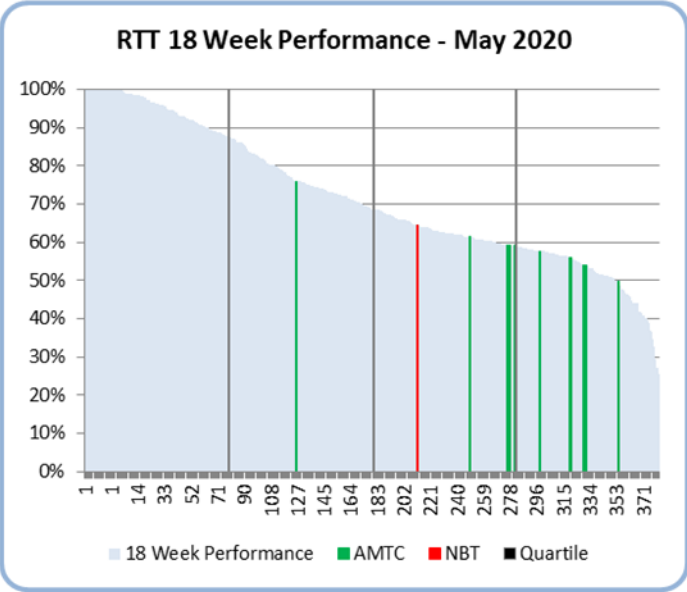


All 13 test types continue to report in month underperformance. Nationally, the Trust positioning has improved month on month throughout the pandemic for both six week and 13 week performance.

The Trust is reviewing the harm review process for patients waiting greater than 13 weeks for their diagnostic test in light of the increasing volumes of patients with extended wait times. The expectation is that high level reviews are still completed by modality type for all patients waiting over 13 weeks.

Prior to the pandemic there had been a successful bid for Elective Care funds to support delivery of the national diagnostics target. The Trust had been on track to deliver performance, following a period of increased capacity. 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.

# Referral To Treatment (RTT)



## Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 58.20% against trajectory of 83.68%.

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

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

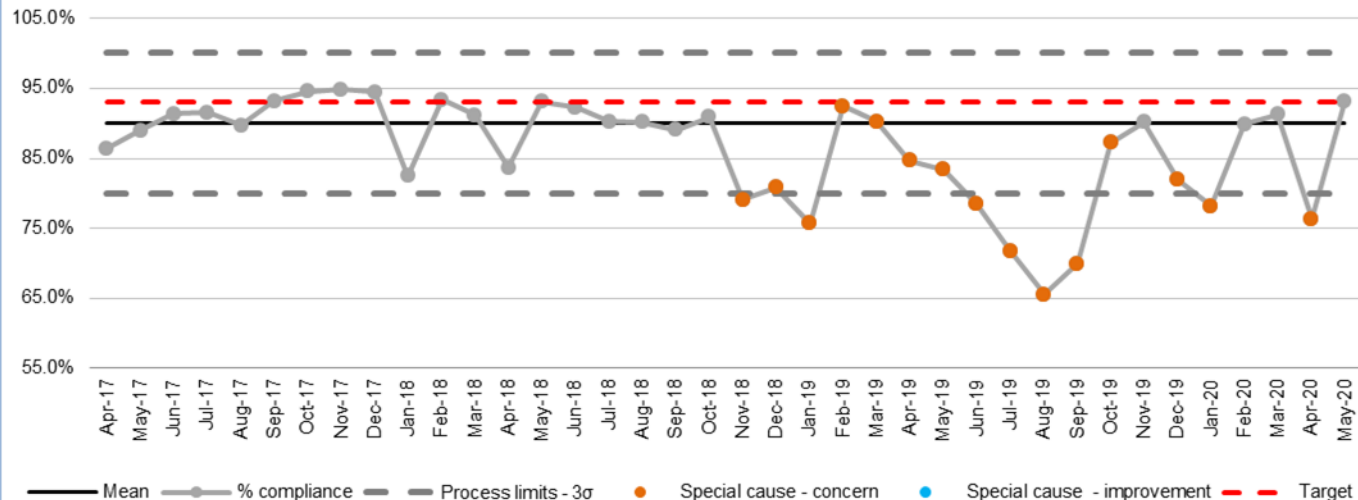
The Trust has reported 454 patients waiting more than 52 weeks from referral to treatment in June, against a pre-COVID trajectory of 29.

Remedial actions to reduce the number of breaches were hampered by winter pressures during January and February and the COVID-19 pandemic for March-June 2020. Service restoration is currently underway which will support the recovery of RTT performance going forwards.

Nationally, the Trust's 18 week performance positioning improved in May, moving from the lower third quartile to the upper third quartile. The positioning of 52WW has remained static since February 2020.

# 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 93.17% for the TWW standard in May.

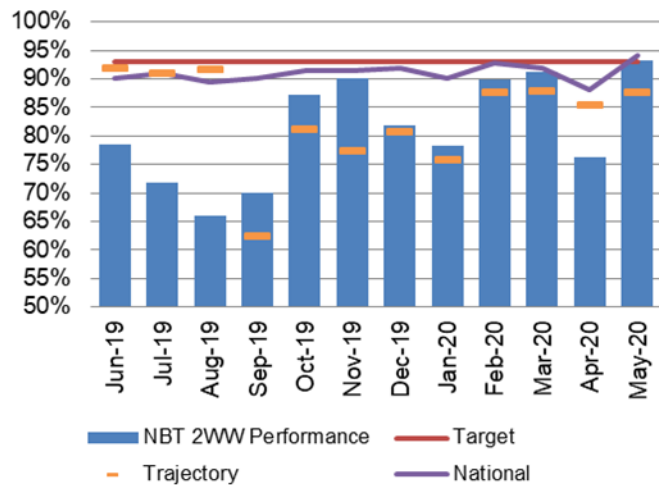
Out of the 1303 patients seen in May 89 breached, 58 (65.17%) related to Upper GI and Colorectal pathways.

Virtual clinics were successfully delivered in May with the majority of cancer patients receiving a phone call with the clinician prior to any face to face consultation or diagnostic appointment. 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.

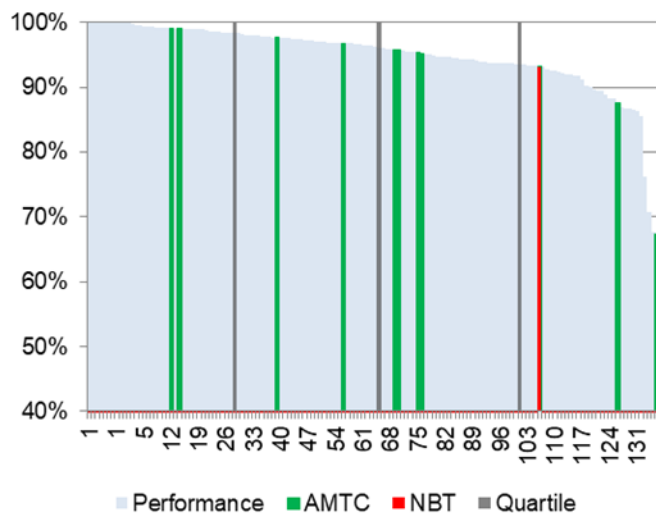
The Trust experienced a 34.78% drop in TWW referrals in May compared to May 2019 across all specialties as a result of COVID-19.

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



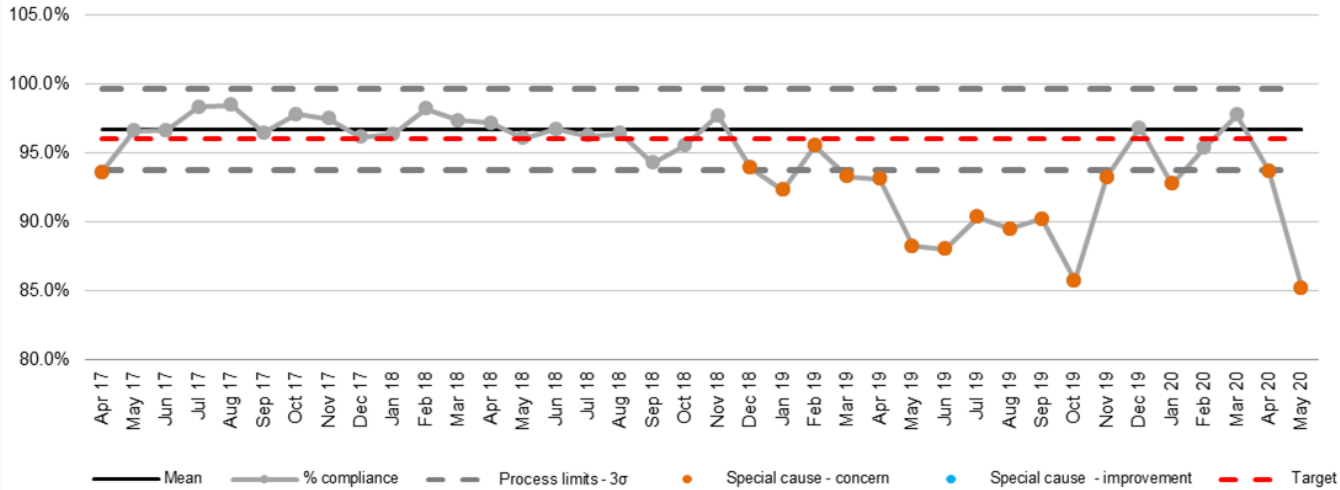
Cancer TWW Standard May-20





# Cancer Performance

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



## Cancer 31-Day Standard

The Trust did not achieve the 31 day first treatment national standard of 96% with performance of 85.23% and failed Trajectory of 90.00%.

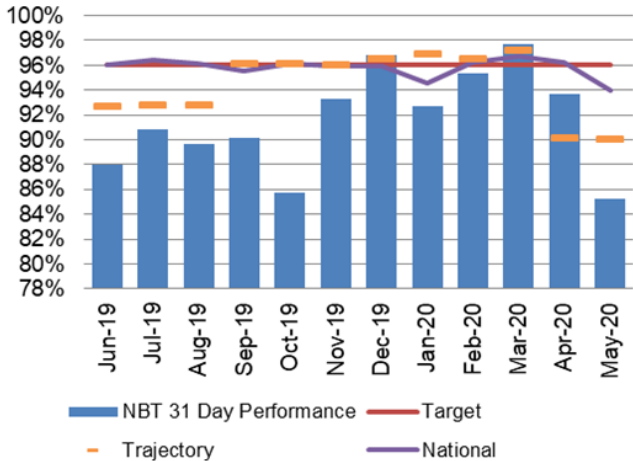
We were able to treat 176 patients in total, 26 of which breached the 96% target. The operational effect of COVID-19 saw patients being clinically triaged and remains on clinical review with the surgical team for treatment as part of safety netting. This was in line with the national prioritisation framework.

The Trust achieved the 31 day subsequent surgery treatment trajectory, but failed the standard. Skin passed subsequent surgery with a 100% achievement due to temporarily pausing the Sentinel-Node Biopsy (SNB) service in May. Wide local excisions continued.

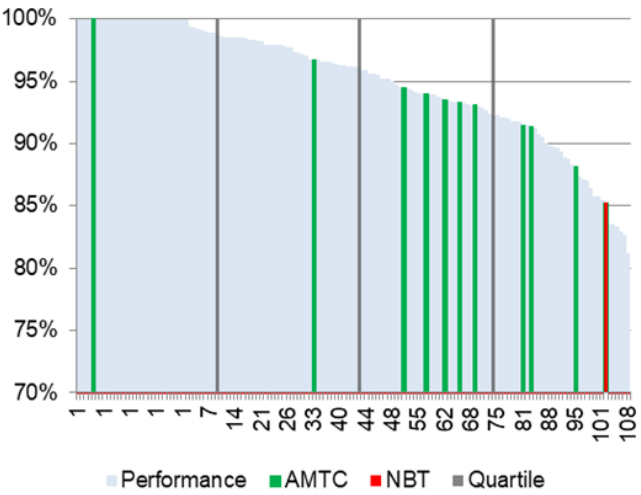
There were 14 104 day breaches in May; 10 within Urology (5 did not require harm reviews due to active surveillance or treated elsewhere); 3 in Colorectal (all requiring harm reviews) and one in Gynaecology (does not require a harm review as treated elsewhere).

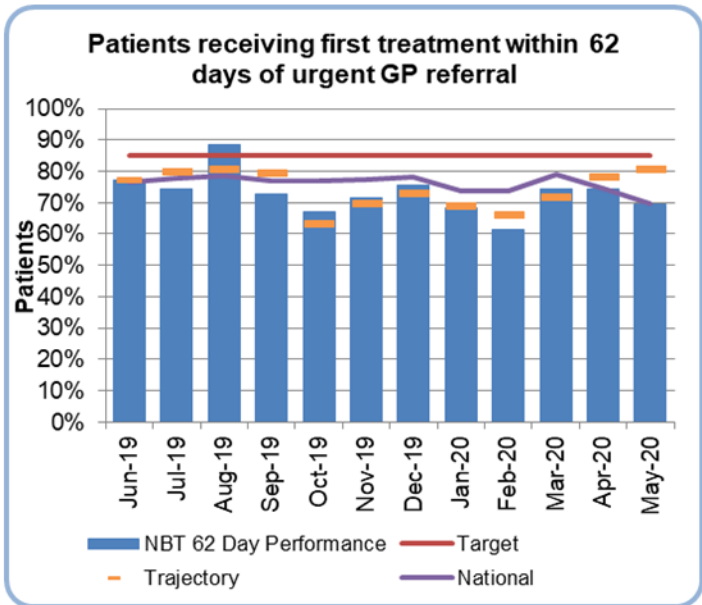
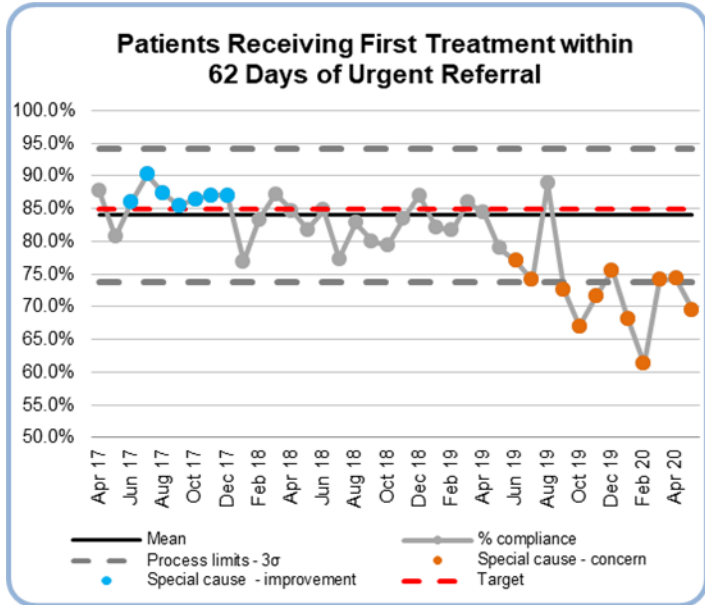
Out of the 8 Datix reviews 6 were related to COVID-19 impact delays on the diagnostic and treatment pathways. These have yet to be clinically reviewed.

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



**Cancer 31 Day Standard May-20**





### Cancer 62-Day Standard

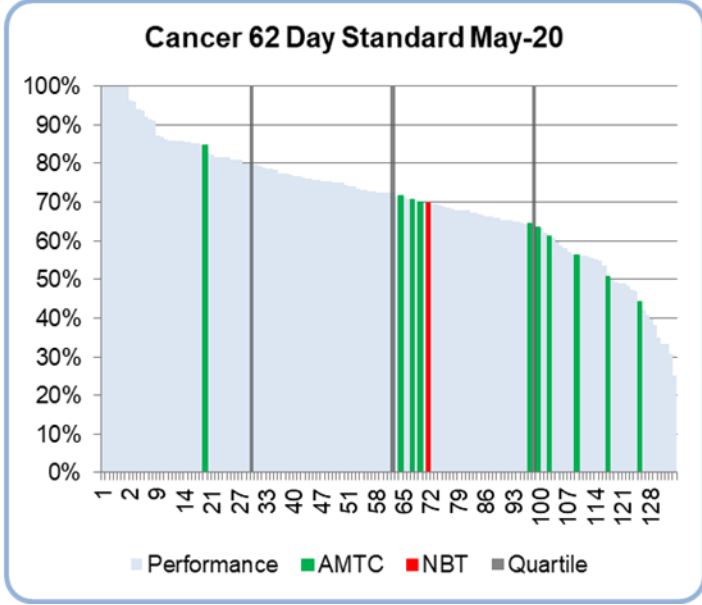
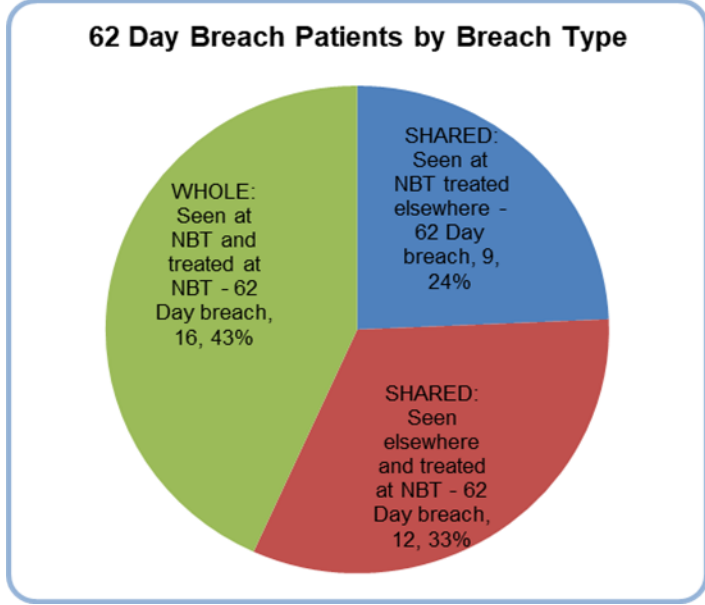
The Trust did not achieve the 62 day trajectory in May 2020, reporting a position of 69.52% against a trajectory of 80.92%.

The Trust treated 101 patients in May. This was lower than the number treated in March and April.

In May Urology, Breast and Colorectal continued to provide treatment via the Independent Sector. Overall treatment numbers are lower this month due to the introduction of the pre-surgery 14 day shielding requirement that lengthened the pathway. For example in May Urology treated 33 patients compared to 49 in April.

There were 26 breaches of which 17 were in Urology. The majority were caused by delays in the diagnostic pathway.

43% of the breaches were NBT delays, 33% 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

## **Quality, Safety and Effectiveness**

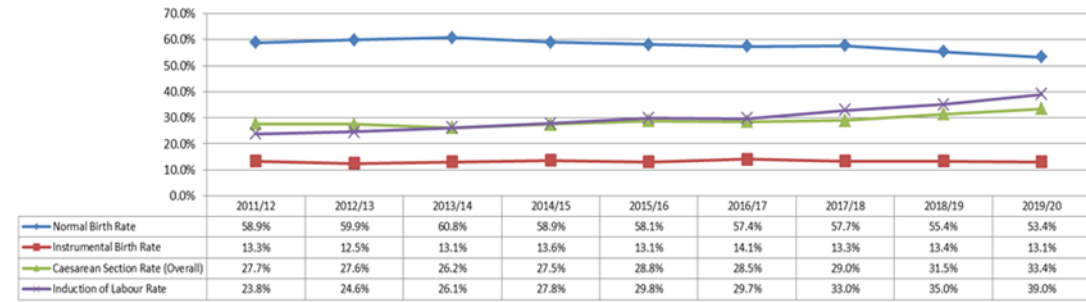
**Board Sponsors: Medical Director and Director of Nursing and Quality  
Chris Burton and Helen Blanchard**

## NBT Maternity Dashboard

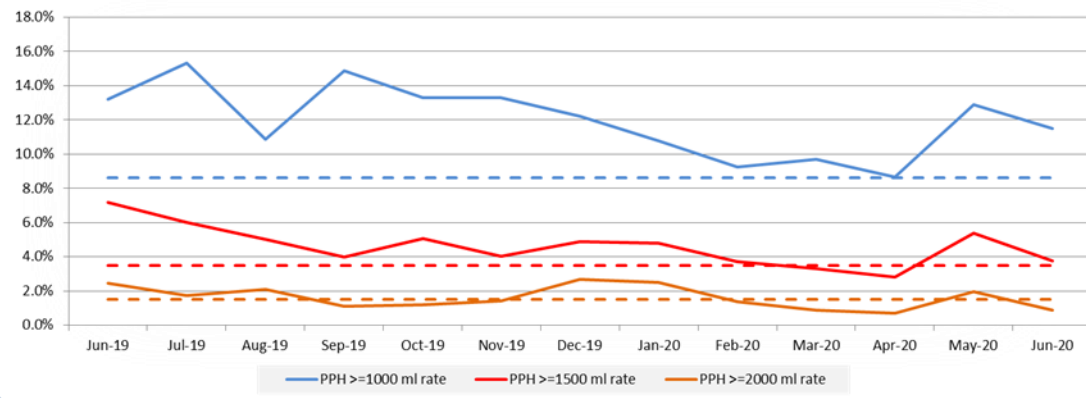
	Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Caesarean section rate (overall)	28.0%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.7%
Elective CS rate (as % of all birth episodes)		9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%
Emergency CS rate (as % of all birth episodes)		21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.3%
Induction of Labour rate	32.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.9%
PPH >=1000 ml rate	8.6%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%
PPH >=1500 ml rate	3.5%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%
PPH >=2000 ml rate	1.5%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%
5 minute apgar <7 rate at term	0.9%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%
Stillbirth rate	0.4%	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%
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%
Stillbirth rate <37 weeks		5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%

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

### Activity Trends



### Reduction in PPH with new IOL pathway



## COVID-19 Maternity

Capacity in CDS remains reduced related to changes required to manage Covid. The Division has been focused on patient flow and reducing any unnecessary delays in the Induction of Labour pathways.

The impact of reduced beds and neonatal cots across the system has created additional challenges for NBT but has been managed through

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

Partners attendance at 1<sup>st</sup> and 2<sup>nd</sup> trimester scans was restricted during June and visiting on postnatal wards was changed in line with Trust and national guidance.

## Clinical quality outcomes

PPH rates were reduced from May in month and are being monitored.

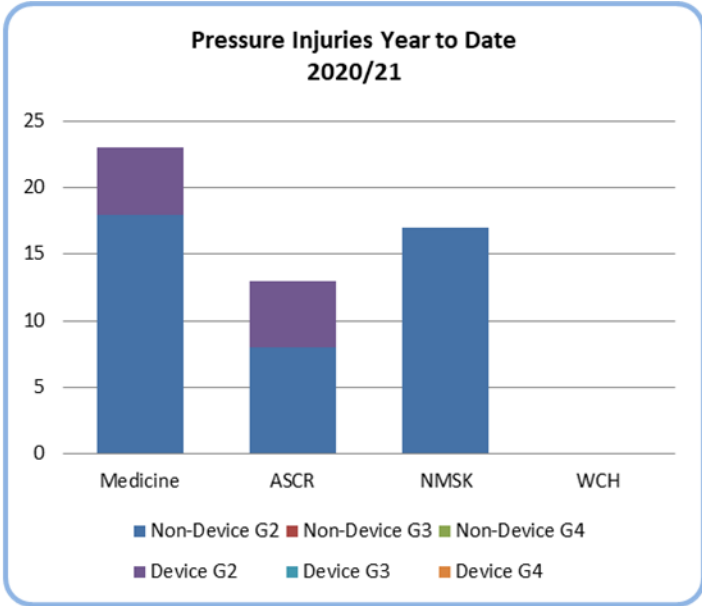
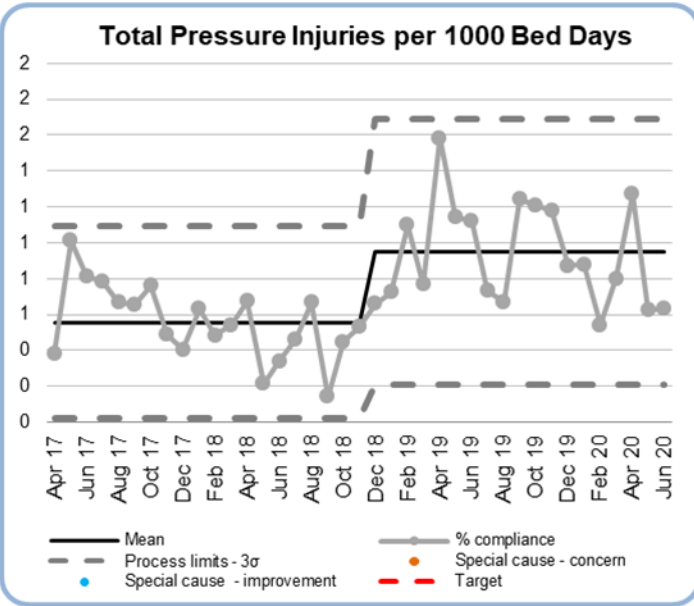
Caesarean section rate in June increase noted at 36.7%, the division is reviewing the possible cause of this increase.

HDU care review is in progress and will incorporate the review of the theatre complex to include HDU/recovery areas.

## Safe staffing

Maternity Theatre scrub nurse cover has been implemented based on a revised business plan and is being monitored by the division.

Midwifery staffing levels are being managed through daily monitoring and re-deployment whilst a revision of safe staffing (BR+) is updated in line with implementation of a new team working plan for midwifery (continuity of carer).



## Pressure Injuries

### Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

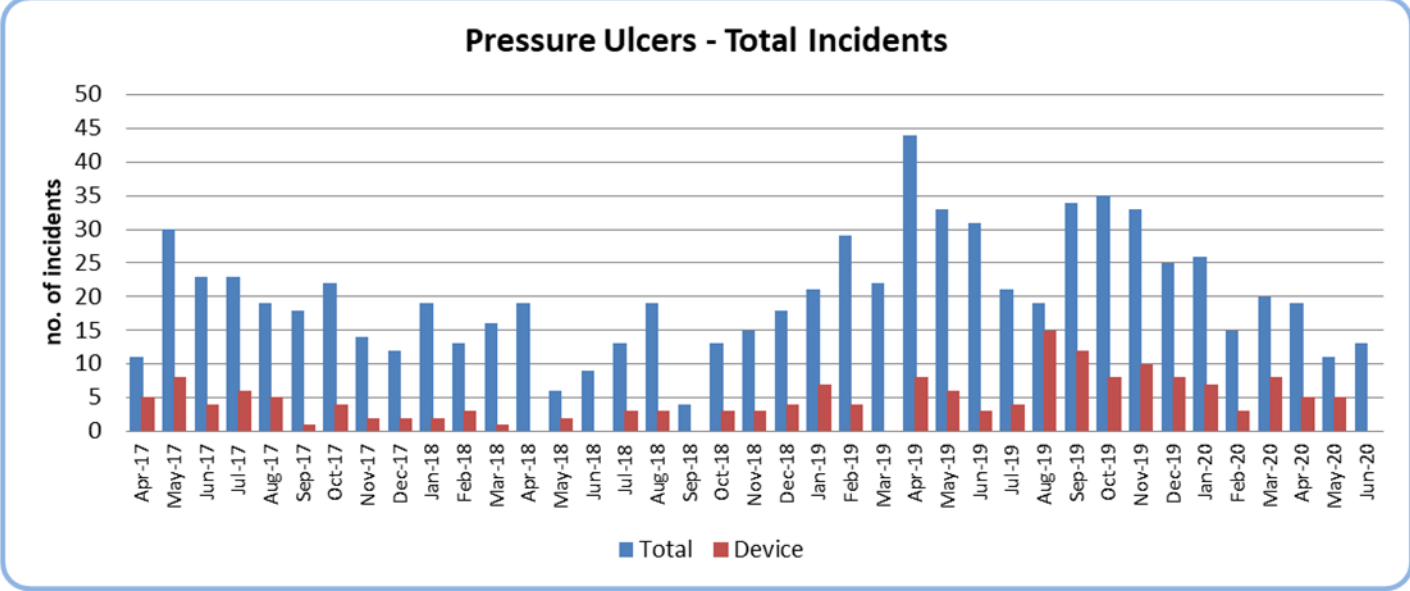
- Zero for both Grade 4 and 3 pressure injuries.
- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries,

In the first quarter of the year there have been no reported Grade 3 or 4 pressure injuries.

In June, 13 Grade 2 pressure injuries were reported, on 12 patients.

There have been no device related injuries this month with Heels reported as the highest incidence with the summary as follows:

- Heel: 54%
- Coccyx/ Sacrum: 23%
- Buttock: 15%
- Ankle: 8%

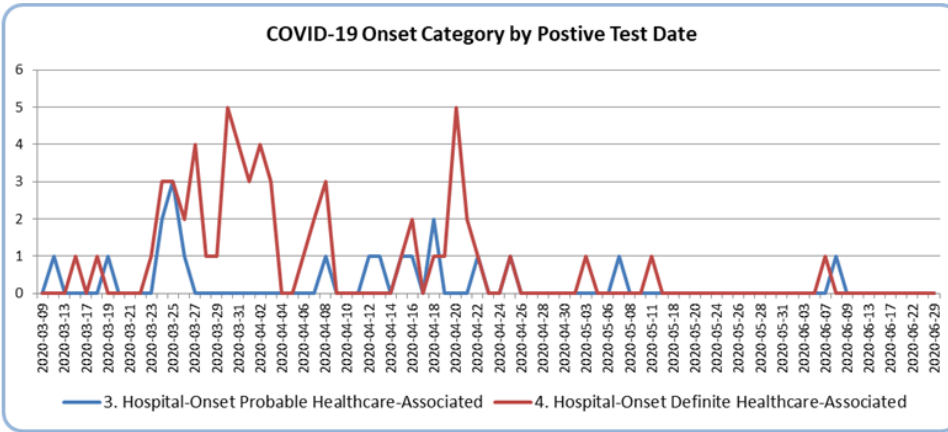


June observed a continued reduction in Grade 2 pressure injuries, this may correlate to the improved focus on pressure area care by clinical divisions who continue:

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

A focused thematic review is underway to review the outcomes of 2019/20 and actions around learning to facilitate this year's reduction strategy. The planned completion for this is September 2020.

## Infection Prevention and Control



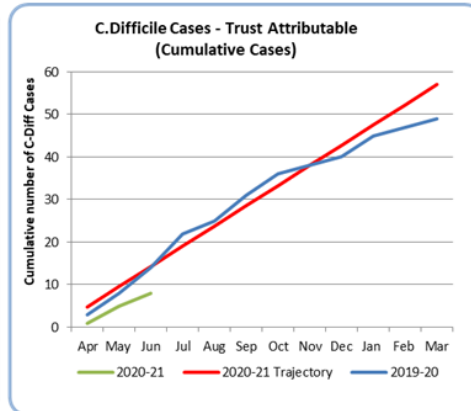
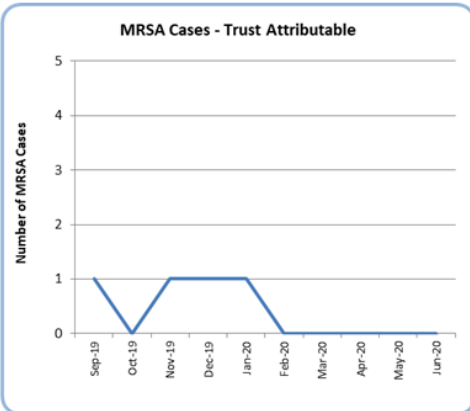
### COVID- 19 (Coronavirus)

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. Quality and Risk Management Committee has reviewed the board level assurance of infection control practice and this was also covered in a one hour call with the CQC (as part of their routine reviews with all providers) on 21<sup>st</sup> July.

There has been national concern about the risk of transmission of COVID-19 infection in hospital. Reporting now categorises all cases of COVID-19 and whether attributable to hospital (probable or definite), as illustrated in the graph. Each case developing beyond 7 days in hospital is immediately flagged to IPC and investigated using the established IPC incident management systems.

Fluid resistant surgical masks are now being worn by all staff as required by national guidance

The hospital restoration programme is near completion with COVID-19 and non COVID-19 pathways in place. Staff testing regimes are being established as are processes for managing work contacts of staff who may test positive.



### MRSA

There were no reported cases of MRSA bacteraemia in the first quarter of the year (April- June).

### C. Difficile

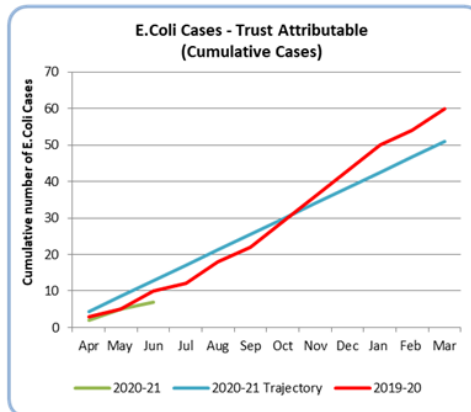
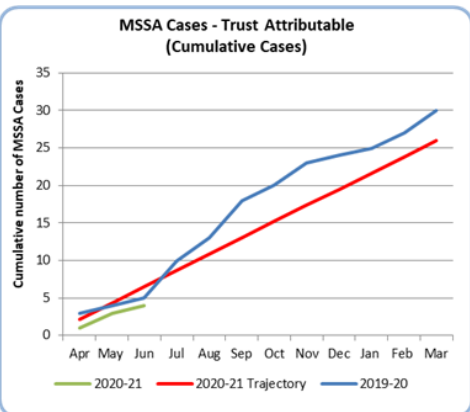
In June, there were three Trust attributable case reported. A total of 8 cases for quarter one, which is an improved position from the same point last year.

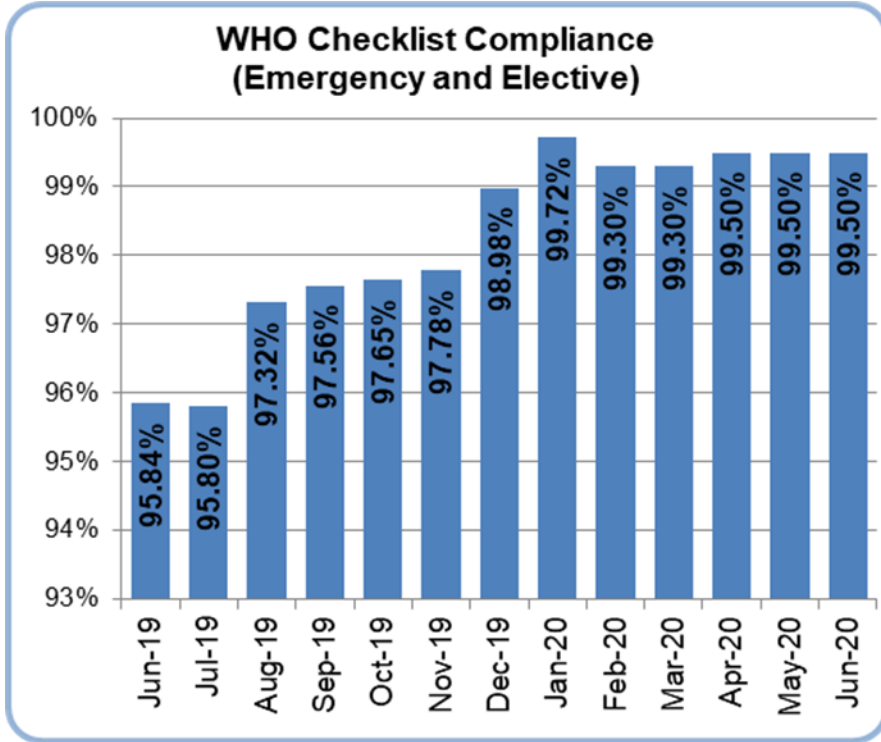
### MSSA

There was one case of MSSA bacteraemia in June. A total of 4 cases for quarter one, which is an improved position from the same point last year

### E. Coli.

Further community wide work to reduce these infections is planned for 2020/21.



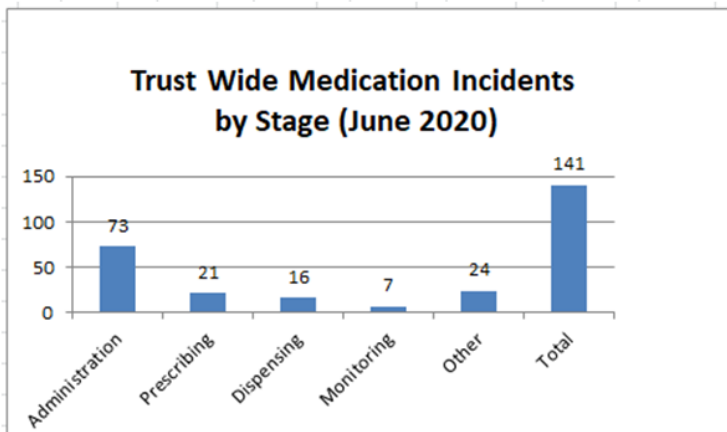
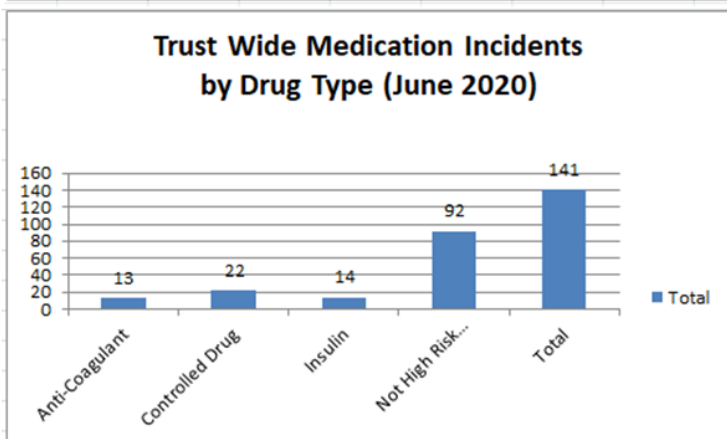
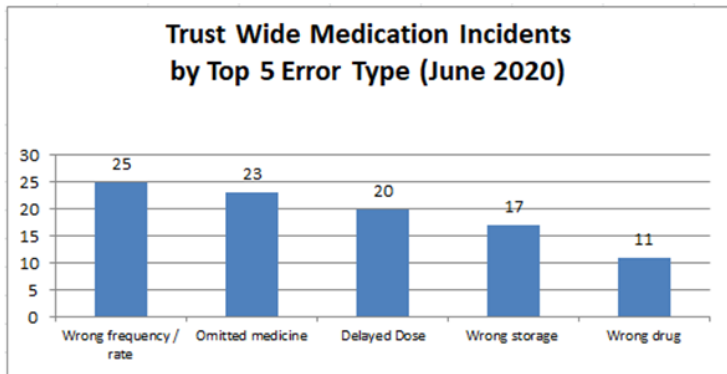


### WHO Checklist Compliance

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

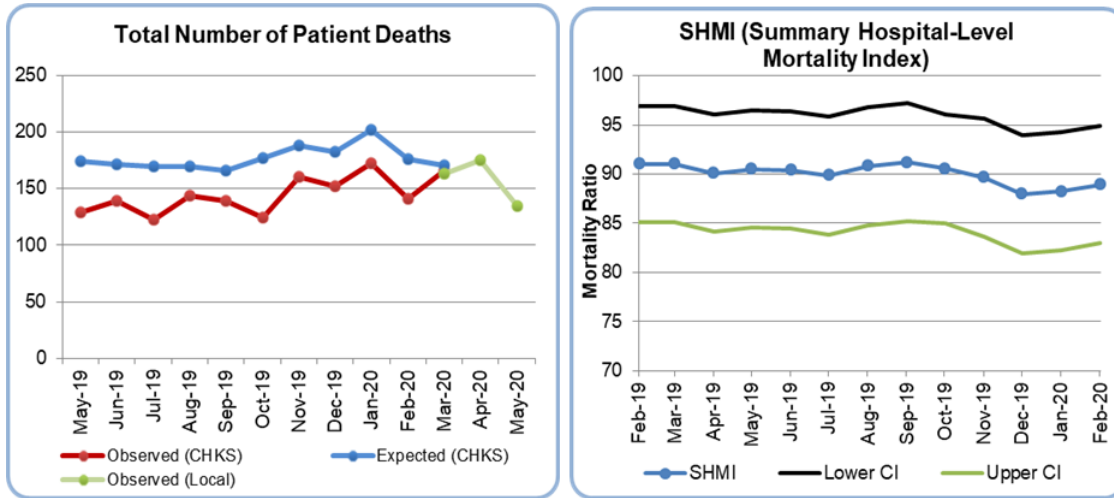
**Severity of Incidents:** No Harm incidents formed c.92% of all incidents reported during June 20; demonstrating a strong culture of incident reporting across the Trust. Low Harm incidents formed c.7% of all incidents reported in June 20 and the trends/themes are highlighted below. The Moderate incidents are being investigated to clarify the classification of harm and identify the learning.

**Incidents by Type of Medication:** During June 20, approximately c.65% of all Medication incidents involved a High Risk Medicine. 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.

**Top Type of Errors:** Omitted & Delayed Doses accounted for c.34% of all incidents reported during June 20. This type of error constantly appears as the most common error type across the Trust. Omitted / delayed doses were associated with main cause of LOW HARM incidents in June 20 (c.34%) and May 20 (c.31%).

**Incidents by Stage:** Incidents occurring at the Administration stage accounted for c.52% of all incidents; with prescribing (c.15%) and dispensing (c.11%) and being the next two most common stages at which medication errors occur within the Trust. The challenge of increasing the visibility and themes within “other Medication Incidents” remains a priority for the Medication Safety Team.





### Overall Mortality

Mortality outcome data has remained within the expected statistical range.

### Mortality Review Completion

The current data captures completed reviews from 01 May 19 to 30 Apr 20. In this time period (this is now reported as a 12 month rolling time frame), 88.3% of all deaths had a completed review. Of all “High Priority” cases, 83% completed Mortality Case Reviews (MCR), including twenty-two of the twenty-two deceased patients with Learning Disability and twenty-seven of the twenty-eight patients with Serious Mental Illness.

### Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97.0% (score 3-5). There have been thirteen mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed through Divisional governance processes.

All of these cases will be reviewed through the Clinical Risk Operational Group.

### Backlog of Cases

Due to the suspension of the Mortality Review process during the peak of the COVID-19 Pandemic there was a back-log of reviews for March and April. A Pandemic Mortality Review was undertaken in lieu of screenings on a random selection of 30 cases between 20<sup>th</sup> March and 20<sup>th</sup> April which assessed overall care delivery as being ‘Adequate’ or better in each case.

This review generated some important learning and recommendations, which will be reviewed by QRMC on 17<sup>th</sup> July. The ongoing oversight of agreed actions will be via the Clinical Effectiveness and Audit Committee.

High priority reviews for this time period are still being requested and undertaken.

### Mortality Review Completion

May 19 – Apr 20	Completed	Required	% Complete
Screened and excluded	1103*		
High priority cases	205		
Other cases reviewed	327		
<b>Total reviewed cases</b>	<b>1635</b>	<b>1846</b>	<b>88.6%</b>

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	3.0%	18.4%	50.7%	27.9%

Date of Death	May 19 – Apr 20
In progress	3
Reviewed not SIRI	10
Reported as SIRI	0
<b>Total score 1 or 2</b>	<b>13</b>

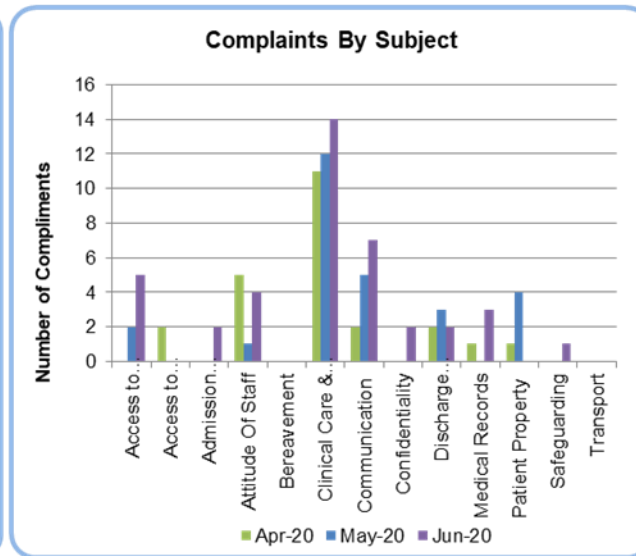
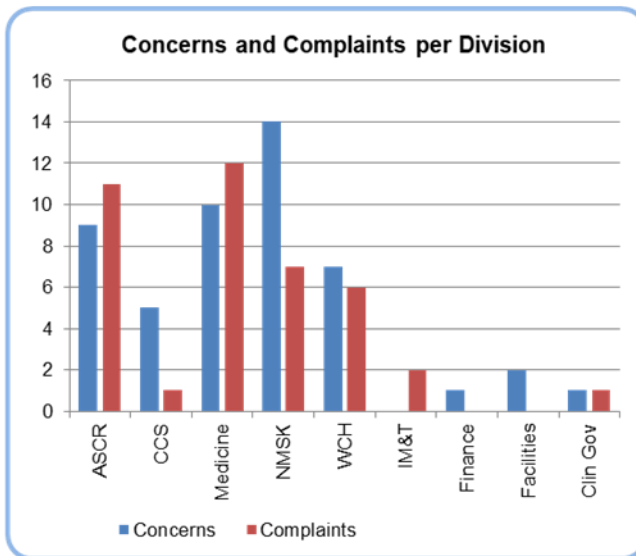
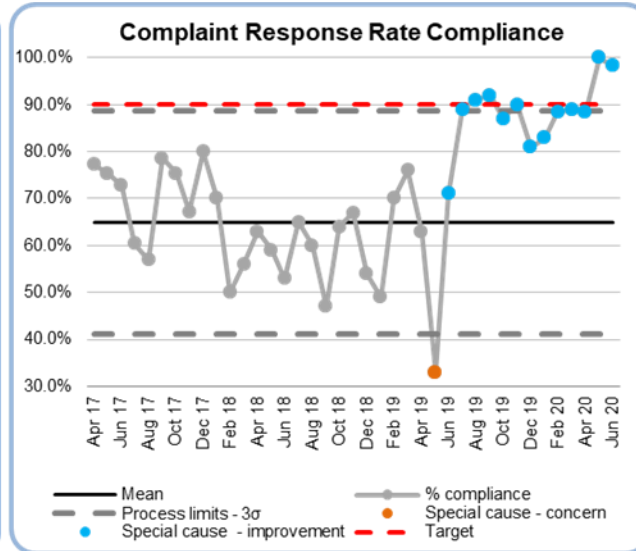
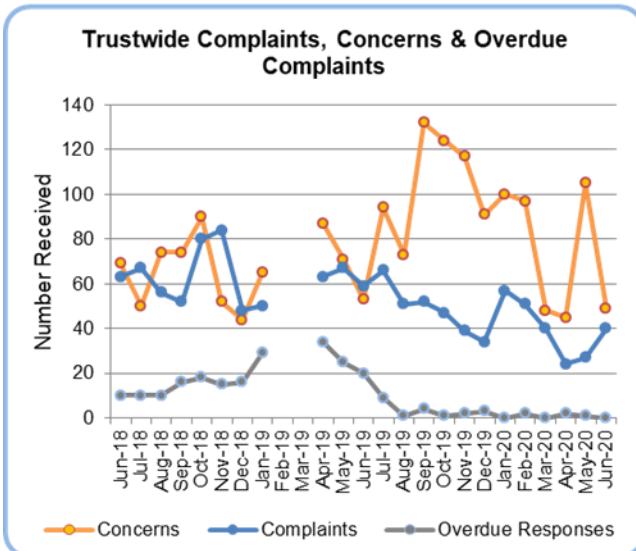
The overall score percentages are derived from the score post review and does not include screened and excluded.

\*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.

# Patient Experience

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



## Complaints and Concerns

In June 2020, the Trust received 40 formal complaints. This is an increase on the previous month but reflects the gradual increase in Trust activity.

Review of the complaint subjects shows a significant increase in complaints regarding Access to Services. These complaints are mostly about cancelled operations and delays to appointments. This is perhaps an expected consequence of COVID-19.

The 40 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	11 (6)	CCS	1 (0)
Medicine	12 (14)	NMSK	7 (4)
WCH	6 (3)	IM&T	2 (0)
Clinical Gov	1 (0)		

The Policy and Processes for managing cases have recently been updated. 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 June 2020, a total of 55 enquiries were received by the Patient Experience Team.

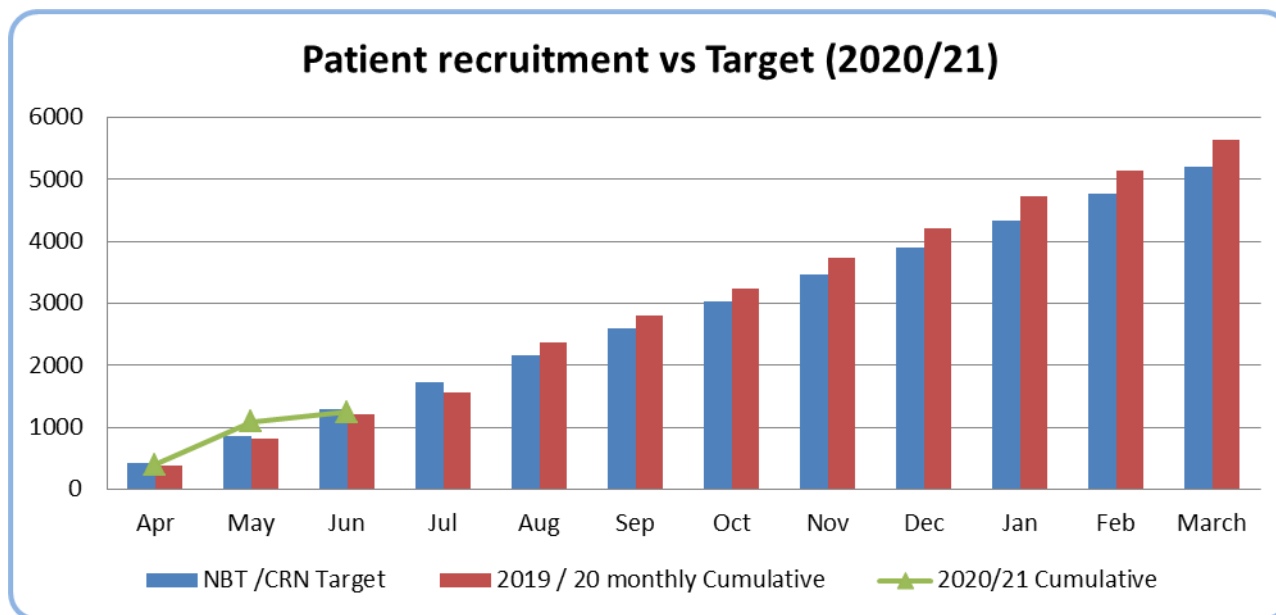
## Compliance Response Rate Compliance

The chart demonstrates the sustained improvement in responding to complaints within agreed timescales. In June, 98% of complaints were closed on time. That is; of the 60 complaints due to be closed in June, 59 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.



The NBT recruitment target was set before the Covid outbreak. However despite and because of the Covid outbreak recruitment in 20/21 has been strong. Please note that with studies suspended due to Covid, recruitment through Q2-3 is anticipated to slow.

R&I is working with all regional partners to open further vaccine Covid studies and position the region as a centre of excellence for adult vaccine studies for the long term.

R&I is working with research teams, clinical services and Core clinical services to identify studies that can open to recruitment without impacting the capacity of the Trust to delivery basic clinical services.

NBT has been awarded three prestigious NIHR research grants; Dr Katie Whale, £250,000, for the REST trial (sleep interventions for Total Knee Replacement); Dr Sarah Drew, £146,000, (patient experiences of diagnosis for vertebral fracture); Professor Nick Maskell, £432,000 for the AERATOR study (Aerosolisation And Transmission Of SARS-CoV-2 in Healthcare Settings)

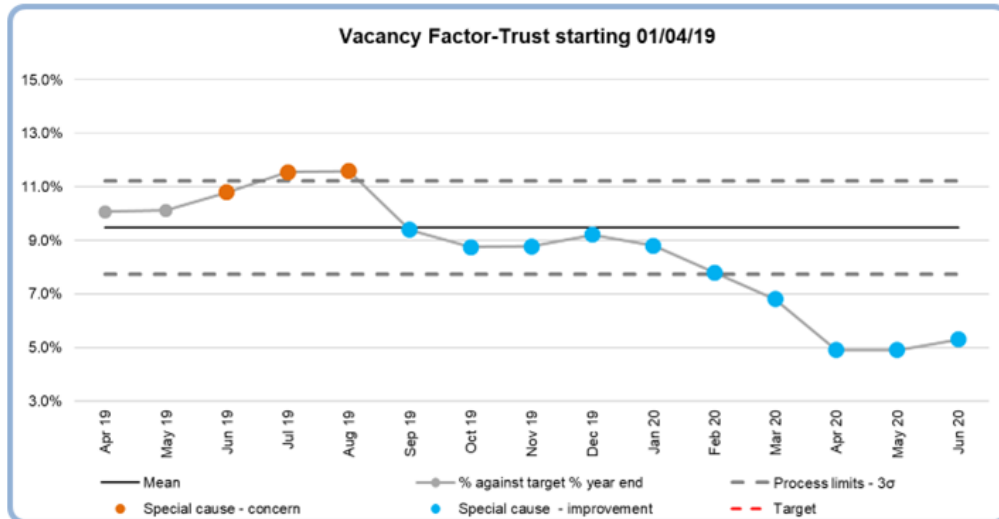
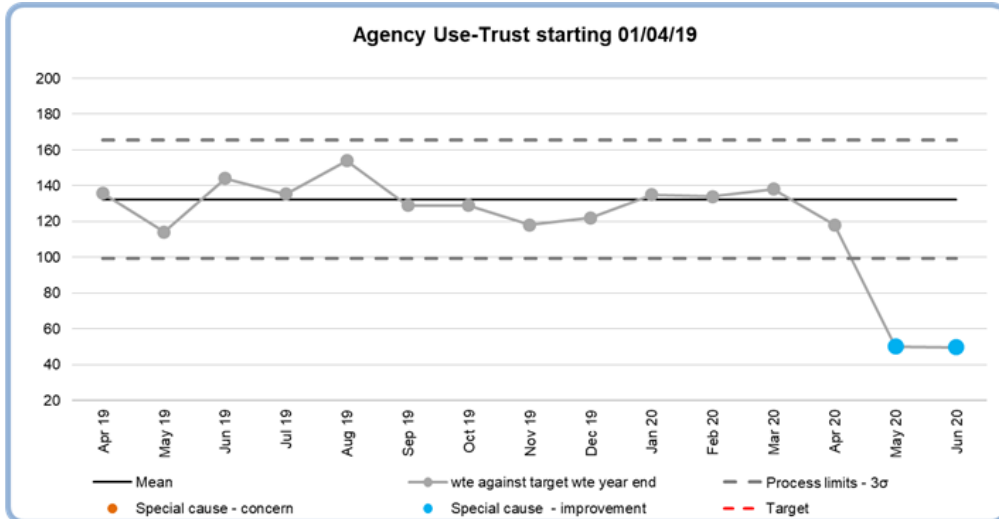
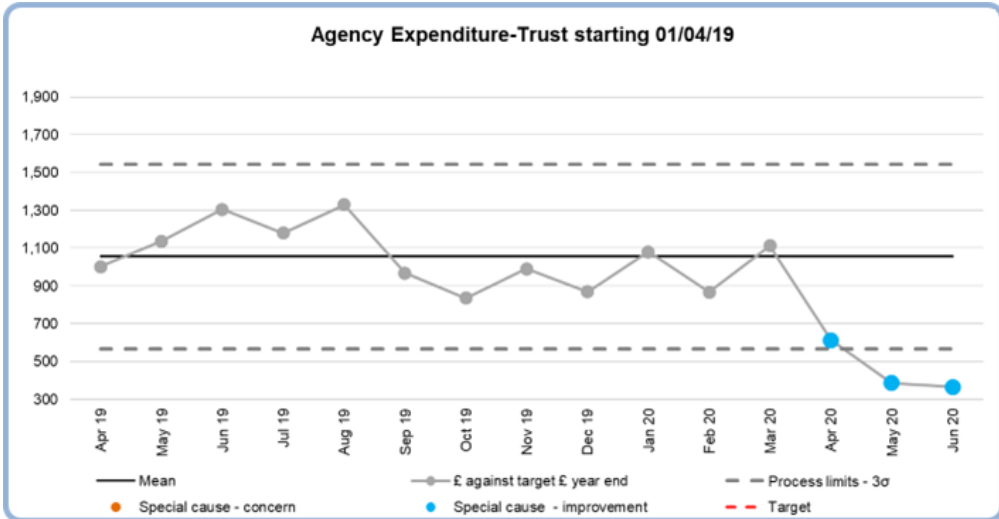
NBT currently leads 54 research grants (NIHR, charity, industry and other) to a total value of £22.3m, and is a partner on 44 grants to a total value of £8.9m.

To help drive forward the COVID-19 research effort, NBT has developed 21 COVID-19 related research grant ideas (as lead (9) or as a major partner, (11)).

R&I Covid response				
Highlights	<ul style="list-style-type: none"> <li>Opened 18 COVID studies recruiting 1201 participants</li> </ul>	<ul style="list-style-type: none"> <li>Provided opportunity to 1222 participants (16 more than Q1 last year)</li> </ul>	<ul style="list-style-type: none"> <li>Ranked 3<sup>rd</sup> in the country for recruitment to COV002 vaccine trial (541 participants)</li> </ul>	<ul style="list-style-type: none"> <li>46 research nurses, AHPs and administrators clinically deployed</li> </ul>

## Well Led

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

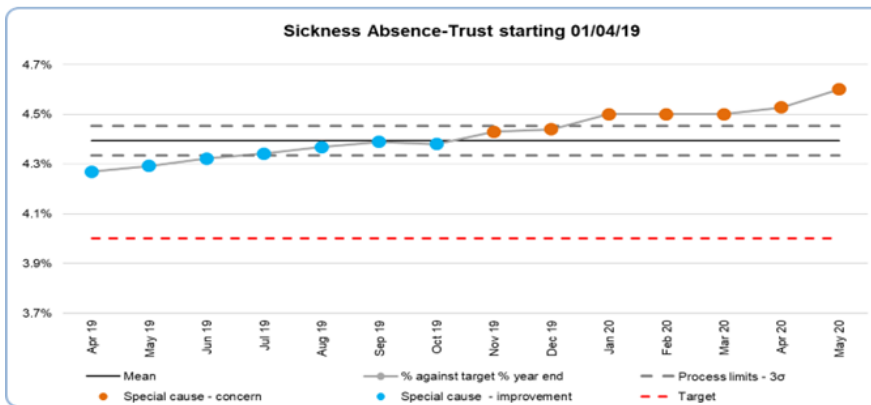
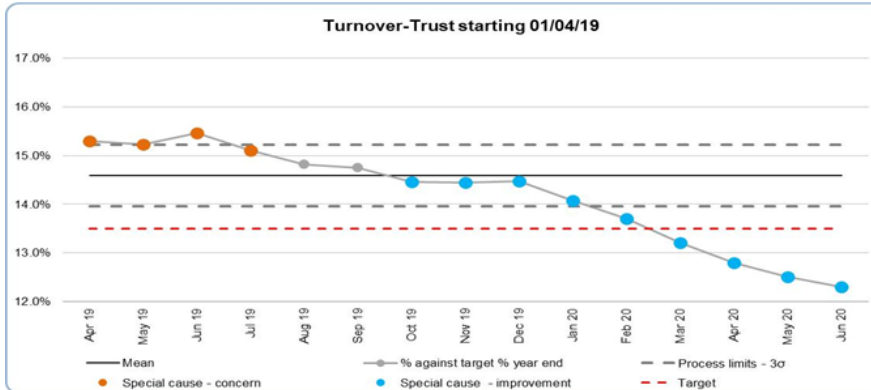
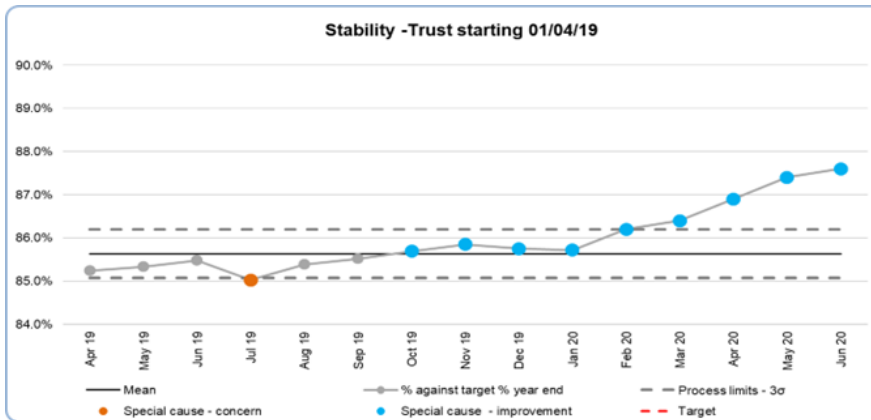


### Resourcing

Band 5 nurse recruitment continues domestically through online engagement activities and interviews. The September intake of band 5 nurses is at approximately the same level as last year with 112 wte in September 2020 intake assuming an average conversion from offers of 78%, last year 108 wte nurse band 5s started in September.

International recruitment for nurse band 5s continues with 10 nurses per month between August 2020 and March 2021 (except December and January). The intention is to deliver 60 starters in 20/21 via our partnership with Yeovil. The 45 anticipated starters through the Valencia pipeline will not deliver in 20/21 and the impact of this will be determined when budget setting is finalised for 20/21.

There is ongoing work to convert bank staff to substantive but with low take up of numbers to date. Specific bank recruitment campaigns are in progress targeting areas with ongoing agency nursing use.



### Turnover and Stability

All staff groups , other than unregistered nurses ,saw an improvement in turnover,. The unregistered nurse position was due to 23 wte aspirant nurses leaving who were employed during the pandemic period.

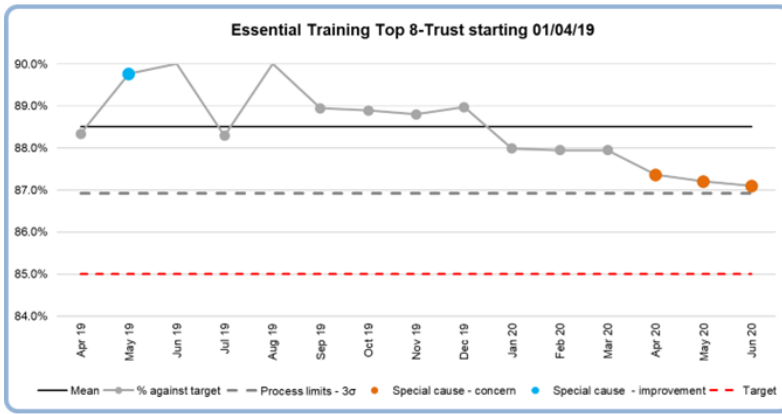
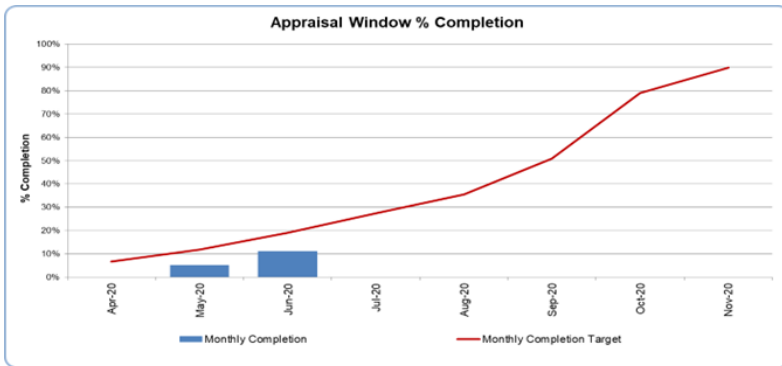
The NHSI/NBT nursing retention action plan paused during the COVID-19 period has now been refreshed with a focus on retaining new starters who have joined during the COVID-19 period due to the unusual circumstances at the time. This is being incorporated into the overall workforce transformation programme.

### 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 early next month.

Other People Team work undertaken to help improve sickness absence includes:

- Supporting 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 with the remaining line managers which will mean all formal sickness cases being logged and managed via the new system.
- Sickness Absence management training has now re-commenced and Manager Advice Sessions attendance is increasing.
- The Just Culture project has been initiated within Facilities, which should help managers develop a different approach to managing people issues both formally and informally and support improved attendance.
- Transfer of all sickness absence resources and toolkits onto LINK.



Training Topic	Variance	May-20	Jun-20
Child Protection	0.9%	86.4%	87.4%
Adult Protection	1.2%	87.9%	89.0%
Equality & Diversity	0.3%	91.2%	91.5%
Fire Safety	0.0%	86.2%	86.1%
Health & Safety	0.6%	90.8%	91.4%
Infection Control	-3.3%	92.1%	88.8%
Information Governance	-0.3%	83.4%	83.1%
Manual Handling	-1.0%	79.1%	78.1%
Waste	0.1%	88.0%	88.1%
<b>Total</b>	<b>-0.2%</b>	<b>87.2%</b>	<b>87.1%</b>

## Appraisal

### Leadership & Management Development

Due to COVID-19 all leadership & management programmes were paused until the end of June. All programmes have now restarted in July and delivery has been reviewed to support the trust guidance on social distancing.

### OneNBT Leadership Programme

The 2020 application has remained open despite COVID-19 and has been extended to the end of September. There were 42 deferred applicants and there has been 60 applications received, which gives 102 participants for 2020 so far.

The core leadership day will also be delivered online and split into two parts to give participants an introduction to the programme.

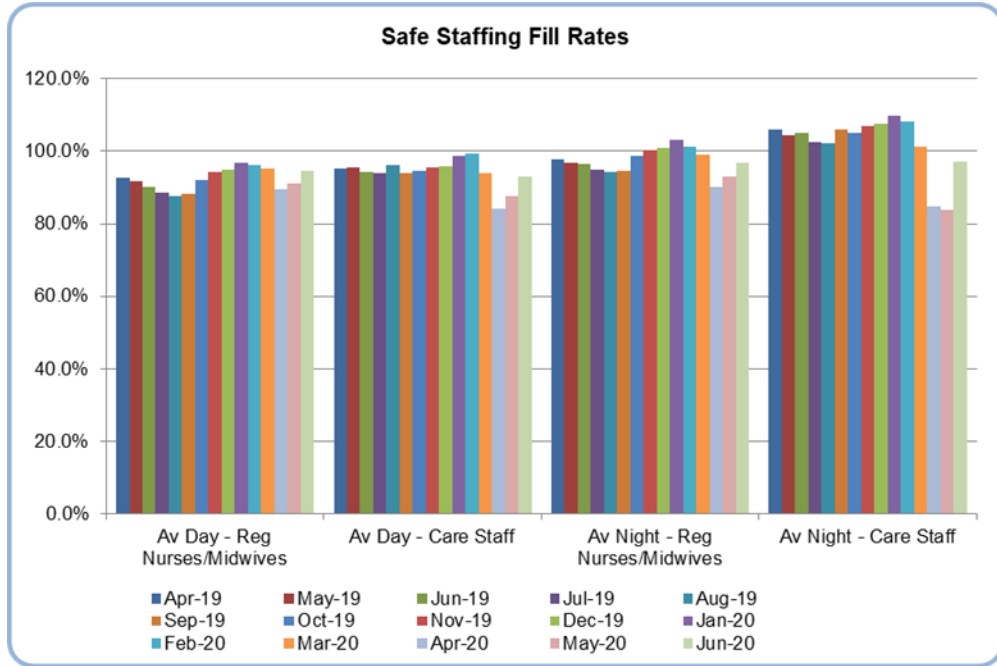
### OneNBT L&M Apprenticeships

The corporate apprenticeships were paused during the pandemic, however all cohorts have now restarted. We have had 2 managers successfully complete their apprenticeship and both achieving a distinction which is fantastic news for the programme.

10 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), 9 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.





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

In March the organisation, in preparedness for COVID-19 phase, reduced the elective activity and capacity was released for care pandemic response. During May 2020, in responding to the COVID-19 pandemic, the organisation reconfigured the inpatient services. 10 wards were reconfigured and there are now two elective care wards (7a, 7b) and one inpatient wards remaining closed (Elgar). 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.

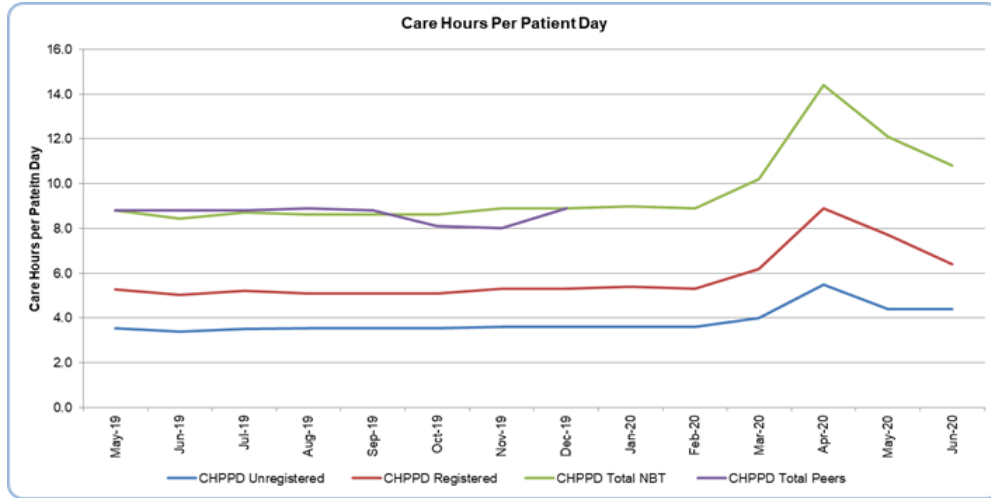
The organisation’s overall occupancy has been reduced and elective activity programme is in restoration phase with reduced elective care beds available in the reconfiguration. Where shifts have been unfilled, an acuity assessment was carried out and staff will have been moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing a continued increase in June due to the current situation.

Jun-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	94.6%	93.1%	97.0%	97.2%

Wards below 80% fill rate for Registered Staff  
 Cotswold (73% Day)  
 Gate 7a (70% Day: 62% Night)

Wards below 80% fill rate for Care Staff  
 Gate 37 ICU (32% Day : 37% Night)  
 Gate 26a (65% Day)  
 Cotswold (4% day : 0% Night)  
 NICU (69% Day : 64% Night)  
 Gate 7a (38% Day : 51% Night)  
 Gate 7b (71% day : 68% Night)

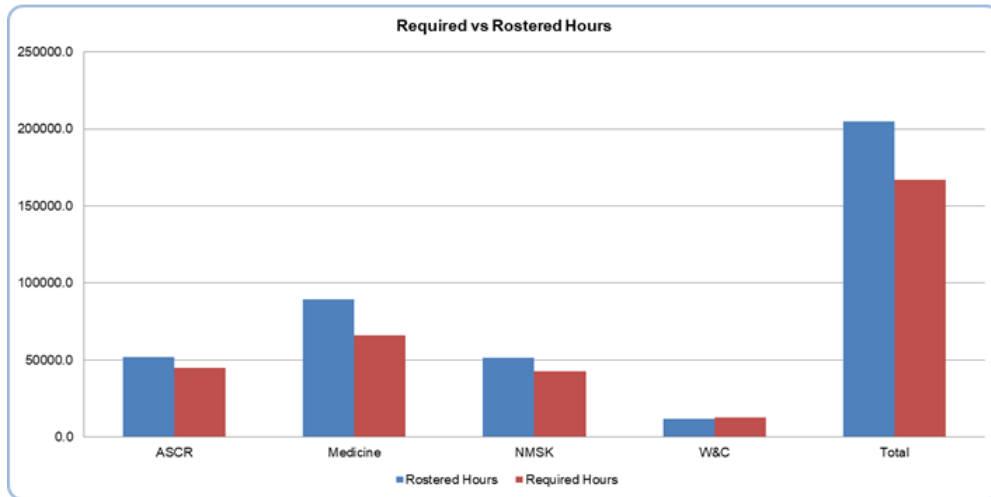
The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices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



**Care Hours per Patient Day (CHPPD)**

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

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



**Safe Care Live (Electronic Acuity Tool)**

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

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

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

# Finance

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

Position as at 30 June 2020				
	Apr	May	Jun	YTD
	£m	£m	£m	£m
Contract Income	45.1	44.9	46.1	<b>136.1</b>
Other Income	25.8	9.6	10.7	<b>46.1</b>
<b>Total Income</b>	<b>70.9</b>	<b>54.4</b>	<b>56.9</b>	<b>182.2</b>
Pay	(34.3)	(34.5)	(34.1)	<b>(102.9)</b>
Non-Pay	(30.7)	(14.0)	(16.8)	<b>(61.4)</b>
Financing	(5.9)	(6.0)	(6.0)	<b>(17.9)</b>
<b>Total Expenditure</b>	<b>(70.9)</b>	<b>(54.4)</b>	<b>(56.9)</b>	<b>(182.2)</b>
<b>Surplus/ (Deficit)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Statement of Comprehensive Income

### Assurances

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

Income includes additional true-up funding of £3.4m which includes the £2.1m funding for Covid-19 costs, Nightingale costs incurred in month of £1.0m and the underlying core Trust deficit of £0.3m

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

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

There are no key issues to report.

31 March 2020 £m		Position as at 30th June 2020 Actual £m
	<b>Non Current Assets</b>	
560.0	Property, Plant and Equipment	561.5
12.0	Intangible Assets	11.4
4.0	Non-current receivables	4.0
<b>576.0</b>	<b>Total non-current assets</b>	<b>576.8</b>
	<b>Current Assets</b>	
13.1	Inventories	12.9
50.5	Trade and other receivables NHS	27.2
22.2	Trade and other receivables Non-NHS	34.0
10.7	Cash and Cash equivalents	91.1
<b>96.4</b>	<b>Total current assets</b>	<b>165.2</b>
<b>672.4</b>	<b>Total assets</b>	<b>742.0</b>
	<b>Current Liabilities (&lt; 1 Year)</b>	
11.1	Trade and Other payables - NHS	6.8
57.6	Trade and Other payables - Non-NHS	87.5
3.7	Deferred income	50.3
13.0	PFI liability	13.6
173.6	DHSC loans	173.7
2.4	Finance lease liabilities	2.4
<b>261.4</b>	<b>Total current liabilities</b>	<b>334.3</b>
<b>(165.0)</b>	<b>Net current assets/(liabilities)</b>	<b>(169.1)</b>
<b>411.0</b>	<b>Total assets less current liabilities</b>	<b>407.7</b>
7.2	Trade payables and deferred income	6.5
377.8	PFI liability	375.1
5.4	DHSC loans	5.4
5.3	Finance lease liabilities	5.6
<b>15.3</b>	<b>Total Net Assets</b>	<b>15.1</b>
	<b>Capital and Reserves</b>	
248.5	Public Dividend Capital	248.5
(382.3)	Income and expenditure reserve	(383.4)
0.0	Income and expenditure account - current year	(0.2)
149.1	Revaluation reserve	150.2
<b>15.3</b>	<b>Total Capital and Reserves</b>	<b>15.1</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 £91.1m, 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 89.6% 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 May the Trust has had to request additional true-up funding of £2.6m which includes the £3.2m funding for Covid-19 costs and reduction of £0.5m for Nightingale's estimated setup costs. Due to the lower levels of elective activity there are significant underspends that offset the majority of the £2.6m under-funding off the Trust block and top up payments.

The Trust has communicated to NHSI/E that 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.

	Core Trust Position as at 30 June 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
			£m	%		£m	%
	£m	£m	£m (Adv)/Fav	%	£m	£m (Adv)/Fav	%
Contract Income	46.1	44.4	1.7	3.9%	48.3	(2.1)	(4.4%)
Other Income	7.6	10.4	(2.8)	(26.7%)	12.9	(5.3)	(40.9%)
<b>Total Income</b>	<b>53.8</b>	<b>54.8</b>	<b>(1.0)</b>	<b>(1.9%)</b>	<b>61.2</b>	<b>(7.4)</b>	<b>(12.1%)</b>
Pay	(32.7)	(33.0)	0.3	(1.0%)	(33.8)	1.1	(3.2%)
Non-pay	(15.1)	(16.5)	1.4	(8.6%)	(16.9)	1.8	(10.7%)
Financing	(6.0)	(6.1)	0.1	(1.4%)	(6.1)	0.1	(1.4%)
<b>Total Expenditure</b>	<b>(53.8)</b>	<b>(55.6)</b>	<b>1.8</b>	<b>(3.3%)</b>	<b>(56.7)</b>	<b>3.0</b>	<b>(5.3%)</b>
<b>Surplus / (deficit)</b>	<b>(0.0)</b>	<b>(0.8)</b>	<b>0.8</b>	<b>(100.0%)</b>	<b>4.4</b>	<b>(4.4)</b>	<b>(100.0%)</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							

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

The capital expenditure for Quarter 1 is £7.2 m which compares to a year to date plan of £5.9m.

**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 (forecast)
Receipts		115.5	71.8	70.2	10.7
Outgoings		(60.8)	(58.2)	(58.1)	(59.9)
Net cashflow		54.7	13.6	12.1	(49.3)
Cum cashflow	10.7	65.4	79.0	91.1	41.8

# 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.

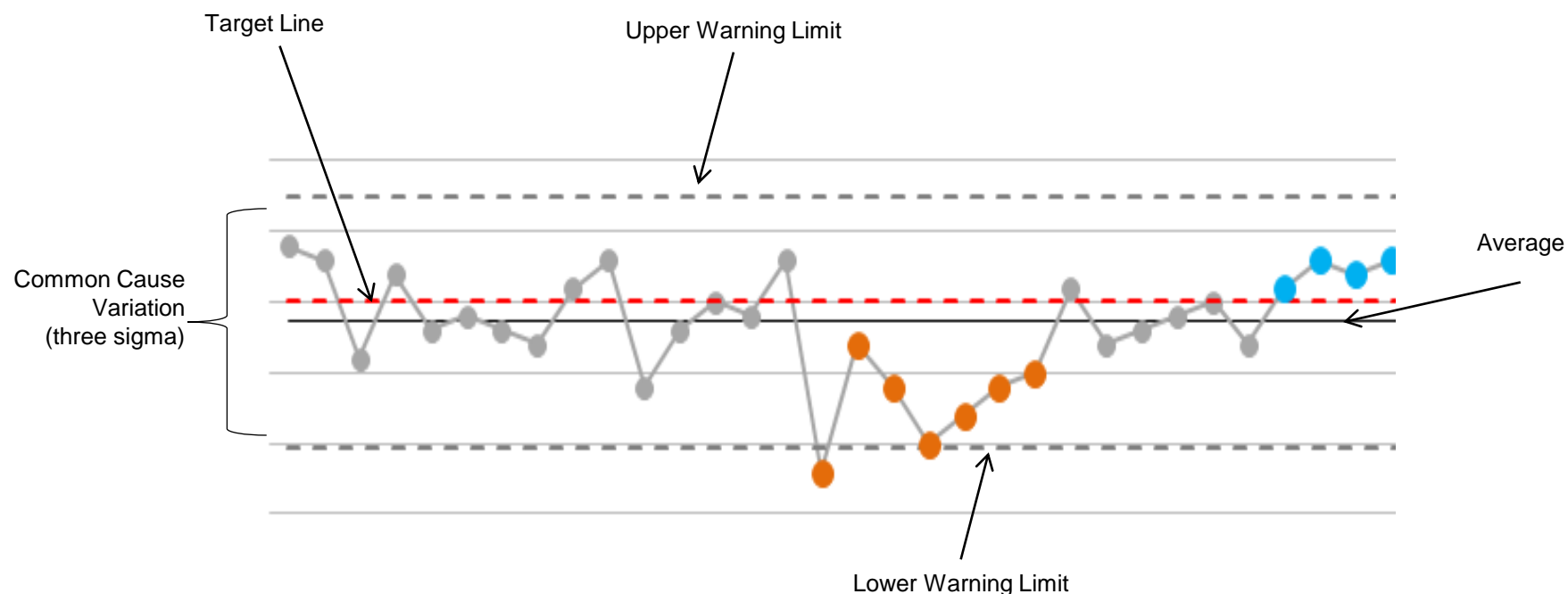
All data included is correct at the time of publication. Please note that subsequent validation by clinical teams can alter scores retrospectively.



## 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)