

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



June 2020
(presenting May 2020 data)

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North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-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%	80.32%	76.16%	72.53%	72.49%	87.89%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%		87.98%	21/114		
	A&E 12 Hour Trolley Breaches	0	0	0	1	0	0	0	4	9	2	38	48	2	0	0		0 - 29	1/6		
	Ambulance Handover < 15 mins (%)	100%	94.55%	93.93%	93.75%	94.02%	97.18%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%					
	Ambulance Handover < 30 mins (%)	100%	99.39%	99.39%	98.91%	98.93%	99.78%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%					
	Ambulance Handover > 60 mins	0	0	0	4	0	0	0	0	1	0	2	2	1	0	0					
	Delayed Transfers of Care	3.50%	3.50%	7.02%	6.06%	5.40%	7.75%	8.90%	7.28%	7.19%	6.88%	8.29%	7.96%	0.00%	7.02%	4.69%					
	Stranded Patients (>21 days) - month end			133	131	135	276	156	138	128	129	163	158	124	63	60					
	Bed Occupancy Rate		85.00%	96.06%	95.19%	95.51%	94.81%	95.18%	96.51%	96.29%	96.91%	98.95%	98.87%	82.25%	50.84%	58.18%					
	Diagnostic 6 Week Wait Performance	1.00%	3.54%	5.48%	6.84%	8.16%	9.39%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%		55.74%	133/228		
	Diagnostic 13+ Week Breaches	0	0	74	84	130	205	225	239	63	147	258	113	114	402	2292					
	RTT Incomplete 18 Week Performance	92.00%	83.65%	85.14%	85.03%	85.21%	83.39%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%		71.17%	292/413		
	RTT 52+ Week Breaches	0	74	16	17	14	14	16	13	14	14	9	17	43	130	275		0 - 990	51/71		
	Total Waiting List		31213	29179	28590	28740	28587	29313	29118	28351	28078	29672	29552	28516	25877	25518					
	Cancer 2 Week Wait	93.00%	85.38%	83.52%	78.40%	71.87%	66.06%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	-		87.98%	125/135		
	Cancer 2 Week Wait - Breast Symptoms	93.00%	89.74%	88.70%	76.83%	96.75%	94.64%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	-		80.85%	47/74		
	Cancer 31 Day First Treatment	96.00%	90.08%	88.49%	88.03%	90.87%	89.67%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	-		96.28%	87/105		
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	-		98.98%	1/31		
	Cancer 31 Day Subsequent - Surgery	94.00%	79.05%	83.02%	77.88%	83.33%	82.56%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	-		90.93%	51/56		
	Cancer 62 Day Standard	85.00%	78.47%	77.95%	76.99%	74.35%	88.59%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	-		74.33%	70/132		
	Cancer 62 Day Screening	90.00%	91.67%	91.84%	84.31%	85.00%	92.59%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	-		81.19%	27/66		
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%		83.71%	83.53%	84.37%	83.03%	84.37%	84.19%	83.21%	83.21%	83.81%	82.95%	83.48%	83.05%	84.24%						

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Domain	Description	National Standard	Current Month Trajectory (RAG)	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%		
	Caesarean Section Rate			30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%		
	Still Birth rate			0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%		
	Induction of Labour Rate			36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%		
	PPH 1000 ml rate			13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%		
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
	Serious Incidents			11	6	6	6	4	3	3	3	6	3	5	7	3	1	
	Total Incidents			1511	1626	1648	1637	1472	1696	1723	1662	1809	1696	1378	968	1069		
	Total Incidents (Rate per 1000 Bed Days)			59	66	64	64	60	65	69	64	68	68	62	73	68		
	WHO		95%	96.41%	95.84%	95.80%	97.32%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.40%		
	Pressure Injuries Grade 2			27	31	24	34	46	43	43	32	34	17	29	24	16		
	Pressure Injuries Grade 3			0	0	1	0	0	0	0	1	0	1	1	0	0		
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	0	0		
	Falls per 1,000 bed days			31	30	31	31	30	31	30	31	32	30	27	16	18		
	Stroke - Patients Admitted			67	88	77	89	76	89	83	82	79	72	97	71	72		
	Stroke - 90% Stay on Stroke Ward	90%		88.24%	75.00%	89.55%	89.06%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	-		
	Stroke - Thrombolysed <1 Hour	60%		71.43%	62.50%	60.00%	77.78%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours	60%		58.18%	49.35%	64.29%	72.86%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours	90%		78.33%	70.00%	80.82%	74.07%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	-		
	MRSA	0	0	0	0	0	0	1	0	1	1	1	0	0	0	0		
E. Coli	4		2	5	2	6	4	7	7	7	7	4	6	2	3			
C. Difficile	5		5	6	8	3	6	5	2	3	5	4	4	1	4			
MSSA	2		1	1	5	3	5	2	3	1	1	2	3	1	2			
Quality Caring & Experience	PALS - Count of concerns			82	93	126	118	81	119	104	90	107	108	104	45	105		
	Complaints - % Overall Response Compliance	90%		33.00%	71.00%	89.00%	91.00%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100%		
	Complaints - Overdue			25	20	9	1	4	1	2	3	0	2	0	2	1		
Well Led	Complaints - Written complaints			56	52	55	51	53	47	41	36	57	51	26	24	27		
	Agency Expenditure ('000s)			1136	1305	1179	1329	968	836	990	868	1081	869	1112	613	386		
	Month End Vacancy Factor			10.12%	10.79%	11.55%	11.58%	9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.60%	3.46%		
	Turnover (Rolling 12 Months)	14.10%		15.24%	15.47%	15.10%	14.82%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%		
	Sickness Absence (Rolling 12 month -In arrears)	4.40%		4.27%	4.30%	4.31%	4.35%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	-		
Trust Mandatory Training Compliance			89.77%	90.00%	88.30%	90.01%	88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.40%	86.39%			

Urgent Care

The Trust achieved the four-hour performance trajectory of 80.32% with performance of 95.47% and reported nil 12-hour trolley breaches for the second month in a row. The relaxing of COVID-19 restrictions and stepping up of non-COVID-19 urgent services resulted in rising attendances throughout May. Although increasing, attendances remained below pre-COVID-19 levels which continued to impact positively on four-hour performance. Nationally, Trust performance maintained the ranking of 1st out of 10 Adult Major Trauma Centres and ranking 21st 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 May due to a decline in referrals resulting from the COVID-19 pandemic. There were 275 patients waiting greater than 52 weeks for their treatment in May against a trajectory of 74. This increase in breaches was due predominately to cancelled operations as part of the COVID-19 response. As a result of reduced planned care activity, diagnostic performance further deteriorated to 65.94% compared to a trajectory of 3.54%. 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.

Cancer wait time standards

The TWW standard deteriorated in April, negatively impacted by COVID-19 infection control precautions and patients unable to attend face to face appointments. The position improved following the implementation of virtual clinics. The Trust achieved the trajectory for treatment within 31 days of diagnosis despite the impact of COVID-19 delays, although this position is not expected to be sustained. The Trust did not achieve the 62-day waiting time trajectory but did improve nationally ranking 2nd out of 10 Adult Major Trauma Centres. All services have been adversely impacted by the Trust's response to the COVID-19 pandemic with an as expected performance deterioration in April. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

Quality

In May the Trust returned to business as usual in regard to the management of complaints and concerns. People contacting the Trust have been sympathetic to the focus of the NHS at this time and are opting to resolve their matters of concern through informal processes as shown with the number of PALS concerns increasing to pre-COVID-19 levels in May. 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 has delivered antigen and antibody testing for COVID-19 at scale for staff and patients. Out of 7795 staff receiving an antibody test, 9.1% were positive.

Workforce

Staff turnover continues to improve in 2020/21 with May's position at 12.50%, compared to 12.80% last month and 15.24% at the same time last year. Vacancy factor is reported as 3.46% in May, The vacancy factor is lower than anticipated as the divisional budget setting process has yet to be finalised. Once complete a vacancy factor trajectory can be identified for 2020/21. Temporary staffing demand reduced in May for COVID-19 related reasons with agency use in registered nursing 80% lower in May (18 wte) than in the monthly average for Q4 2019/20.

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework requires the Trust to breakeven against an NHSI/E calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The position for the end of May shows the Trust meeting this requirement and achieving a breakeven position.

RESPONSIVENESS

SRO: Chief Operating Officer Overview

Urgent Care

The Trust achieved the four-hour performance trajectory of 80.32% with performance of 95.47% and reported nil 12-hour trolley breaches for the second month in a row. Nationally, Trust performance maintained the ranking of 1st out of 10 Adult Major Trauma Centres and ranking 21st out of 114 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 58.18% with increased variation in May, resulting from the ongoing COVID-19 impact. Ongoing reduced ED attendances and bed occupancy impacted positively on four-hour performance. Attendances continued to increase in month, but remained below pre-COVID-19 levels at the end of May. Lower levels of DToC patients (4.69% vs. 3.5% target) were experienced in May as compared to April, and would have released 6 beds to the Trust had the 3.5% target been achieved. Stranded patient levels improved in May resulting from reduced admissions and additional BNSSG capacity.

Planned Care

Referral to Treatment (RTT) – The Trust has not achieved the RTT trajectory in month with performance of 64.51% against trajectory of 83.65%. The total RTT wait list size in month has reduced further resulting from the continued referral reduction due to the COVID-19 pandemic. The number of patients exceeding 52 week waits in May was 275 against a trajectory of 74; the majority of breaches (190; 69.09%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the COVID-19 response 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 further deteriorated as a result of reduced elective activity in response to the COVID-19 pandemic. As of May 2020, 65.94% of patients have waited more than 6 weeks for a diagnostic test compared to a planned trajectory of 3.54%. Despite the deterioration in Performance in April, nationally the Trust position improved moving into the 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. Demand for diagnostic services increased in May with a corresponding increase in the wait list. 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.

Cancer

The Trust did not achieve any of the seven Cancer Wait Times standards in April and achieved trajectory for two of the standards. Achievement of the 31 day trajectory standard is as a result of the Urology robotic improvements in capacity as per their clearance plans which were on track until COVID-19 disrupted their service. Due to COVID-19 TWW referrals dropped by 70% in April. The Trust also treated far less patients in April (115) compared to March (188.5), a decrease of 38.99%. 52 of our TWW breaches for April related to patient choice, especially shielding patients who were refusing to attend appointments. Restricted outpatient capacity at the beginning of April saw the introduction of triaging processes across all cancer sites especially in Upper and Lower GI referrals. The Trust continued to treat cancer patients as a priority throughout April with restrictions on face to face Outpatient and Diagnostic services.

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 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. A board assurance document has been presented to QRMC and each hospital acquired case is investigated using the established IPC incident management systems with oversight through the Control of Infection Committee.

COVID-19 testing (antigen and antibody) has been successfully implemented at scale

Mortality Reviews (COVID pandemic) – A proactive approach to mortality review has been progressed in the Trust as outlined to the QRMC meeting in June. This has looked at 30 deaths in hospital during March and April 2020 and a roundtable review undertaken for the doctors involved in the review. A report will be reviewed at the Clinical Effectiveness & Audit Committee in June and then QRMC in July to identify learning and improvement recommendations.

Areas of Concern

Post Partum Haemorrhage - During May the service has seen an increase in PPH 1000-1500mls, the divisional team are reviewing possible causes for this increase alongside pathway changes with IOL suites.

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

Plans are now in place to re start the Trust's leadership and management development programmes paused whilst the organisation focussed on the COVID-19 pandemic response, with new methods of delivery designed and implemented to ensure the safety of staff through social distancing. Of particular note, 12 managers are due to complete their end-point assessment on the OneNBT Leadership and Management Apprenticeship and these will be the first in the Trust to achieve the qualification and complete the programme.

Prioritise the wellbeing of our staff

Sickness absence remains at 4.5%. Work to review long term sickness absence will be restarted and the move to using the Trust's eRostering system for 100% of the organisation for recording sickness absence will provide a greater understanding of the drivers for long term sickness as this will eliminate any sickness being recorded for against the absence reason 'unknown'.

Listening events with BAME colleagues started in May. Feedback to date has influenced the revision of the risk assessments for our groups of staff identified as particularly at risk during the COVID-19 pandemic. Overall the feedback will be reflected in a review of the Trust ED&I strategy.

Continue to reduce reliance on agency and temporary staffing

Overall demand for temporary staff was 25% lower (167 wte) than April. Despite COVID-19 being the second highest reason for temporary staffing demand (20%) after vacancies (41%), the overall reduced need for temporary staff allows NBT's bank to meet 85% of demand with only 8% of shifts unfilled.

Agency use and expenditure continues to be low with registered nursing agency use 80% lower in May (18 wte) than in the monthly average for Q4 19/20 (94 wte). This reduction is related to the reduced activity and occupancy during the COVID-19 response period. Combined with a reduction in higher cost agency tiers, tier 3 and 4 agency use representing only 3% of agency use, expenditure on nursing agency in May was £116k compared with a Q4 19/20 monthly average of £560k. Ongoing nursing agency use is predominantly in Theatres and AMU and to cover vacancies and enhanced care respectively.

Vacancies

The Trust reported vacancy factor against funded establishment is 3.5% in May. The vacancy factor is lower than anticipated as the divisional budget setting process has yet to be finalised. Once complete a vacancy factor trajectory can be identified for 2020/21.

Turnover

The Trust turnover continues to improve with May's position at 12.5% compared to 12.8% 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 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 Trust has now completed the setup of the Bristol NHS Nightingale Hospital and has agreed a cost recovery amount with NHSE which will be repaid in June.

At the March Board meeting, the Trust Board approved an annual plan which included financial elements that were consistent with discussions with commissioners at the point that the business planning was suspended. This has allowed the Trust to calculate budgets for operational managers so that they can operate within the Trust SFIs where they are authorised to spend within approved budgets.

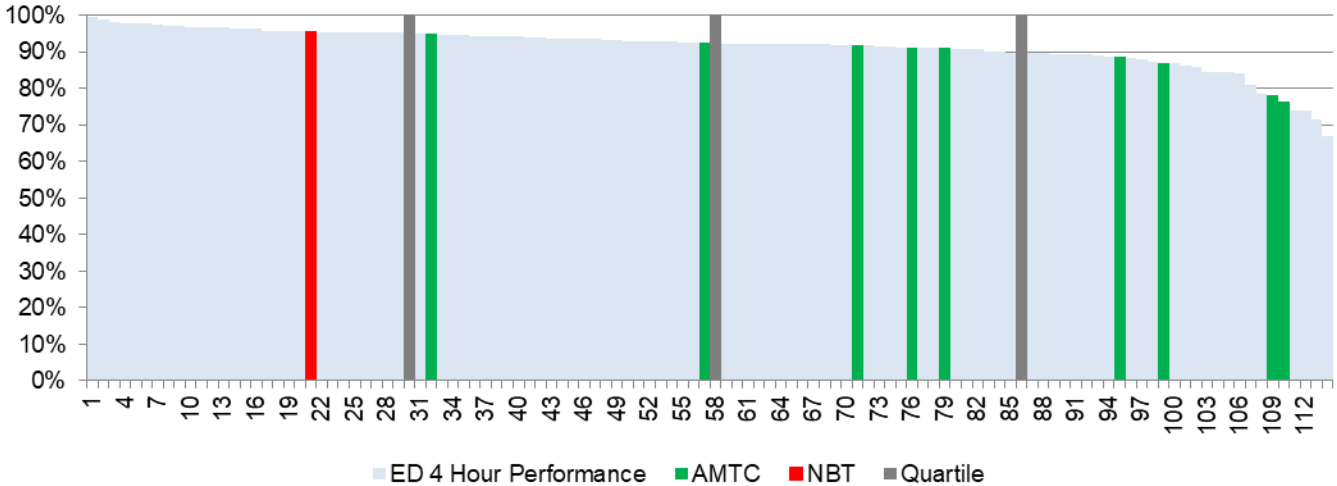
For April and May 2020, the Trust was operating under Control and Command SFIs as an overlay to normal financial controls.

Responsiveness

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

Responsiveness – Indicative Overview

ED 4 Hour Performance - May 20



Urgent Care

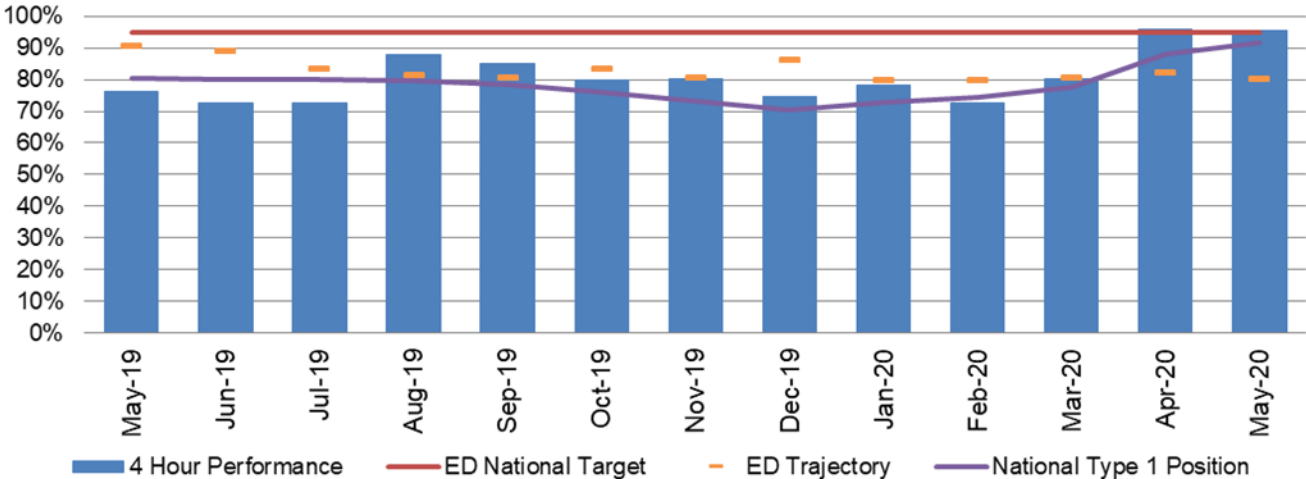
The Trust achieved the four-hour performance trajectory of 80.32% and the national standard of 95% with performance of 95.47%. The performance position continues to be positively impacted by reduced attendances and improved bed occupancy resulting from the COVID-19 pandemic. Current trajectories were set before the pandemic and will be reset for August 20 – March 21 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 the end of April 2020, the Trust entered into the second phase of the NHS response to COVID-19 and was asked to step up non-COVID-19 urgent services. The anticipated increase in activity called for the development of a Phase 2 activity plan, covering the period of May 20 - July 20. As a result, activity is not monitored against the pre-COVID-19 2020/21 plan, but the new Phase 2 plan for the period.

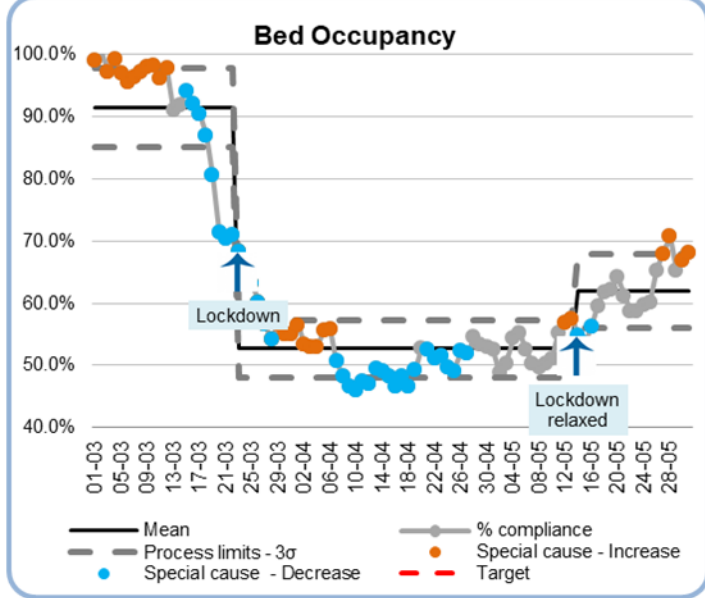
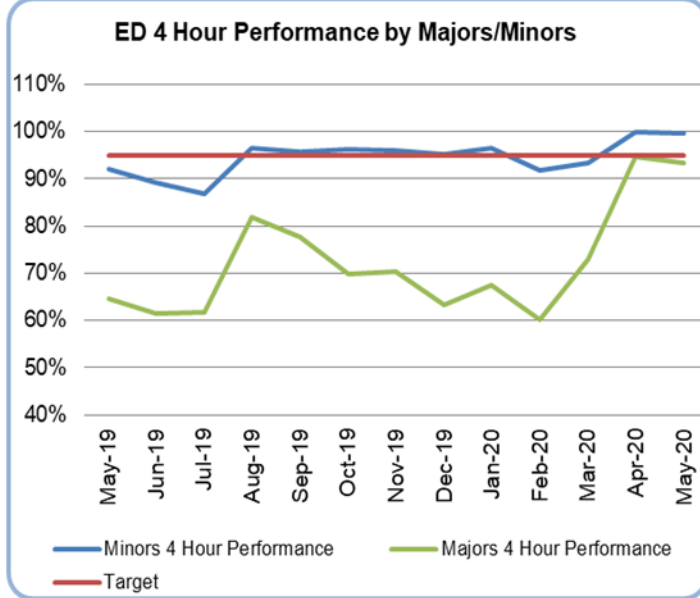
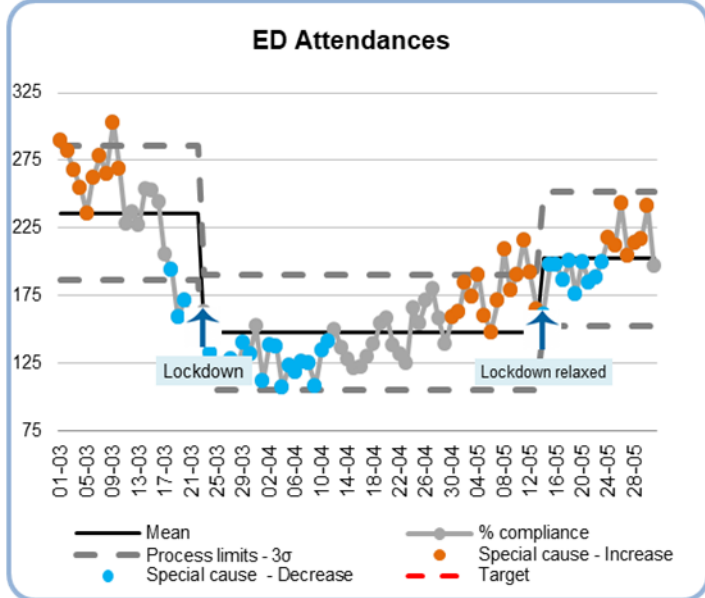
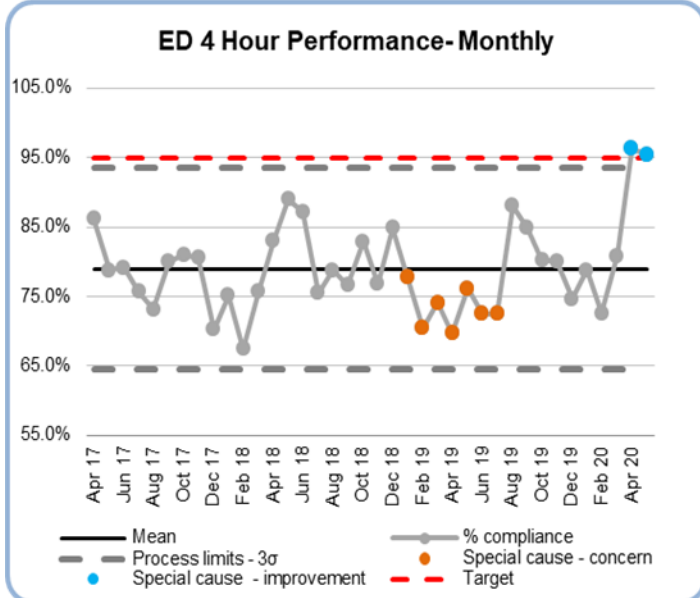
At 5986, there were 6.69% less attendances than planned. Non-Elective admissions were down against the Phase 2 plan for long-stay admissions (-13%) and short-stay admissions (-13%).

ED performance for the NBT Footprint stands at 94.16% and the total STP performance was 96.54% for May.

ED 4 Hour Performance



Urgent and Emergency Care



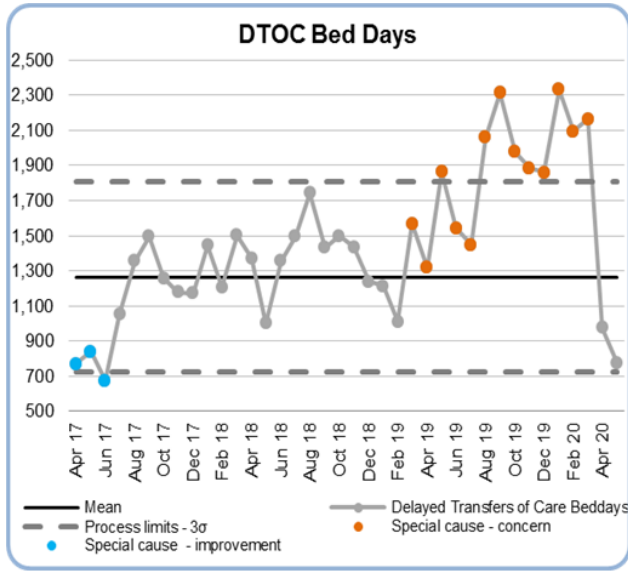
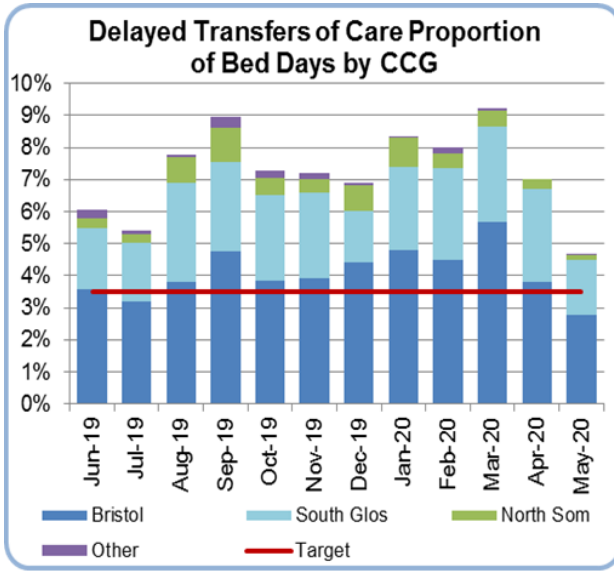
4 Hour Performance

Of the breaches in ED in April, 30.63% were a result of clinical delays and 23.03% were a result of ED delays. This represents a significant shift from waits for beds (11.44%) resulting from the improved bed position.

ED attendances began to rise towards the end of April as the Trust entered Phase 2, with a continued increasing trend throughout May. Although increasing, attendance levels remained below pre-COVID-19 and phase 2 plan levels. The rise in attendances overall have been predominantly driven by walk-in attendances, whilst ambulance arrivals began to rise following the easing of lockdown rules on the 13 May.

There was increased variation in bed occupancy during May 2020, impacted by rising attendances and relaxing of COVID-19 lockdown measures. Bed occupancy varied between 48.85% and 70.79% in-month. In line with attendances, occupancy has seen an increasing trend throughout May but remains significantly below the levels experienced at the start of March 2020

Urgent and Emergency Care

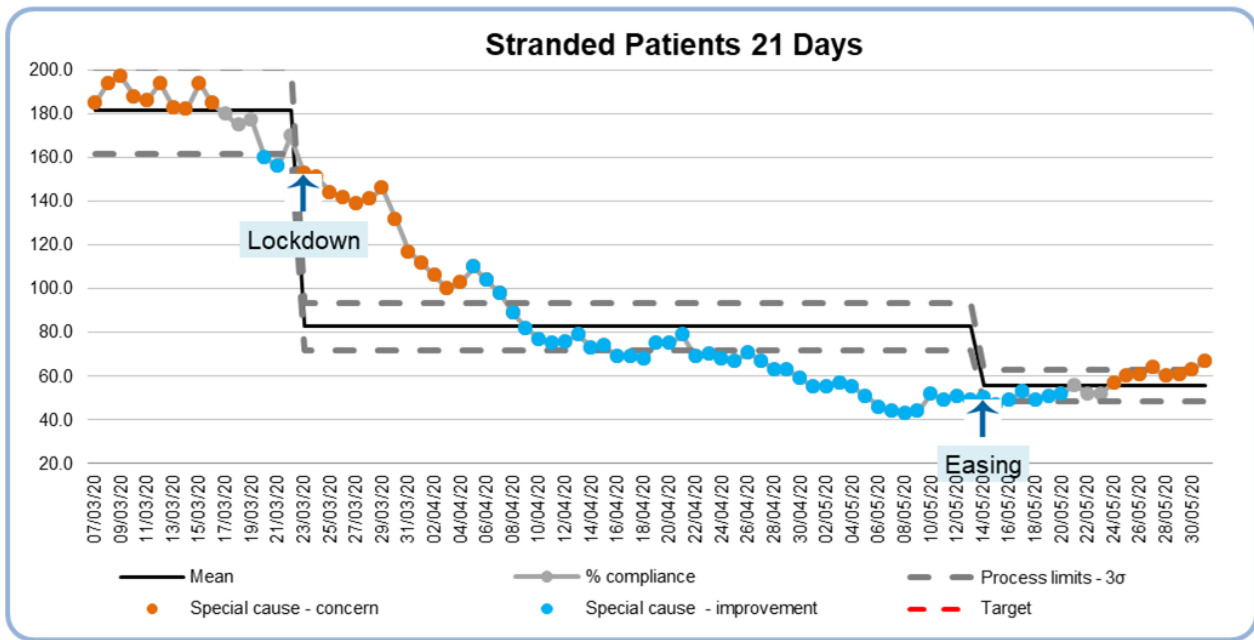


DToCs and Stranded Patients

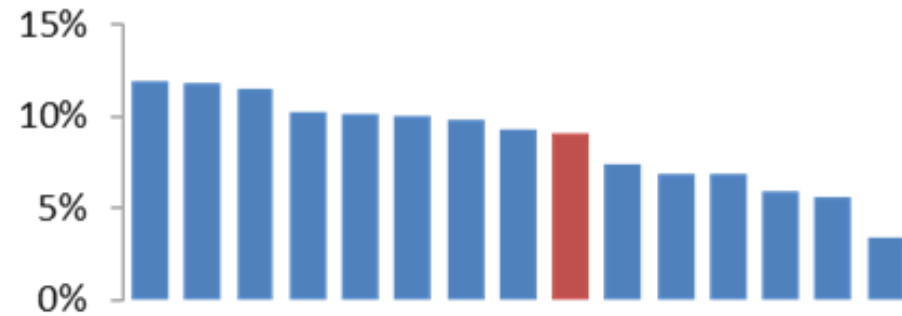
Whilst DToCs formal reporting has been ceased following the implementation of the services response to COVID-19, the review process has been maintained in NBT. The average level of DToC has reduced to 4.69%. The average bed days accumulated by delayed patients is 139.75 weekly equivalent to 4 beds.

Main reasons for delay are linked to waiting for a complex assessment bed, waiting for rehab bed availability and fast track placements. The flow into these locations has also been impacted by providers concerns about managing COVID-19 positive patients.

The stranded patient levels have dropped vs. April as patients moved to extra capacity opened by the BNSSG system and as admissions reduced over the month. The levels of stranded in May improved significantly to 9% and the status of the Trust improved in relation to SW providers. Of note is the increase that is being reported towards the end of May and this will be reflected in the next review.

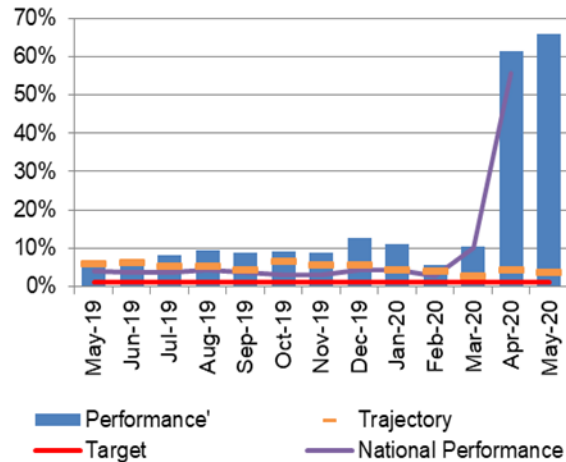


21+ LoS occupancy % in SW

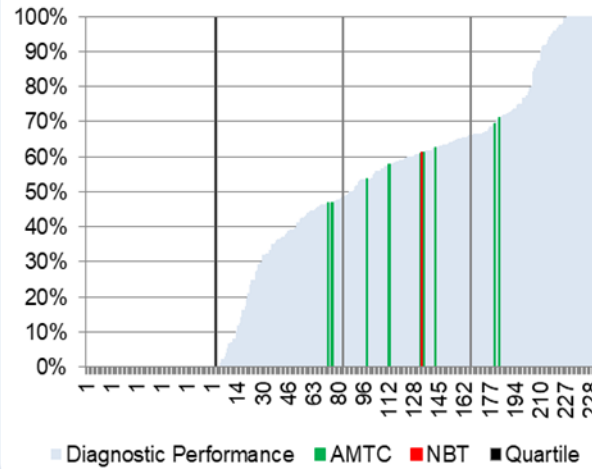


Diagnostic Wait Times

Diagnostic Waits Against Target (1% <6 Weeks)



Diagnostic Six Week Performance - April 2020



Diagnostic Waiting Times

Diagnostic performance has further deteriorated to 65.94% in May versus a trajectory of 3.54%. This is the ongoing result of reduced elective activity in response to COVID-19. Percentage performance has been impacted by a 59.39% increase in the backlog, with further deterioration partially offset by a 48.05% increase in the overall waiting list.

The waiting list has been impacted by increased demand for most test types in May, primarily MRI, CT and non-obstetric ultrasound, following the suspension of routine referrals from the end of March in response to the COVID-19 pandemic.

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 activity increased by 29.65% in May.

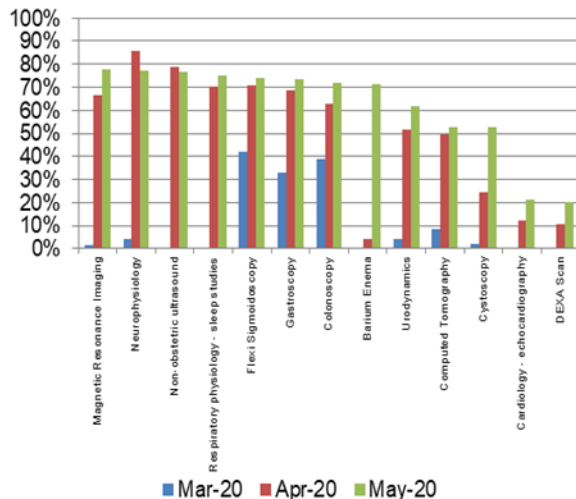
All 13 test types continued to report in month underperformance.

There were 6946 patients in total waiting beyond 6 weeks for their test, of which 2292 were waiting greater than 13 weeks.

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.

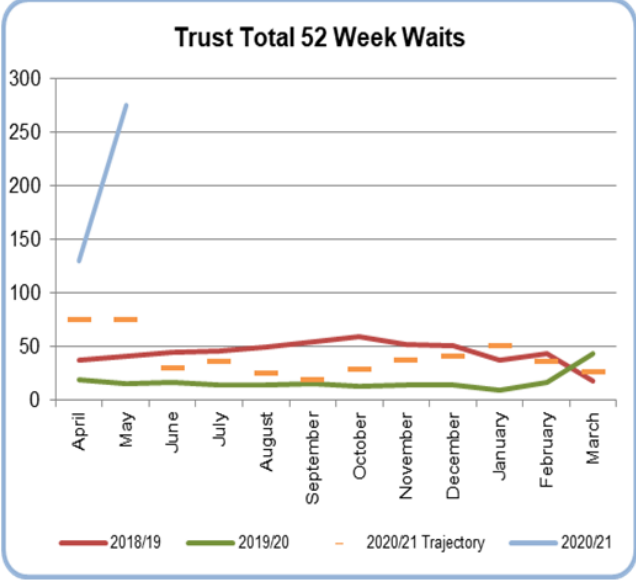
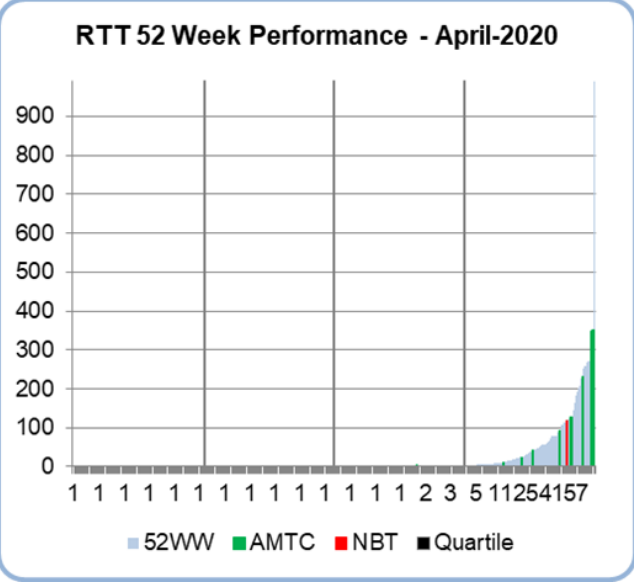
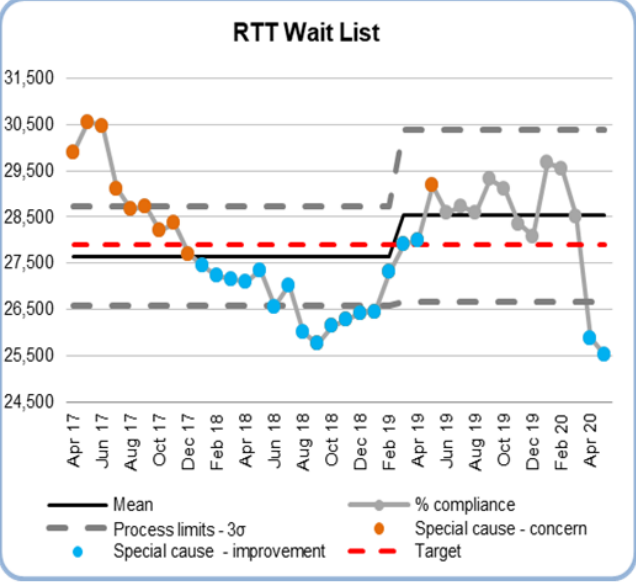
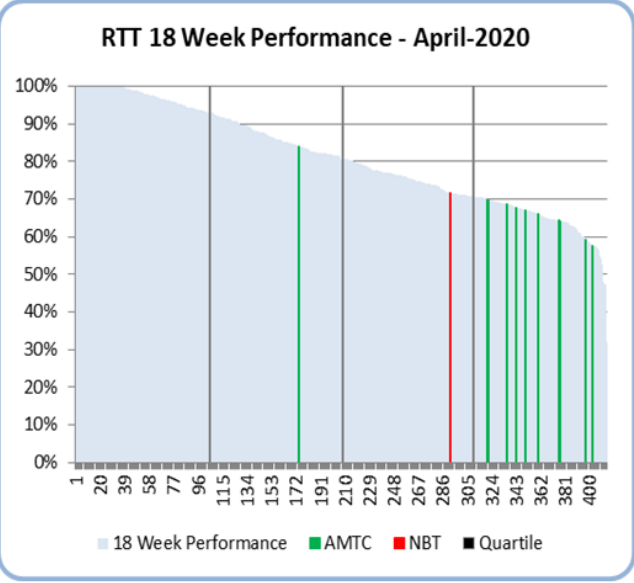
Prior to the COVID-19 pandemic there had been a successful bid for Elective Care funds to support delivery of the national diagnostics target. The Trust had been on track to deliver significantly improved performance, following a period of increased capacity in CT and Endoscopy up until early March.

Diagnostic Performance by Test



Test Type	Total Wait List	Patients waiting >6-weeks	% Performance Apr-20	% Performance May-20
Neurophysiology	131	101	85.85%	77.10%
Non-obstetric ultrasound	2740	2107	78.55%	76.90%
Flexi sigmoidoscopy	413	306	70.67%	74.09%
Respiratory physiology - sleep studies	56	42	70.18%	75.00%
Gastroscopy	825	605	68.46%	73.33%
Magnetic Resonance Imaging	1808	1404	66.33%	77.65%
Colonoscopy	754	543	62.82%	72.02%
Barium Enema	66	47	4.17%	71.21%
Urodynamics	275	170	51.38%	61.82%
Computed Tomography	2226	1178	49.52%	52.92%
Cystoscopy	579	306	24.36%	52.85%
Cardiology - echocardiography	191	41	12.43%	21.47%
DEXA Scan	470	96	10.44%	20.43%

Referral To Treatment (RTT)



Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 64.51% against trajectory of 83.65%.

Due to the need to prepare our 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).

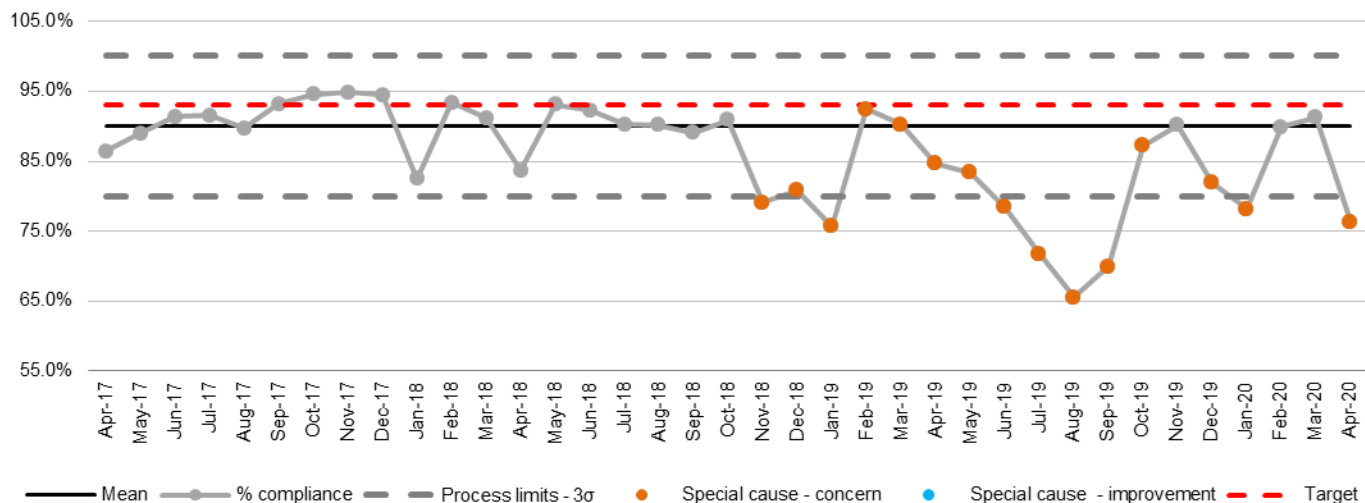
The continued reduction in wait list size has been predominantly due to an ongoing referral reduction in May as a result of COVID-19.

The Trust has reported 275 patients waiting more than 52 weeks from referral to treatment in May, against a trajectory of 74. There were 190 patients under Trauma and Orthopaedics, 38 in Gynaecology, 19 in Neurosurgery, 7 in Plastic Surgery, 6 in Urology and Spinal Surgery, four in Neurology, three in General Surgery and one in both Vascular Surgery and Gastroenterology.

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

Cancer Performance

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer Two Week Wait (TWW)

The Trust did not achieve the recovery trajectory or the national standard with a performance position of 76.35% for the TWW standard in April.

The Infection control precautions required to manage Endoscopy saw straight to test pathways cease and patients already in the system delayed or postponed.

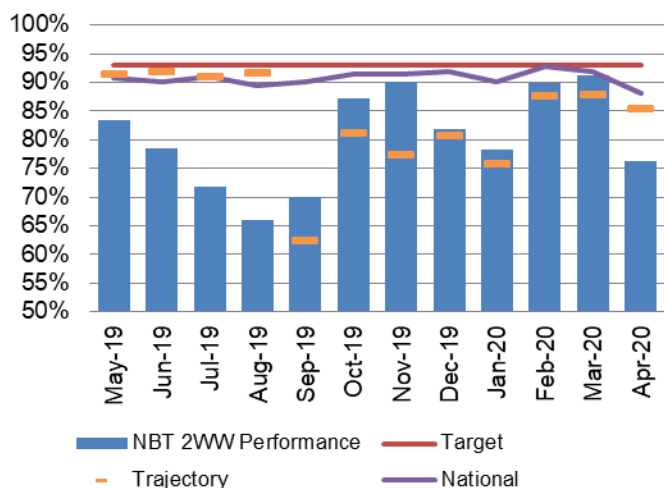
Out of the 250 TWW breaches, 128 (51.20%) related to Upper GI and colorectal procedures.

All TWW specialties were affected by patients who refused to attend appointments initially. This picked up once virtual clinics were set up and this is reflected in the performance overall.

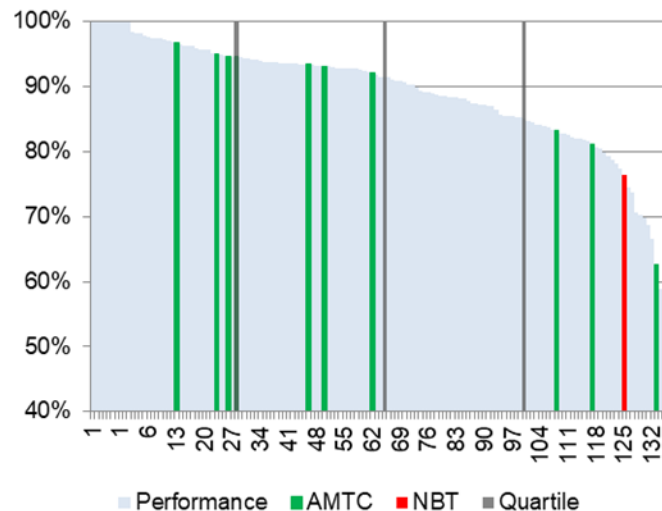
The Trust experienced a c.56.43% drop in TWW referrals in April compared to March 2020 across all specialties as a result of COVID-19.

In April 62 new TWW patients refused to attend appointments. Safety netting procedures were put in place to ensure all cancer patients delaying treatment could be properly tracked and validated.

Patients Seen Within 2 Weeks of Urgent GP Referral

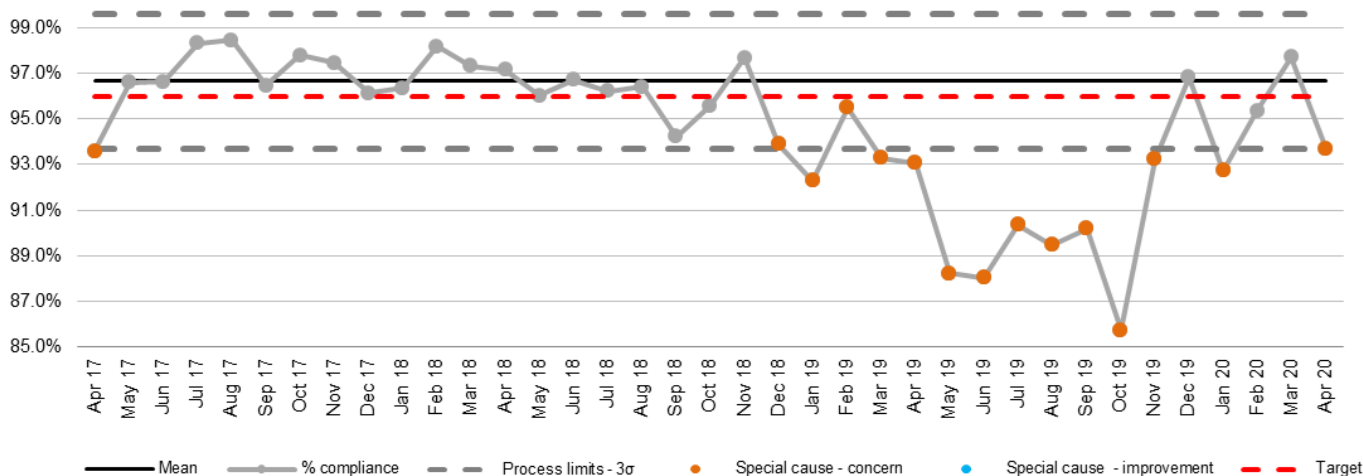


Cancer TWW Standard April-20



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 93.66% but exceeded Trajectory of 90.08%.

We were able to treat 192 patients within target with 13 breaches. The effect of COVID-19 delays started to impact in April.

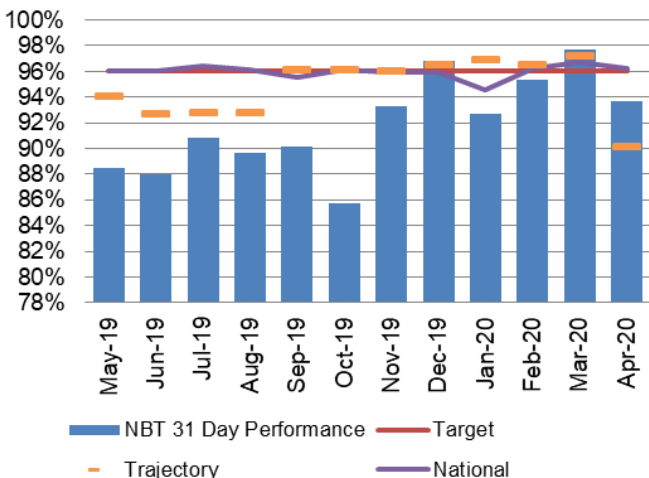
The Trust failed the 31-day subsequent surgery treatment standard. This was largely due to the COVID-19 impact.

The majority of 31-day subsequent breaches are in Skin, due to delays in TCIs as well as a temporarily pause to the Sentinel-Node Biopsy (SNB) service to allow staff redeployment.

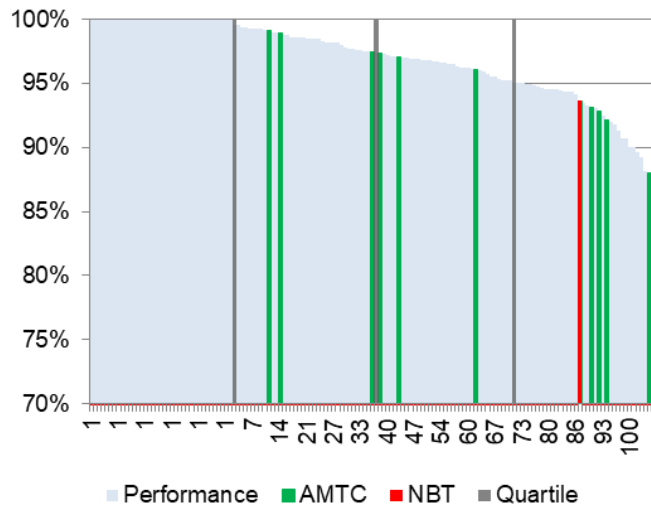
There were five 104-day breaches in April, four within Urology, one in Colorectal, all requiring harm reviews and three of which related to hospital delays. This is a major improvement on previous months however due to COVID-19 this will not be sustained.

During the pandemic HARM reviews are being carried out during the MDT discussion and where appropriate HARM forms are completed and will be reviewed by the clinician monthly.

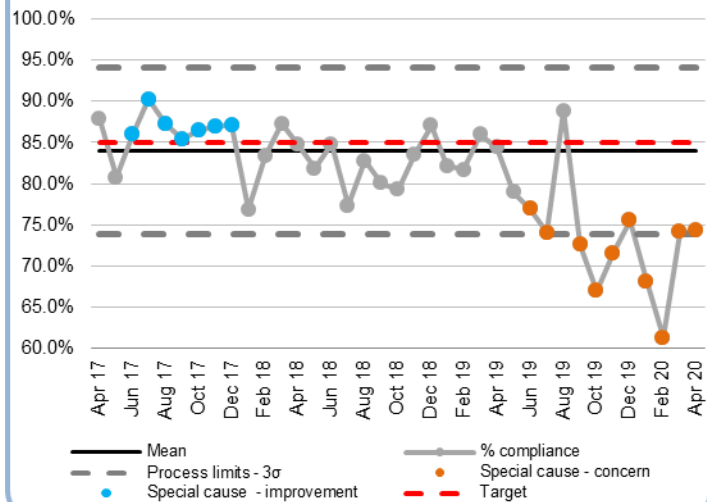
Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



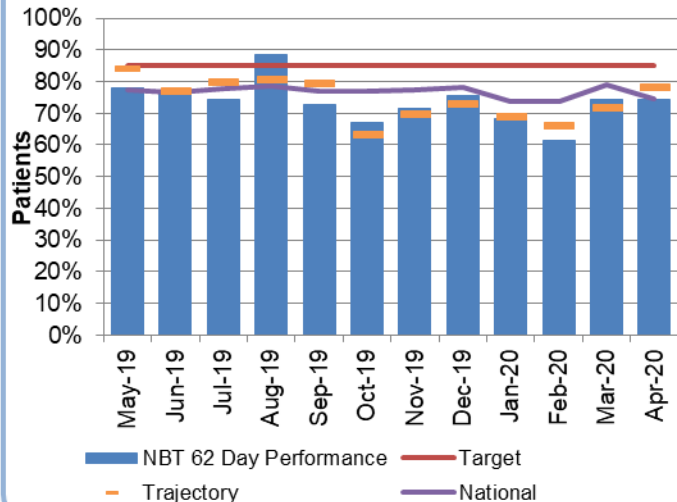
Cancer 31 Day Standard April-20



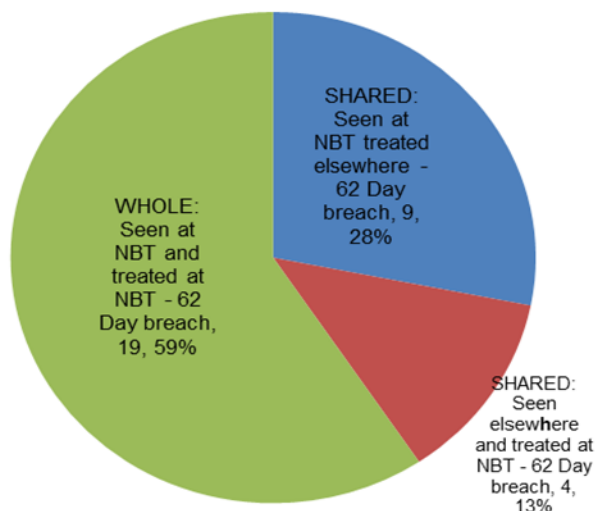
Patients Receiving First Treatment within 62 Days of Urgent Referral



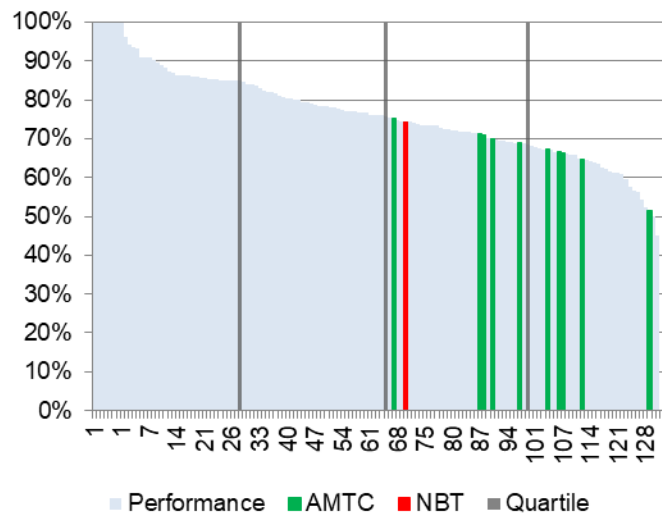
Patients receiving first treatment within 62 days of urgent GP referral



62 Day Breach Patients by Breach Type



Cancer 62 Day Standard April-20



**Cancer
62-Day Standard**

The Trust did not achieve the 62-day trajectory in April 2020, reporting a position of 74.34% against a trajectory of 78.47%.

Despite the COVID-19 impact the Trust was able to treat 113 patients in April compared to an annual average of 142 per month. There were 29 breaches of which 18.5 were in Urology. The majority was caused by delays in the diagnostic pathway.

The ability to carry out surgery during April was restricted due to COVID-19 and reluctance of patients choosing not to proceed with their treatment plan. However, Urology and Breast did manage to continue with surgery using the private sector.

This will have a more significant impact on performance in May.

59% of the Breaches were NBT delays, 13% were shared with referring organisations and 28% were NBT patients treated elsewhere

Treatment numbers for April were lower than normal; COVID-19 saw changes to referral pathways and restrictions in straight to test options were put in place.

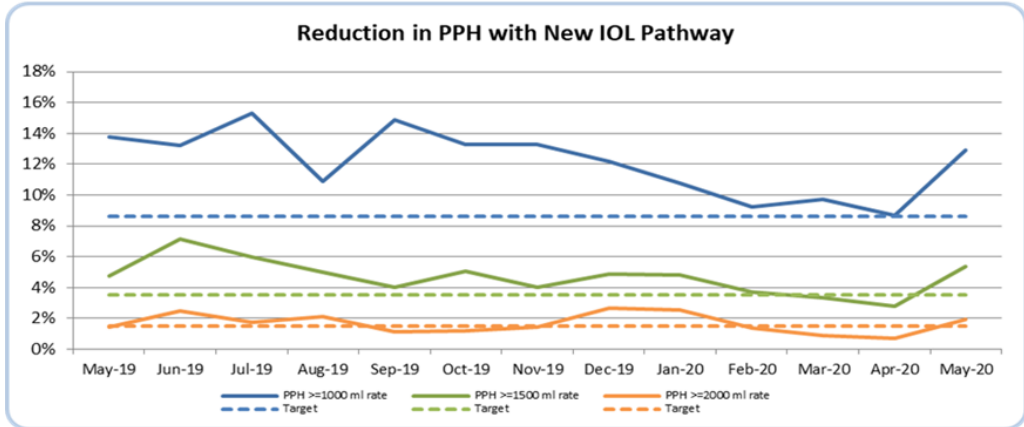
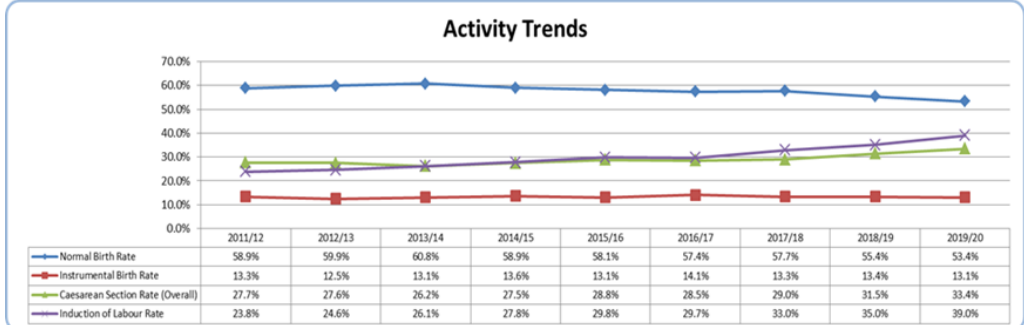
NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Quality, Safety and Effectiveness

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

NBT Maternity Dashboard														
QP3	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Caesarean section rate (overall)	28.0%	30.8%	30.4%	31.6%	34.0%	32.3%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%
Elective CS rate (as % of all birth episodes)		11.5%	9.2%	15.6%	14.0%	14.3%	16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%
Emergency CS rate (as % of all birth episodes)		19.3%	21.2%	16.0%	19.9%	18.0%	16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%
Induction of labour rate	32.1%	36.1%	43.0%	36.5%	38.2%	36.5%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%
PPH >=1000 ml rate	8.6%	13.8%	13.2%	15.3%	10.9%	14.9%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%
PPH >=1500 ml rate	3.5%	4.7%	7.2%	6.0%	5.0%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%
PPH >=2000 ml rate	1.5%	1.4%	2.5%	1.7%	2.1%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%
5 minute apgar <7 rate at term	0.9%	0.7%	0.7%	0.2%	0.4%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%
Stillbirth rate	0.4%	0.2%	0.4%	0.2%	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%
Stillbirth rate at term		0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
Stillbirth rate <37 weeks		3.3%	5.3%	2.3%	5.4%	2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	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.



COVID-19 Maternity

Maternity pathways have been re-organised in line with RCOG guidance. NBT is in line with all clinical and operational recommendations and continues to review changes daily.

Due to COVID-19 preparations and social distancing requirements capacity in CDS is reduced. This has impacted on recovery 3 spaces to 2, and the relocation of the IOL suite to Quantock.

Safety quality assurance systems are in place to monitor outcomes and impact on daily operational flow to maintain capacity and availability of recovery space. The Consultant team are undertaking twice review of any delays in transfer and individualised planning.

The Division is currently undertaking a review of the theatre complex and reorganisation to facilitate an increase in overall capacity and prevent delays, ahead of capital transformation being explored further.

Overall, the discharge systems and processes in the rest of the maternity unit has improved – particularly postnatal discharge with direct discharge from CDS in process.

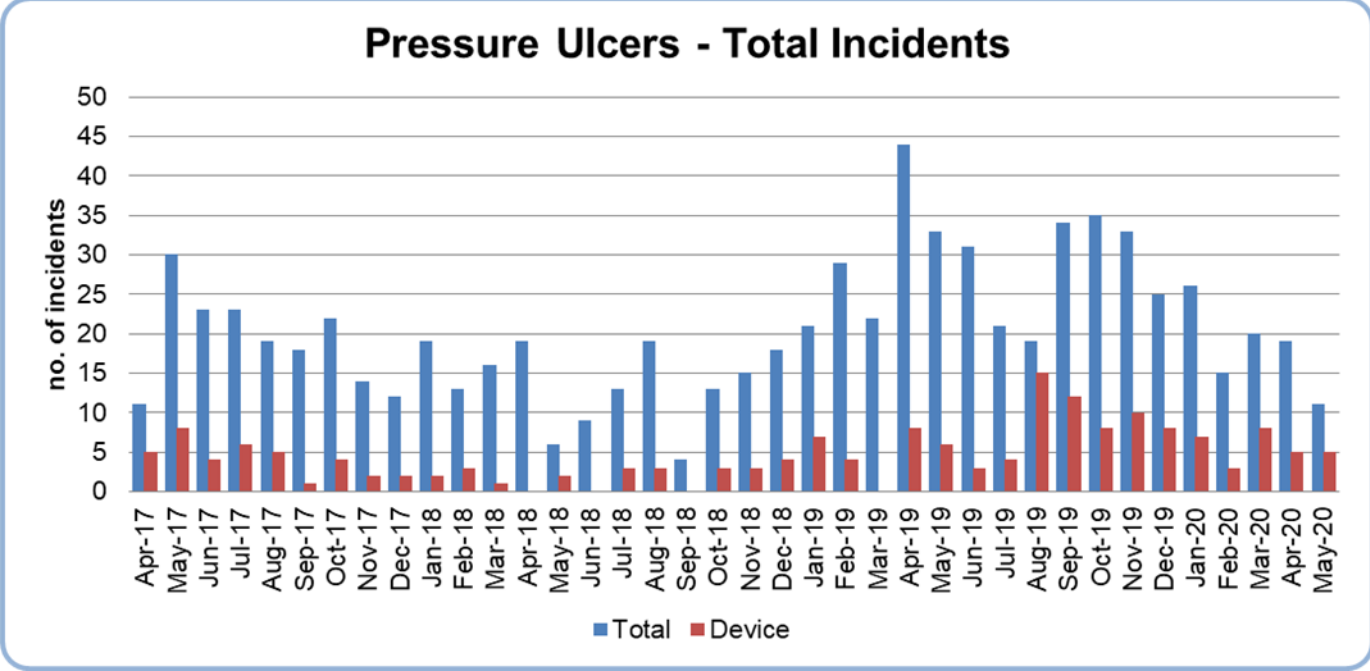
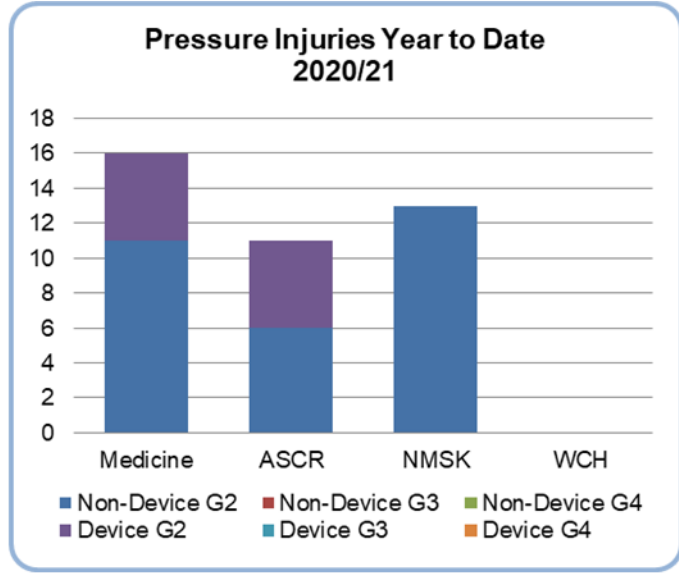
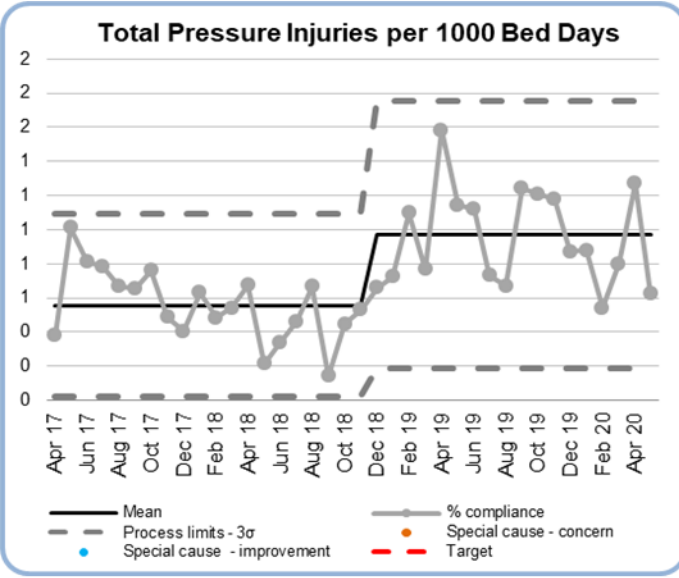
Clinical quality outcomes

All aspects of reducing PPH project have been maintained. During May the service has seen an increase in PPH 1000-1500mls, the divisional team are reviewing possible causes for this increase alongside pathway changes with IOL suits.

Safe staffing

Maternity Theatre scrub nurse cover during the COVID-19 response has been provided 24/7 – this is under discussion for continued support in line with best practice. Midwifery staffing levels are being managed through daily monitoring and re-deployment whilst a revision of safe staffing (BR+) is updated.

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,

During April and May there were no reported Grade 3 or 4 pressure injuries.

In May, 16 Grade 2 pressure injuries were reported, on 15 patients. Device related injuries and those to buttocks continue to be of the highest incidence with the summary as follows:

Natal Cleft/ Sacrum: 18%

Buttocks: 13%

Heel: 25 %

Ankle: 13%

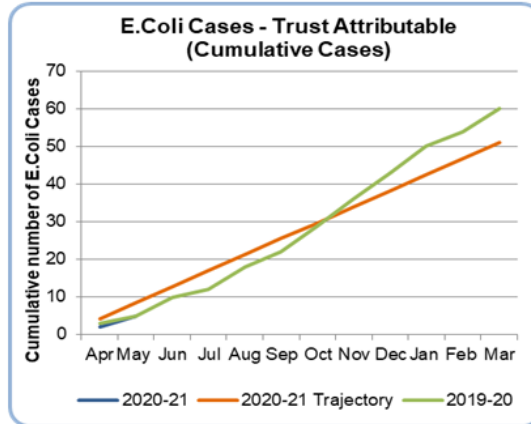
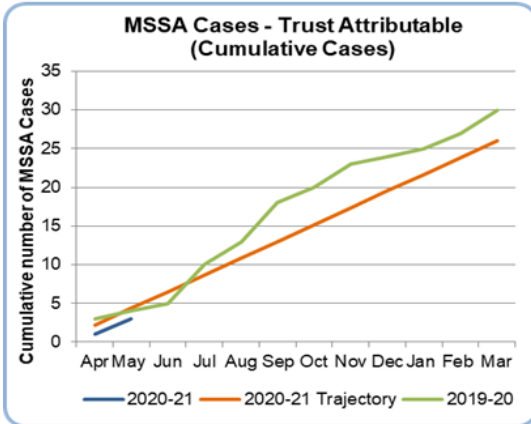
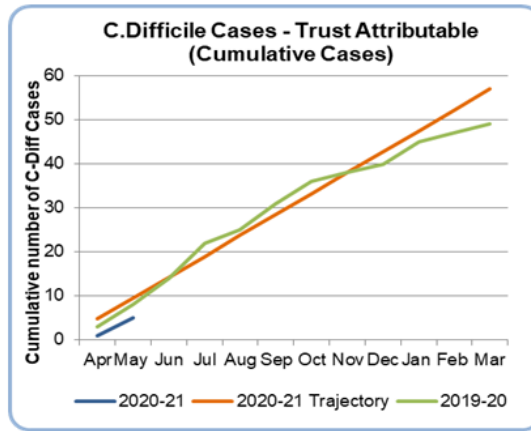
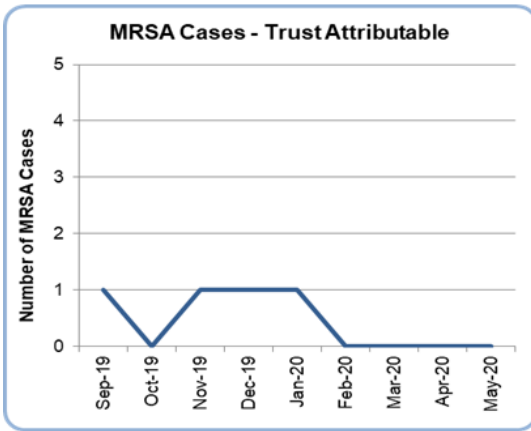
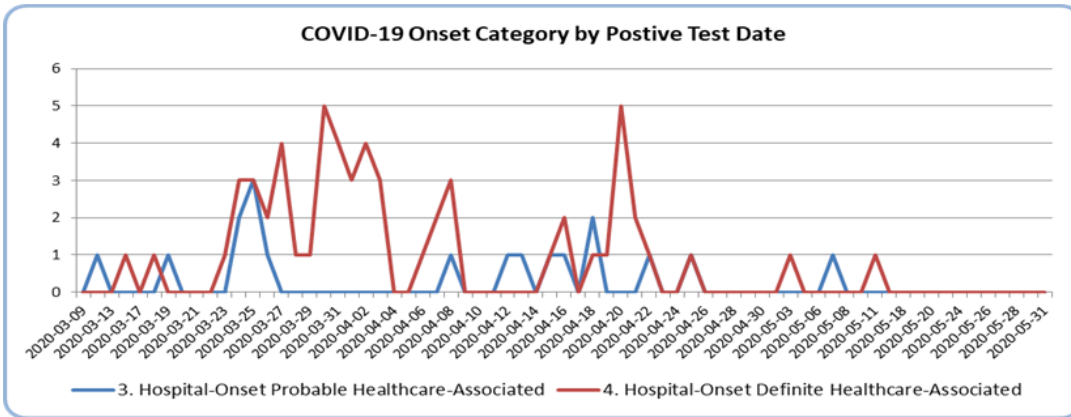
Medical device: 31 %

May observed a 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 will review the board level assurance of infection control practice.

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 May.

C. Difficile

In May, there were four Trust attributable case reported.

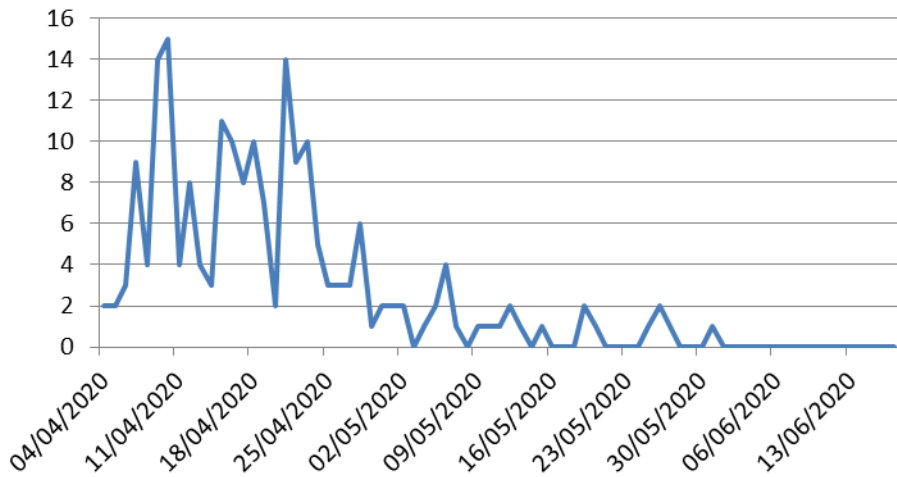
MSSA

There were two cases of MSSA bacteraemia in May.

E. Coli.

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

Positive Test Results



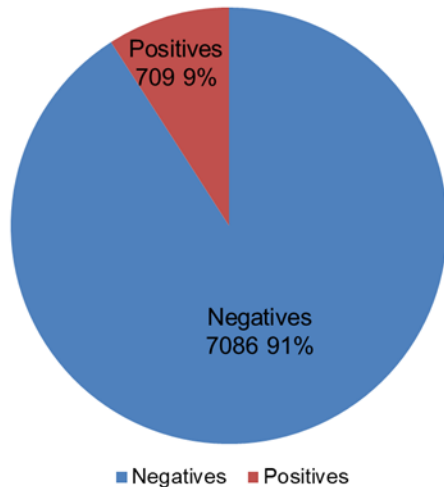
COVID-19 testing

A drive-thru testing facility was established at NBT on 04 April 2020. The facility is available to test staff or their household members if they experience COVID-19 symptoms, 7 days per week. Patient testing is also provided through the same facility (e.g. Pre-elective surgery) and testing for health system partners when requested.

Staff may also be tested at other locations (e.g. Bristol Airport) through the national testing programme. Testing results from these services are not shared with the Trust.

The chart shows all positive cases on a daily basis (excluding patients), and demonstrates a clear reduction in the incidence of COVID-19 amongst staff in recent weeks.

Staff COVID-19 Antibody Test Results



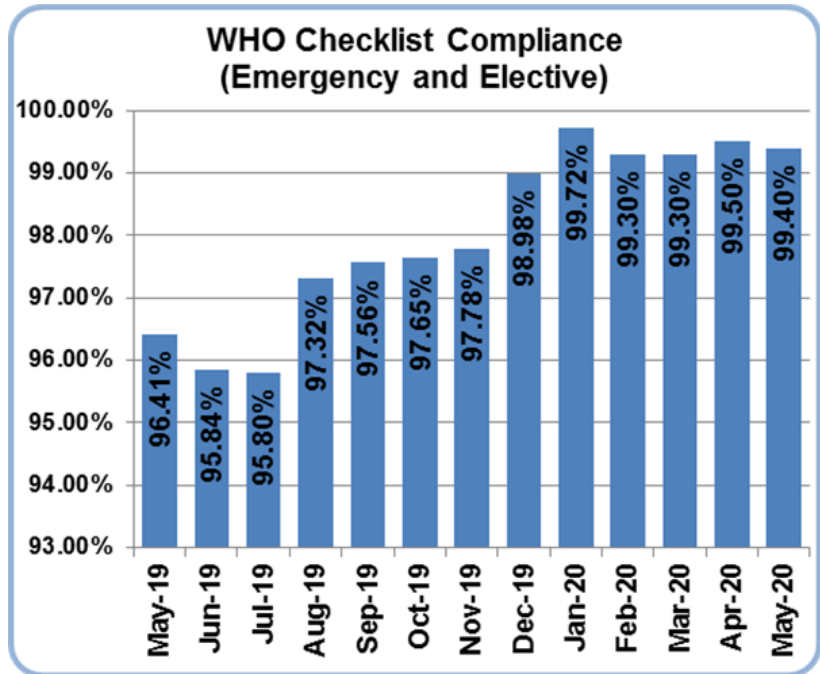
Antibody Testing

COVID-19 antibody testing was launched for NBT staff on 27 May and made available to all staff. By 17 June 2020, 7,795 staff have been tested (over 85% of permanent + fixed term staff base) with 9.1% of tests coming back with a positive result for antibodies.

Testing will continue to be offered until the end of June.

A positive antibody test demonstrates provides evidence of previous exposure to the virus but it is not known if antibodies are protective against future infection.

The Severn Pathology virology labs are now supporting the roll out of antibody testing to all NHS staff which is expected to be complete by end of June 2020.



WHO Checklist Compliance

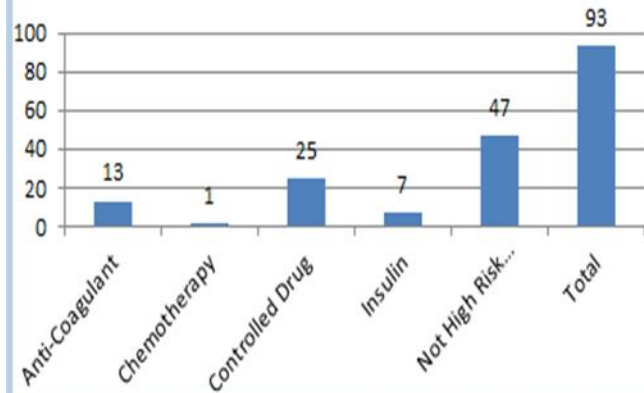
WHO Checklist Compliance

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

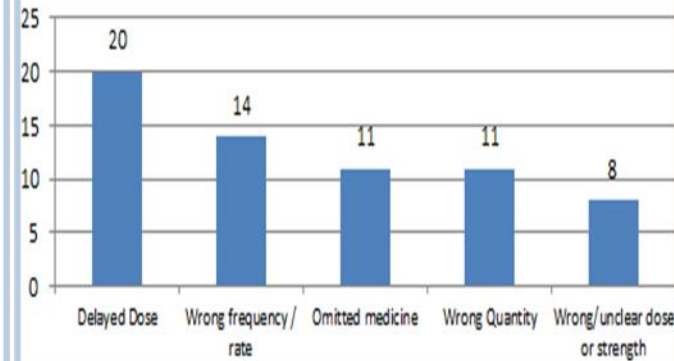
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

Medicines Management Report

Trust Wide Medication Incidents
by Drug Type (May 2020)



Trust Wide Medication Incidents
by Top 5 Error Type (May 2020)



Medicines Management

Severity of Incidents: No Harm incidents formed c.89% of all incidents reported during May 20; demonstrating a strong culture of incident reporting across the Trust. Low Harm incidents formed c.4% of all incidents reported in May 20 and the trends/themes are highlighted below. The Moderate incidents are being investigated to clarify the classification of harm and identify the learning.

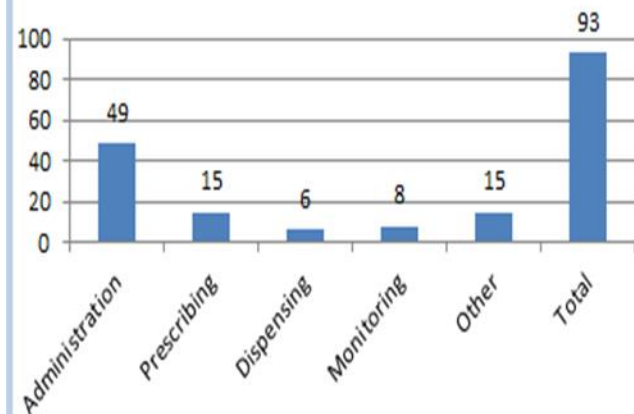
Incidents by Type of Medication: During May 20, approximately c.49% of all Medication incidents involved a High Risk Medicine. A collaborative working group has now been established as part of the STP Medicines Optimisation Quality & Safety Committee to focus on a system wide approach to Insulin and Anticoagulant incidents.

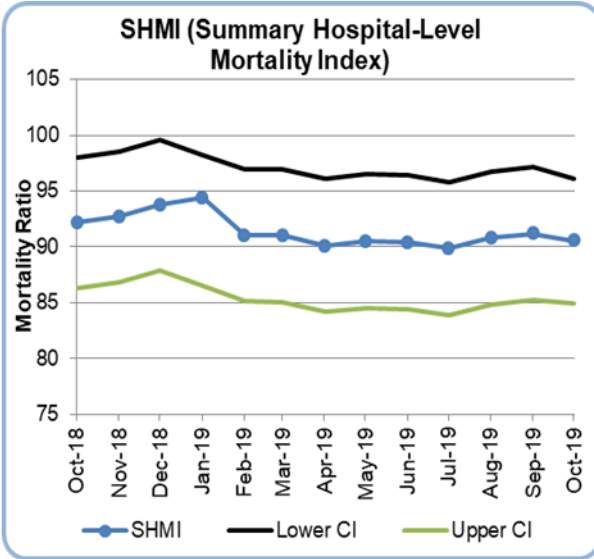
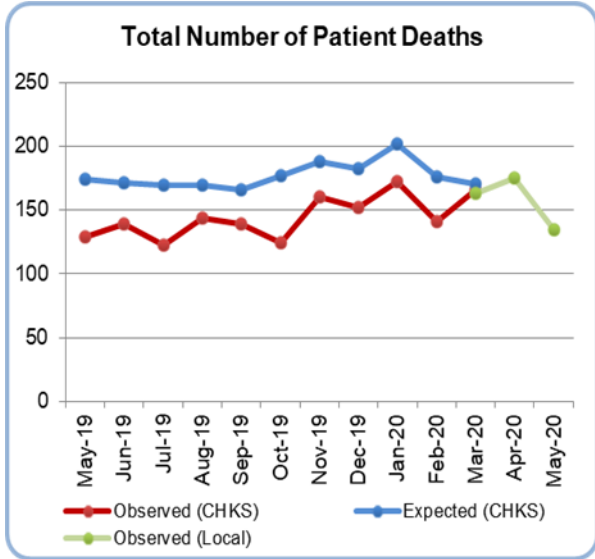
Top Type of Errors:

Omitted & Delayed Doses accounted for c.46% of all incidents reported during May 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 May 20 (c.31%) and April 20 (c.46%).

Incidents by Stage: Incidents occurring at the Administration stage accounted for c.53% of all incidents; with prescribing (c.16%) and dispensing (c.7%) and being the next two most common stages at which medication errors occur within the Trust.

Trust Wide Medication Incidents
by Stage (May 2020)





Mortality Review Completion

Apr 19 – Mar 20	Completed	Required	% Complete
Screened and excluded	832		
High priority cases	171		
Other cases reviewed	273		
Total reviewed cases	1276	1801	70.8%

Overall Score	1	2	3	4	5
Care received	0.0%	2.8%	16.0%	54.0%	27.1%

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

Date of Death	Apr 19 – Mar 20
In progress	5
Reviewed not SIRI	6
Reported as SIRI	0
Total score 1 or 2	11

Overall Mortality

Mortality data has remained within the expected range, recognising that this data relates to Pre-COVID-19.

Mortality Review Completion

The current data captures completed reviews from 01 April 2019 to 31 March 2020. In this time period (this is now reported as a 12 month rolling time frame), 70.8% of all deaths had a completed review. Of all “High Priority” cases, 77% completed Mortality Case Reviews (MCR), including fourteen of the seventeen deceased patients with Learning Disability and twenty-one of the twenty-three patients with Serious Mental Illness. The remaining reviews are being followed through for completion.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97.2% (score 3-5). Over 12 months there have been eleven mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed through Divisional governance processes. And the Clinical Risk Operational Group.

COVID-19 Response

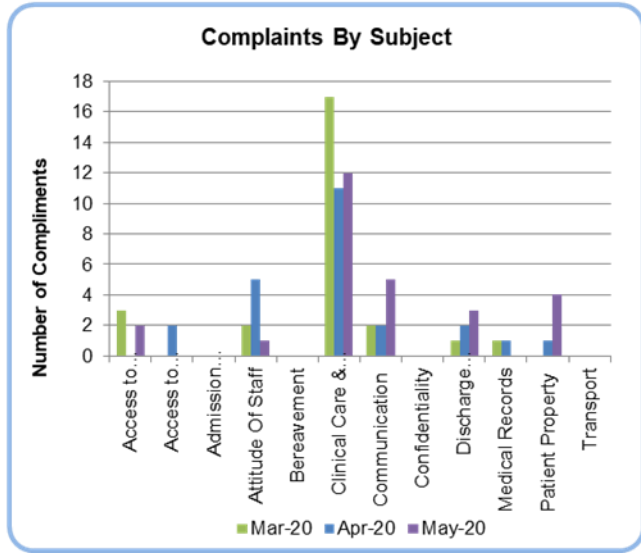
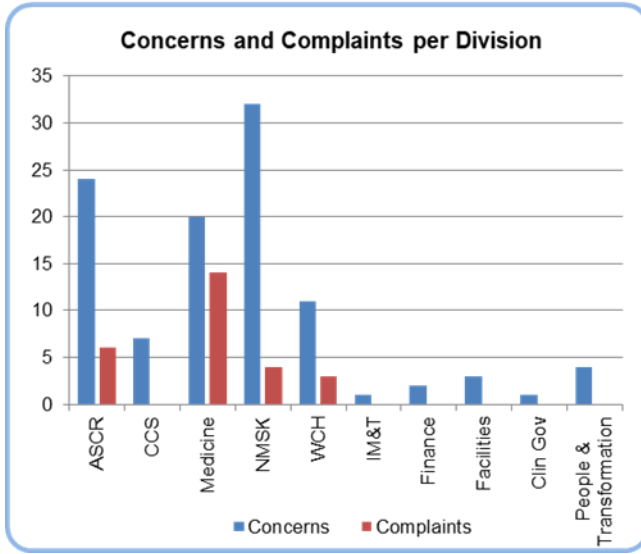
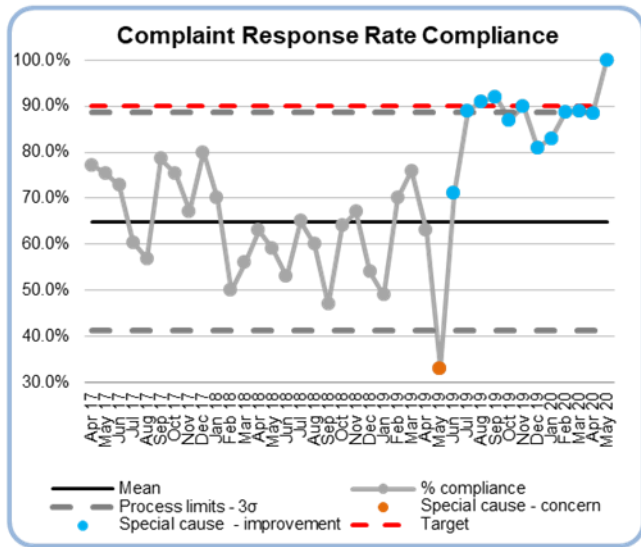
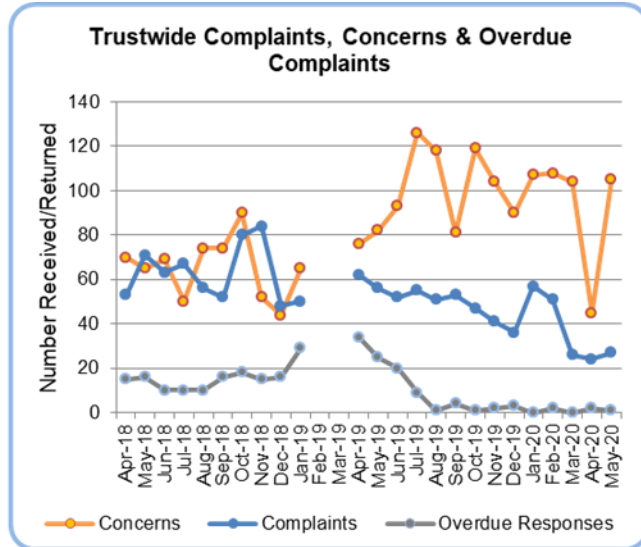
Mortality case reviews were suspended for 1 month (24/03/2020 – 01/05/2020) during the peak of the COVID-19 outbreak to enable staff to concentrate on their clinical workload. This means that review numbers are lower than would be expected.

30 in-depth mortality reviews have been undertaken as part of a Pandemic Review into care for both COVID-positive and COVID-negative cases during this period. This work will be reviewed at QRMC in July.

Patient Experience

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

Complaints and Concerns



Complaints and Concerns

04 May 2020 saw the return to 'business as usual' (BAU), from the COVID-19 arrangements, in managing patients concerns and complaints.

In May 2020, the Trust received 27 formal complaints. This is consistent with March and April 2020 and reflects the impact of COVID-19.

Many people contacting Complaints and PALS team are sympathetic to the focus of the NHS at this time and are opting for us to try to resolve their matters of concern through informal processes rather than the formal complaints process. Accordingly we have seen a significant increase in the number of PALS concerns and enquiries received. 105 PALS concerns (including enquiries) were received in May 2020.

The 24 formal complaints can be broken down by division: (the previous month total and increase is shown in brackets)

ASCR	6 (4)	CCS	0 (0)
Medicine	14 (14)	NMSK	4 (2)
WCH	3 (3)		

Compliance Response Rate Compliance

The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In May, 100% of complaints were closed on time. That is of the 3 complaints due to be closed in May, all 3 were responded to by the due date.

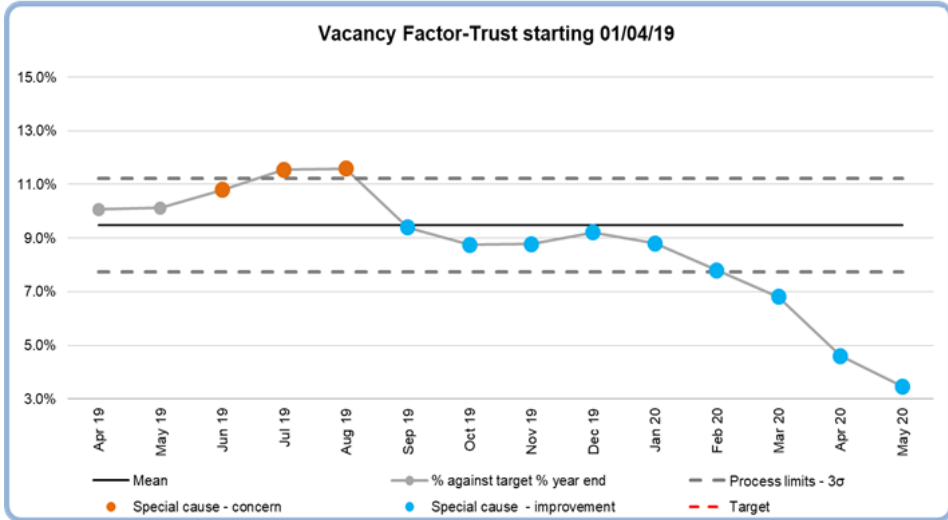
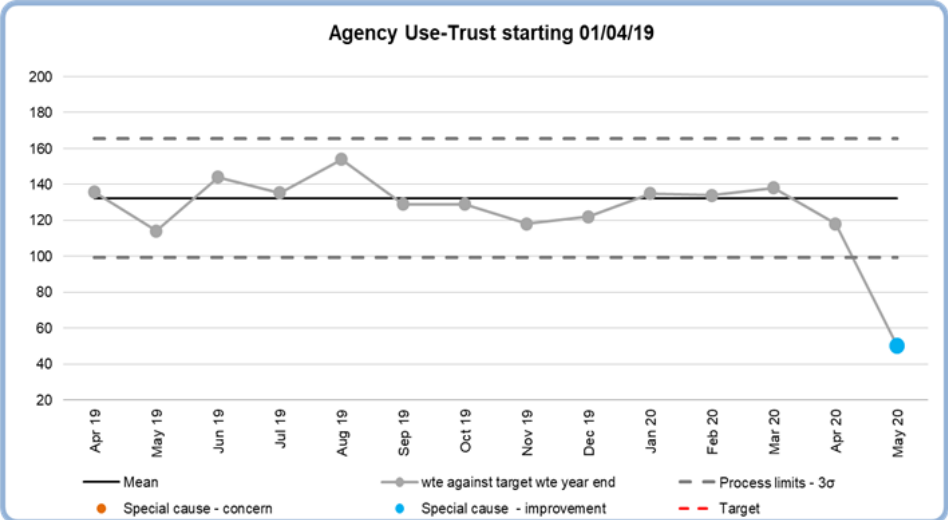
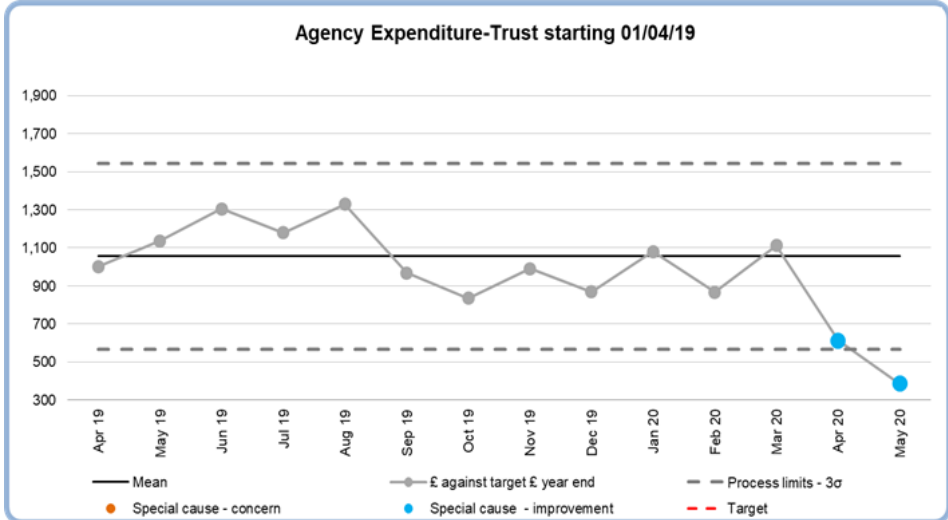
Overdue complaints

There is one overdue complaint in WCH. The complaint is overdue as LRM meeting notes have not yet been provided to the complainant so it cannot be closed.

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

Well Led

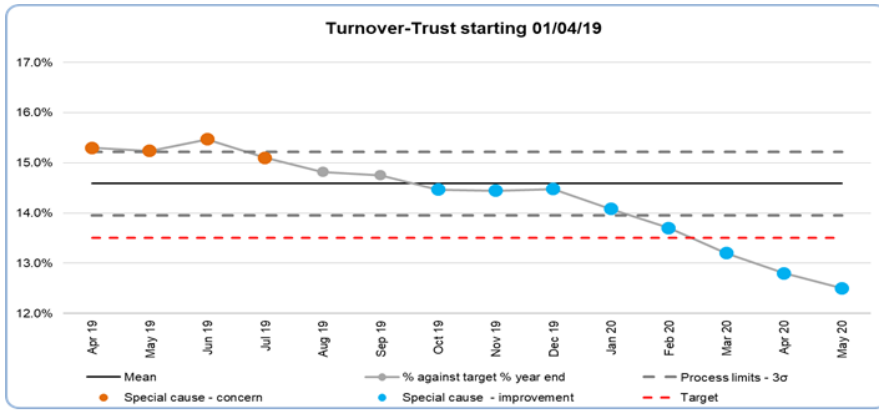
**Board Sponsors: Medical Director, Director of People and Transformation
Chris Burton and Jacqui Marshall**



Vacancy Resourcing

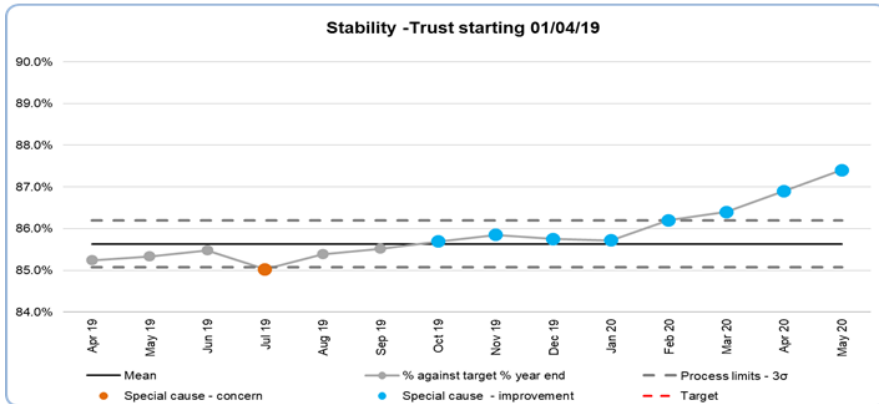
Substantive Band 5 recruitment continues domestically through online engagement activities and interviews, with strong volumes of experienced RN applications from within the UK as well as a BNSSG wide collaboration to guarantee interviews for Trainee Nurses within BNSSG approaching graduation. The current Band 5 RN pipeline sits at 185 against 166 current vacancies.

Confidence in forecasting for re-introducing international RN recruitment is a current challenge. While the Yeovil partnership pipeline is looking positive to deliver the 60 planned starters before the end of FY 20/21, the planned Valencia pipeline had not started before COVID-19 and associated travel and mobility restrictions. Work will shortly commence to re-establish the connection and investigate the likelihood of this recruitment activity for this year.



Turnover and Stability Projects

The NHSI/NBT nursing retention action plan paused during the COVID-19 period has now been refreshed, with interventions due to be recommended by the end of June 2020 and agreed and underway from July 2020. This will include a focus on retaining new starters who have joined during the COVID-19 period due to the unusual circumstances at the time.

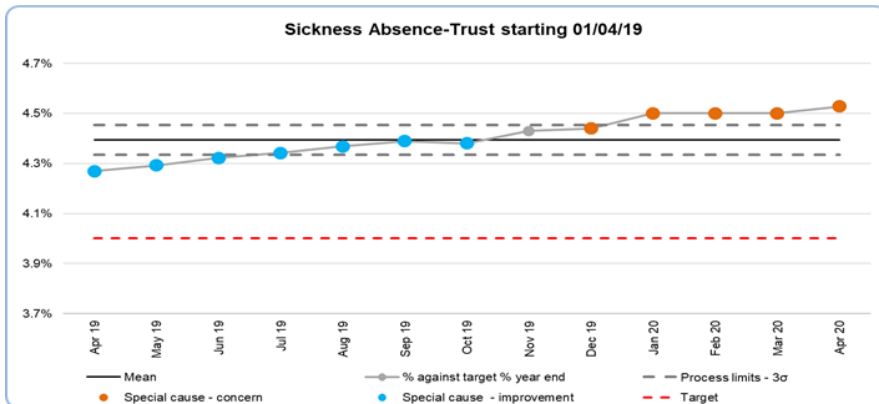


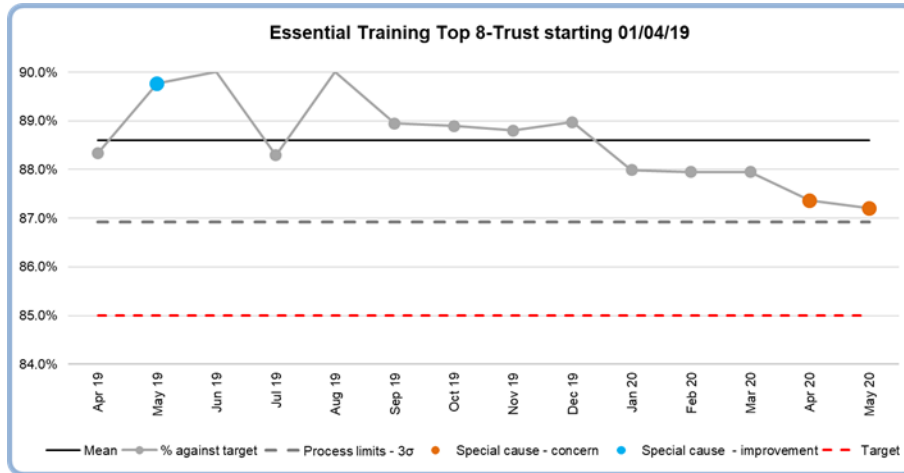
Sickness

People and Transformation are delivering actions from the 'stress at work' project undertaken pre-COVID-19 and are currently developing a 'Talking Toolkit' for managers linked to this. Work with Facilities around effective return to work meetings is also about to commence.

In addition, the management of absence processes have been reviewed through the COVID-19 period. As a result there has been:

- Single central phone line pilot for medical staff to report absence, with recording being on the Trust's eRostering system and a simple process for staff to access COVID-19 testing. This is due to finish in 2 weeks and an evaluation of the pilot is ongoing.
- Project initiated to move to the use of eRostering systems for 100% of absence management to provide clear and consistent recording and reporting.
- Medicine Division project aiming to improve the management and oversight of medical staff absence and well-being generally, in addition to reporting processes.





Training Topic	Previous Month	Current Month	Variance
Child Protection	91.4%	86.4%	-5.0%
Equality & Diversity	86.7%	91.2%	4.5%
Fire Safety	91.2%	86.2%	-5.0%
Health & Safety	93.5%	90.8%	-2.8%
Infection Control	84.0%	92.1%	8.2%
Information Governance	79.3%	83.4%	4.0%
Manual Handling	85.9%	79.1%	-6.8%
Waste	87.1%	88.0%	0.9%
Total	87.9%	87.2%	-0.8%

Essential Training

There has been no significant change in compliance compared to last month. However, whilst compliance has remained the same overall, topics requiring face to face training (practical manual handling and Resuscitation) have seen a fall in compliance. Essential training is about to be 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

Due to COVID-19 all leadership & management programmes were paused until the end of June. All programmes are due to restart in July and delivery methods are being reviewed to support the trust guidance on social distancing.

OneNBT Leadership Programme

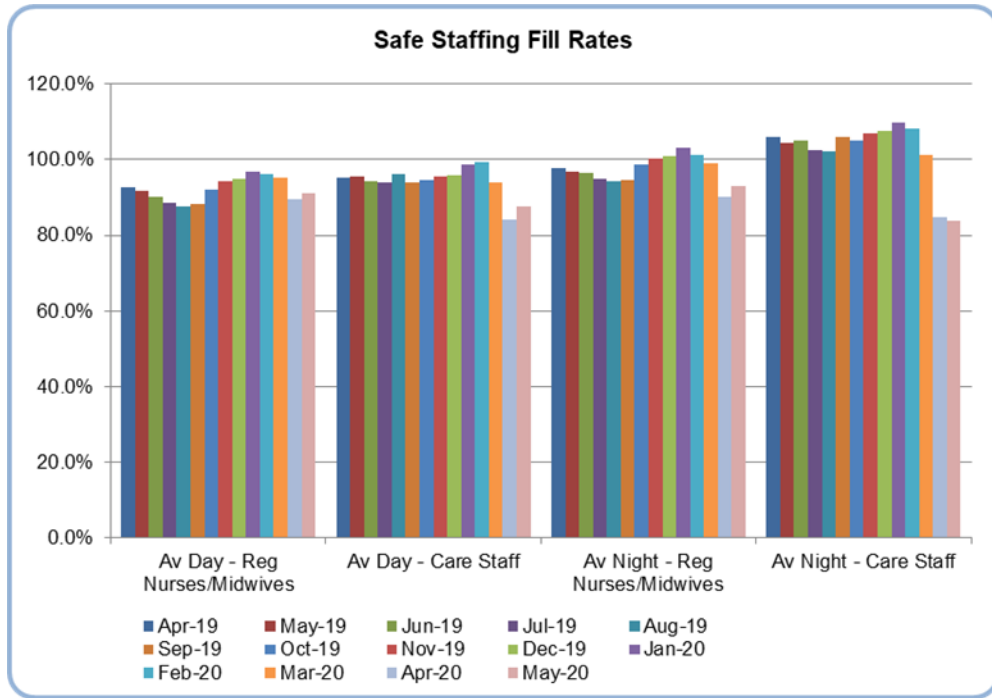
The 2019 Leadership programme was one of the programmes paused. 253 staff remain enrolled, which is 72% of the 350 target. The 2019 programme will be restarted in July, utilising new methods of delivery across both leadership & management modules. This will range from webinars, small, socially distanced, group reflection sessions, online workshops and small group face-to-face delivery.

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 43 applications received, which gives 85 participants for 2020 so far. The programme was due to start in June, however this is now planned for October, dependent on the COVID-19 situation at that time.

OneNBT L&M Apprenticeships

The corporate apprenticeships were paused during the pandemic, however those who were close to their end-point assessment from 18 May have been restarted. 12 managers are due to complete their end-point assessment and these will be the first in the Trust to achieve the qualification and complete the programme. There is still 28 managers enrolled in the Level 3 Leadership & Management Apprenticeship (qualification), seven of which have been promoted since joining the programme.

The other two cohorts will resume from July 2020 and will also be utilising new delivery methods. ILM & OneNBT Management will also recommence from July.



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 three elective care wards reconfigured, with phased opening to patients (7a, 7b, 26a) and two inpatient wards remaining closed (Elgar 1 & 7b). 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 substantially reduced. Where shifts have been unfilled, an acuity assessment was carried out. Staff will be moved from areas of lower activity if and when needed and the overall CHPPD can be seen in the following slides showing a continued increase in May due to the current situation.

The nursing staff were reallocated to support other Trust functions during this time to maintain safe staffing across the organisation and the antibody testing service.

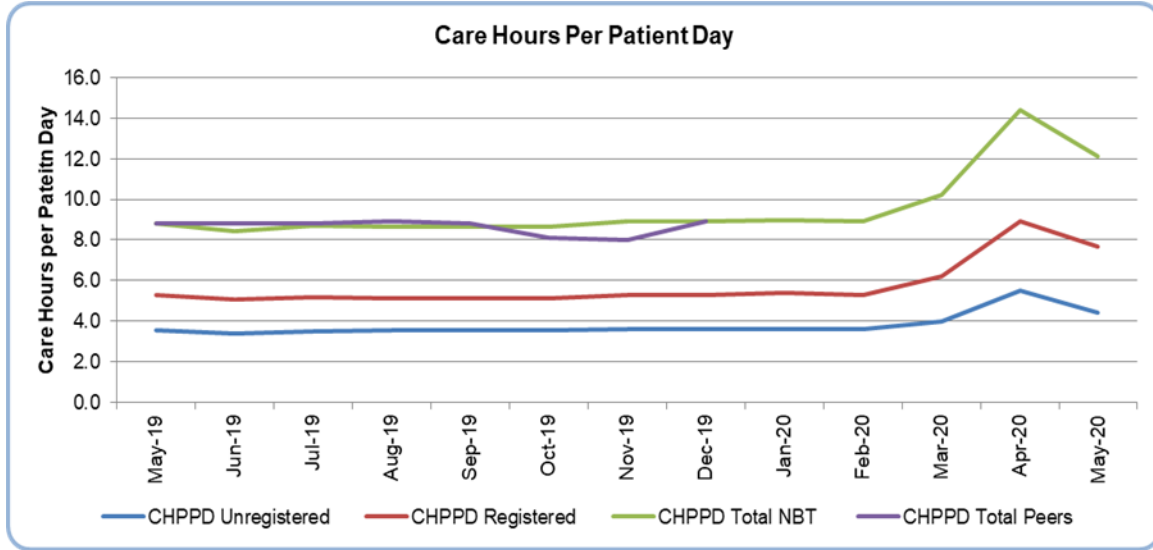
May-20	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	91.1%	87.5%	92.9%	83.8%

Wards below 80% fill rate for Registered Staff
Cotswold (67.7% Day)

Wards below 80% fill rate for Care Staff
Elgar 1 (70% Night):
Gate 31a (72.4% Night):
Gate 37 (70% Day : 66% Night)
Cotswold (5% day : 0% Night)
NICU (51% Day : 62% Night)
Rosa Burden (65% 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.

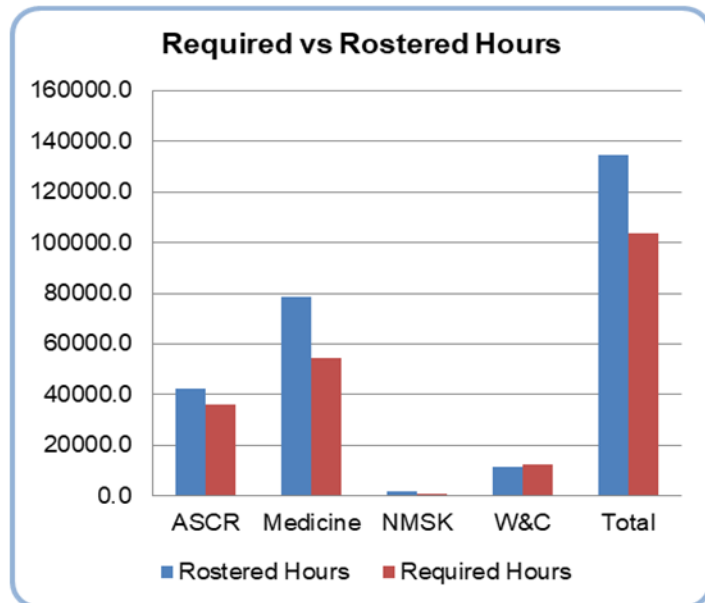
Care Hours



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 May 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**

Statement of Comprehensive Income at 31st May 2020

Position as at 31 May 2020			
	Apr	May	YTD
	£m	£m	£m
Contract Income	45.1	44.9	89.9
Other Income	25.8	9.6	35.4
Total Income	70.9	54.4	125.3
Pay	(34.3)	(34.5)	(68.8)
Non-Pay	(30.7)	(14.0)	(44.7)
Financing	(5.9)	(6.0)	(11.9)
Total Expenditure	(70.9)	(54.4)	(125.3)
Surplus/ (Deficit)	0.0	0.0	0.0

Statement of Comprehensive Income

Assurances

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

Income includes £2.6m of retrospective true-up for COVID-19 cost recoveries on the core trust. No further cost recovery was due with respect to Nightingale Hospital spend in May.

Financial reviews and variance analyses have been performed on the May 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 31st May 2020 Actual £m
	Non Current Assets	
560.0	Property, Plant and Equipment	562.3
12.0	Intangible Assets	11.6
4.0	Non-current receivables	4.0
576.0	Total non-current assets	577.9
	Current Assets	
13.1	Inventories	13.0
50.5	Trade and other receivables NHS	38.9
22.2	Trade and other receivables Non-NHS	26.9
10.7	Cash and Cash equivalents	79.0
96.4	Total current assets	157.8
672.4	Total assets	735.7
	Current Liabilities (< 1 Year)	
11.1	Trade and Other payables - NHS	6.7
57.6	Trade and Other payables - Non-NHS	88.7
3.7	Deferred income	41.8
13.0	PFI liability	13.0
173.6	DHSC loans	173.7
2.4	Finance lease liabilities	2.4
261.4	Total current liabilities	326.4
(165.0)	Net current assets/(liabilities)	(168.5)
411.0	Total assets less current liabilities	409.3
	Capital and Reserves	
248.5	Public Dividend Capital	248.5
(382.3)	Income and expenditure reserve	(382.3)
0.0	Income and expenditure account - current year	(0.1)
149.1	Revaluation reserve	149.1
15.3	Total Capital and Reserves	15.2

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 £79.0m, 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 88.9% 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 requested additional true-up funding of £2.6m. The true-up is required to achieve breakeven because the under-funding in the block payments combined with COVID-19 spend in month are greater than the underspends in non pay from reduced elective activity.

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 also likely to fall away as service restoration work increases activity.

The table below shows the May 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 May 2020						
	Actual	Q4 Avg (*)	Act. V Q4 Avg.		Budget	Act. V Budget	
			£m (Adv)/Fav	%		£m (Adv)/Fav	%
Contract Income	44.9	44.4	0.5	1.0%	45.4	(0.6)	(1.3%)
Other Income	7.0	10.4	(3.4)	(32.5%)	6.3	0.7	11.2%
Total Income	51.9	54.8	(2.9)	(5.3%)	51.8	0.1	0.2%
Pay	(32.6)	(33.0)	0.4	(1.1%)	(33.6)	1.0	(2.9%)
Non-pay	(13.3)	(16.5)	3.2	(19.6%)	(16.9)	3.6	(21.5%)
Financing	(6.0)	(6.1)	0.1	(1.9%)	(6.1)	0.1	(1.9%)
Total Expenditure	(51.9)	(55.6)	3.7	(6.7%)	(56.6)	4.7	(8.4%)
Surplus / (deficit)	0.0	(0.8)	0.8	(100.0%)	(4.9)	4.9	(100.0%)

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

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

The capital expenditure for the year to date is £6.1m.

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	April	May	June	July
Receipts		115.5	71.8	54.5	57.9
Outgoings		(60.8)	(58.2)	(58.5)	(59.8)
Net cashflow		54.7	13.6	(4.0)	(1.8)
Cum cashflow	10.7	65.4	79.0	74.9	73.1

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

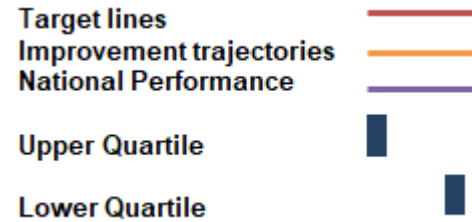
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed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

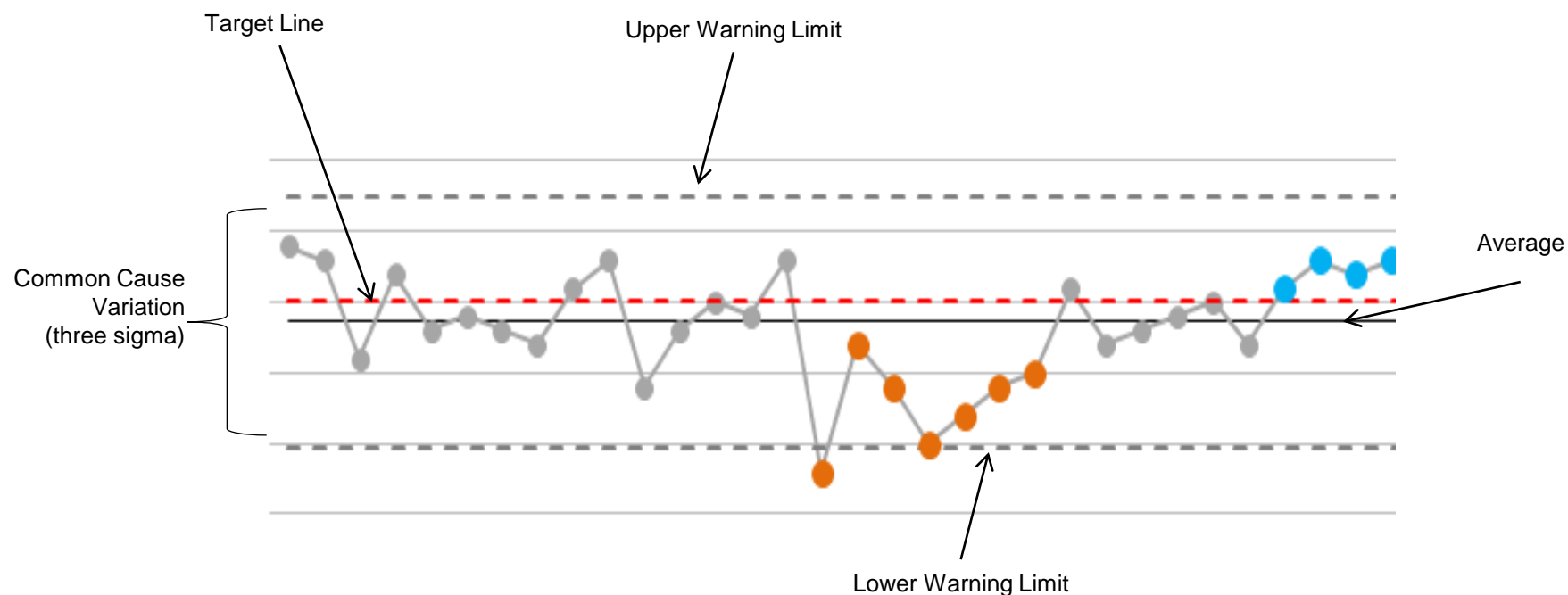
Please note that subsequent validation by clinical teams can alter scores retrospectively.



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



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

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

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

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

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

Further reading:

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

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

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf