

North Bristol NHS Trust

# **INTEGRATED PERFORMANCE REPORT**

November 2020 (presenting October 2020 data)



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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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%	81.08%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%		87.98%	37/114	
	A&E 12 Hour Trolley Breaches	0	0	4	9	2	38	48	2	0	0	0	0	0	0	12		0 - 49	1/16	
	Ambulance Handover < 15 mins (%)	100%	94.92%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.07%				
	Ambulance Handover < 30 mins (%)	100%	99.20%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.50%				
	Ambulance Handover > 60 mins	0	0	0	1	0	2	2	1	0	0	0	0	0	4	33				
	Stranded Patients (>21 days) - month end			138	128	127	160	156	120	58	57	72	83	96	114	117				
	Bed Occupancy Rate		93.00%	96.51%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.93%	94.75%	96.57%				
	Diagnostic 6 Week Wait Performance	1.00%	26.26%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%		47.82%	112/248	
	Diagnostic 13+ Week Breaches	0	0	239	63	147	258	113	114	402	2292	3161	1886	1979	1998	1697			105/228	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9				
	RTT Incomplete 18 Week Performance	92.00%	65.59%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%	70.46%	74.00%		53.52%	140/387	
	RTT 52+ Week Breaches	0	1381	13	14	14	9	17	43	130	275	454	648	797	1001	1092		0	165/227	
	Total Waiting List		31539	29118	28351	28078	29672	29552	28516	25877	25518	25265	27512	28810	29387	30214				
	RTT Backlog Clearance Time (in weeks)			3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4	5.4				
	Cancer 2 Week Wait	93.00%	88.92%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	88.13%	78.12%	76.35%	-		87.76%	119/139	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	96.04%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	96.05%	75.18%	54.04%	-		82.28%	65/86	
	Cancer 31 Day First Treatment	96.00%	93.25%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	97.51%	95.78%	90.31%	-		94.53%	54/114	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%	100%	100%	100%	-		99.16%	1/30	
	Cancer 31 Day Subsequent - Surgery	94.00%	81.73%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	-		87.31%	26/65	
	Cancer 62 Day Standard	85.00%	81.48%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	75.31%	73.10%	70.07%	-		77.94%	91/132	
	Cancer 62 Day Screening	90.00%	93.10%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	44.44%	66.67%	100.00%	-		55.87%	24/50	
	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%		84.19%	83.21%	83.16%	83.79%	82.90%	83.42%	83.25%	84.03%	85.37%	82.97%	82.55%	82.94%	83.98%				

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Domain	Description	National Standard	Current Month Trajectory (RAG)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	
	Caesarean Section Rate		28.00%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	
	Still Birth rate		0.40%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	
	Induction of Labour Rate		32.10%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	
	PPH 1000 ml rate		8.60%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	
	Never Event Occurance by month	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			8	7	6	4	5	7	3	1	4	7	5	4	0	
	Total Incidents			1131	1121	1096	1150	1118	853	598	678	835	948	1022	1002	1064	
	Total Incidents (Rate per 1000 Bed Days)			44	45	42	43	45	39	45	43	46	47	49	47	101	
	WHO		95%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.70%	99.60%	
	Pressure Injuries Grade 2			43	43	32	34	17	29	24	16	13	8	14	13	28	
	Pressure Injuries Grade 3		0	0	0	1	0	1	1	0	0	0	0	0	1	1	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Falls per 1,000 bed days			6.72	6.32	6.11	7.04	8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.31	
	#NoF - Fragile Hip Best Practice Pass Rate			83.78%	87.23%	86.11%	68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	0.00%	-	
	Stroke - Patients Admitted			89	83	82	79	72	97	71	72	79	84	63	83	86	
	Stroke - 90% Stay on Stroke Ward		90%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	-	
	Stroke - Thrombolysed <1 Hour		60%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	-	
Quality Caring & Experience	MRSA	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	
	E. Coli		4	7	7	7	7	4	6	2	3	2	5	7	8	0	
	C. Difficile		5	5	2	3	5	4	4	1	4	3	6	6	6	0	
	MSSA		2	2	3	1	1	2	3	1	2	1	4	2	1	0	
	PALS - Count of concerns			119	104	90	107	108	104	45	105	49	75	51	95	73	
Well Led	Complaints - % Overall Response Compliance		90%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97%	98.04%	94.44%	
	Complaints - Overdue			1	2	3	0	2	0	2	1	0	0	0	0	2	
	Complaints - Written complaints			47	41	36	57	51	26	24	27	40	59	53	46	48	
	Agency Expenditure ('000s)			836	990	868	1081	869	1112	613	386	364	555	822	687	874.7	
	Month End Vacancy Factor			8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	
Well Led	Turnover (Rolling 12 Months)		13.80%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%	13.10%	13.40%	13.30%	12.80%	
	Sickness Absence (Rolling 12 month -In arrears)		4.20%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	-	
	Trust Mandatory Training Compliance			88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	

### **Urgent Care**

The Trust continued to achieve the four-hour performance trajectory of 81.08% with performance of 82.07%. Despite reduced attendance levels in October, performance continued to be significantly challenged with high levels of bed occupancy impacting flow. Significant delays were reported in month with the Trust conceding 33 ambulance handovers exceeding one hour and 12, 12-hour trolley breaches. The breaches occurred during periods of significant pressure in the Emergency Department with the Trust reporting an escalation status of Internal Critical Incident for 11 days during October. Despite challenges impacting the four-hour performance in October, the Trust continues to perform well for Type 1 performance when compared nationally.

### **Elective Care and Diagnostics**

As part of Phase 3 planning, trajectories have been reset to more accurately reflect the planned delivery for the rest of the year. In October the Trust has reported a continued increase in the overall wait list size, impacted by increased demand. Despite the increase, the waiting list position remained less than the new trajectory. There were 1092 patients waiting greater than 52 weeks for their treatment in October against a revised trajectory of 1381. The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Diagnostic performance improved for most test types in October but failed the revised trajectory of 26.26% with performance at 27.47%.

### **Cancer wait time standards**

In September, the TWW standard, 31 day standard and 62-day standard failed to achieve the revised recovery trajectories. Performance has been predominantly impacted by capacity constraints and patient choice delays. TWW demand increased to levels comparable to pre-pandemic levels in September. The recovery of the 62 day trajectory remains on track for January 2021, but the second wave of COVID-19 has put this at risk. The number of patients waiting more than 104 days due to COVID-19 has remained static at 65 per week; though significant work has been carried out to ensure patients are clinically reviewed and treatment plans are in place. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

### **Quality**

The number of formal complaints has remained static in October, with the most common subject of complaints being Clinical Care and Treatment. Core NHS services have been re-established within the Trust with clear pathways established across the hospital for different patient areas according to level of transmission risk. There were four probable and six definite healthcare associated infections of COVID-19 and one MRSA bacteraemia reported in October. The Trust reported an increase in Grade 2 pressure injuries and one Trust attributable Grade 3 pressure injury.

### **Workforce**

The Trust turnover continues to improve with October's position at 11.15% (excluding the impact of staff temporarily employed during the COVID-19 response). The Trust vacancy factor is static at 3.83% with ongoing focus on particularly resourcing. Temporary staffing demand has increased in October and both bank and agency use has risen as a result and is reflective of the operational pressures.

### **Finance**

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

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust achieved four-hour performance of 82.07% against a trajectory of 81.08% in a challenging month where Medicine bed capacity was the predominant cause of breaches (46.61%). Ambulance handover delays were reported in-month with 33 handovers exceeding one hour. The delays were due to a lack of offload capacity as a result of no flow out of the emergency zone and to maintain social distancing for infection prevention measures. There were 12, 12-hour trolley breaches which occurred on several days throughout the month whilst the Trust was under significant pressure, reporting an escalation status of internal critical incident. Bed occupancy averaged at 96.57% with a continued reduction in variation in October, resulting from greater consistency in bed demand. Stranded patient levels remained an area of increasing concern to system leads. This has been driven by ongoing constraints in community capacity. The recording of Delayed Transfers of Care (DToc) has now formally ceased. The Trust is now required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge.

#### Planned Care

**Referral to Treatment (RTT)** – 18 week RTT performance reported an improvement at 74.00% in October, achieving the new trajectory of 65.59%; the improvement is the result of increased demand and activity, reducing the backlog by 9.49%. The number of patients exceeding 52 week waits in October was 1092 against a revised trajectory of 1381; the majority of breaches (683; 62.55%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the initial COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

**Diagnostic Waiting Times** – Trust performance for diagnostic waiting times improved to 27.47% in October, but did not achieve the revised trajectory of 26.26%. Waiting list activity remained static with a 5.93% reduction in the backlog positively impacting performance. There was a significant improvement in the number of patients waiting 13 weeks or more with a 15.07% reduction from September. Nationally, the Trust positioning showed a marginal deterioration for both 6 week and 13 week performance in September.

#### Cancer

The Trust failed five of the seven Cancer Wait Times (CWT) standards in September and achieved the revised recovery trajectory for three of the standards. Failure to achieve the standards in September was due to backlog clearance plans in diagnostics and surgery. Some services continued to run at reduced activity due to infection prevention and control requirements and in some specialties staffing pressures and patient choice continued to be a cause of delay. The number of patients waiting more than 104 days due to COVID-19 have remained static at 65 per week. TWW demand continued to increase when compared to 2019 levels but capacity remained challenging in Breast and Skin. Significant progress was made to address the Endoscopy backlog created during the pandemic and this will continue to have an impact on the CWT standards into October and November. The recovery of the 62 day trajectory remains on track for January 2021, but the second wave of COVID-19 has put this at risk.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Improvements

**PPH rates:** have continued to improve in the last 3 months.

**COVID-19 pathways:** Core NHS services have been re-established within the Trust with clear pathways established across the hospital for different patient areas according to level of transmission risk. The Trust continues to provide a robust staff Coronavirus testing system.

### Areas of Concern

**Caesarean Section rate:** The maternity service has seen a continued increase in emergency caesarean section (CS) rates since May 2020. An overview of CS rates has been completed and this was discussed at the September Quality & Risk Management Committee and Trust Board.

**Pressure Injuries:** October saw an increase in reported pressure injuries with 28 Grade 2 pressure and injury. A NBT attributable Grade 3 pressure injury to the spine on Gate 8a (Medicine) has occurred and the Nursing Intensive Support Team (NIST) has been commenced to support staff undertake identified improvements.

**Infection control:** There were four probable and six definite healthcare associated infections with Covid-19 in October. Post infection reviews were completed and organisational learning shared. One MRSA bacteraemia was reported in October, which is being investigated in line with protocols.

# WELL LED

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

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

#### Vacancies

The Trust vacancy factor remained at 3.83% in October with limited movement across all staff groups.

#### Turnover

The Trust turnover is reported as 12.8% in October. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 11.15%, compared to 14.46% in October 2019. All staff groups improved or remained static from the previous month's position.

#### Expand leadership development programme for staff

In response to organisational need there is now a increased focus on the development of band 2 and band 3 health care assistants.

#### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence remained at 4.44% in September with limited movement across all staff groups, this includes COVID-19 related sickness. Next month will see an increase in reported absence due to the rise in COVID-19 related absence in the Trust. The October People and Digital committee had a deep dive into long term sickness absence and agreed targeted actions aimed at improving the Trust long term sickness position.

Further enhancement of the wellbeing programme to run through winter / COVID-19 surge with:

- Well for winter campaign focussing on physical health – rollout of free online exercise videos for staff
- Daily wellbeing message in the Operational Update
- Secured charity funding for staff 'Calm Rooms'

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

Overall temporary staffing demand increased in October compared to September. Greatest increase was in registered nursing and midwifery for 'additional capacity' and 'enhanced care' booking reasons. Bank use increased by 38 wte in October compared with September and fill rates increased to 71% (from 69% in September) with bank responding to the increase in demand.

Overall agency use increased in October compared with September, predominantly in registered nursing with 6 additional wte used compared with September, 50% of this increase was for registered mental health nurses. Theatres, NMSK and Care of the Elderly and ICU continue to be areas with highest registered nursing agency use.

Increased temporary staff recruitment is in progress with focus on key areas, allied health professionals, specialist nurses including registered mental health, ICU, theatres and NICU.

# FINANCE

## SRO: Director of Finance

### Overview

On 17 March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework initially for the first four months of the year that was then extended to cover the first half of the year. This first half year framework required the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic; net of any savings from reduced or cancelled elective activity, in line with national guidance. The position for the end of September shows the Trust meeting this requirement and achieving a breakeven position (top ups due to the trust for April to August have been finalised and agreed while the £7.6m due for September is still to be audited and confirmed).

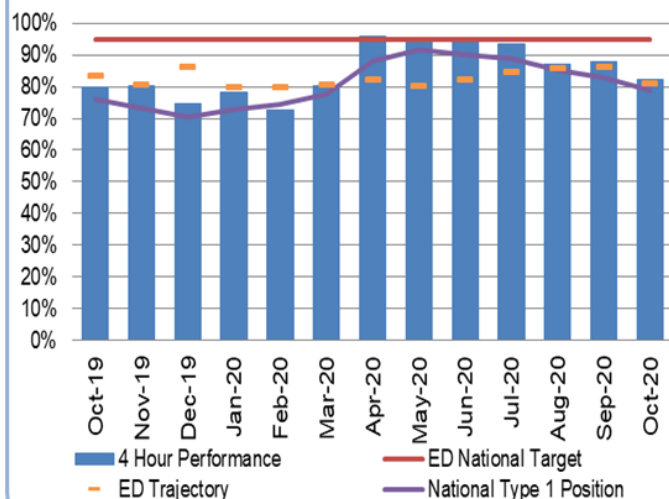
From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years. Separately each System (either Sustainability and Transformation Partnership [STP] or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

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

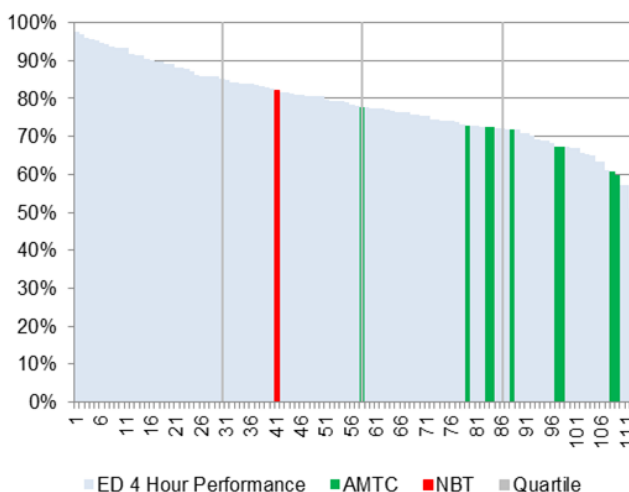
## **Responsiveness**

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

### ED 4 Hour Performance



### ED 4 Hour Performance - October 20

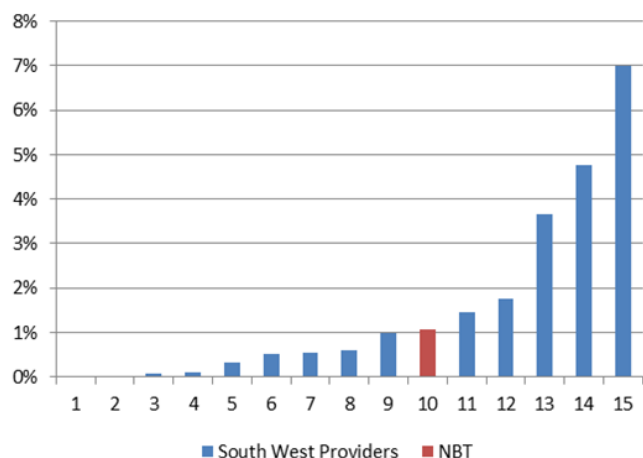


### Urgent Care

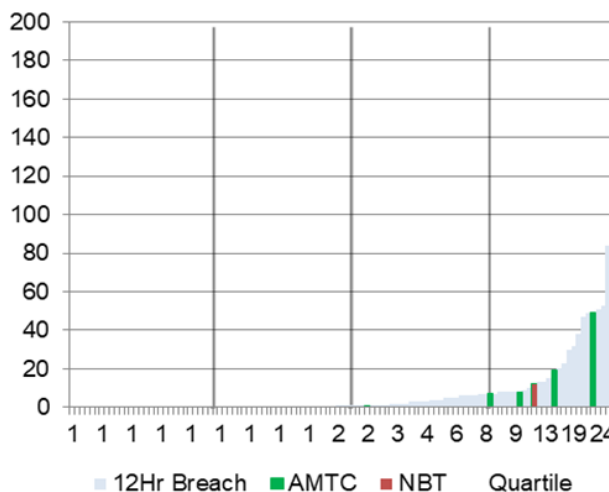
The Trust continued to exceed the four-hour performance trajectory of 81.08% in October with performance of 82.07%. The Trust conceded 33 ambulance delays exceeding one hour in October and 12, 12-hour trolley breaches. The breaches occurred on several days throughout October whilst the Trust was under significant pressure, reporting an escalation status of internal critical incident.

Performance was significantly challenged in October with continued high levels of bed occupancy. Majors performance continued to be negatively impacted by significant bed pressures within the Medicine division. Despite the challenges in October, minors performance improved to 97.76%.

### 60 Minute Ambulance Handover Delays as Proportion of Total Arrivals



### ED 12 Hour Trolley Wait - October 20

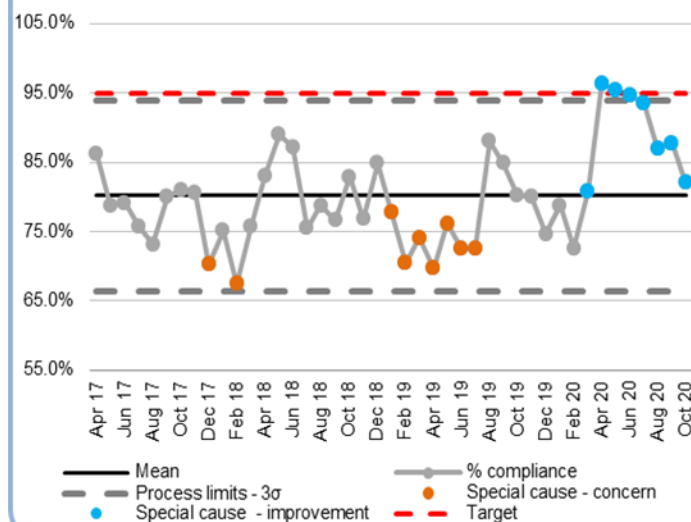


At 7238, ED attendances were at 86.68% of 2019/20 levels. Emergency admissions were at 87.59% of 2019/20 levels and elective admissions were at 78.11% of 2019/20 levels. For October the Trust ranked 57 out of 140 providers for year to date emergency admission difference.

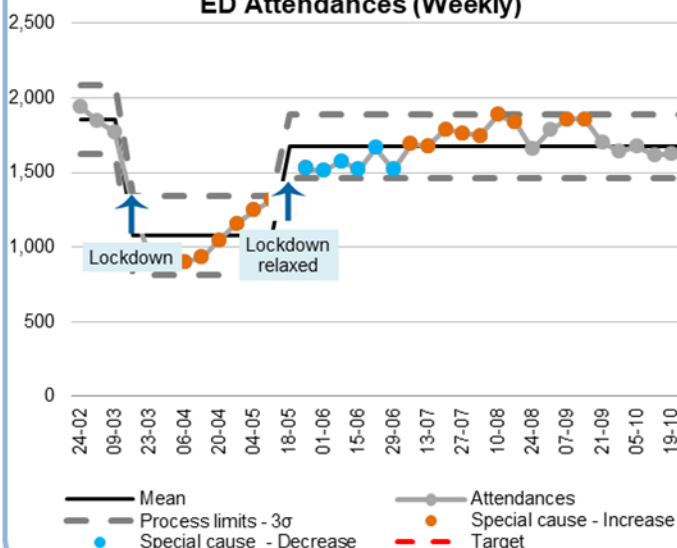
Despite a challenging month impacting four-hour performance in October, the Trust continued to perform well for Type 1 performance when compared nationally.

ED performance for the NBT Footprint stands at 85.57% and the total STP performance was 84.88% for October.

### ED 4-Hour Performance



### ED Attendances (Weekly)

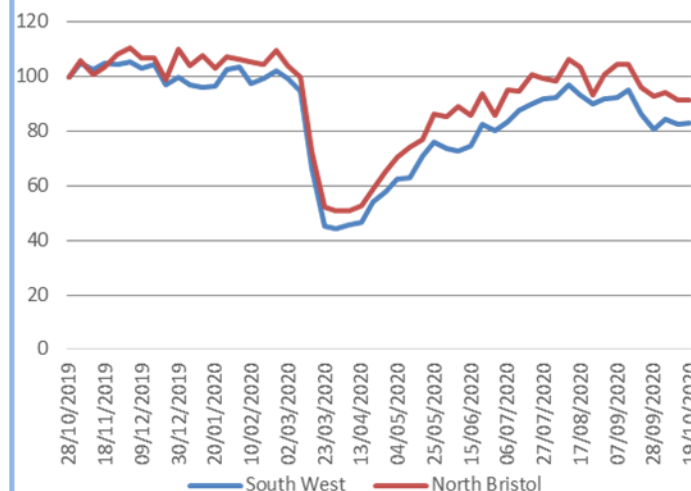


### 4-Hour Performance

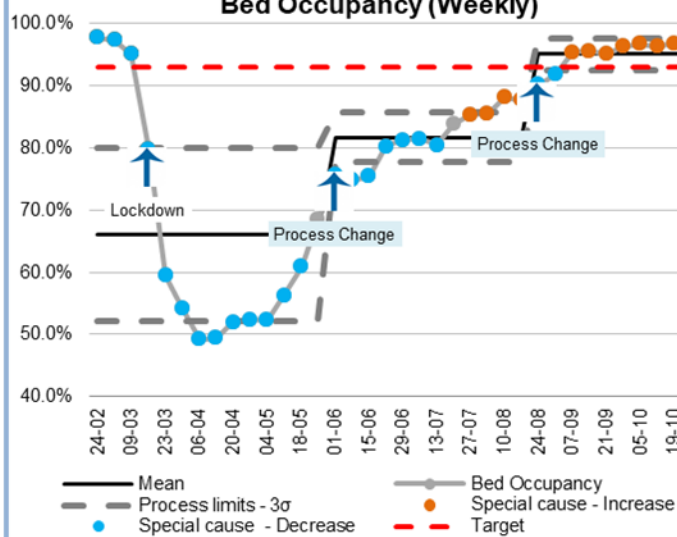
Of the breaches in ED in October, 46.61% were a result of waiting for a medical bed and 14.79% of delays resulted from waits for assessment. Medicine bed capacity has been the predominant cause of breaches for the second consecutive month, increasing from 25.45% in September.

Attendances reduced in October but when compared to the South West rate of growth, attendance levels averaged at c.11% more. The comparison suggests that whilst following the same trend, Trust attendance growth has been consistently greater than that of the Region.

### Weekly ED Attendance Growth Comparison



### Bed Occupancy (Weekly)



Variation in bed occupancy continued to be reduced in October resulting from greater consistency in bed demand. Bed occupancy varied between 93.58% and 100.64%, breaching the 93% trajectory every day in the month. There were 25 days that breached the 93% trajectory in September.

Internal bed modelling and current occupancy levels suggest high levels of bed occupancy will continue through November which will result in challenged 4-hour performance. Bed mitigations formulated through the Winter Planning process are being monitored via the COVID-19 Command and Control structures.

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

## DToCs and Stranded Patients

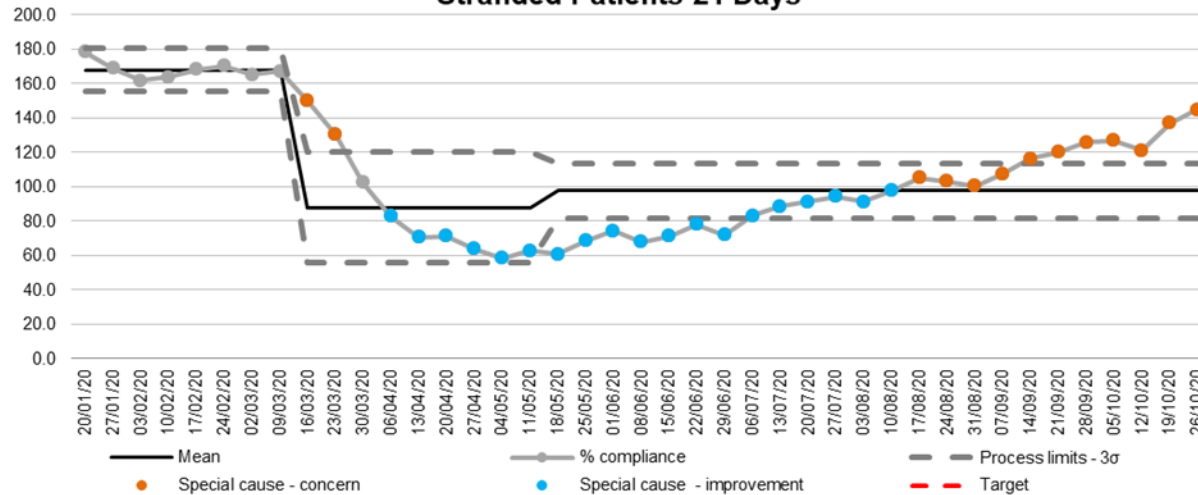
The levels of Stranded Patients over 21 days has remained an area of increasing concern to system leads. This has been driven by ongoing constraints in capacity in the community, linked to lack of flow in Pathway 3 beds and complex reablement packages not being available for Pathway 1. The situation has remained challenged with an increasing number of Care Providers restricting access as there are further outbreaks in Care Homes.

BNSSG Phase 3 plans have prioritised recurrent funding in staffing (Homefirst) and bedded community capacity (Discharge to Assess) to match the LOS improvements achieved during the lockdown period. However, the recruitment lead in time will extend into December. Temporary staffing options are being explored, but the inability to meet the resourcing, as per the D2A business case, remains a risk to the overall Trust bed model.

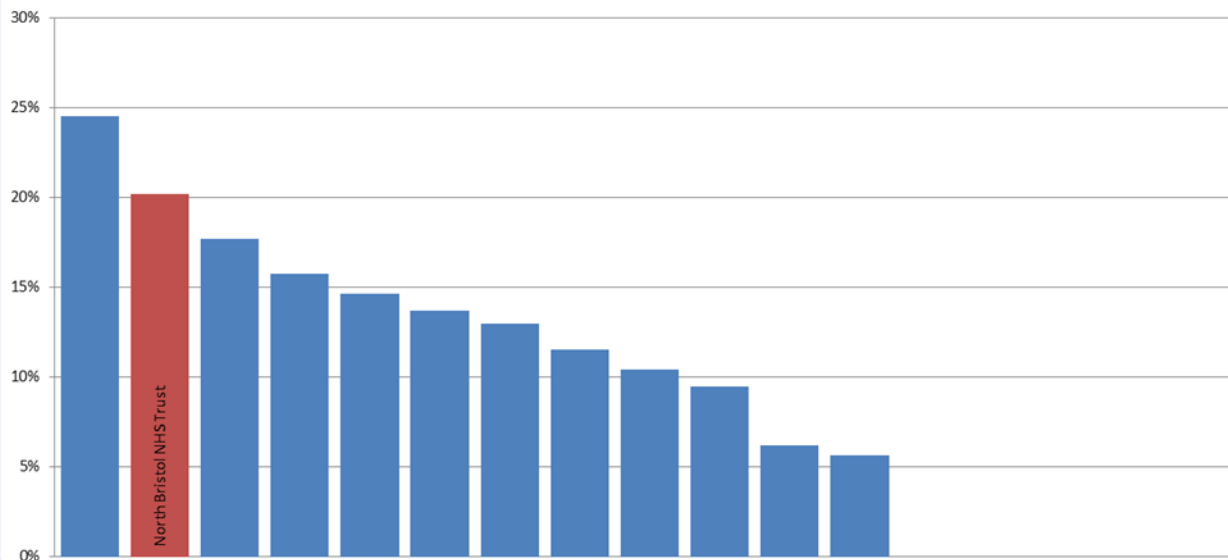
The recording of Delayed Transfers of Care (DToC) has now formally been ceased. The Trust is now required to review patients on a daily basis on all wards to define if they meet the right to reside criteria or are optimised for discharge. In addition, there will be a weekly review of all stranded patients for those waiting for 14 days+ and 21 days+ and do not meet the Criteria to Reside that will be reported on a weekly basis to NHSE/I.

The monthly report is in development and will provide the reasons why the patient is not able to leave the Hospital and the number of days linked to those not meeting the criteria to reside remaining in the Trust

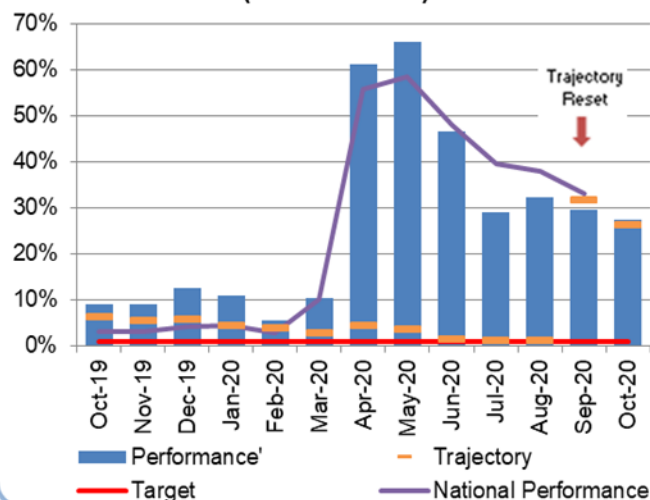
### Stranded Patients 21 Days



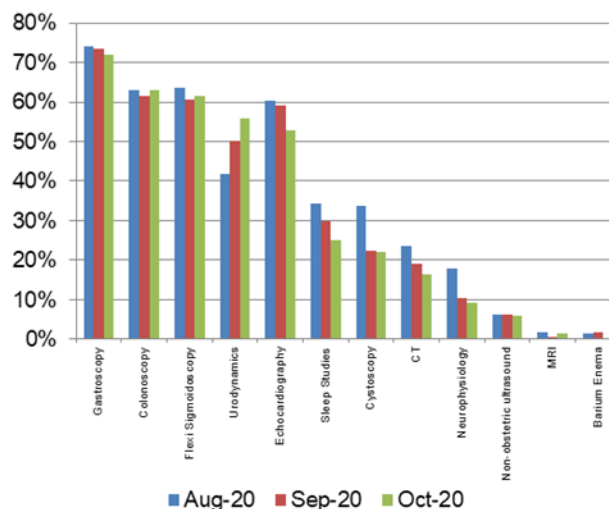
### 21+ LoS Occupancy % in South West



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



### Diagnostic Performance by Test



### Diagnostic Waiting Times

Diagnostic performance improved to 27.47% in October but failed to achieve the revised trajectory of 26.26%. Improvement has been reported for most test types in month.

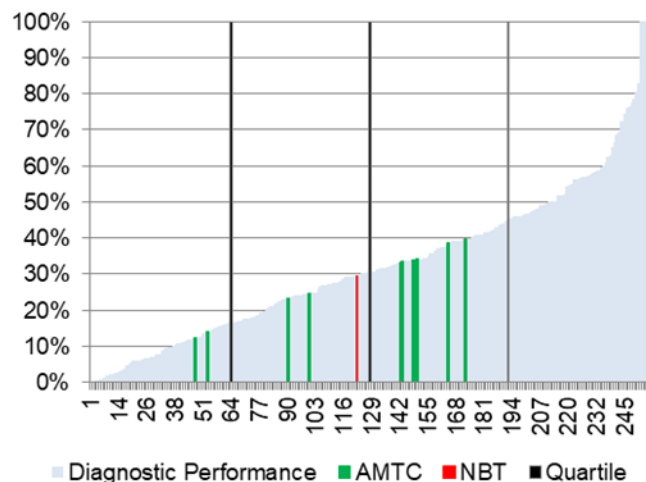
In October, waiting list activity levels remained static, reporting at 85.92% of 2019 levels. The overall waiting list increased by 1.28% with a backlog reduction of 5.93%.

There was a significant improvement in the number of patients waiting 13 weeks or more in October, with a 15.07% reduction from September. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

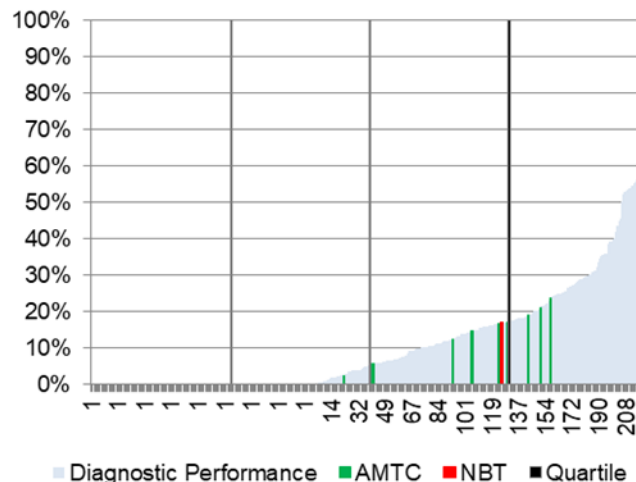
Performance in Urodynamics continued to deteriorate in October. Despite the deterioration, a significant increase in activity has had a positive impact on the wait list; the number of patients waiting more than 13 weeks reduced by 29.63% and the overall wait list reduced by 12.98%. Comparatively, the backlog only reduced by 3.18%, which has negatively impacted performance for October.

Nationally, the Trust positioning deteriorated slightly for both 6 week and 13 week performance in September. Despite the deterioration, the Trust remained in the second and third quartiles respectively for these indicators.

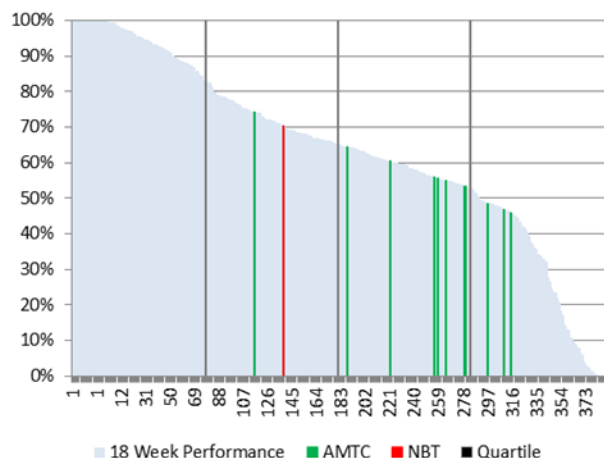
### Diagnostic Six Week Performance - September 2020



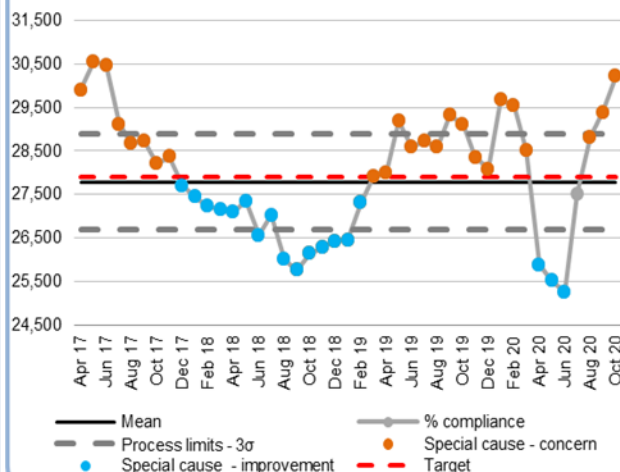
### Diagnostic 13 Week Performance - September 2020



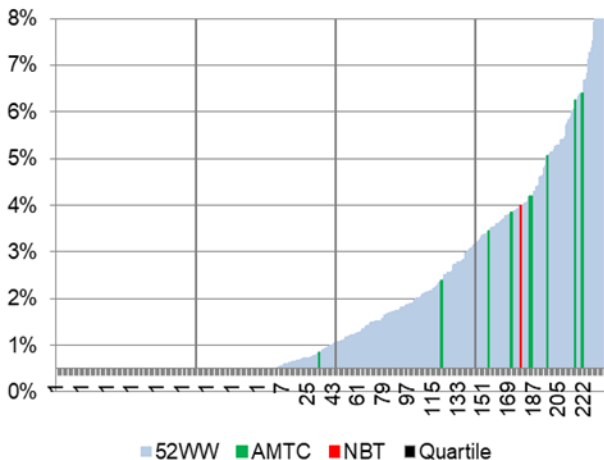
**RTT 18 Week Performance - Sep 2020**



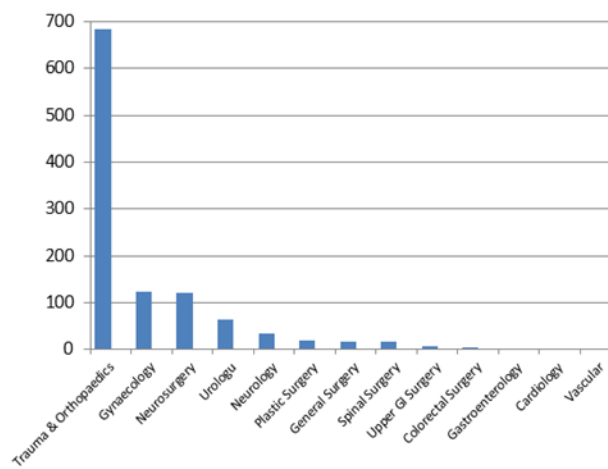
**RTT Wait List**



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



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



## Referral to Treatment (RTT)

The Trust continues to report an improved RTT performance position in October at 74.00%, resulting from a 2.81% increase in the wait list and a 9.49% improvement in the backlog.

The waiting list increased to 30214 in October, reporting under the new trajectory of 31539. The waiting list increase is the result of demand growth in October, however the demand increase was less than planned resulting in the waiting list being lower than trajectory.

Admitted and non-admitted clock stops increased by 4.51% in October supporting the backlog and 18 week performance improvement. There was a 50.00% increase in clock stops for patients waiting more than 52 weeks.

At month end, there were 1092 patients waiting greater than 52 weeks for their treatment against a refreshed trajectory of 1381; the majority of breaches (683; 62.55%) being in Trauma and Orthopaedics.

The continued increase in breaches is due predominately to cancelled operations as part of the initial COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Nationally the Trust's 18 week positioning remained static in September, remaining in the second quartile. The positioning of the 52WW breaches as a proportion of the overall wait list has also been static, remaining in the lower quartile.

## Cancer: Two Week Wait (TWW)

The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 76.35% in September. Referrals increased in September to levels similar to that seen before the pandemic.

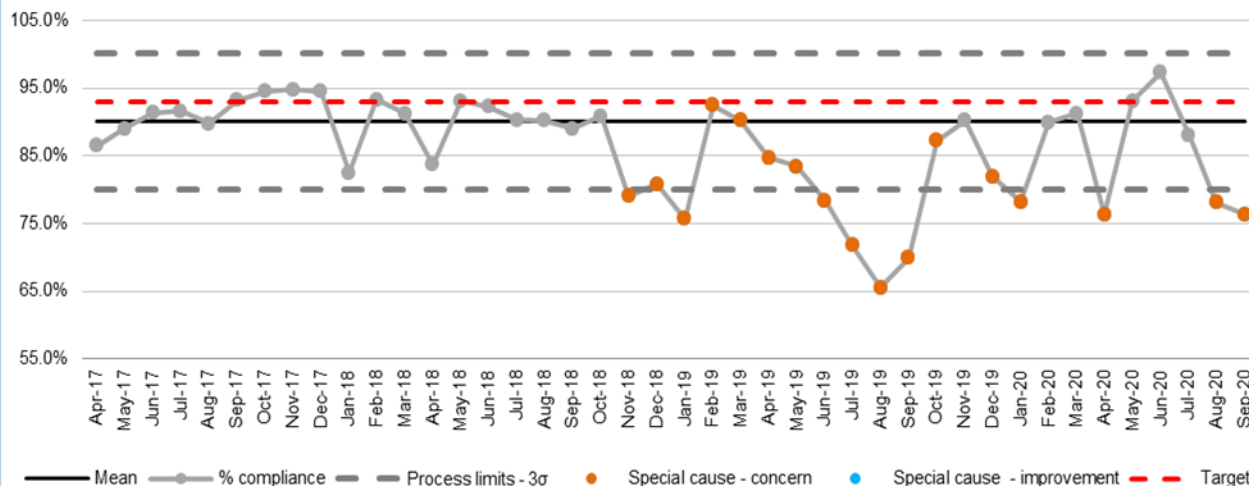
Out of the 2080 TWW patients seen in September, 492 breached; 72 related to Colorectal, 85 in Upper GI pathways and 243 in Breast.

Colorectal services failed the standard for September, at 61.49%. They received 187 referrals and had 72 breaches. In September, the backlog clearance plans were well established using both independent sector and internal capacity. In September, out of the 72 colorectal breaches, 4 were for direct to test CT Colonoscopy procedures.

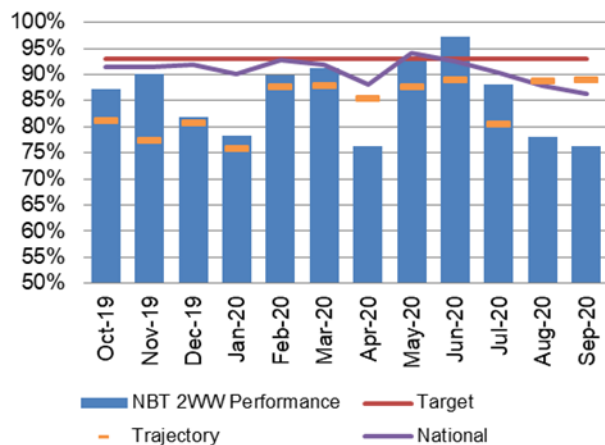
Upper GI failed the standard this month, at 47.53%; they received 162 referrals with 85 breaches. With the introduction of the new IPC guidelines, endoscopy were able to increase the Gastroscopy list by 4 patients to be able to see 10 per list. Skin services received 484 referrals in September and just missed the standard at 87.98%.

Breast services received 753 referrals in September with 243 breaches. The service put on additional TWW clinics throughout September and were still without two Radiographers due to shielding. The volume of referrals and the capacity constraints will continue to impact on the capacity for one stop clinics well into October and November.

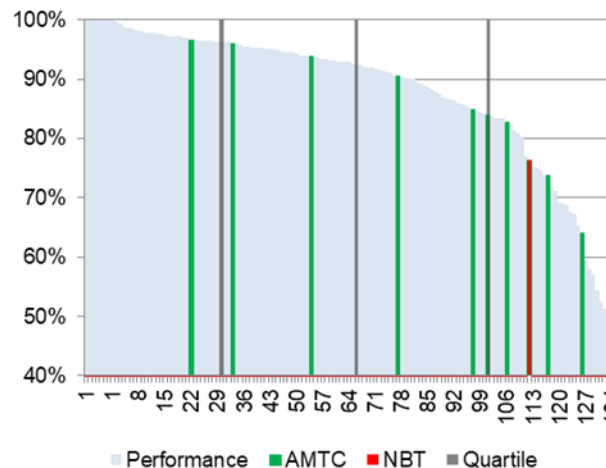
Patients Seen Within 2 Weeks of Urgent GP Referral



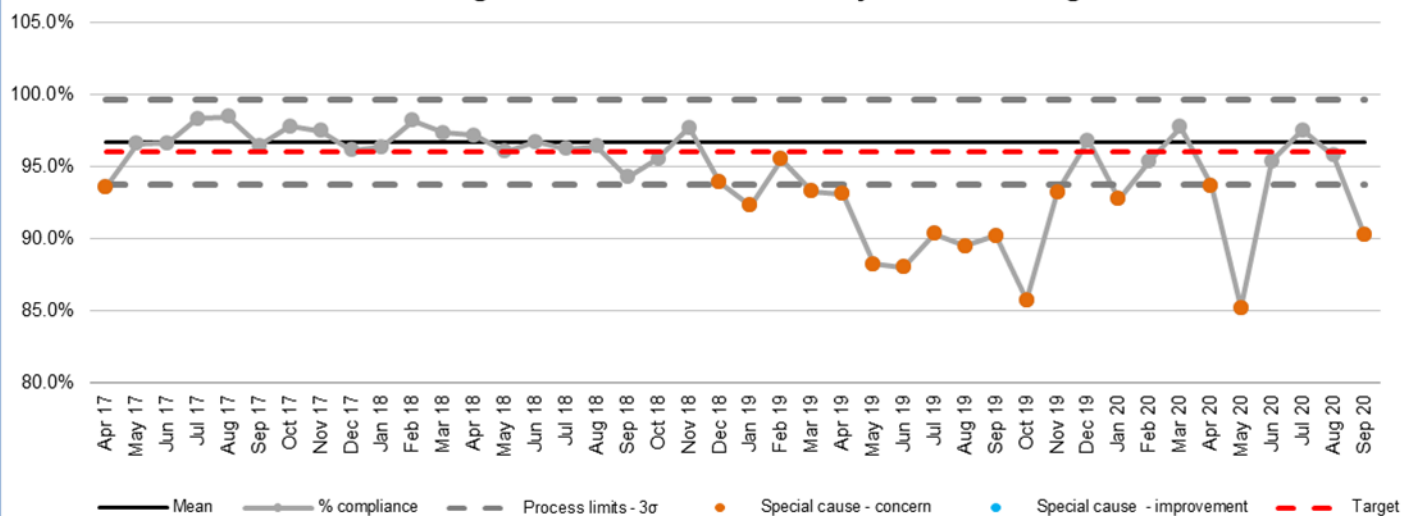
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard September-20



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



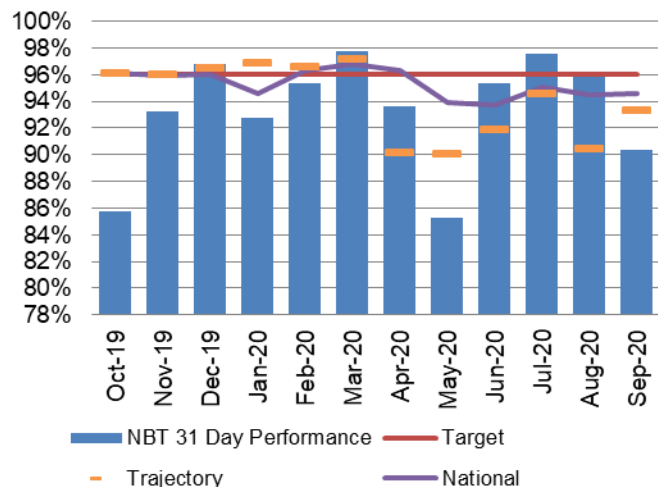
### Cancer: 31-Day Standard

The Trust failed the 31 day first treatment national standard of 96% with performance of 90.31% and failed the revised trajectory of 93.25%.

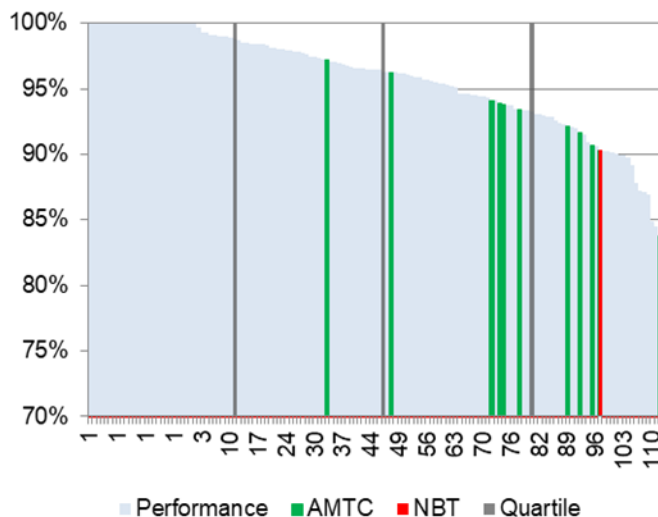
The Trust was able to treat 227 patients in September, with 22 breaches. 18 patients breached in Skin due to capacity and staffing pressures.

The Trust passed the 31 day subsequent surgery treatment trajectory of 81.73%, performing at 85.19%. The Trust treated 108 patients with 16 breaches in Breast and Skin.

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



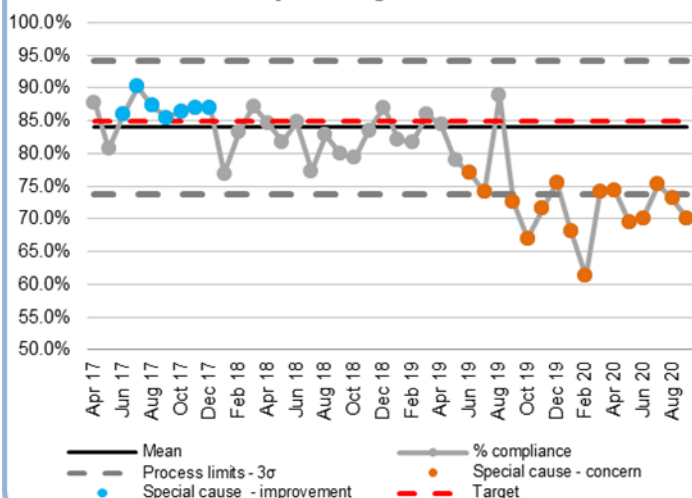
### Cancer 31 Day Standard September-20



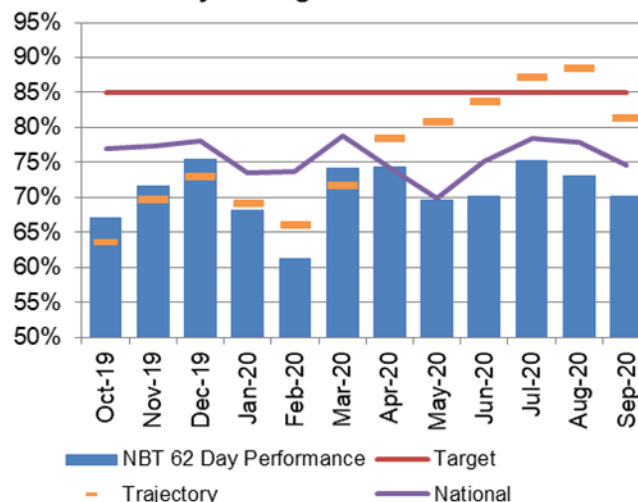
There were 7,104 day treated breaches in September that required Datix harm reviews; 5 within Urology and 2 in Colorectal.

Of the 7 patients that required Datix harm reviews, 4 were due to hospital COVID-19 delays, 2 were patient choice and 1 was a complex pathway. No harm has been identified as a result of the delay.

### Patients Receiving First Treatment within 62 Days of Urgent Referral



### Patients receiving first treatment within 62 days of urgent GP referral



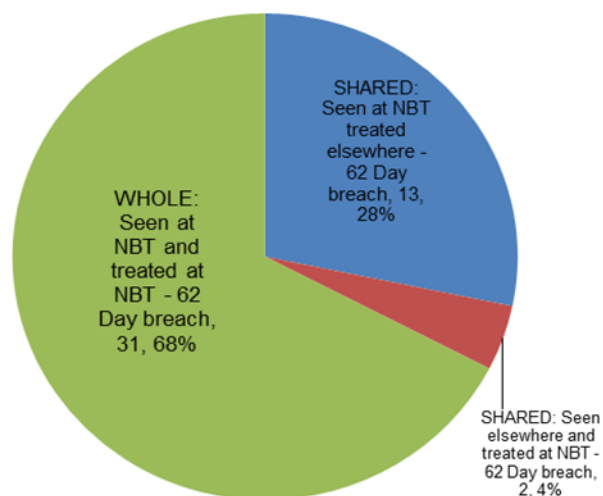
### Cancer: 62-Day Standard

The Trust failed the 62 day cancer trajectory and the national standard in September, reporting a position of 70.07% against a revised trajectory of 81.48%.

142 patients were treated with 42.5 breaches. All of the breaches in August were as a result of clinical deferral due to COVID-19 within the diagnostic and treatment pathway.

Urology's September performance of 58.89% with 49 breaches failed to achieve both CWT and post COVID-19 revised trajectory of 92.20%. This is an improvement on the previous month's position of 56.06%.

### 62 Day Breach Patients by Breach Type



### Cancer 62 Day Standard September-20

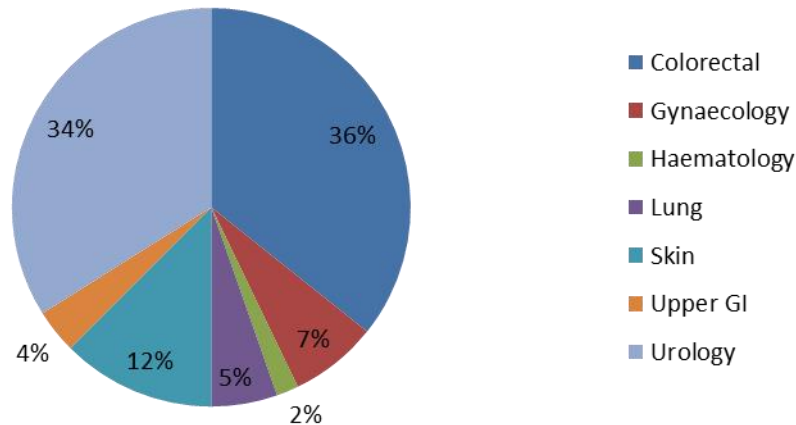


The majority of the Urology breaches were due to clinically deferred template biopsy procedures backlog clearance, plus the delay in self-isolation rules. We are unlikely to see any effect on 62 day performance until the early part of 2021.

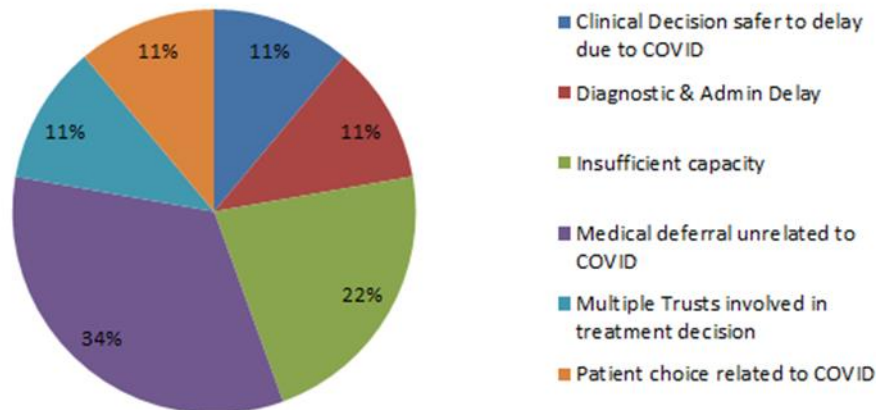
Colorectal failed to achieve the standard with 27.27%, they treated 11 patients with 10 breaches wholly due to delays in endoscopy during the COVID-19 period.

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

## 104 Day Waiters on PTL without DTT



## 104 Delay reasons with DTT



## Cancer

### 104 Day Patients Live PTL Snapshot October 2020

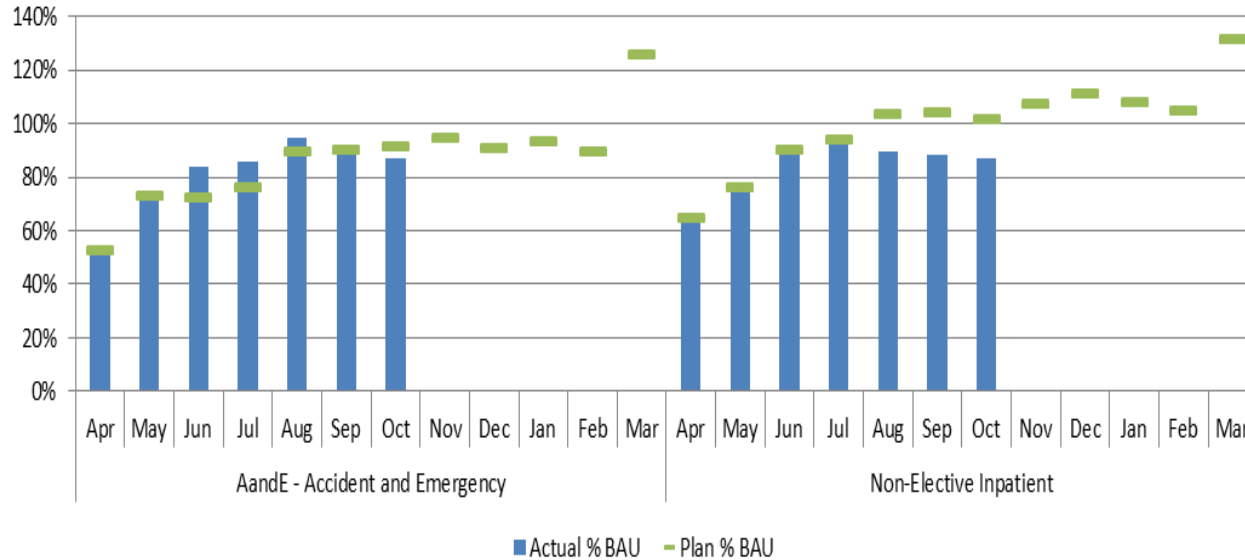
The Trust has 65 patients on the live cancer PTL as of 13 October waiting over 104 days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

The Trust has 56 patients waiting >104 days without a DTT. 20 of them are in colorectal, 1 in Haematology, 3 in Lung, 7 in Skin, 2 in Upper GI and 19 in Urology.

There were 9 patients with a DTT >104 days with a confirmed cancer diagnosis. 8 of these are Urology patients, due to COVID-19 Cancer treatment protocols; 1 in Breast. All have received clinical review.

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

### Non-Elective Activity vs Plan

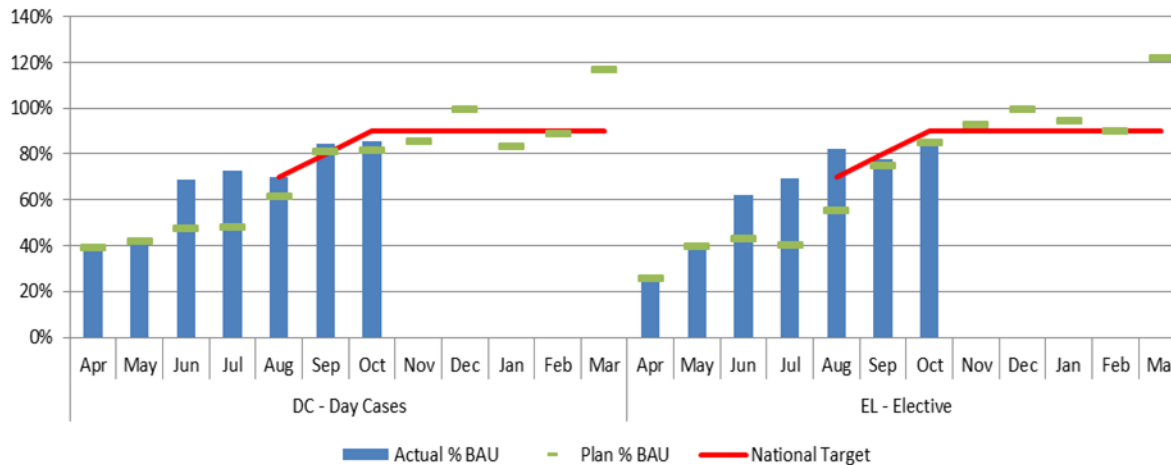


### Non-Elective Activity vs Plan

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

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

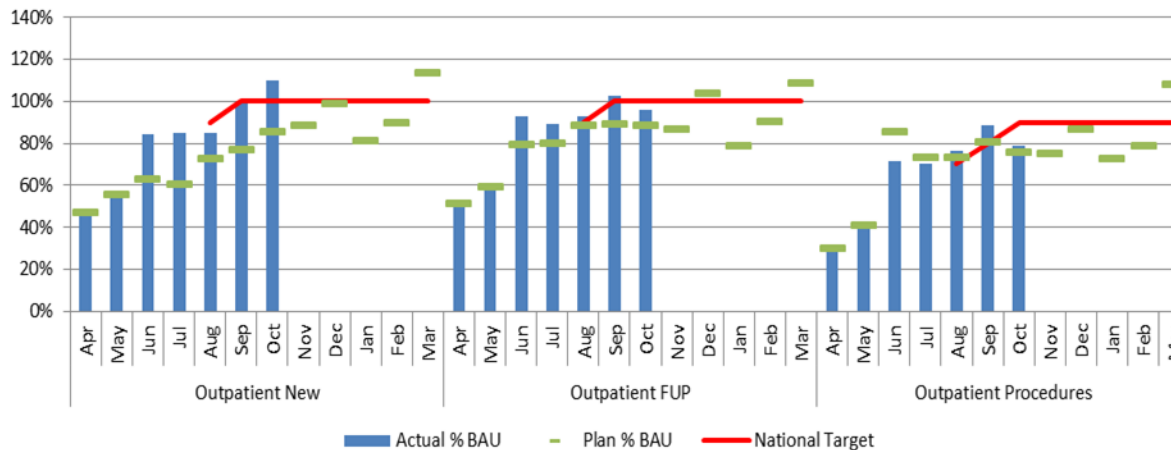
### Elective Inpatient Activity vs Plan



### Elective Activity vs Plan

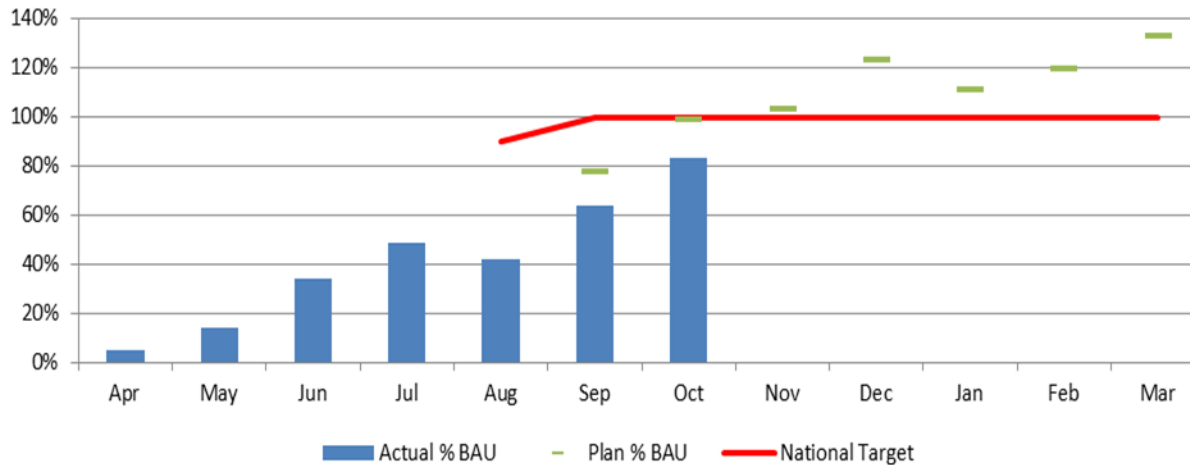
- **Day case and overnight admissions** have achieved plan in every period. Targets were not achieved in October.
- **Outpatient first attendances** have been above plan in every period but did not achieve the 90% target in August with activity at 85%.
- **Outpatient follow up** attendances have been above plan for every period and achieved the target in August and September.
- **Outpatient procedures** have been above plan in every period with the exception of June. The targets were achieved for August and September.

### Outpatient Activity vs Plan



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

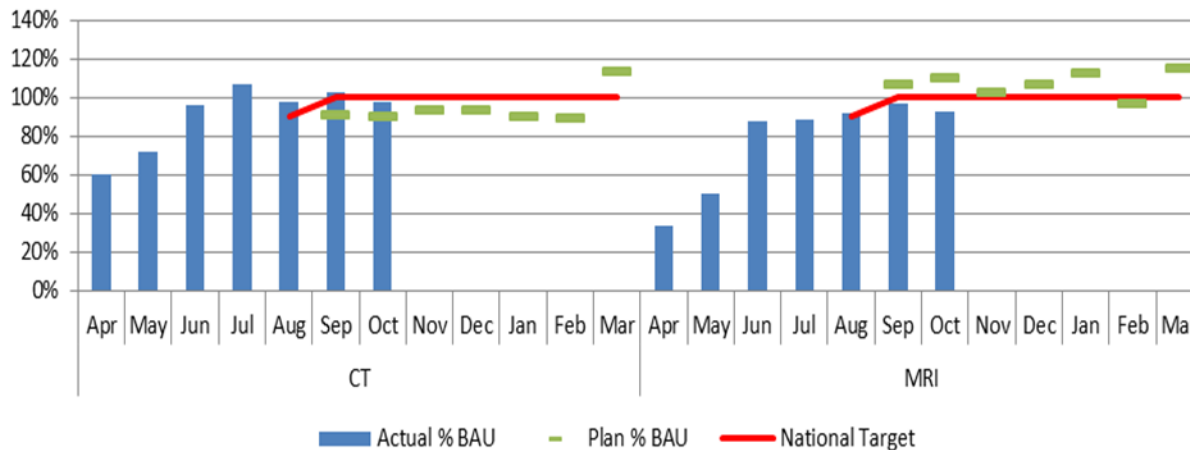
### Endoscopy Activity vs Plan



### Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan for September and below target for August, September and October. This relates to the under-reporting of activity due to a coding lag. Delivery of target is anticipated for October.
- **CT activity** has achieved plan for September and October.
- **MRI activity** did not achieve the target or plan in October. National 6 week wait performance was achieved in September but reported a slight deterioration to 1.42% in October.

### CT & MRI Activity vs Plan



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

## **Safety and Effectiveness**

**Board Sponsors: Medical Director and Director of Nursing  
and Quality**

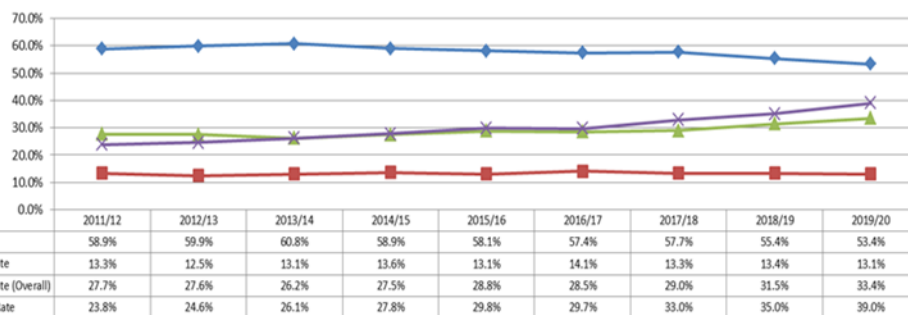
**Chris Burton and Helen Blanchard**

## NBT Maternity Dashboard

	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Caesarean section rate (overall)	28.0%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%
Elective CS rate (as % of all birth episodes)		16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%
Emergency CS rate (as % of all birth episodes)		16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%
Induction of labour rate	32.1%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%
3rd&4th degree tear rate as % of vaginal births	3.3%	3.9%	6.5%	5.5%	3.3%	2.5%	4.0%	3.8%	4.2%	2.8%	2.8%	3.4%	2.1%	3.2%
3rd&4th degree tear rate in unassisted births	2.5%	3.4%	6.2%	1.8%	2.8%	1.7%	3.4%	2.1%	2.4%	1.3%	2.3%	2.5%	1.3%	3.0%
PPH >=1000 ml rate	8.6%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%
PPH >=1500 ml rate	3.5%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%
PPH >=2000 ml rate	1.5%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%
5 minute apgar <7 rate at term	0.9%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%
Stillbirth rate	0.4%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%
Stillbirth rate at term		0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%
Stillbirth rate <37 weeks		8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%

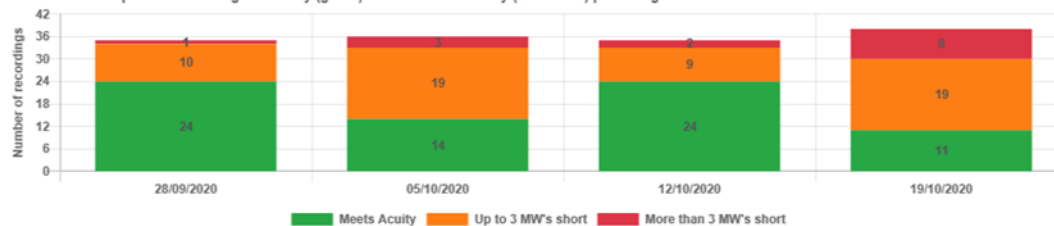
\*RAG is determined by a tolerance level set by the number of standard deviations away from the target a performance is.

### Activity Trends



The slide below shows the impact of the increasing acuity based on an assessment of Midwife/nurse time to meet the complex needs of the woman

No. of occasions per week: staffing met acuity (green) / was less than acuity (amber/red) plotted against the actual number of times scheduled data was recorded



## COVID-19 Maternity

The division has installed additional screens across the division to improve infection control within multiple occupancy bays and which helps restore some capacity.

Options for access and use of maternity and gynae has been completed. The agreed changes to date will;

- Increase capacity for recovery and HDU in light of increasing numbers of women requiring Level 1 and 2 care
- Prevent delays for women requiring induction of labour
- Reduce current risk and improve patient experience
- Improve efficiency of staffing

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

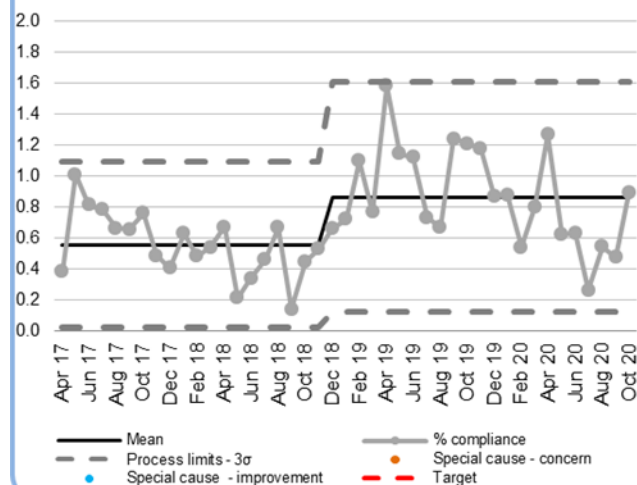
## Clinical

Both Elective and Emergency CS rates remain high with an average rate for the year at 35.4% and higher for the last 6 months at 36.38%. Births have increased over the last three months and in line with complexity trends the acuity on CDS remains high.

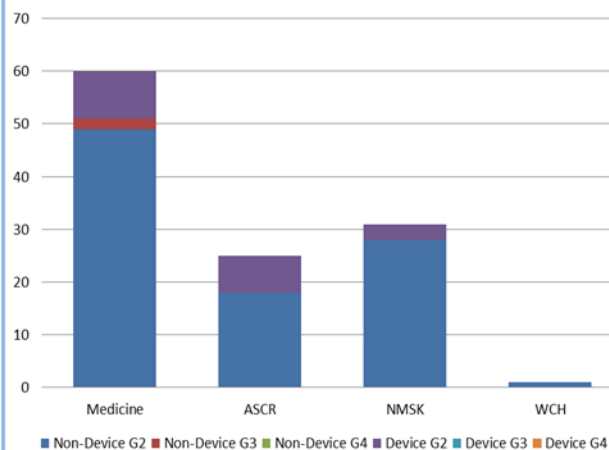
## Better Births NHSE

NBT is working towards meeting the national target of 35% of women being on a continuity of carer pathway by March 2021 as part of the national ambition to reduce stillbirths by 50% by 2024. The same must be in place for BaME women across the service and data assessment against this is being completed. This mandated requirement needs to be achieved as an LMS and will be reported as such – however for CNST and commissioning purposes the expectation will be by individual trust.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2020/21



## Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 4 pressure injuries in October. There has been 1 Grade 3 pressure injury reported within medicine division, Gate 8a.

In October we saw an increase of Grade 2 pressure injuries reported (28). This included 5 device related injury.

The incidence summary for October is as follows:

Medical Devices: 17%

Heels: 23%

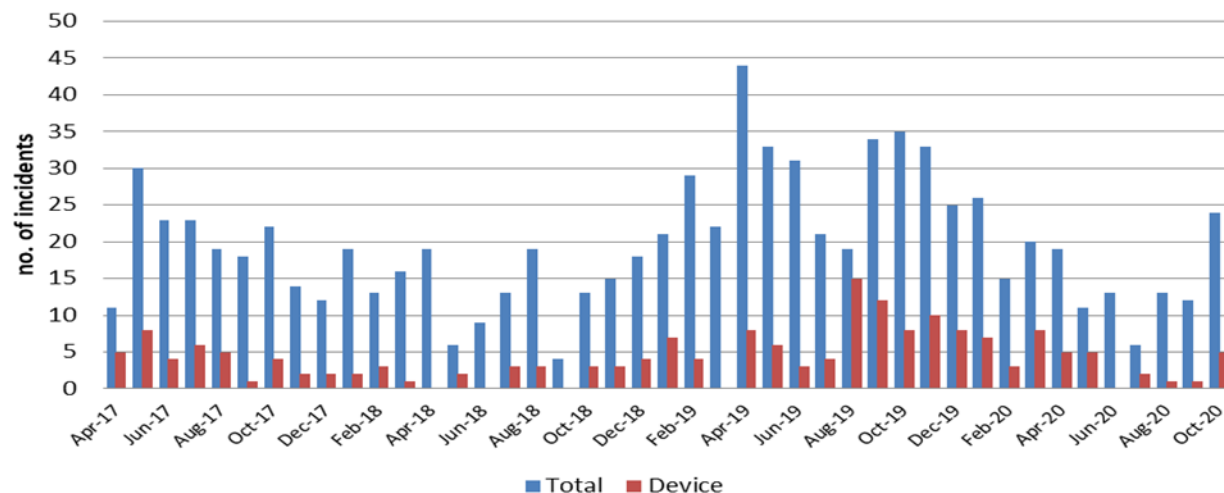
Coccyx/ Natal Cleft: 13%

Buttock/ Sacrum: 23%

Elbow/ Spine/ Ankle: 17%

Ear/ Toe: 7%

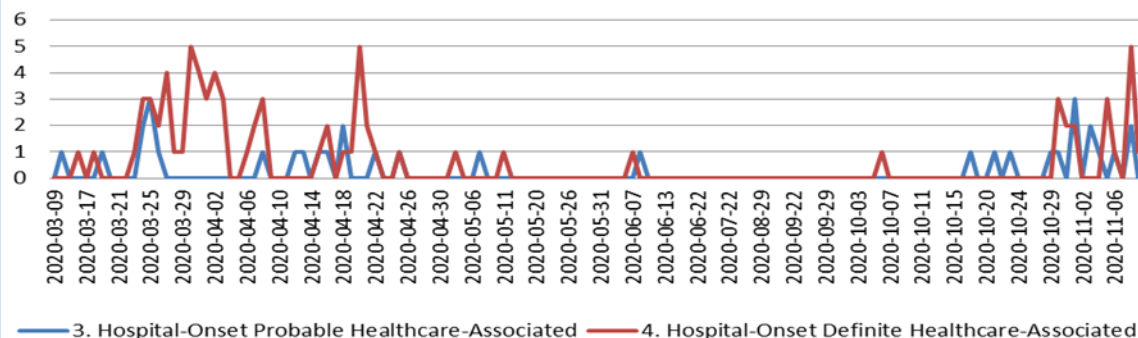
Pressure Ulcers - Total Incidents



The NIST approach continues on Gate 8a following validation of a second hospital acquired grade 3 pressure injury to the coccyx. Quality Improvement team working alongside teams to establish themes and trends and to embed learning using the QI methodology.

The Trust Wide themes and trends and subsequent actions and learning are monitored and shared through the Trust's pressure injury incident meeting.

**Covid-19 Onset Category by Positive Test Date**



## COVID- 19 (Coronavirus)

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. October has seen a rise in community transmission of the virus.

After several months with no hospital onset cases October saw four probable and six definite healthcare associated infections with COVID-19. As shown in the graph this has continued in early November with a number of localised outbreaks in the hospital. Post infection reviews are completed for each individual case. Where outbreaks occur Management meetings are convened including external parties from public health.

Transmission within ward bay areas has been a common theme and the learning included a review of the perspex screens between bed spaces which have been purchased for all bays. We have also reviewed guidance for patients on wearing of face mask in bays and when staff enter single rooms.

The Trust has reviewed signage in public areas emphasising the key messages of hand hygiene, wearing of face masks and maintaining social distancing. We will repeat our self assessment against the board assurance framework in the next month.

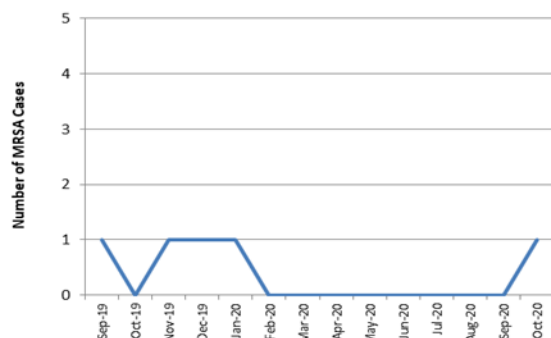
## MRSA

There has been one reported case of MRSA bacteraemia for October which is under investigation.

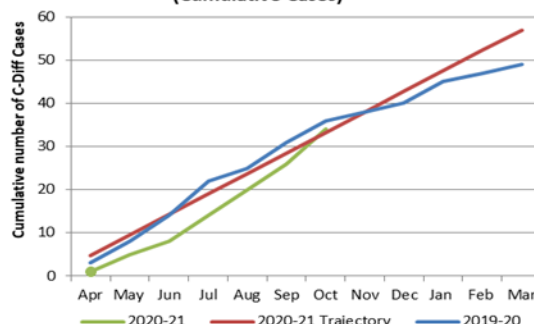
## C. Difficile

Seven Trust cases have been reported which is higher than the expected trajectory. Late sampling is a major reason in some recent cases so that community onset symptoms are being attributed to the trust.

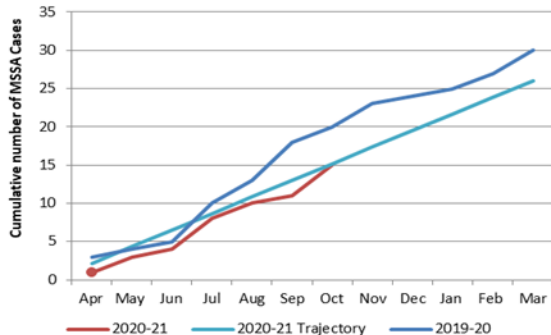
**MRSA Cases - Trust Attributable**



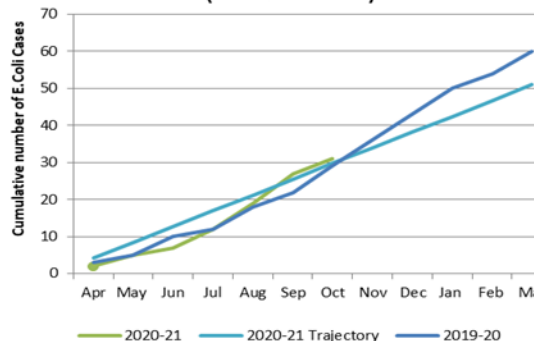
**C.Difficile Cases - Trust Attributable (Cumulative Cases)**

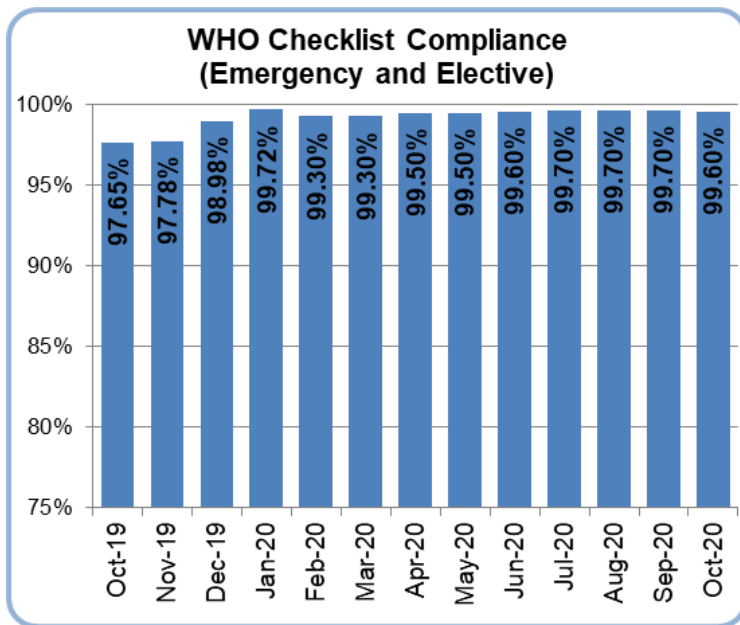


**MSSA Cases - Trust Attributable (Cumulative Cases)**



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



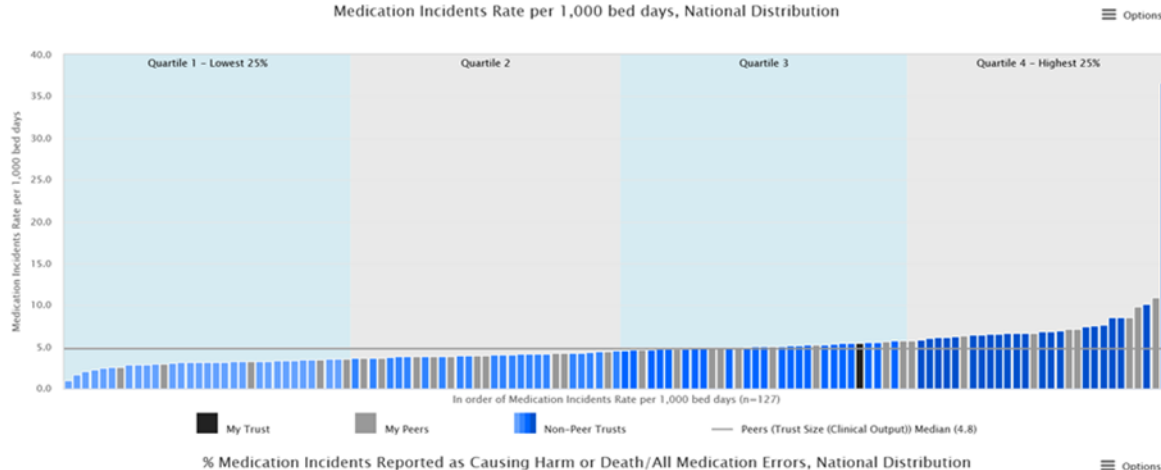


### WHO Checklist Compliance

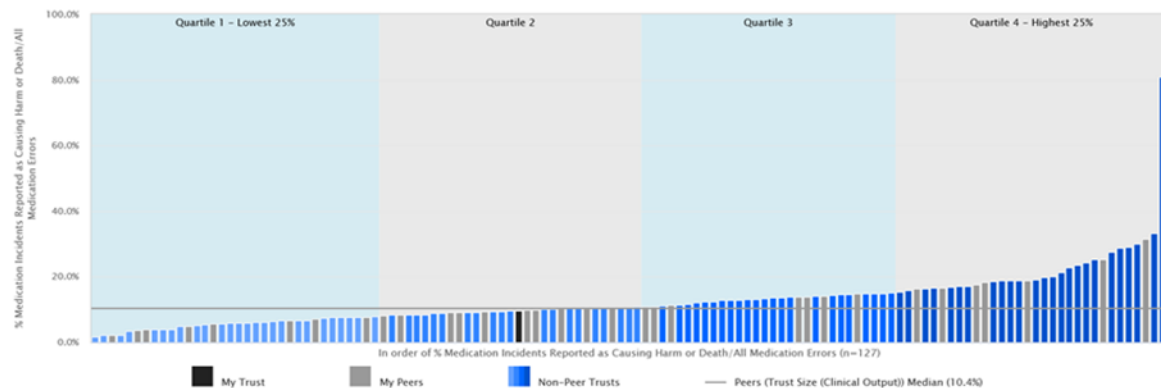
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

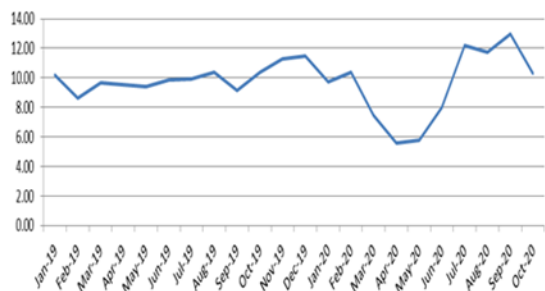
Medication Incidents Rate per 1,000 bed days, National Distribution



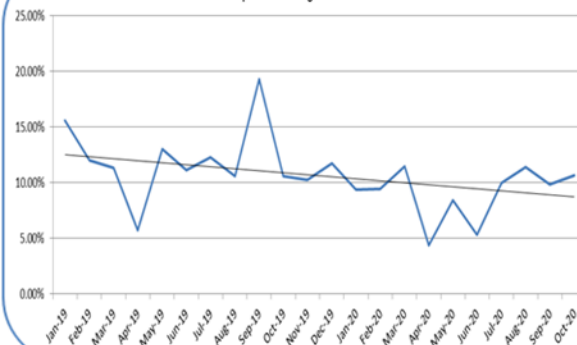
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors, National Distribution



North Bristol Trust - Medication Incidents per 1000 Bed Days\*



\* Bed Day acquired from Model Hospital Dataset 2017/18

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

## Medicines Management National Benchmarking

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

### Medication Incident Rate per 1000 Bed Days.

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

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

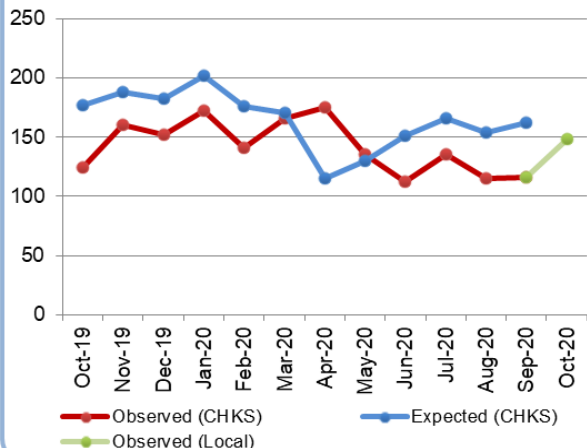
### North Bristol Trust Medication Incident Reporting (October 2020).

Organisations where staff believe reporting incidents is worthwhile are likely to report a higher proportion of "no harm" incidents. No harm incidents are 89% of NBT reported incidents and the percentage of harm incidents is declining over time.

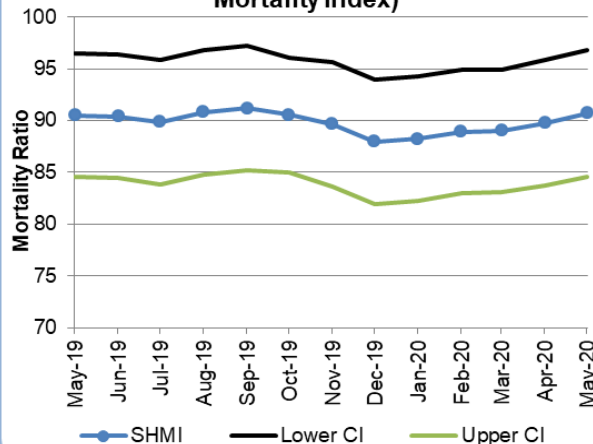
NBT has a medicines governance process overseen by the Drugs and Therapeutics committee which reports to Quality and Risk Management Committee.

## Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



### Overall Mortality

Mortality outcome data has remained within the expected statistical range.

### Mortality Review Completion

The current data captures completed reviews from 01 Aug 19 to 31 Jul 20. In this time period 89.1% of all deaths had a completed review. Of all "High Priority" cases, 93.9% completed Mortality Case Reviews (MCR), including 23 of the 23 deceased patients with Learning Disability and 30 of the 31 patients with Serious Mental Illness.

### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.7% (score 3-5). There have been 15 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as potential Serious Incidents through Divisional governance processes and the Patient Safety Group.

### Medical Examiner service

The project to implement a Medical Examiner service jointly with UHBW FT is progressing well with the regional October implementation target met.

As the project completes by March 2021 there will be revision of the policies with respect to mortality reviews to ensure that reviews are focussed on those cases with the greatest likelihood of significant learning.

## Mortality Review Completion

Aug 19 – June 20		Completed		Required		% Complete	
Screened and excluded		1107*					
High priority cases		264					
Other cases reviewed		251					
Total reviewed cases		1622		1821		89.1%	
Overall Score	1=very poor	2	3	4	5= Excellent		
Care received	0.0%	3.3%	17.8%	49.0%	29.9%		

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

Date of Death	Jul 19 – June 20
In progress	2
Reviewed not SIRI	12
Reported as SIRI	1
Total score 1 or 2	15

\*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.

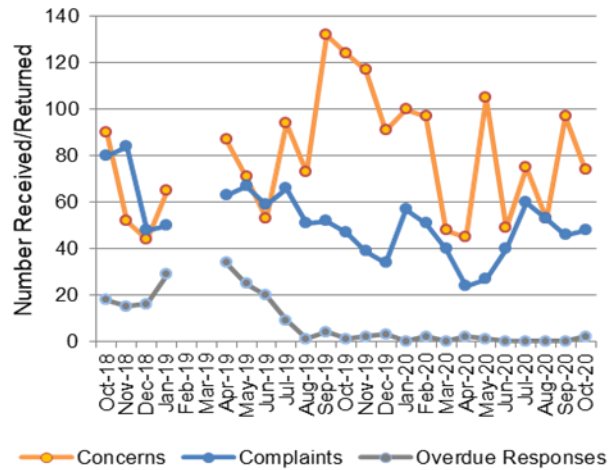
All high priority cases are still being reviewed.

## **Patient Experience**

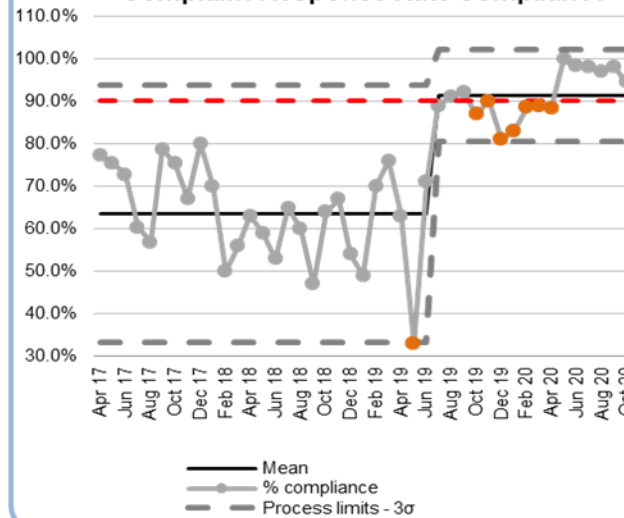
**Board Sponsor: Director of Nursing and Quality  
Helen Blanchard**

## Complaints and Concerns

**Trustwide Complaints, Concerns & Overdue Complaints**



**Complaint Response Rate Compliance**



In October 2020, the Trust received 48 formal complaints.

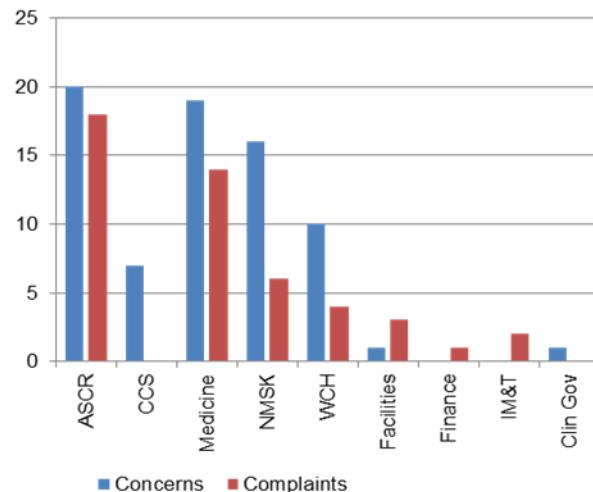
For the fourth consecutive month the most common subject of complaints is Clinical Care and Treatment. 3 complaints were received regarding Quality of Facilities. Prior to this, this has not been the subject of any complaints this year.

The 48 formal complaints can be broken down by division: (the previous month total is shown in brackets)

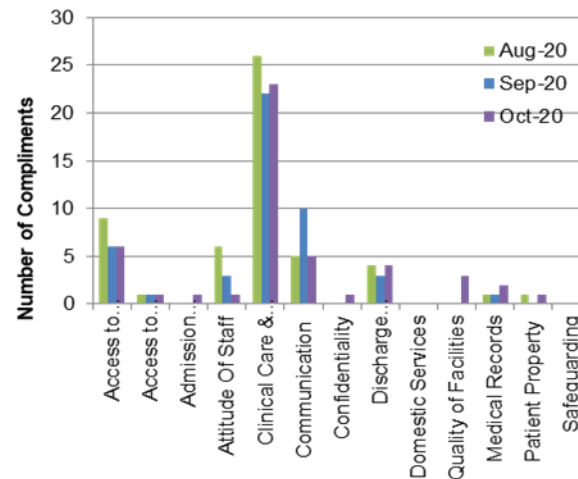
ASCR	18 (13)	CCS	0 (1)
Medicine	14 (12)	NMSK	6 (9)
WCH	4 (8)	Facilities	3 (0)
IM&T	2 (1)	Finance	1 (0)

Enquiries and PALS concerns are recorded and reported separately. In October 2020, a total of 20 enquiries were received by the Patient Experience Team. 74 PALS concerns were received. This is a decrease of activity on the previous month.

**Concerns and Complaints per Division**



**Complaints By Subject**



### Compliance Response Rate Compliance

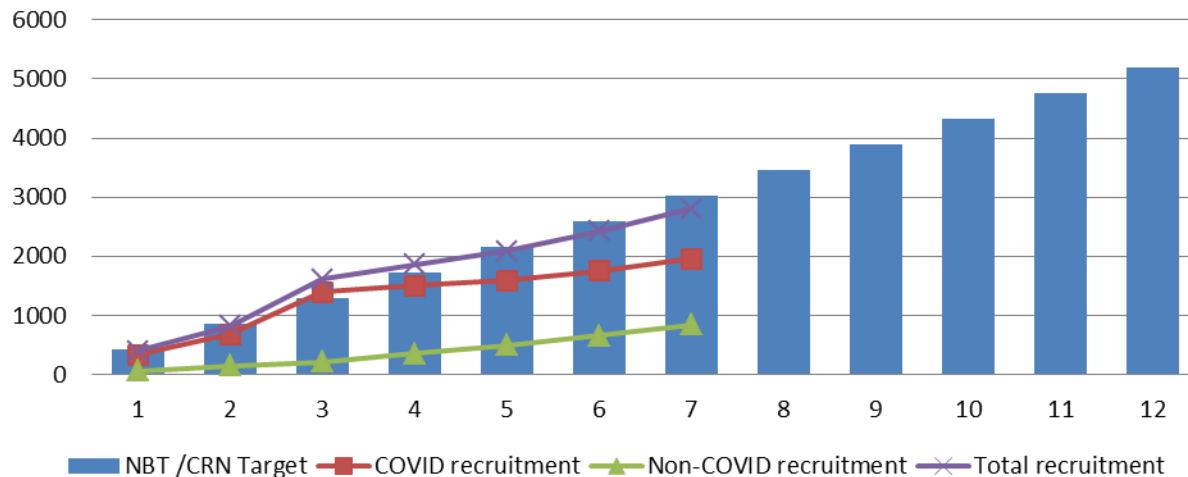
The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In October, 94% of complaints were closed on time. That is of the 72 complaints due to be closed in October, 68 were responded to on or before the due date. 2 remain open and 2 were responded to after the agreed timescale.

### Overdue complaints

There are 2 overdue complaints. These are in ASCR and due to the complainant awaiting notes from their Local Resolution Meeting in order to close the case. These delays have been due to a team administrator vacancy, that has now been filled.

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.

## Patient recruitment vs target



The recruitment target was set before the COVID-19 outbreak. Recruitment has remained on target as RESTART offered recruitment opportunities between COVID-19 waves. All the research teams are working hard to balance COVID-19 and Non-COVID-19 studies as pressures permit.

NBT suspended 221 studies during the epidemic. 140 studies have been re-started / closed.

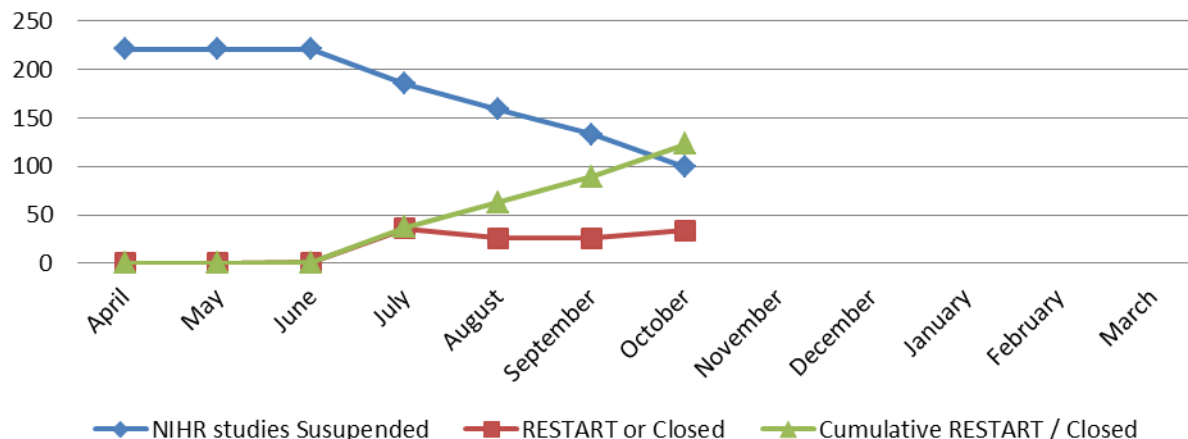
With the rise in COVID-19 positive inpatients research delivery staff are now supporting the COVID-19 Urgent Public Health studies, which is reducing capacity to recruit to non-COVID-19 studies.

NBT leads 53 research grants (NIHR, charity, industry and other) to a total value of £22.2m, and is a partner on 47 grants to a total value of £9m. This includes the COVID-19 focused NIHR grant, AERATOR, led by Prof Nick Maskell (Aerosolisation And Transmission Of SARS-CoV-2 in Healthcare Settings, award value £432k) which, following a review by the DHSC, is expected to be expanded to include additional sites and clinical areas.

R&I are accepting applications from NBT staff to undertake COVID-19 focused research projects, up to £20k per project, funded by the SHC Research Fund. Applications are reviewed each month by a funding panel, comprising the R&I Senior Team, SHC representative, Research Design Service and members of the public. To date we have awarded:

- Jo Daniels £19,757: COVID-19 clinicians cohort (CoCCo) study: trauma needs and preferences
- James Dodd £20,000: Remote teaching of home spirometry in patients with respiratory symptoms

## Research RESTART



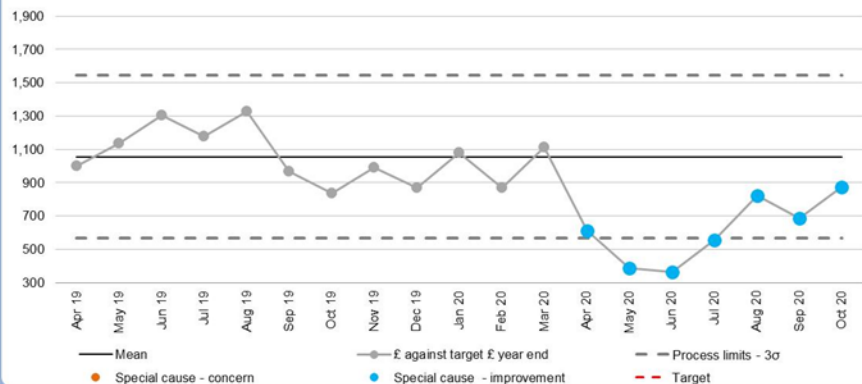
## **Well Led**

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

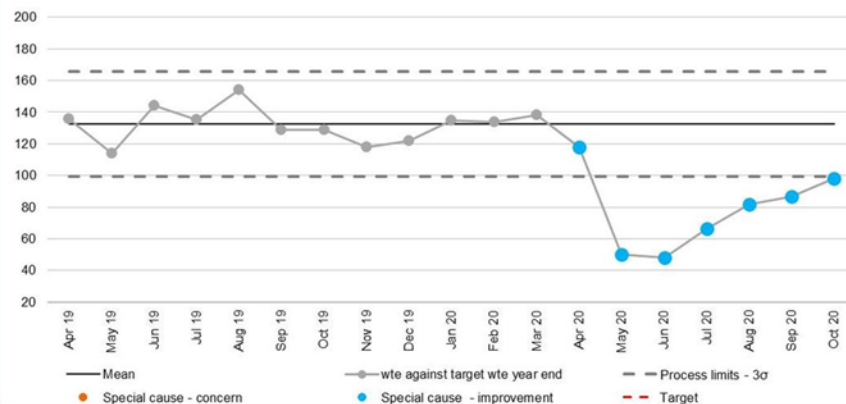
**Chris Burton and Jacqui Marshall**

# Workforce

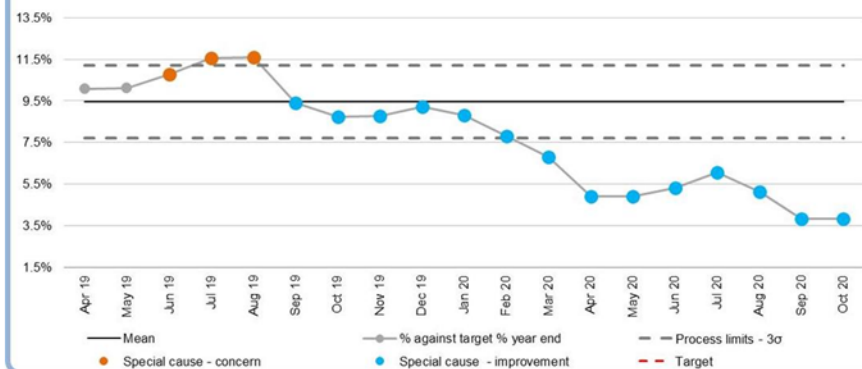
Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



## Resourcing

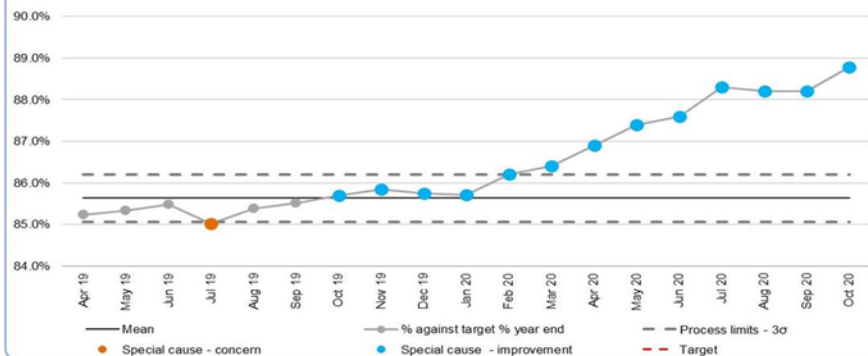
An increase in agency usage in October has been seen as services are being maintained whilst both substantive and bank capacity is affected by increases in absence levels. There have also been a large number of short notice requirements for registered mental health nurses where framework agencies have been unable to support so high cost non framework usage has been required.

Substantive recruitment saw 32.59 new starters on the Band 4 and 5 Nursing line and the Trust made 55 further offers to band 5 Nursing and Midwifery staff in October. HCA Recruitment remains a priority with increased recruitment activity whilst ensuring quality is not diluted.

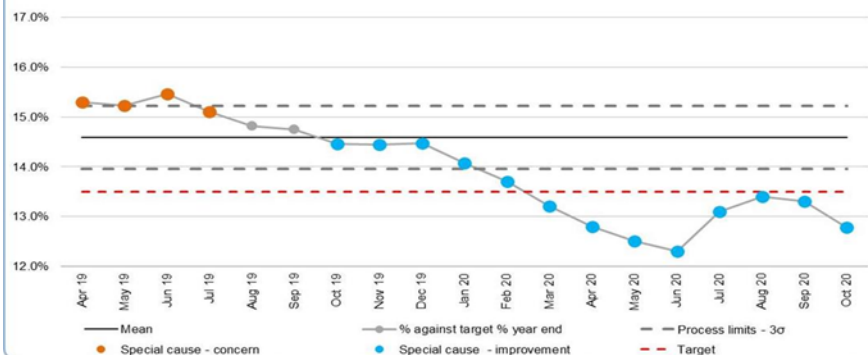
The Current Vacancy factor for Band 5 is 8.4% (109 vacancies) which is the lowest the vacancy factor has been since December 2017. The HCA vacancy factor is now 9.4%, which was 14% this month last year.

# Engagement and Wellbeing

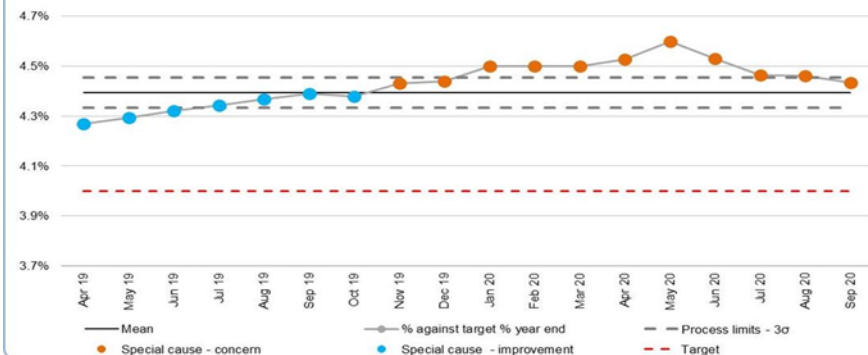
Stability -Trust starting 01/04/19



Turnover-Trust starting 01/04/19



Sickness Absence-Trust starting 01/04/19



## Turnover and Stability

Turnover continues to improve across all staff groups. Registered nursing has seen some of the greatest ongoing improvement largely driven by band 5 nursing. 137 wte band 5 nurses left between April and October 19/20, 84 wte have left in the same period this year.

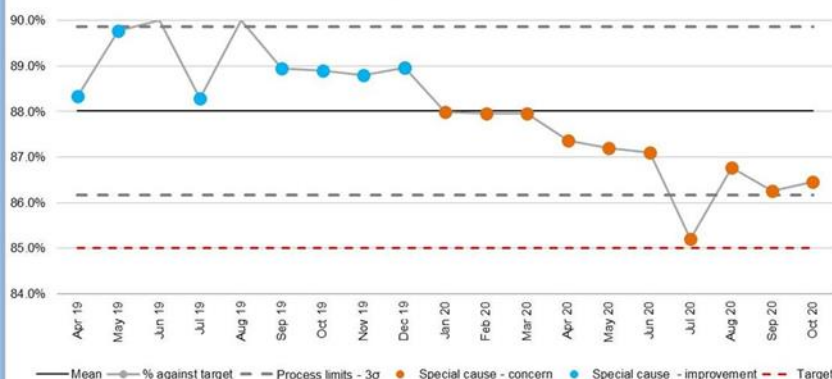
## Sickness and Health and Wellbeing

Initial data analysis earlier this year identified that the increase has been driven by long-term sickness. A deep dive into long-term sickness causes and drivers which was paused due to COVID-19 has now taken place with actions agreed at the People and Digital committee on 20/10/20.

Work undertaken to help improve sickness absence includes:

- Absence project in ASCR targeting absence hot spot areas
- Continued development of guidance and support for staff off sick with COVID-19 related sickness absence
- Incorporating COVID-19 health risk assessments into the new starter process to support safe working at NBT for everyone, in conjunction with Occupational Health
- Partnership working with the Psychology Team, People Team, Unions and People Partners to help understand better how to manage and support staff with high absence levels
- Introduction of a high level case review process for the 'top 30' LTS cases commencing later this month, to provide a 'fresh pair of eyes' and support to help determine the best way forward
- Work-related stress 'bitesize' toolkit being rolled out in November via LINK

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



## Appraisal

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

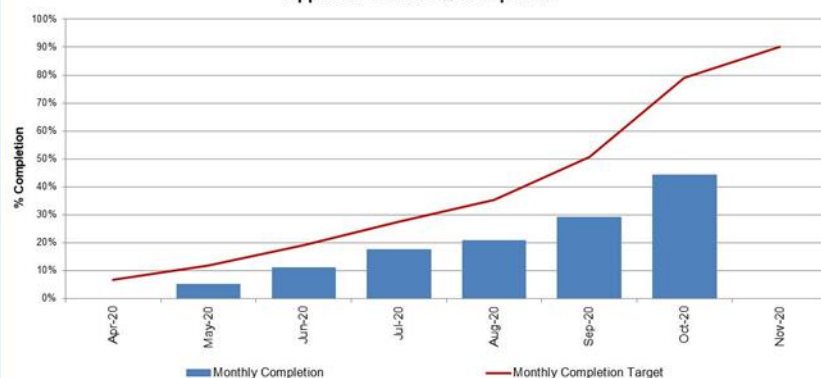
## Essential Training

No statistically significant change in compliance with the top eight essential training requirements. Wherever feasible, content continues to be made available online through MLE (Managed Learning Environment). Supply of places on practical classroom based sessions continues to be limited by social distancing requirements. Some clinically trained staff are being released for operational duties.

## Leadership & Management Development

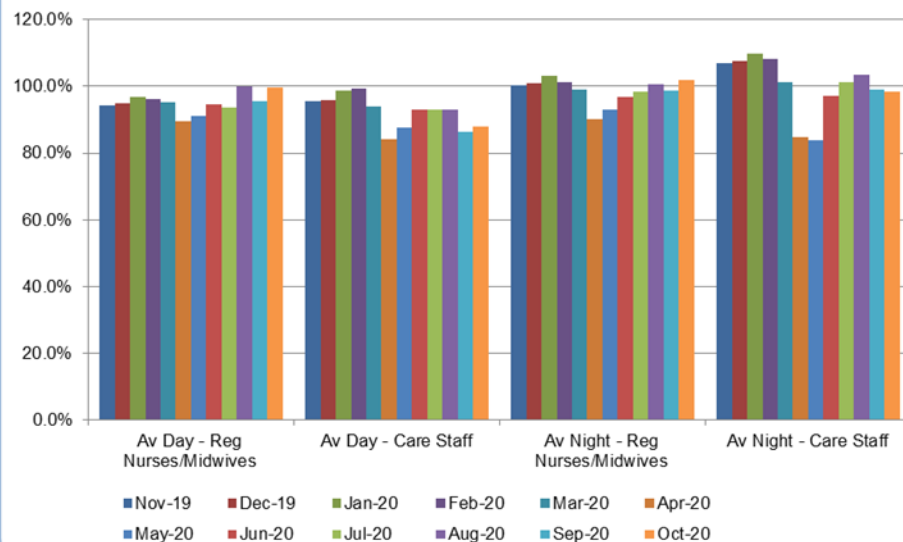
To maximise resource availability for operational duties, all non-essential learning events (online and practical) have been postponed until after February 2021. Although content directly related to staff wellbeing or use of eRostering will continue to be made available. Activities focused on getting Band 2 and 3 healthcare assistants qualified will also be prioritised in order to support Trust resourcing requirements.

Appraisal Window % Completion



Training Topic	Variance	Sep-20	Oct-20
Child Protection	-0.2%	86.0%	85.8%
Adult Protection	-0.1%	88.3%	88.2%
Equality & Diversity	0.5%	90.6%	91.1%
Fire Safety	0.2%	85.7%	85.9%
Health & Safety	-0.3%	89.6%	89.3%
Infection Control	0.2%	91.2%	91.4%
Information Governance	0.2%	81.5%	81.7%
Manual Handling	0.9%	76.3%	77.2%
Waste	0.3%	87.2%	87.6%
<b>Total</b>	<b>0.2%</b>	<b>86.26%</b>	<b>86.45%</b>

**Safe Staffing Fill Rates**



Oct-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	99.7%	87.9%	101.9%	98.4%

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

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

The organisation's overall occupancy remains reduced and the elective activity programme is in restoration phase with reduced elective care beds available. Elgar 1 & 2 staff was merged manually as this one team is providing patient care in the open Elgar ward. The other ward remains closed and the staff redeployed as in previous months.

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

7A (76.5% Days 73.3% Nights) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

Cotswold Ward (65.7% Days) : Reduced number of beds open and staffing reduced accordingly to match capacity and patient acuity.

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

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

AMU: (75.3% Nights) Planned reduction due to change in dependency with the AFU direct admissions. Template change expected ICU (22.5% days 37.1% nights) Unregistered staff vacancies

8b: (62.4 days) Unregistered staff vacancies

7A (68.7% Days) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

NICU (73.9% Days 69.2% Nights) Unregistered staff vacant shifts, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

9A: (79.8% Days) Unregistered staff vacancies

Quantock (72% Night) Unregistered staff vacancies Registered staff allocated to support.

#### Wards over 150% fill rate:

6b (181.1% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.

25b (158.1% Nights) additional patients requiring enhanced care support Rosa Burden ( 150% Day 152% Nights) additional patients requiring enhanced care support

## Care Hours per Patient Day (CHPPD)

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

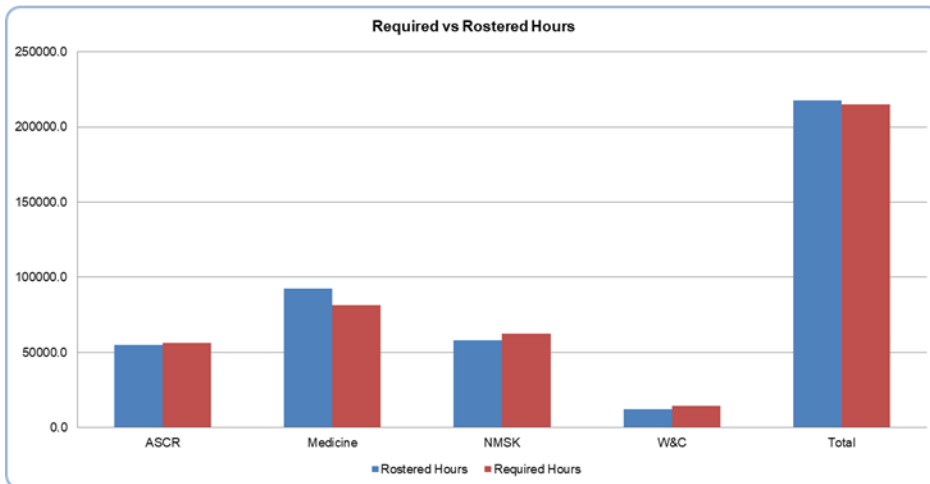
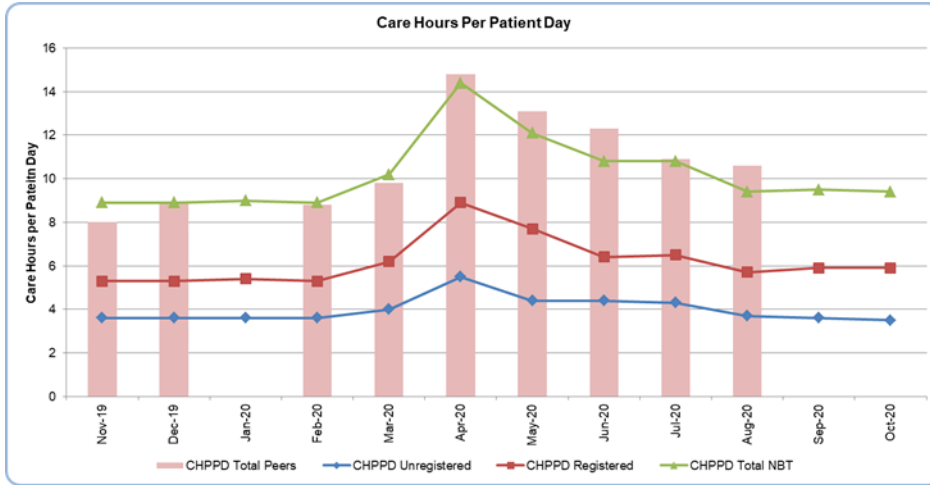
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

## Safe Care Live (Electronic Acuity Tool)

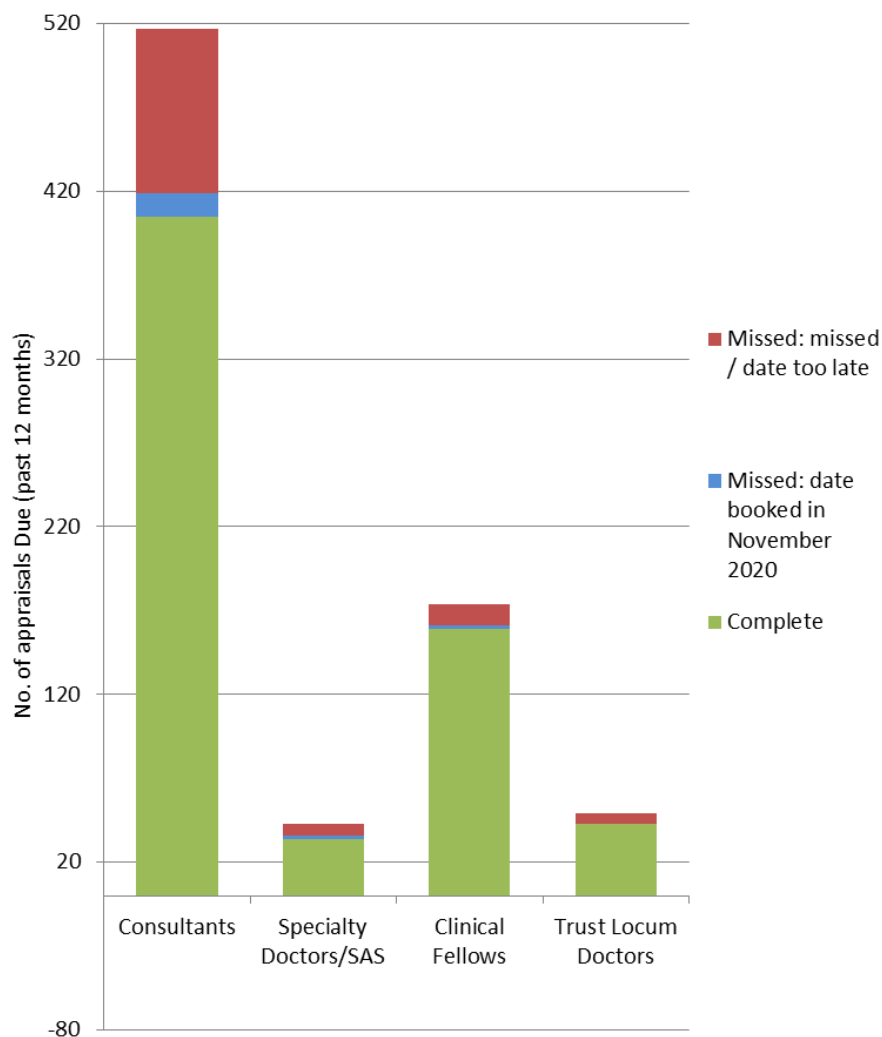
The acuity of patients is measured three times daily at ward level.

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

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



## Appraisal Compliance (prev. 12 months)



## Medical Appraisal

In March 2020 the appraisal process was suspended by NHSE due to COVID-19. The process resumed in June 2020. NHSE have stated that appraisals suspended during this period should be considered cancelled and not postponed. This applied to 109 appraisals, (included as complete appraisals in this data). The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach to appraisal preparation. This means that appraisal portfolios can contain reduced evidence of CPD, QIA and written reflection. These will now be captured in the appraisal discussion and the focus of the appraisal will be on wellbeing and personal development.

On the 17th March 2020 all revalidations due prior to the end of September 2020 were automatically deferred for 12 months by the GMC due to COVID-19. In June 2020 the GMC automatically deferred all remaining revalidations due prior to the 16th March 2021 for 12 months. The next revalidations due at NBT will be in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has increased significantly. Where possible, the revalidation team will be making revalidation recommendations for those doctors who were automatically deferred in order to reduce the burden in 2021/22.

## **Finance**

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

## Year to Date Position at 31<sup>st</sup> October 2020

<b>2020/21 I&amp;E</b>	<b>Position as at 31 October 2020</b>				
£m	<b>Apr - Sep</b>	<b>Oct</b>	<b>YTD</b>	<b>Oct</b>	<b>V</b>
	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Forecast</b>	<b>Forecast</b>
Contract Income	273.3	52.4	325.6	52.6	-0.3
Other Income	83	5.4	88.4	4.4	1.1
<b>Total Income</b>	<b>356.3</b>	<b>57.8</b>	<b>414.1</b>	<b>57</b>	<b>0.8</b>
Pay	-205.3	-34.7	-240	-35.1	0.4
Non-Pay	-115.3	-18.8	-134.1	-17.6	-1.2
Financing	-35.7	-5.6	-41.3	-5.8	0.2
<b>Total Expenditure</b>	<b>-356.3</b>	<b>-59.1</b>	<b>-415.4</b>	<b>-58.5</b>	<b>-0.6</b>
<b>Surplus/ (Deficit)</b>	<b>0.0</b>	<b>-1.3</b>	<b>-1.3</b>	<b>-1.5</b>	<b>0.2</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of October shows a year to date deficit of £1.3m compared to a forecast of £1.5m

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

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

There are no further key issues to report.

<b>Balance Sheet (£m)</b>	<b>Mar-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>In-month change</b>	<b>YTD change</b>
Property plant and equipment (PFI)	367.4	363.3	362.6	-0.7	-4.8
Property plant and equipment (non-PFI)	192.6	198.0	199.5	1.5	6.9
Intangible Assets	12.0	10.8	10.6	-0.2	-1.4
Non-current debtors	4.0	4.0	4.0	0.0	0.0
<b>Total non-current assets</b>	<b>576.0</b>	<b>576.1</b>	<b>576.7</b>	<b>0.6</b>	<b>0.7</b>
Inventory	13.1	12.3	12.2	-0.1	-0.9
NHS debtors	50.5	34.1	28.7	-5.3	-21.7
Non NHS Debtors and Prepayments	22.1	30.5	32.9	2.5	10.8
Cash and cash equivalents	10.7	90.2	92.7	2.6	82.0
<b>Total current assets</b>	<b>96.4</b>	<b>167.0</b>	<b>166.7</b>	<b>-0.3</b>	<b>70.2</b>
NHS creditors	-11.1	-10.1	-10.9	-0.8	0.2
Non NHS Creditors and Accruals < 1 year	-61.3	-137.3	-137.1	0.2	-75.8
Loans and Finance lease commitments < 1 year	-189.0	-17.4	-17.6	-0.2	171.4
<b>Total current liabilities</b>	<b>-261.4</b>	<b>-164.8</b>	<b>-165.5</b>	<b>-0.7</b>	<b>95.9</b>
Provisions and deferred income	-7.2	-6.4	-6.5	-0.1	0.7
PFI liability	-377.8	-372.9	-372.2	0.7	5.6
Loans and Finance lease commitments > 1 year	-10.7	-4.8	-6.2	-1.4	4.5
<b>Total non-current liabilities</b>	<b>-395.7</b>	<b>-384.1</b>	<b>-384.9</b>	<b>-0.8</b>	<b>10.8</b>
<b>Total net assets</b>	<b>15.3</b>	<b>194.1</b>	<b>192.9</b>	<b>-1.2</b>	<b>177.6</b>
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
In-year Income and Expenditure	-3.8	-0.2	-1.4	-1.2	2.4
Retained earnings	-378.5	-383.4	-383.4	0.0	-4.8
<b>Total net assets</b>	<b>15.3</b>	<b>194.1</b>	<b>192.9</b>	<b>-1.2</b>	<b>177.6</b>

## Statement of Financial Position

### Assurances

DHSC loans of £178.5m were replaced by PDC during September which created a significant change on the balance sheet when it was transacted. The improved cash position of £92.7m (£82.0m up since March) is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 89.4% by value compared to an average of 85.8% for 2019/20.

## Financial Risk Ratings , Capital Expenditure and Cash Forecast

Capital expenditure for the first 7 months of the year is £15.5m which compares to a year to date plan of £14.2m.

### Financial Risk Rating

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

### Rolling Cash forecast

The high level cashflow below is in line with NBT's element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £34m cash balance after the unwinding of the month in hand advance payment in March 2021.

£m	Nov-20 (Forecast)	Dec-20 (Forecast)	Jan-21 (Forecast)	Feb-21 (Forecast)	Mar-21 (Forecast)
Cash brought forward	92.7	108.2	102.6	96.1	93.0
Total I&E cash flows	-3.8	-0.9	-1.9	-1.8	-3.8
Total Other cash flows	19.3	-4.7	-4.6	-1.3	-55.3
<b>Total in-month cash movement</b>	<b>15.5</b>	<b>-5.6</b>	<b>-6.5</b>	<b>-3.1</b>	<b>-59.1</b>
Cumulative cash balance	108.2	102.6	96.1	93.0	33.9

## **Regulatory**

**Board Sponsor: Chief Executive  
Andrea Young**

# Monitor Provider Licence Compliance Statements at October 2020

## Self-assessed, for submission to NHSI

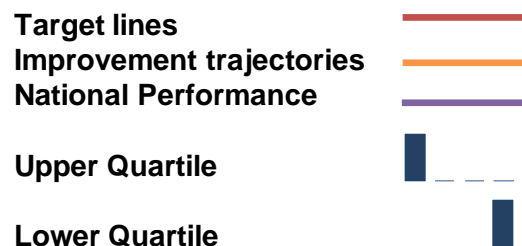
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently implementing national COVID-19 restoration guidance which involves staged standing back up elements of activity previously reduced as part of the COVID-19 operational response.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

# Appendix 1: Glossary of Terms

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

All data included is correct at the time of publication.

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

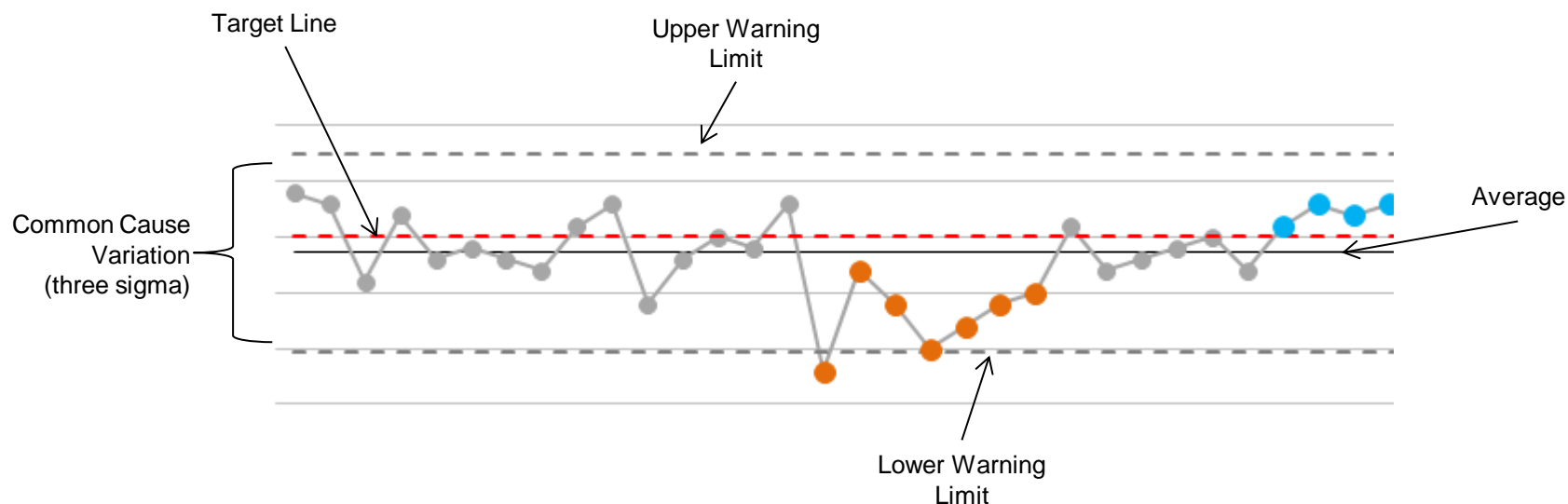


## NBT Quality Priorities 2020/21

- 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>IPC</b>	Infection, Prevention Control
<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)