North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

October 2020

(presenting September 2020 data)

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	National Standard	Current Month Trajectory (RAG)	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-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%	86.41%	85.14%	80.04%	80.18%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%		87.98%	37/114	
	A&E 12 Hour Trolley Breaches	0	0	0	4	9	2	38	48	2	0	0	0	0	0	0		0 - 49	1/16	
	Ambulance Handover < 15 mins (%)	100%	97.49%	97.29%	94.09%	94.34%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%				
	Ambulance Handover < 30 mins (%)	100%	99.83%	99.81%	99.19%	99.14%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%				
	Ambulance Handover > 60 mins	0	0	0	0	1	0	2	2	1	0	0	0	0	0	4				
	Stranded Patients (>21 days) - month end			159	138	128	127	160	156	120	58	57	72	83	96	114				
	Bed Occupancy Rate		93.00%	95.18%	96.51%	96.29%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.93%	94.75%				
	Diagnostic 6 Week Wait Performance	1.00%	31.67%	8.69%	9.09%	8.87%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%		47.82%	112/248	
	Diagnostic 13+ Week Breaches	0	0	225	239	63	147	258	113	114	402	2292	3161	1886	1979	1998			105/228	
	Diagnostic Backlog Clearance Time (in weeks)			0.2	0.2	0.2	0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9				
	RTT Incomplete 18 Week Performance	92.00%	65.15%	83.20%	83.28%	82.58%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%	70.46%		53.52%	140/387	
	RTT 52+ Week Breaches	0	1086	16	13	14	14	9	17	43	130	275	454	648	797	1001		0	165/227	
	Total Waiting List		30570	29313	29118	28351	28078	29672	29552	28516	25877	25518	25265	27512	28810	29387				
	RTT Backlog Clearance Time (in weeks)			3.3	3.1	3.0	3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4				
	Cancer 2 Week Wait	93.00%	88.65%	69.93%	87.23%	90.21%	81.94%	78.21%	89.94%	91.25%	76.35%	93.17%	97.30%	88.13%	78.12%	-		87.76%	119/139	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	94.59%	96.08%	98.61%	92.00%	81.08%	70.27%	89.63%	81.82%	76.47%	98.28%	96.62%	96.05%	75.18%	-		82.28%	65/86	
	Cancer 31 Day First Treatment	96.00%	90.41%	90.20%	85.76%	93.24%	96.80%	92.74%	95.36%	97.71%	93.66%	85.23%	95.35%	97.51%	95.78%	-		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%	84.54%	75.23%	69.09%	79.80%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	-		87.31%	26/65	
	Cancer 62 Day Standard	85.00%	77.86%	72.58%	66.98%	71.62%	75.53%	68.18%	61.31%	74.15%	74.34%	69.52%	70.12%	75.31%	73.10%	-		77.94%	91/132	
	Cancer 62 Day Screening	90.00%	74.07%	90.00%	77.50%	81.43%	81.13%	64.38%	67.27%	83.95%	85.92%	46.67%	28.57%	44.44%	66.67%	-		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%		84.35%	84.19%	83.21%	83.16%	83.79%	82.90%	83.44%	83.27%	84.06%	85.39%	83.08%	82.65%	83.00%				

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Domain	Description	National Standard	Current Month Trajectory (RAG)	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	
	Caesarean Section Rate		28.00%	32.3%	32.8%	35.3%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	
	Still Birth rate		0.40%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	
	Induction of Labour Rate		32.10%	36.5%	38.5%	35.3%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	
	PPH 1000ml rate		8.60%	14.9%	13.3%	13.3%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	
	Never Event Occurance by month	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			9	7	3	7	3	5	7	3	1	4	7	5	4	
	Total Incidents			954	1131	1121	1096	1150	1118	853	600	678	830	946	997	938	
	Total Incidents (Rate per 1000 Bed Days)			39	44	45	42	43	45	39	45	43	46	47	48	44	
	WHO		95%	97.56%	97.65%	97.78%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.40%	
	Pressure Injuries Grade 2			46	43	43	32	34	17	29	24	16	13	8	14	13	
	Pressure Injuries Grade 3		0	0	0	0	1	0	1	1	0	0	0	0	0	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			30	31	30	31	32	30	27	16	18	21	24	25	26	
	#NoF - Fragile Hip Best Practice Pass Rate			69.64%	83.78%	87.23%	86.11%	68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	-	
	Stroke - Patients Admitted			76	89	83	82	79	72	97	71	72	79	84	63	83	
	Stroke - 90% Stay on Stroke Ward		90%	79.37%	93.15%	91.18%	70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	-	
	Stroke - Thrombolysed <1 Hour		60%	75.00%	50.00%	37.50%	41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	50.00%	51.95%	62.16%	59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	76.12%	84.34%	81.58%	73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	-	
	MRSA	0	0	1	0	1	1	1	0	0	0	0	0	0	0	0	
	E. Coli		4	4	7	7	7	7	4	6	2	3	2	5	7	8	
	C. Difficile		5	6	5	2	3	5	4	4	1	4	3	6	6	6	
	MSSA		2	5	2	3	1	1	2	3	1	2	1	4	2	1	
Quality Caring & Experience	PALS - Count of concerns			81	119	104	90	107	108	104	45	105	49	75	51	95	
	Complaints - % Overall Response Compliance		90%	92.00%	87.00%	90.00%	81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98%	97.06%	98.04%	
	Complaints - Overdue			4	1	2	3	0	2	0	2	1	0	0	0	0	
	Complaints - Written complaints			53	47	41	36	57	51	26	24	27	40	59	53	46	
Well Led	Agency Expenditure ('000s)			968	836	990	868	1081	869	1112	613	386	364	555	822	687	
	Month End Vacancy Factor			9.39%	8.75%	8.77%	9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	
	Turnover (Rolling 12 Months)		13.80%	14.75%	14.46%	14.44%	14.47%	14.08%	13.68%	13.25%	12.80%	12.50%	12.30%	13.10%	13.40%	13.30%	
	Sickness Absence (Rolling 12 month -In arrears)		4.30%	4.36%	4.38%	4.43%	4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	-	
	Trust Mandatory Training Compliance			88.95%	88.89%	88.80%	88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	

EXECUTIVE SUMMARY
October 2020

NHS North Bristol NHS Trust

Urgent Care

The Trust achieved the four-hour performance trajectory of 86.41% with performance of 87.76% and reported nil 12-hour trolley breaches for the sixth month consecutively. ED attendances remained stable in September, but growth is greater than the South West in comparison. Greater levels of attendances, admissions and bed occupancy continue to negatively impact four-hour performance in-month and is expected to further deteriorate the position in October. Ambulance handover delays were reported in-month with four handovers exceeding one hour during a period of significant operational pressure. Despite performance becoming increasingly challenged, the Trust continues to perform well nationally, maintaining the ranking of 1st out of 10 Adult Major Trauma Centres and ranking 37th out of 114 reported positions for Type 1, four-hour performance.

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 (without the impact of a second wave of COVID-19 taken into account). In September, the Trust has reported a continued increase in the overall waiting list size, impacted by increased demand. Despite the increase, the waiting list position remained less than the new trajectory. There were 1001 patients waiting greater than 52 weeks for their treatment in September against a revised trajectory of 1086. 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 September, reporting an overall position of 29.58% vs a revised trajectory of 31.67%.

Cancer wait time standards

The TWW standard failed to achieve the revised trajectory of 88.65% with performance at 78.12%. The deterioration in performance predominantly relates to capacity constraints within Colorectal Surgery, Upper GI and Breast. The Trust achieved the revised 31-day trajectory of 90.41% and almost achieved the national standard of 96% with 31-day performance at 95.78%. The Trust did not achieve the revised 62 day waiting time standard trajectory of 77.86% in August with performance at 73.10%. The revised trajectories do not anticipate recovery of this standard until January 2021. The number of patients waiting more than 104 days continue to reduce. Any delays to treatment have been in line with national guidance to ensure safety for patients and staff.

Quality

There has been a further decrease in overall complaints in September with a continued reduction in the category of 'Access to Services'. Complaints regarding communication have risen in month. Core NHS services have been re-established within the Trust with clear pathways established across the hospital for different patient areas according to levels of transmission risk. Lower levels than trajectory continue for C-Difficile, MSSA and E.coli, with no MRSA cases for the year to date and Trust attributable Grade 2 pressure injuries continuing to decrease and remain below 2019/20 levels. A Trust acquired Grade 3 pressure injury occurred in September.

Workforce

Turnover continues to improve with August's position at 11.7% (excluding the impact of staff temporarily employed during the COVID-19 response); the lowest position in over five years. The Trust vacancy factor is 3.8%; a significant reduction in vacancies (-60wte) in registered nurses following the September intake of newly qualified staff and the ongoing improvement in turnover have contributed to this month's position also being the lowest in over five years.

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 response preparations. The revised financial framework was applied until the end of September. 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.

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care
The Trust achieved the four-hour performance trajectory of 86.41% with performance of 87.76% and reported nil 12-hour trolley breaches for the sixth consecutive month. Nationally, Trust performance maintained the ranking of 1st out of 10 Adult Major Trauma Centres and ranks 37th out of 114 reported positions for Type 1, four-hour performance.

Bed occupancy averaged at 94.75% with reduced variation in September, resulting from greater consistency in bed demand. Four-hour performance is becoming increasingly challenged with greater levels of attendances, admissions and bed occupancy. Ambulance handover delays were reported in-month with four handovers exceeding one hour. Stranded patient levels continue to increase due to capacity constraints within the community. This has been highlighted as an area of concern to System leads. The recording of Delayed Transfers of Care (DToC) has now formally ceased. The Trust will now be 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 70.46% in September, achieving the new trajectory of 65.15%; the improvement is the result of increased demand and activity, reducing the backlog by 16.42%. The number of patients exceeding 52 week waits in September was 1001 against a revised trajectory of 1086; the majority of breaches (616; 61.54%) 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 in September, predominantly impacted by an 18.60% increase in waiting list activity. As of September, 29.58% of patients have waited more than 6 weeks for a diagnostic test, achieving the revised trajectory of 31.67%. Overall, September reported a 18.60% increase in the waiting list and static number of 13 week waits. Nationally, the Trust position deteriorated slightly, impacted by Endoscopy capacity constraints in August. Despite the deterioration, the Trust continues to surpass the national diagnostic waiting times position. A high level review is completed by modality for all patients waiting over 13 weeks for their diagnostic test to ensure no harm has come to the patients as a result of the extended wait times.

Cancer
The Trust failed six of the seven Cancer Wait Times standards in August and achieved trajectory for three of the standards. Failure to achieve the standards in August was due to IPC controls that meant services were running at reduced activity and in some specialties staffing pressures and patient choice were the main cause of delay. The number of patients waiting more than 104 days due to COVID-19 have significantly reduced. TWW demand continued to increase when compared to 2019 levels but capacity remains challenging in Breast and Skin. The Colorectal backlog created during the pandemic started to be addressed using all available capacity; numbers of long waiters are falling as a result ,but the delays continue to be felt as seen in the poor performance this month. The recovery of the 62-day trajectory is on track, but any escalations of COVID-19 will 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 improved in the last 3 months

Continuity of Carer for women: NBT is in line to meet the national trajectory of 35% by March 2021

Infection control: No hospital acquired COVID-19 cases in October.

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

Pressure Injuries: For September there has been a continued decrease in grade 2 pressure injuries.

Areas of Concern

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

Pressure Injuries: 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.

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 reduced to 3.8% in September with the greatest reduction in vacancies being in registered nursing (-60 wte) following the intake of newly qualified staff in September. This is the lowest the Trust vacancy factor has been since vacancy factor started being measured in April 2015.

Turnover
The Trust turnover is reported as 13.3% in September. Excluding the impact of staff leaving who were on temporary contracts during the COVID response the Trust turnover is 11.7% with the improvement continuing to be in voluntary turnover, which is below 9%. Turnover is at its lowest point for over five years.

More detailed work is being carried out in partnership with the system as part of the Pathfinder work to align retention interventions with target areas

Expand leadership development programme for staff
Restorative Just Culture Training (Mersey Care and University of Northumbria) has been commissioned and finalised and the 4.5 day programme (over 3 weeks) in November is full, with the maximum of 40 delegates from a range of areas.

Prioritise the wellbeing of our staff
The rolling 12-month sickness absence remained at 4.5% in August. However the split between long and short term has changed, long term increases by 0.2% and short-term decreasing by the same amount over the last 12 months. A deep dive into long term sickness was carried out in September with recommendations to be reviewed by the People and Digital Committee in October. The review found certain staff groups, age brackets and sickness reasons where long term sickness episodes were increasing and interventions will be targeted in these areas.

Our wellbeing programme continues to be recognised as a leader with a 'highly commended' accolade in the national HPMA awards this month. Two of our Matrons were invited to speak about their approach to staff wellbeing this month at a National Nurse Conference chaired by Ruth May.

Continue to reduce reliance on agency and temporary staffing
Overall temporary staffing demand remained at the same level as August. Demand increased in registered and unregistered nursing and midwifery and agency use increased in September in response. Agency fill rates remained at the same levels across tier 1, 3 and 4.

Overall bank fill rates dropped and unfilled shift rates increased in September, predominantly in nursing. Work is in progress too improve bank resilience over winter .

FINANCE
SRO: Director of Finance
Overview

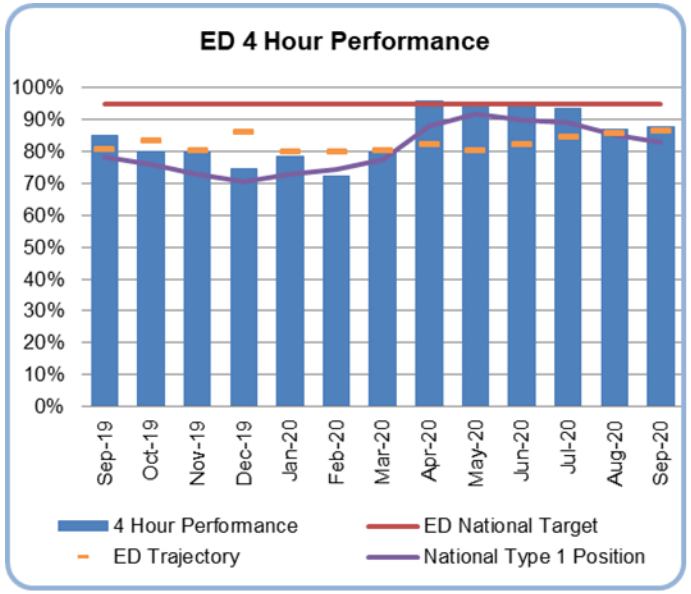
On 17 March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework initially for the first four months of the year that was then extended to cover the first half of the 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).

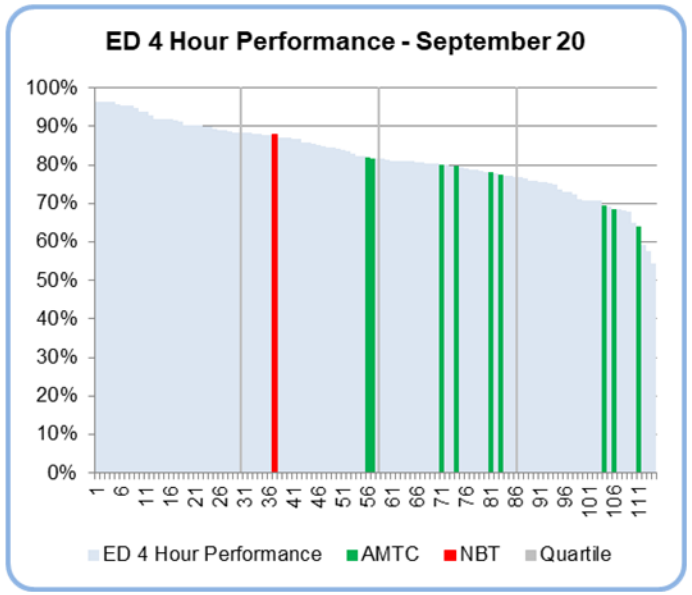
From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years. Separately each System (either Sustainability and Transformation Partnership [STP] or 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.

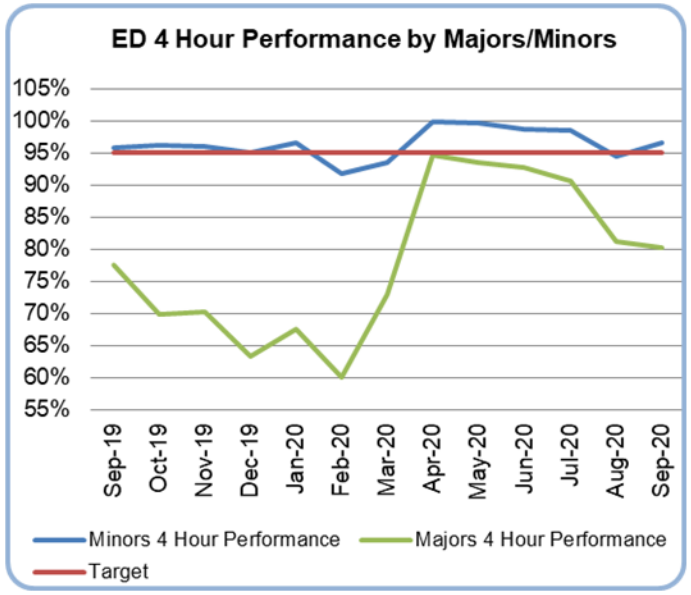
Due to errors in calculating the levels of achievable Other income NBT and the System are currently forecasting deficit positions for the full year. This gap in funding is being discussed with Regional and National teams to identify the reasons for the gaps and identify potential routes to secure funding. 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.

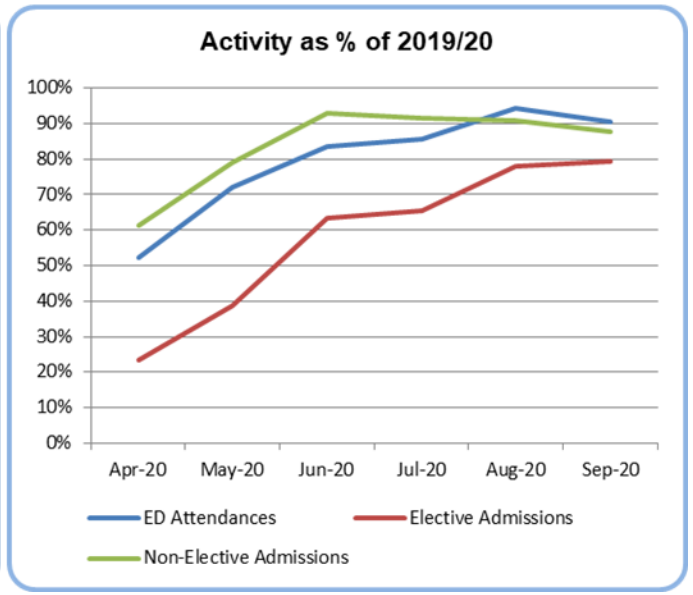
Responsiveness

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









Urgent Care
Assumptions from the original 2020/21 four-hour performance trajectory have been carried forward for Phase 3 planning and reflect the current challenges in emergency care.

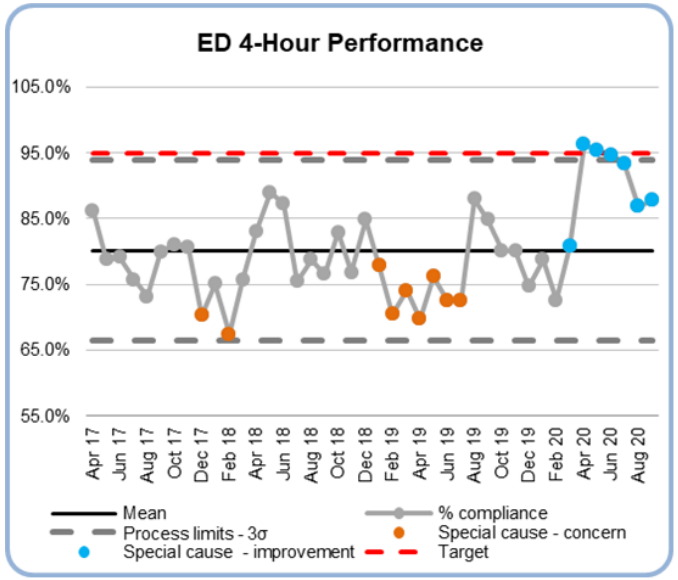
Performance remained challenged in September with continued high levels of attendances, admissions and bed occupancy. Ambulance handover delays were reported in-month with four handovers exceeding one hour. The breaches occurred during a consecutive two-day period of high bed occupancy and density within the emergency department with a Trust status of OPEL 4. Due to IPC guidance, it was not safe for patients to be admitted into the department any sooner.

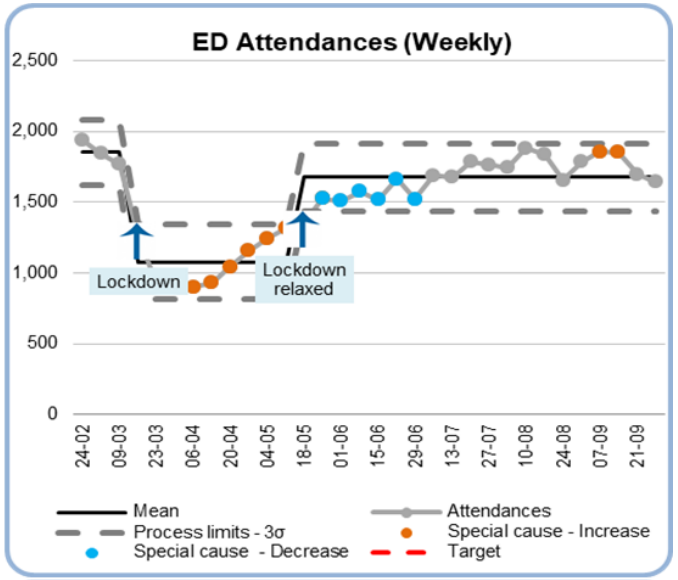
Majors performance was most notably impacted by significant bed pressures within the Medicine division.

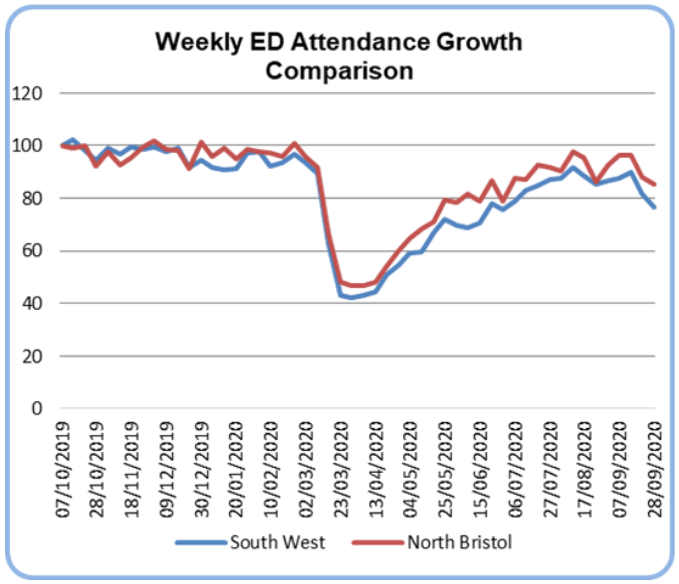
At 7670, ED attendances were at 90.77% of 2019/20 levels. Emergency admissions were at 87.79% of 2019/20 levels and elective admissions were at 79.23% of 2019/20 levels. For September, the Trust ranked 41st out of 140 providers for year-to-date emergency admission growth.

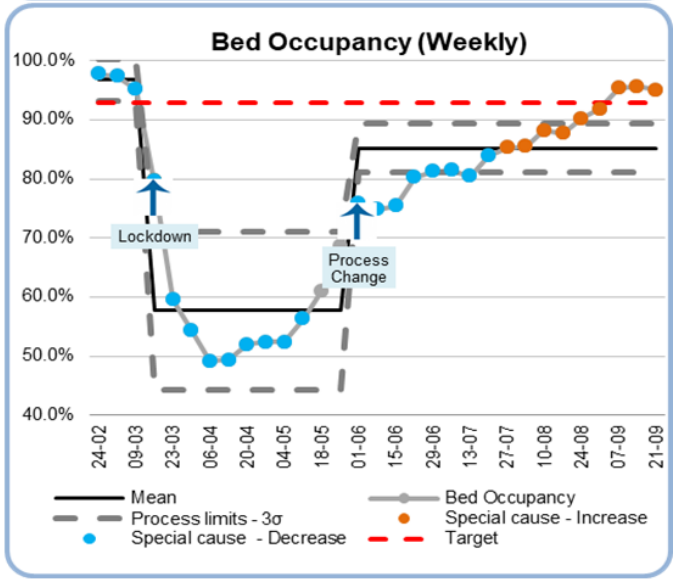
Despite a challenging month impacting four-hour performance in September, the Trust continued to perform well for Type 1 performance when compared nationally.

ED performance for the NBT Footprint stands at 90.31% and the total STP performance was 87.47% for September.







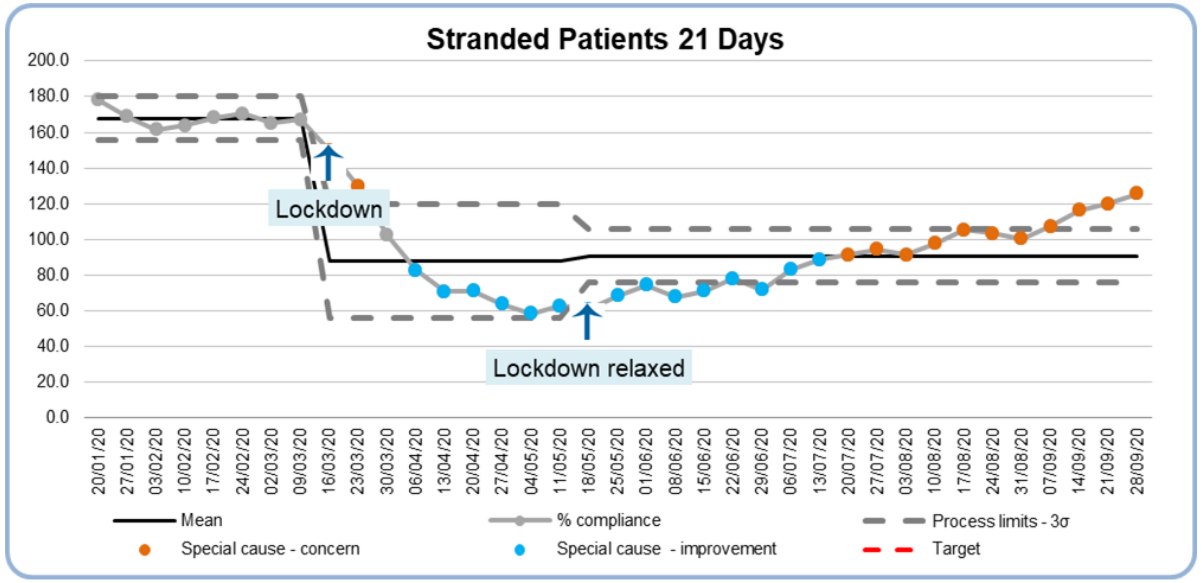


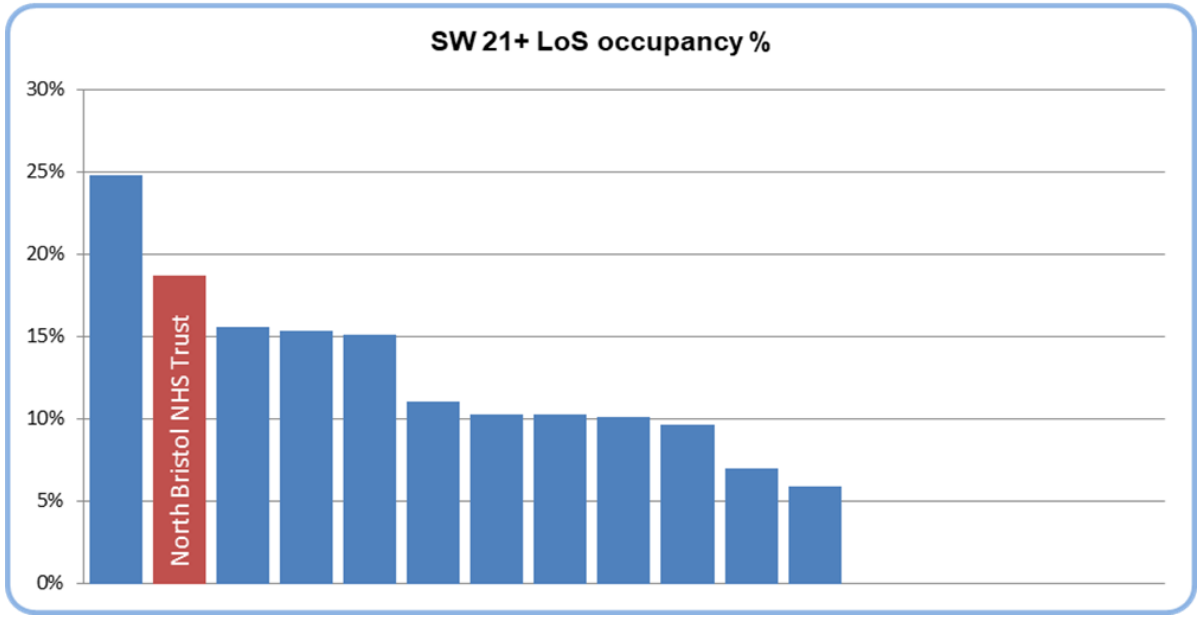
4-Hour Performance
Of the breaches in ED in September, 25.45% were a result of waiting for a medical beds and 20.87% of delays resulted from waits for assessment. This is the first time since the pandemic (March 2020) that Medicine bed capacity has been the predominant cause of ED breaches, reflective of the increased bed pressures experienced in September.

Attendances remained stable throughout September , but when compared to the South West rate of growth, attendance levels averaged at 9.16% more. The comparison suggests that attendance levels did not drop quite as low as they did regionally during the initial stages of the pandemic and that attendance levels are returning to pre-pandemic levels more rapidly but following the same trend.

Variation in bed occupancy reduced in September resulting from greater consistency in bed demand. Bed occupancy varied between 88.96% and 99.23%, breaching the 93% trajectory 25 days (83.33%) in the month. There were no breaches of the 93% trajectory in August.

Internal bed modelling and current occupancy levels suggest bed occupancy will continue to increase in October which will result in a deterioration of 4-hour performance. Bed mitigations are being formulated through the Winter Planning process.





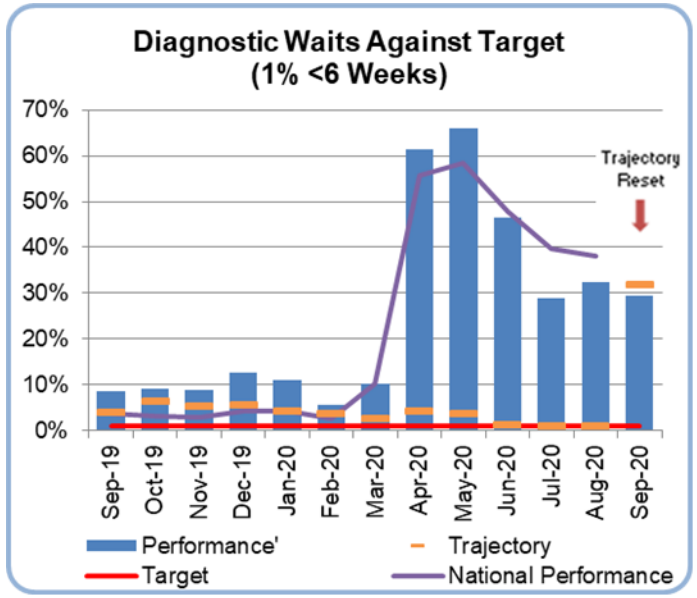
DToCs and Stranded Patients

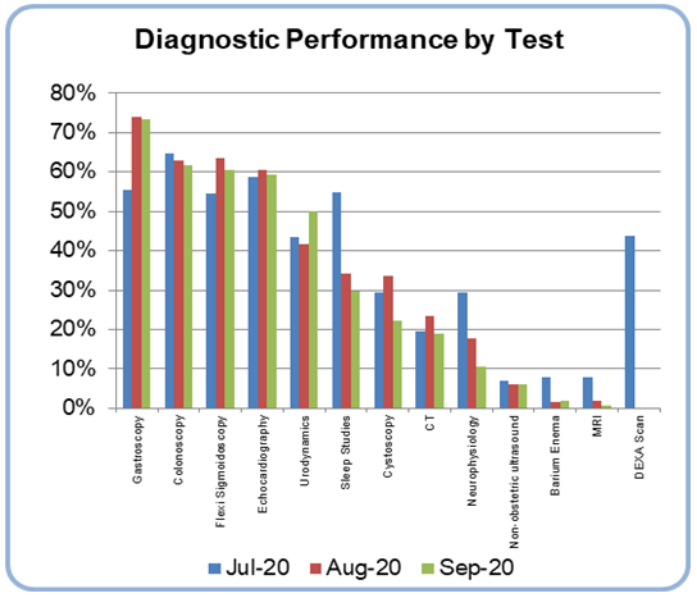
The levels of Stranded Patients over 21 days has been highlighted as an area of concern to system leads. This has been driven by increasing constraints in capacity in the community, linked to lack of flow in Pathway 3 beds and complex reablement packages not being available for Pathway 1.

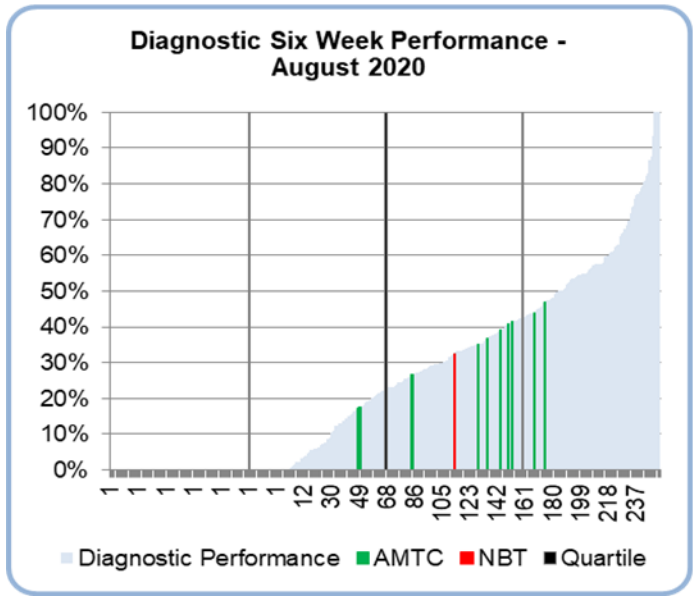
BNSSG Phase 3 plans have prioritised recurrent funding in staffing (Home First) and bedded community capacity (D2A) to match the LoS improvements achieved during the lockdown period. However, the recruitment lead in time will extend into December. Temporary staffing options are being explored, but the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

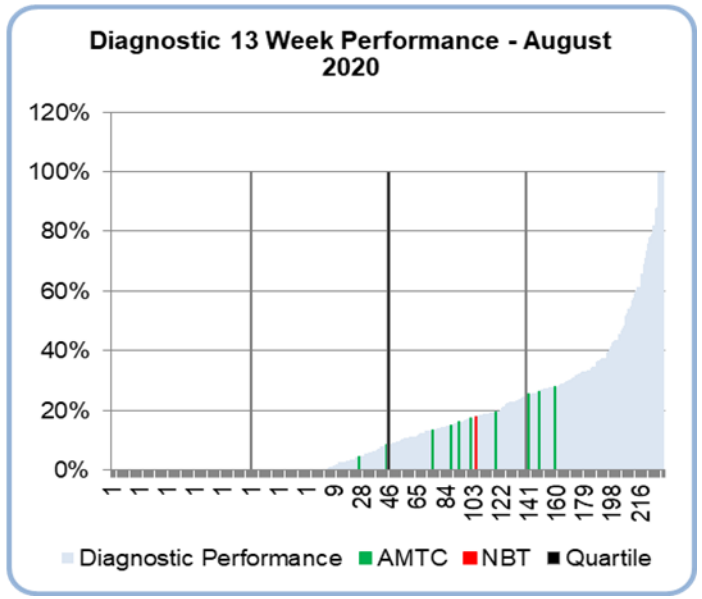
The recording of Delayed Transfers of Care (DToC) has formally ceased. The Trust will now be required to review patients on a daily basis on all wards to define if they meet the 'right to reside' criteria or are optimised for discharge. In addition, there will be a weekly review of all stranded patients for those waiting for 14 days+ and 21 days+ that will be reported on a weekly basis to NHSE/I. There continues to be an upward trend.

Business Intelligence and the IDS lead will be ensuring there is a regular reporting structure in place once NHSE/I have confirmed the methodology.









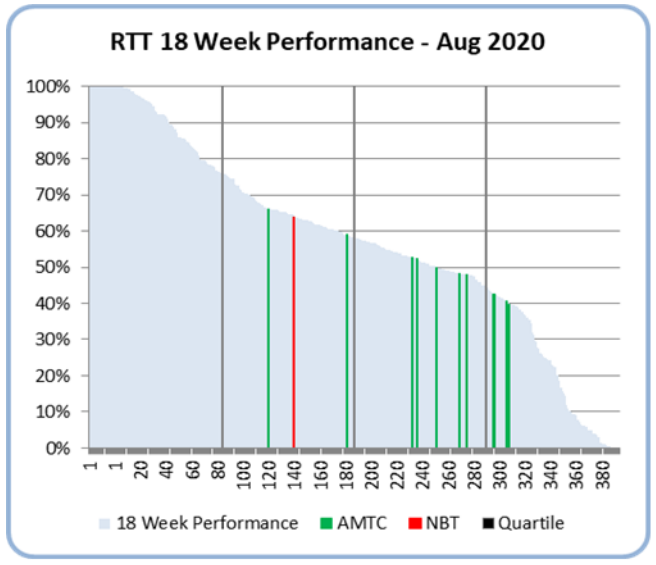
Diagnostic Waiting Times

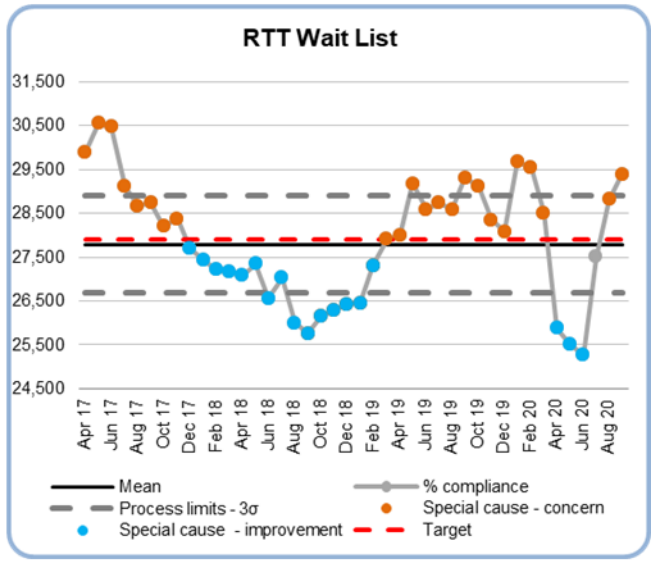
Diagnostic performance improved to 29.58% in September and achieved the new trajectory of 31.67%. Improvement has been reported for most test types in month.

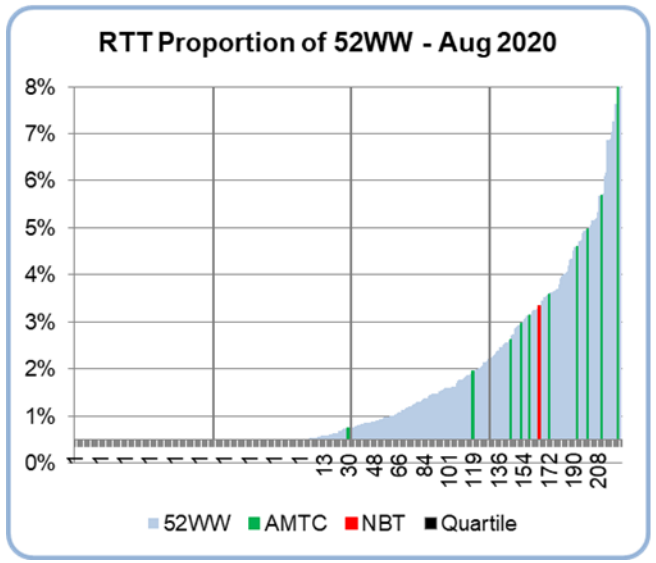
Waiting list activity increased by 18.60% in September, reporting at 91.53% of 2019 levels. Despite the increase in activity, the overall waiting list continued to increase by 6.83% with a backlog reduction of 2.36%.

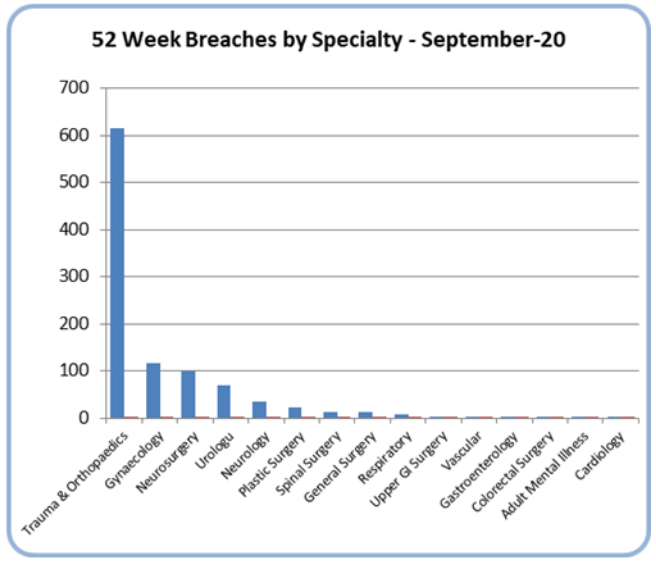
The number of patients waiting over 13 weeks remained static in September with an increase of less than 1%. Increased long waits for Computed Tomography (CT), Non-Obstetric Ultrasound, Endoscopy and Urodynamics were offset by improvements for Echocardiogram, Cystoscopy, Magnetic Resonance Imaging (MRI) and Neurophysiology. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, the Trust positioning deteriorated slightly for both 6 week and 13 week performance, resulting from the Endoscopy capacity constraints experienced in August. Despite the deterioration, the Trust remained in the third quartile for both indicators and the Trust's performance position continued to surpass the national performance position for the third consecutive month.









Referral to Treatment (RTT)
The Trust reports an improved RTT performance position in September at 70.46% resulting from a 1.99% increase in the wait list and a 16.42% improvement in the backlog.

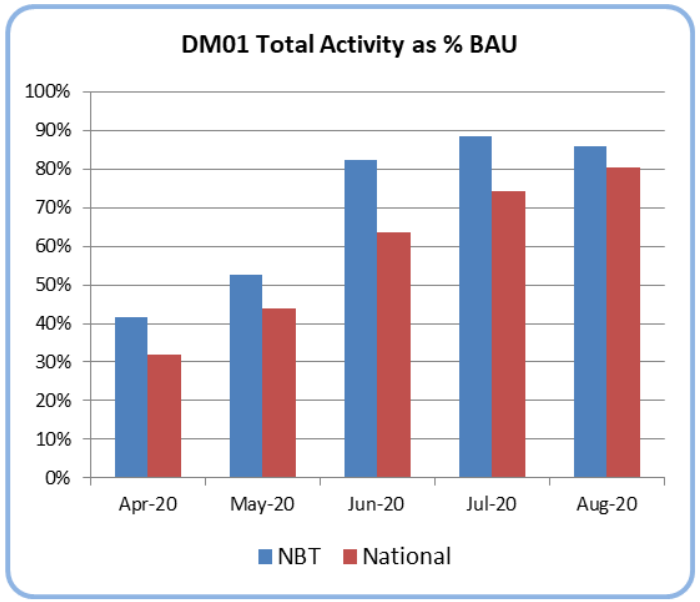
The waiting list increased to 29387 in September, reporting under the new trajectory of 30570. The waiting list increase is the result of demand growth in September, however the demand increase was less than planned resulting in the waiting list being lower than trajectory.

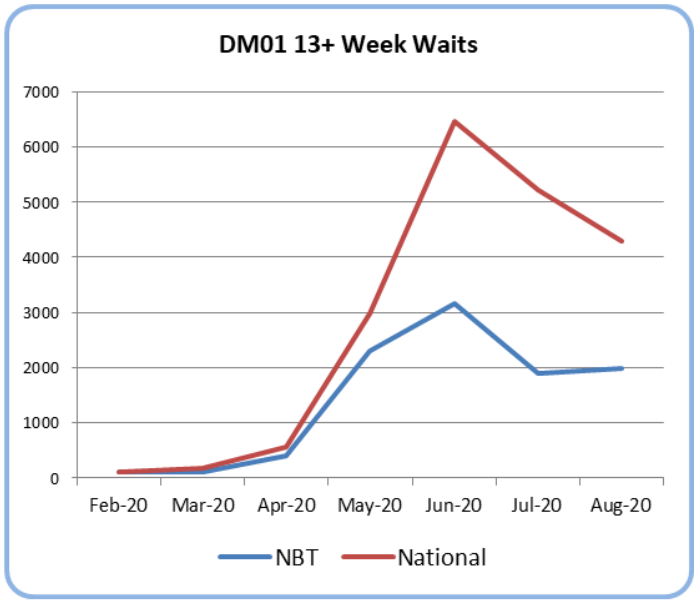
Admitted and non-admitted clock stops increased by 26.73% in September, supporting the backlog and 18 week performance improvement. There was a 70.00% increase in clock stops for patients waiting more than 52 weeks.

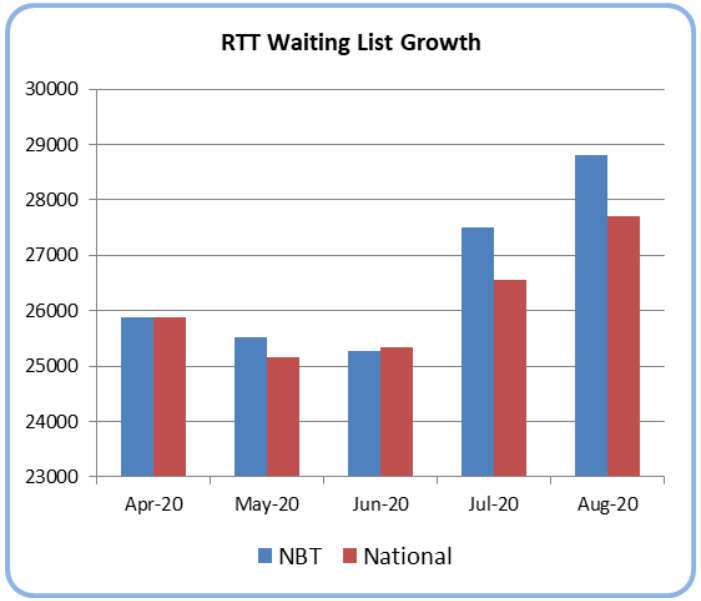
At month end, there were 1001 patients waiting greater than 52 weeks for their treatment against a refreshed trajectory of 1086; the majority of breaches (616; 61.54%) being in Trauma and Orthopaedics. The continued increase in breaches is due predominately to cancelled operations as part of the initial 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.

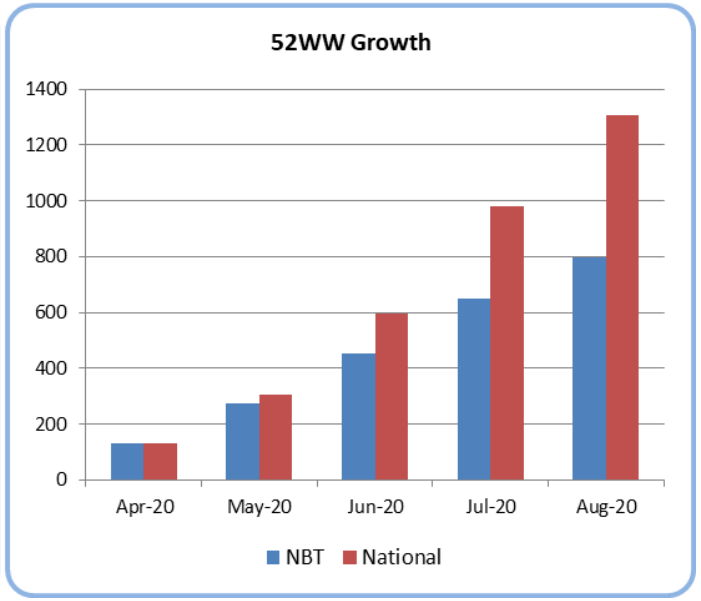
Nationally the Trust's 18 week positioning deteriorated slightly in August but remains within the second quartile.

The positioning of the 52WW breaches as a proportion of the overall wait list has further improved from July but remains in the lower quartile.









National Comparisons

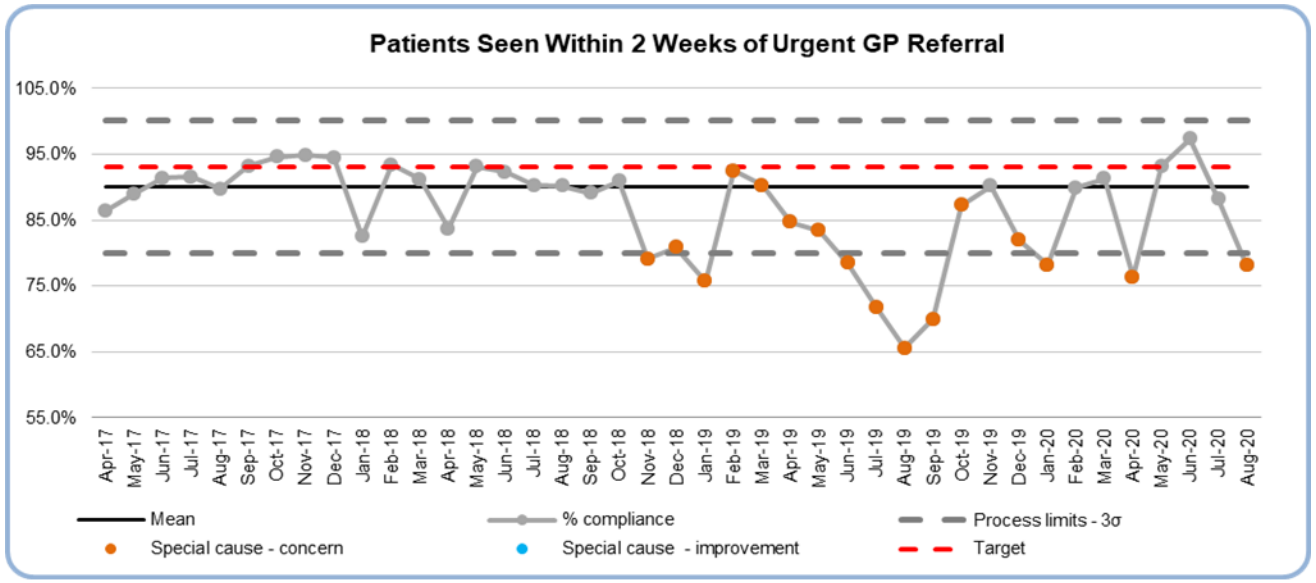
Total diagnostic activity is shown as a percentage of 2019 levels for the Trust and national position. From April 2020, the Trust has exceeded the national recovery levels in every period.

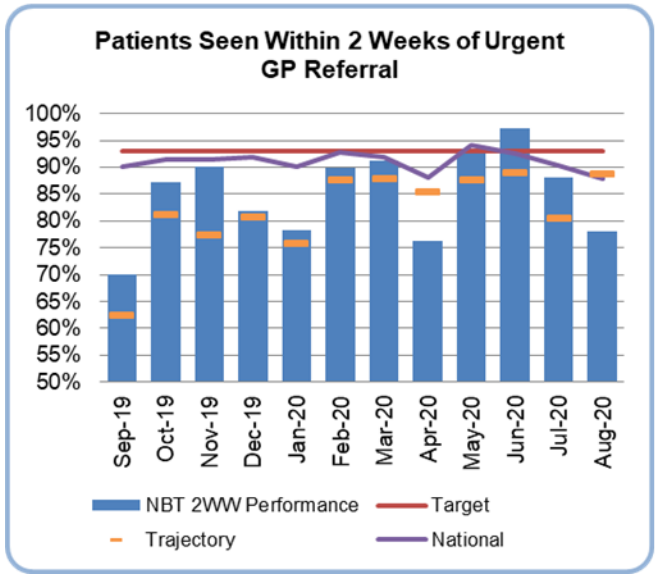
The number of patients waiting over 13 weeks compares favourably to the national 13-week growth position. The gap began to close in August with NBT's position impacted by Endoscopy capacity constraints.

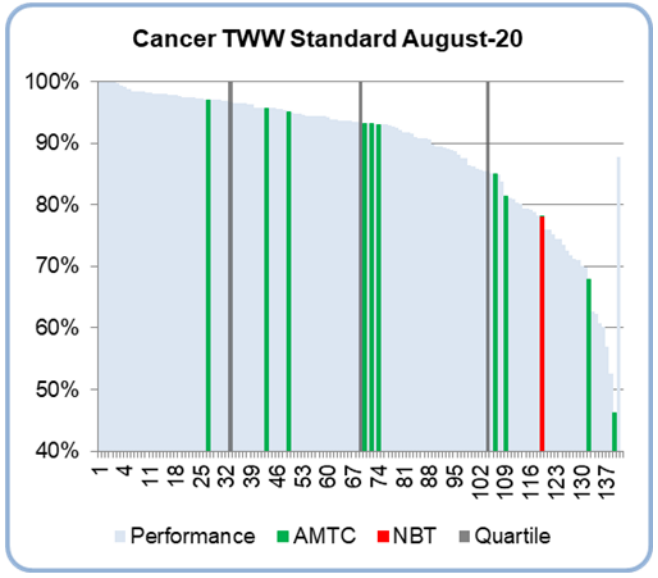
The RTT waiting list percentage growth has exceeded that of the national position for all periods, with the exception of June.

The number of patients waiting over 52 weeks compared favourably to the national 52-week growth position, with national growth increasingly exceeding that of the Trust month on month.

NB: Monthly growth comparisons applies the national monthly percentage difference to the NBT baseline (starting month) for comparability.







Cancer: Two Week Wait (TWW)

The Trust failed to achieved the recovery trajectory and the national standard with a performance of 78.12% for the TWW standard in August. August saw a reduction in the number of referrals from previous month of 117 referrals.

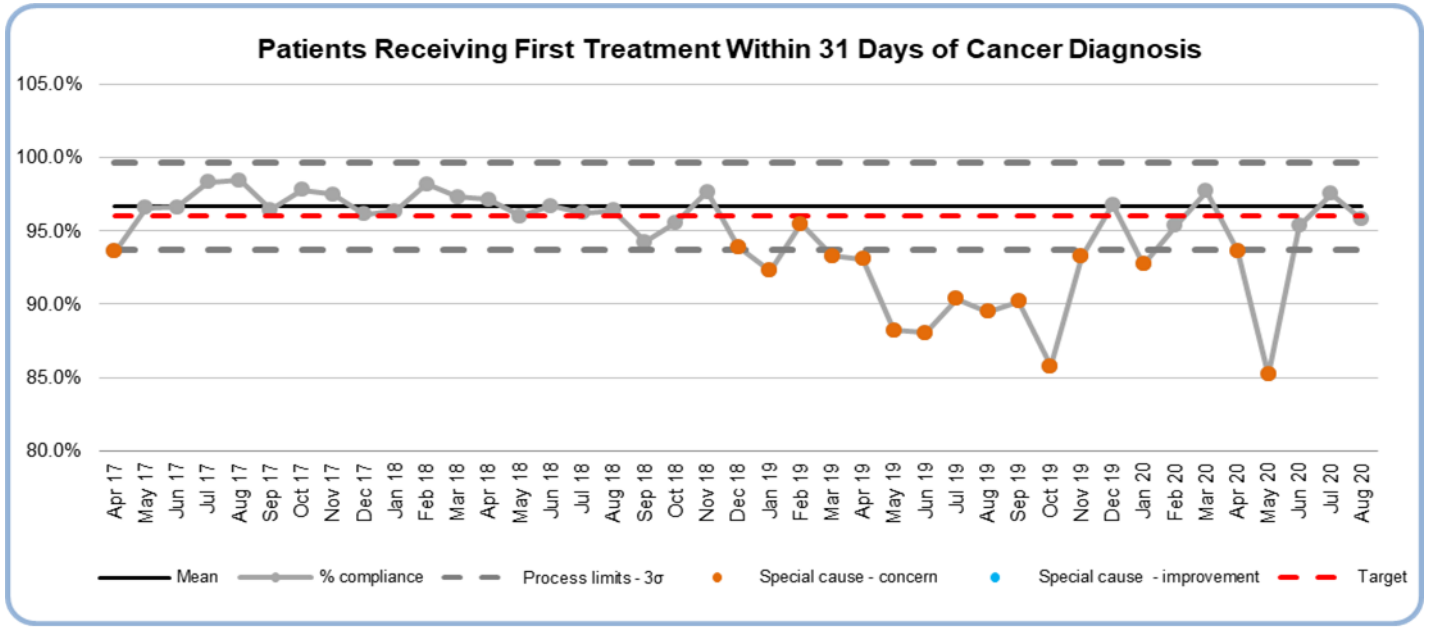
Out of the 1778 patients seen in August, 389 breached; 99 related to Colorectal, 35 in upper GI pathways.

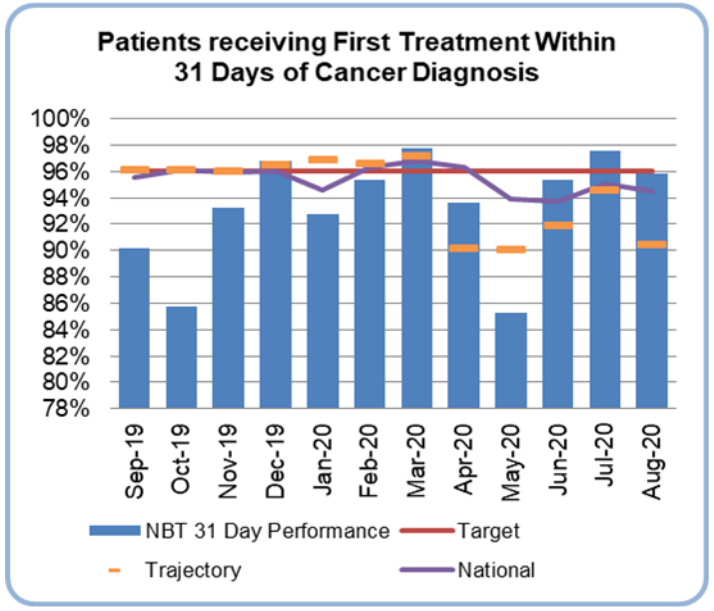
Colorectal breaches were predominantly due to capacity constraints within Outpatients and Endoscopy. There was also a backlog of July referrals and annual leave. Additional clinics were delivered, but the extra capacity was insufficient to keep up with backlog clearance and demand. Upper GI performance was also negatively impacted by capacity constraints; new IPC guidelines will support improvement going forwards.

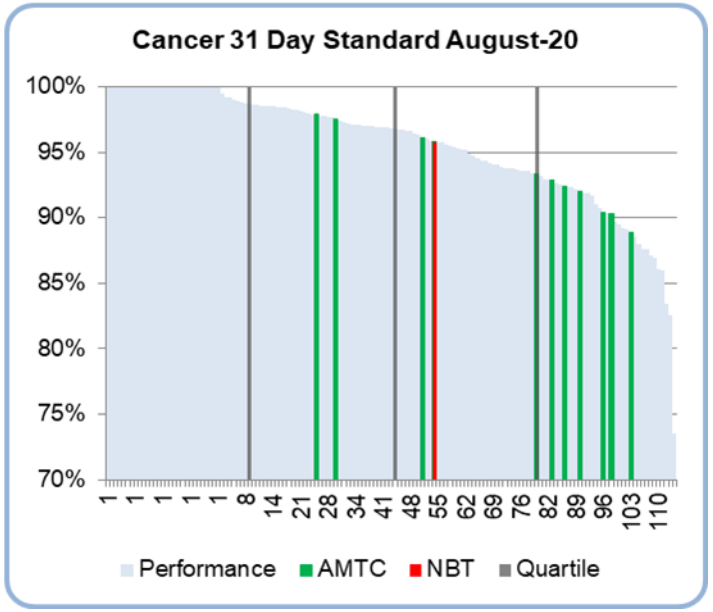
Skin services received 537 referrals in August and just missed the standard at 90.91%; 90% of the breaches were due to patient choice refusing the first offer date.

In Breast they experienced seasonal annual leave pressures and staffing there were two Radiographers that were shielding which impacted on the capacity for one stop clinics.

Relaxation of shielding guidelines came into force early August which should improve access to services for this group of patients going forward, although patient confidence is still a concern. It is not expected that patient choice delays will continue to increase in September.







Cancer: 31-Day Standard

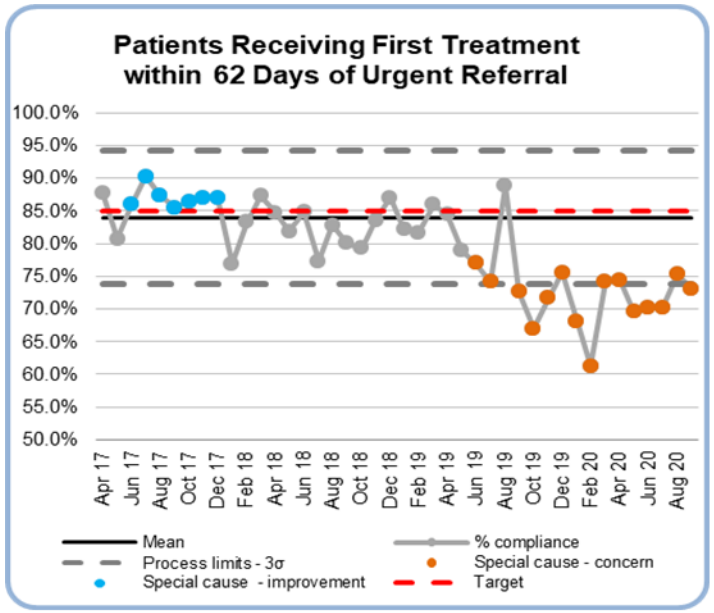
The Trust failed the 31-day first treatment national standard of 96% with performance of 95.78% but achieved the revised trajectory of 90.41%.

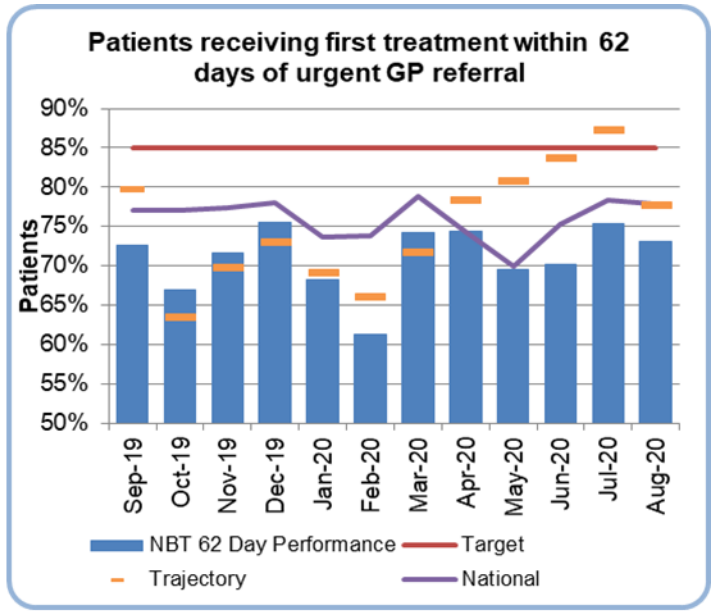
The Trust was able to treat 166 patients in August; 7 patients breached the 96% target. 5 of the breaches were in Urology due to complex pathways, 1 in Breast and Colorectal.

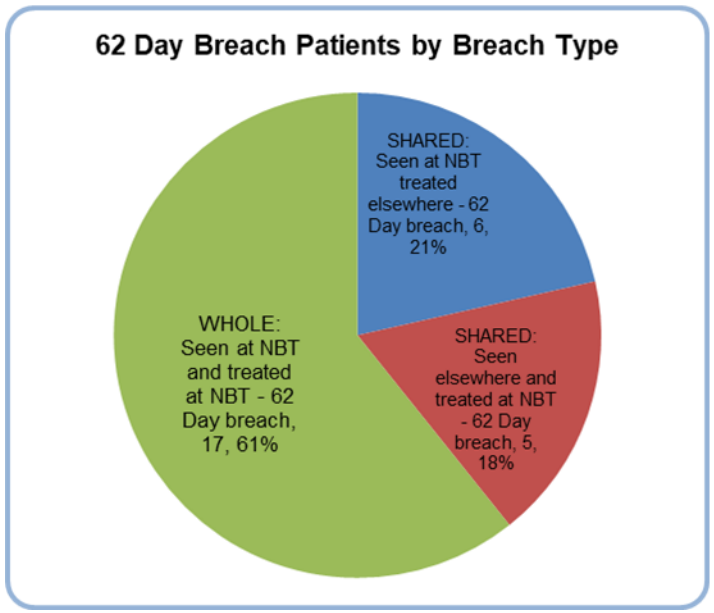
The Trust achieved the 31-day subsequent surgery treatment trajectory and national standard with performance of 95.45%. The majority of breaches were as a result of clinical decision to defer due to COVID-19. This is the first time that the Trust has met this standard this year.

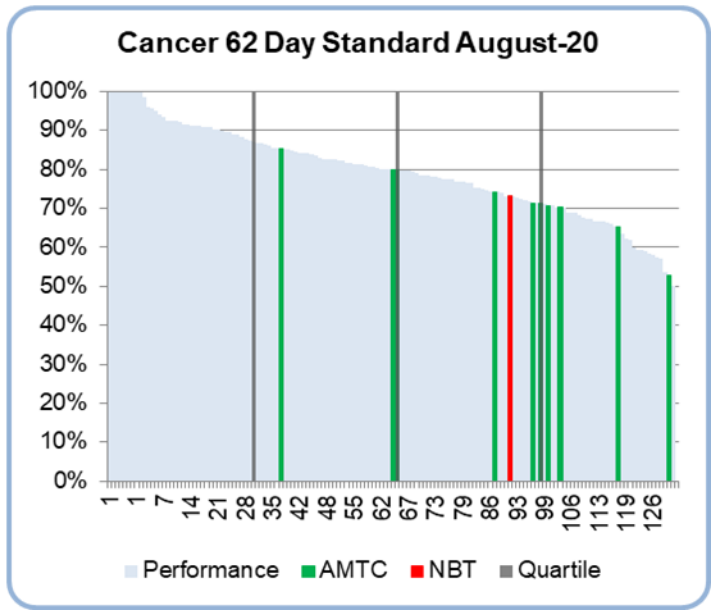
There were 6 104 day treated breaches in August that require Datix; 4 within Urology and 2 in Colorectal that require a harm review.

Going forward there should only be >104-day breaches relating to treatment delays rather than diagnostic delays.









Cancer: 62-Day Standard

The Trust failed the 62-day cancer trajectory and the national standard in August 2020, reporting a position of 73.10% against a revised trajectory of 77.86%.

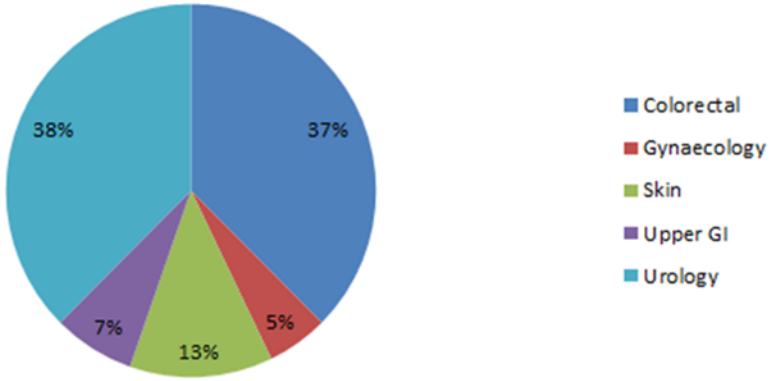
The new trajectories for the 62-day standard shows non-compliance to January 2021, but there is a risk to delivery should there be any further impact of COVID-19 factors.

The Trust treated 98.5 patients with 26.5 breaches of which 11 were in Urology. All of breaches in August were as a result of clinical deferral due to COVID-19 within the diagnostic and treatment pathway.

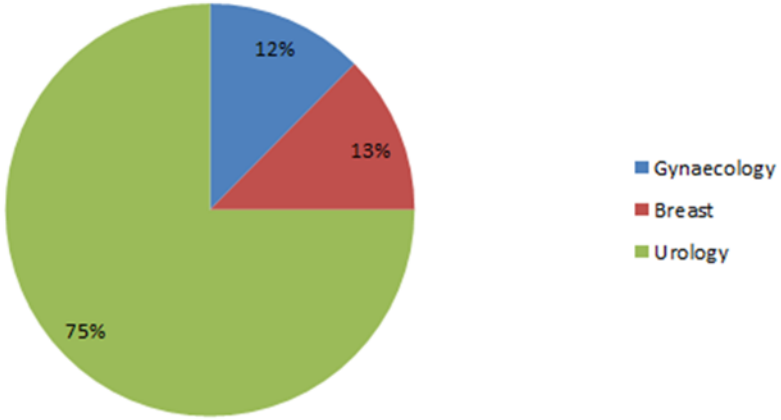
61% of the breaches were NBT delays, 18% were shared with referring organisations and 21% were NBT patients treated elsewhere.

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

Patients Waiting 104 Days on PTL Without DTT



Patients Waiting 104 Days on PTL With DTT



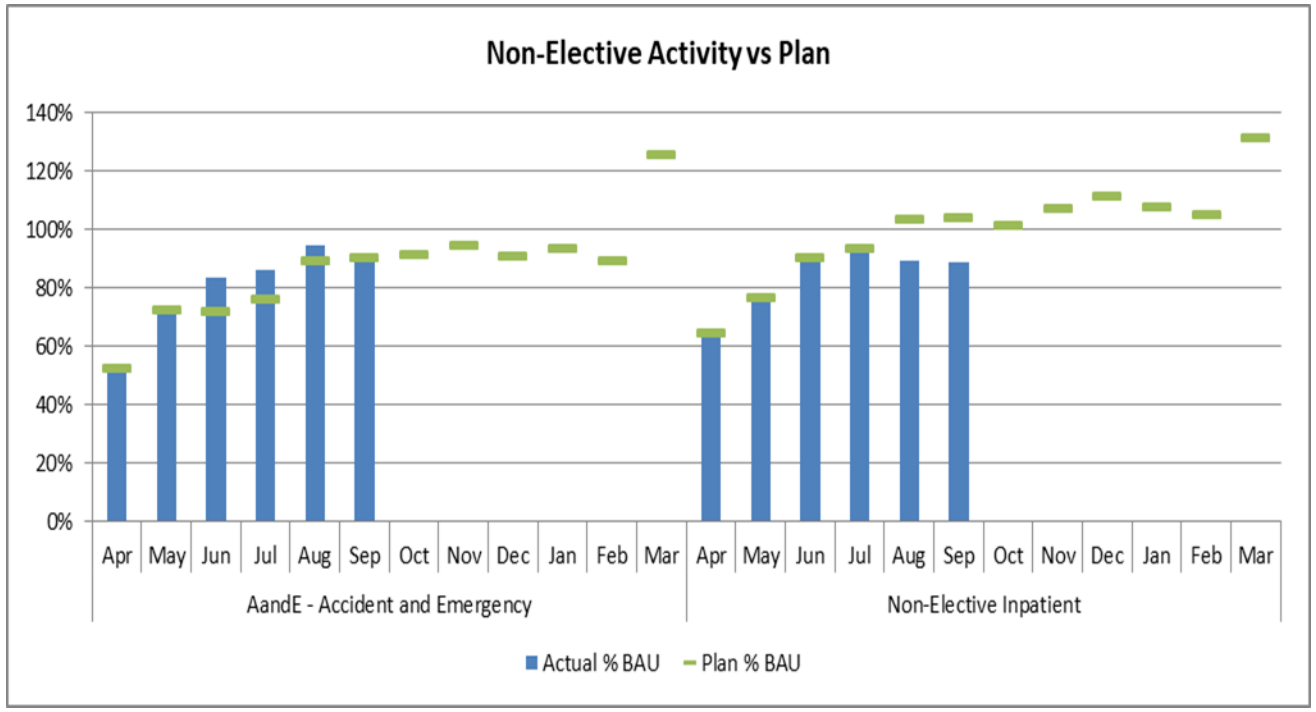
Cancer
104-Day Patients Live PTL Snapshot

The Trust has 64 patients on the live cancer PTL as of 13 October 2020 waiting over 104 days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

There are 56 patients waiting >104 days without a DTT. 21 of them are in colorectal,
21 in Urology, 3 in Gynaecology, 7 in Skin and 4 in Upper GI.

There were 8 patients with a DTT >104 days with a confirmed cancer diagnosis. 6 of these are Urology patients and are due to COVID-19 Cancer Treatment protocols, 1 in Breast and Gynaecology. All have received clinical review.

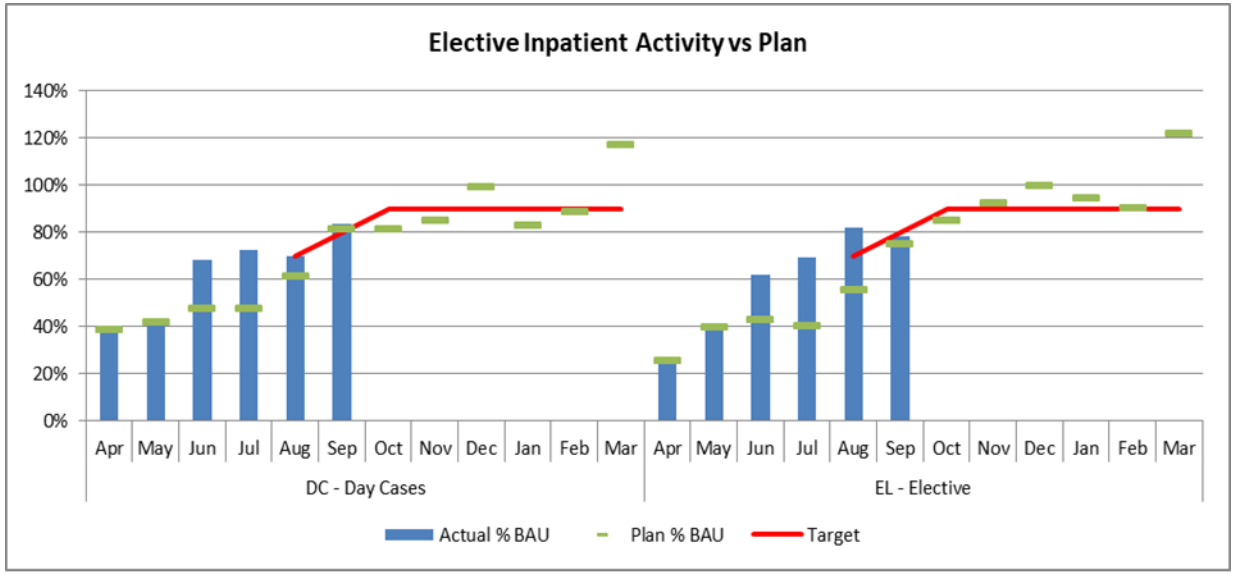
Significant work has been carried out by the specialties to ensure all patients waiting over 104 days are clinically reviewed and treatment plans are in place. There has been an overall reduction in the number of patients waiting104 days or more since July's highest position of 158 patients.

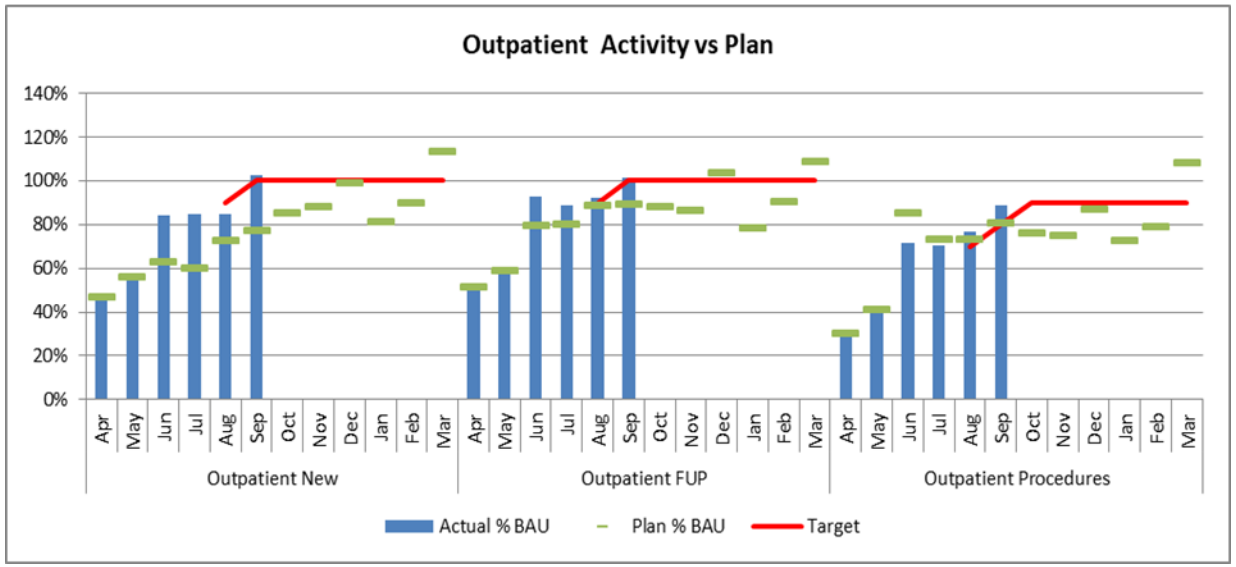


Non-Elective Activity vs Plan

- **ED attendances** have been above plan in every period.
- **Non-Elective** activity has been below plan for August and September.

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

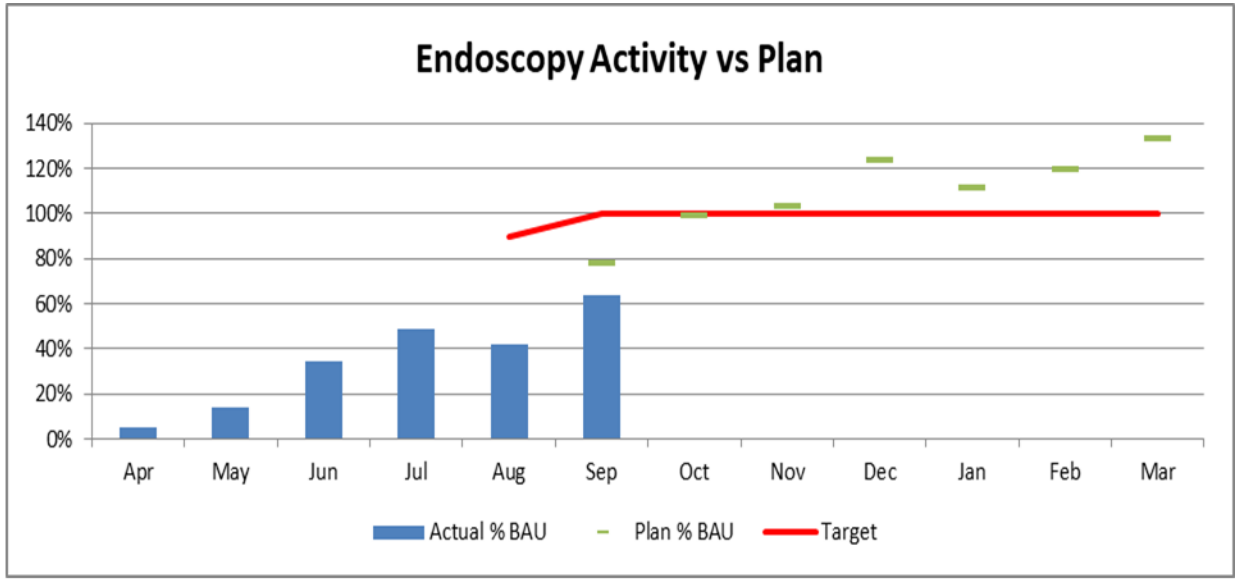


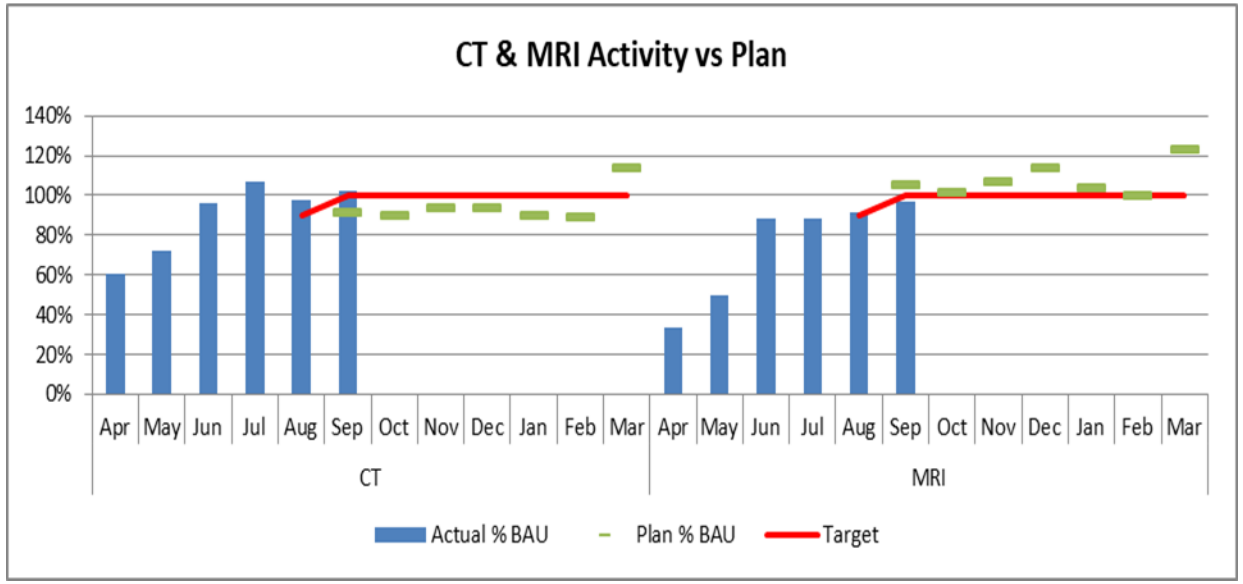


Elective Activity vs Plan

- **Day case and overnight admissions** have been above plan in every period. Targets have been predominantly achieved with the exception of overnight admissions for September (78% BAU vs target of 80% BAU).
- **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.

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.





Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan for September and below target for August and September. 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 target for both August and September.
- **MRI activity** achieved target in August but is below plan and target for September. However, the national 1% 6 week wait performance standard was achieved for MRI in September.

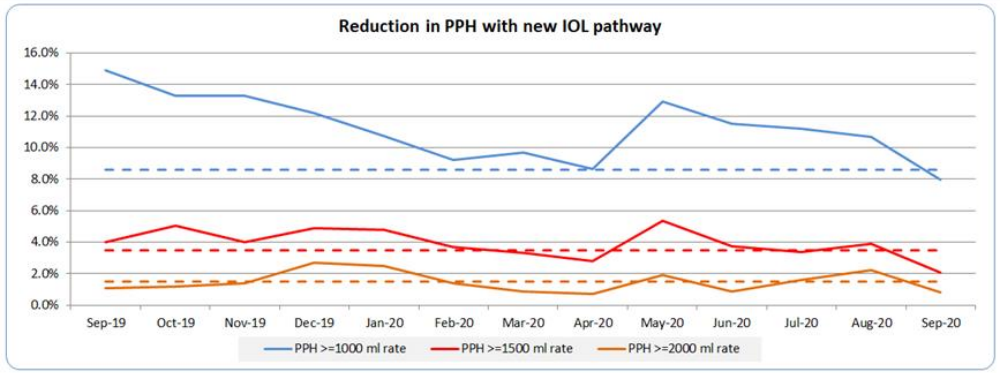
NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19.

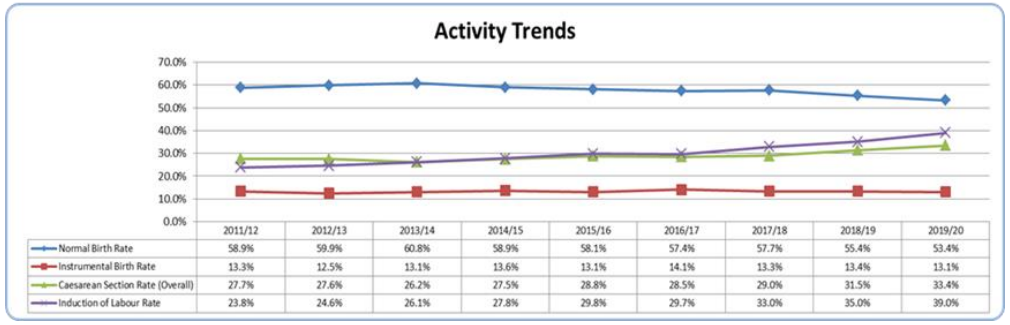
Quality, Safety and Effectiveness

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

NBT Maternity Dashboard

	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Caesarean section rate (overall)	28.0%	32.3%	32.8%	35.3%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%
Elective CS rate (as % of all birth episodes)		14.3%	16.6%	19.2%	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%
Emergency CS rate (as % of all birth episodes)		18.0%	16.2%	16.1%	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%
Induction of labour rate	32.1%	36.5%	38.5%	35.3%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%
PPH >=1000 ml rate	8.6%	14.9%	13.3%	13.3%	12.2%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%
PPH >=1500 ml rate	3.5%	4.0%	5.0%	4.0%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%
PPH >=2000 ml rate	1.5%	1.1%	1.2%	1.4%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%
Elective Caesarean Sections		1.6%	1.2%	0.0%	1.8%	1.4%	0.0%	0.0%	0.0%	1.5%	1.4%	1.3%	1.2%	2.4%
Emergency Caesarean Sections		0.0%	1.2%	0.0%	1.2%	2.1%	0.0%	2.4%	1.2%	2.2%	1.0%	2.1%	0.9%	1.0%
Spontaneous Vaginal Births		1.2%	0.4%	1.9%	1.4%	3.2%	1.3%	0.8%	0.4%	1.2%	0.9%	0.4%	1.6%	0.0%
5 minute apgar <7 rate at term	0.9%	1.7%	0.9%	0.6%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%
Stillbirth rate	0.4%	0.7%	0.8%	0.2%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%
Stillbirth rate at term		0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%
Stillbirth rate <37 weeks		2.7%	8.3%	3.2%	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%





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

COVID-19 Maternity

The planned implementation of the screens across the division week beginning 26th October will greatly improve the capacity in maternity. Options for maternity theatres to transfer to Gynae theatres to further increase capacity for HDU care and Covid requirements are under discussion. The agreed changes to date will;

- Allow immediate increase in postnatal capacity – prevent delayed transfers
- Improve essential flow for women having IOL and caesarean section
- Improve patient experience

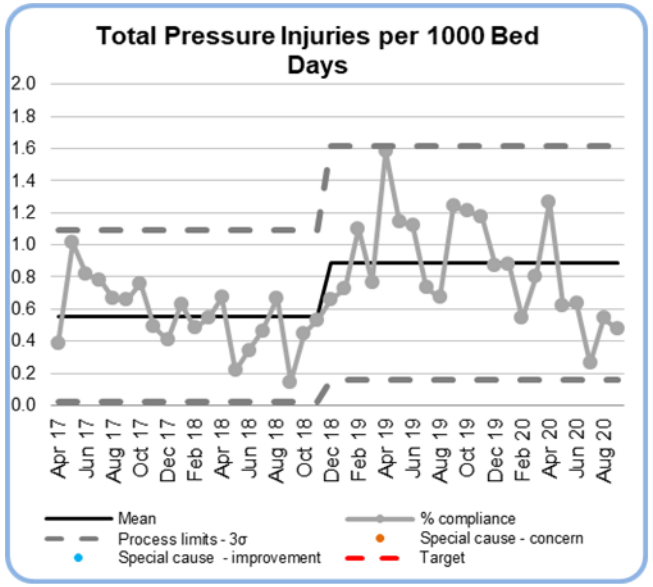
Visiting arrangements within maternity are under nationwide discussion and changes in line with national guidance have been implemented where possible - whilst maintaining safety and social distancing. Return to more face-to-face antenatal assessments is now required and being worked through by the clinical teams

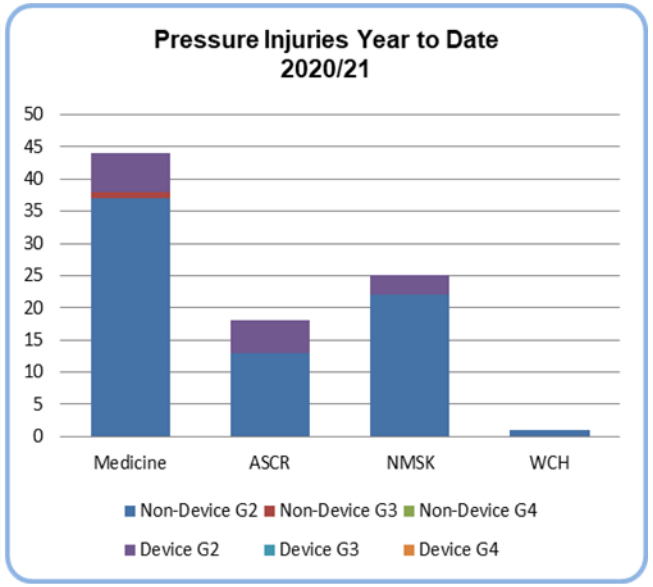
Clinical outcomes

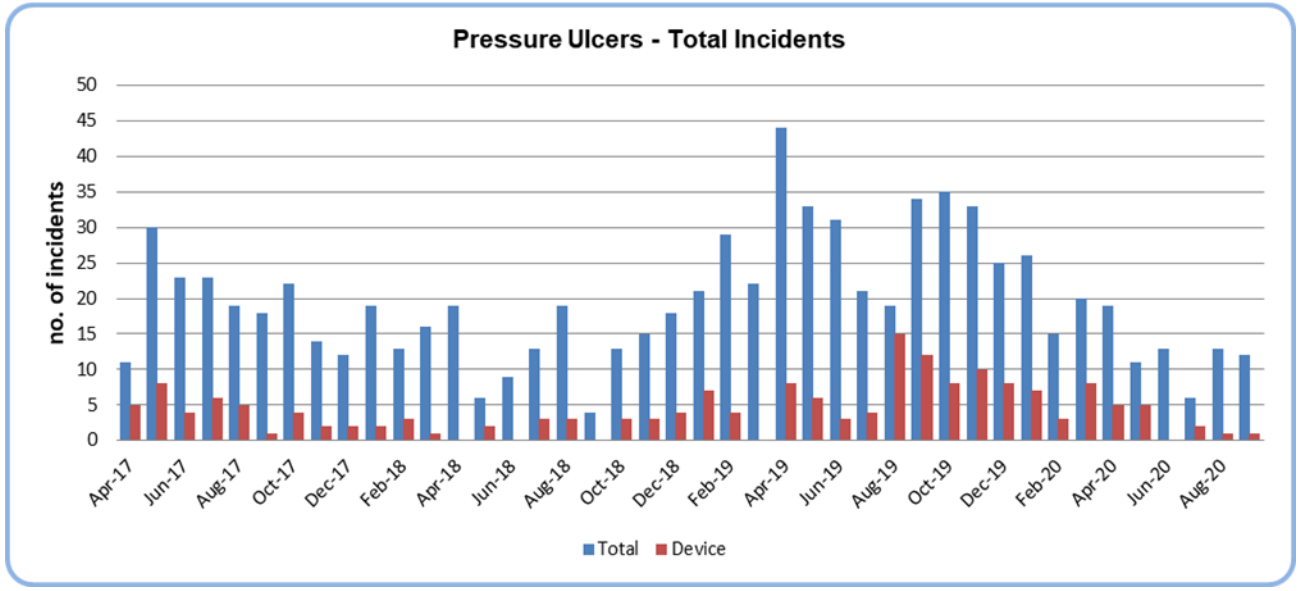
PPH rates continue to improve.
Emergency CS rates have continued to increase. The figures are being influenced by an equal rise in IOL. Births are increasing over the last three months and in line with complexity trends the acuity on CDS remains high. A six month review of staffing has been completed and will inform a revised business plan.

Better Births NHSE

In line with the national mandate to implement continuity of carer (CoC) for women – NBT now has 4 CoC teams live with a further 3-4 in place by January 2021 - in line to meet the trajectory of 35% by March 2021 and currently assessing figures to meet the BaME trajectory by the same date. As expected, this is now mandated nationally and part of commissioning and CNST requirements for assessment in May 2021.







Pressure Injuries (PIs)
The Trust ambition for 2020/21 is:

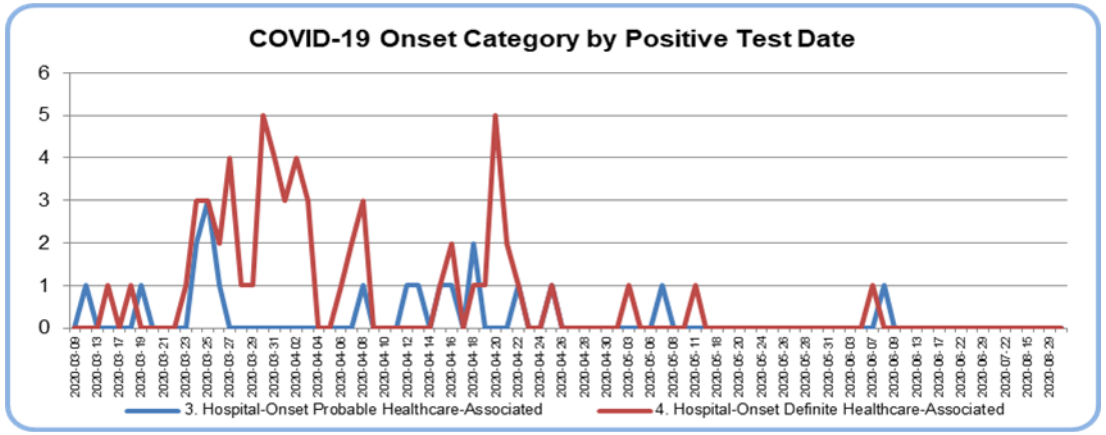
- Zero for both Grade 4 and 3 pressure injuries.
- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries,

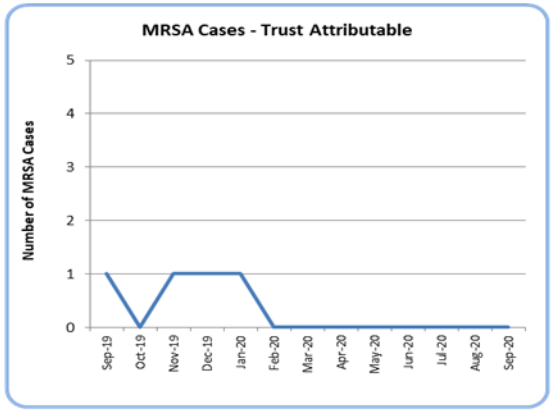
There have been no reported Grade 4 pressure injuries in September. There has been 1 Grade 3 pressure injury.12 Grade 2 pressure injuries were reported. This included 1 device related injury. The incidence summary for September is as follows:

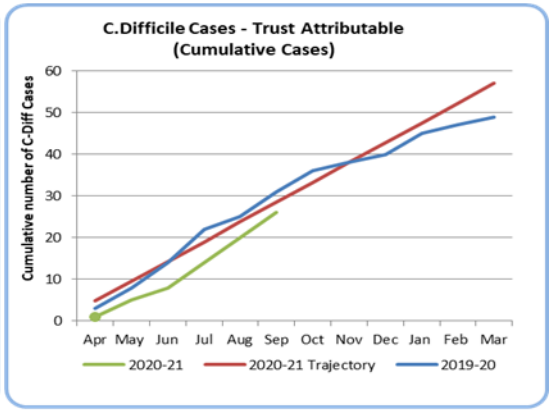
Medical Devices: 8%
Elbow/ Spine/ Ankle: 31%
Heels: 23%
Coccyx/ Sacrum: 23%
Buttock: 15%

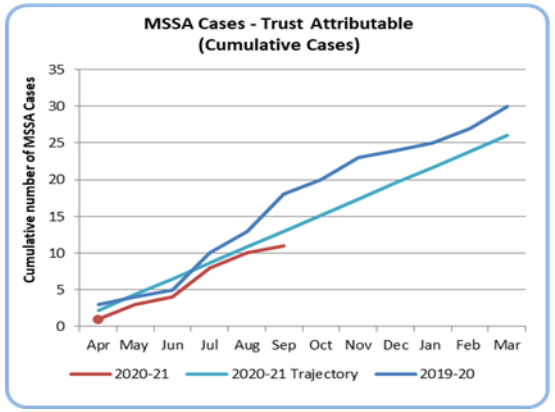
For September there has been a continued decrease in grade 2 pressure injuries. Compared to 2019/20, there has been a sustained reduction in the number of medical device related pressure injuries, although no reduction was seen this month.

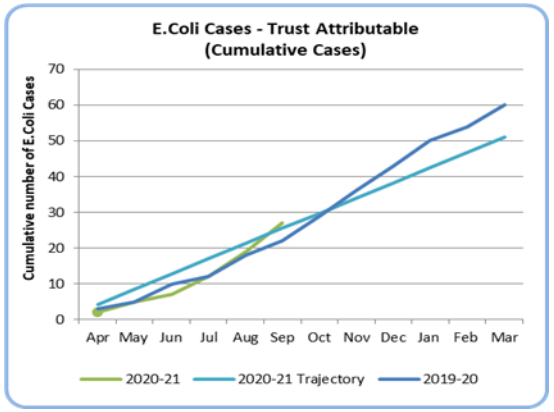
Following validation of a NBT attributable Grade 3 pressure injury to the spine on Gate 8a (Medicine), the Nursing Intensive Support Team (NIST) has been commenced. The NIST intervention to the ward will ensure that staff are supported to undertake identified improvements with the input from clinical teams outside the ward establishment .











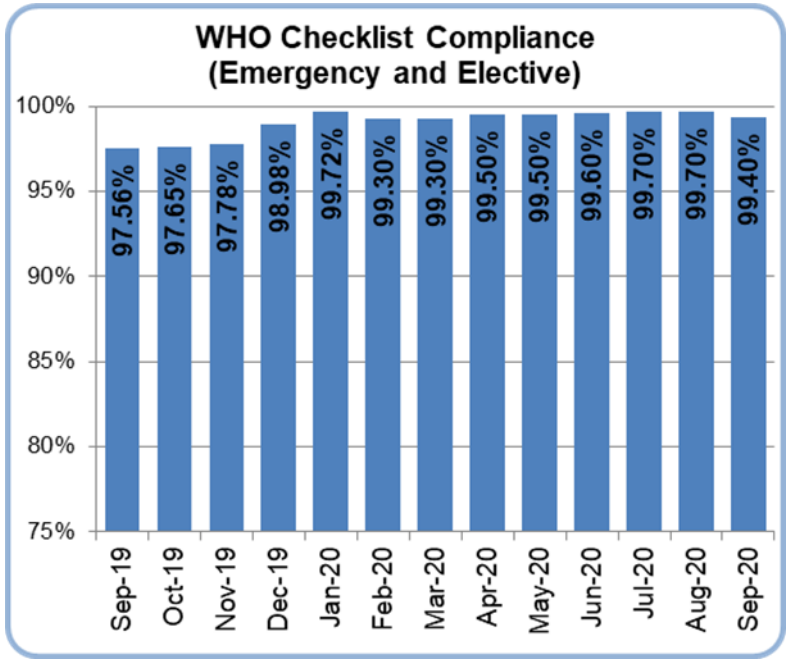
COVID- 19 (Coronavirus)
The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. September has seen a rise in community transmission of the virus and increase in hospital inpatient numbers. BNSSG remains in an area of medium risk according to the government's 3 tier risk assessment

Core NHS services have been re-established with clear pathways for different patient areas according to level of transmission risk. The Trust has clear signage in public areas emphasising the key messages of hand hygiene, wearing of face masks and maintaining social distancing.

There were no probable or definite healthcare associated infections with Covid-19 in October. The Trust has investigated and managed a cluster of 7 staff infections in an office area

Work continues to support PPE champions and the Trust provides a robust staff Coronavirus testing system with arrangements in place to trace any contacts of staff who test positive.

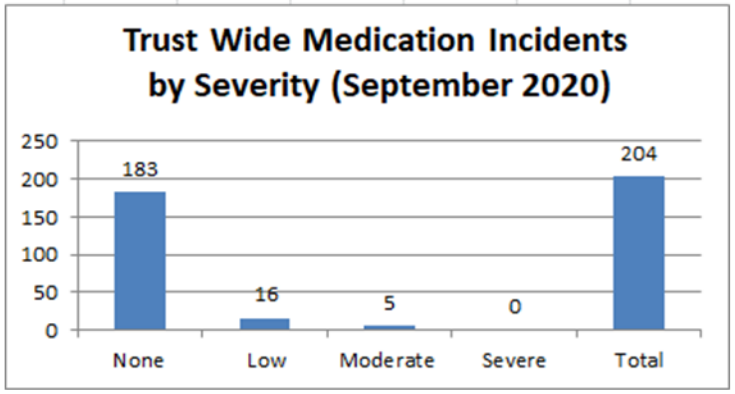
MRSA
There have been no reported cases of MRSA bacteraemia in 2020/21.
C. Difficile
In July, there were five Trust attributable cases reported. Total for the year remains below trajectory.
MSSA
There was one case of MSSA bacteraemia in August. The Trust staphylococcus steering group continues to monitor and review cases
E. Coli.
In August eight cases of E Coli were reported. Further Trust wide work for urinary related cases is planned for 2020/21 as part of the continence group

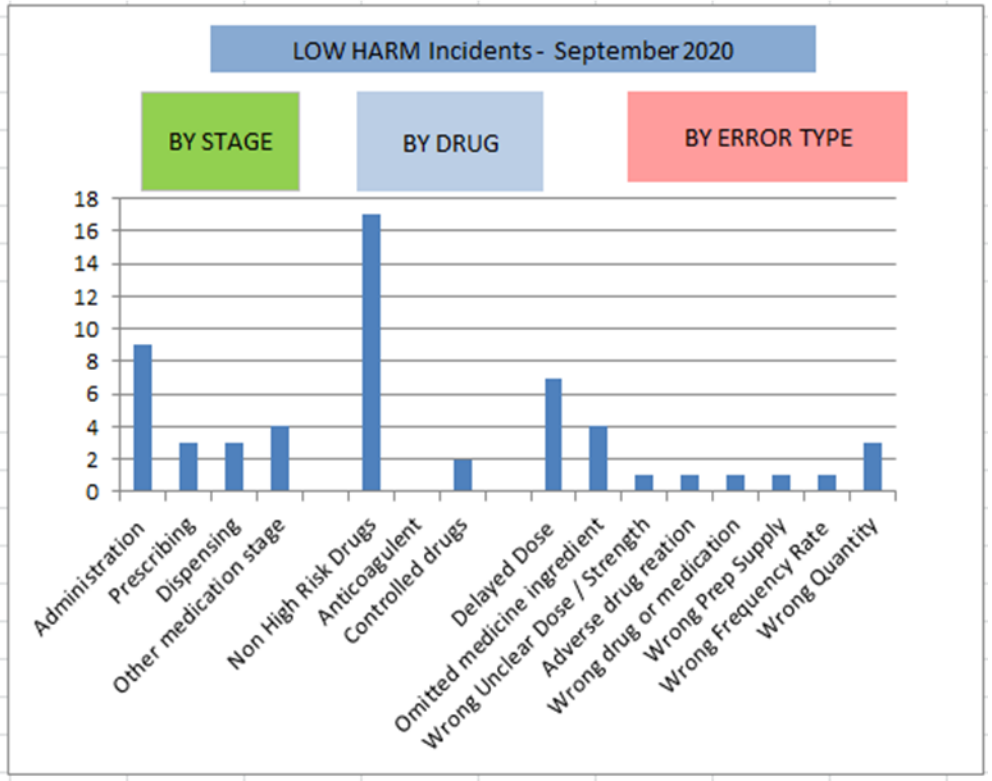


WHO Checklist Compliance

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

Severity of Incidents:
No Harm incidents formed c.90% of all incidents reported during Sept 20; demonstrating a strong culture of incident reporting across the Trust. Low Harm incidents formed c.8% of reported incidents and the trends / themes are highlighted below. Moderate incidents are investigated to clarify the classification of harm and identify the learning

Incidents by Type of Medication:
During Sept 20, approximately 37% of Medication incidents involved a High Risk Medicine.

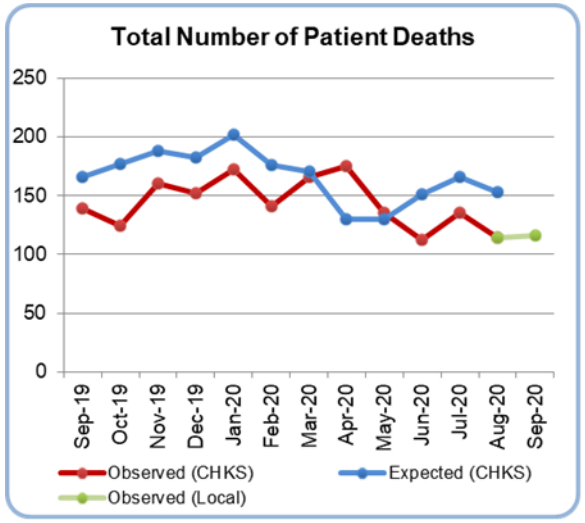
BNSSG Medicines Optimisation Team are setting up a group to focus on Opioids prescribing to include both secondary and primary care prescribers. An initial baseline audit is expected by December 2020 with support from CCG team.

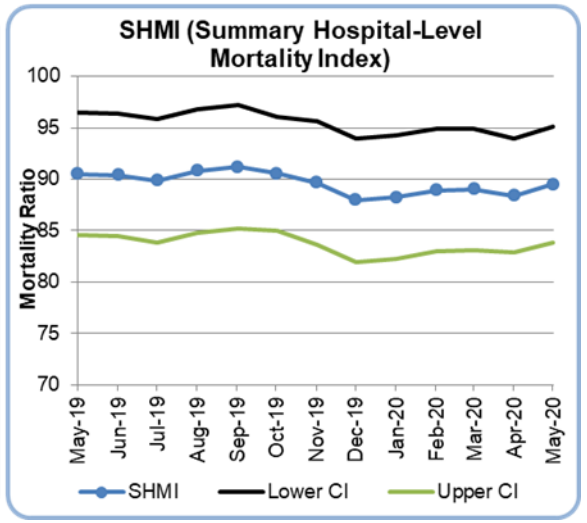
Incidents by Stage:
Incidents occurring at the Administration stage accounted for c.48% of all incidents; with prescribing (c.14%) and dispensing (c.15%) being the next two most common stages at which medication errors occur. The challenge of increasing the visibility and themes within “other Medication Incidents” remains a priority for the Medication Safety Team.

Top Type of Errors:
Omitted & Delayed Doses accounted for 46% of incidents reported during August 2020 and is consistently the most common error reported.

The Pharmacy Clinical team have reviewed their KPI’s as part of returning to business as usual. Part of the re-focus will be on missed doses

Mortality Outcome Data





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.

Overall Mortality
Mortality outcome data has remained within the expected statistical range though the impact of the COVID-19 pandemic on the statistics is not yet clear.

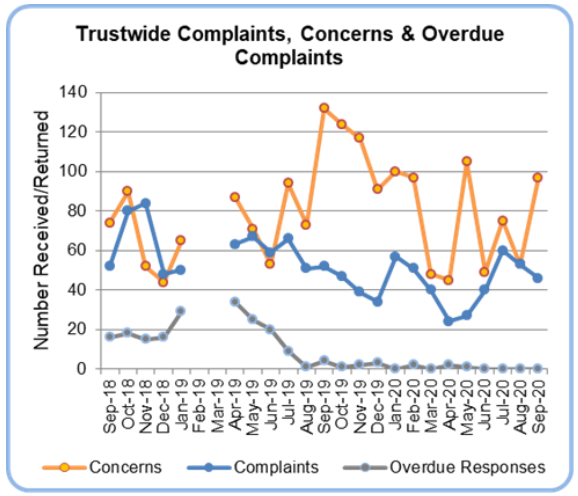
Mortality Review Completion
The current data captures completed reviews from 01 Aug 19 to 31 Jul 20. In this time period 89.1% of all deaths had a completed review. Of all “High Priority” cases, 93.9% completed Mortality Case Reviews (MCR), including 23 of the 23 deceased patients with Learning Disability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

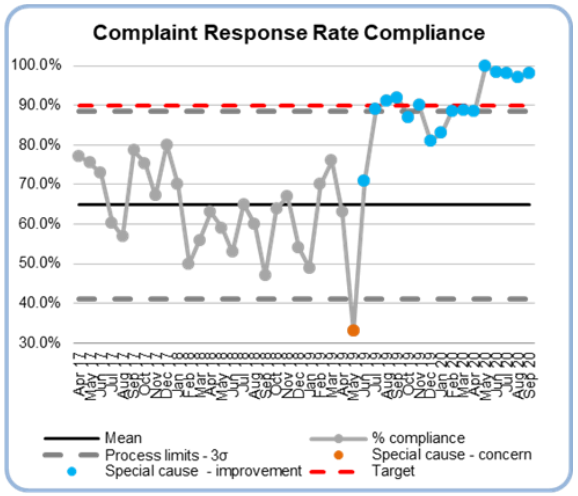
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.7% (score 3-5). There have been 15 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as potential Serious Incidents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

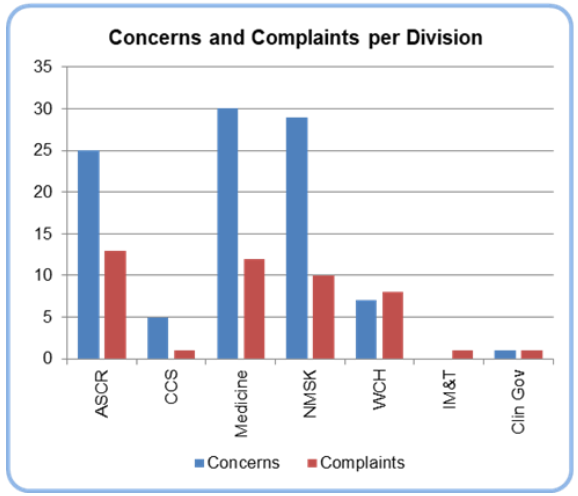
All of these cases are reviewed through the Patient Safety Group.

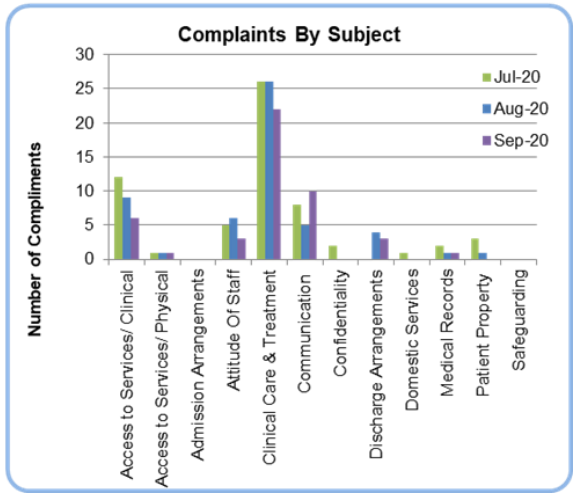
Patient Experience

Board Sponsor: Director of Nursing and Quality
Helen Blanchard









Complaints and Concerns
In September 2020, the Trust received 46 formal complaints. This is a slight decrease on the previous month where 53 complaints were received.

Review of complaints by subject shows that for the third month in a row, the most common subject of complaints is Clinical Care and Treatment whilst complaints regarding Access to Services has fallen, complaints regarding communication have increased.

The 46 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	13 (7)	CCS	1 (2)
Medicine	12 (20)	NMSK	10 (9)
WCH	8 (10)	Clinical Gov	1(1)
IM&T	1 (0)		

ASCR has seen the biggest increase in the number of complaints received in September. There is no trend in the speciality that received these complaints. The majority (54%) are regarding clinical care and treatment which reflects the trend across all divisions.

Enquiries and PALS concerns are recorded and reported separately. In September 2020, a total of 49 enquiries were received by the Patient Experience Team. This is an increase on the previous month but is consistent with other reporting months.

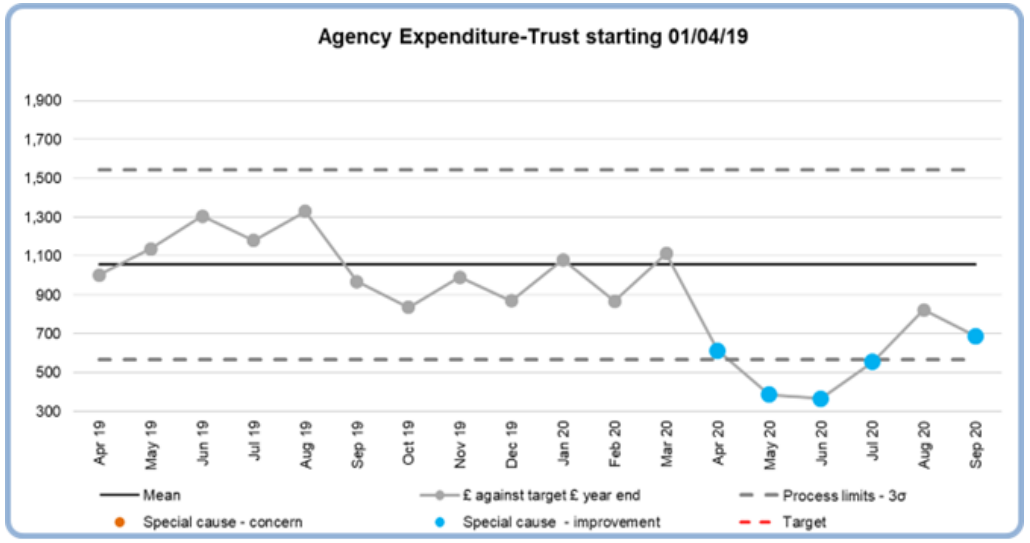
Compliance Response Rate Compliance
The chart demonstrates sustained improvement in responding to complaints within agreed timescales. In September, 98% of complaints were closed on time. That is of the 51 complaints due to be closed in September, 50 were responded to on or before the due date.

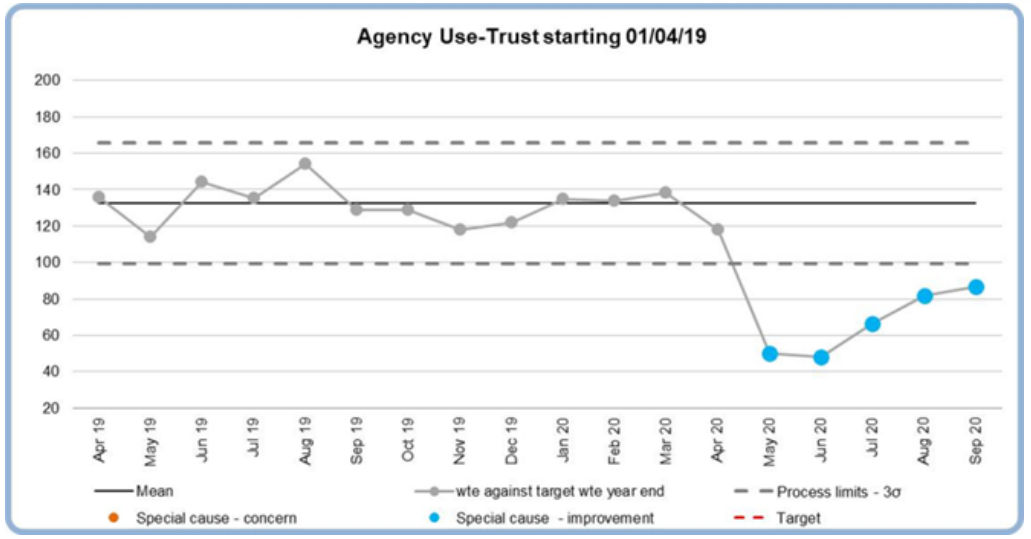
Overdue complaints
There are no overdue complaints.

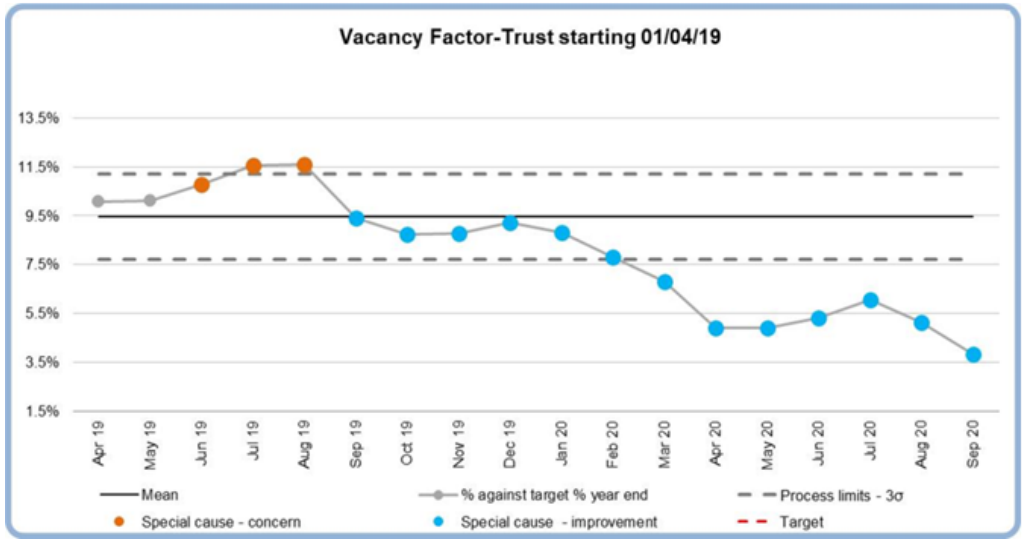
N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues. From June-19 Enquiries have **not** been included in the 'concerns' data.

Well Led

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





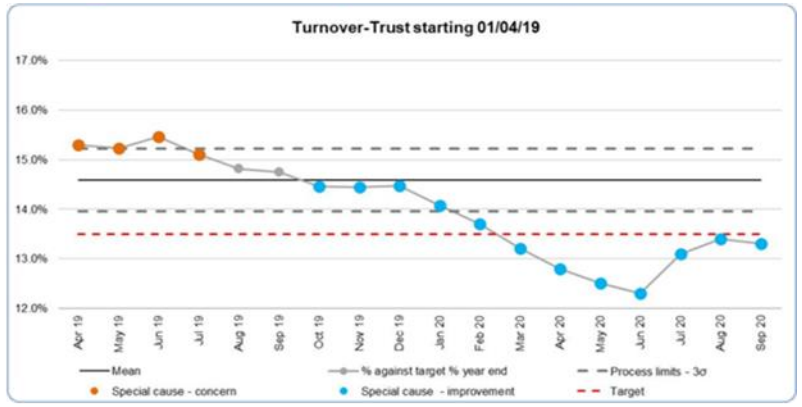


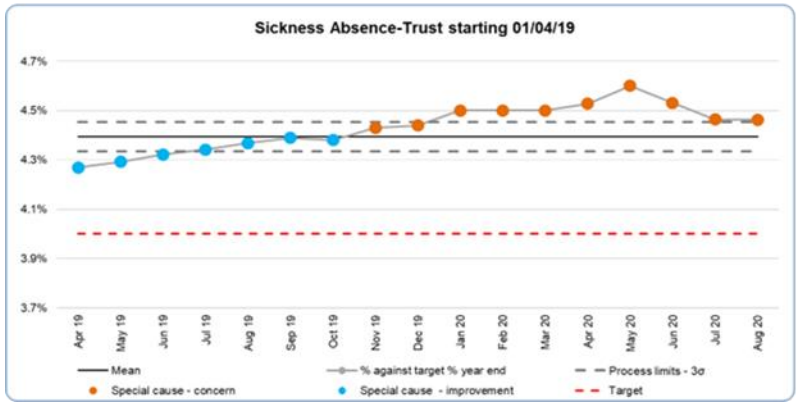
Resourcing

September sees an overall increase in agency demand as the Trust continues to regain normal activity in Theatres and outpatient units although we also saw a decrease in actual agency spend which is due to a reduction in high cost agency usage across the period.

Enhanced recruitment activity for Bank workers continues with on-going recruitment campaigns for both Clinical and Non-Clinical staffing groups, with a specific increase in HCSW and Domestic recruitment.

Substantive recruitment delivered 62 wte band 5 nurse and midwife starters and the pipeline continues to be in a strong position for both registered Band 5 nurses and unregistered nurse applicants. The Trust international nurse pipeline remains in place for the year, still anticipated to deliver 60 wte starters and the trust will submit three bids for additional HEE funding that is specifically allocated to invest in increasing international recruitment. The aim will be to speed up starting the existing pipeline and to grow new pipelines of staff, e.g. in stroke and theatres.





Turnover and Stability

Turnover continues to improve with two key areas of improvement in unregistered nursing and band nursing both have reduced from annual turnover of over 20% in April 2019 to under 15% in September 2020.

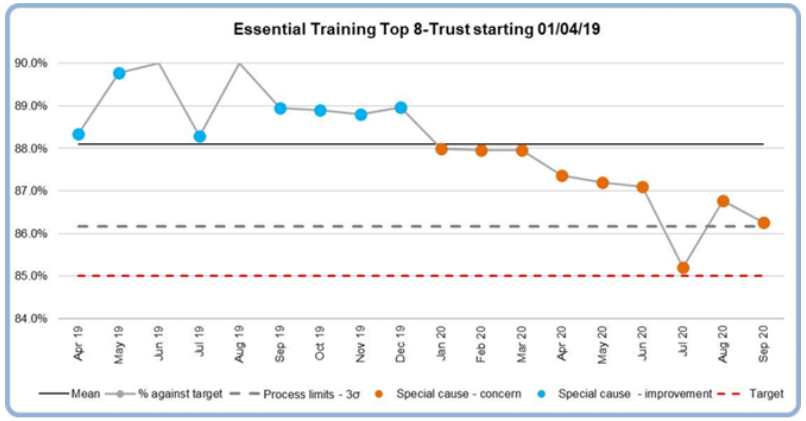
Sickness and Health and Wellbeing

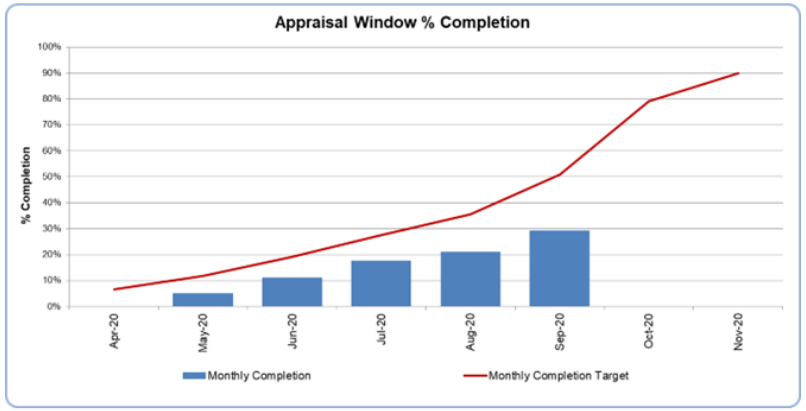
Sickness absence continues to rise since April 2019 although it has remained relatively stable since January 2020. Initial data analysis earlier this year identified that the increase has been driven by long-term sickness. A deep dive into long-term sickness causes and drivers which was paused due to Covid-19 has now begun and is being reported to People and Digital committee.

People Team work undertaken to help improve sickness absence includes:

- Absence project in ASCR targeting absence hot spots
- Continued development of guidance around COVID-19 related sickness absence
- Incorporating COVID 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.
- Learning from a LTS case–debrief being developed into best practice guidance and training
- Work-related stress toolkit out for wider engagement and discussion

Essential Training





Training Topic	Variance	Aug-20	Sep-20
Child Protection	-0.2%	86.1%	86.0%
Adult Protection	-0.1%	88.4%	88.3%
Equality & Diversity	0.0%	90.6%	90.6%
Fire Safety	-0.9%	86.6%	85.7%
Health &Safety	-0.7%	90.3%	89.6%
Infection Control	-0.2%	91.4%	91.2%
Information Governance	-1.1%	82.6%	81.5%
Manual Handling	-0.6%	76.9%	76.3%
Waste	-0.7%	88.0%	87.2%
Total	**-0.5%**	**86.8%**	**86.3%**

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

A small increase in overall compliance has occurred due to the numbers of eLearning programmes available and being undertaken (with the exception of Resuscitation and Patient handling) who despite adding sessions still remain below Pre Covid compliance figures – this is related to reduced numbers per session and social distancing requirements. The trust is delivering a MaST eLearning promotion to all staff in the build up to the winter plan

Leadership & Management Development

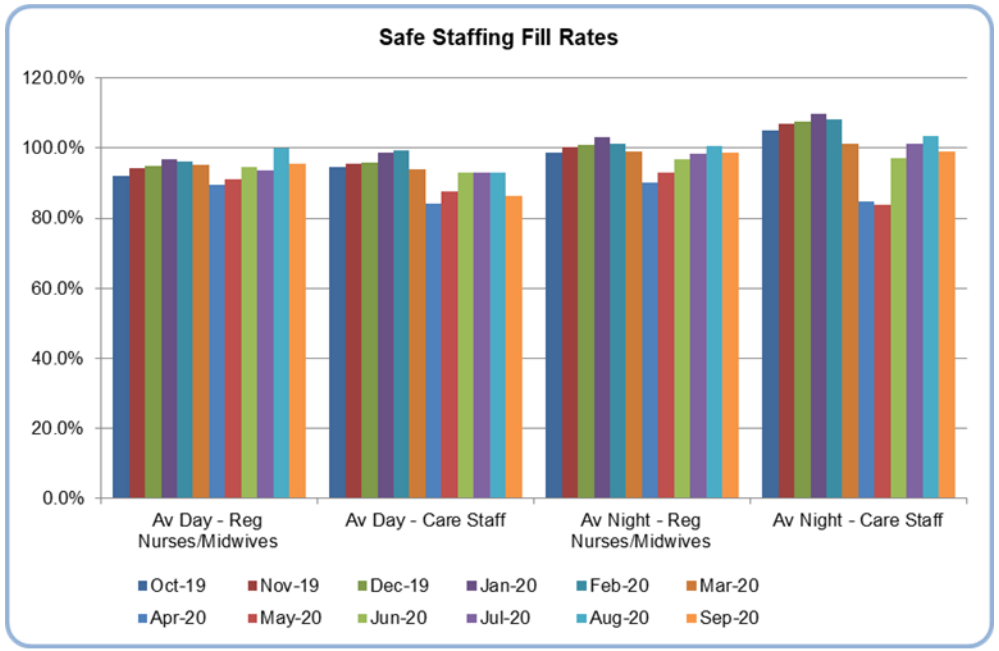
Restorative Just Culture Training (Mersey Care and University of Northumbria)

This has been commissioned and finalised and the 4.5 day programme (over 3 weeks) in November is full, with the maximum of 40 delegates from a range of areas.

Graduate Training Scheme (GMTS)

NBT has put in bids to host 2 trainees next year (General Management and HR) and is linked in with our BNSSG partners to offer rotational opportunities for any successful bids.

Safe Staffing



Sep-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	95.4%	86.4%	98.8%	99.1%

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.

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

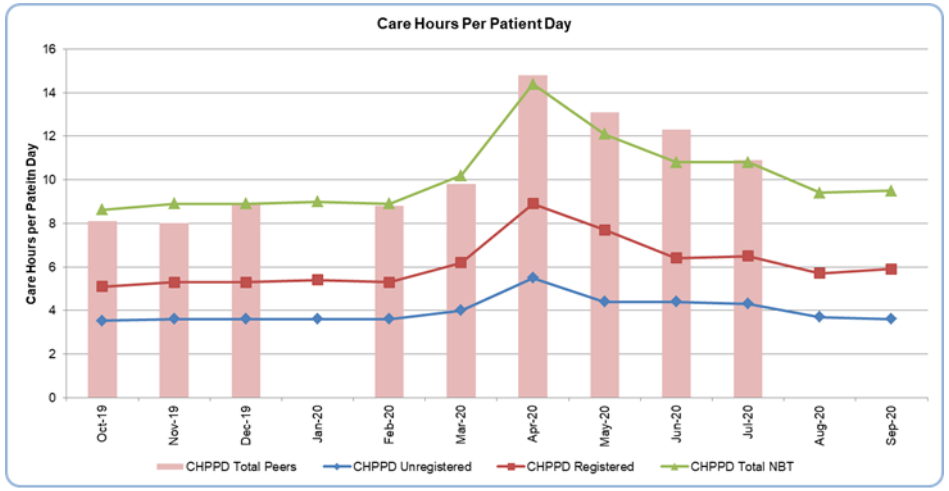
8b: (62.4 days) Unregistered staff vacancies

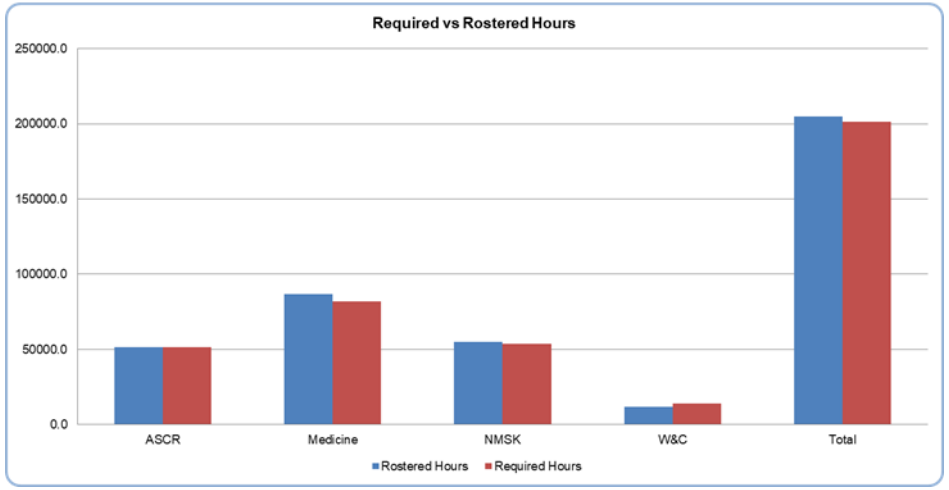
7A (68.7%% Days) This is a green ward which is running below full occupancy so planned staffing has been reduced accord to the dependency on the ward on a daily basis.

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.

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.





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).

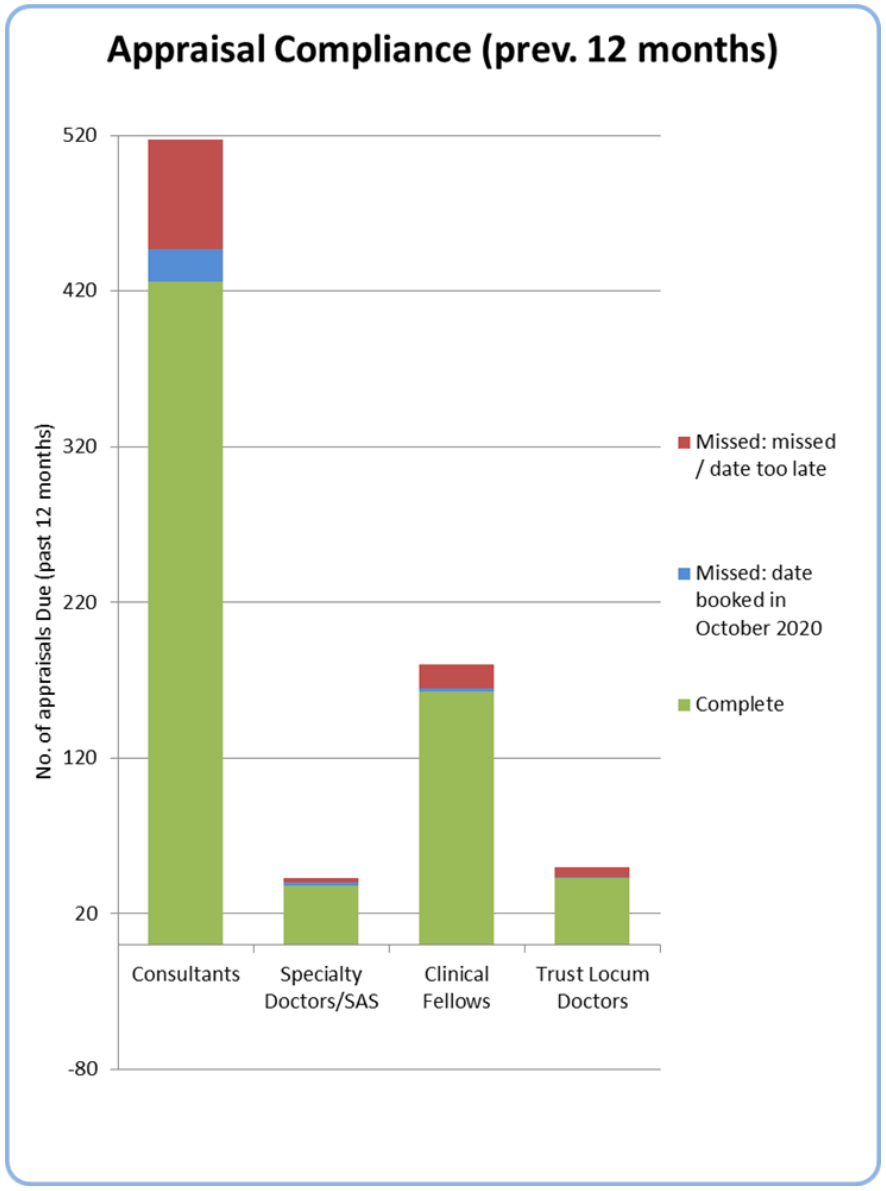
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

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.



Medical Appraisal

In March 2020 the appraisal process was suspended due to Covid-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 114 appraisals, (included as complete appraisals in this data). Any appraisals due before or after the period of suspension are expected to take place and will be considered as a missed appraisal if not completed.

Since restarting the appraisal process, the revalidation team have advised all doctors that appraisals can contain less CPD than normal if this has been impacted by COVID-19 and that the focus of the appraisal should be on doctors wellbeing and the discussion and appraiser outputs. Where possible, doctors with a cancelled appraisal have still been advised to hold an appraisal discussion with their appraiser to discuss the impact of COVID-19 and their wellbeing. The Fourteen Fish system remains the mandatory system for medical appraisals.

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 now risen. Where possible, the revalidation team will now be making revalidation recommendations for those doctors who were automatically deferred in order to reduce the number that will be due in 2021/22.

Finance

Board Sponsor: Director of Finance
Catherine Phillips

	Position as at 30 September 2020						
	Apr	May	Jun	Jul	Aug	Sep	YTD
	£m	£m	£m	£m	£m	£m	£m
Contract Income	45.1	44.9	46.1	46.1	45.4	45.7	**273.3**
Other Income	25.8	9.6	10.7	9.3	13.9	13.7	**83.0**
Total Income	**70.9**	**54.4**	**56.9**	**55.4**	**59.3**	**59.4**	**356.3**
Pay	-34.3	-34.5	-34.1	-33.1	-34.1	-35.2	**-205.3**
Non-Pay	-30.7	-14.0	-16.8	-16.4	-19.2	-18.2	**-115.3**
Financing	-5.9	-6.0	-6.0	-5.9	-6.0	-6.0	**-35.7**
Total Expenditure	**-70.9**	**-54.4**	**-56.9**	**-55.4**	**-59.3**	**-59.4**	**-356.3**
Surplus/ (Deficit)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Statement of Comprehensive Income

Assurances

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

Income for the month includes additional true-up funding of £7.6m which represents £1.3m funding for Covid-19 costs, £2.3m of Nightingale-related costs, and the underlying core trust deficit of £4.0.

There are no further key issues to report.

Trust Balance Sheet (£m)	March 2020	August 2020	September 2020	In-month change	YTD change
Property plant and equipment (PFI)	367.4	364.0	363.3	-0.7	-4.1
Property plant and equipment (non-PFI)	192.6	197.9	198.2	0.3	5.6
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
Total non-current assets	**576.0**	**576.7**	**576.1**	**-0.6**	**0.1**
Stock	13.1	12.5	12.3	-0.2	-0.8
NHS debtors current	50.5	25.9	23.1	8.6	-15.9
Non NHS Debtors and Prepayments	22.2	32.0	30.9	-1.9	7.9
Cash and Cash Equivalents	10.7	91.5	90.2	-1.4	79.4
Total current assets	**96.4**	**161.9**	**156.5**	**5.1**	**70.5**
NHS creditors	(11.1)	(8.5)	(10.1)	(1.7)	0.9
Non NHS Creditors and Accruals <1 Year	(74.3)	(148.1)	(149.8)	(4.2)	(78.0)
Loans and Finance Lease Commitments <1 Year	(176.1)	(181.5)	(2.4)	179.0	173.6
Total current liabilities	**-261.4**	**-338.0**	**-162.3**	**173.2**	**96.6**
Non NHS Creditors and Accruals >1 Year	-7.2	-6.4	-6.4	0.0	0.8
PFI Liability	-377.8	-373.6	-372.9	0.7	4.9
Loans and Finance Lease Commitments >1 Year	-10.7	-4.9	-4.8	0.1	5.9
Total non-current liabilities	**-395.7**	**-385.0**	**-384.1**	**0.8**	**11.6**
Total net assets	**15.3**	**15.6**	**186.1**	**178.5**	**178.8**
Public Dividend Capital	248.5	249.0	427.5	178.5	178.9
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
In-year Income and Expenditure	-3.8	-0.2	-8.1	0.0	3.7
Retained earnings	-378.5	-383.4	-383.4	0.0	-4.8
Taxpayers Equity	**15.3**	**15.6**	**186.1**	**178.5**	**178.8**

Statement of Financial Position

Assurances

DHSC loans of £178.5m were replaced by PDC during September so this created a significant change on the balance sheet In month. The improved cash position of £90.2m (£79.4m 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 88.8% by value compared to an average of 85.8% for 2019/20.

Statement of Comprehensive Income, Full Year Forecast

Below is the current view of the full year forecast for the Trust based on block income values notified on September 16th and latest projections for other income and costs and was fed into the initial BNSSG System submission on 5th October.

	H1	H2	Full year
Block Income	285.6	277.9	563.5
Other Income	35.8	28.7	64.5
Top-ups (including covid cost rebates)	34.9	0.0	34.9
Share of System Allocation	0.0	27.3	27.3
Total Income	**356.3**	**333.9**	**690.2**
Base Costs	-356.3	-352.2	-708.5
System Mitigations	0.0	-4.5	-4.5
Total Costs	**-356.3**	**-356.7**	**-713.0**
Surplus/Deficit	**0.0**	**-22.8**	**-22.8**

Block income is lower in the second half of the year due to removal of high cost drugs which are now on a pass through basis, the forecast currently excludes both the cost and income relating to these.

The forecast for Other income is £28.7m which compares to an NHSI expectation of £51.5m based on actual income earned in months 8 to 10 of 2019/20. Baseline issues have been shared with NHSI/E while volume driven variances are being discussed with divisions to ensure all aspects of income are being maximised

The forecast assumes:

- The Trust will receive £27.3m of the system allocation of £106m which will bring it to a deficit position equal to the shortfall on Other income. The process to confirm this allocation is still being discussed with System partners.
- No income for the Weston Breast service transfer or resolution of other block contract issues (e.g. Thrombectomy)
- All costs for Nightingale Hospital Bristol, covid 19 testing and Independent sector usage are excluded as these are funded outside the financial envelope calculation.
- Mitigations and winter costs are forecast in line with figures submitted to the system in time for the high level BNSSG submission on Oct 5th. These items are still under review and will be updated and finalised for the organisation level forecasts required on 22nd October.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

The capital expenditure for the first 6 months of the year is £13.0m which compares to a year-to-date plan of £11.3m.

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 System plan that was submitted on 5th October. This shows that the Trust has will end the year with a circa. £39m cash balance after the unwinding of the month in hand advance payment

£m	Oct-20 (forecast)	Nov-20 (forecast)	Dec-20 (forecast)	Jan-21 (forecast)	Feb-21 (forecast)	Mar-21 (forecast)
Cash brought forward	90.2	88.5	84.8	81.0	82.1	85.2
Operating Income	55.6	55.6	55.6	55.6	55.6	56.2
Operating Expenditure	(58.6)	(59.2)	(59.6)	(60.1)	(59.9)	(59.8)
Total I&E cash flows	**(2.9)**	**(3.6)**	**(4.0)**	**(4.4)**	**(4.2)**	**(3.6)**
Capital cash flows	(3.7)	(11.6)	(2.7)	2.8	1.7	3.7
Top Up relating to August and September	4.6	8.6	0.0	0.0	0.0	0.0
Commissioner receipts (unwinding of timing difference)	0.0	0.0	0.0	0.0	0.0	(46.3)
Non-cash items	2.4	2.4	2.4	2.4	2.4	2.4
Cash flows from other items	(2.1)	0.5	0.6	0.3	3.3	(2.0)
Total in-month cash movement	**(1.7)**	**(3.7)**	**(3.7)**	**1.0**	**3.1**	**(45.8)**
Cumulative cash balance	**88.5**	**84.8**	**81.0**	**82.1**	**85.2**	**39.4**

Regulatory

Board Sponsor: Chief Executive
Andrea Young

NHS Provider Licence Compliance Statements at November 2020 - Self-assessed, for submission to NHS

North Bristol NHS Trust

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: General guidance and NBT Quality Priorities

Unless noted on each graph, all data shown is for period up to, and including, 30 September 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.

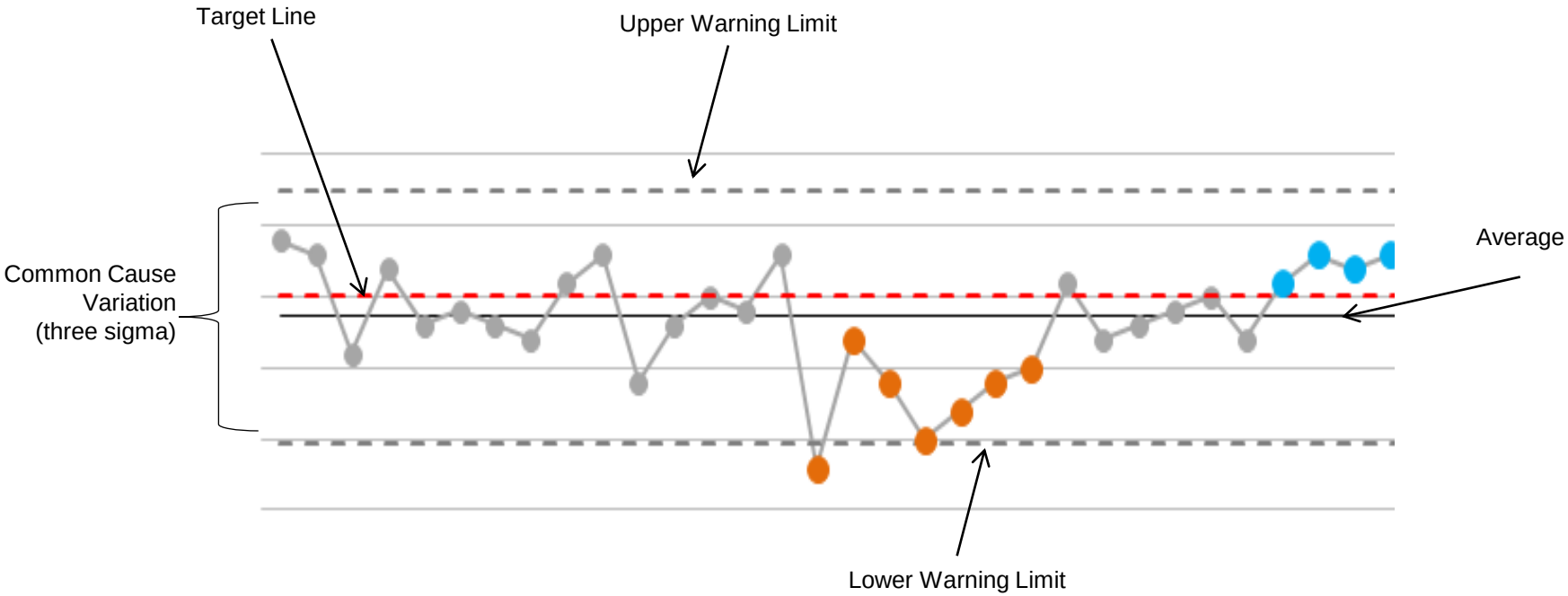
QP3 Ensuring excellence in our maternity services, delivering safer maternity care.

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

Appendix 2: Statistical Process Charts (SPC) Guidance



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