

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



August 2021
(presenting July 2021 data)

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North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	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%	64.38%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%		67.66%	6/9	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	12	3	52	206	7	0	6	0	4	97		0 - 255	10/10	
	Ambulance Handover < 15 mins (%)	100%	48.46%	98.07%	98.01%	76.69%	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%				
	Ambulance Handover < 30 mins (%)	100%	73.44%	99.76%	99.83%	96.04%	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%				
	Ambulance Handover > 60 mins	0	346	0	0	4	33	26	82	180	57	83	272	199	346	636				
	Stranded Patients (>21 days) - month end			82	95	114	247	141	145	124	129	136	271	115	122	279				
	Right to Reside: Discharged by 5pm	50.00%		-	-	-	-	-	28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.29%				
	Bed Occupancy Rate		93.00%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.24%	96.64%	95.97%				
	Diagnostic 6 Week Wait Performance	1.00%	34.95%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%		22.38%	8/10	
	Diagnostic 13+ Week Breaches	0	0	1886	1979	1998	1697	1427	1487	1420	1358	1364	1513	1779	2054	2183			8/10	
	Diagnostic Backlog Clearance Time (in weeks)			1.0	1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3				
	RTT Incomplete 18 Week Performance	92.00%	74.98%	58.48%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%		68.12%	3/10	
	RTT 52+ Week Breaches	0	1363	648	797	1001	1092	1249	1418	1817	2108	2088	1827	1583	1473	1544		0 - 17780	2/10	
	RTT 78+ Week Breaches		448	-	-	-	-	-	-	-	-	-	363	424	448	532		0 - 4577	4/10	
	RTT 104+ Week Breaches		0	-	-	-	-	-	-	-	-	-	5	12	19	28		0 - 441	5/10	
	Total Waiting List		33422	27512	28814	29387	30214	29632	29611	29759	29716	29580	31143	31648	32946	34315				
	RTT Backlog Clearance Time (in weeks)			9.6	7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9	4.8	5.2	5.2				
	Cancer 2 Week Wait	93.00%	57.39%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	-		84.83%	10/10	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	8.83%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	-		68.82%	7/10	
	Cancer 31 Day First Treatment	96.00%	88.89%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	-		94.60%	6/10	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.29%	1/10	
	Cancer 31 Day Subsequent - Surgery	94.00%	76.54%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	-		86.90%	7/10	
	Cancer 62 Day Standard	85.00%	80.07%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	-		73.15%	9/10	
	Cancer 62 Day Screening	90.00%	90.00%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	-		73.00%	4/10	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		83.36%	82.75%	82.96%	84.21%	83.74%	82.94%	81.57%	83.73%	84.77%	84.56%	82.61%	83.45%	83.28%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.64%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	
	Caesarean Section Rate		28.00%	34.60%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	
	Still Birth rate		0.40%	0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	
	Induction of Labour Rate		32.10%	35.40%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	
	PPH 1000 ml rate		8.60%	11.20%	10.68%	7.97%	10.38%	14.19%	8.93%	9.77%	11.57%	10.28%	8.99%	10.29%	13.79%	8.38%	
	Never Event Occurrence by month	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	
	Serious Incidents			12	9	4	6	6	4	3	2	4	10	2	3	-	
	Commissioned Patient Safety Incident Investigations			-	-	-	-	-	-	-	-	-	-	-	-	2	
	Healthcare Safety Investigation Branch Investigations			-	-	-	-	-	-	-	-	-	-	-	-	1	
	Total Incidents			954	1030	1057	1210	1051	1059	1228	877	1004	1034	1066	1022	996	
	Total Incidents (Rate per 1000 Bed Days)			48	49	47	50	49	49	56	45	46	46	44	44	43	
	WHO checklist completion	95%		99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	100.00%	100.00%	99.92%	99.60%	99.96%	99.88%	
	VTE Risk Assessment completion	95%		95.79%	95.08%	95.15%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.44%	95.39%	95.02%	-	
	Pressure Injuries Grade 2			8	14	13	28	17	17	17	27	7	9	10	15	17	
	Pressure Injuries Grade 3	0		0	0	1	1	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4	0		0	0	0	0	0	0	1	0	0	0	0	0	0	
	PI per 1,000 bed days			0.24	0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.52	0.51	
	Falls per 1,000 bed days			7.06	7.68	6.70	9.57	8.85	8.55	9.54	8.63	8.44	8.34	8.71	8.53	8.26	
	#NoF - Fragile Hip Best Practice Pass Rate			47.46%	63.64%	54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	37.50%	13.51%	64.29%	-	
	Admitted to Orthopaedic Ward within 4 Hours			86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	54.05%	42.86%	-	
	Medically Fit to Have Surgery within 36 Hours			74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	51.35%	80.95%	-	
	Assessed by Orthogeriatrician within 72 Hours			98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	18.92%	90.48%	-	
	Stroke - Patients Admitted			84	63	83	86	79	80	70	61	96	91	100	91	50	
	Stroke - 90% Stay on Stroke Ward	90%		80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	-	
	Stroke - Thrombolysed <1 Hour	60%		50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours	60%		73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours	90%		91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	-	
Quality Caring & Experience	MRSA	0		0	0	0	1	0	0	0	1	0	0	0	0	0	
	E. Coli	4		5	7	8	4	5	3	3	1	6	4	5	4	1	
	C. Difficile	5		4	3	5	7	5	7	4	9	4	10	6	10	6	
	MSSA	2		4	2	1	4	6	2	3	3	0	4	1	5	2	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	
Well Led	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	
	PALS - Count of concerns			75	51	95	73	99	66	62	71	79	108	88	127	127	
	Complaints - % Overall Response Compliance	90%		98.08%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83%	77.03%	85.71%	
	Complaints - Overdue			0	0	0	2	2	0	0	0	0	0	0	0	2	
	Complaints - Written complaints			59	53	46	48	39	23	37	43	42	56	67	51	65	
Well Led	Agency Expenditure ('000s)			555	822	687	875	900	1043	1234	543.91	1042	705	816	1029	1374	
	Month End Vacancy Factor			6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	
	Turnover (Rolling 12 Months)	12.00%		13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	
	Sickness Absence (Rolling 12 month -In arrears)	-		4.46%	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	-	
Well Led	Trust Mandatory Training Compliance			85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	

Urgent Care

Four-hour performance deteriorated to 54.36% in July with the Trust conceding 636 ambulance handover delays over one hour and 97 12-hour trolley breaches. The deterioration reflects high ED attendance volumes requiring above established staffing levels and challenged bed occupancy levels impacted by increased Non-Elective admissions, COVID-19 admissions and bed closures resulting from Norovirus. The Trust remains in the fourth quartile for the second consecutive month when compared nationally and ranking 6th out of 9 reporting Adult Major Trauma Centres. Four-hour performance is expected to stay below 60% in August.

Elective Care and Diagnostics

The RTT waiting list continued to increase in July resulting from a reduction in waiting list removals. There were 1544 patients waiting greater than 52 weeks for their treatment in July; this is the first time since February 2021 that the Trust has reported an increase. The overall proportion of the wait list that is waiting longer than 52 weeks was static at 4.50%. Nationally, the Trust positioning deteriorated slightly in June, remaining in the third and fourth quartiles for 52 week and 78 week respectively. Diagnostic performance deteriorated in July to 38.92%. When compared nationally, Trust positioning deteriorated for June, with 6-week and 13-week performance remaining in the fourth quartiles.

Cancer Wait Time Standards

Performance for the TWW standard has been impacted by issues in the Breast, Colorectal and Skin specialties, but significant improvements are anticipated for July's predicted performance. The 31-Day standard was not achieved in May, with performance of 95.48%. The reported 62-Day performance for May was 62.74%; a deterioration on the May performance of 77.11% reflecting the knock on impact of the TWW Breast performance. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance and were received by the Finance and Performance Committee in August 2021. Monitoring of performance will be reported against these trajectories from the September 2021 report onwards.

Quality

Maternity services has reported compliance with all 10 of the CNST safety actions, which has been reviewed and approved by the Board via QRMC. NBT has received confirmation of national funding to support an increase in midwives, which goes towards meeting the recommendations of BirthRate+. There have been no reported Grade 3 or 4 pressure injuries in July. The Trust continues to see a surge of COVID-19 cases in line with national predictions with an increase in maternity cases and the younger age group. The Trust's antenatal screening service is still experiencing challenges with demand exceeding available capacity.

Workforce

The Trust vacancy factor increased to 6.52% in July (from 5.55%) driven predominantly by a net loss of staff driven by voluntary resignations. Annual turnover saw a small reduction in July to 11.71% (from 11.73%) as July 2021 saw a lower net loss of staff than July 2020. Temporary staffing demand saw an increase in July in line with COVID-19 related absence and Accelerator programme requirements; overall demand increased by 23.60% (219 wte) with the bank able to respond with 53.6 wte more bank time worked in July than June, however the increase in worked time did not match the increase in demand and bank fill rates dropped from 62.74% to 58.38%

Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected to breakeven. The financial framework for months 1 to 6 of 2021/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The forecast Trust position for the first four months of 2021/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSE/I. The actual result for the month 4 and year to date is a breakeven position.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported four-hour performance of 54.36% in July; trajectories for 2021/22 are being confirmed in August 2021, with August performance not expected to exceed 54%. Ambulance handover delays were reported in-month with 636 handovers exceeding one hour and the Trust conceded 97 12-hour trolley breaches. Ambulance arrivals remained consistent with pre-pandemic levels; handover times continue to be particularly challenged due to pressures on bed occupancy. Bed occupancy varied between 91.74% and 99.19% against the core bed base; occupancy has been impacted by rising Non-elective admissions, COVID-19 admissions (peaking at 60 patients as of 28th July and resulting in cancellation of all P4 elective surgery and significant reductions in P3 cases) and bed closures due to Norovirus. Performance remains challenged into August, but the predicted downturn in COVID-19 admissions early in the month has led to the re-start of the full elective inpatient programme at the beginning of the month; this has not been able to be continued beyond the first two-weeks of August.

Planned Care

Referral to Treatment (RTT) – 18 week RTT performance deteriorated marginally in July to 73.78%. The number of patients exceeding 52 week waits in July was 1544, the majority of breaches (929; 60.17%) being in Trauma and Orthopaedics. For the first time since February 2021, the Trust has reported an increase in 52 week wait breaches; the overall proportion of the wait list that is waiting longer than 52 weeks was static at 4.50%. The Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust is working with these patients to understand their concerns and what needs to happen for them to be able to engage with progressing their pathway. A larger number of patients than previously reported are choosing to defer treatment until after holidays during August and September.

Diagnostic Waiting Times – Diagnostic performance deteriorated in July with performance of 38.92%. The current backlog position is similar to levels the Trust experienced immediately after the impact of the pandemic response during the first wave. Echocardiography and Non-Obstetric Ultrasound reported declines in performance, whilst CT reported a significantly improved performance in month. The number of patients waiting longer than 13 weeks increased by 6.28% in July. When compared nationally, 13 week performance deteriorated slightly in June, remaining in the fourth quartile. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity.

Cancer

The Trust achieved two out of the seven Cancer Waiting Time (CWT) standards (31-Day first and 31-Day subsequent drug therapy) in June. Breast Care Services have cleared the backlog and are now managing their weekly referral volume. The Trust is already seeing the impact of this in the forward look with a predicted July performance of 55.00% for TWW activity. Skin services have a current backlog of 501; 410 patients are already in a breach position. 260 new slots have been allocated through outsourcing and additional clinics at NBT. The expectation is that the backlog will be cleared by September. Colorectal are still experiencing OPD capacity issues due to consultant leave and increase in referrals requiring OPD appointments last month, however Endoscopy capacity is improving. Urology are in the process of reviewing pathways in line with RDS and 28-Day compliance. The main issue for the service is the reduction in Oncology appointments through BHOC and NBT; this is impacting on 62-Day pathways. Staffing issues within Cancer Services is starting to impact on CWT performance especially in the 28-Day performance; there are 6 vacancies across fast track and MDT support currently. A recruitment programme is in place but the impact will continue to be felt across all of the CWT standards for at least the next two months.

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

Maternity : Maternity services has reported compliance with all 10 of the CNST safety actions, which was reviewed and approved by the Board via QRMC. NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+. NBT has also secured funding as part of the national Ockenden funding for additional consultant PA's to ensure compliance with MDT Ward Rounds.

Pressure Injuries - There have been no reported Grade 3 or 4 pressure injuries in July and Grade 2 pressure injuries remain below the mean rate (medical device related and overall).

Infection control: There were no MRSA cases reported in July 2021.

Mortality Rates/Alerts: An increase in deaths was seen in December and January which is likely to have been the result of increasing COVID-19 infections. The numbers have returned to the expected rate since that time. There are no current Mortality Outlier alerts for the trust and continued high completion rates of mortality reviews are demonstrated.

Areas of Concern

Maternity: Our antenatal screening service continues to experience challenges with demand exceeding available capacity. The division is progressing the action plan with the regional team for resolution. Outsourcing of the FTCS service commenced 7th Aug. A full demand and capacity analysis is being conducted within the Ante Natal Clinic due to significant challenges imposed by implementation of new clinic templates in response to RCOG guidance.

Infection control: The trust continues to see a surge of COVID-19 cases in line with national predictions with an increase in maternity cases and the younger age group. In line with bed modelling, further ICU capacity has been created, ward based care flexed back to one ward and maternity care flexes dependent on need. C. difficile monthly rates are higher than previous years and may prove difficult to pull back to achieve the target trajectory set. Further work with a Southwest C. diff HCAI collaboration is ongoing.

WELL LED

SRO: Director of People and Transformation and Medical Director

Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

The Trust reported vacancy factor increased to 6.52%% in July (from 5.55% in June) which is the highest vacancy factor since March 2020 (6.76%). The increase has been driven by substantive establishment changes, +32.3 wte – 15.4 wte was in registered nursing and midwifery (with Quantock and ICU seeing largest increases). A net loss of staff, predominantly in registered nursing and midwifery has also driven the increase.

Registered nursing and midwifery saw the greatest increase in vacancies as a result -15.8 wte, Theatres (-5.5 wte), ICU (-2.6 wte), NICU (-3.3 wte) and ED (-1.9 wte) with 78.97% of registered nurse and midwife leavers due to work life balance and relocation. Allied Health Professionals also saw an increase in vacancies with a net loss of -2.0 wte Radiographers and staff reducing their hours in Physiotherapy. Recruitment pipelines remain healthy with July seeing double the number of band 5, band 3 and band 2 nurse starters than June 20 and the highest number of starters in these groups in the last three years.

Turnover

The Trust turnover is reported as 12.97% in July, excluding the impact of COVID-19 workforce and mass vaccination the turnover rate is at 11.71%, compared to 11.73% in June. Whilst the Trust saw an overall net loss of staff in July it was a smaller net loss than the previous year in July 2020 accounting for the slight reduction in turnover. Work is already in place to act on the eLeavers Questionnaire information from Q1 of 2021/22 as part of the Trust ongoing work to reduce turnover and mitigate the impact of COVID on retention of staff.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence remained at 4.31% in June. Stress/anxiety/depression/other psychiatric illness remains the greatest reason for absence in terms of time lost. July saw a small increase compared to June but the July position remains lower than the position in July 2020. Overall the rate of this type of absence has reduced from a peak over autumn/winter.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased in July by 23.60% in July (219 wte). The main drivers for this increase were COVID related absence, Accelerator and Patient Demand. Accelerator shifts accounted for 58.1 wte of the increase in demand and had a fill rate of 98.3% via the bank.

Excluding the impact of Accelerator temporary staffing demand increased by 17.35% (161 wte), bank fill dropped from 62.74% to 58.38% (although more bank time was worked in July, 53.6 wte more, demand increased at a greater rate) and unfilled shift rates increased from 27.11% to 31.84%. Agency fill rates remained at the same level as June. In line with COVID related absence and operational pressures the greatest increase in temporary staffing demand was seen in registered and unregistered nursing and midwifery and ancillary staff.

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected breakeven. Guidance for the financial framework for the second half of the 21/22 financial year is expected in September. Additionally, non-recurrent income will be provided to fund non-recurrent elective recovery actions including those covered by the Accelerator programme.

The financial framework for months 1 to 6 of 21/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The forecast Trust position for the first four months of 21/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSI. The actual result for the month 4 and year to date is a breakeven position.

The Trust recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.6m for the first quarter. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 4. Cash at 31st July amounts to £112.5m. Capital expenditure for the year to date amounts to £3.8m versus a plan of £5.2m.

Highlights

The position for the month of July shows a breakeven position for the month and year to date.

Income and cost estimates of £8.6m for ERF activity were included in the M3 position and no further ERF income is accrued in month 4.

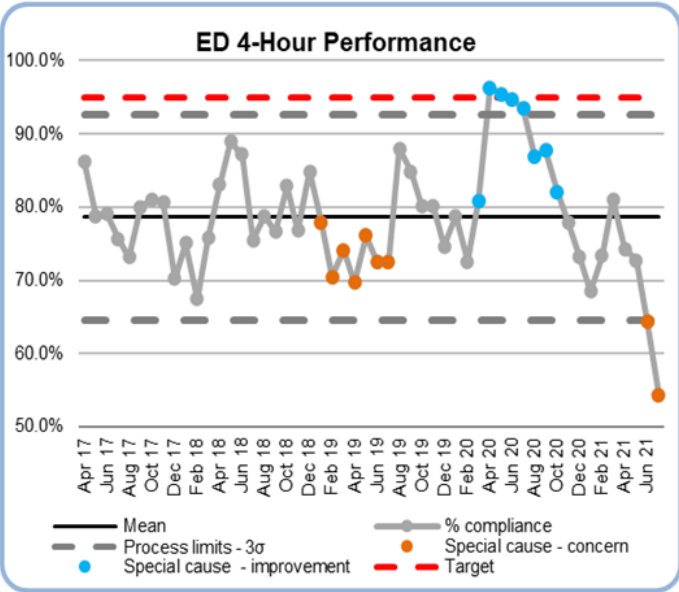
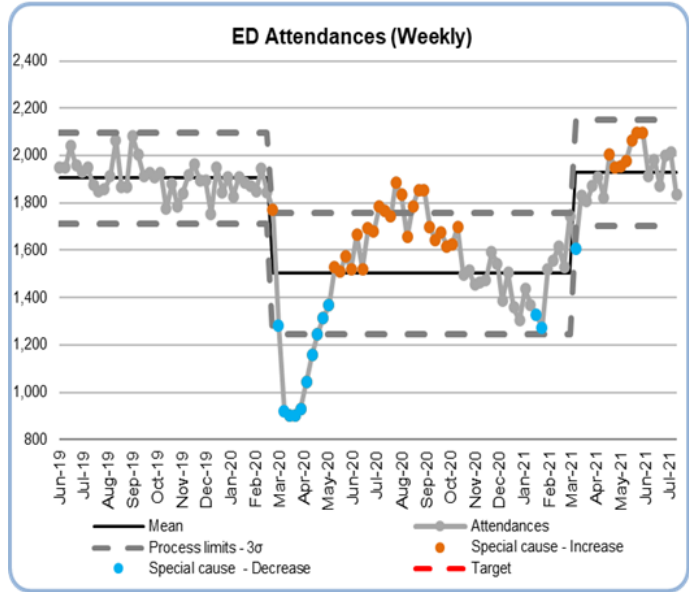
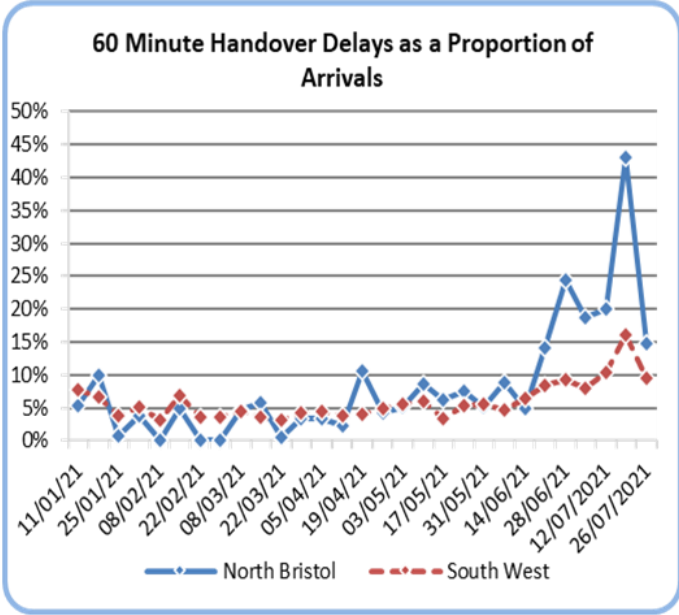
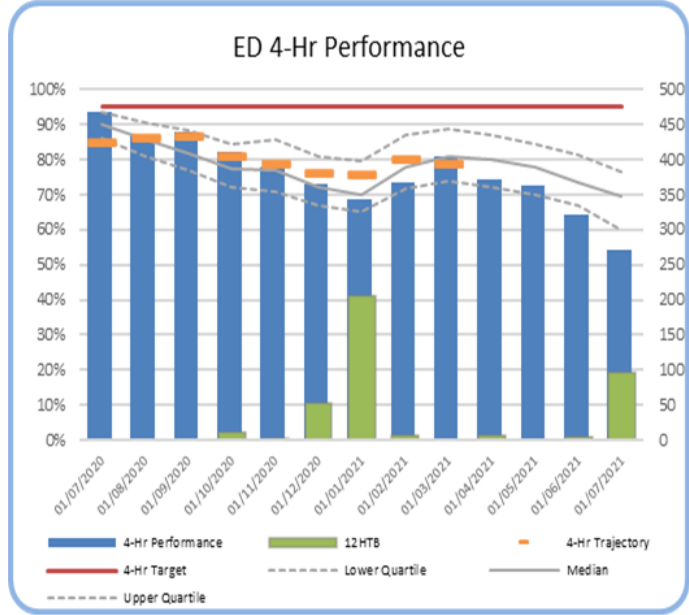
Cash position at the end of July is £112.5m. (March 2021 balance £121.5m).

The total value of CIP for this financial year is £19.6m, the current identified CIP position is £5.8m, an increase of £1.1m compared to June with another £4.1m in the pipeline. This leaves circa 70% of the total value of savings to be identified.

In Month capital spend is £1.0m and YTD spend is £3.8m compared to a YTD plan of £5.2m.

Responsiveness

**Board Sponsor: Chief Operating Officer
Karen Brown**



Four-hour performance deteriorated to 54.36% in July. ED attendances were marginally down on 2019/20 levels.

An indicative trajectory has been set for 2021/22; with August performance not expected to exceed 54%. Trust performance reported below national performance for the fourth consecutive month.

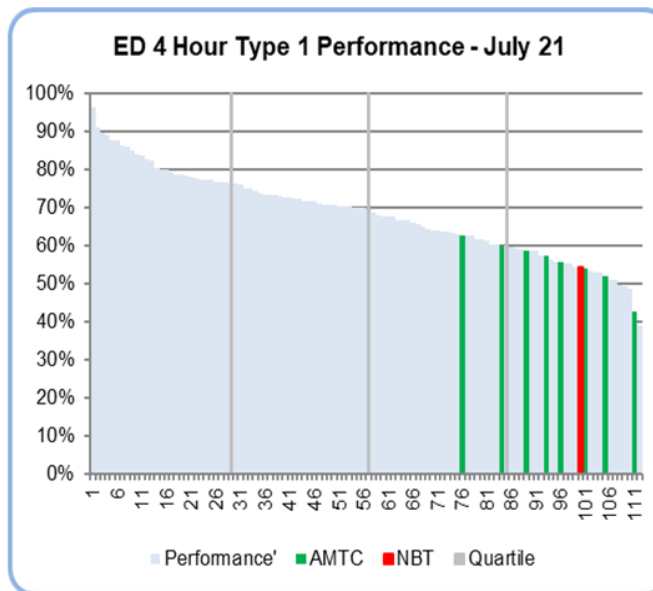
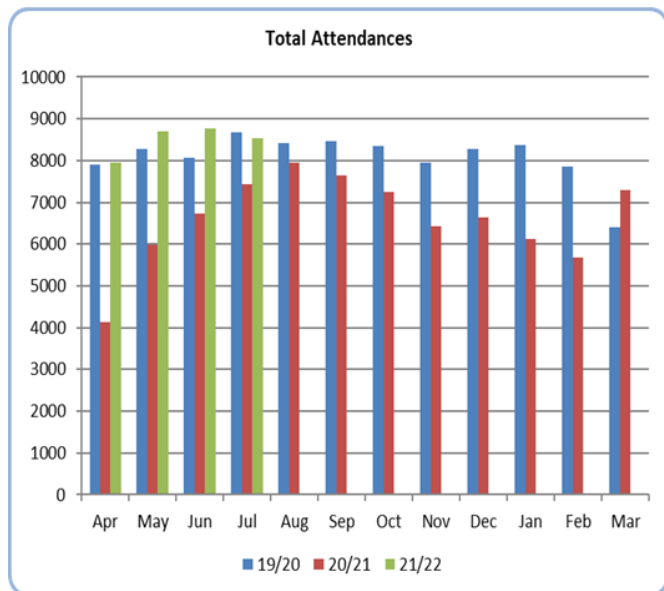
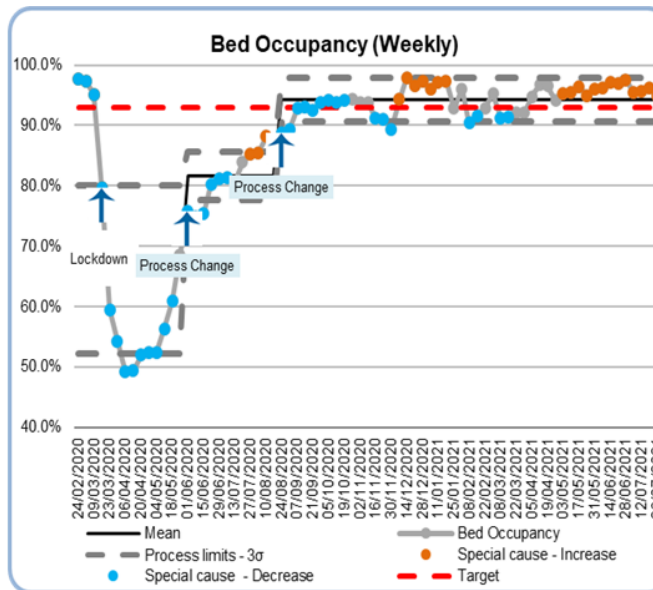
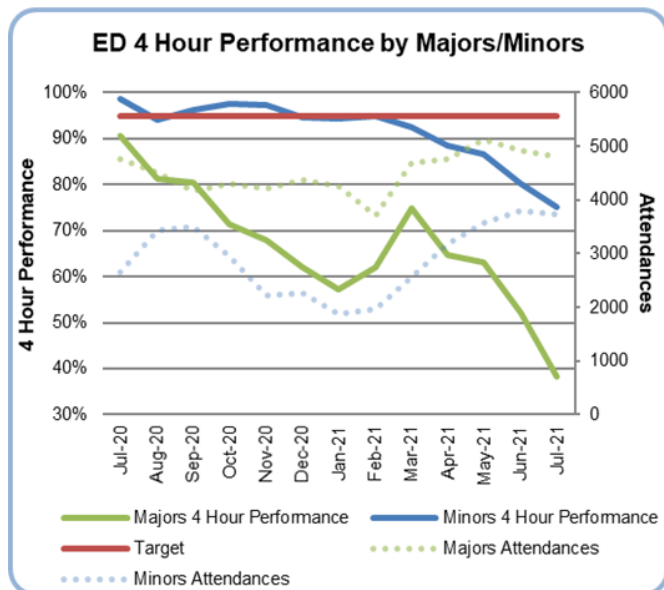
Ambulance handover times continued to be challenged, with the Trust conceding 636 ambulance handover delays over one-hour when the department was experiencing a significant surge in demand and a challenging bed occupancy position.

There was a significant increase in 12-hour trolley breaches in July with the Trust conceding 97 in month.

As the bed occupancy of the Trust has risen, flow and morning discharge rates have deteriorated. From the end of July the Trust adopted changes to Non-elective (NEL) COVID-19 screening, to support earlier decision making on movement of NEL patients.

The Trust has yet to maximise all available capacity via the two discharge lounges.

4-Hour Performance



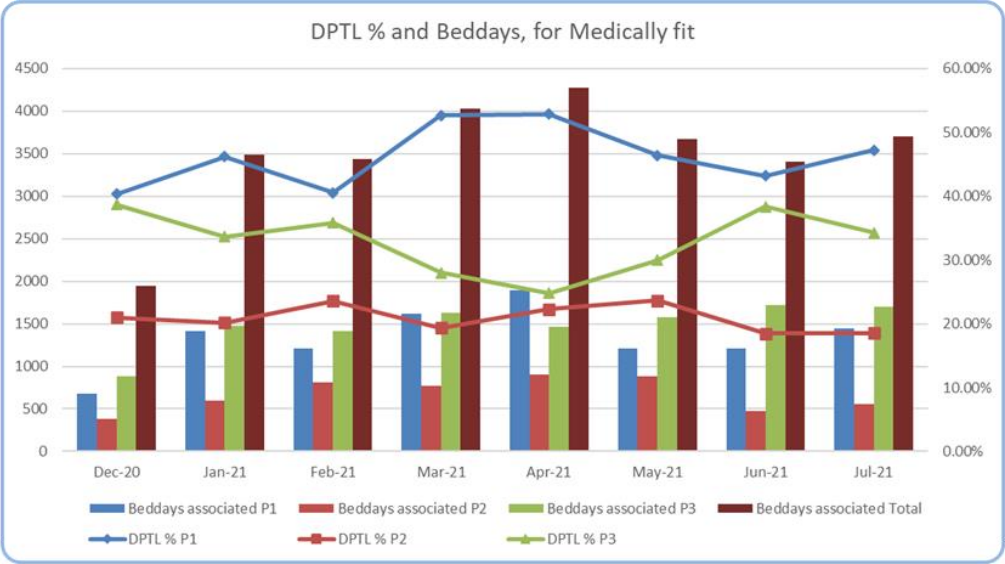
In July, Minors performance deteriorated to 75.07%, whilst Majors deteriorated more significantly to 38.29%.

For the fifth consecutive month, the predominant cause of breaches at 67.90% was waiting for assessment in ED, whilst 12.29% of breaches were caused by waiting for a medical bed.

Bed occupancy remains challenged, varying between 91.74% and 99.19% in July against the core bed base, which has been impacted by rising COVID-19 admissions and bed closures due to Norovirus.

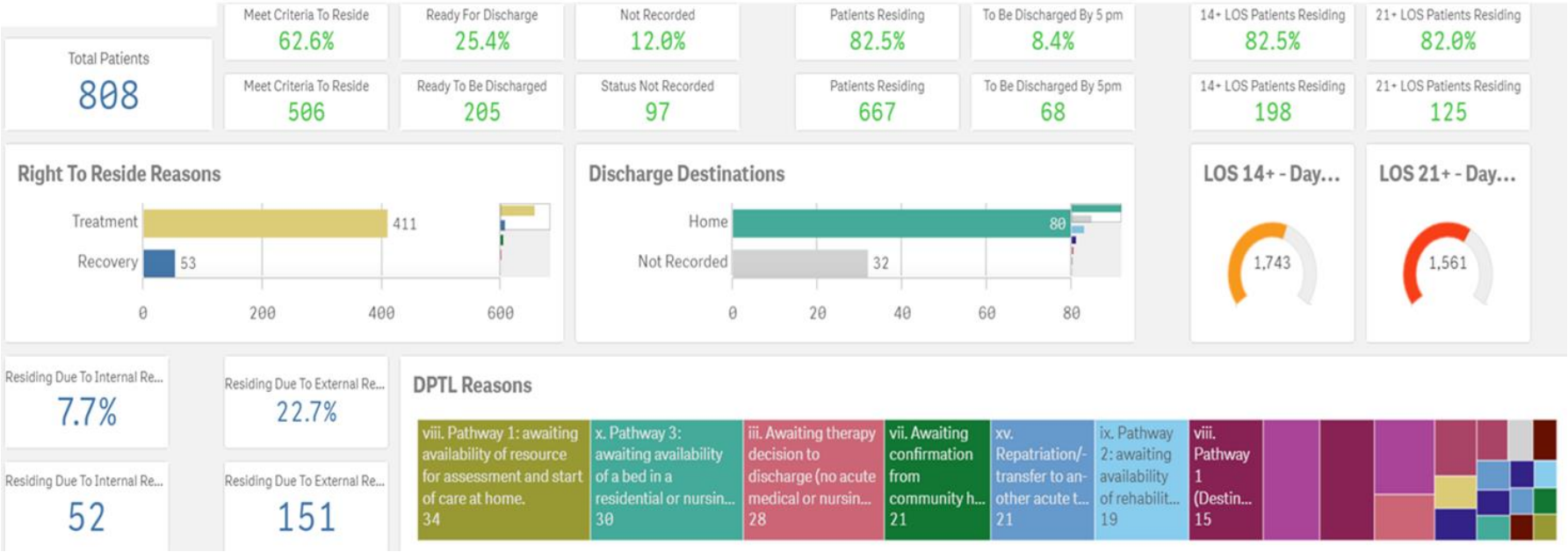
As a result of the overall bed occupancy pressures in July, ambulance offload delays significantly increased, requiring opening of further offload capacity.

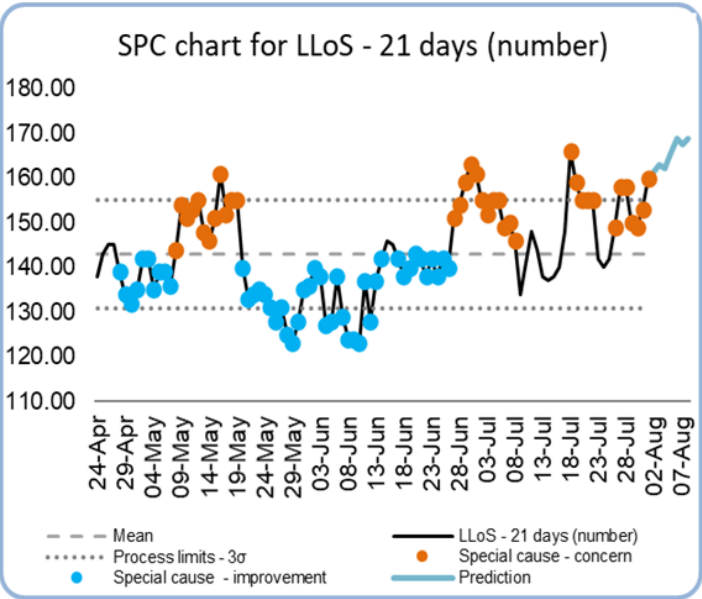
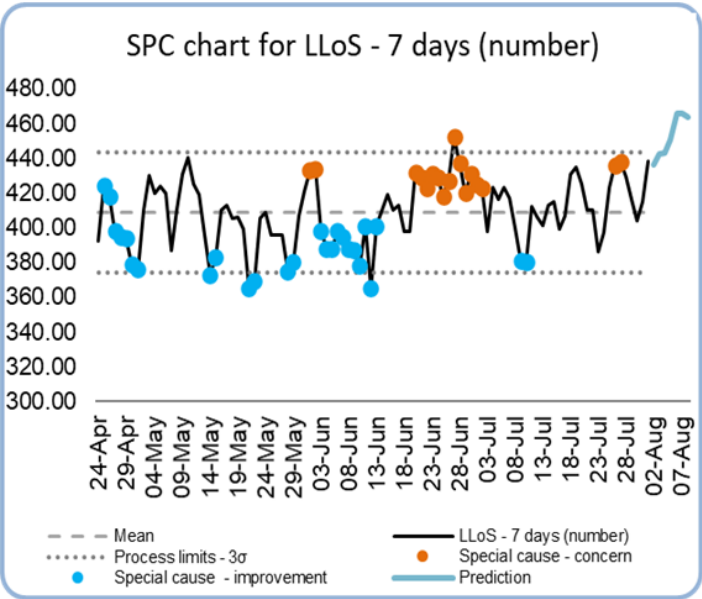
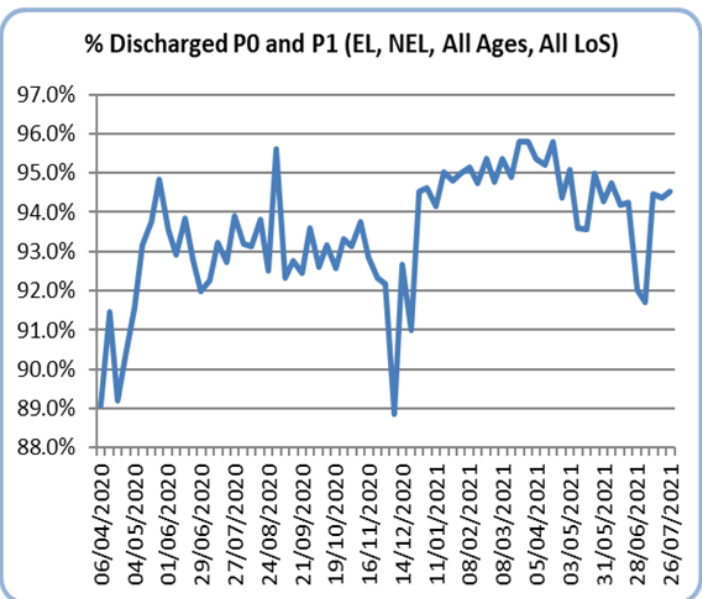
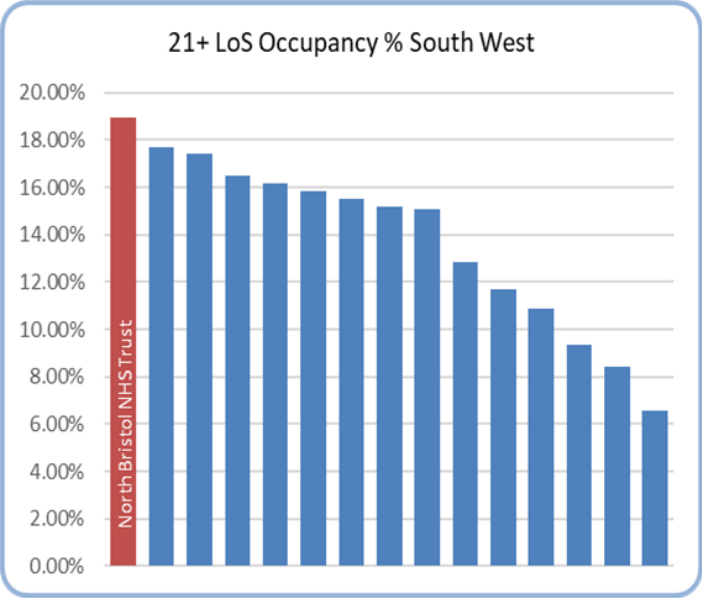
When compared nationally, the Trust positioning deteriorated in July, remaining in the fourth quartile for the second consecutive month. ED performance for the NBT Footprint stands at 65.50% and the total STP performance was 72.61% for July. The Trust ranks sixth out of nine reporting Adult Major Trauma Centres.



The percentage delays and bed days for medically fit patients awaiting P1 increased in July (Sirona and care agencies had staffing challenges), the P2 delays were slightly longer and the P3 remained the same as for June.

There remains insufficient complex community dementia beds and for Stroke patients with high care needs . The NHSE/I funded period for P3 D2A reduced on 1st July from 6 weeks to 4 weeks; the impact on increasing capacity/ flow to this pathway is still to be seen.



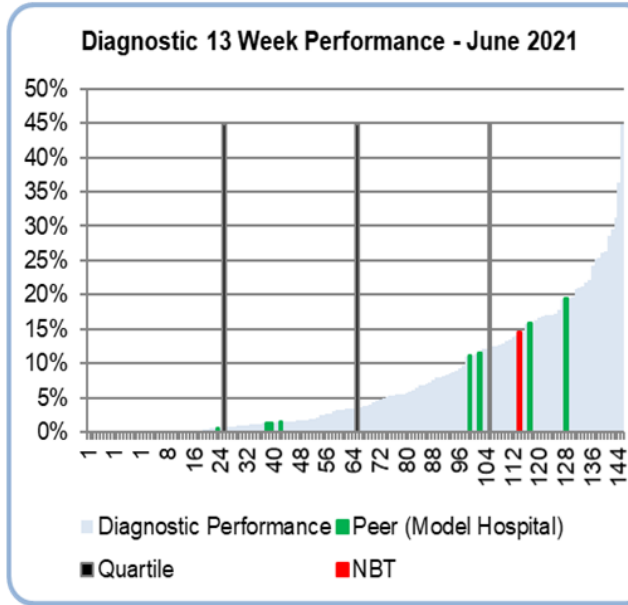
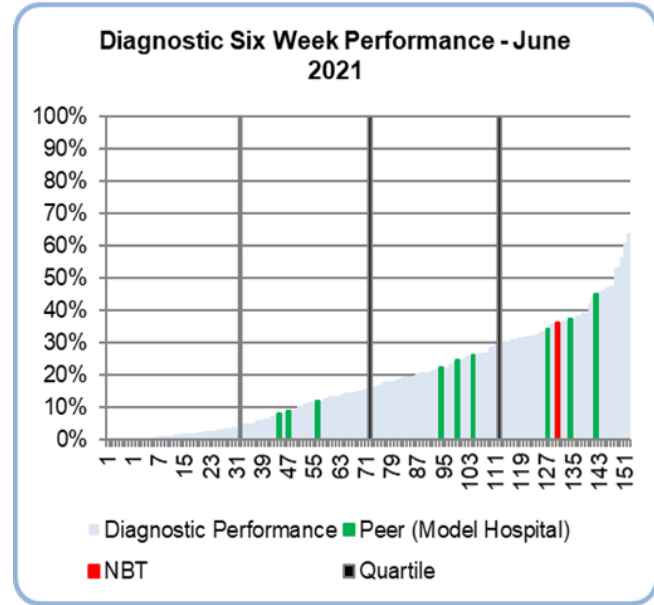
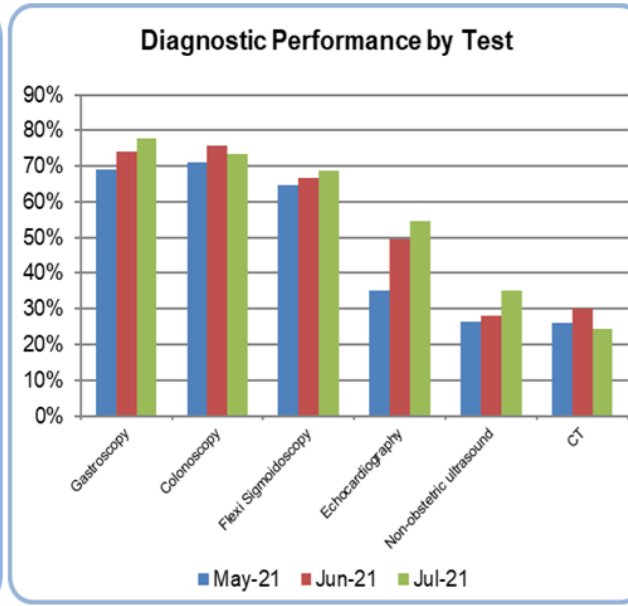
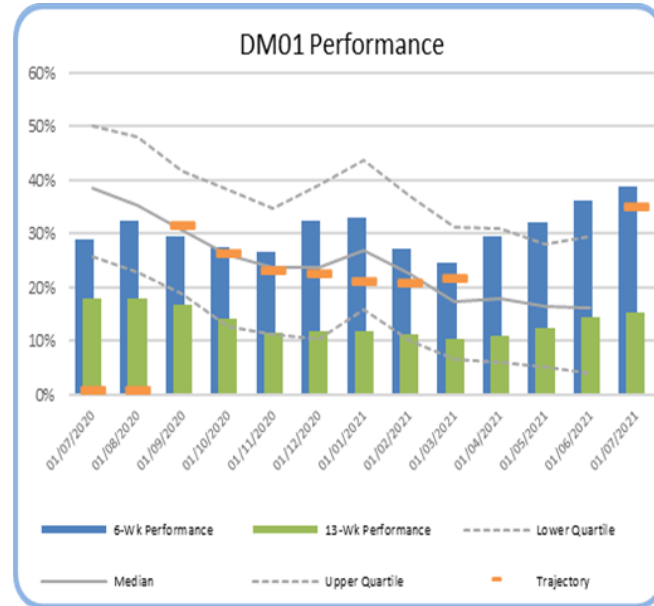


The stranded patient levels reported remain high and are the highest in the Region. Complex discharge weekly levels have been significantly below target across the month (varying from 67%-83% vs. expected weekly target of 121 discharges) due to community vacancies and COVID-19 staff absence levels.

P1 - P3 referral numbers remained lower in July (target is 117 per week); this may be due to the continued acuity of patients and ward staffing pressures.

Admission to Single Referral Form (SRF) monitoring remains a key focus for the Urgent Care Board. SRF and P1 progress meetings between IDS and CICBs commenced in July with the aim of reducing rejections to 5% and minimise delays.

Diagnostic Wait Times



Diagnostic performance deteriorated to 38.92% in July.

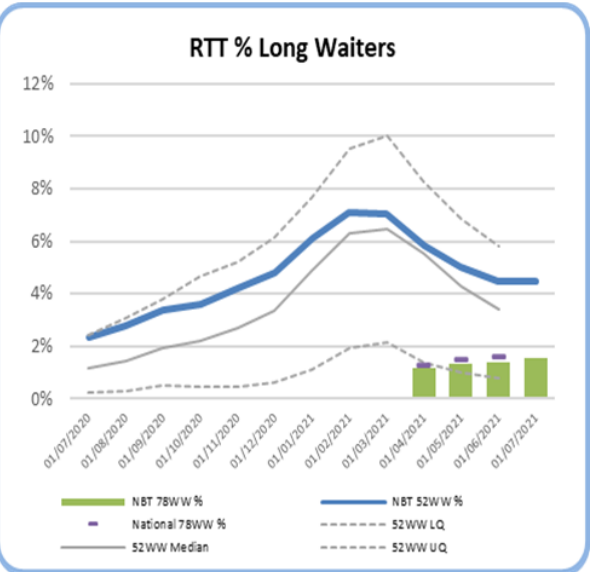
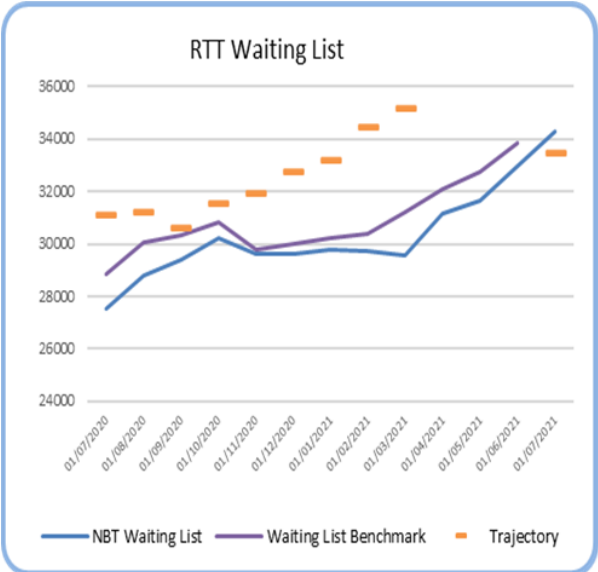
Activity decreased by 5.26% in July, whilst the overall wait list and backlog continued to increase (1.44% and 9.24% respectively). The current backlog position is similar to levels the Trust experienced immediately after the impact of the pandemic response during the first wave.

Echocardiography reports a significant decline in performance in month; this has been impacted by ongoing operational pressures including increased inpatient demand and staff absence due to COVID-19 sickness and isolation. There has also been reduced availability of Agency staff. Non Obstetric Ultrasound reports a further deterioration on their June position, with actions to increase capacity ongoing, including tendering to outsource capacity, as part of a system-wide procurement exercise. CT reported a significant improvement in performance, whilst Colonoscopy also made some improvement.

The number of patients waiting longer than 13 weeks has increased by 6.28% in July. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

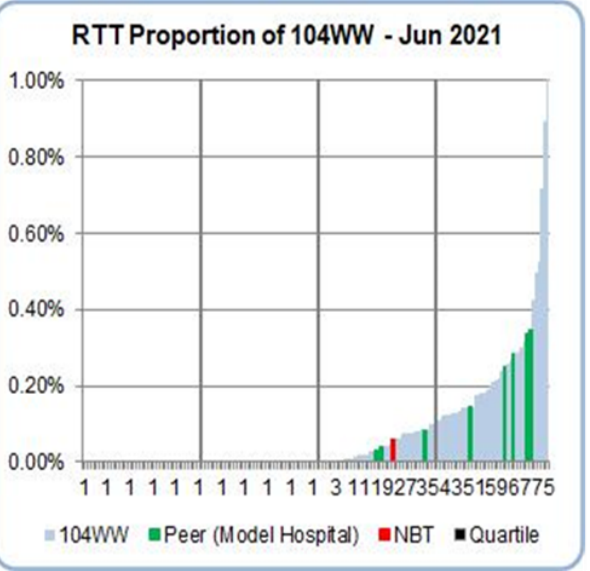
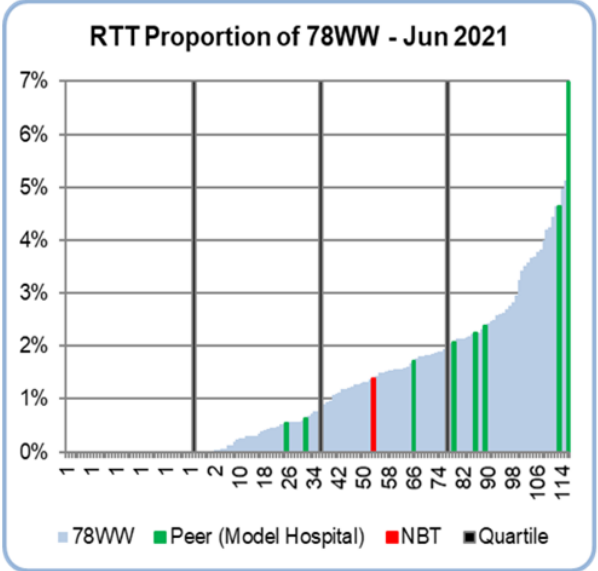
Nationally, Trust positioning deteriorated for 6-week performance in June, remaining in the fourth quartile. 13 week performance also deteriorated slightly, remaining in the fourth quartile.

Referral To Treatment (RTT)



In July, the Trust reported 18-Week performance of 73.78% and an increase in the waiting list to 34315. There was an 10.49% decrease in clock stops and a 3.29% decrease in demand in July. Waiting list growth is the result of demand exceeding waiting list removals. Elective cancellations due to increasing COVID-19 admissions, Non-elective demand and bed pressures has resulted in reduced Elective capacity therefore increasing the wait list.

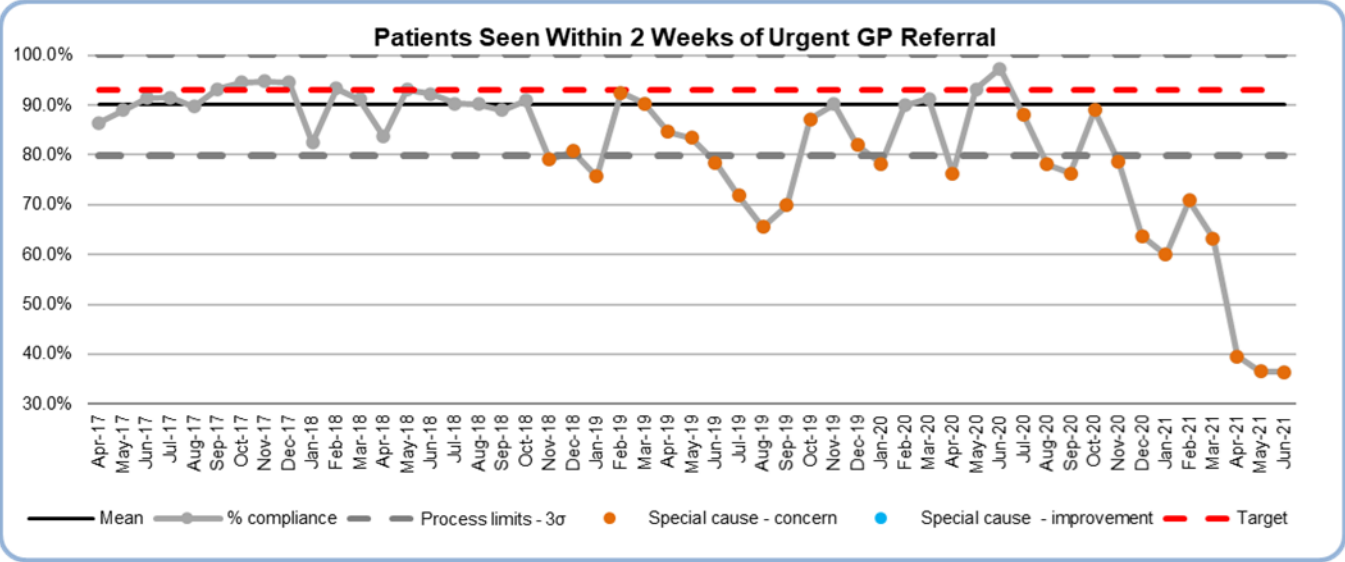
The Trust has reported an increase in 52 week wait breaches for the first time since February 2021. At month end, there were 1544 patients waiting greater than 52 weeks for their treatment; 532 of these were patients waiting longer than 78 weeks, whilst 28 were waiting over 104 weeks. The majority of 52 week breaches (929; 60.17%) are in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks was static for July at 4.50% from 4.47% impacted by the increase in wait list size.



The Trust continues to support equity of access to Clinical Immunology and Allergy services within the Region by accepting late referrals from another provider for patients waiting more than 52 weeks.

When compared nationally, the positioning of the 52 week wait breaches as a proportion of the overall wait list deteriorated slightly for June remaining in the third quartile, though ranked second out of ten peer providers. The positioning for 78 week waits was static and remains in the third quartile, as does the 104 week wait positioning.

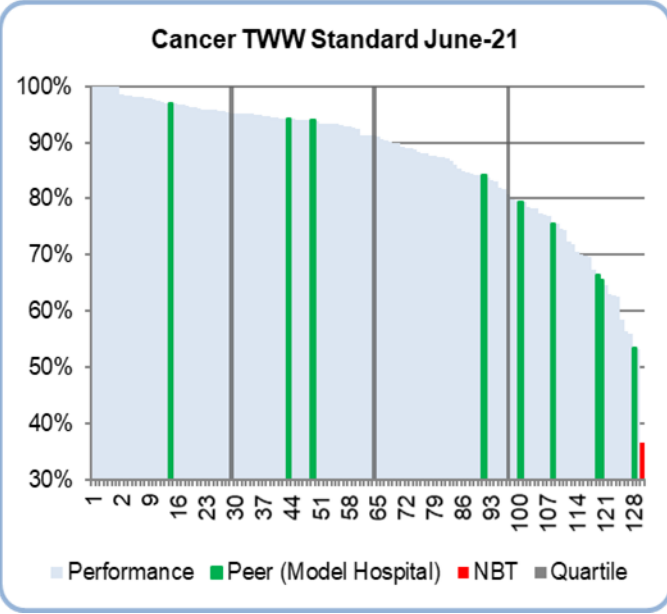
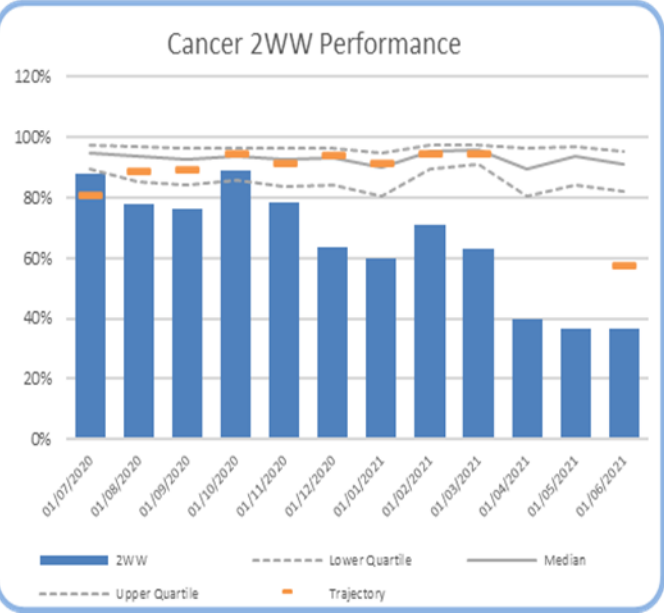
Cancer: Two Week Wait (TWW)



The Trust saw 2284 patients in June reflecting a 15% increase on May's activity. Of the 2284 patients seen, 1,452 patients breached giving the Trust a performance of 36.44%; this was wholly due to the issues in Breast, Colorectal and Skin.

Breast saw 862 patients in June compared to the 585 patients seen in May; 788 of those seen had breached the TWW standard; reporting a performance of 8.58%, which is an improvement on the previous months performance of 4.61% and faster recovery than previously anticipated.

The backlog is on track to be cleared by August and this is already reflected in the forward look for July's predicated performance of 55.00%.



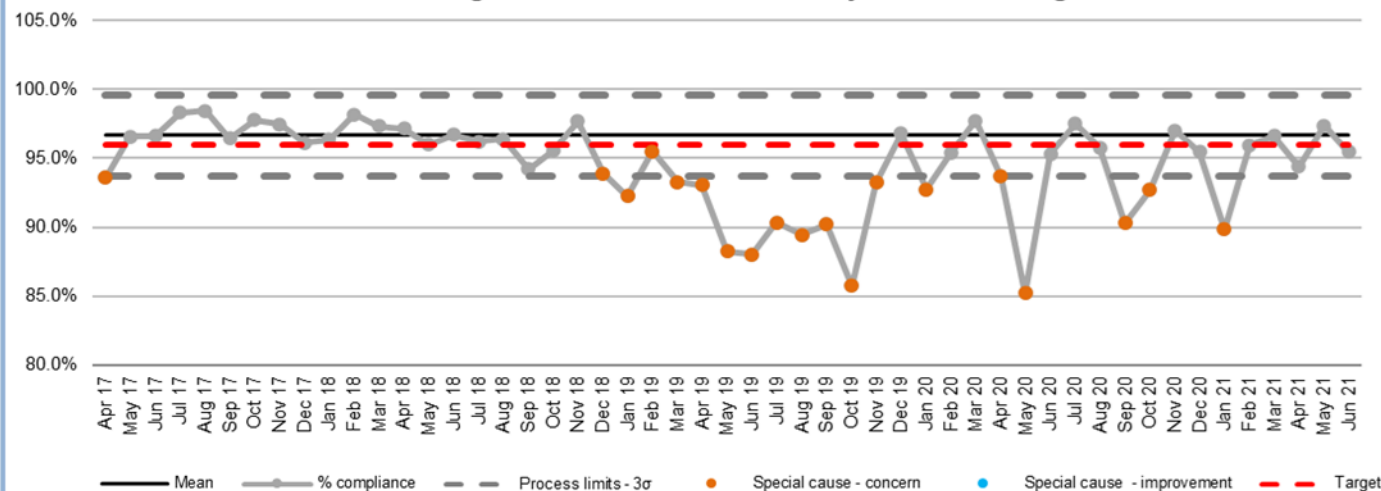
Colorectal saw 271 patients this month; a drop of 25 on last month's activity. Steady improvement has been seen over the last three months from 38.59% in April to 66.18% in June.

Skin continue to see a drop from 7.86% to a performance of 3.08% this month.

The drop in performance continues to be due to lack of capacity within the service as a result of losing 2 consultants to maternity leave and an increase in volume, in line with seasonal trends. The service has a backlog of 501 patients with 410 of them already in a breach position.

Cancer Performance

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



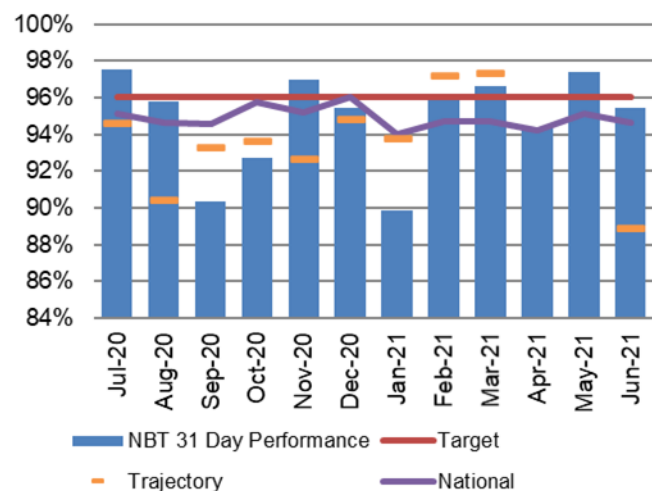
In June, the Trust just missed the first treatment standard with a performance of 95.48%.

There were 224 completed pathways with 9 breaches. All specialties achieved above 96.00% except Skin (93.88%) Urology (93.24%) and Brain (80.00%).

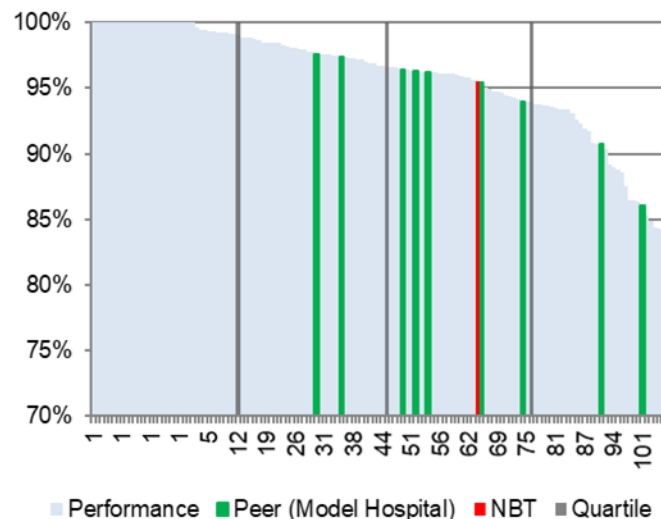
In June, the breaches were due to lack of capacity in Skin and patients fitness to proceed with treatment in Urology and Brain.

The Trust continues to report in the third quartile for this standard when compared nationally.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis

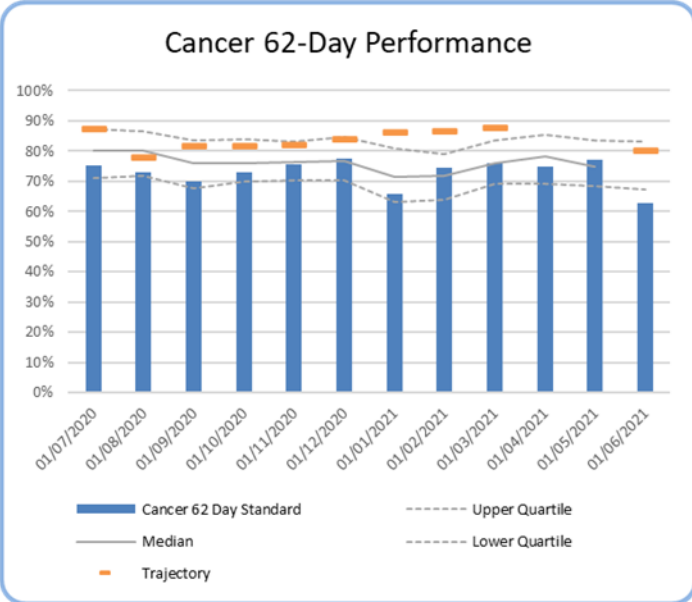
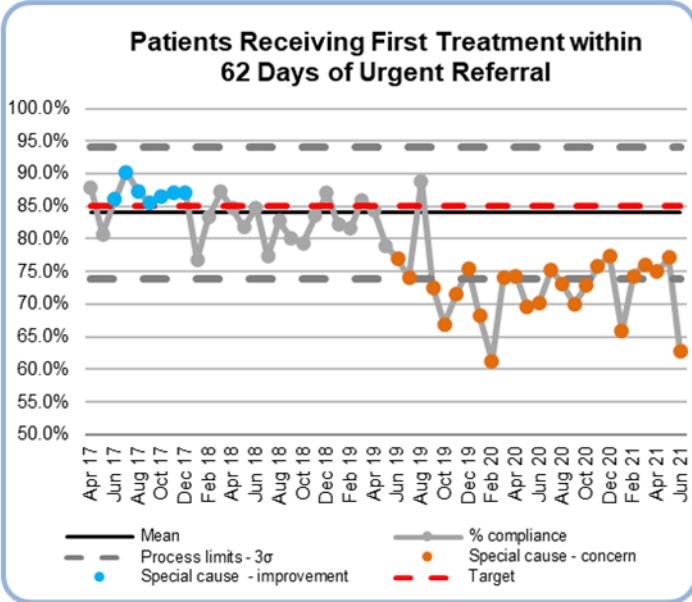


Cancer 31 Day Standard June-21



28-Day Performance – The Trust failed to achieve the standard again this month with a further drop in performance to 40.37% compared 52.58% in May.

One of the factors adversely affecting performance against this standard is the reduction in tracking staff within cancer services. A recruitment programme is in place but the impact is going to be felt for at least the next three months, whilst new staff are recruited and trained.



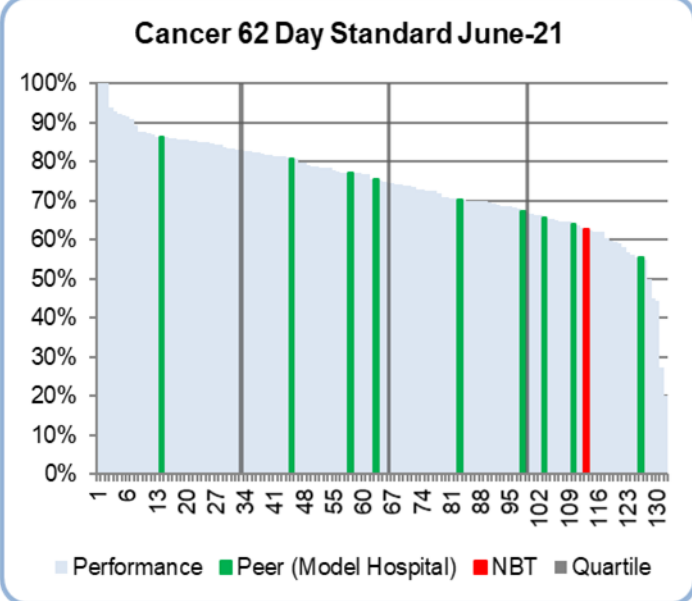
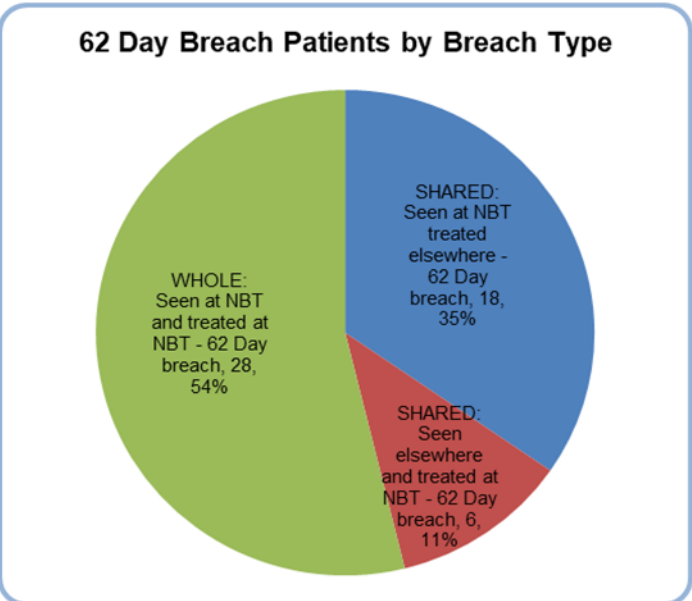
The reported 62-Day performance for June is 62.74%, which is a further deterioration from April and May's performance. The Trust failed the CWT standard of 85.00%. 131.5 treatments were carried out in June, 49.5 of them were in a breach position.

Only 2 services achieved the standard this month, they were Sarcoma (100%) and Skin (90%).

Urology's performance of 58.06% has dropped from May's 70.24%; the service contributed 20.5 breaches, out of a total of 49 breaches.

Although Colorectal failed to achieve the standard with 61.90% this month, there has been consistent improvement over the last 3 months.

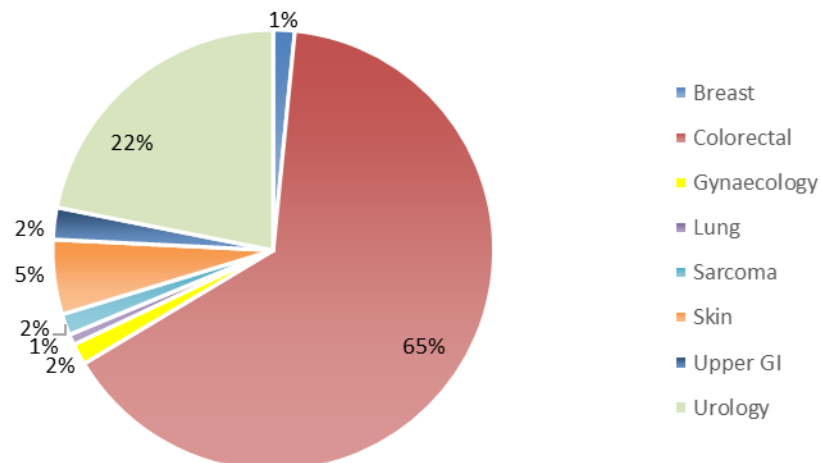
Colorectal treated 10 patients with 4 breaches in June, which is consistent with the previous month's activity. Most of the Colorectal breaches were due to patient choice



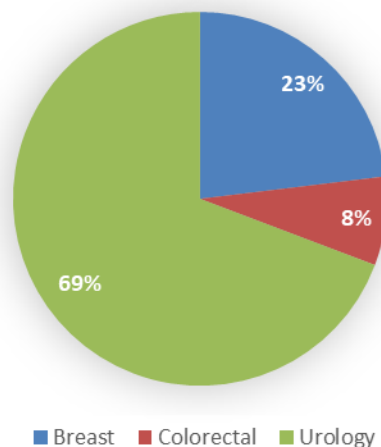
NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

Cancer: 104-Day Patients

Cancer Specialty - Without DTT



Cancer Specialty - With DTT



June uploaded position

The Trust had six 104-Day breaches this month that required Datix, four were in Urology due to late transfers and two were in Colorectal due to system delays.

The Urology 104-Day breaches continue to remain low and are usually unavoidable due to late transfers.

Live PTL snapshot as of 16/08/2021

There are 127 patients currently waiting over 104-Days; 105 of them are without a decision to treat.

Instances of clinical harm is low month-on-month and the Trust has only identified 1 moderate harm in the last 12 months as a result of delays >104-Days.

The 104-Day trend data shows an increase from August 2020 to July 2021 largely due to COVID-19 related delays. This trend is expected to decrease as backlogs are cleared and patient confidence increases.

The specialties that are of concern this month are Colorectal and Urology who continue to experience pathway capacity issues and staff shortages.

There has been staffing pressures in Cancer Services recently, leaving a vacant position for a Urology Assistant MDT Coordinator. Urology 104-Day tracking has not been as up to date as expected and this is reflected in the 104-Day performance. Recruitment is underway but the adverse impact is expected to remain until at least September.

Quality, Safety and Effectiveness

**Board Sponsors: Medical Director and Deputy Chief Executive
and Director of Nursing and Quality
Tim Whittlestone and Helen Blanchard**

Maternity

Perinatal Quality Surveillance Matrix (PQSM) Tool - July 2021 data

NBT - PQSM									NHS North Bristol NHS Trust
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	YTD Total (Average)	TREND
Activity									
Number of babies born alive at 24 to 36+6 weeks gestation	437	441	502	462	448	467	507	3264	
Number of births all gestations from 22+0 weeks	430	432	496	456	445	464	501	3224	
Induction of Labour rate %	39.8%	33.8%	33.8%	35.2%	36.9%	35.3%	37.3%	36.0%	
Unassisted Birth rate %	54.1%	49.7%	48.0%	53.1%	53.5%	47.5%	49.0%	50.7%	
Assisted Birth rate %	10.8%	11.7%	11.7%	9.5%	13.3%	12.4%	11.6%	11.6%	
Caesarean Section rate (overall) %	35.1%	38.7%	40.3%	37.4%	33.3%	40.1%	39.4%	37.8%	
Elective Caesarean Section rate %	15.9%	16.1%	18.8%	16.7%	15.3%	19.4%	15.7%	16.8%	
Emergency Caesarean Section rate %	19.2%	22.6%	21.5%	20.7%	18.0%	20.7%	23.7%	20.9%	
Perinatal Morbidity and Mortality inborn									
Total number of perinatal deaths	2	1	0	2	1	0	2	8	
Number of stillbirths 16 to 23+6 weeks excl. TOP	0	0	0	0	0	0	1	0	
Number of stillbirths (>=24 weeks excl. TOP)	2	1	0	2	1	0	0	6	
Number of neonatal deaths: 0-6 Days	0	2	1	0	0	2	0	5	
Number of neonatal deaths: 7-28 Days	1	0	1	0	0	0	1	2	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	1	1	0	0	1	0	4	
Maternal Morbidity and Mortality									
Number of maternal deaths (MRRACE)	0	0	0	0	0	0	0	0	
Number of women who received level 3 care	0.2%	0.2%	0.0%	0.0%	0.2%	0.0%	0.2%	0.10%	
HSIB									
Number of datix incidents graded as moderate or above (total)	3	1	2	1	2	2	3	14	
Datix incident moderate harm (not SI)	2	0	0	0	2	2	1	7	
Datix incident SI (excl HSIB)	1	1	2	1	0	0	0	5	
New HSIB SI referrals accepted	0	0	0	0	0	1	3	4	
HSIB/NH SR/COG or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	1	0	1	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	
Workforce									
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	83	83		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1	0	0	0	0		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1	1	1	1	0		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)					0	0	0		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)					1	1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)						2	2		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)					11%	13.50%	10.7%		
Vacancy rate for midwives (black = over establishment, red = under establishment)	14.52	10.52	15.91	15.91%	14.0%	5.7%	10.0%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPMOS trained)					47%	47%	43.0%		
Vacancy rate for NICU nurses					7.7	7.7	7.7		
Datix related to workforce (service provision/staffing)	5	12	33	14	21	27	16		
MDT ward rounds on CDS (minimum 2 per 24 hours)					57%	57%	57%		
One to one care in labour (as a percentage)					98.60%	99.6%	98.2%		
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	2		
Involvement									
Service User feedback: Number of Compliments (formal) - AI	12	8	12	29	39	10	10		
Service User feedback: Number of Complaints (formal)	8	12	14	21	15	9	25		
Staff feedback from frontline champions and walkabouts (number of themes)	3	3	2	0	4	3	5		
Improvement									
Progress in achievement of CNST /10	7	8	8	9	10	10	10		
Training compliance in maternity emergencies and multi-professional training (PROMPT)	45%	40%	53%	58%	72%	76%	76%		
Fetal Monitoring	25.1%	36.0%	40.1%	46.8%	51.1%	42.9%	42.9%		
training compliance core competency 4 personalised care					Data not available	Data not available	Data not available		
Continuity of Carer (overall percentage)	19.7%	20.6%	16.9%	21.1%	18.9%	16.7%	19.7%		

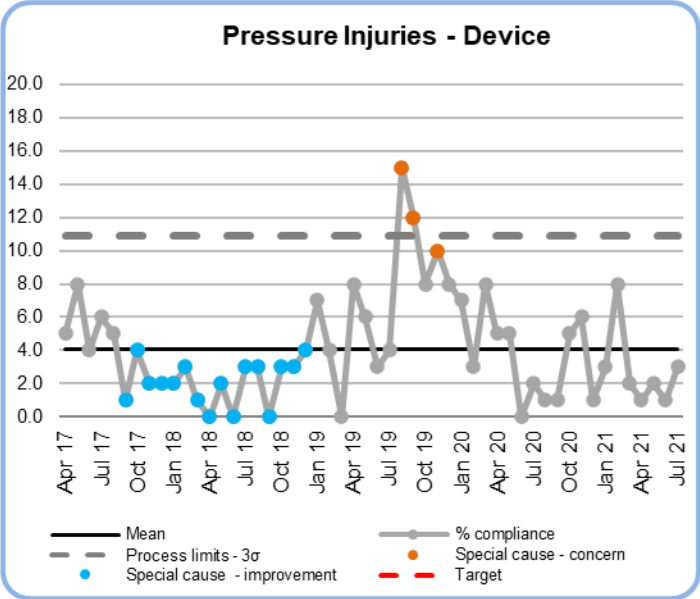
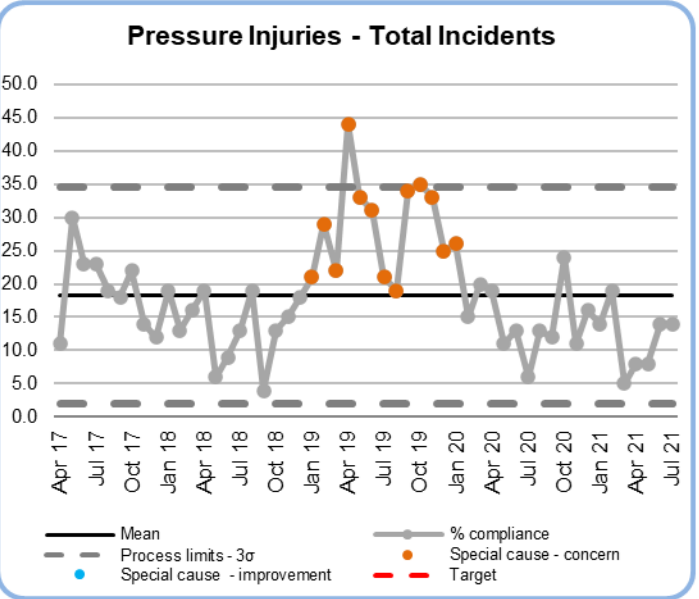
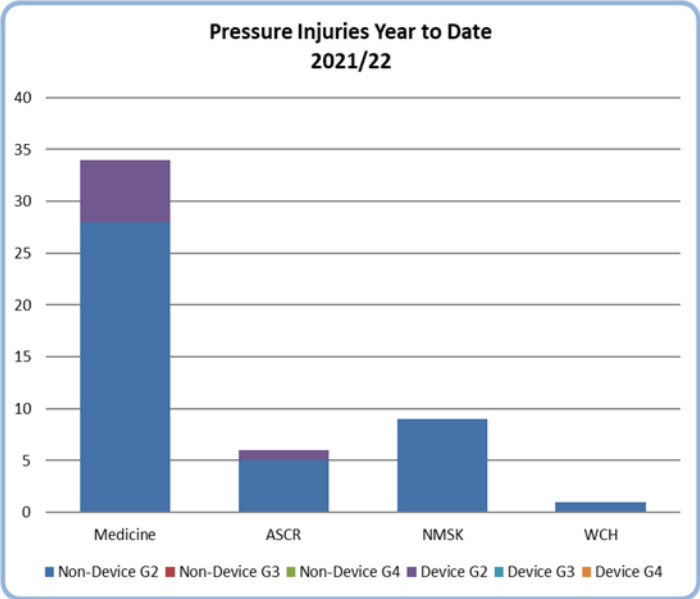
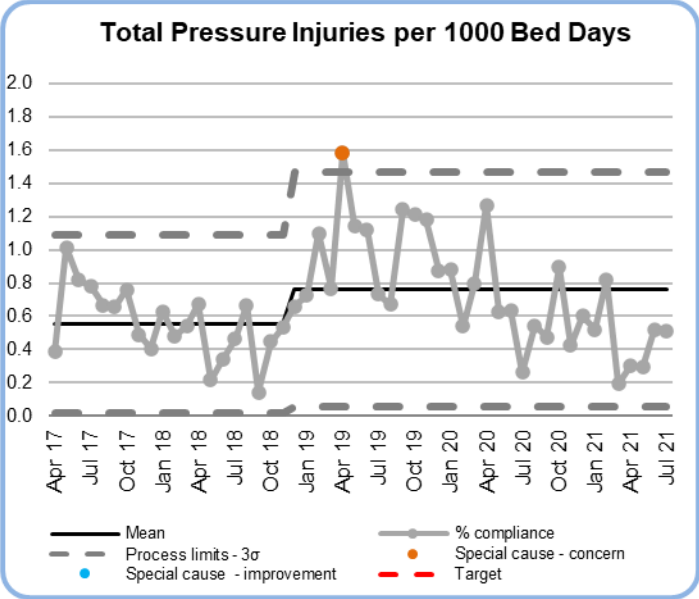
COVID-19 Maternity

There were 4 positive cases of COVID-19 in maternity in July. The service has been working with the vaccination team to operationalise a pilot drop in vaccine centre on site for all pregnant and postnatal women and their partners.

Perinatal Quality Surveillance Tool

The information provided represents the recommended information from the Ockenden investigation report, to ensure the Board is informed of safety metrics and indicators.

- Neonatal death:** Extreme premature baby
 - Serious Incidents:** 3 HSIB referrals made for term babies requiring therapeutic cooling.
 - Midwifery vacancy rate** is sitting at +10 wte due to over-establishment and unfunded posts – NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.
 - MDT ward rounds:** NBT has secured funding as part of the national Ockenden funding for additional consultant PA's to ensure compliance.
 - Datix – workforce concerns:** A reduction in workforce related Datix reflects the additional staffing in place.
 - Patient Involvement** – 25 complaints received majority of which related to communication regarding appointments in the ANC. Themes identified in safety champion walkabouts: staffing/COVID concerns/COVID impact on staffing.
 - Service delivery:** Our antenatal screening service continues to experience challenges with demand exceeding available capacity. The division is progressing the action plan with the regional team for resolution. Outsourcing of the FTCS service commenced 7th Aug. A full demand and capacity analysis is being conducted within the Ante Natal Clinic due to significant challenges imposed by implementation of new clinic templates in response to RCOG guidance.
 - The service experienced significant capacity issues in the final weeks of July into August in line with system pressures across the south west. NBT worked with UHBW to risk assess all Induction of Labour and elective C/S to ensure equity and safety across BNSSG.
- Continuity of care (c of c):** The service is developing an action plan for delivery of c of c to ensure this becomes the default model of care as per the national transformation plan. Progress is being monitored via the Divisional Improvement Board.



Pressure Injuries

The Trust ambition for 2021/22 is:

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

There have been no reported Grade 3 or 4 pressure injuries in July.
17 Grade 2 pressure injuries were reported of which 3 were related to a medical device.

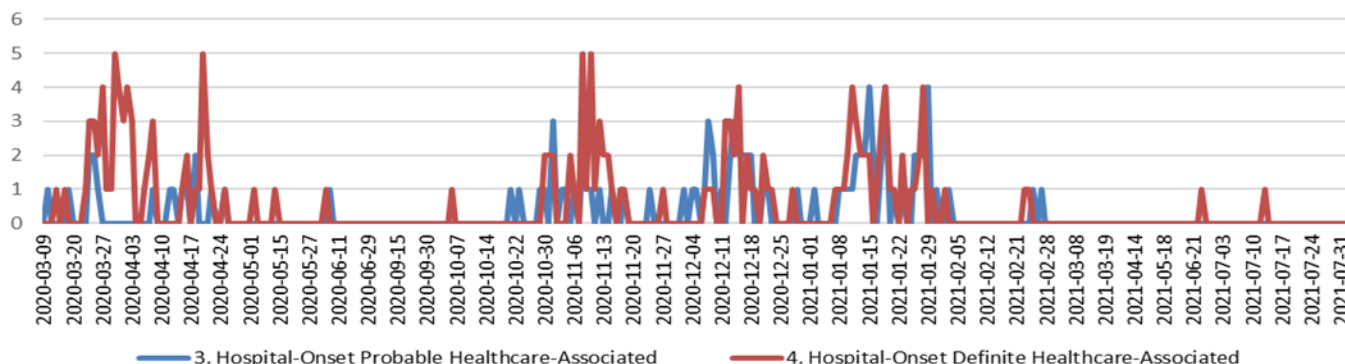
The incidence summary for the month is as follows:

Medical Devices: 18%
Heels: 24%
Buttock 35%
Sacrum/Coccyx: 18%
Spine: 5%

In July, there has been a slight increase in medical device related Grade 2 pressures injuries, and the number of Grade 2 pressure injuries has also increased however, this remains below the mean rate.

Virtual cascade training has been delivered Trust-wide in July to nominated trainers and Tissue Viability Link Practitioners for the prevention and management of pressure injuries, specifically deep tissue injuries.

COVID-19 Onset Category by Positive Test Date



Infection Prevention and Control

COVID-19 (Coronavirus)

The trust continues to see a surge of cases in line with national predictions with an increase in maternity cases and the younger age group.

In line with bed modelling, further ICU capacity has been created, ward based care flexed back to one ward and maternity care flexes dependent on need.

The IP&C team continue to review any new Hospital Onset Healthcare Associated cases and externally report (Day 15+) cases as required, there have been no cases relating to cross infection in July.

MRSA

Last bacteraemia was reported in Feb 2021.

C. difficile

C. difficile trajectory 2021/22 has been set at 52. Our monthly rates are higher than previous years and maybe difficult to pull back to achieve the trajectory set. Sampling is an outstanding theme of learning with focused information cascaded to the divisions and on IP&C link page. Further work with a Southwest C Diff HCAI collaboration is ongoing.

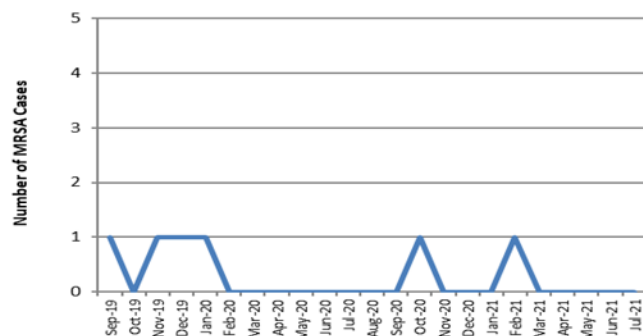
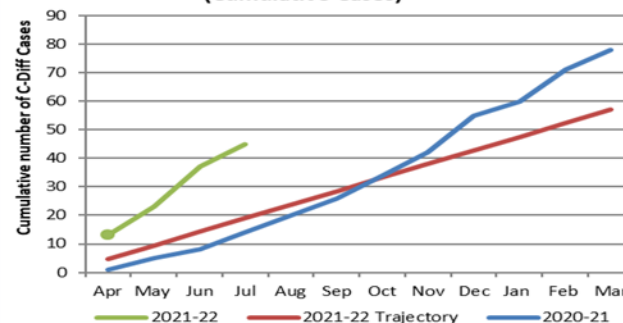
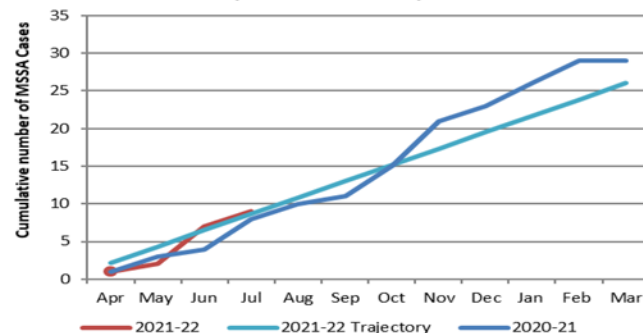
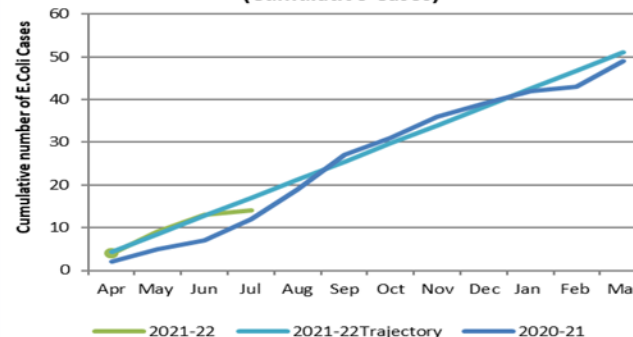
MSSA

MSSA cases continue to be higher than trajectory set for 2020-21. ANTT project work is being planned.

Gram -ve

Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

MRSA Cases - Trust Attributable

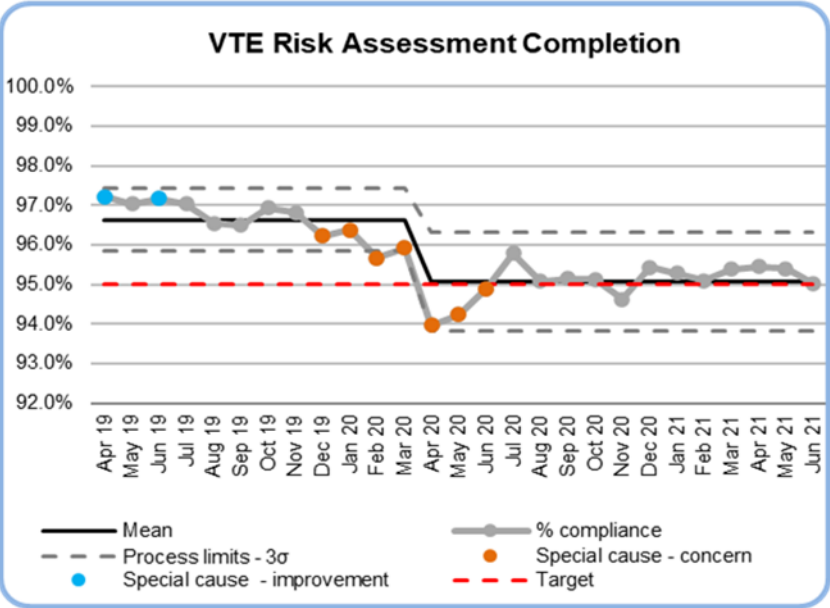
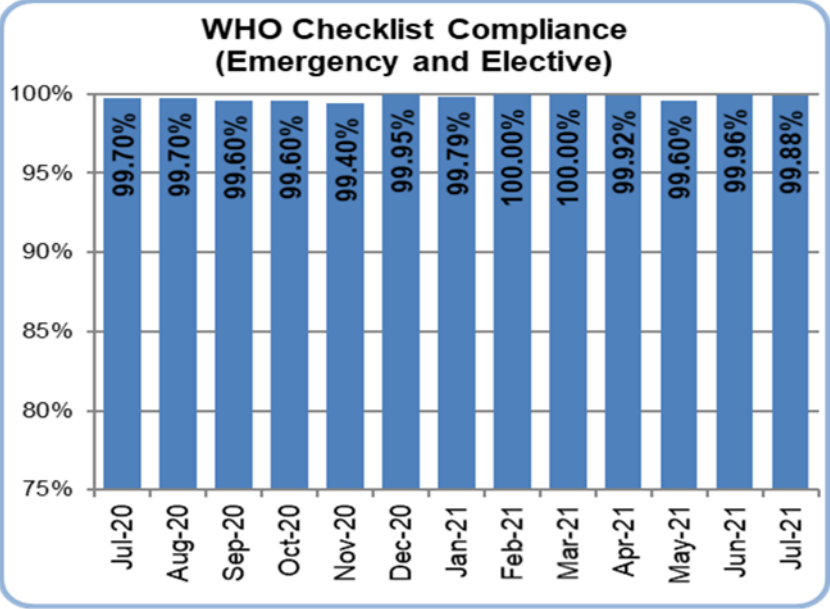
C.Difficile Cases - Trust Attributable
(Cumulative Cases)MSSA Cases - Trust Attributable
(Cumulative Cases)E.Coli Cases - Trust Attributable
(Cumulative Cases)

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.

VTE Risk Assessment

VTE risk assessment compliance is targeted at 95% for all hospital admissions.
Compliance with this target fell during 2020/21. The Thrombosis committee has been considering the reasons and remedial actions have restored this to acceptable level during 2021/22.
The data is reported one month in arrears because coding of assessment does not take place until after patient discharge.



N.B. VTE data is reported one month in arrears because coding of assessment does not take place until after patient discharge.

Medicines Management Report

July 2021:

Medication Incident Rate per 1000 Bed Days

NBT had a rate of 5.9 medication incidents per 1000 bed days. This is in line with the last 6 months. The Medicines Governance Team continue to monitor which of these reports are no and low harm compared to harm, providing assurance of a strong safety culture.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

During July 2021, c.11% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.11). This is slightly lower than the mean average over the last 6 months. "No harm" incidents accounted for 89% of all NBT reported medication incidents.

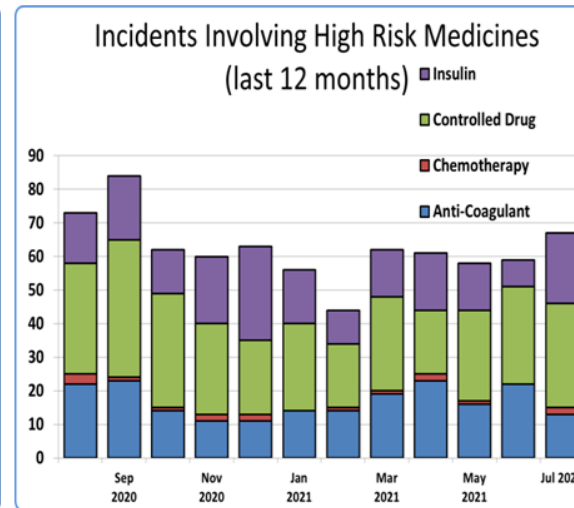
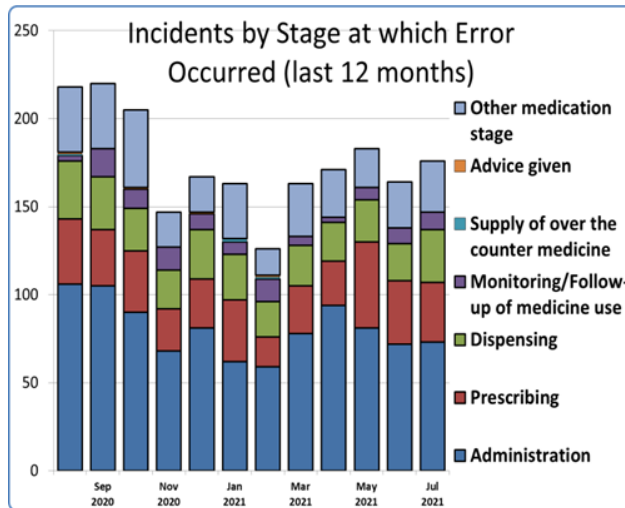
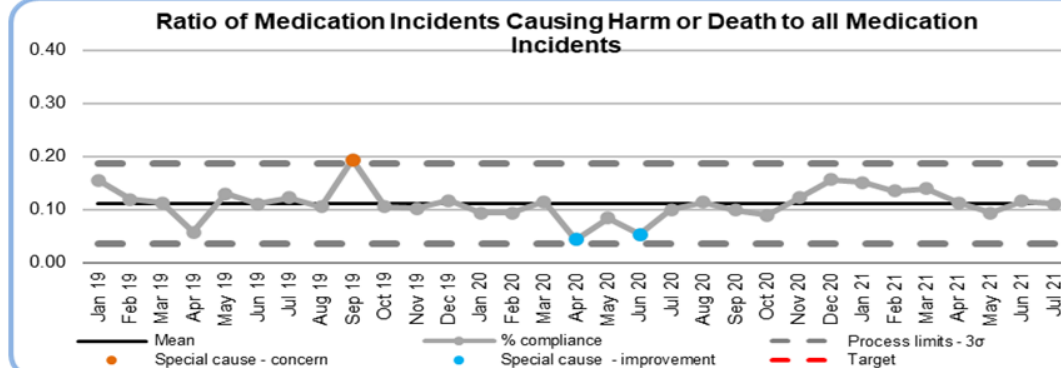
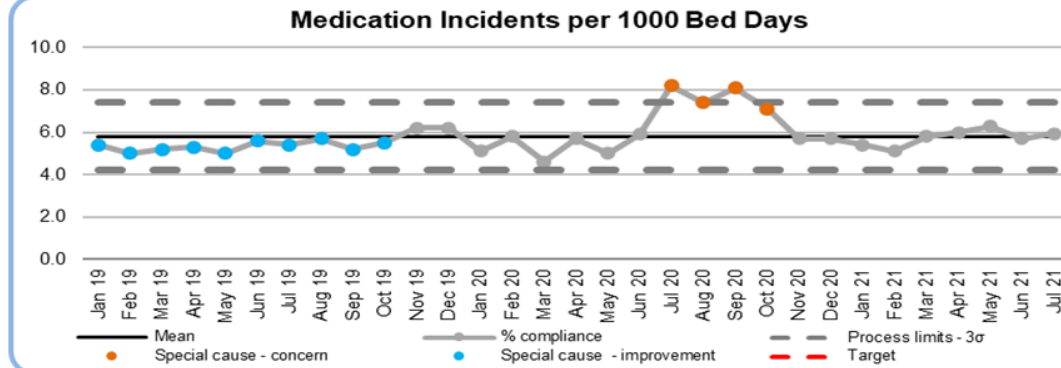
Incidents by Stage

Incidents occurring at the administration stage accounted for c.42% of all medication incidents in July 2021, with prescribing (c.18%) and dispensing (c.17%) being the next two stages at which medication errors most frequently occurred. The challenge of increasing the visibility and themes within "other Medication Incidents" remains a priority for the Medicines Governance Team. Work continues with the Patient Safety Team to validate these themes.

High Risk Drugs

During July 2021, c.38% of all medication incidents involved a high risk medicine.

Collaborative working groups across the STP Medicines Optimisation Quality & Safety Committee continue to focus on a system wide approach to insulin and anticoagulant incidents.



Patient Experience

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

Complaints and Concerns

In July 2021, the Trust received 65 formal complaints. This is an increase on the previous month where 51 complaints were received. The most common subject for complaints remains 'Clinical Care and Treatment'.

The 65 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	19 (16)	CCS	1(3)
Medicine	22 (14)	NMSK	13 (6)
WCH	7 (8)	FACILITIES	2 (0)
FINANCE	1 (0)		

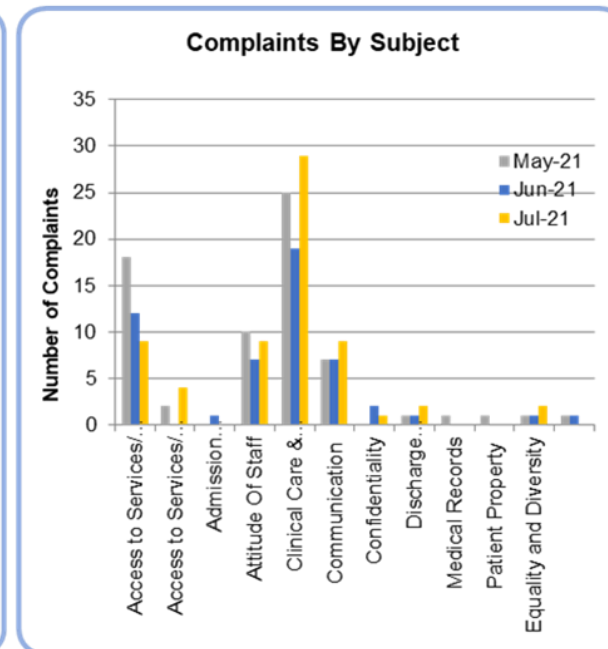
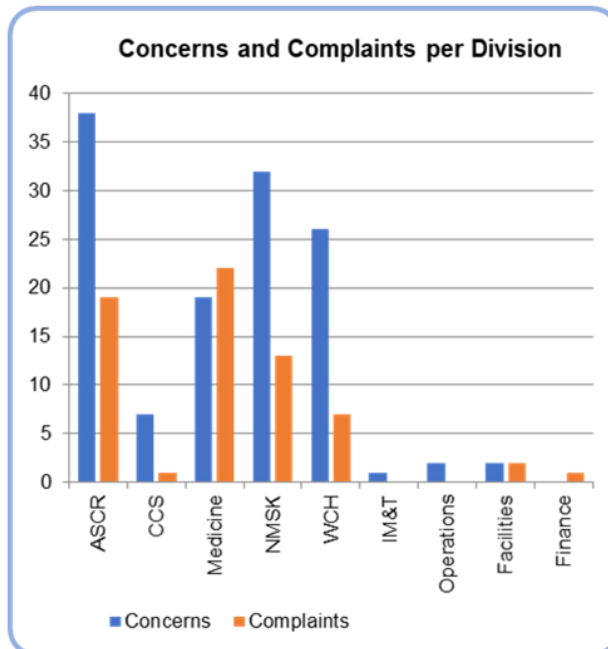
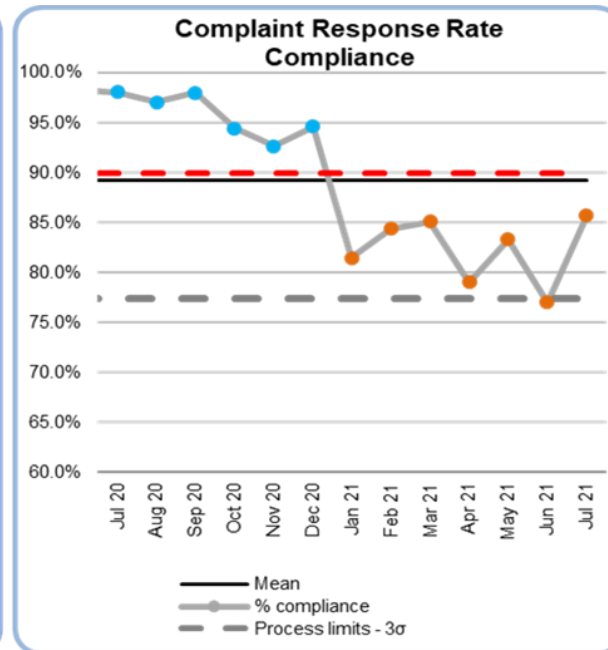
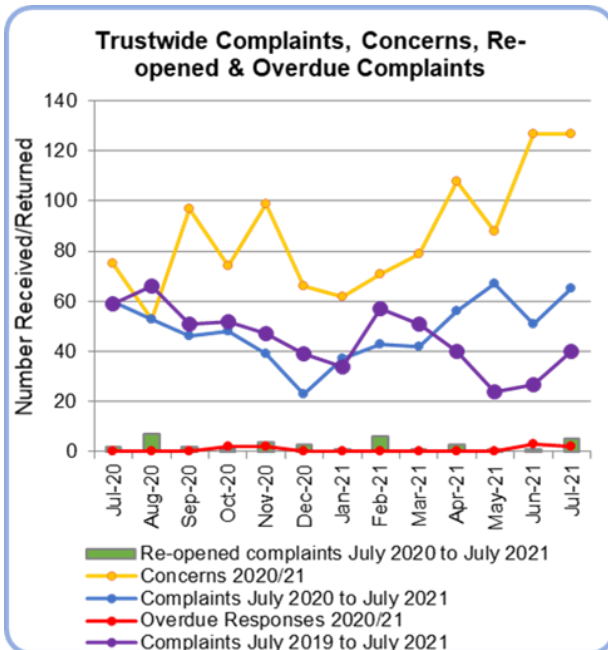
In June, a total of 64 enquiries and 127 PALS concerns were received. This is the same level of activity as the previous months. A review of PALS concerns show the most common subjects remain 'Access to Services-Clinical' and 'Communication'. There has been an increase in PALS concerns in Maternity, Gynaecology, Urology and T&O. These have largely been regarding access to clinics, telephone communication and waiting times.

Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90%. In July we have seen some recovery to the % compliance which has increased from 77% to 86%. Challenges continue to be in ASCR and in the corporate teams as we embed the new sign off process.

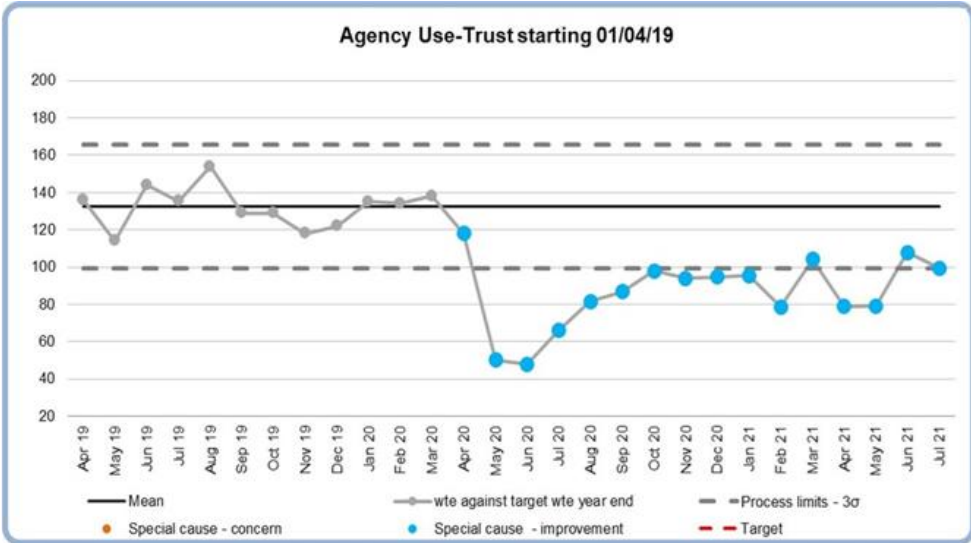
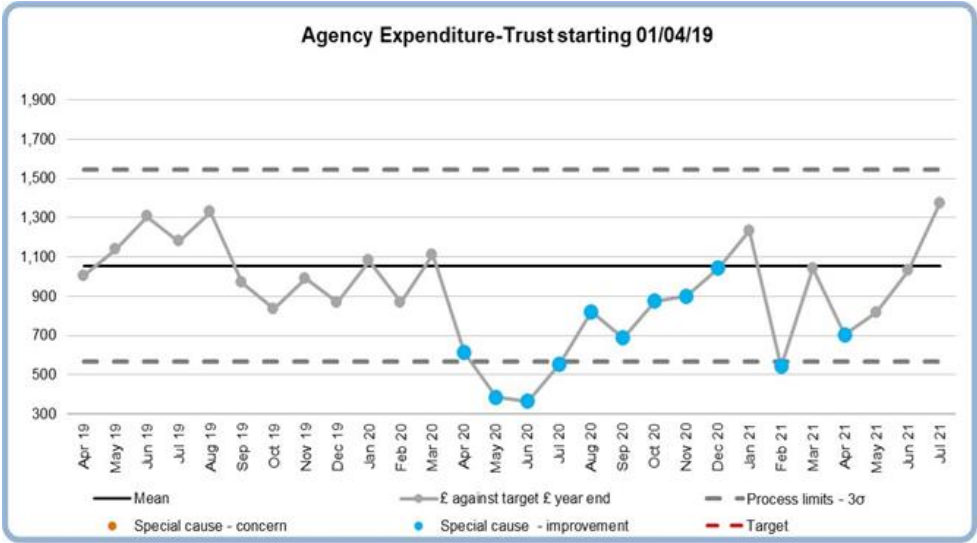
'You said we did'

In a complaint to WaCH, the complainant raised that no one informed them about the ward, about meals times, drug rounds, where they could get a tea or coffee etc. In response, new posters have been designed and placed around the ward to explain the purpose of the day room and meal/refreshments services.



Well Led

**Board Sponsors: Chief Medical Officer, Director of People and Transformation
Tim Whittlestone and Jacqui Marshall**



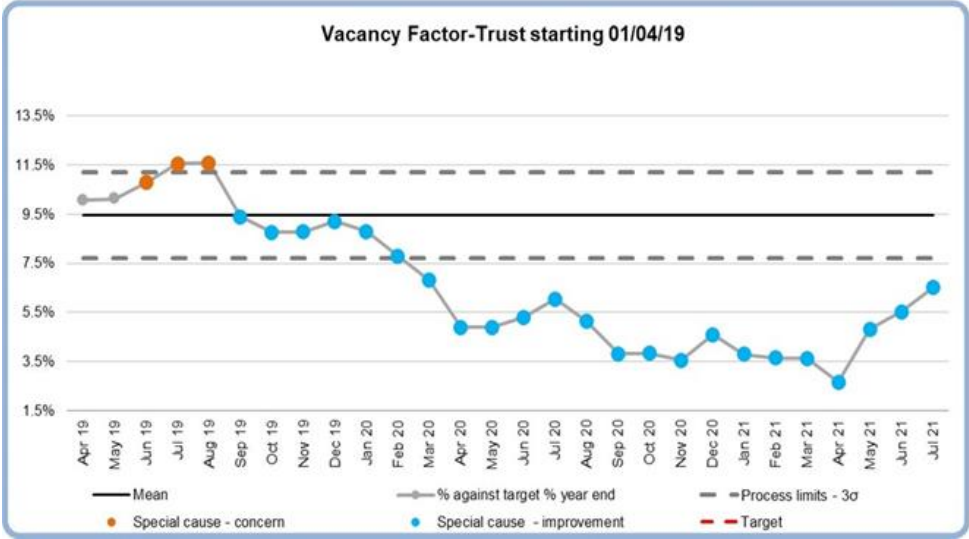
Temporary Staffing

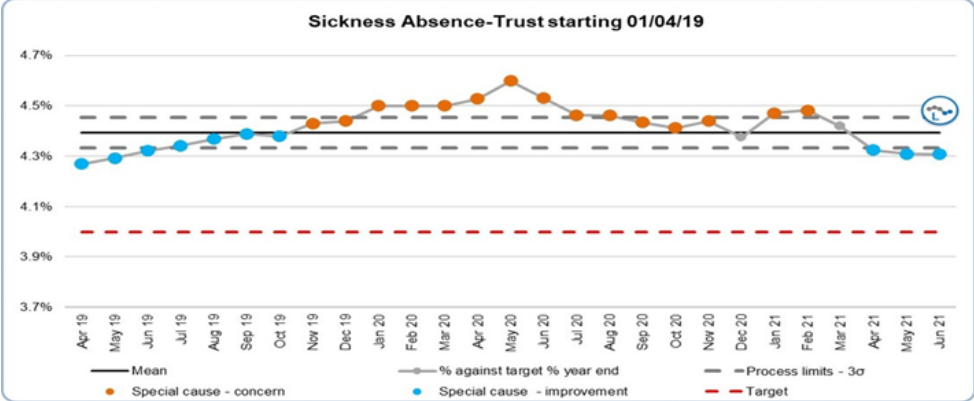
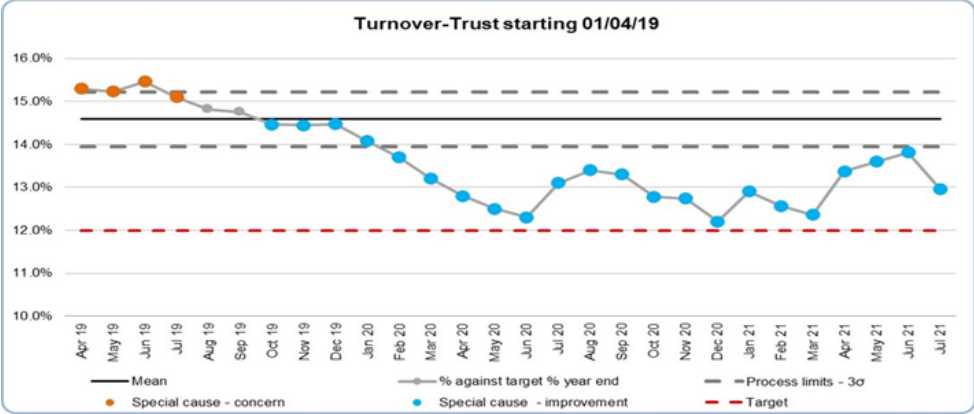
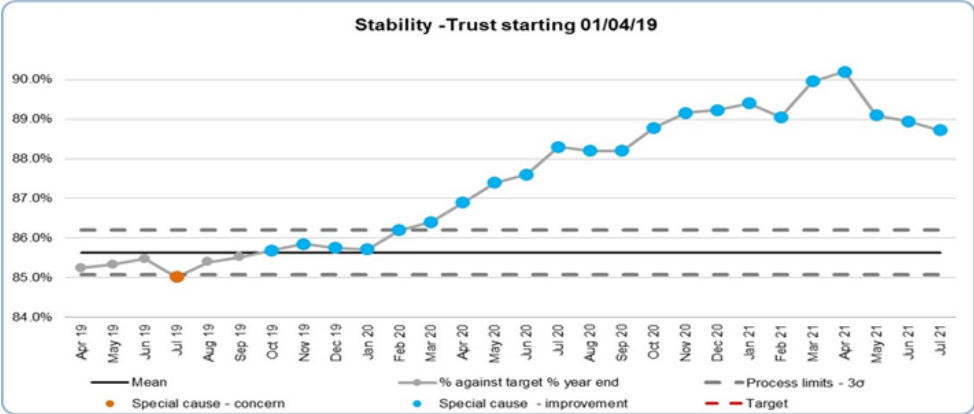
Agency usage decreased slightly in July due to a lack of availability across all staffing groups and all levels of staff and the increase spend is due to significant increase in the need for High Cost Non Framework agency supply caused by that lack of resource.

NBT eXtra bank team continued to support the high demands for temporary resource into the Mass Vaccination project at Ashton Gate and across the community and Primary Care network, as well as the new UWE site and a step up in PCN demand was also seen. Bank recruitment activity was increased in July and will continue throughout August.

Nursing and Midwifery Resourcing

July saw 15.8 wte band 5 starters (compared with 7.8 wte band 5 starters in July 20), the domestic pipeline continues to be healthy, and International Recruitment welcomed another 11 new Nurses in July. The TA team attended an RCN hosted Digital event as well as our internal event, which resulted in 14 interviews and 9 offers. The Band 5 vacancy factor is 12.8%
HCA Recruitment saw 20.4 wte starters in July (compared with 12.6 wte in July 21) and two digital assessment centres generated 7 offers.
The Band 2 vacancy factor is 3%, and Band 3 is 12.2%.





Turnover and Stability

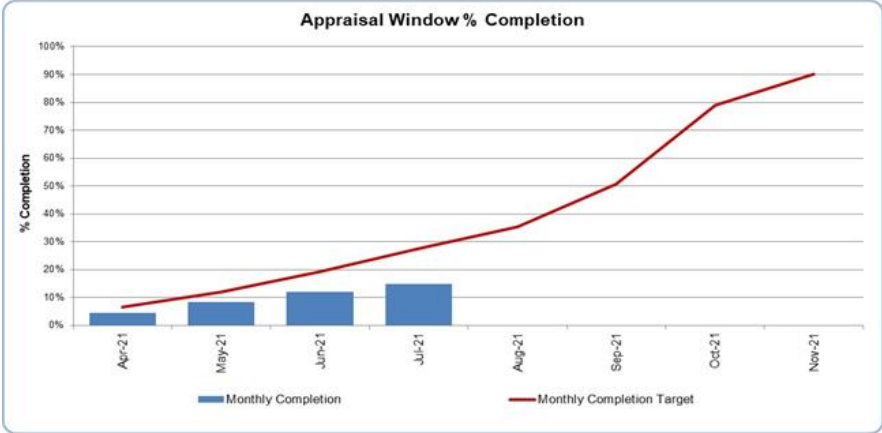
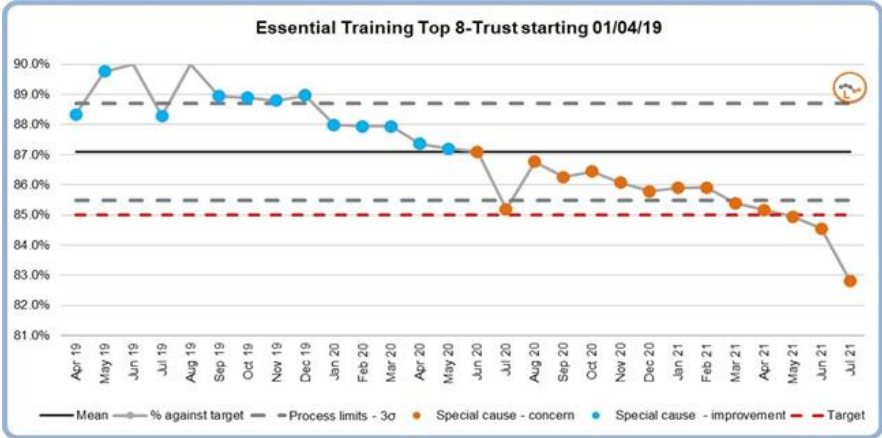
Recent and on-going work includes:

- The Organisational Change and Redundancy Policy is currently being reviewed and amended to offer earlier opportunities for redeployment to staff before their job is confirmed to be redundant
- E-leavers' questionnaires process and reporting has been refreshed, to include new questions linked to COVID and work is being actioned around summary themes from Q 1 data
- Recent People Team Development session focussed on retention initiatives and a new improvement programme of work is about to commence linked to this

Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- People Team are undertaking focused work with the W&C Division and providing enhanced support for formal sickness cases as part of the bigger work programme in that area
- The Alcohol and Substance Misuse Policy has been reviewed and will focus more on support and well-being rather than the more traditional punitive and reactive approach
- More focus on 'case conference' type approach to long term sickness cases and complex issues linked to disability and adjustments.



Training Topic	Variance	Jun-21	Jul-21
Child Protection	-2.1%	85.9%	83.9%
Adult Protection	-1.8%	86.8%	85.0%
Equality & Diversity	-2.2%	88.2%	86.1%
Fire Safety	-1.6%	85.2%	83.6%
Health & Safety	-1.2%	87.2%	85.9%
Infection Control	-1.2%	91.3%	90.2%
Information Governance	-1.4%	81.4%	80.0%
Manual Handling	-2.2%	68.6%	66.4%
Waste	-1.8%	86.3%	84.5%
Total	-1.7%	84.55%	82.82%

Throughout the pandemic, compliance of essential training has shown a downward trend across the Trust. Compliance has now dropped below the minimum threshold of 85%. The influx of newly qualified staff & junior doctors is the main driver for this month's drop. We are expecting compliance rates to significantly recover over the next month as new hires complete their mandatory learning modules. Compliance levels have also been impeded by sessions that can only be delivered face to face (e.g. Manual Handling) where social distancing requirements restrict the number of delegates allowed in each group. Wherever possible additional sessions have been added to compensate for this. The Qlik Workforce app launched in July, with the aim of empowering operational leads to drill into their mandatory training compliance data. All leads have been given access to the new reporting mechanism; a comprehensive upskilling drive will be launched in September to ensure that this resource is being utilised by the relevant teams.

Leadership & Management Development

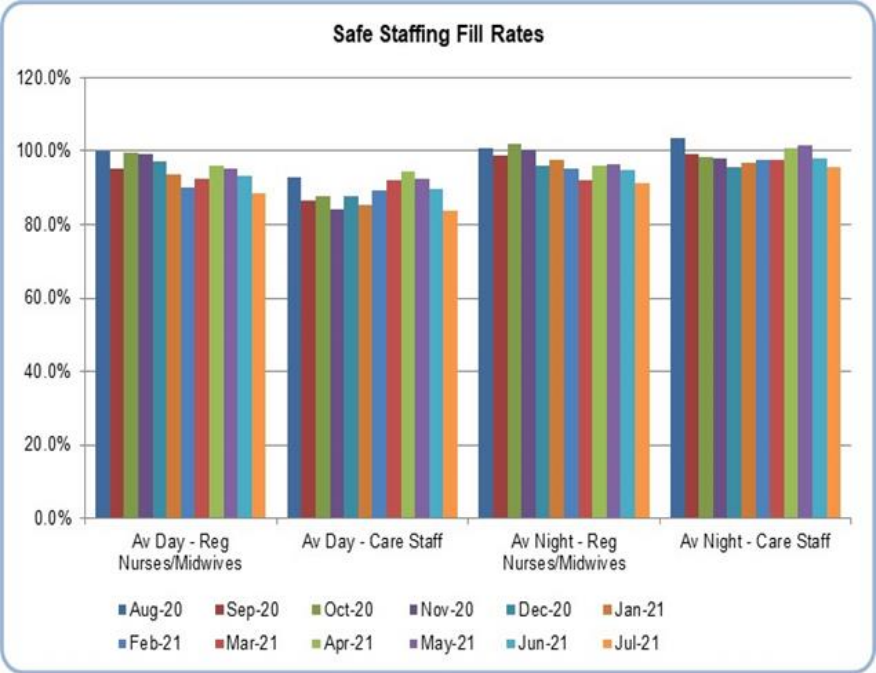
All learning activity is now delivered with a blended approach of both online and face to face facilitation. Leadership & Management learning activity continues including the OneNBT Leadership Programme and the Matron Leadership Programme. 13 people achieved ILM Level 2 Leadership & Team skills Award in August and the October cohort is fully booked. The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

Apprenticeship Centre

Wherever feasible, Apprenticeship activity has continued throughout the pandemic. Apprenticeship assessors have now returned to clinical areas and classroom catch-up support sessions commenced in May. This has seen a significant impact with 29 apprentices completing in July. This has been planned in a systematic way to ensure safe staffing levels within clinical areas.

Migration to new Learning Management System (Learn)

Work is ongoing to migrate the Trust MLE platform which will move from Kallidus Classic to Kallidus Learn. By the end of Jan-22; NBT, UHBW, AWP and Sirona will all be using the same learning platform which will really help staff moving between BNSSG employers and also opens the door for future improvements to learning passports. Organisational comms and learner readiness activities will be rolled out over the coming months.



Jul-21	Day shift		Night Shift	
	RN/RM Fill	CA Fill	RN/RM Fill	CA Fill
Southmead	88.6%	83.7%	91.4%	95.4%

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.

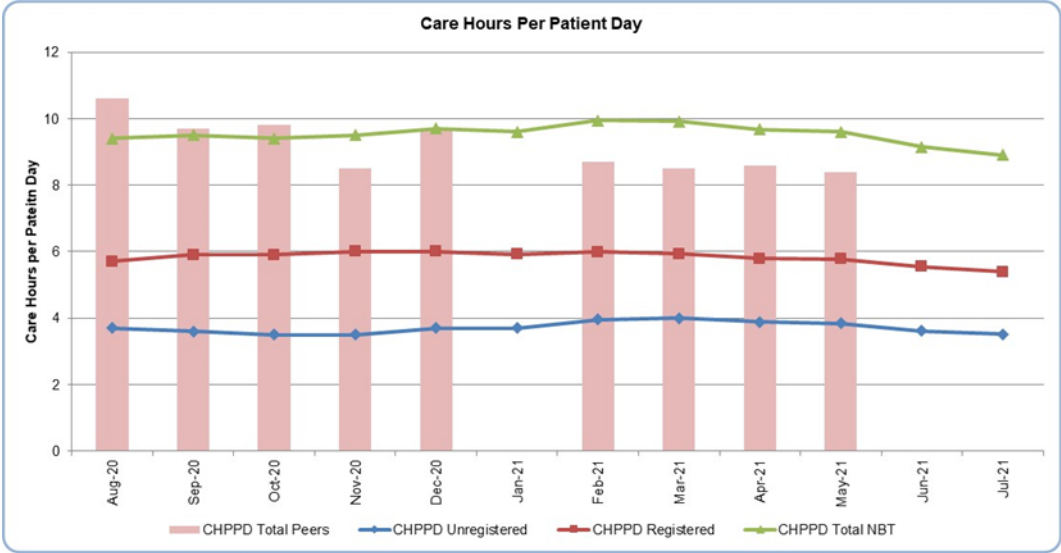
The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible. Staff absence related to COVID self-isolation impact experienced during July as can be seen below.

Wards below 80% fill rate for Registered Staff:
for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required

Cotswold (75.2% Day / 75.8% Night) reduced occupancy
Percy Phillips (73.3 Day / 76.3% Night) staffing deployed as required to meet patient needs across the service
Mendip (79.1% Night) staffing deployed as required to meet patient needs across the service.
Medirooms (65.8% Day) reduced elective activity, staff deployed to support other care areas.
27b (76.1% Day) COVID cohort ward with reduced occupancy in month
7a (77.8% Day / 72.1% Night) reduced elective activity
7b (79.7% Day) unexpected staff absence, staffing supplemented with redeployed RNs and increased HCSW.

Wards below 80% fill rate for Care Staff:
for all areas safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

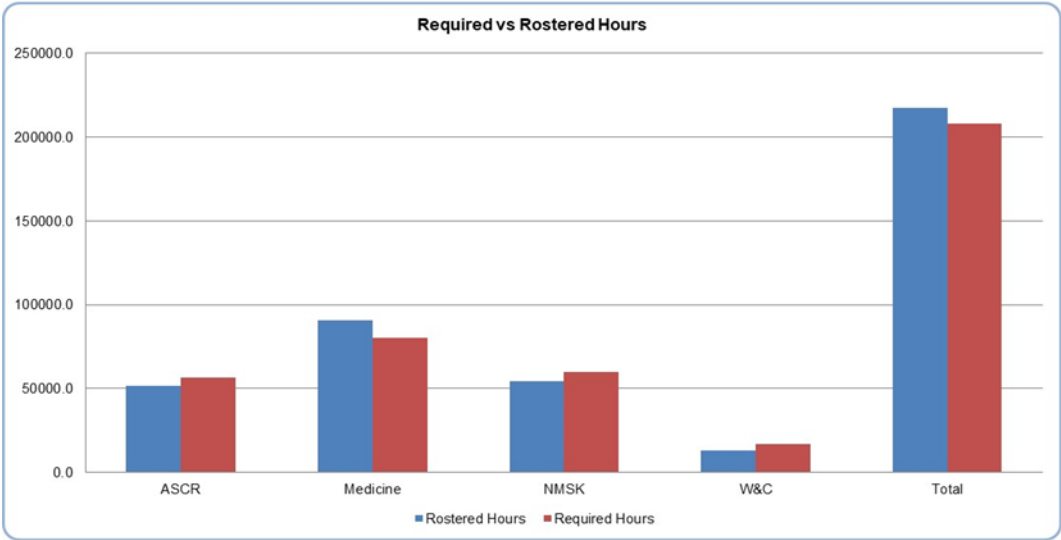
Cotswold Ward (55.7% Day) Reduction in HCSW required due to lower occupancy
Medirooms (43.1% Day / 40% Night) reduced elective activity, staff deployed to support other care areas.
7a (69.7% Day) 7a is a green ward which is intermittently running below full occupancy
NICU (37% Day / 42.1% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
Rosa Burden (78.4% Day / 67.7% Night) is a green ward which is intermittently running below full occupancy
Mendip (72% Day) staffing deployed as required to meet patient needs across the service
Quantock *68.5% / 74.6%) staffing deployed as required to meet patient needs across the service
34b (68.9% Day / 71.7% Night)) Unregistered staff vacancies,
9b (79.2% Day) COVID cohort ward with reduced occupancy in month.
31a/b (79.1% Night) staffing deployed as required to meet patient needs across the service
8b (79.4% Night) staffing deployed as required to meet patient needs across the service
Wards over 150% fill rate for Care Staff:
33a (184.2% Night) patients requiring enhanced care support
6b (162.3% Night) patients requiring enhanced care support
7b (150.1% Night) 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.

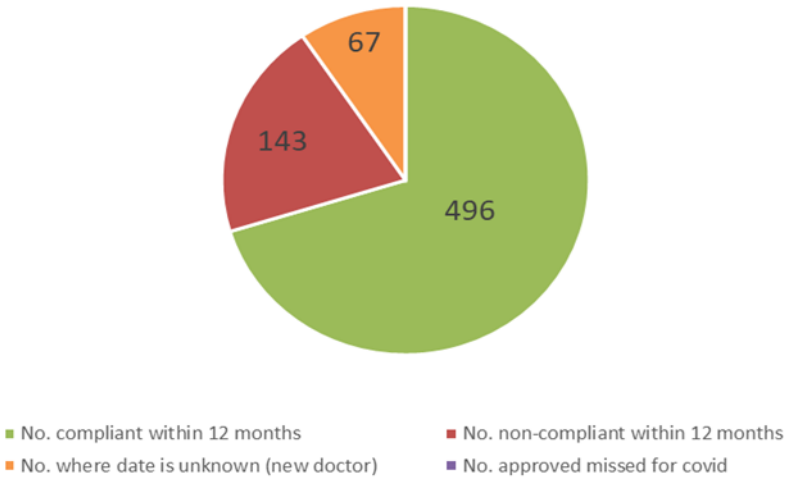


Safe Care Live (Electronic Acuity Tool)

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.

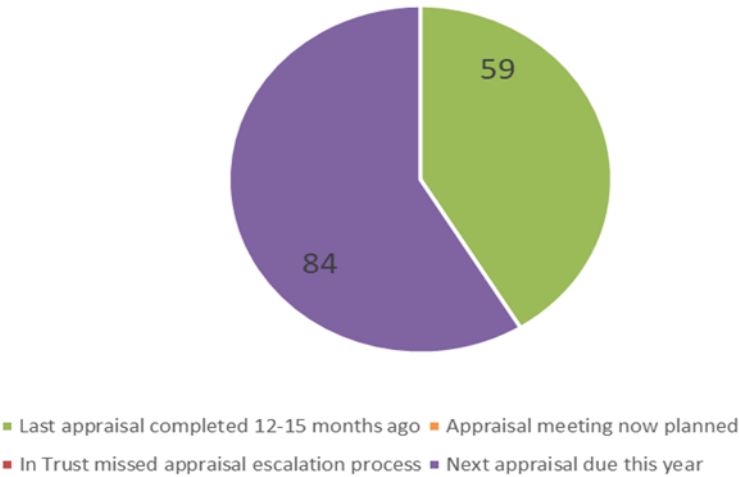
Appraisal compliance - past 12 months



Medical appraisals returned to a mandatory process for all doctors from the 1st April 2021 using a nationally agreed light touch approach. The Fourteen Fish system has been adapted for this process. Appraisals unable to be completed prior to April 2021 will be marked as an approved missed appraisal due to the pandemic.

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set). Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

Non-compliant doctors - past 12 months



All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen. Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2021/22

Finance

**Board Sponsor: Chief Financial Officer
Glyn Howells**

	M4 Budget £m	M4 Actual £m	M4 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	56.4	51.0	(5.4)	220.9	225.0	4.1
Other Income	5.8	5.6	(0.2)	23.0	25.2	2.2
Pay	(37.3)	(35.6)	1.7	(148.2)	(143.3)	4.8
Non-Pay	(25.4)	(21.1)	4.4	(97.0)	(106.9)	(9.8)
Surplus/(Deficit)	(0.5)	0.0	0.5	(1.2)	0.0	1.2

Assurances

The YTD financial position to the end of July 21 shows a breakeven position which is in line with Plan.

The Core Trust (excluding COVID 19 and Mass Vaccination Programme) delivered a deficit of £0.1m for July and £1.4m for year to date. The Trust recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.6m for the first quarter. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 4.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and will formally review at month 6 and month 9 and report this to TMT in October and January.

Statement of Financial Position at 31st July 2021

	20/21 M12	21/22 M03	21/22 M04	In-month change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets					
Property, Plant and Equipment	579.3	576.0	575.1	(0.9)	(4.1)
Intangible Assets	14.7	13.2	12.7	(0.5)	(2.0)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
Total non-current assets	595.8	591.0	589.6	(1.4)	(6.2)
Current Assets					
Inventories	8.5	8.6	8.6	0.0	0.1
Trade and other receivables NHS	10.2	21.1	26.9	5.8	16.7
Trade and other receivables Non-NHS	26.3	25.2	24.7	(0.5)	(1.5)
Cash and Cash equivalents	121.5	111.7	112.5	0.9	(8.9)
Total current assets	166.5	166.6	172.8	6.2	6.3
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	21.4	27.6	6.2	0.7
Trade and Other payables - Non-NHS	98.7	95.0	90.1	(4.9)	(8.7)
Deferred income	8.5	12.8	17.3	4.5	8.9
PFI liability	12.3	15.0	15.0	0.0	2.7
Finance lease liabilities	2.8	2.8	2.6	(0.2)	(0.2)
Total current liabilities	149.2	147.0	152.6	5.6	3.4
Trade payables and deferred income	7.8	8.4	8.3	(0.1)	0.4
PFI liability	368.7	366.4	365.6	(0.8)	(3.0)
Finance lease liabilities	3.9	3.3	3.5	0.2	(0.4)
Total Net Assets	232.6	232.5	232.4	(0.1)	(0.2)
Capital and Reserves					
Public Dividend Capital	448.7	448.7	448.7	0.0	(0.0)
Income and expenditure reserve	(381.6)	(378.1)	(378.1)	(0.0)	3.5
Income and expenditure account - current year	3.5	(0.2)	(0.2)	(0.1)	(3.7)
Revaluation reserve	162.0	162.0	162.0	(0.0)	(0.0)
Total Capital and Reserves	232.6	232.5	232.4	(0.1)	(0.2)

Assurances

Total Capital spend to date is £3.8m, compared to a plan of £5.2m for the first 4 months of the year.

Of the year to date increase of £16.7m in NHS trade and other receivables, £8.6m relates to accrued Elective Recovery Fund (ERF) monies due from NHSE&I, £1.4m in respect of accrued NHSE&I reimbursement via the Visible Cost Model (VCM), £2.8m accrued Mass Vaccination Service income, £2.7m higher accrued income across the Divisions and £1.2m increase of invoiced NHS debt. The cash balance at M4 is £112.5m, a increase of £0.9m from £111.7m at 30th June 2021.

Deferred income has increased in-year due to the deferral of £5.3m System Mitigation monies from BNSSG CCG at M4

Key Issues

There is a risk of potential slippage in capital expenditure.

The Better Payment Practice Code achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to an average of 87.1% for 2020/21.

The Trust cash flow forecast demonstrates that the Trust is able to manage its liquidity without any external support for the 2021/22 financial year (assuming that the H2 finance regime is similar to the H1 regime).

	£m	Commentary
Forecast Outturn as above	0.0	Trust forecast
RISKS		
<i>Risk to Delivery of Contract Income</i>		
Other contract income - Non NHS Overseas Patients	(2.0)	Continued lower level of activity
Other contract income - Injury Cost Recovery	(1.2)	Continued lower level of activity
Efficiency requirement of 3% implied in H2 income settlement	(11.0)	Expectation that CIP requirement increased for second half of year.
<i>Other Risks</i>		
Winter Escalation	(0.5)	Escalation costs could be higher than forecast.
NHS AfC Pay Award - assume 1% is unfunded	(3.5)	Cost of Trust funding 1% of AfC Pay Award
Increase in capital charges	(1.0)	Impact of capital programme on depreciation and PDC
Total	(19.2)	
OPPORTUNITIES		
<i>Mitigating Actions</i>		
Other contract income - Non NHS Private Patients	0.6	Continued run rate better than Plan
Covid 19 winter costs	0.5	Mitigation through COVID allocation
CIP delivery	10.0	
Mitigation and accelerator underspends	2.0	
Non recurrent mitigation from Q1 surplus	6.1	
Total	19.2	
<i>Risk and Opportunity adjusted financial position</i>	0.0	

Assumptions, opportunities and risks

The Trust has assumed that any surplus COVID-19 cost funding from the system can be retained.

The trust has reversed its previous assumption that it will be required to fund expected system costs. Should the system financial position deteriorate there may be a downside risk to the financial position.

There is a risk that non-recurrent funding is being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other pressures are increasing the recurrent cost base of the Trust. Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed.

The Trust has chosen to set annual budgets whilst the finance regime has only announced income levels for the first half of the year. There is a potential risk that assumptions may differ for the second half of the year, though verbal confirmation has been given that the regime is likely to be similar to the first half of the year.

The system has been selected as an Accelerator site which will increase the levels of non-recurrent funding being received by the Trust in Q1 though change in threshold mean that this is unlikely to continue into Q2.

M3 includes an estimate of ERF monies earned by the system on activity delivered by the Trust offset by estimates of the cost of delivery. It should be noted that the thresholds for ERF have increased with effect from month 4 together with increased levels of COVID-19 so potential income will reduce in Q2.

Potential risks to the delivery of the Trust cost improvement programme may arise.

The Forecast Outturn Position for the end of the financial year is break even.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

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 as appropriate 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 Board receives 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, including an annual Internal Audit assessment.
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 as required.
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 guidance on service restoration.
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.

Unless noted on each graph, all data shown is for period up to, and including, 31 July 2021 unless otherwise stated.

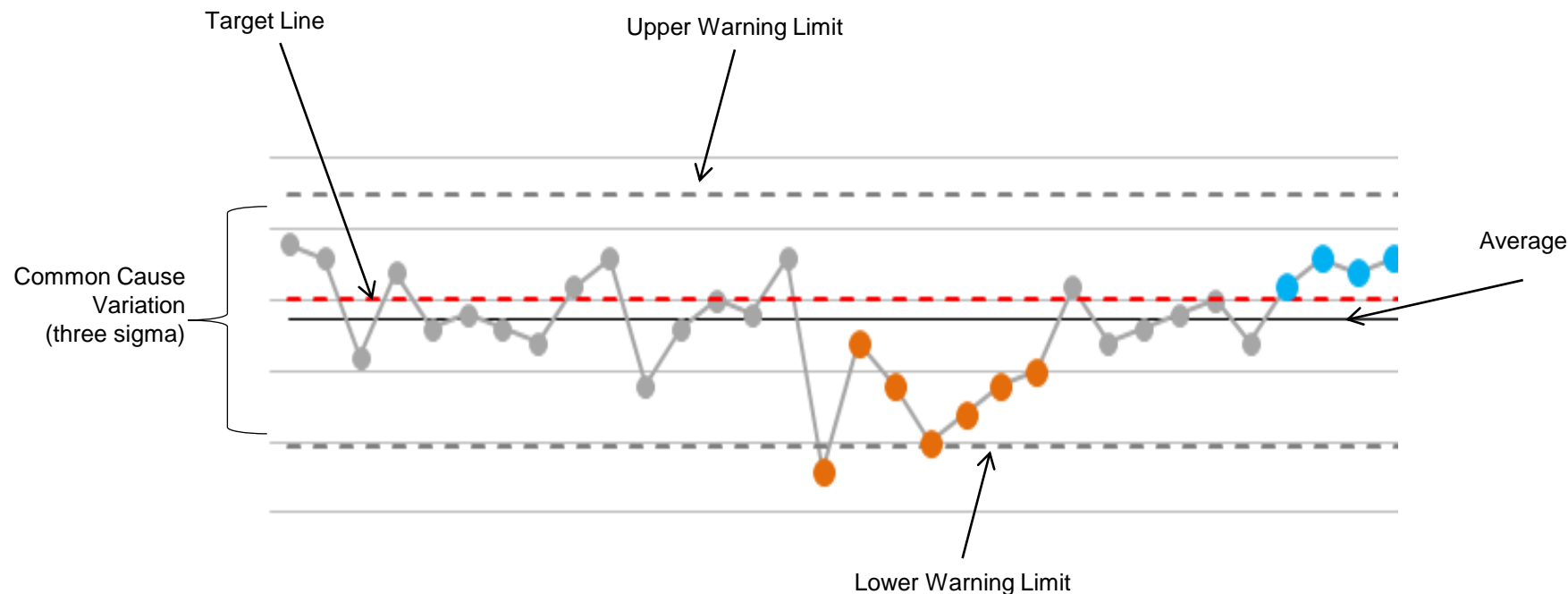
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



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
IPC	Infection, Prevention Control
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
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent



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

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

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

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

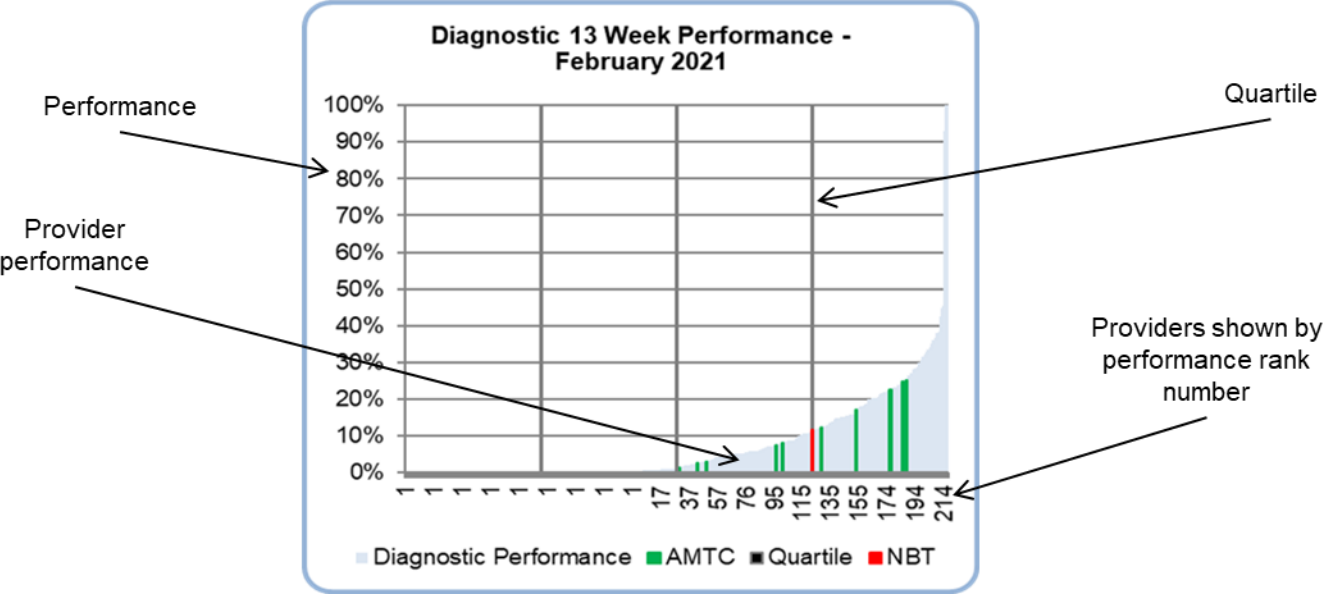
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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

Further reading:

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

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

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



Vertical axis represents the performance value.

Horizontal axis shows the performance ranking for each provider respectively. Each bar within the graph represents a providers performance value with Adult Major Trauma Centres highlighted in green and NBT highlighted in red.

Quartiles have been calculated based on the full spread of performance values and are represented as grey bars.

Ranking has been calculated based on unique performance values i.e. if multiple providers have reported the same performance value for any given month then they will be attributed the same ranking.

Missing bars represent a performance value of 0 or 0%. In the chart above, a number of providers have reported a performance position of 0% and have therefore all been attributed the ranking of 1, or first.