

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

February 2021 (presenting January 2021 data)



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North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-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%	75.42%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%		87.17%	53/113	
	A&E 12 Hour Trolley Breaches	0	0	38	48	2	0	0	0	0	0	0	12	3	52	206		0 - 611	29/44	
	Ambulance Handover < 15 mins (%)	100%	93.99%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%	57.76%	54.95%				
	Ambulance Handover < 30 mins (%)	100%	98.80%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%	88.43%	83.80%				
	Ambulance Handover > 60 mins	0	0	2	2	1	0	0	0	0	0	4	33	26	82	180				
	Stranded Patients (>21 days) - month end			160	156	120	58	57	72	82	95	115	249	143	146	126				
	Bed Occupancy Rate		93.00%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%				
	Diagnostic 6 Week Wait Performance	1.00%	21.07%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%		27.52%	139/246	
	Diagnostic 13+ Week Breaches	0	0	258	113	114	402	2292	3161	1886	1979	1998	1697	1427	1487	1420			121/219	
	Diagnostic Backlog Clearance Time (in weeks)			0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0	1.0				
	RTT Incomplete 18 Week Performance	92.00%	64.49%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%	70.46%	74.00%	74.35%	73.18%	71.62%		65.46%	148/383	
	RTT 52+ Week Breaches	0	2419	9	17	43	130	275	454	648	797	1001	1092	1249	1418	1817		0 - 7853	167/274	
	Total Waiting List		33147	29672	29552	28516	25877	25518	25265	27512	28810	29387	30214	29632	29611	29759				
	RTT Backlog Clearance Time (in weeks)			3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4	5.4	4.8	4.9	5.1				
	Cancer 2 Week Wait	93.00%	93.54%	78.21%	89.94%	91.25%	76.01%	93.23%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	-		87.00%	115/135	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	94.59%	70.27%	89.63%	81.82%	81.25%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	-		67.83%	71/107	
	Cancer 31 Day First Treatment	96.00%	94.78%	92.74%	95.36%	97.71%	92.96%	85.64%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	-		95.21%	45/118	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.37%	1/24	
	Cancer 31 Day Subsequent - Surgery	94.00%	83.65%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	-		87.68%	26/71	
	Cancer 62 Day Standard	85.00%	83.85%	68.18%	61.31%	74.15%	73.53%	69.01%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	-		75.55%	67/134	
	Cancer 62 Day Screening	90.00%	79.31%	64.38%	67.27%	83.95%	85.07%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	-		87.96%	52/67	
	Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		83.79%	82.90%	83.42%	83.25%	84.03%	85.35%	82.95%	82.49%	82.83%	83.68%	83.38%	82.51%	0.00%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.5%	
	Caesarean Section Rate		28.00%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	31.2%	41.9%	35.1%	
	Still Birth rate		0.40%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.5%	
	Induction of Labour Rate		32.10%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%	39.8%	
	PPH 1000 ml rate		8.60%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	9.8%	
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			8	8	6	3	1	4	7	5	4	5	6	4	4	
	Total Incidents			1150	1118	853	597	679	833	948	1028	1056	1202	1049	1040	1007	
	Total Incidents (Rate per 1000 Bed Days)			43	45	39	45	43	46	47	49	47	50	49	44	41	
	WHO		95%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.74%	
	VTE		95%	95.87%	94.96%	95.35%	93.45%	93.89%	94.52%	95.40%	94.58%	94.64%	94.66%	94.02%	94.96%	93.75%	
	Pressure Injuries Grade 2			34	17	29	24	16	13	8	14	13	28	17	17	17	
	Pressure Injuries Grade 3		0	0	1	1	0	0	0	0	0	1	1	0	0	0	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	Falls per 1,000 bed days			7.04	8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.56	8.93	8.35	9.39	
	#NoF - Fragile Hip Best Practice Pass Rate			68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	76.74%	75.61%	59.18%	-	
	Admitted to Orthopaedic Ward within 4 Hours			53.57%	54.72%	55.36%	85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	-	
	Medically Fit to Have Surgery within 36 Hours			66.07%	71.70%	83.93%	85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	-	
	Assessed by Orthogeriatrician within 72 Hours			92.86%	92.45%	100.00%	95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	-	
	Stroke - Patients Admitted			79	72	97	71	72	79	84	63	83	86	79	80	70	
	Stroke - 90% Stay on Stroke Ward		90%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	-	
	Stroke - Thrombolysed <1 Hour		60%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	-	
Quality Caring & Experience	MRSA	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	
	E. Coli		4	7	4	6	2	3	2	5	7	8	4	5	3	3	
	C. Difficile		5	5	2	2	1	4	2	4	3	5	7	5	7	4	
	MSSA		2	1	2	3	1	2	1	4	2	1	4	6	2	3	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	-	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	93.24%	94.06%	
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	95.60%	95.71%	
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	90.96%	87.49%	
	PALS - Count of concerns			107	108	104	45	105	49	75	51	95	73	99	66	62	
	Complaints - % Overall Response Compliance		90%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97.06%	98.04%	94.44%	93%	94.64%	81.48%	
Well Led	Complaints - Overdue			0	2	0	2	1	0	0	0	0	2	2	0	0	
	Complaints - Written complaints			57	51	26	24	27	40	59	53	46	48	39	23	37	
	Agency Expenditure ('000s)			1081	869	1112	613	386	364	555	822	687	874.7	899.6	1043	1234	
	Month End Vacancy Factor			8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	
	Turnover (Rolling 12 Months)		13.60%	14.08%	13.68%	13.25%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	
	Sickness Absence (Rolling 12 month -In arrears)		4.10%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	4.38%	-	
	Trust Mandatory Training Compliance			87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	

NB: Discharge summary information is unavailable for January. This will be included in the next iteration of the IPR.

Urgent Care

The Trust did not achieve the four-hour performance trajectory of 75.42% with performance of 68.51% in January. The Trust conceded 206, 12-hour trolley breaches and 180 ambulance handover delays during a period of exceptional system-wide pressure in January. Ambulance handover times and ED waiting times were adversely impacted by demands on the bed base and increasing COVID-19 admissions, whilst staffing pressures, segregated care, ward closures and enhanced IPC measures continued to negatively impact flow. The deterioration in performance moved the Trust into the third quartile when compared nationally.

Elective Care and Diagnostics

The RTT waiting list remained static in January with a reduction in activity offset by reduced demand. There were 1817 patients waiting greater than 52 weeks for their treatment in January against a revised trajectory of 2419. The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Despite the ongoing increase in long waits, nationally the Trust positioning marginally improved remaining in the third quartile in December. Diagnostic performance continued to be negatively impacted by reduced activity in January and remained in the third quartile for national performance in December.

Cancer wait time standards

The TWW standard further deteriorated in December and continues to report under trajectory. TWW performance remains challenged by increased demand for Breast, surpassing pre-pandemic levels. The 31-Day standard continued to achieved the recovery trajectory in December, marginally failing against the national standard, but the level of deterioration from November moved the Trust from the second quartile to the fourth when compared nationally. The 62-Day standard improved in December, but has not improved sufficiently to achieve the recovery trajectory. Despite not achieving trajectory, the 62-day standard has surpassed the national position in December and remains in the second quartile.

Quality

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. There has been a continued increase in the number of Hospital onset cases with a number of Staff groups affected. Best practice guidance for IPC, staff Lateral Flow Testing and vaccinations has been disseminated to all staff. Lateral Flow Testing has been rolled out to all ward staff, providing twice weekly home testing.

Workforce

The Trust turnover saw a small increase in January to 11.23% (excluding the impact of staff temporarily employed during the COVID-19 response); work is in progress with system partners to anticipate the pandemic response's impact on staff turnover and implement mitigations. The Trust vacancy factor decreased to 3.80% in January predominantly due to the impact of enhanced HCA recruitment over winter and the January intake of newly qualified nurses. Temporary staffing demand increased in January in line with the third wave of COVID-19 and corresponding increase in COVID-19 related staff absence, the Trust internal bank responded well with only a small drop of 0.90% in bank fill rates despite a 19.78% increase in demand.

Finance

NHSI/E suspended the usual operational planning process in March 2020 and financial framework due to COVID-19 response preparations with a revised financial framework applied until the end of September. The position for the end of September showed the Trust meeting this requirement and achieving a breakeven position. From 1 October a new financial framework has been implemented.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported a four-hour performance of 68.51% in January, not meeting the performance trajectory of 75.42%. There were 206, 12-hour trolley breaches, and Ambulance handover delays were reported in-month with 180 handovers exceeding one hour. Despite walk-in attendances reducing as a result of the national lockdown, ambulance arrivals remained consistent with pre-pandemic levels. Bed occupancy varied between 88.63% and 102.47% in January against the core bed base. Bed occupancy was positively impacted by a reduction in long stay patients towards the end of the month, supporting a reduction in ED delays. The improved occupancy position has continued into February which has had a positive impact on ED waiting times performance so far but is unlikely to achieve trajectory for the month overall with the Trust continuing to report long delays.

Planned Care

Referral to Treatment (RTT) – 18 week RTT performance reported a deterioration in January, but continues to achieve the trajectory of 64.49%. The number of patients exceeding 52 week waits in January was 1817 against a recovery trajectory of 2419; the majority of breaches (1075; 59.16%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the ongoing 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 or wishing to wait until they have received the COVID-19 vaccine.

Diagnostic Waiting Times – Diagnostic performance continued to fail the recovery trajectory with performance at 33.04% in January, reflective of reduced activity resulting from the third wave of the pandemic. Although there was slight improvement in Non-Obstetric Ultrasound performance, capacity remains challenged and unable to meet demand. The number of patients waiting longer than 13 weeks improved, with a decrease of 4.51% reported in January. The December deterioration for the number of patients waiting more than 13 weeks moved the Trust into the fourth quartile when compared nationally.

Cancer

The Trust failed six of the seven Cancer Wait Times (CWT) standards in December and achieved the revised recovery trajectory for four of the standards. TWW Breast demand continues to impact the standard and demand continues to increase month on month. Capacity issues and complex pathways are the main reasons for breaches across all standards this month. The recovery of the 62 day trajectory remains challenging for January 2021; the third wave of COVID-19 has put this at risk.

Areas of Concern

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

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

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Maternity Minimum Data Set : A revised Maternity data set is being developed which will provide assurance across a range of areas and will provide more meaningful information as the data builds across following months.

Pressure Injuries: There has been a continued decrease in the number of medical device related pressure injuries and a sustained overall reduction in total pressure injuries per 1000 days.

Mortality Reviews / Medical Examiner service – The Trust continues to closely review deaths in hospital with a 91.4% completion rate. Of the cases reviewed in more detail (using the Structured Judgement review (SJR) approach) 96% assess care as between adequate and excellent. The Medical Examiner service, established across the BNSSG acute trust system is now fully recruited to and reviewing an increasing number of cases. Mortality outcome data continues within the expected range and the Trust has no current mortality outlier alerts.

Areas of Concern

Maternity Clinical Outcomes: Both Elective and Emergency CS rates remain high at 35.1% with an average for the last 6 months at 37%. There is a rise in month of the induction rate to 39.8%, which reflects increased acuity on CDS.

Infection control: We have seen an increase in the number of Hospital onset cases, and a number of Staff affected during the latest COVID-19 pandemic wave. All events are the subject of Outbreak meetings with appropriate PHE input. Transmission within ward bay areas has been a theme. Guidance on best practice in IPC, Lateral flow testing for staff and vaccination have all be re-iterated for staff. C.difficile case numbers have returned to trajectory in month after a high number in December.

Pressure Injuries: There was 1 unstageable pressure injury to the head validated in December (and subsequently in January assessed as a grade 4), which evolved from a deep tissue injury. Consequently the NIST project has been reinstated on to address themes and subsequent actions identified through the SWARM and 72 hour report.

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 decreased to 3.80% in January (this excludes the impact of the COVID-19 vaccination workforce recruitment). The greatest net reduction in vacancies was in Additional Clinical Services (unregistered clinical staff) predominantly driven by the enhanced winter resourcing plan for HCAs which saw a net increase of 20.6 wte staff (a headcount of 27 starters, two above the monthly target of 25). The intake of newly qualified nurses, joining as band 4s whilst they await their registration will have also driven the reduction, these staff will convert to band 5 over the coming months. The vacancy figures are exclusive of the Mass Vaccination (MV) workforce which accounted for 252 new starters in January. Work is in progress to determine how this workforce can continue to support the organisation during 2021/22 by matching the MV workforce to areas of need in the organisation.

Turnover

The Trust turnover is reported as 12.89% in January. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 11.23%, compared to 14.15% in January 2020. Turnover increased in Administrative and Clerical Staff, Registered Nursing and Midwifery (not band 5s) and Medical Staff. Work is in progress to anticipate the potential increase in staff turnover for 2021/22 driven by increased staff movement and earlier retirements and the associated mitigations focussing on staff wellbeing.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence was 4.40% in December with small reductions across the majority of groups compared with November's position (overall 4.46%) as December saw a reduction in COVID-19 related sickness following the national lockdown in November. The year to date sickness absence position is slightly below (-0.07%) the same period in 19/20.

In January COVID-19 related sickness rose to 1.76% and other COVID-19 related absence to 3.5% (from 1.02% and 2.5% in December respectively). The increase was consistent with the 3rd wave and national lockdown which included a formal period of shielding for clinical extremely vulnerable staff. In February infection driven COVID-19 related absence has reduced but shielding continues in line with the continuation of lockdown and this group now represent over 50% of the Trust COVID-19 related absence.

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand increased in January in line with seasonal pressures and a significant increase in COVID-19 related staff absence. Booked wte was 19.78% (187 wte) higher than December and 20.60% higher than January 2020 (193 wte). Registered and unregistered nursing and midwifery saw the greatest increase in line with the greatest levels of COVID-19 related staff absence, followed by ancillary staff and junior doctors. Despite the significant increase in demand bank fill rates only dropped 0.9% with an additional 100 wte worth of time worked through the bank in January compared with December.

Overall agency use saw a small increase (7 wte) in tier 1 agency staff. Tier 4 (non-framework) agency use remained relatively static (7.5 wte in January vs 7.2 wte in December) with the most significant use remaining in registered nurse band s in ICU and band 5 registered mental health nurses across wards and the emergency zone.

FINANCE

SRO: Director of Finance

Overview

NHSI/E suspended the 2020/21 financial framework due to COVID-19 response preparations.

The revised financial framework for months 1 to 6 required the Trust to breakeven against an NHSI/E calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance.

From 1 October a new financial framework is now in place that requires the trust to operate within a fixed financial envelope (plus a small number of specified “outside envelope” cost recoveries) and to deliver a deficit that is consistent with the financial forecast submitted on October 22nd.

Highlights

The Forecast Trust deficit for January is £4.9m, while Actual surplus reported is £3.2m.

Cumulatively the Forecast Trust deficit to month 10 is £13.0m and the Actual surplus achieved is £1.5m.

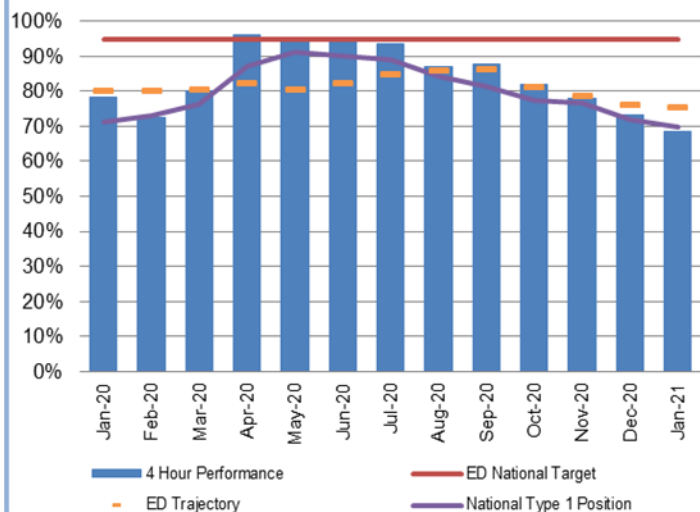
Cash balance at the end of January is £115.6m which includes £55m of “month in hand” cash that was received in April 2020 and will be unwound in March.

Capital spend for the year to date is £18.9m (plan is £20.2m) which includes £3.9m of COVID-19 capital spend.

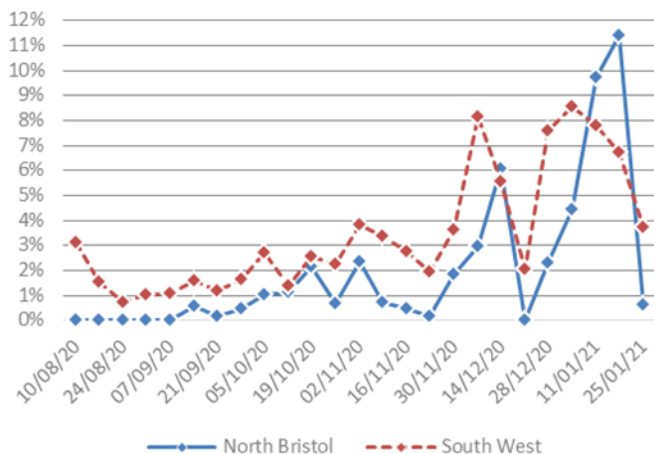
Responsiveness

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

ED 4 Hour Performance



60 Minute Handover Delays as a Proportion of Total Arrivals



Urgent Care

As anticipated, the Trust did not achieve the four-hour performance trajectory of 75.42% in January with performance of 68.51%. Trust performance has reported below national performance for the first time since February 2020.

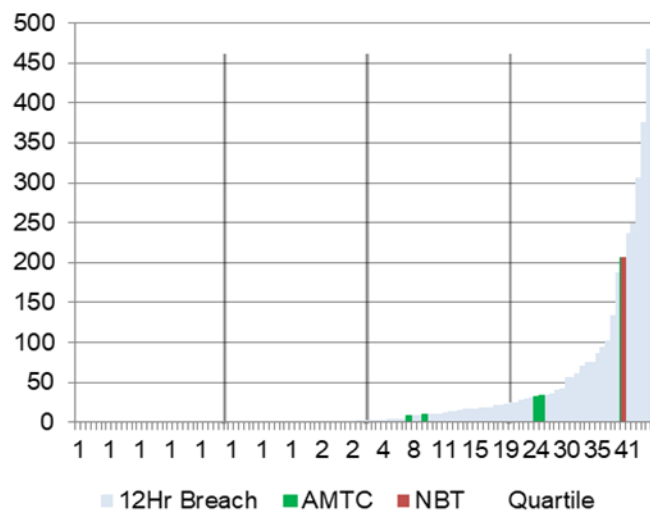
The Trust conceded 180 ambulance handovers exceeding one hour in January and 206 12-hour trolley breaches during a period of exceptional system-wide pressure in January.

Ambulance handover times and ED waiting times were adversely impacted by demands on the bed base and increasing COVID-19 admissions, peaking at 213 inpatients on the 25 January, occupying 25.60% of the bed base. The Trust provided cross-city support to alleviate pressure in other parts of the system as well as providing ICU mutual aid to providers outside of the region.

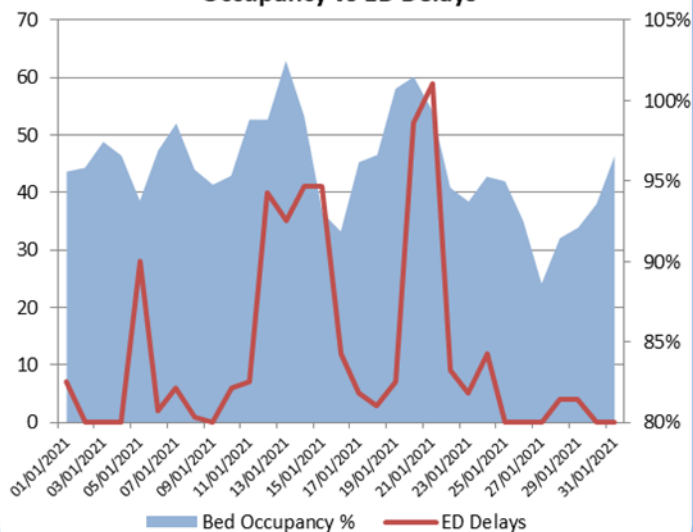
Staffing pressures, segregated care, ward closures and enhanced IPC measures continued to negatively impact flow.

Although improvement on four-hour performance is expected as bed occupancy begins to improve, the Trust is not expected to achieve trajectory for February.

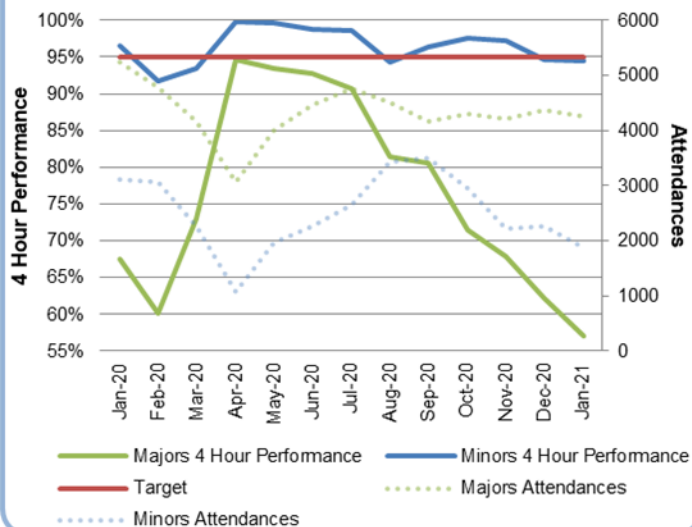
ED 12 Hour Trolley Wait - January 21



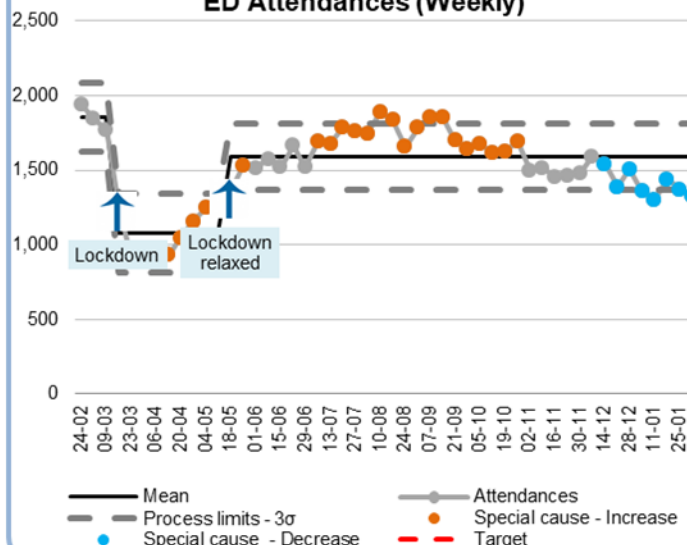
Occupancy vs ED Delays



ED 4 Hour Performance by Majors/Minors



ED Attendances (Weekly)



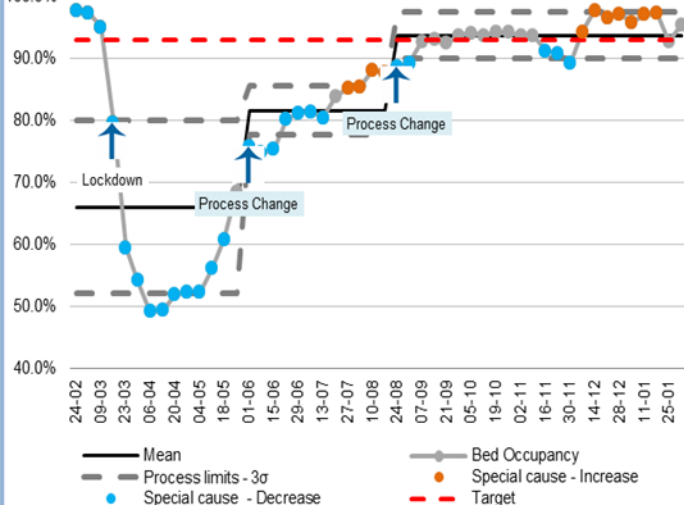
4-Hour Performance

In January, Majors performance continued to be most notably impacted (57.11%), whilst Minors performance was 94.44%.

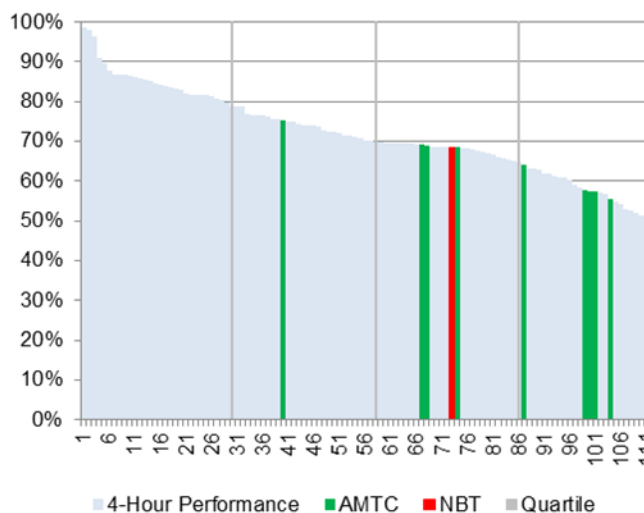
Of the breaches in ED in January 44.63% were a result of waiting for a medical bed and 18.35% of delays resulted from waits for assessment. Medicine bed capacity has been the predominant cause of breaches for the fifth consecutive month.

Despite walk-in attendances reducing as a result of the national lockdown, ambulance arrivals remained consistent with pre-pandemic levels.

Bed Occupancy (Weekly)



ED 4 Hour Performance - January 21



Bed occupancy varied between 88.63% and 102.47% in January against the core bed base. Bed occupancy was positively impacted by a reduction in long stay patients towards the end of the month, supporting a reduction in ED delays.

The deterioration in performance in January has moved the Trust into the third quartile nationally and the fourth quartile for the Region.

ED performance for the NBT Footprint stands at 74.47% and the total STP performance was 76.08% for January.

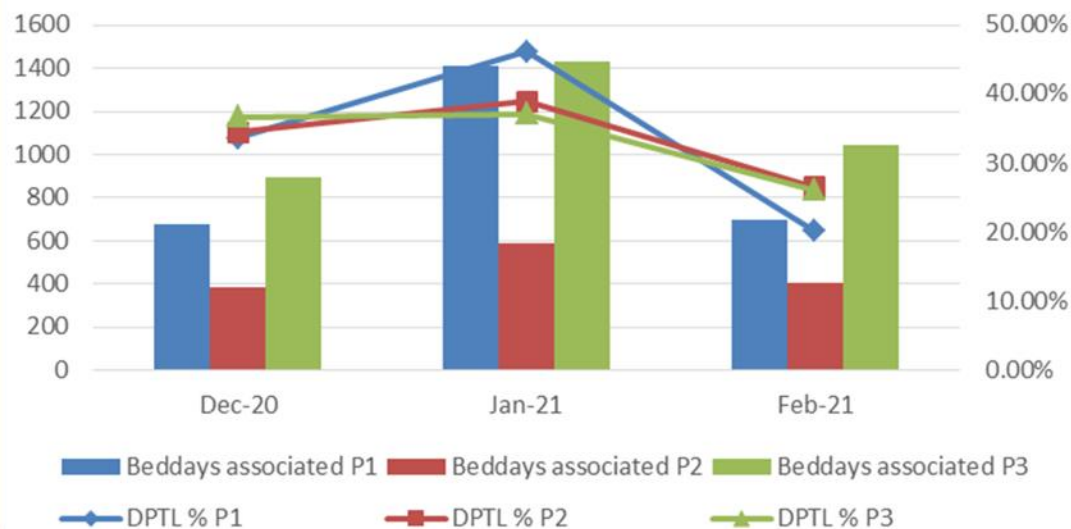
NB: The method for calculating bed occupancy changed in June and September due to reductions in the overall bed base resulting from the implementation of IPC measures.

Right to Reside Report

As of midnight 15/02/21(snapshot), 147 patients (20.4% of all patients) no longer meet the right to reside criteria. Issues preventing discharge remain the waits for discharge to assess pathways noted. There have been delays associated with outbreaks recorded in community beds, which have restricted access to P2 and P3 beds, and flow from those beds as well. However, additional P3 beds have been sourced and it is anticipated that there will be increased flow achieved in the next 2 weeks.

Of the numbers that do not meet the right to reside, 82% are waiting for discharge to assess capacity. The focus on reviewing internal reasons for delay in discharge has been effective with a decrease in levels of people waiting for therapy or medical review reported at 6.8%

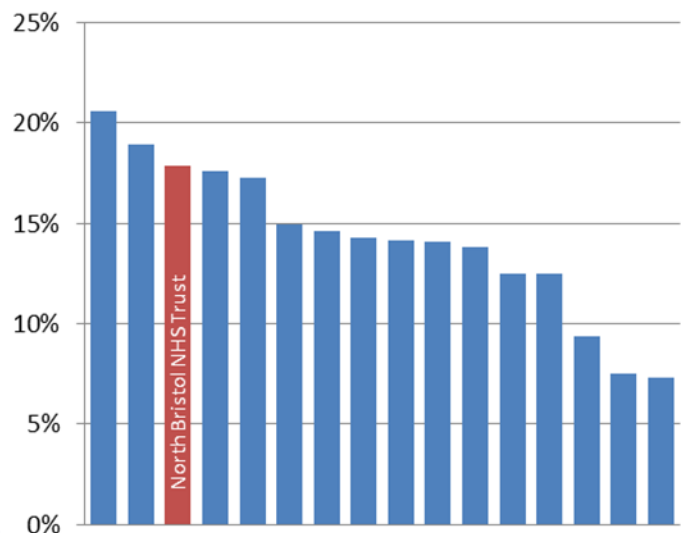
DPTL % and Beddays, for Medically fit



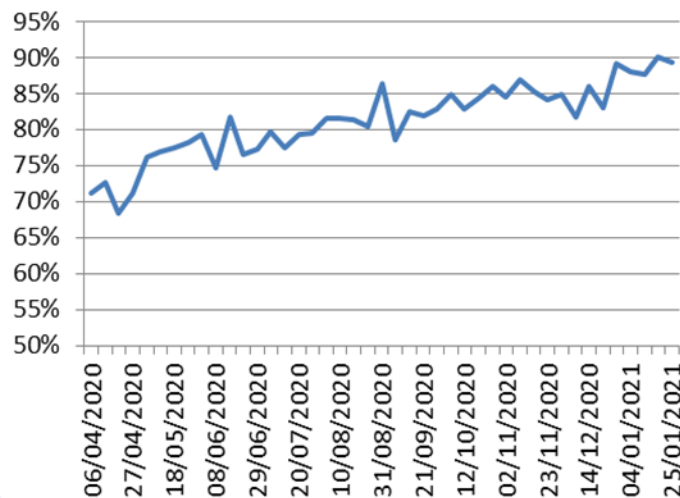
DPTL Reasons



21+ LoS occupancy % in SW



% Discharges P0 and P1 (EL and NEL, all ages, all LOS)



Stranded Reporting

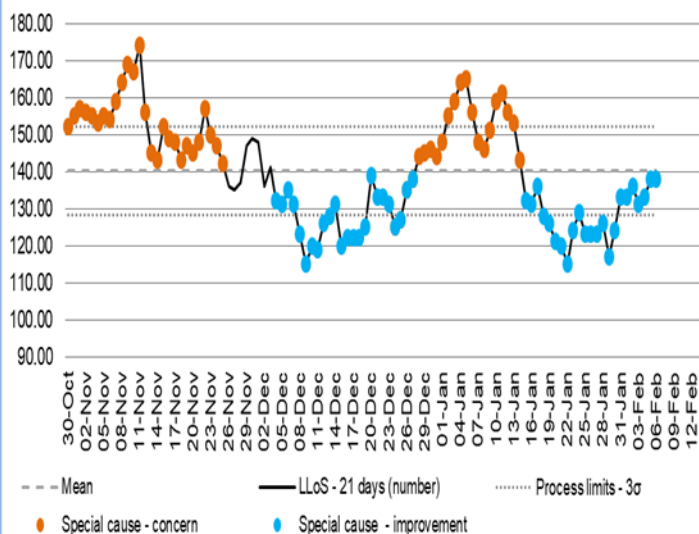
Patients with a LoS over 21 days did decrease over the period. This was linked to a focus within the system on supporting discharge from all discharge to assess pathways. This will be closely monitored as there have been further reported outbreaks and closure of beds in the community, which has impacted on flow.

The Trust position regionally remains static for 21 days +, however it is noted that through the period, NBT has reported an occupancy of 92.09% against a regional average of 86.3% indicating the level of demand on the beds.

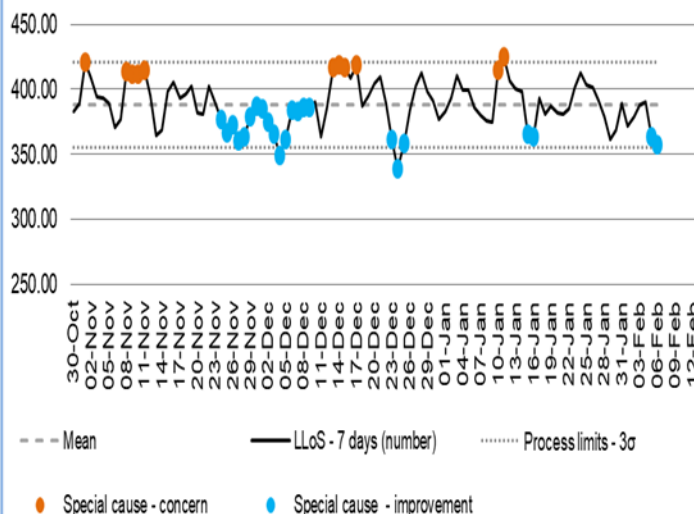
There has been an ongoing improvement in the levels of patients being discharged home on P1 or P0 pathways.

For those who are not requiring a referral to community healthcare (P0) the Red Cross are continuing to provide a follow up call. The Red Cross will be preparing a feedback report for the system, but the main reason for further action has been related to medicines management. The NBT Pharmacy helpline has been welcomed as a model that has provided good support.

SPC Chart for LoS - 21 Days (Number)

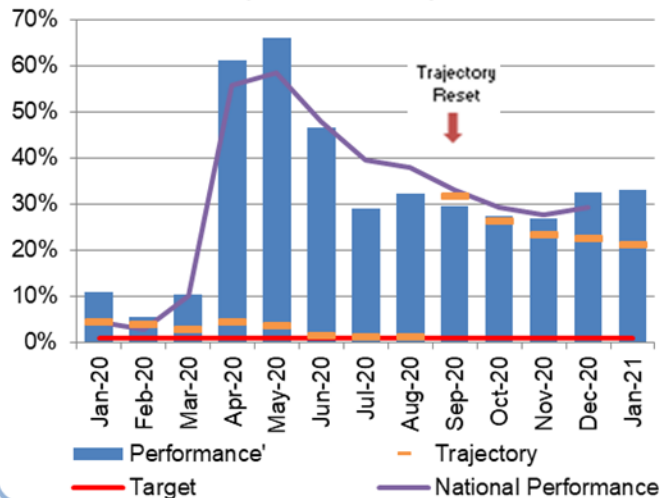


SPC Chart for LoS - 7 Days (Number)

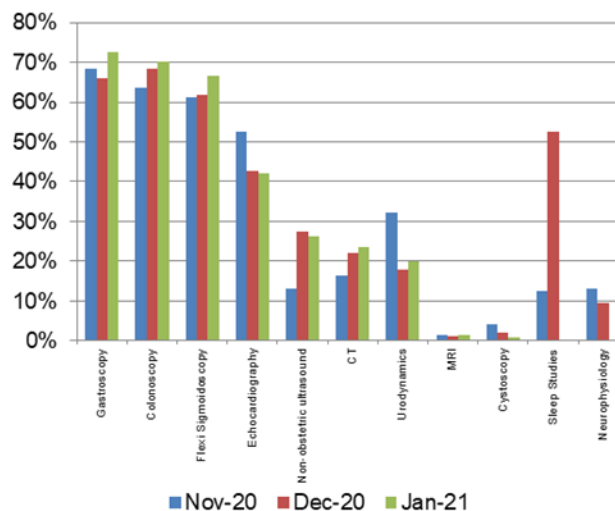


Data Source: South region NHSI UEC dashboard, w/e 6th Feb

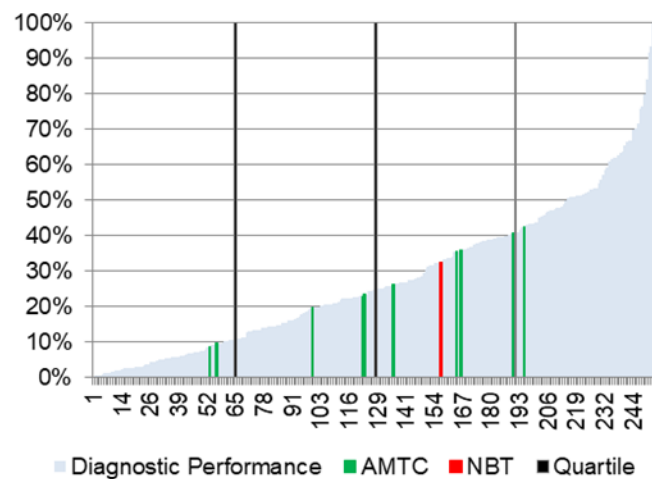
Diagnostic Waits Against Target (1% <6 Weeks)



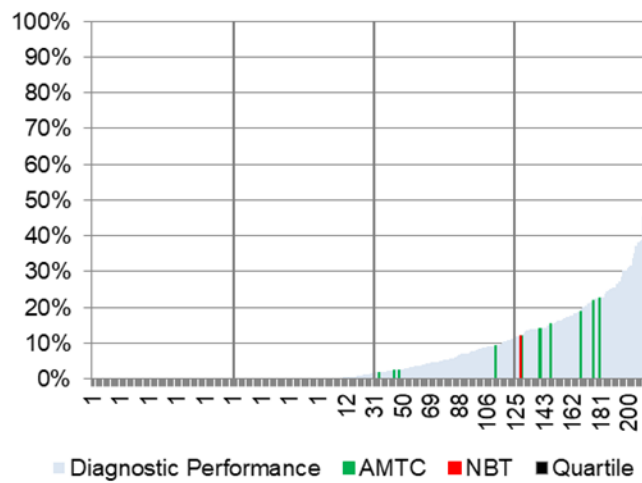
Diagnostic Performance by Test



Diagnostic Six Week Performance - December 2020



Diagnostic 13 Week Performance - December 2020



Diagnostic Waiting Times

Diagnostic performance marginally deteriorated to 33.04% in January, failing to achieve the revised trajectory of 21.07%.

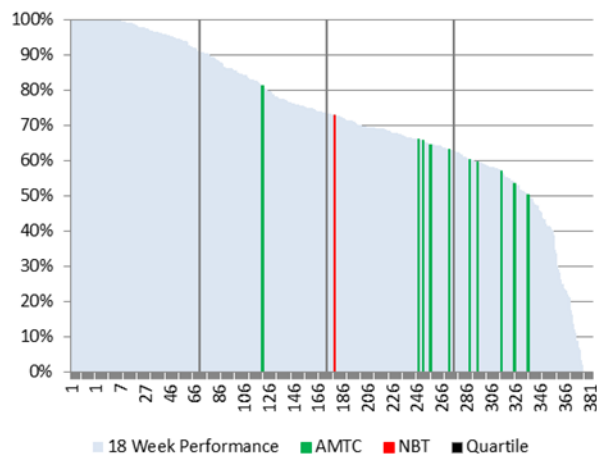
The most significant performance deterioration in month was reported in Endoscopy. Despite comparatively delivering less activity in January, the waiting list reduced overall for this cohort, reporting a more significant reduction in the number of patients waiting less than 6 weeks. This was due to a decrease in demand reducing the number of additions to the waiting list, negatively impacting performance for Endoscopy and the Trust overall.

Non-Obstetric Ultrasound reports a marginal improvement in month, but capacity remains challenged due to IPC measures and staffing constraints resulting in a demand and capacity imbalance. The service is seeking additional capacity in the form of waiting list initiatives, outsourcing and temporary staffing to mitigate the imbalance going forwards.

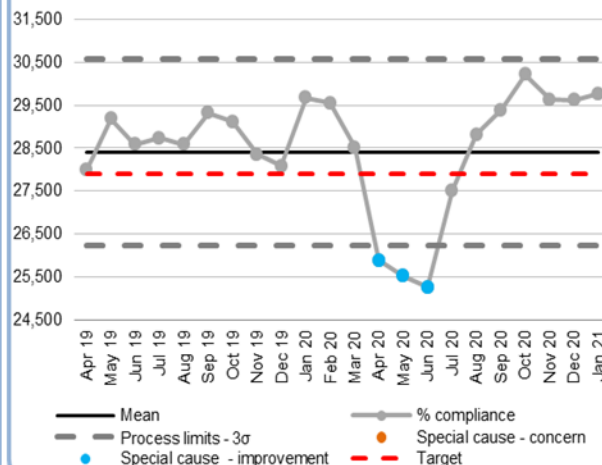
The number of patients waiting longer than 13 weeks improved, with a decrease of 4.51% reported in January. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, Trust positioning deteriorated for 6-Week performance, though remains in the third quartile. 13 Week performance deteriorated more significantly in December, moving to the fourth quartile.

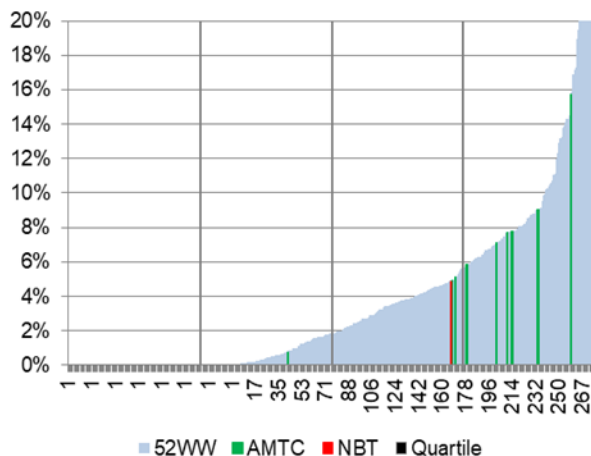
RTT 18 Week Performance - Dec 2020



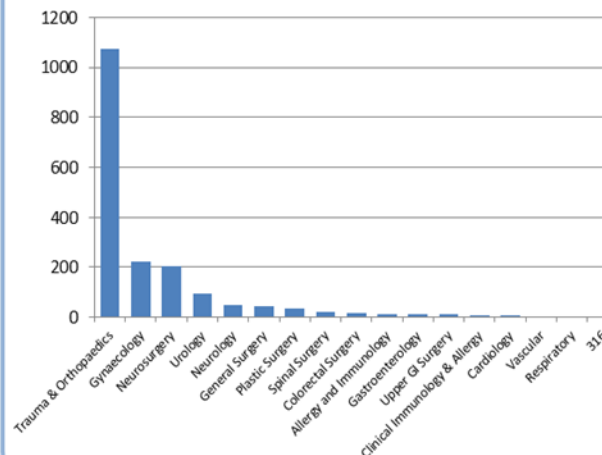
RTT Wait List



RTT Proportion of 52WW - Dec 2020



52 Week Breaches by Specialty - January-21



Referral to Treatment (RTT)

In January, the Trust reported RTT performance of 71.62%, exceeding the trajectory of 64.49%. The waiting list remained static at 29759 in January, reporting under the new trajectory of 33147. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering predominantly above plan, resulting in a lower waiting list than predicted.

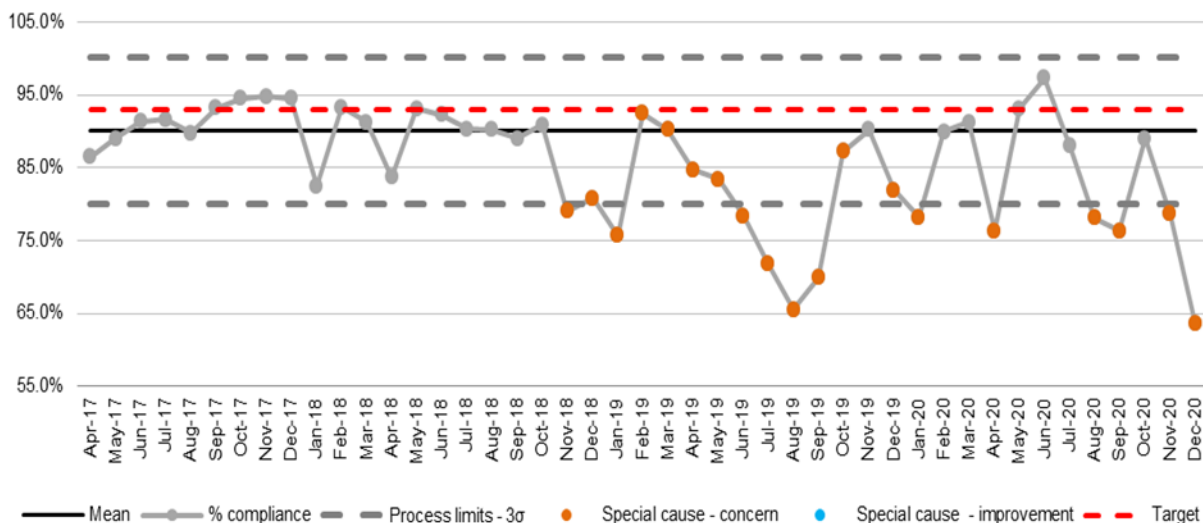
Overall, admitted and non-admitted clock stops reduced to 72.15% of last years activity in January, the lowest level since May 2020. Admitted pathways were most significantly impacted by elective cancellations resulting from the third wave of the pandemic. Reduced activity was predominantly offset by reduced demand in January resulting in a marginal shift in the waiting list.

At month end, there were 1817 patients waiting greater than 52 weeks for their treatment against a trajectory of 2419; the majority of breaches (1075; 59.16%) being in Trauma and Orthopaedics. In January, there were 9 patients waiting more than 52 weeks that the Trust had accepted from another Trust.

The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing 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 performance positioning deteriorated, moving the Trust into the third quartile. The positioning of the 52WW breaches as a proportion of the overall wait list marginally improved and remains in the third quartile.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer: Two Week Wait (TWW)

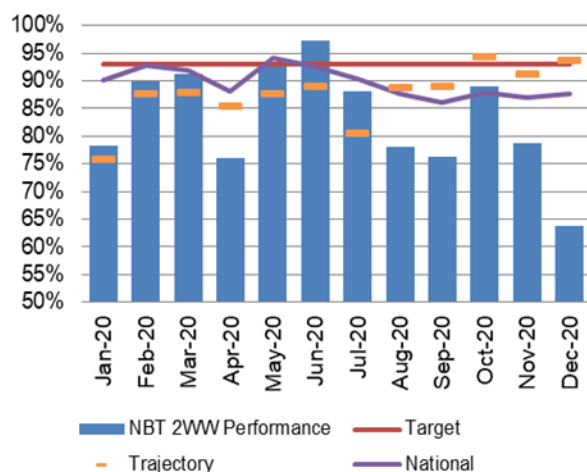
The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 63.72% in December, reflecting a deterioration in performance from November of 29.28%.

The Trust saw 2001 TWW patients in December; 726 breached, the majority of which were in Breast (560) and Colorectal (58).

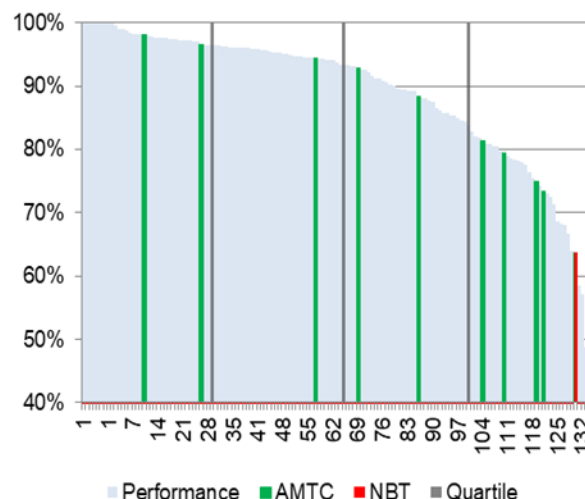
Colorectal services failed the standard for December with a performance of 73.30%; they had 58 breaches, of which 39 were due to endoscopy delays and patient choice.

Urology saw 280 patients compared to 261 in November and they had 25 breaches. They failed to achieve the CWT standard with a performance of 91.07%, but achieved trajectory of 67.20%. 16 of the breaches were due to capacity and 9 due to patient choice.

Patients Seen Within 2 Weeks of Urgent GP Referral



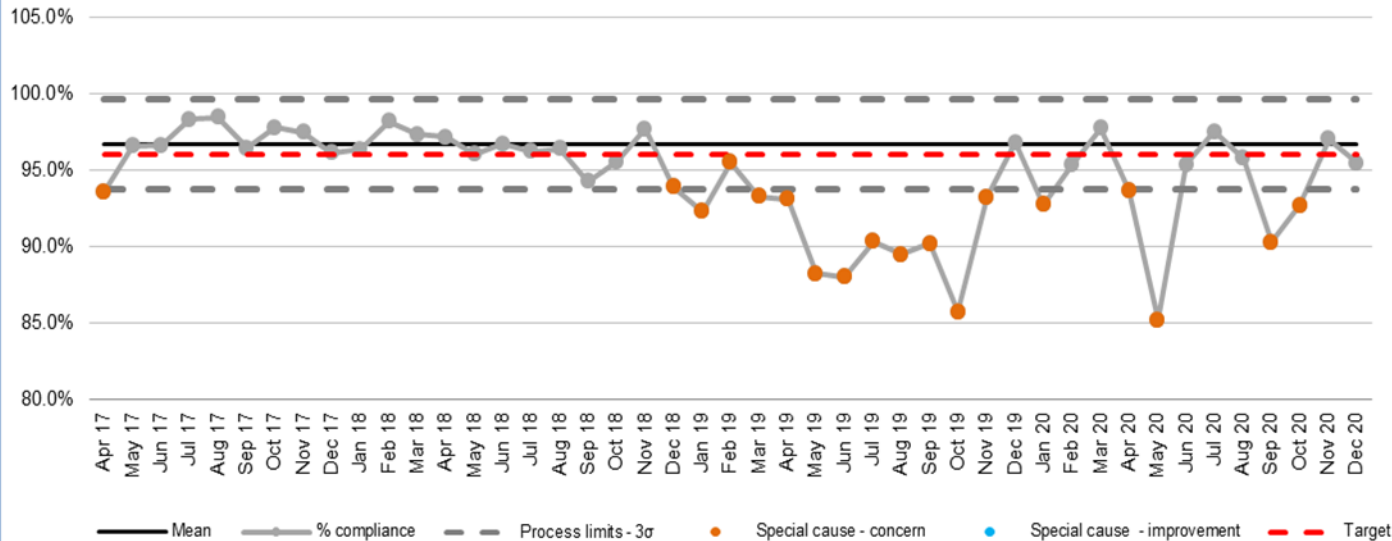
Cancer TWW Standard December-20



Breast services saw 767 patients in December, an increase of 35 on the previous month. The December performance for Breast was disappointing at 26.99% with 560 breaches. Breast had an increase of 316 breaches from the previous month. Of the 560 breaches in Breast 511 were due to lack of Outpatient capacity and 22 were due to clinic cancellations. Only 23 were due to patient choice.

Although our TWW position is below target we are diagnosing patients quickly enough to be compliant with the 28 day standard, which results in a good patient experience.

Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



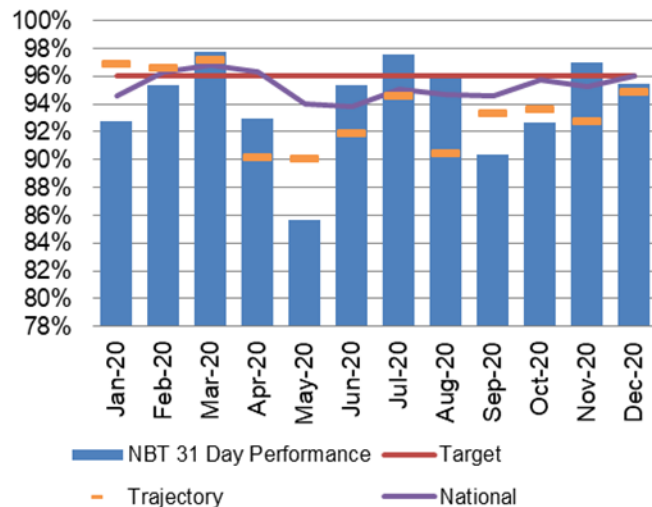
Cancer: 31-Day Standard

The Trust achieved the 31-Day first treatment recovery trajectory of 94.78% with performance of 95.47%.

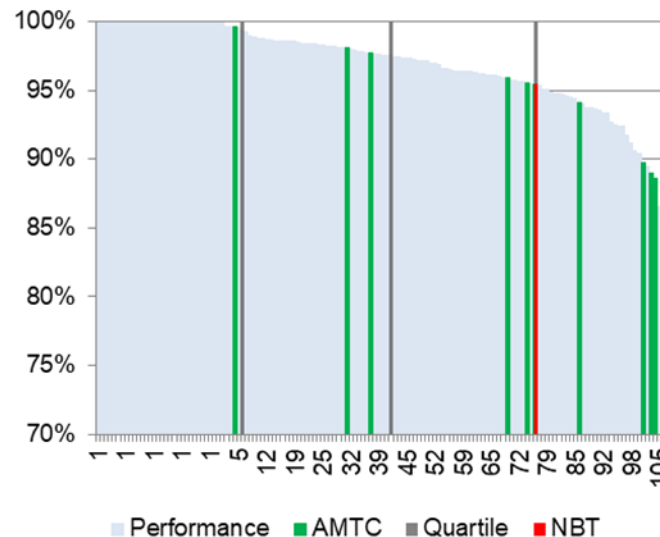
There were 243 completed pathways with 11 breaches; 5 in Skin, 1 in Breast, 1 in Brain, and 4 in Urology. The specialties that failed to achieve CWT target were Urology and Brain.

The Trust failed the 31-Day subsequent Surgery standard with a December position of 92.22%, but did achieve trajectory. In December 87 patients were seen and there were 7 breaches. Breast at 91.30%; Skin at 90.91%; and Urology at 89.47% did not achieve standard.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer 31 Day Standard December-20

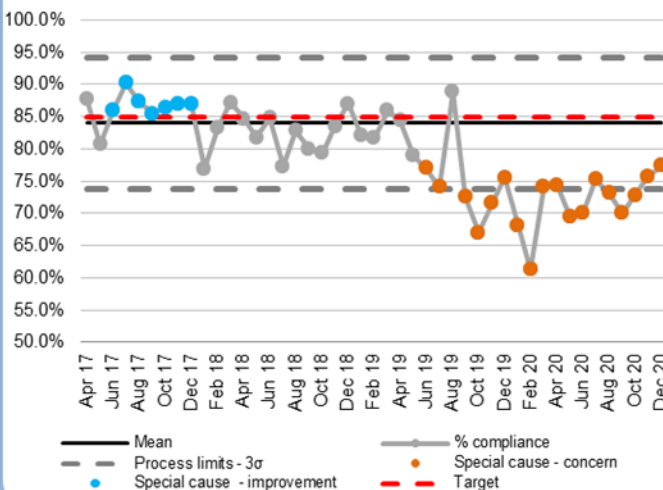


We reported 1 Breast 104-Day treated breach in December that required a Datix harm review. This is usually due to a clinically complex pathway, involving another more urgent clinical condition or multiple suspected cancer primaries.

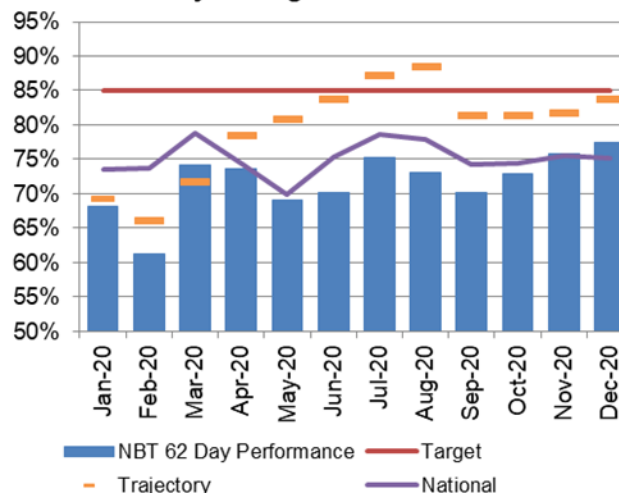
COVID-19 impact on 104-Day remains low; in December there were 43 patients waiting longer than 104-Days.

All patients deferring due to COVID-19 continue to be added to safety netting and we are ensuring a clinical discussion with the patient has been documented.

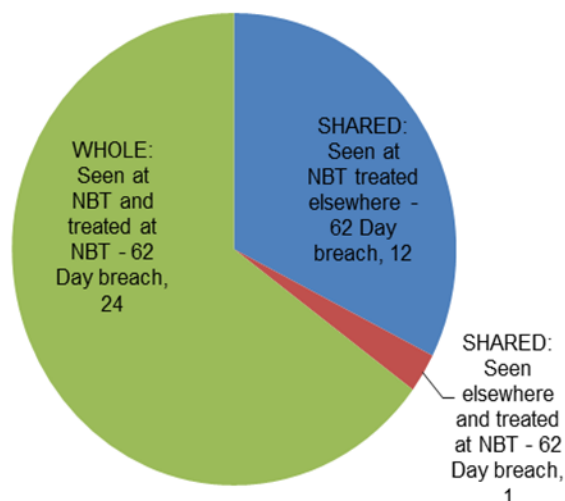
Patients Receiving First Treatment within 62 Days of Urgent Referral



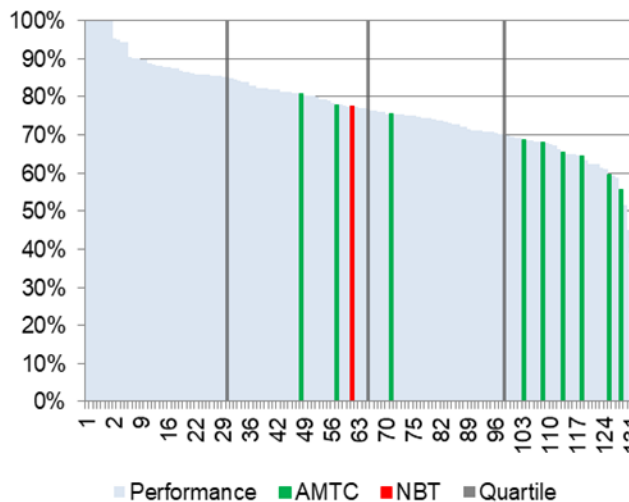
Patients receiving first treatment within 62 days of urgent GP referral



62 Day Breach Patients by Breach Type



Cancer 62 Day Standard December-20



Cancer: 62-Day Standard

The reported 62-Day performance for December is 77.39% with 157 treatments and 35.5 breaches. The Trust failed both the post COVID-19 recovery trajectory position of 83.92% and the CWT standard of 85.00%.

Two specialties achieved the standard this month; Skin at 87.78% ;and Upper GI with 100%.

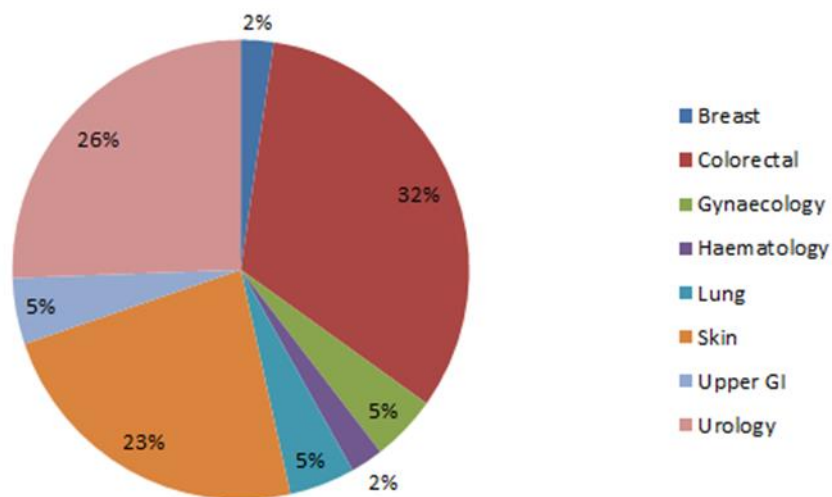
Urology's performance of 79.17% with 10 breaches failed to achieve CWT standards 85%. They achieved post COVID-19 revised trajectory of 76.20%. The majority of the 10 Urology breaches were due to provider delays, specifically surrounding bone scan turnaround times. All have been escalated to Radiology for comment and review.

Colorectal failed to achieve the standard with 44.00% and saw an increase from November's position of 30.77%. They treated 12.5 patients with 5.5 breaches in December. The majority of this month's breaches were due to patient choice in Endoscopy.

Breast 62-Day performance was 74.65%. They had 8 breaches this month, of which 5 were due to complex pathways and diagnosis being delayed due to medical reasons. The breast pathway continues to have workforce and capacity pressures at the front end of the pathway that contributes to delays into treatment.

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

104 Day Without DTT



Cancer

104-Day Patients Live PTL Snapshot as of January 2021

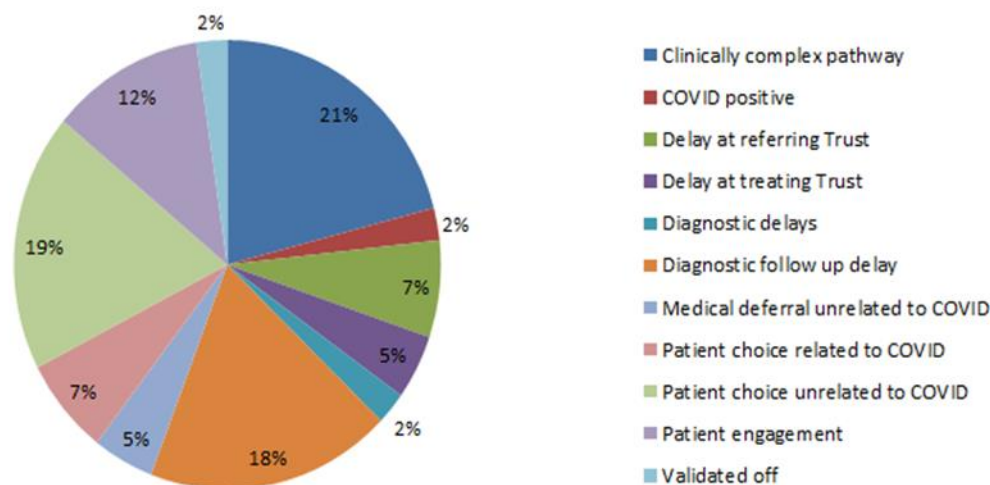
The Trust had 43 patients on the live cancer PTL as of 11 January waiting over 104-Days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

The Trust had 43 patients waiting >104 days without a DTT. One in Breast, two in Gynaecology, 14 in colorectal, ten in Skin, two in Upper GI, one in Haematology, two in Lung and 11 in Urology.

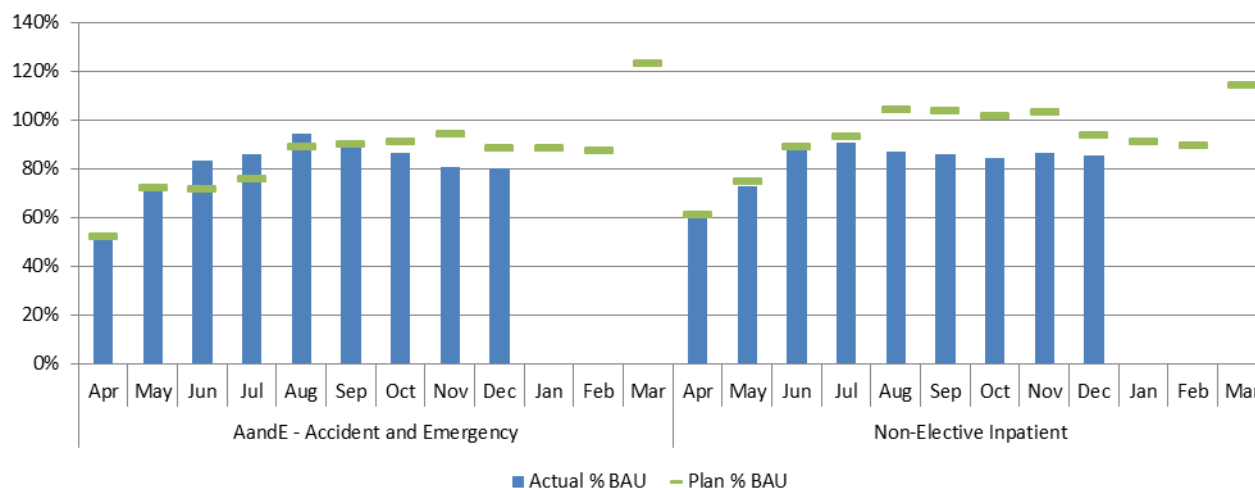
There were seven patients with a DTT >104-Days with a confirmed cancer diagnosis.

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

Delay Reasons - Without DTT



Non-Elective Activity vs Plan

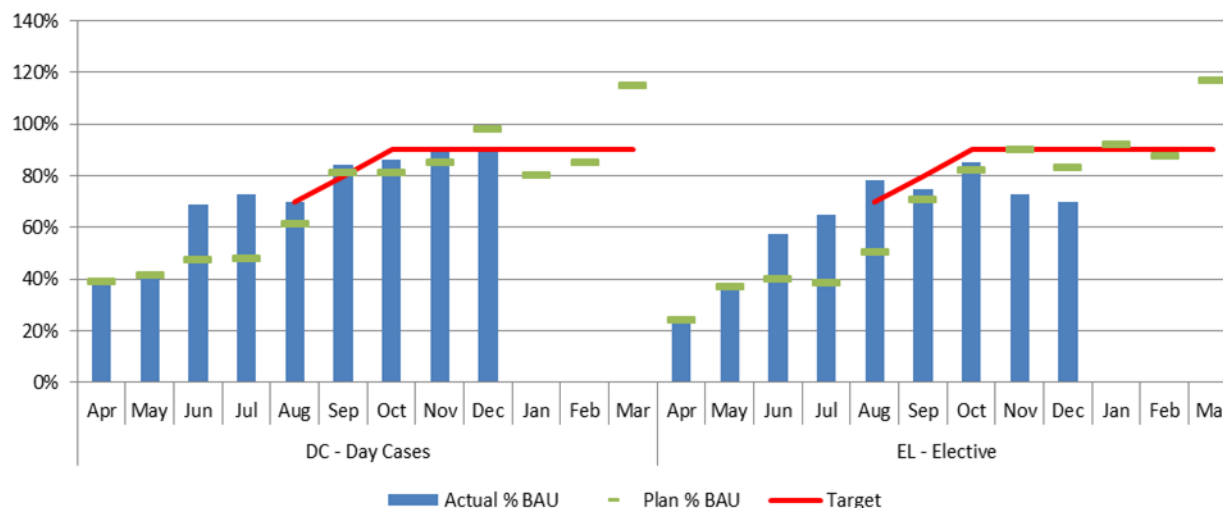


Non-Elective Activity vs Plan

- **ED attendances** have reported below plan since October 2020 in concordance with national lockdown rules and reduction in minors activity.
- **Non-Elective** activity continues to report below plan for January, reporting at an average of 81.00% of 2019/20 levels since September 2020.

NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Activity vs Plan information includes only Specific Acute specialties.

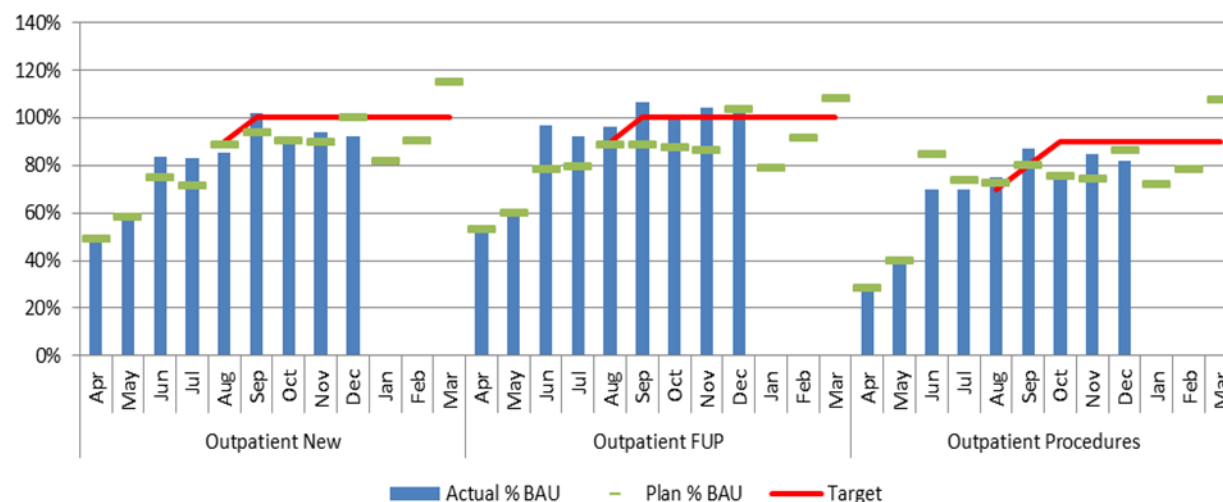
Elective Inpatient Activity vs Plan



Elective Activity vs Plan

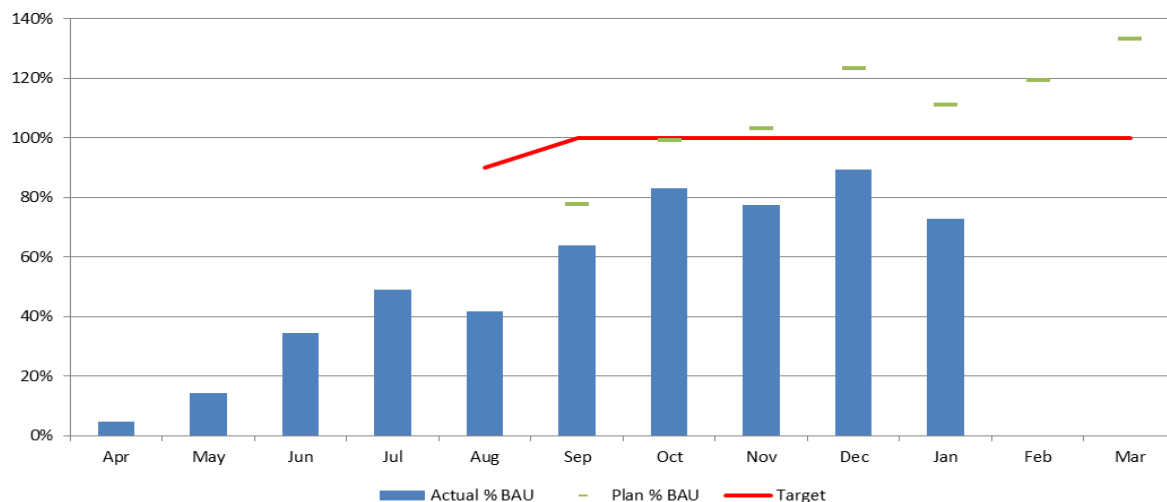
- **Day case** activity reduced in December, in line with seasonal trend and achieved the national target of 90%. January activity reduced more than planned resulting from the impact of the third wave of the pandemic.
- **Overnight admissions** have achieved plan in every period with the exception of November, December and January. These months have been particularly impacted by elective cancellations in response to the second and third wave of COVID-19.
- **Outpatient first attendances** have been above plan in most periods. December activity reduced in line with historical trends and January has been impacted by the third wave of the pandemic.
- **Outpatient follow up** attendances have been above plan for every period.
- **Outpatient procedures** have been above plan in most periods. Reduction in December activity is in line with historic trends and January has been impacted by elective cancellations due to the third wave of the pandemic.

Outpatient Activity vs Plan



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

Endoscopy Activity vs Plan

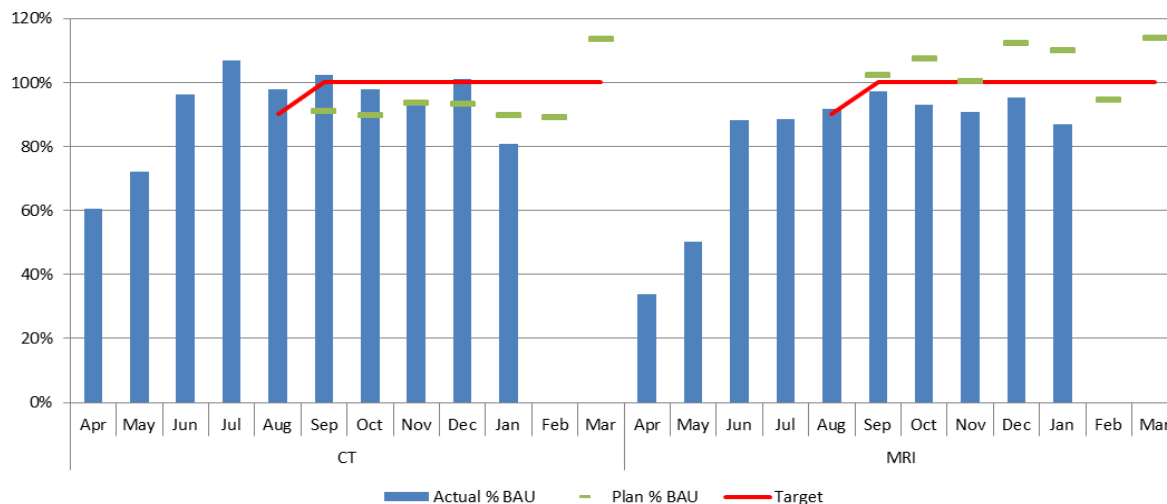


Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan and target from September. At test level, all Endoscopy test types reported below plan for January. This relates to the under-reporting of activity due to a coding lag.
- **CT activity** in January did not achieve plan for the first time since September.
- **MRI activity** did not achieve the waiting times target or plan in January. 6-Week wait performance deteriorated to 1.30% in January not achieving the national standard of 1%.

NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Activity vs Plan information includes only Specific Acute specialties.

CT & MRI Activity vs Plan



Safety and Effectiveness

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

NBT Maternity Dashboard

	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
Caesarean section rate (overall)	28.0%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%	31.2%	41.9%	35.1%	35.8%
Elective CS rate (as % of all birth episodes)		16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%	14.9%	16.8%	15.9%	15.5%
Emergency CS rate (as % of all birth episodes)		21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%	16.3%	25.1%	19.2%	20.3%
Induction of labour rate	32.1%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%	40.0%	37.6%	39.8%	38.8%
PPH >=1000 ml rate	8.6%	10.8%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	9.8%	10.5%
PPH >=1500 ml rate	3.5%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%	4.4%	2.8%	3.3%	3.6%
PPH >=2000 ml rate	1.5%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%	1.6%	1.1%	1.4%	1.5%
5 minute apgar <7 rate at term	0.9%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.5%	0.7%
Stillbirth rate	0.4%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.5%	0.2%
Stillbirth rate at term		0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.3%	0.1%
Stillbirth rate <37 weeks		2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%	5.3%	5.7%	2.7%	2.2%

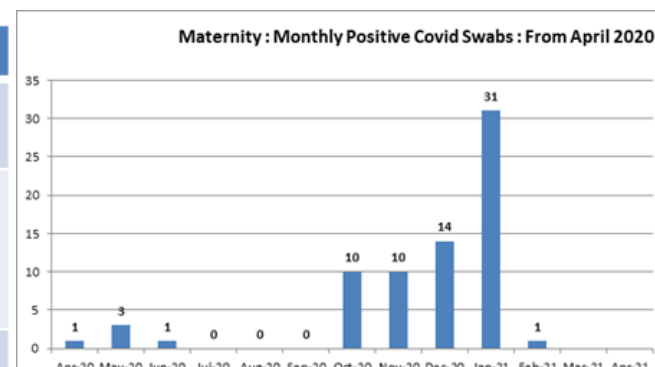
Perinatal Quality Surveillance Tool:

Measures	Comments
CQC ratings	Overall Good Safe: requires improvement
Referrals and findings of HSIB reports	1 new referral to HSIB (Jan) – does not meet HSIB criteria, therefore NBT investigation (SIRI – as below) 1 completed HSIB report presented at Patient Safety Committee January 2021 – Stillbirth
Datix: No. of incidences graded moderate or above and actions taken	2 x Serious incident - 1 x intrapartum event/1 x procedural event
Obstetric consultant resident cover on Delivery suite	Currently 77hrs per week, increasing to 83hrs per week from January 2021. National average for units greater than 6000 births is 84hrs
Coroner's Regulation 28	Nil
Concerns or requests for actions from national bodies	No concerns raised. Assurance report required for Ockenden report (submission 15/2/21)
CNST 10 Maternity standards (NHSR)	Submission due: 15/7/21 Current score: 7/10 (Areas of focus: Continuity of Carer, Training compliance, Saving Babies Lives v2 implementation)

COVID-19 Maternity

Visiting arrangements within maternity were reviewed following national guidance on 14th December and remain in place to protect women, babies and staff in the face of an ongoing rise in COVID-19 cases across BNSSG. Partners visiting on the postnatal wards has been reintroduced following the introduction of lateral flow testing.

Incidence of COVID-19 amongst Maternity population increased during January as shown below.



Perinatal Quality Surveillance Tool

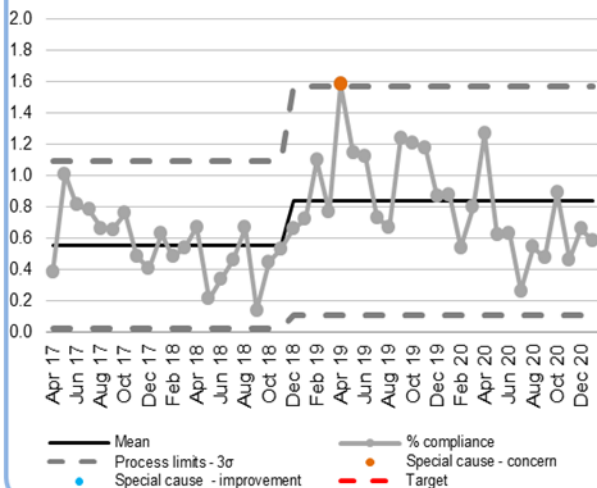
The information provided represents the recommended information from the Ockenden investigation report. NBT Maternity is further developing this dataset to ensure the Board is informed of safety metrics and indicators.

CNST deadline has been postponed until July 2021 and currently progress against CNST standards is 7/10.

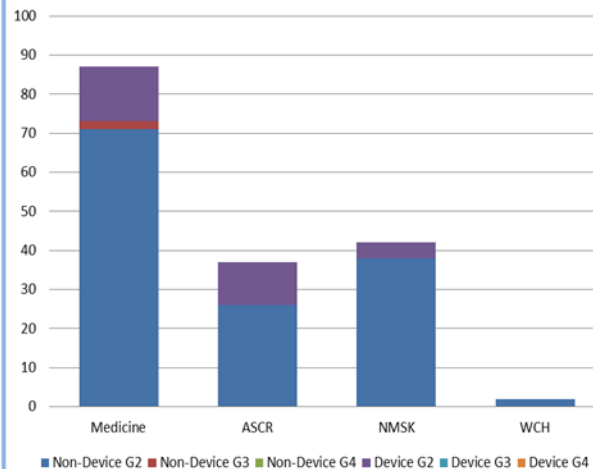
Serious Incidents:

QRMC receives a summary of each serious incident investigation, including themes and learning.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2020/21



Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 pressure injuries in January. There has been 1 reported Grade 4 Pressure injury. 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: 17%

Heels: 50%

Buttock: 17%

Elbow/Head: 11%

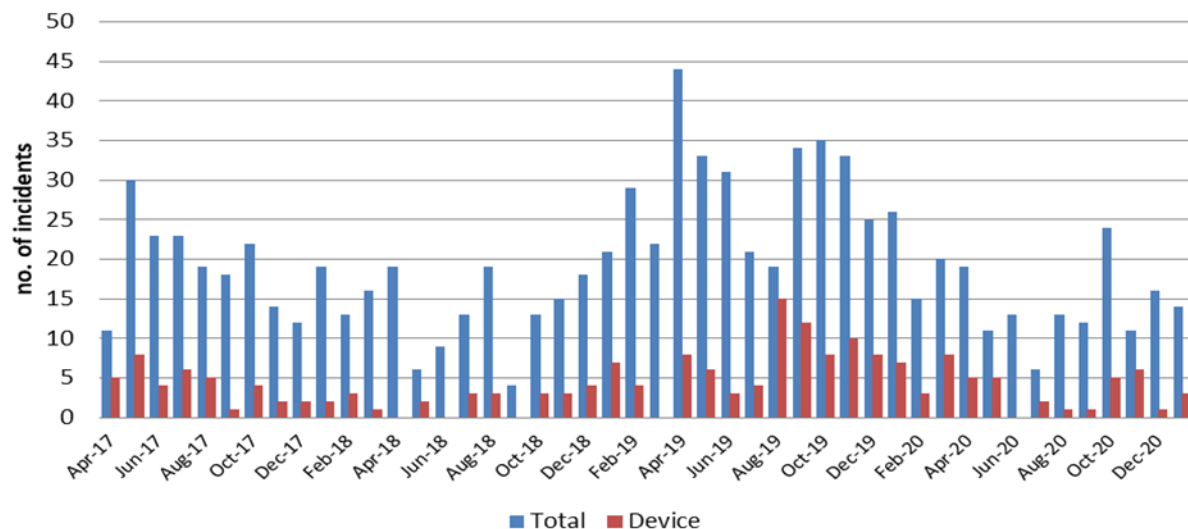
Coccyx: 5%

The reported Grade 4 pressure was reported to STEIS. This incident has been reviewed and an action plan has been implemented. There are plans to seek support from the Quality Improvement team for simulation training to support having difficult conversations, risk assessments as well as targeted equipment training.

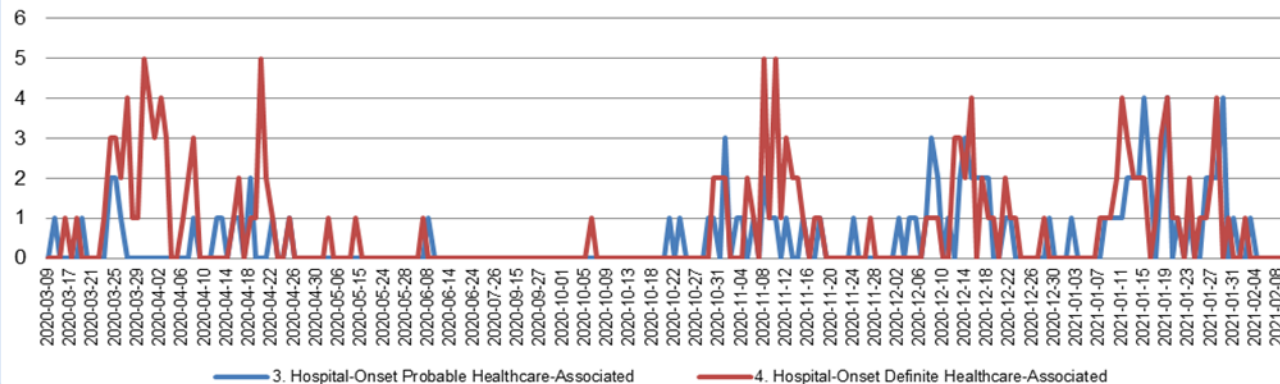
There has been a sustained reduction in medical device related pressure injuries since January 2020. There has been a reduction in non-device grade 2 pressure injuries this month.

Further training has been planned for the TV team to collaborate with Clinical Equipment Services in response to identified themes from incidents.

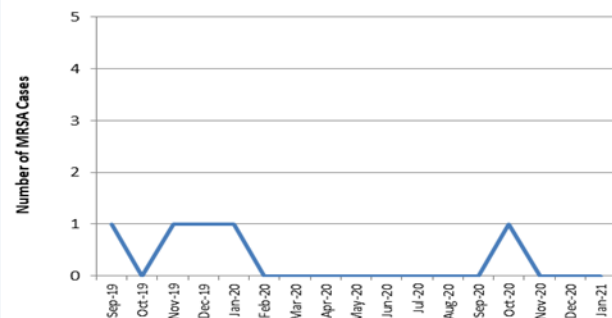
Pressure Ulcers - Total Incidents



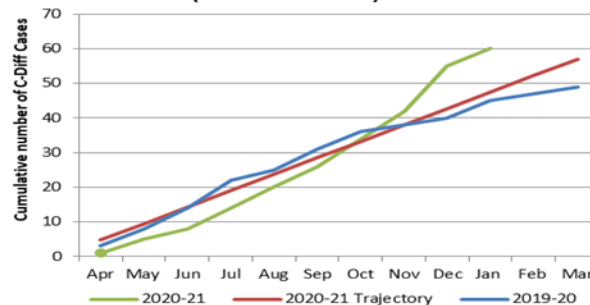
COVID-19 Onset Category by Positive Test Date



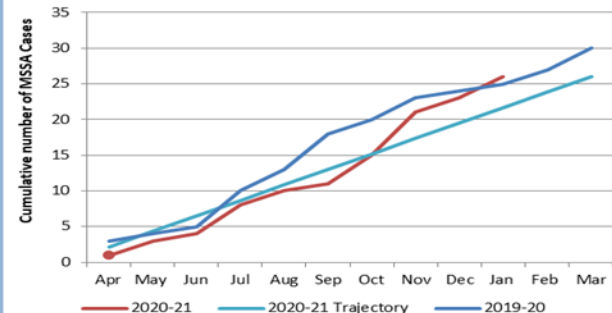
MRSA Cases - Trust Attributable



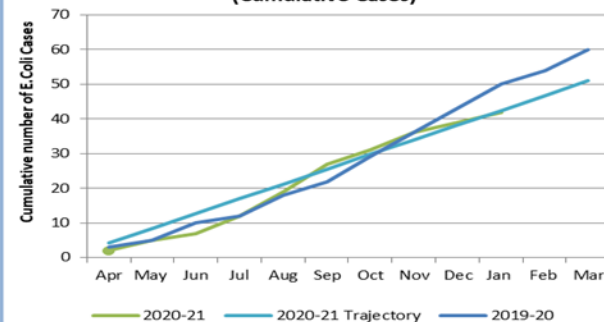
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



COVID-19 (Coronavirus)

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. This prioritisation of effort has continued throughout the month in line with the rise in community transmission of the virus.

During January we have seen an increase in the number of Hospital onset cases, and a number of Staff have also been affected. All events are the subject of Outbreak meetings with appropriate PHE input. There is a daily infection control huddle led by the DIPC or deputy DIPC to ensure appropriate actions are taken promptly. Common themes have been identified in Outbreak management and additional support provided regarding

- Education around eye protection & PPE
- Break rooms and social distancing
- Use of bays in yellow wards and adherence to IPC policy
- Supporting a reduction in internal transfers for non-clinical reasons.

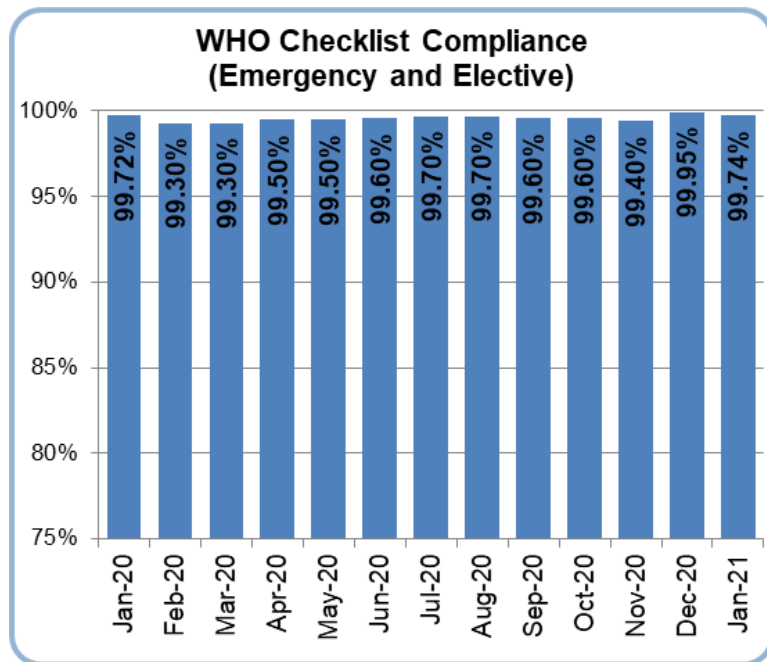
Lateral flow testing continues to be promoted, as well as vaccination programmes within daily operational communication and updates.

MRSA

MRSA bacteraemia = 0 hospital attributable

C. difficile

4 Hospital onset healthcare associated and 1 Community onset healthcare associated cases have been reported. This is at the expected level following the sharp increase at the end of 2020. Each case is investigated for any lapses in care provided.

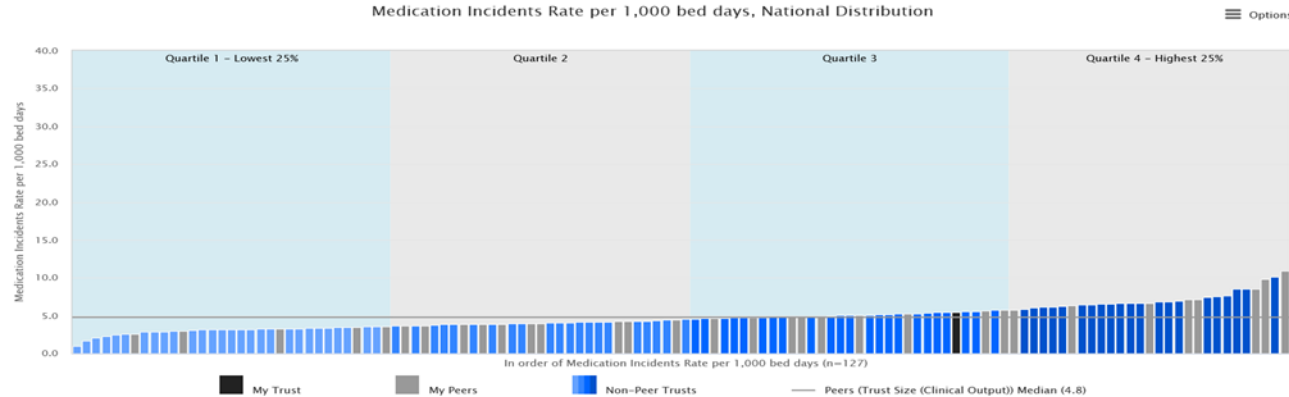


WHO Checklist Compliance

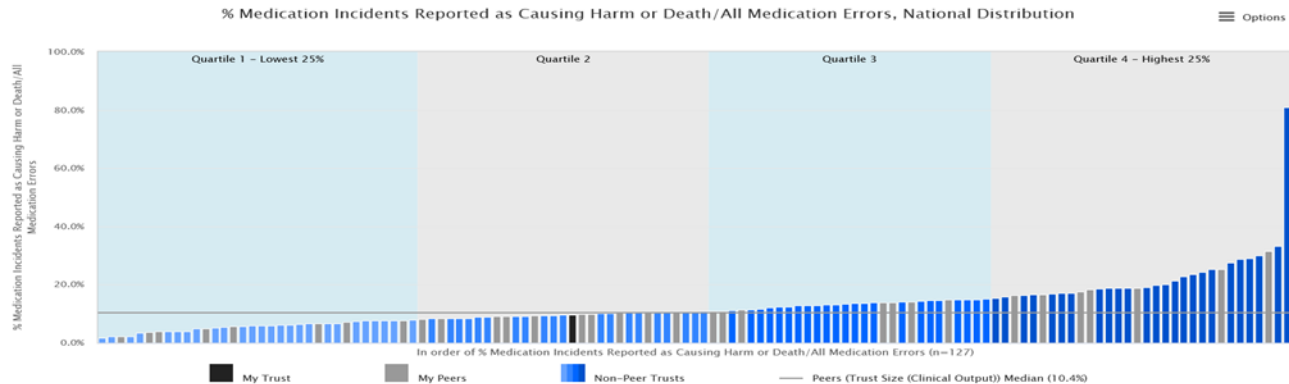
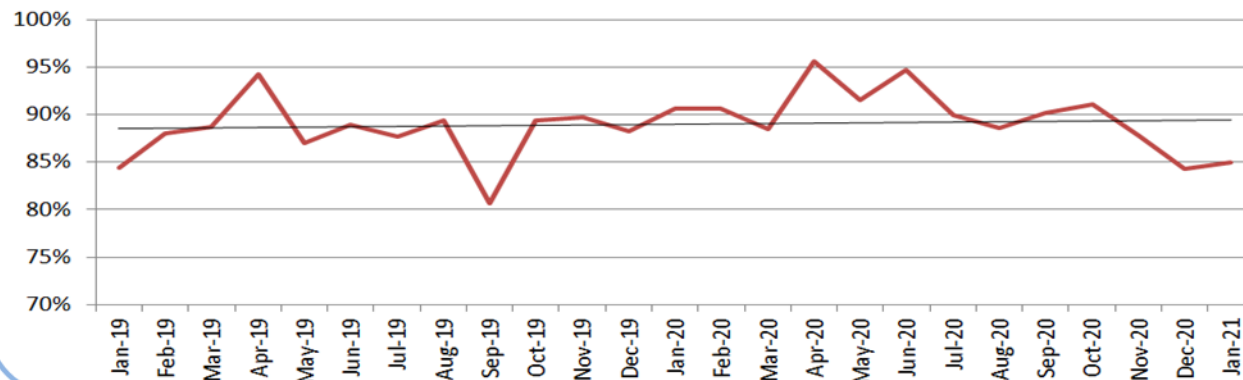
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

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



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

North Bristol Trust
Ratio of No Harm Medication Incidents to All Medication Incidents

Medicines Management

National Benchmarking

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

Medication Incident Rate per 1000 Bed Days. (Jan 2021)

NBT had a rate of 5.4 medication incidents per 1000 bed days. Higher levels of reporting are considered an indicator of a strong safety culture.

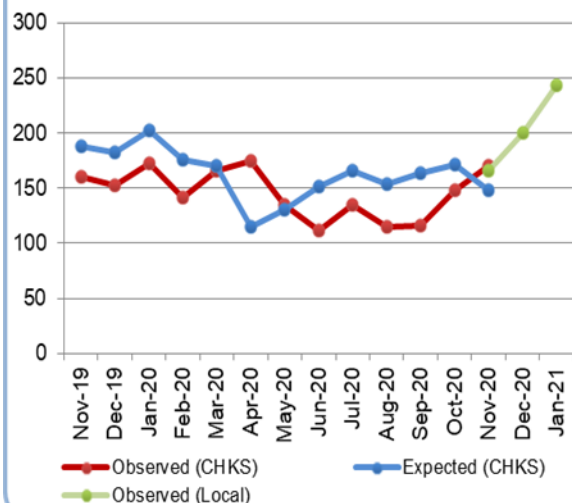
Percentage of Medication incidents reported as causing Harm or Death.

During Jan 2021, 15% of all medication incidents are reported to have caused a degree of harm. There has not been an increase in absolute number and the increased percentage is thought due to a reduction in reporting of low level incidents due to impact of the latest wave of the COVID-19 pandemic.

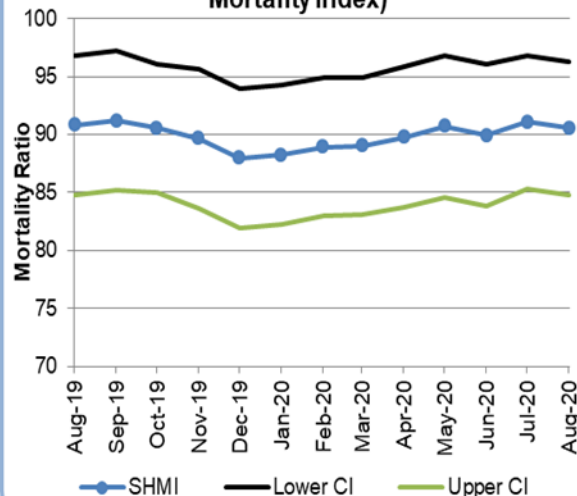
NBT has a medicines governance process overseen by the Drugs and Therapeutics committee which reports to Quality and Risk Management Committee.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Mortality Outcome Data

An increase in deaths was seen in December and January which is the result of increasing COVID-19 infections.

Mortality Review Completion

Between Dec 19 and 30 Nov 20, 91.4% of all deaths had a completed review. Of "High Priority" cases, 93% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 32 of the 33 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% (score 3-5). There have been 18 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as possible Serious Incidents through Divisional governance processes. 1 confirmed as SIRI (Feb. 20).

Pandemic 3rd Wave Process

The Clinical Effectiveness and Audit Committee oversees the process of mortality review and is considering appropriate action to take with a back log of reviews resulting from the covid-19 pandemic work. The increasing work of the Medical Examiner office is also likely to reduce the number of cases for which a review is required.

Mortality Review Completion

Dec 19 – Nov 20	Completed	Required	% Complete
Screened and excluded	1213*		
High priority cases	271		
Other cases reviewed	167		
Total reviewed cases	1651	1807	91.4%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	4.0%	20.7%	49.3%	26.0%

Date of Death	Jun 20 – November 20
Scrutinised by ME	195
Referral to governance department	5 (2.6%)

*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 being reviewed.

Patient Experience

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

Complaints and Concerns

In January 2021, the Trust received 37 formal complaints. This is an increase of the number received in December. It is notably lower than the number received last January 2020.

For the 7th consecutive month the most common subject for complaints is 'Clinical Care and Treatment'. Last month there was an increase of the number of complaints regarding 'Attitude of Staff'. This remains high in January 2021. There has also been an increase in complaints regarding communication.

The 37 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	10 (7)	CCS	2 (0)
Medicine	11 (7)	NMSK	7 (3)
WCH	8 (4)		

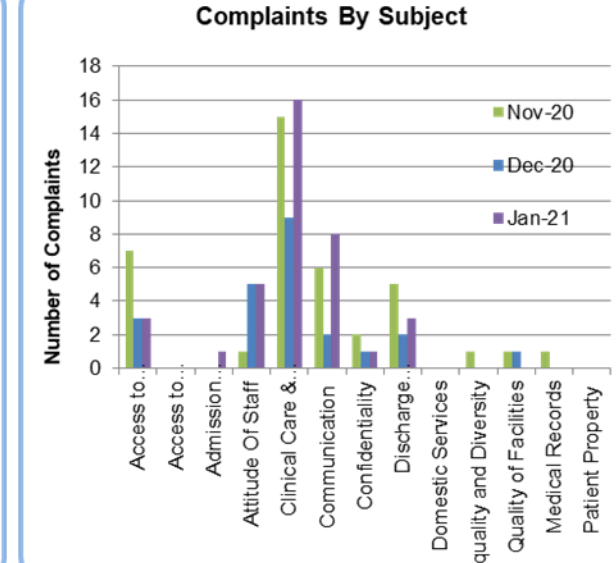
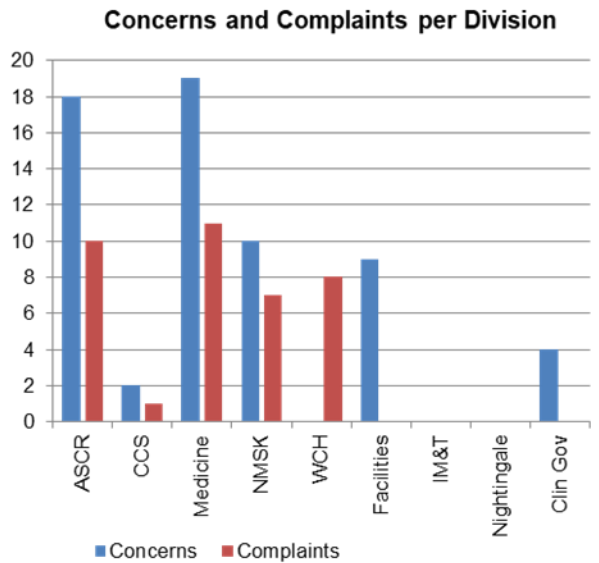
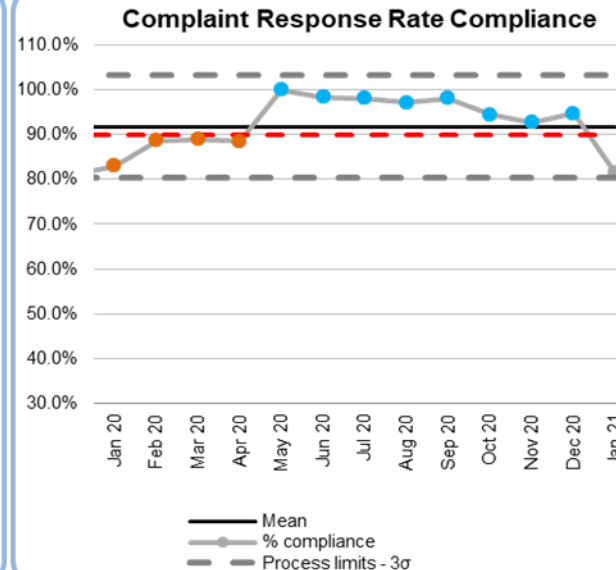
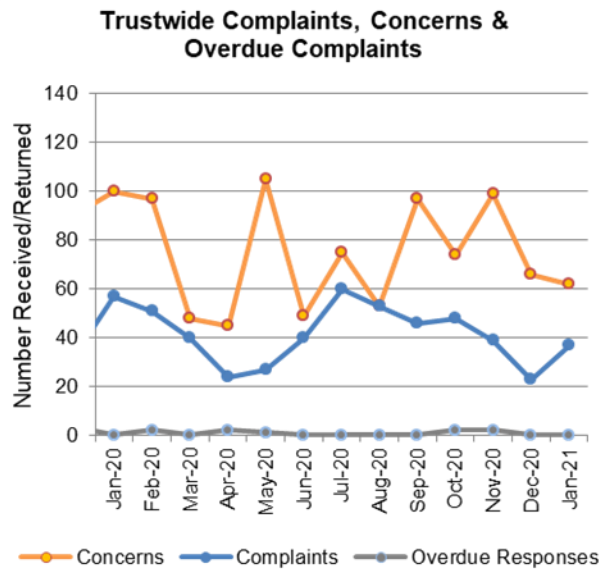
Enquiries and PALS concerns are recorded and reported separately. In January, a total of 59 enquiries were received by the Patient Experience Team. This is slightly higher than previous months and reflects the central team supporting divisions during the latest wave of the pandemic. 62 PALS concerns were received.

Compliance Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. The target is 90%. In January, 81% of complaints were closed within the agreed timeframe. This is the lowest rate since December 2019. This is likely due to pressures of the pandemic on teams. Of the 27 complaints due to be closed in January, 22 were responded to on or before the due date. 5 complaints were delayed but have now been sent and closed.

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.

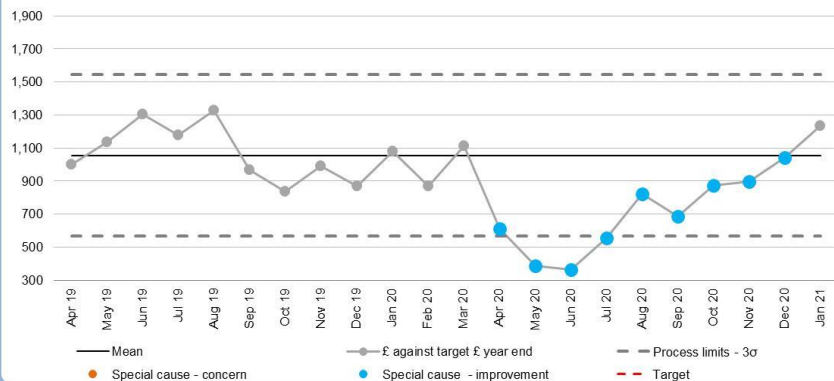
Well Led

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

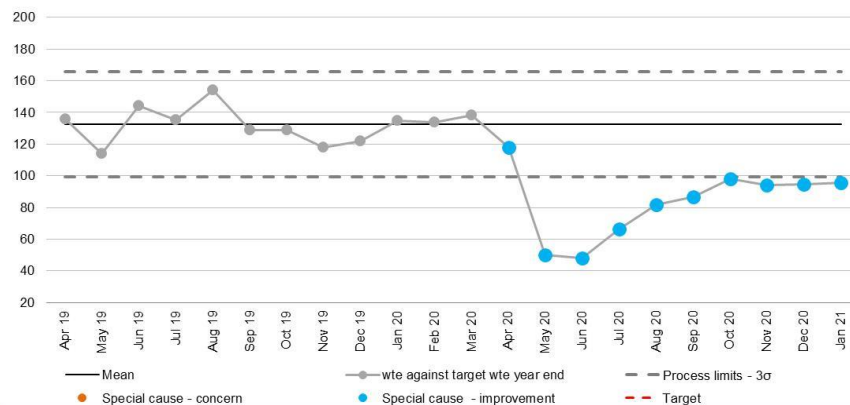
Chris Burton and Jacqui Marshall

Workforce

Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



Resourcing

Despite a good response to increased demand by the internal bank in January, agency expenditure saw a small increase in non-framework usage due to ongoing limited availability of framework resources. 100 nursing and medical students already on placement were also on boarded during the month.

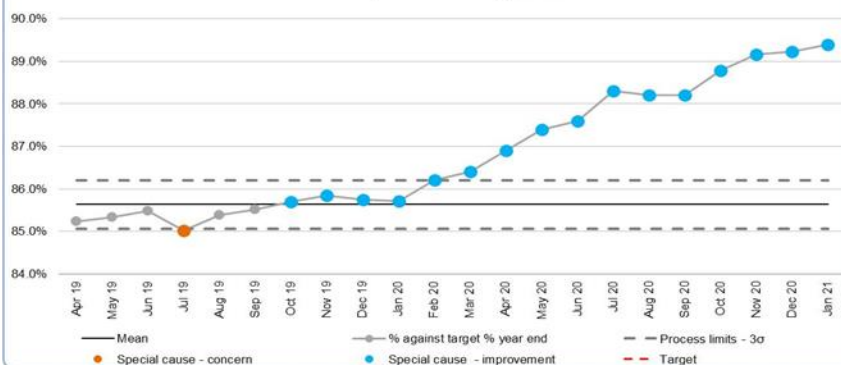
The NBT eXtra team now also provide support for short term staffing needs for the BNSSG Mass Vaccination project and have filled the small number of initial PCN requests.

Substantive recruitment in January saw 16 Band 5 starters and a further 32 offers made. HCA activity saw 27 starters and a further 22 offers made. The trust also had 16 new international nurses join despite visa and quarantine challenges.

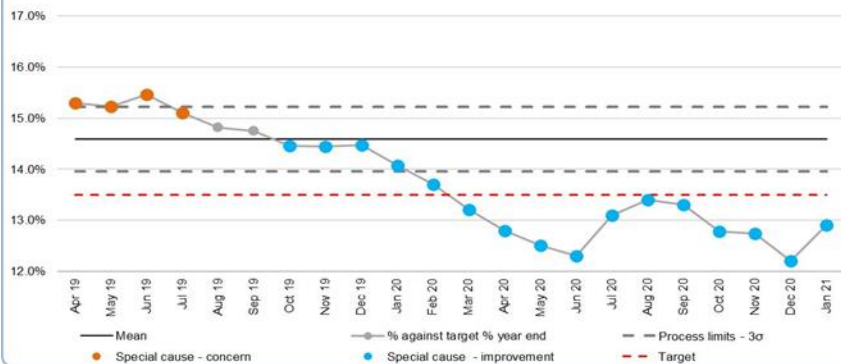
The resourcing teams are continuing in their work supporting the recruitment and on boarding of COVID-19 vaccination recruitment across the BNSSG, and 252 new joiners were processed during the month.

Engagement and Wellbeing

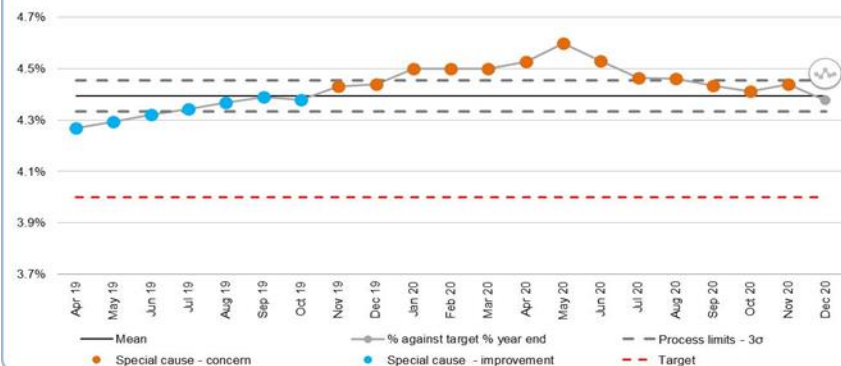
Stability -Trust starting 01/04/19



Turnover -Trust starting 01/04/19



Sickness Absence -Trust starting 01/04/19



Turnover and Stability

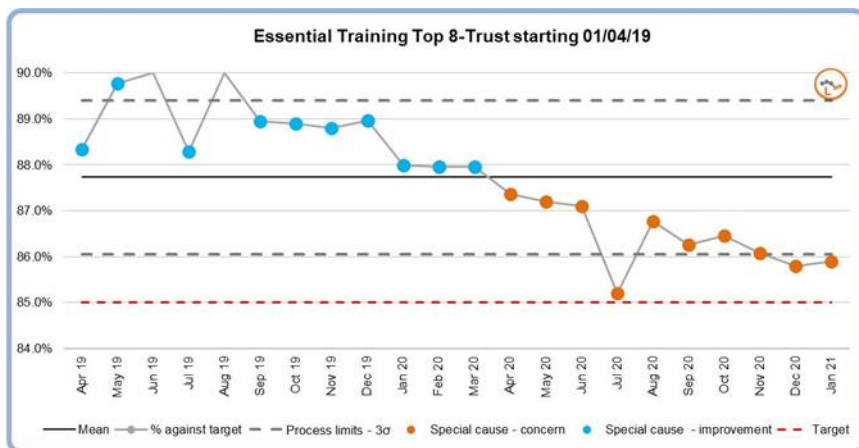
NBT is now part of the Healthier Together Retention Task and Finish group (part of the Pathfinder project) and is meeting fortnightly. The focus is on the development of system-wide 'Itchy Feet' and 'Stay' Conversations. NBT is taking a lead on this as these are initiatives which are already up and running in our organisation but we are looking to collaborate and expand our 'offering' to staff as part of this project.

The Itchy Feet campaign and 'Leaving the Trust' resources are also currently being refreshed by the People Team within NBT. Improving Leaver feedback as part of the ESR project is also being discussed and considered.

Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- Renewed focus on the use of the ER Case Tracker to help managers manage their sickness cases and monthly meetings with People Business Partners to review cases and consider any themes/blockers to progress;
- Continued development of guidance and support for staff off sick with COVID-19 related sickness absence and the development (on a system-wide basis) of new guidance and support linked to the management of 'long' COVID;
- The Covid-19 Vaccination programme will support the reduction in COVID-related sickness amongst staff in the long-term. COVID-related absence has already started to reduce significantly;
- Review and refresh of the Sickness Absence policy is scheduled over the next 3 months;
- Regular case debriefs with managers and the People Team after tricky sickness cases have reached their conclusion, to ensure on-going learning;
- Continuation of high level case reviews for the 'top 30' LTS with People Business Partners and senior HR representatives. Partners have found these sessions helpful in supporting the effective management of the Trust's longest sickness cases. A number of the longest cases have now been resolved;



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

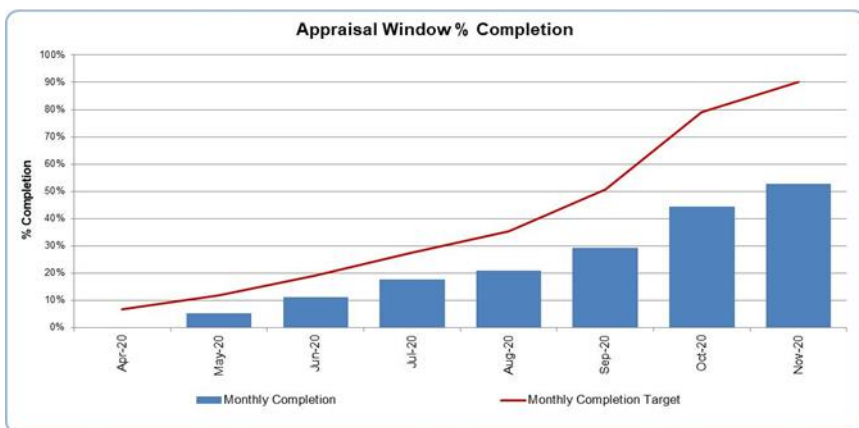
Despite challenging staffing conditions, compliance continues to remain inline with the 85% threshold, with eLearning being the main access route. Clinical sessions requiring a practical element remain at a reduced attendance ratio due to social distancing requirements, wherever possible additional session have been added to compensate for this.

Leadership & Management Development

A reduced programme of offerings will be in place until March 2021 (although content directly related to staff wellbeing or use of eRostering is still available).

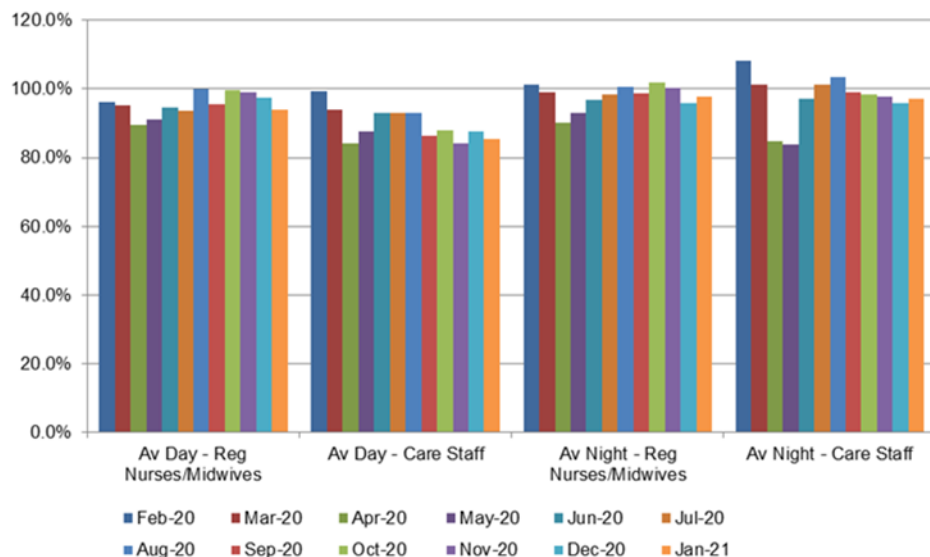
Apprenticeship Centre

Resources continue to focus on the recruitment drive for Band 2 Healthcare Assistants (HCA). Process redesign is underway for HCA Induction to improve on boarding efficiency whilst maintaining quality standards.



Training Topic	Variance	Dec-20	Jan-21
Child Protection	0.3%	85.6%	85.9%
Adult Protection	0.6%	86.8%	87.4%
Equality & Diversity	0.0%	90.8%	90.8%
Fire Safety	-0.1%	85.9%	85.7%
Health & Safety	0.2%	87.2%	87.4%
Infection Control	0.2%	91.1%	91.3%
Information Governance	-0.7%	82.0%	81.3%
Manual Handling	0.0%	75.5%	75.6%
Waste	0.5%	87.1%	87.6%
Total	0.1%	85.79%	85.90%

Safe Staffing Fill Rates



Jan-21	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	93.8%	85.3%	97.6%	97.0%

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.

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

Percy Phillips Ward (52%) ward closed for period in January.

34b (77.3 %) Ward closed for period of time in month

7b (70.9% days / 70.8% nights) This was a green ward which is intermittently running below full occupancy.

Cotswold (70.1%) Reduced occupancy

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 (74.6% day & 74.8% nights) : Reduction in HCSW required due to lower occupancy

AMU (78.1% nights) vacancies, supported with RN.

8b: (54.1% days) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

7a (64.5%) Unregistered staff vacancies

NICU (45% Days 56 Nights) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required. ,

34b (62.7% days & 77.3% nights) Ward closed for period of time in month.

Medirooms (66% day) Unregistered staff vacancies

ICU (41.1% day & 43.3% nights) Unregistered staff vacancies , safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required and ICU Mega Team.

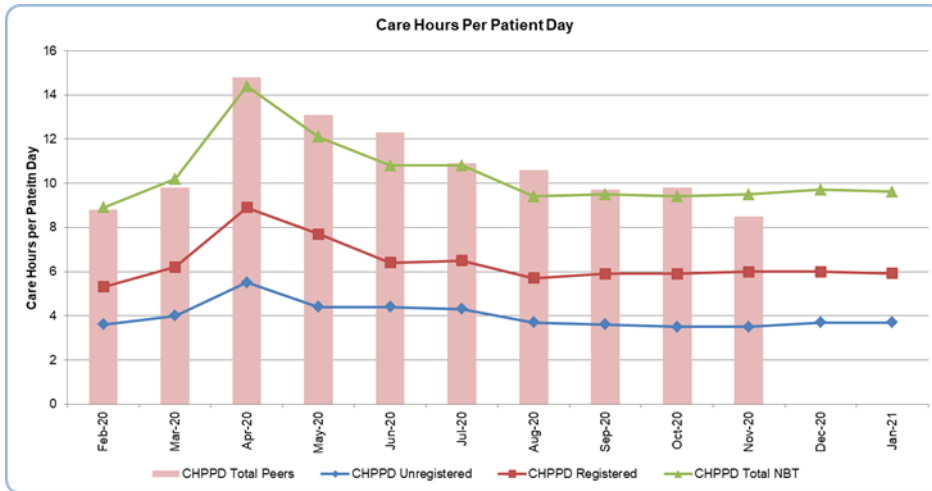
Percy Phillips Ward (64.8% days & 73.4% nights) Ward closed for period of time in month.

Wards over 150% fill rate:

33a (153.1% night) higher acuity and maximum number of burns patients

6b (163.3% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.

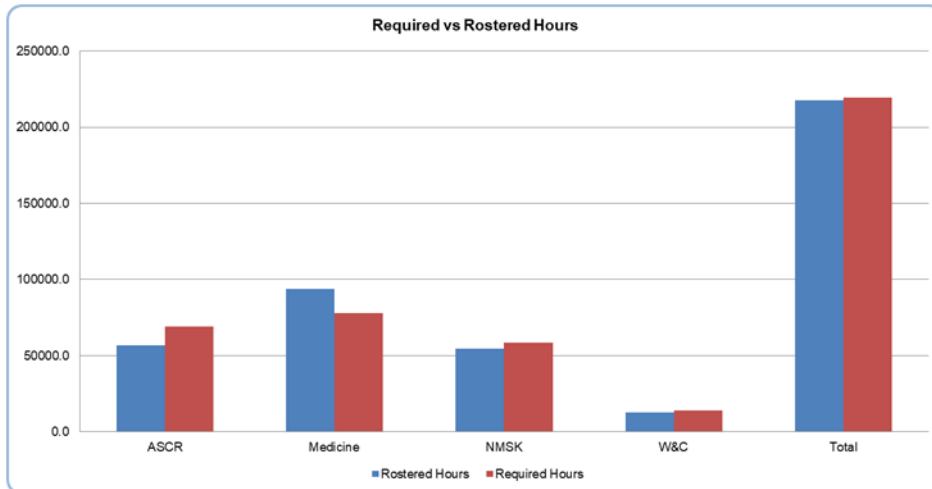
25a (163.4% nights) additional patients requiring enhanced care RMN/HCA support



Care Hours per Patient Day (CHPPD)

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

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

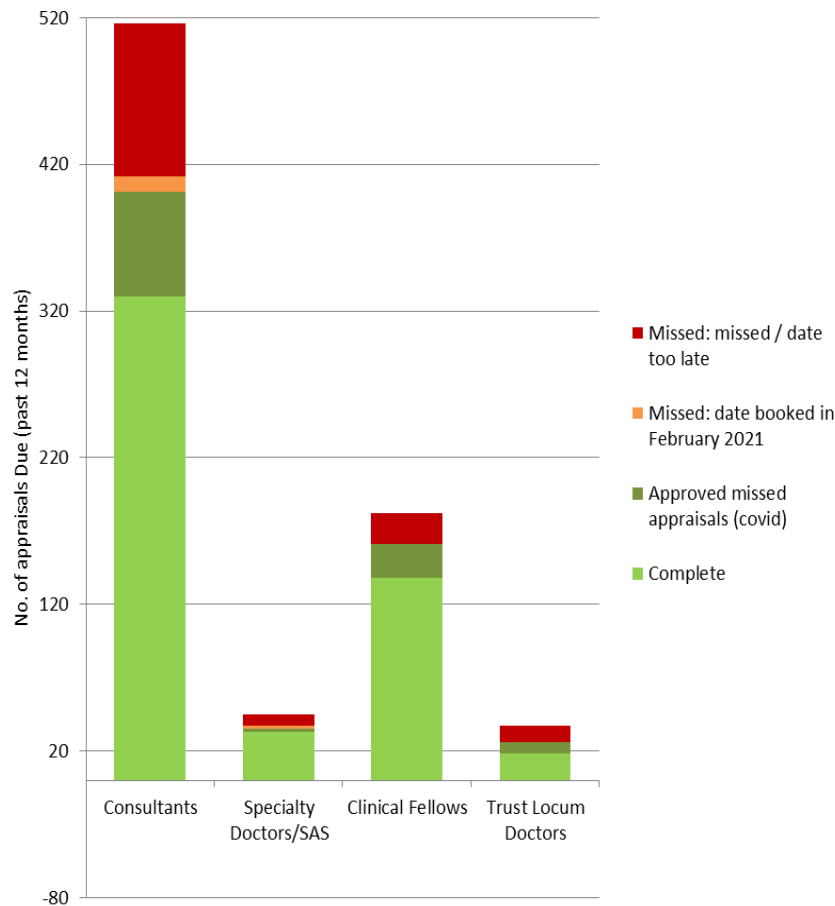


Safe Care Live (Electronic Acuity Tool)

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

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

Appraisal Compliance (prev. 12 months)



Medical Appraisal

In March 2020 the appraisal process was suspended 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. The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach. This means that appraisal portfolios can contain reduced evidence of CPD, QIA and written reflection. These things will now be captured in the appraisal discussion and the focus of the appraisal should be on doctors wellbeing and personal development.

On the 17th March 2020 all revalidations due prior to the end of September 2020 were automatically deferred for 12 months by the GMC due to COVID-19. In June 2020 the GMC automatically deferred all remaining revalidations due prior to the 16th March 2021 for 12 months. The next revalidations due at NBT will be in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen. Where possible, the revalidation team will 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 31 January 2021

	Jan Forecast	Jan Actuals	Variance to Forecast
	£m	£m	£m
Contract Income	52.6	55.6	3.0
Other Income	4.4	8.8	4.4
Total Income	57.0	64.4	7.4
Pay	-36.7	-36.6	0.0
Non-Pay	-19.4	-19.1	0.3
Financing	-5.8	-5.5	0.3
Total Expenditure	-61.9	-61.2	0.7
Surplus/ (Deficit)	-4.9	3.2	8.1

YTD Forecast	YTD Actuals	Variance to Forecast
£m	£m	£m
483.7	488.6	4.9
100.5	109.1	8.6
584.2	597.7	13.5
-348.9	-349.0	-0.1
-189.5	-188.5	0.9
-58.9	-58.7	0.1
-597.2	-596.2	1.0
-13.0	1.5	14.5

Statement of Comprehensive Income

Assurances

The financial position at the end of January shows a year to date surplus of £1.5m compared to a forecast deficit of £13.0m

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

Income for the month includes a retrospective claim of £1.4m for Nightingale Hospital costs and a further £1.1m for mass vaccination services.

There are no further key issues to report.

	19/20 M12 £m	20/21 M9 £m	20/21 M10 £m	In-month change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	560.0	559.4	559.4	(0.1)	(0.6)
Intangible Assets	12.0	9.9	9.8	(0.1)	(2.2)
Non-current receivables	4.0	5.4	5.4	0.0	1.4
Total non-current assets	576.0	574.8	574.6	(0.2)	(1.4)
Current Assets					
Inventories	13.1	12.3	12.1	(0.2)	(0.9)
Trade and other receivables NHS	50.5	16.5	23.1	6.6	(27.4)
Trade and other receivables Non-NHS	22.2	28.7	24.5	(4.2)	2.3
Cash and Cash equivalents	10.7	112.0	115.6	3.6	104.8
Total current assets	96.4	169.5	175.3	5.8	78.8
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	11.1	8.6	9.5	0.9	(1.6)
Trade and Other payables - Non-NHS	57.6	73.8	74.9	1.1	17.4
Deferred income	3.7	66.0	68.1	2.1	64.4
PFI liability	13.0	15.0	15.0	0.0	2.0
DHSC loans	173.6	0.0	0.0	0.0	(173.6)
Finance lease liabilities	2.4	2.6	2.6	0.0	0.2
Total current liabilities	261.4	166.0	170.1	4.1	(91.3)
Trade payables and deferred income	7.2	8.8	8.7	(0.0)	1.5
PFI liability	377.8	370.8	370.1	(0.7)	(7.7)
DHSC loans	5.4	0.0	0.0	0.0	(5.4)
Finance lease liabilities	5.3	5.9	4.7	(1.2)	(0.6)
Total Net Assets	15.3	192.8	196.3	3.5	181.0
Capital and Reserves					
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Income and expenditure reserve	(382.3)	(383.4)	(383.4)	0.0	(1.0)
Income and expenditure account - current year	0.0	(1.5)	2.0	3.5	2.0
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
Total Capital and Reserves	15.3	192.8	196.3	3.5	181.0

Statement of Financial Position

Assurances

The improved cash position of £115.6m (£104.8m 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 86.8% by value compared to an average of 85.8% for financial year 2019/20.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

Capital expenditure for the first 10 months of the year is £18.9m which compares to a year to date plan of £20.2m.

Financial Risk Rating

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

Rolling Cash forecast

The high level cash flow below is in line with NBT's element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £62m cash balance after the unwinding of the month in hand advance payment in March 2021.

	Feb-21 (Forecast) £m	Mar-21 (Forecast) £m
Cash brought forward	115.6	112.4
Total I&E cash flows	(1.8)	(11.5)
Total Other cash flows	(1.3)	(38.9)
Total in-month cash movement	(3.1)	(50.4)
Cumulative cash balance	112.4	62.0

Regulatory

**Board Sponsor: Chief Executive
Evelyn Barker**

Monitor Provider Licence Compliance Statements at January 2021

Self-assessed, for submission to NHSI

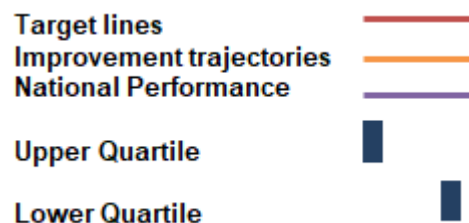
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed 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.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 January 2021.

All data included is correct at the time of publication.

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

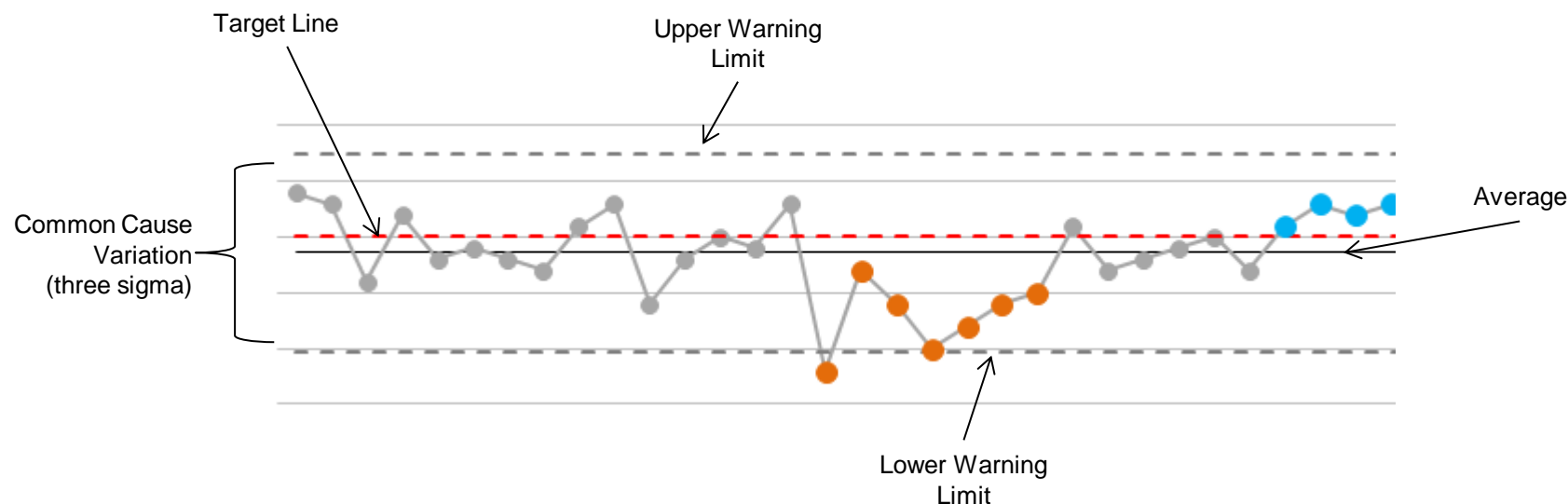


NBT Quality Priorities 2020/21

- 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
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