

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2021 (presenting April 2021 data)



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North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-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%	81.05%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%		78.77%	76/112	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	0	0	0	12	3	52	206	7	0	6		0 - 431	60/82	
	Ambulance Handover < 15 mins (%)	100%	58.16%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%	57.76%	54.95%	60.97%	58.16%	50.28%				
	Ambulance Handover < 30 mins (%)	100%	89.36%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%	88.43%	83.80%	92.75%	89.36%	79.42%				
	Ambulance Handover > 60 mins	0	83	0	0	0	0	0	4	33	26	82	180	57	83	272				
	Stranded Patients (>21 days) - month end			58	57	74	82	95	114	247	141	145	125	131	138	276				
	Right to Reside: Discharged by 5pm	50.00%		-	-	-	-	-	-	-	-	24.59%	30.56%	29.47%	30.93%	35.87%				
	Bed Occupancy Rate		93.00%	50.84%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%				
	Diagnostic 6 Week Wait Performance	1.00%	24.72%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%		24.29%	164/259	
	Diagnostic 13+ Week Breaches	0	0	402	2292	3161	1886	1979	1998	1697	1427	1487	1420	1358	1364	1513			137/218	
	Diagnostic Backlog Clearance Time (in weeks)			1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9				
	RTT Incomplete 18 Week Performance	92.00%	71.64%	71.82%	64.51%	58.20%	58.48%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%		64.38%	193/399	
	RTT 52+ Week Breaches	0	2088	130	275	454	648	797	1001	1092	1249	1418	1817	2108	2088	1827		0 - 20170	151/308	
	RTT 78+ Week Breaches			-	-	-	-	-	-	-	-	-	-	-	-	363				
	RTT 104+ Week Breaches			-	-	-	-	-	-	-	-	-	-	-	-	5				
	Total Waiting List		29580	25877	25518	25265	27512	28814	29387	30214	29632	29611	29759	29716	29580	31143				
	RTT Backlog Clearance Time (in weeks)			4.5	7.0	10.3	9.6	7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9				
	Cancer 2 Week Wait	93.00%	94.30%	76.01%	93.23%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	-		91.25%	131/133	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	95.31%	81.25%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	-		76.90%	91/101	
	Cancer 31 Day First Treatment	96.00%	97.36%	92.96%	85.64%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	-		94.70%	57/119	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.05%	1/29	
	Cancer 31 Day Subsequent - Surgery	94.00%	83.72%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	-		86.41%	35/66	
	Cancer 62 Day Standard	85.00%	87.66%	73.53%	69.01%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	-		73.94%	64/136	
	Cancer 62 Day Screening	90.00%	88.89%	85.07%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	-		75.08%	41/64	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		84.07%	84.61%	85.88%	83.40%	82.79%	82.99%	84.20%	83.79%	82.98%	81.66%	83.95%	84.85%	84.72%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	1.28%	1.59%	0.97%	0.64%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	
	Caesarean Section Rate		28.00%	31.46%	33.91%	36.69%	34.60%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	
	Still Birth rate		0.40%	0.23%	0.00%	0.00%	0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	
	Induction of Labour Rate		32.10%	40.61%	38.88%	34.90%	35.40%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	
	PPH 1000 ml rate		8.60%	8.67%	12.90%	11.50%	11.20%	10.68%	7.97%	10.38%	14.19%	8.93%	9.77%	11.57%	10.28%	8.99%	
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
	Serious Incidents			7	5	4	8	5	4	5	6	4	3	2	4	10	
	Total Incidents			597	679	834	952	1030	1057	1211	1052	1061	1222	875	972	947	
	Total Incidents (Rate per 1000 Bed Days)			45	43	46	48	49	47	50	49	49	56	45	43	39	
	WHO checklist completion		95%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	100.00%	100.00%	99.88%	
	VTE Risk Assessment completion		95%	93.97%	94.24%	94.89%	95.79%	95.08%	95.15%	95.12%	94.61%	95.44%	95.23%	94.99%	93.89%	93.47%	
	Pressure Injuries Grade 2			24	16	13	8	14	13	28	17	17	17	27	7	9	
	Pressure Injuries Grade 3		0	0	0	0	0	0	1	1	0	0	0	0	0	0	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	1	0	0	0	
	PI per 1,000 bed days			1.18	0.58	0.59	0.24	0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	
	Falls per 1,000 bed days			9.84	8.77	8.09	7.05	7.67	6.69	9.56	8.84	8.54	9.53	8.63	8.44	8.33	
	#NoF - Fragile Hip Best Practice Pass Rate			2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	77.27%	75.61%	63.64%	39.34%	60.87%	0.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours			85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	35.56%	43.48%	0.00%	-	
	Medically Fit to Have Surgery within 36 Hours			85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	55.56%	73.91%	100.00%	-	
	Assessed by Orthogeriatrician within 72 Hours			95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	75.56%	95.65%	50.00%	-	
	Stroke - Patients Admitted			71	72	79	84	63	83	86	79	80	70	61	96	78	
	Stroke - 90% Stay on Stroke Ward		90%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	-	
	Stroke - Thrombolysed <1 Hour		60%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	-	
Quality Caring & Experience	MRSA	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	
	E. Coli		4	2	3	2	5	7	8	4	5	3	3	1	6	4	
	C. Difficile		5	1	4	2	4	3	5	7	5	7	4	9	4	10	
	MSSA		2	1	2	1	4	2	1	4	6	2	3	3	0	4	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	94.26%	95.51%	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	93.24%	94.06%	95.72%	93.68%	92.90%	
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	
Well Led	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	-	90.96%	87.49%	89.21%	87.24%	84.86%	
	PALS - Count of concerns			45	105	49	75	51	95	73	99	66	62	71	79	108	
	Complaints - % Overall Response Compliance		90%	88.46%	100.00%	98.30%	98.08%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84%	85.11%	79.07%	
	Complaints - Overdue			2	1	0	0	0	0	2	2	0	0	0	0	0	
Well Led	Complaints - Written complaints			24	27	40	59	53	46	48	39	23	37	43	42	56	
	Agency Expenditure ('000s)			613	386	364	555	822	687	875	899.6	1043.34	1233.82	543.91	1042	705	
	Month End Vacancy Factor			4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	
	Turnover (Rolling 12 Months)		12.00%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	
	Sickness Absence (Rolling 12 month -In arrears)		4.00%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	-	
	Trust Mandatory Training Compliance			87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	

EXECUTIVE SUMMARY

April 2021

Urgent Care

Four-hour performance deteriorated to 74.26% in April with the Trust conceding 272 ambulance handover delays over one hour and six 12-hour trolley breaches. The deterioration reflects a significant increase in walk in attendances as well as ambulance arrivals, with ambulance arrivals exceeding 100 per day between the 9th and 18th of April. The Trust AM discharge rates have deteriorated vs. pre-pandemic levels and is contributing to poor flow. The Trust positioning deteriorated in April, moving from the second quartile to the third when compared nationally. ED performance is not expected to improve in May with a continued increase in attendance levels and current performance at 73.44%.

Elective Care and Diagnostics

The RTT waiting list increased significantly in April resulting from a 9.11% increase in demand and a 4.66% reduction in clock stops (adjusted for working days). There were 1827 patients waiting greater than 52 weeks for their treatment in April; this is the second consecutive month that the Trust has reported a reduction in 52 week wait breaches since the beginning of the COVID-19 pandemic. The overall proportion of the wait list that is waiting longer than 52 weeks reduced to 5.87% from 7.06%. Nationally, the Trust positioning was static in March, remaining in the third quartile. Diagnostic performance deteriorated in April to 29.45% with the Easter bank holiday weekend contributing to a 14.11% activity reduction. When compared nationally, Trust positioning for both the 6-week and 13-week performance deteriorated, though remain in the same quartiles as the previous month.

Cancer Wait Time Standards

The TWW standard deteriorated in March, continuing to report under trajectory; the majority of breaches were in Breast (78.71% of breaches). The 31-Day standard continued to improve in March, achieving national standard with performance of 96.62%. The 62-Day standard failed both the recovery trajectory and the national standard in March, however there was improvement on the February position and the Trust remains in the second quartile when compared nationally. Skin's capacity issues have started to impact the CWT standards and will continue to do so for the remainder of Q1.

Quality

Maternity visiting arrangements have been reviewed in line with national guidance and now all women can have a person of their choosing with them at each appointment. There have been no reported Grade 3 or 4 pressure injuries in April. There has been a reduction in COVID-19 (Coronavirus) cases and there were no MRSA cases reported in April 2021. VTE risk assessment compliance has fallen in the past year, as a consequence of the different working patterns as a result of the COVID-19 pandemic; there has been some recovery of this position and improvement interventions have been highlighted.

Workforce

The Trust saw a net gain of staff in April with enhanced HCA recruitment continuing to deliver the target of 25 starters per month. Trust annual turnover increased by 0.27% in April to 11.04% as the number of staff leaving in April 2021 was higher than April 2020 (excluding the impact of staff recruited temporarily during the pandemic response and mass vaccination workforce). Turnover will be closely monitored and retention initiatives continue with May seeing the launch of the Trust 'Big Conversation' engagement event. Temporary staffing demand saw a reduction in April with a commensurate reduction in agency use with registered nursing seeing a 28.30% (14.1 wte) reduction.

Finance

NHSE/I suspended the established financial framework in early 2020/21 due to the COVID-19 response. The revised financial framework for months 1 to 6 required the Trust to breakeven against an NHSE/I calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. Arrangements for the remainder of the financial year (October 2021 to March 2022) are still to be advised.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported a four-hour performance of 74.26% in April; trajectories for 2021/22 will not be set until June 2021 following the H1 planning submission. Ambulance handover delays were reported in-month with 272 handovers exceeding one hour and the Trust conceded six 12-hour trolley breaches in April. ED activity increased in April with a rise in walk-in attendances, whilst ambulance arrivals also increased; handover times continue to be particularly challenged as a result of decreased offload space due to the need to maintain social distancing, leading to delays. Bed occupancy varied between 89.77% and 98.74% against the core bed base; there was an overall increase in occupancy and consistency in April, reducing the variation across the month. Performance remains challenged into May with a continued increase in attendances.

Planned Care

Referral to Treatment (RTT) - 18 week RTT performance improved marginally in April to 73.59%; trajectories for 2021/22 have not yet been set. The number of patients exceeding 52 week waits in March was 1827, the majority of breaches (1176; 64.37%) being in Trauma and Orthopaedics. For the second consecutive month since the beginning of the COVID-19 pandemic the Trust has reported a reduction in 52 week wait breaches; the overall proportion of the wait list that is waiting longer than 52 weeks 5.87%. 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.

Diagnostic Waiting Times – Diagnostic performance deteriorated in April with performance of 29.45%. Due to ongoing capacity issues, Non-Obstetric Ultrasound reported a deterioration in performance in April resulting from a significant increase in the backlog (70.73%). Actions are in progress to increase capacity in the service. Backlog reduction in Urodynamics resulted in a significant performance improvement in April. The number of patients waiting longer than 13 weeks increased by 10.92% in April. Compared nationally, 13 week performance deteriorated slightly in March but remains in the fourth quartile.

Cancer

The Trust achieved only one of the seven Cancer Waiting Time (CWT) standards (31-Day 1st Treatment) and four of the post COVID-19 revised trajectories for 2020/21. The Breast service continues to have workforce and capacity constraints in both clinical and diagnostic support and because of that the service is carrying a TWW backlog of c.800 patients waiting to be dated. The average waiting time for the Trust's one-stop Breast clinic is currently 31 days. Urology achieved TWW, 31 Day CWT targets and 62 Day trajectory targets. Skin's capacity issues have started to impact the CWT standards and will continue to do so for the remainder of Q1. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance. Overall, the Trust achieved the 28-Day faster diagnosis standard.

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 Visiting arrangements: The COVID-19 pandemic had a significant impact on who was able to accompany women to appointments and be with them during their stay in hospital. From April 12, in line with national guidance, all women can now have a person of their choosing with them at each appointment.

Perinatal Quality Surveillance Tool: the information provided represents the recommended information from the Ockenden investigation report, which was subject to detailed review at the the Quality & Risk Management Committee (QRMC) meeting in March 2021. The clinical leads in Maternity are further developing this dataset to ensure the Board is informed of safety metrics and indicators.

Pressure Injuries: There have been no reported Grade 3 or 4 pressure injuries in April. There has been a further decrease of medical device related pressure injuries.

Infection control: We have continued to see a reduction in COVID-19 (Coronavirus) cases and there were no MRSA cases reported in April 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

VTE Risk Assessments: VTE risk assessment compliance is targeted at 95% for all hospital admissions and compliance has fallen in the past year. In recent months there has been some recovery of this position and various other improvement interventions have been highlighted. The Trust's thrombosis committee is overseeing work within divisions for their implementation.

Maternity: The CNST Maternity scheme deadline has been postponed until July 2021. The Trust is currently compliant in 8 of the 10 standards and work is underway to progress compliance with the remaining, overseen via QRMC.

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 reported vacancy factor is 2.66% in April compared to the 3.63% in March. Final budgets for 2021/22 have yet to be finalised including recurrent and non-recurrent substantive establishment, vacancies will increase in May in line with establishment changes associated with budget setting. The Trust overall saw a net gain of staff in April (+6.4 wte) predominantly driven by a net gain in HCAs (+14.9 wte), this equated to 24.5 wte starters as the enhanced recruitment process deployed over winter continues.

Turnover

The Trust turnover is reported as 13.37% in April, an increase of 1% compared with March. The increase mainly relates to student nurses on paid placements leaving the organisation after their placement has ended. Excluding the impact of these staff, other staff on temporary contracts during the COVID-19 response and the mass vaccination workforce, Trust turnover is reported as 11.04%, compared to 10.77% in March and 12.93% in April 2020. The increase in turnover in April relates to a higher number of leavers in April 2021 than in April 2020 and staff turnover will continue to be closely monitored in line with current retention plans. Continuing the focus on retention, May will see the launch of the 'Big Conversation' as part of the 'renew and restore' programme. The initiative is aimed at re-engaging colleagues and includes regular pulse surveys and toolkits for managers to hold engaging conversations with their teams.

The Trust turnover target for 2021/22 is set at 12% acknowledging the risk of a deterioration from the 2020/21 position but anticipating a positive impact on the Trust wellbeing and retention initiatives that will mitigate turnover rates reaching pre-COVID levels.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence saw a small reduction in March to 4.42%, from 4.49% in February. In month sickness in March was 3.66%, compared to 4.34% in March 2020, which saw a higher level of recorded cases of COVID sickness and the greatest driver of the different is short term sickness. A large scale "One NBT Festival" is now being planned for July which will further progress our staff wellbeing initiatives and will showcase existing wellbeing support, trial new wellbeing initiatives (e.g. yoga) and relaunch Schwartz rounds. The Trust is also participating in focussed work via BNSSG to use data on staff absence due to 'stress/anxiety/depressions/other psychiatric illness' to monitor impact on staff absence of the relevant wellbeing initiatives being delivered. The Trust sickness target for 2021/22 is 4.0%, a stretching target which acknowledges the work on wellbeing and absence case management which is ongoing and with a particular focus on long term sickness.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand significantly reduced in April, with overall demand down by 25% (277 WTE). The reduction in demand saw an increase in bank fill rates and a reduction in unfilled shift rates, +4.8% and - 4.8% respectively. Whilst agency fill rates remained the same In April, at 6.1%, agency use saw a reduction with registered nursing seeing a 28.30% (14.1 wte) reduction, of which 57.44% was due to a reduction in RMN use across wards and the emergency zone where both tier 1 and tier 4 agency RMN use reduced.

FINANCE

SRO: CFO

Overview

NHSE/I suspended the established financial framework in early 2020/21 due to the COVID-19 response

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

Arrangements for the remainder of the financial year (October 2021 to March 2022) are still to be advised.

Highlights:

The forecast Trust deficit for April was breakeven, actual surplus (excluding any ERF earned retrospectively) is £2.5m

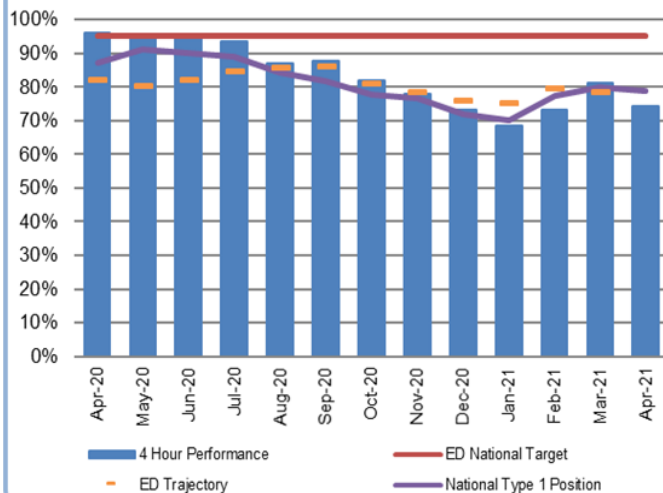
Total Capital spend for the month is £1.5m, compared to a plan of £1.2m.

Cash is hand at 30 April is £109.6m, this represents a decrease since March of £11.9m

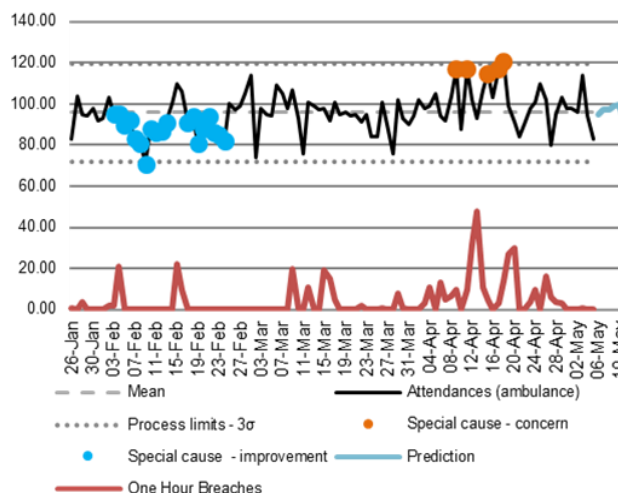
Responsiveness

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

ED 4 Hour Performance



Ambulance Arrivals and One Hour Delays

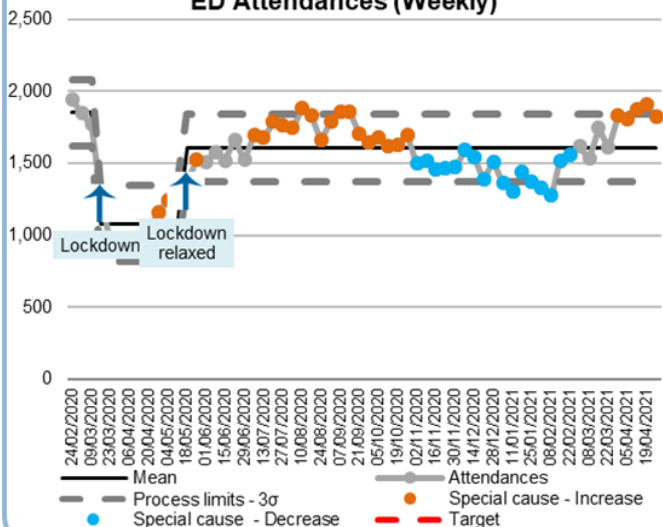


Four hour performance deteriorated to 74.26% in April with the Trust experiencing a significant rise in the number of emergency attendances and Trust bed occupancy.

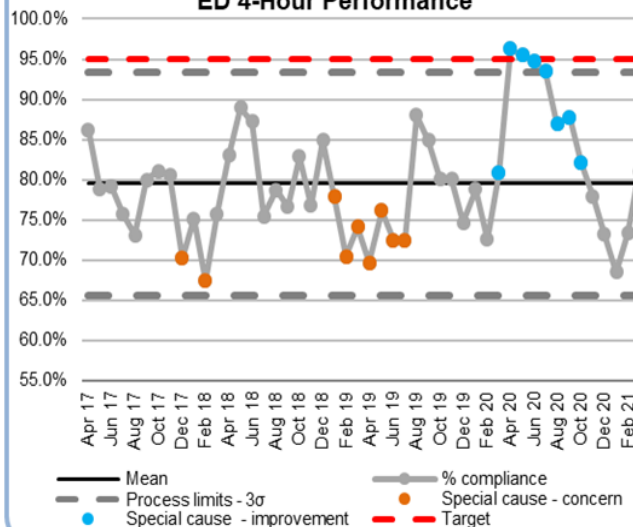
Trajectories have not yet been set for 2021/22; they will be confirmed in June-21 following the national H1 planning submission. Trust performance has reported below national performance for April.

Ambulance handover times continued to be challenged, with the Trust conceding 272 ambulance handover delays over one hour when the department was experiencing a significant surge in demand. The Trust conceded six 12-hour trolley breaches in month.

ED Attendances (Weekly)

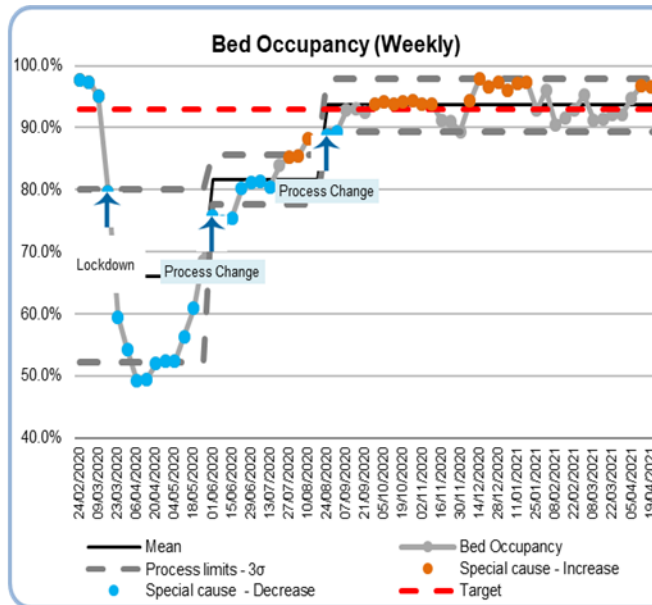
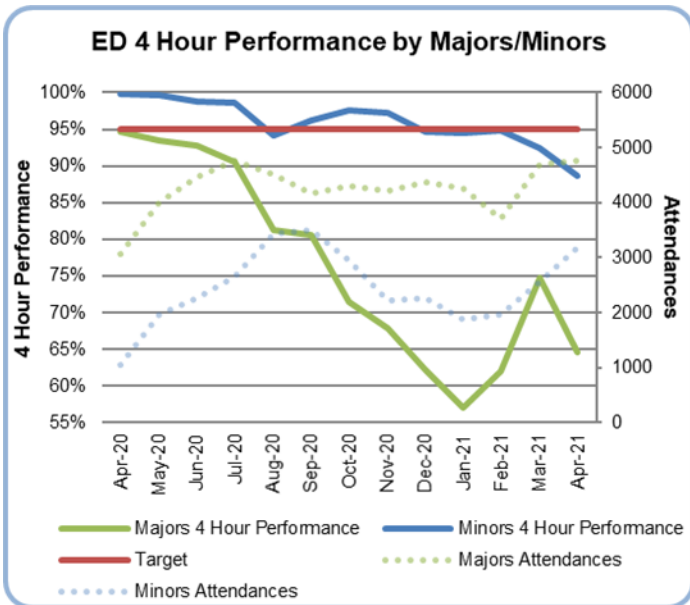


ED 4-Hour Performance



Despite reducing COVID-19 demand, morning discharge rates have reduced vs. pre pandemic levels which has negatively impacted flow; key drivers include discharge lounge capacity due to IPC requirements, a mismatch in cleaning resource and demand with a recurrent funding solution being worked up, below target levels of day before TTA preparation. Month on month usage of the discharge lounge has increased for both green and amber pathways, however the Trust has yet to maximise all available capacity and this is a focus though daily bed meetings.

ED performance is not expected to improve in May with current performance at 73.44%.



4-Hour Performance

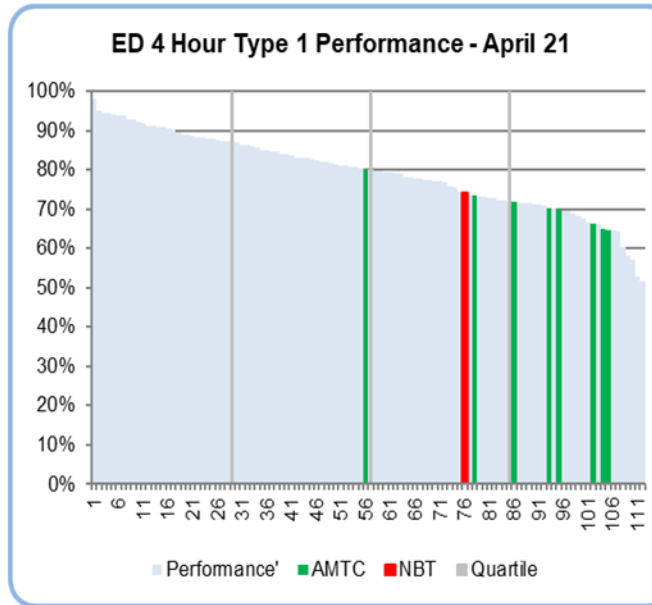
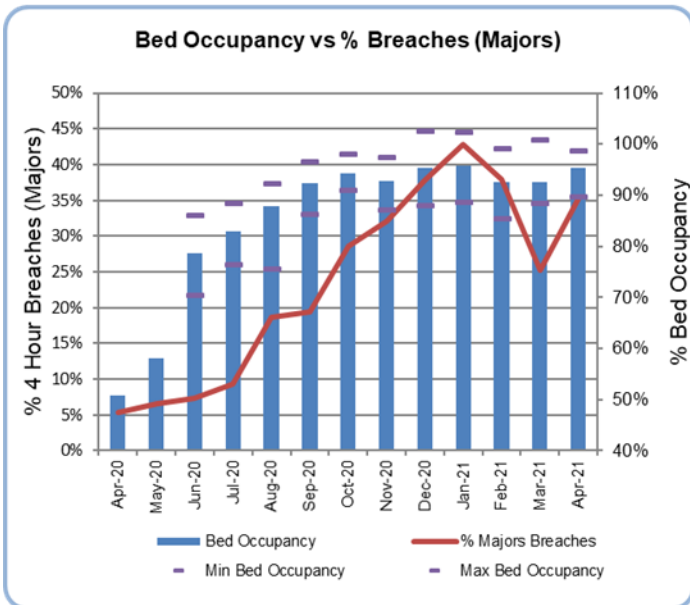
In April, Minors performance deteriorated to 88.57%, whilst Majors remained most notably impacted and deteriorated more significantly to 64.68%.

Attendances continued to increase significantly in April with walk-in attendances returning to pre-pandemic levels. Ambulance arrivals also increased in month, with peaks exceeding 100 per day between the 9th and 18th of April.

For the second consecutive month, the predominant cause of breaches at 39.17% was waiting for assessment in ED, whilst 20.05% of breaches were caused by waiting for a medical bed.

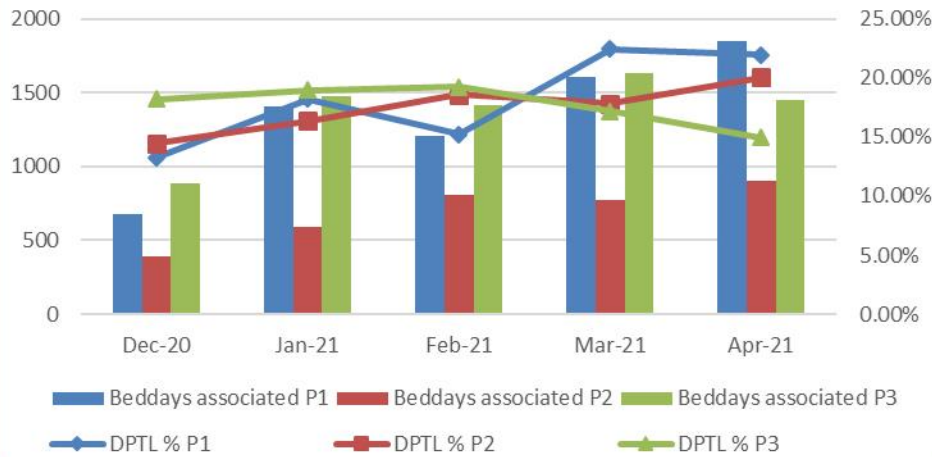
Bed occupancy varied between 89.77% and 98.74% in April against the core bed base. There was an overall increase in occupancy and consistency in April, reducing the variation across the month.

The Trust position has deteriorated for ED performance when compared nationally, moving from the second quartile to the third in April. ED performance for the NBT Footprint stands at 79.82% and the total STP performance was 80.85% for April.



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.

DPTL % and Beddays, for Medically fit



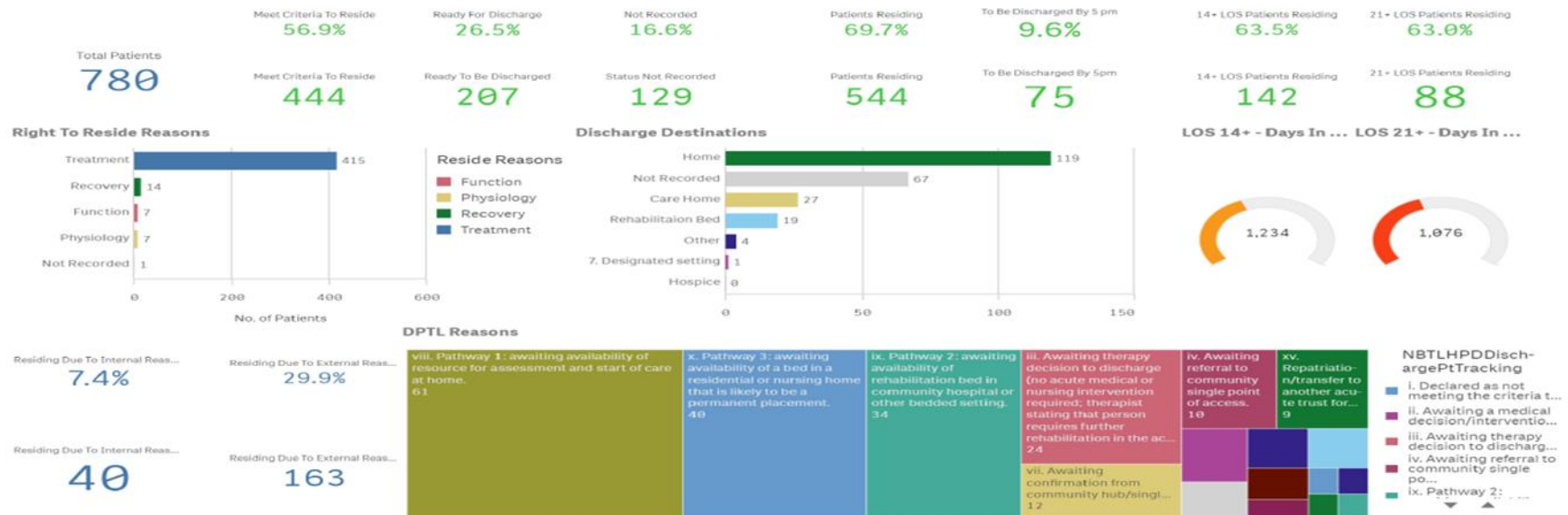
Right to Reside Report

In line with System Transformation plans there has been a significant change in the referral levels with a change from 39% of total referrals to Pathway 1 (P1) in 2019/20, to 60% for 2020/21.

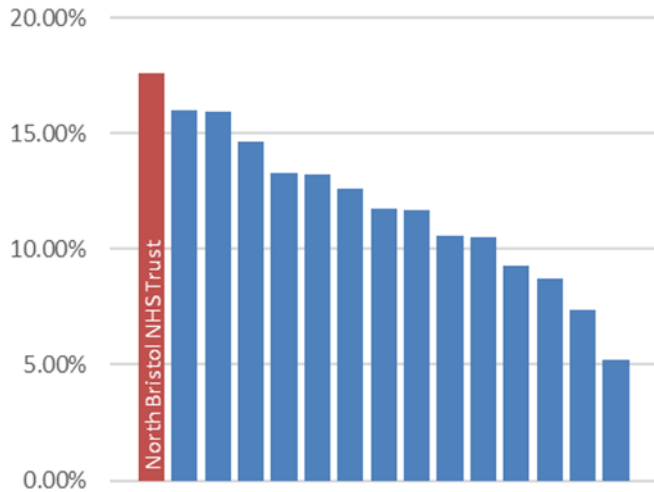
However, the monthly average data report taken from the Right to Reside reporting indicates that there was a high level of demand for P1 discharges through the month exceeding planned capacity, leading to an increase in delayed bed days.

In addition, there are constraints within the complex Pathway 3 (P3) bed base in Bristol that has significantly impacted on the discharges (in particular insufficient complex community dementia beds).

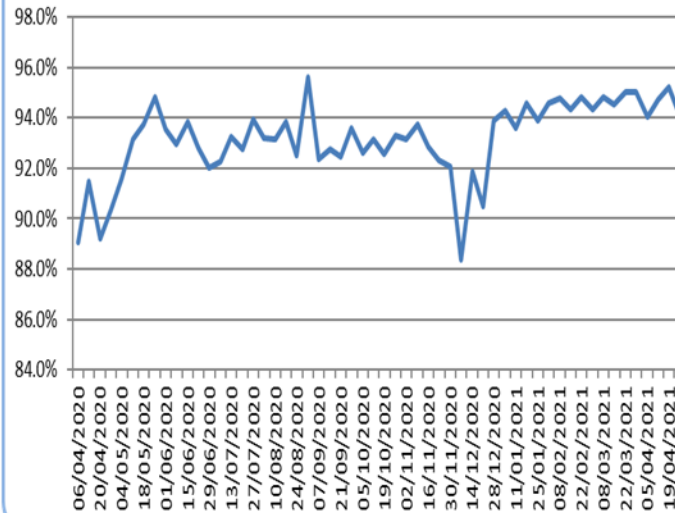
The main delays for Pathway 2 (P2) are associated with lack of capacity for Stroke patients and the capacity that does not meet the needs of the referred patients.



21+ LoS Occupancy % in South West



% Discharges P0 & P1 (EL & NEL, all ages, all LoS)



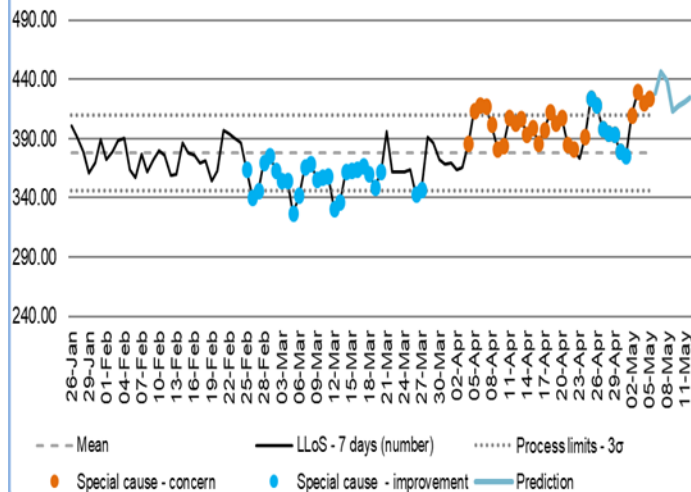
Stranded Patients

The stranded patient levels reported are now the highest within the region and the levels continued to rise through the month.

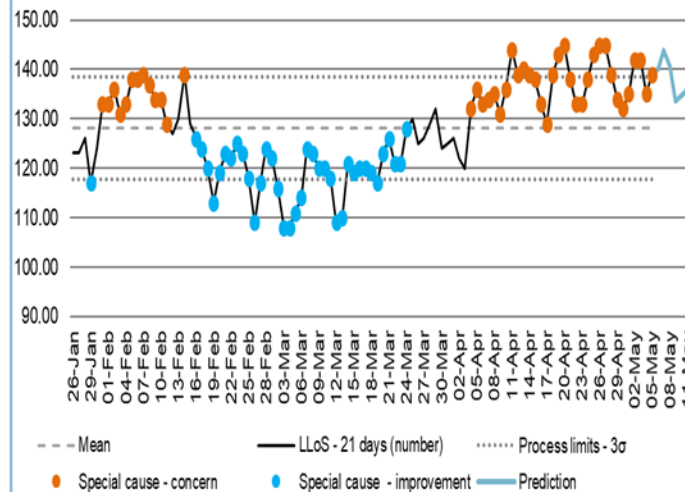
Admission to Single Referral Form (SRF) monitoring indicates improvement in the median reported levels, with a reduction in admission to first completed SRF for P3 from 11.5 days in January/February to 7.5 days reported in April.

However, these gains have been offset by delays associated with external constraints once the referral is accepted.

SPC Chart for LoS - 7 Days (number)

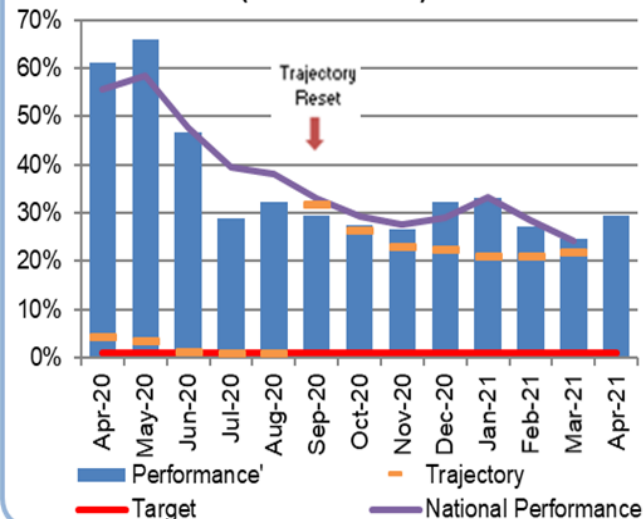


SPC Chart for LoS - 21 Days (number)

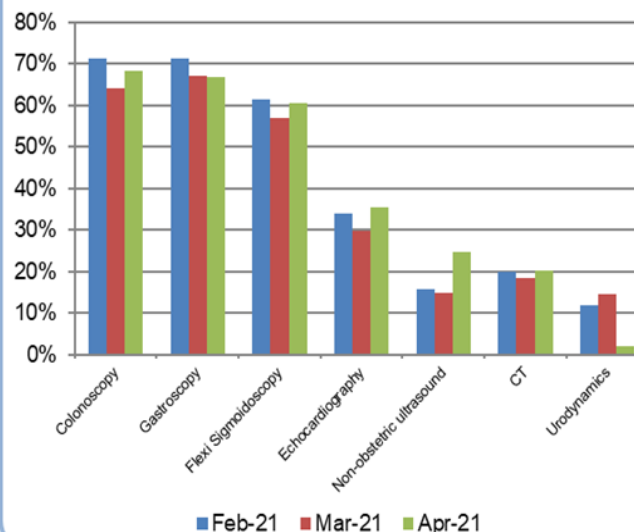


Data Source: South region NHSI UEC dashboard, w/e 5th May

Diagnostic Waits Against Target (1% <6 Weeks)



Diagnostic Performance by Test



Diagnostic Waiting Times

Diagnostic performance deteriorated to 29.45% in April, with most test types reporting a worsened position in month. Trajectories have not yet been set for 2021/22; these will be confirmed in June following the national H1 planning submission.

Activity has reduced by 14.11% in April resulting from the Easter bank holiday weekend. When adjusting for working days, the activity reduction reduces to 1.22%.

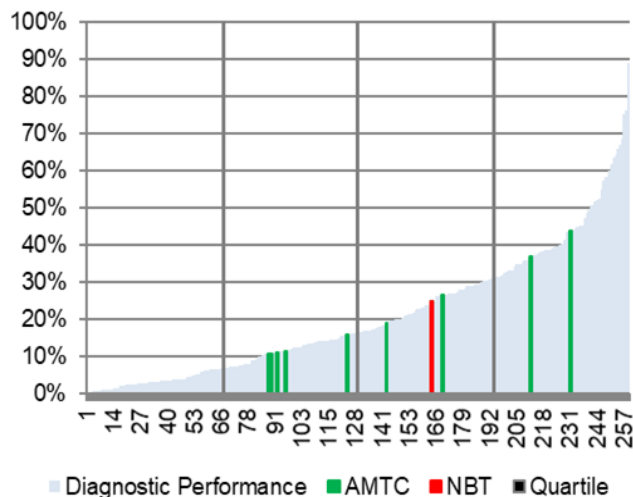
Non Obstetric Ultrasound reports a significant deterioration in performance in April with an increase of 70.73% in the backlog. Actions to increase capacity are currently being progressed, including use of IS capacity, enhanced WLI rates to support weekend lists at NBT and securing outsourced capacity with a third-party provider.

Urodynamics significantly reduced their backlog in April, improving performance on the March position.

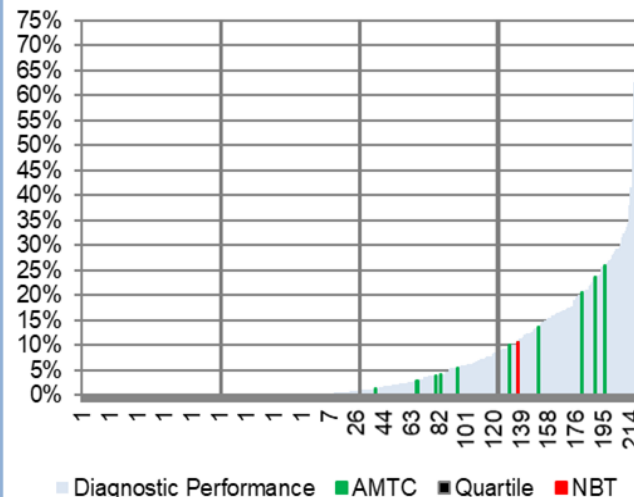
The number of patients waiting longer than 13 weeks has increased by 10.92% in April. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, Trust positioning deteriorated slightly for 6-week performance, though remains in the third quartile for March. 13 week performance also deteriorated slightly, but remains in the fourth quartile.

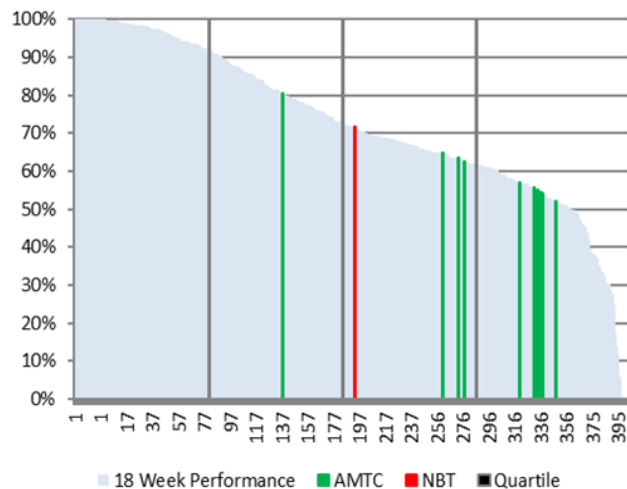
Diagnostic Six Week Performance - March 2021



Diagnostic 13 Week Performance - March 2021



RTT 18 Week Performance - Mar 2021



RTT Wait List

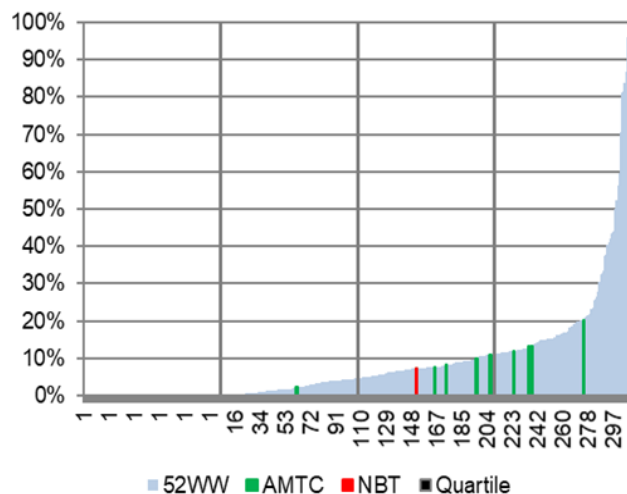


In April, the Trust reported RTT performance of 73.59% and a significant increase in the waiting list to 31143. Trajectories for 2021/22 are due to be set in June following the national H1 planning submission.

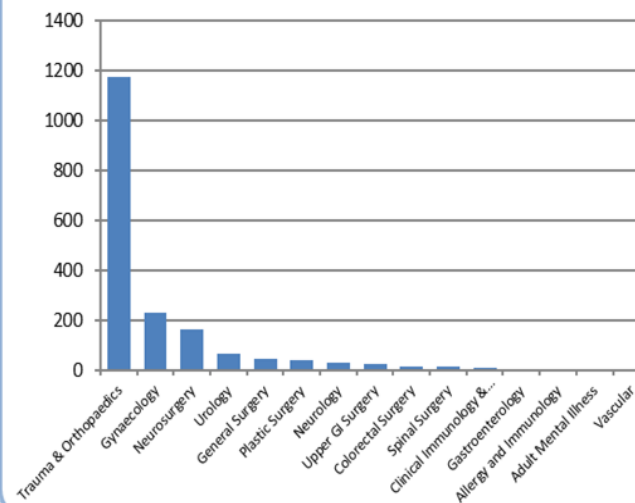
Adjusting for the number of working days, there was a 9.11% increase in demand and a 4.66% reduction in clock stops overall in April.

For the second consecutive month since the onset of the COVID-19 pandemic, the Trust has reported a reduction in 52 week wait breaches. At month end, there were 1827 patients waiting greater than 52 weeks for their treatment; 363 of these were patients waiting longer than 78 weeks, whilst five were waiting over 104 weeks. The majority of 52 week breaches (1176; 64.37%) are in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks reduced to 5.87% from 7.06% resulting from the 52 week reduction and increased wait list size.

RTT Proportion of 52WW - Mar 2021



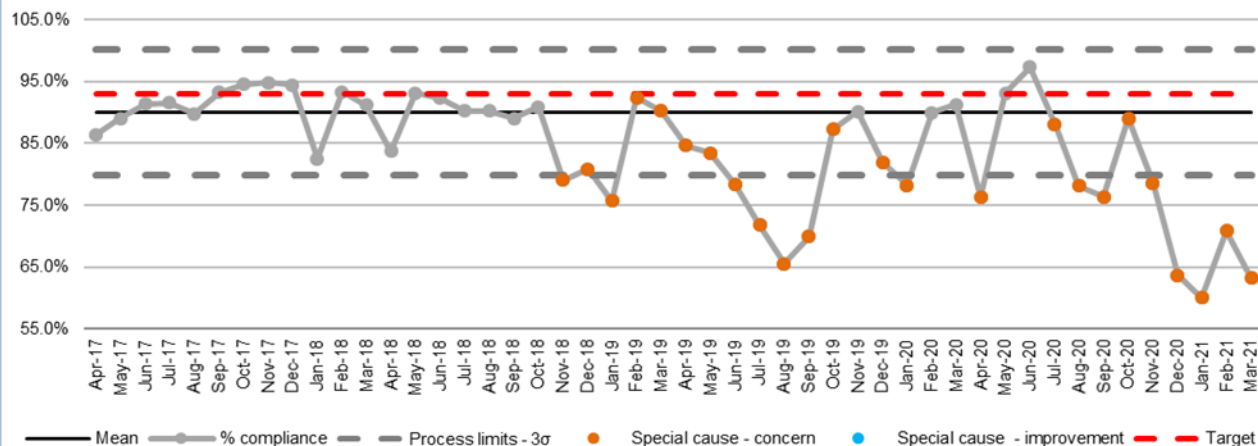
52 Week Breaches by Specialty - April-21



In April, there were six patients waiting more than 52 weeks that the Trust had accepted as late referrals from another Provider; the Trust is supporting equity of access to Clinical Immunology and Allergy services within the Region.

Nationally, the Trust's 18 week performance positioning in March was static and remains in the third quartile. The positioning of the 52WW breaches as a proportion of the overall wait list improved slightly, but remains in the third quartile.

Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer: Two Week Wait (TWW)

The Trust saw 2288 patients in March; 841 patients breached giving performance of 63.24%. This is a decline on last months performance of 70.87%.

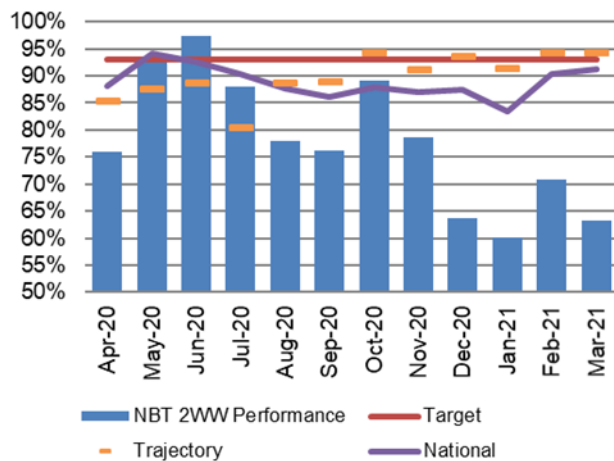
The Breast service saw 13.53% more TWW patients in March compared to February but the backlog continues to remain high at c.800. Of the 841 breaches this month Breast accounted for 78.72% (662) of them. Gynaecology, Brain, Lung and Urology all achieved TWW standard this month.

Colorectal services failed both the TWW CWT standard and cancer trajectory in March; they saw 229 patients with 74 breaches showing a performance of 67.69%. This is a deterioration from the February TWW position of 82.95%.

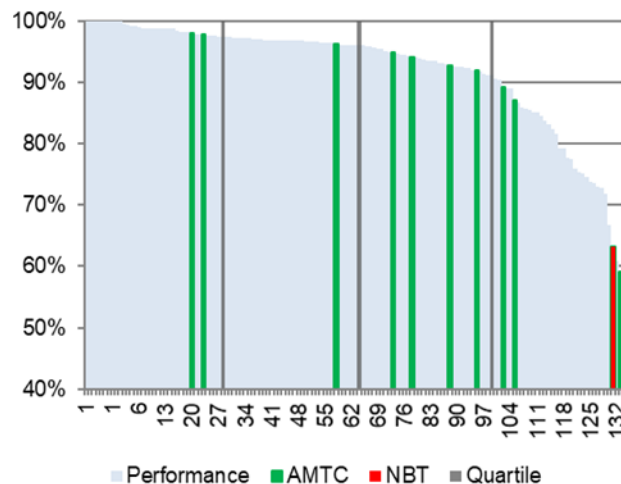
The QFiT pathway impact is being reviewed within BNSSG partners alongside improved communication and education to primary care on referral criteria.

Skin services failed to achieve the TWW standard this month. They saw 623 patients in total with 53 breaches leading to a performance of 91.49%. This is a deterioration on last month when they achieved 96.40%. Looking forward into April's performance, Skin capacity issues have led to an increase in number of breaches with an unvalidated performance of 28.90% predicted.

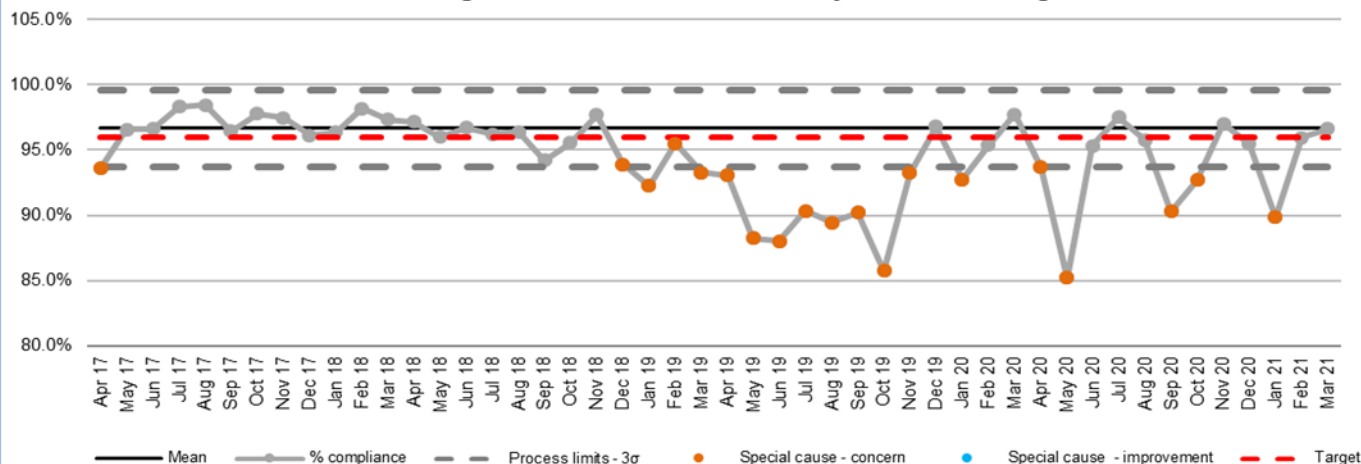
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer TWW Standard March-21



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer: 31-Day Standard

In March, the Trust achieved the standard with performance of 96.62%. This was an improvement on February's performance.

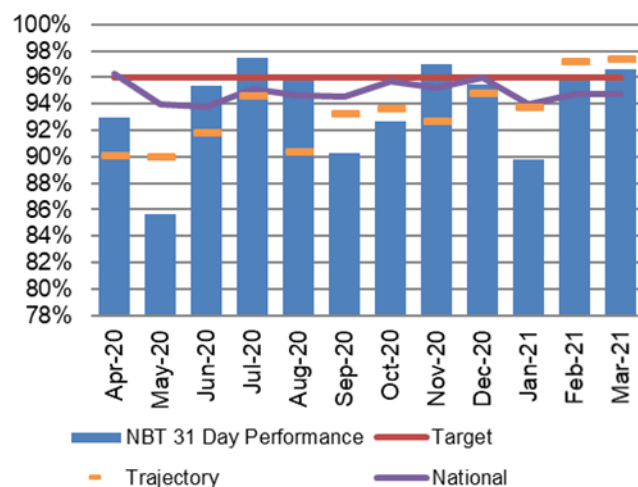
There were 266 completed pathways with nine breaches; Breast and Colorectal were above 90% achievement with seven of the nine breaches.

There continues to be variation in the achievement of the 31-Day first standard.

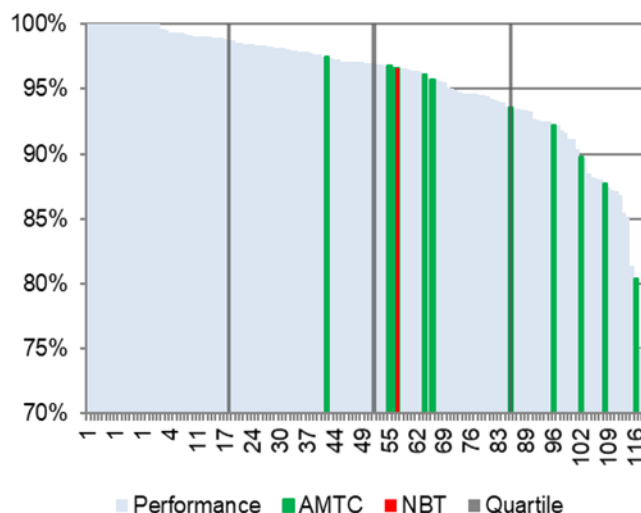
Most of the breaches were due to complex medical issues and patient fitness to proceed with treatment.

April's unvalidated position is showing as 93.55% with the majority of the breaches sitting in Skin due to capacity constraints.

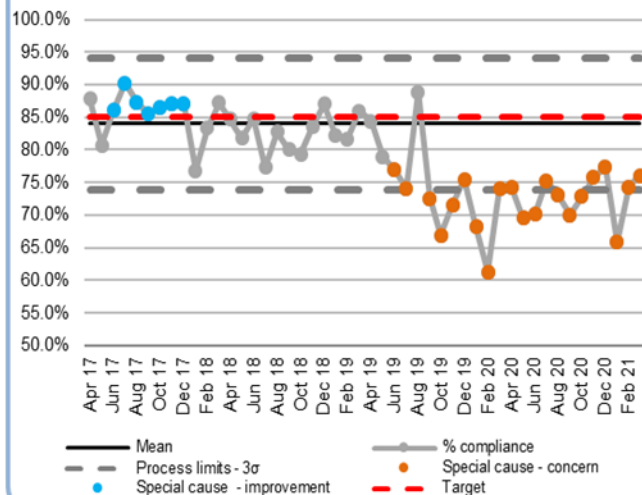
Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



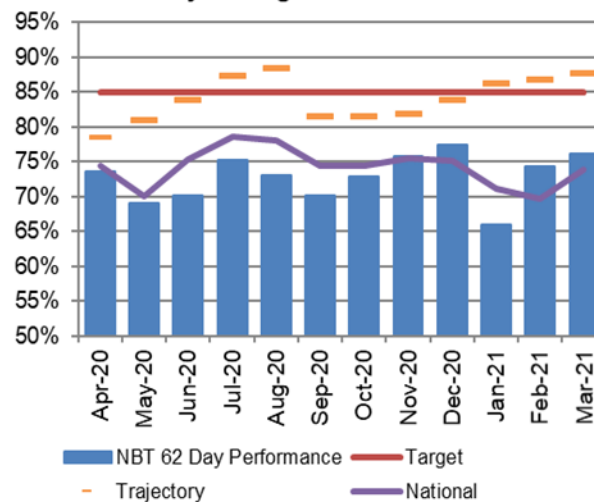
Cancer 31 Day Standard March-21



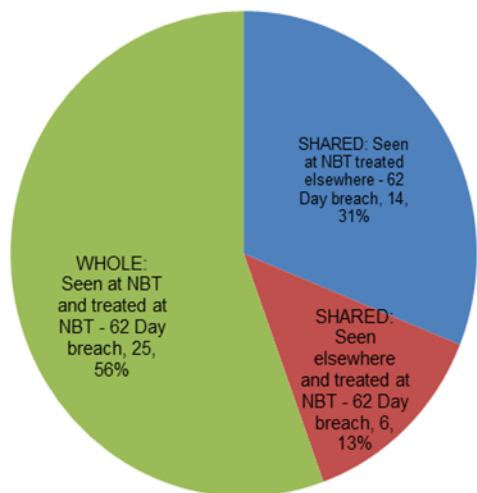
Patients Receiving First Treatment within 62 Days of Urgent Referral



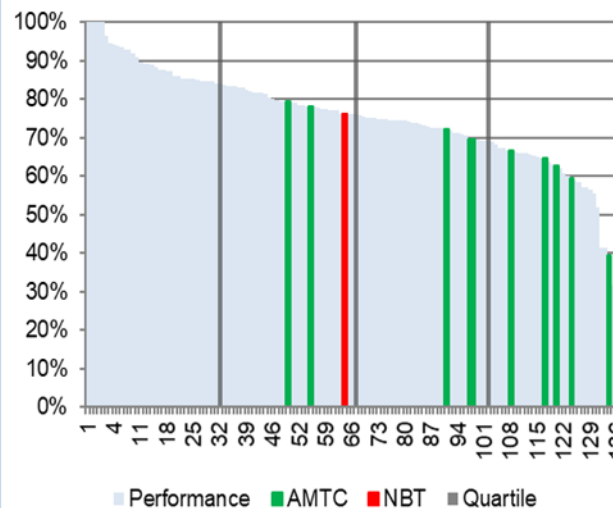
Patients receiving first treatment within 62 days of urgent GP referral



62 Day Breach Patients by Breach Type



Cancer 62 Day Standard March-21



Cancer: 62-Day Standard

The reported 62-Day performance for March was 76.09% with 171 treatments and 41 breaches. The Trust failed both the recovery trajectory position of 87.91% and the CWT standard of 85.00%.

Skin, Sarcoma, Lung and Haematology were the only specialties that achieved 62-Day CWT standard in March.

Gynaecology reported performance of 50.00% and Colorectal reported 58.82% in March. Urology's performance of 70.34% with 17.5 breaches failed to achieve CWT standards of 85%. They also failed to achieve their trajectory of 87.90%. The majority of the 17.5 Urology breaches were due to NBT pathway and medical delays. 11 of the delays were directly due to waits for MRI due to hot clinic pathway changes resulting from the pandemic.

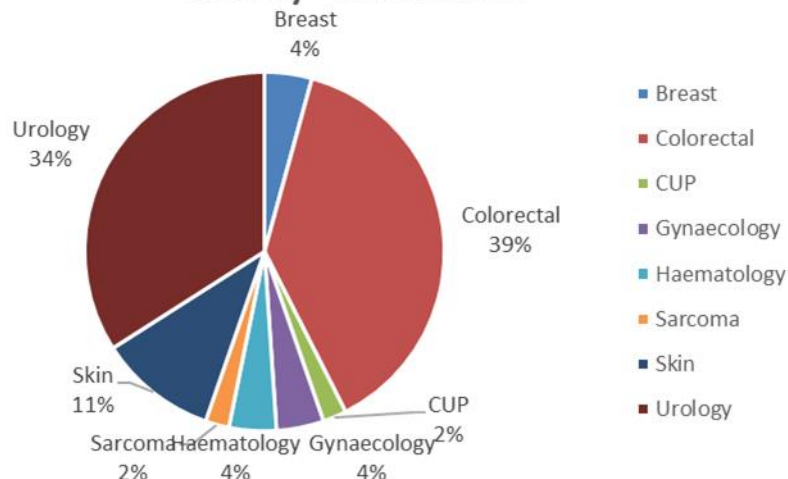
Colorectal failed to achieve the standard with performance at 58.82%. This reflects an improvement on last month's position of 30.77%.

The Trust treated 8.5 Colorectal patients with 3.5 breaches in March. The majority of breaches were due to complex pathways or medical delays.

Breast 62-Day performance was 62.34%, which has improved from February. The Trust treated 38.5 patients with 14.5 breaches. The majority of breaches were caused by the known delays at the front end of the pathway within TWW. This is expected to remain an issue until the Breast backlog is cleared.

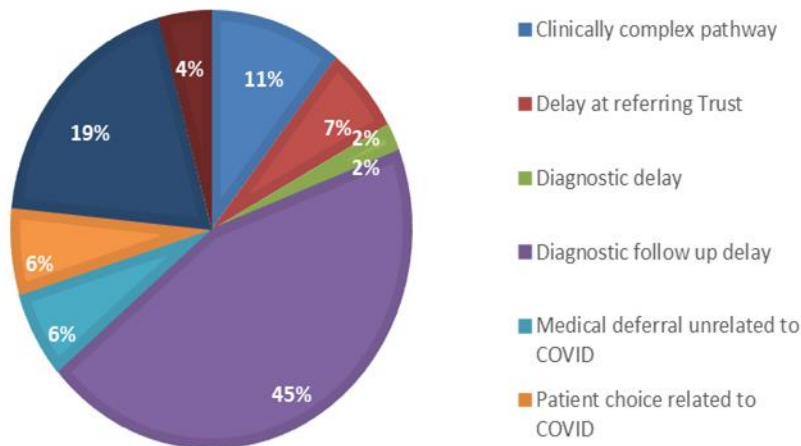
NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

104 Day - Without DTT



Delay Reasons - Without DTT

DELAY REASONS



Cancer

104-Day Patients Live PTL Snapshot as of 14/05/2021

There are 56 patients currently over 104-Days; 47 without a decision to treat and 9 with a decision to treat.

The biggest delay reason has shifted substantially to Diagnostic follow-up delay. 15 of the 21 patients are in Colorectal resulting from operational challenges that the service is addressing.

This has been escalated to specialty management via the weekly PTL, the 80 Day PTLs as well as this most recent 104-Day snapshot. This delay reason amounts to 45% of all 104-Day delays.

Patient anxiety surrounding COVID-19 and wanting to defer until vaccinated is still a cause for delay but is decreasing; however the Trust continues to ask for clinical review of these patients and ensure they understand the risk of deferring their investigation and/or treatment.

Nationally, the Trust is required to report all patients who were treated past day 104 of their pathway and also assess whether they require a Datix harm review conducted in line with the agreed SOP.

Outstanding Datix incidents waiting for HARM review with the clinical teams are: Urology 93, Colorectal 9, Skin 5 and Breast 5. Urology are reviewing their protocol driven HARM assessment used to review their 104-Day Datix incidents; go live expected within Q2.

Safety and Effectiveness

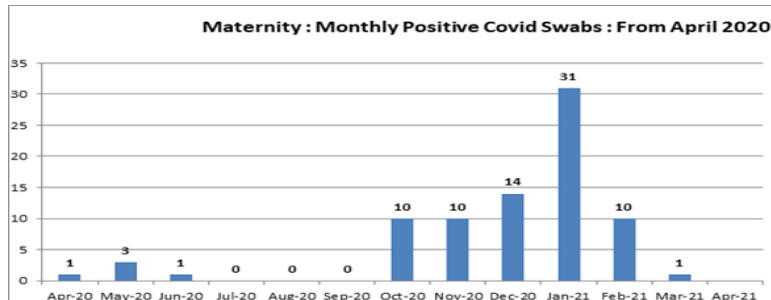
**Board Sponsors: Medical Director and Deputy Chief Executive
and Director of Nursing and Quality
Chris Burton and Helen Blanchard**

Perinatal Quality Surveillance Tool - Minimum data set

	Jan-21	Feb-21	Mar-21	Apr-21	Trend
Activity					
Number of babies born (at >=24 weeks gestation)	437	441	502	462	
Number of women who gave birth (all gestations)	430	432	496	456	
Induction of Labour rate	39.8%	33.8%	33.8%	35.2%	
Unassisted Birth rate	54.1%	49.7%	48.0%	53.1%	
Assisted Birth rate	10.8%	11.7%	11.7%	9.5%	
Caesarean Section rate (overall)	35.1%	38.7%	40.3%	37.4%	
Elective Caesarean Section rate	15.9%	16.1%	18.8%	16.7%	
Emergency Caesarean Section rate	19.2%	22.6%	21.5%	20.7%	
Perinatal Morbidity and Mortality					
Total number of perinatal deaths	2	1	0	2	
Number of late fetal losses (22+0 to 23+6 weeks excl TOP)	0	0	0	0	
Number of stillbirths (>=24 weeks excl TOP)	2	1	0	2	
Number of neonatal deaths : 0-6 Days	0	2	1	0	
Number of neonatal deaths : 7-28 Days	1	0	1	0	
Suspected brain injuries in neonates (no structural abnormalities) (Born in trust)	1	1	1	0	
Maternal Morbidity and Mortality					
Number of maternal deaths	0	0	0	0	
Rate of women requiring level 3 care	0.2%	0.2%	0.0%	0.0%	
Insight					
Number of datix incidents logged graded as moderate or above (total)	3	1	2	1	
Datix incident moderate harm (not SI)	2	0	0	0	
Datix incident SI	1	1	2	1	
New HSIB referrals	0	0	0	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	
Workforce					
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively. Vacancy rate	14.52	10.52	15.91	14	
Datix related to workforce	5	12	33	14	
Number of times maternity unit on divert	0	1	0	0	
Involvement					
Service User Voice feedback: Number of Compliments	12	8	12	29	
Service User Voice feedback: Number of Complaints	8	12	14	22	
Staff feedback from frontline champions and walkabouts (number of themes)	3	3	2	0	
Improvement					
Progress in achievement of CNST /10	7	8	8	9	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	45%	40%	53%	58%	
Continuity of Carer (overall percentage)	17%	17%	17%	17%	

COVID-19 Maternity

There were no positive cases of COVID-19 in maternity in April as shown below. From April 12, in line with national guidance, all women can now have a person of their choosing with them at each appointment.



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 Currently achievement of the CNST safety actions is 9/10. More evidence is required for full compliance Safety Action 7 – Engagement with Maternity Voices Partnership..

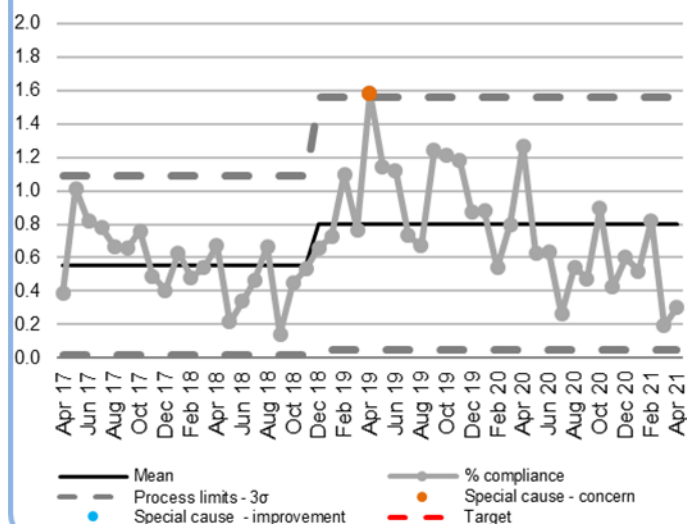
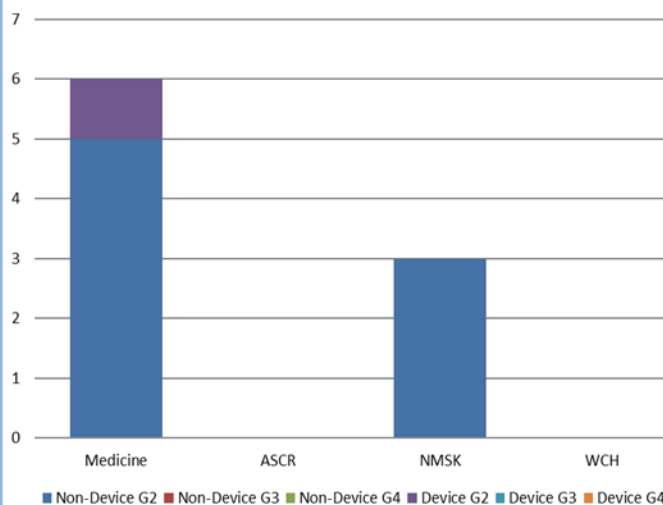
Serious Incidents: Maternity Antenatal Screening noncompliance with National Screening standards reported on STEIS.

Datix – workforce concerns: This relates to inability to fill/cover rota gaps; sickness; resulting in to reduction in staffing levels below expected levels.

Patient Involvement – this includes formal complaints (14), concerns (8) - the increase in complaints in month relates to antenatal screening changes.

Service delivery: Currently our antenatal screening service is experiencing challenges with demand exceeding available capacity. An action plan is in place and we are working with the regional teams to find swift resolution.

Total Pressure Injuries per 1000 Bed Days

Pressure Injuries Year to Date
2021/22**Pressure Injuries**

The Trust ambition for **2021/22** Quarter 1 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 April. 9 Grade 2 pressure injuries were reported of which 1 was related to a medical device.

The incidence summary for the month is as follows:

Medical Devices: 11%

Heels/Foot: 67%

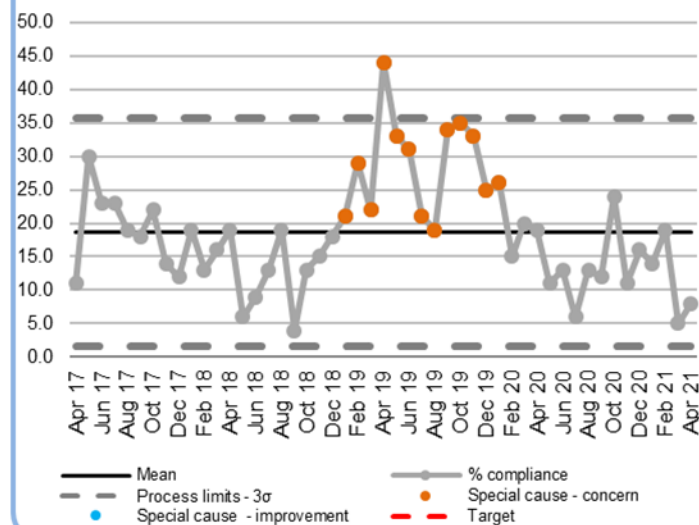
Buttock: 22%

In April, there has been a slight increase in grade 2 pressure injuries however this remains below the mean rate. There has been a further decrease of medical device related pressure injuries.

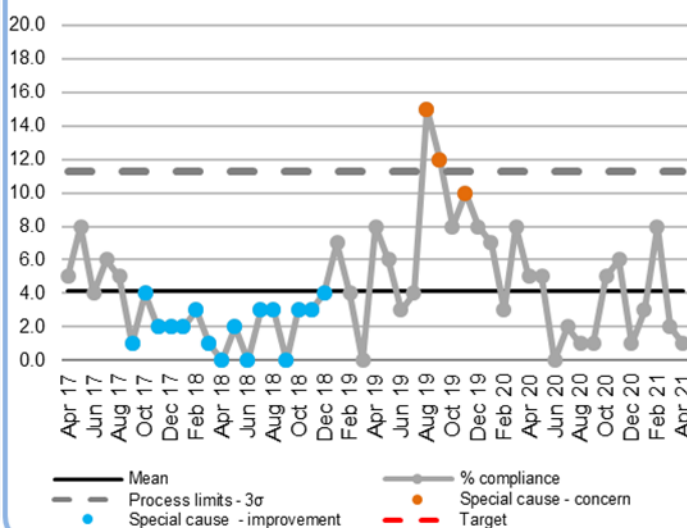
April has also seen ASCR and WCH achieve no hospital acquired grade 2 pressure injuries.

The Trust Wide Pressure Injury Working Group is taking a strong focus on heel related pressure injuries and cascade training of deep tissue injuries.

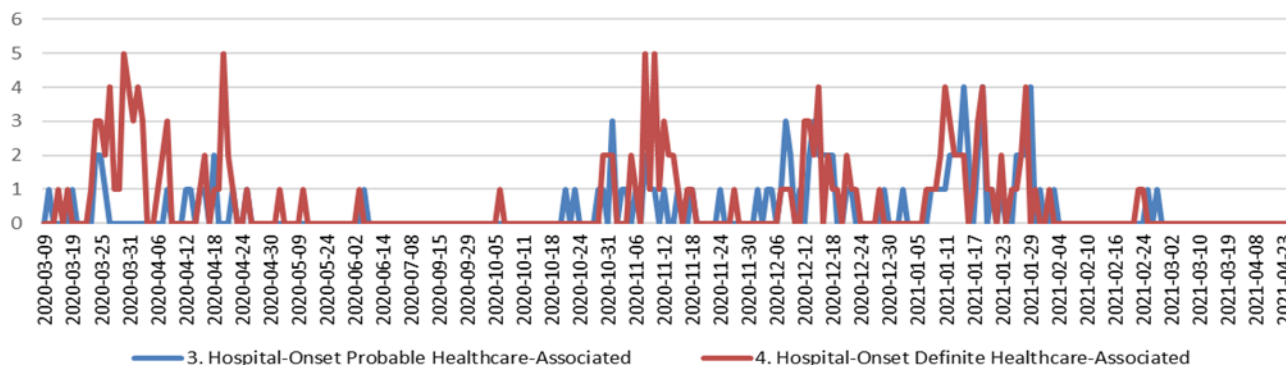
Pressure Injuries - Total Incidents



Pressure Injuries - Device



COVID-19 Onset Category by Positive Test Date



COVID-19 (Coronavirus)

Cases in hospital have reduced to a low level. There has been no in hospital transmission since end of February. Focus is on preparing for the possibility of subsequent wave of infection later in the year.

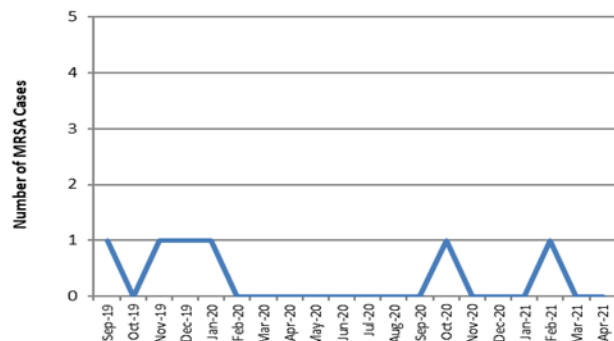
MRSA

Last bacteraemia was reported in Feb 2021.

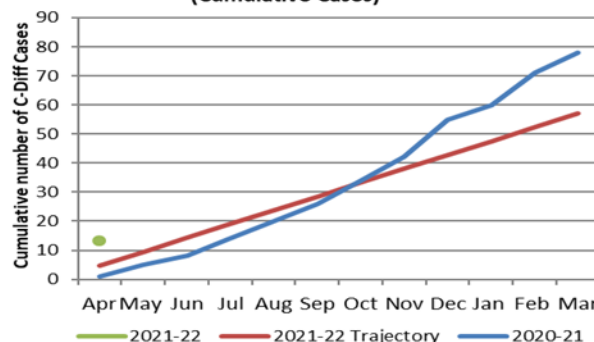
C. Difficile

We continue to focus on work to reduce the cases of C Diff at NBT having seen increases toward the end of 2020/21.

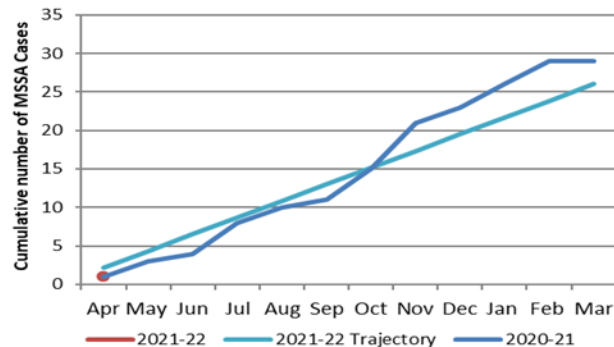
MRSA Cases - Trust Attributable



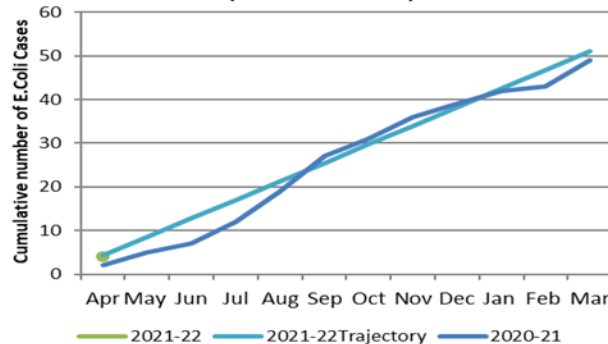
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



The rise has been seen in other providers in the SW. Actions include review of antibiotic prescribing against guidance, stool chart completion and prompt sampling. Improvement work was reported to QRMC in May and will be overseen by the C Difficile steering group.

IPC priorities for 21/22 will include:

COVID preparedness

CDiff reduction

- antibiotic stewardship
- Prompt sampling
- Documentation

MR(S)SA control

- Maintenance of vascular devices

- Sterile technique training

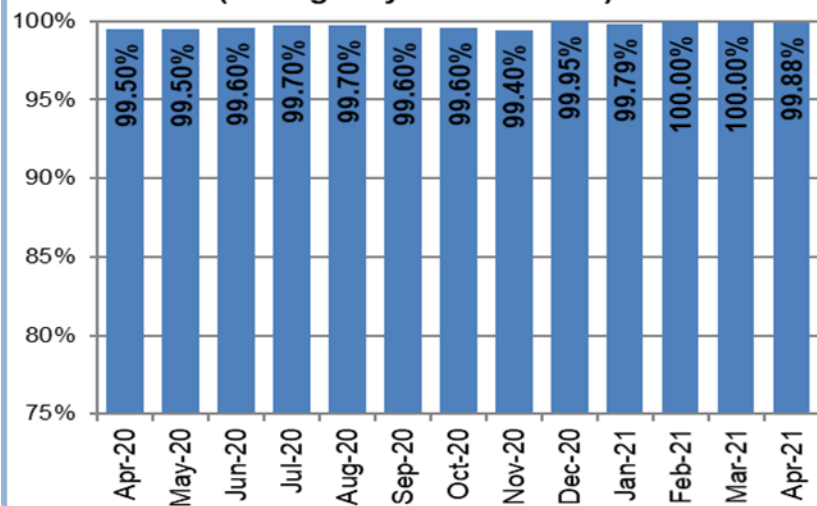
Reduced urinary tract infection

- Good catheter management

Water hygiene

- Maintenance of flushing schedules

WHO Checklist Compliance (Emergency and Elective)



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

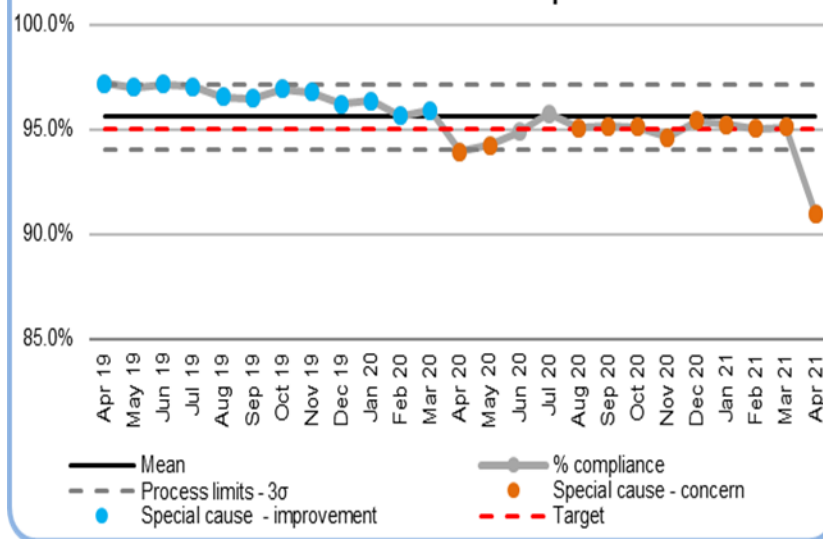
VTE risk assessment compliance is targeted at 95% for all hospital admissions.

Compliance with this target fell during 2020/21. This is disappointing since the Trust has been designated an exemplar site for reducing thrombosis risk. The Thrombosis committee are considering the reasons and remedial actions to bring this back to acceptable level during 2021/22. A likely cause has been the different working patterns as a result of the COVID-19 pandemic.

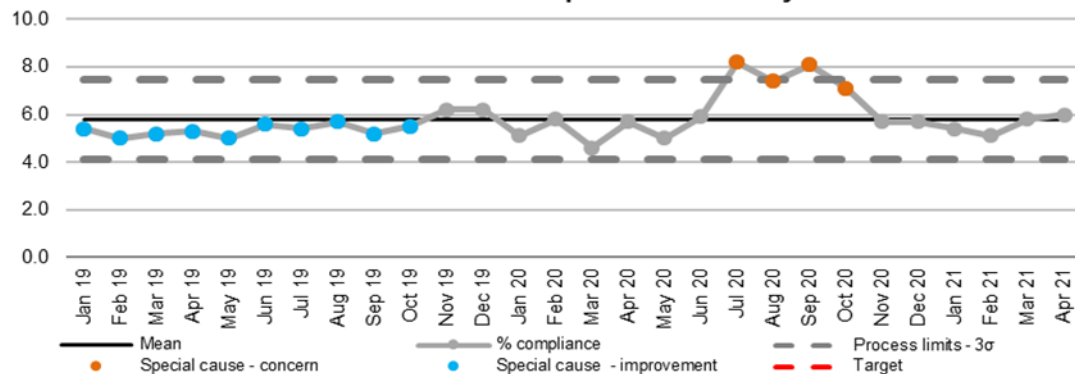
The data is reported one month in arrears because it coding of assessment does not take place until after patient discharge.

Improving compliance with the data in the Electronic Patient record would improve real time reporting and is one of the workstreams that the thrombosis committee are pushing forward with. The group is also looking at the opportunities to describe other cohorts with low thrombosis risk that do not require individual patient risk assessment.

VTE Risk Assessment Completion



Medication Incidents per 1000 Bed Days



Medicines Management Report – April 2021

Medication Incident Rate per 1000 Bed Days

NBT had a rate of 6 medication incidents per 1000 bed days. This is a stable level and we continue to encourage reporting to identify where improvements are required

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

During April 2021, 11% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.11). This is the lowest in the last 6 months.

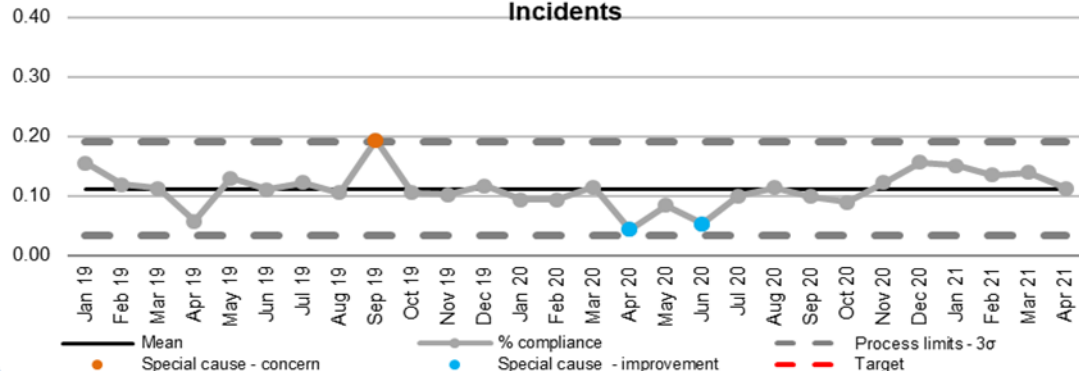
The inverse of this is that “no harm” incidents accounted for 89% of all NBT reported medication incidents. This is in line with the pre-pandemic norm.

Interpretation notes:

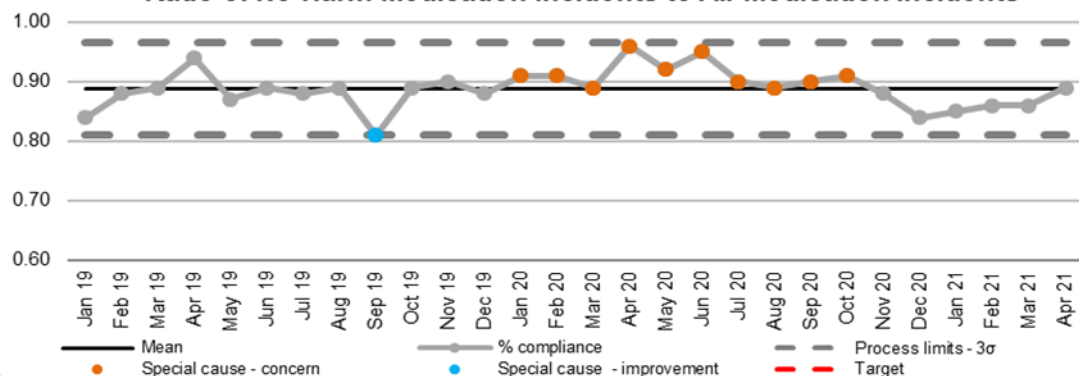
It is of note there was much fluctuation in total number of medication incident reports during the period April to October 2020 – likely due to the COVID-19 impact. The mean number of medication incident reports per month pre-pandemic was consistently approx. 160 per month but from March – October 2020 this varied greatly from a low of 92 to a high of 212 thus affecting the data presented here.

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

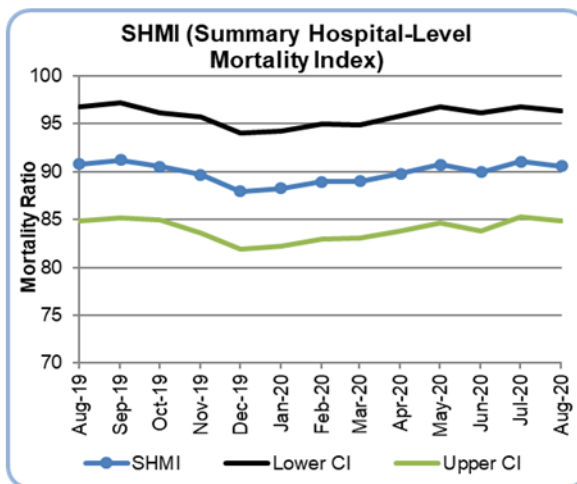
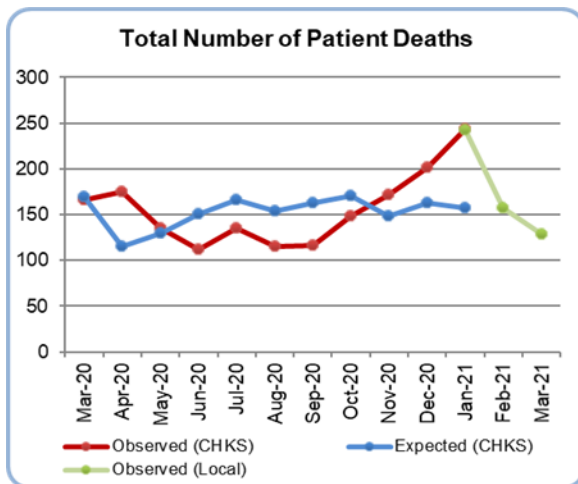
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



Ratio of No Harm Medication Incidents to All Medication Incidents



Mortality Outcome Data



Mortality Review Completion

Feb 20 – Jan 21	Completed	Required	% Complete
Screened and excluded	1357*		
High priority cases	300		
Other cases reviewed	217		
Total reviewed cases	1874	1926	97.3%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	4.1%	22.8%	48.5%	24.6%

Date of Death	Jun 20 – Jan 21
Scrutinised by Medical Examiner	441
Referral to Quality Governance team	53

*In response to increased operational pressures as a result of wave 3 of the COVID-19 pandemic as agreed at the February CEAC meeting the window for screening has been extended by 1 month and therefore the date parameters for this IPR are 3 months in arrears as opposed to the usual 2.

*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.

Mortality Outcome Data

An increase in deaths was seen in December and January which is likely to have been the result of increasing COVID-19 infections and has since reduced.

There are no current Mortality Outlier alerts for the trust.

Mortality Review Completion

The current data captures completed reviews from 01 Feb 20 to 31 Jan 21. In this time period 97.3% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 95.5% completed Mortality Case Reviews (MCR), including 25 of the 25 deceased patients with Learning Disability and 31 of the 34 patients with Serious Mental Illness.

Mortality Review Outcomes

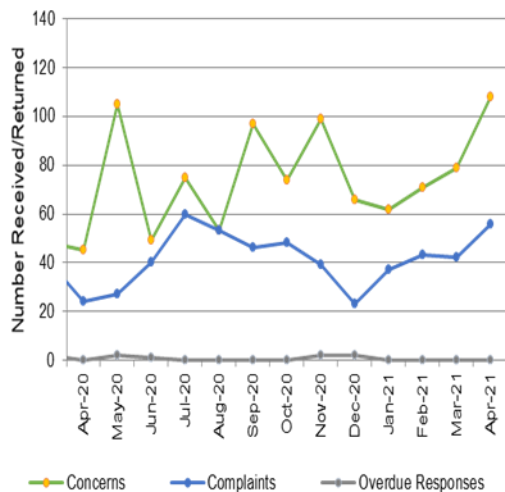
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 95.9% (score 3-5). There have been 20 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes. There has been 1 confirmed as SIRI (Feb 20).

We are working with clinical leads where any themes within mortality reviews are identified, with recent examples relating to end of life care conversations and documentation and for ceilings of treatment. In both case these are being considered for relevant learning and development work. In addition we are using Medical Examiner feedback across the BNSSG joint service to support this identification of wider learning.

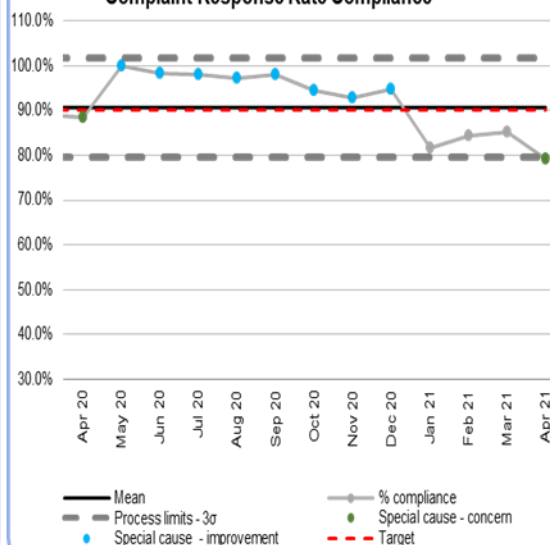
Patient Experience

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

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

In April 2021, the Trust received 56 formal complaints. This is a significant increase on the previous month where 42 complaints were received. We have seen a number of complex complaints, some of which have been related to historical cases.

The most common subject for complaints remains 'Clinical Care and Treatment'. There has also been an increase in complaints regarding 'Access to Services-Clinical' and 'Communication'.

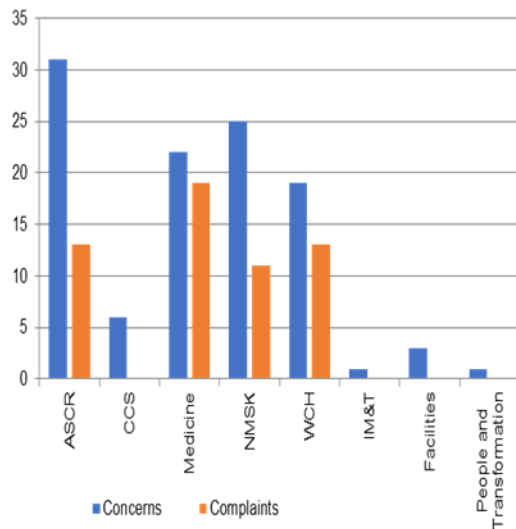
This generally reflects delays to surgery or treatment as a result of the COVID-19 pandemic.

The 56 formal complaints can be broken down by division: (the previous month total is shown in brackets)

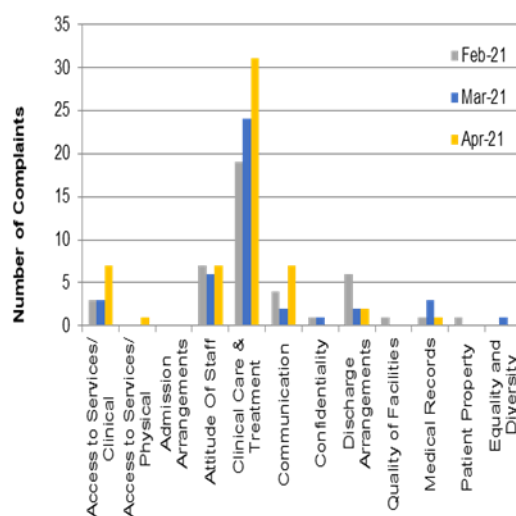
ASCR	13 (11)	CCS	0 (1)
Medicine	19 (14)	NMSK	11 (7)
WCH	13 (8)		

Enquiries and PALS concerns are recorded and reported separately. In April, a total of 75 enquiries were received by the Patient Experience Team and 108 PALS concerns were received.

Concerns and Complaints per Division



Complaints By Subject



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%. This is likely due to the decision to maintain business as usual practice during the second wave of the COVID-19 pandemic. Due to pressures on staff, some timescales were not met.

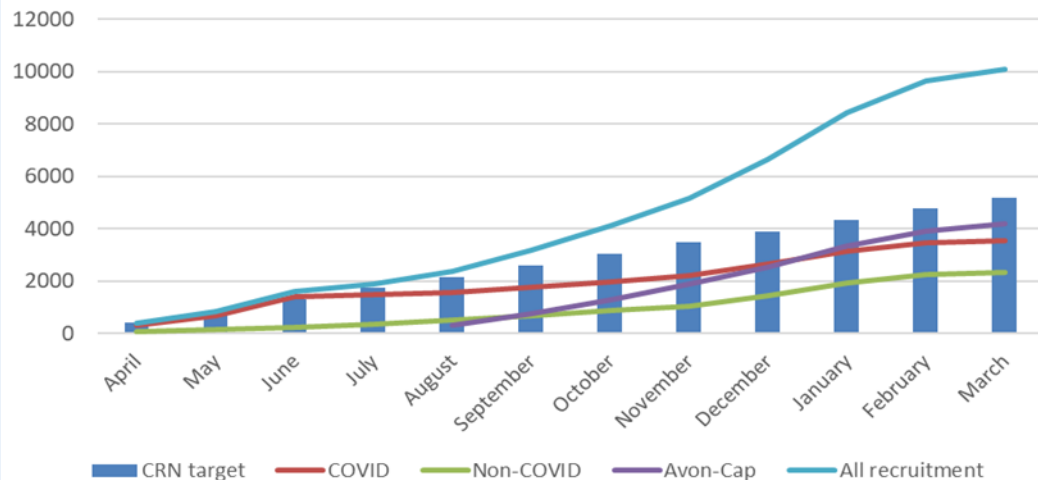
In most areas we have seen an improvement in response rate compliance however in Medicine there have been particular challenges, such as reduced staffing in the Divisional Patient Experience Team that has contributed to the overall response rate compliance of 79.1% for April.

The Director of Nursing and Quality, Director of Nursing for Medicine and Patient Experience Manager are meeting regularly to monitor this and support Medicine with managing its caseload.

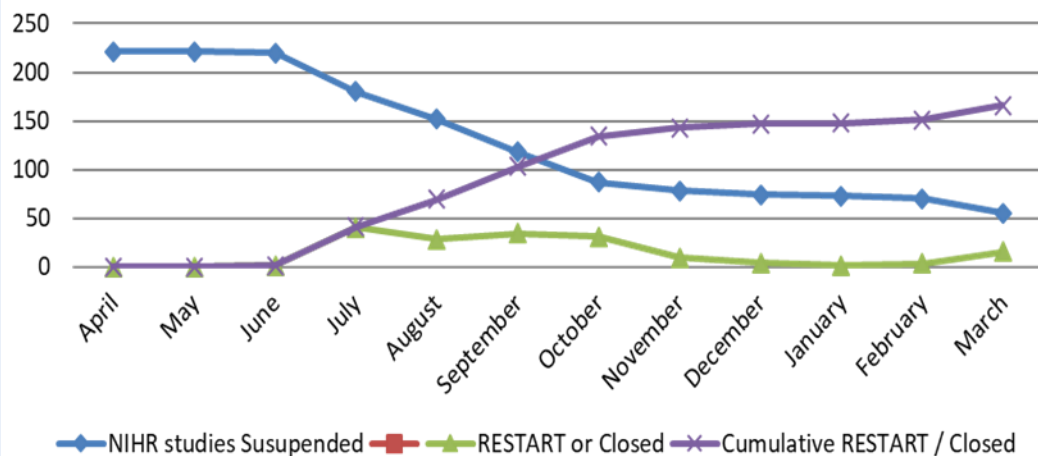
Overdue complaints

Despite delays to response timescales, at the end of April there are no overdue complaints. All complaints due in April have now been closed.

Recruitment vs Target



RESTART Progress



Research and Innovation

In addition to the 3548 participants recruited into COVID studies, NBT researchers have also recruited 22343 patients into non-COVID studies, an exceptional achievement.

NBT has also contributed a further 4192 patient data records to the Avon-Cap study (A Pan-Pandemic Respiratory Infection Surveillance Study), which is providing real world surveillance on the effectiveness of vaccines.

NBT suspended 221 studies during the epidemic; 166 studies have been re-started/closed. Despite Imaging's best efforts, a number of studies need to remain suspended until research can be safely restarted without impacting on the service.

NBT continues to work collaboratively with the other Trusts across the region enabling patients from Gloucester, Swindon Bath as well as Bristol to participate in COVID vaccine trials.

NBT currently leads 57 research grants (NIHR, charity, industry and other) to a total value of £23.8m. This includes six recently awarded prestigious NIHR grants worth £5.8m in total, awarded to Prof. Nick Maskell, Prof Ashley Blom (x2), Dr Ed Carlton, Dr Charlotte Atkinson and Prof. Rachael Gooberman-Hill. In addition NBT is a partner on 51 externally-led research grants to a total value of £10.3 to NBT.

The SHC Research Fund (2020/21) closed on 12th April 2021. We received 23 EoI applications, of which 14 have been shortlisted for full stage application. The SHC Research Fund welcomes any NBT staff member wishing to undertake a research project (up to £20k) in any subject area to apply. The quality of EoI applications received this year was very high and shortlisted applicants will now work with R&I, research support services and public supporters to develop their full stage applications, deadline 30th June 2021.

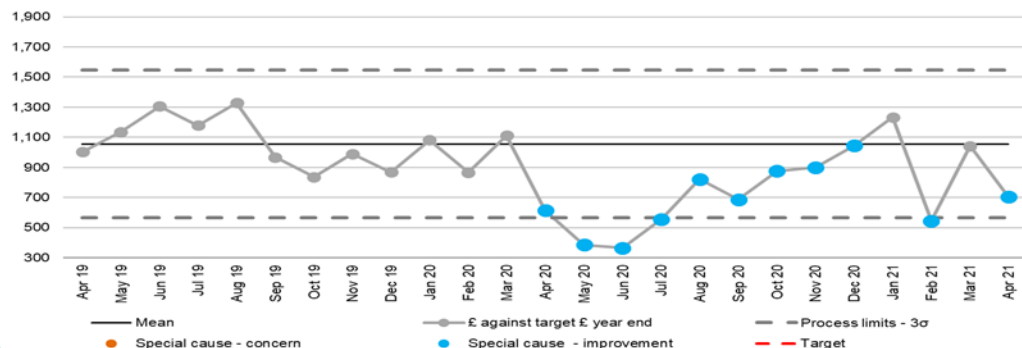
Well Led

Board Sponsors: Medical Director, Director of People and Transformation

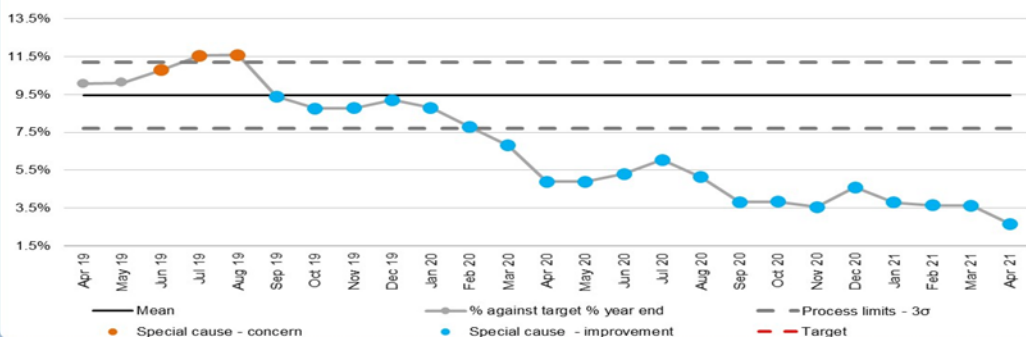
Chris Burton and Jacqui Marshall

Workforce

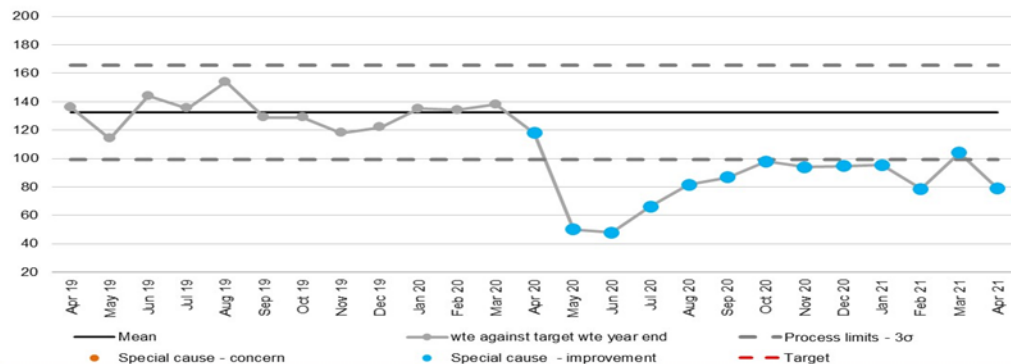
Agency Expenditure-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Nursing and Midwifery Resourcing

Despite holding no internal recruitment events in April 58 band 5 offers were made (44 nurses and 14 midwives). Our pipeline of new staff continues to grow with over 180 band 5 nurses going through pre-employment checks to start between now and the end of this year.

HCA recruitment saw 26 starters in April above the winter resourcing plan target of 25 per month. We are hoping to bring back face to face assessment centres in July in line hospital visiting restrictions easing.

International Recruitment welcomed 11 new Nurses in April with another 8 planned in May. Despite changing travel protocols and restrictions, we have continued to run our international project with arrivals quarantining, either in airport hotels, or in our own rented accommodation where travel rules allow it.

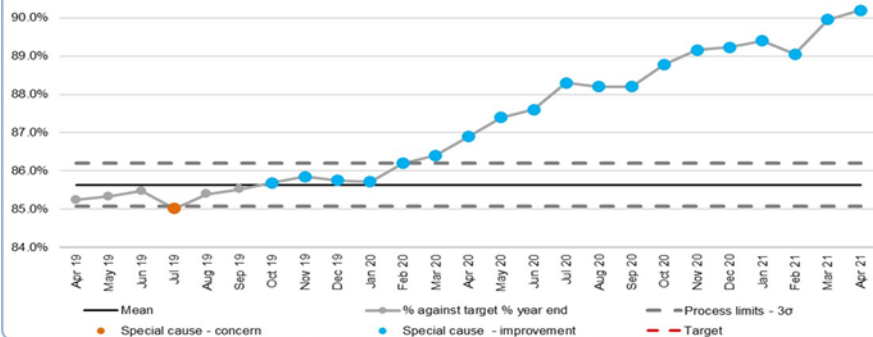
The Talent Acquisition team has been working with each division to resume the bespoke recruitment and marketing programmes for ICU, Theatres, Medi-rooms, Stroke, Respiratory and Renal wards.

Temporary Staffing

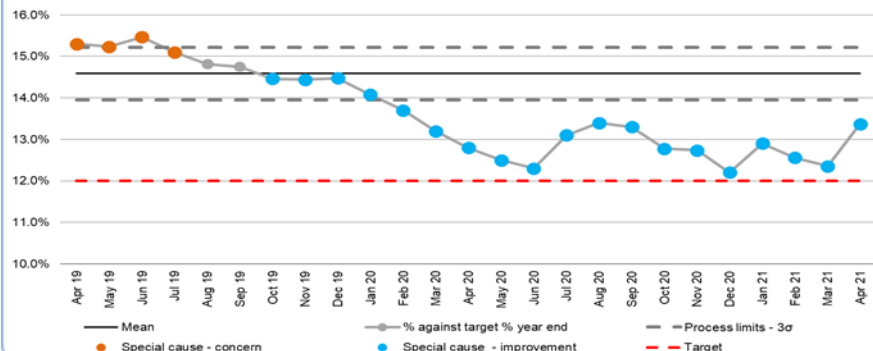
NBT eXtra will be starting a new recruitment campaign for all staffing groups. The campaign will include Social Media for specific staffing group, eShots to student nurses alongside a variety of internal marketing actions. The anticipated increase in bank capacity is aimed at supporting the Trust in the forthcoming months whilst a new Nursing Tender Contract is agreed. The team continue to support staffing requests for the Primary Care Network, Sirona the Mass Vaccination Hub at Ashton Gate.

Engagement and Wellbeing

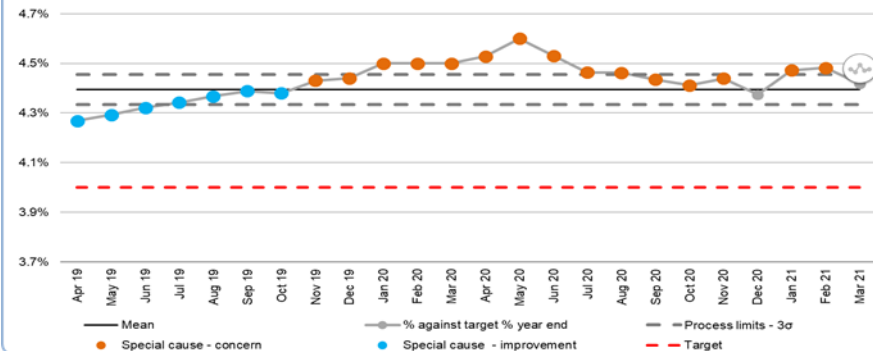
Stability - Trust starting 01/04/19



Turnover - Trust starting 01/04/19



Sickness Absence - Trust starting 01/04/19



Turnover and Stability

Recent and on-going work includes:

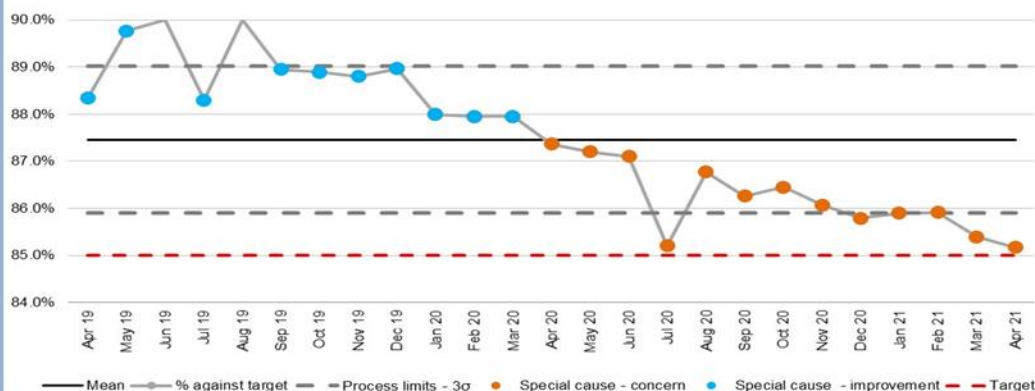
- Refreshing our flexible working options and the Flexible Working policy
- BNSSG Pathfinder Retention Project workshop is taking place for People Business Partners across the system on 20 May. This will involve:
 - Focussed sessions on international recruitment, flexible working, retention conversations and EVP
 - Sharing best practice and experience and seek opportunities to collaborate
- As part of our 'renew and restore' work, we instigated in May a "big conversation" including
 - Pulse surveys, and;
 - Toolkits for managers to hold engaging conversations with their teams
- Another key retention intervention is the 'One NBT Festival' mentioned below.

Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- Further development of systems and support to identify and help staff suffering from Long COVID-19/Post-COVID 19 Syndrome;
- More focussed support for staff who have been shielding, to support their safe return to work. This will include some 'listening' sessions to be offered by the Psychology Team
- Updated support and guidance to support staff in the latter stages of their pregnancy to work safely has also been agreed this month and is being implemented
- Focussed work and sickness 'clinics' are being supported by the People Team in ASCR's hot spot areas
- Continuation of high level case reviews for the 'top 30' LTS with People Business Partners and senior People 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
- A large scale "One NBT Festival" is now being planned for 1-5 July inclusive. This will have a significant focus on staff wellbeing and will showcase existing wellbeing support, trial new wellbeing initiatives (e.g. yoga) and relaunch Schwartz rounds. There will be an important emphasis on fun at work and listening to staff

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



Appraisal Window % Completion



Training Topic	Variance	Mar-21	Apr-21
Child Protection	0.5%	85.5%	86.0%
Adult Protection	0.0%	87.1%	87.2%
Equality & Diversity	-0.5%	90.1%	89.5%
Fire Safety	-0.2%	85.2%	85.0%
Health & Safety	0.5%	87.2%	87.7%
Infection Control	-0.3%	92.2%	92.0%
Information Governance	-0.6%	81.2%	80.6%
Manual Handling	-1.1%	72.7%	71.6%
Waste	-0.4%	87.3%	86.9%
Total	-0.2%	85.40%	85.17%

Essential Training

Whilst compliance remains above the 85% minimum threshold there has been a clear downward trend over the past 3 months. A targeted campaign to reignite essential training compliance is planned for June.

Clinical sessions requiring a practical element remain at a reduced attendance ratio due to social distancing requirements, wherever possible additional sessions have been added to compensate for this.

Leadership & Management Development

Leadership & Management learning activity resumed on 5th April including both the OneNBT Leadership Programme and the Matron Leadership Programme.

The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

Our delivery method for workshops will be a blended approach of both online and face to face facilitation.

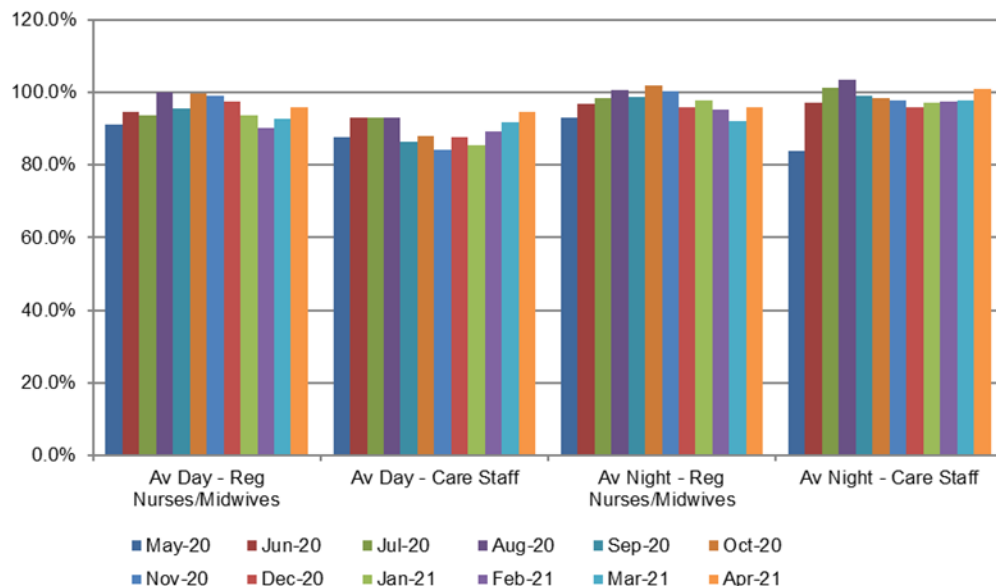
Apprenticeship Centre

Wherever feasible, Apprenticeship activity has continued throughout the pandemic. Apprenticeship assessors have now returned to clinical areas and classroom catch-up support sessions will commence from May. This has been planned in a systematic way to ensure safe staffing levels within clinical areas.

Traineeship Programme

The Trust has been successful in receiving funding to offer up to 20 places on our Traineeship Programme. This programme, specifically for unemployed 19-24-year olds from the local community, provides access to 8 weeks of training and work experience. 88% of previous programme participants have been successful in gaining paid employment with NBT. The first cohort of 7 trainees joined in early May, with the remainder due to start early June.

Safe Staffing Fill Rates



Apr-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	95.8%	94.6%	95.9%	100.9%

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. Cotswold (69.7% Day.) 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 (51.9% Day) Reduction in HCSW required due to lower occupancy

Medirooms (54.8% Day / 78.1% Night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

7a (61.4% Day / 59.4% Night) 7a is a green ward which is intermittently running below full occupancy

NICU (42.4% Day / 44.3% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.,

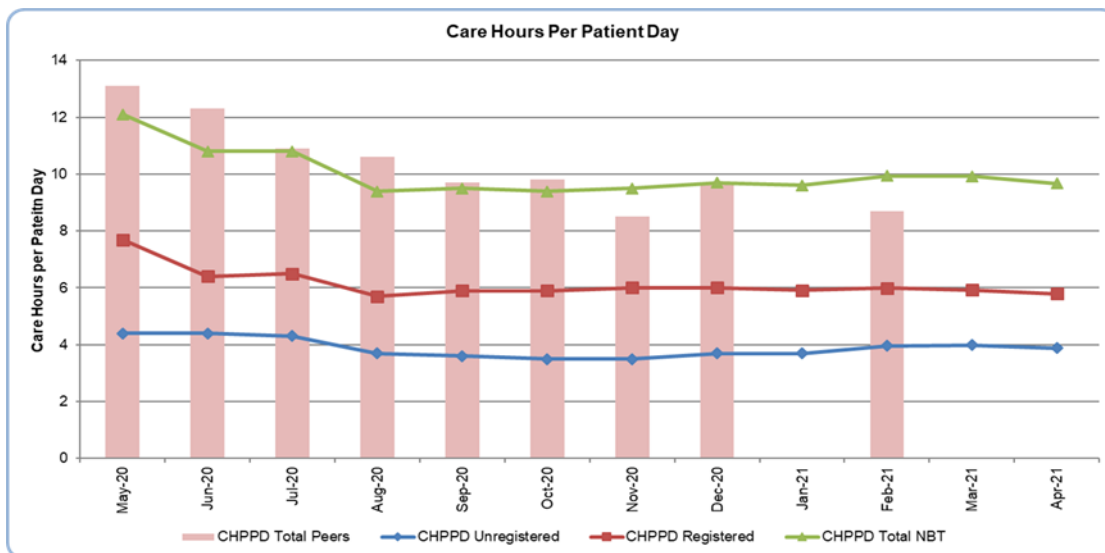
Quantock Ward (67.2% Day) Unregistered staff vacancies

Wards over 150% fill rat for Care Staff:

6b (155.8% Night) patients requiring enhanced care

33a (194.8% Night) patients requiring enhanced care support

33b (155.7% Night) patients requiring enhanced care support



Care Hours per Patient Day (CHPPD)

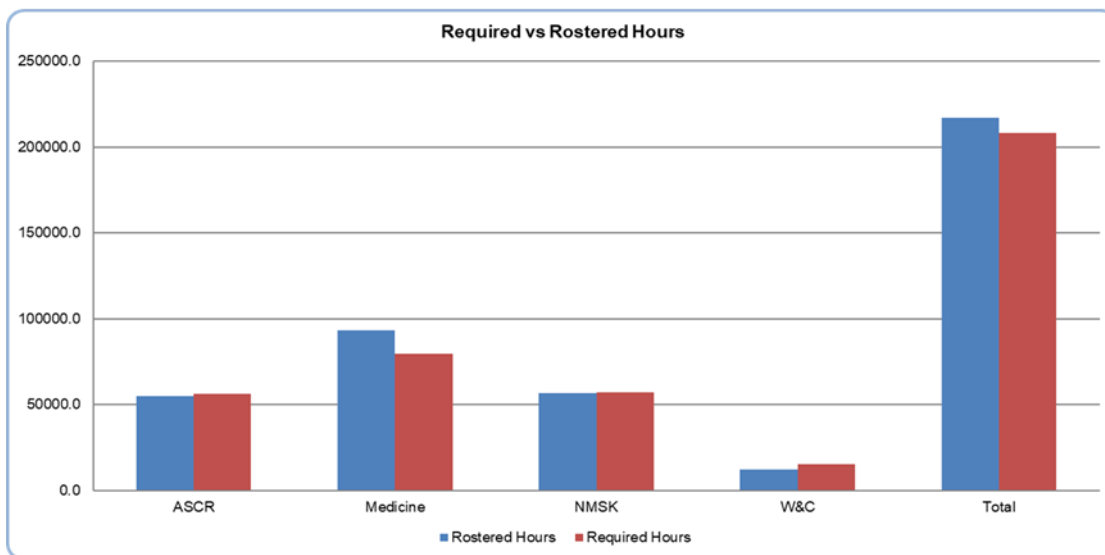
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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

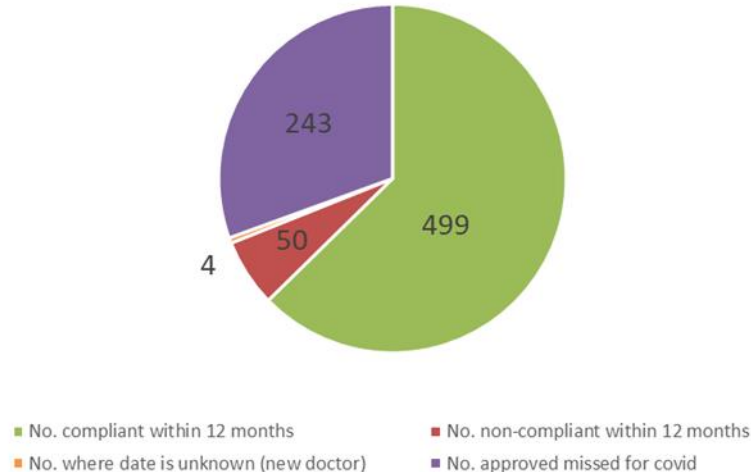
Safe Care Live (Electronic Acuity Tool)

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.

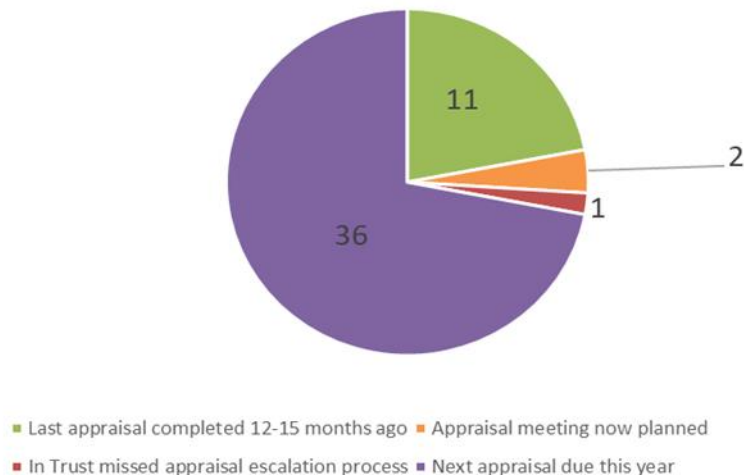
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

Medical appraisals return 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 unless the doctor has asked us to keep the appraisal open.

There are a number of reasons that doctors may be recorded as not having an appraisal within the 12 months. This can be in situations such as doctors completing their last appraisal earlier than it was due, doctors having missed an appraisal while being employed elsewhere or abroad or doctors who are new to the UK. Doctors who are overdue their appraisal 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.

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**

Position as at 30 April 2021

	WITHIN FUNDING ENVELOPE		OUTSIDE FUNDING ENVELOPE	Total
	COVID-19	Core Trust	Mass Vaccination	
	M1 £m	M1 £m	M1 £m	M1 £m
Contract Income	0	53.3	0	53.3
Other Income	1.0	5.0	0.8	6.8
Total Income	1.0	58.3	0.8	60.1
Pay	-0.	-34.2	-0.6	-35.2
Non-Pay	-0.1	-22.1	-0.2	-22.4
Total Expenditure	-0.5	-56.3	-0.8	-57.6
Surplus/ (Deficit)	0.5	2.0	0	2.5

Statement of Comprehensive Income

Assurances

The financial position at the end of April shows a surplus of £2.0m compared to a forecast breakeven

COVID costs incurred in April 2021 totalled £0.5m

There are no further key issues to report.

Statement of Financial Position

Assurances

The improved cash position of £109.4m (£11.9m down since March) is the result of settlement of a number of capital creditors at year end.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for April is 90.4% by value compared to an average of 86.6% for financial year 2020/21.

Financial Risk Ratings , Capital Expenditure and Cash Forecast

Capital expenditure for the month is £1.5m which compares to an original plan of £1.2m.

Financial Risk Rating

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

Rolling Cash forecast

No cash flow forecast has been prepared yet for 21/22 financial year. The cash balance of £109.6m is in line with expectations and no issues are anticipated .

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

Monitor Provider Licence Compliance Statements at April 2021

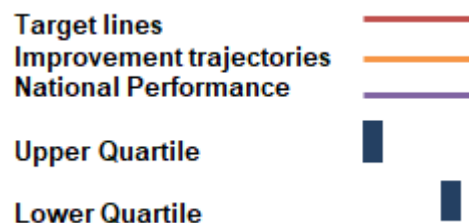
Self-assessed, for submission to NHSI

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, 30 April 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.

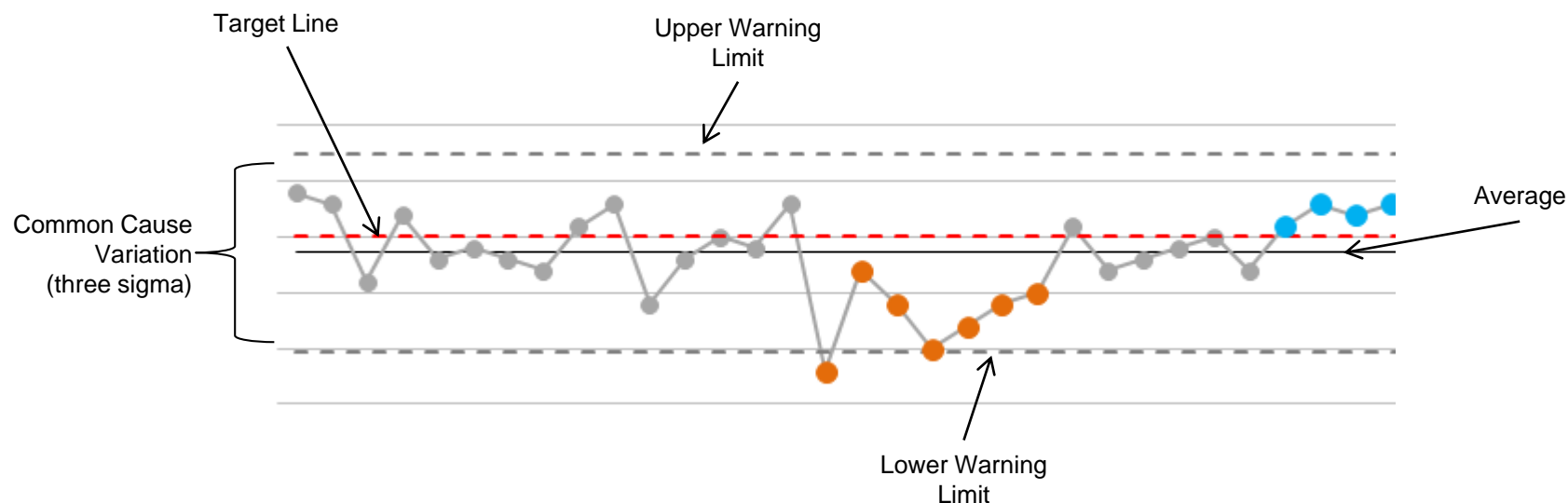


NBT Quality Priorities 2020/21

- 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
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.

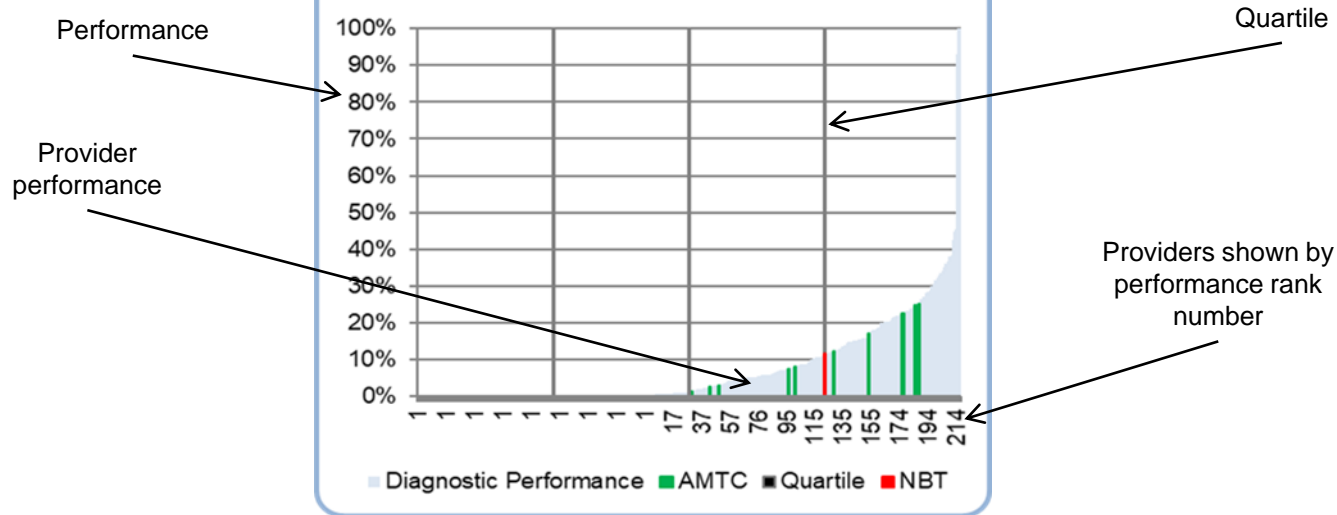
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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