

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



April 2021
(presenting March 2021 data)

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North Bristol Integrated Performance Report

| Domain | Description | National Standard | Current Month Trajectory (RAG) | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-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% | 78.56% | 80.16% | 96.00% | 95.47% | 94.74% | 93.47% | 86.90% | 87.76% | 82.07% | 77.95% | 73.21% | 68.51% | 73.33% | 81.05% | | 79.73% | 55/113 | |
| | A&E 12 Hour Trolley Breaches | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 3 | 52 | 206 | 7 | 0 | | 0 - 102 | 1/25 | |
| | Ambulance Handover < 15 mins (%) | 100% | 95.37% | 95.41% | 94.72% | 97.38% | 98.50% | 98.07% | 98.01% | 76.69% | 68.06% | 67.67% | 57.76% | 54.95% | 60.97% | 58.16% | | | | |
| | Ambulance Handover < 30 mins (%) | 100% | 99.40% | 99.37% | 99.53% | 99.56% | 99.96% | 99.76% | 99.83% | 96.04% | 93.49% | 93.75% | 88.43% | 83.80% | 92.75% | 89.36% | | | | |
| | Ambulance Handover > 60 mins | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 33 | 26 | 82 | 180 | 57 | 83 | | | | |
| | Stranded Patients (>21 days) - month end | | | 120 | 58 | 57 | 74 | 82 | 95 | 114 | 247 | 141 | 145 | 125 | 131 | 138 | | | | |
| | Bed Occupancy Rate | | 93.00% | 82.25% | 50.84% | 58.18% | 77.11% | 82.97% | 87.51% | 92.30% | 94.19% | 92.38% | 95.10% | 95.86% | 92.74% | 92.49% | | | | |
| | Diagnostic 6 Week Wait Performance | 1.00% | 21.72% | 10.25% | 61.24% | 65.94% | 46.56% | 28.98% | 32.36% | 29.58% | 27.47% | 26.73% | 32.37% | 33.04% | 27.20% | 24.72% | | 28.46% | 155/252 | |
| | Diagnostic 13+ Week Breaches | 0 | 0 | 114 | 402 | 2292 | 3161 | 1886 | 1979 | 1998 | 1697 | 1427 | 1487 | 1420 | 1358 | 1364 | | | 122/215 | |
| | Diagnostic Backlog Clearance Time (in weeks) | | | 0.2 | 1.2 | 2.7 | 2.0 | 1.0 | 1.0 | 0.9 | 0.9 | 0.8 | 1.0 | 1.0 | 0.8 | 0.8 | | | | |
| | RTT Incomplete 18 Week Performance | 92.00% | 63.12% | 80.02% | 71.82% | 64.51% | 58.20% | 58.48% | 63.96% | 70.46% | 74.00% | 74.35% | 73.18% | 71.62% | 70.65% | 71.64% | | 66.14% | 188/390 | |
| | RTT 52+ Week Breaches | 0 | 3334 | 43 | 130 | 275 | 454 | 648 | 797 | 1001 | 1092 | 1249 | 1418 | 1817 | 2108 | 2088 | | 0 - 13985 | 161/298 | |
| | Total Waiting List | | 35167 | 28516 | 25877 | 25518 | 25265 | 27512 | 28814 | 29387 | 30214 | 29632 | 29611 | 29759 | 29716 | 29580 | | | | |
| | RTT Backlog Clearance Time (in weeks) | | | 3.2 | 4.4 | 6.9 | 10.3 | 9.5 | 7.6 | 6.4 | 5.4 | 4.8 | 4.9 | 5.1 | 5.7 | 5.6 | | | | |
| | Cancer 2 Week Wait | 93.00% | 94.19% | 91.25% | 76.01% | 93.23% | 97.29% | 88.11% | 78.05% | 76.30% | 89.01% | 78.65% | 63.72% | 60.03% | 70.87% | - | | 90.33% | 126/131 | |
| | Cancer 2 Week Wait - Breast Symptoms | 93.00% | 98.61% | 81.82% | 81.25% | 98.28% | 96.62% | 96.05% | 75.18% | 54.04% | 87.76% | 61.07% | 33.77% | 49.64% | 36.17% | - | | 71.47% | 77/99 | |
| | Cancer 31 Day First Treatment | 96.00% | 97.15% | 97.71% | 92.96% | 85.64% | 95.35% | 97.51% | 95.78% | 90.31% | 92.68% | 97.01% | 95.47% | 89.84% | 95.96% | - | | 94.74% | 63/120 | |
| | Cancer 31 Day Subsequent - Drug | 98.00% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | - | | 99.12% | 1/31 | |
| | Cancer 31 Day Subsequent - Surgery | 94.00% | 85.54% | 85.09% | 75.76% | 79.73% | 86.96% | 92.13% | 89.86% | 85.19% | 87.76% | 91.95% | 92.22% | 77.66% | 84.44% | - | | 87.46% | 41/65 | |
| | Cancer 62 Day Standard | 85.00% | 86.71% | 74.15% | 73.53% | 69.01% | 70.12% | 75.31% | 73.10% | 70.07% | 72.87% | 75.76% | 77.39% | 65.91% | 74.34% | - | | 69.75% | 51/135 | |
| | Cancer 62 Day Screening | 90.00% | 87.88% | 83.95% | 85.07% | 46.67% | 28.57% | 44.44% | 66.67% | 100.00% | 77.14% | 76.92% | 86.36% | 78.57% | 86.79% | - | | 72.07% | 17/67 | |
| | 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% | | 84.09% | 84.07% | 84.62% | 85.89% | 83.40% | 82.79% | 82.99% | 84.19% | 83.80% | 83.00% | 81.68% | 84.03% | 84.84% | | | | |

North Bristol Integrated Performance Report

| Domain | Description | National Standard | Current Month Trajectory (RAG) | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Trend |
|--|---|-------------------|--------------------------------|---------|--------|---------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|-------|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term | | 0.90% | 0.72% | 1.28% | 1.59% | 0.97% | 0.64% | 0.22% | 0.23% | 0.64% | 0.73% | 0.70% | 0.50% | 0.51% | 0.43% | |
| | Caesarean Section Rate | | 28.00% | 33.41% | 31.46% | 33.91% | 36.69% | 34.60% | 39.01% | 35.00% | 36.42% | 31.16% | 41.92% | 35.13% | 38.69% | 40.28% | |
| | Still Birth rate | | 0.40% | 0.44% | 0.23% | 0.00% | 0.00% | 0.40% | 0.20% | 0.41% | 0.00% | 0.23% | 0.64% | 0.46% | 0.23% | 0.00% | |
| | Induction of Labour Rate | | 32.10% | 40.76% | 40.61% | 38.88% | 34.90% | 35.40% | 38.60% | 38.87% | 36.62% | 39.77% | 37.55% | 39.81% | 33.80% | 33.81% | |
| | PPH 1000ml rate | | 8.60% | 9.71% | 8.67% | 12.90% | 11.50% | 11.20% | 10.68% | 7.97% | 10.38% | 14.19% | 8.93% | 9.77% | 11.57% | 10.28% | |
| | Never Event Occurance by month | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| | Serious Incidents | | | 11 | 6 | 1 | 5 | 7 | 5 | 4 | 5 | 6 | 4 | 3 | 2 | 4 | |
| | Total Incidents | | | 853 | 597 | 679 | 834 | 952 | 1030 | 1057 | 1210 | 1051 | 1058 | 1216 | 865 | 903 | |
| | Total Incidents (Rate per 1000 Bed Days) | | | 39 | 45 | 43 | 46 | 48 | 49 | 47 | 50 | 49 | 49 | 56 | 40 | 40 | |
| | WHO checklist completion | 95% | | 99.30% | 99.50% | 99.50% | 99.60% | 99.70% | 99.70% | 99.60% | 99.60% | 99.40% | 99.95% | 99.79% | 100.00% | 100.00% | |
| | VTE Risk Assessment completion | 95% | | 95.35% | 93.97% | 94.24% | 94.89% | 95.79% | 95.08% | 95.15% | 95.12% | 94.61% | 95.44% | 95.23% | 94.99% | 93.89% | |
| | Pressure Injuries Grade 2 | | | 29 | 24 | 16 | 13 | 8 | 14 | 13 | 28 | 17 | 17 | 17 | 27 | 7 | |
| | Pressure Injuries Grade 3 | 0 | | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | |
| | Pressure Injuries Grade 4 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | |
| | Falls per 1,000 bed days | | | 7.29 | 9.84 | 8.77 | 8.09 | 7.05 | 7.67 | 6.69 | 9.56 | 8.84 | 8.54 | 9.53 | 8.63 | 8.43 | |
| | #NoF - Fragile Hip Best Practice Pass Rate | | | 70.91% | 2.13% | 10.20% | 9.43% | 47.46% | 63.64% | 54.17% | 77.27% | 75.61% | 63.64% | 39.34% | 60.87% | - | |
| | Admitted to Orthopaedic Ward within 4 Hours | | | 55.36% | 85.11% | 87.76% | 83.02% | 86.44% | 66.67% | 79.17% | 67.44% | 53.66% | 57.14% | 35.56% | 43.48% | - | |
| | Medically Fit to Have Surgery within 36 Hours | | | 83.93% | 85.11% | 67.35% | 79.25% | 74.58% | 72.73% | 68.75% | 86.05% | 80.49% | 79.59% | 55.56% | 73.91% | - | |
| | Assessed by Orthogeriatrician within 72 Hours | | | 100.00% | 95.74% | 97.96% | 98.11% | 98.31% | 90.91% | 87.50% | 93.02% | 95.12% | 79.59% | 75.56% | 95.65% | - | |
| | Stroke - Patients Admitted | | | 97 | 71 | 72 | 79 | 84 | 63 | 83 | 86 | 79 | 80 | 70 | 61 | 91 | |
| | Stroke - 90% Stay on Stroke Ward | 90% | | 86.67% | 87.10% | 81.50% | 86.20% | 80.00% | 93.20% | 88.00% | 84.62% | 81.97% | 80.88% | 58.18% | 83.33% | - | |
| | Stroke - Thrombolysed <1 Hour | 60% | | 66.67% | 50.00% | Nil | 85.70% | 50.00% | 60.00% | 69.00% | 72.73% | 50.00% | 33.33% | 50.00% | 100.00% | - | |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | 60% | | 58.44% | 74.19% | 64.80% | 88.10% | 73.60% | 63.30% | 69.10% | 61.73% | 63.64% | 47.83% | 35.59% | 60.00% | - | |
| | Stroke - Seen by Stroke Consultant within 14 Hours | 90% | | 80.00% | 79.41% | 94.34% | 94.00% | 91.00% | 89.00% | 80.00% | 86.00% | 89.71% | 85.92% | 87.30% | 91.55% | - | |
| Quality Caring & Experience | MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | |
| | E. Coli | | 4 | 6 | 2 | 3 | 2 | 5 | 7 | 8 | 4 | 5 | 3 | 3 | 1 | 6 | |
| | C. Difficile | | 5 | 2 | 1 | 4 | 2 | 4 | 3 | 5 | 7 | 5 | 7 | 4 | 9 | 4 | |
| | MSSA | | 2 | 3 | 1 | 2 | 1 | 4 | 2 | 1 | 4 | 6 | 2 | 3 | 3 | 0 | |
| | Friends & Family - Births - Proportion Very Good/Good | | | - | - | - | - | - | - | - | - | - | - | - | - | 94.26% | |
| | Friends & Family - IP - Proportion Very Good/Good | | | - | - | - | - | - | - | - | - | - | 93.24% | 94.06% | 95.72% | 93.68% | |
| | Friends & Family - OP - Proportion Very Good/Good | | | - | - | - | - | - | - | - | - | - | 95.60% | 95.71% | 95.29% | 94.63% | |
| | Friends & Family - ED - Proportion Very Good/Good | | | - | - | - | - | - | - | - | - | - | 90.96% | 87.49% | 89.21% | 87.24% | |
| | PALS - Count of concerns | | | 104 | 45 | 105 | 49 | 75 | 51 | 95 | 73 | 99 | 66 | 62 | 71 | 79 | |
| | Complaints - % Overall Response Compliance | 90% | | 88.89% | 88.46% | 100.00% | 98.30% | 98.08% | 97.06% | 98.04% | 94.44% | 92.68% | 94.64% | 81% | 84.38% | 85.11% | |
| Well Led | Complaints - Overdue | | | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | |
| | Complaints - Written complaints | | | 26 | 24 | 27 | 40 | 59 | 53 | 46 | 48 | 39 | 23 | 37 | 43 | 42 | |
| | Agency Expenditure ('000s) | | | 1112 | 613 | 386 | 364 | 555 | 822 | 687 | 874.7 | 899.6 | 1043.34 | 1233.82 | 544 | 1042 | |
| | Month End Vacancy Factor | | | 6.76% | 4.91% | 4.93% | 5.39% | 6.05% | 5.14% | 3.82% | 3.83% | 3.38% | 4.59% | 3.80% | 3.65% | 3.62% | |
| | Turnover (Rolling 12 Months) | 13.50% | | 13.25% | 12.82% | 12.53% | 12.35% | 13.10% | 13.41% | 13.25% | 12.78% | 12.74% | 12.73% | 12.89% | 12.56% | 12.36% | |
| | Sickness Absence (Rolling 12 month -In arrears) | 4.10% | | 4.46% | 4.53% | 4.56% | 4.53% | 4.46% | 4.46% | 4.44% | 4.41% | 4.44% | 4.38% | 4.47% | 4.48% | - | |
| | Trust Mandatory Training Compliance | | | 87.95% | 87.42% | 87.23% | 87.07% | 85.24% | 86.77% | 86.26% | 86.45% | 86.07% | 85.79% | 85.90% | 85.91% | 85.40% | |

Urgent Care

Four-hour performance improved with the Trust achieving the trajectory of 78.56% with performance of 81.05% in March. The Trust conceded 83 one hour ambulance handover delays but conceded no 12-hour trolley breaches. The improved position on February reflects the reduction in COVID-19 admissions, along with increased cleaning resource and introduction of Point of Care testing to support improved flow to blue and amber wards. The Trust positioning improved in March, moving from the third quartile to the second when compared nationally. Performance is expected to deteriorate in April with the Trust experiencing a significant increase in the number of emergency attendances and increased bed occupancy.

Elective Care and Diagnostics

The RTT waiting list remained static in March with demand growth offsetting increasing clock stops. There were 2088 patients waiting greater than 52 weeks for their treatment in March against a revised trajectory of 3334. This is the first time 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 has also remained static at 7.06%. Nationally, the Trust positioning was static in February, remaining in the third quartile. Diagnostic performance improved in March with improvement reported for most test types in-month; however improvement in performance has been predominantly impacted by increased demand, increasing the under 6-Week cohort. The backlog has remained static.

Cancer wait time standards

The TWW standard improved in February but continues to report under trajectory; the majority of breaches were in Breast and Colorectal and were due to capacity constraints within the services. Although not meeting trajectory, the 31-Day standard improved more significantly in February and was close to achieving national standard with performance of 95.96%; moving from the fourth quartile to the third when compared nationally. 62-Day failed both the recovery trajectory and the national standard in February, however there was improvement on the January position, which moved the Trust from the third to the second quartile when compared nationally. Workforce and capacity constraints across Breast, Colorectal and Skin are expected to continue impacting the CWT standards for March and into Quarter 1 of 2021/22.

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 March. The Trust will not achieve the trajectory for C. difficile cases this year following increased numbers in autumn 2020 that have continued in Quarter One 2021.

Workforce

The Trust vacancy factor remained stable in March at 3.63% and is significantly lower than the same point last year when the vacancy factor was 6.76%. The Trust has over 100 more registered nurses and midwives in post than this time last year. Trust turnover remains at a similar level to the previous month and ends the year 2.59% lower than the same point last year work continues internally and in partnership with BNSSG to capitalise and continue this improvement in 21/22. Overall sickness absence remained at the same level as the previous month, over the coming month we will be continuing work to identify and support out staff with Long COVID and to monitor reasons for sickness absence with a particular focus on mental health.

Finance

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 22.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported a four-hour performance of 81.05% in March, exceeding the performance trajectory of 78.56% and performing above national performance. Ambulance handover delays were reported in-month with 83 handovers exceeding one hour. The Trust did not concede any 12-hour trolley breaches in March. ED activity increased in March with an increase in walk-in attendances, whilst ambulance arrivals have continued to remain consistent with pre-pandemic levels. Bed occupancy varied between 88.58% and 100.84% in March against the core bed base. There was increased occupancy and wider variation for the first week of March, following which the bed base significantly stabilised for the remainder of the month.

Planned Care

Referral to Treatment (RTT) - 18 week RTT performance improved marginally in March, achieving the trajectory of 63.12%. The number of patients exceeding 52 week waits in March was 2088 against a recovery trajectory of 3334; the majority of breaches (1281; 61.35%) being in Trauma and Orthopaedics. For the first time 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 has also remained static at 7.06%. 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 improved, though continued to fail the recovery trajectory with performance at 24.72% in March. The position has been positively impacted by a static backlog position and increased demand. Improvement has been reported for most test types in month; Urodynamics was the only test type to report a decline in performance, however they have seen a marginal reduction in backlog and a significant reduction in overall wait list. The number of patients waiting longer than 13 weeks remained static in March. Compared nationally, 13 week performance improved in February but remains in the fourth quartile.

Cancer

The Trust achieved one of the seven Cancer Waiting Time (CWT) standards (31-Day subsequent – chemotherapy treatment) and trajectories for February 2021. The Breast service continues to have workforce constraints in both clinical and diagnostic support and because of that they are carrying a backlog of around 450 referrals a month above core activity levels. The average waiting time for the Trust's one-stop Breast clinic is currently 26 days. Overall, the Trust achieved the 28-Day diagnosis standard. Workforce and capacity constraints across Breast, Colorectal and Skin will continue to impact the CWT standards for March and into Quarter 1 of 2021/22. Cancer trajectories for 2021/22 are under review in line with planning guidance.

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.

Maternity Minimum Data Set: 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 March. In 2020/21 we have achieved the 30% reduction target in grade 2 pressure injuries and 30% reduction in device related pressure injuries.

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 in March. There are no current Mortality Outlier alerts for the trust.

Areas of Concern

Infection control: The Trust will not achieve the trajectory for C. difficile cases this year following increased numbers in autumn 2020 that have continued in Quarter One 2021. The C. difficile steering group and Divisional Teams continue to progress work to tackle themes noted relating to late sampling and poor with increased support from IPC are working to return to best practice.

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 factor remained stable in March at 3.63% compared to 3.65% in February and is significantly lower than the same point last year when the vacancy factor was 6.76%. This is due to ongoing successful recruitment in high volume areas such as nursing and midwifery and due to a reduction in voluntary turnover in 20/21. The Trust has ended the year with 381 wte more staff in post than in March 2020 (excluding the impact of the mass vaccination workforce and staff recruited temporarily during the pandemic response) and this includes 100wte more registered nurses and midwives.

Turnover

The Trust turnover is reported as 12.36% in March a slight reduction from the previous month. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 10.77%, compared to 13.36% in March 2020. Overall the Trust has seen a significant reduction in voluntary turnover in 20/21 with 100 wte less leavers for voluntary reasons. Overall the number of retirements remained the same at 126 wte however reductions were seen in some staff groups and increases in others, most notably the former in unregistered staff and estates and ancillary and the latter in registered nursing and midwifery. Work on retention continues in partnership with BNSSG to help sustain the improvements seen prior to the pandemic period and to mitigate the risk of a potential increase in turnover in 21/22 post lockdown restrictions.

Prioritise the wellbeing of our staff

The rolling 12 month sickness absence remains stable at 4.49% in February. In month sickness in February was 4.59% which is the same level as February 2020. In terms of COVID related absence whilst not formally reported COVID-19 sickness has reduced from 1.2% to 0.5% moving from February to March. Other COVID related absence saw little change in March at 3.07% compared to 3.05% in February. April will see a significant reduction both because infection drive COVID related absence has decreased and the majority of staff shielding will have returned to work.

Continue to reduce reliance on agency and temporary staffing

Overall temporary staffing demand increased in March (8% equivalent to 77 wte). March saw an increase of 28% booked wte for annual leave cover compared to February, this rise is anticipated moving into the final month of the annual leave year.

Tier 4 agency use increased from 2.2 wte in February to 4.5 wte in March. For registered nursing ICU use increased by 1.6 wte which was the most significant increase across all teams. Registered mental health nurse use for tier 4 also increased by 0.6 wte across all teams. Tier one agency use also increased by 6.3 wte predominantly in theatre anaesthetic nursing, medicine ward teams and ICU. As such agency spend increased in March compared with February.

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 March was £6.8m, while the actual surplus reported is £1.2m

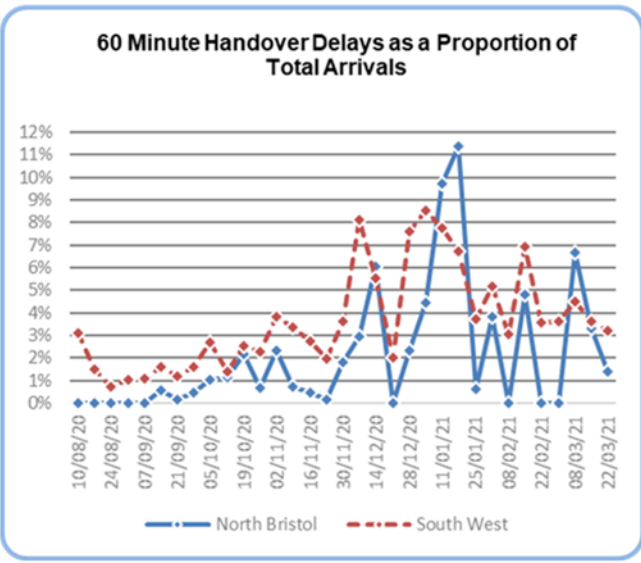
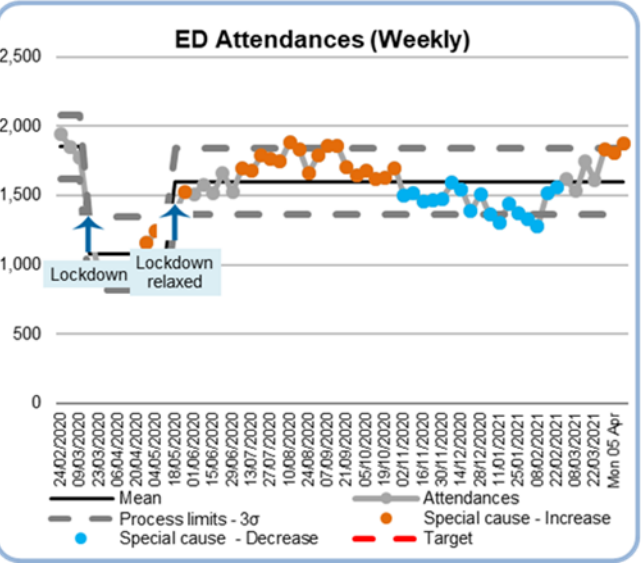
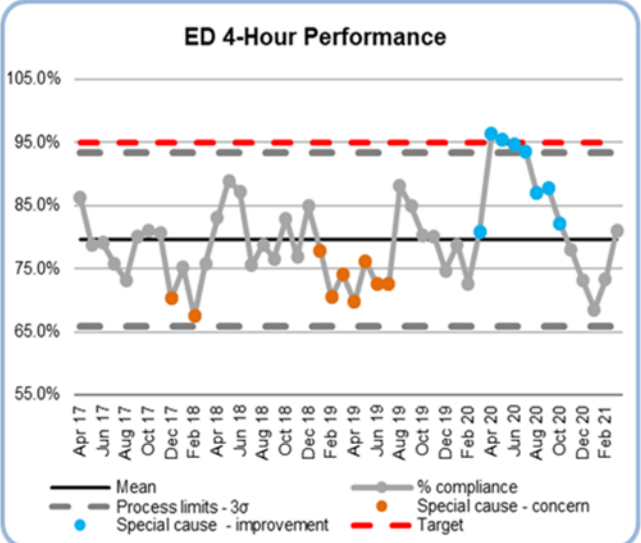
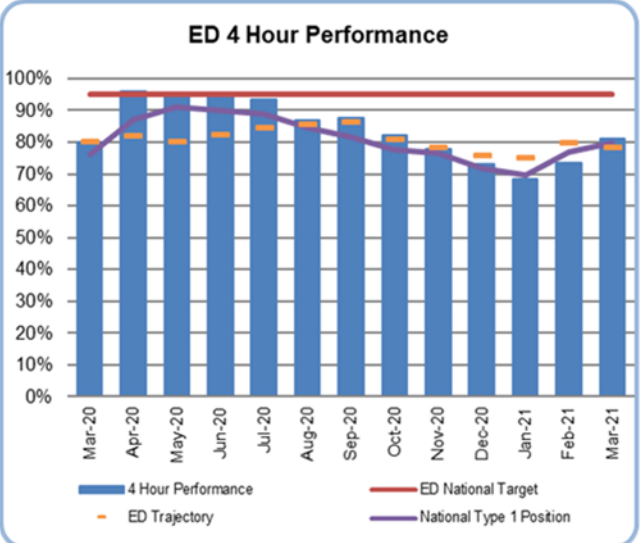
Cumulatively the Forecast Trust deficit for 20/21 financial year was £24.7m and the Actual surplus reported is £0.5m.

Total Capital spend for the year was £40.5m, compared to an original plan of £19.7m. This includes £5.9m of COVID capital spend, along with £15.8m relating to non-COVID capital PDC what was received during the year

Cash in hand at 31 March was £121.5m, this represents a year on year increase of £110.7m

Responsiveness

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



Urgent Care

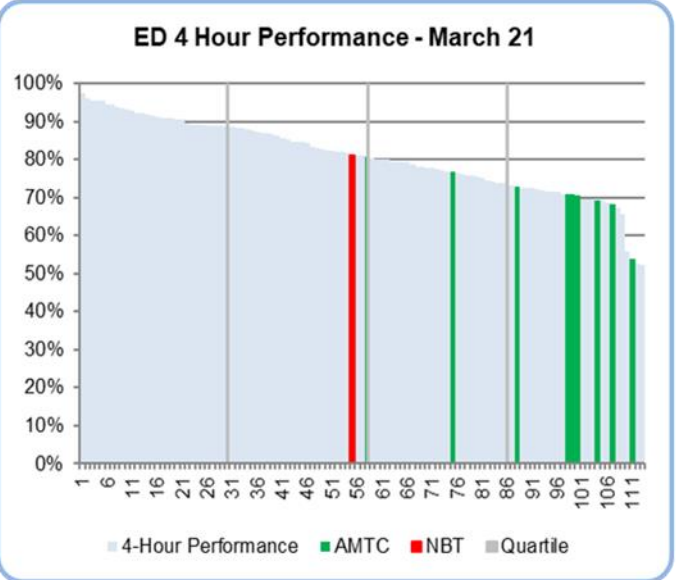
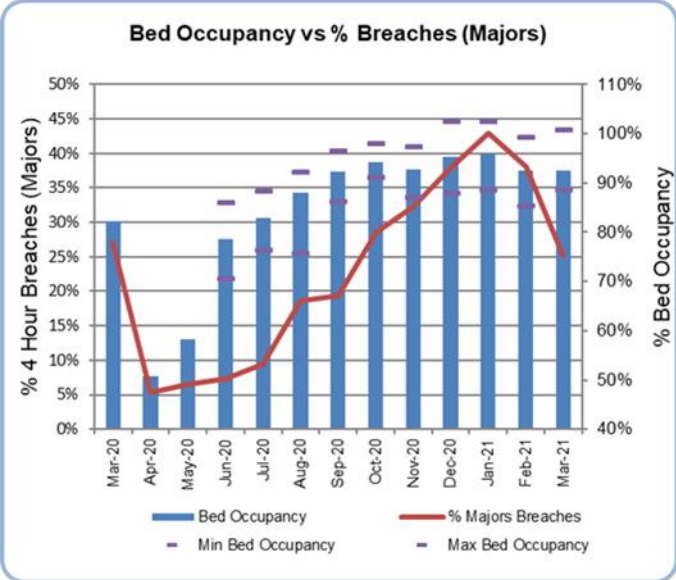
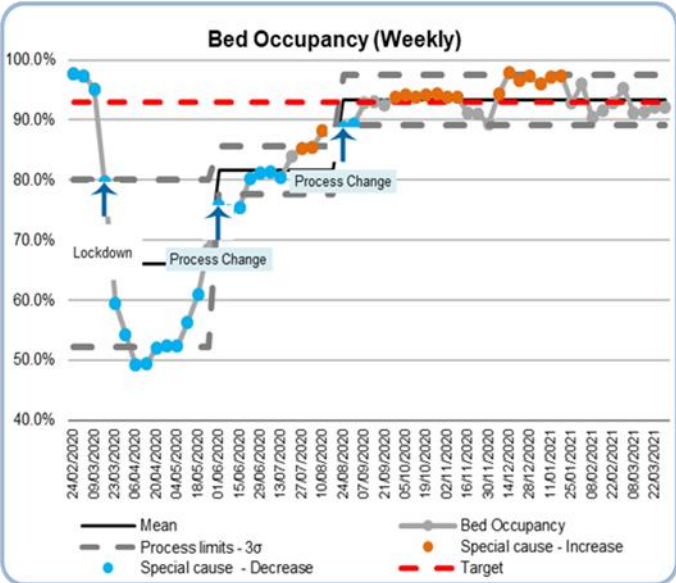
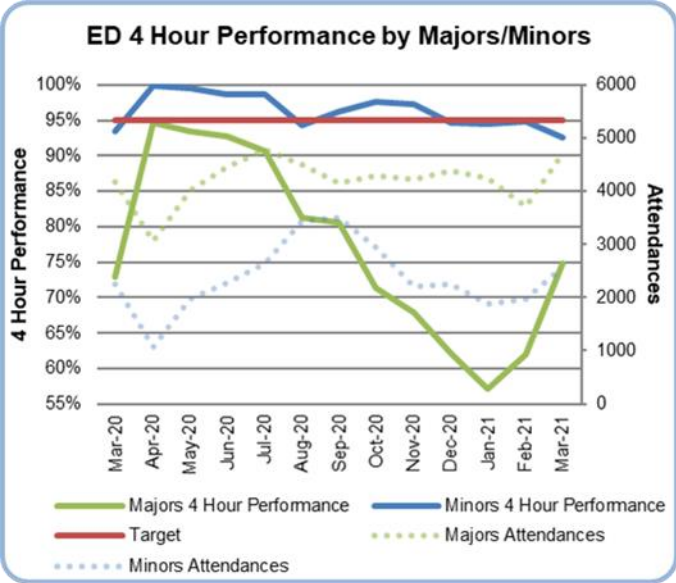
Four hour performance improved to 81.05% in March, achieving trajectory of 78.56% for the first time since October. Trust performance has reported above national performance for the first time since December. The Trust did not concede any 12-hour trolley breaches in March; it is first time this has been achieved since September 2020.

The Trust has seen a continued reduction in COVID-19 admissions throughout the month and staffing escalation was also able to return to ‘business as usual’ (BAU) process.

However, despite reducing COVID-19 demand AM discharge rates have reduced vs. pre pandemic levels, which has negatively impacted on flow. A review is underway to maximise discharge lounge usage for both green and amber pathways.

Ambulance handover was challenged in month, with the Trust conceding 83 ambulance handover delays over one hour when the department was experiencing a surge in demand. To maintain social distancing the department has less offload space, leading to delays.

ED performance is expected to deteriorate in April; current performance is 73.86% with the Trust experiencing a significant increase in the number of emergency attendances and Trust bed occupancy.



4-Hour Performance

In March, Majors performance improved, though continued to be most notably impacted at 74.09%, whilst Minors performance deteriorated slightly to 92.39%.

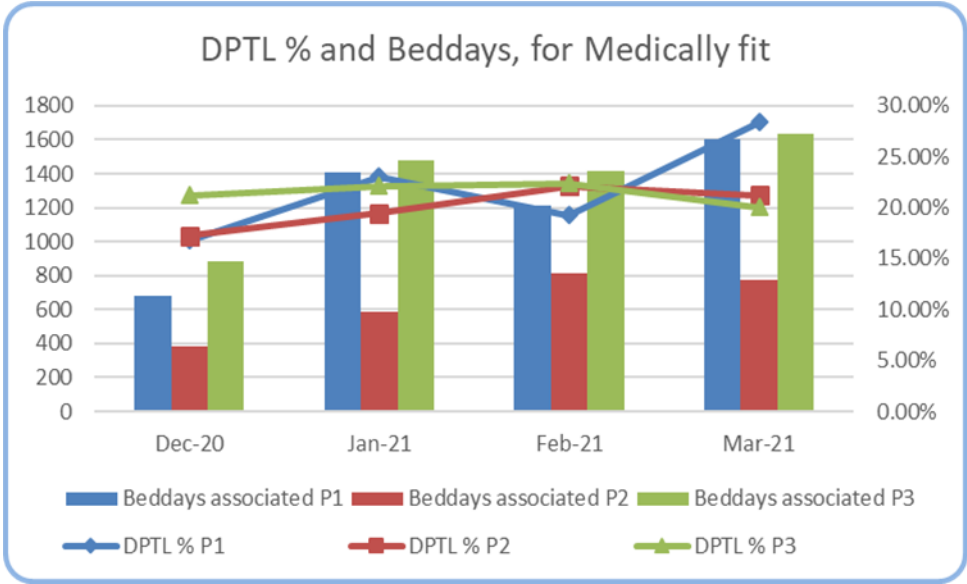
ED activity increased in March with an increase in walk-in attendances, whilst ambulance arrivals have continued to remain consistent with pre-pandemic levels.

For the first time since August 2020, the predominant cause of breaches at 33.70% was waiting for assessment in ED, whilst 18.81% of breaches were caused by waiting for a medical bed.

Bed occupancy varied between 88.58% and 100.84% in March against the core bed base. There was increased occupancy and wider variation for the first week of March, following which the bed base significantly stabilised for the remainder of the month. For this three week period, bed occupancy only varied between 88.58% and 94.63%.

The Trust position has improved for ED performance when compared nationally, moving from the third quartile to the second in March. ED performance for the NBT Footprint stands at 85.03% and the total STP performance was 83.17% for March.

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

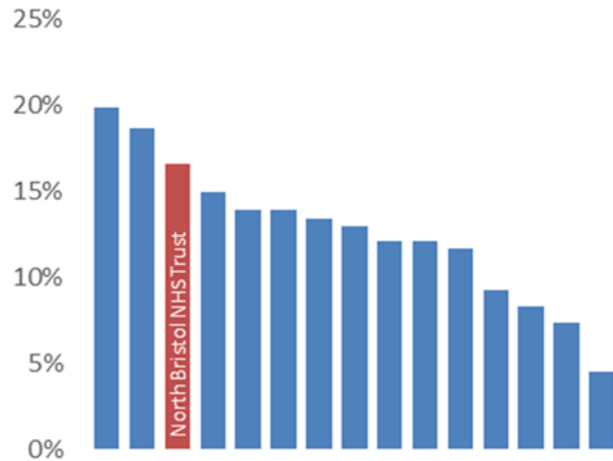
As of midnight 20/04/21 the right to reside data highlights an increasing level of delays and therefore accumulated bed days associated with P1 and P3. In March, the largest complex dementia bed base in Bristol was unable to continue taking referrals. Into April, this has been recognised as a risk and a commissioning process has been completed to address issues. This will support the re-provision of the beds and is predicted to come on stream in May.

The percentage of P1 referrals in 2020/21 from the level reported in 2019/20 has increased from 43% to 64%, as the Trust has taken on the trusted assessor function from community services.

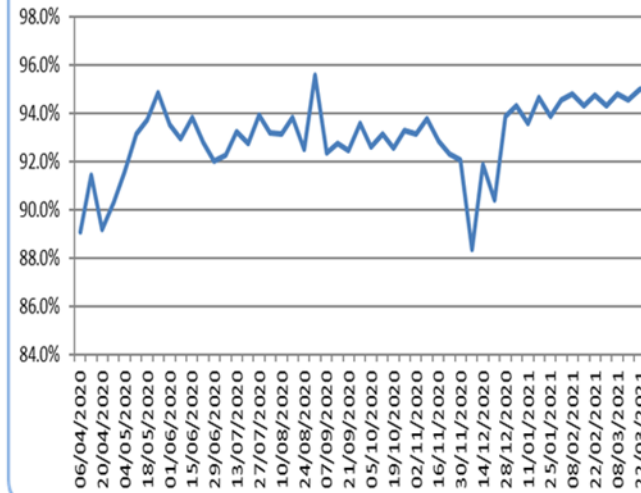
Whilst BNSSG has invested in a workforce model to increase the complexity of P1 home first capacity, Sirona recruitment did not keep pace with demand in March. From April, Sirona expect to increase P1 slot availability to more closely match to demand.



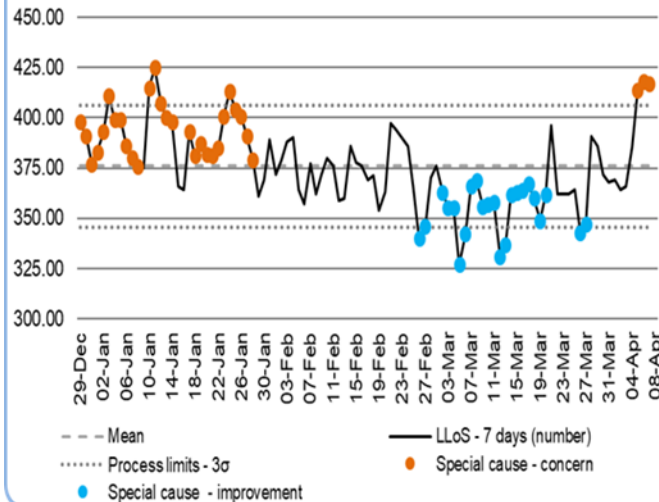
21+ LoS occupancy % in SW



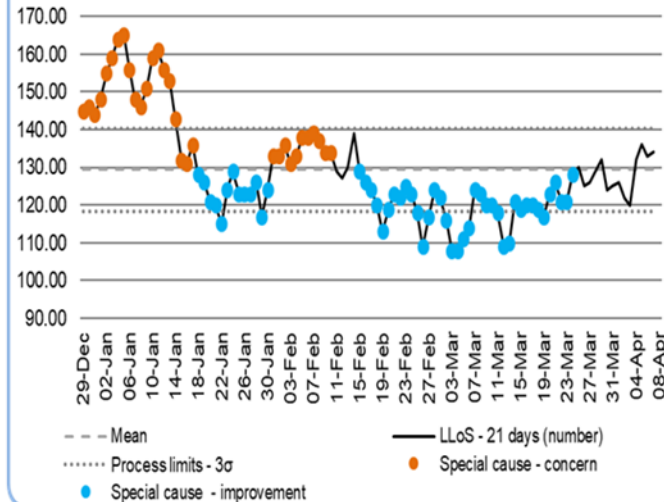
% Discharges P0 and P1 (EL and NEL, all ages, all LoS)



SPC Chart for LoS - 7 Days (Number)



SPC Chart for LoS - 21 Days (Number)



Data Source: South region NHSI UEC dashboard, w/e 7th April

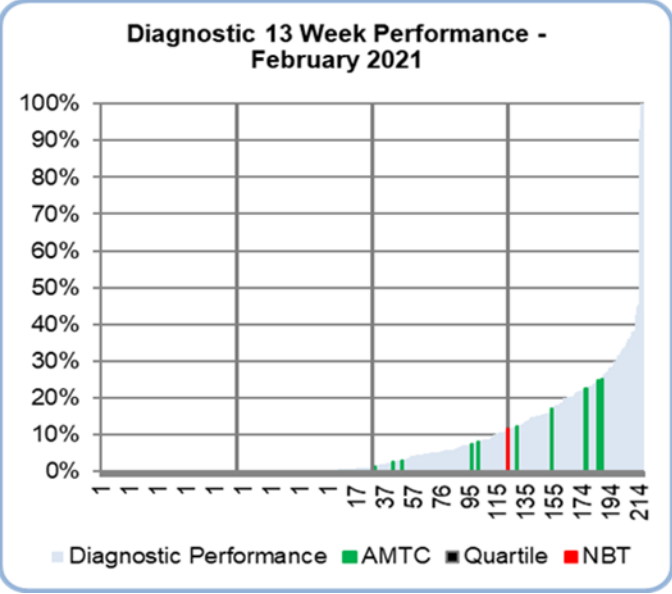
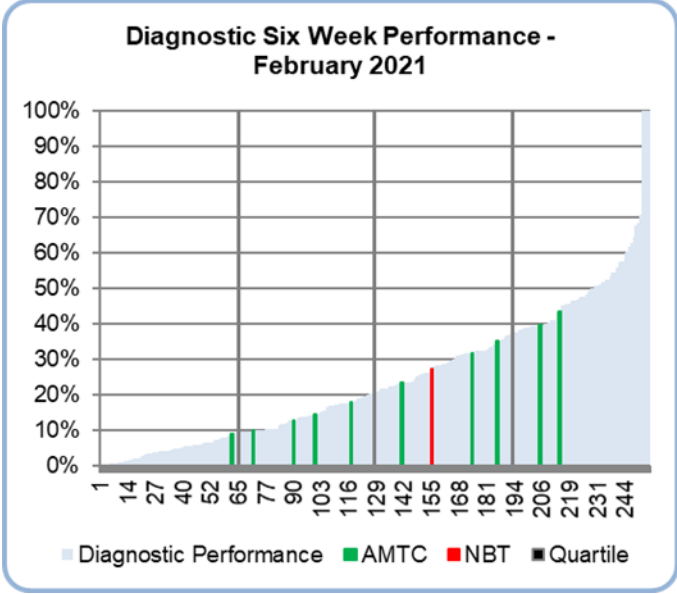
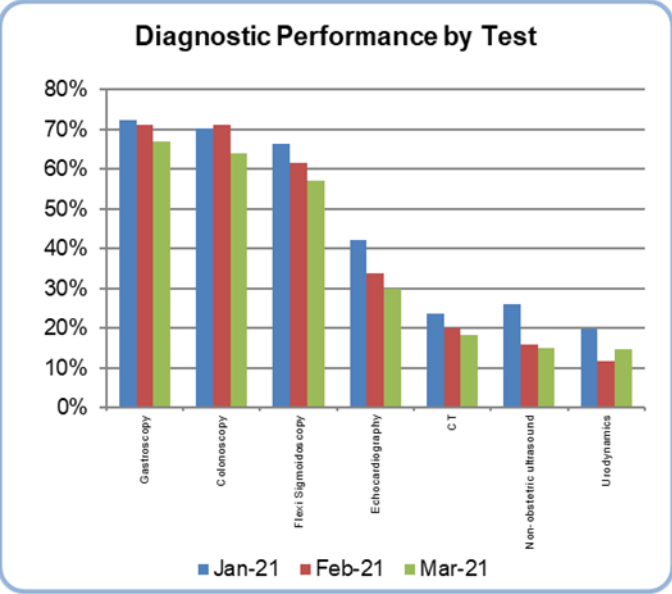
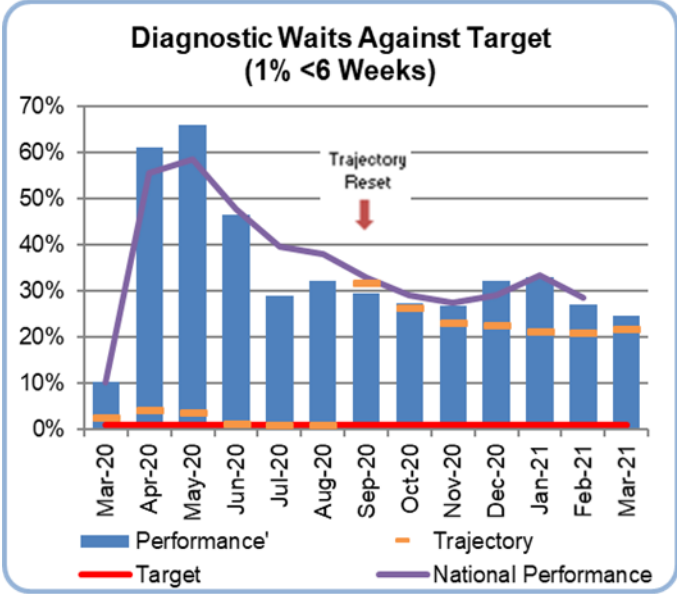
Stranded Reporting

The regional reports highlight that NBT now has the 3rd highest reported occupancy for 21 days +. This is a slightly improved position vs. last month.

Of particular note was the increase in 7 days+ as the COVID-19 impact has reduced and NEL activity has grown.

The beneficial impact of the support from the Red Cross who provide the telephone follow up for all patients discharged without a complex pathway is improving confidence in the P0 discharge.

When this is considered alongside the increase in the P1 referrals, the level of patients discharged home has increased to 95% and is being sustained across all age groups.



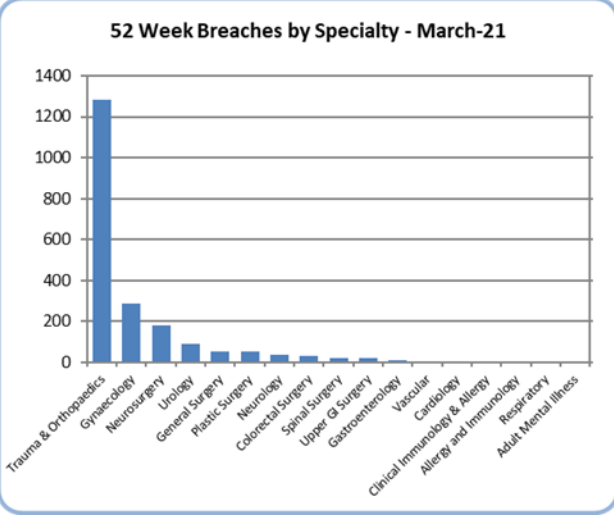
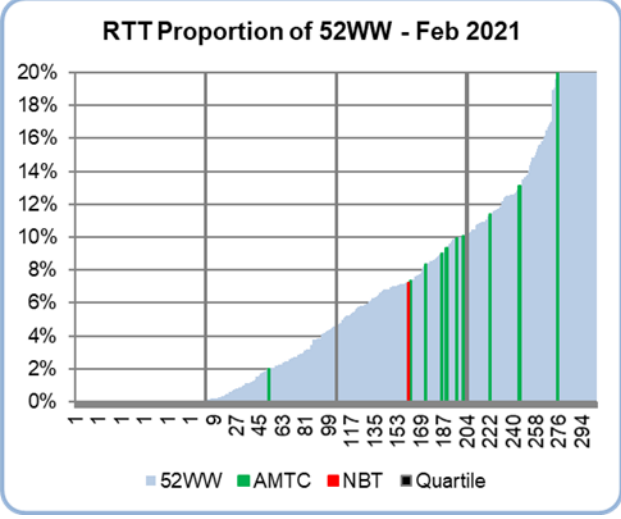
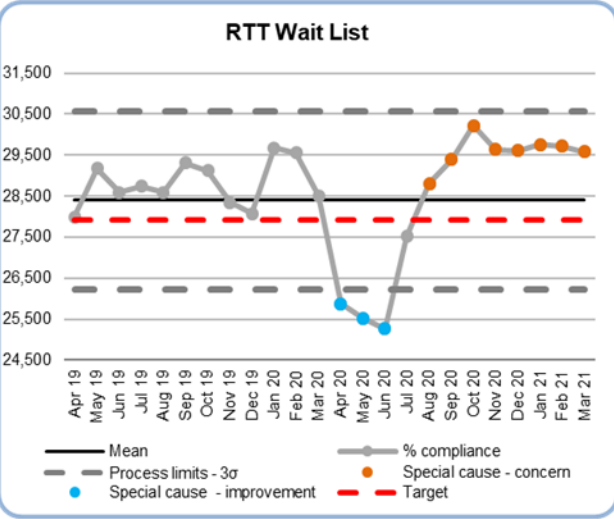
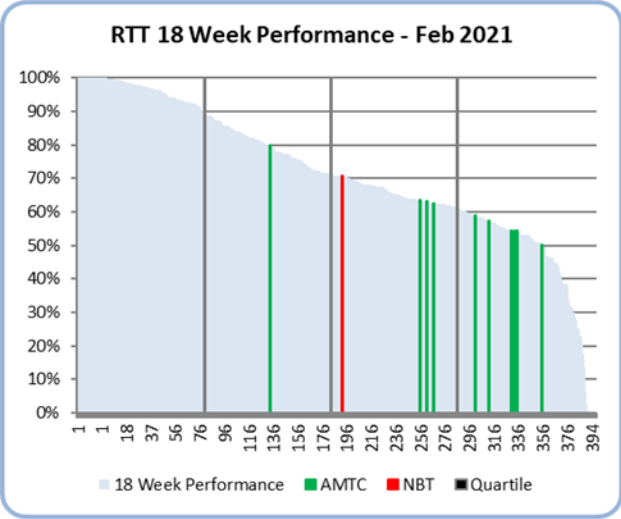
Diagnostic Waiting Times

Diagnostic performance improved to 24.72% in March, but failed to achieve the trajectory of 21.72%. The position has been positively impacted by a static backlog position and increased demand, increasing the number of patients waiting overall and in the under 6-week cohort. When adjusting for working days, activity has remained the same as February at around 90% of 2019/20 levels.

Urodynamics was the only test to report deterioration in month. Despite a reported performance deterioration, the backlog reported a marginal reduction and a reduction in the overall wait list.

The number of patients waiting longer than 13 weeks remained static. 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 February. 13-week performance improved, but remains in the fourth quartile.



Referral to Treatment (RTT)

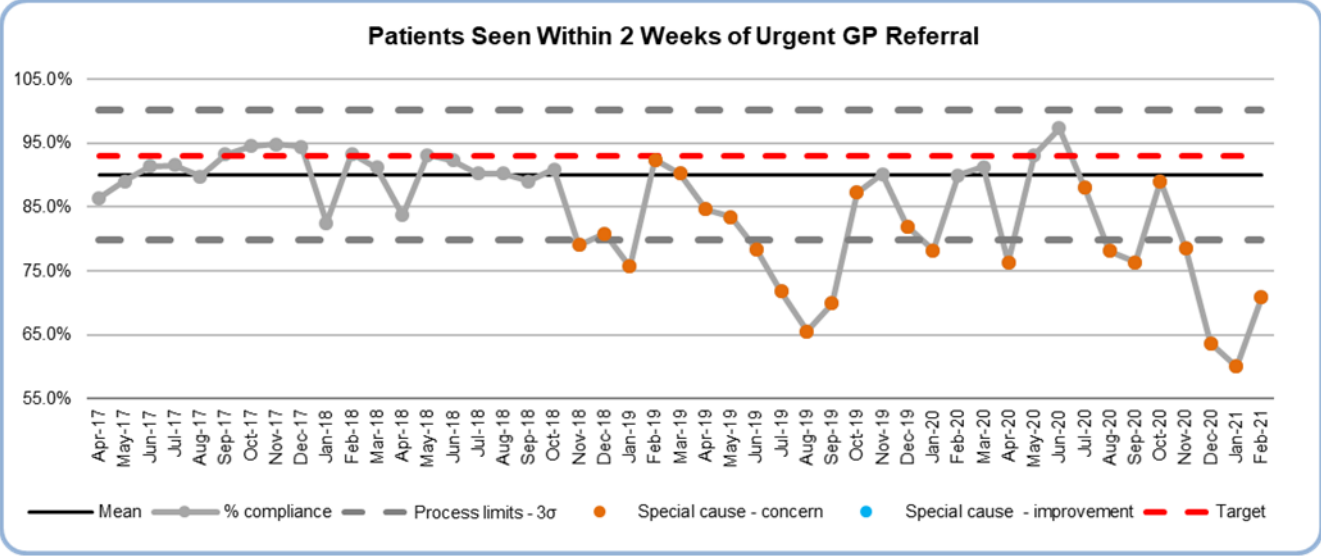
In March, the Trust reported RTT performance of 71.64%, achieving the trajectory of 63.12%. The waiting list remained static at 29580 in March, reporting under the trajectory of 35167. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering predominantly above plan, resulting in a lower waiting list than predicted.

Adjusting for the number of working days, there was a 11.00% increase in clock stops overall in March, which has been offset by increased demand.

For the first time since the beginning of the COVID-19 pandemic the Trust has reported a reduction in 52 week wait breaches. At month end, there were 2088 patients waiting greater than 52 weeks for their treatment against a trajectory of 3334; the majority of breaches (1281; 61.35%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks has also remained static at 7.06%.

In March, there were 10 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 February was static and remains in the third quartile. The positioning of the 52WW breaches as a proportion of the overall wait list was also static, remaining in the third quartile.



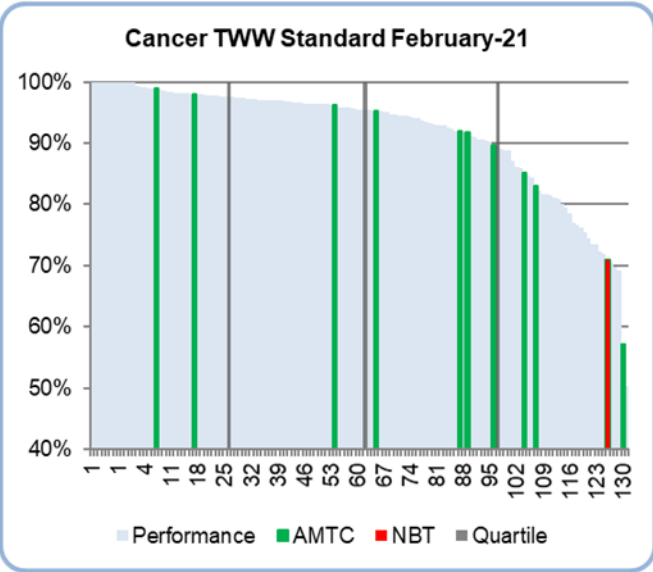
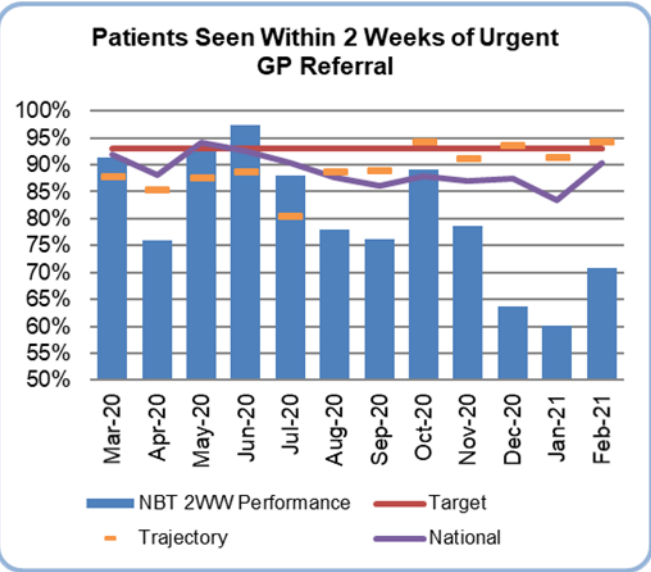
Cancer: Two Week Wait (TWW)

The Trust saw 1809 patients in February; 527 patients breached giving performance of 70.87%. The majority of breaches were in Breast and Colorectal and were due to capacity constraints within the services.

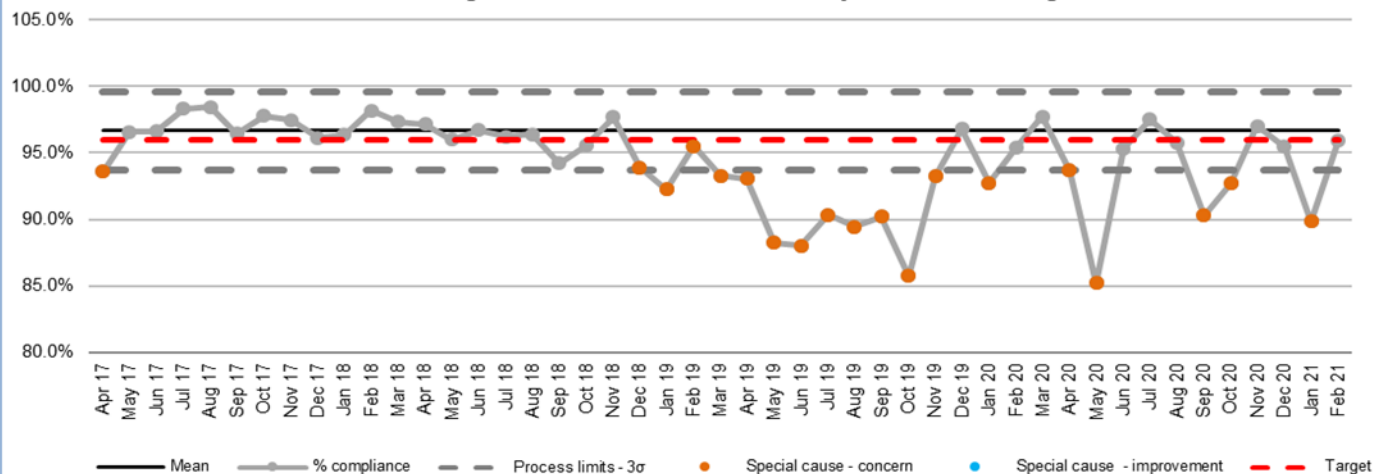
The main challenges for the Breast Service are: demand, with concentrated peaks in demand that create roll over into following months; workforce shortages; and quality of referrals especially in pain referrals. Regional capacity and workforce challenges prevent other providers from offering mutual support and physical space to deliver more activity under social distancing rules.

Colorectal services failed both the CWT standard and cancer trajectory in February; 217 patients were seen with 37 breaches equating to performance of 82.95%. The capacity issues in Endoscopy and Theatres, the patient engagement issues and the delay to the pathway as a result of FiT testing has contributed to the drop in performance for Colorectal. This is unlikely to improve until the summer due to issues with workforce in both Endoscopy and Colorectal services.

There has been a significant drop in TWW referrals overall since 2018/19 and 2019/20; the Trust is expecting to see wide fluctuations in the volume of TWW referrals received over the next year and services have been advised to review the effect those fluctuations will have on their capacity to meet TWW demand within the required timescales.



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer: 31-Day Standard

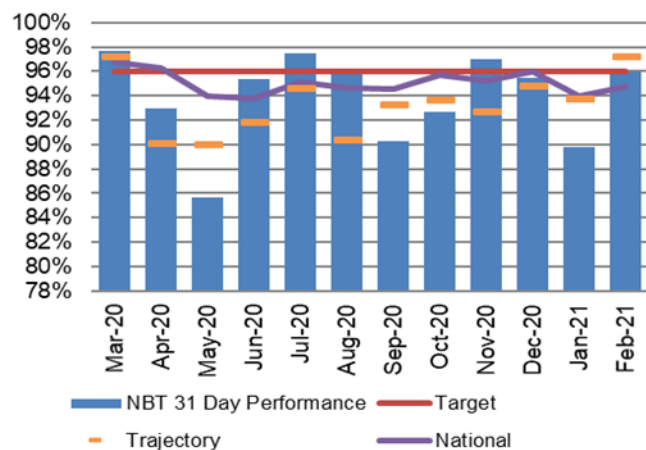
In February The Trust was close to achieving the standard with performance of 95.96%. This was an improvement on the January performance.

Colorectal was the only specialty that failed to achieve this month with a performance of 85.71% due to TWW delays at the front end of the pathway as a result of the introduction of the FIT test in primary care and subsequent changes in the pathway caused by the FIT protocols. This has been addressed and should improve going forward.

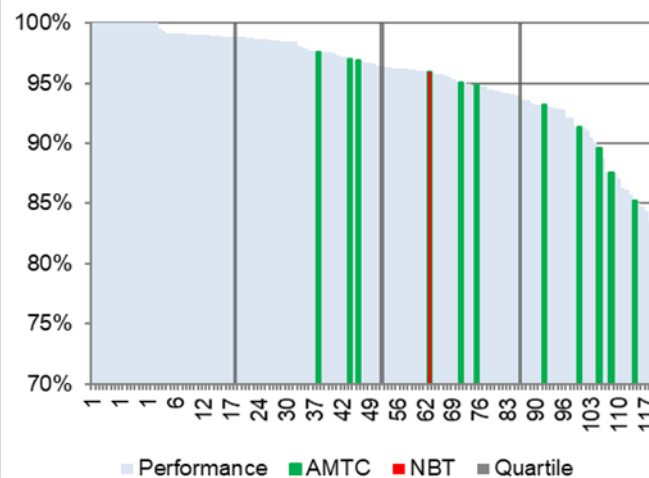
Overall for the 31-Day standard there were 9 patients who breached: 4 in Skin; 1 in Urology; 2 in Colorectal; and 2 in Breast.

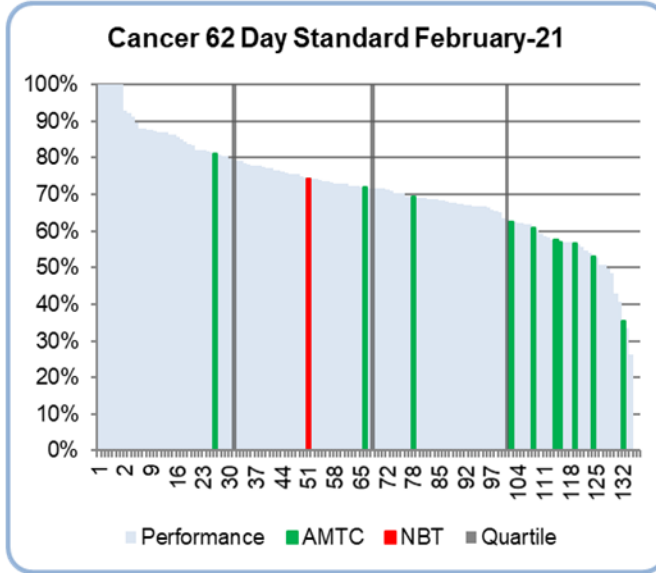
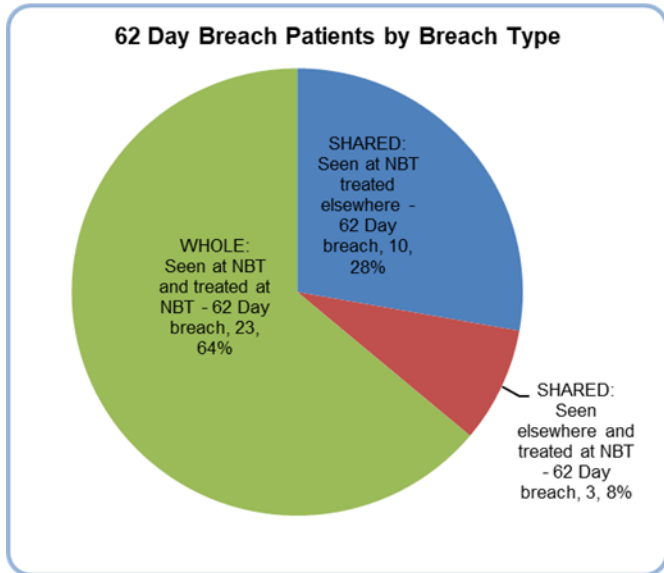
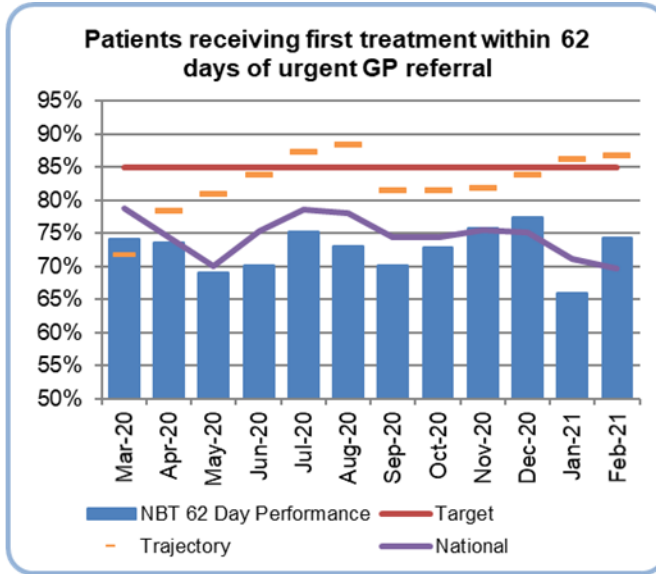
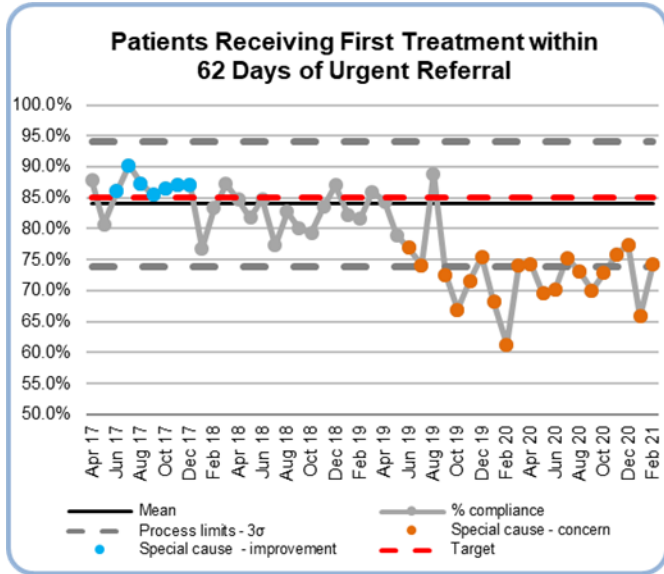
Three breaches were due to surgical COVID-19 priority agreed within clinical guidelines and 3 were due to elective capacity within Skin and Colorectal.

Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



Cancer 31 Day Standard February-21





Cancer: 62-Day Standard

The reported 62-Day performance for February was 72.06% with 136 treatments and 38 breaches. The Trust failed both the recovery trajectory position of 86.71% and the CWT standard of 85.00%.

Skin and Haematology were the only specialties that achieved 62-Day CWT standard in February; Skin with a performance of 93.26% and Haematology of 85.71%.

Urology's performance of 66.67% with 12 breaches failed to achieve CWT standards of 85.00%. This was an improvement on their January performance of 54.55%. They continue to achieve their trajectory of 52.00%. The majority of the 12 Urology breaches were due to provider delays with 7 due to individual diagnostic delays for Template Biopsy and Radiology.

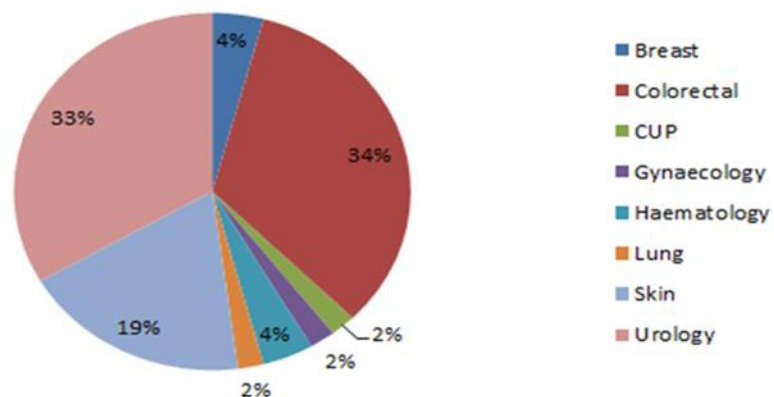
Colorectal failed to achieve the standard with 30.77% performance, which is a worsened position compared with January's performance of 36.36%. The majority of this month's breaches were due to complex pathways involving multiple diagnostics needed and Endoscopy at the first appointment stage.

Breast 62-Day performance was 61.40%, which has decreased compared with January performance of 69.81%; 28.5 patients were treated with 11 breaches. The majority of these breaches were caused by the known delays to the TWW element of the pathway.

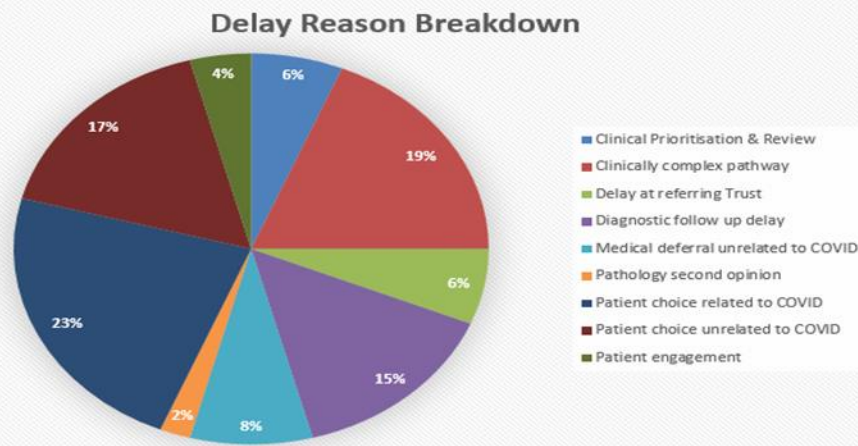
NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

104 Day Without DTT

Cancer Specialty - Without DTT



Delay Reasons - Without DTT



Cancer

104-Day Patients Live PTL Snapshot as of 13/04/2021

The total number of patients currently over 104 days on their pathway without a decision to treat has increased to 48 since the February 104 report (37).

There has been significant increases in Urology and Colorectal. Urology has increased by 4 patients and Colorectal has increased by 5 patients. The biggest delay reason continues to be due to patient choice *related* to COVID-19. Patient delays are related to fear of the hospital, wanting to delay until 'after COVID-19' or the vaccine or complications with isolation or transport.

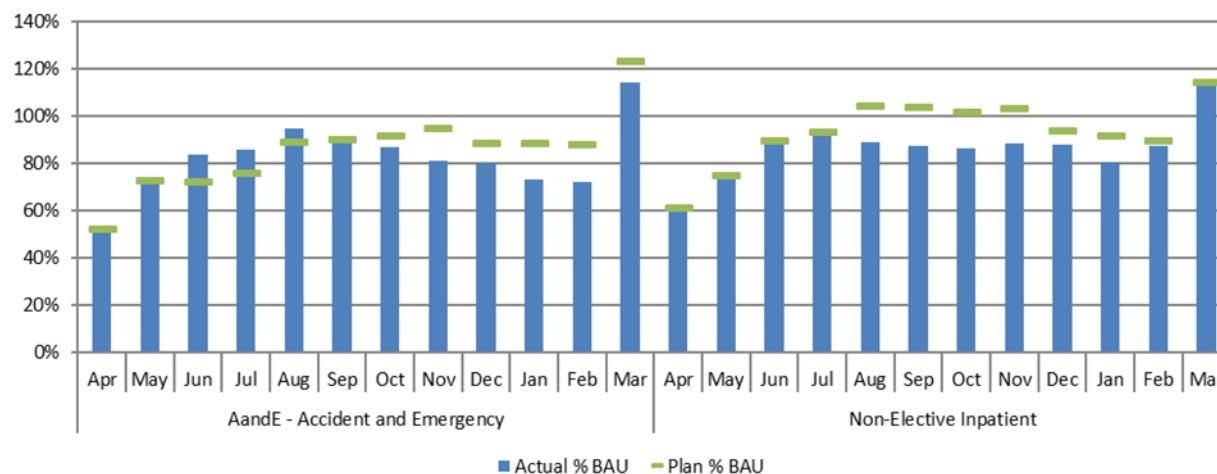
Skin continues to see a high number of patient initiated delays.

Each patient has had review by a Consultant and risk discussed. This delay reason amounts to 23% with 11 patients of the 48 without DTT. Second to this is clinically complex pathways with 9 patients and amounting to 19% overall.

Since January, patients >104 days with a DTT has significantly increased from 7 to 15 in this latest snapshot.

There has been an increase of Urology 104-day waiters WDTT. However, when looking at the breakdown, 33% of these are attributed to late referrals from external Trusts for primary treatment, which is a consistent theme month on month. Only 1 patient can be attributed to an NBT caused delay.

Non-Elective Activity vs Plan

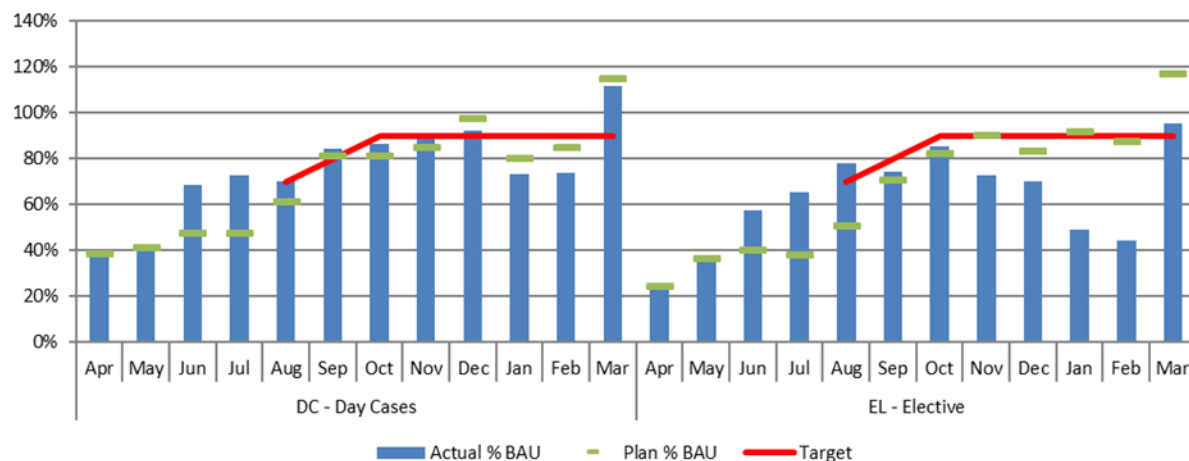


Non-Elective Activity vs Plan

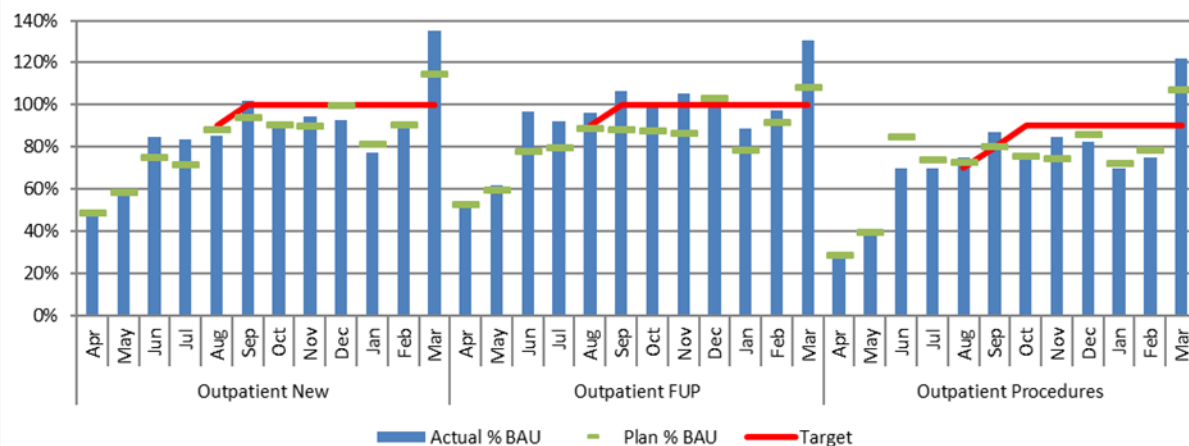
- **ED attendances** have reported below plan since October 2020 in concordance with national lockdown rules and reduction in minors activity.
- **Non-Elective** activity for March met planned levels, reporting the highest volume in-year.

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



Outpatient Activity vs Plan

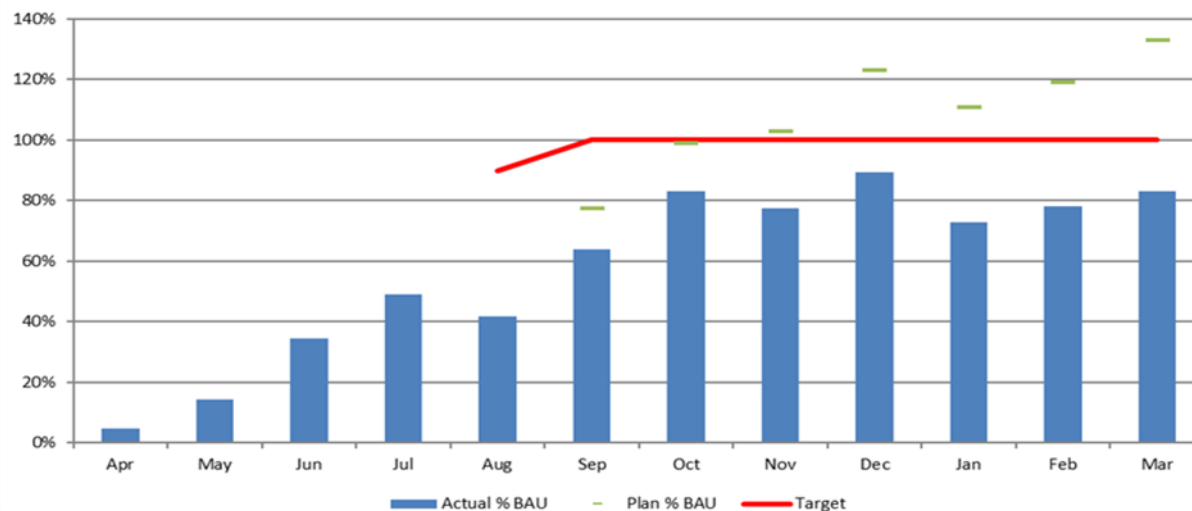


Elective Activity vs Plan

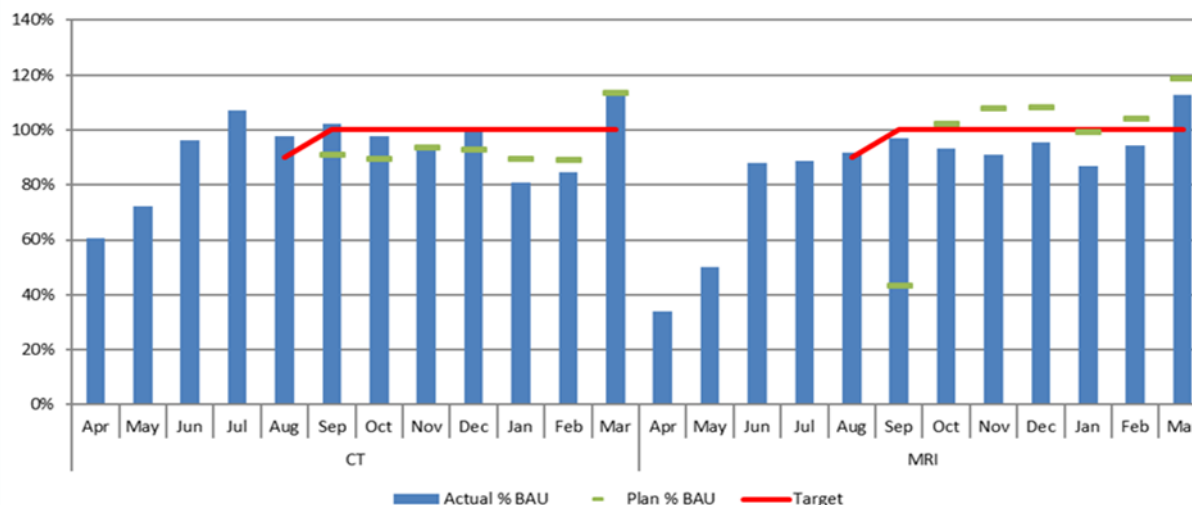
- **Day case** activity increased to the highest volume seen in year in March, marginally reporting under planned volumes.
- **Overnight admissions** have achieved plan in Quarters 1 and 2, but not Quarters 3 and 4. The winter months have been particularly impacted by elective cancellations in response to the second and third wave of COVID-19.
- **Outpatient first attendances** have been above plan in most periods. Attendance levels increased to the highest volume seen this year and above 2019/20 levels in March.
- **Outpatient follow up** attendances have been above plan for every period, increasing to the highest levels seen this year and exceeding 2019/20 levels in March.
- **Outpatient procedures** have been above plan in most periods with March reporting the highest volume for the year.

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



CT & MRI 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 March.
- **CT activity** recovered further in March, achieving planned levels for the first time since December. This had a positive impact on 6-Week wait performance in month.
- **MRI activity** increased to 2019/20 levels in March but did not achieve plan. MRI continued to achieve the national standard of 1% for 6-week wait with performance at 0.31%.

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.

Quality, Safety and Effectiveness

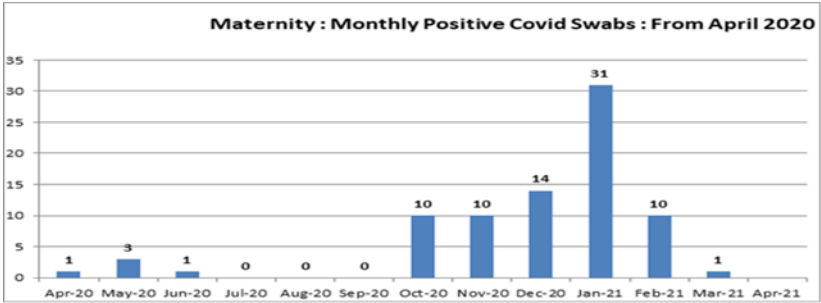
**Board Sponsors: Medical Director and Deputy Chief Executive
and Director of Nursing and Quality
Chris Burton and Helen Blanchard**

Perinatal Surveillance Tool - Minimum data set

| Activity | Jan-21 | Feb-21 | Mar-21 | Year to date | Trend |
|--|--------|--------|--------|--------------|-------|
| Number of babies born (at >=24 weeks gestation) | 437 | 441 | 502 | 1380 | |
| Number of women who gave birth (all gestations) | 430 | 432 | 496 | 1358 | |
| Induction of Labour rate | 39.8% | 33.8% | 33.8% | | |
| Unassisted Birth rate | 54.1% | 49.7% | 48.0% | | |
| Assisted Birth rate | 10.8% | 11.7% | 11.7% | | |
| Caesarean Section rate (overall) | 35.1% | 38.7% | 40.3% | | |
| Elective Caesarean Section rate | 15.9% | 16.1% | 18.8% | | |
| Emergency Caesarean Section rate | 19.2% | 22.6% | 21.5% | | |
| Perinatal Morbidity and Mortality | | | | | |
| Total number of perinatal deaths | 2 | 1 | 0 | 3 | |
| 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 | 3 | |
| Number of neonatal deaths : 0-6 Days | 0 | 2 | 1 | 3 | |
| Number of neonatal deaths : 7-28 Days | 1 | 0 | 1 | 2 | |
| Suspected brain injuries in neonates (no structural abnormalities) (Born in trust) | 1 | 1 | 1 | 3 | |
| 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% | | |
| Insight | | | | | |
| Number of datix incidents logged graded as moderate or above (total) | 3 | 1 | 2 | 6 | |
| Datix incident moderate harm (not SI) | 2 | 0 | 0 | 2 | |
| Datix incident SI | 1 | 1 | 2 | 4 | |
| 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 | 249 | |
| Minimum safe staffing in maternity services: Obstetric middle grade rota gaps | 1 | 1 | 1 | 3 | |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | 0 | 1 | 1 | 2 | |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively. Vacancy rate WTE | 14.52 | 10.52 | 15.91 | | |
| Datix related to workforce | 5 | 12 | 33 | 50 | |
| Number of times maternity unit on divert | 0 | 1 | 0 | 1 | |
| Involvement | | | | | |
| Service User Voice feedback: Number of Compliments | 12 | 8 | 12 | 32 | |
| Service User Voice feedback: Number of Complaints | 8 | 12 | 14 | 34 | |
| Staff feedback from frontline champions and walk-about (number of themes) | 3 | 3 | 2 | 8 | |
| Improvement | | | | | |
| Progress in achievement of CNST /10 | 7 | 8 | 8 | | |
| Training compliance in maternity emergencies and multi-professional training (PROMPT) | 45% | 40% | 53% | | |
| Continuity of Carer (overall percentage) | 17% | 17% | 17% | | |

COVID-19 Maternity

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 12th, in line with national guidance, all women can now have a person of their choosing with them at each appointment. A risk assessment is being completed in birth settings to support 2 asymptomatic support persons to attend. Incidence of COVID-19 amongst Maternity population reduced during February and March 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 8/10. More evidence is required for full compliance with safety actions 6 (Implementation of Saving Babies Lives care bundle) and 7 (mechanisms for service user feedback and coproduction with the MVP) before full compliance can be evidenced.

Serious Incidents: 2 in March – Delay in identifying a malformation in a newborn. Management of fetal growth restriction outside of guidance

Datix – workforce concerns: This relates to reactions to 2nd Covid vaccine resulting in short term absence, phased return post Covid, bereavement leave which all led to a reduction in staffing levels below expected levels.

Patient Involvement – this includes formal complaints (7), concerns (7) **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 UHBW and the regional teams to find swift resolution.

Pressure Injuries

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 or 4 pressure injuries in March. 7 Grade 2 pressure injuries were reported of which 2 were related to a medical device.

The incidence summary for the month is as follows:

Medical Devices: 29%

Buttock: 29%

Sacrum: 29%

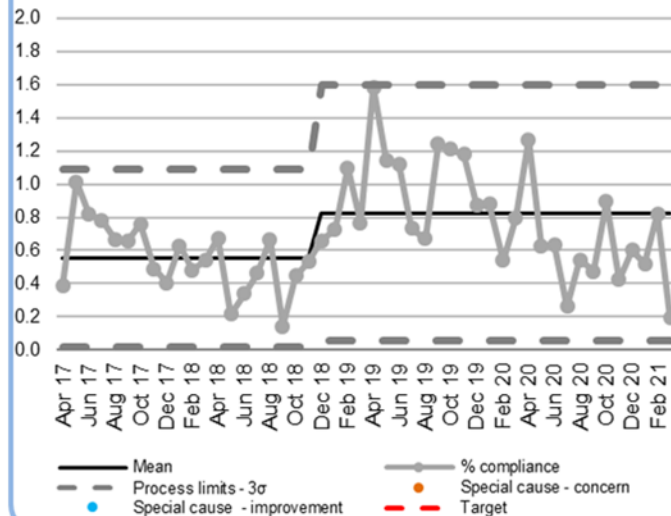
Heels: 13%

In March, there has been a reduction in grade 2 pressure injuries below the mean rate, this is for both device and non-device related injuries.

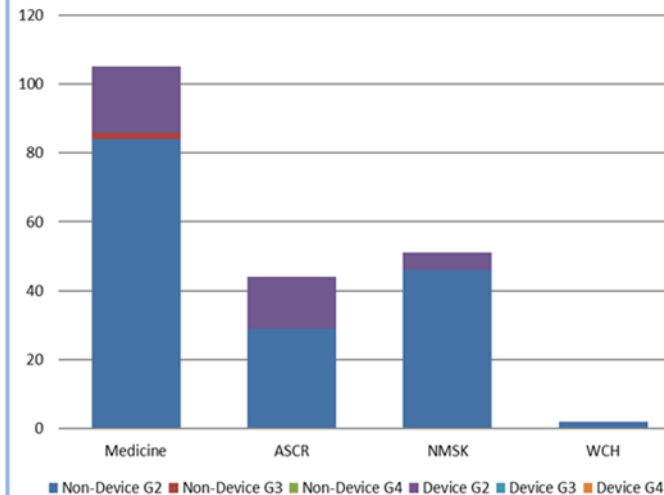
In 2020/21 we have achieved the 30% reduction target in grade 2 pressure injuries and 30% reduction in device related pressure injuries. The percentage compliance has fluctuated throughout the year however, there has been a downward trend compared to 2019/20.

In 2021/22, a strong focus on the reduction of PI will continue with Trust wide learning through Patient Safety Incident Response Framework on recurrent themes and trends.

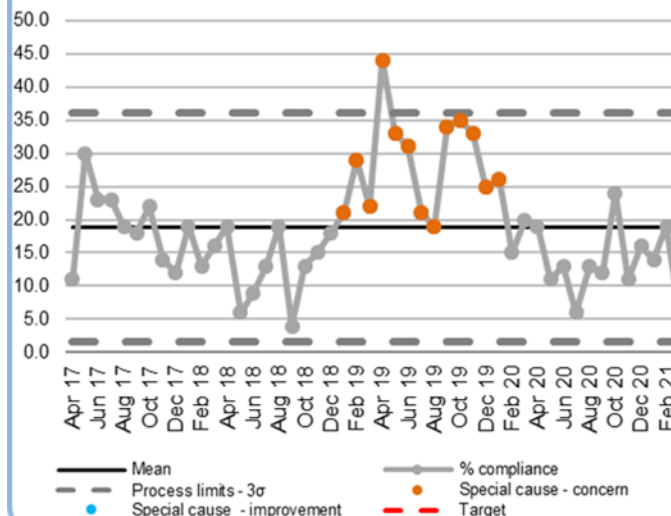
Total Pressure Injuries per 1000 Bed Days



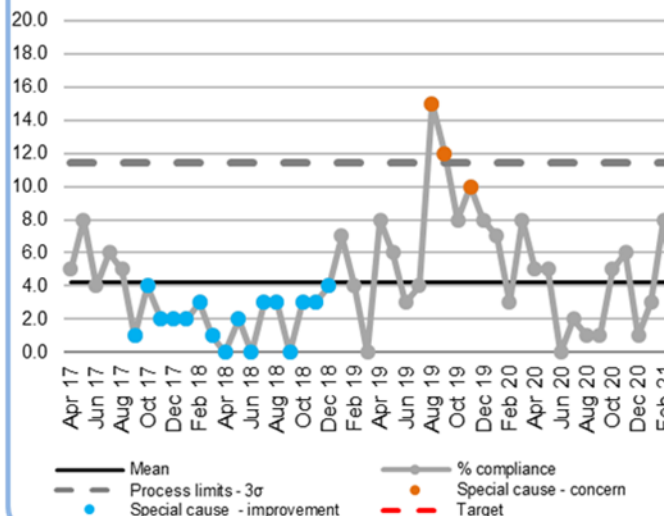
Pressure Injuries Year to Date 2020/21



Pressure Injuries - Total Incidents

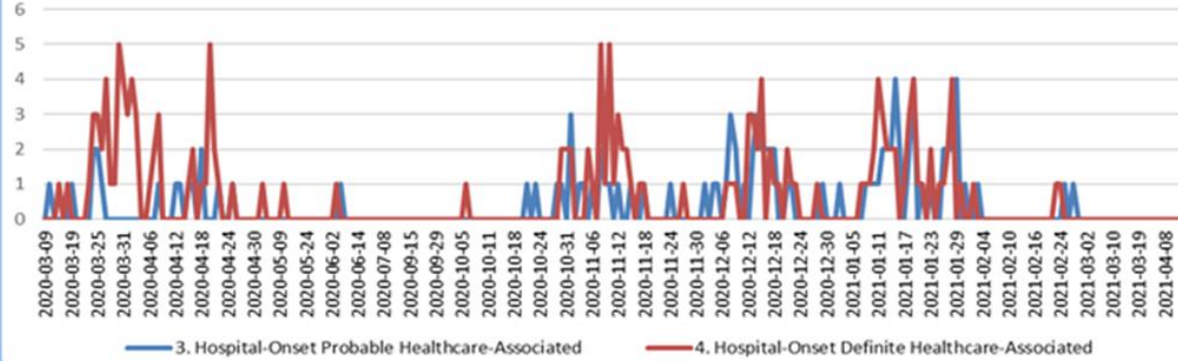


Pressure Injuries - Device



Infection Prevention and Control

COVID-19 Onset Category by Positive Test Date



COVID-19 (Coronavirus)

We have continued to see a general reduction in cases as per national levels.

NBT has not identified any outbreaks (patient or staff) since February 2021 and the last recorded hospital acquired case was on the 27 February 2021.

MRSA

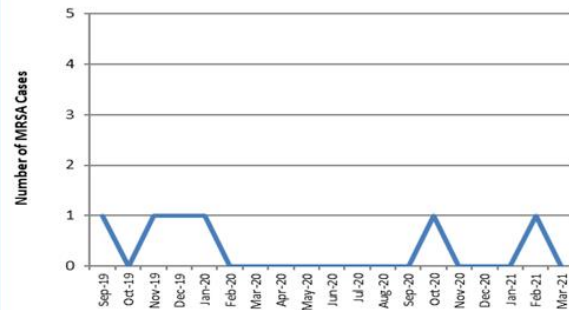
No cases reported in March 2020.

C. difficile

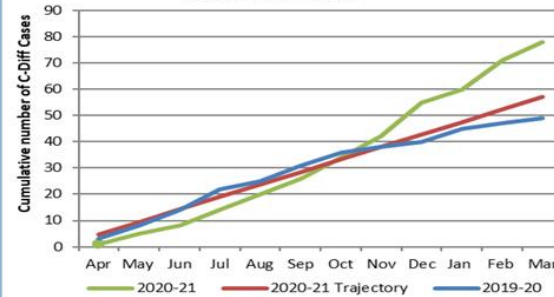
With reduction in COVID-19 C. difficile is becoming the focus of the infection control team. The Trust will not achieve the trajectory for C. difficile cases this year following increased numbers in autumn 2020 that continued in quarter 4 2020/21.

The C. difficile steering group and Divisional Teams investigate each case. It is possible that a change in antibiotics guidance for respiratory disease as a result of COVID-19 may have contributed to additional cases. It is believed that other organisations in the South West have also found an increase in numbers. It is proposed that an update on the outcome of investigations and planned actions to address this increase is taken to Quality and Risk Management Committee (QRM).

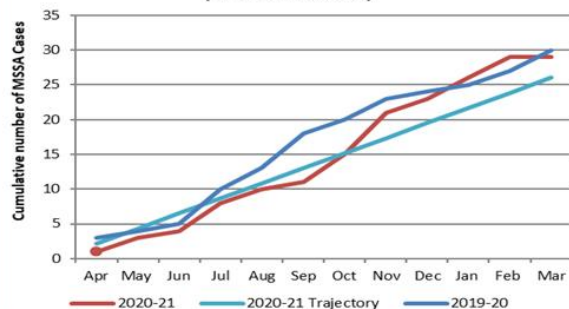
MRSA Cases - Trust Attributable



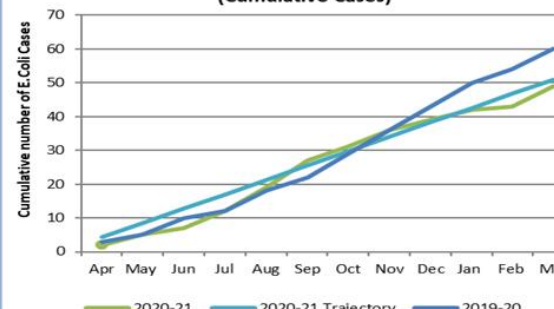
C. Difficile Cases - Trust Attributable (Cumulative Cases)

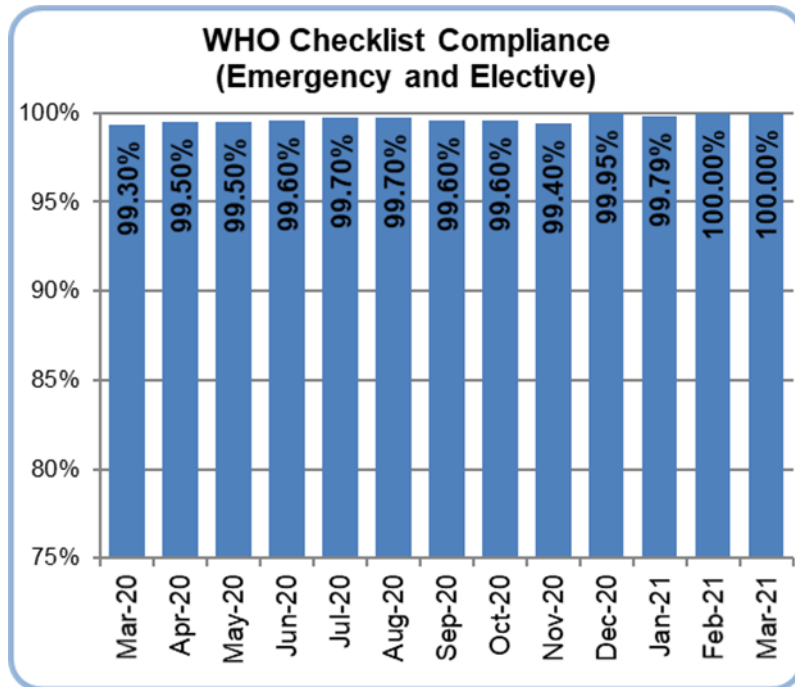


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



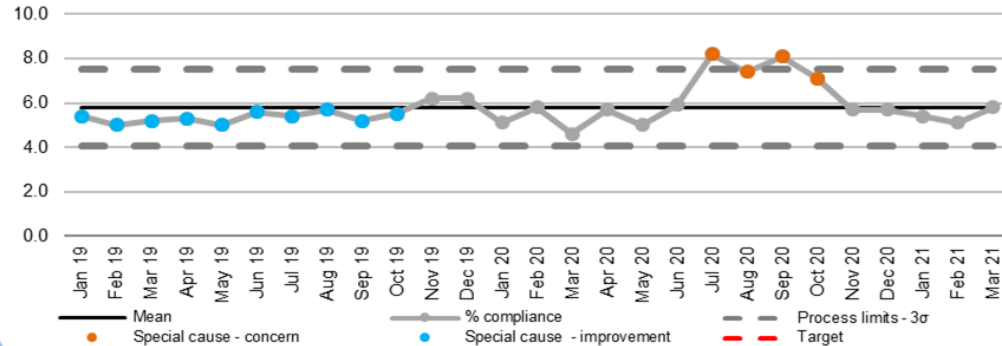


WHO Checklist Compliance

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

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

Medication Incidents per 1000 Bed Days



March 2021

Medication Incident Rate per 1000 Bed Days

NBT had a rate of 5.8 medication incidents per 1000 bed days. This remains below the mean.

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

During March 2021, 14% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.14). This is consistent with previous months.

Ratio of No Harm Medication Incidents to All Medication Incidents.

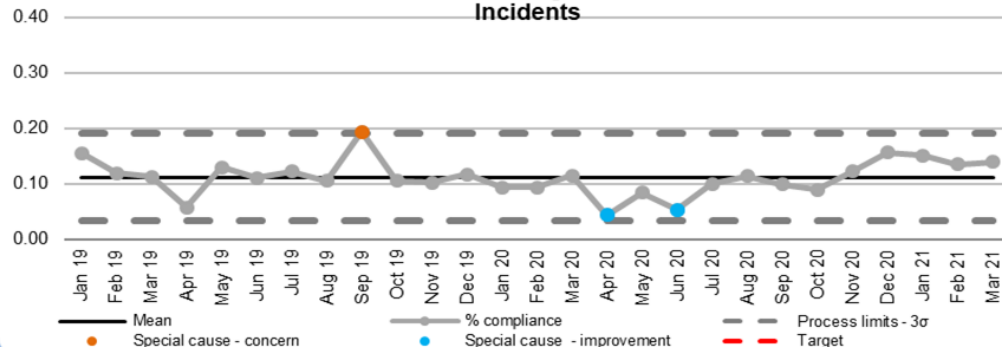
During March 2021, “no harm” incidents accounted for 86% of all NBT reported medication incidents (depicted here as a ratio of 0.86). This is close to the mean and in line with the pre-pandemic norm.

Interpretation notes:

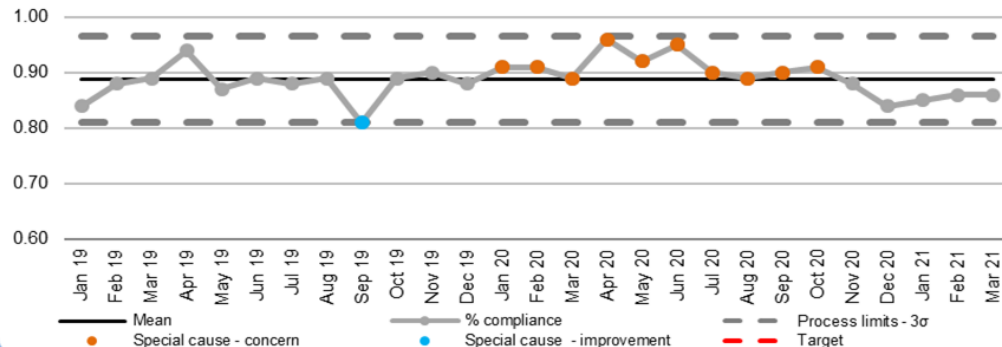
It is of note there was much fluctuation in total number of medication incident reports during the period April to October 2020 – likely due to the COVID-19 impact. The mean number of medication incident reports per month pre-pandemic was consistently approx. 160 per-month but from March – October 2020 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.

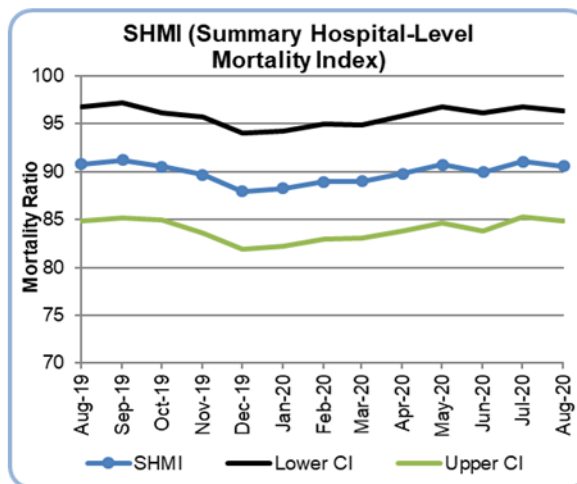
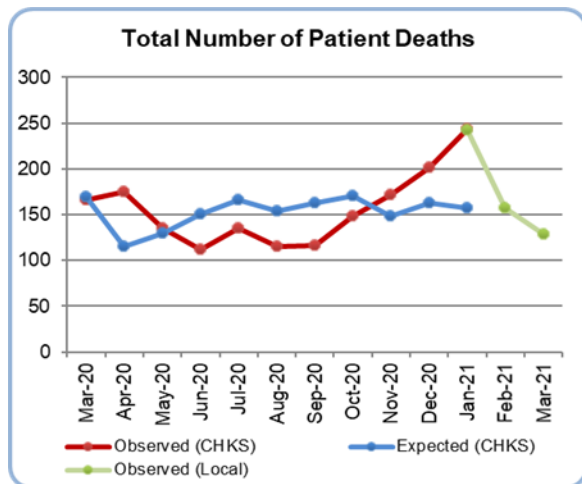
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



Ratio of No Harm Medication Incidents to All Medication Incidents



Mortality Outcome Data



Mortality 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.

There are no current Mortality Outlier alerts for the trust.

Mortality Review Completion

The current data captures completed reviews from 01 Jan 20 to 31 Dec 20. 97.4% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all "High Priority" cases, 96.6% completed Mortality Case Reviews (MCR), including 24 of the 24 deceased patients with Learning Disability and 31 of the 32 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 95.3% (score 3-5). There have been 23 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).

Learning from Deaths Development Plan

The learning from Deaths Development Plan was approved by the Clinical Effectiveness and Audit Committee in March 2021. The plan outlines a 6 month development programme to improve how the Trust extracts and embeds learning from mortality reviews, outcome data and medical examiner scrutiny across the Trust. The CEAC will be kept up-to-date on the progress of the development plan.

| Jan 20– Dec 20 ¹ | Completed | Required | % Complete |
|-----------------------------|-------------|-------------|--------------|
| Screened and excluded | 1278* | | |
| High priority cases | 286 | | |
| Other cases reviewed | 244 | | |
| Total reviewed cases | 1808 | 1857 | 97.4% |

| Overall Score | 1=very poor | 2 | 3 | 4 | 5=Excellent |
|---------------|-------------|------|-------|-------|-------------|
| Care received | 0.0% | 4.7% | 21.3% | 48.3% | 25.8% |

| Date of Death | Jun 20 – December 20 |
|-------------------------------------|----------------------|
| Scrutinised by Medical Examiner | 312 |
| Referral to Quality Governance team | 32 |

*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.

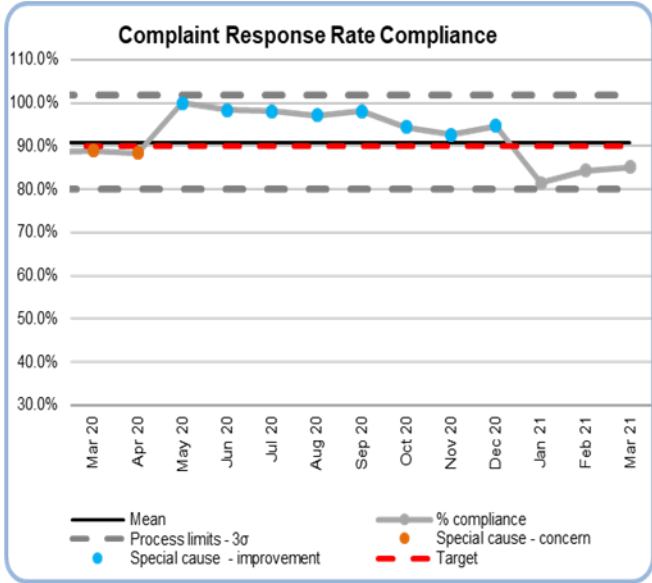
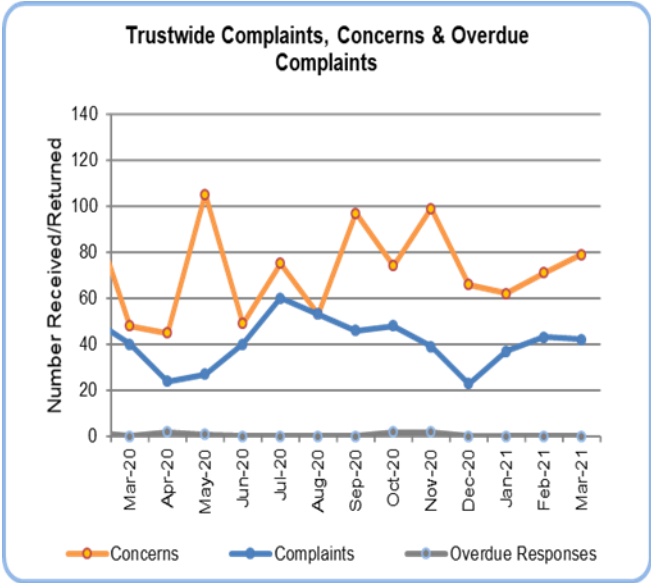
All high priority cases are being reviewed.

¹In 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.

Patient Experience

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

Complaints and Concerns

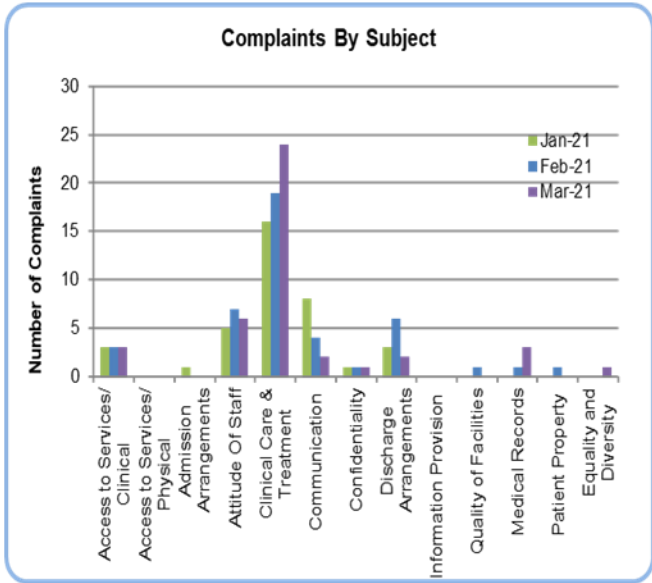
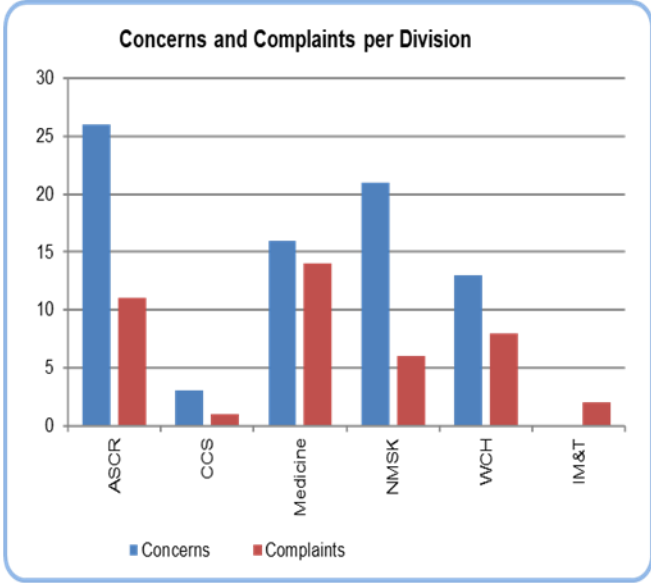


In March 2021, the Trust received 42 formal complaints.

The most common subject for complaints remains 'Clinical Care and Treatment'. We are pleased to see the number of complaints regarding 'Communication,' have decreased.

The 42 formal complaints can be broken down by division: (the previous month total is shown in brackets)

| | | | |
|----------|---------|------|-------|
| ASCR | 11 (13) | CCS | 1 (1) |
| Medicine | 14 (12) | NMSK | 7 (3) |
| WCH | 8 (11) | IM&T | 1 (1) |



Enquiries and PALS concerns are recorded and reported separately. In February, a total of 112 enquiries were received by the Patient Experience Team and 79 PALS concerns were received. The level of activity has continued to increase since January.

Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. In March there has been an improvement in compliance rate to 85%. This is still below the Trust target of 90%.

Of the 47 complaints due to be closed in March, 40 were responded to on or before the due date. 5 complaints were delayed in ASCR. 1 in Medicine and 1 in WACH.

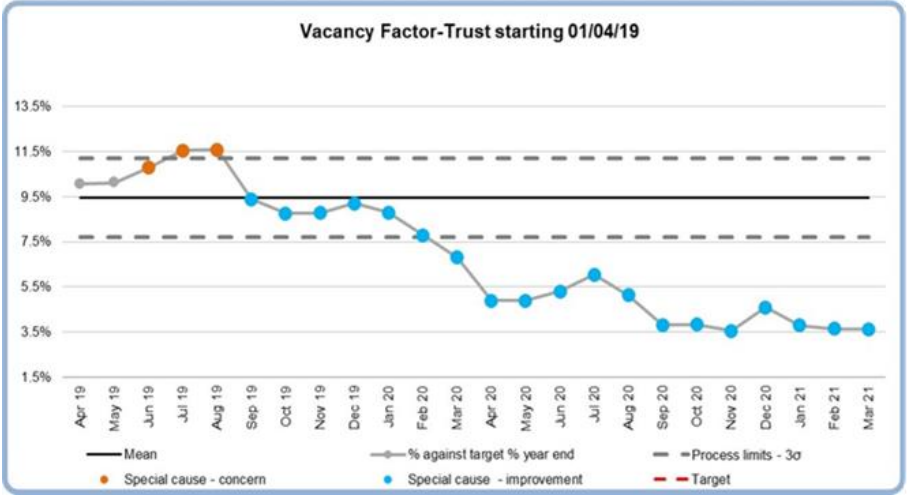
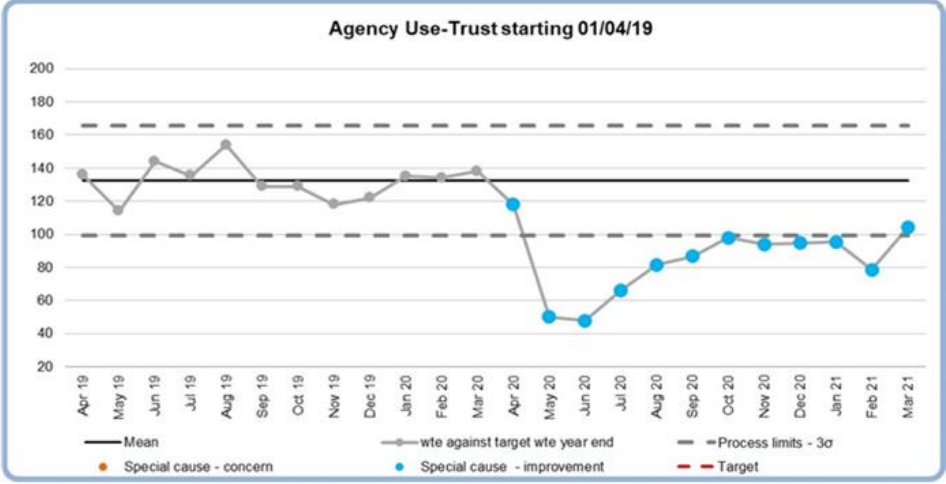
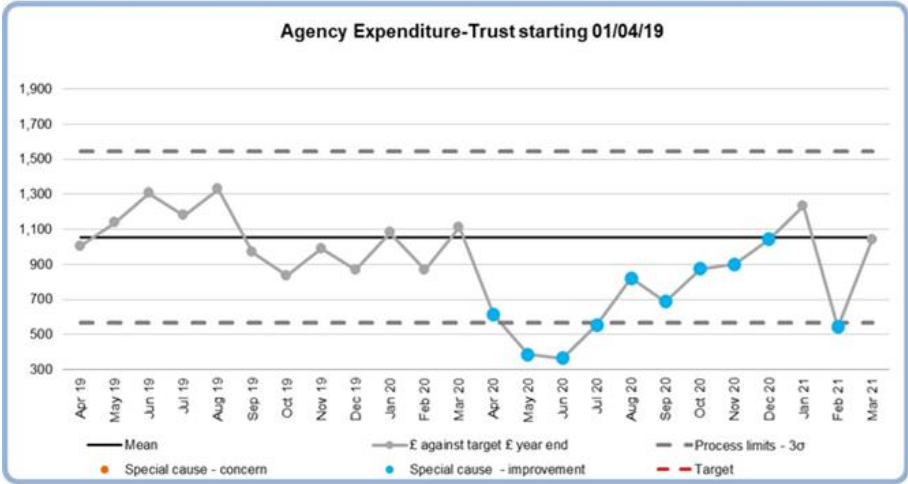
Overdue complaints

There are no overdue complaints at the end of March.

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

Well Led

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

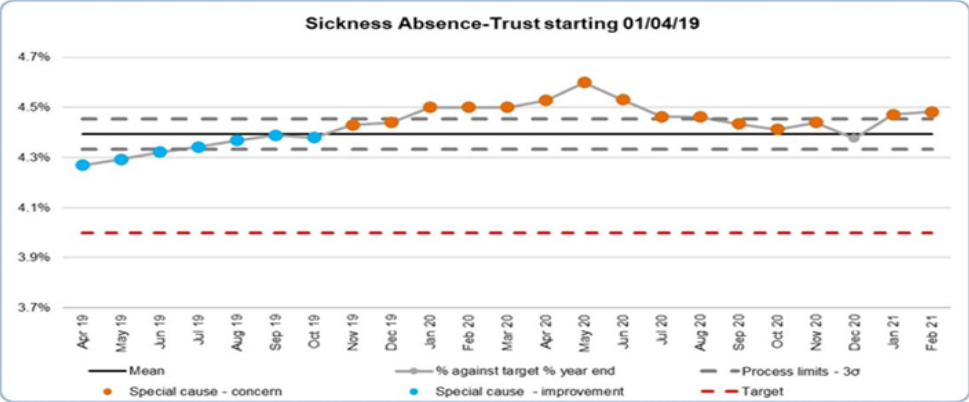
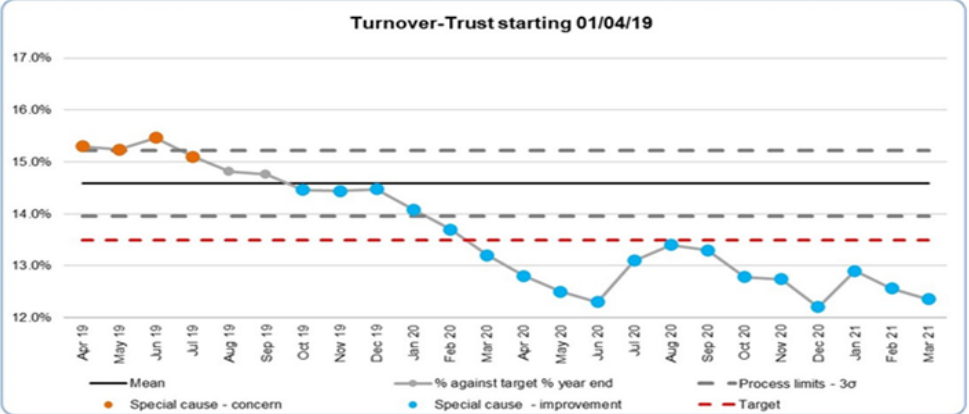
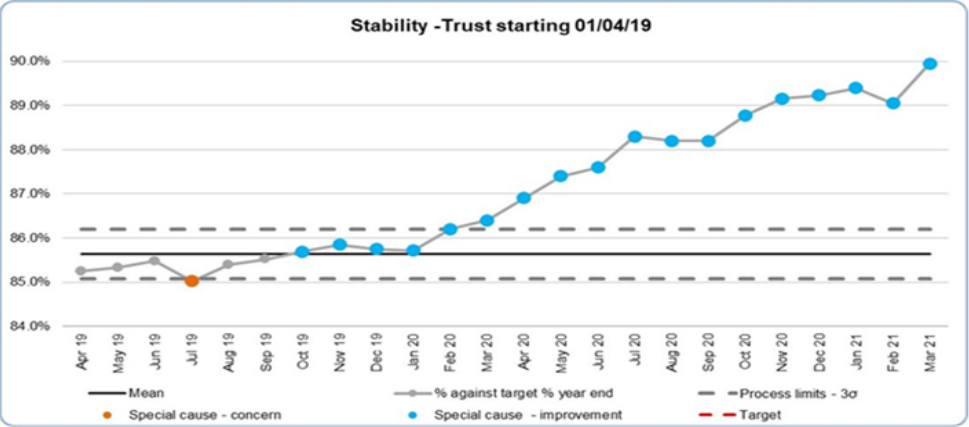


Resourcing

The bank recruitment pipeline remains strong with a large number registered and non registered staff coming through the recruitment process. The NBT eXtra team continue to provide support for short term staffing needs for the BNSSG Mass Vaccination project. Demand from Primary Care Networks and community pharmacies are increasing, with a total of 300+ bookings and NBT eXtra continue to provide a 93% fill rate.

In March NBT attended the Nursing Times Digital Online event for the Midlands. We engaged with 89 nurses and had 7 subsequent registrations for our own nursing open day on the 25th March. Our March nursing open day attracted 44 digital attendees to our microsite. We interviewed 16 candidates and made 10 offers on the day with others to follow.

HCA Recruitment saw 28 starters in March above the winter resourcing plan target of 25 per month. March welcomed 17 band 5 nurse starters, as well as 14 international nurse arrivals. The year saw 67 International Band 5 nurses arrive, totalling 140 in the project to date with 100% OSCE examination success and 98.5% retention.



Turnover and Stability

Recent and on-going work includes:

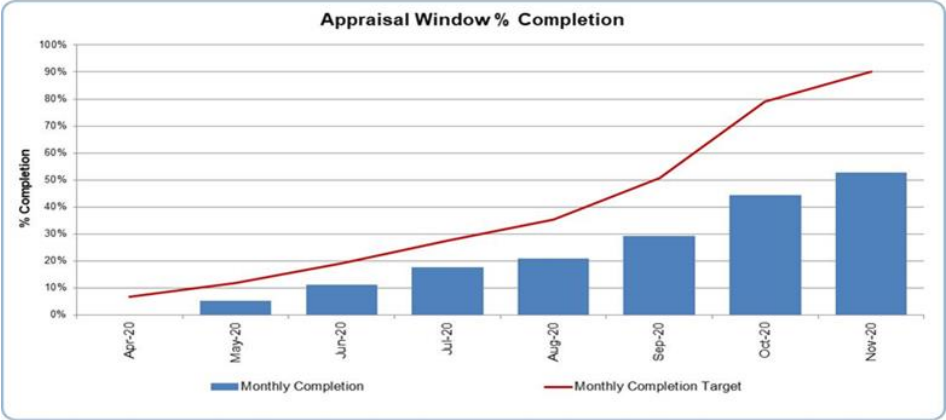
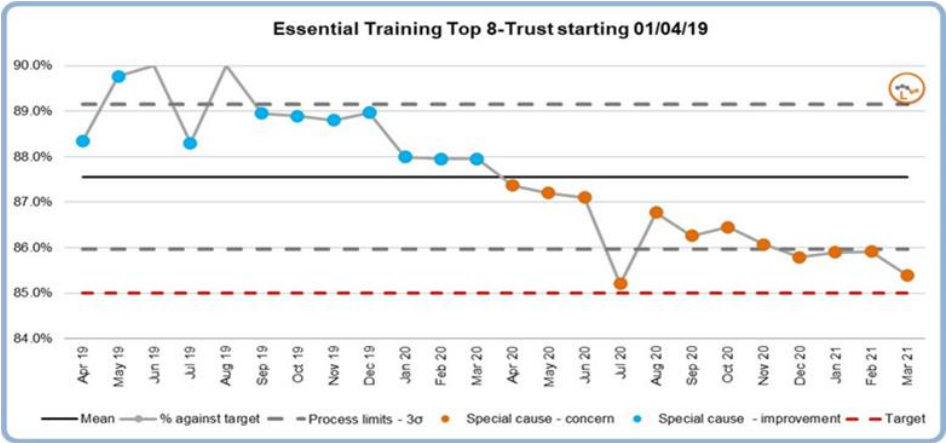
- Itchy feet” offer to staff at risk of leaving
- Refreshing our flexible working options and the Flexible Working policy
- Supporting recovery leave /extended annual leave, ensuring equity and fairness to enable staff to take the leave they need without compromising service provision. Some new manager guidance and a framework has been developed, agreed and is being shared across NBT.

Draft feedback from KPMG’s audit of NBT’s approach to retention has just been received. It is generally positive, with recommendations which we are currently considering and will aim to implement in the coming weeks.

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;
- Development of manager guidance around supporting extended annual leave requests (see above)
- Review and refresh of the Sickness Absence policy has now commenced;
- 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;
- Development of manager guidance to help support the return of shielding staff at NBT.



| Training Topic | Variance | Feb-21 | Mar-21 |
|------------------------|----------|--------|--------|
| Child Protection | -0.5% | 86.0% | 85.5% |
| Adult Protection | -0.7% | 87.9% | 87.1% |
| Equality & Diversity | -0.5% | 90.6% | 90.1% |
| Fire Safety | -0.4% | 85.6% | 85.2% |
| Health & Safety | -0.6% | 87.9% | 87.2% |
| Infection Control | 0.4% | 91.8% | 92.2% |
| Information Governance | 0.1% | 81.1% | 81.2% |
| Manual Handling | -1.9% | 74.6% | 72.7% |
| Waste | -0.4% | 87.7% | 87.3% |
| Total | -0.5% | 85.91% | 85.40% |

Essential Training

Despite challenging staffing conditions, compliance continues to remain in line 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

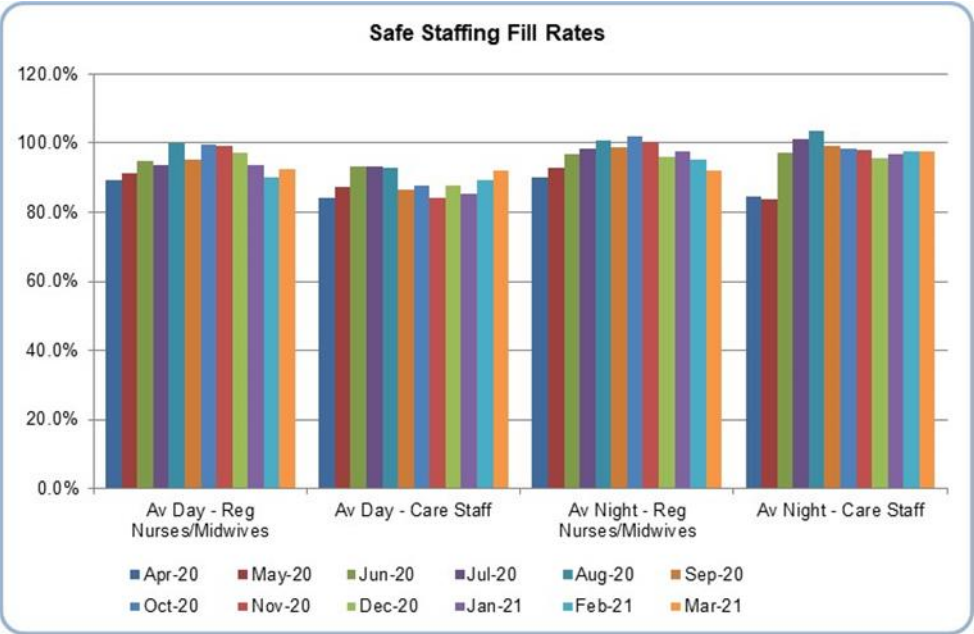
A reduced programme of Leadership & Management learning focussed on staff wellbeing and the use of eRostering continued throughout March. Leadership & Management development activity resumed from 5th April 2021.

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. Our next Trainees will join us in May.



| Mar-21 | Day shift | | Night Shift | |
|-----------|-----------|---------|-------------|---------|
| | RN/RM | CA Fill | RN/RM | CA Fill |
| Southmead | 92.6% | 91.9% | 92.1% | 97.6% |

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 (69.3% Day/ 76.9% Night) unexpected absence, midwifery staff redeployed to support safe care from other services.

Mendip Ward (75.4% Day) unexpected absence, midwifery staff redeployed to support safe care from other services

27b (77.2% Day / 73.5% Night) Registered staff vacancies

7a (72.9% Day / 59.9% Night) This was a green ward which is intermittently running below full occupancy.

Cotswold (73.6%) Reduced occupancy

ICU (79.6% Day/ 77.2% Night) safe staffing maintained through daily staffing monitoring and staff deployed from other wards

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 (54.5% Day / 66.7% Night) Reduction in HCSW required due to lower occupancy

8b: (78.5% night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

Medirooms (49.9% Day / 77.2% Night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

7a (63.7% Day / 73.1% Night) 7a is a green ward which is intermittently running below full occupancy

NICU (52.1% Day / 48% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required. ,

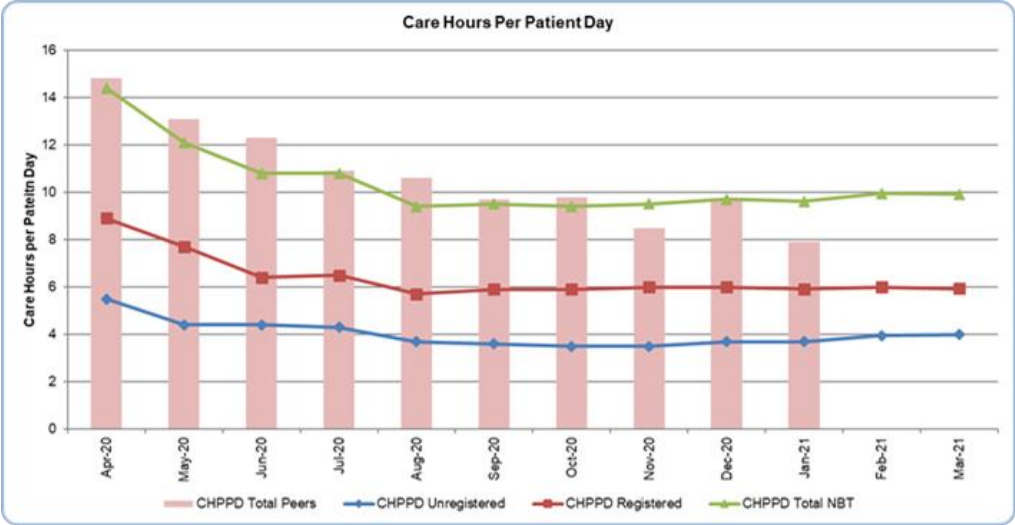
34b (74.6% day / 78.9% Night). Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

Quantock Ward (72.1% Day) Unregistered staff vacancies

Wards over 150% fill rate:

25a (167.4% night) patients requiring enhanced care

Rosa Burden (154.5% Day) patients requiring enhanced care support



Care Hours per Patient Day (CHPPD)

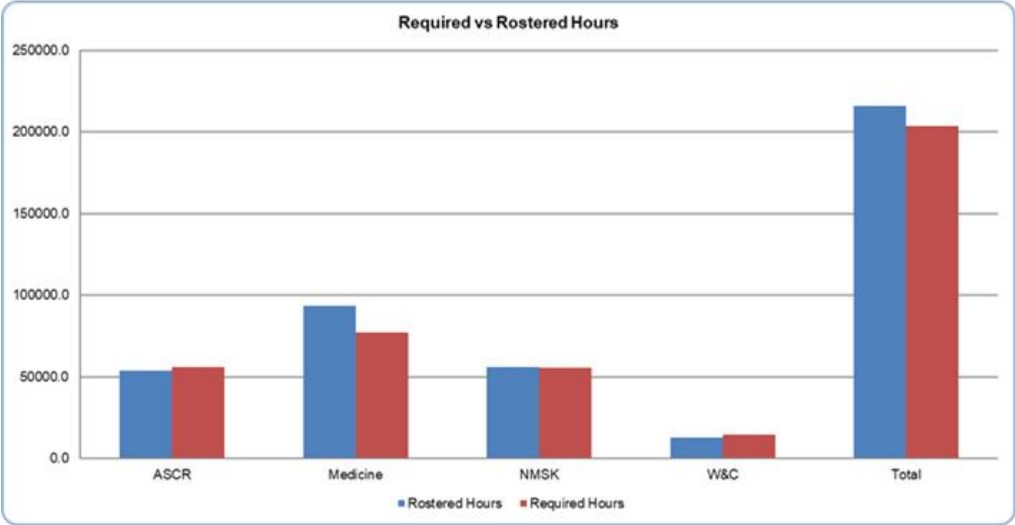
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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.



Finance

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

Position as at 31st March 2021

| | Mar Forecast | Mar Actuals | Variance to Forecast | YTD Forecast | YTD Actuals | Variance to Forecast |
|---------------------------|-----------------|----------------|-------------------------|-----------------|----------------|-------------------------|
| | £m | £m | £m | £m | £m | £m |
| Contract Income | 52.6 | 75.1 | 22.5 | 588.9 | 617.1 | 28.2 |
| Other Income | 4.9 | 23.9 | 19.0 | 109.8 | 141.7 | 31.9 |
| Total Income | 57.5 | 99.0 | 41.5 | 698.7 | 758.8 | 60.1 |
| Pay | (38.4) | (61.0) | (22.6) | (423.6) | (445.7) | (22.1) |
| Non-Pay | (20.1) | (27.2) | (7.1) | (229.3) | (235.9) | (6.6) |
| Financing | (5.8) | (9.6) | (3.8) | (70.4) | (76.7) | (6.3) |
| Total Expenditure | (64.3) | (97.8) | (33.5) | (723.3) | (758.3) | (35.0) |
| Surplus/ (Deficit) | (6.8) | 1.2 | 8.0 | (24.7) | 0.5 | 25.1 |

Statement of Comprehensive Income

The financial position at the end of March shows a year-to-date surplus of £0.5m compared to a forecast deficit of £24.7m

The trust achieved breakeven in months 1 to 6 under the cost recovery regime implemented to support service delivery under COVID-19.

Income for the month includes £4.8m for Nightingale Hospital costs and a further £0.9m for mass vaccination services.

There are no further key issues to report.

| | 19/20 M12 | 20/21 M11 | 20/21 M12 | In-month change | YTD Change |
|---|--------------|--------------|--------------|--------------------|----------------|
| | £m | £m | £m | £m | £m |
| Non Current Assets | | | | | |
| Property, Plant and Equipment | 560.0 | 556.1 | 579.3 | 23.2 | 19.3 |
| Intangible Assets | 12.0 | 7.1 | 14.8 | 7.6 | 2.8 |
| Non-current receivables | 4.0 | 5.4 | 1.7 | (3.7) | (2.3) |
| Total non-current assets | 576.0 | 568.7 | 595.8 | 27.1 | 19.8 |
| Current Assets | | | | | |
| Inventories | 13.1 | 12.2 | 8.5 | (3.7) | (4.5) |
| Trade and other receivables NHS | 50.5 | 18.3 | 3.7 | (14.5) | (46.8) |
| Trade and other receivables Non-NHS | 22.2 | 22.5 | 25.0 | 2.5 | 2.8 |
| Cash and Cash equivalents | 10.7 | 146.6 | 121.5 | (25.1) | 110.7 |
| Total current assets | 96.4 | 199.5 | 158.7 | (40.8) | 62.2 |
| Current Liabilities (< 1 Year) | | | | | |
| Trade and Other payables - NHS | 11.1 | 8.1 | 20.1 | 12.0 | 9.1 |
| Trade and Other payables - Non-NHS | 57.6 | 76.5 | 97.8 | 21.3 | 40.2 |
| Deferred income | 3.7 | 89.3 | 8.5 | (80.8) | 4.8 |
| PFI liability | 13.0 | 15.0 | 12.3 | (2.7) | (0.7) |
| DHSC loans | 173.6 | 0.0 | 0.0 | 0.0 | (173.6) |
| Finance lease liabilities | 2.4 | 2.6 | 2.8 | 0.2 | 0.4 |
| Total current liabilities | 261.4 | 191.4 | 141.4 | (50.0) | (120.0) |
| Trade payables and deferred income | 7.2 | 8.7 | 7.8 | (0.8) | 0.6 |
| PFI liability | 377.8 | 369.4 | 368.7 | (0.7) | (9.1) |
| DHSC loans | 5.4 | 0.0 | 0.0 | 0.0 | (5.4) |
| Finance lease liabilities | 5.3 | 4.5 | 3.9 | (0.6) | (1.4) |
| Total Net Assets | 15.3 | 194.3 | 232.6 | 38.4 | 217.3 |
| Capital and Reserves | | | | | |
| Public Dividend Capital | 248.5 | 427.5 | 448.7 | 21.3 | 200.2 |
| Income and expenditure reserve | (382.3) | (383.4) | (381.1) | 2.2 | 1.2 |
| Income and expenditure account - current year | 0.0 | 0.0 | 3.0 | 3.0 | 3.0 |
| Revaluation reserve | 149.1 | 150.2 | 162.0 | 11.9 | 12.9 |
| Total Capital and Reserves | 15.3 | 194.3 | 232.6 | 38.4 | 217.3 |

Statement of Financial Position

Assurances

The improved cash position of £121.5 (£110.7m up since March 2020) is a result of improved working capital management and the current financial regime of advance payments.

Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for 2020/21 of 86.6% 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 year is £40.5m which compares to an original plan of £19.7m. This includes £5.9m of COVID capital spend, along with £15.8m relating to non-COVID capital PDC what was received during the year.

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 trust closed 20/21 with a cash balance of £121.5m which was broadly in line with expectations.

Regulatory

**Board Sponsor: Chief Executive
Evelyn Barker**

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

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

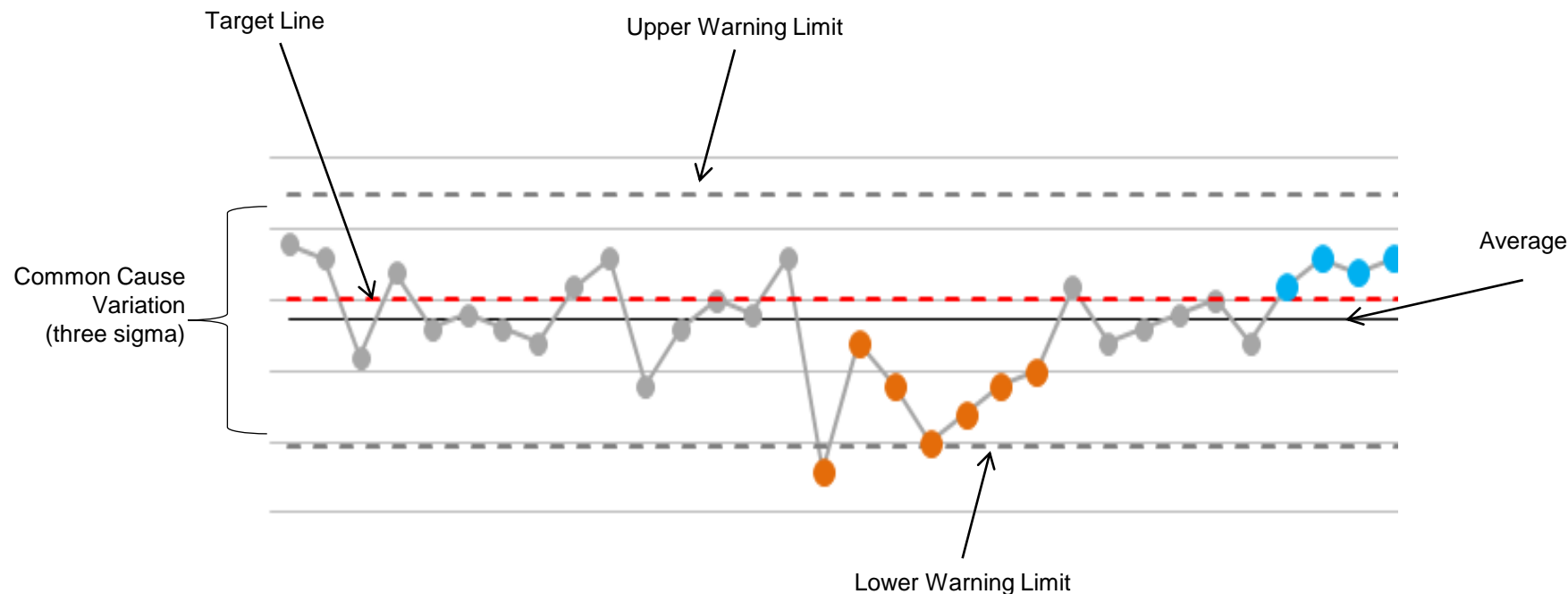
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



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 | |
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| 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

