

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**January 2021**  
(presenting December 2020 data)

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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			National Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	95.00%	76.14%	74.64%	78.33%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%		87.17%	53/113	
	A&E 12 Hour Trolley Breaches	0	0	2	38	48	2	0	0	0	0	0	0	12	3	52		0-611	29/44	
	Ambulance Handover < 15 mins (%)	100%	93.44%	92.65%	92.71%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%	57.76%				
	Ambulance Handover < 30 mins (%)	100%	99.24%	99.22%	98.72%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%	88.43%				
	Ambulance Handover > 60 mins	0	0	0	2	2	1	0	0	0	0	0	4	33	26	82				
	Stranded Patients (>21 days) - month end			127	160	156	120	58	57	72	82	95	115	249	143	146				
	Bed Occupancy Rate		93.00%	96.96%	98.96%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.09%				
	Diagnostic 6 Week Wait Performance	1.00%	22.48%	12.56%	11.00%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%		27.52%	139/246	
	Diagnostic 13+ Week Breaches	0	0	147	258	113	114	402	2292	3161	1886	1979	1998	1697	1427	1487			121/219	
	Diagnostic Backlog Clearance Time (in weeks)			0.3	0.3	0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0				
	RTT Incomplete 18 Week Performance	92.00%	65.00%	82.43%	83.62%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.95%	70.46%	74.00%	74.35%	73.18%		65.46%	148/383	
	RTT 52+ Week Breaches	0	1981	14	9	17	43	130	275	454	648	797	1001	1092	1249	1418		0-7853	167/267	
	Total Waiting List		32718	28078	29672	29552	28516	25877	25518	25265	27512	28810	29387	30214	29632	29611				
	RTT Backlog Clearance Time (in weeks)			3.0	3.2	3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4	5.4	4.8	4.9				
	Cancer 2 Week Wait	93.00%	91.02%	81.94%	78.21%	89.94%	91.25%	76.01%	93.23%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	-		87.00%	115/135	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	95.31%	81.08%	70.27%	89.63%	81.82%	81.25%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	-		67.83%	71/107	
	Cancer 31 Day First Treatment	96.00%	92.67%	96.80%	92.74%	95.36%	97.71%	92.96%	85.64%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	-		95.21%	45/118	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.37%	1/24	
	Cancer 31 Day Subsequent - Surgery	94.00%	81.25%	81.54%	72.00%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	-		87.68%	26/71	
	Cancer 62 Day Standard	85.00%	81.82%	75.53%	68.18%	61.31%	74.15%	73.53%	69.01%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	-		75.55%	67/134	
	Cancer 62 Day Screening	90.00%	85.19%	81.13%	64.38%	67.27%	83.95%	85.07%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	-		87.96%	52/67	
	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%		83.16%	83.79%	82.90%	83.42%	83.25%	84.03%	85.37%	82.95%	82.49%	82.84%	83.70%	83.44%	82.53%					

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%		
	Caesarean Section Rate		28.00%	33.9%	38.4%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	31.2%	41.9%		
	Still Birth rate		0.40%	0.7%	0.2%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	
	Induction of Labour Rate		32.10%	40.2%	41.4%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%		
	PPH 1000 ml rate		8.60%	12.2%	10.7%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%		
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents			11	7	4	7	2	1	4	7	5	4	5	6	0		
	Total Incidents			1096	1150	1118	853	597	679	833	948	1028	1055	1199	1018	959		
	Total Incidents (Rate per 1000 Bed Days)			42	43	45	39	45	43	46	47	49	47	50	45	41		
	WHO		95%	98.98%	99.72%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	100.00%		
	VTE		95%	95.80%	95.87%	94.96%	95.35%	93.45%	93.89%	94.52%	95.40%	94.58%	94.64%	94.66%	95.00%	93.57%		
	Pressure Injuries Grade 2			32	34	17	29	24	16	13	8	14	13	28	17	17		
	Pressure Injuries Grade 3	0	0	1	0	1	1	0	0	0	0	0	1	1	0	0		
	Pressure Injuries Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Falls per 1,000 bed days			6.11	7.04	8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.56	8.93	8.35		
	#NoF - Fragile Hip Best Practice Pass Rate			86.11%	68.18%	60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	76.74%	75.61%	-		
	Admitted to Orthopaedic Ward within 4 Hours			69.44%	53.57%	54.72%	55.36%	85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	-		
	Medically Fit to Have Surgery within 36 Hours			88.89%	66.07%	71.70%	83.93%	85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	-		
	Assessed by Orthogeriatrician within 72 Hours			94.44%	92.86%	92.45%	100.00%	95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	-		
	Stroke - Patients Admitted			82	79	72	97	71	72	79	84	63	83	86	79	45		
Stroke - 90% Stay on Stroke Ward	90%		70.97%	81.54%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	79.66%	-			
Stroke - Thrombolysed <1 Hour	60%		41.67%	62.50%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	-			
Stroke - Directly Admitted to Stroke Unit <4 Hours	60%		59.68%	42.65%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	64.06%	-			
Stroke - Seen by Stroke Consultant within 14 Hours	90%		73.53%	90.28%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	90.77%	-			
MRSA	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0			
E. Coli		4	7	7	4	6	2	3	2	5	7	8	4	5	3			
C. Difficile		5	3	5	4	4	1	4	3	6	6	6	8	8	13			
MSSA		2	1	1	2	3	1	2	1	4	2	1	4	6	2			
Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	93.24%			
Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	95.60%			
Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	90.96%			
PALS - Count of concerns			90	107	108	104	45	105	49	75	51	95	73	99	66			
Complaints - % Overall Response Compliance	90%		81.00%	82.61%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97.06%	98.04%	94%	92.68%	94.64%			
Complaints - Overdue			3	0	2	0	2	1	0	0	0	0	2	2	0			
Complaints - Written complaints			36	57	51	26	24	27	40	59	53	46	48	39	23			
Agency Expenditure ('000s)			868	1081	869	1112	613	386	364	555	822	687	874.7	900	1043			
Month End Vacancy Factor			9.21%	8.80%	7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%			
Turnover (Rolling 12 Months)	13.70%		14.47%	14.08%	13.68%	13.25%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.20%			
Sickness Absence (Rolling 12 month -In arrears)	4.20%		4.44%	4.45%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	-			
Trust Mandatory Training Compliance			88.97%	87.99%	87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%			

# EXECUTIVE SUMMARY

## January 2021

### Urgent Care

The Trust did not achieve the four-hour performance trajectory of 76.14% with performance of 73.21% in December. The Trust conceded 52, 12-hour trolley breaches and 82 ambulance handover delays. The highest number of ambulance handover delays occurring in a single day (29) coincided with the Trust being in an escalation status of Internal Critical Incident. Performance continued to be challenged by COVID-19 admissions and levels of COVID-19 related staff absence with the Trust declaring a Level 3 COVID-19 response for the majority of the month. ED waiting times are expected to further deteriorate in January due to an increased COVID-19 community positivity rate and rising admissions.

### Elective Care and Diagnostics

The RTT waiting list remained static in December with a reduction in activity offset by reduced demand. There were 1418 patients waiting greater than 52 weeks for their treatment in December against a revised trajectory of 1981. The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Despite the ongoing increase in long waits, nationally, the Trust moved into the third quartile in November. The Trust has written to all undated patients awaiting surgery who have breached 18 weeks to better understand their future treatment wishes; this is part of a national clinical validation programme. To date the Trust has received 68.06% responses out of 3566 letters sent; comments from patients have been extremely positive and the letters have provided reassurance that they have not been forgotten. Diagnostic performance failed the recovery trajectory in December due to a demand and activity reduction over the festive period resulting in an adverse shift in the wait list. The deterioration remains in line with historic trends with the impact expected to be sufficiently diminished by February.

### Cancer wait time standards

Despite a 6.69% increase in activity, the TWW standard has deteriorated in November and has not achieved the national standard and revised recovery trajectory. Performance remains challenged by increased demand for Breast, surpassing pre-pandemic levels. The 31-Day standard has improved, achieving both the national target and internal recovery trajectory in November; positively impacted by significant backlog reduction in Skin. The Trust now ranks more favourably for the standard, moving from the lower to the second quartile. The 62-Day standard has also improved, but has not improved sufficiently to achieve the recovery trajectory for November. Despite not achieving trajectory, the Trust also benchmarks more favourably for this standard, moving from the third to second quartile and surpassing the national performance position for the first time since August 2019.

### Quality

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. The number of Hospital onset cases and continued at a greater level and a number of Staff groups have been affected. Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing. The successful implementation of lateral flow testing for partners of women on post natal wards has meant the Trust has been able to reintroduce visiting for partners.

### Workforce

The Trust turnover has improved with December's position at 10.55% (excluding the impact of staff temporarily employed during the COVID-19 response); whilst the position continues to improve it will be closely monitored in the context of risk of deterioration as COVID-19 restrictions ease and the vaccination programme continues. The Trust vacancy factor increased to 4.59% as divisional winter pressure funding was reflected in December's budgets. Temporary staffing demand reduced in December in line with a reduction in COVID-19 related staff absence, it is anticipated that demand will grow in January in line with increasing community positivity rates.

### Finance

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

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported a four-hour performance of 73.21% in December, not meeting the performance trajectory of 76.14%. There were 52, 12-hour trolley breaches, and Ambulance handover delays were reported in-month with 82 handovers exceeding one hour; the highest number reported in a day occurring whilst the Trust was in an escalation status of Internal Critical Incident. Despite the increasing number of ambulance handover delays, the Trust compares favourably with regional levels, highlighting the increasing pressures experienced within the region. In December, sustained acuity and demand for beds coupled with ongoing COVID-19 pressures and inflexibility of the bed base adversely impacted ED waiting times in-month. Stranded patient levels reduced further in December as anticipated, but began to increase towards the end of the month, impacting the worsening bed position. These levels have continued to rise into early January.

#### Planned Care

**Referral to Treatment (RTT)** – 18 week RTT performance reported a marginal deterioration in December, but continues to achieve the trajectory of 65.00%. The number of patients exceeding 52 week waits in December was 1418 against a revised trajectory of 1981; the majority of breaches (848; 59.80%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the ongoing COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust has written to all undated patients awaiting surgery who have breached 18 weeks to better understand their future treatment wishes; this is part of a national clinical validation programme. To date the Trust has received 68.06% responses out of 3566 letters sent; comments from patients have been extremely positive and the letters have provided reassurance that they have not been forgotten.

**Diagnostic Waiting Times** – Diagnostic performance deteriorated to 32.37% in December, failing to achieve the revised trajectory of 22.48%. Trust performance has been negatively impacted by a demand and activity reduction over the festive period; resulting in an adverse shift in the wait list. Non-Obstetric Ultrasound, Computed Tomography (CT) and Colonoscopy reports the largest contribution to the decline in performance. Nationally, Trust positioning remained unmoved for both 6 Week and 13 Week performance in November.

#### Cancer

The Trust failed five of the seven Cancer Wait Times (CWT) standards in November and achieved the revised recovery trajectory for the three of the standards. TWW Breast demand continues to impact the standard with October's demand increase negatively impacting the November position. Despite challenges in TWW performance, both 31-Day and 62-Day has improved and compares more favourably with the national position in November. The recovery of the 62 day trajectory remains challenging for January 2021; the third wave of COVID-19 has put this at risk.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

## SRO: Medical Director and Director of Nursing & Quality

### Overview

#### Improvements

**Maternity PPH rates:** All aspects of reducing PPH project have been maintained. Although in 20/21 the rates of 1.5l PPH have fluctuated, comparing to previous years there has been an improvement.

**Maternity visiting** - Partner visiting on the postnatal wards has been reintroduced following the introduction of partner lateral flow testing.

**Maternity Perinatal Quality Surveillance board level reporting** – a new page has been added to provide an overview of key measures, which provides assurance across a range of areas and explains actions to address concerns where identified.

**Pressure Injuries:** There has been a continued decrease in the number of medical device related pressure injuries.

**Medication Incidents:** 9.7% of all medication incidents reported from NBT have caused harm which is below the median for its peers (10.4%) and below the National median (10.8%). A lower number demonstrates safer medication practice.

**Mortality Reviews / Medical Examiner service** – the Trust continues to closely review deaths in hospital with a 90% completion rate. Of the cases reviewed in more detail (using the Structured Judgement review (SJR) approach) 95.7% assess care as between adequate and excellent. The Medical Examiner service, established across the BNSSG acute trust system is now fully recruited to and reviewing an increasing number of cases.

#### Areas of Concern

**Infection control:** We have seen a continued increase in the number of Hospital onset cases, and a number of Staff groups have been affected. All events are the subject of Outbreak meetings with appropriate PHE input. Transmission within ward bay areas has been a common theme. We have also re-issued the most up to date guidance regarding eye protection. Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing. C.difficile cases are reported above the expected trajectory. There is some suggestion that patients with COVID-19 may be more likely to be diagnosed with C.diff infection and this is being investigated.

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

# WELL LED

## SRO: Director of People and Transformation and Medical Director Overview

### Corporate Objective 4: Build effective teams empowered to lead

#### Vacancies

The Trust vacancy factor increased to 4.59% in December, a reported increase of 100 wte vacancies. This was driven by an increase in funded establishment of 75 wte and a net reduction of 25 wte staff in post. The increase in establishment predominantly relates to winter pressure funding for substantive posts across ASCR, NMSK and Facilities (Medicine and Women and Children's winter pressure funding assigned to anticipated increased bank and agency use).

The reduction in staff in post was predominantly in band 5 and band 6 registered nursing and midwifery. A particularly hotspot ICU net loss of 8.5 wte. Currently ICU have a pipeline of 14 staff anticipated to start throughout between January and April with further engagements events are anticipated to attract additional starters in this period. There is a usual trend of an overall net loss of staff in December which has been the case for the last five years relating to reduced recruitment activity in December and seasonal trend in turnover.

#### Turnover

The Trust turnover is reported as 12.20% in December. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 10.55%, compared to 14.58% in December 2019. All staff groups saw a reduction in their annual turnover position in December, despite an overall net loss of staff in month. Turnover is being monitored in the context of the COVID-19 vaccination programme and national COVID-19 related restrictions to determine if these impact adversely on staff turnover.

#### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence was 4.46% in November with limited movement across all staff groups compared with October's position (overall 4.41%). The year to date sickness absence position remains in line with the same period in 19/20, with this year seeing a smaller proportion of short term and greater proportion of long term sickness.

Whilst not formally reported, COVID-19 contributes 1.21% to the overall in month sickness absence of 5.02% for November. In addition the other absence related to COVID-19 (self-isolation, test and trace contact, shielding/vulnerable, emergency leave) was 4.02%. In December these figures dropped to 1.02% and 2.55% respectively which is concordant with reduced levels of COVID-19 related staff absence following the 2<sup>nd</sup> national lockdown. It is anticipated that absence rates in January will increase in line with growth rate trends in the community.

#### Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased in December compared with November (-5.4%) and a large contributor was the reduction in COVID-19 related staff absence in December. Temporary staffing requests for reasons 'Vacancy', 'Sickness' and 'COVID-19' all decreased. The Trust trend has been driven by nursing and midwifery teams, with known hotspots areas for nursing such as critical care and theatres seeing the same trend. Ward nursing teams also saw a reduction in bank fill but a slight increase in agency use which was associated with RMN use in both tier 1 and tier 4.

Estates and ancillary staff did not follow this same trend in December with temporary staffing demand increasing by 10% due to COVID-19 related staff absence and additional winter pressures. Overall the amount of bank hours worked remained at the same level as November driving up the unfilled shift rate. The Facilities management team were able to redeploy staff to mitigate impacts on the service.

# FINANCE

## SRO: Director of Finance

### Overview

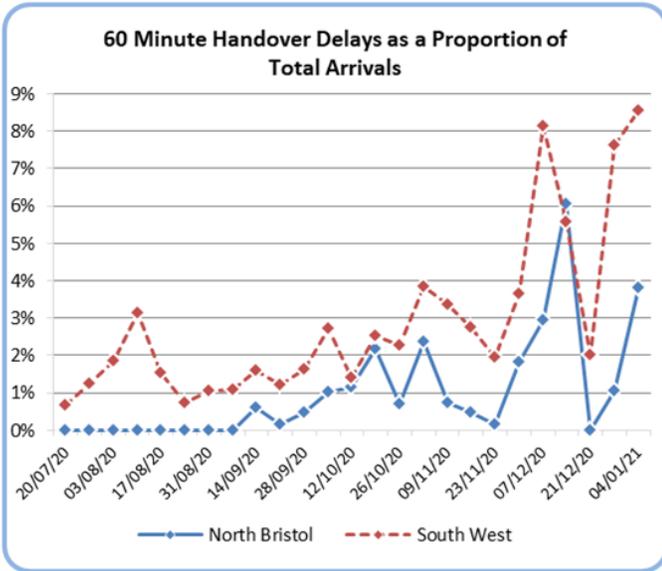
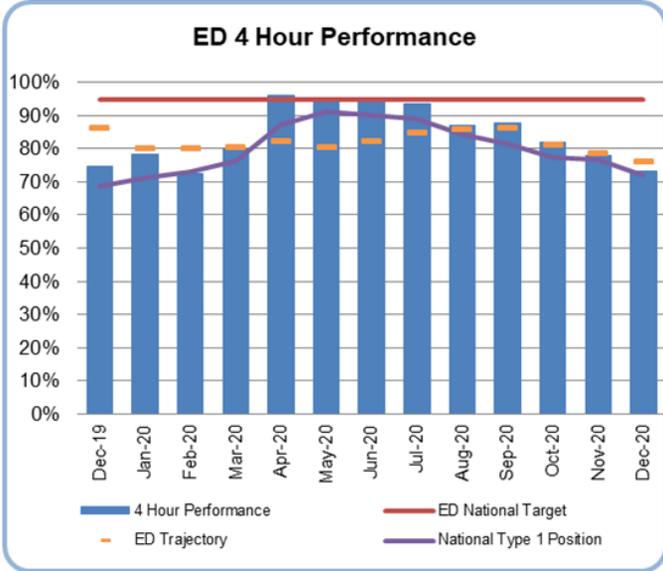
On 17 March 2020, the Trust received a letter from Simon Stevens and Amanda Pritchard which suspended the operational planning process for 2020/21 and gave details of an alternative financial framework initially for the first four months of the year that was then extended to cover the first half of the year. This first half year framework required the Trust to breakeven against an NHSI/E calculated income level and to recover any additional costs incurred in dealing with the COVID-19 pandemic; net of any savings from reduced or cancelled elective activity, in line with national guidance. The position for the end of September shows the Trust meeting this requirement and achieving a breakeven position (top ups due to the trust for April to August have been finalised and agreed while the £7.6m due for September is still to be audited and confirmed).

From 1 October a new financial framework has been implemented where Providers are funded under a block arrangement to cover historical contract income and allowed to bill for other income in line with previous years. Separately each System (either Sustainability and Transformation Partnership [STP] or Integrated Care System [ICS]) has received an allocation to cover the required top-up income, COVID-19 costs and growth that has been calculated as being needed to bring the System into an overall breakeven position.

Due to errors in calculating the levels of achievable Other income NBT and the System are currently forecasting deficit positions for the full year. This gap in funding is being discussed with Regional and National teams to identify the reasons for the gaps and identify potential routes to secure funding. In the event that the additional funding is not received the Trust is still forecasting maintaining a cash balance throughout the year that will enable it to operate effectively including the full delivery of its capital plan.

# Responsiveness

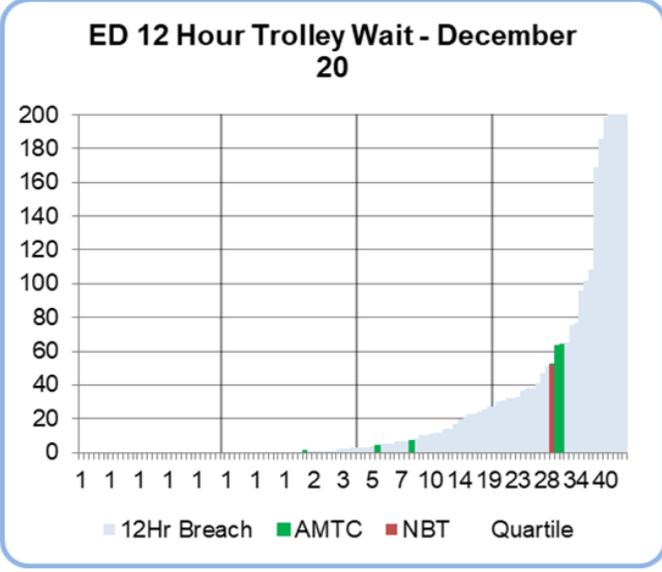
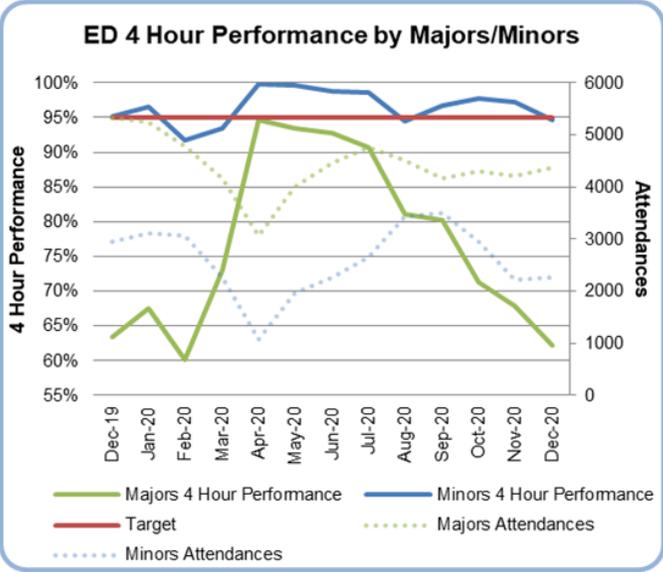
**Board Sponsor: Chief Operating Officer  
Karen Brown**



**Urgent Care**

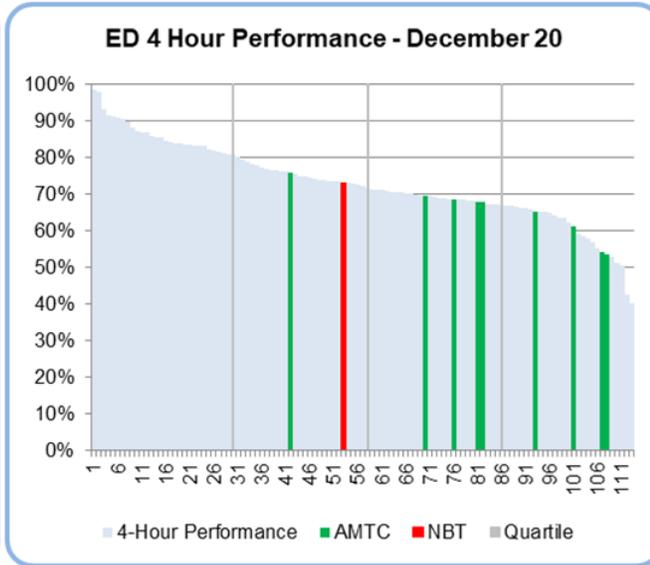
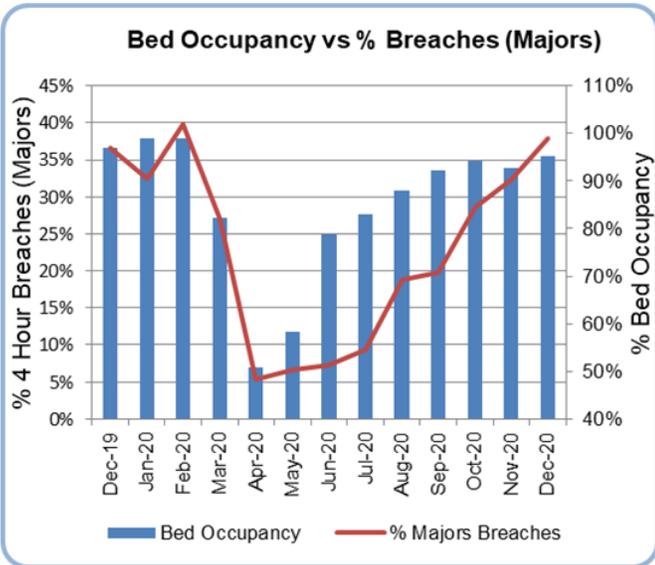
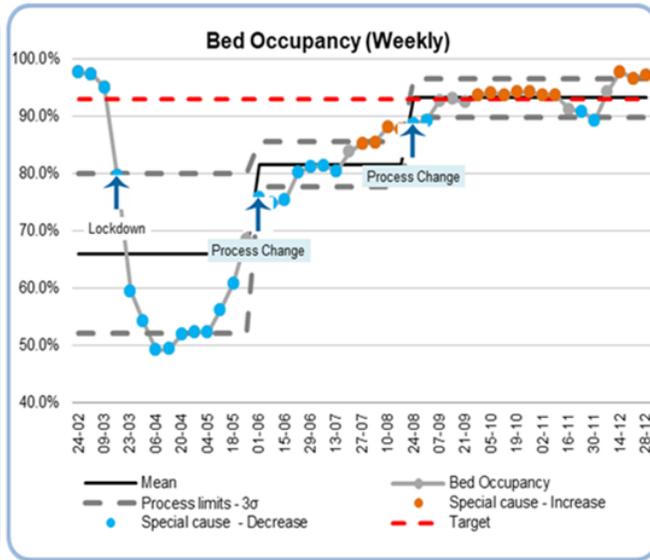
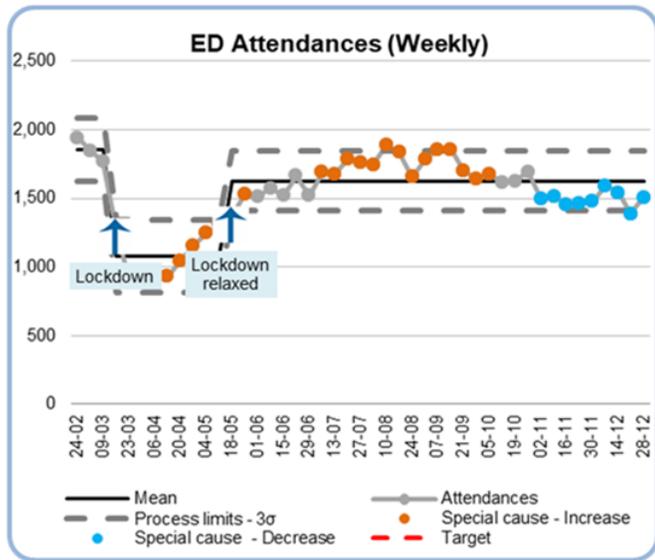
The Trust did not achieve the four-hour performance trajectory of 76.14% in December with performance of 73.21%. The Trust conceded 82 ambulance delays exceeding one hour in December and 52 12-hour trolley breaches.

The highest number of ambulance handover delays occurring in a single day (29) coincided with the Trust being in an escalation status of Internal Critical Incident. Despite the increasing number of ambulance handover delays, the Trust compares favourably with regional levels, highlighting the increasing pressures experienced within the region.



Performance continued to be challenged by COVID-19 admissions and levels COVID-19 related staff absence with the Trust declaring a Level 3 COVID-19 response for the majority of the month. Staffing absence was further impacted by a reduction in temporary staffing availability whilst segregated care, ward closures and enhanced IPC measures continued to negatively impact flow.

Majors performance was most notably impacted (62.12%), whilst Minors performance was 94.69%



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.

#### 4-Hour Performance

Of the breaches in ED in December, 42.60% were a result of waiting for a medical bed and 20.09% of delays resulted from waits for assessment. Medicine bed capacity has been the predominant cause of breaches for the fourth consecutive month.

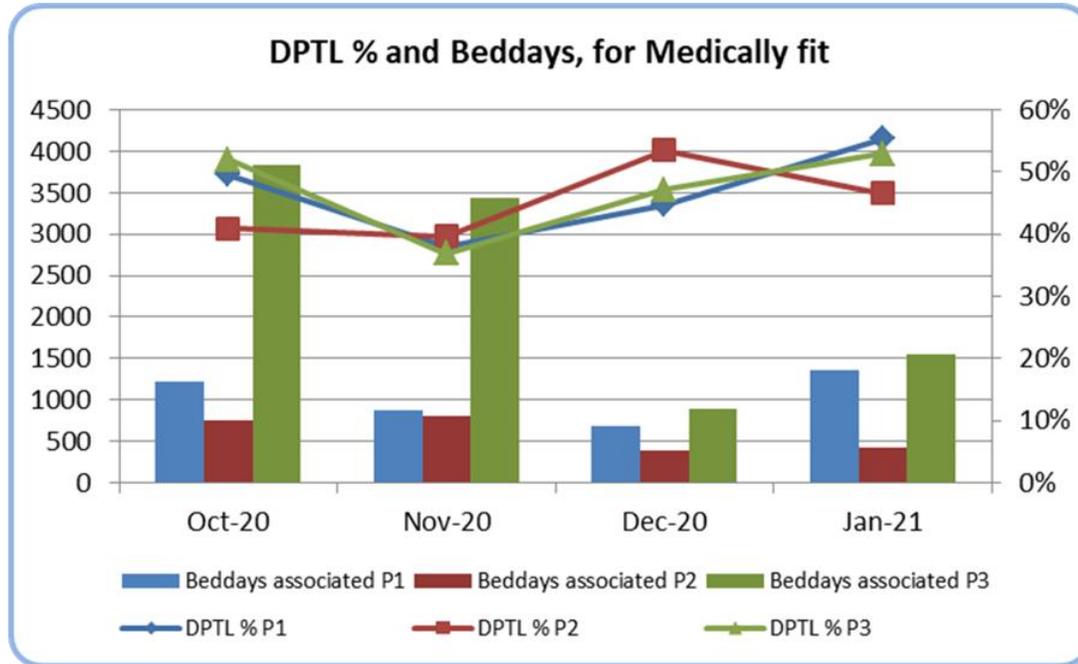
Despite a continued reduction in ED attendances, ambulance arrivals remained consistent with November 2020 levels, demonstrating sustained acuity and demand for beds. This continued demand coupled with increasing COVID-19 pressures and inflexibility of the bed base adversely impacted ED waiting times in-month.

Bed occupancy varied between 87.99% and 102.66% in December against the core bed base; with bed pressures increasing throughout the month. Increased bed occupancy in the latter weeks was negatively impacted by COVID-19 related ward closures.

The Trust remains in the second quartile when compared nationally, and ranked second amongst AMTCs for ED performance in December. This position is unmoved from last month.

Performance is expected to further deteriorate in January as the Trust continues to respond to increasing COVID-19 admissions.

ED performance for the NBT Footprint stands at 78.03% and the total STP performance was 79.34% for December.



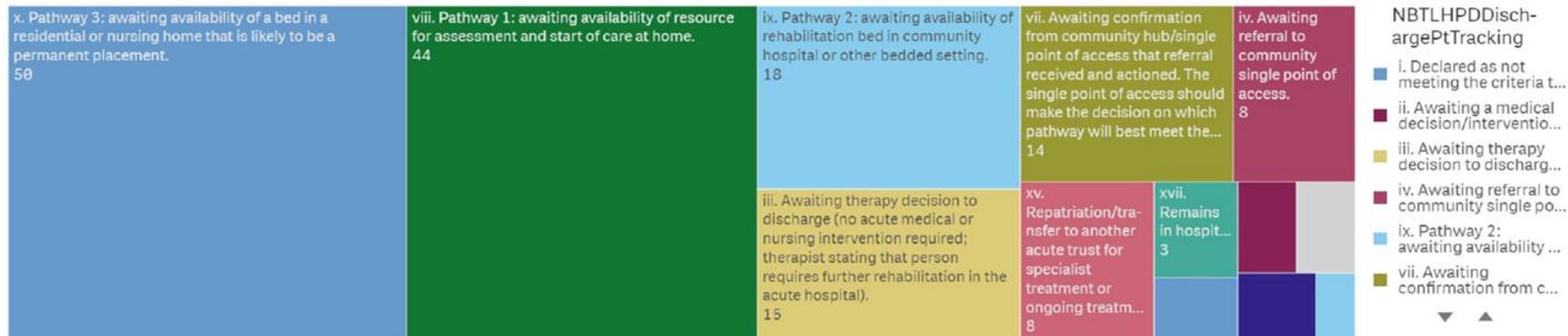
### Right to Reside Report

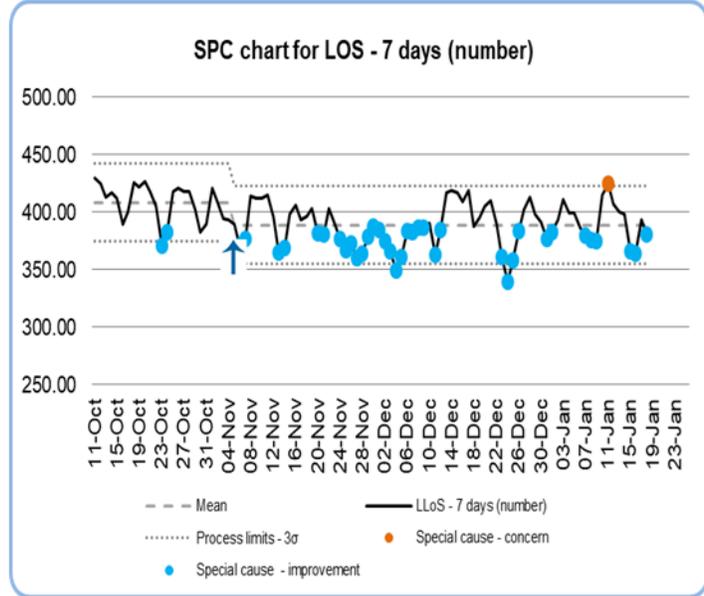
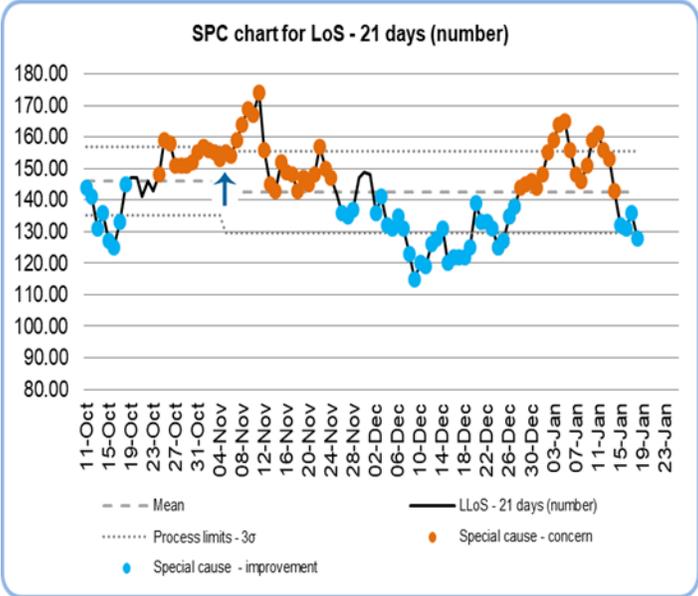
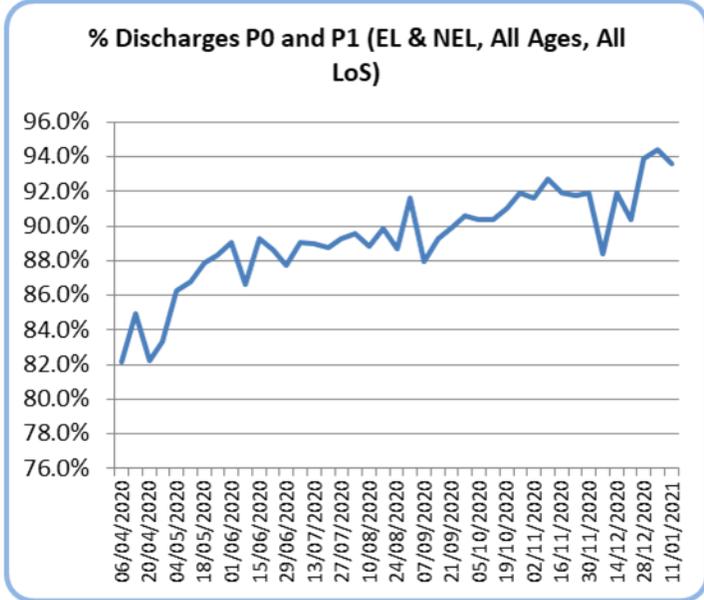
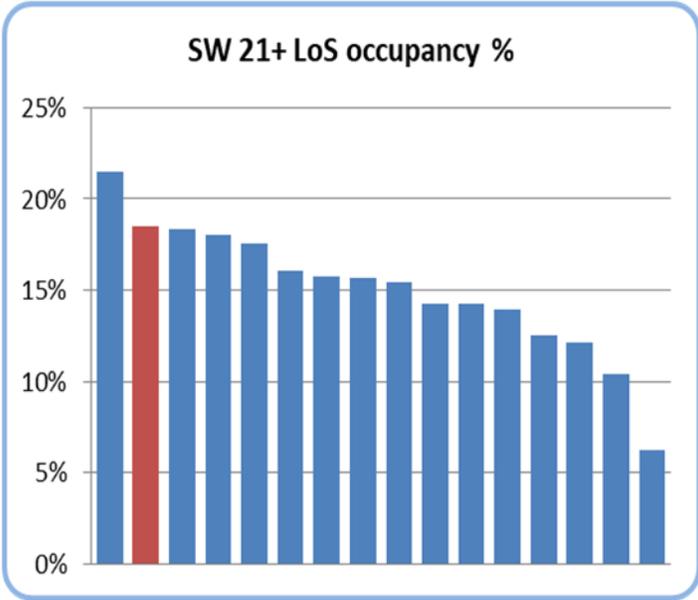
The Trust is required to report the levels of patients who do and do not meet the right to reside criteria on a daily basis, captured through an electronic iFORM.

As of midnight 18/01/21(snapshot), 164 patients (22% of all patients) no longer meet the right to reside criteria. Issues preventing discharge remain the waits for P1/P3 pathways with extensive delays noted, particularly relating to the most complex individuals who may require large packages of care in their own home, or a care home that can manage multiple needs.

Of the numbers that do not meet the right to reside, 68% are waiting for discharge to assess capacity. The focus on reviewing internal reasons for delay in discharge has been effective with a decrease in levels of people waiting for therapy or medical review reported at 15%.

### DPTL Reasons





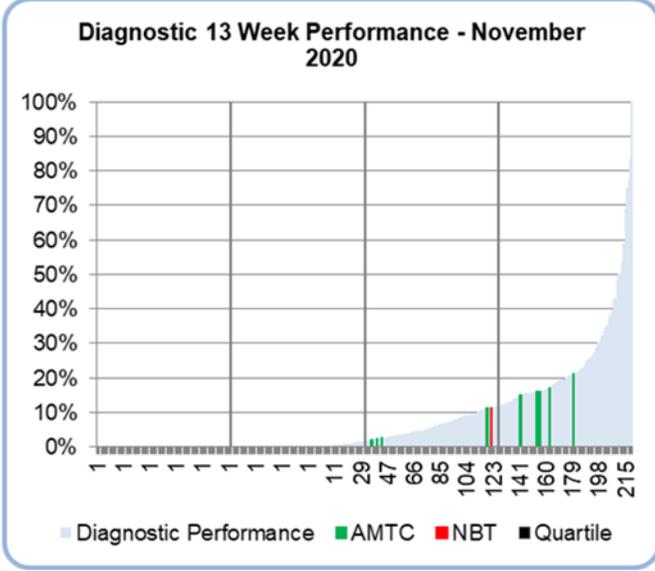
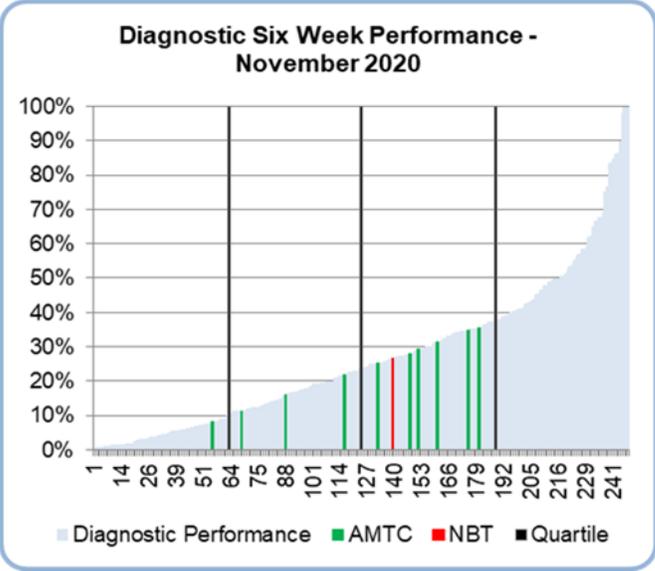
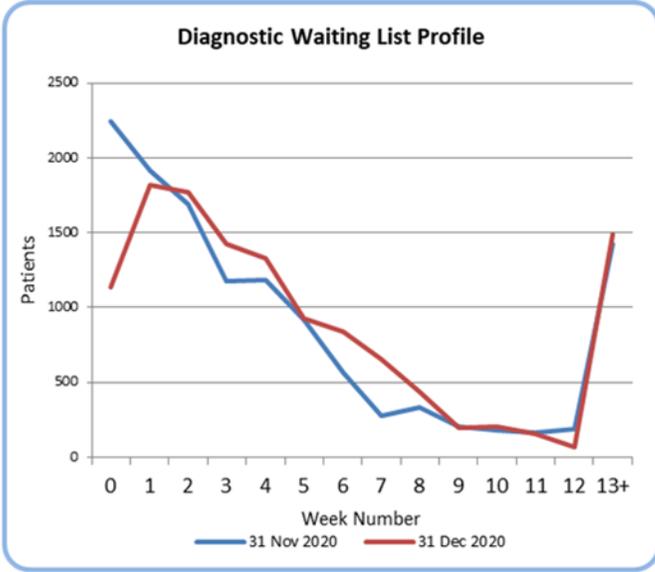
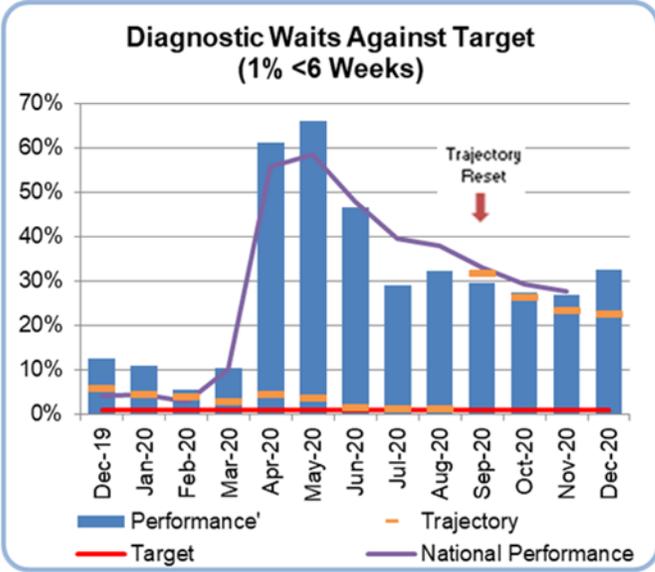
**Stranded Reporting**

Patients with a LoS over 21 days increased towards the end of December with increased levels being reported into January, coinciding with the Trust's third COVID-19 wave. This declining position is represented in the Trusts regional ranking for January; deteriorating to second in the South West. Local providers are also reporting within the upper quartile. Patients with a shorter LoS remain stable.

There has been an ongoing improvement in the levels of patients being discharged home on P1 or P0 pathways to just below 94%.

For those who are not requiring a referral to community healthcare (P0) the Red Cross are now providing follow up calls and we will be reviewing the data to highlight where there are areas for development.

Data Source: South region NHSI UEC dashboard, we 12<sup>th</sup> Jan



**Diagnostic Waiting Times**

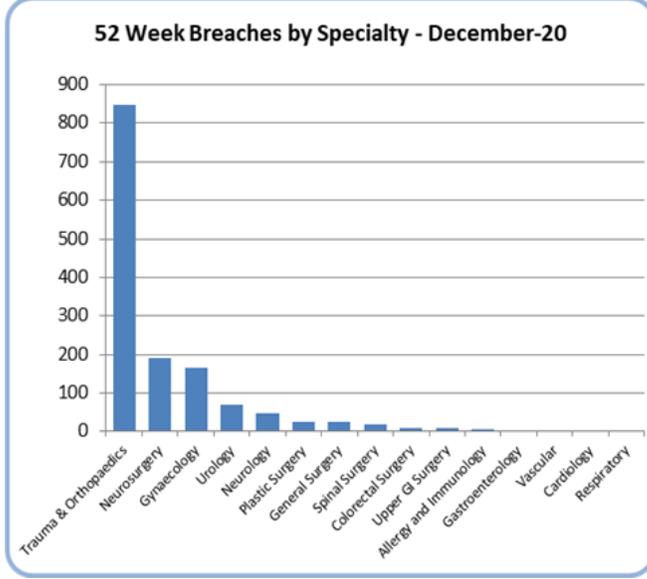
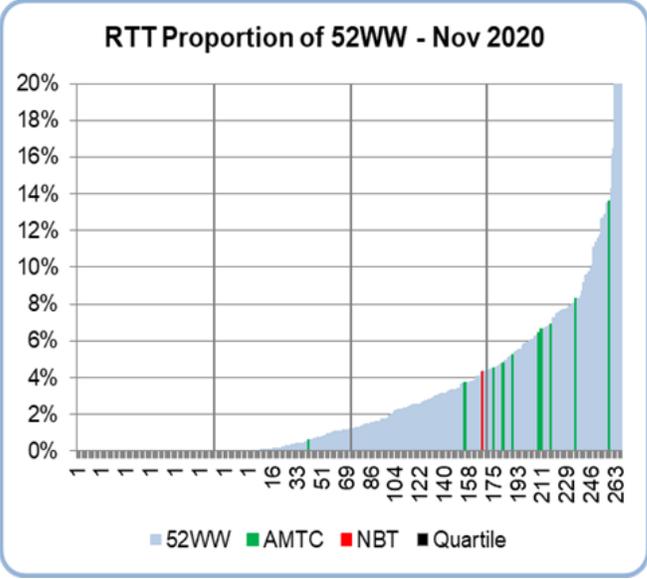
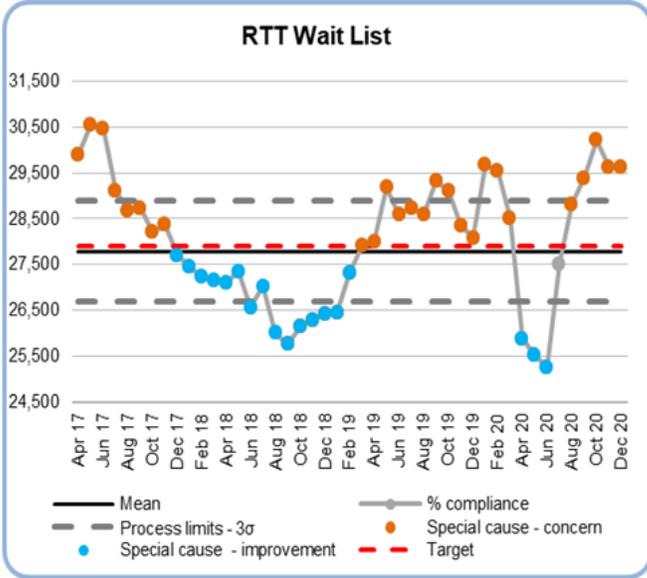
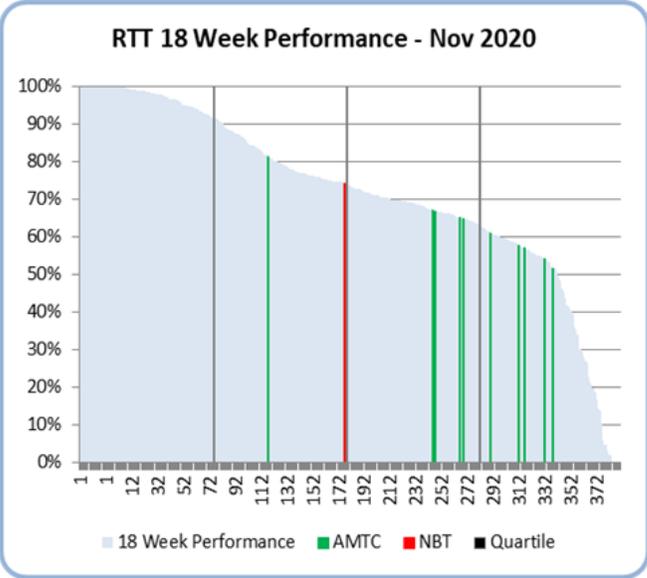
Diagnostic performance deteriorated to 32.37% in December, failing to achieve the revised trajectory of 22.48%.

Despite marginal differences in the overall demand (0.86%), activity (-0.78%) and wait list (-0.35%) for December, Trust performance has been negatively impacted by a demand and activity reduction over the festive period; resulting in an adverse shift in the wait list. December's wait list shows a 49.38% reduction in the number of patients being added (week 0) and a 77.38% increase in the number of patients tipping into the backlog (weeks 7-8). The increase in patients tipping into the backlog has offset a 16.14% improvement in the numbers of patients waiting 9-12 weeks. The deterioration remains in line with historic trends with the impact expected to be sufficiently diminished by February.

Non-Obstetric Ultrasound, Computed Tomography (CT) and Colonoscopy reports the largest contribution to the decline in performance. Non-Obstetric capacity remains challenged overall but improved to 94.47% of last years levels in December whilst CT and Colonoscopy activity reports above plan overall for December. Achievement of trajectory for these tests would have resulted in an overall achievement of 22.46%.

The number of patients waiting longer than 13 weeks increased by 4.20% in December. 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 remained unmoved for both 6 Week and 13 Week performance in November.



**Referral to Treatment (RTT)**

In December, the Trust reported a RTT performance of 73.18%, exceeding the trajectory of 65.00%. The waiting list remained static at 29611 in December, reporting under the new trajectory of 32718. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering largely above plan, resulting in a lower waiting list than predicted.

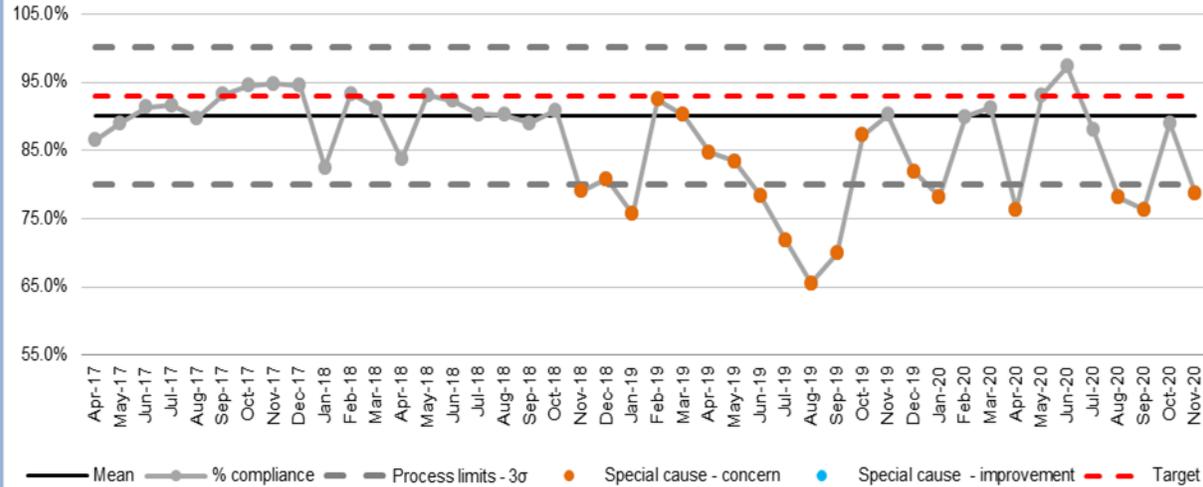
Similarly to the Diagnostic wait list, 18 week performance has been impacted by a shift in the RTT wait list. Overall, admitted and non-admitted clock stops reduced in December but has been offset by reduced demand resulting in a static wait list.

At month end, there were 1418 patients waiting greater than 52 weeks for their treatment against a trajectory of 1981; the majority of breaches (848; 59.80%) being in Trauma and Orthopaedics. In December, the Trust has supported another Trust in the reduction of their long waiting patients by accepting a 52WW breach.

The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19.

Nationally the Trust's 18 week positioning deteriorated, but just remains within the second quartile. The positioning of the 52WW breaches as a proportion of the overall wait list has improved, moving the Trust from the fourth quartile in October to the third quartile in November.

**Patients Seen Within 2 Weeks of Urgent GP Referral**



**Cancer: Two Week Wait (TWW)**

The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 78.65% in November. The Trust received 732 Breast referrals in November which was an increase of 43 on the previous month. Capacity remains an issue in both breast and skin services.

Out of the 2117 TWW patients seen in November 452 breached; 41 related to Colorectal, 41 in colorectal pathways, and 244 in Breast.

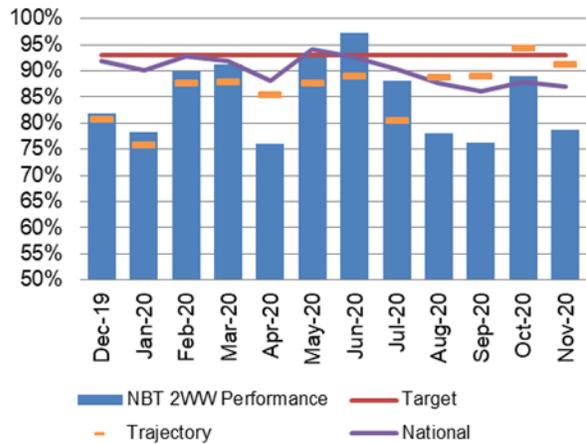
Colorectal services failed the standard for November; they had 41 breaches with a performance of 77.35%. Out of the 41 breaches, 34 were due to endoscopy delays and patient choice.

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

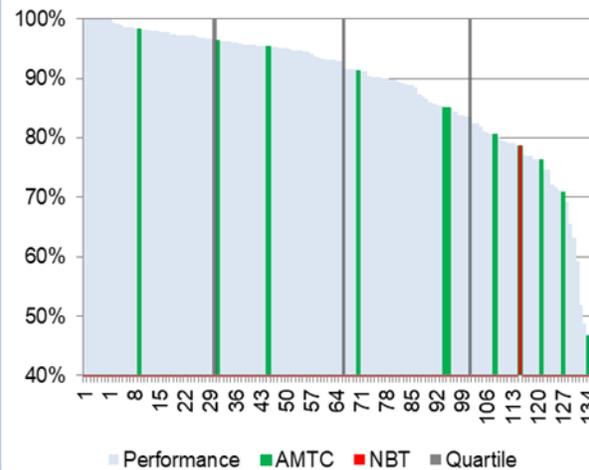
The Breast service continues to see a higher volume of referrals compared to the same time last year. The increase of Breast breaches and volume of patients seen in November is due to a roll over of referrals waiting to be seen at the end of October, 64 of the 244 breaches were referred into the Trust during the first three weeks of October.

Gynaecology failed the national standard achieving 90.27% which is a decrease on last month. The saw 185 patients and had 18 breaches which is an increase of 5 on previous month

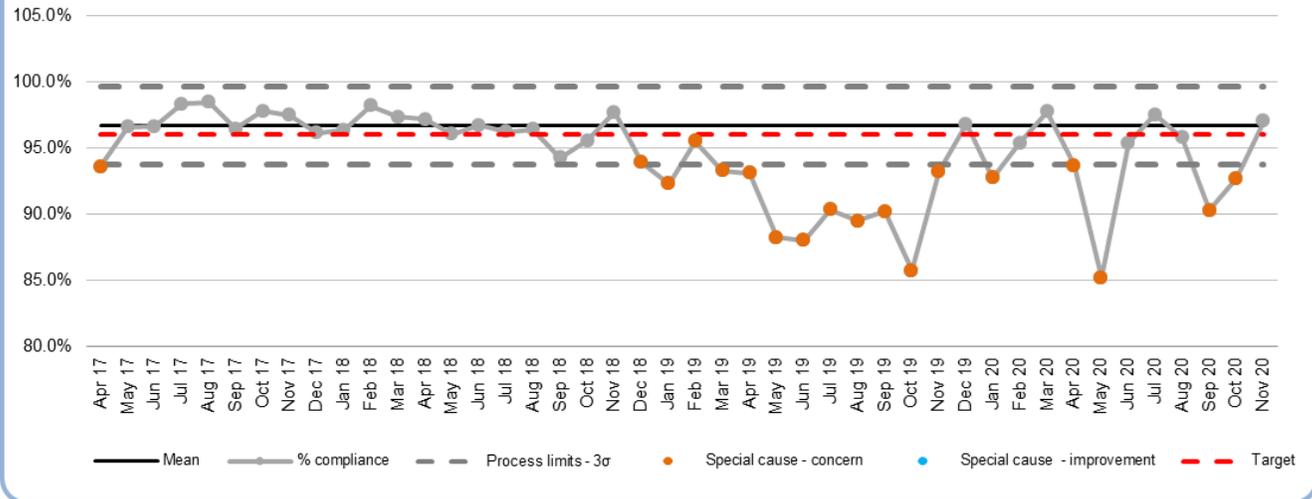
**Patients Seen Within 2 Weeks of Urgent GP Referral**



**Cancer TWW Standard November-20**



**Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis**



**Cancer: 31-Day Standard**

The Trust achieved the 31 day first treatment national standard of 96.00% with performance of 97.01%.

The Trust was able to treat 236 patients in November, with seven breaches.

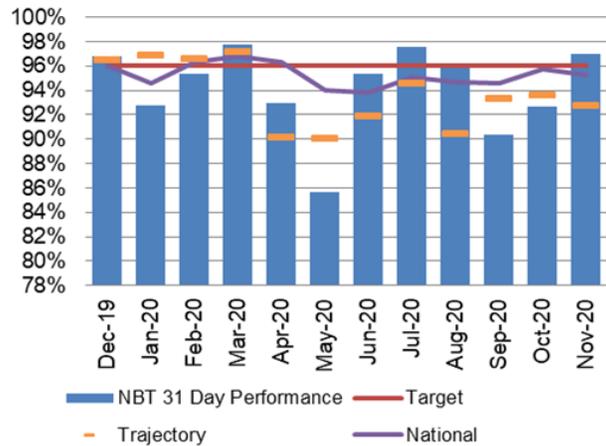
The breach breakdown is one in Skin, Breast, Sarcoma, Urology and Colorectal, two in Brain. The specialties that achieved CWT target were Breast, Gynaecology, Haematology, Lung, Skin, Upper GI and Urology.

Skins performance for November was 98.28%, a significant improvement on October's performance of 84.60% both in terms of treated and reduction in breaches.

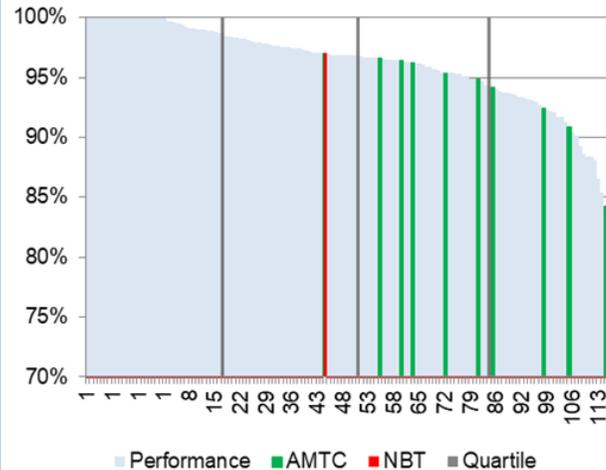
The Trust failed the 31 day subsequent surgery standard performing at 92.93%. The Trust treated 99 patients with seven breaches in Breast and Urology.

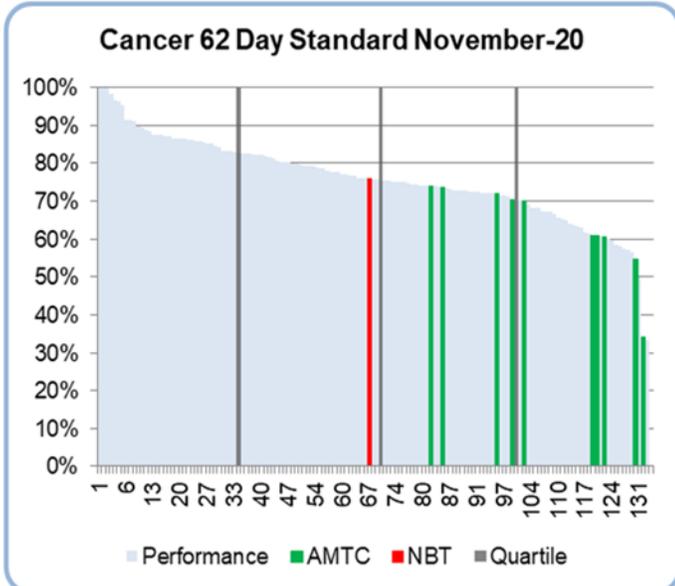
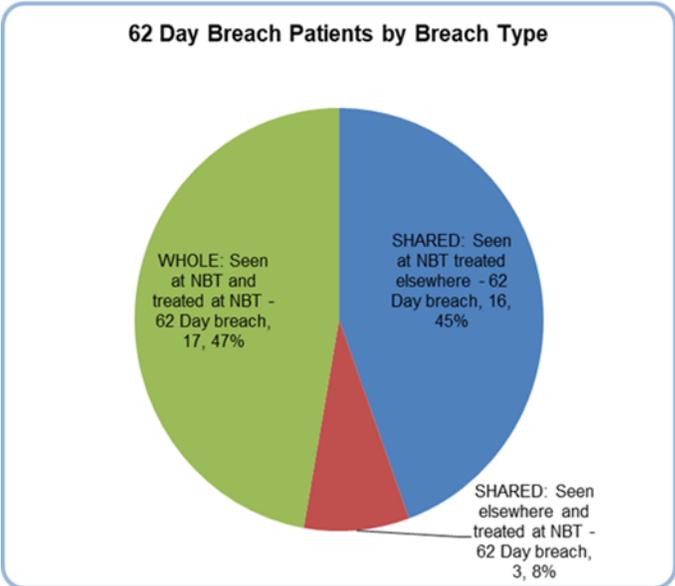
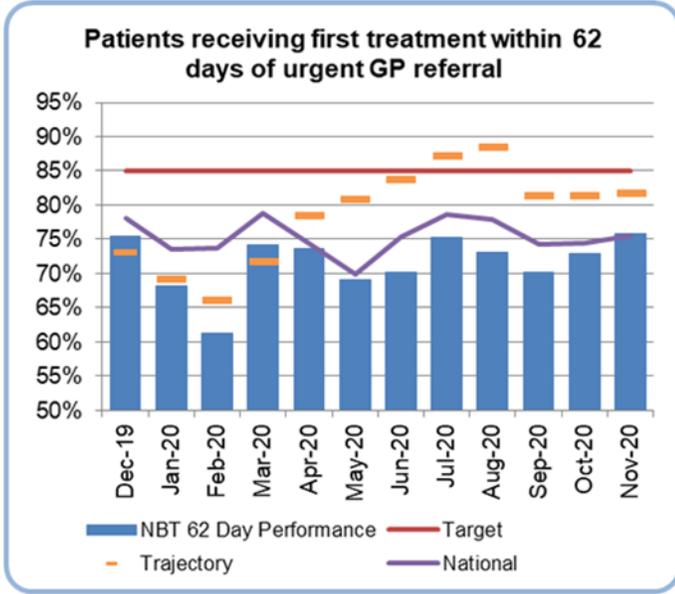
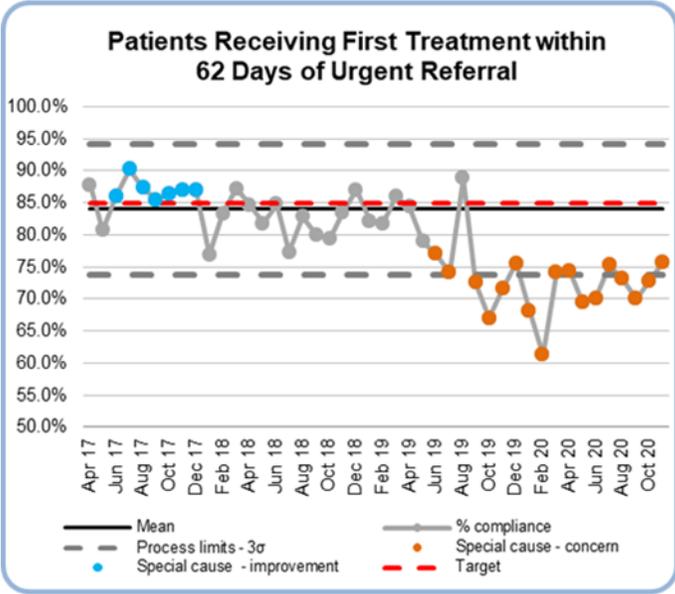
There were two 104 day treated breaches in November that required Datix harm reviews; one for Urology and one for Breast. The Breast delay was due to medical deferral as a result of patient fitness and the Urology was a late transfer for treatment on Day 108 from an external Trust. No harm has been identified as a result of the delay.

**Patients receiving First Treatment Within 31 Days of Cancer Diagnosis**



**Cancer 31 Day Standard November-20**





**Cancer: 62-Day Standard**

The Trust failed the 62 day cancer trajectory and the national standard in November, reporting a position of 75.76% against a revised trajectory of 80.91%. The Trust treated 132 patients with 32 breaches.

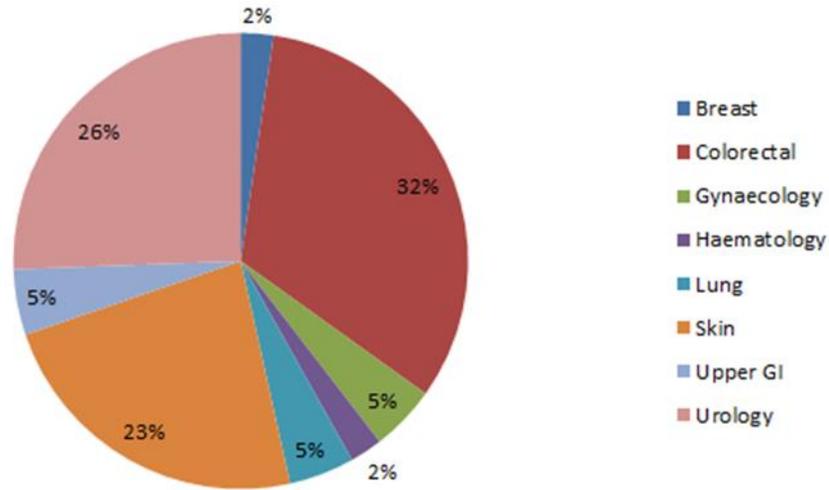
Urology's performance of 79.45% (validated) with 7.5 breaches failed to achieve CWT standards 85%. They achieved post COVID-19 revised trajectory of 67.20%. This is an improvement on October's position of 58.62%.

There was a marked improvement in the waits for template biopsy which had contributed to the majority of the breaches in the previous month. The majority of the 7.5 Urology breaches were due to provider delays, 3 patients have been escalated to radiology, 4.5 were as a result of delayed oncology appointments and individual diagnostic test delays.

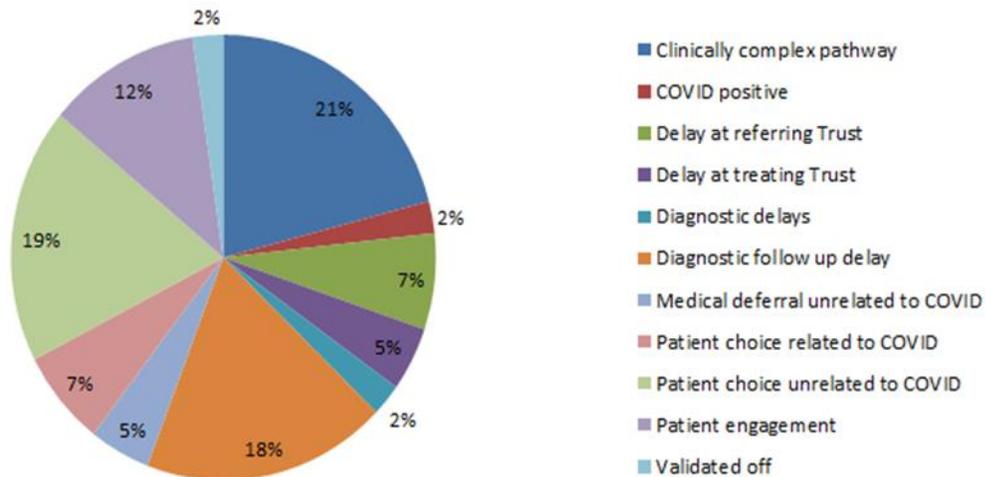
Colorectal failed to achieve the standard with 30.77%, and saw a decline from October's position of 75.01%, they treated 6.5 patients with 4.5 breaches in November compared to 1.5 breaches in October.

Breast 62 day performance was 79.49%, they had 8 breaches this month, 4 due to complex pathways or a treatment being delayed for a genuine medical reason. The breast pathway is being reviewed and a triage process is being introduced which will have a positive impact on the 62 day pathway going forward

## 104 Day Without DTT



## Delay Reasons - Without DTT



## Cancer

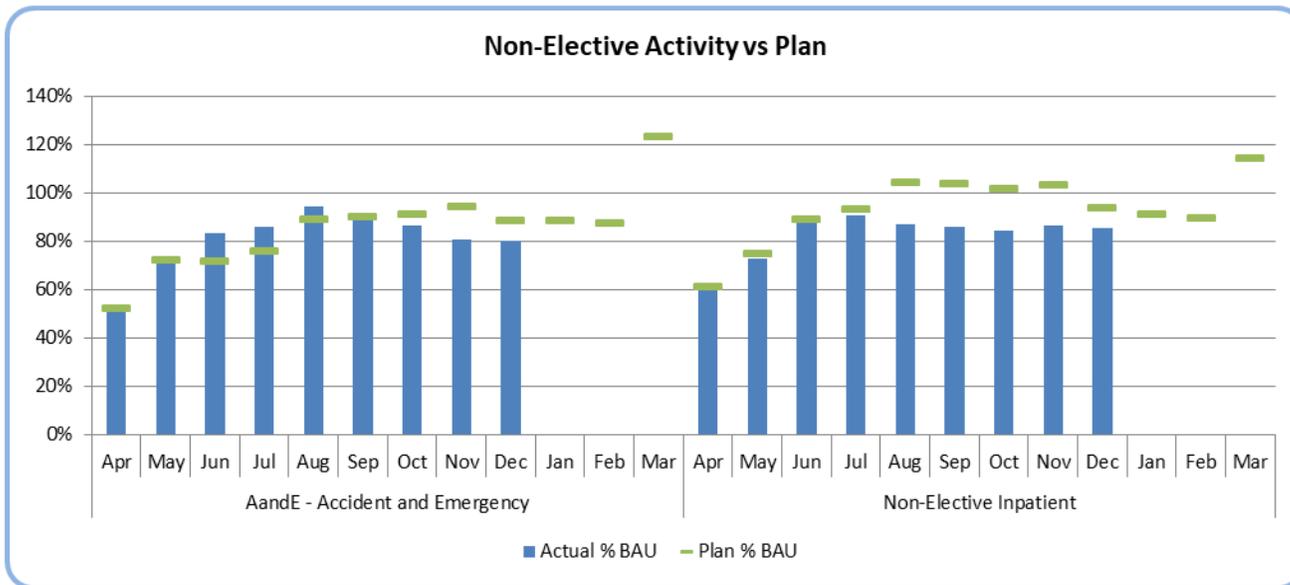
### 104 Day Patients Live PTL Snapshot as of January 2021

The Trust had 50 patients on the live cancer PTL as of 11<sup>th</sup> January waiting over 104 days. The report is split into two sections; patients with or without a Decision to Treat (DTT) for cancer treatment.

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

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

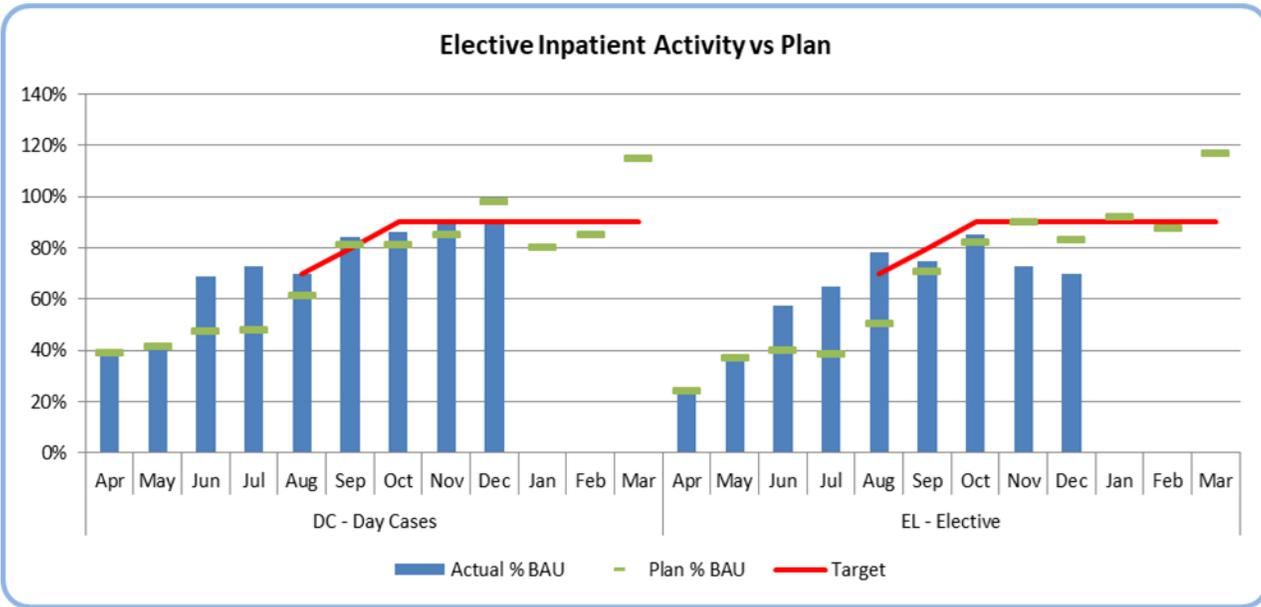
Significant work has been carried out by the specialties to ensure all patients waiting over 104 days are clinically reviewed and treatment plans are in place. There has been an overall reduction in the number of 104 day breaches since August's highest position of 106 patients.



### Non-Elective Activity vs Plan

- **ED attendances** have been above plan in every period with the exception of October, November and December in concordance with national lockdown rules and reduction in minors activity.
- **Non-Elective** activity reports below plan for December, reporting at an average of 85.75% of 2019/20 levels since September 2020.

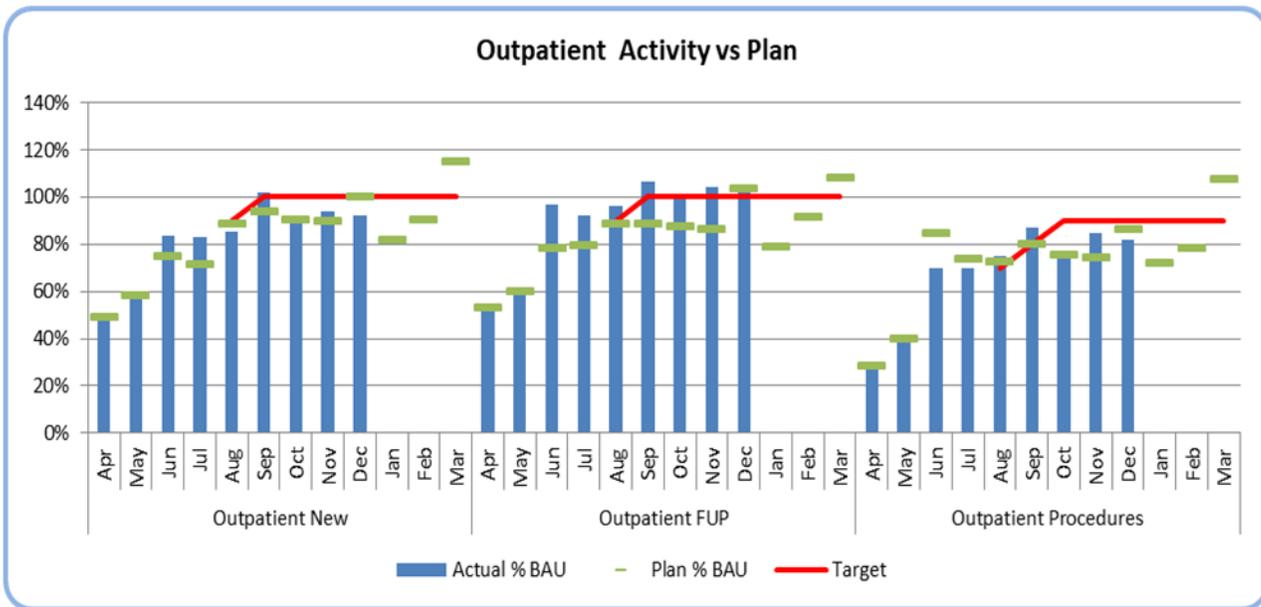
*NB: March 2021 plan is above 100% due to March 2020 actuals being partially impacted by COVID-19. Activity vs Plan information includes only Specific Acute specialties.*



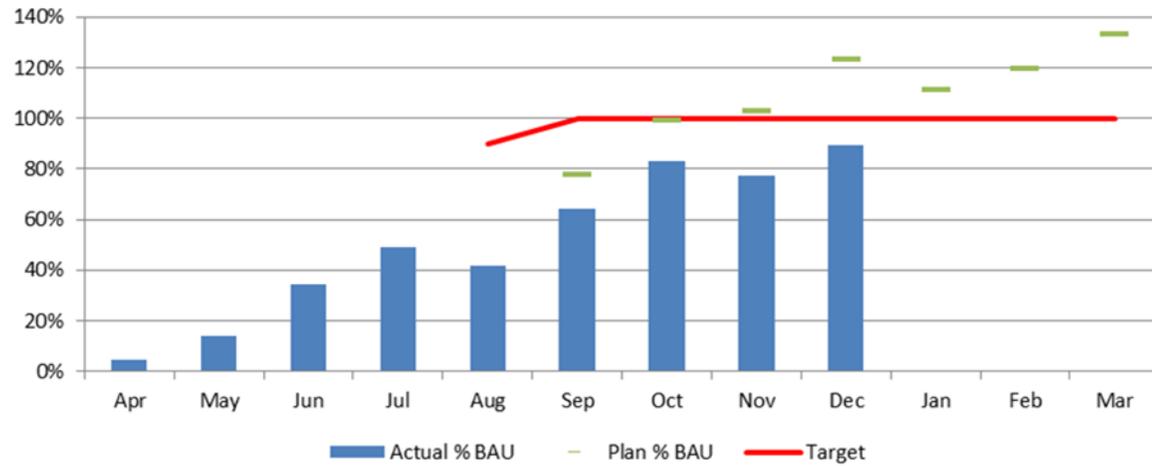
### Elective Activity vs Plan

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

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



### Endoscopy Activity vs Plan

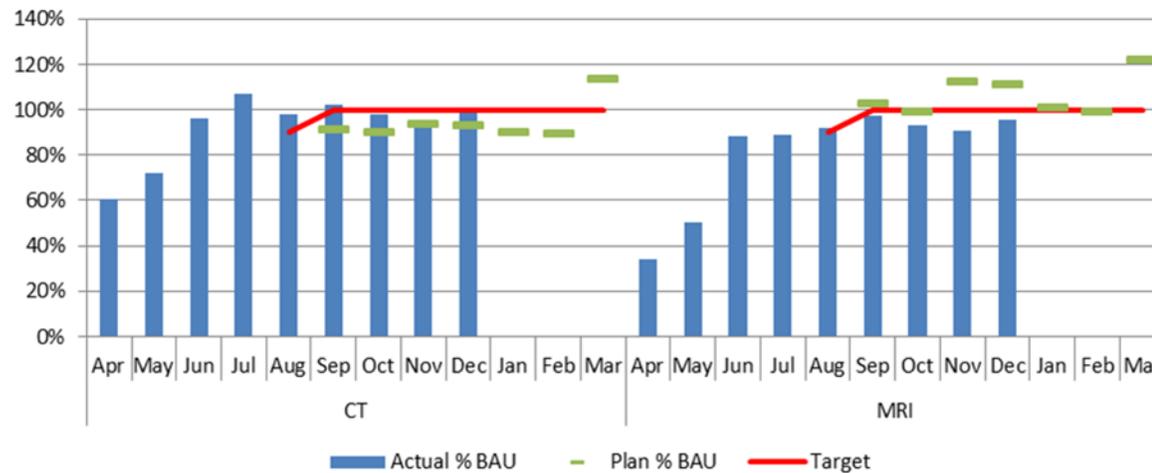


### Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan and target from September. At test level, Colonoscopy is achieving plan and Flexi-Sigmoidoscopy and Gastroscopy is reporting below plan. This relates to the under-reporting of activity due to a coding lag.
- **CT activity** has achieved plan since September and hit the national target of 100% of 2019/20 levels in December.
- **MRI activity** did not achieve the target or plan in December. National 6 week wait performance improved to 0.98% in December, achieving the national standard of 1%.

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

### CT & MRI Activity vs Plan

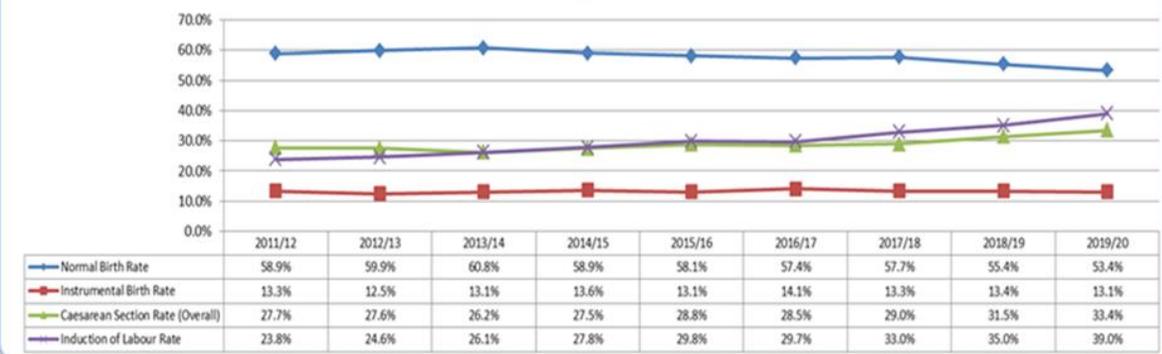


# Quality, Safety and Effectiveness

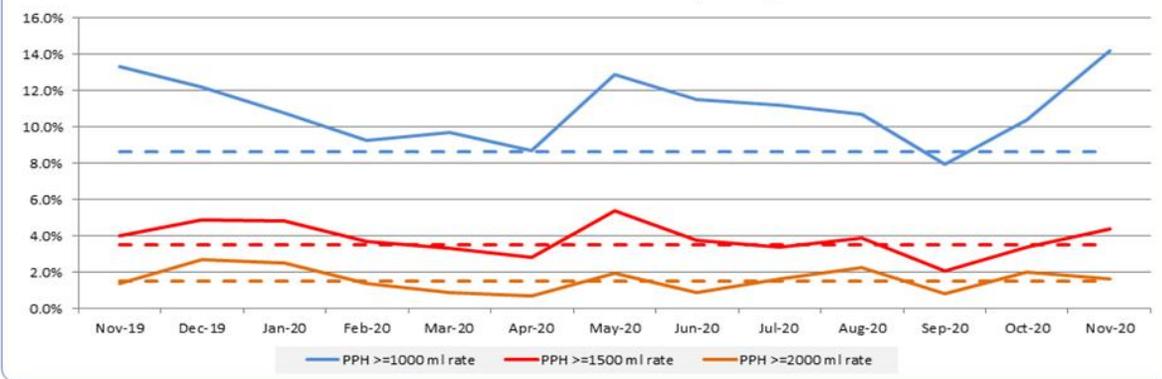
**Board Sponsors: Medical Director and Deputy Chief Executive  
and Director of Nursing and Quality  
Chris Burton and Helen Blanchard**

	Target	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	Trend
Caesarean section rate (overall)	28.0%	33.9%	38.3%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%	31.2%	41.9%	35.7%	
Elective CS rate (as % of all birth episodes)	13.7%	16.5%	14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%	14.9%	16.6%	15.3%		
Emergency CS rate (as % of all birth episodes)	20.2%	21.8%	19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%	16.3%	25.3%	20.4%		
Induction of labour rate	32.1%	40.2%	41.5%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%	38.8%	
PPH >=1000 ml rate	8.6%	12.2%	10.8%	9.2%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	10.6%		
PPH >=1500 ml rate	3.5%	4.9%	4.8%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%	4.4%	2.8%	3.7%	
PPH >=2000 ml rate	1.5%	2.7%	2.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%	1.6%	1.1%	1.6%	
5 minute apgar <7 rate at term	0.9%	0.5%	0.5%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.7%	
Stillbirth rate	0.4%	0.7%	0.2%	0.0%	0.4%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.3%		
Stillbirth rate at term	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.1%		
Stillbirth rate <37 weeks	8.3%	2.9%	0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%	5.3%	5.7%	2.6%		

Activity Trends



Reduction in PPH with new IOL pathway



COVID-19 Maternity

Visiting arrangements within maternity have been reviewed following further nationwide discussion on 14<sup>th</sup> December. Our current restrictions are informed by national guidance and in place to protect women, babies and the staff in the face of an ongoing rise in COVID-19 cases across BNSSG. Partners visiting on the postnatal wards has been reintroduced following the introduction of partner lateral flow testing.

Clinical

Births in December was 566 up by 36 births from November 2020. Birth rate year to date 4240. Expected birth rate end of financial year 5653 which is a potential increase on last year of approximately 36 births.

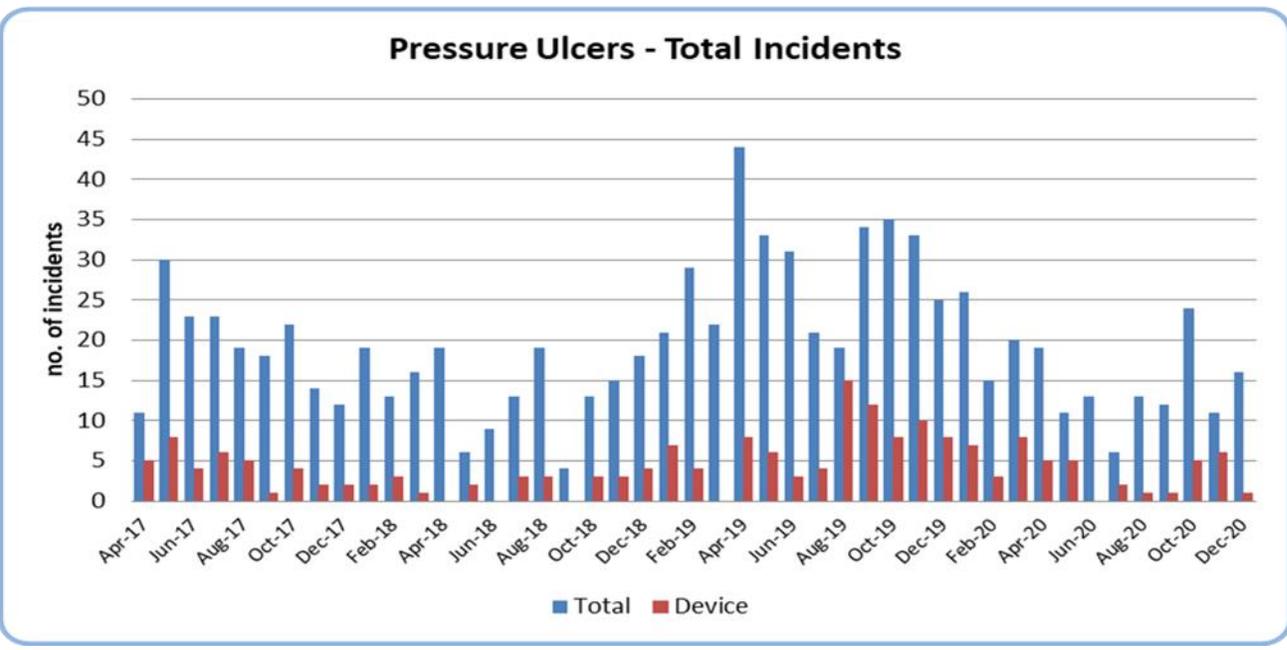
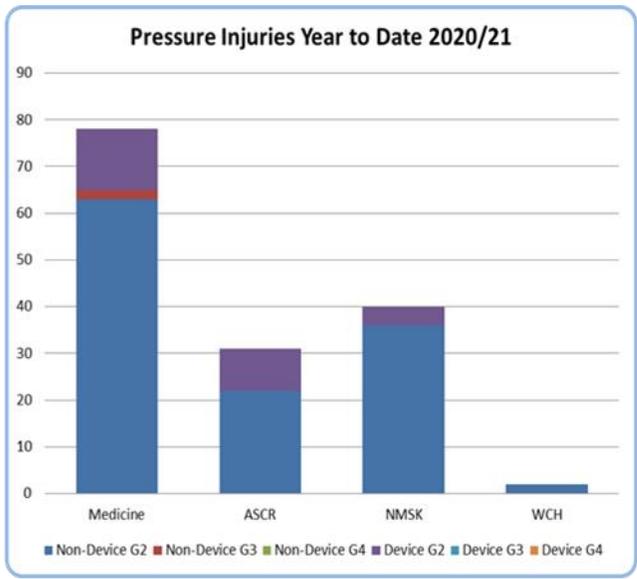
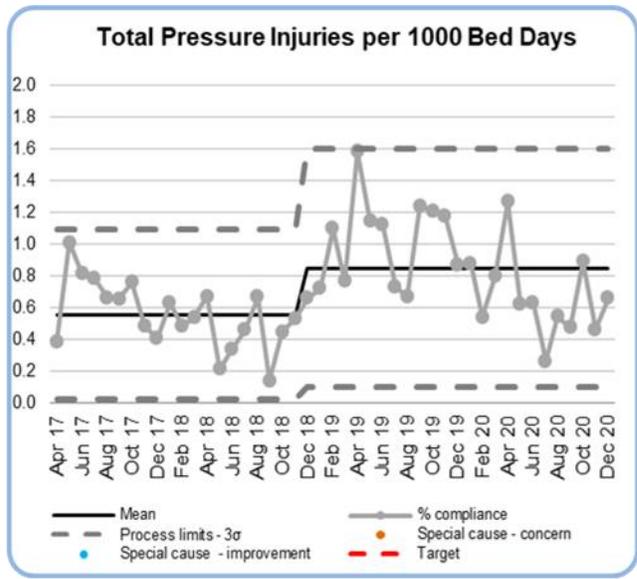
Both Elective and Emergency CS rates remain high at 41.9% with an average for the last 6 months at 39%. Births have increased over the last three months and in line with complexity trends the acuity on CDS remains high. There has been a slight drop in month of the induction rate to 37.6% in line with this complexity.

All aspects of reducing PPH project have been maintained. Although in 20/21 the rates of 1.5l PPH have fluctuated, comparing to previous years there has been an improvement. Over the past 5 years (April 2015—March 2020), the rate dropped from 5.5% to 4.7% with an average for the past 3 years of 5.3%. However, so far this financial year, the rate is 3.7% - a drop of about a third.

# Maternity IPR December 2020

## Perinatal Quality Surveillance Tool recommended Maternity board level measures

Measures	Comments
CQC ratings	Overall Good Safe requires improvement
Referrals and findings of HSIB reports	1 new referral (Dec), declined as not currently meeting criteria 1 completed report (2007-2307) presented at Patient Safety committee January 2021
Datix: No. of incidences graded moderate or above and actions taken	1 x Serious incident 1 x moderate incident
Obstetric consultant resident cover on Delivery suite	Currently 77hrs per week, increasing to 83hrs per week from January 2021. National average for units greater than 6000 births is 84hrs
Coroner's Regulation 28	Nil
Concerns or requests for actions from national bodies	No concerns raised. Assurance report required for Ockenden report (submission 15/2/21)
CNST 10 Maternity standards (NHSR)	Submission due: 15/7/21 Current score: 7/10 (Areas of focus: Continuity of Carer, Training compliance, Saving Babies Lives v2 implementation)
Staff feedback from frontline	Discussed at monthly Maternity Safety Champion meeting, summarised as "you said, we did"



#### Pressure Injuries (PIs)

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 or 4 pressure injuries in December. 17 Grade 2 pressure injuries were reported of which 1 was related to a medical device.

There was 1 unstageable pressure injury to the head validated in December which evolved from a deep tissue injury- attributable to Gate 28a. This was reported to STEIS.

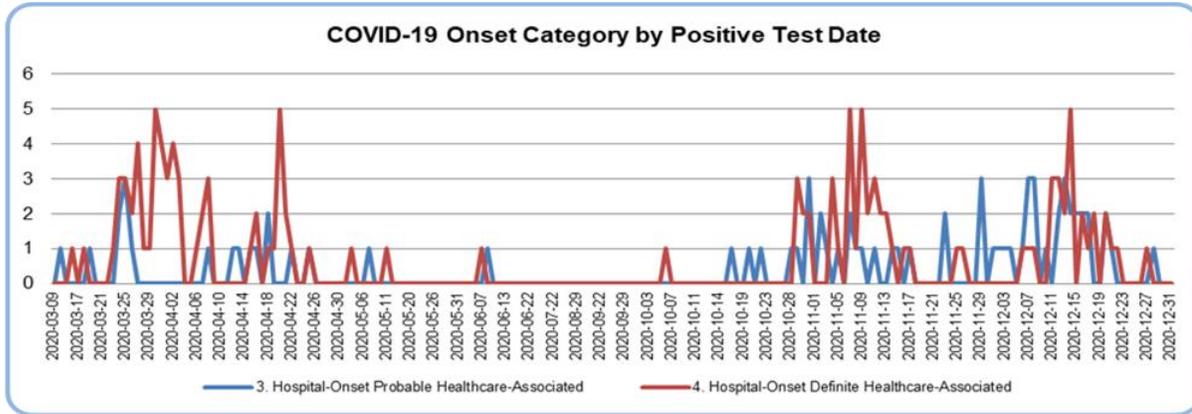
The incidence summary for the month is as follows:

- Coccyx/ Natal Cleft/ Sacrum: 36%
- Buttock: 29%
- Heels: 29%
- Medical Devices: 6%

The Divisions continue to share learning and actions from SWARMS each month. Each clinical area within the Medicine Division has a Pressure Injury Visual Management Board which is updated and presented at the Medicine Pressure Injury Quality and Safety meeting. This allows teams to share learning, celebrate successes and identify areas for improvement.

For December there has been a continued decrease in the number of medical device related pressure injuries.

Compared to 2019/20, there has been a sustained reduction in the number of grade 2 pressure injuries, although no reduction was seen this month.



**COVID-19 (Coronavirus)**

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. The impact of the beginning of the third wave of COVID-19 infection was felt in December, aligned with a rise in community transmission of the virus.

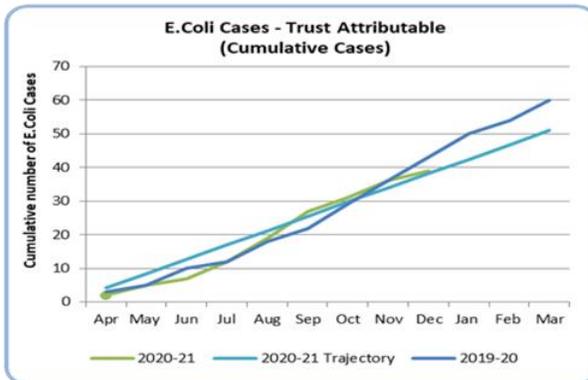
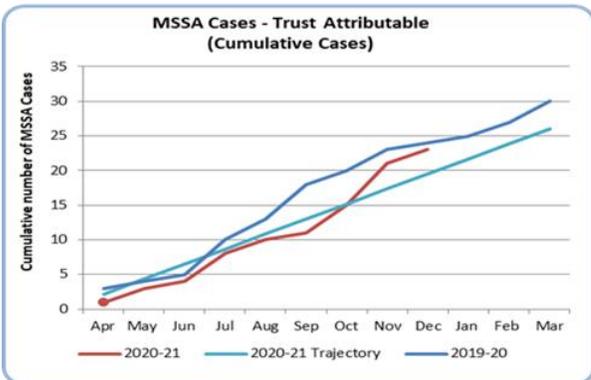
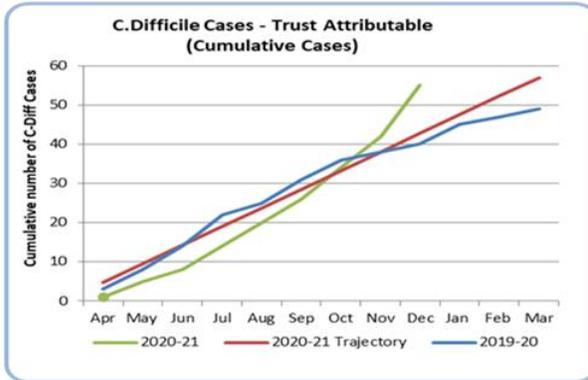
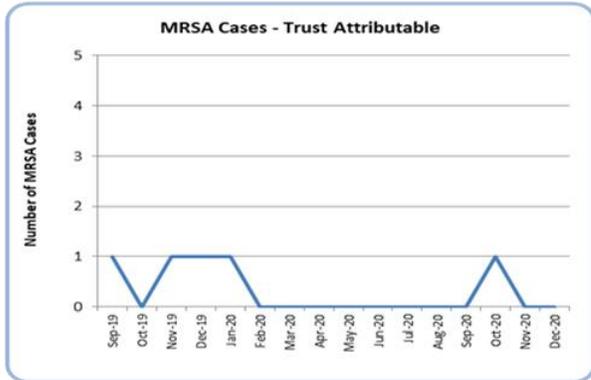
We have seen a continued increase in the number of Hospital onset cases, and a number of Staff groups have been affected. All events are the subject of Outbreak meetings with appropriate PHE input. There is a daily infection control huddle lead by the DIPC or deputy DIPC to ensure appropriate actions are taken promptly.

Transmission within ward bay areas has been a common theme. We have also re-issued the most up to date guidance regarding eye protection.

Lateral flow testing has been rolled out to all ward staff which provides for twice weekly home testing.

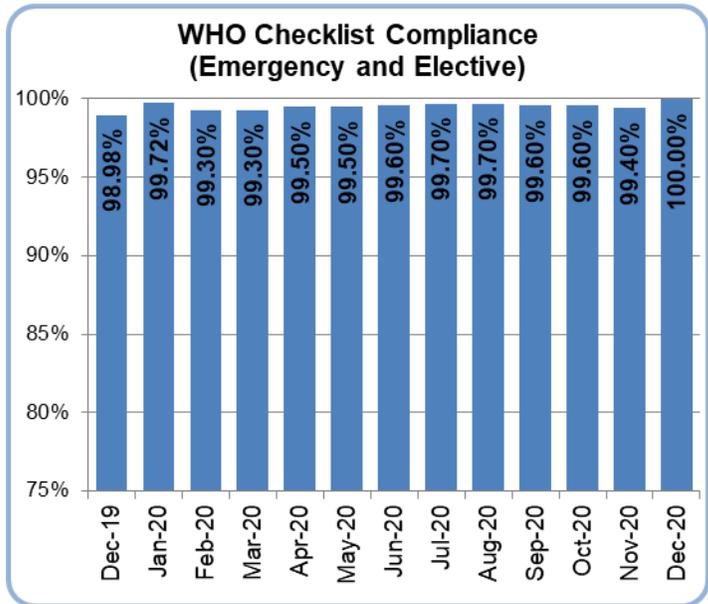
**MRSA**

MRSA bacteraemia = 0 hospital attributable



**C. difficile**

Total of 13 (7 Hospital onset healthcare associated; 6 Community onset healthcare associated) cases have been reported which is higher than the expected trajectory. There is some suggestion that patients with COVID-19 may be more likely to be diagnosed with C.diff infection and this is being investigated.

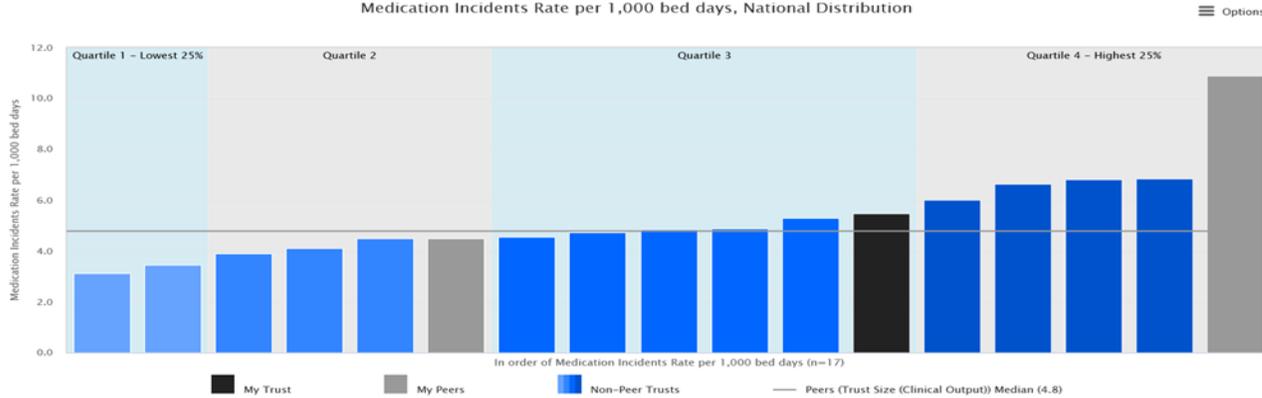


## WHO Checklist Compliance

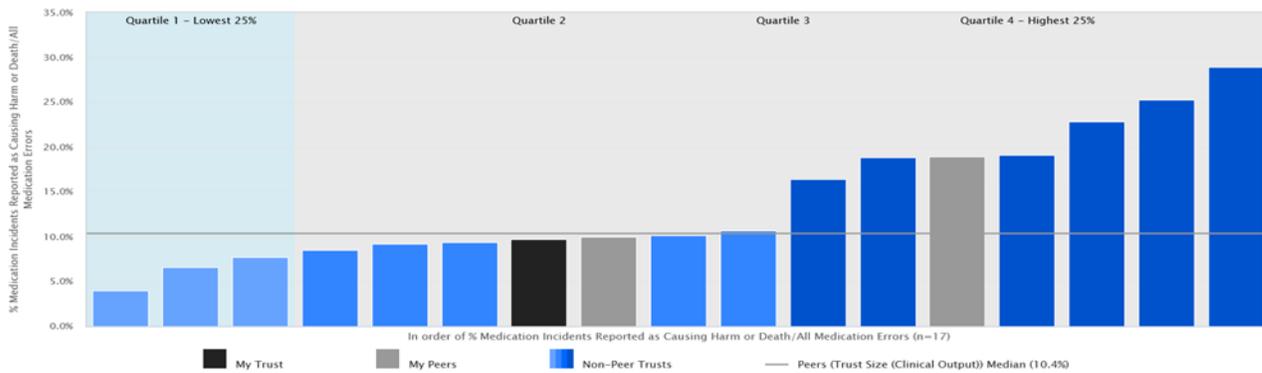
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

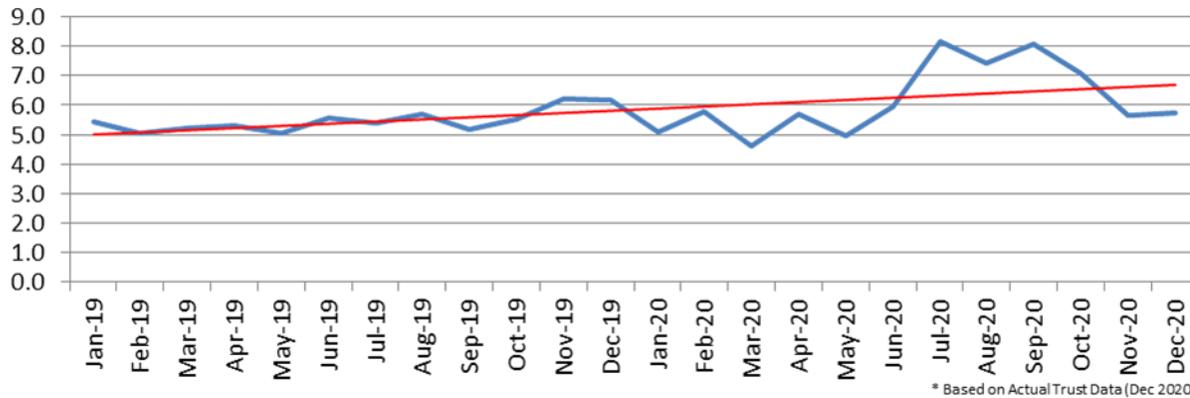
Medication Incidents Rate per 1,000 bed days, National Distribution



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



North Bristol Trust Medication Incidents per 1000 Bed Days\*



\* Based on Actual Trust Data (Dec 2020)

## Medicines Management Report

### Regional Benchmarking

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

### Medication Incident Rate

North Bristol Trust (NBT) has a rate of 5.5 medication incidents per 1000 bed days. NBT is in the third quartile for the South West region and remains above the median for both its peer group (4.8) and national (4.5). High levels of reporting are considered an indicator of a strong safety culture.

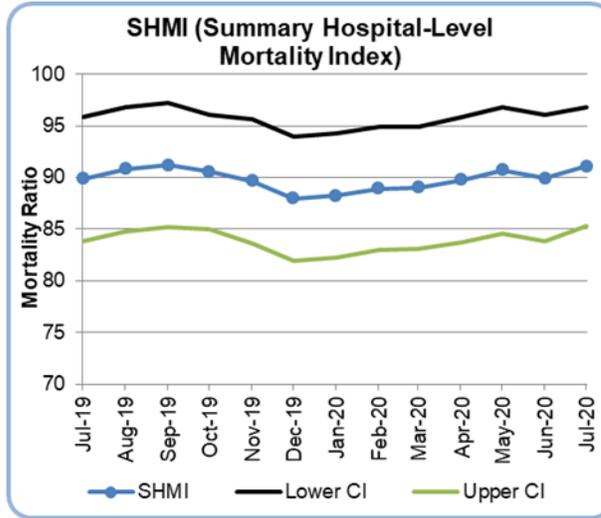
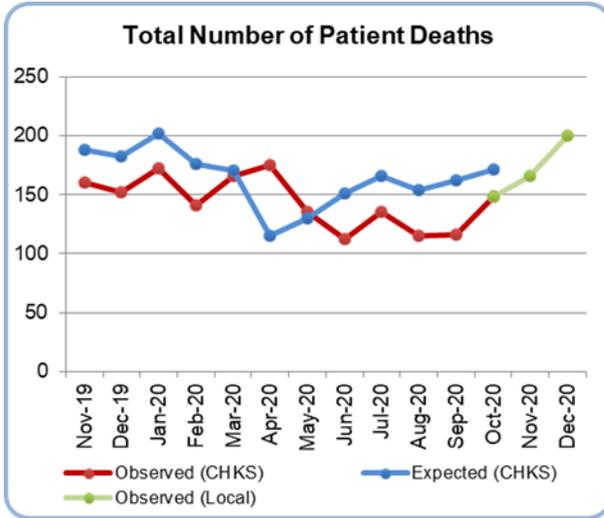
**Percentage of Medication incidents reported as causing Harm or Death.** 9.7% of all medication incidents reported from NBT have caused harm. NBT is in the second quartile for the South West region which is below the median for both its peers (10.4%) and national (10.8%). A lower percentage of harm is indicative of safer medication practice.

### NBT Medication Incident Reporting (December 2020).

Organisations where staff believe reporting incidents is worthwhile are likely to report a higher proportion of "no harm" incidents. No harm incidents account for 84% of NBT reported incidents and the number of medication incidents per 1000 bed days continues to climb over time.

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

### Mortality Outcome Data



#### Mortality Outcome Data

An increase in deaths was seen in December which is likely to have been the result of increasing Covid-19 infections.

#### Mortality Review Completion

The current data captures completed reviews from 01 Nov 19 to 31 Oct 20. In this time period 90.3% of all deaths had a completed review. Of all “High Priority” cases, 93.7% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 35 of the 36 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 95.7% (score 3-5). There have been 19 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which are reviewed as possible Serious Incidents through Divisional governance processes. 1 confirmed as SIRI (Feb. 20).

#### Medical Examiner (M.E.) Service

From June to December 2020 107 cases have been scrutinised by the medical examiner. The percentage of deaths scrutinised by the M.E. continues to increase as the service develops. The Medical Examiner has flagged potential concerns in 34 cases – these have all been sign-posted to the relevant governance department to be actioned in accordance with their processes. Quarter 3 data has been submitted to NHSE/I reporting activity. The Quality Governance Team is continuing to work to refine this process and ensure accurate reporting for assurance and learning.

#### QRMC Assurance

QRMC is reviewing progress with the Trust’s mortality reviews and the Medical Examiner Service implementation at its January meeting.

### Mortality Review Completion

Nov 19 – Oct 20	Completed	Required	% Complete
Screened and excluded	1180*		
High priority cases	284		
Other cases reviewed	153		
<b>Total reviewed cases</b>	<b>1617</b>	<b>1790</b>	<b>90.3%</b>

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.3%	20.6%	48.2%	26.9%

Date of Death	Jun 20 – December 20
Scrutinised by ME	107
Referral to governance department	34 (31.8%)

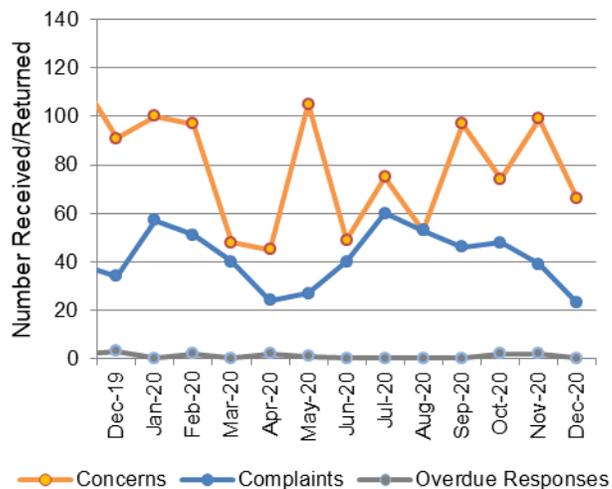
\*171 (non high priority) cases were excluded from any form of review between January and April 2020 to aid with clearing a backlog of cases worsened by the COVID-19 pandemic mortality review suspension.

All high priority cases are still being reviewed.

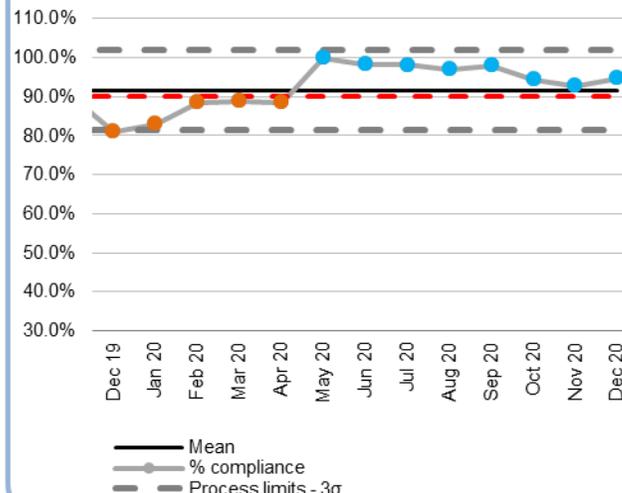
# Patient Experience

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

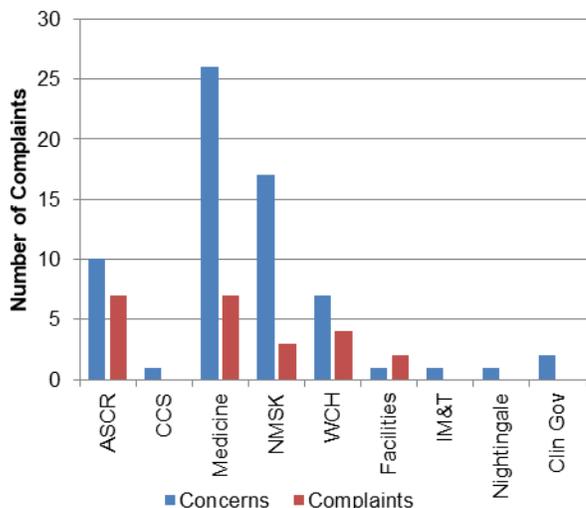
**Trustwide Complaints, Concerns & Overdue Complaints**



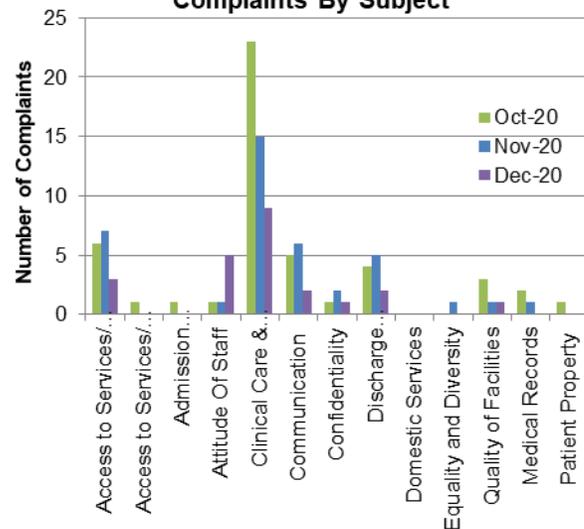
**Complaint Response Rate Compliance**



**Concerns and Complaints per Division**



**Complaints By Subject**



**Complaints and Concerns**

In December 2020, the Trust received 23 formal complaints. This is considerably fewer than the previous month where 39 formal complaints were received.

For the sixth consecutive month the most common subject of complaints is 'Clinical Care and Treatment'. In December there was a notable increase in the number of complaints regarding 'Attitude of Staff'. This will be monitored.

The 23 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	7 (9)	CCS	0 (2)
Medicine	7 (8)	NMSK	3 (13)
WCH	4 (3)	Facilities	2 (1)
Nursing & Quality	0 (3)		

Enquiries and PALS concerns are recorded and reported separately. In December 2020, a total of 46 enquiries were received by the Patient Experience Team. This is consistent with previous months.

66 PALS concerns were received. This is an decrease of activity from November.

**Compliance Response Rate Compliance**

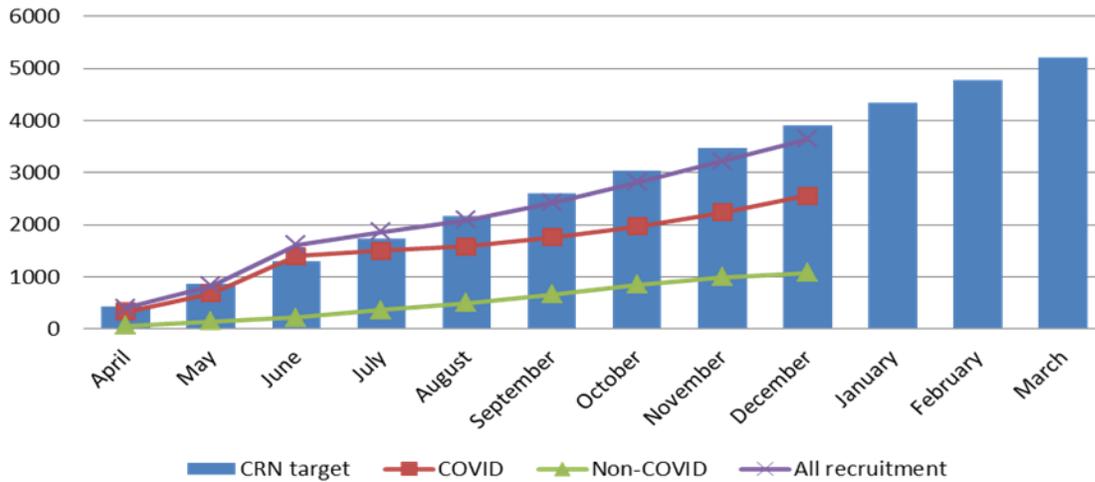
The chart demonstrates the % of complaints responded to within agreed timescales. The target is 90%. In December 95% of complaints were closed within the agreed timeframe. Of the 56 complaints due to be closed in December, 53 were responded to on or before the due date. The 3 complaints that were responded to after the due date were: 1 for Facilities, 1 for Finance and 1 for Women's and Children's.

**Overdue complaints**

There are no overdue complaints.

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

### Patient recruitment vs target



### Research and Innovation

The NBT recruitment target was set before the COVID-19 outbreak. Recruitment through 2020-21 has remained on target as RESTART offered recruitment opportunities between COVID-19 waves. In addition to the two COVID-19 Vaccine studies NBT has recruiting over 800 participants already.

NBT suspended 221 studies during the epidemic and R&I. 140 studies have been re-started / closed. Due to the second wave restart needed to slow during November and December.

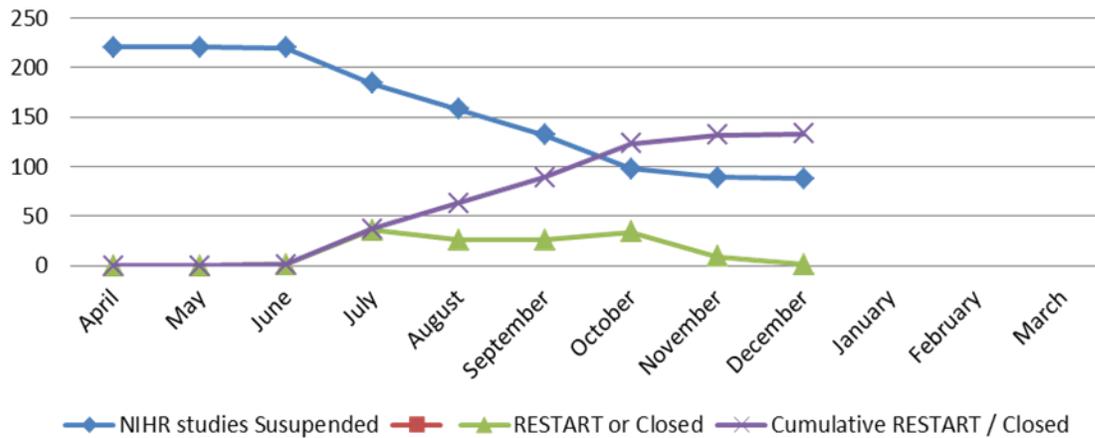
Imaging have been able to identify some additional MRI capacity allowing some additional studies to restart on a case by case basis. In addition NBT has been able to open a handful of new Non-COVID-19 studies.

NBT currently leads 52 research grants (NIHR, charity, industry and other) to a total value of £22.4m, and is a partner on 48 grants to a total value of £9m. This includes the recently awarded NIHR Programme Development Grant (PDG) for Prof. Rachael Goberman-Hill (£150k) to undertake an implementation project for support and treatment after joint replacement (STAR).

R&I are accepting applications from NBT staff to undertake COVID-19 focused research projects, up to £20k per project, funded by the SHC Research Fund. Applications are reviewed each month by a funding panel, comprising R&I Senior Team, SHC representative, Research Design Service and members of the public.

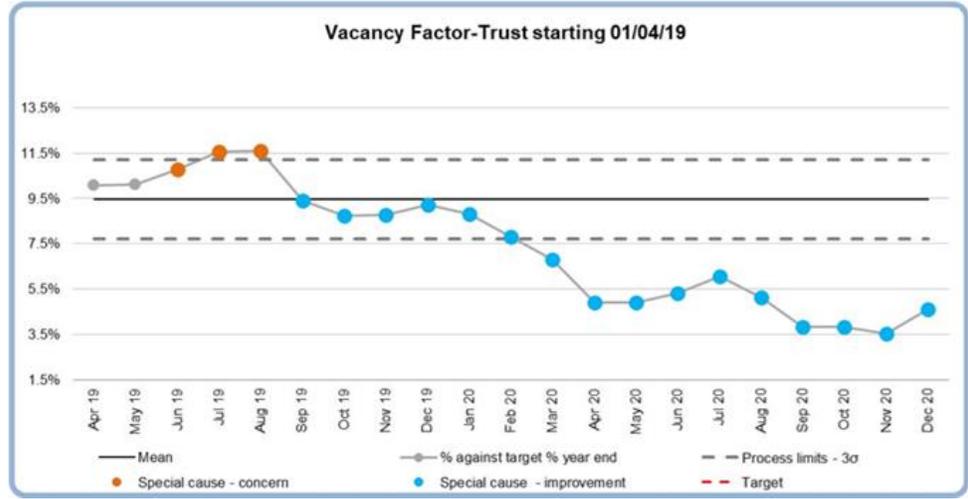
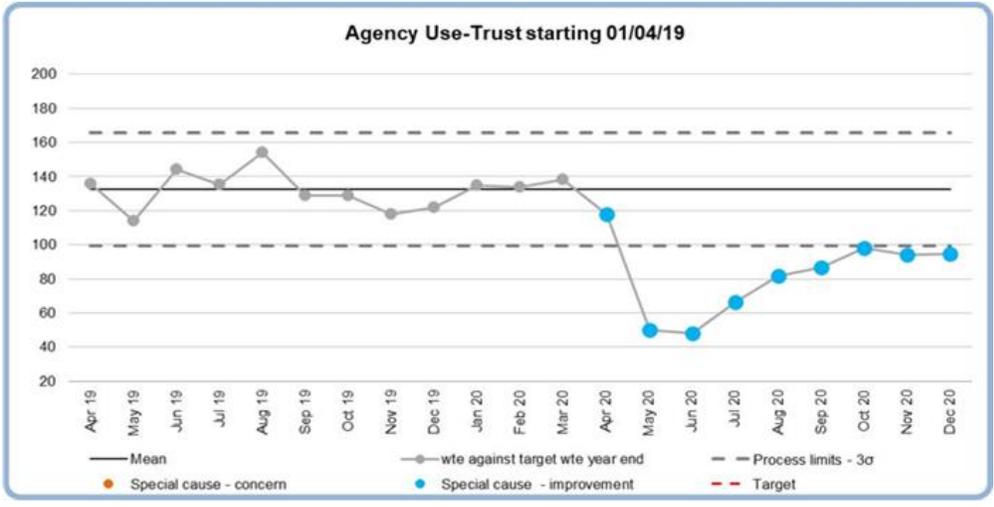
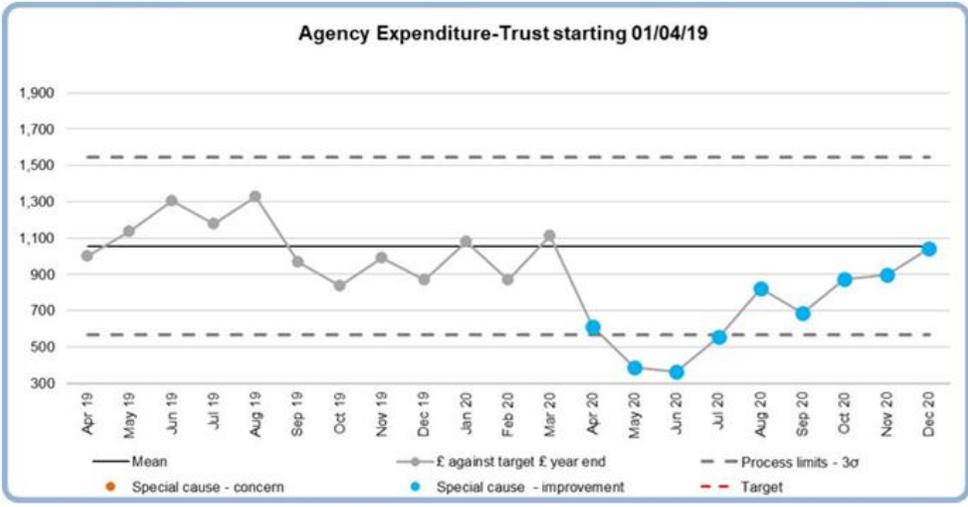
In addition, R&I has just opened a general call for applications to the SHC Research Fund (2020/21) and welcomes any NBT staff member wishing to undertake a research project (up to £20k) in any subject area to apply. The deadline for stage 1 applications is end of March 21, application forms and guidance can be obtained from the R&I office.

### RESTART Progress



## Well Led

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



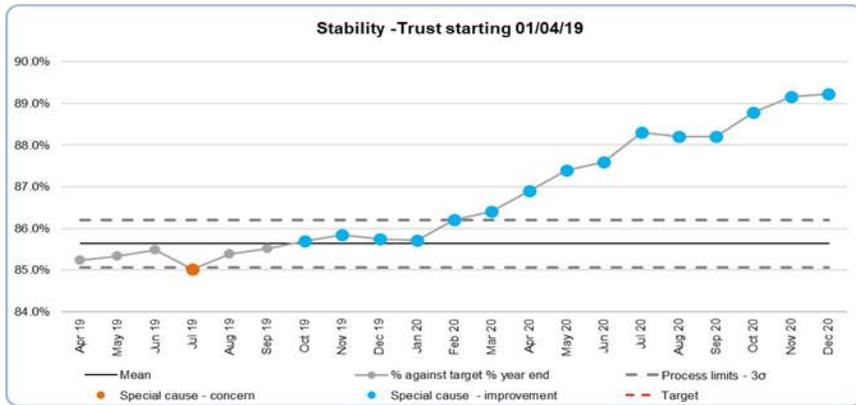
Resourcing

December agency expenditure increased in relation to usage due to reduced availability of framework supply across the Trust.

Substantive recruitment in December saw eight band 5 starters and 15 band 2 and 3 HCA's. Both these numbers are low compared to other months, a trend usually seen in December. Overall the band 2 and 3 winter HCA plan to deliver 25 starters (headcount) per month from November is at 38 starters in November and December with the January to March period anticipated to catch up the slight shortfall to date.

December's on line Digital Nursing Engagement event had 27 attendees and resulted in 12 offers and the Trust also attended the Nursing Times digital event and made over 200 new nurse contacts.

The resourcing teams are continuing in their work supporting the initiation of COVID-19 vaccination recruitment across the BNSSG, whilst dedicated resource was being brought in and 145 interviews took place in December.



**Turnover and Stability**

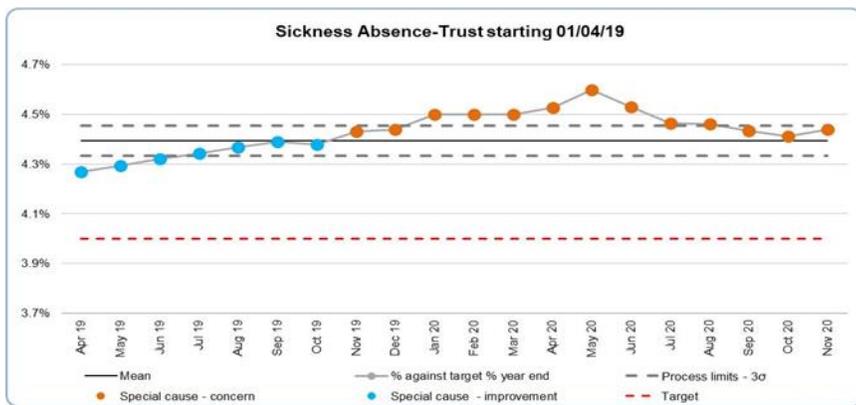
NBT is now part of the Healthier Together Retention Task and Finish group (part of the Pathfinder project). The early focus is on the development of system-wide 'Itchy Feet' and 'Stay' Conversations. NBT is taking a lead on this as these are initiatives which are already up and running in our organisation. The Itchy Feet campaign and 'Leaving the Trust' resources are also currently being refreshed by the People Team within NBT.

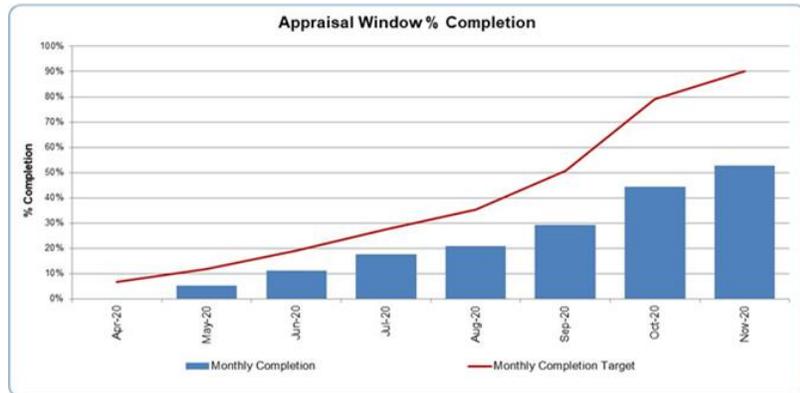
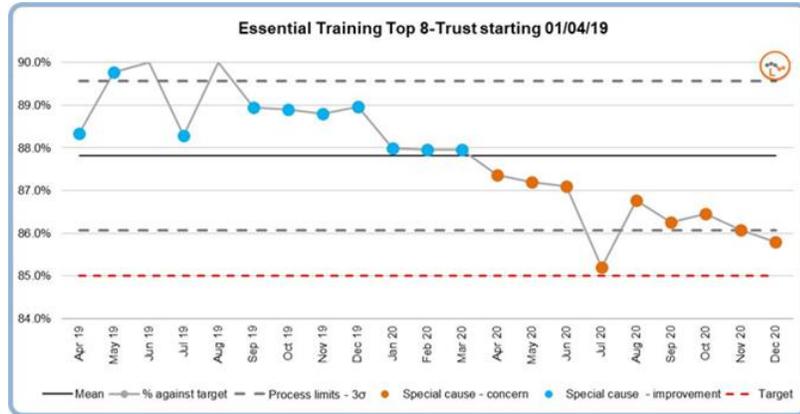


**Sickness and Health and Wellbeing**

Work undertaken to help improve sickness absence includes:

- Absence project in ASCR targeting absence hot spot areas (on-going);
- Continued development of guidance and support for staff off sick with COVID-19 related sickness absence and the development (on a system-wide basis) of new guidance and support linked to the management of 'long' COVID;
- A COVID-19 Health risk assessment review process is now underway, with over 550 risk assessment review conversations having occurred since December;
- The second tranche of high level case reviews for the 'top 30' LTS cases have taken place this month, 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;





Training Topic	Variance	Nov-20	Dec-20
Child Protection	-0.1%	85.7%	85.6%
Adult Protection	-0.8%	87.6%	86.8%
Equality & Diversity	0.1%	90.7%	90.8%
Fire Safety	0.1%	85.7%	85.9%
Health & Safety	-1.2%	88.4%	87.2%
Infection Control	-0.1%	91.2%	91.1%
Information Governance	0.4%	81.6%	82.0%
Manual Handling	-0.7%	76.3%	75.5%
Waste	-0.2%	87.3%	87.1%
<b>Total</b>	<b>-0.3%</b>	<b>86.07%</b>	<b>85.79%</b>

### Appraisal

Messaging around non-medical appraisal is continuing and numbers are steadily increasing. Appraisal training has recommenced and appraisal resources on LINK are receiving a large volume of 'hits'.

### Essential Training

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

### Leadership & Management Development

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

### Apprenticeship Centre

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



Dec-20	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
<b>Southmead</b>	97.4%	87.7%	95.9%	95.7%

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**

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

**7b** (76.2%) This was a green ward which is intermittently running below full occupancy.

**Cotswold** (72.8%) 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** (48.2% day & 45.6% nights) : There is no change to the current plan for Cotswold Ward with no Care Assistants planned in staffing numbers

**AMU** 79.3% nights) Unregistered staff vacancies

**8b**: (59.2% days) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required

**7a** (61.9% day & 67% nights) Unregistered staff vacancies

**7b** (79.6% Days) This was a green ward which is intermittently running below full occupancy.

**NICU** (50.6% Days 60.5% Nights) Unregistered staff vacancies

**28b** (73.7% day & 77.3% night) Ward has been a blue COVID-19 ward and has had reduced occupancy

**9b** (75.5%) Ward has been a blue COVID-19 ward and has had reduced occupancy

**26a** (74.6%) Unregistered staff vacancies

**26b** (79.4% nights) Unregistered staff vacancies

**Medirooms** (69.2% day & 61.3 % nights) Unregistered staff vacancies **ICU** (75.8% day & 72.6% nights) Unregistered staff vacancies

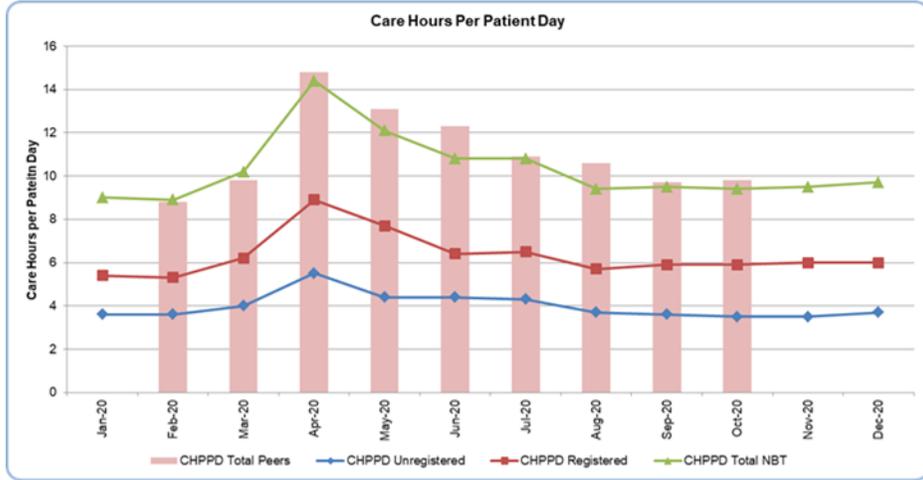
**Wards over 150% fill rate:**

**6b** (189.1% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.

**25a** (154.8% Nights) additional patients requiring enhanced care RMN/HCA support

**33a** (174.2% nights) RMN requirement

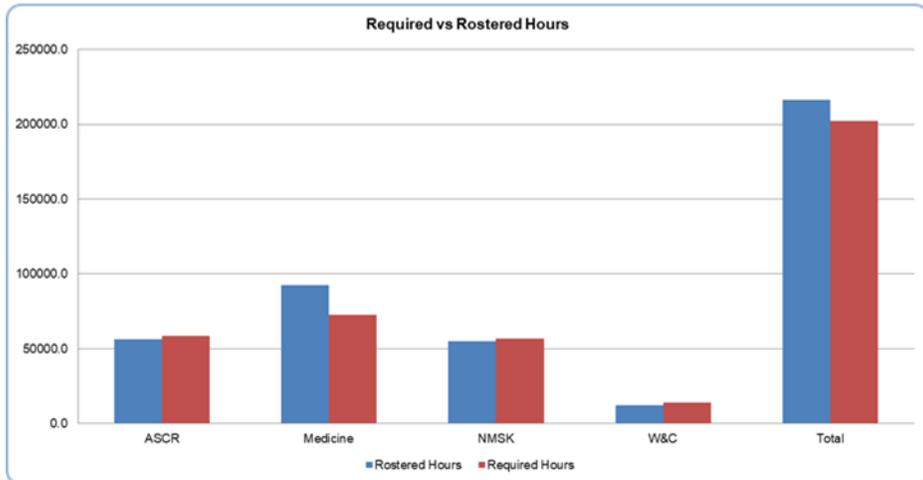
# Care Hours



## 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.



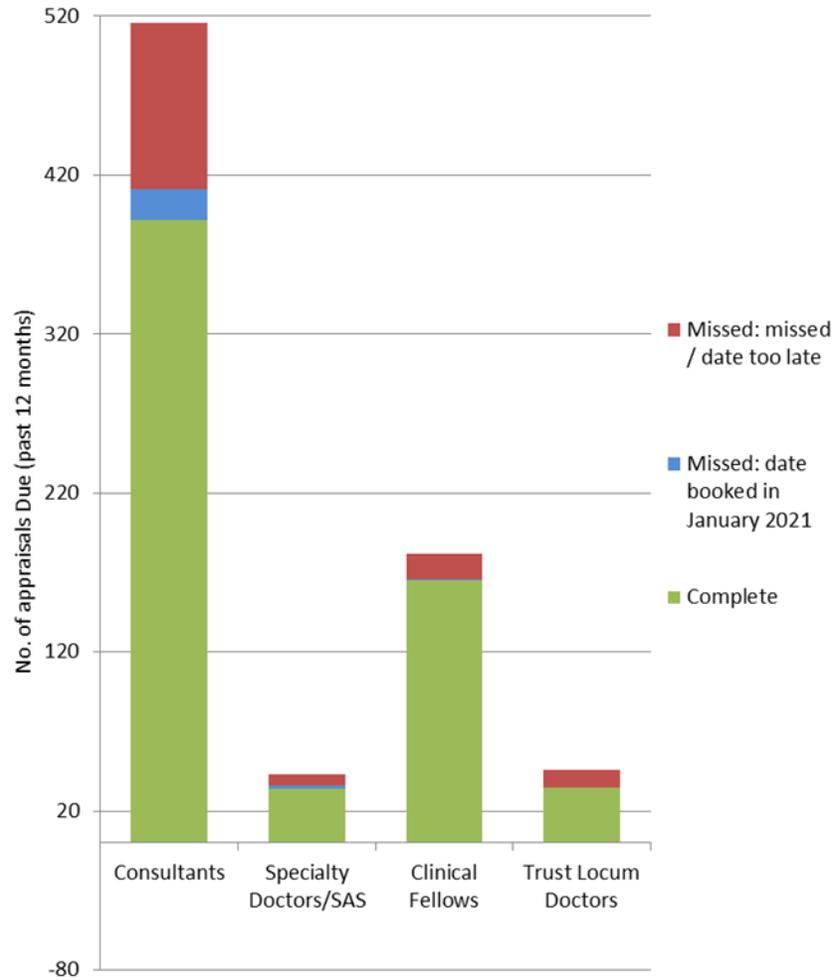
## Safe Care Live (Electronic Acuity Tool)

The Safe Care census completion this month was 86.70% which means that required hours are under represented in this view.

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

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

### Appraisal Compliance (prev. 12 months)



### Medical Appraisal

In March 2020 the appraisal process was suspended due to COVID-19. The process resumed in June 2020. NHS England confirmed that appraisals suspended during this period could be considered cancelled and not postponed. This applied to 108 appraisals, (included as complete appraisals in this data). The revalidation team have advised all doctors that appraisals can now take a 'light touch' approach to appraisal preparation. This means that appraisal portfolios can contain minimal evidence of CPD, QIA and written reflection. These things will now be captured in the appraisal discussion and the focus of the appraisal should be on doctors wellbeing and personal development. The Fourteen Fish system remains the mandatory system for medical appraisals.

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

# Finance

**Board Sponsor: Director of Finance  
Catherine Phillips**

Position as at 31 December 2020

	Dec Forecast	Dec Actuals	Variance to Forecast	YTD Forecast	YTD Actuals	Variance to Forecast
	£m	£m	£m	£m	£m	£m
Contract Income	52.6	53.4	0.8	431.1	433.0	1.9
Other Income	4.4	6.8	2.4	96.1	100.3	4.2
<b>Total Income</b>	<b>57.0</b>	<b>60.2</b>	<b>3.3</b>	<b>527.2</b>	<b>533.3</b>	<b>6.1</b>
Pay	(36.0)	(37.0)	(1.0)	(312.2)	(312.3)	(0.1)
Non-Pay	(19.1)	(17.6)	1.5	(170.0)	(169.4)	0.6
Financing	(5.8)	(5.8)	(0.0)	(53.1)	(53.3)	(0.2)
<b>Total Expenditure</b>	<b>(60.9)</b>	<b>(60.4)</b>	<b>0.5</b>	<b>(535.3)</b>	<b>(535.0)</b>	<b>0.3</b>
<b>Surplus/ (Deficit)</b>	<b>(3.9)</b>	<b>(0.2)</b>	<b>3.7</b>	<b>(8.1)</b>	<b>(1.7)</b>	<b>6.4</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of November shows a year to date deficit of £1.7m compared to a forecast of £8.1m

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

Income for the month includes a retrospective claim of £0.1m for Nightingale Hospital costs and a further 0.7m for mass vaccination services.

There are no further key issues to report.

	19/20 M12	20/21 M8	20/21 M9	In-month change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	560.0	560.7	559.4	(1.3)	(0.6)
Intangible Assets	12.0	10.3	9.9	(0.4)	(2.0)
Non-current receivables	4.0	4.0	4.0	0.0	0.0
<b>Total non-current assets</b>	<b>576.0</b>	<b>575.0</b>	<b>573.4</b>	<b>(1.6)</b>	<b>(2.6)</b>
<b>Current Assets</b>					
Inventories	13.1	12.3	12.3	0.0	(0.8)
Trade and other receivables NHS	50.5	22.7	16.5	(6.2)	(34.0)
Trade and other receivables Non-NHS	22.2	29.1	30.1	1.0	7.9
Cash and Cash equivalents	10.7	111.9	112.0	0.1	101.2
<b>Total current assets</b>	<b>96.4</b>	<b>176.0</b>	<b>170.9</b>	<b>(5.1)</b>	<b>74.5</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	11.1	12.1	8.6	(3.5)	(2.4)
Trade and Other payables - Non-NHS	57.6	77.2	75.2	(2.0)	17.6
Deferred income	3.7	65.9	66.0	0.1	62.3
PFI liability	13.0	15.0	15.0	0.0	2.0
DHSC loans	173.6	0.0	0.0	0.0	(173.6)
Finance lease liabilities	2.4	2.6	2.6	0.0	0.2
<b>Total current liabilities</b>	<b>261.4</b>	<b>172.9</b>	<b>167.4</b>	<b>(5.4)</b>	<b>(94.0)</b>
Trade payables and deferred income	7.2	7.5	7.3	(0.1)	0.1
PFI liability	377.8	371.5	370.8	(0.7)	(7.0)
DHSC loans	5.4	0.0	0.0	0.0	(5.4)
Finance lease liabilities	5.3	6.1	5.9	(0.1)	0.6
<b>Total Net Assets</b>	<b>15.3</b>	<b>193.1</b>	<b>192.8</b>	<b>(0.3)</b>	<b>177.5</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Income and expenditure reserve	(382.3)	(383.4)	(383.4)	0.0	(1.0)
Income and expenditure account - current year	0.0	(1.1)	(1.5)	(0.4)	(1.5)
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
<b>Total Capital and Reserves</b>	<b>15.3</b>	<b>193.1</b>	<b>192.8</b>	<b>(0.4)</b>	<b>177.5</b>

## Statement of Financial Position

### Assurances

The improved cash position of £112.0m (£101.2m up since March) is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 86.6% 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 first 9 months of the year is £17.0m which compares to a year to date plan of £19.8m.

### Financial Risk Rating

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

### Rolling Cash forecast

The high level cash flow below is in line with NBT’s element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £51m cash balance after the unwinding of the month in hand advance payment in March 2021.

	Jan-21 (Forecast) £m	Feb-21 (Forecast) £m	Mar-21 (Forecast) £m
<b>Cash brought forward</b>	<b>112.0</b>	<b>105.6</b>	<b>102.4</b>
Total I&E cash flows	(1.9)	(1.8)	(6.8)
Total Other cash flows	(4.6)	(1.3)	(44.6)
<b>Total in-month cash movement</b>	<b>(6.4)</b>	<b>(3.1)</b>	<b>(51.4)</b>
<b>Cumulative cash balance</b>	<b>105.6</b>	<b>102.4</b>	<b>51.0</b>

# 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 on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national COVID-19 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently implementing national COVID-19 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: General guidance and NBT Quality Priorities

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2020.

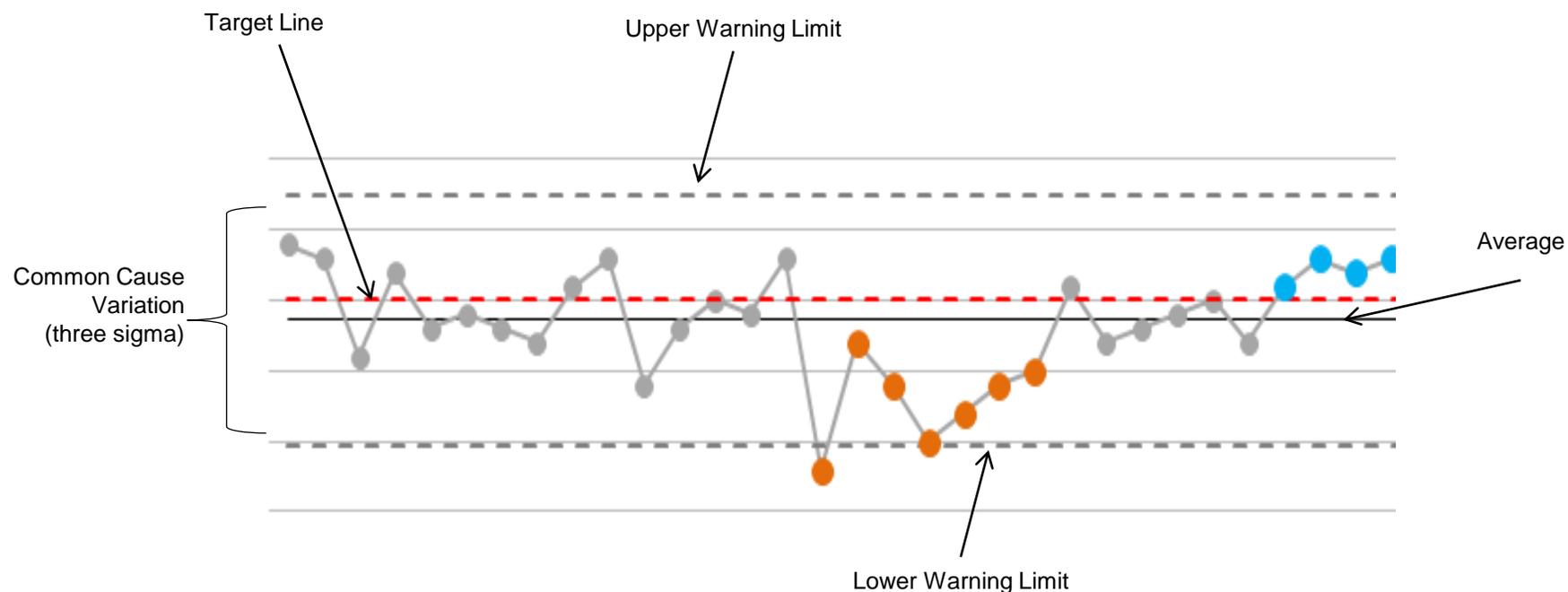
All data included is correct at the time of publication.  
Please note that subsequent validation by clinical teams can alter scores retrospectively.



## NBT Quality Priorities 2020/21

- QP1** Enhance the experience of patients with Learning Disabilities and / or Autism by making reasonable adjustments which are personal to the individual
- QP2** Being outstanding for safety – at the forefront nationally of implementing the NHS Patient Safety Strategy within a ‘just’ safety culture.
- QP3** Ensuring excellence in our maternity services, delivering safer maternity care.
- QP4** Ensuring excellence in Infection Prevention and Control to support delivery of safe care across all clinical services

Abbreviation Glossary	
<b>AMTC</b>	Adult Major Trauma Centre
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>DDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HoN</b>	Head of Nursing
<b>IMandT</b>	Information Management
<b>IPC</b>	Infection, Prevention Control
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-disciplinary Team
<b>Med</b>	Medicine
<b>MRI</b>	Magnetic Resonance Imaging
<b>NMSK</b>	Neurosciences and Musculoskeletal
<b>Non-Cons</b>	Non-Consultant
<b>Ops</b>	Operations
<b>P&amp;T</b>	People and Transformation
<b>PTL</b>	Patient Tracking List
<b>RAP</b>	Remedial Action Plan
<b>RAS</b>	Referral Assessment Service
<b>RCA</b>	Root Cause Analysis
<b>SI</b>	Serious Incident
<b>TWW</b>	Two Week Wait
<b>WCH</b>	Women and Children's Health
<b>WTE</b>	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](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)