

North Bristol NHS Trust

# **INTEGRATED PERFORMANCE REPORT**

July 2021 (presenting June 2021 data)



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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-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%	72.71%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%		73.18%	93/112	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	0	12	3	52	206	7	0	6	0	4		0 - 252	5/31	
	Ambulance Handover < 15 mins (%)	100%	51.07%	98.50%	98.07%	98.01%	76.69%	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%				
	Ambulance Handover < 30 mins (%)	100%	80.43%	99.96%	99.76%	99.83%	96.04%	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%				
	Ambulance Handover > 60 mins	0	199	0	0	0	4	33	26	82	180	57	83	272	199	346				
	Stranded Patients (>21 days) - month end			74	82	95	114	247	141	145	124	129	137	273	116	123				
	Right to Reside: Discharged by 5pm	50.00%		-	-	-	-	-	-	28.52%	30.53%	29.43%	30.89%	35.86%	31.84%	33.77%				
	Bed Occupancy Rate		95.24%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.24%	96.64%				
	Diagnostic 6 Week Wait Performance	1.00%	31.99%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%		22.30%	195/252	
	Diagnostic 13+ Week Breaches	0	0	3161	1886	1979	1998	1697	1427	1487	1420	1358	1364	1513	1779	2054			153/213	
	Diagnostic Backlog Clearance Time (in weeks)			2.0	1.0	1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3				
	RTT Incomplete 18 Week Performance	92.00%	74.29%	58.20%	58.48%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%		67.39%	215/399	
	RTT 52+ Week Breaches	0	1583	454	648	797	1001	1092	1249	1418	1817	2108	2088	1827	1583	1473		0 - 16816	129/164	
	RTT 78+ Week Breaches		363	-	-	-	-	-	-	-	-	-	-	363	424	448		0 - 3245	77/109	
	RTT 104+ Week Breaches		5	-	-	-	-	-	-	-	-	-	-	5	12	19		0 - 212	11/39	
	Total Waiting List		31648	25265	27512	28814	29387	30214	29632	29611	29759	29716	29580	31143	31648	32946				
	RTT Backlog Clearance Time (in weeks)			10.3	9.6	7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9	4.8	5.2				
	Cancer 2 Week Wait	93.00%	39.53%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	-		87.50%	132/132	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	6.18%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	-		67.94%	91/103	
	Cancer 31 Day First Treatment	96.00%	94.40%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	-		95.14%	53/115	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.12%	1/33	
	Cancer 31 Day Subsequent - Surgery	94.00%	81.18%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	-		88.50%	42/67	
	Cancer 62 Day Standard	85.00%	75.00%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	-		72.97%	55/133	
	Cancer 62 Day Screening	90.00%	73.68%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	-		74.53%	54/68	
	Mixed Sex Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		85.88%	83.38%	82.76%	82.97%	84.21%	83.76%	82.96%	81.60%	83.81%	84.80%	84.62%	82.69%	83.57%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.97%	0.64%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	
	Caesarean Section Rate		28.00%	36.69%	34.60%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	
	Still Birth rate		0.40%	0.00%	0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	
	Induction of Labour Rate		32.10%	34.90%	35.40%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	
	PPH 1000 ml rate		8.60%	11.50%	11.20%	10.68%	7.97%	10.38%	14.19%	8.93%	9.77%	11.57%	10.28%	8.99%	10.29%	13.79%	
	Never Event Occurrence by month	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	
	Serious Incidents			9	11	5	5	5	6	4	3	2	4	10	2	3	
	Total Incidents			834	952	1030	1057	1210	1051	1058	1224	876	1001	1032	1028	961	
	Total Incidents (Rate per 1000 Bed Days)			46	48	49	47	50	49	49	56	45	46	46	41	42	
	WHO checklist completion		95%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	99.94%	100.00%	99.92%	99.60%	99.96%	
	VTE Risk Assessment completion		95%	94.89%	95.79%	95.08%	95.15%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.44%	95.31%	-	
	Pressure Injuries Grade 2			13	8	14	13	28	17	17	17	27	7	9	10	15	
	Pressure Injuries Grade 3		0	0	0	0	1	1	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	PI per 1,000 bed days			0.59	0.24	0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.52	
	Falls per 1,000 bed days			8.10	7.06	7.68	6.70	9.57	8.85	8.55	9.54	8.63	8.44	8.34	8.71	8.41	
	#NoF - Fragile Hip Best Practice Pass Rate			9.43%	47.46%	63.64%	54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	31.25%	8.33%	-	
	Admitted to Orthopaedic Ward within 4 Hours			83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	55.56%	-	
	Medically Fit to Have Surgery within 36 Hours			79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	50.00%	-	
	Assessed by Orthogeriatrician within 72 Hours			98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	11.11%	-	
	Stroke - Patients Admitted			79	84	63	83	86	79	80	70	61	96	91	100	91	
	Stroke - 90% Stay on Stroke Ward		90%	86.20%	80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	-	
	Stroke - Thrombolysed <1 Hour		60%	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	88.10%	73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	94.00%	91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	-	
Quality Caring & Experience	MRSA	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	
	E. Coli		4	2	5	7	8	4	5	3	3	1	6	4	5	4	
	C. Difficile		5	2	4	3	5	7	5	7	4	9	4	10	6	10	
	MSSA		2	1	4	2	1	4	6	2	3	3	0	4	1	5	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	
	PALS - Count of concerns			49	75	51	95	73	99	66	62	71	79	108	88	127	
	Complaints - % Overall Response Compliance		90%	98.30%	98.08%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79%	83.33%	77.03%	
Well Led	Complaints - Overdue			0	0	0	0	2	2	0	0	0	0	0	0	0	
	Complaints - Written complaints			40	59	53	46	48	39	23	37	43	42	56	67	51	
	Agency Expenditure ('000s)			364	555	822	687	875	900	1043	1233.82	543.91	1042	705	816	1029	
	Month End Vacancy Factor			5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	
	Turnover (Rolling 12 Months)		12.00%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	
	Sickness Absence (Rolling 12 month -In arrears)		-	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	-	
	Trust Mandatory Training Compliance			87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	

### Urgent Care

Four-hour performance deteriorated to 64.38% in June with the Trust conceding 346 ambulance handover delays over one hour and four 12-hour trolley breaches. The deterioration reflects a sustained increase in the number of emergency attendances. The Trust AM discharge rates have deteriorated vs. pre-pandemic levels and is contributing to poor flow – this is an area of focus as part of the Trust's Spring and Refresh programme. The Trust position deteriorated in June, moving into the fourth quartile for the first time when compared nationally. Impact on ED performance is expected to continue in July, with a continued increase in attendance levels, alongside increasing COVID-19 positive patients and current performance at 53.52%.

### Elective Care and Diagnostics

The RTT waiting list continued to increase in June resulting from a reduction in waiting list removals, particularly for Removals Other Than Treatment (ROTT). There were 1473 patients waiting greater than 52 weeks for their treatment in June; this is the fourth consecutive month that the Trust has reported a reduction in 52 week wait breaches since the beginning of the COVID-19 pandemic. The overall proportion of the wait list that is waiting longer than 52 weeks reduced to 4.47%. Nationally, the Trust positioning was static in May, remaining in the third quartile. Diagnostic performance deteriorated in May to 36.13%. When compared nationally, Trust positioning deteriorated, with 6-week performance moving into the fourth quartile from the third, and 13-week performance remaining in the fourth quartile.

### Cancer Wait Time Standards

The TWW standard, impacted by issues in the Breast specialty which reported a performance of 4.61% in month deteriorated in May. Poor performance is expected to be reported in June, but significant improvements are anticipated in July. The 31-Day standard was achieved in May, with performance of 97.38%. The reported 62 Day performance for May was 77.11%; slightly better than the April performance of 75.00%. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance and will be approved by the Trust Board in August 2021.

### Quality

Maternity services has reported compliance with all 10 of the CNST safety actions, which has been reviewed and approved by the Board via QRMC. There have been no reported Grade 3 or 4 pressure injuries in June. The Trust has seen a surge of COVID-19 cases in line with predictive modelling; there were no MRSA cases reported in June. The Trust's antenatal screening service is still experiencing challenges with demand exceeding available capacity

### Workforce

Trust sickness absence saw a small reduction for the second month in a row across short and long term sickness. The Trust vacancy factor increased to 5.55% in June (from 4.82%) following a small number of non-recurrent establishment changes in June and also due to an increase in staff turnover. Turnover saw a small increase in June to 11.73% from 11.17% in May, registered nursing and midwifery is seeing the greatest increase. Temporary staffing demand saw an increase in June of 9.78% (81.52 wte) with unfilled shifts also increasing as bank capacity is impacted by COVID related pressures in the same way substantive staffing has been and this pressure is being felt by providers across BNSSG.

### Finance

NHSI/E has suspended the usual operational planning process and financial framework due to covid-19 pandemic response. For the first half of the year the trust is funded through a block contract arrangement against which it is expected breakeven. Additionally, non-recurrent income will be provided to fund non-recurrent elective recovery actions including those covered by the Accelerator programme. Income and cost estimates of £8.6m for ERF activity are included in the M3 position.

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported four-hour performance of 64.38% in June; trajectories for 2021/22 will not be set until July 2021 following the final H1 planning submission. Ambulance handover delays were reported in-month with 346 handovers exceeding one hour and the Trust conceded four 12-hour trolley breaches. ED activity increased in June with a rise in walk-in attendances, whilst ambulance arrivals remained consistent with pre-pandemic levels; handover times continue to be particularly challenged. Bed occupancy varied between 94.24% and 99.30% against the core bed base; increased occupancy and consistency continued in June, reducing the variation across the month. Performance remains challenged into July with a continued increase in attendances.

#### Planned Care

**Referral to Treatment (RTT)** - 18 week RTT performance improved marginally in May to 74.98%; trajectories for 2021/22 have not yet been confirmed. The number of patients exceeding 52 week waits in June was 1473, the majority of breaches (926; 62.86%) being in Trauma and Orthopaedics. For the fourth consecutive month since the beginning of the COVID-19 pandemic the Trust has reported a reduction in 52 week wait breaches; the overall proportion of the wait list that is waiting longer than 52 weeks has reduced to 4.47%. The Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust is working with these patients to understand their concerns and what needs to happen for them to be able to engage with progressing their pathway.

**Diagnostic Waiting Times** – Diagnostic performance deteriorated in June with performance of 36.13%. Case-mix continues to impact the DM01 position with an ongoing backlog increase and reducing under 6 week position. Endoscopy performance continues to be impacted by capacity challenges, however the service has commenced an insourcing model to increase activity. Due to ongoing capacity issues, Non-Obstetric Ultrasound reported a deterioration in performance in June; actions are in progress to increase capacity in the service. The number of patients waiting longer than 13 weeks increased by 15.46% in June. Compared nationally, 13 week performance deteriorated slightly in May, remaining in the fourth quartile.

#### Cancer

The Trust achieved one out of the seven Cancer Waiting Time (CWT) standards (31-Day first) in May. The Breast service continues to have workforce and capacity constraints in both clinical and diagnostic support but have worked additional shifts in the evening and weekends to clear the backlog down to C. 185 patients. The average waiting time for the Trust's one-stop Breast clinic has dropped from 32 days down to 28 days. The Skin service capacity issues have started to impact the CWT standards and will continue to do so for the remainder of Q2. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance. The Trust failed to achieve the 28-Day faster diagnosis standard again this month largely due to the capacity issues in Breast, Skin and Colorectal.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Improvements

**Maternity :** Maternity services has reported compliance with all 10 of the CNST safety actions, which has been reviewed and approved by the Board via QRMCI. NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.

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

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

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

### Areas of Concern

**Maternity:** Our antenatal screening service is still experiencing challenges with demand exceeding available capacity. The division is working on an action plan with the regional team for resolution including outsourcing of the FTCS service which is due to start early August. A 'deep dive' review was undertaken at the July QRMCI meeting into current challenges and actions.

**Infection control:** The Trust has seen a surge of cases in line with predictive modelling, however there has not been any cross infection in this wave to date. C.difficile rates remain higher than trajectory, local improvement actions are in progress and the IPC team is linking with a Southwest HCAI Collaborative to look at reduction, as this is a regional concern.

# WELL LED

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

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

#### Vacancies

The Trust reported vacancy factor increased to 5.55%% in June (from 4.82% in May). The increase has been driven by substantive establishment changes (+40.1 wte) and an increase in turnover, predominantly in registered nursing and midwifery. Registered nursing and clinical fellows had the greatest net loss, -9 wte and -7wte respectively, with the Emergency Department seeing the largest net loss of both roles. To address this we are continuing our focussed recruitment plan with direct recruitment of skilled staff and appropriate internal transfers from other areas.

#### Turnover

The Trust turnover is reported as 13.81% in June, excluding the impact of COVID workforce and mass vaccination the turnover rate is at 11.73%, an increase from last month (11.17%). The Turnover position deteriorating particularly in the 1<sup>st</sup> part of the year has been anticipated. The increase has been most significant in registered nursing and midwifery with the staff group experiencing a net loss of staff in Q1 of 21/22 due to a high number of leavers (recruitment remains at a similar level to 19/20 and 20/21).

#### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence saw a small reduction in May to 4.31%, from 4.34% in April. Both short and long term sickness saw a small reduction and both are lower than the same point last year.

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

Temporary staffing demand increased in June by 9.78% (81.52 wte). Whilst bank use remained at the same level as May overall bank fill rate decreased due to the increase in demand not met, agency use and fill remained at a similar level to May with unfilled shift increasing from 21.41% to 27.09%, an increase of 69.43 wte. 50% of the increase in demand was for registered nursing and midwifery and the same increase in unfilled shifts was seen

This position is in line with the issues being experienced by our internal bank and by agencies, that household isolation and test and trace contact are impacting on availability of temporary staff in the same way as substantive staff. This pressures is being felt across all providers in BNSSG and analysis of workforce pressures is currently in progress across the system.



# FINANCE

## SRO: CFO

### Overview

NHSI/E has suspended the usual operational planning process and financial framework due to covid-19 pandemic response. For the first half of the year the trust is funded through a block contract arrangement against which it is expected breakeven. Additionally, non-recurrent income will be provided to fund non-recurrent elective recovery actions including those covered by the Accelerator programme. Income and cost estimates of £8.6m for ERF activity are included in the M3 position.

#### Highlights

The position for the month of June shows a Year to date breakeven position deficit and an in month overspend of £5.4m.

Cash position at the end of June is a positive balance of £111.7m. (March 2021 balance £121.5m).

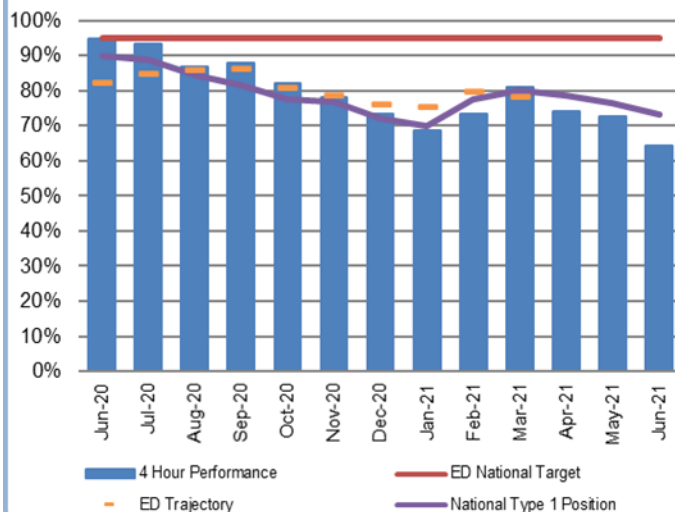
The total value of CIP for this financial year is £19.6m and to date £1.3m has been implemented and £3.4m of schemes are in planning. This leaves 76% of the total value of savings to be identified.

In Month capital spend is £1.1m and YTD spend is £2.8m compared to a YTD plan of £3.6m.

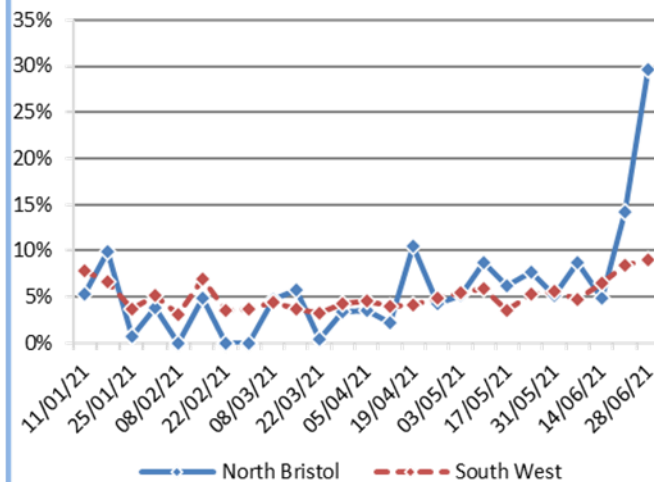
## **Responsiveness**

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

### ED 4 Hour Performance



### 60 Minute Handover Delays as a Proportion of Arrivals



## Urgent Care

Four-hour performance deteriorated to 64.38% in June with the Trust continuing to experience a sustained increase in the number of emergency attendances.

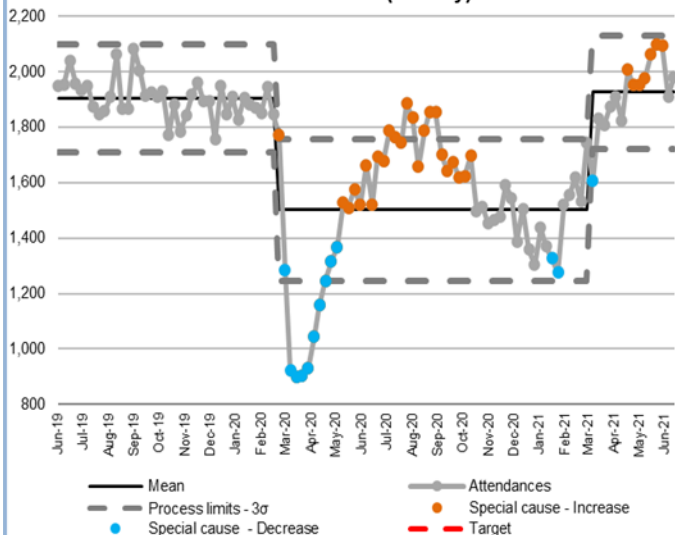
Trajectories have not yet been set for 2021/22; they will be confirmed in July 2021 following the national H1 planning submission. In June, Trust performance reported below national performance for the third consecutive month.

Ambulance handover times continued to be challenged, with the Trust conceding 346 ambulance handover delays over one-hour when the department was experiencing a significant surge in demand. There were four 12-hour trolley breaches conceded in month.

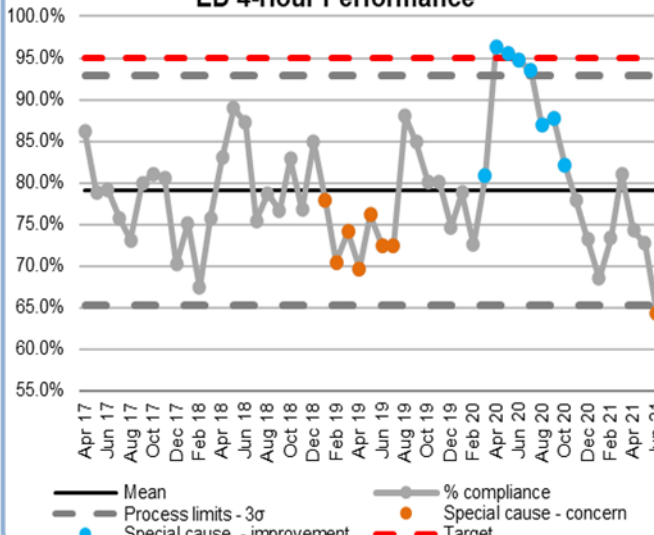
As the occupancy of the Trust has risen, flow and morning discharge rates have deteriorated. From the end of July the Trust will adopt changes to Non-elective (NEL) COVID-19 screening, which will support earlier decision making on movement of NEL patients. The Trust has yet to maximise all available capacity via the two discharge lounges and this remains a key focus though daily bed meetings.

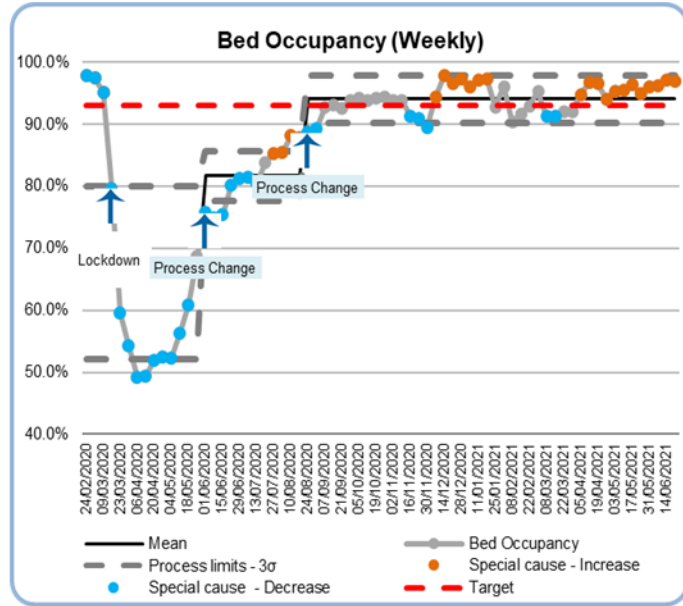
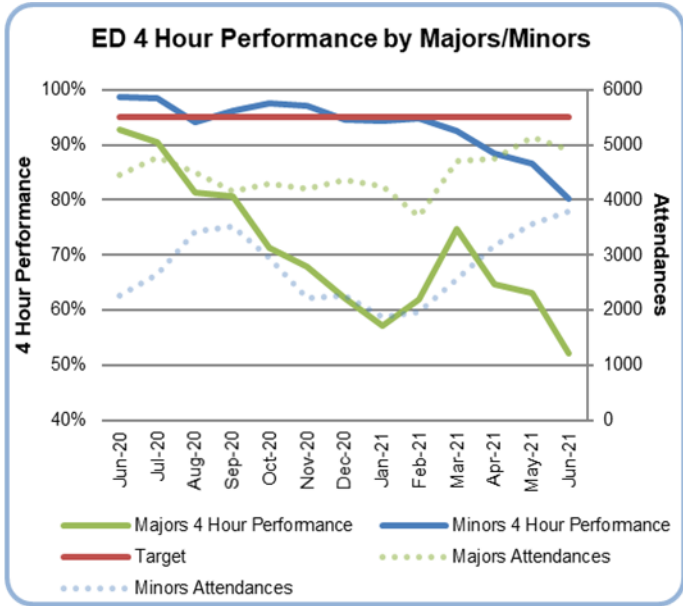
ED performance is not expected to improve in July with current performance at 53.52%.

### ED Attendances (Weekly)



### ED 4-Hour Performance





## 4-Hour Performance

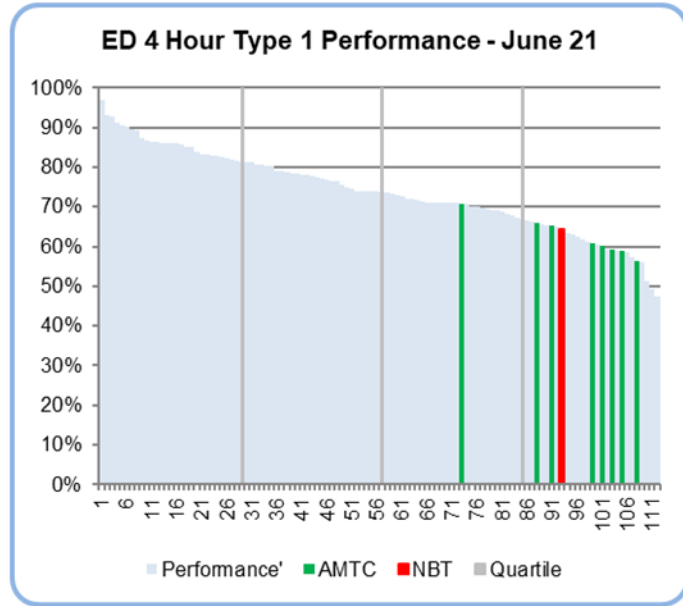
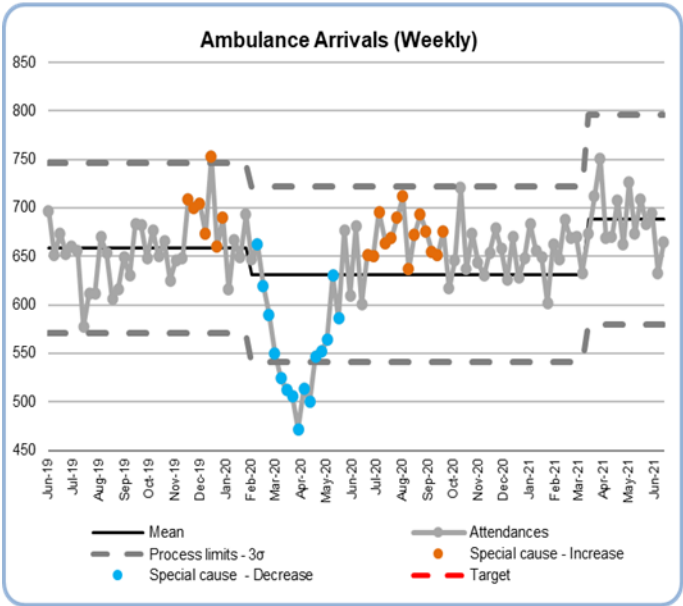
In June, Minors performance deteriorated to 80.21%, whilst Majors remained most notably impacted, reporting a performance of 52.15%.

Attendances continued to increase significantly in June with walk-in attendances exceeding pre-pandemic levels. Average ambulance arrivals have also increased since April when compared with pre-pandemic levels.

For the fourth consecutive month, the predominant cause of breaches at 60.60% was waiting for assessment in ED, whilst 13.19% of breaches were caused by waiting for a medical bed.

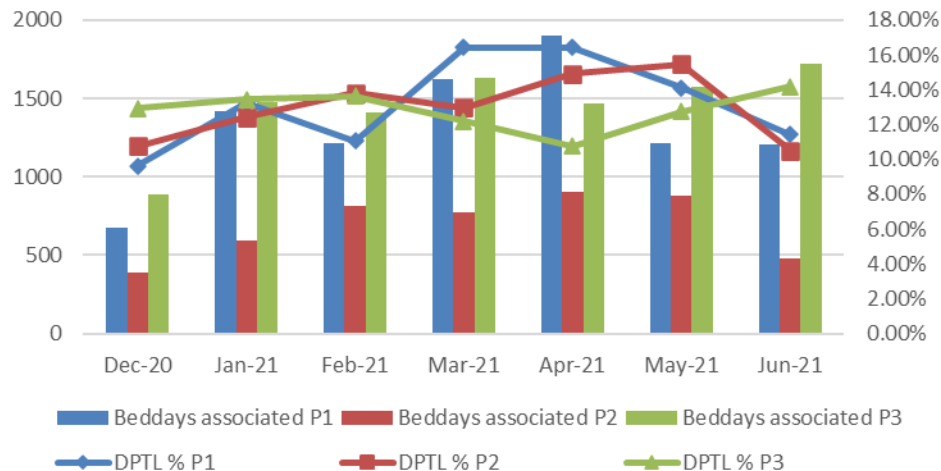
Bed occupancy varied between 94.24% and 99.30% in June against the core bed base. There was a continued increase in occupancy and consistency in June, reducing the variation across the month.

The Trust position moved into the fourth quartile for the first time in June. ED performance for the NBT Footprint stands at 72.57% and the total STP performance was 76.20% for June. The Trust ranks fourth out of nine reporting Major Trauma Centres.



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

## DPTL % and Beddays, for Medically fit

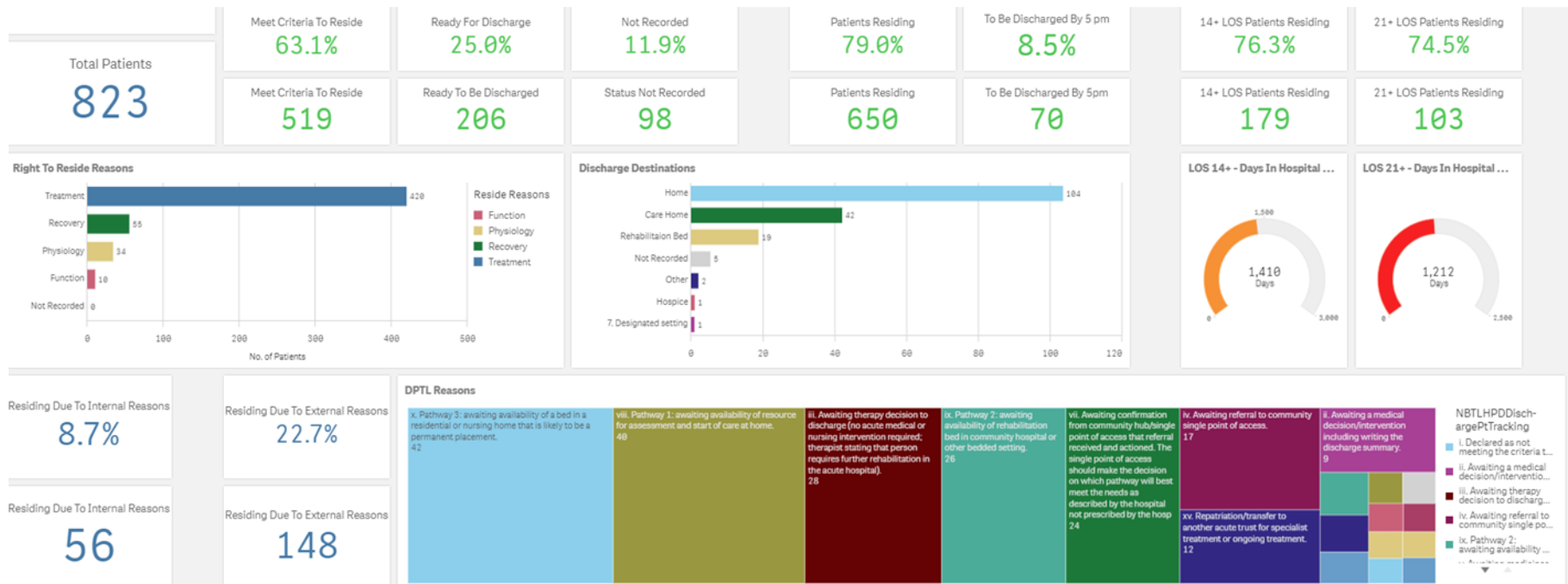


## Right to Reside Report

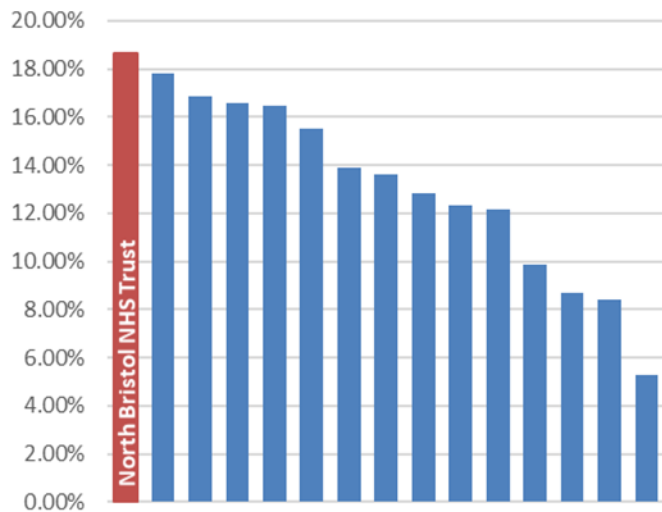
The percentage delays and bed days for medically fit patients awaiting P1 has remained the same as the previous month, while there is a significant reduction for P2 waits and a rise for P3.

Insufficient complex community dementia beds remains an issue. The impact of recommissioning P3 capacity in May is still to be demonstrated. The Trust is building working relationships with providers to enhance trusted assessment.

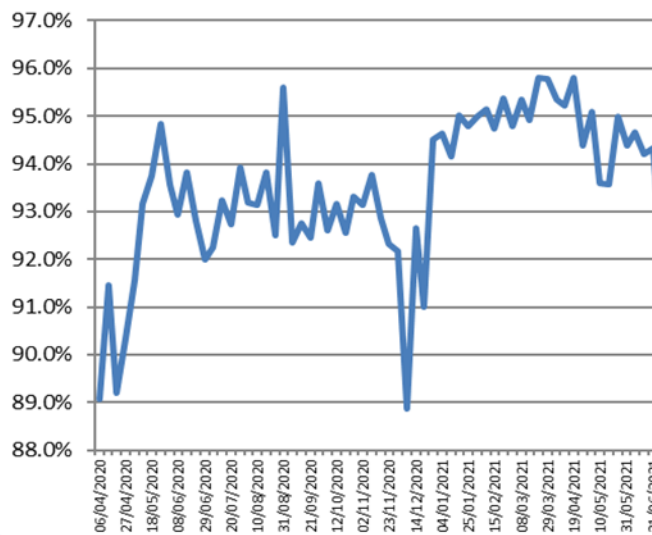
There remains a lack of capacity for Stroke patients and those with high care needs, and capacity not meeting the needs of the referred patients.



## 21+ LoS Occupancy % South West



## % Discharged P0 and P1 (EL, NEL, All Ages, All LoS)



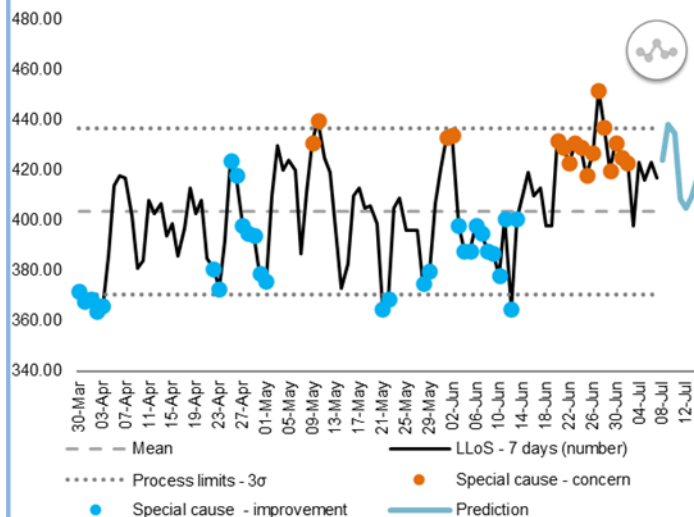
## Stranded Patients

The stranded patient levels reported remain high and are first highest in the Region.

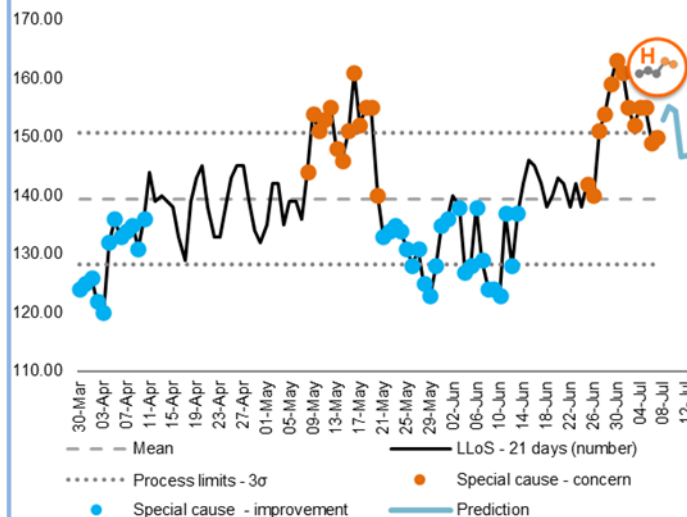
Referral numbers have not been as high in June; this may be due to the acuity of patients.

Admission to Single Referral Form (SRF) monitoring indicates some improvement in the median LoS reported levels for P3. This remains a key focus for the Urgent Care Board improvement plan; to reduce bed usage and consistency of measurement is a priority and will be reviewed weekly at a dedicated meeting.

## SPC chart for LLoS - 7 days (number)

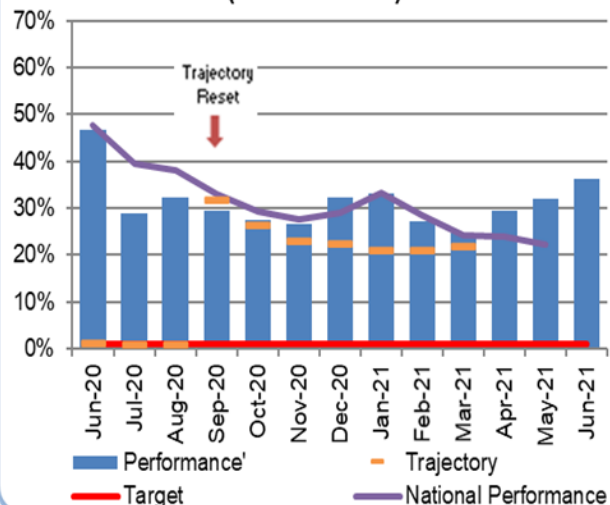


## SPC chart for LLoS - 21 days (number)

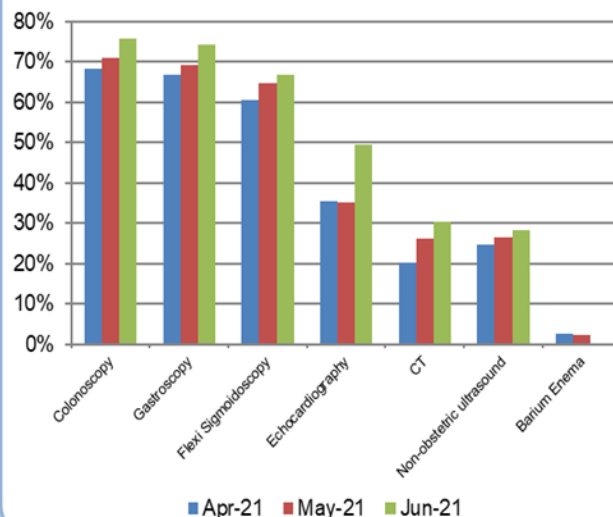


Data Source: South region NHSI UEC dashboard, w/e 31<sup>st</sup> May

### Diagnostic Waits Against Target (1% <6 Weeks)



### Diagnostic Performance by Test



### Diagnostic Waiting Times

Diagnostic performance deteriorated to 36.13% in June. Some modalities showed improvement however, for the areas with the highest volume of tests there was a worsened position in month. Trajectories have been developed for 2021/22; these will be confirmed in July for August reporting.

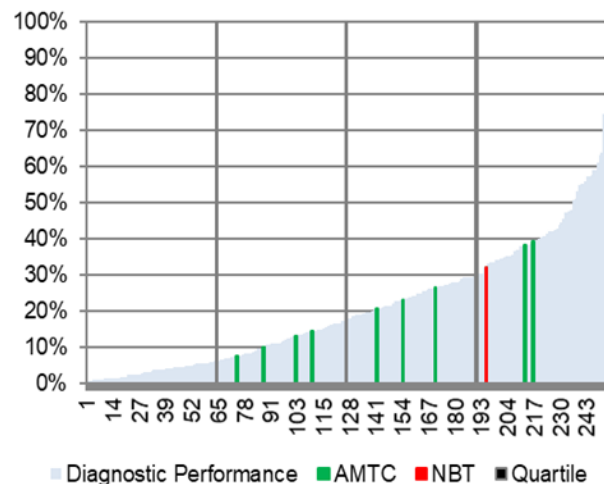
Adjusting for working days, activity increased by 1.65% in June but the position has been negatively impacted by a continued reduction in the under 6 week cohort and increase in the backlog resulting from 2WW/Urgent demand.

Although Non Obstetric Ultrasound reports a further deterioration on their May position, this was less than anticipated and actions to increase capacity are ongoing. Endoscopy also reported deterioration in performance for June but the service has commenced an insourcing model with weekend lists to increase capacity, along with recruitment plans to ensure staffing for additional lists.

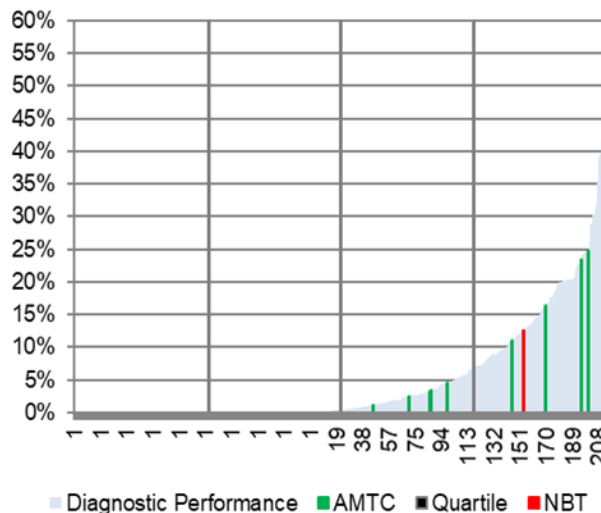
The number of patients waiting longer than 13 weeks has increased by 15.46% in June. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, Trust positioning deteriorated for 6-week performance, moving from the third quartile to the fourth in May. 13 week performance also deteriorated slightly, remaining in the fourth quartile.

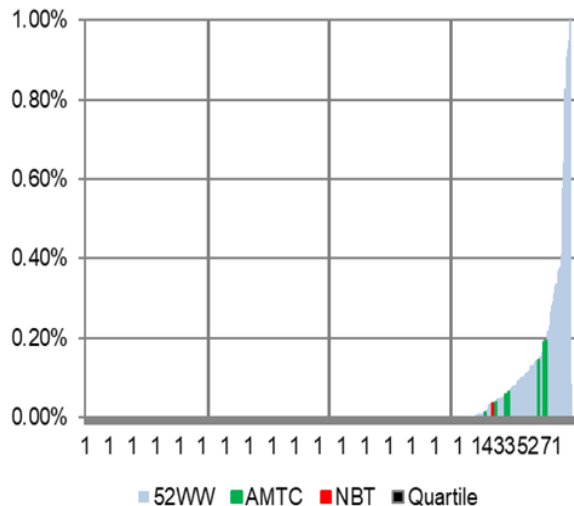
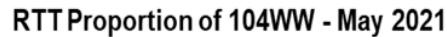
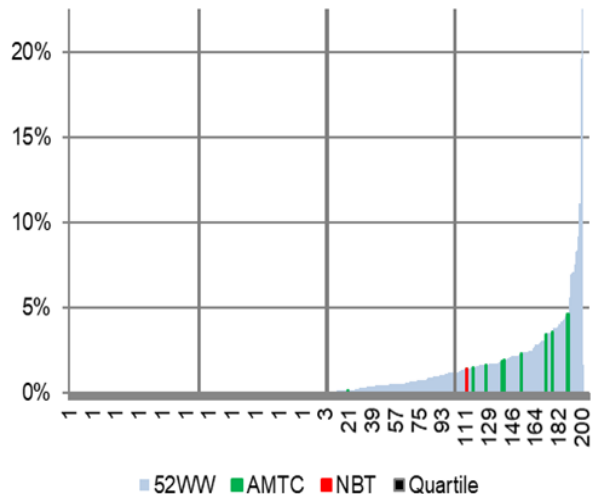
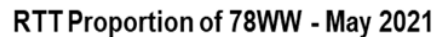
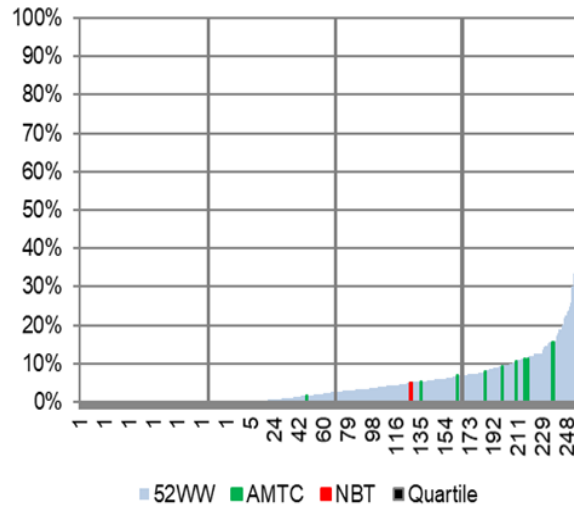
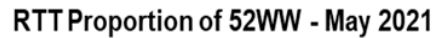
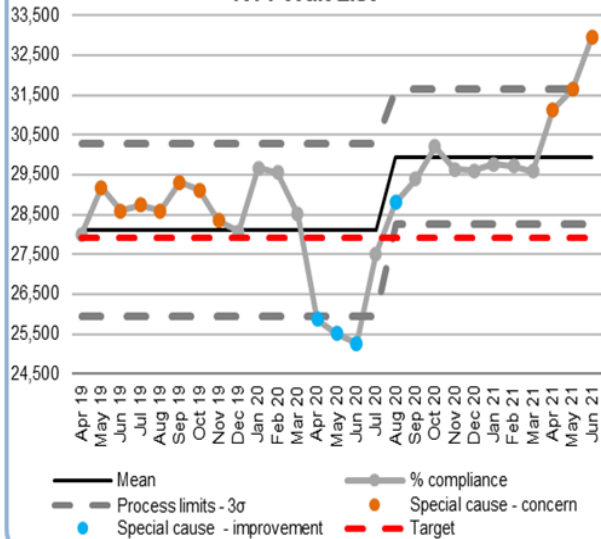
### Diagnostic Six Week Performance - May 2021



### Diagnostic 13 Week Performance - May 2021







### Referral to Treatment (RTT)

In June, the Trust reported RTT performance of 74.98% and an increase in the waiting list to 32946. Trajectories for 2021/22 are due to be confirmed in July for reporting in August. There was an 11.38% increase in clock stops and a 10.83% increase in demand in June resulting from the additional working days. Waiting list growth is the result of demand exceeding waiting list removals with a particular reduction in the number of removals other than treatment (ROTT) in June.

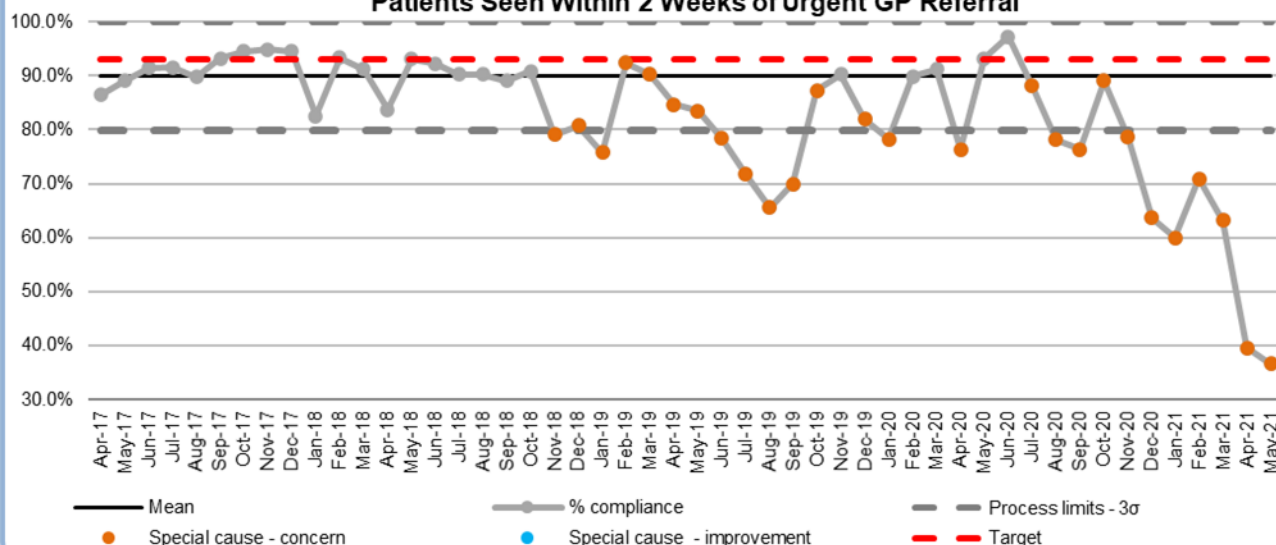
For the fourth consecutive month since the onset of the COVID-19 pandemic, the Trust has reported a reduction in 52 week wait breaches. At month end, there were 1473 patients waiting greater than 52 weeks for their treatment; 448 of these were patients waiting longer than 78 weeks, whilst 19 were waiting over 104 weeks. The majority of 52 week breaches (926; 62.86%) are in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks continued to reduce to 4.47% from 5.00% resulting from the 52 week reduction and increased wait list size.

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

When compared nationally, the positioning of the 52 week wait breaches as a proportion of the overall wait list was static for May, remaining in the third quartile. Similarly, the positioning for 78 week waits was also static, and remains in the fourth quartile. Although in the fourth quartile for 104 week waits, the Trust ranked 23<sup>rd</sup> out of 87 providers.



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



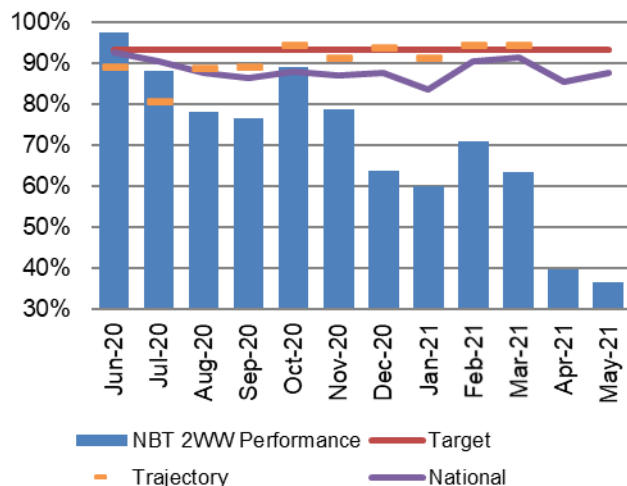
## Cancer: Two Week Wait (TWW)

The Trust saw 1938 patients in May reflecting a 5.38% increase on April.

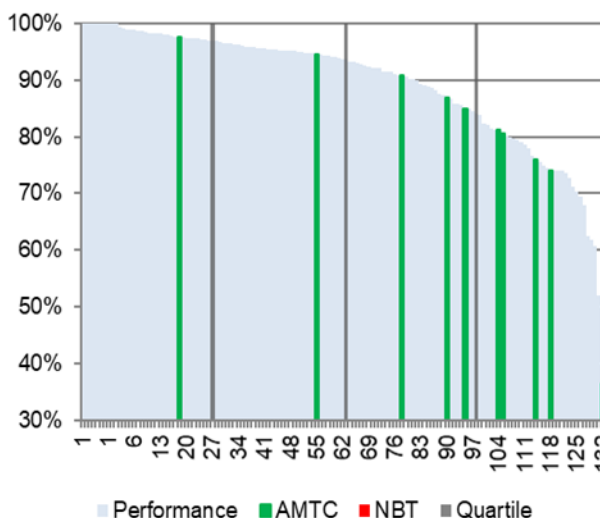
Of the 1938 patients, 1229 patients breached giving the Trust a performance of 36.58%; a decline on last months 39.53%, wholly due to the issues in Breast, Colorectal and Skin.

Breast saw 585 patients this month compared to 487 in April; 558 of those seen had breached the TWW standard; reporting a performance of 4.62%. The backlog has decreased down to 185 patients waiting for a TWW appointment. Impact on performance is expected to continue until September.

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



**Cancer TWW Standard May-21**

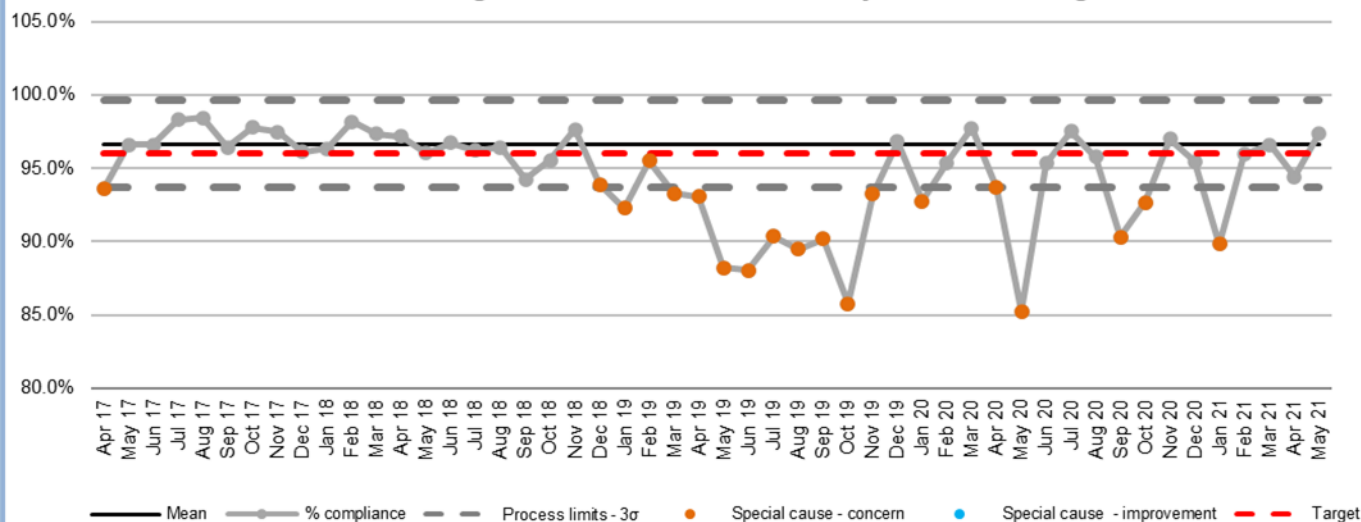


Colorectal saw 295 patients this month compared to the 311 they saw in April, but 119 patients were seen in a breach position, the majority of the breach's this month were due to the backlog and long waits in Endoscopy. This is being addressed but impact will continue until the Autumn.

Skin saw 420 patients in May. 387 patients were seen in a breach position and reported a deterioration in performance to 7.86%. The drop in performance continues to be due to lack of capacity within the service as a result of losing 2 consultants to maternity leave and being unable to cover them with locums.

The conversion rate for April 2019 was 7.23% and in April 2021 is 7.77%.

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



## Cancer: 31-Day Standard

In May, the Trust achieved the first treatment standard with a performance of 97.38%.

There were 229 completed pathways with six breaches. The Trust continues to report in the third quartile for this standard but has improved from the lower end to the upper end of the quartile.

All specialties except Gynaecology and Colorectal were above 96% performance.

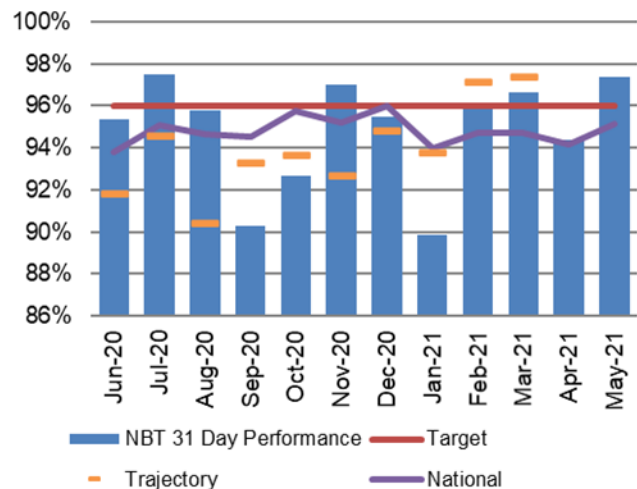
In May, the breaches were due to lack of capacity in the early part of the pathway along with complex medical issues and patient fitness to proceed with treatment.

June's unvalidated position is showing as 95.5% with the majority of the 9 breaches sitting in Urology.

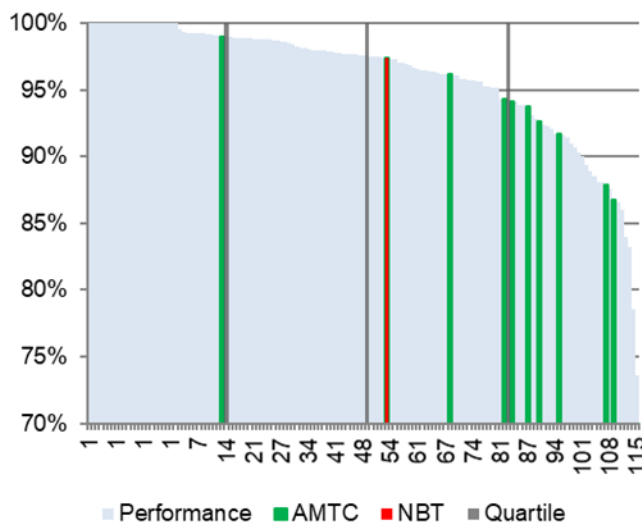
**28-Day Performance** - The Trust position deteriorated again this month with a performance of 52.57% compared to 64.68% in April. The Trust saw 2231 patients with 1058 breaches.

The majority of breaches were due to front end issues in the Breast pathway and complex patient pathways in Urology and Gynaecology.

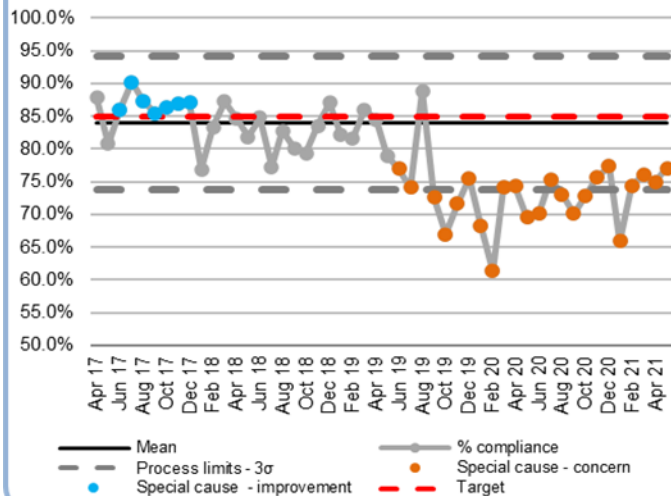
## Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



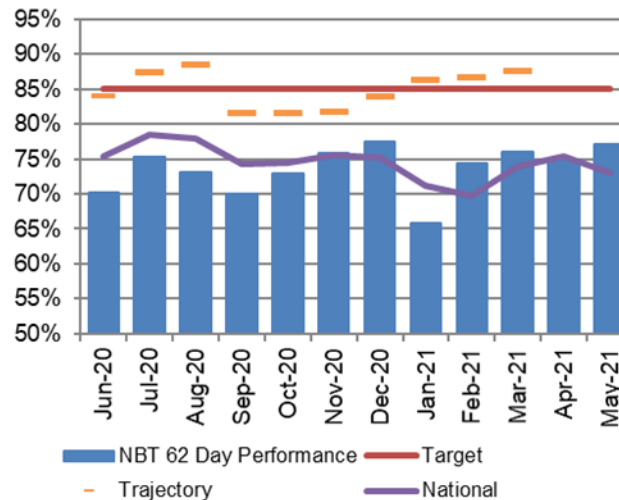
## Cancer 31 Day Standard May-21



### Patients Receiving First Treatment within 62 Days of Urgent Referral



### Patients receiving first treatment within 62 days of urgent GP referral



### Cancer: 62-Day Standard

The reported 62-Day performance for May is 77.11%; an improvement on April performance of 75.00%. 124.5 treatments were delivered, which is a reduction of 17.5 cases.

The Trust had 28.5 breaches compared to 35.5 breaches in April; the Trust failed the CWT standard of 85.00%.

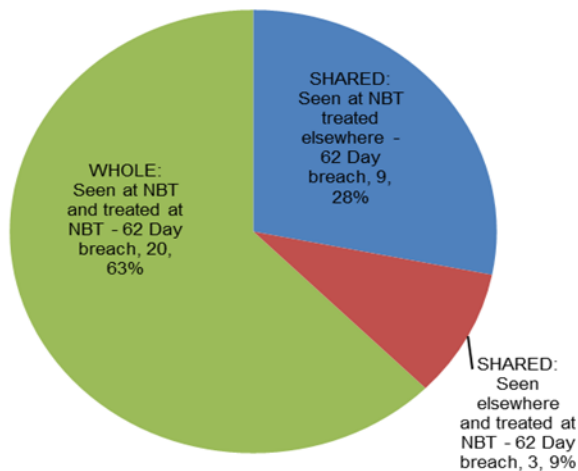
Skin was the only specialty that met the CWT standard this month.

Breast 62-Day performance was 60.00% compared to 67.57% in April. Breast treated 22 patients with 13.5 breaches. Most of these breaches were caused by the known delays at the front end of the pathway within TWW plus complex pathways.

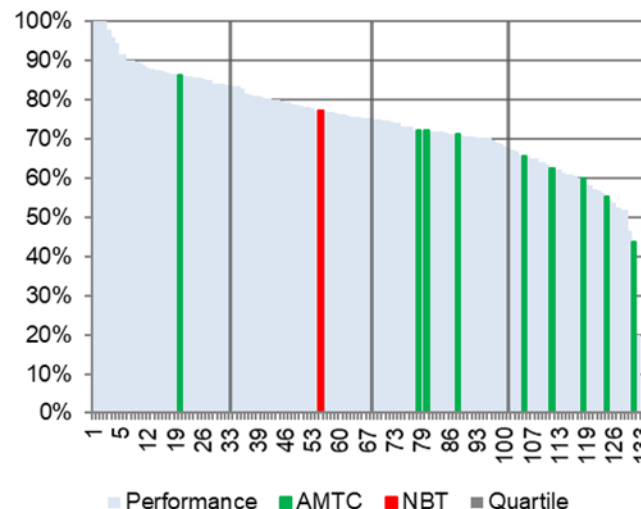
Colorectal failed to achieve the standard with 61.90% but saw a significant improvement on last months performance of 38.00%. Colorectal treated 10.5 patients with 4 breaches in May. Most of this month's breaches were due to complex pathways, medical delays and patient choice.

No harm as a result of the delay has been found in the normal harm review process.

### 62 Day Breach Patients by Breach Type

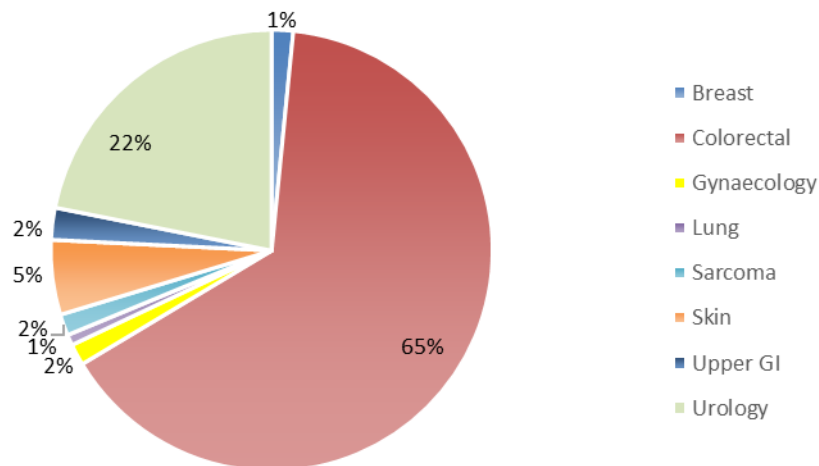


### Cancer 62 Day Standard May-21

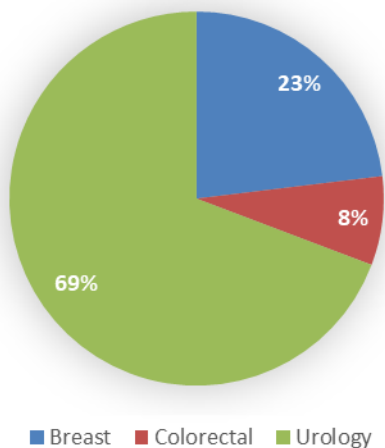


NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

### Cancer Specialty - Without DTT



### Cancer Specialty - With DTT



### Cancer 104-Day Patients Live PTL Snapshot as of 14/07/2021

There are 141 patients currently waiting over 104-Days; 128 of them are without a decision to treat.

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

Patient anxiety surrounding COVID-19 and wanting to defer until after receiving a vaccination is still present but is decreasing; however we continue to ask for clinical review of these patients and ensure they understand the risk of deferring their investigation and/or treatment.

There has been a significant impact from delays within Colorectal pathways for patient follow-up of diagnostics and confirmation of discharge from cancer pathways, and staffing pressures having a negative effect on tracking. This is resulting in patients hitting 104-Days that likely should have been removed from the cancer pathway earlier.

The two main cancer sites of concern are Colorectal and Urology.

In May, the number of 104-Day waiting patients that required a clinical review to determine the level of harm, if any, was 9. The Trust has seen an increase in the last three-months largely due to the Breast situation and increase in complex pathways.

## **Safety and Effectiveness**

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

NBT - PQSM									
	Jan-21	Feb-21	Mar-21	Q4 total / Average	Apr-21	May-21	Jun-21	Q1 total / Average	YTD Total / Average
<b>Activity</b>									
Number of babies born alive at 16 to 23+6 weeks gestation									
Number of babies born alive at >=22 to 23+6 weeks gestation									
Number of babies born alive at 24 to 36+6 weeks gestation	437	441	502	1380	462	448	467	1377	2757
Number of births all gestations from 22+0 weeks	430	432	496	1358	456	445	464	1365	2723
Induction of Labour rate %	39.8%	33.8%	33.8%	35.8%	35.2%	36.9%	35.3%	35.8%	35.8%
Unassisted Birth rate %	54.1%	49.7%	48.0%	50.6%	53.1%	53.5%	47.5%	51.4%	51.0%
Assisted Birth rate %	10.8%	11.7%	11.7%	11.4%	9.5%	13.3%	12.4%	11.7%	11.6%
Caesarean Section rate (overall) %	35.1%	38.7%	40.3%	38.0%	37.4%	33.3%	40.1%	36.9%	37.5%
Elective Caesarean Section rate %	15.9%	16.1%	18.8%	16.9%	16.7%	15.3%	19.4%	17.1%	19.0%
Emergency Caesarean Section rate %	19.2%	22.6%	21.5%	21.1%	20.7%	18.0%	20.7%	19.8%	20.5%
<b>Perinatal Morbidity and Mortality inborn</b>									
Total number of perinatal deaths	2	1	0	3	2	1	0	3	6
Number of stillbirths 16 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	0	0
Number of stillbirths (>=24 weeks excl TOP)	2	1	0	3	2	1	0	3	6
Number of neonatal deaths : 0-6 Days	0	2	1	3	0	0	2	2	5
Number of neonatal deaths : 7-28 Days	1	0	1	2	0	0	0	0	2
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3	1	1	1	3	0	0	1	1	4
<b>Maternal Morbidity and Mortality</b>									
Number of maternal deaths (MBR/BACE)	0	0	0	0	0	0	0	0	0
Number of women who received level 3 care	0.2%	0.2%	0.0%	0.2%	0.0%	0.2%	0.0%	0.1%	0.15%
<b>Insight</b>									
Number of datix incidents graded as moderate or above (total)	3	1	2	6	1	2	2	5	11
Datix incident moderate harm (not SI)	2	0	0	2	0	2	2	4	6
Datix incident SI (excl HSIB)	1	1	2	4	1	0	0	1	5
New HSIB SI referrals accepted	0	0	0	0	0	0	1	1	1
HSIB/NHSFQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	1	1	1
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0
<b>Workforce</b>									
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83		83	83	83		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1		0	0	0		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1		1	1	1		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota)						0	0		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota)						1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce							2		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)						11%	13.50%		
Vacancy rate for midwives (black = over establishment, red = under establishment)	14.52	10.52	15.91		15.91%	14.00%	5.67%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)						47%	47%		
Vacancy rate for NICU nurses						7.7	7.7		
Datix related to workforce (service provision/staffing)	5	12	33		14	21	27		
MDT ward rounds on CDS (minimum 2 per 24 hours)						57%	57%		
One to one care in labour (as a percentage)						98.60%	99.6%		
Number of times maternity unit attempted to divert or on divert	0	1	0		0	0	1		
<b>Involvement</b>									
Service User feedback: Number of Compliments (formal) - Ai	12	8	12		29	39	10		
Service User feedback: Number of Complaints (formal)	8	12	14		21	15	9		
Staff feedback from frontline champions and walk-arounds (number of themes)	3	3	2		0	4	3		
<b>Improvement</b>									
Progress in achievement of CNST /10	7	8	8		9	10	10		
Training compliance in maternity emergencies and multi-professional training	45%	40%	53%		58%	72%	76%		
Training compliance core competency 4, personalised care						0%	0%		
Continuity of Carer (overall percentage)	19.7%	20.6%	16.9%		21.1%	18.9%	16.7%		

## COVID-19 Maternity

There was one positive case of COVID-19 in maternity in June. In line with National guidance, maternity visiting is working on restoration to pre-pandemic arrangements with regular risk assessments and infection prevention and control guidance. Self isolation and increase in cases among staff is having an impact on operational services however, the service is at present able to mitigate risk.

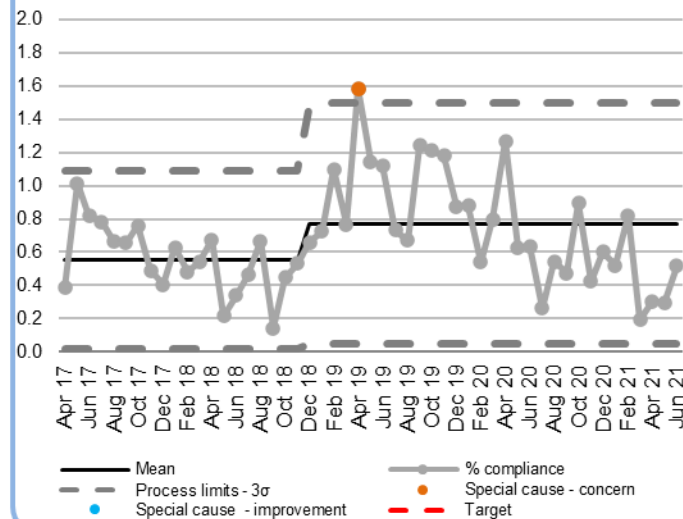
## Perinatal Quality Surveillance Tool

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

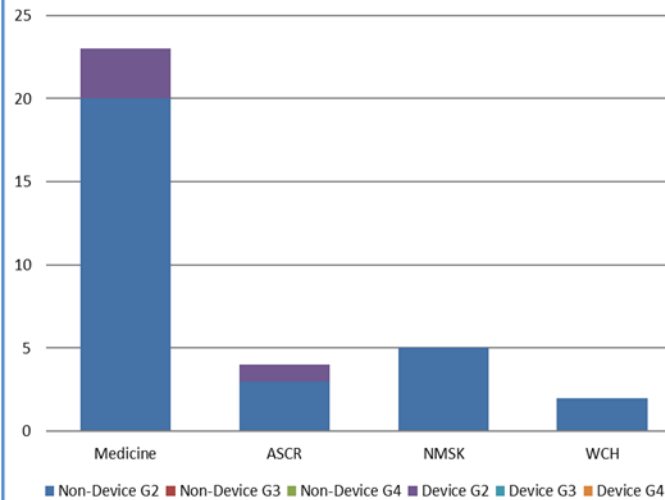
- **Neonatal Deaths: (2)** Both complications in pregnancy
- **CNST** Maternity services has confirmed submission of full compliance with the CNST Maternity Incentive Scheme. Validation of this position, with supporting evidence, has been overseen via QRMC.
- **Serious Incidents:** 2 serious harm incidents : 1) Delay in escalation and recognition of emergency 2) Injury to baby following maternal collapse.
- **Midwifery vacancy rate** is sitting at +5.67wte due to over-establishment and unfunded posts – NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.
- **Datix – workforce concerns:** 27 datix forms were submitted relating to relating to staff shortfalls at a time of high acuity. This reflects the situation described at the start of this slide.
- **Patient Involvement** – 9 complaints have been raised about maternity services, 2 formal complaints, both relating to communication and 7 PALS concerns, 4 of which related to communication regarding appointments in the ANC. Themes identified in safety champion walkabouts: staffing/COVID concerns/COVID impact on staffing.
- **Service delivery:** Our antenatal screening service is still experiencing challenges with demand exceeding available capacity. The division is working on an action plan with the regional team for resolution including outsourcing of the FTCS service which is due to start early August.
- **Training compliance core competency, personalised care:** The service has began working on full incorporation of this in our annual training programme as per Ockenden core competencies and will monitor progress via the PQSM.
- **Continuity of care (c of c):** The plan is developing action plan for the c of c to ensure this becomes the default model of care by March 2022 as per the national transformation plan.



Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2021/22



## Pressure Injuries

The Trust ambition for **2021/22** is:

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

There have been no reported Grade 3 or 4 pressure injuries in June. 15 Grade 2 pressure injuries were reported of which 2 were related to a medical device.

The incidence summary for the month is as follows:

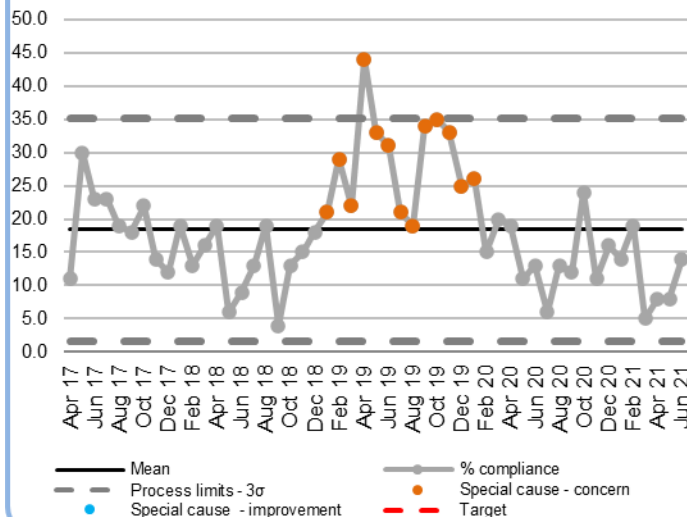
Medical Devices: 13%

Heels: 40%

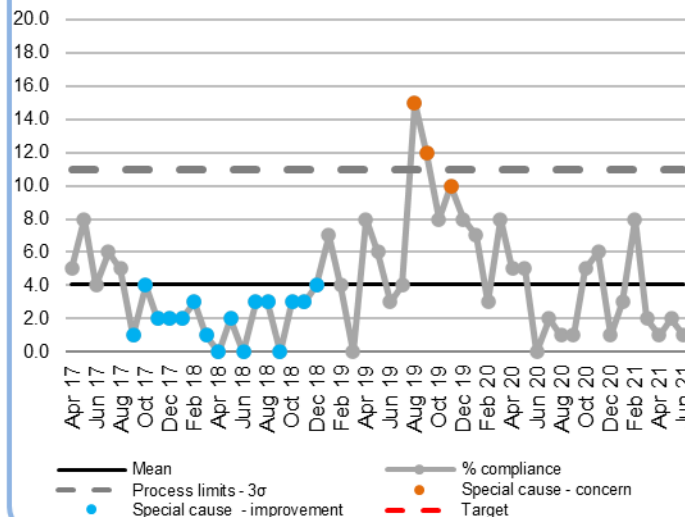
Sacrum/ Natal Cleft: 34%

Coccyx/Buttock: 13%

Pressure Injuries - Total Incidents



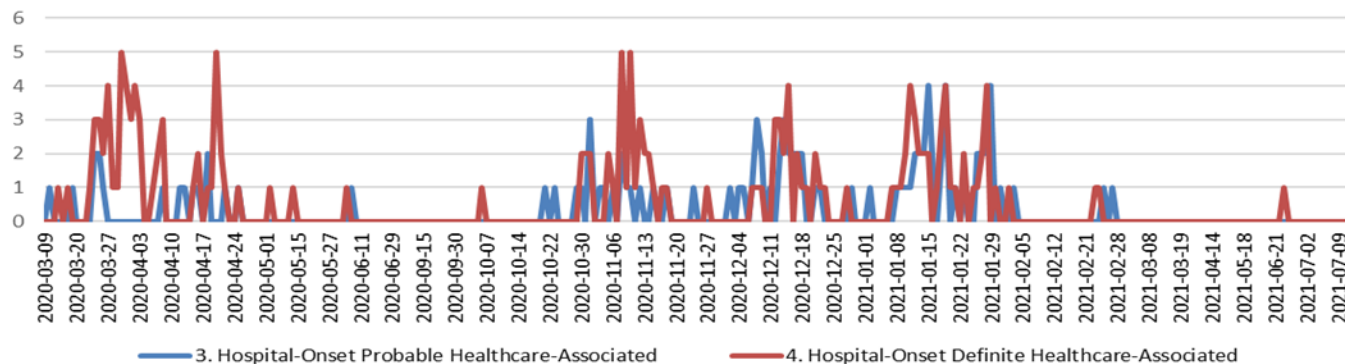
Pressure Injuries - Device



In June, there has been no increase in medical device related grade 2 pressure injuries, and this remains well below the mean rate. There has been an increase in the number of Grade 2 pressure injuries in June however this remains below the mean rate.

NBT is collaboratively working with RUH Bath, due to their noted sustained reduction in hospital acquired pressure injuries to not only achieve the KPI for 2021/22 but develop further strategies for the sustained reduction across the Trust.

### COVID-19 Onset Category by Positive Test Date

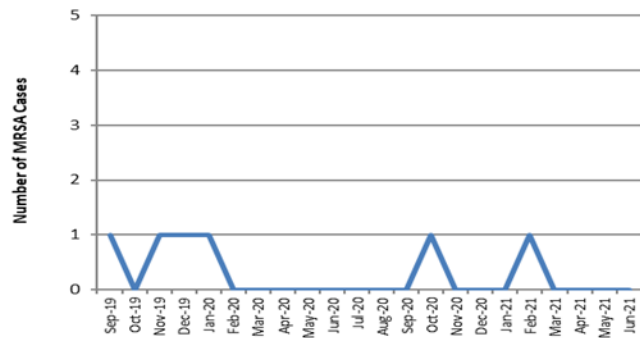


### COVID-19 (Coronavirus)

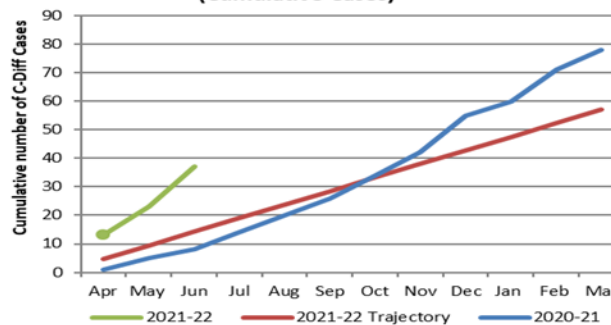
The Trust has seen a surge of cases in line with predictive modelling. The Trust has seen no cross infection in this wave, but have an Outbreak investigation/ management plan in place if required. The IPC Team continue to support the COVID wards, and assist with escalation of additional wards as required.

Changes have also been made with antibiotic prescribing.

#### MRSA Cases - Trust Attributable



#### C.Difficile Cases - Trust Attributable (Cumulative Cases)



### MRSA

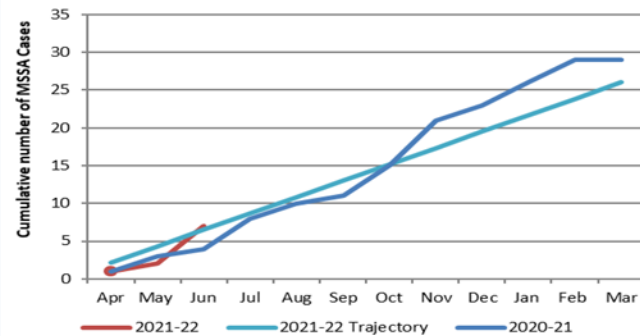
Last bacteraemia was reported in Feb 2021.

### C. difficile

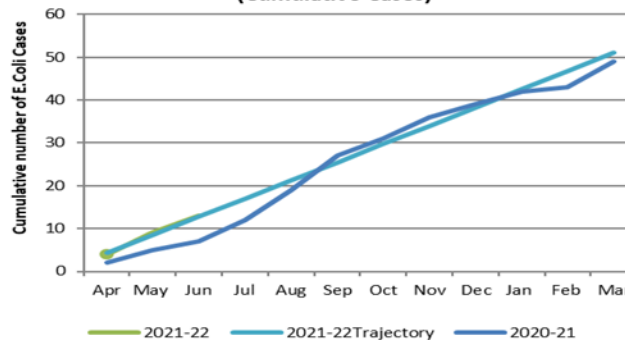
C.difficile rates remain higher than trajectory.

Divisions have had some focused teaching via link nurse practitioners, Matrons Forum have also received a presentation focusing on this as a key improvement additionally IPC senior team are linking with a Southwest HCAI Collaborative to look at reduction, as this is a regional concern.

#### MSSA Cases - Trust Attributable (Cumulative Cases)



#### E.Coli Cases - Trust Attributable (Cumulative Cases)

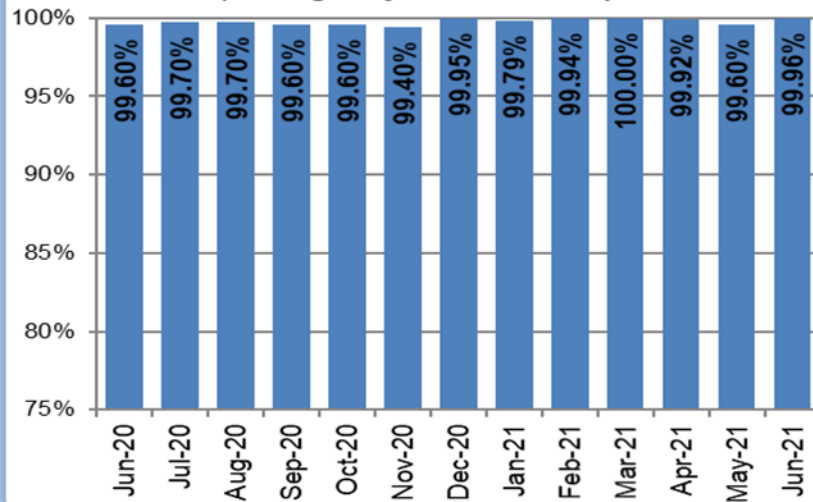


### MSSA

There has been a rise noted in cases following the trajectory set. A relaunch of ANTT (Aseptic No Touch Technique) is planned for September



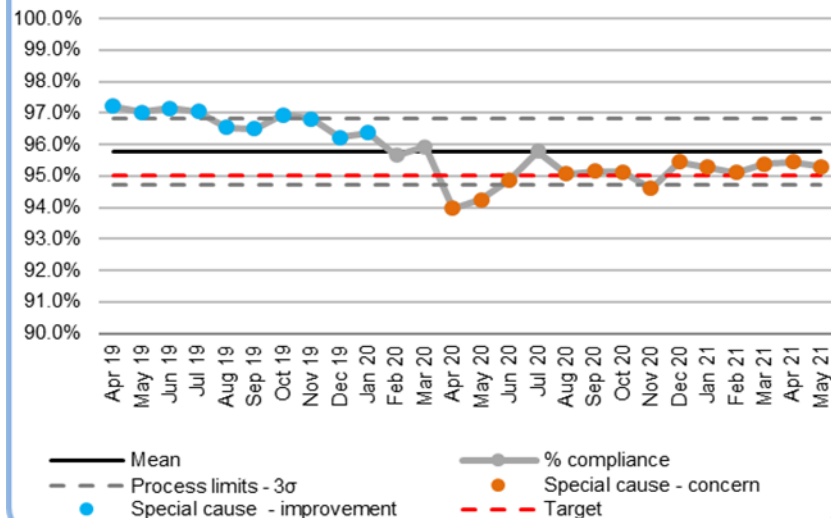
### WHO Checklist Compliance (Emergency and Elective)



### WHO Checklist Compliance

The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres. The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

### VTE Risk Assessment Completion



### VTE Risk Assessment

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

Compliance with this target fell during 2020/21. The Thrombosis committee has been considering the reasons and remedial actions have restored this to acceptable level during 2021/22.

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

## Medicines Management Report – June 2021

### Medication Incident Rate per 1000 Bed Days

NBT had a rate of 5.7 medication incidents per 1000 bed days. This is the mean average in the last 6 months, and we encourage reporting to identify where improvements are required. A benchmark of good medicines safety practice is to have continual monitoring of which of these reports are no and low harm compared to harm, fostering a strong safety culture.

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

During June 2021, c. 12% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.12). This is close to the mean average over the last 6 months.

Therefore “no harm” incidents accounted for 88% of all NBT reported medication incidents.

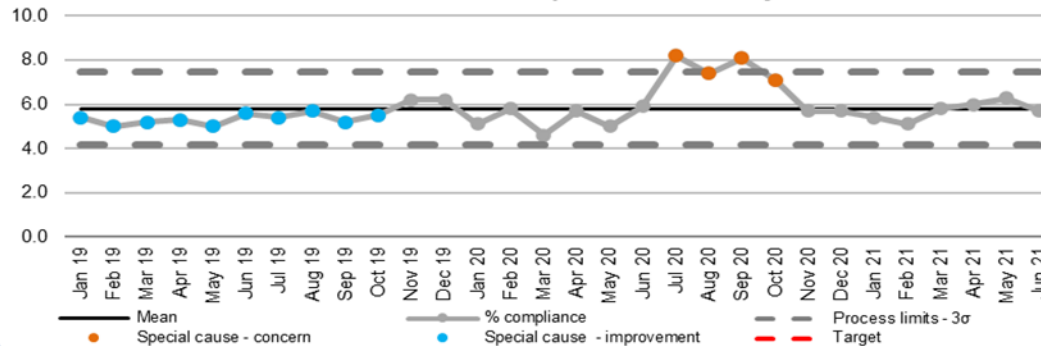
### Incidents by Stage

The graph demonstrates that in June c.43% of all incidents occurred at the administration stage. c.22% occurred at the prescribing stage.

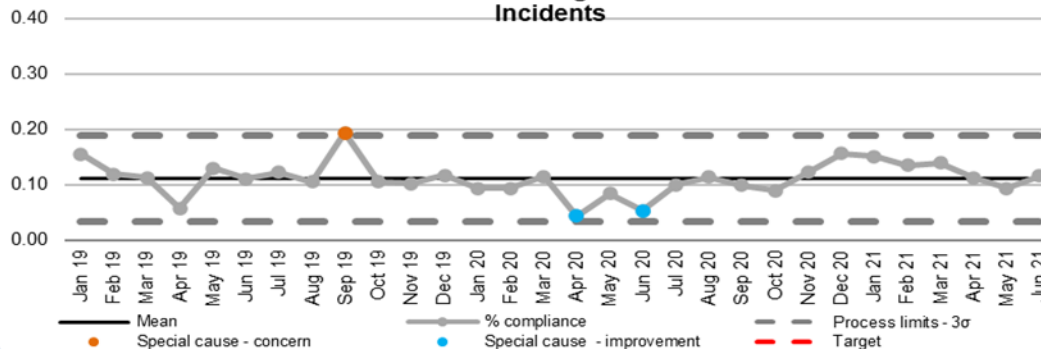
### High Risk Drugs

The Medicines Governance Team monitor the number of incidents which involve high risk medicines. The graph demonstrates a relatively consistent trend in the overall rate of these incidents in recent months, with a reduction in the number of incidents involving insulin in June. Work continues across NBT and the STP to reduce the overall number of incidents involving high risk medicines.

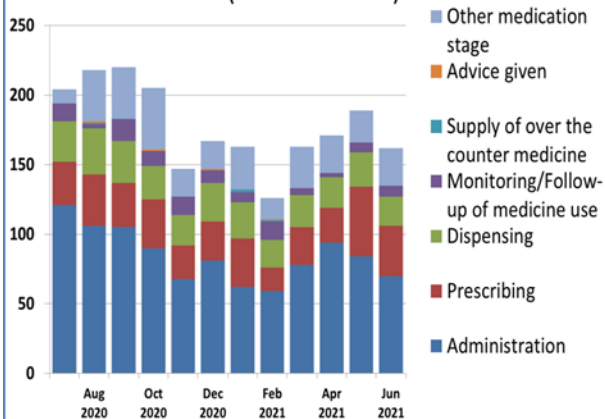
Medication Incidents per 1000 Bed Days



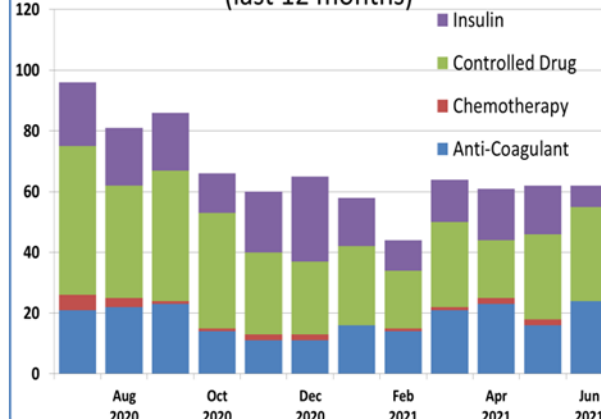
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



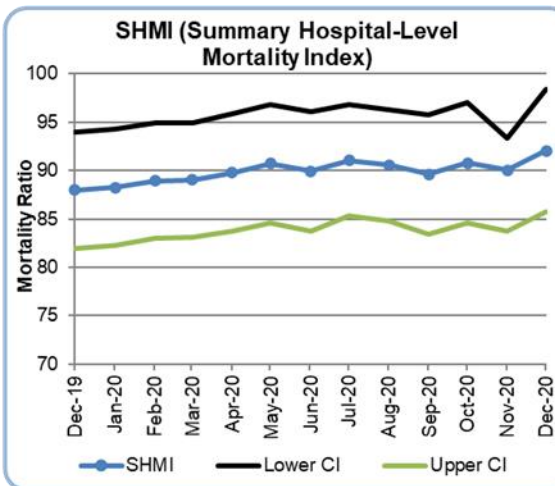
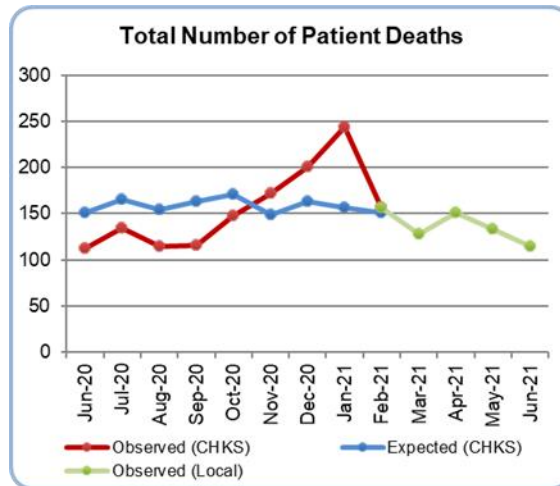
Incidents by Stage at which Error Occurred (last 12 months)



Incidents Involving High Risk Medicines (last 12 months)



## Mortality Outcome Data



## Mortality Review Completion

May 20-April 21	Completed	Required	% Complete
Screened and excluded	1211*		
High priority cases	273		
Other cases reviewed	325		
Total reviewed cases	1809	1882	96.1%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0.0%	4.2%	23.3%	48.8%	23.7%

Date of Death	Jun 20 – Apr 21
Scrutinised by Medical Examiner	744
Referral to Quality Governance team	87

In response to increased operational pressures as a result of wave 2 of the COVID-19 pandemic as agreed at the February CEAC meeting the window for screening was extended by 1 month this has now reverted to the usual 2 month window.

## Mortality Outcome Data

An increase in deaths was seen in December and January which is likely to have been the result of increasing Covid-19 infections and has since reduced. There are no current Mortality Outlier alerts for the trust.

## Mortality Review Completion

The current data captures completed reviews from May 20 – April 21. In this time period 96.1% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system. Of all “High Priority” cases, 92% completed Mortality Case Reviews (MCR), including 21 of the 22 deceased patients with Learning Disability and 23 of the 26 patients with Serious Mental Illness.

## Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 18 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

## Ongoing Development

The second learning from deaths development session took place in June and focused on training and support for clinicians undertaking mortality review. The next session will take place in July and will move onto the second development theme of linking learning from deaths with existing governance processes within the trust and enhancing their effectiveness.

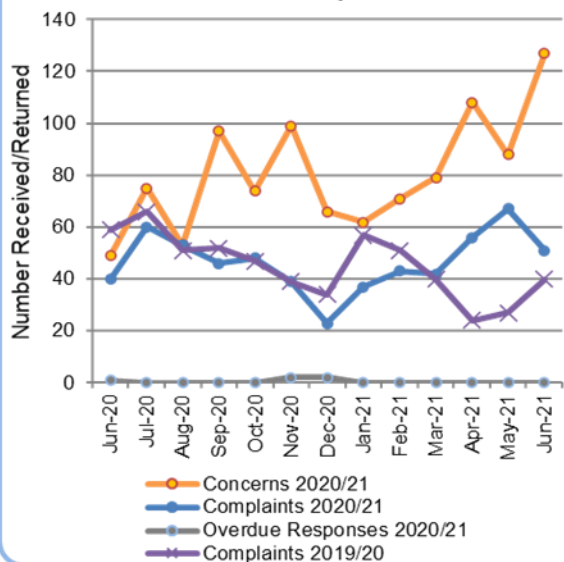
## Wave 2 Pandemic Report

The wave 2 pandemic mortality review report was reviewed at the Clinical Effectiveness and Audit Committee in July. Initial analysis shows that a high level of care was maintained during this period, with some learning points in a couple of specific cases identified and actions agreed in the Committee.

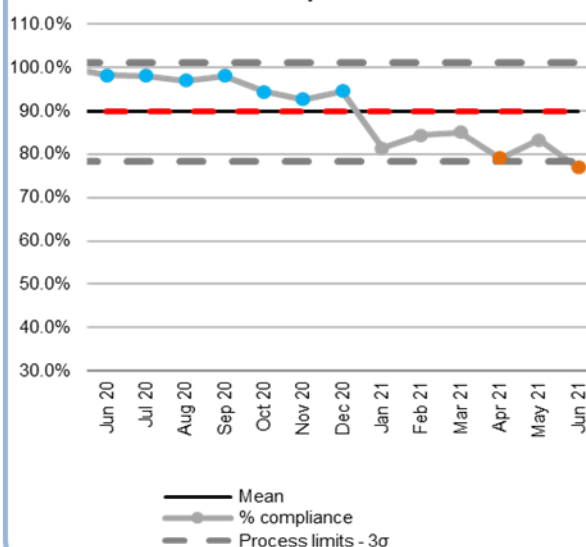
## **Patient Experience**

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

### Trustwide Complaints, Concerns & Overdue Complaints



### Complaint Response Rate Compliance



### Complaints and Concerns

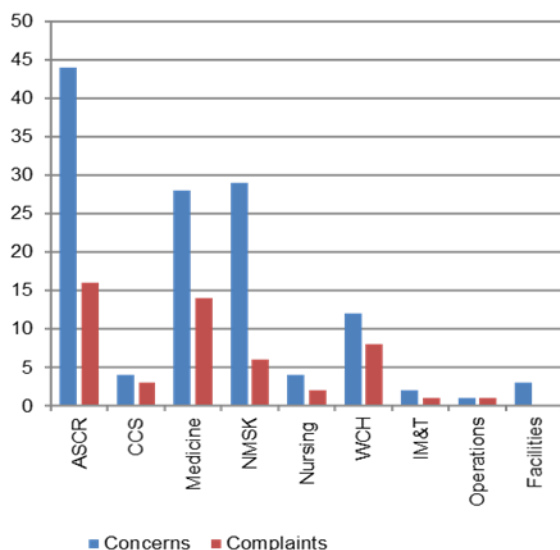
In June 2021, the Trust received 51 formal complaints. This is a decrease on the previous month where 67 complaints were received. The most common subject for complaints remains 'Clinical Care and Treatment'.

The 51 formal complaints can be broken down by division: (the previous month total is shown in brackets)

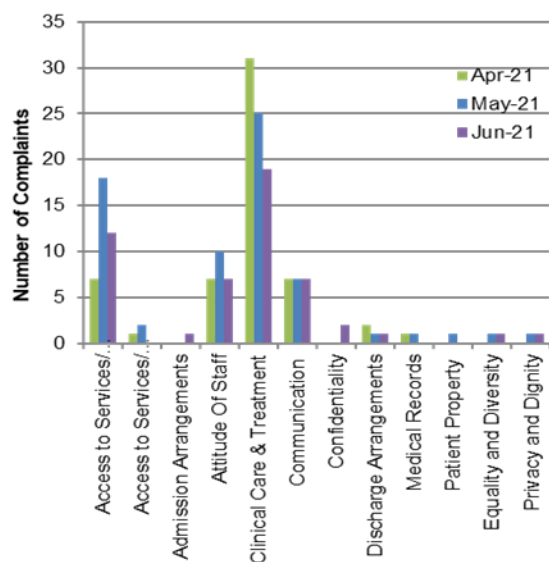
ASCR	16 (20)	CCS	3 (1)
Medicine	14 (20)	NMSK	6 (12)
WCH	8 (13)	IM&T	1 (0)
Operations	1 (0)	N & Q	2 (1)

In June, a total of 68 enquiries and 127 PALS concerns were received. This is the highest number of PALS concerns received in any reporting month to date. A review of PALS concern shows the most common subjects are 'Access to Services-Clinical' and 'Communication'. There is a spread of PALS concerns across all divisions with high volumes in Emergency Medicine, Neurology and Urology.

### Concerns and Complaints per Division



### Complaints By Subject



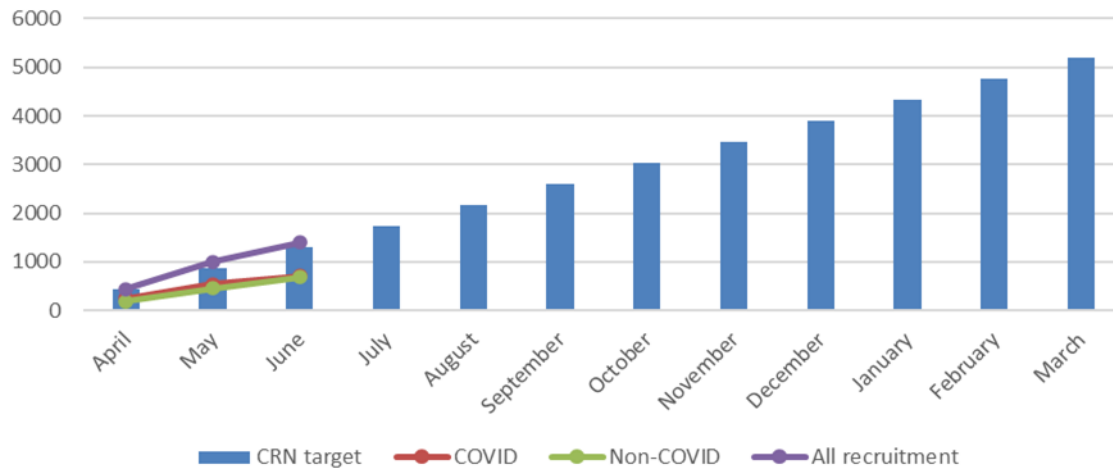
### Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90%. This is likely to reflect operational pressures from COVID and staff vacancies across divisional patient experience teams. In June the % compliance dropped to 77%. Particular areas that struggled with compliance were WaCH and ASCR. There have also been delays in the corporate teams with regards to changes in the sign off process.

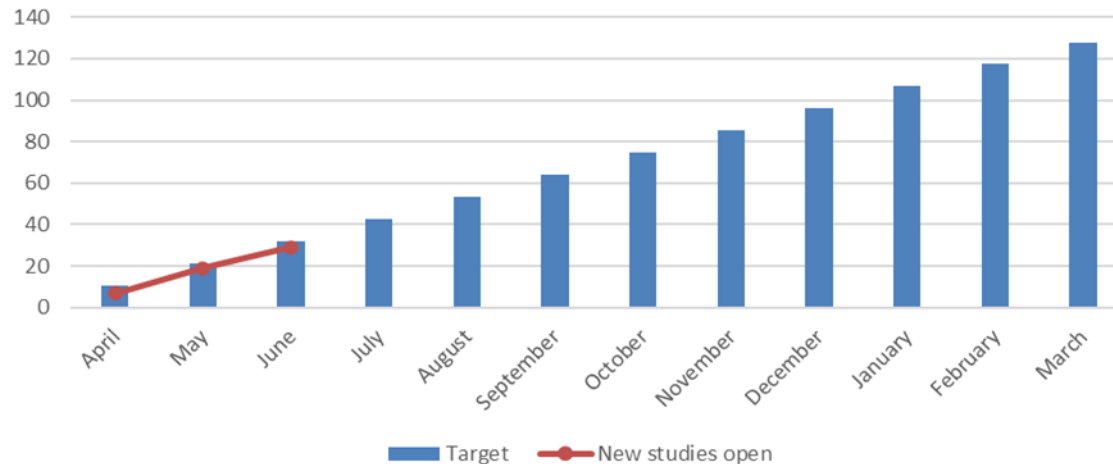
### 'You said we did'

In Colorectal Surgery the team received a complaint regarding communication. As a result they are implementing a patient contact record. This will ensure a record is kept with information about when and why patients are contacting the team so they can ensure concerns are escalated to more senior managers if they remain unresolved.

## Recruitment vs Target



## Recovery and Growth



## Research and Innovation

NBT has set a participant recruitment target comparable to last years target, as assessing the longer term impact of Covid on research is difficult to assess at this point in time. Strong non-Covid performance in addition to Covid recruitment means NBT is currently achieving 107% ytd.

NBT is striving to restore research to pre-Covid levels. The Recovery and Growth slide shows the number of studies against the pre-Covid average. In addition to opening the new studies, R&I have reviewed and approved 34 restart studies, suspended due to Covid.

The pan regional work continues and is now expanding beyond vaccine delivery to the wider research endeavour, including with our regional partners to map working with the network and regional partners collating lessons learned and implementing appropriate new ways of working to consolidate these improvements.

NBT currently leads 57 research grants (NIHR, charity, industry and other) to a total value of £25.9m. This includes the recently awarded prestigious NIHR HTA grant 'Conservative versus standard care for primary spontaneous Pneumothorax' (CONSEPT) led by Prof. Nick Maskell, worth £2m. In addition NBT is a partner on 54 externally-led research grants to a total value of £10.3m to NBT.

The SHC Research Fund call (2020/21) closed on 12<sup>th</sup> April 2021. We received 23 EoI applications, of which 14 were shortlisted for full stage application, deadline 30<sup>th</sup> June. Our Patient Public Involvement panel will meet to review and score the full stage applications prior to the main awarding panel. The SHC Research Fund welcomes any NBT staff member wishing to undertake a research project (up to £20k) in any subject area to apply.

## **Well Led**

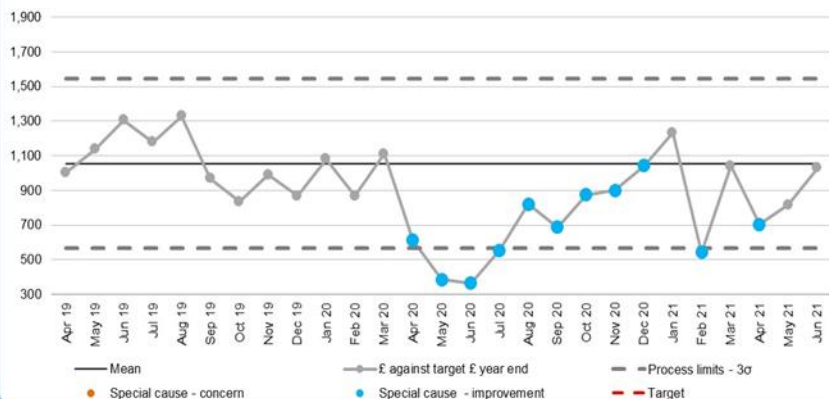
**Board Sponsors: Medical Director, Director of People and  
Transformation**

**Chris Burton and Jacqui Marshall**

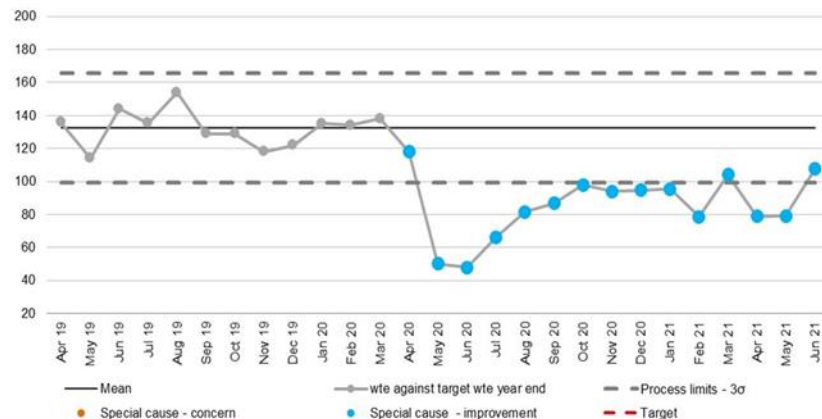


# Workforce

Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



## Temporary Staffing

Agency spend increased in June, due to an increase in demand for short notice RMN requirements along with general nurse shortages from framework suppliers. Non-framework supply also had to be used to meet the need from the Trust as self isolation related absences affected all substantive and temporary staff groups.

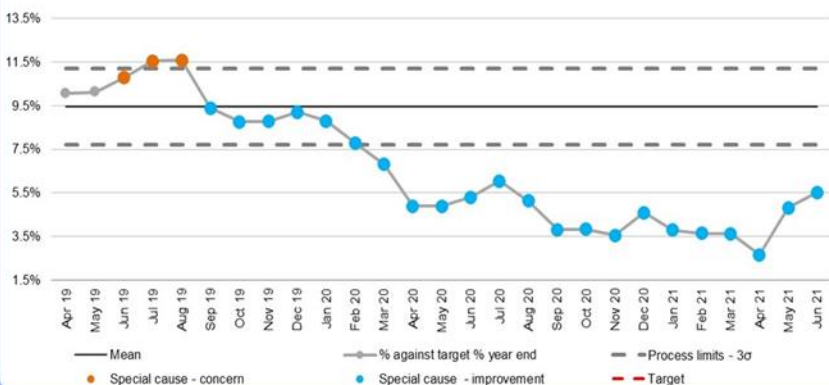
NBT eXtra bank team continue to support the high demands for temporary resource into the Mass Vaccination project at Ashton Gate and across the community and Primary Care network, as well as the new UWE site.

## Nursing and Midwifery Resourcing

June saw 19 band 5 starters and the pipeline continues to be healthy with 127 staff due to start in Trust in the next 3 months. We made 36 offers for band 5 nursing roles in June. International Recruitment welcomed 11 new Nurses in June as Indian travel restrictions were lifted.

The TA team held another successful digital event in June with eight offers made on the day as part of the monthly total. HCA Recruitment saw 17 new starters overall in June and band 2 recruitment continues with regular digital assessment centres and the pipeline for this staff group currently stands at 33 against a vacancy total of 18. We are also increasing our skills targeted band 3 recruitment activity.

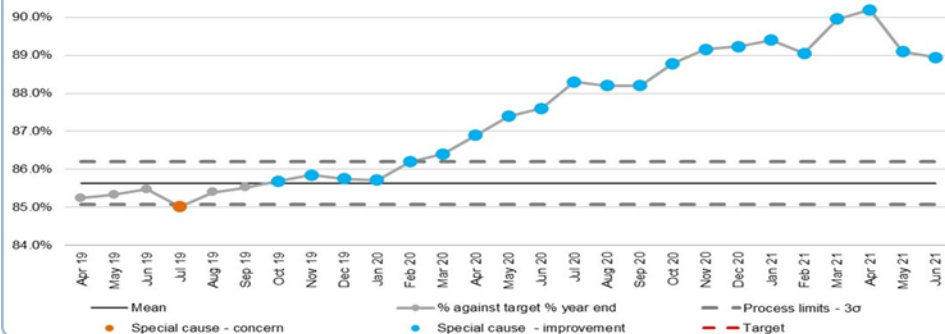
Vacancy Factor-Trust starting 01/04/19



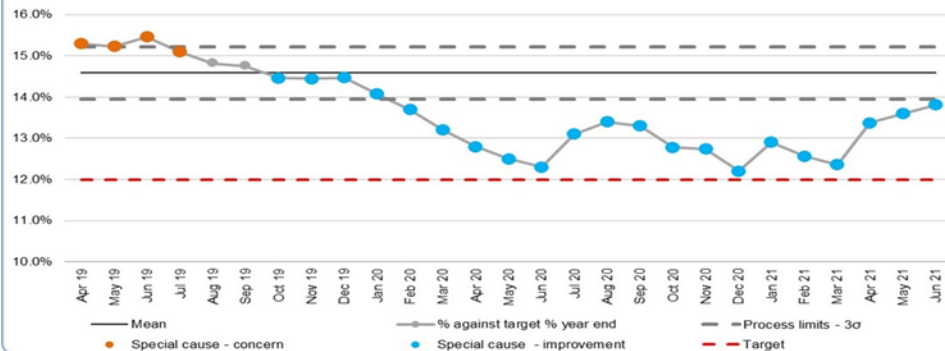


# Engagement and Wellbeing

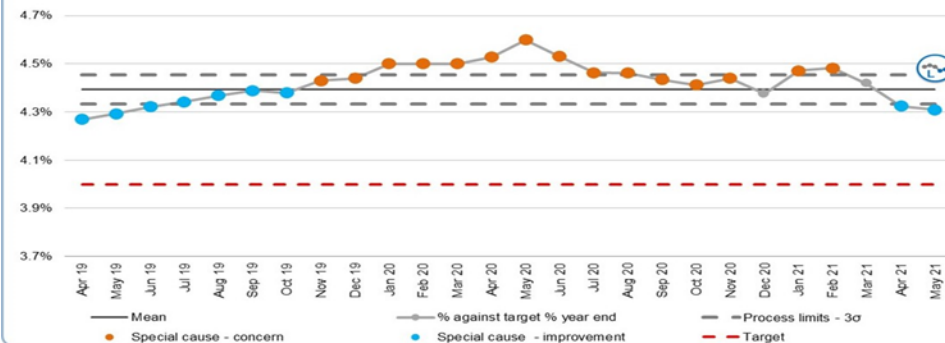
Stability - Trust starting 01/04/19



Turnover - Trust starting 01/04/19



Sickness Absence - Trust starting 01/04/19



## Turnover and Stability

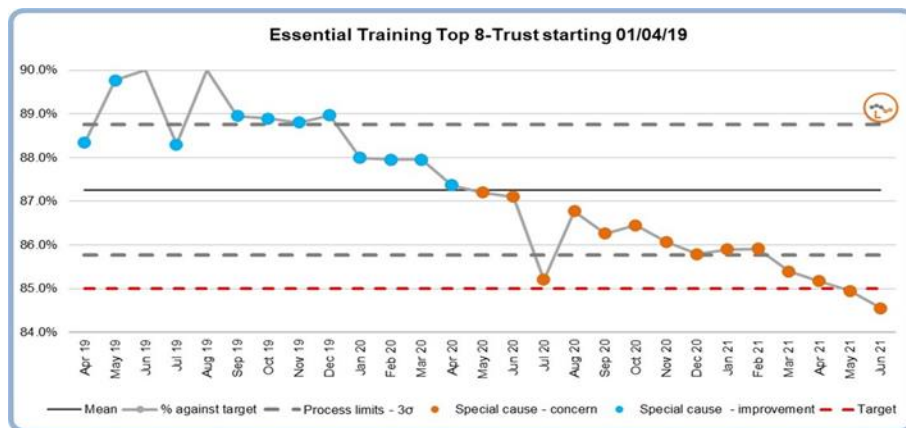
Recent and on-going work includes:

- The Redeployment Policy has just been refreshed and agreed and includes clearer opportunities for redeployment as a way of retaining staff at NBT;
- The People Team's new 'Early Resolution Framework' is now live to staff and managers on LINK, with the formal comms and launch commencing in August. This will support managers and staff to have constructive, compassionate conversations aimed at nipping important issues and concerns in the bud.

## Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- People Team engaging stakeholders with the Sickness policy review as part of the policy development work
- The refresh and re-launch of the Bullying and Harassment Helpline is almost complete, alongside the development of a new resource pack for B&H advisors;
- Embedding of the Employee Relations Case Tracker which will support managers to proactively manage short and long term sickness cases
- Post shielding case conferences have successfully led to the safe return of all staff who were previously shielding, with the exception of a very few staff in the final trimester of pregnancy
- We continue to hold monthly high level case reviews for the 'top 30' LTS with People Business Partners and senior People representatives. Partners have found these sessions helpful in supporting the effective management of the Trust's longest sickness cases.



Training Topic	Variance	May-21	Jun-21
Child Protection	0.0%	85.9%	85.9%
Adult Protection	-0.3%	87.1%	86.8%
Equality & Diversity	-0.7%	88.9%	88.2%
Fire Safety	-0.5%	85.7%	85.2%
Health & Safety	-0.4%	87.5%	87.2%
Infection Control	-0.1%	91.4%	91.3%
Information Governance	0.6%	80.8%	81.4%
Manual Handling	-2.0%	70.6%	68.6%
Waste	-0.4%	86.7%	86.3%
<b>Total</b>	<b>-0.4%</b>	<b>84.95%</b>	<b>84.55%</b>

## Essential Training

Throughout the pandemic, compliance of essential training has shown a downward trend across the Trust. This has now dropped below the minimum compliance threshold level of 85%. The main driver relates to sessions that can only be delivered face to face (e.g. Manual Handling) where social distancing requirements restrict the number of delegates allowed in each group. Wherever possible additional sessions have been added to compensate for this.

Launching in July, the Qlik Workforce app will better empower operational leads to drill into their mandatory training compliance data. The new functionality provides improved visual formatting of data, making it much easier for operational leads to identify focus areas/teams.

## Leadership & Management Development

All Leadership & Management learning activity has resumed including the OneNBT Leadership Programme and the Matron Leadership Programme. The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

All learning activity is now delivered with a blended approach of both online and face to face facilitation.

## Apprenticeship Centre

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

## Celebrating Success

This month the Learning & Organisational Development team hosted a series of learning celebration events. The events recognised the achievements of 231 learners who within the last 12 months have completed either an Apprenticeship, a Care Certificate, an ILM qualification or the OneNBT Leadership programme.

2021 also marked the 10-year anniversary of NBT proudly delivering Apprenticeships.



The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

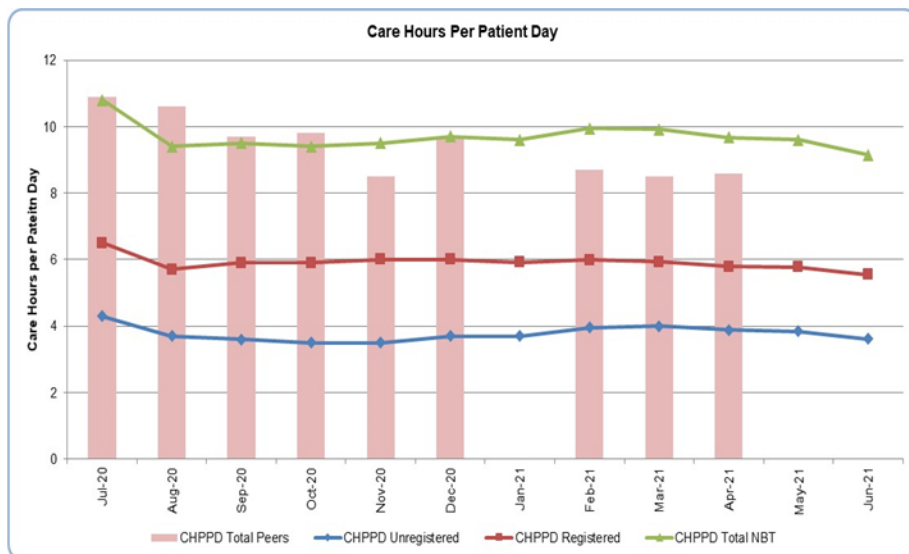
**Wards below 80% fill rate for Registered Staff:**  
**for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required**  
**Cotswold** (68.8% Day) Reduced occupancy  
**Percy Phillips** (76.3% Day) staffing deployed as required to meet patient needs across the service  
**Mendip** (79.5% Day) staffing deployed as required to meet patient needs across the service.

**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** (62.6% Day) Reduction in HCSW required due to lower occupancy  
**Medirooms** (61% Day / 70% Night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required  
**7a** (76.5% Day) 7a is a green ward which is intermittently running below full occupancy  
**NICU** (42% Day / 45.8% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.  
**Rosa Burden** (74% Day . 56% Night) is a green ward which is intermittently running below full occupancy  
**34b** (74.5% Day / 76.9% Night) ) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

**Wards over 150% fill rate for Care Staff:**  
**33a** (194.3% Night) patients requiring enhanced care support  
**6b** (160.2% Night) patients requiring enhanced care support

Jun-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
<b>Southmead</b>	93.2%	89.5%	94.7%	98.0%

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.



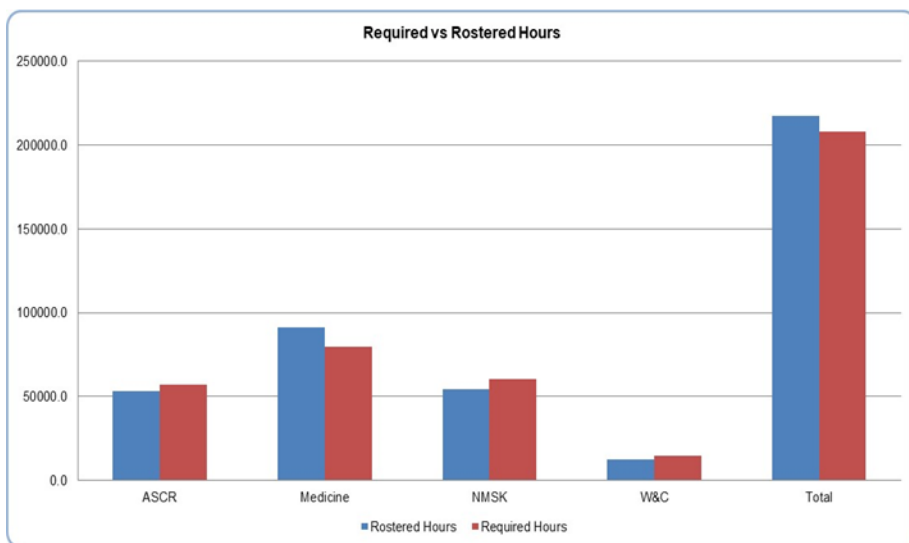
## Care Hours per Patient Day (CHPPD)

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

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

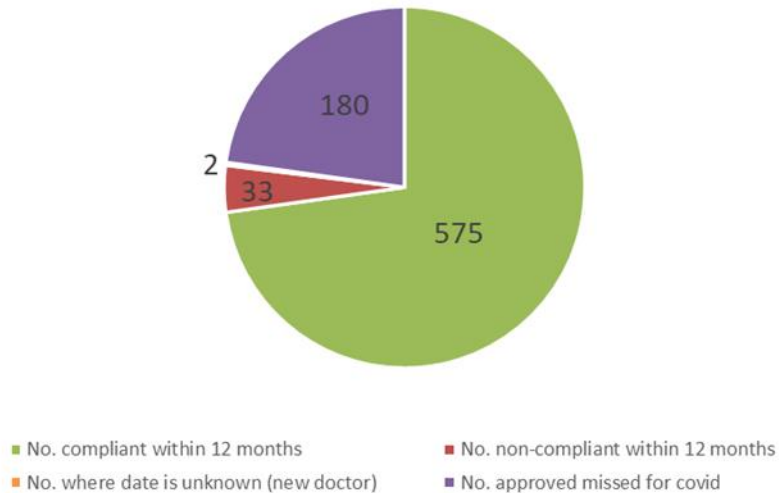
## Safe Care Live (Electronic Acuity Tool)

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

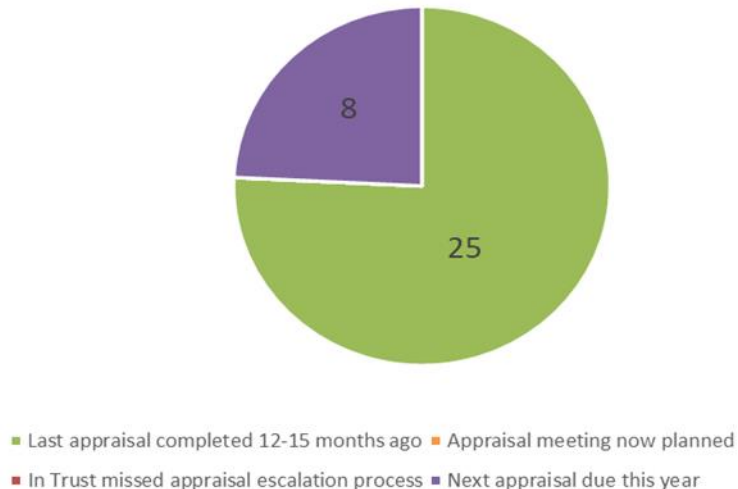


Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

### Appraisal compliance - past 12 months



### Non-compliant doctors - past 12 months



### Medical Appraisal

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

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

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

## **Finance**

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



	Within Funding Envelope		Within Funding Envelope		Outside Funding Envelope		Total	
	COVID-19		CORE Trust		Mass Vaccination			
	M3	YTD	M3	YTD	M3	YTD	M3	YTD
Contract Income	1.0	3.0	63.0	170.9	0.0	0.0	64.0	173.9
Other Income	0.0	0.0	5.9	17.3	0.8	2.3	6.7	19.6
Total Income	1.0	3.0	68.9	188.2	0.8	2.3	70.7	193.5
Pay	(0.8)	(1.4)	(35.2)	(104.5)	(0.7)	(1.9)	(36.7)	(107.8)
Non-Pay	(0.1)	(0.3)	(39.2)	(85.0)	(0.1)	(0.4)	(39.4)	(85.7)
Total Expenditure	(0.9)	(1.7)	(74.4)	(189.5)	(0.8)	(2.3)	(76.1)	(193.5)
Surplus/(Deficit)	0.1	1.3	(5.5)	(1.3)	0.0	0.0	(5.4)	0.0

## Statement of Comprehensive Income

### Assurances

Trust total for June is an overspend of £5.4m which delivers a year to date breakeven in line with forecast

COVID-19 costs incurred in June totalled £0.9m

There are no further key issues to report.

## Statement of Financial Position

### Assurances

The strong cash position of £111.7m (£9.7m down since March) is the result of settlement of a number of capital creditors at year end.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for June is 89.0% by value compared to an average of 87.1% for financial year 2020/21.

## **Financial Risk Ratings , Capital Expenditure and Cash Forecast**

Capital expenditure for the month is £1.1m. Spend for the year to date is now £2.8m compared to an original plan of £3.6m.

### **Financial Risk Rating**

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

### **Rolling Cash forecast**

No cash flow forecast has been prepared yet for 21/22 financial year. The cash balance of £111.7m is in line with expectations and no issues are anticipated .



## **Regulatory**

**Board Sponsor: Chief Executive  
Maria Kane**

# Monitor Provider Licence Compliance Statements at June 2021

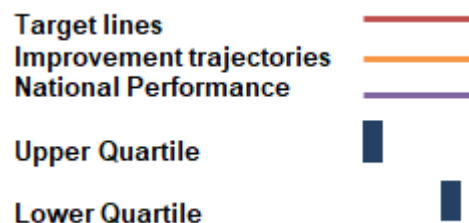
## Self-assessed, for submission to NHSI

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

# Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 30 June 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.

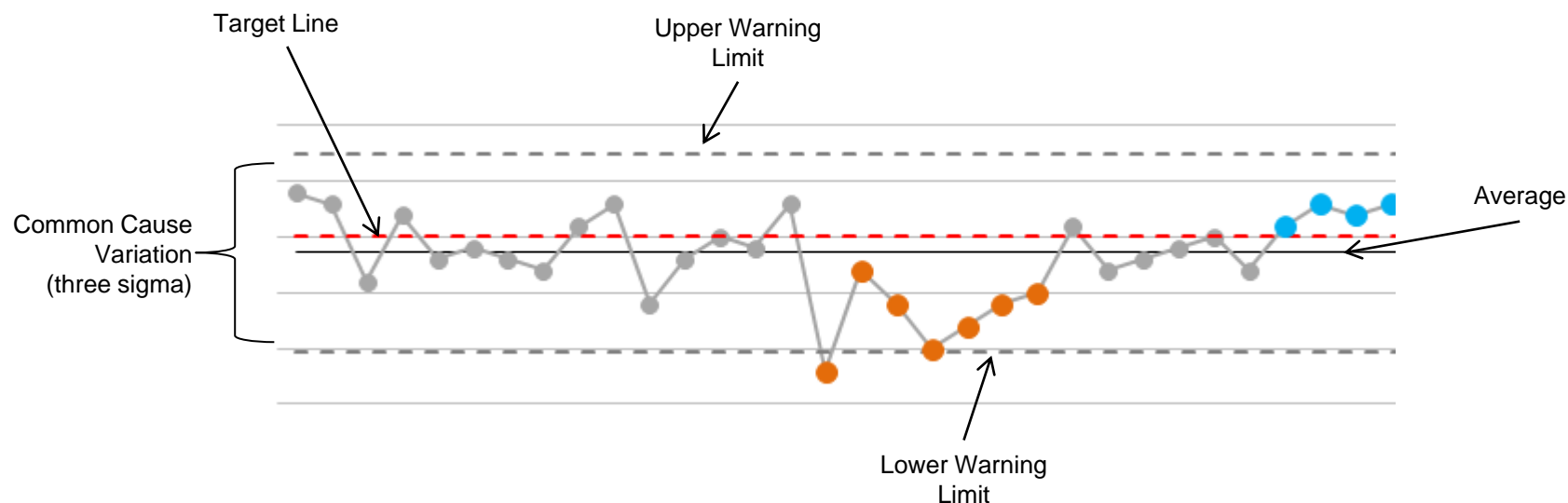


## NBT Quality Priorities 2020/21

- 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

<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>qFIT</b>	Faecal Immunochemical Test
<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.

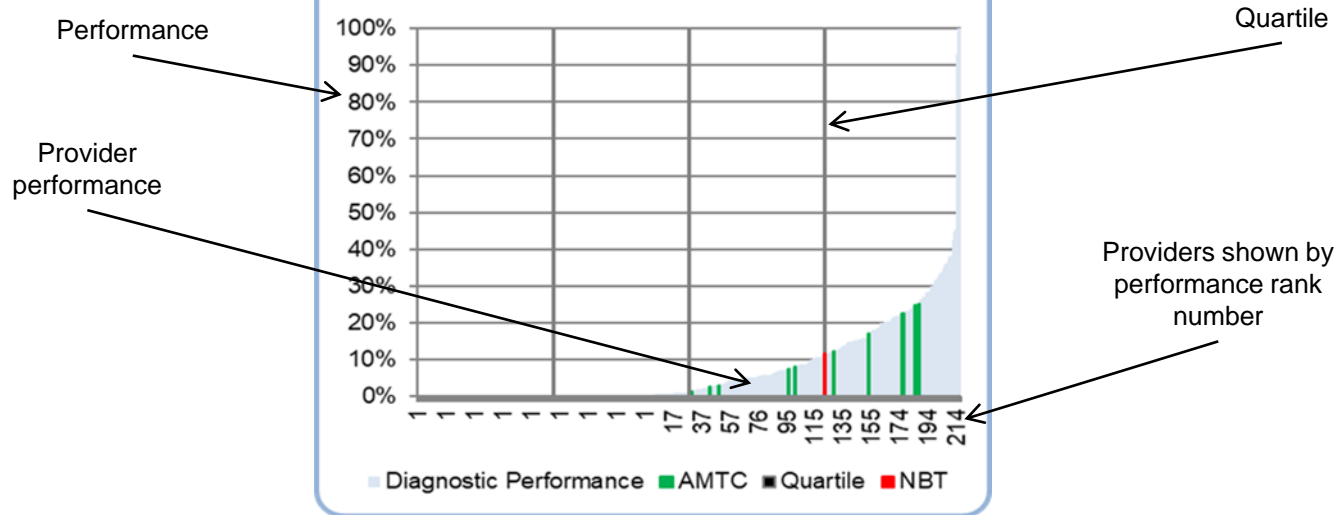
**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive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



**Vertical axis** represents the performance value.

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

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

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

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