

**North Bristol NHS Trust**

# **INTEGRATED PERFORMANCE REPORT**



**June 2021**  
(presenting May 2021 data)

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	10
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	21
Patient Experience	Chief Nursing Officer	28
Well Led	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	30
Finance	Director of Finance	37
Regulatory View	Chief Executive	40
Appendix		42

# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-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%	74.26%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%		76.49%	74/112	
	A&E 12 Hour Trolley Breaches	0	0	0	0	0	0	0	12	3	52	206	7	0	6	0		0 - 431	60/82	
	Ambulance Handover < 15 mins (%)	100%	50.28%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%	57.76%	54.95%	60.97%	58.16%	50.28%	51.01%				
	Ambulance Handover < 30 mins (%)	100%	79.42%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%	88.43%	83.80%	92.75%	89.36%	79.42%	80.40%				
	Ambulance Handover > 60 mins	0	272	0	0	0	0	4	33	26	82	180	57	83	272	199				
	Stranded Patients (>21 days) - month end			57	74	82	95	114	247	141	145	125	131	138	276	117				
	Right to Reside: Discharged by 5pm	50.00%		-	-	-	-	-	-	-	28.52%	30.53%	29.43%	30.89%	35.86%	31.88%				
	Bed Occupancy Rate		95.25%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.24%				
	Diagnostic 6 Week Wait Performance	1.00%	29.45%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%		24.03%	171/245	
	Diagnostic 13+ Week Breaches	0	0	2292	3161	1886	1979	1998	1697	1427	1487	1420	1358	1364	1513	1779			138/213	
	Diagnostic Backlog Clearance Time (in weeks)			2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1				
	RTT Incomplete 18 Week Performance	92.00%	73.59%	64.51%	58.20%	58.48%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.27%		64.38%	193/399	
	RTT 52+ Week Breaches	0	1827	275	454	648	797	1001	1092	1249	1418	1817	2108	2088	1827	1583		0 - 20170	167/216	
	RTT 78+ Week Breaches			-	-	-	-	-	-	-	-	-	-	-	363	424		0 - 3245	69/98	
	RTT 104+ Week Breaches			-	-	-	-	-	-	-	-	-	-	-	5	12		0 - 212	5/33	
	Total Waiting List		31143	25518	25265	27512	28814	29387	30214	29632	29611	29759	29716	29580	31143	31648				
	RTT Backlog Clearance Time (in weeks)			7.0	10.3	9.6	7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9	4.8				
	Cancer 2 Week Wait	93.00%	63.24%	93.23%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	-		85.44%	133/133	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	15.20%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	-		62.07%	90/101	
	Cancer 31 Day First Treatment	96.00%	96.62%	85.64%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	-		94.18%	72/119	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		98.96%	1/38	
	Cancer 31 Day Subsequent - Surgery	94.00%	85.48%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	-		84.57%	43/69	
	Cancer 62 Day Standard	85.00%	76.09%	69.01%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	-		75.37%	77/135	
	Cancer 62 Day Screening	90.00%	68.18%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	-		74.29%	38/69	
	Mixed Sex Accomodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours	100%		84.61%	85.88%	83.40%	82.79%	82.99%	84.20%	83.79%	82.98%	81.66%	83.95%	84.85%	84.72%	83.00%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	1.59%	0.97%	0.64%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	
	Caesarean Section Rate		28.00%	33.91%	36.69%	34.60%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	
	Still Birth rate		0.40%	0.00%	0.00%	0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	
	Induction of Labour Rate		32.10%	38.88%	34.90%	35.40%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	
	PPH 1000 ml rate		8.60%	12.90%	11.50%	11.20%	10.68%	7.97%	10.38%	14.19%	8.93%	9.77%	11.57%	10.28%	8.99%	10.29%	
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	
	Serious Incidents			6	8	7	6	4	5	6	4	3	2	4	10	2	
	Total Incidents			680	834	952	1030	1057	1210	1051	1058	1224	875	1002	1008	995	
	Total Incidents (Rate per 1000 Bed Days)			44	46	48	49	47	50	49	49	56	45	46	42	40	
	WHO checklist completion		95%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	99.94%	100.00%	99.92%	99.60%	
	VTE Risk Assessment completion		95%	94.24%	94.89%	95.79%	95.08%	95.15%	95.12%	94.61%	95.44%	95.31%	95.17%	95.44%	95.55%	-	
	Pressure Injuries Grade 2			16	13	8	14	13	28	17	17	17	27	7	9	10	
	Pressure Injuries Grade 3	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
	PI per 1,000 bed days			0.58	0.59	0.24	0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	
	Falls per 1,000 bed days			8.77	8.09	7.05	7.67	6.69	9.56	8.84	8.54	9.53	8.62	8.42	8.33	8.66	
	#NoF - Fragile Hip Best Practice Pass Rate			10.20%	9.43%	47.46%	63.64%	54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	24.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours			87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	48.65%	72.00%	-	
	Medically Fit to Have Surgery within 36 Hours			67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.19%	64.00%	-	
	Assessed by Orthogeriatrician within 72 Hours			97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.30%	44.00%	-	
	Stroke - Patients Admitted			72	79	84	63	83	86	79	80	70	61	96	91	55	
	Stroke - 90% Stay on Stroke Ward	90%	90%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	-	
	Stroke - Thrombolysed <1 Hour	60%	60%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours	60%	60%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours	90%	90%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	-	
Quality Caring & Experience	MRSA	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	
	E. Coli		4	3	2	5	7	8	4	5	3	3	1	6	4	5	
	C. Difficile		5	4	2	4	3	5	7	5	7	4	9	4	10	6	
	MSSA		2	2	1	4	2	1	4	6	2	3	3	0	4	1	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	94.26%	95.51%	95.51%	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	
Well Led	PALS - Count of concerns			105	49	75	51	95	73	99	66	62	71	79	108	88	
	Complaints - % Overall Response Compliance	90%	90%	100.00%	98.30%	98.08%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85%	79.07%	83.33%	
	Complaints - Overdue			1	0	0	0	0	2	2	0	0	0	0	0	0	
	Complaints - Written complaints			27	40	59	53	46	48	39	23	37	43	42	56	67	
	Agency Expenditure ('000s)			386	364	555	822	687	875	900	1043.34	1233.82	543.91	1042	705	816	
	Month End Vacancy Factor			4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	
	Turnover (Rolling 12 Months)	12.00%	12.00%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	
	Sickness Absence (Rolling 12 month -In arrears)	-	-	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.43%	4.48%	4.48%	4.42%	4.32%	-	-	
	Trust Mandatory Training Compliance			87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	

# Executive Summary

## June 2021

### Urgent Care

Four-hour performance deteriorated to 72.71% in May with the Trust conceding 199 ambulance handover delays over one hour, though the Trust did not concede any 12-hour trolley breaches. The deterioration reflects a significant increase in walk in attendances to pre-pandemic levels. The Trust AM discharge rates have deteriorated vs. pre-pandemic levels and is contributing to poor flow. The Trust positioning was static in May, remaining in the third quartile when compared nationally. ED performance is not expected to improve in June with a continued increase in attendance levels and current performance at 66.83%.

### Elective Care and Diagnostics

The RTT waiting list continued to increase in May resulting from increased demand, clock stops also increased by 13.05% when compared to April-21. There were 1583 patients waiting greater than 52 weeks for their treatment in May; this is the third consecutive month that the Trust has reported a reduction in 52 week wait breaches since the beginning of the COVID-19 pandemic. The overall proportion of the wait list that is waiting longer than 52 weeks reduced to 5.00%. Nationally, the Trust positioning deteriorated marginally in April, but remains in the third quartile. Diagnostic performance deteriorated in May to 31.99%. When compared nationally, Trust positioning for both the 6-week and 13-week performance deteriorated, though remain in the same quartiles as the previous month.

### Cancer Wait Time Standards

The TWW standard deteriorated significantly in April, impacted by issues in the Breast specialty which reported a performance of 4.31% in month. The 31-Day standard declined in April, failing the national standard with performance of 94.40%. The reported 62 Day performance for April was 75.00%, slightly lower than the March performance of 76.09%. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance and will be approved by the Trust Board in July 2021.

### Quality

Maternity is working on restoration to pre-pandemic visiting arrangements with regular risk assessments and infection prevention and control guidance. There have been no reported Grade 3 or 4 pressure injuries in May. The Trust has continued to see a reduction in COVID-19 (Coronavirus) cases and there were no MRSA cases reported in May 2021. VTE risk assessment compliance has fallen in the past year, as a consequence of the different working patterns as a result of the COVID-19 pandemic; there has been some recovery of this position and improvement interventions have been highlighted.

### Workforce

Trust sickness absence saw a small reduction across short and long term sickness in April compared with March and absence due to stress/anxiety/depression/other psychiatric illness continues to reduce with the rate dropping from a peak of 1.07% in October to 0.88% in April. The Trust vacancy factor increased to 4.82% in April (from 2.66%) as a result of budget setting. Turnover saw a small increase in May to 11.17% from 11.04% in April; the slight deterioration had been anticipated through our pandemic response and ongoing retention initiatives. Temporary staffing demand saw a small 4.49% (35.8 wte) increase in May predominantly across HCA, domestic and registered mental health nurses. Fill rates remain consistent, with more bank shifts being worked in May than April.

### Finance

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



# RESPONSIVENESS

## SRO: Chief Operating Officer

### Urgent Care

The Trust reported four-hour performance of 72.21% in May; trajectories for 2021/22 will not be set until June 2021 following the final H1 planning submission. Ambulance handover delays were reported in-month with 199 handovers exceeding one hour but the Trust conceded no 12-hour trolley breaches in May. ED activity increased in May 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 89.21% and 98.61% against the core bed base; increased occupancy and consistency continued in May, reducing the variation across the month. Performance remains challenged into June with a continued increase in attendances.

### Planned Care

**Referral to Treatment (RTT)** - 18 week RTT performance improved marginally in May to 74.27%; trajectories for 2021/22 have not yet been set. The number of patients exceeding 52 week waits in May was 1583, the majority of breaches (1031; 65.13%) being in Trauma and Orthopaedics. For the third 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 5.00%. 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 May with performance of 31.99%. Seasonality has impacted the DM01 position in month with the late May bank holiday artificially suppressing the 0-1 week position. Due to ongoing capacity issues, Non-Obstetric Ultrasound reported a deterioration in performance in May; actions are in progress to increase capacity in the service. Backlog reduction in Urodynamics resulted in a significant performance improvement in May. The number of patients waiting longer than 13 weeks increased by 17.58% in May. Compared nationally, 13 week performance deteriorated slightly in April but remains in the fourth quartile.

### Cancer

The Trust achieved one out of the seven Cancer Waiting Time (CWT) standards (31-Day Subsequent - Drug) in April. The Breast service continues to have workforce and capacity constraints in both clinical and diagnostic support and because of that the service is carrying a TWW backlog of c.700 patients waiting to be dated. The average waiting time for the Trust's one-stop Breast clinic is currently 33 days. The Skin service capacity issues have started to impact the CWT standards and will continue to do so for the remainder of Q1. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance.

For the first time in over a year of shadow monitoring the Trust failed to achieve the 28-Day faster diagnosis standard largely due to the capacity issues in Breast and Skin. The system issues within the qFIT pathway for colorectal referrals, has been resolved and the impact on TWW should be seen in next months CWT upload.

### 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 is working on restoration to pre-pandemic visiting arrangements with regular risk assessments and infection prevention and control guidance. Maternity services is able to report compliance with all 10 of the CNST safety actions. Validation of this position, with supporting evidence has been overseen via QRMC.

**Infection control:** The Trust has continued to see a reduction in COVID-19 (Coronavirus) cases and there were no MRSA cases reported in May 2021.

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

#### Areas of Concern

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

**Maternity:** The Trust's antenatal screening service is still experiencing challenges with demand exceeding available capacity at times. An action plan is in place and we are working with the regional teams to find swift resolution.

# WELL LED

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

### Overview

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

##### Vacancies

The Trust vacancy reported vacancy factor increased to 4.82% in May (from 2.66% in April) as a result of budget setting for 21/22. This has meant a net increase of 188.00 wte vacancies against funded establishment. The largest funding growth was in junior doctors and Genetics accounting for 123.16 wte of the increase. The growth in vacancy factor in May is a recognised trend resulting from budget setting. Final changes will be made in June the vacancy factor trajectory will then be established for the year.

##### Turnover

The Trust turnover is reported as 13.60% in May, excluding the impact of COVID workforce and mass vaccination the turnover rate is at 11.17%, a small increase from last month (11.04%). Whilst the Trust did see a net gain of staff in May the number of leavers was higher in May 21 than May 20 by 12.02 wte, accounting for the small increase in rolling 12 month turnover.

##### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence saw a small reduction in April to 4.34%, from 4.42% in March. The majority of staff groups saw a small reduction in both short term and long term sickness. The greatest amount of time lost to sickness absence remains in stress/anxiety/depression/other psychiatric illness, however the in month absence rate for this reason has reduced from over 1.07% in October 2020 to 0.88% in April 2021 with a downward trend over that period. The national position has also followed the same trend and in January stress/anxiety/depression/other psychiatric illness made up 21.9% of all time lost to sickness absence, for NBT the position was 16.3% (this includes

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

Temporary staffing demand increase by 4.49% (35.80 wte) in May. Overall fill rates for bank, tier 1, 3 and 4 agency and unfilled shifts remained unchanged from April. Greatest areas of increased demand were in band 2 HCA on ASCR, Medicine and NMSK wards, band 2 domestics and band 5 registered mental health nurses in Medicine.

Agency use saw an increase of 6.74 wte with reductions in registered nurse and operating department practitioner agency use offset by an increase in registered mental health nurse use in Medicine.



# FINANCE

## SRO: CFO

### Overview

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

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

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

#### Highlights:

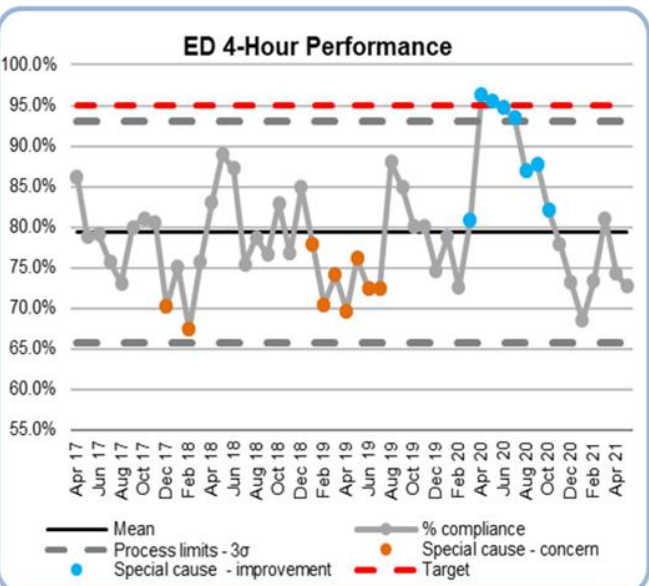
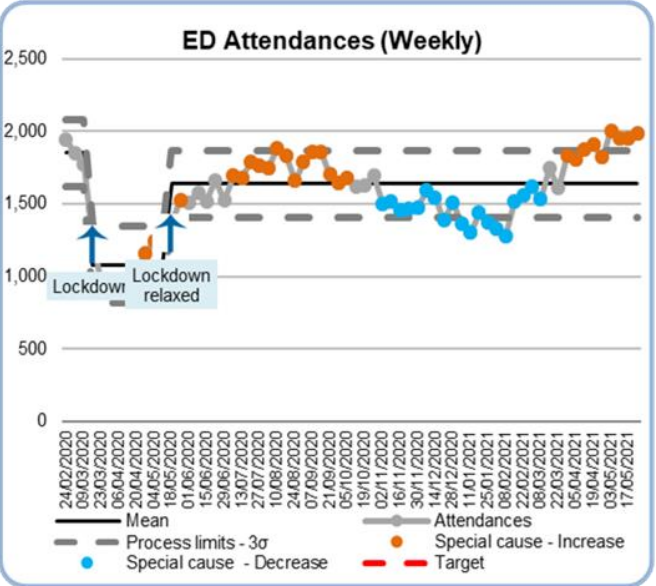
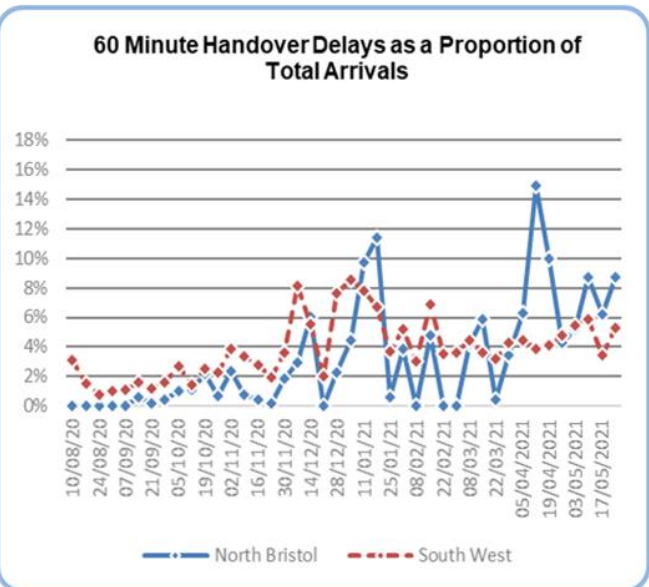
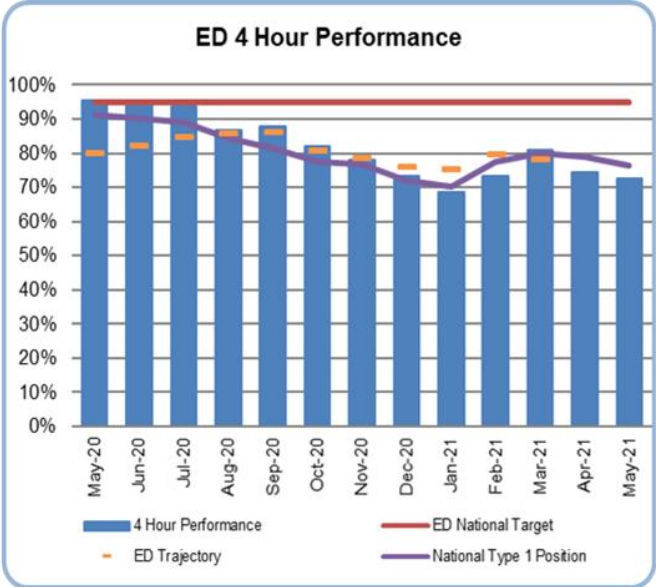
The forecast Trust position for May was breakeven, actual surplus (excluding any ERF earned retrospectively) is £3.3m (YTD surplus is now £5.4m)

Total Capital spend for the month is £1.7m, compared to a plan of £2.4m.

Cash in hand at 31 May is £114.7m, this represents a decrease since March of £6.7m

# Responsiveness

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



**Urgent Care**

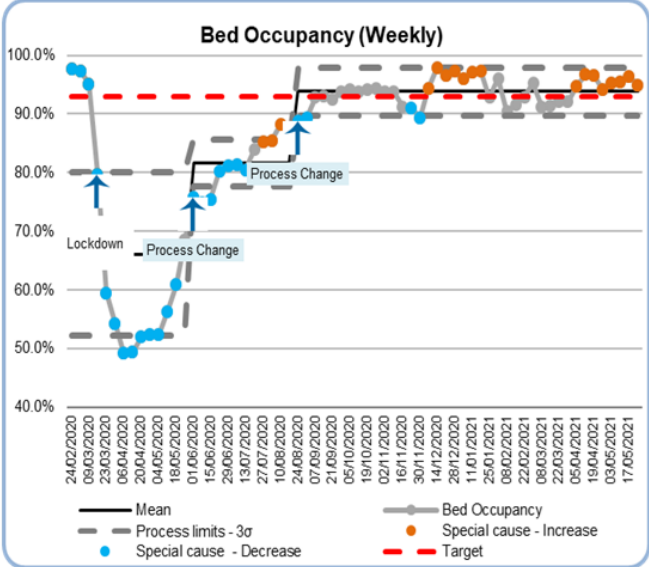
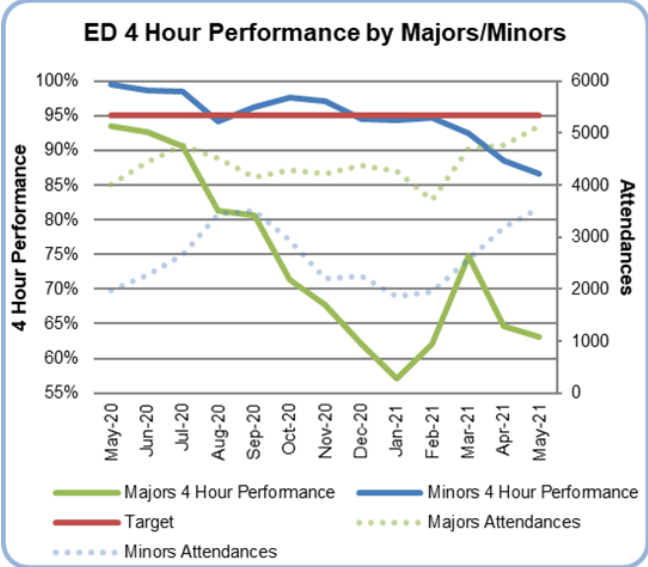
Four-hour performance deteriorated to 72.71% in May with the Trust experiencing a significant rise in the number of emergency attendances.

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

Ambulance handover times continued to be challenged, with the Trust conceding 199 ambulance handover delays over one-hour when the department was experiencing a significant surge in demand. There were no 12-hour trolley breaches conceded in month.

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

ED performance is not expected to improve in June with current performance at 66.83%.

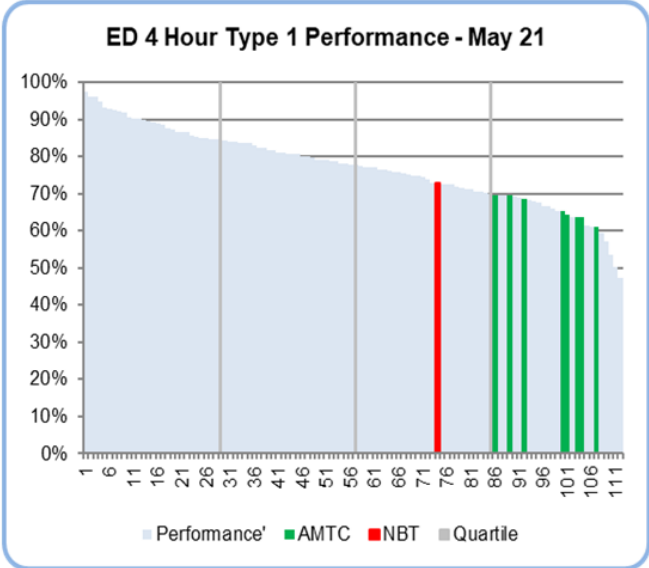
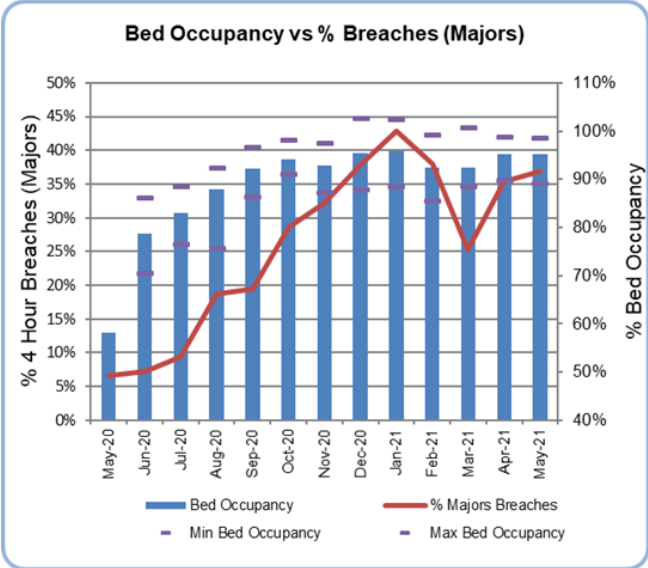


**4-Hour Performance**

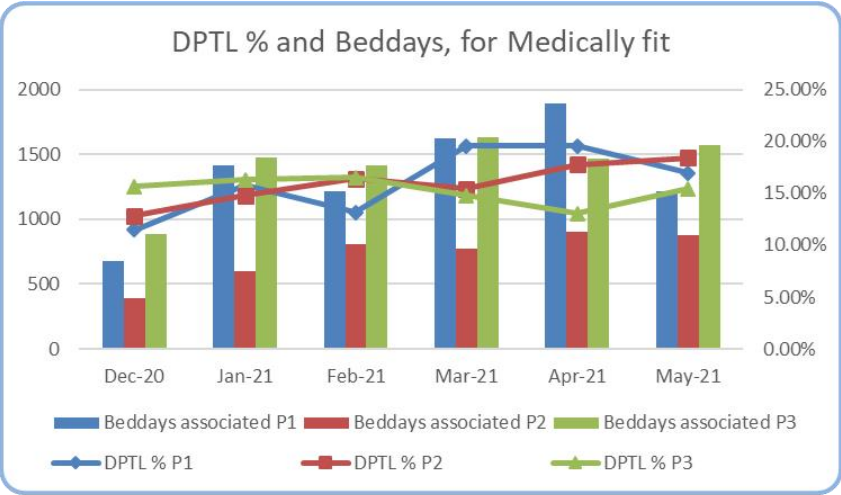
In April, Minors performance deteriorated to 86.66%, whilst Majors remained most notably impacted, reporting a performance of 63.04%.

Attendances continued to increase significantly in May with walk-in attendances returning to pre-pandemic levels. Ambulance arrivals also remain consistent with pre-pandemic levels.

For the third consecutive month, the predominant cause of breaches at 47.26% was waiting for assessment in ED, whilst 16.13% of breaches were caused by waiting for a medical bed.



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

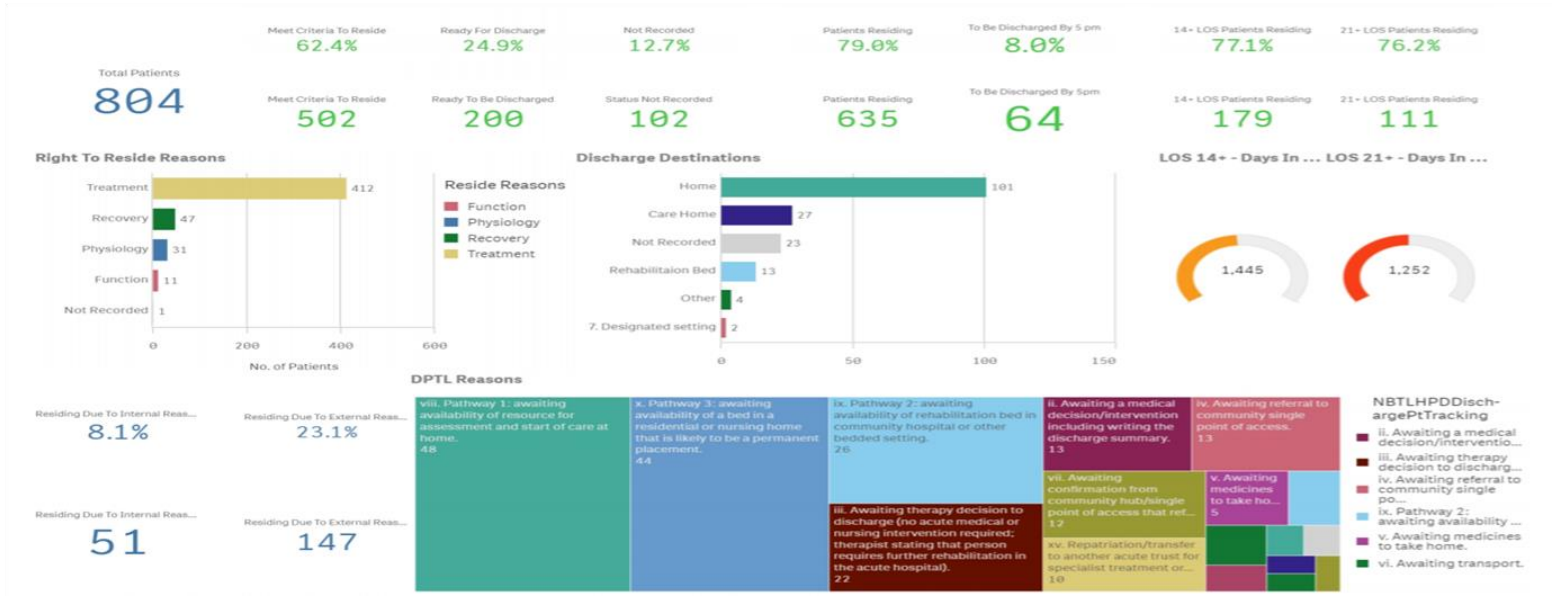


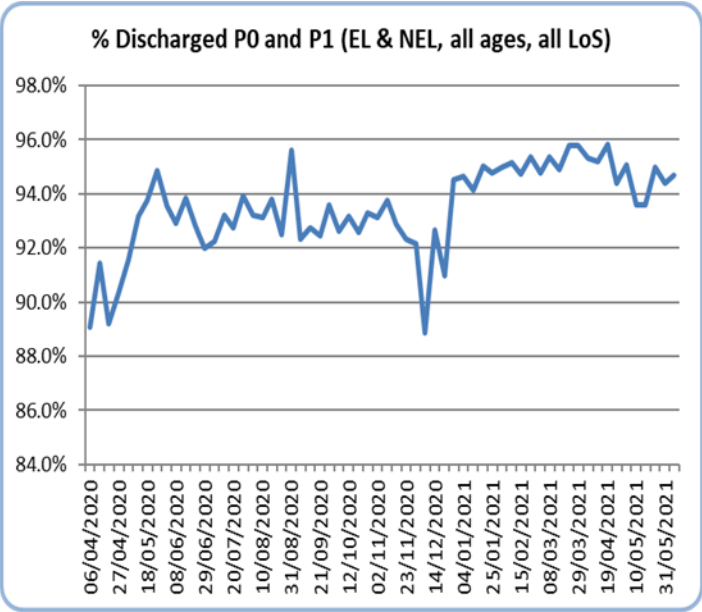
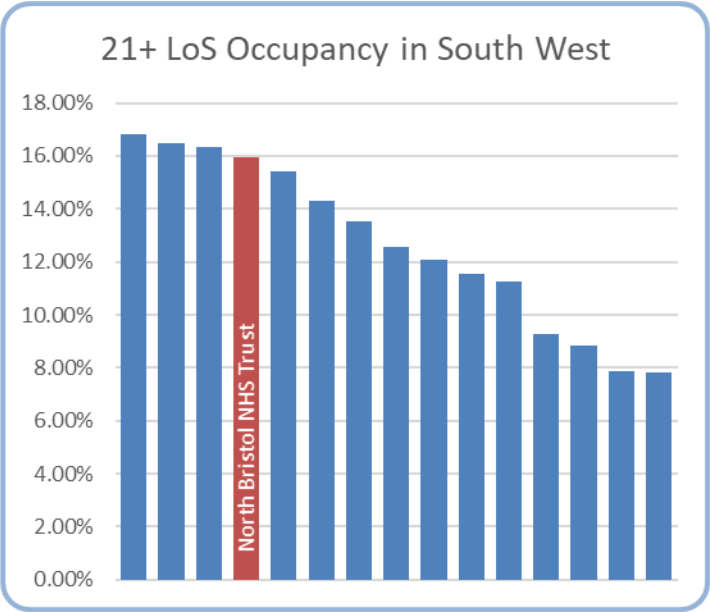
### Right to Reside Report

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

Constraints within the complex Pathway 3 (P3) bed base in Bristol continues to impact on discharges (in particular insufficient complex community dementia beds); recommissioning of the P3 capacity in May is predicted to have a positive impact on delayed bed days but too early to show in the reporting to date.

The delays for Pathway 2 (P2) are associated with lack of capacity for Stroke patients and those with high care needs, and capacity not meeting the needs of the referred patients.





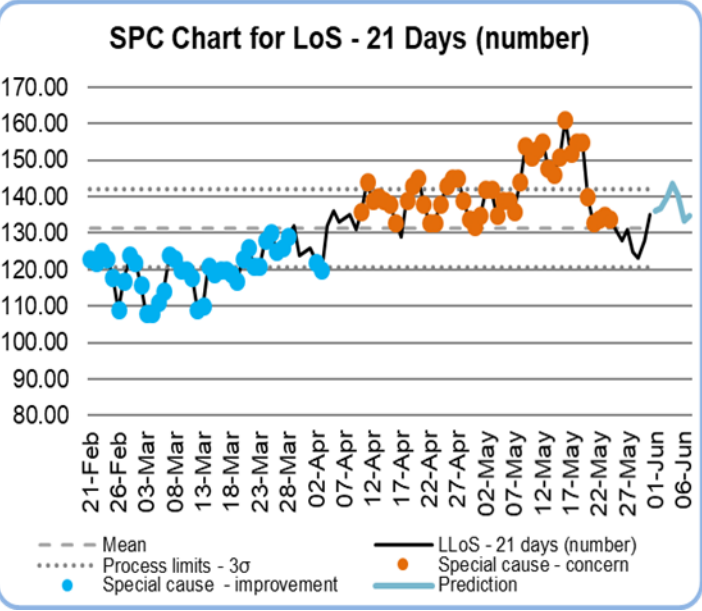
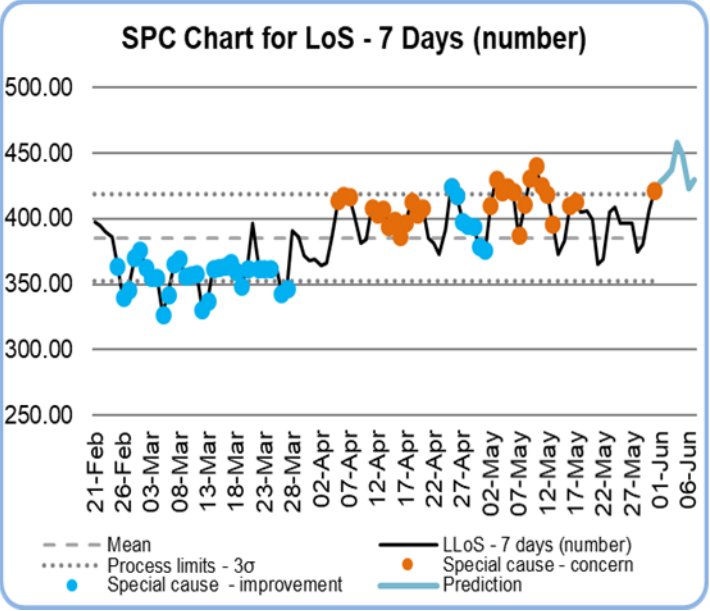
**Stranded Patients**

The stranded patient levels reported remain high and are fourth highest in the Region. The overall levels continued to rise through the month and are predicted to continue on an upward trajectory.

Overall referral numbers remained largely static between April and May.

Admission to Single Referral Form (SRF) monitoring indicates some improvement in the median reported levels, with a reduction in admission to first completed SRF for P2. This remains a key focus for the Urgent Care Board improvement plan to reduce bed usage.

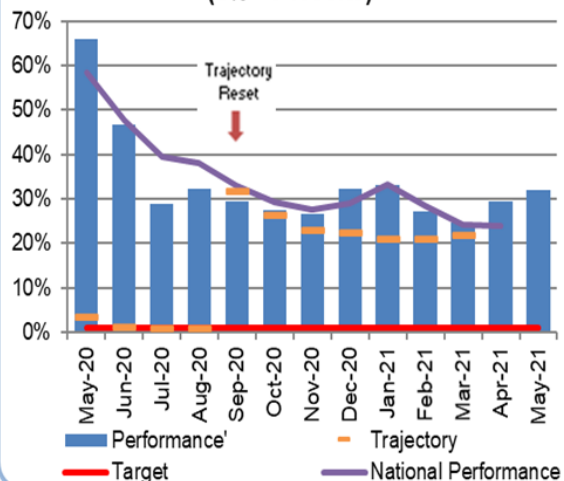
Bed days associated with patients waiting for discharge, improved month-on-month for P1 patients, with P2 and P3 bed waits remaining consistent.



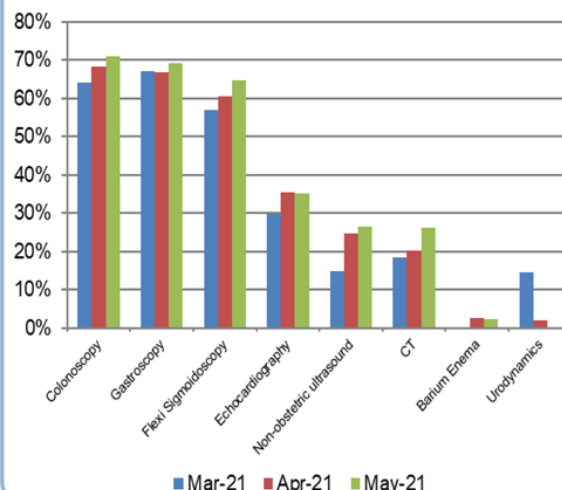
Data Source: South region NHSI UEC dashboard, w/e 31<sup>th</sup> May



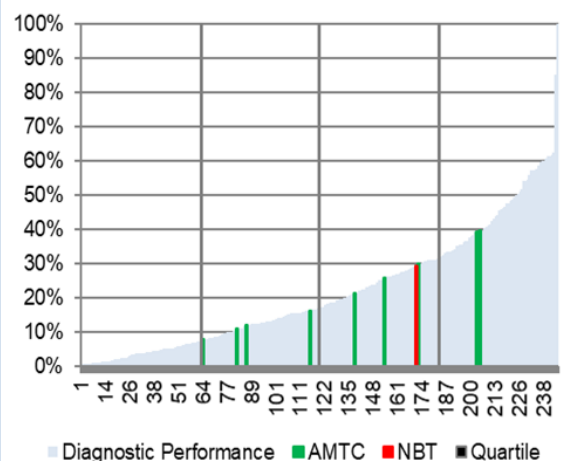
**Diagnostic Waits Against Target  
(1% <6 Weeks)**



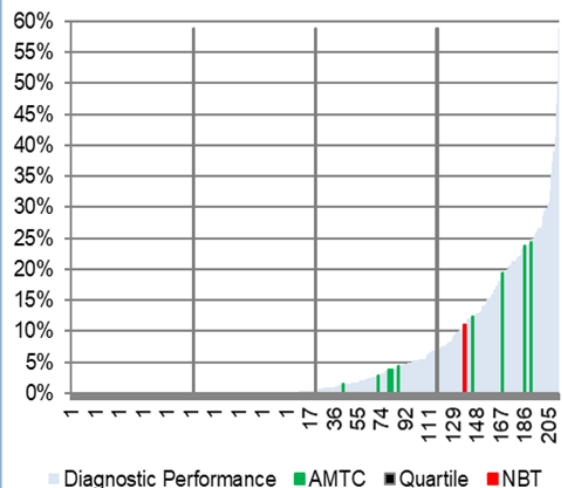
**Diagnostic Performance by Test**



**Diagnostic Six Week Performance - April 2021**



**Diagnostic 13 Week Performance - April 2021**



## Diagnostic Waiting Times

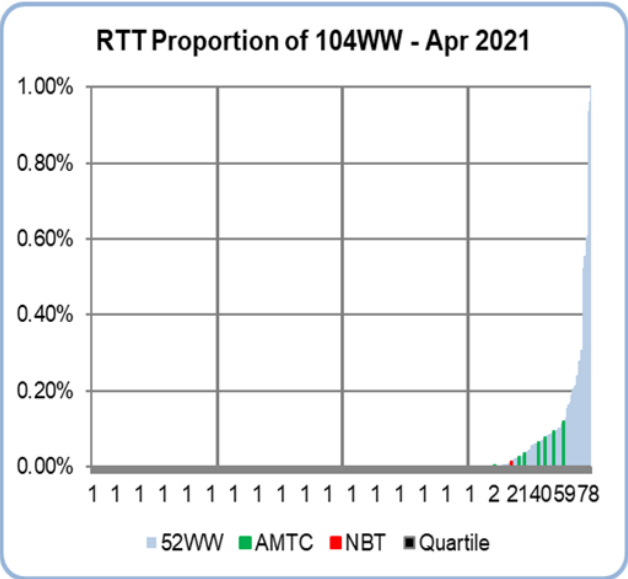
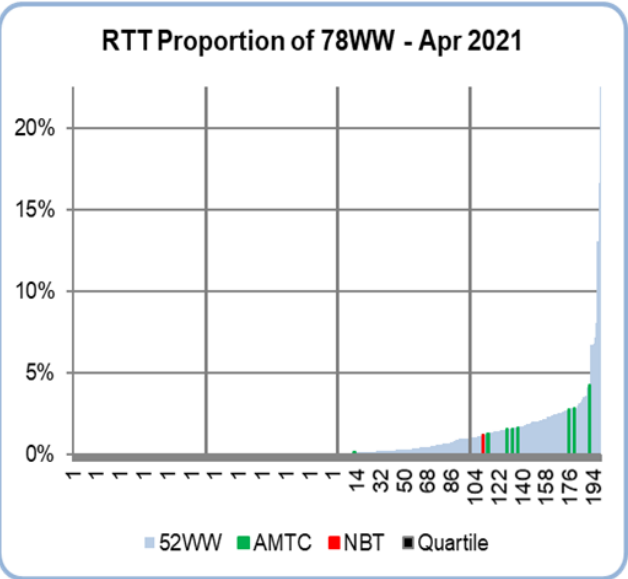
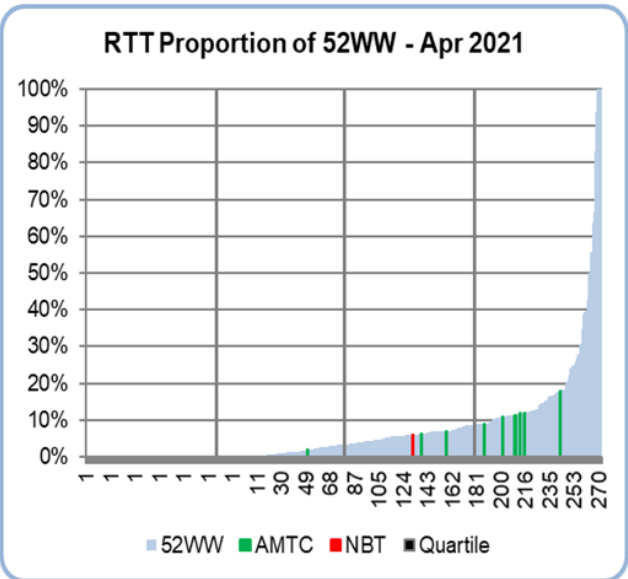
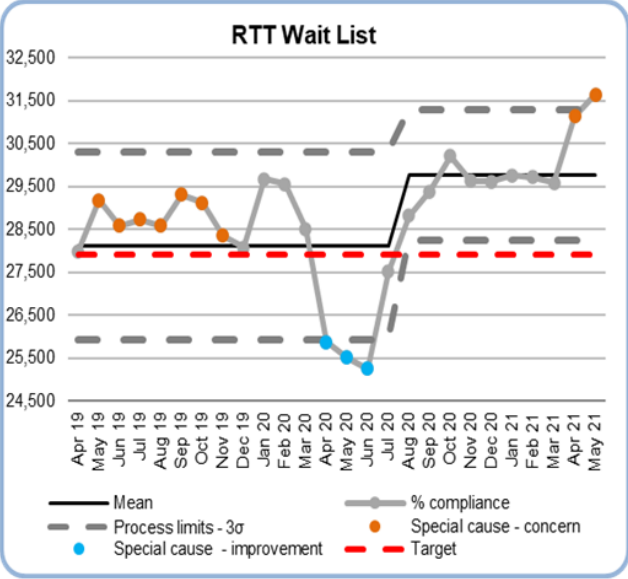
Diagnostic performance deteriorated to 31.99% in May, with most test types reporting a worsened position in month. Trajectories have not yet been set for 2021/22; these will be confirmed in June following the national H1 planning submission.

Seasonality has impacted the DM01 position in month with the late May bank holiday artificially suppressing the 0-1 week position. Activity increased by 3.63% in May but the position has been further impacted by increased demand and a significant increase in the numbers of patients waiting more than 9 weeks driven by an increase in TWW/Urgent demand.

Non Obstetric Ultrasound reports a further deterioration on their April position with ongoing capacity issues which have impacted performance; actions to increase capacity are being progressed. Despite increased activity, CT reports a significant deterioration in performance in May with a 29.75% increase in the backlog and increased demand, including increased requests for urgent scans, which have impacted waiting times for non-urgent referrals. Urodynamics have continued to improve performance and reduced their backlog to zero in May.

The number of patients waiting longer than 13 weeks has increased by 17.58% in May. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

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



**Referral to Treatment (RTT)**

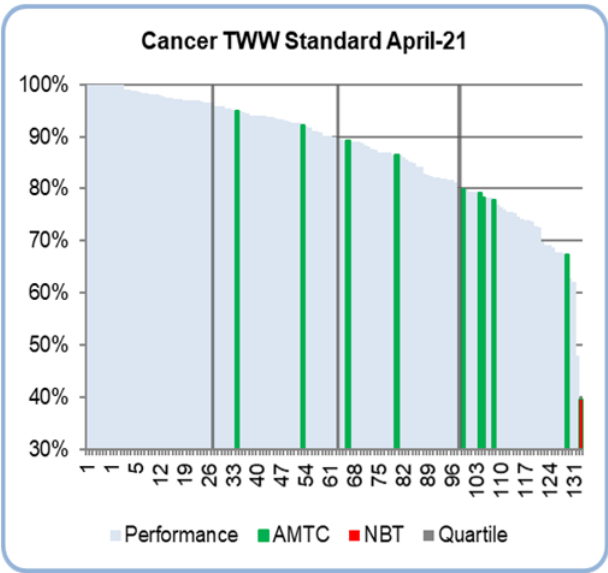
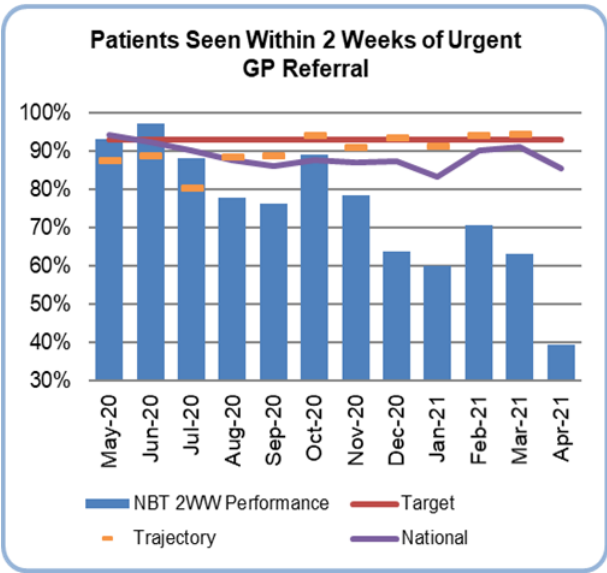
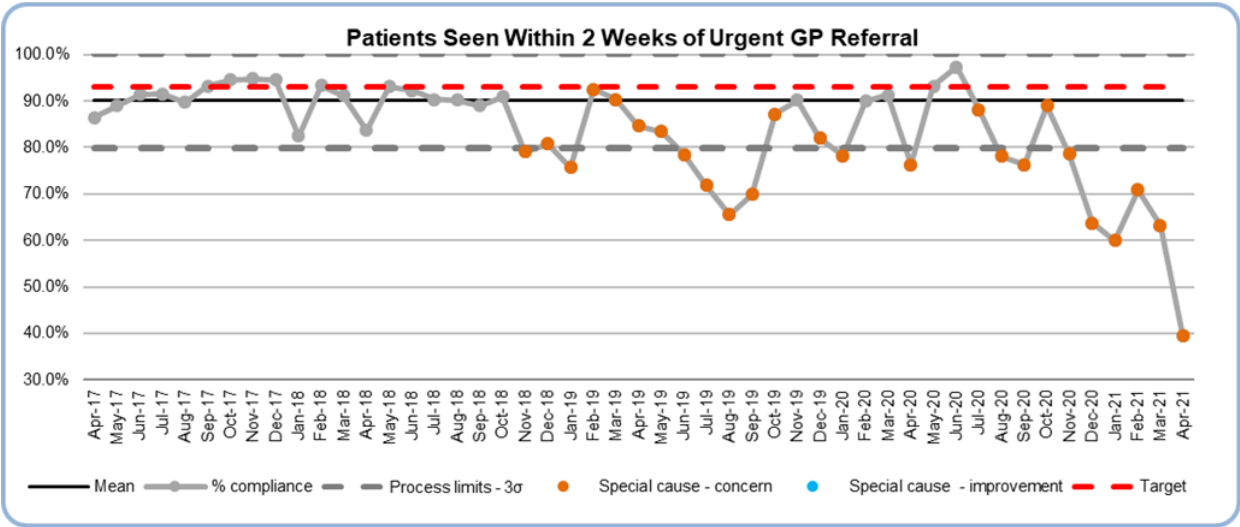
In April, the Trust reported RTT performance of 74.27% and an increase in the waiting list to 31648. Trajectories for 2021/22 are due to be set in June following the national H1 planning submission.

For the third 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 1583 patients waiting greater than 52 weeks for their treatment; 424 of these were patients waiting longer than 78 weeks, whilst 12 were waiting over 104 weeks. The majority of 52 week breaches (1031; 65.13%) are in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks continued to reduce to 5.00% from 5.87% resulting from the 52 week reduction and increased wait list size.

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

When compared nationally, the positioning of the 52 week wait breaches as a proportion of the overall wait list deteriorated marginally, but remains in the third quartile for April, whilst 78 week waits is in the fourth quartile. Although in the fourth quartile for 104 week waits, the Trust ranked 16<sup>th</sup> out of 80 providers.

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



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

The Trust saw 1841 patients in April compared to the 2288 patients seen in March.

Of the 1841 patients, 1114 patients breached giving NBT a performance of 39.53%; a decline on last months 63.24%. This is a drop of 23.71% and wholly due to the issues in Breast.

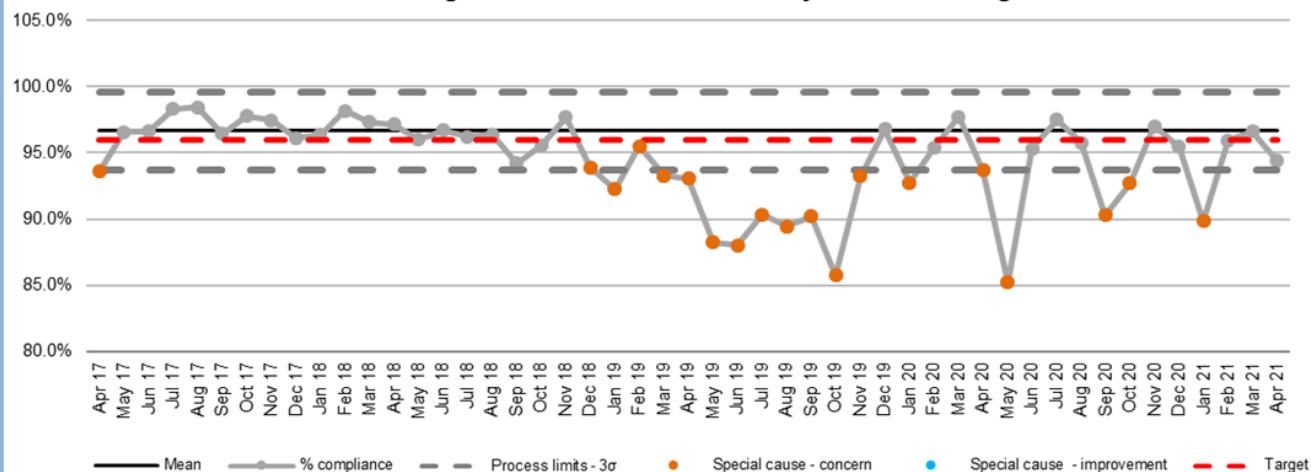
Breast saw 487 patients this month compared to 773 in March, 466 of those seen had breached the TWW standard; reporting a performance of 4.31%.

Colorectal saw 311 patients this month compared to the 229 they saw in March, but 191 patients were seen in a breach position, this was largely due to the qFIT confusion that led to more referrals coming through the TWW route rather than the Straight to Test route. This has been resolved and we should see an improvement in performance from May onwards

Skin saw 421 patients, 202 less than the 623 they saw in March. 296 patients were seen in a breach position and reported a performance of 29.69%. The drop in performance is largely 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.

It should be noted that TWW referral volumes continue to show recovery back to pre-pandemic levels and are now at 91.68% of 2019/20 levels; breast referrals are at 169.85% of 2019/20 levels. The conversion rate for April 2019/20 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 April the Trust failed to achieve the first treatment standard with a performance of 94.40%; a decline on the March performance of 96.62%.

There were 231 completed pathways with 14 breaches; The main areas of concern are Skin and Sarcoma. Skin achieved 88.24% and Sarcoma achieved 75.00% against the target of 96.00%.

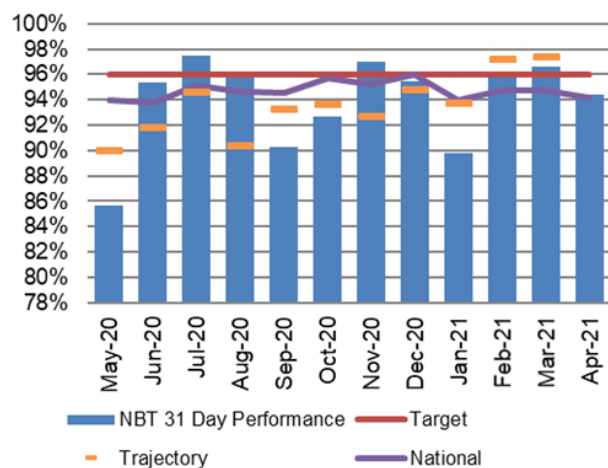
The remaining specialties were all above 90.00%.

In April, most of 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.

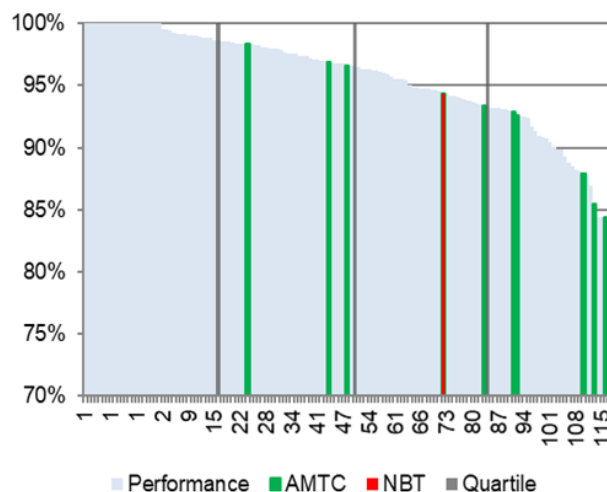
May's unvalidated position is showing as 94.71% with the majority of the 10 breaches sitting in Urology.

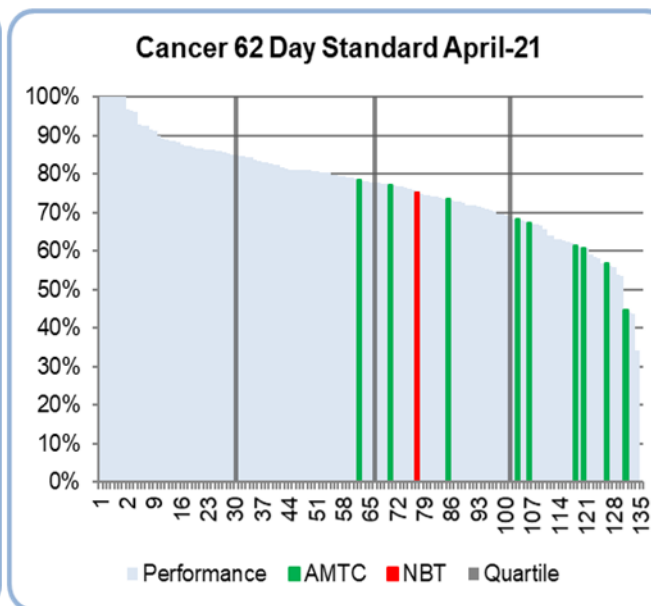
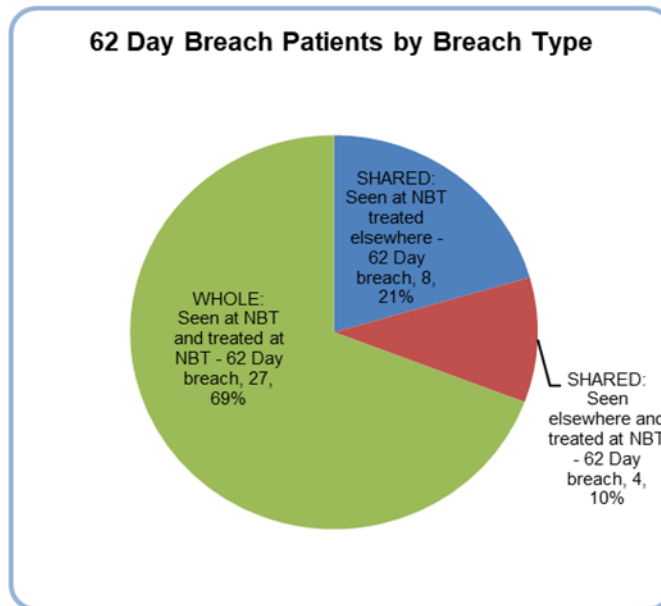
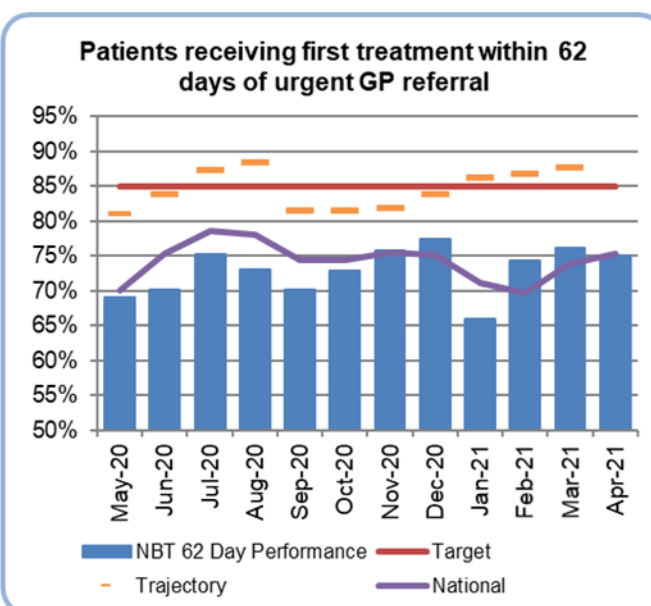
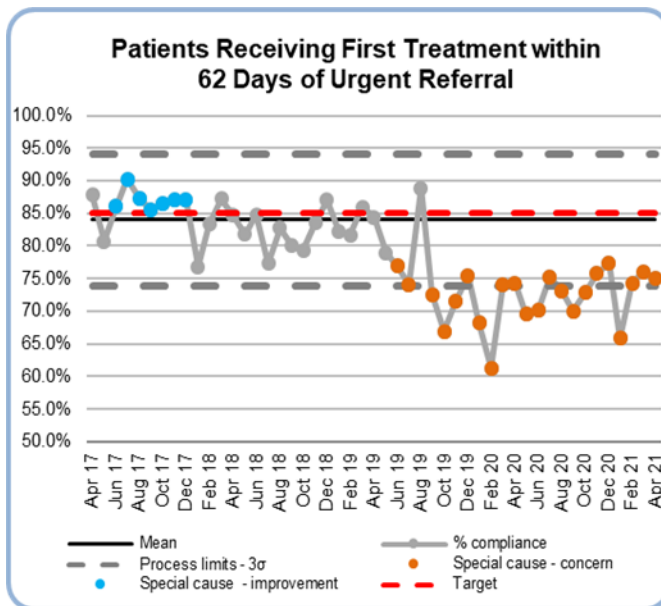
28-Day Performance - For the first time since shadow reporting was introduced in April 2019 NBT have failed to achieve the standard this month with a performance of 64.68%. NBT saw 2027 patients with 724 breaches. The majority of breaches were in Urology, Breast and Colorectal.

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



**Cancer 31 Day Standard April-21**





## Cancer: 62-Day Standard

The reported 62-Day performance for April is 75.00%; slightly lower than the March performance of 76.09%. 143 treatments were delivered, which is a reduction of 28 cases, with a worsening position in terms of performance.

The Trust had 37 breaches compared to 41 breaches in March; the Trust failed the CWT standard of 85.00%.

Skin was the only specialty that met the CWT standard this month, although Sarcoma, Upper GI and Haematology missed it by just one breach.

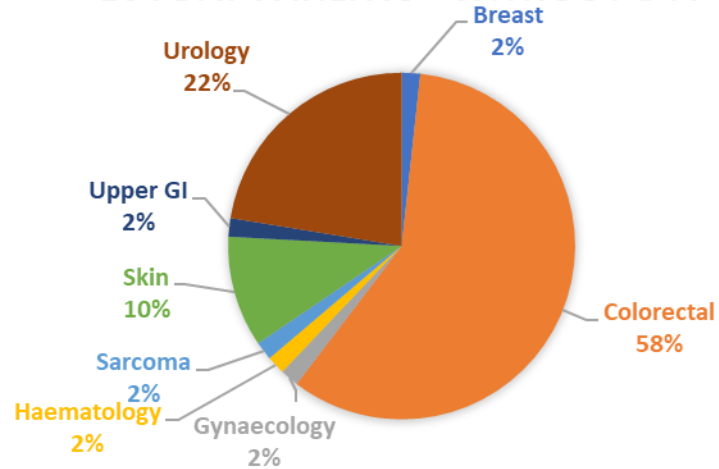
Colorectal failed to achieve the standard with 38.00% but this is an improvement on the March performance of 58.82%. Colorectal treated 12.5 patients with 4 breaches in April. Most of this month's breaches were due to complex pathways, medical delays and patient choice.

Breast 62-Day performance was 67.57% compared to 62.34% in March. Breast treated 37 patients with 12 breaches. Most of these breaches were caused by the known delays at the front end of the pathway within TWW plus complex pathways.

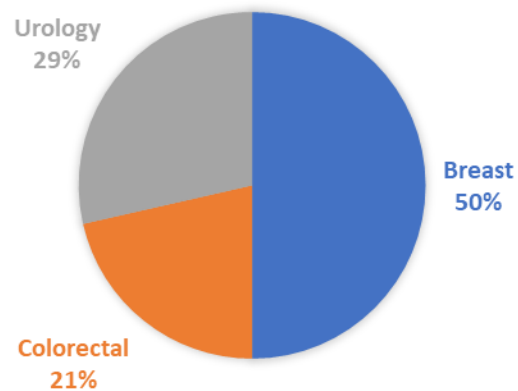
No harm as a result of the delay has been found in the normal harm review process.

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

### 104 DAY PATIENTS - WITHOUT DTT



### 104 DAY PATIENTS - WITH DTT



#### Cancer

#### 104-Day Patients Live PTL Snapshot as of 08/06/2021

There are 70 patients currently waiting over 104-Days; 51 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. 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 April, the number of 104-day waiting patients that required a clinical review to determine the level of harm, if any, was 10. The Trust has seen an increase in the last two-months largely due to the Breast situation and increase in complex pathways.



## **Quality, Safety and Effectiveness**

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

Perinatal Quality Surveillance Tool - Minimum Data Set						
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	TREND
Activity						
Number of babies born (at >= 24 weeks gestation)	437	441	502	462	450	
Number of live births (any gestation)	430	432	496	456	447	
Induction of Labour rate %	39.8%	33.8%	33.8%	35.2%	36.9%	
Unassisted Birth rate %	54.1%	49.7%	48.0%	53.1%	53.5%	
Assisted Birth rate %	10.8%	11.7%	11.7%	9.5%	13.3%	
Caesarean Section rate (overall) %	35.1%	38.7%	40.3%	37.4%	33.3%	
Elective Caesarean Section rate %	15.9%	16.1%	18.8%	16.7%	15.3%	
Emergency Caesarean Section rate %	19.2%	22.6%	21.5%	20.7%	18.0%	
Perinatal Morbidity and Mortality inborn						
Total number of perinatal deaths	2	1	0	2	1	
Number of late fetal losses (22+0 to 23+6 weeks excl TOP)	0	0	0	0	0	
Number of stillbirths (>=24 weeks excl TOP)	2	1	0	2	1	
Number of neonatal deaths: 0-6 Days	0	2	1	0	0	
Number of neonatal deaths: 7-28 Days	1	0	0	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	1	1	1	0	0	
Maternal Morbidity and Mortality						
Number of maternal deaths (MBRRACE)	0	0	0	0	0	
Number of women who received level 3 care	0.2%	0.2%	0.0%	0.0%	0.2%	
Insight						
Number of datix incidents graded as moderate or above (total)	3	1	2	1	2	
Datix incident moderate harm (not SI)	2	0	0	0	2	
Datix incident SI (excl HSIB)	1	1	2	1	0	
New HSIB SI referrals accepted	0	0	0	0	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	
Workforce						
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1	0	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1	1	1	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)					0	
Minimum safe staffing in maternity services: neonatal medical workforce (rota gaps)					1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)					11%	
Vacancy rate for midwives (black = over establishment, red = under establishment)	14.52	10.52	15.91	14	14.7	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)					47%	
Vacancy rate for NICU nurses					7.7	
Datix related to workforce (service provision/staffing)	5	12	33	14	21	
MDT ward rounds on CD5 (minimum 2 per 24 hours)					100%	
One to one care in labour (as a percentage)					98.6%	
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	
Involvement						
Service User feedback: Number of Compliments (formal) - Ai	12	8	12	29	39	
Service User feedback: Number of Complaints (formal)	8	12	14	21	15	
Staff feedback from frontline champions and walk-about (number of themes)	3	3	2	0	4	
Improvement						
Progress in achievement of CNST /10	7	8	8	9	10	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	45%	40%	53%	58%	72%	
Continuity of Carer (overall percentage)	19.7%	20.5%	16.8%	21.0%	18.9%	

COVID-19 Maternity

There were no positive cases of COVID-19 in maternity in May . 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.

Perinatal Quality Surveillance Tool

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

CNST Maternity services is able to report compliance with all 10 of the CNST safety actions. Validation of this position, with supporting evidence has been overseen via QRMC.

Serious Incidents: 2 moderate harm incidents : 1) Delay in escalation and diagnosis of a complication following an elective Caesarean section. 2) Local trauma following catheter insertion in an infant.

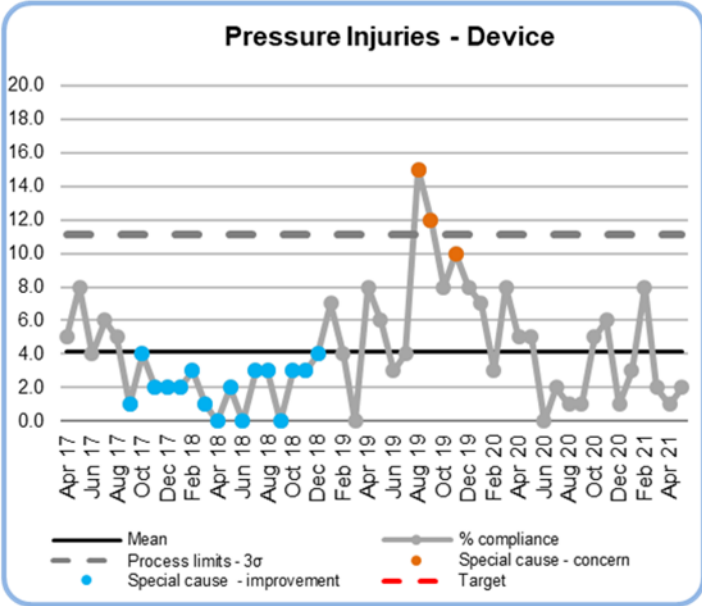
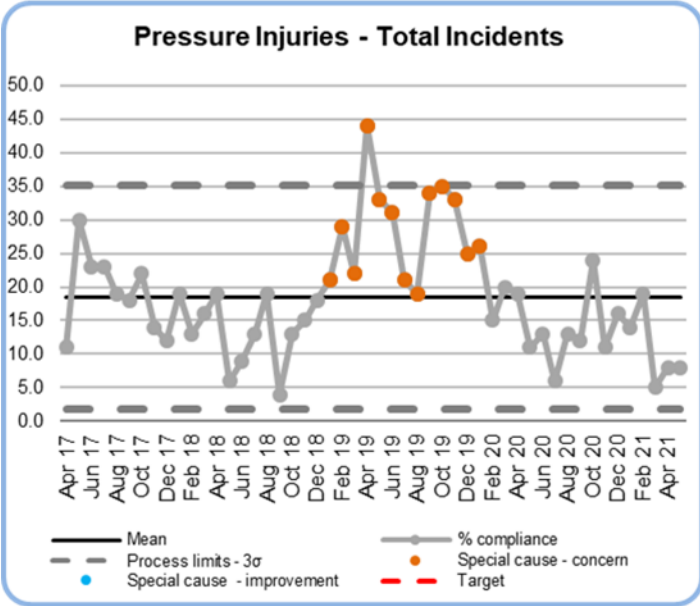
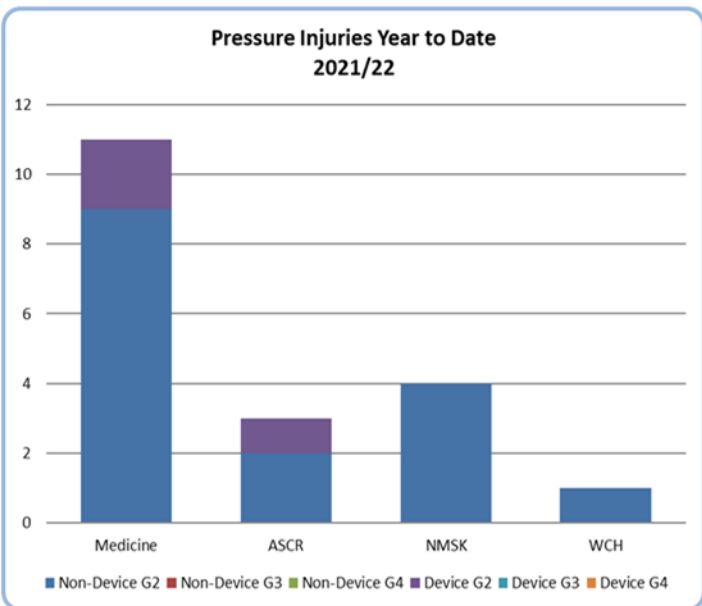
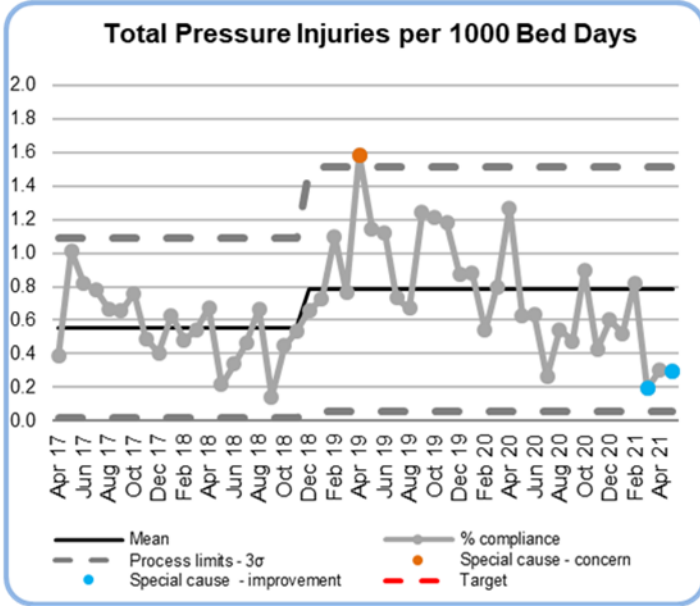
Midwifery vacancy rate is sitting at +14.7wte due to over-establishment and unfunded posts –awaiting confirmation of investment via national funding opportunity through LMS to address shortfall in funding and meet recommendations of BirthRate+ workforce modelling.

Datix – workforce concerns: 21 incidents were submitted relating to Service Provision which relates to staff absence (short term) and high acuity, resulting in a reduction in staffing shortfalls.

Patient Involvement – this includes formal complaints (12), concerns (3) - complaints consisted of communication concerns in relation to waiting times & follow up from appointments (6), staff attitude (2), care in labour concerns (2), waiting times (1), change to medical notes (1) and concerns – delays in ANC (1), communication (1) and care concerns (1).

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

Continuity of care: Work has been ongoing to validate data and the PQST now reflects the % rate as per national technical guidance for continuity of care.



### 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 May.

10 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: 20%

Heels: 30%

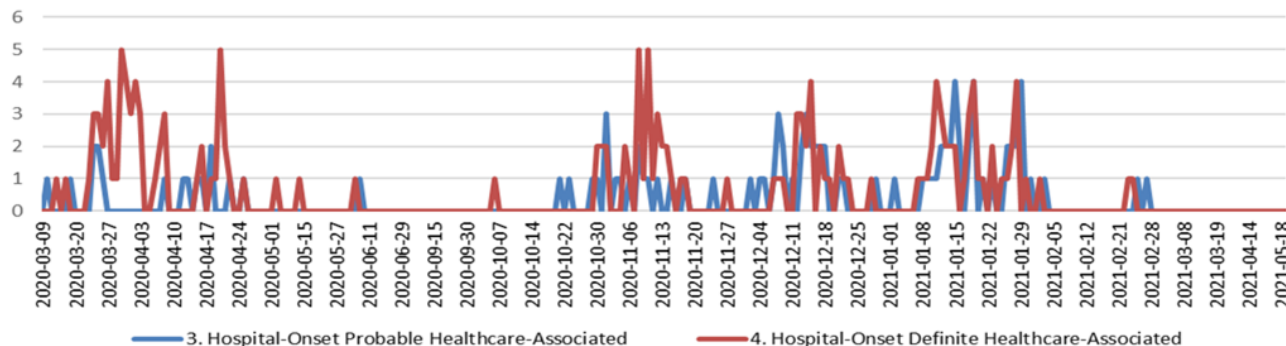
Coccyx/ Natal Cleft: 30%

Buttock: 20%

In May, there has been a slight increase in medical device related grade 2 pressure injuries however this remains well below the mean rate. There has been no change in the number of validated grade 2 pressure injuries in May.

The Pressure Injury working group has a strong focus on the prevention of pressure injuries and plans to provide education cascaded via MS teams to all clinical areas.

COVID-19 Onset Category by Positive Test Date



## Infection Prevention and Control

### COVID-19 (Coronavirus)

There have been no healthcare associated cases of C19 since February 2021. Preparation in place to manage an increase in cases should that occur in July/August associated with delta variant

### MRSA

Last bacteraemia was reported in Feb 2021.

### C. difficile

C.difficile rates remain higher than trajectory. Divisions are focussed on good management of patients with potential symptoms and a change to antibiotic guidance has been agreed which may reduce incidence.

### IPC priorities for 21/22 will include:

Trajectories from 2021/21 rolled over to 2021/22.

Continued COVID preparedness

### C. Diff reduction

- antibiotic stewardship
- Prompt sampling

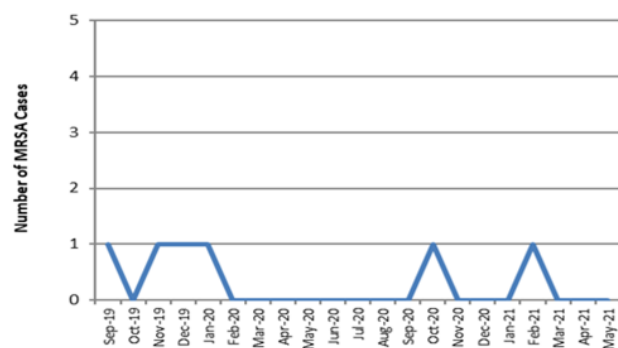
### MR(S)SA control

- Maintenance of vascular devices
- Aseptic Non - Touch Technique (ANTT)

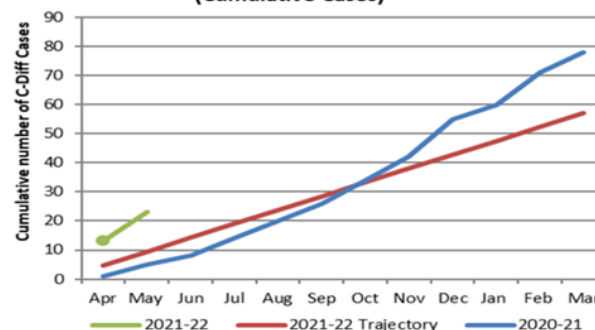
### Reduced urinary tract infection

- Good catheter management

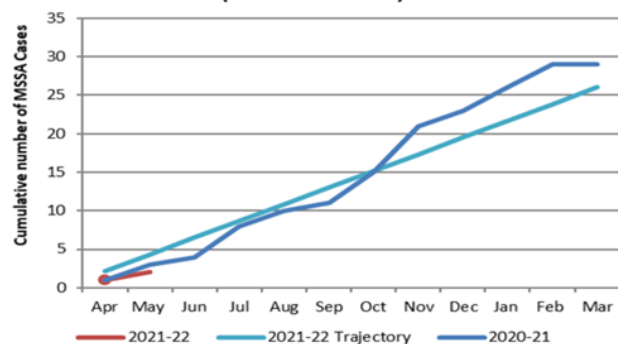
MRSA Cases - Trust Attributable



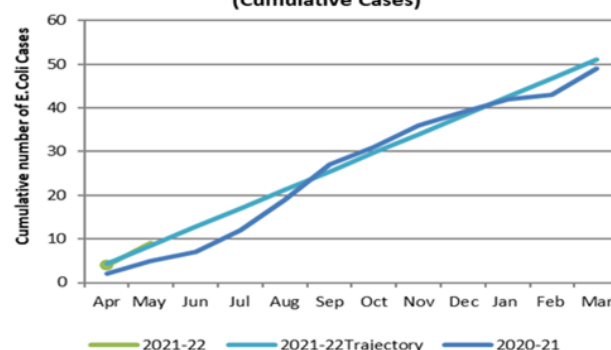
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



### WHO Checklist Compliance

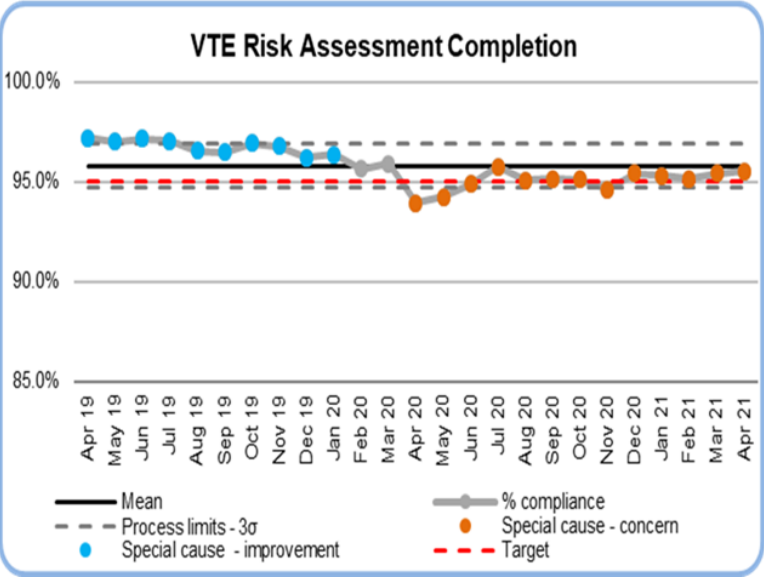
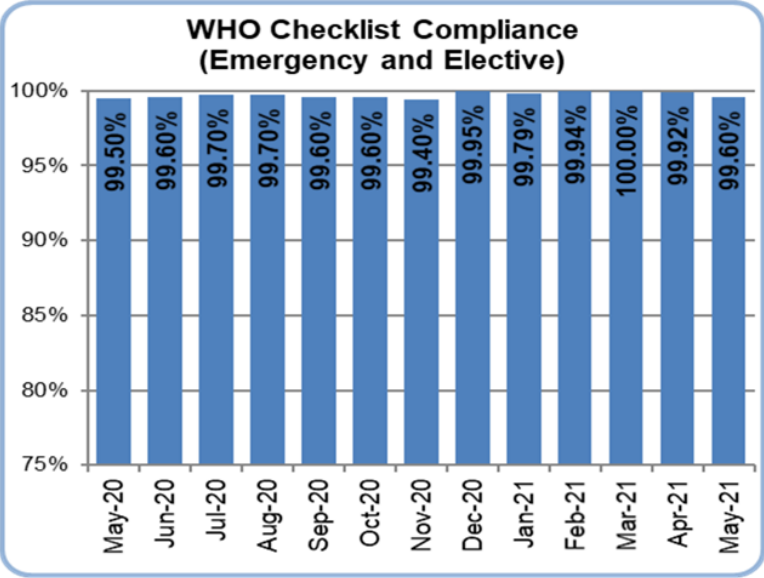
The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.  
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was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

### VTE Risk Assessment

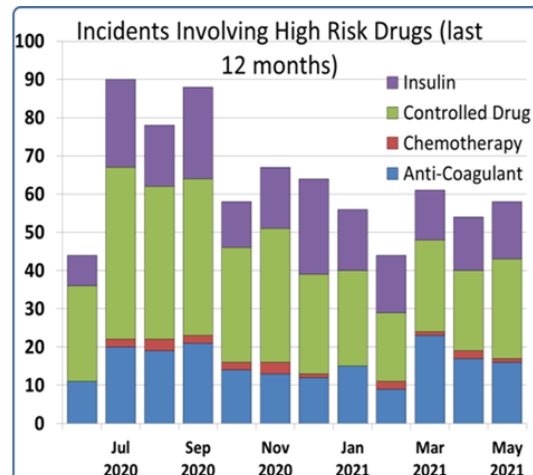
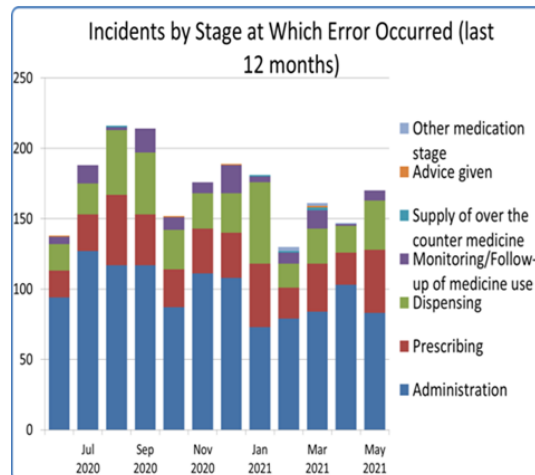
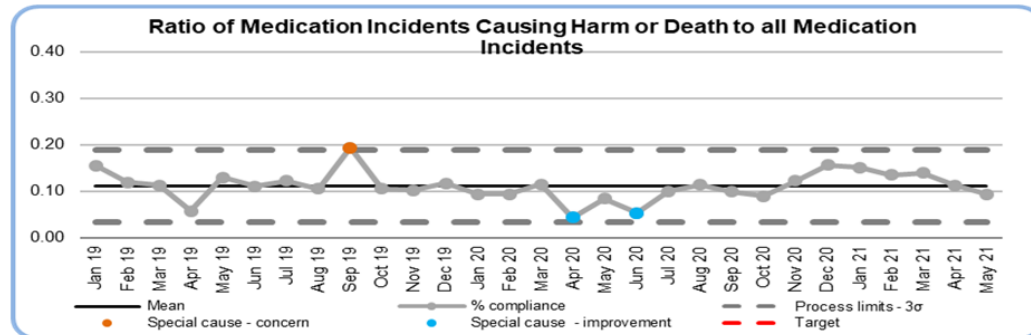
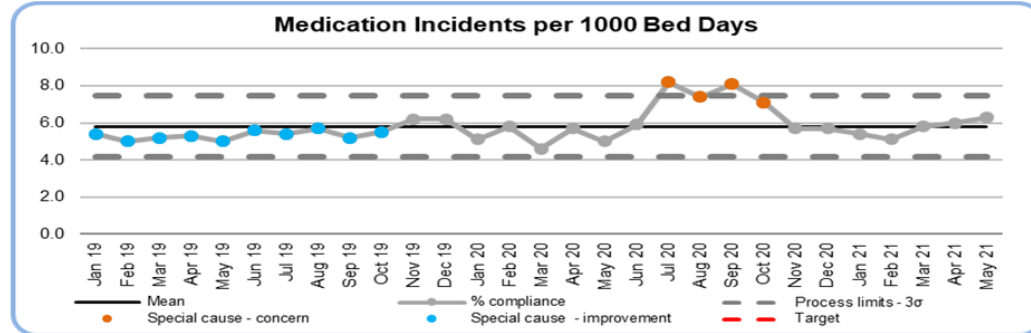
VTE risk assessment compliance is targeted at 95% for all hospital admissions.

Compliance with this target fell during 2020/21. The Thrombosis committee are considering the reasons and remedial actions to bring this back to acceptable level during 2021/22. A likely cause has been the different working patterns as a result of the COVID-19 pandemic.

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



N.B. VTE data is reported one month in arears because coding of assessment does not take place until after patient discharge.



## May 2021

### Medication Incident Rate per 1000 Bed Days

NBT had a rate of 6.3 medication incidents per 1000 bed days. Reporting is encouraged and a risking level is indicative of strong safety culture. The increase is predominantly in no harm events as demonstrated by reducing ratio of events causing harm/death.

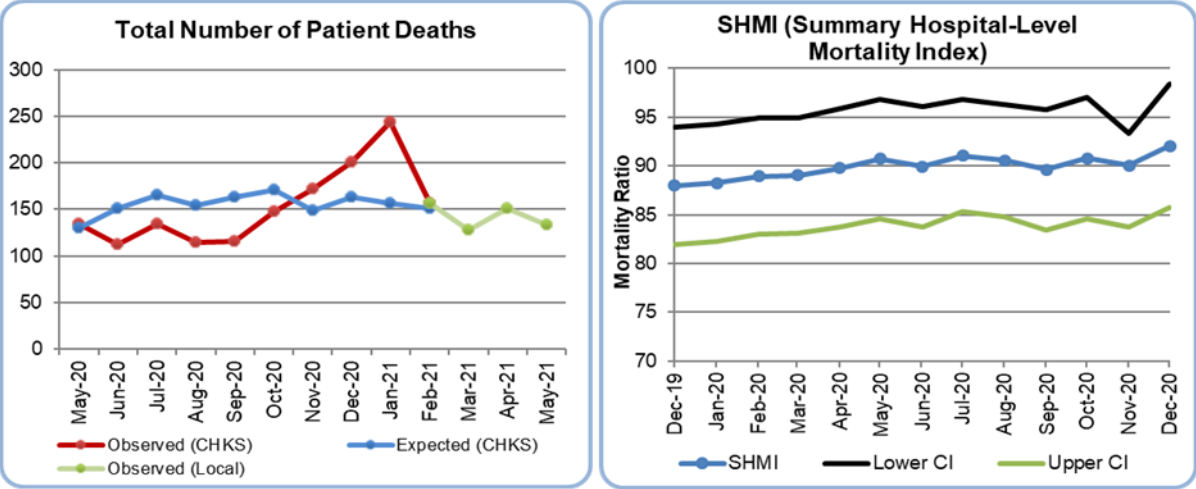
### High Risk Drugs

The Medicines Governance Team monitor the number of incidents which involve high risk drugs. We are also collaborating with colleagues across the ICS as part of working groups for insulin/anticoagulants and dependence forming medicines.

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 Review Completion

March 20 – Feb 21		Completed	Required	% Complete
Screened and excluded		1305*		
High priority cases		297		
Other cases reviewed		287		
Total reviewed cases		1889	1940	97.4%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	3.8%	22.6%	49%	24.6%

Date of Death	Jun 20 – Feb 21
Scrutinised by Medical Examiner	541
Referral to Quality Governance team	66

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

### Mortality Outcome Data

There are no current Mortality Outlier alerts for the trust and SHMI remains ‘as expected’

### Mortality Review Completion

The current data captures completed reviews from 01 March 20 to 28 Feb 21. In this time period 97.4% of all deaths had a completed review.

Of all “High Priority” cases, 95% completed Mortality Case Reviews (MCR), including 26 of the 26 deceased patients with Learning Disability and 30 of the 32 patients with Serious Mental Illness.

### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.2% (score 3-5). There have been 19 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.

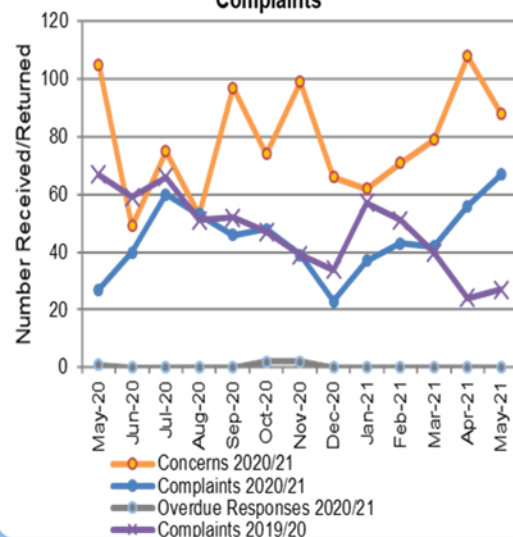
\*171 (non high priority) cases were excluded from any form of review between January and April 2020 to aid with clearing a backlog of cases worsened by the COVID-19 pandemic mortality review suspension.

All high priority cases are being reviewed.

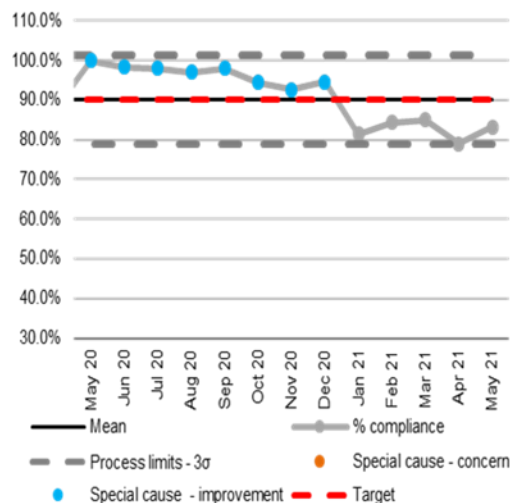
# Patient Experience

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

**Trustwide Complaints, Concerns & Overdue Complaints**



**Complaint Response Rate Compliance**



### Complaints and Concerns

In May 2021, the Trust received 67 formal complaints. This is a further increase on the previous month where 56 complaints were received. The most common subject for complaints remains 'Clinical Care and Treatment'. There has also been a further significant increase in the number of complaints regarding 'Access to Services-Clinical'. These complaints reflect delays to surgery, appointments or treatment. This is consistent with the pressure across the NHS to clear the backlog from the Covid-19 pandemic.

The 67 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	18 (13)	CCS	1 (0)
Medicine	20 (19)	NMSK	12 (11)
WCH	13 (13)	Facilities	2 (0)
N & Q	1 (0)		

Enquiries and PALS concerns are recorded and reported separately. In May, a total of 64 enquiries were received by the Patient Experience Team and 88 PALS concerns were received. This is a slight decrease on the previous month.

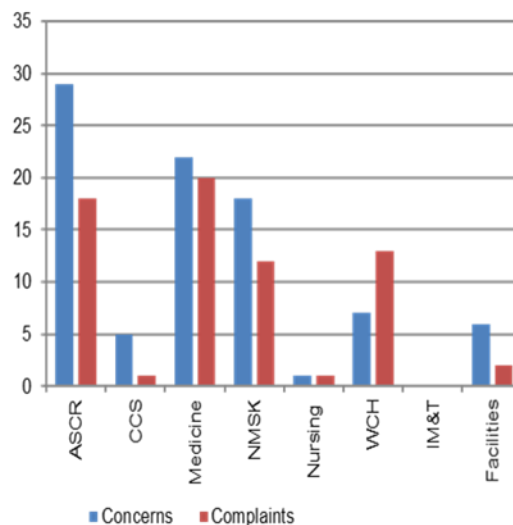
### Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90%. As reported last month, this is likely due to the decision to try to maintain business as usual during the second wave of the COVID-19 pandemic. However due to pressures on staff, some timescales were not met. We are beginning to recover from this and response rate compliance improved to 83% in May. The main cause for delays are the writing up of local resolution meeting (LRM) notes in ASCR and Medicine. Both teams have struggled with sickness in their teams and this has impacted on the expediency of their administration.

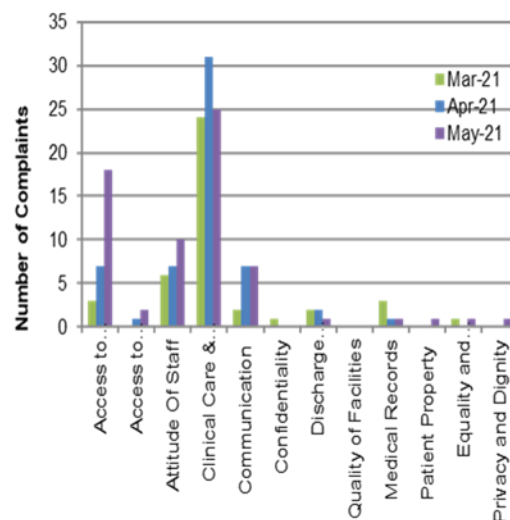
### 'You said we did'

A complaint was received about staff's lack of awareness of the 'My health passport' for people with autism. This had been devised jointly with NBT, BASS and a service user group with Autism, to be used across all hospitals in BNSSG & B&NES. Information about this has been shared across the Trust and has led to further awareness being raised about the autism passport.

**Concerns and Complaints per Division**

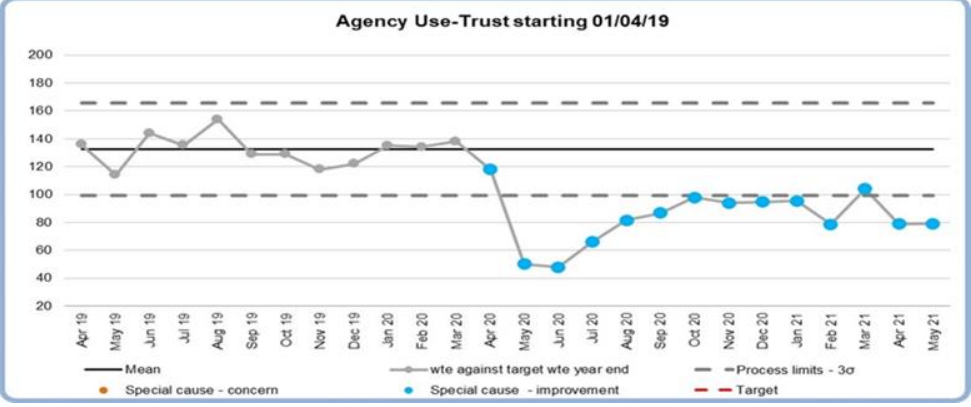
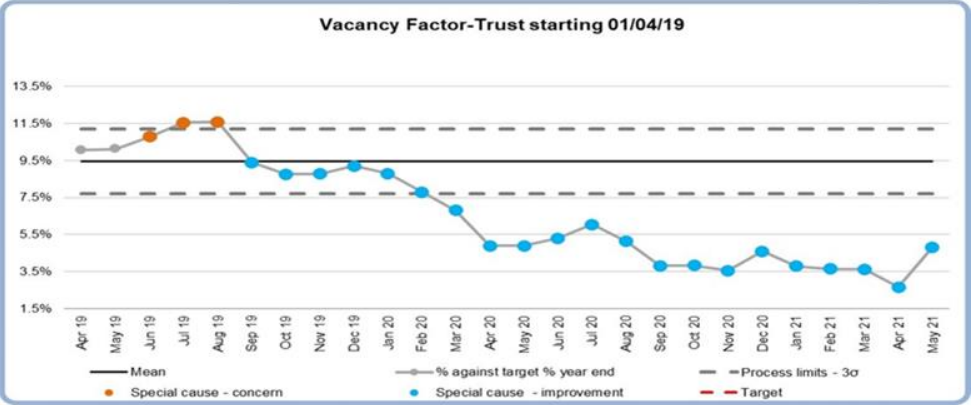
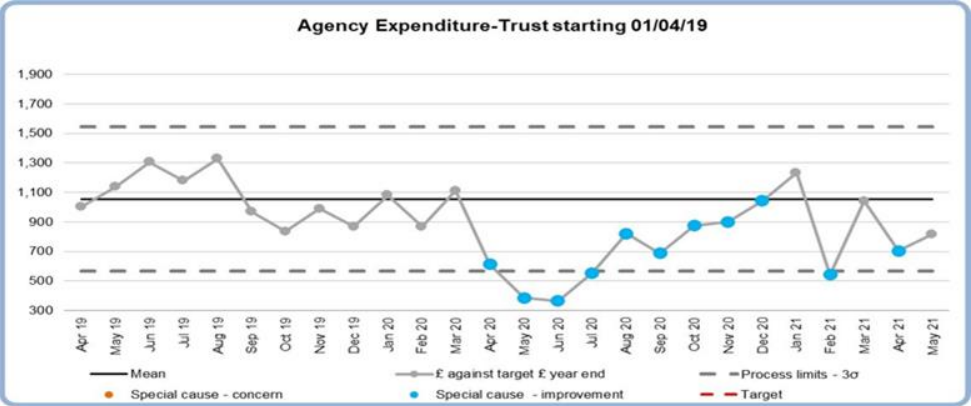


**Complaints By Subject**



## Well Led

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



Temporary Staffing

Agency spend increased in May, on a flat line of demand from the previous month, due to an increase in demand for short notice RMN requirements and the need for non framework supply to meet this need.

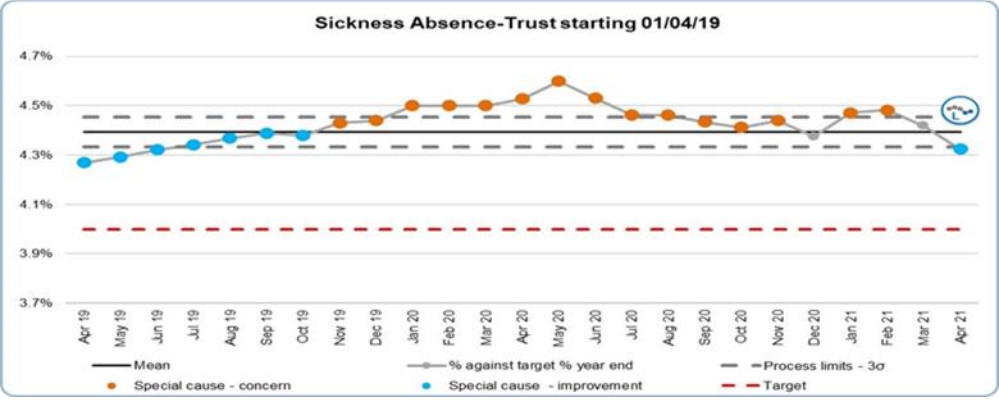
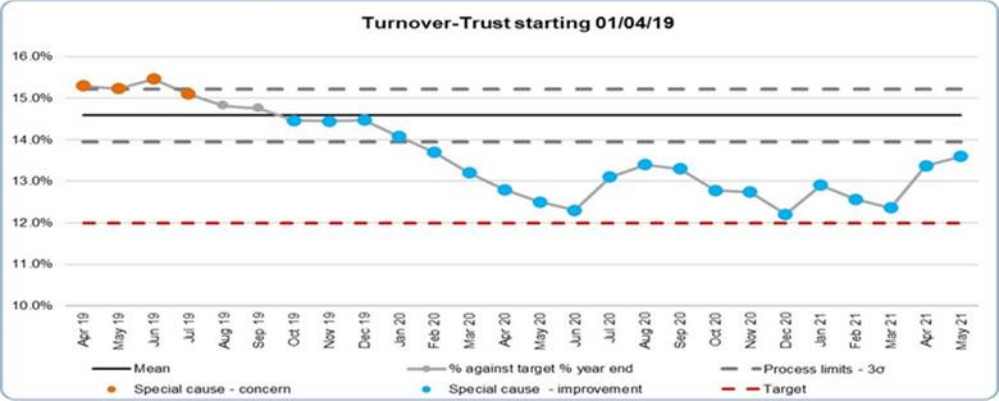
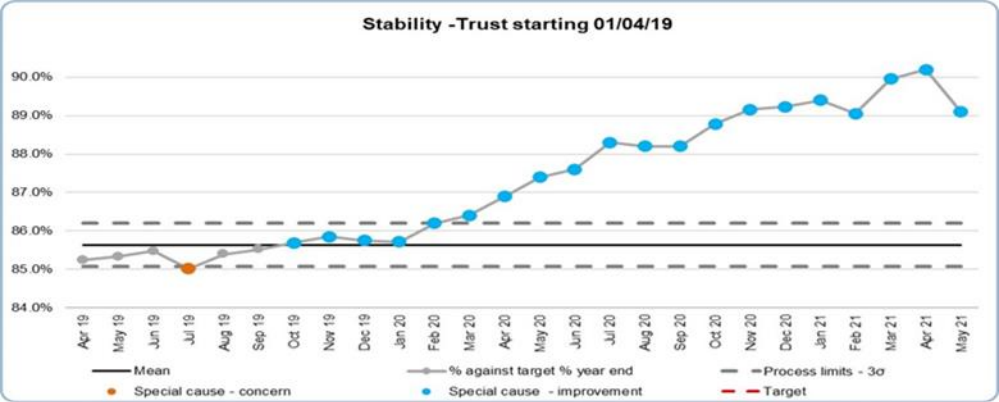
The NBT eXtra bank team continue to support the high demands for temporary resource into the Mass Vaccination project, both at Ashton Gate and out in the community and Primary Care network. A fill rate of 89% across the project is currently being delivered.

Nursing and Midwifery Resourcing

May saw 17 new band 5 starters, although leavers were higher than this number which impacted the overall vacancy factor along with increases in funded establishment. The domestic pipeline of new staff continues to be healthy with over 90 newly qualified nurses due to start across August, September and October.

HCA recruitment saw 16 starters in May, which is below the target for the month. The local labour market has picked up since lockdown easing and we are still hoping to bring back face to face assessment centres once hospital visiting restrictions ease.

International Recruitment welcomed eight new Nurses in May with two delayed due to the imposed pause on all movements out of India. Despite these changing travel protocols and restrictions, we remain on course to deliver our planned 2021/22 arrivals of 110 in total with arrivals quarantining, either in airport hotels, or in our own rented accommodation where travel rules allow it.



**Turnover and Stability**

Recent and on-going work includes:

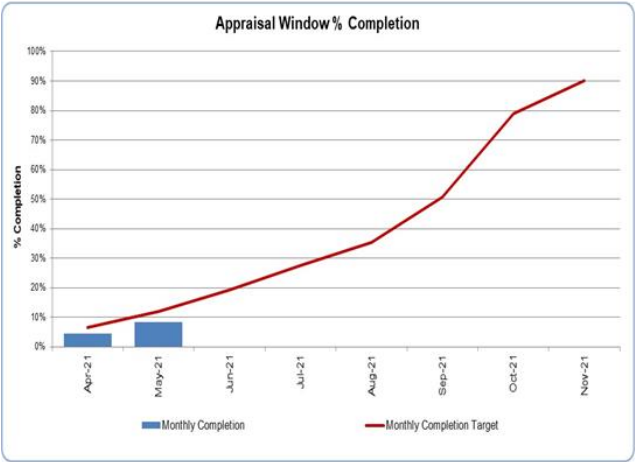
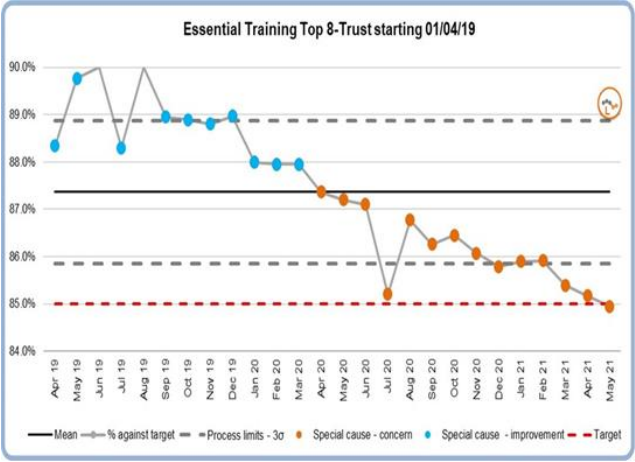
- Refreshing our flexible working options and the Flexible Working policy including agile working
- As part of our 'renew and restore' work, we instigated in May a "big conversation" including
  - Pulse surveys, and;
  - Toolkits for managers to hold engaging conversations with their teams
  - Another key retention intervention is the 'One NBT Festival' mentioned below

**Sickness and Health and Wellbeing**

Work undertaken to help improve sickness absence includes:

- People Team engaging stakeholders with the Sickness policy review as part of the policy development work
- 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 been established and systems and support developed to identify and help staff suffering from Long COVID-19/Post-COVID 19 Syndrome
- Focussed work and sickness 'clinics' are being supported by the People Team in ASCR's hot spot areas and drop in sessions have been very well attended
- 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.
- We have launched the One NBT festival with staff and planning is on track, the anticipated extension of current lockdown rules will not affect the plan
- Additional £130k funding from NHS Charities Together won for funding an additional band 7 role and band 4 role for two years for the Staff Wellbeing Psychology team





Training Topic	Variance	Apr-21	May-21
Child Protection	-0.1%	86.0%	85.9%
Adult Protection	-0.1%	87.2%	87.1%
Equality & Diversity	-0.6%	89.5%	88.9%
Fire Safety	0.6%	85.0%	85.7%
Health & Safety	-0.1%	87.7%	87.5%
Infection Control	-0.6%	92.0%	91.4%
Information Governance	0.2%	80.6%	80.8%
Manual Handling	-1.0%	71.6%	70.6%
Waste	-0.2%	86.9%	86.7%
Total	-0.2%	85.17%	84.95%

Essential Training

Throughout the pandemic, compliance for essential training has shown a continual downward trend, with the Trust only just maintaining the 85% minimum threshold level. The main cause relates to sessions that can only be delivered face to face (e.g. Manual Handling). These sessions have been impacted by a reduced attendance ratio due to social distancing requirements, wherever possible additional session have been added to compensate for this. A targeted campaign to reignite essential training compliance is planned for June.

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.

Traineeship Programme

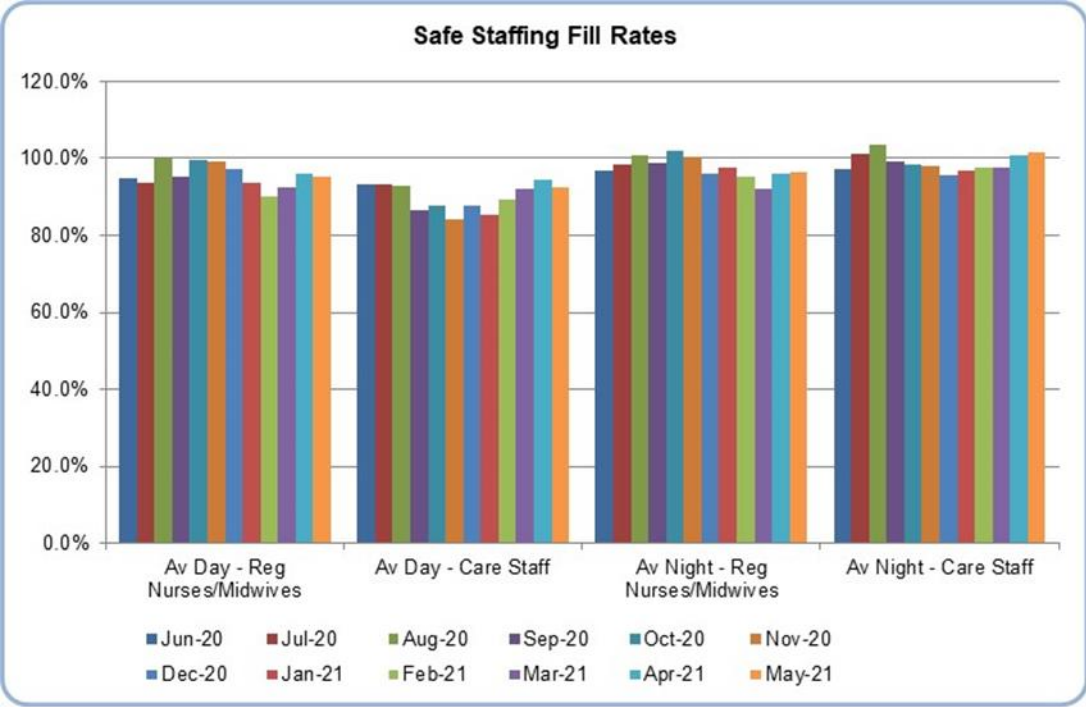
The Trust has been successful in receiving funding to offer up to 20 places on our Traineeship Programme. This programme, specifically for unemployed 19-24-year olds from the local community, provides access to 8 weeks of training and work experience. 88% of previous programme participants have been successful in gaining paid employment with NBT. A cohort of 12 trainees are currently in training (nine clinical and three non-clinical).

New learning platform – launching later in 2021

The existing Managed Learning Environment (MLE) will be replaced by an updated application providing a much improved user experience. The new system (Kallidus Learn) is being introduced following a BNSSG systemwide procurement exercise, with a proposed go live date of Nov'21.

Trust Induction Review and Refresh

Following a successful presentation of a revised approach to the Executive Team, a formal review and revamp of Trust induction has been launched. A working group has been established, with representation from across the Trust to help ensure that we are meeting the needs of all staff groups. We aim to have the new induction fully operational by January 2022 and will provide regular progress updates.



May-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	95.1%	92.6%	96.4%	101.5%

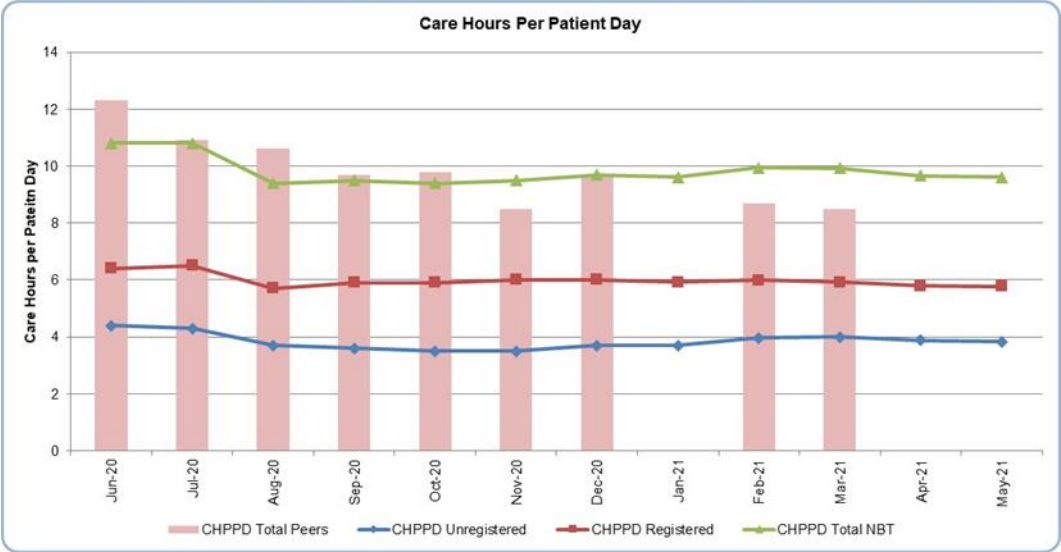
The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices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

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

**Wards below 80% fill rate for Registered Staff:**  
for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required  
Cotswold (55.2% Day) Reduced occupancy  
Gate 37 ICU (79.8% Day / 79.3% Night) reduced occupancy staffing maintained to meet patient acuity.

**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 (57.9% Day / 58.1% Night) Reduction in HCSW required due to lower occupancy  
Medirooms (64% Day / 71.8% Night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required  
7a (68.8% Da) 7a is a green ward which is intermittently running below full occupancy  
NICU (43.1% Day / 49.2% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

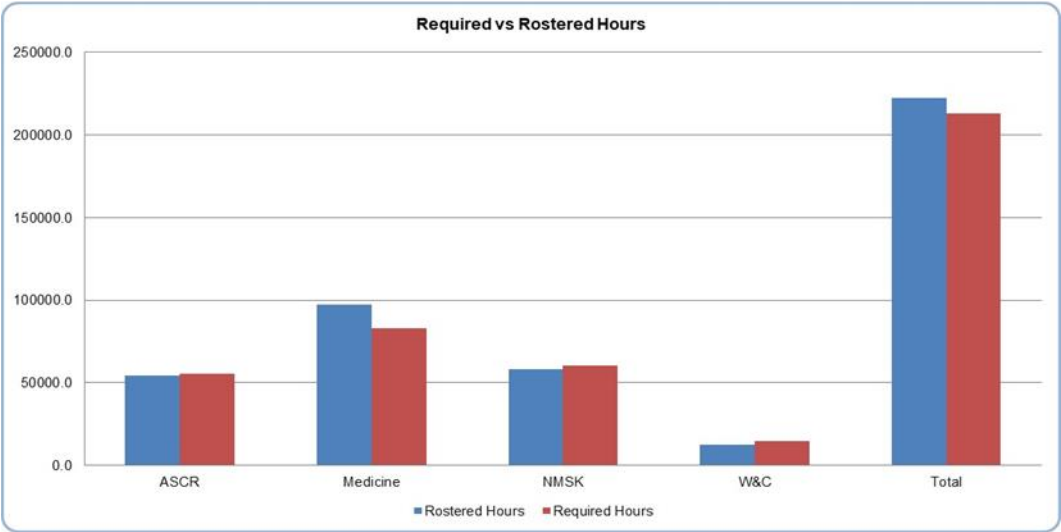
**Wards over 150% fill rat for Care Staff:**  
33a (177.4% Night) patients requiring enhanced care support  
25a (158.1% Night) patients requiring enhanced care support



Care Hours per Patient Day (CHPPD)

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

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

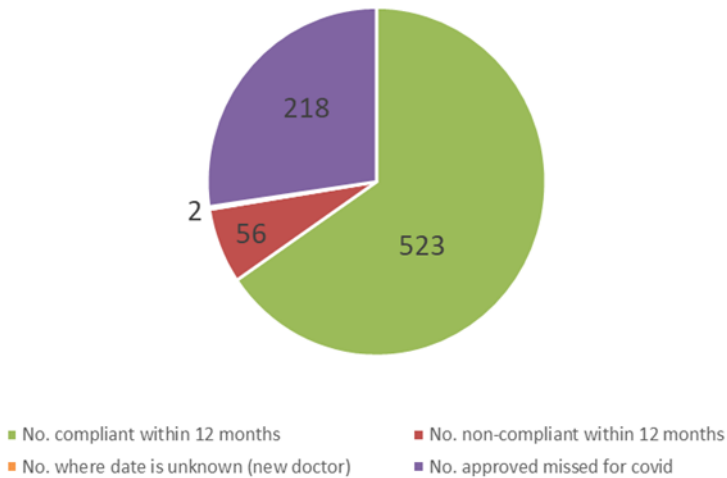


Safe Care Live (Electronic Acuity Tool)

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

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

Appraisal compliance - past 12 months



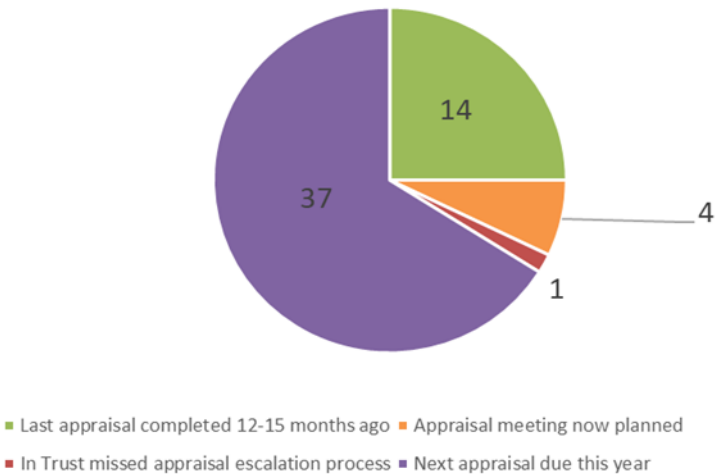
Medical Appraisal

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

There are a number of reasons that doctors may be recorded as not having an appraisal within the 12 months. This can be in situations such as doctors completing their last appraisal earlier than it was due, doctors having missed an appraisal while being employed elsewhere or abroad or doctors who are new to the UK. Doctors who are overdue their appraisal will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

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

Non-compliant doctors - past 12 months



# Finance

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

	WITHIN FUNDING ENVELOPE		WITHIN FUNDING ENVELOPE		OUTSIDE FUNDING ENVELOPE		Total	Total
	Covid-19	Covid-19	Core Trust	Core Trust	Mass Vaccination	Mass Vaccination		
	M2	YTD	M2	YTD	M2	YTD	M2	YTD
Contract Income	1.0	2.0	55.6	107.9	0.0	0.0	56.6	109.9
Other Income	0.0	0.0	5.8	11.5	0.7	1.5	6.5	13.0
<b>Total Income</b>	<b>1.0</b>	<b>2.0</b>	<b>61.4</b>	<b>119.4</b>	<b>0.7</b>	<b>1.5</b>	<b>63.1</b>	<b>122.9</b>
Pay	-0.2	-0.6	-35.2	-69.4	-0.6	-1.2	-36.0	-71.2
Non-Pay	-0.1	-0.2	-23.6	-45.8	-0.1	-0.3	-23.8	-46.3
<b>Total Expenditure</b>	<b>-0.3</b>	<b>-0.8</b>	<b>-58.8</b>	<b>-115.2</b>	<b>-0.7</b>	<b>-1.5</b>	<b>-59.8</b>	<b>-117.5</b>
<b>Surplus/ (Deficit)</b>	<b>0.7</b>	<b>1.2</b>	<b>2.6</b>	<b>4.2</b>	<b>0.0</b>	<b>0.0</b>	<b>3.3</b>	<b>5.4</b>

## Statement of Comprehensive Income

### Assurances

Trust total for May is surplus of £3.3m compared to a forecast breakeven (YTD this figure is now £5.4m)

COVID-19 costs incurred in May 2021 totalled £0.3m

There are no further key issues to report.

## Statement of Financial Position

### Assurances

The strong cash position of £114.7m (£6.7m 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 May is 91.5% by value compared to an average of 86.6% for financial year 2020/21.



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

Capital expenditure for the month is £1.7m which compares to an original plan of £2.4m.

#### **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 £114.7m is in line with expectations and no issues are anticipated .

## Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

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

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

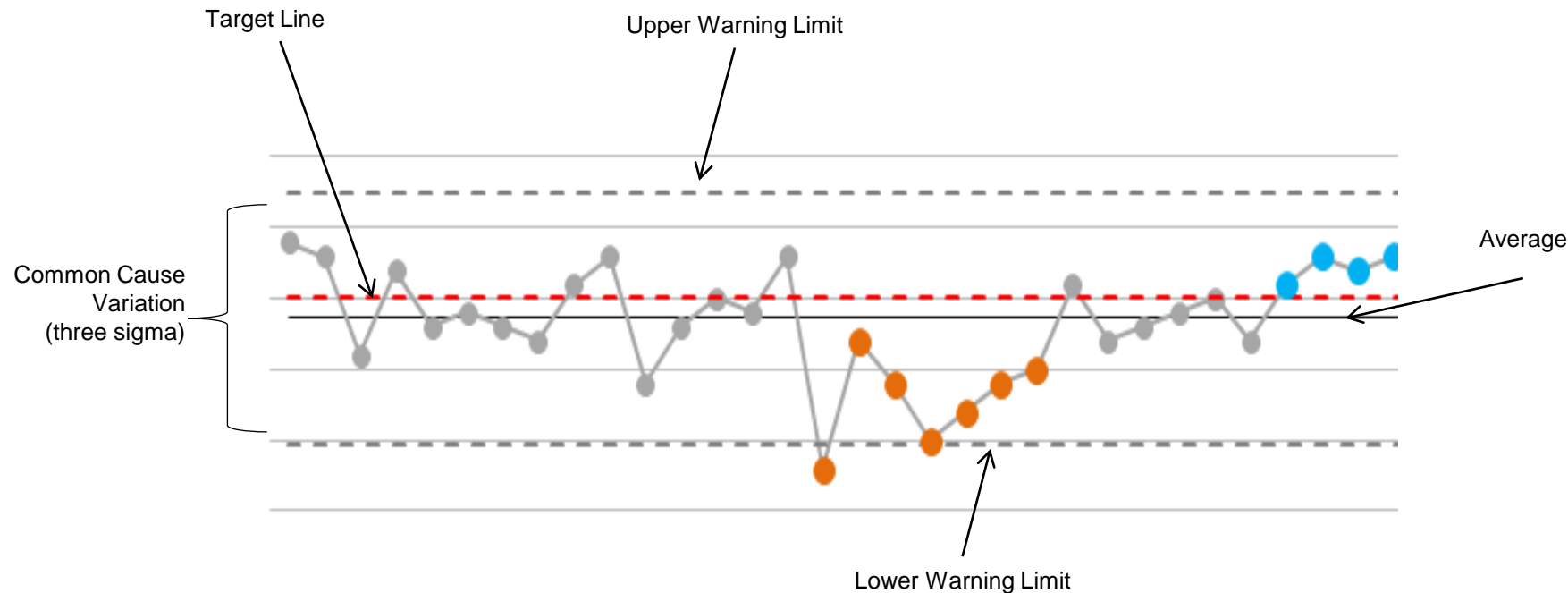
All data included is correct at the time of publication.  
Please note that subsequent validation by clinical teams can alter scores retrospectively.



NBT Quality Priorities 2020/21

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

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



**Orange dots signify a statistical cause for concern.** A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

**Blue dots signify a statistical improvement.** A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

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

**Further reading:**  
SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>  
Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>  
Making Data Count: [https://improvement.nhs.uk/documents/5478/MAKING\\_DATA\\_COUNT\\_PART\\_2\\_-\\_FINAL\\_1.pdf](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)

