

**North Bristol NHS Trust**

# **INTEGRATED PERFORMANCE REPORT**



**March 2021**  
(presenting February 2021 data)

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# North Bristol Integrated Performance Report

Domain	Description	National Standard	Current Month Trajectory (RAG)	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-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%	79.90%	72.43%	80.16%	96.00%	95.47%	94.74%	93.47%	86.90%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%		77.01%	78/113	
	A&E 12 Hour Trolley Breaches	0	0	48	2	0	0	0	0	0	0	12	3	52	206	7		0 - 195	8/23	
	Ambulance Handover < 15 mins (%)	100%	95.30%	91.06%	95.41%	94.72%	97.38%	98.50%	98.07%	98.01%	76.69%	68.06%	67.67%	57.76%	54.95%	65.81%				
	Ambulance Handover < 30 mins (%)	100%	99.17%	98.15%	99.37%	99.53%	99.56%	99.96%	99.76%	99.83%	96.04%	93.49%	93.75%	88.43%	83.80%	93.37%				
	Ambulance Handover > 60 mins	0	0	2	1	0	0	0	0	0	4	33	26	82	180	57				
	Stranded Patients (>21 days) - month end			155	120	58	57	74	82	95	114	247	141	144	125	130				
	Bed Occupancy Rate		93.00%	98.87%	82.25%	50.84%	58.18%	77.11%	82.97%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%				
	Diagnostic 6 Week Wait Performance	1.00%	20.97%	5.60%	10.25%	61.24%	65.94%	46.56%	28.98%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%		33.34%	148/252	
	Diagnostic 13+ Week Breaches	0	0	113	114	402	2292	3161	1886	1979	1998	1697	1427	1487	1420	1358			128/211	
	Diagnostic Backlog Clearance Time (in weeks)			0.1	0.2	1.2	2.7	2.0	1.0	1.0	0.9	0.9	0.8	1.0	1.0	0.8				
	RTT Incomplete 18 Week Performance	92.00%	63.94%	82.95%	80.02%	71.82%	64.51%	58.20%	58.48%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%		66.14%	188/390	
	RTT 52+ Week Breaches	0	2893	17	43	130	275	454	648	797	1001	1092	1249	1418	1817	2108		0 - 10663	167/274	
	Total Waiting List		34435	29552	28516	25877	25518	25265	27512	28814	29387	30214	29632	29611	29759	29716				
	RTT Backlog Clearance Time (in weeks)			3.0	3.2	4.4	6.9	10.3	9.5	7.6	6.4	5.4	4.8	4.9	5.1	5.7				
	Cancer 2 Week Wait	93.00%	91.26%	89.94%	91.25%	76.01%	93.23%	97.29%	88.11%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	-		83.39%	129/133	
	Cancer 2 Week Wait - Breast Symptoms	93.00%	96.04%	89.63%	81.82%	81.25%	98.28%	96.62%	96.05%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	-		62.67%	69/104	
	Cancer 31 Day First Treatment	96.00%	93.77%	95.36%	97.71%	92.96%	85.64%	95.35%	97.51%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	-		94.01%	93/116	
	Cancer 31 Day Subsequent - Drug	98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		98.01%	1/52	
	Cancer 31 Day Subsequent - Surgery	94.00%	82.83%	70.89%	85.09%	75.76%	79.73%	86.96%	92.13%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	-		86.33%	57/73	
	Cancer 62 Day Standard	85.00%	86.30%	61.31%	74.15%	73.53%	69.01%	70.12%	75.31%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	-		71.18%	94/137	
	Cancer 62 Day Screening	90.00%	85.71%	67.27%	83.95%	85.07%	46.67%	28.57%	44.44%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	-		79.78%	38/66	
	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%		83.22%	84.09%	84.07%	84.62%	85.89%	83.39%	82.78%	82.99%	84.18%	83.80%	82.98%	81.69%	84.17%				

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term		0.90%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.5%	0.5%	
	Caesarean Section Rate		28.00%	34.0%	33.4%	31.5%	33.9%	36.7%	34.6%	39.0%	35.0%	36.4%	31.2%	41.9%	35.1%	38.7%	
	Still Birth rate		0.40%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.5%	0.2%	
	Induction of Labour Rate		32.10%	41.4%	40.8%	40.6%	38.9%	34.9%	35.4%	38.6%	38.9%	36.6%	39.8%	37.6%	39.8%	33.8%	
	PPH 1000 ml rate		8.60%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	9.8%	11.6%	
	Never Event Occurance by month	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	Serious Incidents			9	10	2	2	4	7	5	4	5	6	4	3	2	
	Total Incidents			1118	853	597	679	833	948	1028	1056	1202	1049	1040	1007	663	
	Total Incidents (Rate per 1000 Bed Days)			45	39	45	43	46	47	49	47	50	49	48	41	31	
	WHO checklist completion		95%	99.30%	99.30%	99.50%	99.50%	99.60%	99.70%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	99.94%	
	VTE Risk Assessment completion		95%	94.96%	95.35%	93.45%	93.89%	94.52%	95.40%	94.58%	94.64%	94.66%	94.02%	94.96%	94.48%	93.51%	
	Pressure Injuries Grade 2			17	29	24	16	13	8	14	13	28	17	17	17	27	
	Pressure Injuries Grade 3		0	1	1	0	0	0	0	0	1	1	0	0	0	0	
	Pressure Injuries Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	Falls per 1,000 bed days			8.54	7.34	10.14	8.84	8.09	7.10	7.71	6.69	9.56	8.93	8.54	9.62	8.64	
	#NoF - Fragile Hip Best Practice Pass Rate			60.00%	70.91%	2.13%	10.20%	9.43%	47.46%	63.64%	54.17%	77.27%	75.61%	63.64%	35.56%	-	
	Admitted to Orthopaedic Ward within 4 Hours			54.72%	55.36%	85.11%	87.76%	83.02%	86.44%	66.67%	79.17%	67.44%	53.66%	57.14%	35.56%	-	
	Medically Fit to Have Surgery within 36 Hours			71.70%	83.93%	85.11%	67.35%	79.25%	74.58%	72.73%	68.75%	86.05%	80.49%	79.59%	55.56%	-	
	Assessed by Orthogeriatrician within 72 Hours			92.45%	100.00%	95.74%	97.96%	98.11%	98.31%	90.91%	87.50%	93.02%	95.12%	79.59%	75.56%	-	
	Stroke - Patients Admitted			72	97	71	72	79	84	63	83	86	79	80	70	61	
	Stroke - 90% Stay on Stroke Ward		90%	87.10%	86.67%	87.10%	81.50%	86.20%	80.00%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	-	
	Stroke - Thrombolysed <1 Hour		60%	66.67%	66.67%	50.00%	Nil	85.70%	50.00%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours		60%	54.84%	58.44%	74.19%	64.80%	88.10%	73.60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours		90%	80.60%	80.00%	79.41%	94.34%	94.00%	91.00%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	-	
Quality Caring & Experience	MRSA	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
	E. Coli		4	4	6	2	3	2	5	7	8	4	5	3	3	1	
	C. Difficile		5	2	2	1	4	2	4	3	5	7	5	7	4	9	
	MSSA		2	2	3	1	2	1	4	2	1	4	6	2	3	3	
	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	-	-	-	
	Friends & Family - IP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	93.24%	94.06%	95.72%	
	Friends & Family - OP - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	95.60%	95.71%	95.29%	
	Friends & Family - ED - Proportion Very Good/Good			-	-	-	-	-	-	-	-	-	-	90.96%	87.49%	89.21%	
	PALS - Count of concerns			108	104	45	105	49	75	51	95	73	99	66	62	71	
	Complaints - % Overall Response Compliance		90%	88.57%	88.89%	88.46%	100.00%	98.30%	98.08%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	
Well Led	Complaints - Overdue			2	0	2	1	0	0	0	0	2	2	0	0	0	
	Complaints - Written complaints			51	26	24	27	40	59	53	46	48	39	23	37	43	
	Agency Expenditure ('000s)			869	1112	613	386	364	555	822	687	875	900	1043	1234	544	
	Month End Vacancy Factor			7.56%	6.76%	4.91%	4.93%	5.39%	6.05%	5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	
	Turnover (Rolling 12 Months)		13.60%	13.68%	13.25%	12.82%	12.53%	12.35%	13.10%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.60%	
	Sickness Absence (Rolling 12 month -In arrears)		4.10%	4.46%	4.46%	4.53%	4.56%	4.53%	4.46%	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	-	
	Trust Mandatory Training Compliance			87.95%	87.95%	87.42%	87.23%	87.07%	85.24%	86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	

# Executive Summary

## March 2021

### Urgent Care

Four-hour performance improved, but the Trust did not achieve the performance trajectory of 79.90% with performance of 73.33% in February. The Trust conceded 57 ambulance handover delays and seven 12-hour trolley breaches, which was an improvement on January's position. The improved position in February reflects the reduction in COVID-19 admissions, however, staffing pressures, segregated care and IPC measures continued to negatively impact flow, affecting performance and preventing achievement of trajectory. The Trust remains in the third quartile for ED performance when compared nationally. Performance is expected to improve in March.

### Elective Care and Diagnostics

The RTT waiting list remained static in February with demand growth offsetting increasing clock stops. There were 2108 patients waiting greater than 52 weeks for their treatment in February against a revised trajectory of 2893. The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. Nationally, the Trust positioning was static in January, remaining in the third quartile. Diagnostic performance improved in February with improvement reported for most test types in-month; Non Obstetric Ultrasound and Urodynamics reported the most significant improvement.

### Cancer wait time standards

The TWW standard further deteriorated in January and continues to report under trajectory; the majority of breaches were in Breast, Colorectal, Upper GI and Skin. The 31-Day standard deteriorated more significantly, not achieving the recovery trajectory in January or the national standard and remains in the fourth quartile when compared nationally. The 62-Day standard failed both the recovery trajectory and the national standard, with the level of deterioration having moved the Trust from the second to the third quartile in January when compared nationally. It is anticipated that the Trust will continue to fail TWW in February largely due to breast capacity. The Trust is forecasting achievement of the 31-Day target, but there are continued performance problems with the remaining standards.

### Quality

A revised Maternity data set is being developed, which will provide assurance across a range of areas and will provide more meaningful information as the data builds across following months. There have been no reported Grade 3 or 4 pressure injuries in February. C. difficile case numbers remain above trajectory with late sampling and documentation accounting for the majority of the lapses.

### Workforce

The Trust turnover saw a small reduction in February to 10.95% (excluding the impact of staff temporarily employed during the COVID-19 response). The Trust vacancy factor decreased to 3.65% due to the ongoing enhanced HCA resourcing plan, which delivered a net gain of 23.70 WTE in this group. Temporary staffing demand decreased by 12% in February (equivalent to 136 WTE) in line the reduction in COVID-19 related staff absence. Annual sickness absence saw limited change in January; however the mix of absence continues to see a reduction in short-term sickness and an increase in long-term sickness, predominantly relating to COVID-19 sickness and our People Team continue to develop support resources for managers accordingly.

### Finance

NHSI/E suspended the 2020/21 financial framework due to COVID-19 response preparations. The revised financial framework for months 1 to 6 required the Trust to breakeven against an NHSI/E calculated income level and to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. From 1 October 2020 a new financial framework is now in place that requires the Trust to operate within a fixed financial envelope (plus a small number of specified "outside envelope" cost recoveries) and to deliver a deficit that is consistent with the financial forecast submitted on 22 October 2020.



# RESPONSIVENESS

## SRO: Chief Operating Officer Overview

### Urgent Care

The Trust reported a four-hour performance of 73.33% in February, not meeting the performance trajectory of 79.90%. There were seven, 12-hour trolley breaches, and Ambulance handover delays were reported in-month with 57 handovers exceeding one hour. Despite walk-in attendances reducing as a result of the national lockdown, attendances did increase to higher than expected towards the end of the month, whilst ambulance arrivals remained consistent with pre-pandemic levels. Bed occupancy improved, varying between 88.02% and 98.65% in February against the core bed base. Bed occupancy was positively impacted by a reduction in long stay patients towards the end of the month achieved through the BNSSG enhanced COVID-19 community capacity plan; supporting a reduction in ED wait for bed delays.

### Planned Care

**Referral to Treatment (RTT)** - 18 week RTT performance reported a deterioration in February, but continues to achieve the trajectory of 63.94%. The number of patients exceeding 52 week waits in February was 2108 against a recovery trajectory of 2893; the majority of breaches (1256; 59.58%) being in Trauma and Orthopaedics. Reduced elective activity as a result of the ongoing COVID-19 response and the application of the Royal College of Surgeons Clinical Prioritisation guidance, leading to some of the longest waiting patients having further extended waits, has been a significant factor in the deterioration in the 52 week wait position and the 18 week RTT performance. In addition, the Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine.

**Diagnostic Waiting Times** – Diagnostic performance improved, though continued to fail the recovery trajectory with performance at 27.20% in February; reflective of the continued reduced activity resulting from the third wave of the pandemic. Improvement has been reported for Non-Obstetric Ultrasound resulting from additional Waiting List Initiative capacity, supporting backlog clearance. The number of patients waiting longer than 13 weeks improved, with a decrease of 3.17% reported in February. Compared nationally, 13 week performance deteriorated marginally in January and remains in the fourth quartile.

### Cancer

The Trust achieved one of the Cancer Waiting Time (CWT) standards (31-Day subsequent – chemotherapy treatment) and trajectories for January 2021. The Breast service continues to see an increase of TWW referrals above expected activity levels (34% increase vs. January 2020) and continues to have workforce constraints in both clinical and diagnostic support. Despite this, Breast have continued to perform well against the 28-Day diagnosis standard with 90% of patients meeting the timed target vs. a standard of 75%; with most patients offered a one stop appointment by day 18. Overall, the Trust achieved the 28-Day diagnosis standard and Urology achieved trajectory targets for all standards in January. For February the Trust will continue to fail TWW largely due to Breast capacity. Achievement of the 31-Day target is anticipated for February, but performance problems persist with the remaining CWT standards.

### 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 Minimum Data Set** : A revised Maternity data set is being developed which will provide assurance across a range of areas and will provide more meaningful information as the data builds across following months. The Ockenden nationally required maternity assurance report was submitted as required to NHS England on 15 February 2021 and further assurance will be provided to the Quality & Risk Management Committee meeting on 18 March 2021. There have been no new HSIB referrals, or new completed reports in the past month relating to individual patient safety incidents.

**Pressure Injuries:** There have been no reported Grade 3 or 4 pressure injuries in February. The Trust wide Pressure Injury Review Group recommenced in March with plans to review specific themes from validated pressure injuries in February including medical devices and pressure injuries to heels.

**Mortality Reviews / Medical Examiner service** – The Trust continues to closely review deaths in hospital with a 95.1% completion rate. The Medical Examiner service, established across the BNSSG acute trust system is reviewing an increasing number of cases with clear signposting of any concerns into the Trust's governance systems.

### Areas of Concern

**Infection control:** C. difficile case numbers remain above trajectory and the cases have been analysed, with late sampling and documentation accounting for the majority of the lapses. IPC are working with Divisional infection leads to reduce risks. One case of MRSA bacteraemia was identified on 8 February 2021 and is being investigated following required protocols.

# WELL LED

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

### Overview

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

##### Vacancies

The Trust vacancy factor decreased to 3.65% in February (from 3.80% in January 2020 (this excludes the impact of the COVID-19 vaccination workforce recruitment)). The greatest net reduction in vacancies was in Additional Clinical Services (unregistered clinical staff) predominantly driven by the enhanced winter resourcing plan for HCAs. Nurse band 2 and 3 saw a net gain of 23.7 WTE.

##### Turnover

The Trust turnover is reported as 12.56% in February. Excluding the impact of staff leaving who were on temporary contracts during the COVID-19 response the Trust turnover is 10.95%, compared to 13.95% in February 2020. All staff groups saw fewer leavers than the same period last year with the most significant reduction being in clinical fellows, followed by administrative and clerical staff and registered nursing and midwifery.

##### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence was 4.48% in January, an increase from December reflecting the spike in levels of COVID-19 related sickness. The level of short term sickness in January 2021 compared with January 2020 was the same with other non-COVID-19 related short term sickness reasons at lower levels. Long term sickness was 0.50% higher in January 2021 than the same period in the previous year. The Trust saw an 85% reduction in long term sickness driven by cough/cold/influenza but a 2300 % increase in long term sickness related to infectious diseases which reflects long term COVID-19 Sickness. Management guidance and support for staff off sick with Long COVID-19/Post-COVID 19 Syndrome has been implemented in response.

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

Overall temporary staffing demand decreased in February (-12% equivalent to 136 WTE) in line with the significant reduction in COVID-19 related staff absence. Temporary staff requests for booking reason 'COVID-19' and 'Sickness' decreased by 26%. As a result bank fill increased and agency fill and unfilled shifts decreased.

Tier 4 agency use decreased from 7 WTE to 2 WTE in February with both band 5 Registered Nurses (RN) and band 5 Registered Mental Health Nurse (RMN) use reducing. ICU had the highest RN use in December and January and saw the greatest reduction with the emergency zone seeing the greatest reduction in RMN use and as a result overall agency expenditure decreased. Tier one agency use also decreased, 23 nursing teams saw a reduction vs 14 team seeing an increase. Wards and theatres remain the highest areas of tier one agency use, with Theatres Anaesthetics remaining the highest user at 10 WTE.



NHSI/E suspended the 2020/21 financial framework due to COVID-19 response preparations.

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

From 1 October 2020 a new financial framework is now in place that requires the trust to operate within a fixed financial envelope (plus a small number of specified “outside envelope” cost recoveries) and to deliver a deficit that is consistent with the financial forecast submitted on 22 October 2020.

#### Highlights:

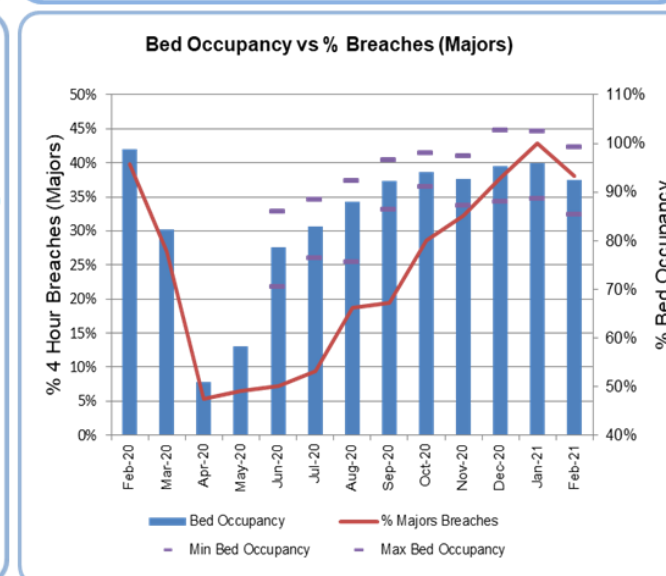
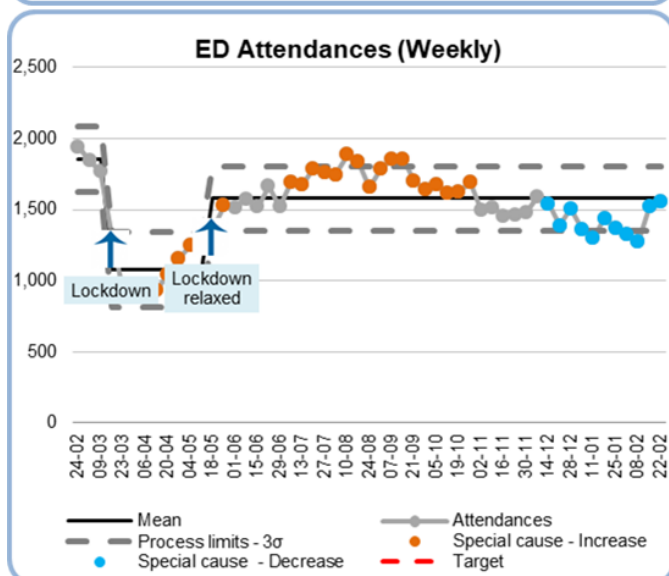
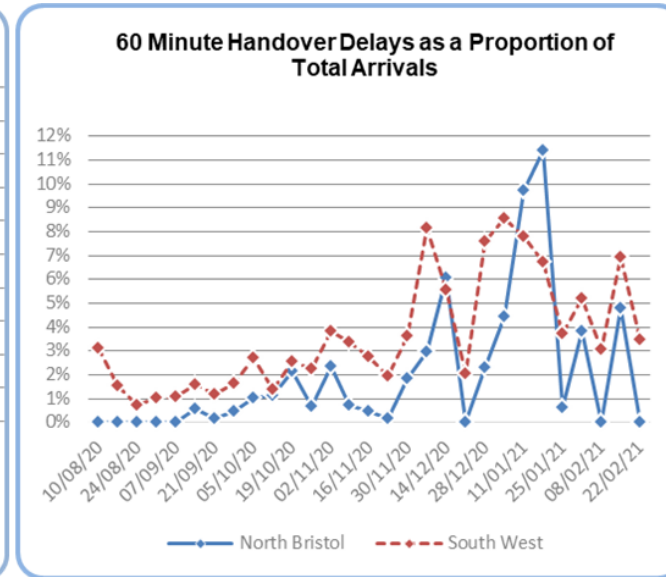
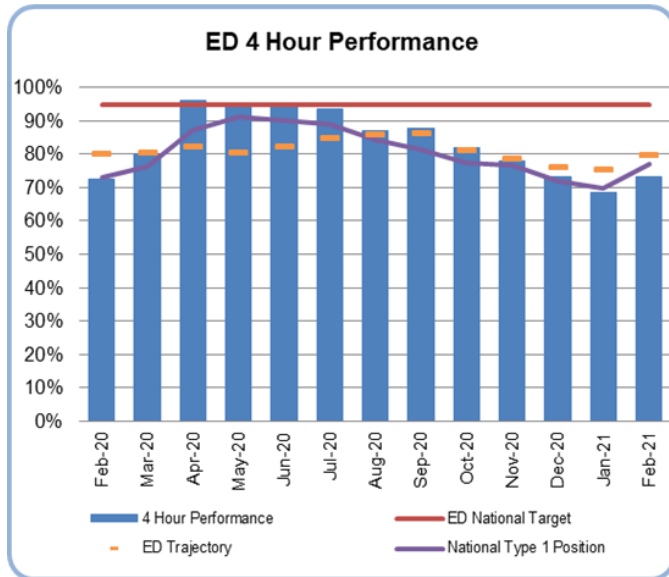
The Forecast Trust deficit for February is £4.9m, while Actual deficit reported is £2.3m.  
Cumulatively the Forecast Trust deficit to month 11 is £17.9m and the Actual deficit is £0.8m.

Cash balance at the end of February £146.6m which includes £55m of “month in hand” cash that was received in April 2020 and will be unwound in March.

Capital spend for the year to date is £18.2m (plan is £24.6m) which includes £4.1m of COVID capital spend.

# Responsiveness

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



## Urgent Care

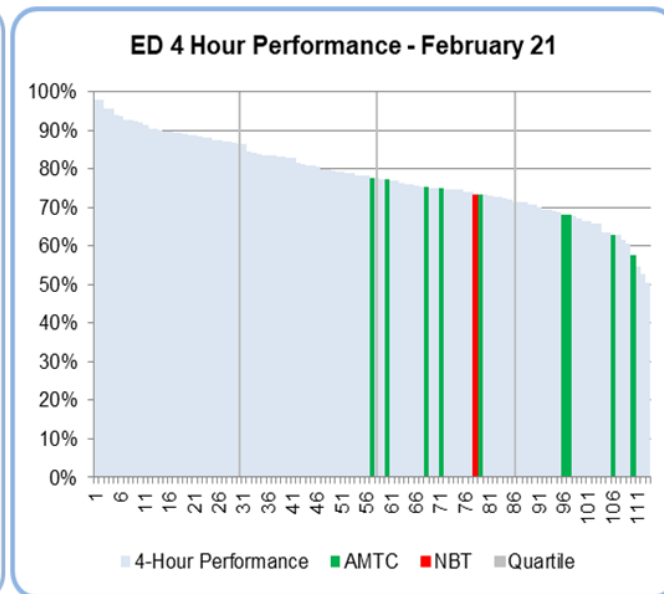
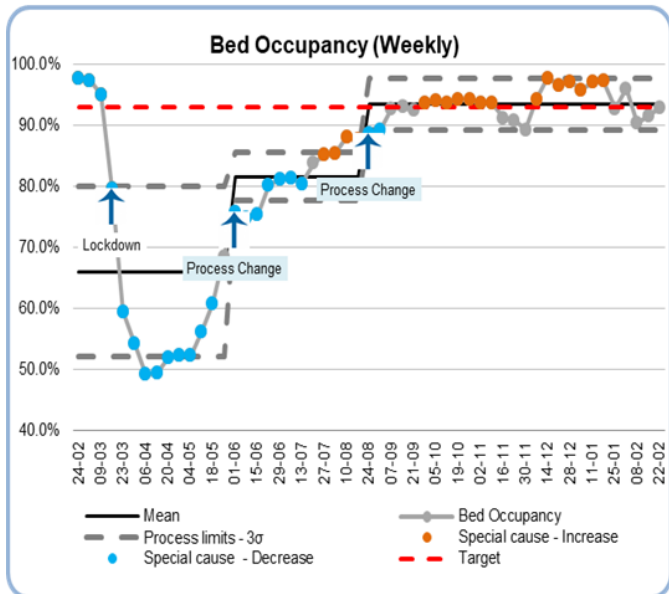
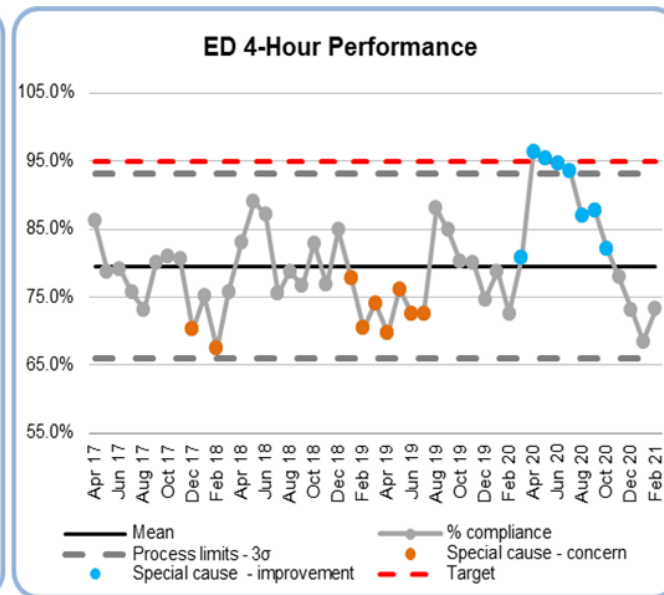
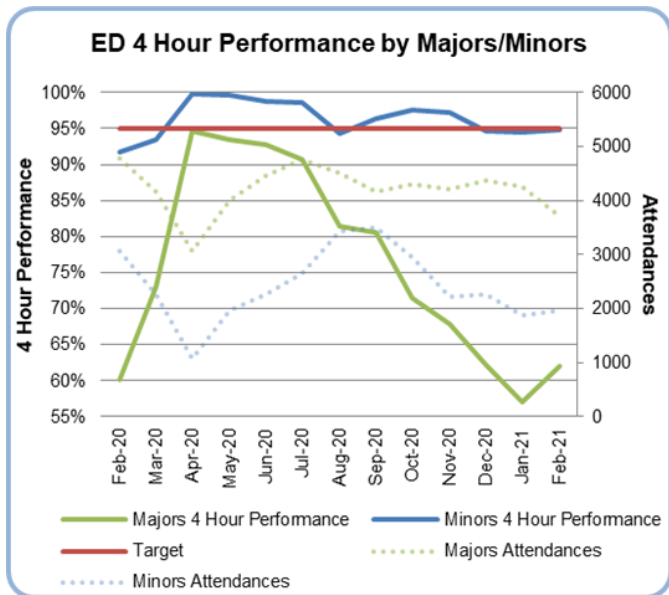
As anticipated, four-hour performance improved in February but the Trust did not achieve the trajectory of 79.90% with performance of 73.33%. Trust performance has reported below national performance for the second consecutive month.

The Trust conceded 57 ambulance handovers exceeding one hour in February and seven 12-hour trolley breaches reflecting a significant improvement on January's position.

The improvement seen in ED performance for February reflects the continued reduction in COVID-19 admissions throughout the month, allowing for de-escalation in the number of Blue wards along with a reduction in the number of COVID-19 patients in ICU. However, staffing pressures, segregated care and enhanced IPC measures continued to negatively impact flow, affecting performance and preventing achievement of trajectory for February. Staffing pressures were more significant in the second half of the month where attendance levels increased and all Divisions saw emergency predictors reached or exceeded.

ED performance continues to improve throughout March, currently achieving trajectory with performance of 78.68%.

# Responsiveness – Indicative Overview



## 4-Hour Performance

In February, Majors performance improved, though continued to be most notably impacted (61.98%), whilst Minors performance remained static at 94.80%.

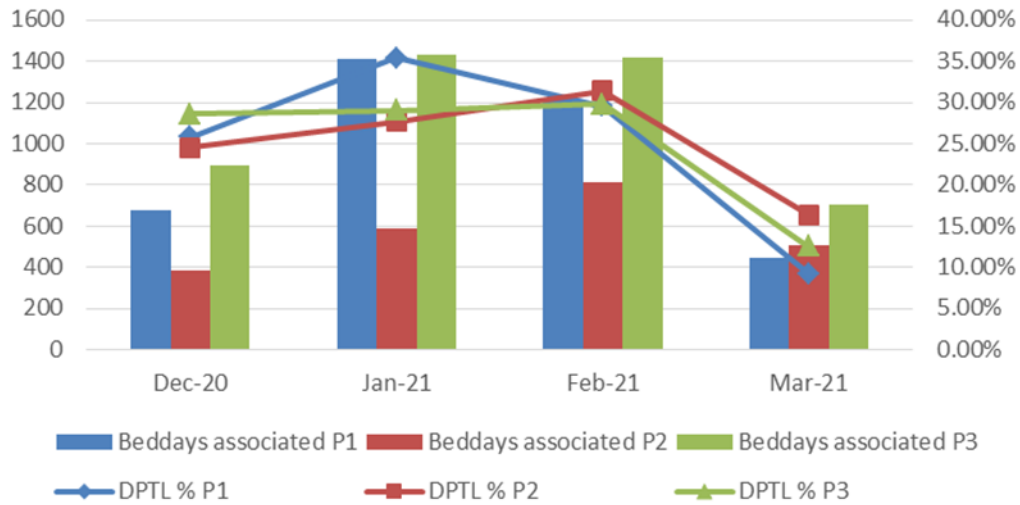
Despite walk-in attendances reducing as a result of the national lockdown, attendances did increase to higher than expected towards the end of the month. In addition, ambulance arrivals remained consistent with pre-pandemic levels.

Of the breaches in ED in February, 46.66% were a result of waiting for a medical bed and 22.72% of delays resulted from waits for assessment. Despite being the predominant cause of breaches for the sixth consecutive month, Medicine bed capacity contributed to less than half of the breaches for the first time since September 2020, with a higher proportion of breaches in February being due to waits for assessment..

Bed occupancy improved, varying between 88.02% and 98.65% in February against the core bed base. Bed occupancy continues to be positively impacted by a reduction in long stay patients, supporting a reduction in ED delays. Across January and February the bed days for patients awaiting discharge once medically fit remained constant.

The Trust position has deteriorated for ED performance when compared nationally, though remains in the third quartile. ED performance for the NBT Footprint stands at 78.70% and the total STP performance was 79.31% for February.

DPTL % and Beddays, for Medically fit

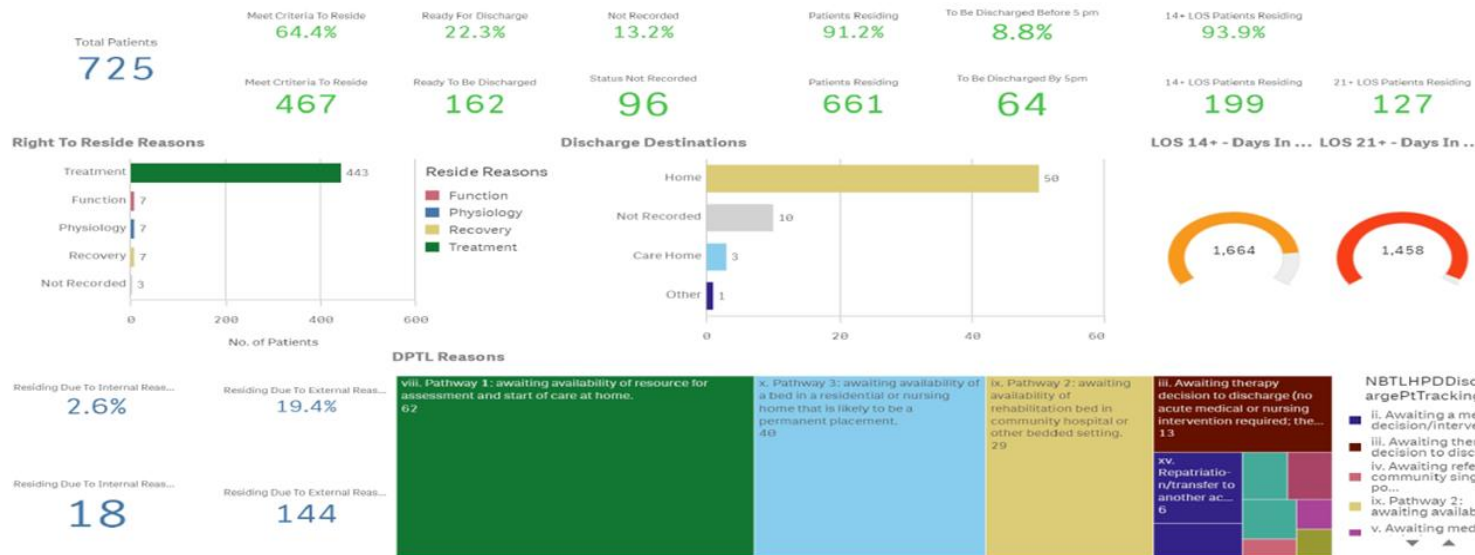


## Right to Reside Report

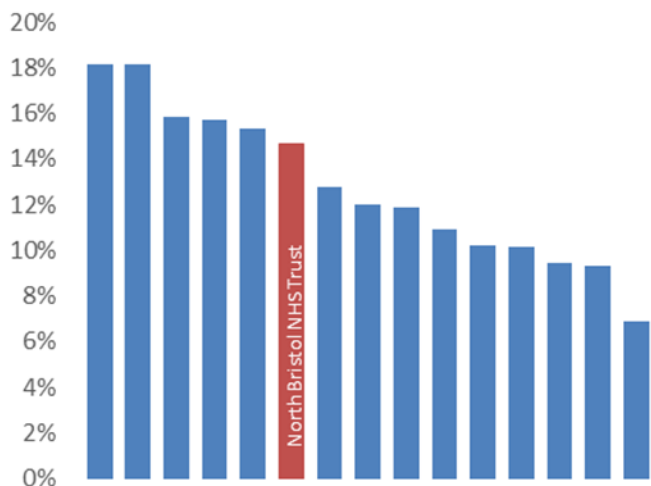
As of midnight 12/03/21(snapshot), 162 patients (22.3% of all patients) no longer meet the right to reside criteria, and under the Hospital Discharge Guidance model, should be discharged on the day they meet that criteria.

Of the numbers that do not meet the right to reside, 88% are waiting for discharge to assess community capacity. Across January and February the bed days for patients awaiting discharge once medically fit remained constant.

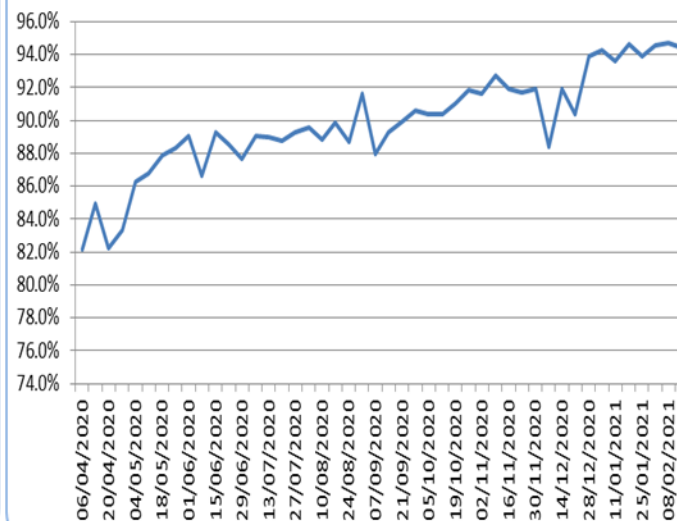
There has been an improvement in flow for those waiting for pathway 2 as the beds have re-opened following COVID-19 outbreaks. However, there remain constraints in pathway 3 with the prolonged closure of the most complex dementia beds. In addition, whilst there has been a significant increase in the referral levels to pathway 1, the increased complexity of those referred requiring higher levels of care has increased the waiting time significantly and is currently identified as the pathway with the highest number waiting.



21+ LoS occupancy % in SW



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



## Stranded Reporting

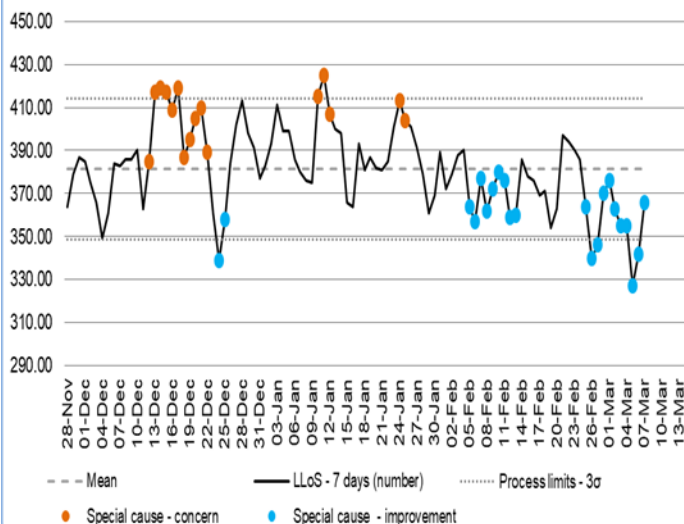
The reported levels for 7 days+ and 21 days+ are showing a reduction in patient numbers and this has remained a consistent trend. This has led to a percentage bed occupancy of 14.67% vs. 17.84% in January for patients waiting over 21 days, as measured against all Trusts in the South West.

The level of people who are returning home on pathway 0 or pathway 1 has met the NHSE/I expectation of 95% across the month. This has continued to be supported by the Red Cross with telephone support for advice and signposting.

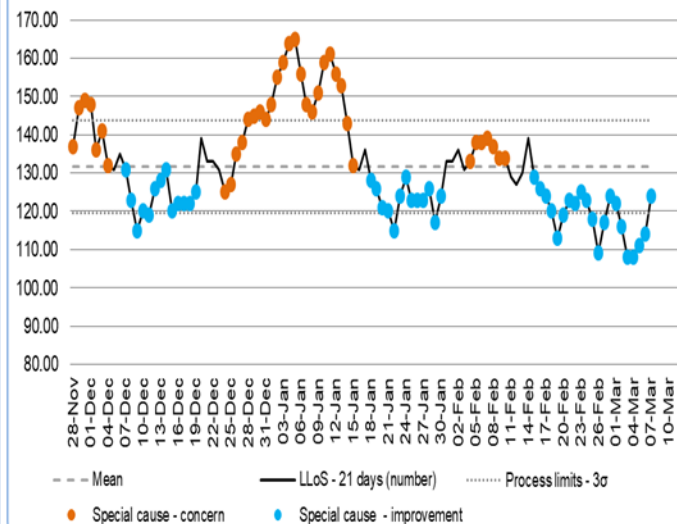
The Trust is committed to ensuring that we are completing the Single Referral Form and therefore the handover of care to the community, through a timely and effective process. Therefore, there will be a renewed review of the process for completion to ensure a referral is accepted first time.

Current rejection rates for SRFs in February vary between 7.50% to 11.00%.

SPC Chart for LoS - 7 Days (number of patients)

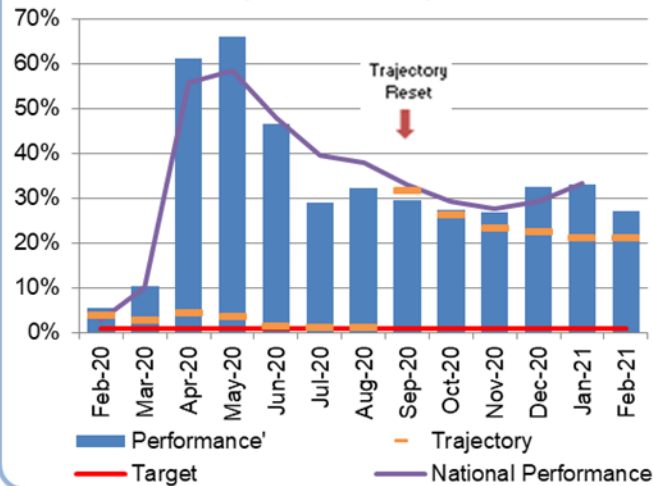


SPC Chart for LoS - 21 Days (number of patients)

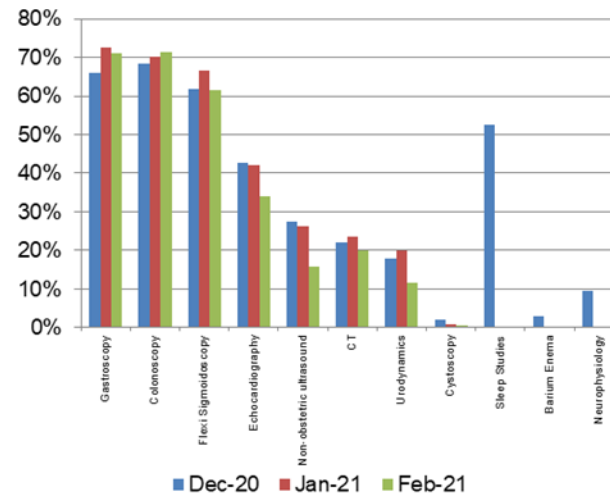




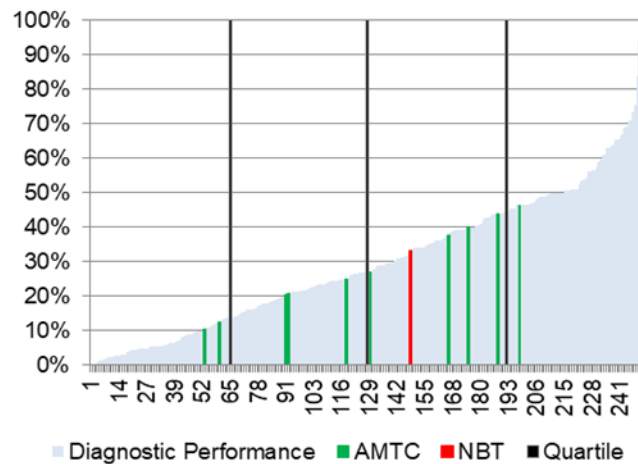
**Diagnostic Waits Against Target  
(1% <6 Weeks)**



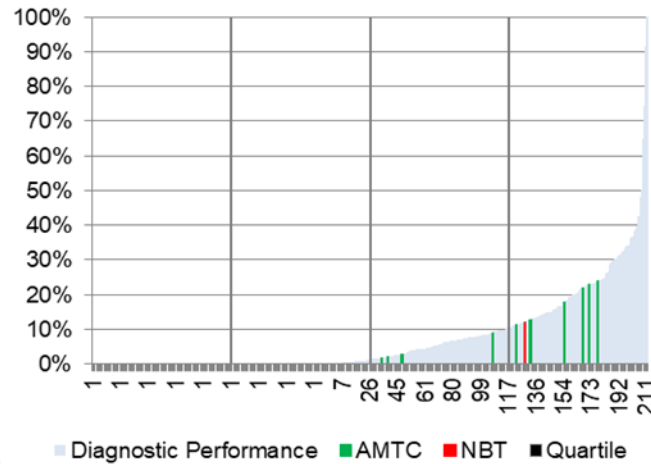
**Diagnostic Performance by Test**



**Diagnostic Six Week Performance -  
January 2021**



**Diagnostic 13 Week Performance - January  
2021**



### Diagnostic Waiting Times

Diagnostic performance improved to 27.20% in February, but failed to achieve the trajectory of 20.97%. Improvement has been reported for most test types in month.

Endoscopy reported a further reduction in activity resulting predominantly from reduced IS capacity. Despite the activity reduction, increased demand coupled with a 2.09% reduction in the backlog improved performance marginally for February.

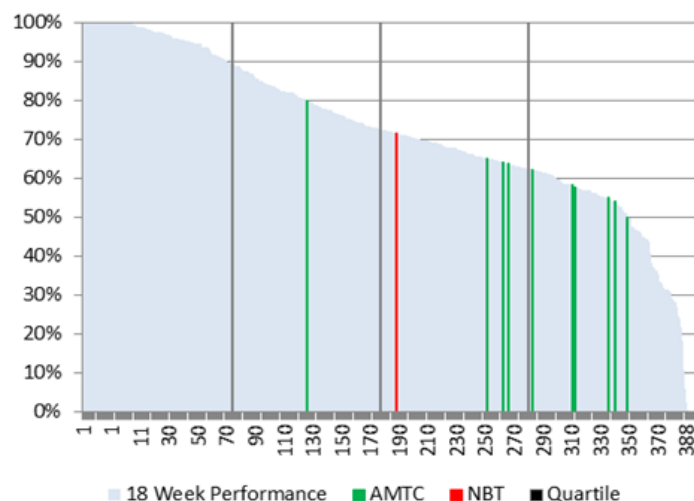
Non-Obstetric Ultrasound reports a significant improvement in month. The overall capacity shortfall arising from COVID-19 IPC measures has been mitigated by additional in-house weekend WLI (Waiting List Initiative) capacity supporting backlog clearance. Weekend activity has now been scheduled for most of the year to support further backlog clearance going forwards.

Urodynamics also reported improvement in-month due to an increase in demand and backlog reduction.

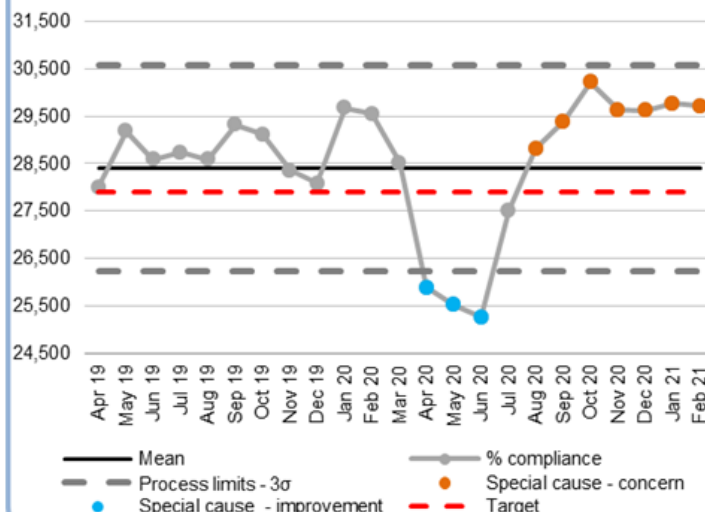
The number of patients waiting longer than 13 weeks improved, with a decrease of 3.17% reported in February. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, Trust positioning improved slightly for 6-Week performance, though remains in the third quartile. 13 Week performance deteriorated marginally, remaining in the fourth quartile.

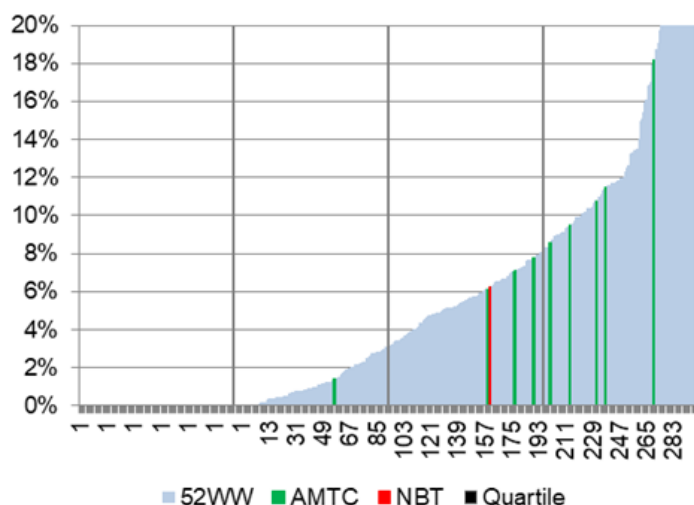
RTT 18 Week Performance - Jan 2021



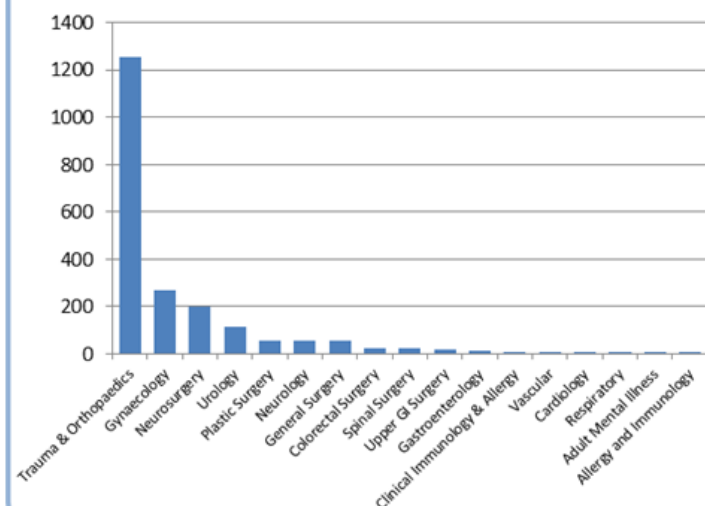
RTT Wait List



RTT Proportion of 52WW - Jan 2021



52 Week Breaches by Specialty - February-21



## Referral to Treatment (RTT)

In February, the Trust reported RTT performance of 70.65%, exceeding the trajectory of 63.94%. The waiting list remained static at 29716 in February, reporting under the trajectory of 34435. Demand growth following the onset of the pandemic has been less than anticipated with elective activity delivering predominantly above plan, resulting in a lower waiting list than predicted.

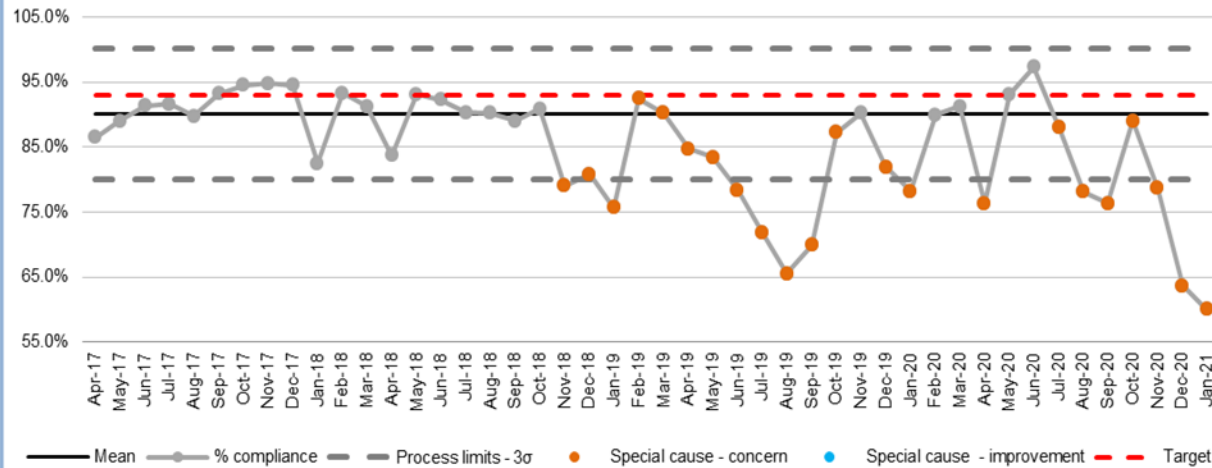
Overall, admitted and non-admitted clock stops increased to 85.91% of last year's activity in February, with a greater increase in admitted clock stops resulting from easing pandemic pressures. Increased activity was predominantly offset by increased demand in February resulting in a static wait list position.

At month end, there were 2108 patients waiting greater than 52 weeks for their treatment against a trajectory of 2893; the majority of breaches (1256; 59.58%) being in Trauma and Orthopaedics. In February, there were 9 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.

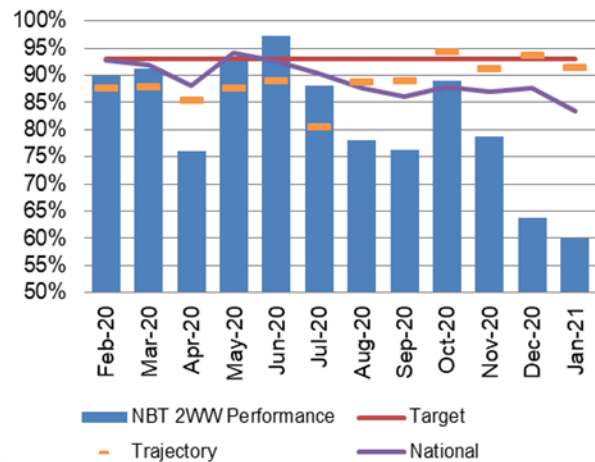
The continued increase in breaches is due predominately to reduced elective activity as part of the ongoing COVID-19 response and the impact of the application of the Royal College of Surgeons Clinical Prioritisation guidance. In addition, the Trust is still experiencing some patients choosing to defer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

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

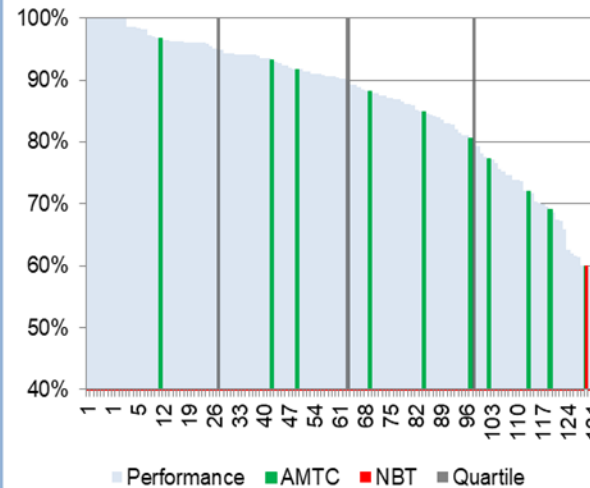
**Patients Seen Within 2 Weeks of Urgent GP Referral**



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



**Cancer TWW Standard January-21**



### Cancer: Two Week Wait (TWW)

The Trust failed to achieve the recovery trajectory and the national TWW standard with performance of 60.03% in January. Across 2020, TWW breaches were largely due to Endoscopy capacity now it is largely due to Breast one stop capacity. The Trust saw 1779 TWW patients in January; 711 breached. The largest volume of breaches were in Breast, Colorectal, Upper GI and Skin.

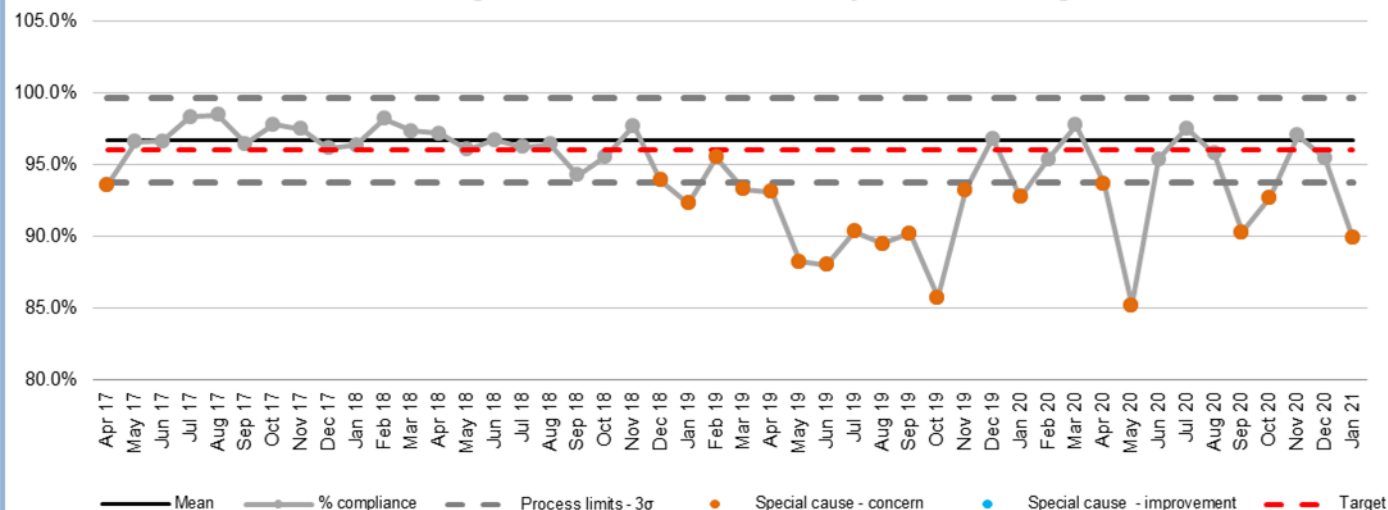
At times this led to TWW patients being seen outside of normal CWT standards; the deviation particularly in the Breast and Colorectal pathways have been agreed by the SWAG Clinical Group and NBT Clinicians.

The January performance for Breast was 28.03%; a small increase in performance against their December position of 26.99%, mainly due to one stop clinic capacity short fall. Variations in referrals across all modalities and changes in how primary care deliver services especially in the reduction of face-to-face consultations have resulted in increased demand on TWW services.

In Breast this has resulted in an increase of 226 Breast referrals in January 2021 (877) vs. January 2020 (651); an increase of 34% particularly for Breast pain. The service were also subject to COVID-19 staffing impact to their Radiology team. However, the average day seen remains at 18 days and Breast achieved 90% of patients diagnosed by 28-Days in January. TWW performance in February is forecast to be 71.00%.

Although the TWW position is below target, the Trust is diagnosing 75% of patients within 28-Days.

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



### Cancer: 31-Day Standard

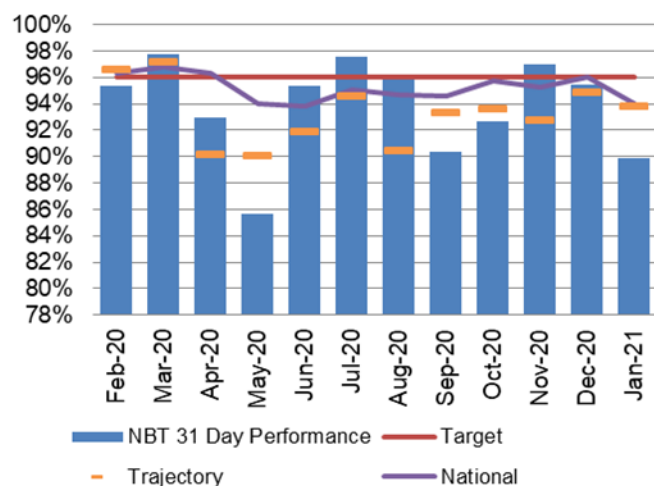
In January the Trust failed to achieve the standard with a performance of 89.84%. There were 187 completed pathways with 19 breaches; 9 in Skin; 4 in Urology; 2 in Colorectal; 3 in Breast; and 1 in Brain. 31-Day performance in February is forecast to be 96%.

The specialties that achieved CWT target were Gynaecology, Haematology, Lung, Sarcoma, and Upper GI. Breast and Urology were very close to achieving the standard; Breast with performance of 93.33% and Urology with performance of 92.86%.

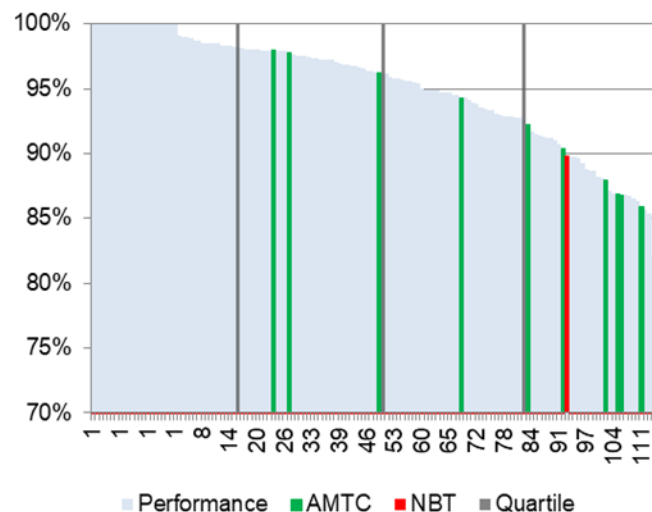
The Trust failed the 31-Day subsequent overall standard with a January position of 80.37%; 107 patients were treated with 21 breaches. The Trust also failed the subsequent Surgery standard in January with a position of 77.66%; 82 patients were treated with 20 breaches. 18 of the 20 breaches were in Skin; 11 due to sentinel node biopsy capacity, which was reduced due to COVID-19 plans to redeploy theatre staff to ICU surge plans. This will continue into February.

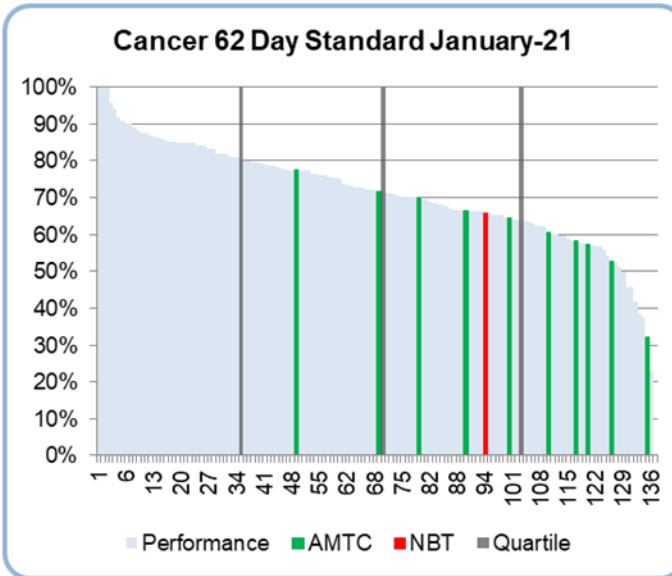
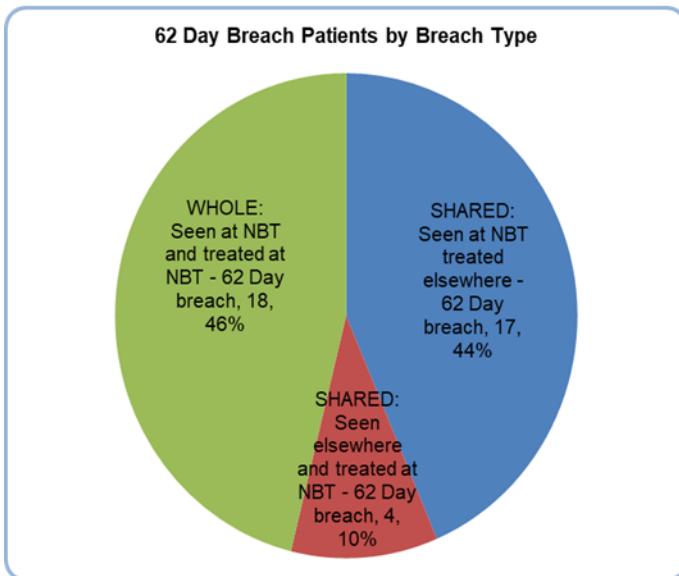
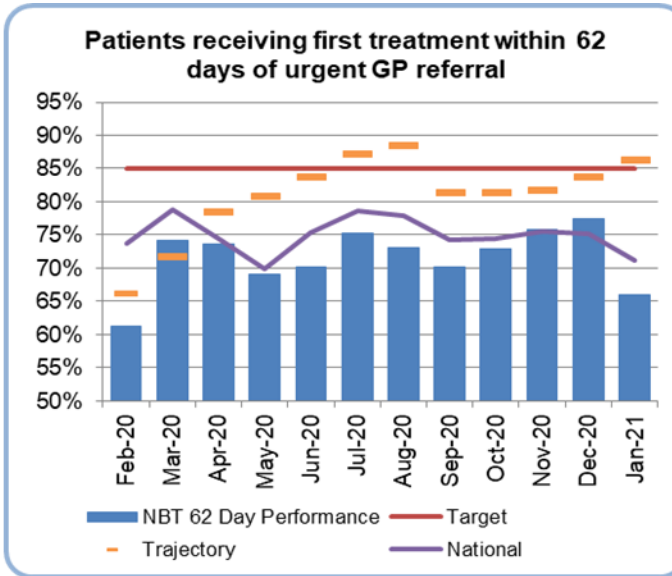
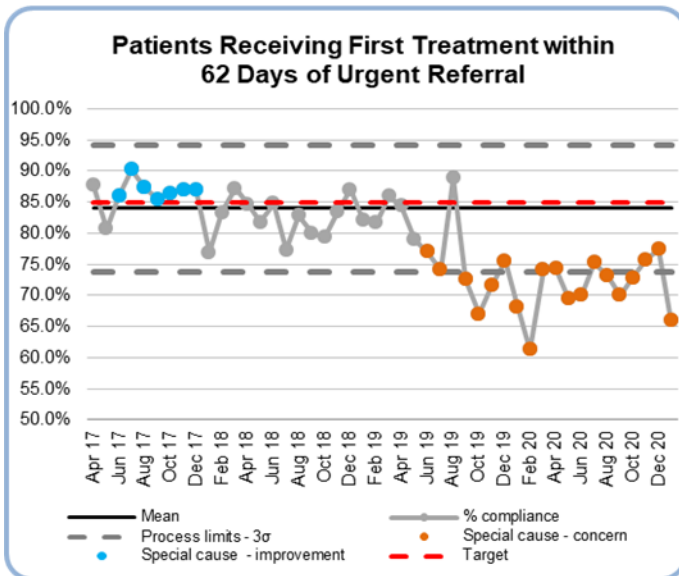
COVID-19 impact on 104-Day remains low; in January there were 37 patients waiting longer than 104-Days. The biggest delay reason is due to patient choice related to COVID-19.

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



**Cancer 31 Day Standard January-21**





#### Cancer: 62-Day Standard

The reported 62-Day performance for January is 65.71% with 110 treatments and 37.5 breaches. The Trust failed both the post COVID-19 recovery trajectory position of 86.10% and the CWT standard of 85.00%. February performance is predicted to be 72%.

Skin and Upper GI were the only specialties that achieved 62-Day CWT standard in January; Skin with a performance of 92.31% and Upper GI of 100%.

Urology failed the 62-Day standard of 85.00% achieving 54.55% with 15 breaches. They achieved post COVID-19 revised trajectory of 52.00%. The majority of the 15 Urology breaches were due to provider delays, specifically turnaround times for template biopsy and Radiology.

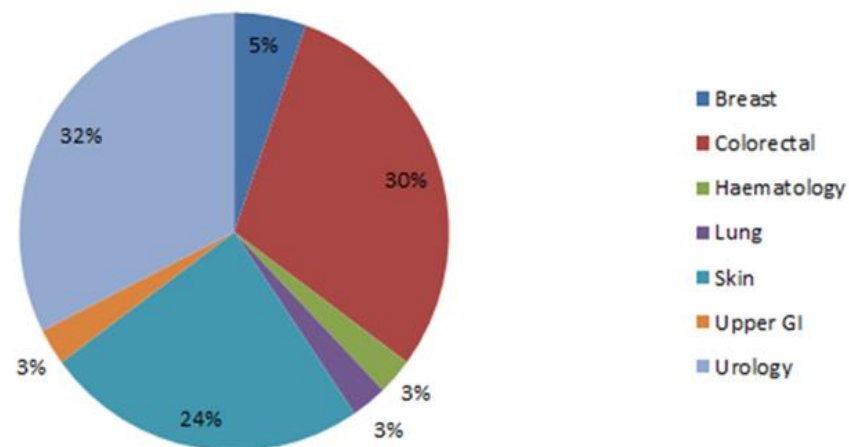
Colorectal failed to achieve the standard with 36.36%; this was an improvement on December's performance. They treated 11 patients with 7 breaches in January. The majority of this month's breaches were due to patient fitness and provider delay within the diagnostic and treatment planning stages to Endoscopy and deferral due to medical reasons.

Breast 62-Day performance was 69.81%; treating 26.5 patients with 8 breaches. 5 breaches were due to complex pathways involving multiple diagnostics or complex bilateral cancers. The Breast pathway is introducing a pain referral triage process, which will have a positive impact on the 62-Day pathway going forward.

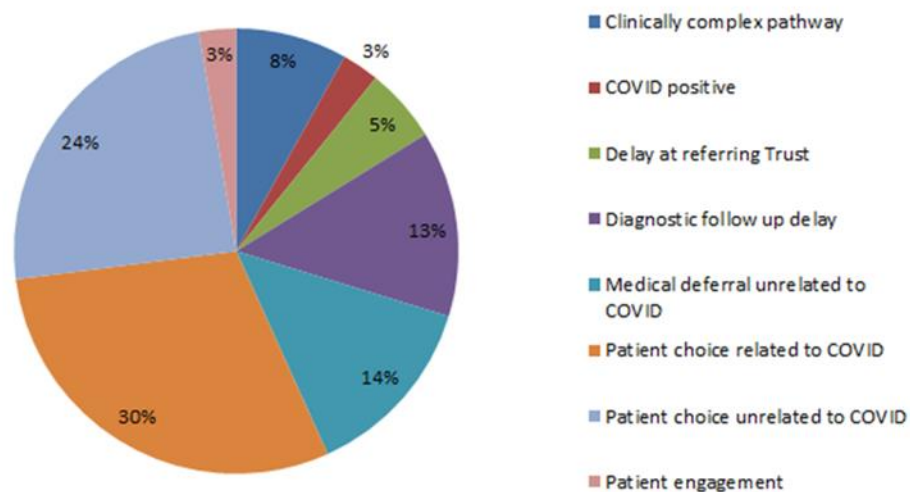
NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.



## 104 Day Without DTT



## Delay Reasons – Without DTT



### Cancer

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

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

The Trust had 37 patients waiting >104-Days without a DTT: 2 in Breast; 11 in Colorectal; 9 in Skin; one each in Upper GI; Haematology; and Lung; and 12 in Urology.

The total number of patients currently over 104-Days on their pathway without a decision to treat has improved further since the January snapshot (43).

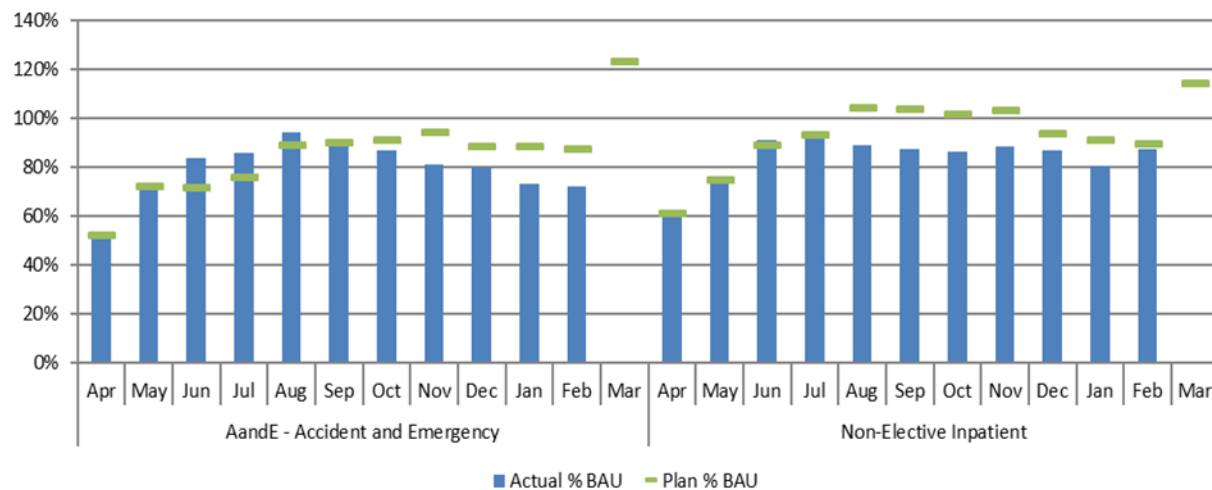
There were 13 patients with a DTT >104-Days with a confirmed cancer diagnosis: 3 in Breast; and 10 in Urology.

There has been a significant increase of Urology 104-Day waiters in this snapshot.

However, when looking at the breakdown, 6 out of 10 patients were transferred to NBT late into their pathways from external Trusts, all past the 62-Day target. All have treatment plans in place.



**Non-Elective Activity vs Plan**

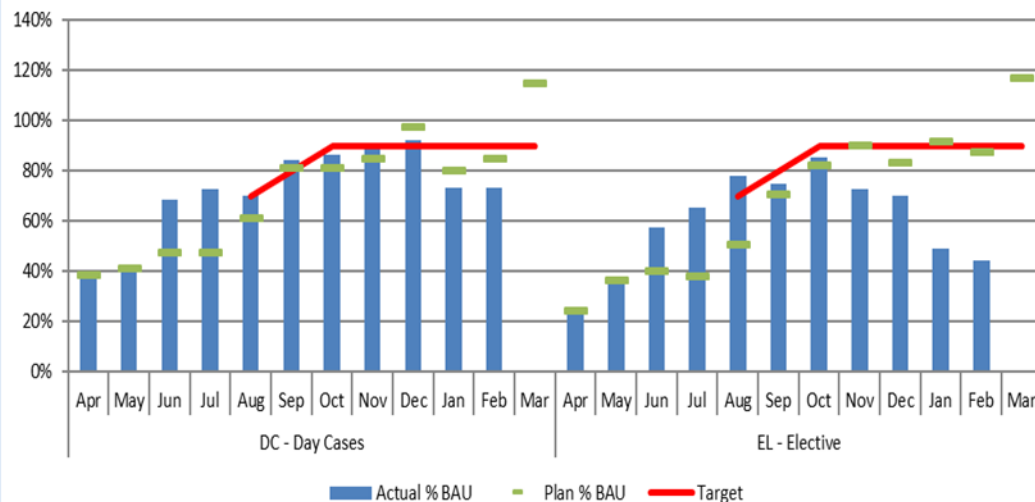


### Non-Elective Activity vs Plan

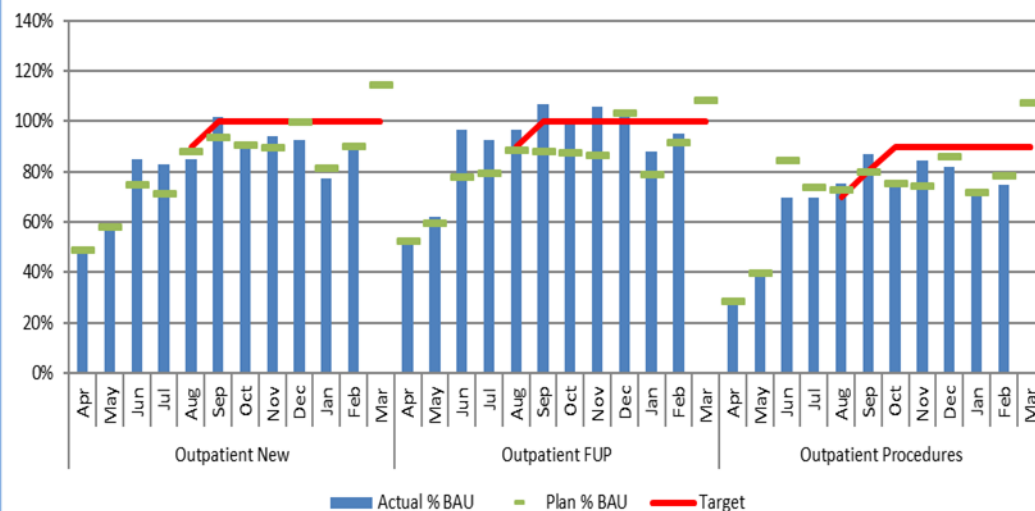
- **ED attendances** have reported below plan since October 2020 in concordance with national lockdown rules and reduction in minors activity.
- **Non-Elective** activity for February has increased to near planned levels; the increase was predominantly for 0 LoS and direct admissions.

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

Elective Inpatient Activity vs Plan



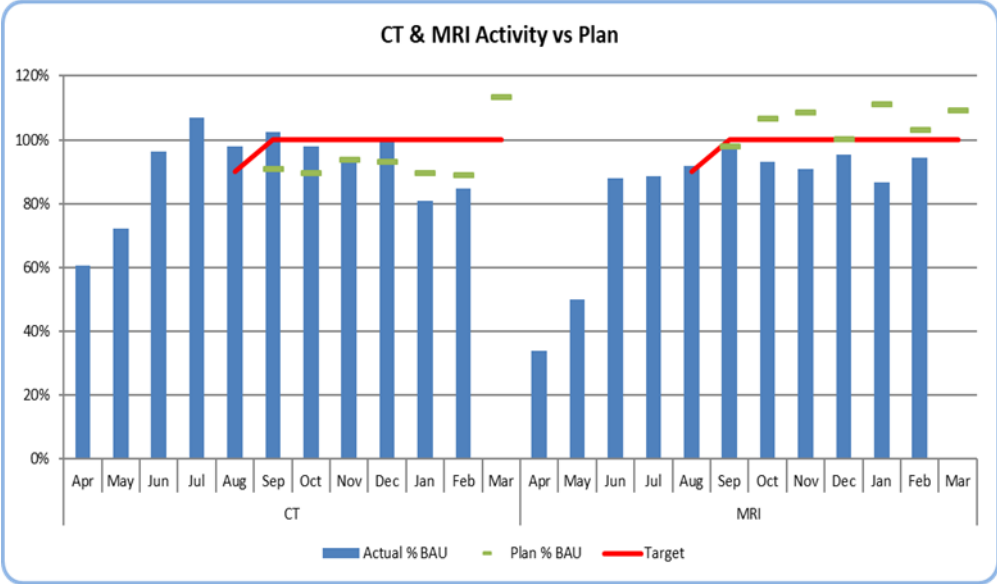
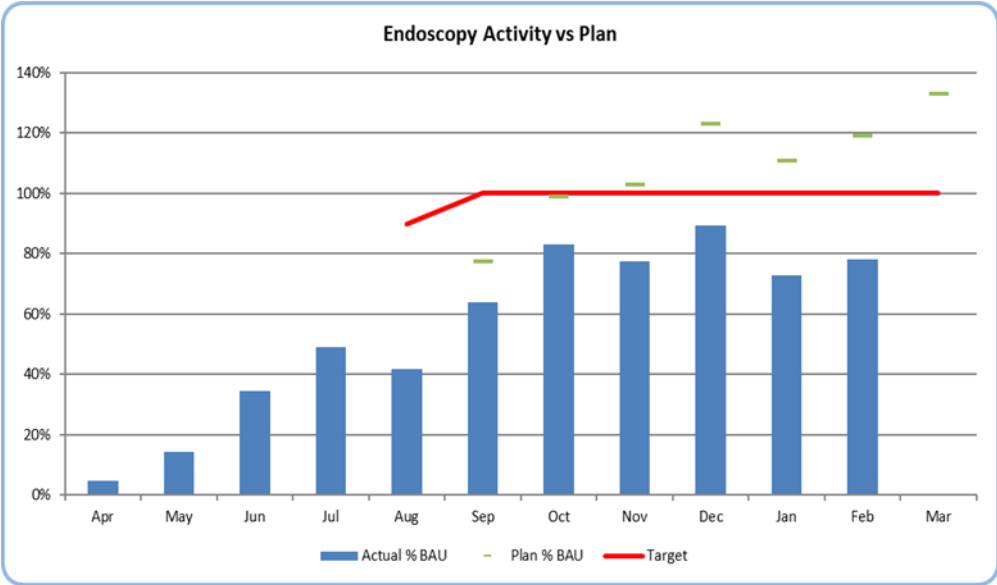
Outpatient Activity vs Plan



### Elective Activity vs Plan

- **Day case** activity in January and February reduced more than planned resulting from the impact of the third wave of the pandemic.
- **Overnight admissions** have achieved plan in every period with the exception of Quarter three and four. The winter months have been particularly impacted by elective cancellations in response to the second and third wave of COVID-19.
- **Outpatient first attendances** have been above plan in most periods. January has been impacted by the third wave of the pandemic with activity increasing in February as services begin to recover.
- **Outpatient follow up** attendances have been above plan for every period.
- **Outpatient procedures** have been above plan in most periods. January has been impacted by elective cancellations due to the third wave of the pandemic.

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



Diagnostic Activity vs Plan

- **Endoscopy activity** reports below plan and target from September. At test level, all Endoscopy test types reported below plan for February. This relates to the under-reporting of activity due to a coding lag.
- **CT activity** increased in February with a corresponding improvement in performance, but did not achieve plan.
- **MRI activity** did not achieve plan in February, but did achieve the national standard of 1% for 6-Week wait performance with performance at 0.50%.

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

## **Quality, Safety and Effectiveness**

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

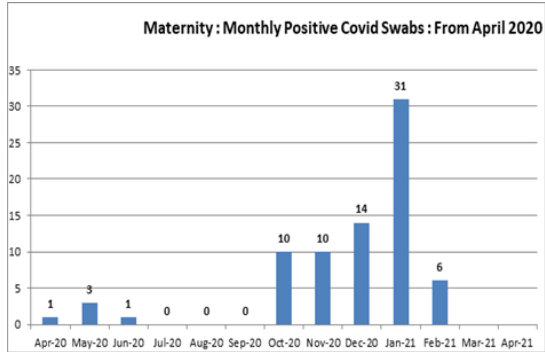
NBT Maternity Dashboard																
	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Total	Trend
Caesarean section rate (overall)	28.0%	34.0%	33.4%	31.5%	33.9%	36.8%	34.6%	39.0%	38.7%	36.4%	31.2%	41.9%	35.1%	38.7%	35.8%	
Elective CS rate (as % of all birth episodes)		14.4%	15.6%	12.0%	14.0%	15.4%	15.4%	16.8%	17.2%	16.1%	14.9%	16.8%	15.9%	16.1%	15.5%	
Emergency CS rate (as % of all birth episodes)		19.7%	17.8%	19.5%	19.9%	21.4%	19.2%	22.2%	21.4%	20.3%	16.3%	25.1%	19.2%	22.6%	20.4%	
Induction of labour rate	32.1%	41.4%	40.8%	40.6%	38.9%	34.8%	35.4%	38.6%	38.9%	36.6%	40.0%	37.6%	39.8%	33.8%	38.2%	
PPH >=1000 ml rate	8.6%	9.2%	9.7%	8.7%	12.9%	11.5%	11.2%	10.7%	8.0%	10.4%	14.2%	8.9%	9.8%	11.6%	10.5%	
PPH >=1500 ml rate	3.5%	3.7%	3.3%	2.8%	5.4%	3.8%	3.4%	3.9%	2.1%	3.4%	4.4%	2.8%	3.3%	3.9%	3.5%	
PPH >=2000 ml rate	1.5%	1.4%	0.9%	0.7%	1.9%	0.9%	1.6%	2.3%	0.8%	2.0%	1.6%	1.1%	1.4%	2.3%	1.5%	
5 minute apgar <7 rate at term	0.9%	0.7%	0.7%	1.3%	1.6%	1.0%	0.6%	0.2%	0.2%	0.6%	0.7%	0.7%	0.5%	0.5%	0.7%	
Stillbirth rate	0.4%	0.0%	0.4%	0.2%	0.0%	0.0%	0.4%	0.2%	0.4%	0.0%	0.2%	0.6%	0.5%	0.2%	0.2%	
Stillbirth rate at term		0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	0.1%	
Stillbirth rate <37 weeks		0.0%	4.8%	0.0%	0.0%	0.0%	2.6%	0.0%	5.3%	0.0%	5.3%	5.7%	2.7%	2.2%	2.1%	

NBT Assurance Dashboard				
	Jan-21	Feb-21	Year to date	Trend
Perinatal Morbidity and Mortality				
Total number of perinatal deaths	2	1	3	
Number of late fetal losses (22+0 to 23+6 weeks excl TOP)	0	0	0	
Number of stillbirths (>=24 weeks excl TOP)	2	1	3	
Number of neonatal deaths : 0-6 Days	0	2	2	
Number of neonatal deaths : 7-28 Days	1	0	1	
Suspected brain injuries in neonates (no structural abnormalities)	1	1	2	
Maternal Morbidity and Mortality				
Number of maternal deaths	0	0	0	
Rate of women requiring level 3 care	0.2%	0.2%		
Insight				
Number of datix incidents logged graded as moderate or above	3	1	4	
Datex incident moderate harm (not SI)	2	0	2	
Datex incident SI	1	1	2	
New HSIB referrals	0	0	0	
HSIB/NHSR/CQC or other organisation with a concern or request	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	
Workforce				
Minimum safe staffing in maternity services: Obstetric cover	83	83	166	
Minimum safe staffing in maternity services: Obstetric middle	1	1	2	
Minimum safe staffing in maternity services: Obstetric	0	1	1	
Minimum safe staffing: midwife minimum safe staffing planned	14.52	10.52	0	
Datix related to workforce	5	12	17	
Number of times maternity unit on divert	0	1	1	
Involvement				
Service User Voice feedback: Number of Compliments	136	69	134	
Service User Voice feedback: Number of Complaints	24	15	24	
Staff feedback from frontline champions and walk-about	3	3	6	
Improvement				
Progress in achievement of CNST /10	7	8	15	
Training compliance in maternity emergencies and multi-	45%	40%		
Continuity of Carer (overall percentage)	17%	17%		

COVID-19 Maternity

Visiting arrangements within maternity were reviewed following national guidance on 14 December 2020 and this guidance will be reviewed to maintain safety of mothers, babies and staff within BNSSG. Partner visiting on postnatal wards has been reintroduced following the introduction of Lateral Flow Testing (LFT).

Incidence of COVID-19 amongst Maternity population reduced during February as shown below (-25 since Jan-21).



Perinatal Quality Surveillance Tool

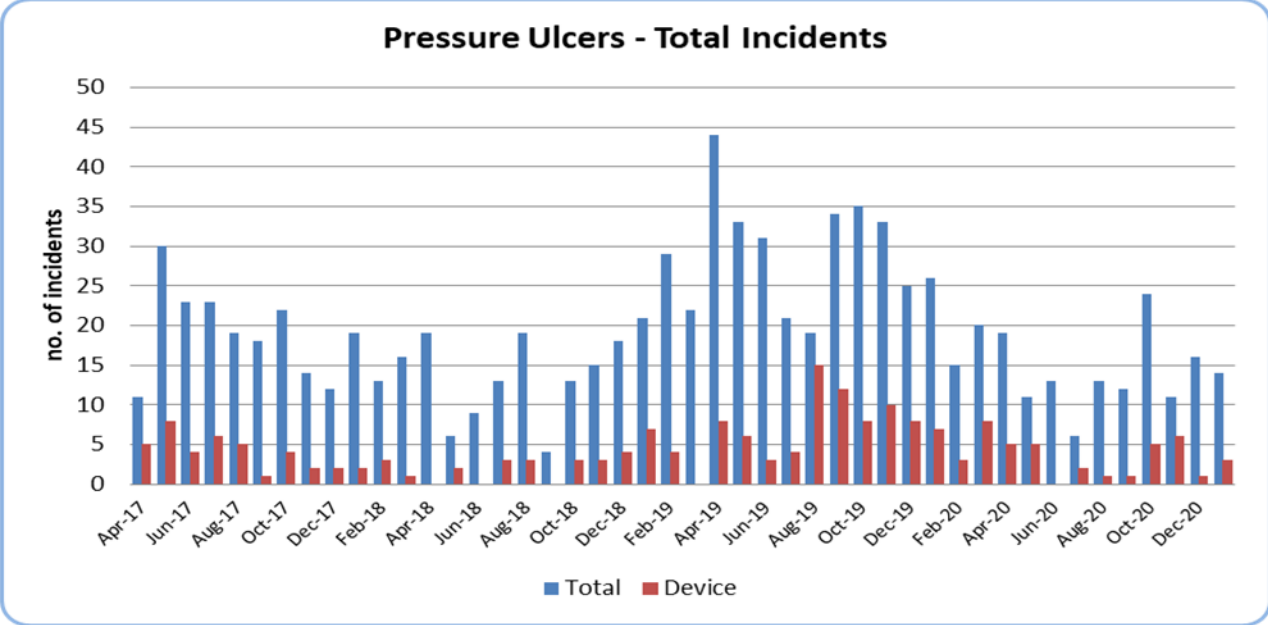
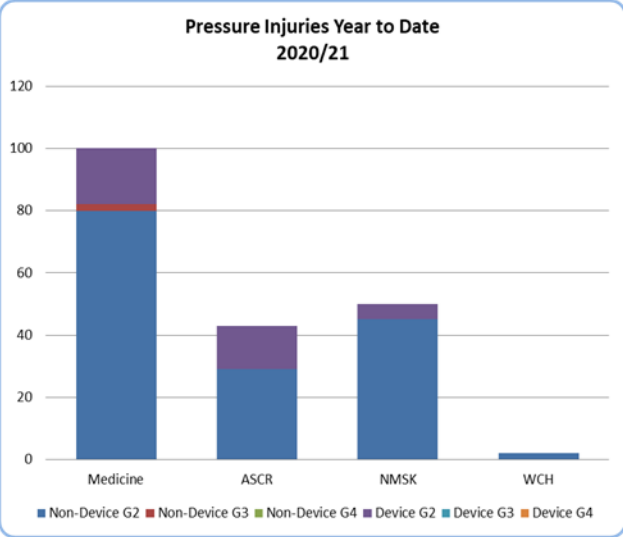
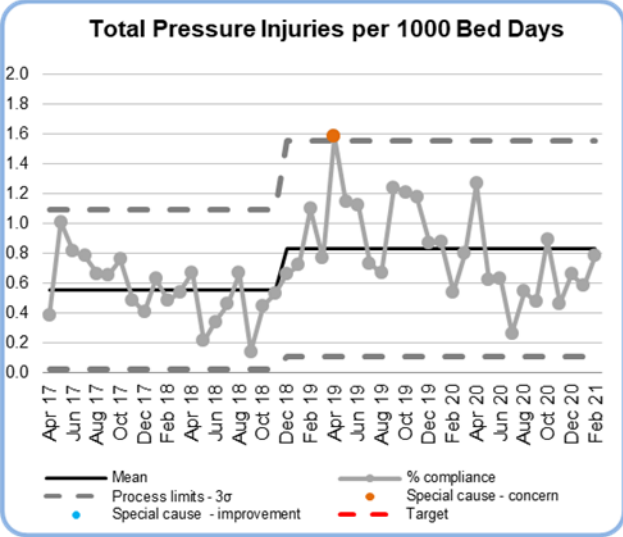
The information provided represents the recommended information from the Ockenden investigation report. NBT Maternity is further developing this dataset to ensure the Board is informed of safety metrics and indicators.

CNST deadline has been postponed until July 2021 and currently progress against CNST standards is 8/10.

Serious Incidents:

QRMC receives a summary of each serious incident investigation, including themes and learning.

Pressure Injuries



Pressure Injuries

The Trust ambition for 2020/21 is:

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

There have been no reported Grade 3 or 4 pressure injuries in February. 27 Grade 2 pressure injuries were reported of which 8 were related to a medical device.

The incidence summary for the month is as follows:

Medical Devices: 30%

Heels: 37%

Buttock: 22%

Spine/ Coccyx/ Natal Cleft: 11%

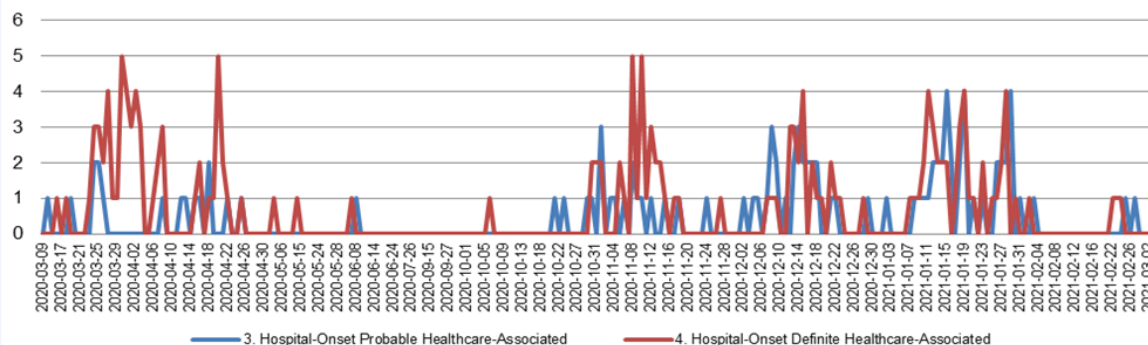
The Trust wide Pressure Injury Review Group recommenced in March with plans to review specific themes from validated pressure injuries in February including medical devices and pressure injuries to heels.

The Divisions continue to complete peer review audits. There are specific Quality Focus Meetings in Medicine to address themes from validated pressure injuries with identified actions to review and implement divisionally.



## Infection Prevention and Control

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



### COVID-19 (Coronavirus)

The infection control effort and resources are focused on managing the COVID-19 pandemic and its impact on the Trust. In February there was a reduction in both staff and patient involvement in outbreaks resulting in fewer hospital onset cases.

All events are the subject of Outbreak meetings with appropriate PHE input. A daily infection control huddle led by the DIPC or deputy DIPC ensured appropriate actions were taken promptly. Staff across the Trust have been supported in good use of PPE and standard IPC precautions. Additional support has been given to increase uptake of Lateral Flow Testing (LFT) both as an early warning tool and also for outbreak management. The successful vaccination programme has contributed to reduction in hospital outbreaks.

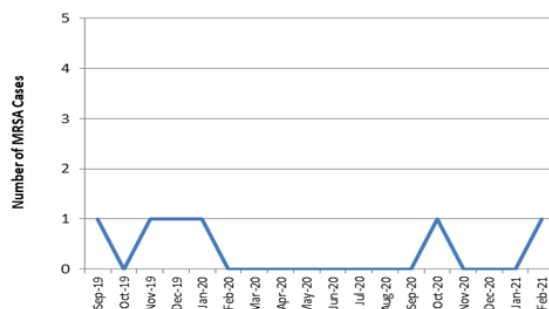
### MRSA

One MRSA bacteraemia within the renal service is being investigated.

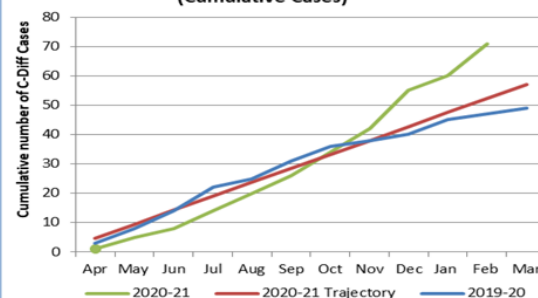
### C. difficile

The Trust will not achieve the trajectory for C. difficile cases this year following increased numbers in autumn 2020 that have continued in Quarter one 2021. Late sampling and poor documentation account for a number of cases and may be a consequence of the pandemic pressures. Divisional DoNs with increased support from IPC are working to return to best practice. Antibiotics given to patients with COVID-19 infection may also have contributed to additional cases.

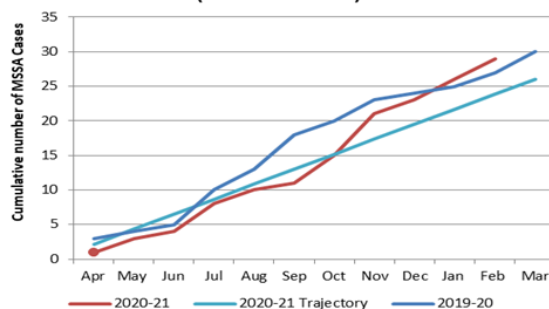
**MRSA Cases - Trust Attributable**



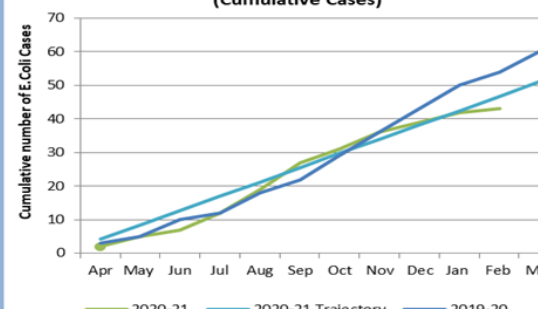
**C. Difficile Cases - Trust Attributable (Cumulative Cases)**

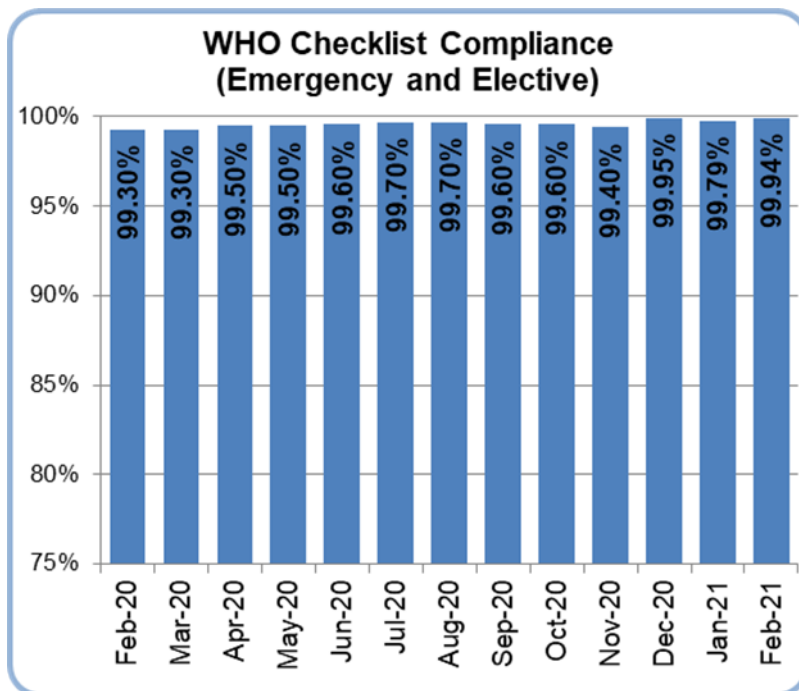


**MSSA Cases - Trust Attributable (Cumulative Cases)**



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





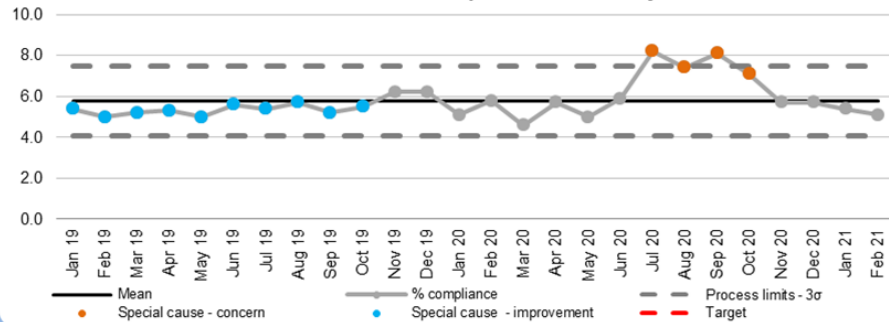
## WHO Checklist Compliance

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

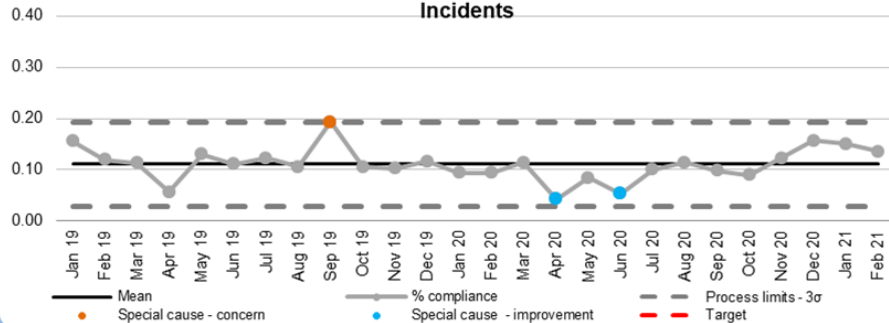
The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records.

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

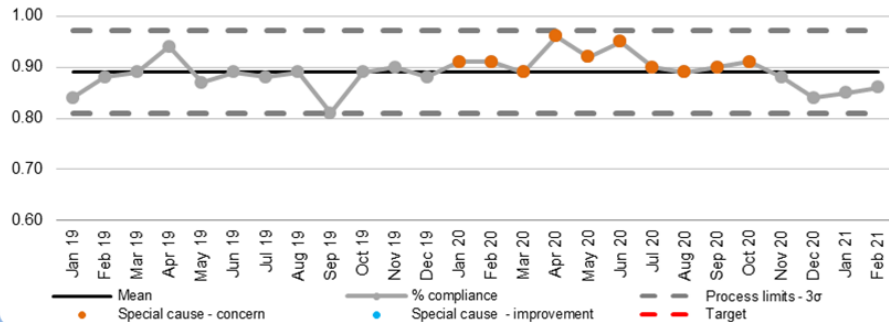
**Medication Incidents per 1000 Bed Days**



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



**Ratio of No Harm Medication Incidents to All Medication Incidents**



## Medicines Management

### Medication Incident Rate per 1000 Bed Days

NBT had a rate of 5.1 medication incidents per 1000 bed days. Higher levels of reporting are considered an indicator of a strong safety culture. It is thought that rates of reporting fell during the last quarter due to pressures from the pandemic. The Trust will be working to increase reporting again in the months ahead.

### Percentage of Medication incidents reported as causing Harm or Death

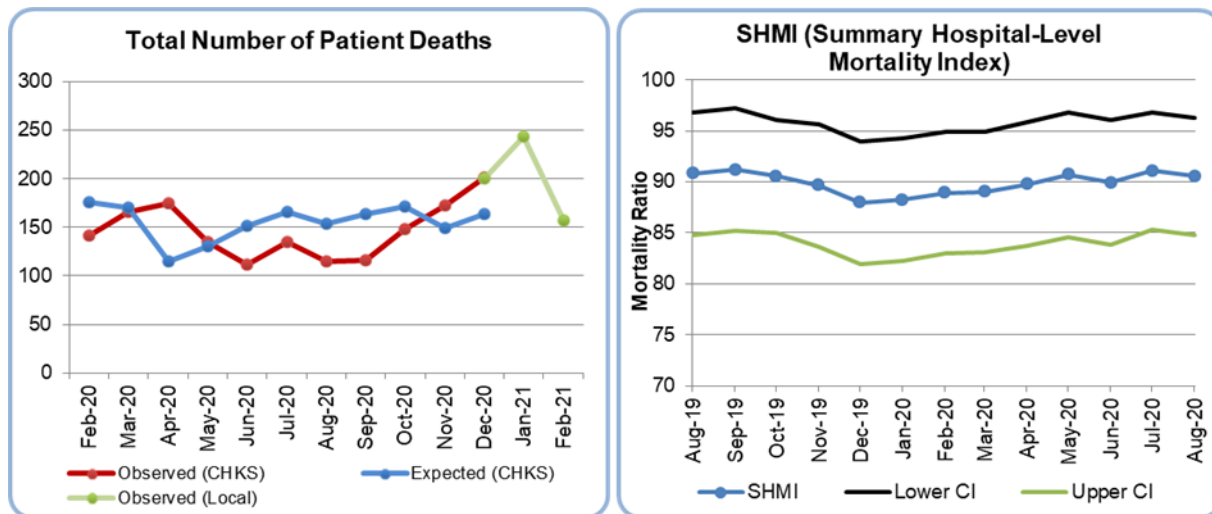
During February 2021, 13.5% of all medication incidents are reported to have caused a degree of harm. There has not been an increase in absolute number and the increased percentage is thought to be linked to the reduction in reporting of low level incidents discussed above.

### North Bristol Trust Medication Incident Reporting

Organisations where staff believe reporting incidents is worthwhile are likely to report a higher proportion of "no harm" incidents. During February 2021, "no harm" incidents accounted for 86% of all NBT reported medication incidents.

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

## Mortality Outcome Data



### Mortality Outcome Data

An increase in deaths was seen in December and January, which is likely to have been the result of increasing COVID-19 infections, with subsequent fall in February a reversal of this impact. The SHMI remains within the expected range but there is significant lag in reporting this number.

There are no current Mortality Outlier alerts for the trust.

### Mortality Review Completion

Between 01 Dec 2019 and 30 Nov 2020, 95.1% of all deaths had a completed review, including through the Medical Examiner system.

21 of the 21 deceased patients with Learning Disability and 33 of the 33 patients with Serious Mental Illness have had completed reviews.

### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.2%. There have been 18 mortality reviews with a score indicating potentially poor, or very poor care which have undergone learning review through divisional governance processes. 1 case has been confirmed as SIRI (Feb 20).

### Pandemic 3<sup>rd</sup> Wave Process

As agreed with the Clinical Audit and Effectiveness Committee a revised review process is being instituted to manage a back log of reviews as a result of the pandemic.

Dec 19 – Nov 20 <sup>1</sup>	Completed	Required	% Complete
Screened and excluded	1214*		
High priority cases	278		
Other cases reviewed	227		
<b>Total reviewed cases</b>	<b>1719</b>	<b>1807</b>	<b>95.1%</b>

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	3.8%	21.6%	49.0%	25.6%

Date of Death	Jun 20 – November 20
Scrutinised by Medical Examiner	195
Referral to Quality Governance team	5 (2.6%)

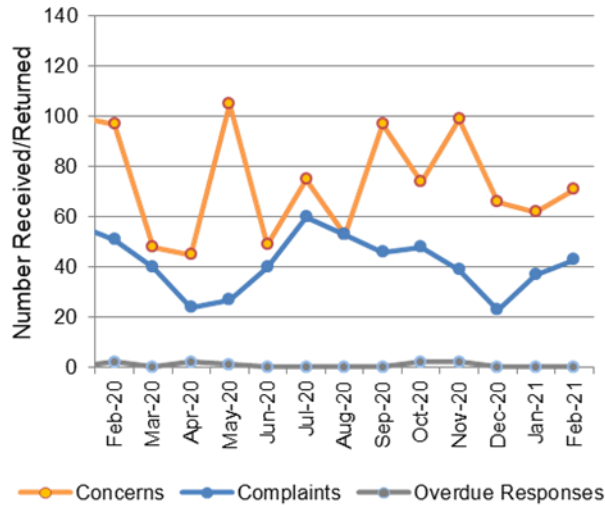
<sup>1</sup>In response to increased operational pressures as a result of wave 3 of the COVID-19 pandemic as agreed at the February CEAC meeting the window for screening has been extended by 1 month and therefore the date parameters for this IPR are 3 months in arrears as opposed to the usual 2.

# Patient Experience

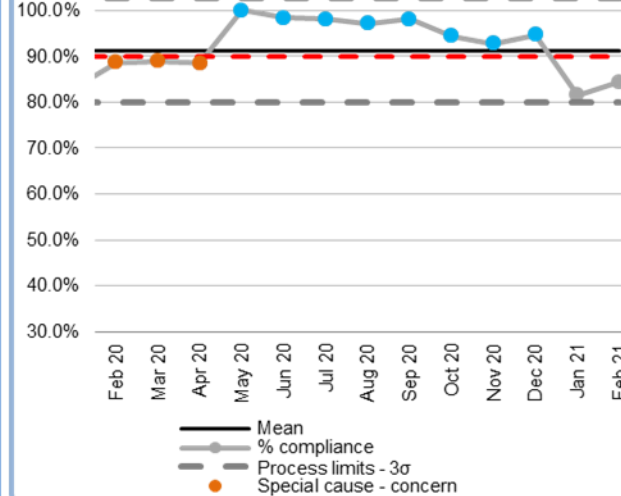
**Board Sponsor: Director of Nursing and Quality  
Helen Blanchard**

## Complaints and Concerns

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



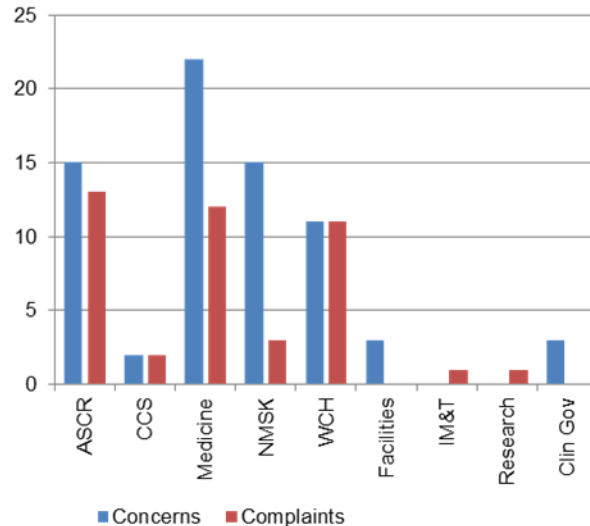
In February 2021, the Trust received 43 formal complaints. This is a slight increase of the number received in January.

The most common subject for complaints remains 'Clinical Care and Treatment'. There has been a consistent increase in complaints regarding 'Attitude of Staff' over the past 3 months, and a notable increase in complaints regarding 'Discharge Arrangements' in February.

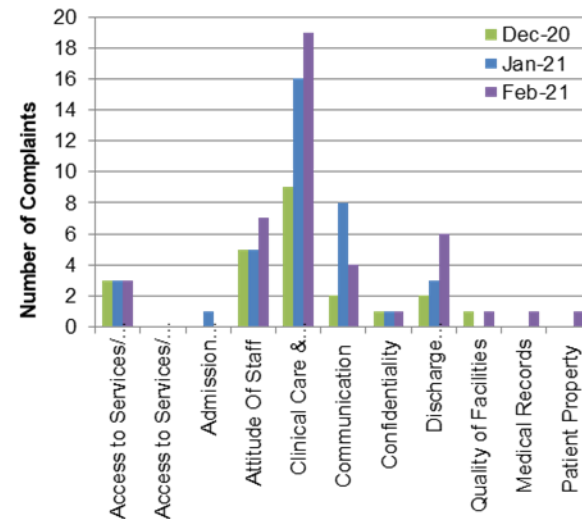
The 43 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	13 (10)	CCS	2 (1)
Medicine	12 (11)	NMSK	3 (7)
WCH	11 (8)	IM&T	1 (0)
Research	1 (0)		

Concerns and Complaints per Division



Complaints By Subject



Enquiries and PALS concerns are recorded and reported separately. In February, a total of 65 enquiries were received by the Patient Experience Team and 71 PALS concerns were received. This is an increase of activity from January.

### Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. In February there has been an improvement in compliance rate, from 81% in January to 84%. This is still below the Trust target of 90%.

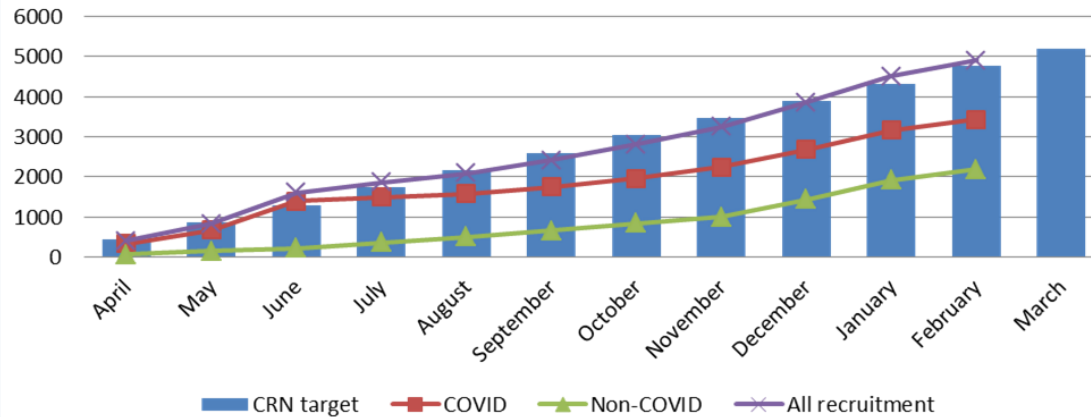
Of the 32 complaints due to be closed in February, 27 were responded to on or before the due date. 5 complaints were delayed, 2 in WACH, 1 in Facilities, 1 in NMSK and 1 in ASCR.

### Overdue complaints

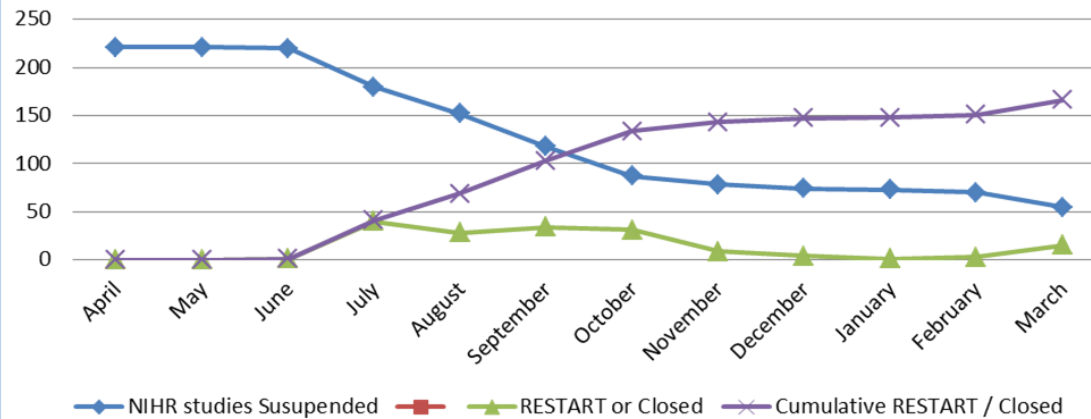
There are no overdue complaints.



## Patient recruitment vs target



## RESTART Progress



## Research and Innovation

In addition to the 3442 participants recruited into COVID-19 studies, NBT researchers have also recruited 2195 patients into non-COVID-19 studies, achieving 104% of target.

NBT has also contributed a further 3865 patient data records to the Avon-Cap study (A Pan-Pandemic Respiratory Infection Surveillance Study), which is providing surveillance on the effectiveness of vaccines.

NBT suspended 221 studies during the epidemic and 166 studies have been re-started or closed. Due to the second wave, restart needed to slow during November and December 2020 but has resumed in February 2021.

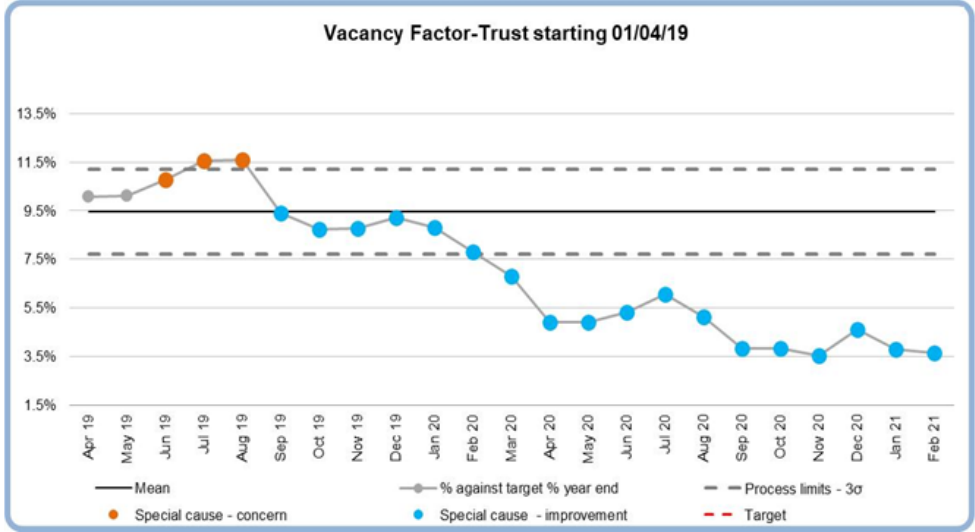
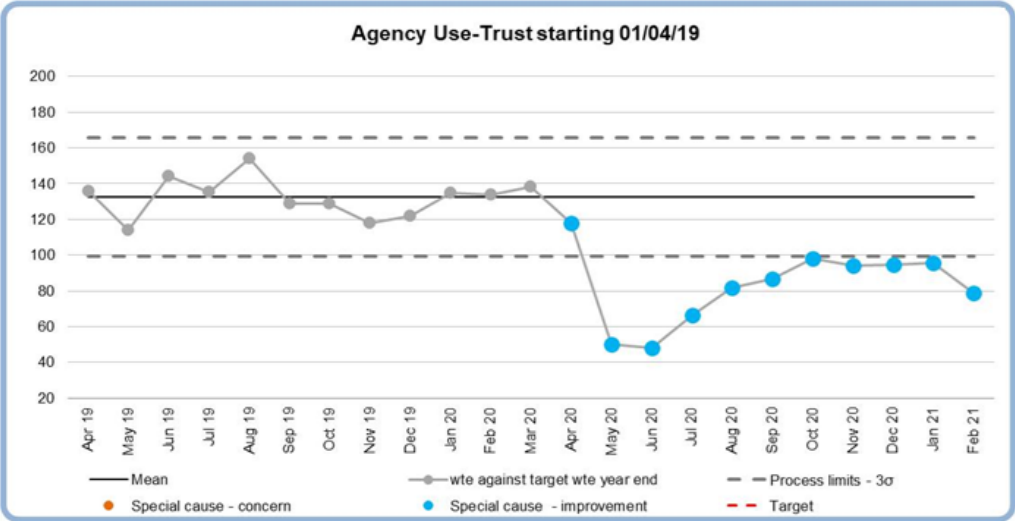
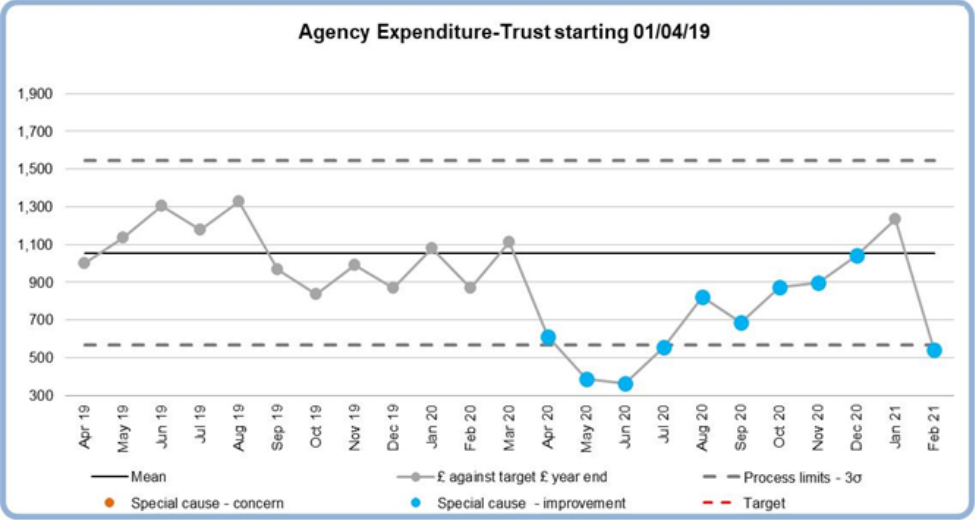
NBT continues to work collaboratively with other Trusts to enable patients from Gloucester, Swindon, Bath and greater Bristol to participate in COVID-19 vaccine trials.

NBT currently leads 53 research grants (NIHR, charity, industry and other) to a total value of £20.3m, and is a partner on 50 grants to a total value of £6.3m.

R&I has just opened a general call for applications to the SHC Research Fund (2020/21) and welcomes any NBT staff member wishing to undertake a research project (up to £20k) in any subject area to apply.

## **Well Led**

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



Resourcing

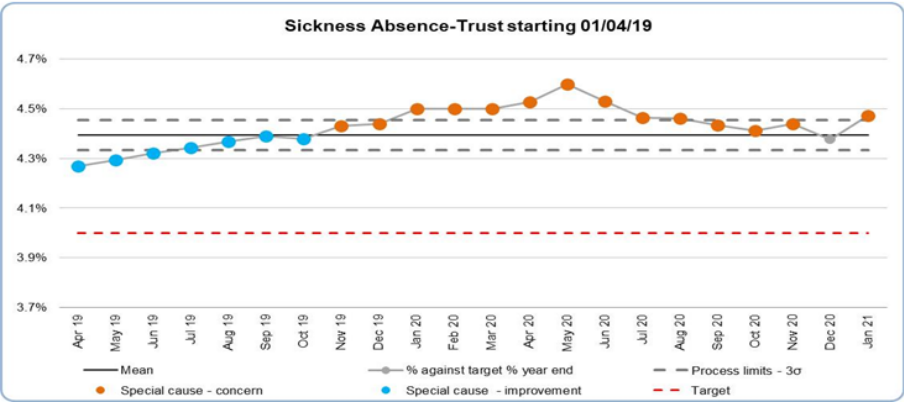
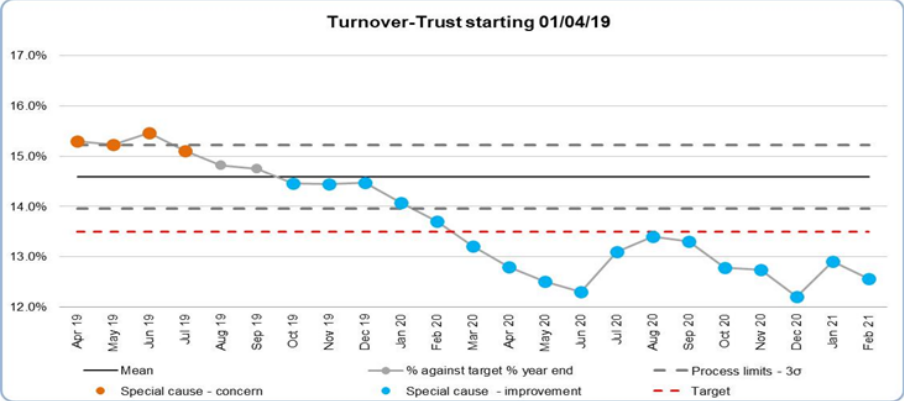
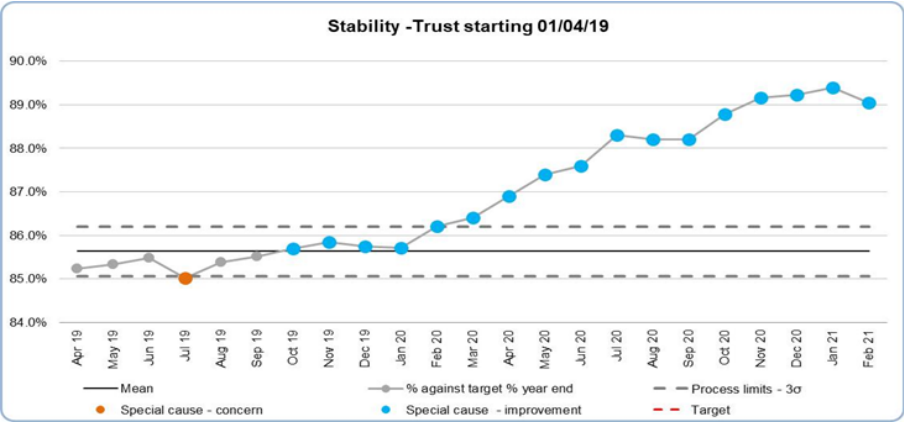
February 2021 saw a decrease in the demand on Temporary staffing, which resulted in significant reductions on the need for Tier 4 support and the resulting reduction in overall spend.

There is also a strong pipeline of Registered and Non Registered staff coming through the recruitment process.

The NBT eXtra team continue to provide support for short term staffing needs for the BNSSG Mass Vaccination project. Demand from PCN's and Community Pharmacies are increasing and NBT eXtra have filled all 40 requests received so far.

A Spring Nursing Careers digital event took place over 2 days. 50 candidates registered to attend on the day, and from 20 interviews, 14 offers were made. February saw a total of 32 offers made and 8 Band 5 Nurse starters, as well as 6 International Nurse arrivals.

HCA Recruitment saw 22 offers made to Healthcare Support workers in Band 2 and 3 in February and 25 starters. This took our HCA vacancies down to 42 WTE



### Turnover and Stability

NBT, as well as being part of the Healthier Together Retention Task and Finish group (Pathfinder project), is also working at system level to address potential future increases in turnover due to the work impact on staff of COVID-19. We have developed the 'Four Pillars of Recovery'. One of these pillars is retention, and includes a system-wide focus on:

- 'Itchy feet' offer to staff at risk of leaving
- Refreshing our flexible working options
- Recovery leave
- Career conversations
- Communication, engagement/ messaging of the offer to staff (EVP)
- Development opportunities and CPD

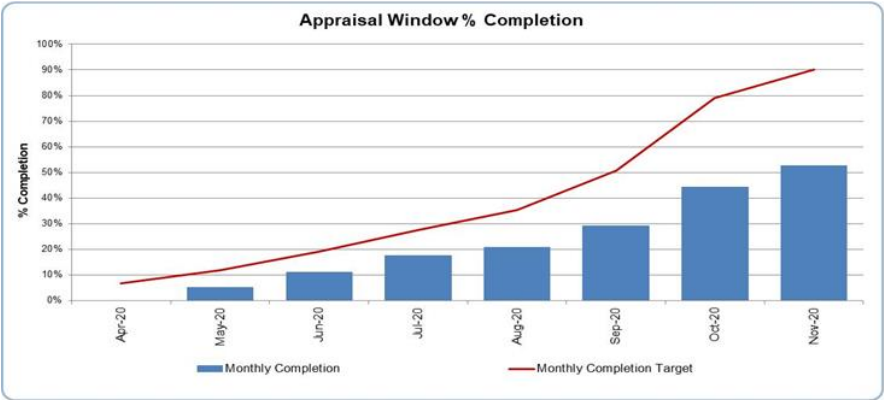
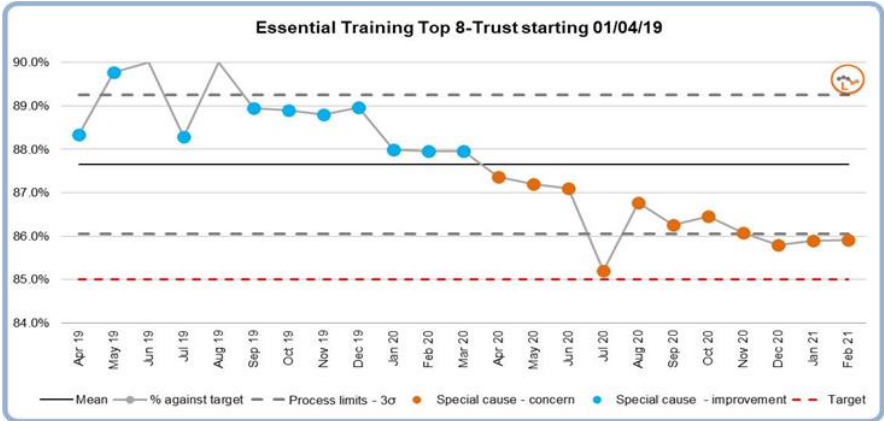
The 'Itchy Feet' campaign and 'Leaving the Trust' resources are currently being refreshed by the People Team within NBT. The Trust is also actively working on the development of a framework/guidance document for managers which will enable them to support staff wishing to take extended periods of leave to aid their recovery, stamina and well-being.

NBT's approach to retention is currently being audited by KPMG as part of their rolling programme of audits.

### Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- Implementing the helpful feedback from KPMG's recent audit of the ER Case Tracker, particularly around the management of sickness cases;
- The development and implementation of management guidance and support for staff off sick with Long COVID-19/Post-COVID-19 Syndrome;
- Review and refresh of the Sickness Absence policy has now commenced;
- Continuation of high level case reviews for the 'top 30' LTS with People Business Partners and senior HR representatives. Partners have found these sessions helpful in supporting the effective management of the Trust's longest sickness cases. A number of the longest cases have now been resolved;



Training Topic	Variance	Jan-21	Feb-21
Child Protection	0.1%	85.9%	86.0%
Adult Protection	0.4%	87.4%	87.9%
Equality & Diversity	-0.2%	90.8%	90.6%
Fire Safety	-0.1%	85.7%	85.6%
Health & Safety	0.4%	87.4%	87.9%
Infection Control	0.5%	91.3%	91.8%
Information Governance	-0.2%	81.3%	81.1%
Manual Handling	-1.0%	75.6%	74.6%
Waste	0.1%	87.6%	87.7%
Total	0.0%	85.90%	85.91%

Essential Training

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

Leadership & Management Development

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

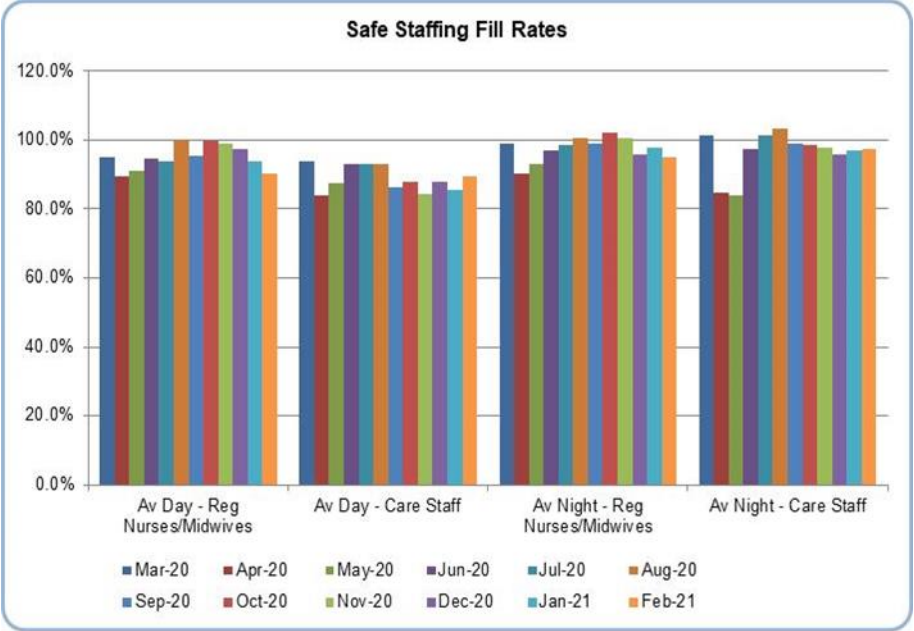
Apprenticeship Centre

Wherever feasible, Apprenticeship activity has continued the pandemic. Effective April 2021, the Trust will be providing extra support sessions to those ward based learners where it has not been possible to have Assessors in clinical environments.

Traineeship Programme

The Trust has been successful in receiving funding to offer up to 20 places on our Traineeship Programme. This programme, specifically for unemployed 19-24 year olds from the local community, provides access to 8 weeks of training and work experience. 88% of previous programme participants have been successful in gaining paid employment with NBT. Our next Trainees will join us in April and May 2021.





Feb-21	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	90.1%	89.3%	95.1%	97.5%

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.

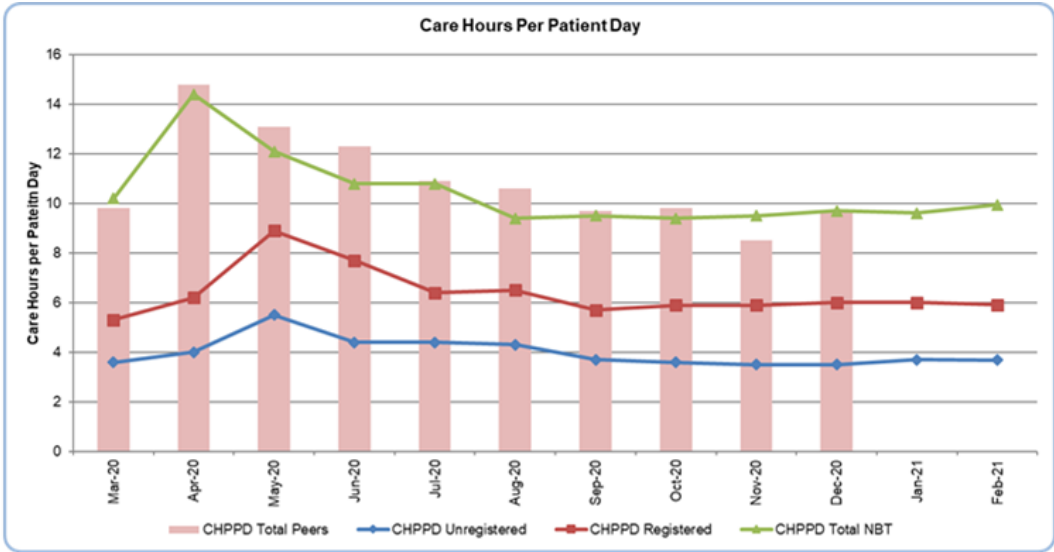
The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

**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**  
**Percy Phillips Ward** (78.6% Day/ 77.9% Night) unexpected absence, midwifery staff redeployed to support safe care from other services.  
**27b** (73.5% Day) Registered staff vacancies  
**7a** (60.1% Day / 54.1% Nights) This was a green ward which is intermittently running below full occupancy.  
**7b** (79.4% Day) This was a green ward which is intermittently running below full occupancy.  
**Cotswold** (53.8%) Reduced occupancy  
**ICU** (73% day) Vacancies, Registered staff deployed from ICU Mega Team to support.

**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** (47.7% day & 65.1% nights) : Reduction in HCSW required due to lower occupancy  
**8b:** (71.7% night) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required  
**26a** (79% day) Unregistered staff vacancies safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required  
**7a** (52.1% day / 57.4% night) This was a green ward which is intermittently running below full occupancy  
**NICU** (49.6% Days / 63.4% Nights) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required. ,  
**34b** (72.7% day) Ward closed for period of time in month.  
**ICU** (41.1% day & 43.3% nights) safe staffing maintained through daily staffing monitoring and supplementing with ICU Mega Team  
**Quantock Ward** (70.8% day) Unregistered staff vacancies

**Wards over 150% fill rate:**  
**33a** (207.4% night) higher acuity and increased burns patients  
**6b** (166.4% night) additional patients requiring enhanced care support with RMN and colocation of tracheostomy patients into this area.  
**Rosa Burden** (178.3% night) patients requiring enhanced care support





Care Hours per Patient Day (CHPPD)

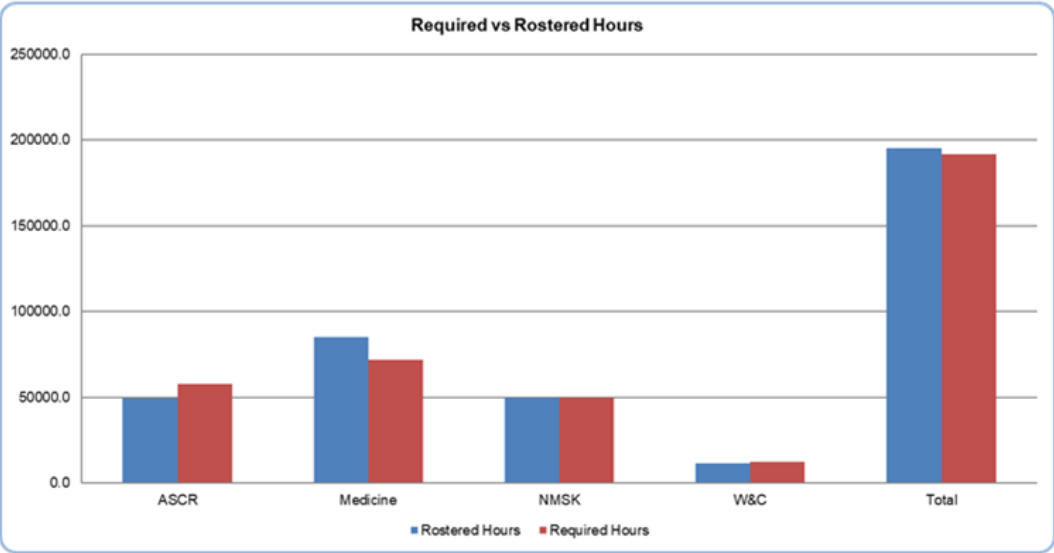
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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.



# Finance

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

**Position as at 28 February 2021**

	Feb	Feb	Variance	YTD	YTD	Variance
	Forecast	Actuals	to	Forecast	Actuals	to
	£m	£m	Forecast	£m	£m	Forecast
Contract Income	52.6	53.4	0.8	536.3	542	5.7
Other Income	4.4	8.7	4.3	104.9	117.8	12.9
<b>Total Income</b>	<b>57</b>	<b>62.1</b>	<b>5.1</b>	<b>641.2</b>	<b>659.8</b>	<b>18.6</b>
Pay	-36.3	-35.7	0.6	-385.2	-384.7	0.5
Non-Pay	-19.8	-20.3	-0.5	-209.2	-208.8	0.5
Financing	-5.8	-8.4	-2.6	-64.6	-67.1	-2.5
<b>Total Expenditure</b>	<b>-61.9</b>	<b>-64.4</b>	<b>-2.5</b>	<b>-659.1</b>	<b>-660.6</b>	<b>-1.5</b>
<b>Surplus/ (Deficit)</b>	<b>-4.9</b>	<b>-2.3</b>	<b>2.6</b>	<b>-17.9</b>	<b>-0.8</b>	<b>17.1</b>

## Statement of Comprehensive Income

### Assurances

The financial position at the end of February shows a year to date deficit of £0.8m compared to a forecast deficit of £17.9m

The trust achieved breakeven in months 1 to 6 under the cost recovery regime implemented to support service delivery under COVID-19 and a deficit of £0.8m when operating within the new financial envelope.

Income for the month includes a retrospective claim of £0.8m for Nightingale Hospital costs and a further £0.1m for mass vaccination services.

There are no further key issues to report.

## Statement of Financial Position

### Assurances

The improved cash position of £146.6m (£m up since March) is a result of the current financial regime of advance payment arrangements presently in place for all NHS Trusts.

### Key Issues

The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year to date in 2020/21 of 86.6% by value compared to an average of 85.8% for financial year 2019/20.

Balance Sheet	19/20 M12 balance	20/21 M10 balance	20/21 M11 reported	In-month change	YTD change
Total Property plant and equipment	560.0	559.4	556.1	(3.3)	(3.9)
Intangible Assets	12.0	9.8	7.1	(2.7)	(4.8)
Non-current debtors	4.0	5.4	5.4	0.0	1.4
<b>Total non-current assets</b>	<b>576.0</b>	<b>574.6</b>	<b>568.7</b>	<b>(5.9)</b>	<b>(7.3)</b>
Inventory	13.1	12.1	12.2	0.1	(0.9)
Total NHS debtors	50.5	23.1	18.3	(4.8)	(32.2)
Total non-NHS debtors	22.2	24.5	22.5	(2.0)	0.3
Cash and cash equivalents	10.7	115.5	146.5	31.0	135.8
<b>Total current assets</b>	<b>96.4</b>	<b>175.3</b>	<b>199.5</b>	<b>24.2</b>	<b>103.1</b>
NHS creditors (accrued)	(6.5)	(5.4)	(5.0)	0.4	1.5
NHS creditors (invoiced)	(4.6)	(4.1)	(3.1)	1.0	1.5
Non-NHS creditors	(53.2)	(72.0)	(71.5)	0.5	(18.3)
Provisions current	(4.4)	(2.9)	(4.9)	(2.0)	(0.5)
Total deferred income	(3.7)	(68.1)	(89.4)	(21.3)	(85.7)
Total current borrowings	(189.1)	(17.6)	(17.6)	0.0	171.5
<b>Total current liabilities</b>	<b>(261.4)</b>	<b>(170.1)</b>	<b>(191.4)</b>	<b>(21.3)</b>	<b>70.0</b>
Total non-current provisions and deferred income	(7.2)	(8.7)	(8.7)	0.1	(1.5)
Total non-current borrowings	(388.5)	(374.8)	(373.9)	0.9	14.6
<b>Total non-current liabilities</b>	<b>(395.7)</b>	<b>(383.5)</b>	<b>(382.5)</b>	<b>1.0</b>	<b>13.2</b>
<b>Total net assets</b>	<b>15.3</b>	<b>196.3</b>	<b>194.3</b>	<b>(2.0)</b>	<b>179.0</b>
Public Dividend Capital	248.5	427.5	427.5	0.0	178.9
Revaluation reserve	149.1	150.2	150.2	0.0	1.0
In-year Income and Expenditure	(3.8)	2.0	0.0	(2.0)	3.8
Retained earnings	(378.5)	(383.4)	(383.4)	0.0	(4.8)
<b>Total net assets</b>	<b>15.3</b>	<b>196.3</b>	<b>194.3</b>	<b>(2.0)</b>	<b>179.0</b>

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

Capital expenditure for the first 11 months of the year is £18.2m which compares to a year-to-date plan of £24.6m.

### Financial Risk Rating

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

### Rolling Cash forecast

The high level cash flow below is in line with NBT’s element of the forecast submitted to NHSI on 22nd October. This shows that the Trust has will end the year with a circa. £85m cash balance after the unwinding of the month in hand advance payment in March 2021.

	Mar-21 (Forecast) £m
Cash Brought Forward	146.6
In Month Cash Movements	-62.4
Cumualtive Cash Balance	84.2

# Regulatory

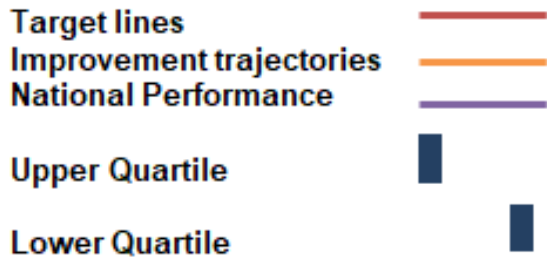
**Board Sponsor: Chief Executive  
Evelyn Barker**

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



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

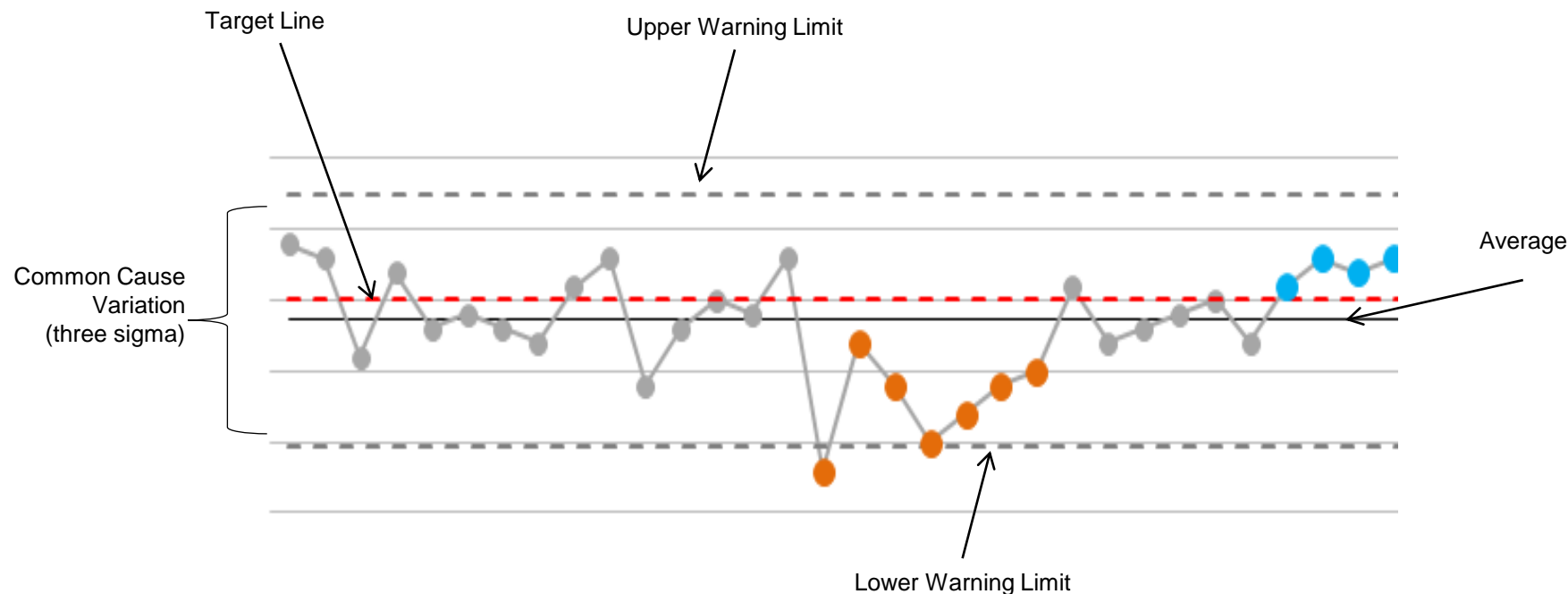
All data included is correct at the time of publication.  
Please note that subsequent validation by clinical teams can alter scores retrospectively.



NBT Quality Priorities 2020/21

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

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



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

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

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

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

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

**Further reading:**

SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>

Making Data Count: [https://improvement.nhs.uk/documents/5478/MAKING\\_DATA\\_COUNT\\_PART\\_2\\_-\\_FINAL\\_1.pdf](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)