



North Bristol
NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



April 2022

(presenting March 2022 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Benchmarking (In arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%		48.78%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	0	6	0	4	97	14	38	29	59	20	295	367	449		0-872	8/10	
	Ambulance Handover < 15 mins (%)		100.00%	-	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%				
	Ambulance Handover < 30 mins (%)	R	100.00%	-	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.51%				
	Ambulance Handover > 60 mins		0	-	83	272	199	346	636	471	418	621	664	645	827	684	681				
	Stranded Patients (>21 days) - month end				136	272	116	123	277	144	149	148	177	189	210	204	222				
	Right to Reside: Discharged by 5pm	R	50.00%		30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.49%	23.79%	23.89%	22.07%	24.38%				
	Bed Occupancy Rate			93.00%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%				
	Diagnostic 6 Week Wait Performance		1.00%	29.46%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%		28.65%	9/10	
	Diagnostic 13+ Week Breaches		0	0	1364	1513	1779	2054	2183	2180	2724	3029	2913	3501	3948	3951	4097		154-3951	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8	1.6	1.5				
	RTT Incomplete 18 Week Performance		92.00%	-	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%		58.26%	4/10	
	RTT 52+ Week Breaches	R	0	2530	2088	1827	1583	1473	1544	1770	1933	2068	2128	2182	2284	2296	2242		40-10148	5/10	
	RTT 78+ Week Breaches	R	-	-	-	363	424	448	532	656	659	577	497	469	501	511	458		0-3410	5/10	
	RTT 104+ Week Breaches	R	99	-	-	5	12	19	28	34	55	93	138	158	184	177	96		0-1220	5/10	
	Total Waiting List	R	40026	29580	31143	31648	32946	34315	35794	36787	37268	37297	37264	37210	38498	39101					
	RTT Backlog Clearance Time (in weeks)				2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0	2.2	2.1				
	Cancer 2 Week Wait	R	93.00%	93.78%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	-		78.55%	9/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	96.53%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	14.55%	-		47.38%	9/10	
	Cancer 31 Day First Treatment		96.00%	98.36%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	-		93.30%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	100.00%	-		98.90%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	97.91%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	80.68%	-		84.53%	9/10	
	Cancer 62 Day Standard	R	85.00%	91.43%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	-		59.86%	9/10	
	Cancer 62 Day Screening		90.00%	87.50%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	50.00%	72.22%	-		66.26%	4/9	
	Cancer 28 Day Faster Diagnosis	R	75.00%	90.25%	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	-		72.99%	6/10	
Cancer PTL >62 Days			475	-	-	-	-	-	-	-	501	663	899	781	528	472					
Cancer PTL >104 Days		0	-	67	64	64	100	162	139	170	158	108	140	197	135	167					
Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hours		100.00%		84.71%	84.42%	82.52%	83.23%	82.89%	83.12%	81.56%	82.08%	82.95%	82.08%	81.13%	82.58%	81.74%					

Please note Ambulance Handover data (<15 mins, <30 mins, >60 mins) for November 2021 onwards is provisional

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%		
	Caesarean Section Rate			28.00%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%		
	Still Birth rate			0.40%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%		
	Induction of Labour Rate			32.10%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%		
	PPH 1500 ml rate			8.60%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%		
	Never Event Occurrence by month		0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	2	2	3	2	1	1	5	1	3		
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	1	2	-	1	-	-	-	-	1		
	Total Incidents				1005	1035	1071	1027	1173	985	1058	983	995	1001	1303	1136	1235		
	Total Incidents (Rate per 1000 Bed Days)				46	46	44	43	48	40	43	39	42	41	53	53	48		
	WHO checklist completion				95.00%	100.00%	99.88%	99.92%	99.93%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.66%	
	VTE Risk Assessment completion	R			95.00%	95.38%	95.45%	95.45%	95.42%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.70%	93.56%	-	
	Pressure Injuries Grade 2				7	9	10	15	17	22	24	19	12	16	16	19	18		
	Pressure Injuries Grade 3				0	0	0	0	0	0	0	0	0	0	0	0	0		
	Pressure Injuries Grade 4				0	0	0	0	0	0	0	0	0	1	0	1	0		
	PI per 1,000 bed days				0.19	0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.71		
	Falls per 1,000 bed days				8.44	8.33	8.70	8.53	8.36	7.84	7.24	7.33	7.48	8.29	9.88	8.85	7.23		
	#NoF - Fragile Hip Best Practice Pass Rate				78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	63.41%	54.17%	-		
	Admitted to Orthopaedic Ward within 4 Hours				44.68%	71.11%	48.84%	44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.95%	20.83%	-		
	Medically Fit to Have Surgery within 36 Hours				89.36%	71.11%	65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	70.73%	62.50%	-		
	Assessed by Orthogeriatrician within 72 Hours				97.87%	93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	75.61%	66.67%	-		
	Stroke - Patients Admitted				96	91	100	91	75	92	83	90	85	73	103	66	55		
	Stroke - 90% Stay on Stroke Ward			90.00%	81.08%	98.26%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.07%	72.73%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	90.00%	85.14%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	76.67%	-		
	MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	E. Coli	R	4	6	4	5	4	1	5	3	8	3	2	6	1	5			
C. Difficile	R	5	4	10	6	10	6	2	5	4	1	6	6	1	6				
MSSA			2	0	4	1	5	2	5	4	1	0	5	3	2	2			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%		
	Friends & Family - IP - Proportion Very Good/Good				93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%		
	Friends & Family - OP - Proportion Very Good/Good				94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%		
	Friends & Family - ED - Proportion Very Good/Good				87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%		
	PALS - Count of concerns				79	108	88	127	127	123	123	100	93	86	100	102	111		
	Complaints - % Overall Response Compliance			90.00%	85.11%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69%	80.85%	78.33%		
Well Led	Complaints - Overdue				0	0	0	0	2	1	8	10	6	11	4	5			
	Complaints - Written complaints				42	56	67	51	65	48	52	55	44	52	58	56			
	Agency Expenditure ('000s)				1042	#N/A	#N/A	1029	1374	1061	1492	1576	1350	1321	1363	1147	1581		
	Month End Vacancy Factor				3.62%	#N/A	#N/A	5.53%	6.52%	6.55%	6.28%	6.53%	6.13%	7.55%	6.97%	7.18%	7.10%		
	Turnover (Rolling 12 Months)	R		12.00%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	15.57%	15.80%	16.26%	15.28%	15.95%		
Sickness Absence (Rolling 12 month -In arrears)	R		-	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	4.46%	4.53%	4.55%	4.59%	4.67%	4.78%	-			
Trust Mandatory Training Compliance				85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%			

Urgent Care

Four-hour performance showed a marginal improvement in March with performance of 52.74% with the Trust ranking first out of ten reporting AMTC peer providers, moving the Trust from the fourth to the third quartile. The Trust recorded 681 (provisional data) ambulance handover delays over one hour. There was an increase in 12-hour trolley breaches with 449 reported in month; there were over 22,000 reported nationally. There were improvements across all three ambulance handover metrics. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy at an average of 97.43% for the month. The COO has commissioned a deep dive into the high occupancy position as a primary driver of current UEC performance. The Trust is also working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria, awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The overall RTT waiting list growth remained within the year-end trajectory at 39101 in March; this compares favourably with combined national provider growth. Long waiting times have resulted from reduced elective capacity due to earlier COVID-19 waves and operational pressures on the bed base. There were 2,242 patients waiting greater than 52-weeks for their treatment in March, 458 of these were patients waiting longer than 78-weeks and 96 were waiting over 104-weeks, delivering a reduction in all 3 of the longest waiting time band metrics and achieving the 104-week wait year-end trajectory. When compared nationally, the Trust's positioning remained in the third quartile for 18-week performance, and the fourth quartiles for 52-week, 78-week and 104-week performance. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance was static in March with performance of 40.25%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

There were a number of movements in the position for Cancer with TWW and 31-Day standards improving to 66.47% and 89.91% respectively. The 62-Day standard deteriorated to 51.17%. Significant progress was made on the total backlog with the Trust achieving the year end target of 475 patients breaching compared with the peak of c.900 patients in December. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

Quality

For Maternity, the divisional response to Ockenden has been robust with excellent engagement from all staff groups and proactive reporting to and engagement with Trust Board and Quality Committee. Maternity recruitment initiatives are resulting in a successful pipeline which, by September, will see the division over-recruited for the first time in several years. NBT has seen an increase in COVID-19 cases being hospitalised, increasing since the changes to national guidance and management of community cases. Outbreaks challenged the NMSK division specifically, with outbreak management / hierarchy of controls used to ensure speciality services were maintained within NBT and wider healthcare provision. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for February 2022), reflecting the impact of ongoing operational challenges.

Workforce

Temporary staffing demand increased by 12.95% (158.09 wte) in March, however bank hours worked increased by a greater amount +13.10% (+90.32wte), The increase in bank hours was predominantly seen in registered nursing and midwifery (+27.56 wte) Estates and Ancillary (+25.95wte) and in unregistered nursing and midwifery (+21.01wte). Trust vacancy factor decreased slightly to 7.10% in March from 7.18% in February. This was driven by an increase in staff in post (+4.13wte). Rolling 12month sickness absence increased to 4.78% in February from 4.67% in January. The initial view of the March absence position shows an 3.04% increase in days lost to absence, this was predominantly driven by an increase in absence due to *Infectious Diseases* (COVID-19 related absence).

Finance

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, manage costs incurred in dealing with the COVID-19 pandemic in line with COVID-19 funding provided. The financial performance for 2021/22 is surplus of £2.2m, predominantly as a result of underspends on non-recurrent funding. There was an allowable overspend on the capital programme due to underspends within the BNSSG system.

RESPONSIVENESS

SRO: Chief Operating Officer Overview

Urgent Care

The Trust reported four-hour performance of 52.74% in March. Ambulance handover delays were similar to the previous month with 681 handovers exceeding one hour reported (provisional data). The Trust reported a significant increase in 12-hour trolley breaches with 449 in month. Bed occupancy varied between 95.60% and 100.22% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The single Urgent and Emergency Care plan for 2022/23 concentrates on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Planned Care

Referral to Treatment (RTT) – The Trust delivered the year-end target of having no more than 99 patients waiting longer than 104-weeks for their treatment. Of the 96 patients waiting >104-weeks at year-end c.50% of these were due to patients choosing to wait longer. The success in delivery of this target can largely be attributed to access to an additional Elective ward during Quarter 4 of 2021/22. The number of patients exceeding 52-week waits in March was 2,242 with the majority of breaches (847; 37.78%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52-weeks is 5.73% which is marginally down compared to the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need.

Diagnostic Waiting Times – Diagnostic performance was static in March with performance of 40.25%. The number of patients waiting longer than 13-weeks increased in March to 4,097 (3,951 in February). There has been a focus on reducing the longest waiting patients particularly in Endoscopy. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In December, NBT ranked 9th amongst 10 peer providers for 6-week performance and 10th for 13-week performance.

Cancer

The 31-Day CWT standards and trajectories saw an overall improvement on last month's performance. The Trust continues to carry backlogs in Breast and Skin which is impacting on TWW and in Breast and Urology within the 62-Day pathways. Breast services continue to run waiting list initiative sessions as part of the internal recovery plan. 62-Day PTL tracking is ongoing with the current reported position at 472 (a significant improvement from the peak position of c.900) and working towards a sustainable target of 345.

Areas of Concern

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

- NC2R patients occupying one third of the hospital's bed capacity.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- The ongoing impact of COVID-19 – peaking at 90 inpatients in March against an assumed volume of c.45 (5% of the core bed base). Infection Prevention and Control measures and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Chief Medical Officer and Chief Nursing Officer

Overview

Improvements

Maternity: Divisional response to Ockenden has been robust with excellent engagement from all staff groups and proactive reporting to and engagement with Trust Board and Quality Committee. National HSIB visit provided very positive feedback about the Trust's leading reputation in approach to patient safety improvement work, including HSIB investigations and actions. Recruitment initiatives are resulting in a successful pipeline which, by September, will see the division over-recruited for the first time in several years.

Infection control: There were no cases of MRSA bacteraemia reported in March 2022 (last one for Trust reported in February 2021).

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial procedures, including inquests. Information is currently being collated across clinical divisions and from centrally held records to compile an Annual Report analysing mortality data and case review learning themes for 2021-22, which will be submitted for review by the Quality Committee and then Trust Board.

Areas of Concern

Infection control: NBT has seen an increase in COVID cases being hospitalised, increasing since the changes to national guidance and management of community cases. Outbreaks challenged the NMSK division specifically, with outbreak management / hierarchy of controls used to ensure speciality services were maintained within NBT and wider healthcare provision. Re-focusing on MRSA , MSSA , C Diff and E- Coli continues to be challenging due to the Covid-19 position and Outbreak situation, however deep dive investigations into individual cases are being undertaken by the IPC team and clinical areas..

Maternity: 11 Cossham diverts to centralise staff within the acute maternity unit. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and 2. Delivery of compliance for the CNST Maternity Incentive Scheme (Year 4) remains challenging, with a forecast to achieve 7 out of 10 standards. Training non-compliance due to staff shortages, exacerbated during the Covid-19 waves drives two of the gaps with recovery trajectories now established.

VTE Risk Assessment: The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for February 2022). This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A review of performance and assessment of whether this reflects actual changes in clinical practice, or data capture issues is planned.

WELL LED

SRO: Director of People and Transformation and Chief Medical Officer Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

Trust vacancy factor decreased slightly to 7.10% in March from 7.18% in February. This was driven by an increase in staff in post (+4.13wte). The increase in staff in post was led by Medical and Dental (+6.26wte), including 4.0wte increase in Consultants; Healthcare Scientists (+5.60wte) predominantly Haematology (+2.00wte); and Allied Health Professionals (+4.22wte), predominantly Physiotherapy (+4.3wte) and Radiology (Imaging) (+1.8wte).

Turnover

Rolling 12month staff turnover increased to 15.95% in March from 15.28% in February. Excluding the COVID-19 and mass vaccination workforce, the turnover rate increased to 15.26% in March from 14.62% in February. This is higher than the March 2020 figure of 13.38%.

Prioritise the wellbeing of our staff

Rolling 12month sickness absence increased to 4.78% in February from 4.67% in January. The initial view of the March absence position shows an 3.04% increase in days lost to absence (adjusted for February being a shorter month than March), this was predominantly driven by an increases in absence due to *Infectious Diseases* (COVID-19 related absence) and *Other musculoskeletal problems*.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 12.95% (158.09 wte) in March, this is partly attributable to February being a shorter month; bank hours worked increased by a greater amount +13.10% (+90.32wte), this may be partly due to the use of incentive bank rates of +30% for all other shifts in line with BNSSG partners, with a +50% rate for allocate on arrival continuing throughout March. The increase in bank hours was predominantly seen in registered nursing and midwifery (+27.56 wte) with largest increase seen in ASCR (+9.49wte), Estates and Ancillary (+25.95wte) and in unregistered nursing and midwifery (+21.01wte) . Total agency RMN use saw an increase of 21.21wte (tier 1 increased by 19.85wte, predominantly in wards 34A, EEU & 9A), tier 4 RMN use increased by 8.71wte , predominantly in wards 26B, EEU & 9A

*Actions removed from the table below from last month have been delivered

Theme	Action	Owner	By When
Vacancies	Health care support worker assessment centres have increased for the remainder of the year and to May-22 in line with NHSi funding to reach 0 vacancies underpinning H2 Recovery – including wider, paid for advertising to counter labour market challenges for band 2 and band 3 roles (Dec-21 to Feb-22)	Head of Resourcing	May-22
Turnover	Focus on a clear link with staff well-being activities to address issues of fatigue and well-being Re-promotion and expansion of our Itchy Feet campaign – with resources developed around career coaching conversations and working flexibility, aiming to support staff before they decide to resign Promotion of 'Retire and Return/' and helping staff to 'wind down' rather than resign, utilising their experience to support newer staff	Head of People	Feb-22 – Apr-22
Temporary Staffing	System wide review of Waiting List Initiative Rates to support capacity management across system - Work continues across UHBW, NBT and Sirona to develop a system incentive pay framework with a target implementation date for April. This was postponed from the original December target due to operational pressures.	Director of People and Transformation	Apr-22

FINANCE

SRO: CFO

Overview

The actual result for 2021/22 is a £2.2m surplus.

The surplus is predominantly as a result of underspends on non-recurrent funding.

The Trust has delivered £3.6m of savings against revised target of £10.0m in 2021/22. As this is £1.4m below the forecast in Month 11 and the 2022/23 was based on £5m delivered recurrently in 2021/22, this shortfall will be added to the 2022/23 target.

The income reported in Month 12 is based on notified allocations from BNSSG system and it was £87.0m (£77.1m Contract and £9.9m other) and the full year figure is £787.7m (£697.1m Contract and £90.6m other).

The contract income and pay figures include the notional pensions costs of £18.8m which are accounted for at Month 12.

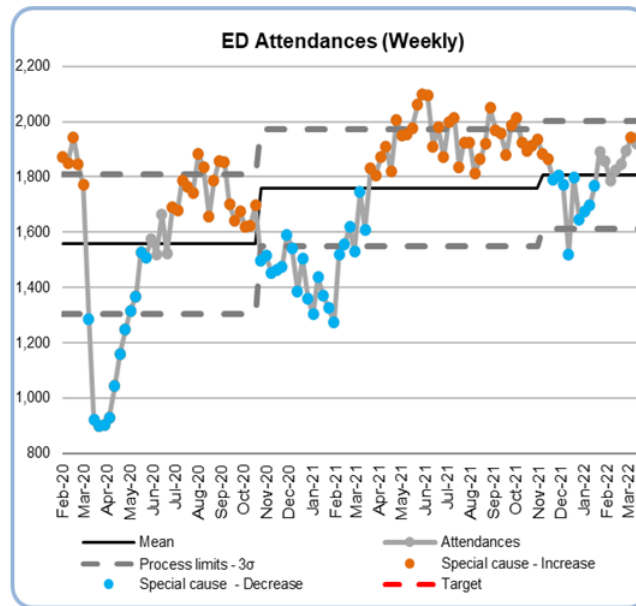
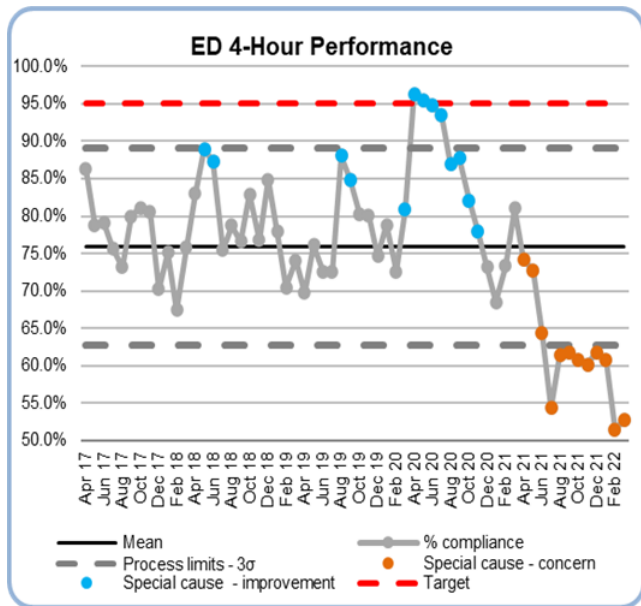
Cash at 31 March amounts to £116.1m.

Total capital spend for the year was £33.5m, compared to an original plan of £21.7m, due to additional PDC drawn down in year, receipt from land sales, and an allowable overspend due to underspends elsewhere in BNSSG.

Responsiveness

**Board Sponsor: Chief Operating Officer
Steve Curry**

Urgent and Emergency Care



Unscheduled Care – Front Door

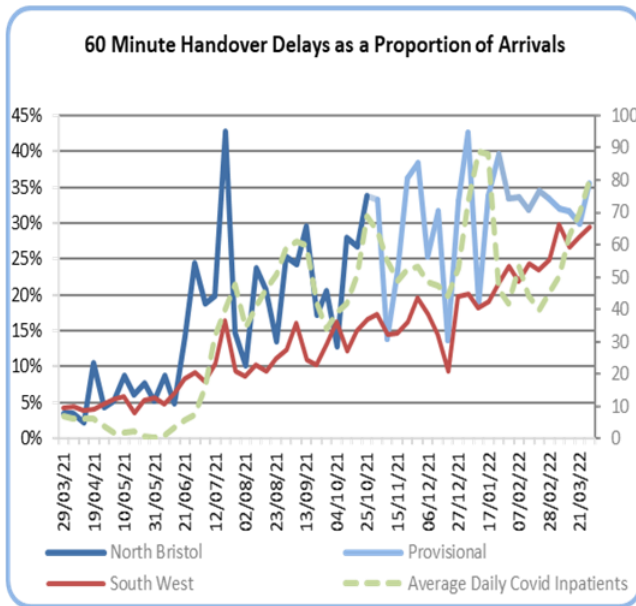
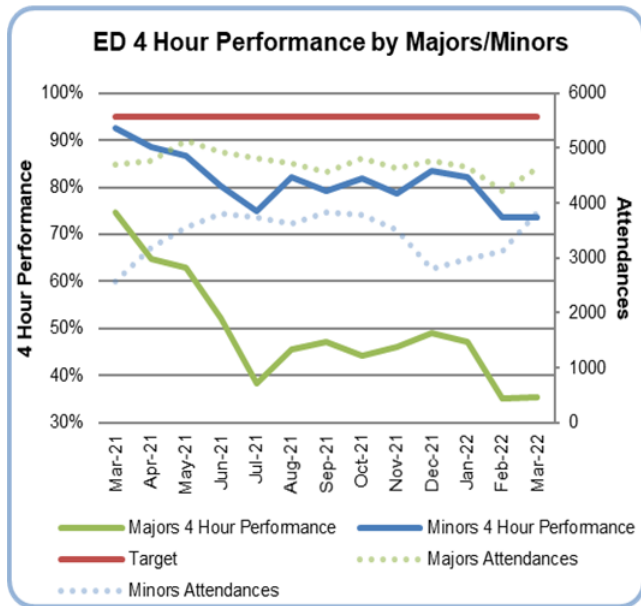
What does the data tell us?

Four-hour performance improved in March with performance of 52.74%. Compared to our AMTC peers, the Trust ranked first out of ten reporting centres. When compared nationally, Trust positioning improved, moving into the third quartile from the fourth. ED performance for the NBT Footprint stands at 61.25% and the total ICS performance was 67.44% for March.

For March, ED attendances were higher than 2019/20 levels. There was an increase in 12-hour trolley breaches compared to the previous month, with the Trust recording 449; nationally there were over 22,000 with 53 trusts reporting over 100.

Ambulance handover times showed some improvements, but continued to be challenged with provisional (unvalidated) data showing the Trust recorded 681 ambulance handover delays over one-hour in March.

In March, numbers of COVID-19 inpatients began to rise in the middle of the month, peaking at 90 on the 31st March.



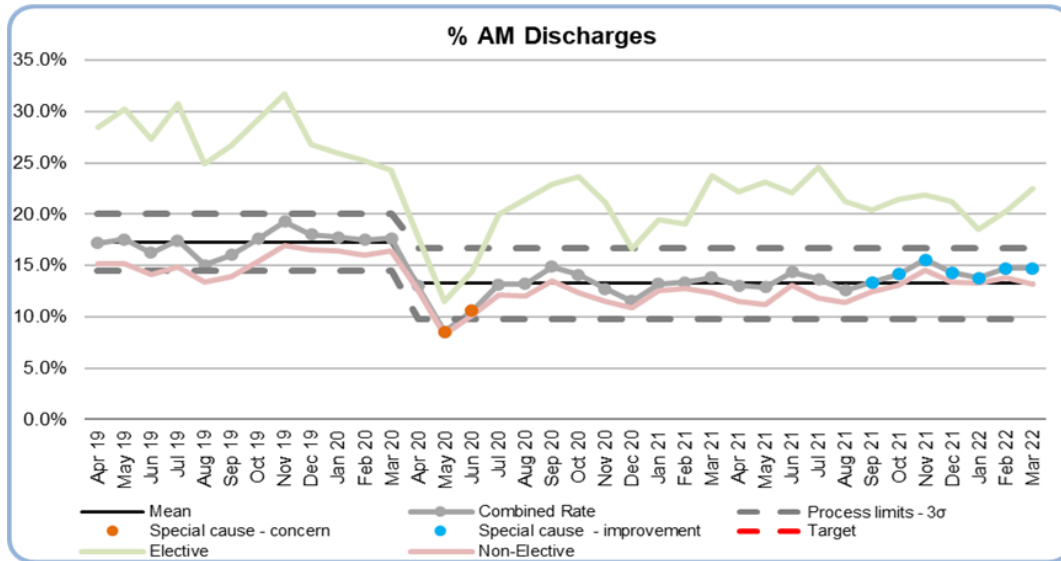
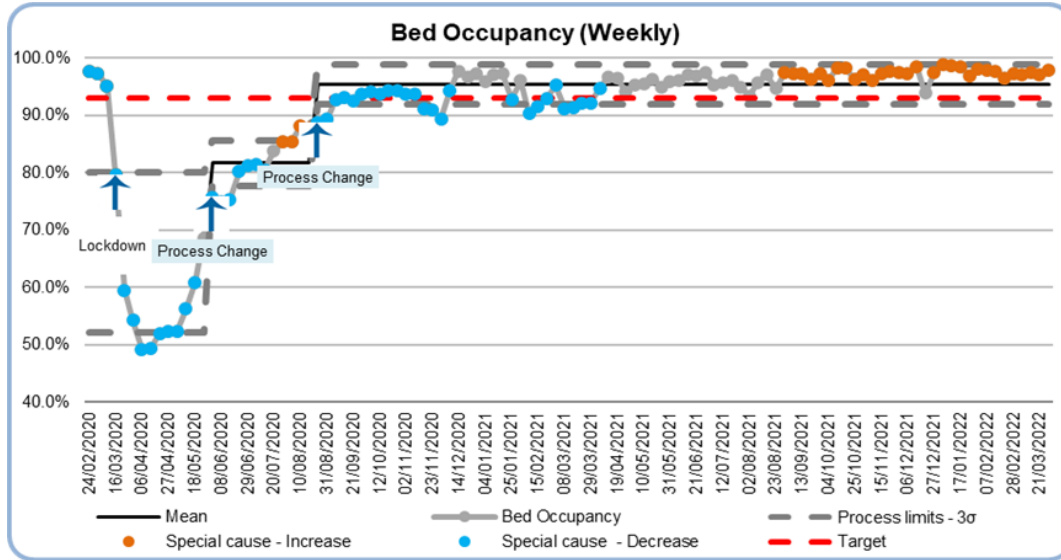
What actions are being taken to improve?

The Trust is actively working with system partners to achieve system solutions to the NC2R problem.

A Trust Ambulance improvement plan including BNSSG and SWASFT actions for out of hospital care has been presented to Region, but in light of the high levels of occupancy performance remains challenged.

The Emergency Flow Plan aims at improvements in three areas (front door, time in hospital, and discharge). Attempts to relocate medical SDEC to increase core capacity will take place in late April 2022.

Urgent and Emergency Care



NB: The method for calculating bed occupancy changed in June and September 2020 due to reductions in the overall bed base resulting from the implementation of IPC measures.

Unscheduled Care - In Hospital

What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 51.85%, with the second highest cause due to waits for a medical bed at 14.35%.

The vast majority of breaches of the admitted pathway is related to increasing bed occupancy, which remains challenged. All days in March reported above the 93% target, varying between 95.60% and 100.22% against the core bed base.

In March, 14.74% of patients were discharged between 08:00-12:00; which was static on the previous month.

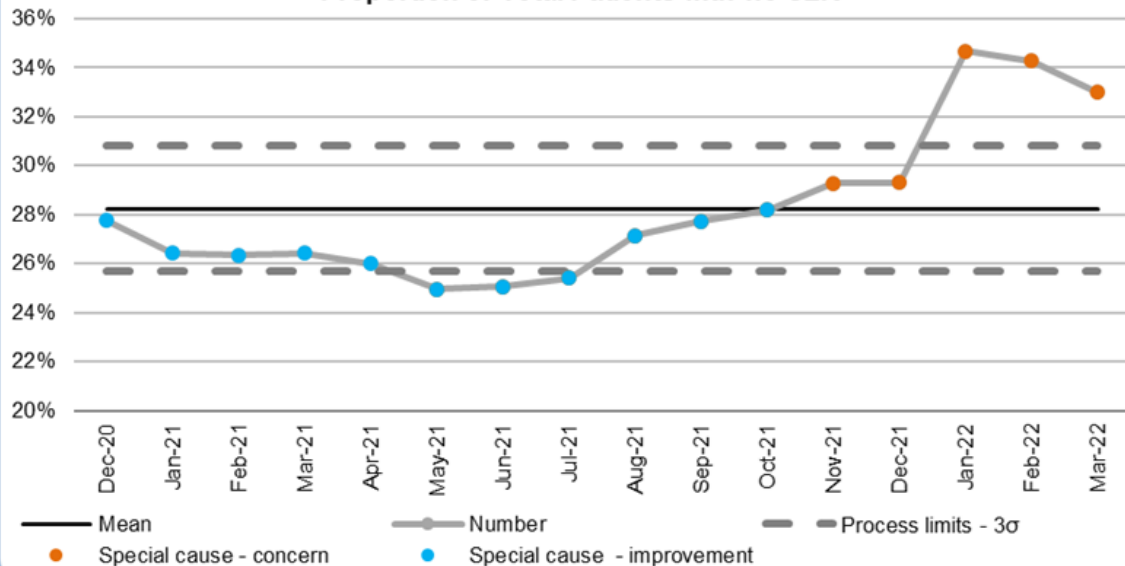
What actions are being taken to improve?

The Trust is actively working with system partners to achieve system solutions to the NC2R problem.

The Trust wide plan to improve emergency patient flow is made up of three components:

1. Admitted Flow – achieving timely patient reviews and reduced harm, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge, improved weekend discharge rates.
2. Emergency Flow – creating a clear pathway for patients to receive rapid assessment and treatment in the right setting, decompressing ED and increasing use of SDEC pathways.
3. Hospital Flow - optimising the use of beds in our hospital, including increase in direct admission pathways.

Proportion of Total Patients with no C2R



Unscheduled Care - No Criteria to Reside (No C2R)

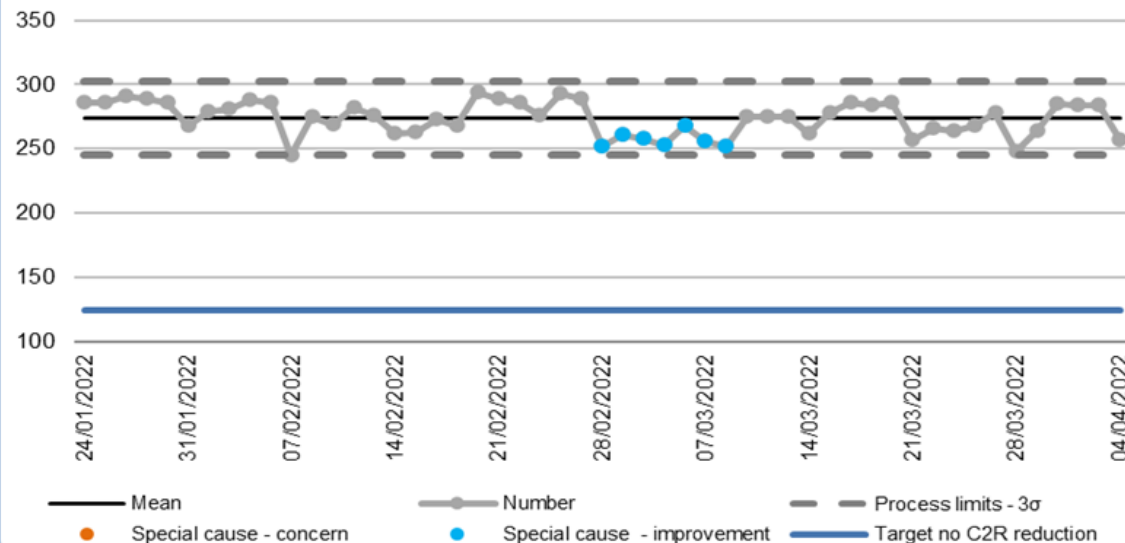
What does the data tell us?

In March the delayed bed days associated with patients recorded as having no criteria to reside and awaiting D2A pathways 1, 2 and 3 rose to 6,711 compared to 6,639 in February. The number of delayed bed days for P1 increased significantly by 314. During March, there continued to be a high number of P3 care homes and P2 rehab units closed to admission due to COVID-19.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care and Sirona D2A care worker capacity. Patients with an advanced dementia and perceived behavioural challenges waiting P3, wait a considerably long time and many homes, due to staffing constraints, request additional funding for one to one support. The available capacity for stroke patients with high care needs remains limited.

The top graph shows that at the end of March the overall month average of total patients with no criteria to reside and ready for discharge was 32.99% (34.27% in February). The bottom graph shows that at midnight on 31st March, 261 patients had no criteria to reside; 232 were waiting other external discharge pathway start dates, mainly D2A P1 (82 patients), P2 (59 patients) and P3 (74 patients). 29 patients with no criteria to reside were waiting for internal reasons; 18 were waiting the completion of a single referral form (SRF). At least 20 new SRFs are expected to be generated each day, Monday – Friday and 10 on a Saturday and Sunday.

Patients with no Criteria to Reside



What actions are being taken to improve?

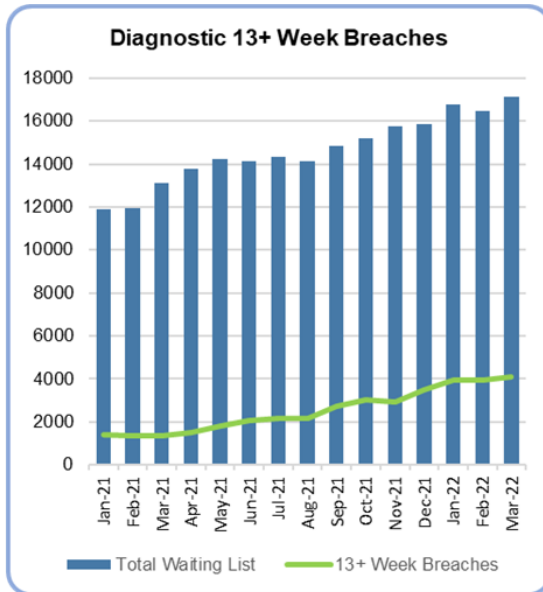
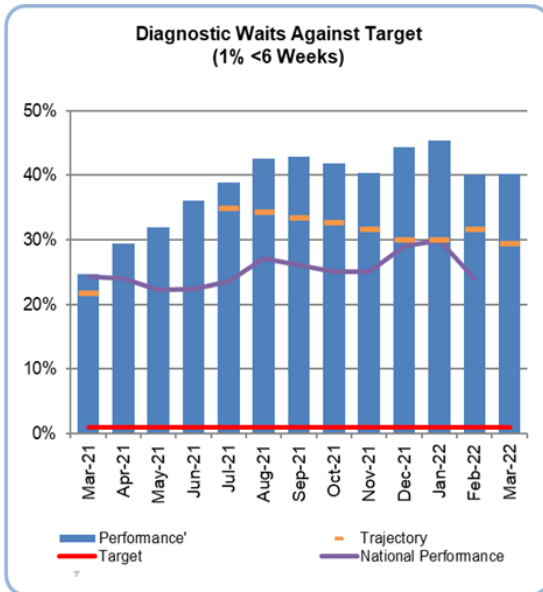
The Care Hotel closed on the 31 March 2022. During its existence, NBT had transferred 52 patients waiting D2A P1 as an interim step to discharge home. Total number of bed days was 536 days and average length of stay 10.31 days.

During early April, the Urgent and Emergency Care Board has refreshed the programme of work to include an admitted patient flow workstream for all Divisions to improve the recording of patient's criteria to reside; the management of timely SRF completion and acceptance; reducing unnecessary long length of stay and potential harm through patient deconditioning and 'Home First' as the main discharge pathway.

The rejection rate for SRF's was 6.7% in March, compared to the February rejection rate of 3.3%. 22 patients were discharged early during March, with family support bridging care at home, whilst awaiting P1 commencement, equating to 2 beds saved.

The whole system D2A Board and programme workstreams were established in February with priorities agreed and improvement work commenced. The P1-3 pathways improvement is expected to generate bed savings for NBT of 57 beds in 2022/23.

Diagnostic Wait Times



What does the data tell us?

In March, diagnostic 6-week performance was static at 40.25%. 13-week performance deteriorated, with an increase of 3.70% in breaches on the previous month. There was an increase of 3.90% in the overall waiting list in March and when adjusting for number of working days, there was a decrease of 7.20% in waiting list activity compared to February. Six test types reported over 100% of their overall activity compared to the same month in 2019/20.

Echocardiography and Endoscopy performance continues to be impacted whilst CT and Non-Obstetric Ultrasound have both reported improvement.

What actions are being taken to improve?

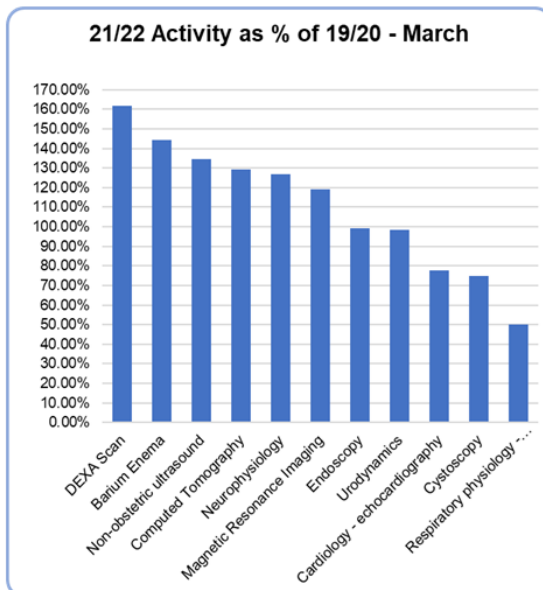
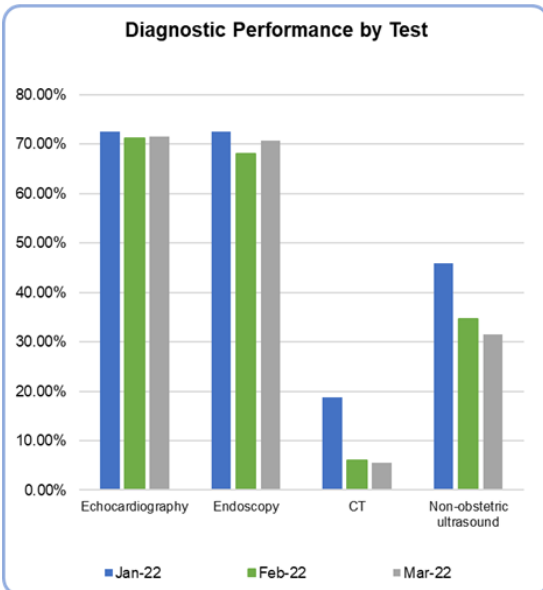
Endoscopy – Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. Opportunities to introduce access to a fully staffed mobile unit are also being explored to support accelerated recovery.

Non-Obstetric Ultrasound – The Trust continues to seek additional capacity to support backlog clearance with a new opportunity being reviewed outside of BNSSG. The Trust is now seeing increased availability for lists from Medicare Sonographers with 3 staff offering regular lists. In addition, a review of Head and Neck ultrasound referrals and the skill-set of the specialist sonographers has resulted in a higher proportion of exams identified as suitable to be performed by a sonographer rather than a radiologist, which has helped to tackle some of the long-waiters in that area.

CT – Use of the demountable CT scanner based at Weston General Hospital continues until at least the end of June 2022.

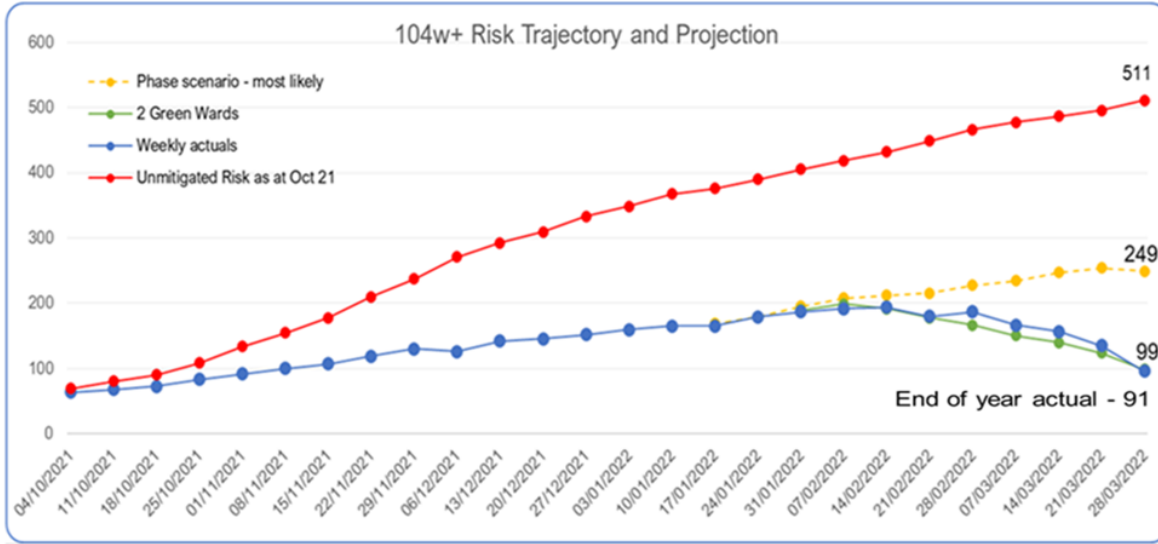
MRI – The Trust has reported a deterioration in performance in March 2022 primarily associated with high levels of staff absence for COVID-19 related reasons. Ability to recover is impacted by the end of the BioBank Contract and latest IPC guidance limiting ability to return to pre-COVID-19 appointment times. There are plans to resume use of IS capacity at Nuffield, plus potential to extend the working day on Cossham Suite B scanner.

Echocardiography – Access to Xyla insourcing capacity continues to be limited. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.



NB: The method for calculating bed occupancy changed in June and September 2020 due to reductions in the overall bed base resulting from the implementation of IPC measures.

Referral To Treatment (RTT)



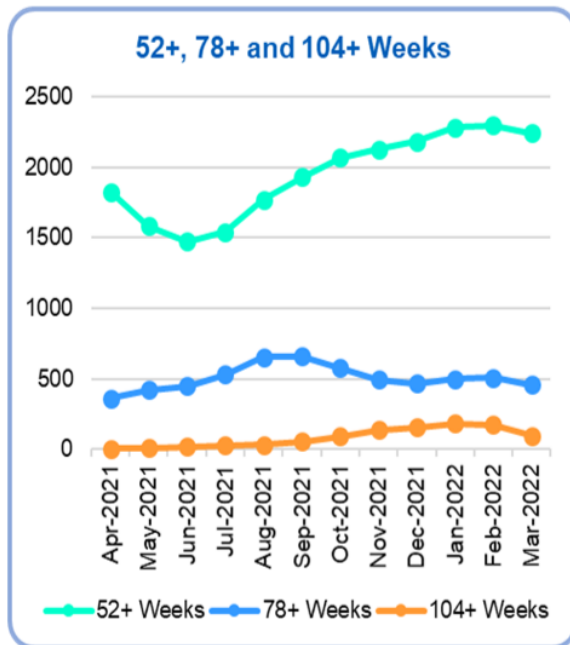
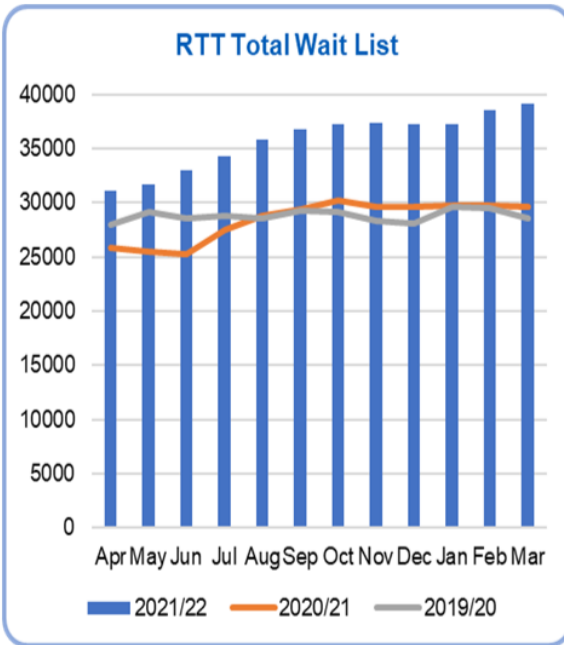
What does the data tell us?

The Trust exceeded the stretch year-end target of having no more than 99 patients waiting longer than 104-weeks for their treatment. Of the 96 patients waiting >104-weeks at year-end c.50% of these were due to patients choosing to wait longer. The success in delivery of this target can largely be attributed to access to an additional Elective ward during Quarter 4 of 2021/22.

The overall RTT waiting list increased to 39101 in March, representing an increase of 1.57% on the previous month, but delivering the year-end trajectory. The Trust has reported a decrease in 52-week wait breaches with 2,242 patients waiting greater than 52-weeks for their treatment; 458 of these were patients waiting longer than 78-weeks.

The majority of 52-week breaches (847; 37.78%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

March has been the second consecutive month where a reduction in 104-week waits has been reported and has been the highest volume of Admitted patient clock stops across all long-waiting time bands this year to date.



What actions are being taken to improve?

The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.

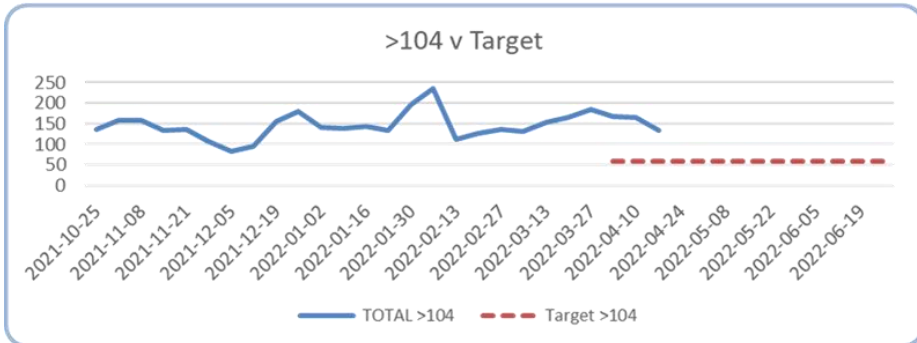
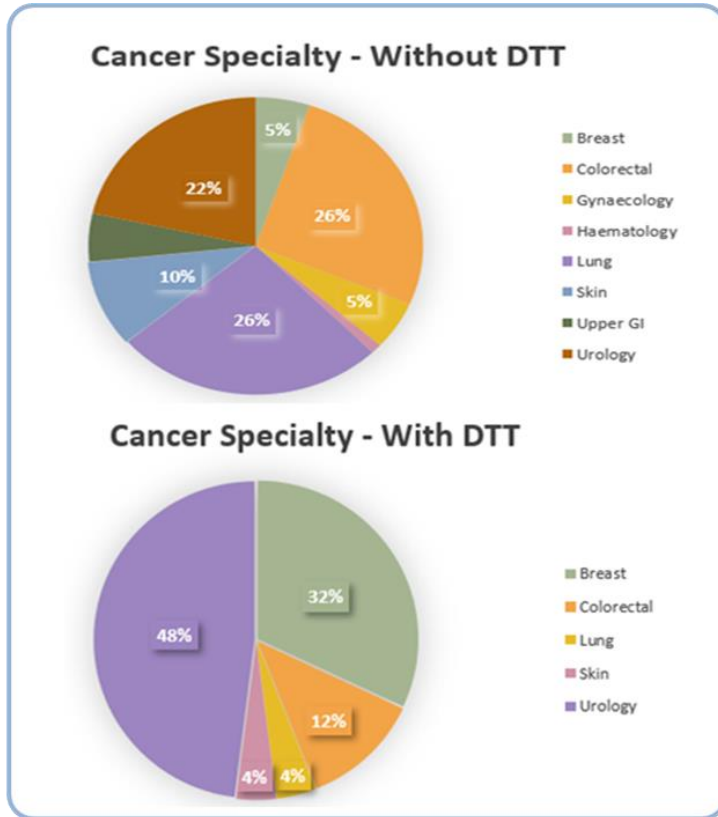
The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits. The Trust is now focussing on clearing to zero the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23; this is with the exception of those patients choosing to wait longer.

Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.

The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance

Cancer: 104-Day Patients



What does the data tell us?

February 2022 uploaded position

The Trust had 12 104-Day breaches this month that required a Datix, a decrease from last month's 15. There has been 1 instance of moderate clinical harm due to 104-Day delay in the last 12-months. 5 patient breaches were due to late transfers into NBT, 2 were received >104 days into their pathway, 4 were due to capacity and 1 was a complex pathway.

Live PTL snapshot as of 04/04/2022

There has been a small increase in the 104-Day breach numbers from 213 to 218. The sites attributed to the overall 104-Day breaches are Breast, Lung, Haematology and UGI. Colorectal and Urology account for 47% of the 104-Day breaches.

The 104-Day PTL has 31 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 25 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 162 patients with no confirmed Cancer diagnosis (a reduction of 7 from last month); all have been escalated to the relevant specialties for review.

The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 74% of the patients over 104-Days on their pathway. Most of these patients are under Colorectal, Urology and Lung.

What actions are being taken to improve?

Targeted approach to the 104-Day patient PTL in conjunction with the Divisional operational teams to undertake an in-depth analysis of those patients without a DTT to better understand delays and identify actions required to expedite DTT.

Cancer Performance

Cancer: Two Week Wait (TWW)

What does the data tell us?

The Trust reported a performance of 66.47% in February compared to 41.42% in January. The Trust saw 2390 patients in February compared to 2058 patients in January, an increase of 332 in the month. In comparison to January's performance Colorectal has seen more patients this month with fewer breaches. This has been achieved with additional activity in TWW fast track slots. Underperformance has been due to increases in referral volumes, workforce and capacity challenges.

Of the 2390 patients seen, 1588 patients were within the TWW target, which was 741 more than the previous month. 802 patients breached the TWW target. The Breast and Skin breaches account for 94% of the total breaches this month.

Four specialties achieved the standard: Brain (100%), Colorectal (96.35%), Gynaecology (96.69) and Urology (98.28%).

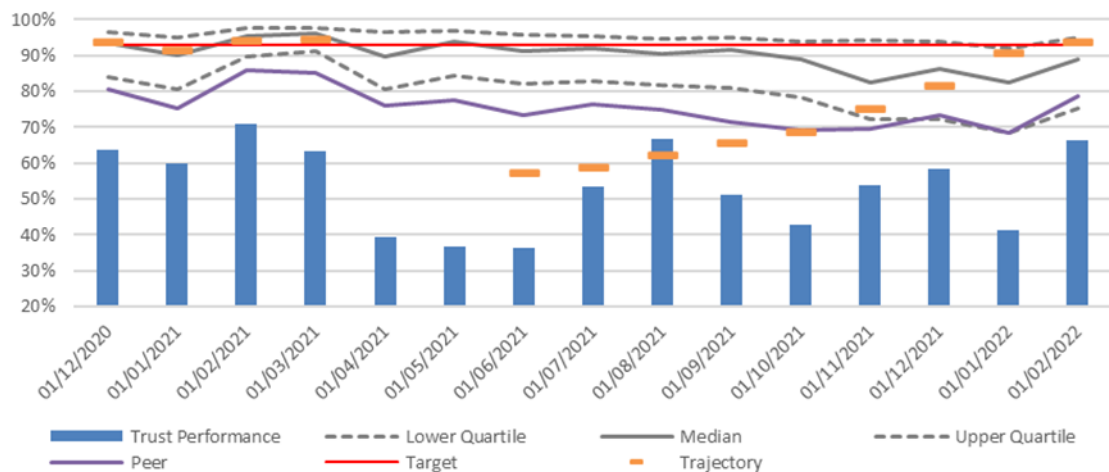
Skin maintained their position in February at 83.89%. The Skin service saw 596 patients with 96 seen in a breach position. This was due to backlog clearance.

What actions are being taken to improve?

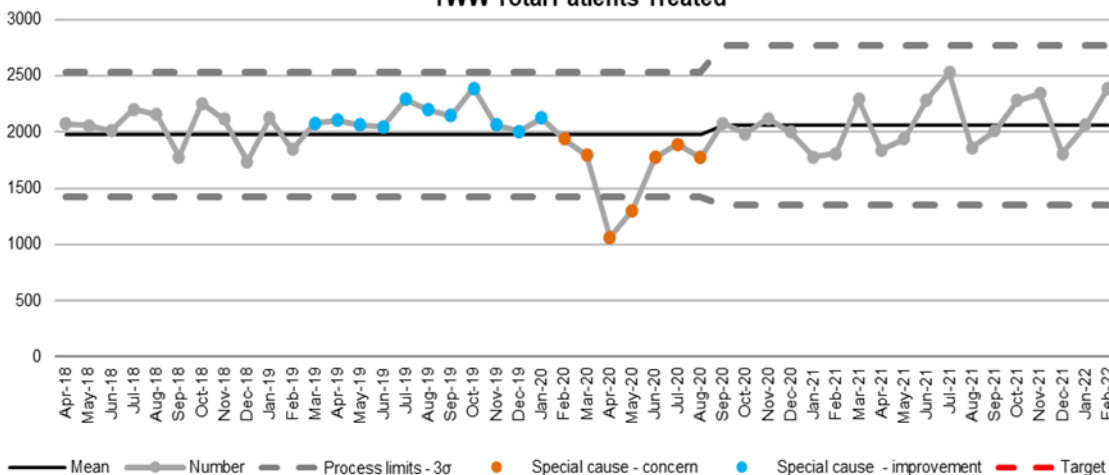
The Trust has signed off Cancer trajectories for 2022/23. Fluctuations in referral volumes, especially in Gynaecology, Breast, Lung and Urology, continue to make performance against the Cancer Wait Times standards volatile.

SWAG investment has been secured to provide Skin and Gynaecology with additional kit and workforce to support the TWW pathway recovery plans.

Cancer TWW Performance



TWW Total Patients Treated



Cancer: 31-Day Standard

What does the data tell us?

In February, the Trust improved performance reporting 89.91%; this is the first month that the Trust has seen an improvement in the 31-Day standard in this Quarter. This is due to improvements in the front end of the pathway and increased surgical activity including WLI activity. 230 patients were treated in February with 205 patients treated within the 31-Day target.

The specialties that failed the 31-Day first treatment standard were Breast, Colorectal, Brain, Skin, and Urology. Urology accounted for 48% of the breaches. Skin performance improved from 86.17% in January to 89.06% this month.

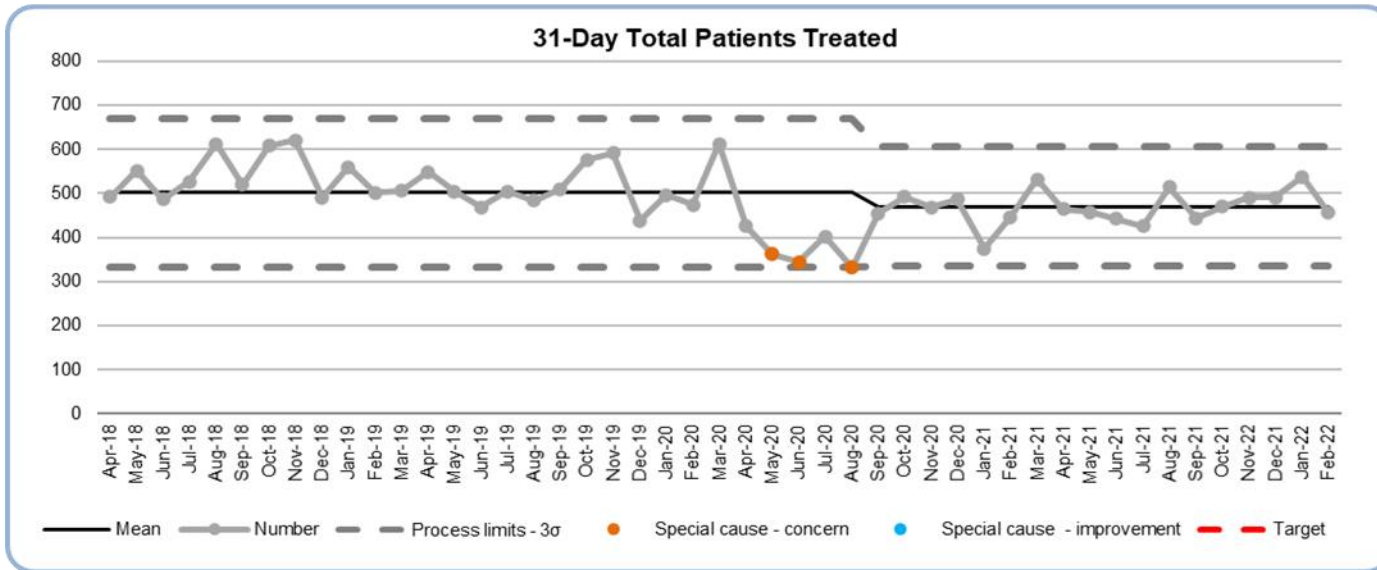
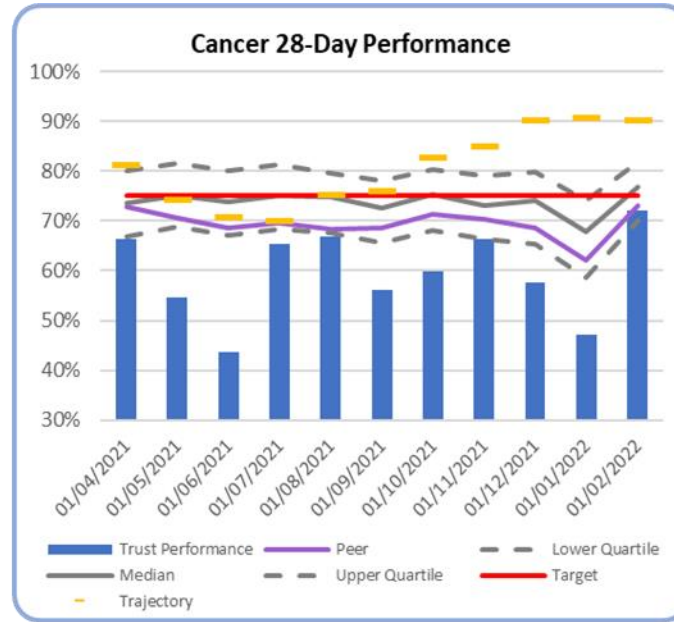
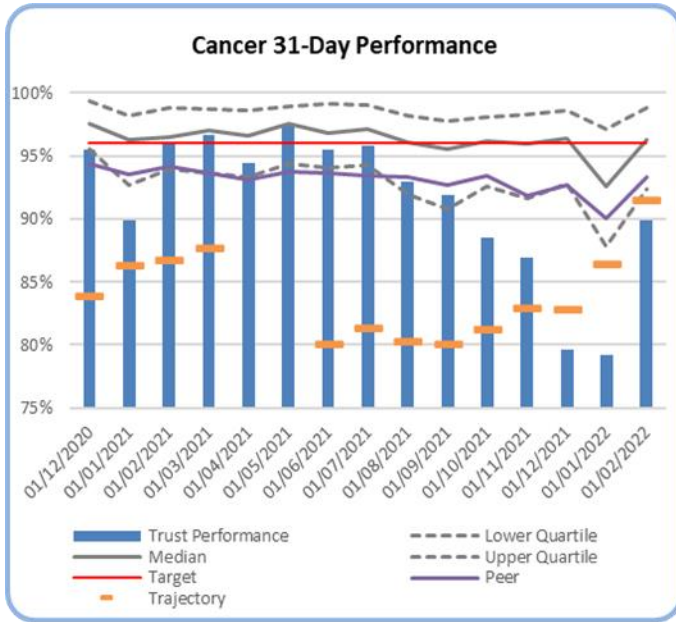
28-Day Performance

The Trust greatly improved against the standard in February with a performance of 72.01% compared to 47.10% in January. There was an increase in the total patients seen with significantly less breaches. This was due to improvements in Breast who reported 180 breaches in February compared to 539 in January. Gynaecology had a challenged month in January and have recovered their performance of 7.59% to 35.92% in February.

What actions are being taken to improve?

Pathway review and recovery action plan work is underway with all the specialties that have failed this standard for the last two-months.

Following additional SWAG funding the Trust has a new post focusing on the 28-Day standard; they will be undertaking detailed demand and capacity reviews vs. best practice timed pathways with specialty teams.



Cancer: 62-Day Standard

What does the data tell us?

The reported 62-Day performance dropped in February to 52.17% from January's performance of 56.88%. 149.5 patients were treated; 78 patients were treated on the 62-Day pathway; 71.5 patients were treated in a breach position.

Urology had the majority of the breaches (33); they were due to complex pathways and delays to the TWW pathway. Breast had 24.5 breaches out of 27 patients treated in February.

Urology had a drop in their performance from 52.29% in January to 42.74% in February. It should be noted that this includes the Weston Urology patients; the majority of the breaches in February were from Weston patients transferred in a breach position. There are significant pathway differences between NBT and Weston prostate pathways. This will continue to have an impact until we can realign both sites into one pathway.

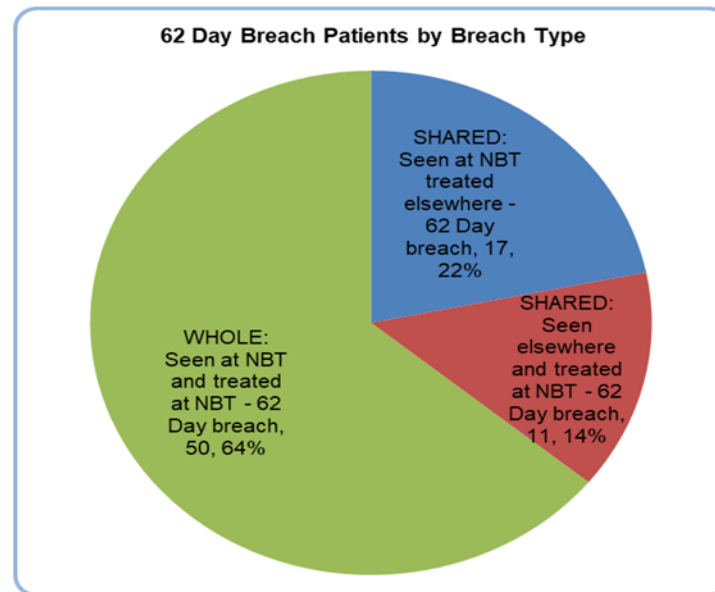
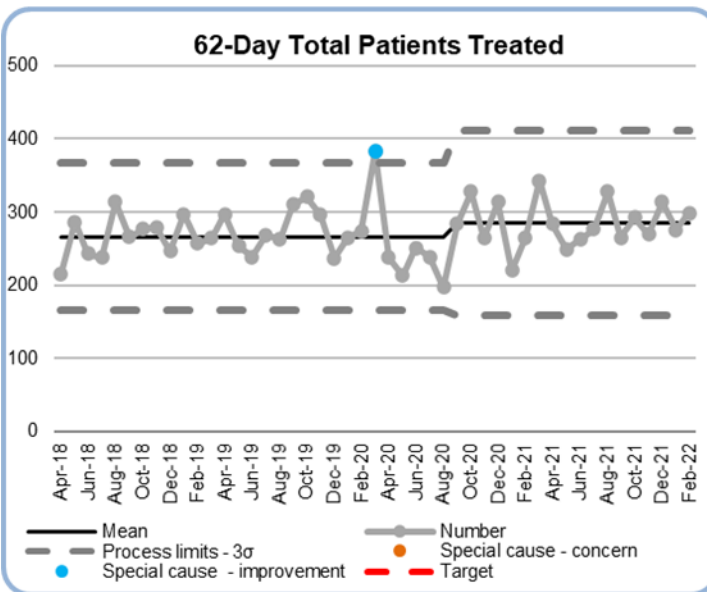
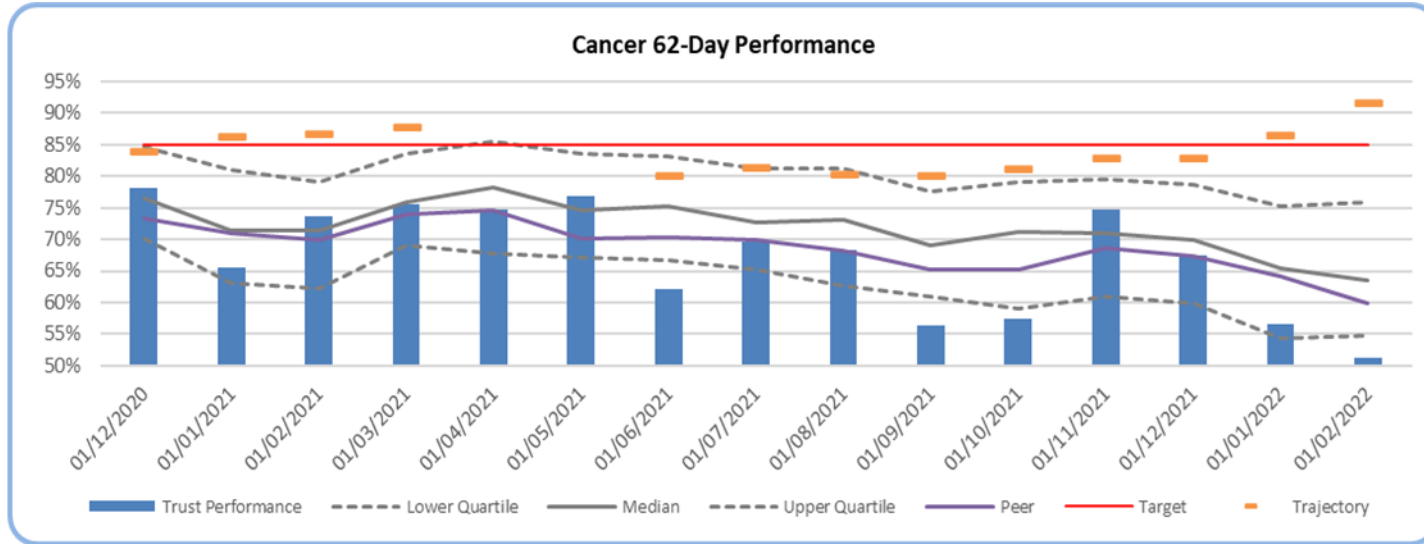
What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place.

Most of the February breaches were caused by the known delays at the front end of the pathway within TWW, and complex pathways.

62-Day PTL reduction against the trajectory of 475 by the end of March 2022 was achieved.

New Trajectories are in place for 2022/23 and will be refreshed Quarterly.



Quality, Safety and Effectiveness

**Board Sponsors: Chief Medical Officer and Chief Nursing Officer
Tim Whittlestone and Steven Hams**

NBT - PQSM								
Activity	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TREND
Perinatal Morbidity and Mortality inborn								
Total number of perinatal deaths		3	4	2	2	5	6	
Number of stillbirths 16 to 23+6 weeks excl. TOP		2	1	1	0	3	3	
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	0	1	
Number of neonatal deaths : 0-6 Days		0	1	1	1	0	2	
Number of neonatal deaths : 7-28 Days		0	1	0	0	2	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	1	0	0	1	
Maternal Morbidity and Mortality								
Number of maternal deaths (MBRRACE)		0	0	0	0	0	0	
Number of women who received level 3 care		0.2%	0.2%	0.2%	0.2%	0.0%	0.0%	
Insight								
Number of datix incidents graded as moderate or above (total)		2	0	2	1	0	1	
Datix incident moderate harm (not SI, excludes HSIB)		2	0	1	0	0	1	
Datix incident SI (excludes HSIB)		0	0	0	1	0	0	
New HSIB SI referrals accepted		0	0	1	0	0	2	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	0	
Coroner Reg 28 made directly to Trust		0	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	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	0.5	2	1	1.3	0.7	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		1	1	1	1	1	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	2	2	2	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	0	0.5	1	0.5	0.5	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		14%	12%	14%	11%	13%	18%	
Vacancy rate for midwives		2.9%	2.0%	1.9%	1.9%	3.5%	3.6%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		42%	42%	42%	40%	42%	40%	
Vacancy rate for NICU nurses		10	10	17.6	14	15	14	
Datix related to workforce (service provision/staffing)		8	2	5	7	9	1	
Consultant led MDT ward rounds on CDS (Day and Night)		71%	72%	58%	68%	57%	DNA	
One to one care in labour (as a percentage)		98.9%	100%	98%	100%	99%	98%	
Compliance with supernumerary status for the labour ward coordinator	100%	95%	98%	96%	98%	96%	98%	
Number of times maternity unit attempted to divert or on divert		4	2	2	0	2	11	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	
Involvement								
Service User feedback: Number of Compliments (formal)		66	19	58	44	59	60	
Service User feedback: Number of Complaints (formal)		5	3	6	9	9	10	
Staff feedback from frontline champions and walk-about (number of themes)		3	2	3	4	4	4	
Improvement								
Progress in achievement of CNST /10		7	7	6	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	42%	39%	38%	33%	43%	42%	
Fetal Wellbeing and Surveillance	90%	7%	14%	22%	9%	18%	27%	
Trust Level Risks		DNA	DNA	DNA	2	5	5	

Neonatal Morbidity and Mortality: 2 cases eligible for full PMRT review; 1 antenatal stillbirths; 1 Intrapartum stillbirths; 2 early neonatal deaths; 0 late neonatal deaths

Maternal Morbidity and Mortality: 0 x maternal admission to the Intensive Care Unit.

Insight: 1x new moderate harm incident; 2x HSIB referrals; 1 finalised HSIB report received relating to an intrapartum still birth with one safety recommendation made.

Workforce: Significant improvements have been made resulting in a healthy pipeline which, by September, will see the division over recruited for the first time in several years

Midwifery: Birth rate plus exercise now completed. Findings and recommendations to be shared with the Division w/c 11/04/2022. Risk 1334: Workforce 16 (midwifery workforce)

Obstetrics: Awaiting RCOG approval of 2 new consultant Obstetric posts, aim to interview in June and have in post by Sept/October. This will enable NBT to increase consultant presence in the unit from 83 hrs to 92 hrs.

NICU : External funding approved to recruit to BAPM and NCCR standards. Rolling recruitment in place. High Risk 10.

Workforce - Diverts: 11 Cossham diverts to centralise staff within the acute maternity unit. Currently low data quality. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and 2.

Staff and Service user feedback themes: Staffing across the perinatal service; Estates impacting on capacity; Missing and lack of essential equipment; Civility saves lives service development project launched March 2022.

Maternity Incentive Scheme, Year 4: NBT's compliance confidence forecast remains at 7 out 10. Planned pause for MIS, Year 4 for 3 months due to the pandemic with clear priorities set out by NHSR. 3 areas of concern identified highly likely to impact successful delivery of all 10 Safety Actions:

- i. **SA 2 – Maternity Services Data Set:** Still awaiting update from NHSR regarding clarity of PCSP digital requirements. NBT Community IT connectivity is a major barrier impacting successful delivery. It is highly likely that mitigations to ensure SA2 is achieved will require additional resources. Without the additional personnel resources in place this will almost certainly impact on successful delivery of SA2. Risk 1211, Extreme Risk IM&T 20
- ii. **SA 6 and 8 – Training:** The Division has a high degree of confidence the quality of the data now provided for the PQSM, this is following completion of a data quality exercise, an action as per the Divisional Training Recovery Action plan. As per the action plan, training trajectories for July 2022 are as follows: SA6 76% and SA8 72%. Risk 1079 High Risk Patient Safety 10.

Continuity of Carer: Given the recent Ockenden publication we propose that this element is now suspended from future PQSM reports

Areas of excellence: Divisional response to Ockenden has been robust with excellent engagement from all staff groups. HSIB visit and positive feedback shared. Recruitment initiatives resulting in successful pipeline.

Pressure Injuries

What does the data tell us?

In March, there was a decrease in the number of Grade 2 pressure injuries but an increase in DTI and unstageable pressure injuries.

The Trust ambition for 2021/22 is:

- Zero for both Grade 4 and 3 pressure injuries.
- 33% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries.

18 Grade 2 pressure injuries were reported of which 0 were related to a medical device; 33% heel, 22% buttocks, 17% coccyx, 11% natal cleft, 11% sacrum and 6% spine.

There were 21 DTI injuries and 5 unstageable pressure injuries reported, 3 on one patient in medicine, 2 in ASCR.

There were no reported Grade 3 or 4 injuries reported in March.

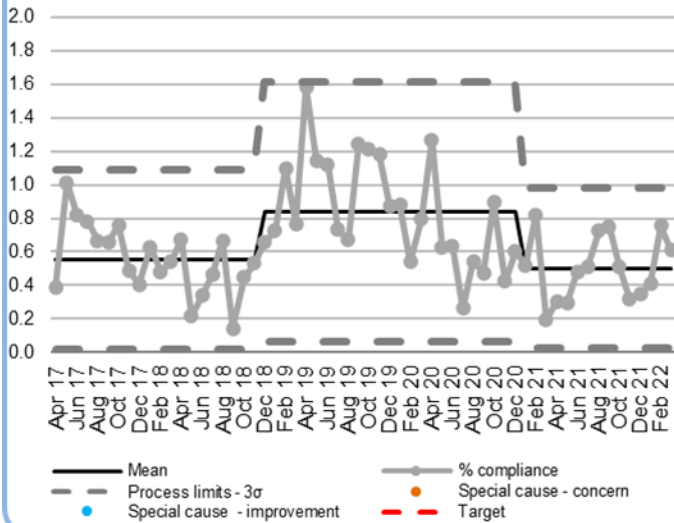
What actions are being taken to improve?

The Tissue Viability (TV) team continue to focus on support of clinical areas that have an increase in DTIs or Grade 2 pressure injuries, and identify thematic devised solutions following 'After Action' reviews.

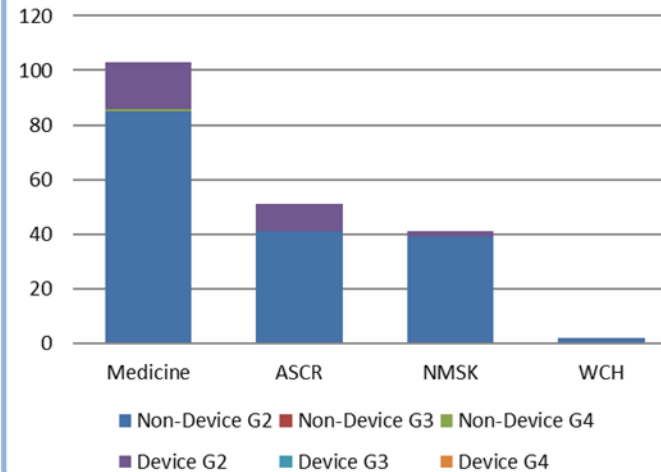
Collaborative work using the RAG rating support system continues to provide specific and targeted teaching to areas that require support. To support improvement the TV Team attend and share learning at Divisional Quality huddles.

TV Nurses updated the equipment selection poster from appendix 2 of the Pressure Injury Prevention and Management policy to make it more coherent and user friendly for staff.

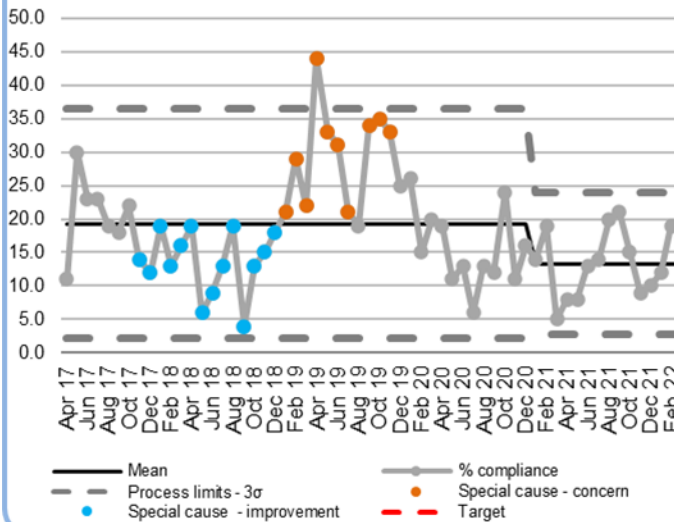
Total Pressure Injuries per 1000 Bed Days



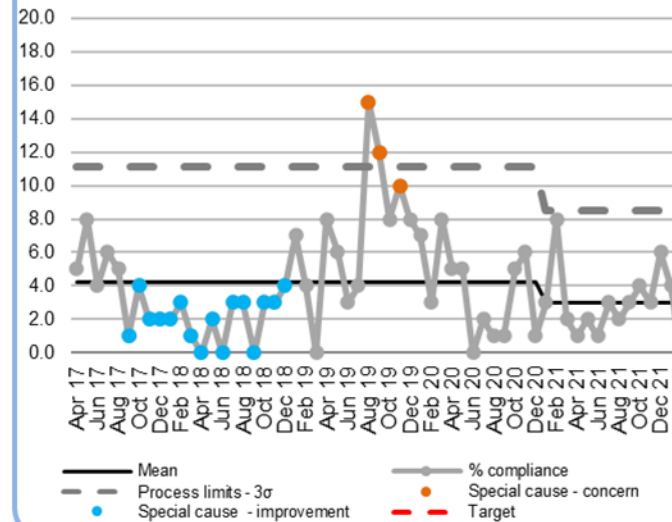
Pressure Injuries Year to Date 2021/22



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

NBT has seen an increase in COVID-19 cases being hospitalised, increasing since the changes to national guidance and management of community cases. Outbreaks challenged the NMSK division specifically, with outbreak management / hierarchy of controls used to provide bespoke solutions to ensure speciality services were maintained within NBT and wider healthcare provision.

IPC team have worked with the division to provide bespoke solutions for speciality pts who have contracted COVID.

MRSA

Last bacteraemia was reported in Feb 2021.

C. Difficile

A slight increase in cases from February. Our year end is above our trajectory for 2022.

MSSA

MSSA cases continue to be higher than trajectory with a continuous increase from last month.

Gram -ve

Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

Re-focusing on MRSA , MSSA , C Diff and E- Coli continues to be a challenge due to the COVID-19 position and Outbreak situation. Targeted focus is based on clinical need / priority. The IPC team will re-focus as early as possible when COVID-19 pressures become more manageable.

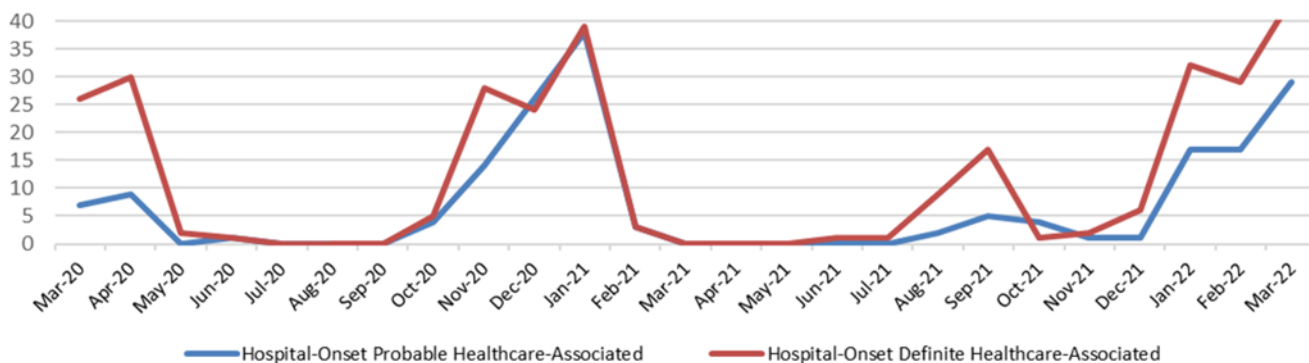
What actions are being taken to improve?

Support the trust during continued ICI COVID-19 demand This has required decision making to balance the operational risks in Outbreak management .

Continued focus on education and practical support of pandemic response.

Deep dive investigations into some infections are being undertaken by the IPC team and clinical areas to re-focus and address other infections.

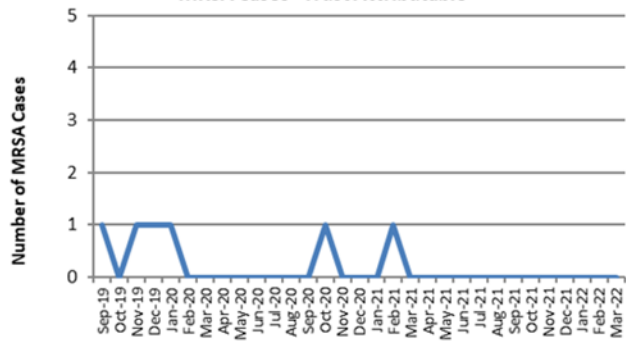
COVID-19 Onset Category by Positive Test Date



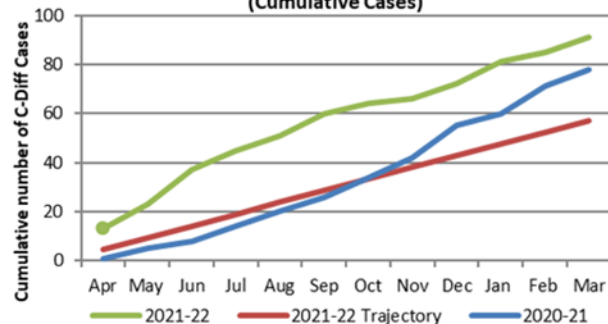
— Hospital-Onset Probable Healthcare-Associated

— Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

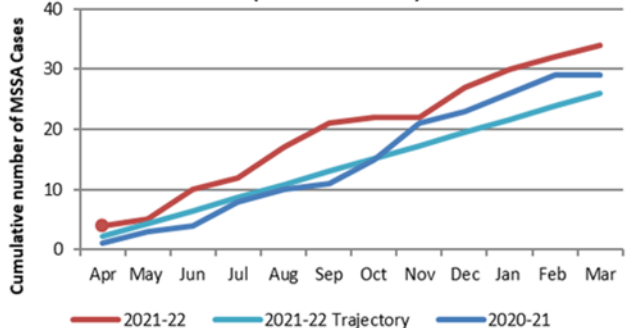


C. Difficile Cases - Trust Attributable (Cumulative Cases)



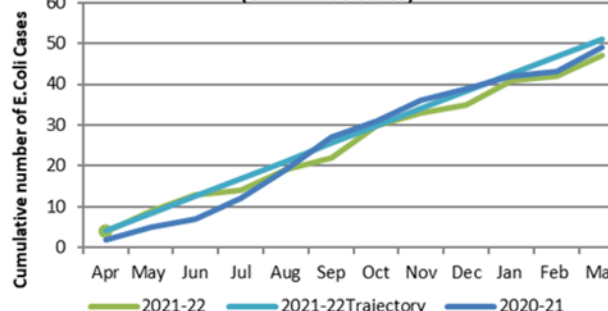
— 2021-22 — 2021-22 Trajectory — 2020-21

MSSA Cases - Trust Attributable (Cumulative Cases)



— 2021-22 — 2021-22 Trajectory — 2020-21

E.Coli Cases - Trust Attributable (Cumulative Cases)



— 2021-22 — 2021-22 Trajectory — 2020-21

Current COVID Status: Level 2

Metric	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022	Trend
New patients last 24 hours – admitted	5	4	4	5	6	7	8	9	
New Patients Diagnosed in last 24 hours	4	6	6	7	6	10	12	11	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	3	4	5	3	4	7	9	7	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	0	1	1	1	2	0	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	0	1	1	1	0	0	2	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	3	0	2	1	2	
Number of confirmed patients admitted from care or nursing home	0	1	0	0	0	1	1	1	
Blue discharges in past 24 hours	8	8	5	8	8	13	13	16	
Number of COVID positive patients as at 08:00	53	44	40	45	50	62	70	80	
Of these, patients admitted for primary COVID	32	31	33	34	32	44	40	57	
Of these, patients admitted with incidental COVID	21	13	8	11	19	19	30	23	
COVID positive patients in ICU	1	1	2	2	2	3	3	3	
COVID positive patients outside of ICU	52	44	38	43	48	59	67	77	
Query patients	2	2	0	1	4	4	11	3	
Closed and empty beds due to IPC	16	11	7	13	12	9	10	4	
Positive patients outside of blue wards	1	2	3	2	2	4	11	3	
NIV COVID	2	1	2	1	1	0	0	0	
Non COVID NIV (28a & AMU)	1	3	2	6	1	1	3	3	
Deaths	0	1	0	0	1	1	1	1	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	12	11	10	14	15	21	20	22	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	
Staff Total positivity - detected - number	17	12	10	16	17	26	21	16	
Staff Total positivity - detected - %	0	0	0	1	0	1	0	0	

Metric	31/01/2022	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	Trend
Bristol cases per 100,000 – 7 days	1131	867	678	489	490	796	1113	1116	
South Gloucestershire cases per 100,000 – 7 days	1103	854	661	482	501	806	1259	1251	
North Somerset cases per 100,000 – 7 days	1131	867	678	489	490	796	1113	1116	

Key:

Decrease from previous day
Increase from previous day
Step down to 10 days

WHO Checklist Compliance

WHO Checklist Compliance

What does the data tell us?

In February, WHO checklist compliance was 99.40%. 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, therefore meaning that the correct checks were undertaken in practice.

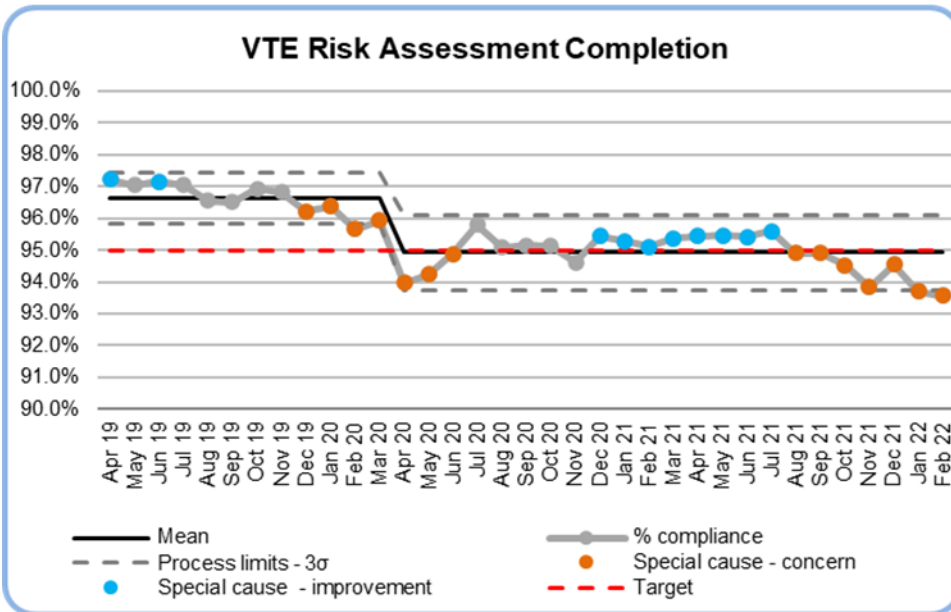
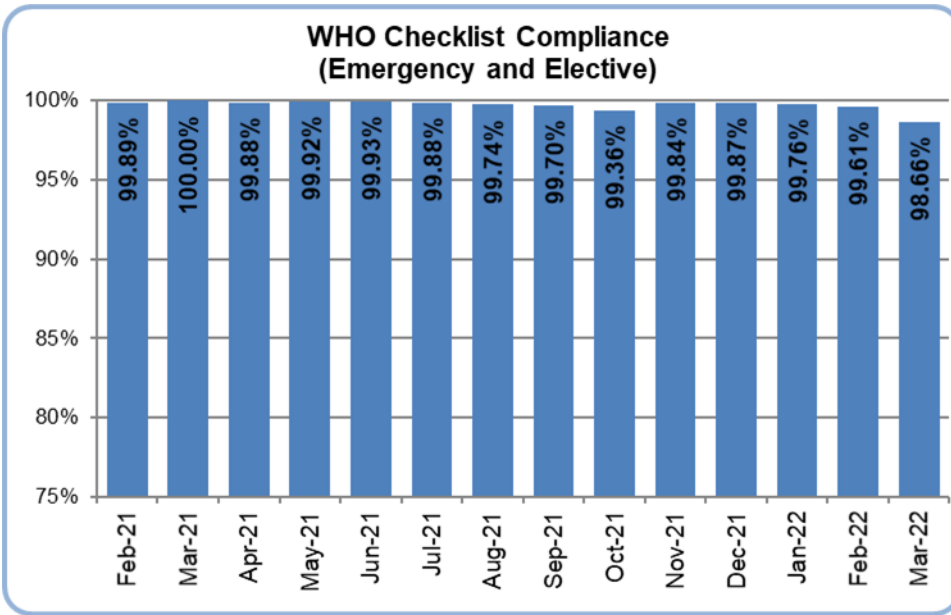
VTE Risk Assessment

VTE Risk Assessment

What does the data tell us?

In February, the rate of VTE Risk Assessments performed on admission was 93.56%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

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



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

Medicines Management Report

What does the data tell us?

During March 2022, NBT had a rate of 4.4 medication incidents per 1000 bed days. This is below average compared to the last 6 months.

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

During March 2022, c.8% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.08). This is lower than the average over the last 6 months, with the average being c.12%. This suggests a higher rate of reporting of 'no harm' incidents, and an improving culture of reporting in the Trust. The actual number of incidents reported as causing any degree of harm is significantly lower than the average over the last 6 months, and is almost 50% lower than the same time last year. 'No harm' incidents accounted for 92% of all NBT reported medication incidents.

Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.44% of all medication incidents in March 2022, which is consistent with trends over the last 6 months. The next most frequent stage was 'other', where c.31% of incidents occurred.

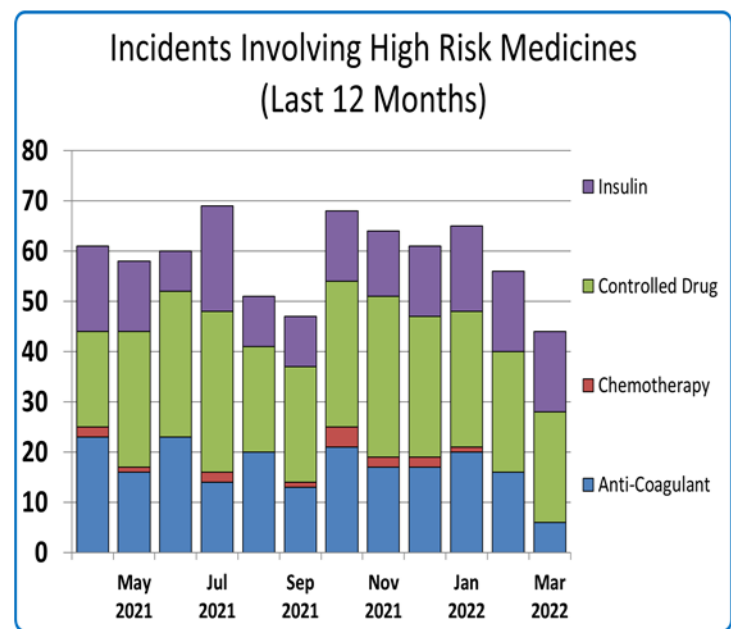
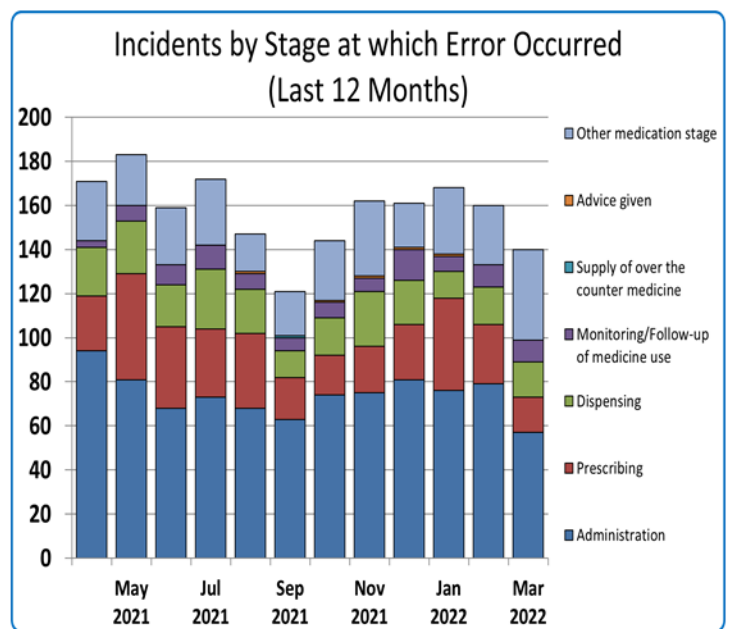
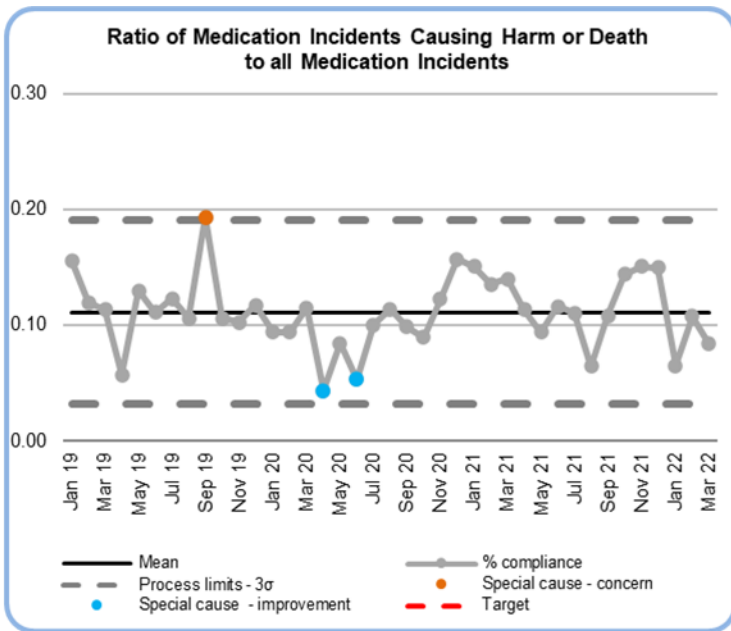
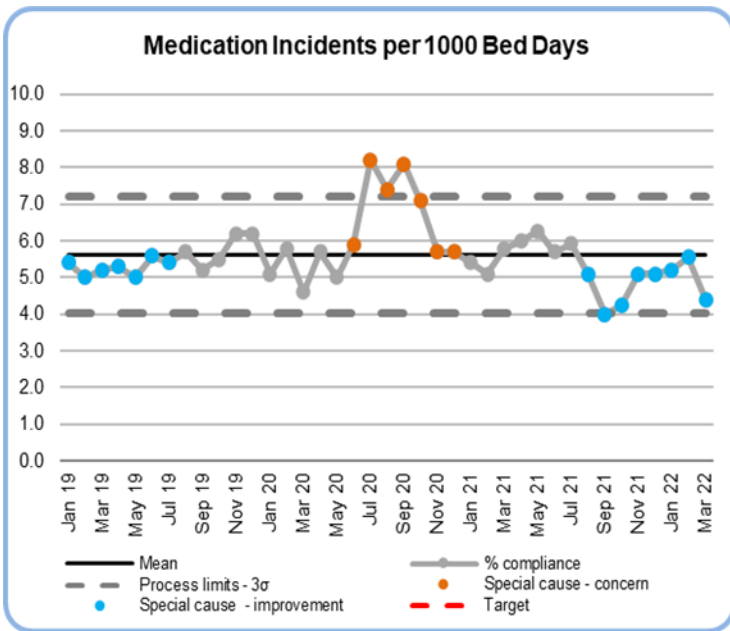
High Risk Medicines

During March 2022, c.34% of all medication incidents involved a high risk medicine, being at it's lowest in the last 12 months. The actual number of incidents involving a high risk medicine in March was also the lowest in the last 12 months. Incidents involving Controlled Drugs made up c.50% of incidents involving high risk medicines, however the actual number of incidents involving a controlled drug is the lowest it has been in the last 6 months. The number of incidents involving an anti-coagulant is also significantly lower than it has been over the last 12 months.

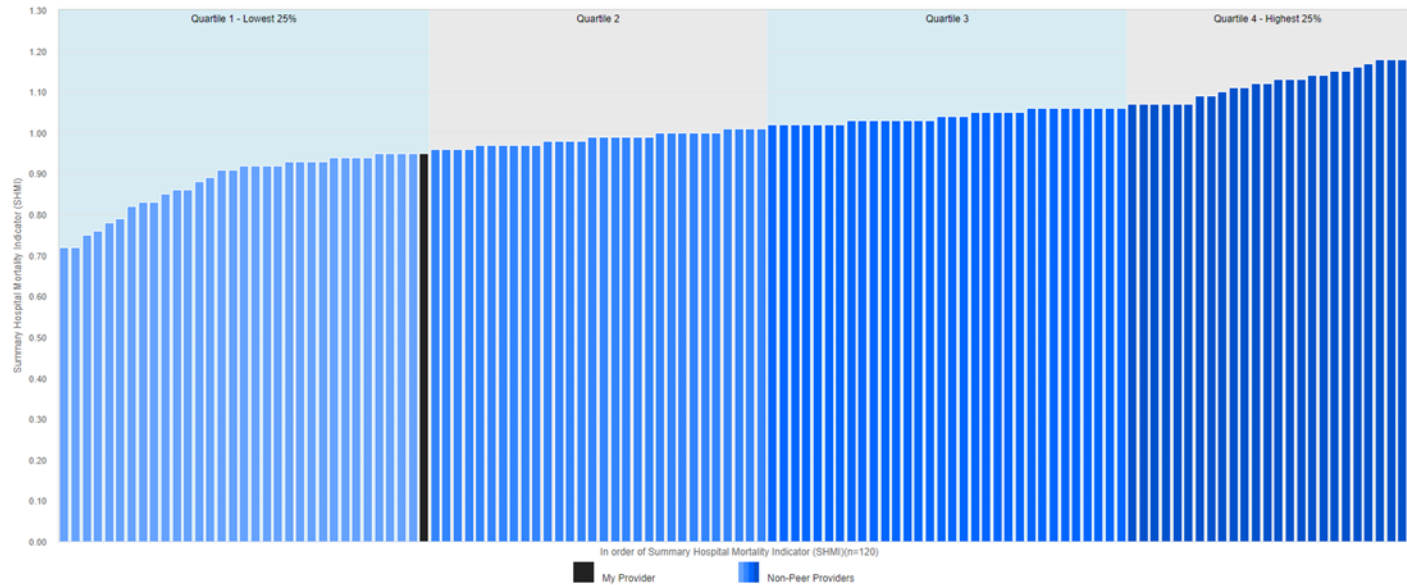
What actions are being taken to improve?

The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.



Summary Hospital Mortality Indicator (SHMI), National Distribution



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

NBT is in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts.

Mortality Review Completion

The current data captures completed reviews from Feb 21 – Jan 22. In this time period 95% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 85% completed Mortality Case Reviews (MCR), including 20 of the 23 deceased patients with Learning Disability and 18 of the 23 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as ‘high priority’.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 11 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.

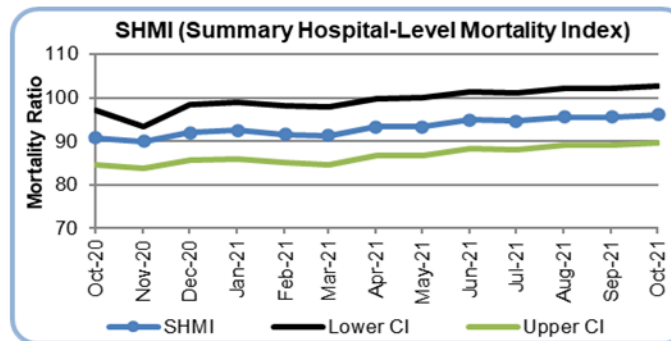
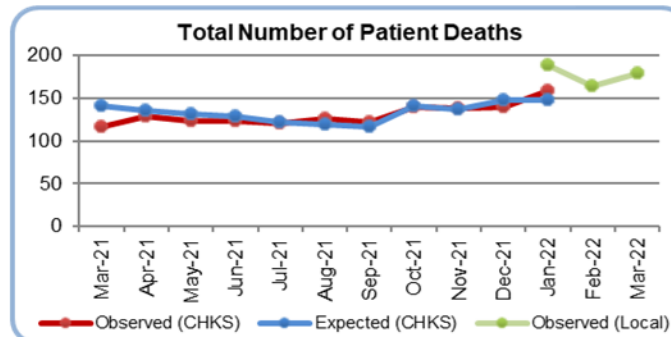
What actions are being taken to improve?

Mortality reviews will now be required for patients with Autism. The Learning from Deaths Team is liaising with the Learning Disability and Autism Liaison Team to determine the level of review and oversight for these patients. Reviews will be requested as ‘high priority’ and will be included in the IPR reporting.

Feb 21 – Jan 22	Completed	Required	% Complete
Screened and excluded	363		
High priority cases	242		
Other cases reviewed	1259		
Total reviewed cases	1864	1964	95%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	4.3%	28.9%	39.1%	27.7%

Date of Death	Feb 21 – Jan 22
Scrutinised by Medical Examiner	1506
Referral to Quality Governance team	136



Patient Experience

**Board Sponsor: Chief Nursing Officer
Steven Hams**

Complaints and Concerns

What does the data tell us?

In March 2022, the Trust received 56 formal complaints, this is a slight decrease on the previous month but significantly higher than this period last year where 42 were received.

The most common subject for complaints is 'Clinical Care and Treatment'.

There is 1 re-opened complaint in March for Medicine.

The 56 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	10 (12)	CCS	4 (0)
Medicine	12 (17)	NMSK	16 (12)
WCH	12 (14)	Facilities	1 (2)
N&Q	1 (1)		

The number of PALS concerns received by the Trust has increased to 111 in March, and enquiries to 83.

The response rate compliance for complaints has decreased very slightly from 80% to 78.3% in March but overall continues to reflect a positive trend of improvement when compared to the previous 5 months.

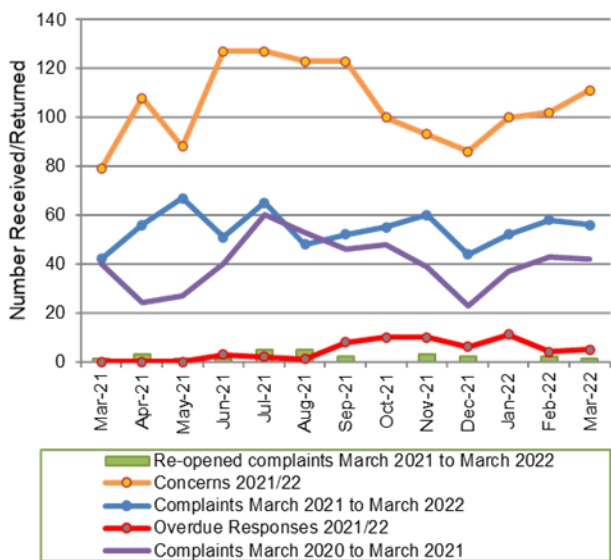
The number of overdue complaints has increased by one, to 5 in March. At the time of reporting there are 5 overdue complaints. 3 in ASCR (2 are regarding LRM notes) and 2 in Facilities.

Medicine and WaCH have done extremely well to finish the month with no overdue complaints.

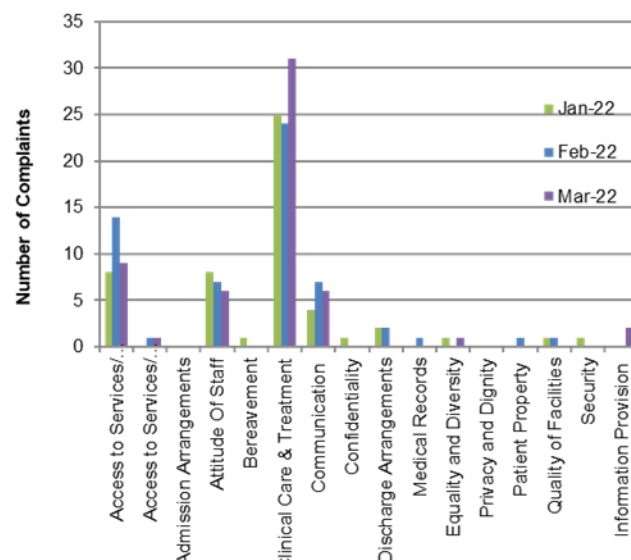
What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. Medicine have met their target for March, ASCR excelled in February but due to sickness absence within the team in March they have not made any further progress. We will work to recover the position in April.

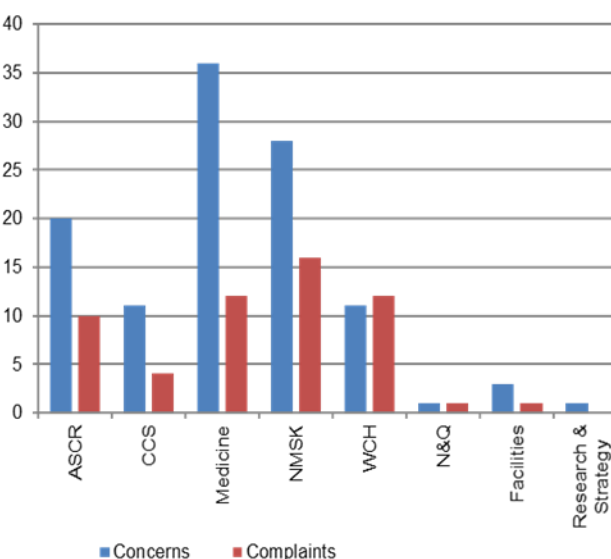
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



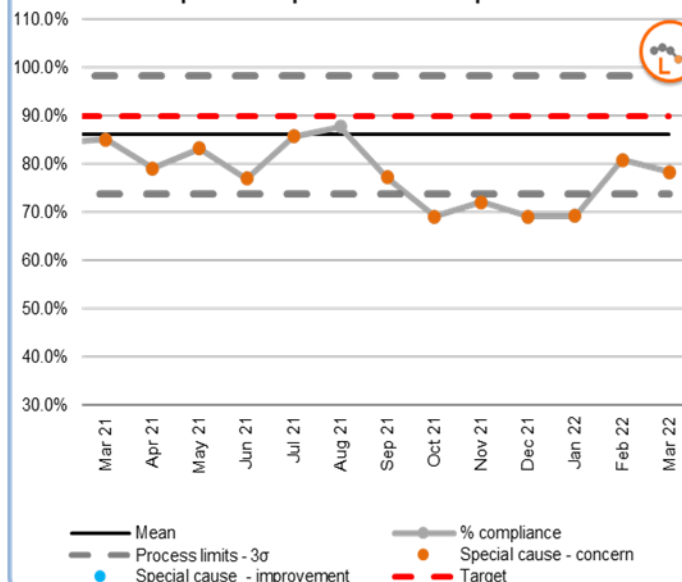
Complaints By Subject



Concerns and Complaints per Division

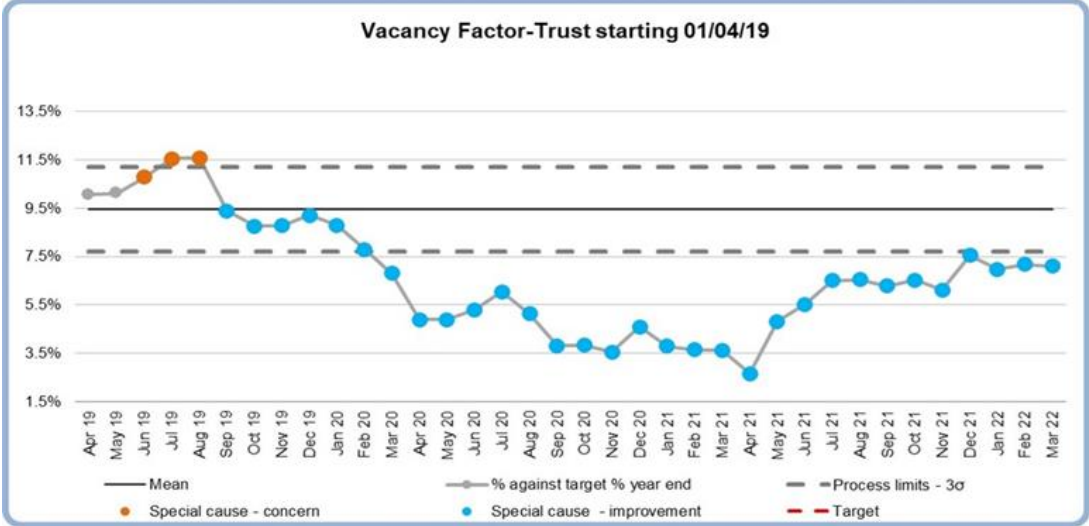
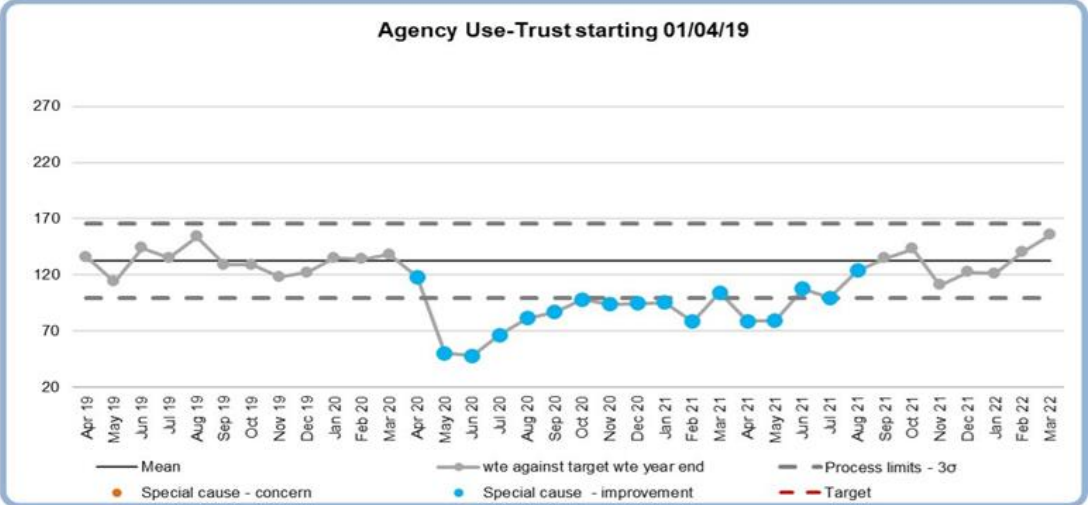
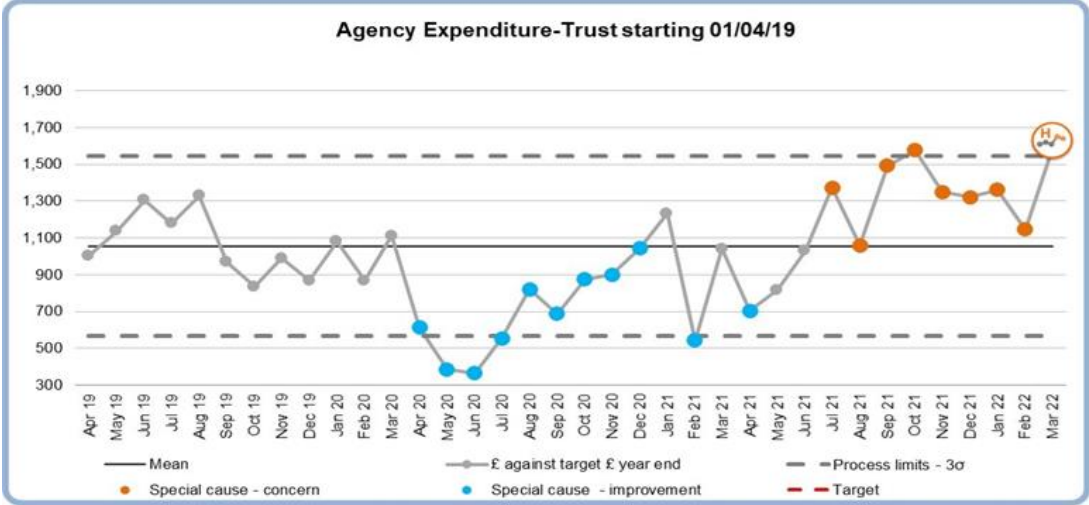


Complaint Response Rate Compliance



Well Led

**Board Sponsors: Chief Medical Officer, Director of People and Transformation
Tim Whittlestone and Jacqui Marshall**



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

Band 2 vacancies reduced this month to 91.89. This month was strong for candidates and 4 assessment centres took place in the month from which 16 offers were made. We welcomed 13.83 new Band 2 starters to the Trust in March and saw 8.26 Band 2 leavers.

Band 3 vacancies also reduced to 48.87 There were 7.10 starters in Jan and 6.22 leavers.

Registered Nursing

Band 5 Vacancies increased by 4.73 this month to 170.29 Recruitment was very strong in March with 40 offers for new Band 5 staff. The TA team attended Gloucester University’s Healthcare Employers open day and met with student nurses onsite to promote NBT.

March saw 10.01 new starters and 16.17 leavers.

H2

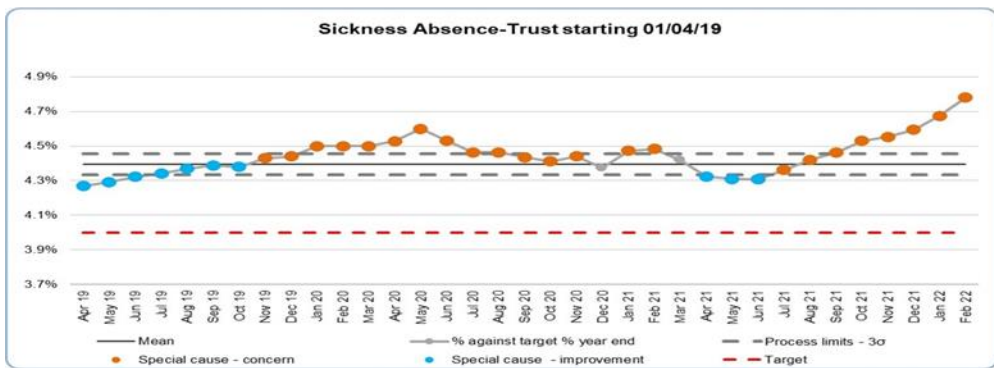
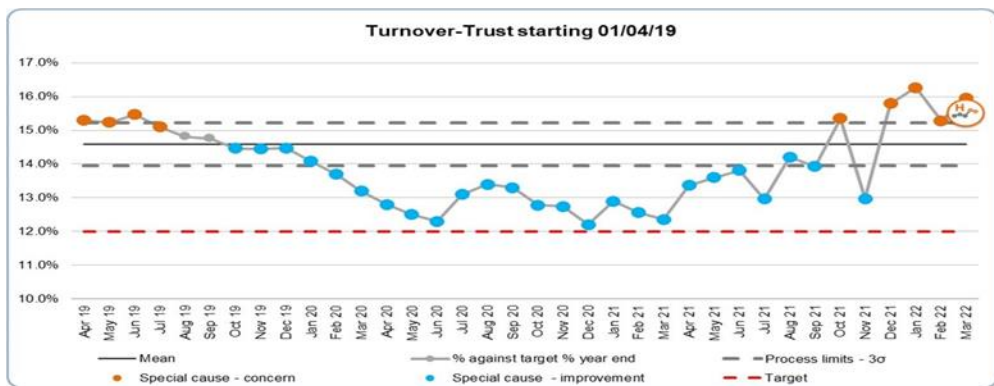
Recruitment for Housekeepers and Administration staff has now completed for the H2 Project

A total of 21 Housekeepers across the Trust and 12 Administration staff were recruited.

Temporary Staffing

Internal Bank fulfilment was volatile during March and with increases in demand across the Trust this created a rise in agency use and expenditure, due to increased framework and none framework supply. Overall unfilled vacancies remained steady at 36% again across the month.

Implementation of new BNSSG+B Neutral Vendor for the management of registered Nursing supply continued with go live achieved on 1st April 2022 as planned.



What Does the Data Tell Us - Turnover and Stability

March saw an increase in turnover from 14.62% to 15.26%, higher than this time last year

Actions - Turnover and Stability

Head of People

The Retention Task and Finish has re-established itself and is meeting again. We will be utilising some of the initiatives and interventions referenced in the new NHSEI Retention Toolkit which has just been published.

- Our focus for the next 3 months will be mainly on just one of our key retention priorities: morale: fatigue and resilience of staff.
- We are also very keen to progress career coaching for staff, as feedback from our Itchy Feet calls and leavers' surveys tells us that this is a gap in our current offering and resources to staff. **By end April**, our key, detailed interventions will be defined and will be being implemented in line with the above priorities.
- We have worked hard to increase our response rates to Leavers' Questionnaires and as a result have seen a big increase in the quarter 4 response rate – going from 12% in Qu 3 to 28.5% in Qu 4
- This has been achieved through proactively contacting staff leaving with regard to completing questionnaires, in addition to their line manager
- This gives us greater intelligence, which suggests that more of our staff are leaving the NHS altogether, a trend we have seen in previous quarters; It also shows more staff retiring
- This supports our plans for interventions linked to career coaching, 'winding down' and promotion of retire and return
- We are also commencing a review of Relocation expenses, as a way of attracting and retaining staff at NBT **(by end May 2022)**

What Does the Data Tell Us - Sickness and Health and Wellbeing

- Short term sickness is increasing, particularly linked to COVID infection and MSK illness.

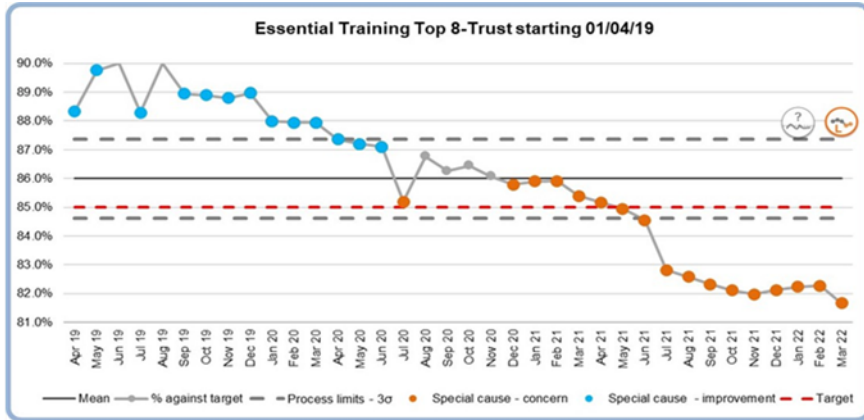
Actions Delivered – Health and Wellbeing – Head of People Strategy

- Targeted wellbeing rounds completed in - Pathology, Pharmacy, Imaging, Wards 33 /9 /27B and Women and Childrens – which was supported by the Divisional Operational Director and People Business Partner. Link established with staff psychology and freedom to speak up for hot spot areas to be appropriately supported through signposting and wellbeing drop ins. Clinical directors informed of areas being supported for overview.

Actions in Progress - Sickness and Health and Wellbeing

Head of People and Head of People Strategy

- Staff survey results shared with Executive teams and divisions. Divisional action planning underway to identify key areas of focus for divisions. Trust wide areas of focus have been identified – Workload and Resources/ Management Development /Staff Voice /Inclusion
- Our new sickness policy (more supportive, simpler in style and more practical in application) is now fully operational **Apr-22**
- Focus on Wellbeing conversations a number of wellbeing conversations resources promoted via ops update Link and twitter competition for wellbeing conversation starters **April -22**
- **Papers to board – Financial wellbeing partner** to provide financial wellbeing support to employees at the trust through salary linked savings and loans together with financial education. **Long service awards** paper to review delivery of LSA at the trust with a focus on improved reward and recognition for long serving staff streamlined process for delivering awards.

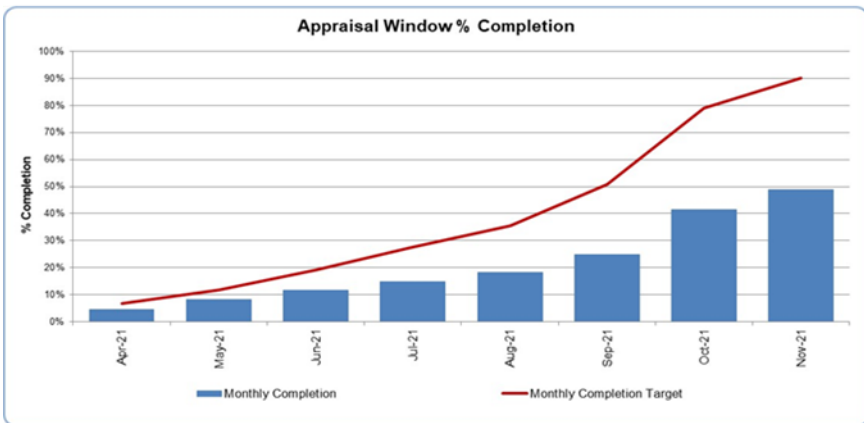


What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21. This is a trend being seen by other NHS Trusts although we are now starting to see small month on month improvements in the compliance data.

Actions – Essential Training
Head of Learning and Organisational Development

- In April, we continue to explore different mechanisms to help improve Stat Man compliance. These include:
 - Transferring across to a new learning platform Kallidus LEARN, which went live on 11th April. LEARN uses Single Sign On (SSO) making forgotten passwords a thing of the past. Within first two days of the platform launching over 1000 unique log ins were recorded
 - New functionality in LEARN makes it easier for Managers to more easily check the Stat Man compliance for their teams
 - Continuing to promote completion of StatMan through Operational Communication channels and agenda items on Executive Management meetings



Other Wider Actions

Leadership & Management Learning

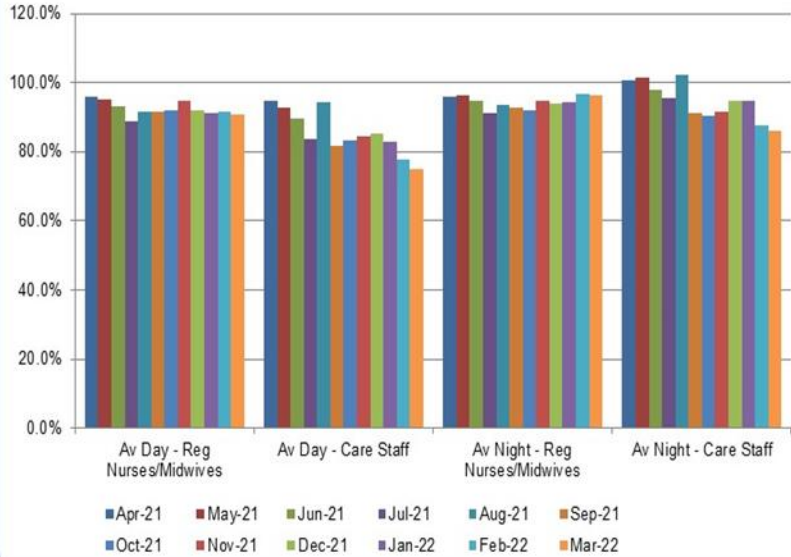
- Following a planned pause in learning (Jan & Feb) all leadership and management learning options resume including the One NBT Management Modules and ILM Awards in Leadership & Team Skills and Effective Coaching

Apprenticeships

- The Trust continues to maintain the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (eg. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- *NBT 12-month Levy Utilisation was 71% by comparison BNSSG utilisation was 45% and across the whole South West Region it was 66%*

Training Topic	Variance	Feb-22	Mar-22
Child Protection	0.7%	82.2%	82.9%
Adult Protection	0.7%	83.8%	84.5%
Equality & Diversity	-0.2%	85.1%	84.9%
Fire Safety	-0.5%	80.5%	80.0%
Health & Safety	-0.2%	84.5%	84.3%
Infection Control	-4.5%	89.2%	84.8%
Information Governance	-1.2%	76.9%	75.7%
Manual Handling	-0.4%	75.8%	75.4%
Waste	-0.2%	82.8%	82.6%
Total	-0.6%	82.27%	81.67%

Safe Staffing Fill Rates



What Does the Data Tell Us

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.

Staff absence related to COVID self-isolation impact experienced during March as can be seen below. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with an additional BNSSG recruitment event supported by NHS England planned during May 2022.

All areas safe staffing maintained through daily staffing monitoring and supplementing with Registered and unregistered staff as required

Wards below 80% fill rate for Registered Staff:

- 27b (71.5% Day / 78.2% Night) staffing supplemented with redeployed RNs and HCSW
- 32b (70% Day) staffing supplemented with redeployed RNs and HCSW.
- 7b (71.7% Day) staffing supplemented with redeployed RNs and HCSW
- Cotswold (62.1% Day) Registered staff vacancies, reduced occupancy staffing deployed as required to meet patient needs across the service
- Gate 37 ICU (78.5% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient acuity.
- Percy Phillips (76.7% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service
- Mendip (70.9% Day / 69.8% Night) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

- 9a (72.3% Day / 78% Night) Unregistered staff vacancies and absence
- 32a (76.3% Day) Unregistered staff vacancies and absence
- EEU (63.5% Day) Unregistered staff vacancies and absence
- 28a (80% day / 7.6% Night) Unregistered staff vacancies and absence
- 9b (71% Day) Unregistered staff vacancies and absence
- AMU (7.1% Day / 62.8% Night) Unregistered staff vacancies and absence
- 27a (79.4% Day) Unregistered staff vacancies and absence
- 27b (65% Day / 75.6% Night) Unregistered staff vacancies and absence
- 34a (79.4% Day) Unregistered staff vacancies and absence
- 28b (75.2% Day) staffing supplemented with redeployed RNs
- 34b (56.1% Day / 69.5% Night) Unregistered staff vacancies
- Medirooms (68.8% Day / 71.2% Night) Unregistered staff vacancies
- 8b (51.7 Day / 75.3% Night) Unregistered staff vacancies staffing supplemented with redeployed RNs
- 26a (68.1% Day) Unregistered staff vacancies and absence
- 26b (70.5% Day) Unregistered staff vacancies and absence
- Rosa Burgen (71.5% Day) staffing supplemented with redeployed RNs
- 7a (75% Day) Unregistered staff vacancies and absence
- NICU (30.9% Day / 26.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
- Central Delivery Suite (75.6% Day) Unregistered staff vacancies and absence
- Quantock (57.9% Day / 75.2% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Mendip (73.4% Day / 69.1% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold (70.8% Day) Unregistered staff vacancies staffing deployed as required to meet patient needs across the service

Wards over 150% fill rate for Registered Staff:

- 9a (150.8% Night) RMN enhanced supervision for patients

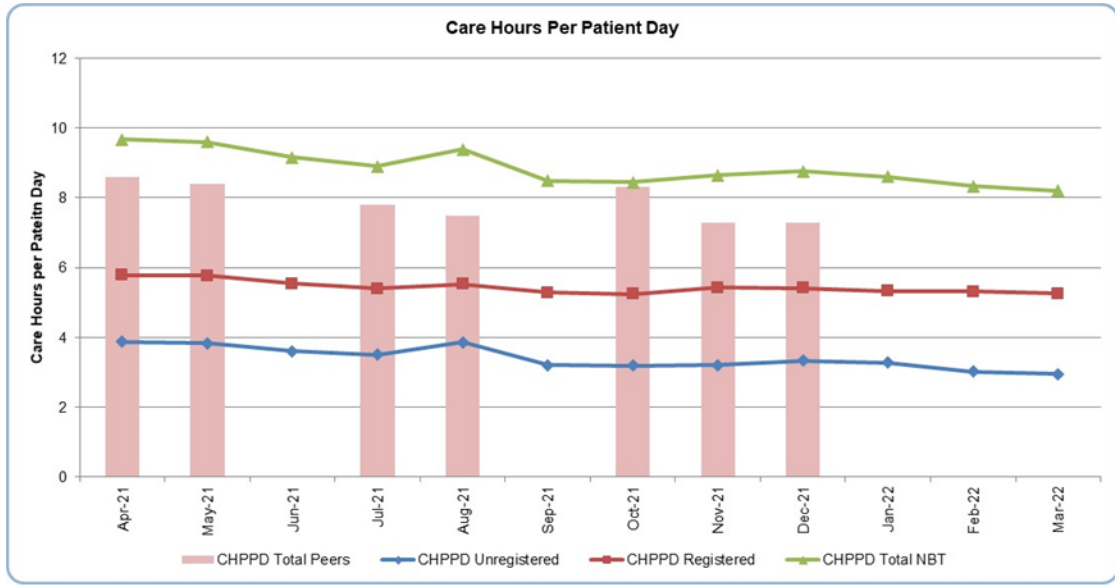
Wards over 150% fill rate for Care Staff:

- 33a (176% Night) patients requiring enhanced care support

Mar-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	90.9%	75.0%	96.3%	86.2%

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

Care Hours



What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

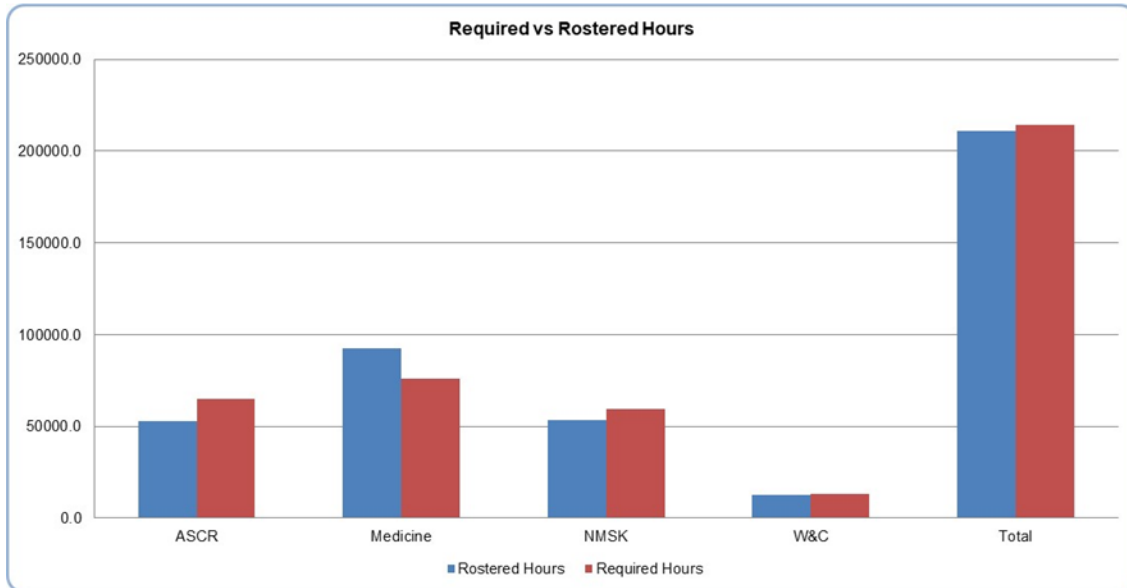
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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

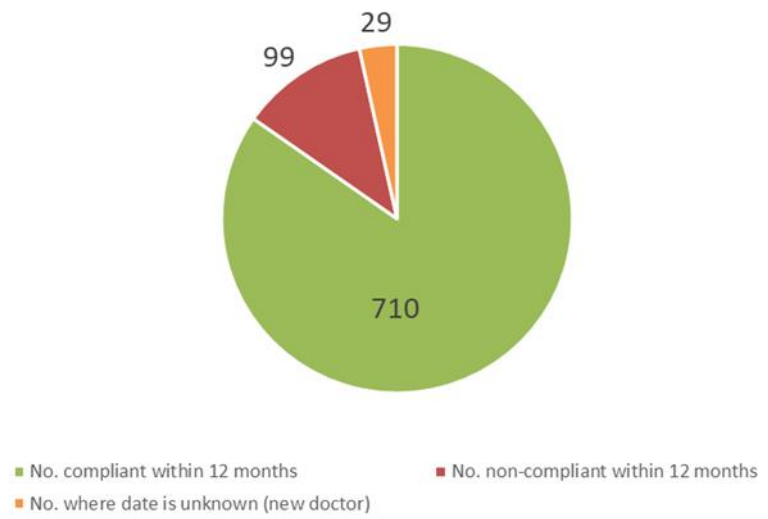
Safe Care Live (Electronic Acuity Tool)

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



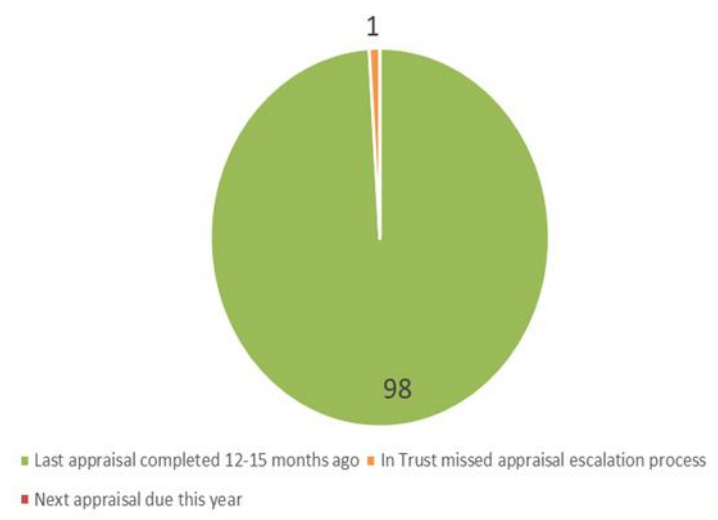
What does the data tell us?

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set).

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

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.

Non-compliant doctors - past 12 months



What actions are being taken to improve?

Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2021/22.

Finance

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

	Month 12			Full Year		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	56.9	77.1	20.2	676.3	697.1	20.8
Other Income	7.1	9.9	2.8	73.8	90.6	16.8
Pay	(40.1)	(55.9)	(15.8)	(461.9)	(472.8)	(10.9)
Non-Pay	(23.9)	(28.9)	(5.0)	(288.2)	(312.7)	(24.6)
Surplus/(Deficit)	0.0	2.2	2.2	0.0	2.2	2.2

Assurances

The financial position to the end of March 2022 shows a £2.2m surplus.

Pay expenditure at year end is £10.9m adverse due to the notional pensions costs included at Month 12 of £18.8m offset by contract income, with pay further offset by unfilled vacancies across all clinical divisions.

Non-pay spend at year end is £24.6m adverse driven by underperformance on savings, accelerator costs, and the costs of the Nightingale Facility on site.

Statement of Financial Position at 31 March 2022

	20/21 M12 £m	21/22 M11 £m	21/22 M12 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	579.3	571.7	605.0	33.3	25.7
Intangible Assets	14.7	11.8	13.7	1.9	(1.0)
Non-current receivables	1.7	1.7	1.5	(0.2)	(0.2)
Total non-current assets	595.8	585.3	620.2	35.0	24.5
Current Assets					
Inventories	8.5	8.8	9.1	0.3	0.6
Trade and other receivables NHS	10.2	19.0	17.3	(1.6)	7.1
Trade and other receivables Non-NHS	26.3	21.1	21.3	0.2	(5.0)
Cash and Cash equivalents	121.5	125.9	116.2	(9.7)	(5.3)
Total current assets	166.5	174.7	163.9	(10.8)	(2.5)
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	8.1	7.6	(0.6)	(19.3)
Trade and Other payables - Non-NHS	98.7	106.0	104.8	(1.2)	6.1
Deferred income	8.5	23.5	16.4	(7.0)	8.0
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.2	2.1	(0.1)	(0.7)
Total current liabilities	149.2	155.0	146.1	(8.9)	(3.1)
Trade payables and deferred income	7.8	8.1	7.1	(1.0)	(0.8)
PFI liability	368.7	360.1	359.3	(0.8)	(9.3)
Finance lease liabilities	3.9	2.2	2.0	(0.2)	(1.9)
Total Net Assets	232.6	234.6	269.7	35.1	37.1
Capital and Reserves					
Public Dividend Capital	448.7	448.7	456.9	8.2	8.2
Income and expenditure reserve	(381.6)	(378.1)	(372.4)	5.7	9.2
Income and expenditure account - current year	3.5	0.5	1.1	0.6	(2.4)
Revaluation reserve	162.0	163.5	184.1	20.5	22.0
Total Capital and Reserves	232.6	234.6	269.7	35.1	37.1

Assurances and Key Risks

Capital – The capital spend for the year is £33.5m.

Receivables - Of the £7.1m increase in NHS receivables in year, £8.8m relates to accrued Mass Vaccination Service income.

Payables - NHS payables have reduced by £19.3m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021 plus £2.6m of net other increases.

Cash – Cash at 31 March amounts to £116.2m, an in-month decrease of £9.7m due to £25.2m of higher invoice payments made in month (including the purchase of Highwood Pavilions), £0.9m payment of PDC dividend, netted off by the receipt of £8.2m capital PDC monies, £6.6m higher receipts from NHS and non-NHS entities, and £1.6m of other net increases in the cash balance.

The cash balance has reduced by £5.3m in-year.

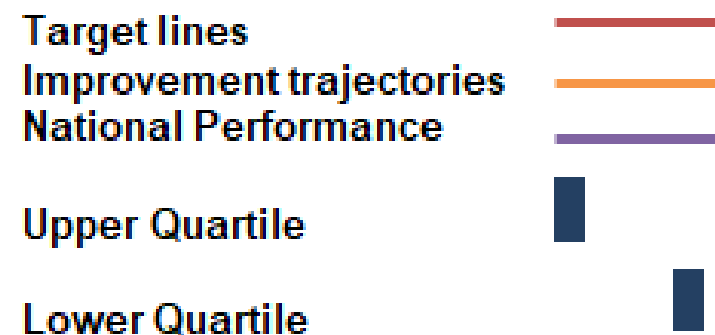
Regulatory

**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. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
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 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 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 financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Unless noted on each graph, all data shown is for period up to, and including, 31 March 2022 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 2021/22

- QP1** Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic; including:
 - Maintaining excellence in infection prevention and control
 - Ensuring the appropriate clinical priorities for recovery work
 - Keeping people waiting for planned care safe
 - Maintaining safety and excellent outcomes from emergency care

- QP2** Being outstanding for Safety– a national leader in implementing the NHS Patient Safety Strategy within a “just” safety culture

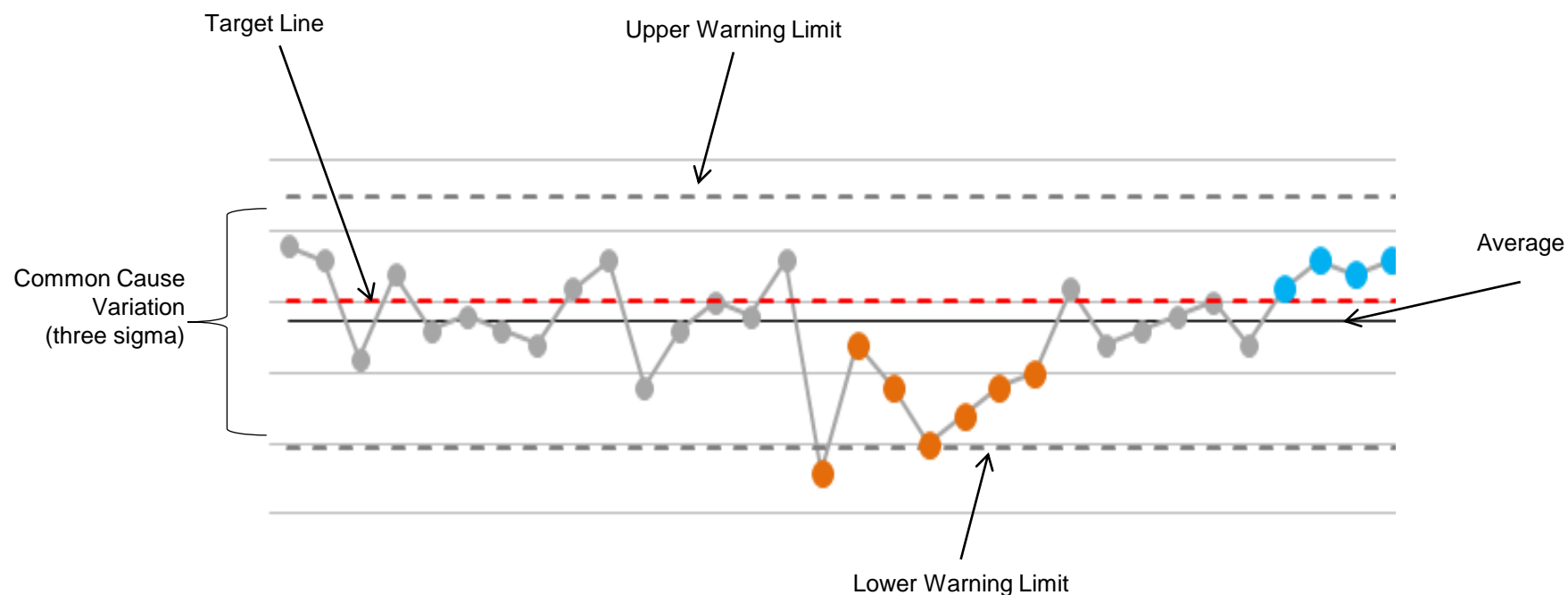
- QP3** Ensuring excellence in our maternity services, delivering safe and supportive maternity care.

- QP4** Meeting the identified needs of patient with learning difficulties, autism or both.

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to Assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing

IA	Industrial Action
ICS	Integrated Care System
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
PDC	Public Dividend Capital
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
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
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.

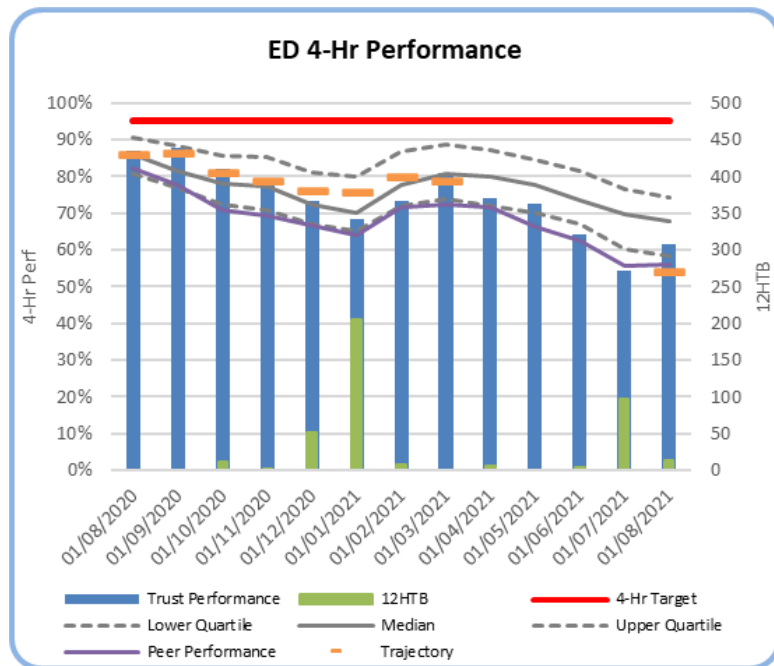
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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



Month	Quartile
Aug-20	2nd
Sep-20	2nd
Oct-20	2nd
Nov-20	2nd
Dec-20	2nd
Jan-21	3rd
Feb-21	3rd
Mar-21	2nd
Apr-21	3rd
May-21	3rd
Jun-21	4th
Jul-21	4th
Aug-21	3rd

Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4th), among the worst performing Trusts. If low performance is good then this would reflect being in the upper quartile (1st), among the best performing Trusts. The table to the right of the chart lists the quartile positions for each month based on the Trust Performance placement within the graph for guidance.

Purple lines reflect combined peer performance. Urgent Care metrics use Adult Major Trauma centres to compare against whilst planned care metrics use those identified by Model Hospital as similar to NBT.

Quartiles are calculated using main NHS Trusts only.