

North Bristol NHS Trust

# **INTEGRATED PERFORMANCE REPORT**

August 2021 (presenting July 2021 data)



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# North Bristol Integrated Performance Report

| Domain     | Description                                    | National Standard | Current Month Trajectory (RAG) | Jul-20 | Aug-20 | Sep-20  | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Trend | Benchmarking<br>(in arrears except A&E & Cancer as per reporting month) |       |          |
|------------|--|-------------------|--------------------------------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---|-------|----------|
|            |  |                   |                                |        |        |         |        |        |        |        |        |        |        |        |        |        |       | National Performance  | Rank  | Quartile |
| Responsive | A&E 4 Hour - Type 1 Performance                | 95.00%            | 64.38%                         | 93.47% | 86.90% | 87.76%  | 82.07% | 77.95% | 73.21% | 68.51% | 73.33% | 81.05% | 74.26% | 72.71% | 64.38% | 54.36% |       | 67.66%  | 6/9   | ___■     |
|            | A&E 12 Hour Trolley Breaches                   | 0                 | 0                              | 0      | 0      | 0       | 12     | 3      | 52     | 206    | 7      | 0      | 6      | 0      | 4      | 97     |       | 0 - 255   | 10/10 | ___■     |
|            | Ambulance Handover < 15 mins (%)               | 100%              | 48.46%                         | 98.07% | 98.01% | 76.69%  | 68.07% | 67.70% | 57.77% | 54.95% | 60.97% | 58.17% | 50.28% | 51.07% | 48.46% | 39.75% |       |   |       |          |
|            | Ambulance Handover < 30 mins (%)               | 100%              | 73.44%                         | 99.76% | 99.83% | 96.04%  | 93.50% | 93.76% | 88.44% | 83.80% | 92.75% | 89.36% | 79.42% | 80.43% | 73.44% | 60.62% |       |   |       |          |
|            | Ambulance Handover > 60 mins                   | 0                 | 346                            | 0      | 0      | 4       | 33     | 26     | 82     | 180    | 57     | 83     | 272    | 199    | 346    | 636    |       |   |       |          |
|            | Stranded Patients (>21 days) - month end       |                   |                                | 82     | 95     | 114     | 247    | 141    | 145    | 124    | 129    | 136    | 271    | 115    | 122    | 279    |       |   |       |          |
|            | Right to Reside: Discharged by 5pm             | 50.00%            |                                | -      | -      | -       | -      | -      | 28.52% | 30.53% | 29.43% | 30.89% | 35.87% | 31.83% | 33.53% | 33.29% |       |   |       |          |
|            | Bed Occupancy Rate                             |                   | 93.00%                         | 82.97% | 87.51% | 92.30%  | 94.19% | 92.38% | 95.10% | 95.86% | 92.74% | 92.49% | 95.25% | 95.24% | 96.64% | 95.97% |       |   |       |          |
|            | Diagnostic 6 Week Wait Performance             | 1.00%             | 34.95%                         | 28.98% | 32.36% | 29.58%  | 27.47% | 26.73% | 32.37% | 33.04% | 27.20% | 24.72% | 29.45% | 31.99% | 36.13% | 38.91% |       | 22.38%  | 8/10  | ___■     |
|            | Diagnostic 13+ Week Breaches                   | 0                 | 0                              | 1886   | 1979   | 1998    | 1697   | 1427   | 1487   | 1420   | 1358   | 1364   | 1513   | 1779   | 2054   | 2183   |       |   | 8/10  | ___■     |
|            | Diagnostic Backlog Clearance Time (in weeks)   |                   |                                | 1.0    | 1.0    | 0.9     | 0.9    | 0.8    | 1.0    | 1.0    | 0.8    | 0.8    | 0.9    | 1.1    | 1.3    | 1.3    |       |   |       |          |
|            | RTT Incomplete 18 Week Performance             | 92.00%            | 74.98%                         | 58.48% | 63.96% | 70.46%  | 74.00% | 74.35% | 73.18% | 71.62% | 70.65% | 71.64% | 73.59% | 74.29% | 74.98% | 73.78% |       | 68.12%  | 3/10  | ___■     |
|            | RTT 52+ Week Breaches                          | 0                 | 1363                           | 648    | 797    | 1001    | 1092   | 1249   | 1418   | 1817   | 2108   | 2088   | 1827   | 1583   | 1473   | 1544   |       | 0 - 17780   | 2/10  | ___■     |
|            | RTT 78+ Week Breaches                          |                   | 448                            | -      | -      | -       | -      | -      | -      | -      | -      | -      | 363    | 424    | 448    | 532    |       | 0 - 4577  | 4/10  | ___■     |
|            | RTT 104+ Week Breaches                         |                   | 0                              | -      | -      | -       | -      | -      | -      | -      | -      | -      | 5      | 12     | 19     | 28     |       | 0 - 441   | 5/10  | ___■     |
|            | Total Waiting List                             |                   | 33422                          | 27512  | 28814  | 29387   | 30214  | 29632  | 29611  | 29759  | 29716  | 29580  | 31143  | 31648  | 32946  | 34315  |       |   |       |          |
|            | RTT Backlog Clearance Time (in weeks)          |                   |                                | 9.6    | 7.7    | 6.4     | 5.5    | 4.8    | 4.9    | 5.2    | 5.8    | 5.6    | 4.9    | 4.8    | 5.2    | 5.2    |       |   |       |          |
|            | Cancer 2 Week Wait                             | 93.00%            | 57.39%                         | 88.11% | 78.05% | 76.30%  | 89.01% | 78.65% | 63.72% | 60.03% | 70.87% | 63.24% | 39.53% | 36.58% | 36.44% | -      |       | 84.83%  | 10/10 | ___■     |
|            | Cancer 2 Week Wait - Breast Symptoms           | 93.00%            | 8.83%                          | 96.05% | 75.18% | 54.04%  | 87.76% | 61.07% | 33.77% | 49.64% | 36.17% | 15.20% | 6.18%  | 9.21%  | 17.19% | -      |       | 68.82%  | 7/10  | ___■     |
|            | Cancer 31 Day First Treatment                  | 96.00%            | 88.89%                         | 97.51% | 95.78% | 90.31%  | 92.68% | 97.01% | 95.47% | 89.84% | 95.96% | 96.62% | 94.40% | 97.38% | 95.48% | -      |       | 94.60%  | 6/10  | ___■     |
|            | Cancer 31 Day Subsequent - Drug                | 98.00%            | 100%                           | 100%   | 100%   | 100%    | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | -      |       | 99.29%  | 1/10  | ___■     |
|            | Cancer 31 Day Subsequent - Surgery             | 94.00%            | 76.54%                         | 92.13% | 89.86% | 85.19%  | 87.76% | 91.95% | 92.22% | 77.66% | 84.44% | 85.48% | 81.18% | 86.73% | 84.62% | -      |       | 86.90%  | 7/10  | ___■     |
|            | Cancer 62 Day Standard                         | 85.00%            | 80.07%                         | 75.31% | 73.10% | 70.07%  | 72.87% | 75.76% | 77.39% | 65.91% | 74.34% | 76.09% | 75.00% | 77.11% | 62.74% | -      |       | 73.15%  | 9/10  | ___■     |
|            | Cancer 62 Day Screening                        | 90.00%            | 90.00%                         | 44.44% | 66.67% | 100.00% | 77.14% | 76.92% | 86.36% | 78.57% | 86.79% | 68.18% | 73.68% | 54.72% | 73.33% | -      |       | 73.00%  | 4/10  | ___■     |
|            | Mixed Sex Accomodation                         | 0                 | 0                              | 0      | 0      | 0       | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |       |   |       |          |
|            | Electronic Discharge Summaries within 24 Hours | 100%              |                                | 83.36% | 82.75% | 82.96%  | 84.21% | 83.74% | 82.94% | 81.57% | 83.73% | 84.77% | 84.56% | 82.61% | 83.45% | 83.28% |       |   |       |          |

# North Bristol Integrated Performance Report

| Domain                                 | Description   | National Standard | Current Month Trajectory (RAG) | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21  | Mar-21  | Apr-21  | May-21 | Jun-21 | Jul-21 | Trend |
|--|---|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|--------|--------|--------|-------|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term                         |                   | 0.90%                          | 0.64%  | 0.22%  | 0.23%  | 0.64%  | 0.73%  | 0.70%  | 0.50%  | 0.51%   | 0.43%   | 0.70%   | 0.95%  | 0.69%  | 1.51%  |       |
|  | Caesarean Section Rate                                |                   | 28.00%                         | 34.60% | 39.01% | 35.00% | 36.42% | 31.16% | 41.92% | 35.13% | 38.69%  | 40.28%  | 37.44%  | 33.11% | 40.09% | 39.36% |       |
|  | Still Birth rate                                      |                   | 0.40%                          | 0.40%  | 0.20%  | 0.41%  | 0.00%  | 0.23%  | 0.64%  | 0.46%  | 0.23%   | 0.00%   | 0.43%   | 0.22%  | 0.00%  | 0.20%  |       |
|  | Induction of Labour Rate                              |                   | 32.10%                         | 35.40% | 38.60% | 38.87% | 36.62% | 39.77% | 37.55% | 39.81% | 33.80%  | 33.81%  | 35.24%  | 37.14% | 35.29% | 37.35% |       |
|  | PPH 1000 ml rate                                      |                   | 8.60%                          | 11.20% | 10.68% | 7.97%  | 10.38% | 14.19% | 8.93%  | 9.77%  | 11.57%  | 10.28%  | 8.99%   | 10.29% | 13.79% | 8.38%  |       |
|  | Never Event Occurrence by month                       | 0                 | 0                              | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0       | 0       | 1       | 0      | 0      | 0      |       |
|  | Serious Incidents                                     |                   |                                | 12     | 9      | 4      | 6      | 6      | 4      | 3      | 2       | 4       | 10      | 2      | 3      | -      |       |
|  | Commissioned Patient Safety Incident Investigations   |                   |                                | -      | -      | -      | -      | -      | -      | -      | -       | -       | -       | -      | -      | 2      |       |
|  | Healthcare Safety Investigation Branch Investigations |                   |                                | -      | -      | -      | -      | -      | -      | -      | -       | -       | -       | -      | -      | 1      |       |
|  | Total Incidents                                       |                   |                                | 954    | 1030   | 1057   | 1210   | 1051   | 1059   | 1228   | 877     | 1004    | 1034    | 1066   | 1022   | 996    |       |
|  | Total Incidents (Rate per 1000 Bed Days)              |                   |                                | 48     | 49     | 47     | 50     | 49     | 49     | 56     | 45      | 46      | 46      | 44     | 44     | 43     |       |
|  | WHO checklist completion                              |                   | 95%                            | 99.70% | 99.70% | 99.60% | 99.60% | 99.40% | 99.95% | 99.79% | 100.00% | 100.00% | 99.92%  | 99.60% | 99.96% | 99.88% |       |
|  | VTE Risk Assessment completion                        |                   | 95%                            | 95.79% | 95.08% | 95.15% | 95.12% | 94.61% | 95.44% | 95.28% | 95.10%  | 95.38%  | 95.44%  | 95.39% | 95.02% | -      |       |
|  | Pressure Injuries Grade 2                             |                   |                                | 8      | 14     | 13     | 28     | 17     | 17     | 17     | 27      | 7       | 9       | 10     | 15     | 17     |       |
|  | Pressure Injuries Grade 3                             |                   | 0                              | 0      | 0      | 1      | 1      | 0      | 0      | 0      | 0       | 0       | 0       | 0      | 0      | 0      |       |
|  | Pressure Injuries Grade 4                             |                   | 0                              | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0       | 0       | 0       | 0      | 0      | 0      |       |
|  | PI per 1,000 bed days                                 |                   |                                | 0.24   | 0.50   | 0.46   | 0.85   | 0.42   | 0.60   | 0.52   | 0.82    | 0.19    | 0.30    | 0.30   | 0.52   | 0.51   |       |
|  | Falls per 1,000 bed days                              |                   |                                | 7.06   | 7.68   | 6.70   | 9.57   | 8.85   | 8.55   | 9.54   | 8.63    | 8.44    | 8.34    | 8.71   | 8.53   | 8.26   |       |
|  | #NoF - Fragile Hip Best Practice Pass Rate            |                   |                                | 47.46% | 63.64% | 54.17% | 77.27% | 75.61% | 63.64% | 42.86% | 69.05%  | 78.38%  | 37.50%  | 13.51% | 64.29% | -      |       |
|  | Admitted to Orthopaedic Ward within 4 Hours           |                   |                                | 86.44% | 66.67% | 79.17% | 67.44% | 53.66% | 57.14% | 39.68% | 54.76%  | 44.68%  | 71.88%  | 54.05% | 42.86% | -      |       |
|  | Medically Fit to Have Surgery within 36 Hours         |                   |                                | 74.58% | 72.73% | 68.75% | 86.05% | 80.49% | 79.59% | 58.73% | 80.95%  | 89.36%  | 71.88%  | 51.35% | 80.95% | -      |       |
|  | Assessed by Orthogeriatrician within 72 Hours         |                   |                                | 98.31% | 90.91% | 87.50% | 93.02% | 95.12% | 79.59% | 80.95% | 97.62%  | 97.87%  | 56.25%  | 18.92% | 90.48% | -      |       |
|  | Stroke - Patients Admitted                            |                   |                                | 84     | 63     | 83     | 86     | 79     | 80     | 70     | 61      | 96      | 91      | 100    | 91     | 50     |       |
|  | Stroke - 90% Stay on Stroke Ward                      |                   | 90%                            | 80.00% | 93.20% | 88.00% | 84.62% | 81.97% | 80.88% | 58.18% | 83.33%  | 81.08%  | 98.26%  | 86.76% | 80.82% | -      |       |
|  | Stroke - Thrombolysed <1 Hour                         |                   | 60%                            | 50.00% | 60.00% | 69.00% | 72.73% | 50.00% | 33.33% | 50.00% | 44.00%  | 78.00%  | 100.00% | 50.00% | 70.00% | -      |       |
|  | Stroke - Directly Admitted to Stroke Unit <4 Hours    |                   | 60%                            | 73.60% | 63.30% | 69.10% | 61.73% | 63.64% | 47.83% | 35.59% | 60.00%  | 48.68%  | 47.89%  | 52.00% | 49.33% | -      |       |
|  | Stroke - Seen by Stroke Consultant within 14 Hours    |                   | 90%                            | 91.00% | 89.00% | 80.00% | 86.00% | 89.71% | 85.92% | 87.30% | 91.55%  | 90.00%  | 85.14%  | 90.36% | 92.11% | -      |       |
| Quality Caring & Experience            | MRSA  | 0                 | 0                              | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 1       | 0       | 0       | 0      | 0      | 0      |       |
|  | E. Coli   |                   | 4                              | 5      | 7      | 8      | 4      | 5      | 3      | 3      | 1       | 6       | 4       | 5      | 4      | 1      |       |
|  | C. Difficile  |                   | 5                              | 4      | 3      | 5      | 7      | 5      | 7      | 4      | 9       | 4       | 10      | 6      | 10     | 6      |       |
|  | MSSA  |                   | 2                              | 4      | 2      | 1      | 4      | 6      | 2      | 3      | 3       | 0       | 4       | 1      | 5      | 2      |       |
|  | Friends & Family - Births - Proportion Very Good/Good |                   |                                | -      | -      | -      | -      | -      | -      | -      | -       | 94.26%  | 95.51%  | 95.51% | 94.74% | 92.68% |       |
|  | Friends & Family - IP - Proportion Very Good/Good     |                   |                                | -      | -      | -      | -      | -      | 93.24% | 94.06% | 95.72%  | 93.68%  | 94.52%  | 91.79% | 92.85% | -      |       |
|  | Friends & Family - OP - Proportion Very Good/Good     |                   |                                | -      | -      | -      | -      | -      | 95.60% | 95.71% | 95.29%  | 94.63%  | 94.90%  | 95.09% | 94.40% | 94.65% |       |
|  | Friends & Family - ED - Proportion Very Good/Good     |                   |                                | -      | -      | -      | -      | -      | 90.96% | 87.49% | 89.21%  | 87.24%  | 84.86%  | 82.00% | 73.19% | 71.84% |       |
|  | PALS - Count of concerns                              |                   |                                | 75     | 51     | 95     | 73     | 99     | 66     | 62     | 71      | 79      | 108     | 88     | 127    | 127    |       |
|  | Complaints - % Overall Response Compliance            |                   | 90%                            | 98.08% | 97.06% | 98.04% | 94.44% | 92.68% | 94.64% | 81.48% | 84.38%  | 85.11%  | 79.07%  | 83%    | 77.03% | 85.71% |       |
| Well Led                               | Complaints - Overdue                                  |                   |                                | 0      | 0      | 0      | 2      | 2      | 0      | 0      | 0       | 0       | 0       | 0      | 0      | 2      |       |
|  | Complaints - Written complaints                       |                   |                                | 59     | 53     | 46     | 48     | 39     | 23     | 37     | 43      | 42      | 56      | 67     | 51     | 65     |       |
|  | Agency Expenditure ('000s)                            |                   |                                | 555    | 822    | 687    | 875    | 900    | 1043   | 1234   | 543.91  | 1042    | 705     | 816    | 1029   | 1374   |       |
|  | Month End Vacancy Factor                              |                   |                                | 6.05%  | 5.14%  | 3.82%  | 3.83%  | 3.38%  | 4.59%  | 3.80%  | 3.65%   | 3.62%   | 2.66%   | 4.81%  | 5.53%  | 6.52%  |       |
|  | Turnover (Rolling 12 Months)                          |                   | 12.00%                         | 13.10% | 13.41% | 13.25% | 12.78% | 12.74% | 12.73% | 12.89% | 12.56%  | 12.36%  | 13.37%  | 13.60% | 13.81% | 12.97% |       |
|  | Sickness Absence (Rolling 12 month -In arrears)       |                   | -                              | 4.46%  | 4.46%  | 4.44%  | 4.41%  | 4.44%  | 4.38%  | 4.47%  | 4.48%   | 4.42%   | 4.32%   | 4.31%  | 4.31%  | -      |       |
|  | Trust Mandatory Training Compliance                   |                   |                                | 85.24% | 86.77% | 86.26% | 86.45% | 86.07% | 85.79% | 85.90% | 85.91%  | 85.40%  | 85.17%  | 84.95% | 84.55% | 82.82% |       |

As of July 2021, The Trust no longer follows the Serious Incident Framework and therefore will no longer declare serious incidents. The Trust will instead be commissioning patient safety incident investigations (PSIs), which includes Healthcare Safety Investigation Branch (HSIB) investigations.

# EXECUTIVE SUMMARY

## July 2021

### Urgent Care

Four-hour performance deteriorated to 54.36% in July with the Trust conceding 636 ambulance handover delays over one hour and 97 12-hour trolley breaches. The deterioration reflects high ED attendance volumes requiring above established staffing levels and challenged bed occupancy levels impacted by increased Non-Elective admissions, COVID-19 admissions and bed closures resulting from Norovirus. The Trust remains in the fourth quartile for the second consecutive month when compared nationally and ranking 6<sup>th</sup> out of 9 reporting Adult Major Trauma Centres. Four-hour performance is expected to stay below 60% in August.

### Elective Care and Diagnostics

The RTT waiting list continued to increase in July resulting from a reduction in waiting list removals. There were 1544 patients waiting greater than 52 weeks for their treatment in July; this is the first time since February 2021 that the Trust has reported an increase. The overall proportion of the wait list that is waiting longer than 52 weeks was static at 4.50%. Nationally, the Trust positioning deteriorated slightly in June, remaining in the third and fourth quartiles for 52 week and 78 week respectively. Diagnostic performance deteriorated in July to 38.92%. When compared nationally, Trust positioning deteriorated for June, with 6-week and 13-week performance remaining in the fourth quartiles.

### Cancer Wait Time Standards

Performance for the TWW standard has been impacted by issues in the Breast, Colorectal and Skin specialties, but significant improvements are anticipated for July's predicted performance. The 31-Day standard was not achieved in May, with performance of 95.48%. The reported 62-Day performance for May was 62.74%; a deterioration on the May performance of 77.11% reflecting the knock on impact of the TWW Breast performance. Cancer trajectories for 2021/22 have been created in line with 2021/22 planning guidance and were received by the Finance and Performance Committee in August 2021. Monitoring of performance will be reported against these trajectories from the September 2021 report onwards.

### Quality

Maternity services has reported compliance with all 10 of the CNST safety actions, which has been reviewed and approved by the Board via QRMC. NBT has received confirmation of national funding to support an increase in midwives, which goes towards meeting the recommendations of BirthRate+. There have been no reported Grade 3 or 4 pressure injuries in July. The Trust continues to see a surge of COVID-19 cases in line with national predictions with an increase in maternity cases and the younger age group. The Trust's antenatal screening service is still experiencing challenges with demand exceeding available capacity.

### Workforce

The Trust vacancy factor increased to 6.52% in July (from 5.55%) driven predominantly by a net loss of staff driven by voluntary resignations. Annual turnover saw a small reduction in July to 11.71% (from 11.73%) as July 2021 saw a lower net loss of staff than July 2020. Temporary staffing demand saw an increase in July in line with COVID-19 related absence and Accelerator programme requirements; overall demand increased by 23.60% (219 wte) with the bank able to respond with 53.6 wte more bank time worked in July than June, however the increase in worked time did not match the increase in demand and bank fill rates dropped from 62.74% to 58.38%

### Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected to breakeven. The financial framework for months 1 to 6 of 2021/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The forecast Trust position for the first four months of 2021/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSE/I. The actual result for the month 4 and year to date is a breakeven position.

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported four-hour performance of 54.36% in July; trajectories for 2021/22 are being confirmed in August 2021, with August performance not expected to exceed 54%. Ambulance handover delays were reported in-month with 636 handovers exceeding one hour and the Trust conceded 97 12-hour trolley breaches. Ambulance arrivals remained consistent with pre-pandemic levels; handover times continue to be particularly challenged due to pressures on bed occupancy. Bed occupancy varied between 91.74% and 99.19% against the core bed base; occupancy has been impacted by rising Non-elective admissions, COVID-19 admissions (peaking at 60 patients as of 28<sup>th</sup> July and resulting in cancellation of all P4 elective surgery and significant reductions in P3 cases) and bed closures due to Norovirus. Performance remains challenged into August, but the predicted downturn in COVID-19 admissions early in the month has led to the re-start of the full elective inpatient programme at the beginning of the month; this has not been able to be continued beyond the first two-weeks of August.

#### Planned Care

**Referral to Treatment (RTT)** – 18 week RTT performance deteriorated marginally in July to 73.78%. The number of patients exceeding 52 week waits in July was 1544, the majority of breaches (929; 60.17%) being in Trauma and Orthopaedics. For the first time since February 2021, the Trust has reported an increase in 52 week wait breaches; the overall proportion of the wait list that is waiting longer than 52 weeks was static at 4.50%. The Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust is working with these patients to understand their concerns and what needs to happen for them to be able to engage with progressing their pathway. A larger number of patients than previously reported are choosing to defer treatment until after holidays during August and September.

**Diagnostic Waiting Times** – Diagnostic performance deteriorated in July with performance of 38.92%. The current backlog position is similar to levels the Trust experienced immediately after the impact of the pandemic response during the first wave. Echocardiography and Non-Obstetric Ultrasound reported declines in performance, whilst CT reported a significantly improved performance in month. The number of patients waiting longer than 13 weeks increased by 6.28% in July. When compared nationally, 13 week performance deteriorated slightly in June, remaining in the fourth quartile. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity.

#### Cancer

The Trust achieved two out of the seven Cancer Waiting Time (CWT) standards (31-Day first and 31-Day subsequent drug therapy) in June. Breast Care Services have cleared the backlog and are now managing their weekly referral volume. The Trust is already seeing the impact of this in the forward look with a predicted July performance of 55.00% for TWW activity. Skin services have a current backlog of 501; 410 patients are already in a breach position. 260 new slots have been allocated through outsourcing and additional clinics at NBT. The expectation is that the backlog will be cleared by September. Colorectal are still experiencing OPD capacity issues due to consultant leave and increase in referrals requiring OPD appointments last month, however Endoscopy capacity is improving. Urology are in the process of reviewing pathways in line with RDS and 28-Day compliance. The main issue for the service is the reduction in Oncology appointments through BHOC and NBT; this is impacting on 62-Day pathways. Staffing issues within Cancer Services is starting to impact on CWT performance especially in the 28-Day performance; there are 6 vacancies across fast track and MDT support currently. A recruitment programme is in place but the impact will continue to be felt across all of the CWT standards for at least the next two months.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Improvements

**Maternity :** Maternity services has reported compliance with all 10 of the CNST safety actions, which was reviewed and approved by the Board via QRMCM. NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+. NBT has also secured funding as part of the national Ockenden funding for additional consultant PA's to ensure compliance with MDT Ward Rounds.

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

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

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

### Areas of Concern

**Maternity:** Our antenatal screening service continues to experience challenges with demand exceeding available capacity. The division is progressing the action plan with the regional team for resolution. Outsourcing of the FTCS service commenced 7<sup>th</sup> Aug. A full demand and capacity analysis is being conducted within the Ante Natal Clinic due to significant challenges imposed by implementation of new clinic templates in response to RCOG guidance.

**Infection control:** The trust continues to see a surge of COVID-19 cases in line with national predictions with an increase in maternity cases and the younger age group. In line with bed modelling, further ICU capacity has been created, ward based care flexed back to one ward and maternity care flexes dependent on need. C. difficile monthly rates are higher than previous years and may prove difficult to pull back to achieve the target trajectory set. Further work with a Southwest C. diff HCAI collaboration is ongoing.



# WELL LED

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

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

#### Vacancies

The Trust reported vacancy factor increased to 6.52%% in July (from 5.55% in June) which is the highest vacancy factor since March 2020 (6.76%). The increase has been driven by substantive establishment changes, +32.3 wte – 15.4 wte was in registered nursing and midwifery (with Quantock and ICU seeing largest increases). A net loss of staff, predominantly in registered nursing and midwifery has also driven the increase.

Registered nursing and midwifery saw the greatest increase in vacancies as a result -15.8 wte, Theatres (-5.5 wte), ICU (-2.6 wte), NICU (-3.3 wte) and ED (-1.9 wte) with 78.97% of registered nurse and midwife leavers due to work life balance and relocation. Allied Health Professionals also saw an increase in vacancies with a net loss of -2.0 wte Radiographers and staff reducing their hours in Physiotherapy. Recruitment pipelines remain healthy with July seeing double the number of band 5, band 3 and band 2 nurse starters than June 20 and the highest number of starters in these groups in the last three years.

#### Turnover

The Trust turnover is reported as 12.97% in July, excluding the impact of COVID-19 workforce and mass vaccination the turnover rate is at 11.71%, compared to 11.73% in June. Whilst the Trust saw an overall net loss of staff in July it was a smaller net loss than the previous year in July 2020 accounting for the slight reduction in turnover. Work is already in place to act on the eLeavers Questionnaire information from Q1 of 2021/22 as part of the Trust ongoing work to reduce turnover and mitigate the impact of COVID on retention of staff.

#### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence remained at 4.31% in June. Stress/anxiety/depression/other psychiatric illness remains the greatest reason for absence in terms of time lost. July saw a small increase compared to June but the July position remains lower than the position in July 2020. Overall the rate of this type of absence has reduced from a peak over autumn/winter.

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

Temporary staffing demand increased in July by 23.60% in July (219 wte). The main drivers for this increase were COVID related absence, Accelerator and Patient Demand. Accelerator shifts accounted for 58.1 wte of the increase in demand and had a fill rate of 98.3% via the bank.

Excluding the impact of Accelerator temporary staffing demand increased by 17.35% (161 wte), bank fill dropped from 62.74% to 58.38% (although more bank time was worked in July, 53.6 wte more, demand increased at a greater rate) and unfilled shift rates increased from 27.11% to 31.84%. Agency fill rates remained at the same level as June. In line with COVID related absence and operational pressures the greatest increase in temporary staffing demand was seen in registered and unregistered nursing and midwifery and ancillary staff.



# FINANCE

## SRO: CFO

### Overview

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected breakeven. Guidance for the financial framework for the second half of the 21/22 financial year is expected in September. Additionally, non-recurrent income will be provided to fund non-recurrent elective recovery actions including those covered by the Accelerator programme.

The financial framework for months 1 to 6 of 21/22 requires the Trust to operate core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with national guidance. The forecast Trust position for the first four months of 21/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSI. The actual result for the month 4 and year to date is a breakeven position.

The Trust recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.6m for the first quarter. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 4. Cash at 31st July amounts to £112.5m. Capital expenditure for the year to date amounts to £3.8m versus a plan of £5.2m.

#### Highlights

The position for the month of July shows a breakeven position for the month and year to date.

Income and cost estimates of £8.6m for ERF activity were included in the M3 position and no further ERF income is accrued in month 4.

Cash position at the end of July is £112.5m. (March 2021 balance £121.5m).

The total value of CIP for this financial year is £19.6m, the current identified CIP position is £5.8m, an increase of £1.1m compared to June with another £4.1m in the pipeline. This leaves circa 70% of the total value of savings to be identified.

In Month capital spend is £1.0m and YTD spend is £3.8m compared to a YTD plan of £5.2m.

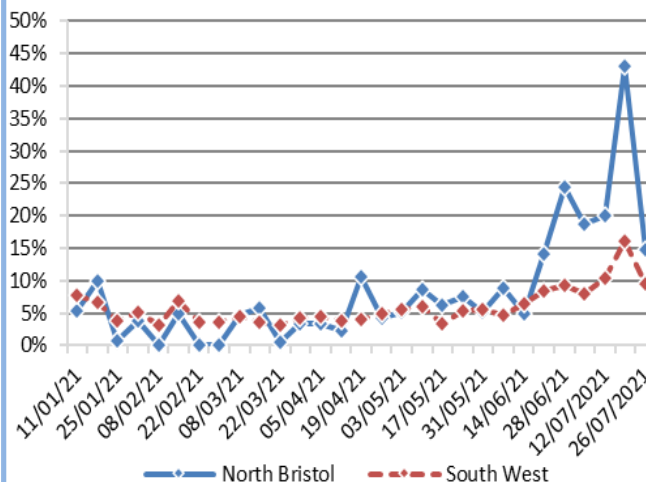
## **Responsiveness**

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

### ED 4-Hr Performance



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



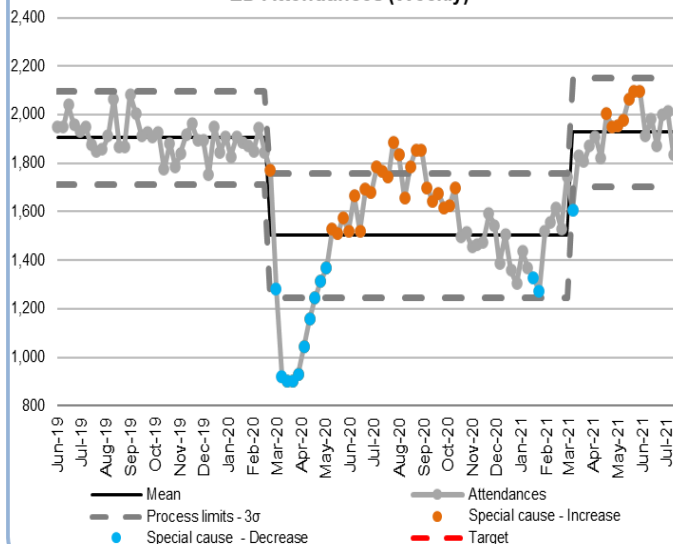
## Urgent Care

Four-hour performance deteriorated to 54.36% in July. ED attendances were marginally down on 2019/20 levels.

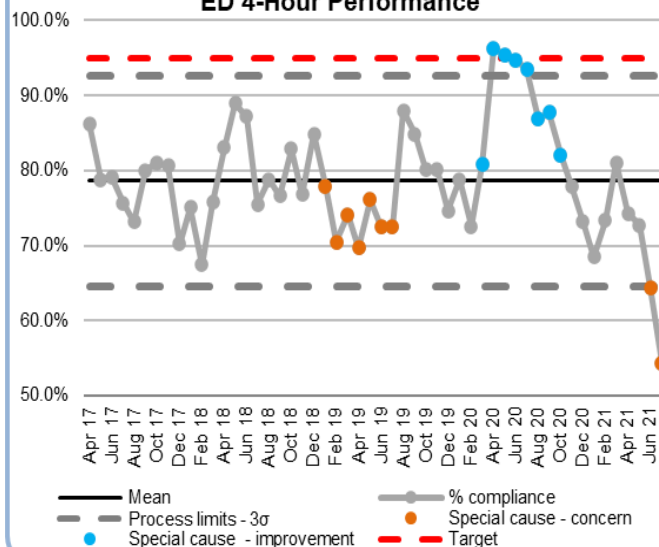
An indicative trajectory has been set for 2021/22; with August performance not expected to exceed 54%. Trust performance reported below national performance for the fourth consecutive month.

Ambulance handover times continued to be challenged, with the Trust conceding 636 ambulance handover delays over one-hour when the department was experiencing a significant surge in demand and a challenging bed occupancy position.

### ED Attendances (Weekly)



### ED 4-Hour Performance

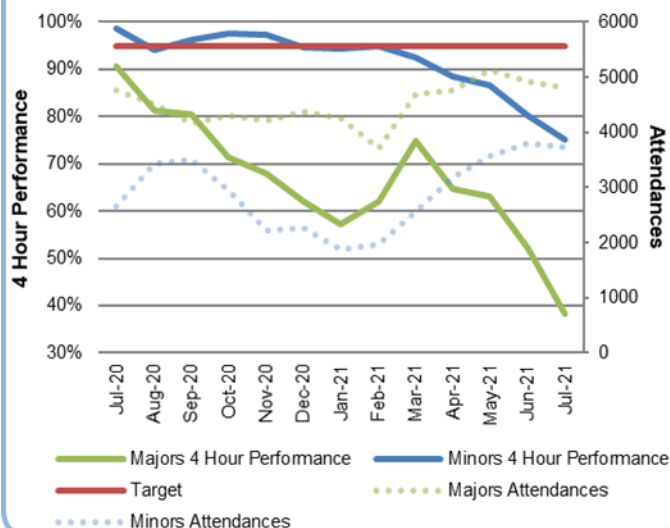


There was a significant increase in 12-hour trolley breaches in July with the Trust conceding 97 in month.

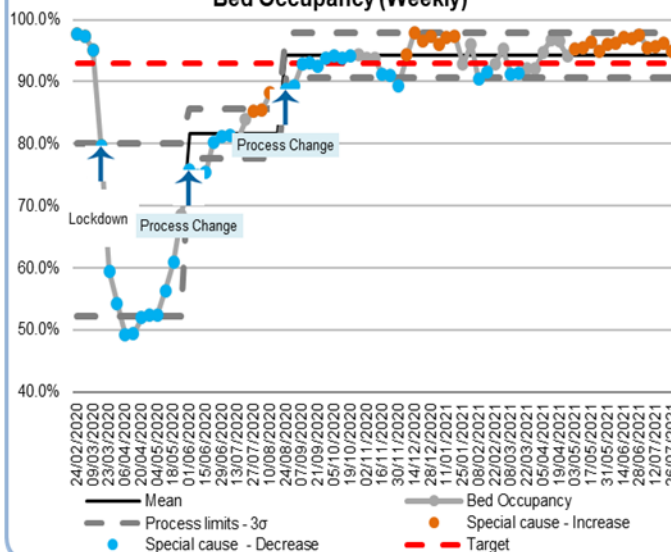
As the bed occupancy of the Trust has risen, flow and morning discharge rates have deteriorated. From the end of July the Trust adopted changes to Non-elective (NEL) COVID-19 screening, to support earlier decision making on movement of NEL patients.

The Trust has yet to maximise all available capacity via the two discharge lounges.

### ED 4 Hour Performance by Majors/Minors



### Bed Occupancy (Weekly)



### 4-Hour Performance

In July, Minors performance deteriorated to 75.07%, whilst Majors deteriorated more significantly to 38.29%.

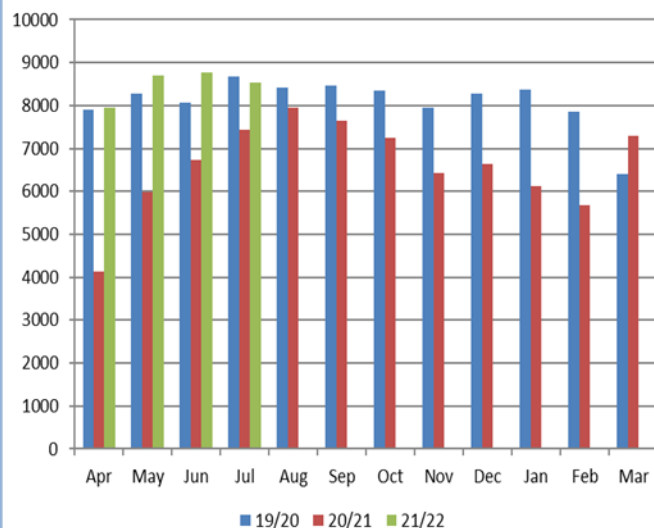
For the fifth consecutive month, the predominant cause of breaches at 67.90% was waiting for assessment in ED, whilst 12.29% of breaches were caused by waiting for a medical bed.

Bed occupancy remains challenged, varying between 91.74% and 99.19% in July against the core bed base, which has been impacted by rising COVID-19 admissions and bed closures due to Norovirus.

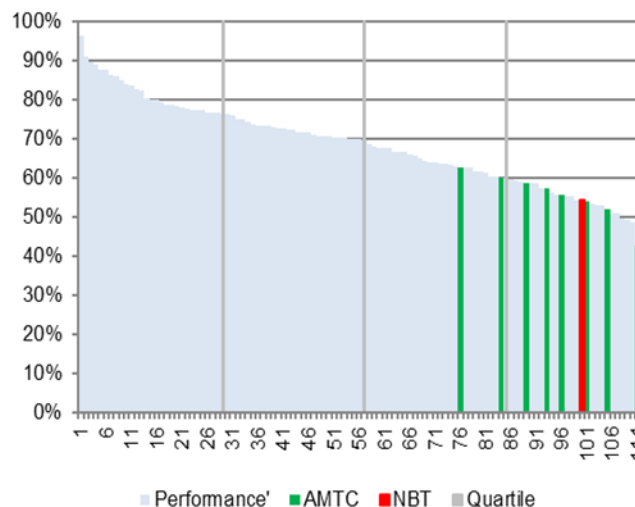
As a result of the overall bed occupancy pressures in July, ambulance offload delays significantly increased, requiring opening of further offload capacity.

When compared nationally, the Trust positioning deteriorated in July, remaining in the fourth quartile for the second consecutive month. ED performance for the NBT Footprint stands at 65.50% and the total STP performance was 72.61% for July. The Trust ranks sixth out of nine reporting Adult Major Trauma Centres.

### Total Attendances

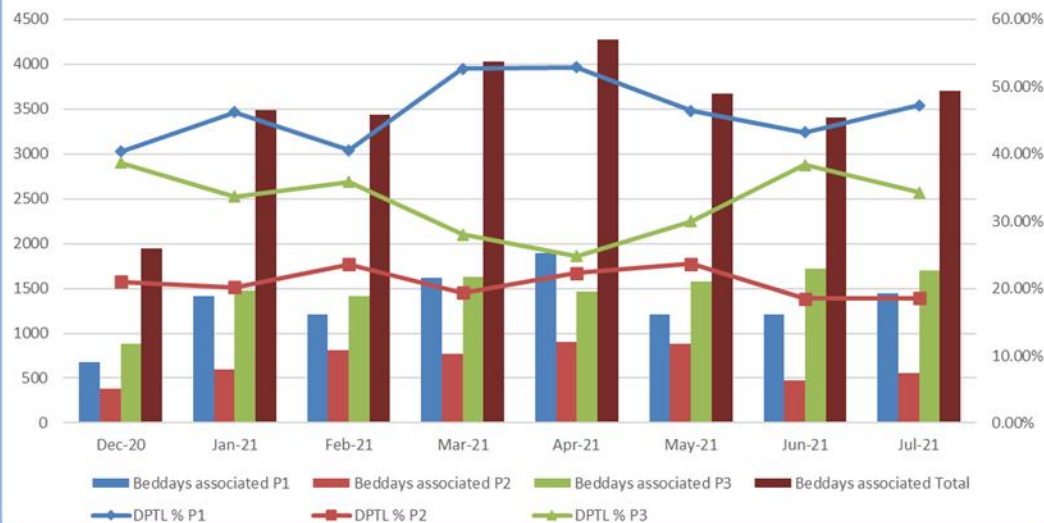


### ED 4 Hour Type 1 Performance - July 21



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

DPTL % and Beddays, for Medically fit



## Right to Reside

The percentage delays and bed days for medically fit patients awaiting P1 increased in July (Sirona and care agencies had staffing challenges), the P2 delays were slightly longer and the P3 remained the same as for June.

There remains insufficient complex community dementia beds and for Stroke patients with high care needs. The NHSE/I funded period for P3 D2A reduced on 1<sup>st</sup> July from 6 weeks to 4 weeks; the impact on increasing capacity/ flow to this pathway is still to be seen.

Total Patients

808

Meet Criteria To Reside

62.6%

Ready For Discharge

25.4%

Not Recorded

12.0%

Patients Residing

82.5%

To Be Discharged By 5 pm

8.4%

14+ LOS Patients Residing

82.5%

21+ LOS Patients Residing

82.0%

Meet Criteria To Reside

506

Ready To Be Discharged

205

Status Not Recorded

97

Patients Residing

667

To Be Discharged By 5pm

68

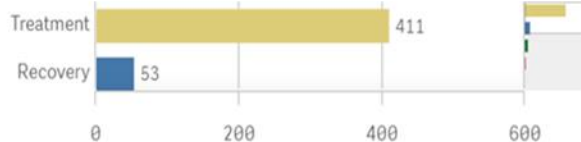
14+ LOS Patients Residing

198

21+ LOS Patients Residing

125

### Right To Reside Reasons



### Discharge Destinations



### LOS 14+ - Day...



### LOS 21+ - Day...



Residing Due To Internal Re...

7.7%

Residing Due To External Re...

22.7%

Residing Due To Internal Re...

52

Residing Due To External Re...

151

### DPTL Reasons

viii. Pathway 1: awaiting availability of resource for assessment and start of care at home. 34

x. Pathway 3: awaiting availability of a bed in a residential or nursin... 30

iii. Awaiting therapy decision to discharge (no acute medical or nursin... 28

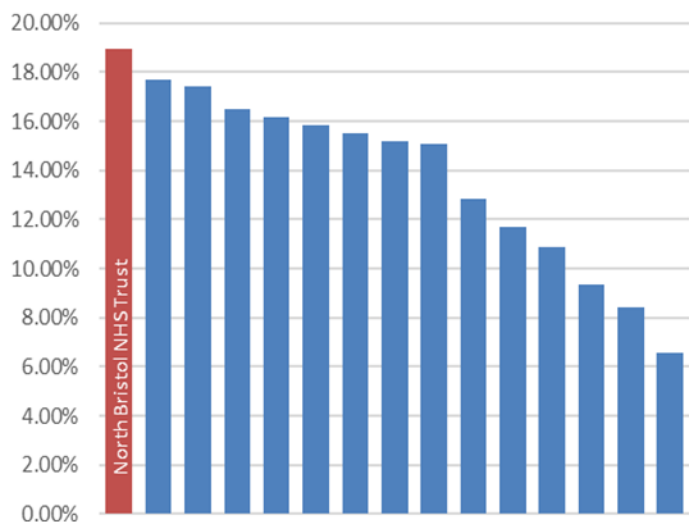
vii. Awaiting confirmation from community h... 21

xv. Repatriation/- transfer to an other acute t... 21

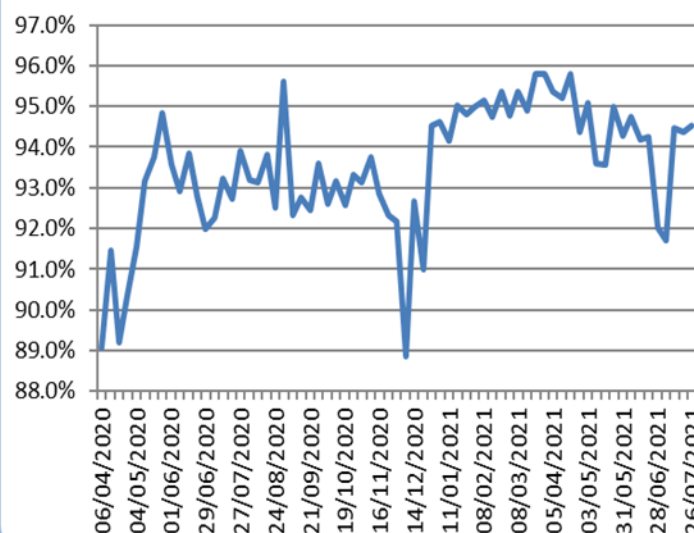
ix. Pathway 2: awaiting availability of rehabilit... 19

viii. Pathway 1 (Destin... 15

21+ LoS Occupancy % South West



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



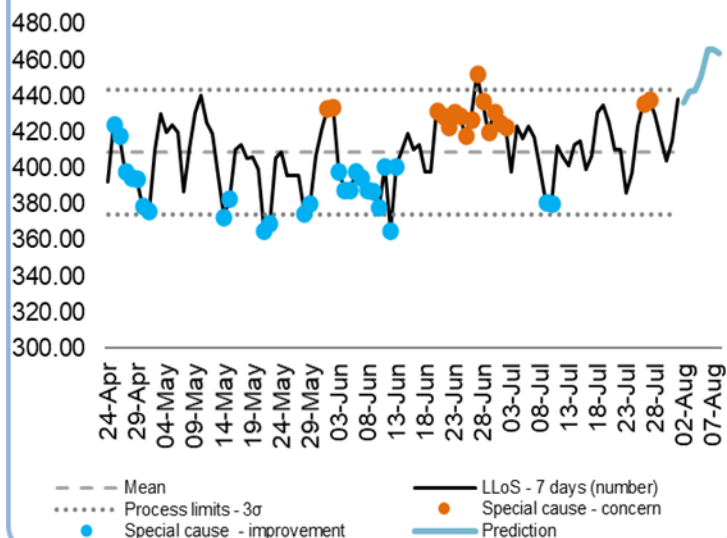
## Stranded Patients

The stranded patient levels reported remain high and are the highest in the Region. Complex discharge weekly levels have been significantly below target across the month (varying from 67%-83% vs. expected weekly target of 121 discharges) due to community vacancies and COVID-19 staff absence levels.

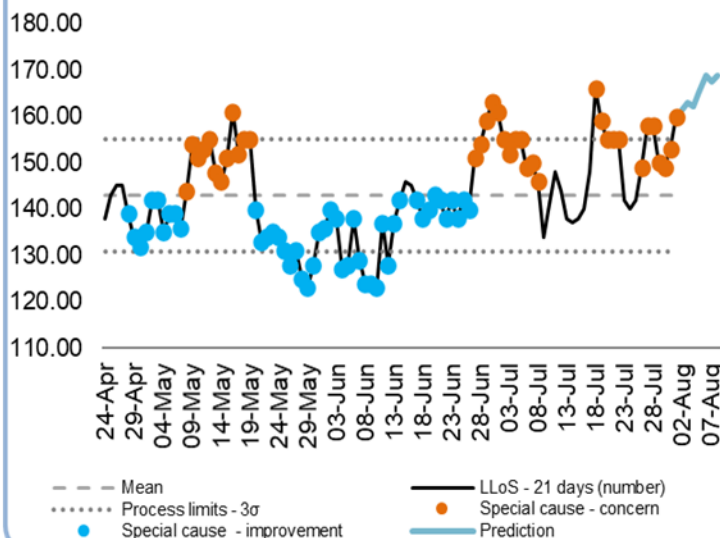
P1 - P3 referral numbers remained lower in July (target is 117 per week); this may be due to the continued acuity of patients and ward staffing pressures.

Admission to Single Referral Form (SRF) monitoring remains a key focus for the Urgent Care Board. SRF and P1 progress meetings between IDS and CICBs commenced in July with the aim of reducing rejections to 5% and minimise delays.

SPC chart for LLoS - 7 days (number)



SPC chart for LLoS - 21 days (number)



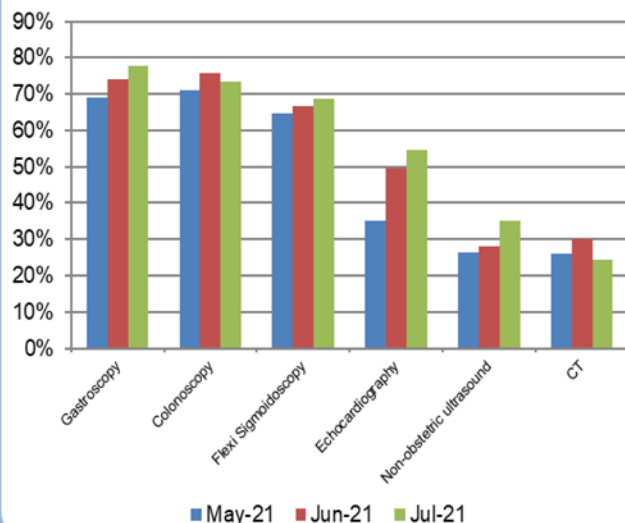
Data Source: South region NHSI UEC dashboard, w/e 1<sup>st</sup> August



### DM01 Performance



### Diagnostic Performance by Test



## Diagnostic Waiting Times

Diagnostic performance deteriorated to 38.92% in July.

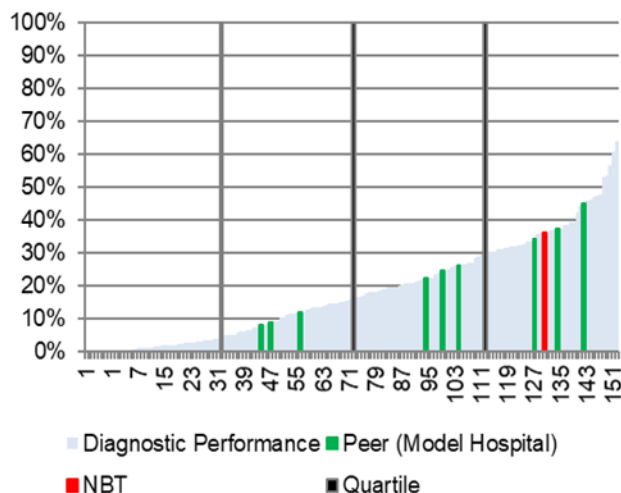
Activity decreased by 5.26% in July, whilst the overall wait list and backlog continued to increase (1.44% and 9.24% respectively). The current backlog position is similar to levels the Trust experienced immediately after the impact of the pandemic response during the first wave.

Echocardiography reports a significant decline in performance in month; this has been impacted by ongoing operational pressures including increased inpatient demand and staff absence due to COVID-19 sickness and isolation. There has also been reduced availability of Agency staff. Non Obstetric Ultrasound reports a further deterioration on their June position, with actions to increase capacity ongoing, including tendering to outsource capacity, as part of a system-wide procurement exercise. CT reported a significant improvement in performance, whilst Colonoscopy also made some improvement.

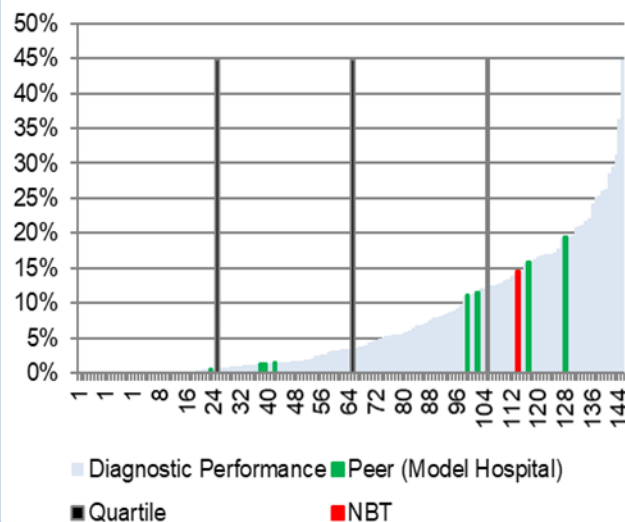
The number of patients waiting longer than 13 weeks has increased by 6.28% in July. A high level review continues to be completed for patients exceeding 13 weeks to ensure no harm has resulted from the extended wait times.

Nationally, Trust positioning deteriorated for 6-week performance in June, remaining in the fourth quartile. 13 week performance also deteriorated slightly, remaining in the fourth quartile.

### Diagnostic Six Week Performance - June 2021

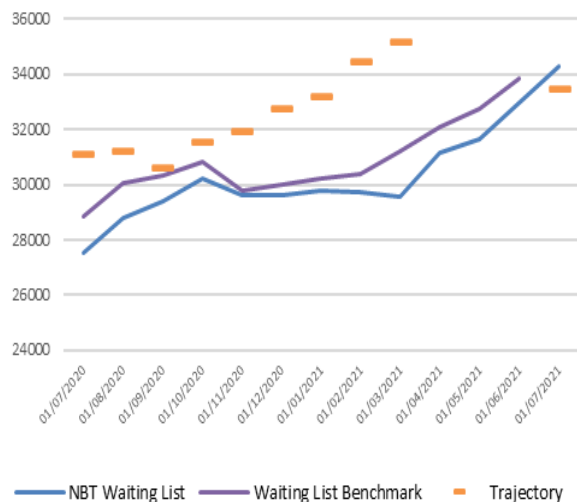


### Diagnostic 13 Week Performance - June 2021

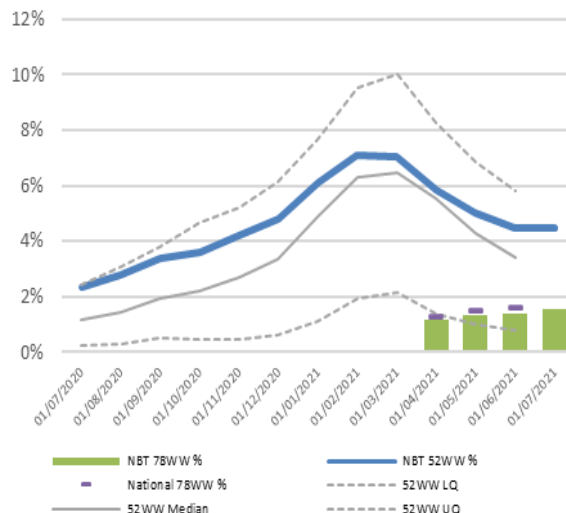




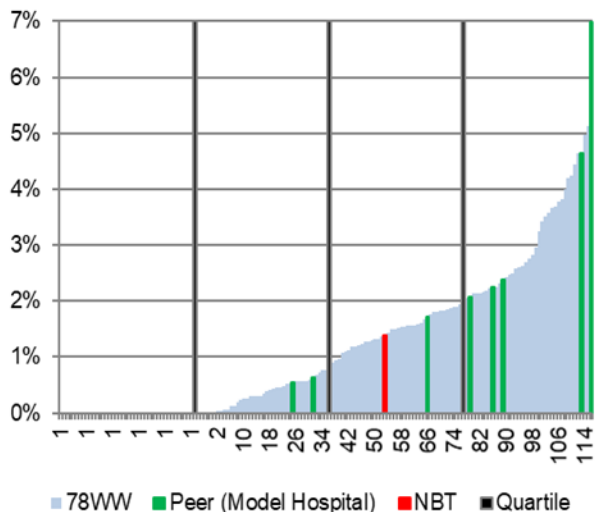
### RTT Waiting List



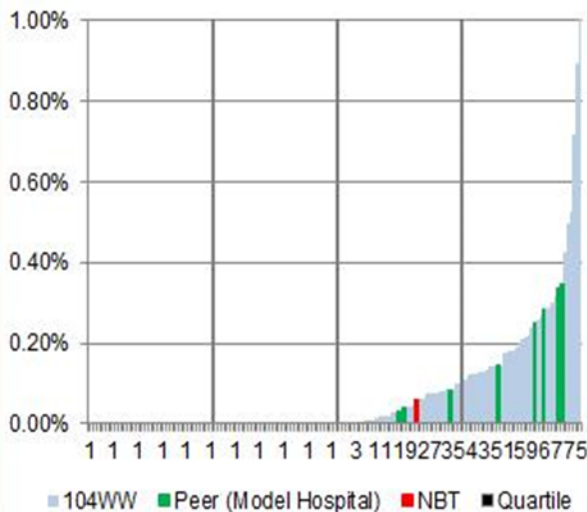
### RTT % Long Waiters



### RTT Proportion of 78WW - Jun 2021



### RTT Proportion of 104WW - Jun 2021



## Referral to Treatment (RTT)

In July, the Trust reported 18-Week performance of 73.78% and an increase in the waiting list to 34315. There was an 10.49% decrease in clock stops and a 3.29% decrease in demand in July. Waiting list growth is the result of demand exceeding waiting list removals. Elective cancellations due to increasing COVID-19 admissions, Non-elective demand and bed pressures has resulted in reduced Elective capacity therefore increasing the wait list.

The Trust has reported an increase in 52 week wait breaches for the first time since February 2021. At month end, there were 1544 patients waiting greater than 52 weeks for their treatment; 532 of these were patients waiting longer than 78 weeks, whilst 28 were waiting over 104 weeks. The majority of 52 week breaches (929; 60.17%) are in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52 weeks was static for July at 4.50% from 4.47% impacted by the increase in wait list size.

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

When compared nationally, the positioning of the 52 week wait breaches as a proportion of the overall wait list deteriorated slightly for June remaining in the third quartile, though ranked second out of ten peer providers. The positioning for 78 week waits was static and remains in the third quartile, as does the 104 week wait positioning.

## Cancer: Two Week Wait (TWW)

The Trust saw 2284 patients in June reflecting a 15% increase on May's activity. Of the 2284 patients seen, 1,452 patients breached giving the Trust a performance of 36.44%; this was wholly due to the issues in Breast, Colorectal and Skin.

Breast saw 862 patients in June compared to the 585 patients seen in May; 788 of those seen had breached the TWW standard; reporting a performance of 8.58%, which is an improvement on the previous months performance of 4.61% and faster recovery than previously anticipated.

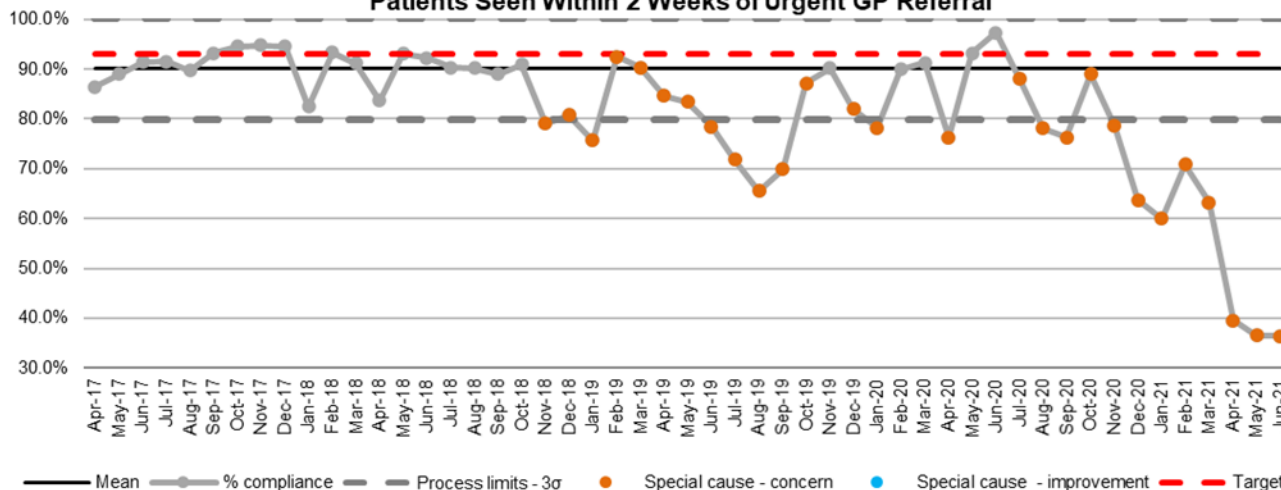
The backlog is on track to be cleared by August and this is already reflected in the forward look for July's predicated performance of 55.00%.

Colorectal saw 271 patients this month; a drop of 25 on last month's activity. Steady improvement has been seen over the last three months from 38.59% in April to 66.18% in June.

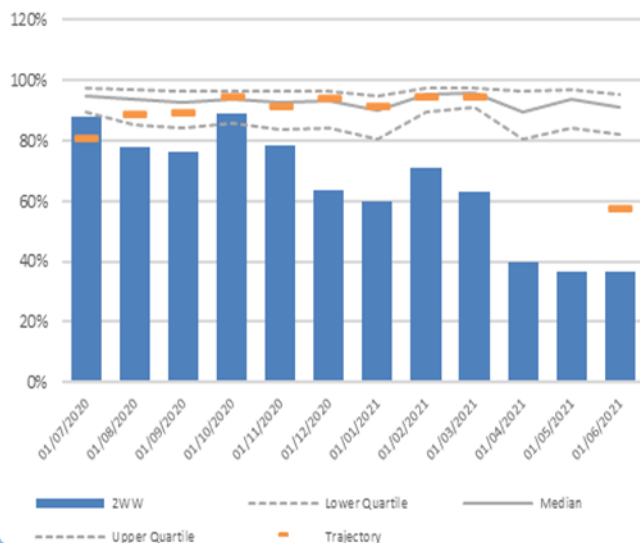
Skin continue to see a drop from 7.86% to a performance of 3.08% this month.

The drop in performance continues to be due to lack of capacity within the service as a result of losing 2 consultants to maternity leave and an increase in volume, in line with seasonal trends. The service has a backlog of 501 patients with 410 of them already in a breach position.

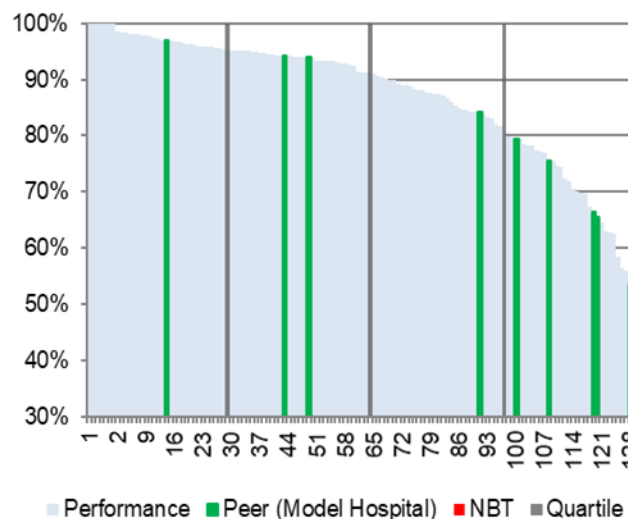
Patients Seen Within 2 Weeks of Urgent GP Referral



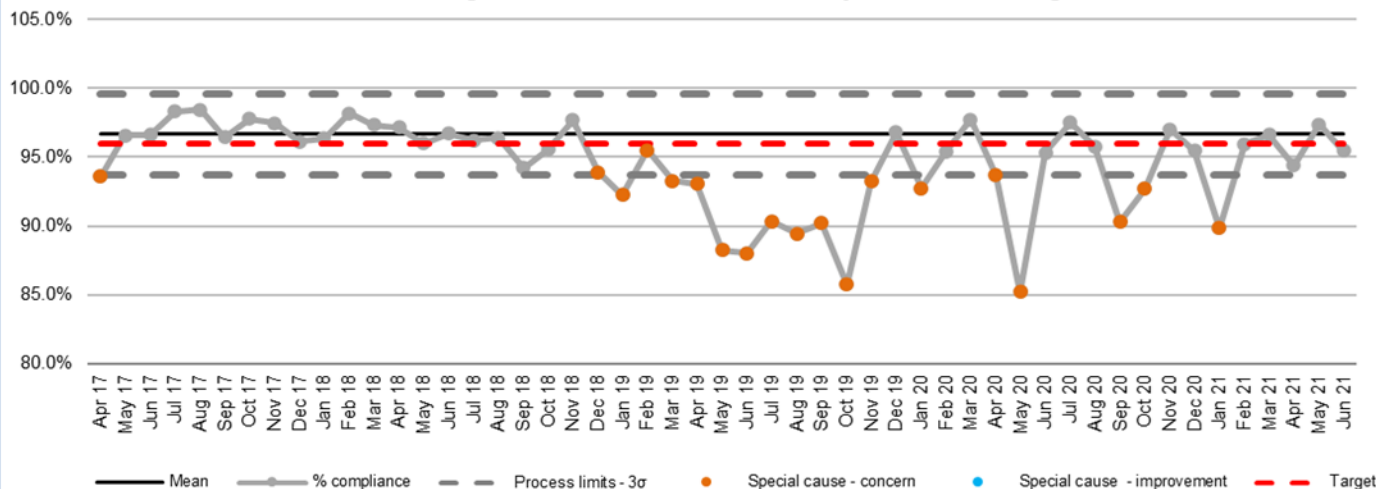
Cancer 2WW Performance



Cancer TWW Standard June-21



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



### Cancer: 31-Day Standard

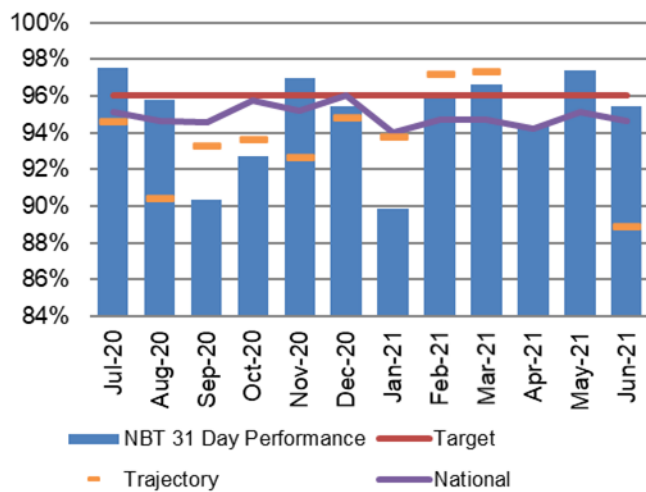
In June, the Trust just missed the first treatment standard with a performance of 95.48%.

There were 224 completed pathways with 9 breaches. All specialties achieved above 96.00% except Skin (93.88%) Urology (93.24%) and Brain (80.00%).

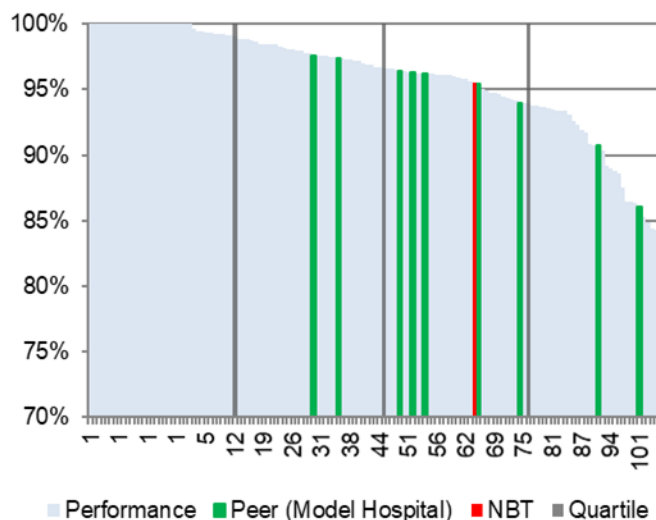
In June, the breaches were due to lack of capacity in Skin and patients fitness to proceed with treatment in Urology and Brain.

The Trust continues to report in the third quartile for this standard when compared nationally.

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



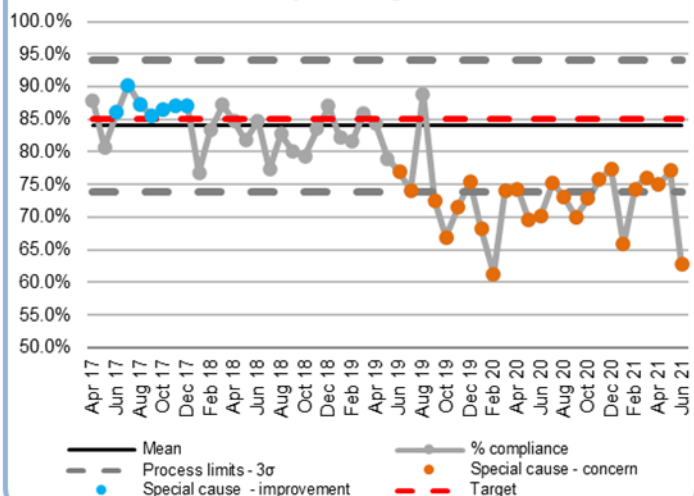
### Cancer 31 Day Standard June-21



28-Day Performance – The Trust failed to achieve the standard again this month with a further drop in performance to 40.37% compared 52.58% in May.

One of the factors adversely affecting performance against this standard is the reduction in tracking staff within cancer services. A recruitment programme is in place but the impact is going to be felt for at least the next three months, whilst new staff are recruited and trained.

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



### Cancer 62-Day Performance



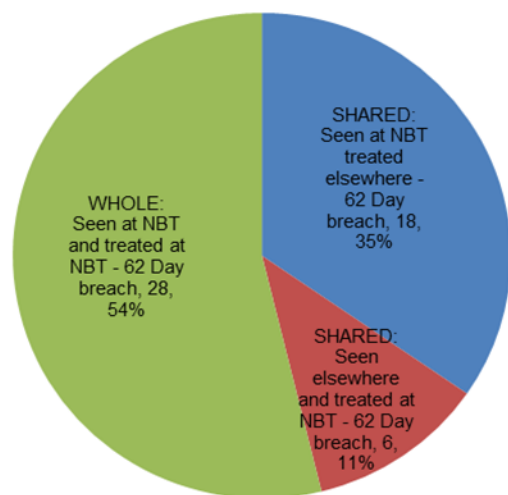
### Cancer: 62-Day Standard

The reported 62-Day performance for June is 62.74%, which is a further deterioration from April and May's performance. The Trust failed the CWT standard of 85.00%. 131.5 treatments were carried out in June, 49.5 of them were in a breach position.

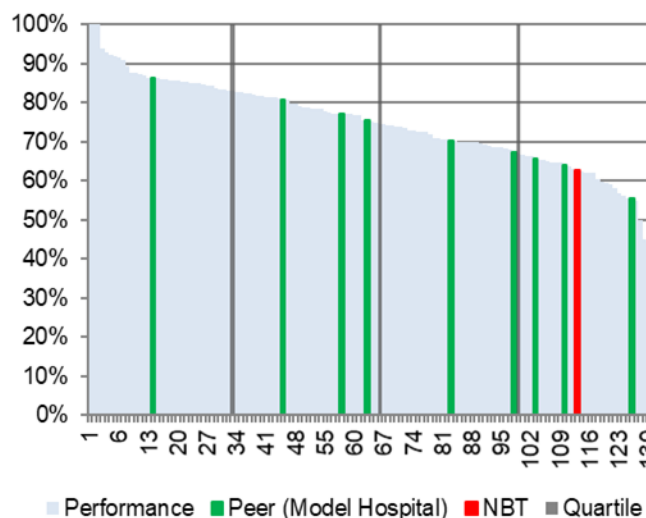
Only 2 services achieved the standard this month, they were Sarcoma (100%) and Skin (90%).

Urology's performance of 58.06% has dropped from May's 70.24%; the service contributed 20.5 breaches, out of a total of 49 breaches.

### 62 Day Breach Patients by Breach Type



### Cancer 62 Day Standard June-21

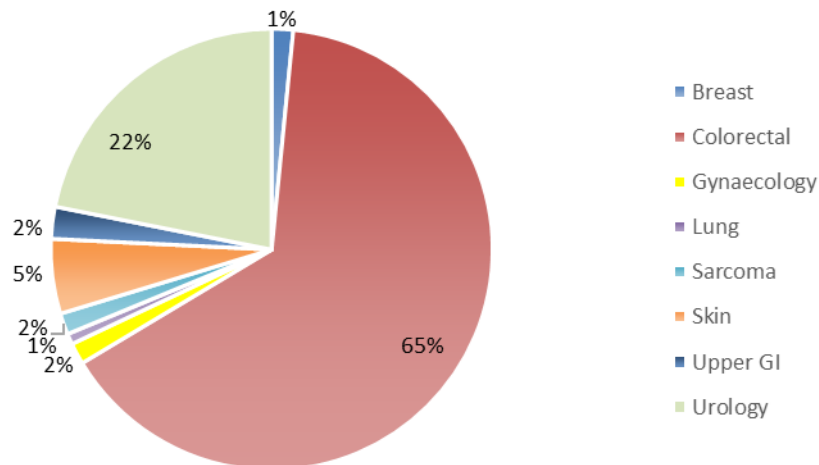


Although Colorectal failed to achieve the standard with 61.90% this month, there has been consistent improvement over the last 3 months.

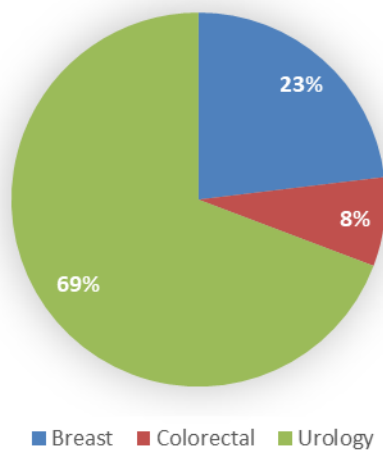
Colorectal treated 10 patients with 4 breaches in June, which is consistent with the previous month's activity. Most of the Colorectal breaches were due to patient choice

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

### Cancer Specialty - Without DTT



### Cancer Specialty - With DTT



### Cancer 104-Day Patients

#### June uploaded position

The Trust had six 104-Day breaches this month that required Datix, four were in Urology due to late transfers and two were in Colorectal due to system delays.

The Urology 104-Day breaches continue to remain low and are usually unavoidable due to late transfers.

#### Live PTL snapshot as of 16/08/2021

There are 127 patients currently waiting over 104-Days; 105 of them are without a decision to treat.

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

The 104-Day trend data shows an increase from August 2020 to July 2021 largely due to COVID-19 related delays. This trend is expected to decrease as backlogs are cleared and patient confidence increases.

The specialties that are of concern this month are Colorectal and Urology who continue to experience pathway capacity issues and staff shortages.

There has been staffing pressures in Cancer Services recently, leaving a vacant position for a Urology Assistant MDT Coordinator. Urology 104-Day tracking has not been as up to date as expected and this is reflected in the 104-Day performance. Recruitment is underway but the adverse impact is expected to remain until at least September.

## **Safety and Effectiveness**

**Board Sponsors: Medical Director and Deputy Chief Executive  
and Director of Nursing and Quality  
Tim Whittlestone and Helen Blanchard**



| NBT - PQSM   |        |        |        |        |                    |                    |                    |                    |  | TREND |
|--|--------|--------|--------|--------|--------------------|--------------------|--------------------|--------------------|--|-------|
|  | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21             | Jun-21             | Jul-21             | YTD Total /Average |  |       |
| <b>Activity</b>  |        |        |        |        |                    |                    |                    |                    |  |       |
| Number of babies born alive at 24 to 36+6 weeks gestation  | 437    | 441    | 502    | 462    | 448                | 467                | 507                | 3264               |  |       |
| Number of births all gestations from 22+0 weeks  | 430    | 432    | 496    | 456    | 445                | 464                | 501                | 3224               |  |       |
| Induction of Labour rate %   | 39.8%  | 33.8%  | 33.8%  | 35.2%  | 36.9%              | 35.3%              | 37.3%              | 36.0%              |  |       |
| Unassisted Birth rate %  | 54.1%  | 49.7%  | 48.0%  | 53.1%  | 53.5%              | 47.5%              | 49.0%              | 50.7%              |  |       |
| Assisted Birth rate %  | 10.8%  | 11.7%  | 11.7%  | 9.5%   | 13.3%              | 12.4%              | 11.6%              | 11.6%              |  |       |
| Caesarean Section rate (overall) %   | 35.1%  | 38.7%  | 40.3%  | 37.4%  | 33.3%              | 40.1%              | 39.4%              | 37.8%              |  |       |
| Elective Caesarean Section rate %  | 15.9%  | 16.1%  | 18.8%  | 16.7%  | 15.3%              | 19.4%              | 15.7%              | 16.8%              |  |       |
| Emergency Caesarean Section rate %   | 19.2%  | 22.6%  | 21.5%  | 20.7%  | 18.0%              | 20.7%              | 23.7%              | 20.9%              |  |       |
| <b>Perinatal Morbidity and Mortality inborn</b>  |        |        |        |        |                    |                    |                    |                    |  |       |
| Total number of perinatal deaths   | 2      | 1      | 0      | 2      | 1                  | 0                  | 2                  | 8                  |  |       |
| Number of stillbirths 16 to 23+6 weeks excl. TOP   | 0      | 0      | 0      | 0      | 0                  | 0                  | 1                  | 0                  |  |       |
| Number of stillbirths (>=24 weeks excl. TOP)   | 2      | 1      | 0      | 2      | 1                  | 0                  | 0                  | 6                  |  |       |
| Number of neonatal deaths : 0-6 Days   | 0      | 2      | 1      | 0      | 0                  | 2                  | 0                  | 5                  |  |       |
| Number of neonatal deaths : 7-28 Days  | 1      | 0      | 1      | 0      | 0                  | 0                  | 1                  | 2                  |  |       |
| Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)                            | 1      | 1      | 1      | 0      | 0                  | 1                  | 0                  | 4                  |  |       |
| <b>Maternal Morbidity and Mortality</b>  |        |        |        |        |                    |                    |                    |                    |  |       |
| Number of maternal deaths (MBRRACE)  | 0      | 0      | 0      | 0      | 0                  | 0                  | 0                  | 0                  |  |       |
| Number of women who received level 3 care  | 0.2%   | 0.2%   | 0.0%   | 0.0%   | 0.2%               | 0.0%               | 0.2%               | 0.10%              |  |       |
| <b>Insight</b>   |        |        |        |        |                    |                    |                    |                    |  |       |
| Number of datix incidents graded as moderate or above (total)  | 3      | 1      | 2      | 1      | 2                  | 2                  | 3                  | 14                 |  |       |
| Datix incident moderate harm (not SI)  | 2      | 0      | 0      | 0      | 2                  | 2                  | 1                  | 7                  |  |       |
| Datix incident SI (excl HSIB)  | 1      | 1      | 2      | 1      | 0                  | 0                  | 0                  | 5                  |  |       |
| New HSIB SI referrals accepted   | 0      | 0      | 0      | 0      | 0                  | 1                  | 3                  | 4                  |  |       |
| HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust                            | 0      | 0      | 0      | 0      | 0                  | 1                  | 0                  | 1                  |  |       |
| Coroner Req 28 made directly to Trust  | 0      | 0      | 0      | 0      | 0                  | 0                  | 0                  | 0                  |  |       |
| <b>Workforce</b>   |        |        |        |        |                    |                    |                    |                    |  |       |
| Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite                          | 83     | 83     | 83     | 83     | 83                 | 83                 | 83                 |                    |  |       |
| Minimum safe staffing in maternity services: Obstetric middle grade rota gaps  | 1      | 1      | 1      | 0      | 0                  | 0                  | 0                  |                    |  |       |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps  | 0      | 1      | 1      | 1      | 1                  | 1                  | 0                  |                    |  |       |
| Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)                                       |        |        |        |        | 0                  | 0                  | 0                  |                    |  |       |
| Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)                                      |        |        |        |        | 1                  | 1                  | 1                  |                    |  |       |
| Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)                                     |        |        |        |        |                    | 2                  | 2                  |                    |  |       |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts) |        |        |        |        | 11%                | 13.50%             | 10.7%              |                    |  |       |
| Vacancy rate for midwives (black = over establishment, red = under establishment)  | 14.52  | 10.52  | 15.91  | 15.91% | 14.0%              | 5.7%               | 10.0%              |                    |  |       |
| Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)                       |        |        |        |        | 47%                | 47%                | 43.0%              |                    |  |       |
| Vacancy rate for NICU nurses   |        |        |        |        | 7.7                | 7.7                | 7.7                |                    |  |       |
| Datix related to workforce (service provision/staffing)  | 5      | 12     | 33     | 14     | 21                 | 27                 | 16                 |                    |  |       |
| MDT ward rounds on CDS (minimum 2 per 24 hours)  |        |        |        |        | 57%                | 57%                | 57%                |                    |  |       |
| One to one care in labour (as a percentage)  |        |        |        |        | 98.60%             | 99.6%              | 98.2%              |                    |  |       |
| Number of times maternity unit attempted to divert or on divert  | 0      | 1      | 0      | 0      | 0                  | 1                  | 2                  |                    |  |       |
| <b>Involvement</b>   |        |        |        |        |                    |                    |                    |                    |  |       |
| Service User feedback: Number of Compliments (formal) - Ai   | 12     | 8      | 12     | 29     | 39                 | 10                 | 10                 |                    |  |       |
| Service User feedback: Number of Complaints (formal)   | 8      | 12     | 14     | 21     | 15                 | 9                  | 25                 |                    |  |       |
| Staff feedback from frontline champions and walk-about (number of themes)  | 3      | 3      | 2      | 0      | 4                  | 3                  | 5                  |                    |  |       |
| <b>Improvement</b>   |        |        |        |        |                    |                    |                    |                    |  |       |
| Progress in achievement of CNST /10  | 7      | 8      | 8      | 9      | 10                 | 10                 | 10                 |                    |  |       |
| Training compliance in maternity emergencies and multi-professional training (PROMPT)  | 45%    | 40%    | 53%    | 58%    | 72%                | 76%                | 76%                |                    |  |       |
| Fetal Monitoring   | 25.1%  | 36.0%  | 40.1%  | 46.8%  | 51.1%              | 42.9%              | 42.9%              |                    |  |       |
| training compliance core competency 4. personalised care   |        |        |        |        | Data not available | Data not available | Data not available |                    |  |       |
| Continuity of Carer (overall percentage)   | 19.7%  | 20.6%  | 16.9%  | 21.1%  | 18.9%              | 16.7%              | 19.7%              |                    |  |       |

## COVID-19 Maternity

There were 4 positive cases of COVID-19 in maternity in July. The service has been working with the vaccination team to operationalise a pilot drop in vaccine centre on site for all pregnant and postnatal women and their partners.

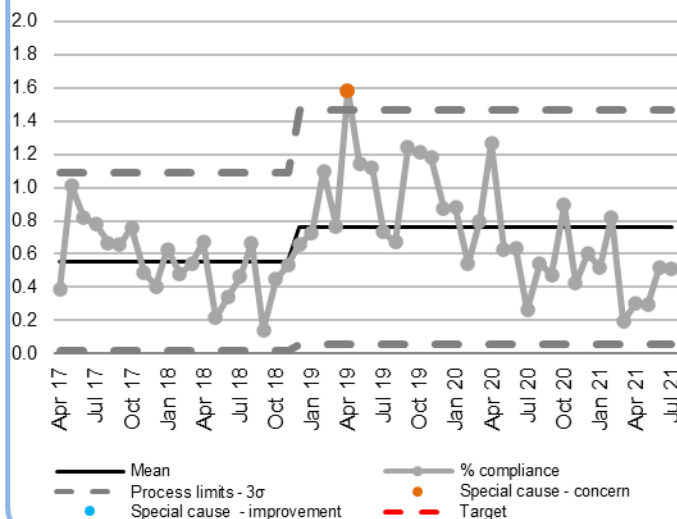
## Perinatal Quality Surveillance Tool

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

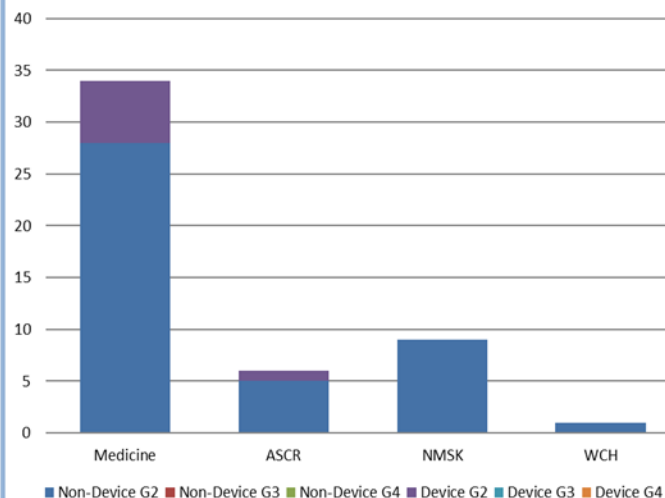
- **Neonatal death:** Extreme premature baby
- **Serious Incidents:** 3 HSIB referrals made for term babies requiring therapeutic cooling.
- **Midwifery vacancy rate** is sitting at +10 wte due to over-establishment and unfunded posts – NBT has received confirmation of national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.
- **MDT ward rounds:** NBT has secured funding as part of the national Ockenden funding for additional consultant PA's to ensure compliance.
- **Datix – workforce concerns:** A reduction in workforce related Datix reflects the additional staffing in place.
- **Patient Involvement** –25 complaints received majority of which related to communication regarding appointments in the ANC. Themes identified in safety champion walkabouts: staffing/COVID concerns/COVID impact on staffing.
- **Service delivery:** Our antenatal screening service continues to experience challenges with demand exceeding available capacity. The division is progressing the action plan with the regional team for resolution. Outsourcing of the FTCS service commenced 7<sup>th</sup> Aug. A full demand and capacity analysis is being conducted within the Ante Natal Clinic due to significant challenges imposed by implementation of new clinic templates in response to RCOG guidance.
- The service experienced significant capacity issues in the final weeks of July into August in line with system pressures across the south west. NBT worked with UHBW to risk assess all Induction of Labour and elective C/S to ensure equity and safety across BNSSG.
- **Continuity of care (c of c):** The service is developing an action plan for delivery of c of c to ensure this becomes the default model of care as per the national transformation plan. Progress is being monitored via the Divisional Improvement Board.



### Total Pressure Injuries per 1000 Bed Days



### Pressure Injuries Year to Date 2021/22



### Pressure Injuries

The Trust ambition for 2021/22 is:

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

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

The incidence summary for the month is as follows:

Medical Devices: 18%

Heels: 24%

Buttock 35%

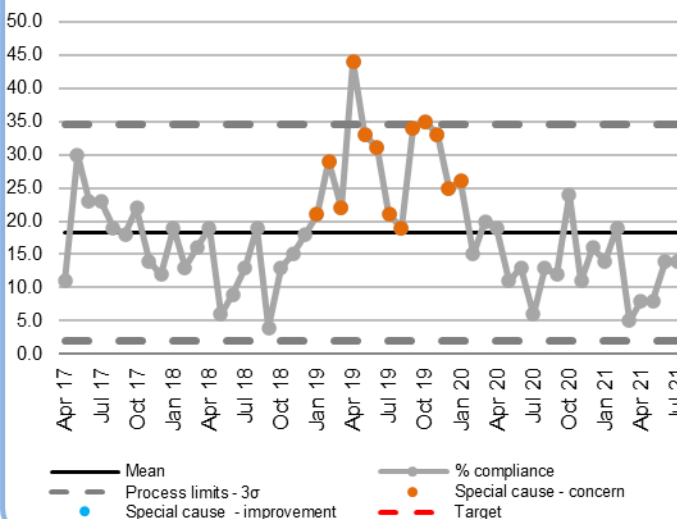
Sacrum/Coccyx: 18%

Spine: 5%

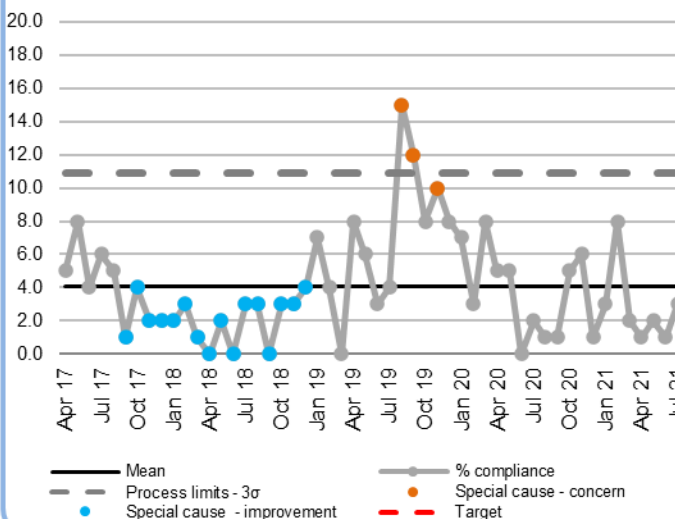
In July, there has been a slight increase in medical device related Grade 2 pressures injuries, and the number of Grade 2 pressure injuries has also increased however, this remains below the mean rate.

Virtual cascade training has been delivered Trust-wide in July to nominated trainers and Tissue Viability Link Practitioners for the prevention and management of pressure injuries, specifically deep tissue injuries.

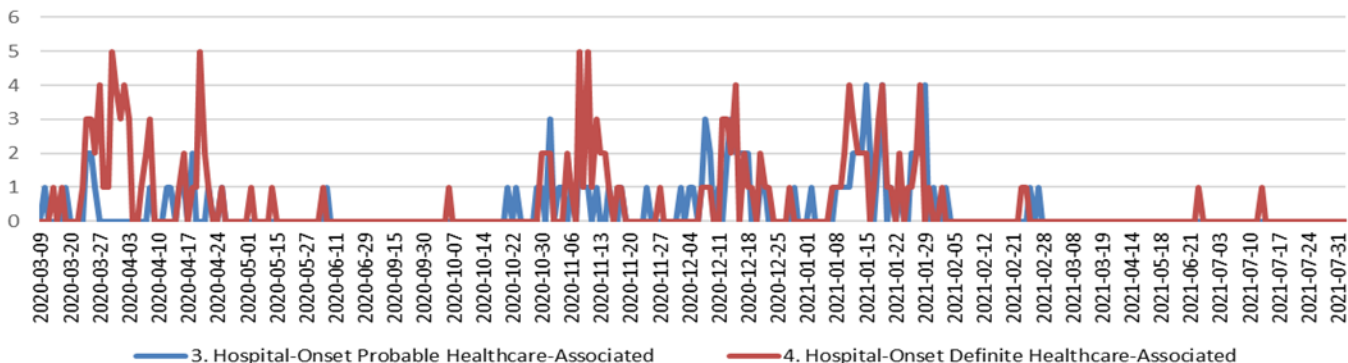
### Pressure Injuries - Total Incidents



### Pressure Injuries - Device



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



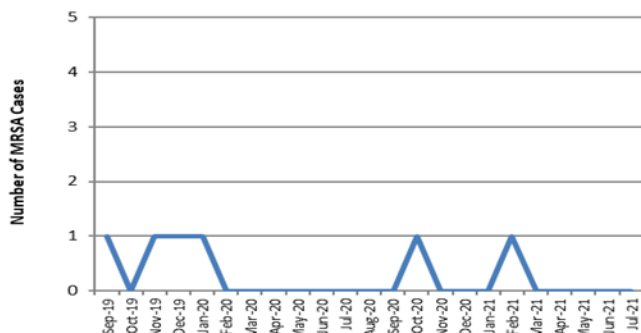
### COVID-19 (Coronavirus)

The trust continues to see a surge of cases in line with national predictions with an increase in maternity cases and the younger age group.

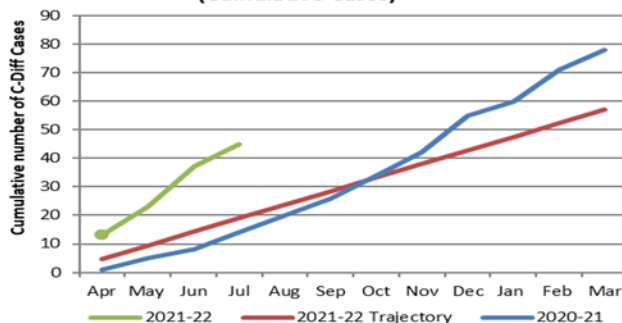
In line with bed modelling, further ICU capacity has been created, ward based care flexed back to one ward and maternity care flexes dependent on need.

The IP&C team continue to review any new Hospital Onset Healthcare Associated cases and externally report (Day 15+) cases as required, there have been no cases relating to cross infection in July.

#### MRSA Cases - Trust Attributable



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



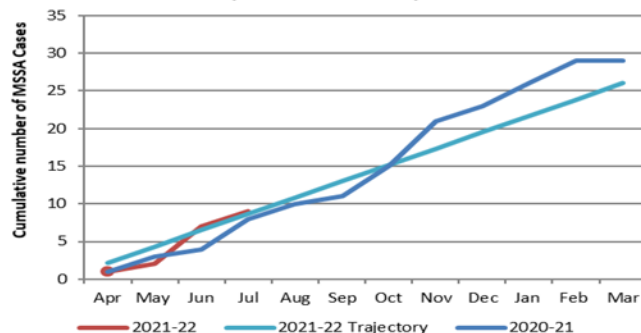
### MRSA

Last bacteraemia was reported in Feb 2021.

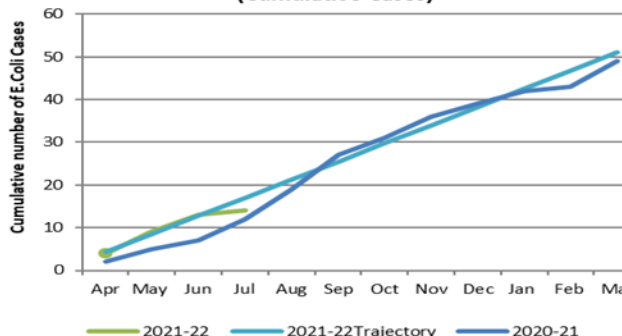
### C. difficile

C. difficile trajectory 2021/22 has been set at 52. Our monthly rates are higher than previous years and maybe difficult to pull back to achieve the trajectory set. Sampling is an outstanding theme of learning with focused information cascaded to the divisions and on IP&C link page. Further work with a Southwest C Diff HCAI collaboration is ongoing.

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



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



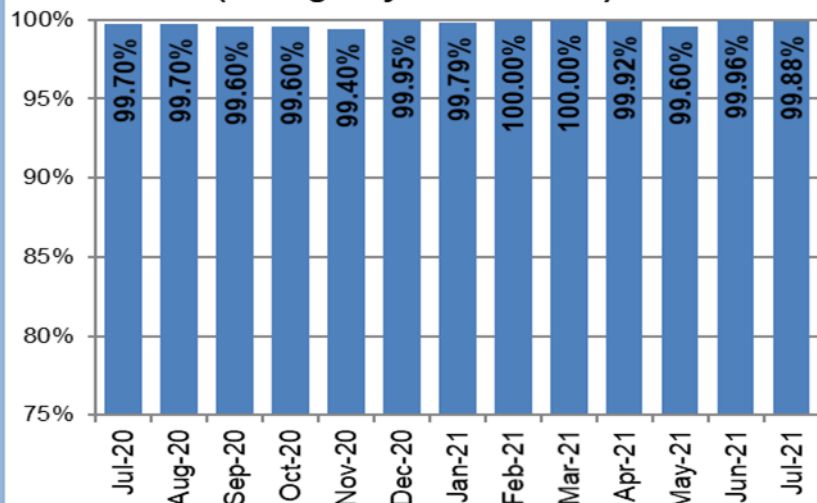
### MSSA

MSSA cases continue to be higher than trajectory set for 2020-21. ANTT project work is being planned.

### Gram -ve

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

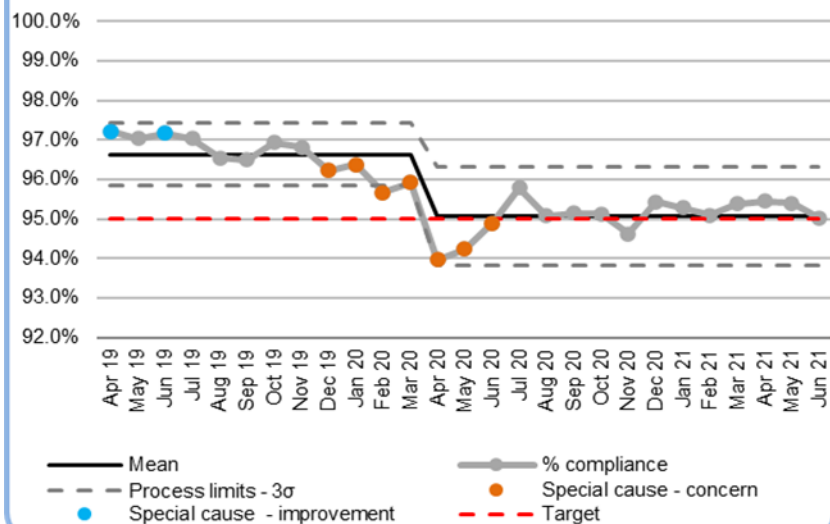
### WHO Checklist Compliance (Emergency and Elective)



### WHO Checklist Compliance

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

### VTE Risk Assessment Completion



### VTE Risk Assessment

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

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

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

### Medication Incident Rate per 1000 Bed Days

NBT had a rate of 5.9 medication incidents per 1000 bed days. This is in line with the last 6 months. The Medicines Governance Team continue to monitor which of these reports are no and low harm compared to harm, providing assurance of a strong safety culture.

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

During July 2021, c.11% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.11). This is slightly lower than the mean average over the last 6 months.

"No harm" incidents accounted for 89% of all NBT reported medication incidents.

### Incidents by Stage

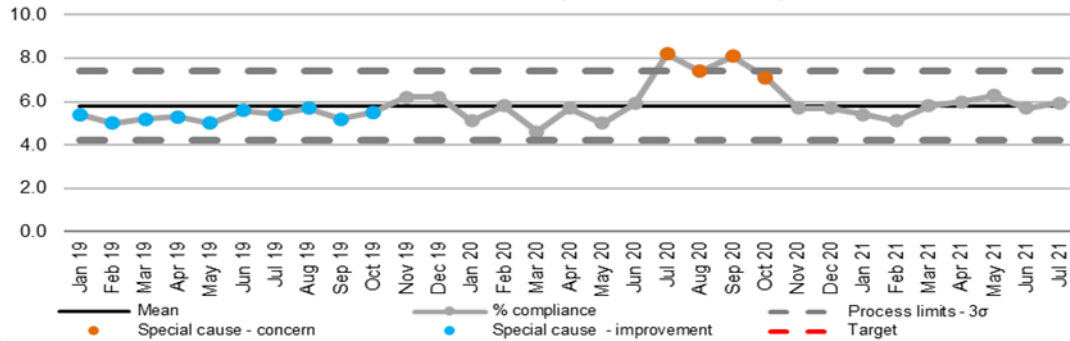
Incidents occurring at the administration stage accounted for c.42% of all medication incidents in July 2021, with prescribing (c.18%) and dispensing (c.17%) being the next two stages at which medication errors most frequently occurred. The challenge of increasing the visibility and themes within "other Medication Incidents" remains a priority for the Medicines Governance Team. Work continues with the Patient Safety Team to validate these themes.

### High Risk Drugs

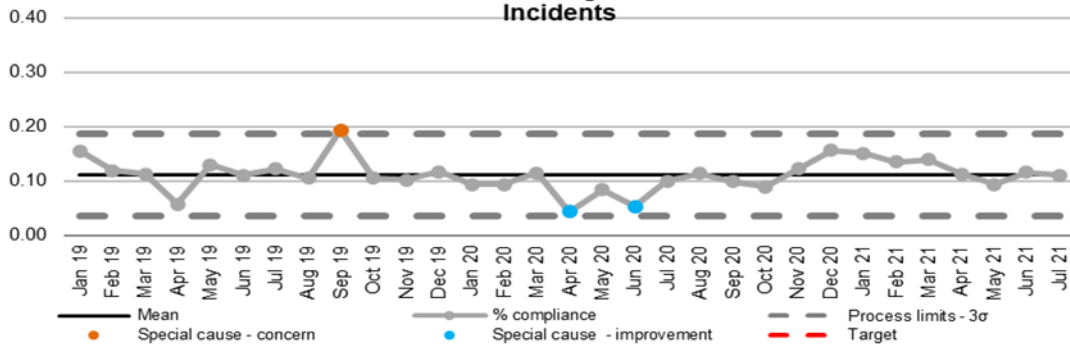
During July 2021, c.38% of all medication incidents involved a high risk medicine.

Collaborative working groups across the STP Medicines Optimisation Quality & Safety Committee continue to focus on a system wide approach to insulin and anticoagulant incidents.

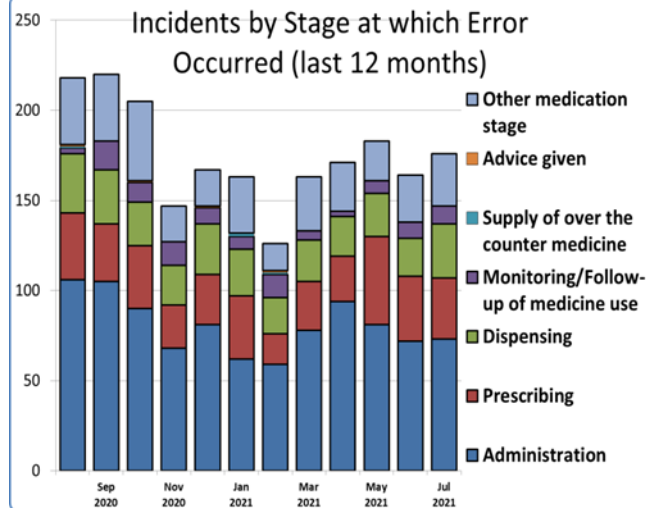
Medication Incidents per 1000 Bed Days



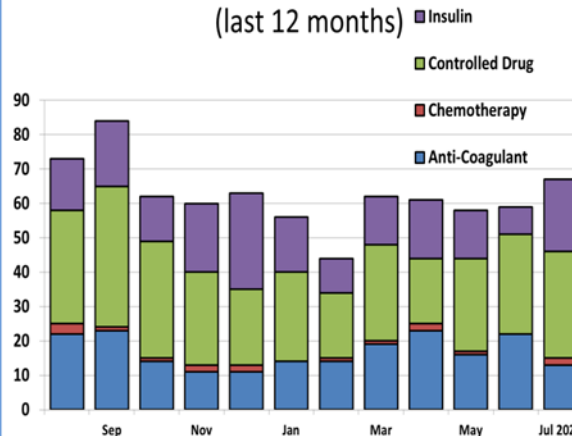
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



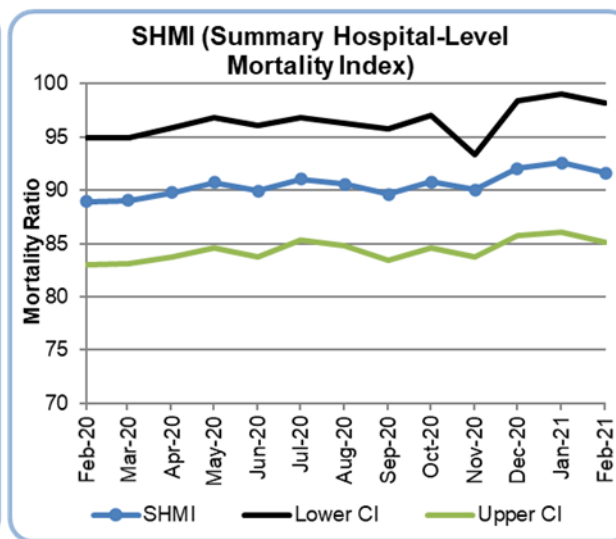
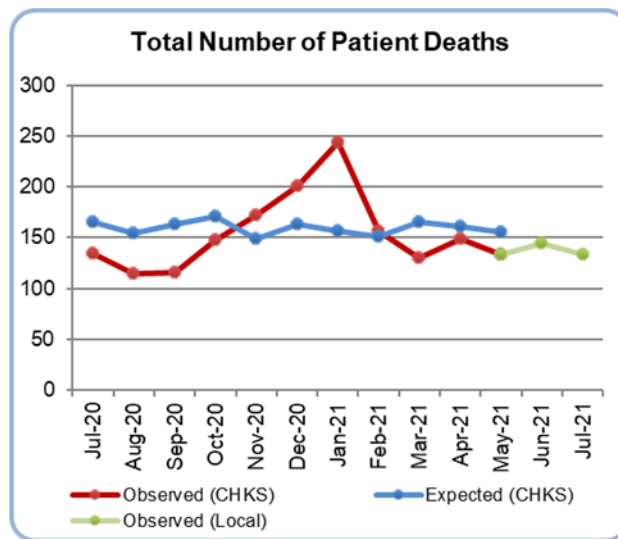
Incidents by Stage at which Error Occurred (last 12 months)



Incidents Involving High Risk Medicines (last 12 months)



## Mortality Outcome Data



### Mortality Outcome Data

An increase in deaths was seen in December 2020 and January 2021 which is likely to have been the result of increasing COVID-19 infections and has since reduced. There are no current Mortality Outlier alerts for the trust.

### Mortality Review Completion

The current data captures completed reviews from June 20 – May 21. In this time period 96.5% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 92% completed Mortality Case Reviews (MCR), including 20 of the 21 deceased patients with Learning Disability and 23 of the 26 patients with Serious Mental Illness.

### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 17 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.

### Mortality Review Completion

| June 20 – May 21            | Completed   | Required    | % Complete   |
|-----------------------------|-------------|-------------|--------------|
| Screened and excluded       | 1160        |             |              |
| High priority cases         | 257         |             |              |
| Other cases reviewed        | 400         |             |              |
| <b>Total reviewed cases</b> | <b>1817</b> | <b>1883</b> | <b>96.5%</b> |

| Overall Score | 1=very poor | 2    | 3     | 4     | 5=Excellent |
|---------------|-------------|------|-------|-------|-------------|
| Care received | 0.0%        | 4.4% | 24.7% | 46.8% | 24.1%       |

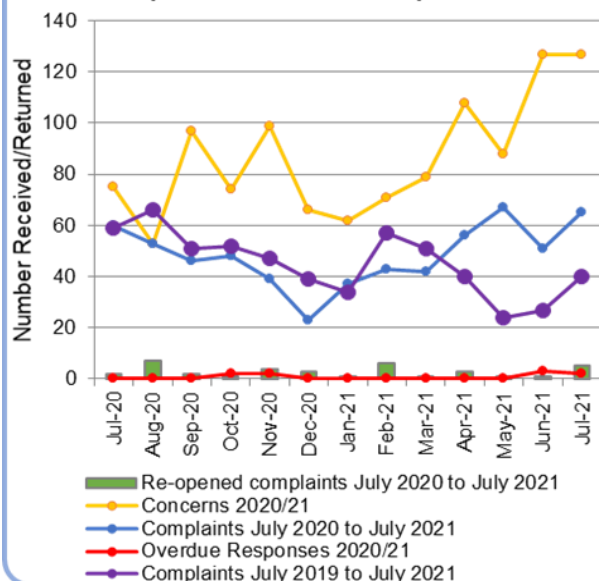
| Date of Death                       | Jun 20 – May 21 |
|-------------------------------------|-----------------|
| Scrutinised by Medical Examiner     | 855             |
| Referral to Quality Governance team | 99              |

## **Patient Experience**

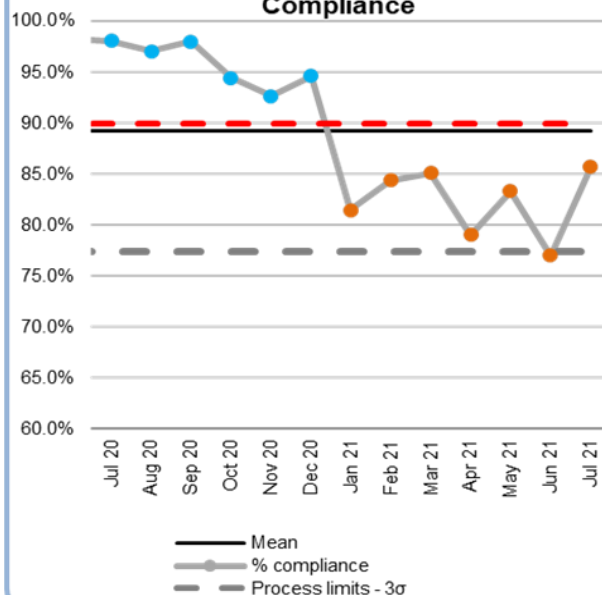
**Board Sponsor: Director of Nursing and Quality  
Helen Blanchard**



### Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



### Complaint Response Rate Compliance



### Complaints and Concerns

In July 2021, the Trust received 65 formal complaints. This is an increase on the previous month where 51 complaints were received. The most common subject for complaints remains 'Clinical Care and Treatment'.

The 65 formal complaints can be broken down by division: (the previous month total is shown in brackets)

|          |         |            |        |
|----------|---------|------------|--------|
| ASCR     | 19 (16) | CCS        | 1(3)   |
| Medicine | 22 (14) | NMSK       | 13 (6) |
| WCH      | 7 (8)   | FACILITIES | 2 (0)  |
| FINANCE  | 1 (0)   |            |        |

In June, a total of 64 enquiries and 127 PALS concerns were received. This is the same level of activity as the previous months. A review of PALS concerns show the most common subjects remain 'Access to Services-Clinical' and 'Communication'. There has been an increase in PALS concerns in Maternity, Gynaecology, Urology and T&O. These have largely been regarding access to clinics, telephone communication and waiting times.

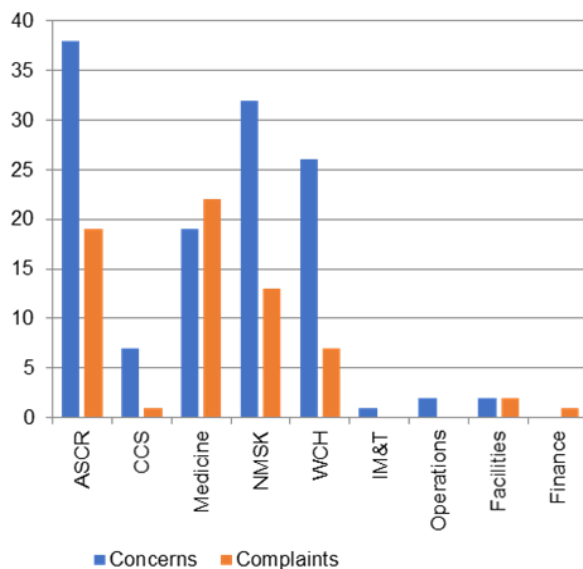
### Complaint Response Rate Compliance

The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90%. In July we have seen some recovery to the % compliance which has increased from 77% to 86%. Challenges continue to be in ASCR and in the corporate teams as we embed the new sign off process.

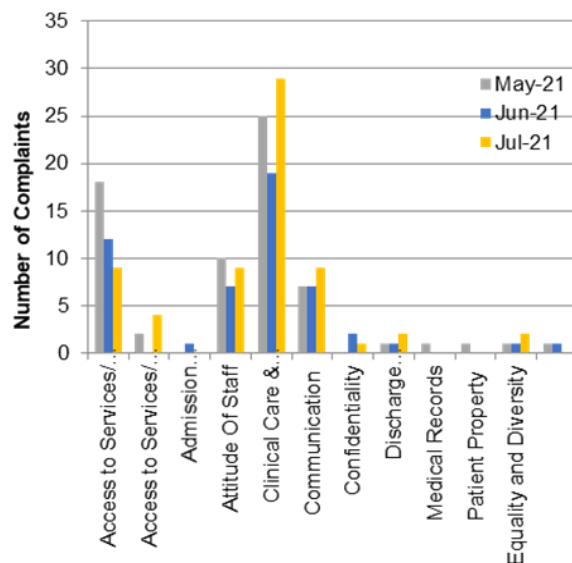
### 'You said we did'

In a complaint to WaCH, the complainant raised that no one informed them about the ward, about meals times, drug rounds, where they could get a tea or coffee etc. In response, new posters have been designed and placed around the ward to explain the purpose of the day room and meal/refreshments services.

### Concerns and Complaints per Division



### Complaints By Subject





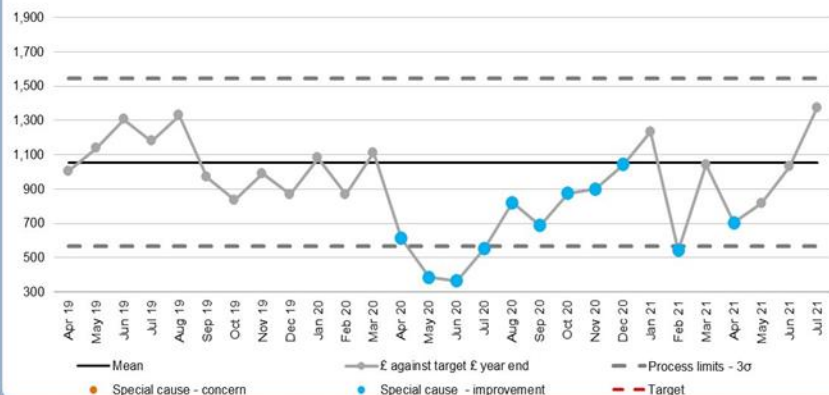
## **Well Led**

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

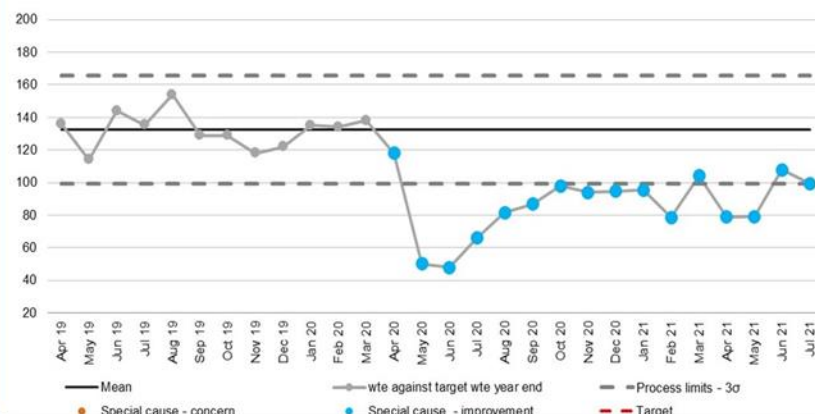
**Tim Whittlestone and Jacqui Marshall**

# Workforce

Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



## Temporary Staffing

Agency usage decreased slightly in July due to a lack of availability across all staffing groups and all levels of staff and the increase spend is due to significant increase in the need for High Cost Non Framework agency supply caused by that lack of resource.

NBT eXtra bank team continued to support the high demands for temporary resource into the Mass Vaccination project at Ashton Gate and across the community and Primary Care network, as well as the new UWE site and a step up in PCN demand was also seen.

Bank recruitment activity was increased in July and will continue throughout August.

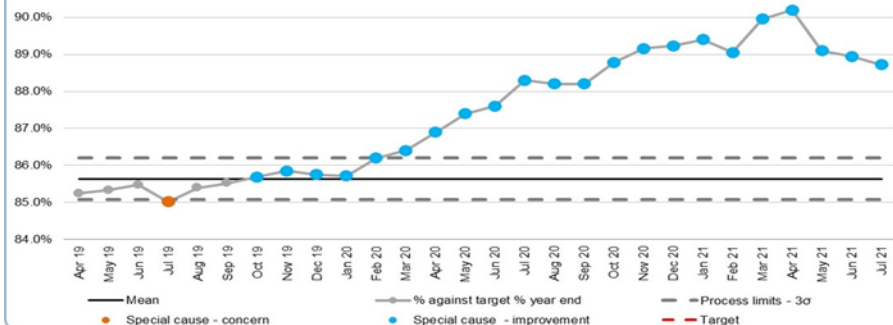
## Nursing and Midwifery Resourcing

July saw 15.8 wte band 5 starters (compared with 7.8 wte band 5 starters in July 20), the domestic pipeline continues to be healthy, and International Recruitment welcomed another 11 new Nurses in July.

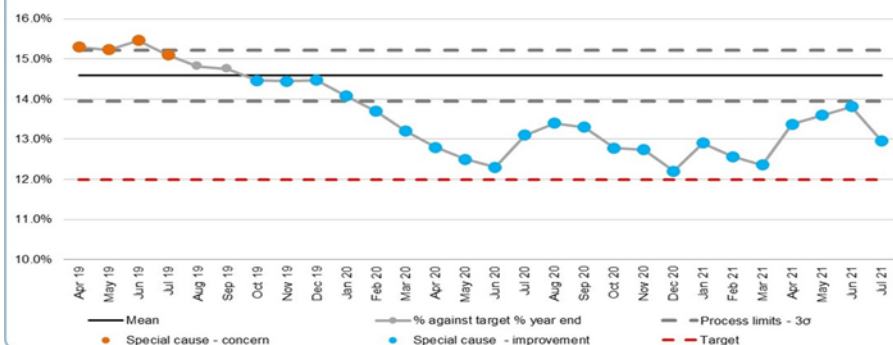
The TA team attended an RCN hosted Digital event as well as our internal event, which resulted in 14 interviews and 9 offers. The Band 5 vacancy factor is 12.8% HCA Recruitment saw 20.4 wte starters in July (compared with 12.6 wte in July 21) and two digital assessment centres generated 7 offers. The Band 2 vacancy factor is 3%, and Band 3 is 12.2%.

# Engagement and Wellbeing

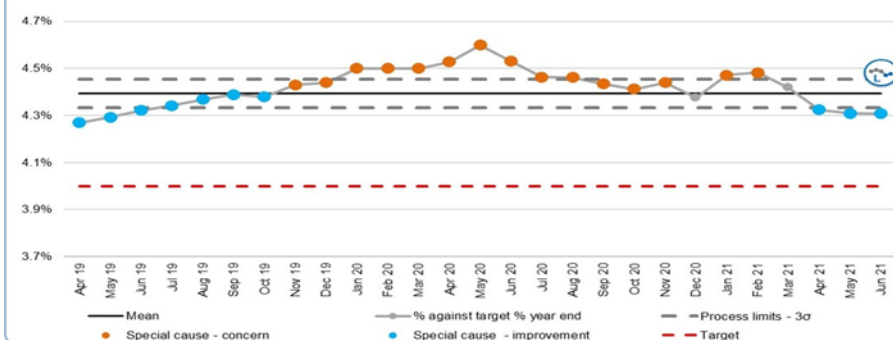
Stability - Trust starting 01/04/19



Turnover - Trust starting 01/04/19



Sickness Absence - Trust starting 01/04/19



## Turnover and Stability

Recent and on-going work includes:

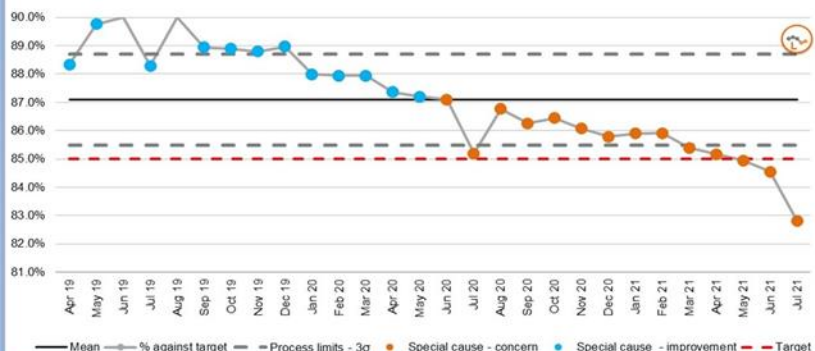
- The Organisational Change and Redundancy Policy is currently being reviewed and amended to offer earlier opportunities for redeployment to staff before their job is confirmed to be redundant
- E-leavers' questionnaires process and reporting has been refreshed, to include new questions linked to COVID and work is being actioned around summary themes from Q 1 data
- Recent People Team Development session focussed on retention initiatives and a new improvement programme of work is about to commence linked to this

## Sickness and Health and Wellbeing

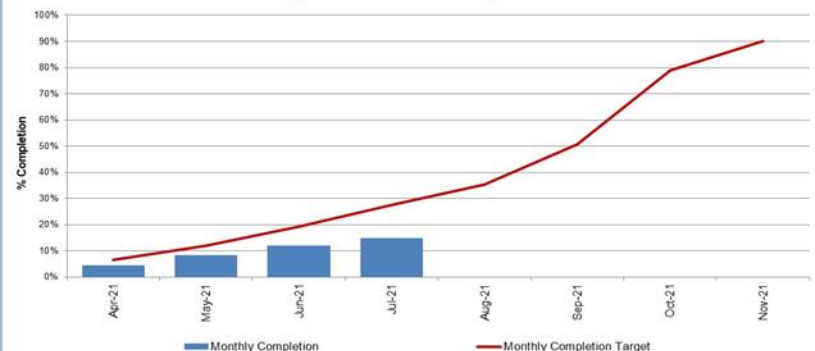
Work undertaken to help improve sickness absence includes:

- People Team are undertaking focused work with the W&C Division and providing enhanced support for formal sickness cases as part of the bigger work programme in that area
- The Alcohol and Substance Misuse Policy has been reviewed and will focus more on support and well-being rather than the more traditional punitive and reactive approach
- More focus on 'case conference' type approach to long term sickness cases and complex issues linked to disability and adjustments.

Essential Training Top 8-Trust starting 01/04/19



Appraisal Window % Completion



| Training Topic         | Variance     | Jun-21        | Jul-21        |
|------------------------|--------------|---------------|---------------|
| Child Protection       | -2.1%        | 85.9%         | 83.9%         |
| Adult Protection       | -1.8%        | 86.8%         | 85.0%         |
| Equality & Diversity   | -2.2%        | 88.2%         | 86.1%         |
| Fire Safety            | -1.6%        | 85.2%         | 83.6%         |
| Health & Safety        | -1.2%        | 87.2%         | 85.9%         |
| Infection Control      | -1.2%        | 91.3%         | 90.2%         |
| Information Governance | -1.4%        | 81.4%         | 80.0%         |
| Manual Handling        | -2.2%        | 68.6%         | 66.4%         |
| Waste                  | -1.8%        | 86.3%         | 84.5%         |
| <b>Total</b>           | <b>-1.7%</b> | <b>84.55%</b> | <b>82.82%</b> |

## Essential Training

Throughout the pandemic, compliance of essential training has shown a downward trend across the Trust. Compliance has now dropped below the minimum threshold of 85%. The influx of newly qualified staff & junior doctors is the main driver for this month's drop. We are expecting compliance rates to significantly recover over the next month as new hires complete their mandatory learning modules.

Compliance levels have also been impeded by sessions that can only be delivered face to face (e.g. Manual Handling) where social distancing requirements restrict the number of delegates allowed in each group. Wherever possible additional sessions have been added to compensate for this.

The Qlik Workforce app launched in July, with the aim of empowering operational leads to drill into their mandatory training compliance data. All leads have been given access to the new reporting mechanism; a comprehensive upskilling drive will be launched in September to ensure that this resource is being utilised by the relevant teams.

## Leadership & Management Development

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

Leadership & Management learning activity continues including the OneNBT Leadership Programme and the Matron Leadership Programme.

13 people achieved ILM Level 2 Leadership & Team skills Award in August and the October cohort is fully booked.

The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

## Apprenticeship Centre

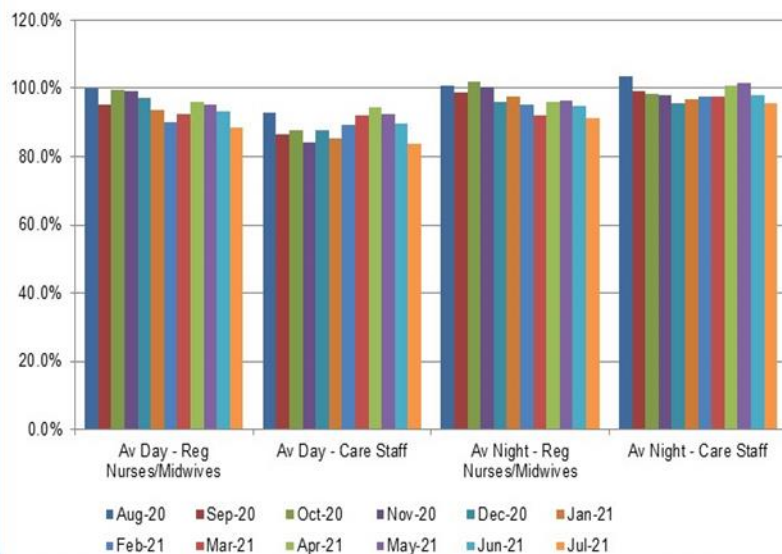
Wherever feasible, Apprenticeship activity has continued throughout the pandemic. Apprenticeship assessors have now returned to clinical areas and classroom catch-up support sessions commenced in May. This has seen a significant impact with 29 apprentices completing in July. This has been planned in a systematic way to ensure safe staffing levels within clinical areas.

## Migration to new Learning Management System (Learn)

Work is ongoing to migrate the Trust MLE platform which will move from Kallidus Classic to Kallidus Learn.

By the end of Jan-22; NBT, UHBW, AWP and Sirona will all be using the same learning platform which will really help staff moving between BNSSG employers and also opens the door for future improvements to learning passports. Organisational comms and learner readiness activities will be rolled out over the coming months.

Safe Staffing Fill Rates



| Jul-21    | Day shift  |         | Night Shift |         |
|-----------|------------|---------|-------------|---------|
|           | RN/RM Fill | CA Fill | RN/RM Fill  | CA Fill |
| Southmead | 88.6%      | 83.7%   | 91.4%       | 95.4%   |

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

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.  
Staff absence related to COVID self-isolation impact experienced during July as can be seen below.

**Wards below 80% fill rate for Registered Staff:**

**for all areas safe staffing maintained through daily staffing monitoring and supplementing with unregistered staff as required**

**Cotswold** (75.2% Day / 75.8% Night) reduced occupancy

**Percy Phillips** (73.3 Day / 76.3% Night) staffing deployed as required to meet patient needs across the service

**Mendip** (79.1% Night) staffing deployed as required to meet patient needs across the service.

**Medirooms** (65.8% Day) reduced elective activity, staff deployed to support other care areas.

**27b** (76.1% Day) COVID cohort ward with reduced occupancy in month

**7a** ( 77.8% Day / 72.1% Night) reduced elective activity

**7b** (79.7% Day) unexpected staff absence, staffing supplemented with redeployed RNs and increased HCSW.

**Wards below 80% fill rate for Care Staff:**

**for all areas safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required**

**Cotswold Ward** (55.7% Day) Reduction in HCSW required due to lower occupancy

**Medirooms** (43.1% Day / 40% Night) reduced elective activity, staff deployed to support other care areas.

**7a** (69.7% Day) 7a is a green ward which is intermittently running below full occupancy

**NICU** (37% Day / 42.1% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

**Rosa Burden** (78.4% Day / 67.7% Night) is a green ward which is intermittently running below full occupancy

**Mendip** (72% Day) staffing deployed as required to meet patient needs across the service

**Quantock** \*68.5% / 74.6%) staffing deployed as required to meet patient needs across the service

**34b** (68.9% Day / 71.7% Night) ) Unregistered staff vacancies,

**9b** (79.2% Day) COVID cohort ward with reduced occupancy in month.

**31a/b** ( 79.1% Night) staffing deployed as required to meet patient needs across the service

**8b** ( 79.4% Night) staffing deployed as required to meet patient needs across the service

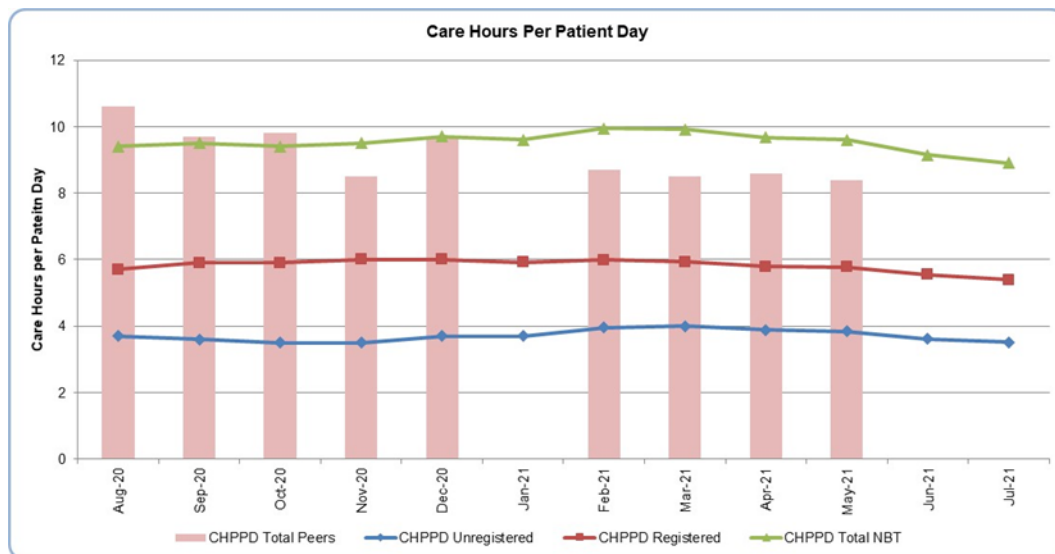
**Wards over 150% fill rate for Care Staff:**

**33a** (184.2% Night) patients requiring enhanced care support

**6b** (162.3% Night) patients requiring enhanced care support

**7b** (150.1% Night) patients requiring enhanced care support





## Care Hours per Patient Day (CHPPD)

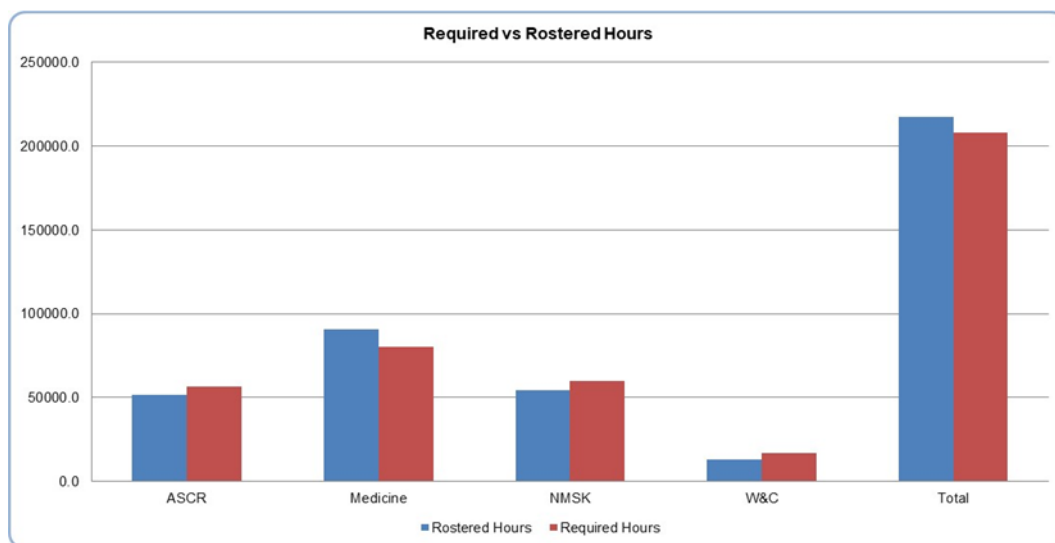
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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

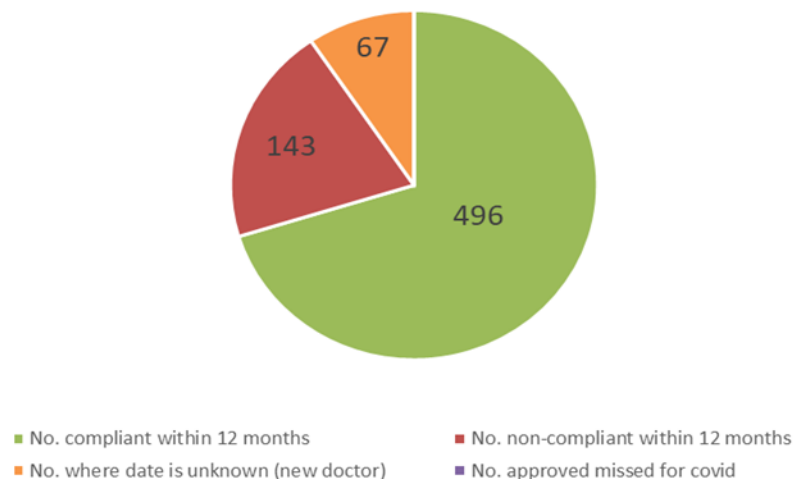
## Safe Care Live (Electronic Acuity Tool)

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

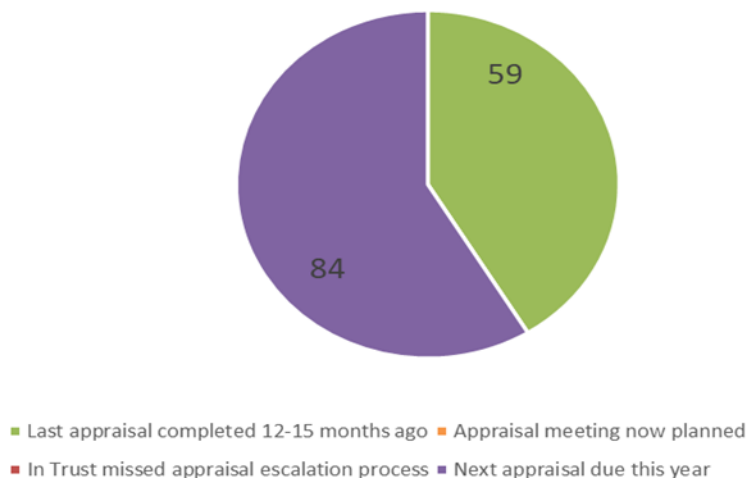
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



### Appraisal compliance - past 12 months



### Non-compliant doctors - past 12 months



### Medical Appraisal

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

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

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



## **Finance**

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

## Statement of Comprehensive Income at 31<sup>st</sup> July 2021

|                          | M4<br>Budget<br>£m | M4<br>Actual<br>£m | M4<br>Variance<br>£m | YTD<br>Budget<br>£m | YTD<br>Actuals<br>£m | YTD<br>Variance<br>£m |
|--------------------------|--------------------|--------------------|----------------------|---------------------|----------------------|-----------------------|
| Contract Income          | 56.4               | 51.0               | (5.4)                | 220.9               | 225.0                | 4.1                   |
| Other Income             | 5.8                | 5.6                | (0.2)                | 23.0                | 25.2                 | 2.2                   |
| Pay                      | (37.3)             | (35.6)             | 1.7                  | (148.2)             | (143.3)              | 4.8                   |
| Non-Pay                  | (25.4)             | (21.1)             | 4.4                  | (97.0)              | (106.9)              | (9.8)                 |
| <b>Surplus/(Deficit)</b> | <b>(0.5)</b>       | <b>0.0</b>         | <b>0.5</b>           | <b>(1.2)</b>        | <b>0.0</b>           | <b>1.2</b>            |

### Assurances

The YTD financial position to the end of July 21 shows a breakeven position which is in line with Plan.

The Core Trust (excluding COVID 19 and Mass Vaccination Programme) delivered a deficit of £0.1m for July and £1.4m for year to date.

The Trust recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.6m for the first quarter. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 4.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and will formally review at month 6 and month 9 and report this to TMT in October and January.

## Statement of Financial Position at 30 June 2021

|   | 20/21 M12    | 21/22 M03    | 21/22 M04    | In-month change | YTD Change   |
|---|--------------|--------------|--------------|-----------------|--------------|
|   | £m           | £m           | £m           | £m              | £m           |
| <b>Non Current Assets</b>                     |              |              |              |                 |              |
| Property, Plant and Equipment                 | 579.3        | 576.0        | 575.1        | (0.9)           | (4.1)        |
| Intangible Assets                             | 14.7         | 13.2         | 12.7         | (0.5)           | (2.0)        |
| Non-current receivables                       | 1.7          | 1.7          | 1.7          | 0.0             | 0.0          |
| <b>Total non-current assets</b>               | <b>595.8</b> | <b>591.0</b> | <b>589.6</b> | <b>(1.4)</b>    | <b>(6.2)</b> |
| <b>Current Assets</b>                         |              |              |              |                 |              |
| Inventories                                   | 8.5          | 8.6          | 8.6          | 0.0             | 0.1          |
| Trade and other receivables NHS               | 10.2         | 21.1         | 26.9         | 5.8             | 16.7         |
| Trade and other receivables Non-NHS           | 26.3         | 25.2         | 24.7         | (0.5)           | (1.5)        |
| Cash and Cash equivalents                     | 121.5        | 111.7        | 112.5        | 0.9             | (8.9)        |
| <b>Total current assets</b>                   | <b>166.5</b> | <b>166.6</b> | <b>172.8</b> | <b>6.2</b>      | <b>6.3</b>   |
| <b>Current Liabilities (&lt; 1 Year)</b>      |              |              |              |                 |              |
| Trade and Other payables - NHS                | 26.9         | 21.4         | 27.6         | 6.2             | 0.7          |
| Trade and Other payables - Non-NHS            | 98.7         | 95.0         | 90.1         | (4.9)           | (8.7)        |
| Deferred income                               | 8.5          | 12.8         | 17.3         | 4.5             | 8.9          |
| PFI liability                                 | 12.3         | 15.0         | 15.0         | 0.0             | 2.7          |
| Finance lease liabilities                     | 2.8          | 2.8          | 2.6          | (0.2)           | (0.2)        |
| <b>Total current liabilities</b>              | <b>149.2</b> | <b>147.0</b> | <b>152.6</b> | <b>5.6</b>      | <b>3.4</b>   |
| Trade payables and deferred income            | 7.8          | 8.4          | 8.3          | (0.1)           | 0.4          |
| PFI liability                                 | 368.7        | 366.4        | 365.6        | (0.8)           | (3.0)        |
| Finance lease liabilities                     | 3.9          | 3.3          | 3.5          | 0.2             | (0.4)        |
| <b>Total Net Assets</b>                       | <b>232.6</b> | <b>232.5</b> | <b>232.4</b> | <b>(0.1)</b>    | <b>(0.2)</b> |
| <b>Capital and Reserves</b>                   |              |              |              |                 |              |
| Public Dividend Capital                       | 448.7        | 448.7        | 448.7        | 0.0             | (0.0)        |
| Income and expenditure reserve                | (381.6)      | (378.1)      | (378.1)      | (0.0)           | 3.5          |
| Income and expenditure account - current year | 3.5          | (0.2)        | (0.2)        | (0.1)           | (3.7)        |
| Revaluation reserve                           | 162.0        | 162.0        | 162.0        | (0.0)           | (0.0)        |
| <b>Total Capital and Reserves</b>             | <b>232.6</b> | <b>232.5</b> | <b>232.4</b> | <b>(0.1)</b>    | <b>(0.2)</b> |

## Assurances

Total Capital spend to date is £3.8m, compared to a plan of £5.2m for the first 4 months of the year.

Of the year to date increase of £16.7m in NHS trade and other receivables, £8.6m relates to accrued Elective Recovery Fund (ERF) monies due from NHSE&I, £1.4m in respect of accrued NHSE&I reimbursement via the Visible Cost Model (VCM), £2.8m accrued Mass Vaccination Service income, £2.7m higher accrued income across the Divisions and £1.2m increase of invoiced NHS debt. The cash balance at M4 is £112.5m, a increase of £0.9m from £111.7m at 30th June 2021.

Deferred income has increased in-year due to the deferral of £5.3m System Mitigation monies from BNSSG CCG at M4

## Key Issues

There is a risk of potential slippage in capital expenditure.

The Better Payment Practice Code achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to an average of 87.1% for 2020/21.

The Trust cash flow forecast demonstrates that the Trust is able to manage its liquidity without any external support for the 2021/22 financial year (assuming that the H2 finance regime is similar to the H1 regime).

|  | £m            | Commentary  |
|--|---------------|---|
| <b>Forecast Outturn as above</b>                               | <b>0.0</b>    | Trust forecast  |
| <b>RISKS</b>   |               |   |
| <b><i>Risk to Delivery of Contract Income</i></b>              |               |   |
| Other contract income - Non NHS Overseas Patients              | (2.0)         | Continued lower level of activity                                   |
| Other contract income - Injury Cost Recovery                   | (1.2)         | Continued lower level of activity                                   |
| Efficiency requirement of 3% implied in H2 income settlement   | (11.0)        | Expectation that CIP requirement increased for second half of year. |
| <b><i>Other Risks</i></b>                                      |               |   |
| Winter Escalation  | (0.5)         | Escalation costs could be higher than forecast.                     |
| NHS AfC Pay Award - assume 1% is unfunded                      | (3.5)         | Cost of Trust funding 1% of AfC Pay Award                           |
| Increase in capital charges                                    | (1.0)         | Impact of capital programme on depreciation and PDC                 |
| <b>Total</b>   | <b>(19.2)</b> |   |
| <b>OPPORTUNITIES</b>   |               |   |
| <b><i>Mitigating Actions</i></b>                               |               |   |
| Other contract income - Non NHS Private Patients               | 0.6           | Continued run rate better than Plan                                 |
| Covid 19 winter costs  | 0.5           | Mitigation through COVID allocation                                 |
| CIP delivery   | 10.0          |   |
| Mitigation and accelerator underspends                         | 2.0           |   |
| Non recurrent mitigation from Q1 surplus                       | 6.1           |   |
| <b>Total</b>   | <b>19.2</b>   |   |
|  |               |   |
| <b><i>Risk and Opportunity adjusted financial position</i></b> | <b>0.0</b>    |   |

## Assumptions, opportunities and risks

The Trust has assumed that any surplus COVID-19 cost funding from the system can be retained.

The trust has reversed its previous assumption that it will be required to fund expected system costs. Should the system financial position deteriorate there may be a downside risk to the financial position.

There is a risk that non-recurrent funding is being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other pressures are increasing the recurrent cost base of the Trust. Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed.

The Trust has chosen to set annual budgets whilst the finance regime has only announced income levels for the first half of the year. There is a potential risk that assumptions may differ for the second half of the year, though verbal confirmation has been given that the regime is likely to be similar to the first half of the year.

The system has been selected as an Accelerator site which will increase the levels of non-recurrent funding being received by the Trust in Q1 though change in threshold mean that this is unlikely to continue into Q2.

M3 includes an estimate of ERF monies earned by the system on activity delivered by the Trust offset by estimates of the cost of delivery. It should be noted that the thresholds for ERF have increased with effect from month 4 together with increased levels of COVID-19 so potential income will reduce in Q2.

Potential risks to the delivery of the Trust cost improvement programme may arise.

The Forecast Outturn Position for the end of the financial year is break even.

## **Regulatory**

**Board Sponsor: Chief Executive  
Maria Kane**

# Monitor Provider Licence Compliance Statements at July 2021

## Self-assessed, for submission to NHSI

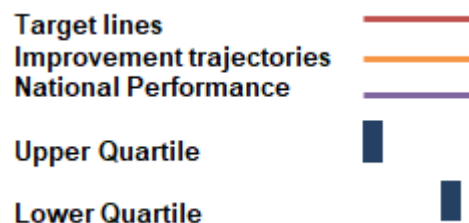
| Ref | Criteria  | Comp (Y/N) | Comments where non compliant or at risk of non-compliance   |
|-----|---|------------|---|
| G4  | Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions) | Yes        | A Fit and Proper Person Policy is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



# Appendix 1: Glossary of Terms

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

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

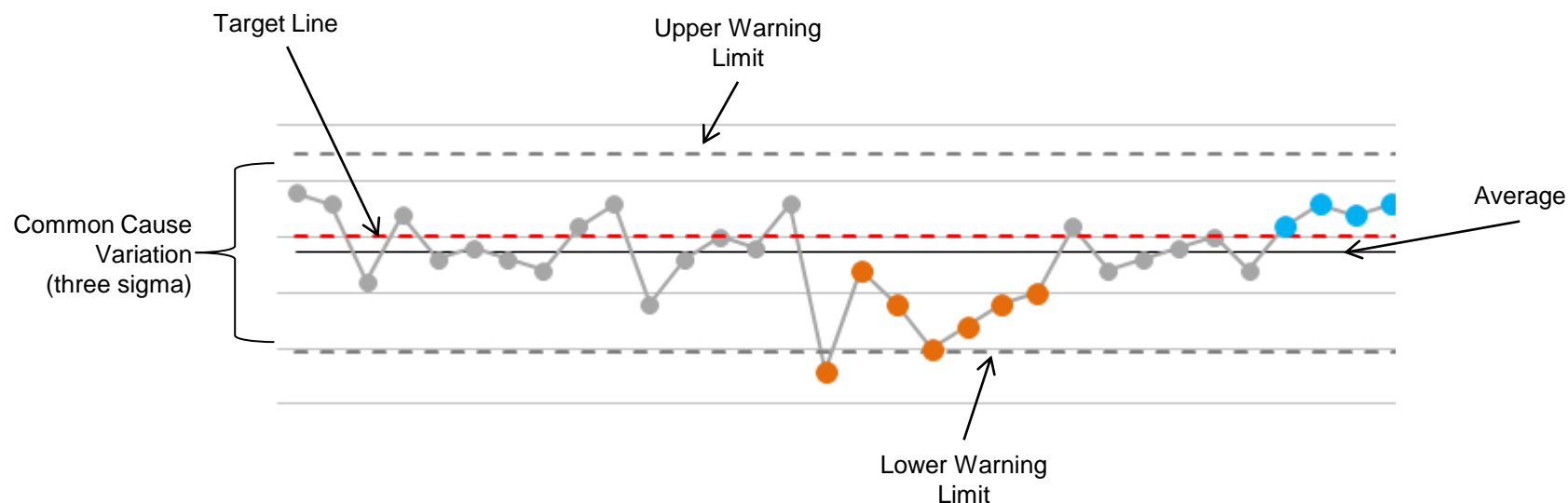


## NBT Quality Priorities 2020/21

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

## Abbreviation Glossary

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



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

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

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

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

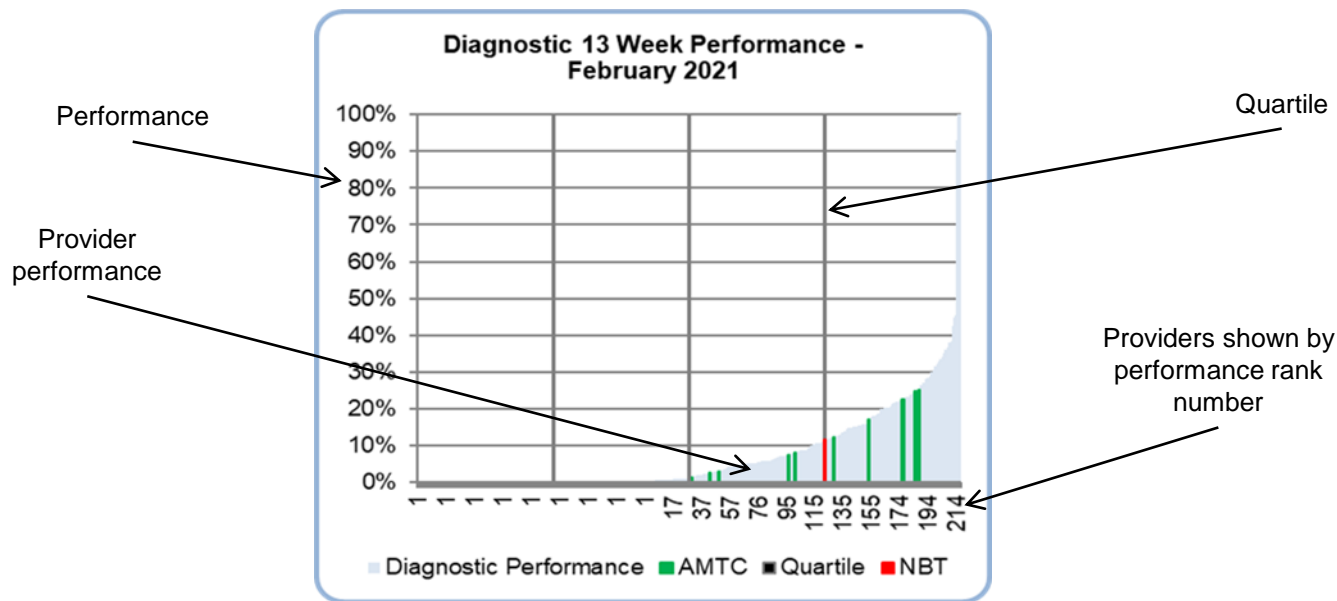
**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive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

### Further reading:

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

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

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



**Vertical axis** represents the performance value.

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

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

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

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