

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**December 2021**  
(presenting November 2021 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%		54.16%	2/10	
	A&E 12 Hour Trolley Breaches	R	0	0	3	52	206	7	0	6	0	4	97	14	38	29	59		0-372	5/10	
	Ambulance Handover < 15 mins (%)		100%	-	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.29%				
	Ambulance Handover < 30 mins (%)	R	100%	-	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.92%				
	Ambulance Handover > 60 mins		0	-	26	82	180	57	83	272	199	346	636	471	418	621	664				
	Stranded Patients (>21 days) - month end				141	145	124	129	136	272	116	123	277	145	151	151	180				
	Right to Reside: Discharged by 5pm	R	50.00%		-	28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.52%				
	Bed Occupancy Rate			93.00%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%				
	Diagnostic 6 Week Wait Performance		1.00%	31.57%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%		28.86%	8/10	
	Diagnostic 13+ Week Breaches		0	0	1427	1487	1420	1358	1364	1513	1779	2054	2183	2180	2724	3029	2913		14-3029	9/10	
	Diagnostic Backlog Clearance Time (in weeks)				0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5				
	RTT Incomplete 18 Week Performance		92.00%	-	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%		61.16%	3/10	
	RTT 52+ Week Breaches	R	0	2273	1249	1418	1817	2108	2088	1827	1583	1473	1544	1770	1933	2068	2128		63-12051	5/10	
	RTT 78+ Week Breaches	R	-	-	-	-	-	-	-	363	424	448	532	656	659	577	497		1-4843	5/10	
	RTT 104+ Week Breaches	R	88	-	-	-	-	-	-	5	12	19	28	34	55	93	138		0-1211	4/10	
	Total Waiting List	R	38930	29632	29611	29759	29716	29580	31143	31648	32946	34315	35794	36787	37268	37297					
	RTT Backlog Clearance Time (in weeks)				2.1	2.2	2.3	2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8				
	Cancer 2 Week Wait	R	93.00%	68.74%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	-		74.73%	10/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	43.02%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	-		55.83%	7/10	
	Cancer 31 Day First Treatment		96.00%	91.67%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	-		93.36%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.45%	96.30%	-		97.93%	7/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	88.52%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	-		80.69%	10/10	
	Cancer 62 Day Standard	R	85.00%	81.18%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	-		68.12%	8/10	
	Cancer 62 Day Screening		90.00%	77.78%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	-		70.11%	10/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	82.75%	-	-	-	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	-		68.67%	10/10	
	Cancer PTL >62 Days			392	-	-	-	-	-	-	-	-	-	-	-	501	663				
	Cancer PTL >104 Days		0	-	60	44	49	57	67	64	64	100	162	139	170	158	108				
	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%		83.71%	82.92%	81.51%	83.61%	84.72%	84.46%	82.55%	83.28%	82.96%	83.14%	81.70%	82.05%	83.29%					

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

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%		
	Caesarean Section Rate			28.00%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%		
	Still Birth rate			0.40%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%		
	Induction of Labour Rate			32.10%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%		
	PPH 1500 ml rate			8.60%	4.42%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%		
	Never Event Occurrence by month		0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	-	-	2	2	3	2	1	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	-	-	1	2	-	1	0	
	Total Incidents				1055	1062	1241	877	1006	1034	1069	1027	1069	970	1015	960	888		
	Total Incidents (Rate per 1000 Bed Days)				49	49	57	45	46	46	44	43	44	40	41	37	43		
	WHO checklist completion			95%	99.40%	99.95%	99.69%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.75%	99.41%	99.69%		
	VTE Risk Assessment completion	R		95%	94.61%	95.44%	95.28%	95.10%	95.38%	95.46%	95.46%	95.38%	95.52%	94.83%	94.29%	94.21%	-		
	Pressure Injuries Grade 2				17	17	17	27	7	9	10	15	17	22	24	19	12		
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.48	0.51	0.72	0.75	0.51	0.32		
	Falls per 1,000 bed days				8.85	8.55	9.54	8.63	8.44	8.33	8.70	8.53	8.35	7.82	7.22	7.26	7.43		
	#NoF - Fragile Hip Best Practice Pass Rate				75.61%	63.64%	42.86%	69.05%	78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	36.00%	44.44%	-		
	Admitted to Orthopaedic Ward within 4 Hours				53.66%	57.14%	39.68%	54.76%	44.68%	71.11%	48.84%	44.00%	51.11%	28.95%	40.00%	22.22%	-		
	Medically Fit to Have Surgery within 36 Hours				80.49%	79.59%	58.73%	80.95%	89.36%	71.11%	65.12%	80.00%	71.11%	86.84%	44.00%	44.44%	-		
	Assessed by Orthogeriatrician within 72 Hours				95.12%	79.59%	80.95%	97.62%	97.87%	93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	-		
	Stroke - Patients Admitted				79	80	70	61	96	91	100	91	75	92	83	90	69		
	Stroke - 90% Stay on Stroke Ward			90%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	80.00%	58.33%	78.13%	-		
	Stroke - Thrombolysed <1 Hour			60%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.73%	32.00%	40.58%	-		
Stroke - Seen by Stroke Consultant within 14 Hours			90%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	89.19%	98.08%	97.18%	-			
MRSA	R	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		
E. Coli	R		4	5	3	3	1	6	4	5	4	1	5	3	8	3			
C. Difficile	R		5	5	7	4	9	4	10	6	10	6	2	5	4	1			
MSSA			2	6	2	3	3	0	4	1	5	2	5	4	1	0			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good			-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%			
	Friends & Family - IP - Proportion Very Good/Good			-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%			
	Friends & Family - OP - Proportion Very Good/Good			-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%			
	Friends & Family - ED - Proportion Very Good/Good			-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%			
	PALS - Count of concerns			99	66	62	71	79	108	88	127	127	123	123	100	93			
	Complaints - % Overall Response Compliance		90%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77.03%	85.71%	87.72%	77%	69.12%	72.13%			
Well Led	Complaints - Overdue			2	0	0	0	0	0	0	0	2	1	8	10	10			
	Complaints - Written complaints			39	23	37	43	42	56	67	51	65	48	52	55	59			
	Agency Expenditure ('000s)			900	1043	1234	544	1042	705	816	1029	1374	1061	1492	1576	1350			
	Month End Vacancy Factor			3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	6.55%	6.28%	6.53%	6.13%			
	Turnover (Rolling 12 Months)	R	12.00%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	15.57%			
Sickness Absence (Rolling 12 month -In arrears)	R	-	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.36%	4.42%	4.46%	4.53%	-					
Trust Mandatory Training Compliance				86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%			

# Executive Summary – December 2021

## Urgent Care

Four-hour performance deteriorated marginally in November with performance of 60.18%; the Trust ranked second amongst 9 reporting AMTC peer providers. The Trust recorded 664 (provisional data) ambulance handover delays over one hour and 59 12-hour trolley breaches in month, with over 10,000 reported nationally. Four hour performance and Ambulance handover times were impacted by greater bed occupancy at an average of 97.12% for the month as a result COVID-19 admissions and increased LoS. Key drivers include increased volume of bed days for medically fit patients awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, a relaunch of internal professional standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk; BNSSG Healthier Together Executive agreed recurrent funding plans for increased community investment from November. In October, to provide immediate capacity for emergency admissions, the Trust converted elective capacity, cancelling all Priority 4 activity and running a limited Priority 3 programme; this continued across the month of November.

## Elective Care and Diagnostics

The overall RTT waiting list was static in November. Long waiting times are resulting from reduced elective capacity due to earlier covid waves and operational pressures on the bed base, but continues to compare favourably with combined national Acute provider growth. There were 2,128 patients waiting greater than 52-weeks for their treatment in November, 497 of these were patients waiting longer than 78-weeks and 138 were waiting over 104-weeks. This was the fifth consecutive month that the Trust has reported an increase in long waiting patients, with 52-week breaches now exceeding the peak seen previously in February 2021. When compared nationally, the Trust's 52-week and 104-week positioning has deteriorated, moving into the fourth quartiles, though the Trust compares reasonably with model hospital peers. The Trust continues to treat patients based on their clinical priority first followed by length of wait. Diagnostic performance improved slightly in November with performance of 40.32%. The Trust is sourcing additional capacity for several test types to support recovery of diagnostic waiting times.

## Cancer Wait Time Standards

Performance for the TWW standard deteriorated in October at 42.70% compared to the previous month (51.21%) continuing to be impacted by issues in Breast, Skin and Endoscopy. The 31-Day standard also deteriorated to 88.51%. The reported 62-Day performance for October was static compared to the previous month with performance of 57.34%. Due to the level of performance against the CWT targets, the Trust is being supported by National and Regional colleagues until at least January 2022, with an internal Task Force established to focus on delivery of remedial actions. The Breast workforce in particular remains below the level needed to match referral demand. On the live PTL (13/12/21) there were 131 patients waiting over 104-Days. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

## Quality

In maternity, workforce gaps across specialities continue to be challenging, reflecting system wide concerns, though these are regularly reviewed Regionally with mutual aid support obtained where available. However, a Picker national patient survey report was shared with the Division in November showing the service to be better than average on most scores. There have been no reported Grade 3 or 4 pressure injuries in November and none for 2021-22 year to date. There have been no MRSA cases reported since February 2021, though MSSA and C Difficile cases remain above targeted trajectories. During November 2021, c.15% of all medication incidents are reported to have caused a degree of harm, which is the highest percentage in the last 6-months. The Medicines Governance Team are identifying causes for the increase in incidents. The Trust is in the lowest quartile for SHMI when compared to the national distribution, indicating a lower mortality rate than most other Trusts.

## Workforce

Temporary staffing demand decreased by 81.16 wte in November driving a reduction in unfilled shifts which fell by 76.34 wte. Overtime has increased by 47% since September when the improved approach to overtime was implemented. Trust vacancy factor decreased to 6.39% in November (-35.6 wte), registered nursing and midwifery vacancies saw an increase (29.4 wte) driven predominantly by the increase in funded establishment for band 6 midwives which forms part of the response to the Ockenden report recommendations. Turnover increased in November to 15.02% (excluding impact of temporary COVID-19 workforce movement) higher than this point pre-pandemic (14.56%). There is a continued focus on retention with specific actions in progress aimed at improving staff morale (fatigue and resilience) – one of four key themes identified following an analysis of leaver data. Sickness absence increased to 4.53% in October from 4.46% in September. Stress/anxiety/depression/other psychiatric illness continue to be the leading cause of absence.

## Finance

The financial framework for both Half 1 (H1) and Half 2 (H2) of 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with the required and prescribed national guidance. The financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper. The Half 2 financial plan has been developed and shows a plan to breakeven, this plan includes non-recurrent income and expenditure. The actual result for Month 8 is a breakeven position and for Year to Date is also breakeven. The forecast outturn is that the Trust will achieve the breakeven plan at year end, as well as delivering the capital plan.



# RESPONSIVENESS

## SRO: Chief Operating Officer Overview

### Urgent Care

The Trust reported four-hour performance of 60.18% in November. Ambulance handover delays deteriorated with 664 handovers exceeding one hour reported in month (provisional data); the Trust had 59 12-hour trolley breaches. Bed occupancy varied between 91.75% and 99.43% of the core bed base. Ambulance arrivals remained consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. There is a Trust-wide plan in place to improve emergency flow which focusses on the actions that can be taken within the Trust and includes increased use of SDEC pathways, focus on early discharges and improvement in weekend discharging.

### Planned Care

**Referral to Treatment (RTT)** – The number of patients exceeding 52-week waits in November was 2,128, the majority of breaches (1,142; 53.67%) being in Trauma and Orthopaedics. For the fifth consecutive month, 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 is 5.71% which is relatively static compared to the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need.

**Diagnostic Waiting Times** – Diagnostic performance improved slightly in November with performance of 40.32%, though failed to meet the improvement trajectory of 31.57%. The number of patients waiting longer than 13-weeks in November decreased to 2,913 compared to 3,029 in October. The improvement seen in CT performance has continued, however challenges remain in Echocardiography, Endoscopy and Non-obstetric Ultrasound. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In October, NBT ranked 8<sup>th</sup> amongst 10 peer providers for 6-week performance and 9<sup>th</sup> for 13-week performance.

### Cancer

The TWW and 62-Day CWT standards and trajectories saw a decline on last month's performance. The Trust continues to carry backlogs in Skin, Breast, and Colorectal which is impacting on TWW and 62-Day pathways. Breast services continue to struggle to maintain activity; insourcing services have been secured to support the front-end and the surgical element of the pathway. Recruitment within Cancer Services has been successful and agency support has been secured to improve patient tracking activity. Following a National and Regional review of the Trust's compliance with Cancer High Impact Actions the Trust obtained positive feedback with regards to governance procedures and performance management but there are areas for improvement especially in the faster diagnosis pathway compliance. The Trust continues to be in special measures for the remainder of this quarter.

### 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.
- The ongoing impact of COVID-19 Infection Prevention and Control measures and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Overview

#### Improvements

**Maternity:** No moderate harm or above incidents or new HSIB referrals have occurred in November 2021 and a very positive Picker national patient survey report was shared with the Division on 22nd of November. This shows the service to be better than average on most scores.

**Pressure Injuries** - There have been no reported Grade 3 or 4 pressure injuries in November and none for 2021-22 year to date. In November, there was a decrease in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries. This is both below the mean rate for total injuries.

**Infection control:** There were no MRSA cases reported in November 2021 (last one for Trust reported in February 2021).

**Mortality Rates/Alerts:** NBT is in the lowest quartile for SHMI when compared to the national distribution indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial cases. Furthering our development of Learning from Deaths and to work towards a consistent approach towards mortality review across Bristol we have engaged with UHBW and other South West Trusts to understand their mortality review processes, and to collaborate on wider improvement initiatives.

#### Areas of Concern

**Maternity:** Workforce gaps across all specialities continue to be challenging, reflecting system wide concerns which are regularly reviewed regionally, with mutual aid support obtained where available. The forecast achievement of the Maternity Incentive Scheme continues to predict achievement against 7 of the 10 standards. A range of actions are in place to address the gaps, but these remain challenging to deliver.

**Infection control:** MSSA and C Difficile cases remain above targeted trajectories, albeit a slightly reducing monthly trend over past 3 months. Specifically relating to C-Difficile, NBT continues to actively engage in the improvement work being developed through the Southwest C Diff HCAI collaborative.

**Medication Incidents:** During November 2021, c.15% of all medication incidents are reported to have caused a degree of harm, which is the highest percentage in the last 6 months. The Medicines Governance Team are identifying causes for the increase in incidents involving high risk drugs in collaboration with ward teams and the Patient Safety Team. Thematic analysis continues to be conducted on these incidents in order to direct work streams, focused work has been undertaken to produce feedback, tools and guides to help wards to manage their Controlled Drugs appropriately.

# WELL LED

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

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

#### Vacancies

The vacancy factor decreased to 6.13% in November (from 6.53% in October). This was driven by an increase in staff in post, particularly among Administrative and Clerical (25.22 wte), Healthcare Scientists (10.60 wte) and Add Prof Scientific and Technical staff (12.61 wte). In terms of overall vacancies this offset an increase in registered nursing and midwifery vacancies (29.4 wte) driven predominantly by the increase in funded establishment for band 6 midwives which forms part of the response to the Ockenden report recommendations.

#### Turnover

Staff turnover increased to 15.57% in November, from 15.35% in October. Excluding the COVID-19 and mass vaccination workforce, the turnover rate increased slightly from 14.53% in October to 15.02% in November). This is higher than the pre-pandemic figure of 14.56 in November 2019.

#### Prioritise the wellbeing of our staff

Sickness absence increased to 4.53% in October from 4.46% in September. *Stress/anxiety/depression/other psychiatric illness* continue to be the leading cause of absence, the initial view of the November absence position shows a 17.5% increase in days lost compared with October, however the majority of other reasons have seen a decline in days lost from October to November.

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

Temporary staffing demand decreased by 81.16 wte in November driving a reduction in unfilled shifts which fell by 76.34 wte. Overtime has increased by 47% since September when the improved approach to overtime was implemented which is anticipated to have contributed to the reduction in temporary staffing demand with key areas starting to use overtime for the first time, e.g. Theatre nursing.

Agency RMN use saw a reduction of 9.47 wte (of which 3.52 wte was tier 4), offset partially by an increase in agency RN use.

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

Theme	Action	Owner	By When
Vacancies	Health care support worker assessment centres have increased for the remainder of the year to support closing vacancies gaps and increases in turnover. Additional paid for advertising has been commissioned to support this actions being monitored via H2	Head of Resourcing	Mar-22
Turnover	Nursing & Midwifery Demand and Supply group agreed retention interventions and will monitor progress. Next key action aimed at morale; 'patient and relative videos; recognition and thanks'	Head of People	Jan-22 – Mar-22
Health and Wellbeing	Staff support proposal going to H2 Programme Board (Hot food and drink, extending free car parking & staff security campaign) – three of five aims complete – food over night and car parking still in progress but actions being taken	Head of People Strategy	Jan-21 (original Nov-21)
Health and Wellbeing	Calm rooms, wellbeing pods & restroom improvement proposals- options appraisal review in progress	Head of People Strategy	Dec-21
Temporary Staffing	Delivering campaign to encourage inactive workers to participate and contacting staff who have left within the last 12 months to register on our bank	Head of Resourcing	Jan-21 (original Nov-21)
Temporary Staffing	System wide review of Waiting List Initiative Rates to support capacity management across system	Director of People and Transformation	Dec-21



# FINANCE SRO: CFO Overview

The actual result for the Month 8 and year to date is a breakeven position.

The Trust continues to deliver break-even position as per plan and updated forecast despite under-delivery of CIP targets, which is offset by delay in implementation of recurrent and non-recurrent service developments and changes.

The income reported in Month 8 is based on notified allocations from BNSSG system and it was £62m and the year to date figure is £502.7m.

Cash at 30 November amounts to £107.6m.

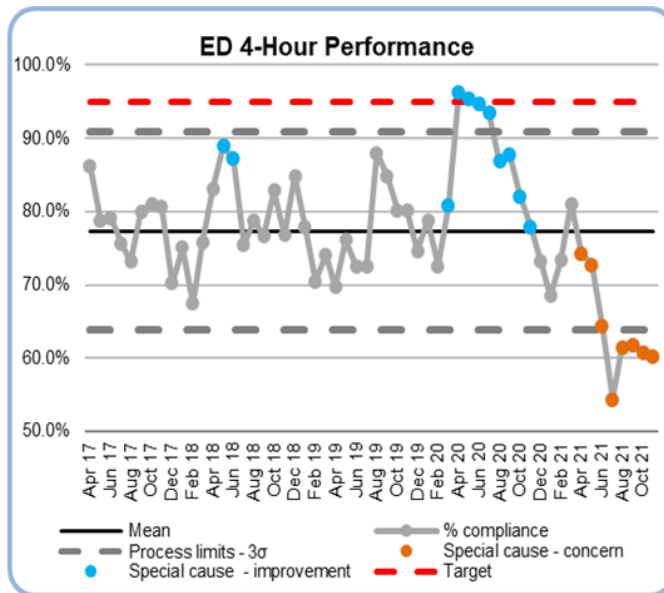
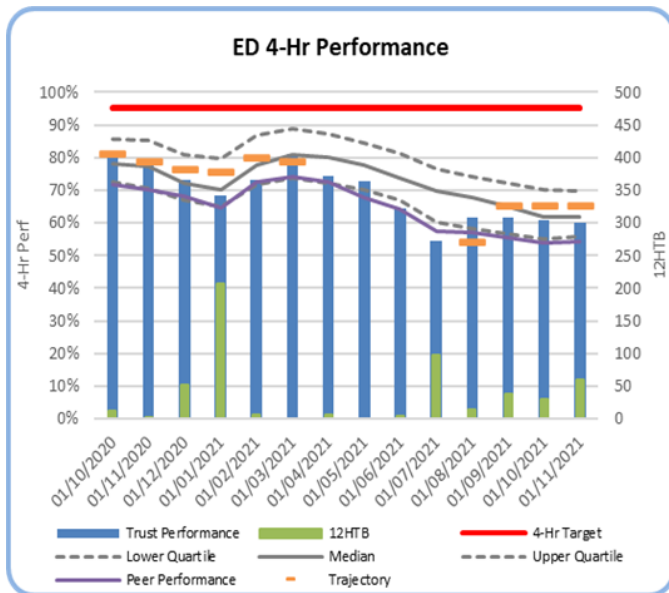
Total capital spend to date is £11.9m, compared to a plan of £14.6m for the first eight months of the year.

The forecast outturn is that the Trust will achieve the breakeven plan at year end as well as delivering the capital plan.

# Responsiveness

**Board Sponsor: Chief Operating Officer  
Jon Scott**

# Urgent Care



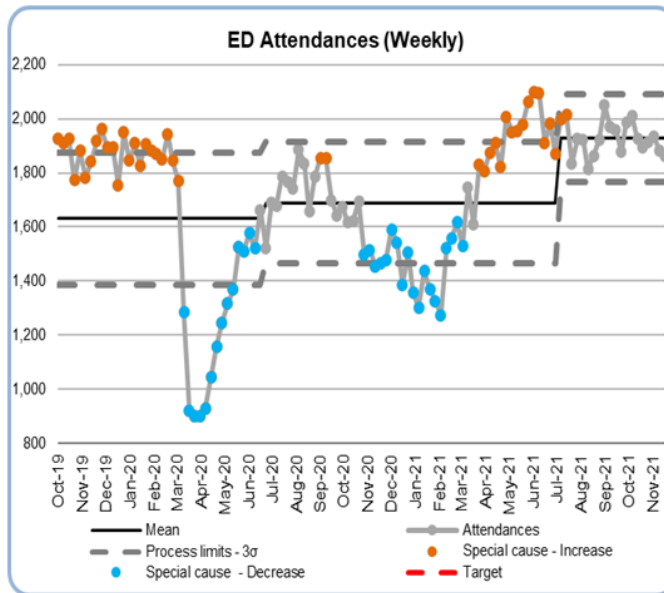
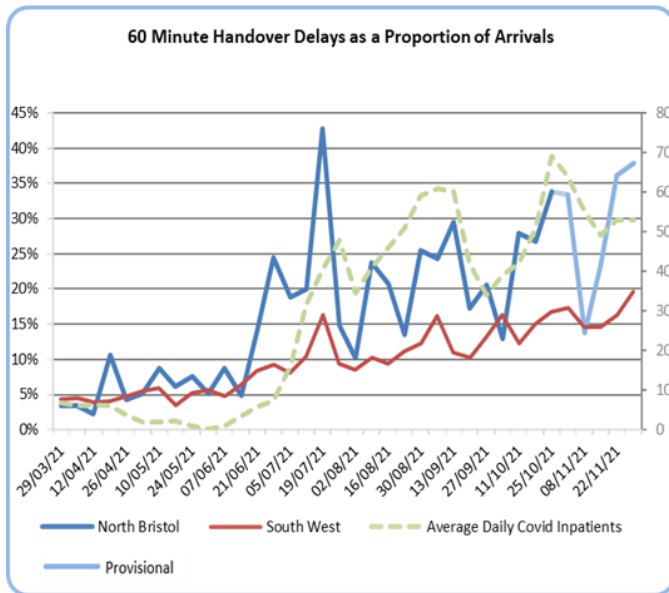
## What does the data tell us?

Four-hour performance deteriorated slightly in November with performance of 60.18%. Compared to our AMTC peers, the Trust ranked second out of nine reporting centres. When compared nationally, the Trust remains in the third quartile. ED performance for the NBT Footprint stands at 68.10% and the total STP performance was 70.71% for November.

ED attendances were marginally higher when compared to 2019/20 levels. There was an increase in 12-hour trolley breaches in November compared to October with the Trust recording 59 in month; nationally there were 10,646 with 36 Trusts reporting over 100.

Ambulance handover times continued to be challenged with provisional (unvalidated) data showing the Trust recorded 664 ambulance handover delays over one-hour in November, an increase on the 622 reported for October.

Numbers of COVID-19 inpatients continues to be higher than plan and has remained largely static when compared to October levels and as a result core Green (COVID-19 negative elective) capacity in Brunel did not increase in line with H2 plans.



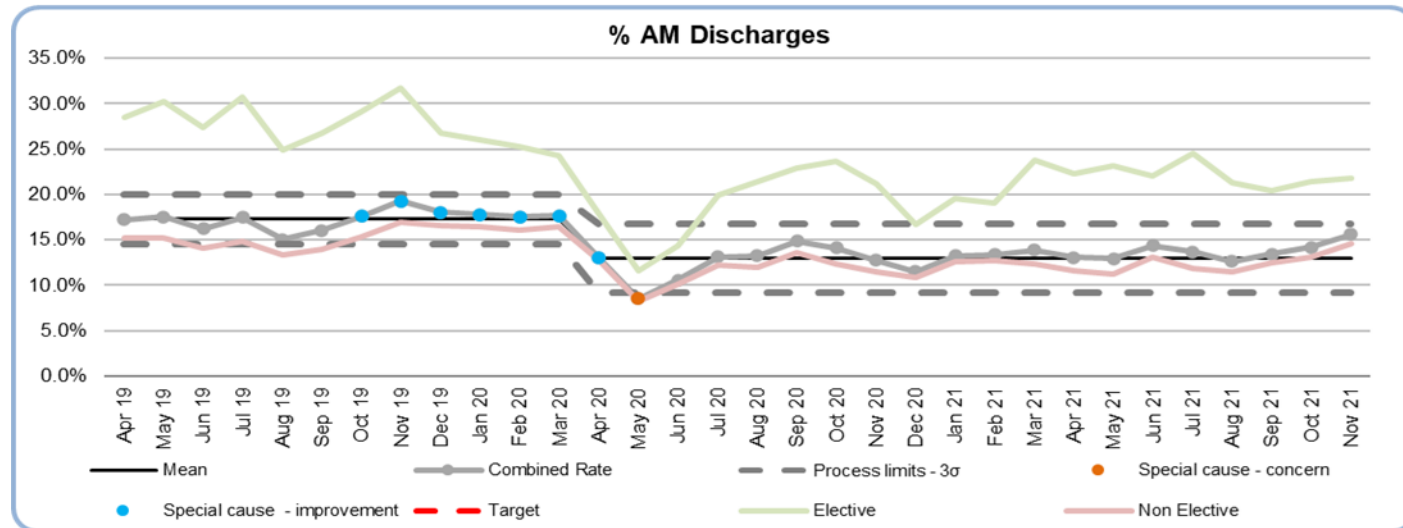
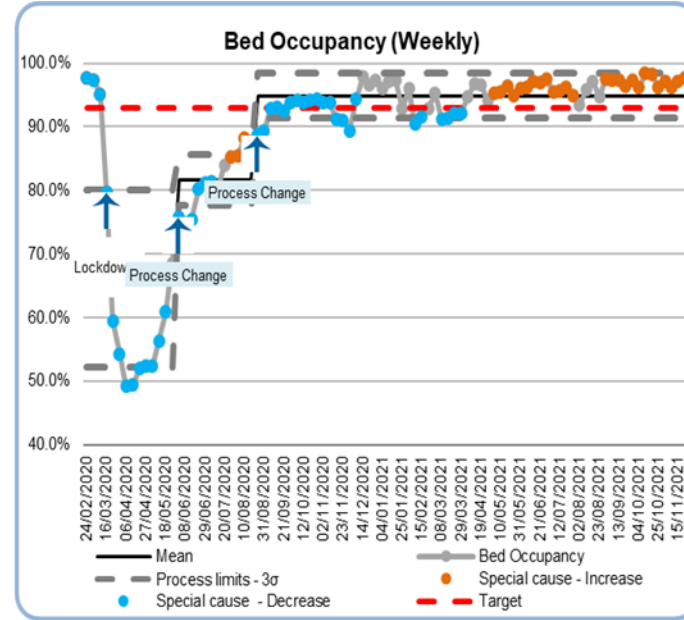
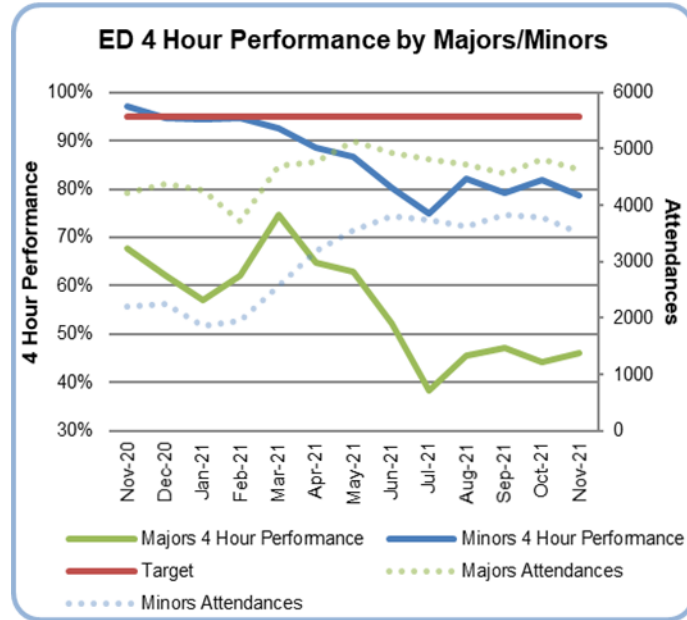
## What actions are being taken to improve?

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

The Emergency Flow Plan aimed at improvements in three areas (emergency portals, time in hospital, and discharge) has not impacted significantly in November, although AM discharge levels have shown month on month improvement. Attempts to relocate medical SDEC to increase core capacity has been delayed until March 2022 due to workforce and space constraints, but 5 key pathways have been targeted for improvement from January 2022.

The system-wide project to provide reduction of 20% of ED minors patients through enhanced streaming is underway; although there has been slippage due to workforce availability and plans are limited to Monday to Friday only.

# 4-Hour Performance



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

## What does the data tell us?

In November, Minors performance deteriorated to 78.69%, whilst Majors performance improved slightly to 46.15%.

The vast majority of breaches of the admitted pathway is related to bed occupancy which remained challenged, varying between 91.75% and 99.43% in November against the core bed base. High levels of bed occupancy (29 days out of 30 days above 93% target) were predominantly driven by slippage against the bed mitigations of the winter plan, plus increased volume of bed days for medically fit patients awaiting discharge on D2A pathways. The H2 Urgent Care workstream is focusing on remedial actions to offset the winter plan slippage.

In November, 15.60% of patients were discharged between 08:00-12:00; which was up on the previous month.

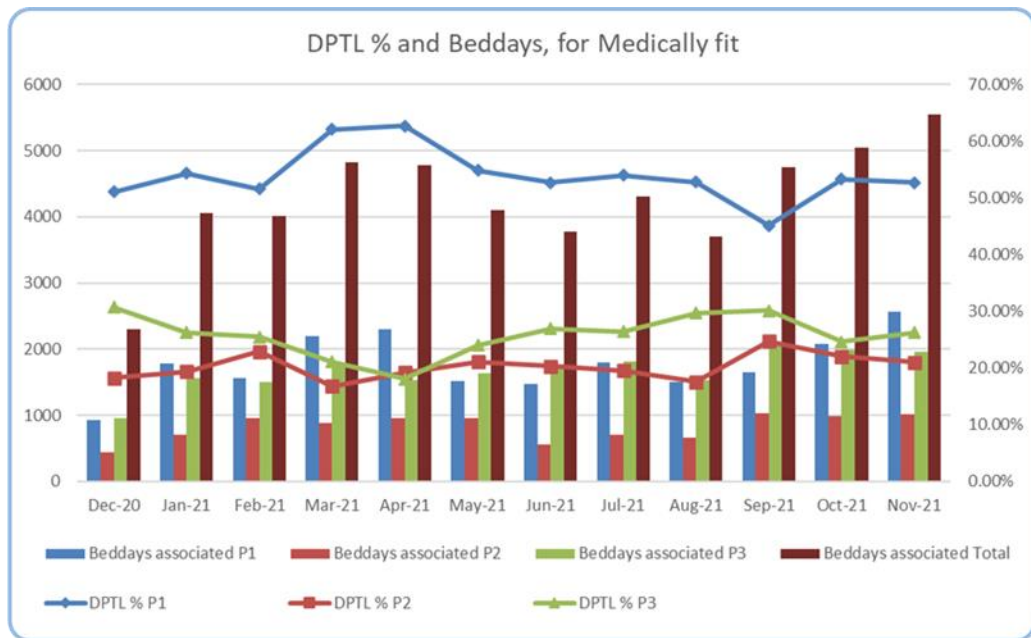
Minors performance is a result of staffing challenges and inconsistent streaming of patients to alternate care places.

## What actions are being taken to improve?

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

- 1. Emergency Portals** (incl. Ambulance Turnaround Plan), decompressing ED and increasing use of SDEC pathways. The Trust has engaged Alamac to process map Emergency Zone pathways and identify improvement actions.
- 2. Time in Hospital** including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge, improved weekend discharge rates, implementing Internal Professional Standards and Improved PDD and Discharge Summary completion. As a result of continued challenges the Division of Medicine is receiving executive intensive support.
- 3. Discharges** including implementation of the "Hospital Discharge and Community Support policy and operating model" and addressing BNSSG shortfalls in complex discharge rates (especially in P1 Home First capacity) through alternative models including Care Hotel and Family and Voluntary Sector supported discharge.

# Criteria to Reside



## What does the data tell us?

In November, the number of delayed bed days for medically fit patients awaiting Pathway 2 and 3 remained the same as October 2021. The delayed bed days for Pathway 1 rose by a significant amount again by 486 bed days on last month, and is a rise of 915 bed days since September 2021.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care. Patients are delayed in Sirona P1 Discharge to Assess (D2A) waiting discharge for long term packages of care meaning they cannot pull patients from NBT. In particular, patients waiting discharge to the north Bristol locality wait much longer than patients to other localities. There continues to be insufficient community beds for patients with dementia and perceived behavioural challenges, also stroke patients with high care needs.

At the point of reporting 249 patients were ready for discharge on a complex pathway of which 202 were waiting for external reasons (70 patients waiting Pathway 1: domiciliary care, 30 patients waiting Pathway 2: short term community beds and 55 patients waiting Pathway 3: long term care home beds). 17 patients were awaiting repatriation and 18 patients referred to the community were awaiting a pathway decision, 3 patients were homeless. During November, some care homes remained closed to admission due to COVID-19 adding to delayed discharge bed days. 46 patients were recorded as waiting internal actions (19 waiting therapy decision, 14 waiting referral submission, 12 a medical decision, 1 due to COVID-19).

## What actions are being taken to improve?

Transitional bed capacity for S. Glos continues to be commissioned by BNSSG, in addition a 30 bedded Care Hotel is being commissioned opening 22<sup>nd</sup> December as a further interim step for patients on discharge Pathway 1.

Domiciliary care continues to be a key capacity gap impacting all discharge pathways. Sirona and care agencies continue undertaking proactive campaigns to source care workers and holding recruitment stands in local shopping centres.

The SRF improvement project, overseen by the Urgent Care Delivery Group, commenced in early October and has now been rolled out to all wards. The aim is to gain 21 bed capacity per month (as per 2021/22 bed model). Key enablers include introduction of 11 qualified discharge trackers and better IT infrastructure for the referring wards, earlier social assessments and closer working with community referral hubs to address outstanding queries.

With the increasing wait for Pathway 1, engaging family support with care at home whilst awaiting pathway commencement continues to be a focus and bed day savings in November totalled 85. The aim is to gain 3 beds capacity per month by March 2022 (93 bed days).

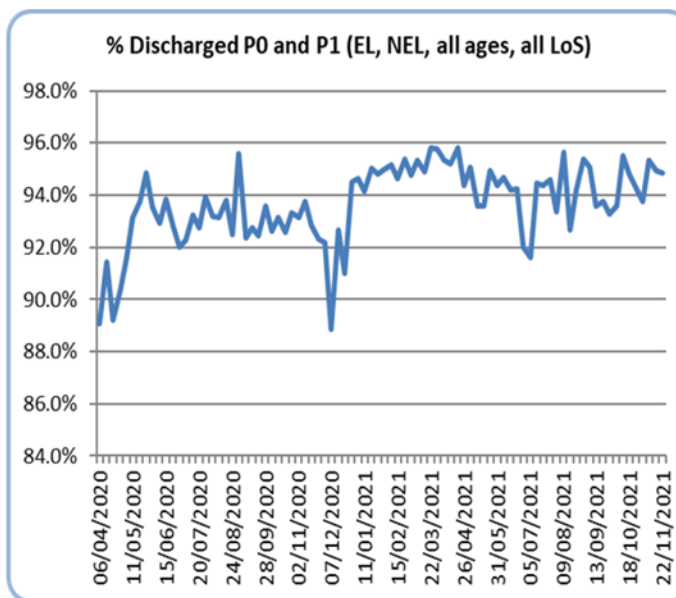
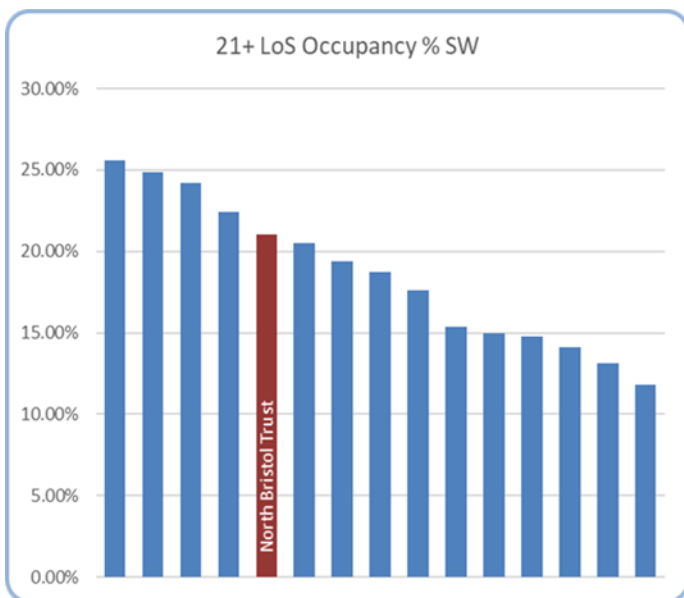
The BNSSG system has agreed to commission a Care Hotel to provide 30 beds for P1 patients

The homeless discharge case manager commencing January 2022 will be supported by a dedicated housing advisor from St Mungos funded for one year by the DHSC, due to commence in post January 2022.





# Stranded Patients

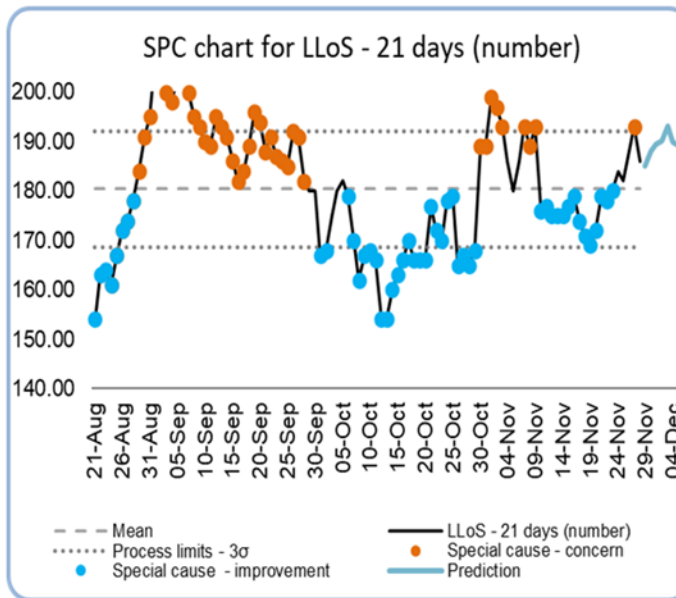
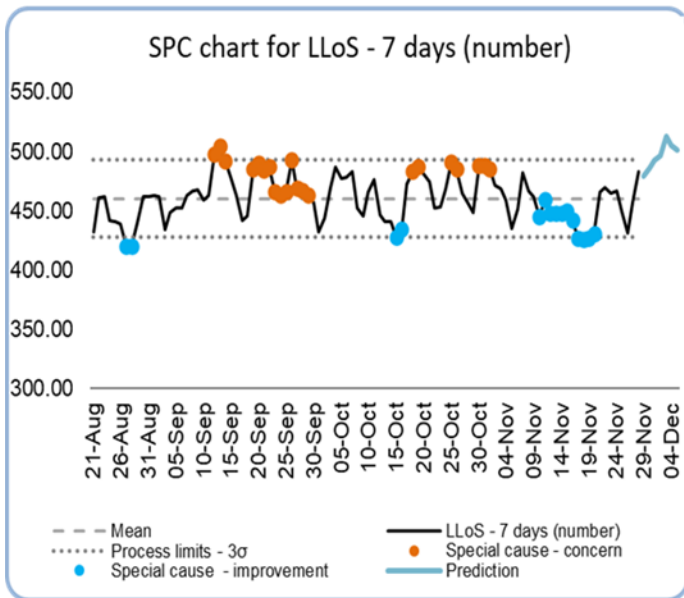


## What does the data tell us?

Both 7+ and 21+ day LoS patients rose in volume towards the end of November and given the mix of patient acuity and with the highly delayed P1 discharges and continued level of P2 and 3 delayed discharges this is to be expected.

The Trust's positioning for 21+ days in the South West Region rose slightly in November to 5<sup>th</sup> highest with 21% 21+ day bed occupancy (20% in October). UHBW performed slightly better at 20.53% and 6<sup>th</sup> in the Region. NBT continued the focus on reducing 21+ stay patients throughout the month. Great Western Hospitals Trust is the best performing at 12%.

Weekly complex discharge levels remain below the target levels (expected weekly target 121 across P1, 2 and 3). In November 393 patients were discharged on these pathways (44 more than October) against a target of 520 discharges; 76% of expected discharges. P0 non complex discharge is the main pathway from hospital and the highest volume of monthly discharges and totalled 4931 in November.



## What actions are being taken to improve?

The IDS Team are refining the weekly schedule of proactive patient tracking huddles to check the progress of patients on a complex discharge pathway and escalate actions where required to assure discharge is as timely as possible. The focus is on all patients medically ready for discharge not just those becoming stranded.

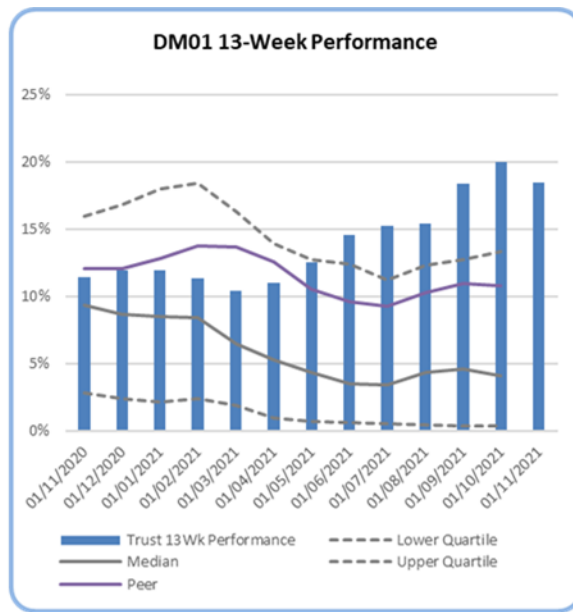
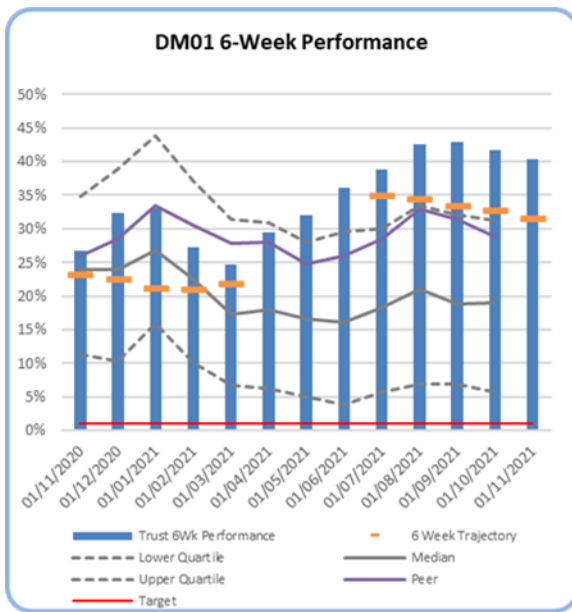
The Trust has embarked on a programme of work to speed up the Single Referral Process which is aimed at reducing LLOS and freeing up beds.

The IDS is working closely with Sirona and NBT Therapists to minimise the level of care required for discharge to help match available D2A capacity to true demand.

Following the successful Discharge to Assess (D2A) business case an implementation Board is being established. The risk associated with workforce and increasing staffing for delivery still remains.

Data Source: South region NHSI UEC dashboard, w/e 28<sup>th</sup> November 2021

# Diagnostic Wait Times



## What does the data tell us?

In November, diagnostic 6-week performance improved at 40.32%, though failed to meet the improvement trajectory of 31.57%. The improvement was driven by wait list growth with the backlog remaining relatively static overall. 13-week performance also improved slightly with a decrease of 3.83%. Activity levels have improved for most test types compared to last month and only three reported below 80% of their 2019/20 activity for November. There was a 3.90% increase in the overall wait list in November.

Challenges remain with performance in Echocardiography, Endoscopy and Non-Obstetric Ultrasound. The improvement seen in the CT backlog has continued, with planned actions positively impacting performance. However, it is not expected that this improvement will continue into December due to the bank holiday impact, the need to substitute O/P Imaging capacity for Acute CT capacity, as a result of scanner downtime of around one week on Level 0, and COVID-19 impact on staffing/WLI uptake.

In October, NBT ranked 8<sup>th</sup> amongst 10 peer providers for 6-week performance and 9<sup>th</sup> for 13-week performance. Nationally, Trust positioning was static for both 6-week and 13-week performance, both remaining in the 4<sup>th</sup> quartile.

## What actions are being taken to improve?

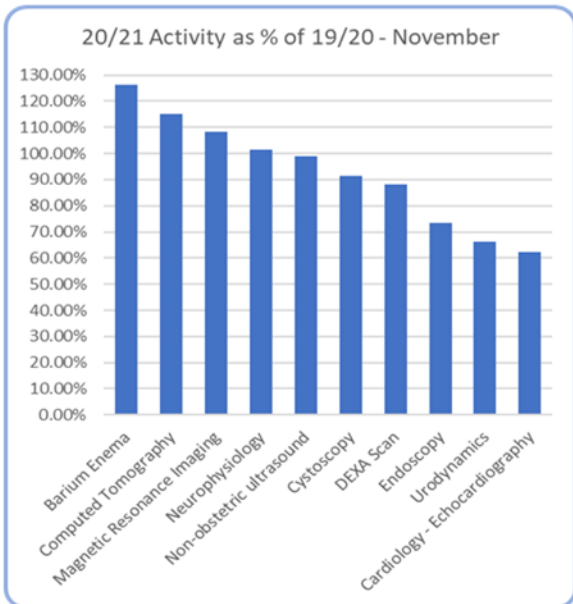
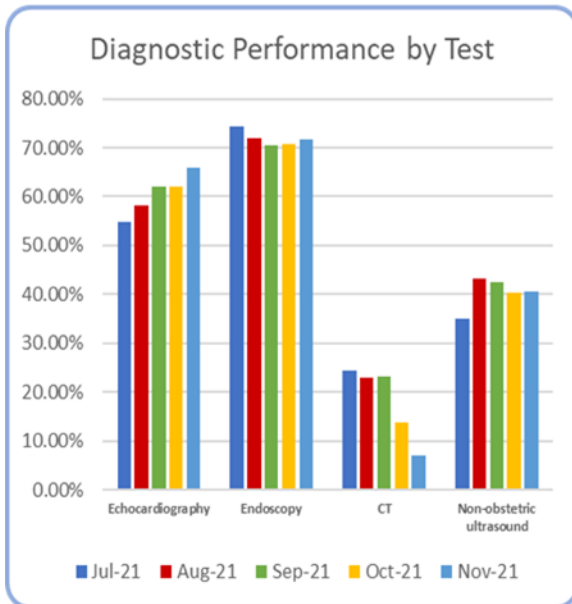
**Endoscopy** – There has been a significant focus on re-establishing both insourcing and outsourcing of activity, which has been delivered, although staffing shortages have impacted the effectiveness of this mitigation. Focus continues on the internal capacity gap with a Locum Endoscopist starting in December providing 3 lists per week increasing to 5 lists per week by February. In addition, an advert for 3 Consultant Gastroenterologists will go live in January with interviews planned for March 2022. Work is ongoing across the system to produce a shared PTL.

**Non-Obstetric Ultrasound** – The Contract has been signed for the insourcing of additional capacity in order to support backlog clearance. However, the provider currently has workforce shortages and therefore, the benefit will not be as great as 60 slots per week. In the meantime, following a review of IPC measures, it is anticipated that in-house productivity will improve following a reduction in requirements for cleaning between patients. In addition, the Trust continues to send 45 patients every other week to Emersons Green Treatment Centre.

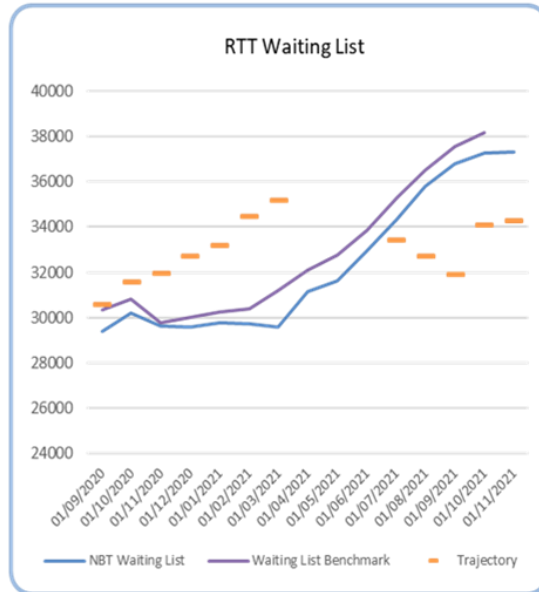
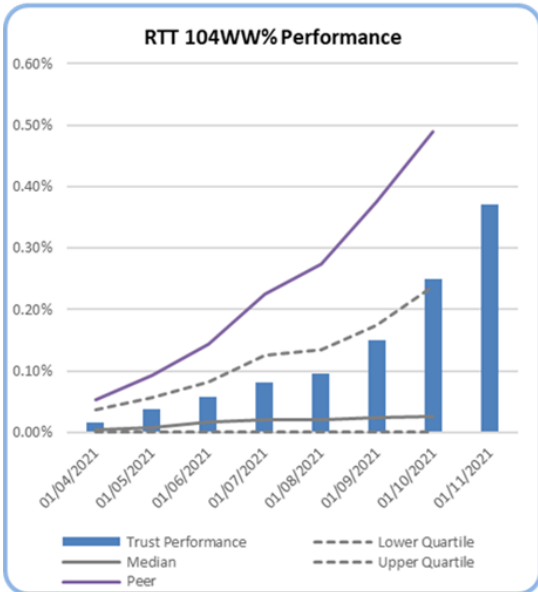
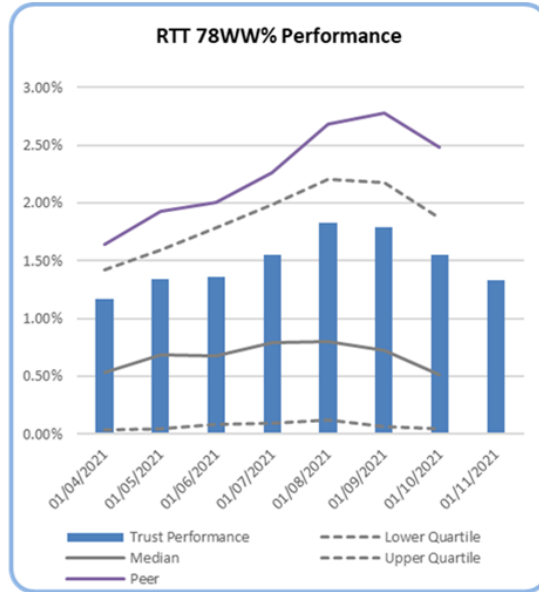
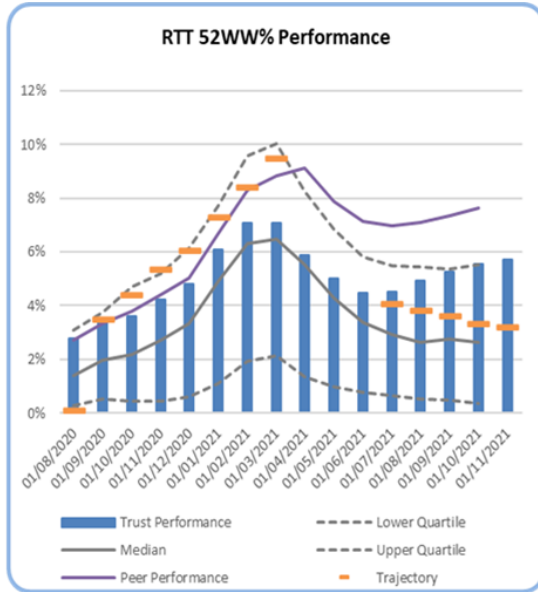
**CT** – Additional capacity has commenced using the demountable CT scanner based at Weston General Hospital. Positive impacts are also being seen from the new scanner at Cossham and good uptake of WLIs in October/November. Continued improvement is not expected in December.

**MRI** – The Trust has extended the contract with the BioBank MRI research facility for additional MRI capacity for support throughout the winter period to March 2022. Productivity gains from changes in IPC measures are also being reviewed and are expected to partially offset the decrease in capacity once the BioBank Contract ends.

**Echocardiography** – The insourcing plan to increase Echocardiogram capacity is currently delayed due to staffing issues within the insourcing company. It was originally planned that Xyla would deliver 1440 slots between October and December. The revised plan is for c.250 slots per month January to March and a further 60 slots per month April to September.



# Referral To Treatment (RTT)



## What does the data tell us?

In November, the Trust reported a static waiting list at 37,297. The Trust has reported an increase in 52-week wait breaches for the fifth consecutive month with 2,128 patients waiting greater than 52-weeks for their treatment; 497 of these were patients waiting longer than 78-weeks and 138 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1,142; 53.67%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

Cancellations resulting from increasing COVID-19 admissions, non-elective demand and bed pressures has resulted in challenged elective inpatient capacity. Coupled with consistent demand at pre-pandemic levels since March 2021, this has resulted in wait list growth and longer waiting times. The residual risk of 104-week breaches at the end of March 2022, based on the H2 planning assumptions, is 44 patients awaiting treatment predominately in T&O plus 20 patients choosing to defer their treatment. Reductions are already being seen in the cohort of patients at risk of breaching 104 weeks at year-end.

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. Trust positioning for long waiting patients continues to report within the third quartile for the 78-week cohort, but has deteriorated for the 52 and 104-week cohorts moving from the third quartile to the fourth in October.

## What actions are being taken to improve?

An Elective Care Recovery Board has been established and has developed a comprehensive plan to manage the waiting list to required levels.

The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits.

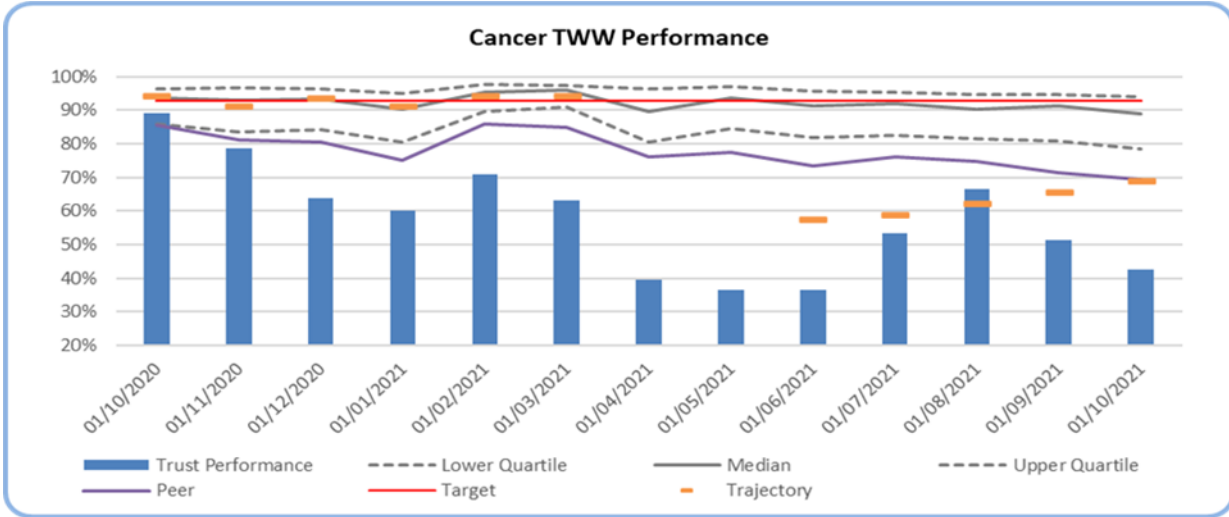
Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred suitable patients into available capacity within an IS Provider in a neighbouring system.

Continued application of review recommendations from Get It Right First Time (GIRFT) reports, Model Hospitals and the British Association of Day Surgery (BADs) are undertaken to ensure efficient use of the available capacity is maximised.

The Trust is exploring a number of further actions both internally and across the BNSSG system to increase capacity including engagement of further external staffing resource, specialists in theatre utilisation improvements and shared resources with UHBW.

Clinical validation of the longest waiting T&O patients has commenced and a review of patients suitable for transfer to the IS has taken place. Treatment of T&O patients across the weekend utilising a new supported discharge pathway has commenced, which has enabled extra activity to be delivered during December.

# Cancer: Two Week Wait (TWW)



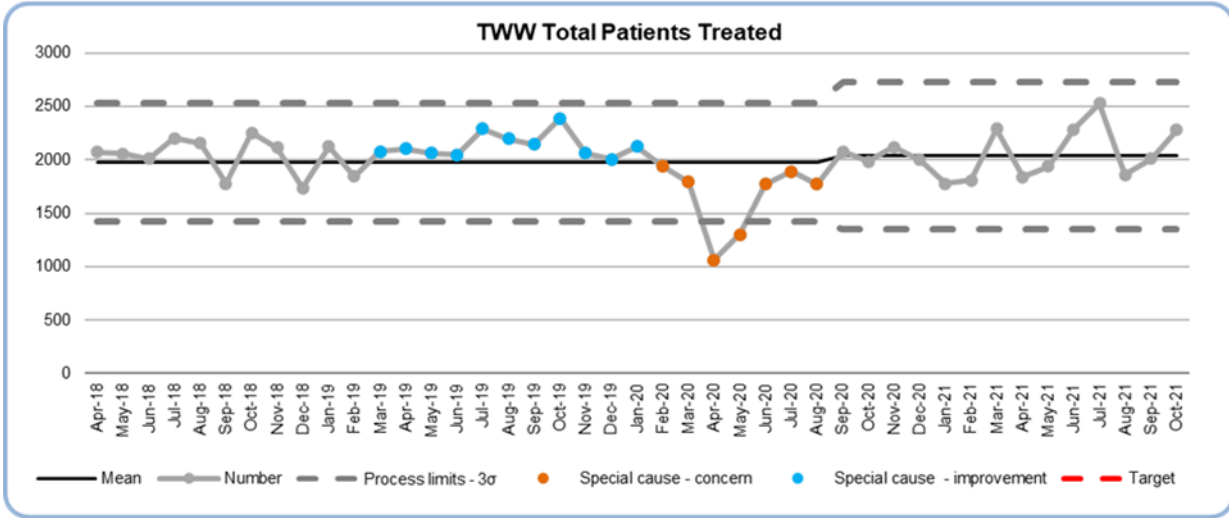
### What does the data tell us?

The Trust reported a performance of 42.70% in October compared to 51.22% in September which is a 16% decrease in performance. The Trust saw 2280 patients in October compared to 2013 patients in September. Of the 2280 patients seen, 1311 patients breached the TWW target, with the average day to first appointment in October at 31 days. This is largely due to the capacity issues in Breast and Skin.

Urology improved again in October from 93.98% to 97.87%, Gynaecology, Skull Base and Haematology achieved above the 93% TWW target.

Breast had a poor performance of 7.22% compared to the 68.75% in September. This was due to the backlog clearance work undertaken by Breast. They saw 609 patients in October; 565 of those were seen in a breach position.

Due to the backlog clearance work Skin improved their position from 6.61% to 30.28% in October. The skin service saw 852 patients in October; 258 in a breach position.



### What actions are being taken to improve?

The Cancer Task Force meetings have been established and now include Colorectal and Gynaecology. The Trust continues to work with the Regional Cancer Team on assurance and improvement plans.

External support for Breast has been piloted, with the final model to provide additional one-stop and surgical capacity in the New Year yet to be agreed. Substantive capacity remains unable to meet referral demand.

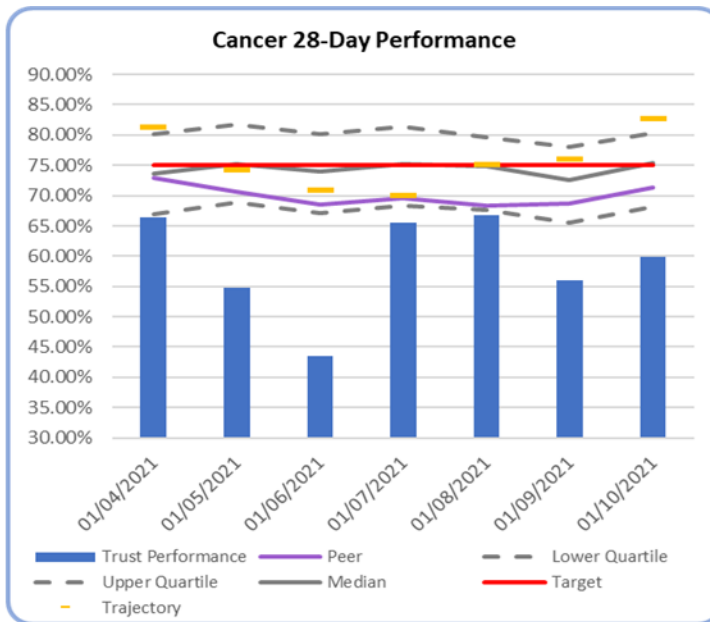
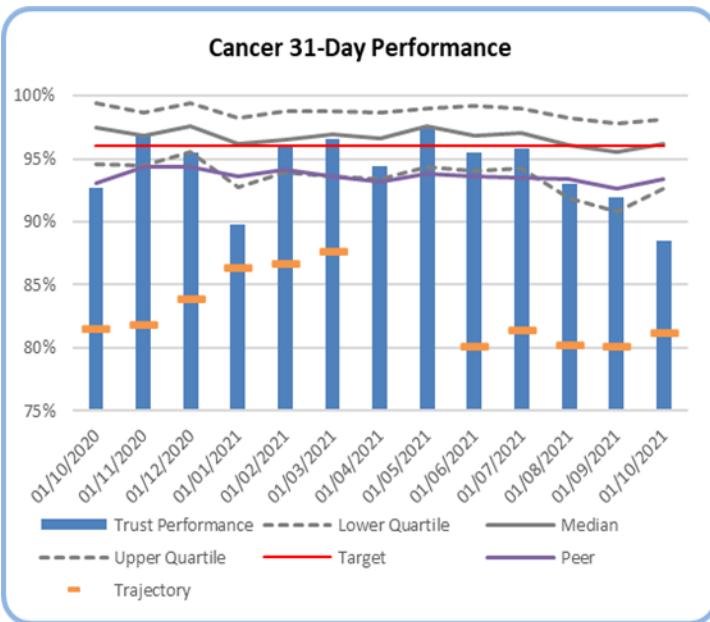
For Skin, additional capacity is being secured to support the surgical element of the pathway. Insourcing discussions are ongoing to support additional TWW capacity into the New Year.

Endoscopy TWW patients are now being seen within target. Delays are now confined to patient choice and COVID-19 related delays only.

Additional cancer admin staff have been engaged and are working to improve the waiting list information to ensure accuracy of the numbers.



# Cancer: 31-Day Standard



## What does the data tell us?

In October the Trust missed the first treatment standard of 96.00% with a performance of 88.51%, which is a deterioration on the 91.89% achieved in September. 238 patients were treated this month; 21 of them within a breach position.

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

All specialties except for Colorectal (84.62%), Breast (74.55%) and Sarcoma (50%) achieved above 90% this month.

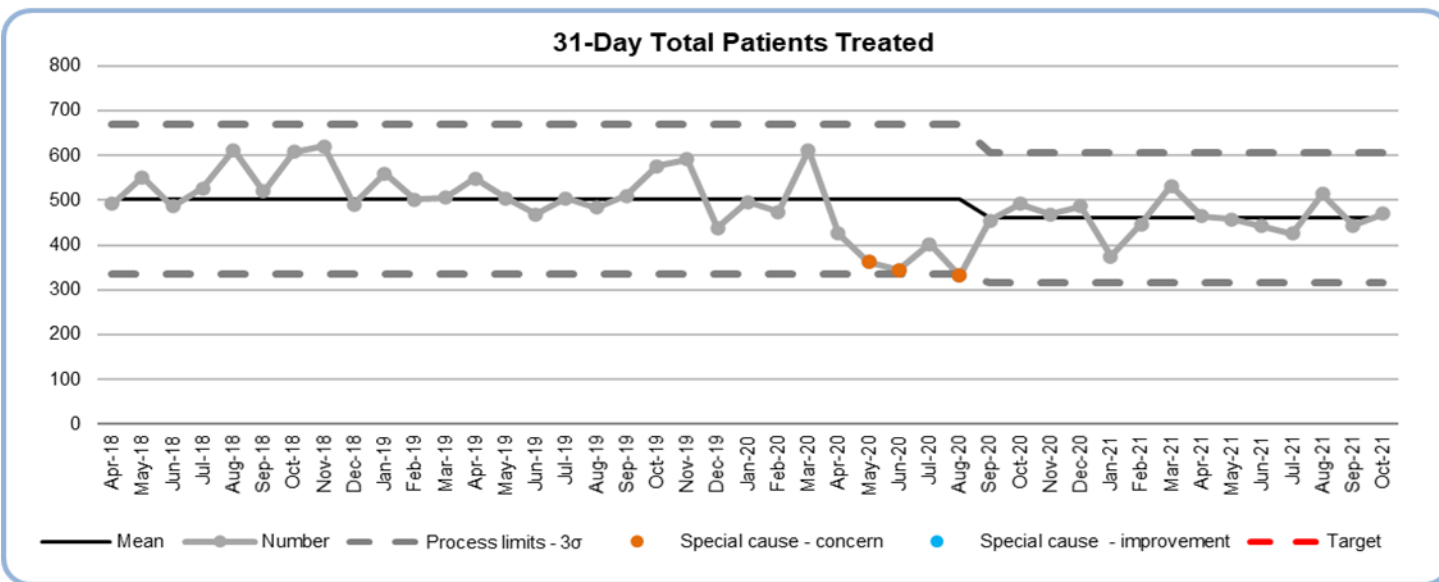
## 28-Day Performance

The Trust had a slight improvement this month with a performance of 58.07% compared to 56.07% in September. 1722 patients were seen and 743 of them breached the 28-Day standard. Recovery of this standard will only be possible once the TWW challenges are reliably resolved.

## What actions are being taken to improve?

One of the factors adversely affecting performance against this standard is the reduction in tracking staff within Cancer Services. The recruitment programme has been completed and new staff on site with an extensive training programme in place.

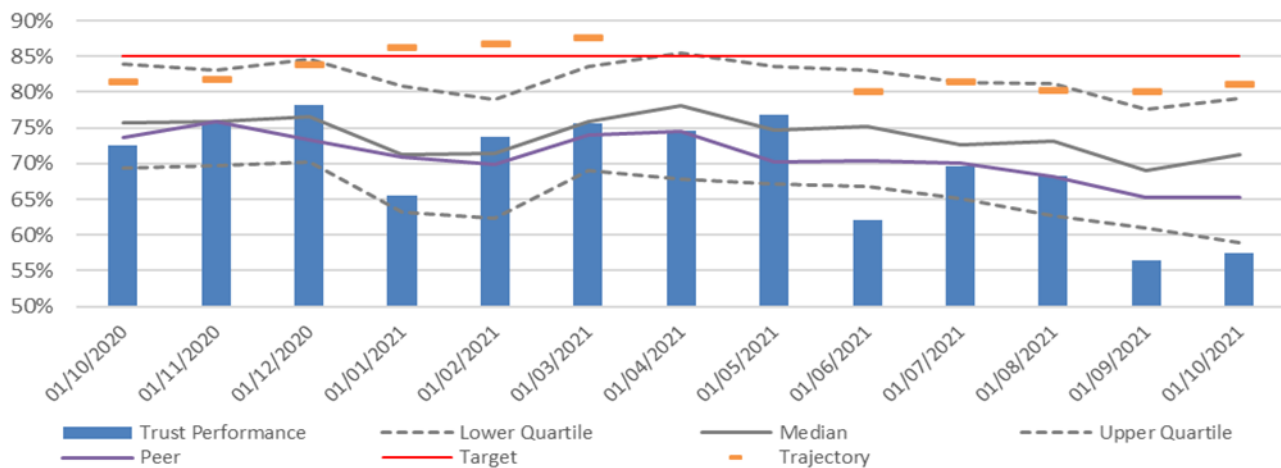
Pathway review and recovery action plan work is underway with all the specialties that have failed this standard for the last two-months to ensure all delay issues are identified and improvement actions put in place to address the issues.





# Cancer: 62-Day Standard

Cancer 62-Day Performance



## What does the data tell us?

The reported 62-Day performance for October was 57.34%, which was static compared to the September position of 56.98%. In October, of the 153 patients treated, 90.5 patients were treated within the standard.

Breast (15) Skin (14) and Urology (21.5) had the highest number of breaches this month, largely due to backlog clearance delays at the front end of the pathway.

The Regional team continue to support the surgical specialties recovery and action plans are reviewed weekly through the Task Force.

Urology improved their performance from 50.72% in September to 62.28% in October. The service treated 57 patients with 21.5 breaches. Most of the delays were due to complex pathways. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat.

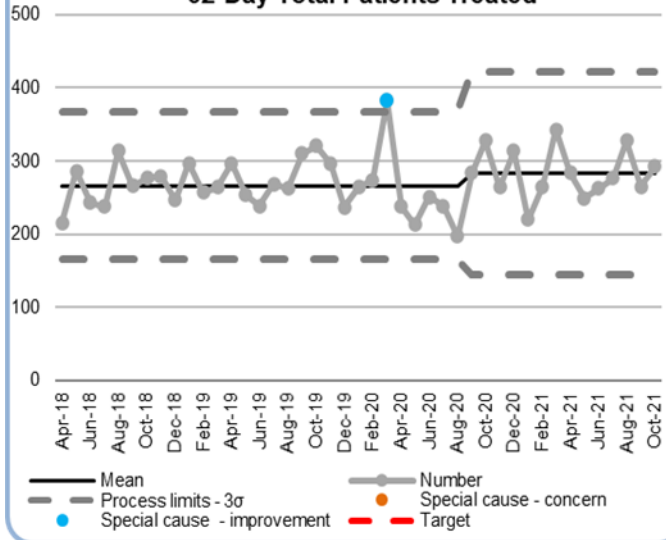
## What actions are being taken to improve?

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

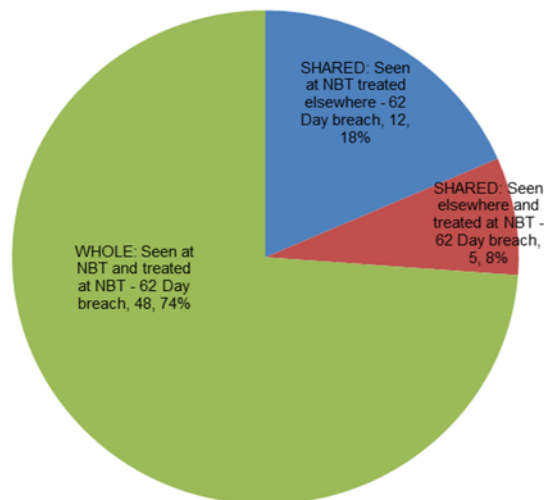
Most of the October breaches were caused by the known delays at the front end of the pathway within TWW.

Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board.

62-Day Total Patients Treated



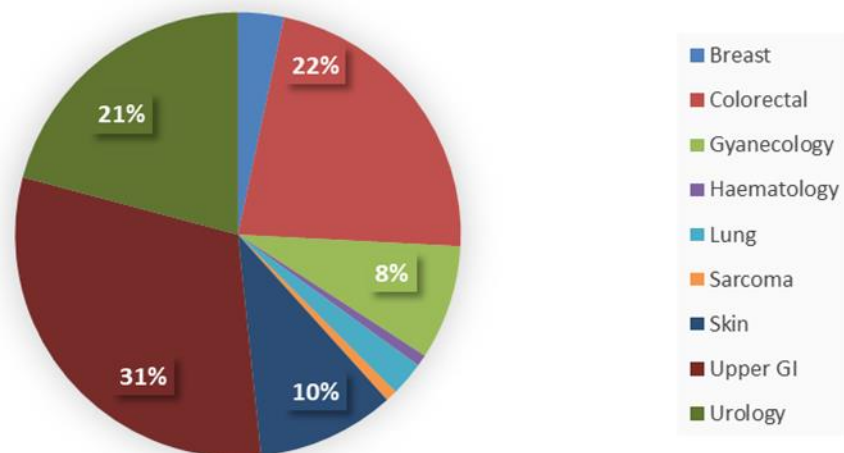
62 Day Breach Patients by Breach Type



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

# Cancer: 104-Day Patients

## Cancer Specialty - Without DTT



### What does the data tell us?

#### October uploaded position

The Trust had ten 104-Day breaches this month that required Datix. The overall 104-Day breach numbers have decreased from last month by 23 patients; the lowest numbers since August.

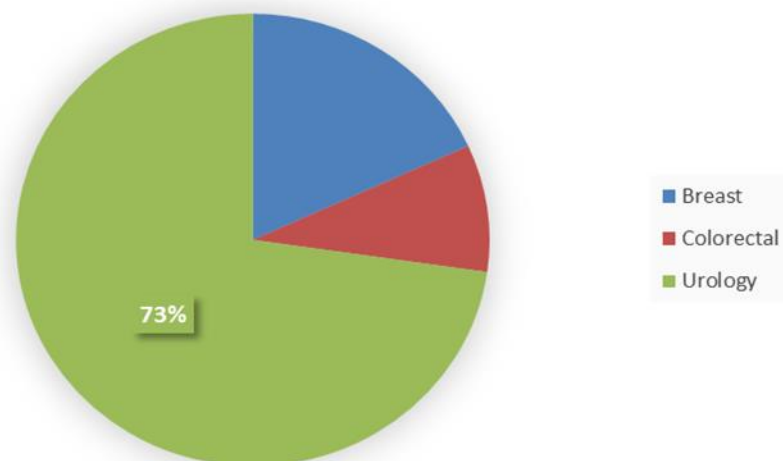
#### Live PTL snapshot as of 13/12/2021

There are 131 patients waiting over 104-Days. Upper GI, Gynaecology and Colorectal have the highest volumes of 104-Day patients. The delays are not wholly due to pathway issues; there continue to be data quality issues due to a reduction in tracking volumes and administrative gaps across clinical services. The vacancies within the Cancer Team have been recruited to and recovery plans are in place, however the impact on tracking will continue until staff are fully trained.

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

The Urology 104-Day position has increased in the last two-weeks from 24 to 33 due to the integration of Weston's Urology Cancer patients into NBT's Cancer register, late transfers and pathway delays.

## Cancer Specialty - With DTT



### What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place, which will also help to reduce the 104-Day delays.

# Activity vs Plan

## What does the data tell us?

**ED Attendances** reported 3.75% above plan for Quarter 1 with a decline against plan from July, reporting -4.21% adverse variance against plan for Quarter 2 and a -3.79% adverse variance against plan for November.

**Non-Elective Inpatients** reported 3.04% above plan for Quarter 1 with a decline from July reporting -9.01% adverse variance against plan for Quarter 2 and a -4.88% adverse variance against plan for November.

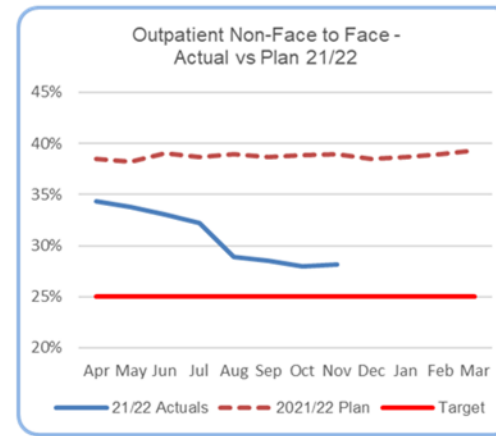
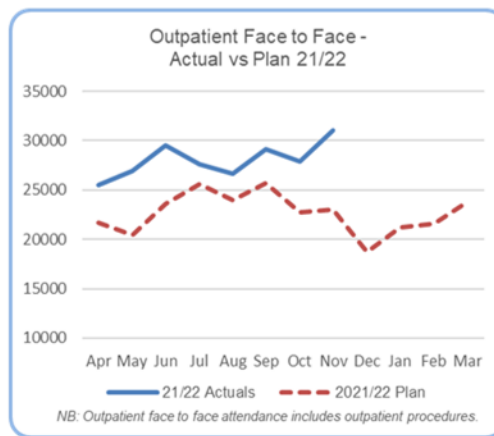
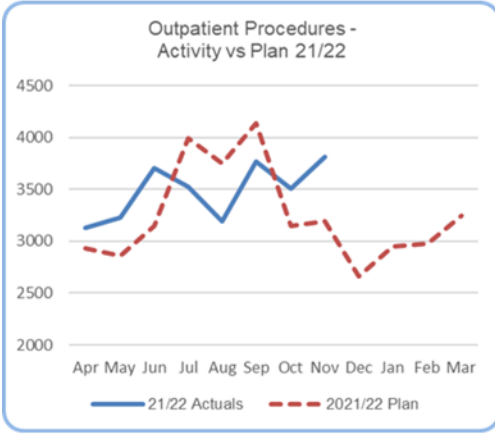
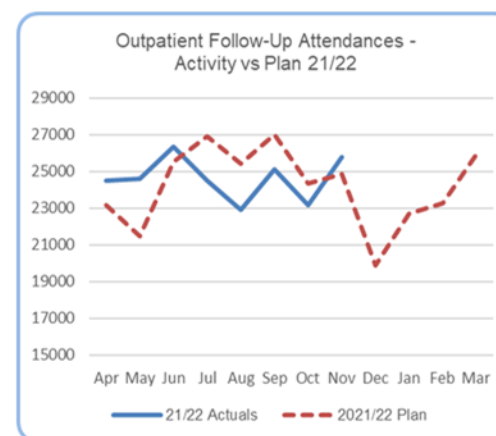
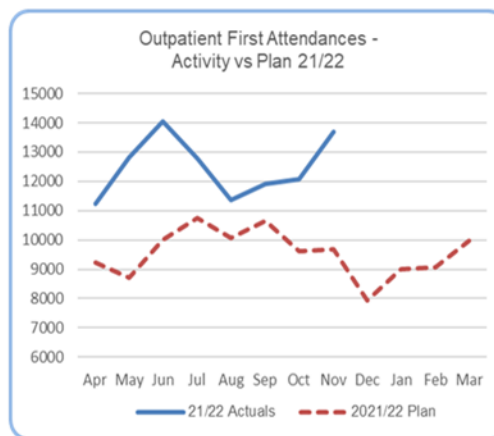
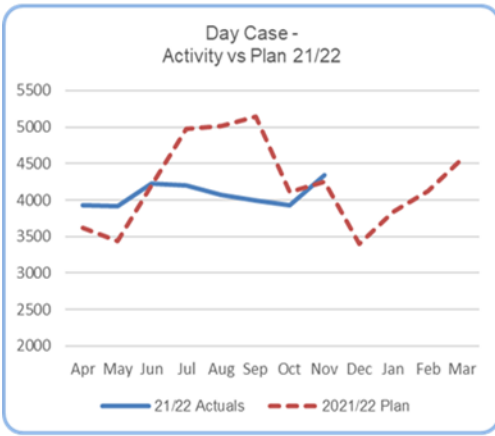
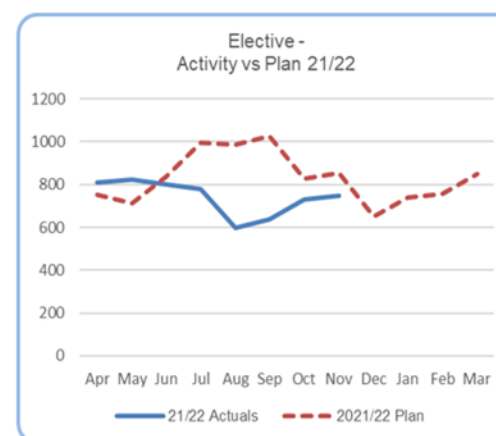
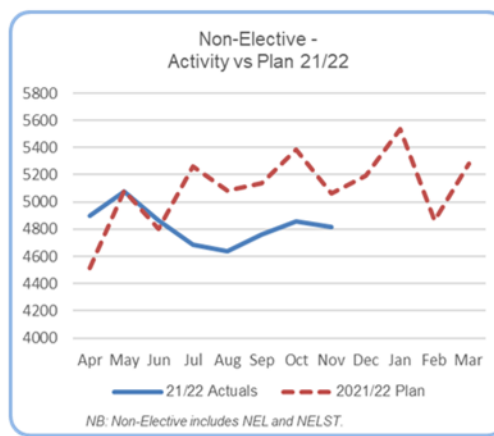
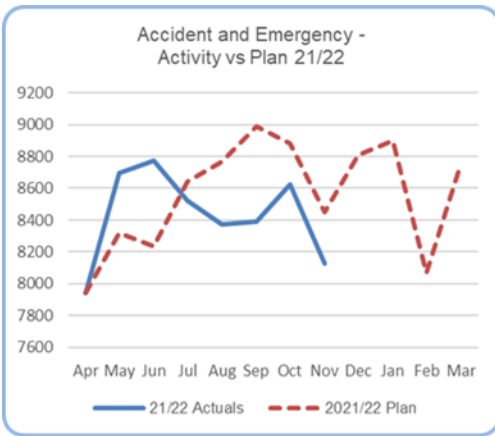
**Elective Inpatients** reported above plan for April and May with a decline from June onwards. Quarter 1 reported 5.61% variance against plan, with June's underperformance being offset by the over performance in April and May. Quarter 2 reports -32.97% adverse variance to plan and a -12.14% adverse variance against plan for November.

**Day Case** activity reports a decline against plan from July. Quarter 1 reported 7.29% variance against plan, reporting above plan for each month. Quarter 2 reports an underperformance of -18.90%, and an overperformance of 2.03% for November.

**Outpatient First Attendances** have consistently reported above plan this year to date, reporting 36.35% variance in Quarter 1 and 14.60% variance in Quarter 2. For November, a 41.15% variance above plan was reported.

**Outpatient Follow-Up Attendances** reported above plan consistently through Quarter 1 with an overall variance of 7.57%. Achievement against plan deteriorated in Quarter 2 reporting -8.70% adverse variance to plan. November reported a performance of 3.61% above plan.

**Outpatient Face-to-Face** attendances have reported consistently above plan this year to date with virtual attendances reporting below plan. Despite virtual attendances reporting adverse variance to plan, the 25% target has been achieved in all months this year to date.



## **Safety and Effectiveness**

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

# Maternity Perinatal Quality Surveillance Monitoring (PQSM) Tool - November 2021 data

NBT - PQSM												TREND					
Activity	Target	###	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21					
<b>Perinatal Morbidity and Mortality inborn</b>																	
Total number of perinatal deaths			2	1	0	2	1	0	2	2	4	3	4				
Number of stillbirths 16 to 23+6 weeks excl. TOP			0	0	0	0	0	0	1	2	0	2	1				
Number of stillbirths (>=24 weeks excl. TOP)			2	1	0	2	1	0	0	0	2	1	1				
Number of neonatal deaths : 0-6 Days			0	2	1	0	0	2	0	0	1	0	1				
Number of neonatal deaths : 7-28 Days			1	0	1	0	0	0	1	0	1	0	1				
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)			0	0	0	0	0	0	0	0	0	1	0				
<b>Maternal Morbidity and Mortality</b>																	
Number of maternal deaths (MBRRACE)			0	0	0	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%	0.0%	0.4%	0.2%	0.2%				
<b>Insight</b>																	
Number of datix incidents graded as moderate or above (total)			3	1	2	1	2	2	3	0	1	2	0				
Datix incident moderate harm (not SI, excludes HSIB)			2	0	0	0	2	2	0	0	0	2	0				
Datix incident SI (excludes HSIB)			1	1	2	1	0	0	0	0	1	0	0				
New HSIB SI referrals accepted			0	0	0	0	0	1	3	0	1	0	0				
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust			0	0	0	0	0	1	1	0	0	0	0				
Coroner Reg 28 made directly to Trust			0	0	0	0	0	0	0	0	0	0	0				
<b>Workforce</b>																	
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83	83	83	83	83	83	83	83	83	83	83				
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1	1	1	0	0	0	0	0	0	1	0.5				
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			0	1	1	1	1	1	1	0	1	1	1				
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			Data Not Available (DNA)								1	1	1				
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			Data Not Available (DNA)								1	1	2				
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			Data Not Available (DNA)								2	2	1	1	0		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			Data Not Available (DNA)								11%	13.5%	10.7%	10.7%	15%	14%	12%
Vacancy rate for midwives (black = over establishment, red = under establishment)			14.5	10.5	15.9	15.9%	14.0%	5.7%	10.0%	2.0%	2.5%	2.9%	2.0%				
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			Data Not Available (DNA)								47%	47%	43.0%	47.0%	35%	42%	42%
Vacancy rate for NICU nurses			Data Not Available (DNA)								7.7	7.7	7.7	10	10	10	10
Datix related to workforce (service provision/staffing)			5	12	33	14	21	27	16	14	11	8	2				
MDT ward rounds on CDS (minimum 2 per 24 hours)			Data Not Available (DNA)								57%	57%	57%	67.7%	70%	71%	97%
One to one care in labour (as a percentage)			Data Not Available (DNA)								98.6%	99.6%	98.2%	98.6%	98.5%	98.9%	100%
Compliance with supernumerary status for the labour ward coordinator	100%		Data Not Available (DNA)								DNA	DNA	DNA	DNA	97.8%	95%	98%
Number of times maternity unit attempted to divert or on divert			0	1	0	0	0	1	2	3	1	4	2				
Number of consultant non-attendance to 'must attend' clinical situations			Data Not Available (DNA)								DNA	DNA	DNA	0	0	0	
<b>Involvement</b>																	
Service User feedback: Number of Compliments (formal)			12	8	12	29	39	10	12	27	56	66					
Service User feedback: Number of Complaints (formal)			8	12	14	21	15	9	25	36	6	5	3				
Staff feedback from frontline champions and walk-about (number of themes)			3	3	2	0	4	3	5	6	6	3	2				
<b>Improvement</b>																	
Progress in achievement of CNST /10			7	8	8	9	10	10	10	10	7	7	7				
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%		45%	40%	53%	58%	72%	76%	76%	76%	76%	76%	42%				
Fetal Wellbeing and Surveillance	90%		DNA	DNA	DNA	DNA	DNA	DNA	DNA	DNA	DNA	DNA	7%				
training compliance core competency 4, personalised care			Data Not Available (DNA)								DNA	DNA	DNA	DNA			
Continuity of Carer (overall percentage)			###	20.6%	16.9%	21.1%	18.9%	16.7%	19.7%	13.9%	13.6%	16%	15%				

## What does the data tell us?

**No moderate harm or above incidents or new HSIB referrals in November 2021**

**Workforce:** Workforce gaps across all specialities continue to be challenging. The biggest impact on staffing is related to staff absence due to Covid precautions. This is having an impact on the service in progressing quality improvement work. Mitigations include review of existing job plans and development of business cases to meet service requirements.

**Workforce - Diverts:** On 2 occasions Cossham Birth Centre was placed on divert. This was due to deployment of available staff to CDS and other inpatient settings.

**Staff and Service user feedback:** A very positive Picker survey report was shared with the Division on 22nd of November. This shows the service to be better than average on most scores.

**Maternity Incentive Scheme (MIS), Year 4:** For November, NBTs compliance confidence forecast remains at 7 out of 10. 3 areas of concern have been identified that are highly likely to impact successful delivery of all 10 Safety Actions:

### Safety Action 2: Maternity Services Data Set

Challenges with IT connectivity impacting on successful delivery of Safety Action 2. Ongoing improvement work is being progressed with Estates. National funding secured to address systems issues impacting digital maturity. NBT is working with UHBW to develop digital maturity plans including procurement of a common Electronic Patient Record Maternity System. Continuing correspondence with Euroking regarding Safety Action 2 (4) how complex social factor indicator information is collected.

Implementing Personalised care plans is also a key area of focus.

### Safety Action 6: Saving Babies Lives (Element 1)

Compliance remains unchanged despite multiple interventions by the Continuous Improvement and Learning Team and SBL Lead. Targeted improvement work continues.

The LMS has agreed funding for project lead role for tobacco dependency specialist midwife in each trust.

### Safety Action 7: Maternity Voices Partnership (MVP)

Plan for meeting with MVP and UHBW to prioritise work across the LMS in line with MIS and Ockenden requirements.

## What actions are being taken to improve?

- Ongoing work within Division to address identified clinical midwifery staffing issues, including Birth Rate plus reassessment and development of Training.
- Progress towards compliance with the training elements for Safety Action 6 (fetal wellbeing and surveillance) and Safety Action 8 MDT emergency skills training is being monitored through Maternity Speciality Governance meetings. Actions have been developed to mitigate potential risks, which will include forecast compliance prediction.
- A full Birthrate+ exercise is planned to explore both NBT's individual service needs and BNSSG system wide requirements to meet full Continuity of Carer service delivery.
- Staff and service user feedback: An action plan is being developed for further improvement areas. Staffing across the perinatal service continues to be the most frequently raised safety concern by staff. This is a system wide concern, regular meetings occur between system leads and SW Regional Team to track and provide mutual aid support where available



## Pressure Injuries

### What does the data tell us?

In November, there was a decrease in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries. This is both below the mean rate for total 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 November. 12 Grade 2 pressure injuries were reported of which 3 were related to a medical device.

The incidence summary for November is as follows:

Medical Devices: 25%

Coccyx: 33%

Buttock: 25%

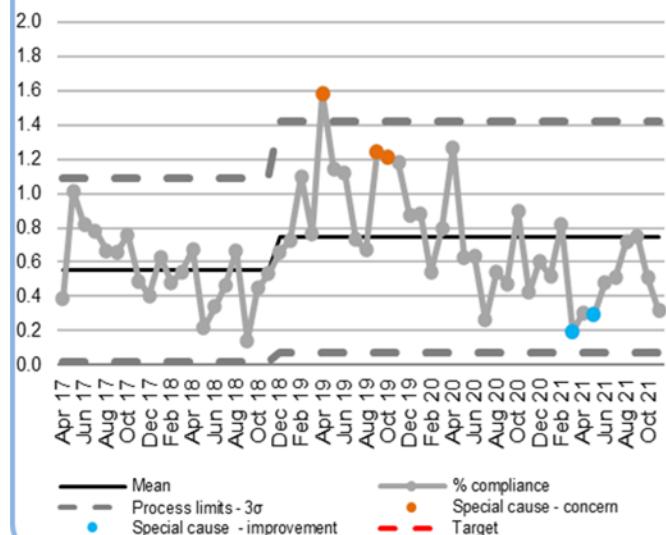
Heel: 17%

### What actions are being taken to improve?

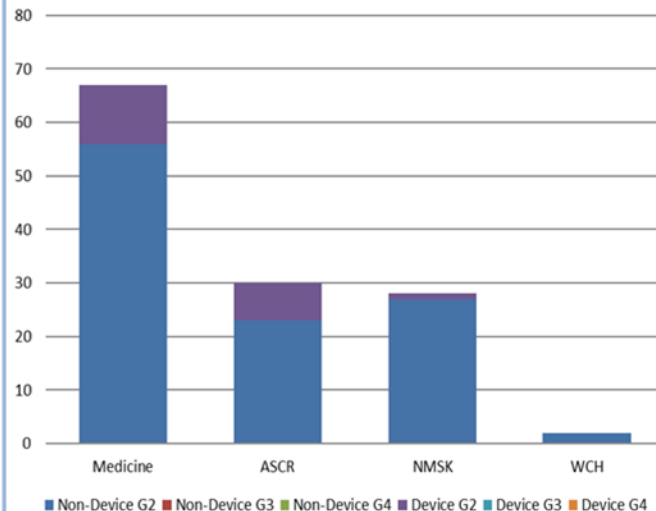
This month, the Tissue Viability team celebrated 'International Stop the Pressure Day'. A preventing pressure injury session was held on MS teams for the Tissue Viability Link Practitioners and face to face drop in sessions were provided to most inpatient areas across the Trust.

The Tissue Viability team continue to work closely with the Divisions, rolling out the 'RAG rating' support system with teaching sessions being delivered by the team regularly to address themes and trends of hospital acquired pressure injuries.

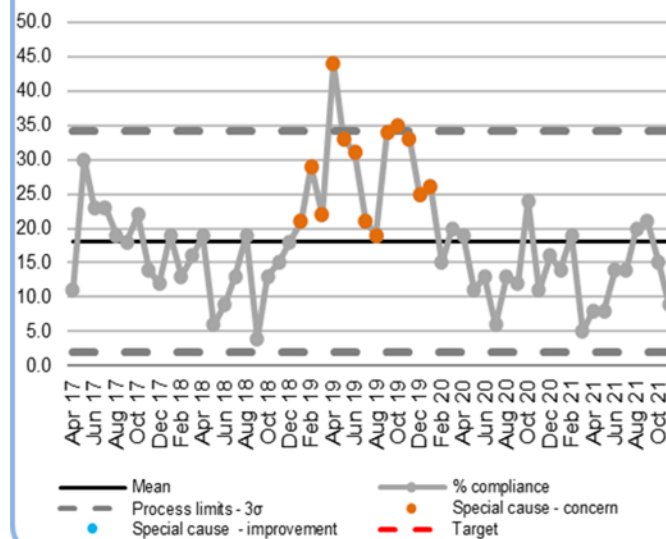
Total Pressure Injuries per 1000 Bed Days



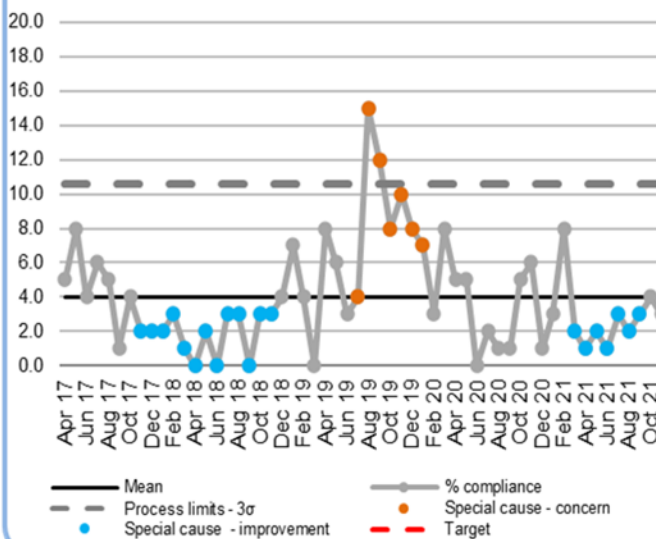
Pressure Injuries Year to Date 2021/22



Pressure Injuries - Total Incidents

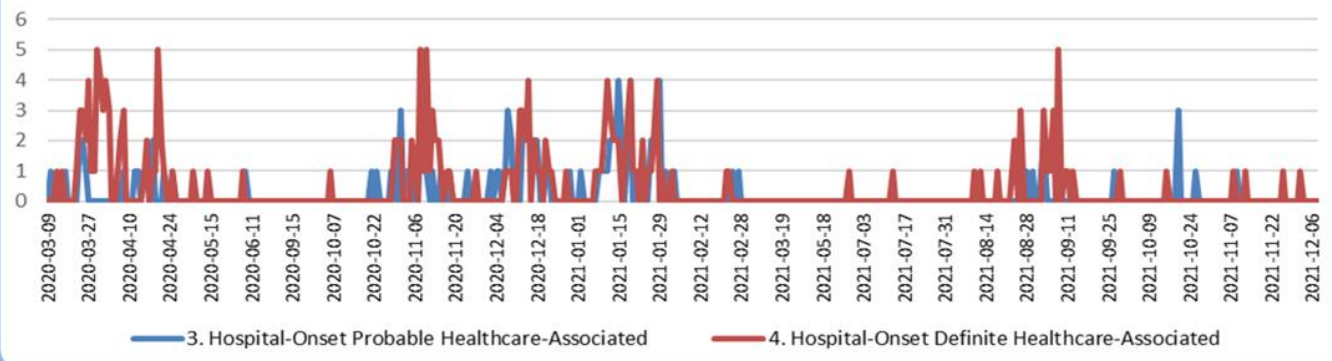


Pressure Injuries - Device



# Infection Prevention and Control

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



## What does the data tell us?

### COVID-19 (Coronavirus)

This has remained an ongoing issue with fluctuating demand placed on Blue wards and ITU . Covid and Respiratory guidance was realised looking at the ongoing management over winter , use of nMAB implemented across the trust.

### MRSA

Last bacteraemia was reported in Feb 2021.

### C. difficile

C. difficile trajectory 2021/22 has been set at 52. The remains higher than trajectory – note slight reduction of cases.

### MSSA

MSSA cases continue to be higher than trajectory, this figure has plateaued over the last few months

### Gram –ve

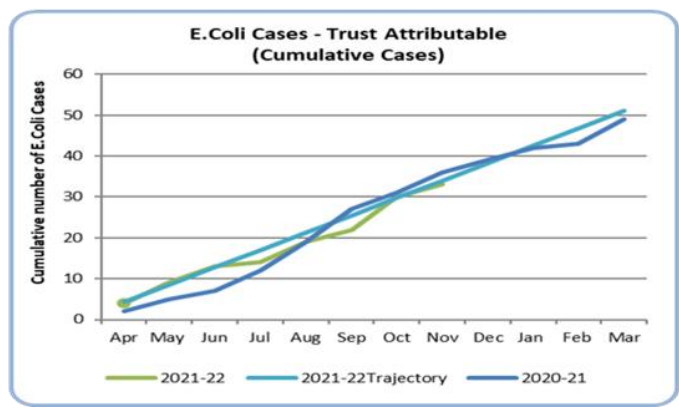
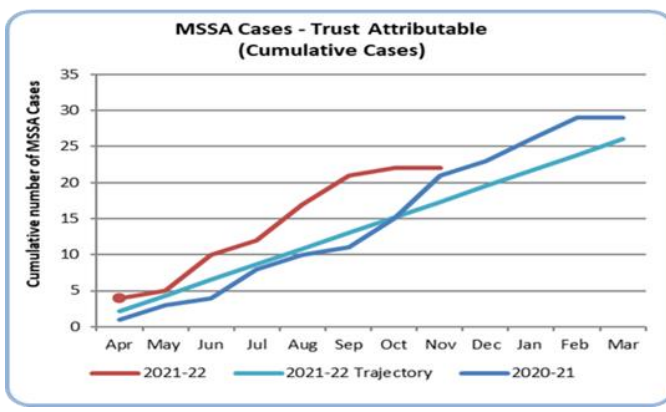
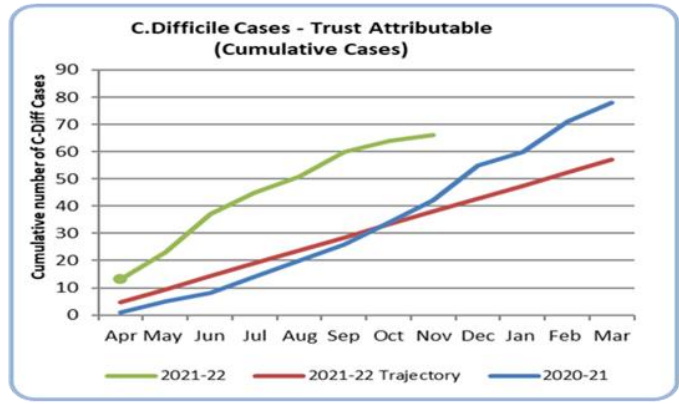
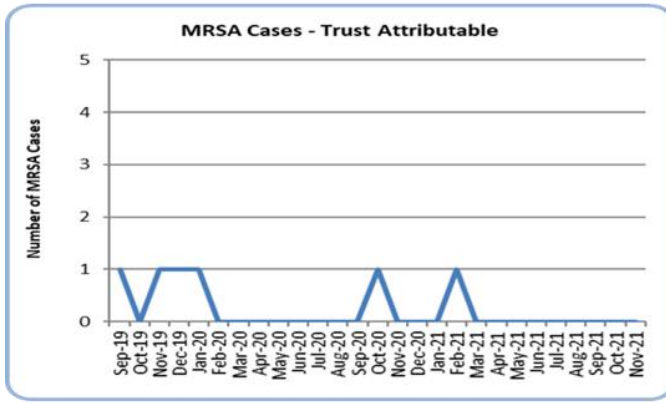
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

IPC teams have continued to support and educate teams . Ongoing VRE outbreak and NICU Pseudomonas increased incidence both closed . The team continue supported the staff vaccination tent along with colleagues from Tissue Viability .

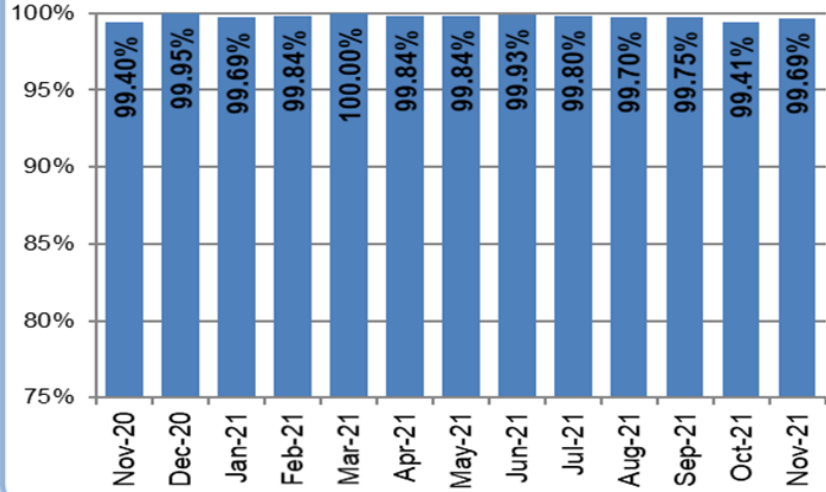
## What actions are being taken to improve?

HCAI reduction – Teams have attended conferences on decontamination and provided cleaning sessions with Clinell as updates for teams.

C Diff - Southwest C Diff HCAI collaborative , NBT actively involved with this work .



### WHO Checklist Compliance (Emergency and Elective)



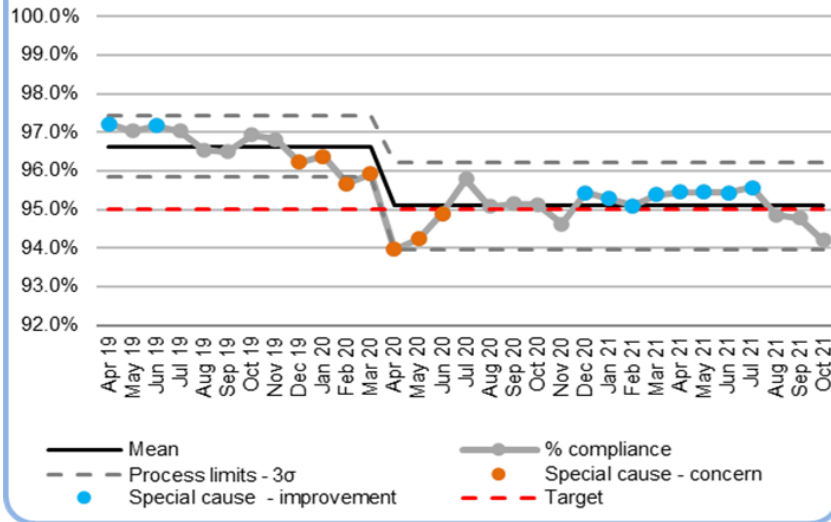
## WHO Checklist Compliance

### What does the data tell us?

In November, WHO checklist compliance was 99.69%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

### VTE Risk Assessment Completion



## VTE Risk Assessment

### What does the data tell us?

In October, the rate of VTE Risk Assessments performed on admission was 94.21%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

Compliance with this target fell during 2020/21, the Thrombosis committee reviewed the reasons and remedial actions had restored this to acceptable levels during 2021/22.

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

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

## Medicines Management Report

### What does the data tell us?

NBT had a rate of 5.1 medication incidents per 1000 bed days. This is around the mean average over the last 6 months, and is an increase on September and October. The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels.

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

During November 2021, c.15% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.15). This is the highest percentage in the last 6 months, with this statistic last being reflected in January 2021. The actual number of incidents reported as causing any degree of harm has also increased, being the highest since January 2021. 'No harm' incidents accounted for 85% of all NBT reported medication incidents.

### Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.48% of all medication incidents in November 2021, with the next most frequent stage being 'other', where c.20% of incidents occurred. This is consistent with trends over the last 6 months.

### High Risk Drugs

During November 2021, c.51% of all medication incidents involved a high risk drug. The actual number of incidents involving a high risk drug is at it's highest in the last 12 months, demonstrating that these incidents are occurring more frequently. Incidents involving Controlled Drugs made up a significant portion of this number, with incidents involving other high risk drugs being around their average over the last 6 months.

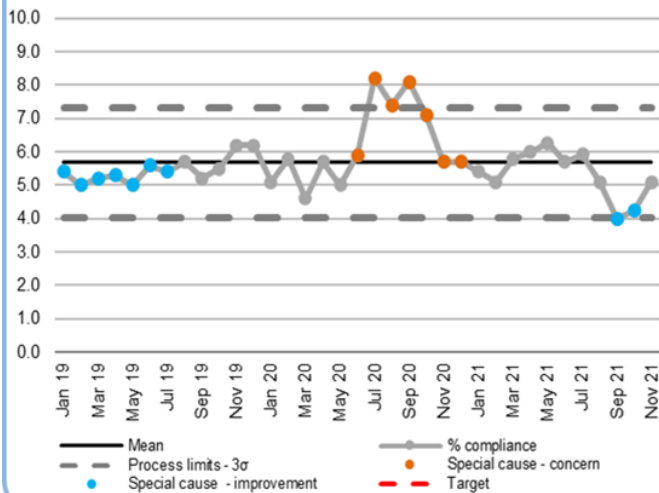
### What actions are being taken to improve?

The Medicines Governance Team are working on identifying causes for the increase in incidents involving high risk drugs in collaboration with ward teams and the Patient Safety Team.

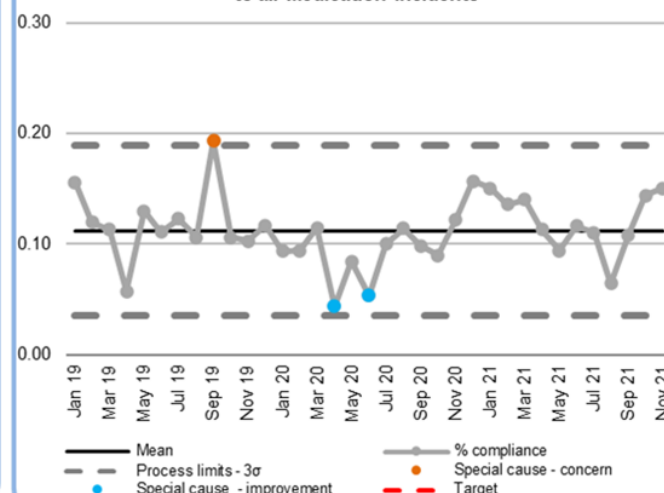
Thematic analysis continues to be conducted on these incidents in order to direct work streams. In particular, work has been undertaken to produce feedback, tools and guides to help wards to manage their Controlled Drugs appropriately.

Analysis of incidents involving harm remains a priority in order to identify any causes and implement controls to mitigate risk of occurrence.

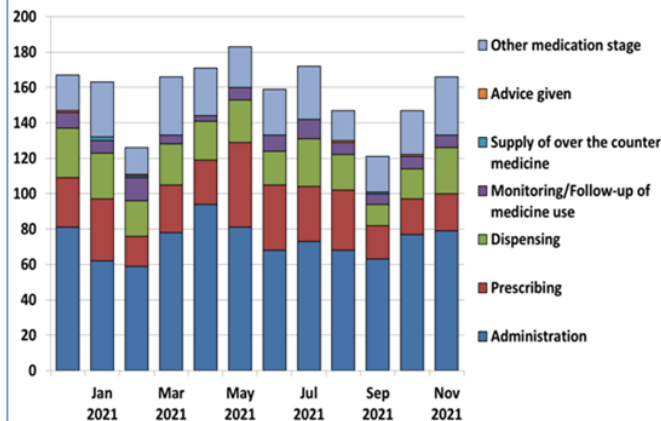
Medication Incidents per 1000 Bed Days



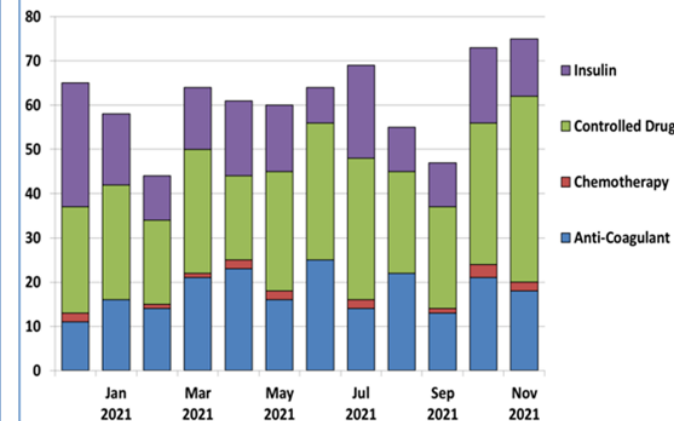
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



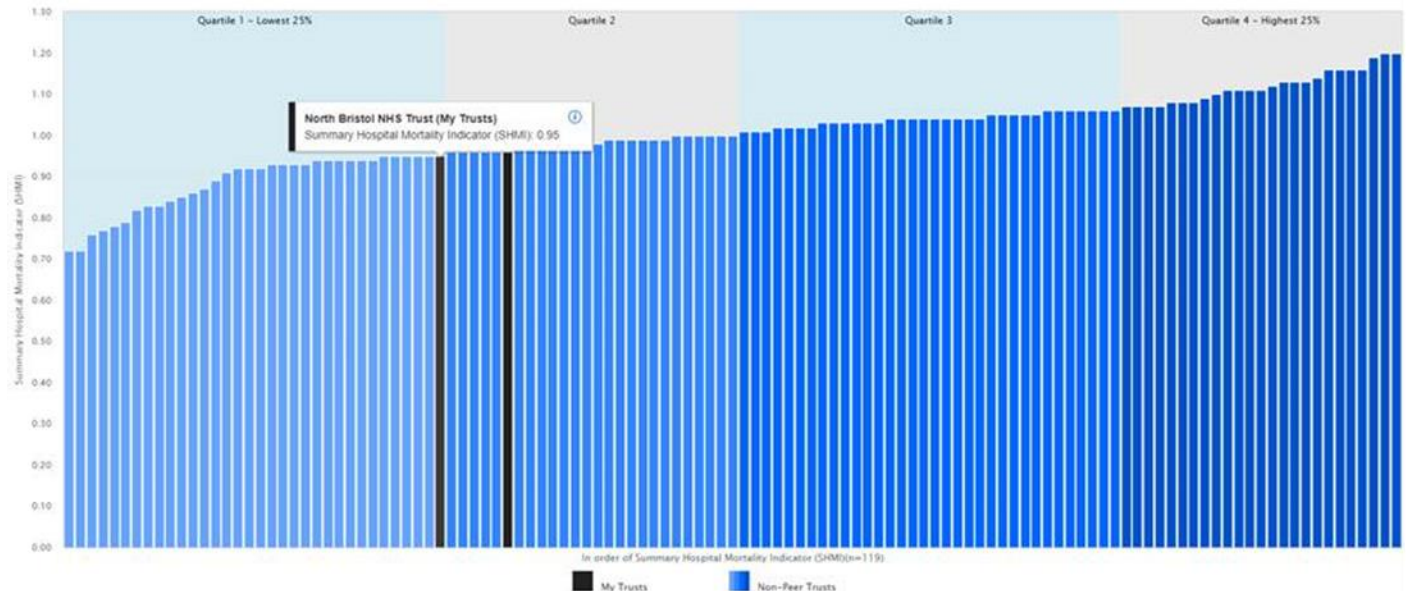
Incidents by Stage at which Error Occurred (Last 12 Months)



Incidents Involving a High Risk Medicine (Last 12 Months)







What does the data tell us?

**Mortality Outcome Data**

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

**Mortality Review Completion**

The current data captures completed reviews from Oct 20 – Sep 21. In this time period 97% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 94% completed Mortality Case Reviews (MCR), including 23 of the 23 deceased patients with Learning Disability and 25 of the 28 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 14 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

Furthering our development of Learning from Deaths and to work towards a consistent approach towards mortality review across Bristol we have engaged with UHBW and other South West Trusts to understand their mortality review processes, and to consider the possibilities of joint review sessions for certain cohorts of patients (e.g. those patients with a serious mental illness). We will be meeting with UHBW again in the coming month to gain further insight into their approach and agree ways of working collaboratively.

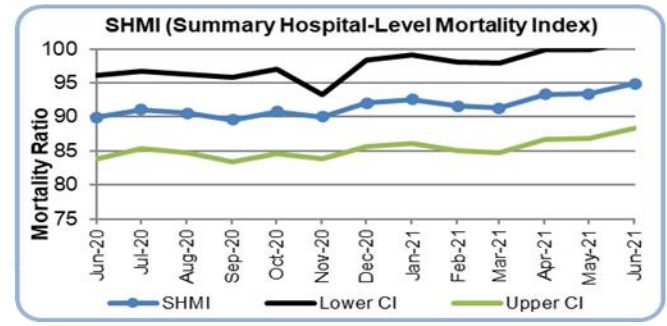
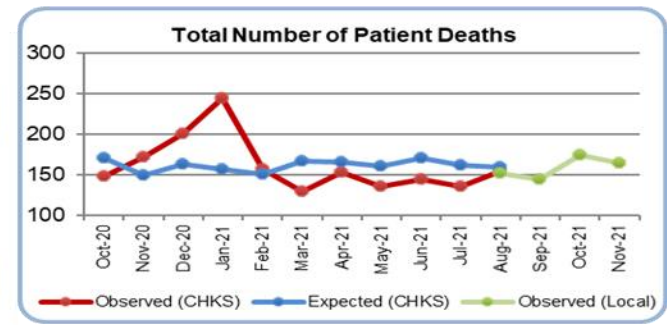
We have secured approval of a business case to introduce a new system to manage the process of mortality review, which will enable us to capture outputs from structured judgement reviews to promote learning, and link these with mortality and morbidity meeting outputs. The system will start to be introduced at the beginning of the next financial year and over the next few months we will define how the new system will be launched across the Trust.

**Mortality Review Completion**

Oct 20 – Sep 21	Completed	Required	% Complete
Screened and excluded	913		
High priority cases	272		
Other cases reviewed	768		
<b>Total reviewed cases</b>	<b>1953</b>	<b>2013</b>	<b>97%</b>

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.3%	24.6%	42.8%	28.3%

Date of Death	Oct 20-Sep 21
Scrutinised by Medical Examiner	1291
Referral to Quality Governance team	148





# Patient Experience

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

## Complaints and Concerns

### What does the data tell us?

In November 2021, the Trust received 59 formal complaints. The most common subject for complaints remains 'Clinical Care and Treatment'. The number of complaints regarding 'Communication' have increased notably in November.

The 59 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	13 (14)	CCS	4 (4)
Medicine	22 (22)	NMSK	11 (6)
WCH	9 (7)		

The number of PALS concerns received by the Trust have fallen slightly to 93 however the number of enquiries received has increased to 82.

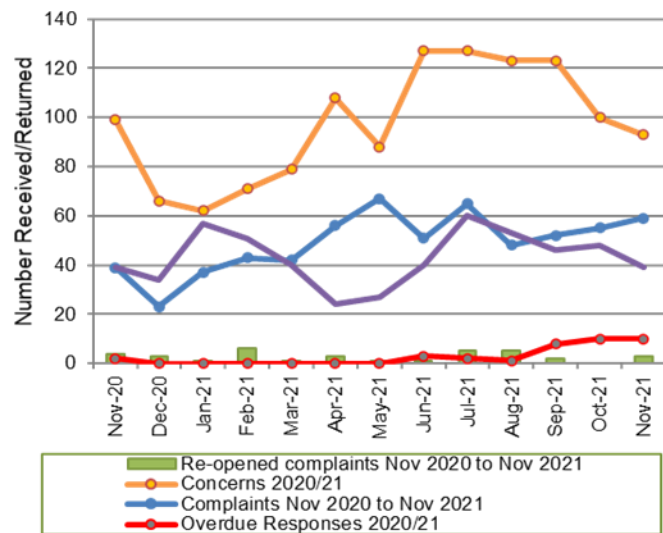
The response rate compliance for complaints has improved slightly in November to 72%. This is still below the Trust target of 90%. In addition to this, we still have a concerning number of overdue complaints. At the time of reporting there are 10 overdue complaints. 3 of the overdue complaints are in Medicine, 5 in ASCR and 2 in Facilities.

There are still staff vacancies within senior roles in the Medicine Patient Experience Team and, sickness absence in ASCR which are impacting on this.

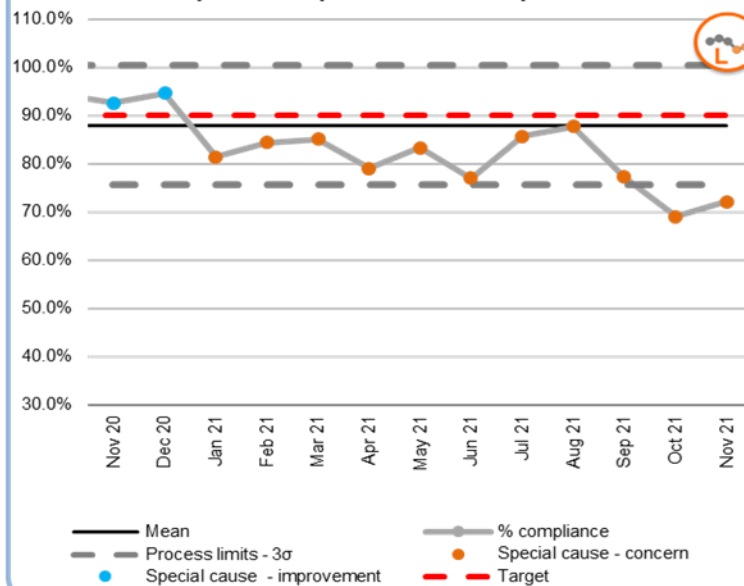
### What actions are being taken to improve?

- Weekly validation/review of overdue complaints by Patient Experience Manager (ongoing)
- Active recruitment to vacant posts in Medicine (B7 and B6 roles currently open to applicants).
- Central complaints team assisting with administrating LRMs.
- Focus on restoration in ASCR and training for new staff involved in complaints and PALS

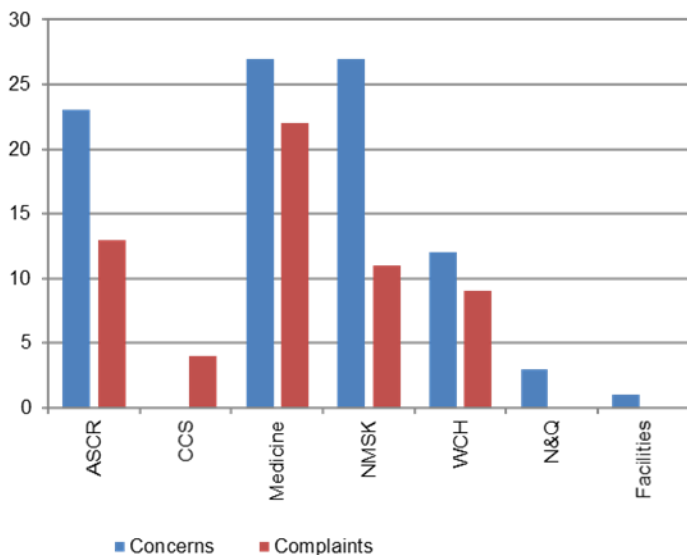
### Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



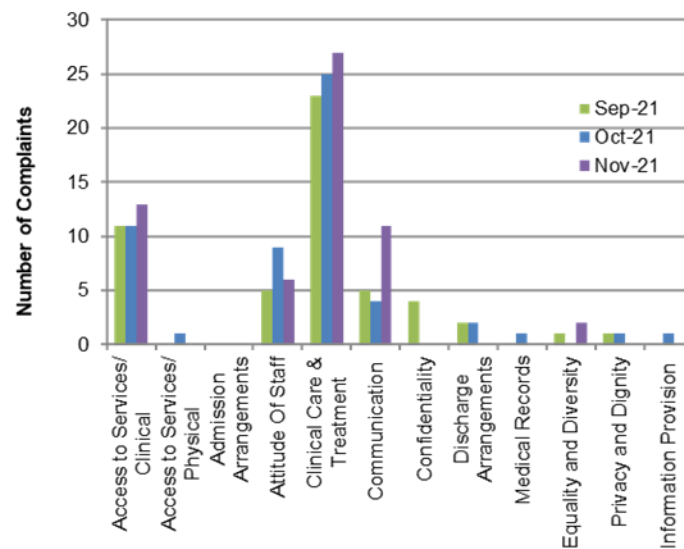
### Complaint Response Rate Compliance



### Concerns and Complaints per Division

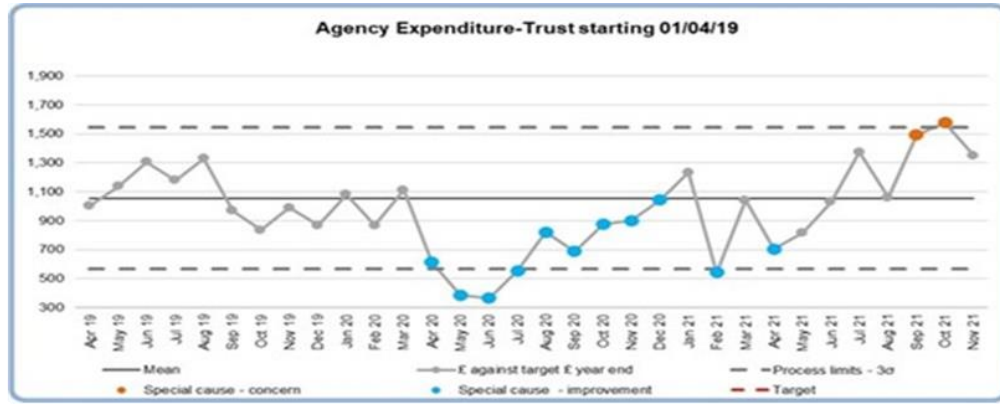


### Complaints By Subject



## Well Led

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



**What Does the Data Tell Us – Vacancies Nursing and Midwifery**

**Unregistered Nursing and Midwifery**

Band 2 vacancies rose by 5.45 to 59.42, Band 3 vacancies decreased by 6.95 to 55.73 which resulted in a net decrease of 1.51 vacancies across both bands.

Following successful advertising campaigns we offered 29 new candidates in November (26.94 WTE) and welcomed 14 new starters.(13.91 WTE). We still have 9 external Band 3 candidates to interview from last months' campaign.

**Registered Nursing**

Band 5 Nursing vacancy increased to 147.04 – 11.25%

We offered 33 candidates band 5 roles in November which increased our pipeline to 101 with 26 booked start dates in the next 3 months

Internal Nursing open day was a success with 19 digital attendees and 11 offers on the day. 10 International nurses arrived in the month

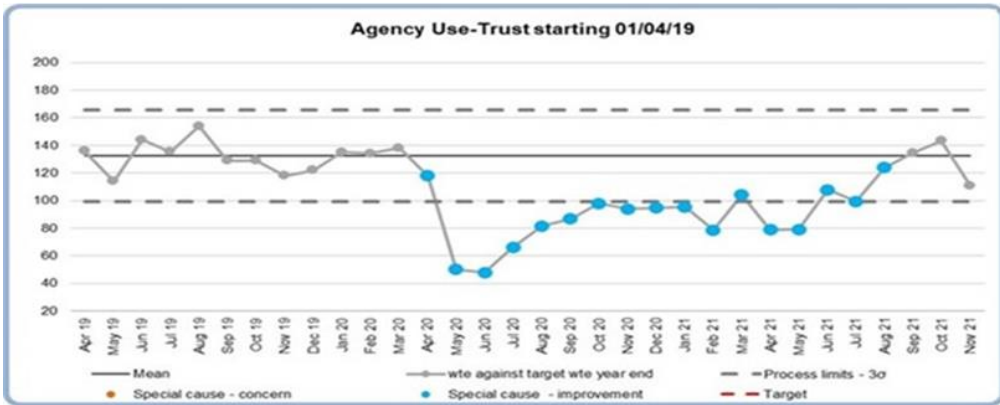
**Temporary Staffing**

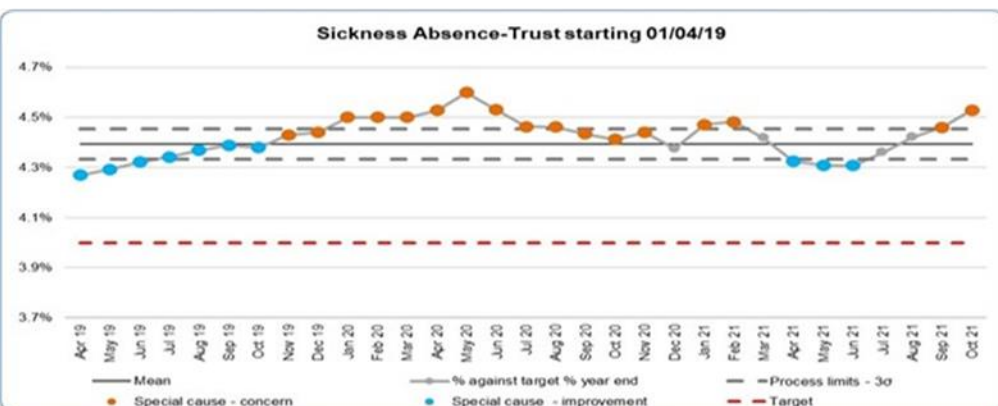
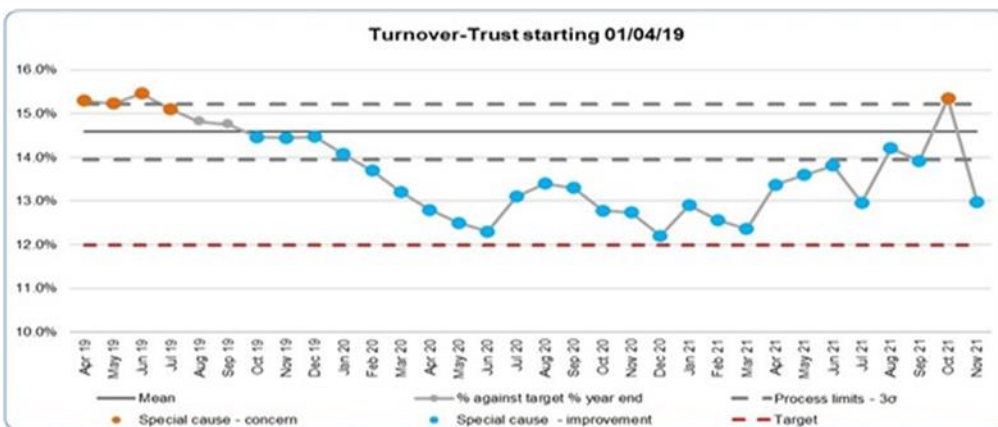
Agency demand reduced slightly, with a small increase in Bank fill and less use of none framework helped reduce overall spend

**Actions – Vacancies and Temporary Staffing**

**Head of Resourcing**

- Working with Learning and Development to engage more bank only staff to convert to substantive via apprenticeship route – **Dec-21**
- Wider, paid for advertising to counter labour market challenges for band 2 and band 3 roles – **Dec-21 and into Jan 22**
- Bank recruitment activity has been increased in all staff groups – **Ongoing and to support Vaccination Hub.**





## What Does the Data Tell Us - Turnover and Stability

Whilst the November 2021 turnover position is more positive than the same point pre-Pandemic turnover continues to rise across all staff groups. A key risk between now and April 22 is the potential to lose more staff due to the compulsory requirement for NHS staff to be Covid vaccinated.

## Actions - Turnover and Stability

### Head of People

- Compulsory Vaccination' as a reason for leaving has been added to our NBT leaver's questionnaire – **action complete**
- Retention Task and Finish group ongoing priorities:
  1. Relationship with manager/peers
  2. Morale: Fatigue and resilience
  3. Lack of promotion opportunities
  4. Flexible working/work-life balance
- An immediate focus on morale, (fatigue and resilience) is anticipated to have the biggest impact in the current climate on turnover, and actions linked to this include:
  - 'We want you to stay! We value you' comms – **Jan 2022 /New Year message**
  - Video messages: stories from patients and relatives – thanks and recognition for the work our staff do - **Jan – Mar 2022**
  - A link to a phone line below, which allows people to record messages of thanks and love for NHS staff, or for staff to ring and listen to the messages. **Available now – and can be promoted**  
<https://www.frontline19.com/hopeline19/>
  - Sharing good news stories from divisions: snippets of what's gone well/successes **Feb 22 –Apr 22**

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

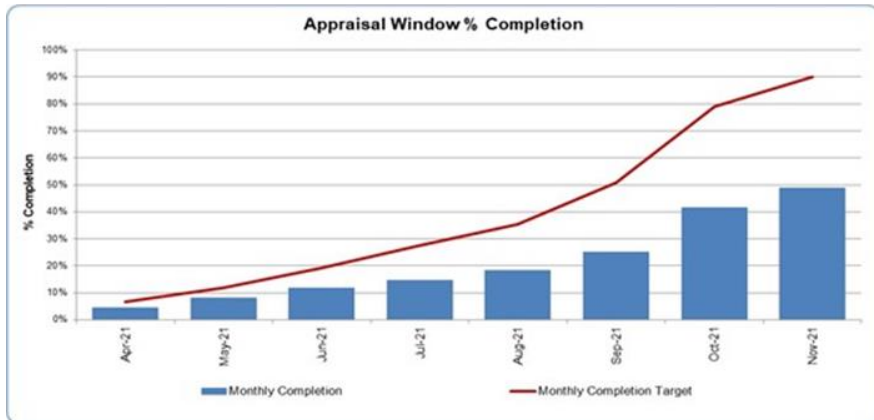
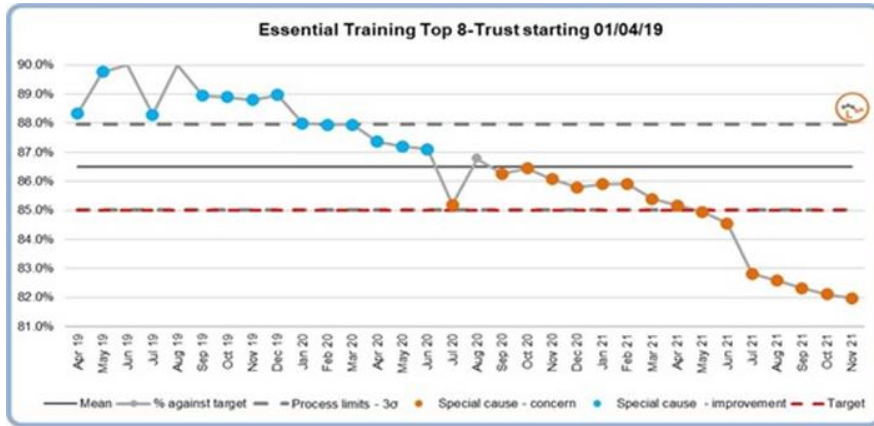
*Stress/anxiety/depression/other psychiatric illness* remain the leading cause of absence.

## Actions - Sickness and Health and Wellbeing

### Head of People and Head of People Strategy

- Our new draft sickness policy (more supportive, simpler in style and more practical in application); has been discussed and agreed at JUC. **Action:** Submission to JCNC sub-group for next stage of sign off - **Dec 21**
- Financial Support for staff proposal being developed – **Jan-21 – Mar-21** (original start date planned for **Dec 21**)





Training Topic	Variance	Oct-21	Nov-21
Child Protection	-0.5%	82.7%	82.2%
Adult Protection	-0.3%	83.7%	83.4%
Equality & Diversity	-0.4%	85.6%	85.2%
Fire Safety	-0.5%	82.6%	82.1%
Health & Safety	-0.5%	84.5%	83.9%
Infection Control	-0.4%	89.0%	88.6%
Information Governance	-0.3%	78.6%	78.3%
Manual Handling	2.0%	69.2%	71.3%
Waste	-0.5%	83.6%	83.1%
<b>Total</b>	<b>-0.1%</b>	<b>82.12%</b>	<b>81.97%</b>

### What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21. Face to face Manual Handling update sessions have been replaced by eLearning, this has increased accessibility to sessions and has led to a continued uptake in compliance.

### Actions – Essential Training

#### Head of Learning and Organisational Development

- A new focus group has been established with representation from 9 essential training topics. Initial meeting took place in November, with an preliminary improvement strategy to increase compliance. This will be presented in paper form to Trust Board – **Feb-22**
- Kallidus Learn will replace NBT’s MLE platform, providing Managers with greater oversight of team members’ compliance whilst also delivering a much improved User Experience. This exciting transition will also see AWP and UHBW migrate to the same learning platform (Sirona having already deployed Kallidus Learn). The first phase of rigorous software testing identified a significant coding error impacting all the BNSSG partner organisations but the Developer has now identified a fix and a revised delivery schedule has been agreed for NBT - **Apr-22**

### Other Wider Actions

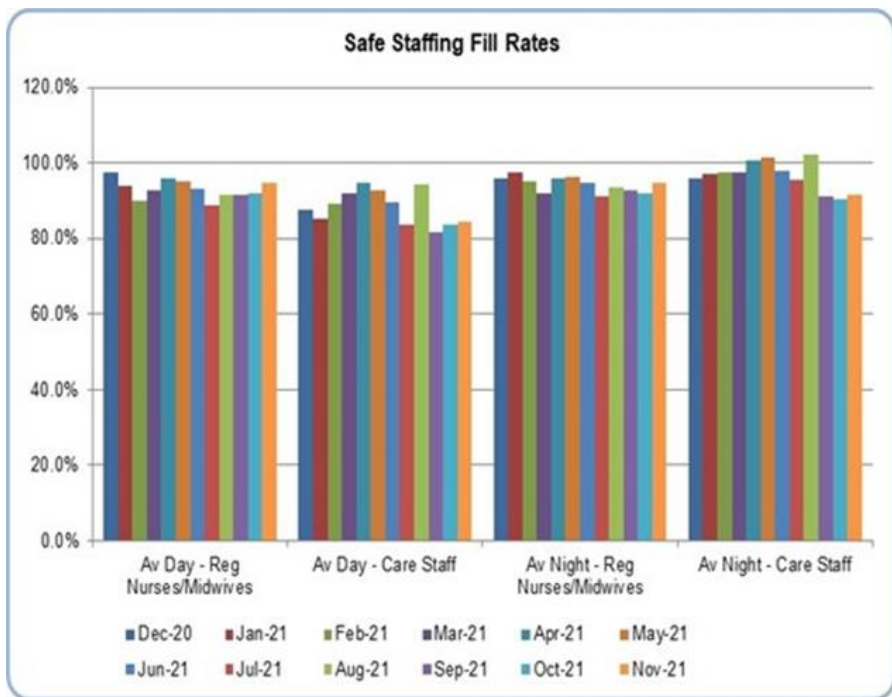
#### Head of Learning and Organisational Development

### Leadership & Management Development

- All Leadership & Management Learning activity has now been completed and will resume again in March 2022 post winter pressures/ongoing pandemic challenges
- The only exception is continuation of the Level 3 Team Leader Apprenticeship programme

### Apprenticeships

- With the support of the Southmead Hospital Charity, we have been able to recruit 10 Registered Nurse Degree apprentices. This talent development initiative enables established Band 4 Assistant Practitioners/Nursing Associates already employed by NBT to develop to Registered Nurse status. The programme commences in Dec-21.
- NBT Apprenticeship Levy Utilisation for November -21 = 106%



**What Does the Data Tell Us**

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

Staff absence related to COVID self-isolation impact experienced during November as can be seen below. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies.

**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

**27b** (77.2% Day) staffing supplemented with redeployed RNs and HCSW

**7b** (76.5% Day) staffing supplemented with redeployed RNs and HCSW.

**CDS** (73% Night) vacancies, staffing deployed as required to meet patient needs across the service.

**Cotswold** (62.2% Day) vacancies, staffing deployed as required to meet patient needs across the service

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

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

**32a** (76.8% Day / 77% Night) Unregistered staff vacancies and absence.

**EEU** ( 72.9% Day) Unregistered staff vacancies and absence

**9b** (62.1% Day) Unregistered staff vacancies and absence

**AMU** (70.8% Night) Unregistered staff vacancies and absence

**28b** (79.5% Day) staffing supplemented with redeployed RNs

**34b** (67% Day / 68.2% Night) Unregistered staff vacancies

**Medirooms** (61.4% Day / 78.9% Night) Unregistered staff vacancies

**26b** (68.4% Day) staffing supplemented with redeployed RNs

**7a** (79.2% Day) Unregistered staff vacancies and absence

**NICU** (31.9% Day / 38.3% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

**Quantock** (50.6% Day / 56.9% Night) vacancies, staffing deployed as required to meet patient needs across the service.

**Mendip** (75.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.

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

None

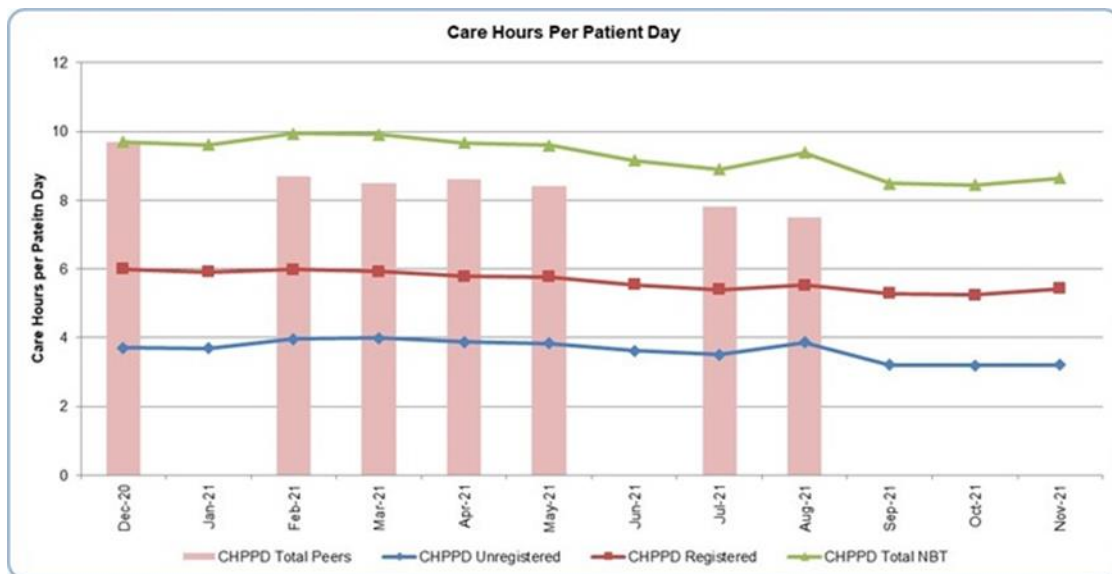
**Wards over 150% fill rate for Care Staff:**

**Rosa Burden** (159.9% Day) patients requiring enhanced care support

Nov-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
<b>Southmead</b>	94.6%	84.5%	94.8%	91.6%

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

## Care Hours



### Care Hours per Patient Day (CHPPD)

#### What Does the Data Tell Us

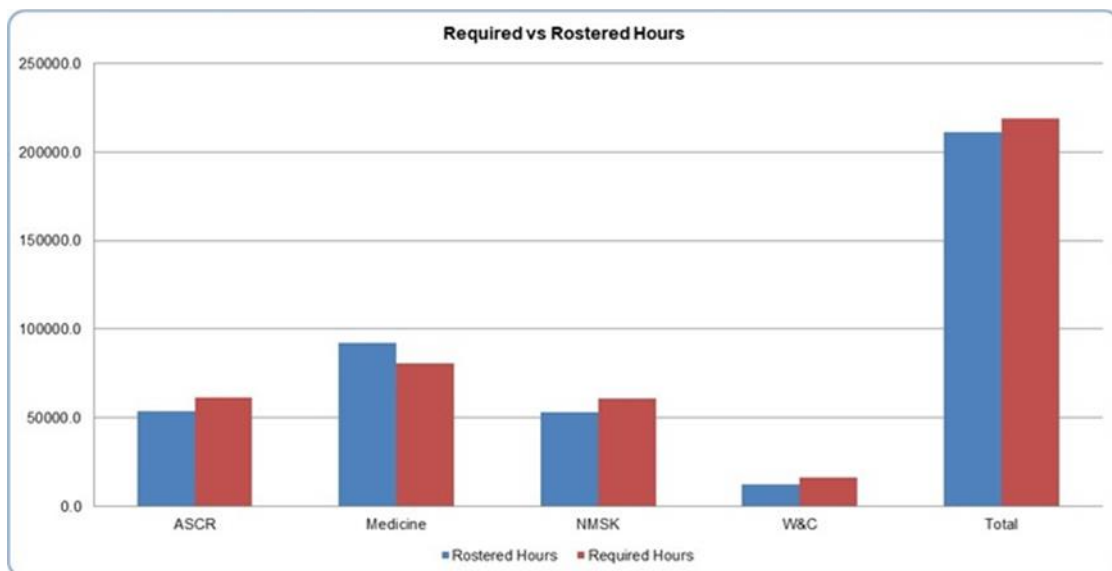
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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

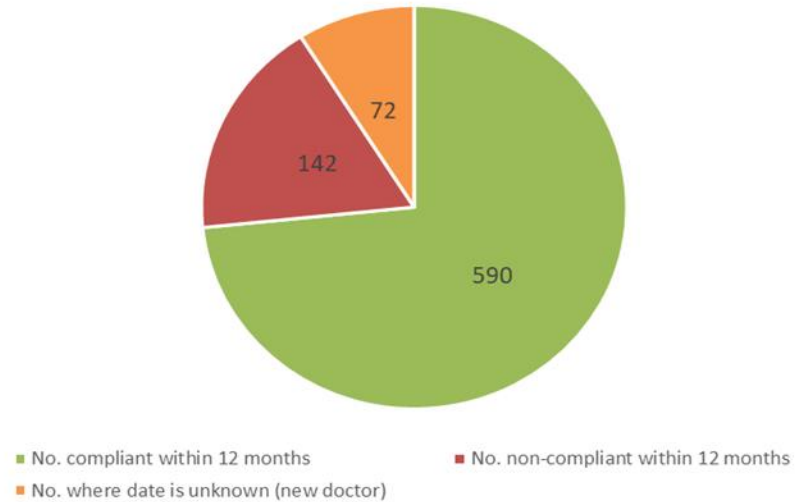
#### Safe Care Live (Electronic Acuity Tool)

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

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



Appraisal compliance - past 12 months



## What does the data tell us?

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

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

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021. Due to these automatic deferrals, the number of revalidations due in 2021/22 has now risen.

Non-compliant doctors - past 12 months



## What actions are being taken to improve?

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

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

# Finance

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



	Month 8			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	63.1	55.2	(7.9)	448.7	448.6	(0.1)
Other Income	6.8	6.8	0.0	47.8	54.1	6.3
Pay	(45.2)	(38.4)	6.8	(305.2)	(299.6)	5.6
Non-Pay	(24.7)	(23.6)	1.1	(191.3)	(203.1)	(11.8)
<b>Surplus/(Deficit)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## Assurances

The year to date financial position to the end of November 2021 shows a breakeven position which is in line with Plan.

Pay expenditure is £6.3m favourable to plan due to vacancies across all clinical divisions. Non-pay spend is adverse driven by underperformance on savings, actual and estimated accelerator costs, and a central accrual for service restoration.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and is formally reviewing the position during month 9.

	20/21 M12	21/22 M07	21/22 M08	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	579.3	577.1	576.4	(0.7)	(2.9)
Intangible Assets	14.7	12.0	11.8	(0.1)	(2.9)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
<b>Total non-current assets</b>	<b>595.8</b>	<b>590.8</b>	<b>589.9</b>	<b>(0.8)</b>	<b>(5.8)</b>
<b>Current Assets</b>					
Inventories	8.5	8.8	8.6	(0.1)	0.1
Trade and other receivables NHS	10.2	18.6	15.4	(3.1)	5.2
Trade and other receivables Non-NHS	26.3	28.7	28.0	(0.6)	1.8
Cash and Cash equivalents	121.5	104.3	107.6	3.3	(13.8)
<b>Total current assets</b>	<b>166.5</b>	<b>160.3</b>	<b>159.7</b>	<b>(0.6)</b>	<b>(6.7)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	26.9	6.9	7.2	0.3	(19.7)
Trade and Other payables - Non-NHS	98.7	100.3	99.9	(0.4)	1.2
Deferred income	8.5	18.3	17.8	(0.5)	9.4
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.4	2.3	(0.1)	(0.5)
<b>Total current liabilities</b>	<b>149.2</b>	<b>143.2</b>	<b>142.5</b>	<b>(0.7)</b>	<b>(6.7)</b>
Trade payables and deferred income	7.8	8.2	8.2	(0.0)	0.4
PFI liability	368.7	363.1	362.3	(0.8)	(6.3)
Finance lease liabilities	3.9	2.7	2.6	(0.1)	(1.3)
<b>Total Net Assets</b>	<b>232.6</b>	<b>233.7</b>	<b>234.0</b>	<b>0.2</b>	<b>1.4</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	(0.4)	(0.1)	0.2	(3.6)
Revaluation reserve	162.0	163.5	163.5	0.0	1.5
<b>Total Capital and Reserves</b>	<b>232.6</b>	<b>233.7</b>	<b>234.0</b>	<b>0.2</b>	<b>1.4</b>

## Assurances and Key Risks

**Capital** – Plan Year to date £14.6m, with actual spend of £11.9m. However, plans are in place to ensure that capital funding is fully utilised by year end.

**Receivables** - Of the £5.2m year to date increase in NHS receivables, £1.8m relates to accrued Mass Vaccination Service income. The £3.1m in-month reduction in NHS receivables was largely due to £3.4m higher in-month cash receipts from UHBW.

**Payables** - Year to date NHS payables have reduced by £19.7m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021.

**Cash** – The cash balance has decreased by £13.8m in-year due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, the £14.0m return of cash paid in advance, £3.8m payment of PDC dividend, plus increases of £3.8m cash received in advance from Health Education England (HEE), £2.5m in-year slippage on the capital programme. The cash balance increased by £3.3m in-month, largely a result of £3.4m increased cash receipts from UHBW.

The Forecast Outturn Position for the end of the financial year is still expected to be breakeven as per table below.

	H1	H2	2021/22	2021/22
	Actual	Financial Plan	Forecast	Budget
	£m	£m	£m	£m
Contract Income	337.5	338.1	675.7	662.3
Other Income	39.0	38.4	77.4	71.6
Pay	(223.7)	(233.1)	(456.8)	(442.2)
Non-Pay	(152.8)	(143.4)	(296.3)	(291.7)
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Risk and Mitigations

Each month an assessment of the Risks and Mitigations is completed and included in the monthly Finance Report.

The Trust is developing schemes that will contribute to improving performance and / or investing in schemes that will deliver financial benefits in the 2022/23 financial year.

An increase in non-recurrent income in Half 2 to support recovery actions will be managed through Recovery Boards to support workstreams.

# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

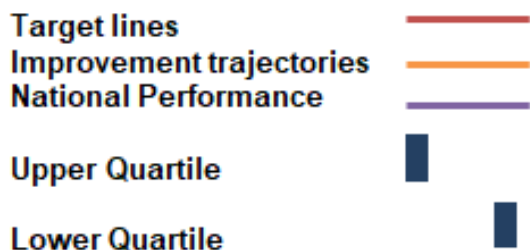
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is due to the Trust having undertakings in place, alongside recognised issues relating to cancer wait time performance and reporting.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality 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 financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that the Trust is currently implementing national COVID-19 guidance on service restoration.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.



# Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 30 November 2021 unless otherwise stated.

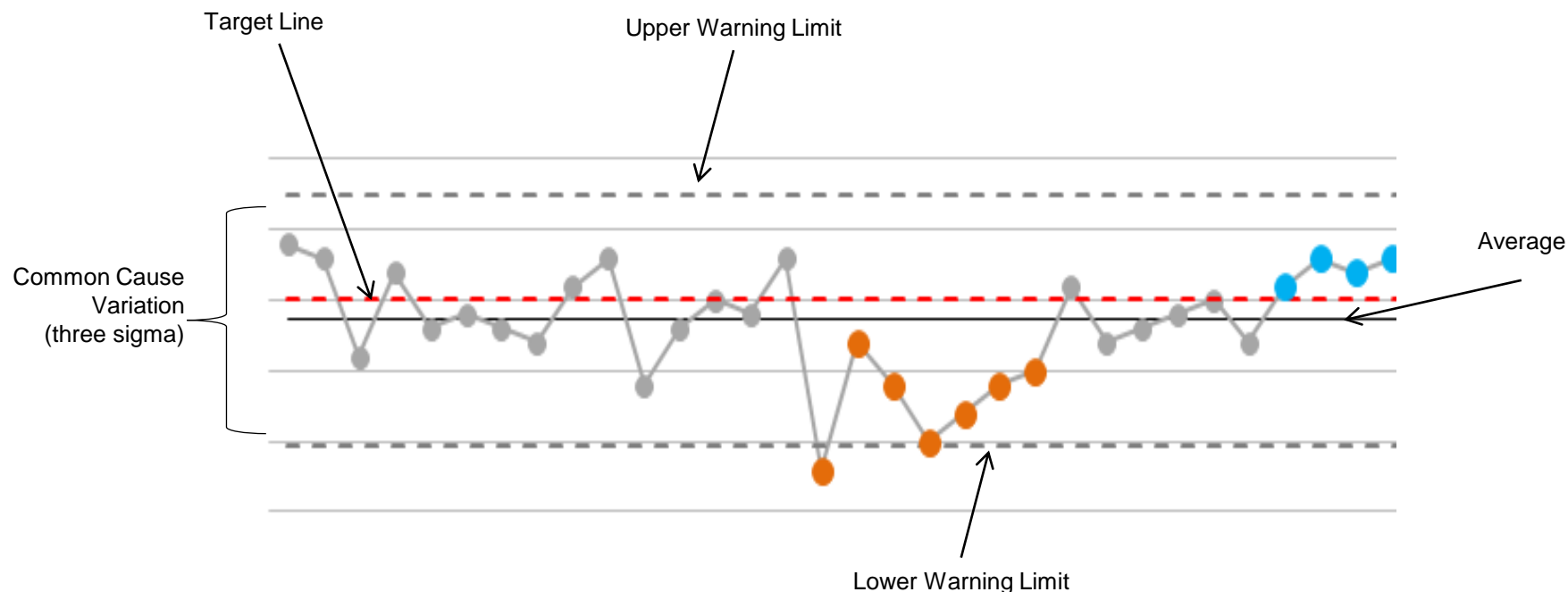
All data included is correct at the time of publication. Please note that subsequent validation by clinical teams can alter scores retrospectively.



## 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>D2A</b>	Discharge to assess
<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.

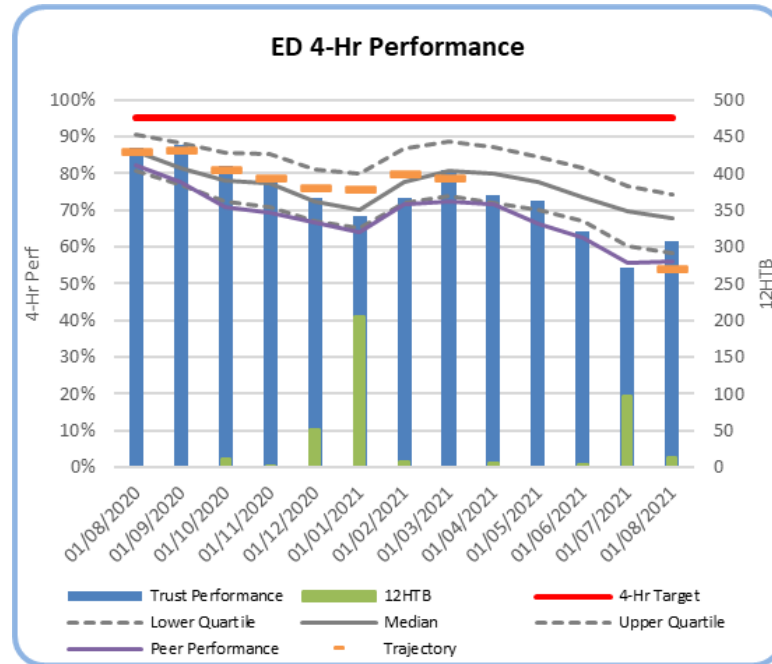
**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive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



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

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

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

Quartiles are calculated using main NHS Trusts only.