

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

February 2022 (presenting January 2022 data)



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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%		53.80%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	206	7	0	6	0	4	97	14	38	29	59	20	295		1-849	8/10	
	Ambulance Handover < 15 mins (%)		100.00%	-	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%				
	Ambulance Handover < 30 mins (%)	R	100.00%	-	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%				
	Ambulance Handover > 60 mins		0	-	180	57	83	272	199	346	636	471	418	621	664	645	827				
	Stranded Patients (>21 days) - month end				124	129	136	272	116	123	277	144	149	149	177	188	209				
	Right to Reside: Discharged by 5pm	R	50.00%		30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.52%	23.87%	24.03%				
	Bed Occupancy Rate			93.00%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%				
	Diagnostic 6 Week Wait Performance		1.00%	30.03%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%		32.75%	9/10	
	Diagnostic 13+ Week Breaches		0	0	1420	1358	1364	1513	1779	2054	2183	2180	2724	3029	2913	3501	3948		45-3501	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8				
	RTT Incomplete 18 Week Performance		92.00%	-	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%		58.93%	3/10	
	RTT 52+ Week Breaches	R	0	2297	1817	2108	2088	1827	1583	1473	1544	1770	1933	2068	2128	2182	2284		28-12037	5/10	
	RTT 78+ Week Breaches	R		-	-	-	-	363	424	448	532	656	659	577	497	469	501		0-4238	5/10	
	RTT 104+ Week Breaches	R		74	-	-	-	5	12	19	28	34	55	93	138	158	184		0-1478	5/10	
	Total Waiting List	R		41359	29759	29716	29580	31143	31648	32946	34315	35794	36787	37268	37297	37264	37210				
	RTT Backlog Clearance Time (in weeks)				2.3	2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0				
	Cancer 2 Week Wait	R	93.00%	81.66%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	-		73.21%	9/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	72.00%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	-		18.78%	4/10	
	Cancer 31 Day First Treatment		96.00%	97.61%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	-		92.65%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	-		98.58%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	93.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	-		77.05%	10/10	
	Cancer 62 Day Standard	R	85.00%	82.85%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	-		67.31%	5/10	
	Cancer 62 Day Screening		90.00%	83.87%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	-		76.38%	9/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	90.25%	-	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	-		68.64%	10/10	
	Cancer PTL >62 Days			317	-	-	-	-	-	-	-	-	-	501	663	899	781				
	Cancer PTL >104 Days		0	-	49	57	67	64	64	100	162	139	170	158	108	140	197				
	Mixed Sex Accommodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100.00%		81.50%	83.58%	84.72%	84.43%	82.53%	83.25%	82.91%	83.13%	81.59%	82.08%	83.02%	82.01%	81.17%				

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	
	Caesarean Section Rate			28.00%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	
	Still Birth rate			0.40%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	
	Induction of Labour Rate			32.10%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	
	PPH 1500 ml rate			8.60%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	
	Never Event Occurrence by month		0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	2	2	3	2	1	1	5	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	1	2	-	1	-	-	1	
	Total Incidents				1244	877	1005	1034	1069	1025	1068	968	1018	982	931	977	1066	
	Total Incidents (Rate per 1000 Bed Days)				57	45	46	46	44	43	44	40	41	39	39	38	41	
	WHO checklist completion			95.00%	99.69%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.79%	99.41%	99.84%	99.91%	99.76%	
	VTE Risk Assessment completion	R		95.00%	95.28%	95.10%	95.38%	95.46%	95.46%	95.38%	95.52%	94.83%	94.85%	94.44%	93.19%	91.03%	-	
	Pressure Injuries Grade 2				17	27	7	9	10	15	17	22	24	19	12	16	16	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	1	0	0	0	0	0	0	0	0	0	0	1	0	
	PI per 1,000 bed days				0.52	0.82	0.19	0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	
	Falls per 1,000 bed days				9.59	8.63	8.44	8.33	8.70	8.53	8.36	7.84	7.24	7.33	7.48	8.29	9.75	
	#NoF - Fragile Hip Best Practice Pass Rate				42.86%	69.05%	78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	36.00%	44.44%	100.00%	71.43%	-	
	Admitted to Orthopaedic Ward within 4 Hours				39.68%	54.76%	44.68%	71.11%	48.84%	44.00%	51.11%	28.95%	38.46%	18.18%	66.67%	21.43%	-	
	Medically Fit to Have Surgery within 36 Hours				58.73%	80.95%	89.36%	71.11%	65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	85.71%	-	
	Assessed by Orthogeriatrician within 72 Hours				80.95%	97.62%	97.87%	93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	92.86%	-	
	Stroke - Patients Admitted				70	61	96	91	100	91	75	92	83	90	85	73	99	
	Stroke - 90% Stay on Stroke Ward			90.00%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	-	
Quality Caring & Experience	MRSA	R	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
	E. Coli	R		4	3	1	6	4	5	4	1	5	3	8	3	2	6	
	C. Difficile	R		5	4	9	4	10	6	10	6	2	5	4	1	6	6	
	MSSA			2	3	3	0	4	1	5	2	5	4	1	0	5	3	
	Friends & Family - Births - Proportion Very Good/Good				-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	-	
	Friends & Family - IP - Proportion Very Good/Good				94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	-	
	Friends & Family - OP - Proportion Very Good/Good				95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	-	
	Friends & Family - ED - Proportion Very Good/Good				87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	-	
Well Led	PALS - Count of concerns				62	71	79	108	88	127	127	123	123	100	93	86	100	
	Complaints - % Overall Response Compliance			90.00%	81.48%	84.38%	85.11%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72%	69.09%	69.23%	
	Complaints - Overdue				0	0	0	0	0	0	2	1	8	10	10	6	11	
	Complaints - Written complaints				37	43	42	56	67	51	65	48	52	55	59	44	52	
	Agency Expenditure ('000s)				1234	544	1042	705	816	1029	1374	1061	1492	1576	1350	1321	1363	
	Month End Vacancy Factor				3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	6.55%	6.28%	6.53%	6.13%	7.55%	6.97%	
	Turnover (Rolling 12 Months)	R		12.00%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	15.57%	15.80%	16.26%	
	Sickness Absence (Rolling 12 month -In arrears)	R		-	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	4.46%	4.53%	4.55%	4.59%	-	
Well Led	Trust Mandatory Training Compliance				85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	

EXECUTIVE SUMMARY

February 2022

Urgent Care

Four-hour performance deteriorated slightly in January with performance of 60.78%; the Trust ranked first out of ten reporting AMTC peer providers. The Trust recorded 827 (provisional data) ambulance handover delays over one hour. There was a significant increase in 12-hour trolley breaches with 295 reported in month; there were over 15,000 reported nationally. Four hour performance and Ambulance handover times were impacted by high bed occupancy at an average of 98.16% for the month as a result of increasing 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, achieving Internal Professional Standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk, but is subject to a new national reduction target. In response to the COVID-19 Omicron surge and increased staff absence, further cancellation of the elective programme was required with all P3/P4 surgery cancelled, limiting activity to P1 and P2 inpatients and day case only. As COVID-19 pressures eased later in the month, the programme was reinstated.

Elective Care and Diagnostics

The overall RTT waiting list was static in January; long waiting times are resulting from reduced elective capacity due to earlier COVID-19 waves and operational pressures on the bed base, but continues to compare favourably with combined national Acute provider growth. There were 2,284 patients waiting greater than 52-weeks for their treatment in November, 501 of these were patients waiting longer than 78-weeks and 184 were waiting over 104-weeks. This was the seventh consecutive month that the Trust has reported an increase in long waiting patients. When compared nationally, the Trust's positioning were static in December and remain in the third quartiles for 18-week and 78-week performance, and the fourth quartiles for 52-week and 104-week performance. The Trust continues to treat patients based on their clinical priority first followed by length of wait. Diagnostic performance deteriorated in January with performance of 45.45%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

Performance for the TWW standard improved in December at 58.38% compared to the previous month (53.75%) though performance continues to be impacted by issues in Breast and Colorectal. The 31-Day standard deteriorated to 79.59%. The reported 62-Day performance for December deteriorated to 67.52%. Due to the level of performance against the CWT targets, the Trust has been supported by National and Regional colleagues with an internal Task Force established to focus on delivery of remedial actions. On the live PTL (15/02/22) there were 161 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, exacerbated by staff absence related to COVID-19. The IPC team continue to support the Trust with the increased demand from COVID-19, in both education and practical support and operational solutions. There have been no MRSA cases reported since February 2021, though MSSA and C. difficile cases remain above targeted trajectories. The rate of VTE Risk Assessments performed on admission fell for the fourth month in a row and is below the national target of 95% compliance. For mortality rates, NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts.

Workforce

Temporary staffing demand increased by 183.67 wte in January, however an increase in in bank hours worked (+193.58wte), predominantly in registered nursing and midwifery, led to a slight decrease in unfilled shifts (-1.21wte). The vacancy factor decreased to 6.97% in January from 7.55% in December, driven by an increase in staff in post (+56.39wte), particularly among Add Prof Scientific and Technical staff, Allied Health Professionals, Estates and Ancillary and Registered Nursing and Midwifery. Increasing available resources, particularly staff in post and increased bank fill, has been a core priority of Half 2 and our COVID-19 response; growing the substantive workforce will continue to be a Trust and National priority in 2022/23. Sickness absence increased slightly to 4.59% in December from 4.55% in November. The initial view of the January absence position shows a 10.59% increase in days lost compared with December, with Infectious Diseases being leading cause of absence followed by stress/anxiety/depression/other psychiatric illness.

Finance

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and manage costs incurred in dealing with the COVID-19 pandemic in line with COVID-19 funding. The financial performance for the year 2021/22 remains to breakeven as set out in the Trust 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 10 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 60.78% in January. Ambulance handover delays increased with 827 handovers exceeding one hour reported (provisional data). The Trust reported a significant increase in 12-hour trolley breaches with 295 in month. Bed occupancy varied between 95.07% and 102.63% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The current Urgent Care work stream plan is being re-reviewed by clinical and operational teams, to refocus efforts into a single urgent and emergency care plan for 2022/23 and beyond.

Planned Care

Referral to Treatment (RTT) – The number of patients exceeding 52-week waits in January was 2,284 the majority of breaches (1,084; 47.46%) being in Trauma and Orthopaedics. For the seventh 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 6.14% which is up 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. Moving into February there has been access to an additional Elective Care ward, which has enabled the Trust to work towards further reducing the number of patients waiting greater than 104-weeks for their treatment. The predicted 104-week wait position at year-end is 99 patients, including those who have chosen to further defer their treatment for social reasons.

Diagnostic Waiting Times – Diagnostic performance deteriorated in January with performance of 45.45% and failed to meet the improvement trajectory of 30.03%. The number of patients waiting longer than 13-weeks increased to 3,948 compared to 3,501 in December. 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, although there is an ongoing high risk to delivery of these plans due to staffing shortages within the various solutions. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In December, NBT ranked 9th amongst 10 peer providers for 6-week performance and 10th for 13-week performance.

Cancer

The TWW and 62-Day CWT standards and trajectories saw an overall drop on last month's performance. The Trust continues to carry backlogs in Breast and Colorectal which is impacting on TWW and in Skin and Urology within the 62-Day pathways. Breast services continue to run waiting list initiative sessions as part of the internal recovery plan. 62-Day PTL tracking is ongoing with the current reported position at 590 (a significant improvement from the peak position of c.900). The 104-Day reduction trajectory is expected to achieve a position of 30 – 60 patients breaching by year-end; this is within the pre-pandemic range.

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

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

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial cases.

Areas of Concern

Infection control: In January the COVID Trust level remain elevated due to the Omicron variant of the virus, additional ward areas were allocated to provide care for COVID patients and more demand was placed on other areas such as Women's and Children's than in previous waves. There have been some ward Outbreaks and staff positive rates have risen. MSSA and C difficile cases remain above targeted trajectories. The IPC team continue to support the trust with the increased demand from COVID, in both education and practical support and operational solutions.

Maternity: Workforce gaps across all specialities continue to be challenging, exacerbated by staff absence related to COVID. A range of actions are underway for Midwifery and medical staff recruitment. A consequence of the staffing pressures and SWASFT's ambulance transfer time pressures, has been the need to temporarily suspend intrapartum care at Cossham.

VTE Risk Assessment: In December, the rate of VTE Risk Assessments performed on admission fell for the fourth month in a row and is below the national target of 95% compliance. This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A review of performance and assessment of whether this reflects actual changes in clinical practice, or data capture issues is planned.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Vacancies

Trust vacancy factor decreased to 6.97% in January from 7.55% in December. This was driven by an increase in staff in post (+56.39wte), predominantly in scientific and allied health staff (+20.9 wte notably *Genetics, Physiotherapy, Occupational therapy* and *ED*), estates and ancillary (+9.34wte – predominantly *Ward Operatives* and *Imaging*) and registered nursing and midwifery staff (+19.24wte), including a 11.24wte increase for band 6 registered nursing & midwifery staff (spread across ASCR, Medicine and Women and Children's)

Turnover

Rolling 12month staff turnover increased to 16.26% in January from 15.80% in December. Excluding the COVID-19 and mass vaccination workforce, the turnover rate increased from 15.22% in December to 15.59% in January. This is higher than the pre-pandemic figure of 14.17% in January 2020.

Prioritise the wellbeing of our staff

Rolling 12month sickness absence increased slightly to 4.59% in December from 4.55% in November. The initial view of the January absence position shows a 10.59% (+1522.41 FTE Days lost) increase in days lost compared with December, reflecting the significant operational pressures faced by the Trust in January. *Infectious Diseases* which includes COVID related absence saw a significant increase (+2582.71 FTE days lost) and was the leading cause of absence in January, followed by *Stress/anxiety/depression/other psychiatric illness*.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 183.67 wte in January; a greater increase in in bank hours worked (+193.58 wte), predominantly in registered nursing and midwifery (+77.56 wte) with NICU, Central Delivery and AAU benefiting most, unregistered nursing and midwifery (+54.30wte) with Ward 34B the largest beneficiary. This led to a small reduction in unfilled shifts (-1.21wte). The January increase in bank hours worked is likely to be due to the use of incentive bank rates of +30% in line with BNSSG partners, with a +50% rate for allocate on arrival. Agency RMN use saw a decrease of 8.33wte (of which 8.02 wte was tier 1 predominantly in wards 8A & 6B).

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

In addition to the actions described in the table below, Health and Wellbeing actions have been described I detail in the accompanying Performance Report and the People and Transformation Team have provided support to the mass vaccination programme, responding to Vaccination as a Condition of Deployment (which has now been stood down), COVID surge response and staff mobilisation and H2 Recovery, all of which are ongoing actions.

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

The actual result for the Month 10 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 financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper.

A phased plan was developed and submitted to NHS England & Improvement (NHSEI) in Month 2, with a further Half 2 update submitted in Month 8.

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

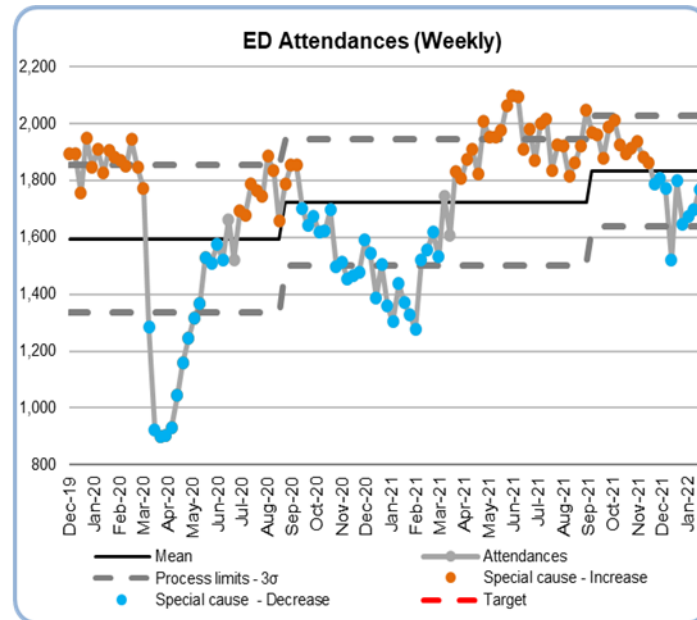
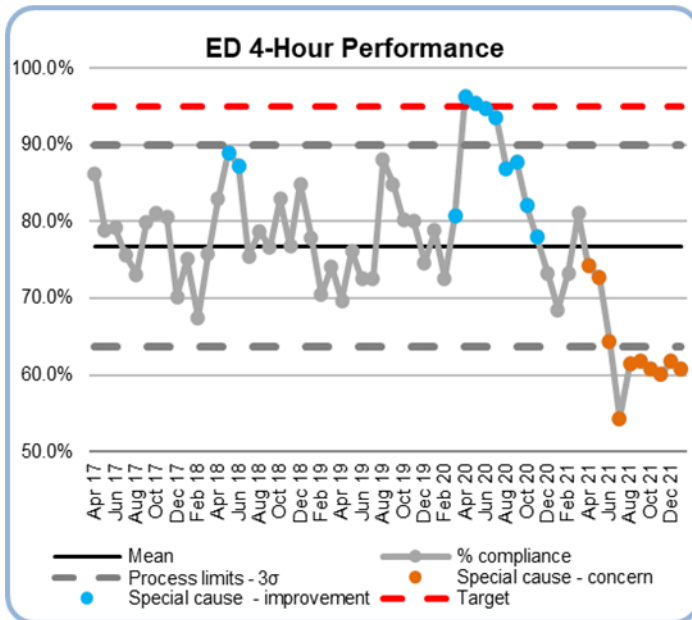
The income reported in Month 10 is based on notified allocations from BNSSG system and it was £70.8m (£59.0m Contract and £11.8m other) and the year to date figure is £637.8m (£563.6 Contract and £74.2m other).

Cash at 31 December amounts to £116.1m.

Total capital spend to date is £15.5m, compared to a plan of £18.0m for the first ten months of the year.

Responsiveness

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



Unscheduled Care – Front Door

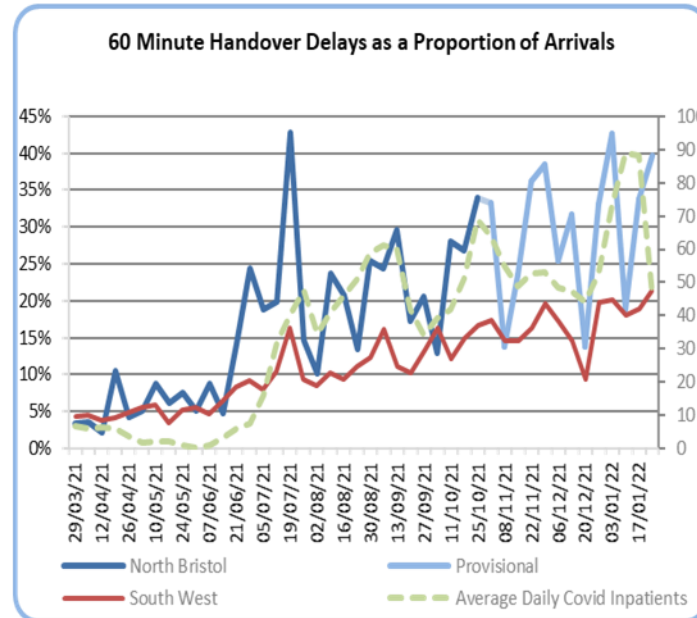
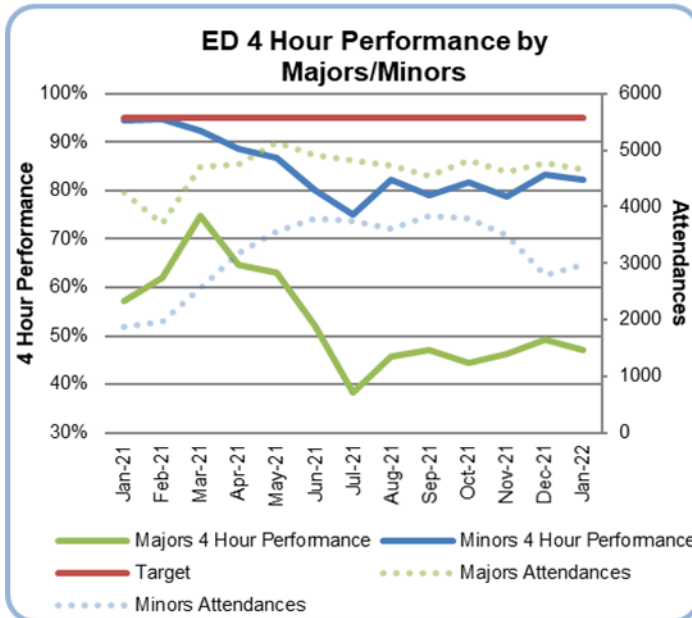
What does the data tell us?

Four-hour performance deteriorated slightly in January with performance of 60.78%. Compared to our AMTC peers, the Trust ranked first out of ten reporting centres. When compared nationally, Trust positioning deteriorated, moving into the third quartile from the second. ED performance for the NBT Footprint stands at 68.03% and the total STP performance was 71.55% for January.

ED attendances were lower when compared to 2019/20 levels. There was a significant increase in 12-hour trolley breaches in January compared to December with the Trust recording 295 in month; nationally there were 15,558 with 48 Trusts reporting over 100.

Ambulance handover times continued to be challenged with provisional (unvalidated) data showing the Trust recorded 827 ambulance handover delays over one-hour in January.

Numbers of COVID-19 inpatients increased in January compared to December, with a peak at 101 on 19th January; however the last week of January saw numbers fall to December levels.

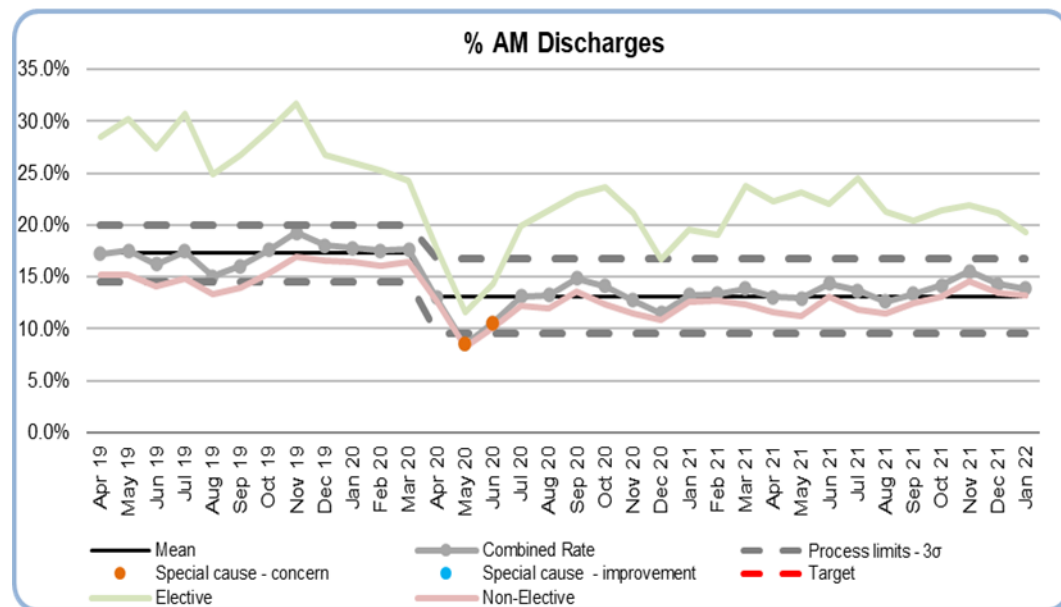
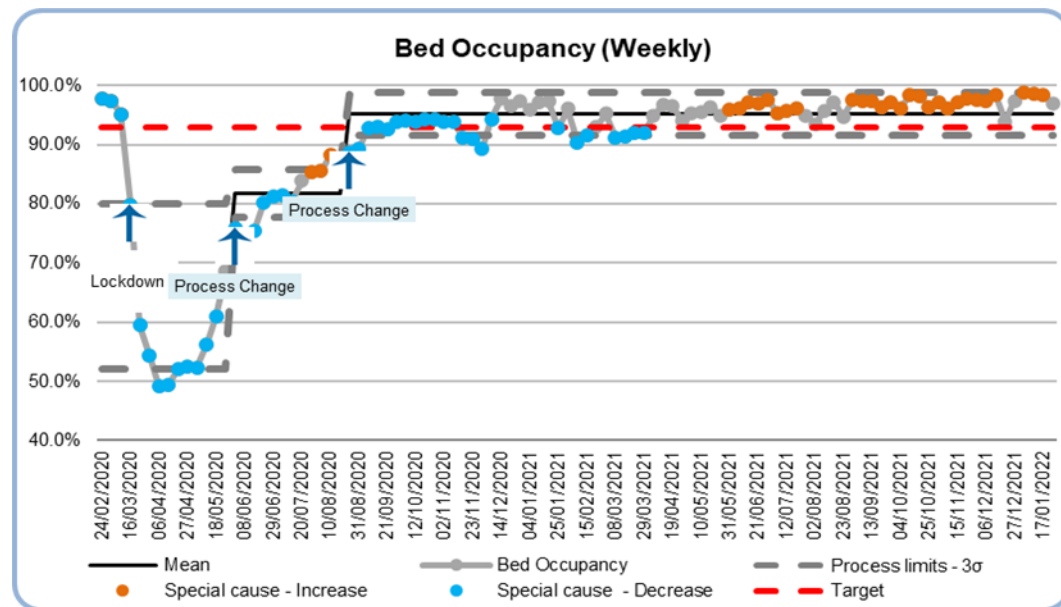


What actions are being taken to improve?

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 (front door, time in hospital, and discharge) has not impacted significantly in January, with AM discharge levels declining month-on-month. Attempts to relocate medical SDEC to increase core capacity has been delayed until March 2022 due to workforce and space constraints. Two new SDEC pathways were launched in 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. A “perfect week” is planned for late February to test the future model.



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

Unscheduled Care - In Hospital

What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 39.38%, with the second highest cause due to waits for a medical bed at 24.52%.

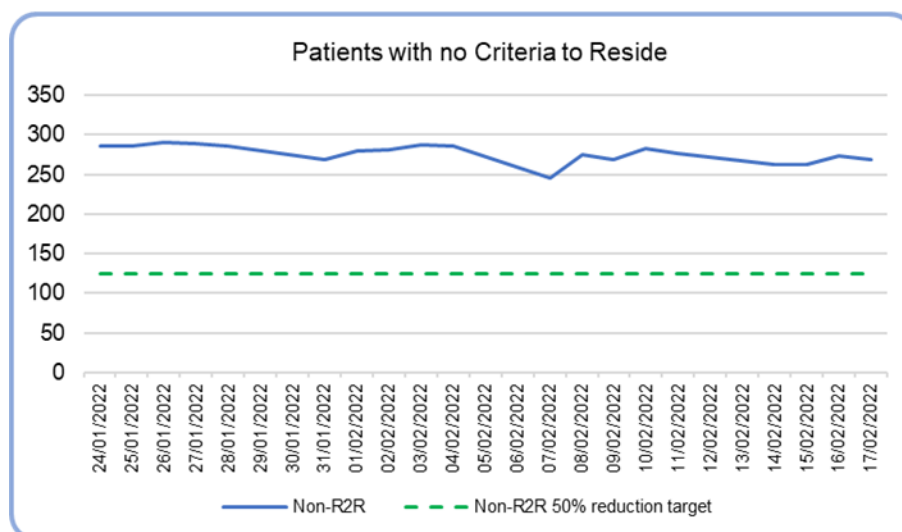
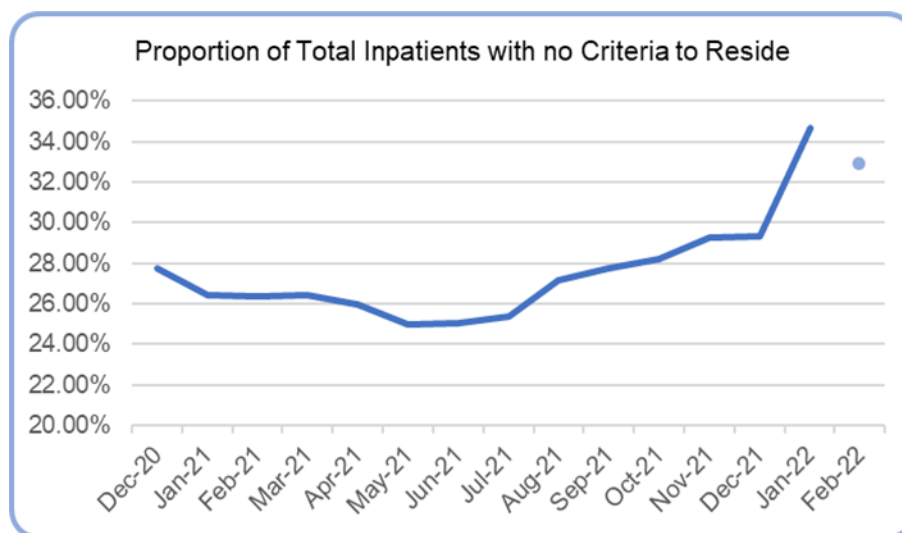
The vast majority of breaches of the admitted pathway is related to increasing bed occupancy which remained challenged, varying between 95.07% and 102.63% in January against the core bed base. There were high levels of bed occupancy throughout the month, with 27 days out of 31 above the 93% target.

In January, 13.92% of patients were discharged between 08:00-12:00; which was down on the previous month.

What actions are being taken to improve?

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

- 1. Front door** (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.
- 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.



Unscheduled Care - No Criteria to Reside (No C2R)

What does the data tell us?

In January, the number of delayed bed days for medically fit patients awaiting Pathway 1 (P1) decreased by a further 349 days; the number of days increased significantly for P2 by 614 days and by 241 days for P3. Overall the delayed bed days rose by 506 compared to December 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 the Trust. 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, 289 patients were ready for discharge on a complex pathway of which 235 were waiting for external reasons, 37 more than December (70 patients waiting P1: domiciliary care, 48 patients waiting P2: short term community beds and 85 patients waiting P3: long term care home beds). 17 patients were awaiting repatriation and 17 patients referred to the community were awaiting a pathway decision; 2 patients were homeless and 1 patient was waiting for instruction from the Court of Protection.

During January, a high number of care homes remained closed to admission due to COVID-19 and the same was experienced with rehab bedded units adding to delayed discharge bed days. 54 patients were recorded as waiting internal actions; a trajectory to reduce by 50% the number of beds days associated with both internal and external delays has been set for 31st March.

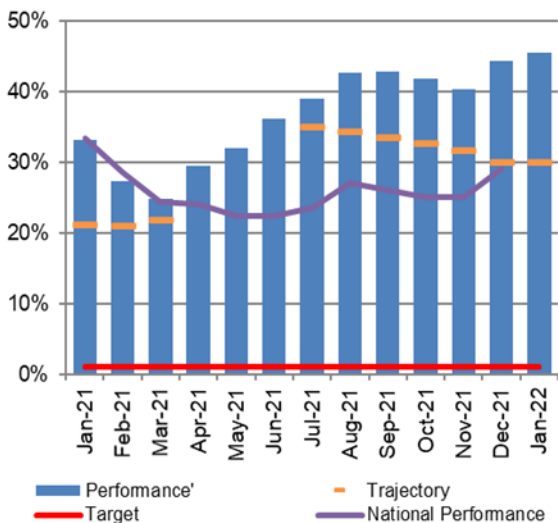
What actions are being taken to improve?

The 30 bedded Care Hotel received 15 NBT P1 patients during January as an interim step for patients on discharge P1, the hotel will close on 31st March 2022.

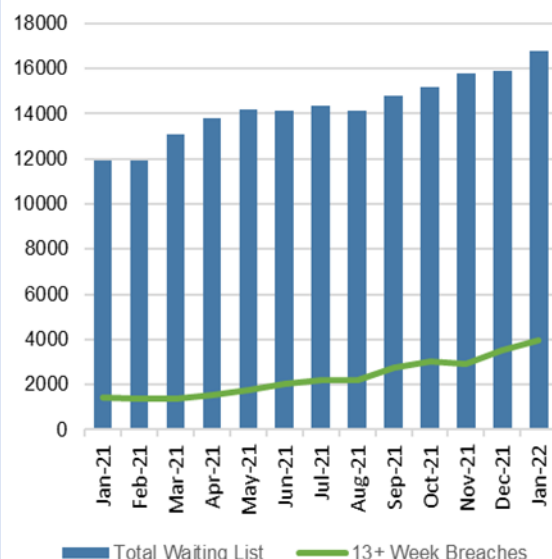
The Medicine Division has launched a *Flow Programme* commencing with Ward 8A week commencing 14th February to focus on reducing LoS for patients with no R2R. The *Flow Programme* is being integrated with the SRF project, which commenced in October 2021 and is clinician led. The introduction of discharge trackers continues along with improved ward IT infrastructure.

Family Support with early P1 discharge, bridging care at home whilst awaiting pathway commencement, continues to be a focus and saved 69 bed days (2.3 beds) in December 2021.

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



Diagnostic 13+ Week Breaches



Diagnostic Wait Times

What does the data tell us?

In January, diagnostic 6-week performance deteriorated to 45.45%, and failed to meet the improvement trajectory of 30.03%. 13-week performance also deteriorated with an increase of 12.77% in breaches on the previous month. There was an increase of 5.78% in the overall wait list in January. Activity levels for the majority of test types were higher in January compared to the previous month; adjusting for working days there was an overall increase in wait list activity of 11.07%. Six test types reported over 85% of their activity compared to the same month in 2019/20.

Key areas of underperformance remain in Endoscopy, Non-obstetric Ultrasound and Echocardiography. There was also a deterioration in CT performance which was anticipated due to the impact of reduced capacity as a result of scanner downtime, and of COVID-19 on staffing/WLI uptake.

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

What actions are being taken to improve?

Endoscopy – Focus continues on the internal capacity gap with a Locum Endoscopist who started in December providing 3 lists per week increasing to 5 lists per week by February. In addition, interviews for 3 Consultant Gastroenterologists are planned for March 2022. There will be a net increase of 1 new admin staff in February, which will improve the service's ability to book patients and make effective use of capacity; this will increase further with the return of staff on long-term sickness expected in the next couple of months. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. The longest waiting patients have all been booked with the exception of those requiring a General Anaesthetic, where Theatre capacity is being sought.

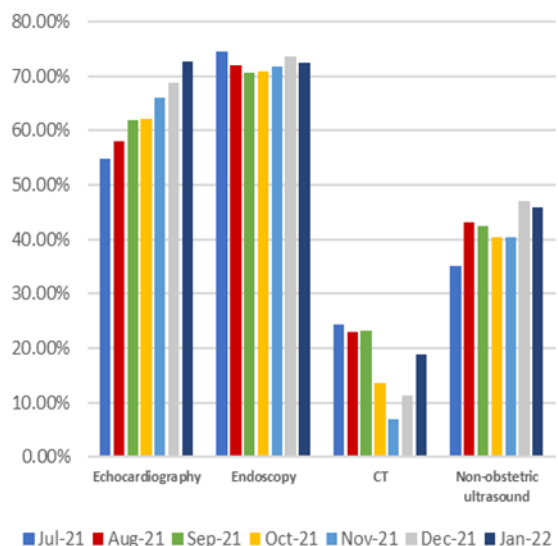
Non-Obstetric Ultrasound – Insourced capacity commenced in December (82 patients), but is not expected to have a noticeable impact until February owing to staff availability. The revised booking schedule commenced in December bringing capacity back in line with pre-pandemic levels. In addition, the Trust continues to send 45 patients every other week to Emersons Green Treatment Centre.

CT – Use of the demountable CT scanner based at Weston General Hospital continues.

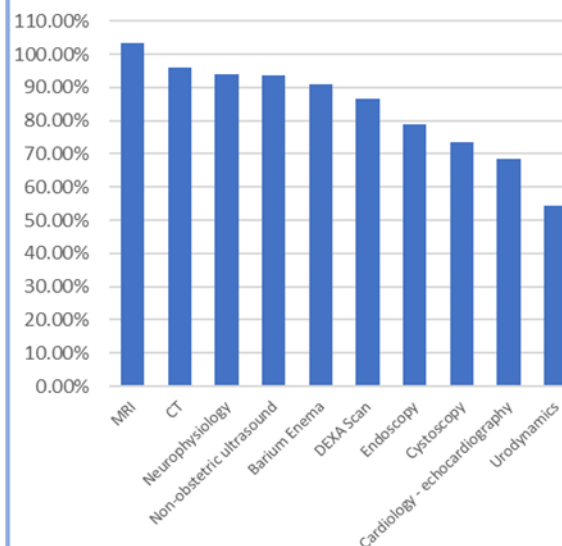
MRI – The Trust continues to use the BioBank MRI research facility for additional MRI capacity until Easter. There are plans to resume use of IS capacity at Nuffield from April, plus potential to extend the working day on Cossham Suite B scanner. Revised booking schedule (appointment times) have been implemented from 1st January.

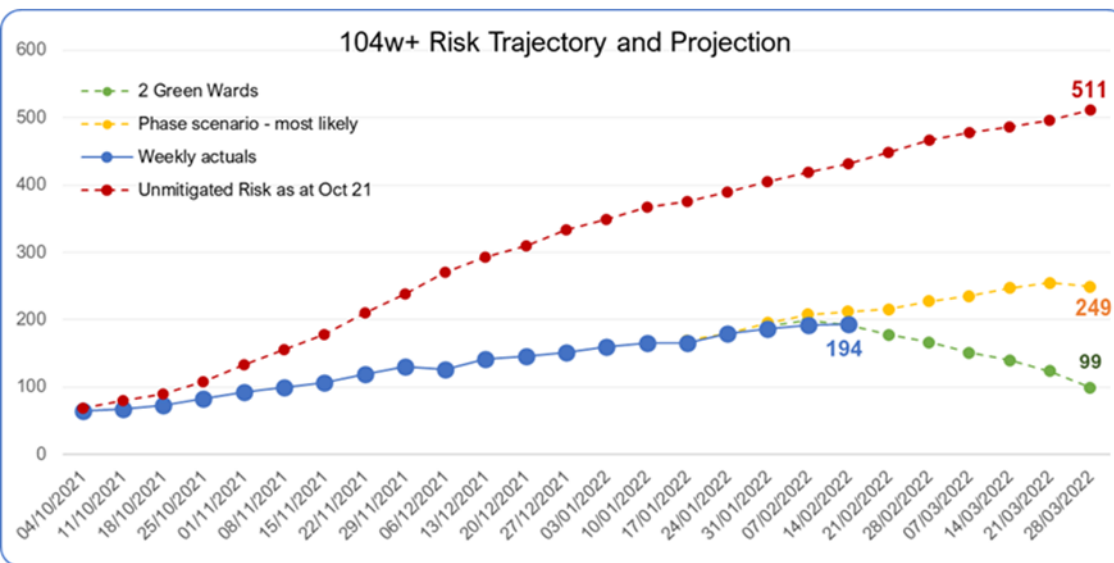
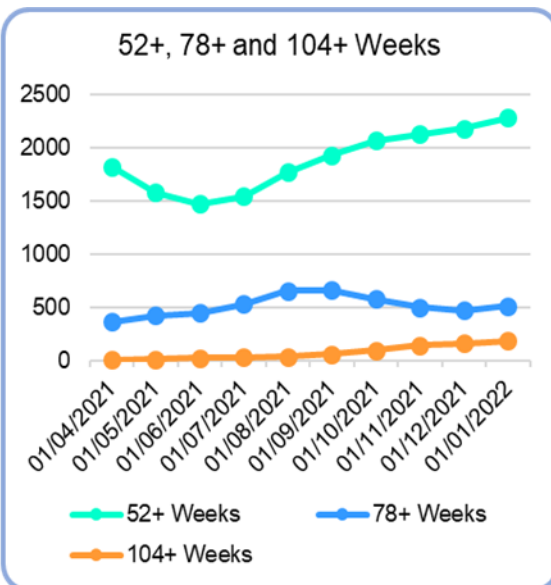
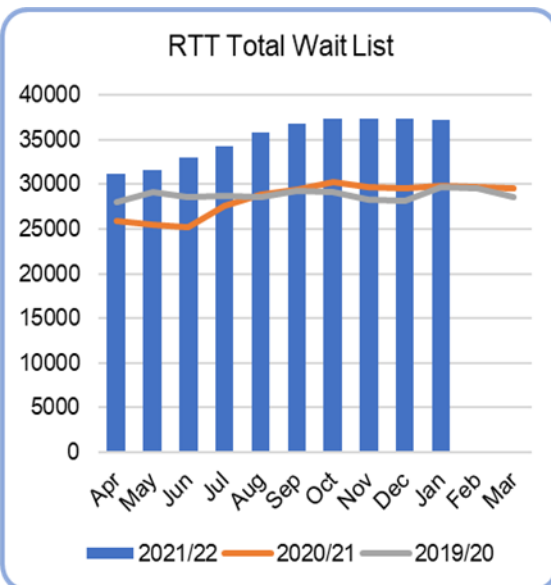
Echocardiography – The insourcing plan to increase Echocardiogram capacity has been delayed due to staffing issues. It was originally planned that Xyla would deliver 1440 slots between October and December. The revised plan is for c.250 slots per month up to March and a further 60 slots per month April to September, however access to Xyla capacity continues to be limited. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations.

Diagnostic Performance by Test



21/22 Activity as % of 19/20 - January





Referral to Treatment (RTT)

What does the data tell us?

In January, the Trust reported a static waiting list at 37,210. The Trust has reported an increase in 52-week wait breaches for the seventh consecutive month with 2,284 patients waiting greater than 52-weeks for their treatment; 501 of these were patients waiting longer than 78-weeks and 184 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1,084; 47.46%) 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 in month. 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, is now 99 patients awaiting treatment predominately in T&O including patients choosing to defer their treatment. This improvement in predicted position is due to the recent reopening of a second Elective Care surgical ward.

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. In December, Trust positioning for long waiting patients was similar to the previous month, remaining in the third quartile for the 78-week cohort, and the fourth quartiles for the 52 and 104-week cohorts.

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 with positive delivery against actions to date.

The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits., with the majority of patients now having a date for treatment prior to year-end

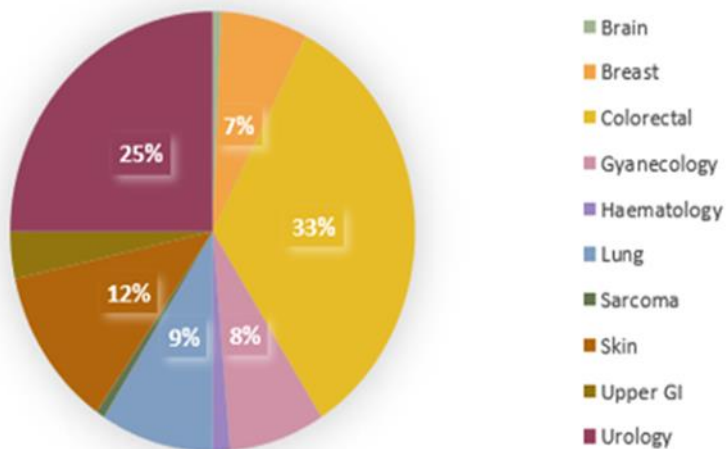
Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred suitable patients into available capacity across local IS Providers.

Continued application of 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.

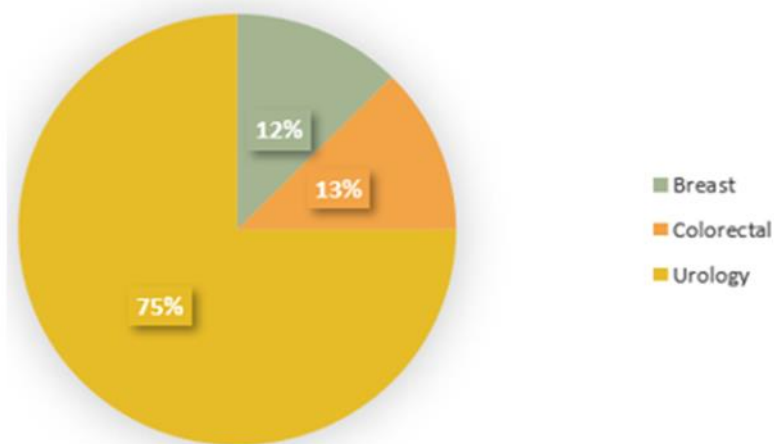
The Trust has engaged further external staffing resource, specialists in theatre utilisation improvements and shared resources with UHBW.

Clinical validation of the longest waiting T&O patients is ongoing 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 and January.

Cancer Specialty - Without DTT



Cancer Specialty - With DTT



Cancer: 104-Day Patients

What does the data tell us?

November uploaded position

The Trust had Seven 104-Day breaches this month that required Datix compared to the ten last month.

Live PTL snapshot as of 15/02/2022

There has been an overall decrease in the 104-Day breach numbers from 183 to 161. The sites attributed to the decrease are Breast, Colorectal, Gynae and Skin.

The 104-Day PTL has 26 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 16 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 119 patients with no confirmed Cancer diagnosis (a decrease 150 from last month); all have been escalated to the relevant specialties.

The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 74% of the patients over 104-Days on their pathway. The 104-Day reduction trajectory is expected to achieve a position of 30 – 60 patients breaching by year-end; this is within the pre-pandemic range.

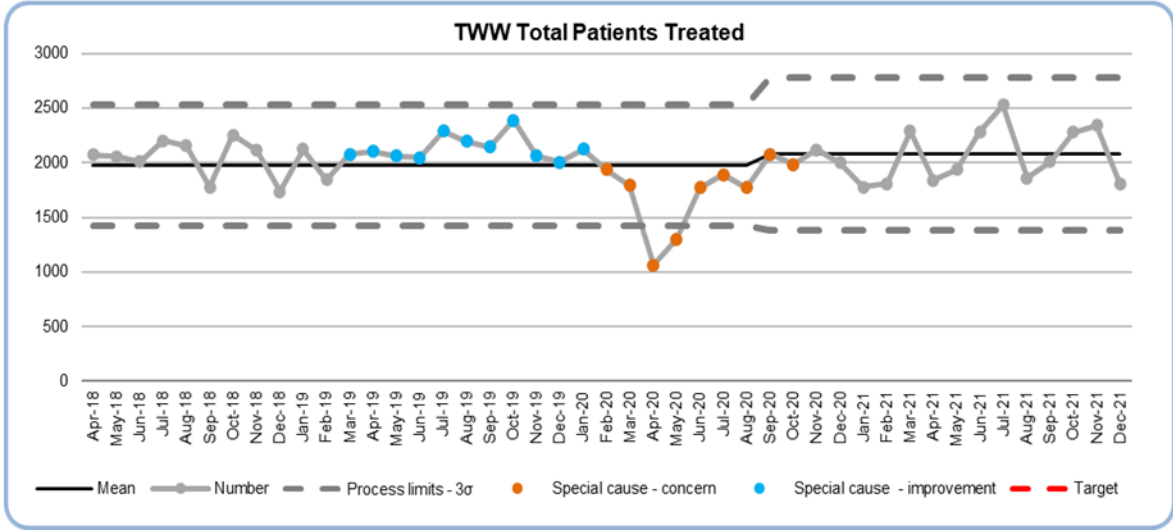
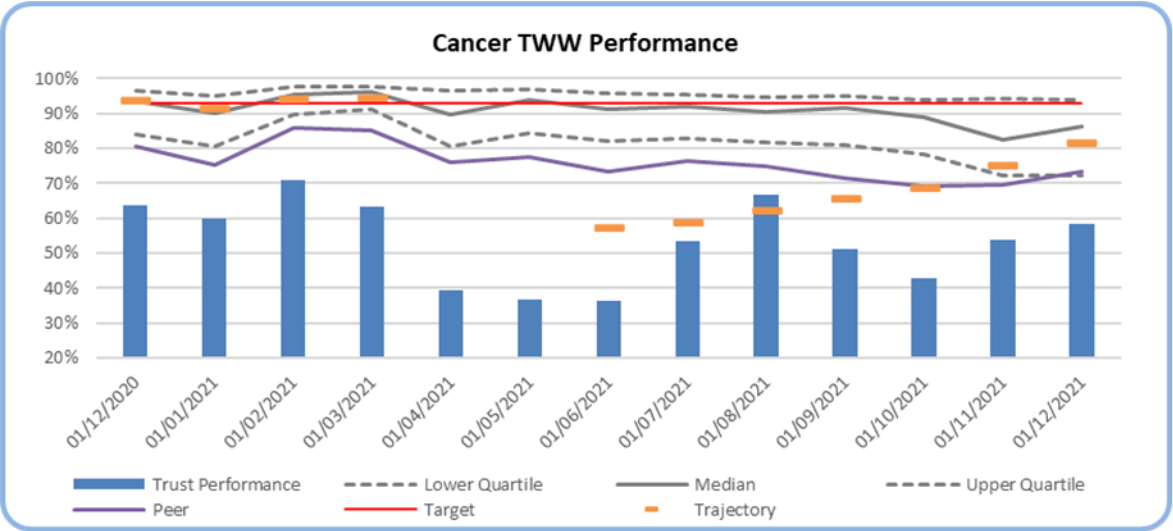
There have been no reported Instances of clinical harm this month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

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 has helped to reduce the 104-Day delays.

A targeted cleanse of the 104-Day patient PTL has been completed and this has resulted in a significant improvement in the overall 104-Day PTL.

Cancer: Two Week Wait (TWW)



What does the data tell us?

The Trust reported a performance of 58.38% in December compared to 53.75% in November. The Trust saw 1807 patients in December compared to 2344 patients in November. Of the 1807 patients seen, 752 patients breached the TWW target, with the average day to first appointment in December at 28-days. This is largely due to the capacity issues in Breast.

All specialties other than Neurology failed the TWW standard this month.

Breast's poor performance of 5.23% compared to the 5.79% in November is to be expected as they are clearing backlog. They saw 574 patients in December; 544 of those were seen in a breach position.

Skin improved their position again this month from 83.75% in November to 83.89% in December. The skin service saw 360 patients with 58 seen in a breach position.

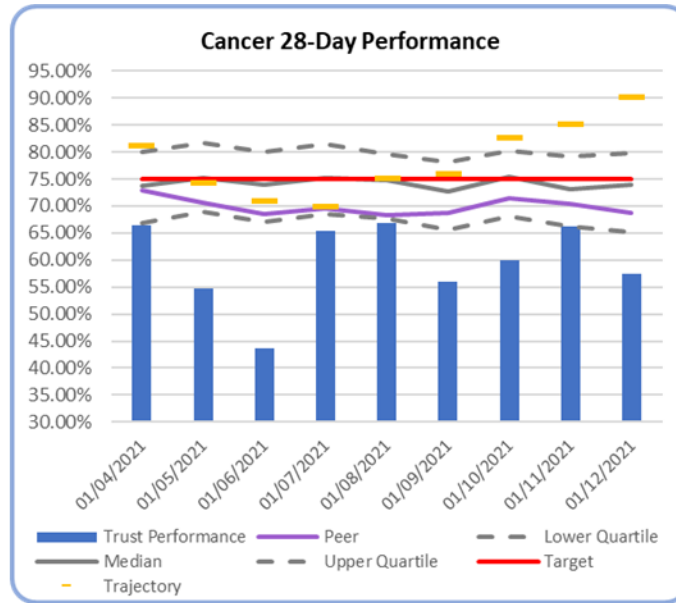
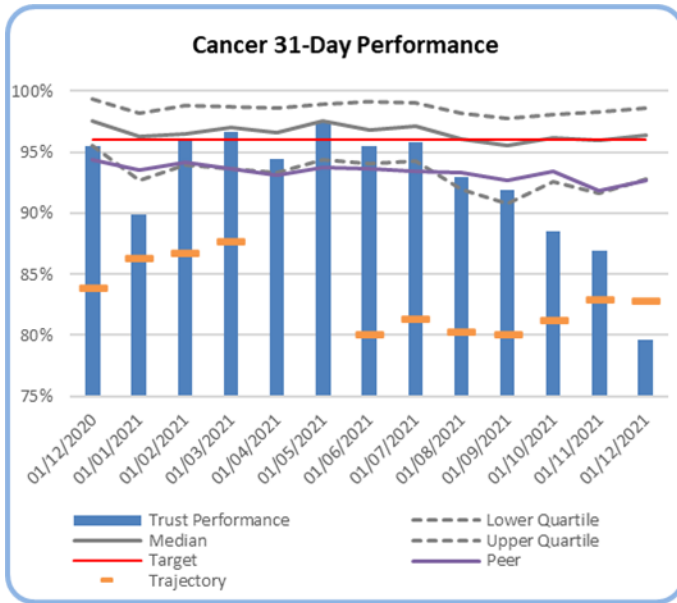
Urology saw a drop in performance achieving 88.86% in December, they saw 422 patients with 47 breaches.

What actions are being taken to improve?

The Trust continues to work with the Regional Cancer Team on assurance and improvement plans.

Substantive capacity remains unable to meet referral demand within Breast. Internal recovery plans based on additional hours are now established with support from Radiology and Pathology through to March 2022. In Skin, additional capacity is being secured to support the surgical element of the pathway.

Additional Cancer admin staff have been engaged and are working to improve the waiting list information to ensure accuracy of data by mid-February.



Cancer: 31-Day Standard

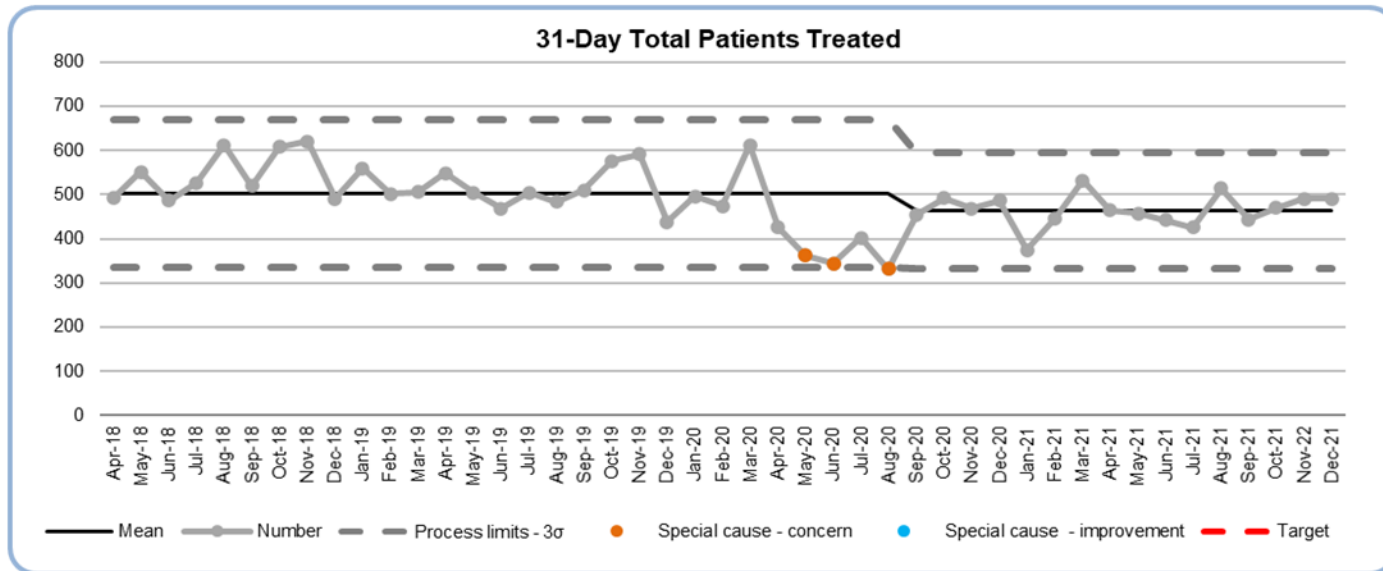
What does the data tell us?

In December, the Trust missed the first treatment standard of 96.00% with a performance of 79.59% compared to the 86.94% achieved in November. 250 patients were treated this month; 52 of them within a breach position.

All specialties except for Breast, Colorectal, Skin and Urology achieved above 90% this month. Skin were working on the surgical backlog following improvements to their TWW pathway. Skin treated 66 patients; 34 in a breach position. Breast just missed the target with a performance of 89.55%.

28-Day Performance

The Trust failed the standard in December with a performance of 57.52%. The performance in November was of 66.29%. 1660 patients had their diagnosis discussion; of those 728 breached the 28-Day standard. Breast had 595 reportable patients of which 354 were unable to have their diagnosis before day 28. Recovery of this standard will only be possible once the TWW challenges are reliably resolved into 2022/23.

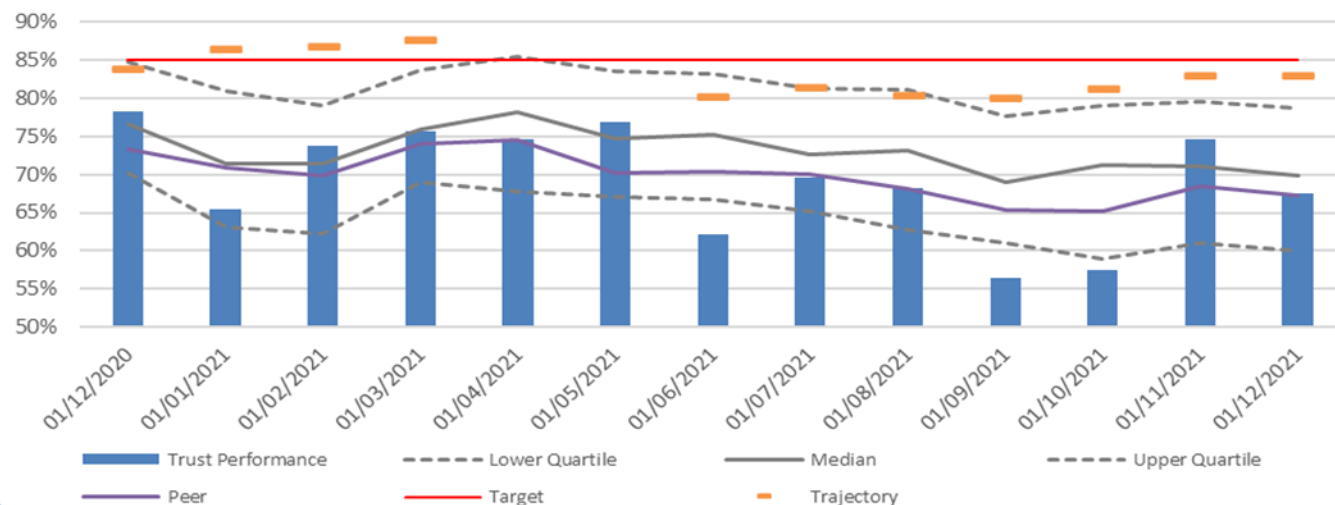


What actions are being taken to improve?

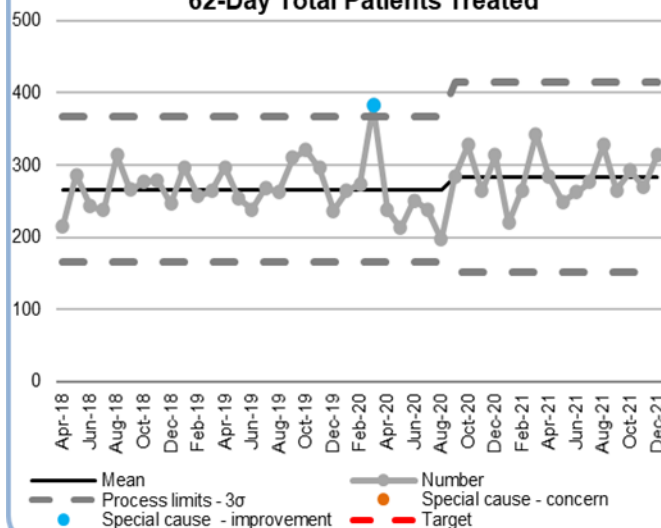
One of the factors adversely affecting performance against this standard is the reduction in tracking staff within Cancer Services. The recruitment programme has been completed and new staff on site with an extensive training programme in place.

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.

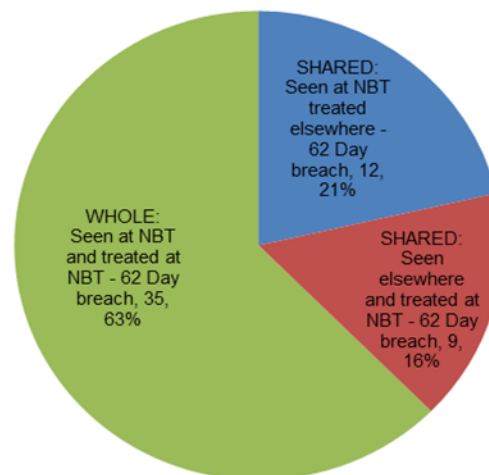
Cancer 62-Day Performance



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: 62-Day Standard

What does the data tell us?

The reported 62-Day performance for December was 67.52% compared to 74.07% in November; of the 163.5 patients treated, 106 patients were treated within the standard with 57 breaches.

Urology had the majority of the breaches (22); they were complex pathways and delays to the TWW pathway. Colorectal performance was 33.33% and Upper GI 40.00%; both had more complex pathway breaches this month.

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

Urology had a drop in their performance from 71.29% in November to 57.94% in December. It should be noted that this is the first reporting month that includes the Weston Urology patient pathways. The service treated 53.5 patients with 22.5 breaches. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat. Pathway work is ongoing to ensure Weston pathways align to NBT.

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

Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board with a trajectory to be at c.600 by the end of March with 104-Day breaches reduced to a range of 30-60 per month (as per pre-COVID-19 levels).

Safety and Effectiveness

**Board Sponsors: Medical Director and Director of Nursing
and Quality**

Tim Whittlestone and Helen Blanchard

NBT - PQSM		North Bristol NHS Trust				
	Target	Oct-21	Nov-21	Dec-21	Jan-22	TREND
Activity						
Perinatal Morbidity and Mortality inborn						
Total number of perinatal deaths		3	4	2	2	
Number of stillbirths 16 to 23+6 weeks excl. TOP		2	1	1	0	
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	
Number of neonatal deaths : 0-6 Days		0	1	1	1	
Number of neonatal deaths : 7-28 Days		0	1	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	1	0	
Maternal Morbidity and Mortality						
Number of maternal deaths (MBRRACE)		0	0	0	0	
Number of women who received level 3 care		0.2%	0.2%	0.2%	0.2%	
Insight						
Number of datix incidents graded as moderate or above (total)		2	0	2	1	
Datix incident moderate harm (not SI, excludes HSIB)		2	0	1	0	
Datix incident SI (excludes HSIB)		0	0	0	1	
New HSIB SI referrals accepted		0	0	1	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	0	
Workforce						
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	0.5	2	1	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		1	1	1	1	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota)		1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce		1	2	2	2	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	0	0.5	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		14%	12%	14%	11%	
Vacancy rate for midwives		2.9%	2.0%	1.9%	1.9%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		42%	42%	42%	40%	
Vacancy rate for NICU nurses		10	10	17.6	14	
Datix related to workforce (service provision/staffing)		8	2	5	7	
Consultant led MDT ward rounds on CDS (Day and Night)		71%	72%	58%	68%	
One to one care in labour (as a percentage)		98.9%	100%	98%	100%	
Compliance with supernumerary status for the labour ward coordinator	100%	95%	98%	96%	98%	
Number of times maternity unit attempted to divert or on divert		4	2	2	0	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	
Involvement						
Service User feedback: Number of Compliments (formal)		66	19	58	44	
Service User feedback: Number of Complaints (formal)		5	3	6	9	
Staff feedback from frontline champions and walk-about (number of themes)		3	2	3	4	
Improvement						
Progress in achievement of CNST /10		7	7	6	7	
Training compliance in maternity emergencies and multi-professional training	90%	42%	39%	38%	33%	
Fetal Wellbeing and Surveillance	90%	7%	14%	22%	9%	
training compliance core competency 4. personalised care		DNA	DNA	DNA	DNA	
Continuity of Carer (overall percentage)		16%	15%	16%	17%	
Trust Level Risks		DNA	DNA	DNA	2	

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

Maternal Morbidity and Mortality: 1 x admission required ICU support short term.

Insight: 1 severe harm incident. Neonatal brain injury at 2 days. Immediate learning identified and duty of candour commenced with Maternity and Medicine.

Workforce: Workforce gaps across all specialities continues to be challenging. The biggest impact on staffing is related to staff absence due to Covid precautions.

Midwifery: Successful recruitment of Band 5 and 6 midwives, anticipated to start from March 2022. Funding approved for core midwives and specialist midwives. Specialist midwifery posts already out to advert. Cross city maternal medicine post planned interview Feb 15/16th 2022.

Obstetrics: Review of existing job plans and business case to be completed for further uplift for Consultant PA's, to meet service requirements and successful recruitment of x 2 clinical fellows.

NICU Nursing: External funding approved to recruit to BAPM CCR standards.

Workforce - Diverts: Cosham fully open following temporary suspension of intrapartum care. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and category 2 calls.

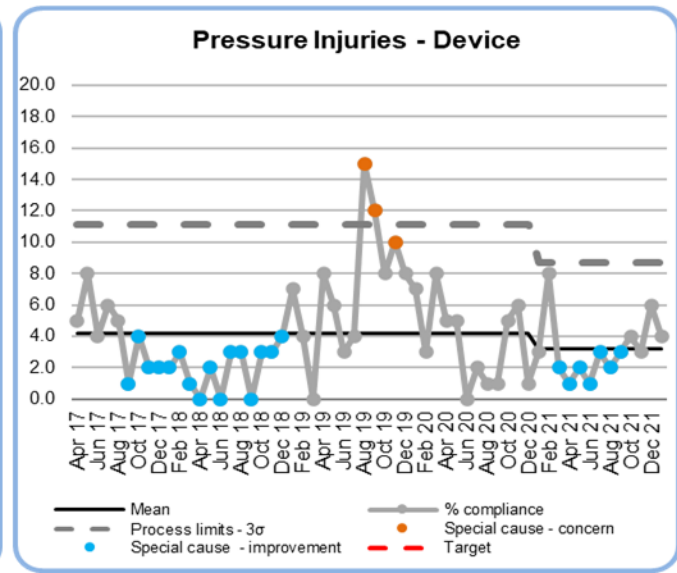
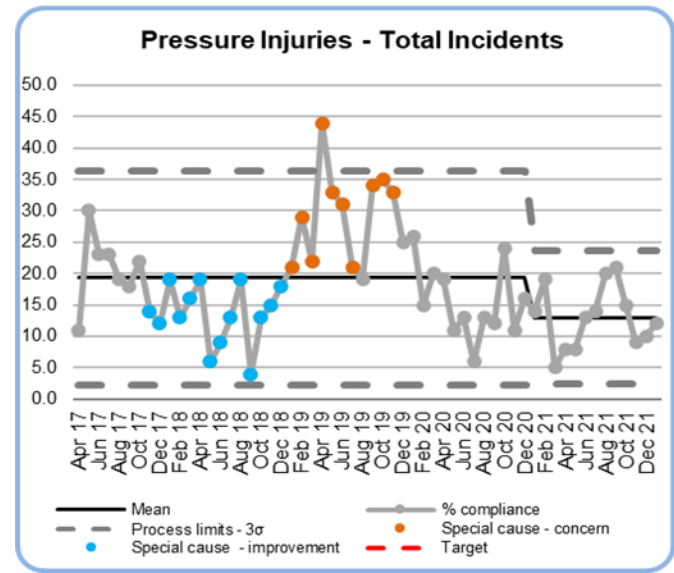
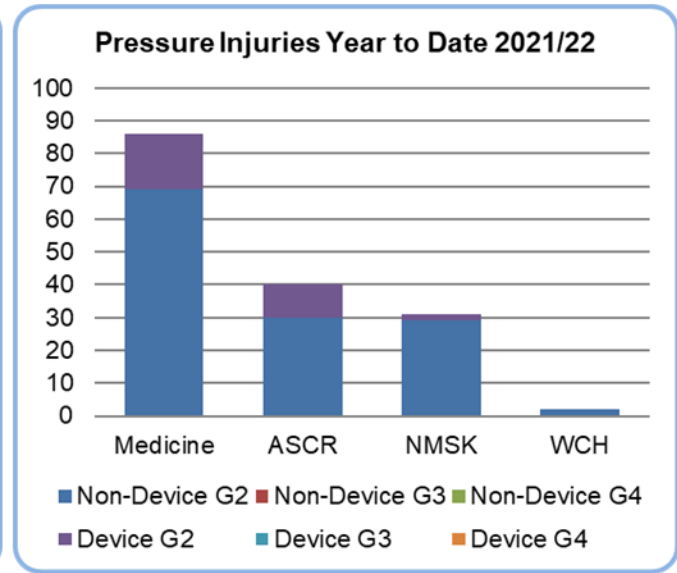
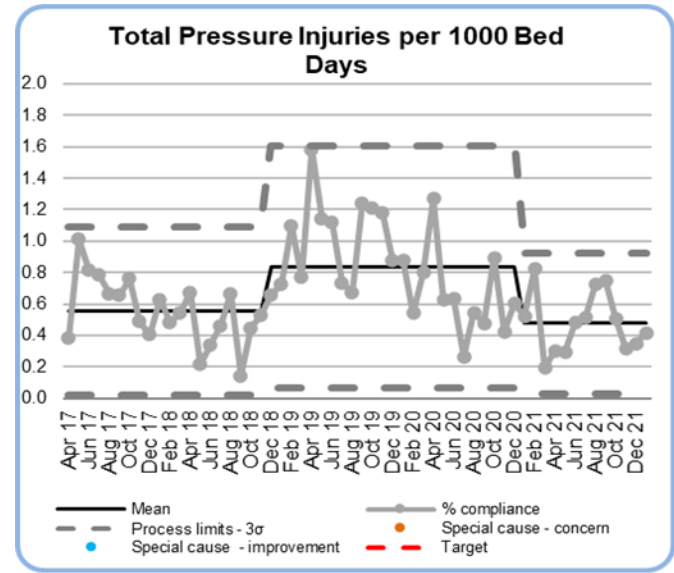
Staff and Service user feedback themes: Staffing across the perinatal service; Estates impacting on capacity; Missing and lack of essential equipment; Civility saves lives campaign in progress in order to maximise a concept of civility in response to some feedback.

Maternity Incentive Scheme, Year 4: For January, NBTs compliance confidence forecast remains at 7 out 10. Currently planned pause for MIS, Year 4 for 3 months in force. 3 areas of concern identified highly likely to impact successful delivery of all 10 Safety Actions:

- 1) **Safety Action 2 – Maternity Services Data Set:** Clarity as to what is required being sought from NHS Digital. Euroking needs to connect current work to data set. Dialogue ongoing with Euroking regarding ongoing implementation of contact workflow. Awaiting test update.
- 2) **Safety Action 7 - Maternity Voices Partnership (MVP):** Planned meeting with MVP scheduled for February 2022. Risk 1278.
- 3) **Safety Action 6 and 8 – Training:** No progress has been made towards the compliance with the training elements for SA 6 and 8 MDT emergency skills training. A review has taken place and additional supported sessions to be introduced. Ongoing work regarding data quality of training log. Plan for additional fetal wellbeing and surveillance days to be held in May and June 2022. Risk 1079

Continuity of Carer: Service strategy developed. Taken to Trust Board; business case to go to April 2022 BCRG; paper ready to go to next LMS Board. LMS midwife now in post and leading on NBT's strategy.

Areas of excellence: Exceptional team working is being demonstrated across all areas of perinatal services during these challenging times. Sustained improvement demonstrated with CO2 recording at booking and 36/40 for MIS Safety Action 6. Agreed workforce funding and Birth Rate plus completion by end of March 2022.



Pressure Injuries

What does the data tell us?

In January, there was an increase in the number of Grade 2 pressure injuries but a decrease in medical device related Grade 2 pressure injuries.

The Trust ambition for 2021/22 is:

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

There were no reported Grade 3 or Grade 4 pressure injuries reported in January.

16 Grade 2 pressure injuries were reported of which 4 were related to a medical device. There were 3 unstageable pressure injuries reported; 1 in ASCR and 2 in Medicine. Supported incident reviews have taken place and the final grades unknown presently.

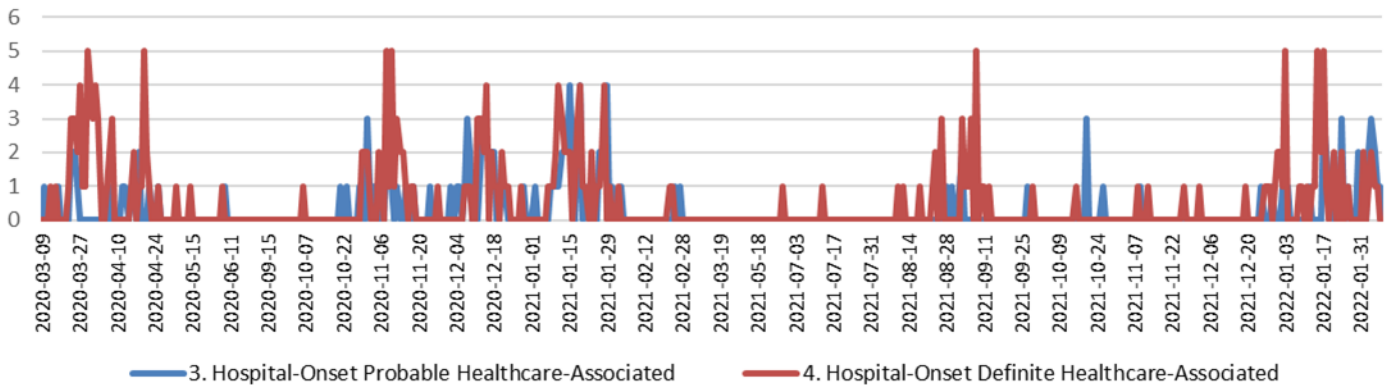
What actions are being taken to improve?

The team has focused on support of clinical areas actioning specific support noted at After Action Reviews and devised solutions around mattress selection .

By using the RAG rating support system, this continues to provide thematic specific teaching and support to the areas that require this .

Additionally Tissue V Team attend and feed back at Divisional Quality huddles .

COVID-19 Onset Category by Positive Test Date



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

NBT has experienced ongoing bed pressures in January with an increased incidence and also managing out breaks in wards/clinical areas. This has required exceptional decisions to balance patient safety and infection control measures .

In general we saw a decrease in demand for ITU Covid provision with a fluctuating blue covid bed base .

Additionally there were changes to national Covid guidance .

Covid outbreaks involving staff and patients has been challenging.

MRSA

Last bacteraemia was reported in Feb 2021.

C. difficile

The rate remains higher than trajectory, however we have noted a slight reduction in the rate of cases .

MSSA

MSSA cases continue to be higher than trajectory,

Gram –ve

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

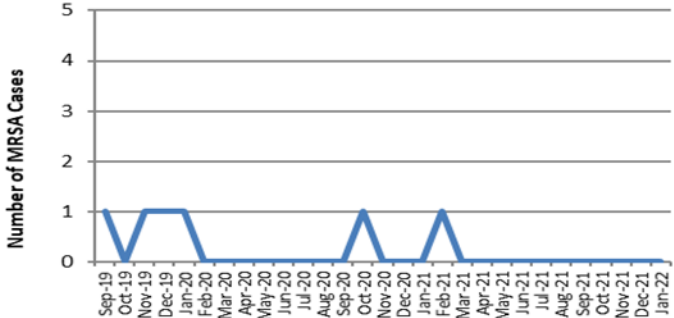
The IPC team have continued to fully support the Covid response with plans to refocus including MRSA, MSSA, C.diff and E.Coli in February.

What actions are being taken to improve?

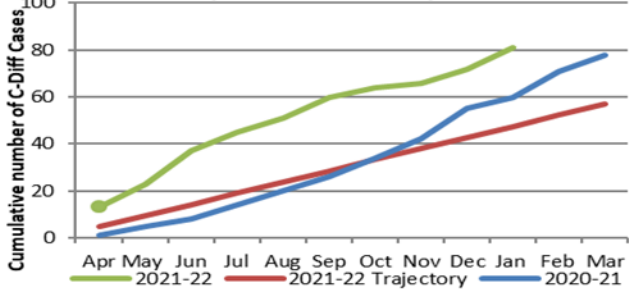
Support the trust during continued ICI and increased Covid demand , support and decision making to balance the risk of Outbreak management . Continued focus on education and practical support of pandemic response.

Focus will be required on return to other infection reviews – however no other risk has been identified as theme in this time

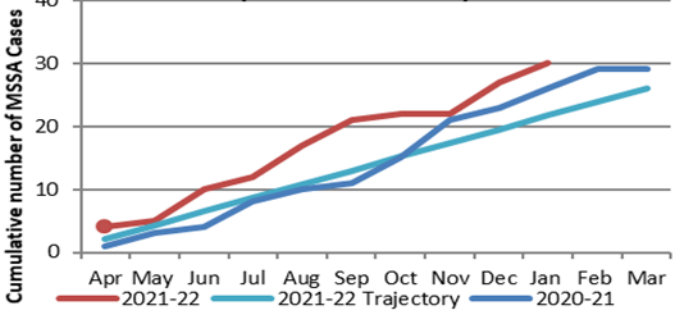
MRSA Cases - Trust Attributable



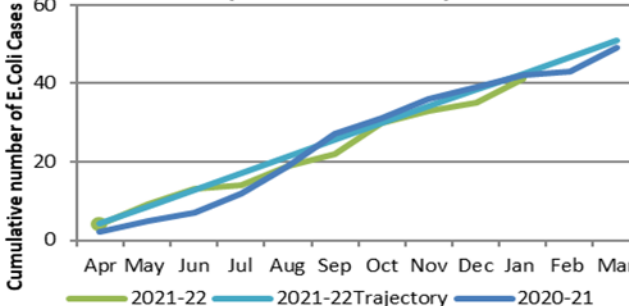
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



Metric	27/12/2021	03/01/2022	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022	Trend
New patients last 24 hours – admitted	5.14	4.29	6.57	7.14	4.00	4.86	5.14	4.67	
New Patients Diagnosed in last 24 hours	6.29	10.71	9.29	8.86	5.00	6.57	4.29	6.60	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	5.14	7.57	4.43	4.86	3.57	3.86	2.86	5.40	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0.14	0.86	0.71	0.43	0.43	0.29	0.43	0.00	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0.14	0.29	1.29	0.86	0.71	1.71	0.43	0.00	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	0.86	2.00	2.86	2.71	0.29	0.71	0.57	1.20	
Number of confirmed patients admitted from care or nursing home		0.29	0.25	0.86	0.71	0.86	0.43	1.00	
Blue discharges in past 24 hours	8.43	10.29	11.00	9.86	8.14	8.00	7.86	9.00	
Number of COVID positive patients as at 08:00	52.86	72.57	88.71	88.43	46.43	42.14	52.86	45.17	
Of these, patients admitted for primary COVID	43.00	56.71	61.00	50.43	23.29	25.14	31.86	32.40	
Of these, patients admitted with incidental COVID	9.86	15.86	27.71	38.00	23.14	17.00	21.00	12.77	
COVID positive patients in ICU	8.00	9.71	6.57	2.14	3.00	1.29	1.00	0.40	
COVID positive patients outside of ICU		62.86	82.14	86.29	43.43	40.86	51.86	44.77	
Query patients		2.57	1.71	1.29	1.00	1.20	2.00	1.80	
Closed and empty beds due to IPC	9.00	12.43	27.71	36.71	10.29	5.86	15.86	10.20	
Positive patients outside of blue wards		5.25	7.71	3.57	4.40	1.60	1.25	1.80	
NIV COVID	6.00	1.71	1.43	1.29	0.86	0.43	1.57	0.80	
Non COVID NIV (28a & AMU)		3.40	3.43	0.86	2.75	0.60	0.50	3.00	
Deaths	0.29	0.00	0.57	0.57	1.00	0.14	0.43	0.80	
Pathology lab positivity rate – rolling 7 day mean	14.93%	14.10%	10.07%	9.70%	10.06%	9.79%	8.55%	8.01%	
Patient Total positivity - detected - number		19.17	26.14	18.71	15.00	15.71	11.57	11.75	
Patient Total positivity - detected - %		5.54%	6.86%	5.16%	5.82%	4.98%	4.49%	4.61%	
Staff Total positivity - detected - number		37.17	21.00	21.71	22.00	23.43	16.57	16.00	
Staff Total positivity - detected - %		35.81%	36.84%	36.30%	36.08%	42.04%	31.05%	41.41%	

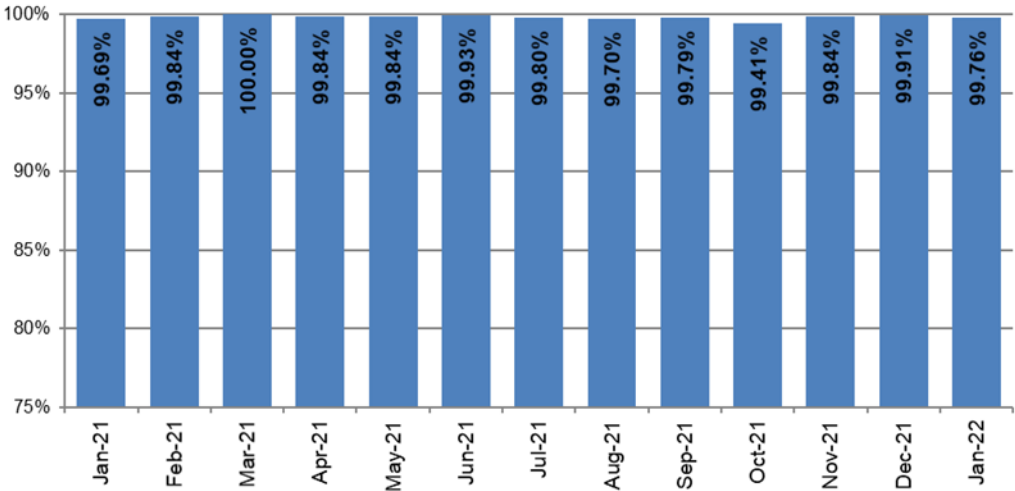
Metric	20/12/2021	27/12/2021	03/01/2022	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	Trend
Bristol cases per 100,000 – 7 days	1528	1743	1917	1189	1068	1190	1129	877	
South Gloucestershire cases per 100,000 – 7 days	1007	1528	1733	1103	1107	1217	1102	865	
North Somerset cases per 100,000 – 7 days	1528	1743	1917	1189	1068	1190	1129	877	

Key:

Decrease from previous day

Increase from previous day

WHO Checklist Compliance
(Emergency and Elective)



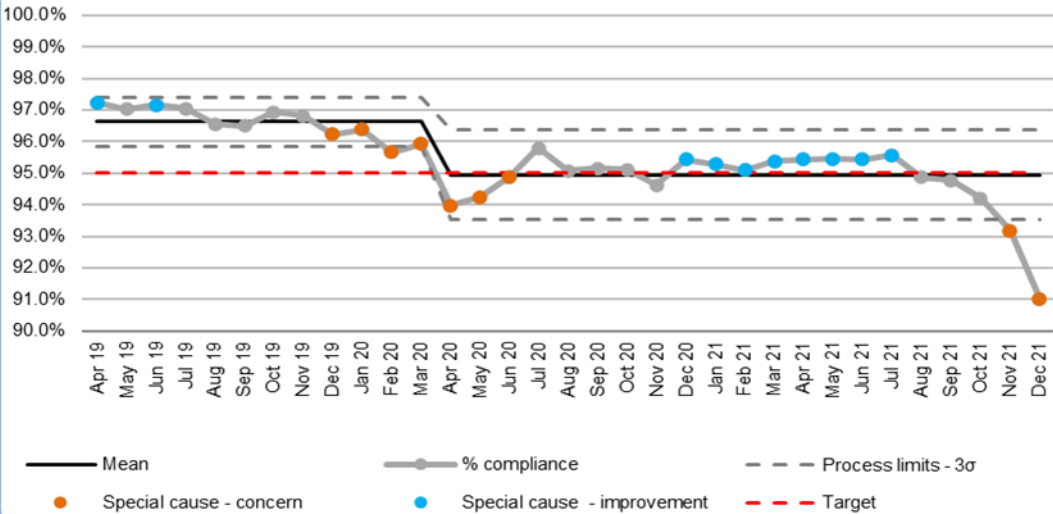
WHO Checklist Compliance

What does the data tell us?

In January, WHO checklist compliance was 99.76%. 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

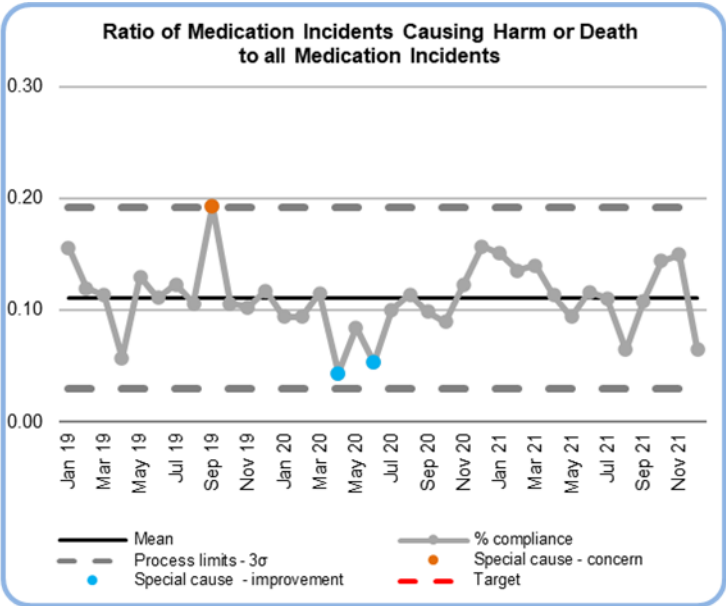
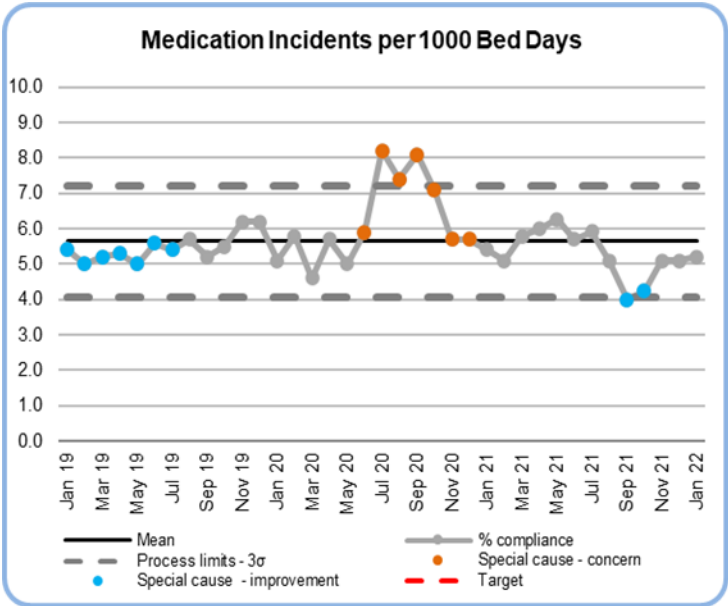


VTE Risk Assessment

What does the data tell us?

In December, the rate of VTE Risk Assessments performed on admission was 91.03%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

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



Medicines Management Report

What does the data tell us?

During January 2022, NBT had a rate of 5.2 medication incidents per 1000 bed days. This is the highest rate in the last 6 months. It is important to note that operational pressures continued throughout January 2022, which may have impacted reporting behaviours.

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

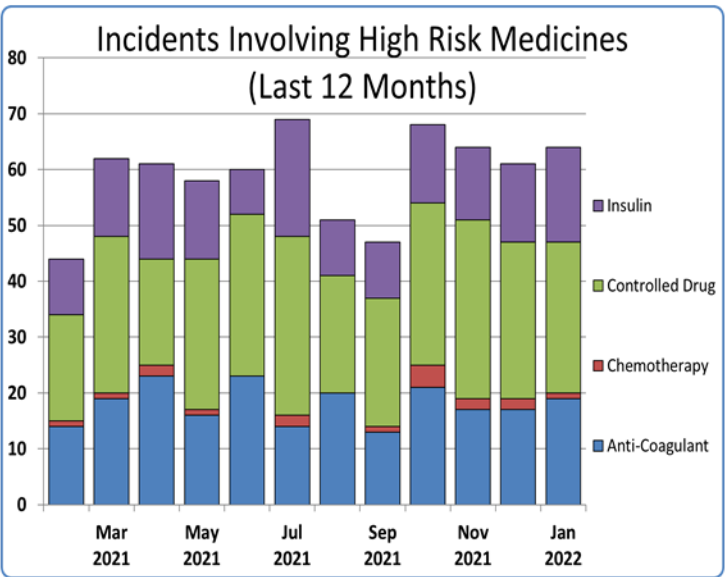
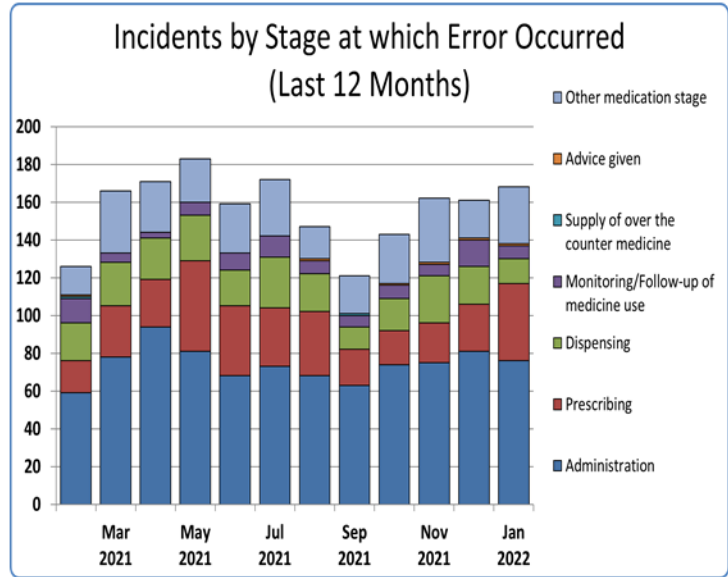
During January 2022, c.7% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.07). This is significantly lower compared to the trends over the last 6 months. The actual number of incidents reported as causing any degree of harm is also significantly lower compared to the last 6 months, suggesting that these incidents are occurring less frequently. 'No harm' incidents accounted for 93% of all NBT reported medication incidents.

Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.45% of all medication incidents in January 2022, which is consistent with trends over the last 6 months. The next most frequent stage was 'prescribing', where c.24% of incidents occurred. The actual number of incidents at the prescribing stage has increased significantly compared to trends over the last 6 months.

High Risk Drugs

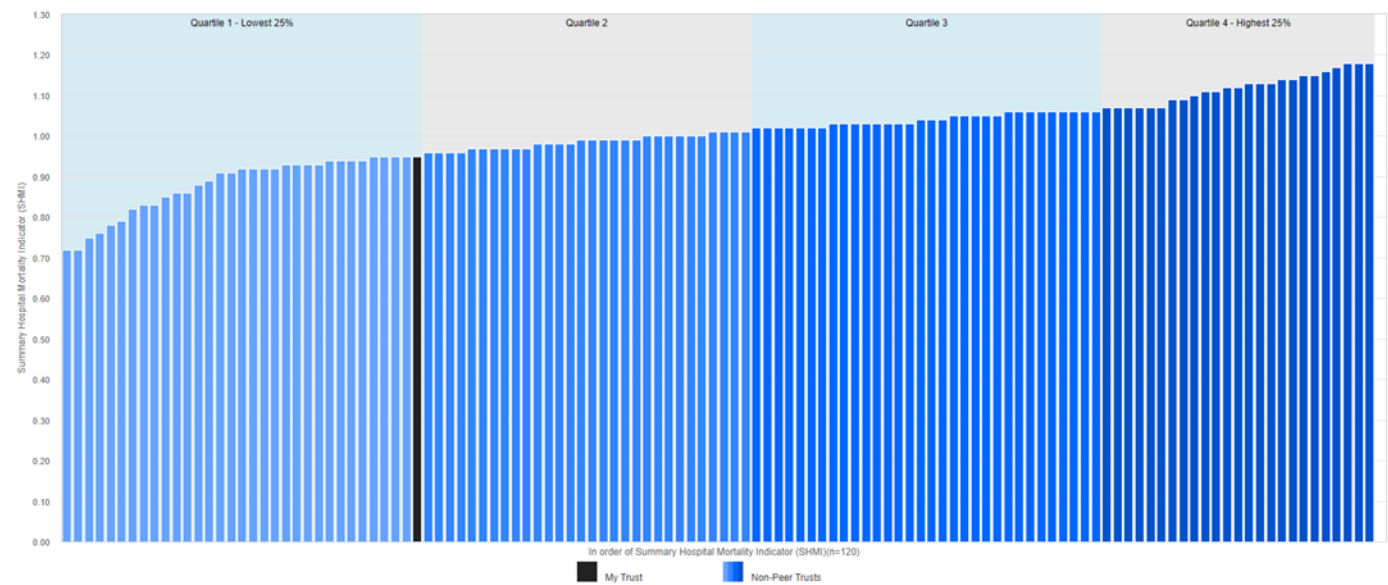
During January 2022, c.42% of all medication incidents involved a high risk drug. The actual number of incidents involving a high risk drug was reflective of December's incidents, which was around the average for the last 6 months. Incidents involving Controlled Drugs made up c.42% of incidents involving high risk drugs.



What actions are being taken to improve?

The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels. A benchmark of good medicines safety practice is to have continual monitoring of which of these reports are no and low harm compared to harm, fostering a strong safety culture. Recognition of incidents occurring at the prescribing stage has been a catalyst for work streams involving developing feedback mechanisms to prescribers. The Medicines Governance Team have started to collaborate with the Medical Education Manager to communicate issues in the PGME newsletter, and a wider project to form a Medicines Academy in line with the PSIRF agenda is underway.

Summary Hospital Mortality Indicator (SHMI), National Distribution

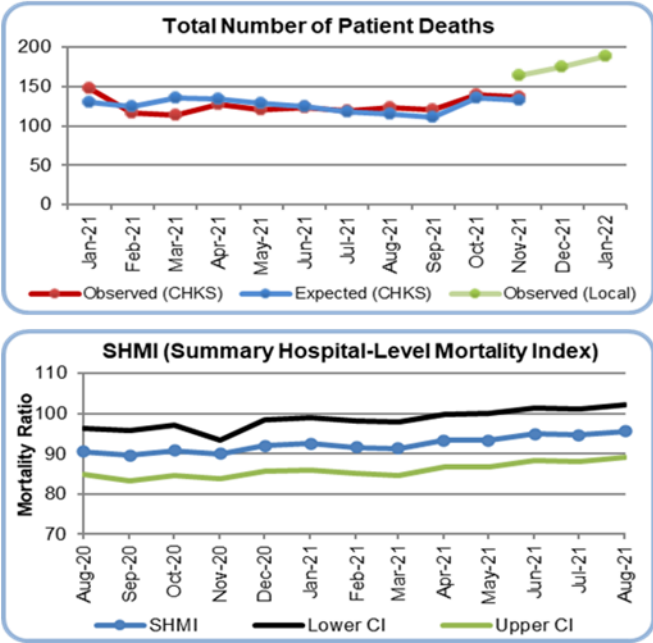


Mortality Review Completion

Dec 20 – Nov 21	Completed	Required	% Complete
Screened and excluded	688		
High priority cases	263		
Other cases reviewed	1003		
Total reviewed cases	1954	2038	96%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	5.0%	26.4%	39.0%	29.6%

Date of Death	Dec 20-Nov 21
Scrutinised by Medical Examiner	1442
Referral to Quality Governance team	164



Mortality Outcome Data

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 Dec 20 – Nov 21. In this time period 96% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 90% completed Mortality Case Reviews (MCR), including 28 of the 30 deceased patients with Learning Disability and 22 of the 30 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 95% (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?

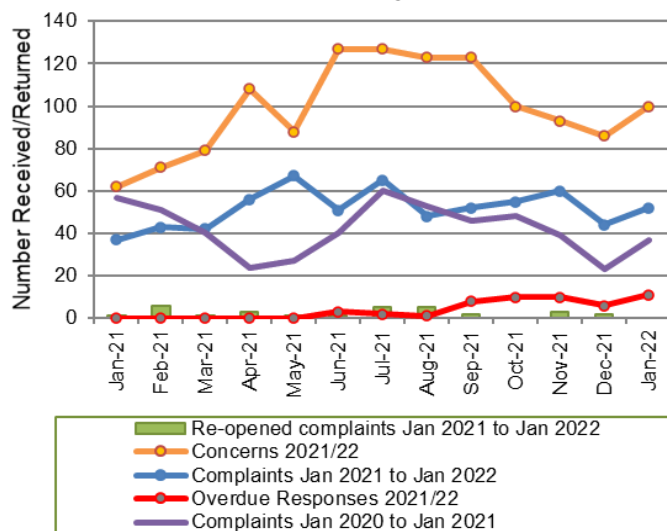
We have had further meetings with the team running the NHSE/I programme focused on mortality/learning from deaths called Better Tomorrow. We hope to use their support to review and improve our mortality review approach, using data and undertaking SJRs intelligently with a focus on potential learning.

We are active in the monthly network meetings and are speaking with UHBW as to how the national team can support both Trusts to develop a consistent mortality review approach across the ICS.

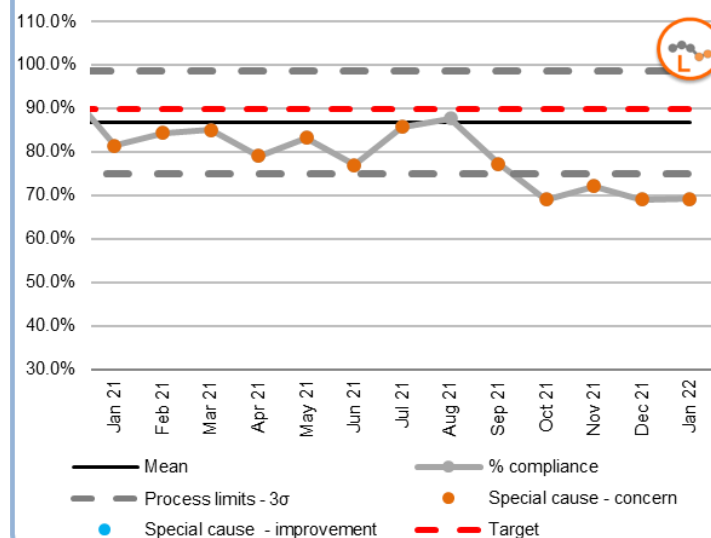
Patient Experience

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

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

What does the data tell us?

In January 2022, the Trust received 52 formal complaints, this is an increase on December where 44 complaints were received, and significantly higher than this period last year.

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

There are no re-opened complaints in January.

The 52 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	15 (9)	CCS	3 (1)
Medicine	18 (15)	NMSK	6 (9)
WCH	6 (9)	Facilities	3 (0)

Operations 1(0)

The number of PALS concerns received by the Trust has increased from 86, to 100 in January, and this is considerably higher than the number received in January 2021 (62).

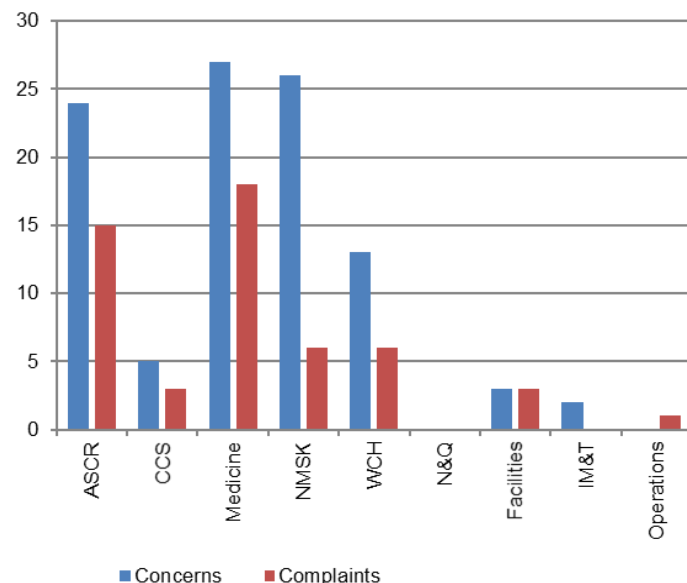
The response rate compliance for complaints has remained at 69% in January. This is below the Trust target of 90%. Despite actions taken to improve this, the same issues persist with delays in arranging LRMS, and drafting responses in Medicine, ASCR and WaCH.

The number of overdue complaints has reached its highest point for over a year, with 11 recorded for January. At the time of reporting there are 6 overdue for Medicine, 4 for ASCR and 1 for WaCH (Gynaecology). The teams are aware of their overdue complaints but operational pressures mean they are struggling to progress these.

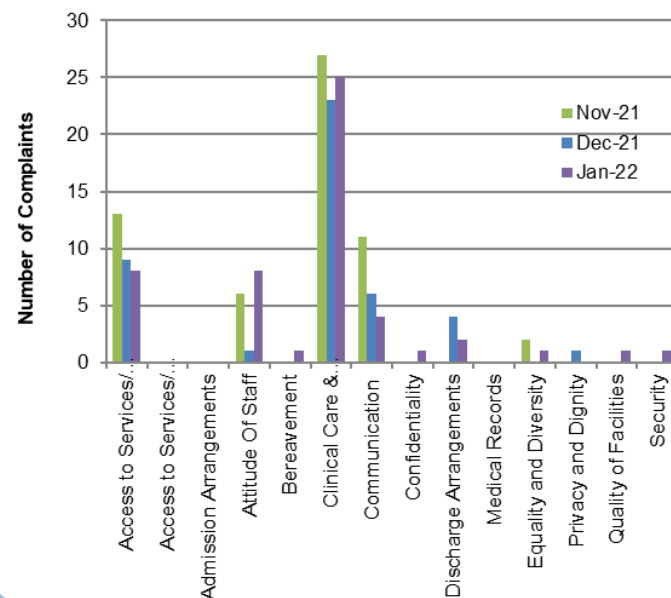
What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with ASCR, including Divisional Director of Nursing to unlock delays with complaints.
- Vacant posts with Medicine now recruited to. Meeting arranged to discuss overdue complaints and response rate compliance and look at a recovery plan and trajectory.

Concerns and Complaints per Division



Complaints By Subject



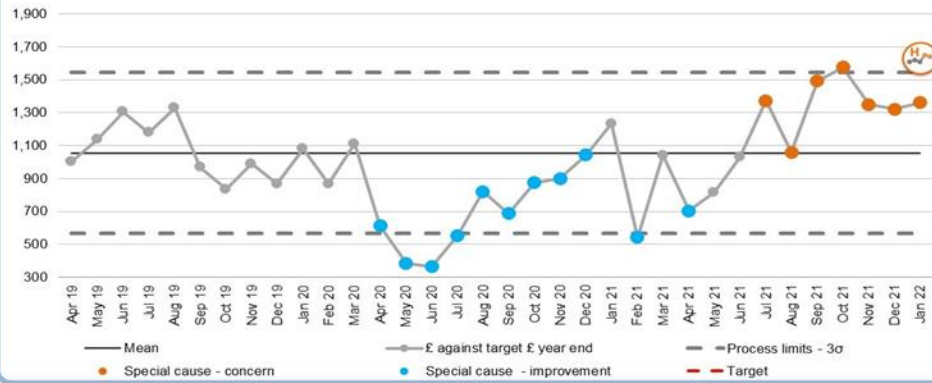
Well Led

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

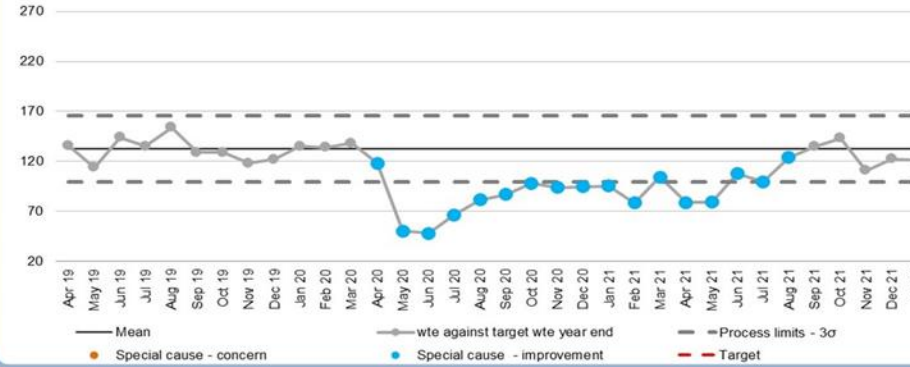
Tim Whittlestone and Jacqui Marshall

Workforce

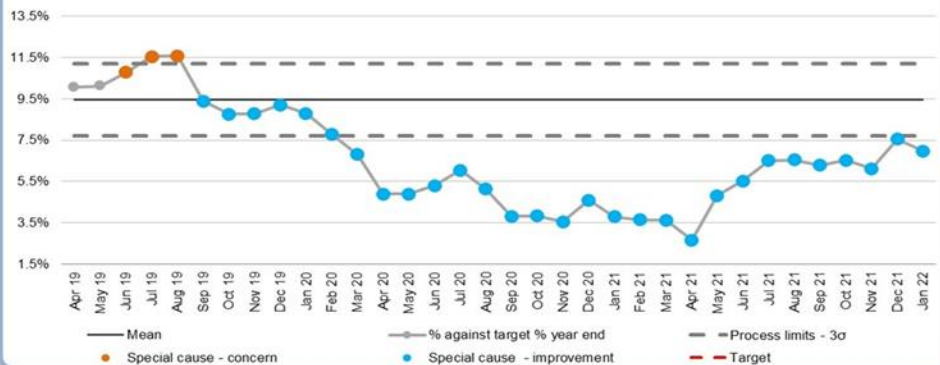
Agency Expenditure-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

Band 2 vacancies increased very slightly this month to 95.42. This month was strong for candidates and recruitment activity. We held 6 assessment centres in the month and made offers for 26.12 wte however January starters were low at 2.61. The reduced uptake in recruitment is in line with expected seasonal variation due to the Christmas period. Band 3 vacancies also increased to 56.51. 2 assessment centres in January brought offers for 5.77 wte. There were 9.64 starters in Jan and 8,27 leavers.

Registered Nursing

Band 5 recruitment continued at a steady pace this month. Our open day was attended by 26 applicants and we made 12 offers to nurses on the day. The Band 5 vacancy remained steady at 159.85 this month. January saw 21.74 new starters and 23.83 leavers as well as 13 International arrivals.

Temporary Staffing

Internal Bank and Framework Agency fulfilment rose gradually throughout January, This reduced unfilled vacancies from 48% at the end of December to 35.5% for the last week of January.

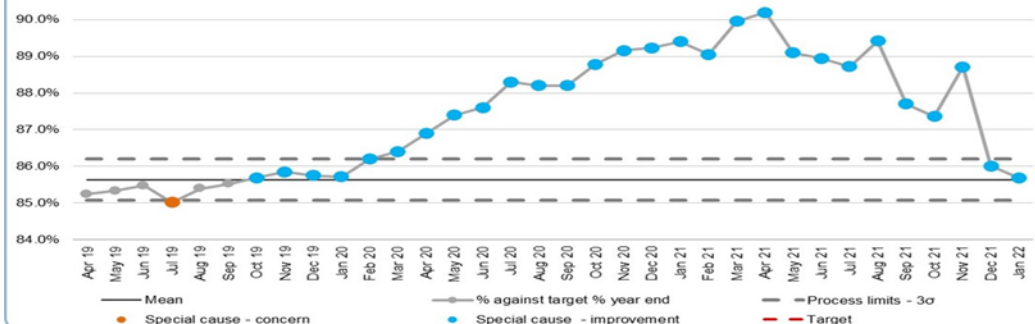
Actions – Vacancies and Temporary Staffing

Head of Resourcing

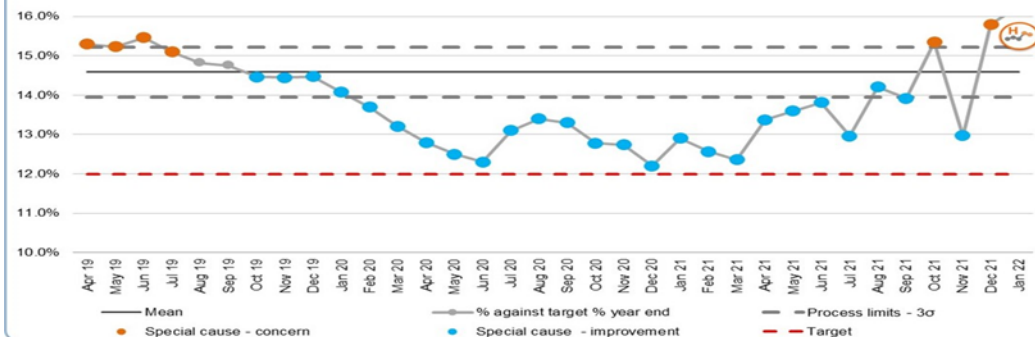
- Additional resource for the recruitment team in place for the remainder of H2 – increasing the volume of Assessment centres for Housekeeping and Ward Admin roles
- MV resources being alerted to system wide employment opportunities

Engagement and Wellbeing

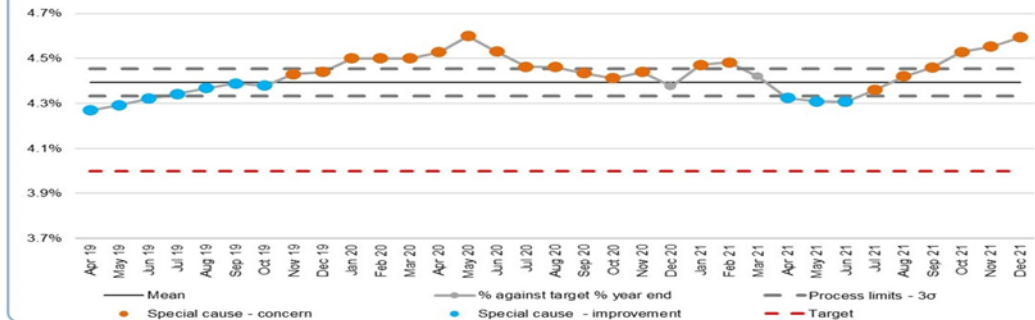
Stability -Trust starting 01/04/19



Turnover-Trust starting 01/04/19



Sickness Absence-Trust starting 01/04/19



What Does the Data Tell Us - Turnover and Stability

The risk of losing more staff due to the compulsory requirement for Covid vaccination has now significantly reduced due to the impending revoking of VCOD regulations, but the potential for increased turnover due to staff morale and fatigue remains high..

Actions - Turnover and Stability

Head of People

Leading and undertaking the extensive work around VCOD for NBT has required the People Team to focus all of its capacity to this task over the last 4-6 weeks. This has meant that progress against retention interventions have been delayed.

However the Retention Task and Finish group has just re-grouped and undertaken a review of progress and considered next steps. Our focus for the next 3 months will be mainly on just one of our key retention priorities: morale: fatigue and resilience of staff.

Actions in Progress - Head of People

- In order to ensure we capture as much leaver feedback as possible, the People Team, are now contacting all leavers prior to their leaving date and ensuring they receive an exit questionnaire (this is in addition to line managers undertaking this responsibility). Better leavers' insights will help inform our future retention interventions.
- Focussed work has now commenced in the Facilities Division, reviewing their exit and leavers' processes to ensure that staff feel able to give feedback and so that any recurrent themes/trends can be understood. **(Feb – end March 2022).**

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

- Stress/anxiety/depression/other psychiatric illness*, remains the greatest cause of sickness absence. For both clinical and non-clinical staff this type of absence has seen an upward trend throughout the pandemic response period

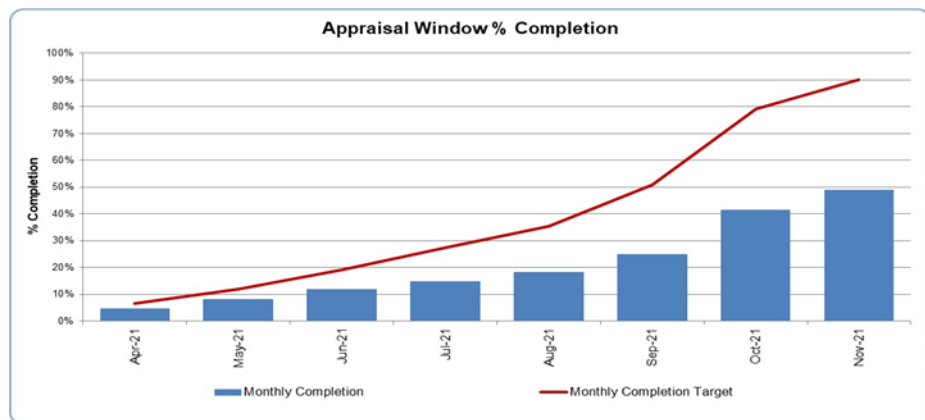
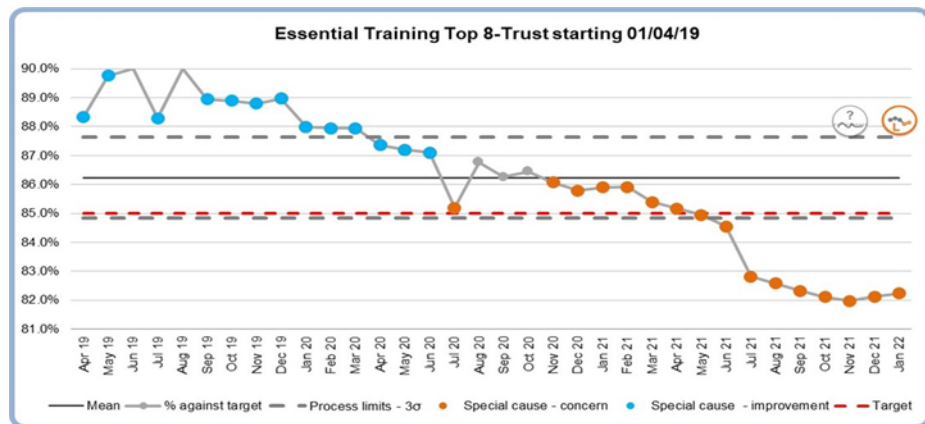
Actions Delivered – Health and Wellbeing – Head of People Strategy

- 9169 engagements, 180 likes, 40 retweets
- 8000 Snack bars delivered across the Trust

Actions in Progress - Sickness and Health and Wellbeing

Head of People and Head of People Strategy

- Our new sickness policy (more supportive, simpler in style and more practical in application); has been discussed and agreed at JUC. The Implementation plan scheduled for **Jan-22 – Mar-22 has now commenced**
- Focus on Time to Talk day 3/2/22 with an NBT Twitter Campaign #NBT2T – **Feb-22**



Training Topic	Variance	Dec-21	Jan-22
Child Protection	-0.3%	82.3%	82.0%
Adult Protection	0.1%	83.6%	83.7%
Equality & Diversity	-0.2%	85.2%	85.1%
Fire Safety	-1.2%	82.0%	80.8%
Health & Safety	0.1%	84.1%	84.2%
Infection Control	4.4%	87.8%	92.3%
Information Governance	-2.3%	78.2%	75.9%
Manual Handling	1.0%	73.0%	74.0%
Waste	-0.1%	83.0%	82.9%
Total	0.1%	82.13%	82.23%

What Does the Data Tell Us - Essential Training

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

Actions – Essential Training

Head of Learning and Organisational Development

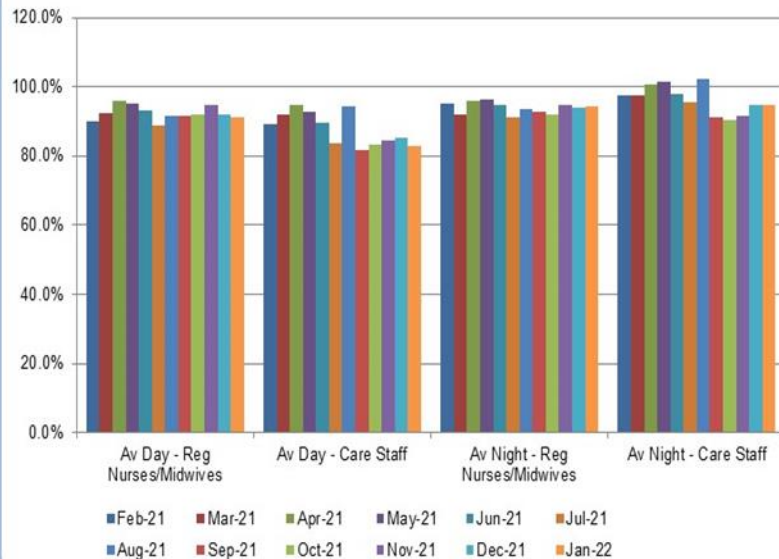
- In February, we continue to explore different mechanisms to help improve Stat Man compliance. These include:
 - Promoting completion of StatMan through Operational Communication channels and agenda items on Executive Management meetings
 - A new process modification that allows new joiners the chance to complete their StatMan e-learning as part of their onboarding journey (completely at the discretion of the individual)
 - Working with our technical teams to look at deployment of Single Sign On (SSO) for our Learning Management System which will take away the barrier of forgotten user ids and passwords

Other Wider Actions

Apprenticeships

- Whilst some non-essential learning activities have been postponed, the Trust has maintained the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (e.g. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- A new Healthcare Science apprenticeship pathway has launched in Respiratory Physiology. Recruitment to 3x Level 2 posts across BNSSG, with 1 post being based at NBT.
- NBT Apprenticeship Levy Utilisation for January-21 = 72%

Safe Staffing Fill Rates



Jan-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	91.3%	82.9%	94.5%	94.9%

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.

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 (73.5% Day) staffing supplemented with redeployed RNs and HCSW
- 32b (80% Day) staffing supplemented with redeployed RNs and HCSW.
- 7a (77.1% Night) staffing supplemented with redeployed RNs and HCSW
- Cotswold (51.2% Day) Registered staff vacancies, reduced occupancy staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (69.5% Night) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

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

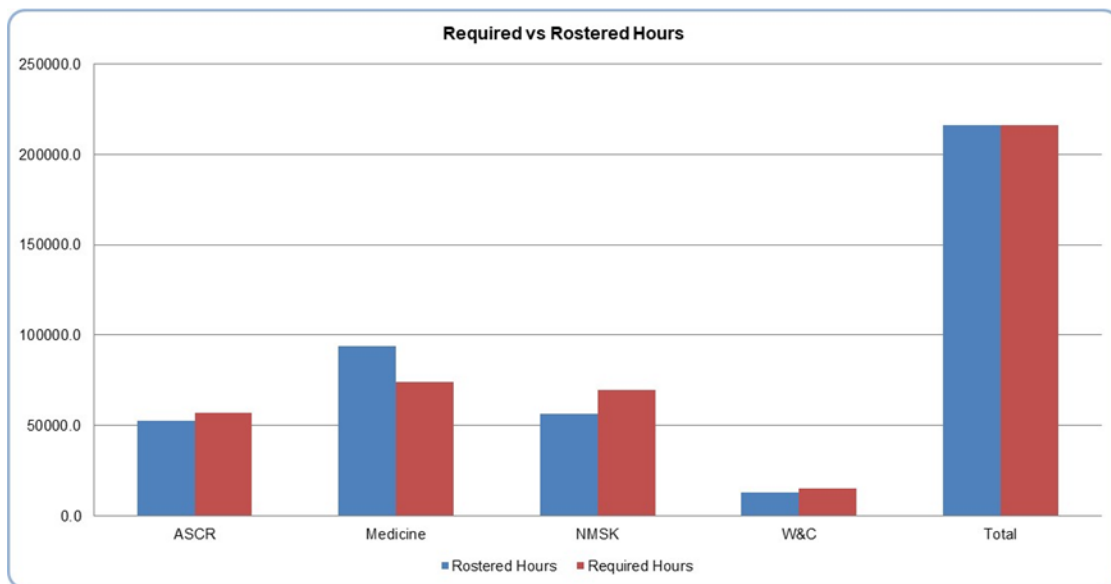
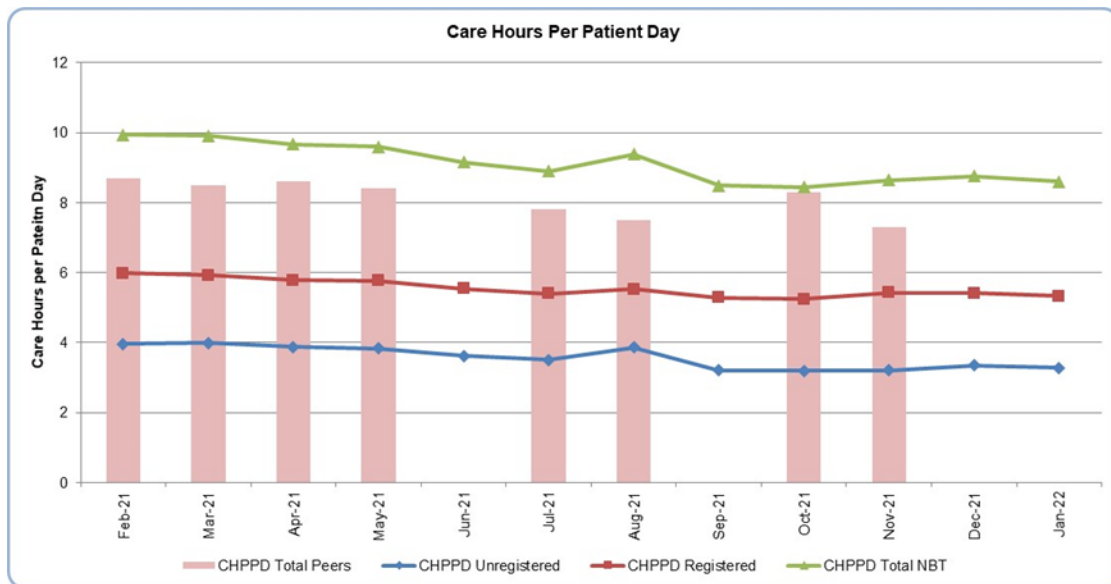
- 9a (78.3% Day) Unregistered staff vacancies and absence
- EEU (63.5% Day) Unregistered staff vacancies and absence
- 9b (65.7% Day) Unregistered staff vacancies and absence
- AMU (71.6% Night) Unregistered staff vacancies and absence
- 28b (79.2% Day) staffing supplemented with redeployed RNs
- 34b (71.7% Day / 78.4% Night) Unregistered staff vacancies
- Medirooms (67.5% Day) Unregistered staff vacancies
- 8b (69.3% Day) Unregistered staff vacancies
- 26b (76.8% Day) Unregistered staff vacancies and absence
- 7a (67.7% Day / 75.4% Night) Unregistered staff vacancies and absence
- NICU (40.7% Day / 34.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
- Quantock (71.5%) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold (71.5% Day) Unregistered staff vacancies
- Cossham Birth Centre (61.3% Night) Unregistered staff vacancies and absence, 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:

- 33a (195.3% Night) patients requiring enhanced care support
- 6b (162.8% Night) patients requiring enhanced care support
- 25a (179.7% Night) patients requiring enhanced care support



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

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

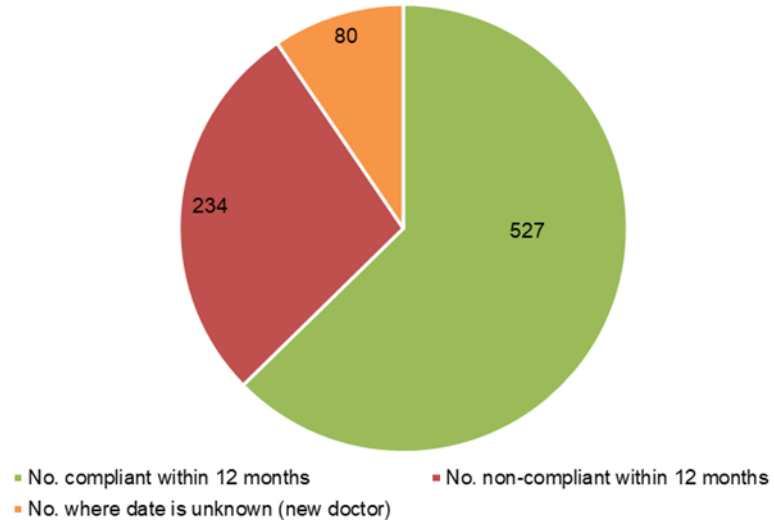
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

Safe Care Live (Electronic Acuity Tool)

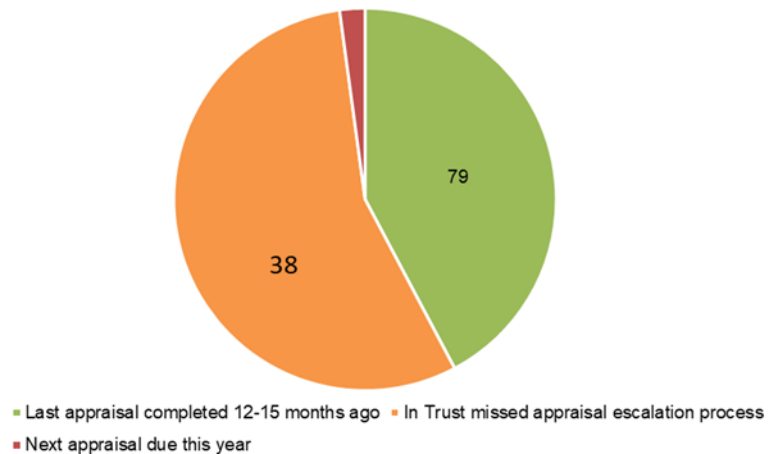
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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

Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

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.

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**

Statement of Comprehensive Income at 31 January 2022

	Month 10			Year To Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	56.9	59.0	2.1	562.4	563.6	1.2
Other Income	6.3	11.8	5.5	60.2	74.2	14.0
Pay	(38.9)	(39.3)	(0.3)	(382.8)	(378.0)	4.8
Non-Pay	(24.2)	(31.5)	(7.3)	(239.9)	(259.9)	(20.0)
Surplus/(Deficit)	(0.0)	0.0	0.0	0.0	0.0	0.0

Assurances

The year to date financial position to the end of January 2022 shows a breakeven position which is in line with plan.

Pay expenditure year to date is £4.8m favourable to plan due to unfilled vacancies across all clinical divisions.

Non-pay spend year to date is £20.0m adverse driven by underperformance on savings, actual and estimated accelerator costs, and the costs of the Nightingale Facility on site.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and is formally reviewing the position on a monthly basis.

Statement of Financial Position at 31 January 2022

	20/21 M12 £m	21/22 M09 £m	21/22 M10 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	579.3	574.5	571.2	(3.3)	(8.1)
Intangible Assets	14.7	12.3	12.0	(0.3)	(2.7)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
Total non-current assets	595.8	588.6	585.0	(3.6)	(10.8)
Current Assets					
Inventories	8.5	8.9	8.8	(0.0)	0.3
Trade and other receivables NHS	10.2	17.3	23.1	5.8	12.9
Trade and other receivables Non-NHS	26.3	28.1	23.1	(5.0)	(3.2)
Cash and Cash equivalents	121.5	104.9	116.1	11.2	(5.4)
Total current assets	166.5	159.1	171.1	11.9	4.6
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	5.7	6.1	0.4	(20.8)
Trade and Other payables - Non-NHS	98.7	96.4	106.9	10.5	8.2
Deferred income	8.5	22.1	19.6	(2.5)	11.2
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.3	2.2	(0.1)	(0.6)
Total current liabilities	149.2	141.7	150.1	8.4	0.9
Trade payables and deferred income	7.8	8.1	8.2	0.1	0.4
PFI liability	368.7	361.6	360.8	(0.8)	(7.8)
Finance lease liabilities	3.9	2.5	2.3	(0.1)	(1.6)
Total Net Assets	232.6	233.9	234.6	0.7	1.9
Capital and Reserves					
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	(0.3)	0.4	0.7	(3.1)
Revaluation reserve	162.0	163.5	163.5	0.0	1.5
Total Capital and Reserves	232.6	233.9	234.6	0.7	1.9

Assurances and Key Risks

Capital – Plan Year to date £15.5m, with actual spend of £18.0m. Plans are in place to ensure that capital funding is fully utilised by year end.

Receivables - Of the £12.9m year to date increase in NHS receivables, £10.0m relates to accrued Mass Vaccination Service income.

Payables - Year to date NHS payables have reduced by £20.8m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021 plus £1.1m of net other increases . Non-NHS payables have increased by £10.5m in-month, relating to the Nightingale hub and central accruals.

Cash – Cash at 31 January amounts to £116.1m, an in-month increase of £11.2m due to the sale of land at Thornbury and Frenchay (£3.4m and £4.8m respectively).

The cash balance has decreased by £5.4m 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 in Month 5 by NHS England of monies paid to NBT during 2020/21 for reimbursement of Covid-19 revenue costs and lost income offset by £6.0m cash receipts in advance against costs to be incurred in future years, £3.4m receipts from sale of the Thornbury site and £4.8m proceeds of Frenchay land sale and £2.3m of other working capital movements.

Forecast Outturn Position

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	87.4	71.6
Pay	(223.7)	(233.1)	(456.8)	(442.2)
Non-Pay	(152.8)	(143.4)	(306.3)	(291.7)
Total	0	0	0	0

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**

Monitor Provider Licence Compliance Statements at February 2022

Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
G7	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
P2	Provision of information	Yes	The trust submits information to NHS Improvement as required.
P3	Assurance report on submissions to Monitor	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures as required.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 January 2022 unless otherwise stated.

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

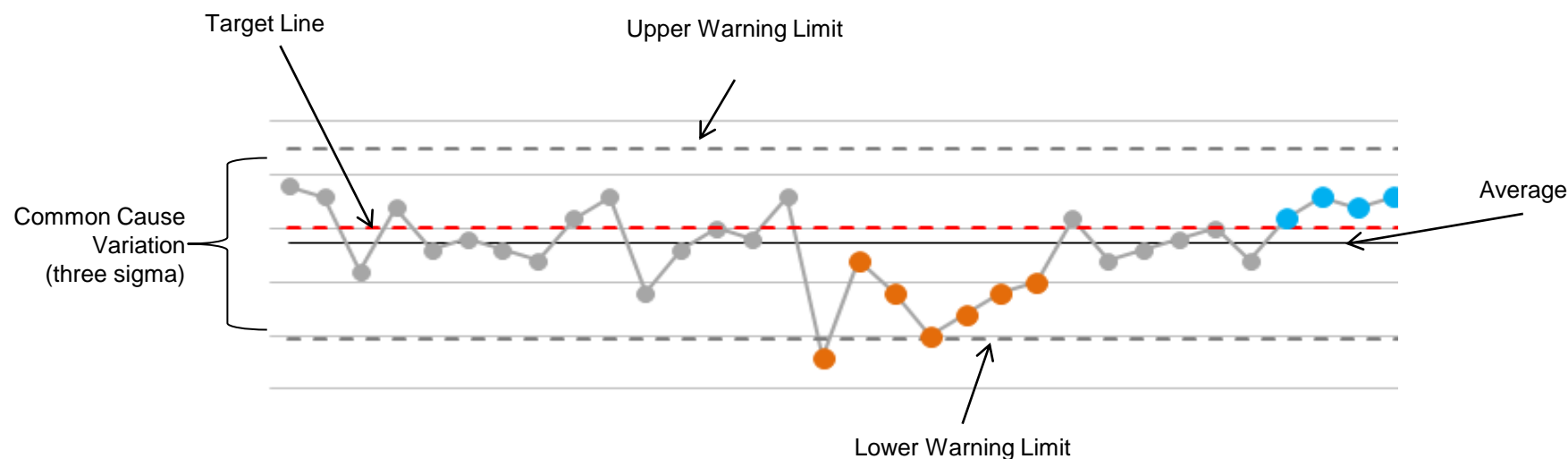


NBT Quality Priorities 2021/22

- QP1** Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic; including:
- Maintaining excellence in infection prevention and control
 - Ensuring the appropriate clinical priorities for recovery work
 - Keeping people waiting for planned care safe
 - Maintaining safety and excellent outcomes from emergency care
- QP2** Being outstanding for Safety– a national leader in implementing the NHS Patient Safety Strategy within a “just” safety culture
- QP3** Ensuring excellence in our maternity services, delivering safe and supportive maternity care.
- QP4** Meeting the identified needs of patient with learning difficulties, autism or both.

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
C2R	Criteria to Reside
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent



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

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

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

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

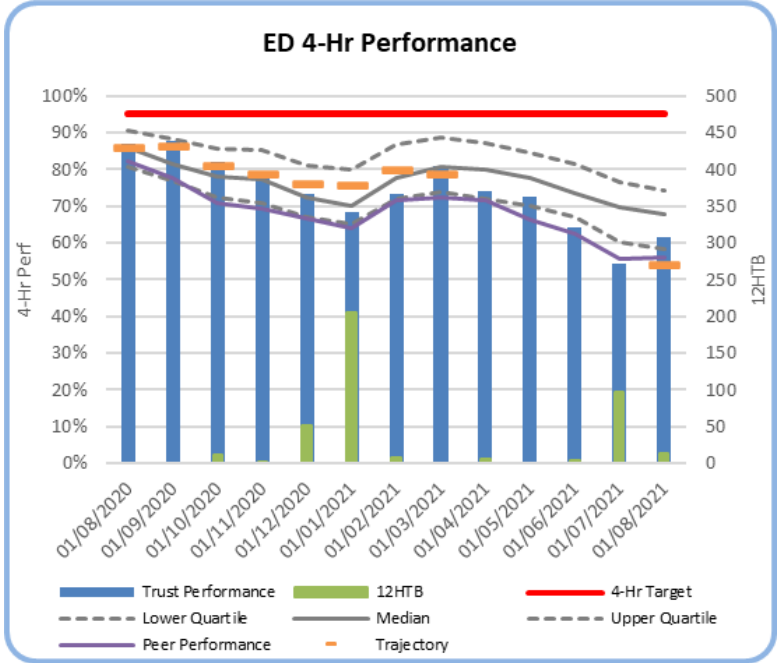
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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

Further reading:

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

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

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf



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

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

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

Quartiles are calculated using main NHS Trusts only.