

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

January 2022 (presenting December 2021 data)



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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%		54.28%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	52	206	7	0	6	0	4	97	14	38	29	59	20		0-609	5/10	
	Ambulance Handover < 15 mins (%)		100.00%	-	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.29%	20.33%				
	Ambulance Handover < 30 mins (%)	R	100.00%	-	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.92%	50.75%				
	Ambulance Handover > 60 mins		0	-	82	180	57	83	272	199	346	636	471	418	621	664	645				
	Stranded Patients (>21 days) - month end				145	124	129	136	272	116	123	277	144	149	149	178	189				
	Right to Reside: Discharged by 5pm	R	50.00%		28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.52%	24.22%				
	Bed Occupancy Rate			93.00%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	97.86%				
	Diagnostic 6 Week Wait Performance		1.00%	29.99%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%		28.84%	9/10	
	Diagnostic 13+ Week Breaches		0	0	1487	1420	1358	1364	1513	1779	2054	2183	2180	2724	3029	2913	3501		12-2913	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7				
	RTT Incomplete 18 Week Performance		92.00%	-	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%		60.70%	3/10	
	RTT 52+ Week Breaches	R	0	2402	1418	1817	2108	2088	1827	1583	1473	1544	1770	1933	2068	2128	2182		46-12066	5/10	
	RTT 78+ Week Breaches	R		-	-	-	-	-	363	424	448	532	656	659	577	497	469		0-4376	5/10	
	RTT 104+ Week Breaches	R		69	-	-	-	-	5	12	19	28	34	55	93	138	158		0-1368	5/10	
	Total Waiting List	R		39777	29611	29759	29716	29580	31143	31648	32946	34315	35794	36787	37268	37297	37264				
	RTT Backlog Clearance Time (in weeks)				2.2	2.3	2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9				
	Cancer 2 Week Wait	R	93.00%	75.04%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	-		69.40%	10/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	56.03%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	-		19.34%	7/10	
	Cancer 31 Day First Treatment		96.00%	92.44%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	-		91.86%	9/10	
	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%	100.00%	95.45%	96.30%	100.00%	-		97.52%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	89.85%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	-		80.33%	10/10	
	Cancer 62 Day Standard	R	85.00%	82.89%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	-		68.53%	4/10	
	Cancer 62 Day Screening		90.00%	78.18%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	-		65.14%	6/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	85.18%	-	-	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	-		70.34%	8/10	
	Cancer PTL >62 Days			355	-	-	-	-	-	-	-	-	-	-	501	663	759				
	Cancer PTL >104 Days		0	-	44	49	57	67	64	64	100	162	139	170	158	108	140				
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100.00%		82.92%	81.50%	83.60%	84.72%	84.44%	82.54%	83.27%	82.93%	83.13%	81.63%	82.08%	83.11%	81.79%				

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

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	
	Caesarean Section Rate			28.00%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	
	Still Birth rate			0.40%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	
	Induction of Labour Rate			32.10%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	
	PPH 1500 ml rate			8.60%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	
	Never Event Occurrence by month		0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	2	2	3	2	1	1	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	1	2	-	1	-	0	
	Total Incidents				1062	1241	877	1005	1034	1069	1027	1070	969	1016	974	904	944	
	Total Incidents (Rate per 1000 Bed Days)				49	57	45	46	46	44	43	44	40	41	39	44	67	
	WHO checklist completion			95.00%	99.95%	99.69%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.79%	99.41%	99.84%	99.87%	
	VTE Risk Assessment completion	R		95.00%	95.44%	95.28%	95.10%	95.38%	95.46%	95.46%	95.38%	95.52%	94.83%	94.85%	94.44%	93.19%	-	
	Pressure Injuries Grade 2				17	17	27	7	9	10	15	17	22	24	19	12	16	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	1	0	0	0	0	0	0	0	0	0	0	1	
	PI per 1,000 bed days				0.60	0.52	0.82	0.19	0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	
	Falls per 1,000 bed days				8.55	9.54	8.63	8.44	8.33	8.70	8.53	8.36	7.84	7.24	7.28	7.43	8.13	
	#NoF - Fragile Hip Best Practice Pass Rate				63.64%	42.86%	69.05%	78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	36.00%	44.44%	-	-	
	Admitted to Orthopaedic Ward within 4 Hours				57.14%	39.68%	54.76%	44.68%	71.11%	48.84%	44.00%	51.11%	28.95%	40.00%	22.22%	-	-	
	Medically Fit to Have Surgery within 36 Hours				79.59%	58.73%	80.95%	89.36%	71.11%	65.12%	80.00%	71.11%	86.84%	44.00%	44.44%	-	-	
	Assessed by Orthogeriatrician within 72 Hours				79.59%	80.95%	97.62%	97.87%	93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	-	-	
	Stroke - Patients Admitted				80	70	61	96	91	100	91	75	92	83	90	85	34	
	Stroke - 90% Stay on Stroke Ward			90.00%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	80.00%	77.94%	78.13%	73.13%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.73%	32.00%	40.58%	48.53%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	89.19%	95.95%	97.18%	88.57%	-	
Quality Caring & Experience	MRSA	R	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	E. Coli	R		4	3	3	1	6	4	5	4	1	5	3	8	3	2	
	C. Difficile	R		5	7	4	9	4	10	6	10	6	2	5	4	1	0	
	MSSA			2	2	3	3	0	4	1	5	2	5	4	1	0	5	
	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				93.24%	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				95.60%	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				90.96%	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				66	62	71	79	108	88	127	127	123	123	100	93	86	
	Complaints - % Overall Response Compliance			90.00%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69%	72.13%	69.09%	
	Complaints - Overdue				0	0	0	0	0	0	0	2	1	8	10	10	6	
	Complaints - Written complaints				23	37	43	42	56	67	51	65	48	52	55	59	44	
Well Led	Agency Expenditure ('000s)				1043	1234	544	1042	#N/A	816	1029	1374	1061	1492	1576	1350	1321	
	Month End Vacancy Factor				4.59%	3.80%	3.65%	3.62%	#N/A	4.81%	5.53%	6.52%	6.55%	6.28%	6.53%	6.13%	7.55%	
	Turnover (Rolling 12 Months)	R		12.00%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	15.57%	15.80%	
	Sickness Absence (Rolling 12 month -In arrears)	R		-	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	4.46%	4.53%	4.55%	-	
Well Led	Trust Mandatory Training Compliance				85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	

EXECUTIVE SUMMARY

December 2021

Urgent Care

Four-hour performance deteriorated marginally in December with performance of 61.80%; the Trust ranked first amongst 9 reporting AMTC peer providers. The Trust recorded 645 (provisional data) ambulance handover delays over one hour and 20 12-hour trolley breaches in month, with nearly 13,000 reported nationally. Four hour performance and Ambulance handover times were impacted by high bed occupancy at an average of 97.86% for the month as a result of COVID-19 admissions and increased LoS. Key drivers include increased volume of bed days for medically fit patients awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, a relaunch of internal professional standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk, but is subject to a new national reduction target. In response to the COVID-19 surge and increased staff absence, further cancellation of the elective programme was required with all P3 surgery cancelled, limiting activity to P1 and P2 inpatients and day case only.

Elective Care and Diagnostics

The overall RTT waiting list was static in December. 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 2,182 patients waiting greater than 52-weeks for their treatment in November, 469 of these were patients waiting longer than 78-weeks and 158 were waiting over 104-weeks. This was the sixth consecutive month that the Trust has reported an increase in long waiting patients, with 52-week breaches exceeding the peak seen previously in February 2021. When compared nationally, the Trust's 52-week and 104-week positioning were static in November and remain in the fourth quartiles, though the Trust compares reasonably with model hospital peers. The Trust continues to treat patients based on their clinical priority first followed by length of wait. Diagnostic performance deteriorated in December with performance of 44.30%. 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 November at 53.75% compared to the previous month (42.70%) though performance continues to be impacted by issues in Breast and Colorectal. The 31-Day standard deteriorated slightly to 86.94%. The reported 62-Day performance for November improved when compared to the previous month with performance of 54.07%. 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 (13/01/22) there were 183 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. In December, the Trust COVID-19 level was elevated due to the Omicron variant of the virus; there have been some ward outbreaks and staff positive rates have risen. One Grade 4 pressure injury was reported in December and there was an increase in Grade 2 pressure injuries. 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 third 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 14.84 wte in December, combined with a reduction in bank hours worked, predominantly in registered nursing and midwifery (-25.11 wte), drove an increase in unfilled shifts by 40.67 wte. The vacancy factor increased to 7.55% in December from 6.13% in November driven by increases in funded establishment in AHP teams and the Urology Transfer and a reduction in staff in post driven predominantly by band 2 and band 5 nursing. Sickness absence increased to 4.55% in November from 4.53% in October in line with seasonal trends and an initial view of December's absence shows a further increase in line with the COVID-19 surge. The People and Transformation Team have provided support to the mass vaccination programme, responding to Vaccination as a Condition of Deployment, COVID-19 surge response and staff mobilisation and H2 Recovery, all of which are ongoing actions.

Finance

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, manage costs incurred in dealing with the COVID-19 pandemic in line with COVID-19 funding provided. The financial performance for 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 9 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 61.80% in December. Ambulance handover delays were similar to the previous month with 645 handovers exceeding one hour reported (provisional data); the Trust had 20 12-hour trolley breaches. Bed occupancy varied between 89.16% and 100.77% 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. There is a Trust-wide plan in place to improve emergency flow which focusses on the actions that can be taken within the Trust and includes increased use of SDEC pathways, focus on early discharges and improvement in weekend discharging.

Planned Care

Referral to Treatment (RTT) – The number of patients exceeding 52-week waits in December was 2,182, the majority of breaches (1,117; 51.59%) being in Trauma and Orthopaedics. For the sixth consecutive month, the Trust has reported an increase in 52-week wait breaches; the overall proportion of the wait list that is waiting longer than 52-weeks is 5.86% which is relatively static compared to the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need.

Diagnostic Waiting Times – Diagnostic performance deteriorated in December with performance of 44.30% and failed to meet the improvement trajectory of 29.99%. The number of patients waiting longer than 13-weeks increased to 3,501 compared to 2,913 in November. Challenges remain in Echocardiography, Endoscopy and Non-obstetric Ultrasound. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In November, 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 a improvement on last month's performance. The Trust continues to carry backlogs in Breast and Colorectal which is impacting on TWW and 62-Day pathways. Breast services continue to struggle to maintain activity; internal recovery plans are in place to support the front-end and the surgical element of the pathway. Recruitment within Cancer Services has been successful and agency support has been secured to improve patient tracking activity. Following a National and Regional review of the Trust's compliance with Cancer High Impact Actions the Trust obtained positive feedback with regards to governance procedures and performance management but there are areas for improvement especially in the Faster Diagnosis pathway compliance. The Trust continues to be supported by Regional colleagues for the remainder of this quarter.

Areas of Concern

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

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

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Infection control: There were no cases of MRSA bacteraemia reported in December 2021 (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 December the COVID Trust level was 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 supporting the trust with the increased demand from a COVID perspective, 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.

Pressure Injuries: One Grade 4 pressure injury was reported in December in NMSK. The Tissue Viability team have facilitated and supported the After Action Reviews (AAR) to investigate and understand the circumstances and ensure learning from the event is acted upon to avoid recurrence. In December, there was also an increase in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries.

VTE Risk Assessment: In November, the rate of VTE Risk Assessments performed on admission fell for the third 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

The vacancy factor increased to 7.55% in December from 6.13% in November. This was driven by an increase in funded establishment (+52.10wte), this has predominantly been driven by additional establishment associated with Weston Urology transfer and increases in funding in radiography, occupational therapy and physiotherapy. There was also a decrease in staff in post (-68.37wte), with notable net loss in ASCR and Medicine of nurse band 2 (-10.1 wte) and nurse band 5 (-17.1 wte) across wards, the emergency zone and ICU.

Turnover

Staff turnover increased to 15.80% in December from 15.57% in November. Excluding the COVID-19 and mass vaccination workforce, the turnover rate increased slightly from 15.02% in November to 15.22% in December). This is higher than the pre-pandemic figure of 14.58% in December 2019.

Prioritise the wellbeing of our staff

Sickness absence increased to 4.55% in November from 4.53% in October. *Stress/anxiety/depression/other psychiatric illness* continue to be the leading cause of absence, the initial view of the December absence position shows a 1.3% increase in days lost compared with November and we recognise the effects of the pandemic and chronic pressure in the hospital are cumulative and long lasting. There was also large increases in days lost from November to December for *Infectious Diseases* (which includes COVID sickness) in line with the COVID surge beginning in December (+42.83%).

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 14.84 wte in December, combined with a reduction in bank hours worked, predominantly in registered nursing and midwifery (-25.11 wte), drove an increase in unfilled shifts by 40.67 wte. Agency RMN use saw an increase of 10.52 wte (of which 5.70 wte was tier 4 predominantly in NMSK Wards and EEU).

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 in 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, 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	Nursing & Midwifery Demand and Supply group agreed retention interventions and will monitor progress. Next key action aimed at morale; 'patient and relative videos; recognition and thanks'	Head of People	Jan-22 – Mar-22
Temporary Staffing	Delivering campaign to encourage inactive workers to participate and contacting staff who have left within the last 12 months to register on our bank	Head of Resourcing	Jan-21 (original Nov-21)
Temporary Staffing	System wide review of Waiting List Initiative Rates to support capacity management across system	Director of People and Transformation	Dec-21

The actual result for the Month 9 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 H2 update submitted in Month 8. The actual result for Month 9 (December) is a breakeven position.

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

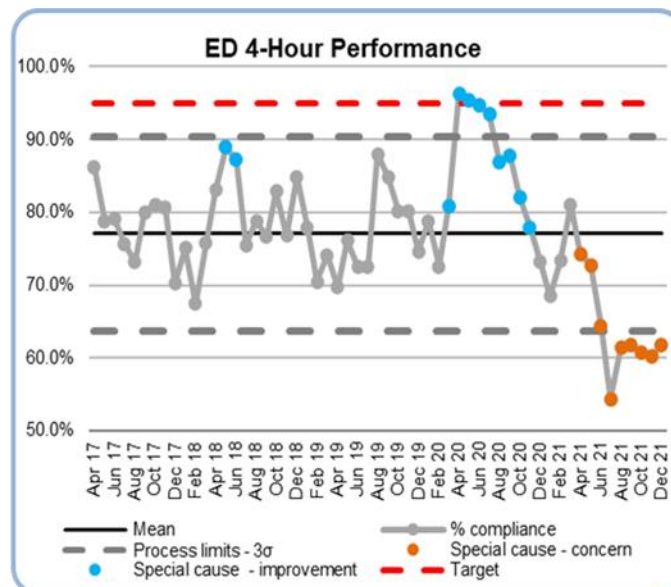
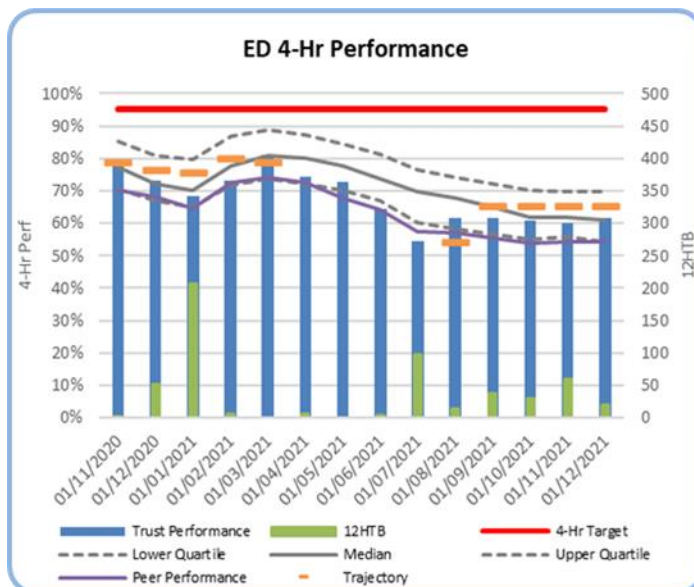
The income reported in Month 9 is based on notified allocations from BNSSG system and it was £64.4m (£56.0m Contract and £8.4m other) and the year to date figure is £567.1m (£504.6 Contract and £62.5m other)

Cash at 31 December amounts to £104.9m.

Total capital spend to date is £14.1m, compared to a plan of £16.3m for the first nine months of the year.

Responsiveness

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



Urgent Care

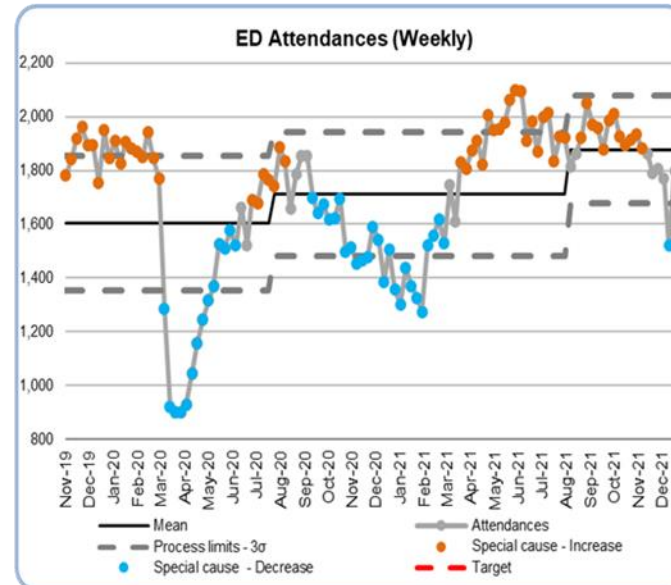
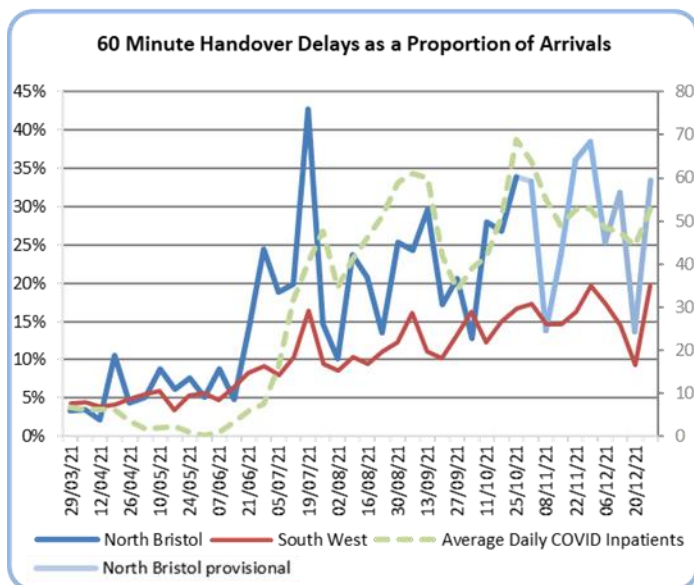
What does the data tell us?

Four-hour performance improved slightly in December with performance of 61.80%. Compared to our AMTC peers, the Trust ranked first out of nine reporting centres. When compared nationally, Trust positioning improved, moving into the second quartile from the third. ED performance for the NBT Footprint stands at 68.82% and the total STP performance was 70.55% for December.

ED attendances were lower when compared to 2019/20 levels. There was a decrease in 12-hour trolley breaches in December compared to November with the Trust recording 20 in month; nationally there were 12,986 with 38 Trusts reporting over 100.

Ambulance handover times continued to be challenged with provisional (unvalidated) data showing the Trust recorded 645 ambulance handover delays over one-hour in December.

Numbers of COVID-19 inpatients continues to be higher than plan and remained largely static in December when compared to November levels.

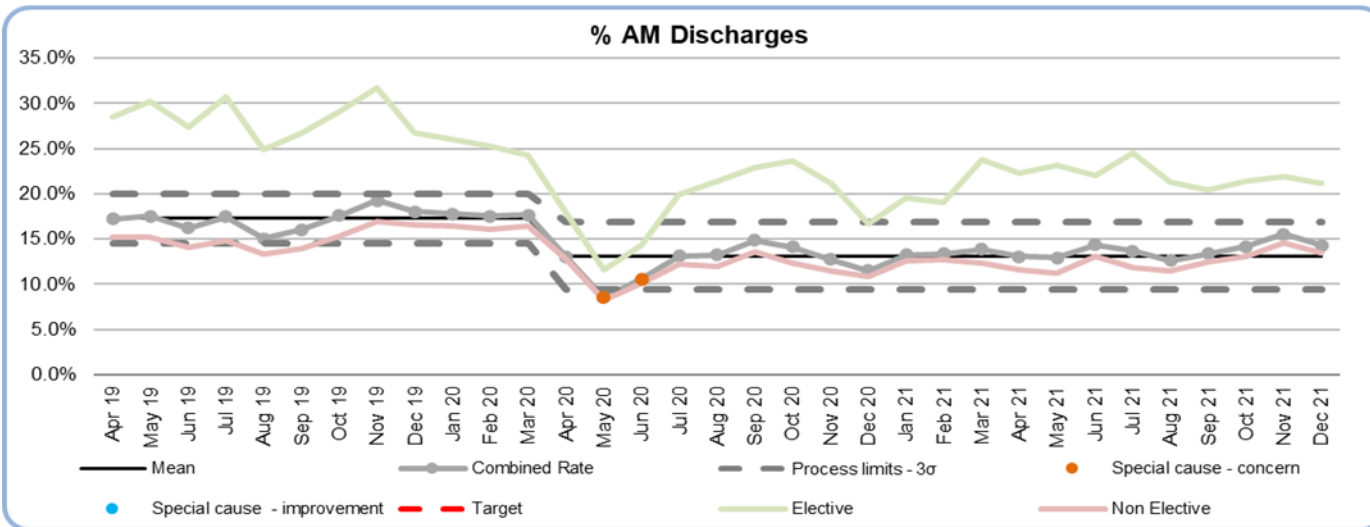
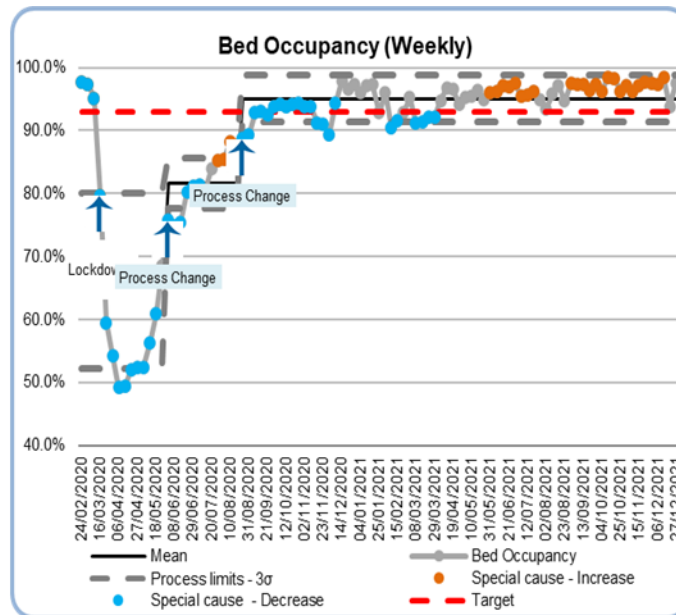
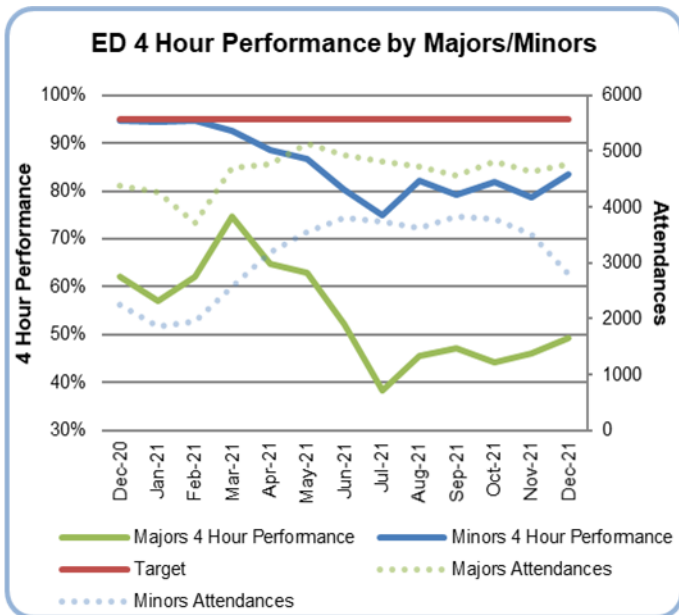


What actions are being taken to improve?

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 (emergency portals, time in hospital, and discharge) has not impacted significantly in December, 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, but 5 key pathways have been targeted for improvement from January 2022.

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



4-Hour Performance

What does the data tell us?

In December, Minors performance improved to 83.40%, whilst Majors performance improved to 49.16%.

Waiting for assessment in ED continued to be the predominant cause of breaches at 41.17%, with the second highest cause due to waits for a medical bed at 25.82%.

The vast majority of breaches of the admitted pathway is related to bed occupancy which remained challenged, varying between 81.16% and 100.77% in December against the core bed base. There were high levels of bed occupancy throughout the month, with 29 days out of 31 above the 93% target.

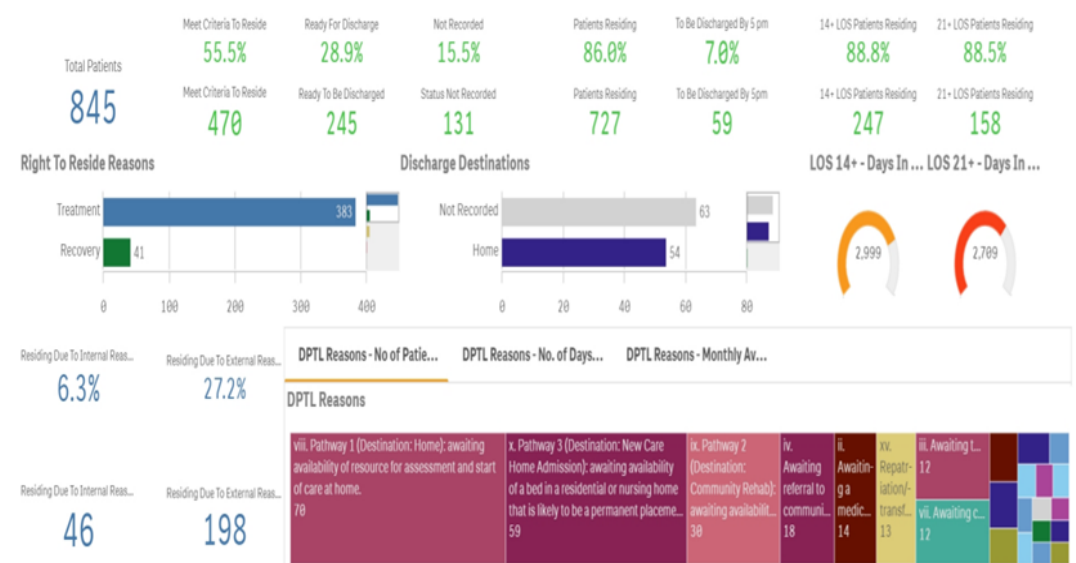
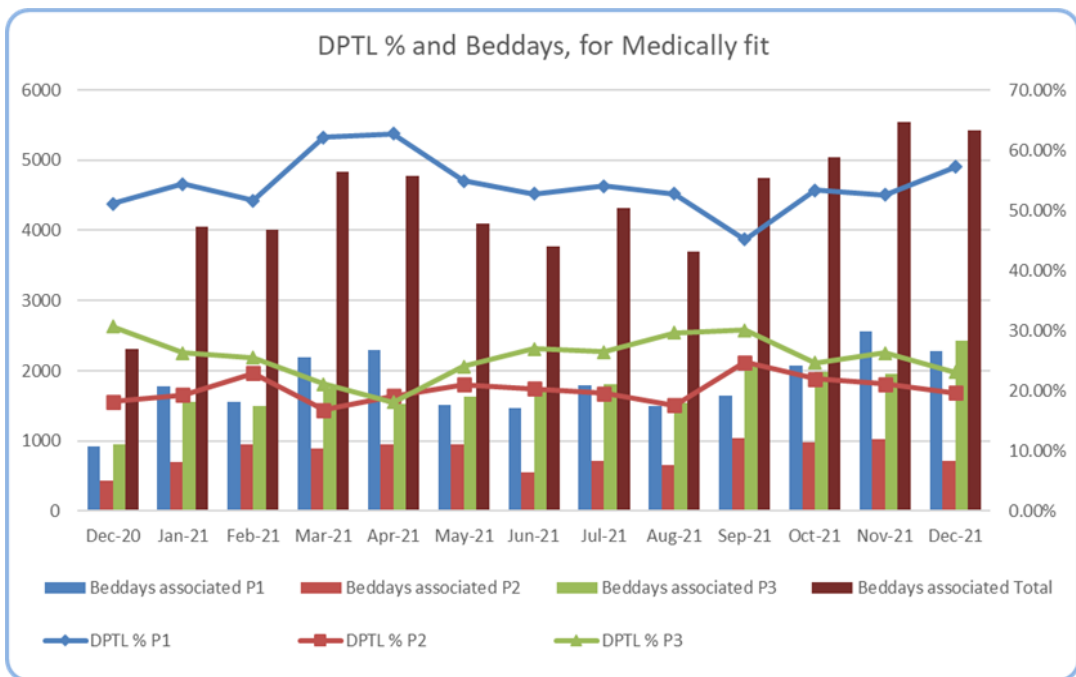
In December, 15.31% of patients were discharged between 08:00-12:00; which was down on the previous month.

What actions are being taken to improve?

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

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

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.



Criteria to Reside

What does the data tell us?

In December, the number of delayed bed days for medically fit patients awaiting Pathway 1 and 2 decreased slightly from November 2021 whilst the P3 waits increased. The delayed bed days for Pathway 3 rose by 472 bed days on last month. Overall the delayed bed days fell by 110 compared to November 2021.

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

At the point of reporting, 244 patients were ready for discharge on a complex pathway of which 198 were waiting for external reasons (70 patients waiting Pathway 1: domiciliary care, 34 patients waiting Pathway 2: short term community beds and 62 patients waiting Pathway 3: long term care home beds). 13 patients were awaiting repatriation and 12 patients referred to the community were awaiting a pathway decision; 3 patients were homeless.

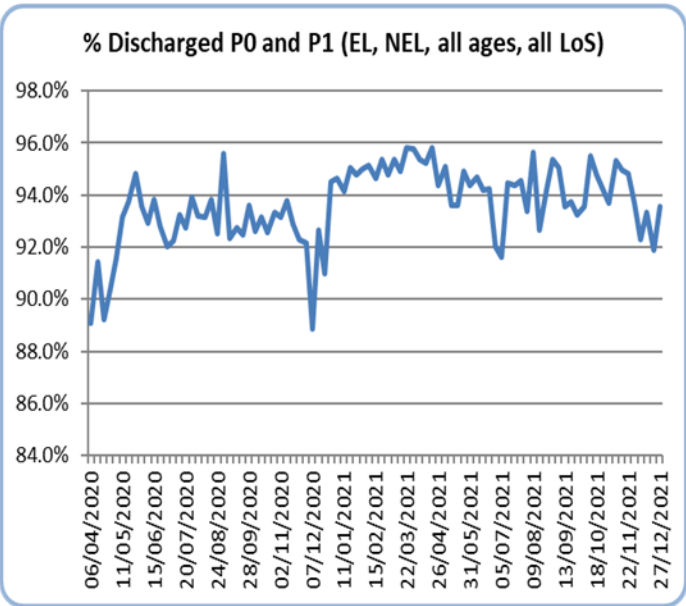
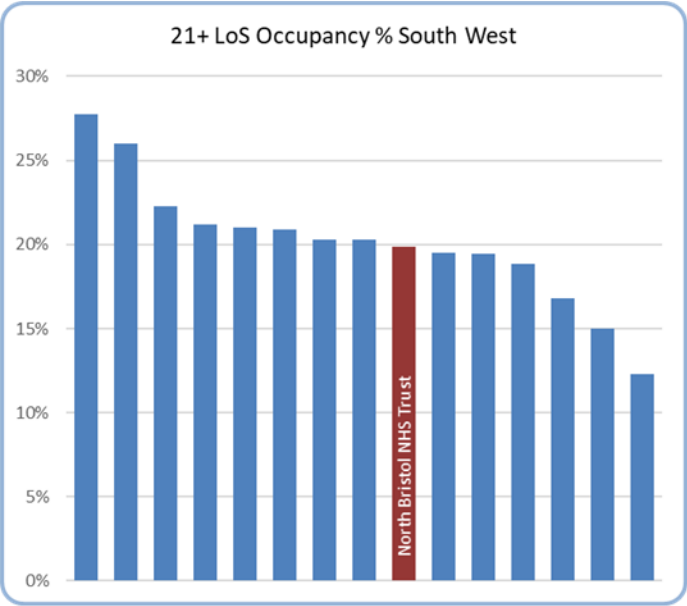
During December, an increased number of care homes closed to admission due to COVID-19 and rehab bedded units added to delayed discharge bed days. 46 patients were recorded as waiting internal actions including 12 waiting therapy decision, 18 waiting referral submission, 14 a medical decision and 2 due to COVID-19.

What actions are being taken to improve?

Transitional bed capacity for S. Glos continues to be commissioned by BNSSG; the 30 bedded Care Hotel opened 22nd December as a further interim step for patients on discharge Pathway 1 and will close 31st March 2022.

The Single Referral Form (SRF) improvement project, overseen by the Urgent Care Delivery Group, commenced in early October and has now been rolled out to all wards. The aim is to gain 21 bed capacity per month (as per 2021/22 bed model). Key enablers include introduction of 11 qualified discharge trackers and better IT infrastructure for the referring wards, earlier social assessments and closer working with community referral hubs to address outstanding queries. Whilst P1 and P2 time to referral targets were largely met in December time to referrals for P3 pathways negated these gains. Staffing pressures due to the COVID-19 surge in January mean the target reduction is at risk for January 2022.

With the increasing wait for Pathway 1, engaging family support with care at home whilst awaiting pathway commencement continues to be a focus and saved 4 beds in December.



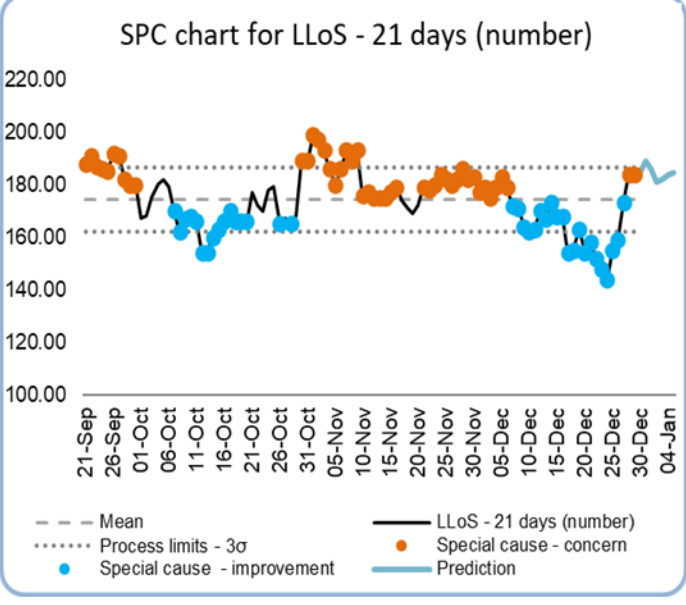
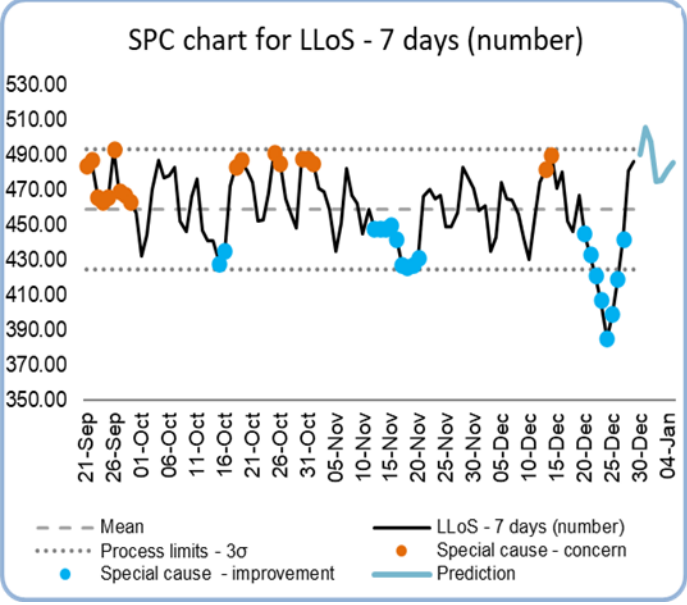
Stranded Patients

What does the data tell us?

Both 7+ and 21+ day LoS patients reduced up to 25th December, but a mix of patient acuity and increasing P1 delays, plus a high number of care homes closed due to COVID-19 resulted in growth into January.

The Trust's positioning for 21+ days in the South West Region improved significantly in December to 9th highest with 19.89% 21+ day bed occupancy (21% in November). UHBW performance deteriorated to 21.16% and 4th highest in the Region. NBT continued the focus on reducing 21+ stay patients throughout the month.

In December, 433 patients were discharged on the complex P1 to 3 pathways (40 more than November) against a target of 484 discharges; 89% of expected discharges. P0 non-complex discharge is the main pathway from hospital and the highest volume of monthly discharges and totalled 4734 in December.



What actions are being taken to improve?

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

Data Source: South region NHSI UEC dashboard, w/e 29th December 2021

Diagnostic Wait Times

What does the data tell us?

In December, diagnostic 6-week performance deteriorated to 44.30%, and failed to meet the improvement trajectory of 29.99%. 13-week performance also deteriorated with an increase of 20.19% on the previous month. There was a small increase of 0.66% in the overall wait list in December. Activity levels for the majority of test types were lower in December compared to the previous month; adjusting for working days there was an overall reduction in activity of 7.83%. Most test types reported over 80% of their activity compared to the same month in 2019/20.

Challenges remain in Echocardiography which has seen declining performance along with Endoscopy and Non-Obstetric Ultrasound. Although CT had reported improvement in previous months, their position deteriorated in December as expected, due the bank holiday impact, reduced capacity as a result of scanner downtime, and COVID-19 impact on staffing/WLI uptake.

In November, 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 – There has been a significant focus on re-establishing both insourcing and outsourcing of activity, which has been delivered, although staffing shortages have impacted the effectiveness of this mitigation. Focus continues on the internal capacity gap with a Locum Endoscopist 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.

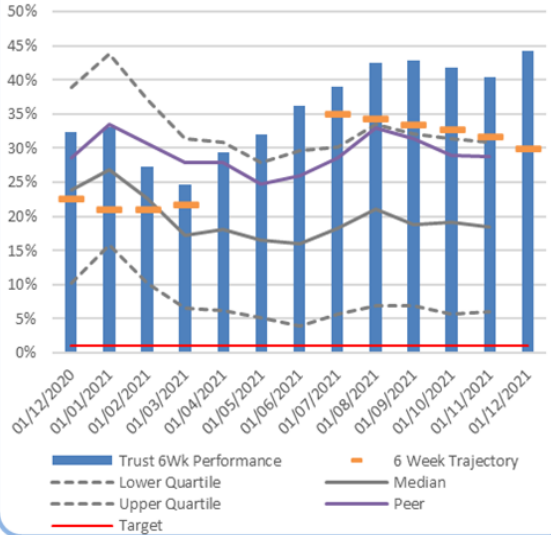
Non-Obstetric Ultrasound – Insourced capacity commenced in December (82 patients), but is not expected to have a noticeable impact until February owing to staff availability. The revised booking schedule commenced in December. In addition, the Trust continues to send 45 patients every other week to Emersons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

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

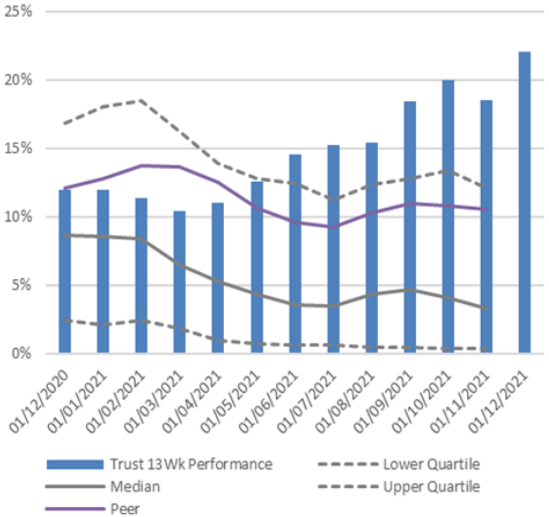
MRI – The Trust continues to use the BioBank MRI research facility for additional MRI capacity until Easter. There are plans to resume use of IS capacity at Nuffield from April, plus potential to extend the working day on Cossham Suite B scanner. Revised booking schedule (appointment times) have been 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. Booking for January is starting from w/c 24th January and backlog reduction should start to be seen by end of February.

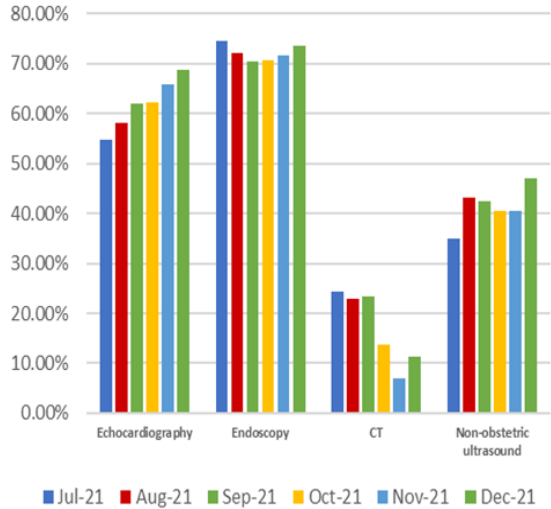
DM01 6-Week Performance



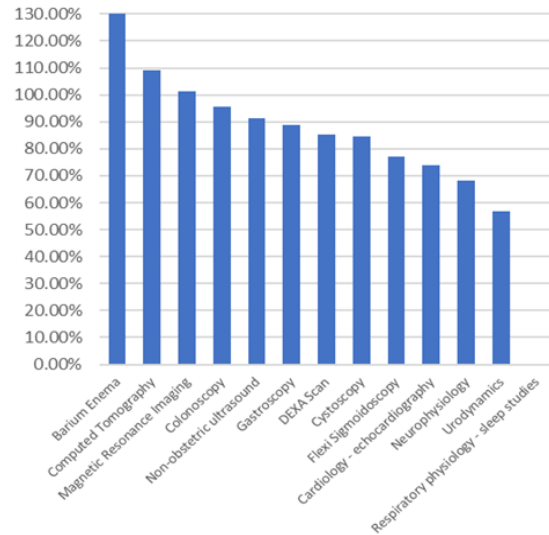
DM01 13-Week Performance

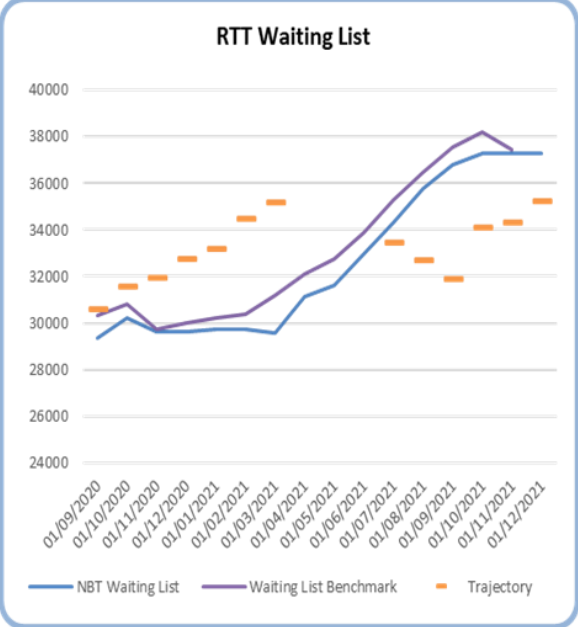
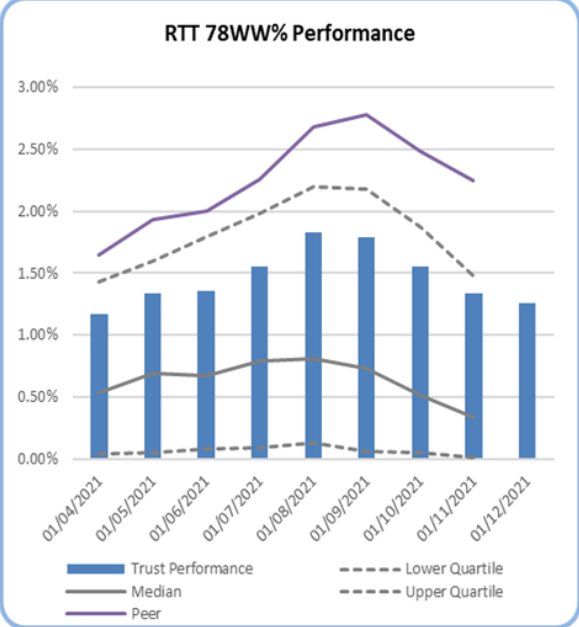
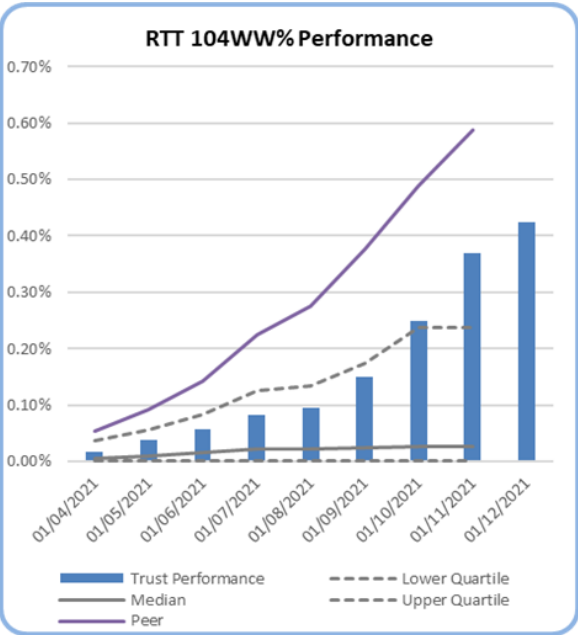
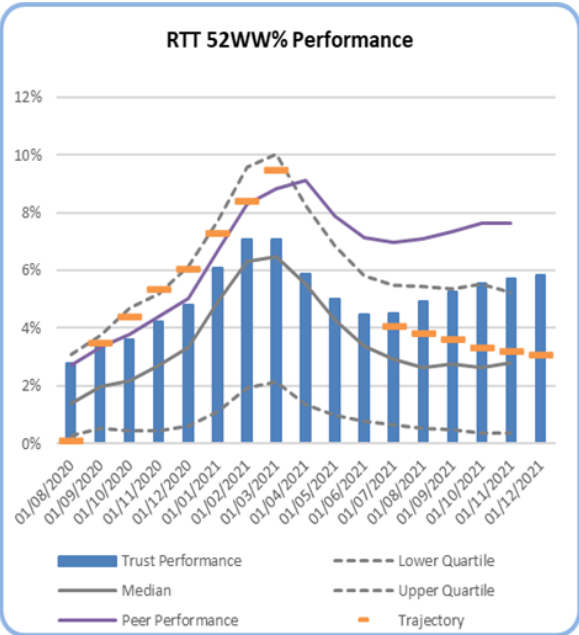


Diagnostic Performance by Test



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





Referral to Treatment (RTT)

What does the data tell us?

In December, the Trust reported a static waiting list at 37,264. The Trust has reported an increase in 52-week wait breaches for the sixth consecutive month with 2,182 patients waiting greater than 52-weeks for their treatment; 469 of these were patients waiting longer than 78-weeks and 158 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1,117; 51.59%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

Cancellations resulting from increasing COVID-19 admissions, non-elective demand and bed pressures has resulted in challenged elective inpatient capacity. Coupled with consistent demand at pre-pandemic levels since March 2021, this has resulted in wait list growth and longer waiting times. The residual risk of 104-week breaches at the end of March 2022, is now 249 patients awaiting treatment predominately in T&O including 38 patients choosing to defer their treatment. Work is ongoing to further mitigate this risk.

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. In November, 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.

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

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

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

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

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

Cancer: Two Week Wait (TWW)

What does the data tell us?

The Trust reported a performance of 53.75% in November compared to 42.70% in October which is a 25% increase in performance. The Trust saw 2344 patients in November compared to 2280 patients in October. Of the 2344 patients seen, 1085 patients breached the TWW target, with the average day to first appointment in November at 28-days. This is largely due to the capacity issues in Breast and Skin.

Urology held their position this month from 97.87% in October to 97.13% in November, Gynaecology and Skull Base also achieved above the 93% TWW target.

Breast had a poor performance of 5.79% compared to the 7.22% in October. This was due to the backlog clearance work undertaken by Breast. They saw 847 patients in November; 798 of those were seen in a breach position.

Skin significantly improved their position again this month from 30.28% in October to 83.75% in November. The skin service saw 541 patients in November; 10 were seen in a breach position.

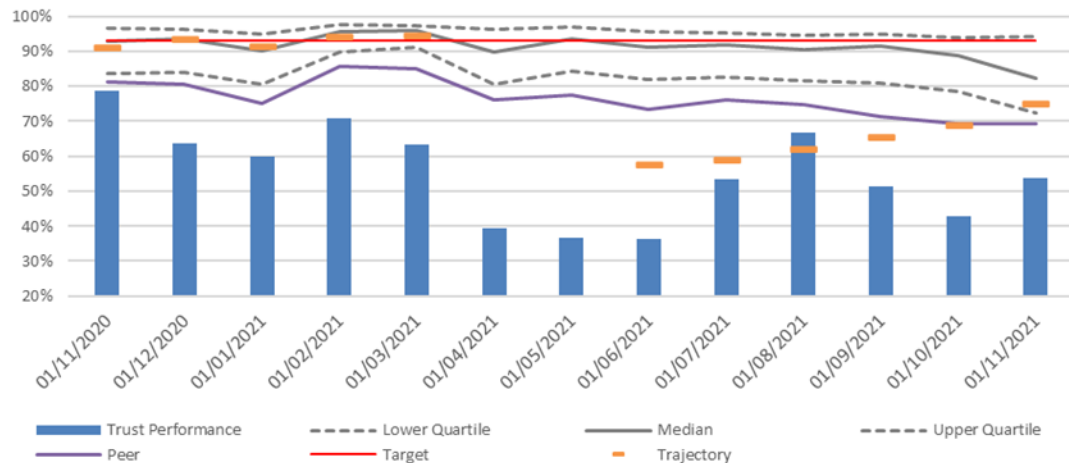
What actions are being taken to improve?

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

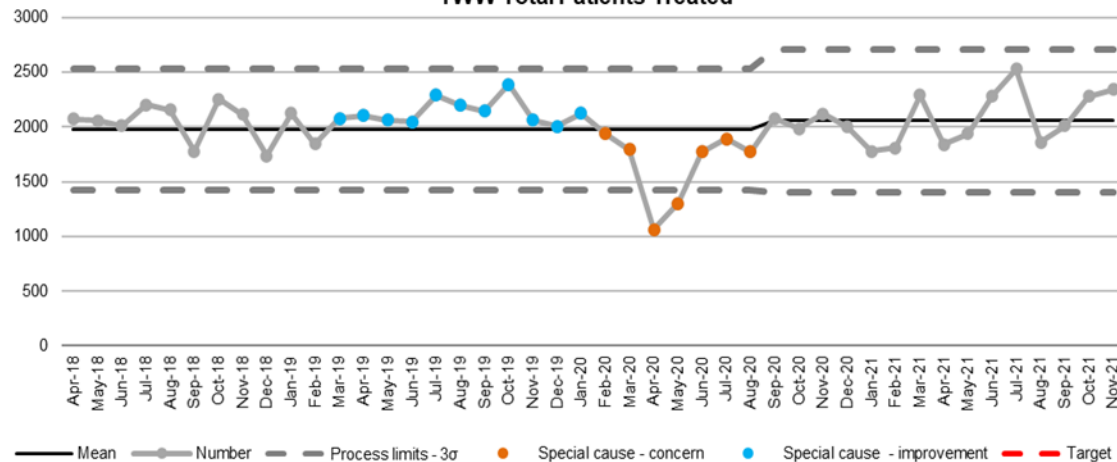
Substantive capacity remains unable to meet referral demand within Breast. Internal recovery plans based on additional hours are now established with support from Radiology and Pathology through to March. In Skin, additional capacity is being secured to support the surgical element of the pathway.

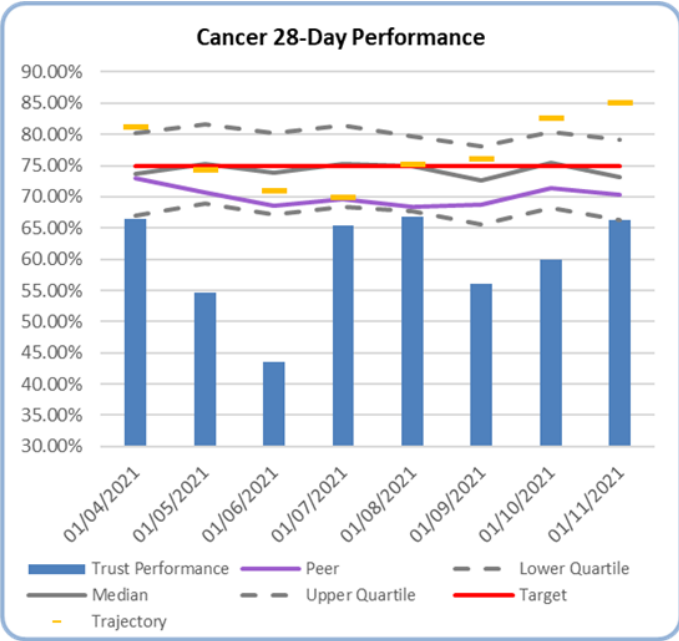
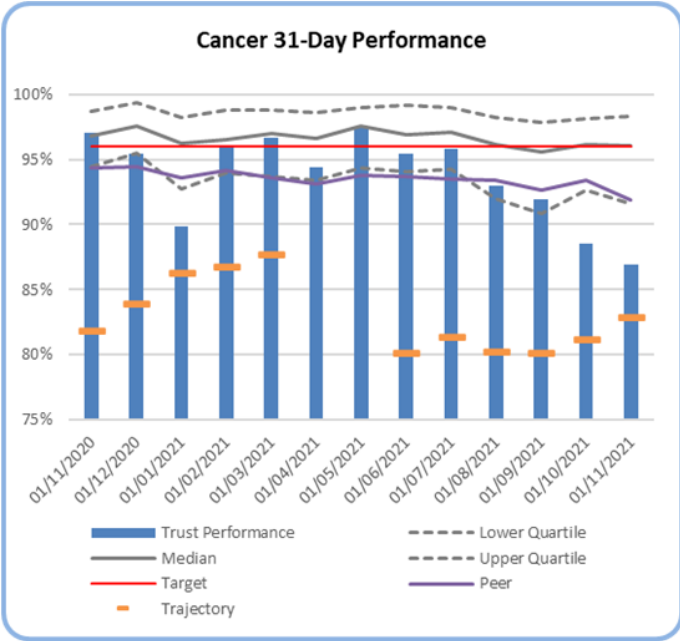
Additional Cancer admin staff have been engaged and are working to improve the waiting list information to ensure accuracy of data.

Cancer TWW Performance



TWW Total Patients Treated





Cancer: 31-Day Standard

What does the data tell us?

In November, the Trust missed the first treatment standard of 96.00% with a performance of 86.94%, which is a deterioration on the 88.51% achieved in October. 241 patients were treated this month; 32 of them within a breach position.

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

All specialties except for Skin achieved above 90% this month. Skin were clearing their TWW backlog which created a bulge in the surgical pathway. Skin treated 57 patients; 16 in a breach position.

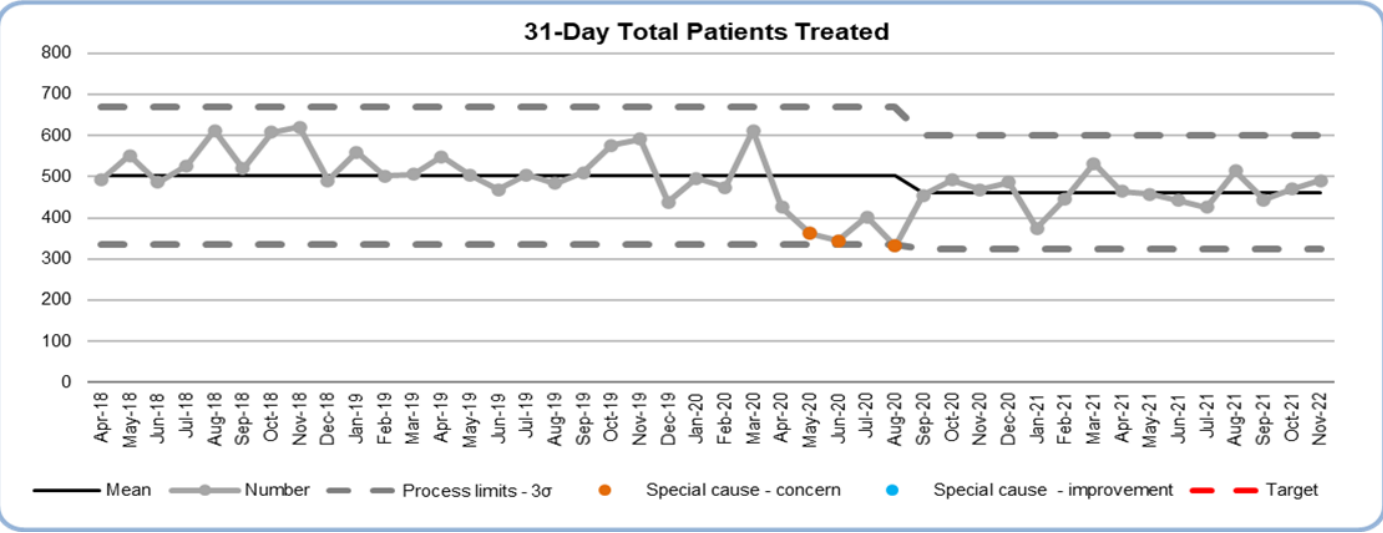
28-Day Performance

The Trust continues to see an improvement in this standard. The performance in November was of 66.29% compared to 59.95% in October. 1827 patients had their diagnosis discussion; of those 639 breached the 28-Day standard. Recovery of this standard will only be possible once the TWW challenges are reliably resolved into 2022/23.

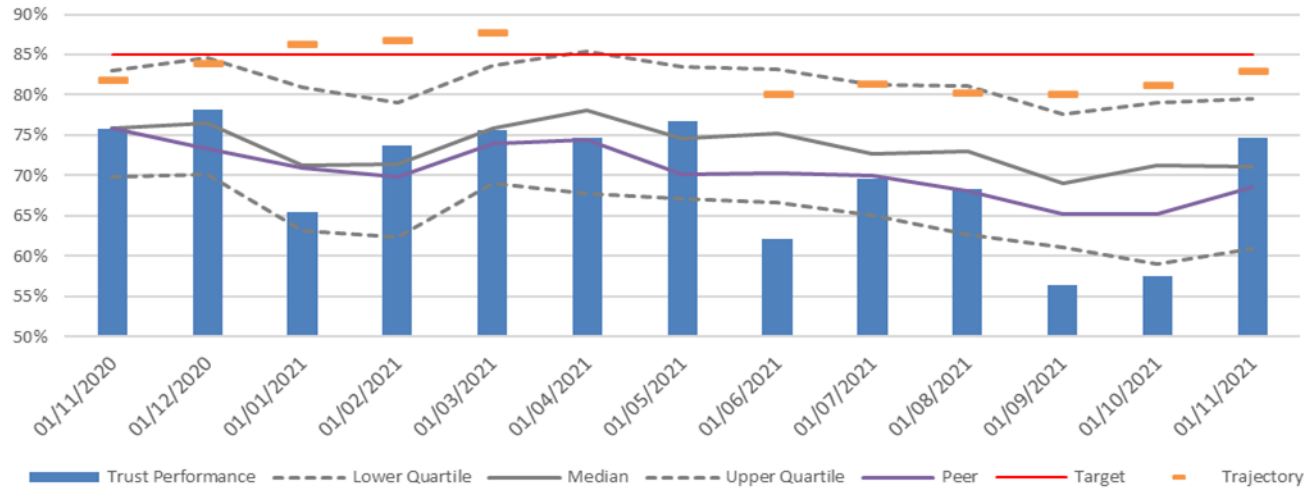
What actions are being taken to improve?

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



Cancer: 62-Day Standard

What does the data tell us?

The reported 62-Day performance for November was 74.07%, which was an improvement on the October position of 57.34%. In November, of the 137.5 patients treated, 101 patients were treated within the standard with 36.5 breaches.

Urology had the majority of the breaches, 14.5, most of them were complex pathways and delays to the TWW pathway. Colorectal performance was 48.28% and Upper GI 33.33%, who had more complex pathway issues this month.

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

Urology improved their performance from 62.28% in October to 71.29% in November. The service treated 50 patients with 14.5 breaches. Most of the delays were due to complex pathways. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat.

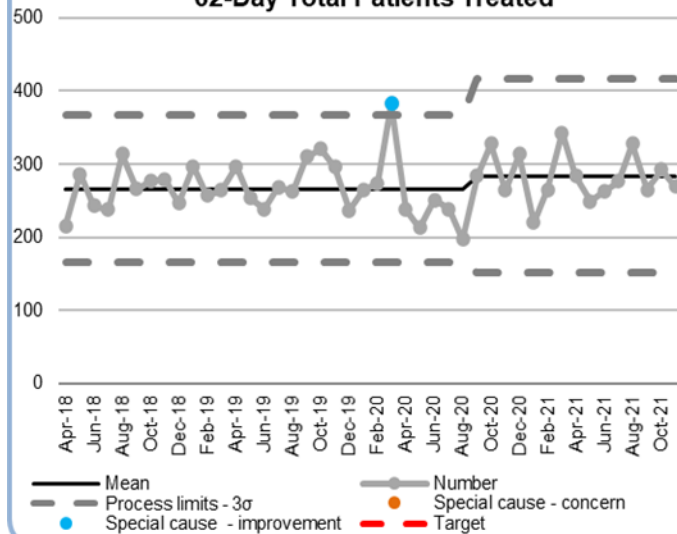
What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place. Tracking volumes are improving which helps with the overall data quality issues affecting CWT pathways.

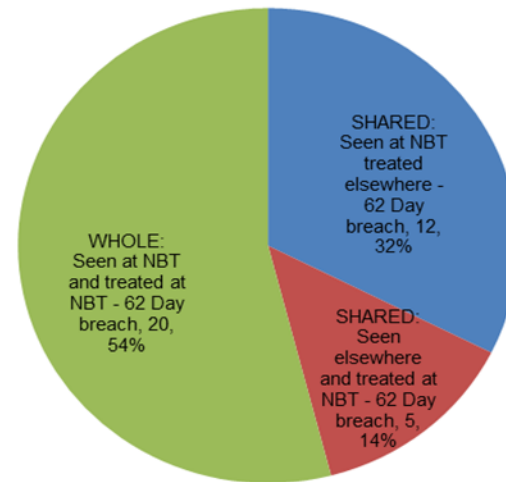
Most of the November breaches were caused by the known delays at the front end of the pathway within TWW, and complex pathways.

Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board and is high risk to achieve a PTL size of 242 by 31 March 2022.

62-Day Total Patients Treated

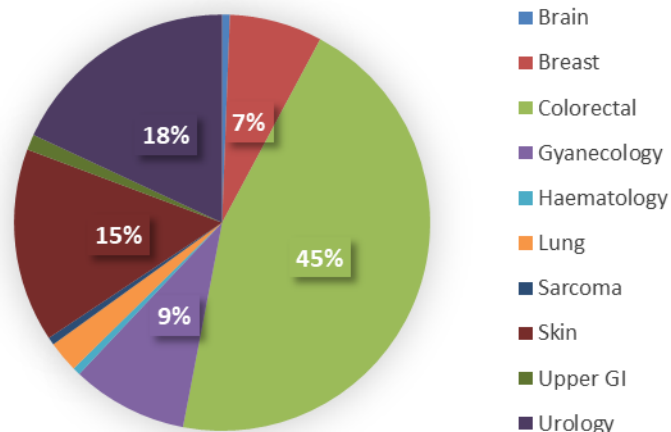


62 Day Breach Patients by Breach Type

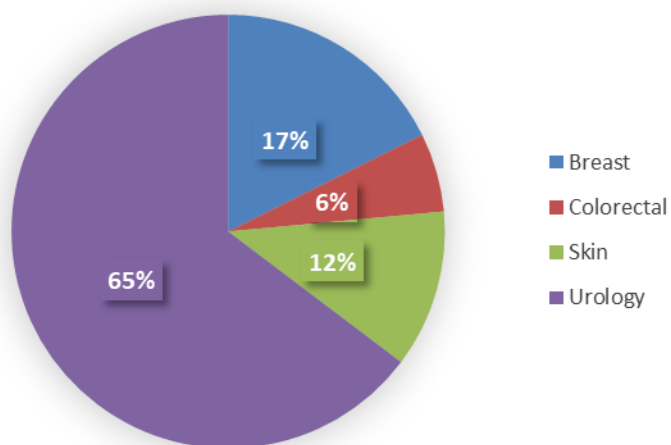


NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

Cancer 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 10 last month.

Live PTL snapshot as of 13/01/2022

There are 183 patients waiting over 104-Days; an increase of 52. There has been an increase in the Colorectal 104-Day PTL numbers from 28 last month to 76; this accounts for approximately 42% of the overall 104-Day numbers largely due to the lack of tracking which is being addressed.

The 104-Day PTL has 16 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 17 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 150 patients with no confirmed Cancer diagnosis (an increase from 102 last month); all have been escalated to the relevant specialties. The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 82% of the patients over 104-Days on their pathway

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 will also help to reduce the 104-Day delays.

Safety and Effectiveness

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

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

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

What does the data tell us?

1 x ITU admission; 2 x moderate harm or above incidents (1 x HSIB referral, severe harm incident, HIE grade 3).

Workforce Workforce gaps across the specialities continue to be challenging. The challenges have been exacerbated by COVID related absences. The introduction of enhanced bank payments introduced in late Dec. 2021 through to end of January has made a noticeable positive impact on the uptake of bank shifts.

Mitigations include:

- review of existing job plans and business case to be completed for further uplift for Consultant PA's, and successful recruitment of x 2 clinical fellows.
- Ongoing work within Division; including Birth Rate plus reassessment and development of business cases
- open midwifery job adverts with successful recruitment of 7 RM's.

Workforce - Diverts: Since 27th Dec. 2021, decision made to temporarily suspend intrapartum care at Cossham due to ongoing and anticipated workforce pressures and pressures within SWASFT's category 2 transfer times. The redistribution of staff from Cossham to the acute maternity service provided more flexibility to continue to provide midwifery led births.

Staff and Service user feedback: Staffing across the perinatal service continues to be the most frequently raised safety concern by staff. This is a system wide concern, Team to monitor, track and provide mutual aid support where available.

Maternity Incentive Scheme (MIS), Year 4 For December, NBTs compliance confidence forecast remains at 7 out 10. The Board should note the planned pause for MIS, Year 4 for 3 months due to the pandemic with clear priorities set out by NHSR. 3 areas of concern identified highly likely to impact successful delivery of all 10 Safety Actions:

1) Safety Action 2 – Maternity Services Data Set

Challenges with IT connectivity impacting on successful delivery of Safety Action 2. Ongoing improvement with the Division and Estates. National funding secured to address issues within systems relating to digital maturity. NBT working with UHBW to develop digital maturity plan including procurement of new Electronic Patient Record Maternity System.

Continuing correspondence with Euroking regarding **SA 2 (4)** how complex social factor indicator information is collected.

Personalised care plans is also an area of focus.

2) Safety Action 6 - Saving Babies lives

Element 1: Compliance for CO2 recoding at booking and at 36/40 significantly improving. Rate at booking has been consistently above target (80%) for 4 consecutive weeks. The rate at 36 weeks remains below target due to a significant proportion of women declining monitoring. Discussed at speciality governance and decision made to include these women as this will result in full compliance with MIS evidence. LMS agreed funding for project lead role for tobacco dependency specialist midwife in each trust.

3) Safety Action 7 - Maternity Voices Partnership (MVP)

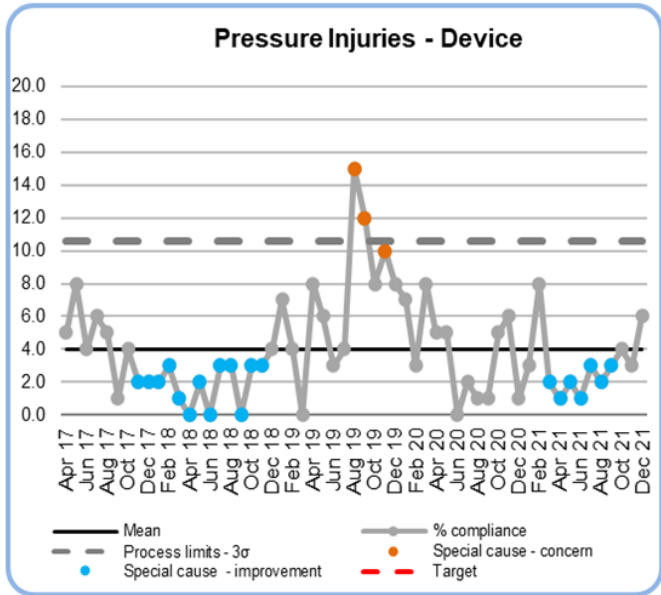
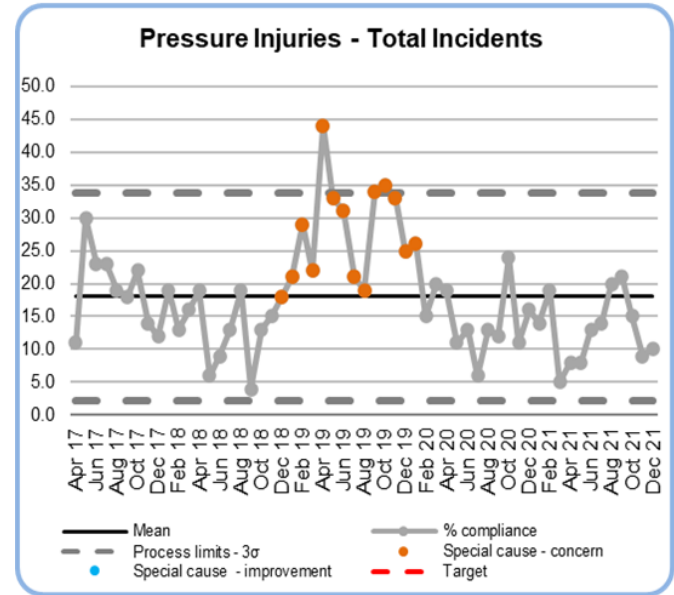
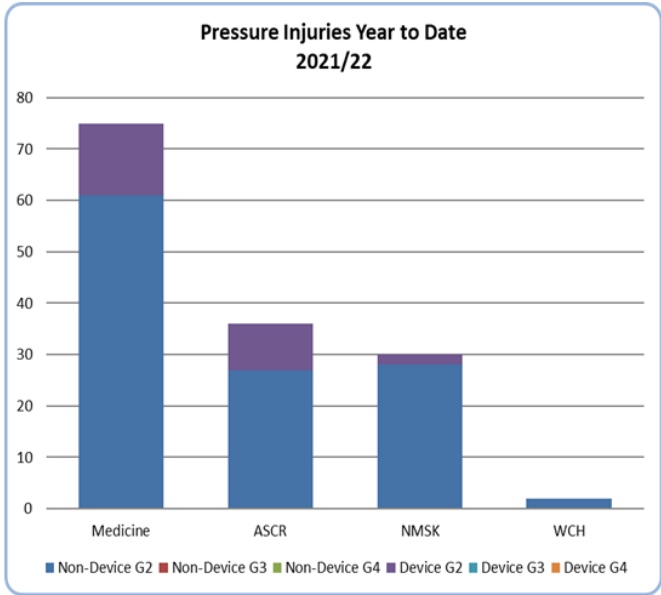
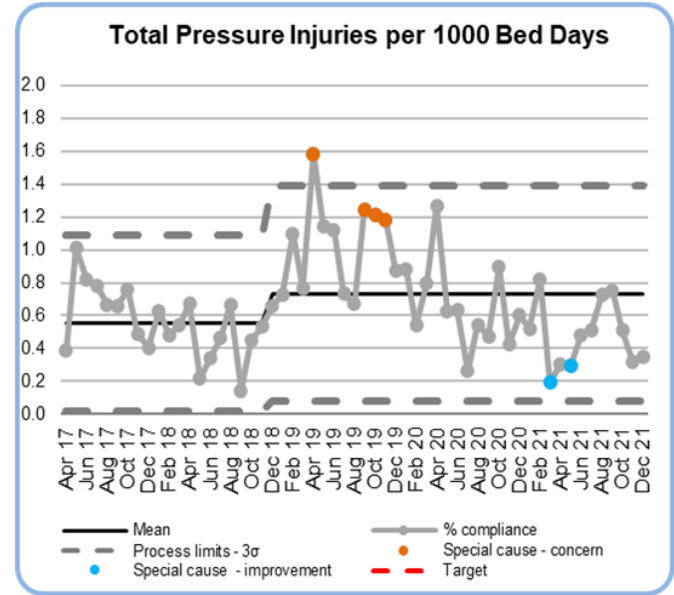
Plan for meeting with MVP and UHBW to prioritise work across the LMS in line with MIS and Ockenden requirements. Plan to focus on COVID-19 vaccinations within vulnerable groups. Previously planned for January rescheduled for February '22.

Continuity of Carer: New national technical guidance published October 2021. Service strategy in response being developed. LMS midwife now in post and leading on NBT's strategy.

Training: Some progress has been made on Safety Action 6 (fetal wellbeing and surveillance training). An action has been developed to mitigate potential risks and a forecast prediction of compliance has been completed.

Areas of excellence:

Exceptional team working is being demonstrated across all areas of perinatal services during these challenging times. Good progress with all the priority work areas of the Improvement board.



Pressure Injuries

What does the data tell us?

In December, there was an increase in both the number of Grade 2 pressure injuries and medical device related Grade 2 pressure injuries. The mean rate for medical device related pressure injuries have increased.

The Trust ambition for 2021/22 is:

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

There have been no reported Grade 3 pressure injuries in December. 1 Grade 4 pressure injury was reported in December in NMSK.

16 Grade 2 pressure injuries were reported of which 6 were related to a medical device. There were 4 unstageable pressure injuries reported in December; 3 in ASCR and 1 in Medicine. Supported incident reviews have taken place and the final grades unknown presently.

The incidence summary for December is as follows:

Medical Devices: 35%

Buttock: 41%

Heel: 18%

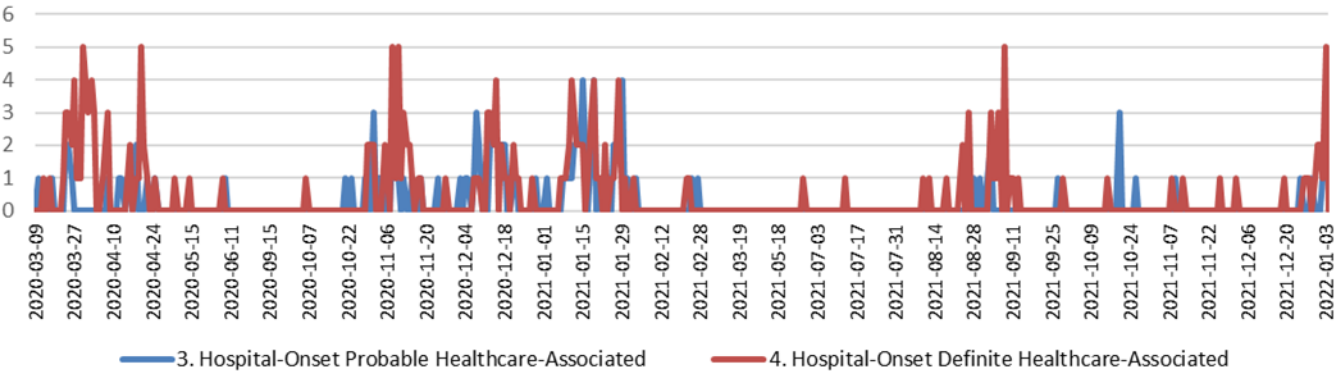
Natal Cleft: 6%

What actions are being taken to improve?

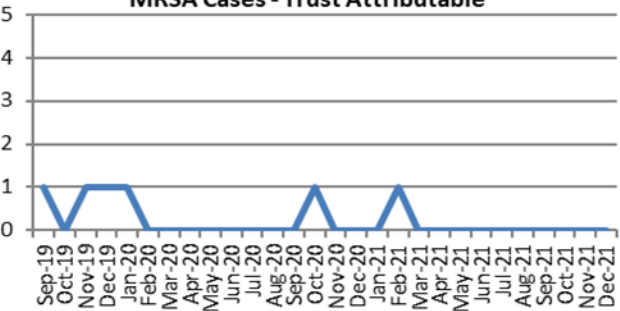
The Tissue Viability team have facilitated and supported the After Action Reviews (AAR) for the patient with a hospital acquired grade 4 pressure injury in NMSK as well as the patients with unstageable pressure injuries in Medicine and ASCR.

By using the RAG rating support system, thematic specific teaching and support can be provided to the areas and subsequently shared across the organisation. Examples of this include teaching prevention of heel related pressure injuries and organising simulation sessions with the Sim Team to explore learning across the wider MDT for pressure injury prevention.

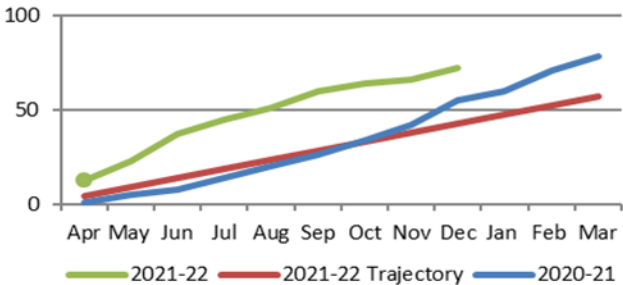
COVID-19 Onset Category by Positive Test Date



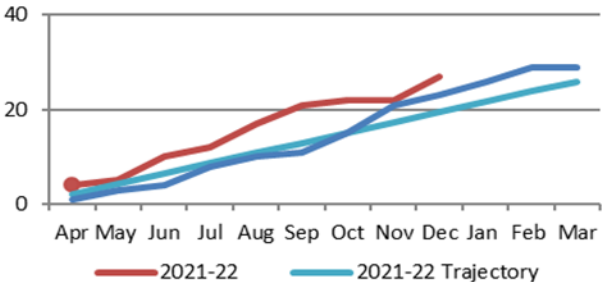
MRSA Cases - Trust Attributable



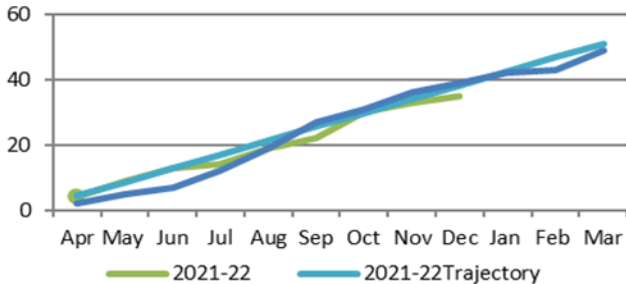
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

In December the COVID trust level was 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.

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.

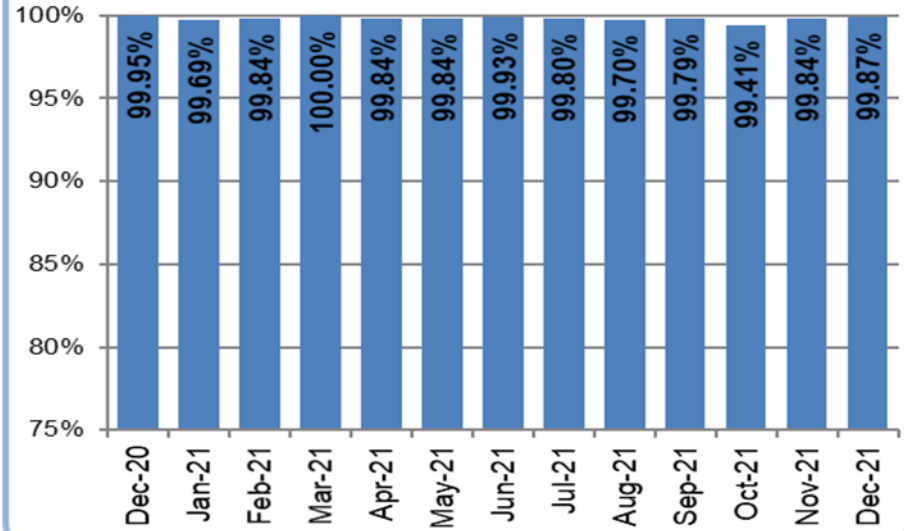
IPC teams have continued to support and educate teams.

The team continued supported the staff vaccination tent for December along with colleagues from Tissue Viability .

What actions are being taken to improve?

Supporting the trust with the increased demand from a COVID perspective, in both education and practical support and operational solutions.

**WHO Checklist Compliance
(Emergency and Elective)**



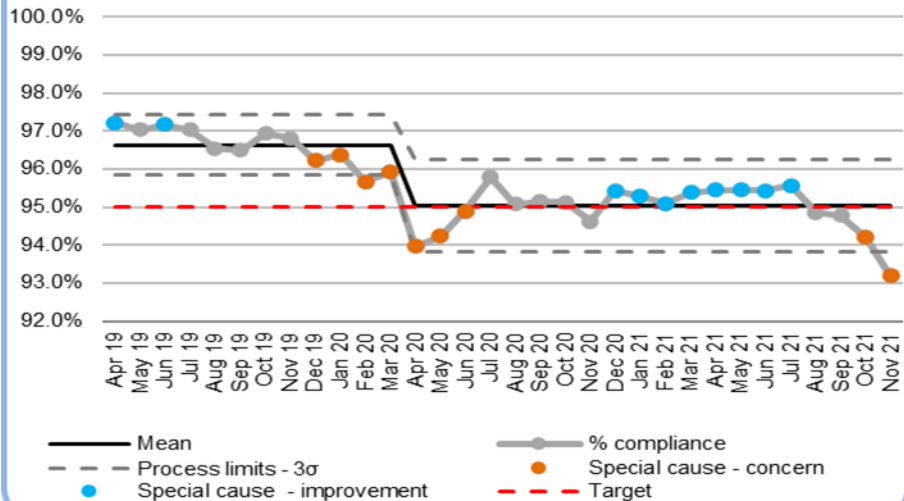
WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance was 99.87%. 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 November, the rate of VTE Risk Assessments performed on admission was 93.19%. 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 December 2021, NBT had a rate of 5.1 medication incidents per 1000 bed days. This reflects November 2021 figures, but is an increase on September and October.

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

During December 2021, c.15% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.15). This is reflective of November 2021, with this statistic last demonstrated in January 2021. The actual number of incidents reported as causing any degree of harm is consistent with November 2021, which has been the highest since January 2021. 'No harm' incidents accounted for 85% of all NBT reported medication incidents.

Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.54% of all medication incidents in December 2021, with the next most frequent stage being 'prescribing', where c.14% of incidents occurred. This is consistent with trends over the last 6 months.

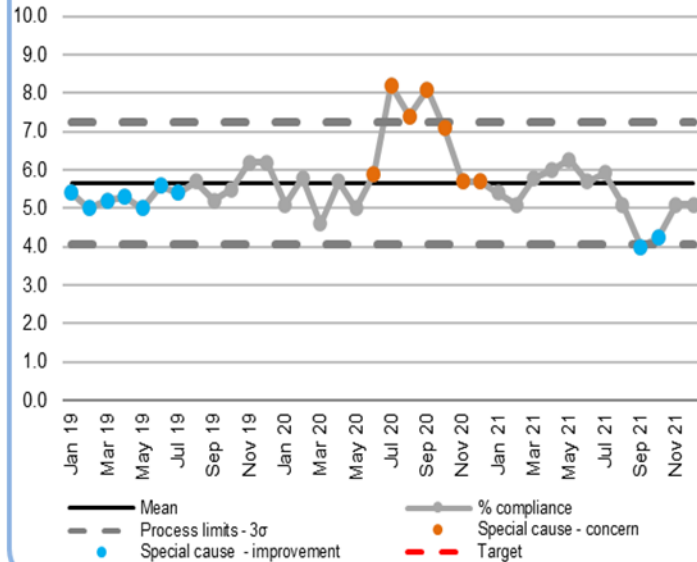
High Risk Drugs

During December 2021, c.38% of all medication incidents involved a high risk drug. The actual number of incidents involving a high risk drug was lower compared to October and November, demonstrating that these incidents occurred less frequently. Incidents involving Controlled Drugs made up c.47% of incidents involving high risk drugs, which is around the mean average for the last 6 months.

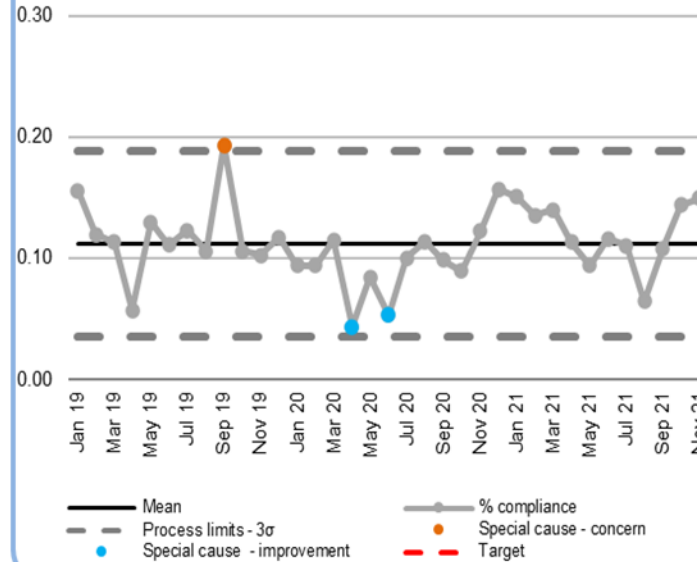
What actions are being taken to improve?

The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels. Ongoing thematic analysis on incidents causing harm directs work streams, to include missed doses training, and Controlled Drug incidents continue to be actively managed. Individual feedback is provided to wards involved and support is offered where required, facilitating safe handling of these medicines. Validation of categorisation of incidents is ongoing in collaboration with wards and the Patient Safety Team.

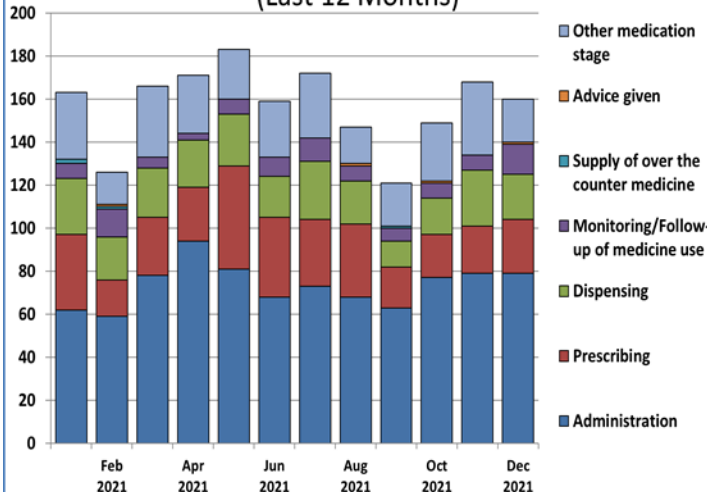
Medication Incidents per 1000 Bed Days



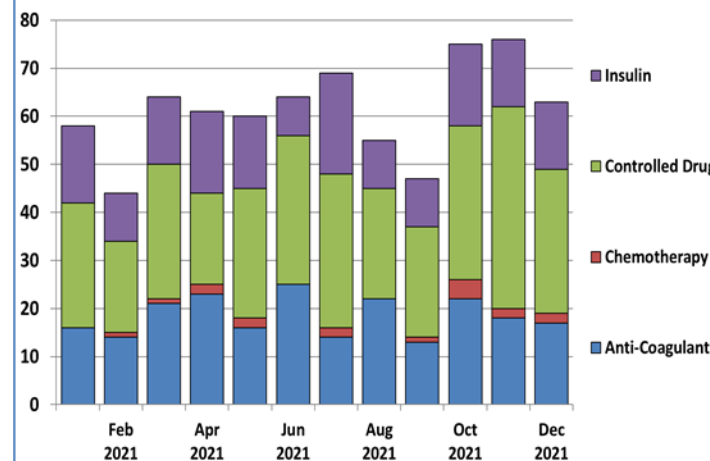
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



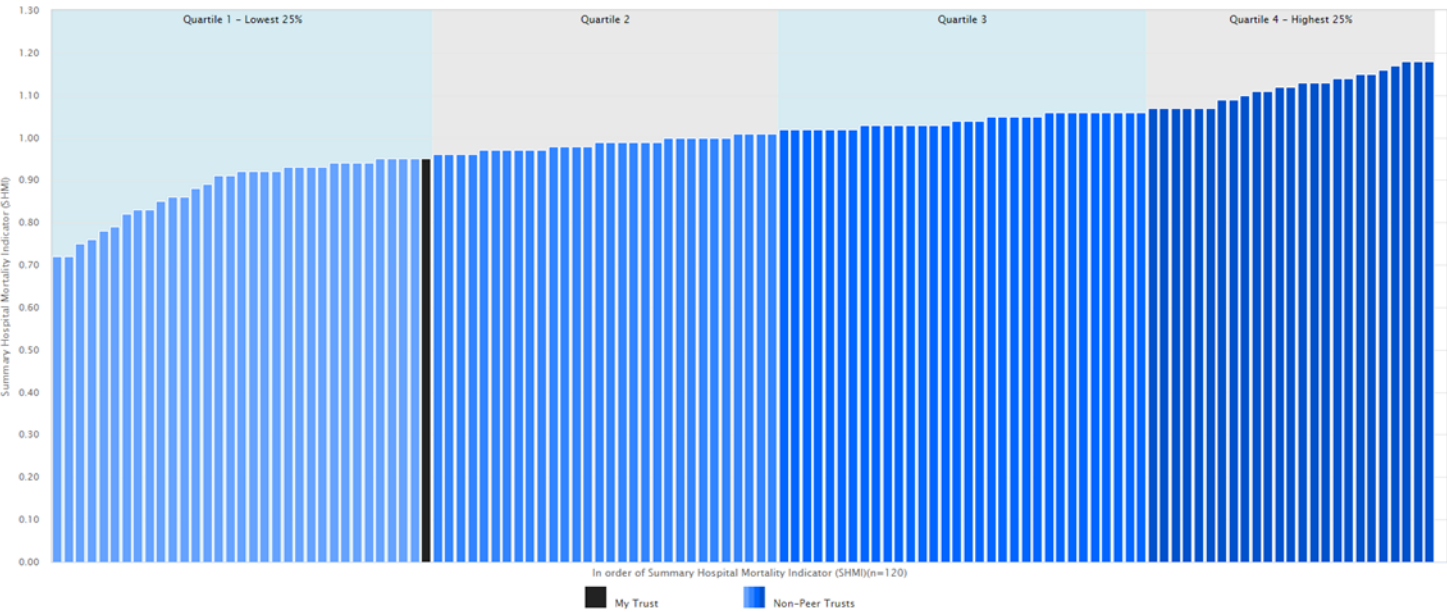
Incidents by Stage at which Error Occurred (Last 12 Months)



Incidents Involving a High Risk Medicine (Last 12 Months)



Summary Hospital Mortality Indicator (SHMI), National Distribution

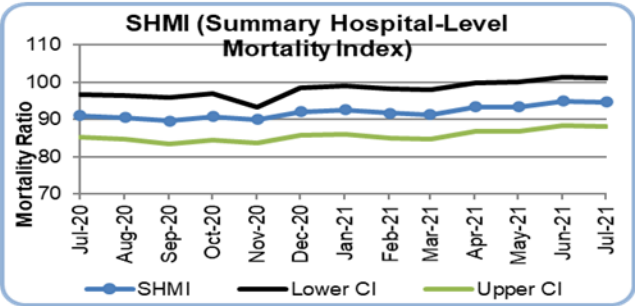
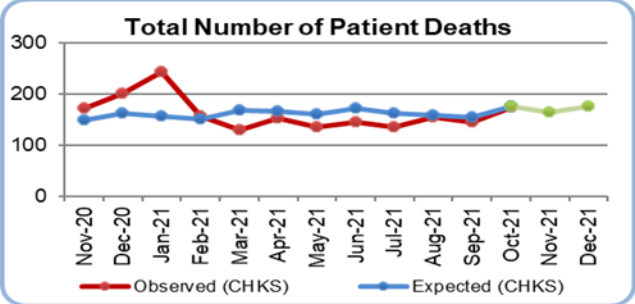


Mortality Review Completion

Nov 20 – Oct 21		Completed	Required	% Complete
Screened and excluded		802		
High priority cases		269		
Other cases reviewed		895		
Total reviewed cases		1966	2046	96%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	4.4%	26.3%	41%	28.3%

Date of Death	Nov 20-Oct 21
Scrutinised by Medical Examiner	1390
Referral to Quality Governance team	160



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 Nov 20 – Oct 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, 92% completed Mortality Case Reviews (MCR), including 22 of the 23 deceased patients with Learning Disability and 22 of the 26 patients with Serious Mental Illness.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 13 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 recently participated in a NHSE/I webinar under the national Better Tomorrow Programme to discuss learning from deaths and looking at how we can better obtain insight to inform future learning from structured judgement reviews.

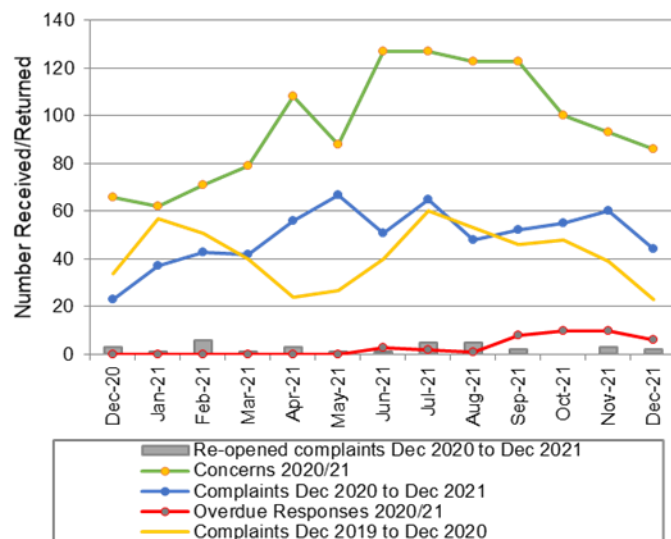
We will be developing these ideas, aiming to work directly with the national team to identify how we can apply these into our practice.

We will also continue to work collaboratively with UHBW to join-up our approach to learning from deaths alongside our joint Medical Examiner Service.

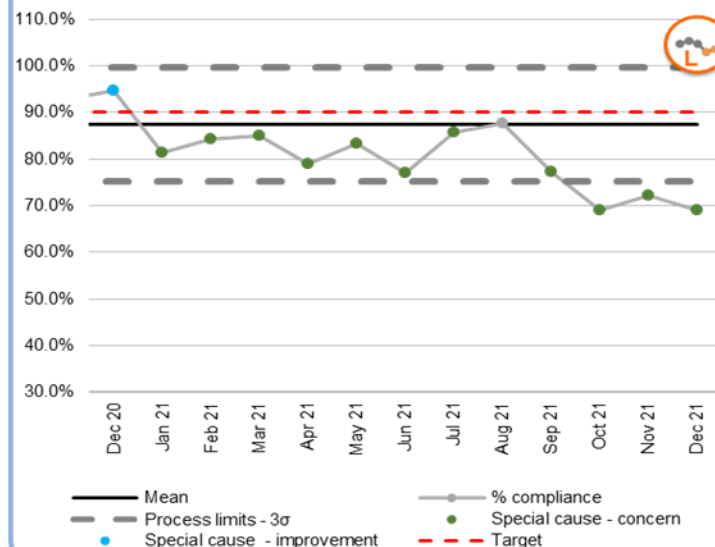
Patient Experience

**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 December 2021, the Trust received 44 formal complaints, this is a notable decrease on the previous month and is consistent with the trend seen last year. The most common subject for complaints is 'Clinical Care and Treatment'.

A closer look at the re-opened complaints received over the previous few months shows there have been an equal number across ASCR, Medicine and NMSK. The main reason for these re-opened cases is discrepancy between our response and the complainant's recollection of events.

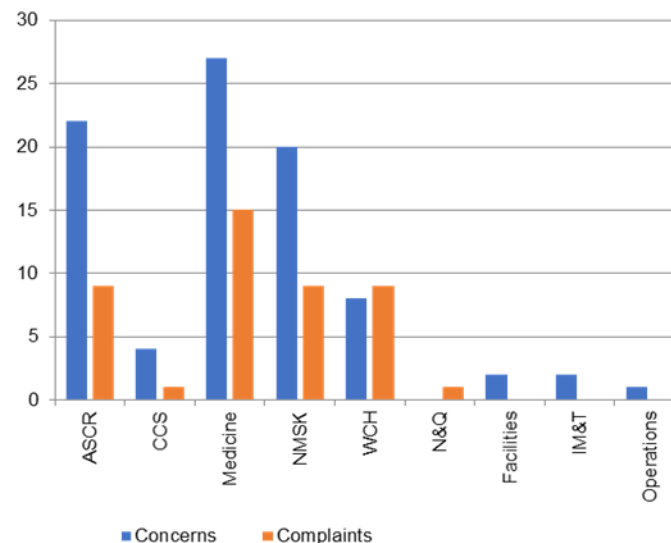
The 44 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	9 (13)	CCS	1 (4)
Medicine	15 (22)	NMSK	9 (11)
WCH	9 (9)	N&Q	1 (0)

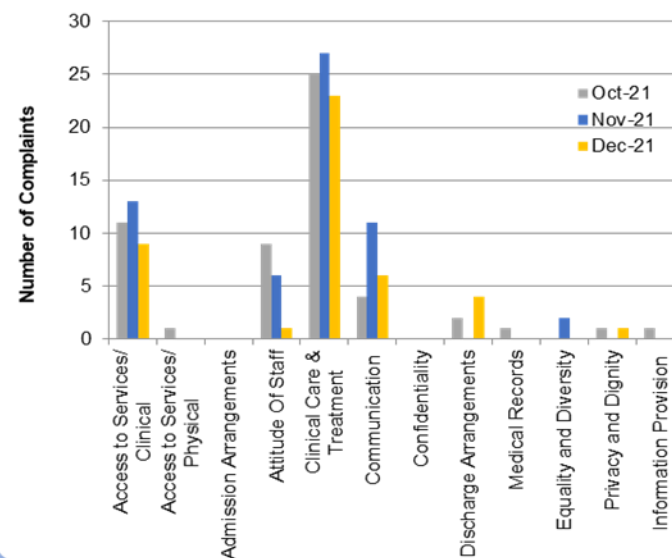
The number of PALS concerns received by the Trust has fallen again slightly in December to 86.

The response rate compliance for complaints has decreased to 69% in December. This is below the Trust target of 90%. Despite actions taken to improve this, operational pressures on teams have lead to delays in responses being sent on time. The number of overdue complaints has fallen this month. At the time of reporting there are 6 overdue complaints. 2 for ASCR, 2 for Medicine and 2 for WaCH (Gynaecology).

Concerns and Complaints per Division



Complaints By Subject



What actions are being taken to improve?

- Weekly validation/review of overdue complaints by Patient Experience Manager
- Vacant posts with Medicine now recruited to.
- Central complaints team assisting with administrating LRMs.
- Complaints training workshops planned in Medicine and Facilities

Research and Innovation

What does the data tell us?

NBT performance continues to exceed our expectations; recruitment of new patients is currently 169% of our year to date target with 6500 participants enrolled in research so far this year. Our portfolio of research remains strong and we have opened 101 studies this year, which exceeds our pre COVID performance.

Our teams have been supporting the vaccination HUB with the national booster programme and are currently releasing staff on an ad hoc basis to provide resilience during periods of increased staff absence across the trust.

NBT Research Strategy is due to be updated in 2022; a programme of staff and wider stakeholder engagement is progressing to ensure that our strategy for 2022-2027 reflects the needs and aspirations of the trust and our local communities.

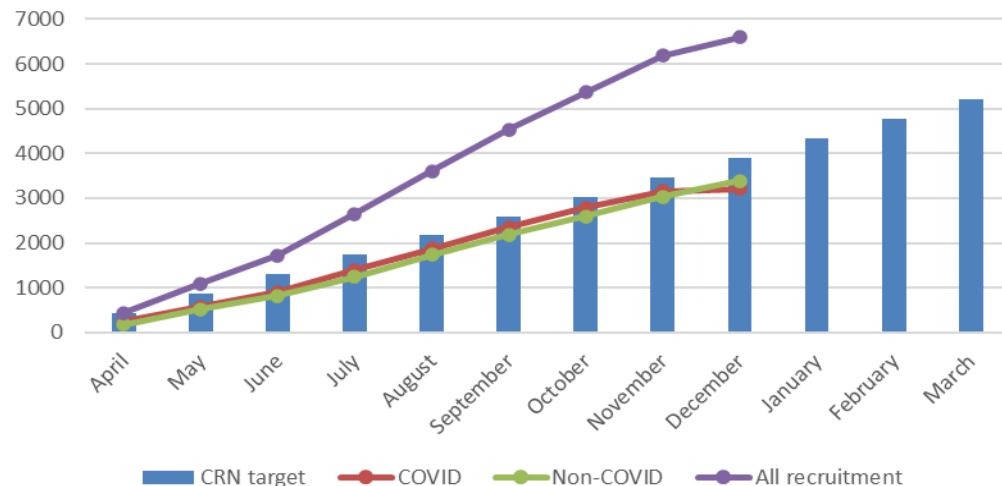
NBT currently leads 62 externally funded research grants, to a total value of £27.3m. This includes 31 prestigious NIHR grants, across a range of specialities, which total £26m, the most recently awarded being an NIHR RfPB grant for Dr Christy Burden (£259k) to lead the RECOGNISE study (targeted intermittent glucose monitoring for gestational diabetes mellitus)

NBT's NIHR funding success rate for 2021 was 83% (far higher than the ~25% national average). In addition NBT is a partner on 55 externally-led research grants, to a total value of £10.3m to NBT.

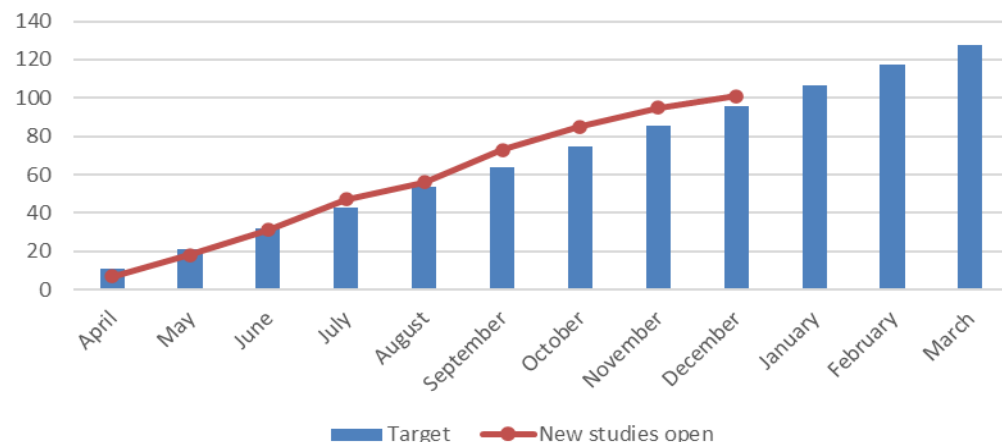
The Southmead Hospital Charity has very kindly agreed to provide additional funding to permit NBT to run two SHC Research Funding calls per annum. The SHC Research Fund welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. Round 13 is currently at shortlisting stage and Round 14 will open for new applications in April 2022.

In addition, with support from Southmead Hospital Charity, R&I are piloting a SHC Infrastructure call this year; welcoming applications from across NBT, for research facilitator staff to be embedded within NBT teams, departments, divisions to develop research themes and pipelines of research grants applications (up to £100k). The deadline for applications is 19th January 2022 and R&I has received a lot of interest from teams across the Trust.

Recruitment vs Target



Recovery and Growth



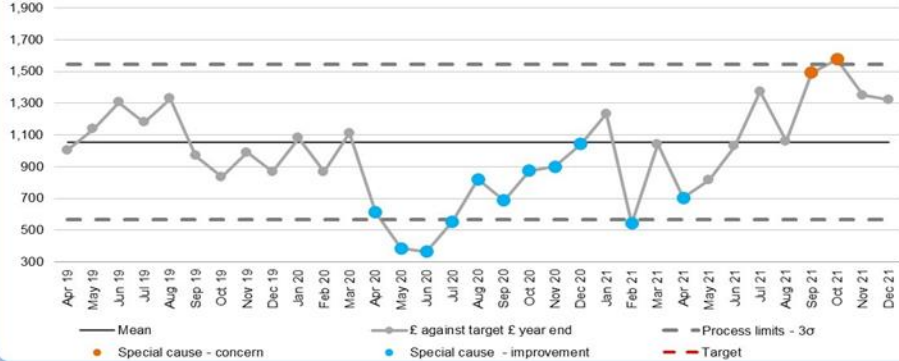
Well Led

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

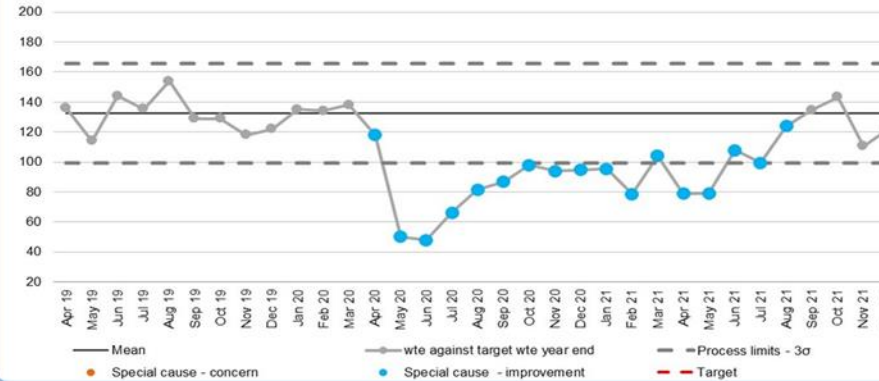
Tim Whittlestone and Jacqui Marshall

Workforce

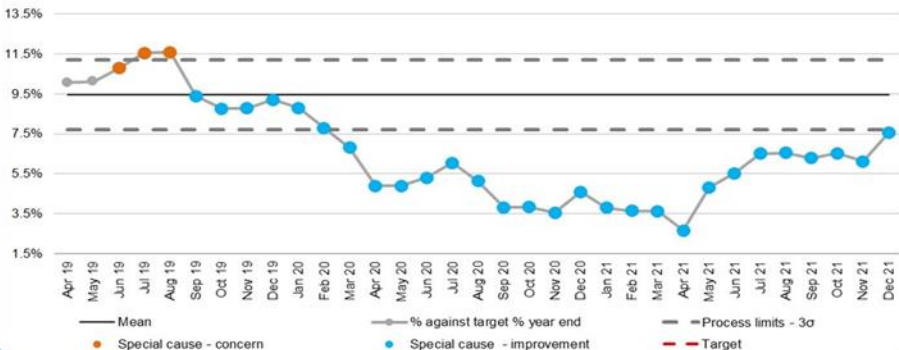
Agency Expenditure-Trust starting 01/04/19



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 rose by 32.92 wte in December which includes a rise in Funded Establishment of 14.15 wte. December's vacancy position is 92.34 wte. There are currently 34 candidates in the band 2 pipeline and nine have already booked start dates in January. Band 3 vacancies fell by 7.68 wte in December with the vacancy position at 48.05 wte. There are currently 25 candidates in the Band 3 pipeline and 6.72 have already booked start dates in January. Further into the future the pipeline for HCAs is anticipated to be strong with a consistent volume of high quality new starters anticipated for band 2 and 3.

Registered Nursing

Band 5 vacancies have risen by 11.56 wte to 158.60 wte this month. There are now 101 Nurses in the band 5 pipeline and we have added 37.60 wte of these in December despite not running an open day. There are currently 25.52 wte candidates with start dates booked for January. No international nurses arrived in month, as planned, as December is not optimal for onboarding and commencing training.

Temporary Staffing

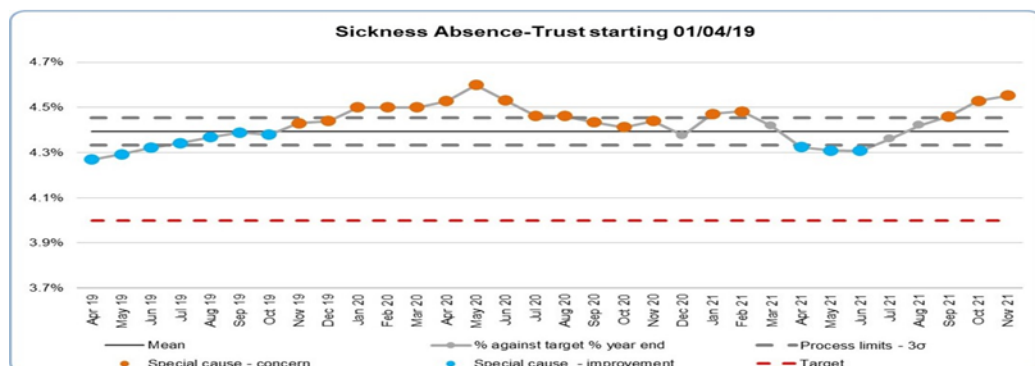
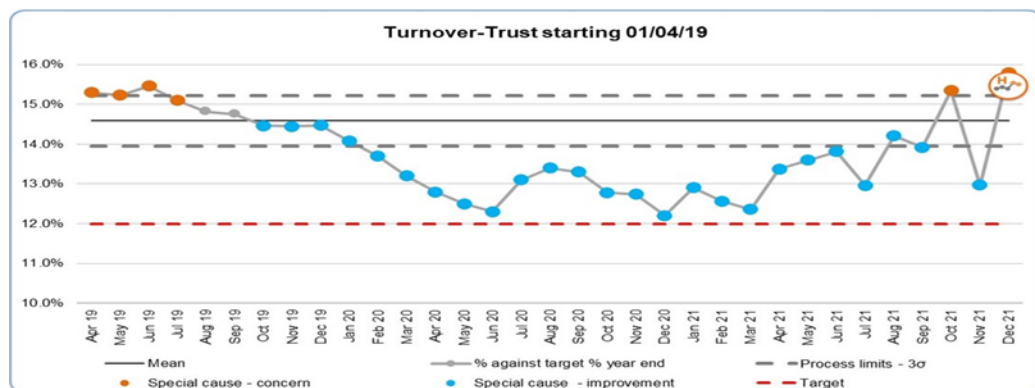
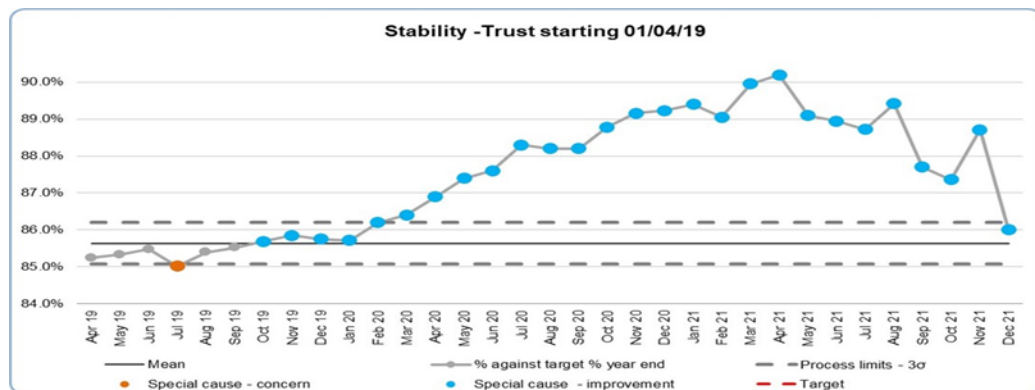
Agency fulfilment rose in December, with more framework supply which produced a net reduction in overall spend. Bank fill rates remained volatile with an average unfilled rate of 43% across registered nursing shifts.

Actions – Vacancies and Temporary Staffing

Head of Resourcing

- Additional resource for the recruitment team being sourced for the remainder of H2 - **ongoing**
- Bank recruitment activity has been increased in all staff groups – Ongoing and to support Vaccination Hub

Engagement and Wellbeing



What Does the Data Tell Us - Turnover and Stability

Turnover increased in December due to a greater number of leavers in month than in Dec-20. For the first time turnover has reached a higher level than the pre-pandemic position for the same month.

A key risk between now and 1st April 22 is the potential to lose more staff due to the compulsory requirement for NHS staff to be COVID vaccinated.

Actions - Turnover and Stability

Head of People

- Supportive actions planned to encourage unvaccinated staff to get vaccinated – 2 x pop-up, one-stop shop-style events planned in mid- late January 22 where staff can get 1:1 support and be vaccinated on-site
- Promotion of vaccination information, tools and resources shares via Comms and on LINK – Jan-22 to Mar-22
- Retention Task and Finish group ongoing priorities:
 - Relationship with manager/peers
 - Morale: Fatigue and resilience
 - Lack of promotion opportunities
 - Flexible working/work-life balance

- An immediate focus on morale, (fatigue and resilience) is anticipated to have the biggest impact in the current climate on turnover, and actions linked to this include:

- 'Thank you' week – w/c 17/1/22 (Comms led)
- Phone line below, which allows people to record messages of thanks and love for NHS staff, or for staff to ring and listen to the messages. <https://www.frontline19.com/hopeline19/>
- Above to be promoted late January onwards
- Mobilisation of corporate/admin/non-clinical staff to temporarily provide support to front-line services during COVID surge – Jan/Feb 2022
- Promotion of Bullying and Harassment phone-line and Advisors during January, linked to re-launch of Red Card to Racism

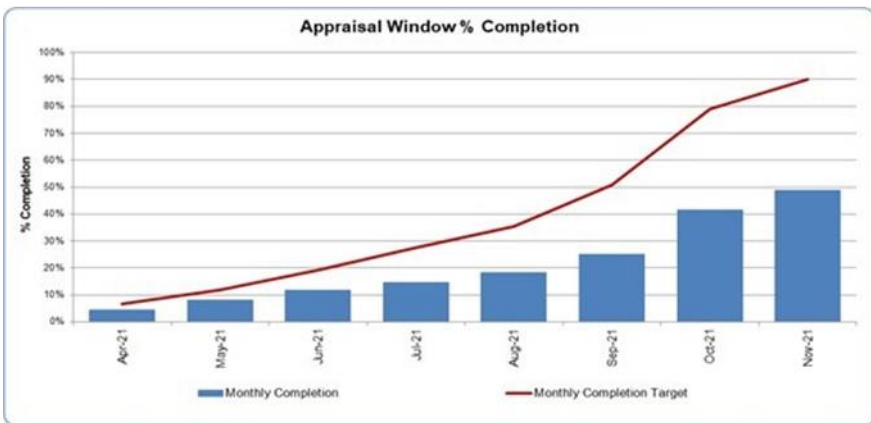
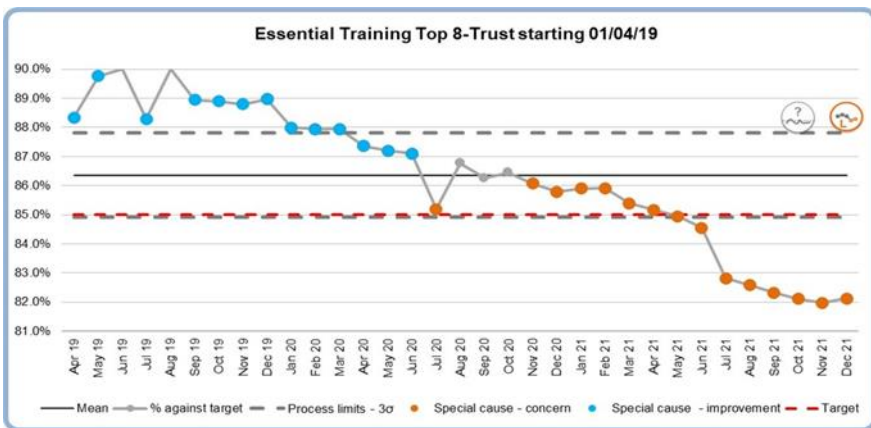
What Does the Data Tell Us - Sickness and Health and Wellbeing

Stress/anxiety/depression/other psychiatric illness, remains the greatest cause of sickness absence with a small increase in time lost in December compared with November. For both clinical and non-clinical staff this type of absence has seen an upward trend throughout the pandemic response period

Actions - 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. Implementation plan scheduled for **Jan-22 – Mar-22**
- Business case approved to permanently fund the Staff Psychological Wellbeing team – **Dec-21**



Training Topic	Variance	Nov-21	Dec-21
Child Protection	0.1%	82.2%	82.3%
Adult Protection	0.2%	83.4%	83.6%
Equality & Diversity	0.1%	85.2%	85.2%
Fire Safety	-0.1%	82.1%	82.0%
Health & Safety	0.2%	83.9%	84.1%
Infection Control	-0.7%	88.6%	87.8%
Information Governance	-0.1%	78.3%	78.2%
Manual Handling	1.7%	71.3%	73.0%
Waste	-0.1%	83.1%	83.0%
Total	0.2%	81.97%	82.13%

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.

Actions – Essential Training

Head of Learning and Organisational Development

- In January, we continue to explore different mechanisms to help improve Stat Man compliance. These include:
 - 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)
 - Promoting completion of StatMan through Operational Communication channels
 - Building a StatMan compliance check into sign-off gateway for staff redeployment activities
 - 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

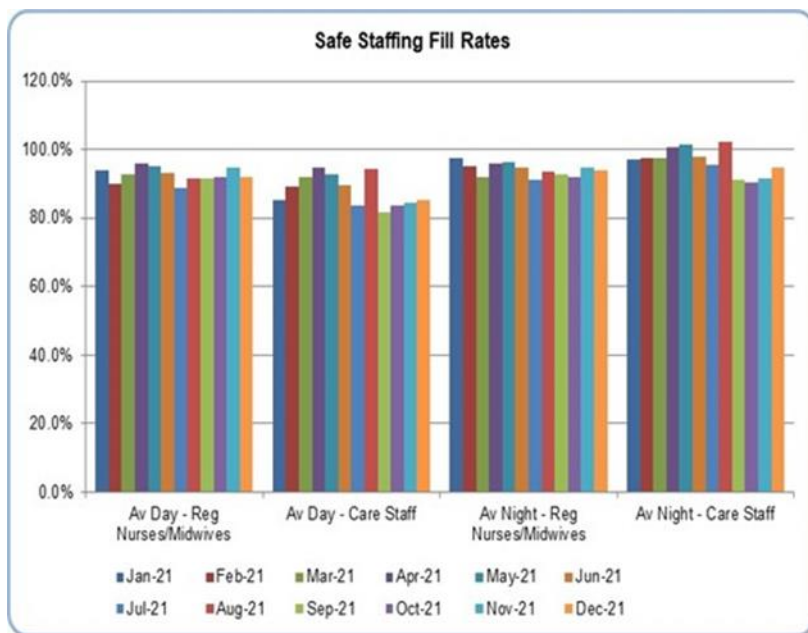
Other Wider Actions

Supporting re-deployment of resources to onsite Mass Vaccination hub

- In support of December's national booster drive, a workstream was stood up to ensure that an adequate pipeline of appropriately trained staff were available to fill the extended shift pattern
- Staff in non-frontline roles volunteered to be redeployed from their substantive hours which enabled the speedy expansion of the vaccination programme.

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.
- NBT Apprenticeship Levy Utilisation for December -21 = 64%



Dec-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	92.0%	85.2%	94.1%	94.8%

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 (77.8% Day) staffing supplemented with redeployed RNs and HCSW
- 7b (76.5% Day) staffing supplemented with redeployed RNs and HCSW.
- 7a (74.7% Night) staffing supplemented with redeployed RNs and HCSW
- Mendip (75.6% Day / 78.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold (48% Day) reduced occupancy, 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

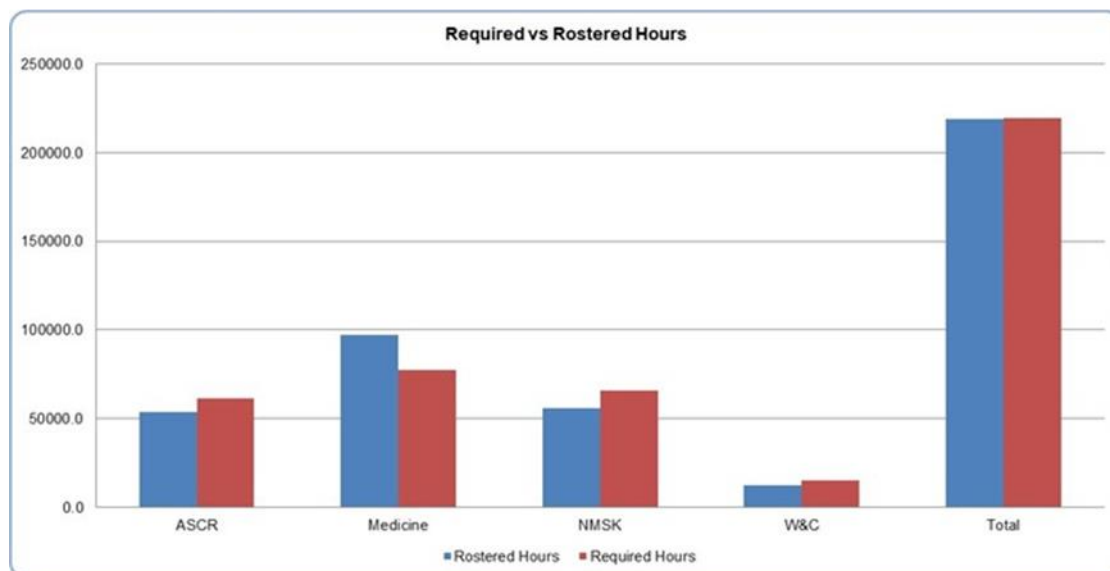
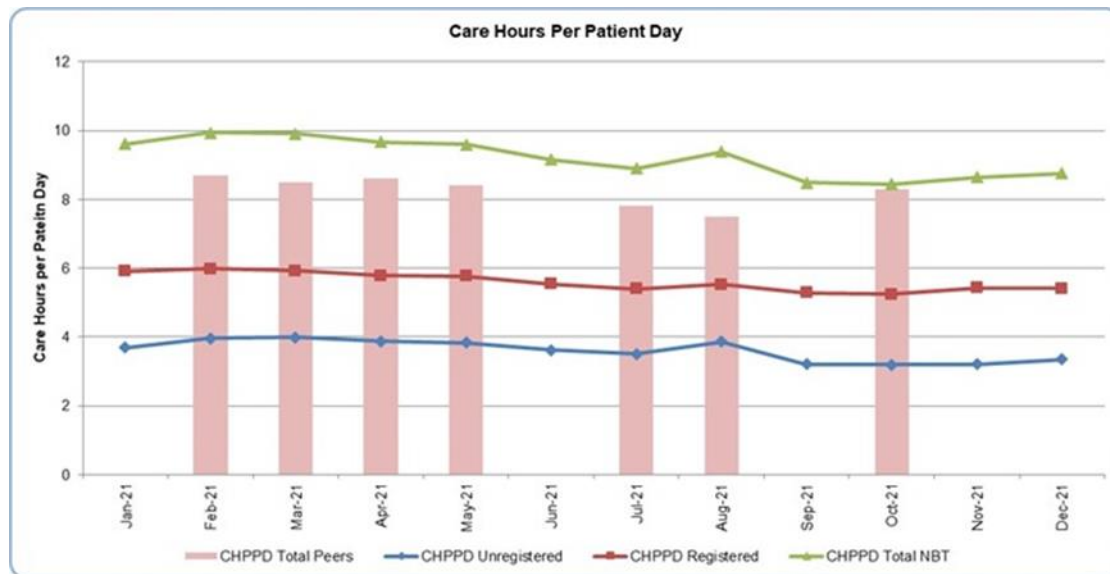
- EEU (76.7% Day) Unregistered staff vacancies and absence
- 9b (64.4% Day) Unregistered staff vacancies and absence
- AMU (73.4% Night) Unregistered staff vacancies and absence
- 32b (78% Day) staffing supplemented with redeployed RNs
- 34b (71.9% Day / 77.3% Night) Unregistered staff vacancies
- Medirooms (61.1% Day / 78.9% Night) Unregistered staff vacancies
- 26b (77.2% Day) staffing supplemented with redeployed RNs
- 7a (71.8% Day / 77.3% Night) Unregistered staff vacancies and absence
- NICU (30.2% Day / 37.1% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
- Quantock (55.2% Day / 55.1% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips (78.9% Night) vacancies, staffing deployed as required to meet patient needs across the service.

Wards over 150% fill rate for Registered Staff:

None

Wards over 150% fill rate for Care Staff:

- 33a (182.1% Night) patients requiring enhanced care support
- 6b (153.5% Night) patients requiring enhanced care support
- 25a (158.3% Night) patients requiring enhanced care support
- 7b(152.2% 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).

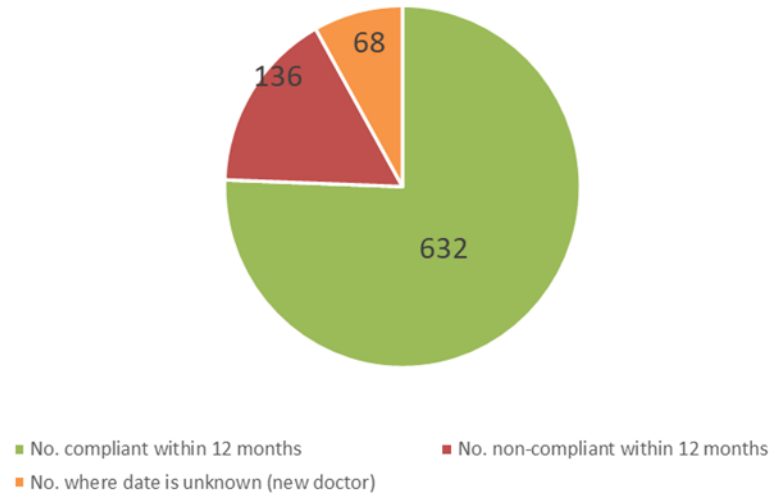
CHPPD are consistent with last month, rostered hours overall are above the required hours due to the decreased patient census and reduced lists.

Safe Care Live (Electronic Acuity Tool)

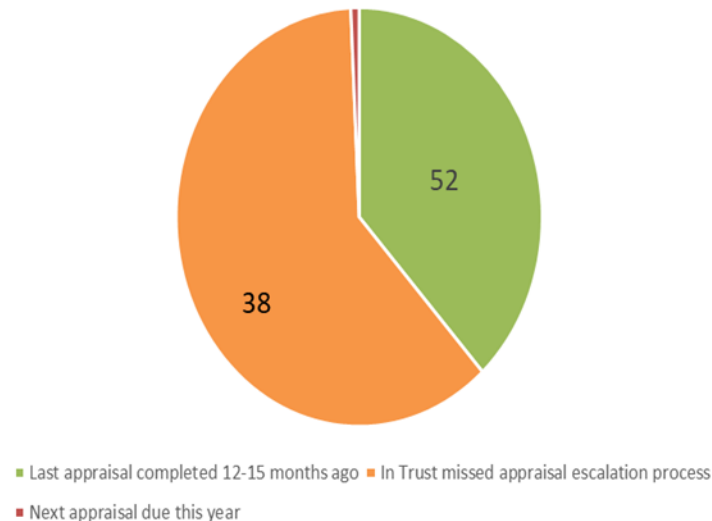
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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 December 2021

	Month 9			Year To Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	56.9	56.0	(0.9)	505.5	504.6	(0.9)
Other Income	6.2	8.4	2.2	54.0	62.5	8.5
Pay	(38.6)	(39.1)	(0.5)	(343.8)	(338.7)	5.1
Non-Pay	(24.5)	(25.3)	(0.8)	(215.7)	(228.4)	(12.7)
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 December 2021 shows a breakeven position which is in line with Plan.

Pay expenditure year to date is £5.1m favourable to plan due to unfilled vacancies across all clinical divisions.

Non-pay spend year to date is £12.7m adverse driven by underperformance on savings, actual and estimated accelerator costs, and a central accrual for service restoration.

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

Statement of Financial Position at 31 December 2021

	20/21 M12 £m	21/22 M08 £m	21/22 M09 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	579.3	576.4	574.5	(1.8)	(4.8)
Intangible Assets	14.7	11.8	12.3	0.5	(2.4)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
Total non-current assets	595.8	589.9	588.6	(1.3)	(7.2)
Current Assets					
Inventories	8.5	8.6	8.9	0.2	0.3
Trade and other receivables NHS	10.2	15.4	17.3	1.8	7.0
Trade and other receivables Non-NHS	26.3	28.0	28.1	0.1	1.8
Cash and Cash equivalents	121.5	107.6	104.9	(2.7)	(16.5)
Total current assets	166.5	159.7	159.1	(0.6)	(7.3)
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	26.9	7.2	5.7	(1.5)	(21.2)
Trade and Other payables - Non-NHS	98.7	99.9	96.4	(3.5)	(2.3)
Deferred income	8.5	17.8	22.1	4.3	13.6
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.3	2.3	(0.1)	(0.5)
Total current liabilities	149.2	142.5	141.7	(0.8)	(7.5)
Trade payables and deferred income	7.8	8.2	8.1	(0.1)	0.3
PFI liability	368.7	362.3	361.6	(0.8)	(7.1)
Finance lease liabilities	3.9	2.6	2.5	(0.1)	(1.5)
Total Net Assets	232.6	234.0	233.9	(0.1)	1.2
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	(0.1)	(0.3)	(0.1)	(3.8)
Revaluation reserve	162.0	163.5	163.5	0.0	1.5
Total Capital and Reserves	232.6	234.0	233.9	(0.1)	1.2

Assurances and Key Risks

Capital – Plan Year to date £16.3m, with actual spend of £14.1m. Plans are in place to ensure that capital funding is fully utilised by year end.

Receivables - Of the £7.0m year to date increase in NHS receivables, £4.6m relates to accrued Mass Vaccination Service income and £2.4m relates to increased accrued income across Divisions.

Payables - Year to date NHS payables have reduced by £21.2m, 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 and £0.7m net other increases.

Cash – as at 31 December amounts to £104.9m; the £2.7m in month reduction is due the value of creditors paid in the month, offset by an increase in cash receipts.

The cash balance has decreased by £16.5m in-year due to the settlement of a £7.9m credit note (BNSSG CCG March 2021), the £14.0m return of cash paid in advance in M5 by NHSE of COVID-19 revenue costs for 2020/21 and lost income and £3.8m payment of PDC dividend. This has been offset by the receipt of the SA4 settlement £6m and £1.9m of cash in advance from Health Education England and £1.3m 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	77.4	71.6
Pay	(223.7)	(233.1)	(456.8)	(442.2)
Non-Pay	(152.8)	(143.4)	(296.3)	(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 December 2021

Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to NHS Improvement guidance where this is applicable. 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 December 2021 unless otherwise stated.

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

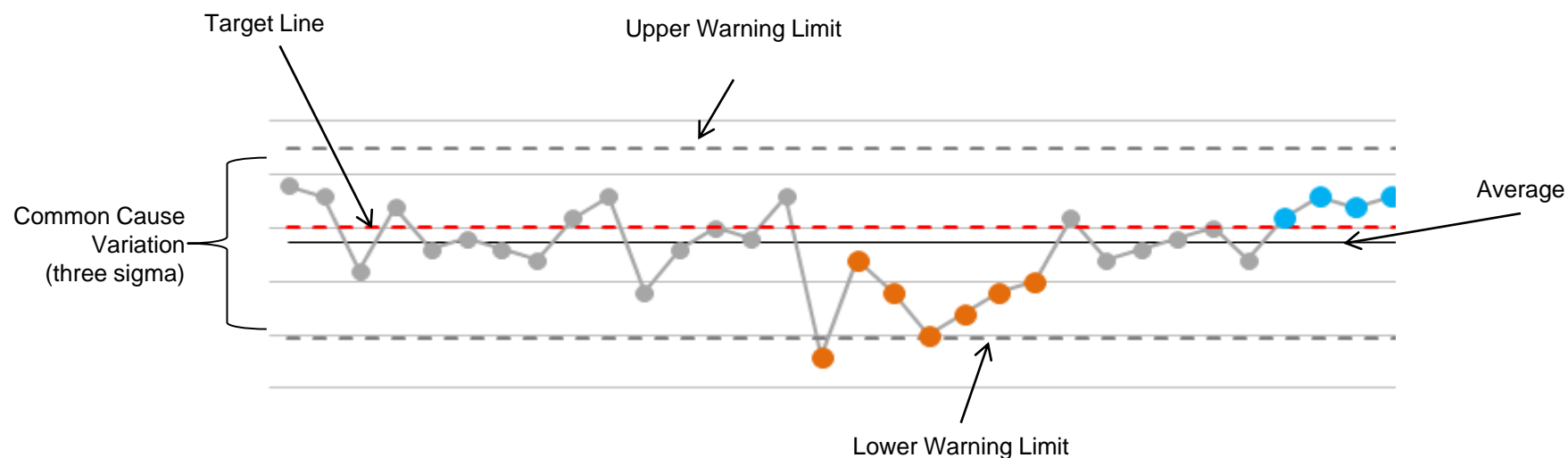


NBT Quality Priorities 2020/21

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

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
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.

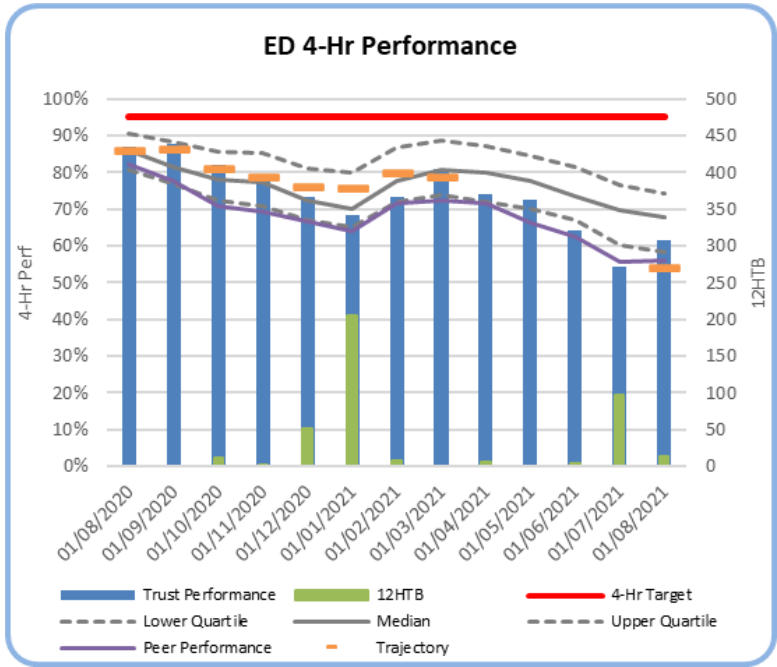
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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