

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT

March 2022 (presenting February 2022 data)



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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%		51.66%	6/10	<div></div>
	A&E 12 Hour Trolley Breaches	R	0	0	7	0	6	0	4	97	14	38	29	59	20	295	367		0-723	9/10	<div></div>
	Ambulance Handover < 15 mins (%)		100.00%	-	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%				
	Ambulance Handover < 30 mins (%)	R	100.00%	-	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%				
	Ambulance Handover > 60 mins		0	-	57	83	272	199	346	636	471	418	621	664	645	827	684				
	Stranded Patients (>21 days) - month end				129	136	272	116	123	277	144	149	148	177	189	210	204				
	Right to Reside: Discharged by 5pm	R	50.00%		29.43%	30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.49%	23.79%	23.89%	22.21%				
	Bed Occupancy Rate			93.00%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.91%				
	Diagnostic 6 Week Wait Performance		1.00%	31.56%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%		34.32%	8/10	<div></div>
	Diagnostic 13+ Week Breaches		0	0	1358	1364	1513	1779	2054	2183	2180	2724	3029	2913	3501	3948	3951		59-3948	10/10	<div></div>
	Diagnostic Backlog Clearance Time (in weeks)				0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8	1.6				
	RTT Incomplete 18 Week Performance		92.00%	-	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%		58.67%	4/10	<div></div>
	RTT 52+ Week Breaches	R	0	2337	2108	2088	1827	1583	1473	1544	1770	1933	2068	2128	2182	2284	2296		35-11262	5/10	<div></div>
	RTT 78+ Week Breaches	R		-	-	-	363	424	448	532	656	659	577	497	469	501	511		0-3926	5/10	<div></div>
	RTT 104+ Week Breaches	R		59	-	-	5	12	19	28	34	55	93	138	158	184	177		0-1479	5/10	<div></div>
	Total Waiting List	R		41279	29716	29580	31143	31648	32946	34315	35794	36787	37268	37297	37264	37210	38498				
	RTT Backlog Clearance Time (in weeks)				2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0	2.2				
	Cancer 2 Week Wait	R	93.00%	90.51%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	-		68.54%	10/10	<div></div>
	Cancer 2 Week Wait - Breast Symptoms		93.00%	96.15%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	-		24.41%	9/10	<div></div>
	Cancer 31 Day First Treatment		96.00%	96.69%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	-		90.01%	10/10	<div></div>
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	-		95.56%	8/10	<div></div>
	Cancer 31 Day Subsequent - Surgery		94.00%	97.95%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	-		77.05%	10/10	<div></div>
	Cancer 62 Day Standard	R	85.00%	86.39%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	-		64.24%	8/10	<div></div>
	Cancer 62 Day Screening		90.00%	80.00%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	50.00%	-		63.46%	8/10	<div></div>
	Cancer 28 Day Faster Diagnosis	R	75.00%	90.25%	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	-		62.02%	10/10	<div></div>
	Cancer PTL >62 Days			280	-	-	-	-	-	-	-	-	501	663	899	781	528				
	Cancer PTL >104 Days		0	-	57	67	64	64	100	162	139	170	158	108	140	197	135				
	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%		83.58%	84.72%	84.43%	82.53%	83.25%	82.91%	83.13%	81.59%	82.08%	83.02%	82.01%	81.17%	83.35%				

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	
	Caesarean Section Rate			28.00%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	
	Still Birth rate			0.40%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	
	Induction of Labour Rate			32.10%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	
	PPH 1500 ml rate			8.60%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	
	Never Event Occurrence by month		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	2	2	3	2	1	1	5	1	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	1	2	-	1	-	-	1	0	
	Total Incidents				878	1005	1034	1071	1027	1173	985	1058	982	993	998	1129	1107	
	Total Incidents (Rate per 1000 Bed Days)				45	46	46	44	43	48	40	43	39	42	41	44	206	
	WHO checklist completion			95.00%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.71%	99.32%	99.84%	99.87%	99.72%	99.40%	
	VTE Risk Assessment completion	R		95.00%	95.10%	95.38%	95.46%	95.46%	95.38%	95.52%	94.83%	94.85%	94.44%	93.19%	91.03%	93.47%	-	
	Pressure Injuries Grade 2				27	7	9	10	15	17	22	24	19	12	16	16	19	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	0	0	1	0	1	
	PI per 1,000 bed days				0.82	0.19	0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	
	Falls per 1,000 bed days				8.63	8.44	8.33	8.70	8.53	8.36	7.84	7.24	7.33	7.48	8.29	9.88	8.72	
	#NoF - Fragile Hip Best Practice Pass Rate				69.05%	78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	65.00%	78.13%	-	
	Admitted to Orthopaedic Ward within 4 Hours				54.76%	44.68%	71.11%	48.84%	44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	20.00%	18.75%	-	
	Medically Fit to Have Surgery within 36 Hours				80.95%	89.36%	71.11%	65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	85.00%	78.13%	-	
	Assessed by Orthogeriatrician within 72 Hours				97.62%	97.87%	93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	95.00%	93.75%	-	
	Stroke - Patients Admitted				61	96	91	100	91	75	92	83	90	85	73	103	62	
	Stroke - 90% Stay on Stroke Ward			90.00%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.07%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.66%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.25%	-	
Quality Caring & Experience	MRSA	R	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	E. Coli	R		4	1	6	4	5	4	1	5	3	8	3	2	6	1	
	C. Difficile	R		5	9	4	10	6	10	6	2	5	4	1	6	6	1	
	MSSA			2	3	0	4	1	5	2	5	4	1	0	5	3	2	
	Friends & Family - Births - Proportion Very Good/Good				-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	
	Friends & Family - IP - Proportion Very Good/Good				95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	
	Friends & Family - OP - Proportion Very Good/Good				95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	
	Friends & Family - ED - Proportion Very Good/Good				89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	
Well Led	PALS - Count of concerns				71	79	108	88	127	127	123	123	100	93	86	100	102	
	Complaints - % Overall Response Compliance			90.00%	84.38%	85.11%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69%	69.23%	80.85%	
	Complaints - Overdue				0	0	0	0	0	2	1	8	10	10	6	11	4	
	Complaints - Written complaints				43	42	56	67	51	65	48	52	55	59	44	52	58	
Well Led	Agency Expenditure ('000s)				544	1042	#N/A	816	1029	1374	1061	1492	1576	1350	1321	1363	1147	
	Month End Vacancy Factor				3.65%	3.62%	#N/A	4.81%	5.53%	6.52%	6.55%	6.28%	6.53%	6.13%	7.55%	6.97%	7.18%	
	Turnover (Rolling 12 Months)	R		12.00%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	15.57%	15.80%	16.26%	15.28%	
	Sickness Absence (Rolling 12 month -In arrears)	R		-	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	4.46%	4.53%	4.55%	4.59%	4.67%	-	
Well Led	Trust Mandatory Training Compliance				85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	

# EXECUTIVE SUMMARY

## March 2022

### Urgent Care

Four-hour performance deteriorated in February with performance of 51.53% in line with deterioration across peers for the same period; the Trust ranked sixth out of ten reporting AMTC peer providers. The Trust recorded 684 (provisional data) ambulance handover delays over one hour. There was an increase in 12-hour trolley breaches with 367 reported in month; there were over 16,000 reported nationally. Four hour performance and ambulance handover times were impacted by high bed occupancy at an average of 97.91% for the month. The COO has commissioned a deep dive into the high occupancy position as a primary driver of current UEC performance. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria, awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, achieving Internal Professional Standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk, but is subject to a new national reduction target.

### Elective Care and Diagnostics

The overall RTT waiting list increased to 38498 in February; 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 2,296 patients waiting greater than 52-weeks for their treatment in November, 511 of these were patients waiting longer than 78-weeks and 177 were waiting over 104-weeks. When compared nationally, the Trust's positioning was static in January and remains in the third quartiles for 18-week and 78-week performance, and the fourth quartiles for 52-week and 104-week performance. The Trust continues to treat patients based on their clinical priority first, followed by length of wait. Diagnostic performance deteriorated in February with performance of 40.00%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

### Cancer Wait Time Standards

There were a number of movements in the position for Cancer with TWW and 62-Day standards deteriorating to 41.42% and 56.88% respectively. However, the 31-Day broadly held its position. However, significant progress was made on the total backlog with 528 patients breaching compared with the peak of c.900 patients in December. In addition, the patients waiting over 104-Days also improved. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

### Quality

In maternity, workforce gaps across specialities continue to be challenging, exacerbated by staff absence related to COVID-19. The Trust has continued to have Outbreaks in clinical areas and have managed this with outbreak management and hierarchy of controls. There have been no MRSA cases reported since February 2021, C. Difficile rate remains higher than trajectory, though there has been a slower projected growth of cases. The rate of VTE Risk Assessments performed on admission fell 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 decreased by 2.72% (34.18wte) in February, however bank hours worked reduced by a greater amount -10.20% (-78.34 wte); this reduction in bank hours worked was predominantly seen in registered nursing and midwifery (-18.92 wte) and in unregistered nursing and midwifery (-42.78wte). Average hours worked were consistent each week in February meaning half term did not impact on bank hours worked. The vacancy factor increased slightly to 7.05% in February from 6.93% in January, driven by decreases in staff in post (-9.52wte). Rolling 12 month sickness absence increased to 6.13% in January from 5.20% in December. The initial view of the February absence position shows a 7.09% decrease in days lost, predominantly driven by a decrease in absence due to Infectious Diseases (COVID-19 related absence).

### Finance

The financial framework for 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, manage costs incurred in dealing with the COVID-19 pandemic in line with COVID-19 funding provided. The financial performance for 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 11 is a breakeven position and for year to date is also breakeven. The forecast outcome 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 51.53% in February. Ambulance handover delays were lower than the previous month with 684 handovers exceeding one hour reported (provisional data). The Trust reported a significant increase in 12-hour trolley breaches with 367 in month. Bed occupancy varied between 95.05% and 99.67% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The current Urgent Care work stream plan is being re-reviewed by clinical and operational teams, to refocus efforts into a single urgent and emergency care plan for 2022/23 and beyond.

#### Planned Care

**Referral to Treatment (RTT)** – The number of patients exceeding 52-week waits in February was 2,296 the majority of breaches (963; 41.94%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52-weeks is 5.95% which is marginally down compared to the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need. In February, there was access to an additional Elective Care ward, which enabled the Trust to work towards further reducing the number of patients waiting greater than 104-weeks for their treatment. The predicted 104-week wait position at year-end is 99 patients, including those who have chosen to further defer their treatment for social reasons.

**Diagnostic Waiting Times** – Diagnostic performance improved in February with performance of 40.00%, though failed to meet the improvement trajectory of 31.56%. The number of patients waiting longer than 13-weeks was static in February at 3,951 (3,948) in January. The current improvements have been mainly driven within Endoscopy, CT and Non-Obstetric Ultrasound A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In December, NBT ranked 8<sup>th</sup> amongst 10 peer providers for 6-week performance and 10<sup>th</sup> for 13-week performance.

#### Cancer

The TWW and 62-Day CWT standards and trajectories saw an overall drop on last month's performance. The Trust continues to carry backlogs in Breast and Colorectal which is impacting on TWW and in Skin and Urology within the 62-Day pathways. Breast services continue to run waiting list initiative sessions as part of the internal recovery plan. 62-Day PTL tracking is ongoing with the current reported position at 485 (a significant improvement from the peak position of c.900). The 104-Day reduction trajectory is expected to achieve a position of 30 – 60 patients breaching by year-end; this is within the pre-pandemic range.

#### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

## SRO: Chief Medical Officer and Chief Nursing Officer

### Overview

#### Improvements

**Infection control:** There were no cases of MRSA bacteraemia reported in February 2022 (last one for Trust reported in February 2021). Whilst the *C. Difficile* rate remains higher than trajectory, we have noted a slower projected growth of cases.

**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:** NBT has continued to have Outbreaks in clinical areas and have managed this with outbreak management and hierarchy of controls. We have seen Outbreaks in NMSK Division in a number of areas that have required specific input and escalation to DMT due to the nature of the patient group and ward visits from multiple staff. The planned re-focus on MRSA , MSSA , C.Diff and E. Coli has proved to be a challenge due to the COVID position and Outbreak situation but will actively commence as we move into Q1 of the 2022/23 financial year.

**Maternity:** Workforce gaps across all specialities continue to be challenging. The biggest impact on staffing is related to staff absence due to COVID precautions, impacting on quality improvement work. A range of actions are underway for Midwifery and medical staff recruitment, with a number of Band 5 & 6 midwives successfully recruited to start from March 2022.

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



# WELL LED

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

### Overview

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

##### Vacancies

Trust vacancy factor increased slightly to 7.05% in February from 6.93% in January. This was driven by decreases in staff in post (-9.52wte). The decrease in staff in post was led by Allied Health Professionals; predominantly *Physiotherapy* (-3.00wte) and *Occupational therapy* (-1.60wte), and Registered Nursing and Midwifery; Birthing Centre (-6.96wte), Ward 34A (-4.15wte) and Women's Specialist Nurses (-3.57wte).

##### Turnover

Rolling 12month staff turnover decreased to 15.28% in February from 16.26% in January. Excluding the COVID-19 and mass vaccination workforce, the turnover rate decreased from 15.59% in January to 14.62% in February. This is higher than the February 2020 figure of 13.79%.

##### Prioritise the wellbeing of our staff

Rolling 12month sickness absence increased to 4.70% in January from 4.62% in December. The initial view of the February absence position shows an 7.09% decrease in days list to absence (adjusted for February being a shorter month than January), this was predominantly driven by a decrease in absence due to *Infectious Diseases* (COVID-19 related absence).

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

Temporary staffing demand decreased by 2.72% (34.18 wte) in February and this is partly attributable to February being a shorter month; bank hours worked reduced by a greater amount -10.20% (-78.34 wte), despite the use of incentive bank rates of +30% in line with BNSSG partners, with a +50% rate for allocate on arrival continuing throughout February. The reduction in bank hours was predominantly seen in registered nursing and midwifery (-18.92 wte) with largest reduction in Women and Children's teams, and in unregistered nursing and midwifery (-42.78wte) predominantly in inpatient wards. Average bank hours worked were consistent each week in February meaning half term did not impact on bank hour worked. Agency RMN use saw an increase of 15.46 wte (of which 7.93 wte was tier 1, predominantly in wards 34A, EEU & 9A), tier 4 RMN use increased by 5.57 wte.

##### Actions

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

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



# FINANCE

## SRO: CFO

### Overview

The actual result for the Month 11 and year to date is a breakeven position.

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

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

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

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

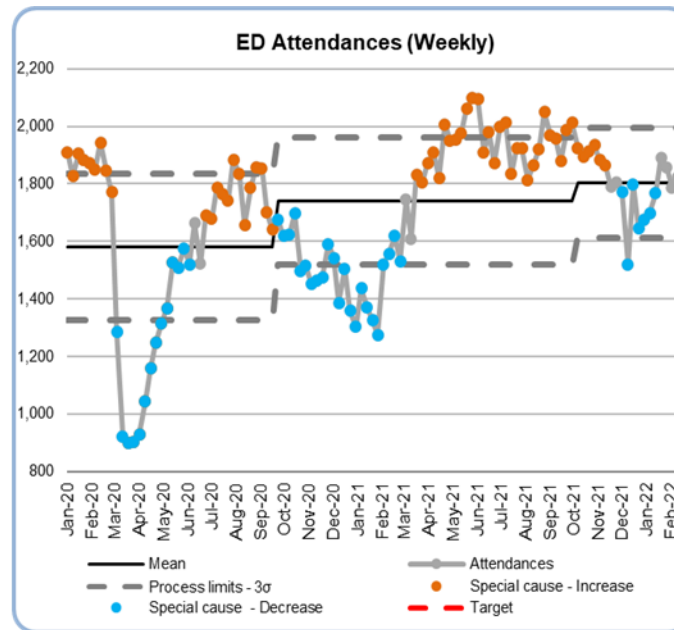
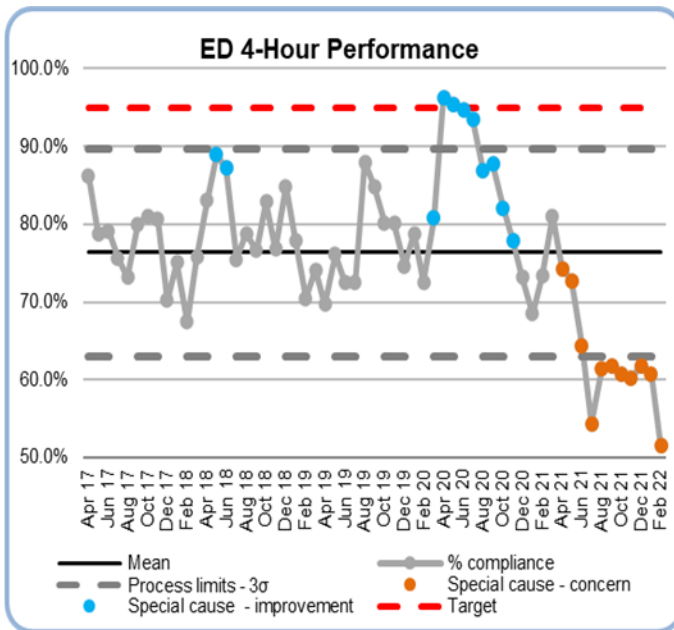
The income reported in Month 11 is based on notified allocations from BNSSG system and it was £62.9m (£56.4m Contract and £6.5m other) and the year to date figure is £700.8m (£620.0m Contract and £80.8m other).

Cash at 28 February amounts to £125.9m.

Total capital spend to date is £17.9m, compared to a plan of £19.9m for the first eleven months of the year.

## **Responsiveness**

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



## Unscheduled Care – Front Door

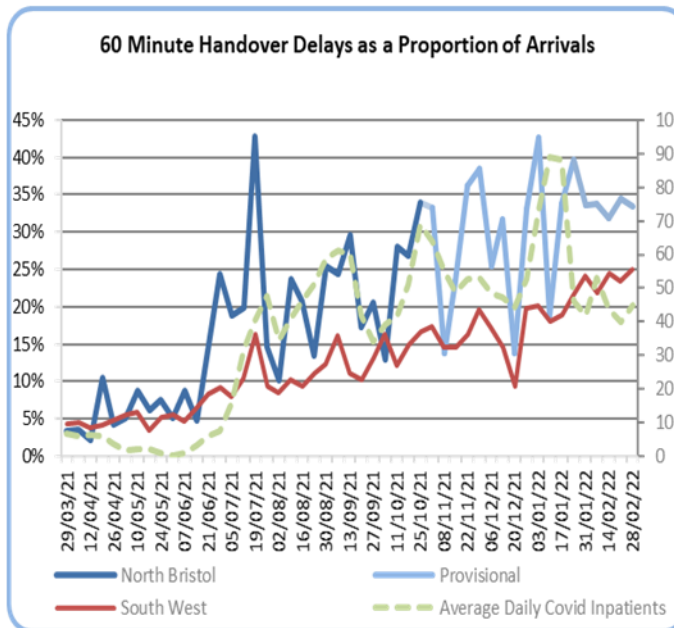
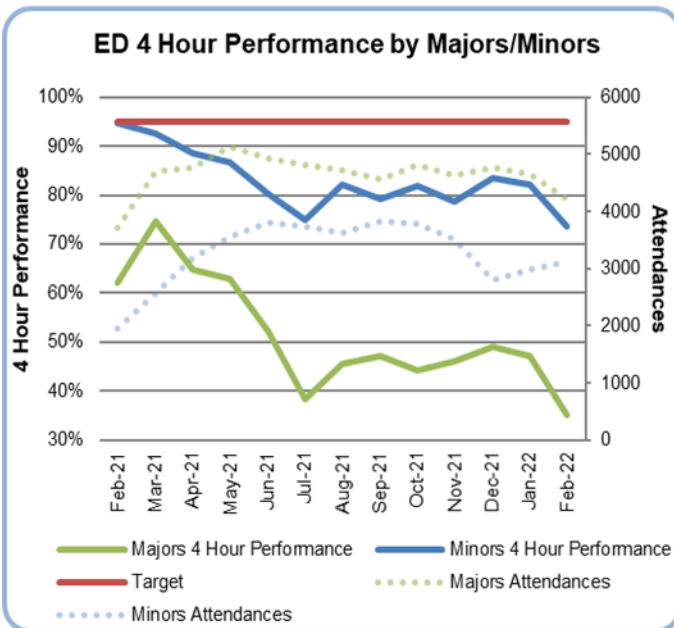
### What does the data tell us?

Four-hour performance deteriorated in February with performance of 51.53%. Compared to our AMTC peers, the Trust ranked sixth out of ten reporting centres. When compared nationally, Trust positioning deteriorated, moving into the fourth quartile from the third. ED performance for the NBT Footprint stands at 59.35% and the total STP performance was 67.04% for February.

For February, ED attendances were similar to 2019/20 levels. There was a significant increase in 12-hour trolley breaches compared to the previous month, with the Trust recording 367; nationally there were over 16,000 with 42 trusts reporting over 100.

Ambulance handover times continued to be challenged with provisional (unvalidated) data showing the Trust recorded 684 ambulance handover delays over one-hour in February, though this was a decrease on the number reported in January.

Numbers of COVID-19 inpatients peaked at 101 on 19<sup>th</sup> January but have since fallen, with numbers at the end of February being similar to December 2021.

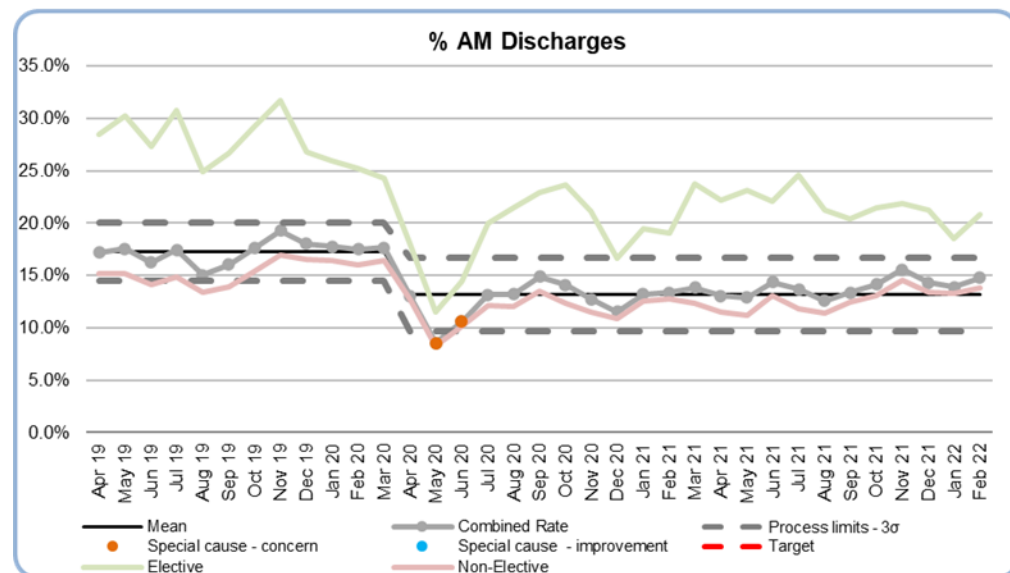
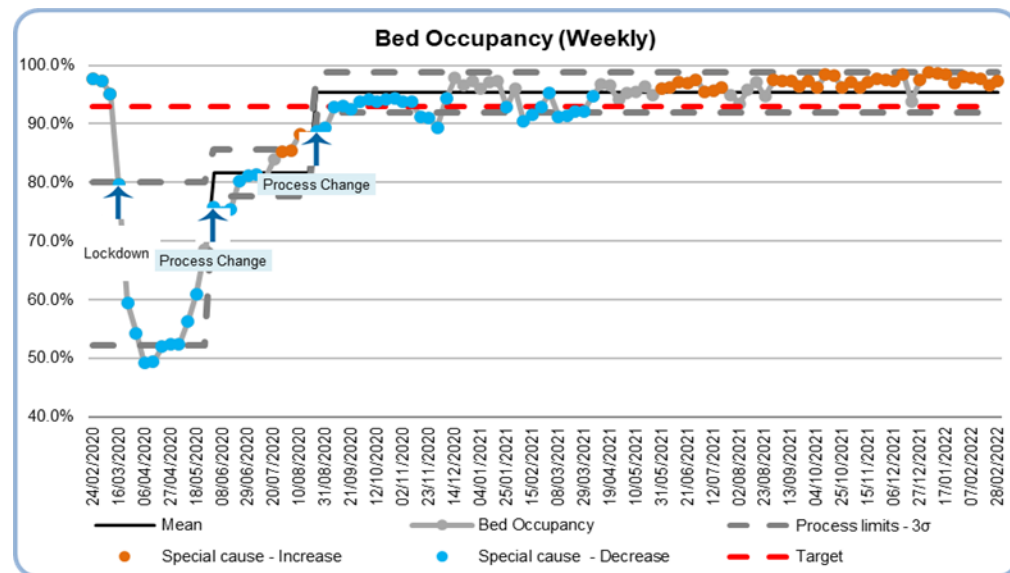


### What actions are being taken to improve?

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

The Emergency Flow Plan aimed at improvements in three areas (front door, time in hospital, and discharge). Attempts to relocate medical SDEC to increase core capacity has been delayed until April 2022 due to workforce and space constraints.

The system-wide project to provide reduction of 20% of ED minors patients through enhanced streaming is underway; although there has been slippage due to workforce availability and plans are limited to Monday to Friday only. A “perfect week” took place at the end of February to test the future model.



## Unscheduled Care - In Hospital

### What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 54.12%, with the second highest cause due to waits for a medical bed at 17.22%.

The vast majority of breaches of the admitted pathway is related to increasing bed occupancy which remains challenged. All days in February reported above the 93% target, varying between 95.05% and 99.67% against the core bed base.

In February, 14.81% of patients were discharged between 08:00-12:00; which was up on the previous month.

### What actions are being taken to improve?

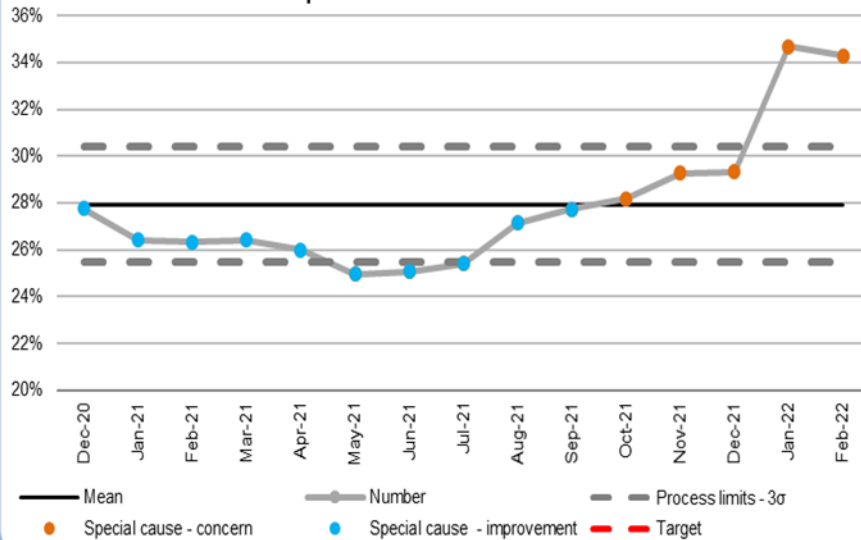
The Trust wide plan to improve emergency patient flow is made up of three components:

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

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

## Unscheduled Care - No Criteria to Reside (No C2R)

Proportion of Total Patients with no C2R



### What does the data tell us?

In February, the number of delayed bed days for medically fit patients awaiting Pathway 1 (P1) increased by 508; the number of days increased slightly for P2 by 40 days and by 245 days for P3. Overall the delayed bed days rose by 793 compared to January 2022.

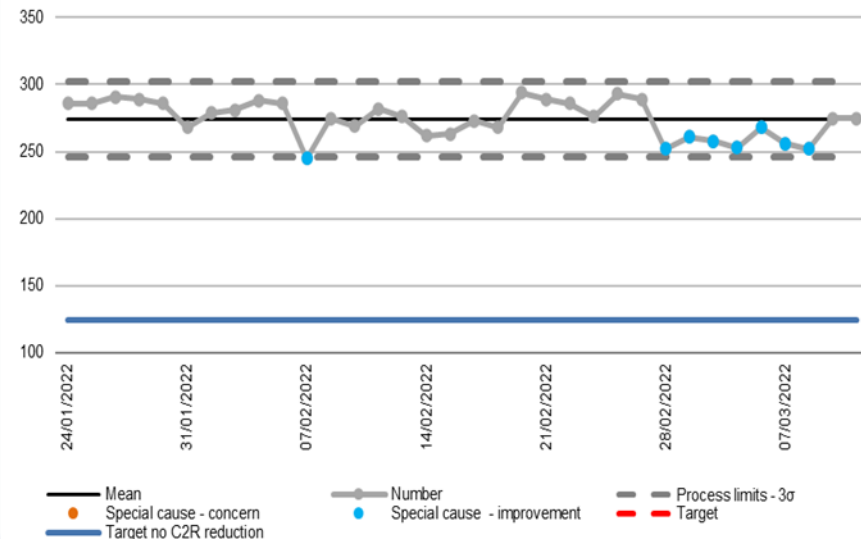
P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care and Sirona D2A care worker capacity. Patients waiting discharge to the north Bristol locality wait much longer than patients in other localities. There continues to be insufficient community beds for patients with dementia and perceived behavioural challenges, also stroke patients with high care needs.

The top graph shows that at the end of February the overall month average of patients ready for discharge was 34.27% of total patients.

The bottom graph shows that at midnight on 28<sup>th</sup> February, 252 patients had no criteria to reside of which 19 were waiting repatriation to another acute hospital, 210 were waiting other external discharge pathway start dates, mainly D2A P1;2;3 and CHC Fast Track. 23 patients with no criteria to reside were waiting for internal reasons, predominantly the completion of single referral form (SRF). At least 20 new SRFs are expected to be generated each day, though this tends to be lower at weekends.

During February, a high number of care homes remained closed to admission due to COVID-19 explaining the continued rise in patient bed days for those waiting D2A P3.

Patients with no Criteria to Reside



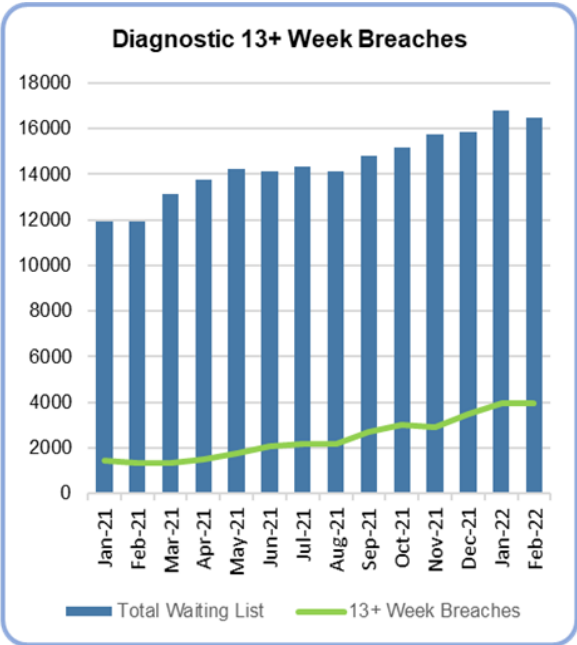
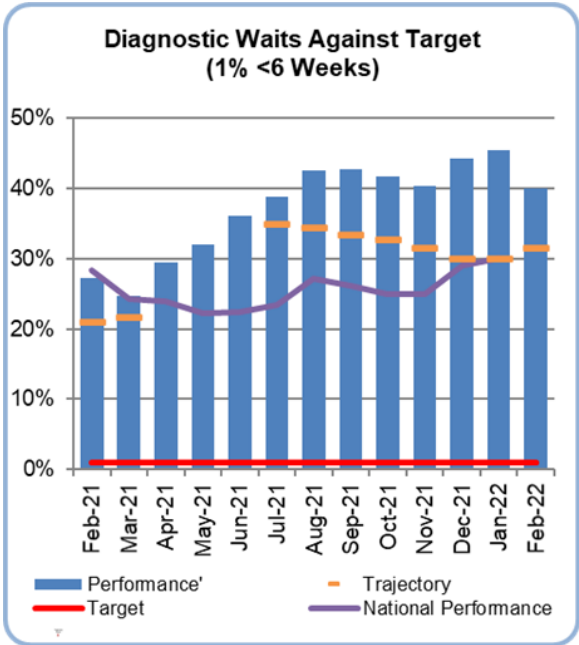
### What actions are being taken to improve?

At the point of reporting NBT transferred 45 patients waiting D2A P1 to the Care Hotel since it opened 23 December 2021, as an interim step for patients on discharge P1. The hotel will close on 31 March 2022.

Role out of the *Flow Programme* continues in the Medicine Division with the aim of reducing LoS for patients with no criteria to reside. The introduction of a discharge tracker in AMU is showing early positive results with completion of social and admission assessments that support early accurate SRF completion, reducing the time from admission to SRF acceptance bed days. The rejection rate for SRF's was 2.4% in February; a significant reduction from January's rejection rate of 9%. Quality assurance measures have been introduced with the aim of maintaining this reduced rate.

37 patients were discharged early during February, with family support bridging care at home, whilst awaiting P1 commencement, equating to 2 beds saved.

The whole system D2A Board and programme workstreams were established in month with priorities being agreed and improvement work commenced. This is a medium to long term plan to reduce the long delays for the D2A pathways.

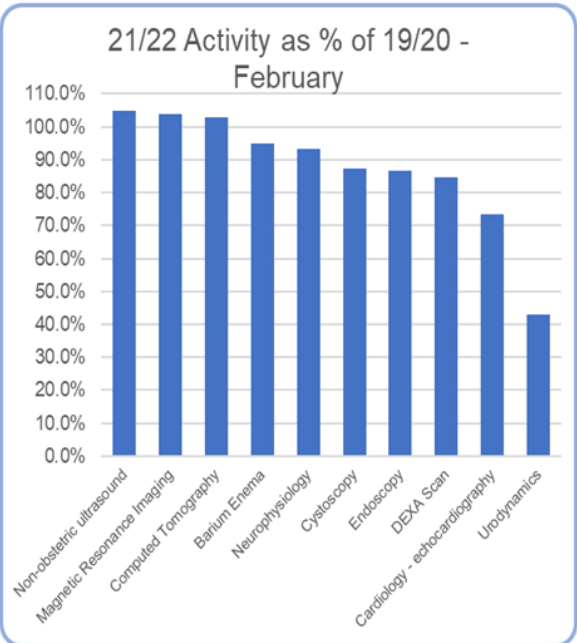
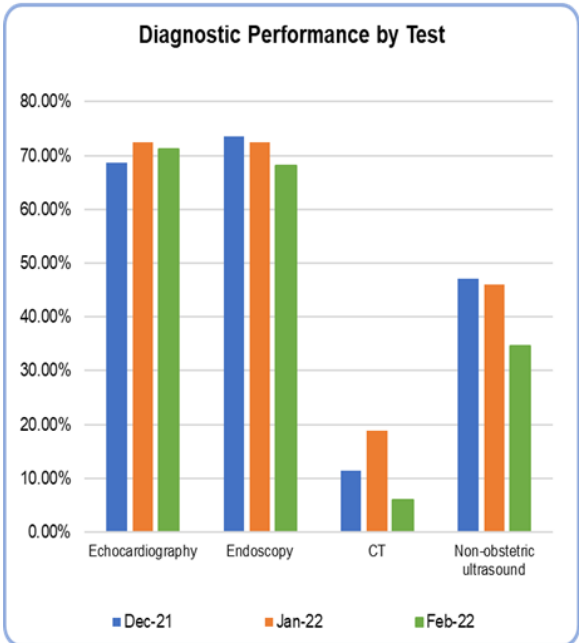


## Diagnostic Wait Times

### What does the data tell us?

In February, diagnostic 6-week performance improved to 40.00%, though failed to meet the improvement trajectory of 31.56%. 13-week performance was static on the previous month. There was a decrease of 1.91% in the overall waiting list in February, with an increase of 2.05% in overall activity on the previous month. Seven test types reported over 85% of their activity compared to the same month in 2019/20.

The current improvements have been mainly driven within Endoscopy, CT and Non-Obstetric Ultrasound. There has been backlog clearance across all Endoscopy modalities, though wait list growth also contributed to improved performance. CT and Non-Obstetric Ultrasound have both reported improvement with reductions in both the backlog and the wait list.



### What actions are being taken to improve?

**Endoscopy** – Interviews for three Consultant Gastroenterologists were held in March 2022 with two successful appointments. In February, the service has seen the anticipated improvement in ability to book patients and make effective use of capacity, enabling plans for additional utilisation of weekend capacity to be implemented in the new financial year. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. There has been a focus on reducing the maximum waits times across the Endoscopy modalities with two out of the three modalities now reporting under 90 weeks.

**Non-Obstetric Ultrasound** – The Trust continues to seek additional capacity to support backlog clearance. 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.

**Echocardiography** – Access to Xyla insourcing capacity continues to be limited, however 48 slots have been agreed for the end of March 2022. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.



## Referral to Treatment (RTT)

### What does the data tell us?

The overall RTT waiting list increased to 38498 in February, representing an increase of 3.46% on the previous month. The Trust has reported a small increase in 52-week wait breaches with 2,296 patients waiting greater than 52-weeks for their treatment; 511 of these were patients waiting longer than 78-weeks and 177 were waiting over 104-weeks. The majority of 52 breaches (963; 41.94%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

February has been the first month where a reduction in 104-week waits has been reported and has been the highest volume of Admitted patient clock stops across all long-waiting time bands this year to date. The residual risk of 104-week breaches at the end of March 2022, is now 99 patients awaiting treatment predominately in T&O including patients choosing to defer their treatment.

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

### What actions are being taken to improve?

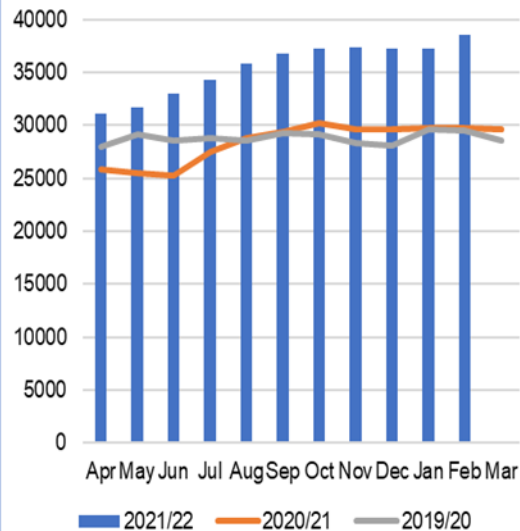
An Elective Care Recovery Board has been established and has developed a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.

The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits., with the majority of patients now having a date for treatment prior to year-end. The largest proportion of patients remaining undated are those choosing to defer their treatment into 2022/23 rather than capacity driven breaches.

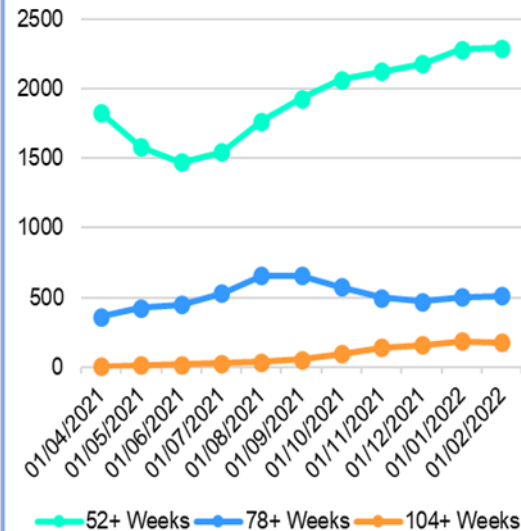
Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.

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

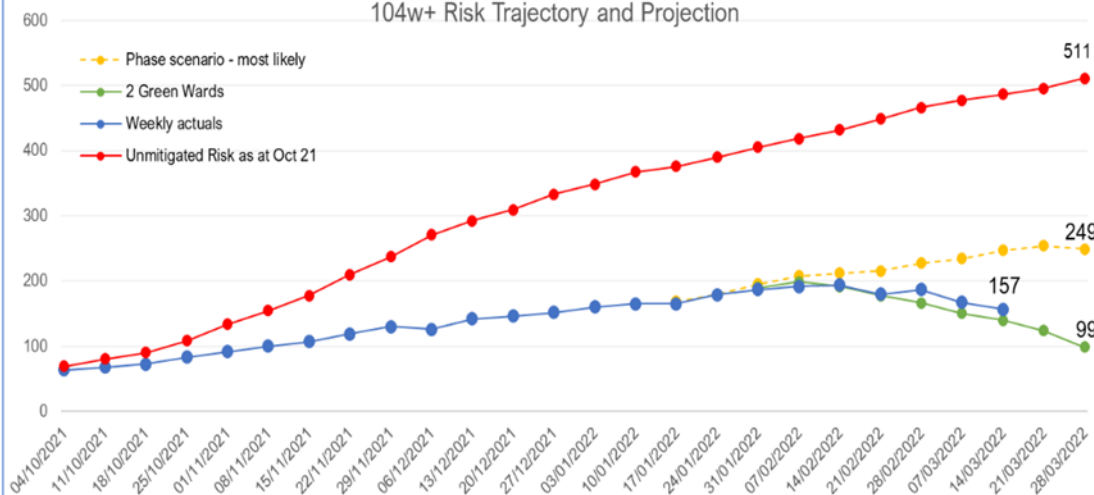
RTT Total Wait List



52+, 78+ and 104+ Weeks

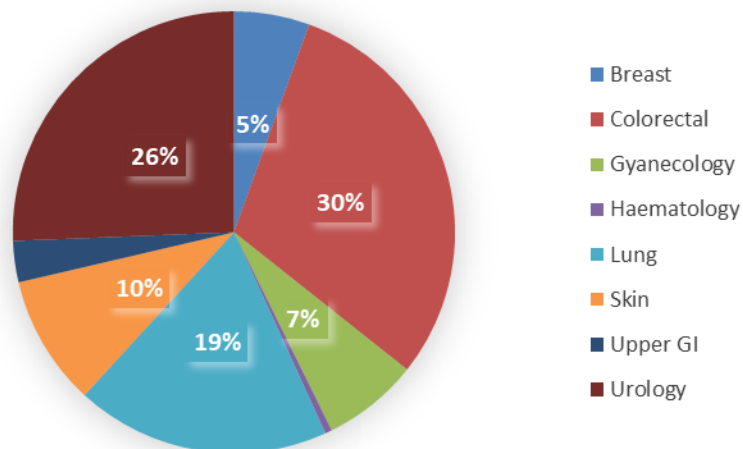


104w+ Risk Trajectory and Projection

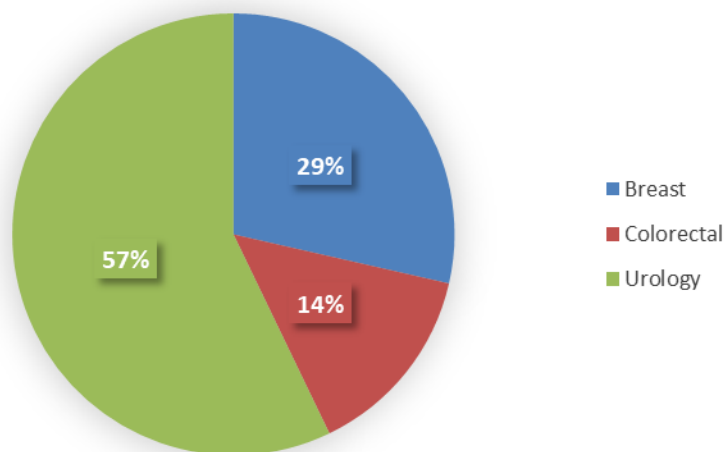




### Cancer Specialty - Without DTT



### Cancer Specialty - With DTT



## Cancer: 104-Day Patients

### What does the data tell us?

#### January 2022 uploaded position

The Trust had 15 104-Day breaches this month that required Datix compared to the seven last month. This is the highest number of 104-Day breaches reported in the last 12 months. There have been no reported instances of clinical harm to any of the 104-Day breaches in the last 12 months. Six patient breaches were due to late transfers into NBT, seven due to complex pathways and two patient choice delays.

#### Live PTL snapshot as of 14/03/2022

There has been an increase in the 104-Day breach numbers from 161 to 213. The sites attributed to the increase are Colorectal with 29% of the overall 104-Day breaches, Lung, Gynae and Urology.

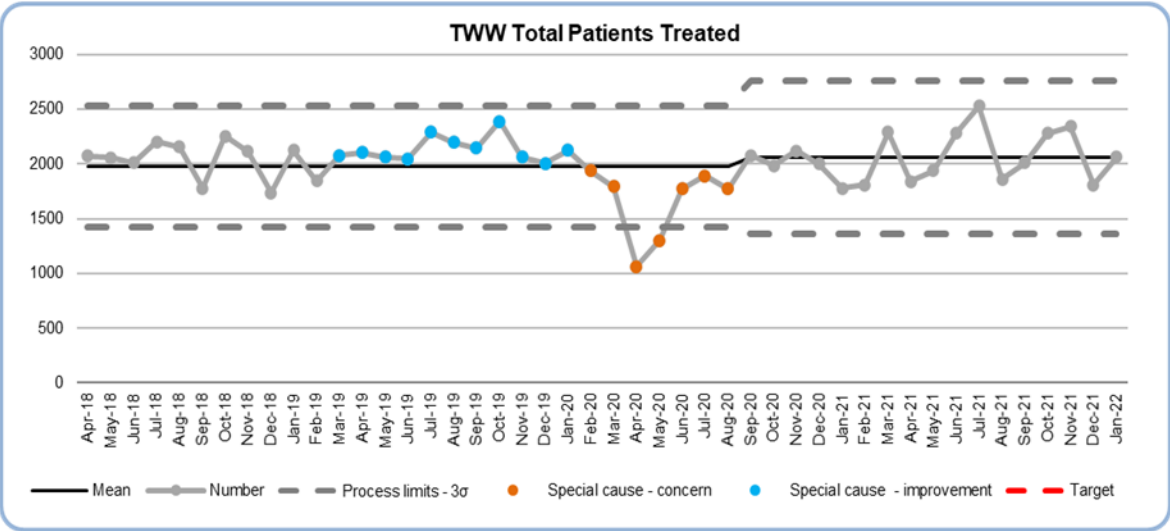
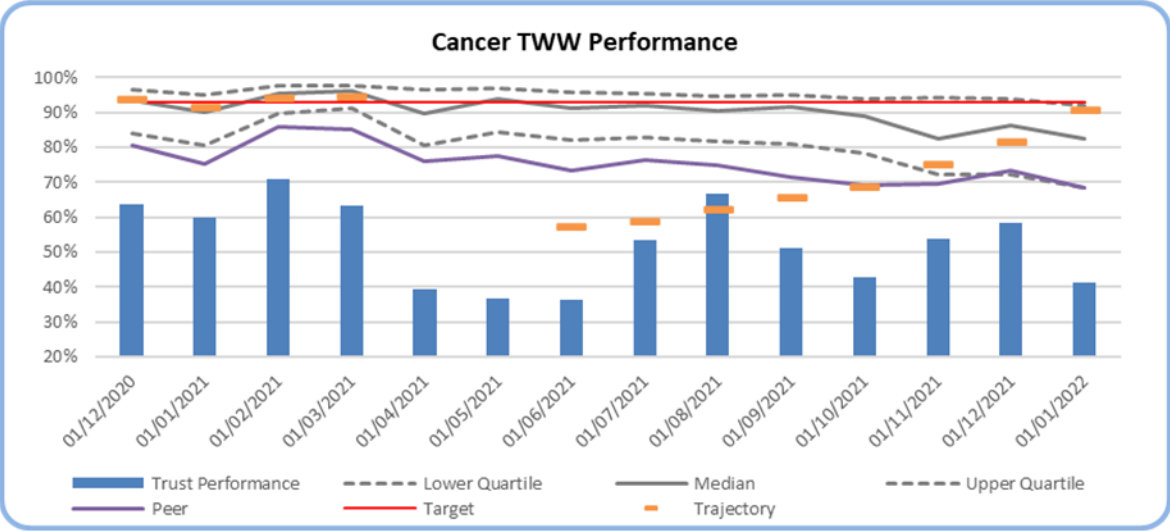
The 104-Day PTL has 30 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 14 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 169 patients with no confirmed Cancer diagnosis (an increase of 50 from last month); all have been escalated to the relevant specialties for review.

The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 79% of the patients over 104-Days on their pathway. Most of these patients are under Colorectal, Urology and Lung.

### What actions are being taken to improve?

Targeted approach to the 104-Day patient PTL in conjunction with the Divisional admin teams has improved the management of the patient pathway. This has resulted in a significant improvement in the overall 104-Day PTL being maintained.

Cancer: Two Week Wait (TWW)



What does the data tell us?

The Trust reported a performance of 41.42% in January compared to 58.38% in December. The Trust saw 2058 patients in January compared to 1809 patients in December. Most of these patients are under Colorectal, Urology and Lung and underperformance has been due to increases in referral volumes, workforce and capacity challenges.

Of the 2058 patients seen, 847 patients were seen within two weeks, 1211 patients breached the TWW target. The Breast breaches accounts for 58% of the total breaches this month, with their performance of 5.49% being a slight improvement from 5.23% in December. Breast will continue to be in recovery well into the 1st Quarter of 2022/23.

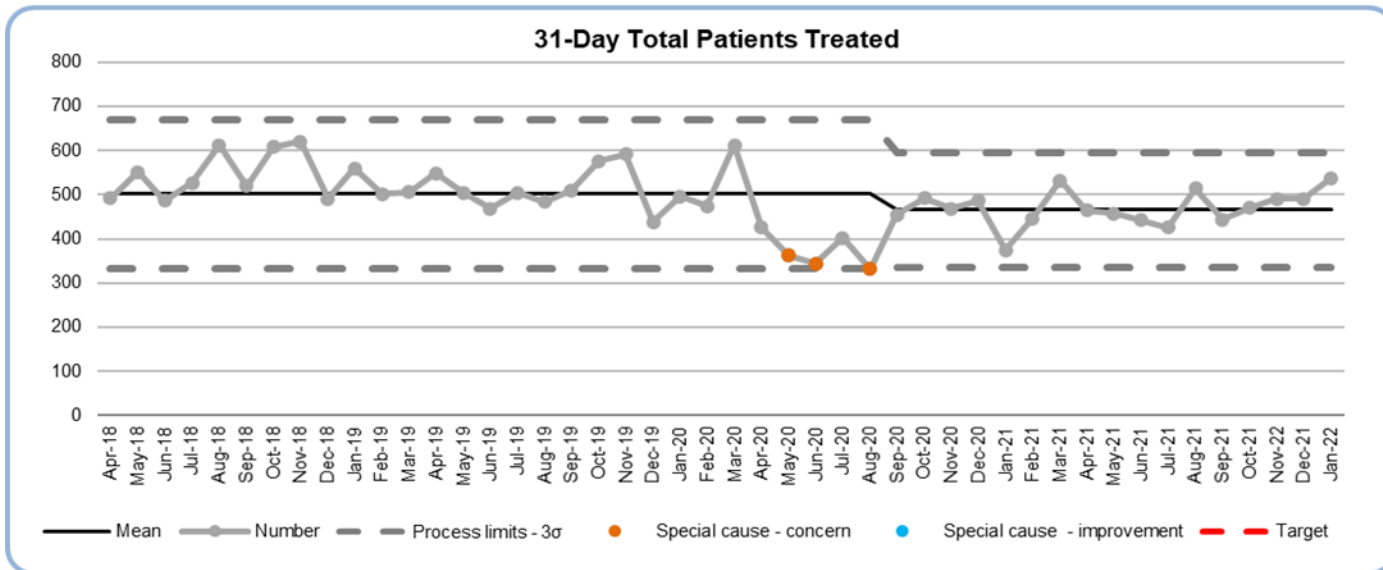
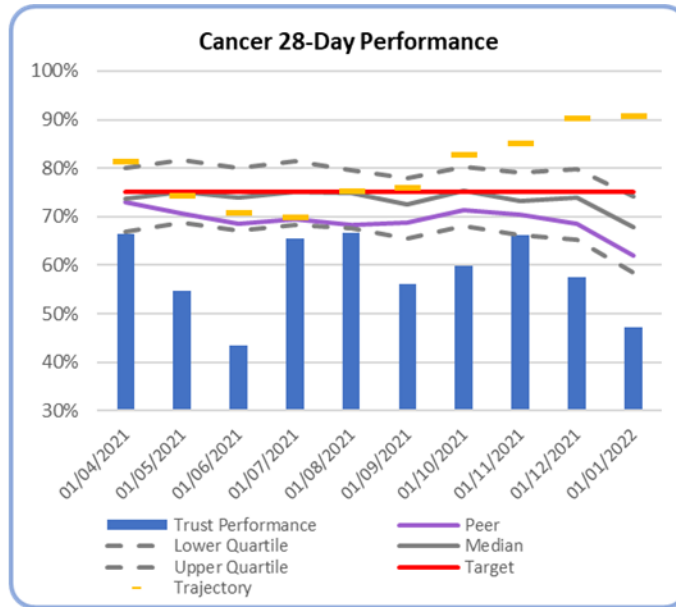
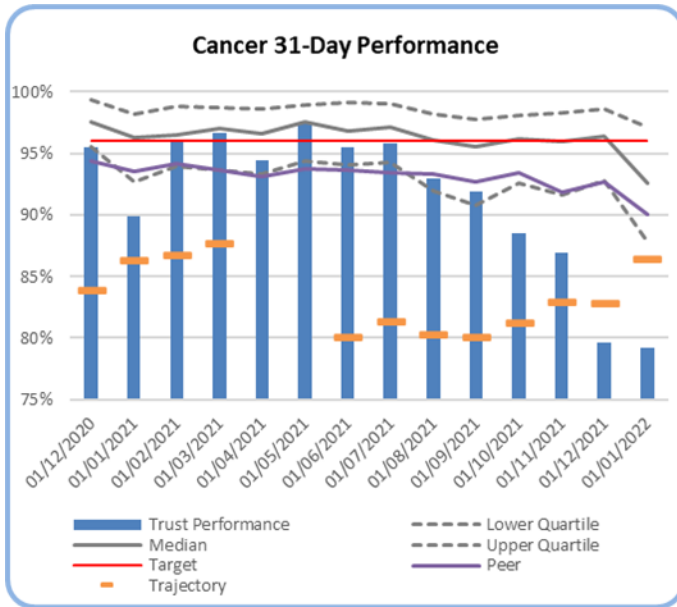
All specialties other than Brain (100%) and Lung (95.83%) failed the TWW standard this month. Gynaecology were very close with a performance of 92.93%.

Skin dropped their position in January from 83.89% in December to 27.40% in January. The Skin service saw 489 patients with 355 seen in a breach position. This was due to backlog clearance.

What actions are being taken to improve?

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

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



## Cancer: 31-Day Standard

### What does the data tell us?

In January, the Trust missed the first treatment standard of 96.00% with a performance of 79.18% compared to the 79.59% achieved in December. This is the third consecutive month with a drop in performance due to surgical capacity issues; the Trust was in ICI for most of January. 272 patients were treated in month; 59 of them within a breach position.

The specialties that failed the 31-Day first treatment standard were Breast, Skin, and Urology, which accounted for 96% of the breaches. Skin performance improved from 48.48% in December to 86.17% this month.

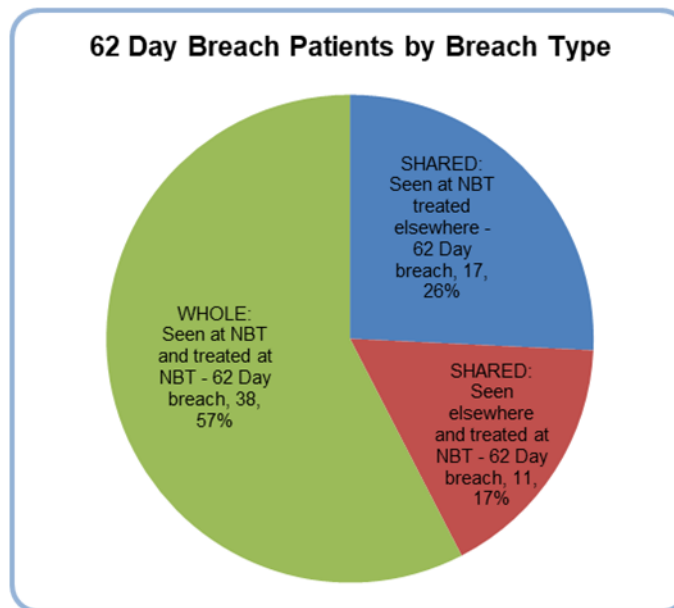
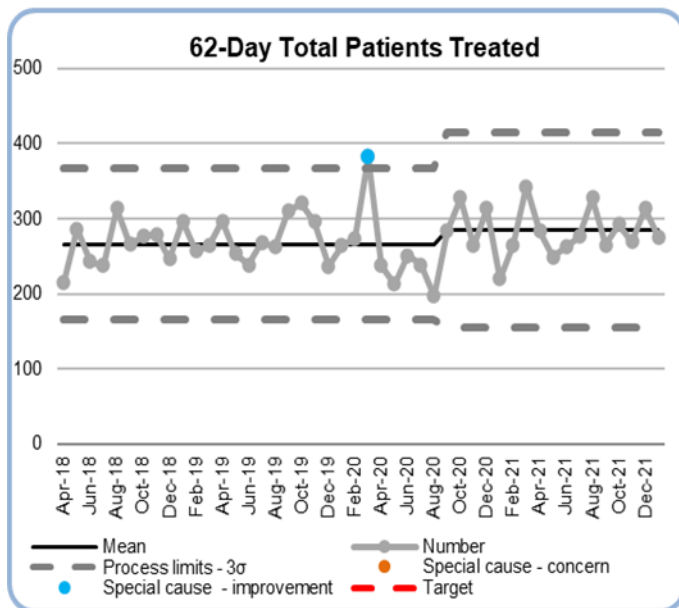
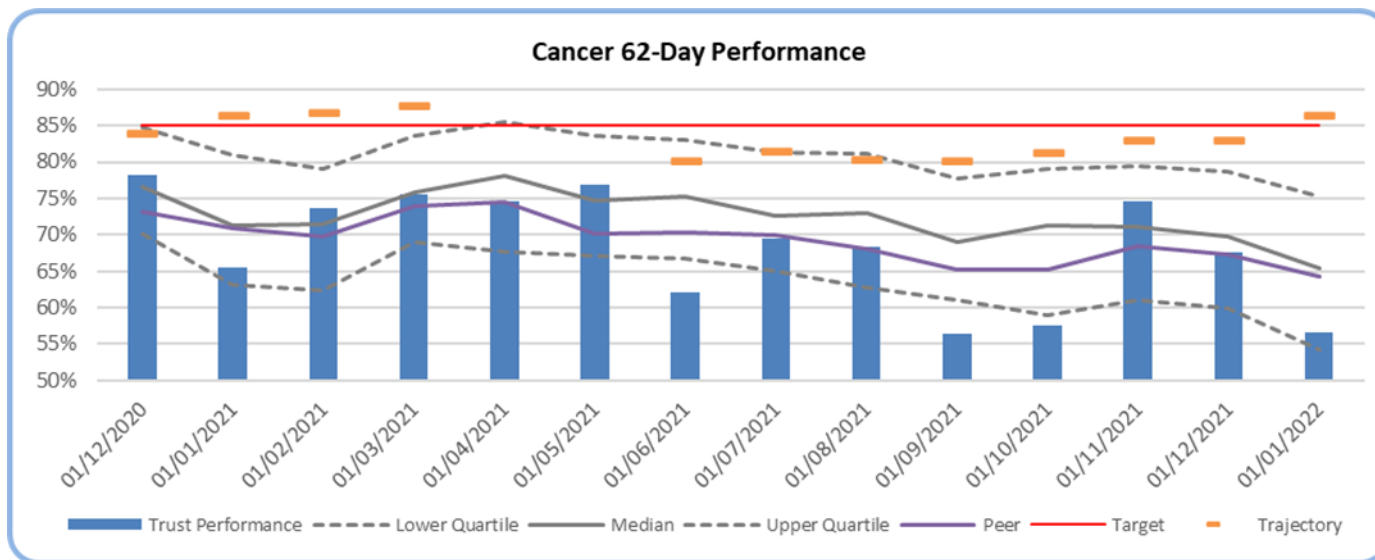
### 28-Day Performance

The Trust failed the standard in January with a performance of 47.10%. The performance in December was 57.52%. 2068 patients had their diagnosis discussion; of those 1209 breached the 28-Day standard. Breast had 701 reportable patients of which 539 were unable to have their diagnosis before day 28. Recovery of this standard will only be possible once the TWW challenges are reliably resolved into 2022/23.

### What actions are being taken to improve?

The recruitment programme of the Band 3 workforce has been completed and new staff on site with an extensive training programme in place.

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



## Cancer: 62-Day Standard

### What does the data tell us?

The reported 62-Day performance for January was 56.88% compared to 67.52% in December; 140 patients were treated within the standard with 61 breaches.

Urology had the majority of the breaches (26); they were complex pathways and delays to the TWW pathway. Breast had 23 breaches out of 28 patients treated in January.

Urology had a drop in their performance from 57.94% in December to 52.29% in January. It should be noted that this includes the Weston Urology patients, the majority of the breaches in January were from Weston patients transferred in a breach position.

The Urology service treated 54 patients with 26 breaches. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat. Pathway work is ongoing to ensure Weston pathways align to NBT.

### What actions are being taken to improve?

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

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

Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board with a trajectory to be at 475 by the end of March with 104-Day breaches reduced to a range of 30-60 per month (as per pre-COVID-19 levels).

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

## **Safety and Effectiveness**

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



# NBT - PQSM

## Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

**Neonatal Morbidity and Mortality:** 3 x late fetal losses, no themes identified. 2 x late neonatal deaths will be reviewed as part of the PMRT process.

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

**Insight:** 0 x new incidents; 1 x finalised HSIB report. No safety recommendations identified for trust, however findings up for evaluation and planned actions for improvement and learning within the division.

**Workforce:** Workforce gaps across all specialities continue to be challenging. The biggest impact on staffing is related to staff absence due to COVID precautions. Impacting on quality improvement work.

**Midwifery:** Successful recruitment of Band 5 and 6 midwives, anticipated to start from March 2022. Specialist midwifery posts currently in interview phases. Cross city maternal medicine post appointed in Feb. of 2022.

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

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

**Workforce - Diverts:** 2 Cossham diverts to centralise staff within the acute maternity unit. Pressures within ambulance services remain and women are informed of expected call out times for cat. 1 and cat. 2 calls.

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

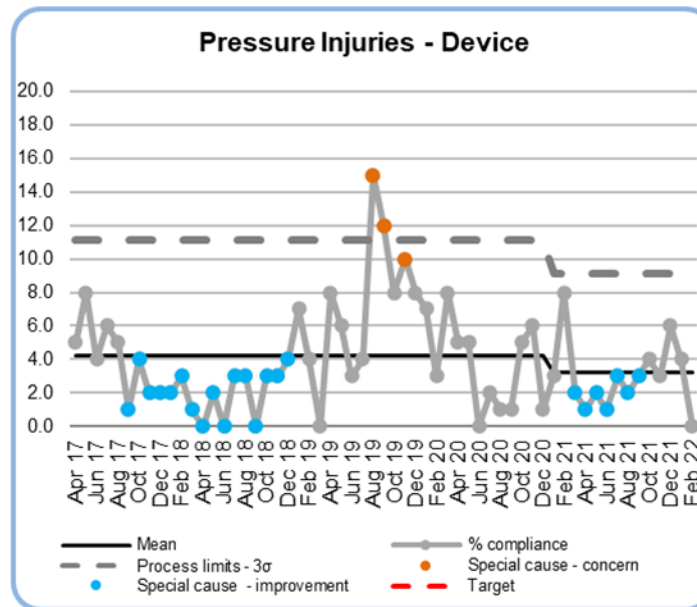
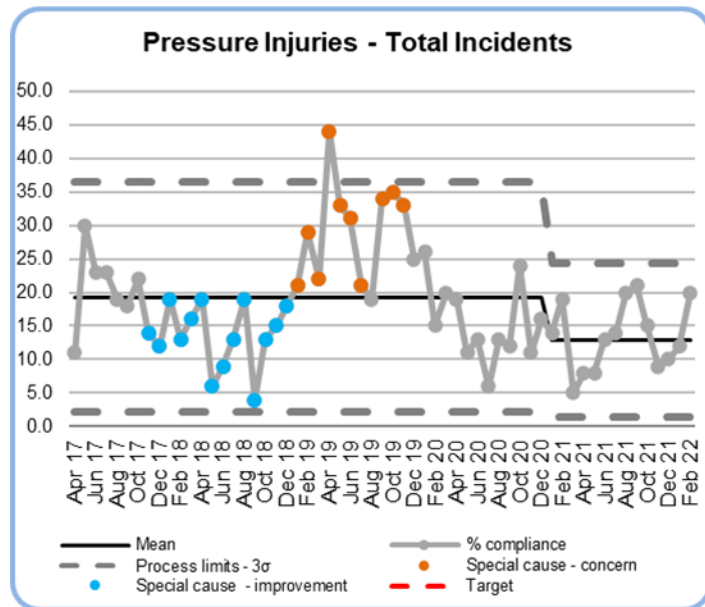
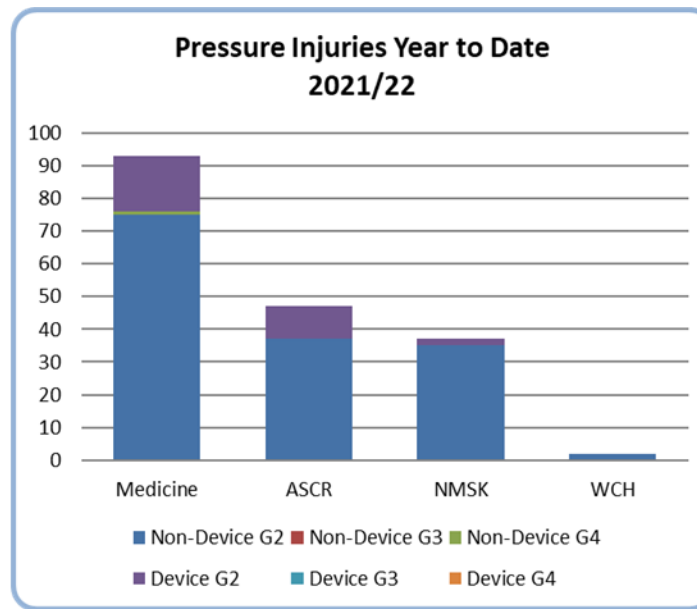
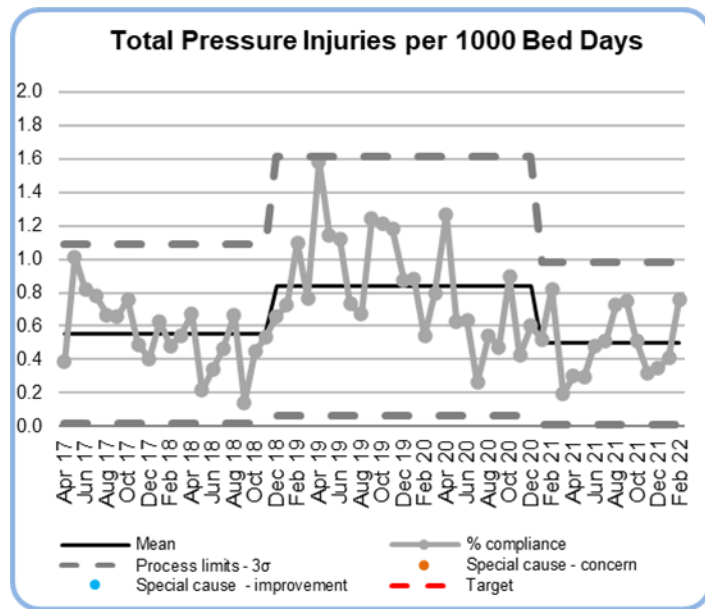
**Maternity Incentive Scheme, Year 4:** NBT's compliance confidence forecast remains at 7 out 10. Planned pause for MIS, Year 4 for 3 months due to the pandemic with clear priorities set out by NHSR. 3 areas of concern identified highly likely to impact successful delivery of all 10 Safety Actions:

- SA 2 – Maternity Services Data Set:** Still awaiting update from NHSR regarding clarity of PCSP digital requirements. NBT Community IT connectivity is a major barrier impacting successful delivery. It is highly likely that mitigations to ensure SA2 is achieved will require additional resources. Without the additional personnel resources in place this will almost certainly impact on successful delivery of SA2.
- SA 7 - Maternity Voices Partnership (MVP):** Meeting with MVP held on 28/02/2022. Actions agreed
- SA 6 and 8 – Training:** No progress has been made towards the compliance with the training - MDT emergency skills training. A meeting has taken place in February 2022. An action plan has being developed to promote training as a divisional priority. Ongoing work regarding data quality of training log.

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

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

NBT - PQSM		NHS North Bristol NHS Trust					
	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	TREND
<b>Perinatal Morbidity and Mortality inborn</b>							
Total number of perinatal deaths		3	4	2	2	5	
Number of stillbirths 16 to 23+6 weeks excl. TOP		2	1	1	0	3	
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	0	
Number of neonatal deaths : 0-6 Days		0	1	1	1	0	
Number of neonatal deaths : 7-28 Days		0	1	0	0	2	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	1	0	0	
<b>Maternal Morbidity and Mortality</b>							
Number of maternal deaths (MBRRACE)		0	0	0	0	0	
Number of women who received level 3 care		0.2%	0.2%	0.2%	0.2%	0.0%	
<b>Insight</b>							
Number of datix incidents graded as moderate or above (total)		2	0	2	1	0	
Datix incident moderate harm (not SI, excludes HSIB)		2	0	1	0	0	
Datix incident SI (excludes HSIB)		0	0	0	1	0	
New HSIB SI referrals accepted		0	0	1	0	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	0	0	
<b>Workforce</b>							
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	0.5	2	1	1.3	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		1	1	1	1	1	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	2	2	2	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	0	0.5	1	0.5	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		14%	12%	14%	11%	13%	
Vacancy rate for midwives		2.9%	2.0%	1.9%	1.9%	3.5%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		42%	42%	42%	40%	42%	
Vacancy rate for NICU nurses		10	10	17.6	14	15	
Datix related to workforce (service provision/staffing)		8	2	5	7	9	
Consultant led MDT ward rounds on CDS (Day and Night)		71%	72%	58%	68%	57%	
One to one care in labour (as a percentage)		98.9%	100%	98%	100%	99%	
Compliance with supernumerary status for the labour ward coordinator	100%	95%	98%	96%	98%	96%	
Number of times maternity unit attempted to divert or on divert		4	2	2	0	2	
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	
<b>Involvement</b>							
Service User feedback: Number of Compliments (formal)		66	19	58	44	59	
Service User feedback: Number of Complaints (formal)		5	3	6	9	9	
Staff feedback from frontline champions and walk-about (number of themes)		3	2	3	4	4	
<b>Improvement</b>							
Progress in achievement of CNST /10		7	7	6	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	42%	39%	38%	33%	43%	
Fetal Wellbeing and Surveillance	90%	7%	14%	22%	9%	18%	
training compliance core competency 4. personalised care		DNA	DNA	DNA	DNA		
Continuity of Carer (overall percentage)		16%	15%	16%	17%	16%	
Trust Level Risks		DNA	DNA	DNA	2	4	



## Pressure Injuries

### What does the data tell us?

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

The Trust ambition for 2021/22 is:

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

19 Grade 2 pressure injuries were reported of which 0 were related to a medical device and 16 DTI injuries. There were 0 unstageable pressure injuries reported.

There were no reported Grade 3 injuries, and 1 Grade 4 pressure injury reported in February.

### What actions are being taken to improve?

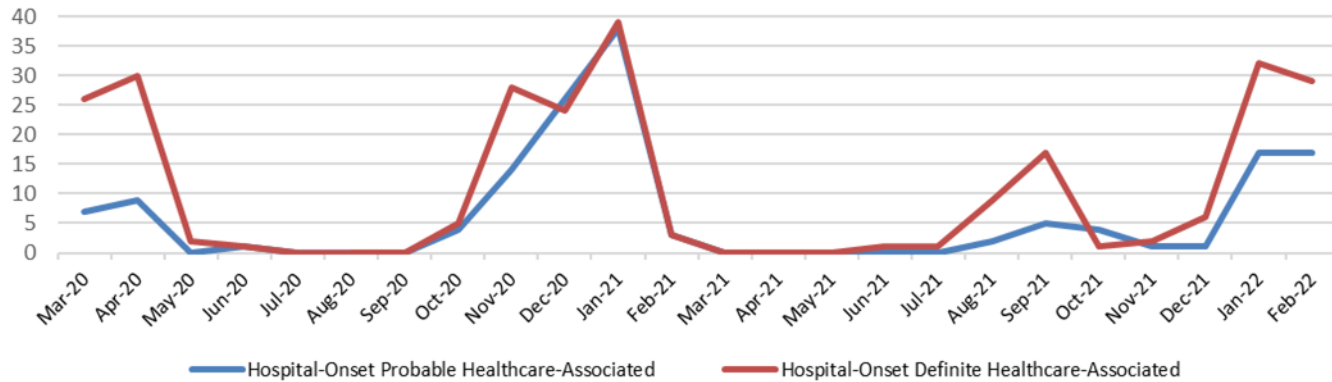
The Tissue Viability (TV) team is continuing to focus on support of clinical areas noted at After Action Reviews and identifying thematic devised solutions around mattress selection.

Collaborative work using the RAG rating support system to provide specific and targeted teaching to areas that require support.

TV Nurses are actively working with the wards to promote suitable mattress selection based on clinical need for patients and have changed their practice. TVNs order a suitable mattress for a ward if the patient is not on the optimal mattress for their clinical need at assessment. To support improvement the TV Team attend and share learning at Divisional Quality huddles.



COVID-19 Onset Category by Positive Test Date



## Infection Prevention and Control

### What does the data tell us?

#### COVID-19 (Coronavirus)

NBT has continued to have Outbreaks in clinical areas and have managed this with outbreak management and hierarchy of controls. We have seen Outbreaks in NMSK in a number of areas that have required specific input and escalation to DMT due to the nature of the patient group and ward visits from multiple staff. IPC team have worked with the division to provide bespoke solutions for speciality pts who have contracted COVID .

#### MRSA

Last bacteraemia was reported in Feb 2021.

#### C. Difficile

The rate remains higher than trajectory , however we have noted a slower projected growth of cases.

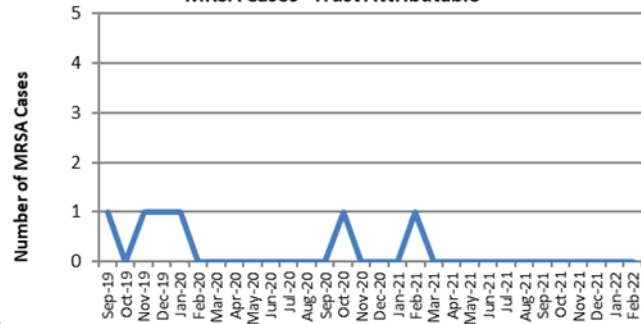
#### MSSA

MSSA cases continue to be higher than trajectory,

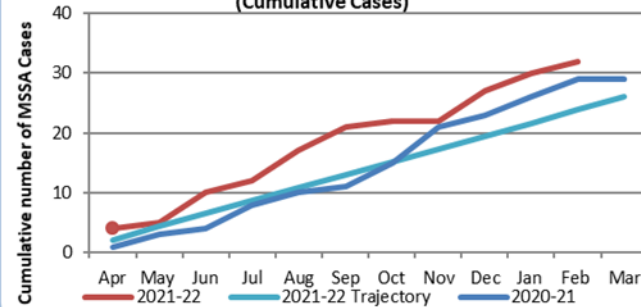
#### Gram -ve

Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures. The planned re focus on MRSA , MSSA , C Diff and E- Coli has proved to be a challenge due to the COVID position and Outbreak situation. This will definitely be the focus as we move into Q1 of the 2022/23 financial year.

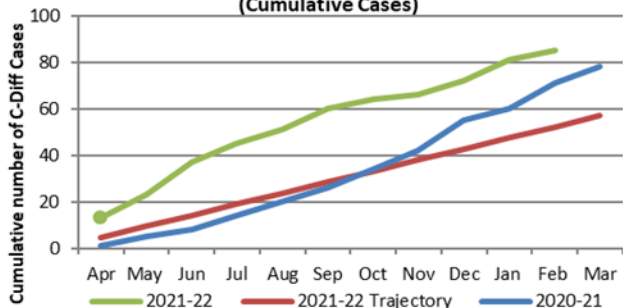
MRSA Cases - Trust Attributable



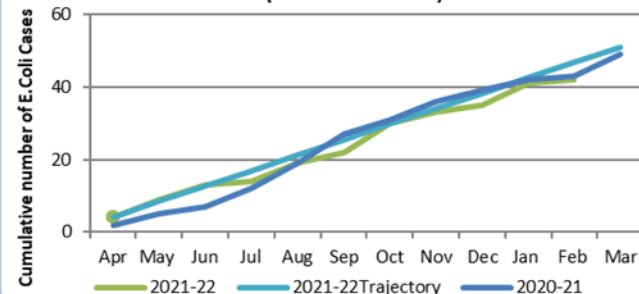
MSSA Cases - Trust Attributable (Cumulative Cases)



C.Difficile Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



### What actions are being taken to improve?

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

Continued focus on education and practical support of pandemic response.

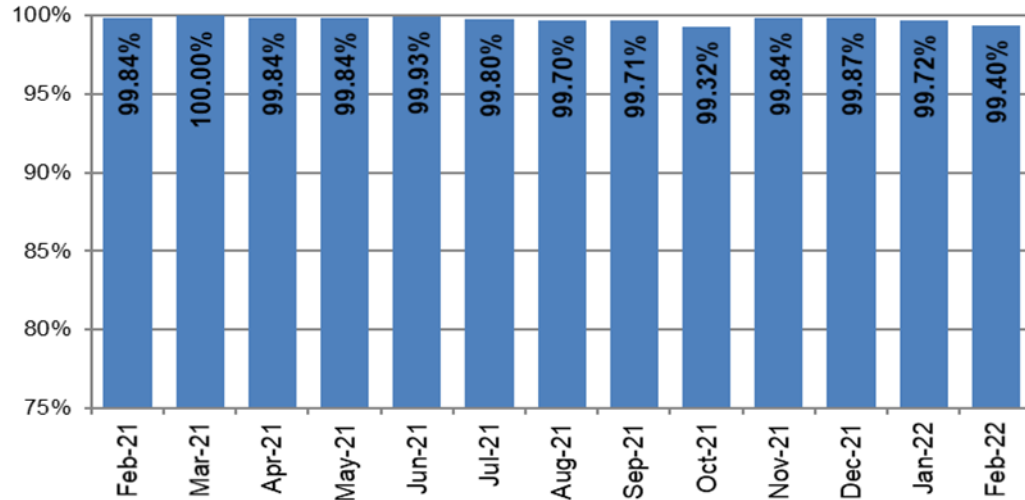
Re focus planned in Q1 to address other infections, this will include Link practioners who work in all areas some of whom have recently registered for Florence Nightingale institute IPC training.

Metric	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	Trend
New patients last 24 hours – admitted	7	4	5	5	4	4	5	6	
<b>New Patients Diagnosed in last 24 hours</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>6</b>	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	5	4	4	3	4	5	3	4	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	0	0	0	0	1	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	1	2	0	0	1	1	1	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	3	0	1	1	1	0	3	0	
Number of confirmed patients admitted from care or nursing home	1	1	1	0	1	0	0	0	
Blue discharges in past 24 hours	10	8	8	8	8	5	8	8	
<b>Number of COVID positive patients as at 08:00</b>	<b>88</b>	<b>46</b>	<b>42</b>	<b>53</b>	<b>44</b>	<b>40</b>	<b>45</b>	<b>50</b>	
Of these, patients admitted for primary COVID	50	23	25	32	31	33	34	32	
Of these, patients admitted with incidental COVID	38	23	17	21	13	8	11	19	
COVID positive patients in ICU	2	3	1	1	1	2	2	2	
COVID positive patients outside of ICU	86	43	41	52	44	38	43	48	
Query patients	1	1	1	2	2	0	1	4	
Closed and empty beds due to IPC	37	10	6	16	11	7	13	12	
Positive patients outside of blue wards	4	4	2	1	2	3	2	2	
NIV COVID	1	1	0	2	1	2	1	1	
Non COVID NIV (28a & AMU)	1	3	1	1	3	2	6	1	
Deaths	1	1	0	0	1	0	0	1	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	19	15	16	12	11	10	14	15	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	
Staff Total positivity - detected - number	22	22	23	17	12	10	16	17	
Staff Total positivity - detected - %	0	0	0	0	0	0	1	0	

Metric	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022	21/02/2022	28/02/2022	Trend
Bristol cases per 100,000 – 7 days	1189	1068	1190	1130	862	673	487	490	
South Gloucestershire cases per 100,000 – 7 days	1103	1107	1217	1103	852	658	480	501	
North Somerset cases per 100,000 – 7 days	1189	1068	1190	1130	862	673	487	490	

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

### WHO Checklist Compliance (Emergency and Elective)



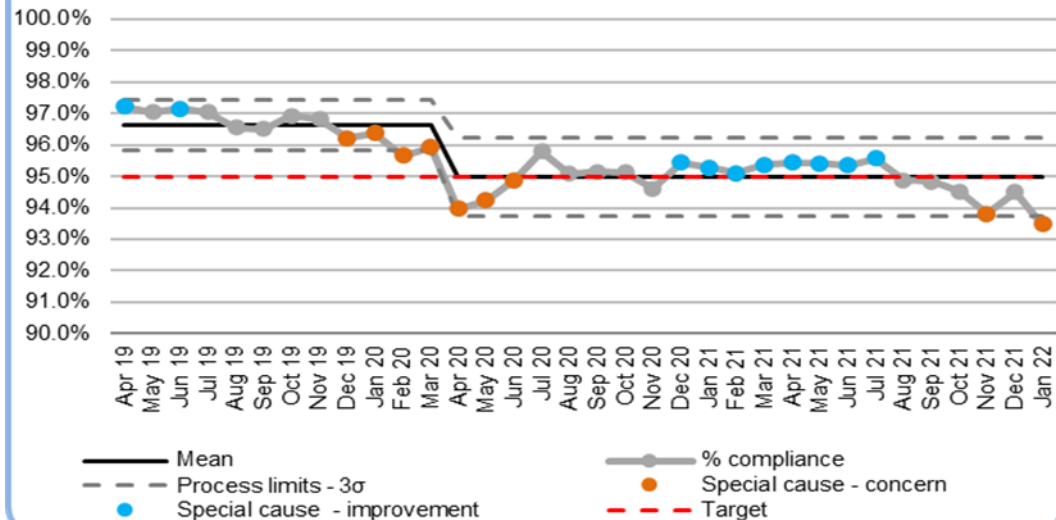
### WHO Checklist Compliance

#### What does the data tell us?

In February, WHO checklist compliance was 99.40%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

### VTE Risk Assessment Completion



### VTE Risk Assessment

#### What does the data tell us?

In January, the rate of VTE Risk Assessments performed on admission was 93.47%. 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 February 2022, NBT had a rate of 5.6 medication incidents per 1000 bed days. This is the highest rate in the last 6 months.

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

During February 2022, c.11% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.11). Although higher than January 2022, this is still lower than the mean average over the last 6 months, suggesting a higher rate of reporting of 'no harm' incidents, and an improving reporting and safety culture in the Trust. The actual number of incidents reported as causing any degree of harm is around the mean average for the last 6 months, and is reflective of figures this time last year. 'No harm' incidents accounted for 89% of all NBT reported medication incidents.

### Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.50% of all medication incidents in February 2022, which is consistent with trends over the last 6 months. The next most frequent stage was 'other', where c.17% of incidents occurred.

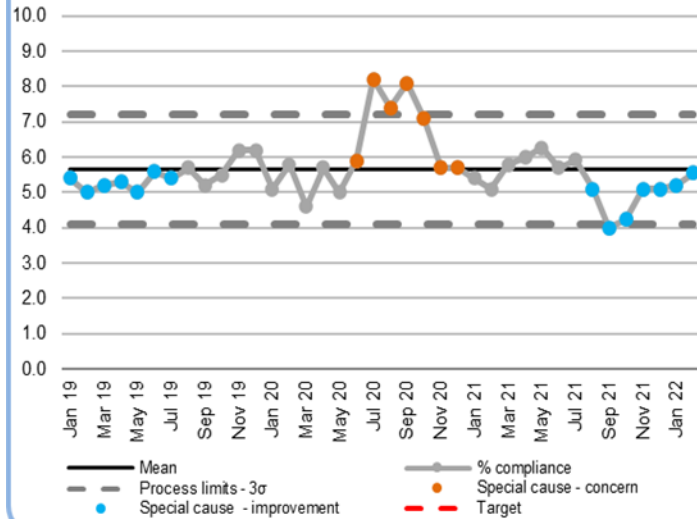
### High Risk Medicines

During February 2022, c.36% of all medication incidents involved a high risk medicine. This is the lowest proportion since September 2021. The actual number of incidents involving a high risk medicine in February was also the lowest since September 2021. Incidents involving Controlled Drugs made up c.43% of incidents involving high risk medicines, which is consistent with trends over the last 6 months.

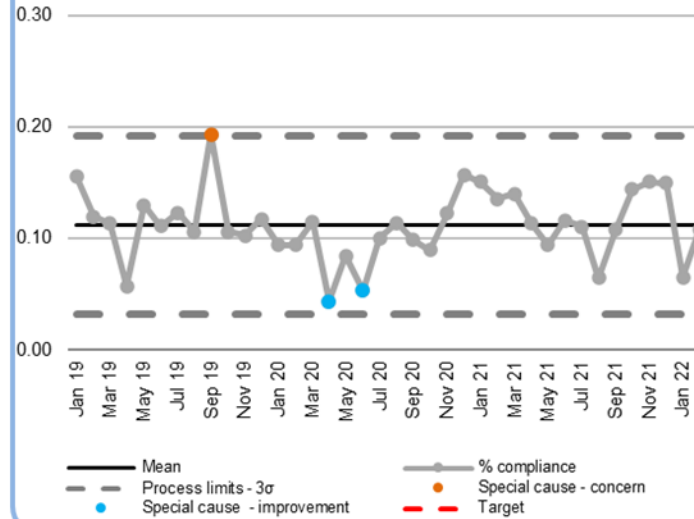
### What actions are being taken to improve?

The Medicines Governance Team continue to encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust. Validation of incidents occurring at the administration stage is a priority to ensure learning is being directed to the relevant staff groups, and this insight will form part of the workstreams undertaken in the 'Medicines Academy' project. This project is being delivered using a multi-disciplinary team approach, to include the Patient Safety Team and ward teams.

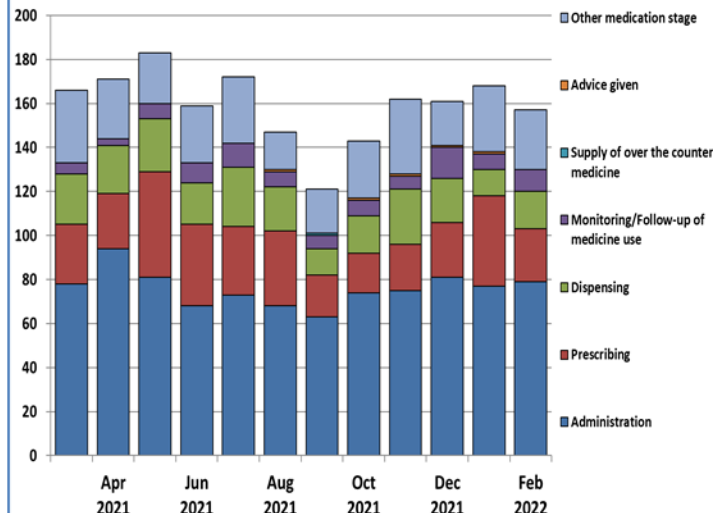
Medication Incidents per 1000 Bed Days



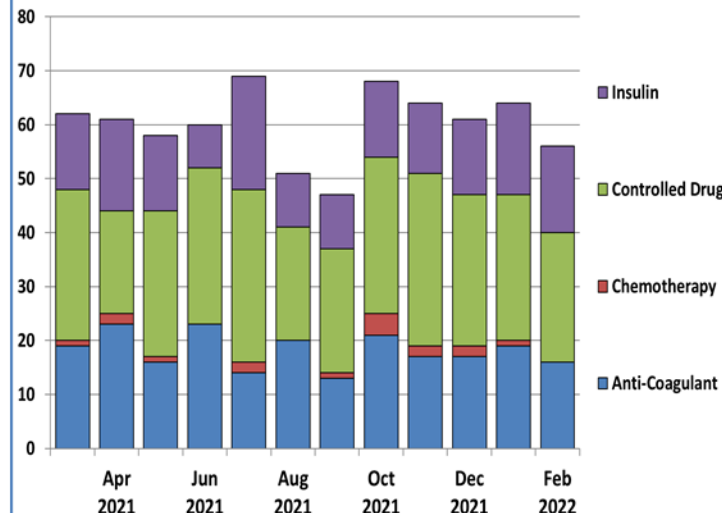
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



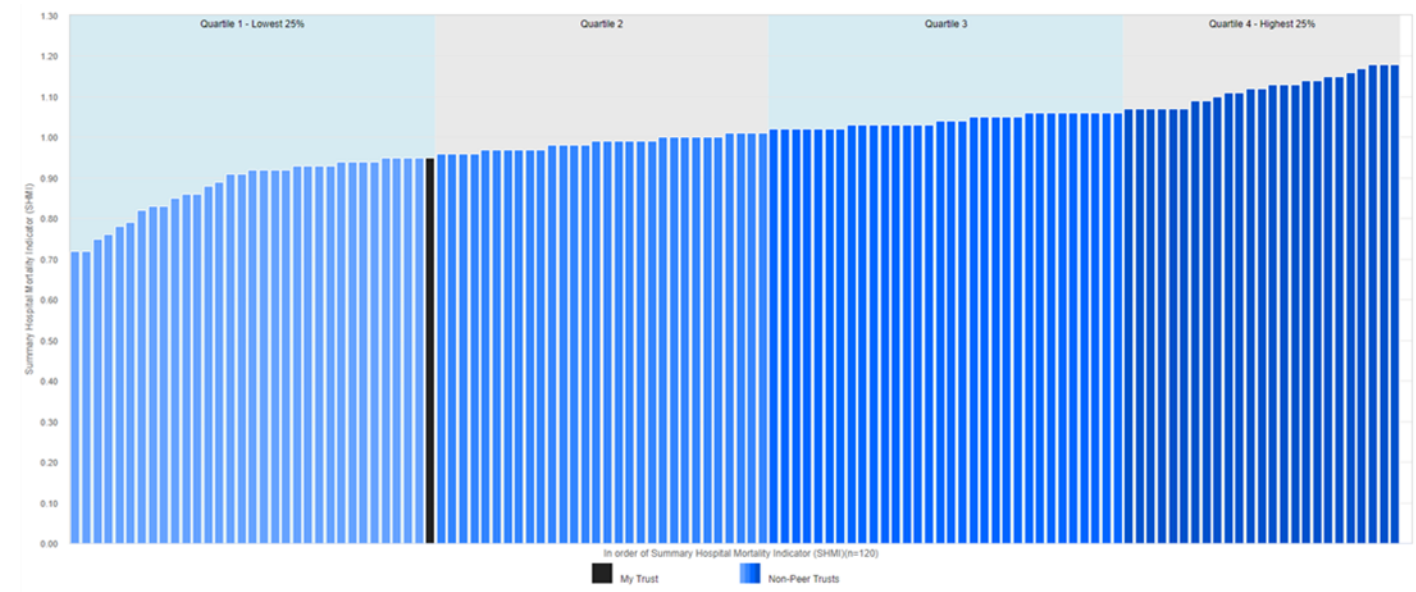
Incidents by Stage at which Error Occurred (Last 12 Months)



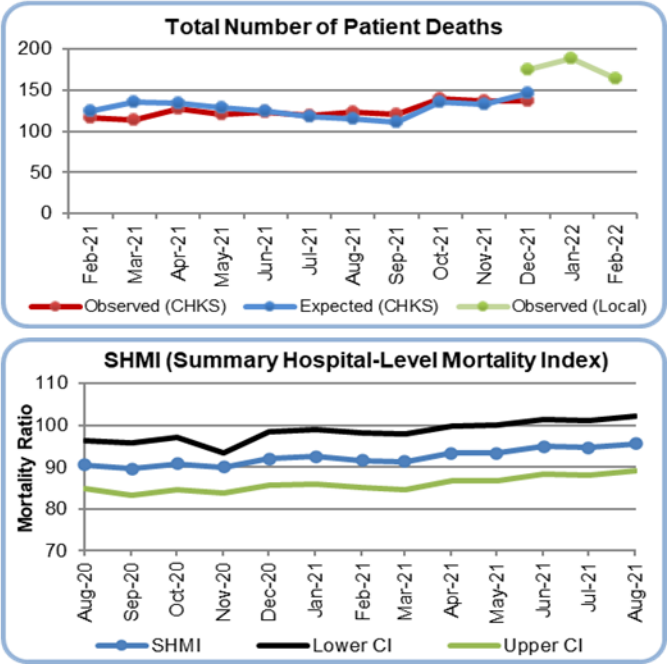
Incidents Involving High Risk Medicines (Last 12 Months)



Summary Hospital Mortality Indicator (SHMI), National Distribution



Mortality Review Completion					
Jan 21 – Dec 21		Completed	Required	% Complete	
Screened and excluded		544			
High priority cases		256			
Other cases reviewed		1107			
Total reviewed cases		1907	2015	95%	
Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	3.8%	29%	38.5%	28.7%
Date of Death			Jan 21 – Dec 21		
Scrutinised by Medical Examiner			1472		
Referral to Quality Governance team			152		



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

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

Mortality Review Completion

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

Of all “High Priority” cases, 89% completed Mortality Case Reviews (MCR), including 21 of the 23 deceased patients with Learning Disability and 21 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 10 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?

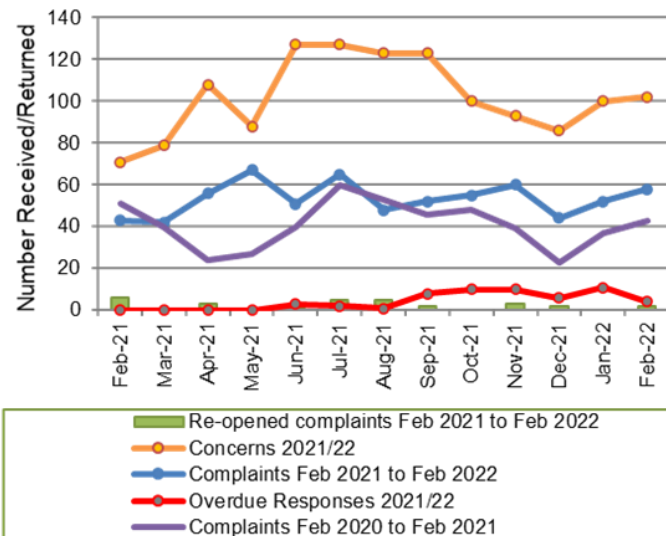
Structured Judgement Reviews into cases of probable and definite hospital associated COVID have begun supporting work undertaken as part of the post-infection reviews. A cohort of reviewers in undertaking this work on cases identified as part of wave 1 and 2, other cases are now being assigned to specialties and a review will be required on all cases moving forward.

## **Patient Experience**

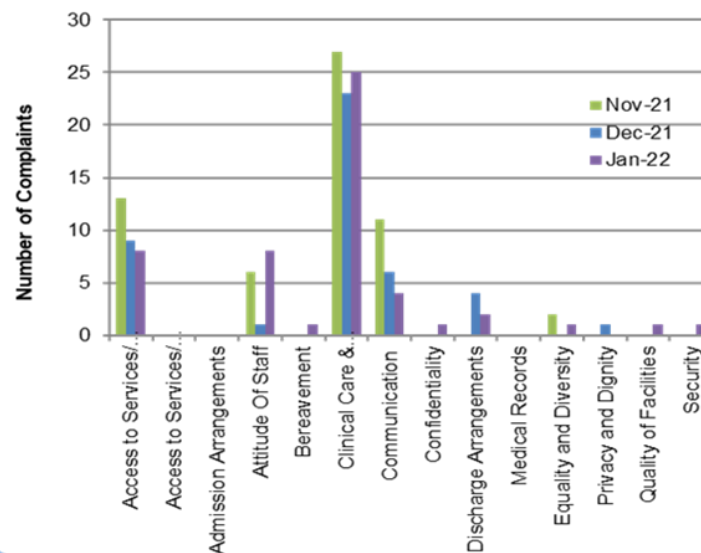
**Board Sponsor: Chief Nursing Officer  
Steven Hams**



Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



Complaints By Subject



## Complaints and Concerns

### What does the data tell us?

In February 2022, the Trust received 58 formal complaints, this is an increase on January where 52 complaints were received, and significantly higher than this period last year where 43 were received.

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

There are 2 re-opened complaints in January, both in Medicine.

The 58 formal complaints can be broken down by division: (the previous month total is shown in brackets)

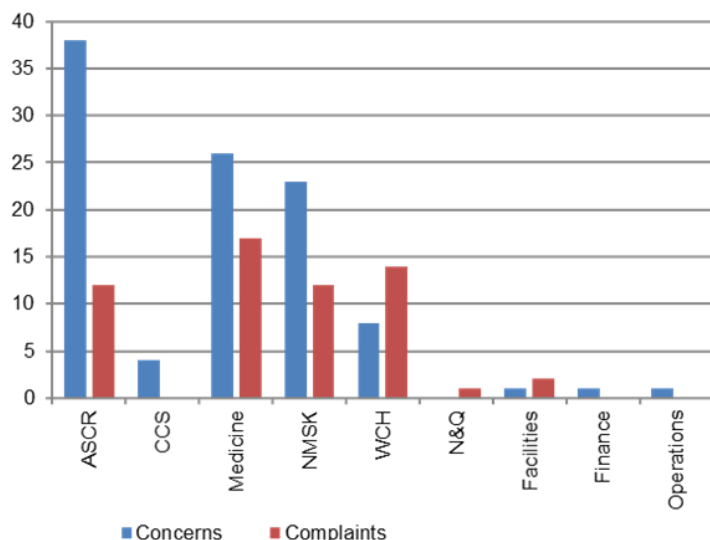
ASCR	12 (15)	CCS	0 (3)
Medicine	17 (18)	NMSK	12 (6)
WCH	14 (6)	Facilities	2 (3)
N&Q	1 (0)		

The number of PALS concerns received by the Trust has increased very slightly to 102 in February.

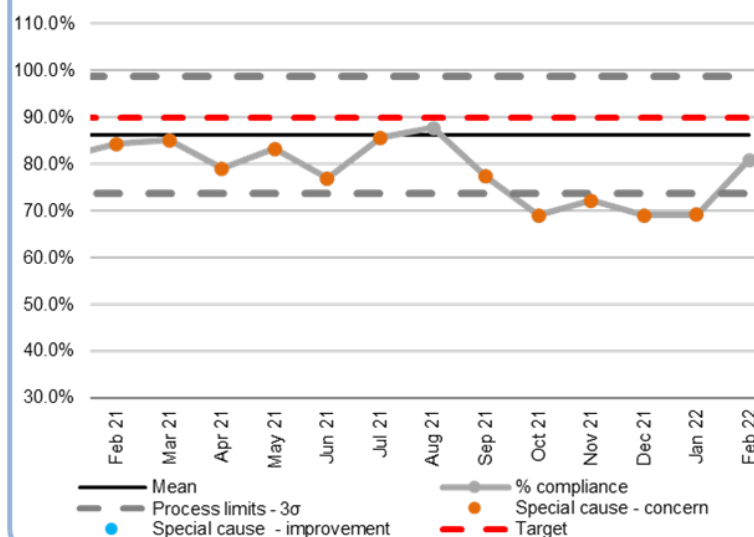
The response rate compliance for complaints has improved from 69% in January to 81% in February. This is a positive improvement and has been particularly notable in ASCR reflecting the recovery plan in place.

The number of overdue complaints has also begun to fall. At the time of reporting there are 4 overdue complaints. 3 are in Medicine and 1 for WaCH.

Concerns and Complaints per Division



Complaint Response Rate Compliance



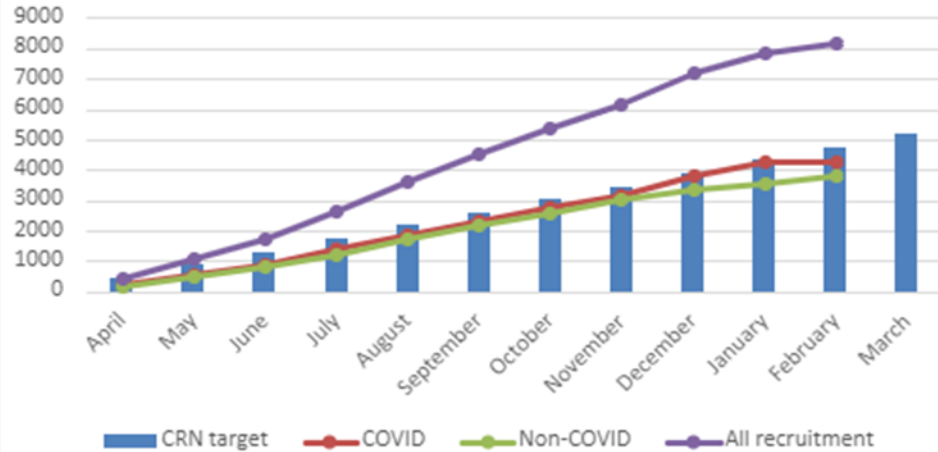
### What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine Patient Experience Team, PALS Manager and Complaints Manager.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. Impact already evident in ASCR.



## Research and Innovation

Recruitment vs Target



Recovery and Growth



### What does the data tell us?

NBT performance continues to exceed our expectations; recruitment of new patients is currently 176% of our year-to-date target with 8153 participants enrolled in research at NBT so far this year. Our portfolio of research remains strong, and we have opened 117 new studies this year, which is on par with our pre COVID performance.

During the last COVID wave our staff were redeployed to support clinical areas most in need on a voluntary basis, providing that much needed resilience across the trust during periods of increased staff absence.

We continue to support the national efforts to develop effective vaccines to manage current and future COVID variants. In a current study, which we are offering to the regional population, we are leading the way in recruitment performance at a national level.

The NBT Research Strategy for 2022-2027 is currently being drafted after a programme of staff and wider stakeholder engagement, it is our desire that this reflects the needs and aspirations of the trust and our local communities.

NBT currently leads 60 externally funded research grants, to a total value of £27.9m. This includes 31 prestigious NIHR grants, across a range of specialities, which total £26m. In addition, NBT is a partner on 59 externally-led research grants, to a total value of £10.6m to NBT.

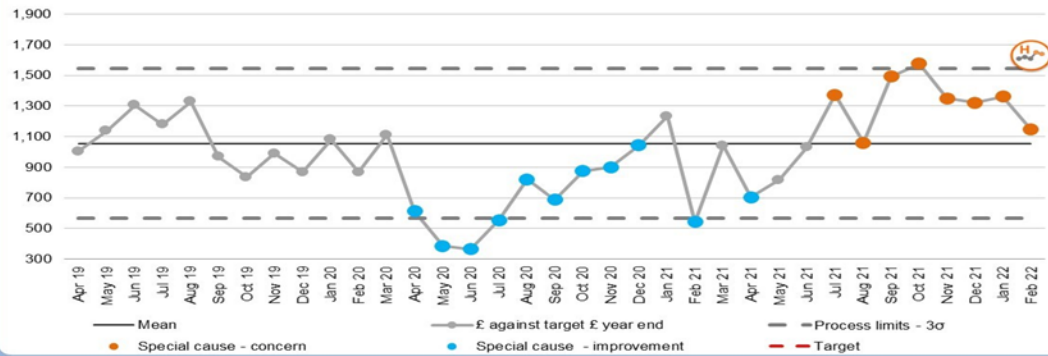
The Southmead Hospital Charity has very kindly agreed to provide additional funding to permit NBT to run two SHC Research Funding calls per annum. The SHC Research Fund welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. Round 13 is currently at awarding 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 was 19<sup>th</sup> January 2022 and R&I received 8 applications, of which 6 have been shortlisted for stage 2: Intensive Care Unit, Neurology and Neurosurgery, Medicine Division, Vascular and Anaesthesia, Neonatology (W&C) and Renal. The awarding panel will meet in mid-April.

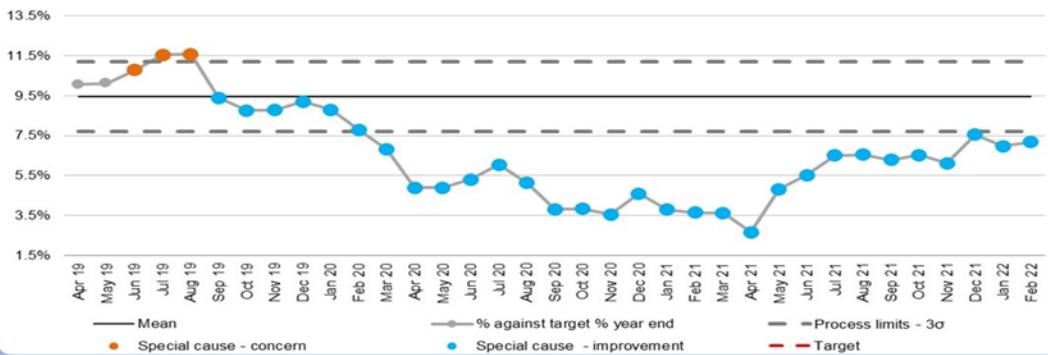
## **Well Led**

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

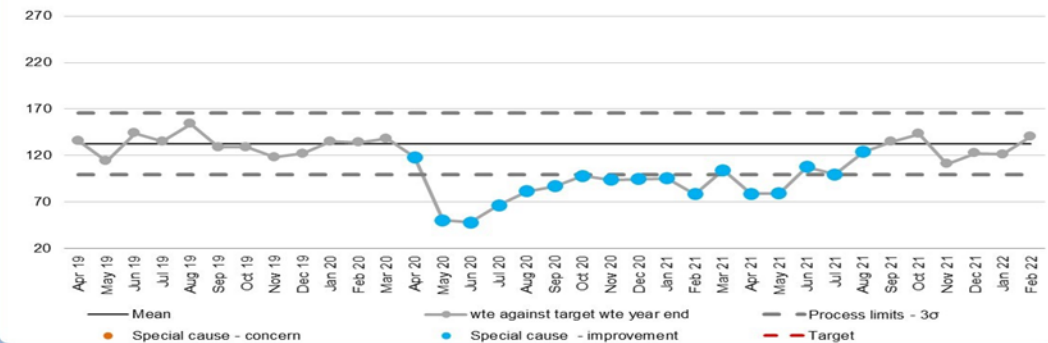
Agency Expenditure-Trust starting 01/04/19



Vacancy Factor-Trust starting 01/04/19



Agency Use-Trust starting 01/04/19



## Workforce

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

#### Unregistered Nursing

Band 2 vacancies held steady in February at 95.77 wte. We started 15 HCAs in month and leavers dropped this month to 4.86 wte which is the lowest figure since Sept 2021  
Band 3 vacancies dropped to 49 in February There were 9.41 wte starters in Jan and 8.49 wte leavers.

#### Registered Nursing

Band 5 recruitment continued at a steady pace this month and we made 34 new offers to Band 5 staff. We are finalising our programme of internal and external recruitment events for the rest of the calendar year which will see a return to face to face external recruitment and engagement events. The Band 5 vacancy increased slightly to 165.56 wte this month. February saw 8.83 wte new starters but had 13.15 wte leavers. We also had 9 international nurse arrivals.

#### H2

Recruitment for Housekeepers and Administration staff continued throughout February with adverts for both staff groups going out to a wide audience. We have recruited 15 housekeeping staff, filling all known vacancies. We have recruited 8 admin staff and have 3 more interviews pending.

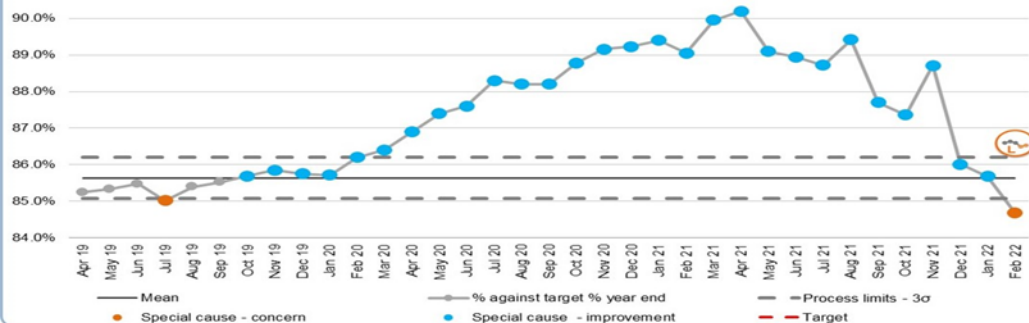
#### Temporary Staffing

Internal Bank fulfilment remained steady throughout February and Framework Agency fulfilment increased slowly reducing the demand for off framework bookings – which is reflected in the overall spend. Overall unfilled vacancies remained steady at 36% across the month.

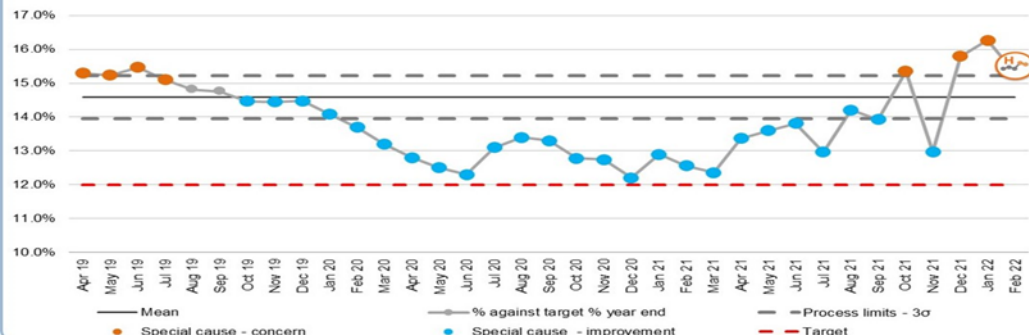
Implementation of new BNSSG+B Neutral Vendor for the management of registered Nursing supply commenced with go live 1st April 2022.

## Engagement and Wellbeing

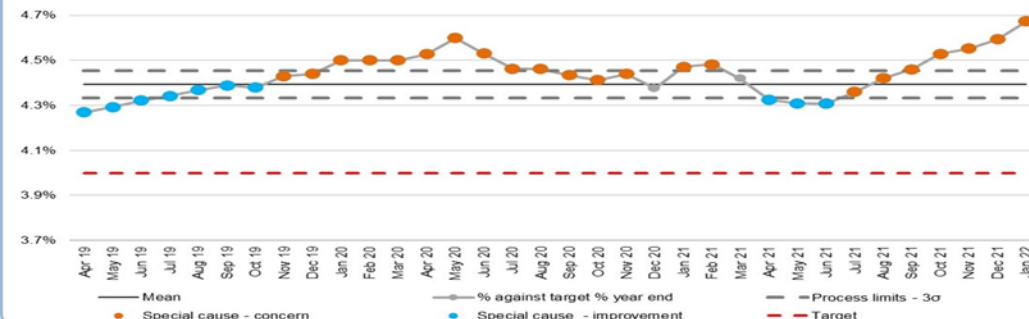
Stability - Trust starting 01/04/19



Turnover - Trust starting 01/04/19



Sickness Absence - Trust starting 01/04/19



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

While staff turnover reduced slightly in February, it remains high and focussed, targeted work to address this is continuing, as outlined below. While the risk of losing more staff due to the compulsory requirement for COVID vaccination is no longer there, the potential for increased turnover due to staff morale and fatigue remains high.

### Actions - Turnover and Stability

#### Head of People

The Retention Task and Finish has now re-established itself and is meeting again. While we agree upon our areas of focus (staff group and work area) according to what leavers' workforce data tells us, we will be utilising some of the initiatives and interventions referenced in the new NHSEI Retention Toolkit which has just been published.

- Our focus for the next 3 months will be mainly on just one of our key retention priorities: morale: fatigue and resilience of staff.
- We are also very keen to progress career coaching for staff, as feedback from our Itchy Feet calls and leavers' surveys tells us that this is a gap in our current offering and resources to staff. **By end April**, our key, detailed interventions will be defined and will be being implemented in line with the above priorities.
- Focussed work is continuing in the Facilities Division, reviewing their exit and leavers' processes to ensure that staff feel able to give feedback and so that any recurrent themes/trends can be understood (**end April 2022**).

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

- Short term sickness is increasing, particularly in certain staff groups such as HCSWs and Estates and Ancillary staff. Stress/anxiety/depression/other psychiatric illness, remains the greatest cause of long-term sickness absence. For both clinical and non-clinical staff this type of absence has seen an upward trend throughout the pandemic response period.

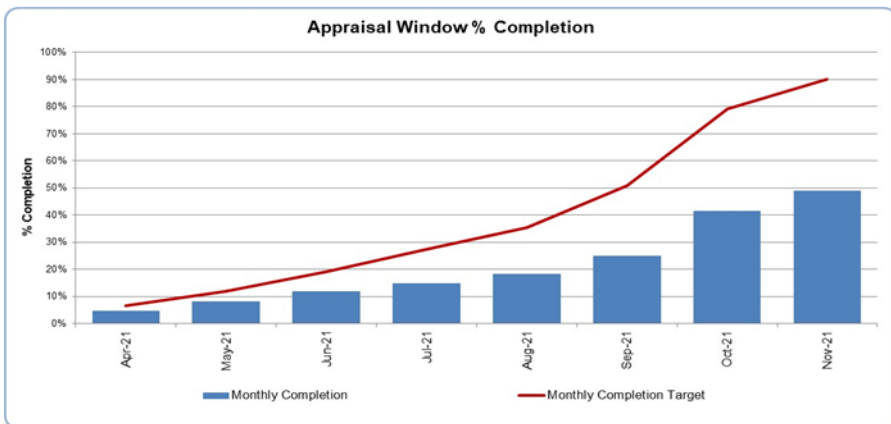
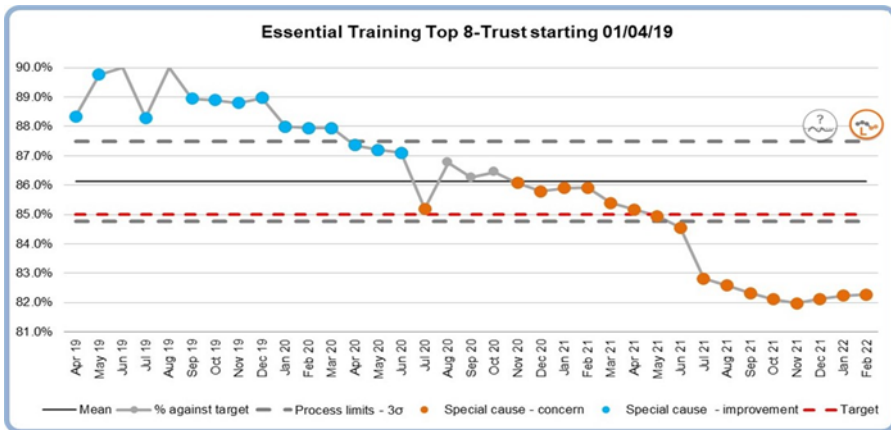
### Actions Delivered – Health and Wellbeing – Head of People Strategy

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

### Actions in Progress - Sickness and Health and Wellbeing

#### Head of People and Head of People Strategy

- Our new sickness policy (more supportive, simpler in style and more practical in application); has been discussed and agreed at JUC. The Implementation plan scheduled for **Jan-22 – Mar-22 is now almost complete and the new policy will be fully operationalised from Apr-22**
- Focus on World Sleep Day 18/3/22 with an NBT Twitter Campaign #NBTSleepers and Noticeboard competition – **March-22**
- **Wellbeing committee** Paper developed for execs to agree proposed trust level targeted interventions supporting Morale, Tailored team support, Engagement and empowerment, and recognition.



Training Topic	Variance	Jan-22	Feb-22
Child Protection	0.2%	82.0%	82.2%
Adult Protection	0.1%	83.7%	83.8%
Equality & Diversity	0.0%	85.1%	85.1%
Fire Safety	-0.3%	80.8%	80.5%
Health & Safety	0.3%	84.2%	84.5%
Infection Control	-3.0%	92.3%	89.2%
Information Governance	1.0%	75.9%	76.9%
Manual Handling	1.8%	74.0%	75.8%
Waste	-0.1%	82.9%	82.8%
<b>Total</b>	<b>0.0%</b>	<b>82.23%</b>	<b>82.27%</b>

## What Does the Data Tell Us - Essential Training

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

### Actions – Essential Training

#### Head of Learning and Organisational Development

- In March, we continue to explore different mechanisms to help improve Stat Man compliance. These include:
  - Promoting completion of StatMan through Operational Communication channels and agenda items on Executive Management meetings
  - Piloting a process that allows new joiners the chance to complete their StatMan e-learning as part of their onboarding journey (completely at the discretion of the individual)
  - Working with our technical teams to look at deployment of Single Sign On (SSO) for our Learning Management System which will take away the barrier of forgotten user ids and passwords
  - Final project activities are underway to complete the migration of our learning management platform across to Kallidus LEARN which will provide a much-improved user experience (working towards 11th April launch)

### Other Wider Actions

#### Leadership & Management Learning

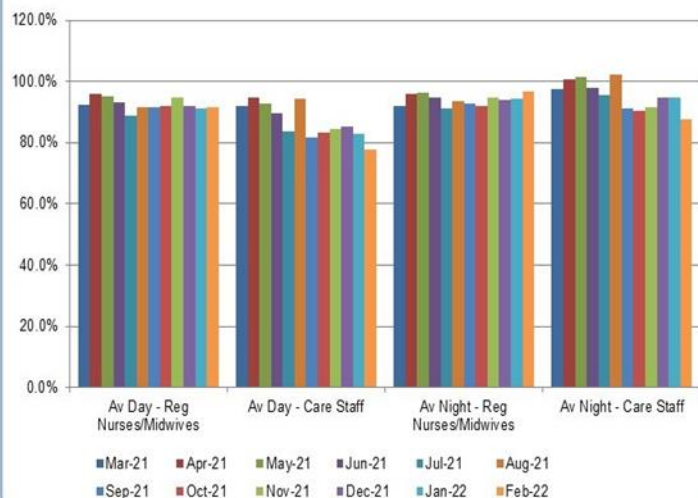
- Following a planned pause in learning (Jan & Feb) all leadership and management learning options resume including the One NBT Management Modules and ILM Awards in Leadership & Team Skills and Effective Coaching

#### Apprenticeships

- 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 (eg. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- A delay in processing of invoices at UWE means we are unable to share our monthly levy utilisation but this has been tracking at c 75%



Safe Staffing Fill Rates



Feb-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	91.6%	77.7%	96.7%	87.7%

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 February 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 (63.4% Day / 60.6% Night) staffing supplemented with redeployed RNs and HCSW
- 32b (79.9% Day) staffing supplemented with redeployed RNs and HCSW.
- Medirooms (79.6% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service
- 7b (67.4% Day) staffing supplemented with redeployed RNs and HCSW
- Cotswold (50.8% Day / 79.7% Night) Registered staff vacancies, reduced occupancy staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (79.5% Night) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service
- Percy Phillips (70% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service
- Mendip (70.6% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient needs across the service

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

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

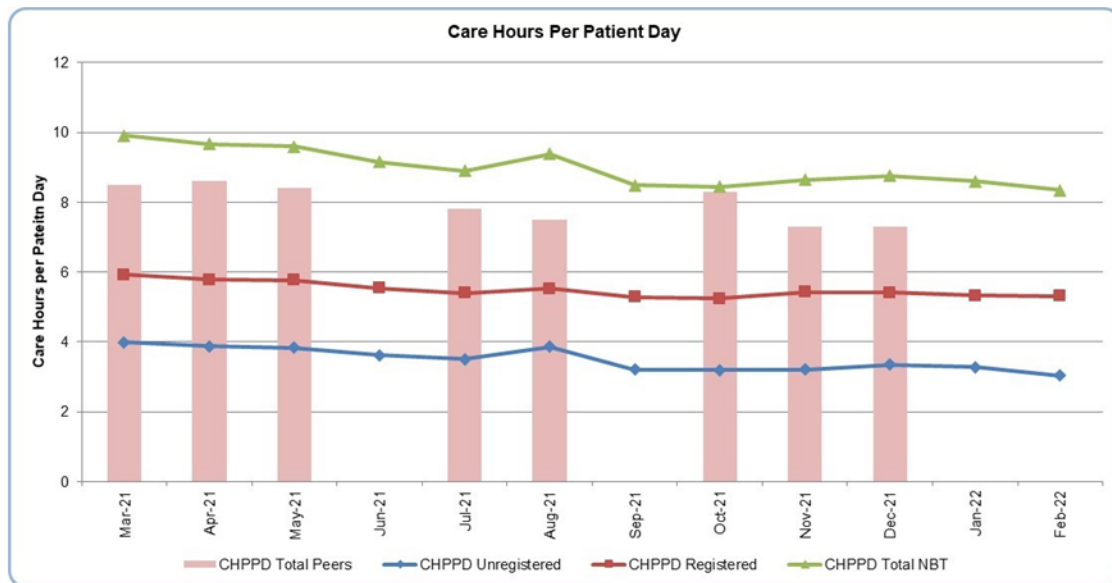
- 9a (76.2% Day) Unregistered staff vacancies and absence
- 32a (76.7% Day) Unregistered staff vacancies and absence
- EEU ( 61.1% Day) Unregistered staff vacancies and absence
- 9b (66.1% Day) Unregistered staff vacancies and absence
- AMU (79.7% Day / 57.1% Night) Unregistered staff vacancies and absence
- 8a (79.9% Day) Unregistered staff vacancies and absence
- 28b (78.7% Day) staffing supplemented with redeployed RNs
- 34b (61.7% Day / 70.4% Night) Unregistered staff vacancies
- Medirooms (58.7% Day / 71.9% Night) Unregistered staff vacancies
- 8b (58.7 Day / 68.9% Night) Unregistered staff vacancies
- 26a (76.6% Day) Unregistered staff vacancies and absence
- 26b (71.9% Day) Unregistered staff vacancies and absence
- 7a (67.5% Day / 72.2% Night) Unregistered staff vacancies and absence
- NICU (35.5% Day / 41.9% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.
- Quantock (55% Day / 74.5% Night ) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold (68.8% Day / 79.7 Night) Unregistered staff 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 (200.2% Night) patients requiring enhanced care support
- 25a (152.2% Night) patients requiring enhanced care support



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

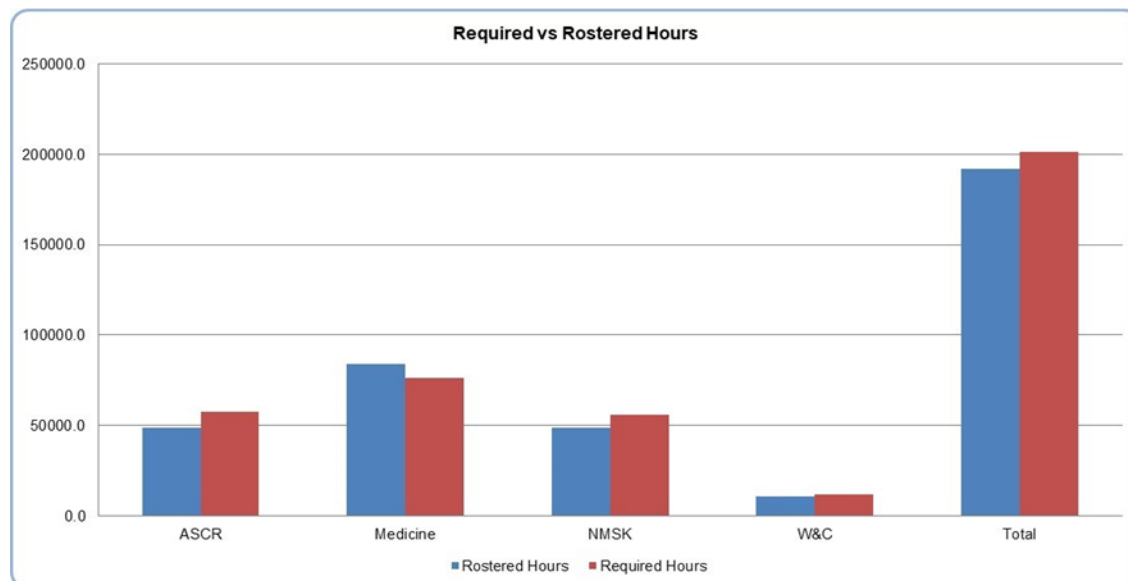
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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)

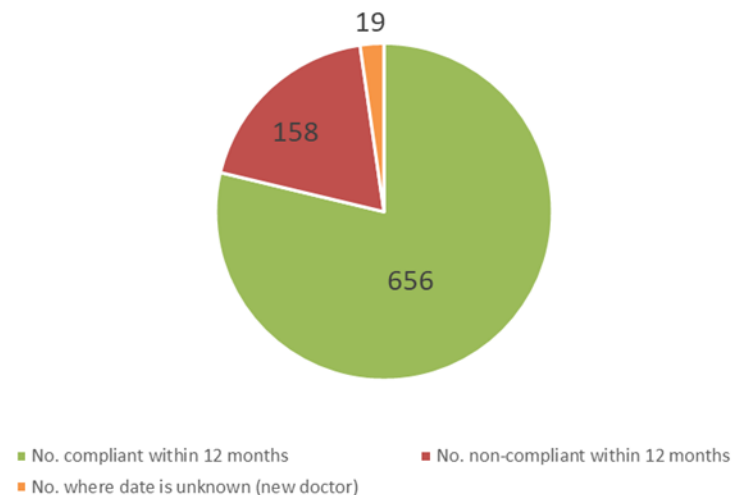
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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.

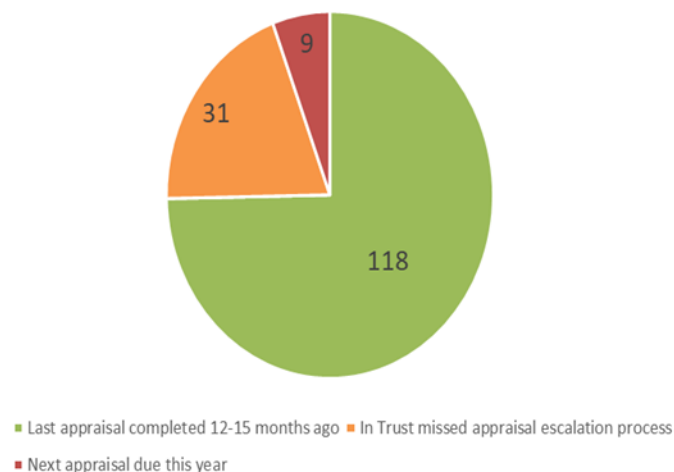




### Appraisal compliance - past 12 months



### 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 28 February 2022

	Month 11			Year To Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	56.9	56.4	(0.5)	619.4	620.0	0.6
Other Income	6.5	6.5	0.1	66.7	80.8	14.1
Pay	(39.0)	(39.0)	0.0	(421.8)	(416.9)	4.9
Non-Pay	(24.4)	(23.9)	0.4	(264.2)	(283.8)	(19.6)
<b>Surplus/(Deficit)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Assurances

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

Pay expenditure year to date is £4.9m favourable to plan due to unfilled vacancies across all clinical divisions.

Non-pay spend year to date is £19.6m adverse driven by underperformance on savings, actual and estimated accelerator costs, and the costs of the Nightingale Facility on site.

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

## Statement of Financial Position at 28 February 2022

	20/21 M12 £m	21/22 M10 £m	21/22 M11 £m	In-Month Change £m	YTD Change £m
<b>Non Current Assets</b>					
Property, Plant and Equipment	579.3	571.2	571.7	0.5	(7.6)
Intangible Assets	14.7	12.0	11.8	(0.2)	(2.9)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
<b>Total non-current assets</b>	<b>595.8</b>	<b>585.0</b>	<b>585.3</b>	<b>0.3</b>	<b>(10.5)</b>
<b>Current Assets</b>					
Inventories	8.5	8.8	8.8	(0.0)	0.3
Trade and other receivables NHS	10.2	23.1	19.0	(4.1)	8.8
Trade and other receivables Non-NHS	26.3	23.1	21.1	(2.0)	(5.2)
Cash and Cash equivalents	121.5	116.1	125.9	9.8	4.4
<b>Total current assets</b>	<b>166.5</b>	<b>171.1</b>	<b>174.7</b>	<b>3.6</b>	<b>8.3</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	26.9	6.1	8.1	2.0	(18.8)
Trade and Other payables - Non-NHS	98.7	106.9	106.0	(0.9)	7.3
Deferred income	8.5	19.6	23.5	3.8	15.0
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.2	2.2	(0.1)	(0.6)
<b>Total current liabilities</b>	<b>149.2</b>	<b>150.1</b>	<b>155.0</b>	<b>4.9</b>	<b>5.8</b>
Trade payables and deferred income	7.8	8.2	8.1	(0.1)	0.3
PFI liability	368.7	360.8	360.1	(0.8)	(8.6)
Finance lease liabilities	3.9	2.3	2.2	(0.1)	(1.8)
<b>Total Net Assets</b>	<b>232.6</b>	<b>234.6</b>	<b>234.6</b>	<b>0.0</b>	<b>2.0</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	448.7	448.7	448.7	0.0	(0.0)
Income and expenditure reserve	(381.6)	(378.1)	(378.1)	0.0	3.5
Income and expenditure account - current year	3.5	0.4	0.5	0.0	(3.0)
Revaluation reserve	162.0	163.5	163.5	0.0	1.5
<b>Total Capital and Reserves</b>	<b>232.6</b>	<b>234.6</b>	<b>234.6</b>	<b>0.0</b>	<b>2.0</b>

### Assurances and Key Risks

**Capital** – Plan Year to date £19.9m, with actual spend of £17.9m. Plans are in place to ensure that capital funding is fully utilised by year end.

**Receivables** - Of the £8.8m year to date increase in NHS receivables, £10.0m relates to accrued Mass Vaccination Service income.

**Payables** - Year to date NHS payables have reduced by £18.8m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021 plus £3.1m of net other increases.

**Cash** – Cash at 28 February amounts to £125.9m, an in-month increase of £9.8m due to £4.5m of NHS England receipts in respect of mass vaccinations, £3.4m of cash from Health Education England, and £1.4m lower payments in-month.

The cash balance has increased by £4.4m in-year.

# Forecast Outturn Position

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

	H1	H2	2021/22	2021/22
	Actual	Financial Plan	Forecast	Budget
	£m	£m	£m	£m
Contract Income	337.5	338.1	675.7	662.3
Other Income	39.0	38.4	87.4	71.6
Pay	(223.7)	(233.1)	(456.8)	(442.2)
Non-Pay	(152.8)	(143.4)	(303.8)	(291.7)
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2.5</b>	<b>0</b>

## Risk and Mitigations

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

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

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

## **Regulatory**

**Board Sponsor: Chief Executive  
Maria Kane**



## Monitor Provider Licence Compliance Statements at March 2022

### Self-assessed, for submission to NHSI

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

# Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 28 February 2022 unless otherwise stated.

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



## NBT Quality Priorities 2021/22

- QP1

Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic; including:
  - Maintaining excellence in infection prevention and control
  - Ensuring the appropriate clinical priorities for recovery work
  - Keeping people waiting for planned care safe
  - Maintaining safety and excellent outcomes from emergency care
- QP2

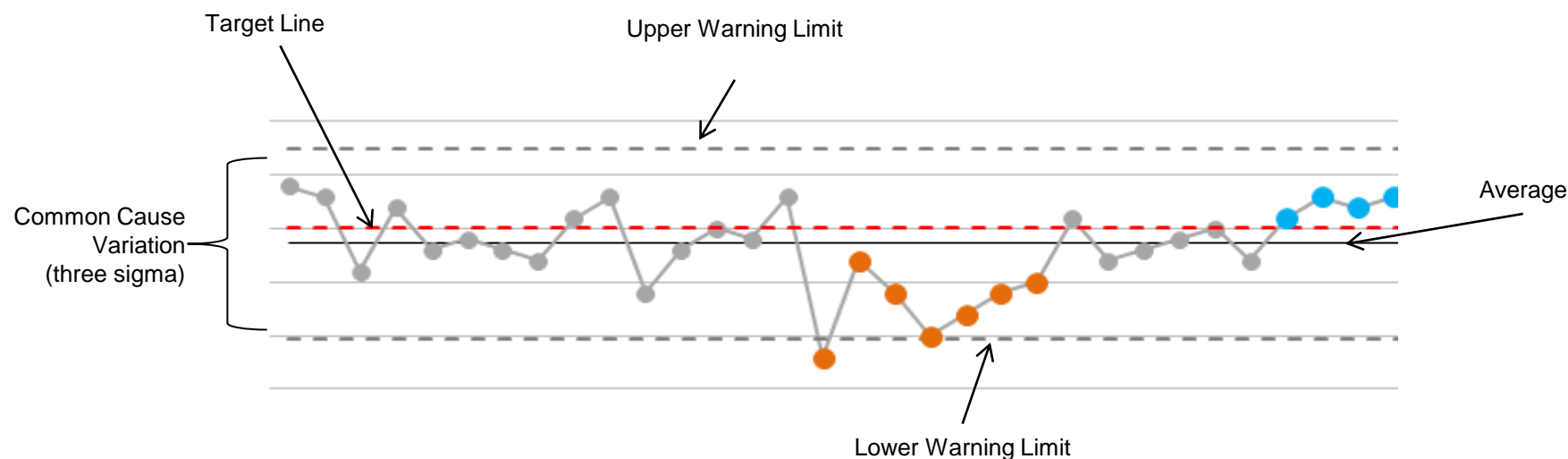
Being outstanding for Safety– a national leader in implementing the NHS Patient Safety Strategy within a “just” safety culture
- QP3

Ensuring excellence in our maternity services, delivering safe and supportive maternity care.
- QP4

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

## Abbreviation Glossary

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



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

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

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

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

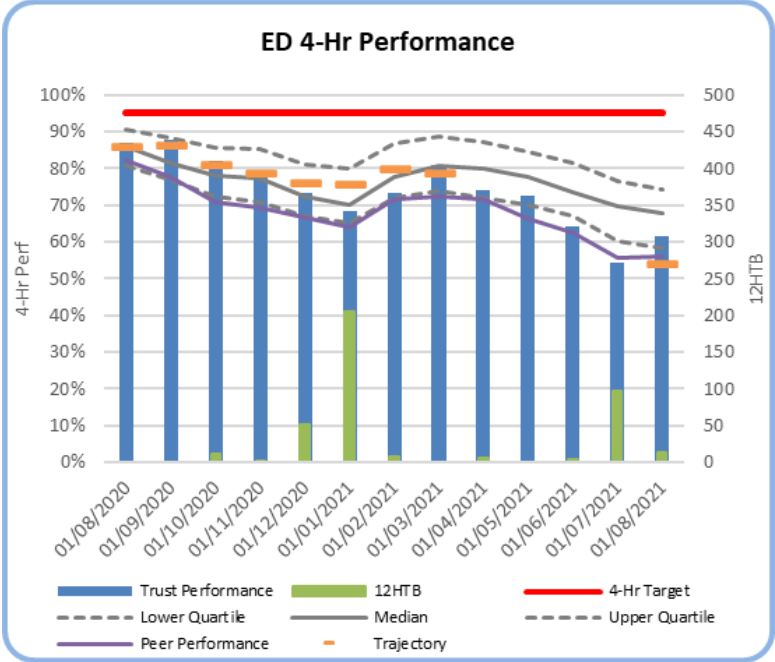
**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive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

**Further reading:**

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

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

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



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

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

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

Quartiles are calculated using main NHS Trusts only.