

**North Bristol NHS Trust**

# **INTEGRATED PERFORMANCE REPORT**



**November 2021**  
(presenting October 2021 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Trend	Benchmarking (In arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	65.00%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%		52.73%	1/9	___■__
	A&E 12 Hour Trolley Breaches	R	0	0	12	3	52	206	7	0	6	0	4	97	14	38	29		0-278	5/9	___■__
	Ambulance Handover < 15 mins (%)		100%	-	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.18%				
	Ambulance Handover < 30 mins (%)	R	100%	-	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.60%				
	Ambulance Handover > 60 mins		0	-	33	26	82	180	57	83	272	199	346	636	471	418	622				
	Stranded Patients (>21 days) - month end				247	141	145	124	129	136	272	116	122	277	145	151	151				
	Right to Reside: Discharged by 5pm	R	50.00%		-	-	28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.25%	28.27%	29.70%	27.84%				
	Bed Occupancy Rate			93.00%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%				
	Diagnostic 6 Week Wait Performance		1.00%	32.64%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%		31.47%	8/10	___■
	Diagnostic 13+ Week Breaches		0	0	1697	1427	1487	1420	1358	1364	1513	1779	2054	2183	2180	2724	3029		37-2895	9/10	___■
	Diagnostic Backlog Clearance Time (in weeks)				0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6	1.5				
	RTT Incomplete 18 Week Performance		92.00%	-	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%		61.82%	3/10	___■
	RTT 52+ Week Breaches	R	0	-	1092	1249	1418	1817	2108	2088	1827	1583	1473	1544	1770	1933	2068		79-10804	5/10	___■
	RTT 78+ Week Breaches	R		-	-	-	-	-	-	-	363	424	448	532	656	659	577		1-5112	4/10	___■
	RTT 104+ Week Breaches	R		-	-	-	-	-	-	-	5	12	19	28	34	55	93		0-656	4/10	___■
	RTT Non-Admitted Clock Stops			-	5979	5975	5402	5361	5463	6769	5633	5975	6828	6025	5278	6145	5983				
	RTT Admitted Clock Stops			-	2618	2395	2097	1761	1882	2607	2153	2387	2486	2312	2088	2272	2332				
	RTT New Starts			-	11413	9974	9619	9399	9495	11500	10911	10901	12082	11687	10948	11648	11307				
	Other Stops					2186	2141	2129	2193	2260	1562	2034	1470	1981	2103	2238	2511				
	Total Waiting List	R		-	30214	29632	29611	29759	29716	29580	31143	31648	32946	34315	35794	36787	37268				
	RTT Backlog Clearance Time (in weeks)				2.3	2.1	2.2	2.3	2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7	1.7				
	Cancer 2 Week Wait	R	93.00%	65.47%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	-		74.73%	10/10	___■
	Cancer 2 Week Wait - Breast Symptoms		93.00%	38.37%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	-		55.83%	5/10	___■
	Cancer 31 Day First Treatment		96.00%	87.39%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	-		93.36%	7/10	___■
	Cancer 31 Day Subsequent - Drug		98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.45%	-		97.93%	9/10	___■
	Cancer 31 Day Subsequent - Surgery		94.00%	81.40%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	-		80.69%	7/10	___■
	Cancer 62 Day Standard	R	85.00%	80.06%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	-		68.12%	8/10	___■
	Cancer 62 Day Screening		90.00%	86.96%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	-		70.11%	3/10	___■
	28 Day Faster Diagnosis	R	75.00%		-	-	-	-	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	-		68.67%	10/10	___■
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100%		84.21%	83.71%	82.92%	81.52%	83.63%	84.73%	84.48%	82.56%	83.29%	82.99%	83.13%	81.80%	81.90%				

# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	
	Caesarean Section Rate			28.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	
	Still Birth rate			0.40%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	
	Induction of Labour Rate			32.10%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	
	PPH 1500 ml rate			8.60%	3.39%	4.42%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	
	Never Event Occurrence by month		0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	-	-	2	2	3	0	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	-	-	1	2	-	0	
	Total Incidents				1210	1054	1062	1240	877	1006	1039	1071	1029	1061	927	936	0	
	Total Incidents (Rate per 1000 Bed Days)				50	49	49	57	45	46	46	44	43	44	38	39	0	
	WHO checklist completion			95%	99.60%	99.40%	99.95%	99.69%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.75%	99.15%	
	VTE Risk Assessment completion	R		95%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.46%	95.46%	95.38%	95.52%	94.83%	94.29%	-	
	Pressure Injuries Grade 2				28	17	17	17	27	7	9	10	15	17	22	24	19	
	Pressure Injuries Grade 3			0	1	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.48	0.51	0.72	0.75	0.51	
	Falls per 1,000 bed days				9.57	8.85	8.55	9.54	8.63	8.44	8.33	8.70	8.53	8.36	7.83	7.23	7.19	
	#NoF - Fragile Hip Best Practice Pass Rate				77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	57.78%	53.49%	68.00%	68.18%	76.32%	42.11%	-	
	Admitted to Orthopaedic Ward within 4 Hours				67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	54.05%	42.86%	52.50%	13.64%	42.11%	-	
	Medically Fit to Have Surgery within 36 Hours				86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	51.35%	80.95%	70.00%	81.82%	47.37%	-	
	Assessed by Orthogeriatrician within 72 Hours				93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	18.92%	90.48%	95.00%	100.00%	89.47%	-	
	Stroke - Patients Admitted				86	79	80	70	61	96	91	100	91	75	92	83	53	
	Stroke - 90% Stay on Stroke Ward			90%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	80.00%	58.33%	-	
	Stroke - Thrombolysed <1 Hour			60%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.73%	32.00%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	89.19%	98.08%	-	
Quality Caring & Experience	MRSA	R	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	
	E. Coli	R	4	4	5	3	3	3	1	6	4	5	4	1	5	3	8	
	C. Difficile	R	5	7	5	7	4	9	4	4	10	6	10	6	2	5	4	
	MSSA		2	4	6	2	3	3	0	4	4	1	5	2	5	4	1	
	Friends & Family - Births - Proportion Very Good/Good				-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	
	Friends & Family - IP - Proportion Very Good/Good				-	-	93.24%	94.06%	95.72%	93.68%	92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	
	Friends & Family - OP - Proportion Very Good/Good				-	-	95.60%	95.71%	95.29%	94.63%	94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	
	Friends & Family - ED - Proportion Very Good/Good				-	-	90.96%	87.49%	89.21%	87.24%	84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	
Well Led	PALS - Count of concerns				73	99	66	62	71	79	108	88	127	127	123	123	100	
	Complaints - % Overall Response Compliance			90%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77.03%	85.71%	88%	77.36%	69.12%	
	Complaints - Overdue				2	2	0	0	0	0	0	0	0	2	1	8	10	
	Complaints - Written complaints				48	39	23	37	43	42	56	67	51	65	48	52	55	
Well Led	Agency Expenditure ('000s)				875	900	1043	1234	544	1042	#N/A	816	1029	1374	1061	1492	1576	
	Month End Vacancy Factor				3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	#N/A	4.81%	#REF!	6.52%	6.55%	6.28%	6.53%	
	Turnover (Rolling 12 Months)	R		12.00%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%	15.35%	
	Sickness Absence (Rolling 12 month -In arrears)	R		-	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	4.46%	-	
Well Led	Trust Mandatory Training Compliance				86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	

# Executive Summary

## November 2021

### Urgent Care

Four-hour performance deteriorated slightly in October with performance of 60.82%; the Trust ranked first amongst 9 reporting AMTC peer providers. The Trust had 622 ambulance handover delays over one hour and 29 12-hour trolley breaches in month which saw over 7,000 nationally. Four hour performance and Ambulance handover times were impacted by greater bed occupancy at an average of 97.26% for the month as a result of rising COVID-19 admissions, increased LoS and poor complex discharge levels. Trust wide internal actions are focused on improving the timeliness of discharge, a relaunch of internal professional standards, maximising SDEC pathways and weekend discharge rate improvements. The low level of complex discharges for the next quarter remains a risk; BNSSG Healthier Together Executive agreed recurrent funding plans for increased community investment in November. In October, to provide immediate capacity for emergency admissions, the Trust has converted elective capacity, cancelling all Priority 4 activity and running a limited Priority 3 programme; which will result in further waiting list backlog growth.

### Elective Care and Diagnostics

The overall RTT waiting list continued to grow in October resulting from reduced elective capacity, due to capacity pressures on the bed base, but continues to compare favourably with combined national Acute provider growth. There were 2,068 patients waiting greater than 52-weeks for their treatment in October, 577 of these were patients waiting longer than 78-weeks and 93 were waiting over 104-weeks. This was the fourth consecutive month that the Trust has reported an increase in long waiting patients, although breaches have not yet increased to the peak level of 52-week breaches seen in February 2021. The residual risk of 104-week breaches at the end of March 2022, based on the H2 planning assumptions, is 44 patients awaiting treatment predominately in T&O plus 20 patients choosing to defer their treatment. Reductions are already being seen in the cohort of patients at risk of breaching 104 weeks at year-end. When compared nationally, the Trust remains in the third quartile for all long waiting patient cohorts and compares reasonably with model hospital peers. The Trust continues to treat patients based on their clinical priority first followed by length of wait. Diagnostic performance improved slightly in October with performance of 41.80%. The Trust is sourcing additional capacity for several test types to support recovery of diagnostic waiting times.

### Cancer Wait Time Standards

Performance for the TWW standard has deteriorated in September at 51.21% compared to the previous month (66.58%) continuing to be impacted by issues in Breast, Skin and Endoscopy. The 31-Day standard was 91.89%. The reported 62-Day performance for September deteriorated on the previous month with performance of 56.98%. Due to the level of performance against the CWT targets, the Trust is being supported by National and Regional colleagues until at least January 2022, with an internal Task Force established to focus on delivery of remedial actions. On the live PTL (11/11/21) there are 154 patients waiting over 104-Days. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days.

### Quality

For Maternity, areas of excellence are identified in relation to implementing a ground-breaking drug therapy for COVID-19 positive pregnant women. There have been no reported Grade 3 or 4 pressure injuries in October and none for 2021-22 year to date. There were no MRSA cases reported in October 2021 however, MSSA and C Difficile cases remain above targeted trajectories. The IPC central team has been actively involved with Infection Prevention Week teaching at ward level and participating at Regional / National events. There are no current Mortality Outlier alerts for the Trust and continued high completion rates of mortality reviews are demonstrated. There has been a 36% increase in the actual number of incidents involving a high risk medicine in October compared to September, demonstrating that these incidents are occurring more frequently.

### Workforce

Temporary staffing demand grew by 3% in October with bank hours worked increasing by 7%; the first time in 2021/22 that bank growth has been greater than overall temporary staffing demand growth. The Trust vacancy factor increased in October, predominantly driven by an increase in Estates and Ancillary vacancies. Turnover remains lower than this point pre-pandemic but there was an increase across all staff groups in October compared with September moving from 13.90% to 15.35%. Sickness absence also increased in September to 4.46% from 4.42% in August, with *stress/anxiety/depression/other psychiatric illnesses* remaining higher than would ordinarily be anticipated for the period.

### Finance

The financial framework for both H1 and H2 of 2021/22 requires the Trust to deliver core operations within an agreed financial envelope and, in addition, to recover costs incurred in dealing with the COVID-19 pandemic in line with the required and prescribed national guidance. The financial performance for the year 2021/22 remains to breakeven as set out in the Board approved budget paper. The H2 financial plan has been developed and shows a plan to breakeven. This plan includes non-recurrent income and expenditure. The actual result for Month 7 is a breakeven position. The forecast outturn is that the Trust will achieve the breakeven plan at year end as well as delivering the capital plan.



# RESPONSIVENESS

## SRO: Chief Operating Officer Overview

### Urgent Care

The Trust reported four-hour performance of 60.82% in October. Ambulance handover delays deteriorated significantly with 622 handovers exceeding one hour reported in month; the Trust had 29 12-hour trolley breaches. Bed occupancy varied between 93.81% and 99.89% against the core bed base. Ambulance arrivals remained consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. There is a Trust-wide plan in place to improve emergency flow which focusses on the actions that can be taken within the Trust and includes increased use of SDEC pathways, focus on early discharges and improvement in weekend discharging.

### Planned Care

**Referral to Treatment (RTT)** – The number of patients exceeding 52-week waits in October was 2,068, the majority of breaches (1,151; 55.66%) being in Trauma and Orthopaedics. For the fourth consecutive month, the Trust has reported an increase in 52-week wait breaches; the overall proportion of the wait list that is waiting longer than 52-weeks is 5.55% which is relatively static on the previous month. The Trust is focussing on the treatment of patients who are waiting over 104-weeks or are at risk of waiting that long for their treatment; this is whilst maintaining timely access to treatment for those with the greatest clinical need.

**Diagnostic Waiting Times** – Diagnostic performance improved slightly in October with performance of 41.80%, though failed to meet the improvement trajectory of 32.64%. The number of patients waiting longer than 13-weeks in October increased to 3,029 compared to 2,724 in September. CT performance improved significantly however Echocardiography and Endoscopy have both experienced backlog growth. Modalities of significant underperformance have action plans in place to provide additional capacity through a combination of insourcing and outsourcing of activity. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In September NBT ranked 8<sup>th</sup> amongst 10 peer providers for 6-week and 13-week performance.

### Cancer

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

### Areas of Concern

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

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

# QUALITY PATIENT SAFETY AND EFFECTIVENESS

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

### Overview

#### Improvements

**Maternity :** The Perinatal Quality Surveillance Monitoring (PQSM) data provides a framework for Maternity quality and safety review. Actions taken and currently in progress are summarised in response to the key areas flagged in relation to workforce, staff and service user involvement, projected achievement of the 2022 Maternity Incentive Scheme and Continuity of Carer. Areas of excellence are identified in relation to implementing a ground-breaking drug therapy for Covid positive pregnant women and community oxygen saturation monitoring for our Covid positive pregnant population.

**Pressure Injuries** - There have been no reported Grade 3 or 4 pressure injuries in October and none for 2021-22 year to date. For October there has been a reduction in total pressure injuries, which bucks the recent trend and is subject to ongoing monitoring to establish whether this improvement is sustained.

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

**Mortality Rates/Alerts:** There are no current Mortality Outlier alerts for the trust and continued high completion rates of mortality reviews are demonstrated, with Medical Examiner reviews and referrals into Trust governance processes also operating effectively to address family concerns and integrate with coronial cases. A development programme re-looking at the Trust's approach to mortality reviews has concluded with enhancements to the approach now being developed, including through NHSE/I regional engagement.

#### Areas of Concern

**Infection control:** MSSA and C Difficile cases remain above targeted trajectories. The IPC central team has been actively involved with Infection Prevention Week teaching at ward level and participating at Regional / National events. Specifically relating to C-Difficile, the Southwest C Diff HCAI collaborative has held initial shared learning sessions to look at reduction of infection, focusing on Antimicrobial Stewardship .

**Medication Incidents:** There has also been a 36% increase in the actual number of incidents involving a high risk medicine in October compared to September, demonstrating that these incidents are occurring more frequently. The team are working on identifying causes for the increase in incidents involving high risk medicines in collaboration with ward teams.

# WELL LED

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

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

#### Vacancies

The vacancy factor increased to 6.53% in September (from 6.28% in September). Increases in Estates and Ancillary staff vacancies.

#### Turnover

Staff turnover increased to 15.35% in October. Excluding the COVID-19 and mass vaccination workforce, the turnover rate decreases to 14.53%, however still shows an increase from 13.90% in September. and remains lower than pre-COVID levels (October 2019 - 14.29%).

#### Prioritise the wellbeing of our staff

Sickness absence increased to 4.46% in September from 4.42% in August. Days lost to *Stress/anxiety/depression/other psychiatric illness* continue to be higher than any other reason, however initial view of October absence position show a 9.18% reduction in days lost compared with August and September.

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

Temporary staffing demand increased in September by 3% (37.84 wte) and for the first time this year bank hours worked increased at a greater rate, 7% (+37.20 wte). There was a small reduction in agency use across registered nursing and midwifery, administrative and clerical and scientific and allied health professional staff groups. Tier 4 RMN use saw a reduction (+3.28 wte) but was partially offset by an increase in RN tier 4 use (+2.32 wte).

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

Theme	Action	Owner	By When
Vacancies	Health care support worker assessment centres have increased for the remainder of the year to support closing vacancies gaps and increases in turnover. Additional interventions currently being worked up	Head of Resourcing	Mar-22
Turnover	Nursing & Midwifery Demand and Supply group agreed retention interventions and will monitor progress	Head of People	Nov-21
Health and Wellbeing	Staff support proposal going to H2 Programme Board (Hot food and drink, extending free car parking & staff security campaign)	Head of People Strategy	Nov-21
Health and Wellbeing	Calm rooms, wellbeing pods & restroom improvement proposals developed into business case for approval	Head of People Strategy	Dec-21
Temporary Staffing	Delivering campaign to encourage inactive workers to participate and contacting staff who have left within the last 12 months to register on our bank	Head of Resourcing	Nov-21
Temporary Staffing	System wide review of Waiting List Initiative Rates to support capacity management across system	Director of People and Transformation	Dec-21



The actual result for the Month 7 and year to date is a breakeven position.

Key drivers at month 7 are:

The Trust has recognised Elective Recovery Fund (ERF) non-recurrent income of £8.9m for the year to date.

The income reported in M7 is based on notified allocations from BNSSG system.

Cash at 31 October amounts to £104.3m.

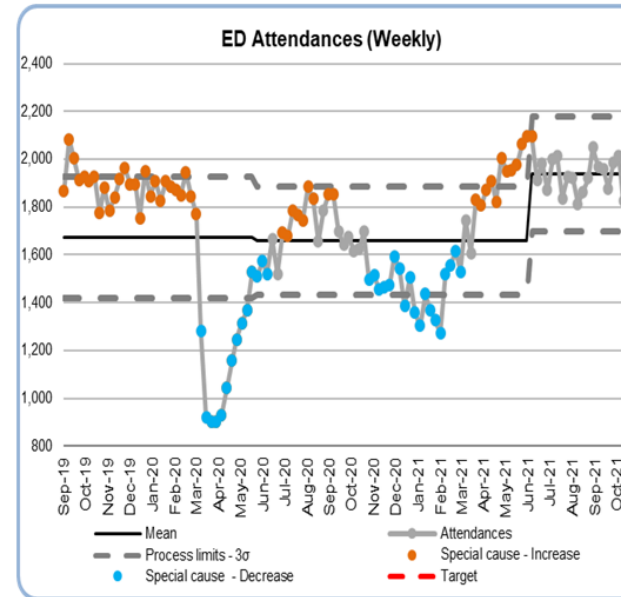
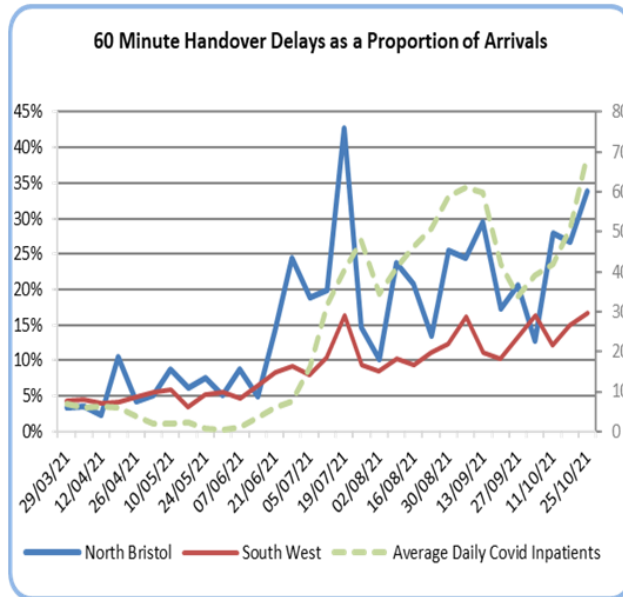
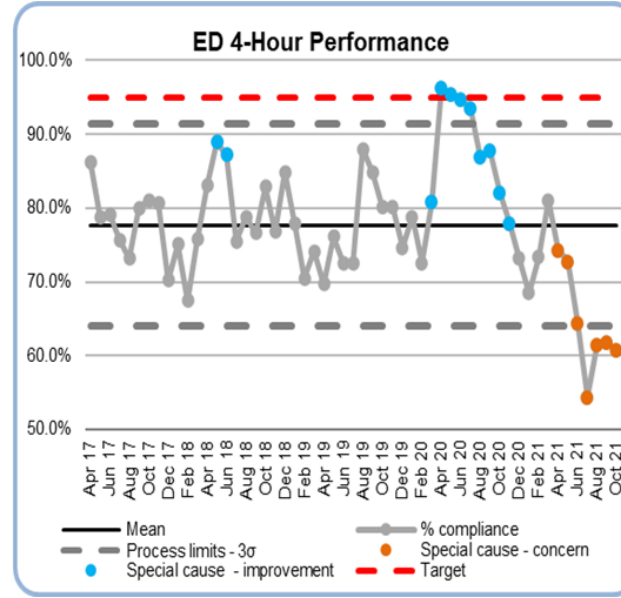
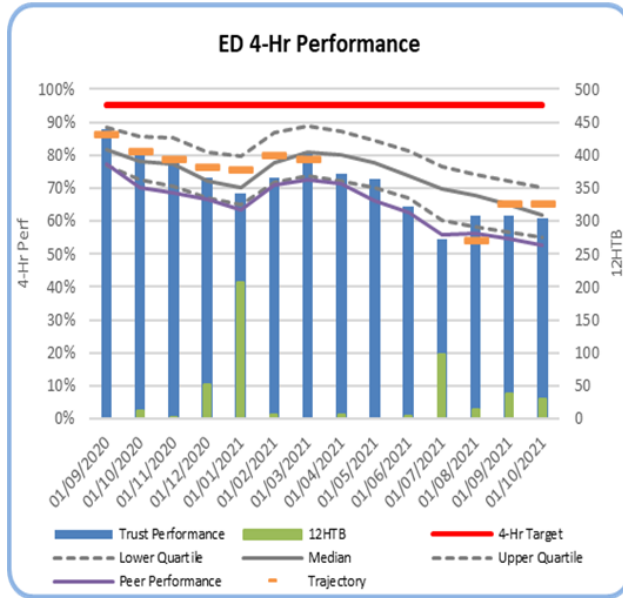
Total capital spend to date is £10.5m, compared to a plan of £12.6m for the first 7 months of the year.

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

# Responsiveness

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

# Urgent Care



## What does the data tell us?

Four-hour performance deteriorated slightly in October with performance of 60.82%. Trust performance exceeded that of our AMTC peers, ranking first out of nine reporting centres. When compared nationally, the Trust remains in the third quartile. ED performance for the NBT Footprint stands at 69.31% and the total STP performance was 70.83% for September.

ED attendances were slightly higher when compared to 2019/20 levels. There was a decrease in 12-hour trolley breaches in October compared to September with the Trust recording 29 in month; nationally there were 7059 with 23 Trusts reporting over 100.

Ambulance handover times continued to be challenged and deteriorated on last month with the Trust recording 622 ambulance handover delays over one-hour. Rising numbers of COVID-19 inpatients (October peak of 75) and increased LoS has resulted in compromised flow as the Trust moved to create further cohort areas for Blue (COVID-19 positive) patients. Green (COVID-19 negative elective) capacity has reduced as elective beds were converted to COVID-19 negative non-elective beds to manage emergency pressures. The lower elective throughput will result in a growth to the elective backlog.

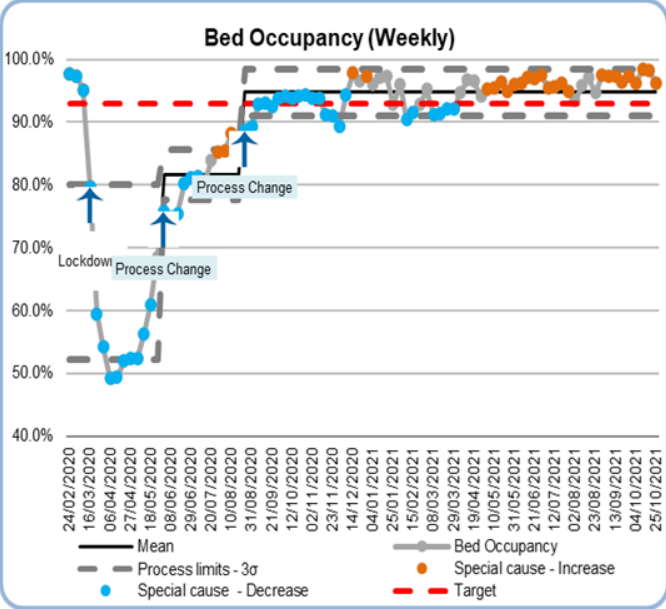
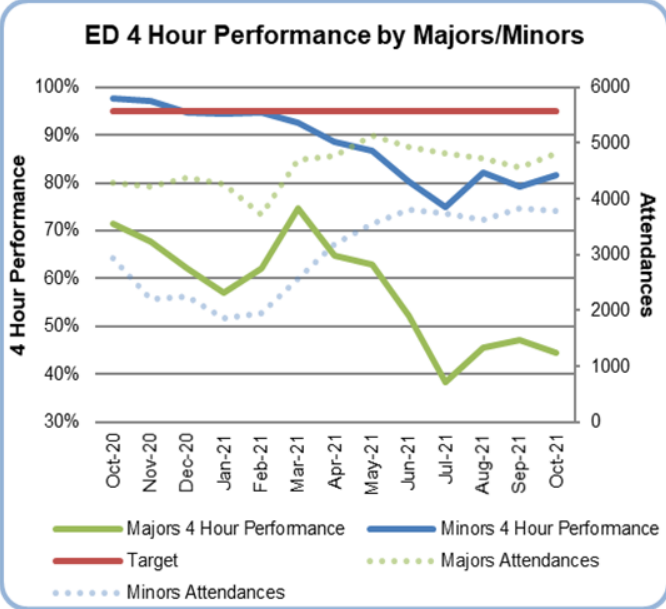
## What actions are being taken to improve?

A Trust Ambulance improvement plan including BNSSG and SWASFT actions for out of hospital care has been presented to Region. An internal performance trajectory will be presented to the next Finance and Performance Committee for approval.

The Emergency Flow Plan aimed at improvements in three areas (emergency portals, time in hospital, and discharge) has been incorporated into the Urgent Care Board. A 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.

Improvements in time of day discharge is being seen with increased use of the discharge lounge before 10am. Weekend discharge improvements are slower to implement due to staffing challenges.

# 4-Hour Performance



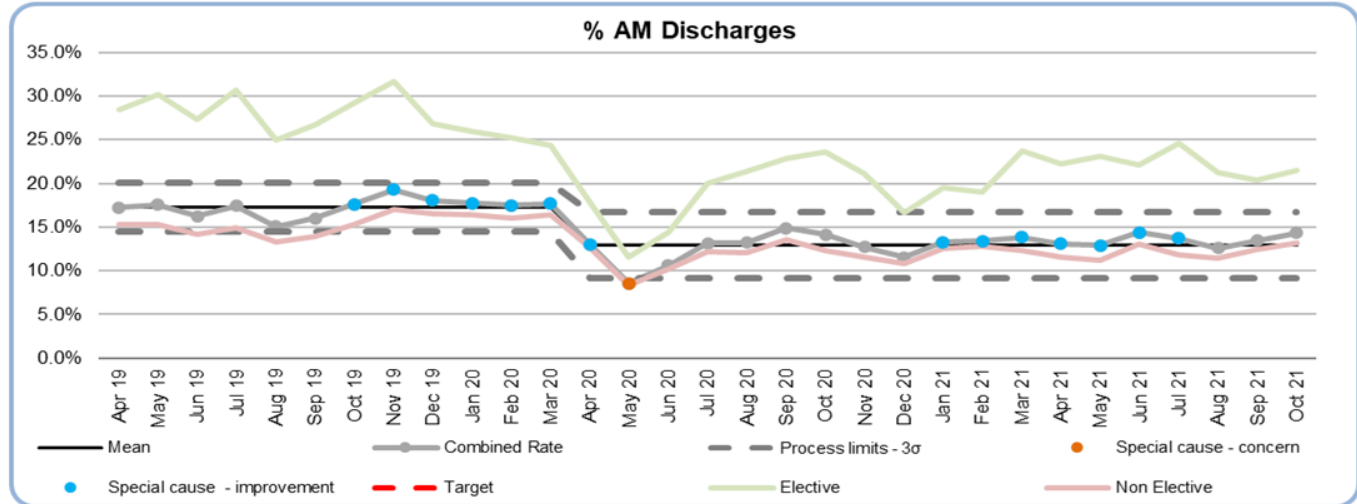
## What does the data tell us?

In October, Minors performance improved slightly to 81.76%, whilst Majors performance deteriorated to 44.38%.

For the eighth consecutive month, the predominant cause of breaches at 50.13% was waiting for assessment in ED, whilst 19.56% of breaches were caused by waiting for a medical bed.

Bed occupancy remained challenged, varying between 93.81% and 99.89% in October against the core bed base. Bed occupancy was impacted by rising COVID-19 admissions and increased length of stay resulting from greater complexity of need and system staffing pressures increasing the number of patients delayed in discharge to post-acute care.

In October, 14.25% of patients were discharged between 08:00-12:00; which was up on the previous month.

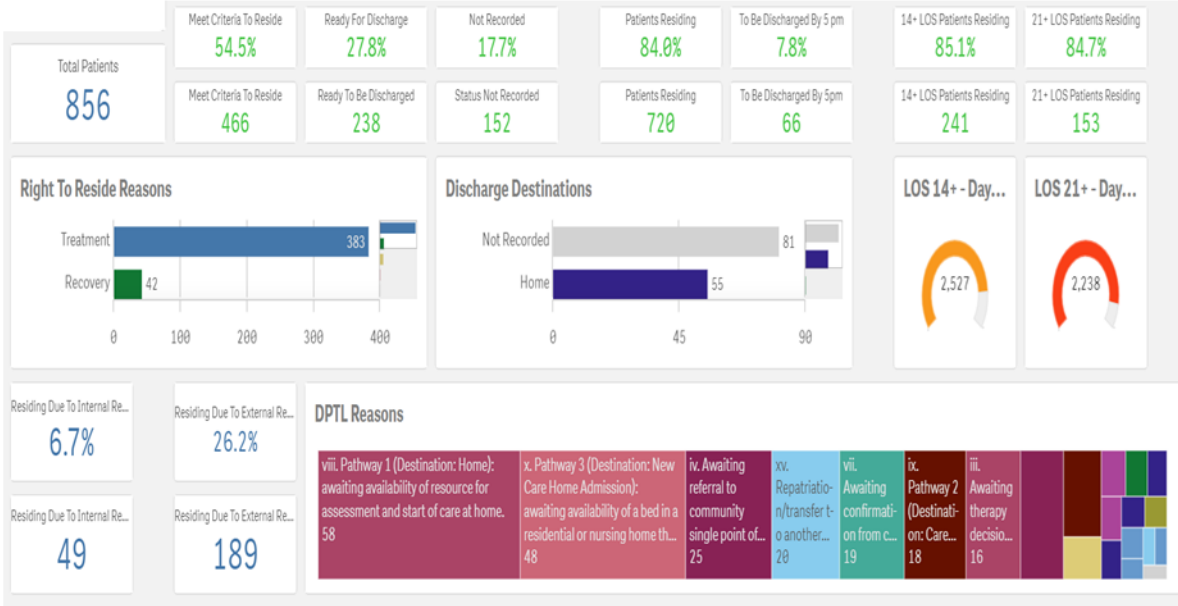
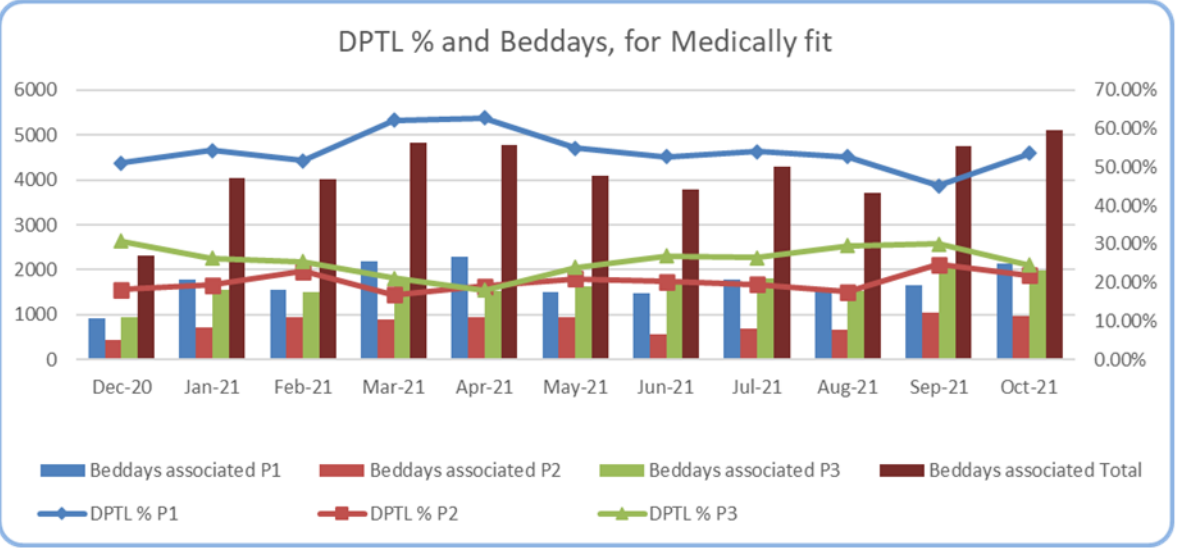


## What actions are being taken to improve?

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

- 1. Emergency Portals** (incl. Ambulance Turnaround Plan), decompressing ED and increasing use of SDEC pathways.
- 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).

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



What does the data tell us?

In October, the number of delayed bed days for medically fit patients awaiting Pathway 2 and 3 remained the same as September. The delayed bed days for Pathway 1 rose significantly by 438 bed days.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care. Patients are delayed in Sirona P1 Discharge to Assess (D2A) waiting discharge for long term packages of care meaning they cannot pull patients from NBT. There are insufficient community beds for patients with dementia and perceived behavioural challenges, also stroke patients with high care needs.

At the point of reporting 238 patients were ready for discharge on a complex pathway of which 189 were waiting for external reasons (60 patients waiting P1, 30 patients waiting P2 and 53 patients waiting P3). 20 patients were awaiting repatriation and 19 patients referred to the community were awaiting a pathway decision, 4 patients were homeless. During October some care homes and rehab units remained closed to admission due to COVID-19 adding to delayed discharge bed days. 49 patients were awaiting internal actions (18 waiting therapy review, 25 waiting referral submission, 4 a medical decision, 1 due to COVID-19 and 1 delay reason not recorded).

What actions are being taken to improve?

In September, additional transitional bed capacity for S. Glos (10 in total) and 5 additional Bristol and S. Glos shared capacity at Quarry House was commissioned by BNSSG, these were soon full. Further beds will come online in November to facilitate discharge of patients waiting Pathway 1 QDS packages of care.

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

The SRF improvement project, overseen by the Urgent Care Delivery Group, commenced in early October targeting one ward in each division ( 26A; 9A and 26B). 26A has had the most significant improvement with 40% of ward staff undertaking SRF training. Early results demonstrated a reduction in admission to SRF submission saving 4 beds overall vs an in month target of 11 beds. A further 2 wards will go live in November with an on-going roll out programme across the winter.

With the increasing wait for Pathway 1, a process has been introduced to engage family support with care at home whilst waiting confirmed pathway commencement. Bed day savings will be monitored and reported in November.

The IDS has appointed a 12 month fixed term Contract homeless discharge case manager commencing January 2022 funded by the Department for Health and Social Care and linked to the Bristol homeless health and care project.



# Stranded Patients

## What does the data tell us?

21+ day long stay patients reduced in volume throughout October to 20% (was 23% in September) however stays over 7 days increased, given the mix of patient acuity and delayed P1, 2 and 3 discharges this is to be expected.

The Trust's positioning for 21+ days improved again from the third highest percentage in the South West Region in September to 6<sup>th</sup> highest. NBT continued the focus on reducing 21+ stay patients throughout October.

Weekly complex discharge levels remain below the target levels (expected weekly target 121 across P1, 2 and 3). In October 349 patients were discharged on these pathways (46 more than September) against a target of 535 discharges, 65% of expected discharges. P0 non complex discharge is the main pathway from hospital and the highest volume of monthly discharges and total 5065 in September.

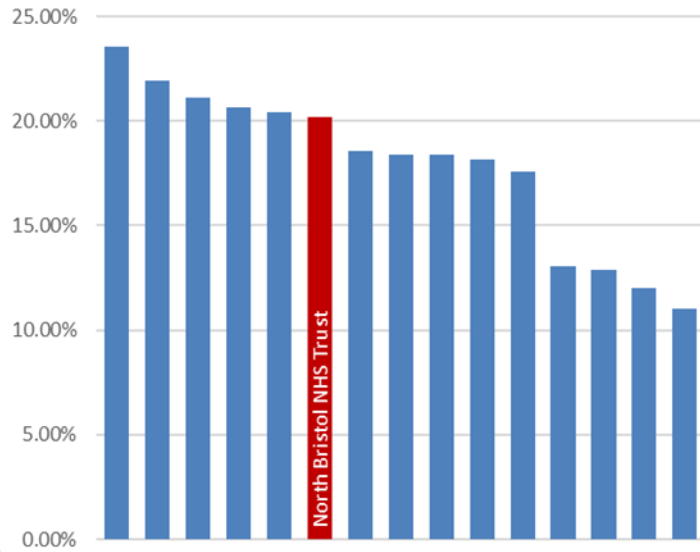
## What actions are being taken to improve?

The IDS Team have established a weekly schedule of proactive patient tracking huddles to check the progress of patients on a complex discharge pathway and escalate actions where required to assure the discharge is as timely as possible. The focus is on all patients medically ready for discharge not just those becoming stranded, and is contributing to the 21+ LoS reduction.

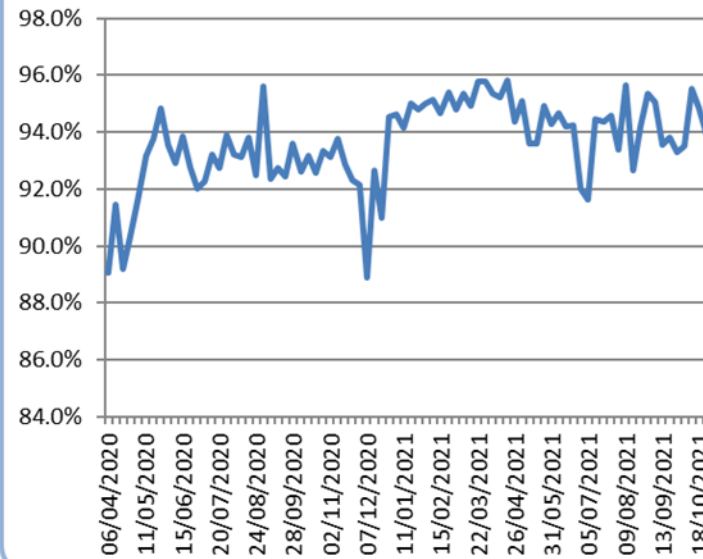
This approach is being enhanced with the embedding of the Cluster IDS Team model and the Band 7 IDS Team leads monitoring case manager caseloads and giving oversight on discharge plans.

The BNSSG system Discharge to Assess (D2A) business case to Healthier Together Executive has been approved in November. The risk associated with workforce and increasing staffing for delivery still remains.

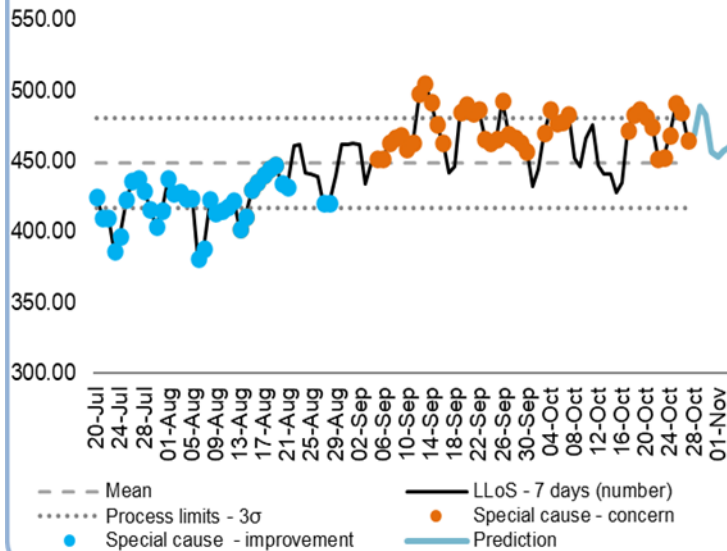
21+ LoS Occupancy % SW



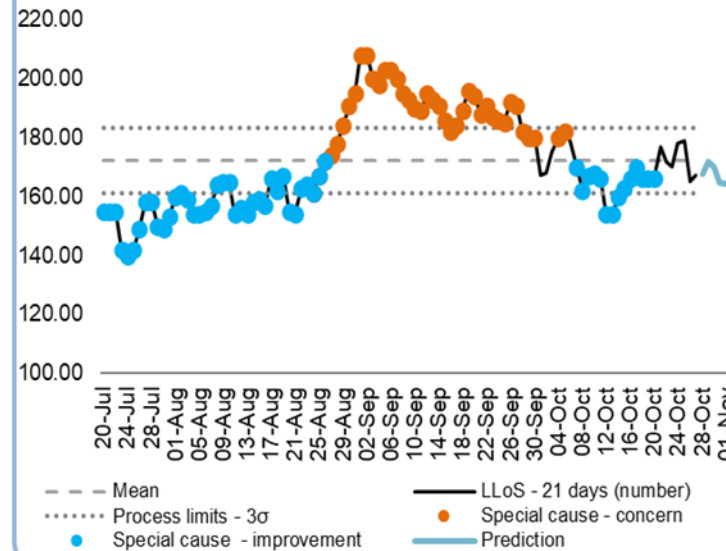
% Discharged P0 and P1 (EL, NEL, all ages, all LoS)



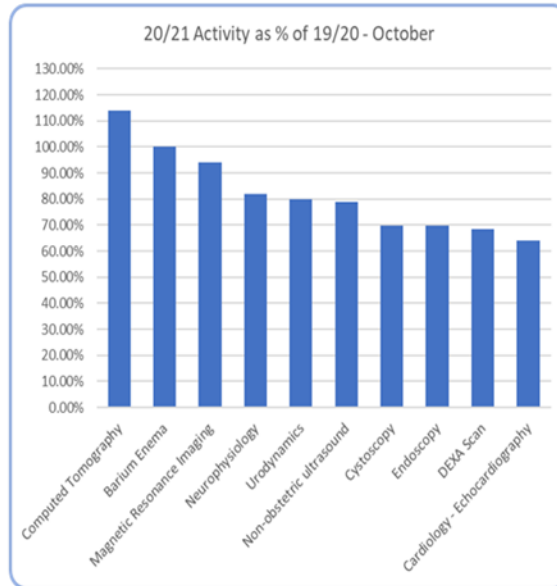
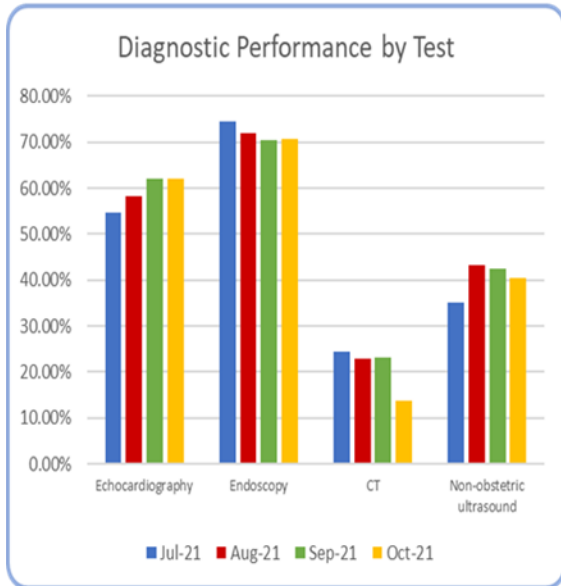
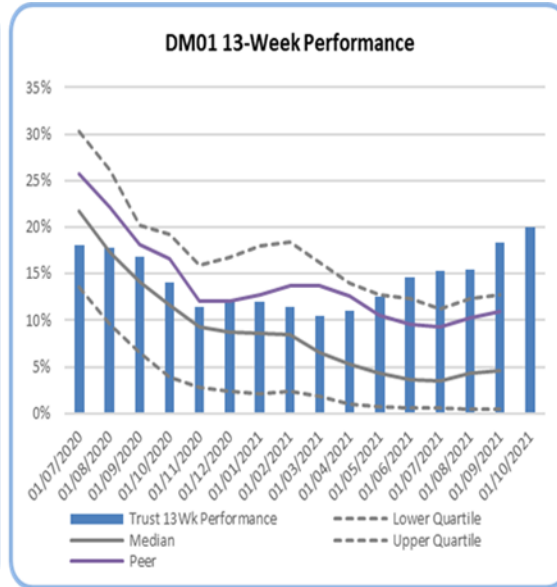
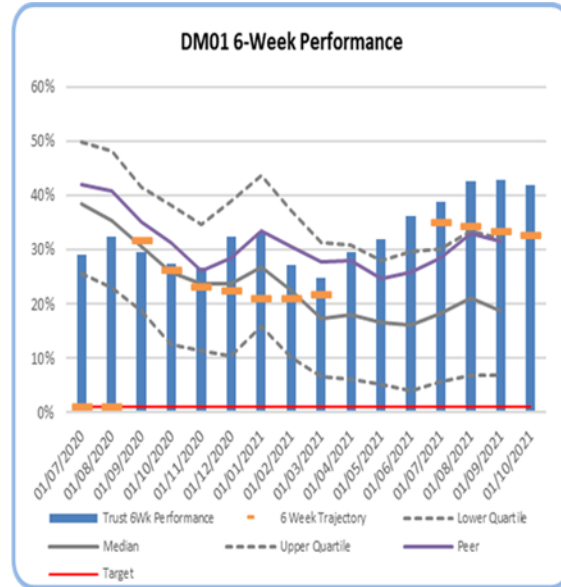
SPC chart for LLoS - 7 days (number)



SPC chart for LLoS - 21 days (number)



# Diagnostic Wait Times



## What does the data tell us?

In October, diagnostic 6-week performance improved slightly at 41.80%, though failed to meet the improvement trajectory of 32.64%. The improvement was driven by wait list growth with the backlog remaining static. 13-week performance deteriorated more significantly with an increase of 11.20%. There was a 2.42% increase in the overall wait list in October whilst activity levels reported below 80% of 2019/20 levels for 50% of test types.

Endoscopy and Echocardiography have both experienced backlog growth. Echocardiography performance continues to be impacted by capacity constraints; insourcing has been limited so far with staffing issues within the insourcing company, partially offset by additional agency support. CT has experienced the most significant improvement in month with planned actions starting to positively impact on performance.

In September, NBT ranked eighth amongst 10 peer providers for 6-week performance and ninth for 13-week performance. Nationally, Trust positioning was static for 6-week performance whilst 13-week position deteriorated, both remaining in the fourth quartile.

## What actions are being taken to improve?

**Endoscopy** – There has been a significant focus on re-establishing both insourcing and outsourcing of activity, which has been delivered, although staffing shortages have impacted the effectiveness of this mitigation. Focus continues on the internal capacity gap including a business case for prospective list cover, efficiency opportunities as a result of the new IT system for scheduling and exploring a system-wide shared Endoscopy PTL to ensure the most equitable use of available outsourcing capacity.

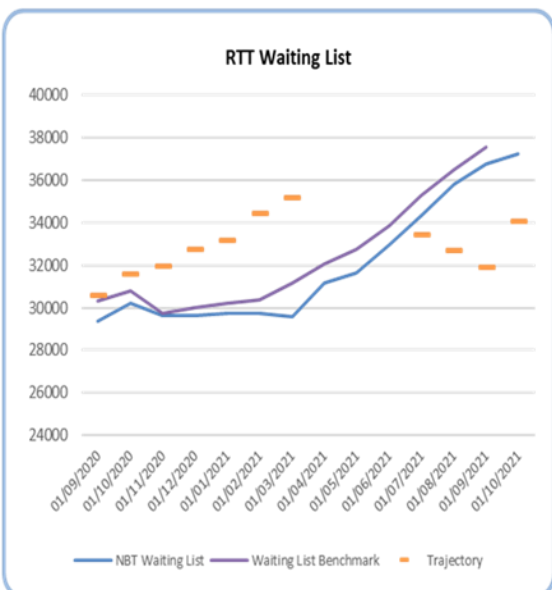
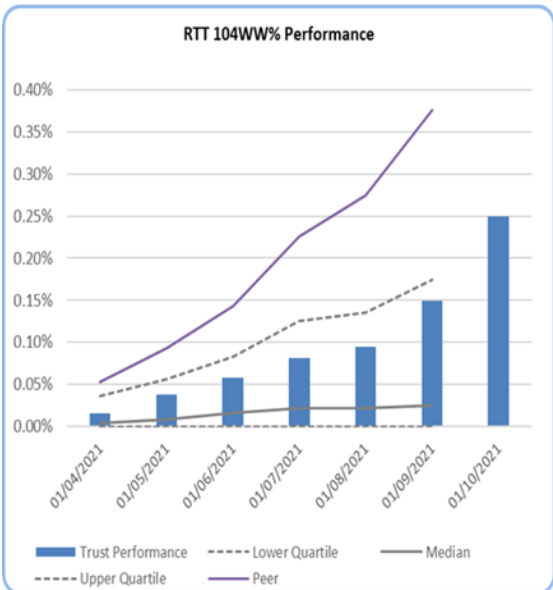
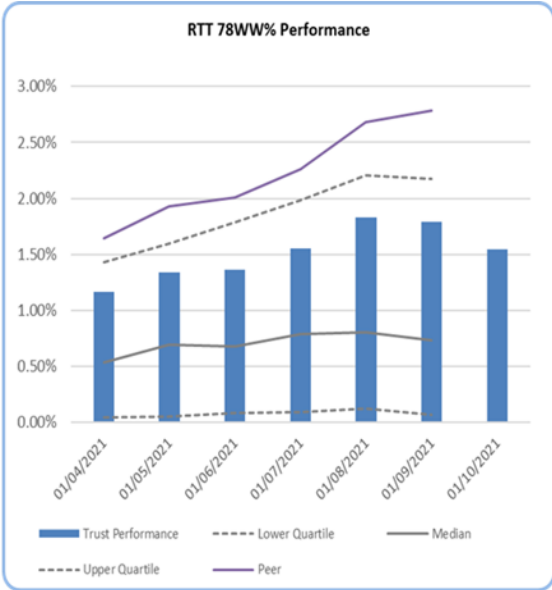
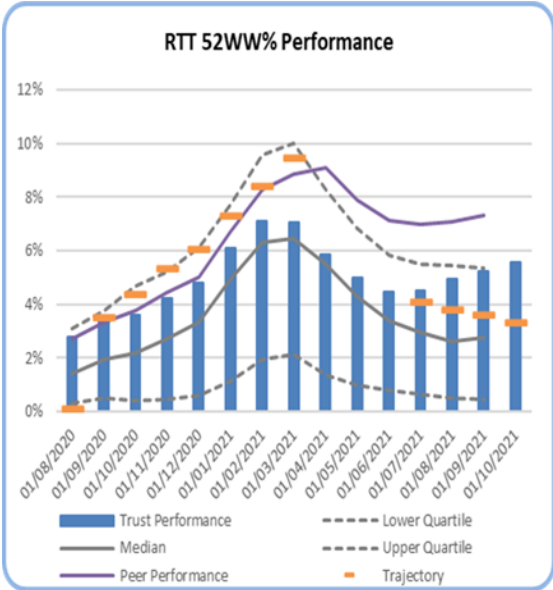
**Non-Obstetric Ultrasound** – The Contract has been signed for the insourcing of additional capacity in order to support backlog clearance. However, the provider currently has workforce shortages and therefore, the benefit will not be as great as 60 slots per week. In the meantime, following a review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

**CT** – Additional capacity has commenced using the demountable CT scanner based at Weston General Hospital. Positive impacts are also being seen from the new scanner at Cossham and good uptake of WLIs in October. November WLIs have all been booked and improved performance is expected to be sustained.

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

**Echocardiography** – The insourcing plan to increase Echocardiogram capacity is currently delayed due to staffing issues within the insourcing company. However, it is anticipated that a return to plan can still result in backlog clearance by year-end – this is dependent on the insourcing company providing the full capacity plan alongside the additional agency staffing being sought.

# Referral To Treatment (RTT)



## What does the data tell us?

In October, the Trust reported an increase in the waiting list to 37268, as anticipated in the H2 plan. The Trust has reported an increase in 52-week wait breaches for the fourth consecutive month with 2068 patients waiting greater than 52-weeks for their treatment; 577 of these were patients waiting longer than 78-weeks and 93 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1151; 55.66%) are in Trauma and Orthopaedics and typically have the lowest level of clinical prioritisation against the national guidance (P4).

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

When compared nationally, Trust waiting list growth continues to compare favourably to national waiting list growth for Acute providers. However, Trust positioning for long waiting patients continues to report within the third quartile for all cohorts (52, 78 and 104-weeks).

## What actions are being taken to improve?

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

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

Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust is exploring the transfer of further patients into available capacity within an IS Provider in a neighbouring system.

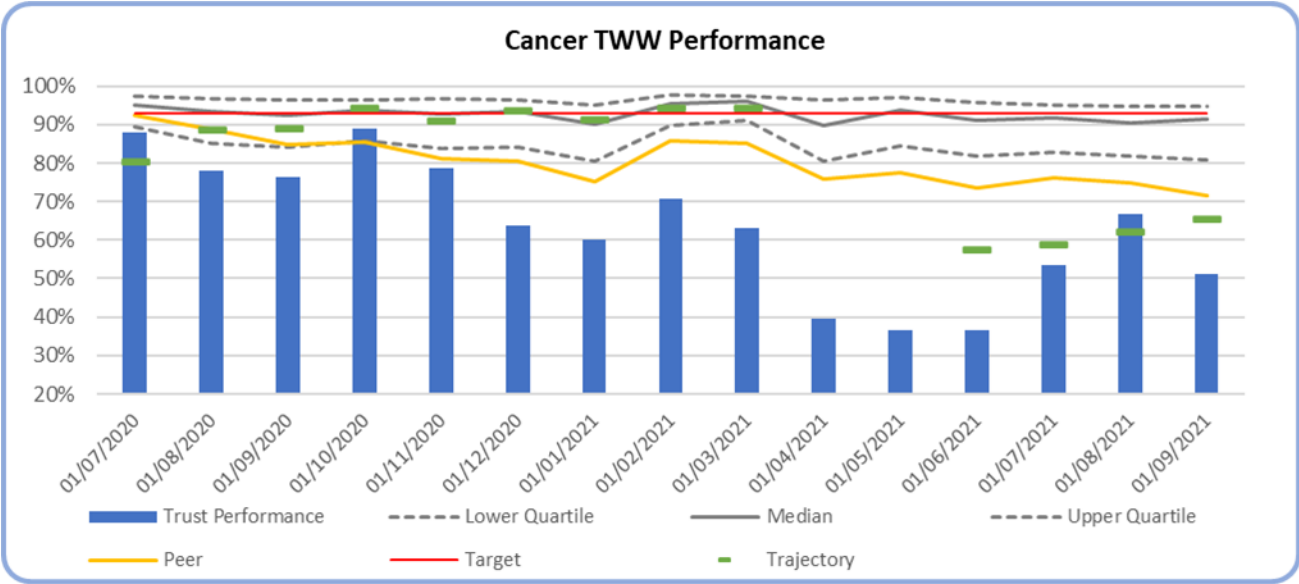
Continued application of review recommendations from Get It Right First Time (GIRFT) reports, Model Hospitals and the British Association of Day Surgery (BADS) are undertaken to ensure efficient use of the available capacity is maximised.

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

Clinical validation of the longest waiting T&O patients has commenced and a review of patients suitable for transfer to the IS has taken place.

All patients bar one on a non-admitted pathway, at risk of breaching 104 weeks at year-end, have the next steps in their treatment plan booked in November/December.

# Cancer: Two Week Wait (TWW)

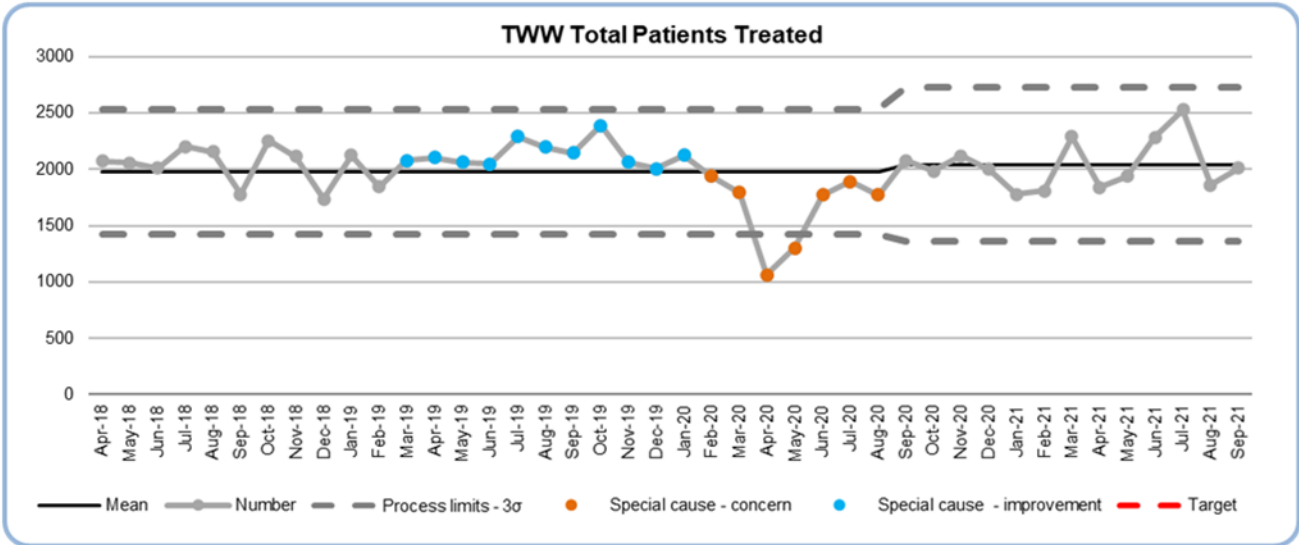


## What does the data tell us?

The Trust reported a performance of 51.22% in September compared to 66.58% in August which is a 23% decrease in performance. Urology, and Brain were the only specialties to achieve the standard. The Trust saw 2013 patients in September compared to 1863 patients in August. Of the 2013 patients seen, 984 patients breached the TWW target, the average day to 1<sup>st</sup> appointment in August was 26 days.

Breast had performance of 68.75% compared to the August performance of 85.20%. They saw 544 patients in September with 170 of those seen in a breach position. Colorectal continues to be of concern; their performance dropped again this month from 63.99% to 62.63%. The service continues to experience OPD capacity issues due to workforce pressures, Endoscopy capacity issues and CT reporting delays.

Skin service continues to clear their backlog and as a result they had poor TWW performance of 6.61% in September, an expected deterioration on last month's position. The skin service saw 711 patients in September of these, 664 patients were seen in a breach position.



## What actions are being taken to improve?

The cancer taskforce meetings have been established and now include Colorectal and Gynaecology. We continue to work with the Regional cancer team on assurance and improvement plans that provide assurance to the Executive.

External support for Breast is being worked up to provide additional one stop and surgical capacity in late November / early December.

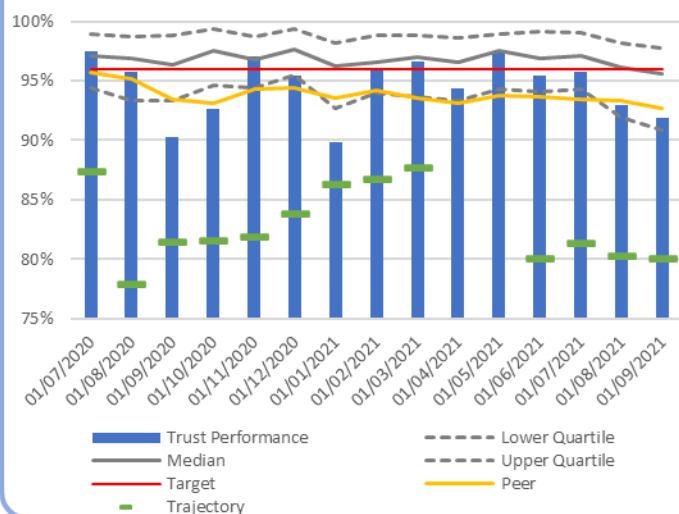
For Skin, backlog clearance is on track to be cleared by the end of November with additional capacity being secured to support the surgical element of the pathway.

Delays in Endoscopy continue to affect the performance of Colorectal; recovery plans are in place and expected to improve the TWW position by the end of Quarter 3.

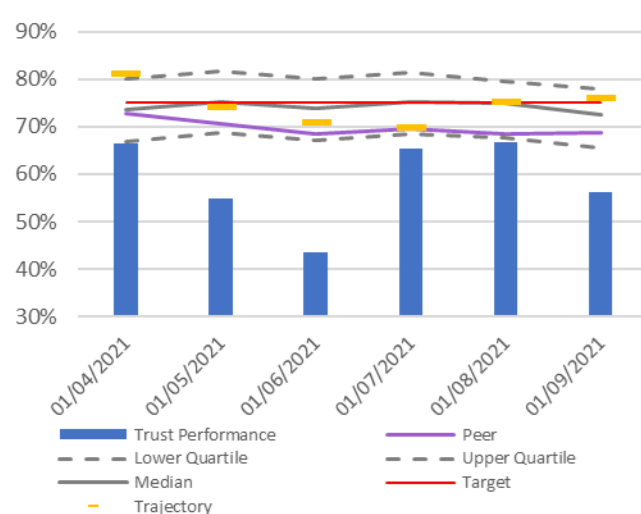


# Cancer: 31-Day Standard

## Cancer 31-Day Performance



## Cancer 28-Day Performance



## What does the data tell us?

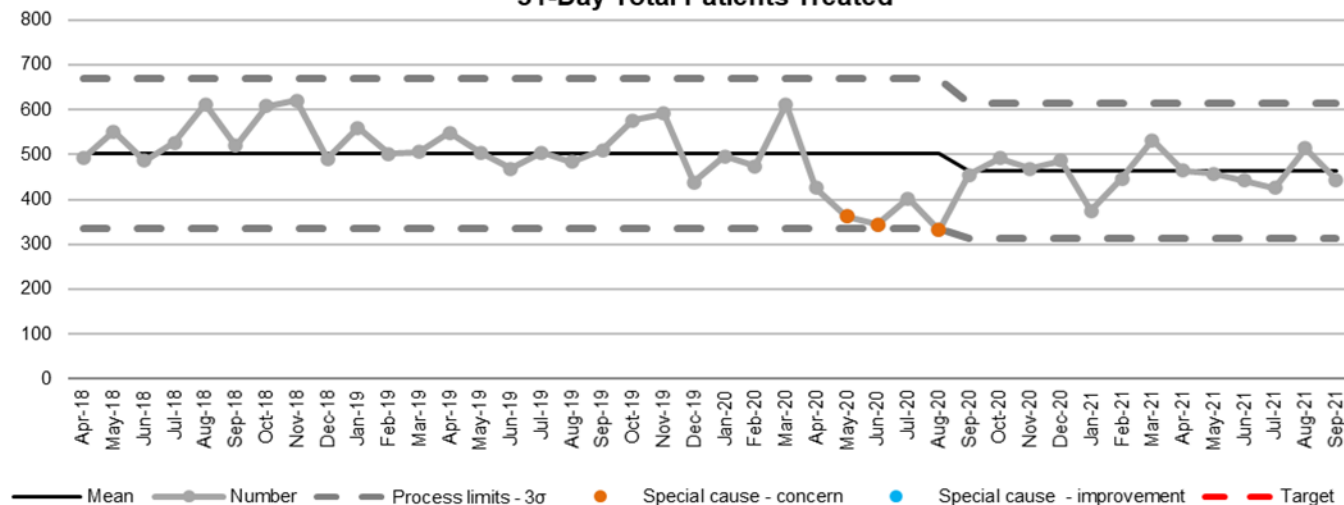
In September, the Trust missed the first treatment standard of 96.00% with a performance of 91.89% compared to the 93.00% in August. 277 patients were treated this month; 21 of them within a breach position.

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

All specialties except for Breast (85.48%) and Urology (87.725) achieved above 90% this month.

28-Day Performance – the Trust saw a deterioration this month with a performance of 56.07% compared to 66.77% in August. 1706 patients were seen and 819 of them breached the 28-Day standard. It is expected that the Trust can expect to see a recovery of this standard as backlogs are cleared and pathway delays in Endoscopy are reduced.

## 31-Day Total Patients Treated

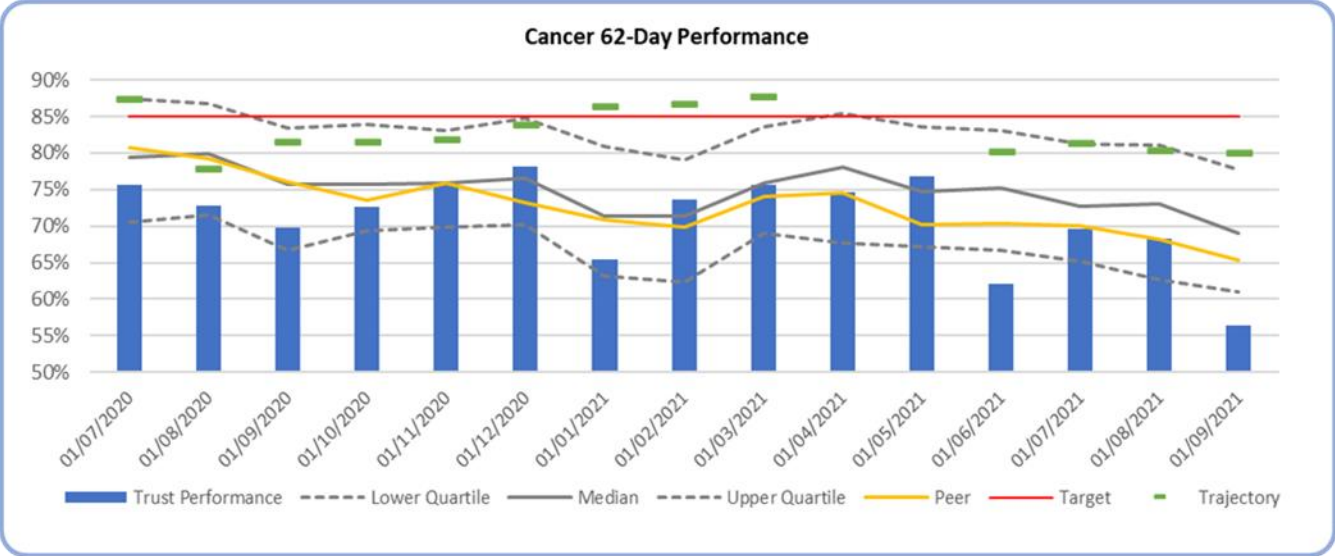


## What actions are being taken to improve?

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

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





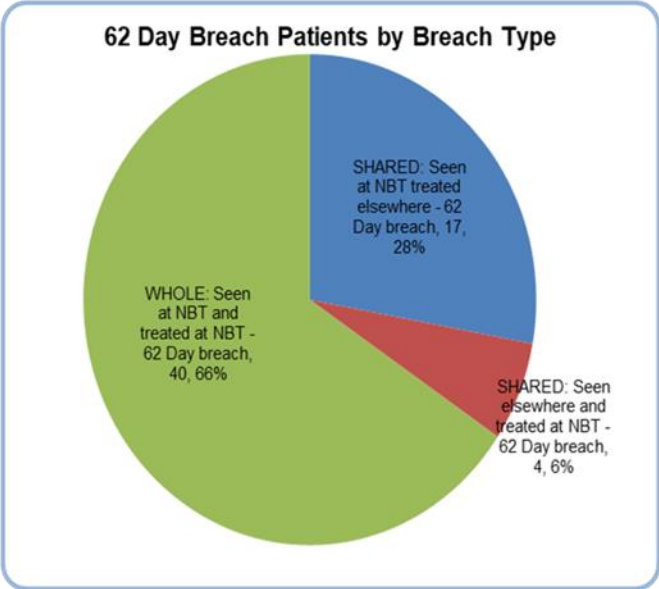
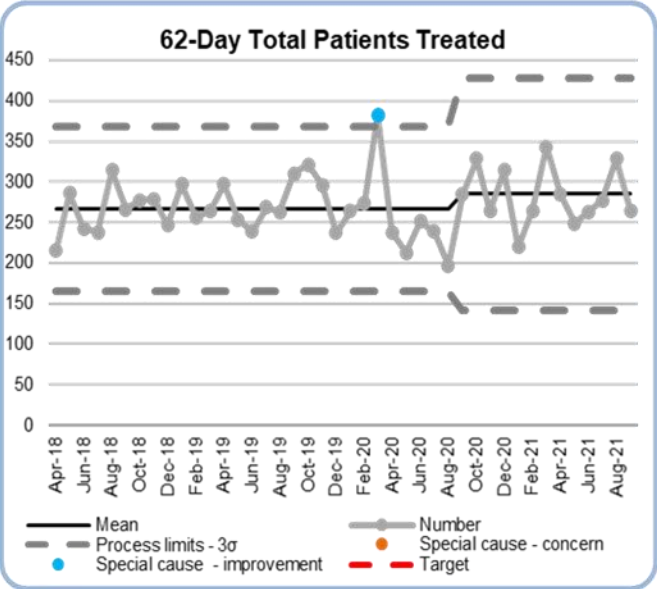
### What does the data tell us?

The reported 62-Day performance for September was 56.98% which is a decline compared to the August position of 68.60%. In September, of the 133 patients treated, 78 patients were treated within the standard.

Colorectal, Sarcoma, Upper GI and Haematology require improvement as they have remained in the lower quartile for performance at NBT for three consecutive months and will be included in the work of the cancer taskforce and Regional scrutiny. Improvement plans are being worked up and specialty meetings are in place.

Gynaecology saw an improvement this month; they achieved performance of 50.00% compared to the 28.57% in August. They treated 4 patients, 2 of them in a breach position.

Urology's performance of 50.72% was disappointing, a further drop from their August performance of 61.73%. The service saw 34.5 patients with 17 breaches. They failed to achieve CWT standards of 85% and they failed to achieve their trajectory of 87.9%. Most of the delays were due to complex pathways. The service continues to have delays in the pathway due to oncology capacity prior to decision to treat.



### What actions are being taken to improve?

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

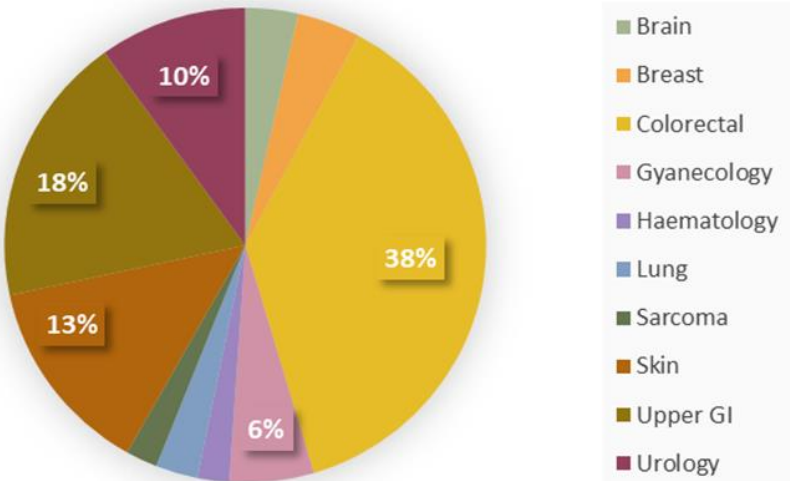
Most of the September breaches were caused by the known delays at the front end of the pathway within TWW. The performance against the 62-Day standard will continue to show improvement as backlogs are cleared. Pathway reviews are ongoing.

A remedial action plan has been requested from Urology to support their 62-Day recovery.

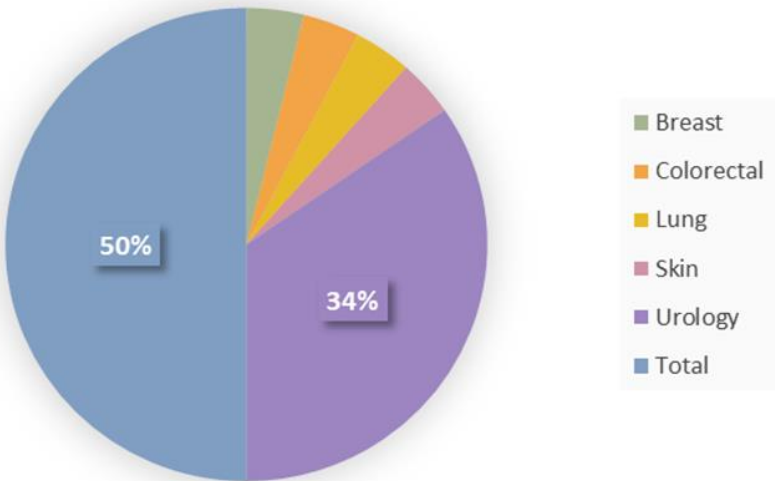
Progress against the H2 PTL trajectory is being tracked via the H2 Recovery Board.

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

Cancer Specialty - Without DTT



Cancer Specialty - With DTT



## What does the data tell us?

### August uploaded position

The Trust had one 104-Day breach this month that required Datix compared to the ten last month. This is the lowest position NBT has had since December 2020. Two were in Urology and one in Breast, all of which were due to system delays and complex pathways.

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

### Live PTL snapshot as of 11/11/2021

There are 154 patients waiting over 104-Days which is an increase of 1 in the last month of September. Colorectal patients are currently accounting for 35% of the total number of patients waiting over 104-Days, 141 are currently without a decision to treat.

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.

We have sustained the overall 104-Day numbers again this month, we are continuing to work on the PTL tracking backlog and this work will be completed within the next two weeks which will help with the overall 104-Day position.

## What actions are being taken to improve?

Recruitment has been completed with most of them starting in November, however the impact on tracking will continue until they are trained fully.

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

## Activity vs Plan

### What does the data tell us?

**ED Attendances** reported 3.73% above plan for Quarter 1 with a decline against plan from July, reporting -4.24% adverse variance against plan for Quarter 2 and a -2.93% adverse variance against plan for October.

**Non-Elective Inpatients** reported 3.01% above plan for Quarter 1 with a decline from July reporting -9.08% adverse variance against plan for Quarter 2 and a -9.22% adverse variance against plan for October.

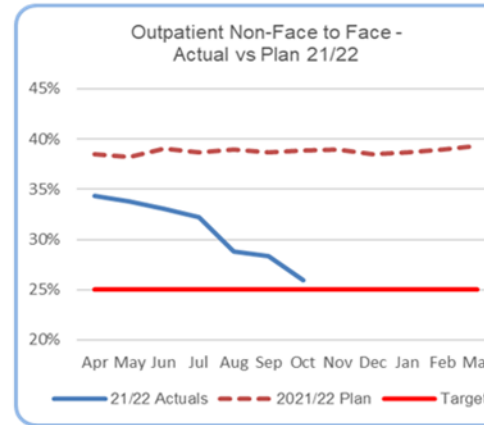
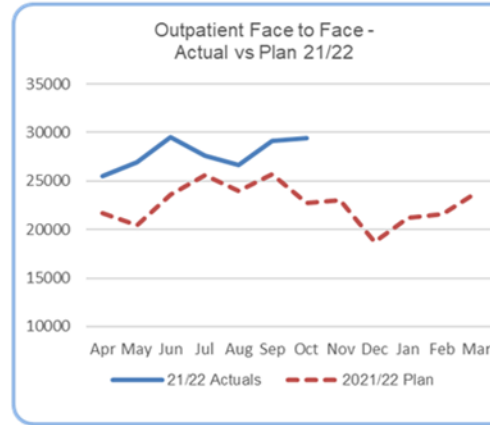
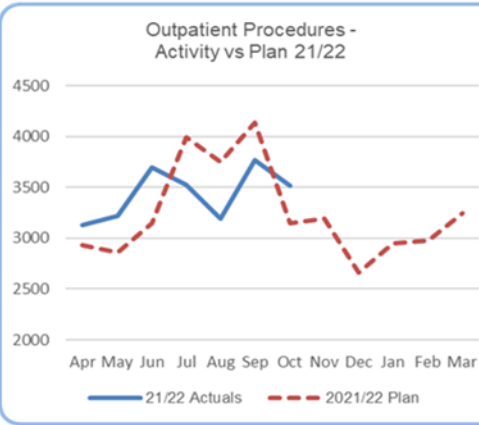
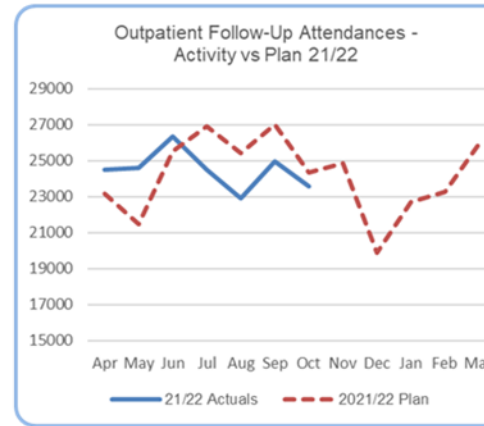
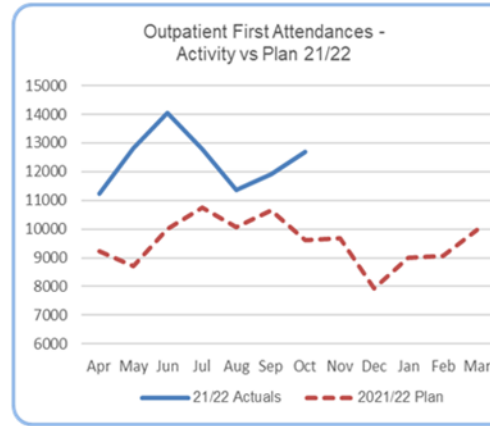
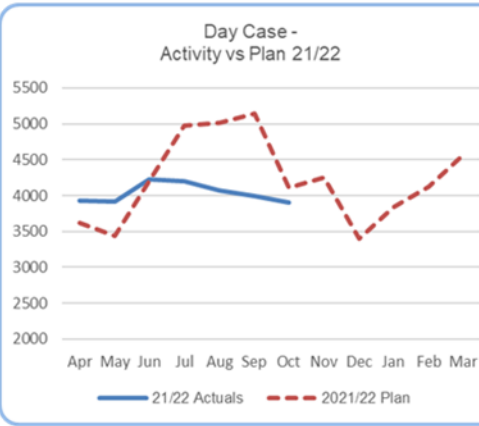
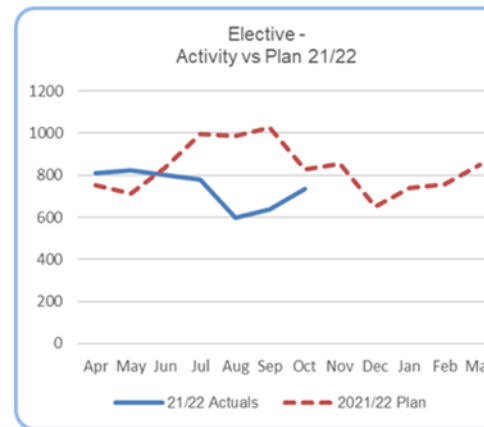
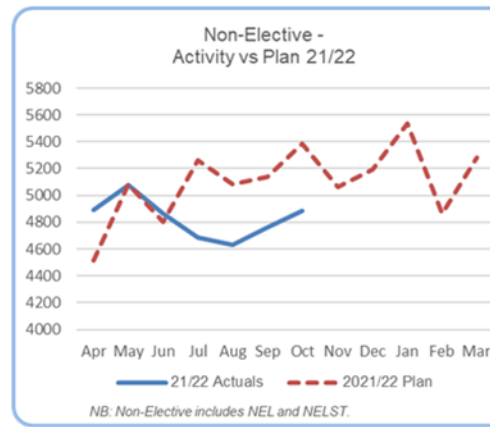
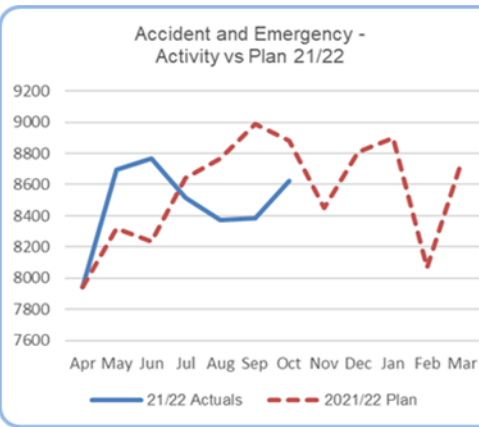
**Elective Inpatients** reported above plan for April and May with a decline from June onwards. Quarter 1 reported 5.61% variance against plan, with June's underperformance being offset by the over performance in April and May. Quarter 2 reports -33.00% adverse variance to plan and a -11.20% adverse variance against plan for October.

**Day Case** activity reports a decline against plan from July. Quarter 1 reported 7.27% variance against plan, reporting above plan for each month. Quarter 2 reports an underperformance of -18.88%, and an underperformance of -5.10% for October.

**Outpatient First Attendances** have consistently reported above plan this year to date, reporting 36.38% variance in Quarter 1 and 14.63% variance in Quarter 2. For October, a 31.86% variance above plan was reported.

**Outpatient Follow-Up Attendances** reported above plan consistently through Quarter 1 with an overall variance of 7.57%. Achievement against plan has deteriorated in Quarter 2 reporting -8.90% adverse variance to plan, and for October a -3.23% adverse variance to plan.

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



## **Quality, Safety and Effectiveness**

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



# Maternity Perinatal Quality Surveillance Matrix (PQSM) Tool – October 2021 data

NBT - PQSM												NHS North Bristol NHS Trust	
	Target	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	TREND	
<b>Perinatal Morbidity and Mortality inborn</b>													
Total number of perinatal deaths		2	1	0	2	1	0	2	2	4	3		
Number of stillbirths 16 to 23+6 weeks excl. TOP		0	0	0	0	0	0	1	2	0	2		
Number of stillbirths (>=24 weeks excl. TOP)		2	1	0	2	1	0	0	0	2	1		
Number of neonatal deaths : 0-6 Days		0	2	1	0	0	2	0	0	1	0		
Number of neonatal deaths : 7-28 Days		1	0	1	0	0	0	1	0	1	0		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	0	0	0	0	0	0	0	1		
<b>Maternal Morbidity and Mortality</b>													
Number of maternal deaths (MBRRACE)		0	0	0	0	0	0	0	0	0	0		
Number of women who received level 3 care		0.2%	0.2%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	0.4%	0.2%		
<b>Insight</b>													
Number of datix incidents graded as moderate or above (total)		3	1	2	1	2	2	3	0	1	2		
Datix incident moderate harm (not SI, excludes HSIB)		2	0	0	0	2	2	0	0	0	1		
Datix incident SI (excludes HSIB)		1	1	2	1	0	0	0	0	1	0		
New HSIB SI referrals accepted		0	0	0	0	0	1	3	0	1	1		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	1	1	0	0	0		
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0	0	0	0		
<b>Workforce</b>													
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	83	83	83	83		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	1	1	0	0	0	0	0	0	1		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		0	1	1	1	1	1	1	0	1	1		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		Data Not Available (DNA)					0	0	0	0	1		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		Data Not Available (DNA)					1	1	1	1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		Data Not Available (DNA)					2	2	1	1	1		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)		Data Not Available (DNA)					11%	13.5%	10.7%	10.7%	15%	14%	
Vacancy rate for midwives (black = over establishment, red = under establishment)		14.5	10.5	15.9	15.9%	14.0%	5.7%	10.0%	2.0%	2.5%	2.9%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		Data Not Available (DNA)					47%	47%	43.0%	47.0%	35%	42%	
Vacancy rate for NICU nurses		Data Not Available (DNA)					7.7	7.7	7.7	10	10	10	
Datix related to workforce (service provision/staffing)		5	12	33	14	21	27	16	14	11	8		
MDT ward rounds on CDS (minimum 2 per 24 hours)		Data Not Available (DNA)					57%	57%	57%	67.7%	70%	71%	
One to one care in labour (as a percentage)		Data Not Available (DNA)					98.6%	99.6%	98.2%	98.6%	98.5%	98.9%	
Compliance with supernumerary status for the labour ward coordinator	100%	Data Not Available (DNA)					DNA	DNA	DNA	DNA	97.8%	95%	
Number of times maternity unit attempted to divert or on divert		0	1	0	0	0	1	2	3	1	4		
Number of consultant non-attendance to 'must attend' clinical situations		Data Not Available (DNA)					DNA	DNA	DNA	DNA	0	0	
<b>Involvement</b>													
Service User feedback: Number of Compliments		12	8	12	29	39	10	12	27	56	66		
Service User feedback: Number of Complaints		8	12	14	21	15	9	25	36	6	5		
Staff feedback from frontline champions and walkabouts (number of themes)		3	3	2	0	4	3	5	6	6	3		
<b>Improvement</b>													
Progress in achievement of CNST/10		7	8	8	9	10	10	10	10	7	7		
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	45%	40%	53%	58%	72%	76%	76%	76%	76%	42%		
Fetal Monitoring	90%	25.1%	36.0%	40.1%	46.8%	51.1%	42.9%	42.9%	42.9%	42.9%	7%		
training compliance core competency 4, personalised		Data Not Available (DNA)					DNA	DNA	DNA	DNA	DNA	DNA	
Continuity of Carer (overall percentage)		19.7%	20.6%	16.9%	21.1%	18.9%	16.7%	19.7%	13.9%	13.6%	16%		

## What does the data tell us?

The PQSM provides oversight on locally collected safety intelligence. The areas of focus from October's data are identified below:

- 1 x new HSIB referral. 1 x moderate harm report relating to post partum;

### WORKFORCE

- Midwifery** Internal and external funding is supporting the recruitment of an additional 22.5 wte clinical midwives. Recruitment is ongoing for 28 wte, which takes into account vacancies.
- Obstetrics:** External funding uplift now obtained via Ockenden monies to support Consultant led MDT ward rounds.
- Neonatal Consultants:** Currently 2 Consultant Rota gaps. Middle grade tier now full. Plan to create a partial gap as SAS doctor plans to act up to cover Consultant rota gaps.
- Neonatal Nursing:** Vacancy currently sits at 10 WTE with 42% unavailability for October 2021, compounded by increasing maternity leave. Focused recruitment is in progress
- Diverts:** On 4 occasions, Cossham Birth Centre was placed on divert due to deployment of available staff to CDS and other inpatient settings.

**Staff and Service users Involvement:** Planned presentation of the Maternity Picker Report to be shared with Division 22nd of November and actions to be agreed with the involvement of the Maternity Voices Partnership. Staffing across the perinatal service continues to be the most frequently raised safety concern by staff. The staffing mitigations are described in further detail above.

The last 2 months have seen a significant reduction in the number of complaints; this is due in part to the improvements in the capacity of the sonography service.

**Maternity Incentive Scheme (MIS):** Revised change to the MIS Year 4 as of October 2021. For October, NBTs compliance confidence forecast remains at 7 out 10. 3 areas require more work to secure compliance: Safety Action 2 – Maternity Services Data Set; Safety Action 6 - Saving Babies lives; SA 7 - Maternity Voices Partnership (MVP).

**Continuity of Carer:** New national technical guidance published October 2021. Service strategy in response being developed.

**Training:** Progress towards the compliance with the training elements for Safety Action 6 (fetal monitoring) and Safety Action 8 MDT emergency skills training are being monitored through Maternity Speciality Governance. Currently we are on target to meet the minimum requirements by April 2022.

**Areas of excellence:** Leading the way in response in developments to support patient safety in the Covid-19 pandemic, including implementing a ground-breaking drug therapy for Covid positive pregnant women and community saturation monitoring for our Covid positive pregnant population.

**COVID-19 Maternity:** There were 11 positive cases of COVID-19 in maternity in October.

## What actions are being taken to improve?

- Midwifery workforce:** Ongoing work within Division to address identified clinical midwifery staffing issues, including Birth Rate plus reassessment and development of business cases.
- Obstetric Workforce:** Review of existing job plans finalised and business case to be completed for further uplift. Business case submitted for O&G consultant expansion; Funding approved for fetal medicine consultant now out to advert.
- Workforce - Diverts:** A full Birthrate+ exercise is planned to explore both NBT's individual service needs and BNSSG system wide requirements to meet full CoC service delivery.



## Pressure Injuries

### What does the data tell us?

In October, there was a decrease in the number of Grade 2 pressure injuries and a slight increase in the number of medical device related Grade 2 pressure injuries, which is above the mean rate for devices.

The Trust ambition for 2021/22 is:

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

There have been no reported Grade 3 or 4 pressure injuries in October. 19 Grade 2 pressure injuries were reported of which 4 were related to a medical device. One unstageable pressure injury was validated to Gate 37 – the After-Action Review process has been undertaken in line with the Patient Safety Incidence Response Framework.

The incidence summary for October is as follows:

Medical Devices: 21%

Heels: 32%

Sacrum/ Buttocks: 26%

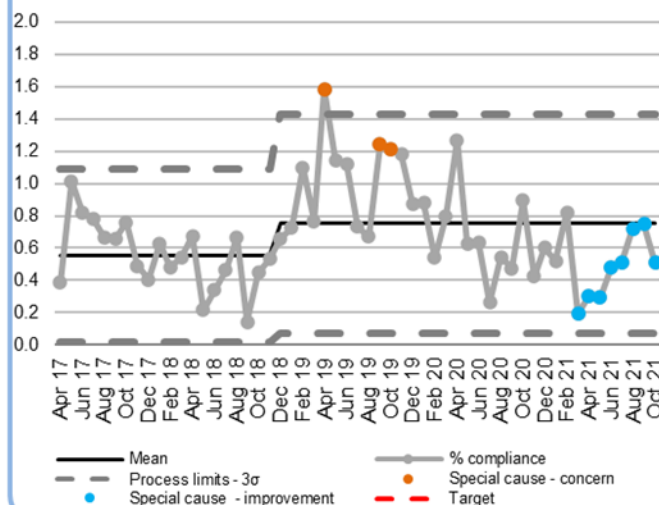
Foot/ Spine: 21%

### What actions are being taken to improve?

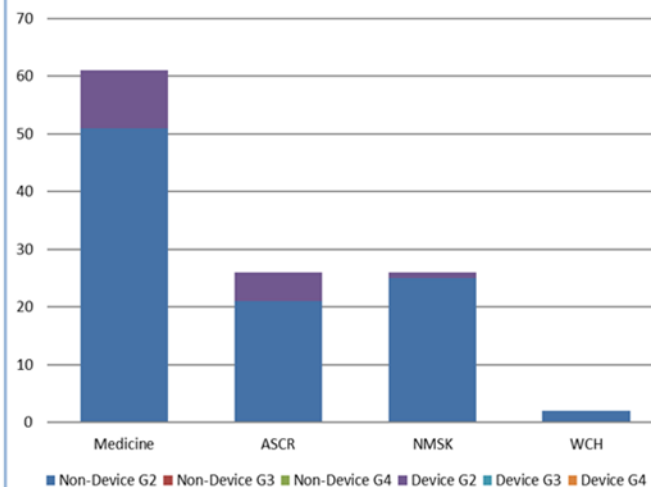
This month, the Tissue Viability team have been undertaking face to face teaching as well as the ongoing monthly MS team webinars relating to specific themes and trends identified through learning reviews.

To assist the introduction of the 'RAG rating' support system which will be implemented in November to each inpatient clinical area, collaborative working with the wider MDT has been undertaken, including the QI and Patient Safety team. The support system will ensure an individualised review of the clinical area to develop sustainable action plans to reduce hospital acquired pressure injuries.

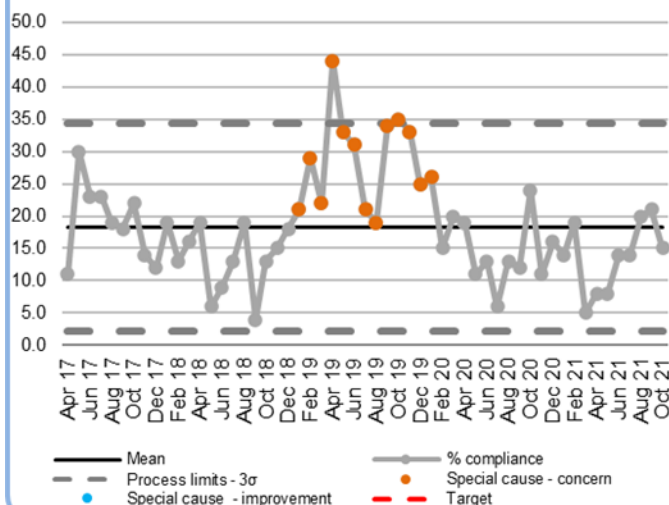
Total Pressure Injuries per 1000 Bed Days



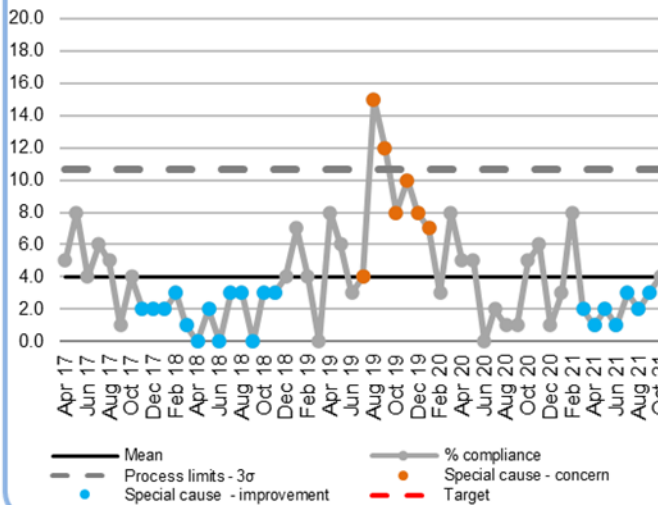
Pressure Injuries Year to Date 2021/22



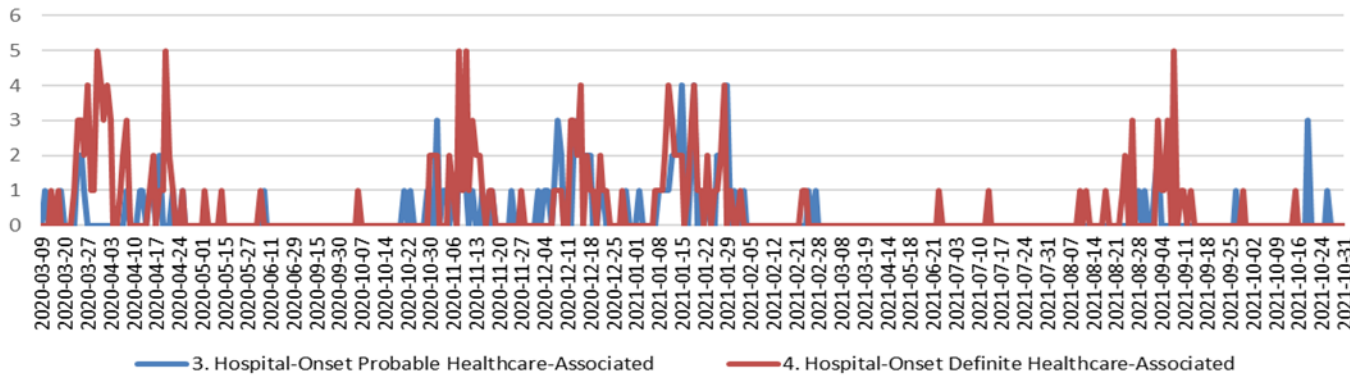
Pressure Injuries - Total Incidents



Pressure Injuries - Device



## COVID-19 Onset Category by Positive Test Date



## Infection Prevention and Control

### What does the data tell us?

#### COVID-19 (Coronavirus)

Regionally there had been a peak in a Covid surge; above the national prediction. These patients have the highly contagious Delta + Variant. This resulted in a move to 2 full blue wards at one stage. We have seen a lower number of ITU admissions, with an increase in the use of high flow O2 at ward level. We have continued to see a reduction in outbreaks.

#### MRSA

Last bacteraemia was reported in Feb 2021.

#### C. difficile

C. difficile trajectory 2021/22 has been set at 52. The remains higher than trajectory – note slight reduction of cases in the last 2 months.

#### MSSA

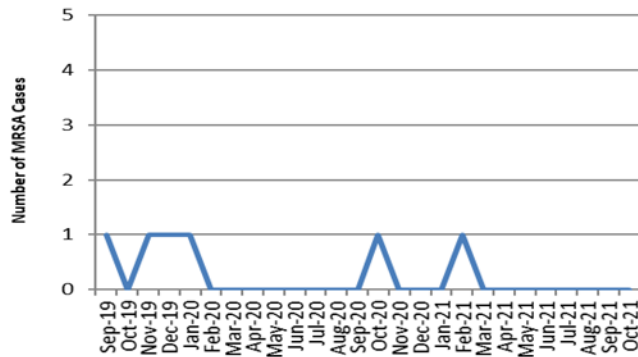
MSSA cases continue to be higher than trajectory.

#### Gram –ve

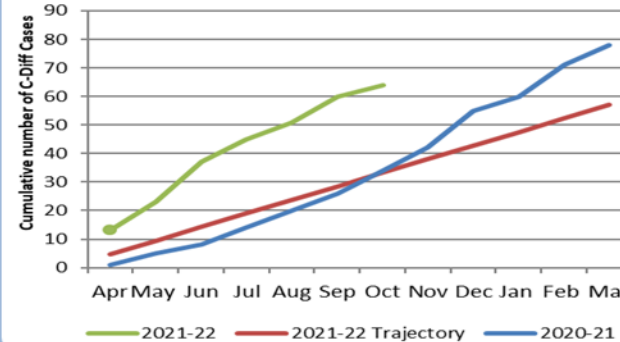
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

IPC teams have continued to support and educate teams managing Pandemic response as well as other infections, Ongoing VRE outbreak and NICU Pseudomonas increased incidence. The team has also supported the staff vaccination tent along with colleagues from Tissue Viability.

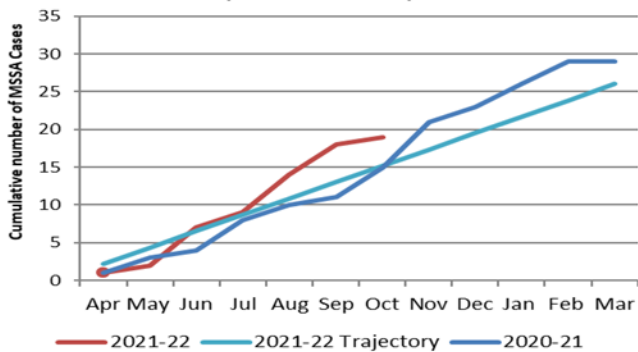
#### MRSA Cases - Trust Attributable



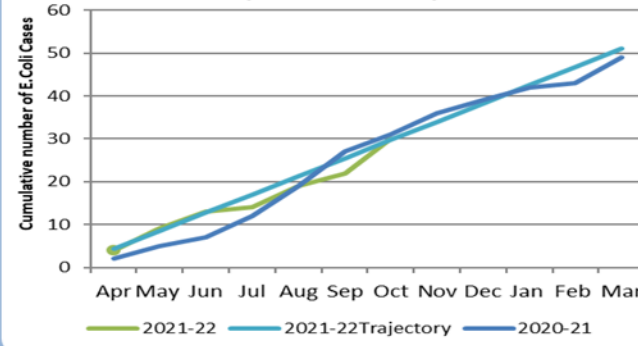
#### C. Difficile Cases - Trust Attributable (Cumulative Cases)



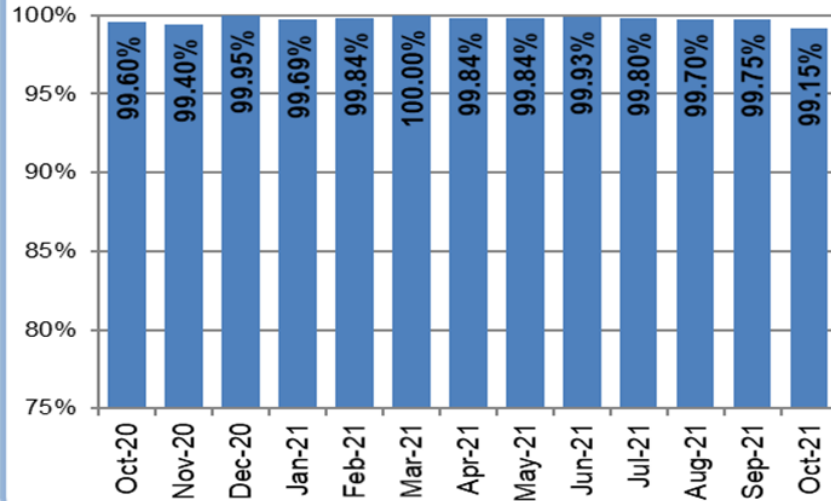
#### MSSA Cases - Trust Attributable (Cumulative Cases)



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



## WHO Checklist Compliance (Emergency and Elective)



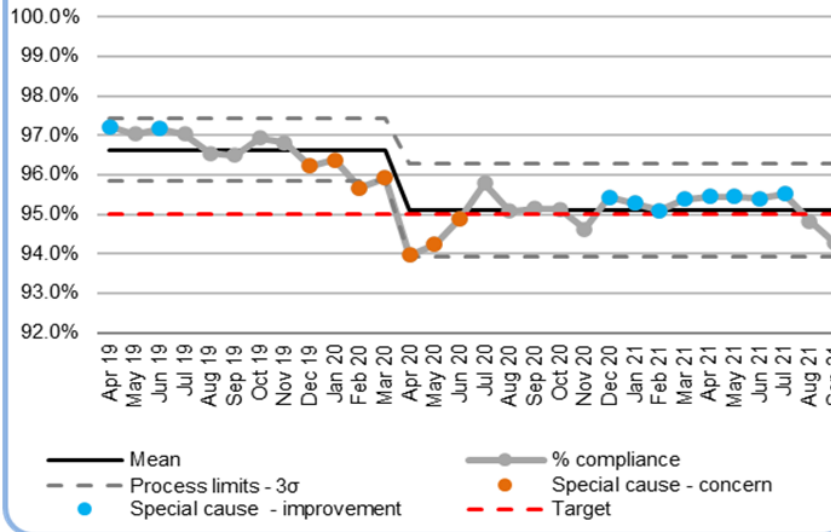
## WHO Checklist Compliance

### What does the data tell us?

In October, WHO checklist compliance was 99.15%. 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 September, the rate of VTE Risk Assessments performed on admission was 94.29%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

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

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

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

## Medicines Management Report

### What does the data tell us?

NBT had a rate of 4.2 medication incidents per 1000 bed days. This is lower than the mean average over the last 6 months. The organisation was under significant operational pressure during October so it is unclear if this reduction is due to a change in reporting practices or a genuine reduction.

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

During October 2021, c.14% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.14). This is the highest percentage in the last 6 months. However, the actual number of incidents reported as causing any degree of harm is consistent with the last 6 months, therefore this indicates a reduction in the reporting of incidents causing 'no harm'. 'No harm' incidents accounted for 86% of all NBT reported medication incidents.

### Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.53% of all medication incidents in October 2021, with the next most frequent stage being 'other', where c.17% of incidents occurred. This is consistent with the last 6 months.

### High Risk Drugs

During October 2021, c.53% of all medication incidents involved a high risk medicine, which is an increase of 10% on September and 18% on August. There has also been a 36% increase in the actual number of incidents involving a high risk medicine in October compared to September, demonstrating that these incidents are occurring more frequently.

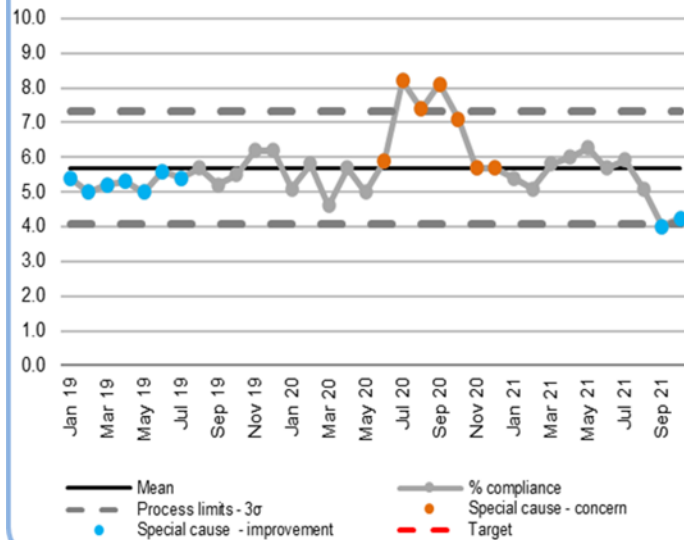
### What actions are being taken to improve?

The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels.

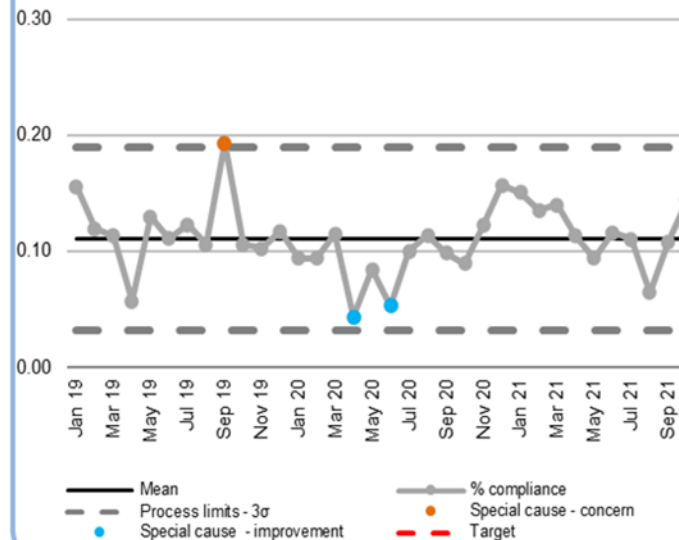
The team are working on identifying causes for the increase in incidents involving high risk medicines in collaboration with ward teams.

Validation of incidents by stage is a priority to ensure work streams are directed to the most appropriate areas.

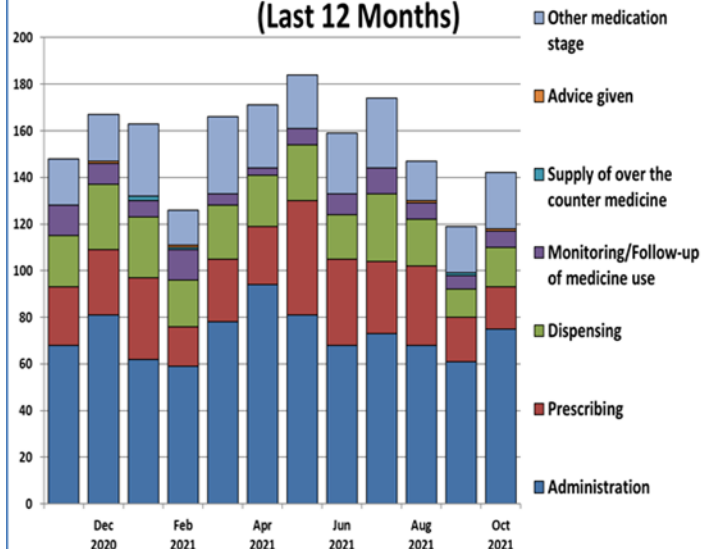
Medication Incidents per 1000 Bed Days



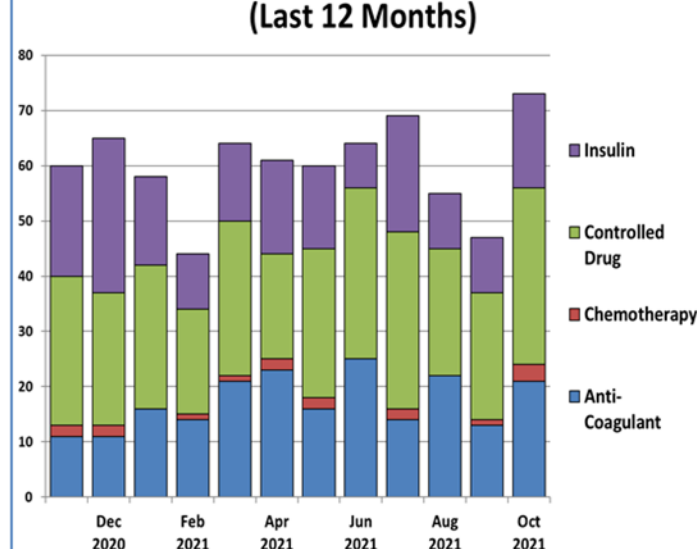
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



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



Incidents Involving a High Risk Medicine (Last 12 Months)





## Mortality Outcome Data

### What does the data tell us?

#### Mortality Outcome Data

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

#### Mortality Review Completion

The current data captures completed reviews from Sep 20 – Aug 21. In this time period 96.9% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 93% completed Mortality Case Reviews (MCR), including 20 of the 20 deceased patients with Learning Disability and 24 of the 27 patients with Serious Mental Illness.

#### Mortality Review Outcomes

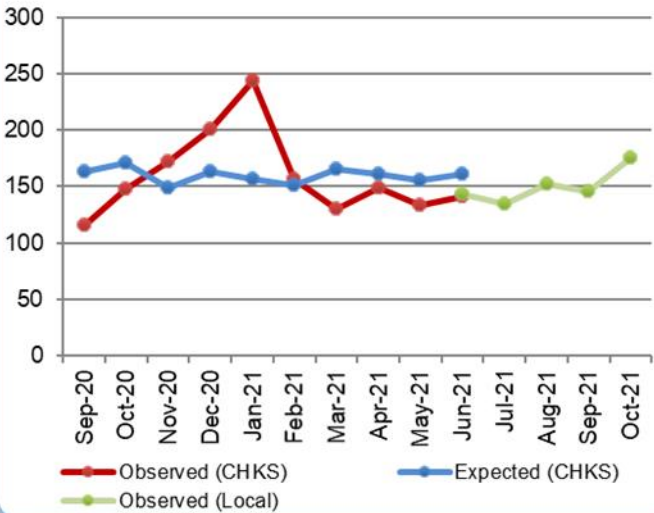
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 95% (score 3-5). There have been 16 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

### What actions are being taken to improve?

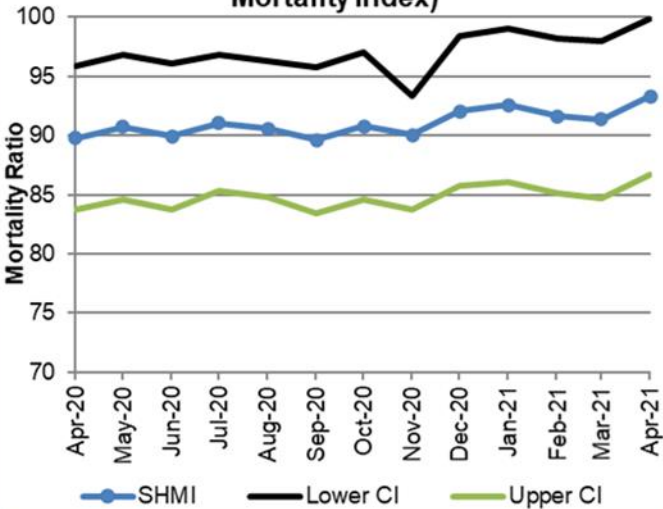
The Learning from Deaths Development Sessions have concluded, which focused on further enhancements to promote a learning culture that leads to improvement as an outcome from these reviews. To ensure that principles agreed within these sessions are appropriately considered and taken forward, an end of programme report will be tabled at the Clinical Effectiveness and Audit Committee in January 2022, with input from Specialty Mortality Leads including actionable next steps.

The development sessions also engaged one of the NHSE/I regional quality leads with an expertise in mortality and Learning From Deaths and we will imminently be discussing this with Royal Cornwall Hospital, aligned to work they are currently undertaking of a similar nature to share thinking and potential improvements.

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Mortality Review Completion

Sep 20 – Aug 21		Completed		Required	% Complete
Screened and excluded		986			
High priority cases		267			
Other cases reviewed		662			
Total reviewed cases		1915		1976	96.9%
Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.8%	24.6%	43.9%	26.7%

Date of Death	Sep 20-Aug 21
Scrutinised by Medical Examiner	1205
Referral to Quality Governance team	131



# Patient Experience

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

## Complaints and Concerns

### What does the data tell us?

In October 2021, the Trust received 55 formal complaints. The most common subject for complaints remains 'Clinical Care and Treatment'.

The 55 formal complaints can be broken down by division: (the previous month total is shown in brackets)

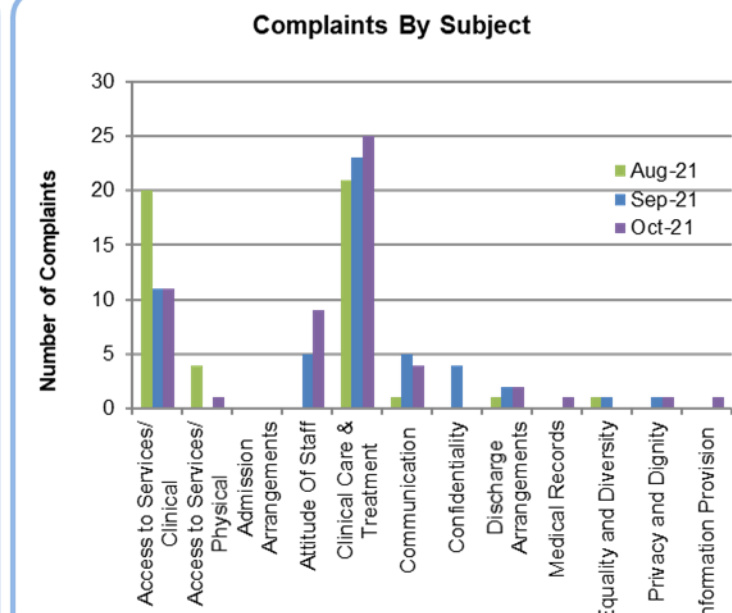
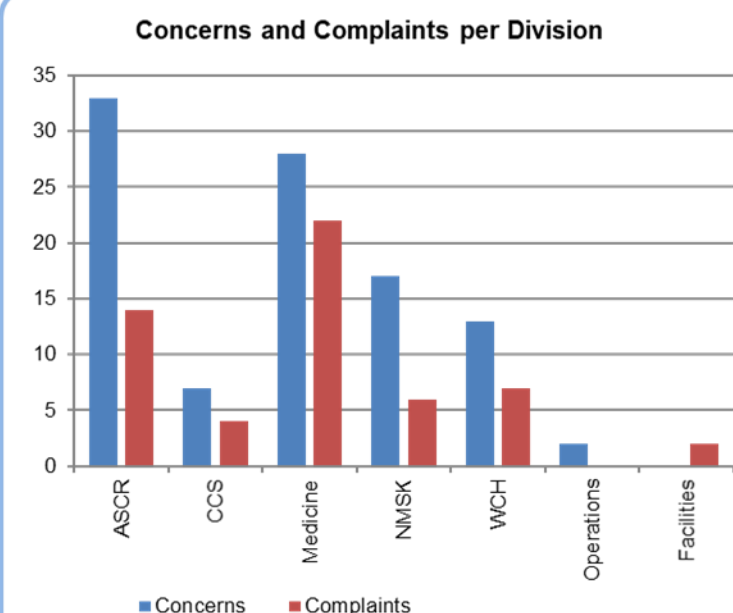
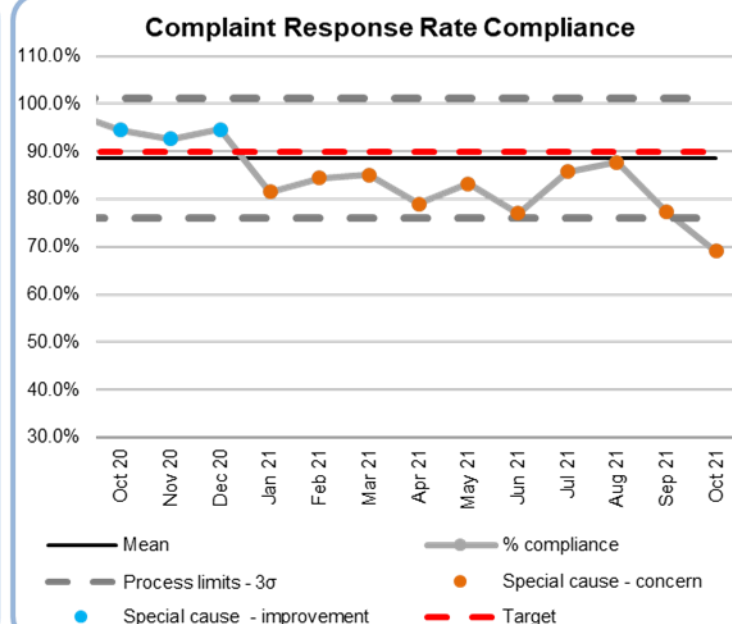
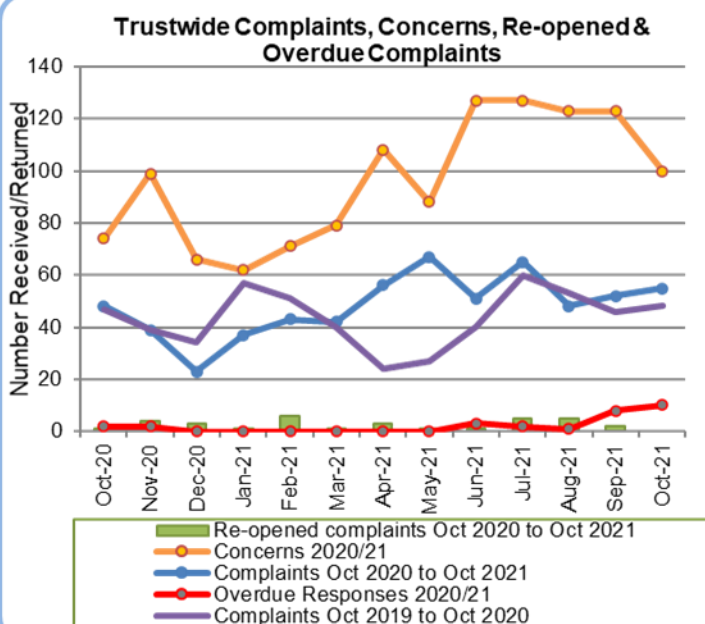
ASCR	14	(10)	CCS	4	(2)
Medicine	22	(19)	NMSK	6	(8)
WCH	7	(10)	Operations	2	

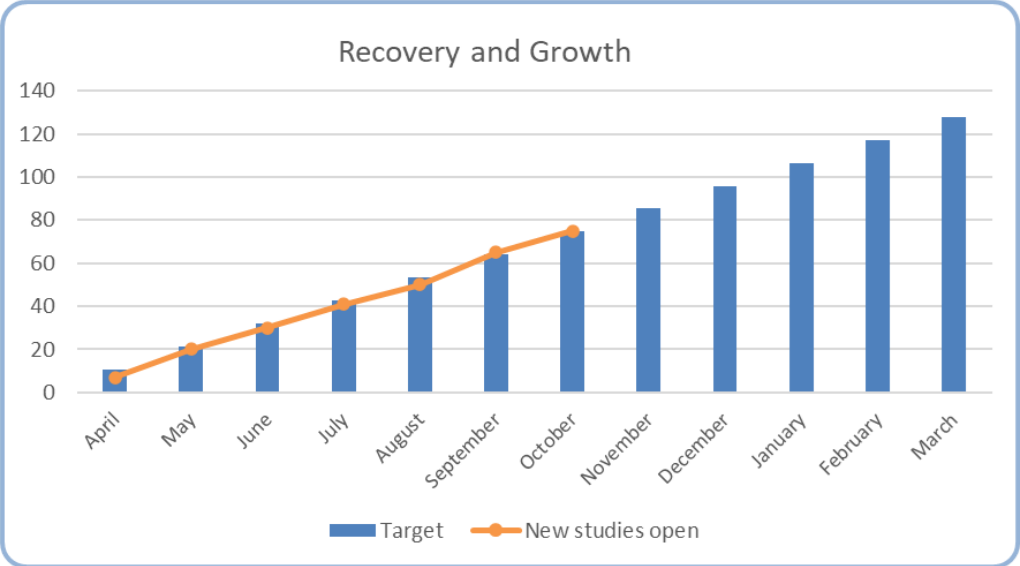
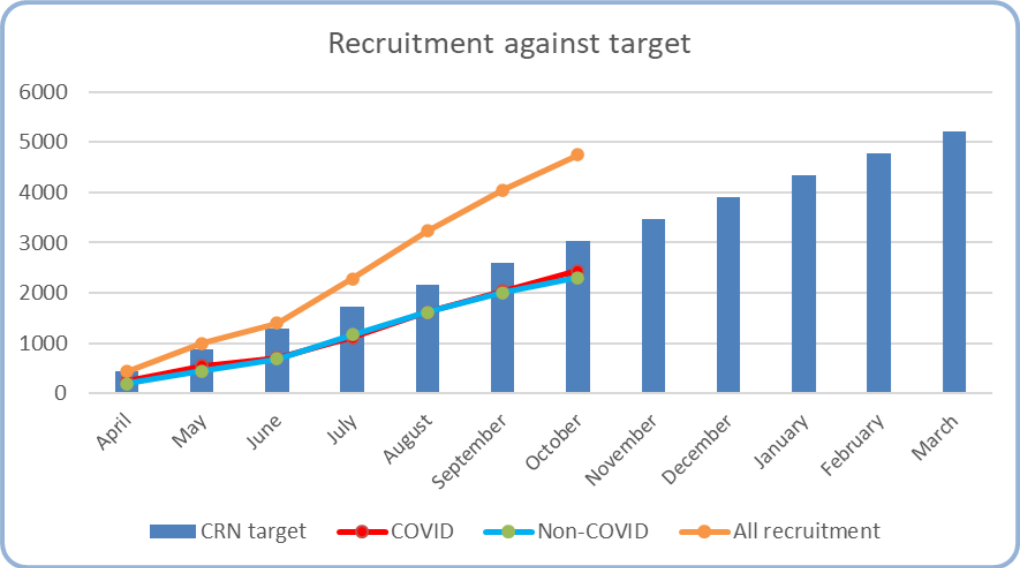
The number of PALS concerns received by the Trust remains high. In October, 100 PALS concerns were received, this is down slightly on the previous few months however the number of enquires was up from 65 in September to 72 in October.

The response rate compliance for complaints was 69% in October. This is a further fall in performance from September and is well below the Trust target of 90%. In addition to this, we have a concerning number of overdue complaints for the second month. At the time of reporting there are 10 overdue complaints. 6 of the overdue complaints are in Medicine, 3 in ASCR and 1 in WaCH. This is an ongoing problem with staffing in the Divisional Patient Experience Teams in Medicine and ASCR, and capacity of clinical staff to address complaints and attend LRMs. The risk has been added to the risk register.

### What actions are being taken to improve?

Weekly validation/review of overdue complaints by Patient Experience Manager (ongoing)  
Active recruitment to vacant posts  
Central complaints team assisting by sending holding letters to complainants to advise when their complaint is with the Chief Executive Office for sign off.





What does the data tell us?

NBT is showing strong performance in rebuilding our research portfolio and recruiting participants to trials. Recruitment is currently at 159% target to date, with an increasing performance in non COVID research activities.

In addition to restarting many of our studies paused to recruitment during COVID in 20-21 we have opened 75 new studies year to date, this matches study set up rates seen in previous years.

NBT Research Strategy is due to be updated in 2022. R&I are starting the engagement programme and will be reaching out to all our stakeholders over the next 2-3 months to ensure our strategy for 2022-2027 reflects the needs and aspirations of the Trust and our communities.

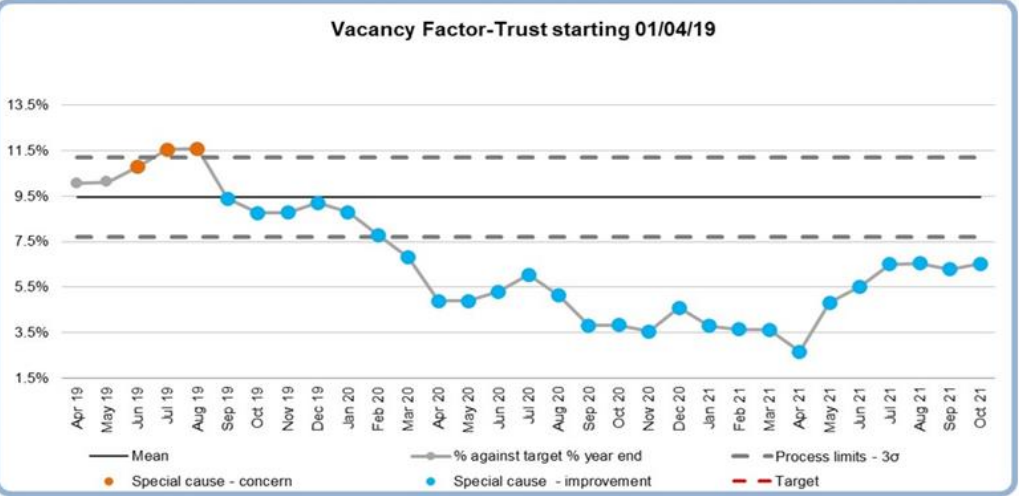
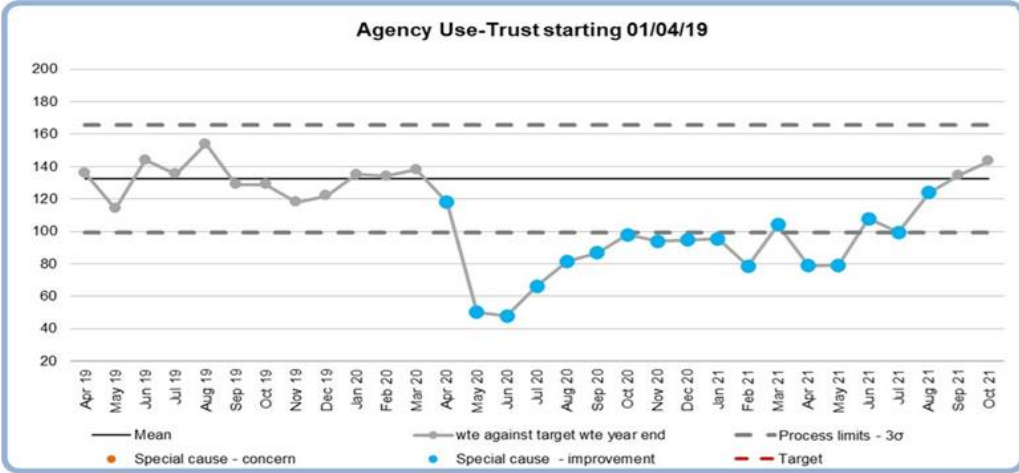
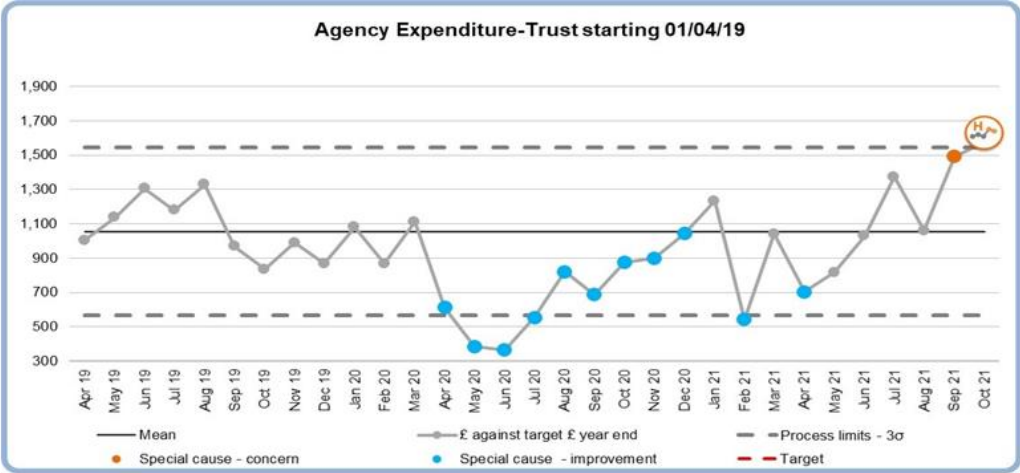
NBT currently leads 60 externally funded research grants, to a total value of £27.2m. This includes 31 prestigious NIHR grants, across a range of specialities, which total £25.7m. Our NIHR funding success rate for 2021 is now at 83% (far higher than the ~25% national average). In addition, NBT is a partner on 55 externally-led research grants, to a total value of £10.3m to NBT.

The Southmead Hospital Charity has very kindly agreed to provide additional funding to permit NBT to run two SHC Research Funding calls per annum. The SHC Research Fund welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. Round 13 is currently open for applications with a deadline of 24<sup>th</sup> November 2021.

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). This call will open w/c 15<sup>th</sup> November 2021.

## **Well Led**

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



What Does the Data Tell Us – Vacancies Nursing and Midwifery

**Band 2 and 3 saw a net increase of 17 wte vacancies** with band 2 seeing an increase and band 3 a decrease. The band 2 position is being driven by increasing turnover. **Resourcing position:**

- Offered 17 new candidates band 2 and 3 roles in October and saw 9 new starters.
- Continue to advertise for Band 2 staff on rolling basis but application quality has dipped for the last few months.
- Latest band 3 role has just closed with 35 candidates to shortlist.

**Band 5 vacancies decreased further in October** (ongoing intake of newly qualified staff) to 135.8 with a vacancy factor of 10.36%. **Resourcing position:**

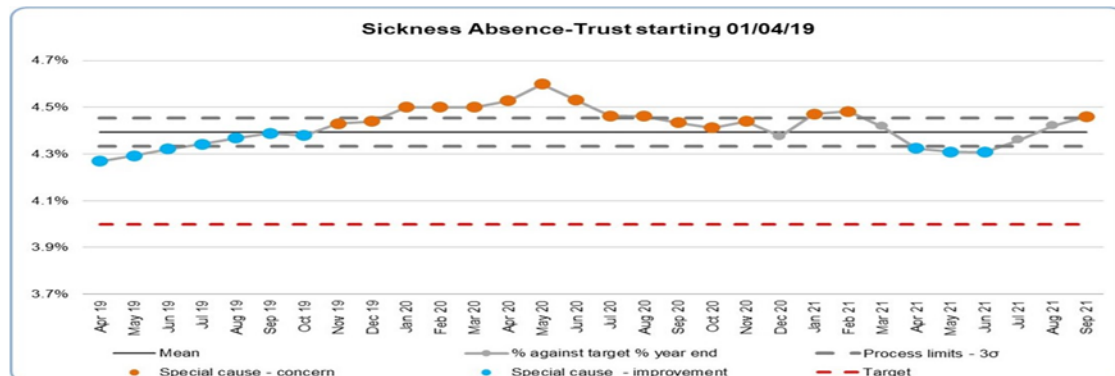
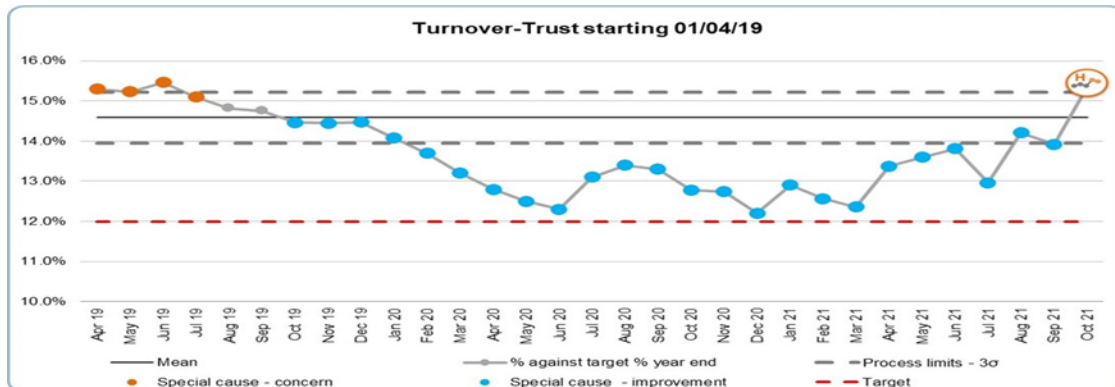
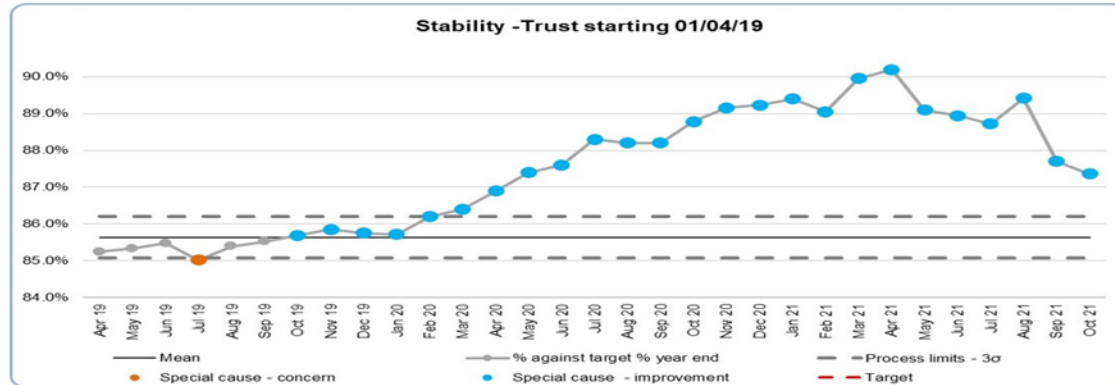
- 80 band 5 candidates in our pipeline with 23 booked to start in the next 3 months.
- Attended the RCNi careers fair in Birmingham in October meeting over 50 new candidates
- Nursing Careers Webinar was attended by 33 candidates and we made 16 offers over 2 days

Actions – Vacancies and Temporary Staffing

Head of Resourcing

- Working with Learning and Development to engage more bank only staff to convert to substantive via apprenticeship route – **Dec-21**
- Wider, paid for advertising to counter labour market challenges for band 2 roles – **Dec-21**
- Bank recruitment activity has been increased in all staff groups – **Ongoing**
- Agency approvals have been provided in advance, to improve agency fill rates where appropriate – **Oct-21 and ongoing**





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

Whilst the October 2021 turnover position is more positive than the same point pre-Pandemic turnover continues to rise across all staff groups.

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

## Actions - Turnover and Stability Head of People

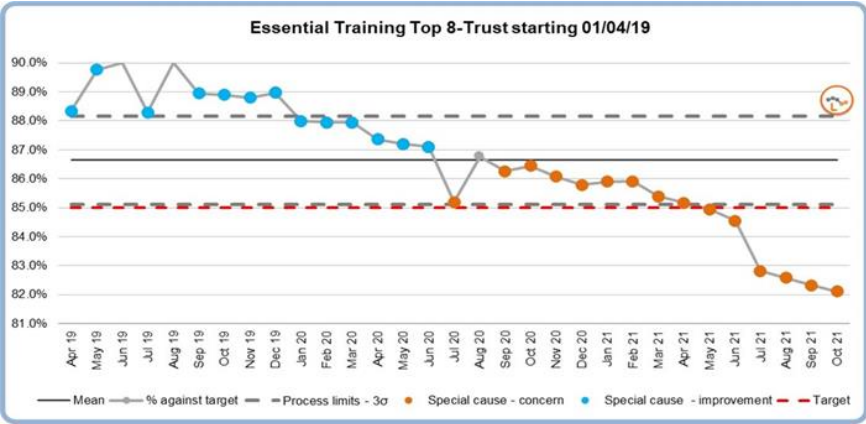
- Nursing and Midwifery Supply and Demand group has formally commissioned the Retention Task and Finish group to prioritise and progress the retention actions agreed in October. New analysis of Q2 leavers data has occurred and is being fed in. **Action:** Progress to be reviewed at next Supply and Demand meeting - **Nov-21**.
- Work has started to develop a NBT and system-wide response to this through the establishment of key workstreams. **Actions:**
  - Weekly meetings implemented, aligned to workstreams. Regular updates to occur via Silver and Gold cells and BNSSG governance structures – **Nov-21**
  - Turnover to be closely monitored and 'Compulsory Vaccination' as a reason for leaving to be added to our NBT leaver's questionnaire – **Nov-21**

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

In addition to the adverse position with *Stress/anxiety/depression/other psychiatric illness, Cough/cold/influenza* saw the greatest increase with an 86.71% increase in October compared to September (September saw a 96.72% increase compared with August)

## Actions - Sickness and Health and Wellbeing Head of People and Head of People Strategy

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



Training Topic	Variance	Sep-21	Oct-21
Child Protection	-0.4%	83.0%	82.7%
Adult Protection	-0.5%	84.2%	83.7%
Equality & Diversity	0.2%	85.4%	85.6%
Fire Safety	-0.3%	82.9%	82.6%
Health & Safety	-0.8%	85.3%	84.5%
Infection Control	-0.8%	89.8%	89.0%
Information Governance	-0.8%	79.4%	78.6%
Manual Handling	2.0%	67.2%	69.2%
Waste	-0.4%	84.0%	83.6%
Total	-0.2%	82.32%	82.12%

What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21.

Face to face Manual Handling update sessions have been replaced by eLearning, this has increased accessibility to sessions and has led to a continued uptake in compliance

Actions – Essential Training

Head of Learning and Organisational Development

- Kallidus Learn which will replace NBT’s MLE platform will give Managers greater oversight of team members compliance – **Jan-22**
- A new focus group to be established with representation from 9 essential training topics. A clear improvement strategy to be created and circulated to key stakeholders – **Dec-21**

Other Wider Actions

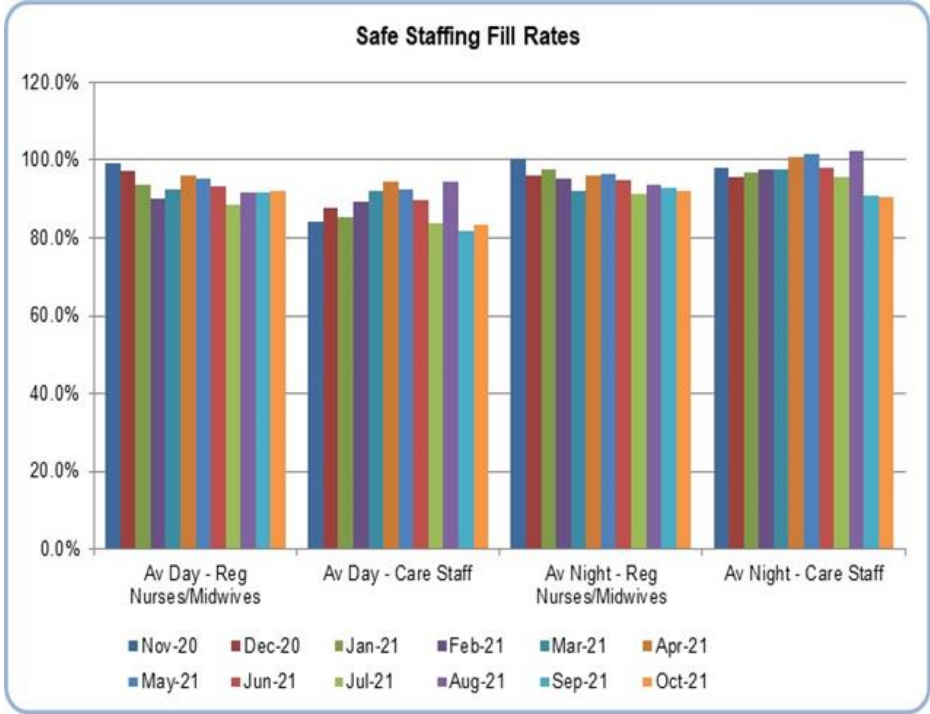
Head of Learning and Organisational Development

Leadership & Management Development

- With the increased number of Critical Incidents across the hospital, delegate attendance at workshops from clinical workforce has been disrupted – aim to reschedule programme activity after February 22 to avoid impact during winter
- Second cohort for the ILM Level 2 Leadership & Team Skills Award successfully launched October’ 21 – 11 delegates

Apprenticeships

- HEE funding received to create 2 new B2 Healthcare Scientist Apprenticeships within Cardio Physiology. NBT is supporting Healthier Together in assessing the feasibility of converting these roles to be rotational across the ICS.
- NBT Apprenticeship Levy Utilisation for October -21 = 73%



Oct-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	92.1%	83.5%	91.9%	90.4%

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

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 October 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  
7a (76.5% Day / 69.3% Night) staffing supplemented with redeployed RNs and HCSW.  
CDS (74.5% day / 67.8% Night) vacancies, staffing deployed as required to meet patient needs across the service.  
Percy Phillips (65.8% Day) vacancies, staffing deployed as required to meet patient needs across the service.  
Mendip (77.2% Day / 76% Night) vacancies, staffing deployed as required to meet patient needs across the service.

Wards below 80% fill rate for Care Staff:

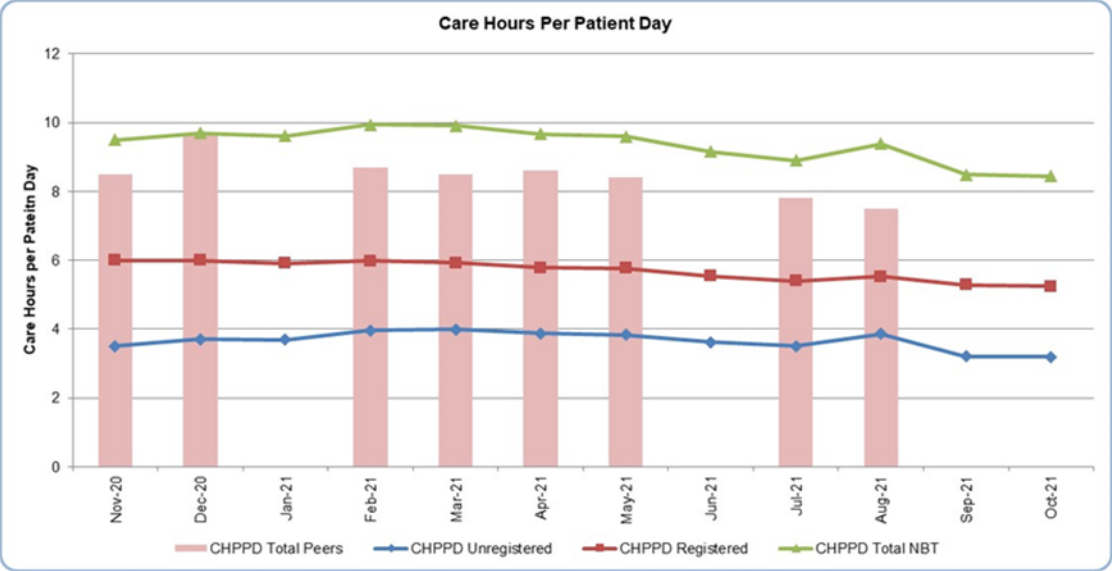
for all areas safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required  
9b (65.9% Day) Unregistered staff vacancies and absence.  
AMU (65.2% Night) Unregistered staff vacancies and absence  
28b (76.3% Day) staffing supplemented with redeployed RNs  
34b (59.7% Day / 57.2% Night) Unregistered staff vacancies  
Medirooms (59.7% Day / 57.2% Night) Unregistered staff vacancies  
8b ( 56.7% Day) Unregistered staff vacancies  
26b (76.6% Day) staffing supplemented with redeployed RNs  
26a (79.6% Day) Unregistered staff vacancies and absence  
NICU (29.2% Day / 43.5% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.  
Quantock (62.3% Day / 73.1% Night) vacancies, staffing deployed as required to meet patient needs across the service.  
Mendip (74.9% Night) vacancies, staffing deployed as required to meet patient needs across the service.

Wards over 150% fill rate for Registered Staff:

Elgar (155.8% Day) patients requiring enhanced support with Registered Mental Health nursing

Wards over 150% fill rate for Care Staff:

33a (169.4% Night) patients requiring enhanced care support  
Rosa Burden (163.2% Day / 171.2% Night) patients requiring enhanced care support



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

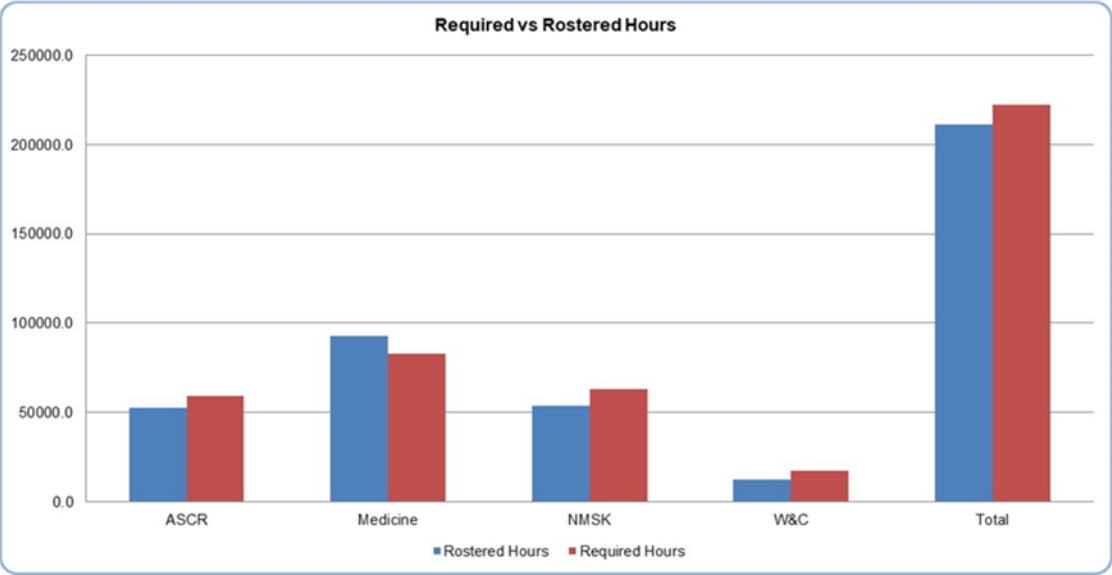
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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)

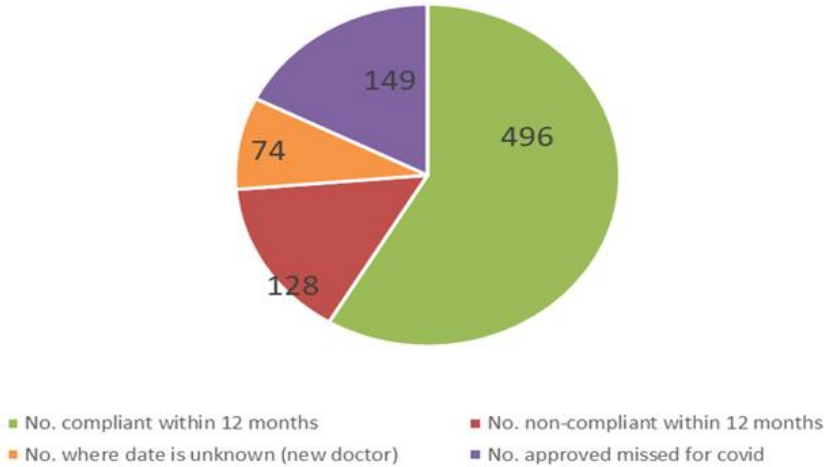
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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



What does the data tell us?

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

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

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

Non-compliant doctors - past 12 months



What actions are being taken to improve?

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

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



# Finance

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

	M7 Budget £m	M7 Actual £m	M7 Variance £m	YTD Budget £m	YTD Actuals £m	YTD Variance £m
Contract Income	55.7	55.9	0.2	385.6	393.4	7.8
Other Income	6.0	8.3	2.2	41.0	47.3	6.3
Pay	(37.3)	(37.4)	(0.1)	(260.0)	(261.1)	(1.1)
Non-Pay	(24.8)	(26.8)	(2.0)	(166.6)	(179.6)	(13.0)
Surplus/(Deficit)	(0.4)	(0.0)	0.4	(0.0)	(0.0)	(0.0)

**Assurances**

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

The Trust has made no changes to its forecast outturn of a breakeven position for the year and is formally reviewing the position during month 7 and also month 9.

# Statement of Financial Position at 31st October 2021

	20/21 M12	21/22 M06	21/22 M07	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	579.3	578.0	577.1	(0.9)	(2.2)
Intangible Assets	14.7	12.1	12.0	(0.2)	(2.8)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
<b>Total non-current assets</b>	<b>595.8</b>	<b>591.8</b>	<b>590.8</b>	<b>(1.0)</b>	<b>(5.0)</b>
<b>Current Assets</b>					
Inventories	8.5	9.0	8.8	(0.3)	0.2
Trade and other receivables NHS	10.2	23.1	18.6	(4.5)	8.4
Trade and other receivables Non-NHS	26.3	26.6	28.7	2.1	2.4
Cash and Cash equivalents	121.5	94.4	104.3	9.9	(17.2)
<b>Total current assets</b>	<b>166.5</b>	<b>153.0</b>	<b>160.3</b>	<b>7.3</b>	<b>(6.2)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	26.9	4.9	6.9	2.0	(20.0)
Trade and Other payables - Non-NHS	98.7	103.7	100.3	(3.4)	1.6
Deferred income	8.5	9.7	18.3	8.6	9.9
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.5	2.4	(0.1)	(0.4)
<b>Total current liabilities</b>	<b>149.2</b>	<b>136.0</b>	<b>143.2</b>	<b>7.2</b>	<b>(5.9)</b>
Trade payables and deferred income	7.8	8.2	8.2	(0.0)	0.4
PFI liability	368.7	363.9	363.1	(0.8)	(5.5)
Finance lease liabilities	3.9	2.9	2.7	(0.1)	(1.2)
<b>Total Net Assets</b>	<b>232.6</b>	<b>233.8</b>	<b>233.7</b>	<b>(0.1)</b>	<b>1.1</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	(0.3)	(0.4)	(0.1)	(3.9)
Revaluation reserve	162.0	163.5	163.5	0.0	1.5
<b>Total Capital and Reserves</b>	<b>232.6</b>	<b>233.8</b>	<b>233.7</b>	<b>(0.1)</b>	<b>1.1</b>

## Assurances and Key Risks

**Receivables** : Of the £8.4m year to date increase in NHS receivables, £2.6m relates to accrued Mass Vaccination Service income, £0.4m relates to higher NHS invoiced debt and £5.4m relates to higher accrued income across the Divisions.

**Payables** : Year to date NHS payables have reduced by £20.0m, of which £14.0m is a result of the monies paid in advance by NHS England relating to 2020/21, along with the settlement of a £7.9m credit note that was due to BNSSG CCG at 31 March 2021.

**Cash** : The cash balance has decreased by £17.2m in-year due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, the £14.0m return of cash paid in advance in August 2021, £3.8m payment of PDC dividend, plus increases of £5.7m cash received in advance from Health Education England.

**Capital** : Total capital spend to date is £10.5m, compared to a plan of £12.6m. Expenditure to date on the core plan is £5.5m below plan but this is offset by an additional £3.4m of capital expenditure on the Accelerator capital programme.

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

	H1	H2	21/22	21/22
	Actual	Financial Plan	Forecast	Budget
	£m	£m	£m	£m
Contract Income	337.5	338.1	675.7	662.3
Other Income	39.0	38.4	77.4	71.6
Pay	(223.7)	(233.1)	(456.8)	(442.2)
Non-Pay	(152.8)	(143.4)	(296.3)	(291.7)
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</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 H2 to support recovery actions will be managed through Recovery Boards to support workstreams.

# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**



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

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

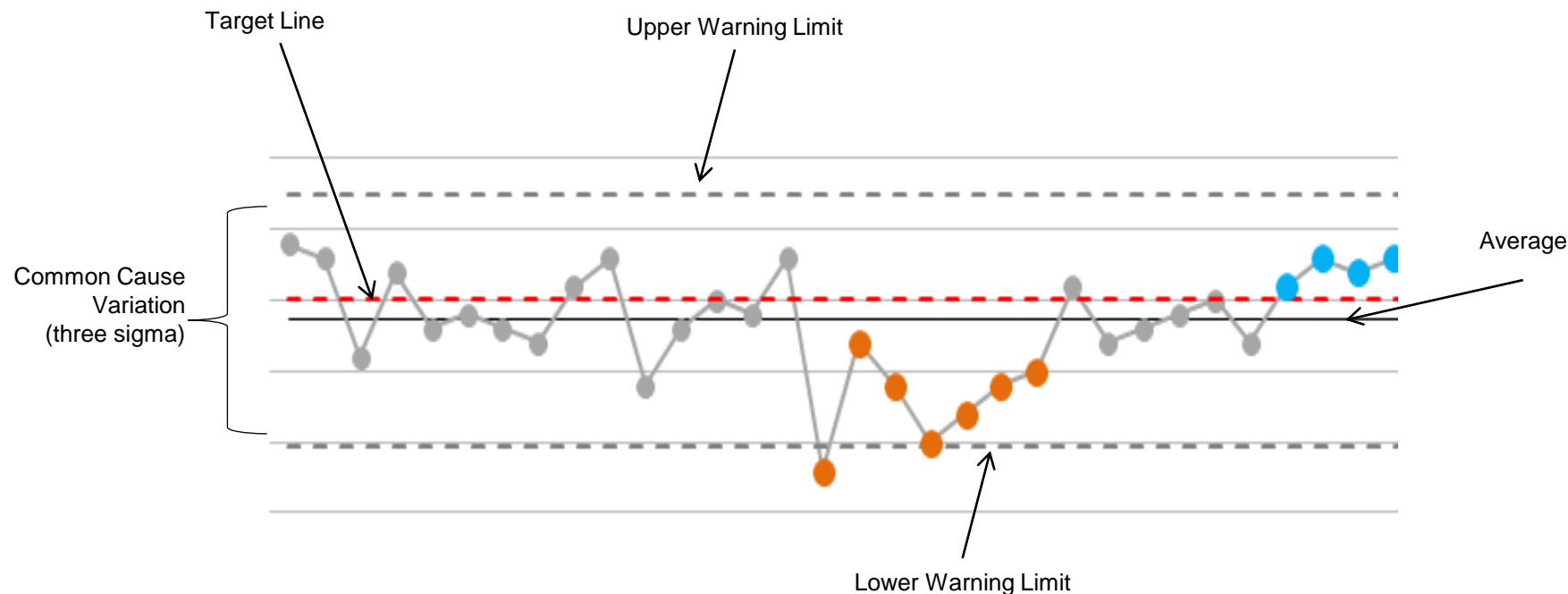
All data included is correct at the time of publication.  
Please note that subsequent validation by clinical teams can alter scores retrospectively.



**NBT Quality Priorities 2020/21**

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

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

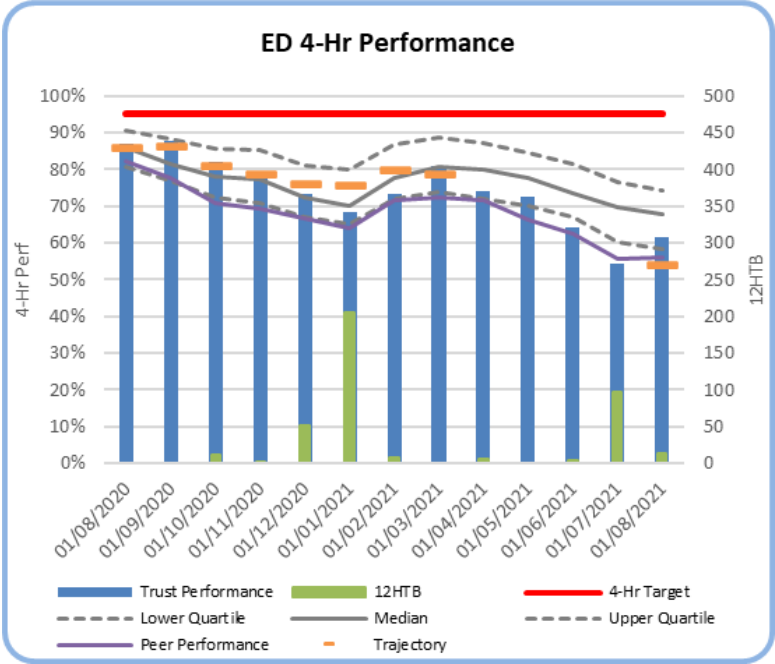
**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive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