

North Bristol NHS Trust  
**INTEGRATED**  
**PERFORMANCE REPORT**  
October 2021 (presenting September 2021 data)



# CONTENTS

CQC Domain / Report Section	Sponsor / s	Page Number
<b>Performance Scorecard and Summaries</b>	Chief Operating Officer Medical Director and Deputy Chief Executive Director of Nursing Director of People and Transformation Director of Finance	3
<b>Responsiveness</b>	Chief Operating Officer	10
<b>Safety and Effectiveness</b>	Medical Director and Deputy Chief Executive Director of Nursing	22
<b>Patient Experience</b>	Director of Nursing	29
<b>Well Led</b>	Director of People and Transformation Medical Director and Deputy Chief Executive Director of Nursing	31
<b>Finance</b>	Director of Finance	38
<b>Regulatory View</b>	Chief Executive	42
<b>Appendix</b>		44

# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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%	87.76%	82.07%	77.95%	73.21%	68.51%	73.33%	81.05%	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%		54.61%	1/9	
	A&E 12 Hour Trolley Breaches	R	0	0	0	12	3	52	206	7	0	6	0	4	97	14	38		0-127	6/9	
	Ambulance Handover < 15 mins (%)		100%	0.00%	76.69%	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%				
	Ambulance Handover < 30 mins (%)	R	100%	0.00%	96.04%	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%				
	Ambulance Handover > 60 mins		0	241	4	33	26	82	180	57	83	272	199	346	636	471	418				
	Stranded Patients (>21 days) - month end				114	247	141	145	124	129	136	271	115	122	278	145	154				
	Right to Reside: Discharged by 5pm	R	50.00%		-	-	-	28.52%	30.53%	29.43%	30.89%	35.87%	31.83%	33.53%	33.01%	28.15%	29.62%				
	Bed Occupancy Rate			93.00%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%				
	Diagnostic Activity	R		21371	19238	19390	18084	18452	18334	18175	21429	19121	18944	21755	20625	19001	19953				
	Diagnostic 6 Week Wait Performance		1.00%	33.37%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%		32.88%	8/10	
	Diagnostic 13+ Week Breaches		0	0	1998	1697	1427	1487	1420	1358	1364	1513	1779	2054	2183	2180	2724		44-2634	8/10	
	Diagnostic Backlog Clearance Time (in weeks)				0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4	1.6				
	RTT Incomplete 18 Week Performance		92.00%	73.16%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%		63.21%	3/10	
	RTT 52+ Week Breaches	R	0	1150	1001	1092	1249	1418	1817	2108	2088	1827	1583	1473	1544	1770	1933		79-10804	5/10	
	RTT 78+ Week Breaches	R	0	0	-	-	-	-	-	-	-	363	424	448	532	656	659		1-5112	5/10	
	RTT 104+ Week Breaches	R	0	0	-	-	-	-	-	-	-	5	12	19	28	34	55		0-656	5/10	
	RTT Non-Admitted Clock Stops		-	5983	5979	5975	5402	5361	5463	6769	5633	5975	6828	6025	5278	6145					
	RTT Admitted Clock Stops		-	2243	2618	2395	2097	1761	1882	2607	2153	2387	2486	2312	2088	2272					
	RTT New Starts		-	10500	11413	9974	9619	9399	9495	11500	10911	10901	12082	11687	10948	11648					
	Other Stops		-	1989	2186	2141	2129	2193	2260	1562	2034	1470	1981	2103	2238						
	Total Waiting List	R	31886	29387	30214	29632	29611	29759	29716	29580	31143	31648	32946	34315	35794	36787					
	RTT Backlog Clearance Time (in weeks)				2.7	2.3	2.1	2.2	2.3	2.5	2.5	2.7	3.3	2.6	1.8	1.5	1.7				
	Cancer 2 Week Wait	R	93.00%	62.00%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	66.58%	-		74.73%	9/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	31.40%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	84.35%	-		55.83%	3/10	
	Cancer 31 Day First Treatment		96.00%	87.07%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	93.00%	-		93.36%	7/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		97.93%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	80.30%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	72.84%	-		80.69%	9/10	
	Cancer 62 Day Standard	R	85.00%	80.24%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	68.60%	-		68.12%	5/10	
Cancer 62 Day Screening		90.00%	86.05%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	52.54%	-		70.11%	9/10		
28 Day Faster Diagnosis	R	75.00%		-	-	-	-	-	-	-	66.39%	54.73%	43.56%	65.46%	66.77%	-					
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%		82.95%	84.21%	83.72%	82.93%	81.53%	83.65%	84.74%	84.49%	82.57%	83.33%	83.04%	83.12%	82.05%					

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%		
	Caesarean Section Rate			28.00%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%		
	Still Birth rate			0.40%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%		
	Induction of Labour Rate			32.10%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%		
	PPH 1500 ml rate			8.60%	2.10%	3.39%	4.42%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%		
	Never Event Occurrence by month		0	0	0	0	0	0	1	0	0	1	0	0	0	0	0		
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	-	-	-	-	2	2	3	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	-	-	-	-	1	2	0	
	Total Incidents				1058	1210	1054	1062	1240	877	1006	1039	1071	1029	1061	927	936		
	Total Incidents (Rate per 1000 Bed Days)				47	50	49	49	57	45	46	46	44	43	44	36	39		
	WHO checklist completion			95%	99.60%	99.60%	99.40%	99.95%	99.69%	99.84%	100.00%	99.84%	99.84%	99.93%	99.80%	99.70%	99.75%		
	VTE Risk Assessment completion	R		95%	95.15%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.46%	95.46%	95.38%	95.41%	94.22%	-		
	Pressure Injuries Grade 2				13	28	17	17	17	27	7	9	10	15	17	22	24		
	Pressure Injuries Grade 3			0	1	1	0	0	0	0	0	0	0	0	0	0	0		
	Pressure Injuries Grade 4			0	0	0	0	0	1	0	0	0	0	0	0	0	0		
	PI per 1,000 bed days				0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.48	0.51	0.72	0.75		
	Falls per 1,000 bed days				6.70	9.57	8.85	8.55	9.54	8.63	8.44	8.33	8.70	8.53	8.36	7.83	7.14		
	#NoF - Fragile Hip Best Practice Pass Rate				54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	57.78%	52.38%	66.00%	67.50%	77.27%	-		
	Admitted to Orthopaedic Ward within 4 Hours				79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	54.05%	42.86%	52.50%	13.64%	-		
	Medically Fit to Have Surgery within 36 Hours				68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	51.35%	80.95%	70.00%	81.82%	-		
	Assessed by Orthogeriatrician within 72 Hours				87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	18.92%	90.48%	95.00%	100.00%	-		
	Stroke - Patients Admitted				83	86	79	80	70	61	96	91	100	91	75	92	34		
	Stroke - 90% Stay on Stroke Ward			90%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	80.00%	-		
	Stroke - Thrombolysed <1 Hour			60%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	90.91%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	39.73%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours			90%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	89.19%	-		
	MRSA	R	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0		
	E. Coli	R		4	8	4	5	3	3	1	6	4	5	4	1	5	3		
C. Difficile	R		5	5	7	5	7	4	9	4	10	6	10	6	2	5			
MSSA			2	1	4	6	2	3	3	0	4	1	5	2	5	4			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				-	-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%	91.30%		
	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%		
	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%		
	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%		
	PALS - Count of concerns				95	73	99	66	62	71	79	108	88	127	127	123	123		
	Complaints - % Overall Response Compliance			90%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77.03%	86%	87.72%	77.36%		
Well Led	Complaints - Overdue				0	2	2	0	0	0	0	0	0	0	2	1	8		
	Complaints - Written complaints				46	48	39	23	37	43	42	56	67	51	65	48	52		
	Agency Expenditure ('000s)				687	875	900	1043	1234	544	1042	705	816	1029	1374	1061	1492		
	Month End Vacancy Factor				3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	6.55%	6.28%		
	Turnover (Rolling 12 Months)	R		12.00%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	13.92%		
Sickness Absence (Rolling 12 month -In arrears)	R		-	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	4.42%	-			
Trust Mandatory Training Compliance				86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%	82.32%			

# EXECUTIVE SUMMARY

## September 2021

### Urgent Care

Four-hour performance was static in September with performance of 61.75%; the Trust ranked first amongst 9 reporting AMTC peer providers and improved by 4 places in national rankings. The Trust had 418 ambulance handover delays over one hour and 38 12-hour trolley breaches in month which saw over 5,000 nationally. Four hour performance and Ambulance handover times were impacted by greater bed demand at an average of 97.20% for the month as a result of rising COVID-19 admissions and acuity, poor complex discharge levels, and low morning discharges. 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 partners have mitigation plans to resolve this. In month, 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 September 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 1,933 patients waiting greater than 52-weeks for their treatment in September; 659 of these were patients waiting longer than 78-weeks and 55 were waiting over 104-weeks. This was the third 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 Trust is assessing the risk of 104-week breaches at year end based on H2 planning assumptions and winter modelling. 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 was static in September with performance of 42.83%. 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 seen improvement in August at 66.58% compared to the previous month (53.40%) but continues to be impacted by issues in Breast, Skin and Endoscopy. The 31-Day standard was 93.00%. The reported 62-Day performance for August was static on the previous month with performance of 68.60%. Due to the level of performance against the CWT targets, the Trust has been put into special measures with support from National and Regional colleagues for at least the next three months, with an internal Task Force established to focus on delivery of remedial actions.

### Quality

The Maternity service has received national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+. The antenatal service continues to experience challenges with demand exceeding available capacity due to a significant shortfall in sonography and admin staffing. There have been no reported Grade 3 or 4 pressure injuries in September, however there has been an increase in Grade 2 pressure injuries. There are no current Mortality Outlier alerts for the Trust and continued high completion rates of mortality reviews are demonstrated. The Trust continues to see a surge of COVID-19 cases in line with national predictions; IPC remains at the forefront of pandemic management, with other infections requiring simultaneous focus given their continued rates above the trajectory set for 2021/22.

### Workforce

The Trust vacancy factor decreased to 6.28% in September (from 6.55% in August); the decrease has been driven by an increase in staff in post most notably in registered nursing and midwifery. Annual turnover increased to 13.92% in September, however it is at a lower level than in September 2019 (14.89%). Temporary staffing demand decreased in September by 10.70%, however bank worked hours decreased by 32.92%, which led to a corresponding increase in unfilled shifts.

### Finance

The financial framework for months 1 to 6 of 2021/22 requires the Trust to operate 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 national guidance. The forecast Trust position for the year 2021/22 remains to breakeven. A phased plan for H1 was developed and submitted on 24<sup>th</sup> May to NHSE/I. The actual result for Month 6 and year to date is a breakeven position and therefore the Trust has delivered against its plan for H1.

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported four-hour performance of 61.75% in September. Ambulance handover delays improved slightly with 418 handovers exceeding one hour reported in month; the Trust had 38 12-hour trolley breaches. Bed occupancy varied between 94.43% and 100.12% against the core bed base. Ambulance arrivals remained consistent with pre-pandemic levels and continue to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, increased acuity low morning discharge rates and reduced discharge to post acute 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 September was 1,933, the majority of breaches (1143; 59.13%) being in Trauma and Orthopaedics. For the third 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 increased slightly to 5.25%. 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 was static in September with performance of 42.83% which failed to meet the improvement trajectory of 33.37%. The number of patients waiting longer than 13-weeks in September increased to 2,724 compared to 2,180 in August. Echocardiography reported a decline in performance whilst the insourcing of additional activity is being finalised. Endoscopy and Non-Obstetric Ultrasound performance were relatively static. 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 August 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 continued to see improvement 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 and preparation is underway to secure external support for Breast and Skin backlog clearance. Recruitment within Cancer Services has been successful and agency support has been secured to improve patient tracking activity. Due to the level of performance against the CWT targets NBT has been put into special measures with support from National and Regional colleagues for at least the next three months. Recovery and Sustainability plans are being evaluated and a Task Force has been set up to oversee the improvement measures.

#### 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 service has seen an increase in MDT Ward Round compliance with the external funding for additional consultant PA's received as a response to the Ockenden report and national funding has been used to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.

**Pressure Injuries** - There have been no reported Grade 3 or 4 pressure injuries in September but we recognise there has been an increase in the number of Grade 2 pressure injuries, which is above the monthly average.

**Infection control:** There were no MRSA cases reported in September 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.

**Medication Incidents:** The Trust has seen the lowest medication incidents per 1000 bed days rate in the last 6 months and also a similarly significant reduction in the percentage of incidents causing harm compared to 'no harm.' The organisation was under significant operational pressure during August and September so it is unclear if this reduction is due to reporting practices changes or a genuine reduction. The Medicines Governance Team continue to encourage reporting of all incidents via divisional channels and will continue monitoring this trend.

#### Areas of Concern

**Maternity:** The antenatal service continues to experience challenges with balancing demand with available capacity due to a significant shortfall in sonography and admin staffing. Insourcing of the FTCS service continues and work is continuing on the action plan for the antenatal service with the support of the Regional team for resolution. The service has seen a decline in % of women booked onto the Continuity of Carer pathway due to staffing issues across maternity and is developing an action plan for delivery to ensure this becomes the model of care as per national targets. These issues are being overseen through the Divisional Improvement Board.

**Infection control:** The trust continues to see a surge of COVID-19 cases in line with national predictions. IPC remains at the forefront of pandemic management, with other infections requiring simultaneous focus given their continued rates above the trajectory set for 2021/22. Key actions include a BNSSG collaboration to reduce hospital admissions through care home education and internally a continued focus on IPC back to basic staff training.

# WELL LED

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

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

#### Vacancies

The vacancy factor decreased slightly to 6.28% in September (from 6.55% in August). The decrease has been driven by an increase in staff in post most notably in registered nursing and midwifery (+70.7 wte) driven predominantly by the intake of newly qualified staff and international recruitment.

#### Turnover

Staff turnover increased to 13.92% in September. Excluding the COVID-19 and mass vaccination workforce, the turnover rate decreased to 12.80%, from 12.96% in August and remains lower than pre-COVID levels (September 2019 - 14.89%).

#### Prioritise the wellbeing of our staff

Sickness absence increased to 4.42% in August from 4.36% in July. Days lost to *Stress/anxiety/depression/other psychiatric illness* continue to be higher than any other reason and days lost in July and August are at their highest point in the last four years.

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

Temporary staffing demand decreased in September by 10.70% (-131.90 wte) however bank worked hours decreased by 32.92% (-274.95 wte), with bank fill decreasing from 67.75% to 50.89% - which led to a corresponding increase in unfilled shifts by 38.98% (-115.85 wte).

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	Head of Resourcing	Mar-22
Turnover	Action plan to address key retention themes identified using leavers data to be reviewed by Nursing & Midwifery Demand and Supply group	Head of People	Oct-21
Health and Wellbeing	Launch flu campaign and promote national initiatives to access flu vaccinations to widen staff participation	Assistant DoD Core Clinical	Oct-21
Health and Wellbeing	Health and wellbeing programme has been embedded in our winter plan	Head of People Strategy	Oct-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	Reviewing bank and WLI rates to be in line across BNSSG to ensure we mitigate system bank competition.	Director of People	Oct-21



# FINANCE

## SRO: CFO

### Overview

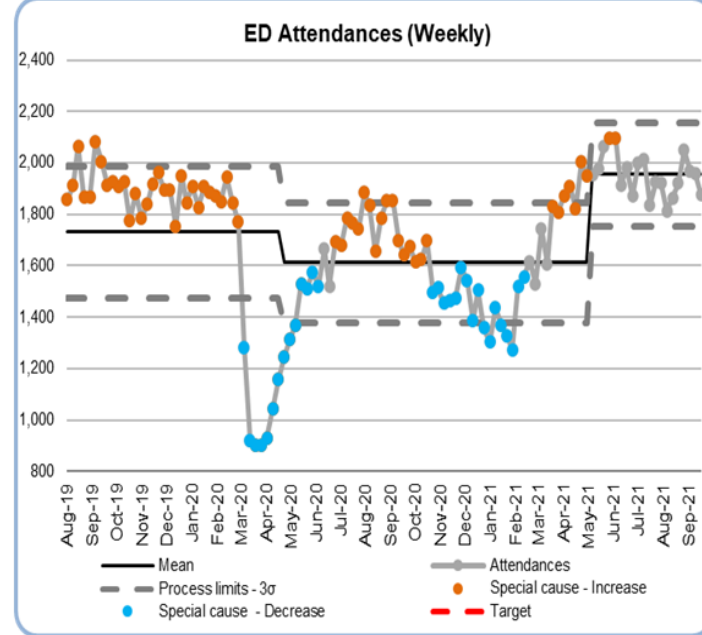
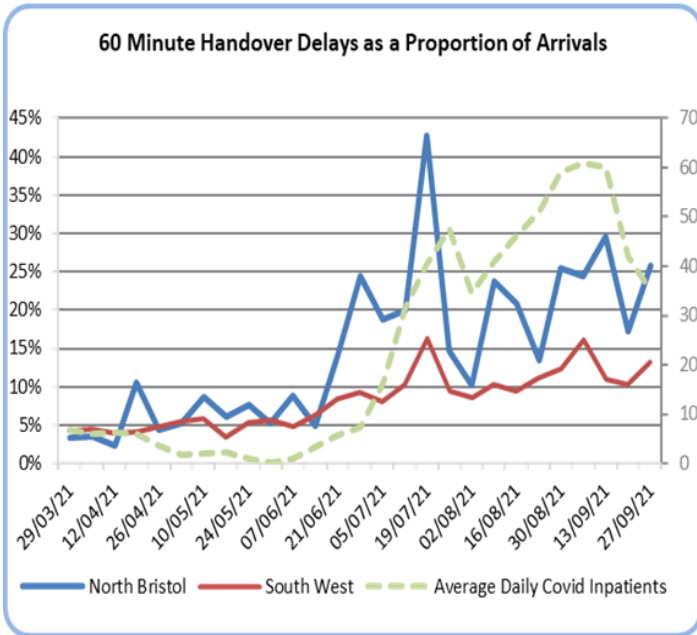
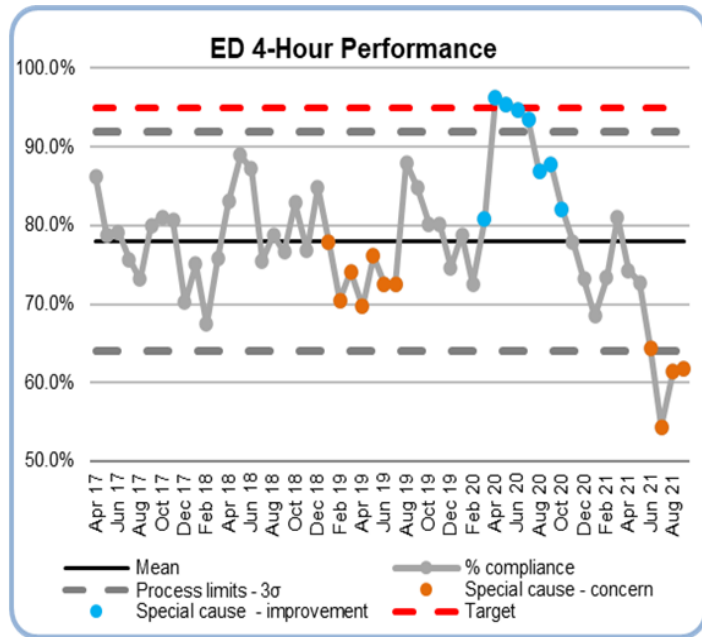
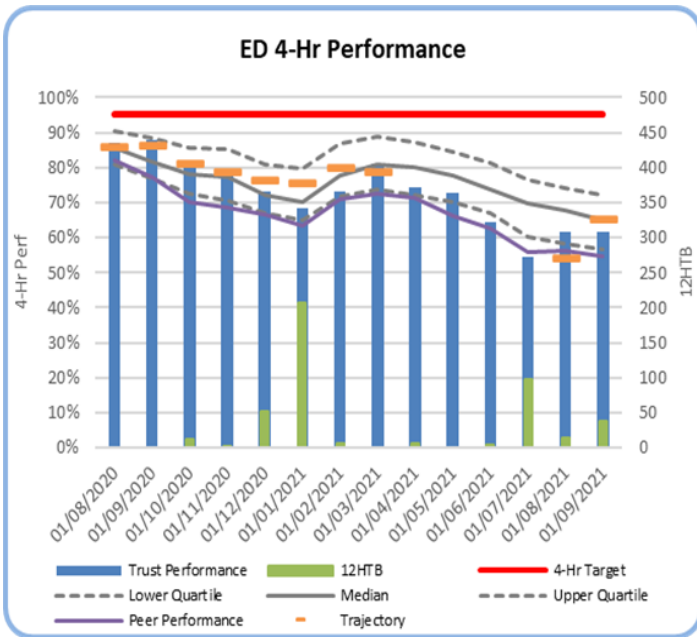
The forecast Trust position for the year 21/22 remains to breakeven. A phased plan was developed and submitted on 24<sup>th</sup> May to NHSI. The actual result for the Month 6 and year to date is a breakeven position.

The month 6 position is driven by and includes the following items:

- The Trust has recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.9m for the year to date. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is recognised in respect of month 6.
- Cash at 30<sup>th</sup> September amounts to £94.4m. The in month reduction of £8.1m is driven by the payment of backdated element of 20/21 National Pay Award of £5.1m and payment of PDC dividend of £3.8m. The trust will receive cash funding in Month 7 in respect of National Pay Award.
- Capital expenditure for the year to date amounts to £9.5m versus a plan of £10.8m. £3.3m of the year to date expenditure relates to Accelerator capital schemes that were not included in the original budget.
- The planning guidance for H2 was published on 30<sup>th</sup> September. A detailed summary of the guidance and the financial impact on the Trust will be included and covered in the draft H2 Operational Plan which is covered in a separate paper.

## **Responsiveness**

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



## Urgent Care

### What does the data tell us?

Four-hour performance was static in September with performance of 61.75%. Trust performance exceeded that of our AMTC peers, ranking first out of nine reporting centres.

When compared nationally, the Trust positioning improved its ranking by four places for Type 1 attendances but remains in the third quartile. ED performance for the NBT Footprint stands at 70.96% and the total STP performance was 73.50% for September.

ED attendances were similar to 2019/20 levels. There was an increase in 12-hour trolley breaches in September compared to August with the Trust recording 38 in month; nationally there were 5,025 with 18 Trusts reporting over 100.

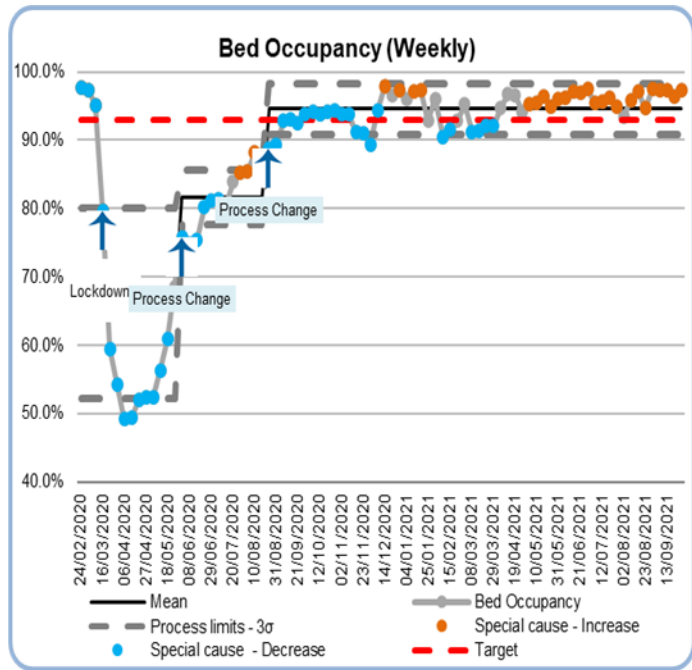
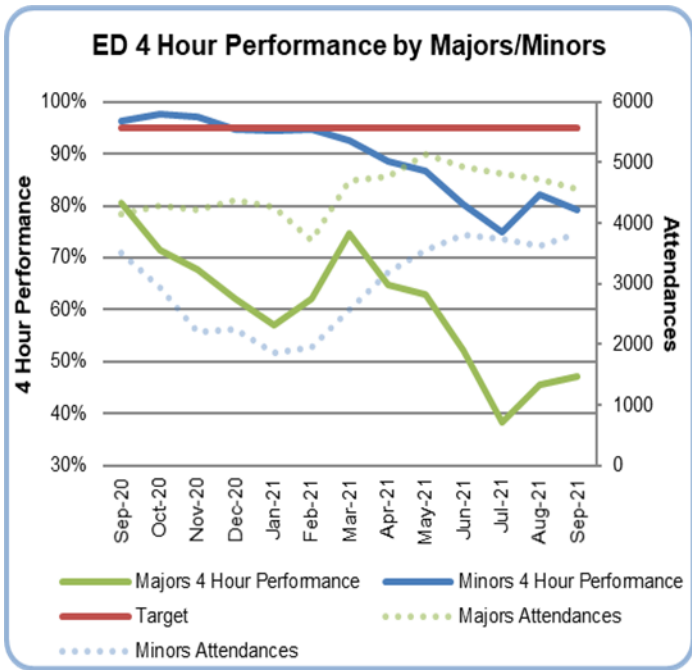
Ambulance handover times improved on last month but continued to be challenged, with the Trust recording 418 ambulance handover delays over one-hour. Rising numbers of COVID-19 inpatients and higher acuity has resulted in compromised flow as the Trust moved to create further cohort areas for Blue (COVID positive) patients. Green (COVID negative elective) capacity has reduced as elective beds were converted to COVID 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 & SWAST 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. Streaming of 20% of minors patients from ED to alternatives is being developed into a system wide project.

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

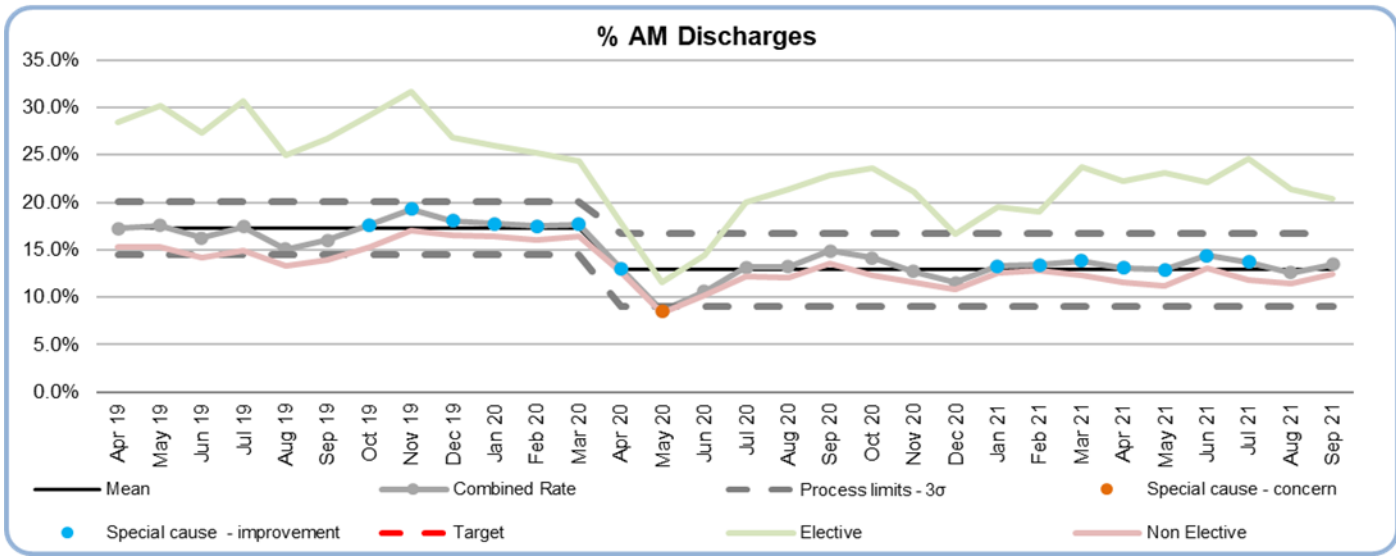
### What does the data tell us?

In September, Minors performance deteriorated to 79.14%, whilst Majors performance improved to 47.08%.

For the seventh consecutive month, the predominant cause of breaches at 48.91% was waiting for assessment in ED, whilst 18.32% of breaches were caused by waiting for a medical bed.

Bed occupancy remained challenged, varying between 94.43% and 100.12% in September 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 September, 13.44% of patients were discharged between 08:00-12:00; which was up on the previous month.

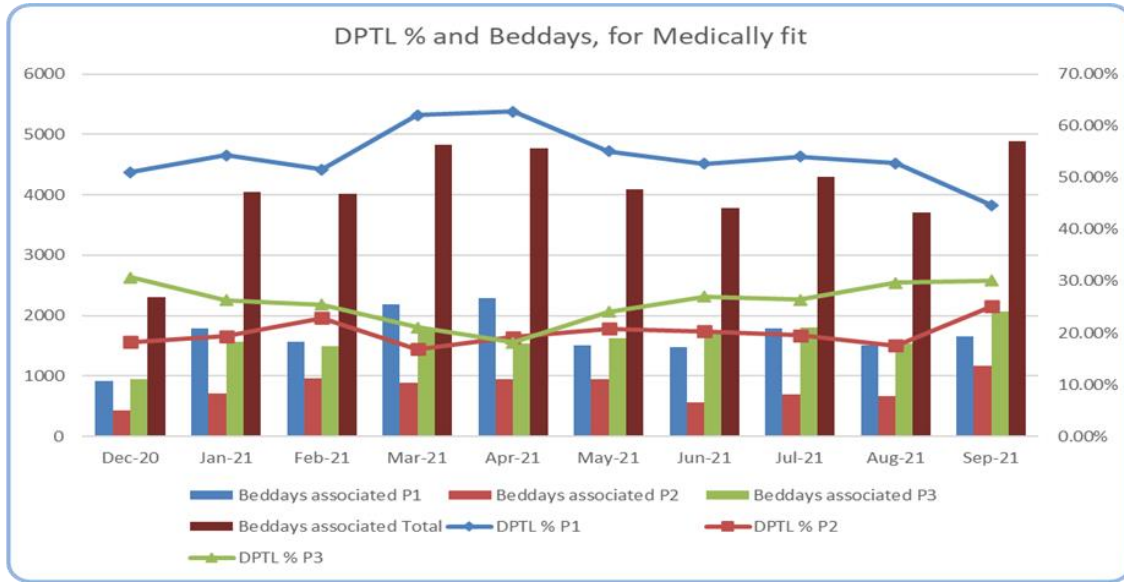


### What actions are being taken to improve?

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.



## Criteria to Reside

### What does the data tell us?

The number of delayed bed days for medically fit patients awaiting Pathway 1, 2 and 3 rose in September by 1,186 (P1 increased by 148 days, P2 by 500 days and P3 by 538 days). Complex discharge levels remain significantly below commissioned capacity and overall for September the combined discharges across all pathways were 63% of planned target and patients medically ready for discharge, with an agreed discharge pathway were waiting longer in an acute bed waiting a confirmed discharge date.

P1 discharges are impacted by insufficient staff capacity for Local Authority (LA) domiciliary care as patients are delayed in Sirona Discharge to Assess (D2A) waiting discharge to the LA. 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 227 patients were ready for discharge on a complex pathway of which 170 were waiting for external reasons (47 patients waiting P1, 37 patients waiting P2 (25 more than August) and 50 patients waiting P3 (including 5 patients waiting return to their care home). 16 patients were awaiting repatriation and 16 patients referred to the community were awaiting a pathway decision. During September some care homes and rehab units had to close to admission due to COVID-19 adding to delayed discharge bed days. 57 were awaiting internal actions (27 waiting therapy review, 12 waiting referral submission, 12 a medical decision, 3 due to COVID-19 and 3 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 has been commissioned by BNSSG.

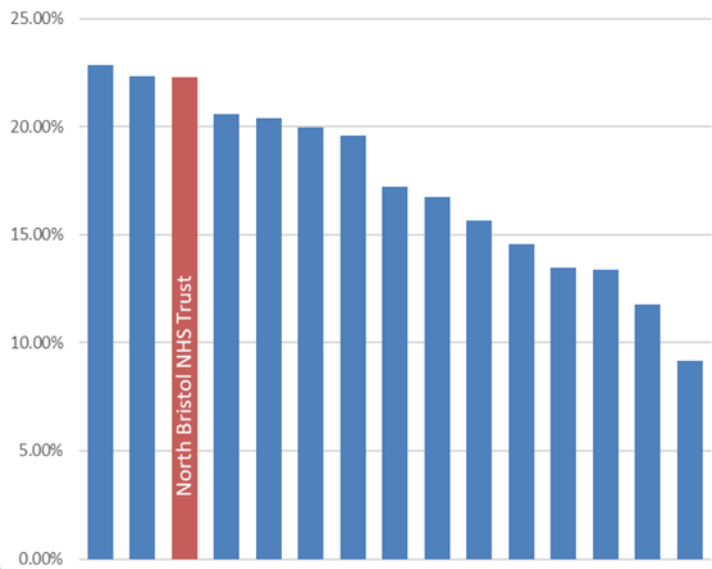
Domiciliary care capacity is a key capacity gap impacting all discharge pathways. Sirona and care agencies are undertaking proactive campaigns to source care workers and holding recruitment stands in local shopping centres.

From mid-October the IDS team leads are holding bi-weekly complex caseload reviews with case managers to ensure all internal delays are minimised and external delays are escalated in a timely manner. The IDS Team undertake referral/discharge progression meetings daily with community partners to prevent avoidable delay in discharges. The SRF improvement project, overseen by the Urgent Care Delivery Group, commenced in early October targeting the 4 wards that generate the highest number of referrals.

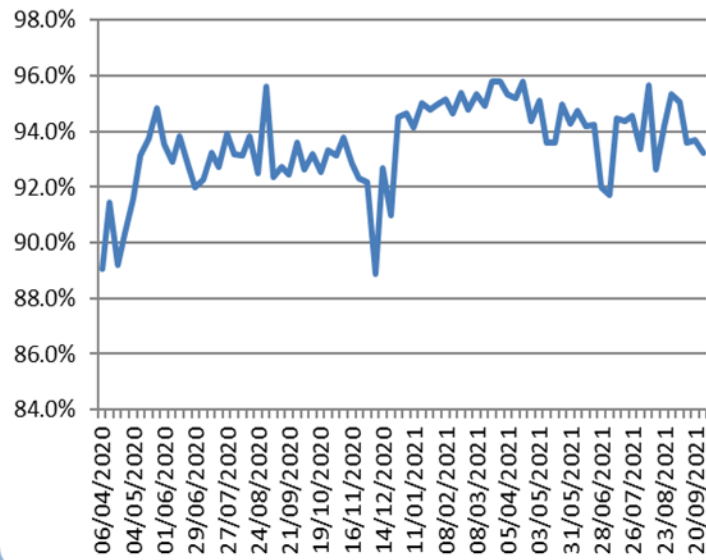
Internal delays are receiving daily focus through the bed meetings and have shown significant improvement. However, many patients remain delayed as they transfer from internal to external delay.



21+ LoS Occupancy % South West



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



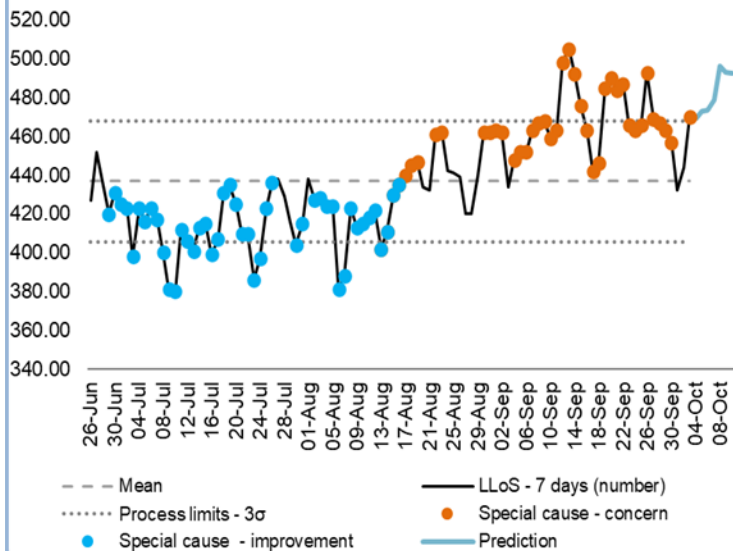
## Stranded Patients

### What does the data tell us?

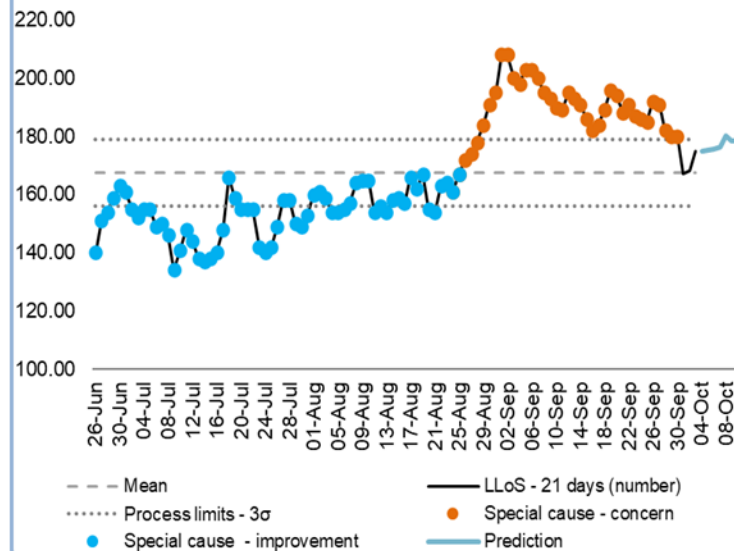
Long stay patients continued at an increased volume throughout September however stays over 21 days did show a reducing trend in-month. Despite the increased volume, the Trust's positioning for 21+ days improved from the highest to the third highest percentage in the South West Region and reports a significant improvement in the first week of October as a result of continued focus on reducing 21+ stay patients throughout August and September. Stays over 7 days remain at an increased volume.

Weekly complex discharge levels remain below the target levels (expected weekly target 121 across P1, 2 and 3). In September 303 patients were discharged on these pathways against a target of 484 discharges; 63% 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.

SPC chart for LLoS - 7 days (number)



SPC chart for LLoS - 21 days (number)



### 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.

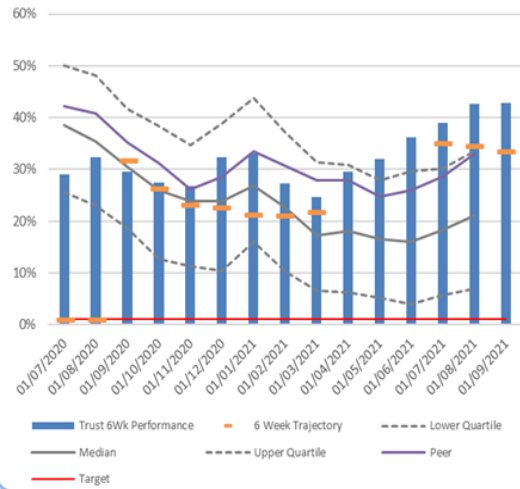
This approach is being enhanced with the embedding of the Cluster IDS Team model and the Band 7 IDS Team leads monitoring case manager caseloads and giving oversight on discharge plans.

The BNSSG system has developed and is submitting a Discharge to Assess (D2A) business case to Healthier Together Executives for approval. The investment case is for £13m recurrent funding and £15m non-recurrent funding to achieve long term transformation as set out in Hospital Discharge National Guidance.

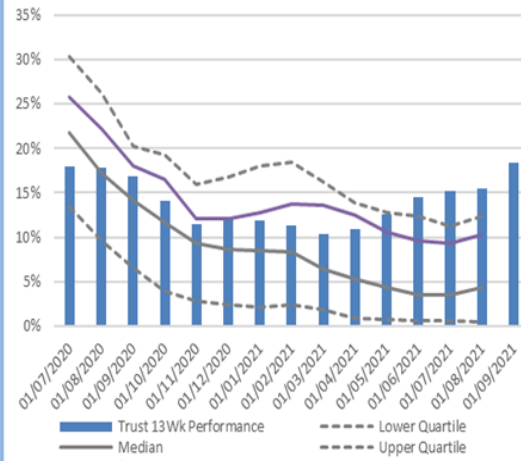
Data Source: South region NHSI UEC dashboard, w/e 3<sup>rd</sup> October

## Diagnostic Wait Times

DM01 6-Week Performance



DM01 13-Week Performance



### What does the data tell us?

In September, diagnostic 6-week performance was static at 42.83%, failing to meet the improvement trajectory of 33.37%. 13-week performance deteriorated more significantly with an increase of 24.95%. The majority of the growth can be attributed to Non-Obstetric Ultrasound and Echocardiography. There was a 4.87% increase in the overall wait list in September and activity levels reported below 75% of 2019/20 levels for 50% of test types.

Echocardiography performance continues to be impacted by an increasing backlog resulting from capacity constraints. Insourcing is yet to commence and further deterioration is anticipated until the additional activity can be delivered. Endoscopy and Non-Obstetric Ultrasound performance have remained relatively static but this is due to greater growth in the under 6-week cohort than the backlog.

In August, NBT ranked eighth amongst 10 peer providers for 6-week and 13-week performance. Nationally, Trust positioning deteriorated marginally for both 6-week and 13-week performance in August and remains 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 has impacted the effectiveness of this mitigation. Focus is now 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.

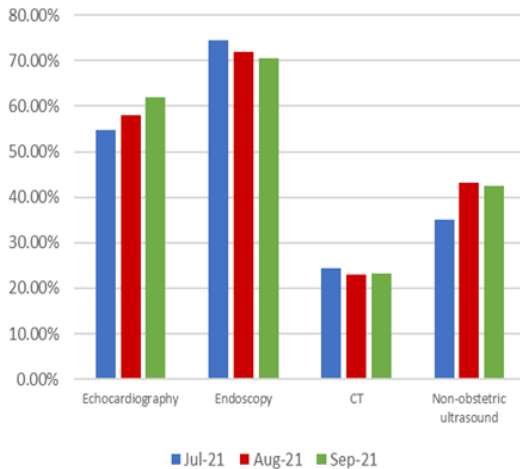
**Non-Obstetric Ultrasound** - The Contract has been signed for the insourcing of additional capacity in order to support backlog clearance. However, the provider currently has workforce shortages and therefore, the benefit will not be as great as 60 slots per week. The activity volumes and start date are being reviewed. 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 - the impact is being quantified but could be as much as 60 slots per week.

**CT** - Additional capacity has been sought in the form of a demountable CT scanner based at Weston General Hospital. This will be staffed by Agency and commences on 25th October 2021. The impact of the additional activity on performance predictions will be worked through as part of the H2 planning round but will be c.60-90 slots per week.

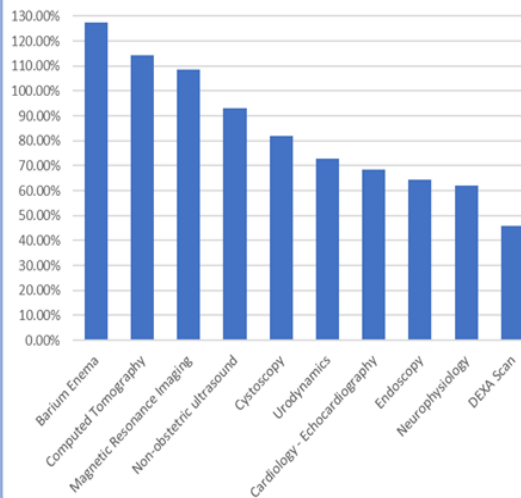
**MRI** - The Trust is extending the contract with the BioBank MRI research facility for additional MRI capacity for support throughout the winter period to March 2022.

**Echocardiography** - There is a plan for insourcing to increase Echocardiogram capacity; this will provide high volume capacity to rapidly address backlogs over a short period of time. The additional capacity is expected to positively impact performance in December 2021.

Diagnostic Performance by Test



20/21 Activity as % of 19/20 - September



## Referral to Treatment (RTT)

### What does the data tell us?

In September, the Trust reported an increase in the waiting list to 36,787 exceeding the trajectory of 31,886. The Trust has reported an increase in 52-week wait breaches for the third consecutive month with 1,933 patients waiting greater than 52-weeks for their treatment; 659 of these were patients waiting longer than 78-weeks and 55 were waiting over 104-weeks. The majority of 52 and 104-week breaches (1,143; 59.13%) 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, this has resulted in wait list growth and longer waiting times. Forecasting the risk of 104-week breaches at the end of March 2022 is underway based on the H2 planning assumptions, with known risks in T&O, Neurosurgery and Gynaecology.

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?

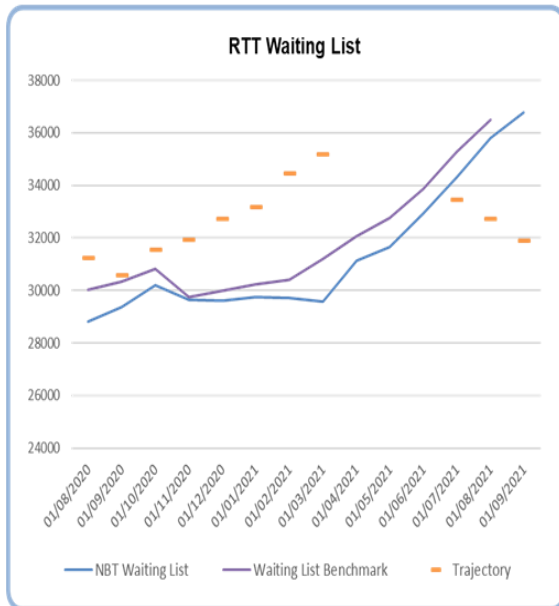
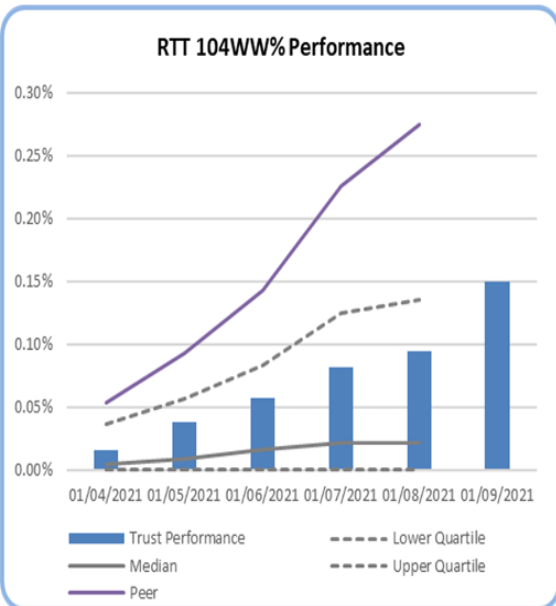
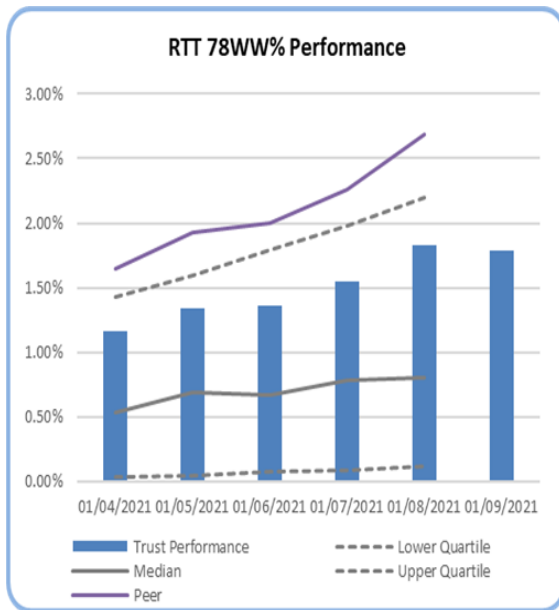
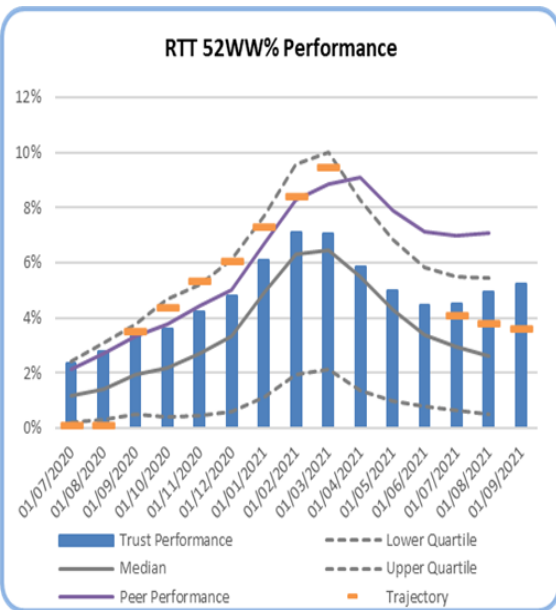
An Elective Care Recovery Board has been established and has developed a comprehensive plan to manage the waiting list to required levels.

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. Two modular theatres were opened on 17th August 2021, releasing more capacity in the Brunel Building for other specialities including Trauma and Orthopaedics. The aforementioned non-elective bed pressures however, have still resulted in a net decrease in capacity in August and September vs. pre-pandemic levels.

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.

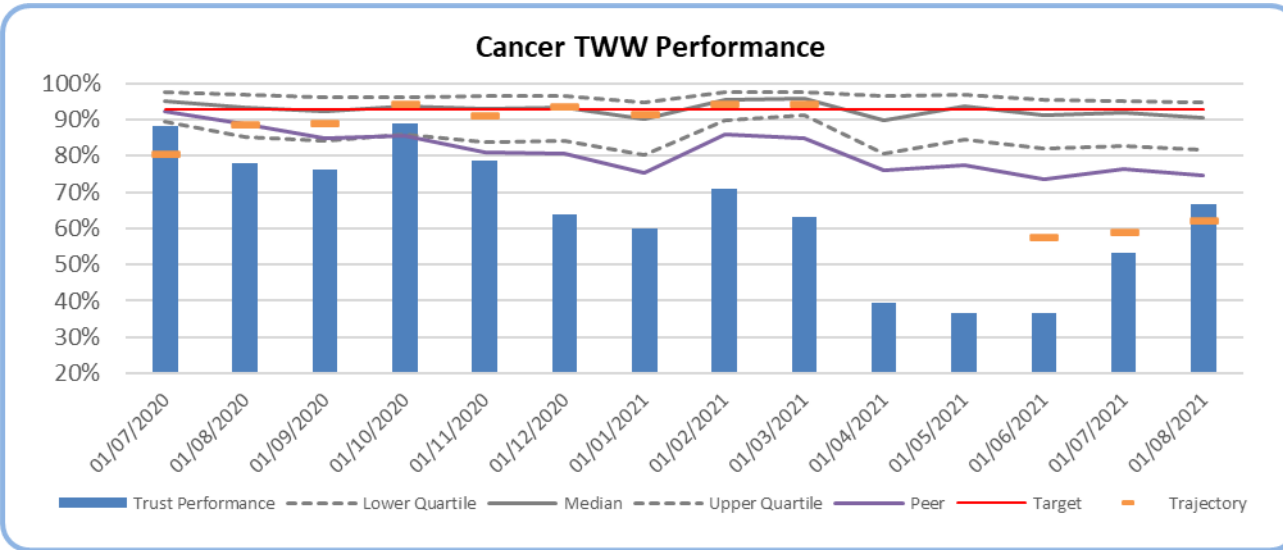
Continued application of review recommendations from Get It Right First Time (GIRFT) reports, Model Hospitals and the British Association of Day Surgery (BADS) are undertaken to ensure efficient use of the available capacity is maximised.

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.





## Cancer: Two Week Wait (TWW)



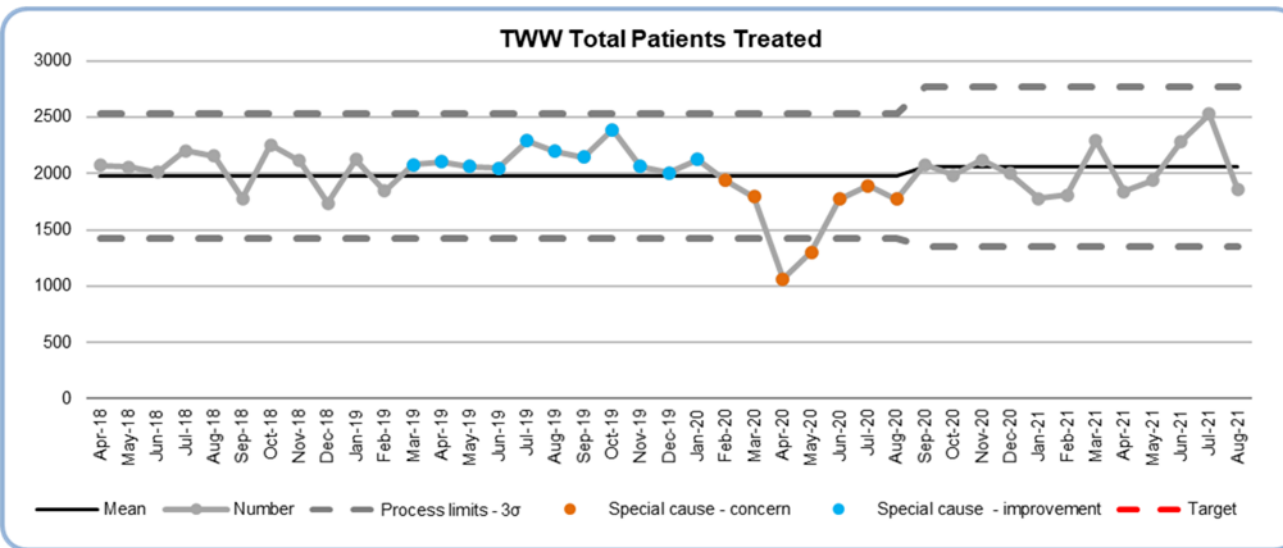
### What does the data tell us?

The Trust reported a performance of 66.58% in August compared to 53.40% in July which is a 13% improvement. Urology was the only specialty to achieve above 95% this month. The Trust saw 1,863 patients in August compared to 2,530 patients in July reflecting a 26.36% decrease. Of the 2,530 patients seen, 667 patients breached which is an improvement on last months 1,179.

Breast continue to show improvement reporting a performance of 85.20% with 78 breaches. They saw 527 patients in August compared to 865 patients in July.

Colorectal continues to be of concern; their performance dropped again this month from 66.42% to 63.99%. The service continues to experience OPD capacity issues due to workforce pressures and CT reporting delays.

Skin saw less patients this month; 429 compared to 645 patients in July, largely due to capacity issues. Of the 429 patients seen 369 were breaches. Their TWW performance is 13.99% which is an improvement on the 8.53% achieved in July.



### What actions are being taken to improve?

A series of cancer taskforce meetings have been established to focus management action and provide assurance to the Executive.

External support for Breast is being worked up to provide additional capacity..

For Skin, backlog clearance and a recovery action plan continue to be worked through with external agencies providing additional capacity from October. The backlog is on track to be cleared by the end of November.

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

### What does the data tell us?

In August, the Trust missed the first treatment standard of 96.00% with a performance of 93.00% compared to the 95.77% in July. 255 patients were treated this month; 237 of them within the standard.

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

There were 255 completed pathways with 18 breaches where all but one of them were due to complex pathways. All specialties achieved above 90.00% except Urology (86.89%) which had 8 complex pathway breaches.

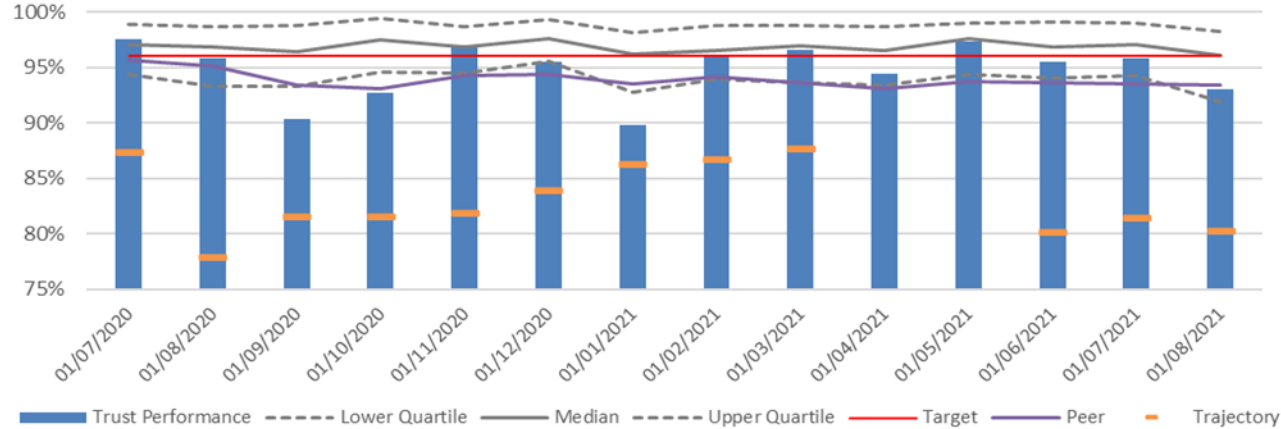
28-Day Performance – the Trust saw a further improvement this month with a performance of 63.21% compared to 62.40% in July. 1878 patients were seen and 1215 of them achieved the 28-Day standard. It is expected that the Trust will continue to see a recovery of this standard by the end of this financial year.

### What actions are being taken to improve?

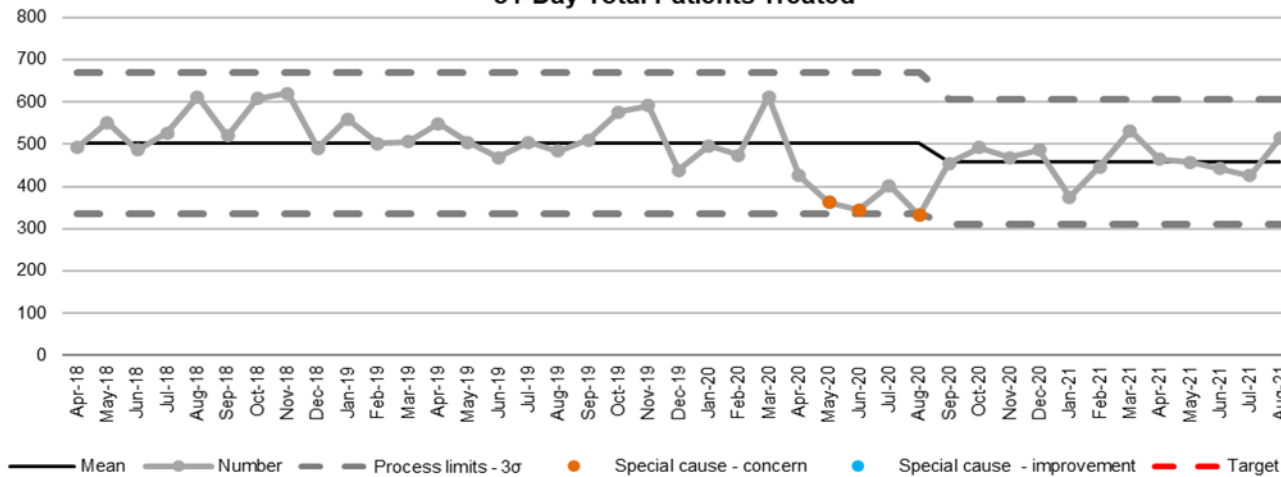
One of the factors adversely affecting performance against this standard is the reduction in tracking staff within Cancer Services. A recruitment programme has been completed with new staff expected to be on site in late November. Agency staff are now onsite to support the tracking functions, however the impact is not going to be felt for at least the next three months whilst new staff are trained.

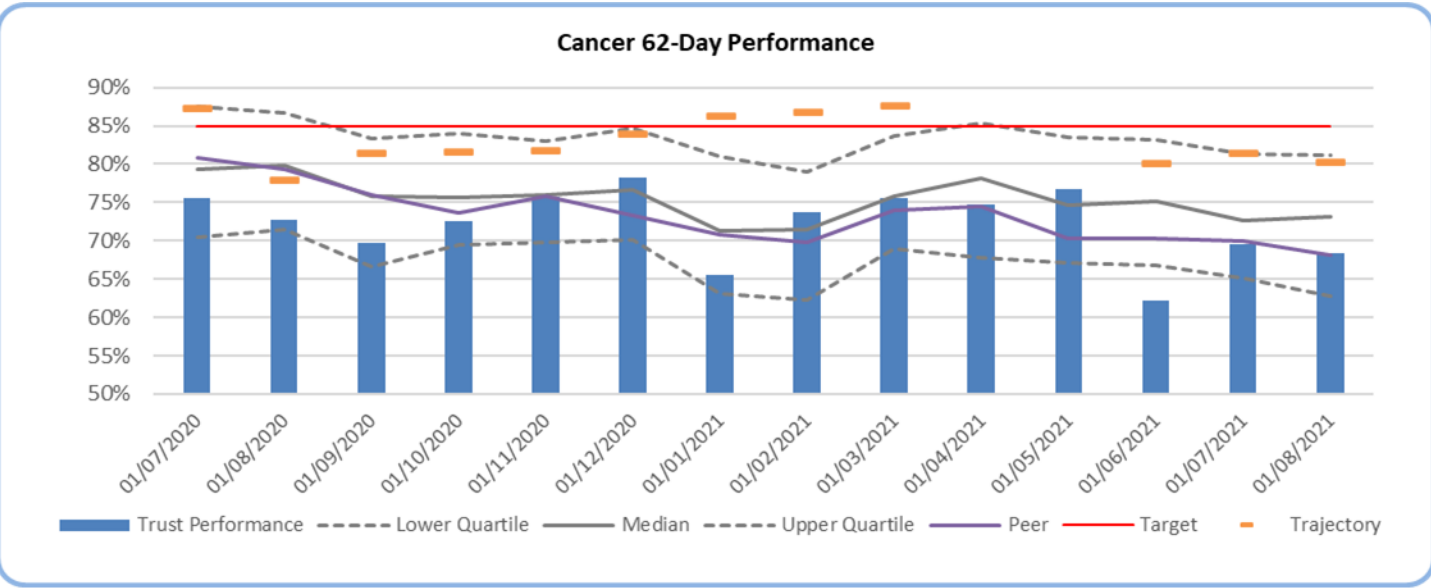
28-Day pathway reviews supported by a forensic analysis of the actual pathway and trends is underway; this will outline areas of concern within the pathway that need addressing in order to maintain performance of the 28-Day standard.

### Cancer 31-Day Performance



### 31-Day Total Patients Treated





### Cancer: 62-Day Standard

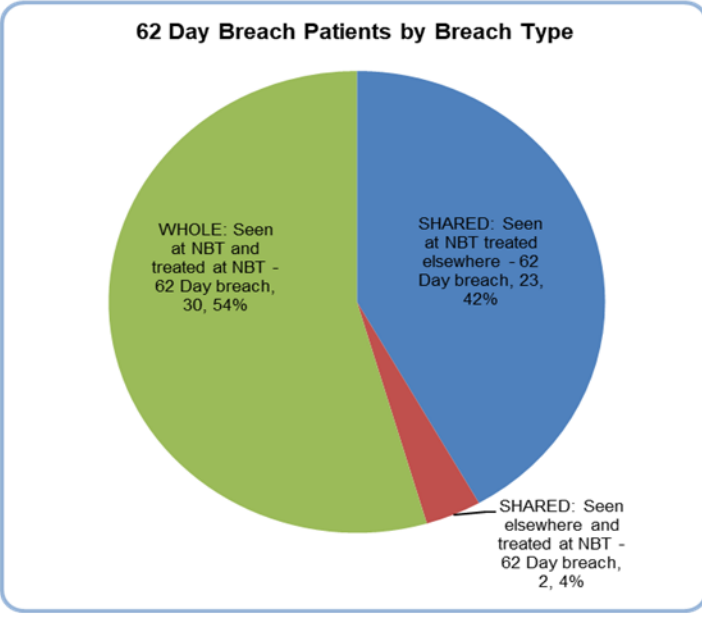
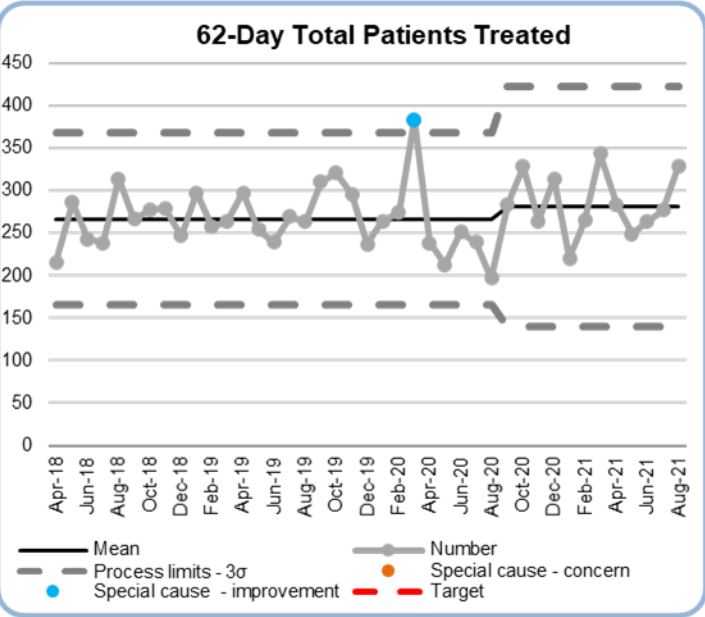
#### What does the data tell us?

The reported 62-Day performance for August was 68.60% which was static compared to the July position of 68.59%. In August, 170 treatments were carried out compared to the 138.5 in July; 56 were treated in a breach position compared to the 43.5 breaches in July.

All but two specialties saw a drop in performance this month with Haematology and Brain achieving 100%. Colorectal achieved a performance of 45.45% and Gynaecology 28.57% which were the worst performing specialties this month. Both specialties have been asked to provide a report on the root cause of their performance drop.

Gynaecology continues to return a poor 62-Day performance, although they improved this month with 28.57% compared to 18.18% in July. 3.5 patients were treated with 2.5 in a breach position.

Urology's performance decreased this month at 61.73% from 74.70%. The service saw 40.5 patients of which 15.5 were breaches. They failed to achieve CWT standards of 85.00% and they failed to achieve their trajectory of 87.90%. The service continues to have delays in the pathway due to oncology capacity at UHBW prior to decision to treat.



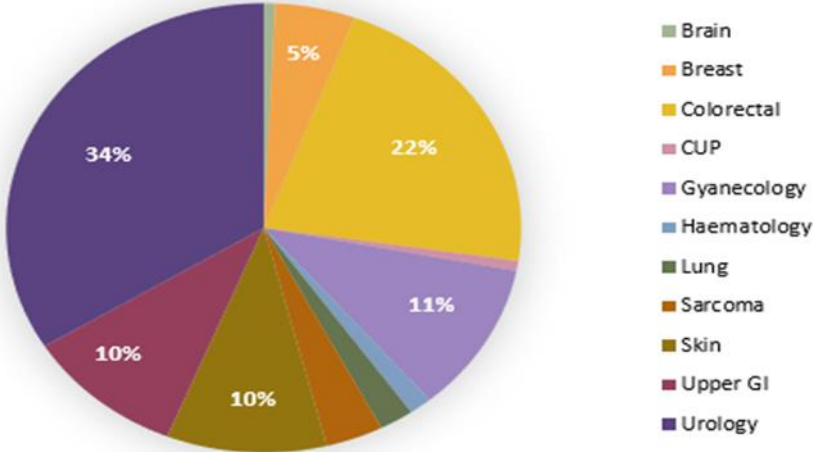
#### What actions are being taken to improve?

A series of taskforce meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place. Most of the August 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. H2 trajectories have been revised against required performance and the current PTL and delivery will be wholly dependant on backlog clearance and sustainable TWW pathways.

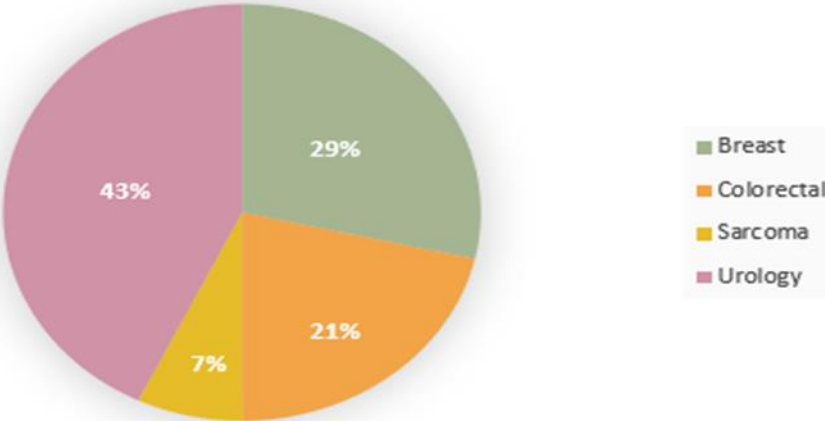
NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

**Cancer: 104-Day Patients**

**Cancer Specialty - Without DTT**



**Cancer Specialty - With DTT**



**What does the data tell us?**

**August uploaded position**

The Trust had three 104-Day breaches 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 06/10//2021**

There are 153 patients waiting over 104-Days compared to the 175 patients over 104-Days in September. For patients currently waiting over 104-Days, 111 are 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.

There has been a slight improvement in the overall 104-Day numbers from September to October however, numbers remain high in comparison to the Trust's position in June 2021. This is due to numerous vacancies within the Cancer Services department which has reduced the level of tracking carried out.

**What actions are being taken to improve?**

Recruitment is underway to complete the establishment for the admin staff function but the adverse impact is expected to remain until at least the end of Quarter 3. A series of taskforce meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place.

### Activity vs Plan

**What does the data tell us?**

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

**Non-Elective Inpatients** reported 3.00% above plan for Quarter 1 with a decline from July reporting -9.01% adverse variance against plan for Quarter 2.

**Elective Inpatients** reported above plan for April and May with a decline from June onwards. Quarter 1 reported 5.70% variance against plan, with June's underperformance being offset by the over performance in April and May. Quarter 2 reports -32.97% adverse variance to plan.

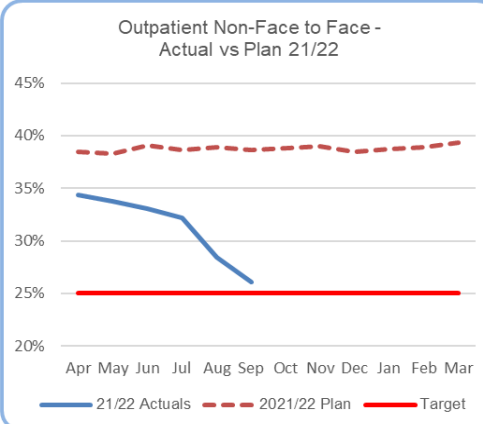
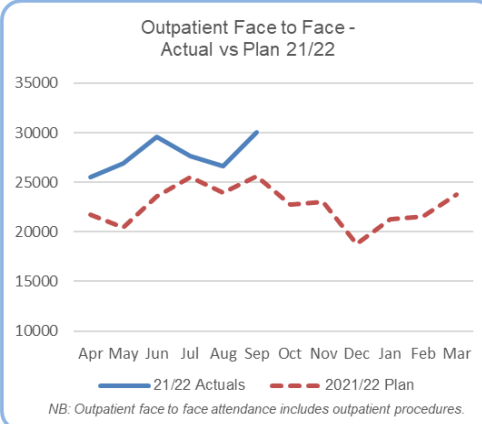
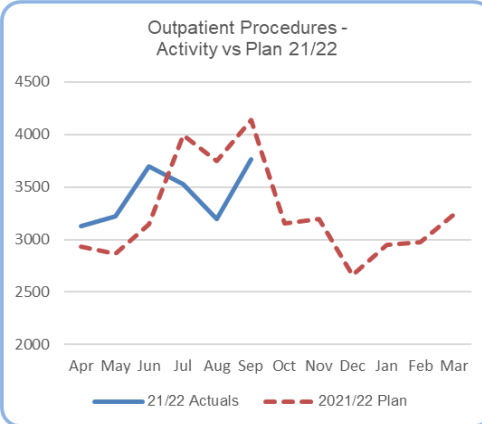
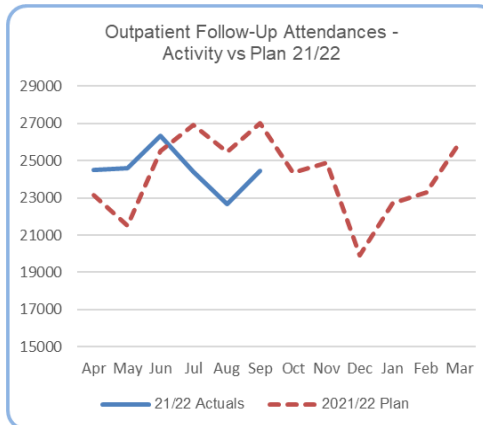
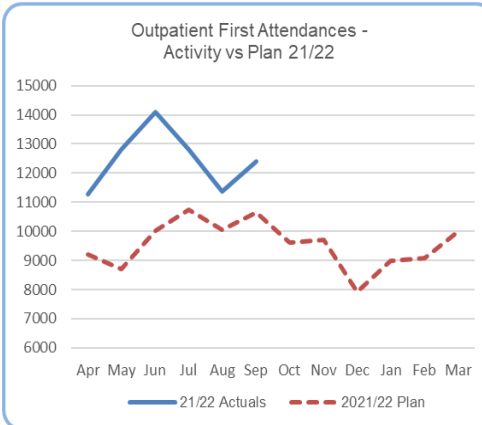
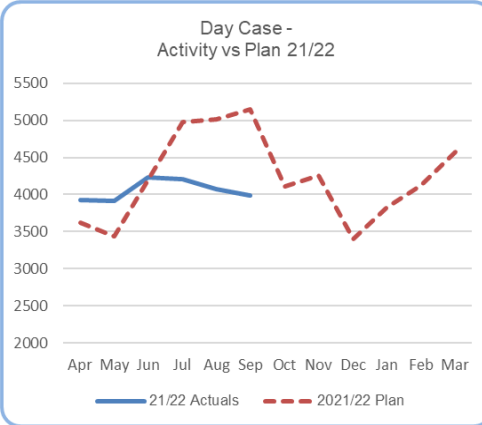
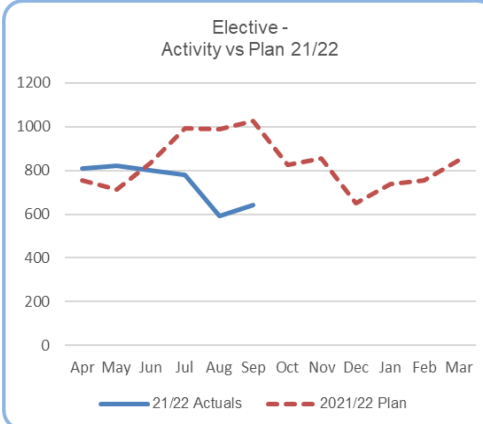
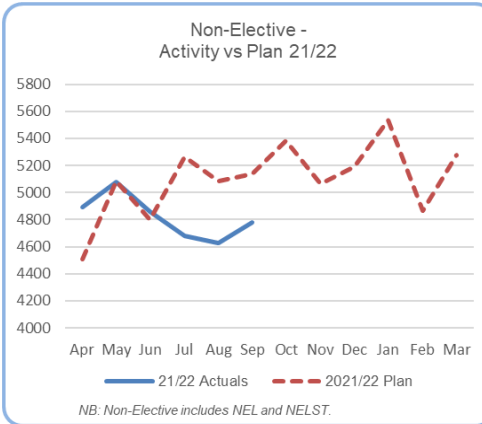
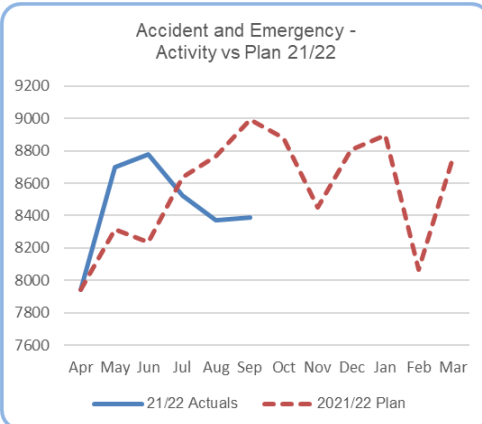
**Day Case** activity reports a decline against plan from July. Quarter 1 reported 7.26% variance against plan, reporting above plan for each month. Quarter 2 reports an underperformance of -18.94%.

**Outpatient First Attendances** have consistently reported above plan this year to date, reporting 37.20% variance in Quarter 1 and 16.23% variance in Quarter 2.

**Outpatient Follow-Up Attendances** reported above plan consistently through Quarter 1 with an overall variance of 7.51%. Achievement against plan has deteriorated in Quarter 2 reporting -9.92% 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.

**Bed Occupancy:** Average bed occupancy in September was 97.20% and varied between 94.43% and 100.12% against the core bed base.



## **Safety and Effectiveness**

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

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	TREND
<b>Perinatal Morbidity and Mortality Inborn</b>											
Total number of perinatal deaths		2	1	0	2	1	0	2	2	4	
Number of stillbirths 16 to 23+6 weeks excl. TOP		0	0	0	0	0	0	1	2	0	
Number of stillbirths (>=24 weeks excl. TOP)		2	1	0	2	1	0	0	0	2	
Number of neonatal deaths : 0-6 Days		0	2	1	0	0	2	0	0	1	
Number of neonatal deaths : 7-28 Days		1	0	1	0	0	0	1	0	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	0	0	0	0	0	0	0	
<b>Maternal Morbidity and Mortality</b>											
Number of maternal deaths (MBRRACE)		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%	
<b>Insight</b>											
Number of datix incidents graded as moderate or above (total)		3	1	2	1	2	2	3	0	1	
Datix incident moderate harm (not SI, excludes HSIB)		2	0	0	0	2	2	0	0	0	
Datix incident SI (excludes HSIB)		1	1	2	1	0	0	0	0	1	
New HSIB SI referrals accepted		0	0	0	0	0	1	3	0	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	
Coroner Reg 28 made directly to Trust		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	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	1	1	0	0	0	0	0	0	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		0	1	1	1	1	1	1	0	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	
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%	
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%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPMI/QIS trained)		Data Not Available (DNA)				47%	47%	43.0%	47.0%	35%	
Vacancy rate for NICU nurses		Data Not Available (DNA)				7.7	7.7	7.7	10	10	
Datix related to workforce (service provision/staffing)		5	12	33	14	21	27	16	14	11	
MDT ward rounds on CDS (minimum 2 per 24 hours)		Data Not Available (DNA)				57%	57%	57%	67.7%	70%	
One to one care in labour (as a percentage)		Data Not Available (DNA)				98.6%	99.6%	98.2%	98.6%	98.5%	
Compliance with supernumerary status for the labour ward coordinator	100%	Data Not Available (DNA)				DNA	DNA	DNA	DNA	97.8%	
Number of times maternity unit attempted to divert or on divert		0	1	0	0	0	1	2	3	1	
Number of consultant non-attendance to 'must attend' clinical situations		Data Not Available (DNA)				DNA	DNA	DNA	DNA	0	
<b>Involvement</b>											
Service User feedback: Number of Compliments (formal)		12	8	12	29	39	10	12	27	56	
Service User feedback: Number of Complaints (formal)		8	12	14	21	15	9	25	36	6	
Staff feedback from frontline champions and walkabouts (number of themes)		3	3	2	0	4	3	5	6	6	
<b>Improvement</b>											
Progress in achievement of CNST/10		7	8	8	9	10	10	10	10	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	45%	40%	53%	58%	72%	76%	76%	76%	76%	
Fetal Monitoring	90%	25.1%	36.0%	40.1%	46.8%	51.1%	42.9%	42.9%	42.9%	42.9%	
training compliance core competency 4. personalised care		Data Not Available (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%	

## Maternity - Perinatal Quality Surveillance Tool

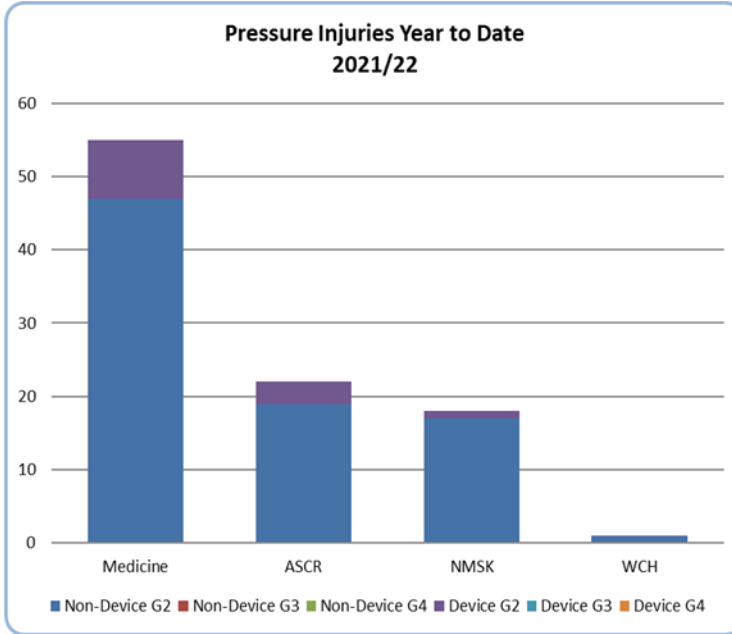
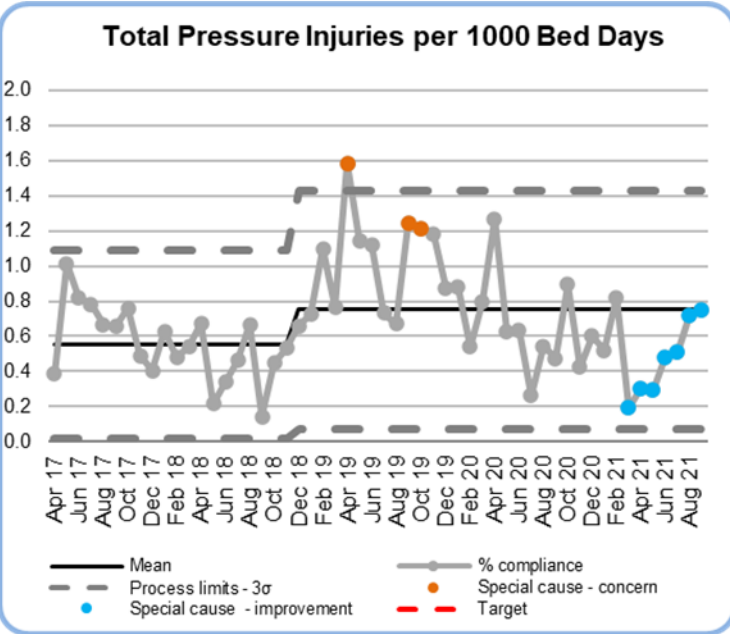
### What does the data tell us?

The PQSM facilitates focused discussions and oversight on locally collected safety intelligence. The areas of focus from September's data are identified below:

- 1 late neonatal death due to infection; 1 x new HSIB referral following an intrapartum stillbirth.
- **Midwifery workforce:** Staffing currently sits at 5.90 WTE over funded establishment however investment is being made to expand the establishment. The biggest impact on staffing absence on a day to day basis is due to COVID precautions.
- **Neonatal Consultants:** Shortages regarding the consultant rota with middle grade shortages expected until October/November.
- **Neonatal Nursing Workforce:** Vacancy currently sits at 9.97 WTE. Decrease in compliance with BAPM/QIS standards following alignment to the Neonatal Critical Care Report recommendations which states that only clinical staff should be included in calculating the compliance.
- **Workforce - Diverts:** On 1 occasion, Cossham Birth Centre was placed on divert due to deployment of available staff to CDS and other inpatient settings.
- **Staff and Service users Involvement:** Staffing across the perinatal service continues to be the most frequently raised safety concern by staff. Recent themes identified from Picker report; Infant feeding advice inconsistencies, partners visiting and not always given a choice about where postnatal care would take place. Areas of achievement: Treated with respect and dignity (during labour and birth), confidence and trust in staff and involved in decision in making.
- **Maternity Incentive Scheme:** Year 4: weekly meetings set up to progress the work. For September, NBT's compliance confidence forecast currently stands at 7/10 due to 3 areas of concern; Safety Action 6 - Saving Babies lives; SA 7 - Maternity Voices Partnership (MVP); SA 8 MDT Training.
- **Continuity of Carer:** This is subject to ongoing discussion about the feasibility to progress this model.
- **Training:** Focus on achieving at least 90% compliance for all staff groups. Training programme for 2021-2021 began in September 2021.
- **Areas of excellence:** REACT clinical escalation quality improvement project.
- **COVID-19 Maternity:** There were 13 positive case of COVID-19 in maternity in September.

### What actions are being taken to improve?

- Midwifery workforce: Business cases developed and awaiting approval. Birthrate + exercise planned for October. Active recruitment underway for neonatal nursing.
- Obstetric Workforce includes Consultant led ward rounds External funding for additional midwives obtained. Review of existing job plans finalised and business case to be completed for further uplift.
- Workforce - Diverts: A full birthrate+ exercise is planned to explore both NBT's individual service needs and BNSSG system wide requirements.



## Pressure Injuries

**What does the data tell us?**

In September, there was a slight increase in medical device related Grade 2 pressures injuries, and an increase in the number of Grade 2 pressure injuries, which is above the mean rate for total incidents.

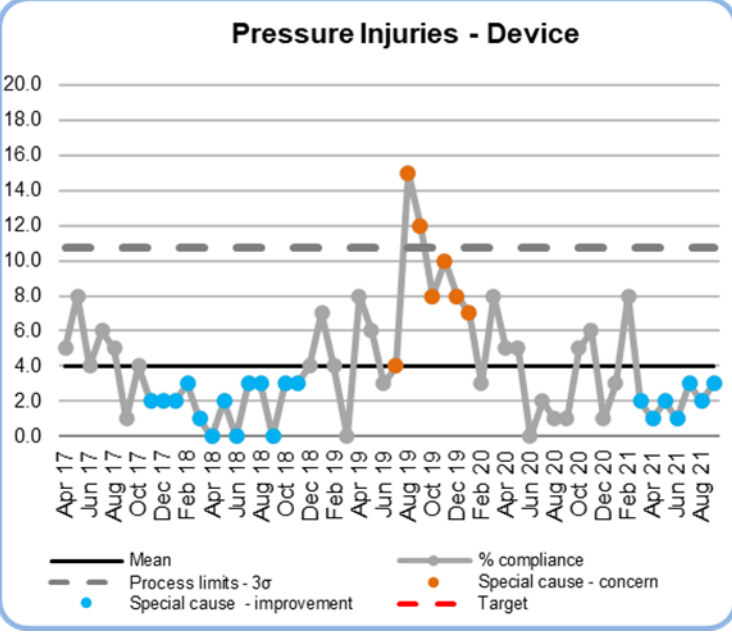
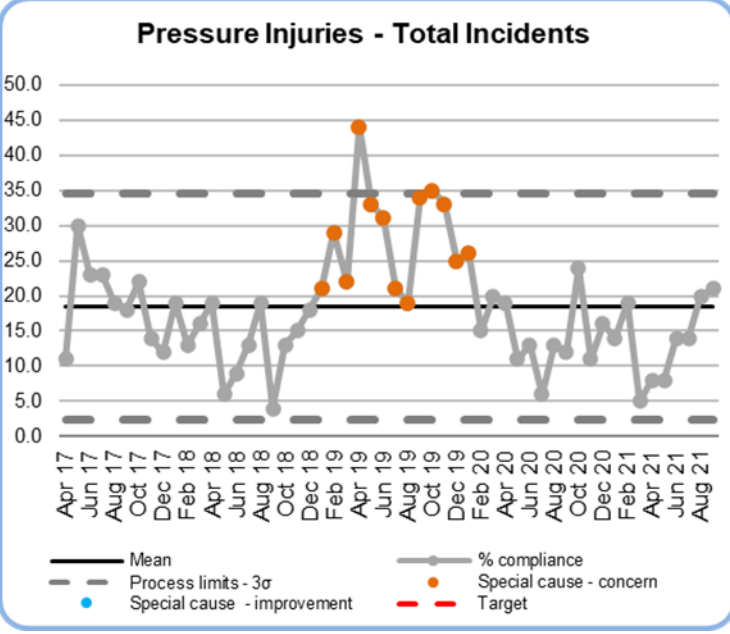
The Trust ambition for 2021/22 is:

- 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 September. 24 Grade 2 pressure injuries were reported of which 3 were related to a medical device.

The incidence summary for September is as follows:

Medical Devices: 13%  
 Heels: 29%  
 Natal Cleft/ Buttocks: 50%  
 Elbow: 8%

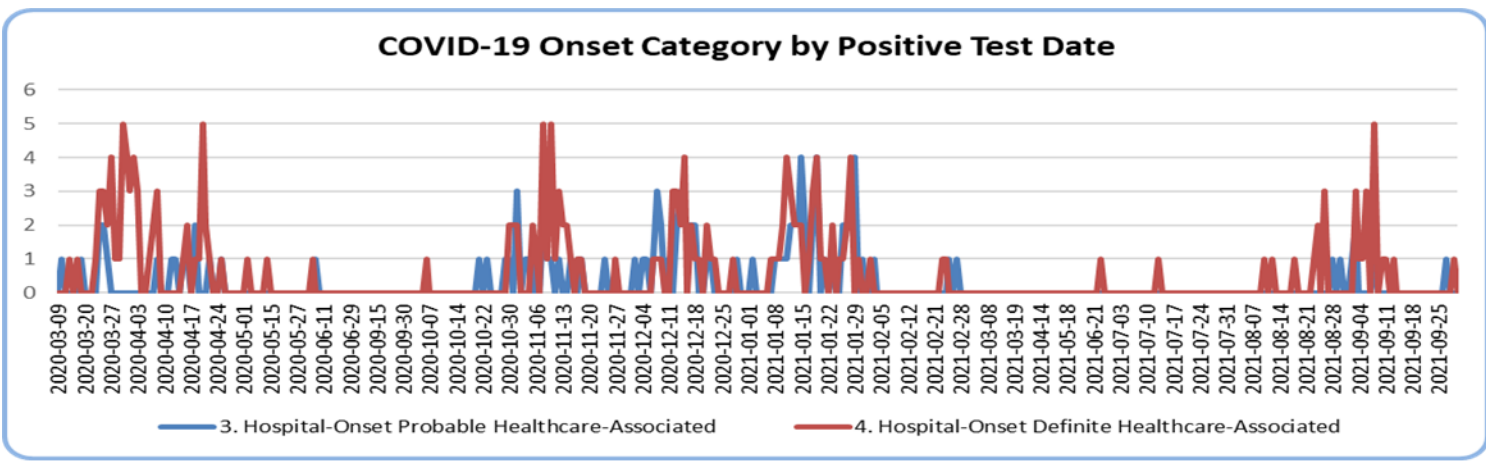


**What actions are being taken to improve?**

A reinvigorated quality improvement programme is planned to be launched. This includes a review of the Tissue Viability Link Practitioner role and support from the Tissue Viability team provided to individual clinical areas across all Divisions to address themes and trends in NBT attributable pressure injuries.

The way in which NBT validated pressure injury information is shared with the Clinical teams has been updated to include educational reports and 'celebrating success' of areas who have had several months pressure injury free. These reports support the ability to identify areas for improvement with a highlight on education.





## Infection Prevention and Control

### What does the data tell us?

#### COVID-19 (Coronavirus)

The trust continues to see a surge of cases in line with national predictions. A recent resolution of a ward outbreak has seen a reduction in HoPHA and HoDHA cases.

#### MRSA

Last bacteraemia was reported in Feb 2021.

#### C. difficile

C. difficile trajectory 2021/22 has been set at 52. Our monthly rates are currently higher than previous years.

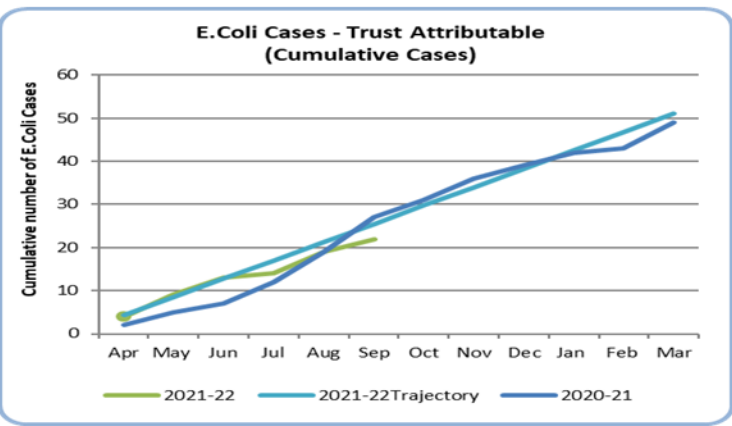
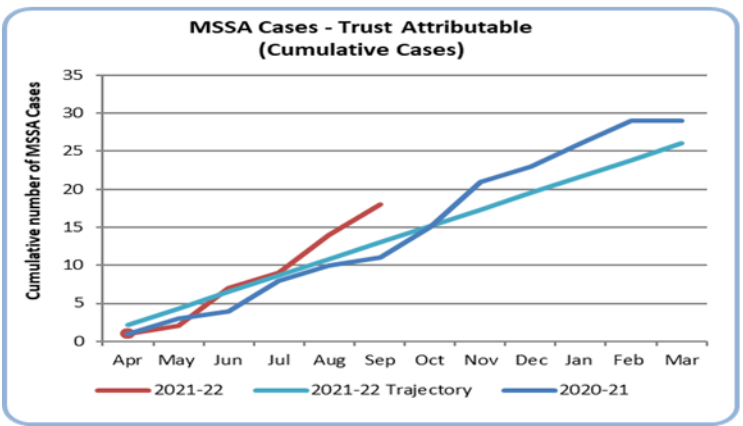
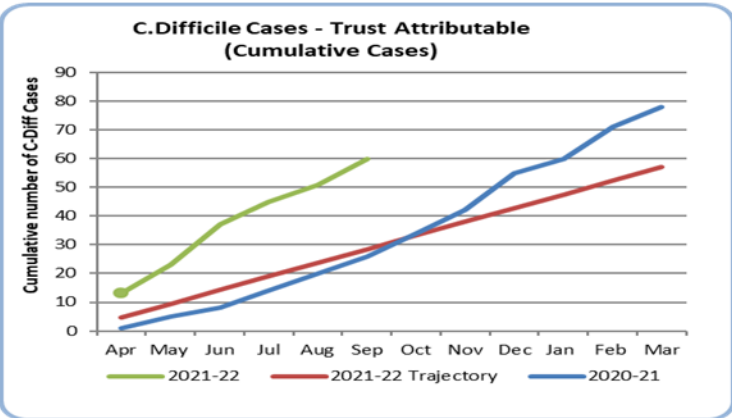
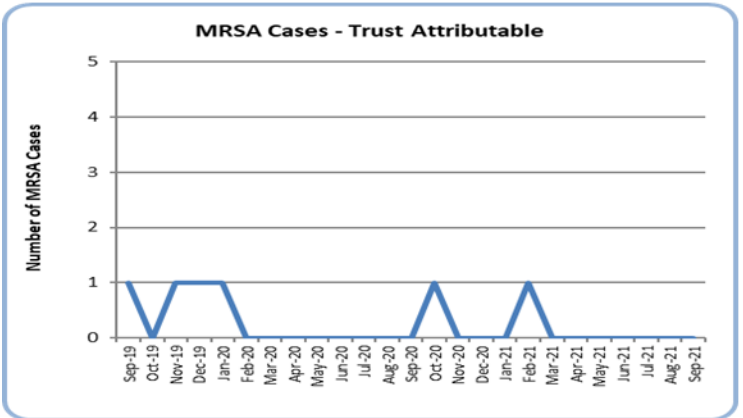
#### MSSA

MSSA cases continue to be higher than trajectory set for 2020-21.

#### Gram -ve

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

IPC remains at the forefront of pandemic management, with other infections requiring simultaneous focus.



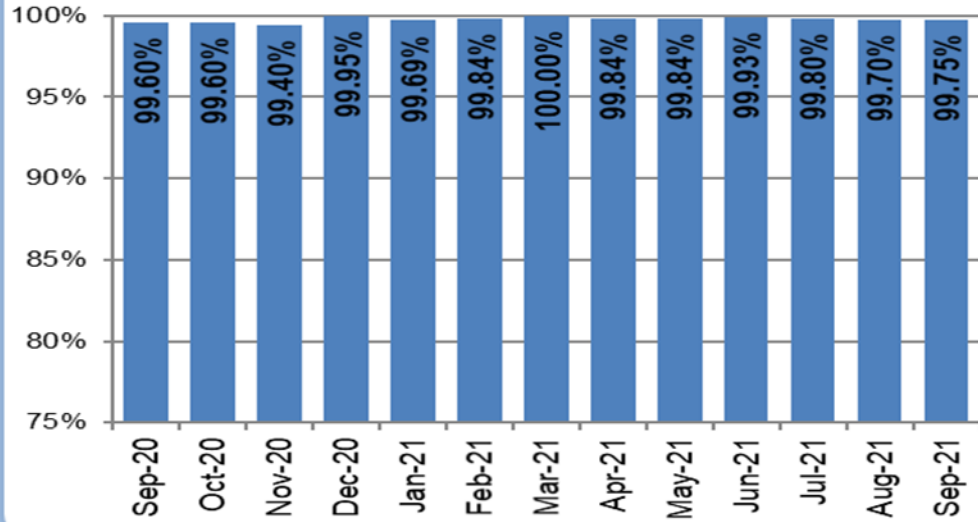
### What actions are being taken to improve?

HCAI reduction - BNSSG collaboration to reduce hospital admissions through care home education. Continued focus on IPC back to basic staff training.

C Diff - Ongoing work with the Southwest C Diff HCAI collaboration

ANTT – Relaunch meeting and learning from NMSK’s targeted approach. Quality Plans for both subjects are being developed.

### WHO Checklist Compliance (Emergency and Elective)



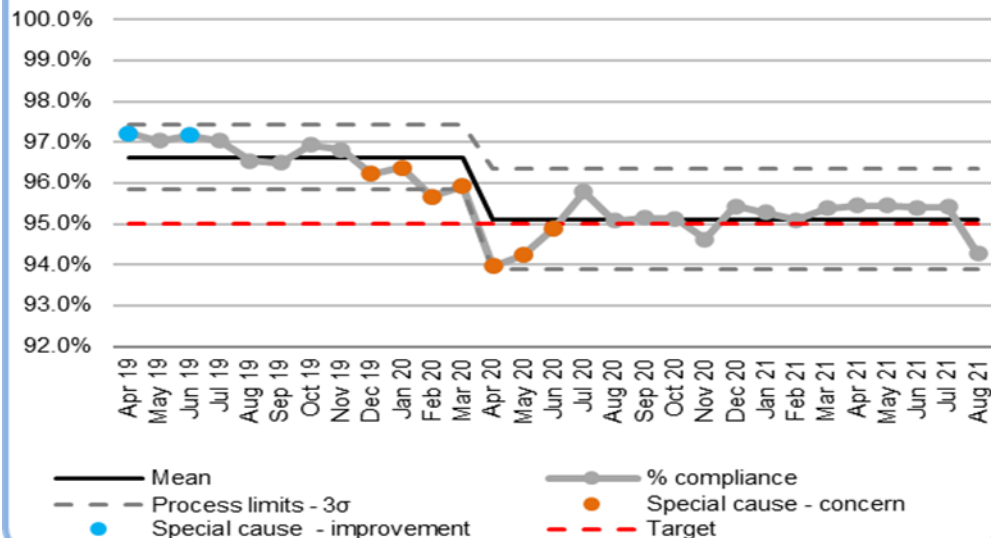
#### WHO Checklist Compliance

##### What does the data tell us?

In August, WHO checklist compliance was 99.75%. 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

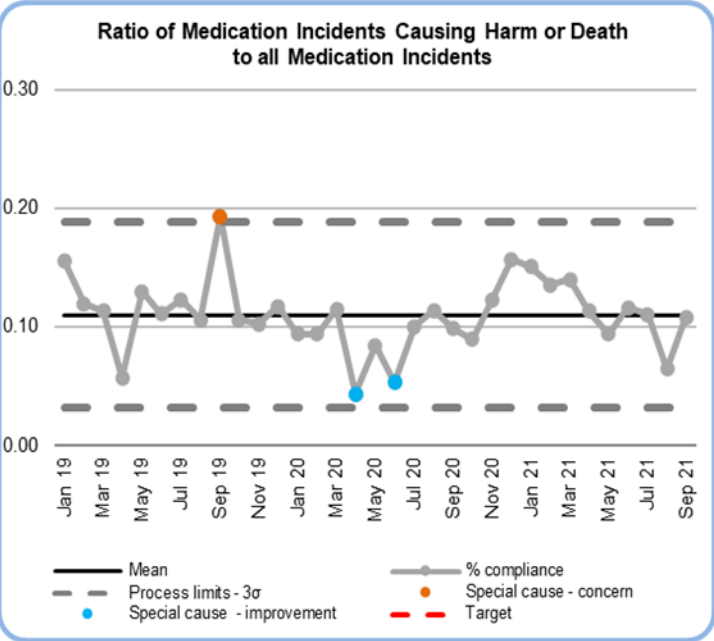
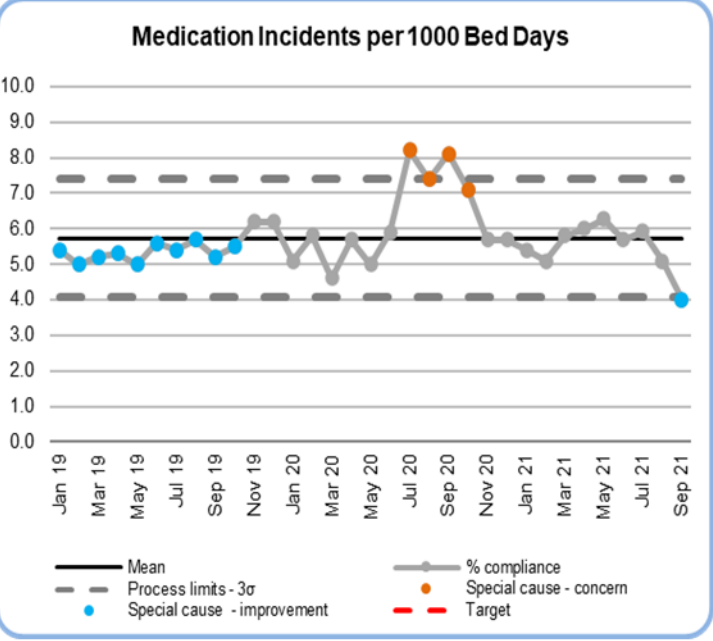
##### What does the data tell us?

In August, the rate of VTE Risk Assessments performed on admission was 94.22%. 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 have restored this to acceptable level during 2021/22.

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

# Medicines Management Report



## What does the data tell us?

NBT had a rate of 4 medication incidents per 1000 bed days. This is the lowest rate in the last 6 months. The organisation was under significant operational pressure during September 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

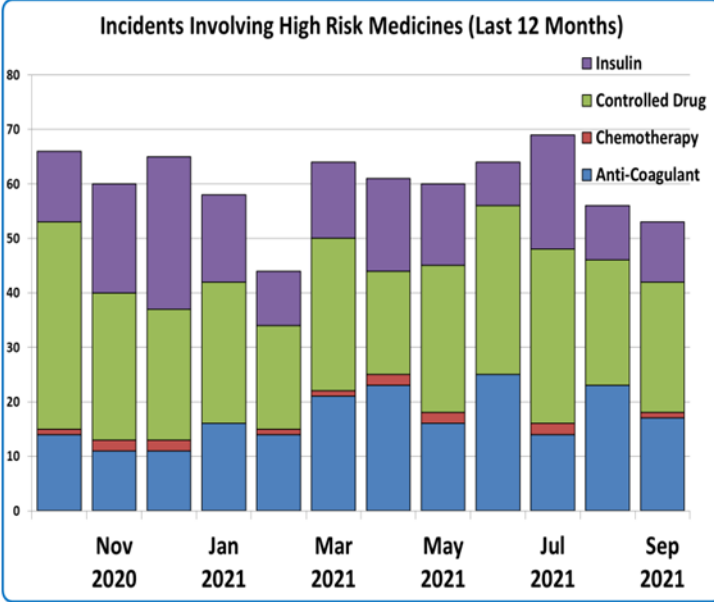
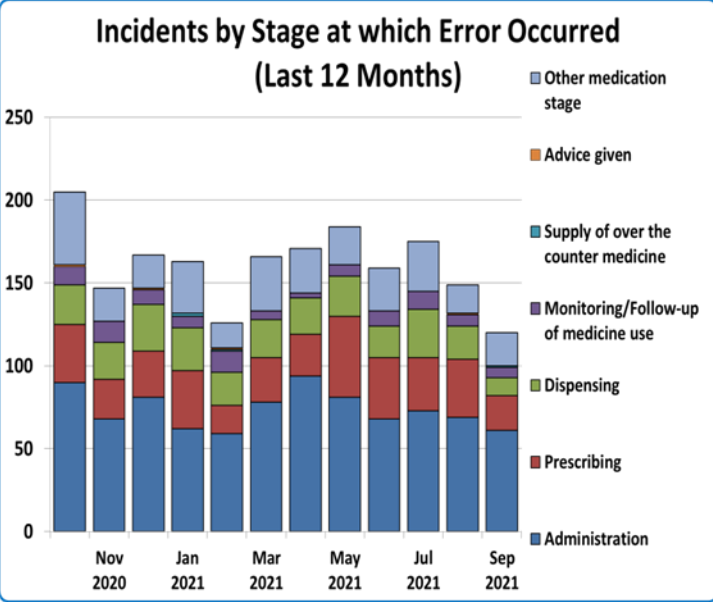
During September 2021, c.11% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.11). 'No harm' incidents accounted for 89% of all NBT reported medication incidents. This is consistent with the trend over the last 6 months.

## Incidents by Stage

Incidents occurring at the 'administration' stage accounted for c.51% of all medication incidents in September 2021, with the next most frequent stage being 'other', where c.19% of incidents occurred.

## High Risk Drugs

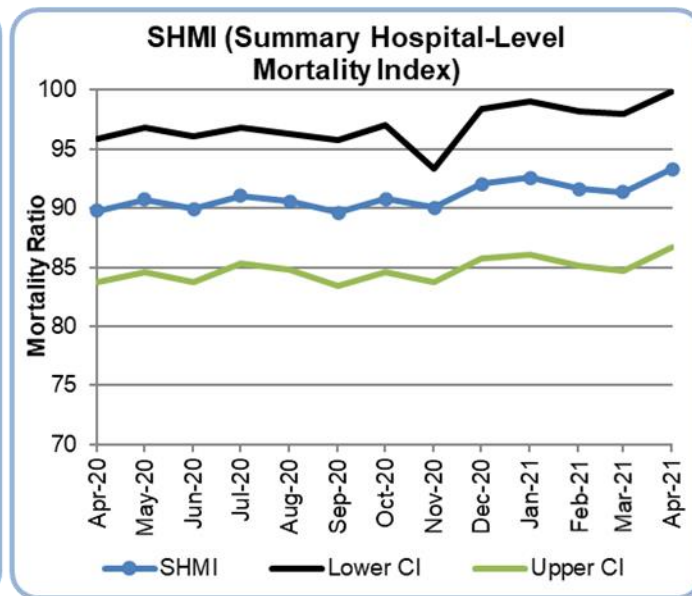
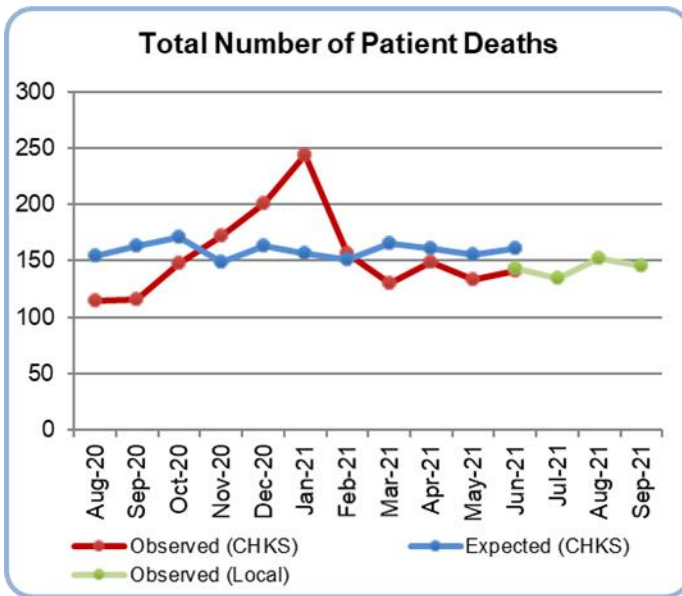
During September 2021, c.43% of all medication incidents involved a high risk medicine, which is an increase of 8% on August. However, this may be an indication of the significant operational pressures staff have been facing, whereby the reporting of incidents involving a high risk medicines are taking priority, as the actual number of these incidents has not increased.



## What actions are being taken to improve?

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

The Medicines Governance Team are working towards identifying themes within the 'other' category for incidents occurring by stage. Validating incidents occurring at the 'administration' stage remains a priority in order to direct improvement work streams to the appropriate areas. Thematic analysis across all incidents continues.



## 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 Aug 20 – July 21. In this time period 96.7% 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 26 of the 29 patients with Serious Mental Illness.

#### Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 15 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.

### Mortality Review Completion

Aug 20 – July 21		Completed	Required	% Complete	
Screened and excluded		1043			
High priority cases		256			
Other cases reviewed		567			
<b>Total reviewed cases</b>		<b>1866</b>	<b>1929</b>	<b>96.7%</b>	
Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.5%	26.1%	44.8%	24.6%

Date of Death	Jul 20 – June 21
Scrutinised by Medical Examiner	1079
Referral to Quality Governance team	123

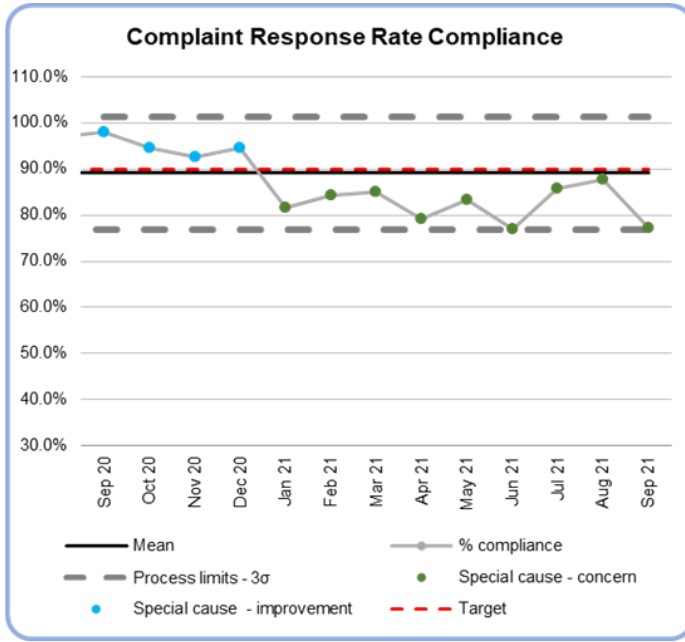
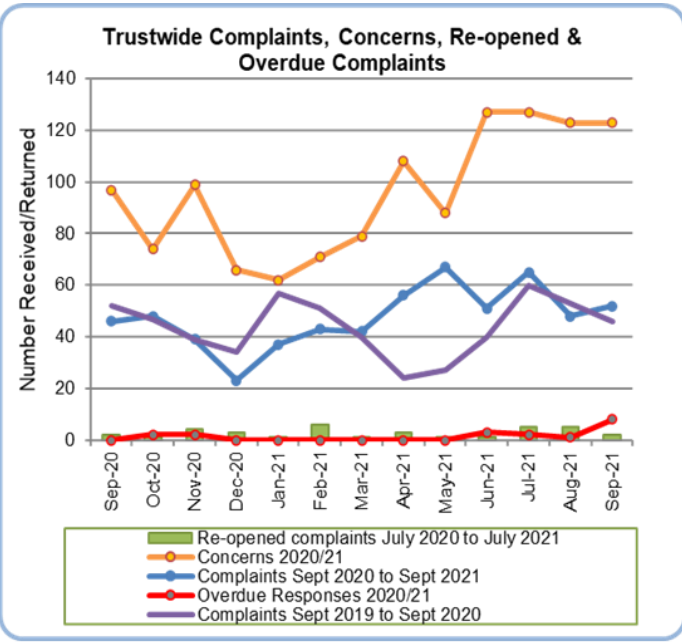
### What actions are being taken to improve?

To continue with the Learning from Deaths Development Programme. Previous session focussed on the processes surrounding 1 and 2 care scores, and how to ensure that learning from deaths aligns with the introduction of PSIRF (new national approach to Patient Safety Incidents).

The next session at the end of October will be focusing on the data flows into and out of the system in order to provide specialties the information needed to manage their mortality reviews and to extract learning from the work undertaken. The sessions are being led by the Clinical Audit and Effectiveness Manager with input from multiple staff groups including consultants, nursing staff, specialist teams, the medical examiner's office and a senior quality lead from NHSE/I.

## **Patient Experience**

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



## Complaints and Concerns

### What does the data tell us?

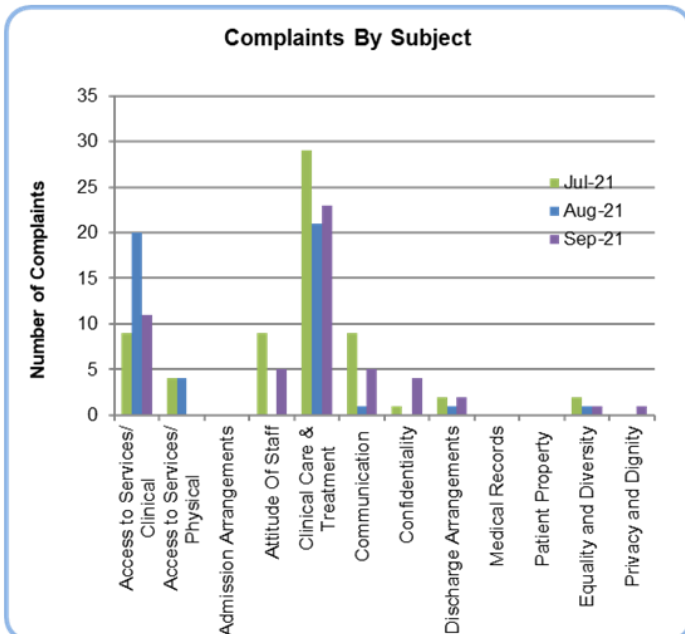
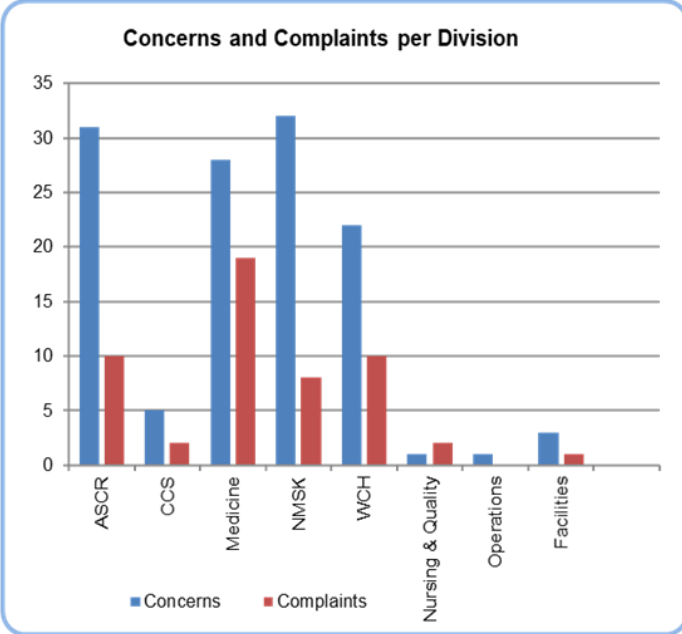
In September 2021, the Trust received 52 formal complaints. The most common subject for complaints remains 'Clinical Care and Treatment' with an increase in complaints regarding, 'Attitude of Staff' and 'Confidentiality'.

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

ASCR	10 (15)	CCS	2 (1)
Medicine	19 (13)	NMSK	8 (6)
WCH	10 (12)	N&Q	2 (0)
Finance	1 (0)		

In September, a total of 65 enquiries and 123 PALS concerns were received. This is consistent with the high levels of activity since June.

Complaint Response Rate Compliance - The chart demonstrates the % of complaints responded to within agreed timescales. Since January the response rate has been below the Trust target of 90%. Whilst we saw some recovery in July and August, the compliance rate has once again fallen significantly in September to 77%. Furthermore, for the first time in over a year, we have a concerning number of overdue complaints. At the time of reporting there are 8 overdue complaints. Medicine, WaCH and ASCR are the divisions which are struggling most with their compliance rate and number of overdue complaints.



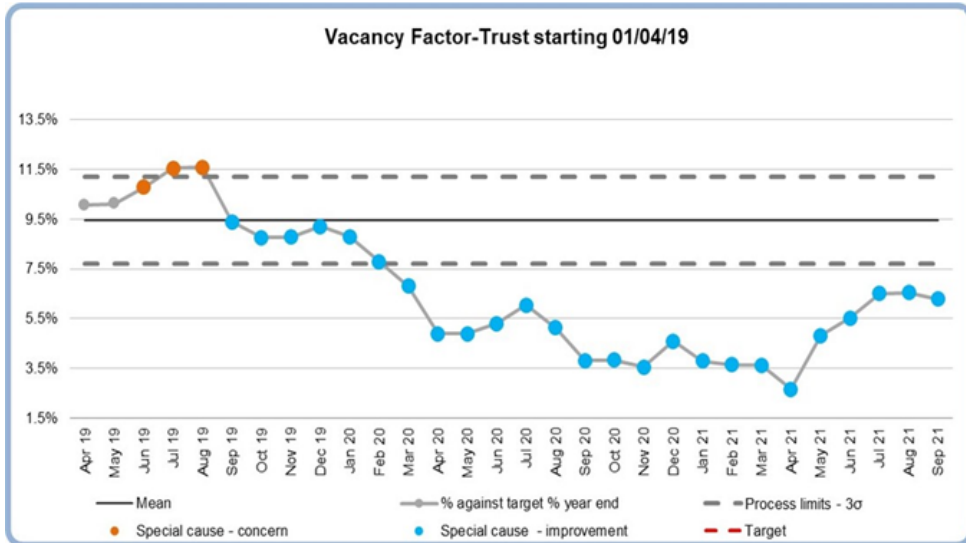
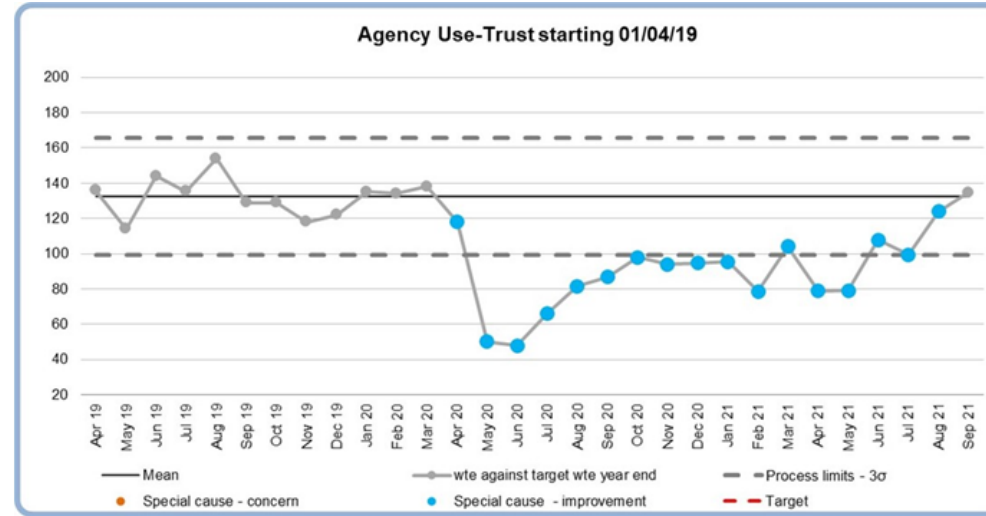
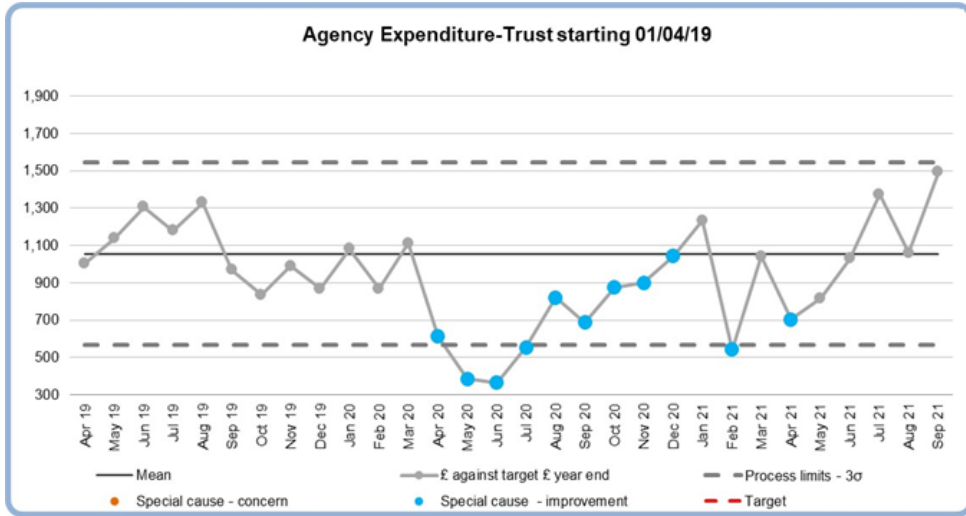
### What actions are being taken to improve?

- HoPE and Patient Experience Manager to support divisions (Medicine) with recruiting to vacancies in the Divisional Patient Experience Team **(due 31/10/2021)**
- Central Complaints Team Manager has supported ASCR with contacting overdue complainants to manage expectations. **(completed)**
- HoPE and Patient Experience Manager are exploring possible recovery plans for WaCH, Medicine and ASCR however with vacancies and sickness in these divisions it's unclear how much capacity there is to deliver a plan **(due 31/10/2021)**
- Escalated risk and concern to Director of Nursing and Quality. **(completed)**

**Well Led**

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

# Workforce



## What Does the Data Tell Us – Temporary Staffing

September remained a challenging month for both Bank and Agency supply across the Trust. The implementation of Allocation on Arrival shifts has helped support the needs of the Trust but continuing staffing shortages have meant a larger number of shifts have been filled by High Cost Non Framework agency.

Mass Vaccination temporary resource recruitment continued in preparation of Phase 3 and Flu campaigns.

## What Does the Data Tell Us – Vacancies

The Band 5 vacancy factor has reduced to 11% (144 WTE) and is the key driver behind the Trust level reduction in vacancy factor in September. The live virtual recruitment event was well attended, with 10 offers made on the day, making a total of 25 offers in the month. HCSW Recruitment activity generated 15 new starters in the month

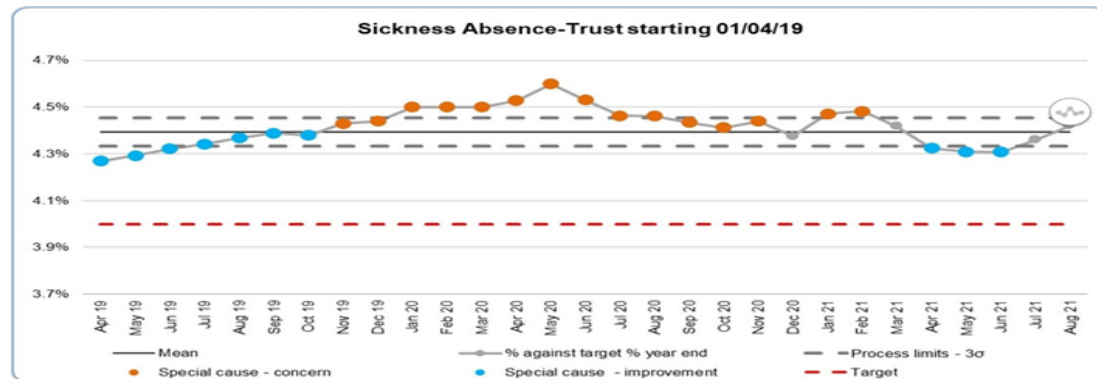
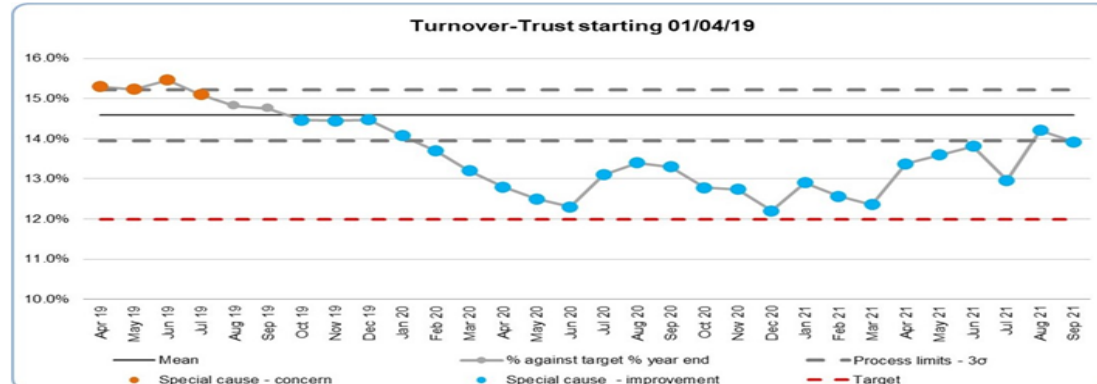
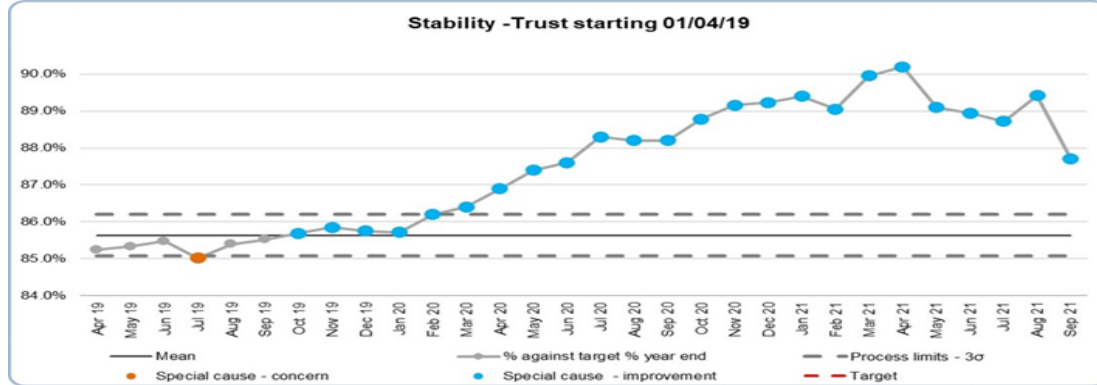
## Actions – Vacancies and Temporary Staffing

### Head of Resourcing

- Bank recruitment activity has been increased in all staff groups – **Ongoing**
- Assign on Arrival implemented to maximise temporary worker impact – **Oct-21**



# Engagement and Wellbeing



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

Stability has reduced by virtue of the high intake of newly qualified staff rather than a deterioration of our retention of staff with greater than 1 years service.

Turnover has increased over the course of 21/22, the reduction in Sep-21 is associated with the intake of registered nurses growing our staff in post. Registered nursing and midwifery has seen an increase in turnover in 21/22 rising from 12.82% in April to 14.86% in October.

## Actions - Turnover and Stability

### Head of People

- A task and finish group has been established which has developed some suggested actions against each of these themes, some of which are already being implemented. Updates and progress will be monitored and shared. – **ongoing, with actions and themes being discussed at the next Supply and Demand meeting in Oct-21**
- The BNSSG Workforce Recovery Cell are continuing to share intelligence and initiatives linked to both staff turnover and sickness, meeting on a weekly basis - **ongoing**

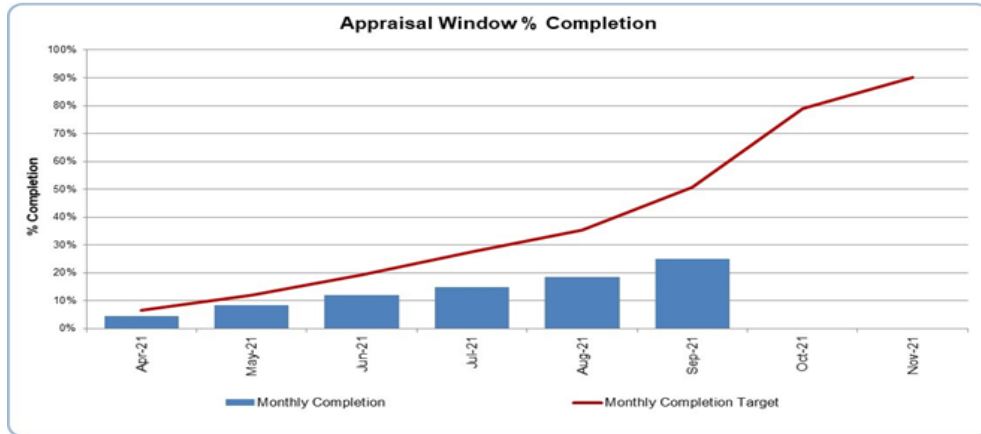
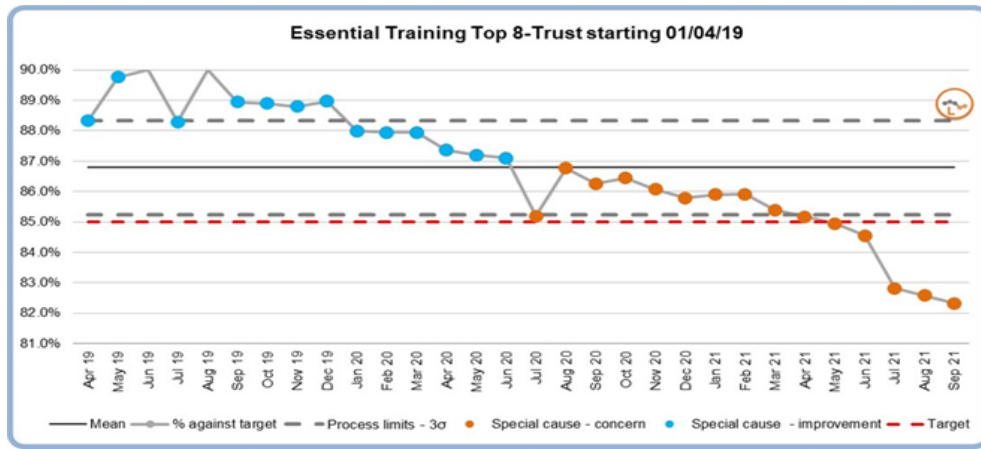
## What Does the Data Tell Us - Sickness and Health and Wellbeing

Sickness absence has increased over the last quarter predominantly driven by *stress/anxiety/depression/other psychiatric illness* and particularly in the clinical workforce.

## Actions - Sickness and Health and Wellbeing

### Head of People and Head of People Strategy

- As a result of this we are focussing on ensuring that our communication to and with staff is compassionate and supportive;
- We are reviewing the tone and content of the letters that go out to staff advising them of their half/nil sick pay dates and status; - **Nov 21**
- Our new draft sickness policy is more supportive and simple in style and practical application; To go to JCNC sub-group - **Nov 21**
- We are re-launching our Bullying and Harassment support line and Advisor network – aiming to support the psychological well-being of staff - **Nov-21**



Training Topic	Variance	Aug-21	Sep-21
Child Protection	-0.4%	83.4%	83.0%
Adult Protection	-0.3%	84.5%	84.2%
Equality & Diversity	-0.5%	85.9%	85.4%
Fire Safety	-0.5%	83.4%	82.9%
Health & Safety	-0.4%	85.7%	85.3%
Infection Control	-0.1%	89.8%	89.8%
Information Governance	-0.8%	80.2%	79.4%
Manual Handling	1.4%	65.8%	67.2%
Waste	-0.5%	84.5%	84.0%
<b>Total</b>	<b>-0.3%</b>	<b>82.58%</b>	<b>82.32%</b>

## What Does the Data Tell Us - Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has been below the minimum threshold of 85% since March-21. The main driver for this drop is the influx of newly qualified staff & junior doctors but we are expecting compliance rates to significantly recover over the next few months as these new hires complete their mandatory learning modules. Face to face Manual Handling update sessions have been replaced by eLearning, this has increased accessibility to sessions and this has seen an initial uptake in compliance

## Actions – Essential Training

### Head of Learning and Organisational Development

- Kallidus Learn which will replace NBT's MLE platform will give greater oversight of team members compliance – **Jan-21**
- A Trust wide communication strategy is due to launch in November to publicise the introduction of the new system. This will also be used as a timely reminder to remind individuals to complete their essential training – **Nov-21**

## Other Wider Actions

### Head of Learning and Organisational Development

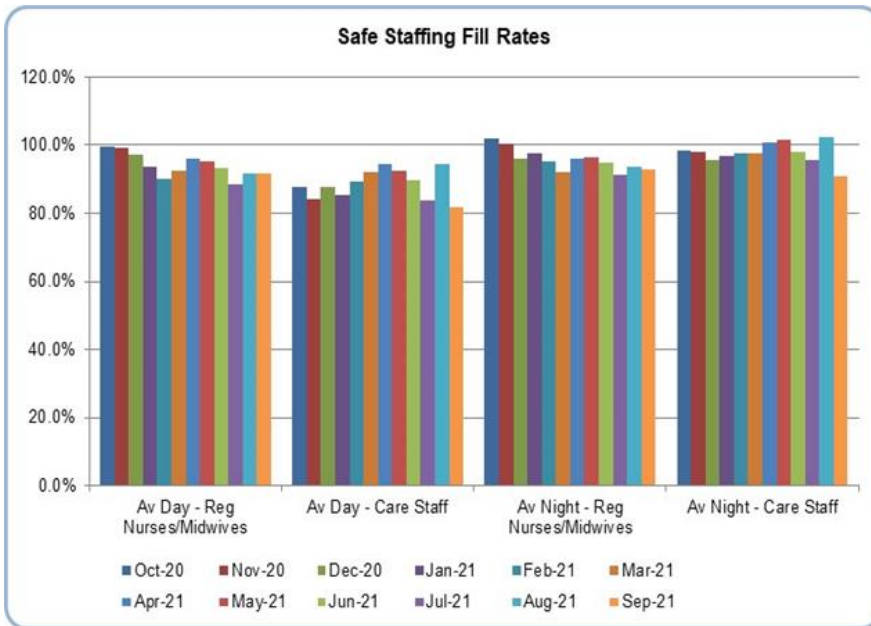
## Leadership & Management Development

- All learning activity is now delivered with a blended approach of online and face to face facilitation
- Leadership & Management learning activity continues including the OneNBT Leadership Programme and the Matron Leadership Programme
- Successful launch of ILM Level 3 Effective Coach Award in September with 12 candidates on a 6 month programme

- OneNBT Management modules are all available for enrolment on our learning portal (MLE).

## Apprenticeship Centre

- Apprenticeship assessors have now returned to clinical areas and have completed a series of classroom catch-up support sessions.
- From August the Apprenticeship Centre has returned to business as usual, however planned activity is regularly reviewed in a systematic way to ensure safe staffing levels within clinical areas.



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 July as can be seen below.

**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

**Medirooms (75.1% Day)** Registered Staff vacancies

**7a (74.4% Day / 66.7% Night)** staffing supplemented with redeployed RNs and HCSW.

**7b (79.9% Day / 78.4% Night)** staffing supplemented with redeployed RNs and HCSW.

**26a (71.1% Night)** Registered Staff vacancies

**Cotswold (65.8% Day)** reduced occupancy

**Mendip (77.3% 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

**7a (78.9% Night)** staffing supplemented with redeployed RNs and HCSW.

**9b (67.5% Day)** Unregistered staff vacancies and absence.

**9a (74.8% Day)** Unregistered staff vacancies and absence

**AMU (73.6% Night)** Unregistered staff vacancies and absence, additional RN

**28b (76.3% Day)** staffing supplemented with redeployed RNs

**34b (62.2% Day / 61.1% Night)** Unregistered staff vacancies

**Medirooms (67.1 3% Day / 71.4% Night)** Unregistered staff vacancies

**8b ( 62.1% Day)** Unregistered staff vacancies

**26b (77.1% Day)** staffing supplemented with redeployed RNs

**NICU (32.2% Day / 39.1% Night)** Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

**Quantock (60.9% Day / 67.4% Night)** vacancies, staffing deployed as required to meet patient needs across the service.

**Cotswold Ward (71.7% Day)** Reduction in HCSW required due to lower occupancy

**Mendip (74.7% Night)** vacancies, staffing deployed as required to meet patient needs across the service.

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

**Elgar (153/9% Day)** patients requiring enhanced support with Registered Mental Health nursing

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

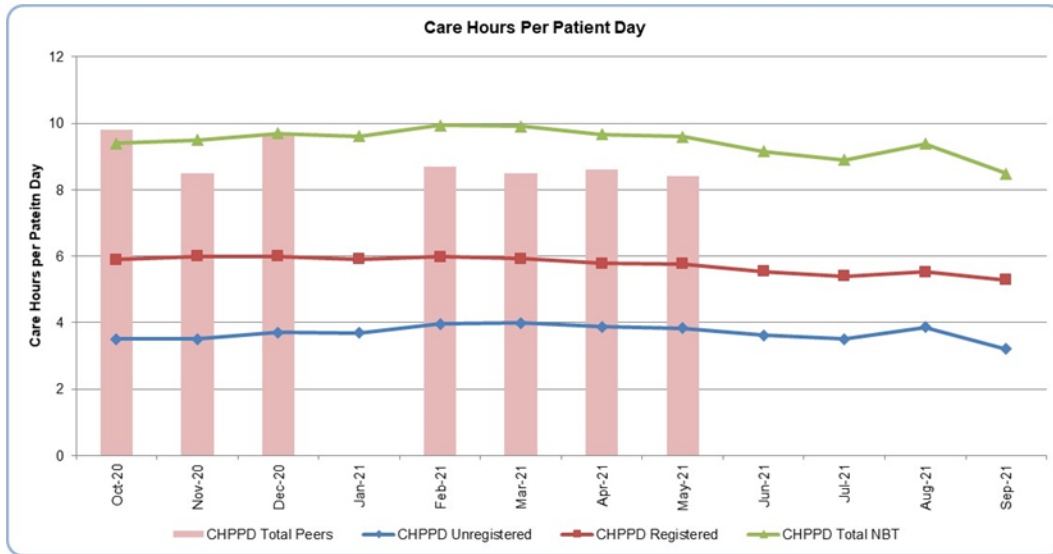
**33a (177.5% Night)** patients requiring enhanced care support

**Rosa Burden (162.9% Night)** patients requiring enhanced care support

**7b (156.8% Night)** patients requiring enhanced care support

Sep-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
<b>Southmead</b>	91.6%	81.6%	92.9%	91.0%

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



### Care Hours per Patient Day (CHPPD)

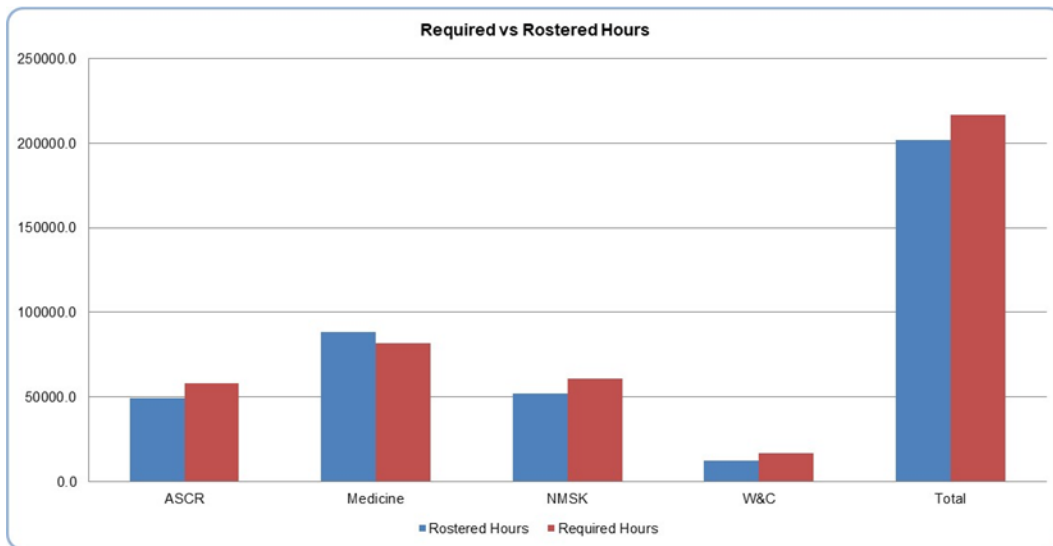
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

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

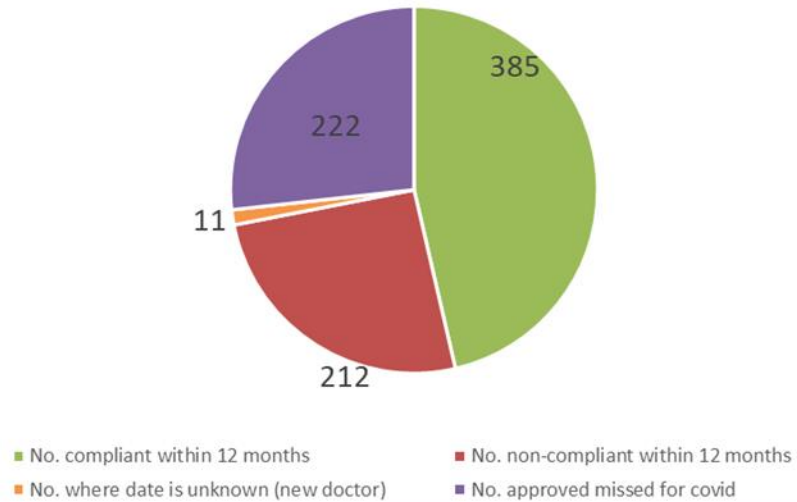
### Safe Care Live (Electronic Acuity Tool)

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

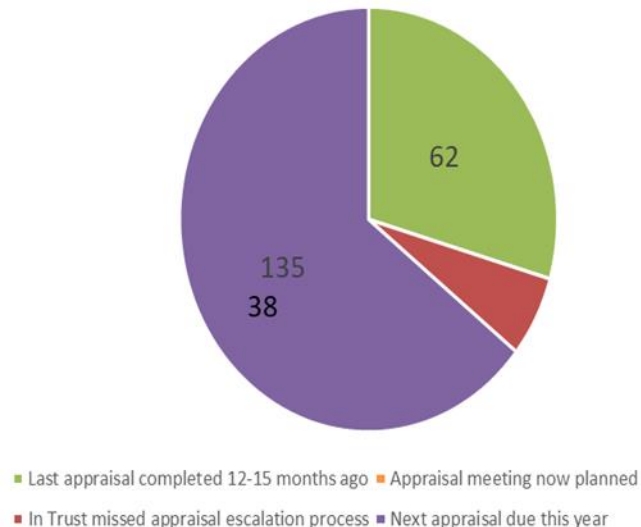
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



### Appraisal compliance - past 12 months



### Non-compliant doctors - past 12 months



## Medical Appraisal

### What does the data tell us?

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

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

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

### What actions are being taken to improve?

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

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

## Finance

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

## Statement of Comprehensive Income at 30th September 2021

	M6	M6	M6	YTD	YTD	YTD
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	55.0	59.1	4.1	330.0	337.5	7.6
Other Income	5.7	7.0	1.3	35.0	39.0	4.1
Pay	(38.8)	(42.2)	(3.4)	(222.7)	(223.7)	(1.0)
Non-Pay	(21.7)	(23.8)	(2.1)	(141.8)	(152.8)	(11.0)
<b>Surplus/(Deficit)</b>	<b>0.2</b>	<b>0.0</b>	<b>(0.2)</b>	<b>0.4</b>	<b>0.0</b>	<b>(0.4)</b>

### Assurances

The YTD financial position to the end of September 21 shows a breakeven position which is in line with Plan.

The Core Trust (excluding COVID 19 and Mass Vaccination Programme) delivered a deficit of £0.5m for September and £2.1m for year to date.

The Trust has accrued costs of £8.9m in line with the ERF income estimate in the year to date position. The ERF income remains subject to validation, which requires various gateways to be met at a system level.

The Trust has made no changes to its forecast outturn of a breakeven position for the year and will formally review at month 6 and month 9 and report this to TMT in October and January.

## Statement of Financial Position at 30th September 2021

	20/21 M12	21/22 M05	21/22 M06	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	579.3	578.6	578.0	(0.6)	(1.3)
Intangible Assets	14.7	12.3	12.1	(0.1)	(2.6)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
<b>Total non-current assets</b>	<b>595.8</b>	<b>592.6</b>	<b>591.8</b>	<b>(0.7)</b>	<b>(4.0)</b>
<b>Current Assets</b>					
Inventories	8.5	9.0	9.0	0.0	0.5
Trade and other receivables NHS	10.2	18.7	23.1	4.3	12.9
Trade and other receivables Non-NHS	26.3	24.1	26.6	2.5	0.3
Cash and Cash equivalents	121.5	102.5	94.4	(8.1)	(27.1)
<b>Total current assets</b>	<b>166.5</b>	<b>154.3</b>	<b>153.0</b>	<b>(1.3)</b>	<b>(13.4)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	26.9	13.4	4.9	(8.5)	(22.0)
Trade and Other payables - Non-NHS	98.7	92.0	103.7	11.8	5.0
Deferred income	8.5	13.7	9.7	(4.0)	1.2
PFI liability	12.3	15.2	15.2	0.0	3.0
Finance lease liabilities	2.8	2.5	2.5	(0.0)	(0.3)
<b>Total current liabilities</b>	<b>149.2</b>	<b>136.8</b>	<b>136.0</b>	<b>(0.8)</b>	<b>(13.1)</b>
Trade payables and deferred income	7.8	8.2	8.2	0.0	0.4
PFI liability	368.7	364.6	363.9	(0.8)	(4.8)
Finance lease liabilities	3.9	3.4	2.9	(0.5)	(1.0)
<b>Total Net Assets</b>	<b>232.6</b>	<b>233.8</b>	<b>233.8</b>	<b>(0.0)</b>	<b>1.2</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)	(0.3)	(0.0)	(3.8)
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>233.8</b>	<b>(0.0)</b>	<b>1.2</b>

### Assurances and Key Risks

**Receivables** : Of the £12.9m year to date increase in NHS receivables, £5.1m relates to accrued reimbursement for the pay award made in September, £2.4m relates to accrued (ERF) monies due from NHSE&I, £1.9m relates to accrued MV Service income and £1.1m relates to higher NHS invoiced debt

£3.4m of the non-NHS debt older than 365 days relates to private and overseas patients and has been fully provided for.

**Payables** : YTD NHS payables have reduced by £22m, of which £14m is a result of the repayment of cash to NHS England relating to 2020/21

Of the £5m in-year decrease in Non-NHS payables reflects the payment of creditors following the year end peak in spend particularly capital works.

**Cash** : The cash balance has decreased by £27.1m in-year due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, the £14.0m repayment in August 2021 to NHS England of monies paid to NBT during 2020/21 for reimbursement of covid revenue costs and lost income, along with £5.1m for the element of the NHS pay award paid in September 2021.

A high-level cash flow forecast has been developed, which shows that the Trust is able to manage its affairs without any external support for the 2021/22 financial year.

The YTD cash balance includes a £3.8m payment of PDC dividend, of which £1.7m relates to the second half of the 2021/22 financial year.

**Capital** : Total capital spend to date is £9.5m, compared to a plan of £10.8m for the first 6 months of the year. Expenditure to date on the core plan is £4.6m below plan but this is offset by an additional £3.3m of capital expenditure on the Accelerator capital programme not planned at the start of the year.



	£m	Commentary
<b>Risks</b>		
<b>Risk to Delivery of Contract Income</b>		
Other Contract Income - Non-NHS Overseas Patients	(1.2)	Continued Lower Level of Activity
Other Contract Income - Injury Cost Recovery	(0.9)	Continued Lower Level of Activity
Efficiency requirement Implied in H2 income settlement.	(6.9)	
<b>Total</b>	<b>(9.0)</b>	
<b>Opportunities</b>		
<b>Mitigating Actions</b>		
Other Contract Income - Non NHS Private Patients	0.4	Continued run rate better than Plan
Reduction in COVID expenditure	3.0	Reduced COVID expenditure in H2
Recurrent CIP Delivery	1.8	
Non recurrent CIP delivery	2.9	
Depreciation / PDC benefit from delays in investment	0.9	
<b>Total</b>	<b>9.0</b>	

### Assumptions, opportunities and risks

- The Trust has assumed that any surplus Covid cost funding from the system can be retained.
- There is a risk that non-recurrent funding is currently being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other cost pressures are increasing the recurrent cost base of the Trust. Further recurrent investments in quality and safety have been approved in advance of confirmation of potential commissioner funding. Mechanisms for allocating recurrent funding across the system are not yet fully developed.
- Potential risks to the delivery of the Trust cost improvement programme may arise.
- H2 guidance is now published, and this confirms a lower level of efficiency than previously assumed. The risks and mitigations table opposite had previously assumed an efficiency requirement in the second half of 2021/22 of £10m. The guidance indicates that the efficiency asked of the system is at the low end of initial expectations and draft system calculations identify potential efficiency requirement of circa £5.8m reduction in income and £1.1m reduction in expenditure. The Trust is still targeting CIP delivery against its internal target of £10m in 21/22.
- The Forecast Outturn Position for the end of the financial year is still expected to be breakeven.

This table has been updated in line with the national H2 guidance for M6 financial reporting.

## Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

## Monitor Provider Licence Compliance Statements at September 2021

### Self-assessed, for submission to NHSI

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

# Appendix 1: Glossary of Terms

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

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

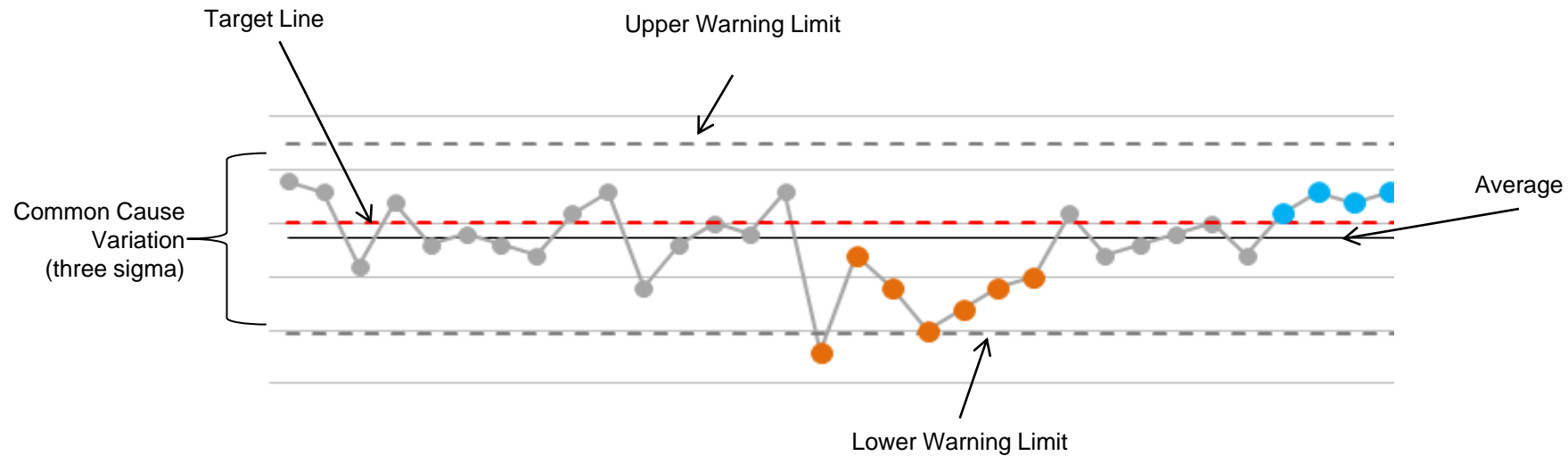


## NBT Quality Priorities 2020/21

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

## Abbreviation Glossary

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



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

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

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

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

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

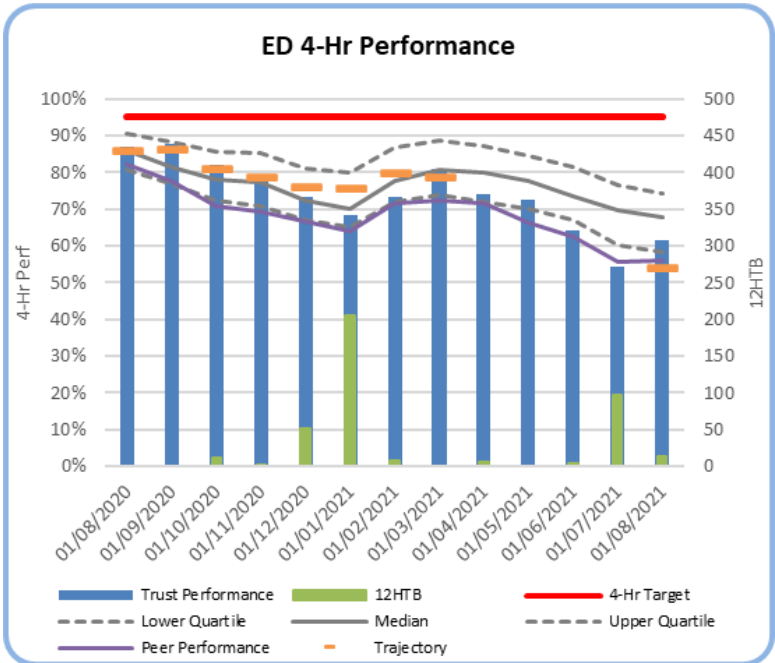
**Further reading:**

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

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

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

# Appendix 3: Benchmarking Chart Guidance



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

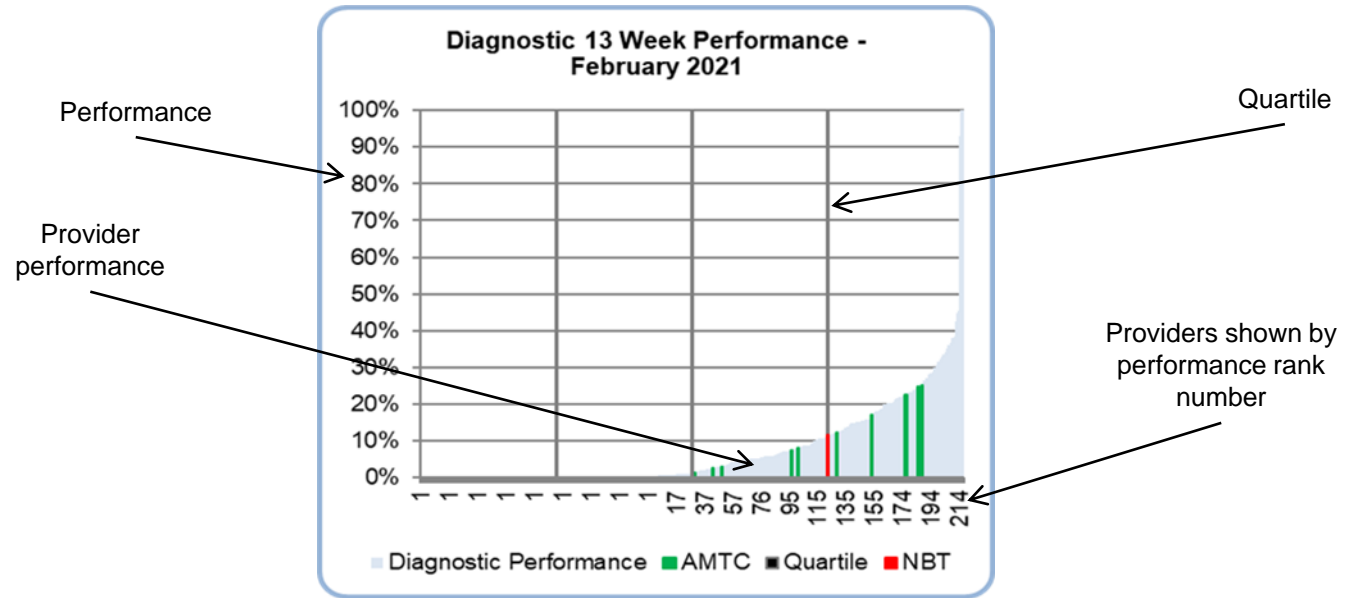


Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4<sup>th</sup>), among the worst performing Trusts. If low 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.



**Vertical axis** represents the performance value.

**Horizontal axis** shows the performance ranking for each provider respectively. Each bar within the graph represents a providers performance value with Adult Major Trauma Centres highlighted in green and NBT highlighted in red.

**Quartiles** have been calculated based on the full spread of performance values and are represented as grey bars.

**Ranking** has been calculated based on unique performance values i.e. if multiple providers have reported the same performance value for any given month then they will be attributed the same ranking.

**Missing bars** represent a performance value of 0 or 0%. In the chart above, a number of providers have reported a performance position of 0% and have therefore all been attributed the ranking of 1, or first.