

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



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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-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
A&E 12 Hour Trolley Breaches	R	0	0	0	0	12	3	52	206	7	0	6	0	4	97	14		0-57		7/9	
Ambulance Handover < 15 mins (%)		100%	39.75%	98.01%	76.69%	68.07%	67.70%	57.77%	54.95%	60.97%	58.17%	50.28%	51.07%	48.46%	39.75%	37.84%					
Ambulance Handover < 30 mins (%)	R	100%	60.62%	99.83%	96.04%	93.50%	93.76%	88.44%	83.80%	92.75%	89.36%	79.42%	80.43%	73.44%	60.62%	66.21%					
Ambulance Handover > 60 mins		0	271	0	4	33	26	82	180	57	83	272	199	346	636	471					
Stranded Patients (>21 days) - month end				95	114	247	141	145	125	130	137	273	116	123	280	145					
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%	28.36%					
Bed Occupancy Rate			93.00%	87.51%	92.30%	94.19%	92.38%	95.10%	95.86%	92.74%	92.49%	95.25%	95.23%	96.63%	95.96%	95.32%					
Diagnostic 6 Week Wait Performance		1.00%	34.34%	32.36%	29.58%	27.47%	26.73%	32.37%	33.04%	27.20%	24.72%	29.45%	31.99%	36.13%	38.91%	42.55%		28.51%		9/10	
Diagnostic 13+ Week Breaches		0	0	1979	1998	1697	1427	1487	1420	1358	1364	1513	1779	2054	2183	2180		8-2218		9/10	
Diagnostic Backlog Clearance Time (in weeks)				1.0	0.9	0.9	0.8	1.0	1.0	0.8	0.8	0.9	1.1	1.3	1.3	1.4					
RTT Incomplete 18 Week Performance		92.00%	0.00%	63.96%	70.46%	74.00%	74.35%	73.18%	71.62%	70.65%	71.64%	73.59%	74.29%	74.98%	73.78%	73.16%		63.95%		3/10	
RTT 52+ Week Breaches	R	0	1247	797	1001	1092	1249	1418	1817	2108	2088	1827	1583	1473	1544	1770		89-10053		4/10	
RTT 78+ Week Breaches	R		0	-	-	-	-	-	-	-	-	363	424	448	532	656		0-3731		5/10	
RTT 104+ Week Breaches	R		0	-	-	-	-	-	-	-	-	5	12	19	28	34		0-330		5/10	
Total Waiting List	R		32694	28814	29387	30214	29632	29611	29759	29716	29580	31143	31648	32946	34315	35794					
RTT Backlog Clearance Time (in weeks)				7.7	6.4	5.5	4.8	4.9	5.2	5.8	5.6	4.9	4.8	5.2	5.2	5.7					
Cancer 2 Week Wait	R	93.00%	58.78%	78.05%	76.30%	89.01%	78.65%	63.72%	60.03%	70.87%	63.24%	39.53%	36.58%	36.44%	53.40%	-		76.25%		7/10	
Cancer 2 Week Wait - Breast Symptoms		93.00%	16.28%	75.18%	54.04%	87.76%	61.07%	33.77%	49.64%	36.17%	15.20%	6.18%	9.21%	17.19%	71.23%	-		52.60%		10/10	
Cancer 31 Day First Treatment		96.00%	85.59%	95.78%	90.31%	92.68%	97.01%	95.47%	89.84%	95.96%	96.62%	94.40%	97.38%	95.48%	95.77%	-		93.47%		6/10	
Cancer 31 Day Subsequent - Drug		98.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		99.40%		1/10	
Cancer 31 Day Subsequent - Surgery		94.00%	79.06%	89.86%	85.19%	87.76%	91.95%	92.22%	77.66%	84.44%	85.48%	81.18%	86.73%	84.62%	90.80%	-		87.70%		7/10	
Cancer 62 Day Standard	R	85.00%	81.37%	73.10%	70.07%	72.87%	75.76%	77.39%	65.91%	74.34%	76.09%	75.00%	77.11%	62.74%	68.59%	-		70.01%		9/10	
Cancer 62 Day Screening		90.00%	85.71%	66.67%	100.00%	77.14%	76.92%	86.36%	78.57%	86.79%	68.18%	73.68%	54.72%	73.33%	86.36%	-		73.55%		4/10	
Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
Electronic Discharge Summaries within 24 Hours		100%		82.74%	82.96%	84.21%	83.73%	82.94%	81.55%	83.68%	84.75%	84.52%	82.59%	83.37%	83.10%	83.08%					

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.22%	0.23%	0.64%	0.73%	0.70%	0.50%	0.51%	0.43%	0.70%	0.95%	0.69%	1.51%	1.15%	
	Caesarean Section Rate			28.00%	39.01%	35.00%	36.42%	31.16%	41.92%	35.13%	38.69%	40.28%	37.44%	33.11%	40.09%	39.36%	34.88%	
	Still Birth rate			0.40%	0.20%	0.41%	0.00%	0.23%	0.64%	0.46%	0.23%	0.00%	0.43%	0.22%	0.00%	0.20%	0.00%	
	Induction of Labour Rate			32.10%	38.60%	38.87%	36.62%	39.77%	37.55%	39.81%	33.80%	33.81%	35.24%	37.14%	35.29%	37.35%	35.31%	
	PPH 1500 ml rate			8.60%	3.90%	2.10%	3.39%	4.42%	2.83%	3.26%	3.94%	3.23%	3.07%	4.03%	5.17%	2.00%	2.11%	
	Never Event Occurrence by month		0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	-	-	-	-	-	-	-	-	-	2	2	
	Healthcare Safety Investigation Branch Investigations				-	-	-	-	-	-	-	-	-	-	-	1	2	
	Total Incidents				1030	1057	1210	1051	1059	1229	877	1004	1035	1068	1024	1046	911	
	Total Incidents (Rate per 1000 Bed Days)				49	47	50	49	49	56	45	46	46	44	43	46	36	
	WHO checklist completion			95%	99.70%	99.60%	99.60%	99.40%	99.95%	99.79%	100.00%	100.00%	99.92%	99.60%	99.96%	99.88%	99.82%	
	VTE Risk Assessment completion	R		95%	95.08%	95.15%	95.12%	94.61%	95.44%	95.28%	95.10%	95.38%	95.44%	95.45%	95.31%	95.06%	-	
	Pressure Injuries Grade 2				14	13	28	17	17	17	27	7	9	10	15	17	22	
	Pressure Injuries Grade 3			0	0	1	1	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	1	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.50	0.46	0.85	0.42	0.60	0.52	0.82	0.19	0.30	0.30	0.48	0.51	0.72	
	Falls per 1,000 bed days				7.68	6.70	9.57	8.85	8.55	9.54	8.63	8.44	8.34	8.71	8.53	8.35	7.71	
	#NoF - Fragile Hip Best Practice Pass Rate				63.64%	54.17%	77.27%	75.61%	63.64%	42.86%	69.05%	78.38%	57.78%	50.00%	68.00%	67.50%	-	
	Admitted to Orthopaedic Ward within 4 Hours				66.67%	79.17%	67.44%	53.66%	57.14%	39.68%	54.76%	44.68%	71.88%	54.05%	42.86%	52.50%	-	
	Medically Fit to Have Surgery within 36 Hours				72.73%	68.75%	86.05%	80.49%	79.59%	58.73%	80.95%	89.36%	71.88%	51.35%	80.95%	70.00%	-	
	Assessed by Orthogeriatrician within 72 Hours				90.91%	87.50%	93.02%	95.12%	79.59%	80.95%	97.62%	97.87%	56.25%	18.92%	90.48%	95.00%	-	
	Stroke - Patients Admitted				63	83	86	79	80	70	61	96	91	100	91	75	51	
	Stroke - 90% Stay on Stroke Ward			90%	93.20%	88.00%	84.62%	81.97%	80.88%	58.18%	83.33%	81.08%	98.26%	86.76%	80.82%	87.30%	-	
	Stroke - Thrombolysed <1 Hour			60%	60.00%	69.00%	72.73%	50.00%	33.33%	50.00%	44.00%	78.00%	100.00%	50.00%	70.00%	85.71%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60%	63.30%	69.10%	61.73%	63.64%	47.83%	35.59%	60.00%	48.68%	47.89%	52.00%	49.33%	46.20%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90%	89.00%	80.00%	86.00%	89.71%	85.92%	87.30%	91.55%	90.00%	85.14%	90.36%	92.11%	95.45%	-	
	MRSA	R	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	
	E. Coli	R		4	7	8	4	5	3	3	1	6	4	5	4	1	5	
C. Difficile	R		5	3	5	7	5	7	4	9	4	10	6	10	6	2		
MSSA			2	2	1	4	6	2	3	3	0	4	1	5	2	5		
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				-	-	-	-	-	-	94.26%	95.51%	95.51%	94.74%	92.68%	95.95%		
	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%	
	Friends & Family - OP - Proportion Very Good/Good				-	-	-	-	95.60%	95.71%	95.29%	94.63%	94.90%	94.40%	94.65%	94.54%		
	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%	
	PALS - Count of concerns				51	95	73	99	66	62	71	79	108	88	127	127	123	
	Complaints - % Overall Response Compliance			90%	97.06%	98.04%	94.44%	92.68%	94.64%	81.48%	84.38%	85.11%	79.07%	83.33%	77%	85.71%	87.72%	
Well Led	Complaints - Overdue				0	0	2	2	0	0	0	0	0	0	2	1		
	Complaints - Written complaints				53	46	48	39	23	37	43	42	56	67	51	65	48	
	Agency Expenditure ('000s)				822	687	875	900	1043	1234	544	1042	705	816	1029	1374	1061	
	Month End Vacancy Factor				5.14%	3.82%	3.83%	3.38%	4.59%	3.80%	3.65%	3.62%	2.66%	4.81%	5.53%	6.52%	6.55%	
	Turnover (Rolling 12 Months)	R		12.00%	13.41%	13.25%	12.78%	12.74%	12.73%	12.89%	12.56%	12.36%	13.37%	13.60%	13.81%	12.97%	14.21%	
Sickness Absence (Rolling 12 month -In arrears)	R		-	4.46%	4.44%	4.41%	4.44%	4.38%	4.47%	4.48%	4.42%	4.32%	4.31%	4.31%	4.36%	-		
Trust Mandatory Training Compliance				86.77%	86.26%	86.45%	86.07%	85.79%	85.90%	85.91%	85.40%	85.17%	84.95%	84.55%	82.82%	82.58%		

# EXECUTIVE SUMMARY

## August 2021

### Urgent Care

Four-hour performance improved to 61.47% in August with the Trust ranking first amongst 9 reporting AMTC peers providers. The Trust had 471 ambulance handover delays over one hour and 14 12-hour trolley breaches in month. Four hour performance and Ambulance handover times were impacted by the consistently high bed occupancy (95.32% average for the month), rising COVID-19 admissions, poor complex discharge levels, and low morning discharges. When compared nationally, Trust positioning improved in August moving into the third quartile from the fourth. Four-hour performance is expected to remain challenged into September, based on the forecast bed occupancy. 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 P4 activity and running a limited P3 programme; which will result in further backlog growth.

### Elective Care and Diagnostics

The RTT waiting list continued to increase in August 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 1,770 patients waiting greater than 52 weeks for their treatment in August, 656 of these were patients waiting longer than 78 weeks and 34 were waiting over 104 weeks. This was the second consecutive month that the Trust has reported an increase in long waiting patients and is re-assessing the risk of 104 week breaches at year end based on H2 planning assumptions & 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. However, the Trust is focussing on risk assessed patients based on level of care need and length of wait. Diagnostic performance deteriorated in August to 42.55%, predominantly impacted by backlog growth for Non-Obstetric Ultrasound and Echocardiography. 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 been impacted by issues in the Breast, Colorectal and Skin specialties, though the Trust has seen improvement in July at 53.40% compared to the previous month (36.44%). The 31-Day standard was just missed in July, with performance of 95.77%. The reported 62-Day performance for July was 68.59%; an improvement on the June performance. Action in place to improve performance include approaches to increase capacity, ongoing recruitment plans and undertaking of pathway reviews.

### Quality

The Maternity service has seen an increase in MDT Ward Round compliance thanks to external funding for additional consultant PA's received. 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 August. 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; along with this NBT has seen outbreaks on wards resulting in closed beds.

### Workforce

The Trust vacancy factor increased to 6.55% in August (from 6.52% in July). Annual turnover saw an increase in August to 13.81%, however it is at a lower level than in August 2020 and August 2019. Temporary staffing demand saw an increase in August in line with an increase in absence; overall demand increased in August by 7.23% (82.09 wte), with bank fill increasing from 60.39% to 67.75%, which led to a corresponding reduction in unfilled shifts reducing by 14.75% (51.41 wte).

### Finance

NHSI/E has suspended the usual operational planning process and financial framework due to COVID-19 pandemic response. For the first half of the year the Trust is funded through a block contract arrangement against which it is expected to breakeven. 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 national guidance. The forecast Trust position for the first four months of 2021/22 is to breakeven. A phased plan was developed and submitted on 24th May to NHSE/I. The actual result for the month 4 and year to date is a breakeven position.

# RESPONSIVENESS

## SRO: Chief Operating Officer

### Overview

#### Urgent Care

The Trust reported four-hour performance of 61.47% in August. Ambulance handover delays were reported in-month with 471 handovers exceeding one hour; the Trust had 14 12-hour trolley breaches. Bed occupancy varied between 90.49% and 99.53% 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, low morning discharge rates (down on the previous month at 12.6%) 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 August was 1770, the majority of breaches (1075; 60.73%) being in Trauma and Orthopaedics. For the second 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 4.94%. The Trust is still experiencing some patients choosing to defer their treatment due to concerns with regards to COVID-19 or wishing to wait until they have received the COVID-19 vaccine. The Trust is working with these patients to understand their concerns and what needs to happen for them to be able to engage with progressing their pathway.

**Diagnostic Waiting Times** – Diagnostic performance deteriorated in August with performance of 42.55% which failed to meet the improvement trajectory of 34.34%. The number of patients waiting longer than 13 weeks in August is unmoved. Echocardiography and Non-Obstetric Ultrasound reported declines in performance; 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 July NBT ranked 9<sup>th</sup> amongst 10 peer providers for 6-week and 13-week performance.

#### Cancer

All CWT standards have seen improvement on last month's performance. The Trust has also seen an improvement in the number of CWT standards achieving trajectory expectations. The Trust continues to carry backlogs in Skin and Endoscopy which is impacting on TWW and 62 day pathways. Although Breast services have cleared their backlog, the service is still experiencing capacity and resource issues. Preparation is underway to integrate Weston Urology cancer patients into NBT pathways; Urology see a number of tertiary patients who are referred late in their pathway and are often complex which is adding to their 28-day and 62-day pathway issues, they are also working with a reduced oncology capacity. Staffing issues within Cancer Services is starting to impact on CWT performance especially in the 28-Day performance; there are 8 vacancies across fast track and MDT support currently. A recruitment programme is in place but the impact will continue to be felt across all of the CWT standards for at least the next two months.

#### 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 as per the Trust's response to the COVID-19 pandemic.
- The ongoing impact of COVID-19 Infection Prevention and Control controls and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.

# 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 thanks to external funding for additional consultant PA's received as a response to the Ockenden report and has received national funding 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 August..

**Infection control:** There were no MRSA cases reported in August 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 so 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 so it is unclear at this time if this reduction is due to reporting practices changes or incidents.

#### Areas of Concern

**Maternity:** The antenatal service continues to experience challenges with demand exceeding 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. Along with this NBT has seen outbreaks on wards, this has resulted in closed beds. C. difficile monthly rates are higher than previous years and further work with a Southwest C.diff HCAI collaboration is ongoing as well as in house IPC training of staff. We are also planning to relaunch staff Antiseptic Non Touch Technique (ANTT) training in the Autumn.

# WELL LED

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

### Overview

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

##### Vacancies

The Trust reported vacancy factor increased to 6.55% in August (from 6.52% in July) which is the highest vacancy factor since March 2020 (6.76%). The increase has been driven by substantive establishment changes, +25.1 wte, 17.7 wte of which was in registered nursing and midwifery (with the Emergency Department seeing the largest increases). The increased vacancy factor, came despite a slight increase of staff in post.

Registered nursing and midwifery saw the greatest increase in vacancies as a result -16.8 wte; Emergency/ Vascular Theatre (-9.4wte), Emergency Department Nursing (-4.4 wte), Urology Theatres (-2.6 wte) and NBT Infection Control (-2.6 wte) saw the biggest increases. 58.06% of registered nursing and midwifery leavers identified *work life balance* and *relocation* as their reason for leaving. Estates and Ancillary also saw an increase in vacancies (-13.4 wte). Vacancy levels for Allied Health Professionals as whole increased by 1.3wte, including a net increase in vacancy of 6.7wte for Therapy Services.

Recruitment pipelines remain healthy with 16.35wte band 5 starters in August and 72 candidates from the domestic pipeline due to start by the end of the year; August also saw 32.67wte HCSW starters.

##### Turnover

The Trust turnover position is reported as 14.21% in August. Excluding the impact of the COVID-19 and mass vaccination workforce, the turnover rate is at 13.81%, compared to 13.32% in July. While the Trust saw an increase in the turnover rate from July, it is at a lower level than in August 2020 (13.9%) and August 2019 (15.05%). Work is already in place to act on the eLeavers Questionnaire information from Q1 of 2021/22 as part of the Trust ongoing work to reduce turnover and mitigate the impact of COVID-19 on the retention of staff.

##### Prioritise the wellbeing of our staff

The rolling 12 month sickness absence increased slightly to 4.36% in July, with both long term and short term sickness levels increasing. However, FTE days lost increased from 10318.5 in July to 11789.9 in August, with *Stress/anxiety/depression/other psychiatric illness* remaining the greatest reason for absence in terms of time lost, along with a large rises for *infectious diseases* (COVID-19), *gastrointestinal problems*, *cold, cough & flu*, *back problems*, *other musculoskeletal problems*, and *other known causes*.

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

Temporary staffing demand increased in August by 7.23%% (82.09 wte). Bank worked has increased by 20.28% (140.85 wte), with bank fill increasing from 60.39% to 67.75% - hence bank worked hours increased at a greater rate than demand which led to a corresponding reduction in unfilled shifts reducing by 14.75% (51.41 wte).

Both registered and unregistered nursing and midwifery saw an increase in demand of 14.69% and 11.28% respectively, whereas bank hours worked, increased at a greater rate, 27.42% and 24.51% respectively translating to an additional 48.73 wte and 58.41 wte worked in August compared with July.

For registered nursing and midwifery, Theatre services saw the greatest increase in bank worked. Maternity, ICU, Emergency Zone and Frailty Wards also saw increases in bank hours worked. For unregistered nursing and midwifery neuro and MSK wards and frailty, particularly EEU saw the greatest increase in bank hours worked.



# FINANCE

## SRO: CFO

### Overview

The financial framework for months 1 to 6 of 21/22 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 national guidance.

The forecast Trust position for the first five months of 21/22 is to breakeven. A phased plan was developed and submitted on 24<sup>th</sup> May to NHSI. The actual result for the Month 5 and year to date is a breakeven position.

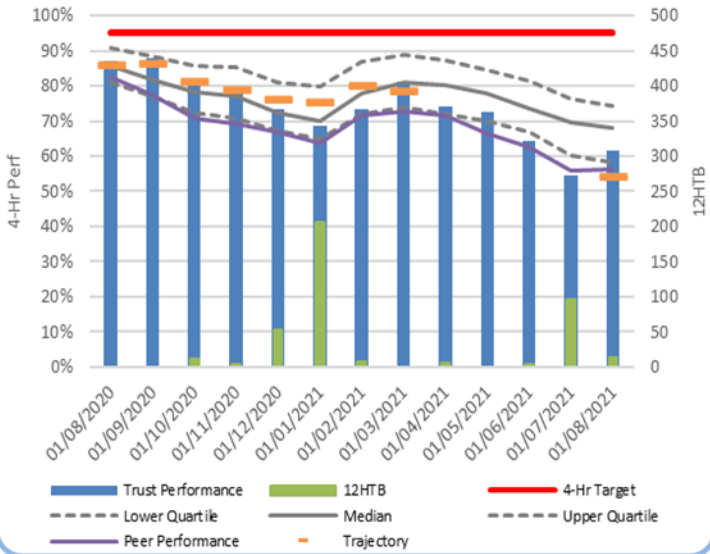
The month 5 position is driven by the following items:

- £2.0m reduction in NHSE/I Specialised high-cost devices income following a reconciliation of year to date spend. Lower high-cost devices income matched by expenditure will be reflected in forward forecast so no I&E impact
- Impact of application of enhanced bank rates to all bank staff in August of £2.0m offset against Accelerator funding
- Locum pressures in pay primarily in the Medicine Division
- Accrual in full for pathology managed equipment service invoices of £0.4m in respect of prior months. Process review is underway and explanation of the basis of additional charges
- The Trust has recognised an estimate of Elective Recovery Fund (ERF) non-recurrent income of £8.9m for the year to date. This remains subject to validation, which requires various gateways to be met at a system level. The cost has accrued costs of delivery of the ERF activity to offset this income estimate. No further ERF income is included in respect of month 5
- Cash at 31<sup>st</sup> August amounts to £102.5m. The reduction of £10.1m is driven by cash clawback of £14.1m in respect of 20/21 reimbursement. The reduction in income was accrued in the 20/21 financial year so no impact on the income and expenditure account
- Capital expenditure for the year-to-date amounts to £7.9m versus a plan of £6.6m. The overspend relates to Accelerator capital schemes of £3.4m that were not included in the original budget

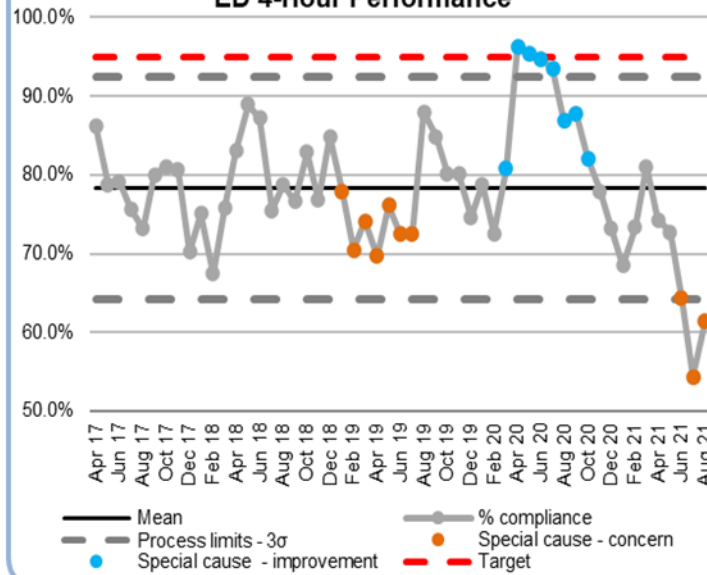
## **Responsiveness**

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

**ED 4-Hr Performance**



**ED 4-Hour Performance**



**Urgent Care**

**What does the data tell us?**

Four-hour performance improved to 61.47% in August. Trust performance exceeded that of our AMTC peers, ranking first out of nine reporting centres. This improvement is mainly attributable to additional junior doctor shifts (mid shift introduced in August) and a decrease in ED demand (attendances were slightly lower than 2019/20 levels).

When compared nationally, the Trust positioning improved in August, moving into the third quartile from the fourth and was 60<sup>th</sup> for type 1 attendances out of 123 acute Trusts. ED performance for the NBT Footprint stands at 70.83% and the total STP performance was 73.92% for August.

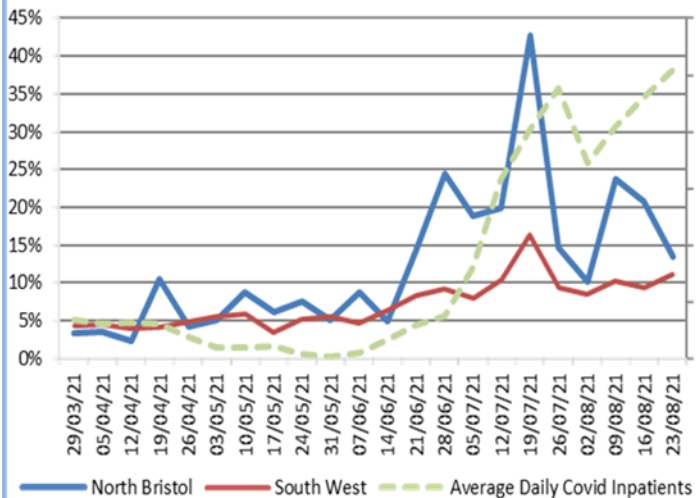
There was a decrease in 12-hour trolley breaches in August with the Trust conceding 14 in month. Nationally there were 2,794 with six Trusts recording over 100. However, this risk remains in September related to continuing bed pressures which resulted in the declaration of an internal critical incident.

Ambulance handover times improved on last month but continued to be challenged, with the Trust conceding 471 ambulance handover delays over one-hour. Rising numbers of COVID-19 inpatients has resulted in compromised flow as the Trust moved to create further cohort areas for Blue patients. Green capacity has reduced as elective wards were converted to non-elective bed base to manage emergency pressures. The lower elective throughput will result in a growth to the elective backlog.

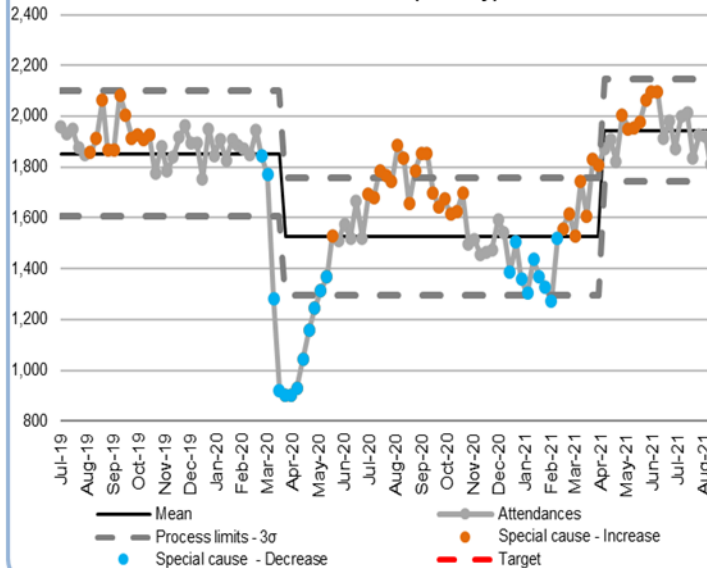
**What actions are being taken to improve?**

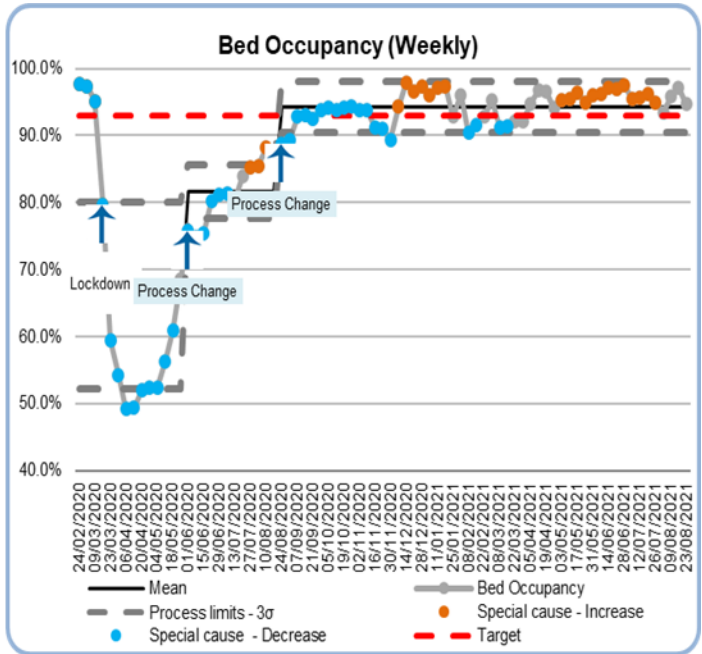
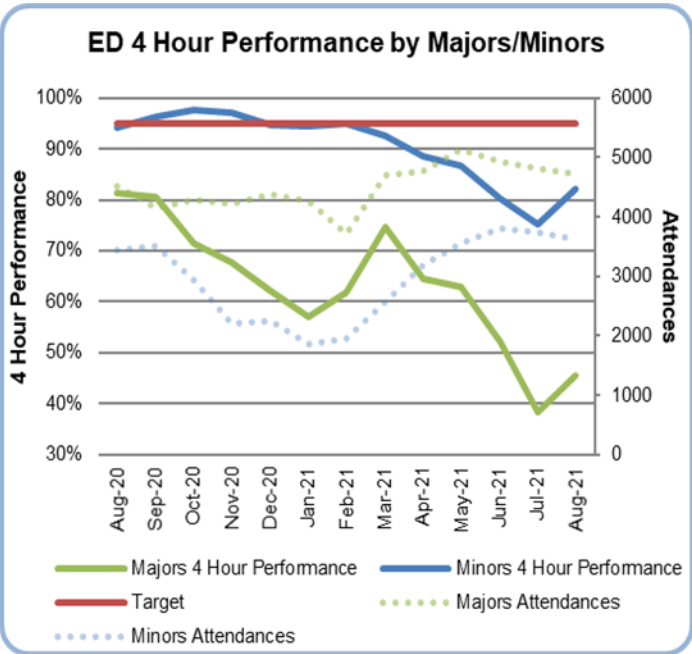
A Trust Ambulance improvement plan including BNSSG & SWAST actions for out of hospital care has been presented to Region. An internal performance trajectory will be presented to the next finance and performance committee for approval.

**60 Minute Handover Delays as a Proportion of Arrivals**



**ED Attendances (Weekly)**





### 4-Hour Performance

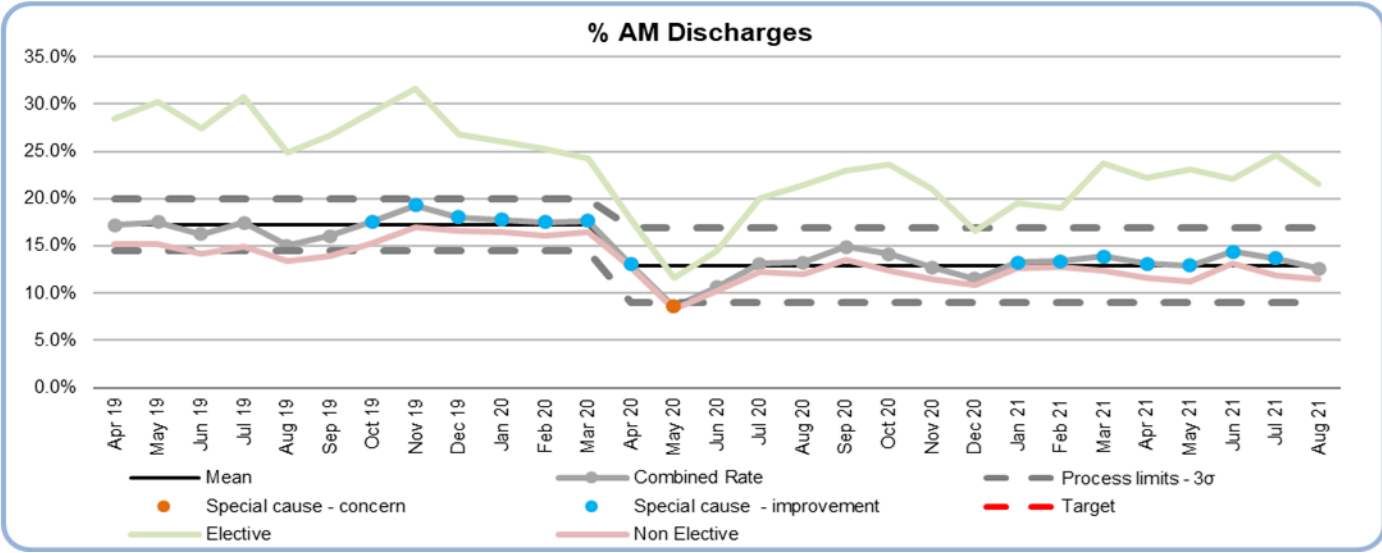
#### What does the data tell us?

In August, Minors performance improved to 82.19%, whilst Majors performance improved to 45.63%.

For the sixth consecutive month, the predominant cause of breaches at 49.94% was waiting for assessment in ED, whilst 16.65% of breaches were caused by waiting for a medical bed.

Bed occupancy remains challenged, varying between 90.49% and 99.53% in August against the core bed base, which has been impacted by rising COVID-19 admissions.

In August 12.6% of patients were discharged between 08:00-12:00; this is a decline on the previous month where 13.7% were AM discharges. The Trust's AM discharge rates have deteriorated when compared to pre-pandemic levels which has contributed to poor flow.



#### 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:** Implementation of the "Hospital Discharge and Community Support policy and operating model" and addressing BNSSG short falls in complex discharge rates (esp. in P1 homefirst capacity).

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

## Criteria to Reside

### What does the data tell us?

Although the number of delayed bed days for medically fit patients awaiting P1,2 &3 reduced vs. July by 10% in August, complex discharge levels remain significantly below commissioned capacity ranging from 54% to 74% of plan in August. Sirona and the Dom Care market still have significant staffing challenges.

There remains insufficient complex capacity for both domiciliary care and specifically for community dementia beds and beds for Stroke patients with high care needs. NBT consistently have circa 10 patients with complex residence/housing needs who have significant delays to discharge and they do not show in these figures, similarly with CHC/FastTrack patients.

At the point of reporting 165 patients were ready for discharge on a complex pathway, 21% waiting internal actions (14 waiting therapy review; & 21 waiting referral submission). The external breakdown is as follows: 44 patients waiting P1; 34 waiting P3, under 12 patients P2. and 16 waiting repatriation. 24 patients referred to the community were awaiting a decision from the CICBs.

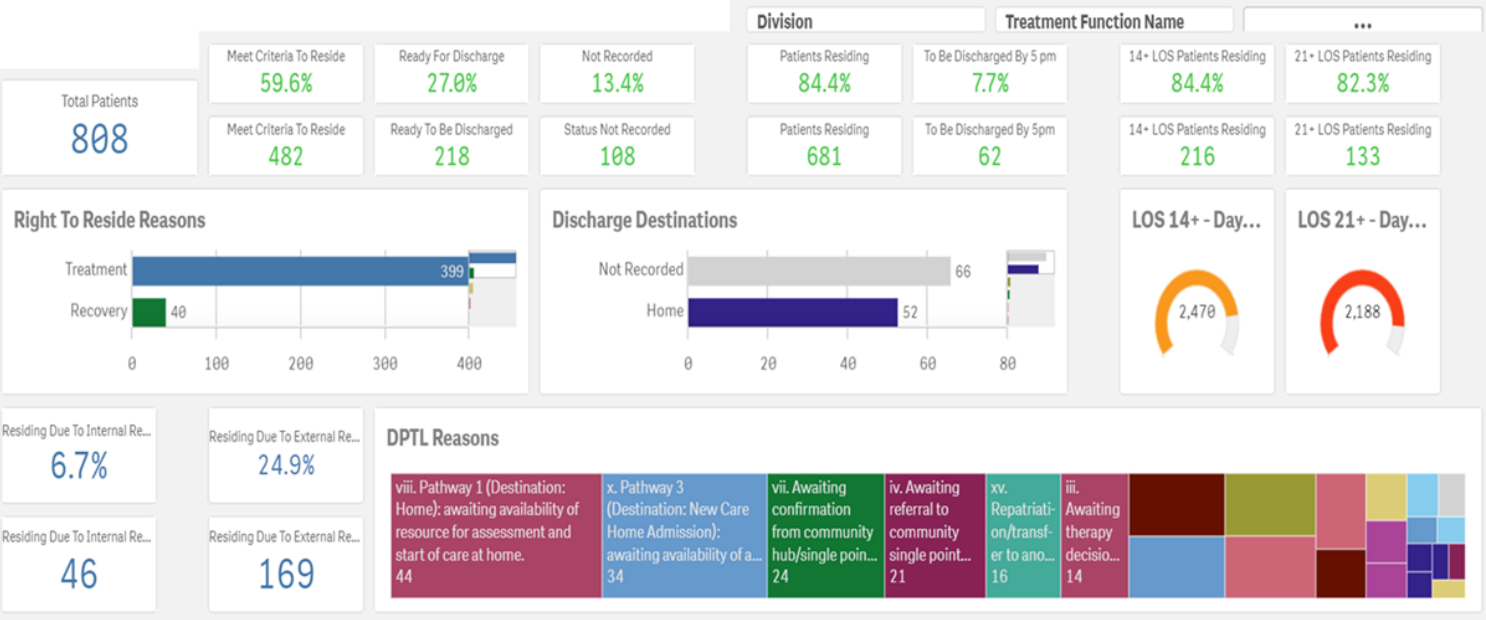
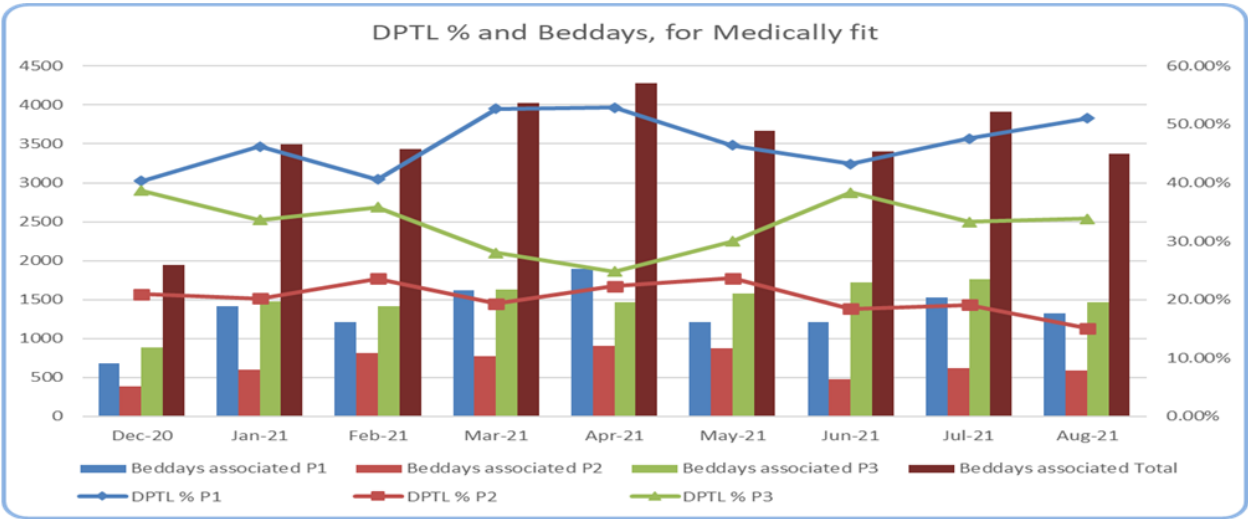
### What actions are being taken to improve?

In September additional transitional bed capacity for S Gloucs (10 in total) and 5 additional shared capacity at Quarry House shared Bristol and S Gloucs has been commissioned by BNSSG, with further options for additional P2 capacity being explored.

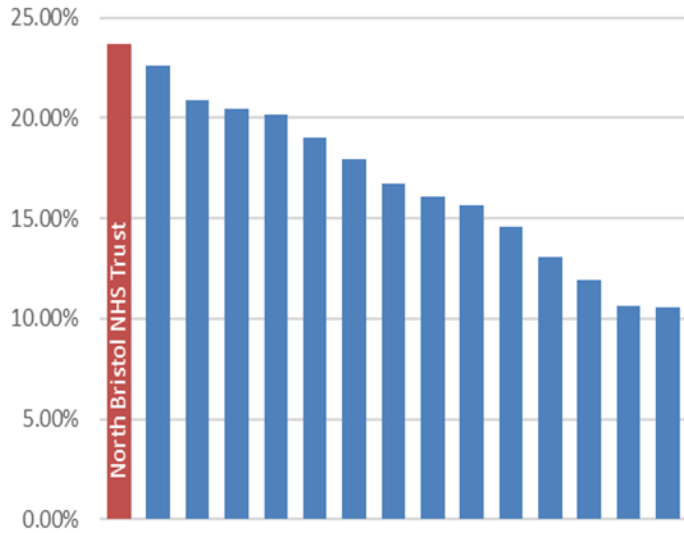
Domiciliary care capacity has been impacted by availability of staff due to Covid sickness and the current challenges in the domiciliary staff market. Market interventions are being explored.

Daily SRF meetings with S. Gloucs and Bristol to prevent delay in acceptance and confirmation of pathway. SRF project is commencing targeting the 4 wards with the highest SRF generation.

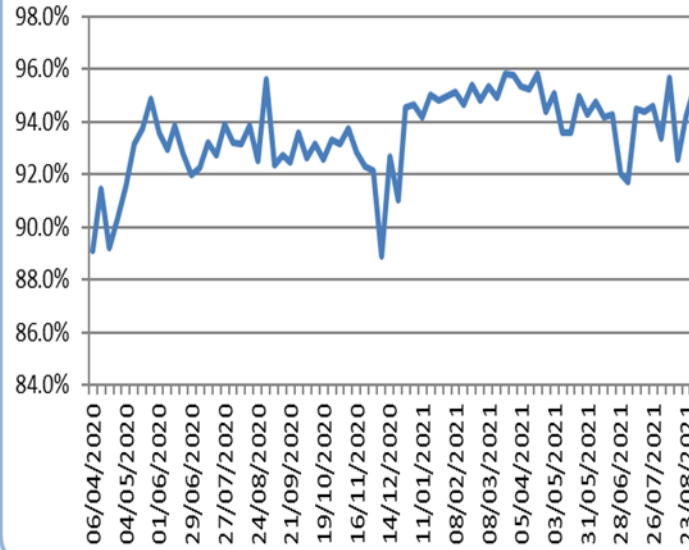
Bi weekly meetings to discuss progress on CHC/ Fast Track referrals and once a week stroke/ BIRU referral tracking meetings



21+ LoS Occupancy % South West



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



**Stranded Patients**

**What does the data tell us?**

The stranded patient levels reported remain high and are the highest in the Region. Complex discharge weekly levels have been significantly below target across the month (varying from 54%-74% vs. expected weekly target of 121 discharges) due to community vacancies and COVID-19 staff absence levels. This is a worsened position on July where performance was 67%-83% of target discharges.

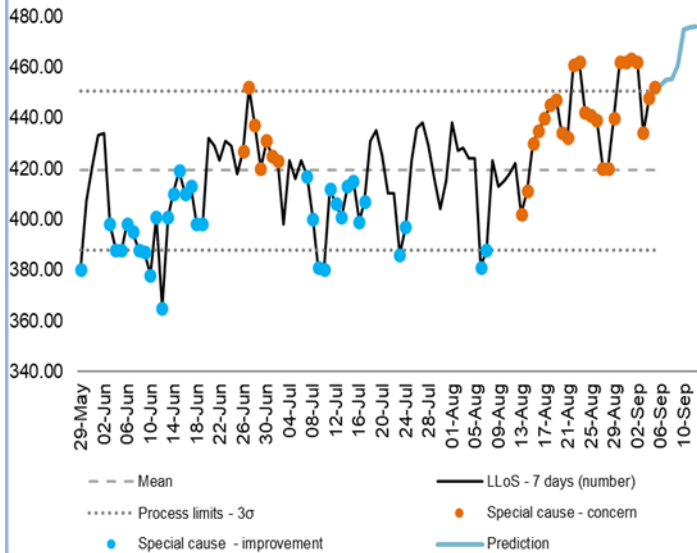
P1 - P3 referral numbers remained lower in August (target is 117 per week); 307 referrals were made in August.

Admission to Single Referral Form (SRF) monitoring remains a key focus for the Urgent Care Board with the SRF project mentioned on the previous slide. P0 discharges are consistently the highest discharge route.

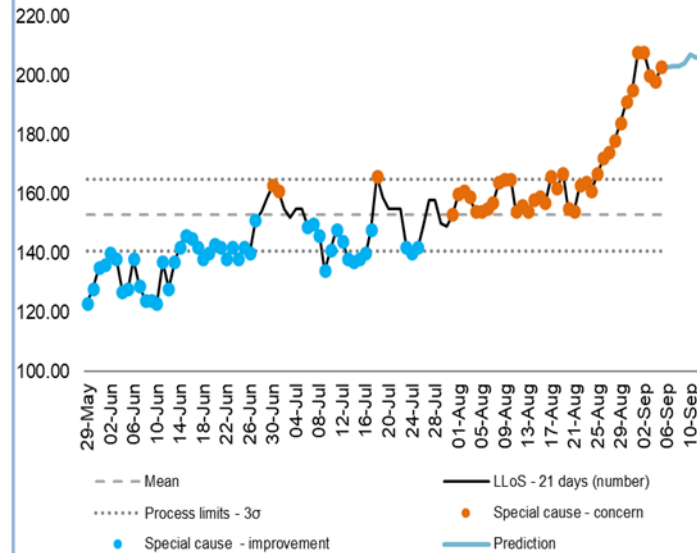
**What actions are being taken to improve?**

The stranded review process is under review, to bring forward the point at which complex patients are tracked and escalated for decision and referral earlier in their admission; aligned to a new Cluster working model in the integrated discharge team.

SPC chart for LLoS - 7 days (number)

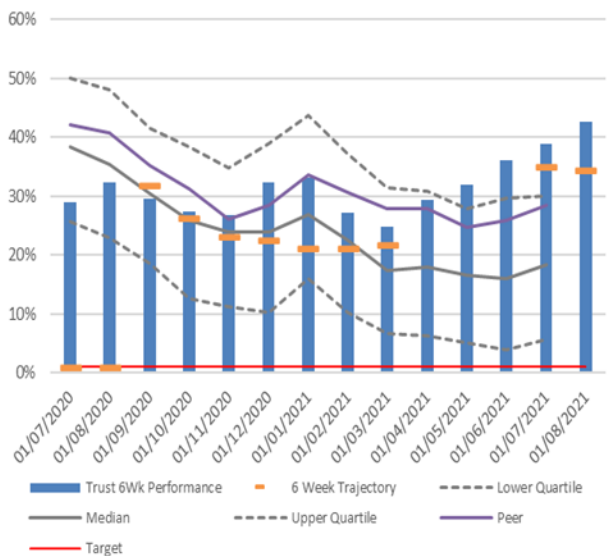


SPC chart for LLoS - 21 days (number)

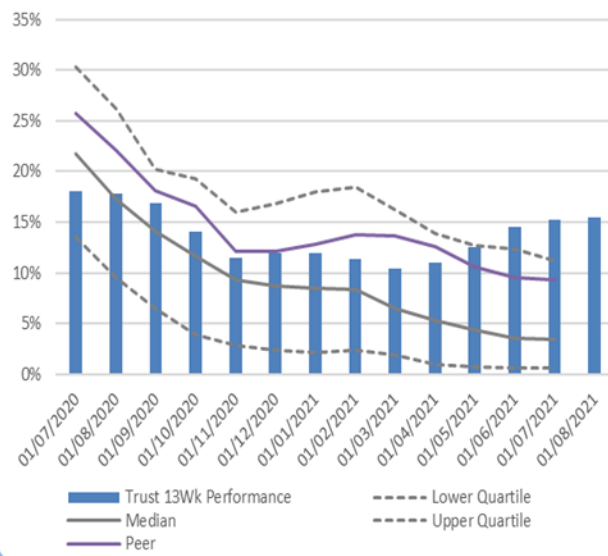


Data Source: South region NHSI UEC dashboard, w/e 5th September

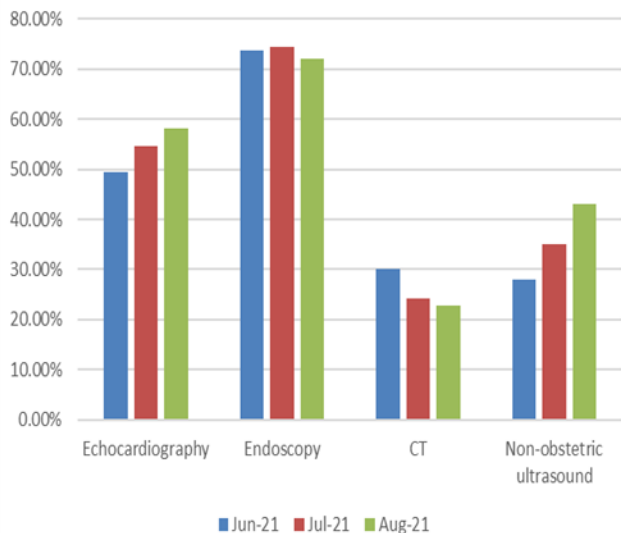
DM01 6-Week Performance



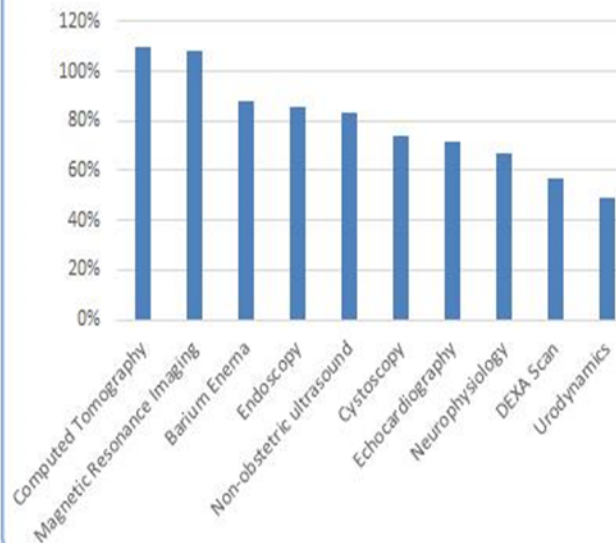
DM01 13-Week Performance



Diagnostic Performance by Test



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



## Diagnostic Wait Times

### What does the data tell us?

In August, diagnostic 6-week performance deteriorated to 42.55%, failing to meet the improvement trajectory of 34.34%. 13-week performance was static at 2180. Diagnostic 6-week performance has been impacted by significant growth in the Non-Obstetric Ultrasound and Echocardiography backlog (24.63%), driven by a demand and capacity imbalance. The overall position has been further impacted by a 1.39% decrease in the overall wait list resulting from improvements in MRI, CT and Endoscopy.

Activity levels reported below 80% of 2019/20 levels for 50% of test types. Tests reporting the lowest activity levels are predominantly achieving the 6-week diagnostic standard.

In July, NBT ranked ninth 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 July 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. 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** – Contract negotiations are underway to outsource additional capacity (60 per week) from October 2021 to March 2022 in order to support backlog clearance.

**CT** – Additional capacity has been sought in the form of a demountable CT scanner based at Weston General Hospital with patients scheduled for booking from the second week of October. The impact of the additional activity on performance predictions will be worked through as part of the H2 planning round.

**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.

## Referral to Treatment (RTT)

### What does the data tell us?

In August, the Trust reported an increase in the waiting list to 35,794 exceeding the trajectory of 32,694. The Trust has reported an increase in 52 week wait breaches for the second consecutive month with 1,770 patients waiting greater than 52 weeks for their treatment; 656 of these were patients waiting longer than 78 weeks and 34 were waiting over 104 weeks. The majority of 52 & 104 week breaches (1075; 60.73%) are in Trauma and Orthopaedics and typically P4.

Increased waiting times and wait list growth is the result of demand exceeding current Elective capacity. Cancellations resulting from increasing COVID-19 admissions, non-elective demand and bed pressures has resulted in reduced inpatient Elective capacity therefore increasing the wait list and waiting times. Forecasting the risk of 104week breaches at 1<sup>st</sup> April 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?

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

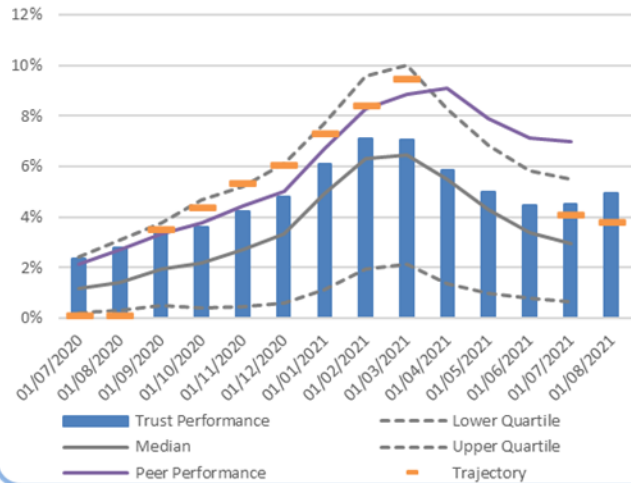
Two modular theatres were opened on 17<sup>th</sup> August 2021, releasing more capacity in Brunel for other specialities including Trauma & Orthopaedics. The aforementioned NEL bed pressures however have still resulted in a net decrease in capacity in August vs. pre-pandemic levels.

Options for independent sector transfer are limited to patients meeting IS treatment criteria, not clinical priority or wait time. YTD NMSK has transferred 364 cases to the IS.

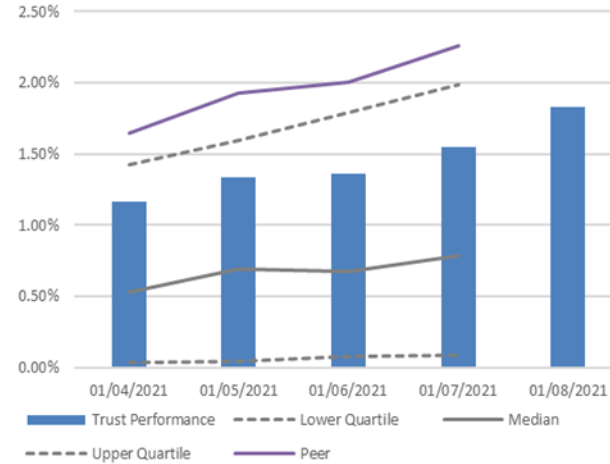
Continued application of review recommendations from GIRFT reports, Model Hospitals and BADS are undertaken to ensure efficiency use of the available capacity is maximised.

The Trust continues to support equity of access to Clinical Immunology and Allergy services within the Region by accepting late referrals from another provider for patients waiting more than 52 weeks.

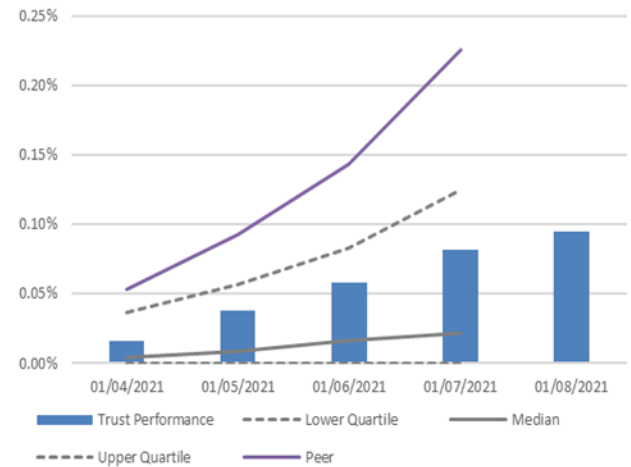
RTT 52WW% Performance



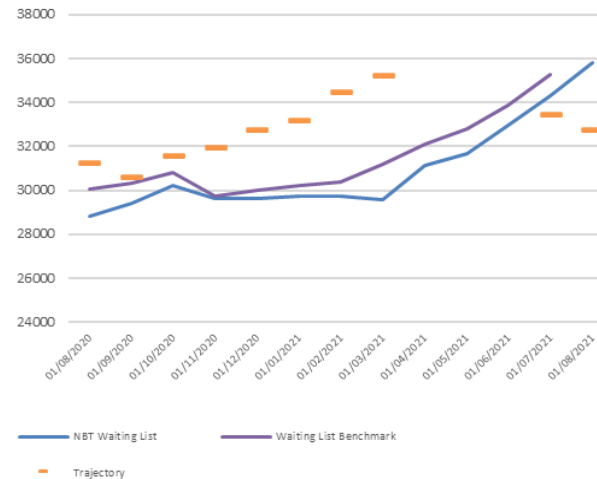
RTT 78WW% Performance



RTT 104WW% Performance

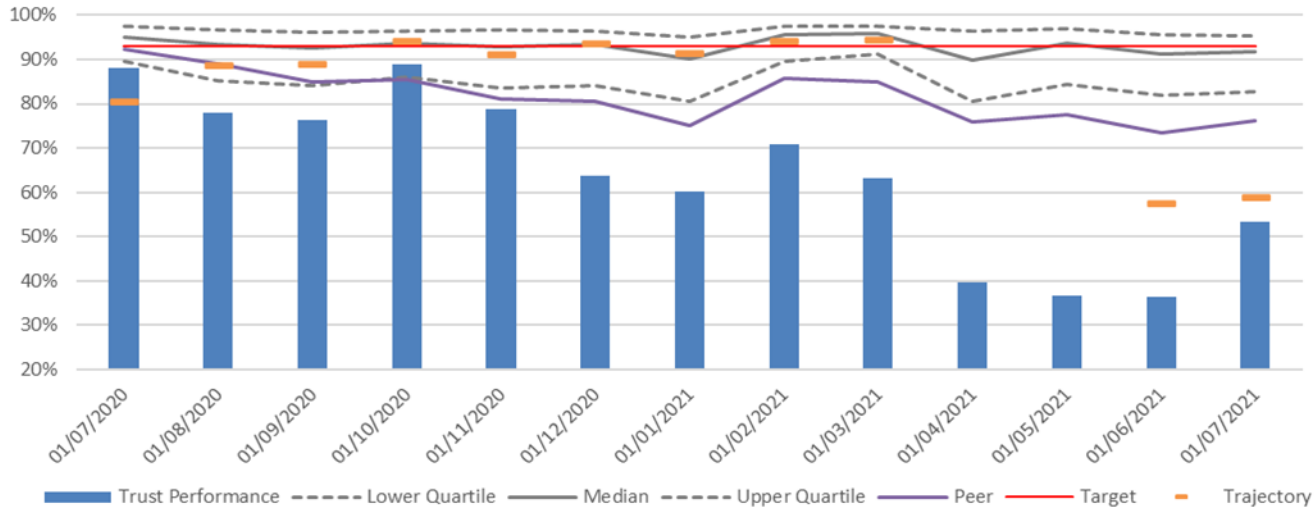


RTT Waiting List





### Cancer 2WW Performance



### Cancer: Two Week Wait (TWW)

#### What does the data tell us?

The Trust saw 2,530 patients in July reflecting a 9.72% increase on June's activity (2284). Of the 2,530 patients seen, 1,179 patients breached giving the Trust a performance of 53.40% compared to the June's performance of 36.44%; this was wholly due to the issues in Breast, Colorectal and Skin.

Breast saw 865 patients in July, 420 of those seen had breached the TWW standard; due to the backlog clearance Breast reported a performance of 51.50% compared to the 8.58% performance in June.

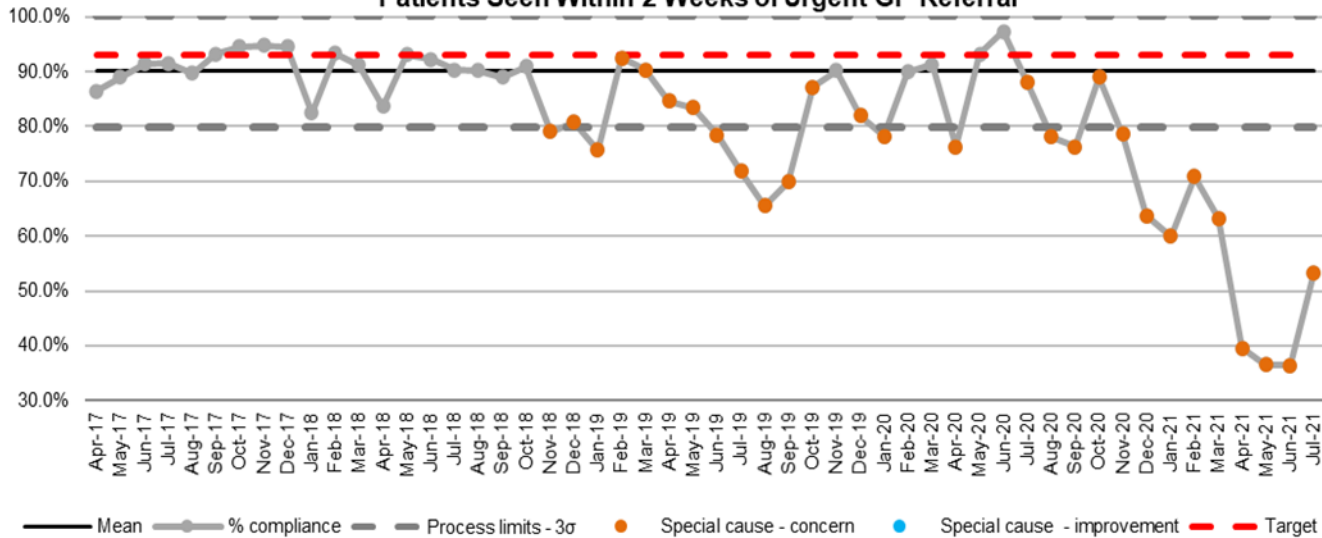
Colorectal continues to be of concern, although they improved their TWW performance this month from 66.42% to 74.05% it will not enough to sustain their national achievement of the faster diagnosis pathway standards. The service continues to experience OPD capacity issues due to workforce pressures and CTC reporting

Skin saw 645 patients this month, 590 of them were breaches. Skin continues to carry a backlog of over 450 patients waiting for an appointment. Their TWW performance is 8.53% which is an improvement on the 3.08% achieved last month. Backlog clearance and a recovery action plan is in place, and if the private provider activity expectations are achieved in August the backlog will be reduced to manageable levels by end of November 2021.

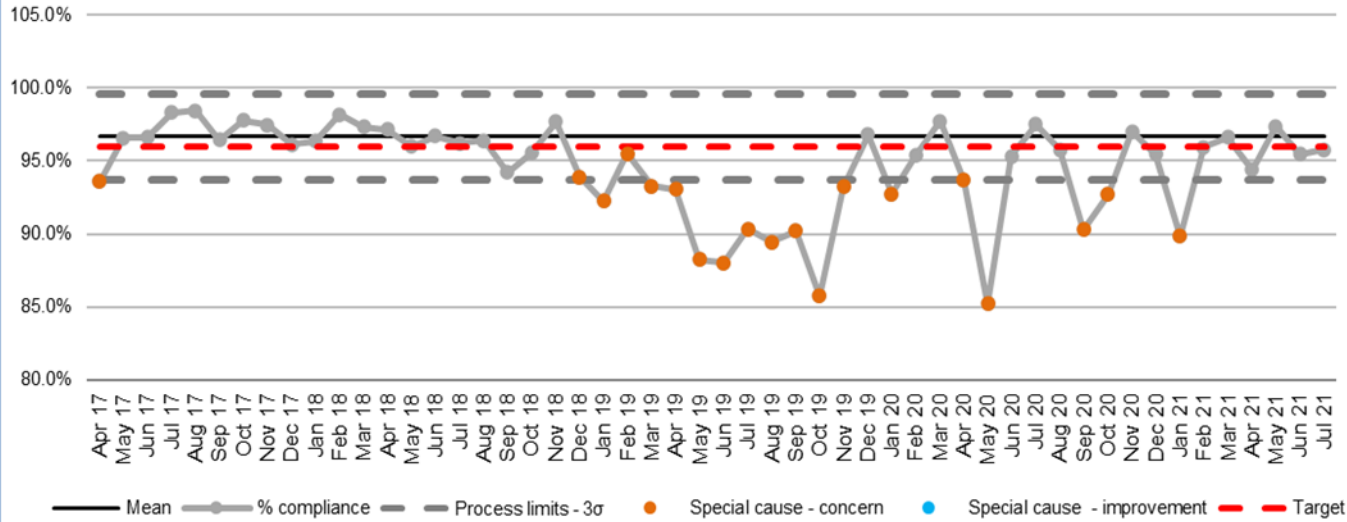
#### What actions are being taken to improve?

The backlog in Breast has been cleared to manageable levels, largely through additional sessions from the existing workforce; and there remains a risk to the sustainability of this approach given the WTE shortfalls vs. establishment. A remedial action plan including demand management approaches and a workforce strategy to increase core capacity is in place. The Skin backlog is on track to be cleared by November. Delays in Endoscopy continue to affect the performance of Colorectal, recovery plans are in place and expected to improve the TWW position by November.

### Patients Seen Within 2 Weeks of Urgent GP Referral



### Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis



### Cancer: 31-Day Standard

#### What does the data tell us?

In July, the Trust missed the first treatment standard of 96.00% with a performance of 95.77%.

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

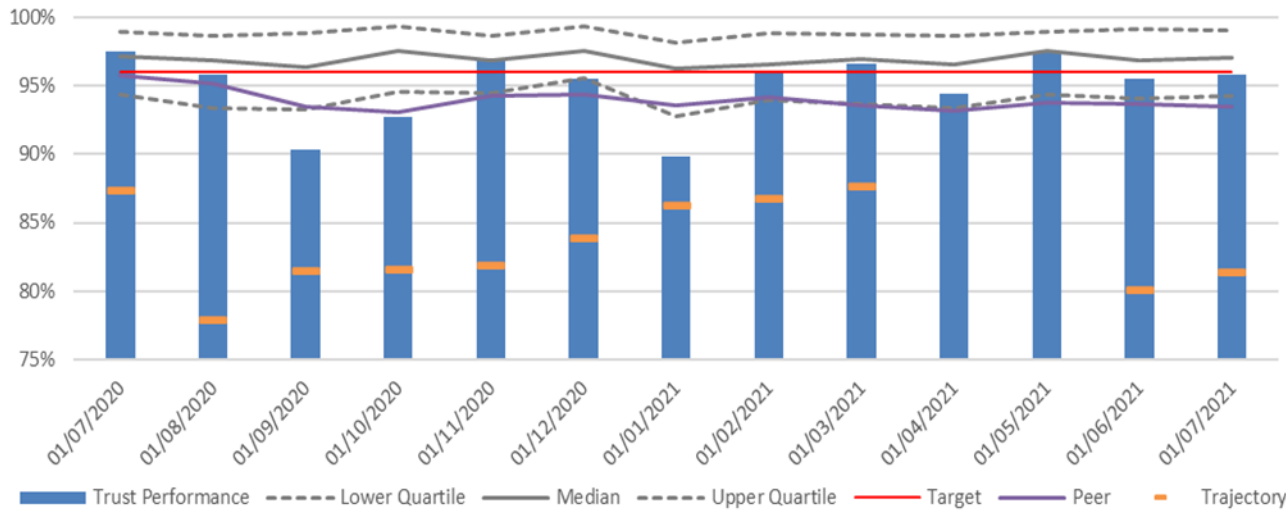
There were 213 completed pathways with 9 breaches. All specialties achieved above 96.00% except Breast (90.00%), Urology (95.38%) and Colorectal (95.00%).

In July, all but one of the breaches were due to complex pathways and patient choice and shared breaches. The Trust failed to achieve the standard for 1 patient in colorectal due to a delayed turnaround time in the reporting of a CTC scan.

28-Day Performance – the Trust saw an improvement this month with a performance of 62.40%, compared to 41.40% in June. 2147 patients were seen, 1324 of them achieved the 28 Day standard. The only specialties to achieve the standard this month were Neurology (100%), Breast (81.65%) and Upper GI (90.99%).

Colorectal (64.03%), Gynaecology (51.91%), Lung (66.67%), Sarcoma (71.43%) and Urology (54.55%) achieved above 50% whereas Skin (25.94%) had the lowest performance due to their backlog issues.

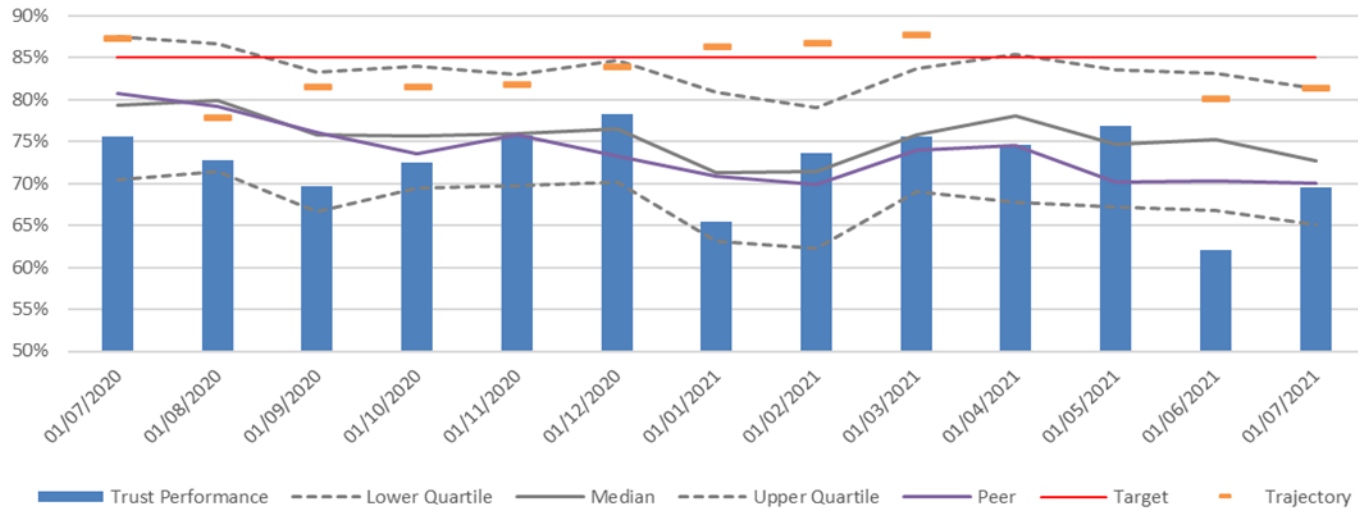
### Cancer 31-Day Performance



#### 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 is in place but the impact is going to be felt for at least the next three months, whilst new staff are recruited and trained. Bank and agency options are continually used where skills sets match.

### Cancer 62-Day Performance



### Cancer: 62-Day Standard

#### What does the data tell us?

The reported 62 Day performance for July was 68.59%; an improvement on the 62.74% in June. In July 138.5 treatments were carried out, 43.5 of them were in a breach position.

Only 2 services achieved the standard this month, they were Lung (88.89%) and Skin (87.65%). The Trust failed both the post COVID-19 recovery trajectory position of 80.07% and the CWT standard of 85.00%.

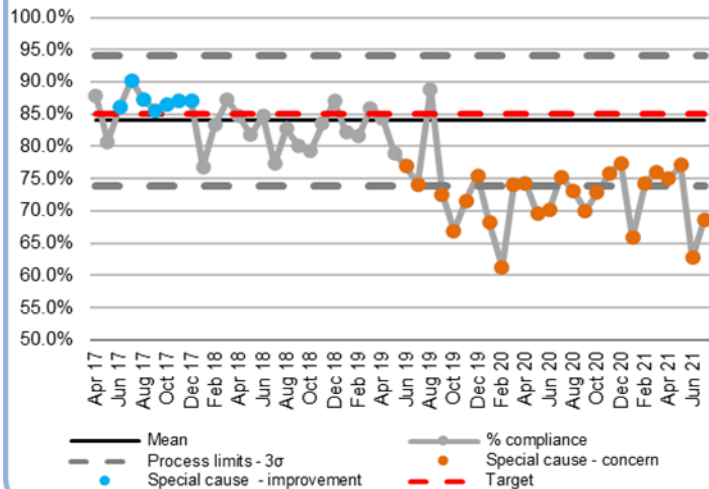
Gynaecology had a disappointing 62 Day performance this month; they only managed to achieve a performance of 18.18% with 5.5 patients treated, 7 of them in a breach position. A recovery action plan has been requested.

Urology's performance of 74.70% is an improvement on last month's performance. The service contributed 10.5 of the breaches, out of a total of 43. They failed to achieve CWT standards of 85% and they failed to achieve their trajectory of 87.9%. 8 of the Urology breaches were due to internal pathway delays to the One Stop diagnostic pathway. 2 of the breaches were unavoidable due to complex pathways. The service continues to have delays in the pathway due to oncology capacity at UHBW prior to decision to treat.

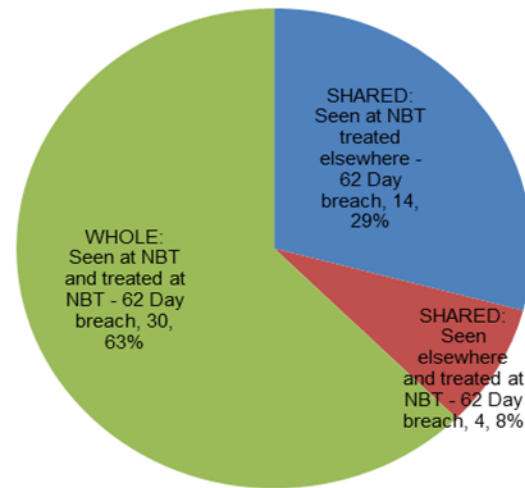
#### What actions are being taken to improve?

Most of the July breaches were caused by the known delays at the front end of the pathway within TWW. The performance of 62 Days will continue to show improvement as backlogs are cleared. Pathway reviews have also been completed in Colorectal and Urology with action plans to improve delays within those pathways in place.

### Patients Receiving First Treatment within 62 Days of Urgent Referral



### 62 Day Breach Patients by Breach Type



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

**Cancer: 104-Day Patients**

**What does the data tell us?**

**July uploaded position**

The Trust had 10 104-Day breaches this month that required Datix, 3 were in Breast which has known capacity issues, 5 were in Urology due to complex pathways and late transfers and two were in Colorectal due to system delays and complex pathways.

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

**Live PTL snapshot as of 10/09/2021**

There are 175 patients currently waiting over 104-Days; 159 of them are without a decision to treat.

Instances of clinical harm remains low month-on-month and the Trust has only identified 1 moderate harm in the last 12 months as a result of delays >104-Days.

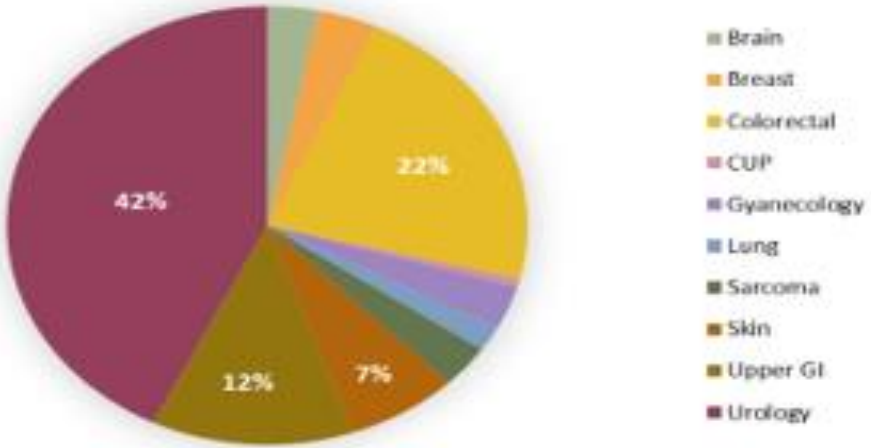
The 104-Day trend data shows an increase from August 2020 to July 2021 largely due to COVID-19 related delays. 104 data quality continues to be affected by the vacancies within cancer services tracking team, recruitment is underway and overtime is offered.

The specialties that are of concern this month are Colorectal and Urology who continue to experience pathway capacity issues and staff shortages.

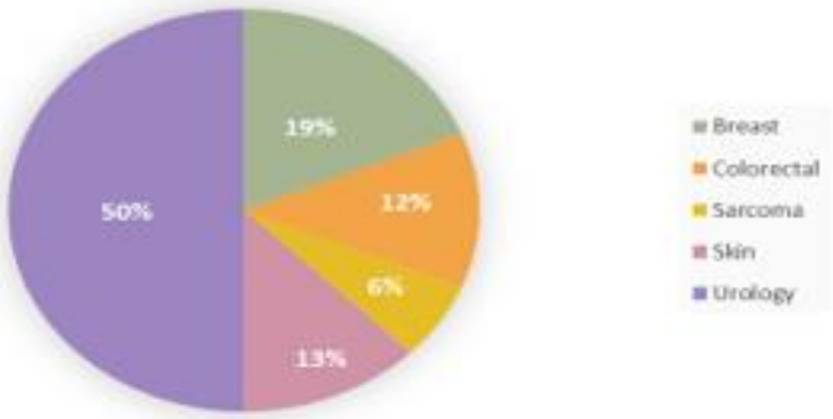
**What actions are being taken to improve?**

There has been staffing pressures in Cancer Services recently, leaving a vacant position for a Urology Assistant MDT Coordinator. Urology 104-Day tracking has not been as up to date as expected and this is reflected in the 104-Day performance. Recruitment is underway but the adverse impact is expected to remain until at least September.

**Cancer Specialty - Without DTT**



**Cancer Specialty - With DTT**



## **Safety and Effectiveness**

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

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	TREND
<b>Activity</b>										
Number of babies born alive at 24 to 36+6 weeks gestation	437	441	502	462	448	467	507	482		
Number of births all gestations from 22+0 weeks	430	432	496	456	445	464	501	474		
Induction of Labour rate %	39.8%	33.8%	33.8%	35.2%	36.9%	35.3%	37.3%	35.3%		
Unassisted Birth rate %	54.1%	49.7%	48.0%	53.1%	53.5%	47.5%	49.0%	54.1%		
Assisted Birth rate %	10.8%	11.7%	11.7%	9.5%	13.3%	12.4%	11.6%	11.0%		
Caesarean Section rate (overall) %	35.1%	38.7%	40.3%	37.4%	33.3%	40.1%	39.4%	34.9%		
Elective Caesarean Section rate %	15.9%	16.1%	18.8%	16.7%	15.3%	19.4%	15.7%	12.5%		
Emergency Caesarean Section rate %	19.2%	22.6%	21.5%	20.7%	18.0%	20.7%	23.7%	22.4%		
<b>Perinatal Morbidity and Mortality inborn</b>										
Total number of perinatal deaths	2	1	0	2	1	0	2	2		
Number of stillbirths 16 to 23+6 weeks excl. TOP	0	0	0	0	0	0	1	2		
Number of stillbirths (>=24 weeks excl. TOP)	2	1	0	2	1	0	0	0		
Number of neonatal deaths : 0-6 Days	0	2	1	0	0	2	0	0		
Number of neonatal deaths : 7-28 Days	1	0	1	0	0	0	1	0		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0	0	0	0	0	0		
<b>Maternal Morbidity and Mortality</b>										
Number of maternal deaths (MBRRACE)	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%		
<b>Insight</b>										
Number of datix incidents graded as moderate or above (total)	3	1	2	1	2	2	3	0		
Datix incident moderate harm (not SI, excludes HSIB)	2	0	0	0	2	2	0	0		
Datix incident SI (excludes HSIB)	1	1	2	1	0	0	0	0		
New HSIB SI referrals accepted	0	0	0	0	0	1	3	0		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	1	0	0		
Coroner Reg 28 made directly to Trust	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		
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	1	0	0	0	0	0		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	0	1	1	1	1	1	1	0		
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)					0	0	0	0		
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)					1	1	1	1		
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)						2	2	1		
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)					11%	13.50%	10.7%	10.7%		
Vacancy rate for midwives (black = over establishment, red = under establishment)	14.52	10.52	15.91	15.91%	14.0%	5.7%	10.0%	2.0%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)					47%	47%	43.0%	47.0%		
Vacancy rate for NICU nurses					7.7	7.7	7.7	10		
Datix related to workforce (service provision/staffing)	5	12	33	14	21	27	16	14		
MDT ward rounds on CDS (minimum 2 per 24 hours)					57%	57%	57%	67.7%		
One to one care in labour (as a percentage)					98.60%	99.6%	98.2%	98.6%		
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	2	3		
<b>Involvement</b>										
Service User feedback: Number of Compliments (formal) - Ai	12	8	12	29	39	10	12	27		
Service User feedback: Number of Complaints (formal)	8	12	14	21	15	9	25	36		
Staff feedback from frontline champions and walk-about (number of themes)	3	3	2	0	4	3	5	6		
<b>Improvement</b>										
Progress in achievement of CNST /10	7	8	8	9	10	10	10	10		
Training compliance in maternity emergencies and multi-professional training (PROMPT)	45%	40%	53%	58%	72%	76%	76%	76%		
Fetal Monitoring	25.1%	36.0%	40.1%	46.8%	51.1%	42.9%	42.9%	42.9%		
training compliance core competency 4. personalised care					Data not available	Data not available	Data not available	Data not available		
Continuity of Carer (overall percentage)	19.7%	20.6%	16.9%	21.1%	18.9%	16.7%	19.7%	13.9%		

## Maternity - Perinatal Quality Surveillance Tool

### What does the data tell us?

The information provided represents the recommended information from the Ockenden investigation report, to ensure the Board is informed of safety metrics and indicators.

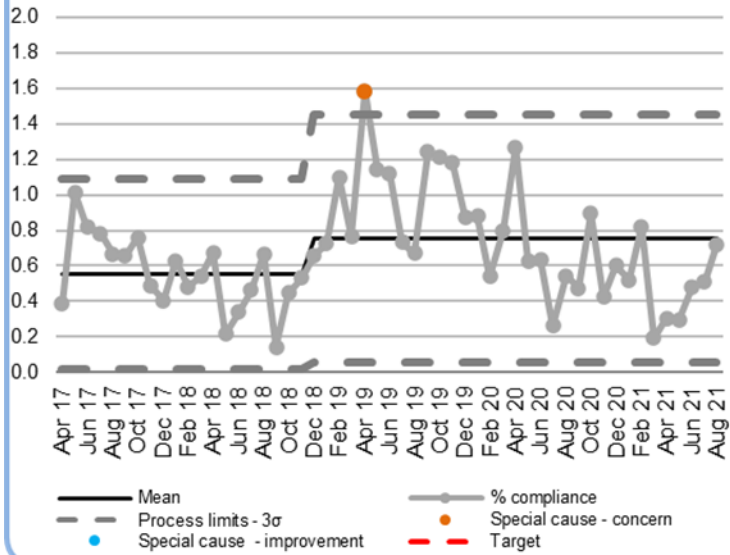
- Nil Serious Incidents in August
- Midwifery vacancy rate sits at 2%wte – NBT has received national funding to support an increase in midwives which goes towards meeting the recommendations of BirthRate+.
- Vacancy rate for NICU nurses has increased.
- NBT has seen an increase in MDT Ward Round compliance thanks to external funding received as a response to the Ockenden report.
- Significant activity has seen an increase in the number of times divert attempted (Cossham). This pressure has been reflected across the SW system in particular relation to the neonatal network severe capacity issues.
- **Patient Involvement** –36 complaints received majority of which related to communication regarding appointments in the ANC including the inability of our service to answer telephone calls. The division has gone live with Netcall telephone management system but continued through August to experience significant challenge with administrative staffing.
- **Service delivery:** Our antenatal screening service continues to experience challenges with demand exceeding available capacity due to a significant shortfall in sonography and admin staffing. Insourcing of the FTCS service continues.
- **Continuity of care (c of c):** The service has seen a decline in % of women booked onto this pathway due to staffing issues across maternity and competing priorities within divisional improvement plan.

### What actions are being taken to improve?

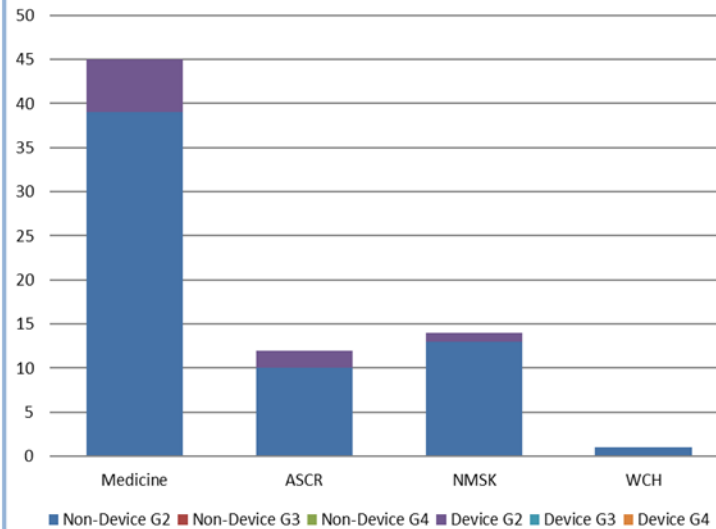
- The division is actively recruiting to posts for NICU nurses.
- We continue to work towards 100% MDT Ward Round compliance with a business case for an increase in obstetric PA's being prepared.
- We are working with other divisions and with NBT Xtra to find suitable solutions for administrative staffing challenges.
- The division continues work on the action plan for the antenatal service working with the Regional team for resolution. A full demand and capacity analysis is being conducted within the ANC and the division is working with IM&T to identify IT solutions to efficiency and effectivity.
- We continue work to develop an action plan for delivery to ensure this becomes the default model of care as per national targets. Progress is being monitored via the Divisional Improvement Board.

**COVID-19 Maternity:** There were 15 positive case of COVID-19 in maternity in August all of whom remained well. The service continues to work with the vaccination team to operationalise a drop in vaccine centre on site for all pregnant and postnatal women and their partners which has proven very successful.

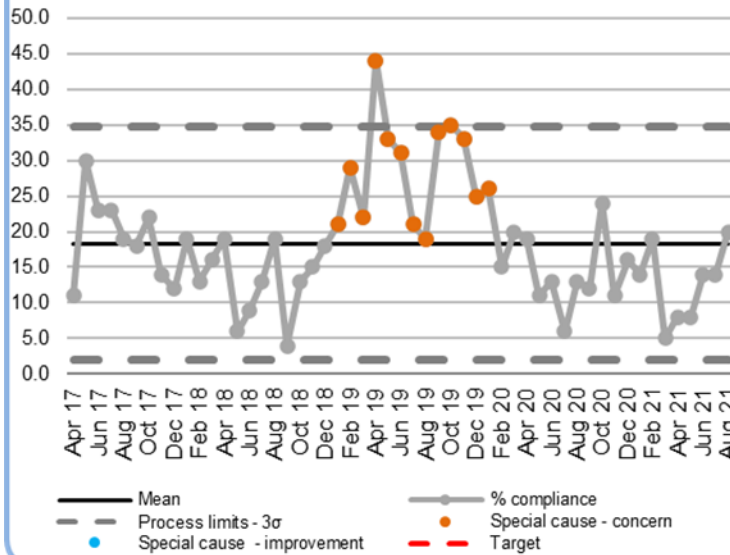
**Total Pressure Injuries per 1000 Bed Days**



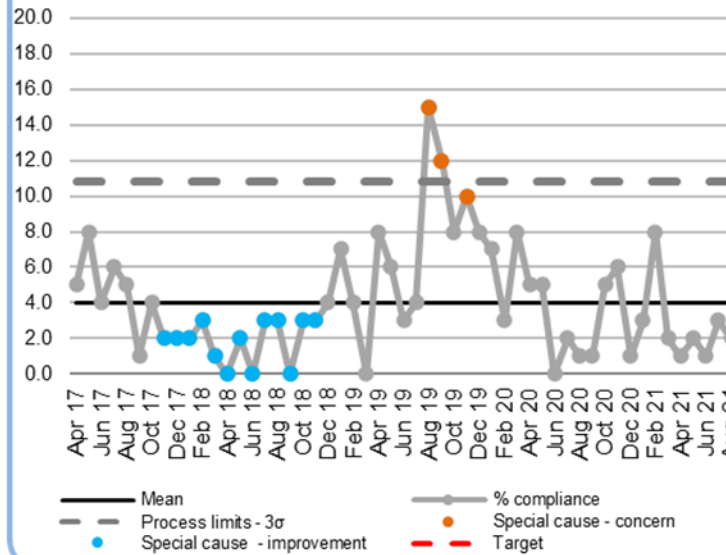
**Pressure Injuries Year to Date 2021/22**



**Pressure Injuries - Total Incidents**



**Pressure Injuries - Device**



**Pressure Injuries**

**What does the data tell us?**

In August, there was a slight decrease in medical device related Grade 2 pressures injuries, but an increase in the number of Grade 2 pressure injuries has increased, 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 August. 22 Grade 2 pressure injuries were reported of which 2 were related to a medical device.

The incidence summary for August is as follows:

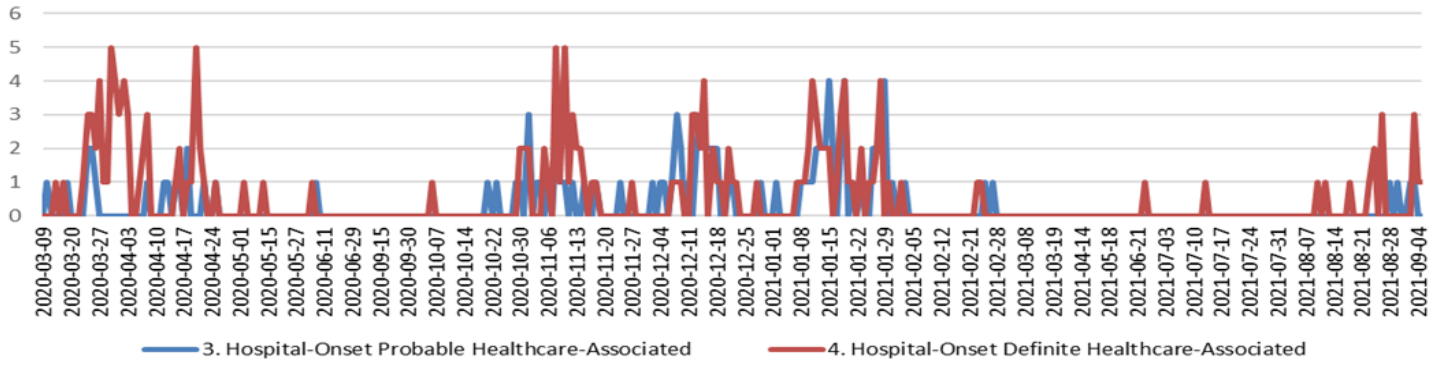
- Medical Devices: 9%
- Heels: 18%
- Sacrum/Coccyx/ Buttocks: 55%
- Head/ Ear/ Hand: 18%

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

Pressure Injury prevention and management training has been updated in August; including a electronic learning competency package and face to face induction for new non-registered nursing staff.

Collaborative working has commenced with the BNSSG to ensure pressure injury prevention plans are shared between primary and secondary care.

### COVID-19 Onset Category by Positive Test Date



### 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. Along with this NBT has seen some outbreaks on wards, which resulted in short term closure of beds.

#### 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

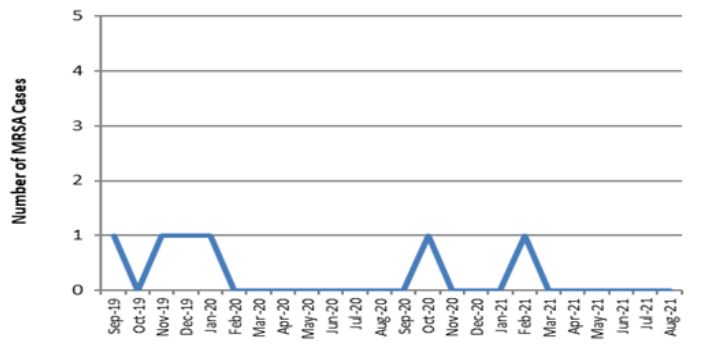
MSSA cases continue to be higher than trajectory set for 2020-21.

#### Gram -ve

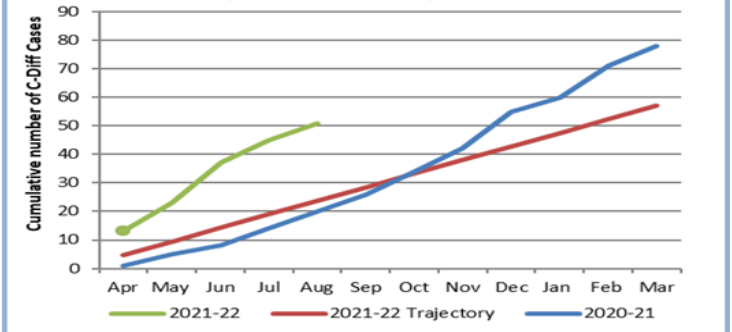
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

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

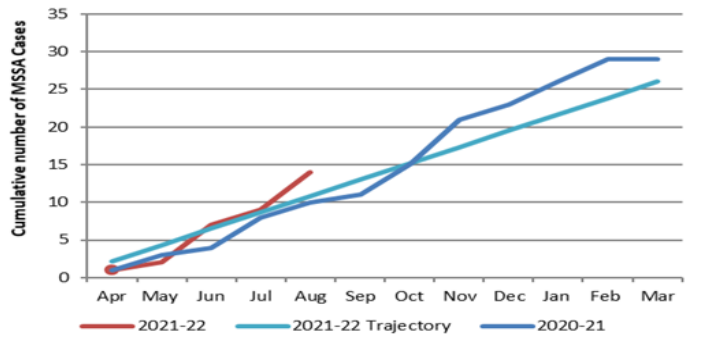
#### MRSA Cases - Trust Attributable



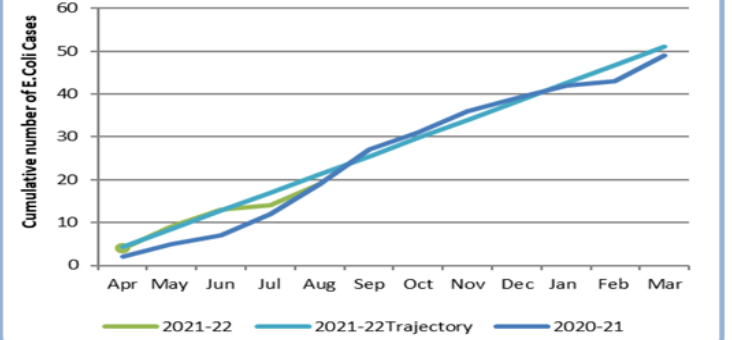
#### C.Difficile Cases - Trust Attributable (Cumulative Cases)



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



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



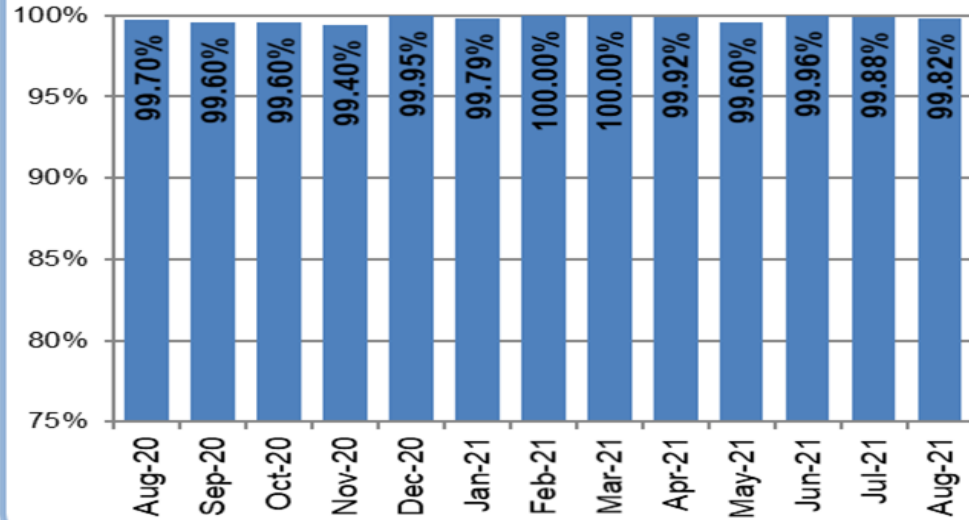
#### What actions are being taken to improve?

C. diff - Further work with a Southwest C.diff HCAI collaboration is ongoing as well as in house IPC training of staff and a revision of antibiotics for respiratory infections.

Antiseptic Non Touch Technique (ANTT) – plan to relaunch staff training in the Autumn.



### WHO Checklist Compliance (Emergency and Elective)



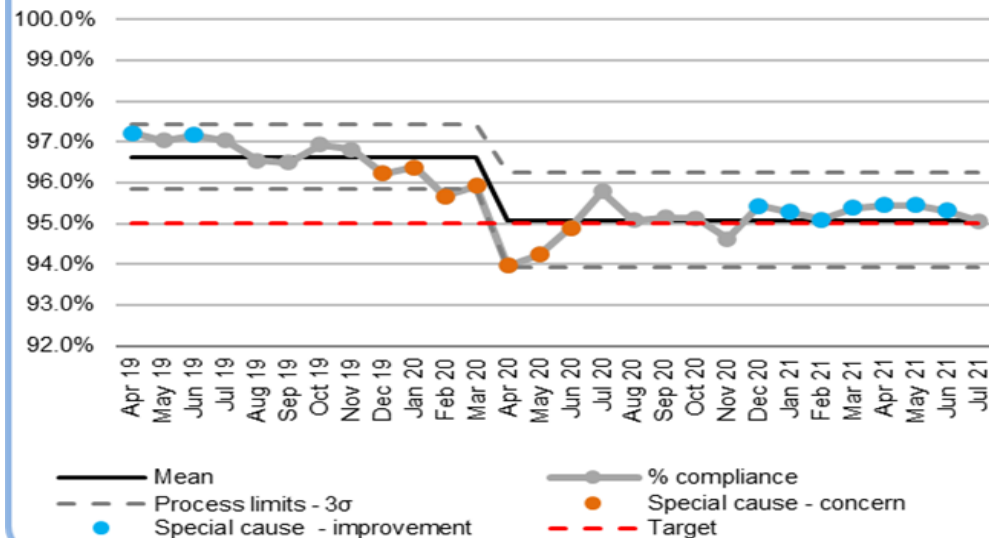
#### WHO Checklist Compliance

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

In August, WHO checklist compliance was 99.82%. 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



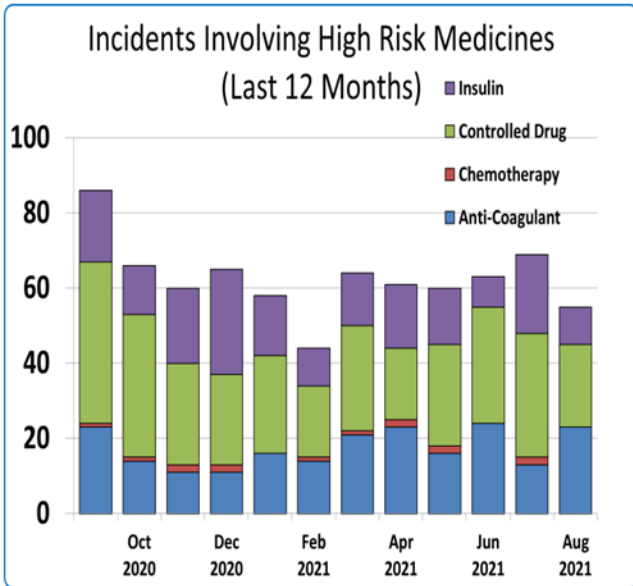
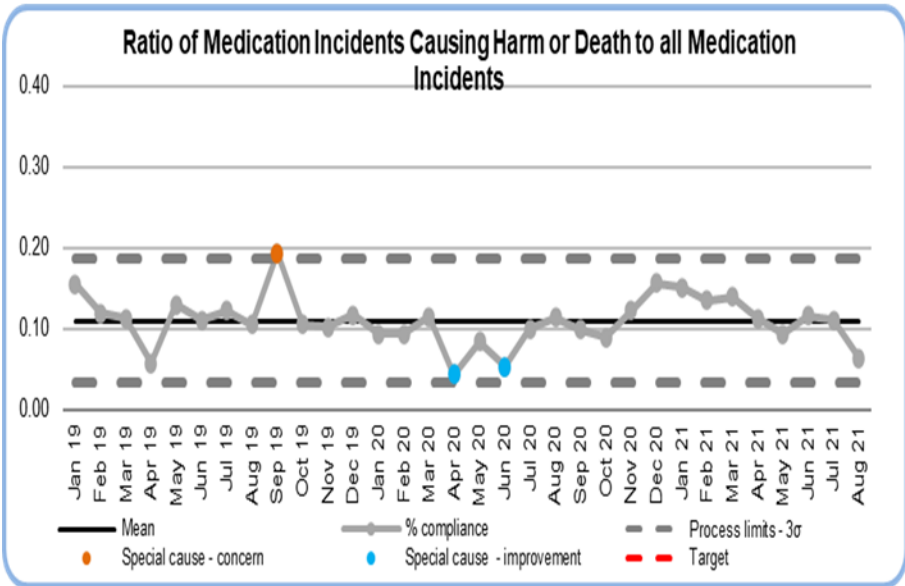
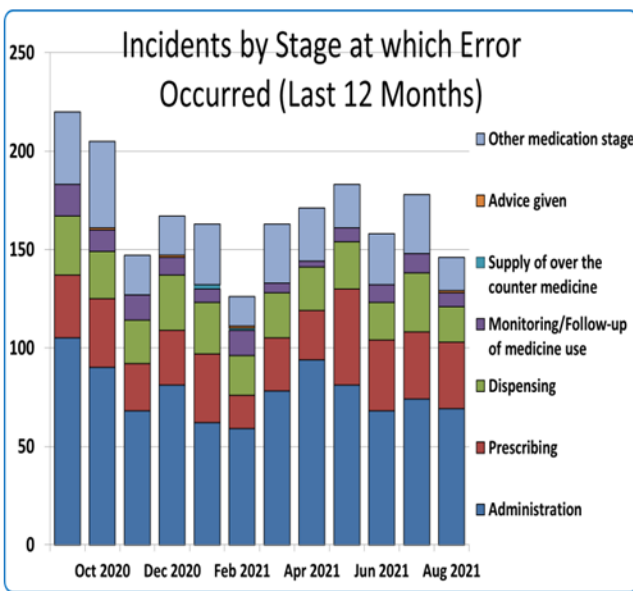
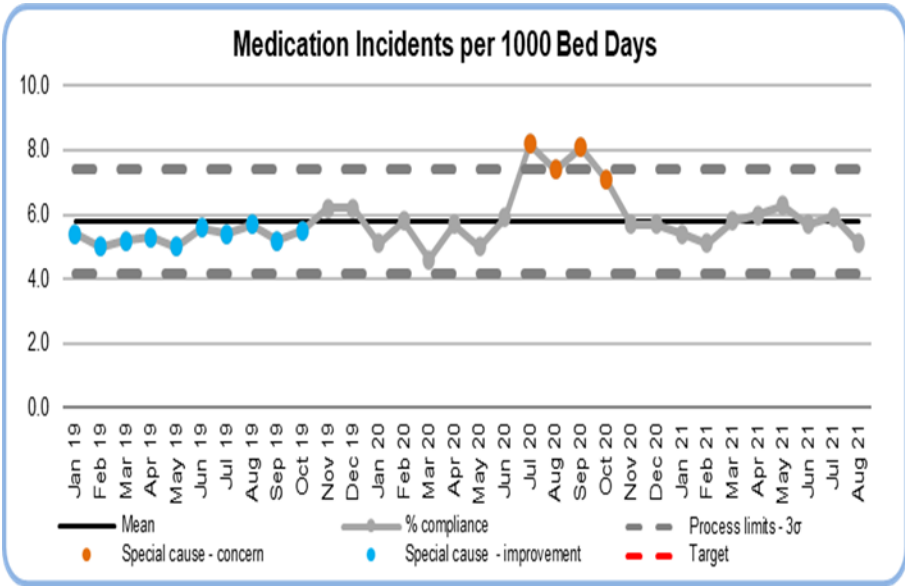
#### VTE Risk Assessment

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

In July, the rate of VTE Risk Assessments performed on admission was 95.06%. 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 5.1 medication incidents per 1000 bed days. This is the lowest rate in the last 6 months. The organisation was under significant operational pressure during August so it is unclear if this reduction is due to reporting practices changes or incidents

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

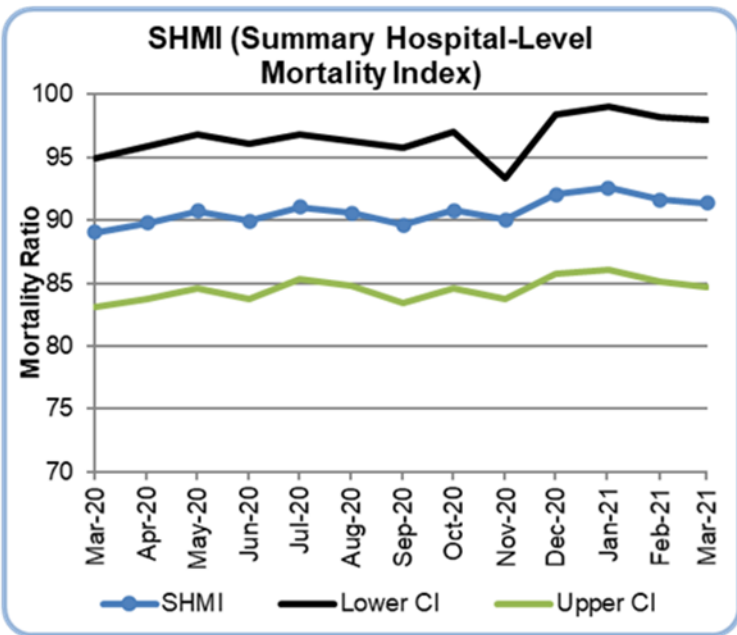
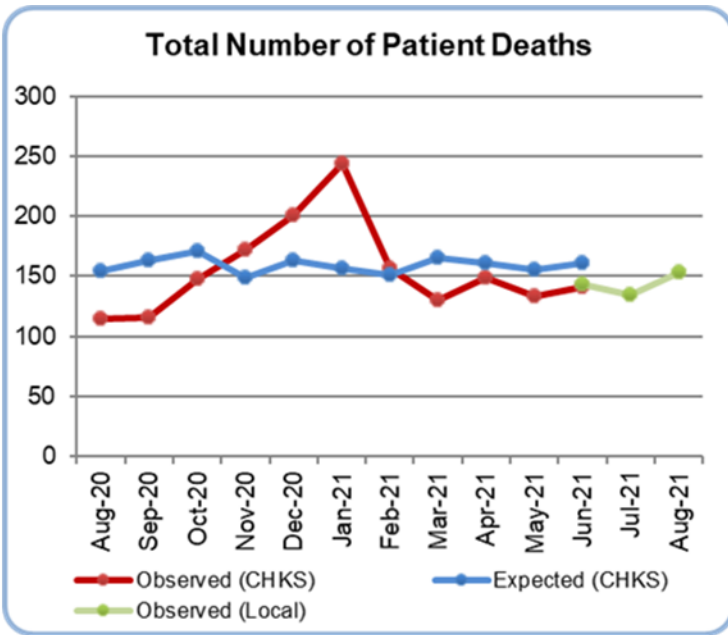
During August 2021, c.6% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.06). This is the lowest in the last 6 months, demonstrating a reduction in the percentage of incidents causing harm compared to 'no harm'. 'No harm' incidents accounted for 94% of all NBT reported medication incidents. These figures provide assurance of an improving safety culture across the Trust.

### Incidents by Stage

Incidents occurring at the administration stage accounted for c.47% of all medication incidents in August 2021, with prescribing (c.24%) being the next stage at which medication errors most frequently occurred. This is an increase on last month for each of these stages, however is consistent with the overall trend for the last 6 months.

### High Risk Drugs

During August 2021, c.35% of all medication incidents involved a high risk medicine. Although this remains consistent compared to the last 6 months, there has been a reduction in the actual number of these incidents in August. August saw a significant reduction in incidents involving insulin and controlled drugs compared to the previous month, and collaborative work continues between the divisions and the Medicines Governance Team to reduce the occurrence of these incidents further.



### 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 July 20 – June 21. In this time period 96.5% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system. Of all “High Priority” cases, 92% completed Mortality Case Reviews (MCR), including 21 of the 21 deceased patients with Learning Disability and 27 of the 30 patients with Serious Mental Illness.

**Mortality Review Outcomes**  
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 16 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

**Medical Examiner Referrals**  
All referrals are triaged by the Quality Governance Team and recorded for thematic analysis. Potential issues are referred for Structured Judgement Review completion or to Patient Safety or PALS for review and possible action.

These processes also link with any cases referred to the Coroner and ensures that family concerns are addressed at as early a stage as possible.

### Mortality Review Completion

July 20 – June 21	Completed	Required	% Complete
Screened and excluded	1119		
High priority cases	258		
Other cases reviewed	473		
<b>Total reviewed cases</b>	<b>1850</b>	<b>1918</b>	<b>96.5%</b>

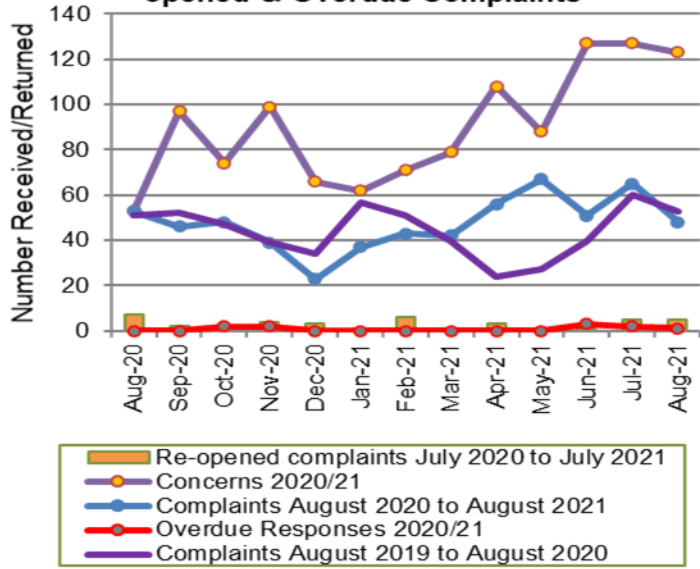
Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0.0%	4.4%	24.5%	48%	23.1%

Date of Death	Jul 20 – June 21
Scrutinised by Medical Examiner	968
Referral to Quality Governance team	112

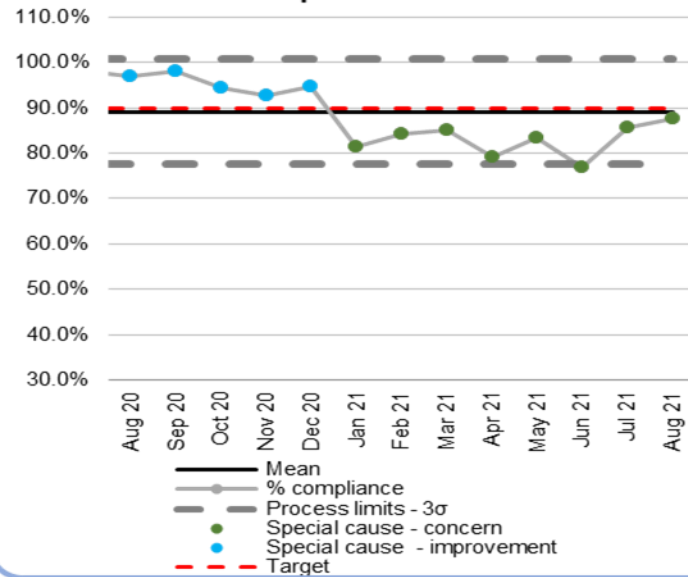
## **Patient Experience**

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

### Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



### Complaint Response Rate Compliance



### Complaints and Concerns

#### What does the data tell us?

In August 2021, the Trust received 48 formal complaints. The most common subject for complaints remains 'Clinical Care and Treatment' however, the number of complaints regarding 'Access to Services-Clinical' increased significantly in August. A closer look at these complaints shows that Gynaecology and Maternity services have received a higher number of complaints for this subject. This is with regards to delays and wait times for appointments

The 48 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	15 (19)	CCS	1 (1)
Medicine	13 (22)	NMSK	6 (6)
WCH	12 (7)	IM & T	1 (1)

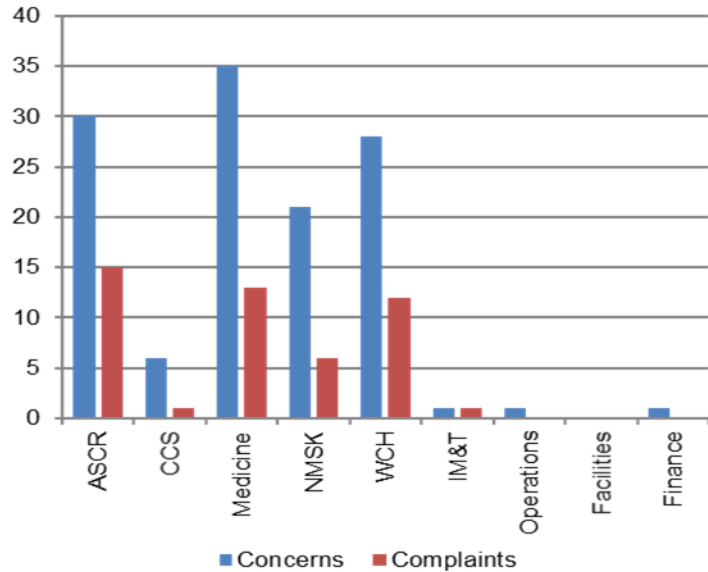
In August, a total of 82 enquiries and 123 PALS concerns were received. This is consistent with the levels of activity in June and July.

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% however, in August we continue to see the % compliance recovering to 88%. Challenges continue to be in ASCR, WaCH and in the corporate team as we embed the new sign off process.

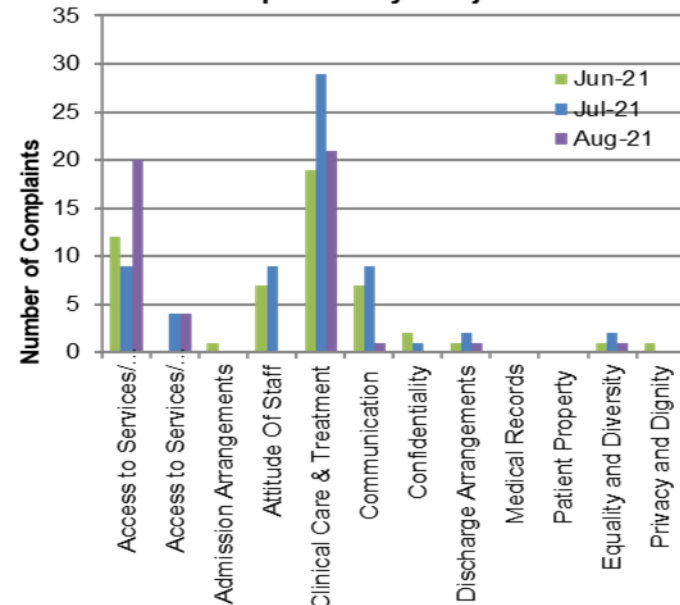
#### What actions are being taken to improve?

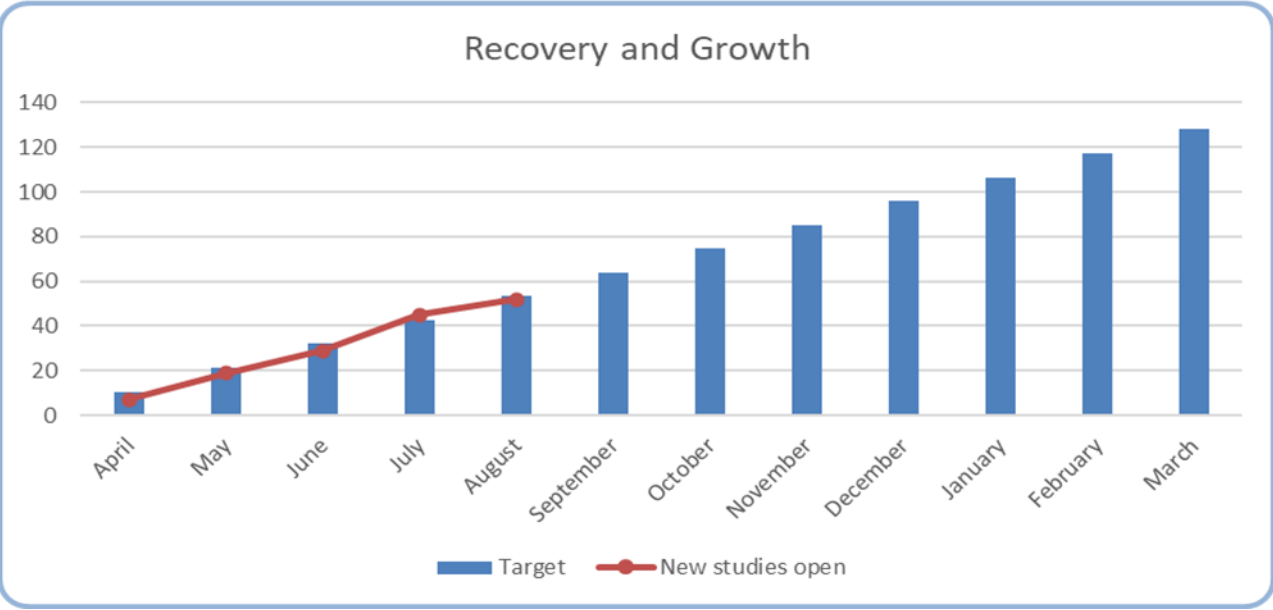
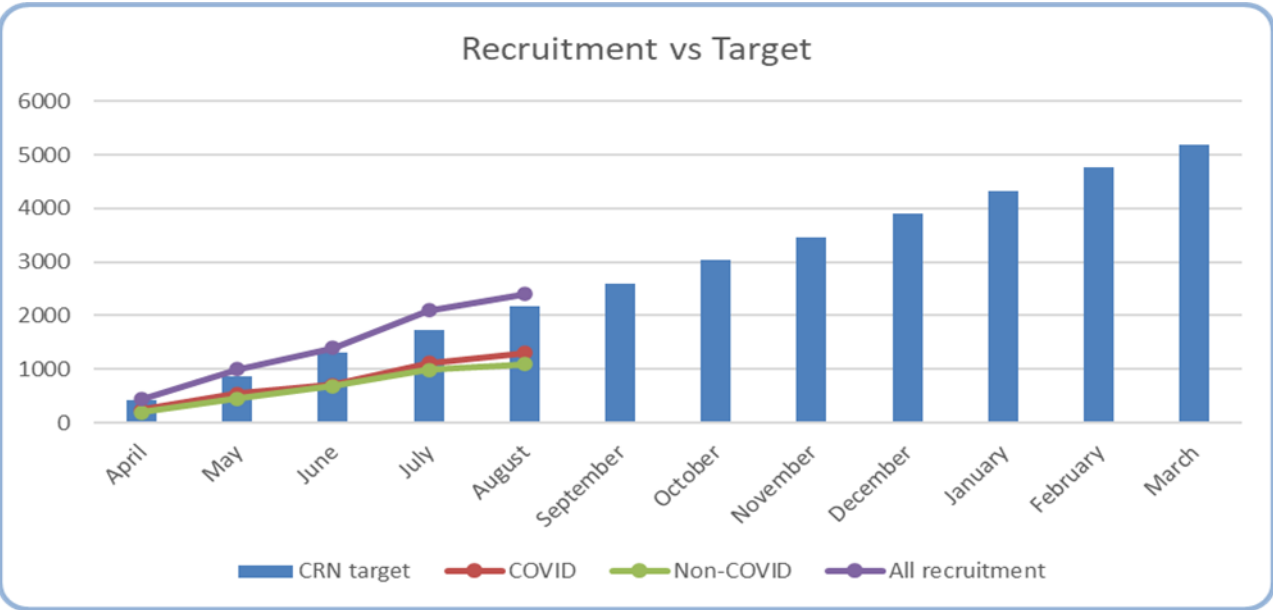
'You said we did' - following a PALS concern in CCS we have now created a ring-fenced urgent appointment slot each week in outpatient T&O therapy clinic template to facilitate bookings within requested timescales.

### Concerns and Complaints per Division



### Complaints By Subject





## Research and Innovation

### What does this tell us?

NBT is showing strong performance in rebuilding our research portfolio and recruiting participants to trials. Recruitment is currently at 111% target to date, with an approximate 50 : 50 split between COVID-19 and non-COVID-19 research.

In addition to matching previous study set up rates In previous years, the team have also processed 43 studies through the RESTART programme facilitating further patient participation in research.

R&I are in the process of appointing a Research EDI post, specifically tasked with mapping the demographics of research participants and engaging with researchers and communities to identify opportunities for ensuring inclusivity in research.

NBT currently leads 60 research grants, with a total value of £27.2m. This includes 31 prestigious NIHR grants, across a range of specialities, which total at £25.7m. Our NIHR funding success rate is now at 91% (far higher than the ~25% national average for NIHR applications). In addition NBT is a partner on 53 externally-led research grants, with a total value of £10.3m to NBT.

The Southmead Hospital Charity (SHC) Research Fund call (2020/21) received 23 EoI applications, of which 14 were shortlisted for full stage application, and 7 awards were made. Our Patient Public Involvement panel met to review and score the full stage applications prior to the main awarding panel.

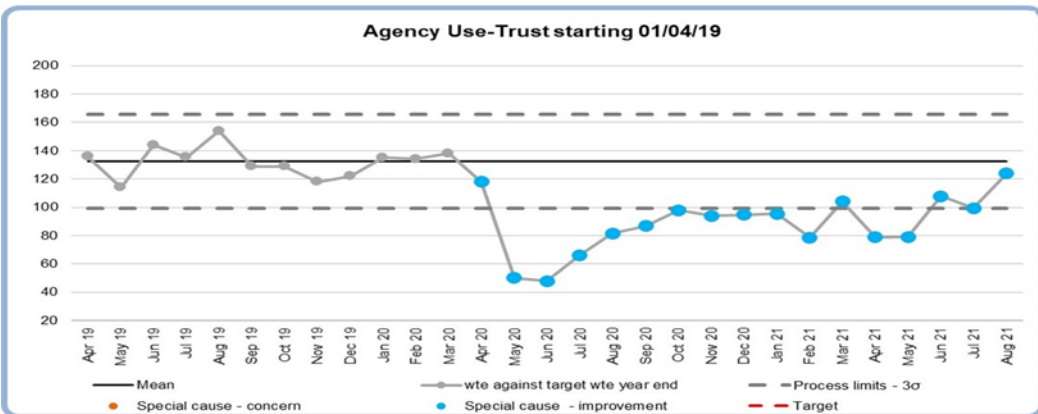
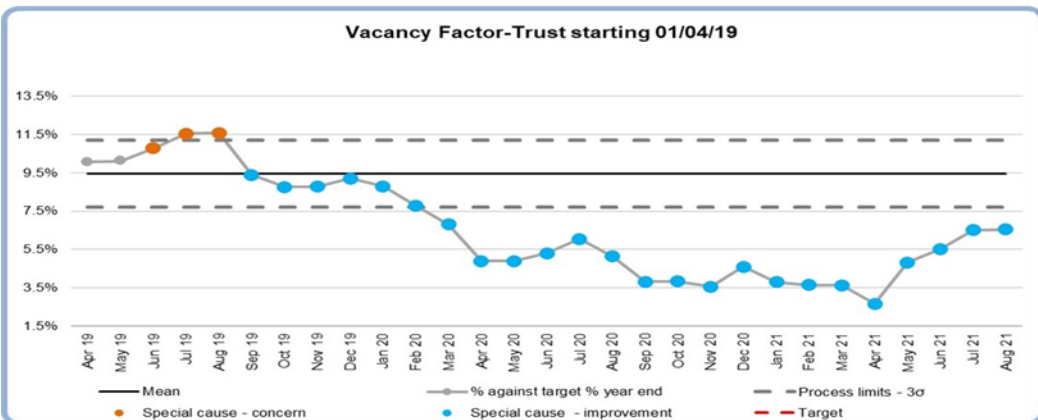
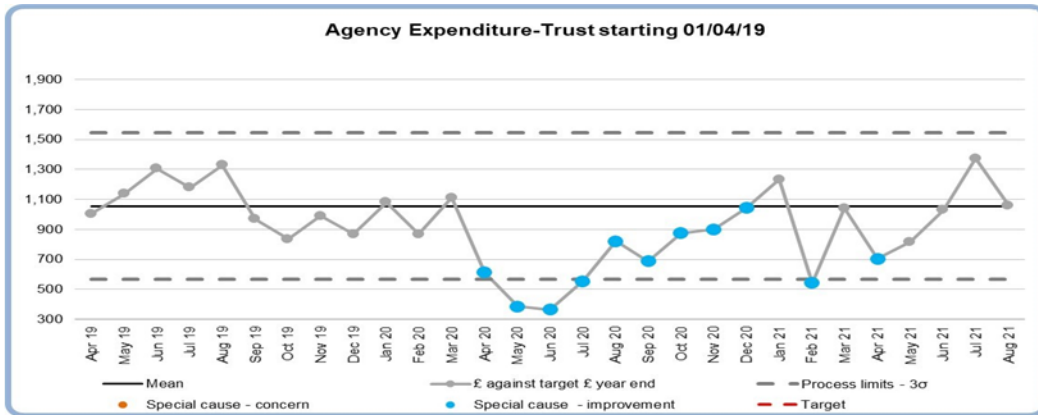
The SHC Research Fund has very kindly agreed to provide additional funding to permit NBT to run two Research Funding calls per annum and welcomes research applications from all NBT staff members (up to a maximum of £20k) in any subject area.



**Well Led**

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

**Tim Whittlestone and Jacqui Marshall**



## Workforce

### Temporary Staffing

August remained a challenging month for both Bank and Agency supply across the Trust. A system wide collaborative short term increase in bank rates was initiated which saw an uplift in Bank fill rates for the month and a deeper system impact review is currently being carried out.

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

### Nursing and Midwifery Resourcing

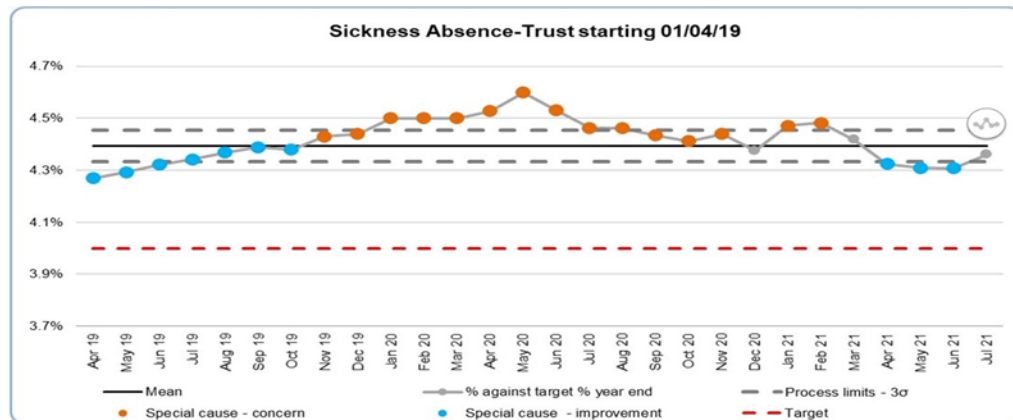
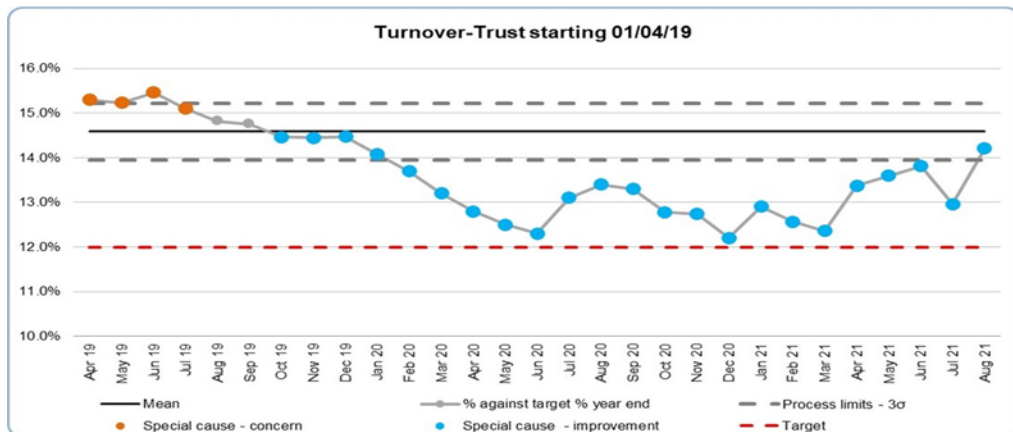
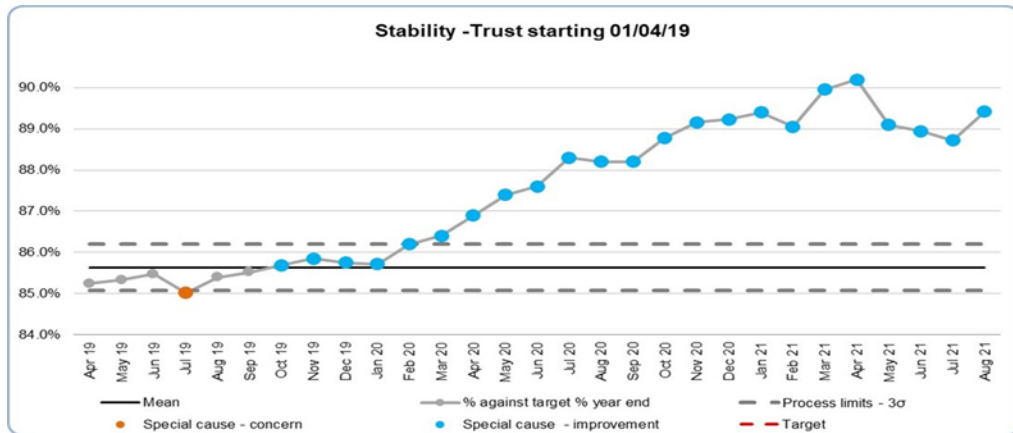
August saw 16.35 wte band 5 starters and the domestic pipeline continues to be healthy with 137 offered candidates of which 72 candidates with start dates booked in between now and the end of the year. International Recruitment welcomed another 11 new Nurses in August.

No bespoke events took place in August for seasonal reasons and ongoing recruitment activity generated offers to 23 new candidates. The Band 5 vacancy factor has increased to 15.56% (204.65 Vacancies Up by 13 from last month)

HCSW Recruitment activity generated 32.67 wte starters in Aug and two digital assessment centres generated a further 8 offers.

The Band 2 vacancy factor is currently 6.13%, and Band 3 is 12.1%.





## Engagement and Wellbeing

### Turnover and Stability

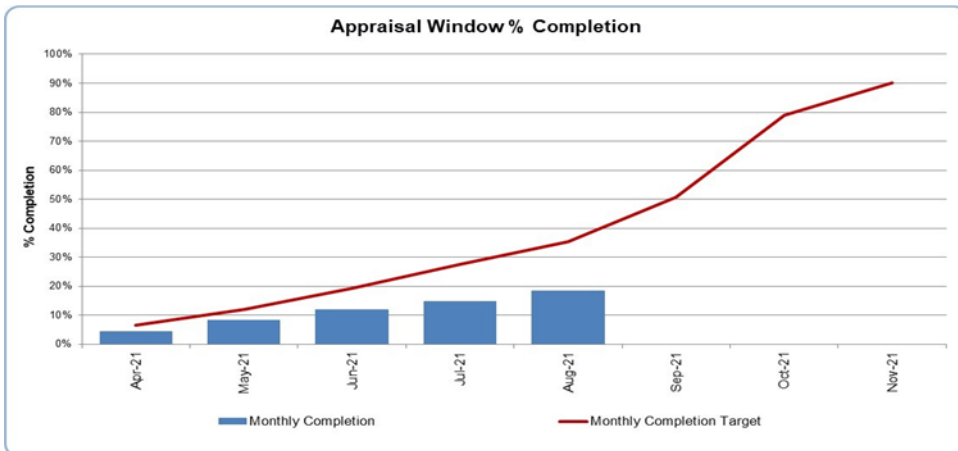
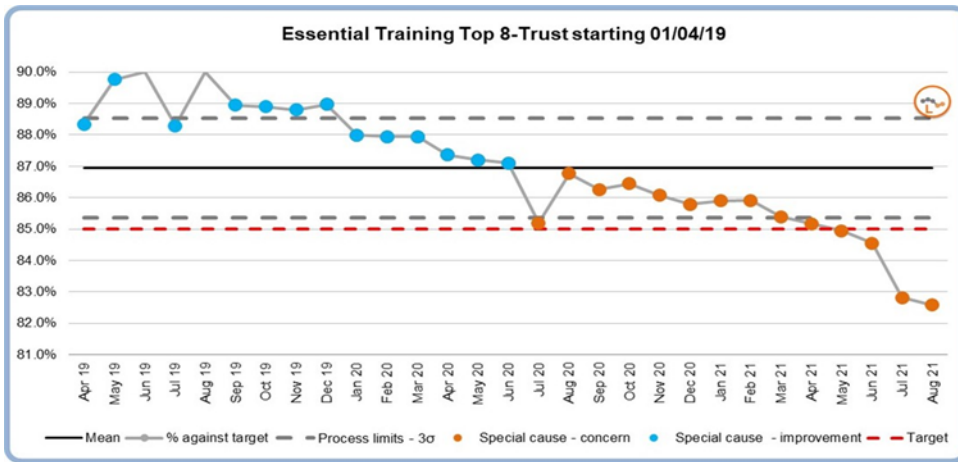
Recent and on-going work includes:

- Focussed work has been commissioned linked to the turnover data presented at the Demand and Supply (Nursing and Midwifery) Group. Follow up meeting to agree next steps and actions occurring 22.9.21
- E-leavers' questionnaires process and reporting has been refreshed, to include new questions linked to COVID-19 and work is being actioned around summary themes from Q 1 data
- Wider discussions at a system (BNSSG) level to agree some urgent short-term retention initiatives.

### Sickness and Health and Wellbeing

Work undertaken to help improve sickness absence includes:

- People Team continuing to undertake focused work with the W&C Division and providing enhanced support for formal sickness cases as part of the bigger work programme in that area
- Final draft of sickness policy being agreed, which will allow for more focus on supporting well-being and remove some bureaucracy from the process in order to help staff and line managers
- Continued training on the ER tracker for managers, which will encourage better work flows and time management of sickness cases
- Bystander to Upstander Week occurring w/c 27 September, which is aimed at encouraging civility and kindness in teams and will support staff well-being



Training Topic	Variance	Jul-21	Aug-21
Child Protection	-0.4%	83.9%	83.4%
Adult Protection	-0.5%	85.0%	84.5%
Equality & Diversity	-0.1%	86.1%	85.9%
Fire Safety	-0.1%	83.6%	83.4%
Health & Safety	-0.2%	85.9%	85.7%
Infection Control	-0.3%	90.2%	89.8%
Information Governance	0.2%	80.0%	80.2%
Manual Handling	-0.6%	66.4%	65.8%
Waste	-0.1%	84.5%	84.5%
<b>Total</b>	<b>-0.2%</b>	<b>82.82%</b>	<b>82.58%</b>

## Essential Training

Throughout the pandemic, essential training compliance has shown a downward trend across the Trust and has now dropped below the minimum threshold of 85%. 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.

Compliance levels have also been impacted by social distancing requirements which limit the number of participants who can attend sessions that can only be delivered face to face. A recent review of these limits has enabled the ratio of trainers to learners to be increased from 1:5 to 1:6, providing a small increase in capacity.

Face to face Manual Handling update sessions have been replaced by eLearning, this has increased accessibility to sessions and should also help improve compliance.

The Qlik Workforce app launched in July, with the aim of empowering operational leads to drill into their mandatory training compliance data. All leads have been given access to the new reporting mechanism.

## Leadership & Management Development

All learning activity is now delivered with a blended approach of both online and face to face facilitation. Leadership & Management learning activity continues including the OneNBT Leadership Programme and the Matron Leadership Programme.

13 people achieved ILM Level 2 Leadership & Team skills Award in August and the October cohort is fully booked.

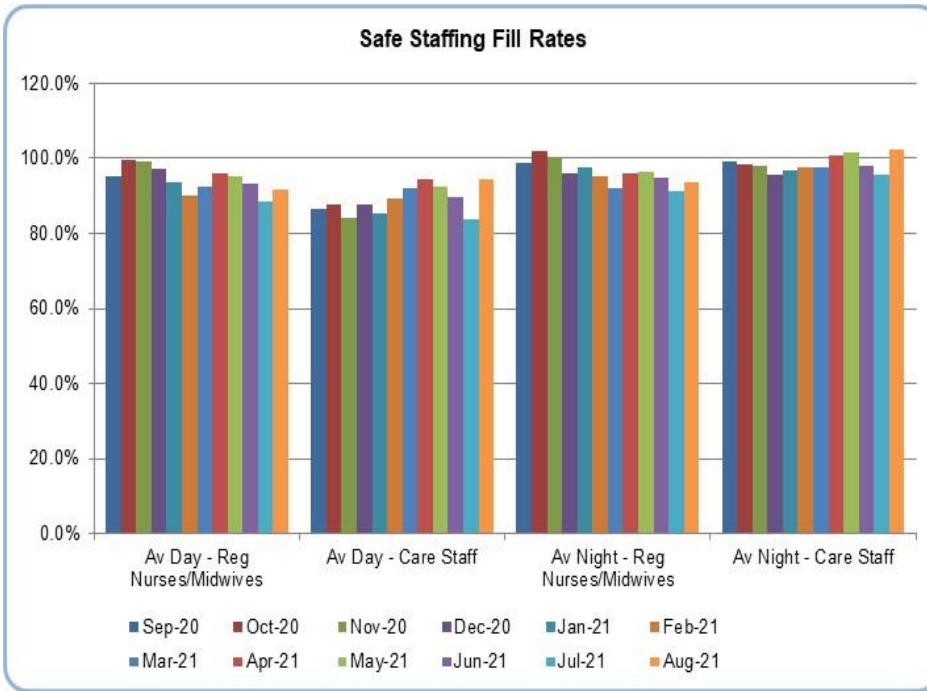
The suite of OneNBT Management workshops are all available for enrolment on our learning portal (MLE).

## Apprenticeship Centre

Wherever feasible, Apprenticeship activity has continued throughout the pandemic. 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.

## Migration to new Learning Management System (Learn)

Work is ongoing to migrate the Trust's MLE platform which will move from Kallidus Classic to Kallidus Learn. By the end of Jan-22; NBT, UHBW, AWP and Sirona will all be using the same learning platform which will really help staff moving between BNSSG employers and also opens the door for future improvements to learning passports. Organisational comms and learner readiness activities will be rolled out over the coming months.



Aug-21	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	91.6%	94.5%	93.5%	102.3%

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.

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-19 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**

**28b** (76.1% Night) ) staffing supplemented with redeployed RNs and HCSW

**Medirooms** (74.8% Day) reduced elective activity, staff deployed to support other care areas.

**7a** (79.3% Day / 71.5% Night) reduced elective activity

**7b** (74.1% Day) staffing supplemented with redeployed RNs and increased HCSW.

**Cotswold** (63.8% Day) reduced occupancy

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

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

**9b** (79.2% Day) COVID-19 cohort ward with reduced occupancy in month.

**34b** (73.2% Day / 68.5% Night) ) Unregistered staff vacancies

**Medirooms** (69.3% Day) reduced elective activity, staff deployed to support other care areas.

**NICU** (35.6% Day / 40.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required.

**Quantock** (77.2% Day / 70.4% Night) staffing deployed as required to meet patient needs across the service.

**Cotswold Ward** (63.9% Day) Reduction in HCSW required due to lower occupancy

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

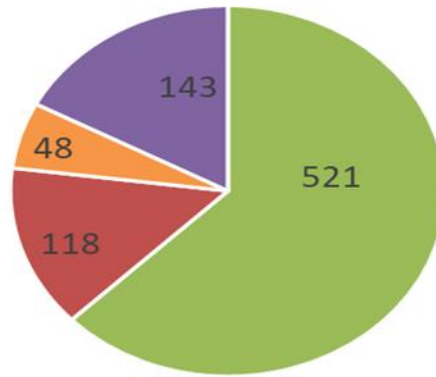
**33a** (186.8% Night) patients requiring enhanced care support

**6b** (151.8% Night) patients requiring enhanced care support

**25a** (163% Night) patients requiring enhanced care support

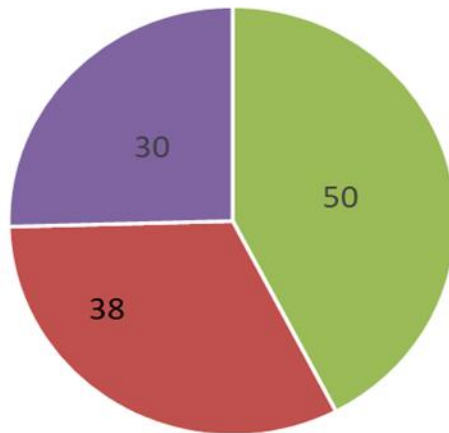
**7b** (161% Night) patients requiring enhanced care support

### Appraisal compliance - past 12 months



- No. compliant within 12 months
- No. non-compliant within 12 months
- No. where date is unknown (new doctor)
- No. approved missed for covid

### Non-compliant doctors - past 12 months



- Last appraisal completed 12-15 months ago
- In Trust missed appraisal escalation process
- Appraisal meeting now planned
- Next appraisal due this year

## Medical Appraisal

### What does the data tell us?

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

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

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

### What actions are being taken to improve?

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

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

## Finance

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

## Statement of Comprehensive Income at 31<sup>st</sup> August 2021

	M5	M5	M5	YTD	YTD	YTD
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	54.1	53.4	(0.6)	275.0	278.5	3.5
Other Income	6.3	6.9	0.6	29.3	32.0	2.8
Pay	(35.8)	(38.2)	(2.4)	(183.9)	(181.5)	2.4
Non-Pay	(23.1)	(22.1)	1.0	(120.1)	(129.0)	(8.8)
<b>Surplus/(Deficit)</b>	<b>1.4</b>	<b>0.0</b>	<b>(1.4)</b>	<b>0.2</b>	<b>0.0</b>	<b>(0.2)</b>

### Assurances

The YTD financial position to the end of August 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 £0.3m for August and £1.6m 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. Initial estimates for April and May indicate a potential risk of £0.1m, which was confirmed in June.

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 31<sup>st</sup> August 2021

	20/21 M12	21/22 M04	21/22 M05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	579.3	575.1	578.6	3.4	(0.7)
Intangible Assets	14.7	12.7	12.3	(0.5)	(2.5)
Non-current receivables	1.7	1.7	1.7	0.0	0.0
<b>Total non-current assets</b>	<b>595.8</b>	<b>589.6</b>	<b>592.6</b>	<b>3.0</b>	<b>(3.2)</b>
<b>Current Assets</b>					
Inventories	8.5	8.6	9.0	0.4	0.5
Trade and other receivables NHS	10.2	26.9	18.7	(8.2)	8.5
Trade and other receivables Non-NHS	26.3	24.7	24.1	(0.6)	(2.1)
Cash and Cash equivalents	121.5	112.5	102.5	(10.1)	(19.0)
<b>Total current assets</b>	<b>166.5</b>	<b>172.8</b>	<b>154.3</b>	<b>(18.4)</b>	<b>(12.1)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	26.9	27.6	13.4	(14.2)	(13.5)
Trade and Other payables - Non-NHS	98.7	90.1	92.0	1.9	(6.8)
Deferred income	8.5	17.3	13.7	(3.6)	5.2
PFI liability	12.3	15.0	15.2	0.2	3.0
Finance lease liabilities	2.8	2.6	2.5	(0.1)	(0.3)
<b>Total current liabilities</b>	<b>149.2</b>	<b>152.6</b>	<b>136.8</b>	<b>(15.8)</b>	<b>(12.4)</b>
Trade payables and deferred income	7.8	8.3	8.2	(0.1)	0.4
PFI liability	368.7	365.6	364.6	(1.0)	(4.0)
Finance lease liabilities	3.9	3.5	3.4	(0.1)	(0.5)
<b>Total Net Assets</b>	<b>232.6</b>	<b>232.4</b>	<b>233.8</b>	<b>1.4</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	(0.2)	(0.3)	(0.1)	(3.8)
Revaluation reserve	162.0	162.0	163.5	1.5	1.5
<b>Total Capital and Reserves</b>	<b>232.6</b>	<b>232.4</b>	<b>233.8</b>	<b>1.4</b>	<b>1.2</b>

### Assurances :

- Total capital spend to date is £7.9m, compared to a plan of £6.6m for the first 5 months of the year. Expenditure includes £3.4m of capital expenditure on the accelerator capital programme not included in budget.
- Of the £8.5m year to date increase in NHS receivables set out in the table in section 4.1, £4.9m relates to accrued Elective Recovery Fund (ERF) monies due from NHSE&I (reduced in-month due to cash receipts) Other increases relate to £1.2m in respect of accrued NHSE&I reimbursement via the Visible Cost Model (VCM), £0.9m accrued Mass Vaccination Service income, and £2.7m higher accrued income across the Divisions.
- The main contributors to the £8.2m in-month reduction in NHS receivables are a reduction of £3.7m in accrued ERF monies, £1.9m reduction in accrued Mass Vaccination income and a £2.4m reduction in invoiced debt, largely relating to amounts due from UHBW, along with £0.2m of other net decreases.
- Of invoiced debt of £18.3m £7.7m relates to Non-NHS individuals and organisations and is over 365 days old.. The majority of the non-NHS debt older than 365 days relates to overseas patients and has been fully provided for.
- The cash balance has decreased by £19.0m in-year largely due to the settlement of a £7.9m credit note raised to BNSSG CCG in March 2021, along with the £14.0m clawback by NHSE/I of monies paid to NBT during 2020/21 for reimbursement of COVID-19 revenue costs and lost income.
- Deferred income has increased by £5.2m in-year partly due to the receipt of £2.7m System Mitigation monies from BNSSG CCG and £1.6m of monies received in advance from Health Education England.

### Key Issues :

- There is a risk of potential slippage in capital expenditure,
- The Better Payment Practice Code achievement of invoices paid within 30 days, by value, is 86.8% for the year to date in 2021/22, compared to an average of 87.1% for 2020/21.
- The Trust cash flow forecast demonstrates that the Trust is able to manage its liquidity without any external support for the 2021/22 financial year (assuming that the H2 finance regime is similar to the H1 regime).

	£m	Commentary
<b>Forecast Outturn at M5</b>	<b>0.0</b>	Trust Forecast
<b>RISKS</b>		
<b>Risk to Delivery of Contract Income</b>		
Other Contract Income - Non NHS Overseas Patients	(1.8)	Continued Lower Level of Activity
Other Contract Income - Injury Cost Recovery	(1.0)	Continued Lower Level of Activity
Assumed efficiency requirement of 3% implied in H2 income settlement	(10.0)	
<b>Other Risks</b>		
Increase in Capital Charges	(1.0)	Impact of capital programme on depreciation and PDC.
<b>Total</b>	<b>(13.8)</b>	
<b>OPPORTUNITIES</b>		
<b>Mitigating Actions</b>		
Other Contract Income - Non NHS Private Patients	0.6	Continued run rate better than Plan
COVID 19 Winter Costs	0.5	Mitigation through COVID allocation
CIP Delivery	10.0	
Investment slippage / underspend	0.7	
Non Recurrent mitigation	2.0	
<b>Total</b>	<b>13.8</b>	

### Assumptions, opportunities and risks

The Trust has assumed that any surplus COVID-19 cost funding from the system can be retained.

The trust has reversed its previous assumption that it will be required to fund expected system costs. Should the system financial position deteriorate there may be a downside risk to the financial position.

There is a risk that non-recurrent funding is being used to cover recurrent costs as block contracts are being rolled over based on 2019/20 costs whilst inflation and other 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.

The Trust has chosen to set annual budgets whilst the finance regime has only announced income levels for the first half of the year. There is a potential risk that assumptions may differ for the second half of the year, though verbal confirmation has been given that the regime is likely to be similar to the first half of the year.

The system has been selected as an Accelerator site which will increase the levels of non-recurrent funding being received by the Trust in Q1 though change in threshold mean that this is unlikely to continue into Q2.

M3 includes an estimate of ERF monies earned by the system on activity delivered by the Trust offset by estimates of the cost of delivery. It should be noted that the thresholds for ERF have increased with effect from month 4 together with increased levels of COVID-19 so potential income will reduce in Q2.

Potential risks to the delivery of the Trust cost improvement programme may arise.

The Forecast Outturn Position for the end of the financial year is break even.



## Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

## Monitor Provider Licence Compliance Statements at August 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, 31 August 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.

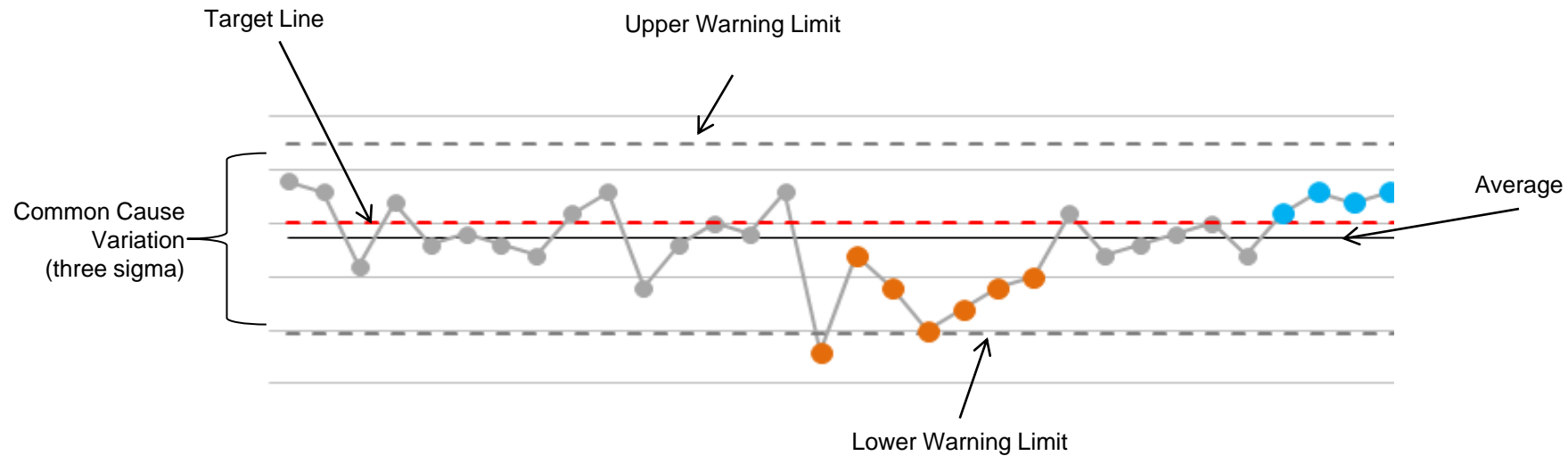


## NBT Quality Priorities 2020/21

- 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.

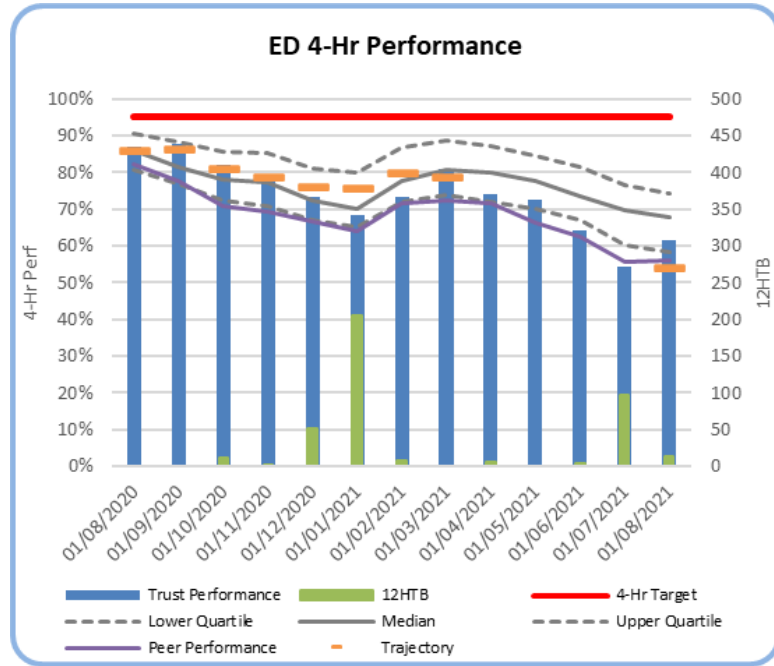
**Further reading:**

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

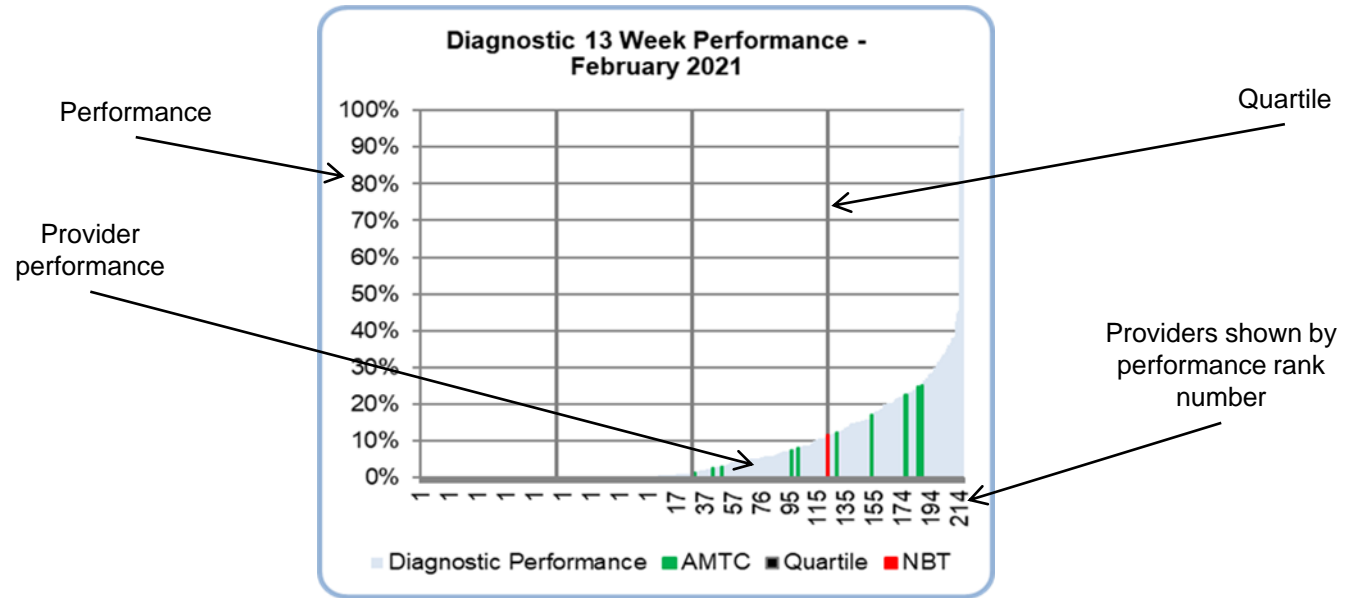


Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4<sup>th</sup>), among the worst performing Trusts. If low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