

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**April 2023**  
(presenting March 2023 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%		53.91%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	449	360	176	297	304	57	261	482	433	786	312	9	135		13-1422	4/10
	Ambulance Handover < 15 mins (%)		65.00%	-	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%			
	Ambulance Handover > 60 mins		0	-	681	538	430	527	486	364	439	672	778	1041	457	105	267			
	Average No. patients not meeting Criteria to Reside			-	302	301	317	280	349	395	368	381	378	343	350	322	327			
	Bed Occupancy Rate			93.22%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%			
	Diagnostic 6 Week Wait Performance		1.00%	25.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%		26.81%	5/10
	Diagnostic 26+ Week Breaches		0	0	2160	2498	2690	2761	2753	2842	3044	2755	2817	2424	1351	1021	551			
	RTT Incomplete 18 Week Performance		92.00%	-	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.39%		54.05%	2/10
	RTT 52+ Week Breaches	R	0	3660	2242	2454	2424	2675	2914	3131	3087	3062	2980	2984	2742	2556	2576		51-9769	2/10
	RTT 78+ Week Breaches	R		74	458	491	473	443	439	441	394	375	319	306	223	167	69		0-1091	2/10
	RTT 104+ Week Breaches	R		48	96	71	48	34	32	33	30	27	17	13	16	8	7		0-184	6/10
	Total Waiting List	R		39224	39101	39819	40634	42326	46900	48766	49025	48871	47418	46523	46266	46327	47312			
	Cancer 2 Week Wait	R	93.00%	60.36%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%	55.01%	63.52%	-		81.52%	10/10
	Cancer 31 Day First Treatment		96.00%	95.99%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%	82.41%	89.90%	-		91.63%	8/10
	Cancer 62 Day Standard	R	85.00%	73.19%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%	41.54%	57.82%	-		57.45%	5/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	73.34%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%	62.66%	77.41%	-		73.66%	3/10
	Cancer PTL >62 Days		242	345	472	641	689	555	667	858	529	328	329	328	335	191	140			
	Cancer PTL >104 Days		0	50	167	133	161	134	172	147	123	63	47	23	26	41	29			
Urgent operations cancelled ≥2 times		0	-	0	1	1	1	1	1	1	2	0	1	0	0	0	-			

RAG ratings are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Urgent Operations Cancelled ≥ 2 times which is RAG rated against National Standard.

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%		
	Caesarean Section Rate				42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%		
	Still Birth rate			0.40%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%		
	Induction of Labour Rate			32.10%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%		
	PPH 1500 ml rate			8.60%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%		
	Summary Hospital-Level Mortality Indicator (SHMI)				97.6	97.5	95.72	95.65	96.22	95.97	97.2	-	-	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	1	1	0	0	0	0	0	2	1	1	0	0		
	Commissioned Patient Safety Incident Investigations				3	4	3	1	1	1	1	0	0	7	1	3	3	3	
	Healthcare Safety Investigation Branch Investigations				1	1	0	1	1	1	1	0	0	4	0	1	0	0	
	Total Incidents				1314	1211	1133	1191	1336	1281	1154	1259	1246	1317	117	967	1115		
	Total Incidents (Rate per 1000 Bed Days)				44	42	37	41	46	41	38	40	41	44	4	36	37		
	WHO checklist completion				95.00%	98.73%	99.31%	98.85%	98.19%	98.39%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.29%	97.48%	
	VTE Risk Assessment completion	R			95.00%	92.63%	94.76%	94.70%	94.70%	92.27%	91.75%	91.81%	93.04%	94.22%	93.92%	94.15%	93.55%	-	
	Pressure Injuries Grade 2				18	19	19	14	25	16	17	14	19	11	16	9	13		
	Pressure Injuries Grade 3				0	0	1	1	0	0	0	2	2	1	0	0	1		
	Pressure Injuries Grade 4				0	0	0	0	0	0	0	0	0	1	0	2	1		
	PI per 1,000 bed days				0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.47		
	Falls per 1,000 bed days				6.28	7.05	5.75	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	5.79		
	#NoF - Fragile Hip Best Practice Pass Rate				64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	-		
	Admitted to Orthopaedic Ward within 4 Hours				14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	-		
	Medically Fit to Have Surgery within 36 Hours				66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	-		
	Assessed by Orthogeriatrician within 72 Hours				89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	-		
	Stroke - Patients Admitted				78	92	105	40	85	68	72	65	102	89	111	63	76		
	Stroke - 90% Stay on Stroke Ward				90.00%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	-	
	Stroke - Thrombolysed <1 Hour				60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	-	
	MRSA	R	0	0	4	0	1	1	0	0	0	0	0	0	0	0	2		
E. Coli	R		4	5	5	1	4	3	3	2	2	5	4	9	4	2			
C. Difficile	R		5	6	7	4	4	3	3	4	1	4	2	1	2	6			
MSSA			2	2	1	2	2	0	1	8	3	8	2	4	2	0			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	98.08%	85.61%	88.78%	89.06%		
	Friends & Family - IP - Proportion Very Good/Good				91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	92.15%	93.56%	94.56%	93.58%		
	Friends & Family - OP - Proportion Very Good/Good				94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%		
	Friends & Family - ED - Proportion Very Good/Good				63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%		
	PALS - Count of concerns				150	150	129	116	168	154	151	142	143	127	106	139	156		
	Complaints - % Overall Response Compliance			90.00%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%		
Well Led	Complaints - Overdue				5	10	4	5	6	1	3	7	6	12	5	3	4		
	Complaints - Written complaints				56	43	48	53	46	62	64	77	69	51	62	41	41		
	Agency Expenditure ('000s)				1581	1838	1846	1205	2111	1726	1292	2616	1992	1675	2030	1809	2485		
	Month End Vacancy Factor				7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%		
Turnover (Rolling 12 Months)	R		17.03%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%			
Sickness Absence (Rolling 12 month)	R		5.02%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%			
Trust Mandatory Training Compliance				81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%			

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## Urgent Care

Whilst there was some adverse variation in headline UEC indicators in March, this is against a recent trend improvement. The March position was influenced by a rise in national COVID infections which increased COVID inpatient numbers three-fold over a number of weeks in March. Four-hour performance reported at 78.35%; NBT ranked first out of ten reporting AMTC peer providers for the third consecutive month. 12-hour trolley breaches and ambulance handovers delays reported at 135 and 267 respectively in March, a deterioration on February. Following the national UEC difficulties in December, system partners were supported in securing short-term non-acute capacity (e.g. Care Hotel) to increase discharge from hospitals. The benefit can be seen in the residual acute NC2R volumes which, in turn, has resulted in improved hospital flow. In addition, clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow. Whilst the recent improvement in the overall position is welcome, there remains variability in overall performance. In March this was driven by a rise in COVID inpatient occupancy. Operational teams have undertaken statistical analysis of the NC2R and ED performance correlation, which suggests that if the interim additional out-of-hospital capacity is not sustained, the benefits currently being seen are likely to reverse. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. In addition, the CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

## Elective Care and Diagnostics

Overall, the Trust delivered against its year-end RTT, Diagnostic and Cancer commitments, with only the Endoscopy >26-weeks clearance trajectory needing to extend to the first quarter of 2023/24. The Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved significantly in March, with the national year-end target being met. Diagnostics performance in March was well ahead of the national requirement at 16.03%, (target 25% at year-end) with significant improvements seen in several test types. A small number of national modality reporting is still outstanding as EPR system-embedding issues are resolved. Challenges remain in the >26-week waits for Endoscopy – as described at the previous Board as related to industrial action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.

## Cancer Wait Time Standards

The Trust has delivered against national year-end 62-Day PTL requirements – to the extent that it has exceeded the reduction required for the year 2023/24. The Trust has made substantial and sustained improvement in the total cancer waiting list, and continues to reduce the number of patients who have waited over a 104-Day and 62-Day for a diagnosis or treatment. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (not just TWWs). These measures have now been achieved. In the plan, the next key measure of focus is the FDS 28-Day standard. We are starting to see steady improvement in this measure with it increasing from 35.18% to 77.41% between September 2022 and February 2023, now achieving the 75% national standard in line with our commitments within the 2023/24 operational plan.

## Quality

Within Maternity, despite the ongoing workforce pressures we have seen continued high numbers of positive events reported and also heard some good initial feedback from an NHSE structured staff listening event at Southmead and also across community sites. The Maternity Incentive Scheme submission made in February, with compliance declared against 7 out of 10 of the Safety Actions. 3 areas of concern; Safety Action 5, Safety Action 6 and Safety Action 8. NBT remains below trajectory for C. Difficile and Gram negative cases but there were 2 MRSA cases reported in March for which targeted response actions are underway. A Trust-wide MSSA reduction plan has been agreed to tackle the breach of the yearly trajectory and this has shown some positive early signs with no cases reported in March. There were no ward closures in March due to COVID-19 but we did see an increase in restricted access bays. Encouragingly, we have seen a continued reduction in falls over the past 3 months. There was 1 x Grade 4 and 1 x Grade 3 pressure ulcer reported in March but following review none of these were due to lapses in care. The rate of VTE Risk Assessments remains below the national target of 95% compliance; with a range of short and medium term improvement actions in progress. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

## Workforce

Trust vacancy factor decreased from 8.44% in February to 7.88% in March, with current vacancies decreasing from 761.56wte in February, to 713.31wte in March. NBT's Rolling 12-month staff turnover remained static, from 16.77% in February to 16.76% in March. The Rolling 12-month sickness absence position decreased from 5.43% in February to 5.30% in March. The most affected staff groups were Estates & Ancillaries and Additional Clinical Services with rolling 12-month absence rates of 9.06% and 7.76% respectively. Temporary staffing demand increased by 132.79wte (11.94%) from February to March; as both bank and agency use increased, by 13.68% and 13.47% respectively, unfilled shifts increased at smaller rate (7.53%) than the rise in demand.

## Finance

The financial plan for 2022/23 in Month 12 (March) was a surplus of £2.1m. The Trust has delivered a £3.3m surplus, which is £1.2m better than plan. This is predominately driven by additional contract income around demand and capacity, slippage in investments and service developments, and non-recurrent mitigations. This is offset by the non-delivery of savings in the first eleven months of the year and high levels of premium pay spend, including on agency and incentives.

On a year to date basis the Trust is at £0.3m surplus against a breakeven plan.

The Month 12 CIP position shows £6.5m schemes fully completed. Against the original plan there remains a £9.1m shortfall, this shortfall will roll into 2023/24 savings requirement. Cash at 31 March amounts to £104.0m, an in-month increase of £3.3m. Total capital spend year to date, excluding leases, was £22.2m compared to an original phased plan of £21.2m.

# Responsiveness

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

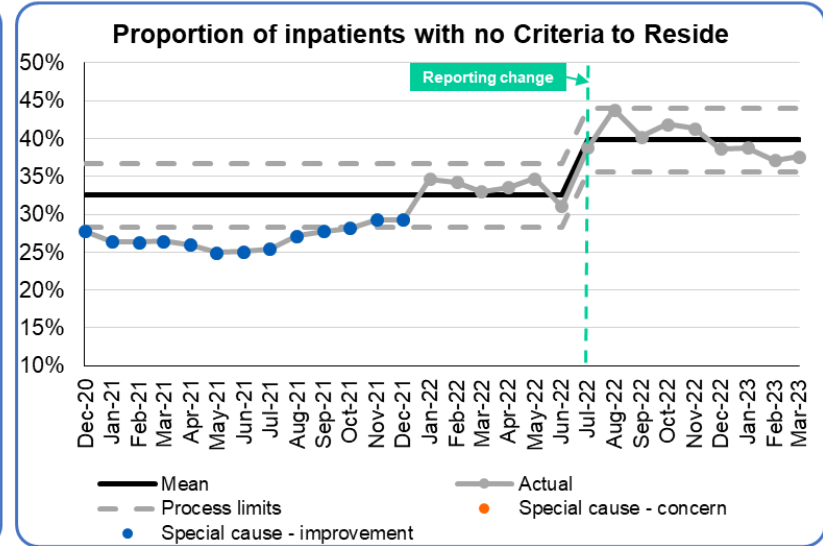
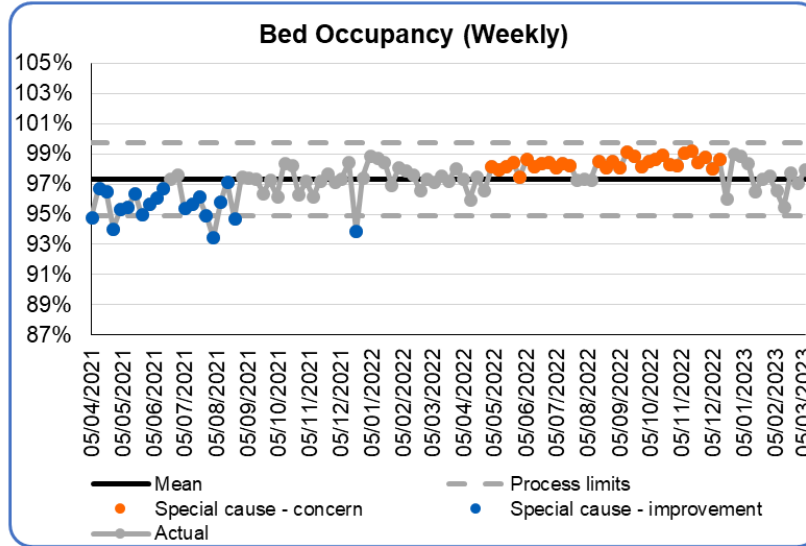
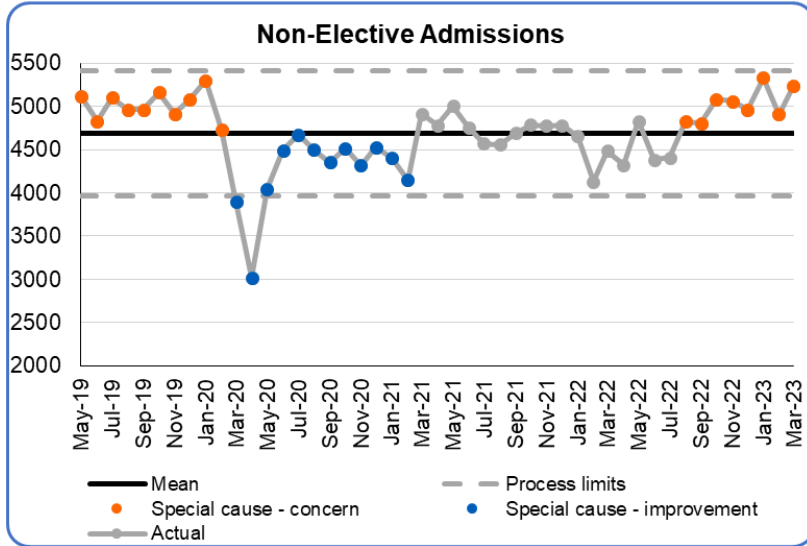
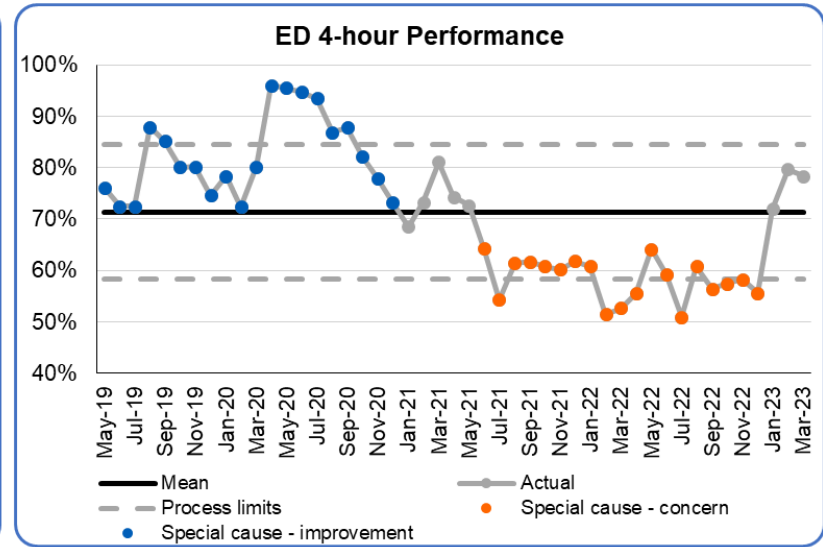
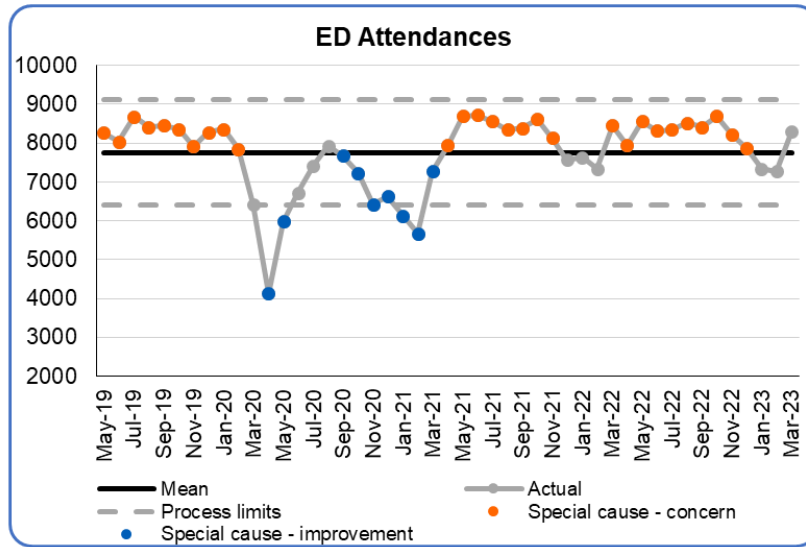
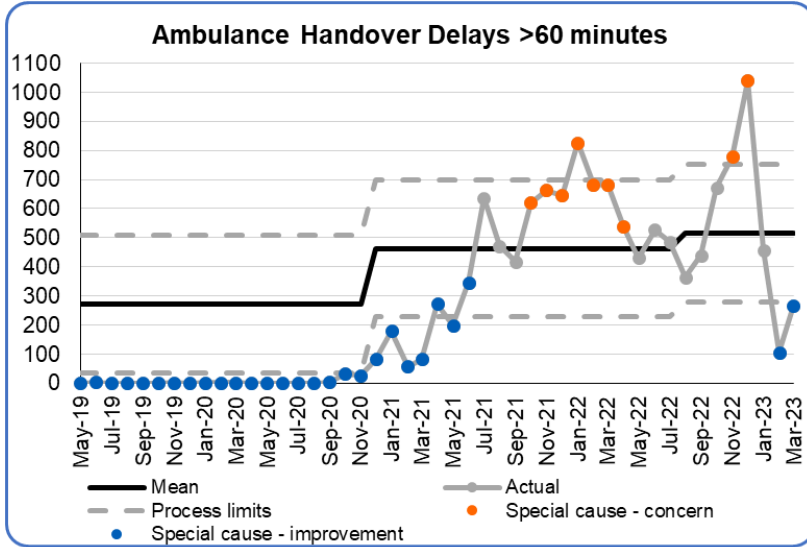
# Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Improved NC2R, providing opportunity to deploy consistently
	Level 6 Brunel Plan	Delivered - open and deployed tactically to “recycle” ongoing benefit to flow
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term
RTT	104 week wait	Delivered for year-end capacity trajectory to zero
	78 week wait	Delivered for year-end capacity trajectory to zero
Diagnostics	25% 6-week target	Delivered and exceeded for year-end trajectory to zero
	Zero 26-week waits	Delivered against profile (note Endoscopy trajectory to Q1 2023/24 due to industrial action)
Cancer PTL	>62-Day PTL volume	Delivered - exceeded requirement
	>62-Day PTL %	Delivered - exceeded requirement

*N.B. rating reflects the reported period against in-year plan – requirements and ratings will reset to reflect 2023/24 requirements from the May-23 Board report*



# Urgent and Emergency Care



The increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

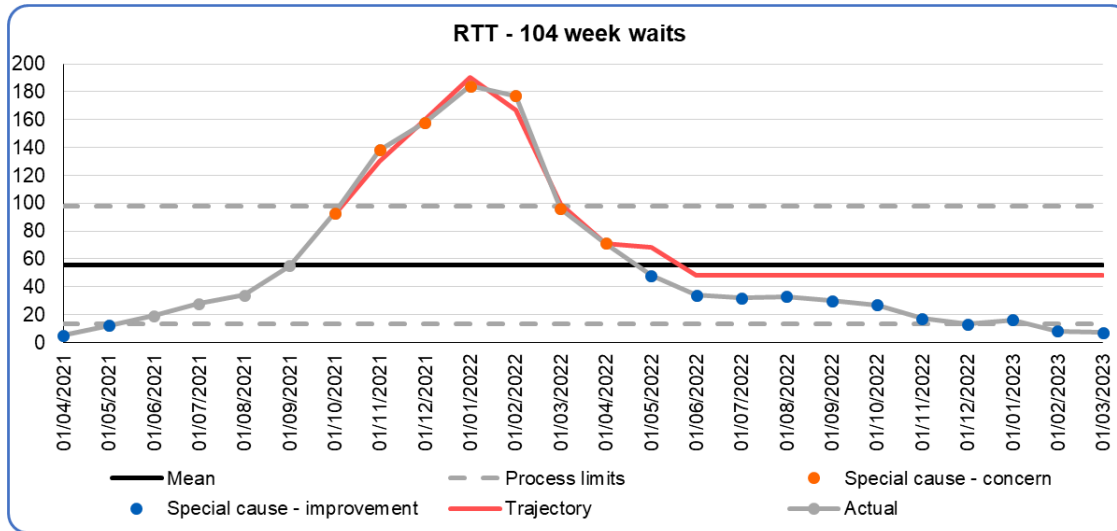
## What are the main risks impacting performance?

- Four-hour performance reported at 78.35%, ranking first out of AMTC providers for the third consecutive month.
- ED attendances were 1.8% lower than the same period last year.
- There was an increase in 12-hour trolley breaches, reporting at 135 in March compared to 9 in February.
- Ambulance handover delays over 1-hour increased to 267 in March from 105 in February.
- Bed Occupancy varied between 94.60% - 98.89% in March, averaging at 97.21%.
- If interim additional out-of-hospital capacity is not sustained, the benefits seen since January are likely to reverse.

## What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow.
- The CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

# Diagnostic Wait Times

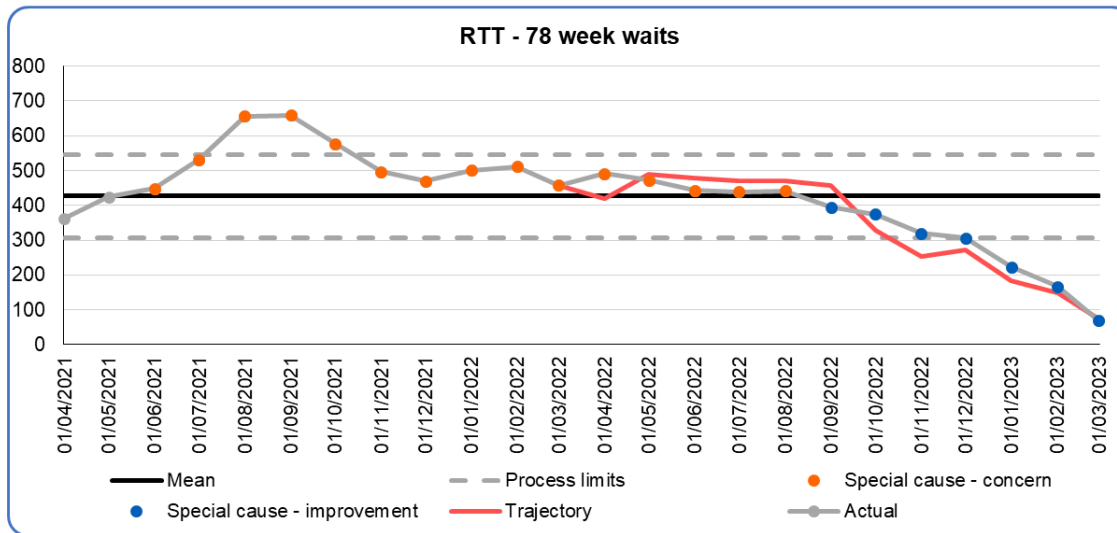


## What are the main risks impacting performance?

- Mitigations have had a positive impact with step-change improvement in delivery of the diagnostic 6-week performance; the national year-end target of no more than 25% patients breaching 6-weeks at year-end was achieved one month ahead of trajectory in Feb-2023.
- A number of outstanding >26-week breaches at year-end (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- Further industrial action remains a risk going into 2023/24.

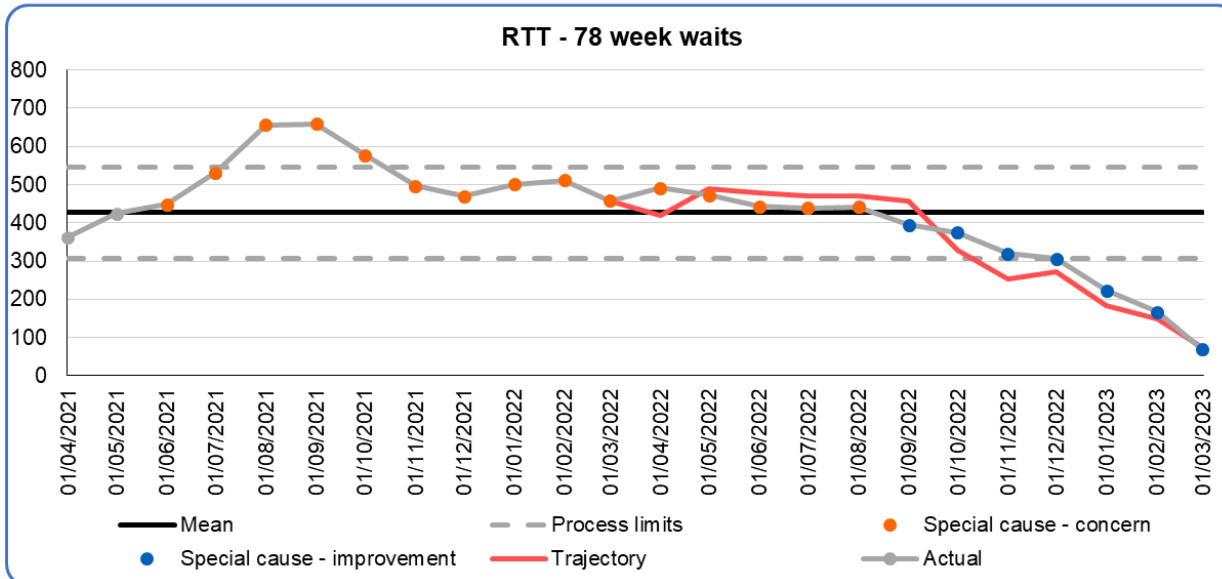
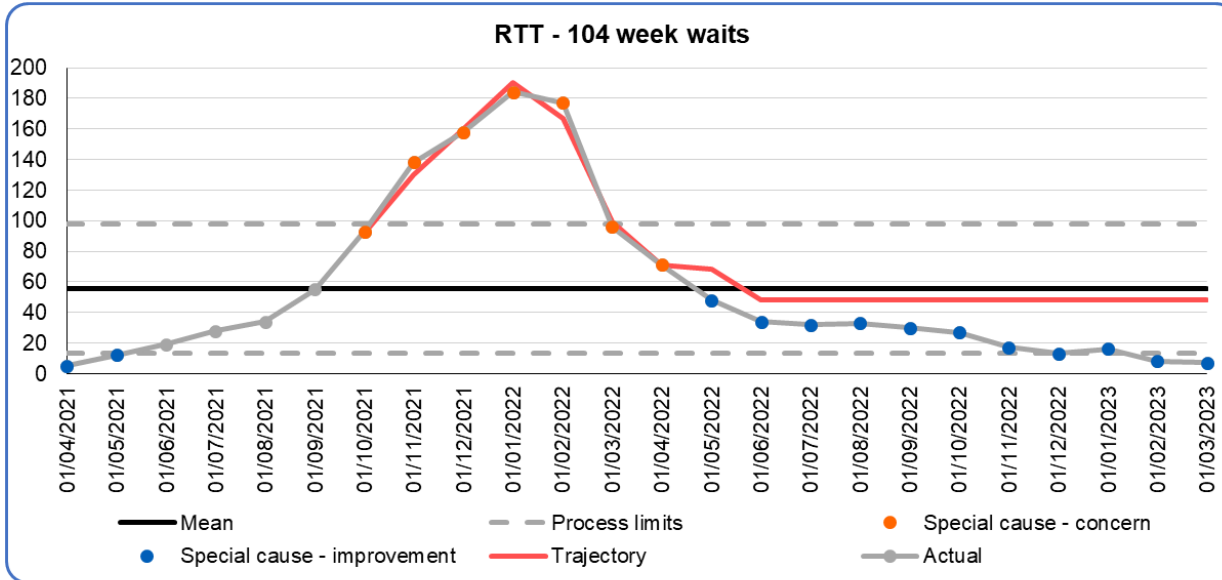
## What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.



Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted since July-22.

# Referral To Treatment (RTT)



## What are the main risks impacting performance?

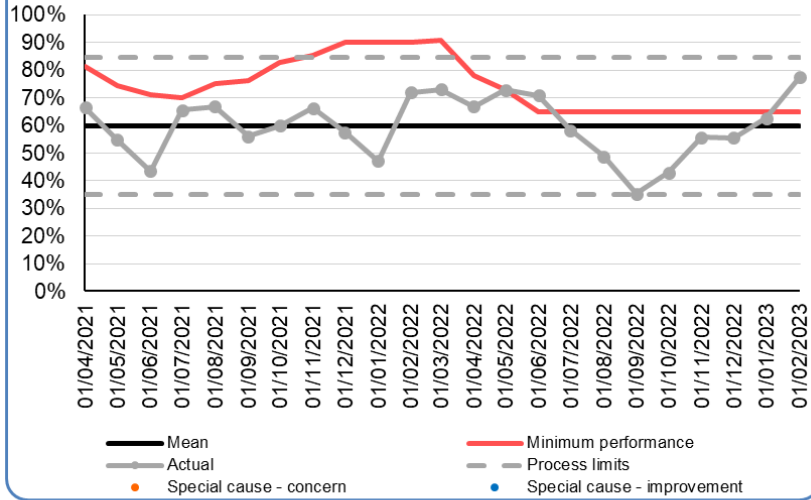
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- There has been a material impact of Nurse, Junior Doctor and Rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity.
- Further industrial action remains a risk.

## What actions are being taken to improve?

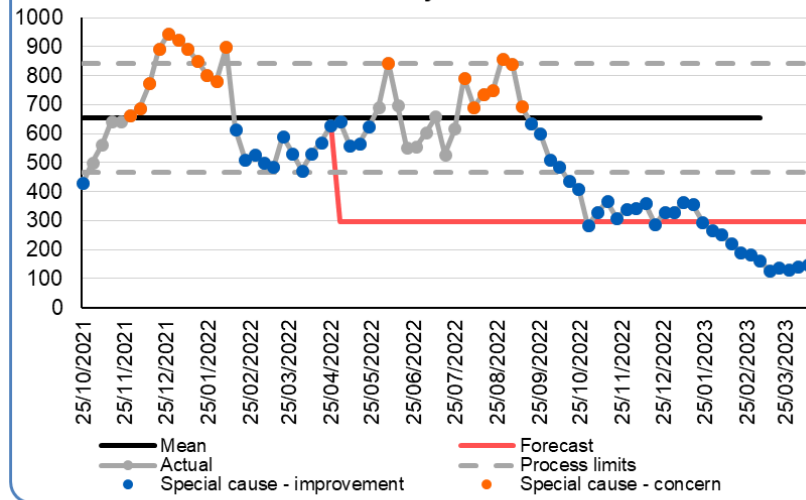
- Achievement of zero capacity related 104ww and 78ww positions.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

# Cancer Performance

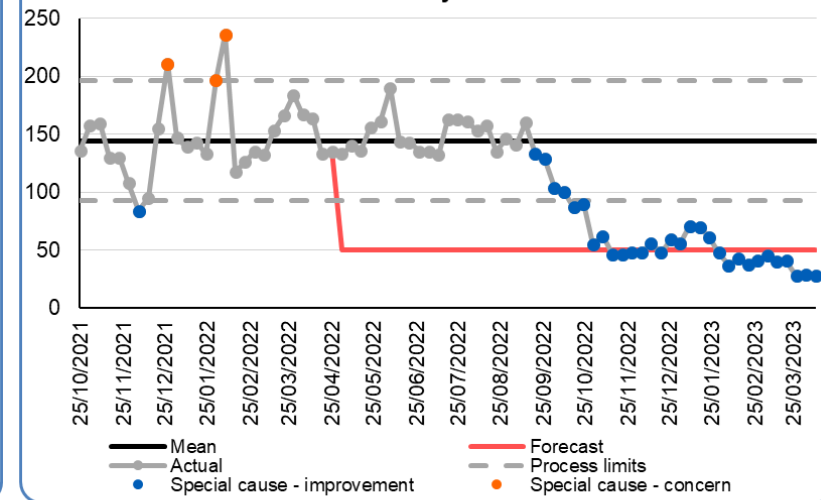
### 28-Day Faster Diagnosis



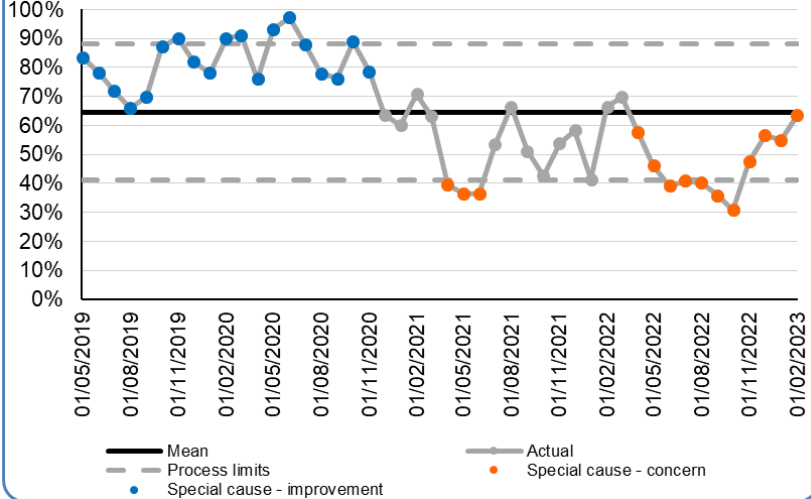
### >62 Day PTL



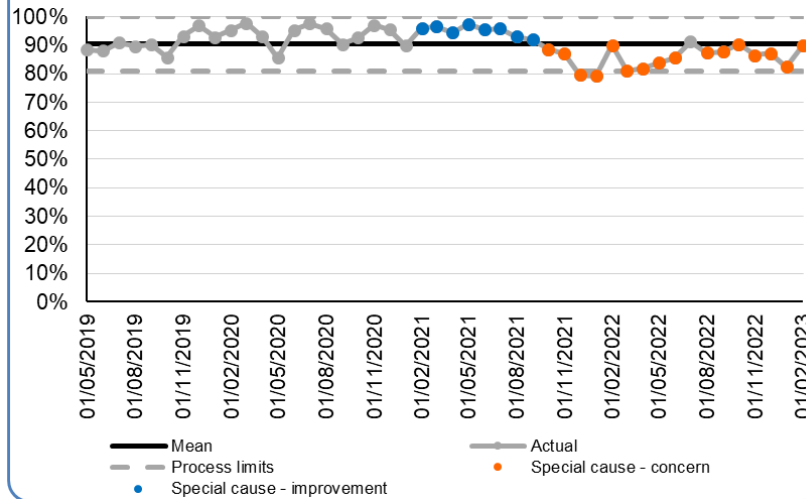
### >104 Day PTL



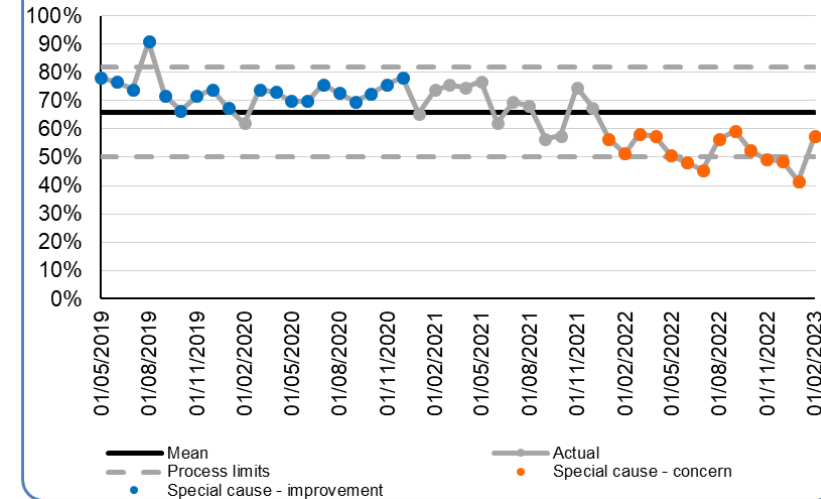
### Two Week Wait



### 31-Day



### 62-Day



# Cancer Performance

## What are the main risks impacting performance?

- >104-Day PTL remains over revised trajectory despite significant improvements in the total >62-Day backlog.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Industrial action.

## What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.
- Significant improvement through February in reducing the >62-Day Cancer PTL volume and percentage of >62-Day breaches as a proportion of the overall wait list.
- Recognition from regional and national teams on improving trend in >62-Day PTL and tumour site specific improvements in Breast.
- NBT has been removed from Tier 1 and Tier 2 escalation status. This has been confirmed through formal notification from the national team.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 62% between August 2022 and January 2023. Further improvement has been delivered in February as anticipated, and work will continue to maintain the 75% national standard in line with our commitments within the 2023/24 operational plan.

## What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list.
- Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023.
- The 60-Day follow up visit has taken place and the regional teams are satisfied with the progress being made. The 90-Day visit is being scheduled.
- Additional work has now been initiated to manage down the total Cancer PTL (including upgrades). This work is progressing at pace in line with trajectory.

## **Quality, Safety and Effectiveness**

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

# Maternity Perinatal Quality Surveillance Matrix (PQSM) Tool - February 2023 data

	Jan-23	Feb-23
<b>Activity</b>		
Number of women who gave birth, all gestations from 22+0 gestation	444	366
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	451	375
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	34	27
No of livebirths <24 weeks gestation	1	1
Induction of Labour rate %	36%	39%
Unassisted Birth rate %	46%	45%
Assisted Birth rate %	10%	11%
Caesarean Section rate (overall) %	44%	44%
Elective Caesarean Section rate %	19%	21%
Emergency Caesarean Section rate %	25%	23%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	7%	6%
<b>Perinatal Morbidity and Mortality Inborn</b>		
Total number of perinatal deaths (excluding late fetal losses)	0	0
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	3	1
Number of stillbirths (>=24 weeks excl. TOP)	0	0
Number of neonatal deaths : 0-6 Days	0	0
Number of neonatal deaths : 7-28 Days	0	0
PMRT grading C or D cases (themes in report)		2
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0
<b>Maternal Morbidity and Mortality</b>		
Number of maternal deaths (MBRRACE)	0	0
Direct	0	0
Indirect	0	0
Number of women receiving enhanced care on CDS	17	12
Number of women who received level 3 care (ITU)	0	0
<b>Insight</b>		
Number of datix incidents graded as moderate or above (total)	1	0
Datix incident moderate harm (not SI, excludes HSIB)	1	0
Datix incident PSII (excludes HSIB)	0	0
New HSIB referrals accepted	0	0
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	1	1
Coroner Reg 28 made directly to Trust	0	0
<b>Workforce</b>		
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2.5	2.5
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0	0
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	13%	31%
Vacancy rate for midwives	12.6%	18.2%
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	41%	41%
Vacancy rate for NICU nurses	25	25
Datix related to workforce (service provision/staffing)	5	3
Consultant led MDT ward rounds on CDS (Day to Night)	80%	
Consultant led MDT ward rounds on CDS (Day)	55%	78%
One to one care in labour (as a percentage)	99%	99%
Compliance with supernumerary status for the labour ward coordinator	98%	99%
Number of consultant non-attendance to 'must attend' clinical situations	0	0

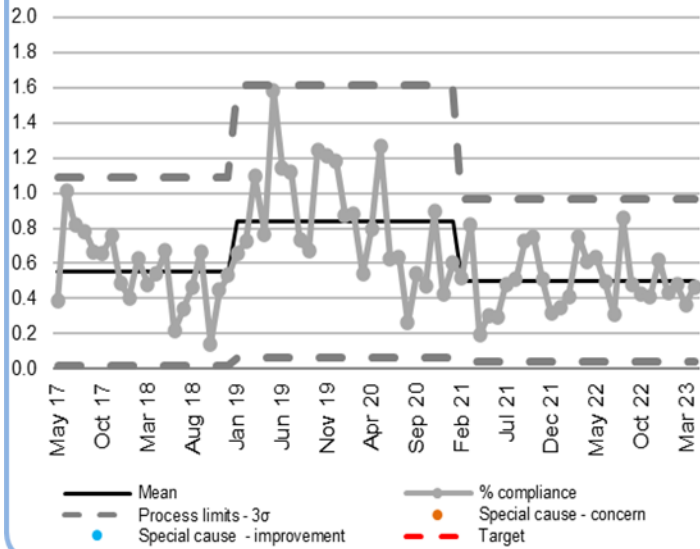
	Jan-23	Feb-23
<b>Involvement</b>		
Service User feedback: Number of Compliments (formal)	84	101
Service User feedback: Number of Complaints (formal)	12	4
Friends and Family Test Score % (good/very good) NICU	96	94
Friends and Family Test Score % (good/very good) Maternity		
Staff feedback from frontline champions and walk-about (number of themes)	4	2
<b>Improvement</b>		
Progress in achievement of CNST /10	7	7
Training compliance in annual local BNLS (NICU)	100%	100%
	<b>Overall</b>	77% 70%
	Obstetric Consultants	65% 65%
	Other Obstetric Doctors	66% 54%
	Anaesthetic Consultants	82% 86%
	Other Anaesthetic Doctors	80% 68%
	Midwives	80% 78%
	Maternity Support Workers	91% 66%
	<b>Overall</b>	60% 76%
	Obstetric Consultants	65% 75%
	Other Obstetric Doctors	38% 64%
	Midwives	77% 89%
		7 7
<b>Fetal Wellbeing and Surveillance</b>		
<b>Trust Level Risks</b>		

## Executive Summary

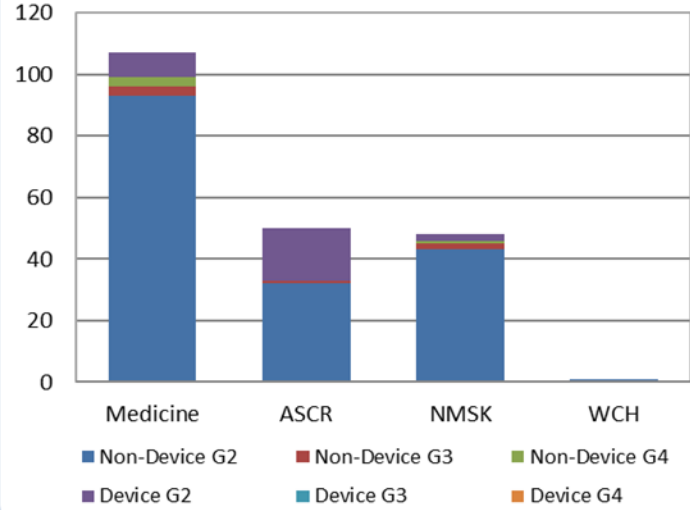
- There were 0 admissions to ITU from Maternity during February with 12 women receiving HDU care on Central Delivery Suite. This figure is stable with a slight decrease being noted from January.
- 0 cases eligible for full PMRT review. NBT identified 2 Grade C cases in February PMRT for antenatal care, however, note: the antenatal care was not provided by this Trust in both of these cases.
- The ATAIN percentage in January was 7% and 6% in February. Both figures are above the Nationally recognised percentage of 5% - the report explored this increase to determine any thematic causal effects. 2 safety recommendations were made for the Division.
- 1 x HSIB final reports received following full investigation of maternal death. No safety recommendations for NBT to action. 1 x finding generated learning around death certificates and that they do not state the postpartum status of the patient.
- Workforce pressures across all staff groups.
- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership) as needed.
- The Maternity Incentive Scheme submission date was the 2<sup>nd</sup> February 2023 and NBT claimed compliance with 7 out of 10 of the Safety Actions. 3 areas of concern; Safety Action 5, Safety Action 6 and Safety Action 8.
- PIMS continues to be a great success across the Division with 67 being submitted in February. NHSE visited to provide a structured listening event to all staff including on site and the community. We await formal feedback, however, preliminary findings were resoundingly more positive with some constructive points for the Division to take forward. Quality improvement projects continue to progress throughout the 3 specialties and will provide some fantastic resources to be shared locally and nationally. Downs Syndrome Awareness week saw a wonderful cake sale in Maternity with a great sum of money being raised for the cause.
- There are 6 approved Trust Level Risks and 3 awaiting approval.



### Total Pressure Injuries per 1000 Bed Days



### Pressure Injuries Year to Date 2022/23



## Pressure Injuries

### What does the data tell us?

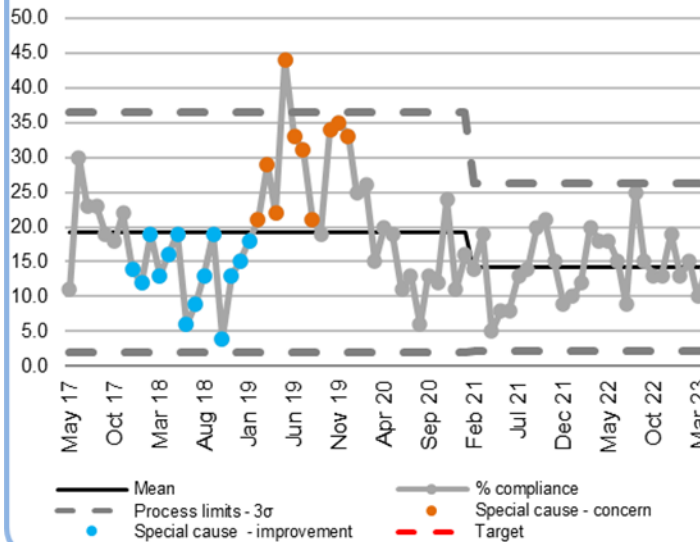
In March there were 13 x grade 2 pressure ulcers with 1 attributable to medical devices. There was 1 x Grade 4 and 1 x Grade 3 pressure ulcers reported to Elgar 1, but there were no lapses in care. There were 2 reported unstageable pressure ulcers.

There was an increase to 26 DTI's from the previous month, with 4 attributable to medical devices.

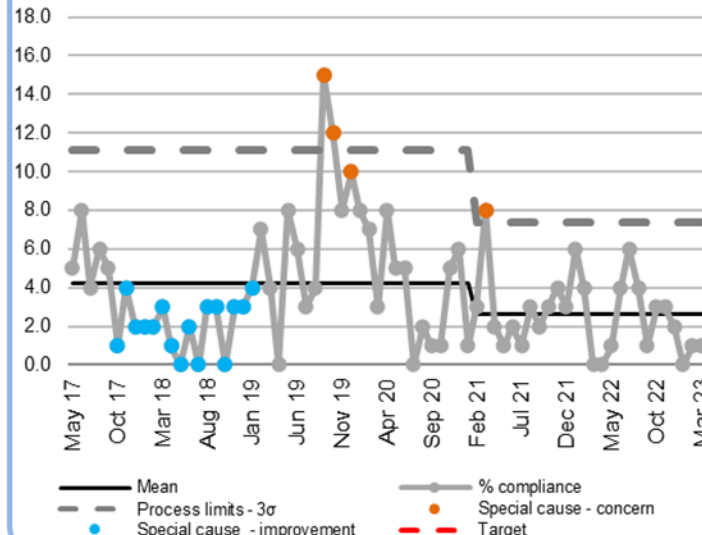
The total for 2022/2023 there were:

- 171 grade 2 pressure ulcers: 3% increase
- 26 grade 2 pressure ulcers by medical devices: 13% decrease
- Overall, a 0.5% increase from 2021/2022
- 8 grade 3 pressure injuries (an increase of 8 from 2021/22)
- 4 grade 4 pressure injuries 100% increase

### Pressure Injuries - Total Incidents



### Pressure Injuries - Device



### What actions are being taken to improve?

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically in the region to reduce harm and improve patient outcomes.
- Launched the Pressure Ulcer Steering Group (PUSG) to work at a strategic level as a collaborative to drive performance and ensure accountability for the delivery of the objectives relating to the strategy to reduce PU incidents at NBT.
- NBT have purchased hybrid dynamic mattresses for the Trust following a presentation at the Quality Committee. This will mean all patients are nursed on a hybrid dynamic unless they are screened for a foam mattress or require a full dynamic mattress. The TV's are working collaboratively on a roll out of the mattresses following delivery in May.

## Infection Prevention and Control

### What does the data tell us?

#### COVID-19 (Coronavirus)

March cases continue an upward incline, no ward closures but an increase to 25 restricted access bays.

#### Influenza

Declining numbers in March. Averaging between 0 to 1 inpatients.

With reduced trust wide / regional respiratory virus numbers, policies / guidance has remaining the same for March 2023 in line with "Living with respiratory viruses".

**MRSA** – Two cases for March (1 Medicine, 1 ASCR but complexed renal patients), investigation continues.

**C. Difficile** – March = 5 cases. NBT maintain a below trajectory position, 70 from 100 cases. Learning is ongoing through shared trust wide in steering groups and divisional COICs.

**MSSA** – Proactive divisional measures from previous peaks resulted in no March cases, fulfilling a below prior (2021/22) year trajectory 33 cases for 2022/23. But work continues through the MRSA learning group.

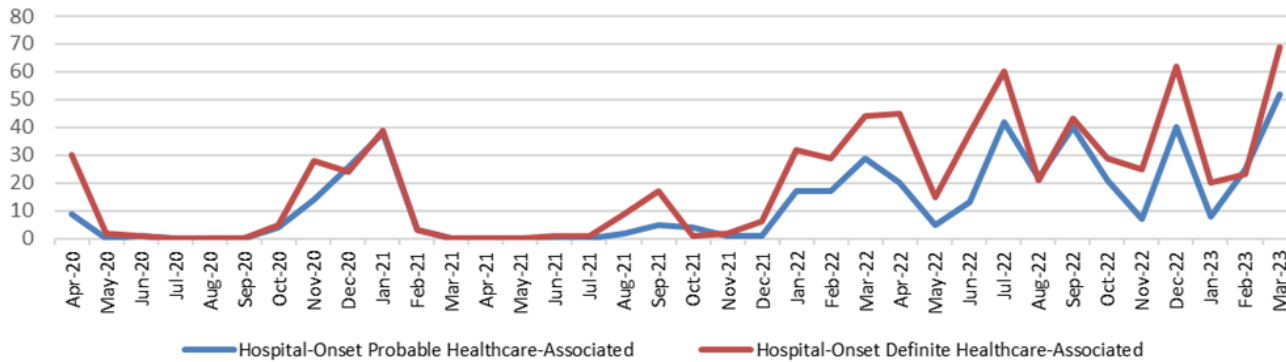
**Gram -ve** - NBT is reporting a year end position below trajectory in all categories.

**Norovirus** – No known cases for March

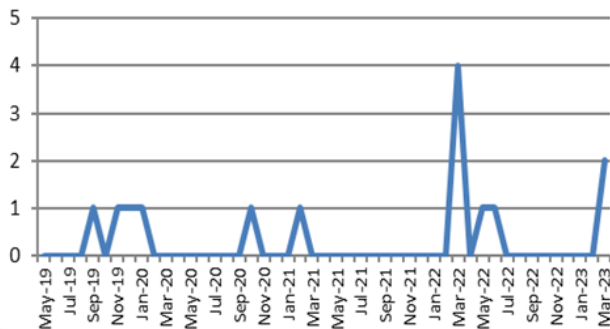
### What actions are being taken to improve?

- Escalation to ASCR / Medicine around MRSA cases and early learning. Targeted learning / teaching in Medicine commenced with realigned IPC resources to support. To include MSSA / MRSA / C Diff case learning .
- IPC education and divisional support continues for Mandatory organisms and Back to Basics. "Living with Respiratory viruses" training is continuous.

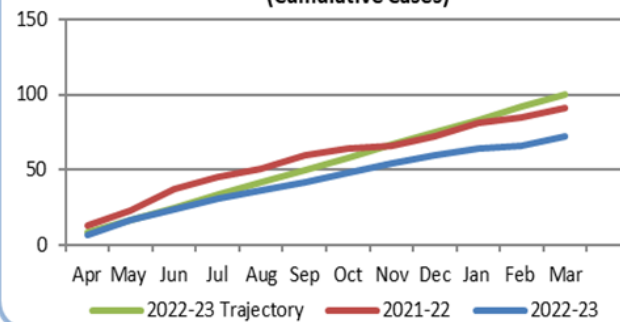
COVID-19 Onset Category by Positive Test Date



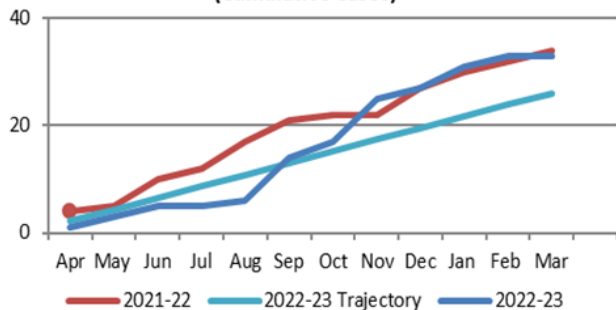
MRSA Cases - Trust Attributable



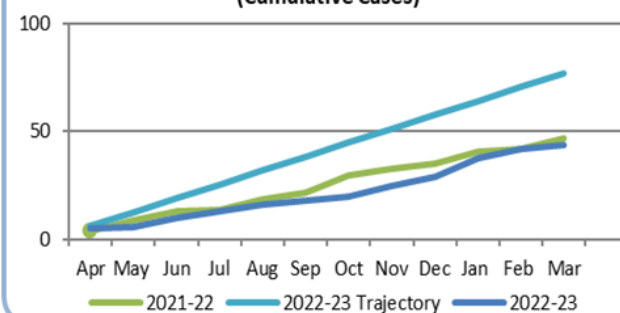
C.Difficile Cases - Trust Attributable (Cumulative Cases)

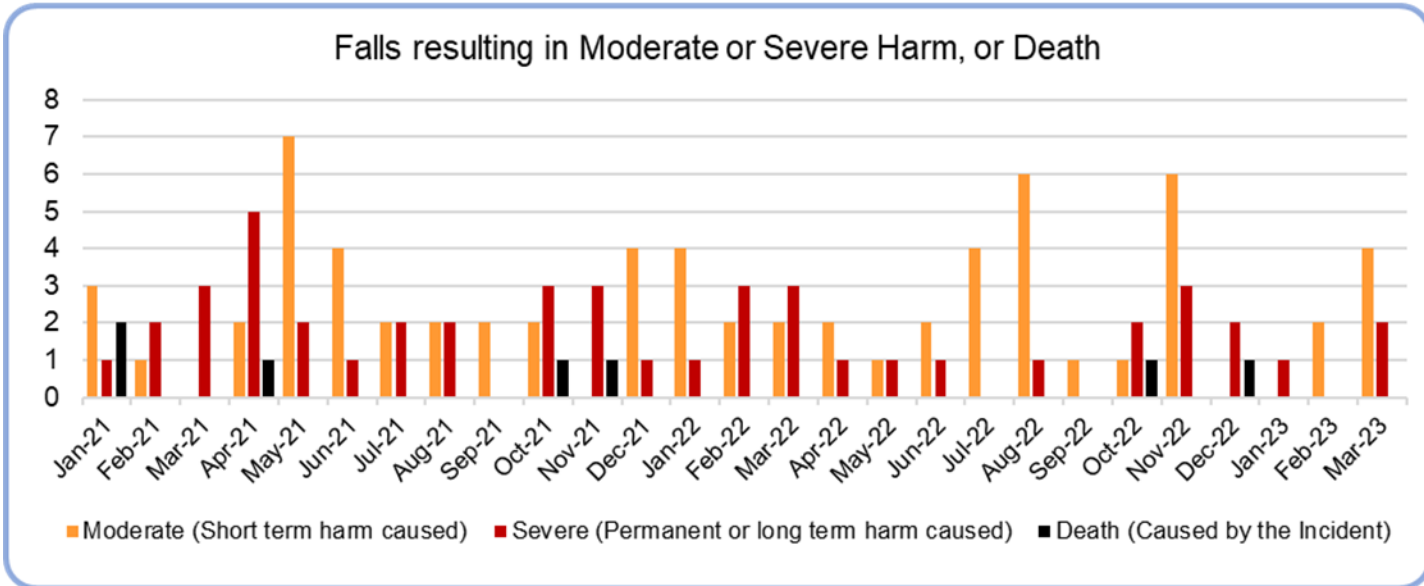
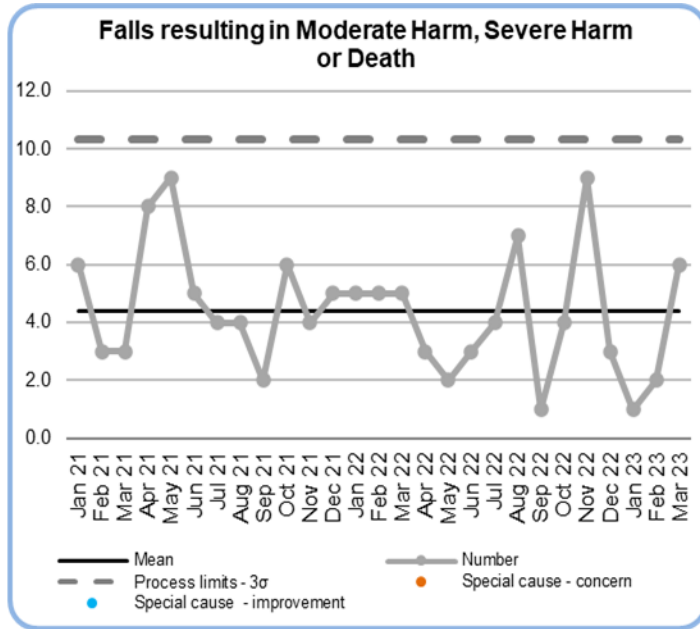
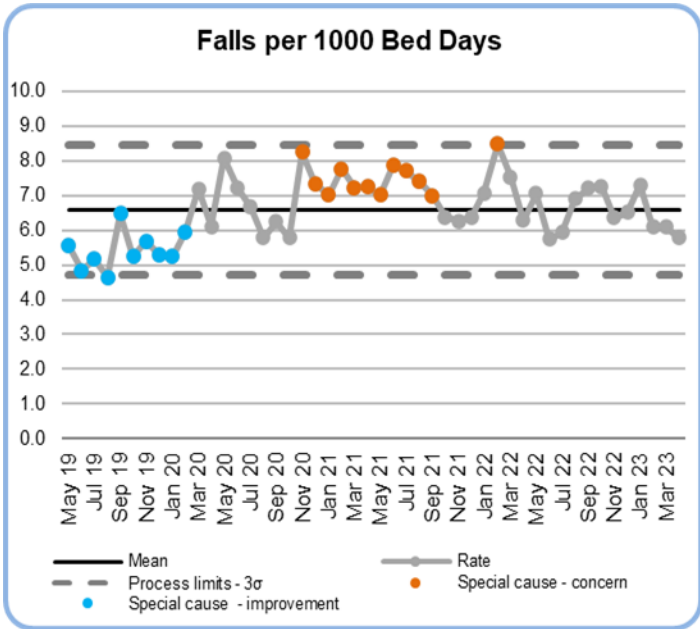


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





## Falls

### What does the data tell us?

#### Falls incidents per 1000 bed days

The improved position for falls has continued in March 2023. NBT reported a rate of 5.79 falls incidents per 1000 bed days, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

#### Falls harm rates

During March 2023, 4 falls were recorded and validated as causing moderate harm, whilst 2 falls were categorised as severe harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

### What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP). The phase two implementation of PSIRP was launched in December 2022, a key focus of which is on strengthening the patient safety function to support the clinical divisions with the Trust's patient safety priorities.

## WHO Checklist Compliance

### What does the data tell us?

In March, WHO checklist compliance was 97.48%. 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 and solely indicates a failure to 'sign out' on completion of the list. 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. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

## VTE Risk Assessment

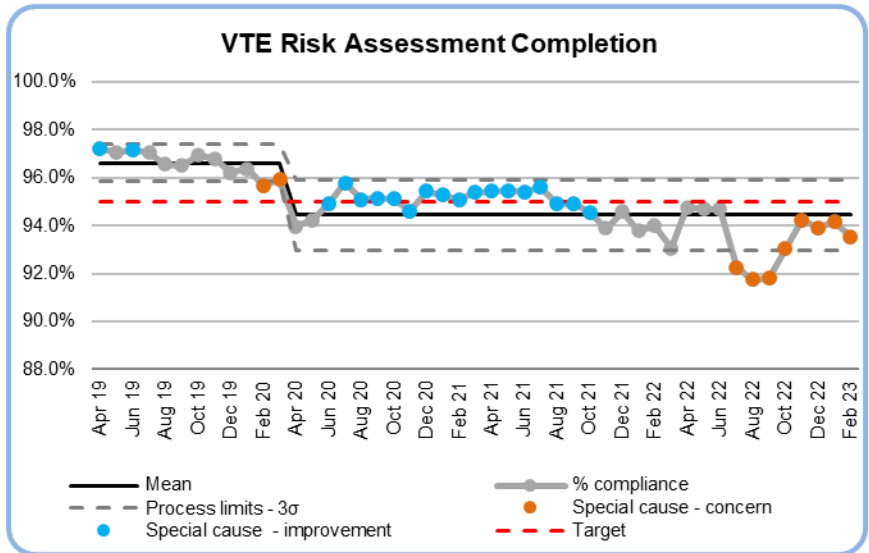
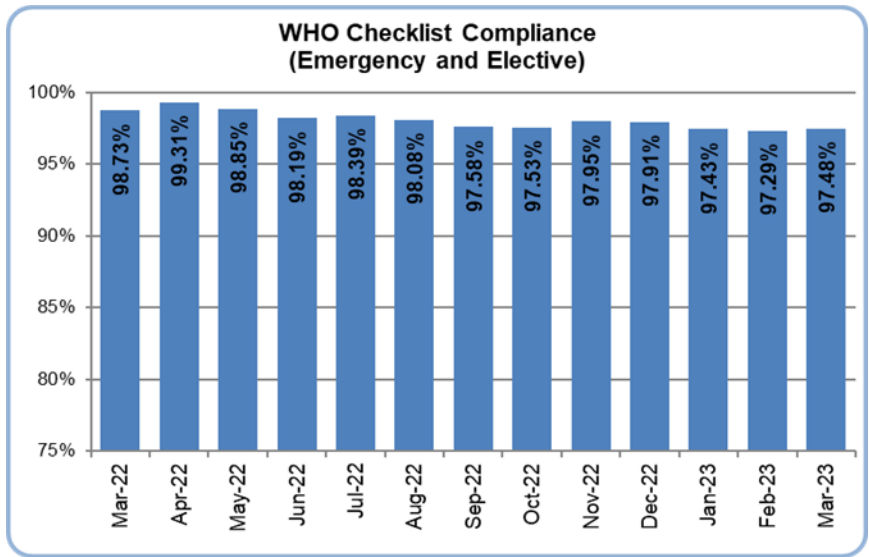
### What does the data tell us?

In February, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.55%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved in recent months, however, there is still work to be done to ensure further improvement.

### What actions are being taken to improve?

An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust. Progress on these actions is as follows:

- An improvement trajectory has been agreed for the period November-22 to April-23.
- Neurosurgery and Gynaecology are supporting a pilot of a new digital form
- In January ICU has achieved 98% since the introduction of a forcing measure in the clerking documentation
- Introducing the form is improving the prescribing of thromboprophylaxis, as there is guidance to support the choice of prescription, thus improving patient safety
- Ward audits are showing an improvement in compliance
- A study day has been arranged in May-23, in conjunction with Thrombosis UK (National)
- VTE is to be reintroduced at new starter induction – starting in April-23 (both registered and unregistered)
- The team is planning to have a table in the Brunel Building atrium once there is a full roll out of the digital form.



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

## Medicines Management Report

### What does the data tell us?

#### Medication Incidents per 1000 bed days

During March 2023, NBT had a rate of 5.7 medication incidents per 1000 bed days. This is slightly above the 6-month average for this figure.

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

During March 2023, c.16.4 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.164). This is slightly above the 6 month average of 15.8 %

#### High Risk Medicines

During March 2023, c.40% of all medication incidents involved a high risk medicine which is just above the 6 month average of 36%. There was a marked decrease in incidents related to Insulin last month, however these have returned to the levels seen before.

#### Incidents by Stage

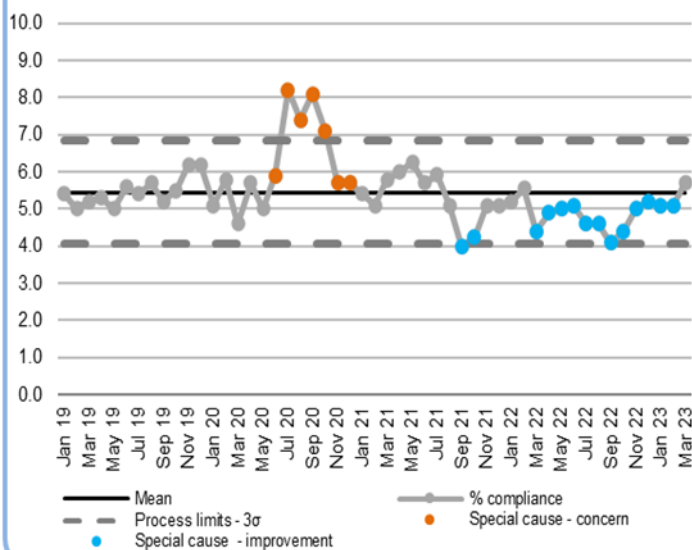
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the cause was unclear prescribing (this is likely to be in part due to the way the incident coding options are presented on Datix). More work on this subject will be undertaken as part of the 'Medicines Academy' project

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

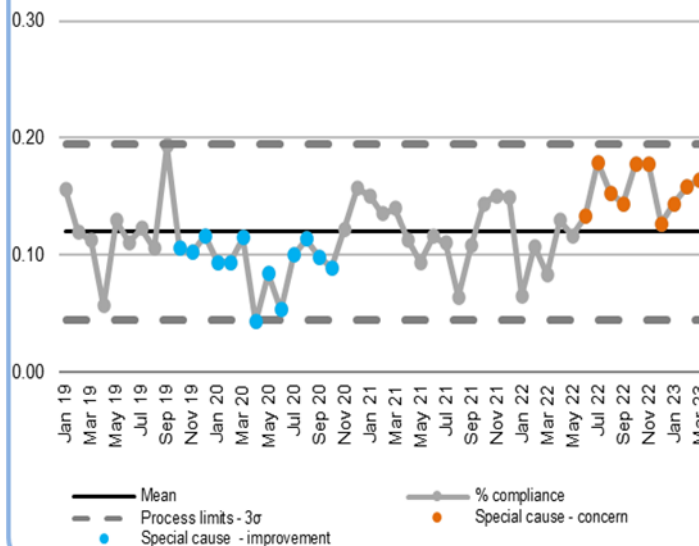
The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

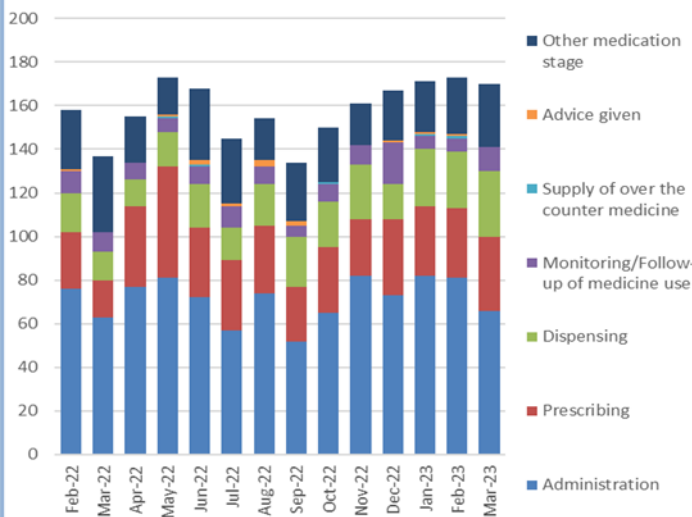
Medication Incidents per 1000 Bed Days



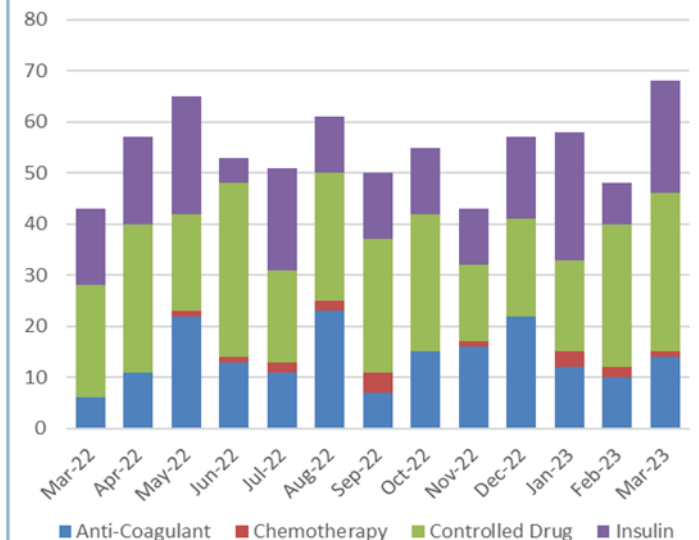
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



Incident by stage at which error occurred (last 12 months)



Incidents involving high risk drugs - last 12 months



# Patient Experience

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

## Complaints and Concerns

### What does the data tell us?

In March 2023, the Trust received 41 formal complaints. This is the same as the previous month but 16 fewer complaints than were received for the same period last year.

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

There were 2 re-opened complaints in February, 1 for ASCR and 1 for WaCH.

Of the 41 complaints, the largest proportion was received by ASCR (13).

The response rate compliance for complaints fell slightly from 82.1% to 79.6%.

A breakdown of compliance by division is below:

ASCR – 82%	NMSK- 75%	CCS – 67%
WaCH- 85%	Medicine – 82%	Nursing and Quality – 100%

The number of overdue complaints at the time of reporting is 4. This is 1 more than in February. 2 of the overdue complaints are in ASCR, 1 is in NMSK and 1 in WaCH.

In March, 100% of complaints were acknowledged in 3 working days.

The overall number of PALS concerns received in March increased for the second consecutive month from 139 to 156.

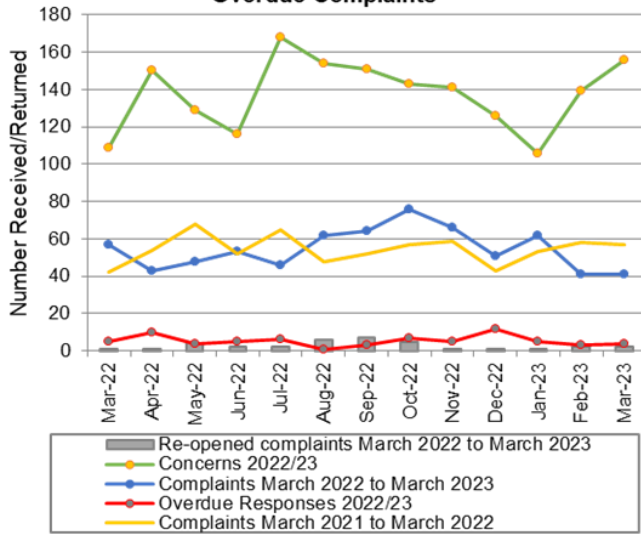
100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in March was 6 working days. This is two days quicker than February. 81% of PALS concerns were closed within the agreed timescales. This is a fantastic achievement given the high volume of cases.

A closer look at the high number of PALS concerns received by NMSK shows that the reasons were: the length of wait for an outpatient appointment and communication. The highest number of concerns were for Neurology.

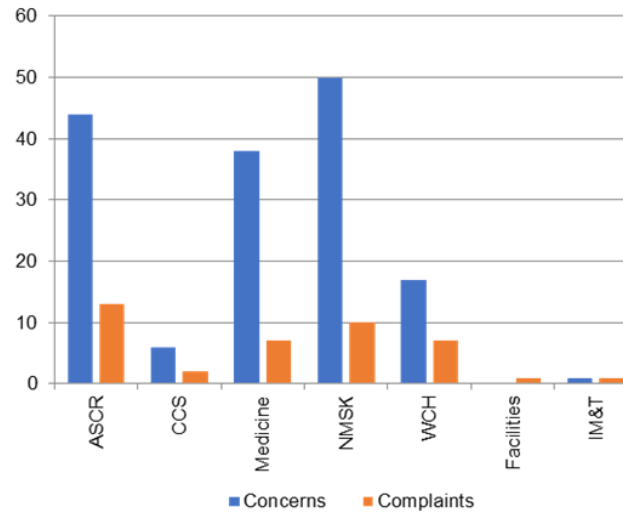
### What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- Patient Experience Leads meeting upcoming

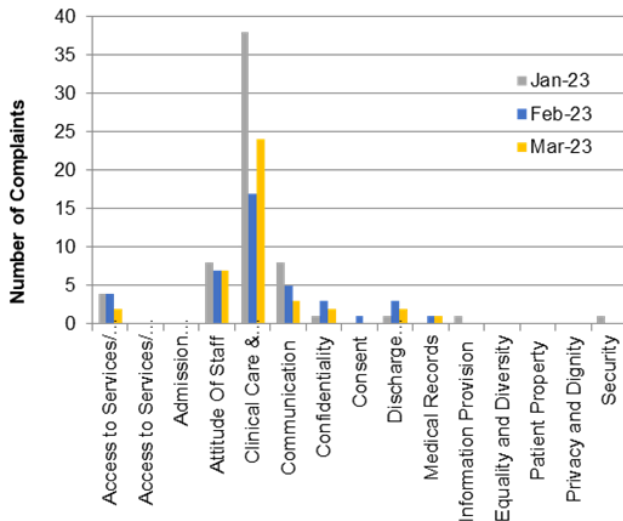
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



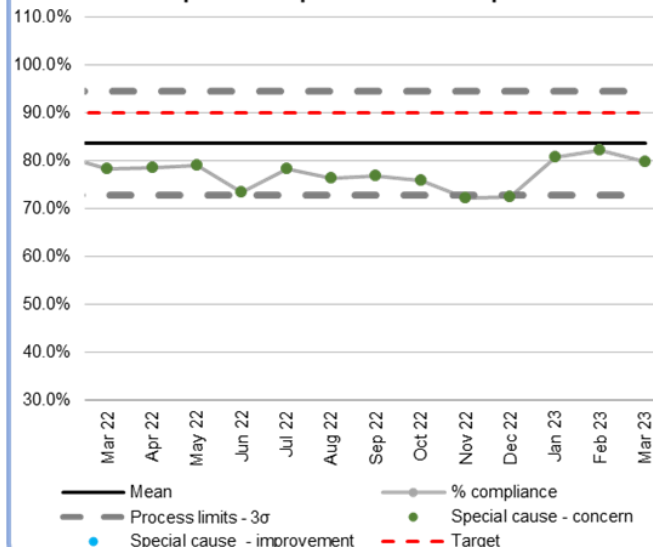
Concerns and Complaints per Division



Complaints By Subject



Complaint Response Rate Compliance



## Well Led

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



# Well Led Introduction

### Vacancies

Trust vacancy factor decreased from 8.44% in February to 7.88% in March, with current vacancies decreasing from 734.72wte in February, to 713.31wte in March. Band 3 Health Care Support workers and band 4 nurses saw the greatest levels of staff in post growth, the latter being due to the international nurse intake, with 49 starting in the 4<sup>th</sup> quarter four 22/23, and band 3 nurses was due to a high starter numbers for the month – 20.04wte - following a large scale recruitment campaign in January, with most significant growth in Medicine and NMSK wards. Growth in Funded establishment for Microbiology junior doctors and Physiotherapy support worker roles led to increased vacancy factors in these areas Clinical fellows also saw staff in post growth in NICU, Neurosurgery, T&O and Emergency Department.

### Turnover

The Trust rolling 12-month staff turnover rate decreased slightly from 16.77% in February to 16.76% in March – this year end position puts the Trust under its Patient First target of 17% for 2022/23. Additional clinical services (support workers) was the only staff group to see an increase in turnover moving from 23.71% to 24.28%. The increase was predominantly driven by the current cohort of Medical Support Workers ending their fixed term contracts, however there was an increase in Healthcare Assistant Band 3 leavers in AMU, Outpatients and Ward 28b which also contributed to the increase.

### Prioritise the wellbeing of our staff

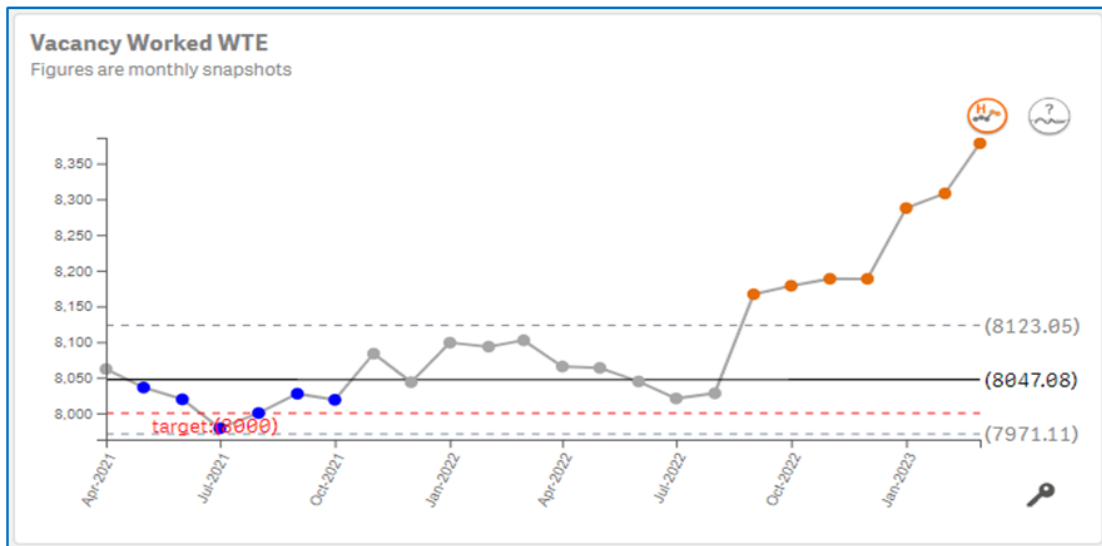
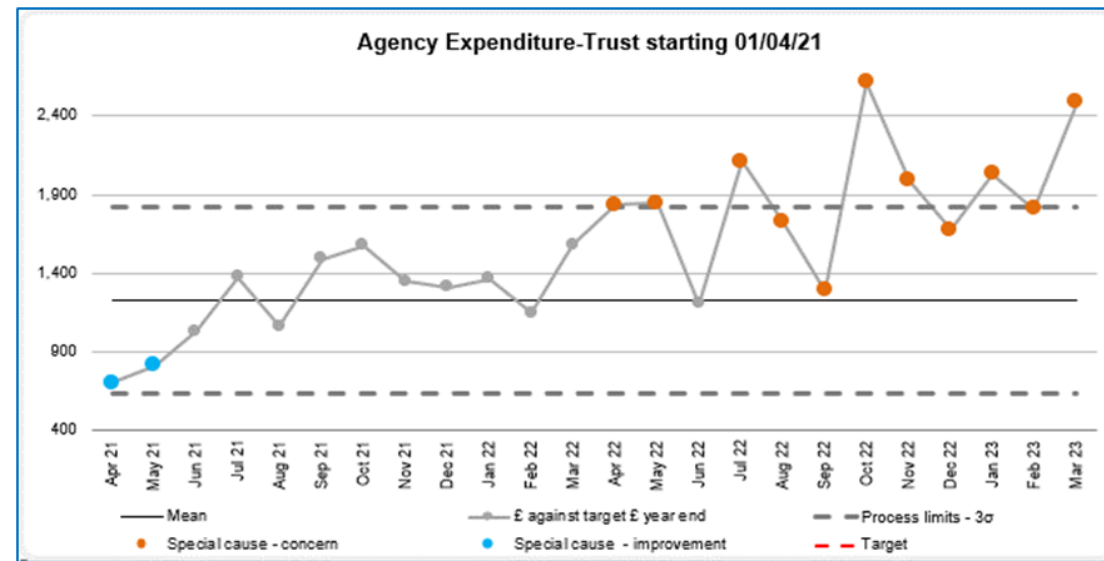
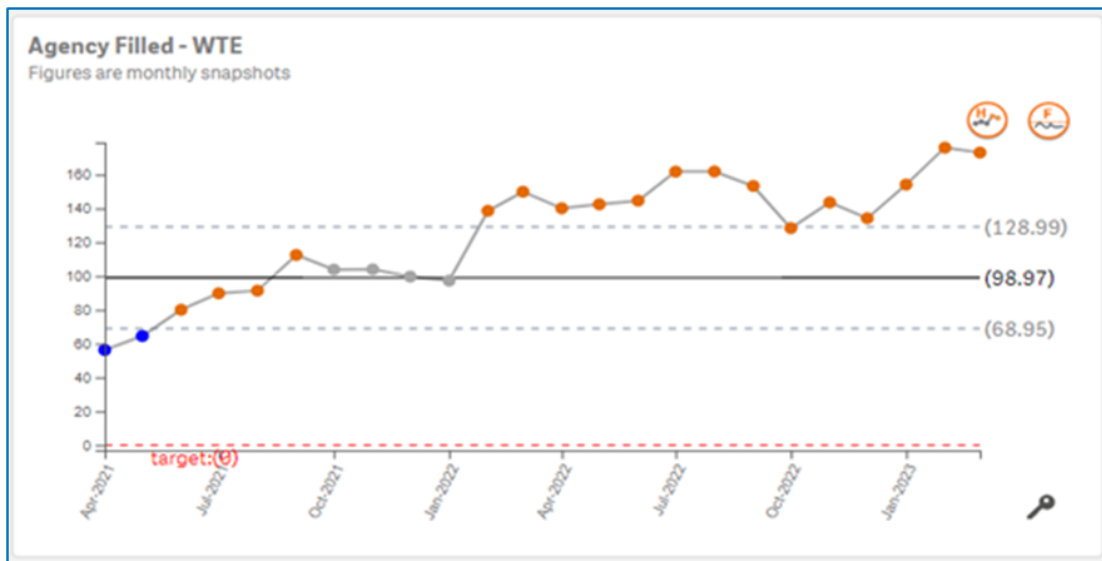
The Rolling 12 month sickness absence position decreased from 5.43% in February to 5.30% in March, the reduction was predominantly driven by decreases in days lost to infectious disease, which relates primarily to COVID-19 sickness, days lost to this absence reason in Mar-23 were 1307 compared to 5651 in Mar-22. To a lesser extent stress/anxiety/depression also saw the same movement with 2171 days lost in Mar-23 compared to 2841 in Mar-22. This trend has been seen in seven out of eight staff groups with Additional Professional Scientific and Technical being the only staff group to see an increase.

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

Temporary staffing demand increased from February to March by 132.79wte (11.94%); as both bank and agency use increased, by 13.68% and 13.47% respectively, unfilled shifts increased at smaller rate (7.53%) than the rise in demand. The increased demand was driven by increased bookings to cover vacancies and sickness. Demand and agency use for RMNs remained stable in March compared to February. Over the course of the year temporary staffing demand has been higher in the 2<sup>nd</sup> half of the year than the first half; on average 12.81wte higher per month and our internal bank has kept up and exceeded this with an average growth of 22.80wte bank staff working each month. Agency registered nursing use remained stable over the course of 22/23 with a small reduction in average monthly use in the 2<sup>nd</sup> half of the year. Over the 2<sup>nd</sup> half of 22/23 the Trust has used on average 12wte per moth more agency scientific and technical staff that the 1<sup>st</sup> half of the year, predominantly in Operating Department Practitioners as part of an agreed enhancement to agency rates related to elective recovery in Theatres and also smaller increases in average monthly use in Pharmacy and Pathology.

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'	Deputy Chief People Officer	Ongoing
Turnover	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients)	Associate Director Culture, Leadership & Development	Sep-23
Staff Development	New Trust-wide leadership development programme to be launched with aim of improving retention	Associate Director Culture, Leadership & Development	Apr-23
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, houseing and consumer rights.	Associate Director Culture, Leadership & Development	Apr-23
Temporary Staffing	Initiation of weekly bank incentivisation working group aimed at delivering sustainable bank incentives and agency reduction 2023/24	Deputy Chief People Officer	Apr-23

# Well Led Introduction – Actions: Workforce



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

- The Trust vacancy factor decreased to to 7.88% in March.
- Agency use increased by 13.47% in March.

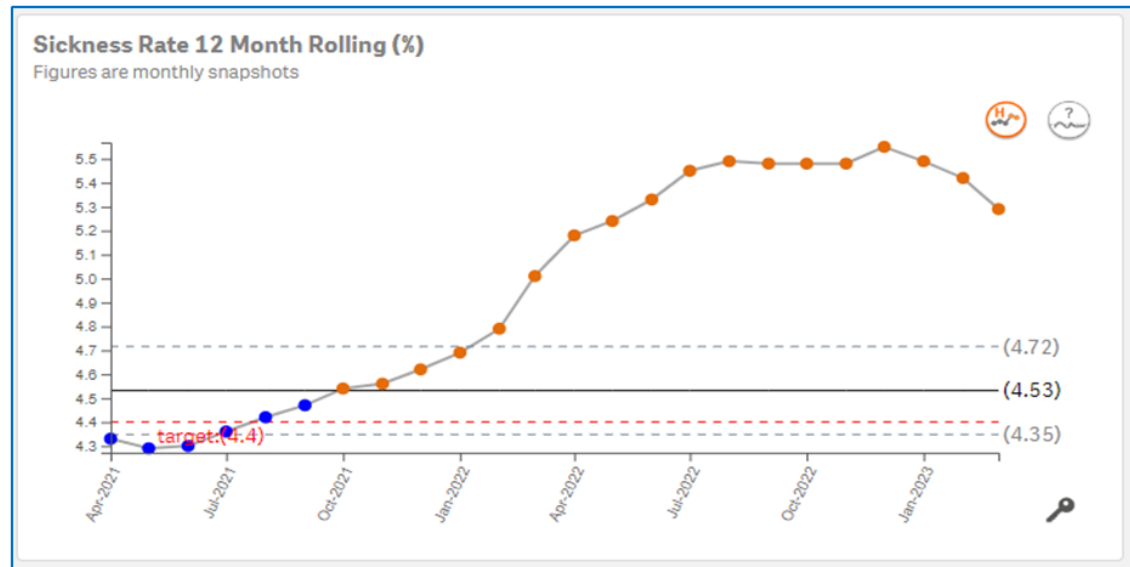
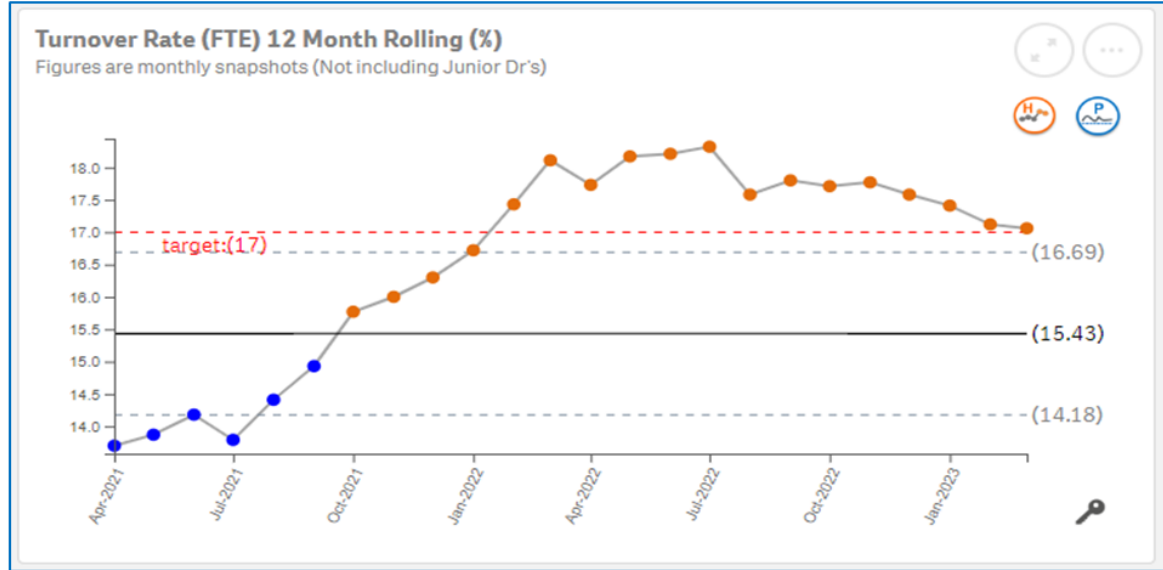
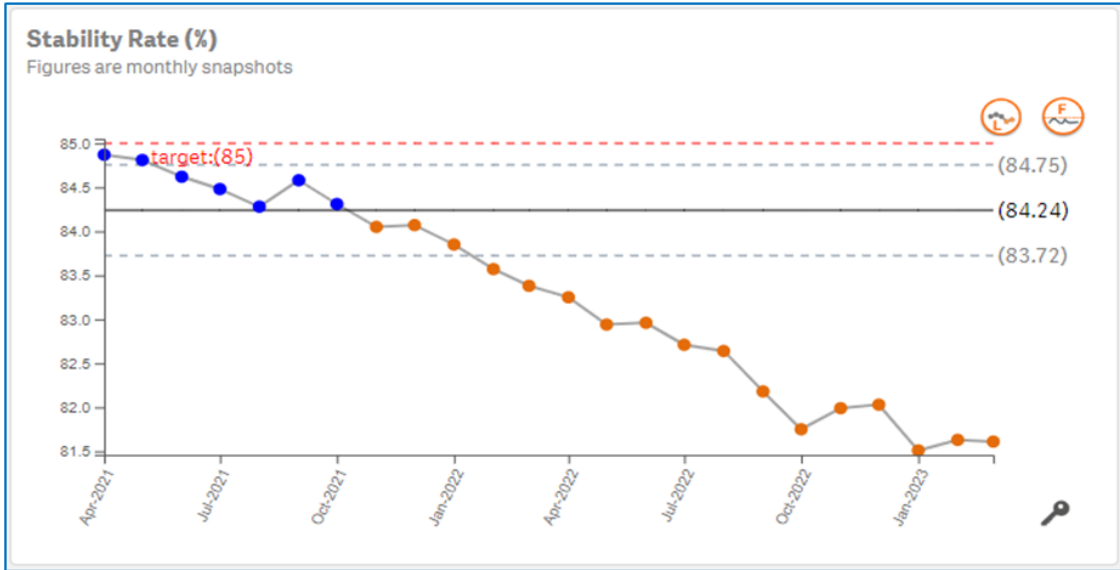
## Actions

### Unregistered Nursing

- March has been very busy with 58 offers for Health Care support worker roles (HCSW) across the Trust. 23 of these were made at the regional HCSW recruitment event at the Pavilion cricket ground. 19 offers for Band 2 roles and 39 offers for Band 3.
- March saw 4wte new band 2 starters, band 3 starters were 24.04wte.
- Vacancies in March for unregistered nursing have further decreased and are now at 127.83 vacancies over both bands – we are reporting this as combined figure due to the movement of staff from Band 2-3 staff within the Trust.

### Registered Nursing

- March recruitment delivered 48 Band 5 offers in total 28 for Nursing and 20 for Midwifery candidates.
- March saw 10.85wte band 5 starters in March and leavers were 10.08wte. Our overall registered nursing and midwifery vacancies now stands at 323.79wte
- 16 Internationally Educated Nurses arrived at NBT in March



## Engagement and Wellbeing

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

Turnover decreased to 16.76% in March .

#### Actions delivered: (Associate Director of People)

- Phase 2 HCSW mainly apprentices back pay agreed and staff concerned were written to. Bank staff have now been written to.
- Retention Strategy (Project Charter) completed, aligned to key areas: hygiene factors, pay and reward, on-boarding and career development/workforce planning.
- Agile working stakeholder engagement completed with over 200 colleagues contributing to the agile working conversation.

#### Actions in Progress:

- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- Joint system retention work ongoing with a south west showcase event scheduled for April 23.
- Agile working case studies and toolkit being developed with launch April 23.
- New flexible working policy being developed expected to be agreed May 23.
- Re launch of the Itchy feet retention tool April 23 and work ongoing to increase exit questionnaire response rate ongoing.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023).
- Appraisal window now open until July 31, with updated training and e-learning.
- Automatic restriction of working bank shifts following sickness has been lifted, with a formal launch communicated from May 1<sup>st</sup>.

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

March saw a decrease in sickness absence to 5.29%.

#### Actions Delivered: (Associate Director Culture, Leadership & Development)

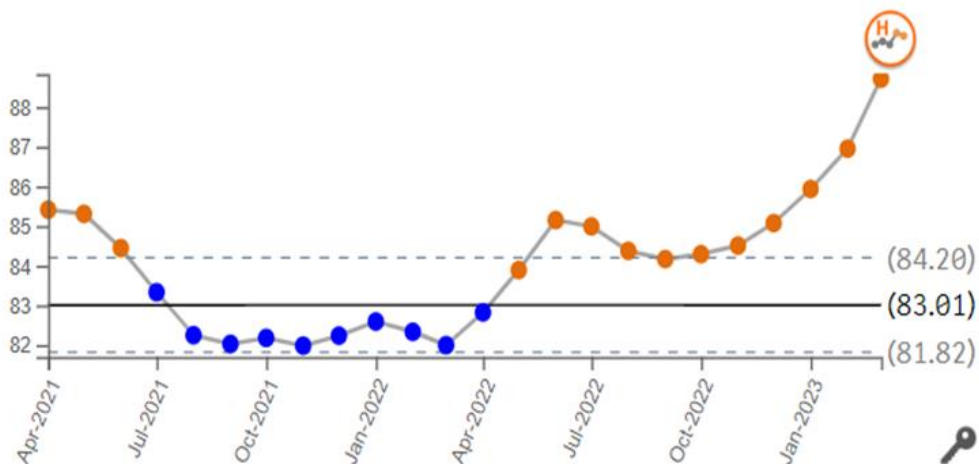
- Further 'making adjustments' masterclass held aimed at guiding managers on making adjustments to support people to stay well in work;
- Menopause Café occurred on 28th March and Menopause train the trainer sessions held;
- International Women's Day event held on 8 March;
- Nursing Times Interview on Menopause support work at NBT;
- Wagestream Financial wellbeing offer launched March 1st with very positive uptake;
- Citizens Advice Bureau (CAB) Clinics on site launched 3rd April;
- Improved subsidised food offer in the canteen extended;
- Smoke free site policy formally ratified;
- Meeting with National NHSE Maternity pathway Wellbeing team - national study of maternity units, commissioned by the national Head of Midwifery.

#### Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Culture diagnostic work with Theatres hotspot in progress and planning with DMT to address issues spanning sickness, turnover, morale and safety;
- Further CAB 1:1 sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and other legal issues; there are approximately 80 further sessions available until the **end of September 2023**
- Citizens Advice will also be holding 3 webinars for staff on the following topics: Starting a conversation about financial difficulties, Understanding debt, Welfare benefits.
- Actions from Gender Pay Gap reporting refreshed, and a new, EDI annual report being compiled which will summarise all EDI actions, progress and plans in one place (**April – July 2023**)
- Trust retention working group being re-launched, to take forward actions and next steps following development of the retention project charters (**April 2023 – March 2024**)
- Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) (**April 2023 – September 2023**)
- Work underway to align existing Civility and Respect/CSL programme with our NBT positive behaviours framework training (**April – September 2023**)

### Essential Training Compliance % (Top 9)

Figures are monthly snapshots



### What Does the Data Tell Us - Essential Training

- "Top 9" MaST compliance has risen steeply since September 22 from 82% to 88.71%. (87.66% last month).
- Fixed-Term (78.4%), Bank and Honorary staff (27.25%) compliance low; we are interrogating the data, identifying areas of low compliance and taking action to address this.
- Non-compliance (under 85%) Safeguarding Adults level 3, WRAP & prevent level 3, Resuscitation levels 1, 2 & 3; targeted actions being taken to address this.

### Actions – Essential Training (Head of Learning and Development)

- Snr HR, People Partners, DivDons and Professions emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- MaST website and FAQs updated.
- Trust induction has 5 embedded MaST modules: Information Governance, Health & Safety, EDI, and Fire.

### Leadership & Management Learning

- ILM Leadership and Management level 2 programme Cohort 2 of 22/23 live.
- Launching our Healthcare Excellence in Management and Leadership ([HELM](#)) Programme mid-April. This consists of 3 sub programmes: Mastering Management for new and aspiring managers, Excellence in Management for more experienced managers, and Leading for Change for the SLG.
- DE&S and NBT Mentoring Scheme to continue this year, with discussions underway for knowledge sharing.
- Bespoke OD requests include over 90 patients and staff in the Rosa Burden Centre, design and delivery of Conversations with Compassion Workshop which is now going to become part of our BAU offer, Theatres - Civility & behaviour change, Cancer Nurse Specialists - Developing self-awareness MBTI, Ante Natal Clinic - team behaviours/purpose, Exec PA Team Development and Neuropathology - developing self-awareness through MBTI.
- NBT are piloting the new ESR / LEARN interface to allow for the transfer of Core Skills Training Framework (CSTF) training records of new starters coming from other NHS organisations into LEARN.

### Apprenticeships

- 7 x apprentices enrolled on Level 5 department / Operational Manager Apprenticeship with SGS college in March
- 11 x apprentices enrolled on Level 3 Team Leader Apprenticeship with NBT Apprenticeship centre
- Traineeship cohort postponed until May
- Apprenticeship centre at risk of high withdrawal numbers this year, due to clearing historic number of learners who are currently on a break. This could potentially spark further investigation from the ESFA as we will fall below the minimum benchmark requirements however clear rationale can be provided, new processes to be reviewed to ensure this is effectively managed.
- Apprenticeship centre still feeling the effect of several staff changes, the department aims to be settled by June, where high focus and priorities will be on preparing for Ofsted and curriculum planning for future cohorts
- Work experience is going to be at full capacity in June.
- Exploring work experience for those SEND learners, including supported internship programmes

Training Topic	Variance	Feb-23	Mar-23
Child Protection	1.2%	86.5%	87.7%
Adult Protection	1.5%	87.9%	89.4%
Equality and Diversity	0.8%	88.3%	89.1%
Fire Safety	1.6%	88.2%	89.8%
Health and Safety	1.2%	88.2%	89.3%
Infection Control	1.3%	88.9%	90.2%
Information Governance	1.4%	85.5%	86.9%
Manual Handling	1.1%	87.0%	88.1%
Waste	1.0%	88.4%	89.4%
<b>Total</b>	<b>1.1%</b>	<b>87.66%</b>	<b>88.71%</b>

## Safe Staffing



### What Does the Data Tell Us

Of the 34 units reports safer staffing data:

- 11.76% of units had a registered fill rate of less than 80% by day and 8.82% by night with hotspots in ICU, 7B, Central Delivery and Cotswold.
- 29.41% had an unregistered fill rate of less than 80% by day and 11.76% by night, with hotspots in Elgar, AMU, 34B and Cotswold

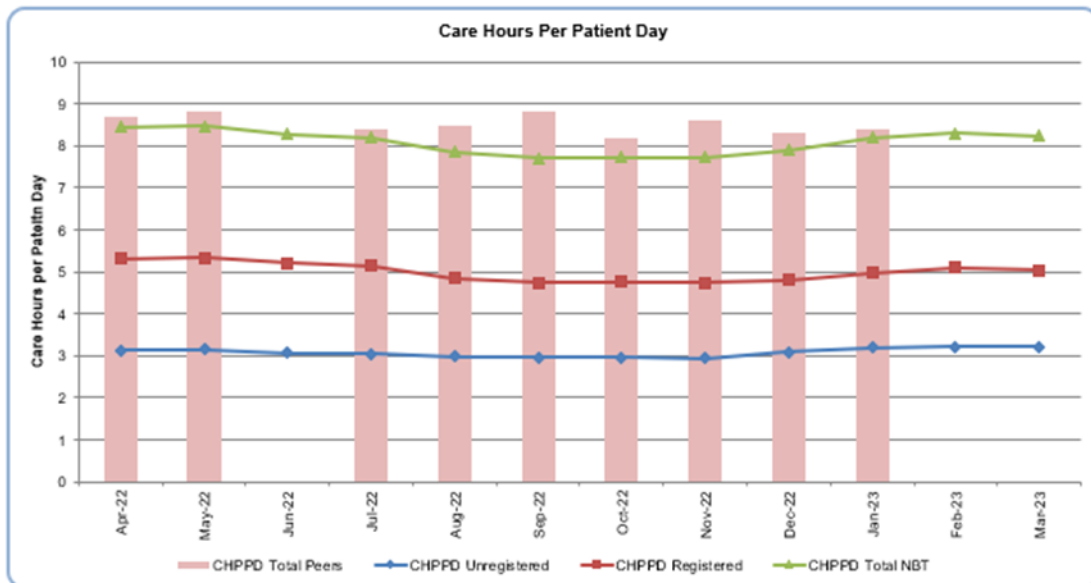
### Actions

Current review of staffing levels against establishment in line with National Quality Board requirements in progress.

Mar-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
<b>Southmead</b>	86.0%	81.9%	92.2%	95.5%

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

# Care Hours



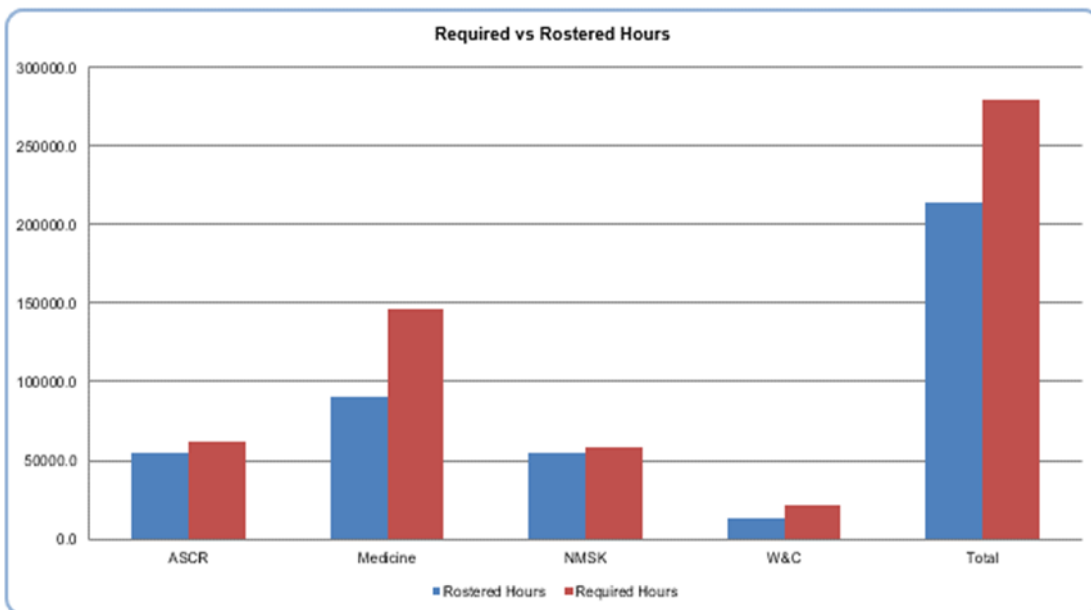
## What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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

## Safe Care Live (Electronic Acuity Tool)

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

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

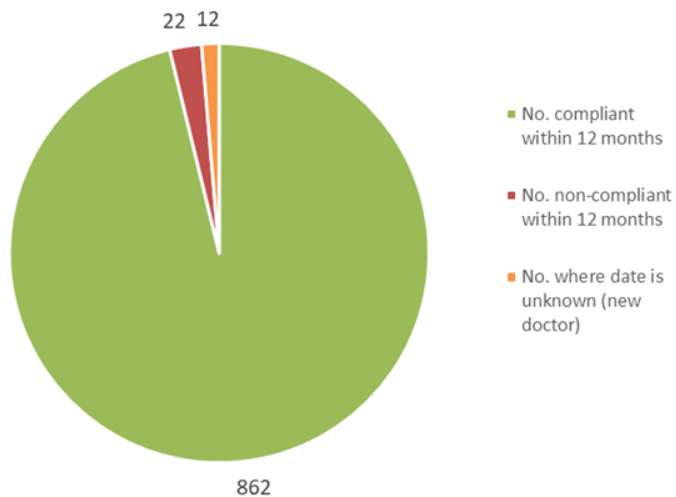


## What does the data tell us

This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average.

How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.

Appraisal compliance - past 12 months



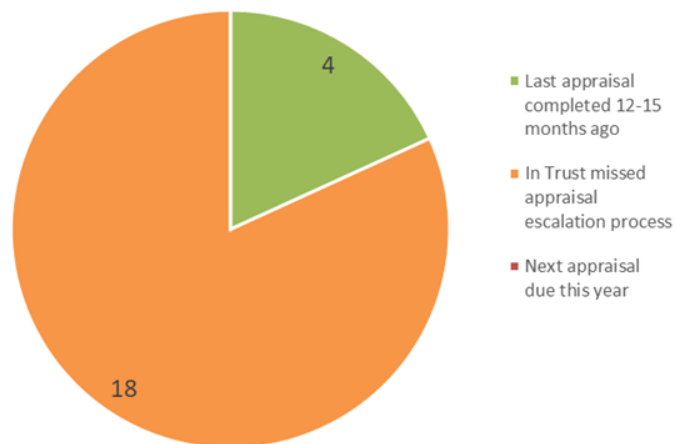
### What does the data tell us?

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.

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).

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.

Non-compliant doctors - past 12 months



### What actions are being taken to improve?

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

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2022/23.



# Finance

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

	Month 12			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.5	107.5	48.9	700.0	775.6	75.6
Other Income	5.1	11.8	6.8	67.8	89.4	21.6
Pay	(37.6)	(81.8)	(44.2)	(466.1)	(532.2)	(66.0)
Non-Pay	(23.8)	(34.2)	(10.4)	(301.7)	(332.5)	(30.9)
<b>Surplus/(Deficit)</b>	<b>2.1</b>	<b>3.3</b>	<b>1.2</b>	<b>0.0</b>	<b>0.3</b>	<b>0.3</b>

## Assurances

The financial position for March 2023 shows the Trust has delivered a £3.3m actual surplus against a £2.1m planned surplus which results in a £1.2m favourable variance in month. The financial position to the end of March 2023 shows a £0.3m surplus against a breakeven plan.

Contract income is £48.9m favourable in month and £75.6m favourable year to date. The in month position is driven by a year-end pension accrual of £21m, a £16m accrual for the non-consolidated pay award, both are offset fully by expenditure, along with ICB funding to support inflationary pressures, plus commissioner funding to enable increased escalation capacity including Level 6 beds and SDEC expansion.

Other Income is £6.8m favourable in month and £21.6m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position. When removed, Other Income is £4.0m favourable to plan in month which is driven by a favourable movement for apprenticeship income of £1.5m, offset in non-pay as well as release of income into the Trust position which could not be deferred into 2023/24.

Pay expenditure is £44.2m adverse in month and £66.0m adverse year to date. The in month position is driven by a year-end pension accrual of £21m, a £16.5m accrual for the non-consolidated pay award, which are offset in income, as well as an increase in the annual leave accrual of £2.2m.

Non-pay expenditure is £10.4m adverse in month and £30.9m adverse year to date. The position is driven by PPE stock and apprentice accruals offset in income, increased drug and blood product spend (pass-through), unidentified CIP, and increased spend within Divisional positions driven by stock movements or one-off items.

# Statement of Financial Position at 31st March 2023

	21/22 M12 £m	22/23 M11 £m	22/23 M12 £m	In-Month Change £m	YTD Change £m
<b>Non Current Assets</b>					
Property, Plant and Equipment	605.0	611.4	491.3	(120.1)	(113.7)
Intangible Assets	13.7	11.9	17.6	5.7	3.9
Non-current receivables	1.5	1.5	1.4	(0.1)	(0.1)
<b>Total non-current assets</b>	<b>620.2</b>	<b>624.8</b>	<b>510.3</b>	<b>(114.4)</b>	<b>(109.9)</b>
<b>Current Assets</b>					
Inventories	9.1	9.7	10.0	0.3	0.9
Trade and other receivables NHS	19.0	16.1	26.4	10.3	7.4
Trade and other receivables Non-NHS	20.5	29.7	30.6	0.8	10.0
Cash and Cash equivalents	116.2	100.6	104.0	3.3	(12.2)
<b>Total current assets</b>	<b>164.8</b>	<b>156.2</b>	<b>171.0</b>	<b>14.8</b>	<b>6.1</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	10.6	10.1	5.1	(5.1)	(5.6)
Trade and Other payables - Non-NHS	102.6	98.6	119.6	21.0	17.1
Deferred income	16.4	25.1	17.2	(7.9)	0.8
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.6	1.4	(0.2)	(0.7)
<b>Total current liabilities</b>	<b>147.0</b>	<b>151.1</b>	<b>158.9</b>	<b>7.9</b>	<b>12.0</b>
Trade payables and deferred income	7.1	7.6	6.7	(0.9)	(0.3)
PFI liability	359.3	351.0	349.5	(1.6)	(9.8)
Finance lease liabilities	2.0	5.7	5.8	0.0	3.8
<b>Total Net Assets</b>	<b>269.7</b>	<b>265.5</b>	<b>160.4</b>	<b>(105.1)</b>	<b>(109.3)</b>
<b>Capital and Reserves</b>		0.0			
Public Dividend Capital	456.9	459.4	469.1	9.7	12.2
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(6.6)	(5.4)	1.3	(6.4)
Revaluation reserve	184.1	184.1	68.0	(116.1)	(116.1)
<b>Total Capital and Reserves</b>	<b>269.7</b>	<b>265.5</b>	<b>160.4</b>	<b>(105.1)</b>	<b>(109.3)</b>

## Assurances and Key Risks

**Property, Plant and Equipment and Intangibles** – The year-to-date decrease of £109.9m in Non-current assets is mostly driven by downward revaluation of assets based on the change in assumptions around Modern Equivalent Asset (MEA) Alternative Site valuation of the Trust’s land and buildings.

**Capital** –The total planned spend for the year is £22.1m (excluding leases). In addition to this initial plan, £16.5m of capital funding has been identified from national funding sources and grants taking the total capital funding envelope to £38.6m. The Trust has met its planned expenditure for the year with total expenditure of £38.7m.

**Cash** – The cash balance decreased by £12.2m for the year to date due changes in the pattern of payments for capital expenditure with increased speed of invoicing from key suppliers significantly reducing the year end accruals position compared to previous years. This has also had a positive impact on BPPC metrics as well.

# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

# NHS Provider Licence Compliance Statements at April 2023 - Self-assessed, for submission to NHS (Taking account of updated licence conditions issued on 30 March 2023)

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G3	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.
G4	Having regard to NHS England Guidance	Yes	The Trust Board has regard to NHS England guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
G6	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

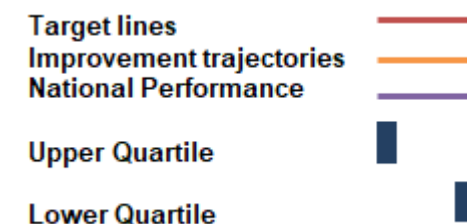
Unless noted on each graph, all data shown is for period up to, and including, 31 March 2022 unless otherwise stated.

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.

## NBT Quality Priorities 2022/23

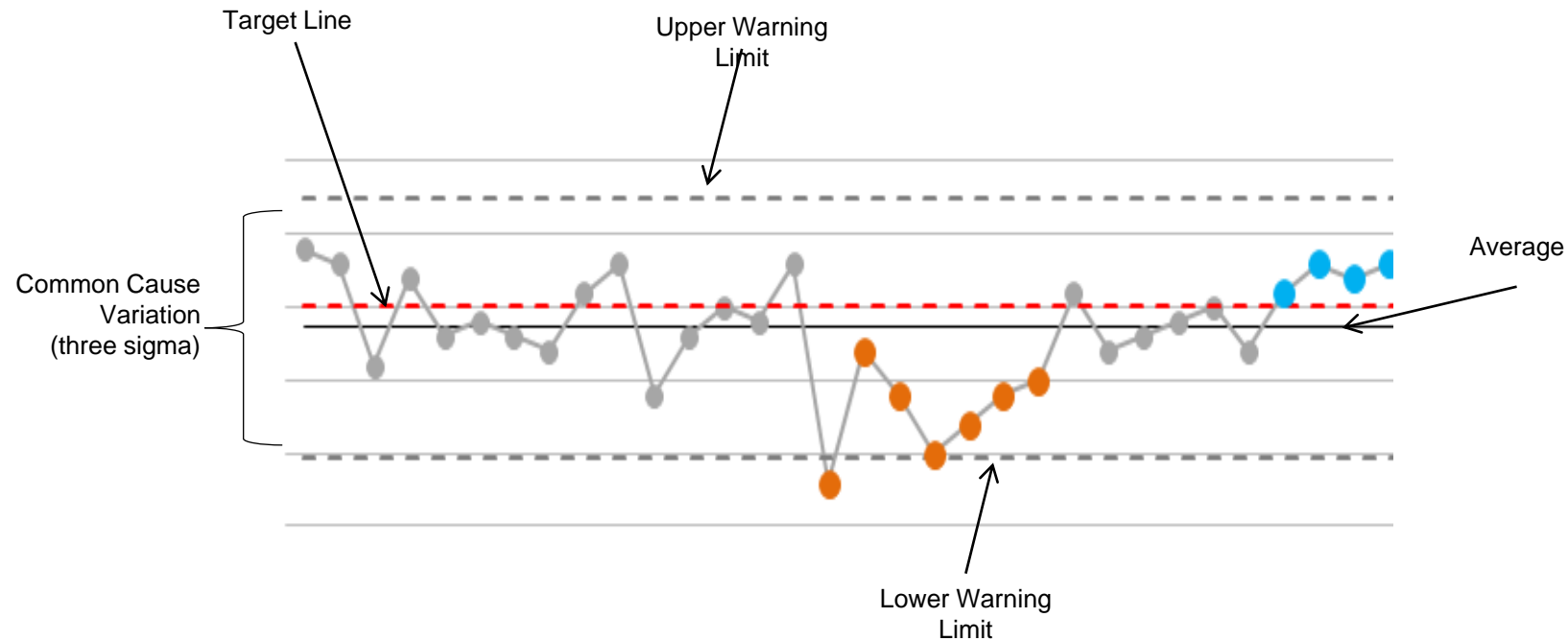
- QP1** Enabling Shared Decision Making & supporting patients' self-management
- QP2** Improving patient experience through reduced hospital stays ('right to reside') & personalised care
- QP3** Safe & excellent outcomes from emergency care
- QP4** Safe & excellent outcomes from maternity care
- QP5** Providing excellent cancer services with ongoing support for patients and their families
- QP6** Ensuring the right clinical priorities for patients awaiting planned care and ensuring their safety



<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>CIP</b>	Cost Improvement Programme
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>CTR/NCTR</b>	Criteria to Reside/No Criteria to Reside
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>D2A</b>	Discharge to Assess
<b>DDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>EPR</b>	Electronic Patient Record
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HSIB</b>	Healthcare Safety Investigation Branch
<b>HoN</b>	Head of Nursing

<b>IA</b>	Industrial Action
<b>ICS</b>	Integrated Care System
<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>PDC</b>	Public Dividend Capital
<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>UEC</b>	Urgent and Emergency Care
<b>VTE</b>	Venous Thromboembolism
<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)