North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

August 2022

(presenting July 2022 data)

NBTCARES

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	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%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%		49.11%	2/10
	A&E 12 Hour Trolley Breaches	R	0	-	97	14	38	29	59	20	295	367	449	360	176	297	304		1-749	6/10
	Ambulance Handover < 15 mins (%)		65.00%	-	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%			
	Ambulance Handover > 60 mins		0	-	636	471	418	621	664	645	827	684	681	538	430	527	486			
	Average No. patients not meeting Criteria to Reside			-	205	219	233	241	250	248	295	304	302	301	317	280	349			
	Bed Occupancy Rate			100.00%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%			
	Diagnostic 6 Week Wait Performance		1.00%	39.82%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%		32.44%	7/10
	Diagnostic 26+ Week Breaches		0	2034	966	972	1099	1286	1264	1341	1617	1767	2160	2498	2690	2761	2753			
	RTT Incomplete 18 Week Performance		92.00%	-	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%		58.39%	3/10
	RTT 52+ Week Breaches	R	0	2200	1544	1770	1933	2068	2128	2182	2284	2296	2242	2454	2424	2675	2914		4-10819	4/10
	RTT 78+ Week Breaches	R		469	532	656	659	577	497	469	501	511	458	491	473	443	439		0-2449	5/10
	RTT 104+ Week Breaches	R		48	28	34	55	93	138	158	184	177	96	71	48	34	32		0-418	6/10
	Total Waiting List	R		41023	34315	35794	36787	37268	37297	37264	37210	38498	39101	39819	40634	42326	46991			
	Cancer 2 Week Wait	R	93.00%	70.62%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	-		69.87%	10/10
	Cancer 31 Day First Treatment		96.00%	93.68%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	-		91.08%	8/10
	Cancer 62 Day Standard	R	85.00%	72.26%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	-		48.13%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	67.33%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	-		70.68%	5/10
	Cancer PTL >62 Days		242	345	-	-	-	501	663	899	781	528	472	641	689	555	667			
	Cancer PTL >104 Days		0	50	162	139	170	158	108	140	197	135	167	133	161	134	172			
	Urgent operations cancelled ≥2 times		0	-	-	-	0	2	2	2	0	0	0	1	1	1	-			

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.

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

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	
	Caesarean Section Rate			28.00%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	
	Still Birth rate			0.40%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	
	Induction of Labour Rate			32.10%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	
	PPH 1500 ml rate			8.60%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				2	2	3	2	1	1	5	1	3	4	3	1	1	
	Healthcare Safety Investigation Branch Investigations				1	2	-	1	-	-	1	-	1	1	-	1	1	
	Total Incidents				1173	984	1059	984	997	1010	1329	1170	1309	1208	1122	1174	1282	
	Total Incidents (Rate per 1000 Bed Days)				43	36	38	33	35	35	46	44	44	42	37	55	55	
	WHO checklist completion			95.00%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.05%	
	VTE Risk Assessment completion	R		95.00%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.37%	92.50%	83.72%	-	
	Pressure Injuries Grade 2				17	22	24	19	12	16	16	19	18	19	19	14	25	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	1	1	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	1	0	1	0	0	0	0	0	
	PI per 1,000 bed days				0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	
	Falls per 1,000 bed days				7.39	6.95	6.37	6.29	6.32	7.10	8.43	7.57	6.22	7.02	5.68	5.91	6.90	
	#NoF - Fragile Hip Best Practice Pass Rate				68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	-	
	Admitted to Orthopaedic Ward within 4 Hours				51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	20.90%	22.22%	-	
	Medically Fit to Have Surgery within 36 Hours				71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	71.11%	41.79%	48.15%	-	
	Assessed by Orthogeriatrician within 72 Hours				93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	93.33%	73.13%	87.04%	-	
	Stroke - Patients Admitted				75	92	83	90	85	73	103	67	78	92	105	40	85	
	Stroke - 90% Stay on Stroke Ward			90.00%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	46.58%	31.71%	48.15%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	-	
	MRSA	R	0	0	0	0	0	0	0	0	0	0	4	0	1	1	0	
	E. Coli	R		4	1	5	3	8	3	2	6	1	5	5	1	4	3	
	C. Difficile	R		5	6	2	5	4	1	6	6	1	6	7	4	5	3	
	MSSA			2	2	5	4	1	0	5	3	2	2	1	2	2	0	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	
	Friends & Family - IP - Proportion Very Good/Good				92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	
	Friends & Family - OP - Proportion Very Good/Good				94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	
	Friends & Family - ED - Proportion Very Good/Good				71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	
	PALS - Count of concerns				127	123	123	100	93	86	100	102	111	150	129	116	168	
	Complaints - % Overall Response Compliance			90.00%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	
	Complaints - Overdue				2	1	8	10	10	6	11	4	5	10	4	5	6	
	Complaints - Written complaints				65	48	52	55	59	44	52	58	56	43	48	53	46	
Well Led	Agency Expenditure ('000s)				1374	1061	1492	1576	1350	1314	1363	1147	1581	1838	1846	1205	2111	
	Month End Vacancy Factor				6.71%	6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	
	Turnover (Rolling 12 Months)	R		16.96%	13.14%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.80%	4.49%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	
	Trust Mandatory Training Compliance				82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	

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. Please note that Friends and Family data for July is incomplete due a data delay following implementation of the Trust's new EPR system.

Executive Summary – August 2022

NHS North Bristol NHS Trust

Urgent Care

Four-hour performance was 50.99% in July. The Trust ranked second out of ten reporting AMTC peer providers. The Trust recorded a decrease in ambulance handover delays with 486 reported provisionally in July, down from 527 in June, following the introduction of a revised approach to pre-emptive transfers of patients out of ED in mid-July. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients without a criteria to reside, which has risen further through improved data capture through the EPR change. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The Trust cleared capacity breaches to zero for the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23, achieving the national expectation and have maintained clearance in July. There were 2,914 patients waiting greater than 52-weeks for their treatment in July; 439 of these were patients waiting longer than 78-weeks and 32 were waiting longer than 104-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance deteriorated slightly in July to 42.85% (7384 breaches). It was not possible to report data for four of the nationally reportable modalities, due to the transition to a new EPR system. Had these test types been reported, it is anticipated that overall performance would have remained static. However, the Trust is achieving a number of year-end NHS improvement targets in some key areas. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. These targets are currently being met in MRI, CT, and Non-Obstetric Ultrasound and the focus for the remainder of 2022/23 will be on maintaining, and where possible improving, this position. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

There were a number of movements in the June position for Cancer with the 31-Day First Treatment standard improving to 85.53%. There was deterioration in performance of 62-Day at 48.40% and TWW at 39.21%. Instances of clinical harm remain low month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. Delivering a reduction in the >62-day backlog continues to be challenged by workforce issues in the Cancer Services Team and Tumour Site Pathway delays. However, there has been a successful recruitment drive in the last few weeks, resulting in appointments to all vacant posts in the Cancer Services Team. In addition, experienced agency staff have been employed from mid-August to bridge the gap in the Cancer Services Team until all new staff are in post and trained. The Trust is working closely with regional and national colleagues and is supporting a “deep-dive” process which is due to take place in September. The CEO and COO presented the Trust’s cancer PTL recovery plans to a national delegation who have endorsed the approach.

Quality

Maternity recruitment initiatives are resulting in successful pipeline. The Trust continues to safely manage outbreaks of COVID-19. There were no MRSA cases reported in July. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance. As well as ongoing operational challenges on education, training and related data capture in this area, June’s reported performance was further impacted by data delays with implementation of the Trust’s new EPR system.

Workforce

The Trust vacancy factor increased from 8.07% in June to 8.66% in July, this was driven by a decrease in staff in post. NBT’s rolling 12-month staff turnover increased from 17.41% in June to 17.57% in July. Rolling 12-month sickness absence increased from 5.22% in June to 5.44% in July. Infectious Diseases (which includes COVID-19 Sickness. Temporary staffing demand increased by 15.66% (163.05 wte) from June to July increased rate of unfilled shifts and agency use.

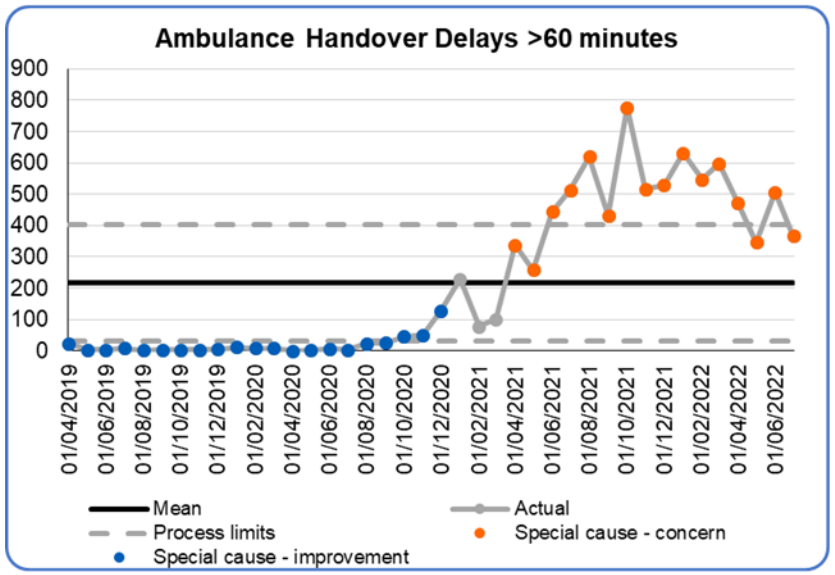
Finance

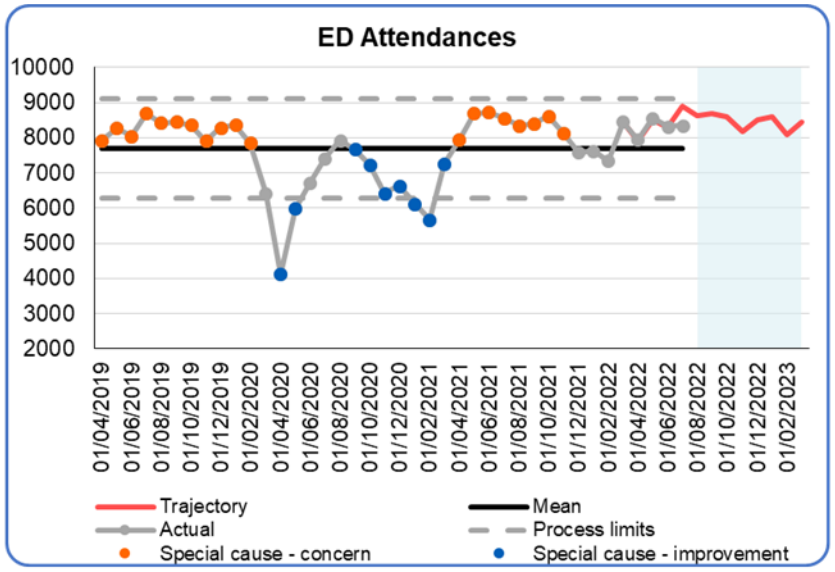
The financial plan for 2022/23 at Month 4 (July) was a deficit of £4.6m. The Trust has delivered a £8.3m deficit, which is £3.7m worse than plan. This is predominately driven by the non-delivery of savings in the first four months of the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments. In month, the Trust has recognised £2.6m of ESRF funding. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 6 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Month 4 CIP position shows £2.1m schemes fully completed, with a further £3.2m schemes on tracker and £2.3m in pipeline. There is a £10.4m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £8.1m shortfall. Cash at 31 July amounts to £96.6m, an in-month decrease of £1.4m due to higher than average payments made during the month specifically around capital relating to March 2022. Total capital spend year to date was £5.9m compared to a plan of £9.4m.

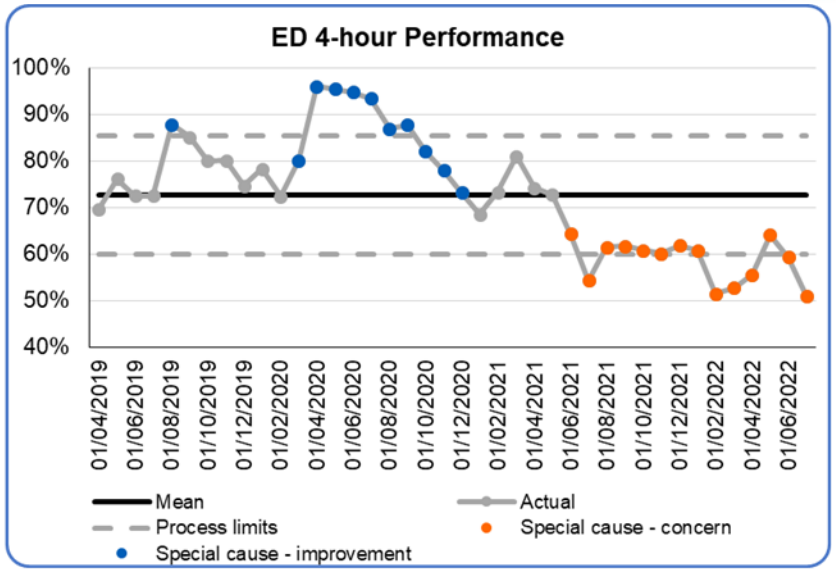
Responsiveness

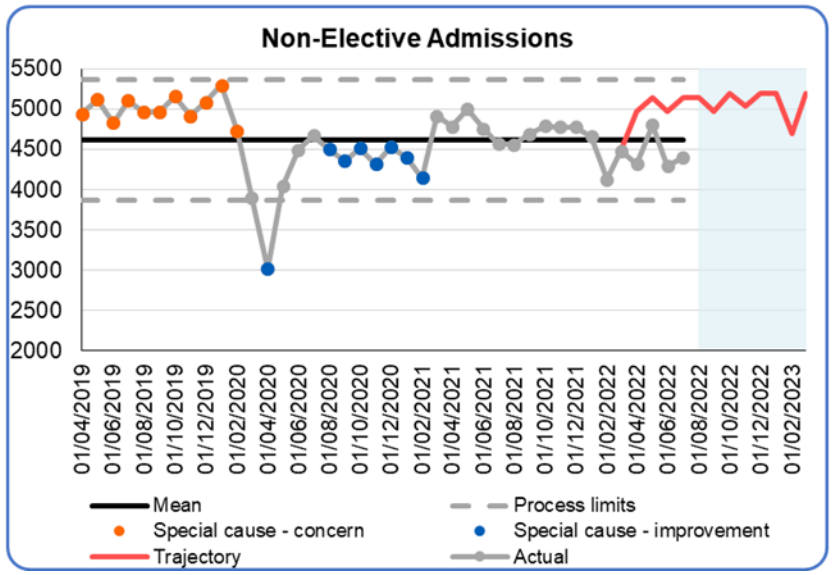
Board Sponsor: Chief Operating Officer
Steve Curry

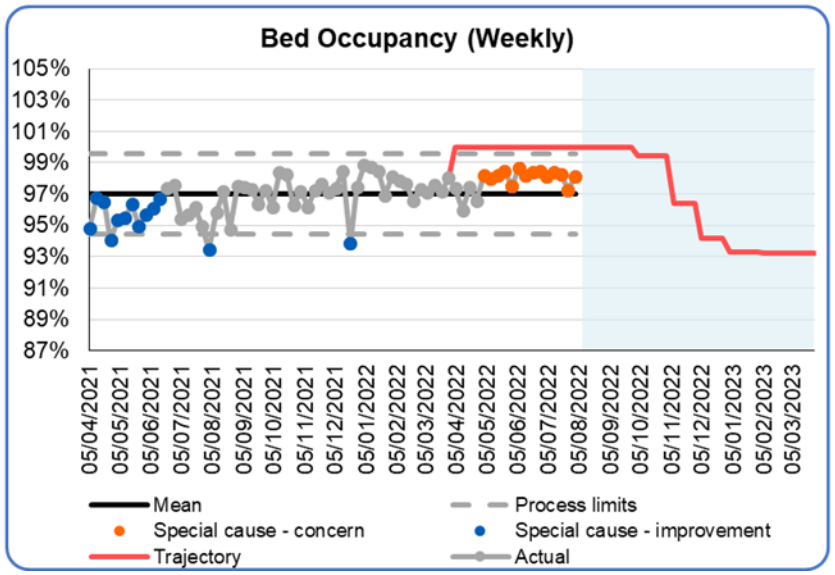
Unscheduled Care

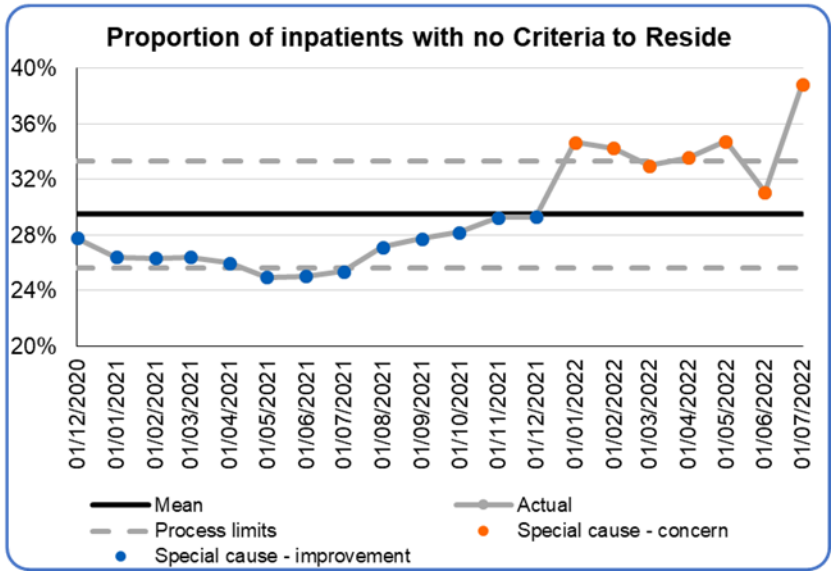












Please note the increase in proportion of inpatients with no Criteria to Reside is due to a change in reporting since the implementation of CareFlow, which has improved data capture for these patients

Unscheduled Care

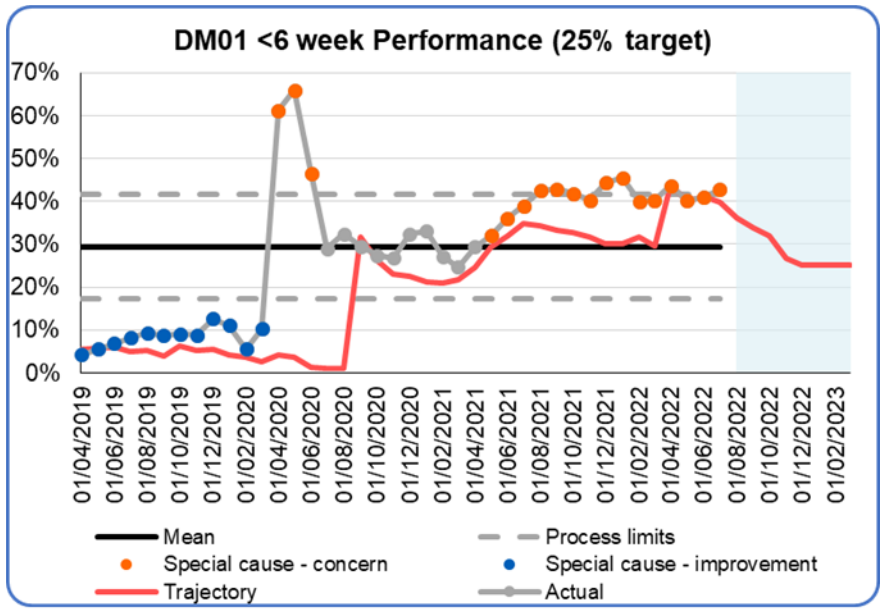
What are the main risks impacting performance?

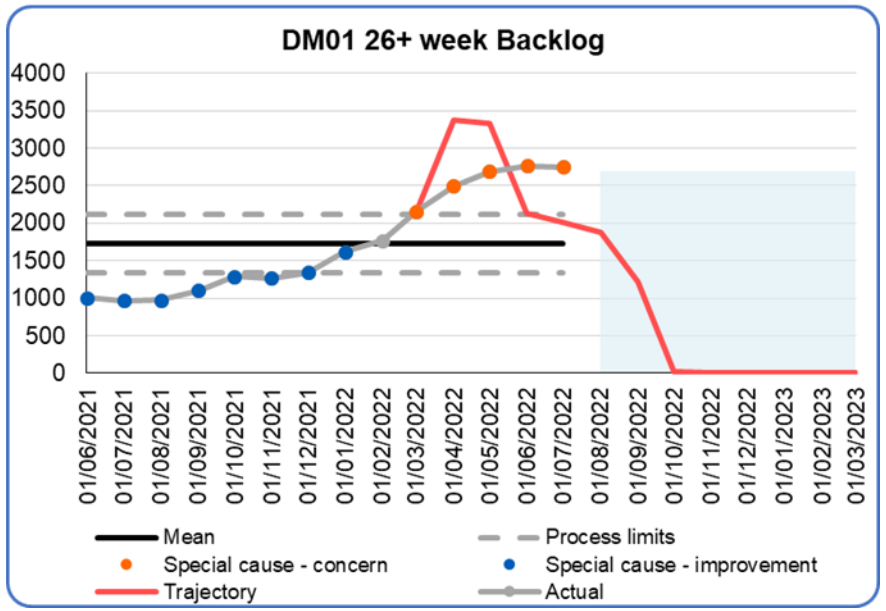
- Ambulance handovers – prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside are occupying a third of the hospital's bed capacity – no significant change.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- Increases in COVID-19 Inpatients with a commensurate loss of beds due to IPC and staff sickness.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

What actions are being taken to improve?

- Ambulance handovers – Executive Nurse has led a revised approach to pre-emptive transfers of patients out of ED. Regular timed transfers now take place throughout the day in anticipation of discharges. This clinically led approach, supported by the CMO and COO, has delivered a significant reduction in ambulance hours lost. The approach is being reviewed in terms of the potential for sustaining aspects of this new way of working.
- The Trust is working closely with system partners to influence and support schemes which will reduce NCTR patient numbers including D2A. The new EPR system, CareFlow, launched in July 2022, has improved how C2R patients are recorded and captured. This offers improved monitoring at ward level and site level; providing better visibility of all patients which facilitates more focussed actions to discharge these patients.
- Ongoing implementation of the combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions, which plans to save 2000 handover hours over 2022/23.
- 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).
- Contingency planning for winter bed capacity underway – sixth floor plan – updated through a separate board briefing.

Diagnostic Wait Times





What are the main risks impacting performance?

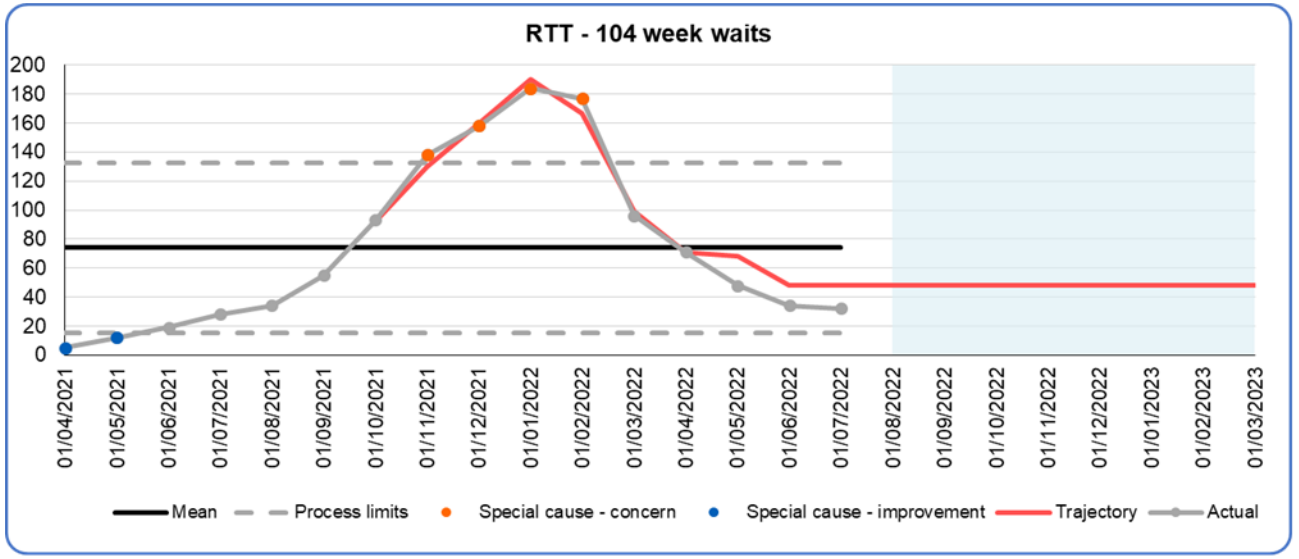
- The Trust currently relies on external organisations to provide capacity for diagnostic tests and procedures in order for the Trust to clear it's diagnostics backlog and maintain/reduce it's overall wait list size.
- Contracts agreed with external providers have not been met; fewer slots than agreed have been provided.
- Staff sickness and leave has reduced capacity. This has continued into July 2022.
- An increase in inpatient referrals since April 2021 has reduced the capacity of outpatient clinics, and therefore limited the ability of specialty teams to clear wait lists and reduce backlogs.

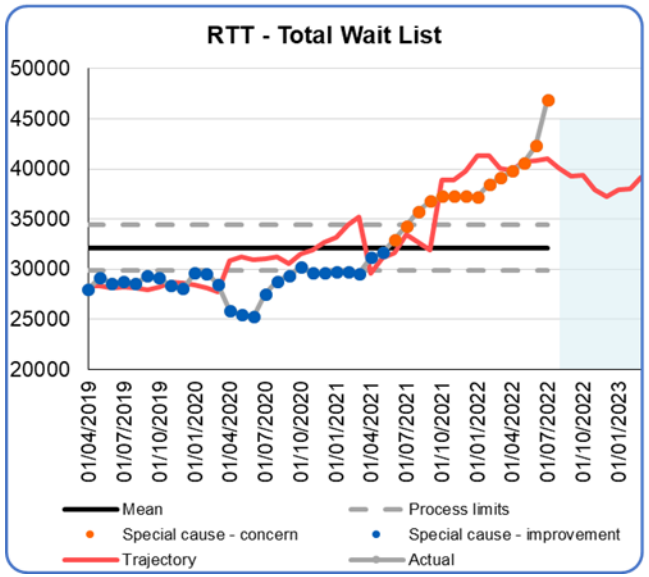
What actions are being taken to improve?

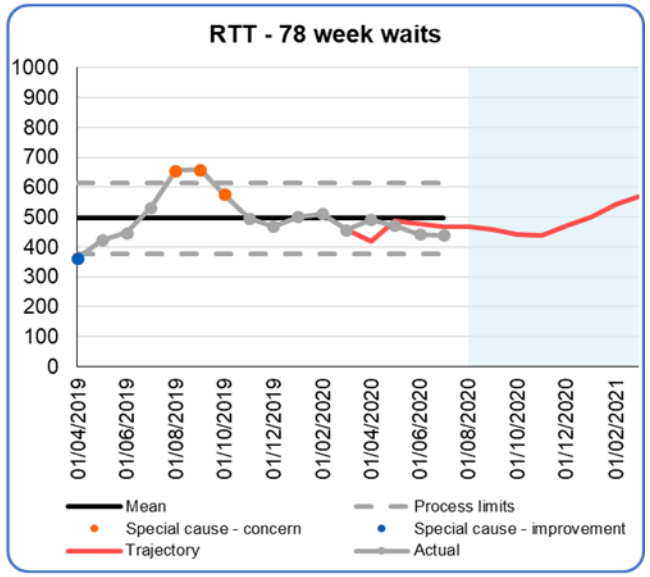
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound –The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- CT – Use of the demountable CT scanner based at Weston General Hospital has continued. WLIs are being delivered every weekend to support backlog reduction and outsourcing to Nuffield has commenced.
- MRI – The Trust continues use of IS capacity at Nuffield and is planning weekend WLIs at Cossham from September subject to recruitment.
- Echocardiography – Ongoing use of Xyla insourcing and agency capacity with potential to secure additional agency capacity being explored. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations.

Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted for July reporting; the Trust is aiming to return to full reporting by next month.

Referral To Treatment (RTT)







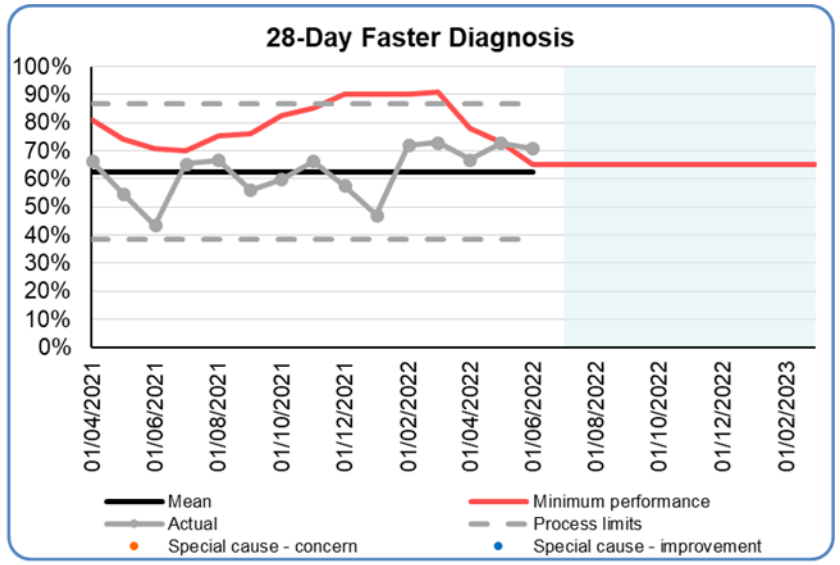
What are the main risks impacting performance?

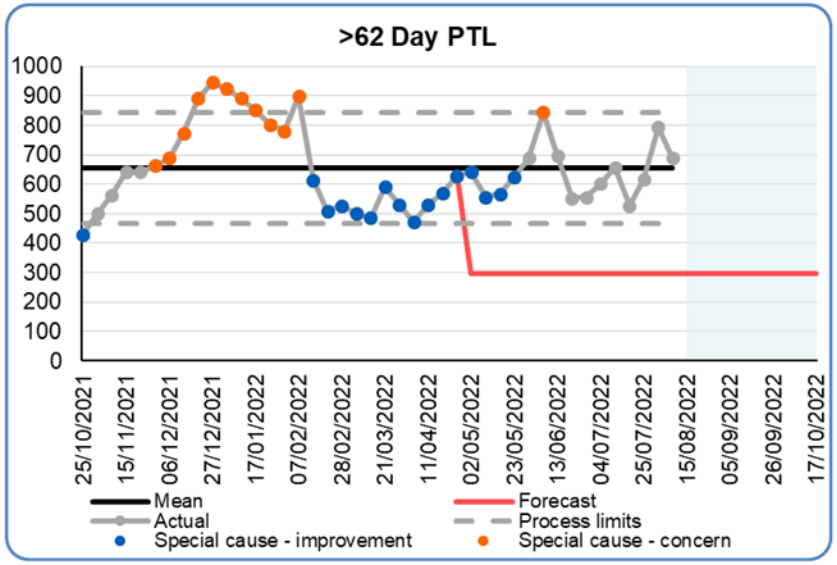
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive Inpatients.

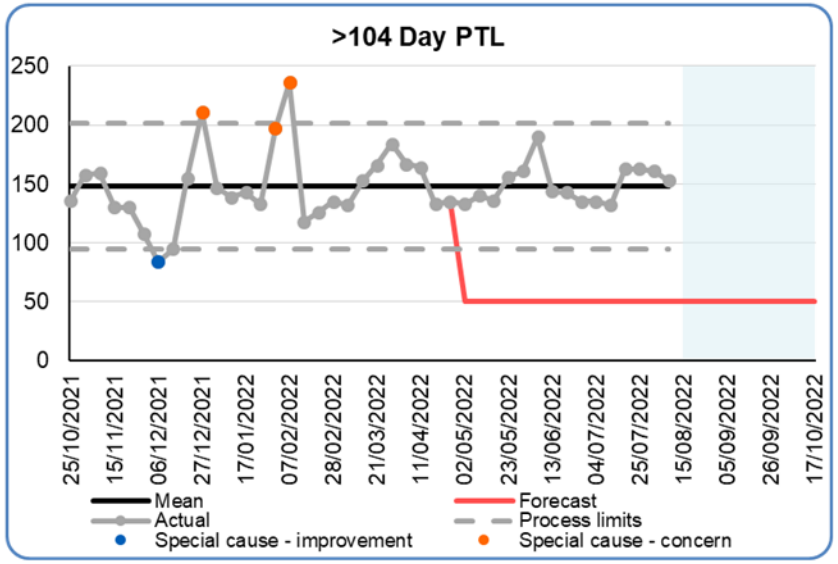
What actions are being taken to improve?

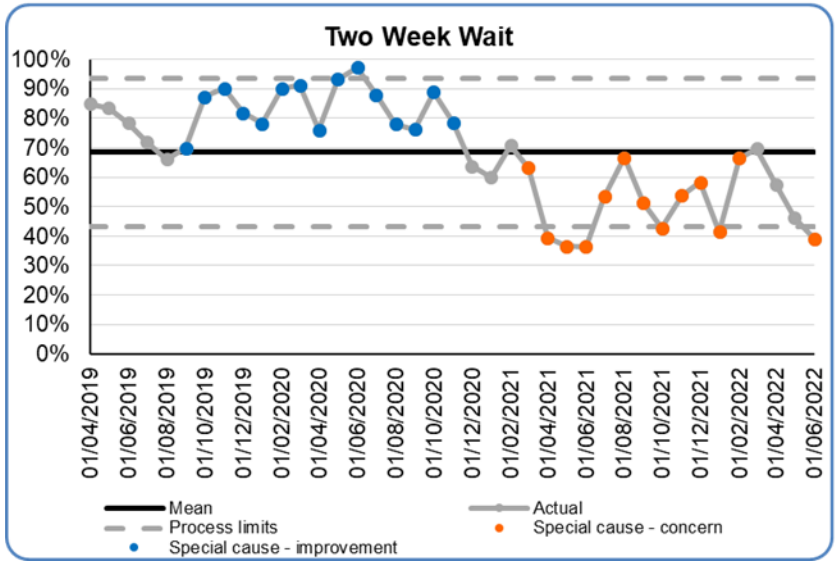
- The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.
- The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits. The Trust has cleared to zero the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23; this is with the exception of those patients choosing to wait longer, where it is clinically indicated following confirmation of being COVID-19 positive and where there is an instance of clinical complexity preventing earlier treatment.
- 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.

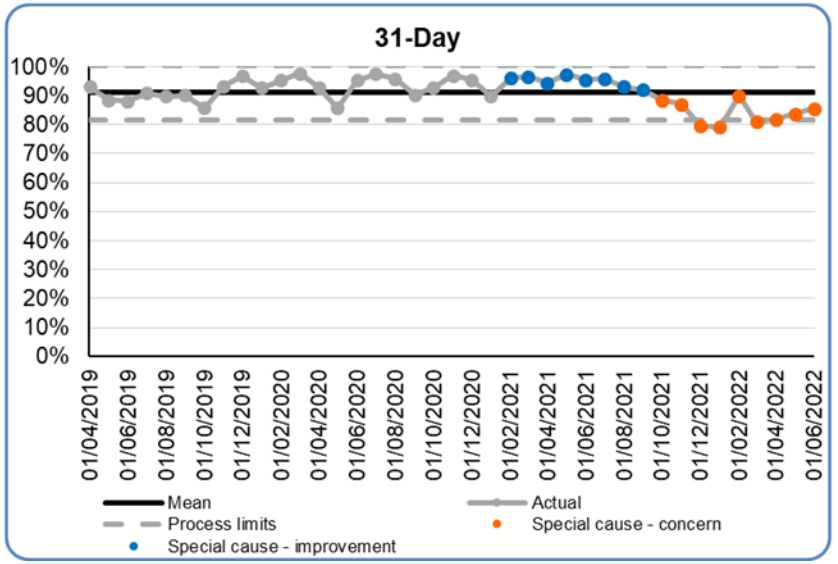
Cancer Performance

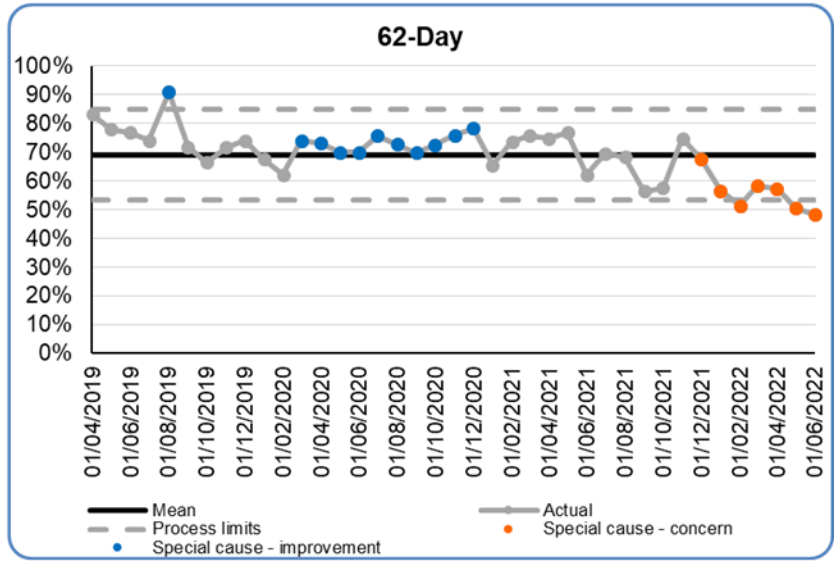












Cancer Performance

What are the main risks impacting performance?

- Recruiting to and sustaining the Cancer Services Team.
- Time-lag to training new recruits.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.

What actions are being taken to improve?

- Executive led Cancer Recovery Steering Group formed.
- Rapid HR recruitment and retention plan deployed – this is now at full establishment pending start dates.
- Extensive validation of the backlog – 5 agency trackers have started as of the 15 August 2022.
- Close working with Regional Cancer Team in support of pathway and demand and capacity planning.
- Planning underway for Tumour Site specific pathway improvements.

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 – June 2022 data

	Target	Mar-22	Apr-22	May-22	Jun-22
Activity					
NICU admission rate at term		5.9%	4.3%	4.1%	5%
Perinatal Morbidity and Mortality inborn					
Total number of perinatal deaths		6	4	4	5
Number of stillbirths 16 to 23+6 weeks excl. TOP		3	1	2	1
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1
Number of neonatal deaths : 0-6 Days		2	2	1	1
Number of neonatal deaths : 7-28 Days		0	0	0	2
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	0	1
Maternal Morbidity and Mortality					
Number of maternal deaths (MBRRACE)		1	2	0	0
Direct		0	1	0	0
Indirect		1	1	0	0
Number of women who received level 2 & 3 care		0	2	1	1
Insight					
Number of datix incidents graded as moderate or above (total)		2	1	0	1
Datix incident moderate harm (not SI, excludes HSIB)		1	1	0	1
Datix incident SI (excludes HSIB)		1	0	0	0
New HSIB SI referrals accepted		2	0	1	1
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0
Coroner Reg 28 made directly to Trust		0	0	0	0
Workforce					
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		0.7	DNA	DNA	2
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		0	0	0	0
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	1	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)		0.5	0	0	0
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		18%	12%	11%	14%
Vacancy rate for midwives		3.6%	6.8%	6.7%	8.1%
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		40%	43%	40%	45%
Vacancy rate for NICU nurses		14	11	21	19
Datix related to workforce (service provision/staffing)		1	3	2	9
Consultant led MDT ward rounds on CDS (Day and Night)		DNA	DNA	66%	78%
One to one care in labour (as a percentage)		98%	100%	100%	99%
Compliance with supernumerary status for the labour ward coordinator	100%	98%	97%	100%	100%
Number of times maternity unit attempted to divert or on divert		11	4	6	26
in-utero transfers					
in-utero transfers accepted				*4*	
in-utero transfers declined				*0*	
ex-utero transfers					11
ex-utero transfers accepted				*9*	*9*
ex-utero transfers declined					*2*
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0
Involvement					
Service User feedback: Number of Compliments (formal)		60	57	31	48
Service User feedback: Number of Complaints (formal)		10	2	4	5
Staff feedback from frontline champions and walk-abouts (number of themes)		4	4	4	4
Improvement					
Progress in achievement of CNST /10		7	7	7	7
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	42%	51%	62%	75%
Fetal Wellbeing and Surveillance	90%	27%	48%	74%	87%
Trust Level Risks		5	6	6	5

Neonatal Morbidity and Mortality: 1 x new HSIB referral following early neonatal death (after action review identified immediate learning re process of calling 2222)

Maternal Morbidity and Mortality: 1 x admission to ITU at 18 weeks with COVID-19 and auto-immune encephalitis, condition improved and stabilised

Insight: 1 x moderate harm incident (radial nerve palsy following forceps deliver), 1 x new HSIB referral following early neonatal death (improvement work with switchboard and IM&T underway), 1 x serious incident reported (missed 4th degree tear, incident occurred in May 2018)

Workforce:

- **Midwifery:** Recruitment initiatives resulting in successful pipeline. Birthrate Plus recommendations to be finalised August 2022. Exploring Escalation plans out of hours and utilising on call MW during exceptionally busy times throughout the Unit. Exploring RRP and Relocation initiatives for hard to recruit posts. Developing actions to support retention through the staff survey action plan. Risk 1334: Workforce 12
- ***Obstetrics*:** 2 new obstetric consultant posts (NB: interviews held on 2nd August and both vacancies appointed). Maternal medicine host network awarded to NBT. Reviewing middle grade staffing-new GMC sponsorship and exploring physician associates. High levels of short-term sickness at all levels of rota and long-term gaps on middle grade rotas resulting in reduced Consultant Leadership time. Risk 1194: Statutory duty/compliance 10
- ***NICU Nursing* :** Continuous recruitment ongoing. Successful recruitment x band 5. 9 new starters in pipeline for September/October. QIS compliance improving. Risk 1179: Workforce Risk 10
- **Workforce Summary -** Cossham was on divert for a total of 23 times (8 dayshifts and 15 nightshifts). This was due to a combination of sickness within the team; decision to centralise staffing to support the acute Maternity Unit; and to support the homebirth team. CDS was on divert 3 times. Work underway to explore impact of diverts on service provision. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and category 2 calls. Risk 1289: High Patient Safety Risk 12
- **Staff and Service user feedback themes:** Staffing across perinatal service (Risk 1334, above); estates impacting on capacity (Risk 1290: Service Delivery 8); inconsistencies in patient information; positive interactions between services users and staff.

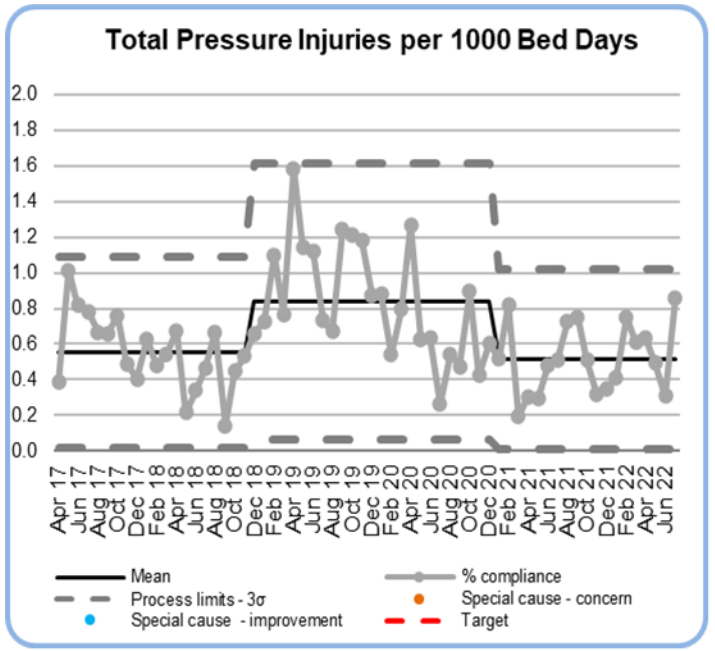
Maternity Incentive Scheme, Year 4: Scheme relaunched 06/05/22 and Trust to report compliance by Thursday 5th January 2023.. Taking into consideration the revised guidance, areas of concern identified are highly likely to impact successful delivery of all 10 Safety Actions:

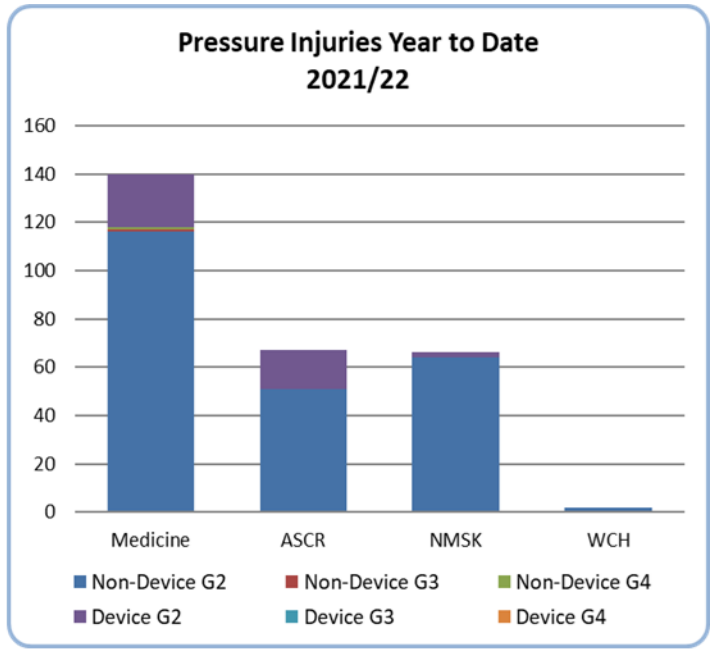
***i. SA 2 – Maternity Services Data Set*:** Personalised care plans to be relaunched 29/09/2022. Care pathways validated digital lead midwife. Plan to share individual area weekly reports to help target areas for improvement.

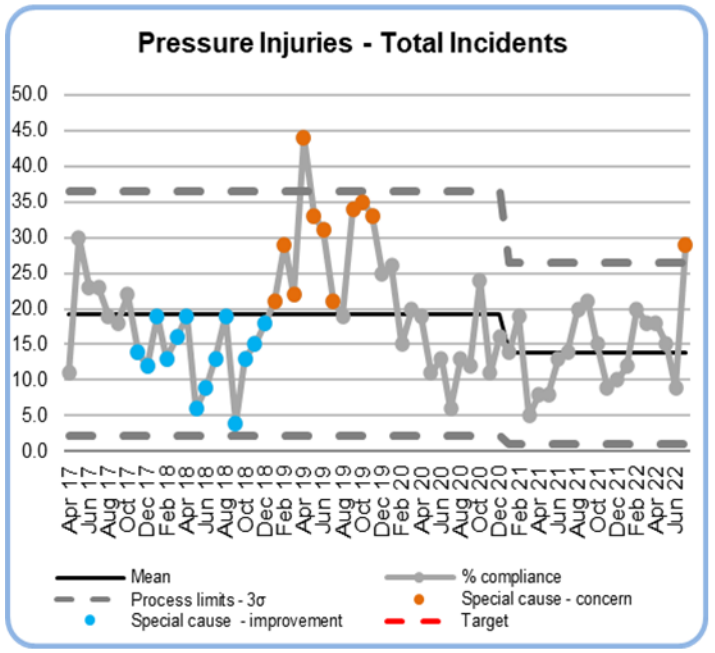
ii.SA 6 – Saving Babies Lives Element 1 Smoking: Challenging requirements: 1. % where CO measurement recorded at 36 weeks, currently 58% needs to be at least 80%. 2) uterine dopplers not offered to pregnancies at high risk of FGR as per SBL Care Bundle 2. 3.Training as SA8.

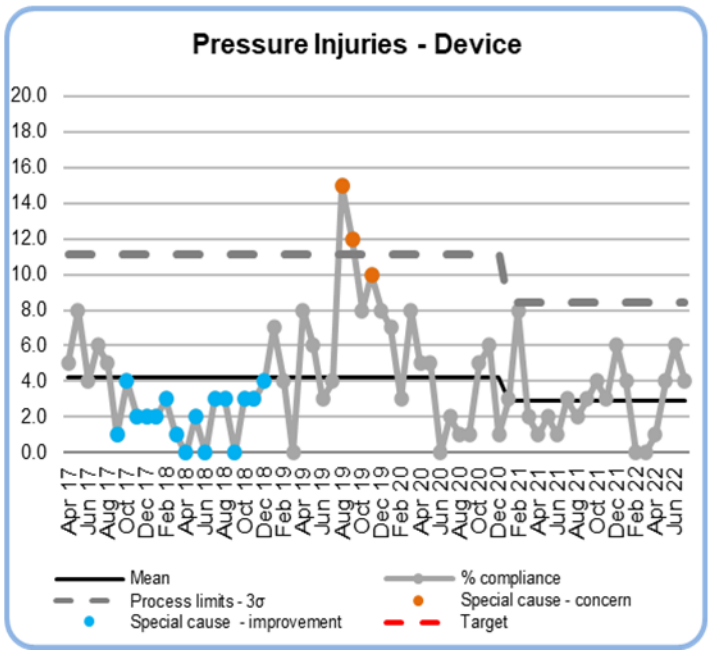
***iii.SA 8 – Training*:** The Division has seen significant improvement with training compliance. And working towards the training recovery action plan (Risk 1079: Workforce 6). The training trajectories for August 2022 are as follows: 84% but it should be noted the change to the training timeframe, from 12 month reporting period to 18 months, this is to acknowledge COVID-19 pressures

Areas of excellence: Feedback from Greatix (flexible and supportive team working, excellent communication, hardworking team who are pleasure to work with); Positive Incident Management System (PIMS) to be launched August 2022









Pressure Injuries

NHS North Bristol NHS Trust

What does the data tell us?

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

29 Grade 2 pressure injuries were reported of which 4 related to a medical devices to the ears. The remaining 25 pressure injuries were
14 x to the sacrum/buttock/coccyx/natal cleft area, 10 to the heels and 1 x spine.

There were 19 DTI injuries, which was a decrease from the previous month, 9 x heels, was 5 x buttocks/sacrum, 2 x neck, 3 x attributable to medical devices to the nose,

There was 0 Grade 3 or 4 injuries reported in July. There was 1 unstageable reported from a cast to the lower leg attributable to NMSK.

The Trust ambition for 2022/23 has yet to be confirmed for pressure injuries.

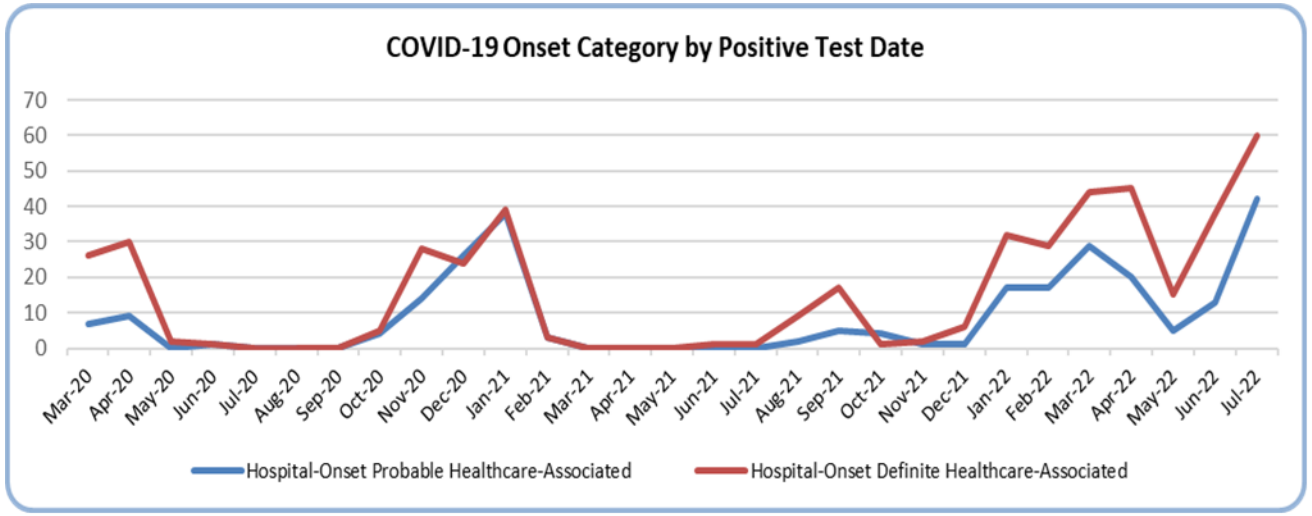
What actions are being taken to improve?

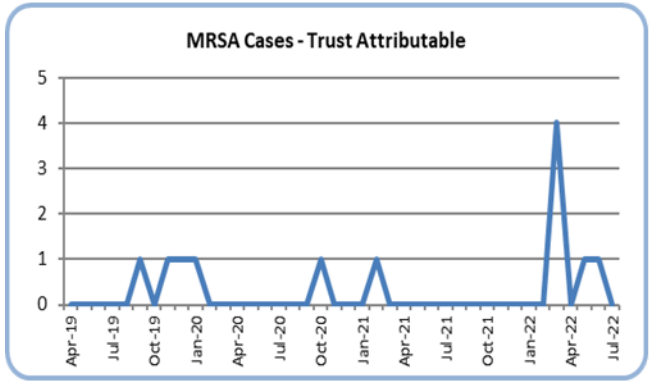
The Tissue Viability (TV) team continue to audit and use analysis and the RAG rating system to identify areas to provide targeted support and engagement.

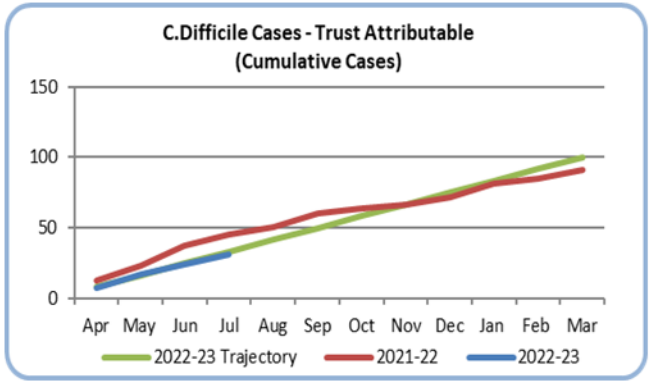
Two study sessions were facilitated following outcomes identified following an ‘After Action review’ and ‘Working with a TVN’ at AMU.

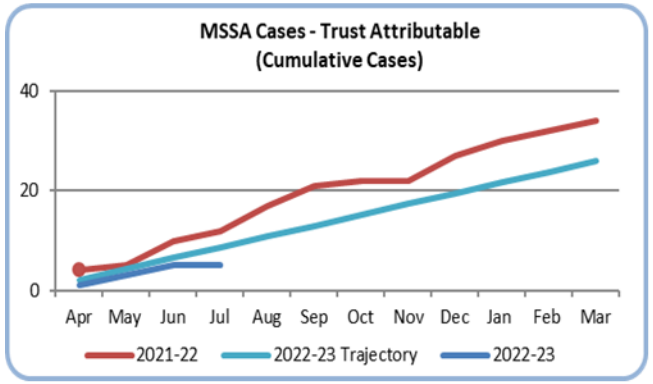
The TVS relaunched the Tissue Viability Link Ambassadors role. There were two facilitated sessions available to attend, with a talk on comprehensive wound assessment, mode of action of a dressing, celebration of success and the challenges faced l providing pressure ulcer care prevention. The TVS were keen to gain feedback on the type of sessions and content that the TVLA would like to receive in the future to help support them in their role, this has been used to formulate education, engagement and support in the future.

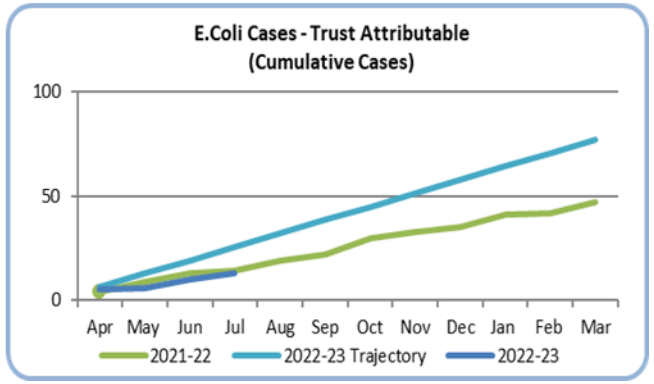
Infection Prevention and Control











What does the data tell us?

COVID-19 (Coronavirus)

NBT have remained with controls around mask wearing in clinical areas, with regular review of epidemiological data to support this .
There has been a number of Outbreaks that have been controlled , with risk assessments and daily review to facilitate the opening of beds where possible to assist with operational pressure

MRSA – No Further cases noted in July.

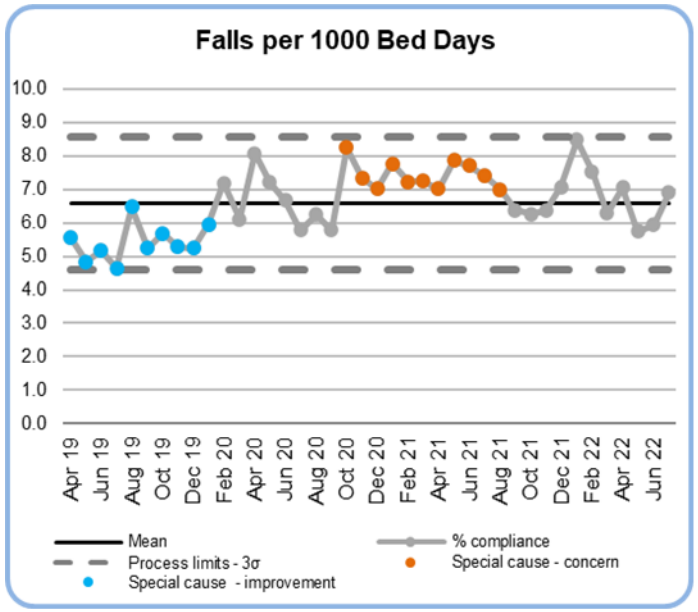
C. Difficile - NBT has so far not seen a jump in cases as seen last summer and have held a position on trajectory, the key will now be to maintain this and continue the improvement strategy.

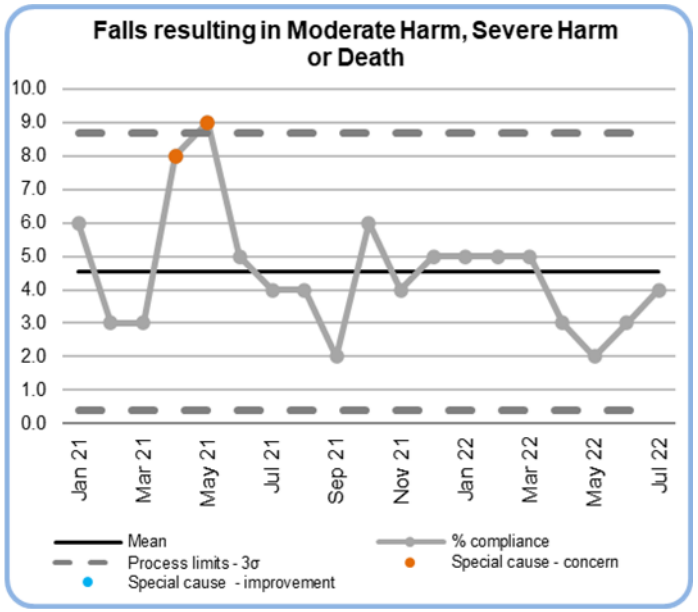
MSSA - Cases for this year have so far been below trajectory, with a significant drop in July

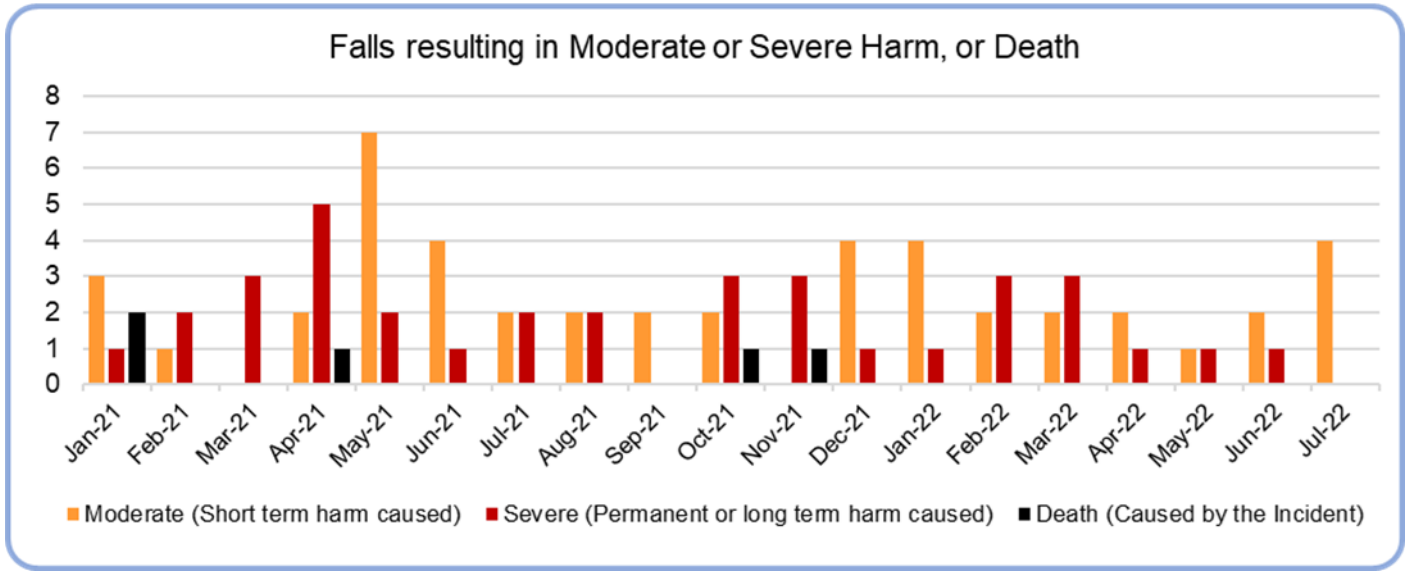
Gram –ve - At the moment we can report a position below trajectory

What actions are being taken to improve?

- Targeted work in divisions continue particularly in admission areas , specifically looking at C Diff and MRSA , IPC remain involved in shared learning platforms with ICB and regional work targeting C Diff .
- COVID support continues across the trust with safe management of outbreaks, risk assessments continually in place managing risk vs trust on going pressure
- Trial in place in EEU of Air scrubbers to attempt to reduce nosocomial spread and increase ventilation







Falls

What does the data tell us?

Falls incidents per 1000 bed days

During July 2022, NBT had a rate of 6.9 falls incidents per 1000 bed days. This figure replicates the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days. Review of the variance in falls suggests that it may be attributed to unprecedented operational and staffing pressures linked to the pandemic - where the falls rate has seen an increase, this has can been linked to additional operational pressure at the time the falls were reported.

Falls harm rates

During July 2022, 4 falls were recorded and validated as causing moderate harm. During July 2022, no severe harm or death because of the fall incidents were recorded. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately and safely responding to falls is well embedded at NBT. Despite significant operational and staffing pressures throughout the pandemic, it is positive that moderate and severe harm falls are consistently under or tracking the mean rate. Zero falls resulting in death have been recorded since November 2021.

What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. This monitors themes and trends through incident reporting, thematic analysis and review of completed audits through the National Audit for Inpatient Falls. The Academy is reviewing the falls prevention policy, training and electronic patient records falls risk assessments.

A continuous improvement project is in progress to implement a robust falls care plan and risk assessment tool across NBT. Additionally, the Falls Academy has a continuous education programme linked to themes identified through thematic analysis, emergent risk and national guidance.

COVID-19 SitRep

Current COVID Status: Level 2

NHS North Bristol NHS Trust

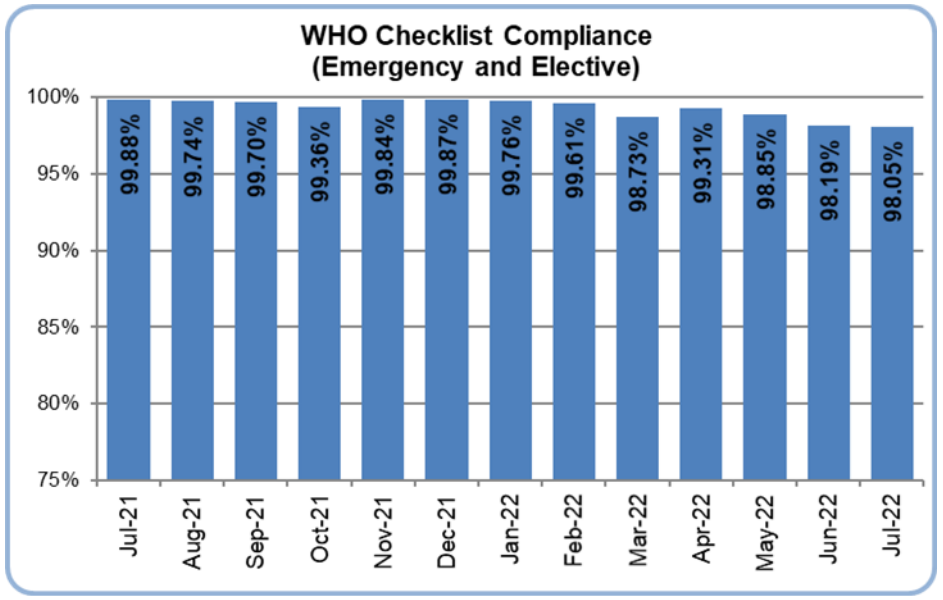
Input date: 10/08/22

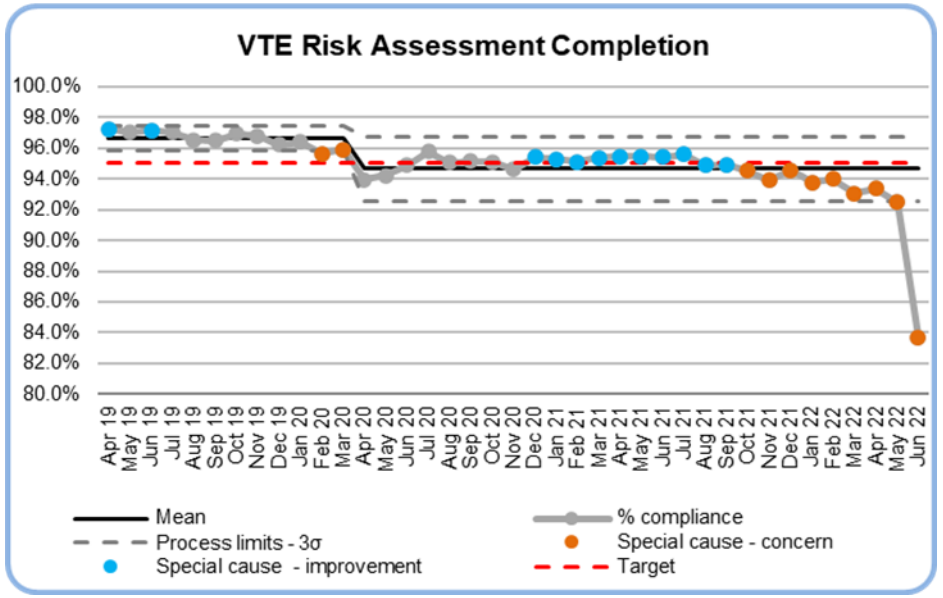
Metric	20/06/2022	27/06/2022	04/07/2022	11/07/2022	18/07/2022	25/07/2022	01/08/2022	08/08/2022	Trend
New patients last 24 hours – admitted	1	3	3	4	3	3	2		
New Patients Diagnosed in last 24 hours	**6**	**6**	**9**	**7**	**9**	**3**	**1**		
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	3	3	3	4	3	2	0		
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	1	1	1	1	1	0		
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	0	2	1	2	1	0		
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	2	3	1	3	1	1		
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	0	0	
Blue discharges in past 24 hours	5	7	5	8	7	7	5		
Number of COVID positive patients as at 08:00	**40**	**36**	**55**	**60**	**56**	**51**	**30**		
Of these, patients admitted for primary COVID	29	25	36	43	43	40	20	23	
Of these, patients admitted with incidental COVID	11	11	19	17	13	11	10		
COVID positive patients in ICU	1	1	1	3	0	1	2	2	
COVID positive patients outside of ICU	39	36	54	57	55	50	28		
Query patients	0	1	0	0	0	0	0	0	
Closed and empty beds due to IPC	19	8	17	13	13	9	2	5	
NIV COVID	0	0	1	1	0	0	0	0	
Deaths	0	0	0	1	1	1	0		
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	5	7	9	7	6	3	3	5	
Patient Total positivity - detected - %	0	1	0	0	0	0	0	0	

Metric	13/06/2022	20/06/2022	27/06/2022	04/07/2022	11/07/2022	18/07/2022	25/07/2022	01/08/2022	Trend
Bristol cases per 100,000 – 7 days	105	144	184	243	199	127	78	62	
South Gloucestershire cases per 100,000 – 7 days	251	332	433	400	323	206	128	101	
North Somerset cases per 100,000 – 7 days	105	144	184	243	199	127	78	62	

Key:

- Decrease from previous day
- Increase from previous day
- Step down to 10 days





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

WHO Checklist Compliance

What does the data tell us?

In July, WHO checklist compliance was 98.05%. 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

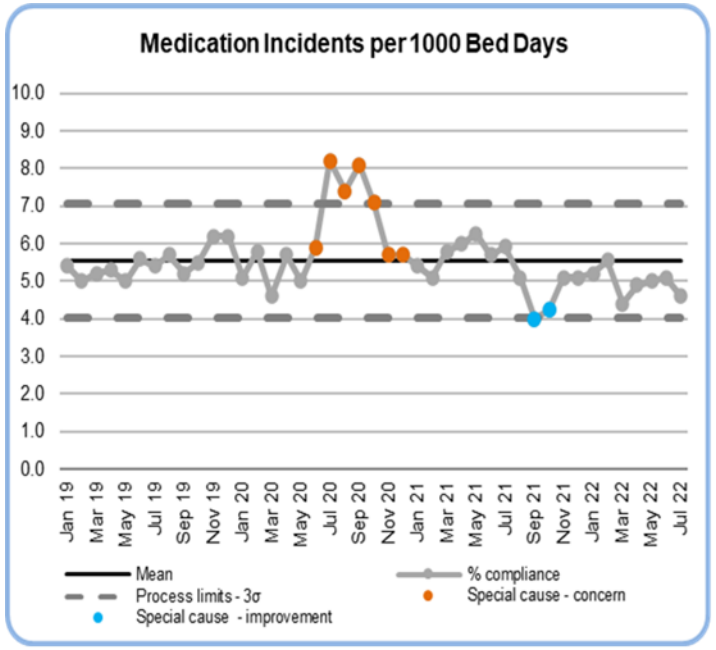
What does the data tell us?

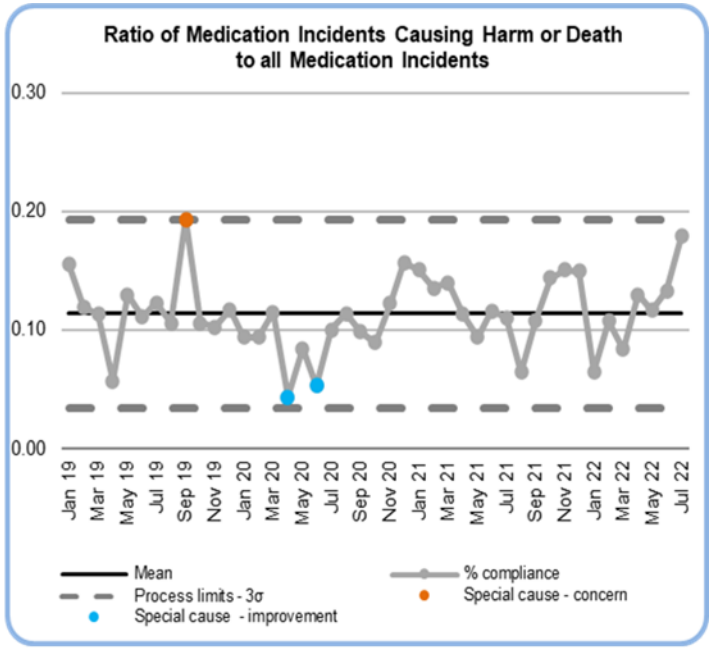
In June, the rate of VTE Risk Assessments performed on admission was reported as 83.72%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The Trust change-over to a new Electronic Patient Record system (CareFlow) has contributed to the significant decline in performance seen, with access and training issues, along with data processing delays.

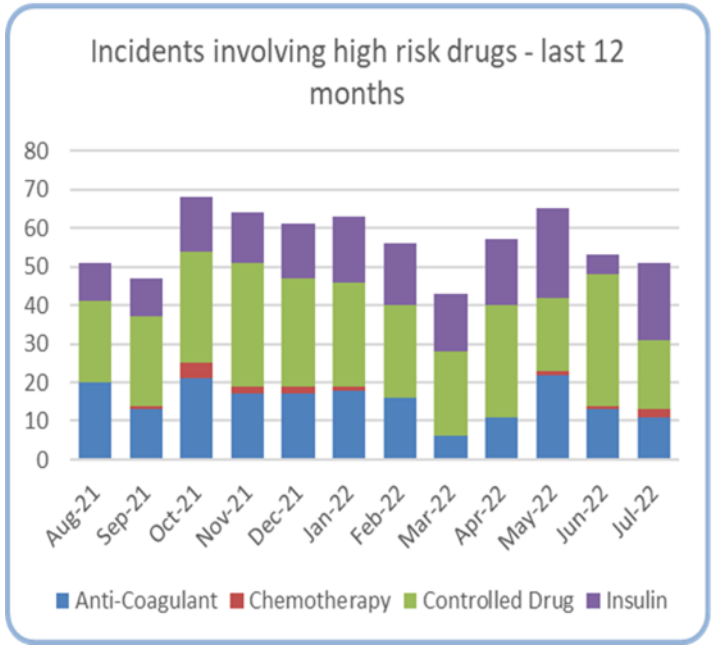
What actions are being taken to improve?

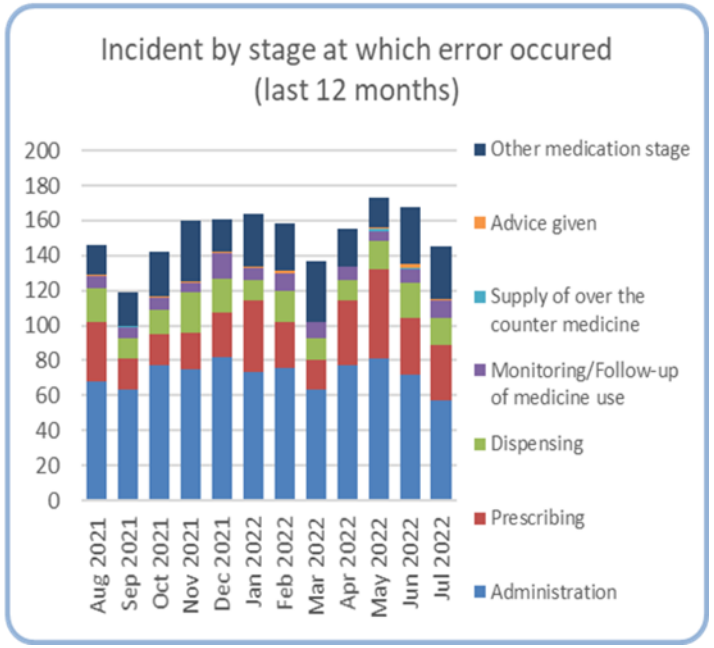
- CareFlow targeted training for medical staff is being explored by the VTE team, along with ensuring all clinical staff have access for checking VTE risk assessment completion
- Data processing issues are being investigated and expected to have been corrected for reporting in September

Performance also reflects the impact of ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirms that actual completion of VTE risk assessment in those areas reviewed is better than reflected by the data but still requires improvement. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing.









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During July 2022, NBT had a rate of 4.6 medication incidents per 1000 bed days. This is slightly below the 6 month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During July 2022, c.17.9% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.179). This is slightly above average seen over the last 6 months and is the highest value we have seen since July 2019. his can in part be explained by the fact that the total number of incidents reported this month is significantly lower than previous months but does require further investigation/analysis. This will be undertaken by the Medicines Safety Team going forward.

High Risk Medicines
During July 2022, c.35% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. As depicted in the graph here is a notable rise in the number of incidents involving Controlled Drugs – this is something which will be flagged to the Trust Controlled Drug Accountable Officer (Matt Kaye).

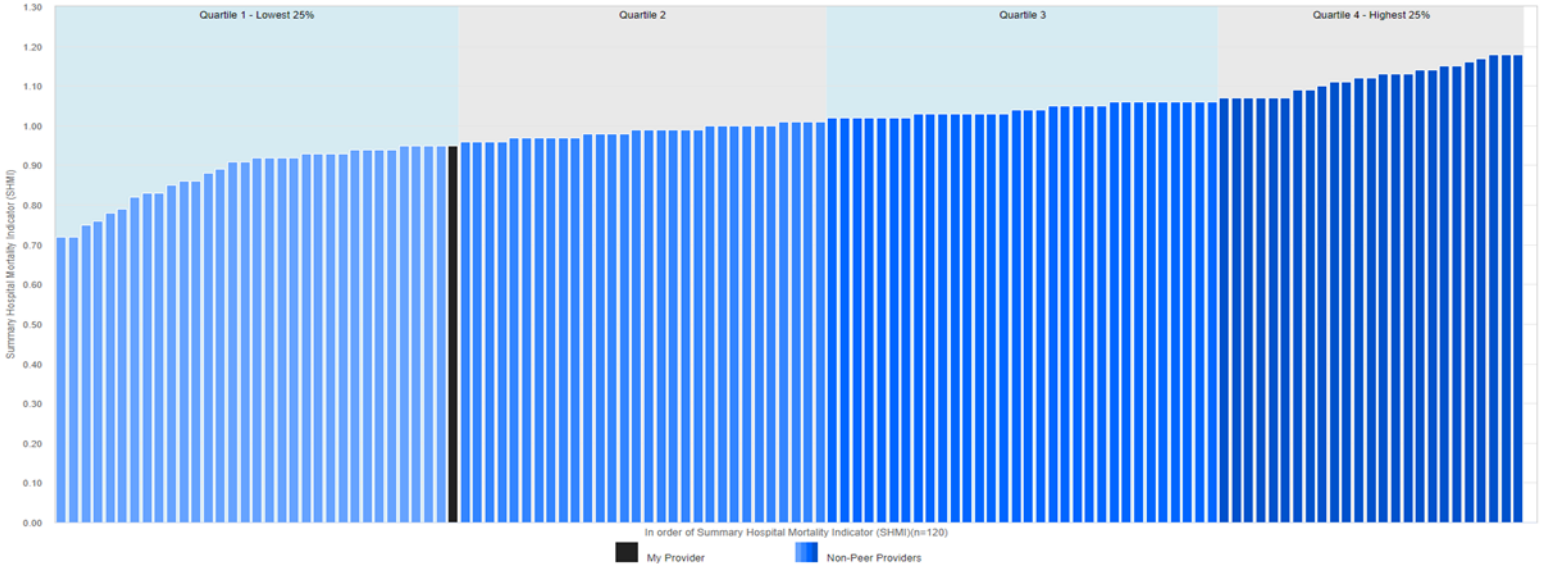
Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses will designate incidents as 'administration errors' even when the cause was unclear prescribing. 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.

Summary Hospital Mortality Indicator (SHMI), National Distribution

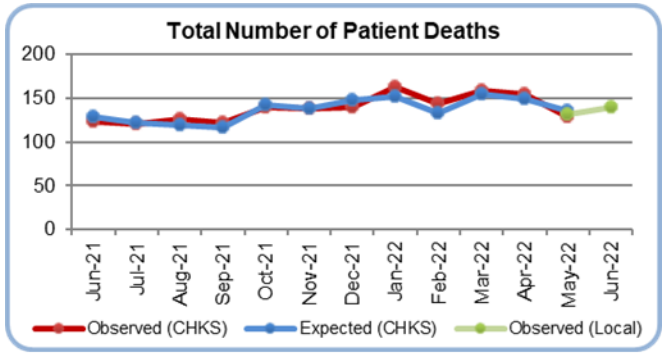


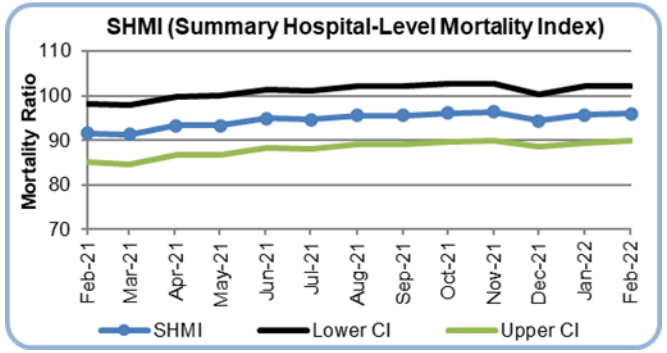
Mortality Review Completion

June 21 – May 22	Completed	Required	% Complete
Screened and excluded	233		
High priority cases	257		
Other cases reviewed	1460		
Total reviewed cases	1950	2065	94.4%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	3.9%	25.3%	39.7%	31.1%

Date of Death	June 21 – May 22
Scrutinised by Medical Examiner	1780
Referral to Quality Governance team	156





Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data
NBT is in the lowest quartile for SHMI at <0.9 when compared to the national distribution indicating a lower mortality rate than most other Trusts. Even though this has been rising throughout 2021 and into 2022 NBT is still presenting well below the national median.

Mortality Review Completion
The current data captures completed reviews from June 21 – May 22. In this time period 94.4% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all "High Priority" cases, 86% completed Mortality Case Reviews (MCR), including 22 of the 24 deceased patients with Learning Disability and 20 21 of the 27 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as 'high priority'.

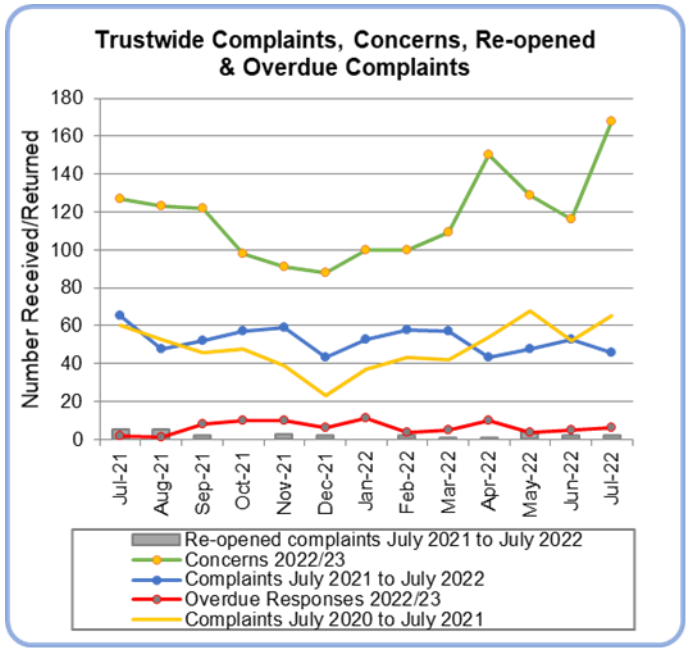
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

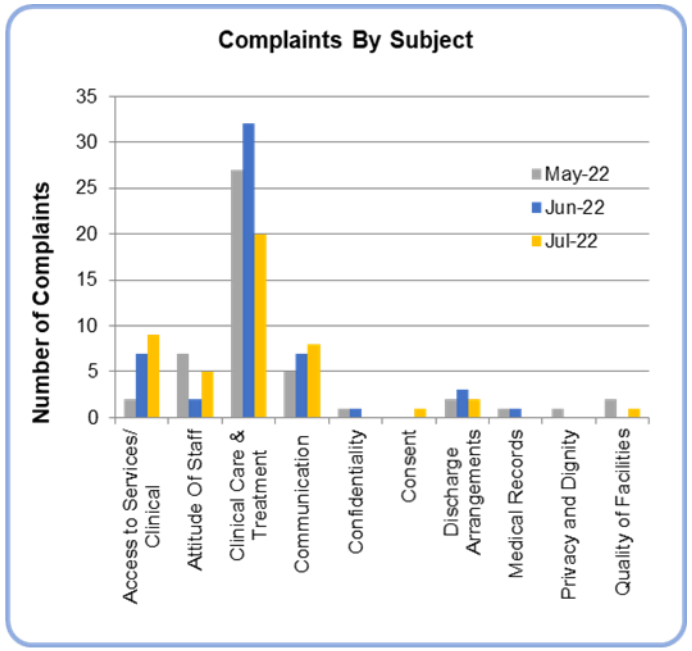
What actions are being taken to improve?

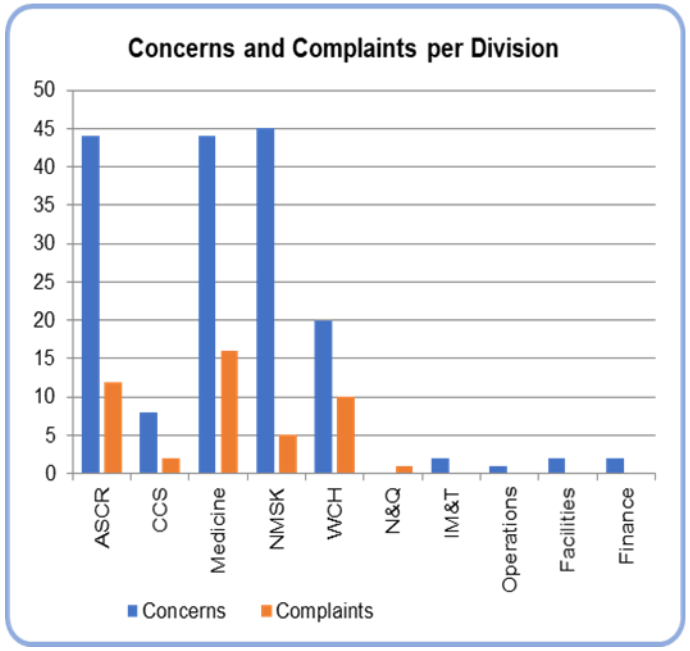
Dates have been agreed for CPD sessions held jointly between UHBW and NBT regarding learning from deaths and mortality review. The programme of work for the task group which will run along-side these sessions is being finalised with the aim to commence in the Autumn.

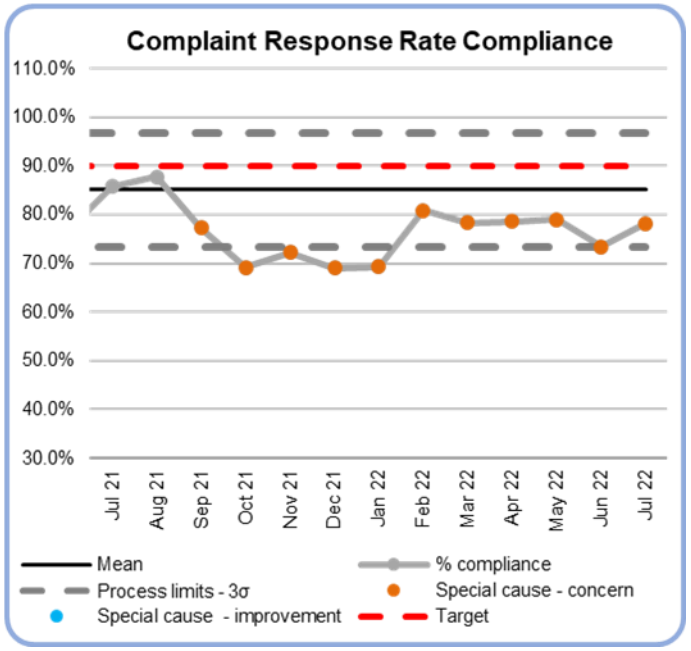
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In July 2022, the Trust received 46 formal complaints, 7 fewer than the previous month and 19 fewer than the same period last year. The most common subject for complaints is 'Clinical Care and Treatment'. There continues to be an increase in complaints regarding 'Access to Services-Clinical' and 'Communication'.

There were 2 re-opened complaints in June, 1 for ASCR and 1 for Medicine.

The 46 formal complaints can be broken down by division: (the previous month's total is shown in brackets)

ASCR	12 (19)	CCS	2 (0)
Medicine	16 (14)	NMSK	5 (10)
WCH	10 (10)	Nursing & Quality	1 (0)

The number of PALS concerns received by the Trust has peaked in July at 168. The number of enquiries has decreased from 106 in June to 84 in July.

The response rate compliance for complaints has improved in July to 78.2%. The number of overdue complaints remains high at 6. This month, at the time of reporting there are 2 overdue complaints in Medicine, 2 in NMSK and 2 in ASCR. Last month the overdue complaints were in CCS, WaCH and Medicine

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement are still in place in ASCR and Medicine. These will be extended beyond July. ASCR had done well to maintain its trajectory however in July this slipped due to sickness absence in the team. Medicine continues to struggle to meet its trajectory but is taking slow steps forwards in terms of engaging teams and understanding of the complaints process within their division.

Well Led

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

Well Led Introduction

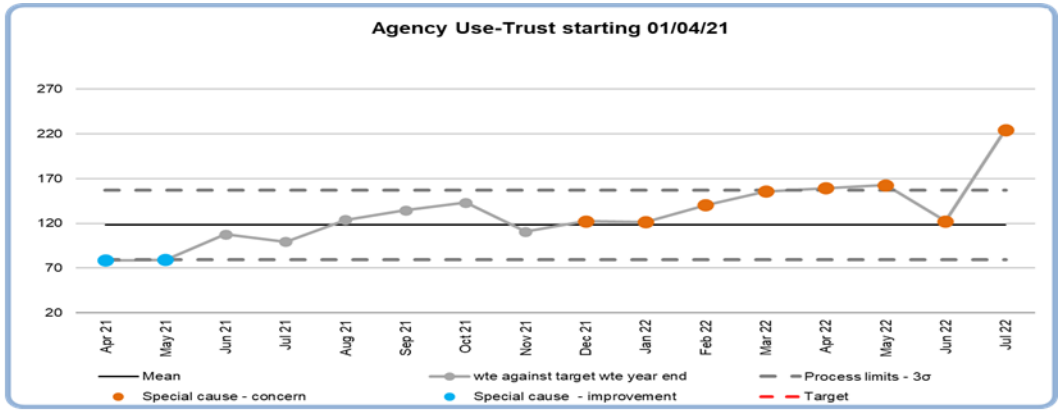
Vacancies
Trust vacancy factor increased from 8.07% in June to 8.66% in July. This was driven by a decrease in staff in post from 7971.70 WTE in June to 7954.00 WTE in July. Additional professional scientific and technical and registered nursing and midwifery saw the largest increases in vacancy rates, with changes of 9.47% to 11.48% and 8.60% to 10.48% respectively.

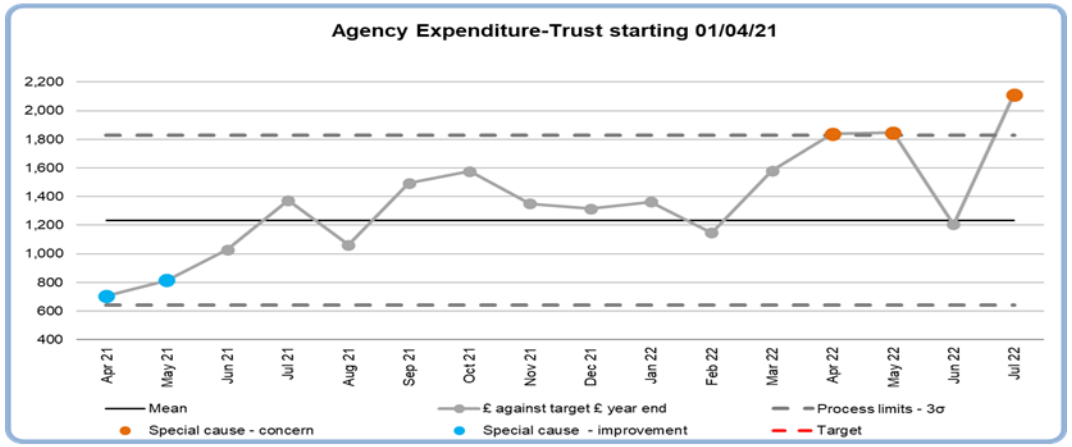
Turnover
NBT's Rolling 12-month staff turnover increased from 17.41% in June to 17.57% in July. Administrative and clerical and medical and dental saw the largest increases in turnover from June to July; 20.38% to 21.38% and 7.91% to 8.77% respectively.

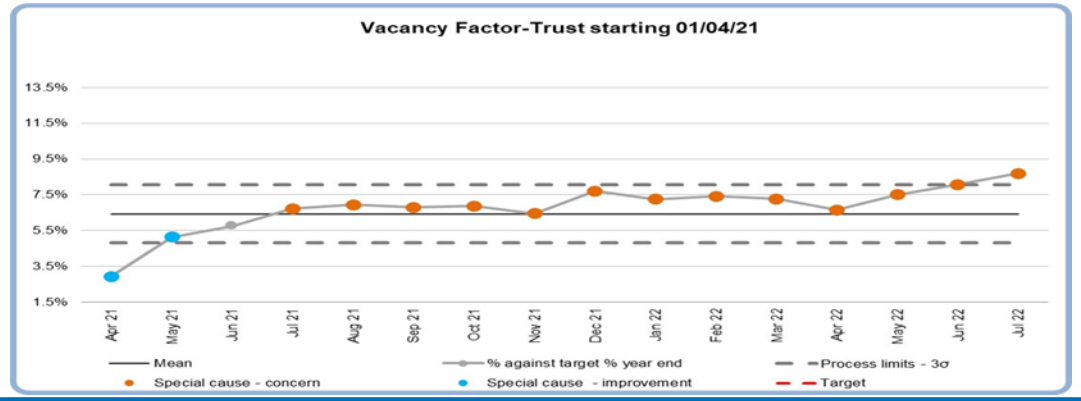
Prioritise the wellbeing of our staff
Rolling 12month sickness absence increased from 5.22% in June to 5.44% in July. In terms of causes of absence, infectious Diseases (which includes COVID-19) saw an increase of 1528.97fte days lost (30.97%)

Continue to reduce reliance on agency and temporary staffing
Temporary staffing demand increased by 15.66% (163.05 wte) from June to July, however bank hours worked increased at a lower rate +6.78% (40.41wte), while agency use increased, +20.79% (32.69 wte), driven by higher registered nursing and midwifery use. As a result of the increased demand, unfilled shifts increased by 31.21% (89.96wte), this was predominantly seen in registered nursing & midwifery and unregistered nursing & midwifery. Total agency RMN use saw a increase of 21.74% (8.67 wte), with tier 4 RMN use increasing by 5.17wte (50.48%). Current review of booking reasons in progress to provide greater depth of understanding of drivers of RMN use.

Theme	Action	Owner	By When
Vacancies	Health care support worker assessment centres to continue at an enhanced level. Trust participated in a system led recruitment event and NBT have 197 HCSW offers currently in processing. WTE to be confirmed once all in place. Starters will be throughout July, August & September.	Head of Resourcing	Sep-22
Temporary Staffing	Review of bank and overtime data to understand uptake of incentive offiers in detail working with stakeholders including divisional directors of nursing and midwifery aimed at designing incentives to increase participation in a sustainable way.	Director of People	Aug-22
Turnover	Analysis of ESR and exit survey data has identified trends for reasons for leaving. Undertaking further analysis to identiifywhich groups/areas are most affected, to ensure efforts and follow-up actions are appropriately targeted. Trust-level actions including development of agile working principles and policy; review of relocation and expenses policy; and access to career coaching being developed.	Head of People	Oct-22
Turnover	Focus groups with administrative and clerical staff to understand drivers of increased leaver rates in this area.	Head of People	Aug-22
Staff Engagement	Quarterly Staff Survey now live, team continue to monitor and encorage engagement through the divisions.	Head of People Strategy	Aug-22







What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

We have continued a program of recruitment for unregistered nursing roles in July despite the large numbers still going through checks from the Mass recruitment event.

We made 31 additional offers for unregistered staff in July. Staff Development also added 24 HCSWs to this year's cohort of Trainee Nursing Associates.

Starters for unregistered staff in July were 20.64 Leavers were 15.09

Mass event HCSWs continue to have checks processed. 17 started in July and we still have 159 going through checks. 38 already have start dates confirmed for August and the dropout rate continues to be very low.

Registered Nursing

Applications to the Trust remain strong and we offered 38 Band 5 candidates' roles in July.

We welcomed 6 new starters in July. Our leavers were 24.59

In July we attended 1 external General Jobs fair this month meeting over 100 jobseekers in Bristol and promoting NBT as large employer.

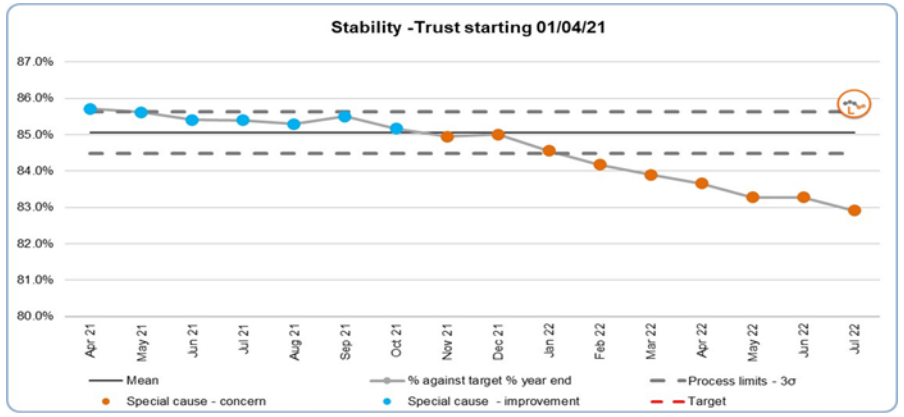
We returned to our Face-to-face Nursing open days and made 3 offers to candidates visiting us on the 22nd July

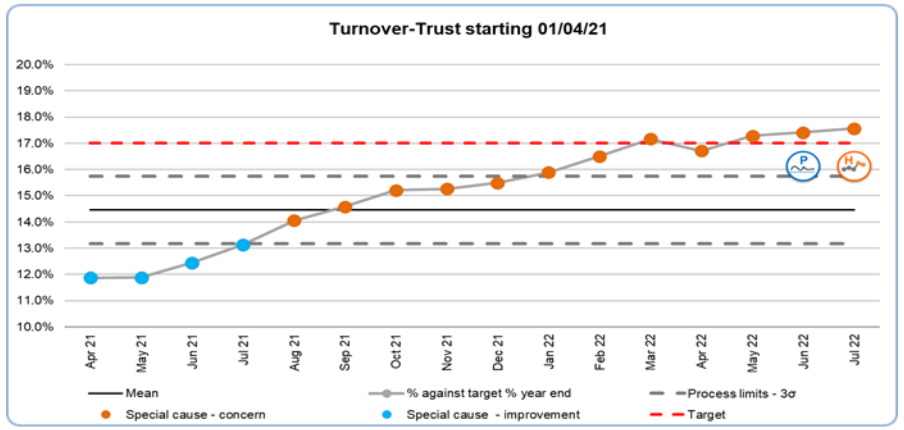
We also held and hosted our 1st multi-disciplinary jobs fair for Stroke careers in partnership with Sirona. We had 49 candidates attend of the day and we offered 16 of the 23 candidates interviewed on the day.

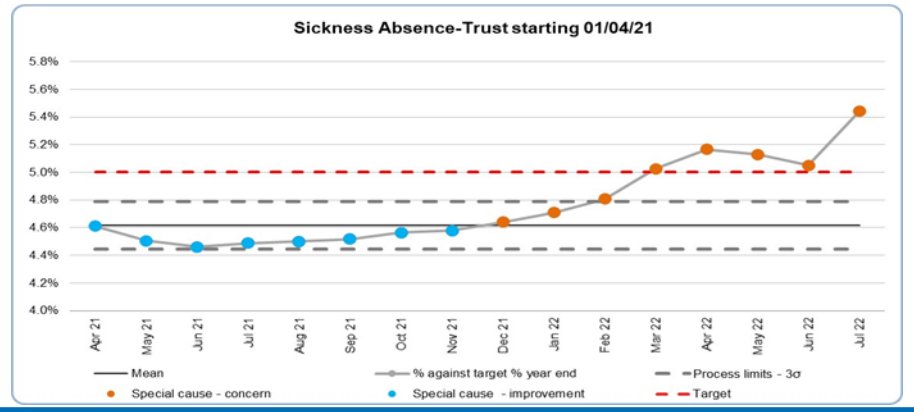
Temporary Staffing

- Demand rose by 1,100 shifts from the previous month and Bank supply remained stable which resulted in the increase in agency supply and expenditure. Tier 1 agency fulfilment increased slightly, as did Tier 4 to work to meet the increase in demand.
- Unfilled shifts increased from 36% to 43%, although Allocate on Arrival continues to help support operational gaps daily.
- Implementation of an updated Bank recruitment campaign for all staff groups started via social media

Engagement and Wellbeing







What Does the Data Tell Us - Turnover and Stability

The biggest increase in turnover this month is attributed to Admin and Clerical and Medical staff.

Actions delivered: (Associate Director of People)

- All Admin and Clerical leavers are now proactively contacted by the People Team once their resignation is known, to talk through their reasons for wishing to resign, with a view to sorting any issues if possible or at least to gain and understanding of their reasons for leaving
- Details of leavers in Facilities are passed from the People Partner to People Team staff so that 1:1 conversations can be offered to them (they do not make as much use of the electronic leaver's questionnaire as other staff groups)
- Feedback and responses from both these staff areas are being recorded to supplement the rest of our leaver's data

Actions in Progress:

- Promote protected time for staff to complete the Exit Questionnaire - **over next 6 months**
- Focussed and targeted promotion of 'Itchy Feet' and 'Process for Leaving' pages on LINK - **June 22 – September 22** (September a month when turnover tends to increase)
- Continue the focus on agile working at NBT, including development of a revised Agile Working Policy and toolkit **(August – October 22)**
- Further development of career coaching for all staff, with an initial focus on N&M, AHPs and admin staff in response to leaver's data which cites reasons for leaving linked to promotion and career progression (August – October 22)
- Development of 'Legacy mentoring' at NBT, aiming to utilise the extensive knowledge, skills and experience of older staff who are winding down/planning retirement, to support newer, less experienced staff members (August – October 2022)
- Commencing the 'settling in discussions' pilot when new cohort of HCSW start in post **(August – October)**

What Does the Data Tell Us - Health and Wellbeing

June saw an increase in sickness absence from the May 22 position. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence alongside COVID sickness.

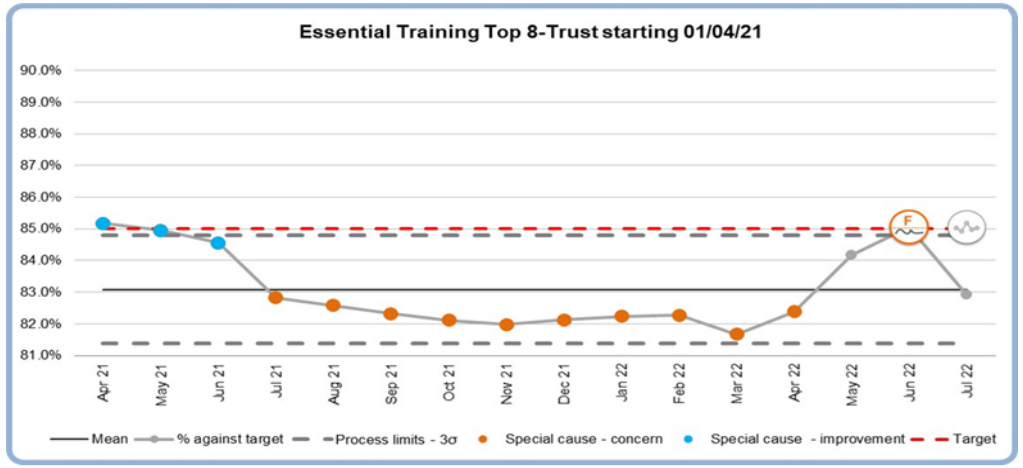
Actions Delivered: (Associate Director of Culture, Leadership & Development)

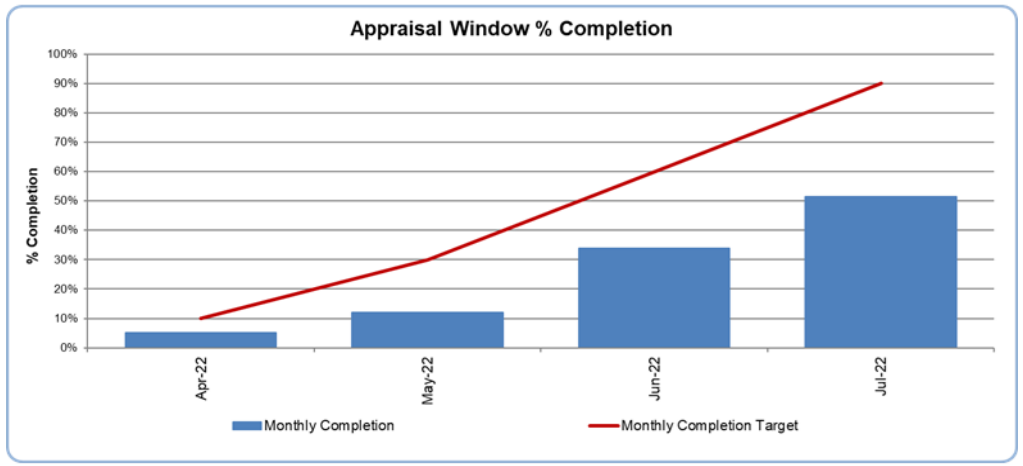
- First formalised sickness management training session for Speciality Leads took place in July
- Actions taken to ensure that those staff off sick with Long COVID will transition back onto normal sick pay from September, in line with National Terms and Conditions, and are supported through their on-going absence
- New Trust-wide Wellbeing Taskforce set up and number of proposals endorsed subject to Executive Team sign-off: Divisional Reward & Recognition Fund; Environmental Improvement Fund; Menopause support programme; improvements to rest areas and pilot of a Calm Bus in November.

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

- Programme of activities planned in September to highlight importance of male mental health: visit from The Lions Barber Collective (12th September), and a book signing event by a local author, Amanda Prowse (2nd September).
- Work underway to prepare for launch of 2022 National Staff Survey, including communicating actions delivered as a result of feedback in 2021.
- Paper to August Trust Board entitled 'managing staff through turbulent times' to propose expansion of financial wellbeing offer to staff.
- Work underway to develop and provide better managerial support and guidance for disabled staff, including the development of new 'Reasonable Adjustment' guidance

Essential Training





Training Topic	Variance	Jun-22	Jul-22
Child Protection	-4.4%	85.8%	81.4%
Adult Protection	-0.8%	81.6%	80.8%
Equality and Diversity	-2.1%	86.1%	84.0%
Fire Safety	0.4%	84.1%	84.6%
Health and Safety	-1.9%	85.4%	83.4%
Infection Control	-9.0%	94.4%	85.5%
Information Governance	0.0%	81.7%	81.6%
Manual Handling	-2.9%	83.0%	80.0%
Waste	1.8%	82.6%	84.4%
Total			

What Does the Data Tell Us - Essential Training

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

With the LEARN platform now fully implemented, we are seeing MaST compliance increase, however, there has been an exception in August as the average has gone from 84.9% in July to 82.8% in August. This is thought to be primarily due to the number of mass DR starts in August. We expect to see a large increase in completions for September.

Actions – Essential Training (*Head of Learning and Organisational Development)*

In August, we further embed the actions below to achieve the 85% Stat Man compliance:

- Encouraging Line Managers to check weekly the Stat Man Compliance data for their teams utilising the 'My Team' report and continuing to promote completion of Stat Man through Operational Communication channels and agenda items on Executive Management meetings
- Following feedback from People Partners, HW is going to send a monthly division breakdown report to People Partners to cascade.
- Worked with Medical recruitment to ensure all new doctors are on ESR a head of start date to ensure access to MsST within first week of starting.

Other Wider Actions

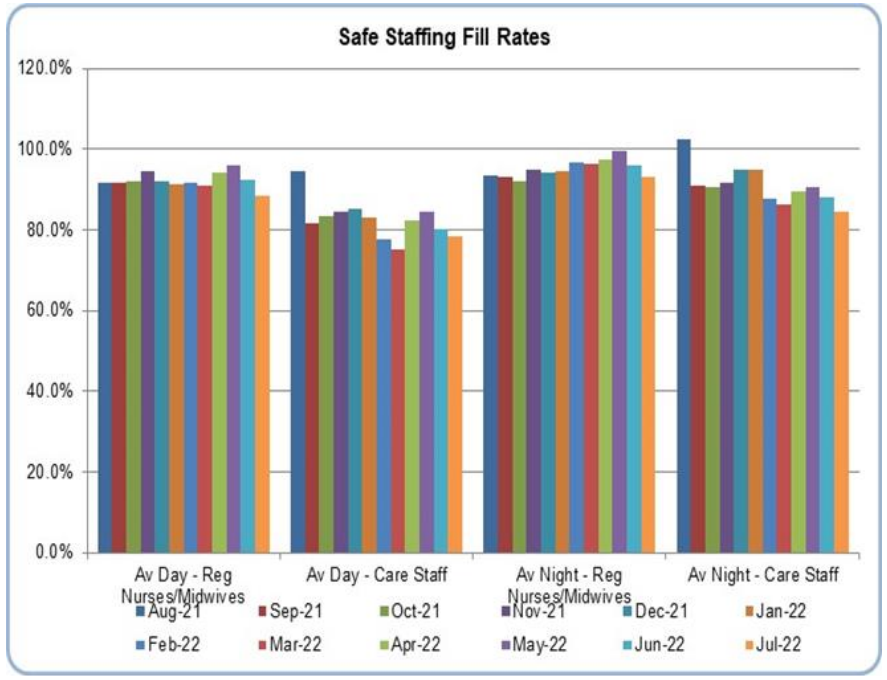
Leadership & Management Learning

- ILM Level 2 Award in Leadership and Team Skills (the second cohort of this year) commenced in July with 10 attendees
- July has seen the successful completion of another 2 learning modules for the Specialty Lead Programme – Compassionate Leadership and Sickness, Absence and Wellbeing, which like the previous two modules received great feedback. The programme pauses for August and continues again in September with 2 modules running per month. The scoping and design for the next module, Digital Leadership, is underway.
- OD intervention requests have been rising, and the Leadership Development team are exploring team training in this area to meet the needs and demands of Divisions.

Apprenticeships

- The Trust continues to maintain the delivery of its Apprenticeship programmes. NBT currently has 510 live apprentices (339 of these are completing with NBT – 171 with external providers)
- Apprenticeship success for the Training centre in a really good position for P21 21/22 – 72.9% (HCSW L2&3, TL, BA & CS

Safe Staffing



Jul-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	88.5%	78.4%	92.9%	84.5%

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.

What Does the Data Tell Us

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting, and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022, 197 HCSW have been offered a role with NBT and are expected to commence employment over the new few months. While the recruitment processes complete, we are introducing additional temporary staffing initiatives with an expansion on our NBT Extra Allocate on Arrival to include Divisional Allocate on Arrival bookings. All areas safe staffing maintained through daily staffing monitoring and supplementing with Registered and unregistered staff as required

Wards below 80% fill rate for Registered Staff:

- 33b (75% Day) staffing supplemented with redeployed RNs and HCSW
- 37 ICU (78.% Day) staffing deployed to meet acuity of patients and needs of the service
- Medirooms (75.2% Day) vacancies, staffing deployed as required to meet patient needs across the service
- 7b (Day 71%)) staffing supplemented with redeployed RNs and HCSW
- Mendip Ward (Night 79.1%) vacancies, staffing deployed as required to meet patient needs across the service
- Percy Phillips Ward (63.8% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold (Day 55.3%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (77.6% Day / 31.5% Night) vacancies, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

- 9a (74.3% Day) Unregistered staff vacancies and absence
- 32a (76.9% Day) Unregistered staff vacancies and absence
- EEU (61.7% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 9b (67.1% Day) Unregistered staff vacancies and absence
- 28a (Day 78.8% / 70.9%Night) Unregistered staff vacancies and absence
- 9b (Day 67.1%) Unregistered staff vacancies and absence
- Gate 31 AMU (48.9% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 27a (Day 74.1%) Unregistered staff vacancies and absence
- 34a (73.7% Day / 76.7% Night) Unregistered staff vacancies and absence
- 28b (Day 71%) Unregistered staff vacancies and absence
- 34b (Day 63.1% / 67.4% Night) Unregistered staff vacancies and absence
- 32b (Day 78.14%) Unregistered staff vacancies and absence
- Medirooms (Day 79.4% / 64.7% Night) Unregistered staff vacancies
- 26b (74.2% Day) Unregistered staff vacancies staffing
- 7a (Day 76%) Unregistered staff vacancies and absence
- NICU (30.1% Day / 35.5% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring
- CDS (Day 73.2% / 78.7% Night) vacancies and absence, staffing deployed as required to meet patient needs across the service
- Quantock (79.6% Day) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips Ward (67% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold (Day 68.9%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (47.2% Night) vacancies, staffing deployed as required to meet patient needs across the service

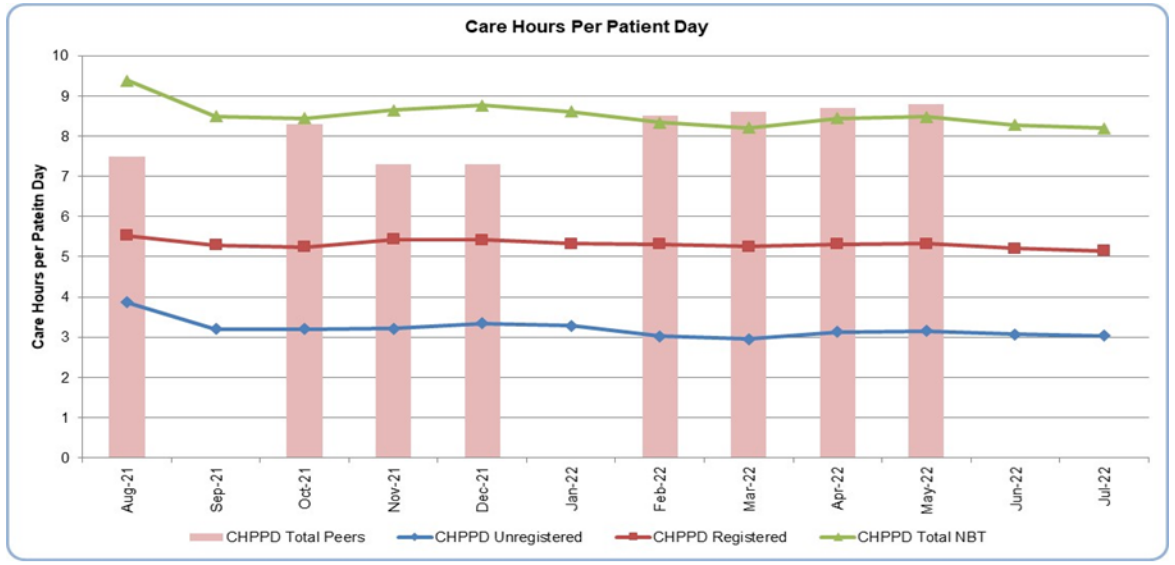
Wards over 150% fill rate for Registered Staff:

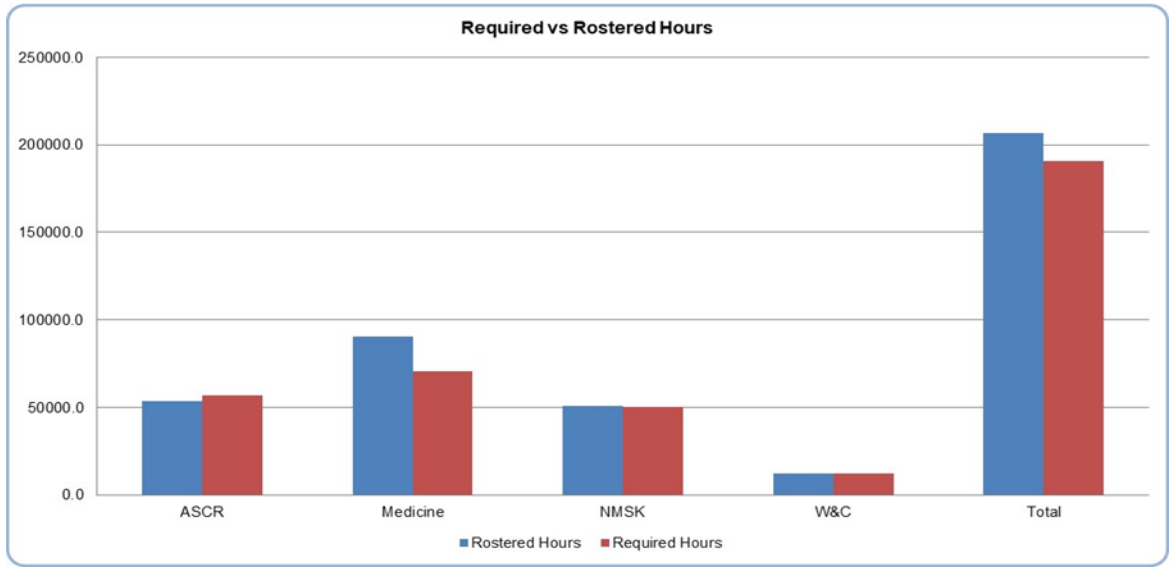
- EEU (157.7% Night) RMN enhanced supervision for patients

Wards over 150% fill rate for Care Staff:

- 33a (227.1% Night) enhanced supervision for patients
- 25a (123.2% Night) enhanced supervision for patients

Care Hours





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

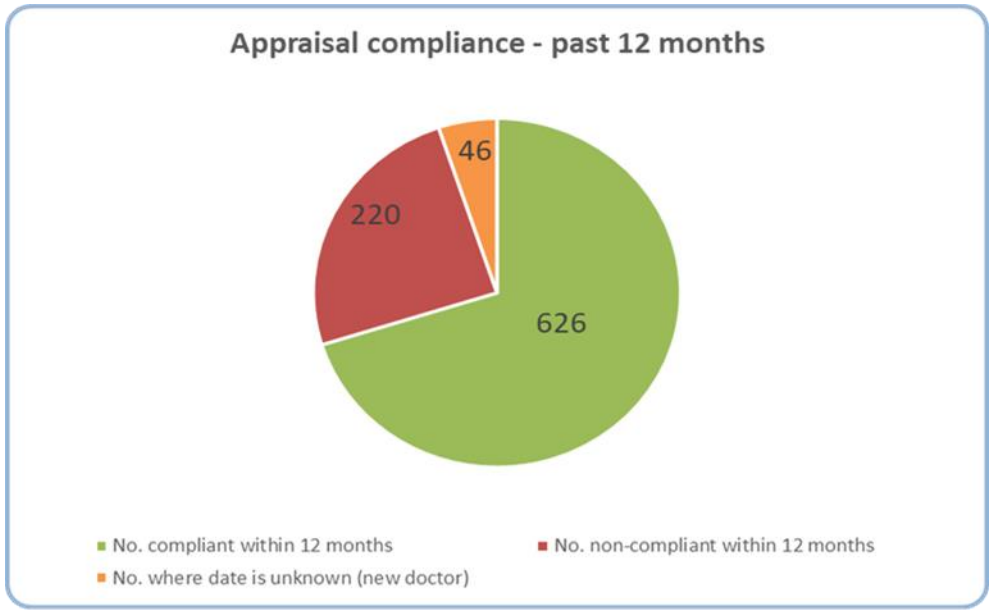
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

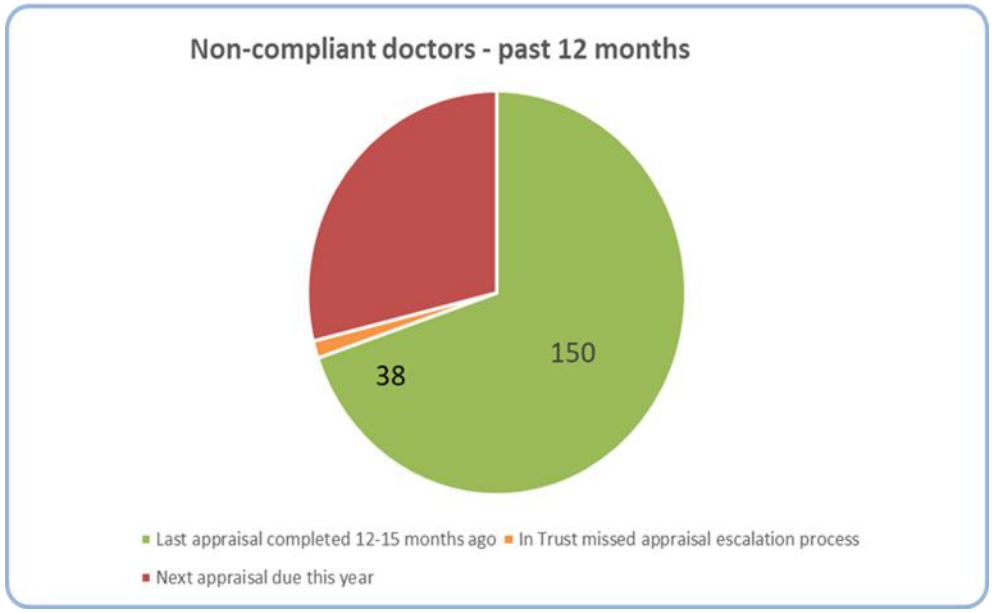
Safe Care Live (Electronic Acuity Tool)

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.

Medical Appraisal





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.

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

Statement of Comprehensive Income at 31 July 2022

	Month 4			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	59.5	62.1	2.6	232.4	235.5	3.1
Other Income	3.5	6.6	3.1	24.7	26.1	1.4
Pay	(38.7)	(42.2)	(3.5)	(158.5)	(163.0)	(4.5)
Non-Pay	(24.9)	(27.3)	(2.4)	(103.1)	(106.8)	(3.7)
Surplus/(Deficit)	**(0.6)**	**(0.7)**	**(0.1)**	**(4.6)**	**(8.3)**	**(3.7)**

Assurances

The financial position to the end of July 2022 shows the Trust has delivered a £0.7m adverse position against a £0.6m planned deficit which results in a £0.1m adverse variance in month, with a £3.7m adverse variance year to date.

Contract income is £2.6m favourable in month and £3.1m favourable year to date. The in-month position is driven by the recognition of £2.6m of ESRF funding as there will be no clawback process for non-delivery in M1-6. The Trust-wide contract income position has been set to the expected block amount except for variable items (e.g. high-cost drugs).

Other Income is £3.1m favourable in month and £1.4m 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 and when removed shows Other Income to be £0.7m adverse to plan which is driven by reduced HEE funding and CCS Cellular Pathology

Pay expenditure in July is £3.5m adverse in month and £4.5m adverse year to date. The Trust has seen overspends in Clinical Divisions for Consultant, Other Medical and Nursing due to bank and agency spend, sickness, and continued RMN usage in Medicine.

Non-pay expenditure in July is £2.4m adverse and £3.7m adverse year to date. increased spend on drugs (offset in contract income), medical supplies, unidentified CIP and an increased spend on renal consumables in ASCR with the move to home delivery.

Statement of Financial Position at 31st July 2022

	21/22 M12 £m	22/23 M03 £m	22/23 M04 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	607.3	609.0	1.6	4.0
Intangible Assets	13.7	12.6	12.5	(0.1)	(1.2)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**621.4**	**622.9**	**1.5**	**2.7**
Current Assets					
Inventories	9.1	9.2	9.2	0.1	0.1
Trade and other receivables NHS	19.0	29.3	27.4	(1.9)	8.4
Trade and other receivables Non-NHS	20.5	24.0	26.9	3.0	6.4
Cash and Cash equivalents	116.2	98.0	96.6	(1.4)	(19.6)
Total current assets	**164.8**	**160.5**	**160.2**	**(0.3)**	**(4.7)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	8.8	10.4	1.5	(0.3)
Trade and Other payables - Non-NHS	102.6	97.1	99.2	2.2	(3.3)
Deferred income	16.4	23.0	22.3	(0.7)	5.9
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	4.1	4.1	0.0	2.0
Total current liabilities	**147.0**	**148.6**	**151.6**	**3.1**	**4.7**
Trade payables and deferred income	7.1	7.7	7.6	(0.0)	0.6
PFI liability	359.3	356.5	355.7	(0.8)	(3.6)
Finance lease liabilities	2.0	7.0	6.7	(0.3)	4.7
Total Net Assets	**269.7**	**262.2**	**261.4**	**(0.8)**	**(8.3)**
Capital and Reserves					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(7.5)	(8.3)	(0.8)	(9.3)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**262.2**	**261.4**	**(0.8)**	**(8.3)**

Assurances and Key Risks

Capital – Total capital spend for the year to date was £5.9m, compared to plan of £7.2m. The total planned spend for the year is £22.1m. The Capital Planning Group is confident that the Trust will meet it's planned full-year expenditure.

Receivables - There was an increase of £14.8m in receivables. £5.2m relates to income from commissioners, which is linked with recognition ESRF income and accruals for variable element of the contract. The reminder of the value was mostly due to changes Mass Vaccination accruals (£2.5m), prepayments (£3.9m).

Cash – The cash balance decreased by £19.6m for the year to date (£1.4m in-month) due to year-to-date deficit, reduced receipts, linked with changes in receivables, and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 year end capital creditor and an increase in prepayments. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables - Year to date NHS payables have reduced by £0.3m for the year to date because of clearing invoiced creditors post year end.

Deferred income - The year to date increase of £5.9m in deferred income, of which £3.6m is linked with timing of funding received from HEE and research, £1.8m represents deferral of contract income for delayed service developments.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at August 2022 - Self-assessed, for submission to NHS

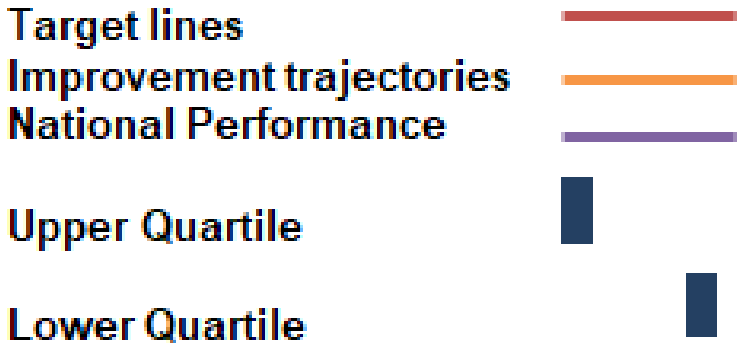
NHS North Bristol NHS Trust

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

Appendix 1: General guidance and NBT Quality Priorities

Unless noted on each graph, all data shown is for period up to, and including, 31 July 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

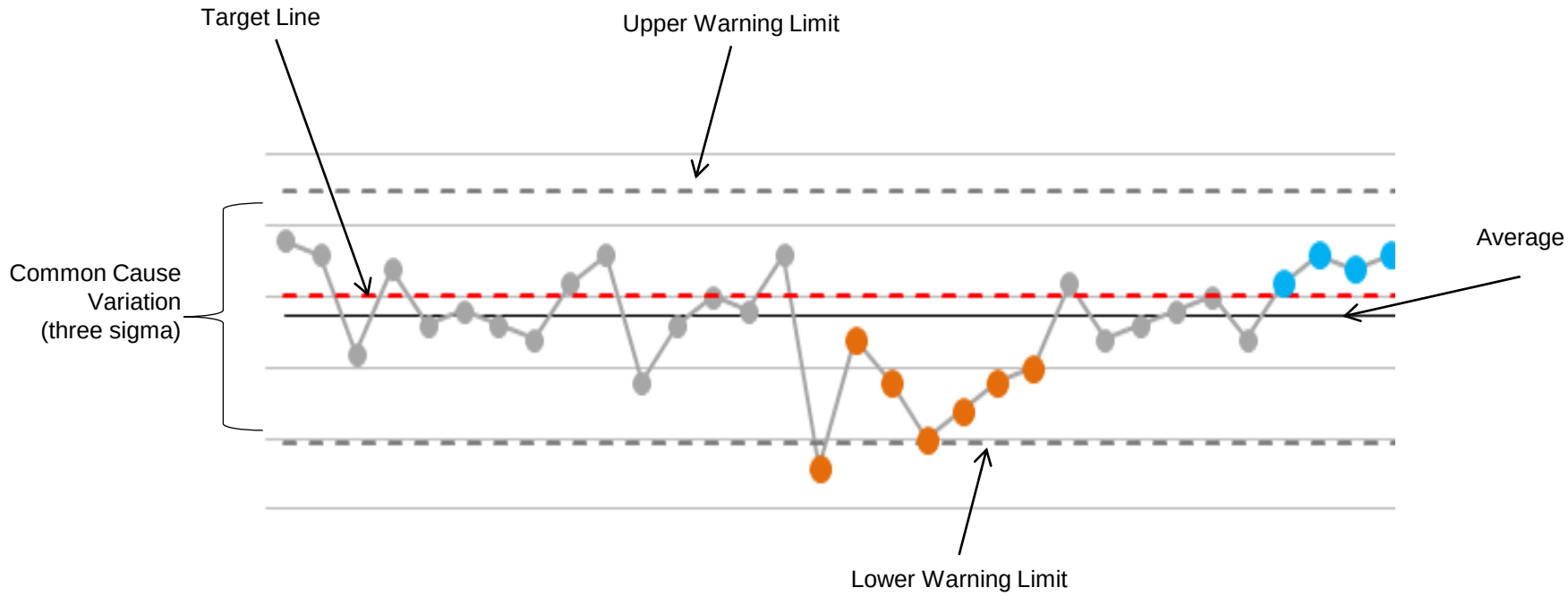
Appendix 2: Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to Assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing

IA	Industrial Action
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis

SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 3: Statistical Process Charts (SPC) Guidance



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