






















North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

December 2022 (presenting November 2022 data)



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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-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%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%		47.43%	2/10
	A&E 12 Hour Trolley Breaches	R	0	-	59	20	295	367	449	360	176	297	304	57	261	482	433		4-1233	4/10
	Ambulance Handover < 15 mins (%)		65.00%	-	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%			
	Ambulance Handover > 60 mins		0	-	664	645	827	684	681	538	430	527	486	364	439	672	778			
	Average No. patients not meeting Criteria to Reside			-	250	248	295	304	302	301	317	280	349	395	368	381	378			
	Bed Occupancy Rate			96.37%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%			
	Diagnostic 6 Week Wait Performance		1.00%	26.76%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%		32.09%	7/10
	Diagnostic 26+ Week Breaches		0	228	1264	1341	1617	1767	2160	2498	2690	2761	2753	2842	3044	2755	2817			
	RTT Incomplete 18 Week Performance		92.00%	-	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%		56.39%	2/10
	RTT 52+ Week Breaches	R	0	2816	2128	2182	2284	2296	2242	2454	2424	2675	2914	3131	3087	3062	2980		24-11551	3/10
	RTT 78+ Week Breaches	R		254	497	469	501	511	458	491	473	443	439	441	394	375	319		0-1532	3/10
	RTT 104+ Week Breaches	R		48	138	158	184	177	96	71	48	34	32	33	30	27	17		0-271	7/10
	Total Waiting List	R		37977	37297	37264	37210	38498	39101	39819	40634	42326	46900	48766	49025	48871	47418			
	Cancer 2 Week Wait	R	93.00%	54.14%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	-		66.18%	9/10
	Cancer 31 Day First Treatment		96.00%	91.13%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	-		92.82%	8/10
	Cancer 62 Day Standard	R	85.00%	68.77%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	-		52.44%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	68.24%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	-		63.75%	9/10
	Cancer PTL >62 Days		242	345	663	899	781	528	472	641	689	555	667	858	529	328	329			
	Cancer PTL >104 Days		0	50	108	140	197	135	167	133	161	134	172	147	123	63	47			
	Urgent operations cancelled ≥2 times		0	-	2	2	2	0	0	0	1	1	1	1	2	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.

Performance Scorecard

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	
	Caesarean Section Rate				39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	
	Still Birth rate			0.40%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	
	Induction of Labour Rate			32.10%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	
	PPH 1500 ml rate			8.60%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	
	Never Event Occurrence by month		0	0	0	1	0	0	0	1	1	0	0	0	0	0	2	
	Commissioned Patient Safety Incident Investigations				1	1	5	1	3	4	3	1	1	1	-	-	7	
	Healthcare Safety Investigation Branch Investigations				-	-	1	-	1	1	-	1	1	1	-	-	4	
	Total Incidents				997	1014	1332	1170	1311	1210	1128	1189	1334	1276	1139	1249	1207	
	Total Incidents (Rate per 1000 Bed Days)				35	35	46	44	44	42	37	41	45	41	37	40	39	
	WHO checklist completion			95.00%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.39%	98.08%	97.58%	97.53%	97.21%	
	VTE Risk Assessment completion	R		95.00%	93.84%	94.55%	93.80%	93.99%	92.63%	93.44%	93.42%	93.78%	90.81%	90.18%	90.25%	89.56%	-	
	Pressure Injuries Grade 2				12	16	16	19	18	19	19	14	25	16	17	14	19	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	1	1	0	0	0	2	2	
	Pressure Injuries Grade 4			0	0	1	0	1	0	0	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	
	Falls per 1,000 bed days				6.32	7.10	8.43	7.57	6.22	6.96	5.63	0.00	5.91	6.90	7.20	7.25	6.35	
	#NoF - Fragile Hip Best Practice Pass Rate				100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.97%	14.89%	-	
	Admitted to Orthopaedic Ward within 4 Hours				40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	-	
	Medically Fit to Have Surgery within 36 Hours				100.00%	80.95%	69.05%	62.50%	66.67%	48.89%	48.07%	48.15%	27.27%	52.17%	22.41%	21.28%	-	
	Assessed by Orthogeriatrician within 72 Hours				100.00%	90.48%	73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	50.00%	27.66%	-	
	Stroke - Patients Admitted				85	73	103	67	78	92	105	40	85	68	72	65	48	
	Stroke - 90% Stay on Stroke Ward			90.00%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	45.95%	30.16%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	-	
Quality Caring & Experience	MRSA	R	0	0	0	0	0	0	4	0	1	1	-	0	0	0	0	
	E. Coli	R		4	3	2	6	1	5	5	1	4	3	3	2	2	5	
	C. Difficile	R		5	1	6	6	1	6	7	4	5	3	3	4	1	4	
	MSSA			2	0	5	3	2	2	1	2	2	0	1	8	3	8	
	Friends & Family - Births - Proportion Very Good/Good				91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	
	Friends & Family - IP - Proportion Very Good/Good				92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	
	Friends & Family - OP - Proportion Very Good/Good				94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	
	Friends & Family - ED - Proportion Very Good/Good				74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	
	PALS - Count of concerns				86	100	102	111	150	150	129	116	168	154	151	142	143	
	Complaints - % Overall Response Compliance			90.00%	72.13%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	
Well Led	Complaints - Overdue				11	4	5	10	5	10	4	5	6	1	3	7	6	
	Complaints - Written complaints				52	58	56	43	56	43	48	53	46	62	64	77	69	
	Agency Expenditure ('000s)				1350	1314	1363	1147	1581	1838	1846	1205	2111	1726	1292	2616	1992	
	Month End Vacancy Factor				6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	
	Turnover (Rolling 12 Months)			17.00%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	
	Sickness Absence (Rolling 12 month)	R		4.84%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	
	Trust Mandatory Training Compliance				81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	

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Urgent Care

Four-hour performance improved by approximately 0.80%, reporting at 58.29% in November, and ranked second out of ten reporting AMTC peer providers. There was a decrease in the number of 12-hour trolley breaches but ambulance handovers delays over one hour increased. Four-hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients with No Criteria to Reside. In addition to this the Trust has been impacted by significant infection prevention and control restrictions. COVID-19 inpatients have quadrupled from Sept-22 to Nov-22 and there has been a significant rise in flu-related illnesses. In addition, outbreaks of Norovirus have resulted in bed closures. At one point in November, more than 30 beds were closed to admissions for IP&C reasons. 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 Criteria to Reside 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. The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A.

Elective Care and Diagnostics

The Trust has been successful in continuing to maintain clearance of zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved for a second consecutive month in November to 38.62% (6465 breaches); this improvement was due to both backlog and overall wait list reduction. It was not possible to report data for four of the nationally reportable modalities due to the transition to a new EPR system. The Trust is working towards achieving year-end NHS improvement targets across all modalities, but challenges remain in the >26-week waits for Endoscopy. This is driven by the size of the backlog from COVID-19, the rise in TWW urgent referrals taking precedence, and national rail strike action reducing insourcing activity. 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. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times; it is anticipated that the improvement seen in diagnostics performance will continue and will be followed by a similar improvement trend for 26-week performance in the coming weeks.

Cancer Wait Time Standards

There has been a period of sustained week-on-week improvement in PTL reduction since September. There were a number of movements in the October position for Cancer with improvement in 31-Day First Treatment standard to 90.39% (87.76% in September). 28-Day Faster Diagnosis Standard also improved, reporting at 42.88% in October up from 35.18% in September. TWW and 62-Day Standard performance deteriorated in October, reporting at 30.85% and 52.45% respectively. Instances of wait-related clinical harm remain undetected month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. The Trust is working closely with regional and national colleagues with a “deep-dive” visit carried out on the 31/10/22 – 01/11/22. The formal report highlighted 4 key themes for improvement: Governance, Pathways, Workforce and Space. The 30-day follow up visit took place in December with colleagues from the ICB; initial feedback is that they are satisfied that the action plan is progressing. South West region and national team have confirmed that NBT has been removed from Tier 1 status.

Quality

Within Maternity, staffing pressures continue to be challenging although the pipeline of new starters is improving and staffing vacancies are on a decreasing trajectory into next year. Learning 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). There were no MRSA cases reported in October and NBT remains below trajectory for C. Difficile cases. The reporting of and response to harm from pressure injuries and falls continues to reflect a positive safety culture within a challenged operational environment. A positive and sustained reduction in medication incidents has been seen. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts. The rate of VTE Risk Assessments performed on admission has fallen further below the national target of 95% compliance. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work and a number of specific steps agreed as outlined in this report. This has direct oversight from the CMO as a priority area.

Workforce

Trust vacancy factor decreased from 8.69% in October to 8.61% in November, with current vacancies at 766.31 wte. NBT's Rolling 12-month staff turnover increased from 17.17% in October to 17.32% in November. The Rolling 12 month sickness absence position remained stable from October to November at 5.49%, with additional clinical services and estates and ancillary staff groups continuing to be hotspots. Both temporary staffing demand and unfilled shifts decreased, by 6.96% (78.19wte) and 15.12% (-53.91wte) respectively.

Finance

The financial plan for 2022/23 at Month 8 (November) was a deficit of £6.2m. The Trust has delivered a £11.3m deficit, which is £5.1m worse than plan. This is predominately driven by the non-delivery of savings in the first eight months of the year and high levels of premium pay spend, including on agency and incentives, partially offset by slippage on service developments and investments. In month, the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. 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 8 for non-delivery. In BNSSG, this has been recognised in provider positions in month. The Trust completed a detailed forecast in September. At month 8 the Trust is in line with forecast against the year-to-date position. The Month 8 CIP position shows £3.7m schemes fully completed, with a further £3.1m schemes on track and £1.7m in pipeline. There is a £8.7m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this reduces to a £7.0m shortfall. Given the position at Month 8, the risks and mitigations impacting on the delivery for the year-end position have been reviewed. Cash at 30 November amounts to £100.5m; an in-month increase of £1.1m which is linked with receipt of pay award funding and reduction in payables. Total capital spend year to date was £15.9m compared to a plan of £14.5m.

Responsiveness

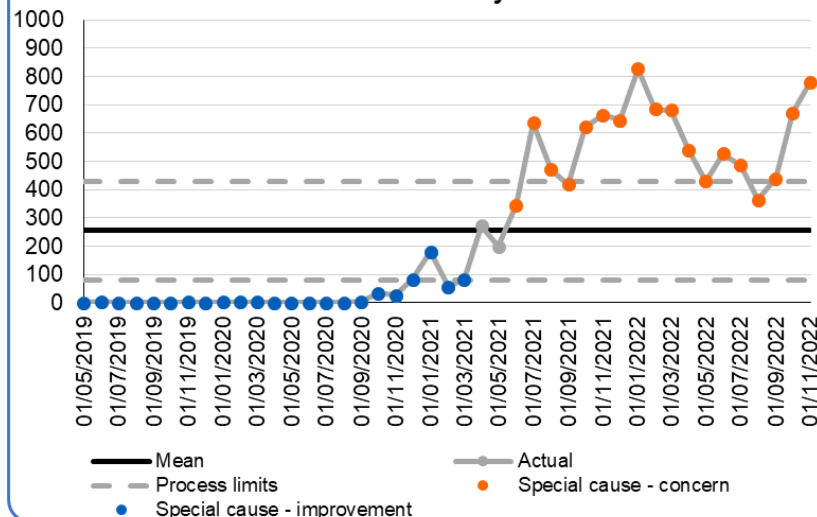
**Board Sponsor: Chief Operating Officer
Steve Curry**

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Out of hospital flow and IP&C restrictions compromising full functionality
	Level 6 Brunel Plan	12 beds 02/01/2023, some uncertainty around Phase 2. Capacity 30 not 34 beds
	D2A	Reporting delays in delivery – NC2R levels remain high
RTT	104 week wait	On track
	78 week wait	On track – variation within tolerance - December Industrial action concern
Diagnostics	25% 6-week target	As per previous reports – second month of improvement
	Zero 26-week waits	Lag to 26-week clearance – Endoscopy demand and rail strike action a concern
Cancer PTL	>62-day PTL volume	Target delivered – embedding actions underway to sustain
	>62-day PTL %	Improved to national requirement ahead of year-end – embedding actions

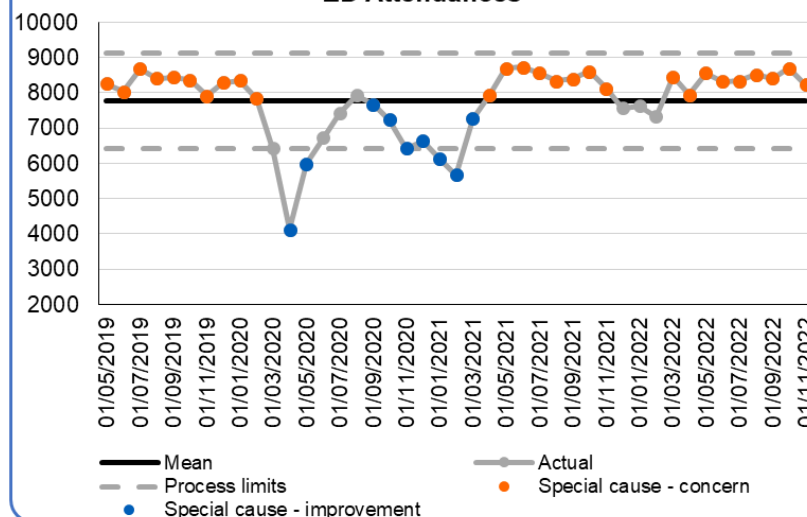
Rating reflects the reported period against in-year plan

Urgent and Emergency Care

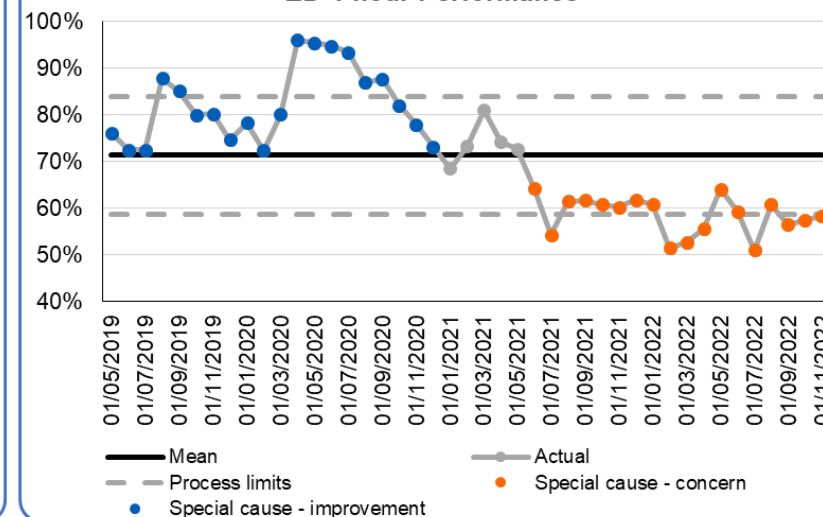
Ambulance Handover Delays >60 minutes



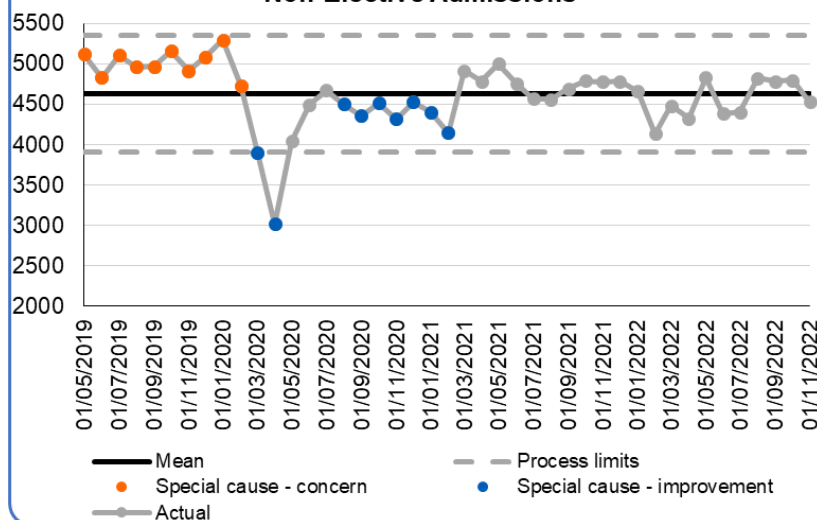
ED Attendances



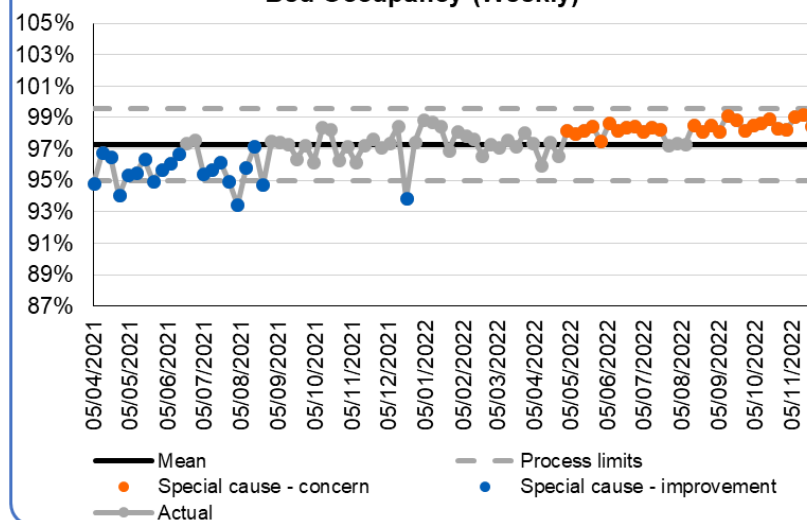
ED 4-hour Performance



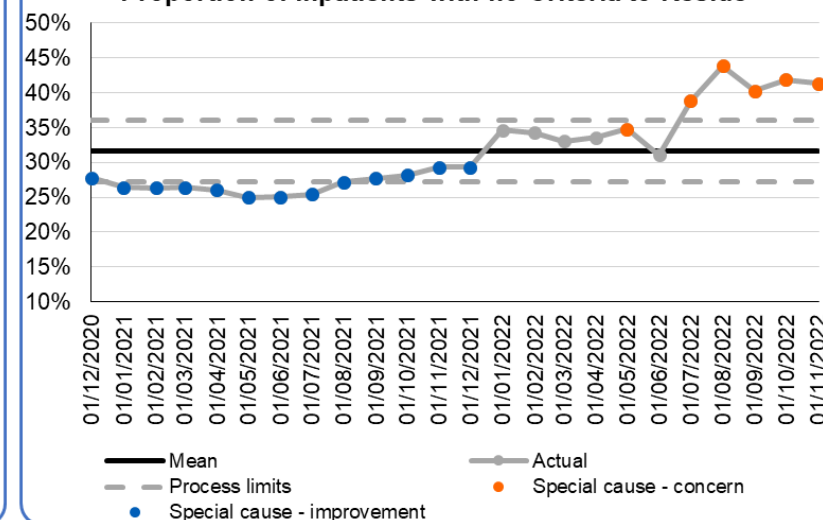
Non-Elective Admissions



Bed Occupancy (Weekly)



Proportion of inpatients with no Criteria to Reside



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?

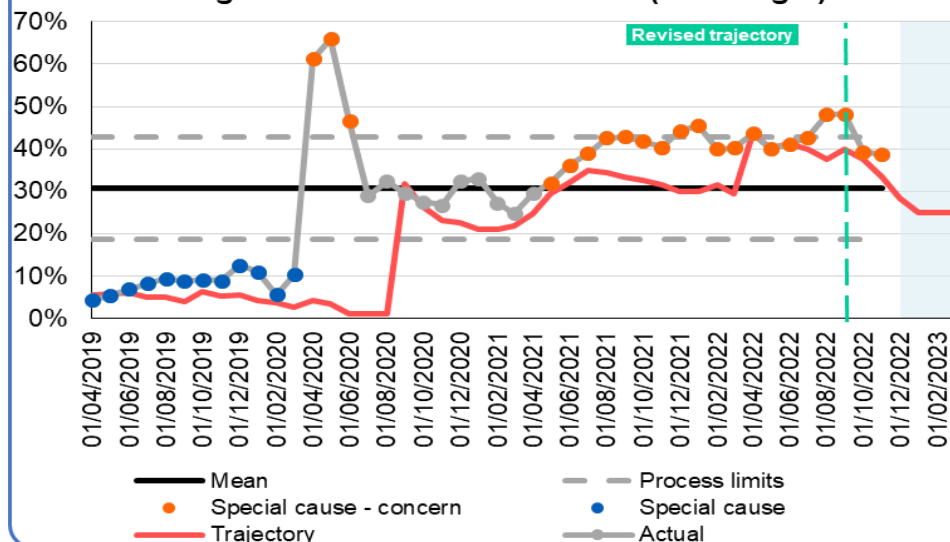
- Prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside remain high; coupled with an increase in COVID-19 positive patients and bed closures due to Norovirus at the end of November into December.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.
- There was a 3.93% increase in ED attendances in November (8228) compared to the same month in 2019/20 (7917).

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, emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust is working closely with system partners to influence and support contingencies for the delayed impact of D2A, these include provision of a care hotel, development of virtual wards and further spot purchasing P3 capacity.
- 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 plans for winter bed capacity are in place – sixth floor plan implementation has commenced.
- The tactical bed deployment approach, shared through the winter planning update to Trust Board, has been enacted. The aim is to reduce the bed capacity footprint going into winter, to allow it to be deployed at the appropriate time.

Diagnostic Wait Times

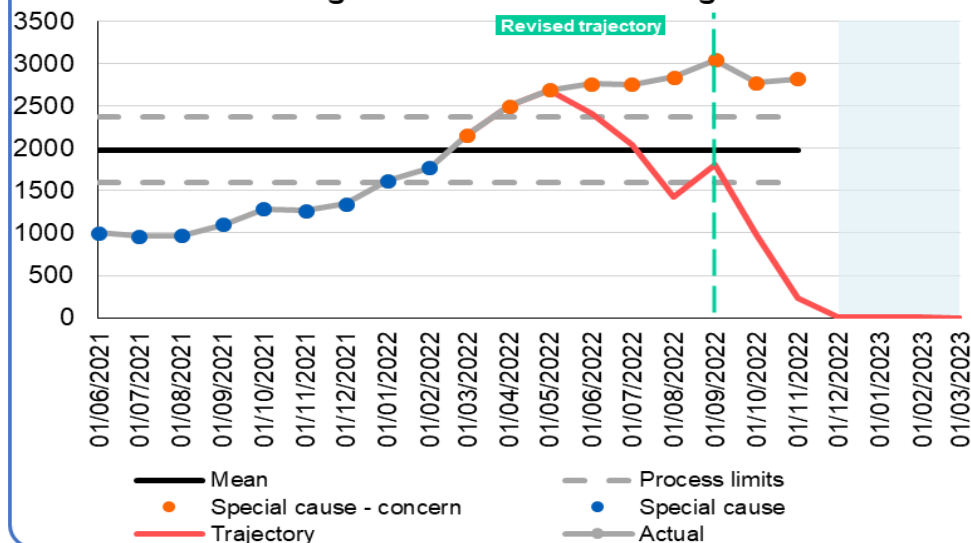
Diagnostic 6 week Performance (25% target)



What are the main risks impacting performance?

- Mitigations have been developed and have been positively impacting the overall position; MRI performance is back within 6-week standard for the first time since Dec-21, and Non-Obstetric Ultrasound is clear of 26-week breaches.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and zero 26-week breaches. This is dependent on investment and significant reliance on non-core capacity across challenged modalities.
- An increase in TWW demand has reduced Endoscopy's backlog clearance capacity, impacting >26-week breach performance. This has been compounded by the rail strike and the loss of insourcing activity. This is a new risk.
- Imaging equipment downtime.
- Staff absence.
- Reliance on independent sector.
- The Trust remains committed to achieving the national requirements in-year.

Diagnostic 26+ week Backlog



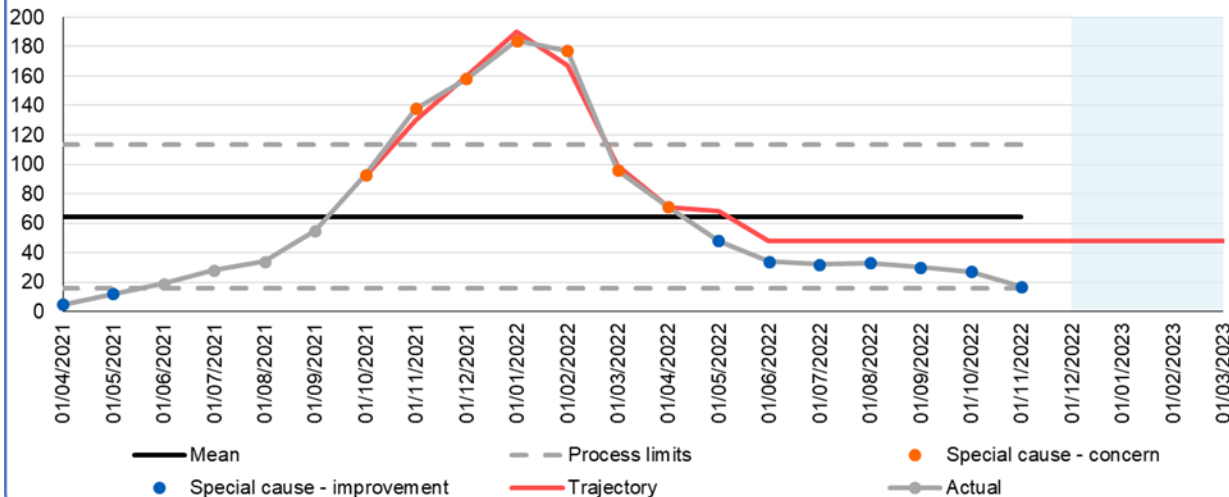
What actions are being taken to improve?

- 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.
- 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 September. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

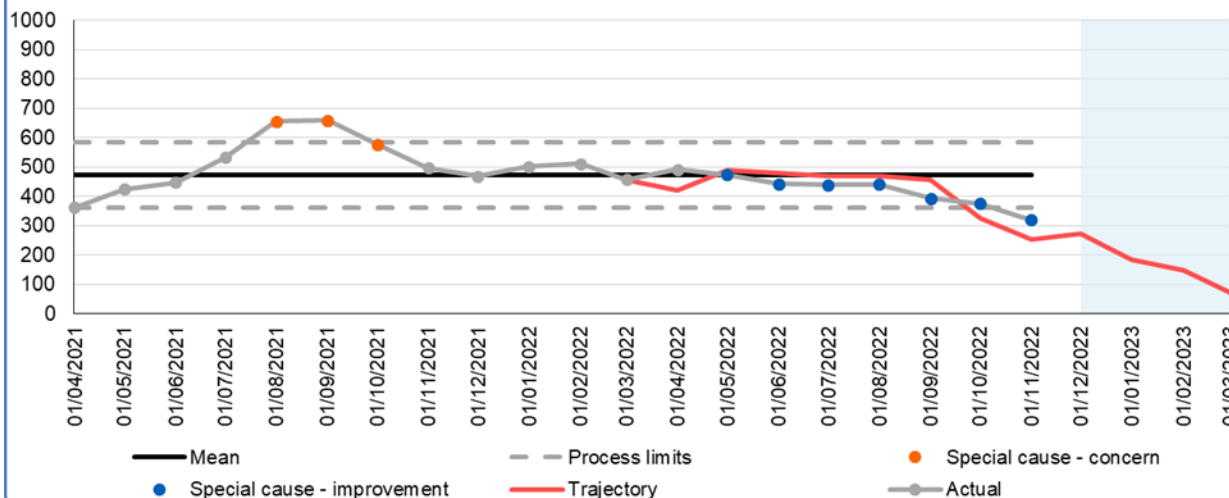
Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted since July-22.

Referral to Treatment (RTT)

RTT - 104 week waits



RTT - 78 week waits



What are the main risks impacting performance?

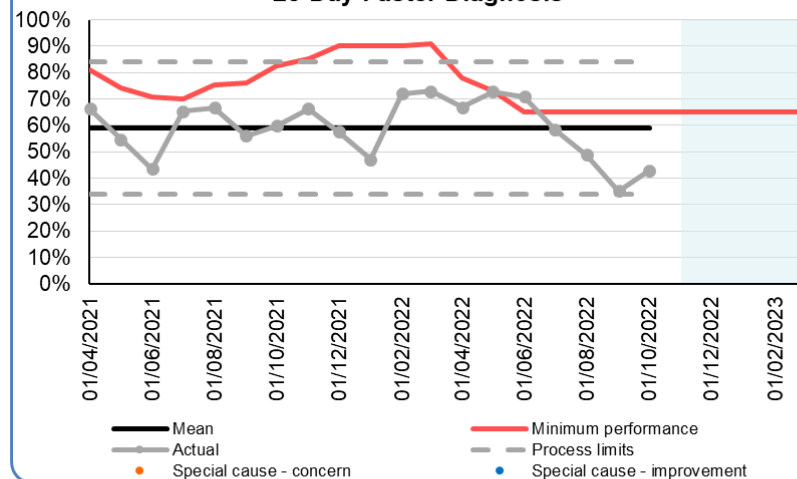
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- Any potential impact of nursing and ambulance industrial action.

What actions are being taken to improve?

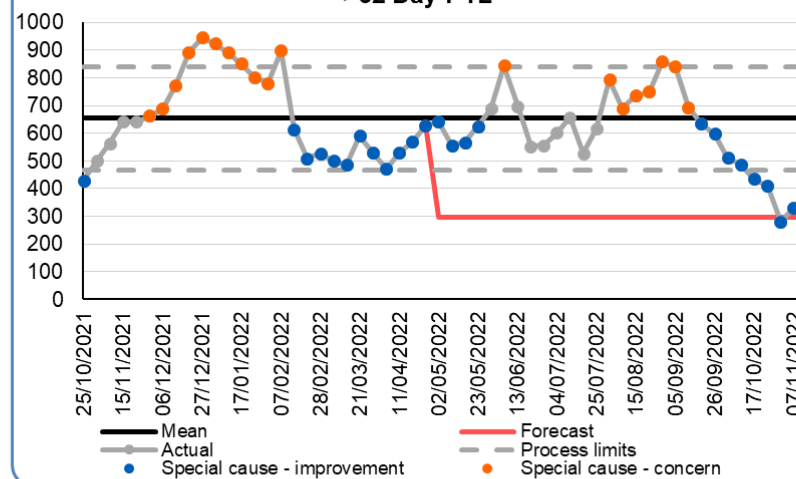
- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.
- 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

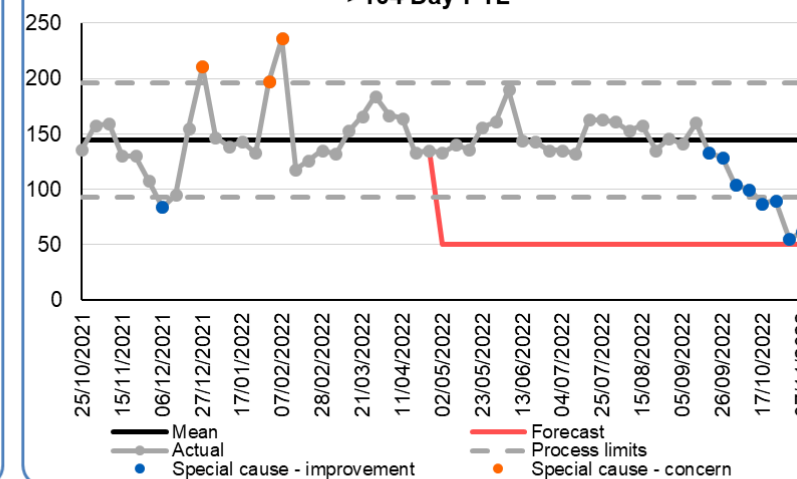
28-Day Faster Diagnosis



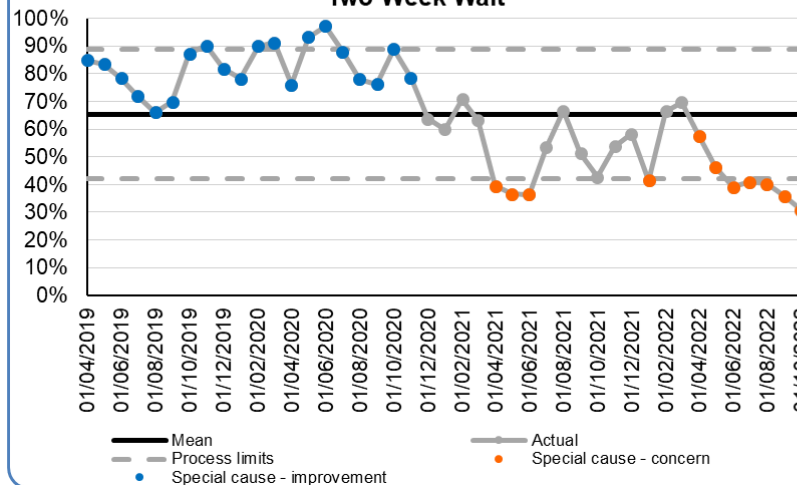
>62 Day PTL



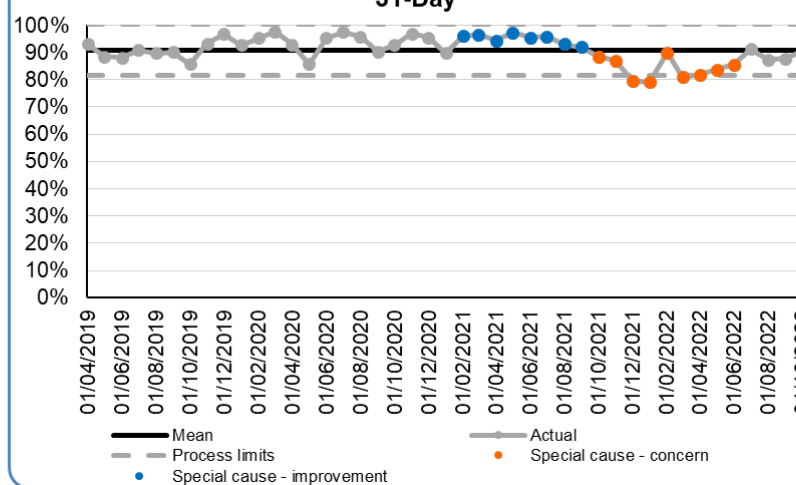
>104 Day PTL



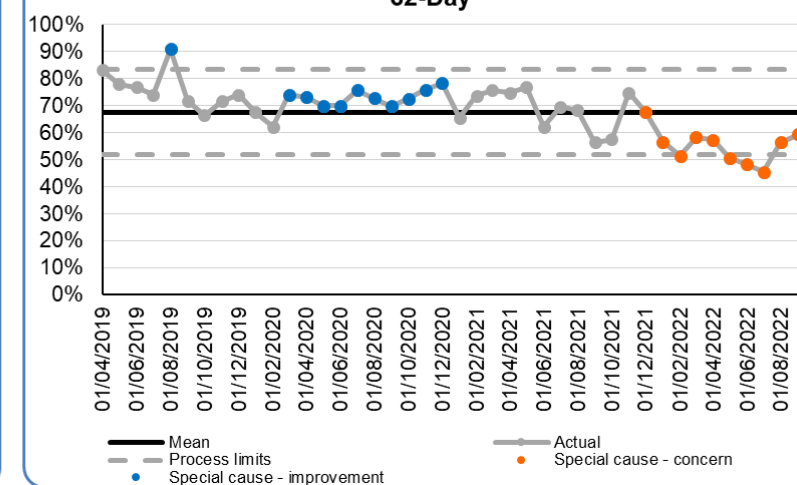
Two Week Wait



31-Day



62-Day



What are the main risks impacting performance?

- Increased referrals.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Q2 and Q3 CQUIN Delivery.

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 Oct-22 and Nov-22 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.

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.
- The 30-day follow up visit has taken place and the regional teams are satisfied with the progress being made.

Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool - October 2022 data

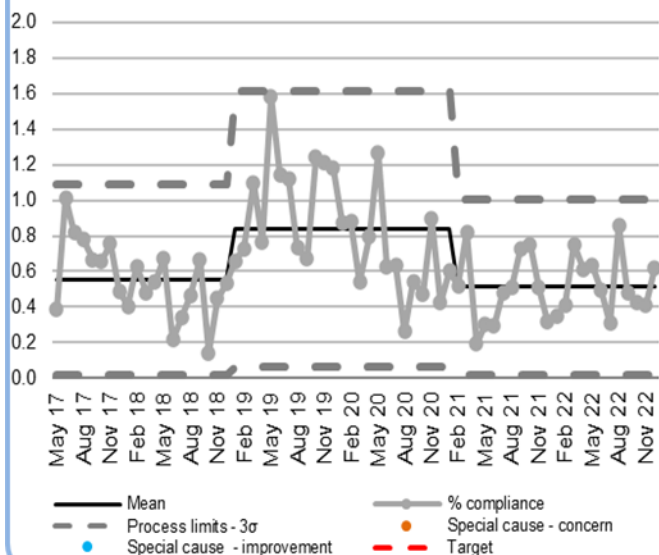
Executive Summary

The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.

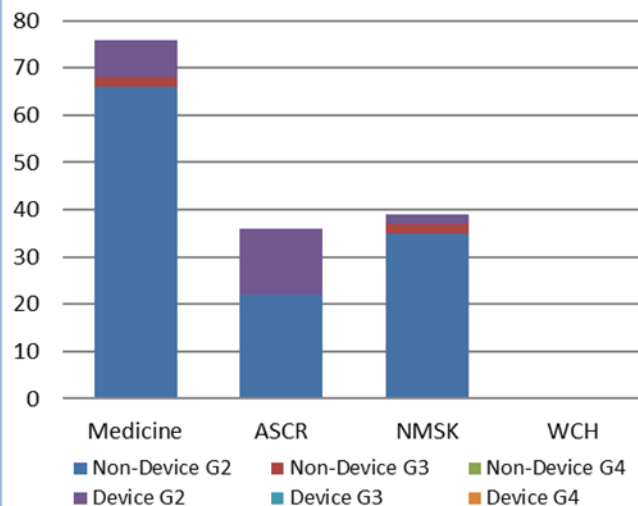
- There was one admission to ITU during October following anaphylactic reaction and 2.2 litre postpartum haemorrhage. Well managed by team at time of event and hot debrief occurred with positive feedback from staff. Patient well now and feedback to team re: event given and felt very supported and informed throughout.
- One case for full monthly PMRT review – (antenatal stillbirth at 38/40 weeks).
- 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. Preliminary findings from the Picker Report 2022 to be formally shared with the Division, date TBC.
- Maternity Incentive scheme submission date has been set at Thursday 2nd February 2023 and guidance updated. Following on from the updated guidance there remain 3 areas of concern; Safety Action 5, Safety Action 6 and Safety Action 8.
- Areas of excellence include the roll out of the Positive Incident Management System (PIMS) from last month which continues to have good traction and a high rate of submissions.
- The Maternity Escalation Phrase Scheme is going live in December 2022 which was co-produced with the Maternity Voices Partnership (MVP). The re-launch of NBT's Homebirth service was a commendable success with 100% of births being facilitated by the team and a successful launch event with MDT representation and families celebrating the service who had utilised it.
- There are 6 Trust Level Risks.

NBT - PQSM		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	YTD Total (Aug)	Trend	TREND
Activity												
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)			4.3%	4.4%	6%	5%	4%	4%	5%			
Perinatal Morbidity and Mortality Inborn												
Total number of perinatal deaths			4	4	5	4	3	6	2			
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP			1	2	1	1	1	2	1			
Number of stillbirths (>=24 weeks excl. TOP)			1	1	1	1	0	1	1			
Number of neonatal deaths : 0-6 Days			2	1	1	1	2	2	0			
Number of neonatal deaths : 7-28 Days			0	0	2	1	0	0	0			
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE			0	0	1	2	0	0	0			
37+0 (HSIB)												
Maternal Morbidity and Mortality												
Number of maternal deaths (MBRRACE)			2	0	0	0	0	1	0			
Direct			1	0	0	0	0	0	0			
Indirect			1	0	0	0	0	1	0			
Number of women receiving enhanced care on CDS									18			
Number of women who received level 3 care (ITU)			2	1	1	0	1	1	1			
Insight												
Number of datix incidents graded as moderate or above (total)			1	0	1	3	0	0	1			
Datix incident moderate harm (not SI, excludes HSIB)			1	0	1	1	0	0	1			
Datix incident PSII (excludes HSIB)			0	0	0	1	0	0	0			
New HSIB referrals accepted			0	1	1	1	0	1	0			
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust			0	0	0	0	0	0	0			
Coroner Reg 28 made directly to Trust			0	0	0	0	0	0	0			
Workforce												
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83	83	83	83	83	83	83			
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			DNA	DNA	2	3.2	3.2	2.5	2.5			
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			0	0	0	0	0	1	2			
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			1	0	0	0	0	0	0			
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			1	1	1	1	1	1	1			
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			0	0	0	0	0	0	0			
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			12%	11%	14%	18%	38%	28%	15%			
Vacancy rate for midwives			6.8%	6.7%	8.1%	6.9%	9.8%	11.8%	11.8%			
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			43%	40%	45%	51%	51%	51%	49%			
Vacancy rate for NICU nurses			11	21	19	15	14	12	20			
Datix related to workforce (service provision/staffing)			3	2	9	9	5	8	8			
Consultant led MDT ward rounds on CDS (Day to Night)									58%			
Consultant led MDT ward rounds on CDS (Day)			DNA	66%	78%	68%	74%					
One to one care in labour (as a percentage)			100%	100%	99%	99%	99%	99%	98%			
Compliance with supernumerary status for the labour ward coordinator			100%	97%	100%	100%	98%	95%	89%	96%		
Number of times maternity unit attempted to divert or on divert			4	6	26	36	34					
in-utero transfers												
in-utero transfers accepted				4					2			
in-utero transfers declined				0					0			
ex-utero transfers					11							
ex-utero transfers accepted				9	2	3	6	11	5			
ex-utero transfers declined												
NICU babies transferred to another unit due to capacity/staffing												
Number of consultant non-attendance to 'must attend' clinical situations			0	0	0	0	0	0	0			
Improvement												
Progress in achievement of CNST /10			7	7	7	7	7	8	6			
Training compliance in annual local BNLS (NICU)									100%			
Overall	Overall	90%	51%	62%	75%	79%	86%	75%	75%			
	Obstetric Consultants								64%			
	Other Obstetric Doctors								83%			
	Anaesthetic Consultants								77%			
	Other Anaesthetic Doctors								60%			
	Midwives								78%			
	Maternity Support Workers								87%			
	Overall	90%	48%	74%	87%	87%	89%	79%	59%			
	Obstetric Consultants								47%			
	Other Obstetric Doctors								61%			
Fetal Wellbeing and Surveillance												
Midwives									70%			
Trust Level Risks			6	6	5	5	6	6	6			

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2022/23



Pressure Injuries

What does the data tell us?

In November the number of Grade 2 pressure injuries increased to 19 with 2 attributable to medical devices.

- Medical device – 1 x ASCR from hearing aid not being removed, 1 x NMSK from a soft collar.
- 17 Grade 2 – 1 x spine, 1 x elbow, 9 x heel, 1 x foot, 5 x sacrum/buttock/coccyx

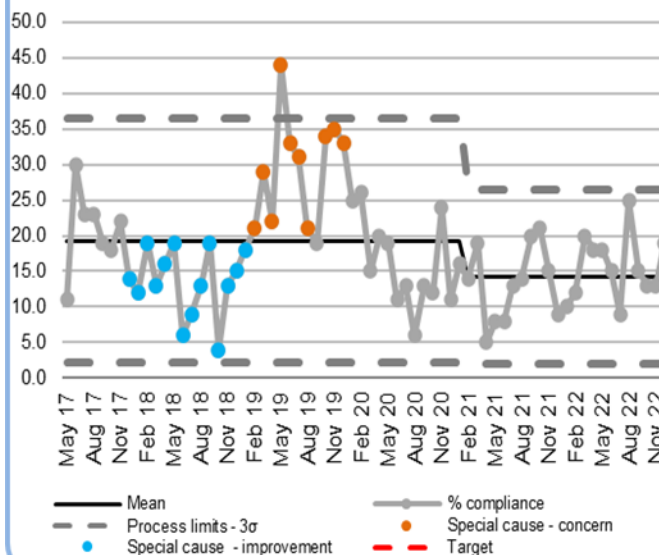
There was an increase to 22 DTI's from the previous month

- 8 x sacrum/buttocks, 1 x tuberosity, 9 x heels, 2 x spine, 1 x foot, 1 x ankle

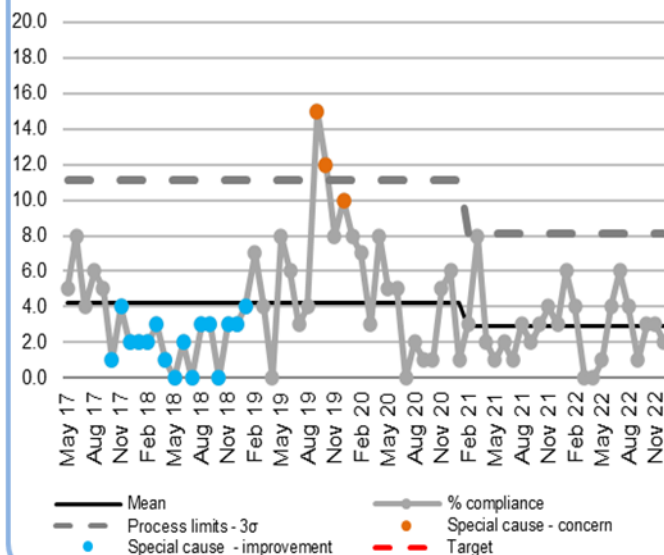
There were 2 Grade 3 injuries, both evolved from previous injuries. 1 x medicine from an unstageable pressure injury, 1 x NMSK from a POP DTI.

6 unstageable pressure injuries were reported, 3 x medicine (1 became the Grade 3 above), 2 x ASCR and 1 x NMSK.

Pressure Injuries - Total Incidents



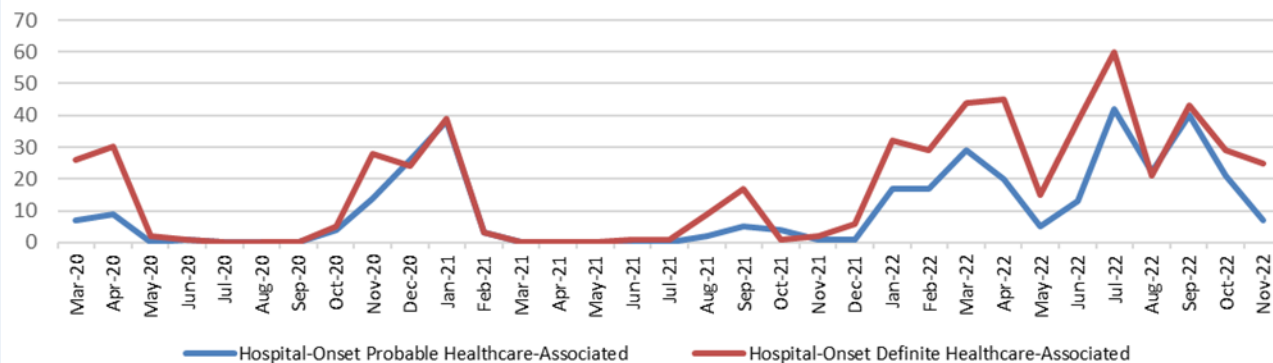
Pressure Injuries - Device



What actions are being taken to improve?

- The Tissue Viability (TV) team continue to provide responsive and effective pressure injury prevention from analysing data on pressure injuries prevalence.
- Two study days were facilitated in November, one for HCA's and another for registered nurses to develop their knowledge on pressure prevention, grading of pressure ulcers and wound assessment and dressings for the registered nurse group.
- Training was delivered in conjunction with the clinical equipment trainer on mattress selection with a focus on a patient story to the porters as an outcome from the Frailty Pathway to create an MDT approach to reducing patient harm.
- Discussion with 32a and b on using hybrid dynamic mattresses for all admissions, the same as the Frailty Pathway on 32a.
- Stop the Pressure Day was hosted in the atrium raising awareness of risk assessments and pressure prevention. Staff were asked to make a pledge for a change they could make to their working practice to reduce pressure injuries.

COVID-19 Onset Category by Positive Test Date



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

COVID levels followed a national decrease in November. No Outbreaks declared and asymptomatic cases also declined. Control measures remain in place around risk assessment and mask wearing due an expected increase in other respiratory viruses including Influenza A in November.

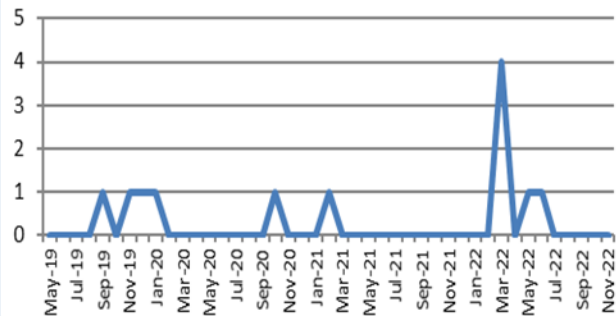
MRSA – No Further cases noted in November.

C. Difficile – Holding a below trajectory position, the key will now be to maintain and progress outstanding learning and educational workstreams.

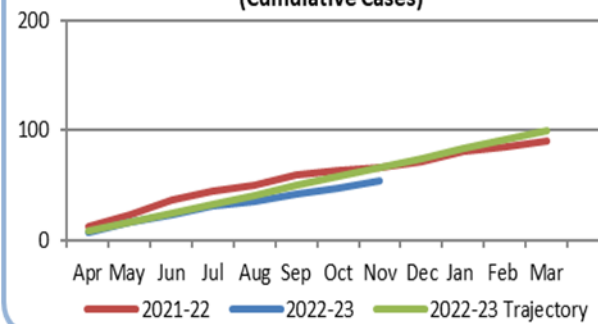
MSSA - Cases continue to increase in November, bringing us above trajectory. The steering group continue to progress improvements. NBT will be joining regional work, aimed at early device removal, AMS principles, looking to develop a tool kit and share learning.

Gram –ve - NBT is reporting a position below trajectory

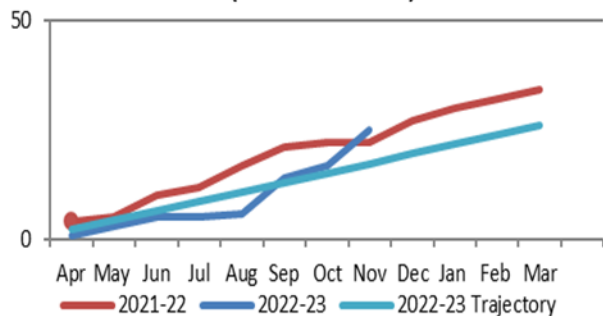
MRSA Cases - Trust Attributable



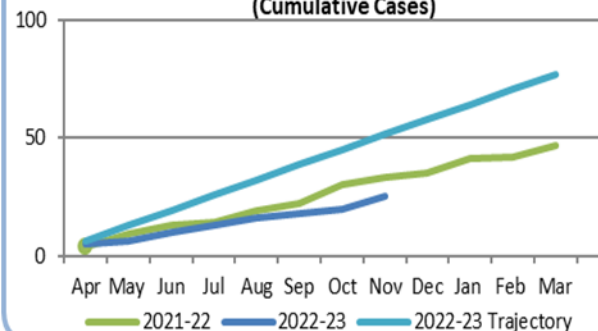
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)

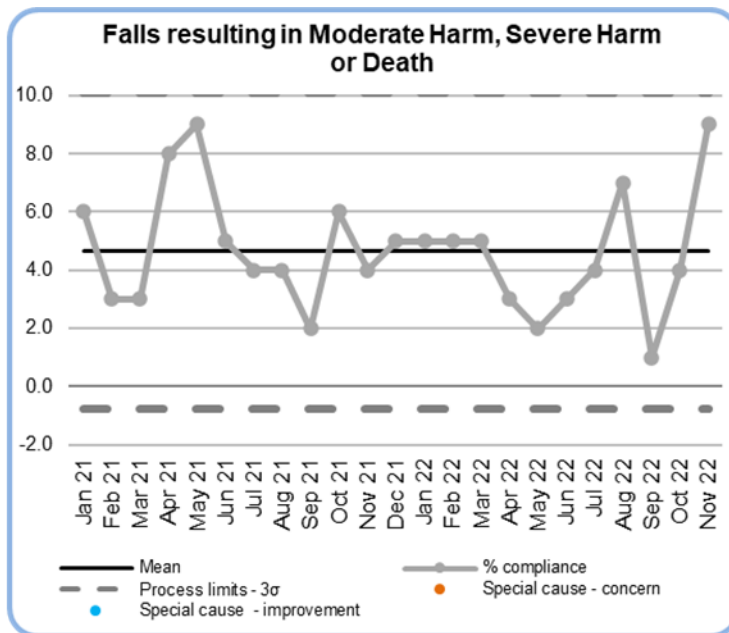
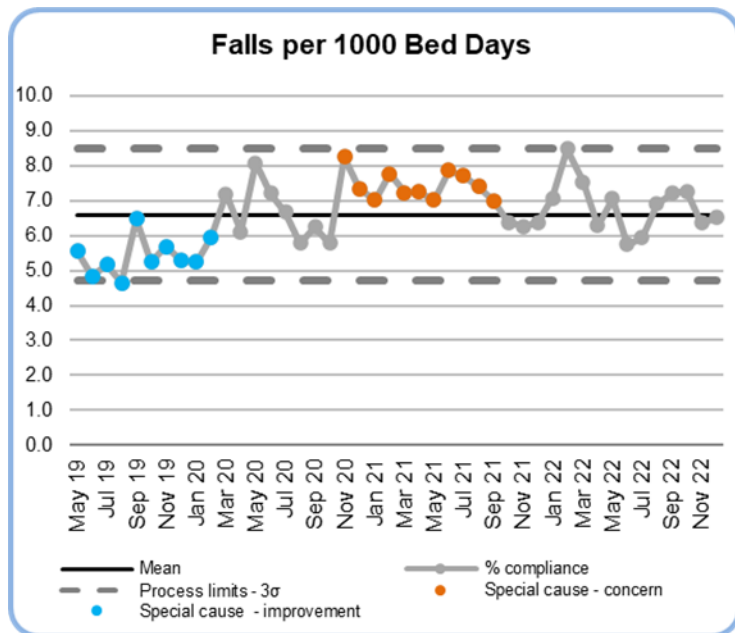


E.Coli Cases - Trust Attributable (Cumulative Cases)



What actions are being taken to improve?

- Divisional work continues. Successful Link ambassador meetings held for ASCR in November and further dates in December (Medicine / NMSK). Focusing on Back to Basics, resetting after Covid, risk assessments and winter planning. The main focus was on IP risk assessments, sampling (Covid / Respiratory viruses and Norovirus) and bay placements. Influenza case / contact management is being process mapped and agreed.
- IPC remains involved in shared learning platforms with the ICB and regional work targeting C Diff and MSSA planned.
- IPC supported NBT colleagues with World Antimicrobial Awareness week in November focusing on IPC prevention measures including Hand Hygiene and other proactive measures.



Falls

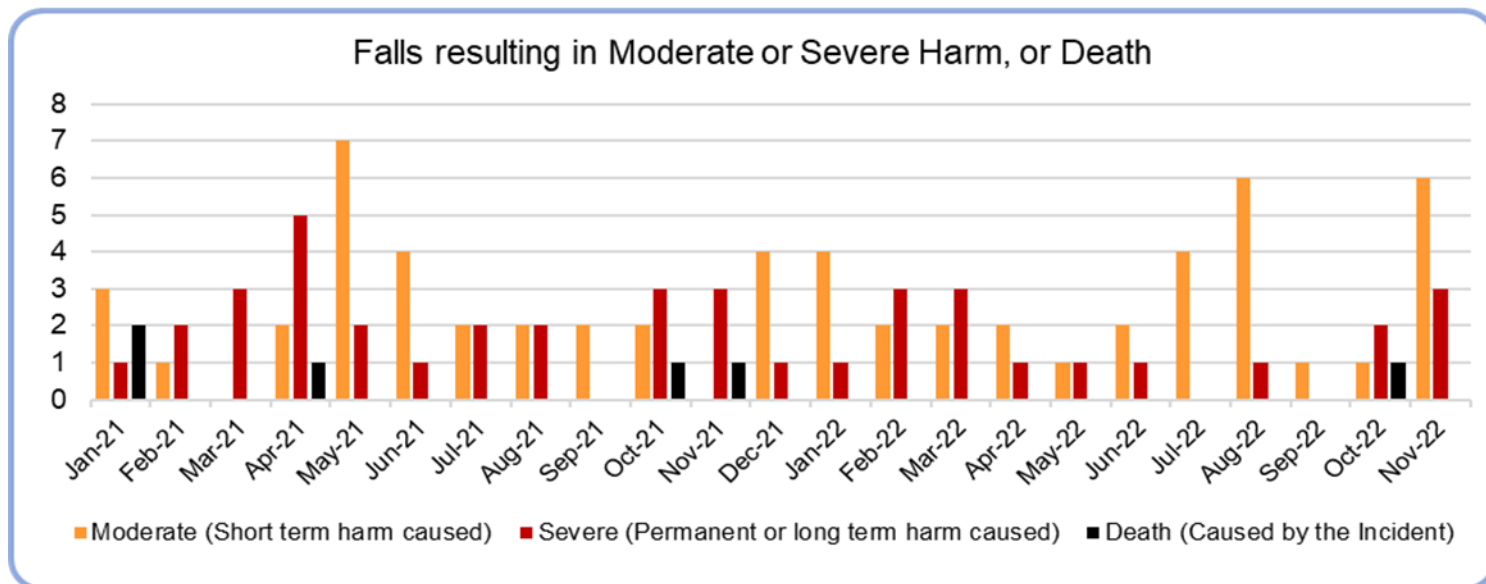
What does the data tell us?

Falls incidents per 1000 bed days

During November 2022, NBT had a rate of 6.52 falls incidents per 1000 bed days. This figure is a slight increase month on month (from 6.35), but also remains lower than the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

During November 2022, 3 falls were recorded and validated as causing severe harm, 6 fall as causing moderate harm and 0 incidents causing a death. Moderate and severe harm falls were above the mean rate in November 2022. 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.

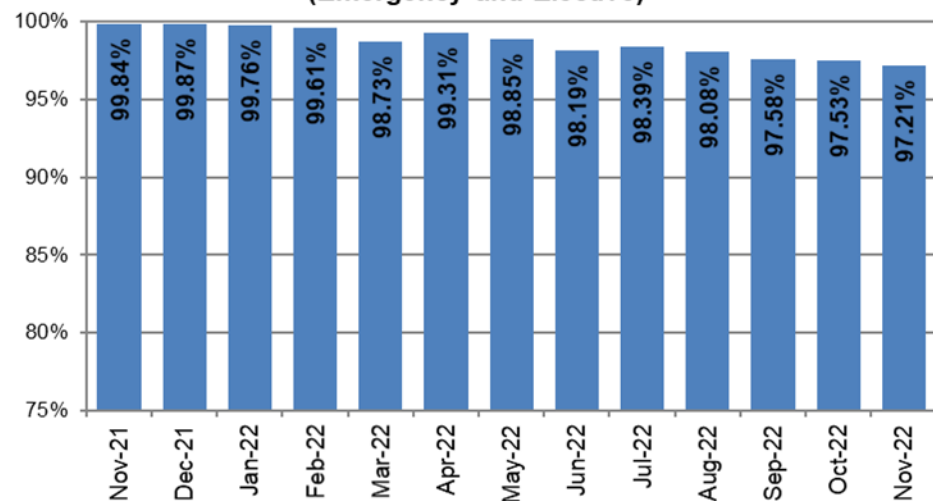


What actions are being taken to improve?

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.

WHO Checklist Compliance (Emergency and Elective)



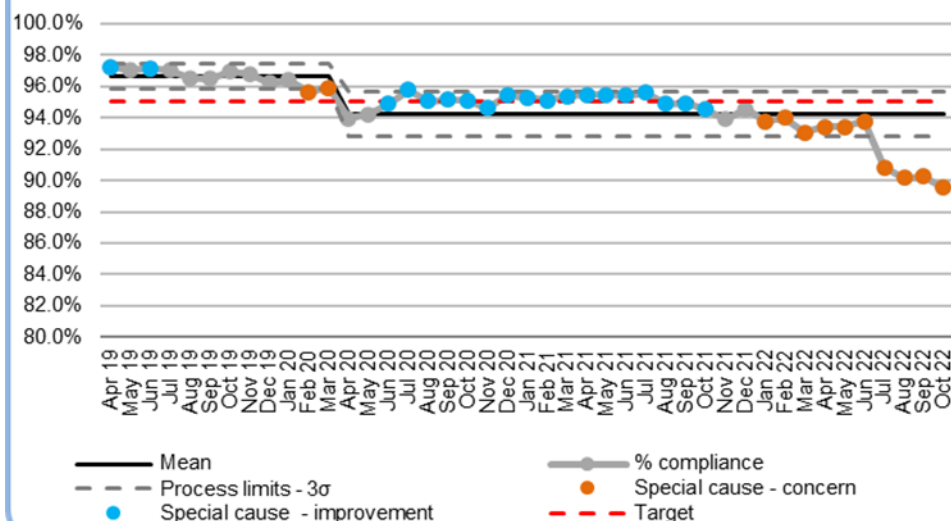
WHO Checklist Compliance

What does the data tell us?

In November, WHO checklist compliance was 97.21%. 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 Completion



VTE Risk Assessment

What does the data tell us?

In October, the rate of VTE Risk Assessments (RA) performed on admission was reported as 89.56%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. This is a deteriorating trend over past few months, exacerbated by the CareFlow changeover but this is not the primary factor.

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.

Specifically;

- Introduce VTE RA digitally on Acute Medical admission Unit, supported by digital team and VTE nurses
- Regular ward level audits are now in progress independent of each area
- Ward pharmacists review notes & locate VTE form when checking the thromboprophylaxis prescribed
- Recommence training for clinicians at induction, and FY1/2 protected days – starting next w/c 21 Nov.
- Recommence ad hoc training on the wards and VTE training in L&R
- Add new VTE modules to LEARN, to support OPD staff regarding signs and symptoms of VTE
- Arrange a study day regarding VTE
- Promotional table in the atrium regarding VTE prevention

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 November 2022, NBT had a rate of 5 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 November 2022, c.17.8 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.178). This is slightly above the average seen over the last 6 months.

As this increase has been seen for two months running the team will monitor this going forward and analyse the breakdown of harm incidents. In the case of this month the increase in ratio is due to a slightly higher number of low harm incidents reported - there has not been a notable increase in moderate harm and above incidents.

High Risk Medicines

During November 2022, c.27% of all medication incidents involved a high risk medicine a figure considerably lower than seen over the last 6 months.

Incidents by Stage

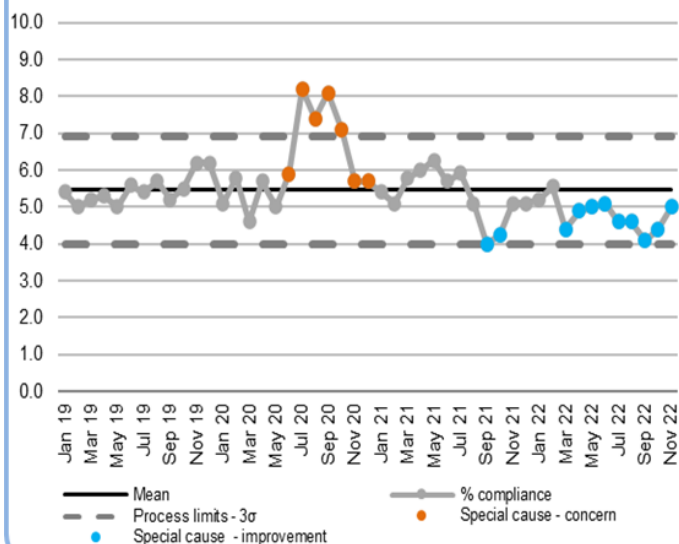
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the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

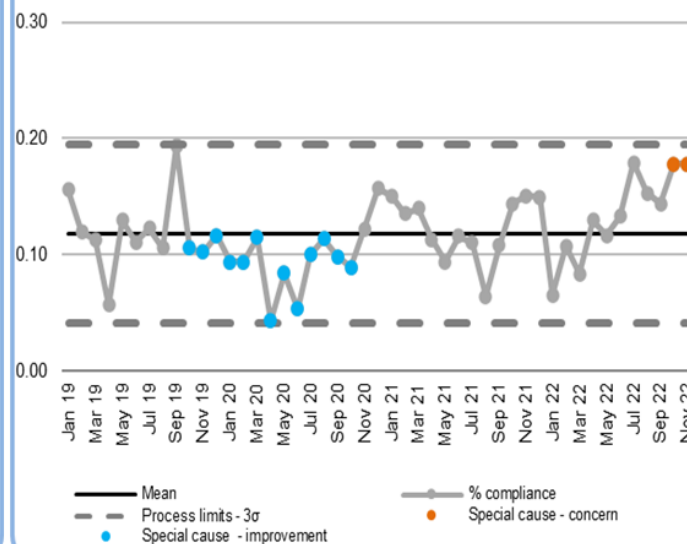
The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

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.

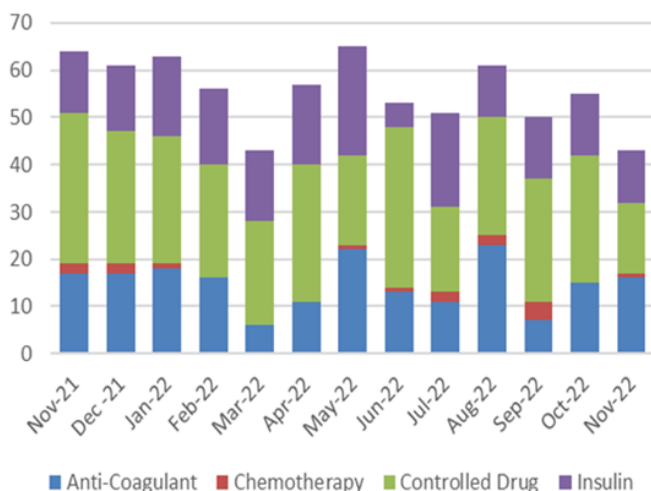
Medication Incidents per 1000 Bed Days



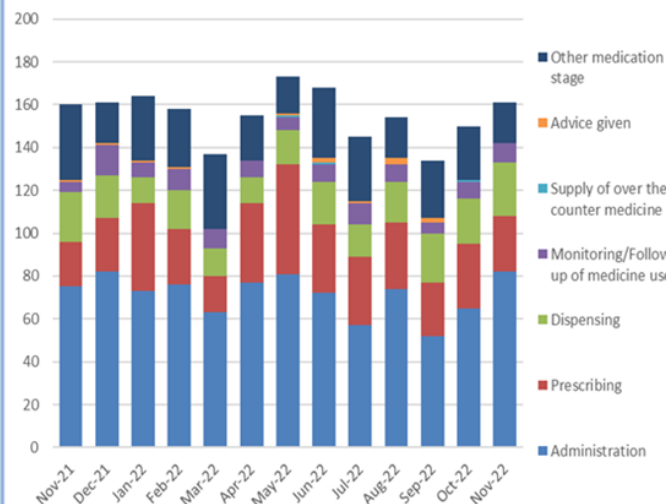
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



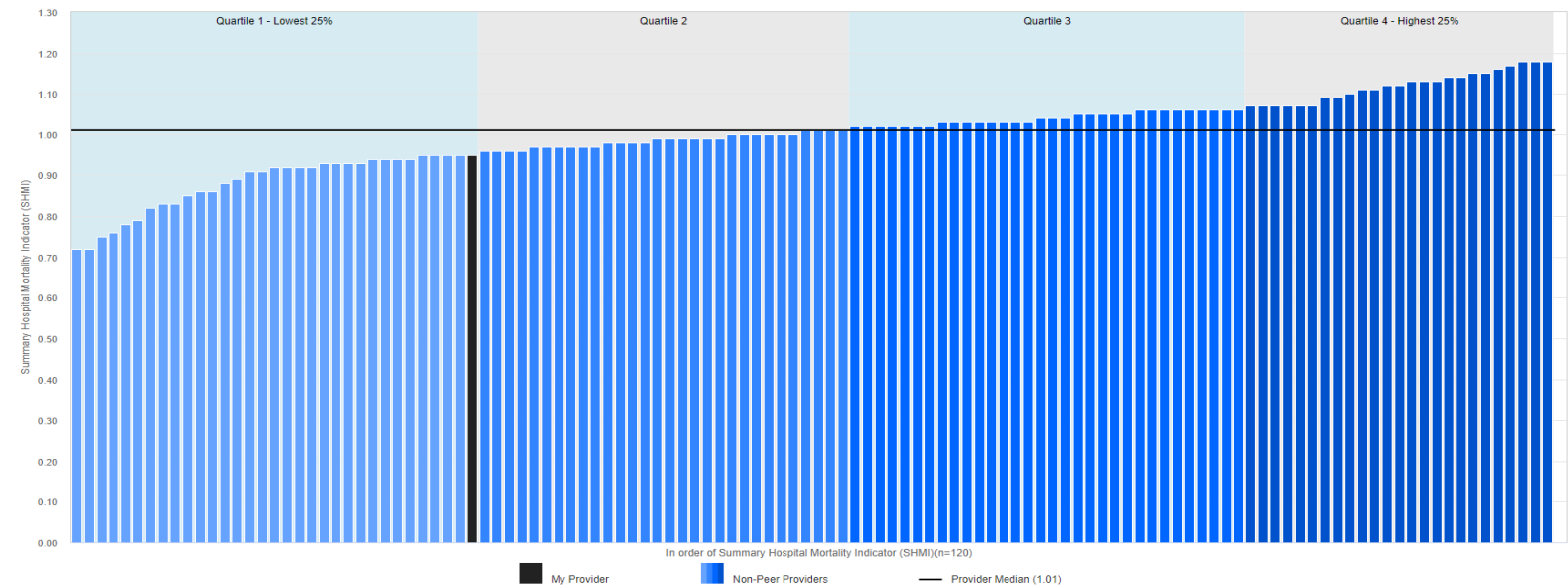
Incidents involving high risk drugs - last 12 months



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



Summary Hospital Mortality Indicator (SHMI), National Distribution

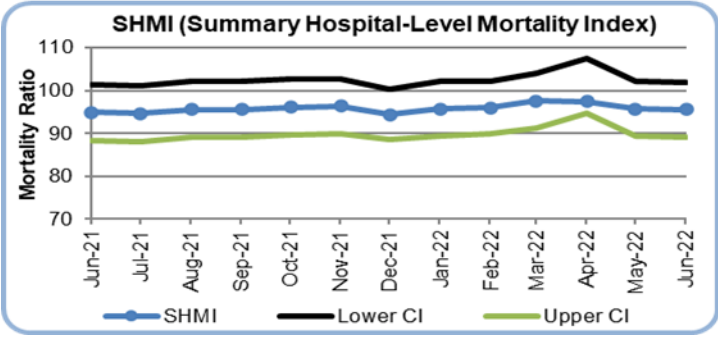
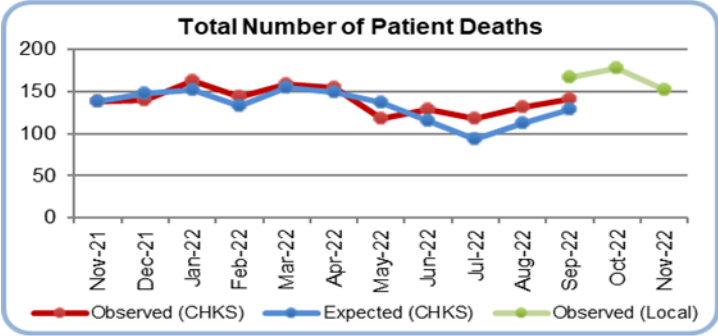


Mortality Review Completion

Oct 21 – Sep 22	Completed	Required	% Complete
Screened & excluded	174		
High priority cases	239		
Other cases reviewed	1673		
Total reviewed cases	2086	2122	98%

Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	3%	28%	41%	28%

Date of Death	Oct 21 – Sep 22
Scrutinised by Medical Examiner	162
Referral to Quality Governance Team	1953



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

NBT remains in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts.

Mortality Review Completion

The current data captures completed reviews from Oct 21 – Sep 22. In this time period 98% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 91% completed Mortality Case Reviews (MCR), including 25 of the 25 deceased patients with Learning Disability and 24 of the 28 patients with Serious Mental Illness.

Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97% (score 3-5). There have been 6 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?

We are revising and defining processes around poor care scores to ensure every case with an overall care score of poor or very poor is appropriately reviewed. This will include input from divisional and specialty leads along with a centralised sign-off process. Actions and learning from these reviews should be clearly defined and supported at a divisional and specialty level.

COVID-19 Weekly Scorecard

Current COVID Status: Level 2

Input date: 08/12/22

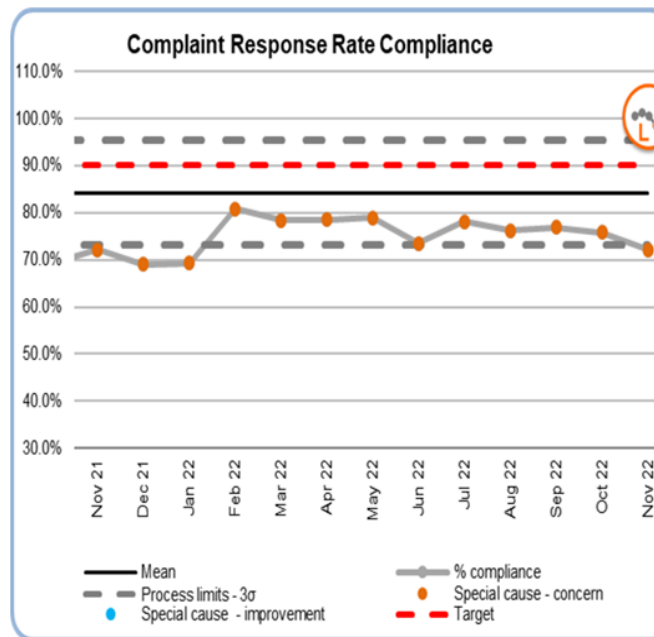
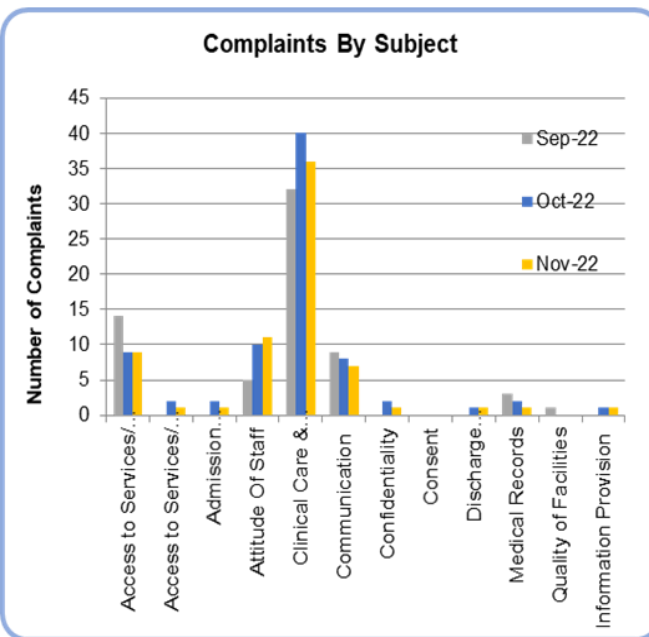
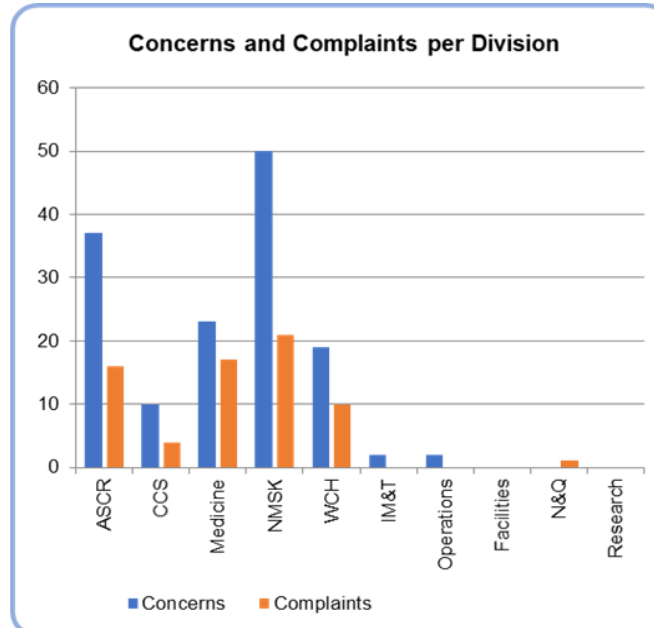
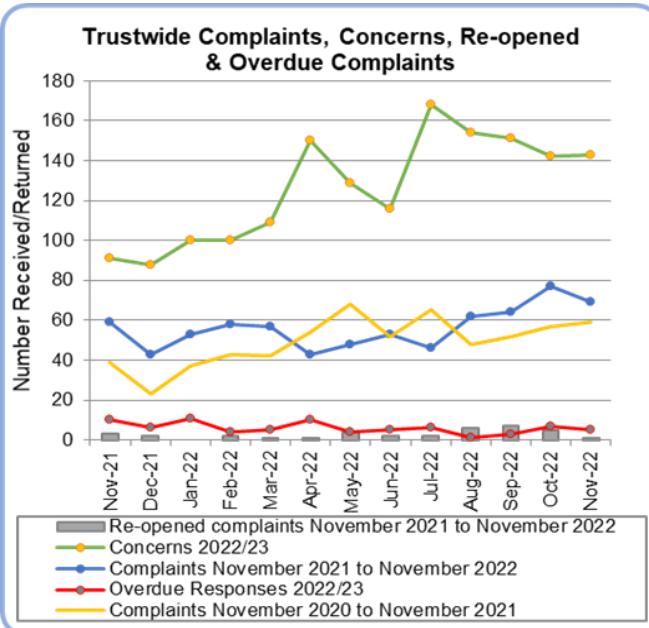
Metric	17/10/2022	24/10/2022	31/10/2022	07/11/2022	14/11/2022	21/11/2022	28/11/2022	05/12/2022	Trend
New patients last 24 hours – admitted	3	1	1	1	1	1	1	3	
New Patients Diagnosed in last 24 hours	6	3	2	3	2	1	6	11	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	2	1	1	2	1	1	1	1	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	2	0	0	0	0	0	1	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	1	0	0	0	0	1	3	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	1	1	0	2	5	
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	4	3	3	1	2	2	4	
Number of COVID positive patients as at 08:00	45	35	23	14	18	15	29	59	
Of these, patients admitted for primary COVID	36	27	18	9	13	12	22	42	
Of these, patients admitted with incidental COVID	9	8	6	5	5	3	7	16	
COVID positive patients in ICU	1	2	1	1	1	0	0	1	
COVID positive patients outside of ICU	43	34	22	13	17	15	29	58	
Query patients	0	0	0	0	0	3	0	1	
Closed and empty beds due to IPC	2	0	0	1	2	1	3	10	
NIV COVID	0	0	2	0	0	0	0	0	
Deaths	0	0	0	0	0	0	0	0	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	3	1	0	3	1	1	3	7	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

Metric	10/10/2022	17/10/2022	24/10/2022	31/10/2022	07/11/2022	14/11/2022	21/11/2022	28/11/2022	Trend
Bristol cases per 100,000 – 7 days	75	66	44	29	26	28	25		
South Gloucestershire cases per 100,000 – 7 days	123	108	72	47	42	46	41		
North Somerset cases per 100,000 – 7 days	75	66	44	29	26	28	25		

Key:	Decrease from previous day
	Increase from previous day
	Step down to 10 days

Patient Experience

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



Complaints and Concerns

What does the data tell us?

In November 2022, the Trust received 69 formal complaints. This is 8 fewer than the previous month but 10 more than the same period last year.

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

For the second consecutive month, the second most common subject is 'Attitude of Staff'. The number of re-opened complaints has fallen from 5 in the previous month to 1 in November, for NMSK.

Of the 69 complaints, the largest proportion was received by NMSK, followed by Medicine and ASCR. NMSK also received the most PALS concerns.

The overall number of PALS concerns is consistent with the previous month at 143.

The response rate compliance for complaints decreased slightly from 75.8% in October to 72.2% in November. Compliance for each division is shown below:

ASCR – 65%

NMSK- 90%

CCS – 100%

WaCH- 60%

Medicine – 74%

Operations- 0%

The number of overdue complaints at the time of reporting has decreased from 7 in October to 5 in November. There are 2 in ASCR, 1 in WaCH, 1 in NMSK and 1 in Medicine.

In November 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in November was 9 working days.

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, WaCH and NMSK Patient Experience Teams.
- We have agreed continuous improvement trajectories and the plans to achieve them within ASCR and Medicine. Due to sickness absence in the team, ASCR continues to struggle to meet its targets. Medicine are meeting their targets.
- Benchmarking against other similar Trusts to understand their performance. This shows that despite challenges and a decline in our responsiveness to complaints, we are performing better than the majority of our peers.
- Planned virtual visit to understand processes at Northumbria NHS Trust as their performance is notably better than others in England

Commissioning for Quality and Innovation (CQUIN)

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

CQUIN Scheme Ref. / Title	Description	Annual Value ('000)	Lead Division	Q1	Q2	Q3 (Forecast)	Q4 (Forecast)	Comment <i>(forecasts are % of £ CQUIN value)</i>
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact	£913k	Operations, Trustwide	N/A	N/A	●	●	Q3 & 4 only. Plans are for full achievement in terms of offer; subject to staff uptake.
CCG 3: NEWS2 Recording	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	£913k	Medicine & ASCR	●	●	●	●	Full achievement Q1 & Q2, 100% forecasted for remainder of year
CCG4: 28- Day Cancer Faster Diagnosis Standards	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	£913k	ASCR	●	●	●	●	Full achievement Q1, not met for Q2 or Q3. Improvement expected in Q4 but unlikely at 65%.
CCG 6: Anaemia Screening	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	£913k	ASCR	●	●	●	●	Full achievement Q1 & Q2, 100% forecasted for remainder of year
CCG 9: Cirrhosis & Fibrosis	Cirrhosis and fibrosis tests for alcohol dependent patients	£913k	Medicine	●	●	●	●	Full achievement Q1 & Q2, 100% forecasted for remainder of year
PSS1 - Revascularisation Standards	Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for unplanned inpatient admission)	£867k	ASCR	●	●	●	●	Full achievement Q1 & partial (80%) for Q2, full achievement forecasted for remainder of year
PSS2 – Shared Decision-Making	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to make informed decisions based on available evidence and their personal values and preferences and knowledge	£867k	ASCR	●	●	N/A	●	Full achievement Q1 & Q2, 100% forecasted for remainder of year. (Contingent on improvement between Q2 to Q4, or maintenance >75%)
PSS5 – Priority Categorisation	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines to reduce the risks of harm to patients	£867k	NMSK & CCS	●	●	●	●	Pre-Careflow Go Live % achievement was c.74% vs. 98% target. Further exclusions where P code not applicable understood by Commissioner. Request to return to 74% as a minimum.
Total (£ value and % achieved of quarterly amount available)		£7.2M						

● Full: ≥ max target %

● Partial: ≥ min target % and < max target %

● Not met: < min target %

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 8.69% in October to 8.61% in November, with current vacancies at 766.31wte. Vacancy rates decreased in estates and ancillary, and medical and dental staff groups, driven by an increase in staff in post for estates and ancillary, predominantly in Imaging and Medicine Cluster 2.

Turnover

NBT's Rolling 12-month staff turnover increased slightly from 17.17% in October to 17.32% in November. Additional clinical services remains the staff group with highest turnover position and saw an increase from 23.4% in October to 24.2% in November. Allied health professional and add prof scientific and technical both saw increases in turnover in November, however remain under the trust average.

Prioritise the wellbeing of our staff

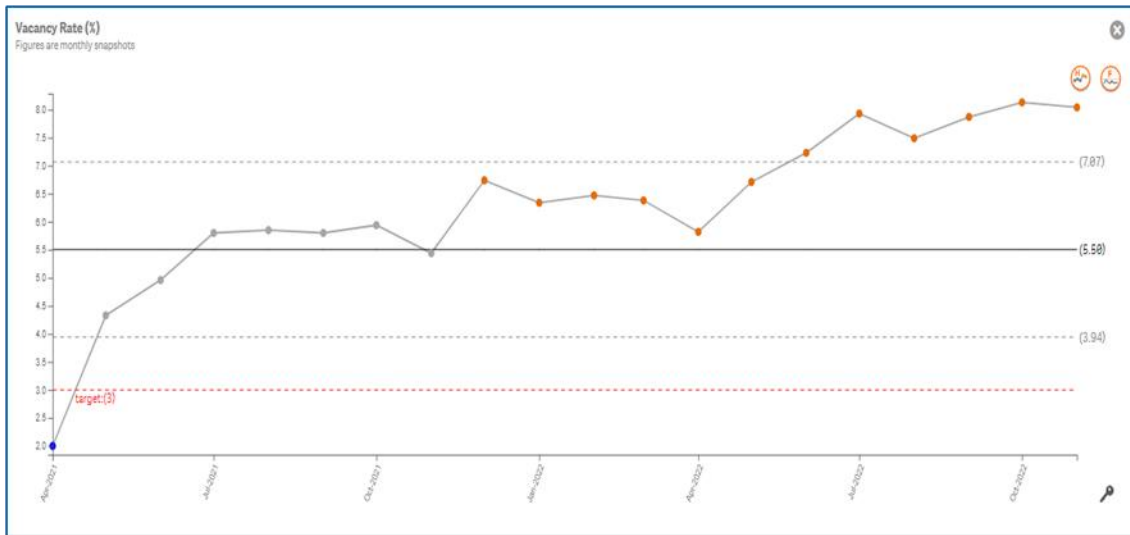
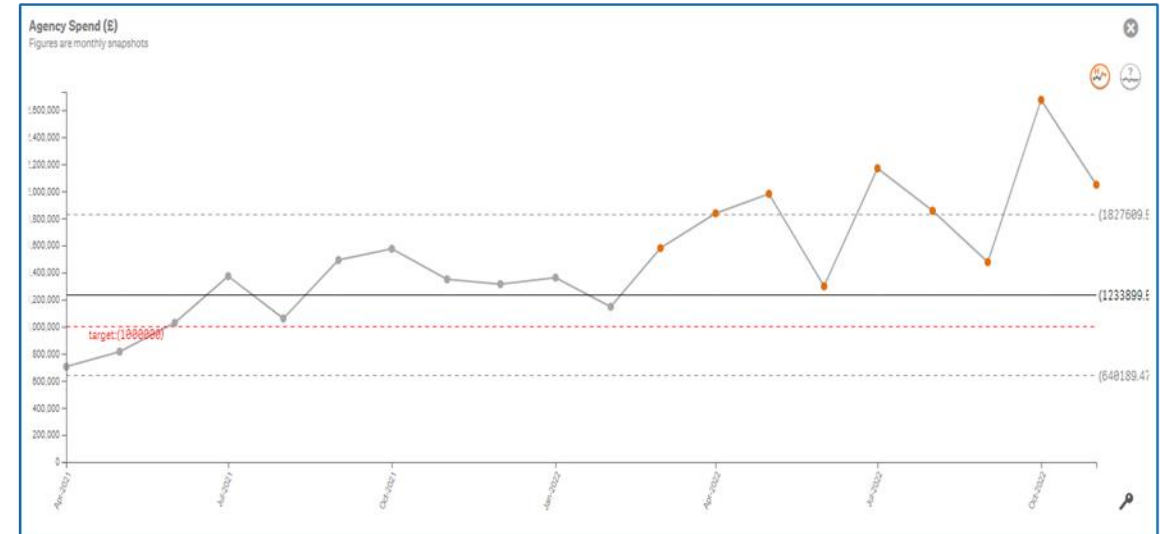
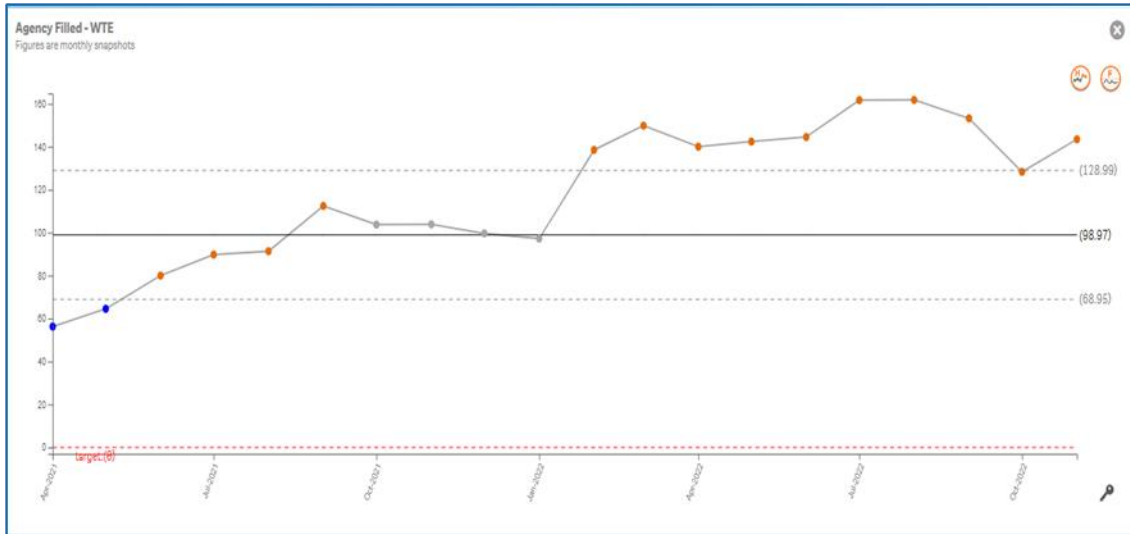
The Rolling 12 month sickness absence position remained stable from October to November at 5.49%. The most affected staff groups were additional clinical services and estates and ancillary staff with absence rates of 8.15% and 9.35% respectively. *Cold, cough, flu – influenza (11.9%)* and *stress/anxiety/depression/other psychiatric illness (17.1%)* were the leading causes of days lost to sickness absence, with *cold, cough, flu – influenza* also seeing an increase in wte days lost from 1,334.2 in October to 1,544.0 in November.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by 6.96% (78.19wte) from October to November. As bank use decreased at a lower rate(-5.46%, -33.83wte), and Agency use increased by 6.45% (+9.56 wte), driven by registered nursing use, predominantly in theatres, there was a resulting decrease in unfilled shifts by 15.12% (-53.91wte). Total agency RMN Use decreased by 14.20% (-2.97wte), driven by decreased use in Medicine Division wards; tier 4 RMN use decreased by 0.96wte (+42.92%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process using which will use Patient First A3 methodology to delivery 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resource	Ongoing
Turnover	Implementing the agreed agile working principles in a Trust-wide action plan and the developing a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover.	Associate Director of People	Ongoing
Wellbeing	Implementing financial wellbeing projects to support our staff; Salary linked finance and savings provider, £7.50 payment to all bands 2-5 and F1 doctors to buy a Blue light card discount card and reduced cost meals in the Vu	Associate Director Culture, Leadership & Development	Dec-22
Temporary Staffing	A short term raise in the Trust Bank rate has been applied from 17th December to 15th January across all staff groups to support fill via the Bank and to minimise agency escalation. A review of impact will be completed throughout the duration of the incentive. A longer term approach to Bank rates and incentives is currently under development	Associate Director for Strategic Workforce Planning and Resource	Ongoing

Workforce



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

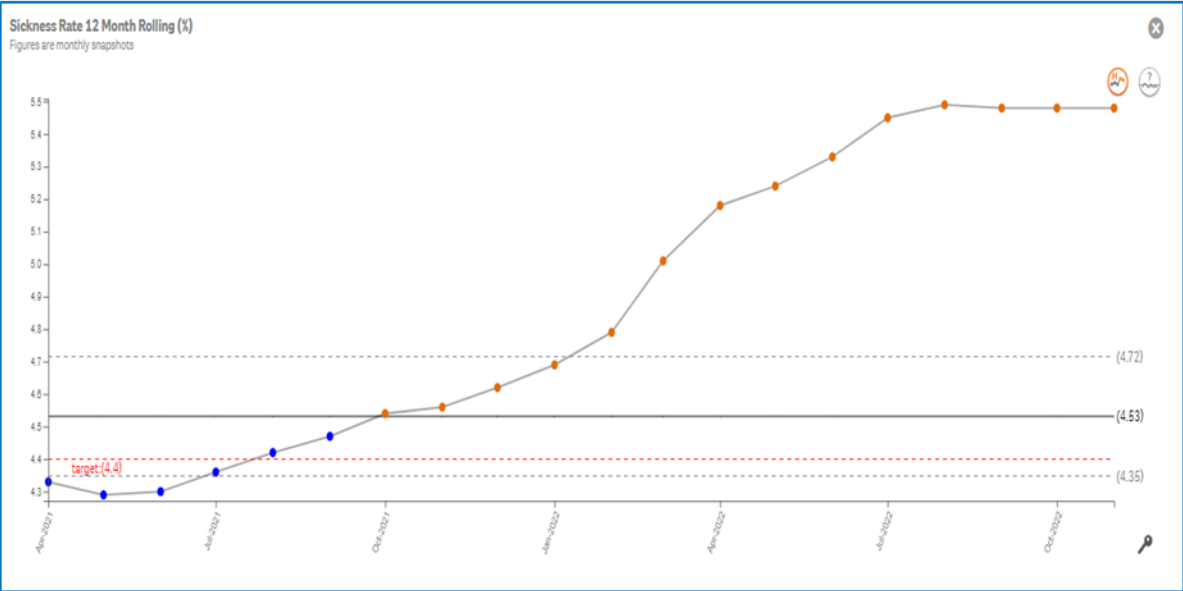
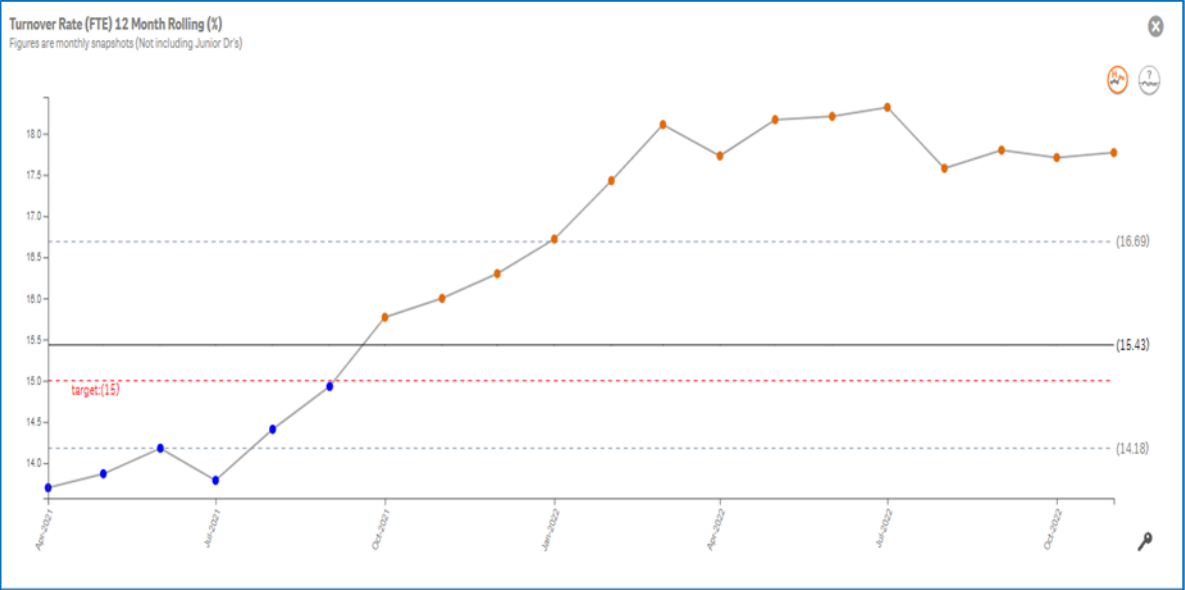
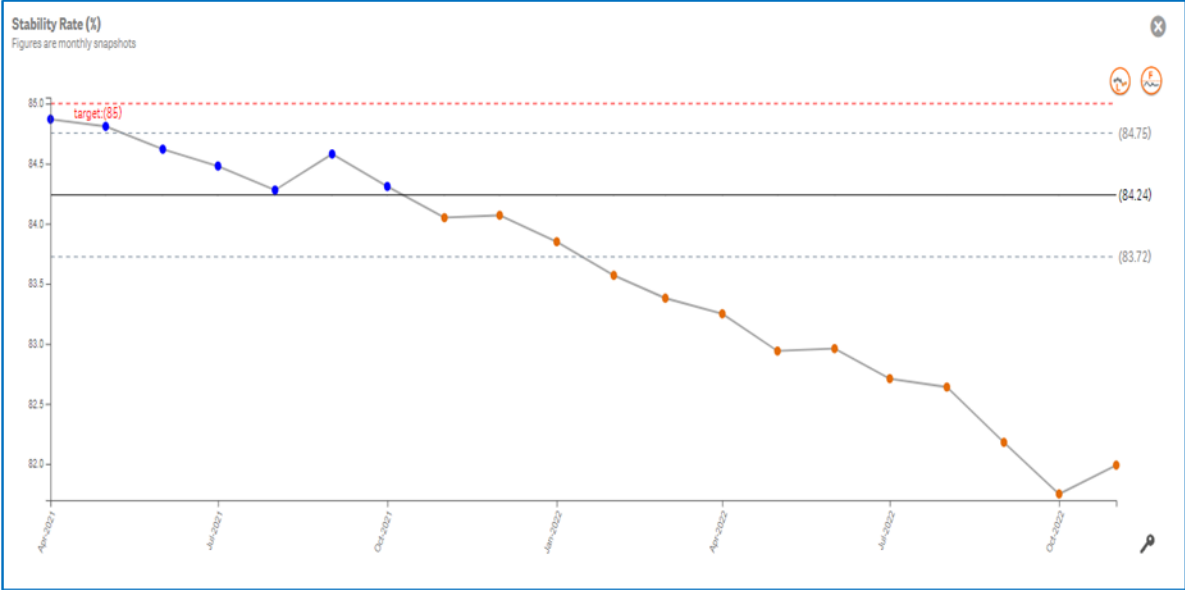
November was a positive month for recruitment with 35 offers were made for healthcare support worker (HCSW) roles across the Trust. 16 for band 2 roles and 19 for band 3 roles

- October saw 14.95 wte new band 2 starters this month, band 3 starters were 6.6 wte for the month
- Vacancies in November for unregistered nursing increased slightly . Band 2 vacancies are now at 84.73 wte (up from 81.61 wte) and band 3 vacancies are currently 65.32 wte (Up from 60.4 wte)

Registered Nursing

- Applications continue to be made in reasonable numbers this month. 37 offers were made for band 5 nursing and midwifery candidates.
- November saw just 12.52wte band 5 starters in September and leavers were 18.8 wte. Our overall registered nursing and midwifery vacancies increased to 295.5 wte
- The Trust was represented at London Nursing Times careers fair where we spoke to over 100 nurses on the day.
- Eight international nurses started their OSCE training with the Trust in November

Engagement and Wellbeing



What Does the Data Tell Us - Turnover and Stability

Turnover increase slightly to 17.32% in November.

Actions delivered: (Associate Director of People)

- Positive sessions and conversations with the NHSEI Retention Lead for the South-West, who also attended NBT's Retention Task and Finish Group, reviewed our action plans and shared some evidence-based high impact actions and models
- A further 4 Restorative Just Culture training sessions have been delivered to managers and a new on-line version of the training has been developed ready for roll out
- Mediation training commissioned and delivered . An internal pool of NBT staff with mediation skills are now available to support staff and managers through challenging relationships and situations
- Further CPD session occurred for Harassment and Bullying Advisors and Cultural Ambassadors

Actions in Progress:

- 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 (Aug – January 2023)
- Piloting Exit Questionnaires using MS Forms with a data feed into Qlik (October – December 2022)
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December- March 2023)
- Roll-out of Agile Working strategy and approach, via Divisions (December – April 2023)
- Review and consolidation of Retention Action plan, around 3 key actions and NHSEI suggested approaches (January 2023)
- Plans in place for People Team to attend Corporate Induction, and to staff a stand where we can share with all new staff and managers the resources and help that is available to them at NBT to support them in their employment journey/experience.
- NHSEI have identified a 'buddy sites ' for NBT of Warrington, Wigan and Leigh NHS FT on best practice in retention, and Mid-Cheshire on flexible working (meetings set for January 2023)

What Does the Data Tell Us - Health and Wellbeing

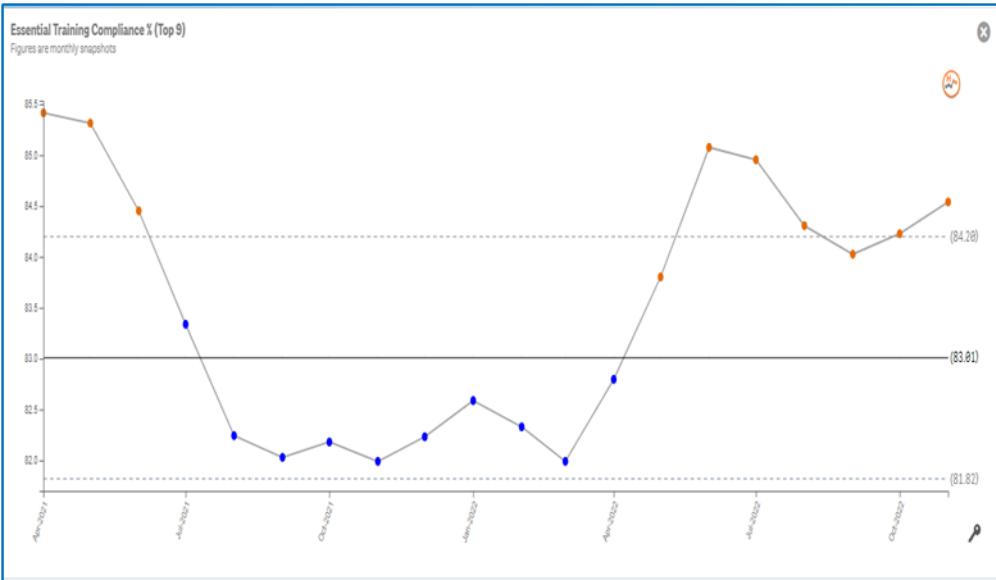
October saw an increase in sickness.

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

- Subsidised staff food introduced across 3 staff sites introduced in November (£1 soup & roll)
- New staff rest areas opened in WACH and Brunel sites. Feasibility study of other areas under way.
- Christmas presents for 1500 staff working on Christmas Day funded by Southmead Hospital Charity.
- Staff survey closed 25/11 with highest ever participation rate (51%) initial embargoed results due in December.
- Wellbeing events: Lion's Barber mental health event (21st November), Theatres wellbeing event (23rd November), Financial wellbeing listening events (29th & 30th November), Menopause Café launched (5th December), Disability awareness 'light up' event (8th December) Jolly Hog site visit (9th December).

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

- New Reasonable Adjustment toolkit finalised and engagement events scheduled for Disability History Month (November- December 22)
- Relunched wellbeing intranet pages and branding in development (launch early 2023).
- Revised Trust-wide induction programme proposed for implementation from (January 2023)



Training Topic	Variance	Oct-22	Nov-22
Child Protection	0.5%	82.6%	83.1%
Adult Protection	0.7%	83.2%	83.9%
Equality and Diversity	0.2%	85.7%	85.9%
Fire Safety	0.5%	85.0%	85.5%
Health and Safety	0.2%	85.2%	85.4%
Infection Control	0.4%	86.1%	86.5%
Information Governance	0.5%	82.0%	82.5%
Manual Handling	0.4%	83.0%	83.4%
Waste	0.3%	85.4%	85.7%
Total	2.3%	82.38%	84.64%

What Does the Data Tell Us - Essential Training

- MaST compliance is trending upwards, meaning that more people are engaging with their MaST. Trust compliance is hovering around 85%.
- L&OD are working with divisions to encourage completion of outstanding training.

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

- People Partners are sent weekly MaST reports to encourage completion for areas below the 85% target.
- Working on a plan to target and communicate to staff who have not yet started their MaST as this is not done automatically by the LEARN system.
- New Trust induction approved for Jan 23 delivery. Includes Executive presentation, 3 face-to-face (f2f) MaST modules (Information Governance, Health and Safety, and Fire Prevention), networking, and presentations from Wellbeing and Freedom to Speak Up.

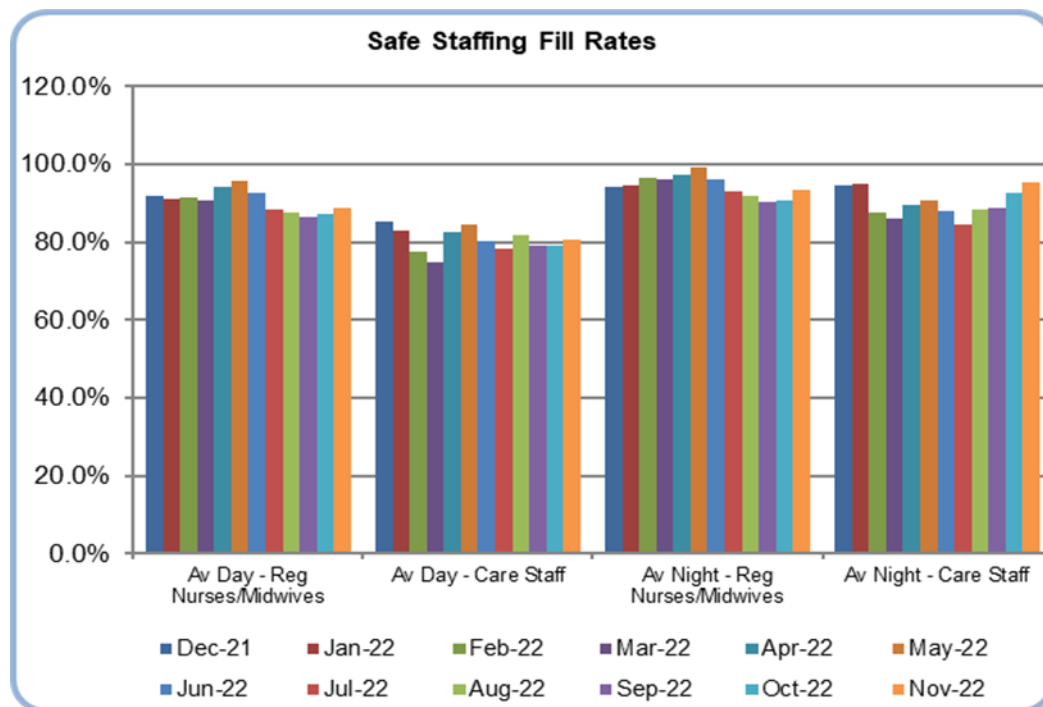
Other Wider Actions

Leadership & Management Learning

- Working up leadership programmes for new/aspiring managers, experienced managers and senior leaders. This will require investment as we will need to work with external training providers to deliver at scale.
- Six new 90 min Bitesize modules will be available in Jan 23, plus refreshed f2f Management Skills Modules.
- Review and relaunch OneNBT Leadership Programme, in collaboration with NHS Elect, Apr 23 along with a relaunch of the NBT Induction (Jan 23 delivery).
- Reviewing NBT coaching strategy to provide operational coaching and coaching skills for managers. Coaching relationships have increased in the second half of 2022 with nine coachees successfully matched since Aug 2022.
- We have supported the NBT / DE&S Mentoring Programme, working with 55 mentors and mentees at f2f events and online.
- The Specialty Leads Programme continues to be delivered, however due to low attendance rates we are looking to refresh this offer in early 2023, which may see this offered to additional roles including General Managers across the Trust.
- Piloted our Conversations with Compassion Module, jointly developed by the Psychology Team, with 24 admin staff, results being reviewed in Jan 23 to agree our approach.

Apprenticeships

- Levy utilisation from 1st April 22 is 92%, £15k expired funds in November, however UWE have not yet enrolled all new apprentices,
- Apprenticeship centre continues to maintain MATRIX accreditation following our annual quality assurance visit
- Apprenticeship centre completions for November- 1 L2 HSCW have passed their apprenticeship and 2 L3 SHCSW apprentices have passed. Enrolments for HCSW apprentices have significantly reduced compared to this time last year, this is mainly due to HCSW eligibility to meet apprenticeship requirements.
- 8 work experience placement planned between now and April, likely to increase after April due to school timetables
- New all staff induction paper has been approved, first induction following the new template is 30th January



Nov-22	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	88.7%	80.5%	93.3%	95.3%

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

What Does the Data Tell Us

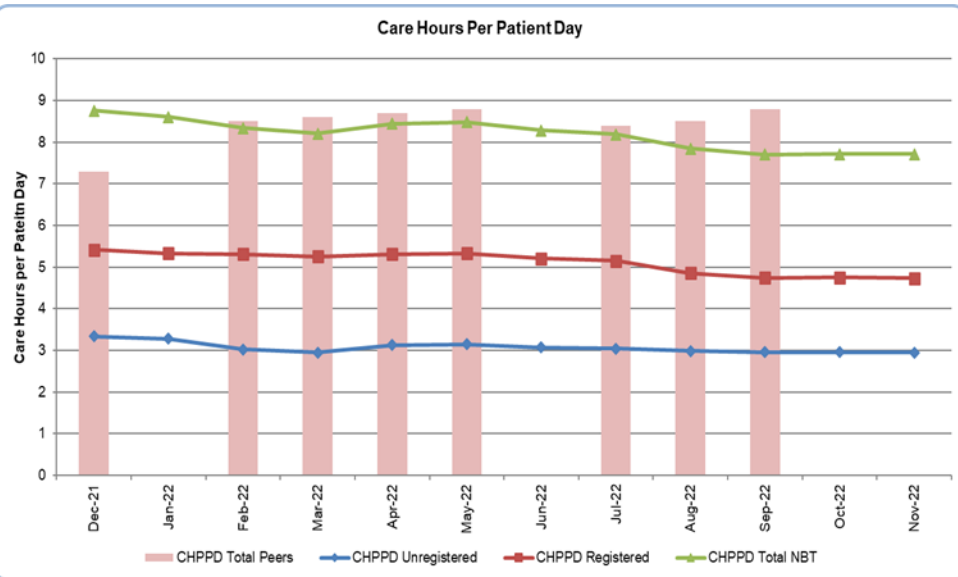
There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 88.00 wte starting up to the end of November.

September's Nursing & Midwifery safe staffing summit has led to some key actions to review and improve the care assistant recruitment process.

Safe staffing is maintained through daily staffing reviews and registered staff and unregistered staff are deployed as required to meet the needs of patients across the service. Where staffing fill rates exceed 100% this is predominantly related to caring for patients with enhanced care needs.

Of the 34 units reports safer staffing data:

- 14.71% of units had a registered fill rate of less than 80% by day and 5.88% by night with hotspots in maternity.
- 47.06% had an unregistered fill rate of less than 80% by day and 17.65% by night. Data shows high levels of unfilled rate across all divisions which is reflected in the daily overall staffing sitrep.



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).

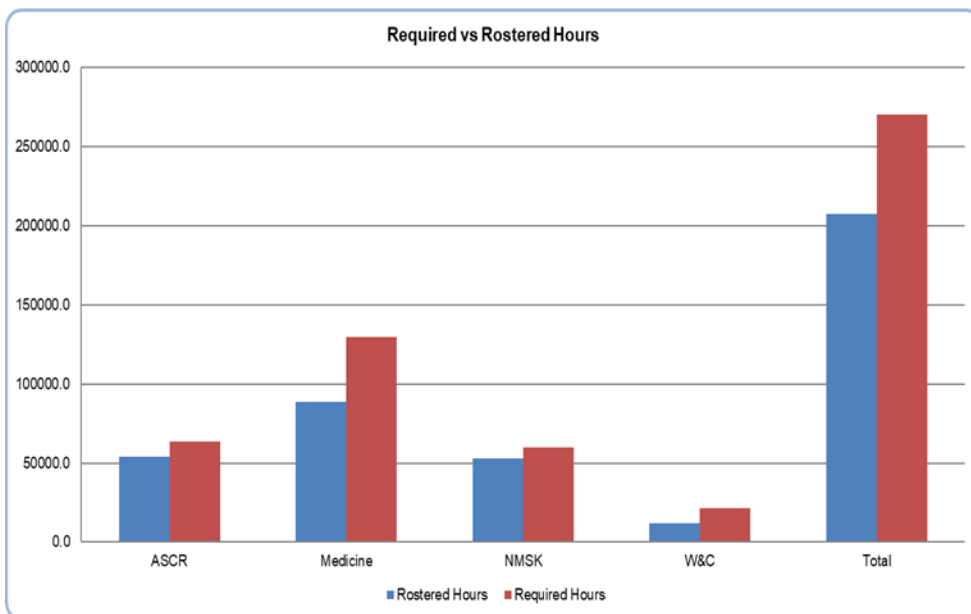
Safe Care Live (Electronic Acuity Tool)

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.

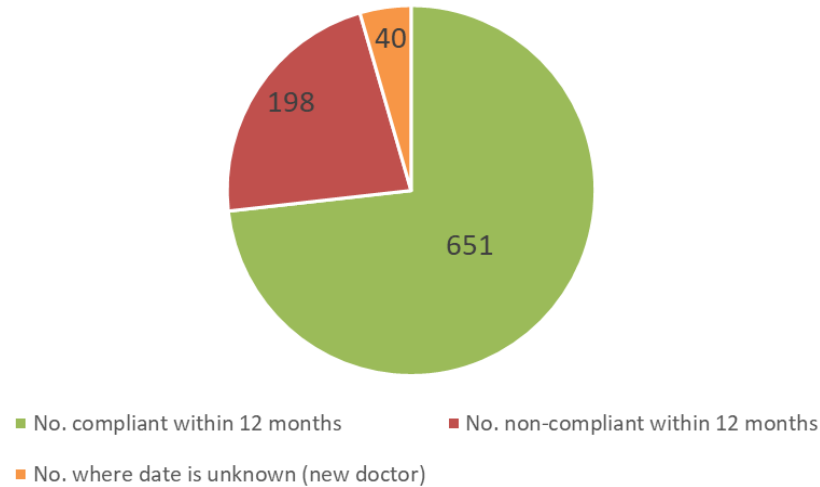
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

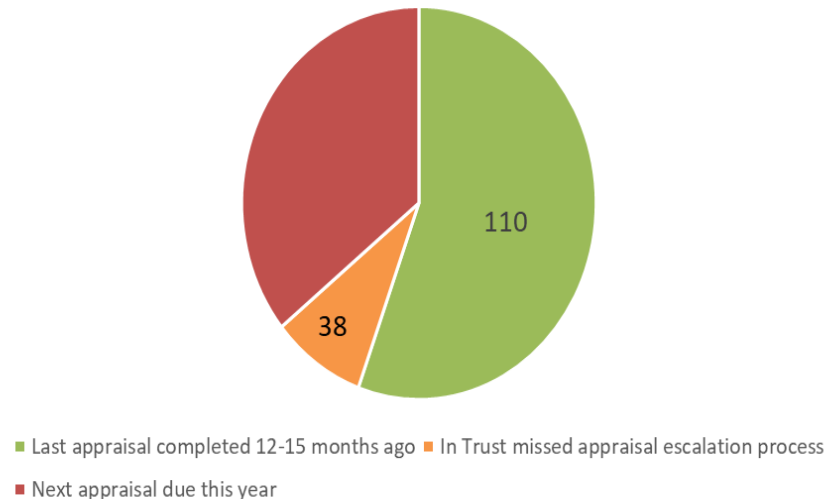
This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on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



Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



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 30th November 2022

	Month 8			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.5	61.3	2.8	465.4	484.0	18.6
Other Income	5.1	8.2	3.0	47.9	55.9	8.0
Pay	(38.9)	(42.5)	(3.5)	(314.5)	(333.3)	(18.8)
Non-Pay	(25.1)	(27.2)	(2.1)	(205.0)	(217.9)	(12.8)
Surplus/(Deficit)	(0.4)	(0.2)	0.2	(6.1)	(11.3)	(5.1)

Assurances

The financial position for November 2022 shows the Trust has delivered a £0.2m actual deficit against a £0.4m planned deficit which results in a £0.2m favourable variance in month, with a £5.1m adverse variance year to date.

Contract income is £2.8m favourable in month and £18.6m favourable year to date. The in month position is driven by the additional income recognised relating to the pay award (£0.9m favourable), ESRF (£0.7m favourable) and additional funding relating to Demand and Capacity funding and Pathology Network funding (£1.2m favourable).

Other Income is £3.0m favourable in month and £8.0m 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 £0.2m adverse to plan which is driven by reduced income in Facilities from staff car parking and Core Clinical Services correcting year-to-date invoicing.

Pay expenditure is £3.5m adverse in month and £18.8m adverse year to date. The in month position is driven by overspends on bank and agency (£1.4m), CIP under-delivery (£0.7m) and overspends on administration due to delays in delivering IM&T saving (£0.2). In September, the Trust paid the backdated pay award to agenda for change and consultant employees. The additional 1.66% pay award announced in August is greater than the initial 2% included within the June plan. This is driving a £0.8m adverse variance in month.

Non-pay expenditure is £2.1m adverse in month and £12.8m adverse year to date. The in month position is driven by increased spend on medical and surgical supplies in clinical divisions, drug and blood product spend (pass-through), unidentified CIP and increased spend in Corporate areas offset by income. This is partially offset by favourable variances in cost of capital from delayed depreciation and a review of IFRS 16 leases treatment.

Statement of Financial Position at 30th November 2022

	21/22 M12	22/23 M07	22/23 M08	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets					
Property, Plant and Equipment	605.0	610.3	610.1	(0.2)	5.1
Intangible Assets	13.7	12.3	12.2	(0.1)	(1.5)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	620.2	624.1	623.8	(0.3)	3.6
Current Assets		0.0			
Inventories	9.1	9.5	9.8	0.3	0.6
Trade and other receivables NHS	19.0	18.8	17.5	(1.3)	(1.5)
Trade and other receivables Non-NHS	20.5	25.2	26.0	0.7	5.4
Cash and Cash equivalents	116.2	99.4	100.5	1.2	(15.6)
Total current assets	164.8	153.0	153.8	0.8	(11.0)
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	6.1	7.3	1.2	(3.3)
Trade and Other payables - Non-NHS	102.6	99.6	100.0	0.4	(2.6)
Deferred income	16.4	26.5	26.6	0.1	10.2
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	3.1	0.8	(2.3)	(1.3)
Total current liabilities	147.0	150.9	150.3	(0.6)	3.4
Trade payables and deferred income	7.1	7.7	7.7	0.0	0.6
PFI liability	359.3	353.4	352.6	(0.8)	(6.7)
Finance lease liabilities	2.0	6.2	6.9	0.7	4.9
Total Net Assets	269.7	258.8	260.0	1.1	(9.7)
Capital and Reserves					
Public Dividend Capital	456.9	456.9	458.1	1.2	1.2
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(10.9)	(10.9)	(0.0)	(11.9)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	269.7	258.8	260.0	1.1	(9.7)

Assurances and Key Risks

Capital – Total capital spend for the year to date was £15.9m, compared to an initial plan of £14.5m. The total planned spend for the year is £22.1m. An additional £19.8m of capital funding is expected to be available through national funding, grants and historic receipts. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks.

Receivables - There was a net increase of £3.9m in receivables, of which £4.3m is related to income from the commissioners offset by a net decrease in other receivables (including year-end accruals for Mass Vaccination and Nightingale Surge Ward).

Cash – The cash balance decreased by £15.6m year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. 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 £3.3m due to post year end actions. Non-NHS payables have decreased by £2.6m, of which £6.0m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £3.4m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £10.2m in deferred income, of which £4.7m represents deferral of contract income for delayed service developments, and the remainder is linked with timing of funding received from Health Education England and research.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

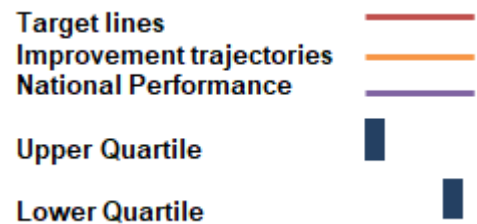
Monitor Provider Licence Compliance Statements at December 2022

Self-assessed, for submission to NHSI

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

Unless noted on each graph, all data shown is for period up to, and including, 30 November 2022 unless otherwise stated.

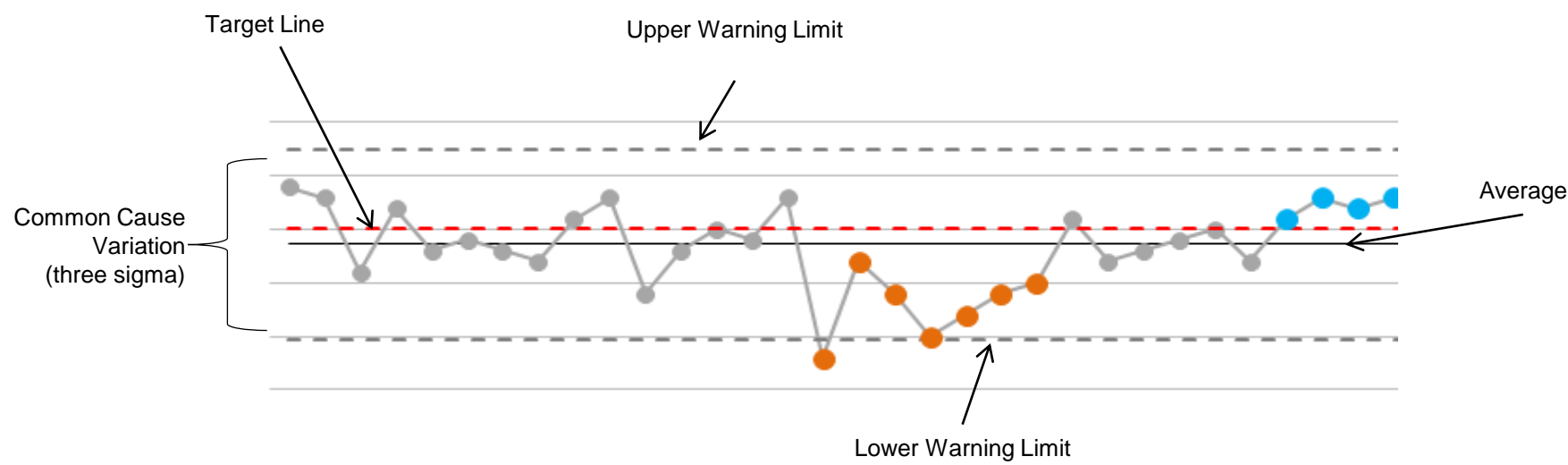
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



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

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
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



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