North Bristol NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

February 2023 (presenting January 2023 data)

NBTCARES

Contents

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	7
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	15
Patient Experience	Chief Nursing Officer	23
Well Led	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	25
Finance	Director of Finance	34
Regulatory View	Chief Executive	37
Appendix		39

North Bristol Trust Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%		53.19%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	295	367	449	360	176	297	304	57	261	482	433	786	312		10-1493	4/10
	Ambulance Handover < 15 mins (%)		65.00%	-	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%			
	Ambulance Handover > 60 mins		0	-	827	684	681	538	430	527	486	364	439	672	778	1041	457			
	Average No. patients not meeting Criteria to Reside			-	295	304	302	301	317	280	349	395	368	381	378	343	350			
	Bed Occupancy Rate			93.33%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%			
	Diagnostic 6 Week Wait Performance		1.00%	25.00%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.19%		34.92%	7/10
	Diagnostic 26+ Week Breaches		0	6	1617	1767	2160	2498	2690	2761	2753	2842	3044	2755	2817	2424	1351			
	RTT Incomplete 18 Week Performance		92.00%	-	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%		53.50%	2/10
	RTT 52+ Week Breaches	R	0	2973	2284	2296	2242	2454	2424	2675	2914	3131	3087	3062	2980	2984	2742		24-10651	2/10
	RTT 78+ Week Breaches	R		184	501	511	458	491	473	443	439	441	394	375	319	306	223		0-1565	2/10
	RTT 104+ Week Breaches	R		48	184	177	96	71	48	34	32	33	30	27	17	13	16		0-253	6/10
	Total Waiting List	R		37959	37210	38498	39101	39819	40634	42326	46900	48766	49025	48871	47418	46523	46288			
	Cancer 2 Week Wait	R	93.00%	56.58%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%	-		71.76%	9/10
	Cancer 31 Day First Treatment		96.00%	91.07%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%	-		93.05%	9/10
	Cancer 62 Day Standard	R	85.00%	79.26%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%	-		48.67%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	69.86%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%	-		68.36%	10/10
	Cancer PTL >62 Days		242	345	781	528	472	641	689	555	667	858	529	328	329	328	335			
	Cancer PTL >104 Days		0	50	197	135	167	133	161	134	172	147	123	63	47	23	26			
	Urgent operations cancelled ≥2 times		0	-	0	0	0	1	1	1	1	1	2	0	1	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

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	
	Caesarean Section Rate				39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	
	Still Birth rate			0.40%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	
	Induction of Labour Rate			32.10%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	
	PPH 1500 ml rate			8.60%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	
	Summary Hospital-Level Mortality Indicator (SHMI)				95.76	96.04	97.6	97.5	95.72	95.65	96.22	95.97	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	0	0	1	1	0	0	0	0	0	2	1	1	
	Commissioned Patient Safety Incident Investigations				5	1	3	4	3	1	1	1	0	0	7	1	3	
	Healthcare Safety Investigation Branch Investigations				1	0	1	1	0	1	1	1	0	0	4	0	1	
	Total Incidents				1339	1172	1312	1211	1133	1190	1336	1278	1151	1258	1238	1269	1139	
	Total Incidents (Rate per 1000 Bed Days)				46	44	44	42	37	41	46	41	38	40	40	42	38	
	WHO checklist completion			95.00%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.39%	98.08%	97.58%	97.53%	97.95%	97.91%	96.99%	
	VTE Risk Assessment completion	R		95.00%	93.80%	93.99%	92.63%	93.44%	93.43%	93.79%	90.83%	90.25%	90.44%	90.50%	90.87%	92.88%	-	
	Pressure Injuries Grade 2				16	19	18	19	19	14	25	16	17	14	19	11	16	
	Pressure Injuries Grade 3			0	0	0	0	0	1	1	0	0	0	2	2	1	0	
	Pressure Injuries Grade 4			0	0	1	0	0	0	0	0	0	0	0	0	1	0	
	PI per 1,000 bed days				0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	
	Falls per 1,000 bed days				7.57	6.22	6.96	5.63	0.00	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	
	#NoF - Fragile Hip Best Practice Pass Rate				64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	5.45%	-	
	Admitted to Orthopaedic Ward within 4 Hours				21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	-	
	Medically Fit to Have Surgery within 36 Hours				69.05%	62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	-	
	Assessed by Orthogeriatrician within 72 Hours				73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	-	
	Stroke - Patients Admitted				103	67	78	92	105	40	85	68	72	65	102	89	72	
	Stroke - 90% Stay on Stroke Ward			90.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	-	
	MRSA	R	0	0	0	4	0	0	1	1	0	0	0	0	0	0	0	
	E. Coli	R		4	1	5	5	0	1	4	3	3	2	2	5	4	9	
	C. Difficile	R		5	6	1	6	7	4	5	3	3	4	1	4	2	1	
	MSSA			2	2	2	1	0	2	2	0	1	8	3	8	2	4	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	98.08%	85.61%	
	Friends & Family - IP - Proportion Very Good/Good				93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	92.15%	93.56%	
	Friends & Family - OP - Proportion Very Good/Good				94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	95.64%	95.10%	
	Friends & Family - ED - Proportion Very Good/Good				80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	
	PALS - Count of concerns				102	111	150	150	129	116	168	154	151	142	143	127	106	
	Complaints - % Overall Response Compliance			90.00%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	
	Complaints - Overdue				5	10	5	10	4	5	6	1	3	7	6	12	5	
	Complaints - Written complaints				56	43	56	43	48	53	46	62	64	77	69	51	62	
Well Led	Agency Expenditure ('000s)				1363	1147	1581	1838	1846	1205	2111	1726	1292	2616	1992	1675	2030	
	Month End Vacancy Factor				7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	
	Turnover (Rolling 12 Months)	R		17.02%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	
	Sickness Absence (Rolling 12 month)	R		4.93%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	
	Trust Mandatory Training Compliance				82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	

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Urgent Care

Four-hour performance improved significantly in January, reporting at 71.94%; NBT moved up in it's ranking from second to first out of ten reporting AMTC peer providers. There was a reduction in the number of 12-hour trolley breaches and ambulance handovers delays, reporting at 312 and 457 respectively. Data presented to Board members by the COO in the January Board demonstrated the December UEC difficulties were not driven by demand but by No Criteria to Reside (NC2R) length of stay continuing to increase. The improved January position has been driven partly by decreases in demand (possibly driven by adverse media reports of ambulance and ED pressures) together with the deployment of the "winter ward" facility, which opened in the second week of January. A tactical deployment of this facility has resulted in it providing repeated benefit throughout January. Performance continues to be impacted by NC2R and ongoing industrial action. 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 significantly in January to 32.19% (4343 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 were several movements in the December position for Cancer. There was an improvement in the TWW standard at 56.62% in December, compared to 47.53% in November. There was a slight drop in the 28-Day standard at 54.48% compared to 55.74% in November. The 62-Day performance standard was static at 48.67% compared to 49.14% In November, and there was a slight increase in 31-Day performance at 87.16% compared to 86.49% in November. 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 has made substantial and sustained improvement in the total cancer waiting list, and has consistently been reducing the number of patients who have waited over a 104-Days and 62-Days for a diagnosis or treatment. The team are working on improving compliance against the Faster Diagnosis Standard and also implementing optimum timed pathways, which will improve performance against the core standards.

Quality

January saw a reducing trend in COVID-19 and influenza A cases, with no associated ward outbreaks. NBT remains below trajectory for C. Difficile and Gram negative cases and has not reported any MRSA cases in January. Within Maternity, staffing challenges continue, although the pipeline of new starters is improving and staffing vacancies are on a decreasing trajectory into next financial year. Learning themes have been identified from staff and service user feedback, including the recently published Maternity national patient survey. Improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership). The reporting of and response to harm from pressure injuries, falls and medication incidents continues to reflect a positive safety culture within a challenged operational environment. Notably there were no grade 3 or 4 pressure injuries reported in January. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts. Following recent review at the Quality Committee it has been agreed to improve the visibility of mortality learning themes and links to improvement actions via periodic Board reporting, via the Quality Committee. Consequently the full IPR page will be discontinued but SHMI included as a monthly reported dashboard KPI. The rate of VTE Risk Assessments remains below the national target of 95% compliance, planned improvements, particularly in the digital capture of assessments in Careflow, are underway in line with the agreed plan. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

Workforce

Trust vacancy factor decreased from 8.93% in December to 8.64% in January, with current vacancies at 779.5wte. NBT's Rolling 12-month staff turnover decreased from 17.10% in December to 16.99% in January. The Rolling 12-month sickness absence position decreased slightly to 5.49% in January from 5.56% in December. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12-month absence rates of 8.13% and 9.08% respectively. Temporary staffing demand increased by 4.98% (53.29wte) from December to January. As both bank and agency use increased (13.80%, 84.08wte) and (4.13%, 6.44wte), there was a resulting decrease in unfilled shifts by 12.26% (-37.24wte).

Finance

The financial plan for 2022/23 at Month 10 (January) was a surplus of £2.2m. The Trust has delivered a £3.2m surplus, which is £1.0m better than plan. This is predominately driven by additional contract income around demand and capacity, slippage in investments and service developments, and non-recurrent mitigations offset by the non-delivery of savings in the first nine months of the year and high levels of premium pay spend, including on agency and incentives. 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 10 for non-delivery. In BNSSG this has been recognised in provider positions in-month. The Trust completed a detailed forecast in September. At month 10 the Trust is £1.2m better than forecast against the year-to-date position. The position in-month is £0.3m improvement against the forecast. The Month 10 CIP position shows £6.0m schemes fully completed, with a further £1.3m schemes on track and £1.0m in pipeline. There is a £8.2m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this reduces to a £7.2m shortfall. Given the position at Month 10, the risks and mitigations impacting on the delivery for the year end position have been reviewed and the Trust is still expected to achieve the planned breakeven position. Cash at 31 January amounts to £100.6m, an in-month deterioration of £2.7m, which is linked with the payment of invoices in-month and delays in collecting debts. Total capital spend year to date, excluding leases, was £20.8m compared to a plan of £18.2m.

Responsiveness

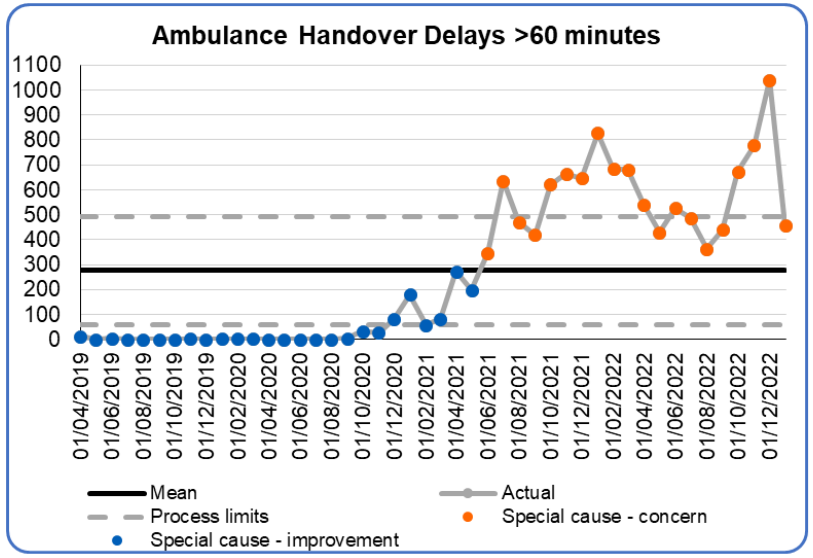
Board Sponsor: Chief Operating Officer
Steve Curry

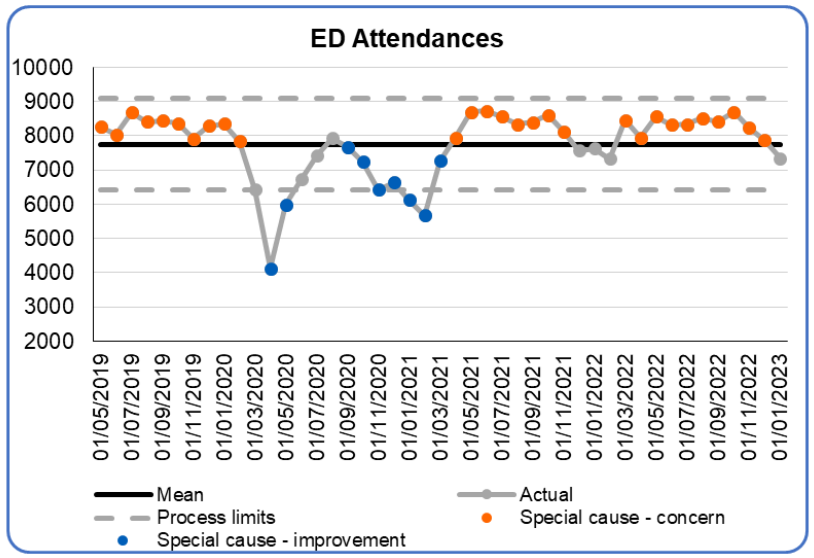
Responsiveness - Indicative Overview

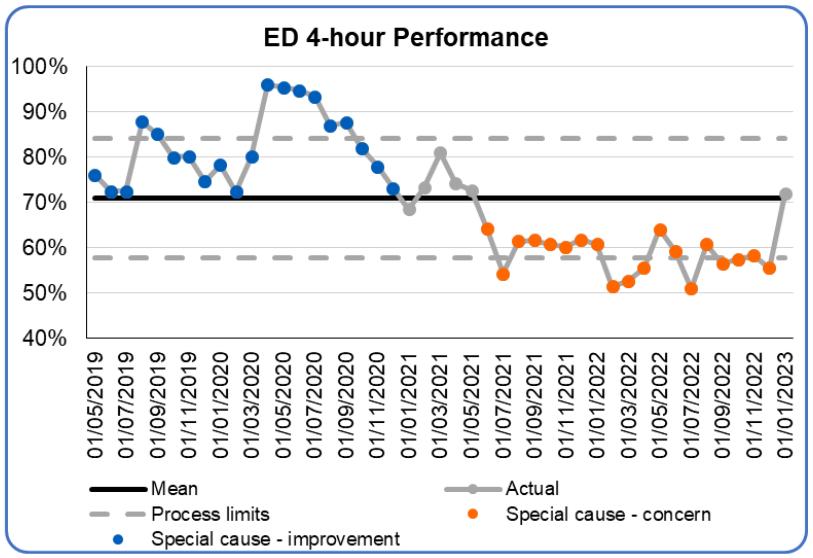
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Deployed selectively dependant on NC2R and IP&C constraints
	Level 6 Brunel Plan	Open and deployed tactically to “recycle” ongoing benefit to flow
	D2A	Some improvement in P1 pathway masked by increased LoS in P2 and P3
RTT	104 week wait	On track
	78 week wait	On track – previous industrial actions mitigations deployed. Future action a concern
Diagnostics	25% 6-week target	On track – significant reduction in-month
	Zero 26-week waits	On track – apart from Endoscopy as per January Board briefing
Cancer PTL	>62-day PTL volume	On track
	>62-day PTL %	On track

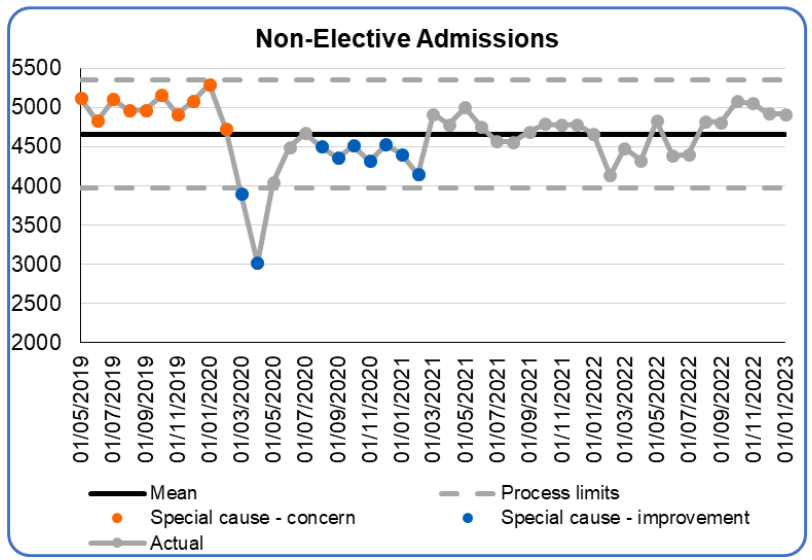
Rating reflects the reported period against in-year plan

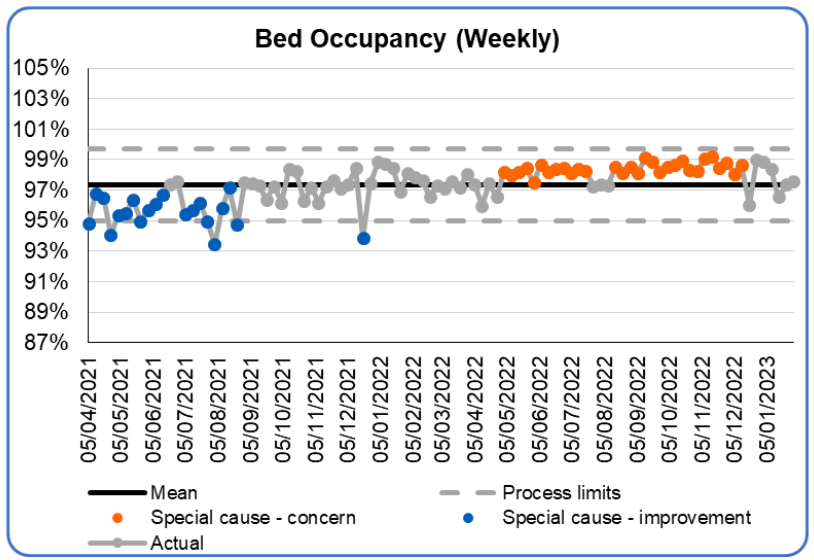
Urgent and Emergency Care

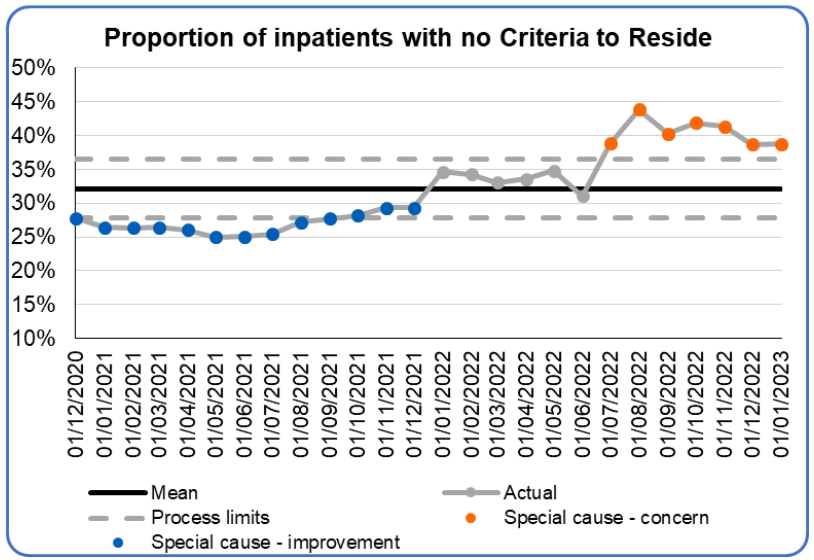












The increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

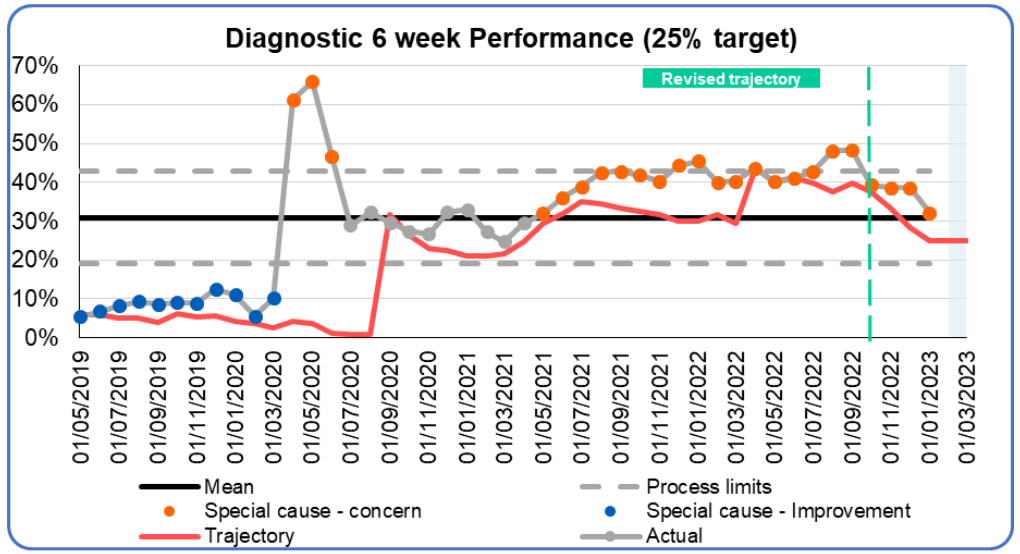
What are the main risks impacting performance?

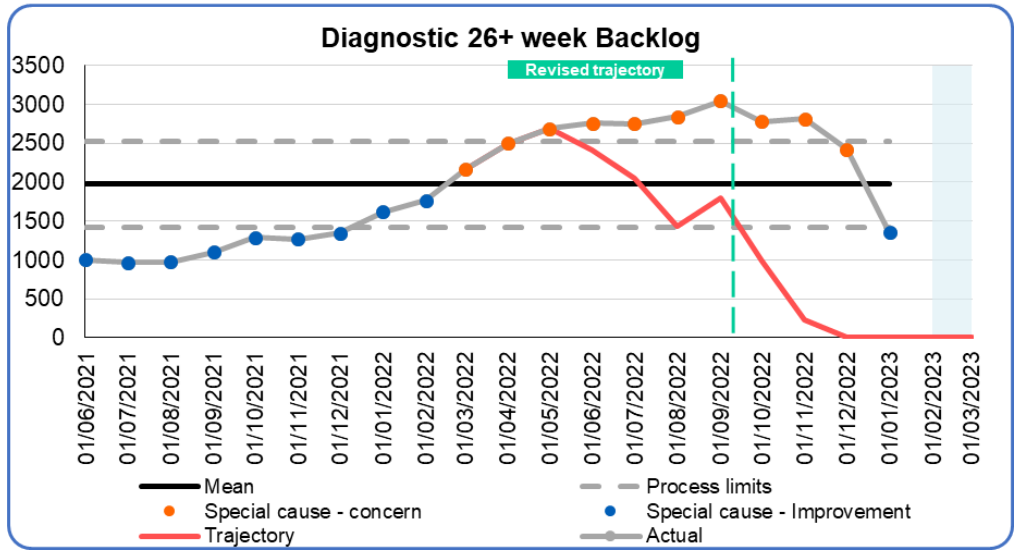
- Four-hour performance improved to 71.94%, moving up in ranking to first out of AMTC providers (compared to second last month).
- ED attendances were 3.81% lower than the same period last year.
- 12-hour trolley breaches decreased in January to 312 (compared to 786 in December).
- Ambulance handover delays over 1-hour decreased to 457 in January from 1041 in December.
- High bed occupancy remains the fundamental driver for ED performance. Occupancy varied between 95.59% - 99.67% in January, averaging at 97.86%.
- A lower UEC attendance and admission rate in January may have been driven by adverse media reports at the end of December. This, along with the tactical deployment of the sixth floor “winter ward” facility has resulted in improved position. As ED attendances and UEC admissions regress to the norm, the trended improvement may be more challenging.

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 of 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).
- Continued tactical bed deployment approach through a “recycling” of “winter ward” capacity (sixth floor).
- 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





What are the main risks impacting performance?

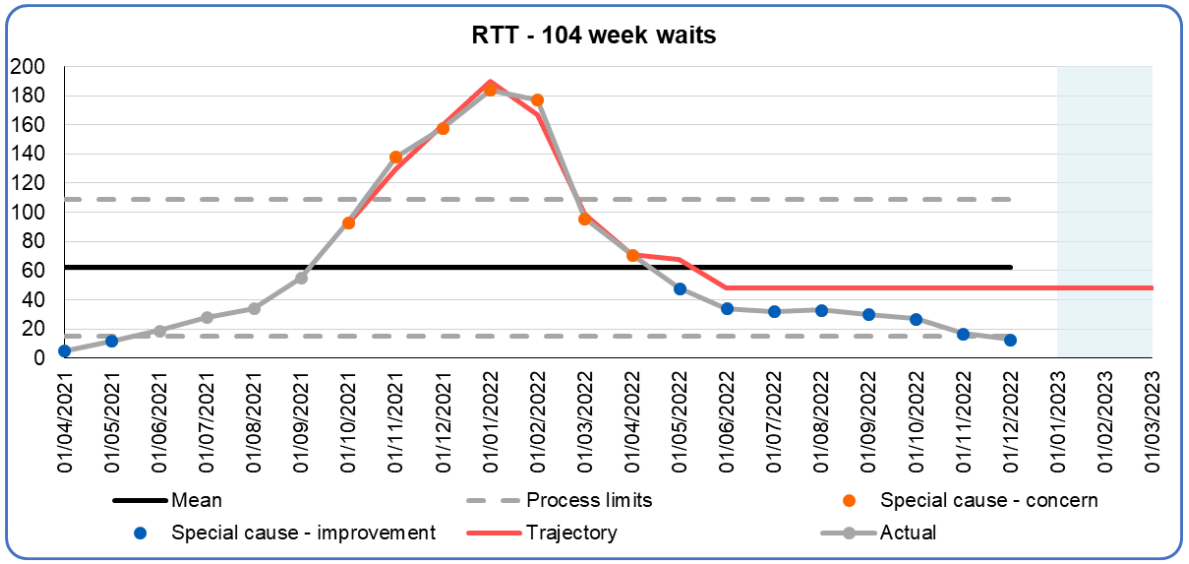
- Mitigations have been developed and have been positively impacting the overall position.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and c.380 26-week breaches (all in Endoscopy) anticipated, the risk of which has been driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. However, these are expected to be cleared by Jun-23 due to ongoing delivery of mitigations.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- Further industrial action remains the biggest risk to year-end target compliance.
- The Trust remains committed to achieving the national requirements in-year.

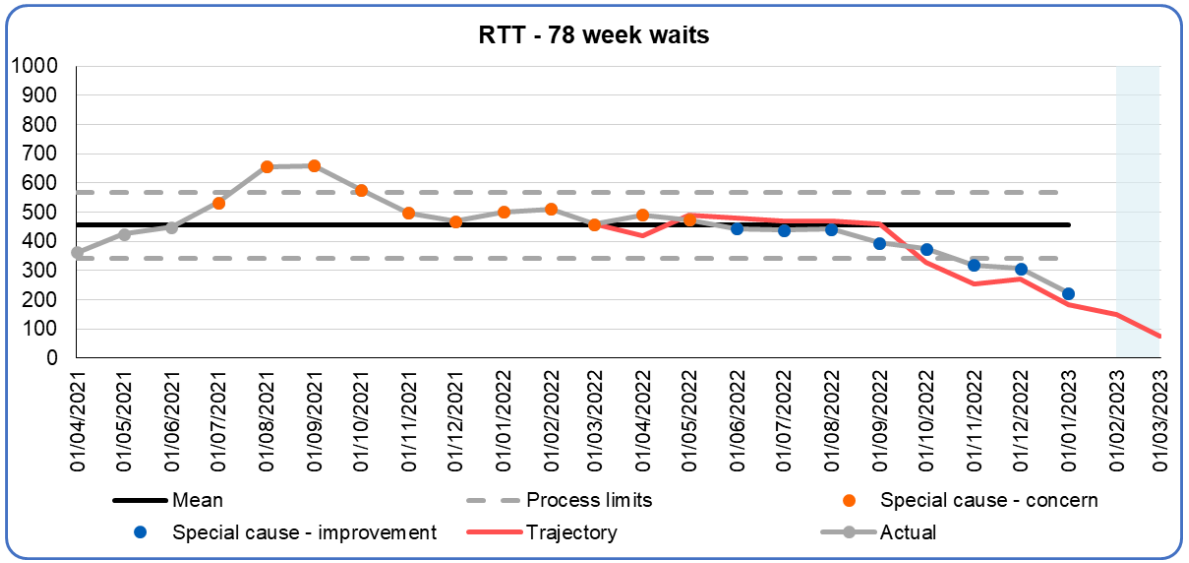
What actions are being taken to improve?

- 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)





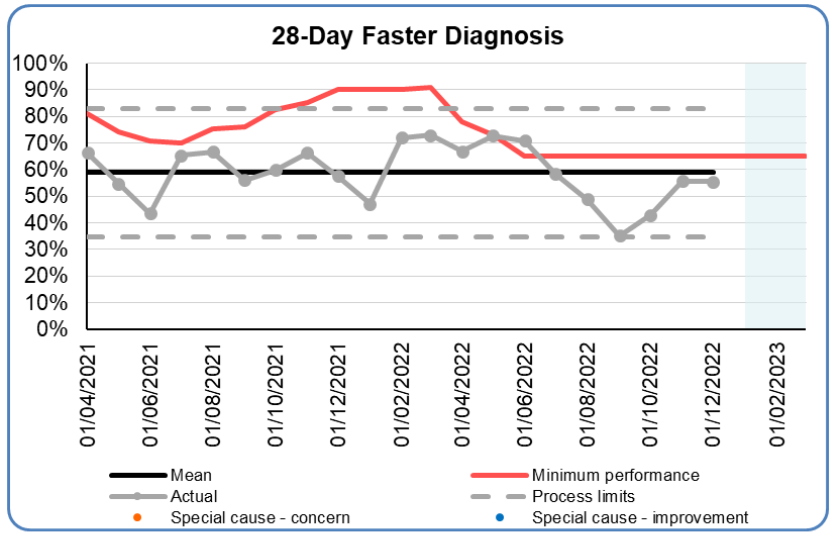
What are the main risks impacting performance?

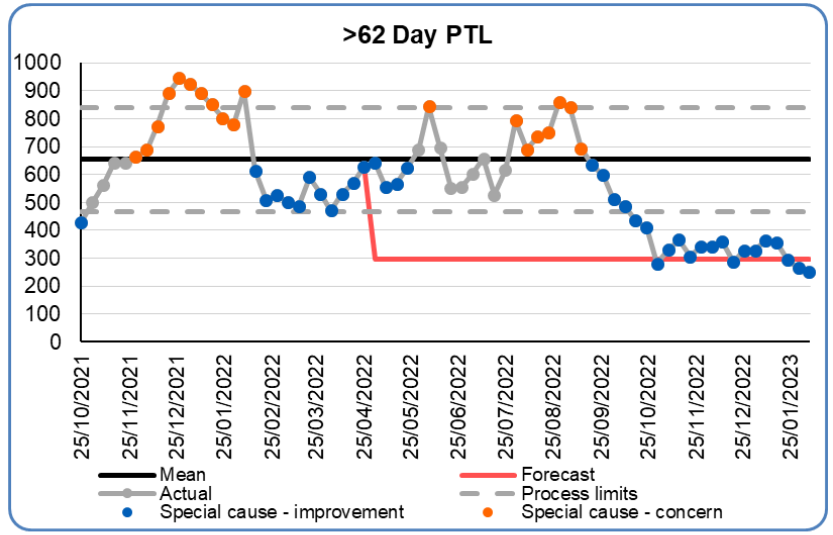
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- There has been a material impact of nurse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

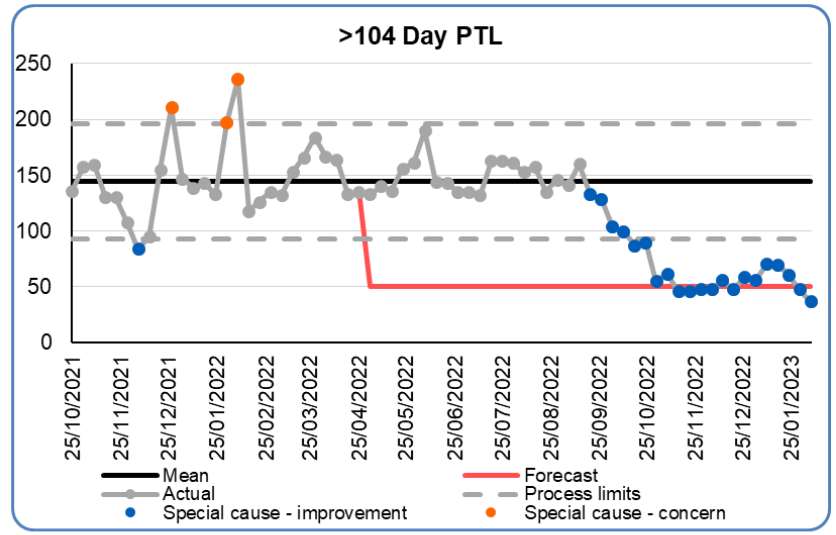
What actions are being taken to improve?

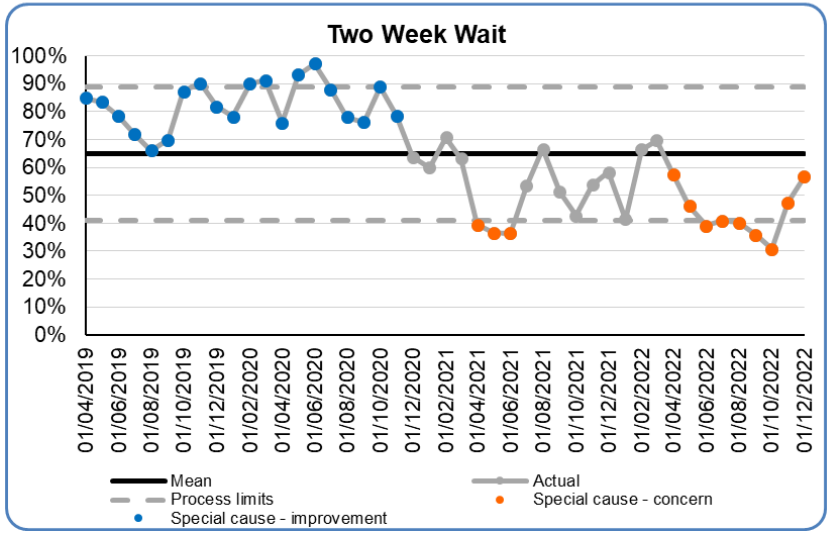
- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There 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.

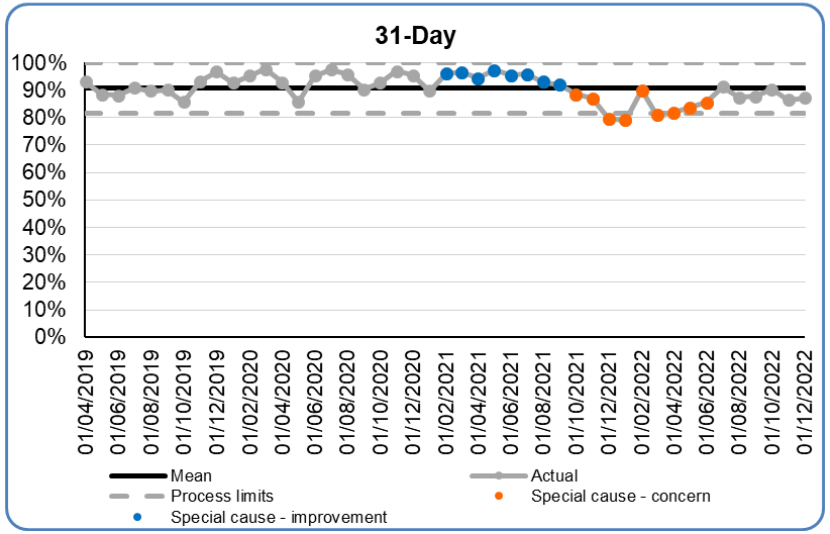
Cancer Performance

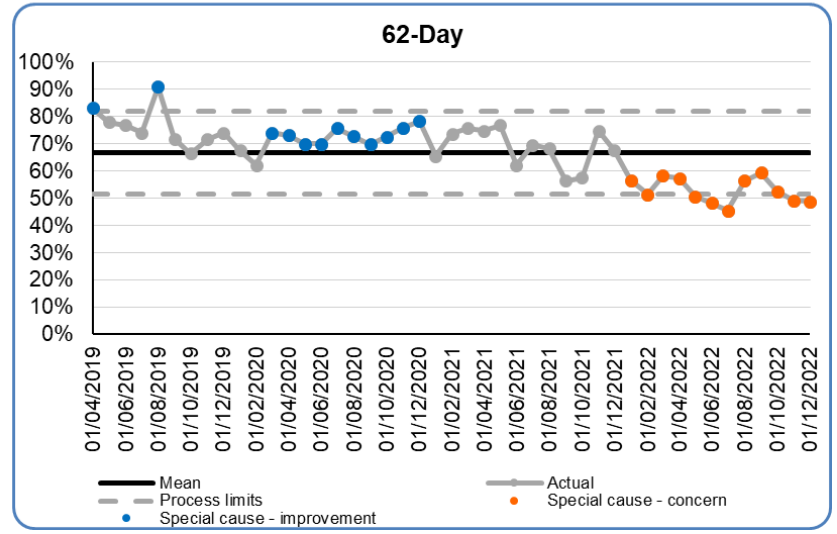












What are the main risks impacting performance?

- Loss of capacity over the Christmas period resulting in an increased >62 day position.
- 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. Trajectories will be revised across all tumour sites in January / February 2023.
- The 30-day follow up visit has taken place and the regional teams are satisfied with the progress being made
- Additional work has now been initiated to manage down the total Cancer PTL (including upgrades). This work is progressing at pace.

Safety and Effectiveness

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

Maternity
Perinatal Quality Surveillance Matrix (PQSM) Tool - December 2022 data

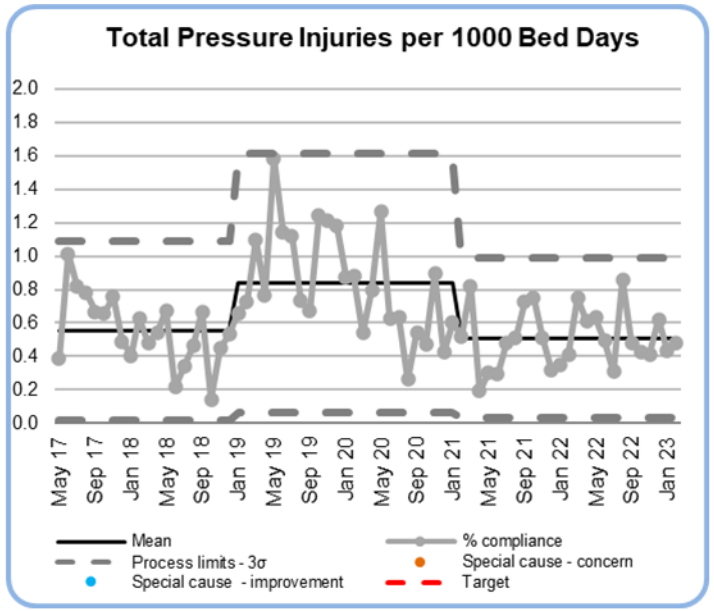
	Target	Dec-22	Q3 total / Average
Activity			
Number of women who gave birth, all gestations from 22+0 gestation		442	1394
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regionial Team Requirement)		449	1416
Number of baies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		32	104
No of livebirths <24 weeks gestation		2	5
Induction of Labour rate %		35%	32%
Unassisted Birth rate %		44%	46%
Assisted Birth rate %		11%	11%
Caesarean Section rate (overall) %		45%	43%
Elective Caesarean Section rate %		22%	21%
Emergency Caesarean Section rate %		23%	23%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		4%	4%
Perinatal Morbidity and Mortality inborn			
Total number of perinatal deaths (excluding late fetal losses)		5	10
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)		1	4
Number of stillbirths (>=24 weeks excl. TOP)		1	3
Number of neonatal deaths : 0-6 Days		2	2
Number of neonatal deaths : 7-28 Days		1	1
PMRT grading C or D cases (themes in report)			
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0
Maternal Morbidity and Mortality			
Number of maternal deaths (MBRRACE)		0	0
Direct		0	0
Indirect		0	0
Number of women recieving enhanced care on CDS		11	
Number of women who received level 3 care (ITU)		0	1
Insight			
Number of datix incidents graded as moderate or above (total)		0	1
Datix incident moderate harm (not SI, excludes HSIB)		0	1
Datix incident PSII (excludes HSIB)		0	0
New HSIB referrals accepted		1	2
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)		1	2
Coroner Reg 28 made directly to Trust		0	0
Workforce			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		2.5	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		0	

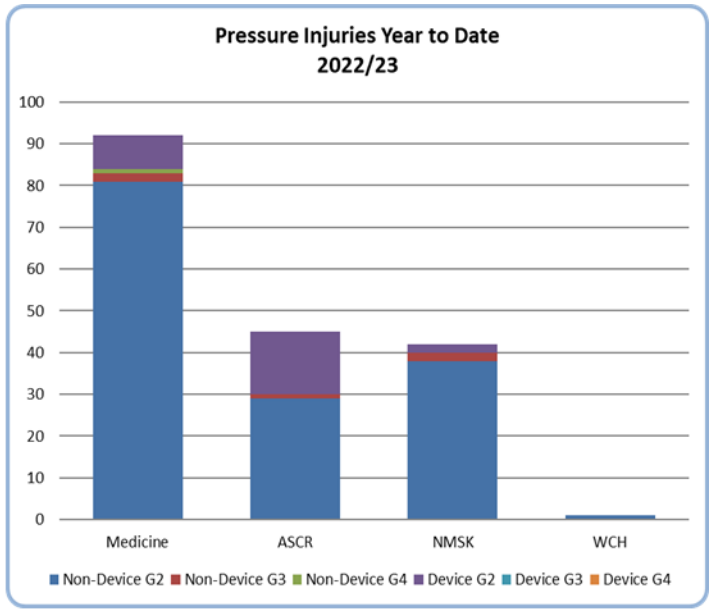
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			54%	27%
Vacancy rate for midwives			12.6%	12%
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			45%	46%
Vacancy rate for NICU nurses			22	21
Datix related to workforce (service provision/staffing)			8	7.333333
Consultant led MDT ward rounds on CDS (Day to Night)			61%	
Consultant led MDT ward rounds on CDS (Day)			68%	64%
One to one care in labour (as a percentage)			99%	98%
Compliance with supernumerary status for the labour ward coordinator		100%	98%	98%
Number of consultant non-attendance to 'must attend' clinical situations			0	0
Involvement				
Service User feedback: Number of Compliments (formal)			117	388
Service User feedback: Number of Complaints (formal)			5	35
Friends and Family Test Score % (good/very good) NICU			N/A	
Friends and Family Test Score % (good/very good) Maternity			93	91
Staff feedback from frontline champions and walk-abouts (number of themes)			2	10
Improvement				
Progress in achievement of CNST /10			7	
Training compliance in annual local BNLS (NICU)			100%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	***Overall***	90%	73%	
	Obstetric Consultants		65%	
	Other Obstetric Doctors		83%	
	Anaesthetic Consultants		77%	
	Other Anaesthetic Doctors		70%	
	Midwives		72%	
	Maternity Support Workers		69%	
Fetal Wellbeing and Surveillance	***Overall***	90%	70%	
	Obstetric Consultants		53%	
	Other Obstetric Doctors		75%	
	Midwives		81%	
Trust Level Risks			6	DNA

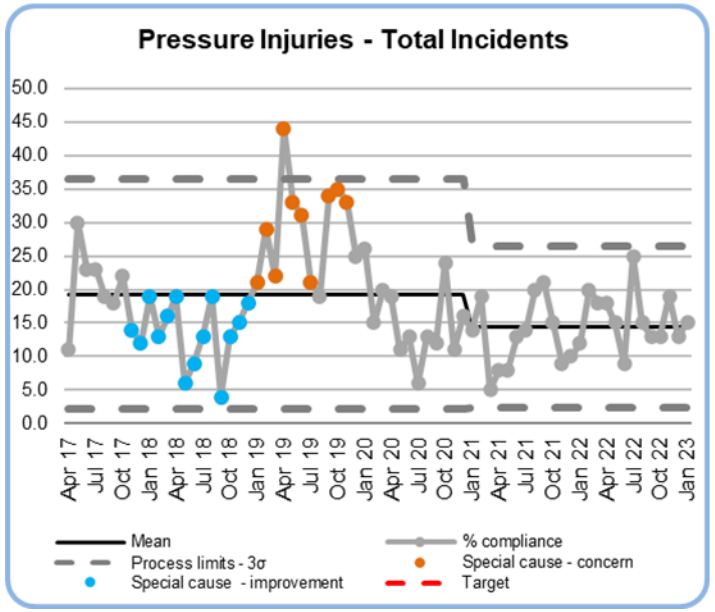
Executive Summary

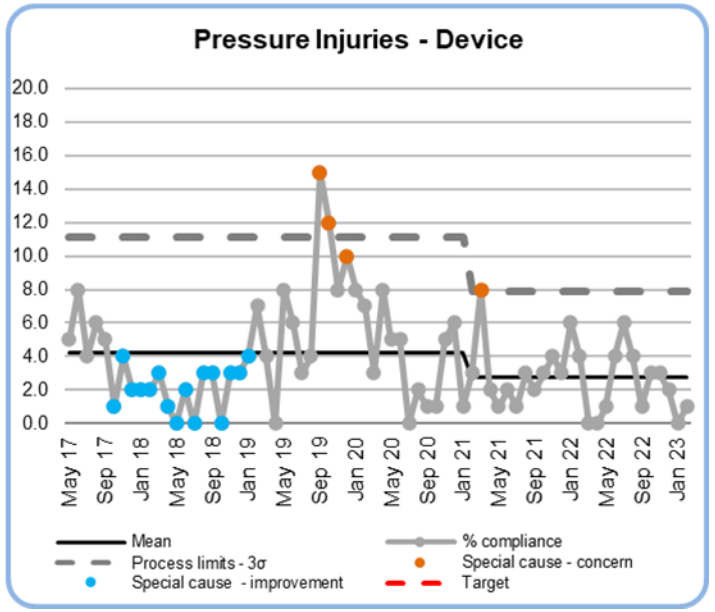
The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.

- There were 0 admissions to ITU from Maternity during December with 11 women receiving HDU care on Central Delivery Suite. This figure is half that of November.
- 3 cases eligible for full PMRT review (1 antenatal stillbirth, 1 x late neonatal death, 1 x early neonatal death)
- The Q3 ATAIN report generated 5 safety recommendations based on the findings from the 4 inclusion criteria categories. Primary themes revolve around: fetal monitoring, fetal growth restriction and caesarean birth.
- 1 x HSIB final reports received following full investigation. Total of 3 safety recommendations for NBT to action based on neonatal head care and interpretation/language.
- 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.
- Findings from Picker Report 2022 have been formally shared with the Division.
- NMPA newly released data shows NBT's 3rd/4th degree rate to be 4.8% from the last year on year assessment which is the highest percentage in the country. The Division recognise this is an issue and above the National average of 3% and is currently conducting an in-depth exploration with an action plan to address areas for learning. The report will be shared with Trust Board and the LMNS once published.
- 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 Kirkup Roadshows (with Ockenden update included) proving successful with multiple attendees from all staff groups. PIMS continues to be a great success with 51 being submitted in December. PeriPrem hotspot training was well received by all staff and the Wellbeing Bus visited W&Ch to support staff psychological wellbeing.
- There are 7 Trust Level Risks.









Pressure Injuries

What does the data tell us?

In January there was an increase in the number of Grade 2 pressure ulcer to 15 with 1 attributable to medical device:

- 1 x elbow, 7 x heels, 7 x buttocks and sacrum

There was no grade 3 or 4 pressure ulcers reported in January.

There were 2 unstageable pressure ulcers were reported, 1 x medicine, 1 x ASCR, both injuries are from mixed aetiologies with pressure as a contributory factor.

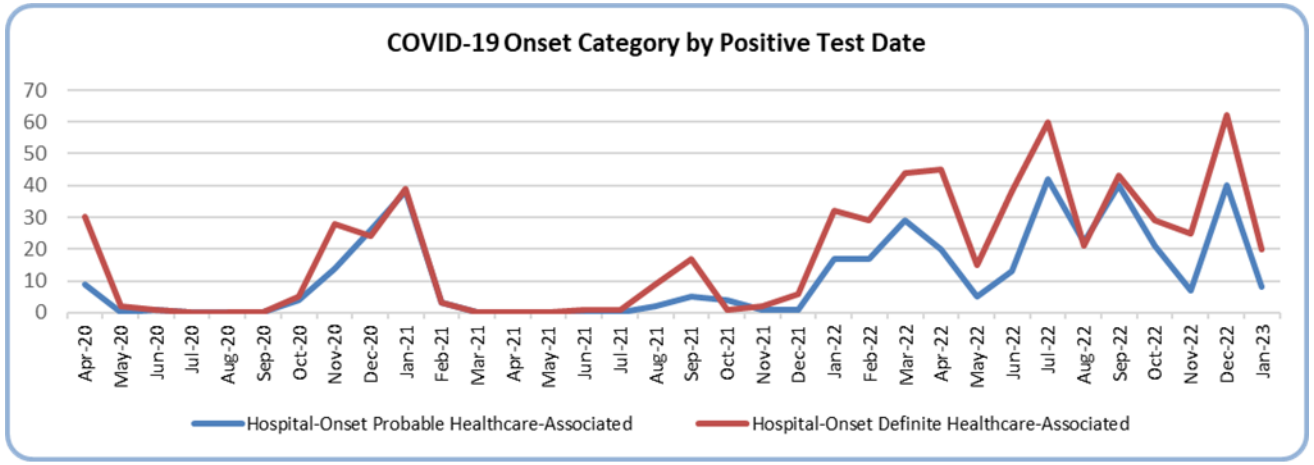
There was an decrease to 19 DTI's from the previous month:

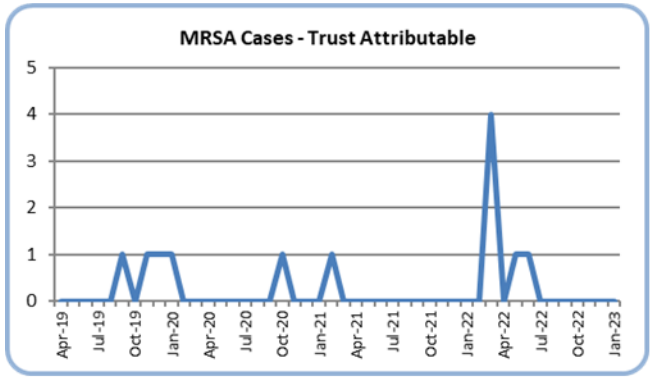
- 8 x sacrum/buttocks/natal cleft, 11 x heels and feet

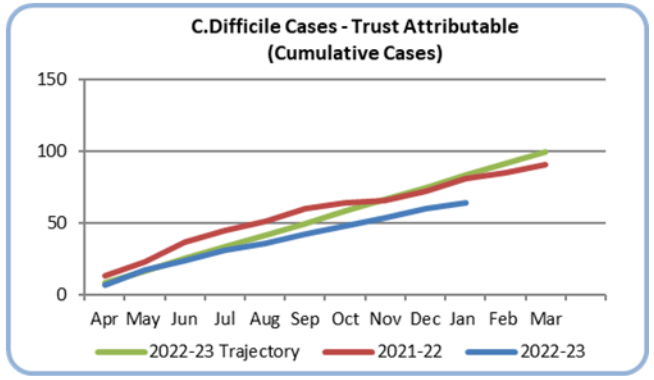
What actions are being taken to improve?

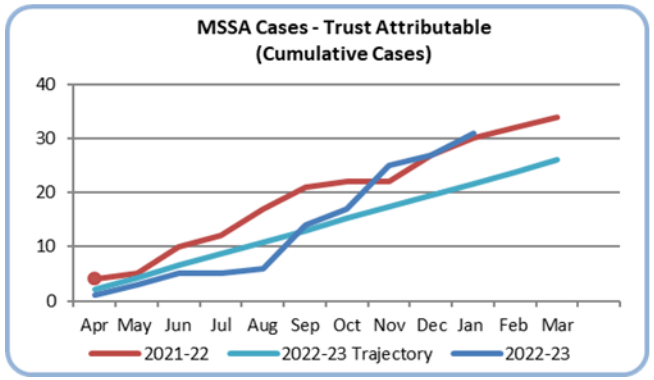
- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service. They work collaboratively with divisions and wards to reduce harm and improve patient outcomes.
- There were MDT meetings to discuss complex patients and how to support them and staff to make informed choices. Terms of Reference are being discussed and a working party formed.
- The Frailty Pathway has been extended and implemented on the Acute Medical Unit 31a and b. The hybrid dynamic mattresses are used as standard care for all admissions which
- TVS provided training at the Stroke study day for HCAs organised by the practice development nurse for stroke. This received excellent feedback from delegates.

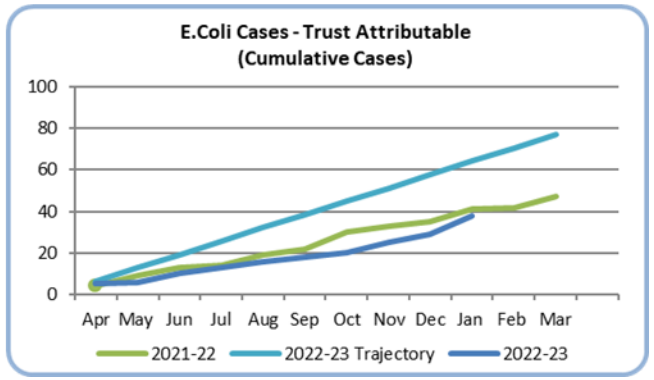
Infection Prevention and Control











What does the data tell us?

COVID-19 (Coronavirus)

January followed a decrease in COVID-19 cases with no associated ward outbreaks.

Influenza

Influenza A cases decreased by the latter half of January.

Control measures were maintained and updated public messaging on mask wearing and restricted visiting if symptomatic were released. Messaging on Infection Control risk assessments for multiple occupied areas continue to be our focus.

MRSA – No Further cases noted in January.

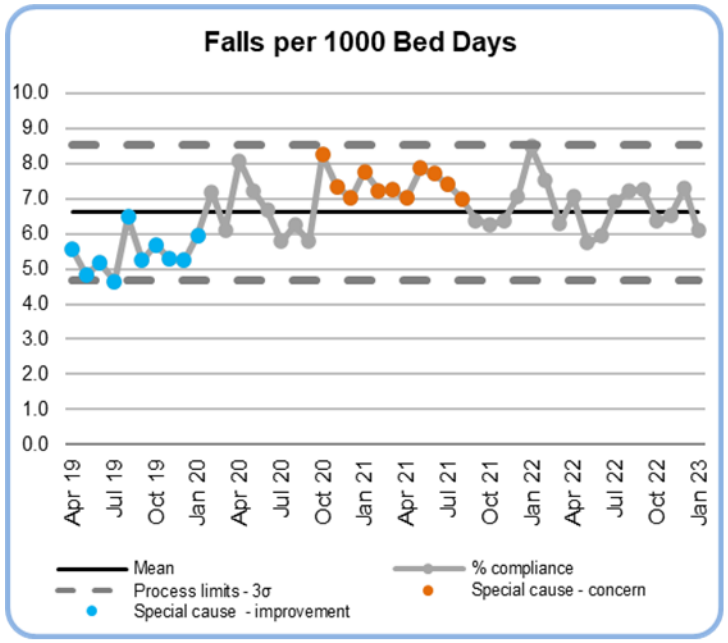
C. Difficile – NBT maintain a below trajectory position, the ICB are satisfied with progress to date, further learning and educational workstreams continue.

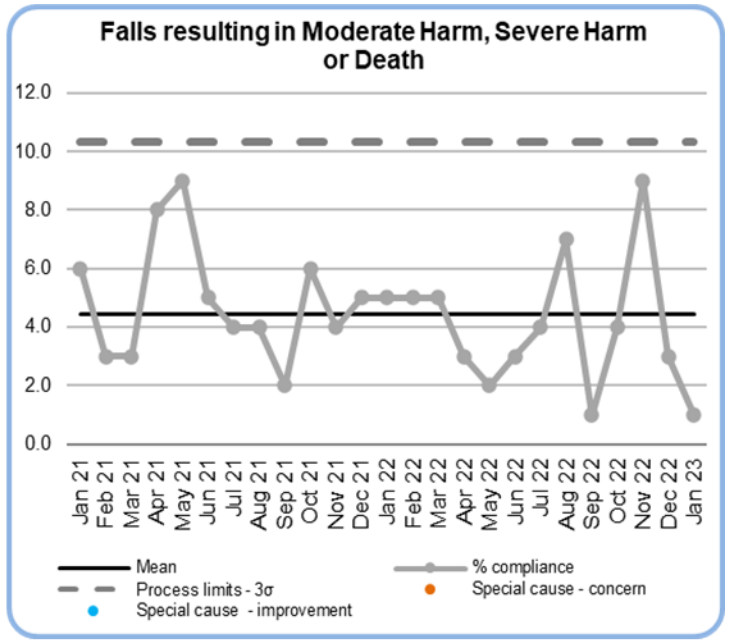
MSSA – A smaller incline brings us in line with 2021-22 rates, above for this year. All Divisions have started MSSA improvement actions, with IPC to capture a Trust wide improvement strategy.

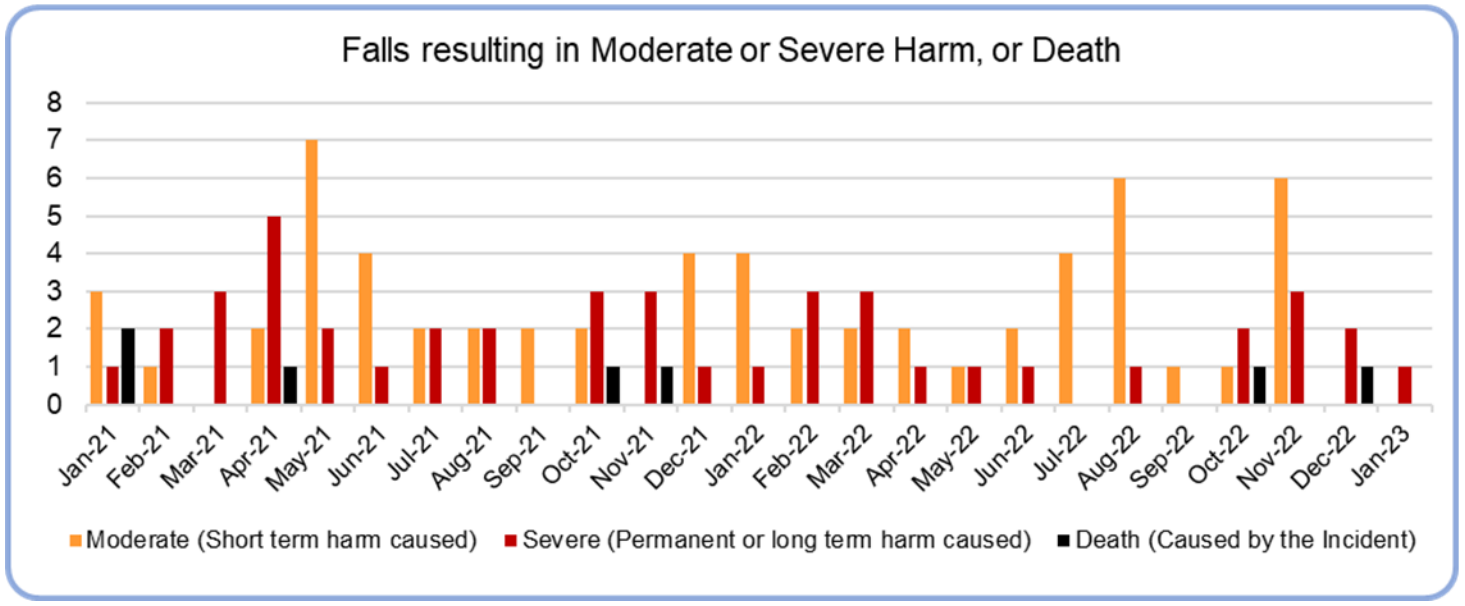
Gram –ve - NBT is reporting a position below trajectory.

What actions are being taken to improve?

- IPC drop in sessions occurred within the Medical Division. ICU have been proactive with line care and electronic documentation.
- Support for divisional / ward continue to focus on Infection Control risk assessment for multiple occupied areas.







Falls

What does the data tell us?

Falls incidents per 1000 bed days

During January 2023, NBT had a rate of 6.09 falls incidents per 1000 bed days. This figure is a reduction on last month (from 7.31), and below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

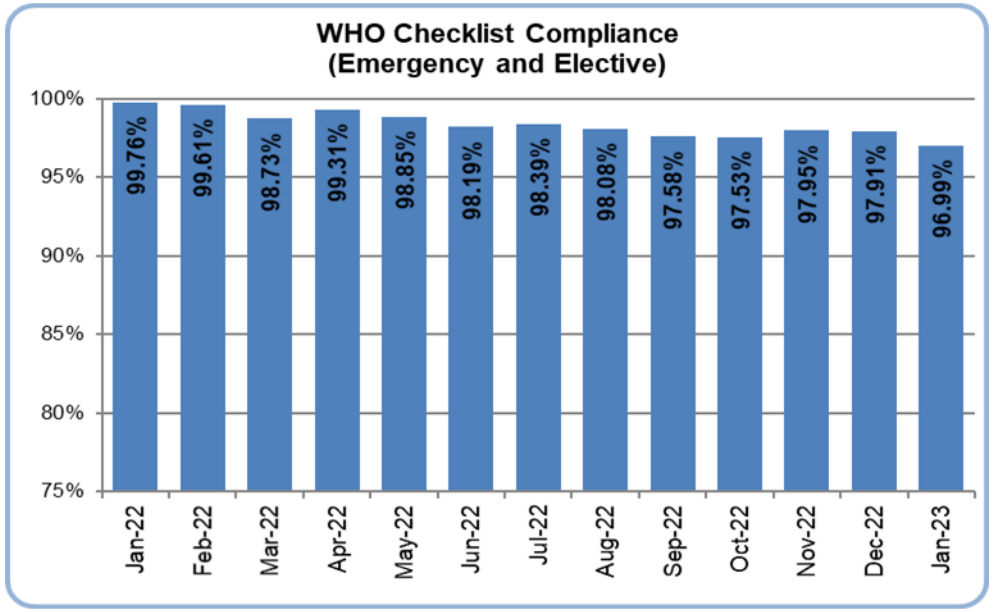
Falls harm rates

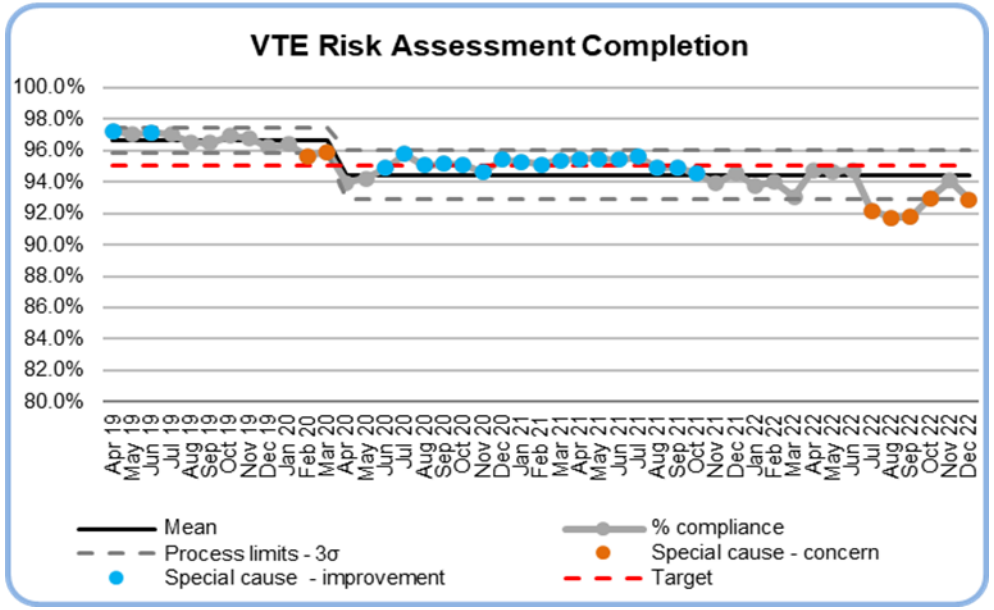
During January 2023, 1 fall was recorded and validated as causing severe harm, whilst 0 falls were categorised as moderate harm or death. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. A monthly educational clinically led meeting disseminates learning to frontline staff through link nurses. The educational plan focuses on supporting staff with risk assessing patients whilst also being a supporting safe space to discuss emergent risks.

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





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 January, WHO checklist compliance was 96.99%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.

VTE Risk Assessment

What does the data tell us?

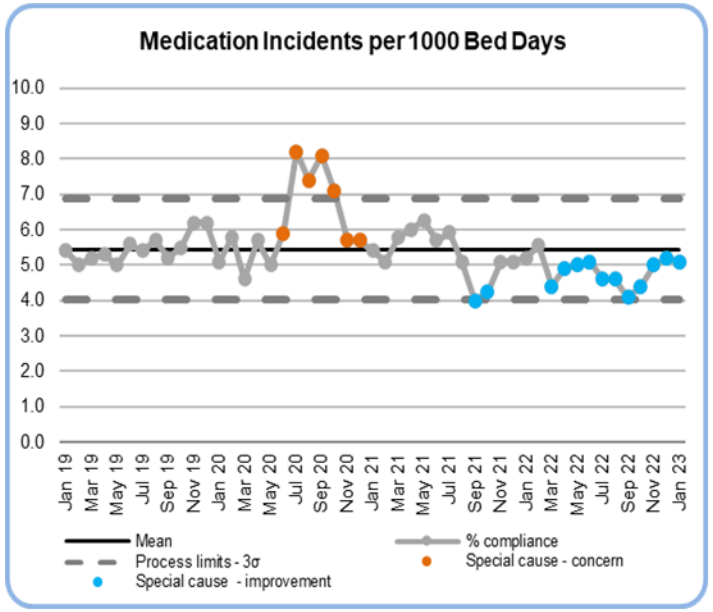
In December, the rate of VTE Risk Assessments (RA) performed on admission was reported as 92.88%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. This is a deteriorating trend over past few months, exacerbated by the CareFlow changeover but this is not the primary factor.

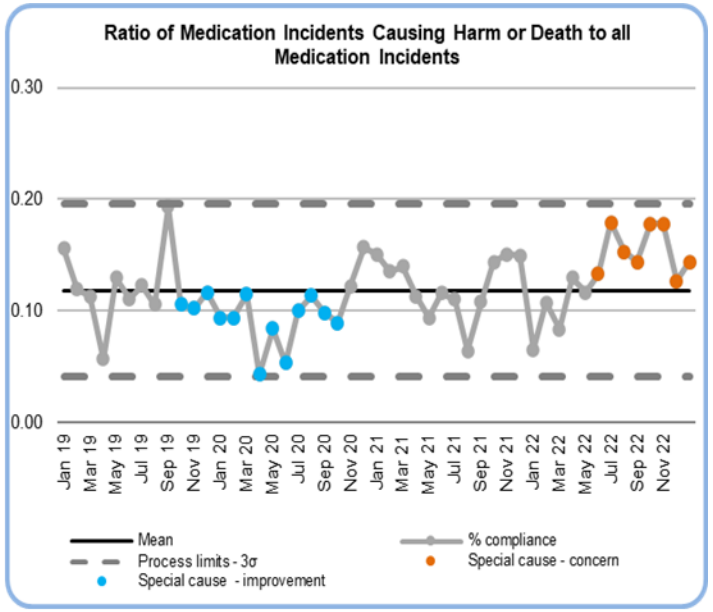
What actions are being taken to improve?

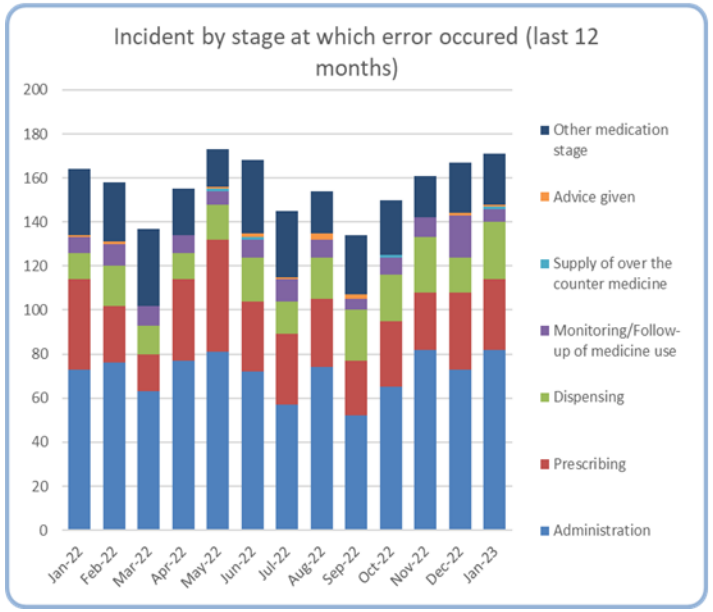
An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust. An improvement trajectory has been agreed for the period November-22 to April-23.

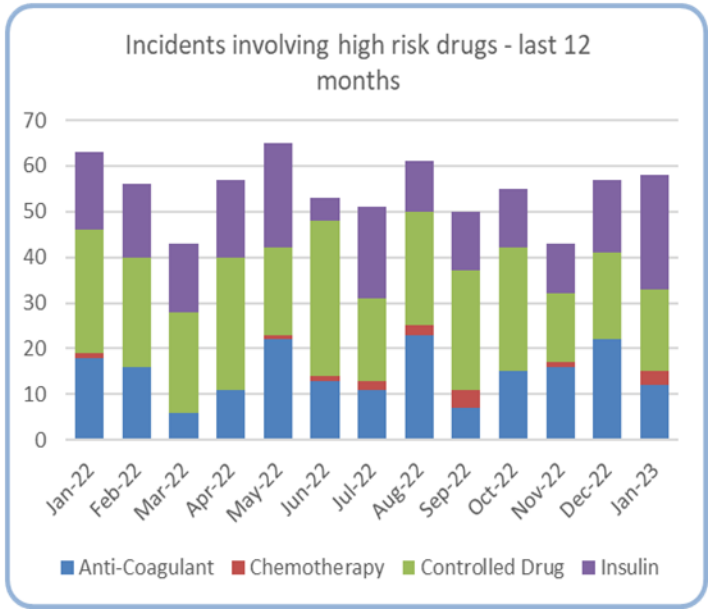
Specifically;

- 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









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During January 2023, NBT had a rate of 5.1 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 January 2023, c.14.4 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.144). This is marked decrease when compared to the values for October and November 2022 and below the 6 month average of 15.4 %

High Risk Medicines
During January 2023, c.34% of all medication incidents involved a high risk medicine in keeping with the 6 month average of 35%. There has been a notable rise in the number of incidents reported relating to Insulin treatment and the Medicines Safety team are in discussion with the Diabetes Specialist Lead nurse and colleagues working on AMU to address this. Initial plans include training sessions for Pharmacy team to empower them to support Diabetes Nursing team to promote safer use of Insulin.

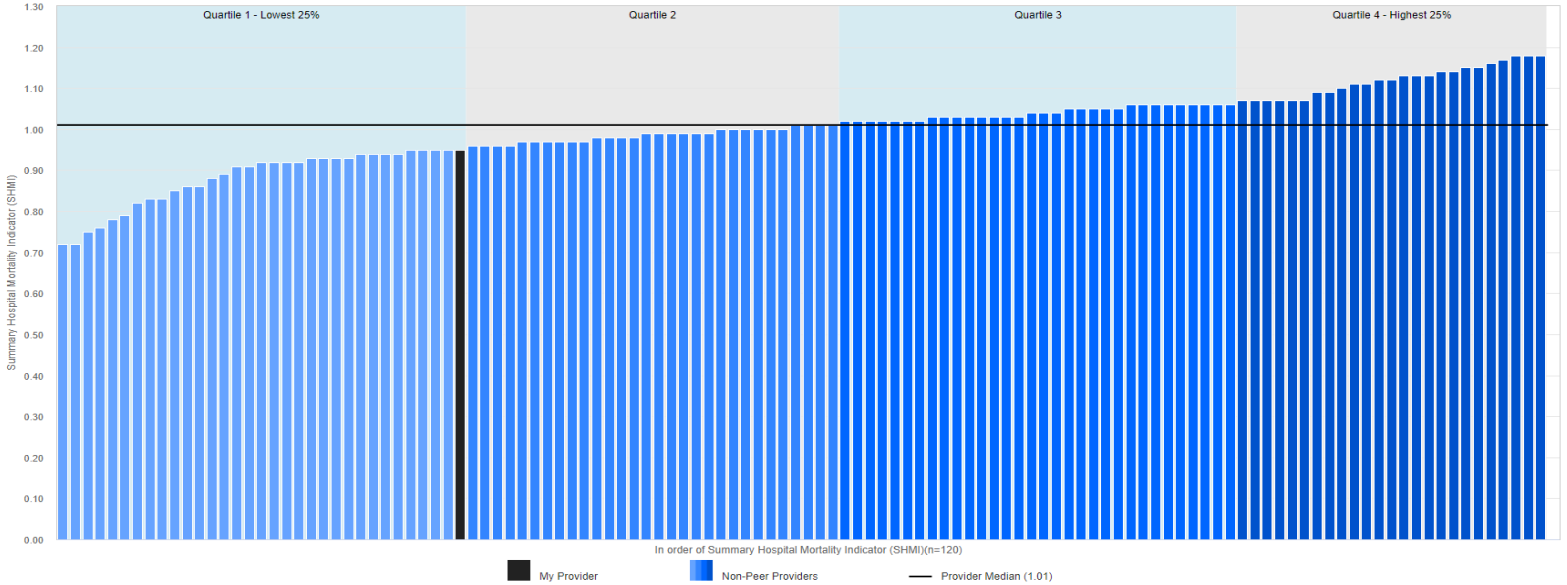
Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors'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

Summary Hospital Mortality Indicator (SHMI), National Distribution

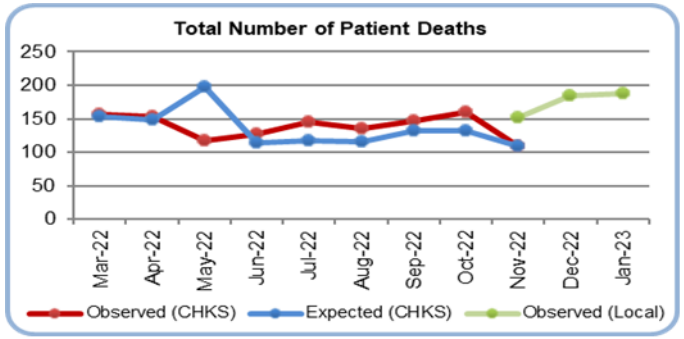


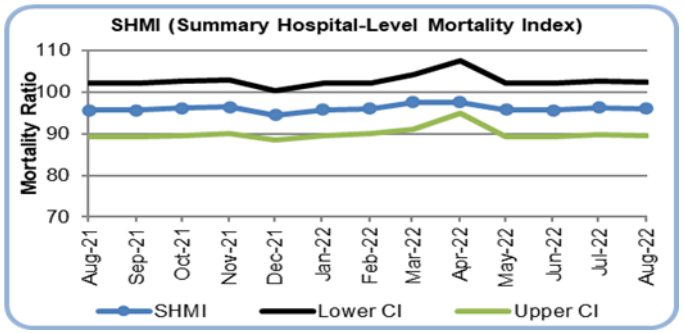
Mortality Review Completion

Dec 21 – Nov 22	Completed	Required	% Complete
Screened & excluded	180		
High priority cases	228		
Other cases reviewed	1679		
Total reviewed cases	2087	2119	98%

Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	2%	27%	42%	29%

Date of Death	Dec 21 – Nov 22
Scrutinised by Medical Examiner	2012
Referral to Quality Governance Team	178





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 Dec 21 – Nov22. 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, 94% completed Mortality Case Reviews (MCR), including 17 of the 17 deceased patients with Learning Disability and 23 of the 26 patients with Serious Mental Illness.

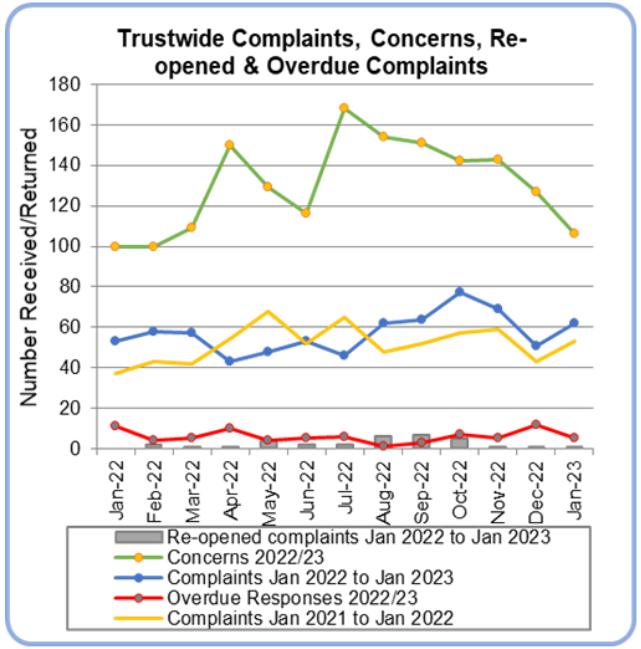
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 98% (score 3-5). There have been 5 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.
.

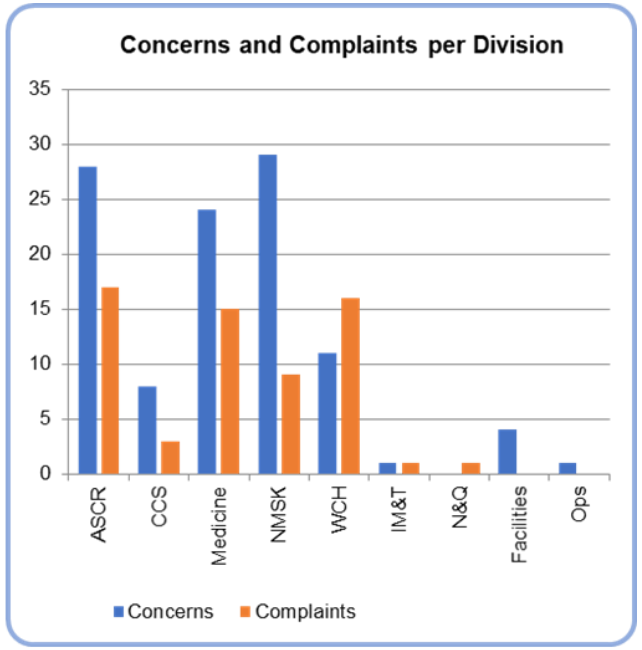
What actions are being taken to improve?

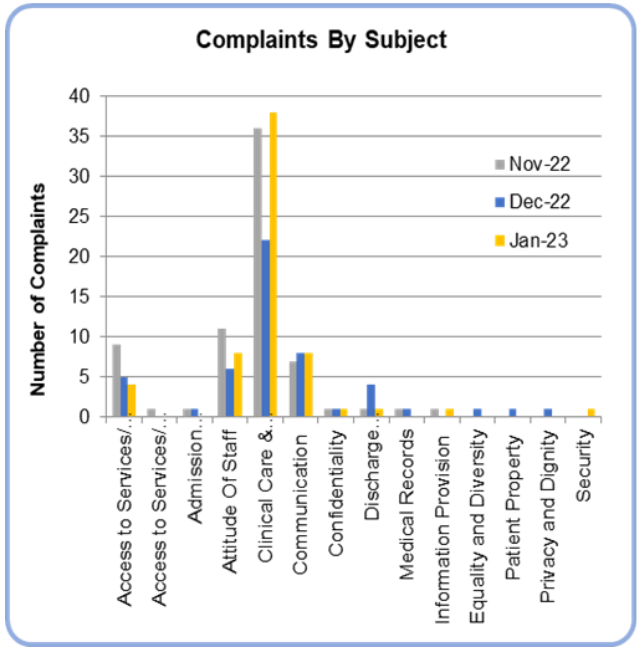
Work has been undertaken in the Stroke specialty to better understand mortality indicators available in CHKS. This is a large piece of work to undertake across the Trust to ensure that specialties are able to analyse their indicators with a high level of understanding. We will be looking at the best way to investigate alerts and alarms focusing on understanding the data first before looking to undertake case note reviews.
Mortality data, or case review fluctuations month on month are not usually meaningful. In future the quarterly mortality report already reviewed at the Clinical Effectiveness & Audit Committee will be provided to the Quality Committee and for subsequent upward reporting to Board.

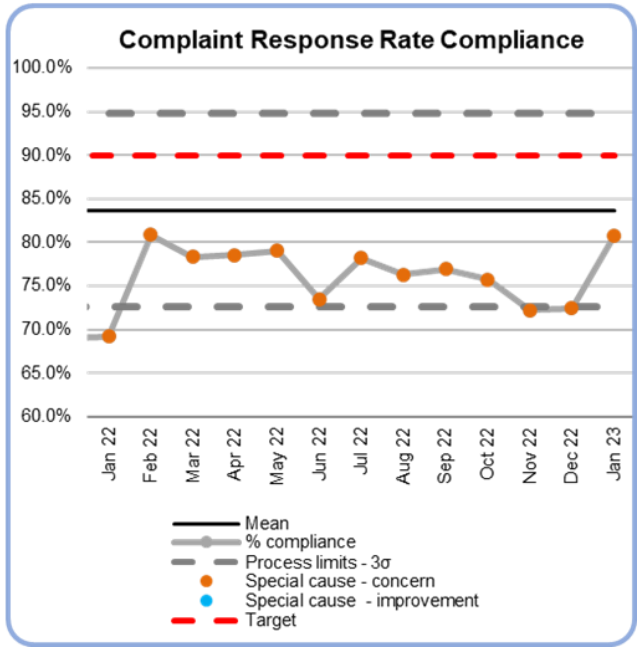
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In January 2023, the Trust received 62 formal complaints. This is 11 more than the previous month and 9 more than the same period last year.

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

There was 1 re-opened complaint in January for NMSK.

Of the 62 complaints, the largest proportion was received by ASCR (17), followed by WaCH (16) and Medicine (15).

The overall number of PALS has fallen from 127 in December to 106 in January.

The response rate compliance for complaints increased significantly to its highest rate since February last year to 80.8%.

A breakdown of compliance by division is below:

ASCR – 60%	NMSK- 89%	Facilities- 100%
CCS – 60%	WaCH- 90%	Nursing & Quality- 100%
Medicine – 86%		

The number of overdue complaints at the time of reporting has decreased from its peak in December (12) to 5 in January. 2 of these are in ASCR, 1 in CCS, 1 in Medicine and 1 in NMSK.

In January 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 January was 14 working days. This is 2 days more than the average response timeframe in December. This reflects the complexity of cases we are seeing and the operational pressures on teams.

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.
- Medicine's continuous improvement trajectory has been completed. They are consistently achieving their targets.
- ASCR continue to struggle with sickness in their team but have a newly appointed Interim Divisional Patient Experience & Involvement Lead who is working closely with the support of the Complaints Manager and Divisional Director of Nursing.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases) .

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 8.93% in December to 8.64% in January, with current vacancies decreasing from 798.75wte in December to 779.5wte January. Additional clinical services (15.10%), registered nursing and midwifery (14.80%) and Estates and Ancillary (12.85%) experience the highest vacancy rates in January. For band 5 nursing, a key area of vacancy, there are currently 54 wte in our domestic and international recruitment pipeline scheduled to start in February and March against an anticipated turnover of 38 wte leading to a net gain of staff. The newly established Operational Workforce Group will maintain oversight of our short term forecast position key staff groups and will provide updates and assurance to Trust Board via the IPR.

Turnover

Trust rolling 12-month staff turnover decreased from 17.10% in December to 16.99% in January. Additional clinical services (23.1%) and administrative and clerical (21.3%) remain the staff groups with highest turnover position in trust, however they both saw decreases from December to January. Throughout February and March divisional retention plans for the next year will be aligned with corporate retention initiatives to developed a focussed action plan to deliver the Trust target of 16.5% turnover in 2023/24 with plans captured in the Workforce Retention Plan project charter (as a strategic initiative for the People Patient First Strategic Goal).

Prioritise the wellbeing of our staff

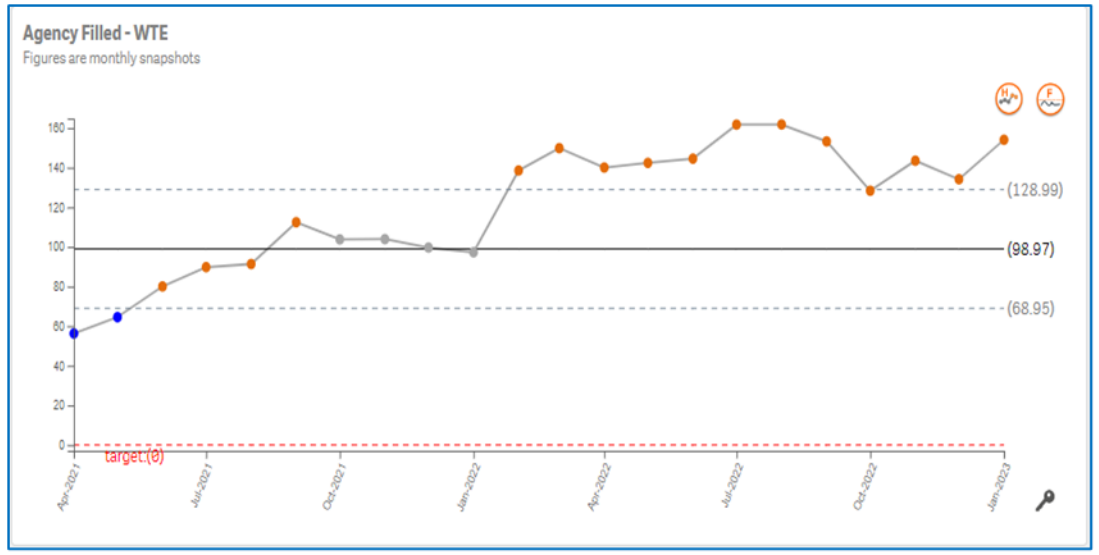
The Rolling 12month sickness absence position decreased slightly to 5.49% in January from 5.56% in December. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12 months absence rates of 8.13% and 9.08% respectively. Cold, cough, flu – influenza (16.7%), and stress/anxiety/depression/other psychiatric illness (14.5%) were the leading causes of days lost to sickness absence (in-month). Other musculoskeletal problems saw an increase in wte days lost from 1,297.4 in December to 1,333.1 in January.

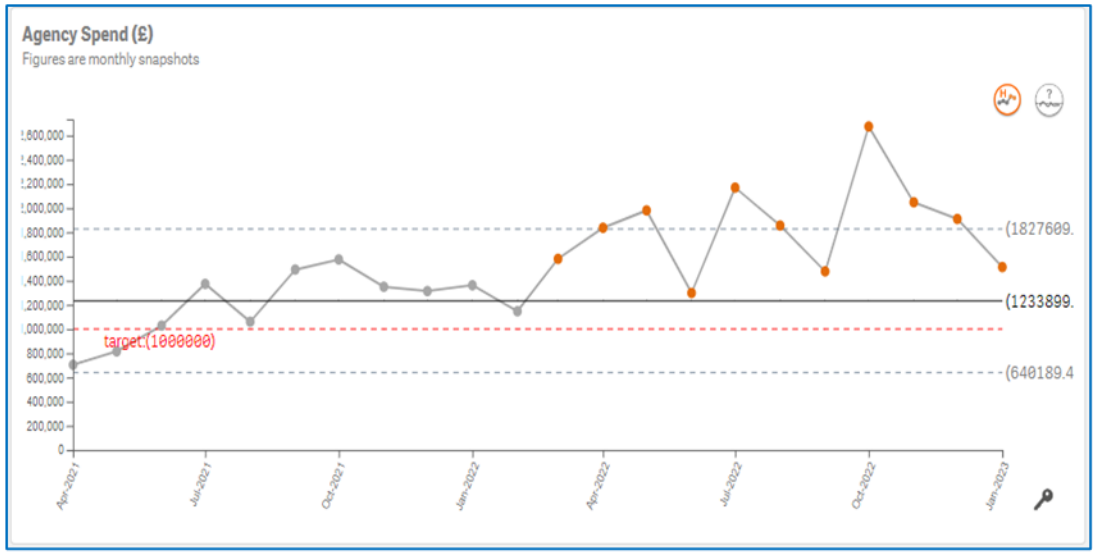
Continue to reduce reliance on agency and temporary staffing

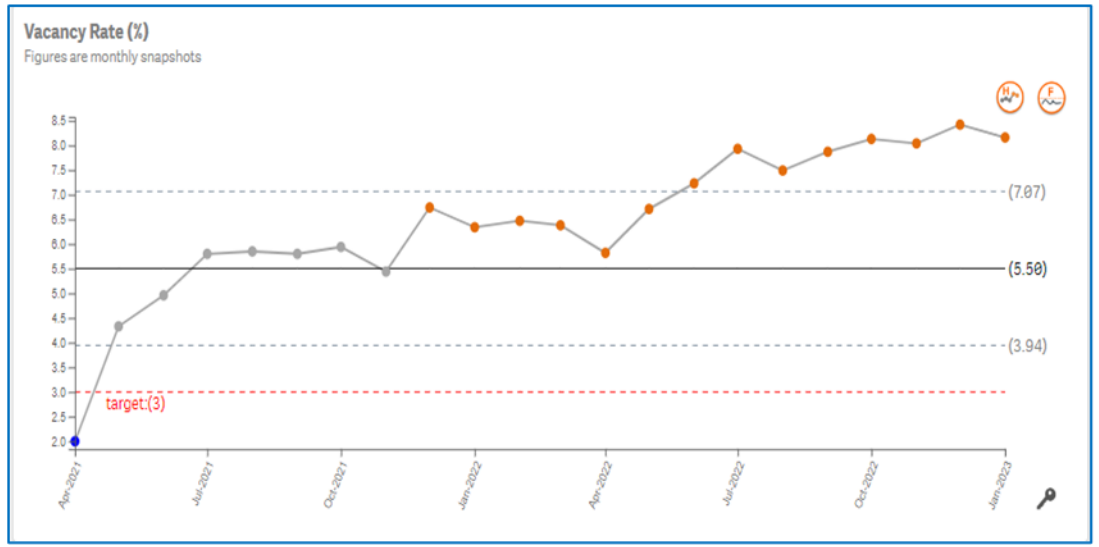
Temporary staffing demand increased by 4.98% (53.29wte) from December to January. As both bank and agency use increased (13.80%, 84.08wte) and (4.13%, 6.44wte), there was a resulting decrease in unfilled shifts by 12.26% (-37.24wte). This is in line with use of the bank incentive scheme during January. Total agency RMN Use increased by 21.93% (5.43wte), driven by increased tier 1 use in Ward 33A , Ward 8A and Neuropsychiatry; however, tier 4 RMN use decreased by 0.49wte (-16.75%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resourcing	Ongoing
Turnover	Complete the Project Charter for Retention and continue to Implement the Trust's agile working principles, working with Divisions and engaging with staff and key stakeholders. Then, the development of 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. Key support to hot spot areas of midwifery and theatres.	Associate Director of People	Apr-23
Wellbeing	Implementing financial wellbeing projects to support our staff including instant payment mechanism for bank work/salary draw downs (March 23); expansion of subsidised food offers (date tbc); life assurance scheme (May 23); monthly on-site Citizen's Advice Bureau surgeries & manager training sessions (Feb 23); Food bank referral programme (March 23). New Trust-wide leadership development programme to be launched with aim of improving retention (April 23).	Associate Director Culture, Leadership & Development	Apr-23
Temporary Staffing	Analysis of the impact of January's short-term bank incentivisation and a wider piece of work defining and agreeing a longer-term approach to bank rates and incentives is in porgress and due to be signed off in February 23, including an anticipated reduction in agency use for 2023/24	Associate Director for Strategic Workforce Planning and Resourcing	Feb-23

Workforce







What Does the Data Tell Us – Vacancies Nursing and Midwifery

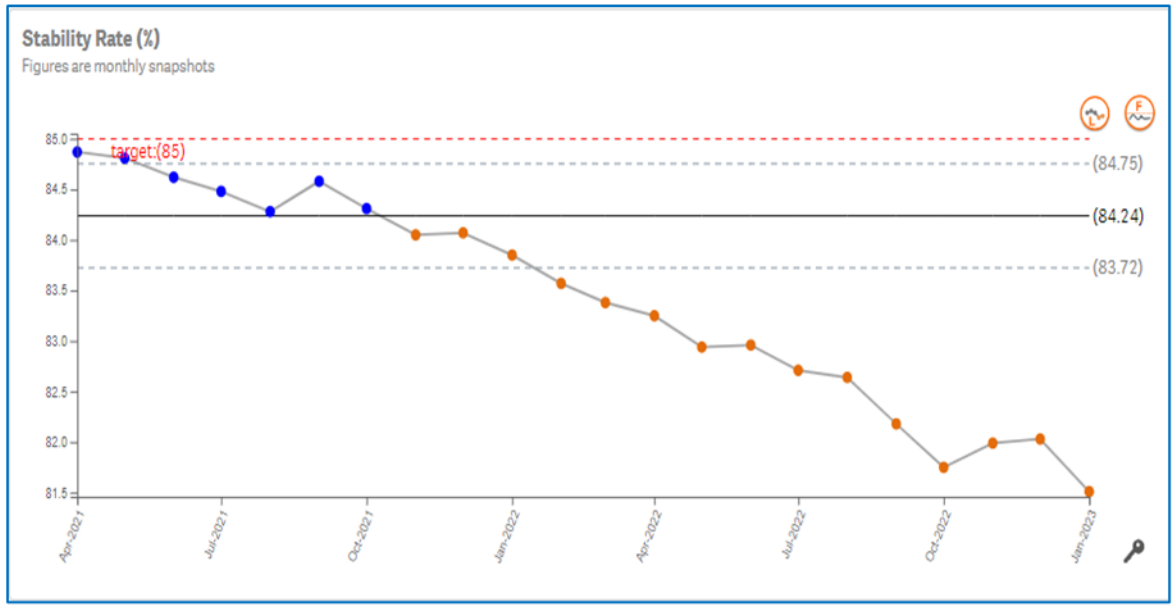
Unregistered Nursing

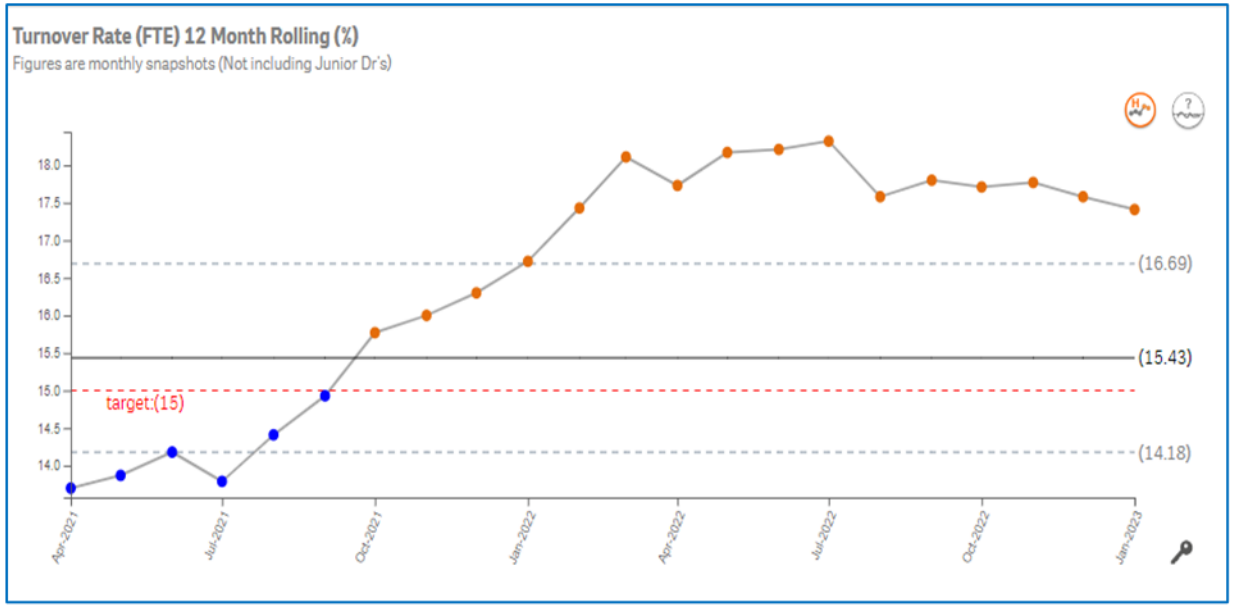
- **Offers:** January saw a slight recruitment pickup compared to December which is normal for the season and time of the year. We made 36.07 offers for healthcare support worker (HCSW) roles across the Trust. 4.96 for band 2 roles and 31.11 for band 3 roles
- **New Starters**: January saw 13.53 wte new band 2 starters and 17.27 wte band 3 starters. This is predominately because of the change in recruitment around band 2 and 3 roles
- **Vacancies** in January for unregistered nursing band 2 and band 3 are now at 234.96 wte combined, compared to 231.15 wte in December.

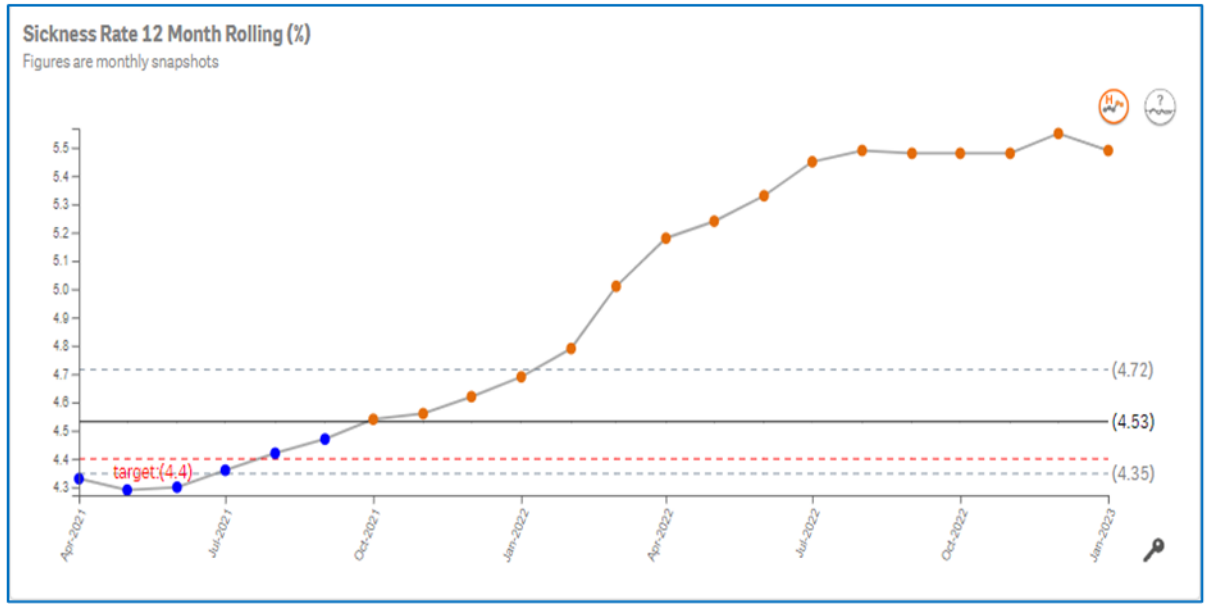
Registered Nursing

- **Recruitment Activity:** We hosted our Spring Nursing, ODP and Midwifery event in the L&R building on the 4th of January which saw 68 candidates attending the event (pre-registered and walk-ins), out of which we made 19 offers (from 24 interviews)
- **Applications and Offers**: Applications before Christmas resulted in 27 offers being made for Band 5 nursing and midwifery candidates in January.
- **Starters:** January saw 31.50 wte band 5 starters and 16.18 wte leavers (just slightly down since December). 9 Internationally Educated Nurses arrived at NBT in January
- **Vacancies:** Our overall registered nursing and midwifery vacancies now stands at 331.90 wte.

Engagement and Wellbeing







Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability
Turnover decreased to 16.99% in January.

Actions delivered: (Associate Director of People)

- Retention meeting with Divisional Directors and senior People Team reps/Partners, at which some immediate retention actions/priorities were agreed linked mainly to HCSWs
- Plans to conclude Phase 2 of the B2/B3 role profile changes were developed and agreed with execs
- Meeting with new ICS system lead for retention occurred, with links into System work defined and agreed
- Agreement reached and communicated for paying new qualified Midwives on preceptorship at B6 on appointment to increase attraction and retention

Actions in Progress:

- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- Retention Strategy (Project Charter) being completed, aligned to key areas: hygiene factors, pay and reward, on-boarding and career development/workforce planning.
- Work ongoing to increase exit response rate. This month a reminder message being piloted.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023)
- Roll-out of Agile Working strategy and approach, via Divisions continuing (December 2022 – April 2023)
- Communication commencing with Phase 2 HCSWs (mainly apprentices) linked to national role profile changes

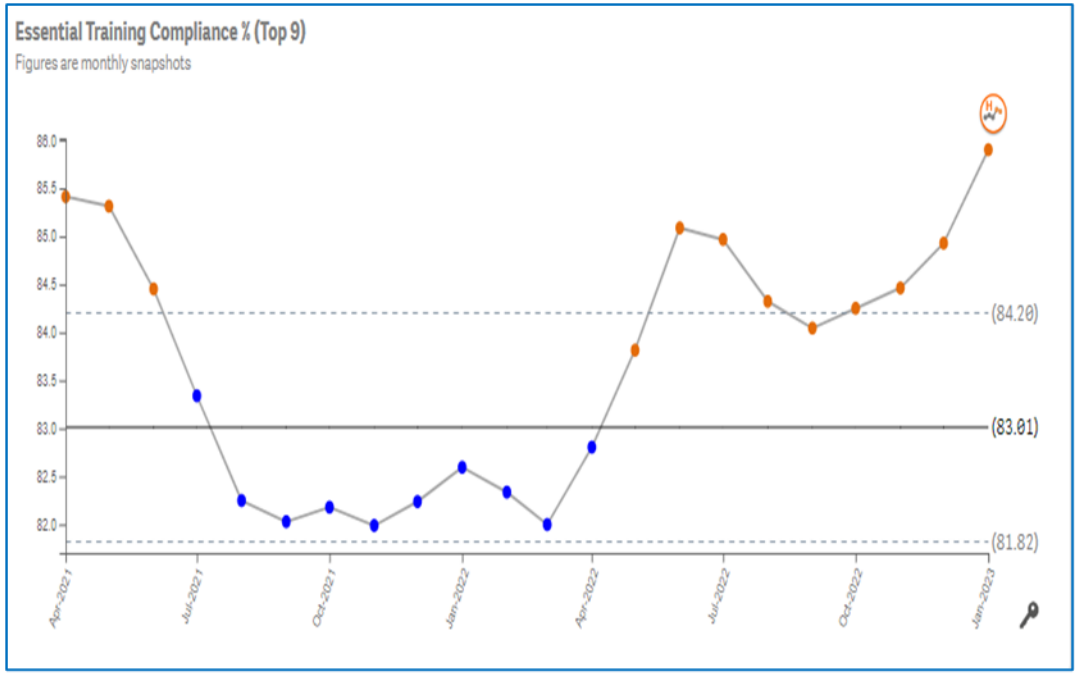
What Does the Data Tell Us - Health and Wellbeing
January saw a decrease in sickness absence.

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

- Revised Trust-wide induction programme launched 31st January 2023 with confirmed welcome talk from Executive Director.
- EDI Valuing You Reciprocal Mentoring second cohort opened to applications (Feb 23) with programme launching in March.
- Menopause Support to staff: further Menopause Cafés held (23 Jan & 21 Feb); Menopause train the trainer sessions held for 11 staff (14 & 15 Feb); International Women's Day coaching event planned (8 March) and online training available on LEARN from April, new LINK page with staff menopause toolkit and additional resources due to be launched on IWD.
- Additional Employee Assistance Programme emotional support offered for staff affected by earthquake in Syria and Turkey (Feb 23).
- Wellbeing events: AA webinar (25 Jan); Schwartz Round (23 Jan); Time to Talk Day (2 Feb), International Women's Day events (8 March), Health Check Day (11 March).

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

- Culture diagnostic work with Theatres Hotspot area in planning with DMT to address issues spanning sickness, turnover, morale and safety.
- Finalised Staff Survey results due 9 March with plans to update People Committee and Trust Board in March. Divisional and Trust-wide improvement plans to follow.
- New Trust-wide Leadership Development Programme proposal approved; procurement process commenced with view to launching in Spring 2023.
- Tender published to procure life insurance for staff who opt-out of NHS staff pension, expected contract completion by May 23.
- Wage Stream weekly pay / salary advance scheme in development with plans to launch on 1 March 23.
- Citizen's Advice Bureau on-site surgeries planned from Feb/March, webinars on managing energy bills / accessing government support planned Feb/March, Food Bank referral scheme due to go-live Feb/March.
- Work commenced on addressing sickness and absence linked to stress, anxiety and depression in Facilities and Estates (hot spot area). Plans in development
- Focussed work, with People Partners, agreeing a consistent approach to all cases of staff of sick with Long COVID, with case review session planned for early March



Training Topic	Variance	Dec-22	Jan-23
Child Protection	1.5%	83.8%	85.2%
Adult Protection	1.8%	84.4%	86.2%
Equality and Diversity	0.6%	86.6%	87.1%
Fire Safety	1.0%	85.5%	86.6%
Health and Safety	1.3%	85.8%	87.1%
Infection Control	1.0%	86.7%	87.7%
Information Governance	1.8%	82.5%	84.3%
Manual Handling	1.0%	84.4%	85.5%
Waste	1.0%	86.3%	87.4%
Total	**4.0%**	**82.38%**	**86.34%**

What Does the Data Tell Us - Essential Training

- "Top 9" MaST compliance has risen steeply since September 22 from 82% to 86.34%, the highest it's been for the past few years. Highest non-compliance in Resuscitation levels 1, 2 & 3, Safeguarding Adults level 3, WRAP and Prevent Level 3, and First Aid at Work.

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

- People Partners emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Implementing 8 wk accreditation MaST deadlines on LEARN, notifications for non-compliant staff w.e.f 15 Feb 23.
- Reviewing MaST website and FAQs.
- First new Trust induction ran on 30 Jan 23 with embedded MaST modules (Information Governance, Health and Safety, and Fire Prevention).
- Increased focus on Safeguarding due to CQC requirements.

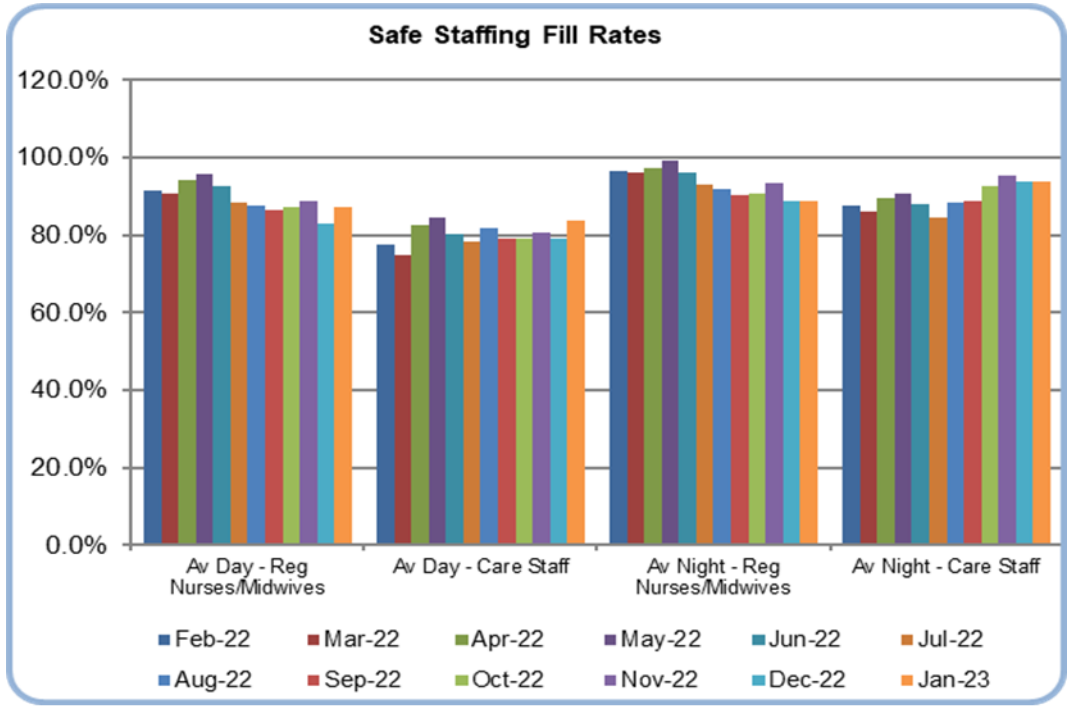
Other Wider Actions

Leadership & Management Learning

- **Mastering Management -** New and Aspiring managers - Managers are equipped and accountable for the work expected of them. Focus on managing people and budgets well.
- **Excellence in management -** Experienced Managers - Managers are encouraged to develop their knowledge, skills & confidence. Focus on dealing with complexity, taking accountability, building high performing teams.
- **Leading for Change -** Senior Leaders can think and act strategically and lead change. Focus on motivating, inspiring, inclusive & compassionate leadership behaviours.
- Six new 90 min management bitesize modules live, plus refreshed f2f Management Skills Modules.
- Procurement of Mastering Management Programme to deliver at scale.
- Working with NHS Elect on designing and delivering "Accelerate", a new Positive Action Programme.
- Reviewing NBT coaching strategy to provide operational coaching and coaching skills for managers. Coaching relationships have increased and new 1 hr coaching sessions are due to be available for all staff.
- Review and refresh Specialty Leads Programme for 2023 with increased capacity to accommodate managers.
- Effective Mentor Training available to staff across NBT, to enhance our register and further support our people.

Apprenticeships

- Annex 21 pay removed for all staff across the trust – with effect from 1 Jan 23.
- Multiply programme; comms are going out Monday. Multiply is a government funded programme to help reduce 'maths anxieties' and improve overall skills levels and confidence in using maths in daily life. This is being led by the Functional Skills team.
- Non-clinical Apprenticeship cohorts starting for Team Leader/Supervisor L3 (March 23), plus Customer Service Practitioner L2 & Business Administrator L3 (both May 23) with TL and BA expected to on-board their largest intakes since launch in 2019.
- Work Experience team and clinical partners are planning targeted work experience for Nursing, Medicine and Non-Clinical careers.
- Recruited Apprenticeship Centre Manager and Quality Manager, both will be in post by 1 Mar 23



Jan-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	87.4%	83.9%	88.8%	93.8%

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

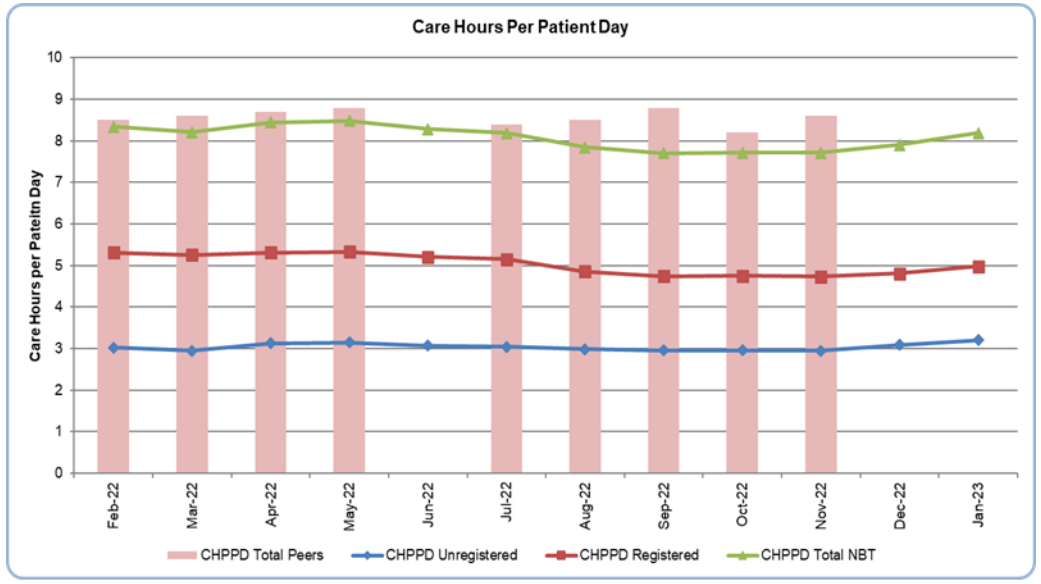
There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 94.00wte starting up to the end of January.

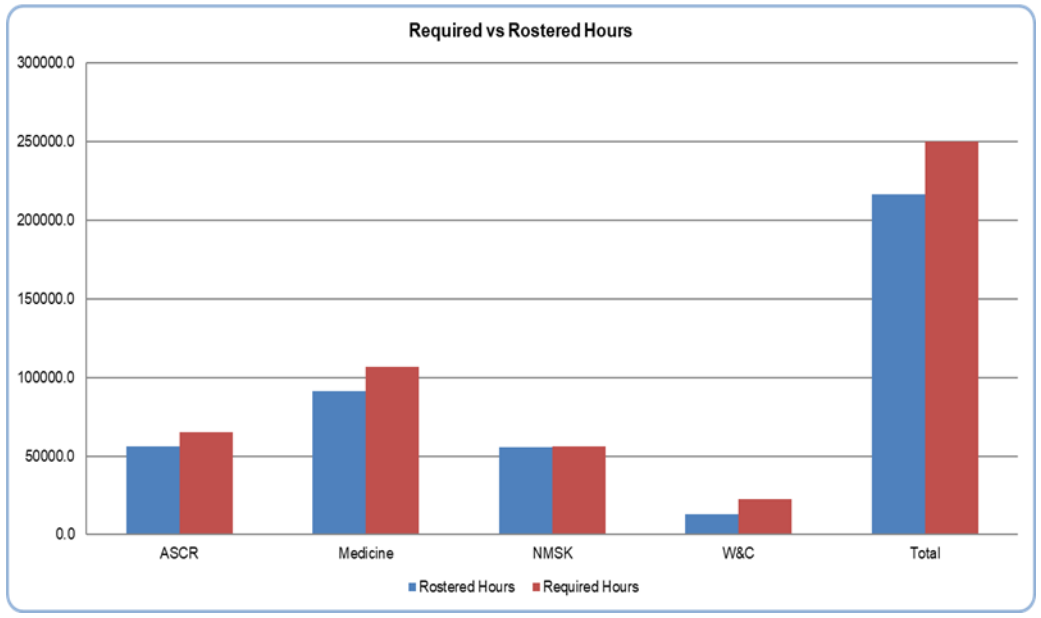
September's Nursing & Midwifery safe staffing summit has led to some key actions to review and improve the care assistant recruitment process.

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:

- 20.59% of units had a registered fill rate of less than 80% by day and 17.65% by night with hotspots in maternity.
- 35.29% had an unregistered fill rate of less than 80% by day and 26.47% by night, with hotspots in maternity services and NICU





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).

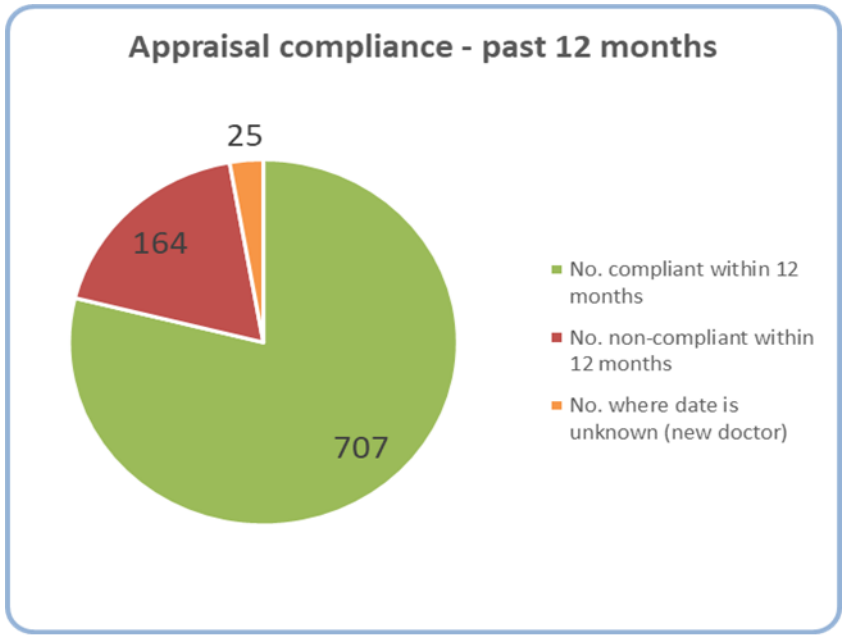
Safe Care Live (Electronic Acuity Tool)

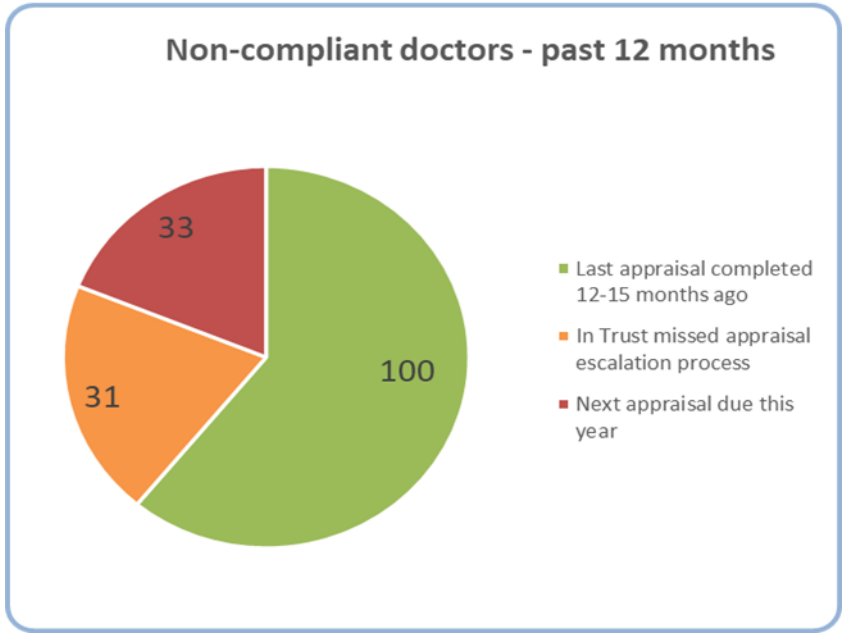
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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.





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 31st January 2023

	Month 10			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	58.7	62.2	3.5	583.0	607.7	24.8
Other Income	5.0	6.4	1.4	57.7	69.8	12.1
Pay	(37.5)	(38.9)	(1.4)	(391.0)	(413.5)	(22.6)
Non-Pay	(23.9)	(26.4)	(2.5)	(254.1)	(271.6)	(17.4)
Surplus/(Deficit)	**2.2**	**3.2**	**1.0**	**(4.5)**	**(7.6)**	**(3.2)**

Assurances

The financial position for January 2023 shows the Trust has delivered a £3.2m actual surplus against a £2.2m planned surplus which results in a £1.0m favourable variance in month, with a £3.2m adverse variance year to date.

Contract income is £3.5m favourable in month and £24.8m favourable year to date. The in month position is driven by additional commissioner funding received to enable increased escalation capacity causing a £2.1m favourable variance. In addition to this, income has been recognised relating to the pay award (£0.7m favourable) and ESRF (£0.7m favourable).

Other Income is £1.4m favourable in month and £12.1m favourable year to date. When research and mass vaccinations are excluded (pass-through items), the income position is £2.9m favourable. 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 £1.0m favourable to plan which is driven by increased billing in Pathology, Medicine for bowel screening and private patients.

Pay expenditure is £1.4m adverse in month and £22.6m adverse year to date. When research and mass vaccinations are excluded (pass-through items), the pay position is £3.3m adverse. There is a monthly adjustment offsetting the other income value above which creates a £1.3m adverse position in month. If this is removed, the pay position is £2.0m adverse to plan which is driven by unidentified CIP, pay award and increases in locum and bank costs driven by enhanced rates.

Non-pay expenditure is £2.5m adverse in month and £17.4m adverse year to date. The in month position is driven by increased spend on drugs and blood products (pass-through) in clinical divisions, unidentified CIP, and backdated charges within IM&T and for devices in NMSK.

Statement of Financial Position at 31st January 2023

	21/22 M12 £m	22/23 M09 £m	22/23 M10 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	611.3	611.4	0.1	6.4
Intangible Assets	13.7	12.0	11.9	(0.1)	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**624.8**	**624.8**	**(0.0)**	**4.5**
Current Assets					
Inventories	9.1	9.8	9.7	(0.1)	0.6
Trade and other receivables NHS	19.0	16.0	16.1	0.1	(2.9)
Trade and other receivables Non-NHS	20.5	27.1	29.7	2.7	9.2
Cash and Cash equivalents	116.2	103.3	100.6	(2.7)	(15.5)
Total current assets	**164.8**	**156.2**	**156.2**	**(0.0)**	**(8.6)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	7.7	10.1	2.5	(0.5)
Trade and Other payables - Non-NHS	102.6	101.5	98.6	(2.9)	(4.0)
Deferred income	16.4	28.7	25.1	(3.7)	8.6
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.7	1.6	(0.1)	(0.5)
Total current liabilities	**147.0**	**155.3**	**151.1**	**(4.2)**	**4.1**
Trade payables and deferred income	7.1	7.6	7.6	(0.0)	0.5
PFI liability	359.3	351.8	351.0	(0.8)	(8.3)
Finance lease liabilities	2.0	5.5	5.7	0.2	3.7
Total Net Assets	**269.7**	**260.8**	**265.5**	**4.7**	**(4.2)**
Capital and Reserves					
Public Dividend Capital	456.9	458.1	459.4	1.3	2.5
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(10.1)	(6.6)	3.4	(7.7)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**260.8**	**265.5**	**4.7**	**(4.2)**

Assurances and Key Risks

Capital –Total capital spend for the year to date, excluding leases, was £20.8m, compared to a core initial plan of £18.2m. The total planned spend for the year is £22.1m (excluding leases). An additional £19.1m 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 and is content that plans were in place for the Trust to meet its planned expenditure.

Receivables - There was a net increase of £6.3m in receivables, which related to income from the commissioners.

Cash – The cash balance decreased by £15.5m for the 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 £0.5m due to post year end payments offset by increased invoicing ahead of year end across the whole sector. Non-NHS payables have decreased by £4.0m, of which £5.0m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £1.0m 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 £8.6m in deferred income, of which £1.8m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination. The remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at February 2023
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 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 local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
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: Glossary of Terms

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

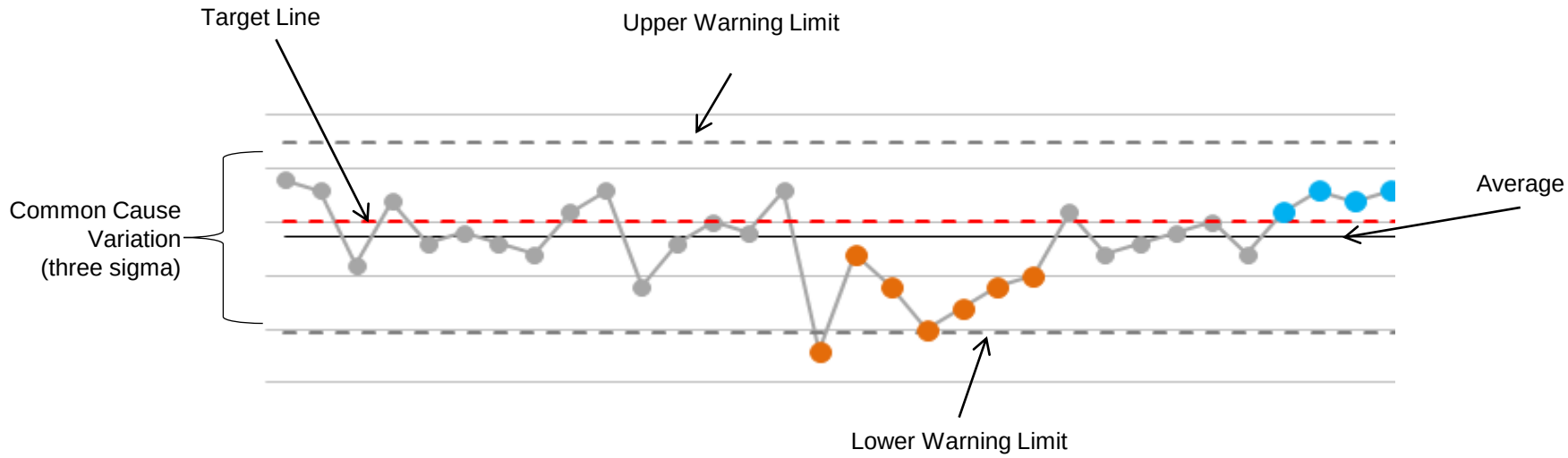
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.

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 Programe
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

Appendix 2: 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