

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**July 2022**  
(presenting June 2022 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%		50.98%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	4	97	14	38	29	59	20	295	367	449	360	176	297		3-609	6/10
	Ambulance Handover < 15 mins (%)		65.00%	-	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%			
	Ambulance Handover > 60 mins		0	-	346	636	471	418	621	664	645	827	684	681	538	430	527			
	Average No. patients not meeting Criteria to Reside			-	206	205	219	233	241	250	248	295	304	302	301	317	280			
	Bed Occupancy Rate			100.00%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%			
	Diagnostic 6 Week Wait Performance		1.00%	41.12%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%		32.14%	7/10
	Diagnostic 26+ Week Breaches		0	1872	1004	966	972	1099	1286	1264	1341	1617	1767	2160	2498	2690	2761			
	RTT Incomplete 18 Week Performance		92.00%	-	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%		59.37%	4/10
	RTT 52+ Week Breaches	R	0	2201	1473	1544	1770	1933	2068	2128	2182	2284	2296	2242	2454	2424	2675		35-10170	3/10
	RTT 78+ Week Breaches	R		479	448	532	656	659	577	497	469	501	511	458	491	473	443		0-2658	5/10
	RTT 104+ Week Breaches	R		48	19	28	34	55	93	138	158	184	177	96	71	48	34		0-475	4/10
	Total Waiting List	R		40881	32946	34315	35794	36787	37268	37297	37264	37210	38498	39101	39819	40634	42326			
	Cancer 2 Week Wait	R	93.00%	76.21%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	-		75.83%	10/10
	Cancer 31 Day First Treatment		96.00%	92.60%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	-		91.28%	10/10
	Cancer 62 Day Standard	R	85.00%	75.95%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	-		50.59%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.93%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	-		70.68%	4/10
	Cancer PTL >62 Days		242	345	-	-	-	-	501	663	899	781	528	472	641	689	555			
	Trajectory				0	0	0	0	430	392	355	317	280	475	475	410	345			
Cancer PTL >104 Days		0	50	100	162	139	170	158	108	140	197	135	167	133	161	134				
Urgent operations cancelled ≥2 times		0	-	-	-	-	0	2	2	2	0	0	0	1	1	-				

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

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

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%		
	Caesarean Section Rate			28.00%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%		
	Still Birth rate			0.40%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%		
	Induction of Labour Rate			32.10%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%		
	PPH 1500 ml rate			8.60%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%		
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	2	2	3	2	1	1	5	1	3	4	3	1		
	Healthcare Safety Investigation Branch Investigations				-	1	2	-	1	-	-	1	-	1	1	-	1		
	Total Incidents				1028	1173	984	1059	984	997	1010	1327	1170	1308	1204	1120	1155		
	Total Incidents (Rate per 1000 Bed Days)				43	48	40	43	39	42	41	53	51	51	48	44	54		
	WHO checklist completion				95.00%	99.93%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	
	VTE Risk Assessment completion	R			95.00%	95.42%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.37%	92.50%	-	
	Pressure Injuries Grade 2				15	17	22	24	19	12	16	16	19	18	19	19	14		
	Pressure Injuries Grade 3				0	0	0	0	0	0	0	0	0	0	0	1	1		
	Pressure Injuries Grade 4				0	0	0	0	0	0	1	0	1	0	0	0	0		
	PI per 1,000 bed days				0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31		
	Falls per 1,000 bed days				8.53	8.36	7.84	7.24	7.33	7.48	8.33	9.87	8.84	7.23	8.05	6.57	5.91		
	#NoF - Fragile Hip Best Practice Pass Rate				68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	38.81%	-		
	Admitted to Orthopaedic Ward within 4 Hours				44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	20.90%	-		
	Medically Fit to Have Surgery within 36 Hours				80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	66.50%	66.67%	71.11%	41.79%	-		
	Assessed by Orthogeriatrician within 72 Hours				92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	93.33%	73.13%	-		
	Stroke - Patients Admitted				91	75	92	83	90	85	73	103	67	78	92	105	37		
	Stroke - 90% Stay on Stroke Ward			90.00%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	-		
Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	46.58%	31.71%	-			
Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	-			
MRSA	R	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0			
E. Coli	R		4	4	1	5	3	8	3	2	6	1	5	5	0	0			
C. Difficile	R		5	10	6	2	5	4	1	6	6	1	6	7	4	5			
MSSA			2	5	2	5	4	1	0	5	3	2	2	1	0	0			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%		
	Friends & Family - IP - Proportion Very Good/Good				91.79%	92.85%	91.94%	92.16%	92.25%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%			
	Friends & Family - OP - Proportion Very Good/Good				94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%		
	Friends & Family - ED - Proportion Very Good/Good				73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%		
	PALS - Count of concerns				127	127	123	123	100	93	86	100	102	111	150	129	116		
	Complaints - % Overall Response Compliance			90.00%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78.33%	79%	78.69%	73.47%		
Well led	Complaints - Overdue				0	2	1	8	10	10	6	11	4	5	10	4	5		
	Complaints - Written complaints				51	65	48	52	55	59	44	52	58	56	43	48	53		
	Agency Expenditure ('000s)				1029	1374	1061	1492	1576	1350	1314	1363	1147	1581	1838	1846	1205		
	Month End Vacancy Factor				5.75%	6.71%	6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%		
	Turnover (Rolling 12 Months)	R		16.96%	12.45%	13.14%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%		
Sickness Absence (Rolling 12 month -In arrears)	R		4.81%	4.46%	4.49%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.23%	5.05%			
Trust Mandatory Training Compliance				84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%			

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## Urgent Care

Four-hour performance was 59.32% in June. The Trust ranked first out of ten reporting AMTC peer providers for the fourth consecutive month and remained in the second quartile when compared nationally. The Trust recorded an increase in ambulance handover delays with 527 reported provisionally in June, up from 430 in May. 12-hour trolley breaches also increased from 176 in May to 297; there were over 22,000 reported nationally. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy at an average of 98.32% for the month – this combined with increasing COVID-19 positive Inpatients and staff sickness contributed to operational pressures. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria, awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

## Elective Care and Diagnostics

The Trust has cleared capacity breaches to zero for the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23, achieving the national expectation. There were 2,675 patients waiting greater than 52-weeks for their treatment in May; 443 of these were patients waiting longer than 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance was static in June with performance of 41.01%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

## Cancer Wait Time Standards

There were a number of movements in the May position for Cancer with the 31-Day First Treatment standard improving to 83.77%. 62-Day performance was 50.15% and TWW was 46.16%. Instances of clinical harm remain low month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. Delivering a reduction in the >62-day backlog continues to be challenged by workforce issues in the Cancer Services Team and Tumour Site Pathway delays, however the backlog volume has stabilised over the last few weeks as a result of remedial actions being put in place, as part of an overall recovery plan led by a new Cancer Recovery Steering Group and supported by Regional colleagues.

## Quality

Maternity recruitment initiatives are resulting in successful pipeline. Delivery of compliance against the recently refreshed CNST Maternity Incentive Scheme (Year 4) remains challenging, with a forecast to achieve 7 out of 10 standards. June saw a increase in COVID-19 demand at NBT and in the region; the Trust has safely managed outbreaks. One new MRSA bacteraemia case occurred in June; a full case review has been completed with learning and a CCG review of all cases. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for May 2022), reflecting the impact of ongoing operational challenges on education, training and related data capture in this area.

## Workforce

The Trust vacancy factor increased from 7.51% in May to 8.07% in June, this was driven a by a decrease in staff in post and an increase in funded establishment. NBT's rolling 12-month staff turnover increased from 17.28% in May to 17.41% in June, with the stability rate for NBT increasing slightly from 83.28% in May, to 83.27% in June. Rolling 12-month sickness absence increased from 5.13% in May to 5.22% in June. *Infectious Diseases* (which includes COVID-19 Sickness), and *Anxiety/stress/depression/other psychiatric illnesses* were the leading causes of days lost to absence. Temporary staffing demand increased by 6.40% (68.47wte) from May to June.

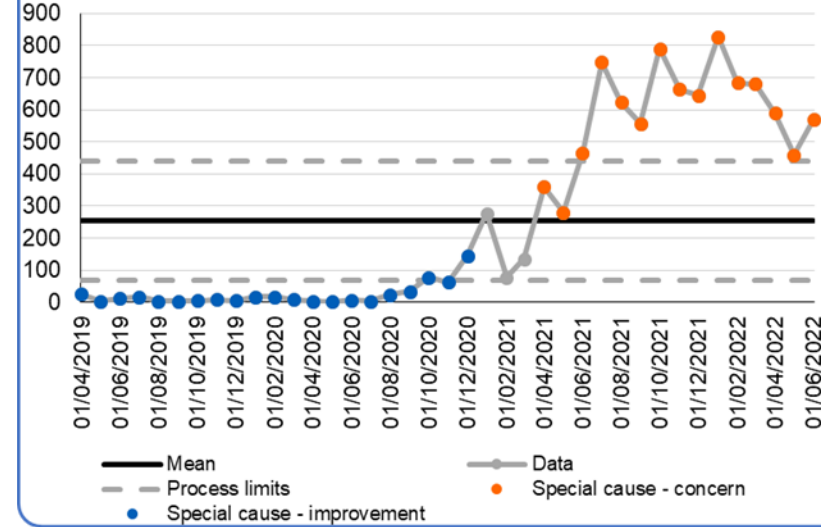
## Finance

The financial plan for 2022/23 at Month 3 (June) was a deficit of £3.8m. The Trust has delivered a £7.6m deficit, which is £3.7m worse than plan. This is predominately driven by the non-delivery of savings in the first three months of the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments. In addition, there is uncertainty around the Elective Services Recovery scheme and a provision has been made to account for this. The month 3 CIP position shows £0.5m schemes fully completed, with a further £4.1m schemes on tracker and £3.3m in pipeline. There is a £10.9m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £7.7m shortfall. Cash at 30 June amounts to £98.0m; an in-month decrease of £1.2m due to higher than average payments made during the month specifically around capital relating to March 2022 and reduced receipts. Total capital spend year to date was £2.6m compared to a plan of £7.4m. The impact of COVID-19 pressures on Quarter 1, which was originally expected to be an allowable overspend, has been removed, as this has been limited to April. The comparisons to plan in this paper are against the revised plan as submitted during June 2022 with some variances being driven by movement from the previous April plan.

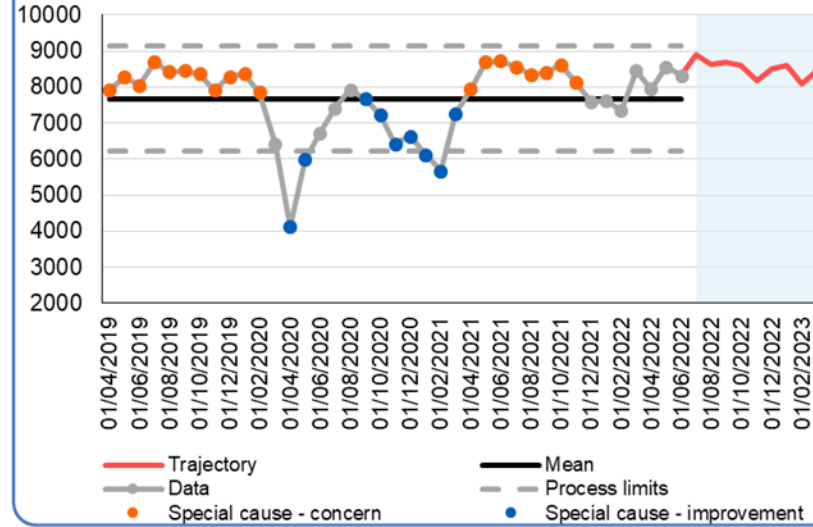
# Responsiveness

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

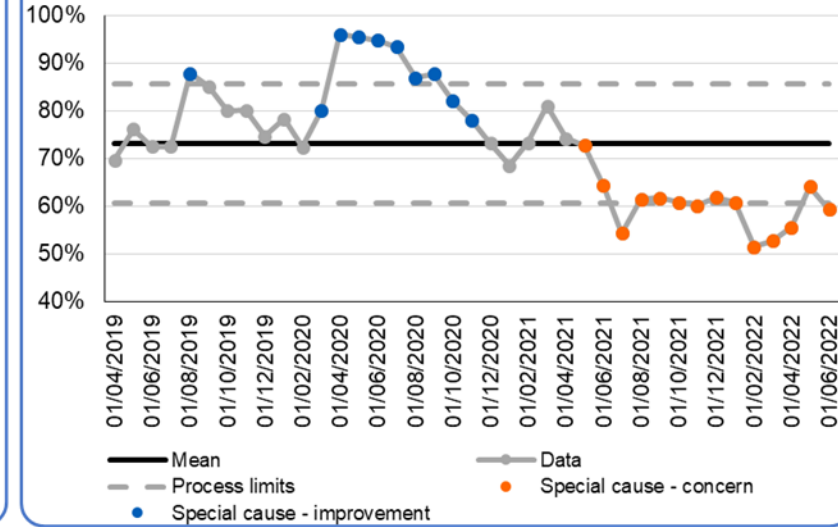
### Ambulance Handover Delays >60 minutes



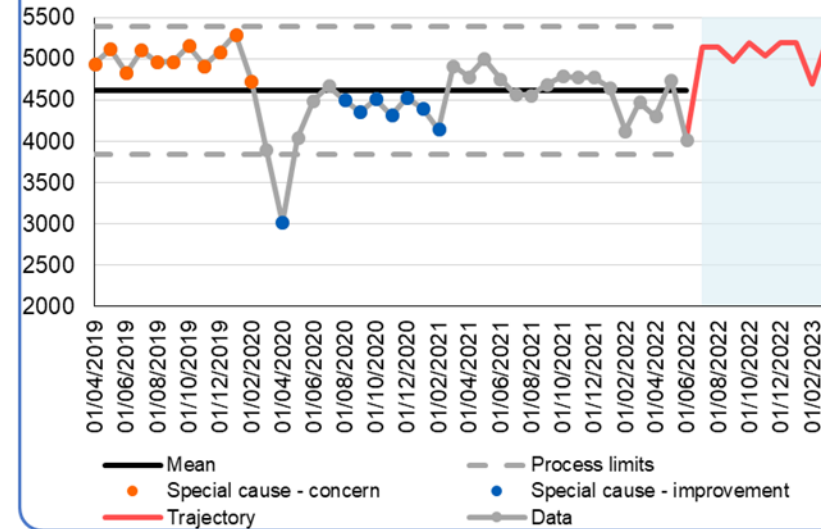
### ED Attendances



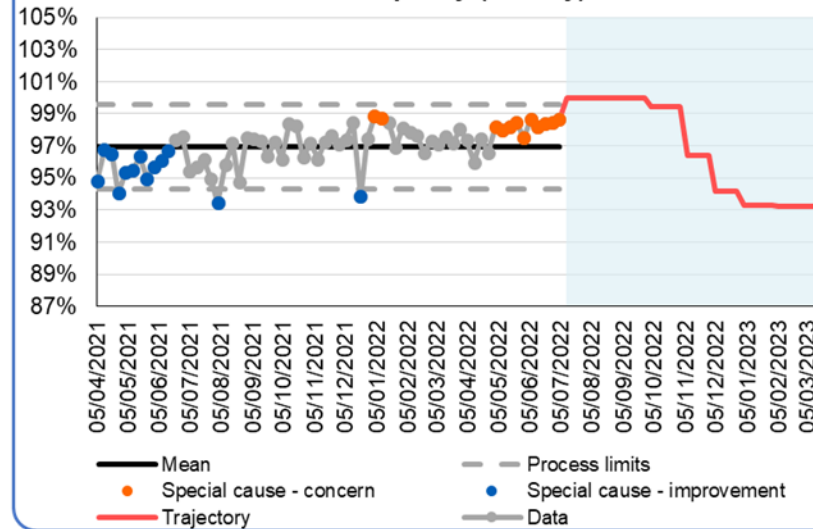
### ED 4-hour Performance



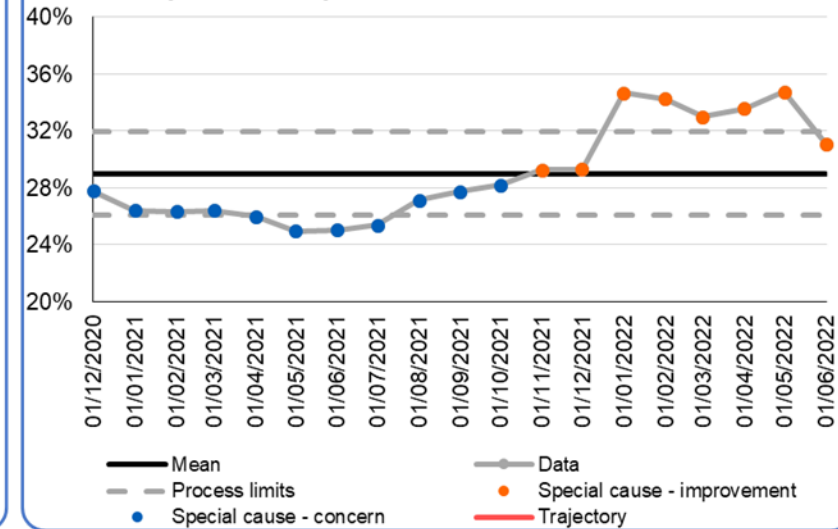
### Non-Elective Admissions



### Bed Occupancy (Weekly)



### Proportion of inpatients with no Criteria to Reside



## What are the main risks impacting performance?

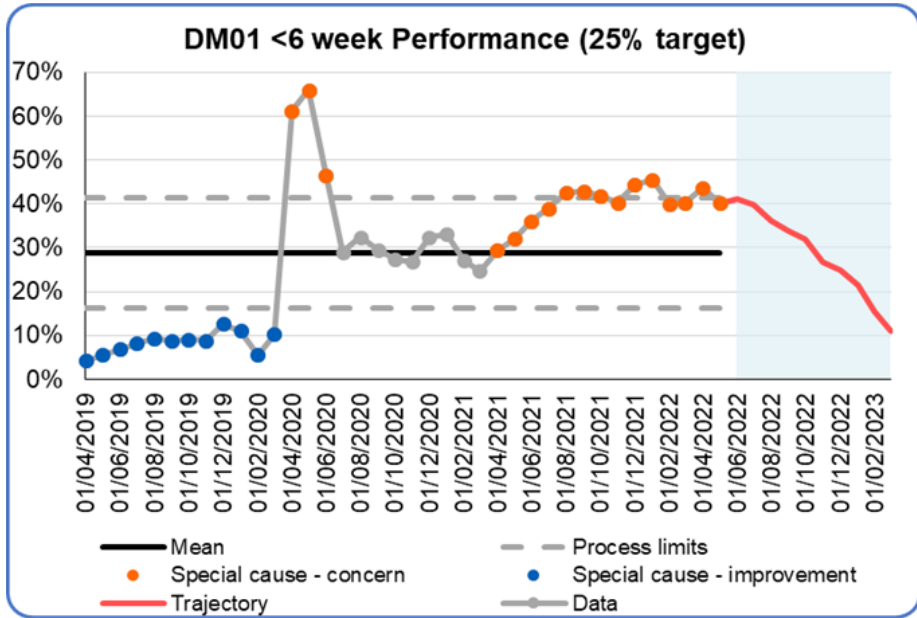
- Ambulance handovers – prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside are occupying a third of the hospital's bed capacity – no significant change.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.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

## What actions are being taken to improve?

- Ambulance handovers – Executive Nurse has led a revised approach to pre-emptive transfers of patients out of ED. Regular timed transfers now take place throughout the day in anticipation of discharges. This clinically led approach, supported by the CMO and COO, has delivered a significant reduction in ambulance hours lost. The approach is being reviewed in terms of the potential for sustaining aspects of this new way of working.
- The Trust is working closely with system partners to influence and support schemes which will reduce NCTR patient numbers including D2A. The new EPR system, Careflow, launched in July 2022, has improved how C2R patients are recorded and captured. This offers improved monitoring at ward level and site level; providing better visibility of all patients which facilitates more focussed actions to discharge these patients.
- Ongoing implementation of the combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions, which plans to save 2000 handover hours over 2022/23.
- Continued introduction of the UEC plan for NBT, this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).



# Diagnostic Wait Times

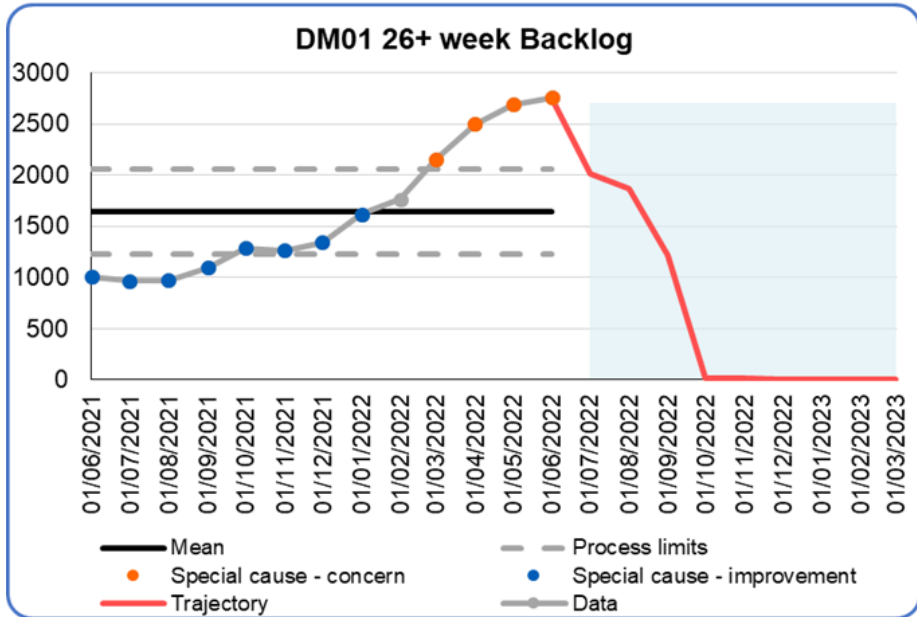


## What are the main risks impacting performance?

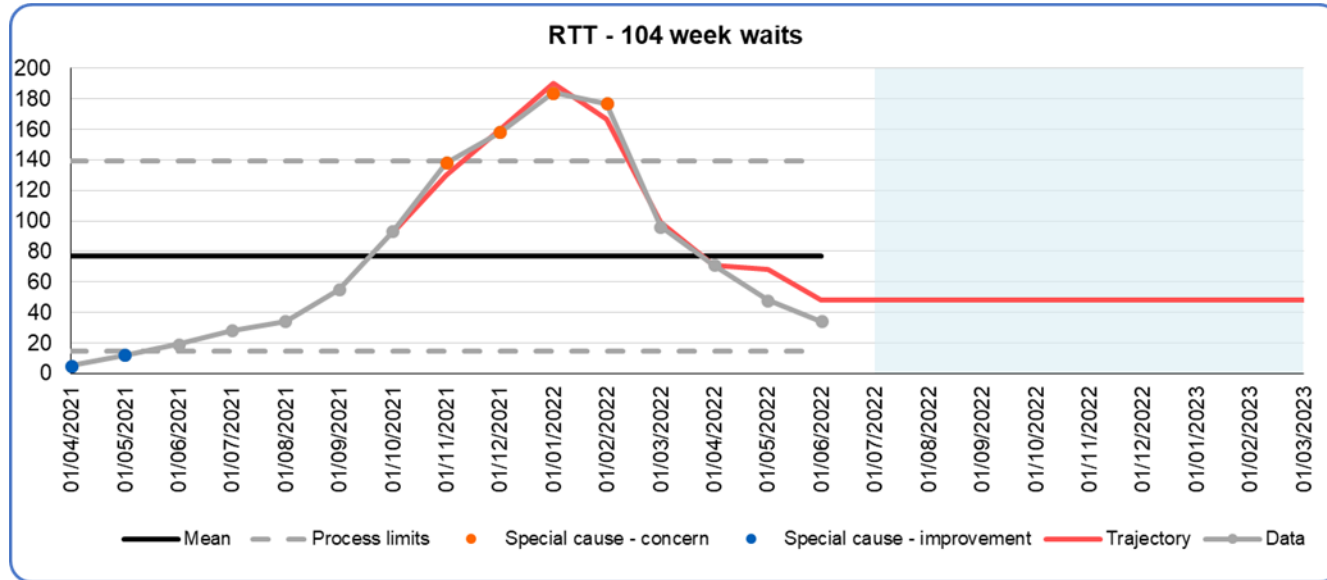
- The Trust currently relies on external organisations to provide capacity for diagnostic tests and procedures in order for the Trust to clear its diagnostics backlog and maintain/reduce its overall wait list size.
- Contracts agreed with external providers have not been met; fewer slots than agreed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

## What actions are being taken to improve?

- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers with 3 staff offering regular lists. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG..
- CT – Use of the demountable CT scanner based at Weston General Hospital has continued. WLIs are being delivered every weekend to support backlog reduction and outsourcing is about to commence to Nuffield.
- MRI – The Trust continues use of IS capacity at Nuffield and is planning to extend the working day on Cossham Suite B scanner. In addition, capacity has increased following resumption of pre-COVID-19 IPC processes.
- Echocardiography – Access to Xyla insourcing and agency capacity has increased. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.



# Referral To Treatment (RTT)

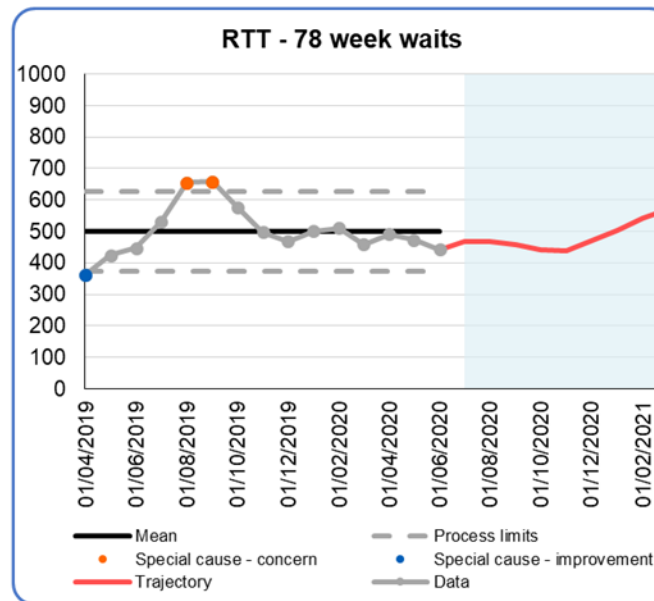
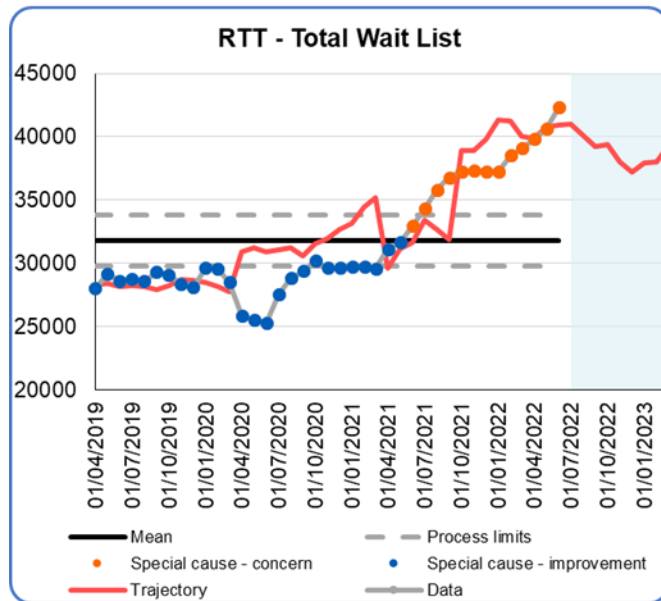


## What are the main risks impacting performance?

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

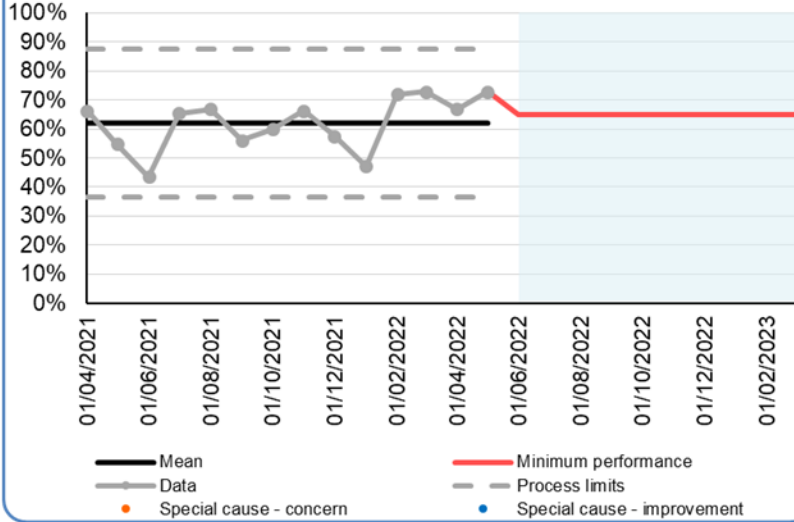
## What actions are being taken to improve?

- The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.
- The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits. The Trust has cleared to zero the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23; this is with the exception of those patients choosing to wait longer, where it is clinically indicated following confirmation of being COVID-19 positive and where there is an instance of clinical complexity preventing earlier treatment.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

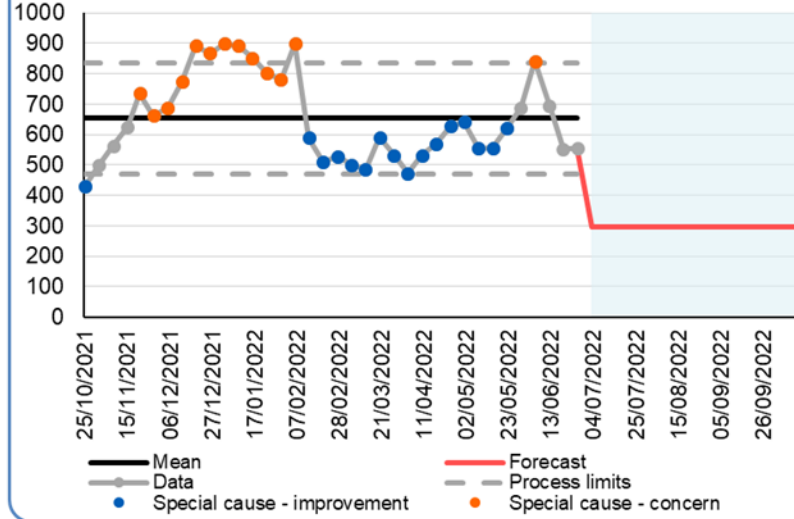


# Cancer Performance

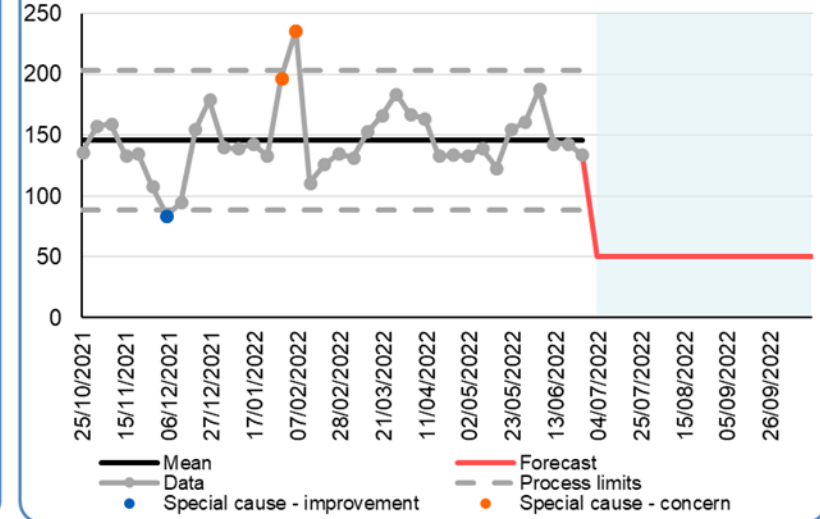
### 28-Day Faster Diagnosis



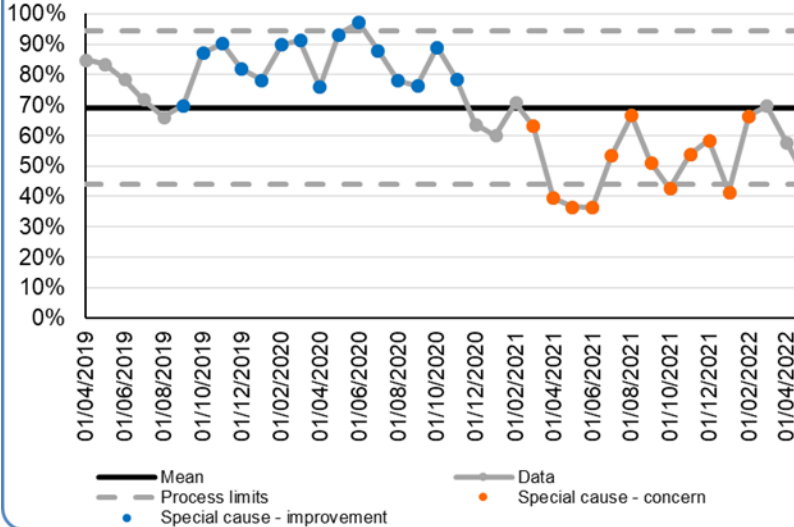
### >62 Day PTL



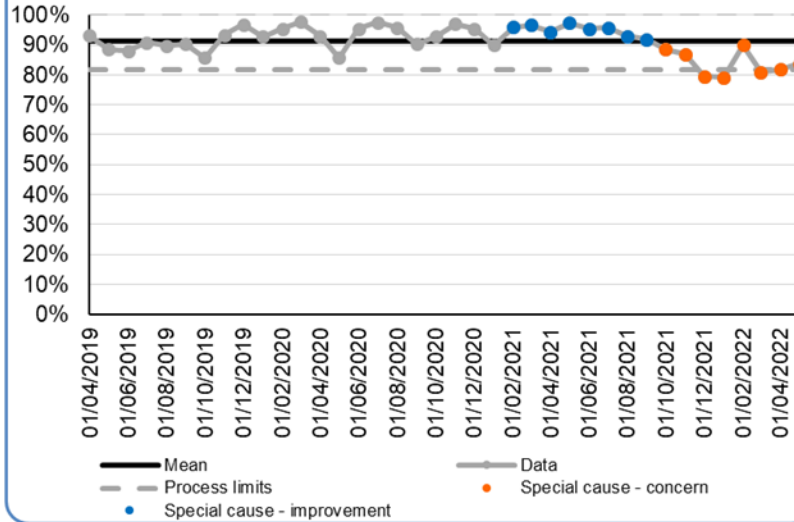
### >104 Day PTL



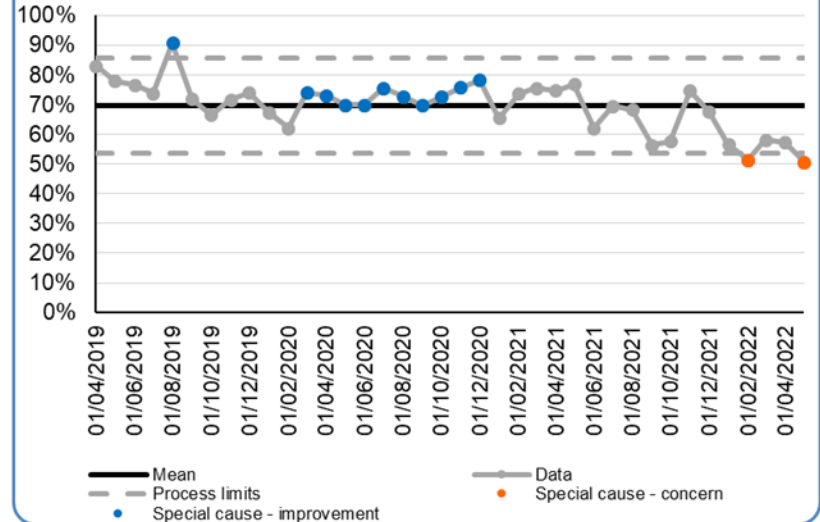
### Two Week Wait



### 31-Day



### 62-Day



## What are the main risks impacting performance?

- Recruiting to and sustaining the Cancer Services Team.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.

## What actions are being taken to improve?

- Executive led Cancer Recovery Steering Group formed.
- Rapid HR recruitment and retention plan deployed.
- Extensive validation of the backlog.
- Close working with Regional Cancer Team in support of pathway and demand and capacity planning.
- Planning underway for Tumour Site specific pathway improvements.

## **Quality, Safety and Effectiveness**

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

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

Activity	NBT - PQSM								TREND
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
<b>NICU admission rate at term</b>	5.6%	3.8%	2.3%	2.9%	4.5%	5.9%	4.3%	2.6%	
<b>Perinatal Morbidity and Mortality inborn</b>									
<b>Total number of perinatal deaths</b>	3	4	2	2	5	6	4	4	
Number of stillbirths 16 to 23+6 weeks excl. TOP	2	1	1	0	3	3	1	2	
Number of stillbirths (>=24 weeks excl. TOP)	1	1	1	1	0	1	1	1	
Number of neonatal deaths : 0-6 Days	0	1	1	1	0	2	2	1	
Number of neonatal deaths : 7-28 Days	0	1	0	0	2	0	0	0	
<b>Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)</b>	1	0	1	0	0	1	0	0	
<b>Maternal Morbidity and Mortality</b>									
<b>Number of maternal deaths (MBRRACE)</b>	0	0	0	0	0	1	2	0	
Direct	0	0	0	0	0	0	1	0	
Indirect	0	0	0	0	0	1	1	0	
<b>Number of women who received level 2 &amp; 3 care</b>	1	1	1	1	0	0	2	1	
<b>Insight</b>									
<b>Number of datix incidents graded as moderate or above (total)</b>	2	0	2	1	0	2	1	0	
Datix incident moderate harm (not SI, excludes HSIB)	2	0	1	0	0	1	1	0	
Datix incident SI (excludes HSIB)	0	0	0	1	0	1	0	0	
<b>New HSIB SI referrals accepted</b>	0	0	1	0	0	2	0	1	
<b>HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust</b>	0	0	0	0	0	0	0	0	
<b>Coroner Reg 28 made directly to Trust</b>	0	0	0	0	0	0	0	0	
<b>Workforce</b>									
<b>Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite</b>	83	83	83	83	83	83	83	83	
<b>Minimum safe staffing in maternity services: Obstetric middle grade rota gaps</b>	1	0.5	2	1	1.3	0.7	DNA	DNA	
<b>Minimum safe staffing in maternity services: Obstetric Consultant rota gaps</b>	1	1	1	1	1	0	0	0	
<b>Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)</b>	1	1	1	1	1	1	1	0	
<b>Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)</b>	1	2	2	2	1	1	1	1	
<b>Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)</b>	1	0	0.5	1	0.5	0.5	0	0	
<b>Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number)</b>	14%	12%	14%	11%	13%	18%	12%	11%	
<b>Vacancy rate for midwives</b>	2.9%	2.0%	1.9%	1.9%	3.5%	3.6%	6.8%	6.7%	
<b>Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)</b>	42%	42%	42%	40%	42%	40%	43%	40%	
<b>Vacancy rate for NICU nurses</b>	10	10	17.6	14	15	14	11	21	
<b>Datix related to workforce (service provision/staffing)</b>	8	2	5	7	9	1	3	2	
<b>Consultant led MDT ward rounds on CDS (Day and Night)</b>	71%	72%	58%	68%	57%	DNA	DNA	DNA	
<b>One to one care in labour (as a percentage)</b>	98.9%	100%	98%	100%	99%	98%	100%	100%	
<b>Compliance with supernumerary status for the labour ward coordinator</b>	95%	98%	96%	98%	96%	98%	97%	100%	
<b>Number of times maternity unit attempted to divert or on divert</b>	4	2	2	0	2	11	4	6	
<i>in-utero transfers</i>									
<i>in-utero transfers accepted</i>								4	
<i>in-utero transfers declined</i>								0	
<i>ex-utero transfers</i>									
<i>ex-utero transfers accepted</i>								2	
<i>ex-utero transfers declined</i>								0	
<b>Number of consultant non-attendance to 'must attend' clinical situations</b>	0	0	0	0	0	0	0	0	
<b>Involvement</b>									
<b>Service User feedback: Number of Compliments (formal)</b>	66	19	58	44	59	60	57	31	
<b>Service User feedback: Number of Complaints (formal)</b>	5	3	6	9	9	10	2	4	
<b>Staff feedback from frontline champions and walkabouts (number of themes)</b>	3	2	3	4	4	4	4	4	
<b>Improvement</b>									
<b>Progress in achievement of CNST /10</b>	7	7	6	7	7	7	7	7	
<b>Training compliance in maternity emergencies and multi-professional training (PROMPT)</b>	42%	39%	38%	33%	43%	42%	51%	62%	
<b>Fetal Wellbeing and Surveillance</b>	7%	14%	22%	9%	18%	27%	48%	74%	
<b>Trust Level Risks</b>	DNA	DNA	DNA	2	5	5	6	6	

**Neonatal Morbidity and Mortality:** 1 x after action review following an early neonatal death at 30 weeks and three days following challenges in accessing an airway

**Maternal Morbidity and Mortality:** 1 x postnatal admission to ITU following Ogilvie syndrome (acute colonic pseudo-obstruction). After action review completed with patient and family. Positive engagement. Learning identified.

**Insight:** 1 x new severe harm incident for March (declared as SI in May), delayed treatment for reduced fetal movements, antenatal assessment unit triage waiting time breached. 1 x new HSIB referral in May, following an intrapartum stillbirth.

**Workforce:**

- **Midwifery:** Healthy pipeline from September 2022. Anticipated Birthrate plus recommendations to be finalised June 2022. Ongoing work exploring escalation pathways out of hours. 3 x Band 6 Midwives recruited end of May. Advert out for ANC Co-ordinator Band 7 role. Joint recruitment across BNSSG for 1 x Band 7 Specialist Mental Health Midwife and 2 x Band 4 Advisors in Treating Tobacco Dependency across BNSSG (Fixed Term for 20 months)
- **Obstetrics:** 2 Consultant Obstetricians adverts now live. Interviews to be held on 03/08/22. \*Ongoing work to improve the quality of data for recording Consultant led MDT (Multidisciplinary Team) ward rounds
- **NICU Nursing :** Neonatal Nursing action plan updated as per Maternity Incentive Scheme Year 4. . Current vacancy 21WTE, as now added NCCR funding to establishment

**Workforce Summary -** Small numbers of workforce incident reports completed despite ongoing workforce concerns raised from multiple sources (Safety workarounds, governance meetings, quality huddles). Plan for divisional quality focus for July 2022 led by Continuous Improvement and Learning Team.

**Staff and Service user feedback themes:** Staffing across perinatal service; Estates impacting on capacity; Civility Saves lives service development project in progress; Clinical Information – Inconsistencies with patient information.

**Maternity Incentive Scheme, Year 4:** Scheme relaunched 06/05/22 and Trust to report compliance by Thursday 5th January 2023. 3 weekly meetings recommenced from 27th May 2022. Taking into consideration the revised guidance, areas of concern identified are highly likely to impact successful delivery of all 10 Safety Actions:

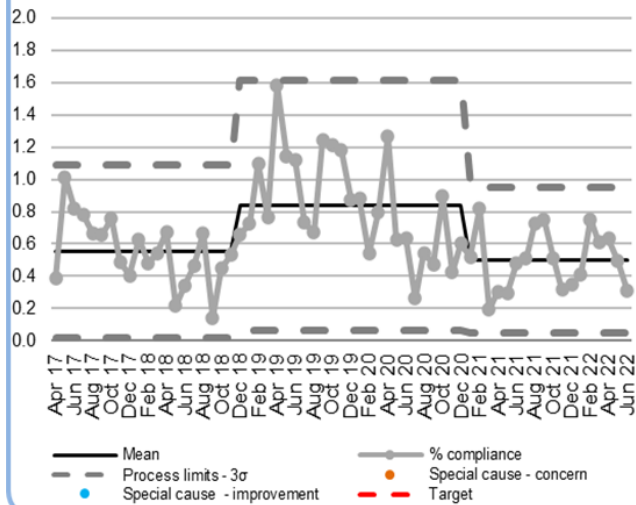
- SA 2 – Maternity Services Data Set:** Personalised care plans to be relaunched 29/09/2022. Care pathways validated digital lead midwife. Plan to share individual area weekly reports to help target areas for improvement.
- SA 6 – Saving Babies Lives Element 1 Smoking:** Challenging requirements: 1. % where CO measurement recorded at 36 weeks, currently 58% needs to be at least 80%. 2) uterine dopplers not offered to pregnancies at high risk of FGR as per SBL Care Bundle 2. 3.Training as SA8.
- SA 8 – Training:** The Division has seen significant improvement with training compliance. The Division continues to work towards the training recovery action plan as per, Risk 1079, High Risk Patient Safety 10. The temporary modifications detailed within the action plan will be shared with the Trust Board by 16 June 2022. The training trajectories for July 2022 are as follows: SA6 84% and SA8 84% but it should be noted the change to the training timeframe, from 12 month reporting period to 18 months, this is to acknowledge COVID-19 pressures.

**Areas of excellence:** WACH to launch new QI project on shared decision making, working in collaboration with the Trust QI team. Recruitment initiatives resulting in successful pipeline. Successful Well Being Festival in WACH plans for a further wellbeing day at Cosham in August 2022. Planned Caesarean section booking moved from paper to ICE and access plans have been created. New Maternity System secured across BNSSG (Badgernet Maternity).

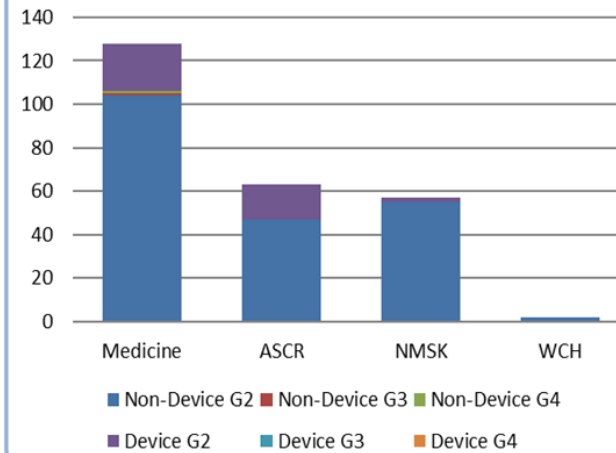
Awarded Maternal Medicine Network Lead for SW region.

## Pressure Injuries

**Total Pressure Injuries per 1000 Bed Days**



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



### What does the data tell us?

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

14 Grade 2 pressure injuries were reported of which 6 were related to a medical device, 2 to one patient. 4 x grade 2 pressure injuries were to the sacrum/buttock/coccyx/natal cleft area, 1x scrotum, 1 to the heels and 1 to the hip, 1 x abdomen, 5 x nose/mouth/ear, 1 x spine.

There was a decrease in DTI injuries. There were 20 DTI injuries and were 11 heels, 5 buttocks/sacrum, 2 outer foot, 1 inner foot, 1 spine, and 1 mouth. 3 unstageable pressure injuries reported, and attributable to the medicine division.

There was 1 Grade 3 and 0 Grade 4 injuries reported in June. The grade 3 was attributed from an unstageable in May.

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

### What actions are being taken to improve?

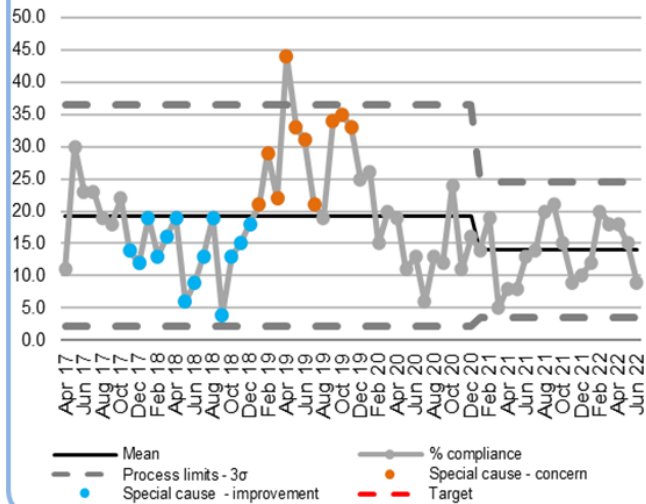
The Tissue Viability (TV) team continues to focus, engage and collaborate with areas identified through audit across the Trust. and using the RAG rating system.

The team have facilitated and supported with 'After Action Reviews' to celebrate good practice, and identify areas for improvement, support action plans and look at the thematic themes.

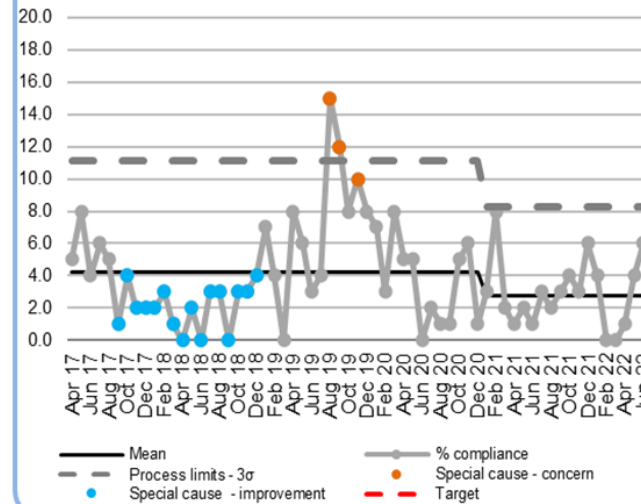
There have been meetings at a regional level with SWASFT to discuss pressure prevention in ambulances which TV have attended, and worked with the medicine division on exploring purchasing pressure relieving mattress overlays for ambulance trolleys.

The updated Pressure Prevention and Management policy CG-212 following sense check has been Birth-rate signed off and uploaded to the Link page.

**Pressure Injuries - Total Incidents**



**Pressure Injuries - Device**



## Infection Prevention and Control

What does the data tell us?

### COVID-19 (Coronavirus)

June saw a increase in COVID demand at NBT and in the region , although admitted bed numbers have been lower than other trusts in the region.

We have seen a number of Outbreaks / increased cases with a increase of nosocomial spread with in the trust . A strategic decision was made to return mask wearing to all pts and staff in clinical area . The infection control monitoring group review prevalence weekly and look at mitigation and plans to manage current and forecast levels.

**MRSA -X1** case noted in June, full case review has been completed with learning and a CCG review of all cases.

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

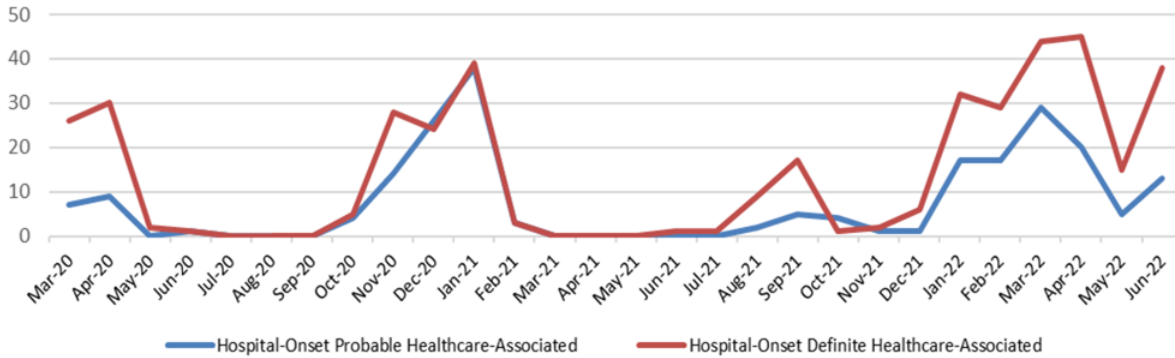
**MSSA** - Cases for this year have so far been below trajectory

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

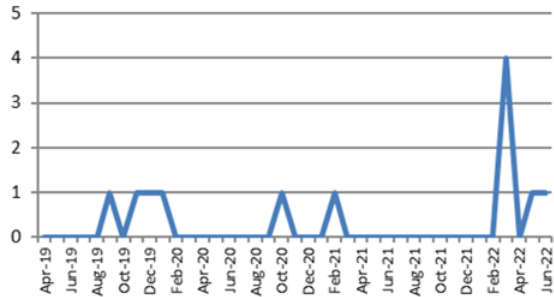
### What actions are being taken to improve?

- Educational delivery to admission areas has seen a improvement in staff awareness of admission testing and questions to ask pts on admission – helping with general screening for pts but targeted for MRSA and C-diff .
- Upward reporting to CCG has recommenced for C diff with some positive feedback as to NBTs management of cases and shared learning at steering groups.
- COVID support continues across the trust with safe management of outbreaks, risk assessments continually in place managing risk vs trust on going pressure- mask wearing re introduced

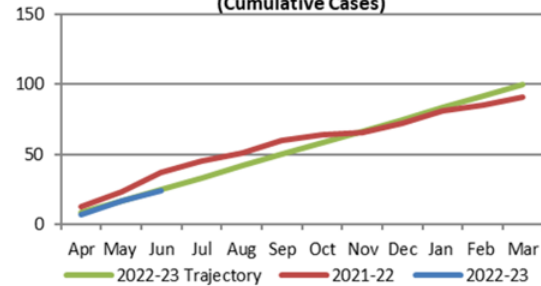
COVID-19 Onset Category by Positive Test Date



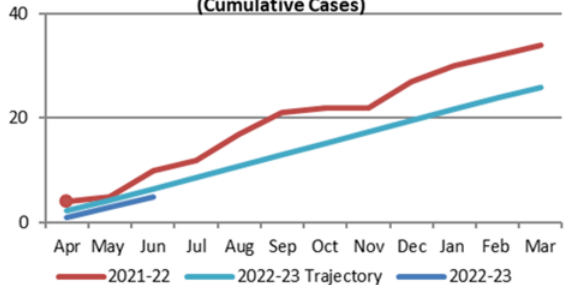
MRSA Cases - Trust Attributable



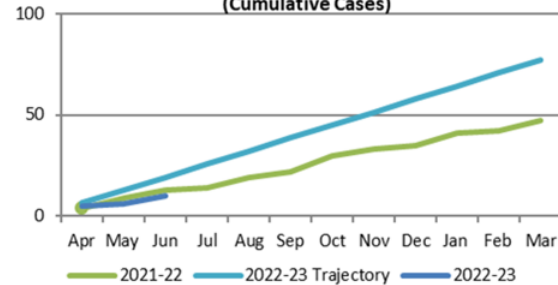
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





## Current COVID Status: Level 2

Input date: 11/07/22

Metric	23/05/2022	30/05/2022	06/06/2022	13/06/2022	20/06/2022	27/06/2022	04/07/2022	11/07/2022	Trend
New patients last 24 hours – admitted	1	1	0	2	1	3	3	4	
<b>New Patients Diagnosed in last 24 hours</b>	1	1	1	6	6	6	9	7	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	1	1	0	2	3	3	3	4	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	0	1	0	1	1	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	0	0	1	1	0	2	1	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	0	0	1	2	1	2	3	1	
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	0	0	
Blue discharges in past 24 hours	2	1	1	4	5	7	5	8	
<b>Number of COVID positive patients as at 08:00</b>	11	10	12	30	40	36	55	60	
Of these, patients admitted for primary COVID	8	6	6	20	29	25	36	43	
Of these, patients admitted with incidental COVID	3	4	6	10	11	11	19	17	
COVID positive patients in ICU	0	1	0	0	1	1	1	3	
COVID positive patients outside of ICU	11	9	12	29	39	36	54	57	
Query patients	1	0	0	1	0	1	0	0	
Closed and empty beds due to IPC	2	2	3	10	19	8	17	13	
NIV COVID	0	0	0	0	0	0	1	1	
Deaths	0	0	0	0	0	0	0	1	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	2	1	3	5	5	7	9	7	
Patient Total positivity - detected - %	0	0	0	0	0	1	0	0	

Metric	16/05/2022	23/05/2022	30/05/2022	06/06/2022	13/06/2022	20/06/2022	27/06/2022	04/07/2022	Trend
Bristol cases per 100,000 – 7 days	77	65	74	113	154	204	305	360	
South Gloucestershire cases per 100,000 – 7 days	75	58	69	106	170	234	299	400	
North Somerset cases per 100,000 – 7 days	77	65	74	113	154	204	305	360	

Key:

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

## WHO Checklist Compliance

### What does the data tell us?

In June, WHO checklist compliance was 98.19%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice.

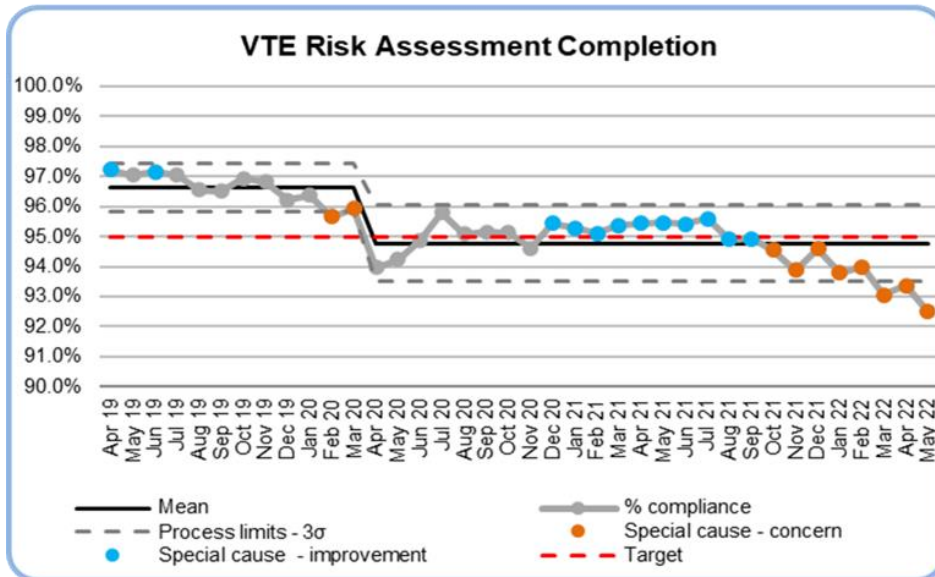
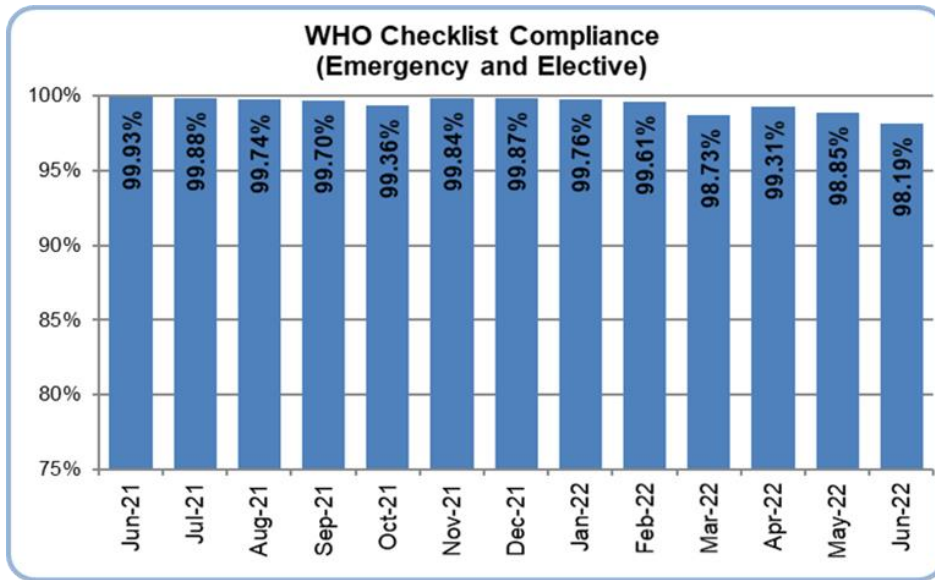
## VTE Risk Assessment

### What does the data tell us?

In May, the rate of VTE Risk Assessments performed on admission was 92.50%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

### What actions are being taken to improve?

This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirmed as with similar previous audits that actual completion is better than reflected by the data but still requires improvement. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing.



*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 June 2022, NBT had a rate of 5.1 medication incidents per 1000 bed days. This figure replicates the 6 month average for this measure which is also 5 medication incidents per 1000 bed days

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

During June 2022, c.13.3% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.133). This is slightly above average seen over the last 6 months, with the average being c.13.2% but as seen from the graph there has been much fluctuation in this value.

#### Incidents by Stage

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

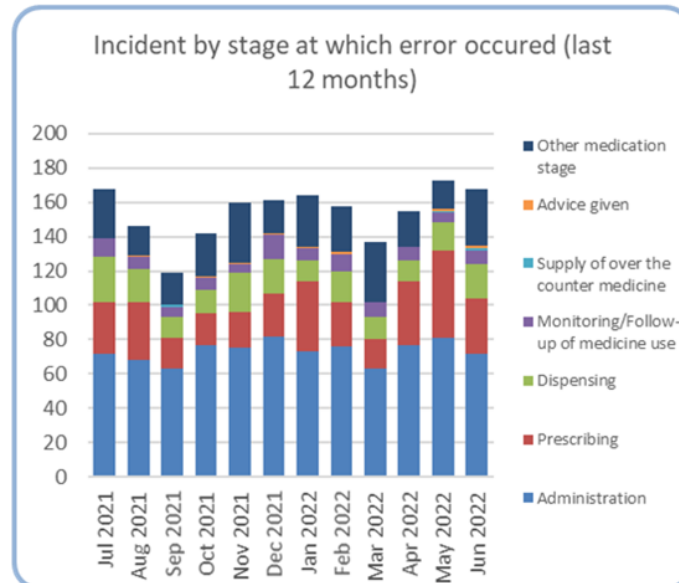
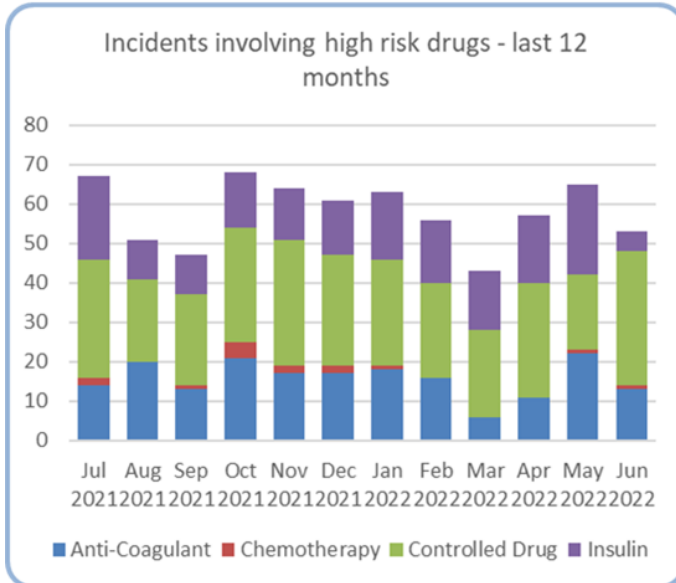
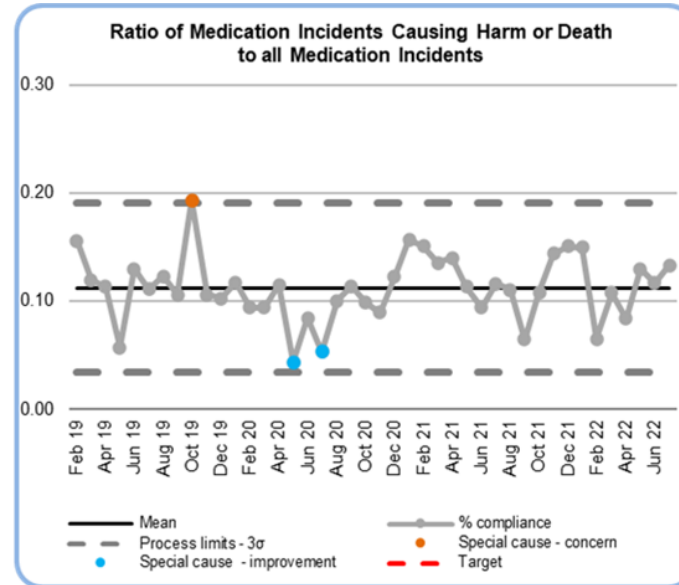
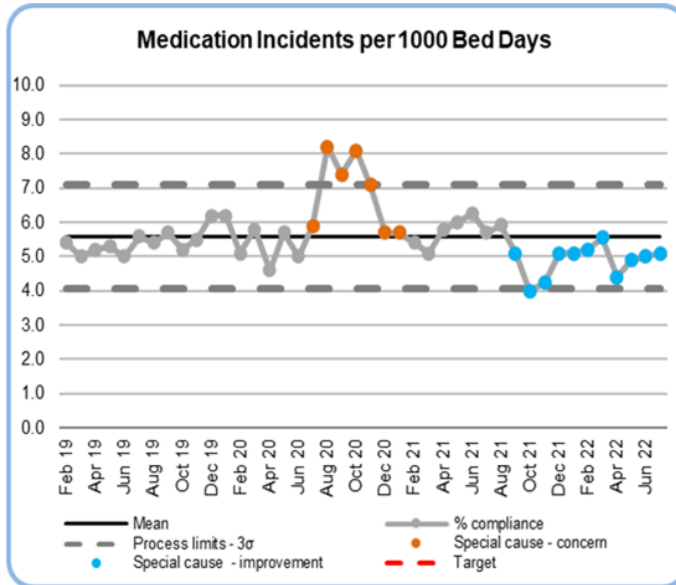
#### High Risk Medicines

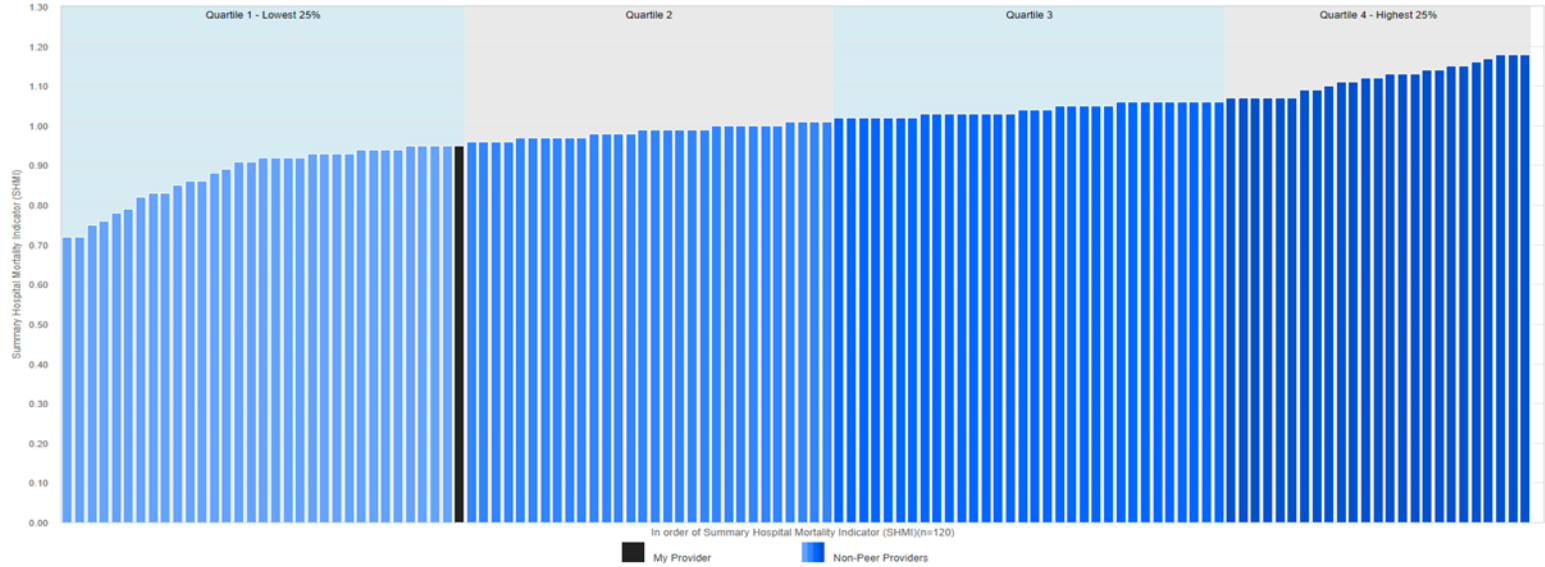
During May 2022, c.31% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. As depicted in the graph here is a notable rise in the number of incidents involving Controlled Drugs – this is something which will be flagged to the Trust Controlled Drug Accountable Officer (Matt Kaye).

#### 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.





**What does the data tell us?**

**Mortality Outcome Data**

NBT is in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts. Even though this has been rising throughout 2021 NBT is still presenting well below the national median.

**Mortality Review Completion**

The current data captures completed reviews from May 21 – April 22. In this time period 95% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

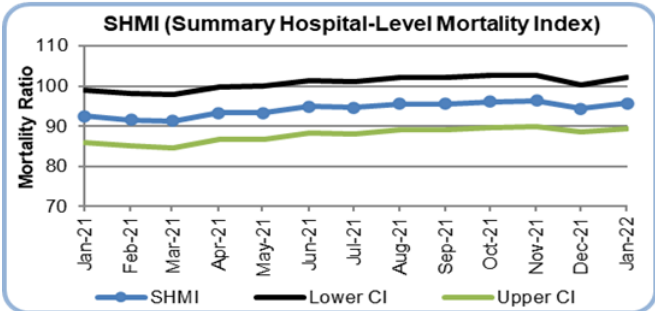
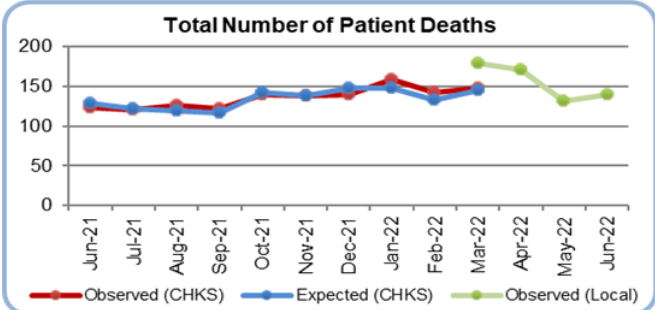
Of all “High Priority” cases, 84% completed Mortality Case Reviews (MCR), including 24 of the 25 deceased patients with Learning Disability and 20 of the 26 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as ‘high priority’.

**Mortality Review Completion**

May 21 – April 22	Completed	Required	% Complete
Screened and excluded	265		
High priority cases	247		
Other cases reviewed	1439		
<b>Total reviewed cases</b>	<b>1951</b>	<b>2063</b>	<b>95%</b>

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	4.6%	26.5%	37.9%	31%

Date of Death	May 21 – April 22
Scrutinised by Medical Examiner	1750
Referral to Quality Governance team	157



**Mortality Review Outcomes**

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 95% (score 3-5). There have been 11 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?**

As a result of figures reported as part of the Annual Learning from Deaths Report 2021/22 that highlighted a rise in outstanding high priority case reviews the Quality Governance Team have been actively chasing completion of review for these cases.

We are focused on delivering a rise in completion rate over the coming months and Specialty Mortality Leads are supporting this plan.

# Patient Experience

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

## Complaints and Concerns

### What does the data tell us?

In June 2022, the Trust received 53 formal complaints, this is 5 more than the previous month but is consistent with the same period last year. The most common subject for complaints is 'Clinical Care and Treatment'. There's been a notable decrease in the number of complaints regarding 'Attitude of Staff', but an increase in those regarding 'Access to Services-Clinical' and 'Communication'.

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

The 53 formal complaints can be broken down by division: (the previous month total is shown in brackets)

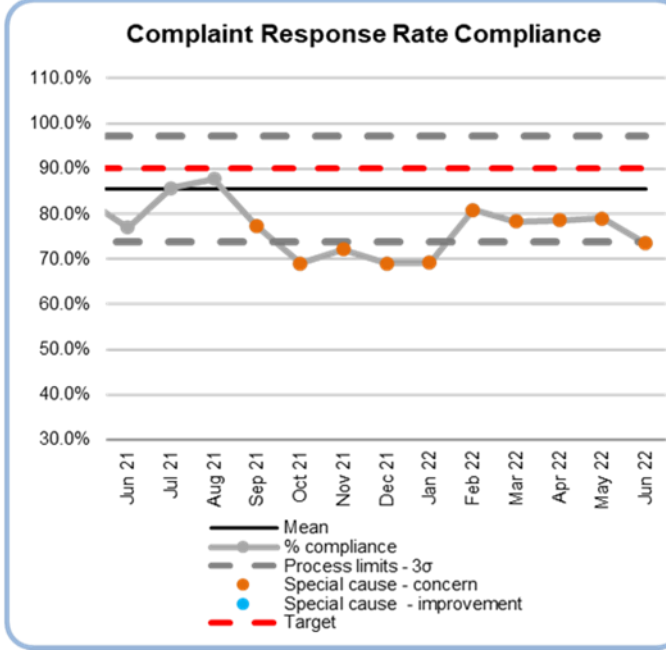
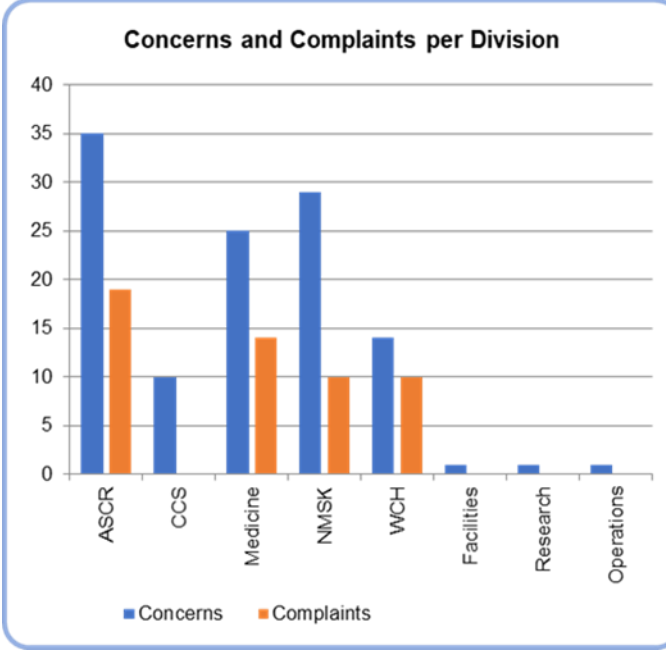
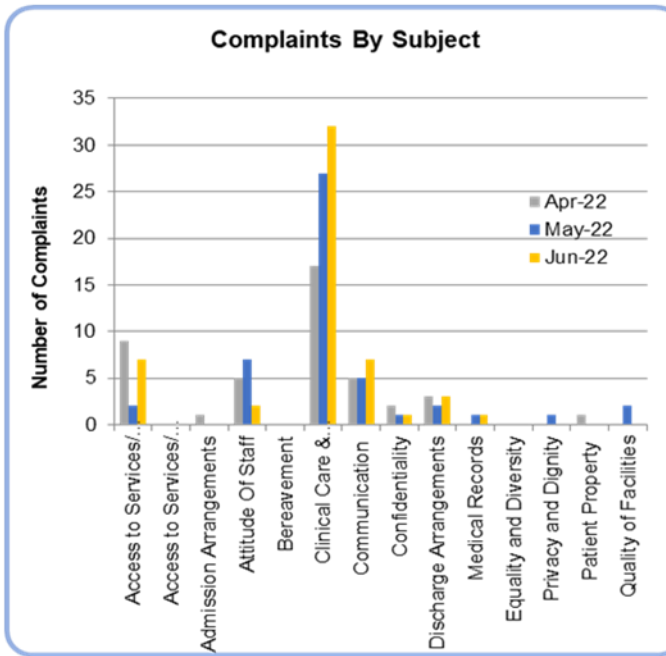
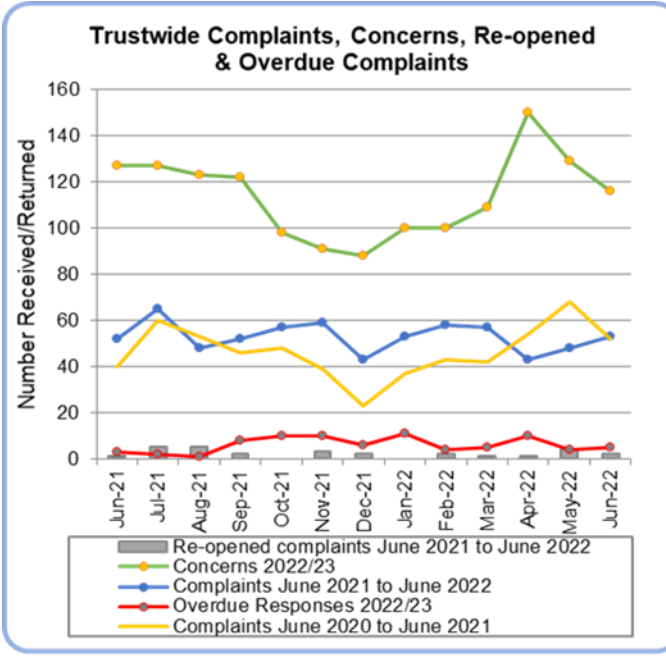
ASCR	19 (10)	CCS	0 (2)
Medicine	14 (19)	NMSK	10 (11)
WCH	10 (4)		

The number of PALS concerns received by the Trust was 116 in June this is slightly fewer than the previous two months however, the number of enquiries have increased from 91 in May to 106 in June.

The response rate compliance for complaints has fallen after improvements over the past 3 months. In June, compliance was 73.5% and the number of overdue complaints has increased to 5. At the time of reporting there are 2 in Medicine (both ED), 2 in WaCH (Gynae and Obstetrics) and 1 in CCS (Therapies).

### What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR and NMSK Patient Experience Teams.
- In WaCH the Complaints Coordinator is currently absent which is impacting performance. Efforts have been made to backfill the position with Bank cover however this has not been possible.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. ASCR have met and exceeded their targets in June however Medicine have not met their targets for compliance or number of overdue complaints. Medicine currently have an absence within their Divisional Patient Experience Team which is impacting on their performance.



## Research and Innovation

### What does the data tell us?

In this financial year we will strive to offer as many research opportunities as we can to our NBT patients and local communities.

From those people we approach about research we will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 2208 participants have consented to our research. This exceeds our current YTD target (170%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; at present we have 224 studies open to new participants and have set up and opened 19 new studies since April (Graph 2), these are predominantly non commercial studies. We are keen to work with more commercial partners as we move through the year.

NBT continues to support the national efforts to develop effective vaccines and treatments in the management of current and future COVID variants and have established a core team to support this activity.

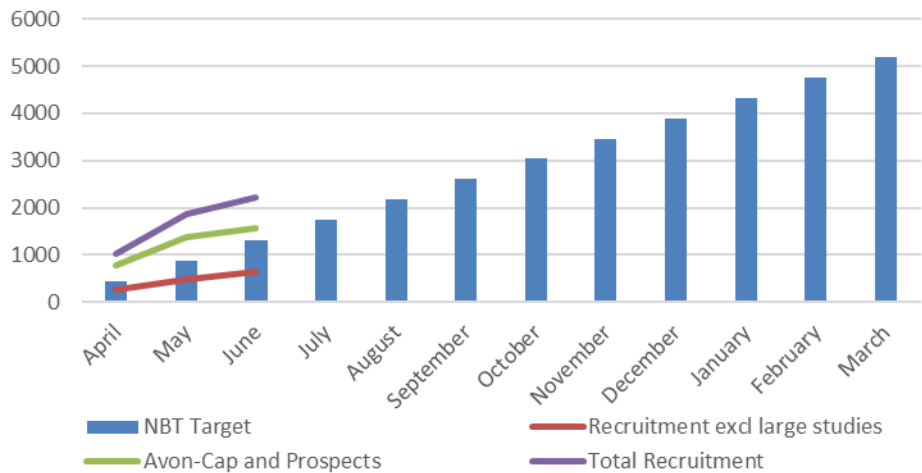
NBT is leading on 70 externally funded research grants, to a total value of £31m. This includes 32 prestigious NIHR grants which total £29m. In addition, NBT is a partner on 58 externally-led research grants, to a total value of £10.6m to NBT.

**Congratulations** to Katie Hayes, Intensive Care Research Nurse, who was recently awarded a highly prestigious HEE/NIHR Predoctoral Clinical Academic Fellowship, £56k for 12 months This fellowship will enable Kati to develop her research skills towards submitting a competitive NIHR PhD application next year, Kati's research interest is focused on the support needs of traumatic brain injured patients and their families from ICU onward into the follow-up and rehabilitation stages of their recovery.

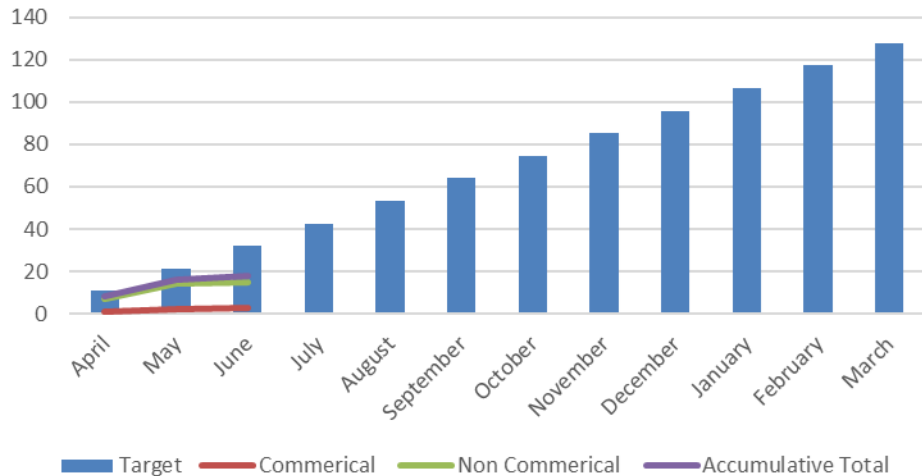
The Southmead Hospital Charity very kindly funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. The awarding panel for Round 13 met in early May and agreed to fund 5 new projects (from a shortlist of 6) highlighting the quality of the applications received this year. The successful projects will be announced shortly.

After a programme of staff and stakeholder engagement, the NBT Research Strategy for 2022-2027, which sets out our ambitions for the next 5 years, has been drafted and we look forward to sharing it and undertaking further stakeholder engagement over the coming months.

Recruitment vs Target



Number of new studies opened in year by type



## Well Led

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



# Well Led Introduction

## Vacancies

Trust vacancy factor increased from 7.51% in May to 8.07% in June. This was driven by a decrease in staff in post from 8,303.4WTE in May to 8269WTE in June; and an increase in funded establishment for the Trust from 8,836.2WTE in May to 8,862.7WTE in June. Healthcare scientists and registered nursing and midwifery saw the largest increases in vacancy rate, with changes of 7.69% to 10.21% and 8.00% to 9.41% respectively (healthcare scientists saw a large increase in funded establishment from May to June).

## Turnover

NBT's Rolling 12-month staff turnover increased from 17.28% in May to 17.41% in June. Allied health professionals saw the largest increase in turnover from 12.71% in May to 13.26% in June, with the largest increases amongst operating department practitioners, radiographers and speech and language therapists.

## Prioritise the wellbeing of our staff

Rolling 12month sickness absence increased from 5.13% in May to 5.22% in June. In terms of causes of absence, Infectious Diseases (which includes COVID-19) saw a increase of 931.58 fte days lost (16.62%).

## Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 6.40% (68.47 wte) from May to June, however bank hours worked increased at a lower rate +5.65% (32.97wte), while agency use declined, -2.82% (-4.00 wte), driven by lower registered nursing and midwifery, and administrative and clerical use. The reduction in agency hours worked contributed to unfilled shifts increasing by 11.47% (39.51wte), the increase in unfilled shifts was predominantly seen in registered nursing & midwifery and unregistered nursing & midwifery. Over time reduced by 40% in June compared to May, a reduction of 7800 hours worked. It is anticipated that this is in line with overtime incentivisation ceasing. The reduction was greatest in registered nursing and midwifery staff (-57% equating to 4300 hours) and unregistered clinical staff (-46% equating to 2070 hours). Total agency RMN use saw a decrease of 12.93% (-6.11 wte), with tier 4 RMN use decreasing by 0.12 wte (-1.20%).

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

What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

Talent Acquisition Team Actions in June  
 Current unregistered vacancies for Band2 have remained largely the same as May – Band2 remained the same at 95.12wte and Band 3 vacancies increased by 2 to 44wte

NBT candidate numbers from the recent BNSSG wide volume HCSW Recruitment event going through checks now stands at 187 – the drop out rate has been far lower than anticipated at just 8% to date.  
 We have continued trust wide recruitment offering a further 22 HCSW candidates to ensure we retain a good pipeline of staff joining in the next few months.

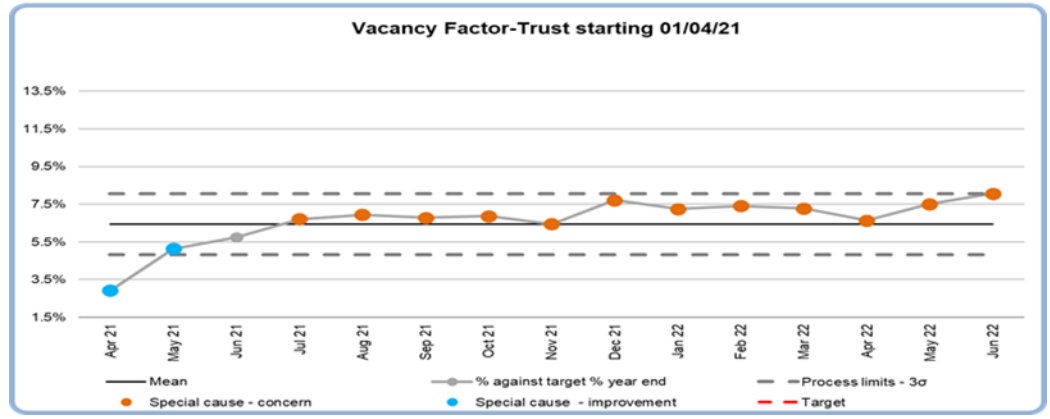
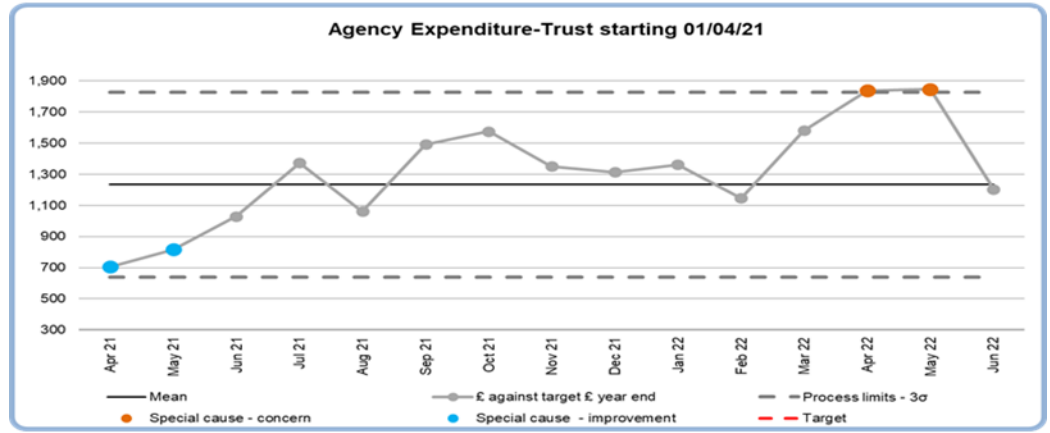
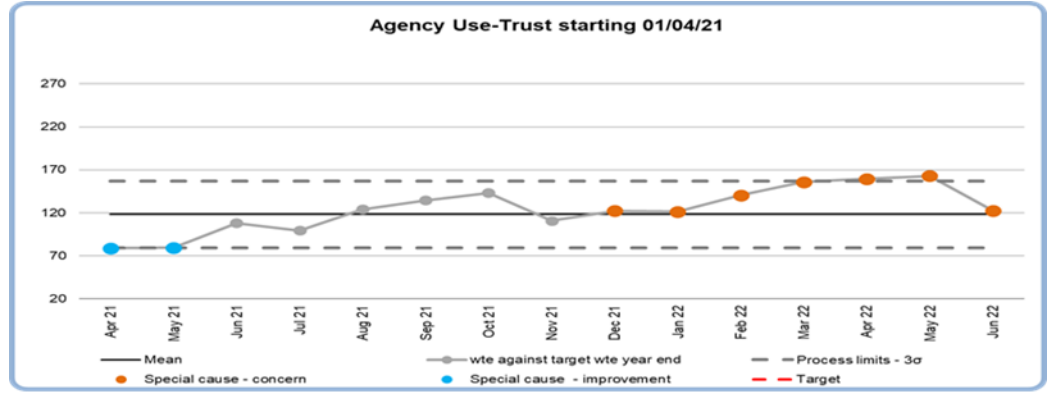
Registered Nursing

Talent Acquisition Team Actions in June:

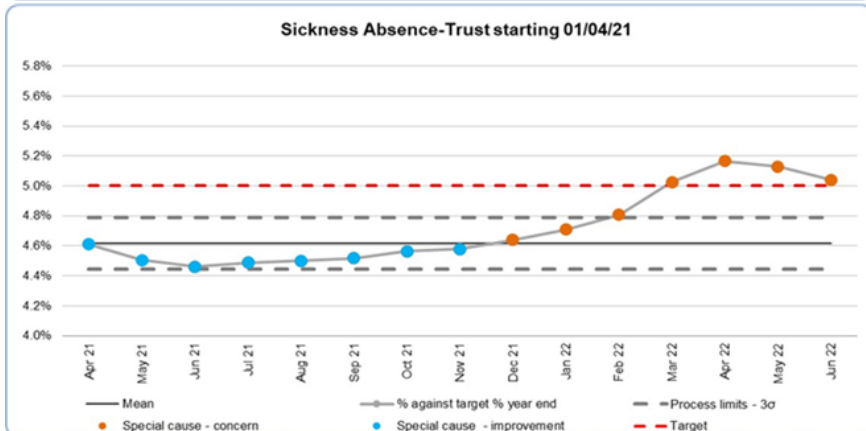
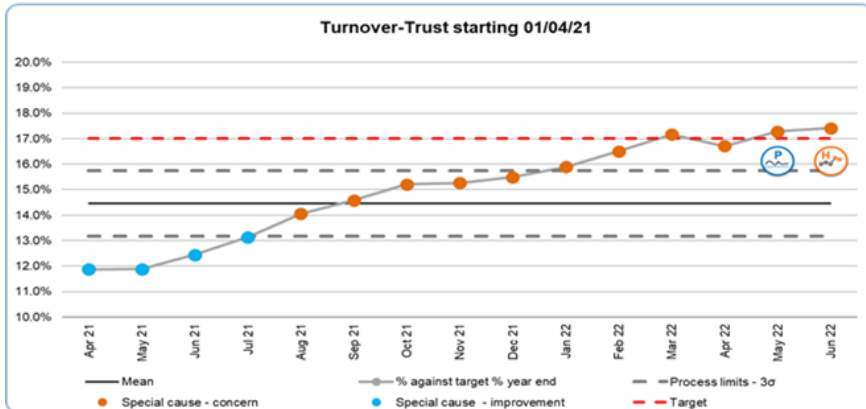
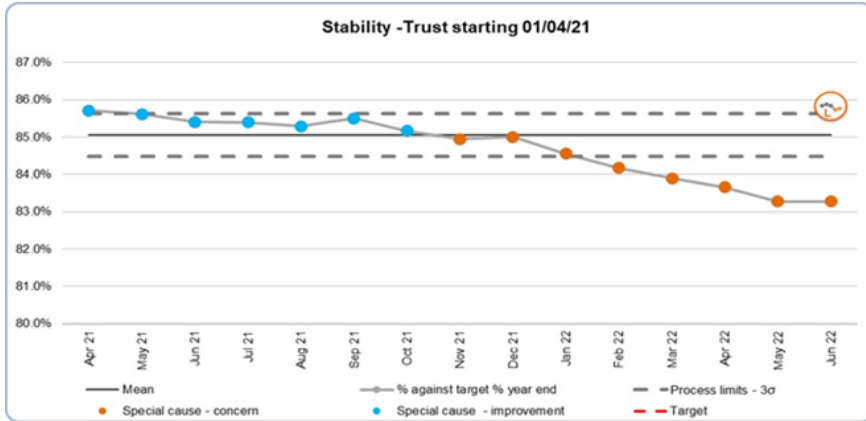
- Vacancies for Band 5 registered Nurses rose to 202.35wte this month
- Applications for this month remained strong and 42 offers were made to new staff.
- We welcomed 9 new International nurses in the month.
- Point of Note: we have offered 87 Band 5 Candidates in May and June which is up an encouraging 40% on the same months during 2021.

Temporary Staffing

- Internal Bank fill rates increased in June from a weekly average of 427 RN shifts to 540 RN shifts, although Tier 1 agency fulfilment decreased which created an overall increase in unfilled shifts
- Unfilled shifts increased from 32% to 36% which equates to approx. 100 shifts per week
- Implementation of new BNSSG+B uniform Tier 1 agency rates were introduced across the 4 organisations to work on increased fill rates.



## Engagement and Wellbeing



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

The net loss of staff in June was driven by Healthcare scientists and registered nursing and midwifery staff.

### Actions delivered- Turnover and Stability (Associate Director of People)

- Relocation expenses - locally driven process in place. Decision-making for posts attracting relocation can be agreed via Divisional Vacancy Review Panels
- Understanding why people leave - Individual Leaver's Workforce information being accessed and People Team are now texting a message link to leavers with the Leaver's questionnaire. This has delivered our highest response rate to date – 38% in quarter 1
- People Team Development session in June – focussed on developing further the detail behind the Trust's new agile working principles which were previously approved at a high level by the Executive Team in May

### Actions in Progress:

- Explore options around incentivising the completion of Exit Questionnaires (free coffee in VU/Costa whilst undertaking Exit Questionnaires) - **July 22 – August 22**
- Promote protected time for staff to complete the Exit Questionnaire - **over next 6 months**
- Focussed and targeted promotion of 'Itchy Feet' and 'Process for Leaving' pages on LINK - **June 22 – September 22** (September a month when turnover tends to increase)
- Admin staff focus groups to understand morale and resilience **August 22**
- Continue the focus on agile working at NBT, including development of a revised Agile Working Policy with Trade Unions (**Aug – October 22**)

### Actions delivered - Supporting new starters

- Resources refreshed and redeveloped to commence the pilot of 'New Starter 3,6, & 9 Month Check In Conversations' with new cohort of BNSSG HCSW recruits, aimed at supporting and retaining them
- Resources refreshed and developed to re-promote a formalised 'buddy system' for new starters

### Actions in Progress

- Commencing the pilot when new starters in post (**August – October**)
- Linking in now with Head of Resourcing, People Partners and line managers for new starters in those areas (**July – August**)

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

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

### Actions Delivered – Health and Wellbeing (Head of People Strategy)

Financial Health and Wellbeing Paper presented to and approved by Executive team – actions moving to deliver planned package of measures

### Actions in Progress - Sickness and Health and Wellbeing (Head of People and Head of People Strategy)

- Ground works started on W&C rest room project, project on track to deliver completed space against original timescale and to have made sufficient progress to satisfy the charitable funding covenant in place – **End of Jul**
- Quarterly Staff Survey now live with a higher response rate so far than in previous iterations – team continue to monitor and encourage engagement through the divisions – **End Aug**
- First formalised sickness management training session for Speciality Leads is happening on 22.7.22

# Essential Training



Training Topic	Variance	May-22	Jun-22
Child Protection	1.2%	84.6%	85.8%
Adult Protection	0.4%	81.2%	81.6%
Equality & Diversity	0.7%	85.4%	86.1%
Fire Safety	1.9%	82.2%	84.1%
Health & Safety	0.6%	84.7%	85.4%
Infection Control	0.7%	93.7%	94.4%
Information Governance	2.7%	79.0%	81.7%
Manual Handling	1.1%	81.8%	83.0%
Waste	0.0%	82.6%	82.6%
<b>Total</b>	<b>1.1%</b>	<b>83.89%</b>	<b>84.98%</b>

## What Does the Data Tell Us - Essential Training

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

With COVID restrictions/impact diminishing and a continued return to BAU, the last two months have seen a step change in returning to the 85% compliance target with June seeing a further 1.08% increase in completion rates - tantalisingly close to the required target which we should achieve by end of July 22

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

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

- Helping the organisation to embed the new learning platform Kallidus LEARN, which went live on 11th April, exploiting the benefits of Single Sign On (SSO) and speedy accessibility via the LEARN desktop icon
- Encouraging Line Managers to check weekly the Stat Man Compliance data for their teams utilising the 'My Team' report
- Continuing to promote completion of Stat Man through Operational Communication channels and agenda items on Executive Management meetings
- Exploiting the Appraisal window (open until end July 2022) as part of the Appraisal completion and sign off process includes confirmation of Stat Man compliance

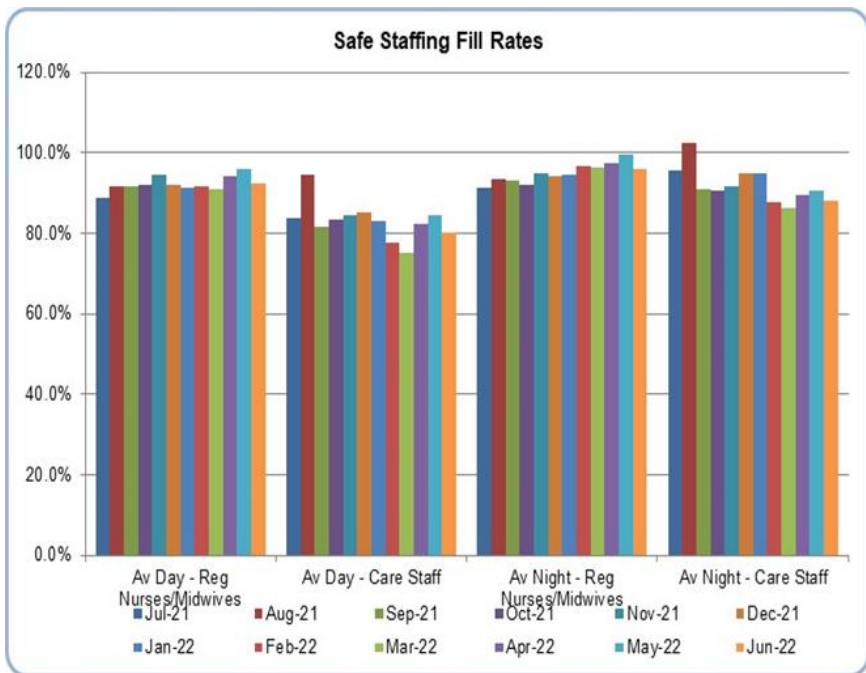
### Other Wider Actions

#### Leadership & Management Learning

- June has seen the successful completion of the first 2 learning modules for the Specialty Lead Programme – Understanding Self and Having Great Conversations which have received great feedback. The programme continues with 2 modules running per month.

#### Apprenticeships

- The Trust continues to maintain the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (e.g. HCSW) to apply their skills to a wider variety of tasks in the workplace.



**What Does the Data Tell Us**

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting, and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible.

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England planned in May 2022, 197 HCSW have been offered a role with NBT expected to commence employment during July and August

All areas safe staffing maintained through daily staffing monitoring and supplementing with Registered and unregistered staff as required

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

- 32b (77.9% Day) staffing supplemented with redeployed RNs and HCSW
- 7b (74.6% day) staffing supplemented with redeployed RNs and HCSW
- Mendip Ward (75.7% Day / 76.9% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (75.5% Day / 76.9% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold Ward (69.9% Day) vacancies, staffing deployed as required to meet patient needs across the service

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

- 32a (66.5% Day) Unregistered staff vacancies and absence
- EEU (66.7% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 9b (70.5% Day) Unregistered staff vacancies and absence
- 28a (76.6% Day) Unregistered staff vacancies and absence
- 8a (78.5% Day) Unregistered staff vacancies and absence
- Gate 31 AMU (76.6% Day / 52.6% Night) Unregistered staff vacancies and absence
- 27a (75.6% Day) Unregistered staff vacancies and absence
- 34a (77.8% Day) Unregistered staff vacancies and absence
- 34b (55.5% Day / 64.9% Night) Unregistered staff vacancies and absence
- Medirooms (77.9% Night) Unregistered staff vacancies
- 26a (73.2% Day) Unregistered staff vacancies and absence
- 26b (69% Day) Unregistered staff vacancies and absence
- 7a (75% Day) Unregistered staff vacancies and absence
- 8b (68.6% Day) Unregistered staff vacancies and absence
- NICU (43.2% Day / 34.8% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
- Quantock (66.6% Day / 67.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Cotswold Ward 73.5% Day) Unregistered staff vacancies and absence
- Cossham Birth Centre (73.1% Night) vacancies, staffing deployed as required to meet patient needs across the service

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

- None

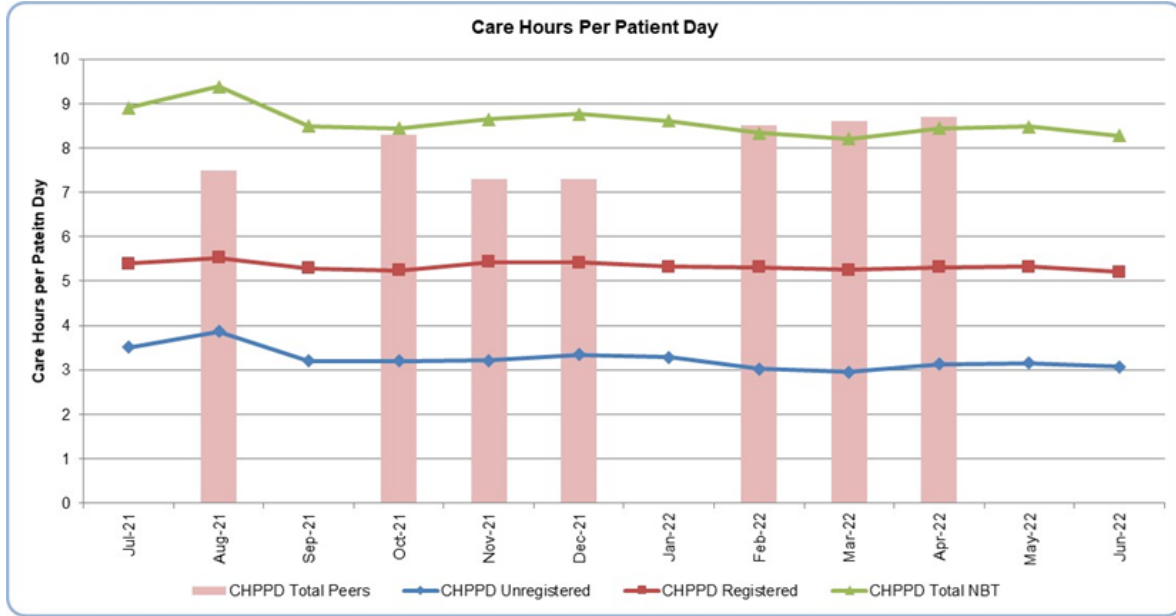
**Wards over 150% fill rate for Care Staff:**

- 33a (190.8% Night) enhanced supervision for patients
- 25a (125% Night) enhanced supervision for patients

Jun-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	92.5%	80.2%	96.0%	88.1%

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

# Care Hours



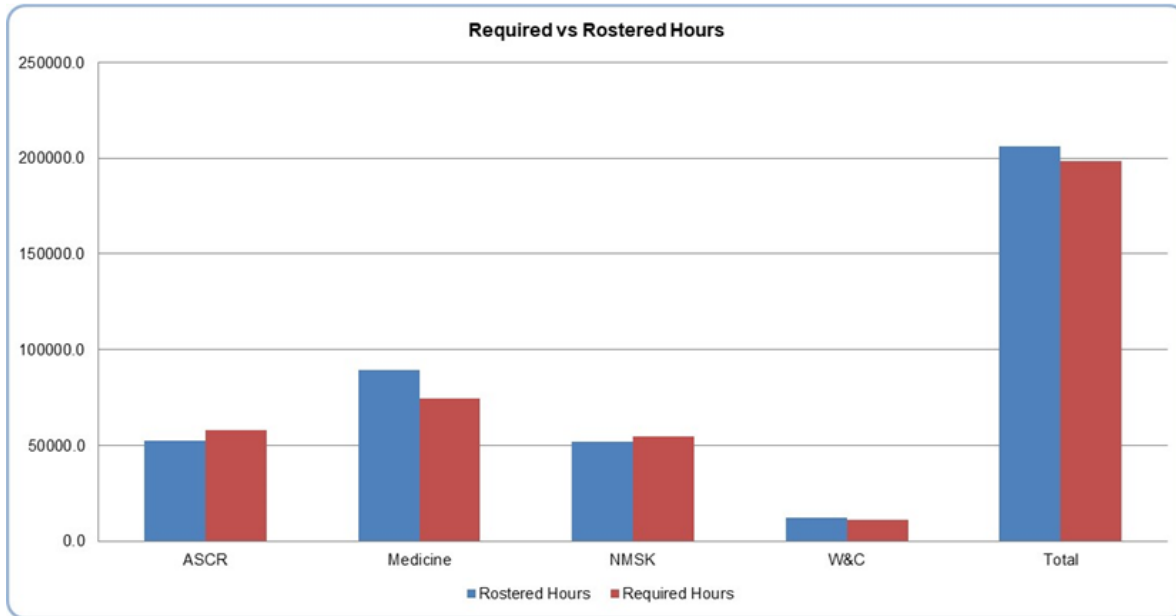
## What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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

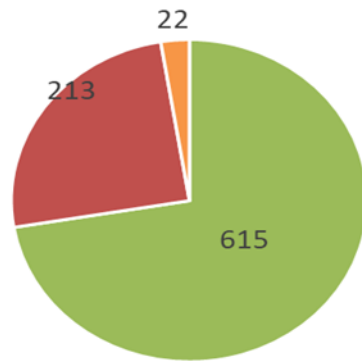
## Safe Care Live (Electronic Acuity Tool)

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

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



Appraisal compliance - past 12 months



■ No. compliant within 12 months     
 ■ No. non-compliant within 12 months  
■ No. where date is unknown (new doctor)

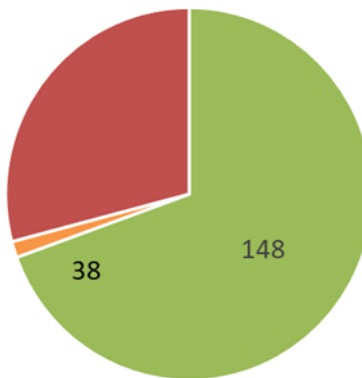
### What does the data tell us?

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

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

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

Non-compliant doctors - past 12 months



■ Last appraisal completed 12-15 months ago     
 ■ In Trust missed appraisal escalation process  
■ Next appraisal due this year

### What actions are being taken to improve?

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

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

# Finance

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



	Month 3			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	59.3	59.6	0.3	172.8	173.3	0.6
Other Income	7.3	6.6	(0.8)	20.0	19.5	(0.5)
Pay	(39.8)	(41.7)	(1.9)	(119.2)	(120.8)	(1.6)
Non-Pay	(25.9)	(26.4)	(0.5)	(77.4)	(79.6)	(2.2)
<b>Surplus/(Deficit)</b>	<b>0.9</b>	<b>(2.0)</b>	<b>(2.9)</b>	<b>(3.8)</b>	<b>(7.6)</b>	<b>(3.7)</b>

## Assurances

The financial position to the end of June 2022 shows the Trust has delivered a £2.0m adverse position against the £0.9m planned surplus which results in a £2.9m adverse variance in month, with a £3.7m adverse variance year to date.

Contract income is £0.3m favourable in month and £0.6m favourable year to date. The Trust-wide position has been set to the expected block amount except for variable items (e.g. high-cost drugs) which is driving the favourable variance. The corresponding adverse variance can be seen within non-pay.

Other Income is £0.8m adverse in month and £0.5m adverse year to date. The Trust has seen reduced income in Research and Mass Vaccinations which is offset in pay and non-pay year to date.

Pay expenditure in June is £1.9m adverse in month and £1.6m adverse year to date. The Trust has seen overspends on pay for Consultants, Other Medical and Nursing bank (incentives) and agency (RMNs).

Non-pay expenditure in June is £0.5m adverse and £2.2m adverse year to date. This is driven by increased spend on medical supplies, a prior year charge for pathology consumables and unidentified CIP.

# Statement of Financial Position at 30th June 2022

	21/22 M12	22/23 M02	22/23 M03	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	605.0	608.7	607.3	(1.4)	2.3
Intangible Assets	13.7	13.3	12.6	(0.7)	(1.1)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
<b>Total non-current assets</b>	<b>620.2</b>	<b>623.5</b>	<b>621.4</b>	<b>(2.1)</b>	<b>1.2</b>
<b>Current Assets</b>					
Inventories	9.1	9.1	9.2	0.1	0.0
Trade and other receivables NHS	19.0	23.6	29.3	5.7	10.3
Trade and other receivables Non-NHS	20.5	22.9	24.0	1.0	3.4
Cash and Cash equivalents	116.2	99.3	98.0	(1.2)	(18.1)
<b>Total current assets</b>	<b>164.8</b>	<b>154.8</b>	<b>160.5</b>	<b>5.6</b>	<b>(4.3)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	10.6	7.9	8.8	1.0	(1.8)
Trade and Other payables - Non-NHS	102.6	92.8	97.1	4.3	(5.5)
Deferred income	16.4	20.6	22.0	2.4	6.5
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.6	4.1	2.5	2.0
<b>Total current liabilities</b>	<b>147.0</b>	<b>138.5</b>	<b>148.6</b>	<b>10.1</b>	<b>(1.6)</b>
Trade payables and deferred income	7.1	7.7	7.7	(0.0)	0.6
PFI liability	359.3	357.3	356.5	(0.8)	(2.8)
Finance lease liabilities	2.0	10.9	7.0	(3.8)	5.0
<b>Total Net Assets</b>	<b>269.7</b>	<b>264.1</b>	<b>262.2</b>	<b>(2.0)</b>	<b>(7.5)</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(5.6)	(7.5)	(1.0)	(8.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
<b>Total Capital and Reserves</b>	<b>269.7</b>	<b>264.1</b>	<b>262.2</b>	<b>(2.0)</b>	<b>(7.5)</b>

## Assurances and Key Risks

**Capital** – Total capital spend for the year to date was £2.6m, compared to plan of £7.4m. The total planned spend for the year is £32.5m.

**Receivables** - There was an increase of £13.7m in receivables. Out of £13.0m, £7.9m relates to income from commissioners, which is linked with recognising income as per latest planning submission completed in late June. It is expected that commissioners will settle these payments in upcoming couple of months. The reminder of the value was mostly due to changes in divisional accruals and Mass Vaccination accruals.

**Cash** – The cash balance decreased by £18.1m for the year to date (£1.2m in-month) due to year-to-date deficit, reduced receipts, linked with changes in receivables, and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 year end capital creditor and increase in prepayments. Despite 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 £1.8m for the year to date as a result of clearing invoiced creditors post year end. Non-NHS payables have decreased by £5.5m, of which £4.7m relates to the reduction of accrued capital expenditure as a result of post year end payments.

**Deferred income** - The year to date increase of £6.5m in deferred income mainly relates to the increase in the deferral of contract income, linked with genomics and uncertainty around ESRF funding.

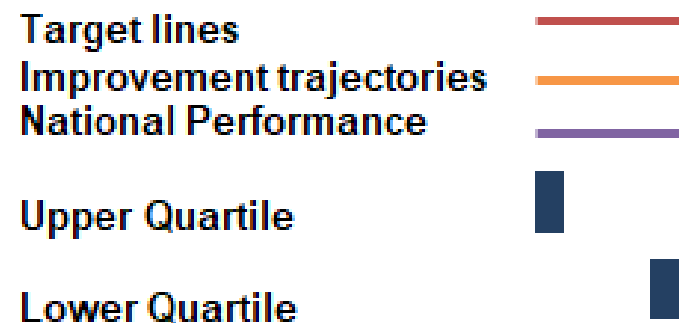
# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

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 June 2022 unless otherwise stated.

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



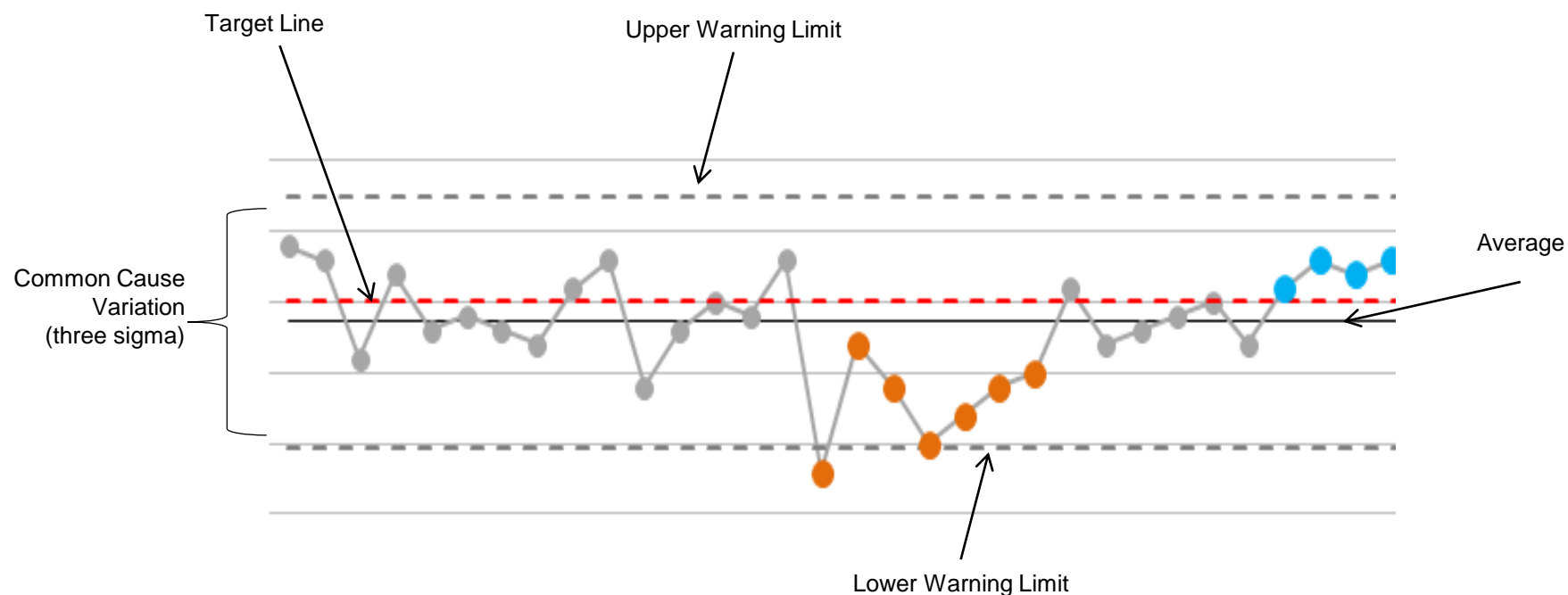
## NBT Quality Priorities 2022/23

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

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

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

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



**Orange dots signify a statistical cause for concern.** A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

**Blue dots signify a statistical improvement.** A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

**Special cause variation** is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

**Further reading:**

SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>

Making Data Count: [https://improvement.nhs.uk/documents/5478/MAKING\\_DATA\\_COUNT\\_PART\\_2\\_-\\_FINAL\\_1.pdf](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)