

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2022 (presenting April 2022 data)



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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	-	74.26%	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%		50.73%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	6	0	4	97	14	38	29	59	20	295	367	449	360		2-878	8/10	
	Ambulance Handover < 15 mins (%)		65.00%	-	50.28%	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	29.62%				
	Ambulance Handover < 30 mins (%)	R	95.00%	-	79.42%	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.51%	53.23%				
	Ambulance Handover > 60 mins		0	-	272	199	346	636	471	418	621	664	645	827	684	681	589				
	Stranded Patients (>21 days) - month end				272	116	123	277	144	149	148	177	190	212	205	223	227				
	Right to Reside: Discharged by 5pm	R	50.00%		35.87%	31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.49%	23.79%	23.89%	22.07%	23.67%	22.71%				
	Bed Occupancy Rate			93.00%	95.25%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	97.40%				
	Diagnostic Activity	R		-	19121	18944	21755	20625	19001	19953	19723	20869	18671	20510	20618	21954	19048				
	Diagnostic 6 Week Wait Performance		1.00%	-	29.45%	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%		29.07%	8/10	
	Diagnostic 13+ Week Breaches		0	0	1513	1779	2054	2183	2180	2724	3029	2913	3501	3948	3951	4097	4664		174-4097	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				0.9	1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8	1.6	1.5	1.6				
	RTT Incomplete 18 Week Performance		92.00%	-	73.59%	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%		58.22%	4/10	
	RTT 52+ Week Breaches	R	0	2173	1827	1583	1473	1544	1770	1933	2068	2128	2182	2284	2296	2242	2454		30-9636	5/10	
	RTT 78+ Week Breaches	R		628	363	424	448	532	656	659	577	497	469	501	511	458	491		0-2844	5/10	
	RTT 104+ Week Breaches	R		84	5	12	19	28	34	55	93	138	158	184	177	96	71		0-806	6/10	
	Total Waiting List	R		39865	31143	31648	32946	34315	35794	36787	37268	37297	37264	37210	38498	39101	39819				
	RTT Backlog Clearance Time (in weeks)				2.7	3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0	2.2	2.1	2.1				
	Cancer 2 Week Wait	R	93.00%	95.77%	39.53%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	-		75.72%	7/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	100.00%	6.18%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	14.55%	16.78%	-		45.42%	8/10	
	Cancer 31 Day First Treatment		96.00%	97.22%	94.40%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	-		93.22%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	100.00%	83.33%	-		98.54%	10/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	98.12%	81.18%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	80.68%	65.49%	-		78.04%	9/10	
	Cancer 62 Day Standard	R	85.00%	91.10%	75.00%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	-		68.33%	8/10	
	Cancer 62 Day Screening		90.00%	87.50%	73.68%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	50.00%	72.22%	70.59%	-		76.01%	8/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	90.76%	66.39%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	-		72.87%	7/10	
	Cancer PTL >62 Days			475	-	-	-	-	-	-	501	663	899	781	528	472	641				
	Cancer PTL >104 Days		0	50	64	64	100	162	139	170	158	108	140	197	135	167	133				
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100.00%		84.40%	82.51%	83.21%	82.87%	83.10%	81.52%	82.07%	82.87%	82.13%	81.13%	82.43%	81.59%	81.29%				

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

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.70%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	
	Caesarean Section Rate			28.00%	37.44%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	
	Still Birth rate			0.40%	0.43%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	
	Induction of Labour Rate			32.10%	35.24%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	
	PPH 1500 ml rate			8.60%	3.07%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	
	Never Event Occurrence by month		0	0	1	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	
	Healthcare Safety Investigation Branch Investigations				-	-	-	1	2	-	1	-	-	1	-	1	1	
	Total Incidents				1036	1071	1027	1173	984	1057	983	995	1004	1309	1157	1279	1155	
	Total Incidents (Rate per 1000 Bed Days)				46	44	43	48	40	43	39	42	41	53	51	50	108	
	WHO checklist completion			95.00%	99.88%	99.92%	99.93%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.27%	
	VTE Risk Assessment completion	R		95.00%	95.45%	95.45%	95.42%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	-	
	Pressure Injuries Grade 2				9	10	15	17	22	24	19	12	16	16	19	18	19	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	0	1	0	1	0	0	
	PI per 1,000 bed days				0.30	0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	
	Falls per 1,000 bed days				16.66	17.40	17.07	16.71	15.68	14.48	14.65	14.97	16.62	19.72	17.66	14.42	7.95	
	#NoF - Fragile Hip Best Practice Pass Rate				57.78%	53.49%	68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	-	
	Admitted to Orthopaedic Ward within 4 Hours				71.11%	48.84%	44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	-	
	Medically Fit to Have Surgery within 36 Hours				71.11%	65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	-	
	Assessed by Orthogeriatrician within 72 Hours				93.33%	81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	-	
	Stroke - Patients Admitted				91	100	91	75	92	83	90	85	73	103	67	78	101	
	Stroke - 90% Stay on Stroke Ward			90.00%	98.26%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	47.89%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	85.14%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	-	
Quality Caring & Experience	MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	
	E. Coli	R		4	4	5	4	1	5	3	8	3	2	6	1	5	5	
	C. Difficile	R		5	10	6	10	6	2	5	4	1	6	6	1	6	7	
	MSSA			2	4	1	5	2	5	4	1	0	5	3	2	2	1	
	Friends & Family - Births - Proportion Very Good/Good				95.51%	95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	-	
	Friends & Family - IP - Proportion Very Good/Good				92.90%	94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	-	
	Friends & Family - OP - Proportion Very Good/Good				94.90%	95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	-	
	Friends & Family - ED - Proportion Very Good/Good				84.86%	82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	-	
Well Led	PALS - Count of concerns				108	88	127	127	123	123	100	93	86	100	102	111	150	
	Complaints - % Overall Response Compliance			90.00%	79.07%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	81%	78.33%	78.57%	
	Complaints - Overdue				0	0	0	2	1	8	10	10	6	11	4	5	10	
	Complaints - Written complaints				56	67	51	65	48	52	55	59	44	52	58	56	43	
Well Led	Agency Expenditure ('000s)				705	816	1029	1374	1061	1492	1576	1350	1314	1363	1147	1581	1838	
	Month End Vacancy Factor				2.66%	5.13%	5.75%	6.71%	6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	
	Turnover (Rolling 12 Months)	R		16.97%	13.37%	11.88%	12.45%	13.14%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.00%	4.32%	4.51%	4.46%	4.49%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	
Well Led	Trust Mandatory Training Compliance				85.17%	84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	

EXECUTIVE SUMMARY

May 2022

Urgent Care

Four-hour performance improved to 55.54% with the Trust ranking first out of ten reporting AMTC peer providers for the second consecutive month. National positioning also improved slightly, remaining in the third quartile. The Trust recorded 589 (provisional data) ambulance handover delays over one hour in month – a significant reduction from the previous month and the lowest level reported since September 2021. 12-hour trolley breaches were reported at 360 for April (a reduction from March); there were over 24,000 reported nationally. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy at an average of 97.40% for the month. The COO has commissioned a deep dive into the high occupancy position as a primary driver of current UEC performance. The Trust is also 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 overall RTT waiting list was below trajectory at 39,819. There were 2,454 patients waiting greater than 52-weeks for their treatment in April, 491 of these were patients waiting longer than 78-weeks and 71 were waiting over 104-weeks – trajectories were met for both 78 and 104-weeks. When compared nationally, the Trust's positioning remained in the third quartile for 18-week performance, and the fourth quartiles for 52-week, 78-week and 104-week performance. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance declined in April with performance of 43.61%. 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 March position for Cancer with TWW and 62 day improving to 69.78% and 58.66% respectively. The 31-Day First Treatment standard deteriorated to 80.99%. Instances of clinical harm remain low month-on-month and the Trust has only identified one moderate harm in the last 12-months as a result of delays over 104-Days. The Q1 PTL reduction is to be supported by a 're-set' for cancer services to ensure a more proactive joint tracking and escalation with specialty teams.

Quality

For Maternity, the Divisional response to Ockenden has been robust with excellent engagement from all staff groups and proactive reporting to and engagement with Trust Board and Quality Committee. Maternity recruitment initiatives are resulting in a successful pipeline which, by September, will see the Division over-recruited for the first time in several years. National guidance changed to focus on living with respiratory infections, including COVID-19. 4 new MRSA cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IPC practice to pre-COVID-19. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for March 2022), reflecting the impact of ongoing operational challenges.

Workforce

Temporary staffing demand decreased by 22.59% and bank hours worked decreased at a greater rate, 33.59%. However due to incentivisation the Trust saw overtime increase by 183.9% in April compared with March, an increase of 66.90 wte. Trust vacancy factor decreased to 6.64% in April from 7.27% in March, the position in April is predominantly influenced by April funded establishment not reflecting the final budgeted position for the year (this is in line with previous years). Rolling 12-month staff turnover decreased from 17.16% in March to 16.71% in April and the Trust saw a net loss of staff (-7.48 wte) in all staff groups except medical and dental and unregistered nursing. Rolling 12 month sickness absence increased to 5.17% in April from 5.02% in March.

Finance

2022/23 has seen the end of the interim financial regime implemented by NHSE/I during the COVID-19 pandemic, which saw trusts deliver a break-even plan, with support from non-recurrent funds. Whilst the new regime is not a return to pre-pandemic Payment by Results, there is a mix of block and variable elements. The basis for funding is on 2019/20 levels of activity and spend, adjusted for inflation and savings over the period since then, as well as service developments and service transfers. There is also the ability to earn additional funds through Elective Services Recovery Funding. The Trust submitted a plan which shows a deficit of £14.5m driven by higher levels of inflation that was funded in the calculation of allocations and planned higher costs of COVID in Q1 than were assumed in the planning guidance. This was consolidated into a system deficit plan which showed a deficit of £39.2m. The System received feedback in May that the Plans had not been accepted as they were not compliant with planning guidance, Systems will be receiving more detail on what additional funding will be made available to cover inflation above planning assumptions and will be required to submit revised plans during June. All comparisons to Plan in this document are against the Plan as submitted during April 2022 which at this time is not accepted by NHSE.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust reported four-hour performance of 55.54% in April. Ambulance handover delays reduced on the previous month with 589 handovers exceeding one hour reported (provisional data). The Trust also reported a reduction in 12-hour trolley breaches with 360 in month. Bed occupancy varied between 93.83% and 99.02% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The single Urgent and Emergency Care plan for 2022/23 concentrates on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Planned Care

Referral to Treatment (RTT) – The Trust is on trajectory for both 78-week and 104-week waits. The number of patients exceeding 52-week waits in April was 2,454 with the majority of breaches (848; 34.56%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52-weeks is 6.16%, which is slightly higher compared to the previous month.

Diagnostic Waiting Times – Diagnostic performance deteriorated in April with performance of 43.61%. The number of patients waiting longer than 13-weeks increased in April to 4,664 (4,097 in March). There has been a focus on reducing the longest waiting patients particularly in Endoscopy. A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In March, NBT ranked 8th amongst 10 peer providers for 6-week performance and 10th for 13-week performance, and remains in the fourth quartiles when compared nationally.

Cancer

The Trust continues to carry backlogs in Breast and Skin which is impacting on TWW and in Breast and Urology within the 62-Day pathways, however performance improvements were seen in both of these standards when comparing March to February. The 31-Day CWT standards and trajectories saw an overall decline in performance compared to last month. Breast services continue to run waiting list initiative sessions as part of the internal recovery plan. 62-Day PTL tracking is ongoing with the Q1 PTL reduction being supported by new tracking processes.

Areas of Concern

The main risks identified to the delivery of national Responsiveness standards are as follows:

- NC2R patients occupying one third of the hospital's bed capacity.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- The ongoing impact of COVID-19 – peaking at 90 inpatients in March against an assumed volume of c.45 (5% of the core bed base). Infection Prevention and Control measures and Clinical Prioritisation guidance on the Trust's capacity and productivity and therefore, ability to deliver national wait times standards.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Chief Medical Officer and Chief Nursing Officer

Overview

Improvements

Maternity: Divisional response to Ockenden has been robust with excellent engagement from all staff groups. An internal Ockenden Board has been established with responsibilities allocated across all Immediate & Essential Actions applying a similar programme approach to the successful divisional improvement programme that operated during 2021. Recruitment initiatives are resulting in a successful pipeline which, by September, will see the division over-recruited for the first time in several years.

Infection control: National guidance changed to focus on Living with respiratory infections, including COVID-19. This reset the testing programme focusing on respiratory virus symptoms / other COVID symptoms. This has resulted in a reduction in reported cases and outbreaks. The IPC team are refocusing education around the new symptomatic testing.

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial procedures, including inquests. Information is currently being collated across clinical divisions and from centrally held records to compile an Annual Report analysing mortality data and case review learning themes for 2021-22, which will be submitted for review by the Quality Committee and then Trust Board.

Areas of Concern

Infection control: 4 new bacteraemia cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation. C. Difficile year end position reflects in year trend above trajectory, regional work continues with NBT contributing to this and operationalising work from this, which will form a key function in the team with a IPC education role.

Maternity: 5 transfers out for Neonatal Cots to support NICU capacity. 4 Cossham diverts to centralise staff within the acute maternity unit. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and 2. 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. Training non-compliance due to staff shortages, exacerbated during the COVID-19 waves drives two of the gaps, recovery trajectories now established.

VTE Risk Assessment: The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for March 2022). This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A review of performance and assessment of whether this reflects actual changes in clinical practice, or data capture issues is scheduled.

WELL LED

SRO: Director of People and Transformation and Chief Medical Officer

Overview

Please note the Trust has moved to using a suite of new reports in QLIK sense to report performance metrics in the IPR, for consistency the historic data reported back to April 2021 has been refreshed and will be the position in those months as reported now, rather than a snapshot taken at the time.

Vacancies

Trust vacancy factor decreased to 6.65% in April from 7.27% in March, the position in April is predominantly influenced by April funded establishment not reflecting the final budgeted position for the year (this is in line with previous years). The Trust also saw a net loss of staff in April, across all staff groups except for medical staff and unregistered nursing staff which saw small net gains.

Turnover

Rolling 12-month staff turnover decreased from 17.16% in March to 16.71% in April (the reduction in turnover rate was driven by April 22 in month position seeing fewer leavers than the same month in the previous year).

Please note that turnover reporting has been corrected from the previous position reported for March of 15.95%.

Prioritise the wellbeing of our staff

Rolling 12month sickness absence in April was 5.17%, an increase from the position in March, 5.02%. Other than COVID Sickness, stress *Anxiety/stress/depression/other psychiatric illnesses* saw the most days lost to absence Please note that sickness absence reporting no longer has a two-month lag in reporting due to the new reporting method

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by 25.29% (309.08 wte) from March to April, bank hours worked decreased by a greater percentage -33.59% (-196.08wte), The decrease in bank hours worked was predominantly seen in registered nursing and estates and ancillary staff. Fewer staff participated in bank work in April, however the April overtime incentive had a significant impact, the additional overtime hours offset the excess reduction in bank hours (e.g., in registered nursing where bank hours reduced at a greater rate than overall demand reduced). Total agency RMN use saw a decrease of 12.89% (-8.90wte), tier 4 RMN use decreased by 4.51wte, predominantly in wards 27B, 9B & 9A.

Theme	Action	Owner	By When
Vacancies	Healthcare support worker assessment centres to continue at an enhanced level and the Trust will participate in a system led recruitment event to achieve net zero vacancies.	Head of Resourcing	Jul-22
Temporary Staffing	Review of bank and overtime data to understand uptake of incentive offers in detail working with stakeholders including divisional directors or nursing and midwifery aimed at designing incentives to increase participation in a sustainable way	Director of People	Jun-22
Turnover	Collation of intelligence from staff record data, exit surveys and from contact with recent leavers to enhance understanding and action design	Head of People	Jul-22
Turnover	Focus groups with administrative and clerical staff to understand drivers of increased leaver rates in this area	Head of People	Jul-22
Staff Engagement	Staff survey results informed Trust wide areas of focus; Workload and Resources, Management Development, Staff Voice, Inclusion. Divisional action planning underway to identify key areas of focus for divisions in 22/23	Head of People Strategy	May-22

FINANCE

SRO: CFO

Overview

The Trust has submitted a phased plan for 2022/23 that requires it to deliver a £14.5m deficit in the current financial year. Funding for COVID-19 has been reduced significantly in 2022/23, with the Trust expected to reduce costs in line with this. The majority of the deficit is driven by the impact of inflation above funded levels, with further impact assumed on increased COVID-19 costs in the first quarter and a loss of Elective Services Recovery Funding as a result of the higher level of COVID-19 activity within the hospital.

The financial performance for 2022/23 at Month 1 (April) is a planned deficit of £2.4m. The Trust has delivered a £2.4m deficit, which is on plan.

Whilst the Month 1 CIP position shows no schemes fully completed, there are £3.8m schemes on tracker and £2.8m in pipeline.

Cash at 30 April amounts to £107.1m, an in-month decrease of £9.0m due to higher than average payments made during the month specifically around capital relating to March 2022.

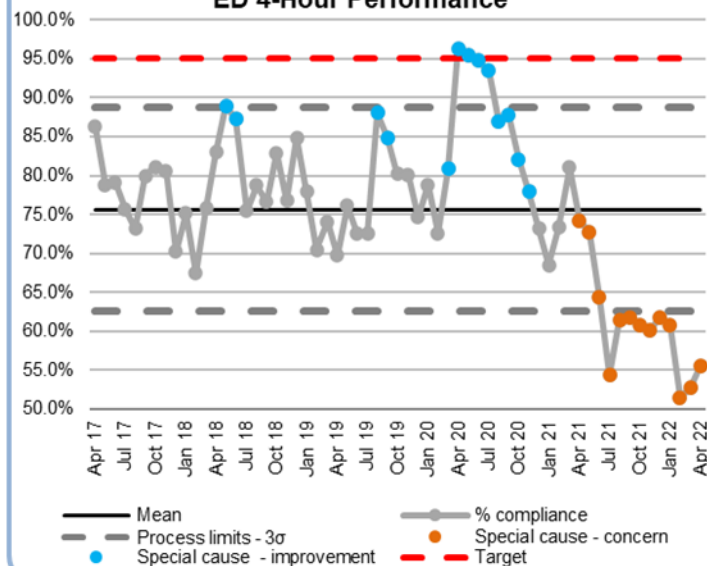
Total capital spend for Month 1 was £0.5m, compared to a plan of £1.9m.

The income reported in Month 1 is based on notified allocations from Bristol, North Somerset, and South Gloucestershire (BNSSG) system for both normal operations.

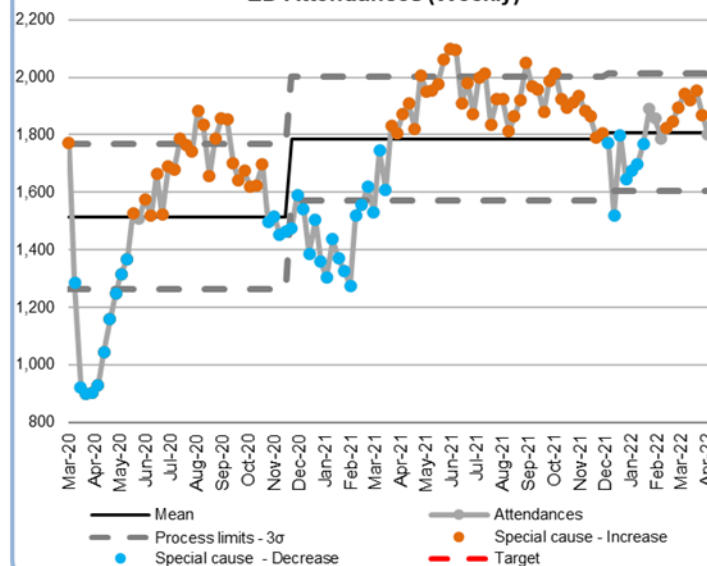
Responsiveness

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

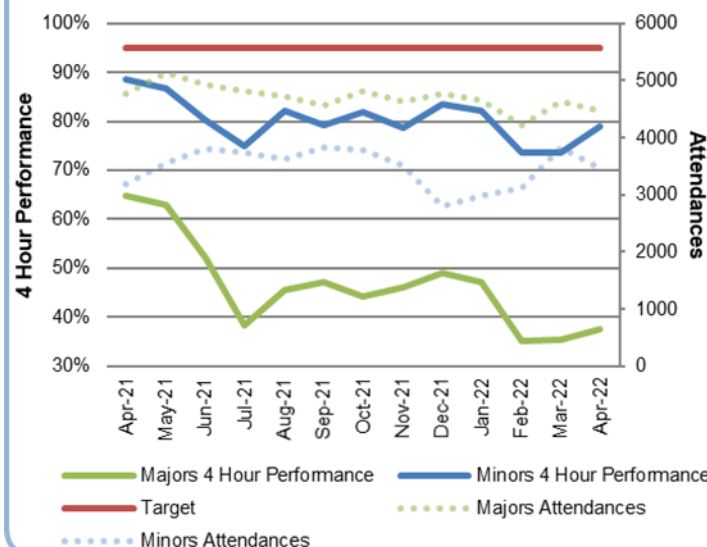
ED 4-Hour Performance



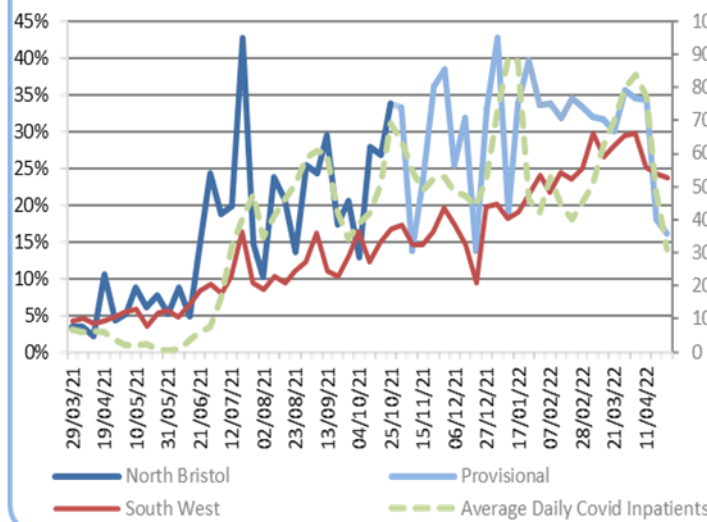
ED Attendances (Weekly)



ED 4 Hour Performance by Majors/Minors



60 Minute Handover Delays as a Proportion of Arrivals



Unscheduled Care – Front Door

What does the data tell us?

Four-hour performance improved in April with performance of 55.54%. Compared to our AMTC peers, the Trust ranked first out of ten reporting centres. When compared nationally, Trust positioning improved on the previous month, though remains in the third quartile. ED performance for the NBT Footprint stands at 61.71% and the total ICS performance was 65.76% for April.

For April, overall ED attendances were 3.03% lower than the previous month (allowing for the shorter month). There was a significant decrease in 12-hour trolley breaches compared to the previous month, with the Trust recording 360 (449 in March); nationally there were over 24,000 with 58 trusts reporting over 100.

Ambulance handover times showed some improvements associated with actions in the Emergency pathways of the UEC plan. Provisional (unvalidated) data showing the Trust recorded 589 ambulance handover delays over one-hour in April.

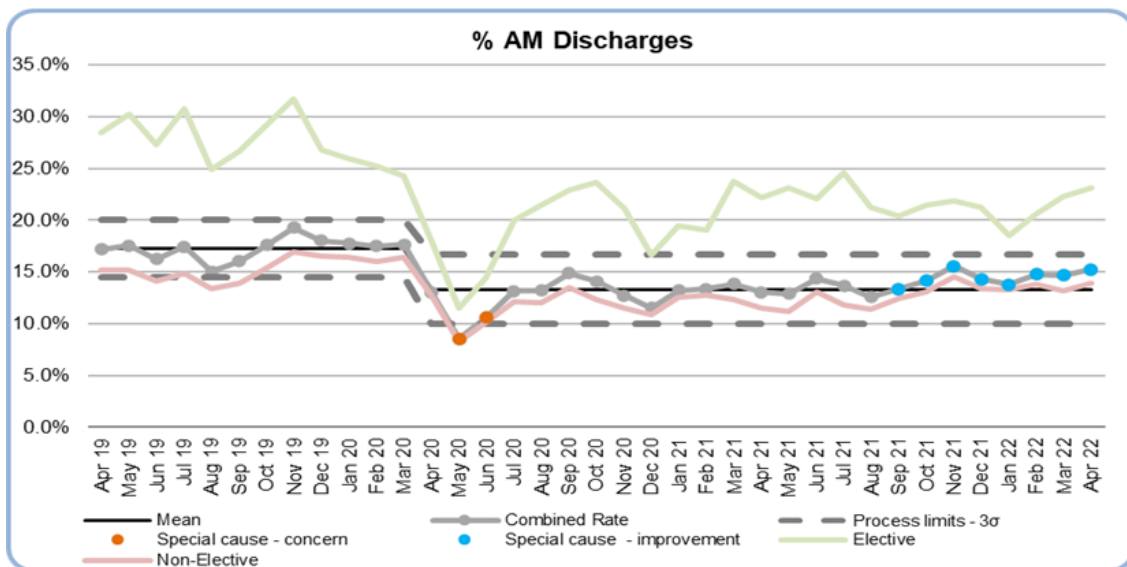
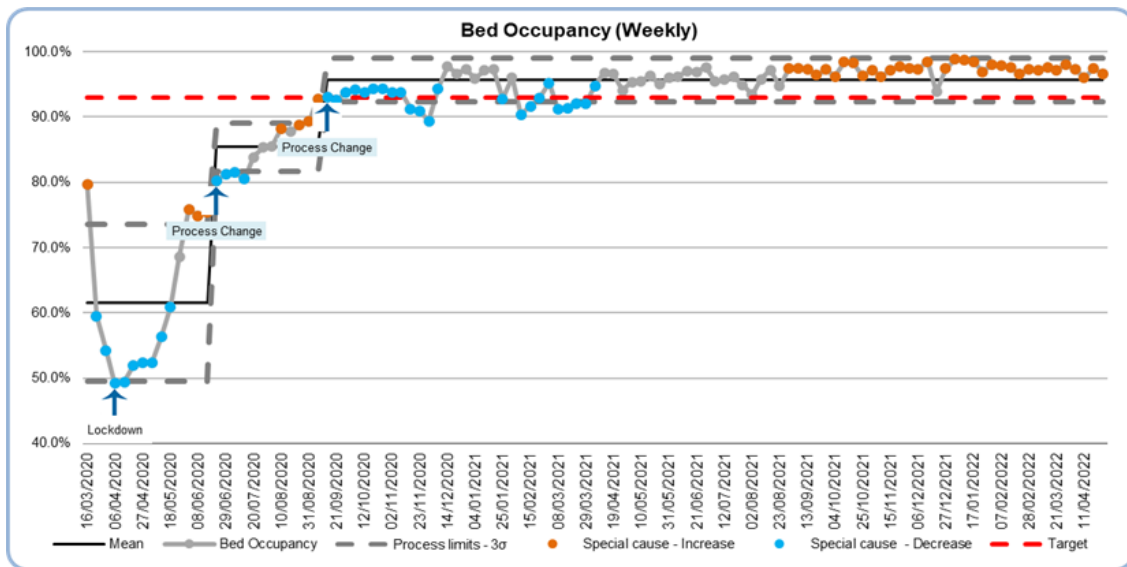
In April, numbers of COVID-19 inpatients began to steadily decrease from the middle of the month, reporting at 29 at month-end.

What actions are being taken to improve?

The Healthier Together Execs are re-focusing the D2A programme to address the NCTR issues.

The Emergency Flow Plan aims at improvements in three areas (front door, time in hospital, and discharge). Medical SDEC was successfully relocated in mid-April.

A combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions has been presented to Region and plans to save 2000 handover hours over 2022/23, but in light of the high levels of occupancy performance remains challenged.



NB: The method for calculating bed occupancy changed in June and September 2020 due to reductions in the overall bed base resulting from the implementation of IPC measures.

Unscheduled Care - In Hospital

What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 45.96%, with the second highest cause due to waits for a medical bed at 19.63%.

The vast majority of breaches of the admitted pathway is related to high levels of bed occupancy, which remains challenged. All days in April reported above the 93% target, varying between 93.83% and 99.02% against the core bed base.

In April, 15.27% of patients were discharged between 08:00-12:00; which was up on the previous month.

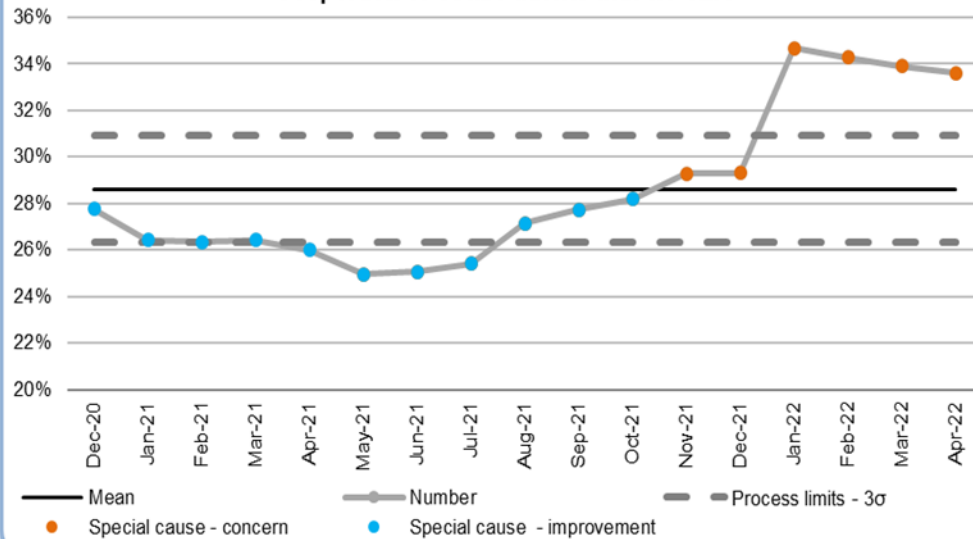
What actions are being taken to improve?

The Trust is actively working with system partners to achieve system solutions to the NC2R problem.

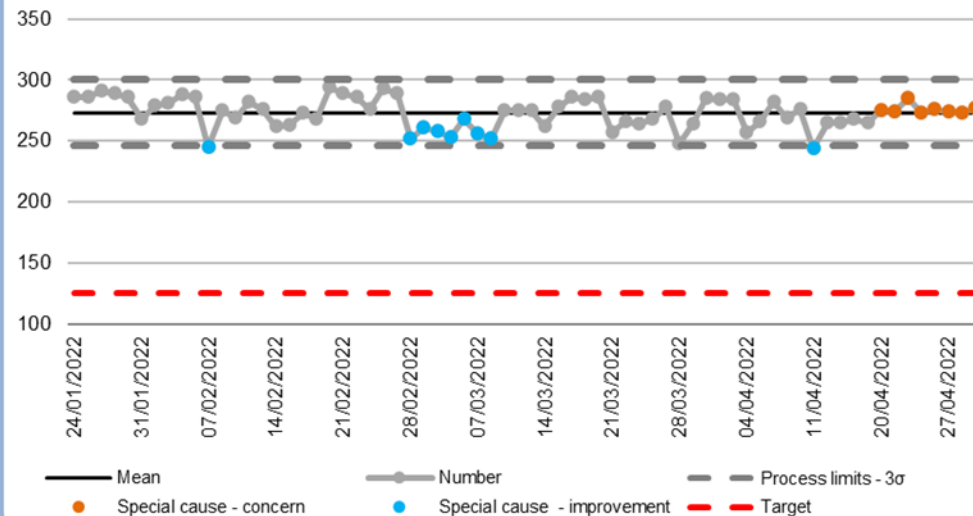
The Trust wide plan to improve emergency patient flow is made up of three components:

1. Admitted Flow – achieving timely patient reviews and reduced harm, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge and improved weekend discharge rates.
2. Emergency Flow – creating a clear pathway for patients to receive rapid assessment and treatment in the right setting, decompressing ED and increasing use of SDEC pathways.
3. Hospital Flow – optimising the use of beds in the hospital, including increases in direct admission pathways.

Proportion of Total Patients with no C2R



Patients with no Criteria to Reside



Unscheduled Care - No Criteria to Reside (No C2R)

What does the data tell us?

In April the delayed bed days associated with patients recorded as having no criteria to reside and awaiting D2A pathways 1, 2 and 3 rose to 7,481 compared to 6,754 in March. The number of delayed bed days for P1 have been increasing each month since January 2022 and increased last month by 489. The delayed bed days for P2 had been reducing month on month then spiked last month with an increase of 294. The associated bed days with P3 waits reduced slightly by 56 bed days.

P1 discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care and Sirona D2A care worker capacity. Patients with an advanced dementia and perceived behavioural challenges waiting P3 wait a considerably long time and many homes, due to staffing constraints, request additional funding for one to one support. The available capacity for stroke patients with high care needs remains limited.

The top graph shows that at the end of April the overall month average of total patients with no criteria to reside and ready for discharge was 33.59% (33.89% in March). The bottom graph shows that at midnight on Friday 29th April, 251 patients had no criteria to reside; 228 were waiting other external discharge pathway start dates, mainly D2A P1 (72 patients), P2 (48 patients) and P3 (74 patients). 34 patients with no criteria to reside were waiting for internal reasons; 15 were waiting the completion of a single referral form (SRF). At least 20 new SRFs are expected to be generated each day, Monday – Friday and 10 on a Saturday and Sunday.

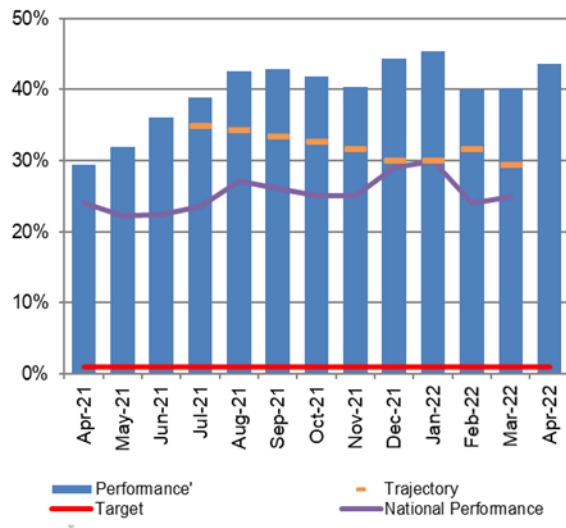
What actions are being taken to improve?

During early April, the Urgent and Emergency Care Board has refreshed the programme of work to include an admitted patient flow workstream for all Divisions to improve the recording of patient's criteria to reside; the management of timely SRF completion and acceptance; reducing unnecessary long length of stay and potential harm through patient deconditioning; and 'Home First' as the main discharge pathway.

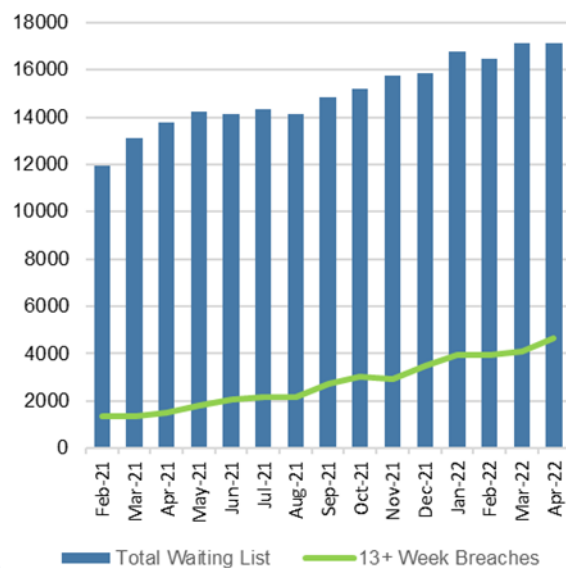
The rejection rate for SRF's was 4.3% in April, compared to the March rejection rate of 6.8%. 44 patients were discharged early during April, with family support bridging care at home, whilst awaiting P1 commencement, equating to 3 beds saved.

The whole system D2A programme workstreams P1-3 pathways improvement work is expected to generate bed savings for NBT of 57 beds in 2022/23. The D2A Programme Board has an agreed process for allocation of non-recurrent funding in support of this programme's work with the aim of doubling the number of beds saved by 31st March 2023.

**Diagnostic Waits Against Target
(1% <6 Weeks)**



Diagnostic 13+ Week Breaches



Diagnostic Wait Times

What does the data tell us?

In April, diagnostic 6-week performance declined to 43.61%. 13-week performance deteriorated with an increase of 13.84% in breaches on the previous month. The overall waiting list remained static in April, and when adjusting for number of working days, there was an increase of 3.76% in waiting list activity compared to March. Only one test type reported over 100% of its overall activity compared to the same month in 2019/20.

The decline in performance and backlog growth has been driven by Echocardiography, CT and Endoscopy. MRI has seen some improvement whilst Non Obstetric Ultrasound has continued to reduce their backlog.

What actions are being taken to improve?

Endoscopy – Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. Opportunities to introduce access to a fully staffed mobile unit are also being explored to support accelerated recovery.

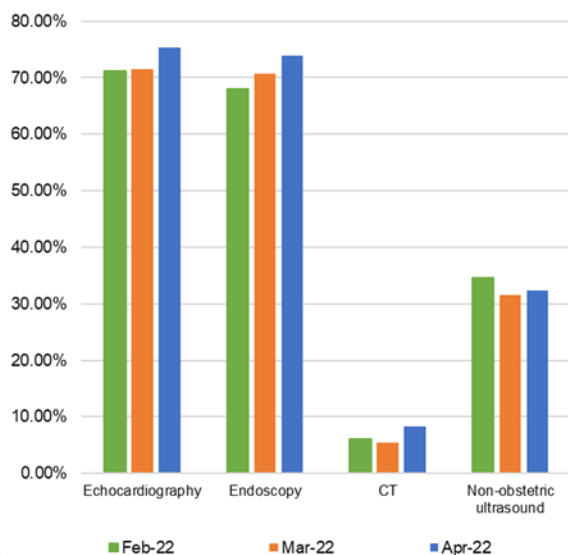
Non-Obstetric Ultrasound – The Trust is now seeing increased availability for lists from Medicare Sonographers with 3 staff offering regular lists. In addition, a review of Head and Neck ultrasound referrals and the skill-set of the specialist sonographers has resulted in a higher proportion of exams identified as suitable to be performed by a sonographer rather than a radiologist, which has helped to tackle some of the long-waiters in that area.

CT – Use of the demountable CT scanner based at Weston General Hospital continues until at least the end of June 2022. WLIs are being delivered every weekend to support backlog reduction.

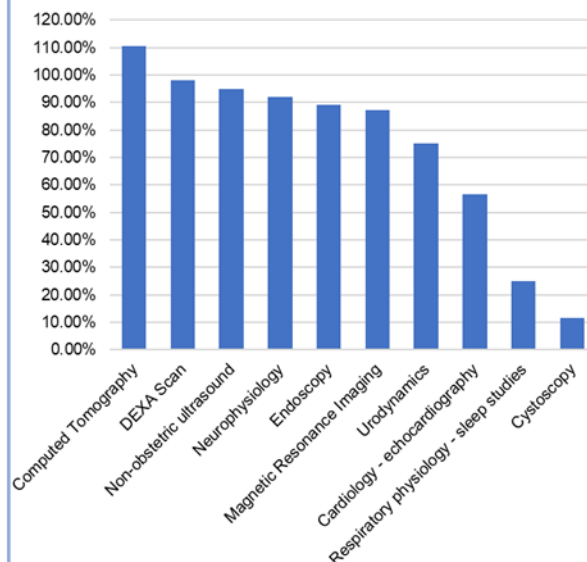
MRI – The Trust has resumed use of IS capacity at Nuffield and is planning to extend the working day on Cossham Suite B scanner. In addition, capacity has increased following resumption of pre-COVID-19 IPC processes.

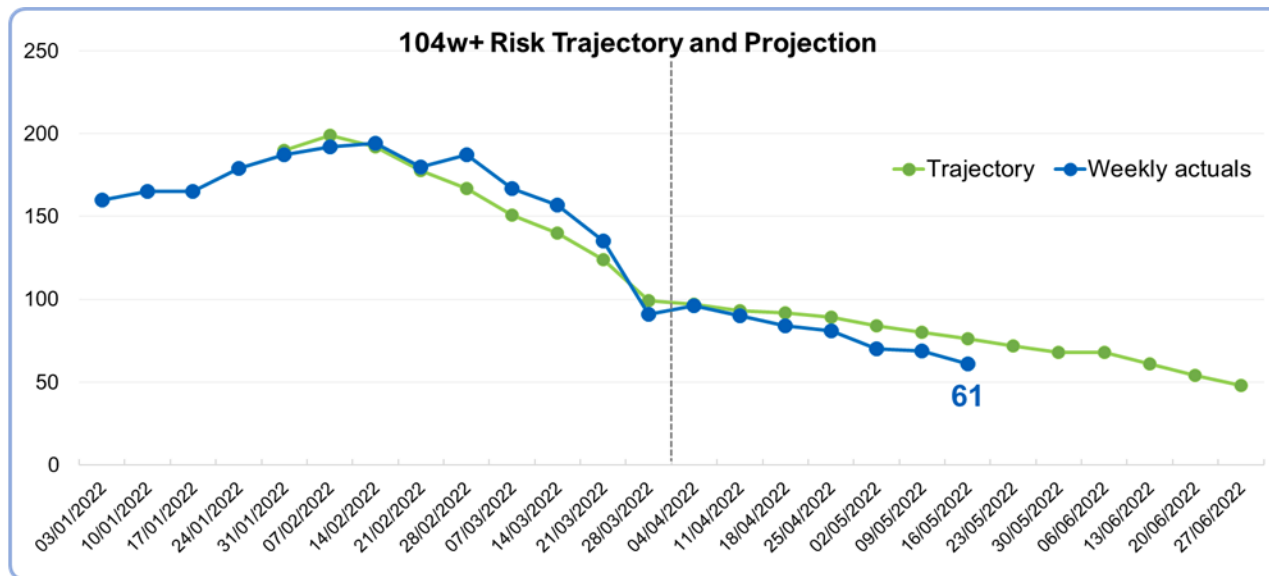
Echocardiography – Access to Xyla insourcing capacity continues to be limited. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.

Diagnostic Performance by Test



22/23 Activity as % of 19/20 - April





Referral to Treatment (RTT)

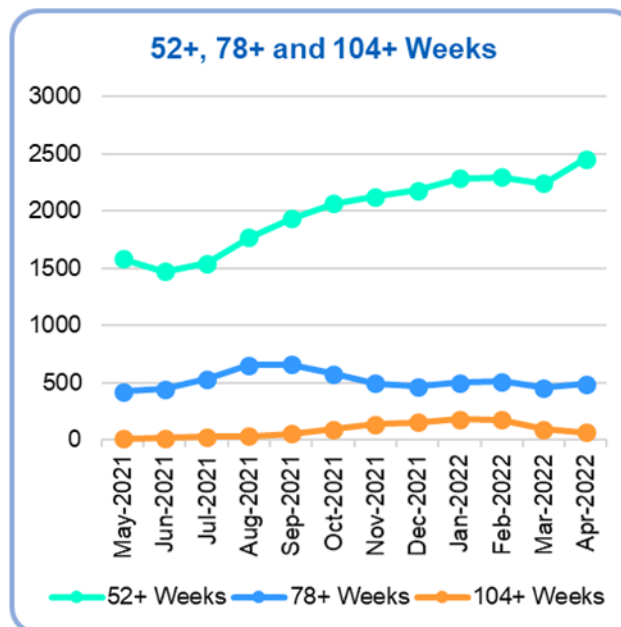
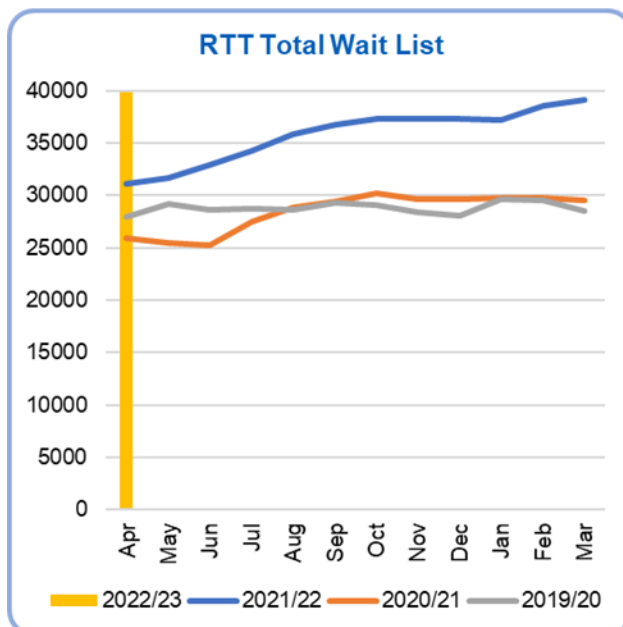
What does the data tell us?

April trajectories have been met for 104-weeks, 78 weeks and the overall wait list size.

The overall RTT waiting list increased to 39,819, representing an increase of 1.84% on the previous month.

The Trust has reported an increase in 52-week wait breaches with 2,454 patients waiting greater than 52-weeks for their treatment; 491 of these were patients waiting longer than 78-weeks, whilst 71 were waiting longer than 104 weeks. April has been the third consecutive month where a reduction in 104-week waits has been reported and the Trust trajectory for the month has been met.

The majority of 52-week breaches (848; 34.56%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).



What actions are being taken to improve?

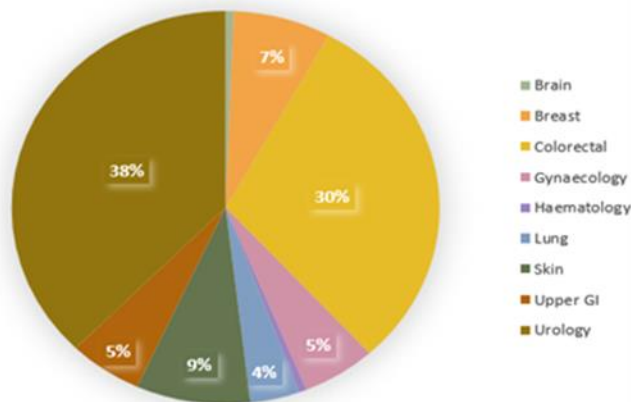
The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.

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 is on track for clearing 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.

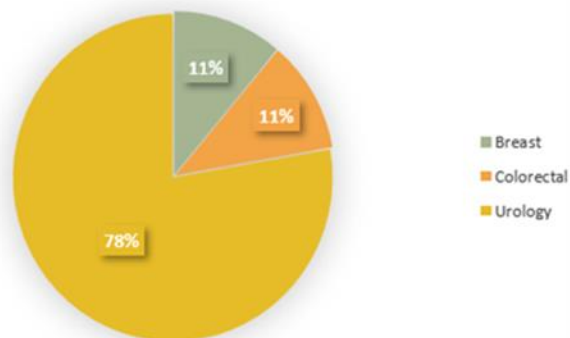
Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.

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 Specialty - Without DTT



Cancer Specialty - With DTT



>104 v Target



Cancer: 104-Day Patients

What does the data tell us?

March 2022 uploaded position

The Trust had 19 104-Day breaches this month that required a Datix, an increase from last month's 12. There has been 1 instance of moderate clinical harm due to 104-Day delay in the last 12-months. 6 patient breaches were due to late transfers into NBT, 2 were received >104 days into their pathway, 7 were due to capacity and 4 were a complex pathway.

Live PTL snapshot as of 08/05/2022

There has been a reduction in the 104-Day breach numbers from 218 to 180. The sites attributed to the to the overall 104-Day breaches are Breast, Skin, Colorectal and Urology. Colorectal and Urology account for 70% of the 104-Day breaches.

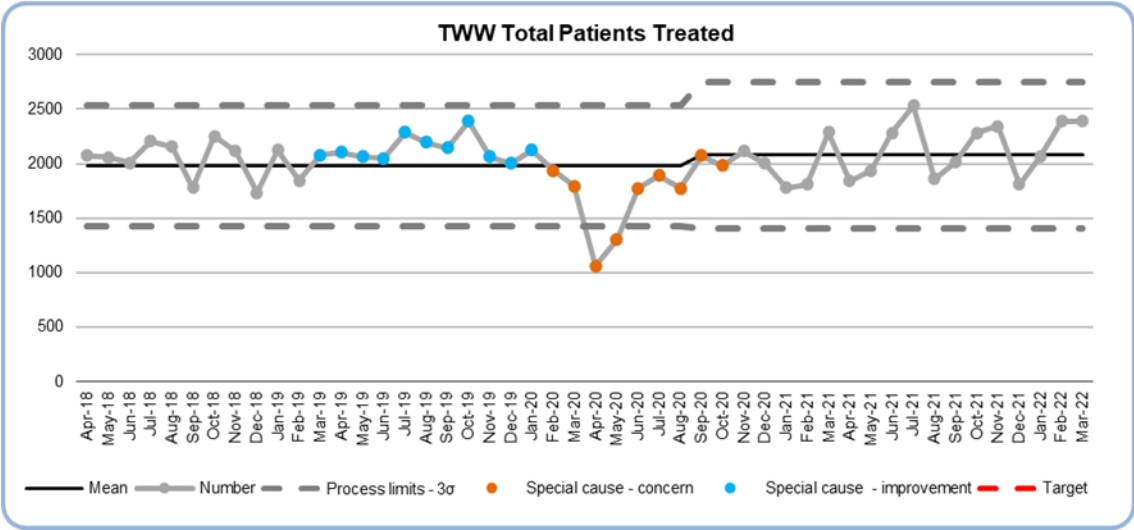
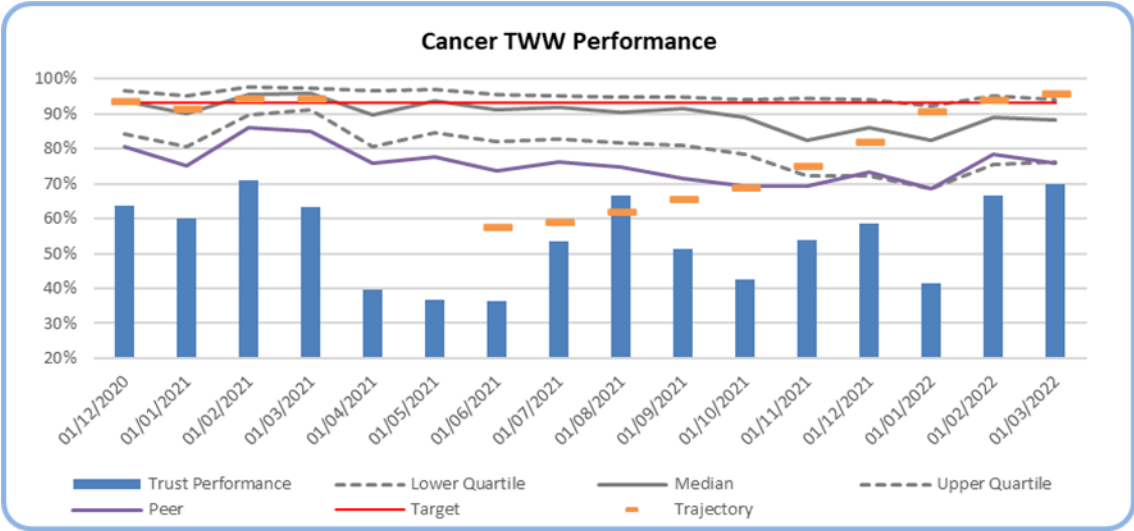
The 104-Day PTL has 30 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 18 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 132 patients with no confirmed Cancer diagnosis (a reduction of 30 from last month); all have been escalated to the relevant specialties for review.

The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 73% of the patients over 104-Days on their pathway. Most of these patients are under Colorectal, Urology and Lung.

What actions are being taken to improve?

Delivery of the Q1 PTL reduction is to be supported by a "re-set" for cancer services with a more proactive joint tracking and escalation process for cancer and specialty teams. The PTL and 104 week tracking meetings have been reframed with a revised Terms of Reference for both meetings to ensure clarity on roles and responsibilities. Each specialty has its own trajectory for reduction across Q1 in line with the 50 target by end of June.

Cancer: Two Week Wait (TWW)



What does the data tell us?

The Trust reported a performance of 69.78% in March compared to 66.47% in February. The Trust saw 2389 patients in March compared to 2390 patients in February. Colorectal continues to see more patients this month with fewer breaches. This has been achieved with additional activity in TWW fast track slots. Gynae saw a deteriorated position from 96.69% in February to 80.08% in March following an increase of patients seen from 151 to 251 with an increase of breaches from 5 in February to 50 in March. Underperformance has been due to increases in referral volumes, workforce and capacity challenges.

Of the 2389 patients seen, 1666 patients were within the TWW target, which was 78 more than the previous month. 723 patients breached the TWW target. The Breast and Skin breaches account for 82.9% of the total breaches this month and delivery of the recovery trajectory remains high risk given reliance on external providers and waiting list initiatives, due to substantive workforce shortages.

One specialties achieved the standard: Colorectal (96.71%)

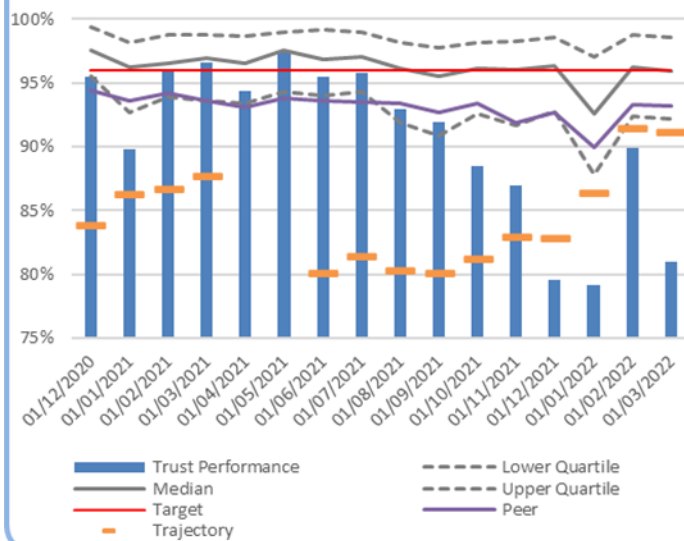
What actions are being taken to improve?

The Trust has signed off Cancer trajectories for 2022/23. Workforce gaps remain the primary driver to delivering the 2WW standard, each tumour site has workforce plans focused on increasing core substantive WTE and appropriate skill mixing, releasing time to care.

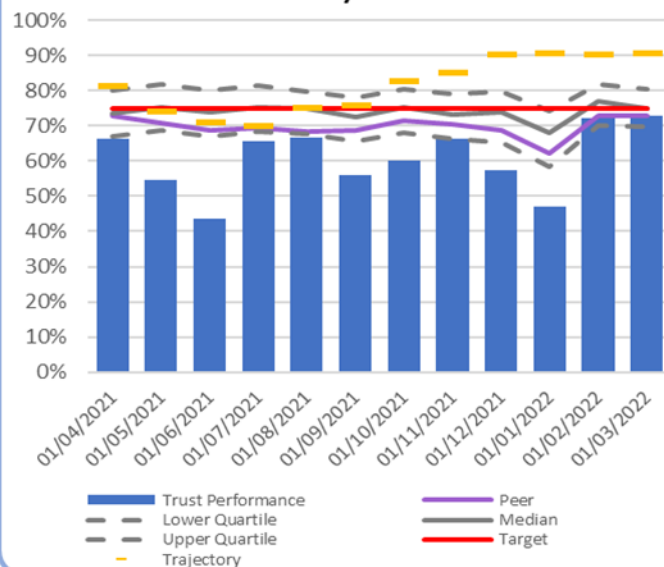
Fluctuations in referral volumes, especially in Gynaecology, Breast, Lung and Urology, continue to make performance against the Cancer Wait Times standards volatile.

SWAG investment has been secured to provide Skin and Gynaecology with additional kit and workforce to support the TWW pathway recovery plans.

Cancer 31-Day Performance



Cancer 28-Day Performance



Cancer: 31-Day Standard

What does the data tell us?

In March the Trust performance deteriorated, reporting 80.99% compared to 89.91% in February. The Trust continues to see improvements in the front end of the pathway and increased surgical activity including WLI activity. 263 patients were treated in March with 213 patients treated within the 31-Day target.

The specialties that failed the 31-Day first treatment standard were Breast, Colorectal, Sarcoma, Skin, and Urology. Skin accounted for 44% of the breaches. Skin performance deteriorated from 89.06% in February to 63.33% this month.

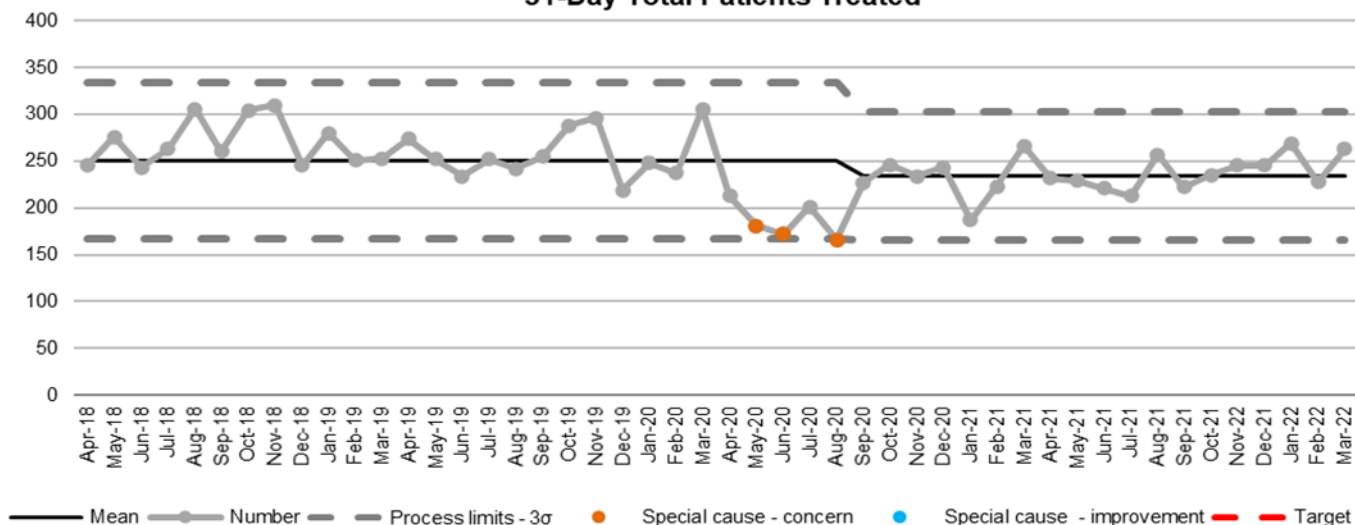
28-Day Performance

The Trust improved against the standard in March with a performance of 72.93%. There was a reduction in the total patients seen with less breaches. This was due to improvements in Breast who reported 180 breaches in February compared to 114 in March. Gynaecology had a challenged month in January and have recovered their performance of 7.59% to 35.92% in February, with further improvements in March at 39.13%.

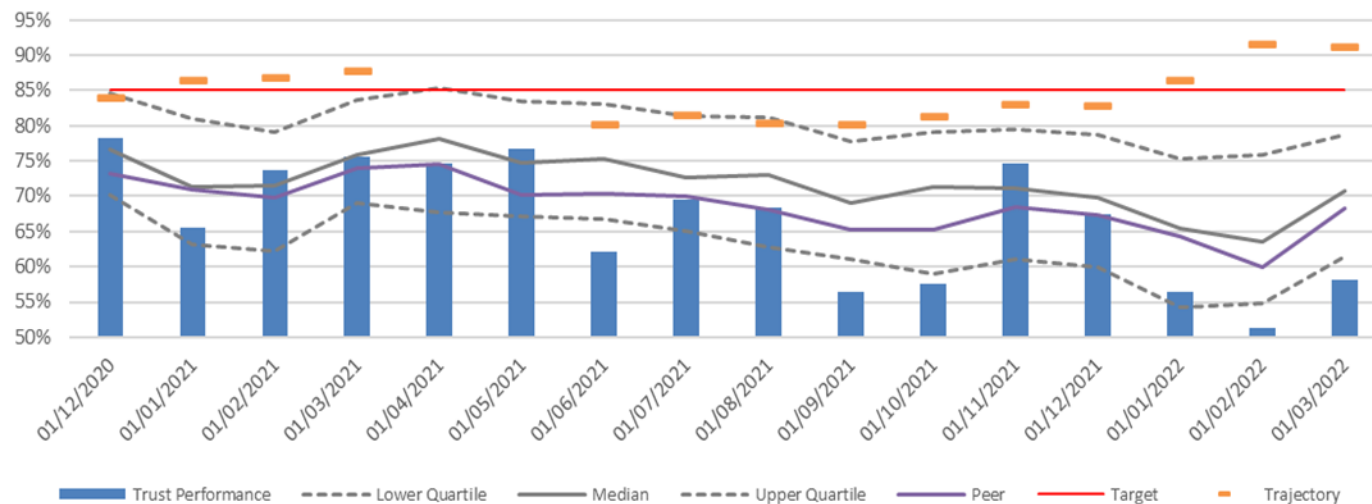
What actions are being taken to improve?

Following additional SWAG funding the Trust has a new post focusing on the 28-Day standard; the FDS pathway improvement lead has been in post from April 2022. The focus of their attention in Q1 2022/23 will be Urology, UGI and Gynaecology. They will be supported by BNSSG employed forensic analyst to look at population demographics, deprivation and hard to reach groups alongside an internal analyst supporting the CWT data.

31-Day Total Patients Treated



Cancer 62-Day Performance



Cancer: 62-Day Standard

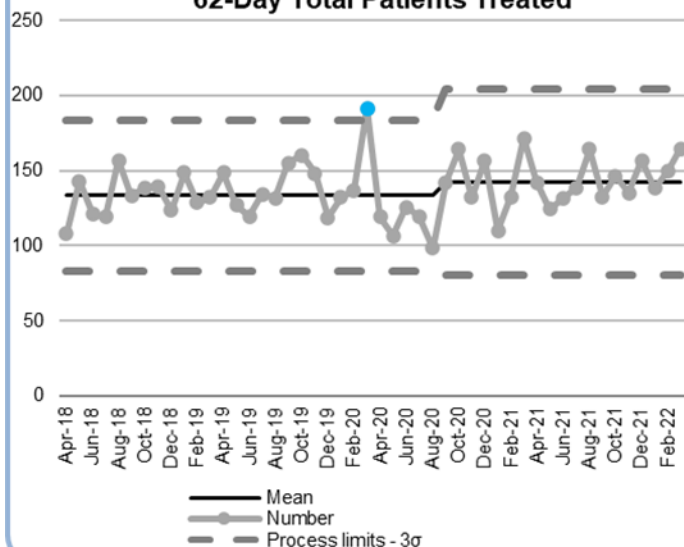
What does the data tell us?

The reported 62-Day performance improved in March to 58.66% from 51.17% in February. 164.5 patients were treated; 96.5 patients were treated on the 62-Day pathway; 68 patients were treated in a breach position.

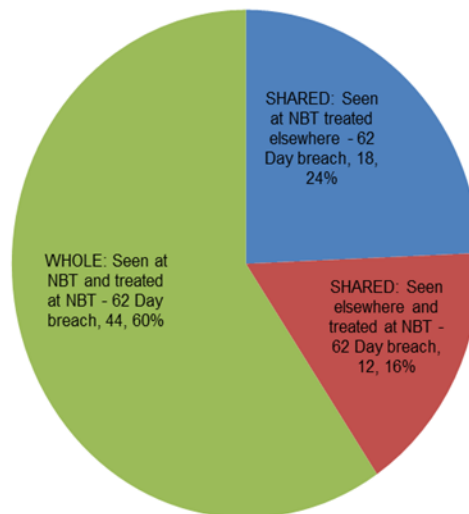
Breast had the majority of breaches with, 29 breaches out of 41.5 patients treated in March. Urology reported 24.5 breaches; they were due to complex pathways and delays to the TWW pathway.

Urology had an increase in their performance from 42.74% in February to 53.77% in March. It should be noted that this includes the Weston Urology patients; the majority of the breaches in March were from Weston patients transferred in a breach position. There are significant pathway differences between NBT and Weston prostate pathways. This will continue to have an impact until we can realign both sites into one pathway.

62-Day Total Patients Treated



62 Day Breach Patients by Breach Type



What actions are being taken to improve?

A series of Task Force meetings have been established to manage the Cancer pathways and ensure plans for improvement are in place.

Most of the March breaches were caused by the known delays at the front end of the pathway within TWW, and complex pathways.

62-Day PTL reduction against the trajectory of 475 by the end of March 2022 was achieved. The new backlog target of 345 will be supported by new ways of working with specialty teams and cancer services to increase focus on proactive joint tracking and escalation to better manage the overall PTL.

New Trajectories are in place for 2022/23 and will be refreshed Quarterly.

NB: The breach types come from the internal reporting system and therefore may not exactly match the overall numbers reported nationally.

Safety and Effectiveness

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

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

NBT - PQSM								
Activity	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
NICU admission rate at term		5.6%	3.8%	2.3%	2.9%	4.5%	5.9%	4%
Perinatal Morbidity and Mortality Inborn								
Total number of perinatal deaths		3	4	2	2	5	6	4
Number of stillbirths 16 to 23+6 weeks excl. TOP		2	1	1	0	3	3	1
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	0	1	1
Number of neonatal deaths : 0-6 Days		0	1	1	1	0	2	2
Number of neonatal deaths : 7-28 Days		0	1	0	0	2	0	0
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		1	0	1	0	0	1	0
Maternal Morbidity and Mortality								
Number of maternal deaths (MBRRACE)		0	0	0	0	0	0	2
Number of women who received level 3 care		0.2%	0.2%	0.2%	0.2%	0.0%	0.0%	0.4%
Insight								
Number of datix incidents graded as moderate or above (total)		2	0	2	1	0	1	1
Datix incident moderate harm (not SI, excludes HSIB)		2	0	1	0	0	1	1
Datix incident SI (excludes HSIB)		0	0	0	1	0	0	0
New HSIB SI referrals accepted		0	0	1	0	0	2	0
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0
Workforce								
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		1	0.5	2	1	1.3	0.7	DNA
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		1	1	1	1	1	0	0
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	1	1	1	1	1	1
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	2	2	2	1	1	1
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		1	0	0.5	1	0.5	0.5	0
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number)		14%	12%	14%	11%	13%	18%	12%
Vacancy rate for midwives		2.9%	2.0%	1.9%	1.9%	3.5%	3.6%	6.8%
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		42%	42%	42%	40%	42%	40%	43%
Vacancy rate for NICU nurses		10	10	17.6	14	15	14	11
Datix related to workforce (service provision/staffing)		8	2	5	7	9	1	3
Consultant led MDT ward rounds on CDS (Day and Night)		71%	72%	58%	68%	57%	DNA	DNA
One to one care in labour (as a percentage)		98.9%	100%	98%	100%	99%	98%	100%
Compliance with supernumerary status for the labour ward coordinator	100%	95%	98%	96%	98%	96%	98%	97%
Number of times maternity unit attempted to divert or on divert		4	2	2	0	2	11	4
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	0
Involvement								
Service User feedback: Number of Compliments (formal)		66	19	58	44	59	60	57
Service User feedback: Number of Complaints (formal)		5	3	6	9	9	10	2
Staff feedback from frontline champions and walk-about (number of themes)		3	2	3	4	4	4	4
Improvement								
Progress in achievement of CNST /10		7	7	6	7	7	7	7
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	42%	39%	38%	33%	43%	42%	51%
Fetal Wellbeing and Surveillance	90%	7%	14%	22%	9%	18%	27%	48%
Trust Level Risks		DNA	DNA	DNA	2	5	5	7

Neonatal Morbidity and Mortality: 3 cases eligible for full PMRT review: 1 antenatal stillbirths and 2 early neonatal deaths (1 set of twins at 23+4 & 23+5/40); 1 case (16 – 23 weeks) not eligible for PMRT but data collected for PQSM and overall data collection accuracy); 16+3/40 spontaneous loss.

Maternal Morbidity and Mortality: 2 x maternal deaths identified and reported to MBRRACE. Both deaths occurred within our intensive care services.

Insight: 2 x new moderate harm incident (1 x maternity services and 1 x Neonatal Intensive Care Unit).

Workforce: Significant improvements have been made resulting in a healthy pipeline which, by September, will see the division over recruited for the first time in several years.

Midwifery: The Division has set up a Birthrate plus Data Task and Finish Group to increase confidence in the information collected by improving data quality. This will support meaningful analysis of the acuity and actions taken. The Division is currently reviewing the draft Brithrate plus report and will share the recommendations with the Division once finalised.

Obstetrics: Awaiting RCOG approval of 2 new consultant Obstetric posts, aim to interview in July and have in post by Sept/October. This will enable us to increase consultant presence in the unit from 83 hrs to 92 hrs.

NICU Nursing : External funding approved to recruit to BAPM and NCCR standards impacting vacancy factor to 20 WTE. Rolling recruitment in place.

Workforce - Diverts: 5 transfers out for Neonatal Cots to support NICU capacity. 4 Cossham diverts to centralise staff within the acute maternity unit. Currently low data quality. Pressures within ambulance services remain and women are informed of expected call out times for category 1 and category 2 calls.

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

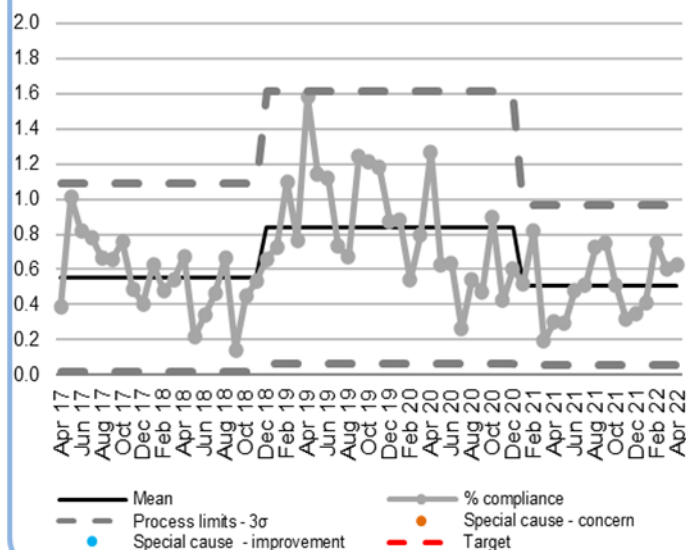
Maternity Incentive Scheme, Year 4: Scheme relaunched 06/05/22 and Trust to report compliance by Thursday 5th January 2023. The CNST 3 weekly meetings will recommence from 27th May 2022. Taking into consideration the revised guidance, areas of concern identified are highly likely to impact successful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

- SA 2 – Maternity Services Data Set:** Data quality for Personalised Care and Support Plan metric needs to meet reporting threshold of 95%, currently 70%. It is highly likely that mitigations to ensure SA2 is achieved will require additional resources. Without which an impact will be seen on successful delivery of SA2.
- SA 6 – Saving Babies Lives Element 1 Smoking:** Trusts are at risk of failing this safety standard. Currently over 20% of women decline CO testing. To consider interventions to maintain adequate compliance.
- SA 6 and 8 – Training:** Significant improvement made with training compliance. Continues to work towards the training recovery action plan. 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.

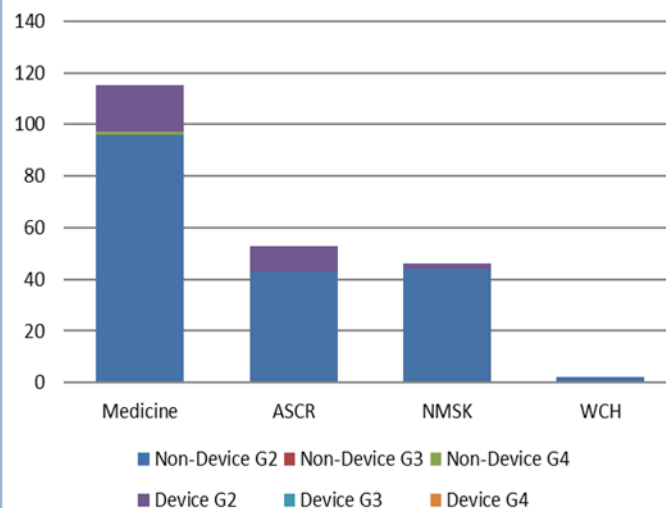
Continuity of Carer: Given the recent Ockenden publication this element is now removed from future PQSM reports. The Division will continue to work towards CoC being the default model of care offered to all women,

Areas of excellence: NBT have joined an exciting regional training pilot called Black Maternity Matters to reduce the inequitable maternity outcomes faced by Black mothers.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2021/22



Pressure Injuries

What does the data tell us?

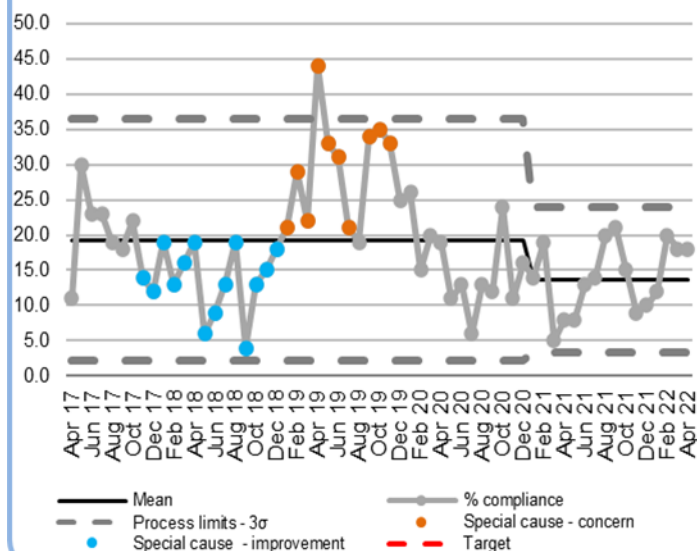
In April, there was an increase in the number of Grade 2 pressure injuries and DTI injuries remained the static. There was a decrease in unstageable pressure injuries.

18 Grade 2 pressure injuries were reported of which 1 was related to a medical device to the nose, 12 to the sacrum/buttock/coccyx/natal cleft, 6 to the heels.

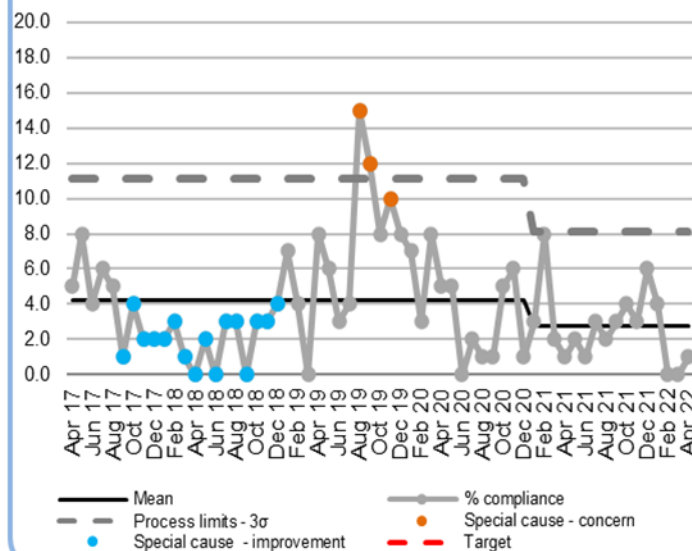
There were 18 DTI injuries and 2 unstageable pressure injuries reported, 1 attributed to ASCR and 1 attributed to NMSK. There were no reported Grade 3 or 4 injuries reported in April.

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

Pressure Injuries - Total Incidents



Pressure Injuries - Device



What actions are being taken to improve?

The Tissue Viability (TV) team continues to monitor and target support and engagement to clinical areas that have an increase in DTIs or Grade 2 pressure injuries.

Collaborative work using the RAG rating support system continues to provide specific and targeted teaching.

TV Nurses have been on the wards delivering focussed training and support with 'Work with a TVN'. This is yielding valuable insight to the operational challenges and enables training in micro sessions with staff in real time on the ward. Following the visit we are working with the ward sisters to put in place bespoke training and solutions.

Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

National guidance changed to focus on Living with respiratory infections, including COVID-19. This reset the testing programme focusing on respiratory virus symptoms / other COVID symptoms. This has resulted in a reduction in reported cases and outbreaks.

The IPC team are refocusing education around the new symptomatic testing.

2022 -23 Mandatory surveillance trajectories are not yet confirmed.

MRSA 4 new bacteraemia cases occurred in March. An internal investigation for all cases, identified different strain types and key improvement areas with a requirement to reset IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation.

C. Difficile

Year end (2021 – 22) Trajectory 52. 63 Hospital Onset Healthcare Acquired (HOHA) (24 lapses to date), 28 Community Onset Healthcare Acquired (COHA) 91 total cases year end.

MSSA

Year end (2021 – 22) Trajectory 26. 34 cases year end (7 Lapses to date).

Gram –ve

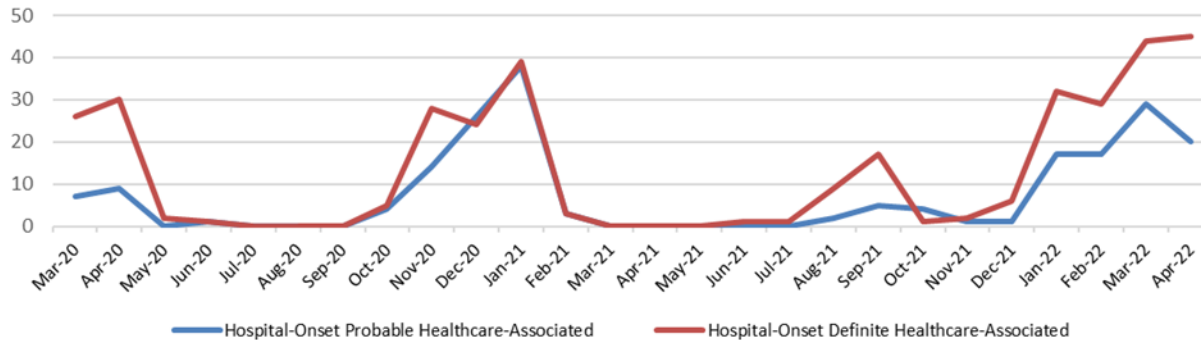
Trajectory set for a 5% reduction of cases for 21/22 based on 2019/20 figures.

What actions are being taken to improve?

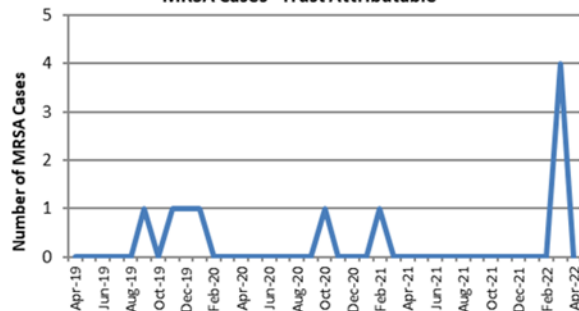
Deep dive investigations into MRSA bacteraemia cases, actions / learning to be implemented within the trust alongside focusing on resetting practice after COVID-19. Continue to support staff to embed practice focusing infection management including Respiratory panel testing which includes COVID-19. Manage outbreak with Living with respiratory infections focus.

C Diff regional work continues with NBT contributing to this and operationalising work from this, this will form a key function in the team with a IPC education role.

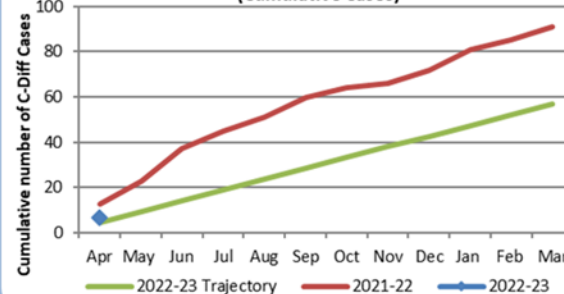
COVID-19 Onset Category by Positive Test Date



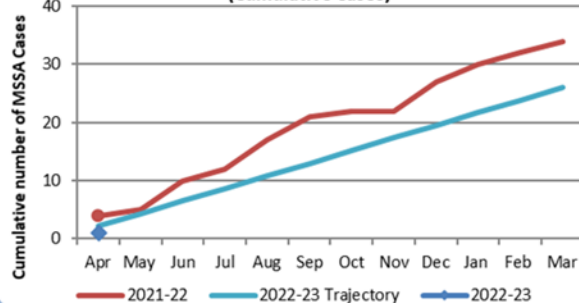
MRSA Cases - Trust Attributable



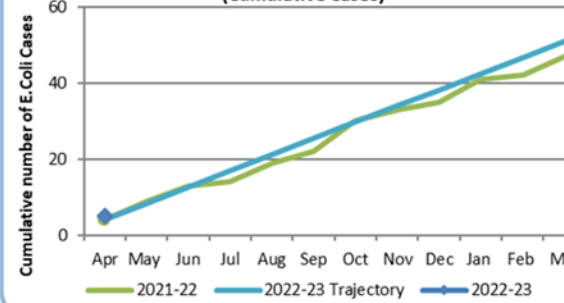
C. Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)

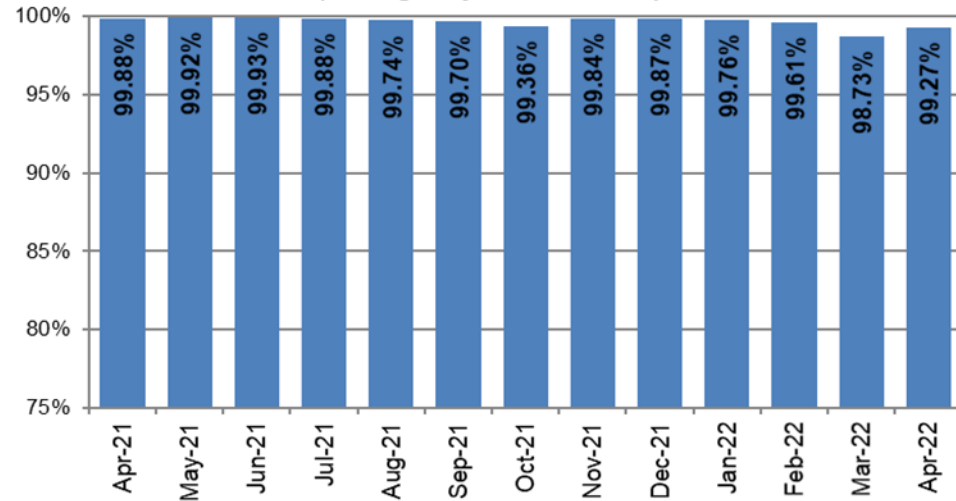


Metric	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022	04/04/2022
New patients last 24 hours – admitted	4	4	5	6	7	8	9	5
New Patients Diagnosed in last 24 hours	6	6	7	6	10	12	11	11
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	4	5	3	4	7	9	7	6
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	1	1	1	2	0	1
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	1	1	1	0	0	2	1
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	0	3	0	2	1	2	2
Number of confirmed patients admitted from care or nursing home	1	0	0	0	1	1	1	1
Blue discharges in past 24 hours	8	5	8	8	13	13	16	10
Number of COVID positive patients as at 08:00	44	40	45	50	62	70	80	84
Of these, patients admitted for primary COVID	31	33	34	32	44	40	57	46
Of these, patients admitted with incidental COVID	13	8	11	19	19	30	23	38
COVID positive patients in ICU	1	2	2	2	3	3	3	3
COVID positive patients outside of ICU	44	38	43	48	59	67	77	81
Query patients	2	0	1	4	4	11	3	0
Closed and empty beds due to IPC	11	7	13	12	9	10	4	8
Positive patients outside of blue wards	2	3	2	2	4	11	3	
NIV COVID	1	2	1	1	0	0	0	1
Non COVID NIV (28a & AMU)	3	2	6	1	1	3	3	
Deaths	1	0	0	1	1	1	1	1
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0
Patient Total positivity - detected - number	11	10	14	15	21	20	22	23
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0
Staff Total positivity - detected - number	12	10	16	17	26	21	16	0
Staff Total positivity - detected - %	0	0	1	0	1	0	0	0

Metric	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	21/03/2022	28/03/2022
Bristol cases per 100,000 – 7 days	867	678	489	490	796	1114	1115	856
South Gloucestershire cases per 100,000 – 7 days	854	661	482	501	807	1259	1251	952
North Somerset cases per 100,000 – 7 days	867	678	489	490	796	1114	1115	856

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

WHO Checklist Compliance (Emergency and Elective)



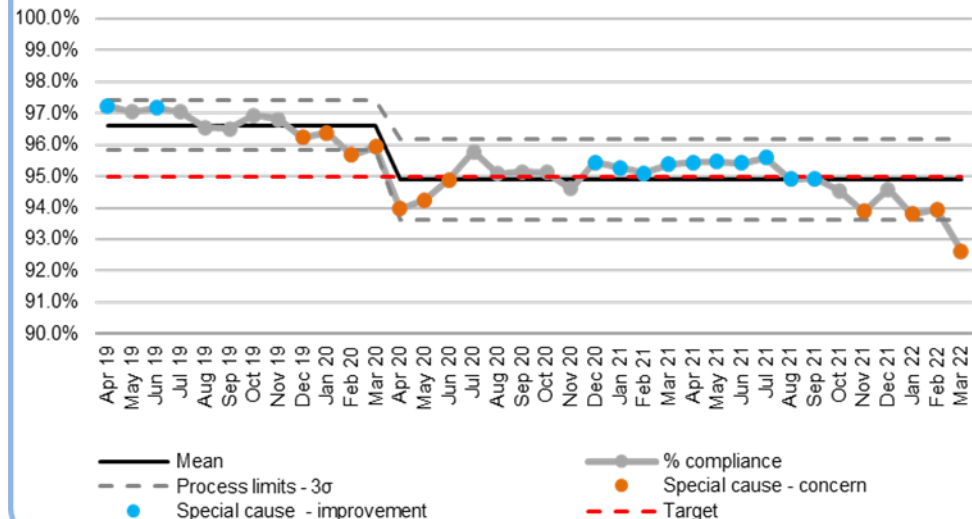
WHO Checklist Compliance

What does the data tell us?

In April, WHO checklist compliance was 99.27%. 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 Completion



VTE Risk Assessment

What does the data tell us?

In March, the rate of VTE Risk Assessments performed on admission was 92.63%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

N.B. The 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?

During April 2022, NBT had a rate of 4.9 medication incidents per 1000 bed days. This is very slightly below the 6 monthly average of 5.

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

During April 2022, c.13% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.13). This is slightly above average seen over the last 6 months, with the average being c.11.5% but as seen from the graph there has been much fluctuation in this value. The actual number of incidents reported as causing any degree of harm is the highest it has been since Dec 21 and above the average seen over the last 6 months. This upward trend will require monitoring going forward. The incidents seen caused low/moderate harm, no severe incidents were reported this month.

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.

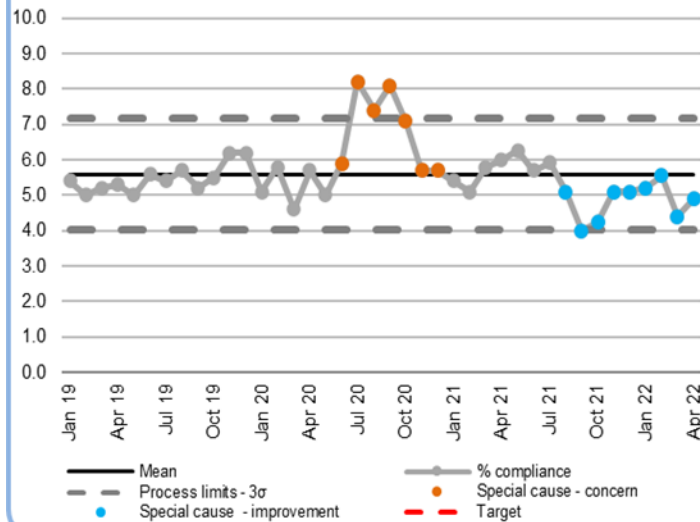
High Risk Medicines

During April 2022, c.37% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. Incidents involving Controlled Drugs made up c.48% of incidents involving high risk medicines; again – this is in keeping with figures for the year to date.

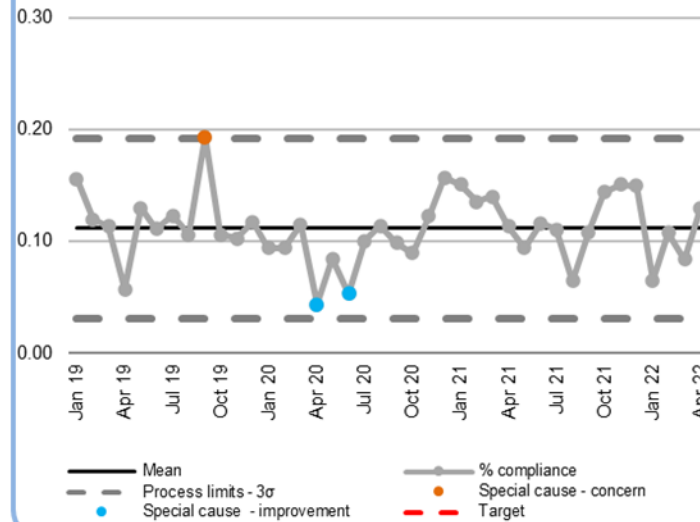
What actions are being taken to improve?

The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends. The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

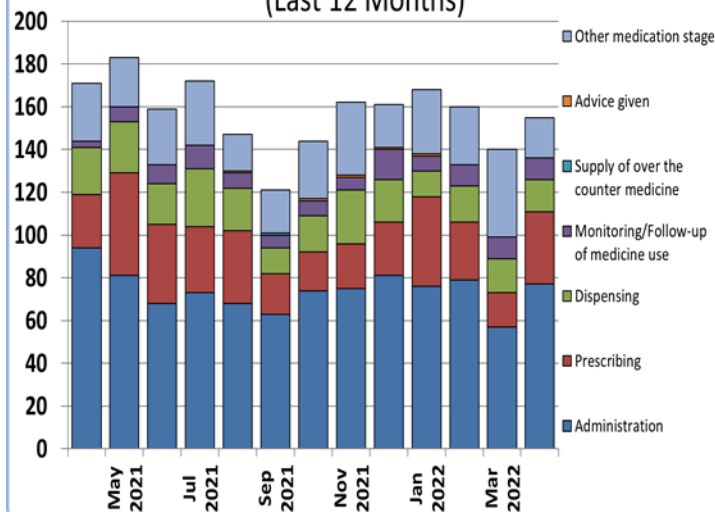
Medication Incidents per 1000 Bed Days



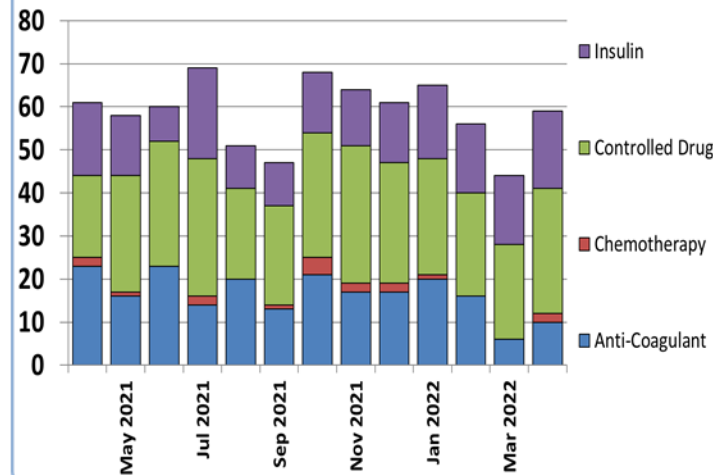
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents



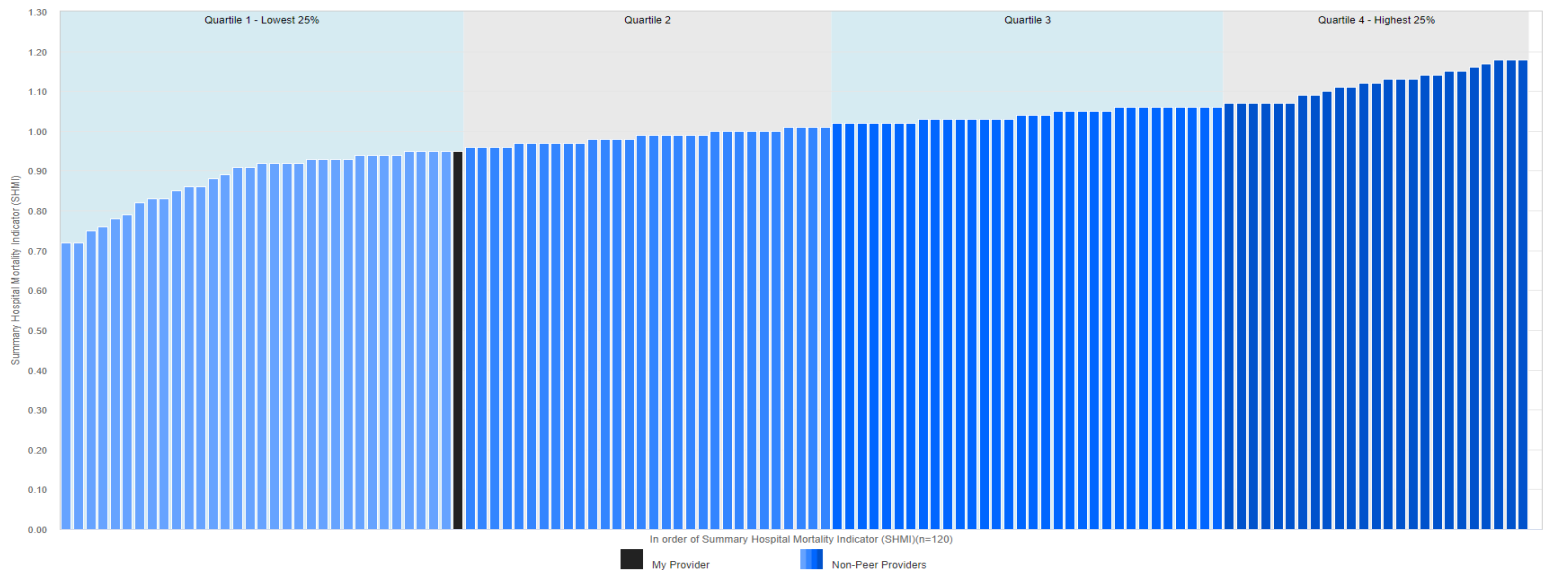
Incidents by Stage at which Error Occurred (Last 12 Months)



Incidents Involving High Risk Medicines (Last 12 Months)



Summary Hospital Mortality Indicator (SHMI), National Distribution

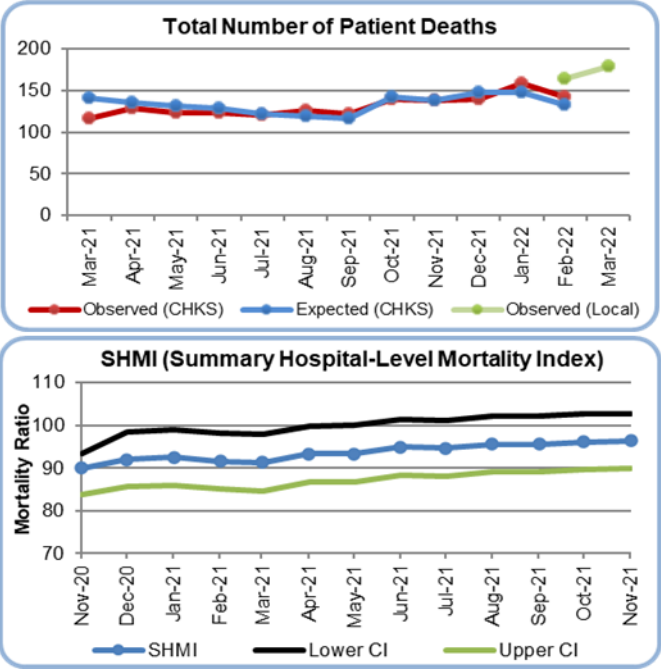


Mortality Review Completion

March 21 – Feb 22	Completed	Required	% Complete
Screened and excluded	335		
High priority cases	237		
Other cases reviewed	1313		
Total reviewed cases	1885	1980	95%

Overall Score	1=very poor	2	3	4	5=Excellent
Care received	0	4.1%	28%	37%	30.9%

Date of Death	March 21 – Feb 22
Scrutinised by Medical Examiner	1572
Referral to Quality Governance team	139



Mortality Outcome Data

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 March 21 – Feb 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 20 of the 24 deceased patients with Learning Disability and 16 of the 23 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as ‘high priority’.

Mortality Review Outcomes

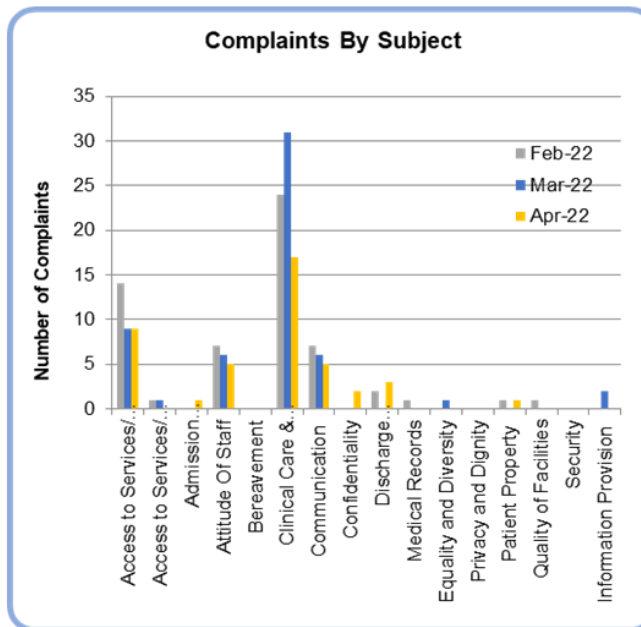
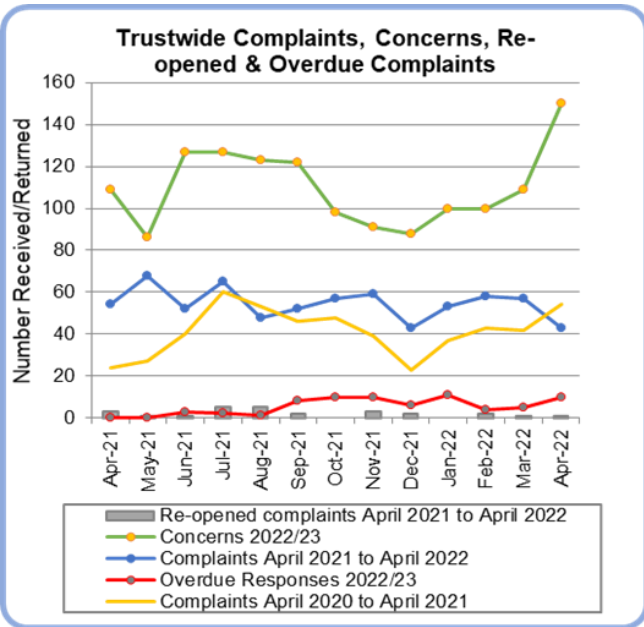
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

The first meeting between NBT, UHBW and the NHSE/I Better Tomorrow Programme took place on 04/05/2022. Areas of focus have been agreed building on the work undertaken in 2021 as part of the Learning from Deaths Development Programme. We are chasing the completion of overdue high priority cases including hospital acquired COVID deaths, and cases of patients with a learning disability and serious mental illness.

Patient Experience

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



Complaints and Concerns

What does the data tell us?

In April 2022, the Trust received 43 formal complaints, this is considerably fewer than the previous month (57) and the same period last year (54)

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

There is 1 re-opened complaint in March for NMSK.

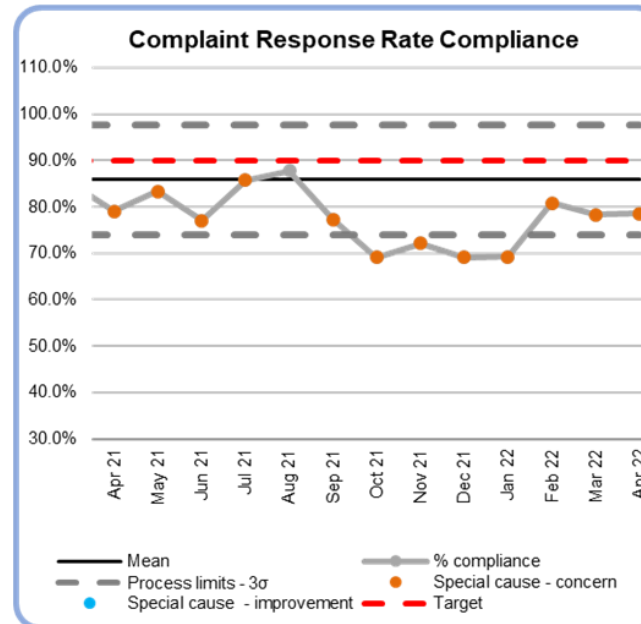
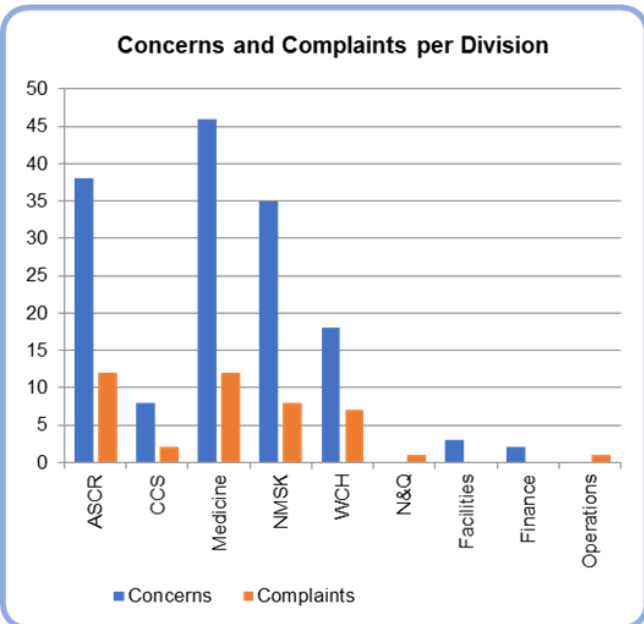
The 43 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	12 (10)	CCS	2 (4)
Medicine	12 (12)	NMSK	8 (16)
WCH	7 (12)	Operations	1 (1)
N&Q	1 (1)		

The number of PALS concerns received by the Trust has increased to 150 in March, this is the highest number recorded, 111 in March, and enquiries have increased slightly to 87.

The response rate compliance for complaints has increased very slightly from 78.3% to 78.6% in April reflecting a gradual improvement when compared to the previous 5 months.

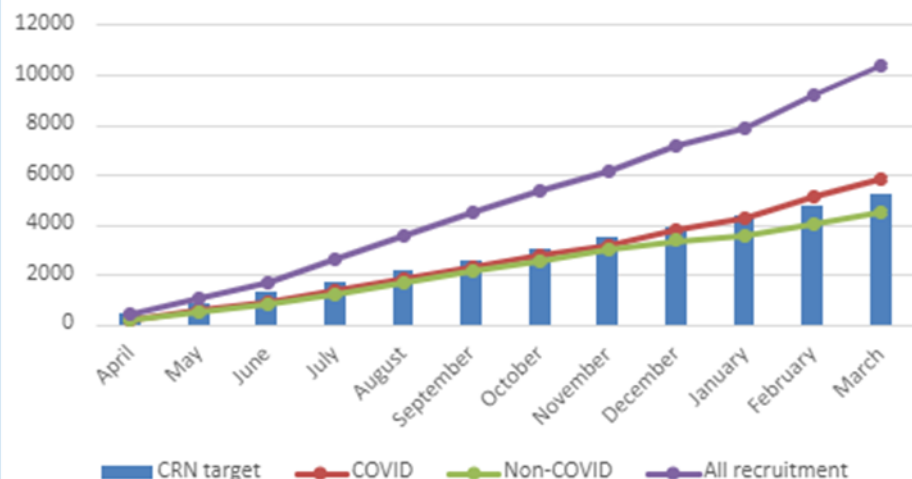
The number of overdue complaints has increased significantly in April to 10. At the time of reporting there are 5 in ASCR, 2 in Facilities, 1 in Medicine and 2 in WaCH.



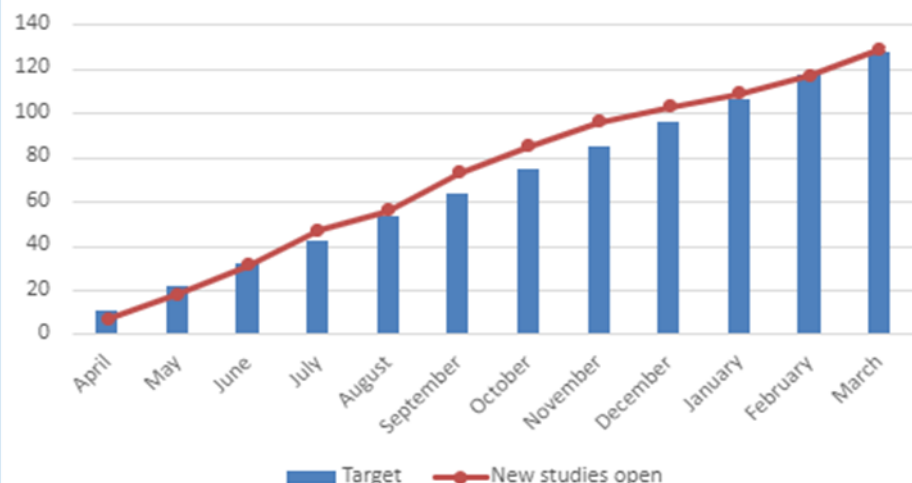
What actions are being taken to improve?

- 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.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. Medicine have met their targets for April but ASCR have seen a significant decline in performance. This will be addressed directly with the division.
- Complaints Training planned in WaCH (x2 sessions in May and June) and meeting with new Service User Engagement Lead regarding a possible improvement plan and trajectory in WaCH

Recruitment vs Target



Recovery and Growth



Research and Innovation

What does the data tell us?

During a year of service restoration our NBT year-end performance for 21-22 has far exceeded our expectations. This year we achieved 199% of our annual target. We are very thankful to the 10,300 participants who enrolled in our research across a broad portfolio of interventional and observational studies supported by all divisions of the trust.

Our portfolio of research remains strong; we opened 129 new studies in 21-22, which is consistent with our pre COVID performance, showing a commitment to support new research to benefit patient care.

We continue to support the national efforts to develop effective vaccines and treatments in the management of current and future COVID variants.

NBT is leading on 70 externally funded research grants, to a total value of £31m. This includes 32 prestigious NIHR grants which total £29m. **Congratulations** to Dr Elsa Marques (Prof. Ashley Blom co-lead) who was recently awarded an NIHR PGAR, £2.9m, to complete the 'HIPPY' programme of work (Hip Implant Prosthesis Programme for the Younger total hip replacement patient) and Dr Alan Uren who was recently awarded an NHS England grant, £339k, to develop a Perinatal Pelvic Health Assessment tool.

In addition, NBT is a partner on 58 externally-led research grants, to a total value of £10.6m to NBT.

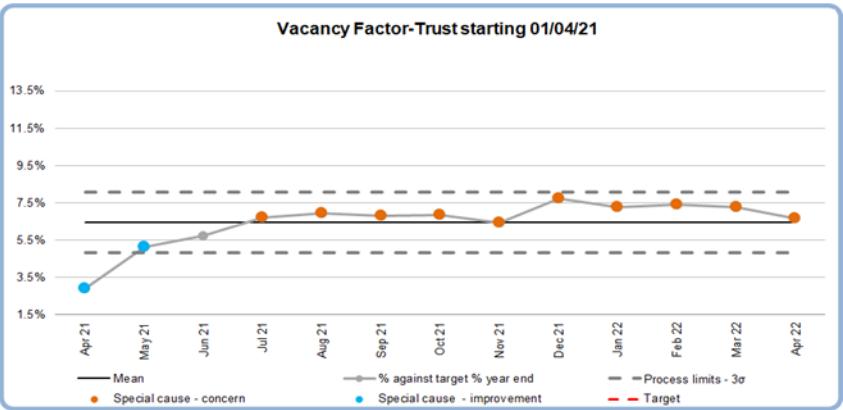
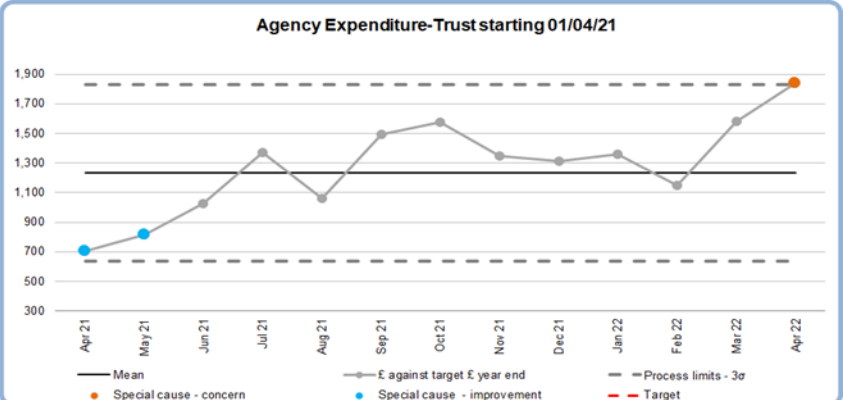
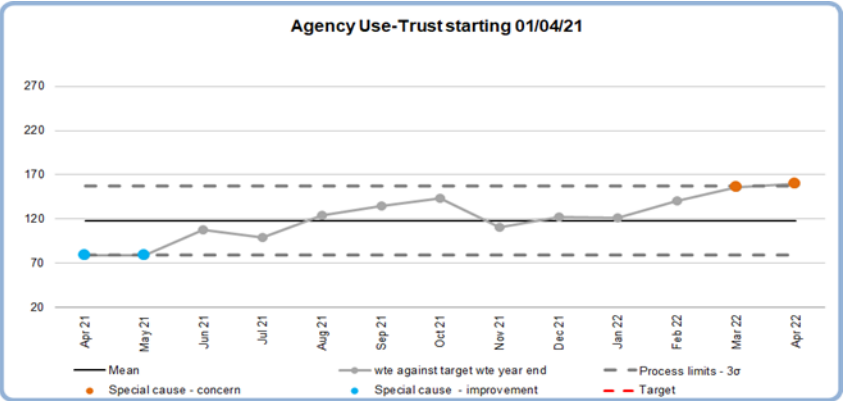
The Southmead Hospital Charity very kindly funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake a small pump-priming research project (up to a maximum of £20k) in any subject area. The awarding panel 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.

In addition, with support from Southmead Hospital Charity, R&I are piloting a **SHC Research Infrastructure** call; welcoming applications from across NBT, for research facilitator staff to be embedded within NBT teams, departments, divisions to develop research themes and pipelines of research grants applications. The awarding panel met in late April, and we are very pleased to announce that four awards have been made. **Neurology & Neurosurgery, Vascular & Anaesthesia, Neonatology and Renal** have each been awarded a Research Facilitator (0.5wte) for 12 months.

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 this more broadly over the coming months.

Well Led

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



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

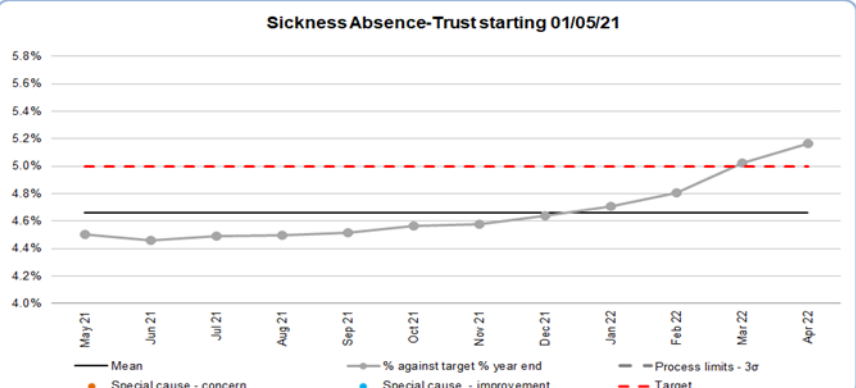
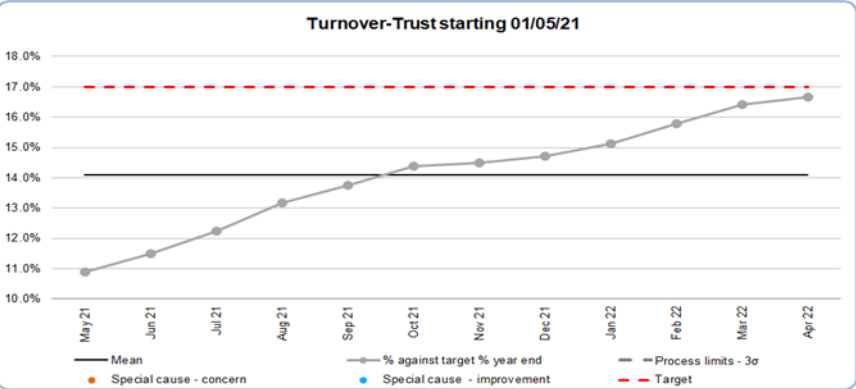
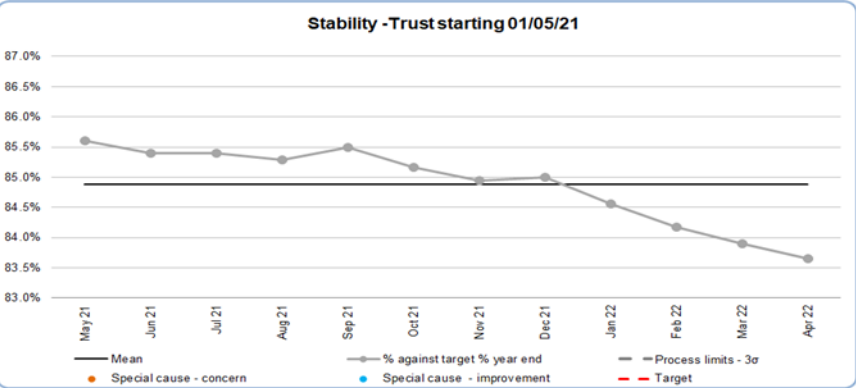
- Band 2 vacancies reduced further to 88.00 wte in April with 11.61 wte starting in the Trust in the month (compared with leavers of 7.97 wte)
- Band 3 vacancies increased this month to 59.90 wte in April with 5.34 wte starting in the month (compared with 7.85 wte leavers)
- 17 band 2 and 13 band 3 candidates were offered roles in April and will start in the coming months
- In addition to NBT assessment centre activity, planning has also taken for a BNSSG wide collaborative volume Health Care Support worker recruitment event across the region has been completed

Registered Nursing

- The band 5 vacancy position for April is 171.00 wte, the month saw 13.76 wte new starters (compared with 20.82 wte leavers)
- 31 offers for new Band 5 staff in April who will start in the coming months
- We attended the Nursing Times recruitment fair in Bristol where we spoke with over 100 nurses in the Bristol area and have arranged three interviews from candidates on the day which has resulted in two offers so far

Temporary Staffing

- Internal Bank and Tier 1 agency fulfilment remained volatile during April despite the drop in overall demand due to the overtime incentives. Tier 4 usage increased, particularly over the easter period which drove up overall spend.
- Overall unfilled shifts remained high, with an increase over the Easter period
- Implementation of new BNSSG+B Neutral Vendor for the management of registered Nursing supply continued with go live achieved on 1st April 2022 as planned and a review of Tier 1 agency rates in taking place



What Does the Data Tell Us - Turnover and Stability

April saw a reduction in turnover from March's position as leavers in April 22 were fewer than April 21. However, the Trust still saw an overall net loss of staff, particularly in staff groups where retention activity in 22/23 will focus such as registered nursing and midwifery who saw a net loss of 12 wte in April and admin and clerical staff who saw a net loss of 4 wte in April and have seen a net loss each month for the last three.

Actions - Turnover and Stability (*Head of People*)

The Retention Task and Finish has re-established itself and is meeting again. Key actions;

- Add more categories under 'work-life balance' on the NBT exit survey to understand this issue in more detail
- Follow up on specific themes around those leaving for a higher salary – where are they going (data available from termination forms and ESR data) by **mid-June 2022**
- People Team – plan to phone sample of leavers and/or text leavers – **Jun-22**
- Correlate ESR data above to verify exit survey data – **end May 2022**
- Admin & Clerical a hot spot; experiencing an increase in turnover. Greater competition from local employers who can provide higher salary / greater flexibility in terms of working hours / core hours
- Action – focus groups with admin staff **June/July 2022**
- A review of relocation expenses, as a way of attracting and retaining staff at NBT is underway. Local VRP process agreed in principle (**to be finalised by end May 2022**)

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

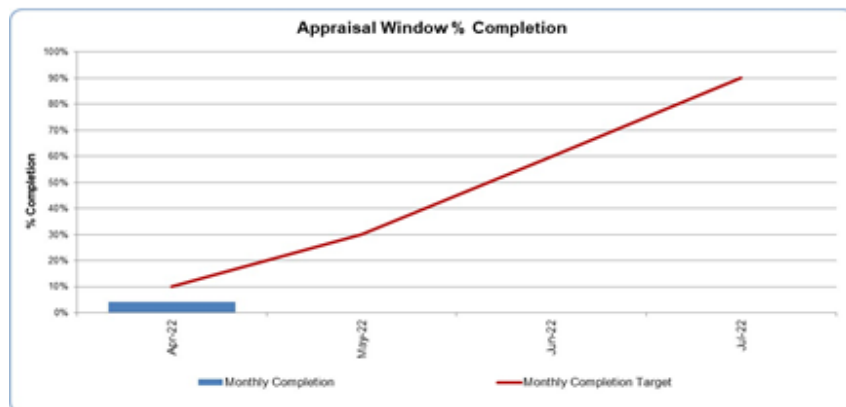
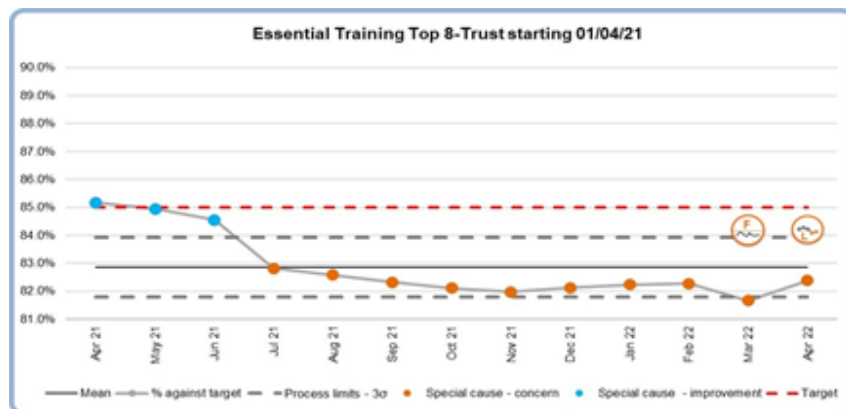
April saw an increase in sickness absence as the April 22 position saw more days lost than April 21. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence alongside COVID sickness.

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

- Women's and Children's wellbeing festival delivered with input from the Joint Unions, Employee Assistance Programme, Physio Direct, FTSU, HPMA and Sustainability team. An event providing bespoke wellbeing attention to the division in support of the Women & Childrens Improvement Programme. Event format will yield proof of concept for delivery to other areas – **May-22**

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

- Resources to enable Wellbeing conversations available via LINK, intent to include Wellbeing Conversation element in the revised 1:1 proforma being developed and to be published on LINK – **end of May 22**
- Establishing the Wellbeing Taskforce – inaugural meeting **8 Jun 22**
- Financial Wellbeing and Reducing Cost of Employment work ongoing with proposals to address being tabled through Wellbeing Taskforce – **Jun-22**



Training Topic	Variance	Mar-22	Apr-22
Child Protection	0.2%	82.9%	83.1%
Adult Protection	-5.0%	84.5%	79.5%
Equality & Diversity	0.0%	84.9%	84.8%
Fire Safety	-0.2%	80.0%	79.8%
Health & Safety	-0.6%	84.3%	83.7%
Infection Control	8.2%	84.8%	93.0%
Information Governance	0.2%	75.7%	75.9%
Manual Handling	4.3%	75.4%	79.7%
Waste	0.0%	82.6%	82.6%
Total	0.7%	81.67%	82.38%

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. This is a trend being seen by other NHS Trusts although we are now starting to see small month on month improvements in the compliance data.

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

In May, we continue to explore different mechanisms to help improve Stat Man compliance. These include:

- Helping the organisation to embed the new learning platform Kallidus LEARN, which went live on 11th April. LEARN uses Single Sign On (SSO) making forgotten passwords a thing of the past
- Initial learner feedback is suggesting that users are finding LEARN much easier to use and having the icon on the desktop coupled with SSO has made it much quicker to access
- New functionality in LEARN makes it easier for Managers to more easily check the Stat Man compliance for their teams
- Continuing to promote completion of StatMan through Operational Communication channels and agenda items on Executive Management meetings

Other Wider Actions

Leadership & Management Learning

- May marks the launch of the new Specialty Leads development programme. The inaugural Specialty Leads Development Community event takes place on 18 May and a range of eight workshops, commencing June, are now available for Specialty Leads and Aspiring Specialty Leads to book onto (examples of topics covered include; Compassionate Leadership, Recruiting for Cultural Change, Managing Attendance & Wellbeing and Digital Leadership)

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 (eg. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- Apprenticeship Levy Spend = 68%



Apr-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	94.2%	82.4%	97.3%	89.6%

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

What Does the Data Tell Us

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

Staff absence related to COVID self-isolation impact experienced during March as can be seen below. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with an additional BNSSG recruitment event supported by NHS England planned during May 2022.

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:

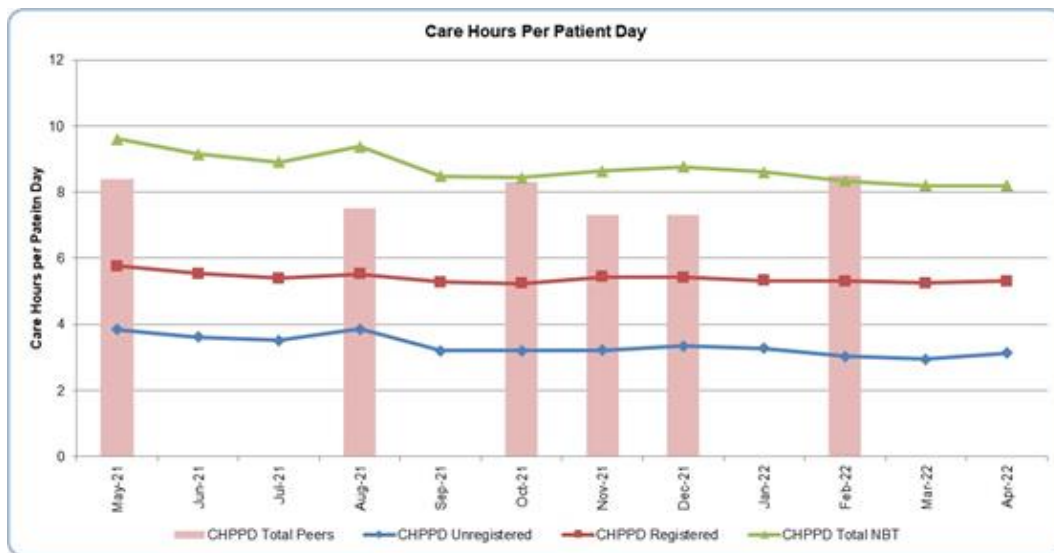
- 33a (79.1% Day) staffing supplemented with redeployed HCSW
- 7b (72.9% Day) staffing supplemented with redeployed RNs and HCSW
- 6b (79.9% Night) staffing supplemented with redeployed HCSW
- Cotswold (75.3% Day) Registered staff vacancies, reduced occupancy staffing deployed as required to meet patient needs across the service
- Gate 37 ICU (79.9% Day) Registered staff vacancies and absence, staffing deployed as required to meet patient acuity.
- Mendip Ward (74.2% Night) vacancies, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

- 32a (78.1% Day) Unregistered staff vacancies and absence
- EEU (64.5% Day) Unregistered staff vacancies and absence , supported with redeployed RN resource
- 9b (69.7% Day) Unregistered staff vacancies and absence
- Gate 31 AMU (72.7% Day / 61.4% Night) Unregistered staff vacancies and absence
- 27a (75.7% Day) Unregistered staff vacancies and absence
- 27b (72.3% Day / 75.6% Night) Unregistered staff vacancies and absence
- 34b (63.6% Day / 71.7 Night) Unregistered staff vacancies and absence
- Medirooms (79.7% Night) Unregistered staff vacancies
- 8b (70.5 Day) Unregistered staff vacancies staffing supplemented with redeployed RNs
- 26b (75.5% Day) Unregistered staff vacancies and absence
- 7a (77.9% Day) Unregistered staff vacancies and absence
- NICU (32.6% Day / 31.7% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
- Quantock (76% Day) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips Ward (77.7% Night) vacancies, staffing deployed as required to meet patient needs across the service
- **Wards over 150% fill rate for Registered Staff:**
- EEU (154.5% Night) RMN enhanced supervision for patients

Wards over 150% fill rate for Care Staff:

- 33a (173.5% Night) enhanced supervision for patients
- 25a (123.9% Night) enhanced supervision for patients



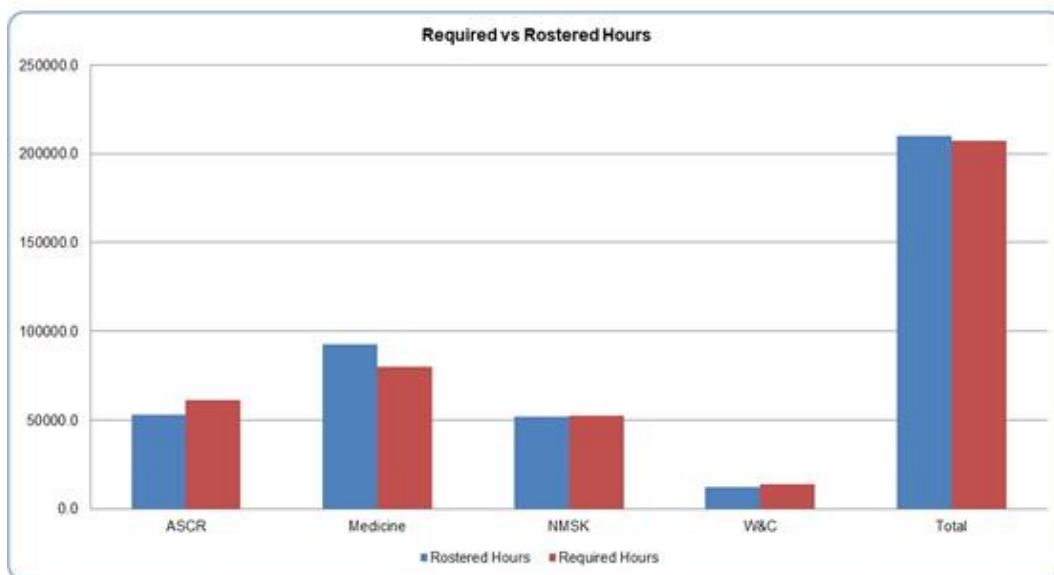
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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).

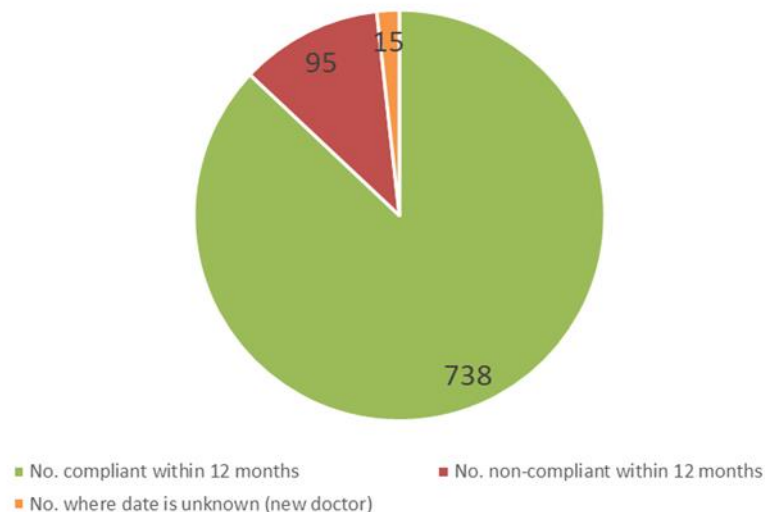
Safe Care Live (Electronic Acuity Tool)

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.

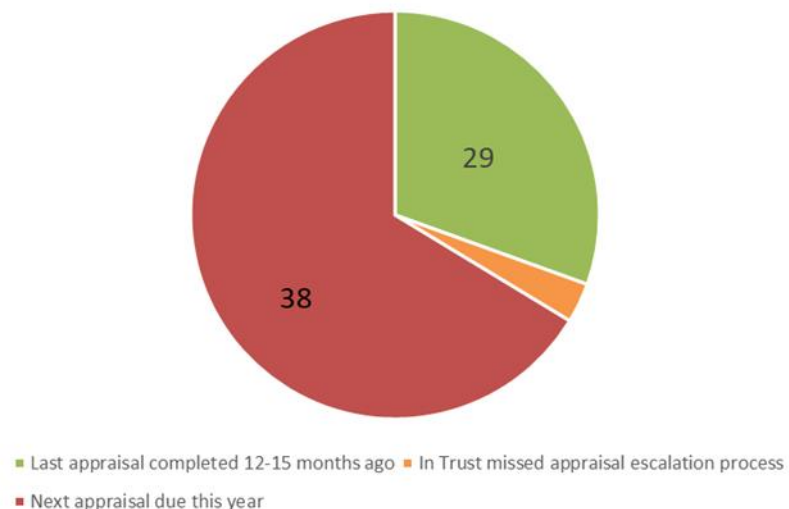
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

What does the data tell us?

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

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

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

What actions are being taken to improve?

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

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

Finance

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

Statement of Comprehensive Income at 30 April 2022

	Month 1			Full Year		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	56.8	56.0	(0.7)	56.8	56.0	(0.7)
Other Income	6.7	6.5	(0.2)	6.7	6.5	(0.2)
Pay	(39.9)	(39.7)	0.2	(39.9)	(39.7)	0.2
Non-Pay	(25.9)	(25.2)	0.7	(25.9)	(25.2)	0.7
Surplus/(Deficit)	(2.4)	(2.4)	(0.0)	(2.4)	(2.4)	(0.0)

Assurances

The financial position to the end of April 2022 shows the Trust has delivered on plan against the £2.4m deficit.

Contract income is £0.7m adverse to plan in April. Income has been aligned with the plan excluding high cost drugs and devices. The adverse variance is driven by drugs and devices. Other income is adverse to plan due to the Trust's delay in implementing staff car parking charges.

Pay expenditure in April is £0.2m favourable. The Trust has seen overspends on pay for bank and agency against substantive vacancies and underperformance on CIP, but this is offset by delays in the delivery of recurrent and non-recurrent service developments and investments.

Non-pay expenditure in April is £0.7m favourable. This driven by underspends on drugs and medical supplies due to reduced activity, and unspent reserves offset by unidentified CIP delivery.

Statement of Financial Position at 30 April 2022

	21/22 M12 £m	22/23 M01 £m	YTD Change £m
Non Current Assets			
Property, Plant and Equipment	605.0	610.2	5.2
Intangible Assets	13.7	13.6	(0.1)
Non-current receivables	1.5	1.5	0.0
Total non-current assets	620.2	625.3	5.1
Current Assets			
Inventories	9.1	9.1	(0.0)
Trade and other receivables NHS	18.4	20.1	1.7
Trade and other receivables Non-NHS	21.1	22.2	1.1
Cash and Cash equivalents	116.2	107.1	(9.0)
Total current assets	164.8	158.6	(6.2)
Current Liabilities (< 1 Year)			
Trade and Other payables - NHS	10.6	7.7	(2.9)
Trade and Other payables - Non-NHS	102.6	94.8	(7.8)
Deferred income	16.4	20.2	3.7
PFI liability	15.2	15.2	0.0
Finance lease liabilities	2.1	1.6	(0.5)
Total current liabilities	147.0	139.5	(7.5)
Trade payables and deferred income	7.1	7.7	0.7
PFI liability	359.3	358.5	(0.8)
Finance lease liabilities	2.0	10.9	8.9
Total Net Assets	269.7	267.3	(2.4)
Capital and Reserves			
Public Dividend Capital	456.9	456.9	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	1.1
Income and expenditure account - current year	1.1	(2.4)	(3.5)
Revaluation reserve	184.1	184.1	(0.0)
Total Capital and Reserves	269.7	267.3	(2.4)

Assurances and Key Risks

Capital – Total capital spend for the year to date was £0.5m, compared to plan of £1.9m. The total planned spend for the year is £32.5m.

Receivables - The total value of invoiced debt outstanding is £17.4m, of this £6.9m relates to Non-NHS individuals and organisations and is over 365 days old. £3.8m of the non-NHS debt older than 365 days relates to private and overseas patients and has been fully provided for.

Payables - Year to date NHS payables have reduced by £2.9m as a result of clearing invoiced creditors post year end. Non-NHS payables have decreased by £7.8m for the year to date, of which £4.3m relates to the reduction of accrued capital expenditure as a result of post year end payments, along with £3.5m of other net decreases.

Cash – The cash balance decreased by £9.0m in-month due to higher than average payments made during the month, including significant amounts of capital spend cash relating to the March 2022 year end capital creditor.

The high cash balance of £107.1m means that the Trust is expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

Monitor Provider Licence Compliance Statements at May 2022

Self-assessed, for submission to NHSI

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

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 30 April 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.

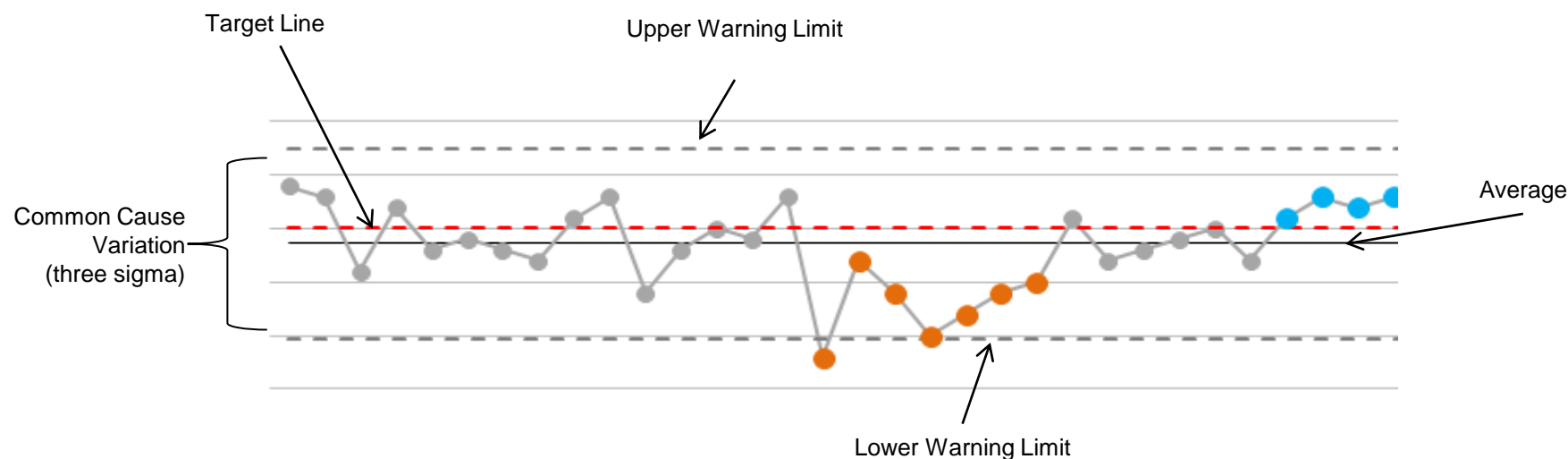


NBT Quality Priorities 2022/23

- 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
C2R	Criteria to Reside
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
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
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
WCH	Women and Children's Health
WTE	Whole Time Equivalent



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

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

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

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

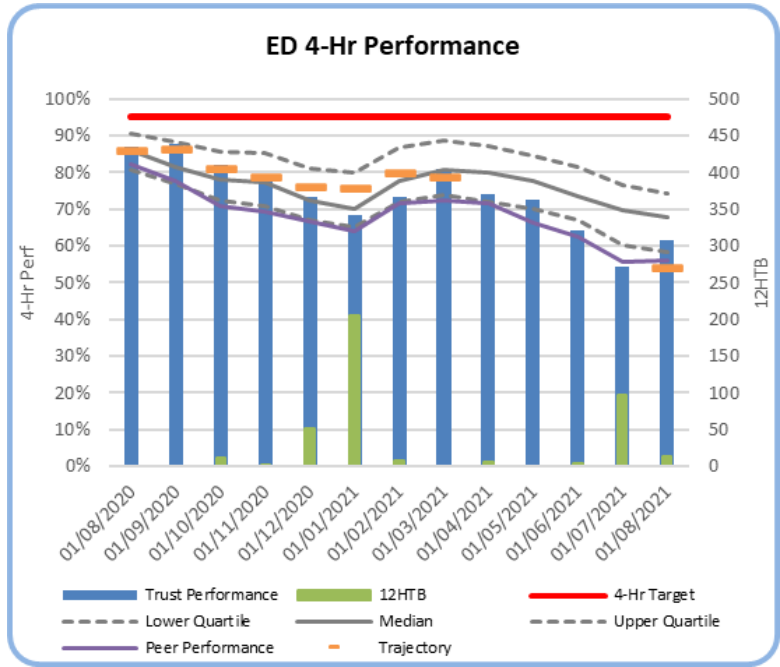
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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

Further reading:

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

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

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf



Month	Quartile
Aug-20	2nd
Sep-20	2nd
Oct-20	2nd
Nov-20	2nd
Dec-20	2nd
Jan-21	3rd
Feb-21	3rd
Mar-21	2nd
Apr-21	3rd
May-21	3rd
Jun-21	4th
Jul-21	4th
Aug-21	3rd

Grey lines reflect the monthly quartile positions based on the Trusts positioning in comparison to other Trusts. If higher performance is better, then Trust performance beneath the lower dotted line would reflect being in the lower quartile (4th), among the worst performing Trusts. If low performance is good then this would reflect being in the upper quartile (1st), among the best performing Trusts. The table to the right of the chart lists the quartile positions for each month based on the Trust Performance placement within the graph for guidance.

Purple lines reflect combined peer performance. Urgent Care metrics use Adult Major Trauma centres to compare against whilst planned care metrics use those identified by Model Hospital as similar to NBT.

Quartiles are calculated using main NHS Trusts only.