



North Bristol
NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



May 2023
(presenting April 2023 data)

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North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | |
|--------------------------------------|---|------------|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---|-------|
| | | | | | | | | | | | | | | | | | | | Peer Performance | Rank |
| Responsive | A&E 4 Hour - Type 1 Performance | R | 95.00% | 66.85% | 55.54% | 64.14% | 59.32% | 50.99% | 60.83% | 56.43% | 57.47% | 58.29% | 55.61% | 71.94% | 79.69% | 78.35% | 80.16% | | 58.62% | 1/10 |
| | A&E 12 Hour Trolley Breaches | R | 0 | - | 360 | 176 | 297 | 304 | 57 | 261 | 482 | 433 | 786 | 312 | 9 | 135 | 2 | | 2-1058 | 1/10 |
| | Ambulance Handover < 15 mins (%) | | 65.00% | - | 28.93% | 30.54% | 29.50% | 26.70% | 25.68% | 27.12% | 23.70% | 16.88% | 14.09% | 24.15% | 31.94% | 28.00% | 38.71% | | | |
| | Ambulance Handover < 30 mins (%) | R | 95.00% | - | 53.02% | 61.09% | 55.43% | 54.11% | 61.52% | 58.63% | 48.03% | 41.40% | 30.37% | 56.74% | 73.94% | 70.60% | 82.39% | | | |
| | Ambulance Handover > 60 mins | | 0 | - | 538 | 430 | 527 | 486 | 364 | 439 | 672 | 778 | 1041 | 457 | 105 | 267 | 87 | | | |
| | Average No. patients not meeting Criteria to Reside | | | - | 282 | 300 | 262 | 249 | 295 | 262 | 278 | 276 | 243 | 254 | 217 | 239 | 208 | | | |
| | Bed Occupancy Rate | | | 100.00% | 96.94% | 98.15% | 98.32% | 97.98% | 97.86% | 98.63% | 98.57% | 98.76% | 98.22% | 97.93% | 96.77% | 97.21% | 96.08% | | | |
| | Diagnostic 6 Week Wait Performance | | 1.00% | 15.00% | 43.61% | 40.13% | 41.00% | 42.75% | 48.09% | 48.27% | 39.36% | 38.62% | 38.56% | 32.21% | 22.45% | 16.03% | 17.44% | | 25.39% | 4/10 |
| | Diagnostic 13+ Week Breaches | | 0 | 1659 | 4664 | 4780 | 4897 | 4718 | 4844 | 4971 | 4627 | 4204 | 3663 | 2459 | 1497 | 939 | 740 | | 126-3664 | 5/10 |
| | RTT Incomplete 18 Week Performance | | 92.00% | - | 64.23% | 65.62% | 64.80% | 65.78% | 65.82% | 66.30% | 66.31% | 65.58% | 62.05% | 63.87% | 63.87% | 63.37% | 62.67% | | 53.64% | 2/10 |
| | RTT 52+ Week Breaches | R | 0 | 2796 | 2454 | 2424 | 2675 | 2914 | 3131 | 3087 | 3062 | 2980 | 2984 | 2742 | 2556 | 2576 | 2684 | | 39-10495 | 2/10 |
| | RTT 65+ Week Breaches | | | 574 | 1046 | 1011 | 1092 | 1159 | 1230 | 1180 | 1062 | 1021 | 1105 | 895 | 742 | 547 | 591 | | 0-2830 | 2/10 |
| | RTT 78+ Week Breaches | R | | - | 491 | 473 | 443 | 439 | 441 | 394 | 375 | 319 | 306 | 223 | 167 | 69 | 65 | | 0-695 | 2/10 |
| | Total Waiting List | R | | 45446 | 39819 | 40634 | 42326 | 46900 | 48766 | 49025 | 48871 | 47418 | 46523 | 46266 | 46327 | 47287 | 47888 | | | |
| | Cancer 2 Week Wait | R | 93.00% | 57.91% | 57.64% | 46.04% | 39.40% | 41.51% | 40.27% | 35.87% | 30.86% | 47.53% | 56.62% | 55.01% | 63.52% | 56.84% | - | | 78.25% | 10/10 |
| | Cancer 31 Day First Treatment | | 96.00% | 96.39% | 81.66% | 83.70% | 85.53% | 91.16% | 87.31% | 87.70% | 90.39% | 86.49% | 87.16% | 82.41% | 89.90% | 91.04% | - | | 92.64% | 8/10 |
| | Cancer 62 Day Standard | R | 85.00% | 77.59% | 56.33% | 50.15% | 48.40% | 44.91% | 55.75% | 59.08% | 52.45% | 48.86% | 49.00% | 41.54% | 57.82% | 61.62% | - | | 61.62% | 7/10 |
| | Cancer 28 Day Faster Diagnosis | R | 75.00% | 73.88% | 66.87% | 72.85% | 70.94% | 58.27% | 48.78% | 35.15% | 42.88% | 55.74% | 55.48% | 62.66% | 77.41% | 78.17% | - | | 72.71% | 3/10 |
| | Cancer PTL >62 Days | | 242 | 185 | 641 | 689 | 555 | 667 | 858 | 529 | 328 | 329 | 328 | 335 | 191 | 140 | 178 | | | |
| | Cancer PTL >104 Days | | 0 | 18 | 133 | 161 | 134 | 172 | 147 | 123 | 63 | 47 | 23 | 26 | 41 | 29 | 25 | | | |
| Urgent operations cancelled ≥2 times | | 0 | - | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | - | | | |

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

North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | Trend | |
|--|--|------------|-------------------|--------------------------------|---------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term | | | 0.90% | 1.08% | 0.26% | 1.25% | 0.49% | 0.44% | 0.93% | 1.26% | 0.49% | 0.49% | 0.48% | 0.58% | 0.45% | 0.79% | | |
| | Caesarean Section Rate | | | | 43.36% | 42.82% | 46.53% | 45.12% | 45.01% | 42.86% | 43.45% | 41.74% | 44.57% | 44.27% | 43.99% | 42.03% | 36.41% | | |
| | Still Birth rate | | | 0.40% | 0.24% | 0.24% | 0.00% | 0.22% | 0.00% | 0.42% | 0.19% | 0.22% | 0.22% | 0.00% | 0.00% | 0.21% | 0.24% | | |
| | Induction of Labour Rate | | | 32.10% | 34.09% | 35.41% | 39.35% | 35.15% | 31.57% | 33.33% | 28.97% | 31.25% | 34.62% | 35.73% | 38.52% | 34.91% | 36.89% | | |
| | PPH 1500 ml rate | | | 8.60% | 2.26% | 2.39% | 4.86% | 4.08% | 2.65% | 4.11% | 3.77% | 3.79% | 1.81% | 3.60% | 3.83% | 2.80% | 3.16% | | |
| | Summary Hospital-Level Mortality Indicator (SHMI) | | | | 97.6 | 97.5 | 95.72 | 95.65 | 96.22 | 95.97 | 97.2 | - | - | - | - | - | - | - | |
| | Never Event Occurrence by month | | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | | |
| | Commissioned Patient Safety Incident Investigations | | | | 4 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 7 | 1 | 3 | 3 | 3 | 2 | |
| | Healthcare Safety Investigation Branch Investigations | | | | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | |
| | Total Incidents | | | | 1211 | 1133 | 1191 | 1336 | 1281 | 1154 | 1259 | 1246 | 1317 | 117 | 967 | 1115 | 986 | | |
| | Total Incidents (Rate per 1000 Bed Days) | | | | 42 | 37 | 41 | 46 | 41 | 38 | 40 | 41 | 44 | 4 | 36 | 37 | 36 | | |
| | WHO checklist completion | | | | 95.00% | 99.31% | 98.85% | 98.19% | 98.39% | 98.08% | 97.58% | 97.53% | 97.95% | 97.91% | 97.43% | 97.30% | 97.76% | 98.19% | |
| | VTE Risk Assessment completion | R | | | 95.00% | 94.75% | 94.68% | 94.68% | 92.23% | 91.68% | 91.76% | 93.01% | 94.08% | 93.91% | 94.23% | 94.15% | 92.97% | - | |
| | Pressure Injuries Grade 2 | | | | 19 | 19 | 14 | 25 | 16 | 17 | 14 | 19 | 11 | 16 | 9 | 13 | 20 | | |
| | Pressure Injuries Grade 3 | | | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 1 | 0 | | |
| | Pressure Injuries Grade 4 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | | |
| | PI per 1,000 bed days | | | | 0.63 | 0.50 | 0.31 | 0.86 | 0.48 | 0.43 | 0.41 | 0.62 | 0.43 | 0.48 | 0.37 | 0.47 | 0.62 | | |
| | Falls per 1,000 bed days | | | | 7.05 | 5.75 | 5.93 | 6.90 | 7.20 | 7.25 | 6.35 | 6.52 | 7.31 | 6.09 | 6.02 | 5.79 | 6.24 | | |
| | #NoF - Fragile Hip Best Practice Pass Rate | | | | 40.00% | 42.25% | 46.30% | 24.24% | 42.55% | 18.64% | 14.89% | 0.00% | 21.88% | 47.06% | 57.14% | 60.34% | - | | |
| | Admitted to Orthopaedic Ward within 4 Hours | | | | 71.11% | 19.72% | 22.22% | 9.09% | 19.57% | 5.17% | 17.02% | 13.04% | 9.09% | 26.47% | 38.78% | 48.28% | - | | |
| | Medically Fit to Have Surgery within 36 Hours | | | | 48.89% | 45.07% | 48.15% | 27.27% | 52.17% | 22.41% | 21.28% | 0.00% | 3.64% | 44.12% | 59.18% | 65.52% | - | | |
| | Assessed by Orthogeriatrician within 72 Hours | | | | 91.11% | 74.65% | 87.04% | 75.76% | 89.13% | 54.24% | 27.66% | 2.17% | 7.27% | 67.65% | 95.92% | 94.83% | - | | |
| | Stroke - Patients Admitted | | | | 92 | 105 | 40 | 85 | 68 | 72 | 65 | 102 | 89 | 111 | 64 | 115 | 103 | | |
| | Stroke - 90% Stay on Stroke Ward | | | 90.00% | 77.14% | 48.72% | 59.26% | 65.45% | 84.62% | 68.75% | 55.88% | 54.29% | 71.88% | 68.12% | 82.00% | 80.95% | - | | |
| | Stroke - Thrombolysed <1 Hour | | | 60.00% | 100.00% | 60.00% | 100.00% | 55.56% | 70.00% | 64.29% | 83.33% | 66.67% | 35.29% | 57.14% | 62.50% | 80.00% | - | | |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 60.00% | 23.08% | 35.71% | 50.00% | 39.29% | 70.00% | 46.88% | 41.67% | 36.99% | 36.92% | 43.84% | 48.08% | 55.68% | - | | |
| Stroke - Seen by Stroke Consultant within 14 Hours | | | 90.00% | 84.21% | 90.91% | 96.43% | 96.55% | 93.18% | 91.67% | 92.31% | 83.13% | 89.04% | 85.06% | 94.23% | 92.39% | - | | | |
| MRSA | R | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | | | |
| E. Coli | R | | 4 | 5 | 1 | 4 | 3 | 3 | 2 | 2 | 5 | 4 | 9 | 4 | 2 | 8 | | | |
| C. Difficile | R | | 5 | 7 | 4 | 4 | 3 | 3 | 4 | 1 | 4 | 2 | 1 | 2 | 6 | 1 | | | |
| MSSA | | | 2 | 1 | 2 | 2 | 0 | 1 | 8 | 3 | 8 | 2 | 4 | 2 | 0 | 1 | | | |
| Quality Caring & Experience | Friends & Family Positive Responses - Maternity | | | 94.25% | 89.91% | 89.00% | 88.13% | 89.79% | 84.36% | 91.79% | 92.94% | 95.48% | 88.29% | 90.06% | 91.98% | 94.44% | | | |
| | Friends & Family Positive Responses - Emergency Department | | | 68.93% | 77.44% | 70.80% | - | 75.12% | 72.19% | 70.56% | 74.42% | 76.52% | 87.92% | 87.59% | 87.57% | 86.07% | | | |
| | Friends & Family Positive Responses - Inpatients | | | 91.04% | 93.36% | 91.62% | 91.50% | 91.30% | 92.14% | 92.21% | 92.21% | 92.67% | 93.51% | 94.56% | 93.58% | 92.85% | | | |
| | Friends & Family Positive Responses - Outpatients | | | 94.32% | 93.83% | 93.90% | 87.30% | 90.00% | 92.76% | 94.07% | 94.83% | 95.64% | 95.10% | 94.57% | 95.24% | 95.53% | | | |
| | PALS - Count of concerns | | | 150 | 129 | 116 | 168 | 154 | 151 | 142 | 143 | 127 | 106 | 139 | 156 | 120 | | | |
| | Complaints - % Overall Response Compliance | | | 90.00% | 78.57% | 78.69% | 73.47% | 78.18% | 76.27% | 76.92% | 75.76% | 72.31% | 71.76% | 80.82% | 82.14% | 79.63% | 73.17% | | |
| Well Led | Complaints - Overdue | | | 10 | 4 | 5 | 6 | 1 | 3 | 7 | 6 | 12 | 5 | 3 | 4 | 3 | | | |
| | Complaints - Written complaints | | | 43 | 48 | 53 | 46 | 62 | 64 | 77 | 69 | 51 | 62 | 41 | 41 | 38 | | | |
| | Agency Expenditure ('000s) | | | 1838 | 1846 | 1205 | 2111 | 1726 | 1292 | 2616 | 1992 | 1675 | 2030 | 1809 | 2485 | 1533 | | | |
| | Month End Vacancy Factor | | | 6.64% | 7.51% | 8.07% | 8.66% | 8.57% | 8.65% | 8.69% | 8.61% | 8.93% | 8.64% | 8.44% | 7.88% | 6.21% | | | |
| Well Led | Turnover (Rolling 12 Months) | R | - | 16.71% | 17.28% | 17.41% | 17.57% | 17.04% | 17.22% | 17.17% | 17.32% | 17.10% | 16.99% | 16.77% | 16.76% | 16.56% | | | |
| | Sickness Absence (Rolling 12 month) | R | - | 5.17% | 5.13% | 5.22% | 5.44% | 5.48% | 5.42% | 5.49% | 5.49% | 5.56% | 5.49% | 5.43% | 5.30% | 5.19% | | | |
| | Trust Mandatory Training Compliance | | | 82.38% | 83.89% | 84.98% | 82.80% | 83.56% | 84.40% | 83.49% | 83.56% | 83.65% | 86.34% | 87.23% | 88.71% | 80.99% | | | |

Urgent Care

Four-hour performance reported an improved position in April at 80.16%; NBT ranked first out of ten reporting AMTC peer providers for the fourth consecutive month. 12-hour trolley breaches and ambulance handovers delays reported at 2 and 87 respectively in April, a marked improvement on the previous month. Ongoing improvement seen in the residual acute NC2R volumes has resulted in improved hospital flow. In addition, tactical deployment of the sixth floor winter bed capacity secured a recurrent benefit to hospital flow. Whilst the recent improvement in the overall position is welcome, there remains variability in overall performance. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. In addition, the CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

The Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostics performance in April was 17.44%, well below the 25% 2022/23 year-end target and relatively close to the current year target of 15.00%. Reporting is still outstanding for one modality as EPR system-embedding issues are resolved. Challenges remain in diagnostics; the >26-week waits for Endoscopy which had been impacted by industrial action are expected to be cleared within Q1 of 2023/24. In addition, workforce gaps within the Sonography service mean that non-obstetric ultrasound scanning is an area of challenge. It's high volume nature may mean that there is variability in the overall diagnostic >6-week breach performance whilst sustainable plans are being developed.

Cancer Wait Time Standards

The Trust has delivered against national year-end 62-Day PTL requirements – to the extent that it has exceeded the reduction required for the year 2023/24. The Trust has made substantial and sustained improvement in the total cancer waiting list, and continues to reduce the number of patients who have waited over a 104-Day and 62-Day for a diagnosis or treatment. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (this is 2WW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved. In the plan, the next key measure of focus is the FDS 28-Day standard. We are starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, now achieving the 75% national standard in line with our commitments within the 2023/24 operational plan.

Quality

Within the Maternity service there was a high level of acuity across incidents within the month of March. Following group and individual training, the Women's & Children's Division made significant progress with reviewing and closing incident reports during the month despite the ongoing workforce pressures that remain prevalent. Infection control trajectories have not yet been set for 2023-24 with NHS England but April does not cause any concerns in comparison to our 2022-23 trends. There were no ward closures in April due to COVID-19 and an overall improving picture with only one restricted access bay. The rates for falls, pressure injuries and medication errors remain within the existing 'normal range' within NBT's recent experience but these have seen a slightly upward trend, which we will continue to monitor closely. A range of ongoing improvement actions are in place as set out in the detailed slide for each area. The rate of VTE Risk Assessments remains below the national target of 95% compliance; with a range of short and medium term improvement actions in progress. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

Workforce

The Trust vacancy factor was 6.21% in April, with current vacancies at 554.35wte as recurrent establishment has not been updated in the financial ledger for month one a comparison with movement from March 23 cannot be made, however a deeper dive into our vacancy position by staff group has been initiated and will continue in 23/24. The Trust rolling 12-month staff turnover rate decreased from 16.76% in March to 16.56% in April, the Patient First one year retention project has been established to support the Trust in delivering improved retention in 23/24. The Rolling 12 month sickness absence position decreased from 5.30% in March to 5.19% in April. Temporary staffing demand decreased from March to April by 296.63wte (-28.10%); as bank use decreased at a lesser rate, 119.65wte (19.94%), unfilled shifts decreased at a larger rate 37.28% (105.79wte) than the fall in demand. A weekly bank optimisation group has been initiative with a focus on both agency reduction but also targeted support for areas where increased bank fill would add most value.

Finance

The financial plan for 2023/24 in Month 1 (April) was a deficit of £2.3m. The Trust has delivered a £3.3m deficit, which is £1.0m worse than plan. This is predominately driven by the impact of industrial action in month both on additional pay costs and on slippage in elective recovery funding (ERF) income. There is no national reporting of ERF activity until Month 3, however the Trust has made an assumption based on activity information that it has underperformed in Month 1. Once further information is available nationally on the delivery against targets this will be included in the position. The Month 1 CIP position shows £0.3m schemes fully completed. The Trust has a further £7.3m in implementation and planning creating a £16.6m shortfall against the Trust wide £24.2m target. There are a further £7.4m in pipeline. Cash at 30 April amounts to £88.1m, an in-month decrease of £15.8m. Total capital spend year to date, excluding leases, was £5m compared to an original phased plan of £2.6m.

Responsiveness

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

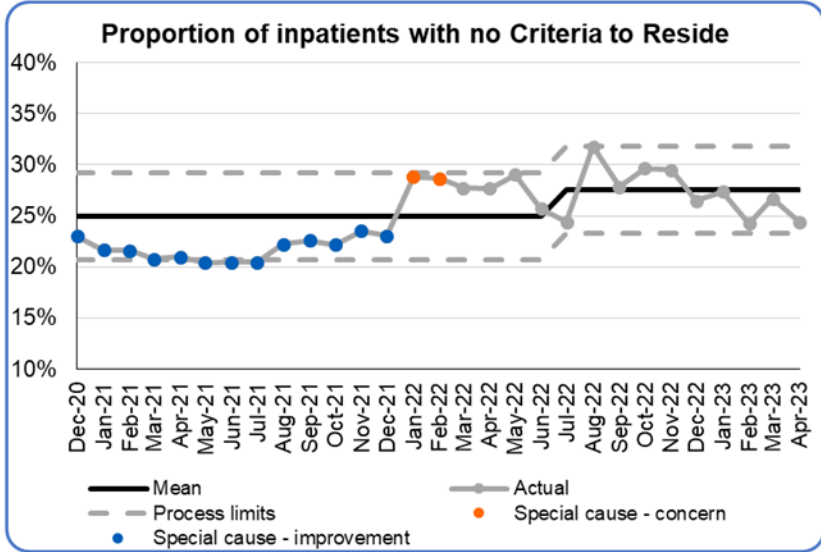
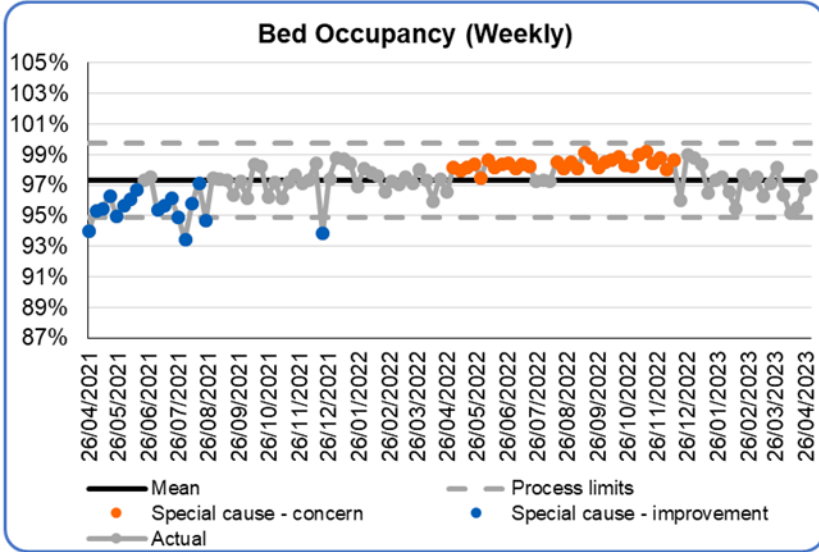
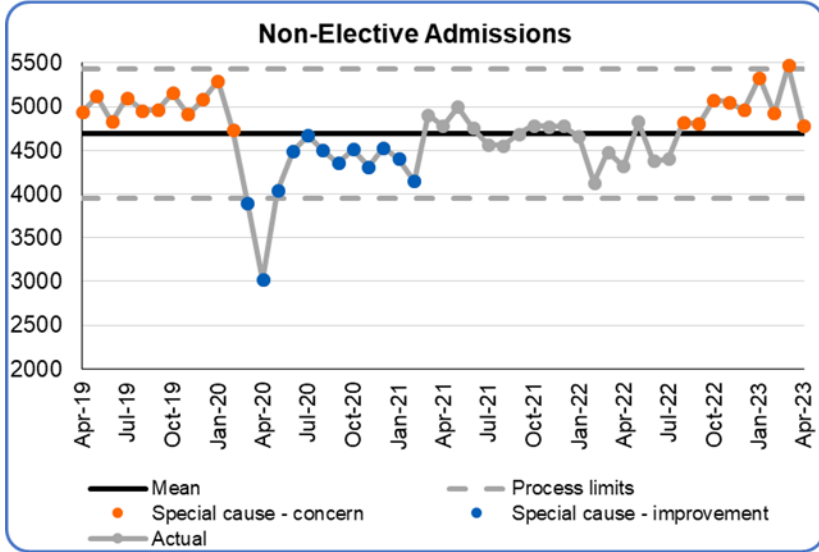
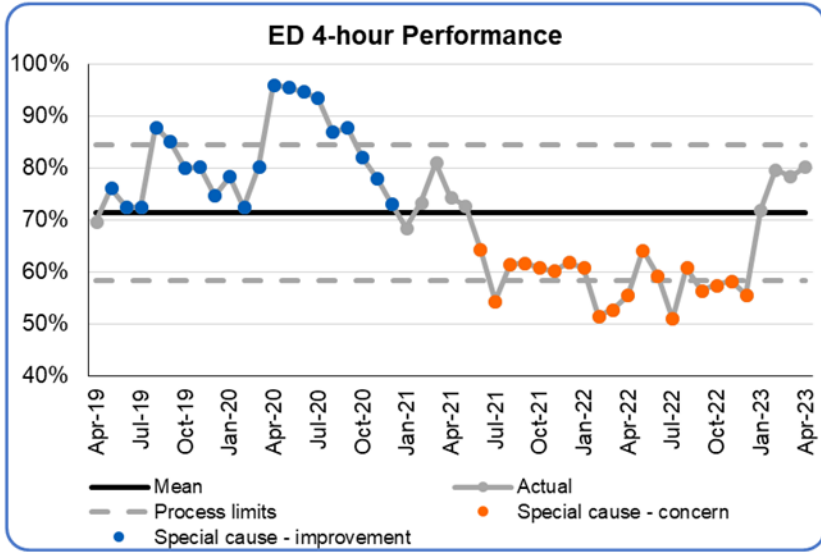
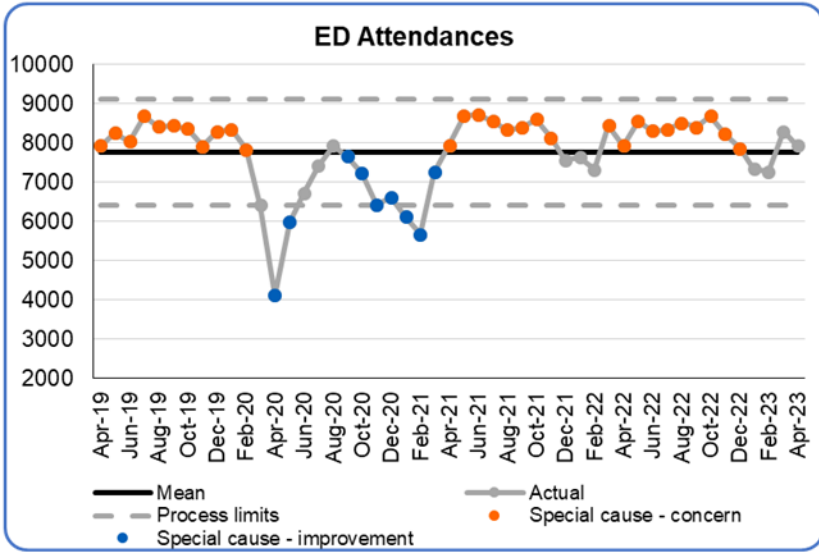
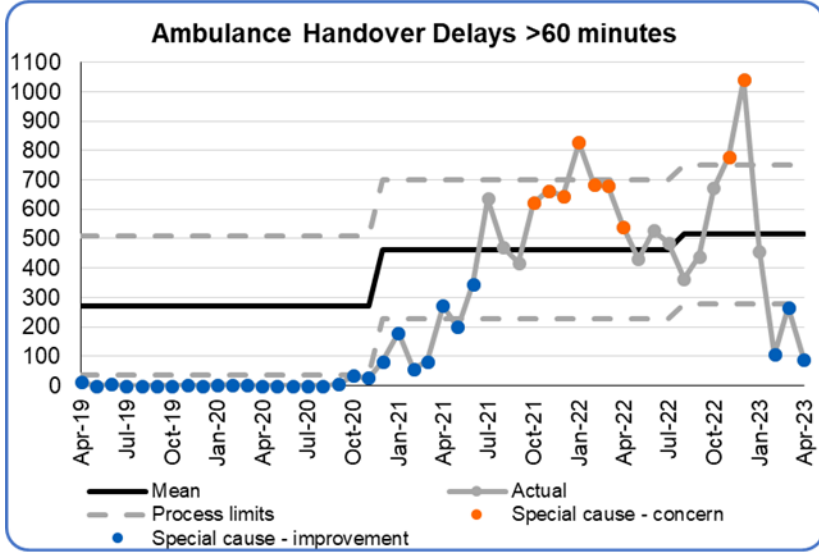
Responsiveness – Indicative Overview (transition from 2022/23 to 2023/24)

| Delivery Theme | Delivery Indicator | Key Improvement /Delivery Action (2022/23 closing position) |
|-------------------------|-----------------------|--|
| Urgent & Emergency Care | Pre-Emptive Transfers | Improved NC2R, providing opportunity to deploy consistently |
| | Level 6 Brunel Plan | Delivered - open and deployed tactically to “recycle” ongoing benefit to flow |
| | NC2R/D2A | Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term |
| RTT | 104 week wait | Delivered for year-end capacity trajectory to zero |
| | 78 week wait | Delivered for year-end capacity trajectory to zero |
| Diagnostics | 25% 6-week target | Delivered and exceeded for year-end trajectory to zero |
| | Zero 26-week waits | Delivered against profile (note Endoscopy trajectory to Q1 2023/24 due to industrial action) |
| Cancer PTL | >62-Day PTL volume | Delivered - exceeded requirement |
| | >62-Day PTL % | Delivered - exceeded requirement |

| Delivery Theme | Delivery Indicator | Key Improvement /Delivery Action (2023/24 opening position) |
|-------------------------|----------------------|--|
| Urgent & Emergency Care | UEC plan | Revised plan underway – briefing to Board on 25/05/2023 |
| | Transfer of Care Hub | Three phases, May-Dec. Phase 1 on track (System capital funding outstanding) |
| | NC2R/D2A | Reduction in NC2R - limited assurance on ability to sustain |
| RTT | 65-week wait | Remains challenging. Industrial action losses and outpatient demand and capacity gap |
| Diagnostics | 15% 6-week target | Plans broadly on track. NOUS and Endoscopy areas for monitoring |
| | 13-week waits | Remains challenging but plans in place |
| | CDC | First phase (mobiles) - CDC by April 2024 |
| Cancer PTL | 28-day FDS standard | Currently compliant with six months of improvement but more work to sustain |

N.B. rating reflects the reported period against in-year plan – going forward only the 2023/24 overview will be shown

Urgent and Emergency Care



N.B there has been a change in definition for inpatients with no Criteria to Reside – please see slide in appendix.

Urgent and Emergency Care

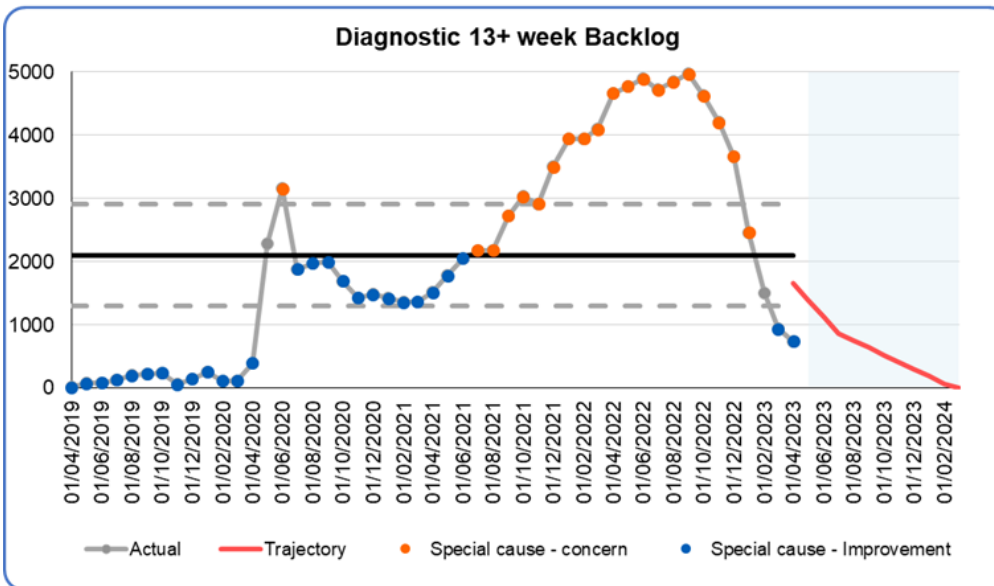
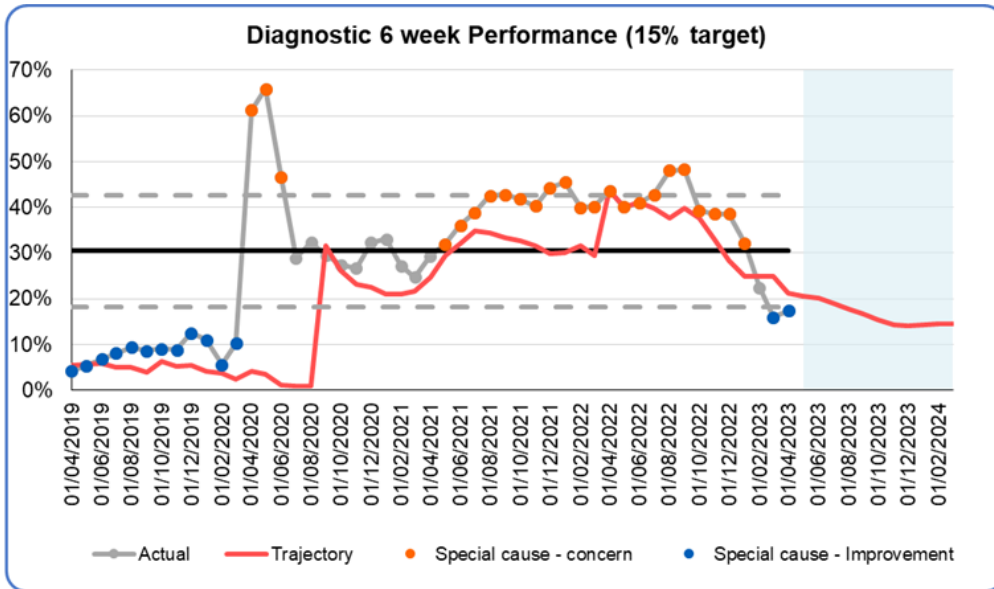
What are the main risks impacting performance?

- Four-hour performance improved to reported at 80.16%, ranking first out of AMTC providers for the fourth consecutive month.
- ED attendances were similar to the same period last year.
- There was a significant decrease in 12-hour trolley breaches, reporting at 2 in April compared to 135 in March.
- Ambulance handover delays over 60 minutes decreased to 87 in April from 267 in March.
- Bed Occupancy varied between 93.40% - 99.00% in April, averaging at 96.08%.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- The CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times



What are the main risks impacting performance?

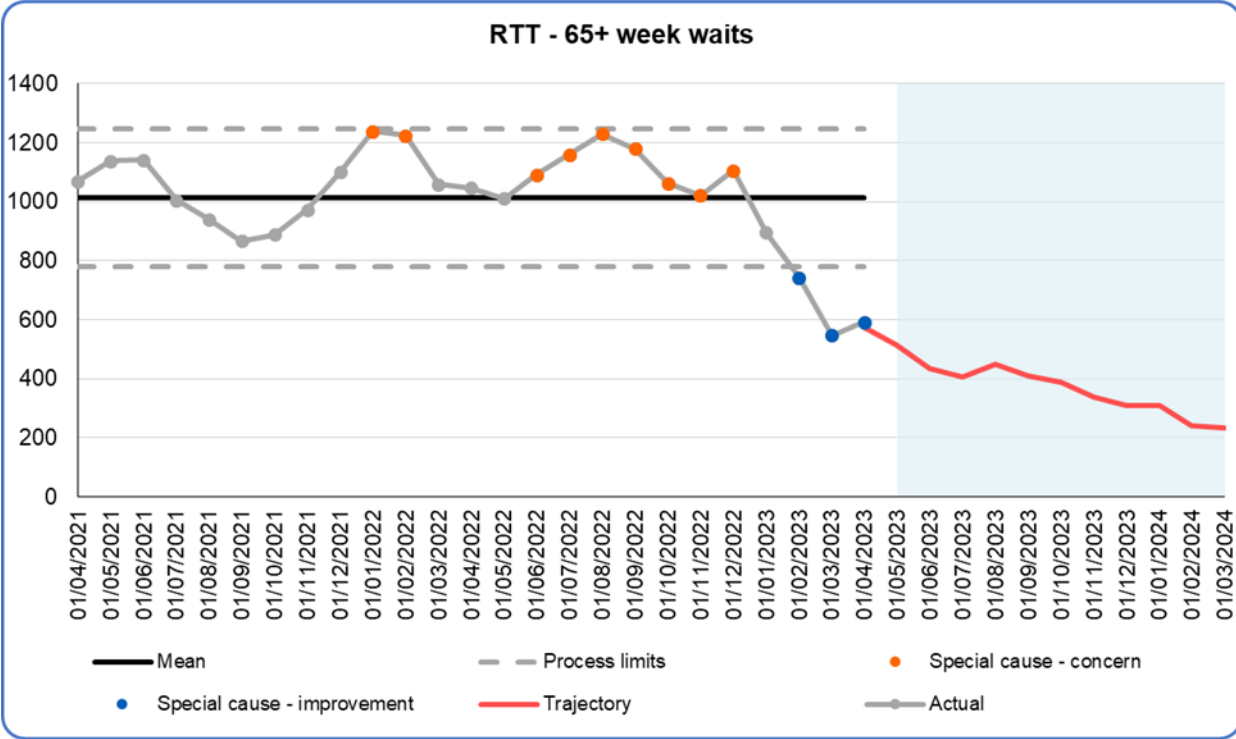
- A number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.
- The Trust is now working towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches.
- New staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action and staff sickness remains the biggest risk to compliance. .

What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

Please note due to configuration issues following implementation of the Trust's new EPR, one test type has been omitted for April-23 reporting.

Referral To Treatment (RTT)



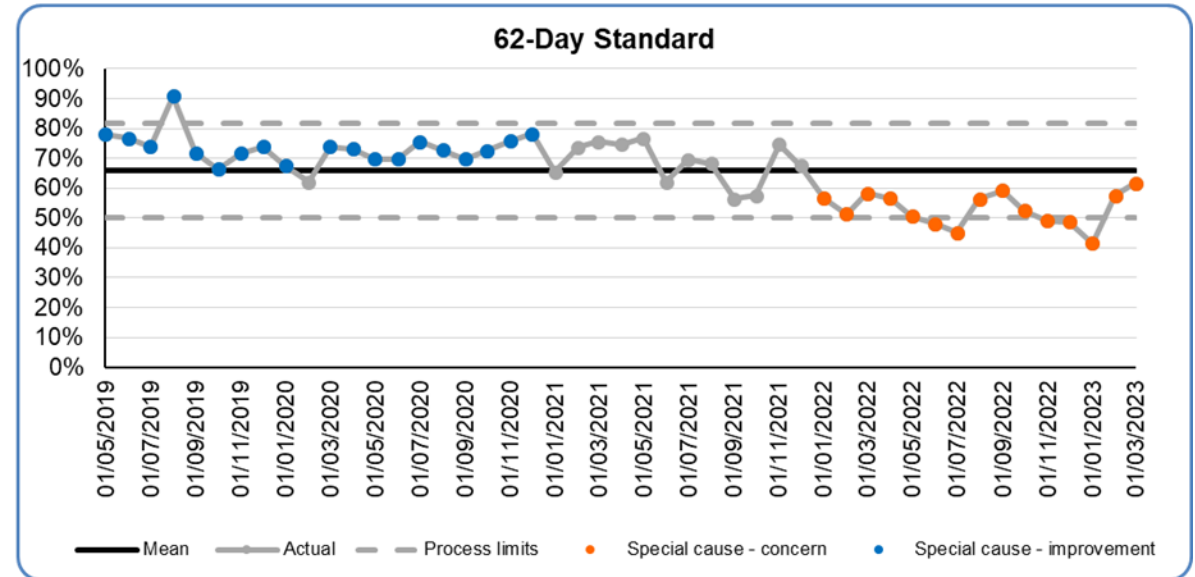
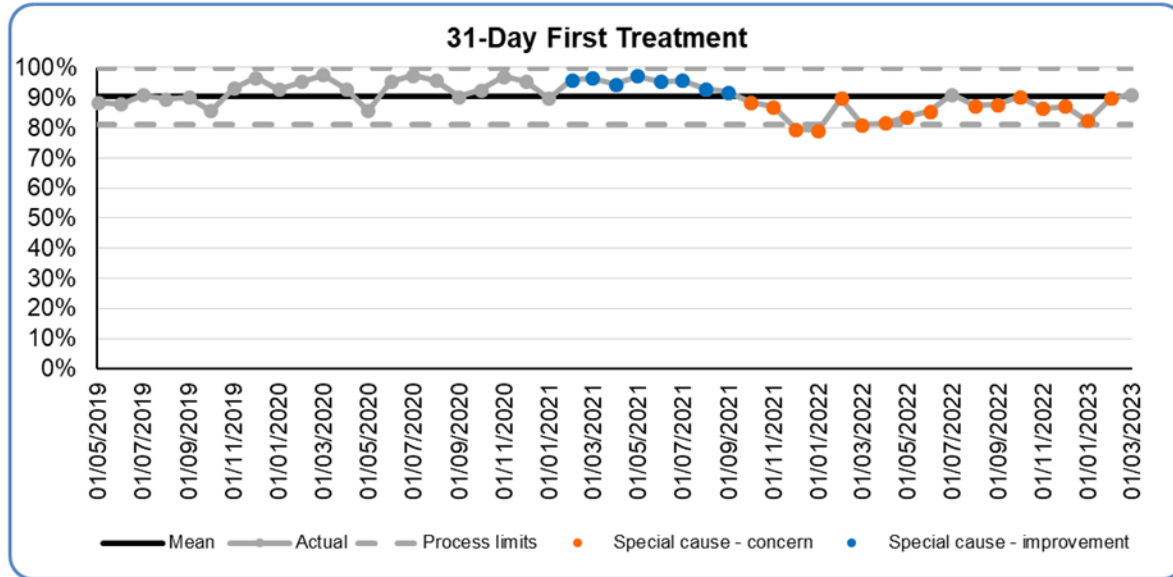
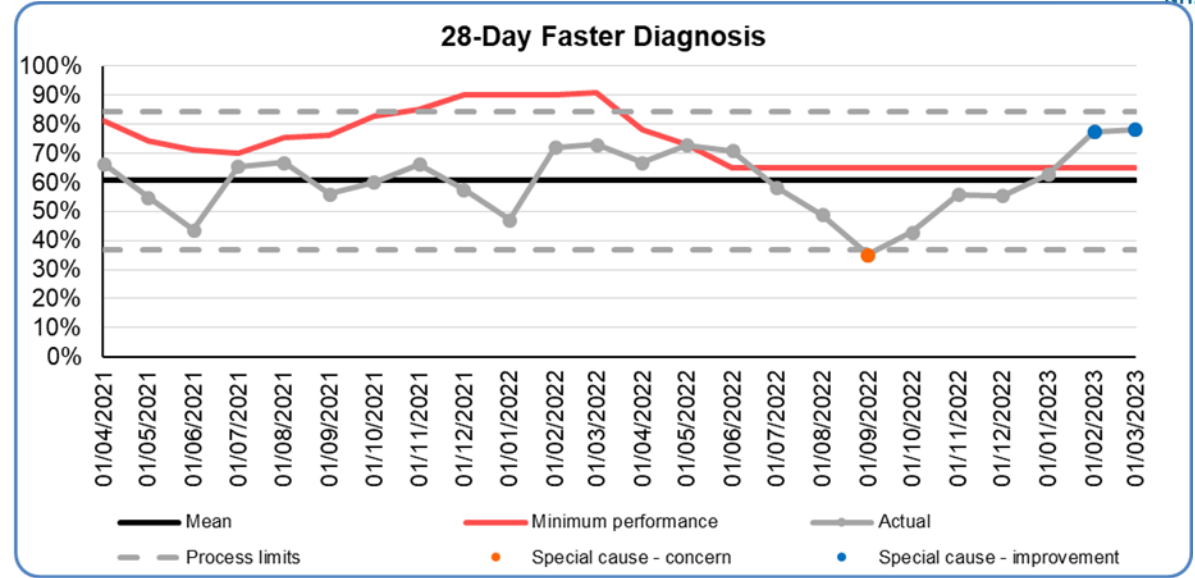
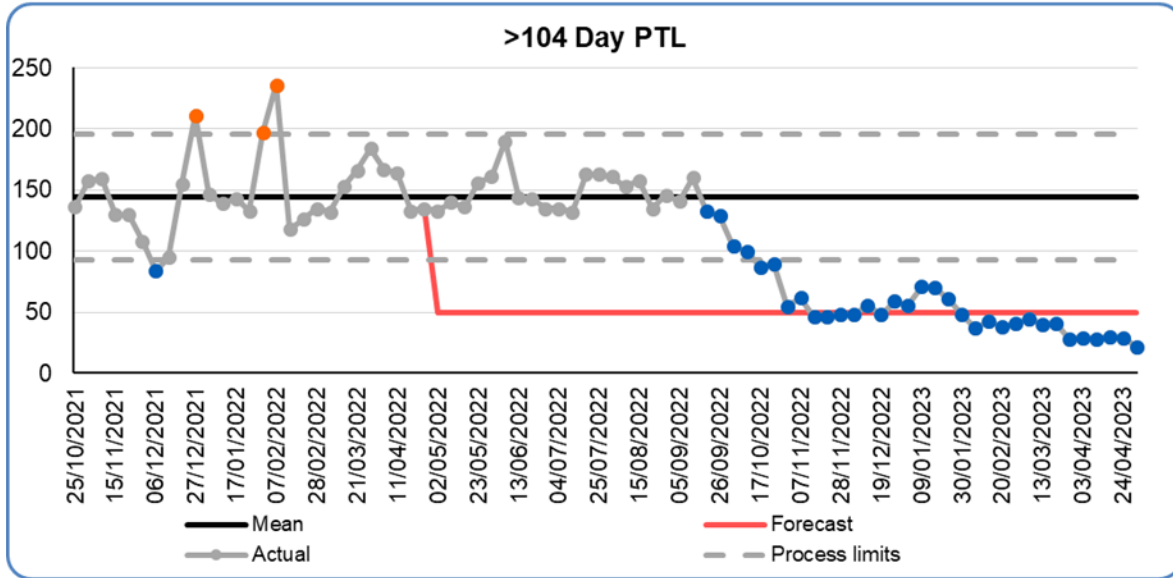
What are the main risks impacting performance?

- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- There has been a material impact of Nurse, Junior Doctor and Rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity.
- Ongoing industrial action presents a risk to achievement of compliance. Operational and clinical teams are deploying extensive remedial actions to compensate for strike related activity losses.
- Challenge in eliminating waits of over 65 weeks for elective care by March 2024 – see slide in appendix for further detail.

What actions are being taken to improve?

- Achievement of zero capacity related 104ww and 78ww positions.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance



What are the main risks impacting performance?

- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Industrial action and bank holidays have had an impact on the position resulting in escalation actions throughout April/ May.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list.
- Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 75%% between August 2022 and March 2023, with February and March reporting >75%.
- The 90-Day follow up visit is scheduled for 23 May 2023 with a focused session on Urology and Skin.

Quality, Safety and Effectiveness

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

| NBT - PQSM | | Target | Jan-23 | Feb-23 | Mar-23 | TREND |
|---|--|-------------|-------------|--------|-------------|-------|
| Activity | | | | | | |
| Number of women who gave birth, all gestations from 22+0 gestation | | N/A | N/A | | 465 | |
| Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement) | | N/A | N/A | | 2 | |
| Number of women who gave birth (>=24 weeks or <24 weeks live) | | 444 | 366 | | 463 | |
| Number of babies born (>=24 weeks or <24 weeks live) | | 451 | 375 | | 466 | |
| Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE) | | 34 | 27 | | 25 | |
| No of livebirths <24 weeks gestation | | 1 | 1 | | 2 | |
| Induction of Labour rate % | | 36% | 39% | | 35% | |
| Spontaneous vaginal birth rate % | | 46% | 45% | | 47% | |
| Assisted vaginal birth rate % | | 10% | 11% | | 11% | |
| Caesarean Birth rate (overall) % | | 44% | 44% | | 42% | |
| Planned Caesarean birth rate % | | 19% | 21% | | 21% | |
| Emergency Caesarean Birth rate % | | 25% | 23% | | 21% | |
| NICU admission rate at term (excluding surgery and cardiac - target rate 5%) | | 7% | 6% | | 6% | |
| Perinatal Morbidity and Mortality inborn | | | | | | |
| Total number of perinatal deaths (excluding late fetal losses) | | 0 | 0 | | 2 | |
| Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2) | | 3 | 1 | | 2 | |
| Number of stillbirths (>=24 weeks excl. TOP) | | 0 | 0 | | 1 | |
| Number of neonatal deaths : 0-6 Days | | 0 | 0 | | 1 | |
| Number of neonatal deaths : 7-28 Days | | 0 | 0 | | 0 | |
| PMRT grading C or D cases (themes in report) | | | 2 | | 0 | |
| Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB) | | 0 | 0 | | 0 | |
| Maternal Morbidity and Mortality | | | | | | |
| Number of maternal deaths (MBRRACE) | | 0 | 0 | | 0 | |
| Direct | | 0 | 0 | | 0 | |
| Indirect | | 0 | 0 | | 0 | |
| Number of women receiving enhanced care on CDS | | 17 | 12 | | 14 | |
| Number of women who received level 3 care (ITU) | | 0 | 0 | | 1 | |
| Insight | | | | | | |
| Number of datix incidents graded as moderate or above (total) | | 1 | 0 | | 5 | |
| Datix incident moderate harm (not SI, excludes HSIB) | | 1 | 0 | | 4 | |
| Datix incident PSII (excludes HSIB) | | 0 | 0 | | 1 | |
| New HSIB referrals accepted | | 0 | 0 | | 1 | |
| Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust) | | 1 | 0 | | 0 | |
| Coroner Reg 28 made directly to Trust | | 0 | 0 | | 0 | |
| Involvement | | | | | | |
| Service User feedback: Number of Compliments (formal) | | 84 | 101 | | 128 | |
| Service User feedback: Number of Complaints (formal) | | 12 | 4 | | 4 | |
| Friends and Family Test Score % (good/very good) NICU | | Coming Soon | Coming Soon | | Coming Soon | |
| Friends and Family Test Score % (good/very good) Maternity | | 96 | 94 | | 97 | |
| Staff feedback from frontline champions and walk-about (number of themes) | | 4 | 2 | | 2 | |

| | Target | Jan-23 | Feb-23 | Mar-23 | TREND |
|---|--------|--------|--------|--------|-------|
| Workforce | | | | | |
| Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite | | 83 | 83 | | 83 |
| Minimum safe staffing in maternity services: Obstetric middle grade rota gaps | | 1 | 1 | | 1 |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | | 2.5 | 2.5 | | 2 |
| Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps) | | 0 | 0 | | 0 |
| Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps) | | 1 | 1 | | 1 |
| Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps) | | 0 | 0 | | 0 |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts). | | 13% | 24% | | 33% |
| Vacancy rate for midwives | | 12.6% | 18.2% | | 18.1% |
| Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) | | 41% | 41% | | 40% |
| Vacancy rate for NICU nurses | | 25 | 25 | | 27 |
| Datix related to workforce (service provision/staffing) | | 5 | 3 | | 10 |
| Consultant led MDT ward rounds on CDS (Day to Night) | | 80% | | | 70% |
| Consultant led MDT ward rounds on CDS (Day) | | 55% | 78% | | 83% |
| One to one care in labour (as a percentage) | | 99% | 99% | | 99% |
| Compliance with supernumerary status for the labour ward coordinator | 100% | 98% | 99% | | 97% |
| Number of consultant non-attendance to 'must attend' clinical situations | | 0 | 0 | | 0 |
| Improvement | | | | | |
| Progress in achievement of CNST /10 | | 7 | 7 | | 7 |
| Training compliance in annual local BNLS (NICU) | | 100% | 100% | | 100% |
| Overall | 90% | 77% | 70% | | 72% |
| Obstetric Consultants | | 65% | 65% | | 75% |
| Other | | 66% | 54% | | 61% |
| Obstetric Doctors | | 82% | 86% | | 82% |
| Anaesthetic Consultants | | 80% | 68% | | 76% |
| Other | | 80% | 78% | | 76% |
| Midwives | | 80% | 78% | | 76% |
| Maternity Support Workers | | 91% | 66% | | 64% |
| Overall | 90% | 60% | 76% | | 64% |
| Obstetric Consultants | | 65% | 75% | | 69% |
| Other | | 38% | 64% | | 46% |
| Obstetric Doctors | | 77% | 89% | | 78% |
| Midwives | | 77% | 89% | | 78% |
| Fetal Wellbeing and Surveillance | | 7 | 7 | | 9 |
| Trust Level Risks | | | | | |
| | | 7 | 7 | | 9 |

Executive Summary

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- There were two cases eligible for full PMRT review. The monthly report is available in Appendix 3. It must be noted that March's PMRT meeting was cancelled due to strike action.
- The ATAIN (Avoidable Term Admission in NICU) percentage in January was 7%, 6% in February, and 6% in March. These figures are above the Nationally recognised percentage of 5% - the report explored this increase to determine any thematic causal effects. 2 safety recommendations were made for the Division.
- There was a high level of acuity across incidents within the month of March. There was 1 x new HSIB referral, 1 x new patient safety incident investigations (PSII), and 4 moderate harms across all three specialties within the Division.
- Workforce pressures across all staff groups remain.
- Following group and individual training, the Division made significant progress with reviewing and closing incident reports during March.
- There are 6 approved Trust Level Risks and 3 awaiting approval.

Pressure Injuries

What does the data tell us?

In March there were 13 x grade 2 pressure ulcers with 1 attributable to medical devices. There was 1 x Grade 4 and 1 x Grade 3 pressure ulcers reported to Elgar 1, but there were no lapses in care. There were 2 reported unstageable pressure ulcers.

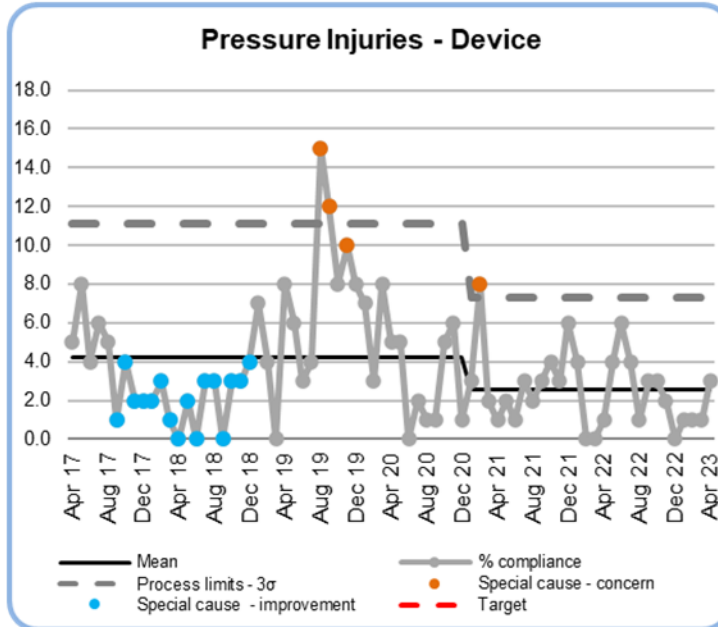
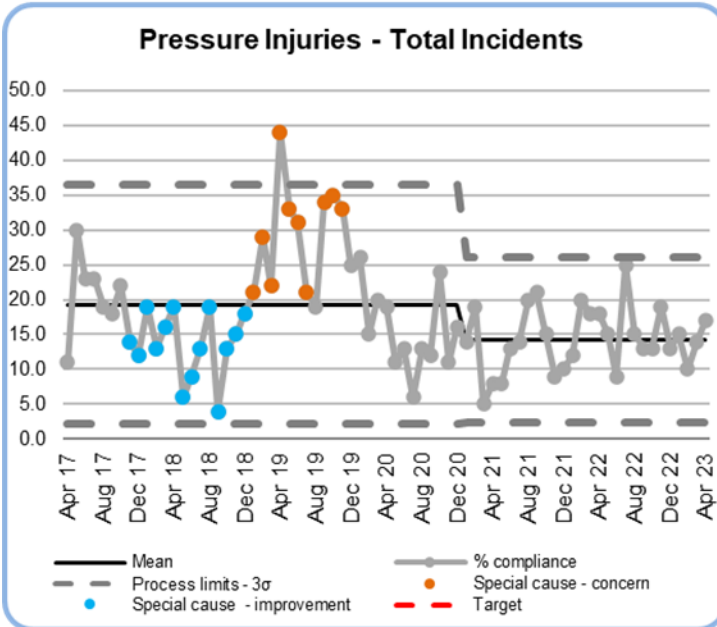
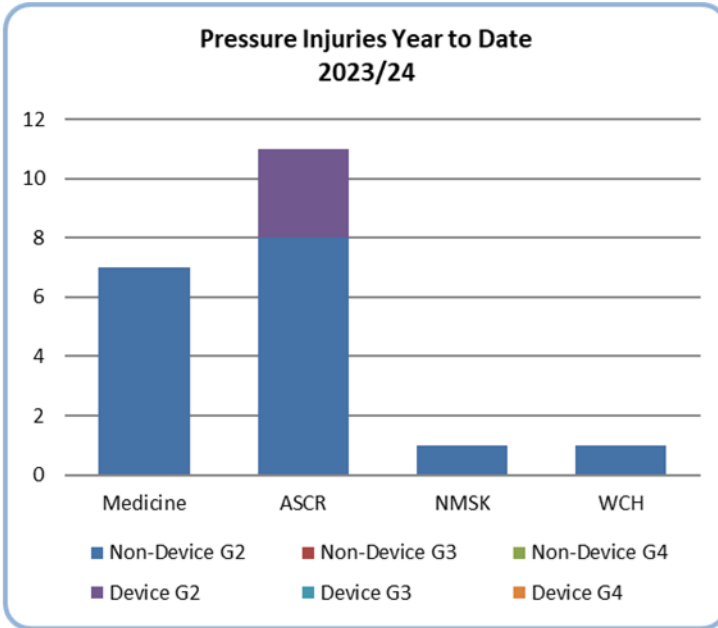
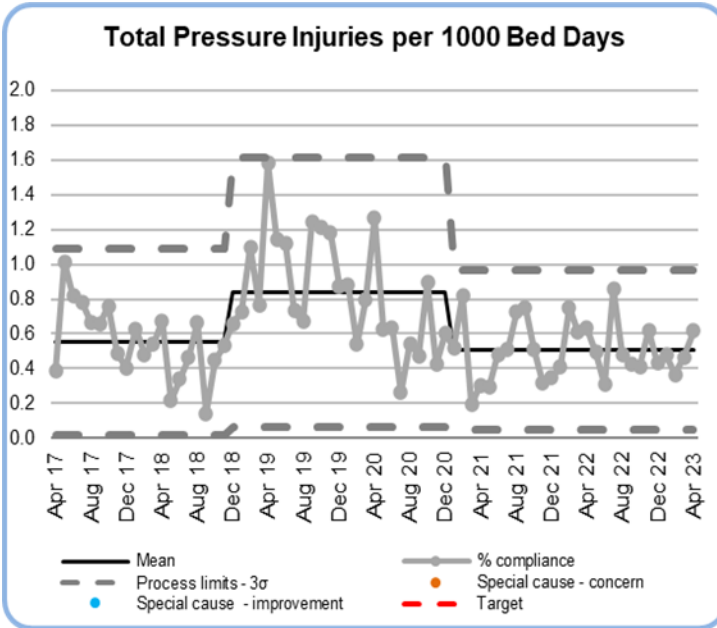
There was an increase to 26 DTI's from the previous month, with 4 attributable to medical devices.

The total for 2022/2023 there were:

- 171 grade 2 pressure ulcers: 3% increase
- 26 grade 2 pressure ulcers by medical devices: 13% decrease Overall, a 0.5% increase from 2021/2022
- 8 grade 3 pressure injuries (an increase of 8 from 2021/22)
- 4 grade 4 pressure injuries 100% increase

What actions are being taken to improve?

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically in the region to reduce harm and improve patient outcomes.
- Launched the Pressure Ulcer Steering Group (PUSG) to work at a strategic level as a collaborative to drive performance and ensure accountability for the delivery of the objectives relating to the strategy to reduce PU incidents at NBT.
- NBT have purchased hybrid dynamic mattresses for the Trust following a presentation at the Quality Committee. This will mean all patients are nursed on a hybrid dynamic unless they are screened for a foam mattress or require a full dynamic mattress. The TVs are working collaboratively on a roll out of the mattresses following delivery in May.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

An improving picture during April, numbers declining and one restricted access bay.

Influenza

Declining numbers in April with only two cases. We await confirmation around end of season Influenza reporting.

2023 – 24 – No trajectories confirmed.

MRSA – No new cases.

C. Difficile – April = 4 cases. NBT aim to sustain a new below trajectory position and continue to embed practice and learning.

MSSA – April = 1 new case. Our focus continues on Proactive trust and divisional measures to maintain a below year trajectory and reduction on 2022/23 figures.

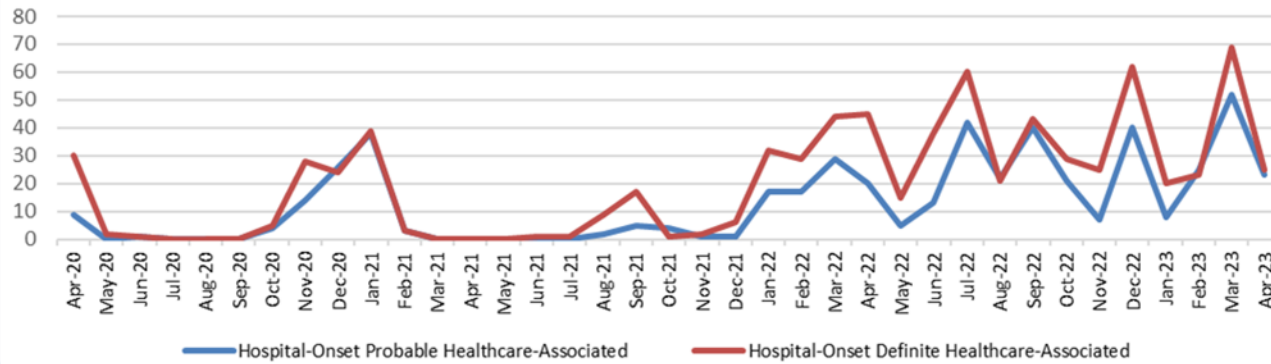
Gram -ve – To maintain a NBT year end position below trajectory in all categories.

Norovirus – One community case for April.

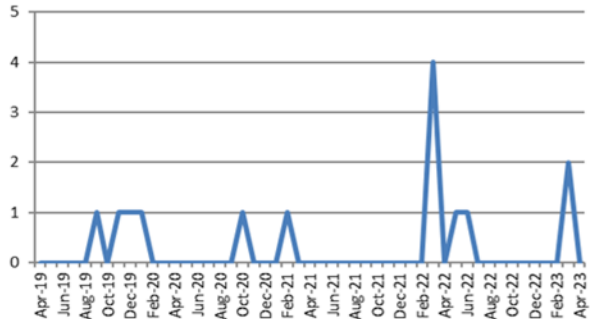
What actions are being taken to improve?

- Supporting IPC Admission risk assessment and associated actions for new digital platforms.
- IPC education and divisional support continues for Mandatory organisms and Back to Basics.
- Divisional support and Targeted learning / teaching continues with IPC resources. Learning from Mandatory organisms above is embedded.
- Focused Link Ambassador training in different forums.

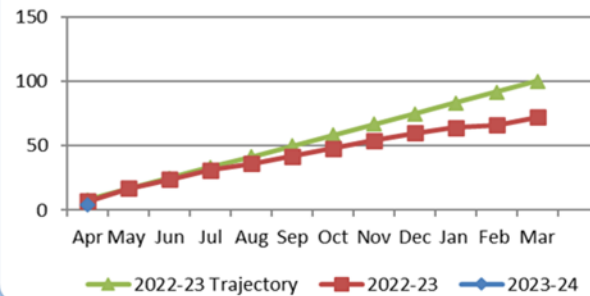
COVID-19 Onset Category by Positive Test Date



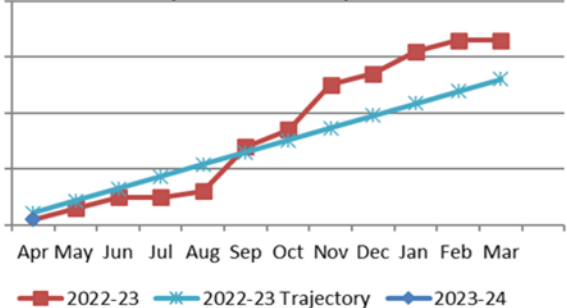
MRSA Cases - Trust Attributable



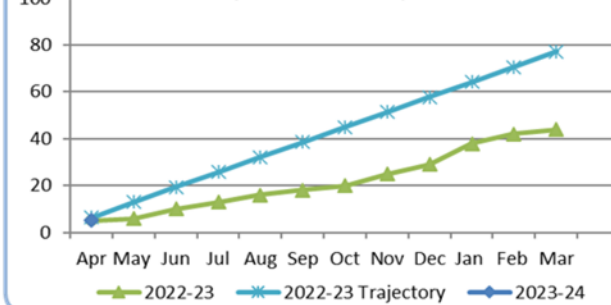
C. Difficile Cases - Trust Attributable (Cumulative Cases)



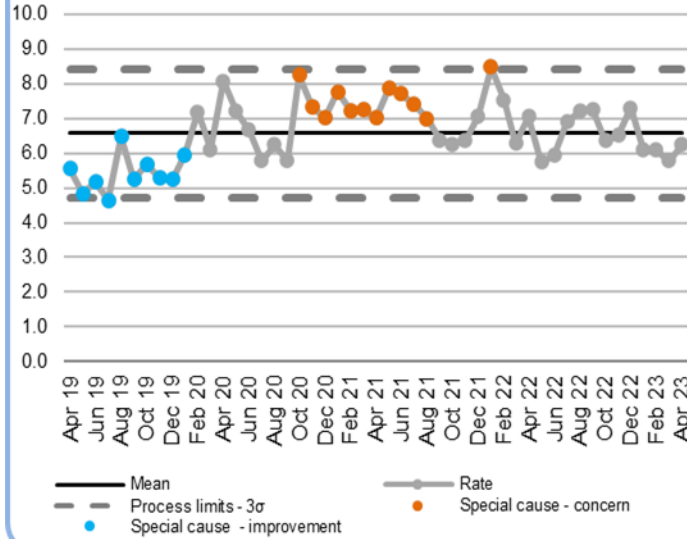
MSSA Cases - Trust Attributable (Cumulative Cases)



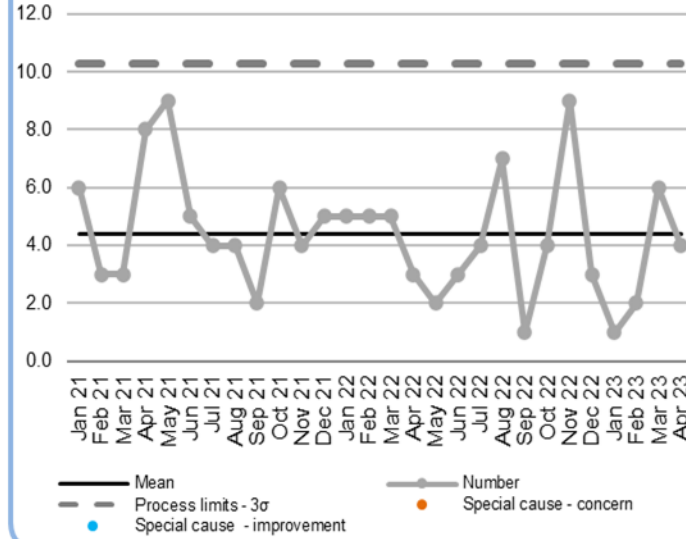
E. Coli Cases - Trust Attributable (Cumulative Cases)



Falls per 1000 Bed Days



Falls resulting in Moderate Harm, Severe Harm or Death



Falls

What does the data tell us?

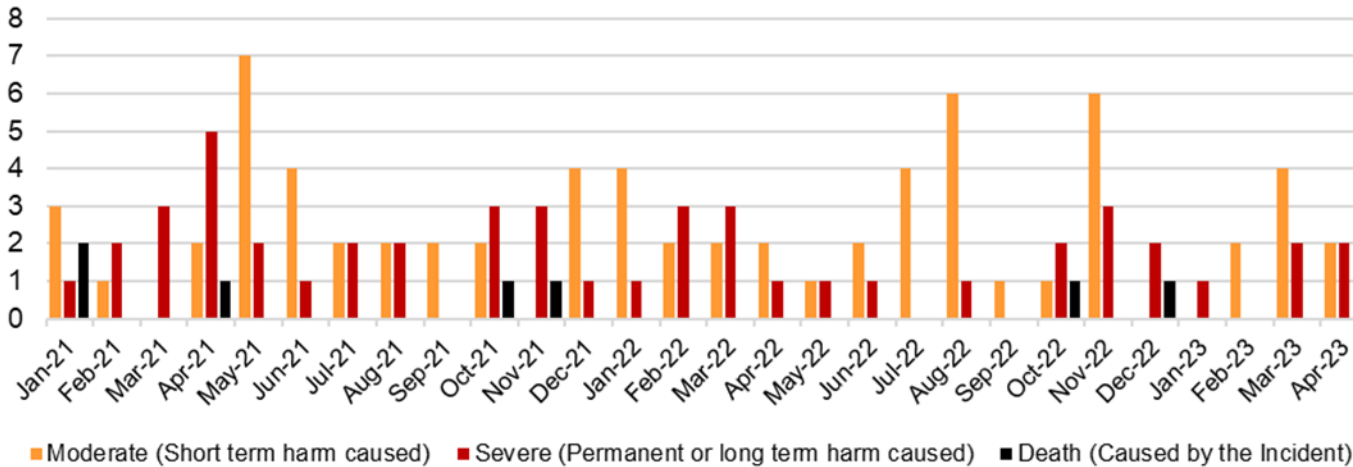
Falls incidents per 1000 bed days

NBT reported a rate of 6.24 falls incidents per 1000 bed days in April 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

During April 2023, 2 falls were recorded and validated as causing moderate harm, whilst 2 falls were categorised as severe harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

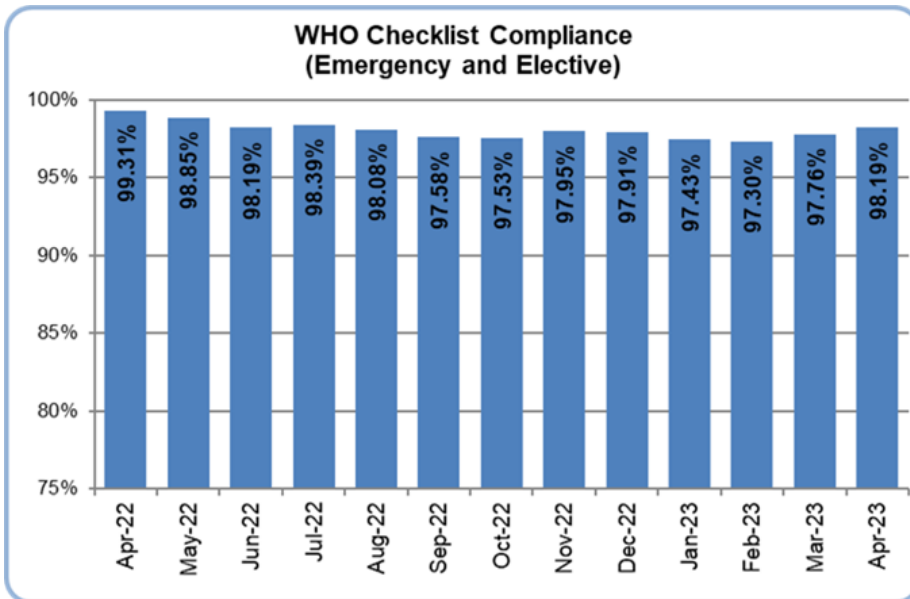
Falls resulting in Moderate or Severe Harm, or Death



What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP). The phase two implementation of PSIRP was launched in December 2022, a key focus of which is on strengthening the patient safety function to support the clinical divisions with the Trust's patient safety priorities.

WHO Checklist Compliance

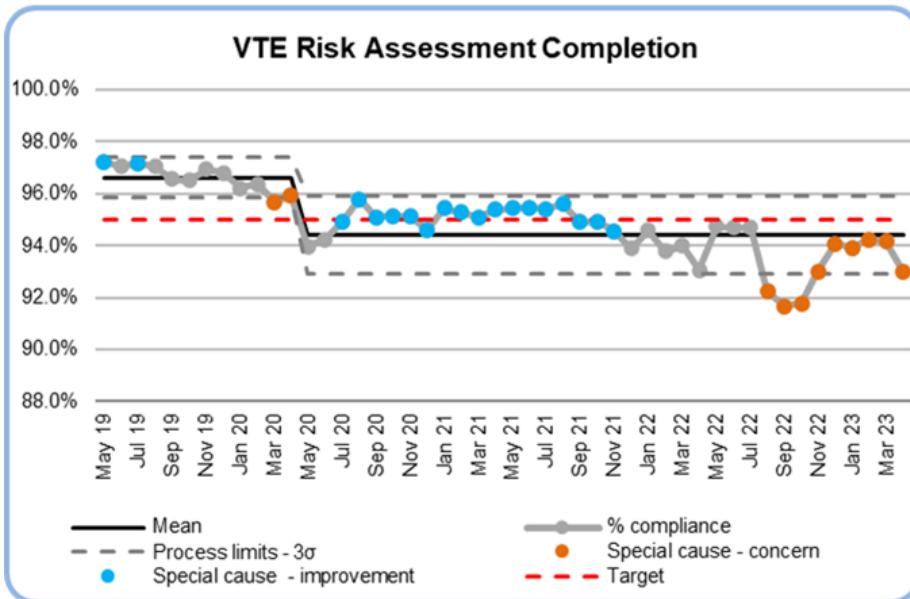


What does the data tell us?

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

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

VTE Risk Assessment



VTE Risk Assessment

What does the data tell us?

In March, the rate of VTE Risk Assessments (RA) performed on admission was reported as 92.97%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved in recent months, however, there is still work to be done to ensure further improvement.

What actions are being taken to improve?

Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This has been successfully implemented in 3 clinical areas and now moves to large scale deployment in June 2023. The current data is therefore unreliable and takes into account a combination of paper assessments and some digital assessments both of which are subject to delayed validation. During this time we rely on self assessments and audits from divisions for assurance.

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

Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During April 2023, NBT had a rate of 5.9 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.3 for this measure.

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

During April 2023, c.9.9 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.099). This is markedly below the 6 month average of 13.8 % - it is of note that this month the total number of incidents reported has remained broadly similar to previous months figures but the proportion of these causing harm has dropped.

Incidents by Stage

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

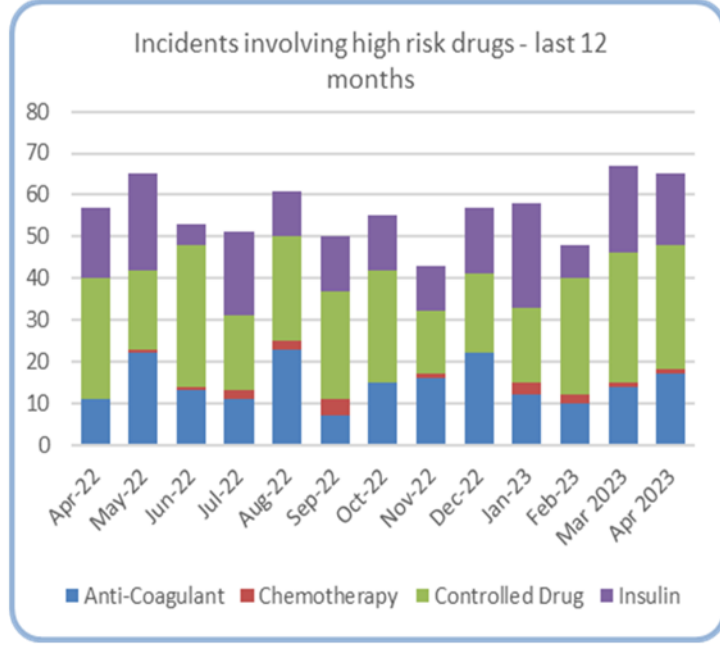
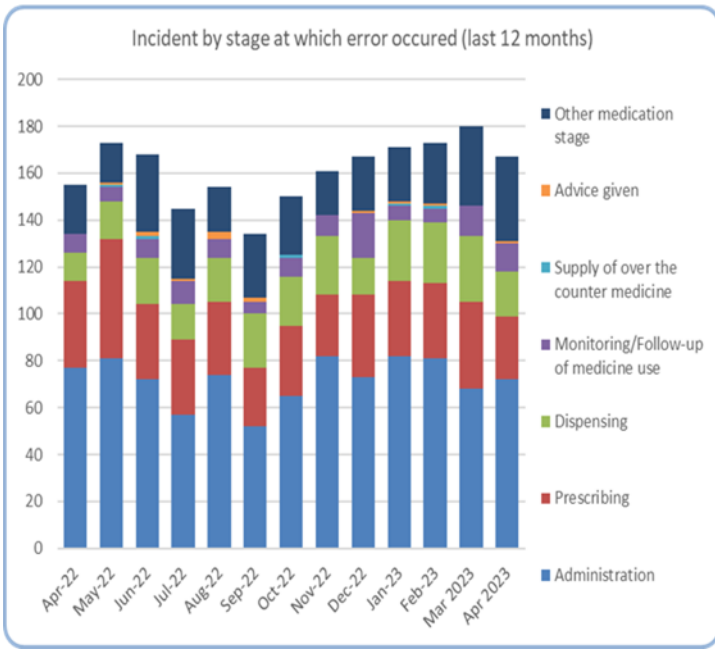
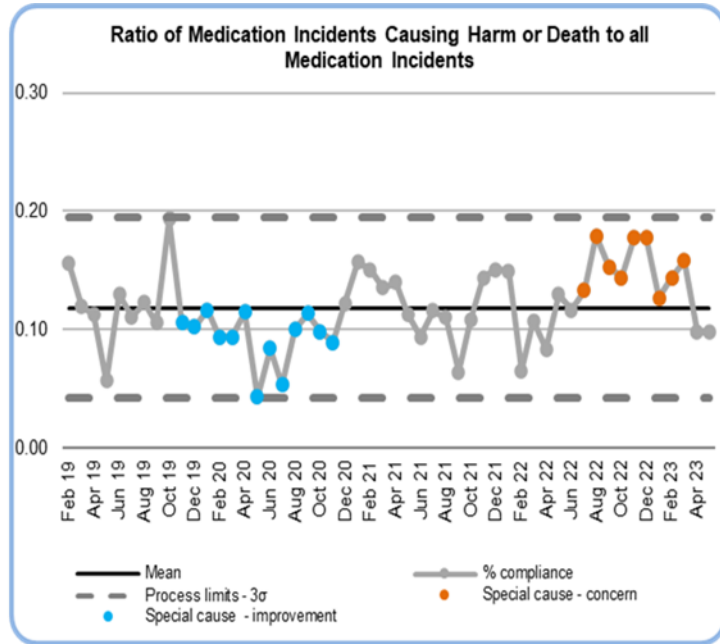
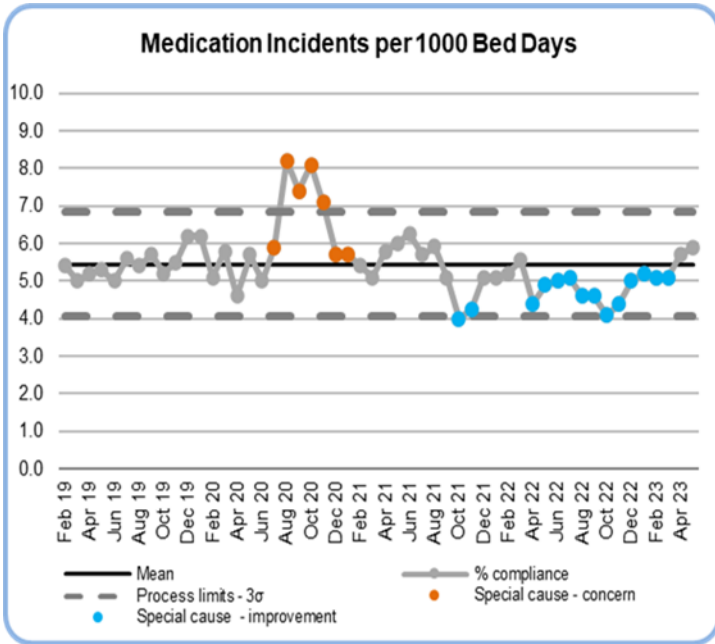
High Risk Medicines

During April 2023, c.39% of all medication incidents involved a high risk medicine which is above the 6 month average of 34%.

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.



Patient Experience

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

Complaints and Concerns

What does the data tell us?

In April 2023, the Trust received 38 formal complaints. This is 3 fewer than March 2023, and 5 fewer than the same period last year.

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

There was 1 re-opened complaint in April for ASCR.

Of the 38 complaints, the largest proportion was received by ASCR (13) and Medicine (12).

The overall number of PALS concerns received fell from 156 in March to 120 in April.

The response rate compliance for complaints fell to 73% in April from 80% in March. A breakdown of compliance by division is below:

ASCR – 69% NMSK- 83% CCS – 0%

WaCH- 56% Medicine – 100%

It's worth noting that Medicine achieved 100% compliance.

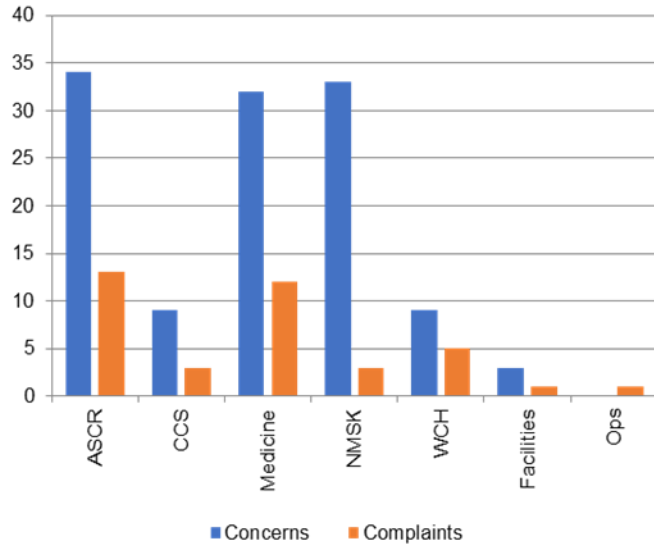
The number of overdue complaints at the time of reporting has decreased from 4 in March to 3 in April. All 3 overdue complaints are in WaCH. There has recently been a change in staffing in WaCH with a new Service-User Experience Lead in post. This changeover in staff is likely to have affected WaCH's performance (increase in overdue complaints and fall in compliance).

In April 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in April is 8 days. This is 2 days more than in March.

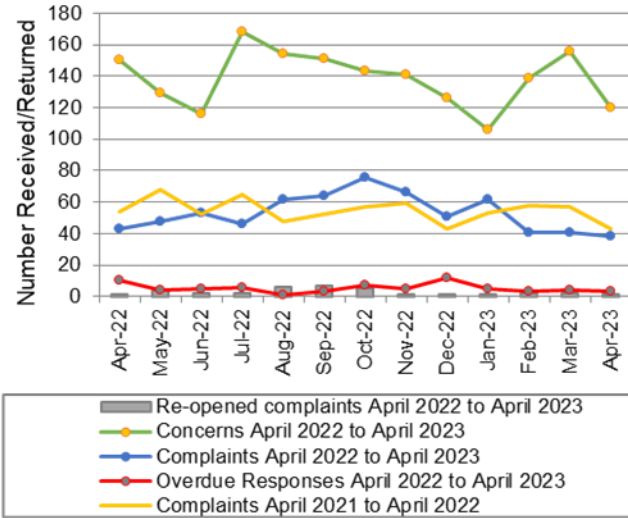
What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- New Service User Experience Lead in WaCH. Training has been provided by the Complaints Manager and support is being provided. Currently, there is a gap in provision as this is a job share and only one of the new Leads has begun in post.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- Review meeting with Chief Executive's Office to ensure expediency of the sign-off process.

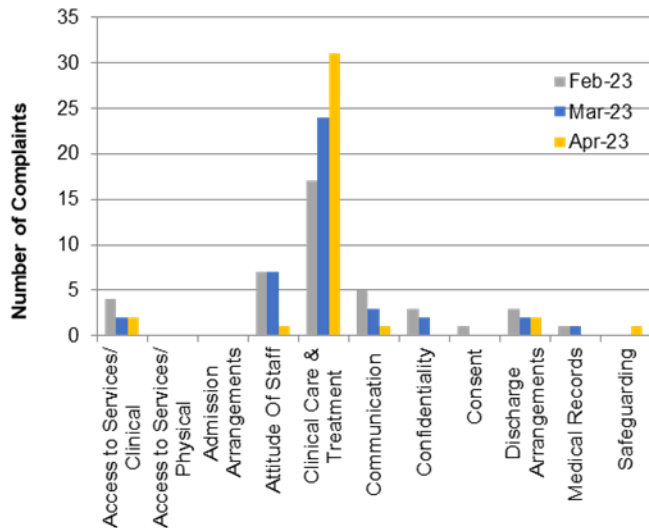
Concerns and Complaints per Division



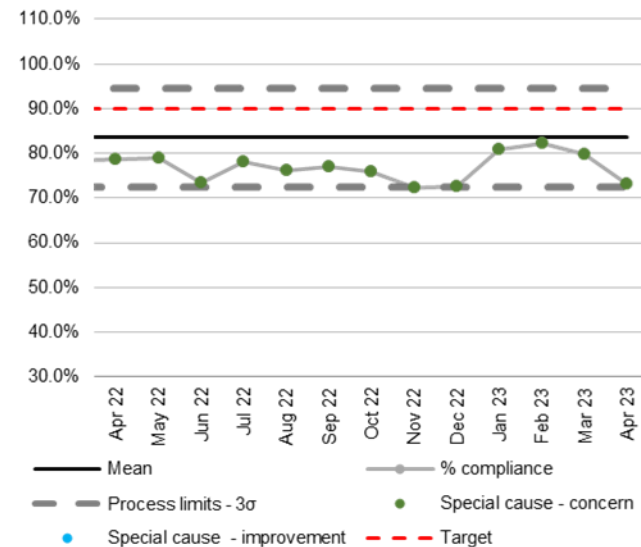
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

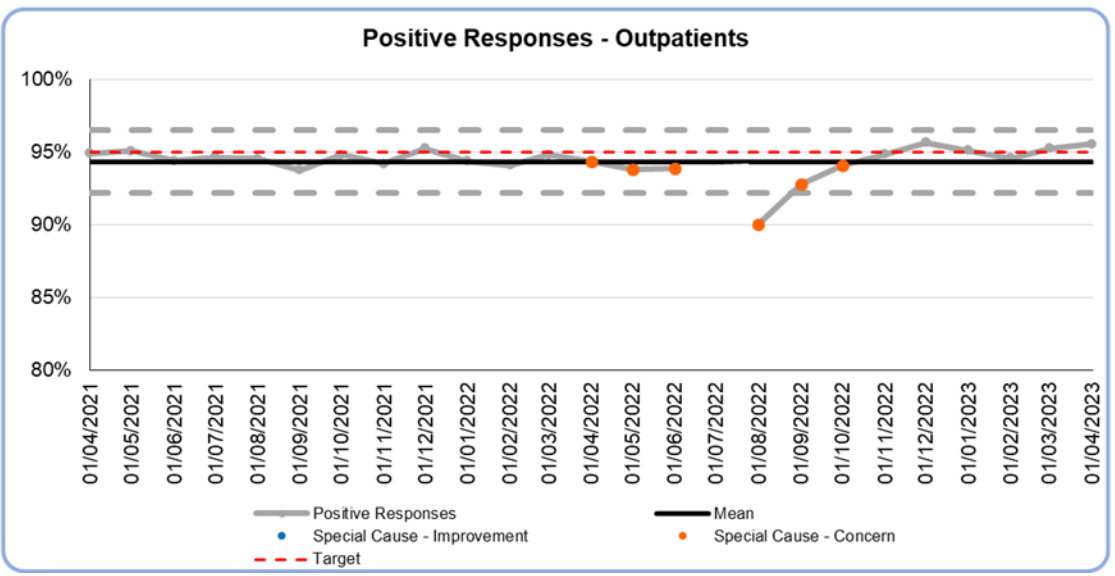
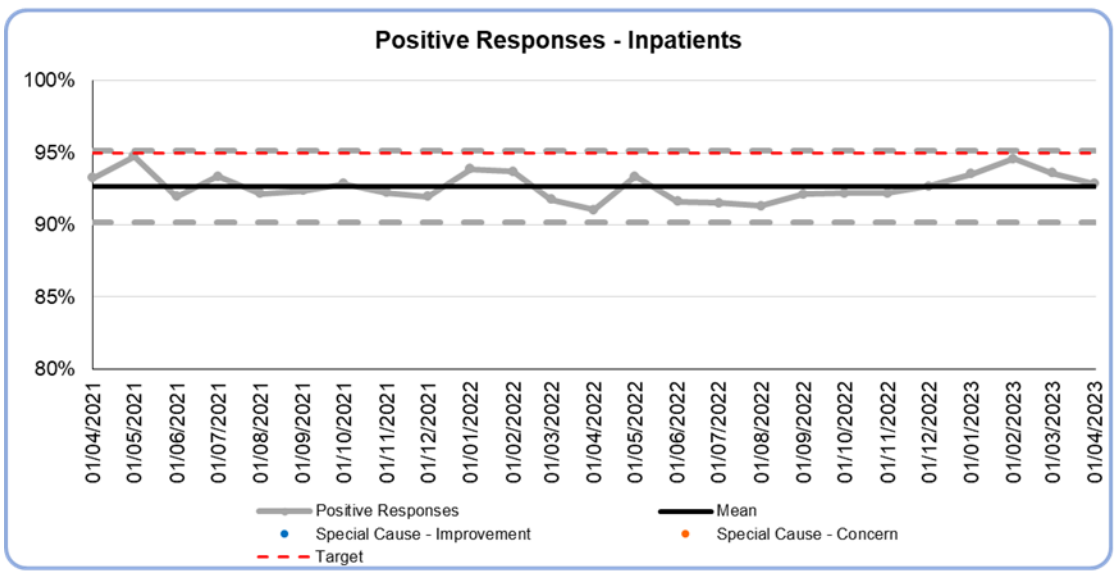
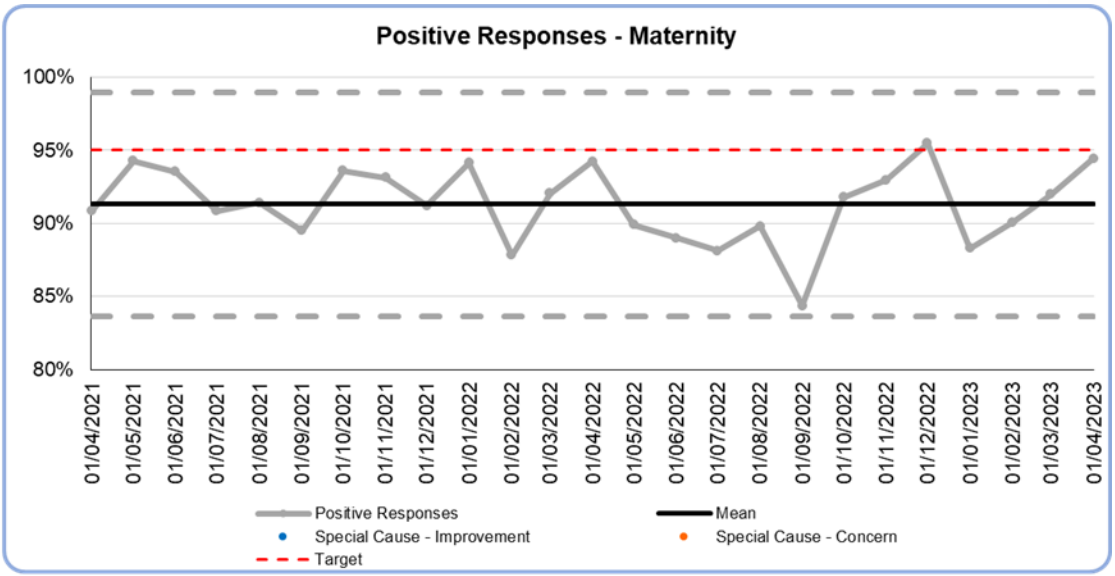
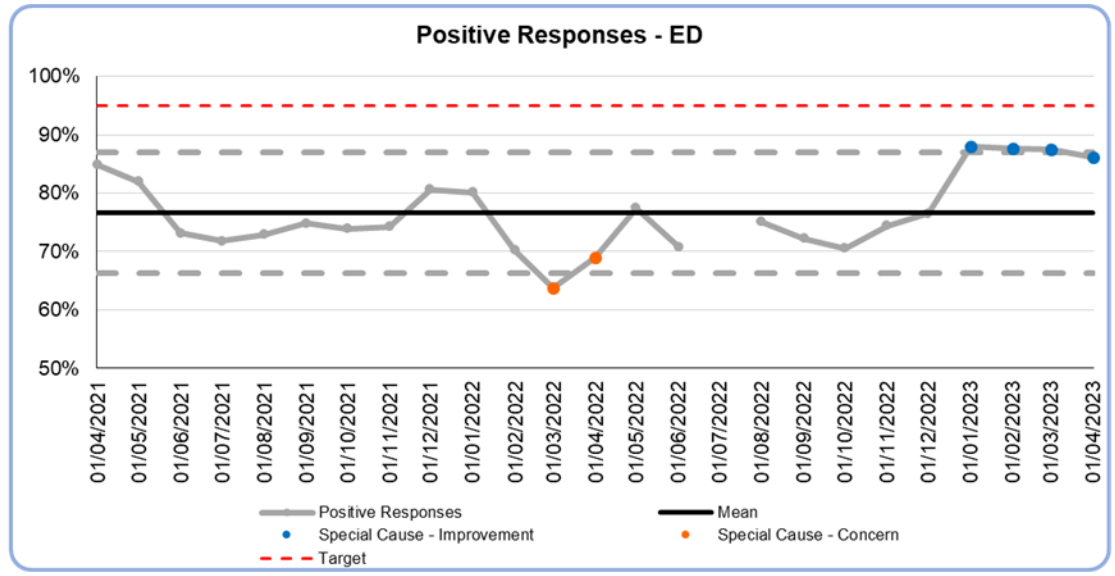


Complaints By Subject

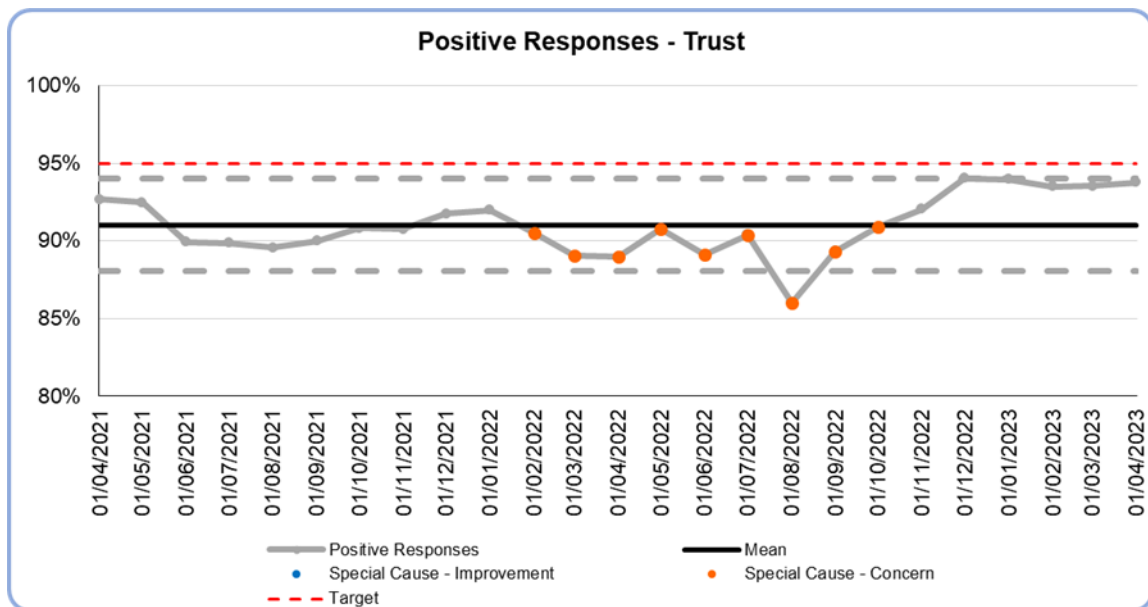


Complaint Response Rate Compliance





N.B. no data available for the month of July for ED and OP due to an issue with CareFlow implementation



What does the data tell us?

- In April, 93.77% of patients gave the Trust a positive rating, continuing the trend seen over the past 5 months. This has been consistently higher than any point in the past 12 months.
- This improvement is linked to a significant improvement in the ED responses. There has been little change in the Outpatient, Birth and Inpatient positive scores, which have all been consistently averaging over 90%. This month, ED had a positive response rate of 86.07%, resulting in a higher overall positive response rate for the trust.
- The ED results follow a trend seen nationwide of an increase in positive responses. NBT's recent scores are trending higher than the National average for ED.

- In April, 6115 patients chose to leave a comment with their rating. Thematic review of these responses found that an overwhelming majority of the positive comments were about staff.

“Very fast and efficient service, very friendly staff that made me feel at ease after being very anxious.”

- A review of ED comments was conducted to determine why the area has lower positive ratings than other Trust departments. The analysis showed that patients are dissatisfied with three key themes: waiting times, staff and communication.

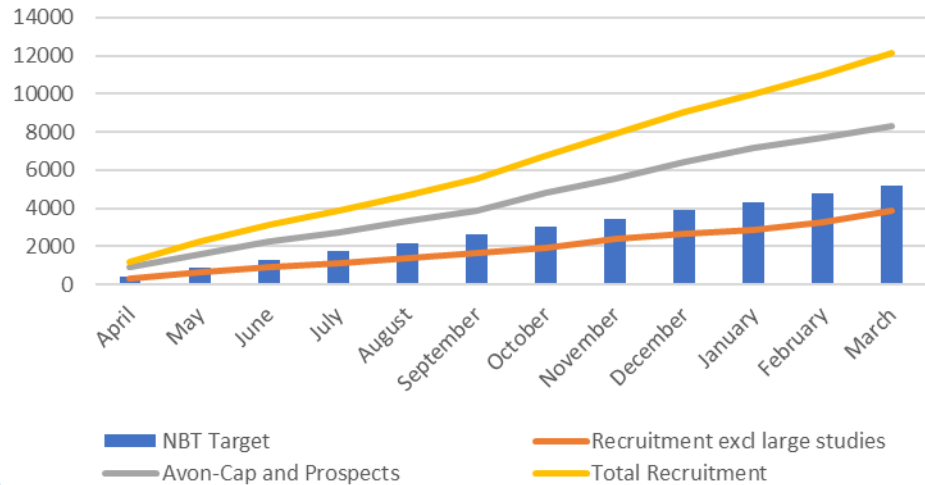
What actions are being taken to improve?

- A working group meets fortnightly to address data quality issues. Improving data quality will assure staff at a Divisional and Speciality level that the responses reflect their areas, encouraging staff engagement and confidence in using comments for improvements.
- We have removed a cap on the number of SMS FFT invitations sent to patients after discharge or appointment so that we can reach a larger number of patients to hear their views.
- ED has identified from comments that people are complaining about waiting times. They are conducting a local survey to ask in-depth questions about the waiting process to identify areas to improve.

Research and Innovation

**Board Sponsor: Chief Medical Officer
Tim Whittlestone**

Recruitment vs Target



Research and Innovation

Our Research activity

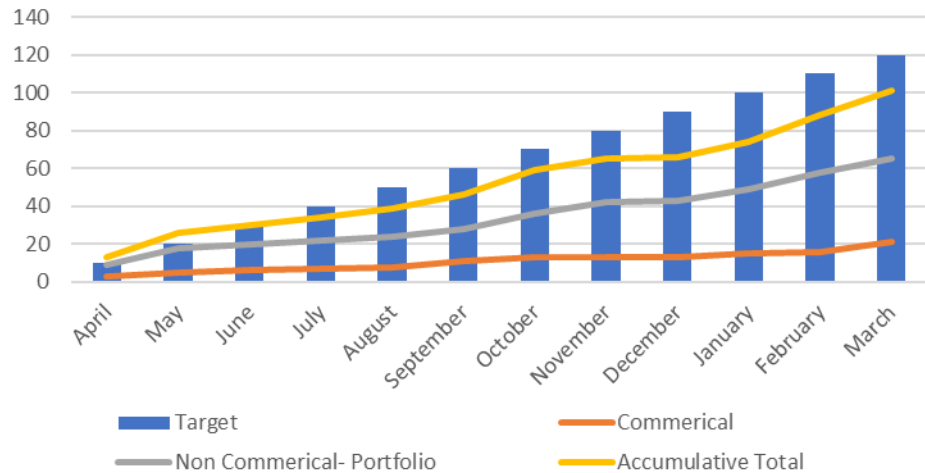
We strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high-quality care.

Graph 1 shows our end of year performance for 22-23. We aimed to recruit 5200 participants to our research studies, which reflected our baseline pre COVID ambitions. At the end of 22-23 12,135 participants have consented to our research. This exceeds our current YTD target (233%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). The NBT portfolio of research remains strong; at present we have 236 studies open to new participants and have set up and opened 101 new studies through 22-23 (Graph 2), these are predominantly non-commercial studies. We are pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we intend to grow over the coming years.

We are currently establishing the metrics we would like to report over the coming year as there is a national shift to move away from a focus on the number of participants engaged in research to more diverse measures.

We are pleased to report that one of our research midwives was awarded, and has now commenced, the prestigious NIHR Senior Research Leaders Programme; we are excited to see the progress and impact of this award. Additionally, one of our Research Matrons has been awarded a place on the Florence Nightingale Leadership Scholarship which will start in late May, an amazing achievement. #nbtproud.

Number of new studies open in year by type



Our grants

NBT currently holds 70 externally funded research grants, to a total value of £37.5m. This includes 36 prestigious NIHR grants totalling £35m. For the 2023/24 financial year, NBT has received a record level Research Capability Funding (RCF), £1.1m, from the DHSC. This RCF allocation is a direct reflection of the size of NBT's NIHR grant portfolio and puts NBT at 9th in England (out of 248 NHS Trusts), a fantastic achievement and the first time NBT has been in the top 10 nationally. In addition, NBT is a partner on 71 externally-led research grants, to a total value of £10.6m to NBT.

The level of grant development activity remains high across NBT, with 34 research grants submitted to external funders so far this year. Recent awards include two large NIHR HTA grants (DEXACELL Fergus Hamilton/Ed Carlton and CLARITY Chris Twine) totalling £3.8m.

The Southmead Hospital Charity generously 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 small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 have been shortlisted for Stage 2.

In addition to the SHC Research Fund, R&D have introduced a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'. The application form follows a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. Staff can contact researchgrants@nbt.nhs.uk to discuss applying.

Well Led

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

Well Led Introduction

Vacancies

Trust vacancy factor was 6.21% in April, with current vacancies at 554.35wte. Due to the majority of non-recurrent funding not being reported in the finance ledger for month one, vacancy levels are showing as artificially lower than they are and a comparison between Mar-23 and Apr-23 movement cannot be made.

Turnover

The Trust rolling 12-month staff turnover rate decreased from 16.76% in March to 16.56% in April. All staff groups experienced reductions in their turnover rate, with the exception of estates and ancillary who remained stable at 12.51%. Administrative and clerical and additional clinical services continue to be the two staff groups with the highest turnover rates, as they have been for several months, their respective April rolling 12-month staff turnover rates were 23.50% and 19.48%

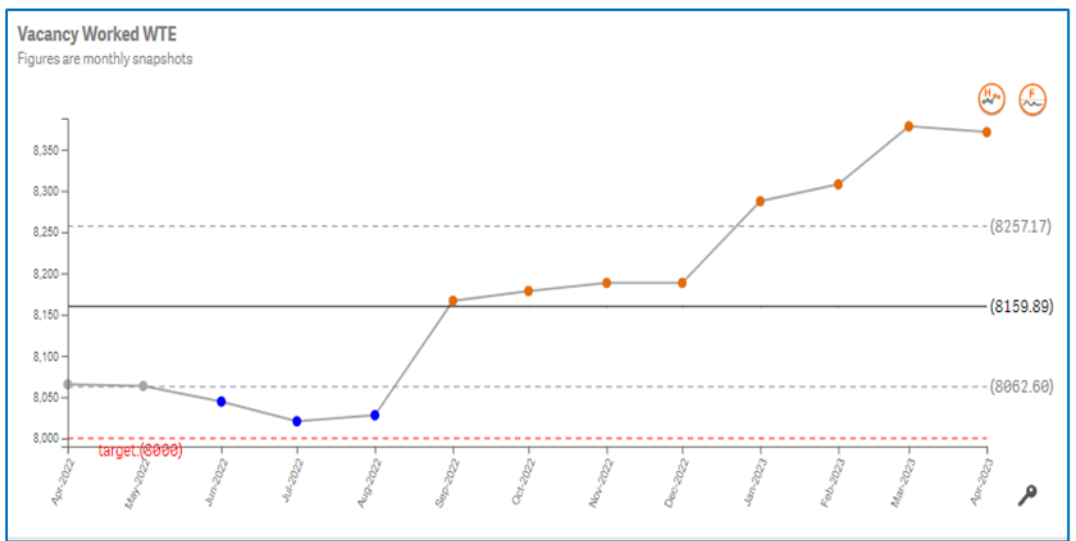
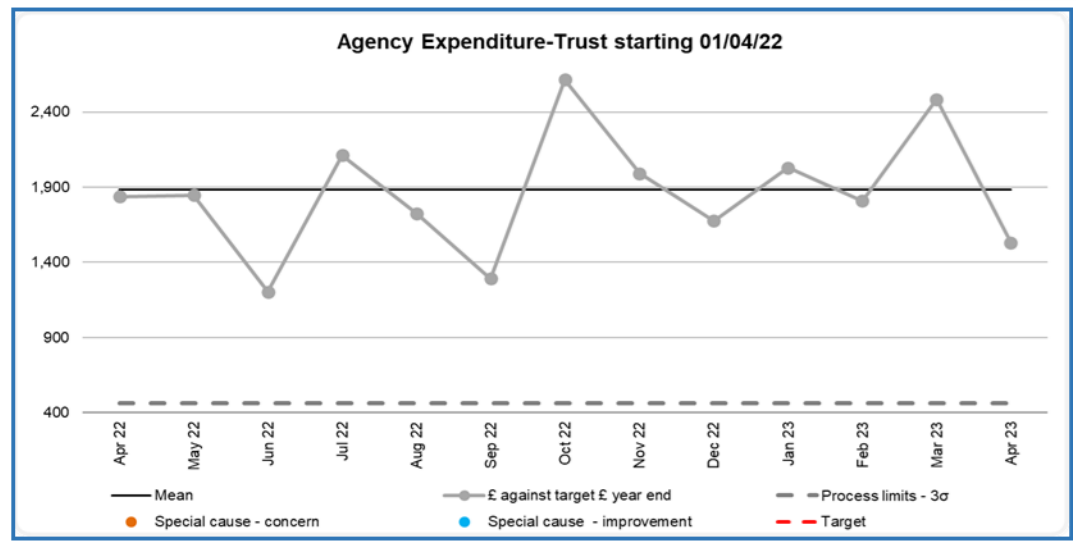
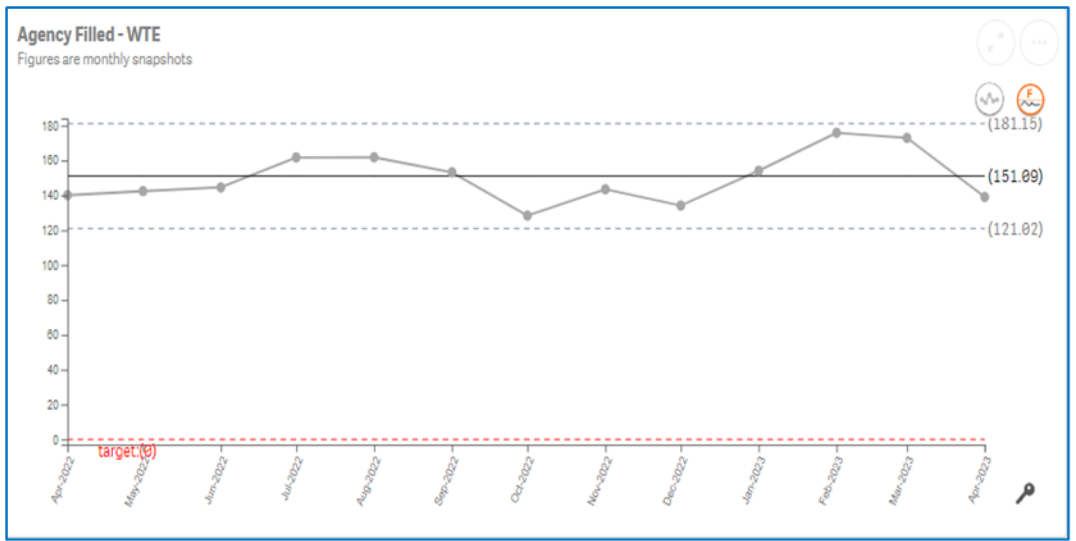
Prioritise the wellbeing of our staff

The Rolling 12 month sickness absence position decreased from 5.30% in March to 5.19% in April, the reduction was predominantly driven by decreases in days lost to anxiety/stress/ depression/ other psychiatric illnesses, cold, cough, flu – influenza, and infectious disease, which relates primarily to COVID-19 sickness. All staff groups, except students and add prof scientific and technical (driven by increased sickness among pharmacists), saw a decrease in their sickness absence rates from March to April.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased from March to April by 296.63wte (-28.10%); as bank use decreased at a lesser rate, 119.65wte (19.94%), and agency use decreased by 71.19wte (41.44%), unfilled shifts decreased at a larger rate 37.28% (105.79wte) than the fall in demand. The decreased demand was driven by reduced bookings to cover shifts requested for the reasons 'vacancy' and 'sickness'. Agency RMN use decreased by 10.75wte (42.23%), driven by reduced usage in the anaesthesia, surgery, critical and renal, and medicine division.

| Theme | Action | Owner | By When |
|--------------------|---|--|---------|
| Vacancies | Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'. First phase to review recruitment processes to onboard now complete and outputs being embedded into business as usual. Focus to ensure improvements are sustainable through an ongoing performance management approach at 30, 60 and 90 days. Second phase of review is now underway with the action of engaging a data analysis exercise that will underpin the development of an improvement plan to address issues once identified | Deputy Chief People Officer | Ongoing |
| Turnover | Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) | Associate Director Culture, Leadership & Development | Sep-23 |
| Staff Development | New Trust-wide leadership development programme to be launched with aim of improving retention | Associate Director Culture, Leadership & Development | Apr-23 |
| Wellbeing | Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights. | Associate Director Culture, Leadership & Development | Apr-23 |
| Temporary Staffing | Initiation of a weekly bank incentivisation working group aimed at delivering sustainable bank incentives and agency reduction 2023/24. The first action is to deliver a bank rate increase (for a trial period of approximately 12 weeks) to the most challenged staffing areas | Deputy Chief People Officer | Jul-23 |



Talent Acquisition Recruitment Activity

Unregistered Nursing

- April continues to see a high number of applications to our support worker roles. The Trust made 38.18 wte of offers for; 10.66 wte for band 2 and 27.52 wte for band 3
- March saw 7.22 wte new band 2 starters, band 3 starters were 11.25 wte.

Registered Nursing

- April recruitment delivered 35 Band 5 offers for registered nurses and Newly qualifying nurses across the Trust.
- March saw 9.12wte band 5 starters in April and leavers were 15.96wte. 22 wte Internationally Educated Nurses arrived at NBT in April

Vacancy Position – April 2022 to April 2023

Actions - to support the Trust ensuring it is prioritising its resources in the areas of greatest need workforce summits with divisional and professional leaders are being scheduled to review each divisions supply pipelines for 23/24 ensuring we focus both on high volume and low volume high skill roles, focussing on impact of not filling posts as well as other factors such as temporary staffing use

What does the data tell us – focussing on staff groups where the SPC chart shows orange data points with no grey or blue data points afterwards, i.e. the latest position is deterioration, or; where the Talent Acquisition team has supported with resourcing (registered and unregistered nursing and midwifery and band 2 – 3 administrative and clerical staff)

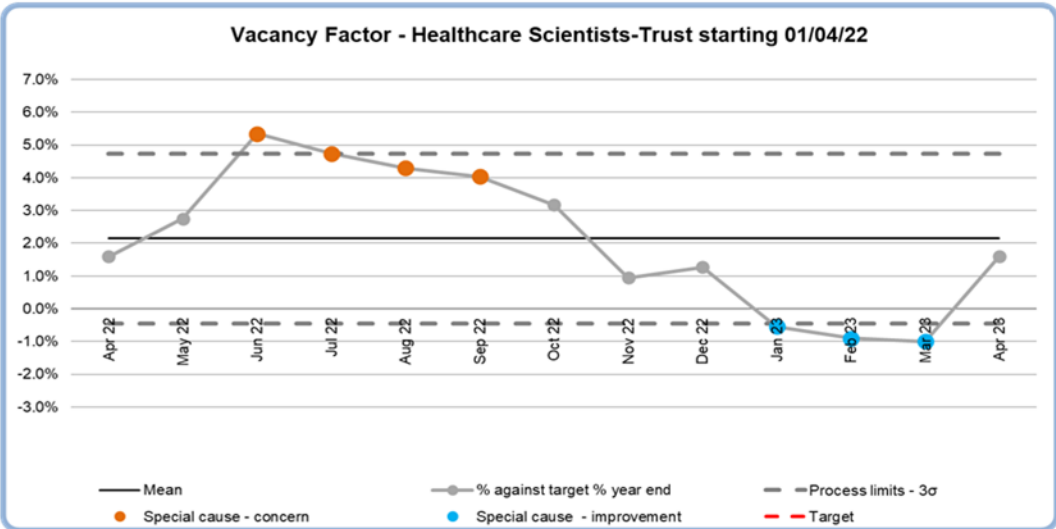
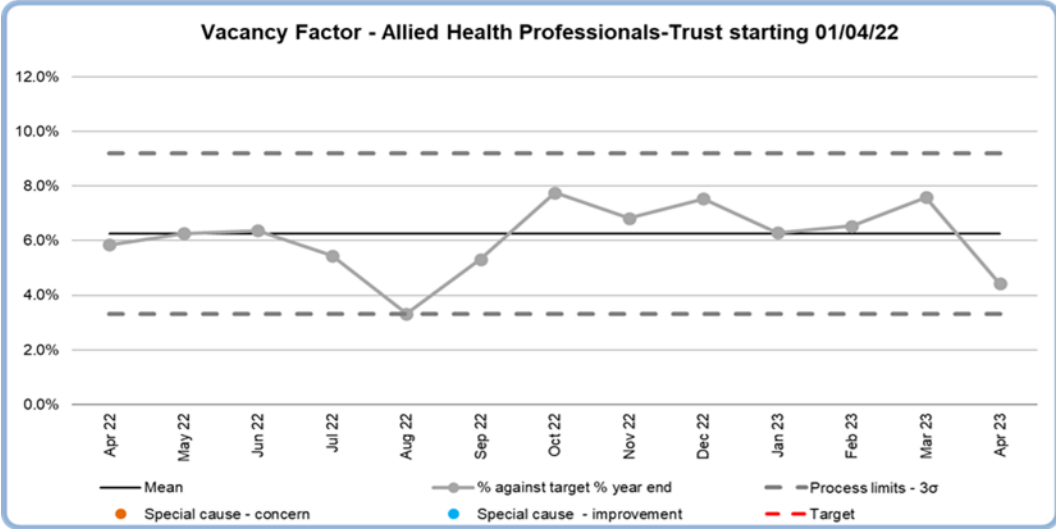
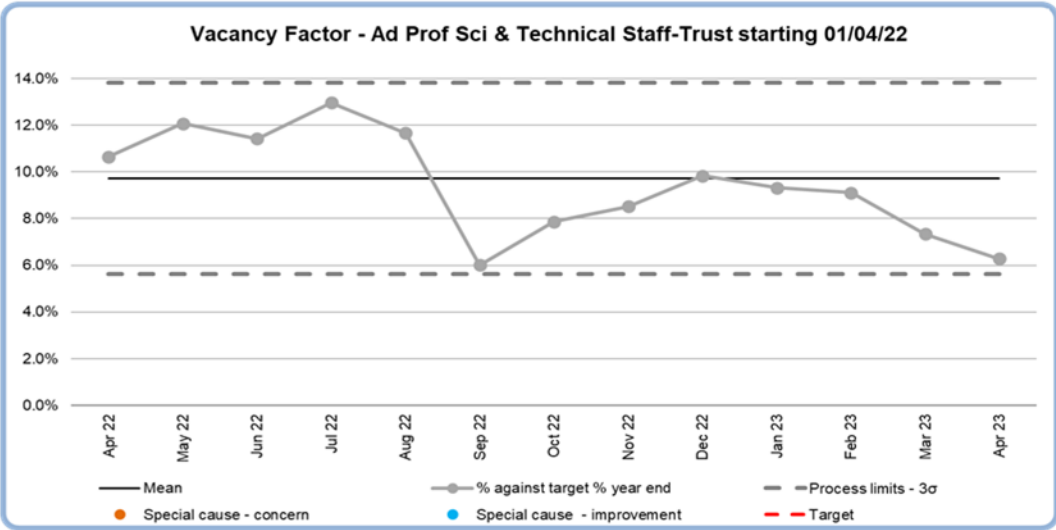
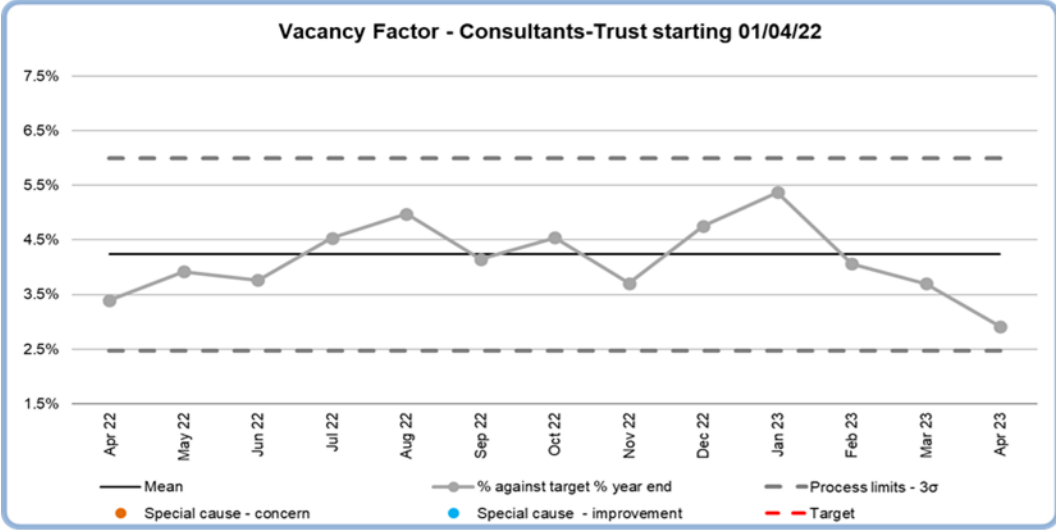
Nursing and Midwifery

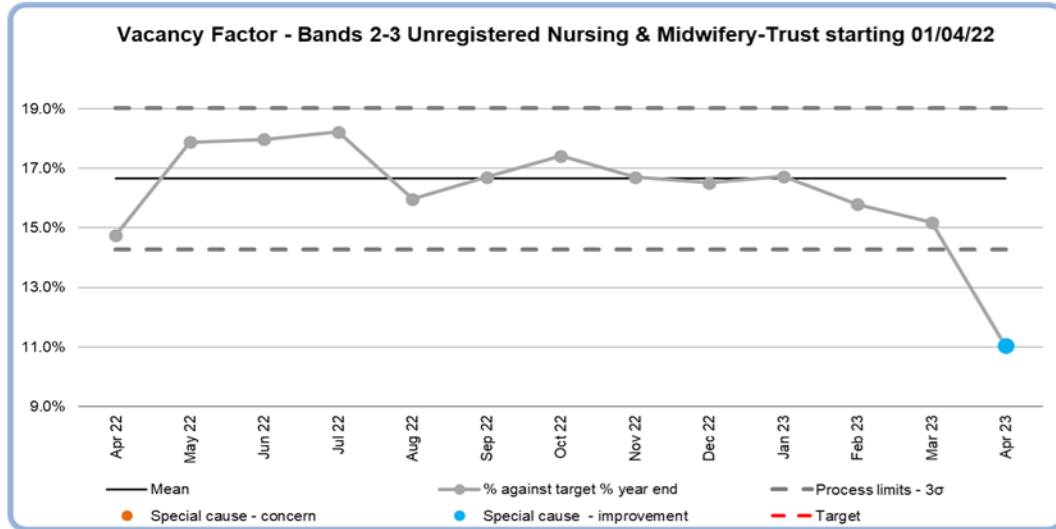
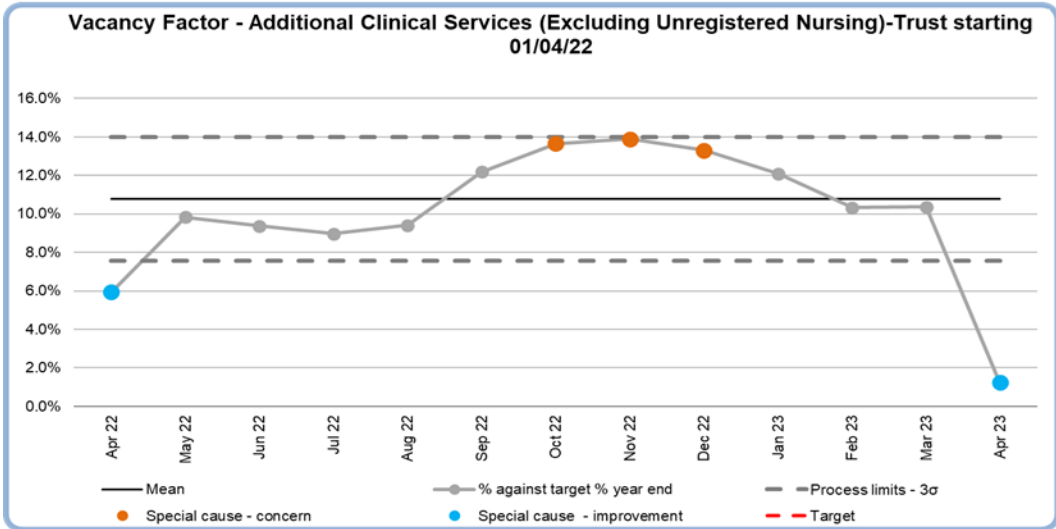
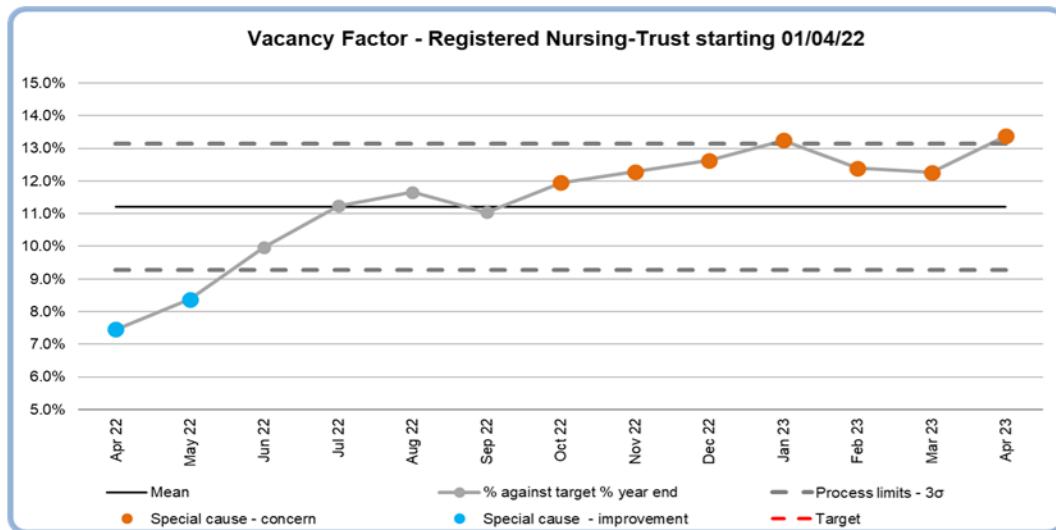
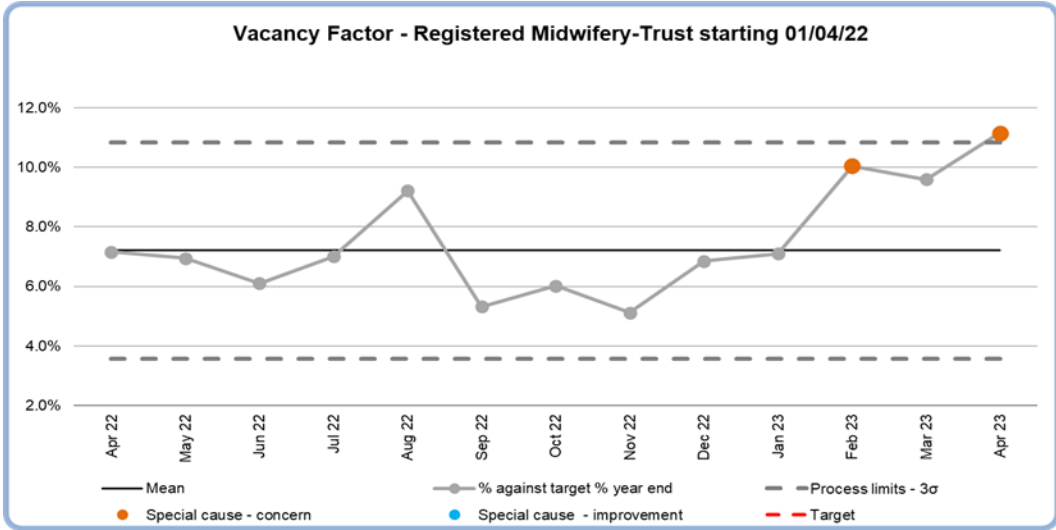
- Registered nursing** staff has been trending upwards since October 2021, from 5.32% to 13.37% in April. This was driven by reduced staff in post from October 2021 to November 2022, driven by declines in the ASCR and Medicine Divisions. Since November there has been a slight improvement in the staff in post position, however, increases in funded establishment, mainly in Medicine and NMSK, have caused the overall registered nursing vacancy factor to remain high in this period. Current pipeline of 163 domestic and 67 international band 5 nurses. Predicted starters, inclusive of drop out, 7 per month for domestic plus international arrivals of 67 in quarter one of 23/24. This means predicted starters from pipeline for quarter one of 23/24 is 88 vs forecast plan of 89. Registered Nursing offers remain steady and we continue to make an average of 34 offers for newly qualified and registered nursing staff per month. Additional increases in establishment for ward nursing in Medicine, NMSK and ASCR will contribute to the vacancy position, this is resulting from safer staffing and establishment reviews
- Registered midwifery** has seen an upward trend in its vacancy factor since March 2022 from 4.09% to 11.15% in April 2023, apart from an improvement during September 2022. This has been driven by decreases in staff in post, most notably in Central Delivery Unit and Cossham Birth Centre. There was also an increase in funded establishment in February 2023 linked to Birth Rate Plus acuity and dependency assessment. Including increased anticipated starters due to incentivisation in maternity, 41 wte starters are being targeted in 23/24 with the current pipeline scheduled to deliver 31 wte.
- Bands 2-3 nursing & midwifery** vacancy rate consistently increased from 2.34% in April 2021 to a peak of 18.22% in July 2022, this was driven by a trend across all clinical divisions for reduced staff in post, coupled with increases in funded establishment for the Medicine division. Since July the vacancy rate has been trending down, due to increases in staff in post across ASCR, Medicine and WaCH. This follows targeted work by the talent acquisition team to address vacancies for this staff group. Current pipeline of 90 appointees with predicted starters, inclusive of drop out at 28 per month. This is anticipated to deliver 84 wte starters in quarter one of 23/24 vs forecast plan of 76 and vs a position from previous year of 43. Recruitment for band 2/3 staff has been busy for the past few months seeing high numbers of applications to our adverts beyond the new year rush. 2 - 3 Assessment centres each month making an average of 40 offers per month.

Administrative and Clerical

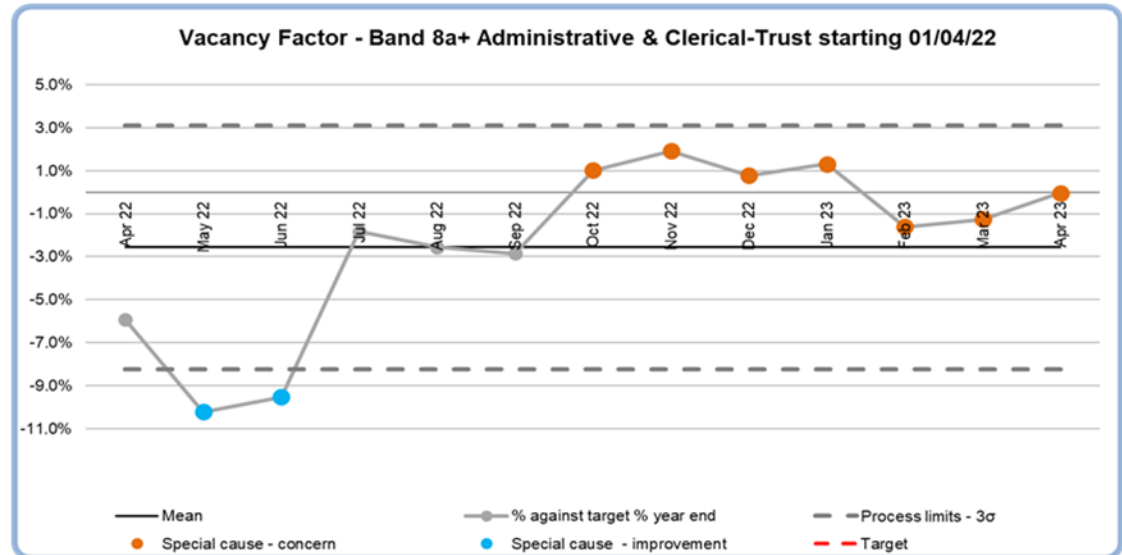
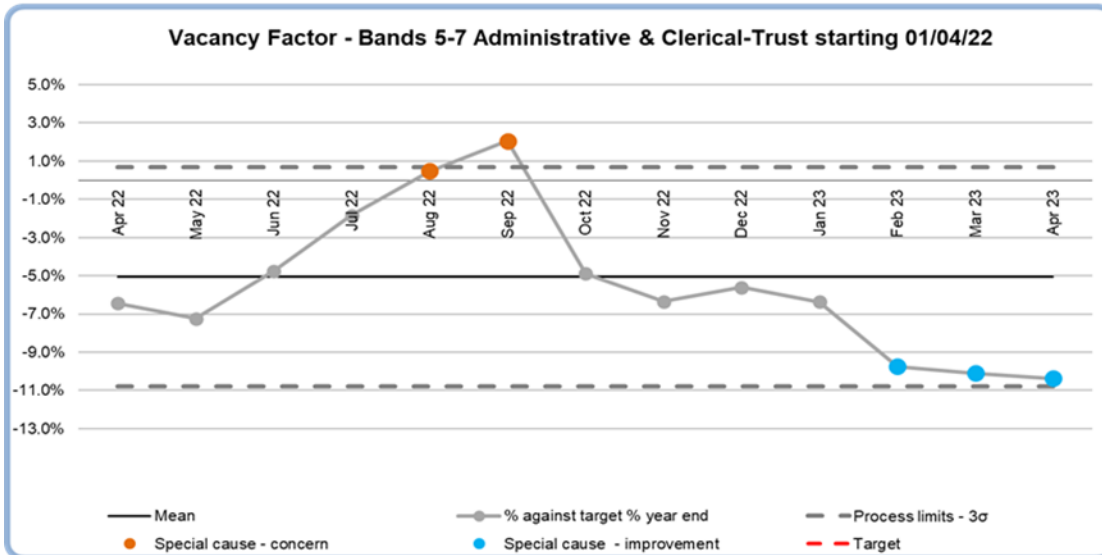
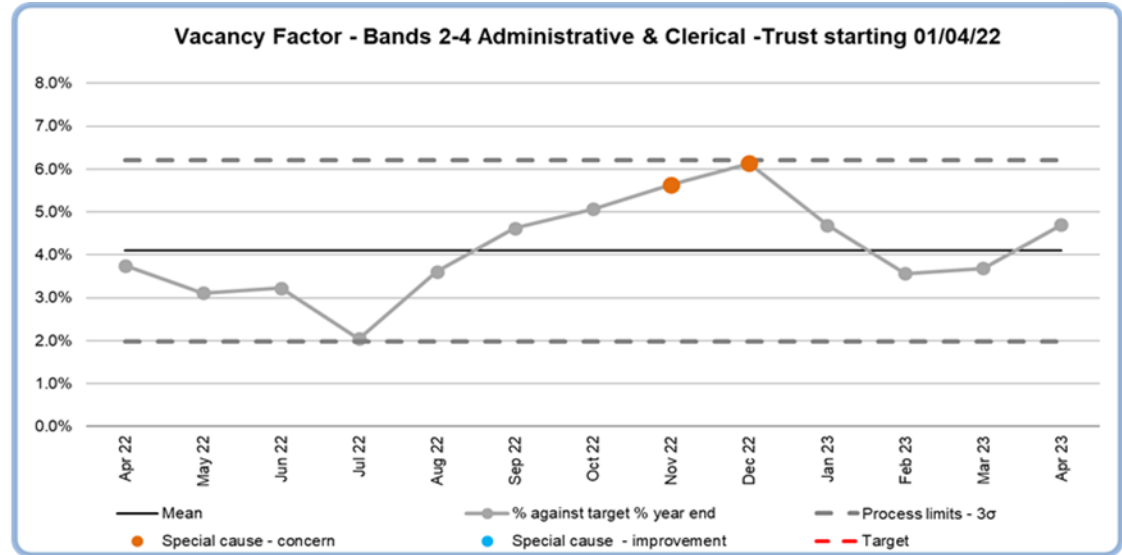
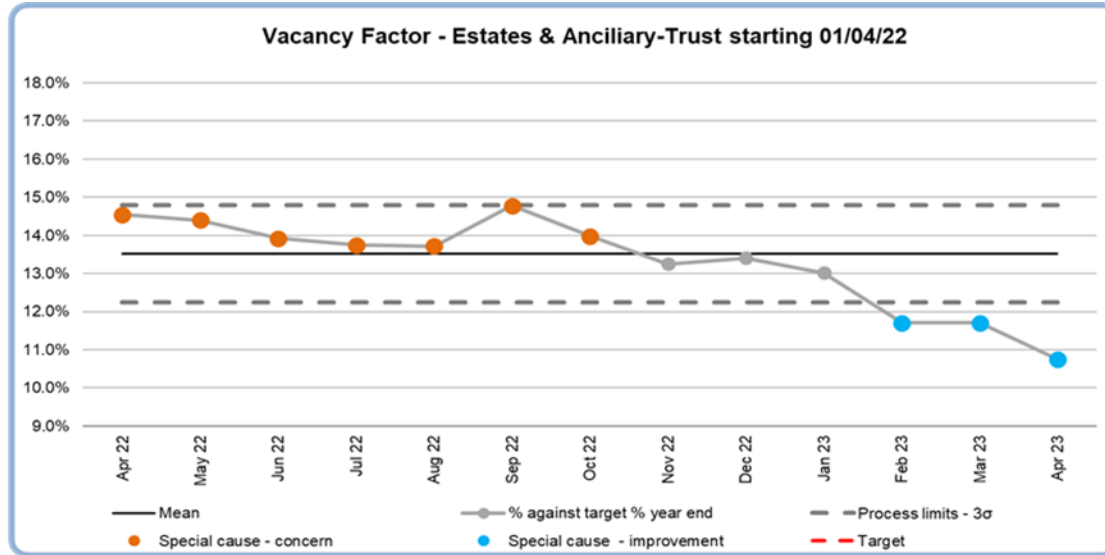
- Bands 2-4 administrative and clerical** staff saw an increase in vacancy factor from 2.04% in July to a peak of 6.1% in December, this was driven by a combination of increases in funded establishment and decreased staff in post levels. Between January and March the staff post position improved, particularly in NMSK, however it has deteriorated again between March and April. The Talent Acquisition team delivered a focussed project with a net gain of 30 wte between December and February. The project has now ended with the last interviews held in May and the vacancy position will continue to be monitored to assess impact of the project ending.
- Band 5 – 7 and Band 8a+ administrative and clerical staff** whilst these groups show deterioration at points over the last 13 months in both instances the groups have a negative vacancy factor indicating an over establishment, this is currently being reviewed with finance colleagues as to the drivers of this position

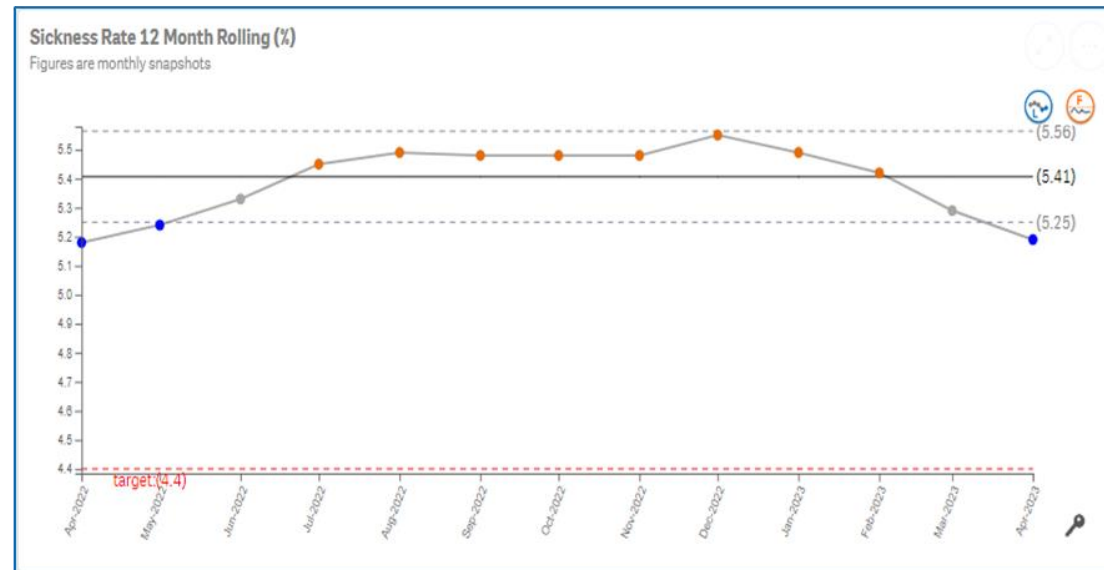
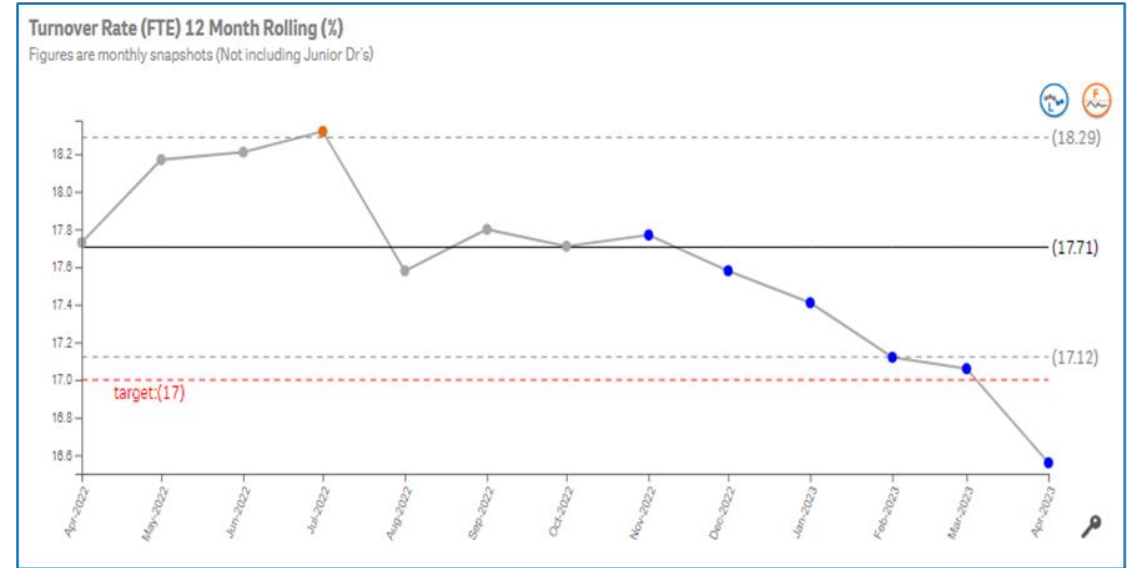
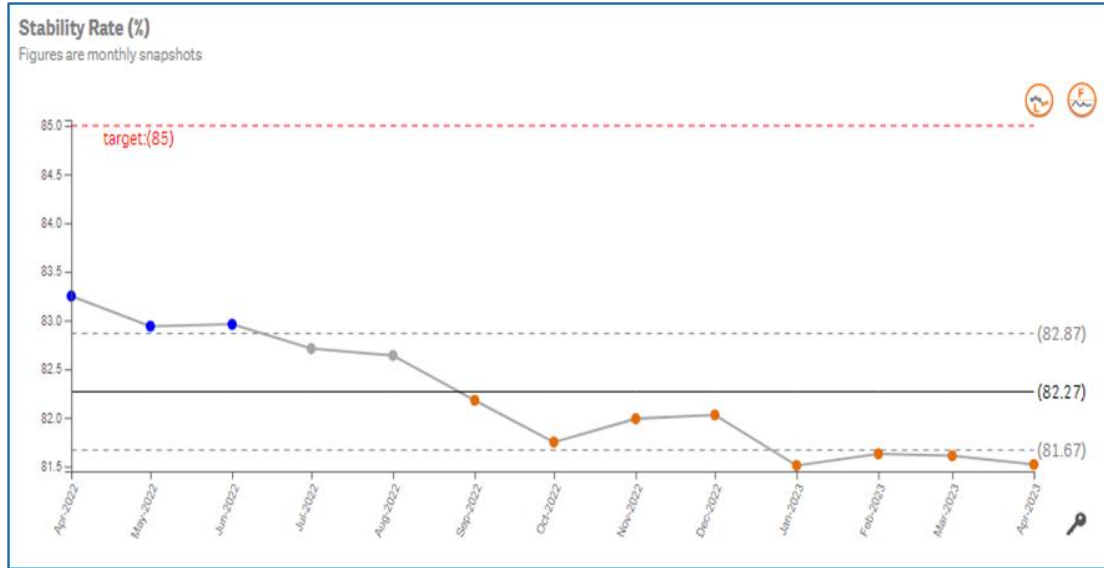
Predominantly Registered Pharmacy Staff





Unregistered clinical staff aligned to AHPs, Healthcare Scientists and Professional and Technical Staff





Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability

Turnover decreased to 16.56% in April.

Actions delivered: (Associate Director of People)

- Band 2-3 letter has been issued to bank staff, with residual queries addressed by the People Team
- Re launch of the Itchy feet retention tool occurred in April 2023
- Agile working toolkit launched May 2023
- Automatic restrictions on working bank shifts following sickness has been lifted and communicated
- Participated in Southwest showcase event
- Rostering, professional registration and work experience policies agreed at sub-group

Actions in Progress:

- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- National pay award to be implemented in June 2024, with guidance issued to all staff.
- New flexible working policy being developed expected to be agreed May 23.
- Appraisal window now open until July 31, with updated training and e-learning.
- Plan for corporate sickness absence management in development.

What Does the Data Tell Us - Health and Wellbeing

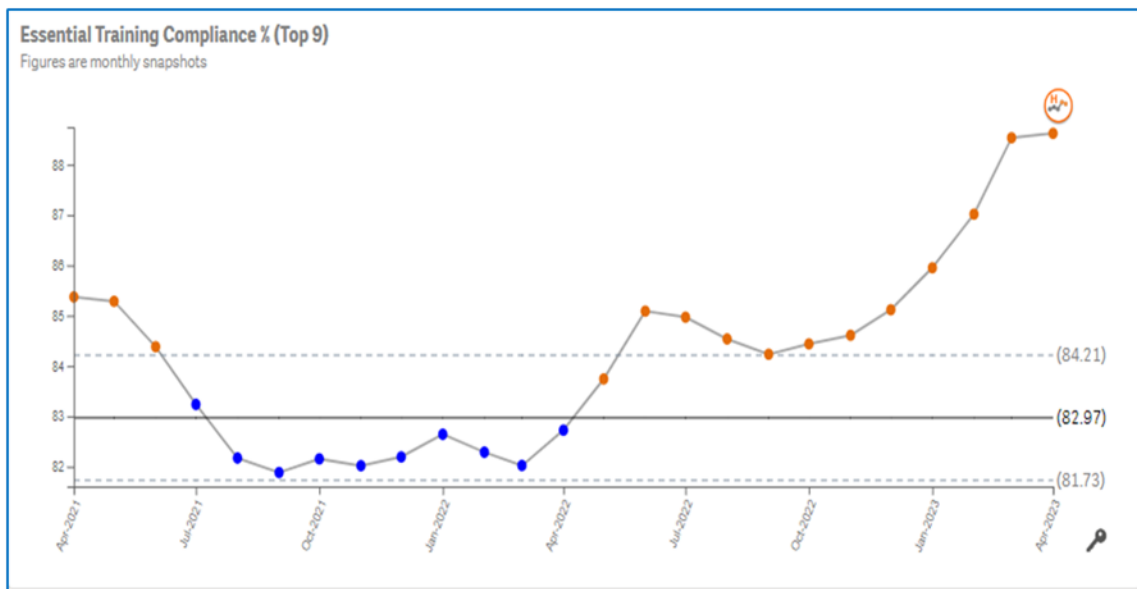
April saw a decrease in sickness absence to 5.19%.

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

- Stress awareness month: series of events delivered, with stands in the hospital and promotion of support for staff
- NBT's leading work on Menopause was presented at a Regional Retention event by our Wellbeing and Engagement Lead
- Wagestream app continued to build in popularity with more staff signing up
- Staff survey follow-up actions agreed and being implemented, specifically aimed at improving the quality of appraisals
- Citizens Advice on-site session continued (48 sessions delivered to date, very positive feedback)
- Retention and Staff Experience Group has been re-launched
- NBT recognised for its contribution and participation in the 'Stepping Up' Programme and invited to attend birthday celebration at City Hall

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

- Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and other legal issues, available until the **end of September 2023**
- Actions from Gender Pay Gap reporting refreshed, and a new, EDI annual report being compiled which will summarise all EDI actions, progress and plans in one place **(April – September 2023)**
- Trust retention working group to continue, developing retention plans building on the retention project charters **(April 2023 – Sept 2023)**
- Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) **(April 2023 – September 2023)**
- Civility and Respect/Culture Working Group inaugural meeting set up for June
- Meetings occurring with MHLT, Psychology and other key stakeholders, to review/develop support processes and pathways for staff experiencing acute mental ill health
- Planning well underway for a Staff Experience Expo as part of NHS 75th birthday celebrations **(May – July 2023)**



What Does the Data Tell Us - Essential Training

- We have added all bank staff (~2089) to the compliance figures. **The effect of this change has reduced our overall compliance figures by ~8%**, however, it now means we have visibility of all staff including those on the bank (NBT eXtra). Permanent staff compliance and fixed term staff compliance remain unaffected by the change. We are changing this data for month 1 reporting for 2023/24
- All staff – 81.08%, Permanent Staff 91.74%, Fixed Term Temp 79.83%, Other (Bank) 47.21%.

Actions – Essential Training (Head of Learning and Development)

- Snr HR, People Partners, DivDons and Professions emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Trust induction 5 embedded MaST modules: Information Governance, Health & Safety, EDI, Fire, and Waste.

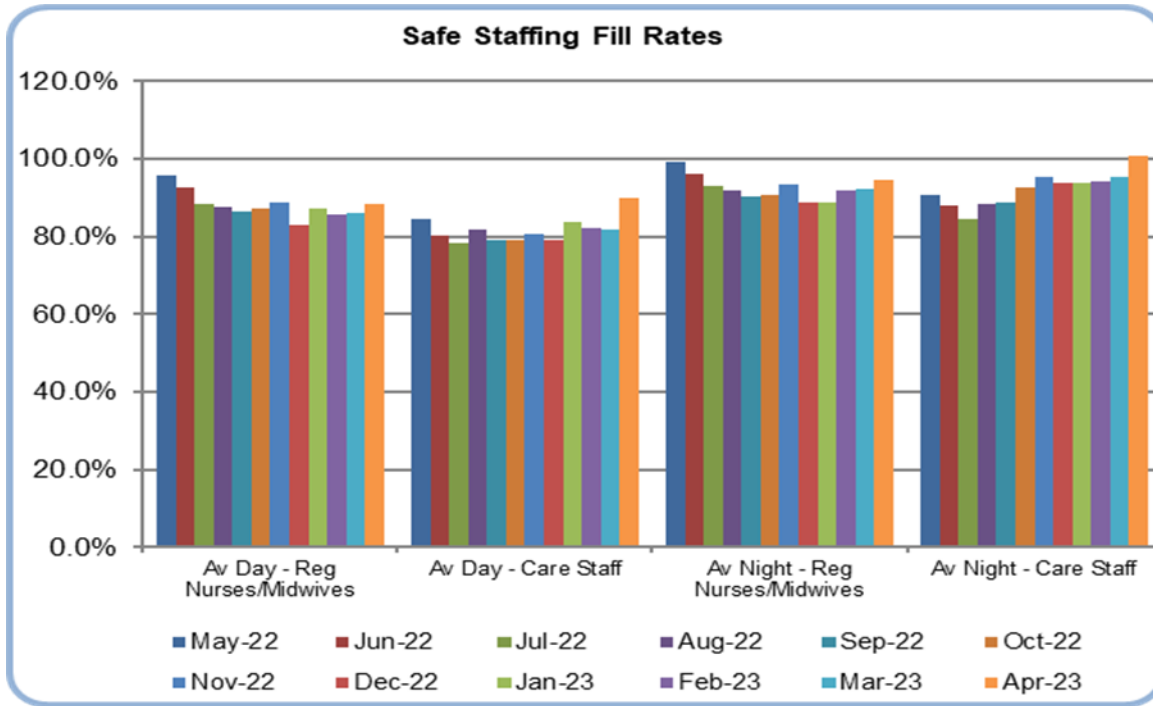
| Training Topic | Variance | Mar-23 | Apr-23 |
|------------------------|--------------|---------------|---------------|
| Child Protection | -7.6% | 87.7% | 80.1% |
| Adult Protection | -7.7% | 89.4% | 81.7% |
| Equality and Diversity | -6.8% | 89.1% | 82.3% |
| Fire Safety | -8.5% | 89.8% | 81.3% |
| Health and Safety | -6.9% | 89.3% | 82.4% |
| Infection Control | -7.9% | 90.2% | 82.3% |
| Information Governance | -10.4% | 86.9% | 76.5% |
| Manual Handling | -7.6% | 88.1% | 80.5% |
| Waste | -6.8% | 89.4% | 82.7% |
| Total | -7.6% | 88.71% | 81.08% |

Leadership & Management Learning

- Healthcare - Excellence in Management and Leadership (HELM) Programme launched. This consists of 3 sub programmes: Mastering Management for new and aspiring managers, Excellence in Management for more experienced managers, and Leading for Change for the SLG.
- DE&S and NBT Mentoring Scheme underway, with discussions underway for knowledge sharing.

Apprenticeships

- The apprenticeship centre has been successful in a tender bid for funding from WECA to run a Skills Bootcamps for Digital Workplace Skills cohort. Maximum funding is £33,600. This programme will be managed and delivered via the Apprenticeship Centre, under SWATPRO as the subcontractor, start date September 23.
- Traineeship cohort has started and running successfully
- Levy utilisation for 23/24 financial year currently at 65%, £29K expired funds for April.
- New cohort of Trainee Nurse Apprentices started May 23, induction currently underway



What Does the Data Tell Us

Of the 34 units reports safer staffing data:

- 11.76% of units had a registered fill rate of less than 80% by day and 5.88% by night with hotspots in ICU, 7B, Quantock Assessment unit, Cosham Birth Centre and Cotswold ward.
- 14.71% had an unregistered fill rate of less than 80% by day and 14.71% by night, with hotspots in AMU, 34B, Theatre Medi-rooms, NICU and Cotswold.

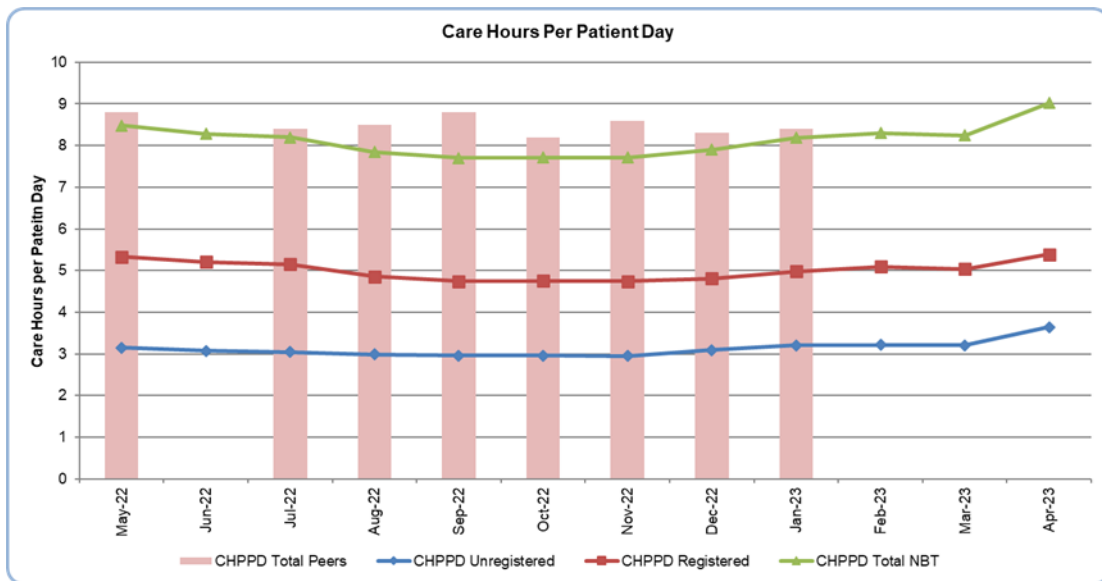
Actions

Current review of staffing levels against establishment in line with National Quality Board requirements in progress.

| Apr-23 | Day shift | | Night Shift | |
|-----------|-----------------|--------------|-----------------|--------------|
| | RN/RM Fill rate | CA Fill rate | RN/RM Fill rate | CA Fill rate |
| Southmead | 88.4% | 90.0% | 94.6% | 100.6% |

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.

Care Hours

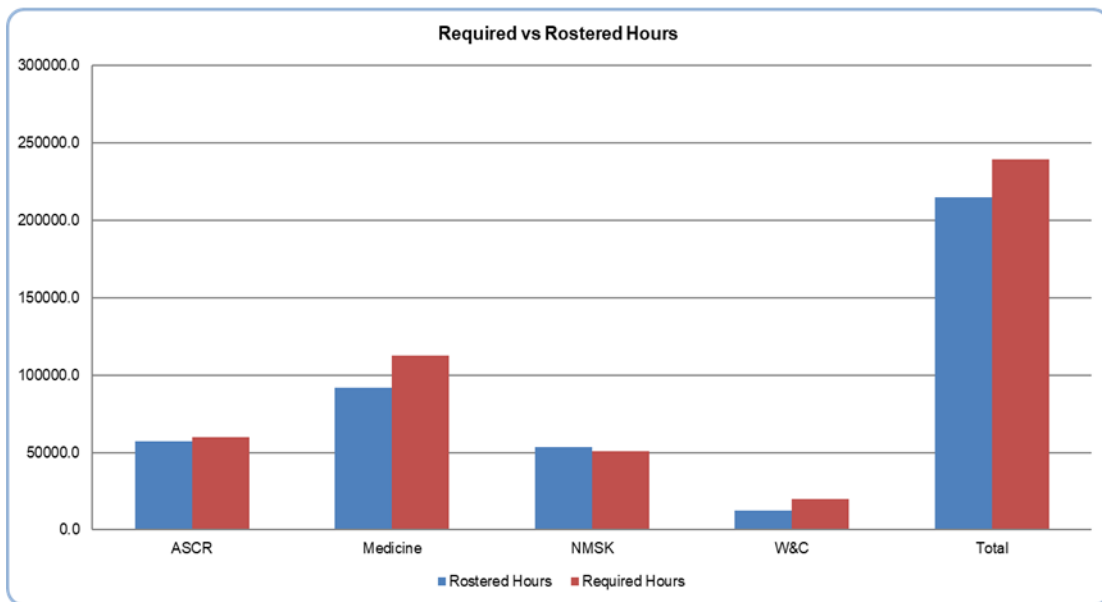


What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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

Safe Care Live (Electronic Acuity Tool)

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



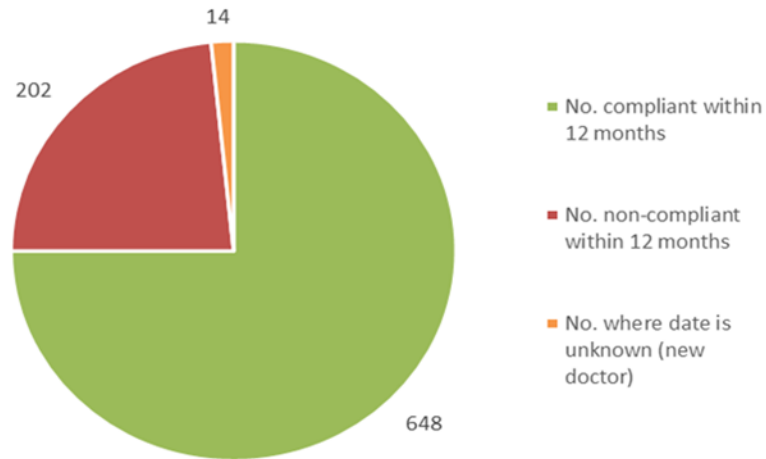
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

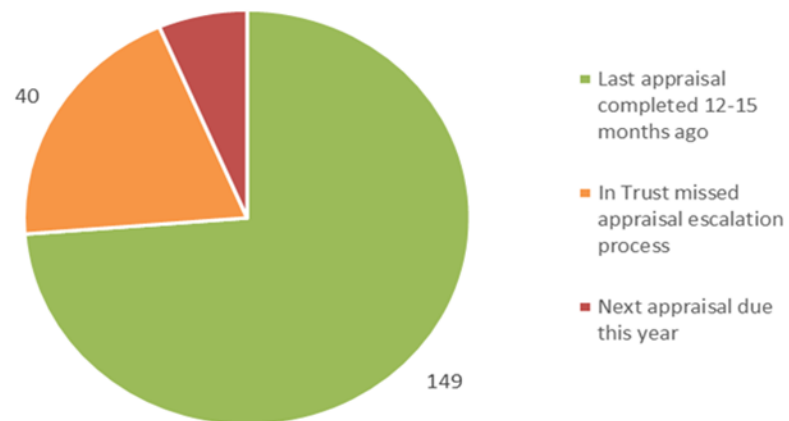
This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on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

How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.

Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



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**

| | Month 1 | | | Year to Date | | |
|--------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 64.0 | 62.1 | (2.0) | 64.0 | 62.1 | (2.0) |
| Other Income | 5.6 | 6.8 | 1.2 | 5.6 | 6.8 | 1.2 |
| Pay | (43.9) | (45.7) | (1.8) | (43.9) | (45.7) | (1.8) |
| Non-Pay | (28.0) | (26.4) | 1.6 | (28.0) | (26.4) | 1.6 |
| Surplus/(Deficit) | (2.2) | (3.2) | (1.0) | (2.2) | (3.2) | (1.0) |

Assurances

The financial position for April 2023 shows the Trust has delivered a £3.2m deficit against a £2.2m planned deficit which results in a £1.0m adverse variance in month and year to date.

Contract income is £2.0m adverse to plan. This adverse variance is driven by lower than expected high cost devices and drugs income (£1.4m) which is offset in expenditure as well an assumption on lost Elective Recovery Income.

Other Income is £1.2m favourable to plan which is driven by additional invoicing within Core Clinical Services in month.

Pay expenditure is £1.8m adverse to plan. In month, the Trust saw the impact of April industrial action with £0.4m adverse variance. In addition, there have been increased temporary staffing costs of £0.6m. The 2023/24 pay award is driving an additional £0.9m adverse variance as the award is for an additional 5%, however, only 2% was included in the 2023/24 plan.

Non-pay expenditure is £1.6m favourable to plan driven by underspends on high cost drugs and devices (£1.4m) offset in contract income. The Trust is also seeing the benefit of reduce public dividend capital (PDC) and depreciation from the asset revaluation in 2022/23.

Statement of Financial Position at 30th April 2023

| | 22/23 M12 | 23/24 M01 | In-Month Change |
|---|--------------|--------------|--------------------|
| | £m | £m | £m |
| Non Current Assets | | | |
| Property, Plant and Equipment | 491.5 | 495.4 | 3.8 |
| Intangible Assets | 17.6 | 17.5 | (0.1) |
| Non-current receivables | 1.4 | 1.4 | 0.0 |
| Total non-current assets | 510.6 | 514.3 | 3.7 |
| Current Assets | | | |
| Inventories | 10.0 | 10.1 | 0.1 |
| Trade and other receivables NHS | 26.7 | 27.5 | 0.8 |
| Trade and other receivables Non-NHS | 30.5 | 33.4 | 2.8 |
| Cash and Cash equivalents | 104.0 | 88.2 | (15.8) |
| Total current assets | 171.3 | 159.2 | (12.1) |
| Current Liabilities (< 1 Year) | | | |
| Trade and Other payables - NHS | 4.3 | 4.9 | 0.6 |
| Trade and Other payables - Non-NHS | 120.9 | 111.2 | (9.8) |
| Deferred income | 17.2 | 21.8 | 4.6 |
| PFI liability | 15.7 | 15.7 | 0.0 |
| Finance lease liabilities | 1.4 | 1.3 | (0.1) |
| Total current liabilities | 159.5 | 154.8 | (4.7) |
| Trade payables and deferred income | 6.7 | 7.3 | 0.5 |
| PFI liability | 349.5 | 348.7 | (0.8) |
| Finance lease liabilities | 5.8 | 5.7 | (0.0) |
| Total Net Assets | 160.4 | 157.0 | (3.3) |
| Capital and Reserves | 0.0 | | |
| Public Dividend Capital | 469.1 | 469.1 | 0.0 |
| Income and expenditure reserve | (371.3) | (377.0) | (5.6) |
| Income and expenditure account - current year | (5.4) | (3.1) | 2.3 |
| Revaluation reserve | 68.0 | 68.0 | 0.0 |
| Total Capital and Reserves | 160.4 | 157.0 | (3.3) |

Assurances and Key Risks

Property, Plant and Equipment and Intangibles – The year to date increase of £3.7m in Non-current assets is mostly due to an increase in Assets Under Construction (buildings £4.9m, and medical £0.7m) offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

Capital – The Trust has over-programmed its capital plan as agreed in the operating plan. Total capital spend year to date, excluding leases, was £5m compared to an original phased plan of £2.6m.

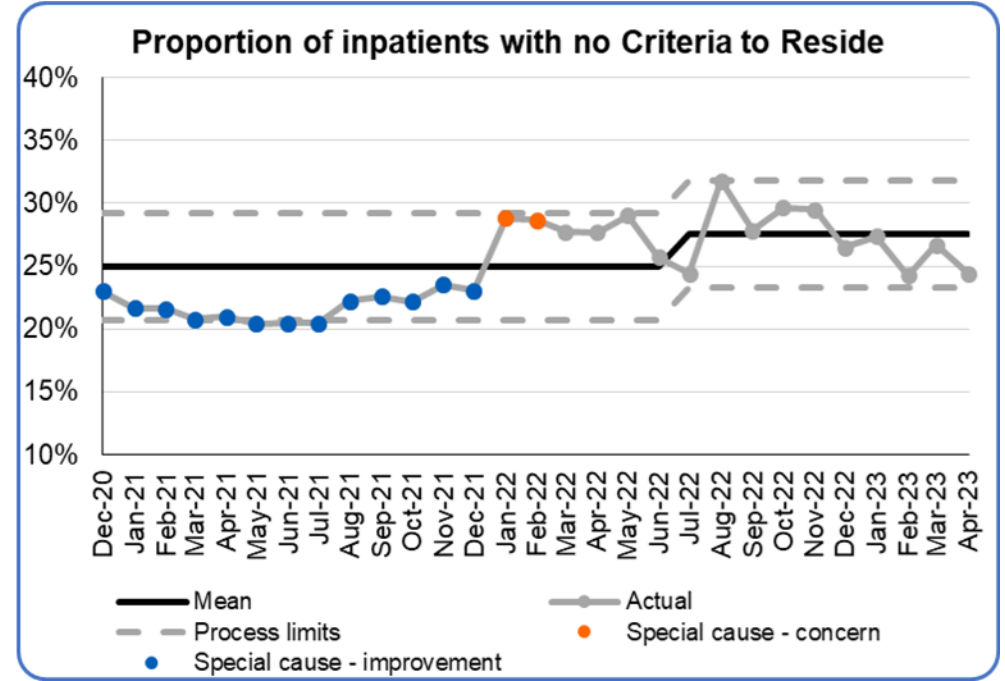
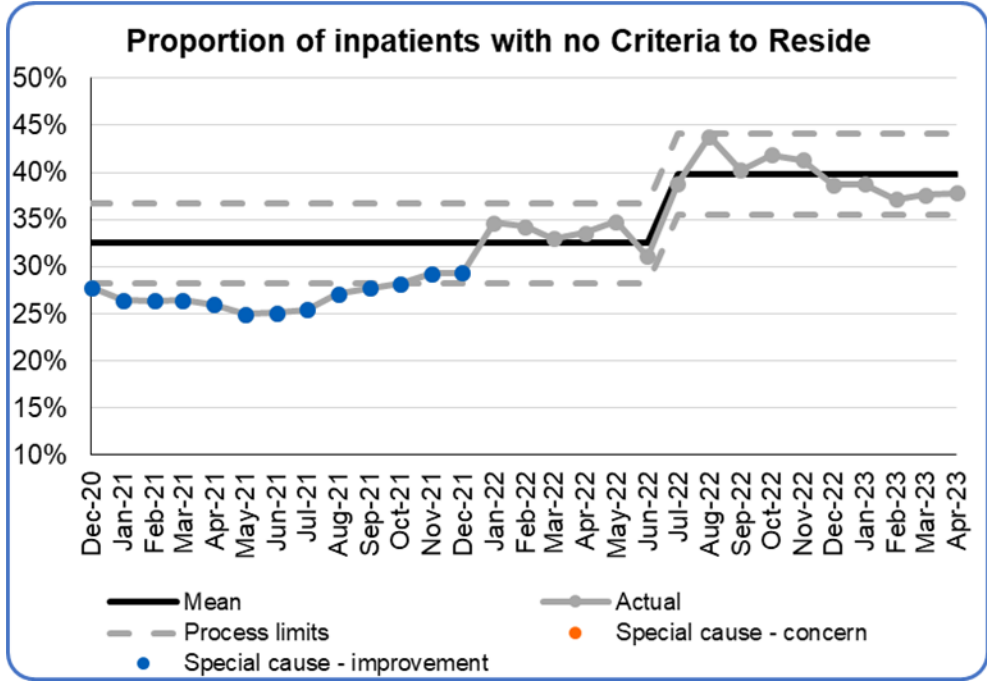
Cash – The cash balance decreased by £15.8m for the month due to changes in the pattern of payments for capital expenditure with increased speed of invoicing from key suppliers significantly reducing the year end accruals position compared to previous years. This has also had a positive impact on BPPC metrics, which have risen to 94.4%.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

| Ref | Criteria | Comp (Y/N) | Comments where non compliant or at risk of non-compliance |
|------|---|------------|--|
| G3 | 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. |
| G4 | Having regard to NHS England Guidance | Yes | The Trust Board has regard to NHS England 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. |
| G6 | 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. |
| G7 | Patient eligibility and selection criteria | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| C1 | Submission of Costing Information | Yes | A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment. |
| C2 | Provision of costing and costing related information | Yes | The trust submits information to NHS Improvement as required. |
| C3 | Assuring the accuracy of pricing and costing information | Yes | Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required. |
| P1 | Compliance with the NHS Payment Scheme | Yes | NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements. |
| P5 | Constructive engagement concerning local tariff modifications | Yes | Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements. |
| IC1 | Provision of Integrated Care | Yes | The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative. |
| IC2 | Personalised Care and Patient Choice | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| WS1 | Cooperation | Yes | The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans. |
| NHS2 | Governance Arrangements | Yes | The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes |

NC2R – change in definition



Internal reporting previously counted patients discharged in the total NC2R number.

Data now excludes discharged patients in line with national reporting. Discharged patients are still reported in the NHSE sitrep.

Referral to Treatment (RTT) – 65+ week wait challenge

What is the target?

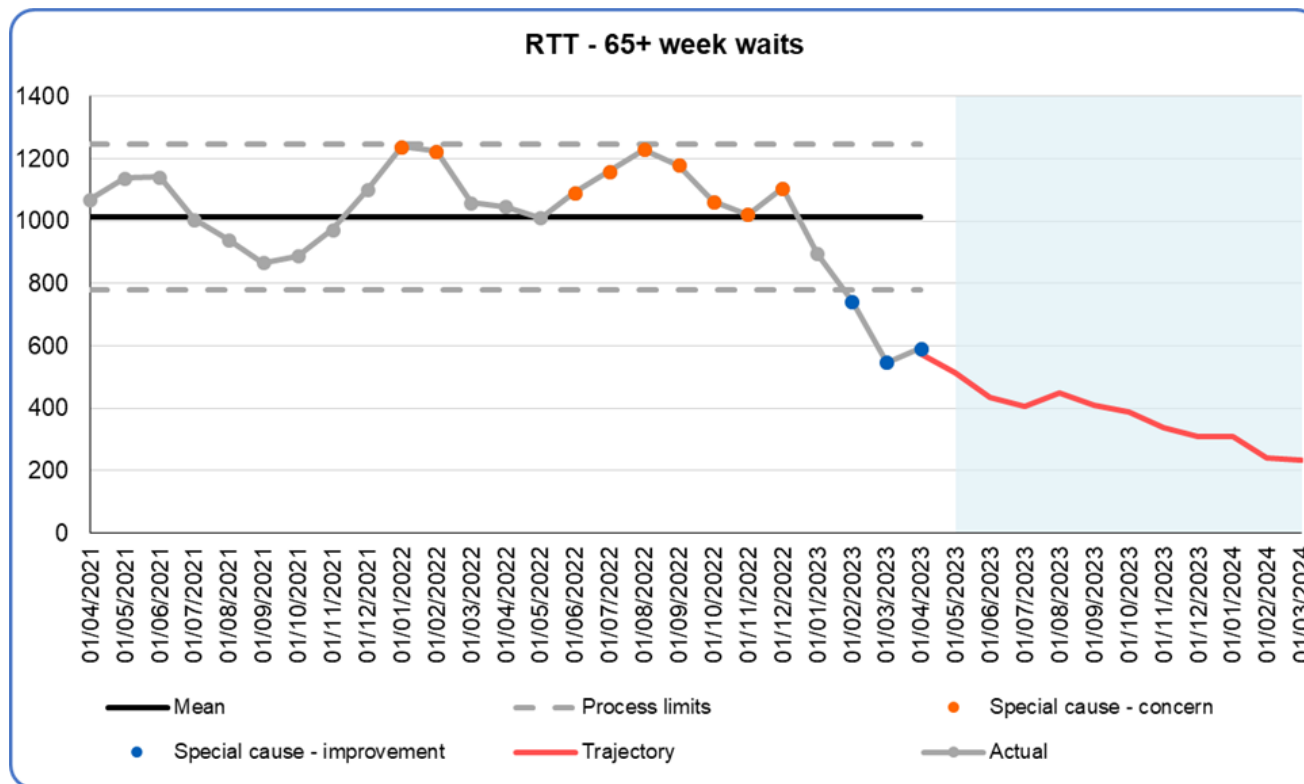
To eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).

What does this mean?

The Trust must ensure that there are zero capacity related breaches greater than 65-weeks for patients on a referral to treatment pathway.

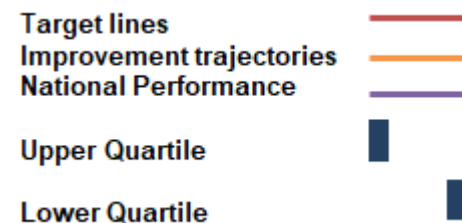
What is the delivery challenge?

- Greater volume of patients within this cohort than previous backlog reduction targets.
- Large proportion of breach risk cohort patients require outpatient appointments and diagnostics – previous targets related to 78-weeks and 104-weeks were largely about delivering operations only.
- Whilst we work through the outpatients and diagnostic elements of patients' pathways, the volume that require surgery prior to 65-weeks remains unknown.
- There is a tension between needing to deliver urgent Cancer care and backlog clearance, which has a more significant impact for a larger cohort of patients.
- There is a risk of fatigue across staff groups when moving into a second year of intensive recovery.
- Patients will continue to choose to defer their treatment to a time that better suits them.



Unless noted on each graph, all data shown is for period up to, and including, 30 April 2023 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.

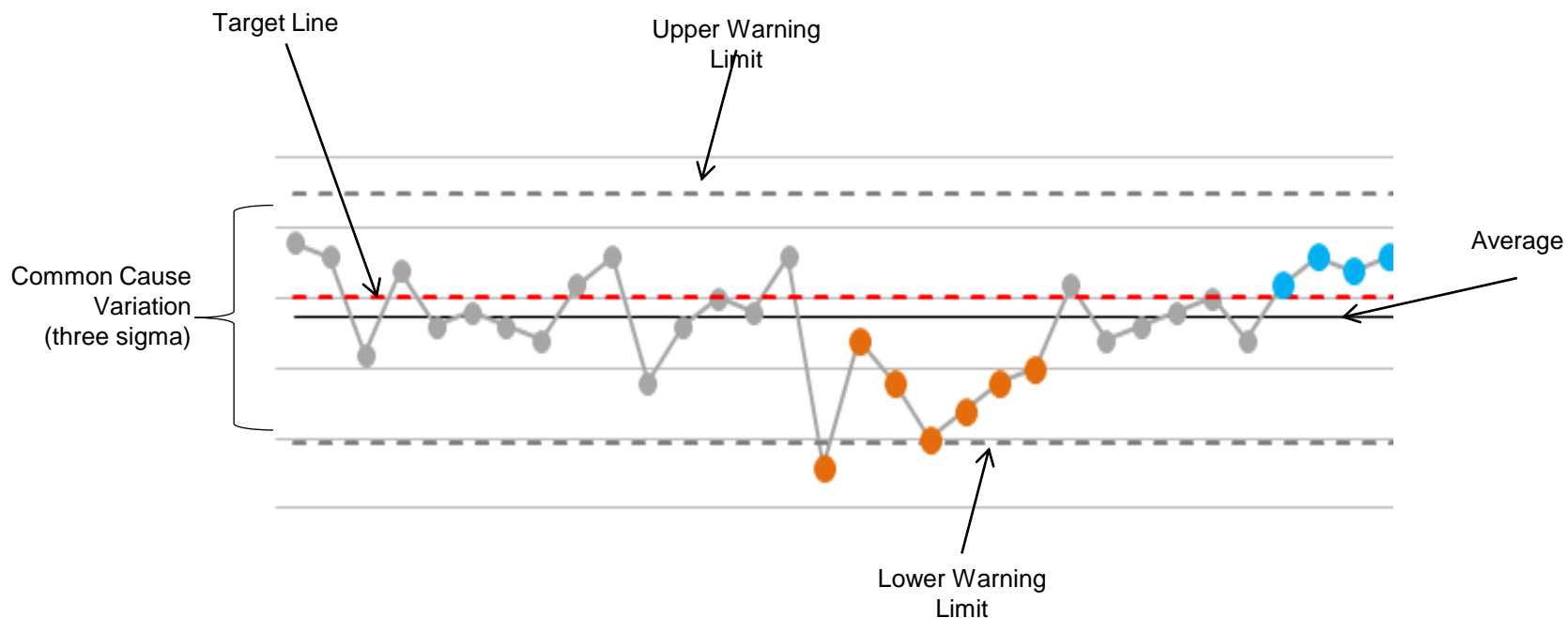


| NBT Quality Priorities 2023/24 | | |
|---------------------------------------|---|---|
| Outstanding Patient Experience | 1 | We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions. |
| | 2 | We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result. |
| High Quality Care | 3 | We will minimise patient harm whilst experiencing care and treatment within NBT services. |
| | 4 | We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices. |
| | 5 | We will make Maternity and Neonatal care safer, more personalised, and more equitable |

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

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

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



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