North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

October 2022

(presenting September 2022 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month) Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%		49.15%	2/10
	A&E 12 Hour Trolley Breaches	R	0	-	38	29	59	20	295	367	449	360	176	297	304	57	261		0-933	5/10
	Ambulance Handover < 15 mins (%)		65.00%	-	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%			
	Ambulance Handover > 60 mins		0	-	418	621	664	645	827	684	681	538	430	527	486	364	439			
	Average No. patients not meeting Criteria to Reside			-	233	241	250	248	295	304	302	301	317	280	349	395	368			
	Bed Occupancy Rate			100.00%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%			
	Diagnostic 6 Week Wait Performance		1.00%	33.73%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%		32.33%	8/10
	Diagnostic 26+ Week Breaches		0	1800	1099	1286	1264	1341	1617	1767	2160	2498	2690	2761	2753	2842	3044			
	RTT Incomplete 18 Week Performance		92.00%	-	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%		57.76%	2/10
	RTT 52+ Week Breaches	R	0	2372	1933	2068	2128	2182	2284	2296	2242	2454	2424	2675	2914	3131	3087		7-11592	3/10
	RTT 78+ Week Breaches	R		458	659	577	497	469	501	511	458	491	473	443	439	441	394		0-2163	5/10
	RTT 104+ Week Breaches	R		48	55	93	138	158	184	177	96	71	48	34	32	33	30		0-360	7/10
	Total Waiting List	R		39255	36787	37268	37297	37264	37210	38498	39101	39819	40634	42326	46900	48766	49025			
	Cancer 2 Week Wait	R	93.00%	55.02%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	-		65.15%	9/10
	Cancer 31 Day First Treatment		96.00%	93.43%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	-		92.46%	10/10
	Cancer 62 Day Standard	R	85.00%	76.98%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	-		56.32%	7/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	69.69%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	-		63.67%	10/10
	Cancer PTL >62 Days		242	345	-	501	663	899	781	528	472	641	689	555	667	858	529			
	Cancer PTL >104 Days		0	50	170	158	108	140	197	135	167	133	161	134	172	147	123			
	Urgent operations cancelled ≥2 times		0	-	-	-	2	2	2	0	0	0	1	1	1	0	-			

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	
	Caesarean Section Rate			28.00%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	
	Still Birth rate			0.40%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	
	Induction of Labour Rate			32.10%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	
	PPH 1500 ml rate			8.60%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	
	Never Event Occurrence by month		0	0	1	0	0	1	0	0	0	1	1	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				3	2	1	1	5	1	3	4	3	1	1	1	0	
	Healthcare Safety Investigation Branch Investigations				-	1	-	-	1	-	1	1	-	1	1	1	0	
	Total Incidents				1059	984	997	1011	1329	1170	1311	1210	1129	1188	1337	1265	1110	
	Total Incidents (Rate per 1000 Bed Days)				38	33	35	35	46	44	44	42	37	41	46	49	49	
	WHO checklist completion			95.00%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	97.07%	98.04%	97.47%	
	VTE Risk Assessment completion	R		95.00%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.36%	93.29%	92.40%	89.24%	85.51%	-	
	Pressure Injuries Grade 2				24	19	12	16	16	19	18	19	19	14	25	16	17	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	1	1	0	0	0	
	Pressure Injuries Grade 4			0	0	0	0	1	0	1	0	0	0	0	0	0	0	
	PI per 1,000 bed days				0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	
	Falls per 1,000 bed days				6.37	6.29	6.32	7.10	8.43	7.57	6.22	7.02	5.68	5.91	6.90	7.20	7.25	
	#NoF - Fragile Hip Best Practice Pass Rate				34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	41.30%	-	
	Admitted to Orthopaedic Ward within 4 Hours				38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	-	
	Medically Fit to Have Surgery within 36 Hours				42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	-	
	Assessed by Orthogeriatrician within 72 Hours				84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	-	
	Stroke - Patients Admitted				83	90	85	73	103	67	78	92	105	40	85	68	72	
	Stroke - 90% Stay on Stroke Ward			90.00%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	-	
	MRSA	R	0	0	0	0	0	0	0	0	4	0	1	1	0	0	0	
	E. Coli	R	4		3	8	3	2	6	1	5	5	1	4	3	3	2	
	C. Difficile	R	5		5	4	1	6	6	1	6	7	4	5	3	3	4	
	MSSA		2		4	1	0	5	3	2	2	1	2	2	0	1	8	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	
	Friends & Family - IP - Proportion Very Good/Good				92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	
	Friends & Family - OP - Proportion Very Good/Good				93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	
	Friends & Family - ED - Proportion Very Good/Good				74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	
	PALS - Count of concerns				123	100	93	86	100	102	111	150	129	116	168	154	151	
	Complaints - % Overall Response Compliance			90.00%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	
	Complaints - Overdue				10	10	6	11	4	5	5	10	4	5	6	1	3	
	Complaints - Written complaints				55	59	44	52	58	56	56	43	48	53	46	62	64	
Well Led	Agency Expenditure ('000s)				1492	1576	1350	1314	1363	1147	1581	1838	1846	1205	2111	1726	1292	
	Month End Vacancy Factor				6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	
	Turnover (Rolling 12 Months)	R		16.97%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.82%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	
	Trust Mandatory Training Compliance				82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	

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Executive Summary – October 2022

Urgent Care

After an improved August position, the UEC pressures increased markedly in September. This was associated with a rise in inpatient COVID-19 cases and a resulting increased bed loss due to IPC requirements. Four-hour performance was 56.43% in September. Despite this NBT still ranks second out of ten reporting AMTC peer providers. The Trust recorded an increase in ambulance handover delays and 12-Hour trolley breaches in September. Four-hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients with No Criteria to Reside. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the Criteria to Reside criteria awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The Trust has been successful in continuing to maintain clearance of zero capacity breaches for patients waiting >104-weeks for treatment. In addition, a revised plan to deliver zero 78-week capacity breaches remains on track. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance was static in September at 48.27% (8057 breaches). It was not possible to report data for four of the nationally reportable modalities due to the transition to a new EPR system. Had these test types been reported, it is anticipated that overall performance would have improved by c.1.5%. However, the Trust is working towards achieving year-end NHS improvement targets across all modalities. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times and it is anticipated that this will begin to feed through to improving overall diagnostics performance in October/ November.

Cancer Wait Time Standards

Following significant work undertaken to support the Cancer Services Team, and further to the deployment of an action plan to address the high volume of >62 day breaches on the PTL, there has been a period of sustained week-on-week improvement in PTL reduction during September and beyond. This rapid improvement is being recognised at regional and national levels and the Trust continues to deploy actions with the aim of PTL de-escalating from its current Tier 1 status. There were a number of movements in the August position for Cancer with the number of patients breaching 62-Day Performance at 53.87% compared to 45.10% in July. TWW performance stabilised at 40.17%, but there was deterioration in 31-Day First Treatment standard at 87.27% compared to 91.20% in July. Instances of clinical harm remain low month-on-month and the Trust has had no reports of harm in 12 months as a result of delays over 104-Days. Some workforce gaps remain in Tumour Sites. The Trust is working closely with regional and national colleagues and is supporting a "deep-dive" process which is due to take place in November.

Quality

An insights visit was undertaken by the NHS England (South West) Maternity regional team with particular focus on Ockenden progress; formal feedback has now been received supported by the BNSSG quality Team. The regional team recognised the good progress being made to implement the Ockenden recommendations, and suggested areas for improvement. The Independent Investigation into East Kent Maternity Services, led by Dr Bill Kirkup was published on 19th October, a further updated will be provided to the Board in due course. There were no MRSA cases reported in September and NBT remains below trajectory for C. Difficile cases. The reporting of and response to harm from pressure injuries and falls continues to reflect a positive safety culture within a challenged operational environment. A positive and sustained reduction in medication incidents has been seen. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts. The rate of VTE Risk Assessments performed on admission has fallen further below the national target of 95% compliance. A manual audit of documentation completion continues across all Divisions and has confirmed that actual completion of VTE risk assessment in those areas reviewed is better than reflected by the data (typically 95+%) but still requires improvement. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing. The CMO confirms this is a priority area.

Workforce

NBT's Rolling 12-month staff turnover increased from 17.04% in August to 17.22% in September with band 2 healthcare assistants seeing greatest turnover rate at 32.1% Trust vacancy factor increased from 8.57% in July to 8.65% in September; combined impact of funded establishment increases and turnover, registered nursing and midwifery saw a reduction in vacancies following intake of newly qualified nurses. Rolling 12 month sickness absence decreased from 5.48% in August to 5.42% in September with ongoing hot spots in additional clinical services and estates and ancillary staff. Temporary staffing demand decreased by 10.41% (-132.57wte) from August to September, this resulted in unfilled shifts decreasing by 10.28% (42.96wte) and a notable reduction in agency registered mental health nurse use.

Finance

The financial plan for 2022/23 at Month 6 (September) was a deficit of £5.6m. The Trust has delivered a £10.5m deficit, which is £4.9m worse than plan. This is predominately driven by the non-delivery of savings in the first six months of the year and high levels of premium pay spend, including on agency and incentives, partially offset by slippage on service developments and investments. In month, the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 6 for non-delivery. In BNSSG, this has been recognised in provider positions in month. In Month 6, the Trust has seen the impact of the pay award including the back pay element. The funding above the initial 2% planned cost has impacted both pay and contract income. The Month 6 CIP position shows £2.8m schemes fully completed, with a further £3.2m schemes on tracker and £1.6m in pipeline. There is a £9.6m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £8.1m shortfall. Given the position at Month 6, the risks and mitigations impacting on the delivery for the year end position have been reviewed. Cash at 30 September amounts to £89.2m, an in-month decrease of £14.5m which is linked with the pay award (£8.1m) and reduction in payables, including payment of interim PDC dividend for first six months of the year. Total capital spend year to date was £10.4m compared to a plan of £11.0m.

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	On track
	Level 6 Brunel Plan	On track
	D2A	Reporting delays in delivery – NC2R levels remain high
RTT	104 week wait	On track
	78 week wait	On track
Diagnostics	25% 6-week target	Plan in place – Imaging, Echo and Endoscopy – Oct/Nov impact
	Zero 26-week waits	Plan in place – Imaging, Echo and Endoscopy – Oct/Nov impact
Cancer PTL	>62-day PTL volume	Cancer plan – Red to amber on the basis of continuous improvement
	>62-day PTL %	Cancer plan – Red to amber on the basis of continuous improvement

Rating reflects the reported period against in-year plan

Urgent and Emergency Care
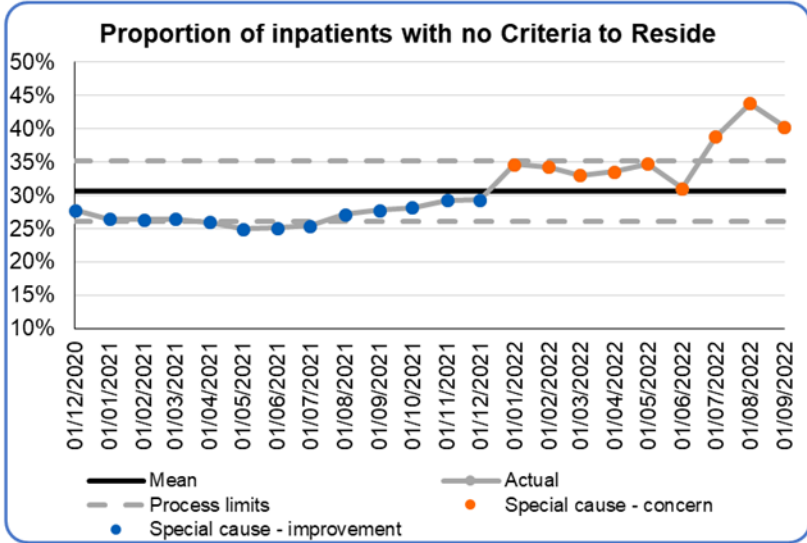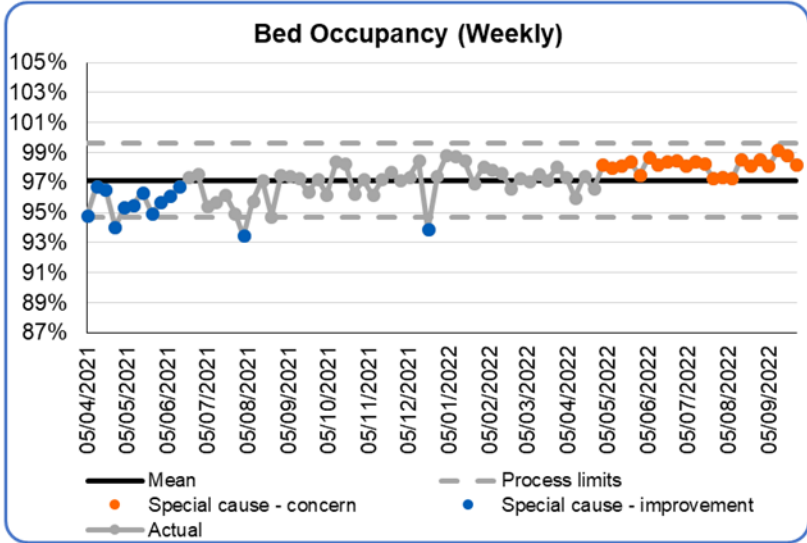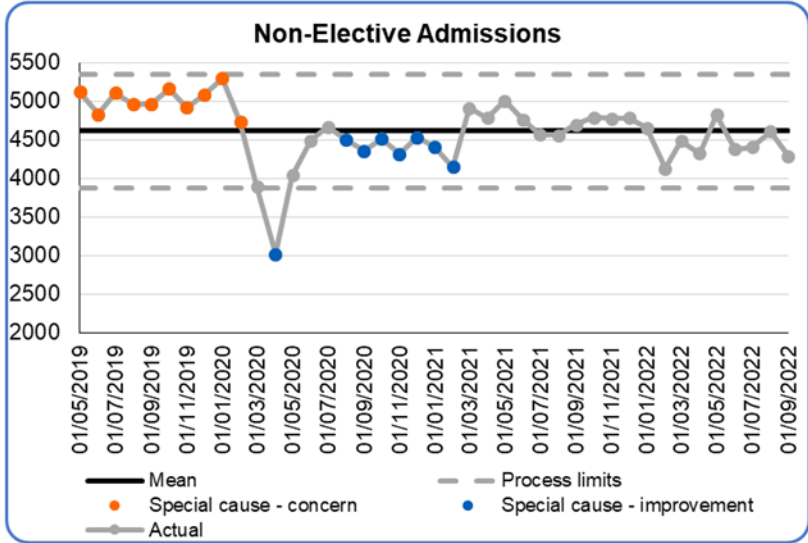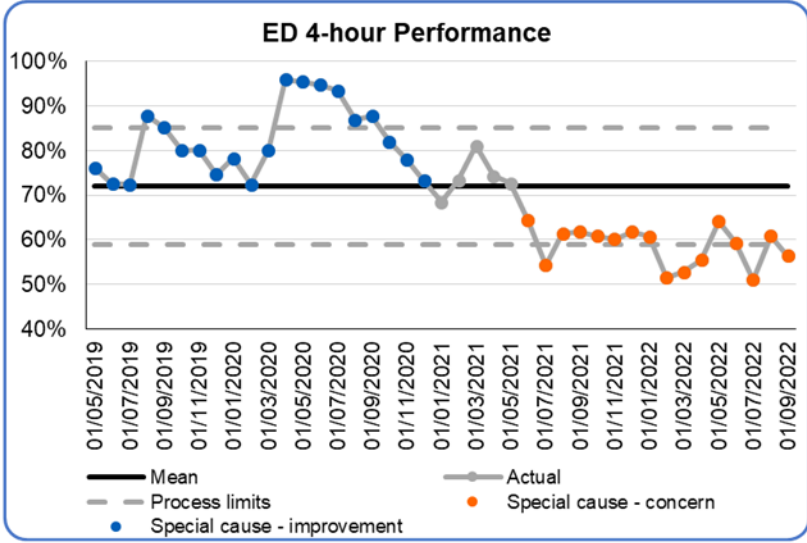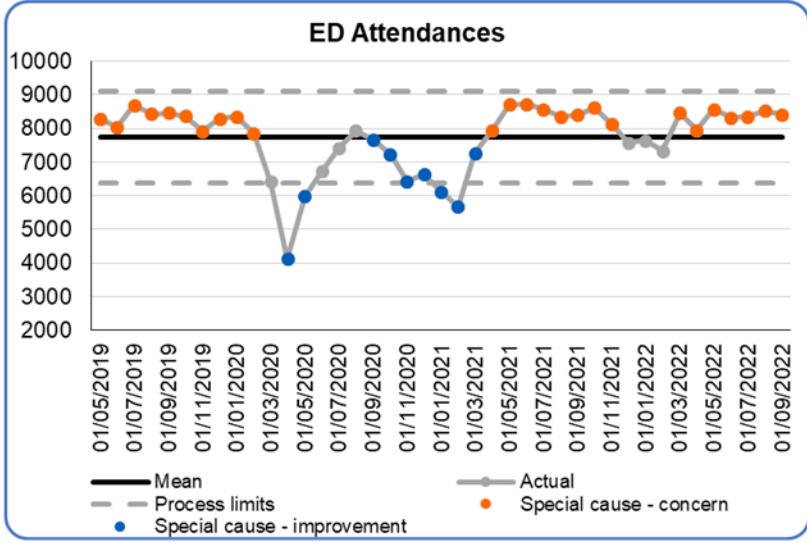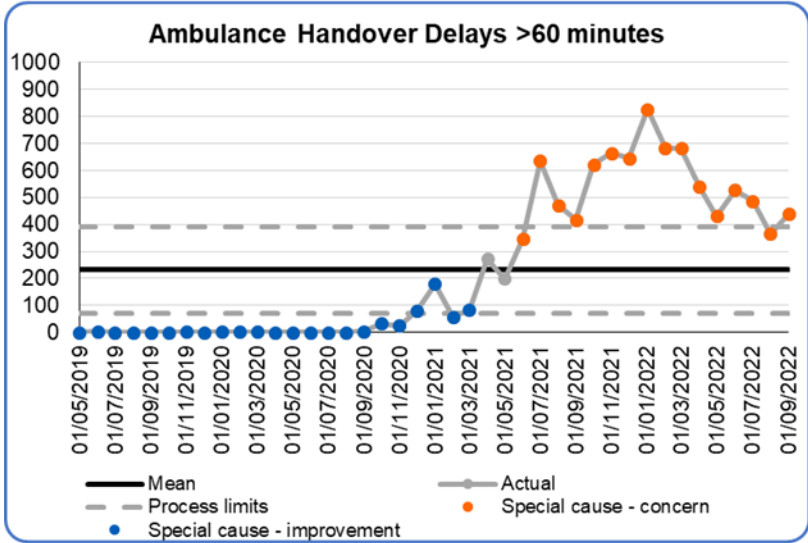
Urgent and Emergency Care

What are the main risks impacting performance?

- Prolonged ambulance handover waits - driven by high bed occupancy.

- Patients with No Criteria to Reside have risen to has high as 44% of the hospital's bed capacity – a further deterioration.

- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.

- Increases in COVID-19 Inpatients with a commensurate loss of beds due to IPC and staff sickness.

- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients and increased COVID-19 occupancy throughout the period means that its impact is adversely mitigated at times.

- The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A.

- Ongoing implementation of the combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions, which plans to save 2000 handover hours over 2022/23.

- Continued introduction of the UEC plan for NBT, this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).

- Contingency planning for winter bed capacity underway – sixth floor plan implementation has commenced.

Diagnostic Wait Times

Diagnostic 6 week Performance (25% target)

Diagnostic 26+ week Backlog
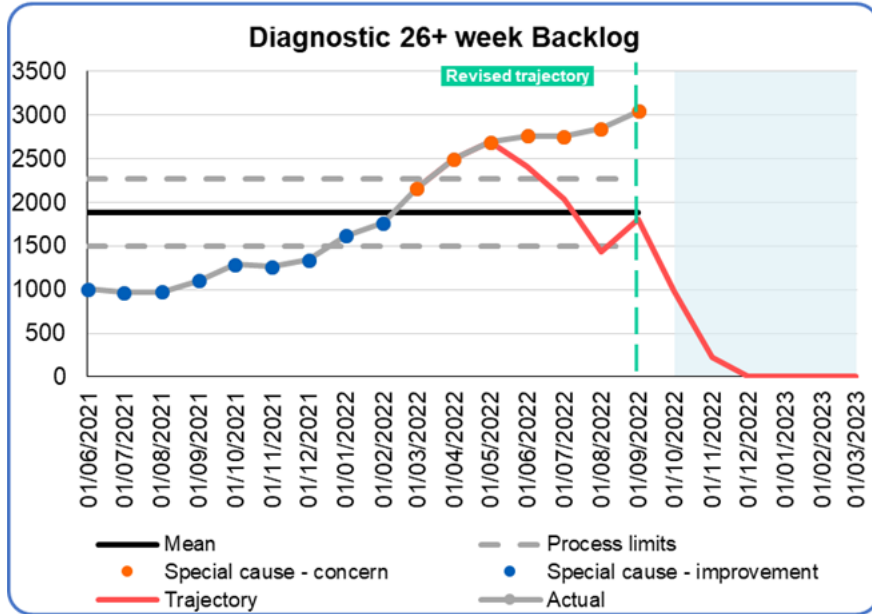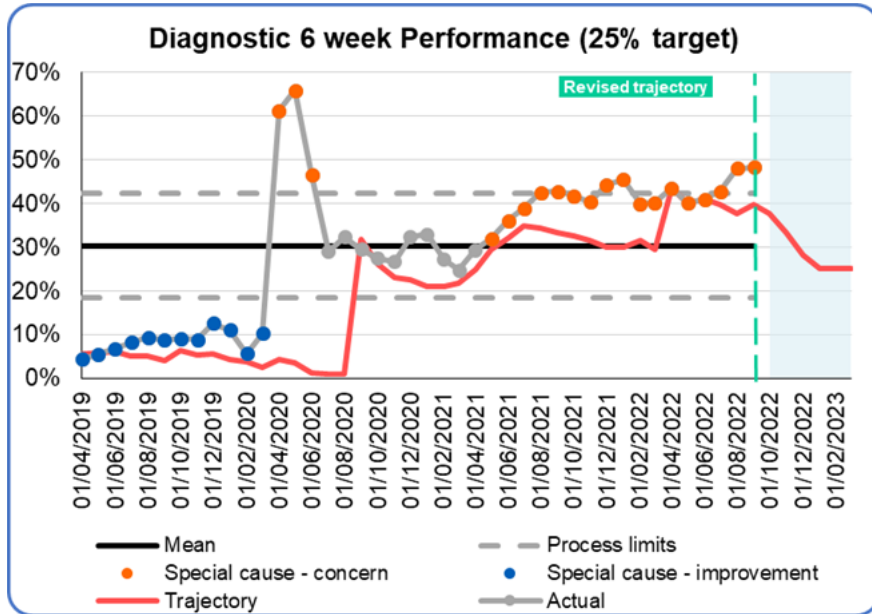
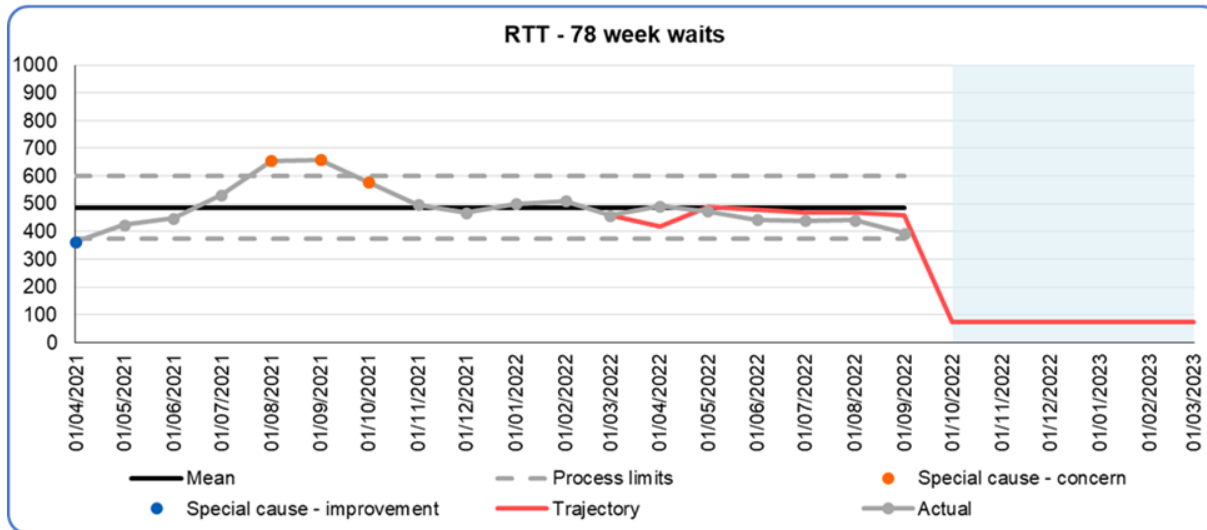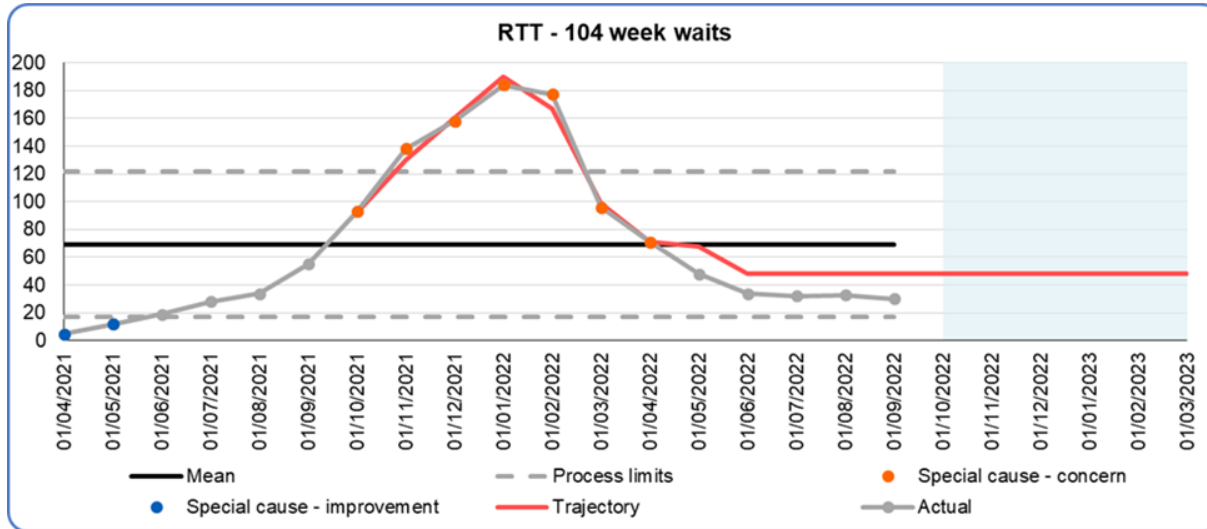**What are the main risks impacting performance?**

- Imaging equipment downtime.
- Staff absence.
- Reliance on independent sector.
- A series of 'deep dive' approaches to delivering in-year diagnostic commitments (25% waiting no longer than 6-weeks and zero 26ww breaches) has concluded that there are three rate limiting constraints which will need to be addressed to achieve compliance: recruitment to the additional radiology activity, increasing Endoscopy activity; and securing additional Echocardiology capacity. Mitigations have been developed and are expected to positively impact the overall position from October onwards.
- The Trust remains committed to achieving the national requirements in-year, within the context of these risks.

What actions are being taken to improve?

- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- CT – Use of the demountable CT scanner based at Weston General Hospital has continued. WLIs are being delivered every weekend to support backlog reduction and outsourcing to Nuffield has commenced.
- MRI – The Trust continues use of IS capacity at Nuffield. Long-day lists at Cossham commenced in October.
- Echocardiography – Ongoing use of Xyla insourcing and agency capacity, and use of IMC agency commenced in September with double the amount of activity planned for October.

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

Referral To Treatment (RTT)

RTT - 104 week waits

Legend: Mean | Process limits | Special cause - concern | Special cause - improvement | Trajectory | Actual

RTT - 78 week waits

Legend: Mean | Process limits | Special cause - concern | Special cause - improvement | Trajectory | Actual
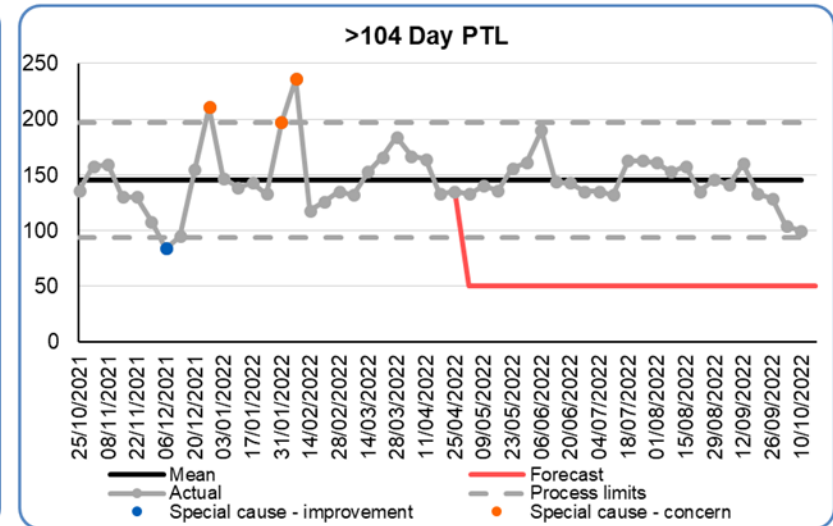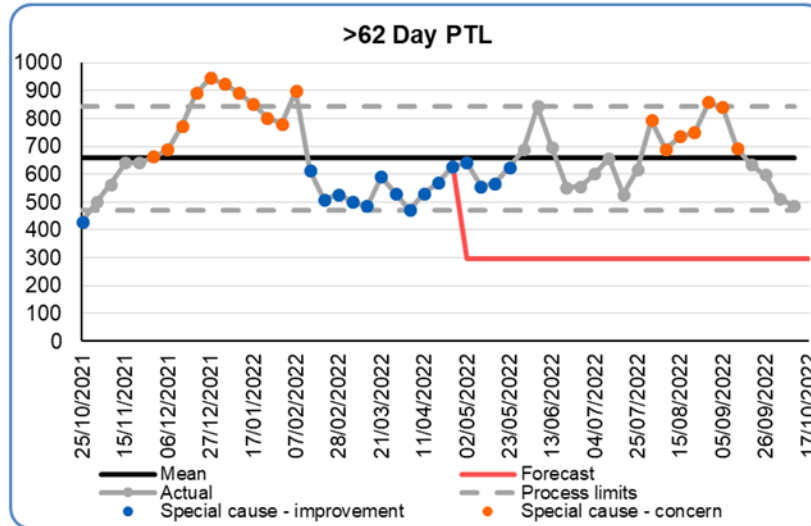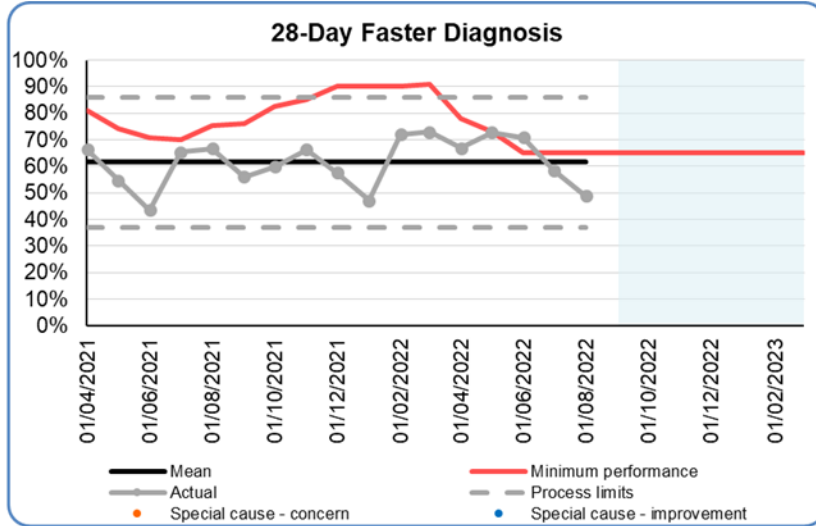
What are the main risks impacting performance?

- 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.
- Any potential surge in COVID-19 related admissions.
- Any potential impact of industrial action as a result of current nursing balance.

What actions are being taken to improve?

- Continued achievement of zero capacity related 104ww position - delivery teams have now been challenged to bring forward 104ww breach activity to one-month in advance of breach. Currently at c.2-weeks in advance.

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

- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.

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

- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance
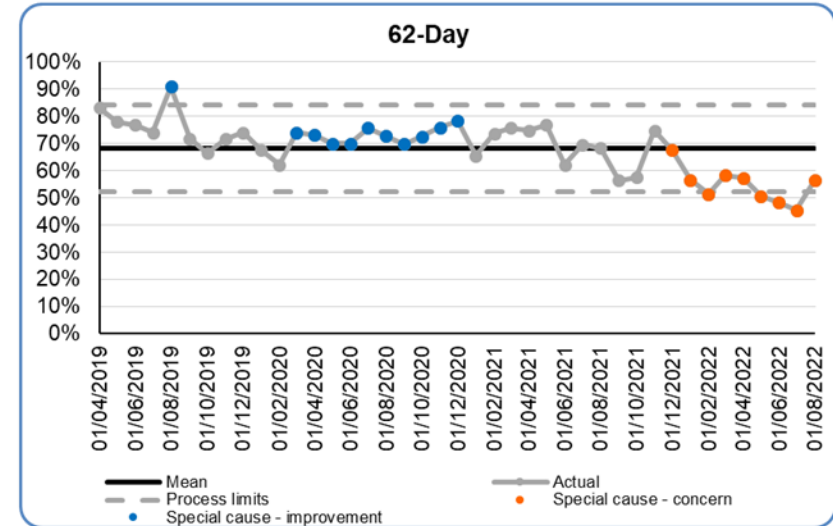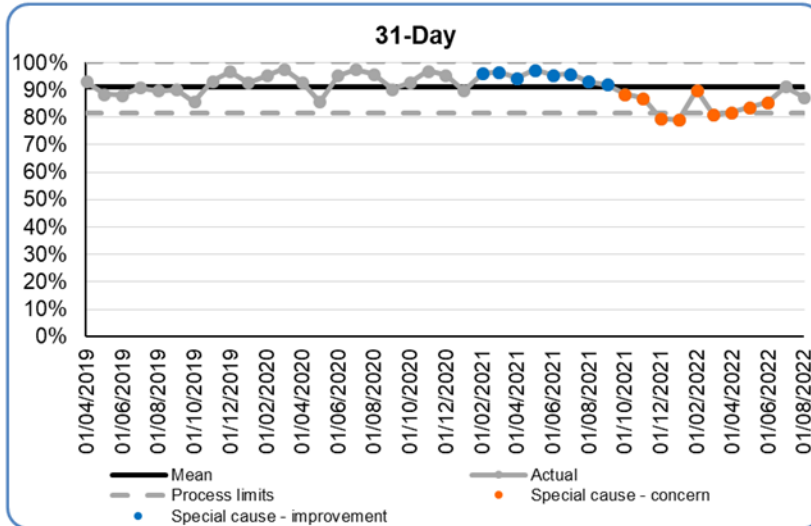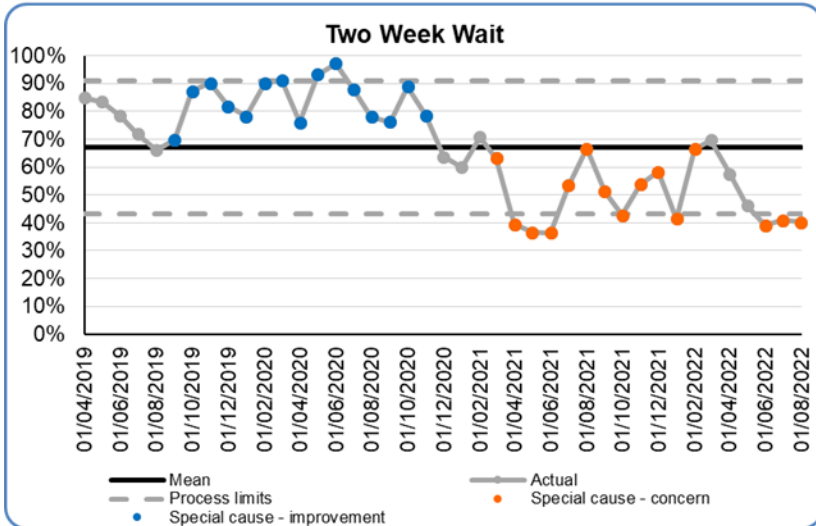
Cancer Performance

What are the main risks impacting performance?

- Retention in the Cancer Services Team.
- Time-lag to training new recruits.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.
- Q2 CQUIN Delivery.

What has improved?

- The Trust has delivered the Quarter 1 CQUIN requirement for 28-day FDS.
- Previously described bridging plans and longer-term recruitment plans for the Cancer Services Team are being enacted.
- Recent rises in the >62day PTL have been stabilised and are reducing and >62-day breaches as a percentage of the overall PTL has reduced.
- Recognition from regional and national teams on improving trend in >62 Day PTL and Tumour Site specific improvements in Breast.

What further actions are being taken to improve?

- Close working with Regional Cancer Team in support of pathway and demand and capacity planning.
- Planning underway for Tumour Site specific pathway improvements.
- Focus remains on reducing the absolute >62-day Cancer PTL volume and the percentage of >62-day breaches as a proportion of the overall wait list.
- Teams continue to focus in 3 areas:
  - Tracking and where appropriate removing >62-day PTL patients;
  - Tracking and closing pre->62-day patients to avoid them from breaching; and
  - Improving uploading patients to the total waiting list to ensure the Trust's overall reported % is reflective of the true position.

Quality, Safety and Effectiveness

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

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

NBT - PQSM	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	TREND
Activity							
NICU admission rate at term		4.3%	4.4%	6%	5%	2%	
Perinatal Morbidity and Mortality inborn							
Total number of perinatal deaths		4	4	5	4	3	
Number of stillbirths 16 to 23+6 weeks excl. TOP		1	2	1	1	1	
Number of stillbirths (>=24 weeks excl. TOP)		1	1	1	1	0	
Number of neonatal deaths : 0-6 Days		2	1	1	1	2	
Number of neonatal deaths : 7-28 Days		0	0	2	1	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	1	2	0	
Maternal Morbidity and Mortality							
Number of maternal deaths (MBRRACE)		2	0	0	0	0	
Direct		1	0	0	0	0	
Indirect		1	0	0	0	0	
Number of women who received level 2 & 3 care		2	1	1	0	1	
Insight							
Number of datix incidents graded as moderate or above (total)		1	0	1	3	0	
Datix incident moderate harm (not SI, excludes HSIB)		1	0	1	1	0	
Datix incident SI (excludes HSIB)		0	0	0	1	0	
New HSIB SI referrals accepted		0	1	1	1	0	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	0	0	
Workforce							
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite		83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps		DNA	DNA	2	3.2		
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps		0	0	0	0	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)		1	0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)		1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)		0	0	0	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).		12%	11%	14%	18%	38%	
Vacancy rate for midwives		6.8%	6.7%	8.1%	6.9%	9.8%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		43%	40%	45%	51%	51%	
Vacancy rate for NICU nurses		11	21	19	15	14	
Datix related to workforce (service provision/staffing)		3	2	9	9	5	
Consultant led MDT ward rounds on CDS (Day and Night)		DNA	66%	78%	68%	74%	
One to one care in labour (as a percentage)		100%	100%	99%	99%	99%	
Compliance with supernumerary status for the labour ward coordinator	100%	97%	100%	100%	98%	95%	
Number of times maternity unit attempted to divert or on divert		4	6	26	36	34	
in-utero transfers							
in-utero transfers accepted			4				
in-utero transfers declined			0				
ex-utero transfers				11			
ex-utero transfers accepted			9	9	3	6	
ex-utero transfers declined				2			
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	
Involvement							
Service User feedback: Number of Compliments (formal)		57	31	48	58	132	
Service User feedback: Number of Complaints (formal)		2	4	5	9	5	
Staff feedback from frontline champions and walk-abouts (number of themes)		4	4	4	3	3	
Improvement							
Progress in achievement of CNST /10		7	7	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	90%	51%	62%	75%	79%	86%	
Fetal Wellbeing and Surveillance	90%	48%	74%	87%	87%	89%	
Trust Level Risks (Extreme Risks only)		6	6	5	5	6	

Executive Summary

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

- MSG will approve the action plan to address the safety recommendations from the ATAIN Q1 2022 report which was shared at the last meeting. Quarterly Term babies admitted to NICU (Neonatal Intensive Care Unit) are reviewed every quarter by a multidisciplinary team; themes have been identified and safety recommendations made.

- There was 1 admission to ITU 1/7 post EMCS, transfer from Yeovil following PPH.

- Workforce pressures across all staff groups.

- Two new consultant obstetricians were successfully appointed in August 2022, although sickness across the obstetric rota results in reduced leadership time for all consultants. Although there are no rota gaps for the duty anaesthetist, the Trust-wide shortage of anaesthetists impacts on some anaesthetic services with Maternity. NICU medical and nursing staffing is improving, with QIS compliance now 51% (40% in May 2022).

- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership) as needed. Preliminary findings from the Picker Report 2022 to be formally shared with the Division on 7th December 2022.

- Maternity Incentive scheme submission date has now been extended. The Trust will await formal notification of the submission date from NHSR. There remain 2 areas of concern. Whilst mandatory training compliance (Safety Action 8) has significantly improved, and the extension of the reporting period for this safety action means the expected trajectory of 86% is above the required threshold. Due to the timeframe required to undertake the required improvement work, it is not anticipated that Safety Action 6 will be achieved.

- An insights visit was undertaken by the regional team with particular focus on Ockenden progress. Feedback was valuable with highlights about multi-professional working, staff engagement, visit preparation and the maternity safety culture.

- Other areas of excellence include the roll out of the Positive Incident Management System and Personalised Care and Support Plans for October 2022. As well as exceptional team working given the workforce pressures.
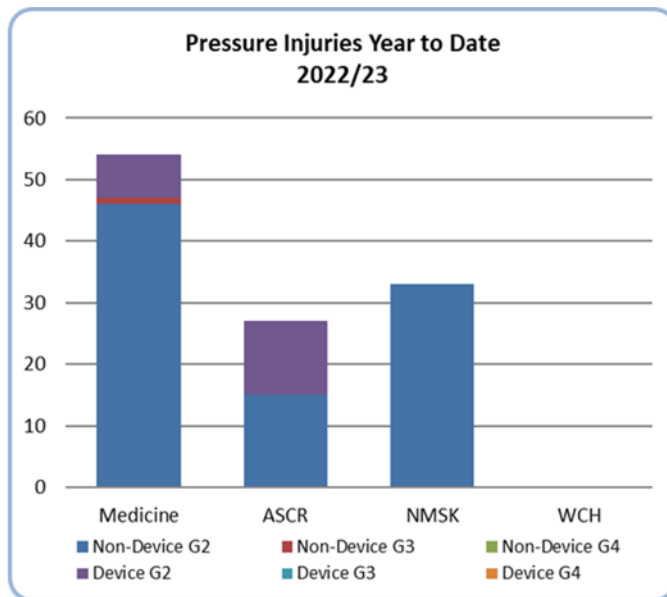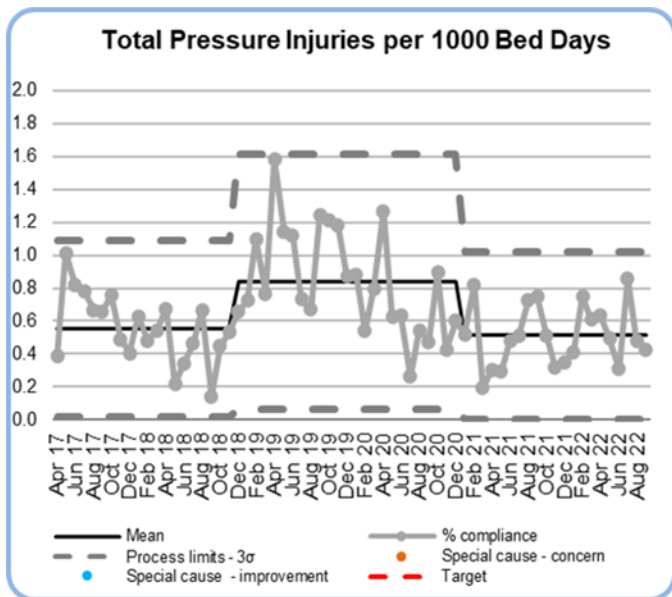
There are 5 Trust Level Risks:

|	
Risk 1150 re fetal anomaly screening programme	Patient Experience Extreme Risk 20 (Major x Almost Certain)
Risk 1334 re midwifery workforce	Workforce Extreme Risk 20 (Major x Almost Certain)
Risk 1191 re antenatal clinic service capacity:	Performance Extreme Risk 16 (Major x Likely)
Risk 1195 re ventilation systems in CDS	Statutory Duty/Compliance Extreme 15 (Mod x Almost Certain)
Risk 1211 re IT connectivity in the community:	IM&T Extreme Risk 16 (Major x Likely)

Strategic Theme/Corporate Objective Links

Be one of the safest trusts in the UK
Build effective teams empowered to lead
Treat patients as partners in their care
This report supports the Corporate Objectives:
• 'Reduce measurable harm', 'Achieve a CQC rating of 'Good'

Pressure Injuries

Total Pressure Injuries per 1000 Bed Days

Pressure Injuries Year to Date 2022/23

Non-Device G2 · Non-Device G3 · Non-Device G4 · Device G2 · Device G3 · Device G4

Pressure Injuries - Total Incidents

Pressure Injuries - Device
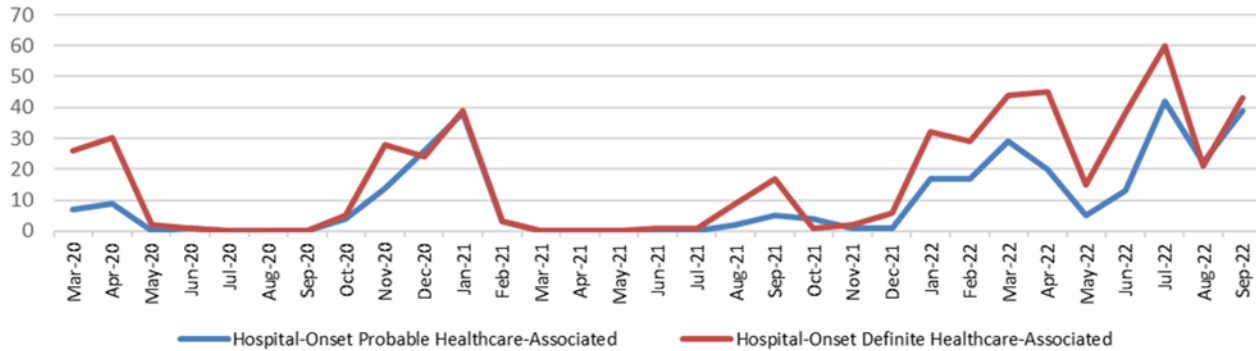
What does the data tell us?

- In September, there was a decrease in the number of Grade 2 pressure injuries, and an increase in medical device related injuries.

- 17 Grade 2 pressure injuries were reported of which 3 related to a medical devices. 9 to the sacrum/buttock, 4 to heels/ankle, 1 to the neck from a brace, and 1 to the ear and 1 to the nose both attributable to medical devices.

- The number of DTI injuries increased to 20. 11 x heels, 5 to buttocks/sacrum, 1 x knee, 1 x ankle, 1 x lower leg, 1 x right leg. 7 DTIs were attributable to medical devices with 5 from a POP (Plaster of Paris) device .

- There were 0 Grade 3 or 4 pressure injuries reported in September. There were 2 unstageable pressure injuries reported 1 x attributable to 26a to a heel and 1 x attributable to 27b for a sacrum.
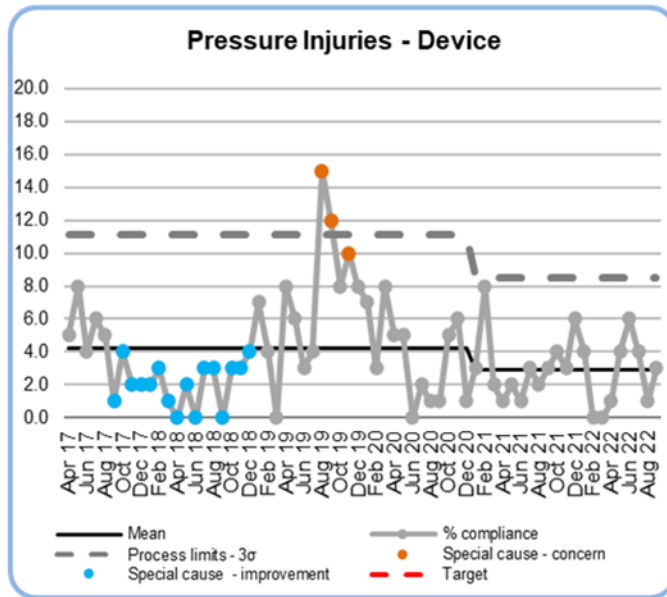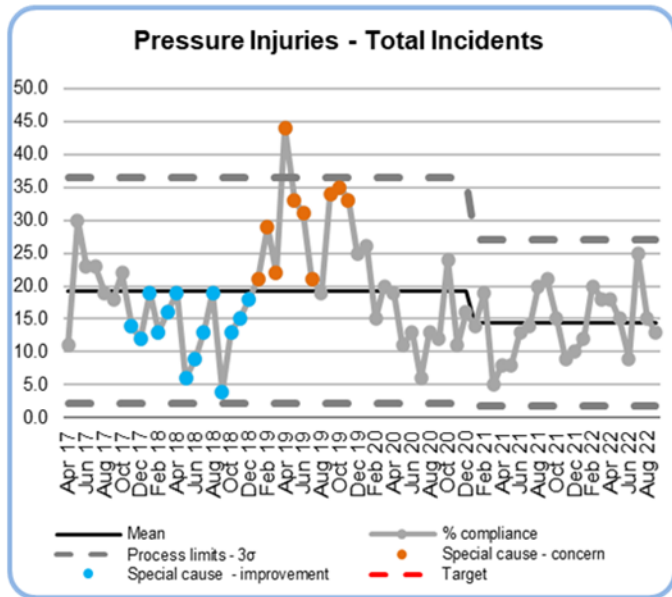
What actions are being taken to improve?

- The Tissue Viability (TV) team continue to audit and use analysis to identify areas to provide targeted support and engagement in collaboration with the divisions and wards.

- TV team hosted supported the Complex Care training day for the medicine . The TVS continue work collaboratively with MDT 'Frailty Pathway' on ward 32a.

- In response to the increase in pressure injuries and DTIs related to POP devices the TVS are facilitating and promoting a focus group to create a pathway and framework to support staff to manage POPs and provide effective and responsive care. A test of change will be implemented on 25a in conjunction with the plaster room to review all casts within 3 days of application or on day of admission from another provider.

Infection Prevention and Control

COVID-19 Onset Category by Positive Test Date

Hospital-Onset Probable Healthcare-Associated
Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

C.Difficile Cases - Trust Attributable (Cumulative Cases)

2022-23 Trajectory — 2021-22 — 2022-23

MSSA Cases - Trust Attributable (Cumulative Cases)

2021-22 — 2022-23 Trajectory — 2022-23

E.Coli Cases - Trust Attributable (Cumulative Cases)

2021-22 — 2022-23 Trajectory — 2022-23

What does the data tell us?

COVID-19 (Coronavirus)
COVID levels increased, in correlation with an expected national growth. Control measures remain in place around mask wearing and reviews of epidemiological data. Outbreaks have increased in numbers with control measures of daily reviews / risk assessments and use of the BNSSG Hierarchy of IPC Practice used to maintain flow.

MRSA – No Further cases noted in September.

C. Difficile - NBT continues to hold a below trajectory position, the key will now be to maintain this and continue the improvement strategy and educational workstream.
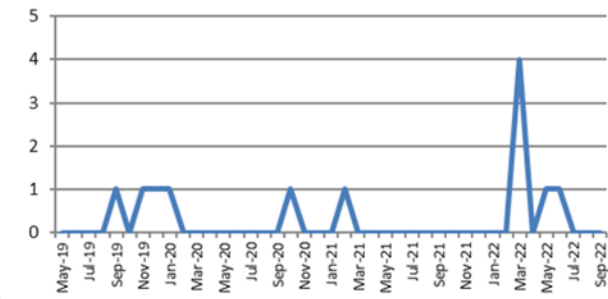
MSSA - Cases has shown a sharp increase in September, a increase being seen additionally in the wider region. To date few cases have attributed to ward learning, other cases to be reviewed at Steering Group
NBT to join regional work aimed at early device removal and AMS principles.

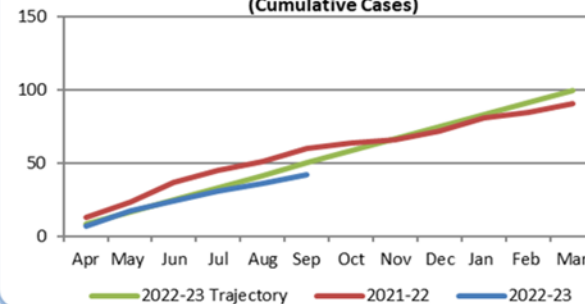**Gram –ve -** At the moment we can report a position below trajectory

What actions are being taken to improve?
- Targeted work in divisions continues particularly in admission areas , specifically looking at C Diff and MRSA, IPC remains involved in shared learning platforms with the ICB and regional work targeting C Diff

- Septembers World Sepsis day was streamlined due to national mourning / operational pressures. International Infection Prevention week (October) will include key themes and targeted learning in all areas across the trust

- COVID support continues across the trust with safe management of outbreaks, risk assessments continually in place managing risk vs trust's on going operational pressures.

- IPC trials – Currently trialling many products with good results . Air scrubbers with ceiling units going into EEU , Soap products to improve staff hand health – NICU / EEU Neptune / Stryker system in Theatres .
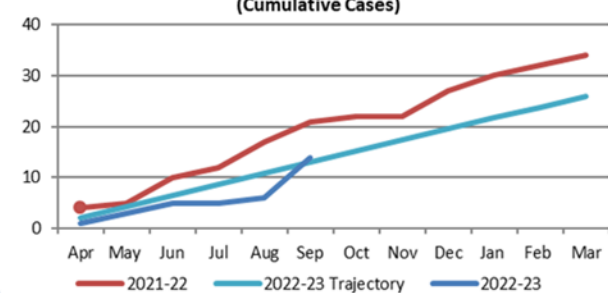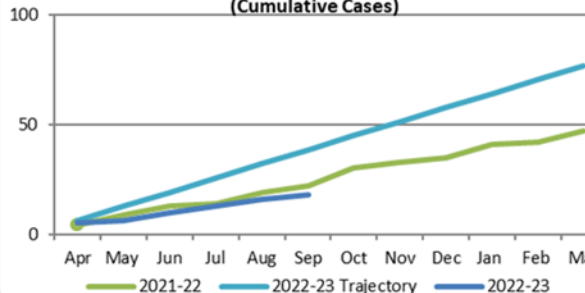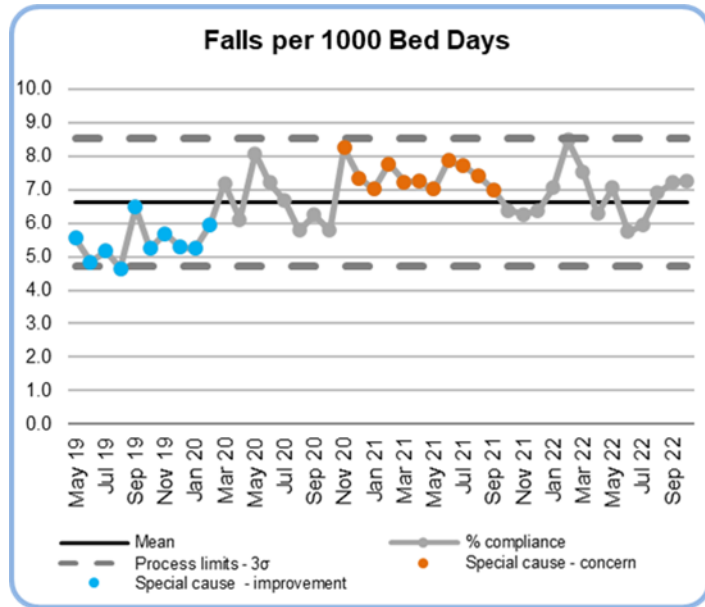
Falls

Falls per 1000 Bed Days

Falls resulting in Moderate Harm, Severe Harm or Death

Falls resulting in Moderate or Severe Harm, or Death
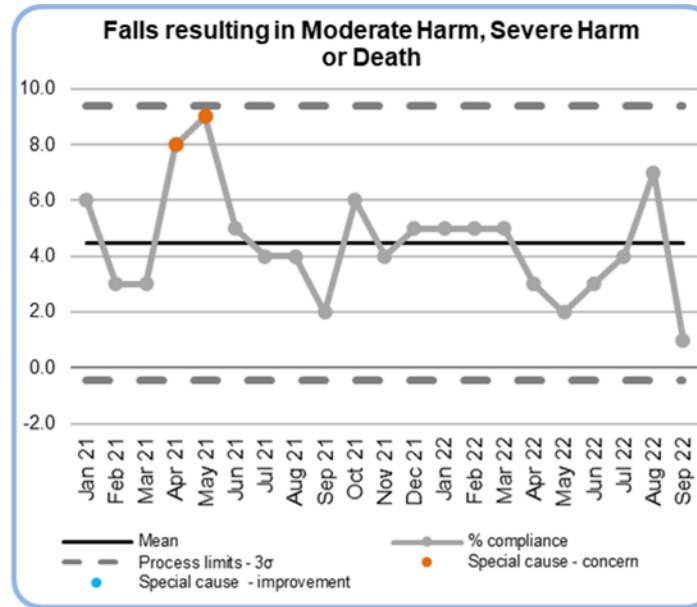
What does the data tell us?

Falls incidents per 1000 bed days

During September 2022, NBT had a rate of 7.25 falls incidents per 1000 bed days. This figure is a very slight increase month on month (from 7.2), and a slight increase from the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days. Review of the variance in falls suggests that it may be attributed to the ongoing unprecedented operational and staffing pressures.

Falls harm rates

During September 2022, 1 fall was recorded and validated as causing moderate harm. Moderate and severe harm falls were below the mean rate in September 2022. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately and safely responding to falls is well embedded at NBT. It is a positive that zero falls resulting in death have been recorded since November 2021.
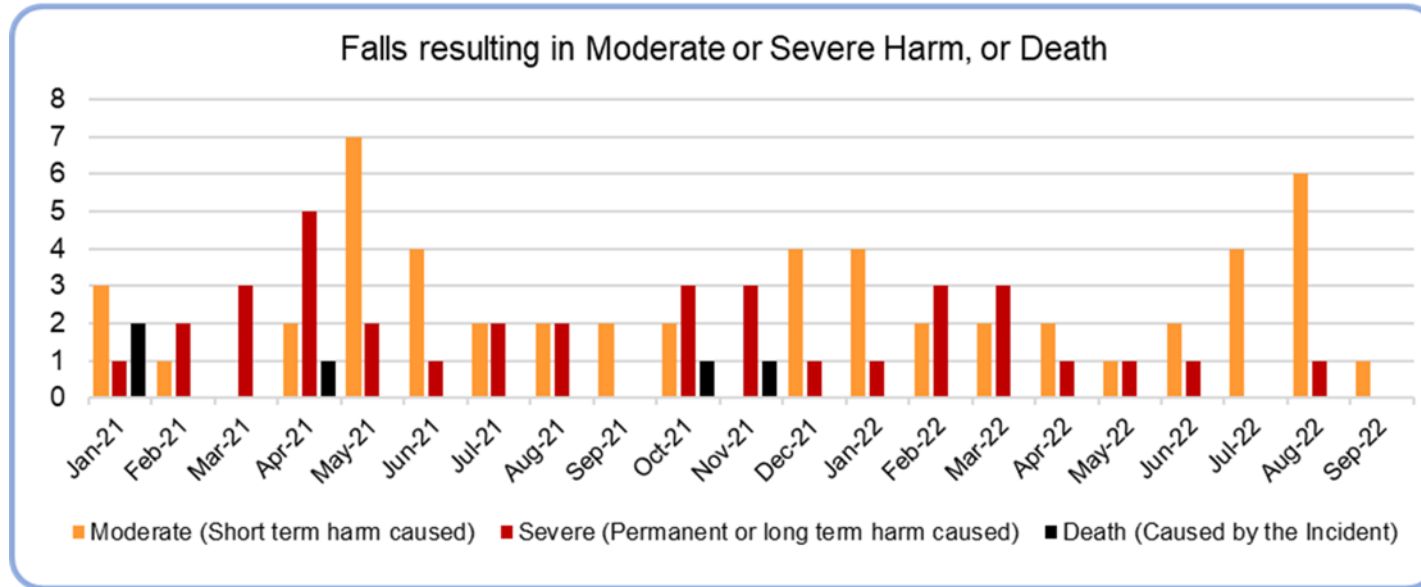
What actions are being taken to improve?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. This monitors themes and trends through incident reporting, thematic analysis and review of completed audits through the National Audit for Inpatient Falls. The Academy is reviewing the falls prevention policy, training and electronic patient records falls risk assessments.

A continuous improvement project is in progress to implement a robust falls care plan and risk assessment tool across NBT. Additionally, the Falls Academy has a continuous education programme linked to themes identified through thematic analysis, emergent risk and national guidance.

WHO Checklist Compliance (Emergency and Elective)

VTE Risk Assessment Completion

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

WHO Checklist Compliance

What does the data tell us?

In September, WHO checklist compliance was 97.47%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

VTE Risk Assessment

What does the data tell us?

In August, the rate of VTE Risk Assessments performed on admission was reported as 85.51%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The Trust change-over to a new Electronic Patient Record system (CareFlow) has contributed to the significant decline in performance seen, with access and training issues, along with data processing delays.

What actions are being taken to improve?

- CareFlow targeted training for medical staff is being explored by the VTE team, along with ensuring all clinical staff have access for checking VTE risk assessment completion

- Data processing issues are being investigated and expected to have been corrected for reporting in September

Performance also reflects the impact of ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirms that actual completion of VTE risk assessment in those areas reviewed is better than reflected by the data but still requires improvement. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing. The work is led by the CMO.
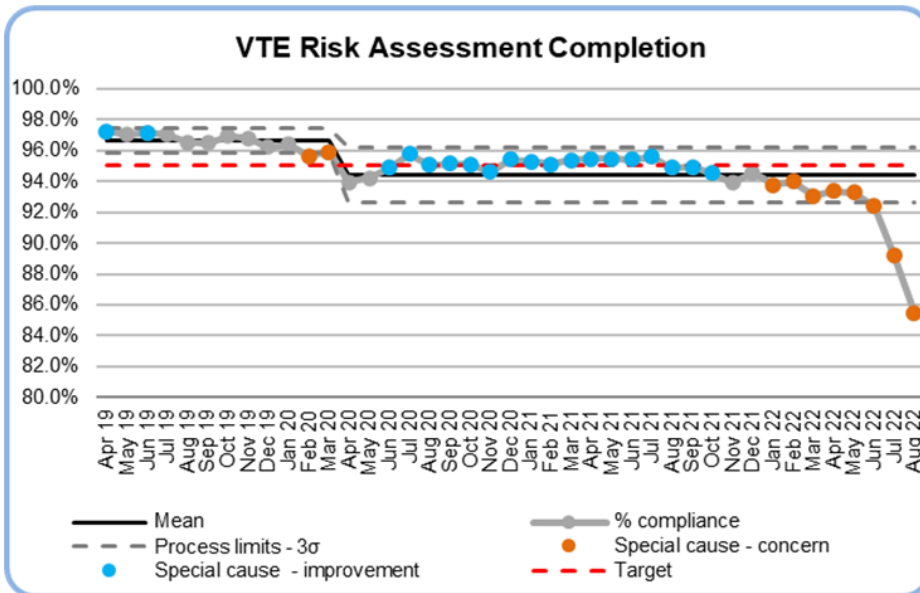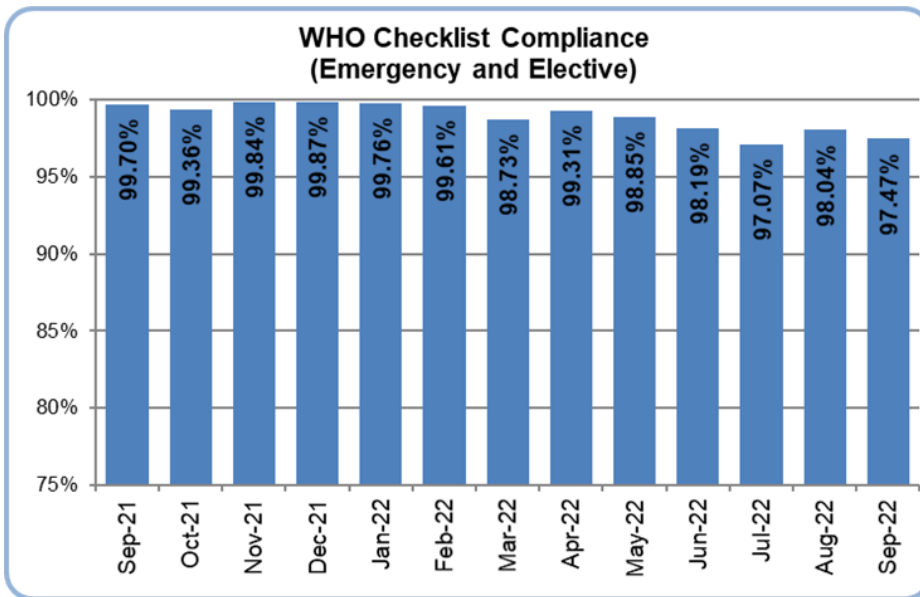
Medicines Management Report

Medication Incidents per 1000 Bed Days

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

Incidents involving high risk drugs - last 12 months

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

What does the data tell us?

Medication Incidents per 1000 bed days
During September 2022, NBT had a rate of 4.1 medication incidents per 1000 bed days. This is below the 6 month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During September 2022, c.14.4 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.144). This is slightly above average seen over the last 6 months but is dropped from the peak seen last month.

High Risk Medicines
During September 2022, c.37% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. The number of incidents involving Controlled Drugs –has reduced from the high seen in in June to a level in keeping with the results for the year to date.
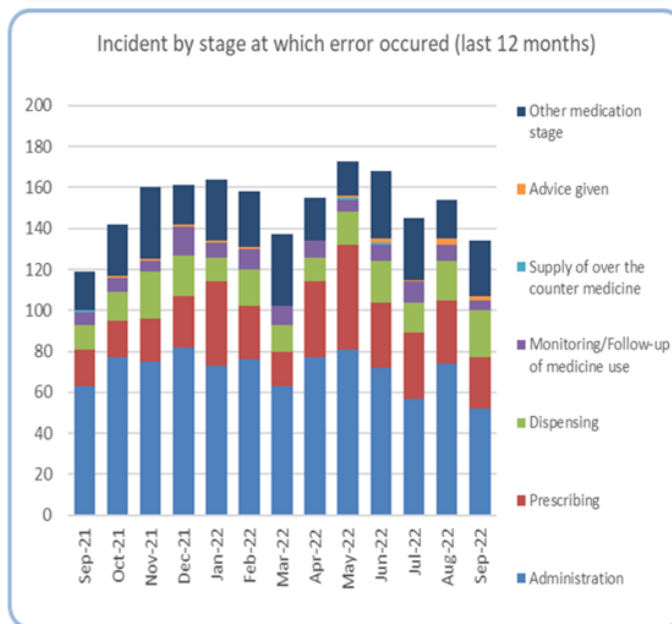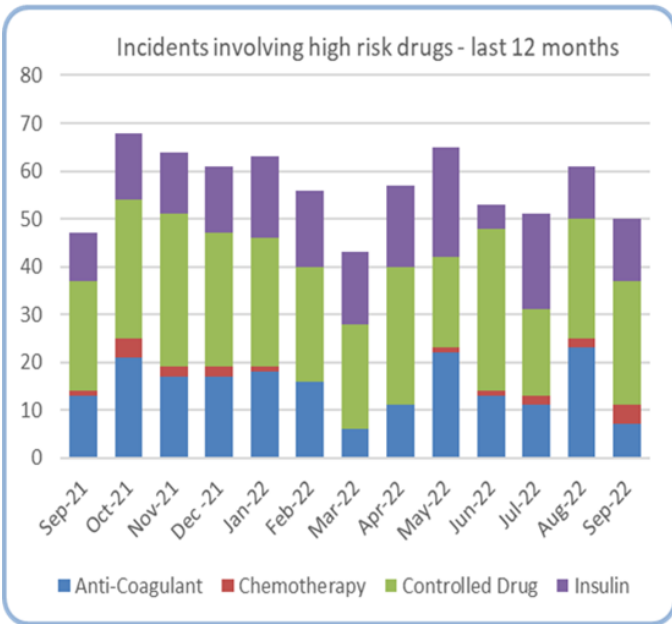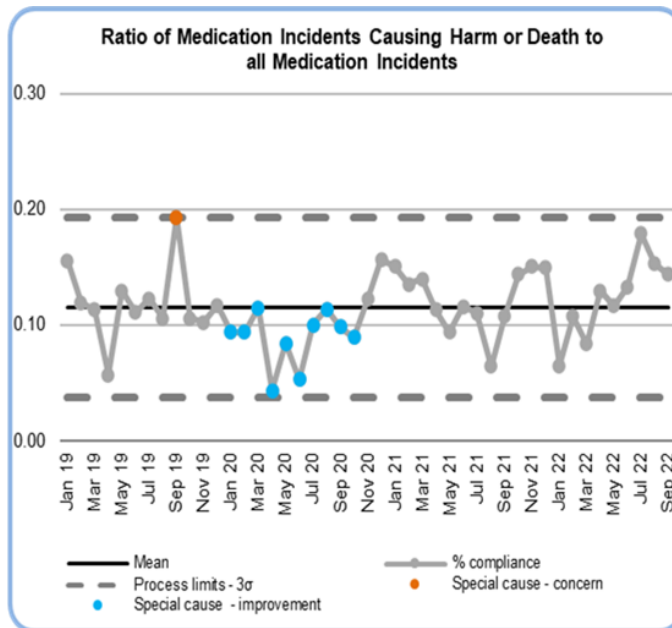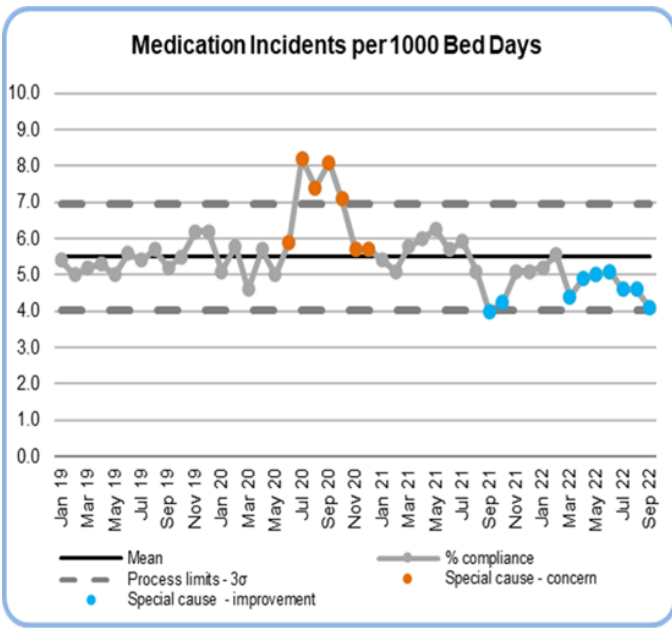
Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the cause was unclear prescribing (this is likely to be in part due to the way the incident coding options are presented on Datix). More work on this subject will be undertaken as part of the 'Medicines Academy' project.

What actions are being taken to improve?

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

The learning from incidents causing moderate and severe harm is to be presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.

Summary Hospital Mortality Indicator (SHMI), National Distribution

Quartile 1 - Lowest 25% | Quartile 2 | Quartile 3 | Quartile 4 - Highest 25%

In order of Summary Hospital Mortality Indicator (SHMI)(n=120)

■ My Provider　■ Non-Peer Providers　— Provider Median (1.01)

Mortality Outcome Data

What does the data tell us?

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

Mortality Review Completion
The current data captures completed reviews from Aug 21 – July 22. In this time period 96% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all "High Priority" cases, 88% completed Mortality Case Reviews (MCR), including 26 of the 27 deceased patients with Learning Disability and 19 of the 25 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as 'high priority'.
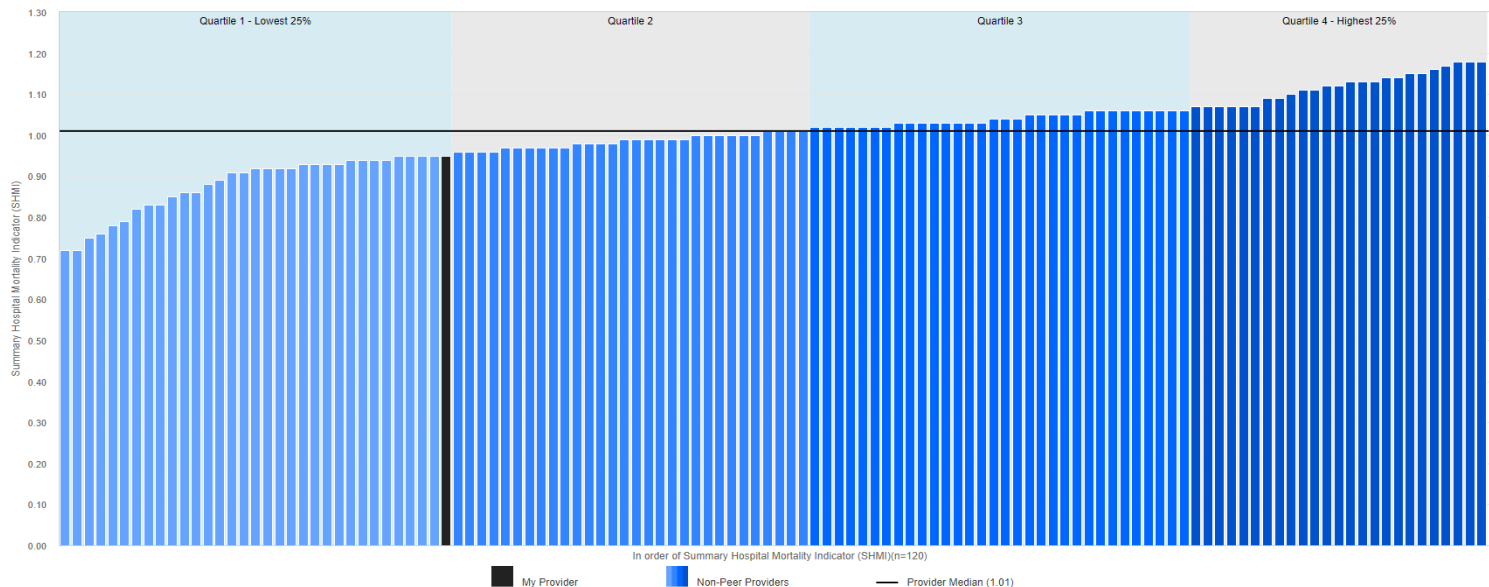
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

We have held a joint CPD session on learning from deaths – this will be an ongoing project between NBT and UHBW with meetings to be held throughout this year and next.
We are setting up a joint working group to support the CPD sessions; looking at the detail of processes, outcomes, reporting, and governance arrangements.
We are attending NMSK Quality Governance day to raise awareness of the mortality review process and to highlight outstanding cases for review. We are also working on a dashboard with NMSK to provide ongoing insight to the division.

Mortality Review Completion

Aug 21 – July 22	Completed	Required	% Complete
Screened & excluded	176		
High priority cases	259		
Other cases reviewed	1578		
Total reviewed cases	2013	2104	96%
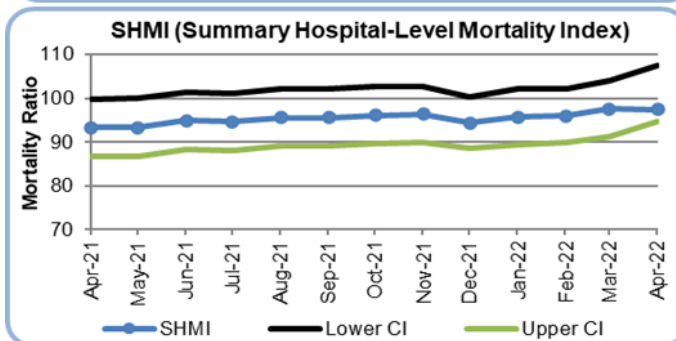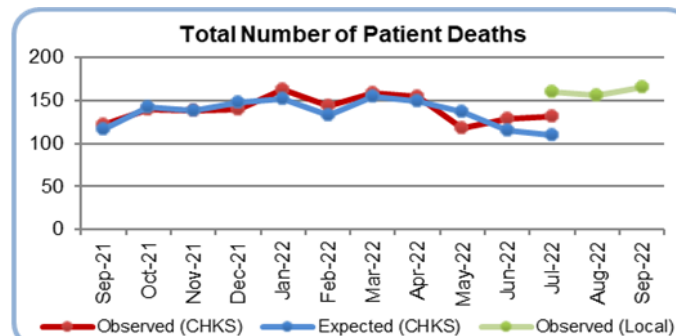
Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	4%	25%	40%	31%

Date of Death	Aug 21 – July 22
Scrutinised by Medical Examiner	1870
Referral to Quality Governance Team	160

Total Number of Patient Deaths

■ Observed (CHKS)　■ Expected (CHKS)　■ Observed (Local)

SHMI (Summary Hospital-Level Mortality Index)

■ SHMI　— Lower CI　— Upper CI

COVID-19 Weekly Scorecard

Current COVID Status: Level 2

Input date: 10/10/22

Metric	22/08/2022	29/08/2022	05/09/2022	12/09/2022	19/09/2022	26/09/2022	03/10/2022	10/10/2022	Trend
New patients last 24 hours – admitted	1	1	2	1	2	2	4	3	
New Patients Diagnosed in last 24 hours	**1**	**1**	**2**	**1**	**12**	**6**	**6**	**6**	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	0	0	2	1	2	2	3	2	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	0	0	0	2	0	1	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	1	0	0	4	1	0	1	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	0	0	0	0	4	2	2	2	
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	0	0	
Blue discharges in past 24 hours	3	2	3	2	3	7	8	4	
Number of COVID positive patients as at 08:00	**32**	**28**	**14**	**13**	**41**	**81**	**56**	**46**	
Of these, patients admitted for primary COVID	21	18	12	10	29	64	39	31	
Of these, patients admitted with incidental COVID	10	10	2	3	12	17	17	15	
COVID positive patients in ICU	0	0	0	1	3	2	2	1	
COVID positive patients outside of ICU	32	28	14	12	38	79	54	45	
Query patients	0	0	0	0	0	0	0	0	
Closed and empty beds due to IPC	5	1	0	0	4	10	8	4	
NIV COVID	0	0	0	0	0	0	0	0	
Deaths	1	0	0	0	0	0	1	0	
Pathology lab positivity rate – rolling 7 day mean	4	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	4	1	2	1	6	3	4	3	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

Metric	15/08/2022	22/08/2022	29/08/2022	05/09/2022	12/09/2022	19/09/2022	26/09/2022	03/10/2022	Trend
Bristol cases per 100,000 – 7 days	39	34	25	24	27	42	63	68	
South Gloucestershire cases per 100,000 – 7 days	63	56	40	40	44	69	103	111	
North Somerset cases per 100,000 – 7 days	39	34	25	24	27	42	63	68	

Key:

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

NBT**CARES**

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

Complaints By Subject

Concerns and Complaints per Division

Complaint Response Rate Compliance

Complaints and Concerns

What does the data tell us?

In September 2022, the Trust received 64 formal complaints which is 2 more than the previous month and 12 more than the same period last year. The most common subject for complaints is 'Clinical Care and Treatment' followed by 'Access to Services-Clinical'. There were 7 re-opened complaints in August, 5 for ASCR, 1 for Operations and 1 for WaCH. For the second consecutive month, the number of re-opened complaints has increased. Monitoring of this shows no consistent themes emerging. Last month the re-opened complaints were in NMSK and Medicine.

The 64 formal complaints can be broken down by division: (the previous month's total is shown in brackets)

|			
ASCR	18 (12)	CCS	4 (3)
Medicine	19 (16)	NMSK	11 (16)
WCH	11 (7)	Operations	1 (1)

The number of PALS concerns received by the Trust remains high at 151, this is 3 fewer than the previous month.

The response rate compliance for complaints increased marginally from 76.3% in August to 76.9% in September. The number of overdue complaints at the time of reporting is 3, 2 in NMSK and 1 in Facilities.

WaCH had 100% compliance and 0 overdue complaints in September.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement have been extended in ASCR and Medicine. Medicine achieved its target in September however ASCR has not this month.
- Staff leave in NMSK has resulted in delays alongside the complexity of cases. No further support is required at this time but we continue to monitor this.
- Review of main reasons for re-opened cases across all divisions as it appears to be a Trust-wide issue, not isolated to one area/division.
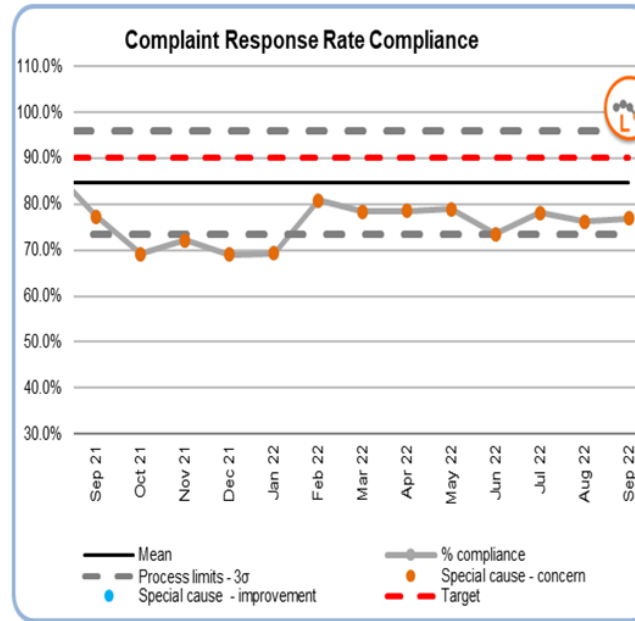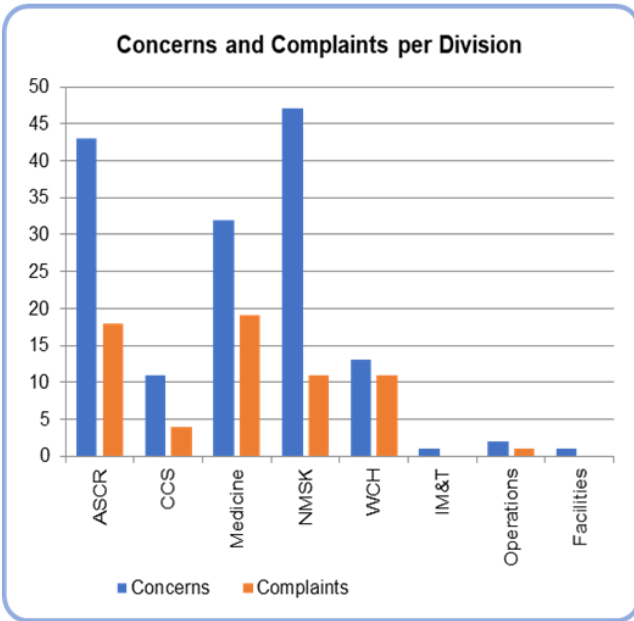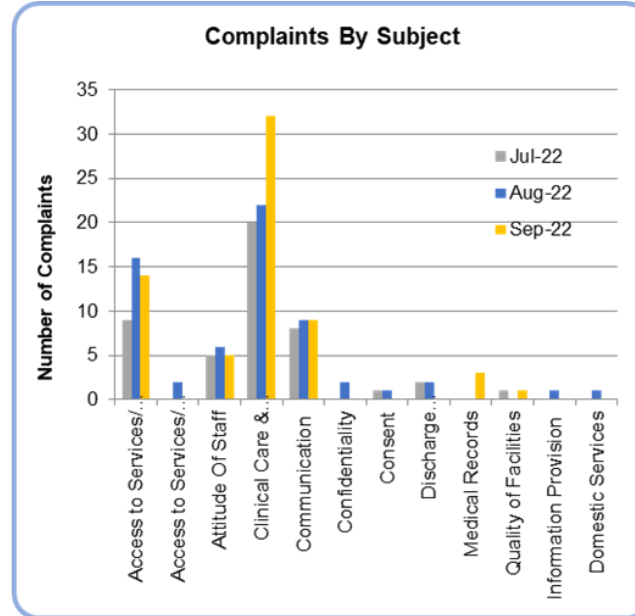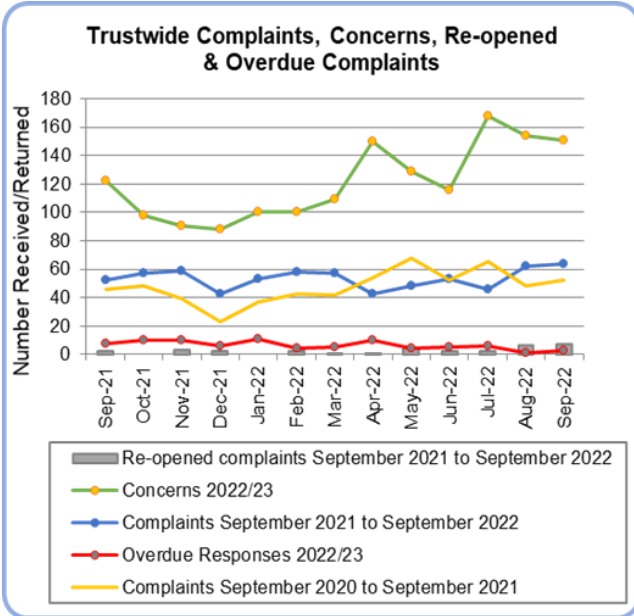
Well Led

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

Well Led Introduction

Vacancies

Trust vacancy factor increased from 8.57% in August to 8.66% in September with current vacancies at 767.51 wte. Vacancies increased in additional clinical services and administrative and clerical staff groups driven by increases in establishment across Theatres, Surgery Services and Outpatients for HCA Band 3 and administrative and clerical staff, at band 2 and 3 across clinical and corporate teams.
Registered nursing and midwifery saw a reduction in vacancies of 18.10 wte due to the September intake of newly qualified nurses, with greatest gains in NICU, ICU, Theatres and NMSK Cluster 1 – Spines and Pain.

Turnover

NBT's Rolling 12-month staff turnover increased from 17.04% in August to 17.22% in September. Additional Clinical Services remains the staff group with highest turnover with HCA band 2s the highest part of this staff group with turnover at 32.1% in September. Registered Nursing and Midwifery and Allied Health Professional also saw an increase in turnover in September both however remain under the Trust average.
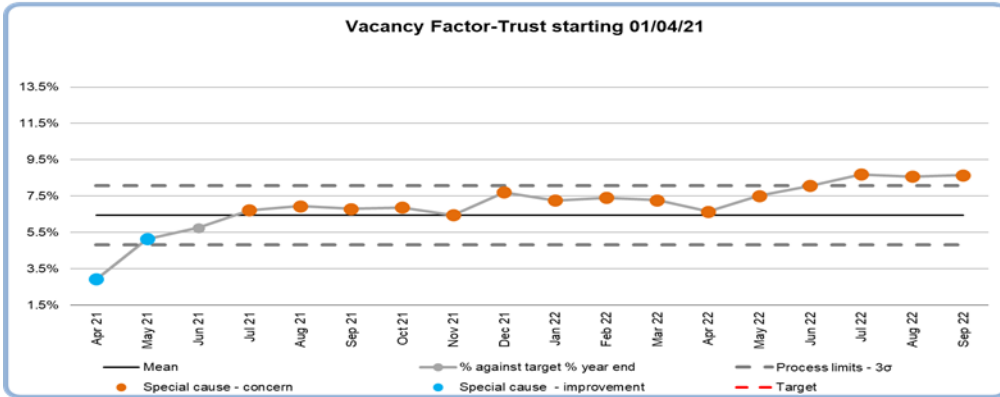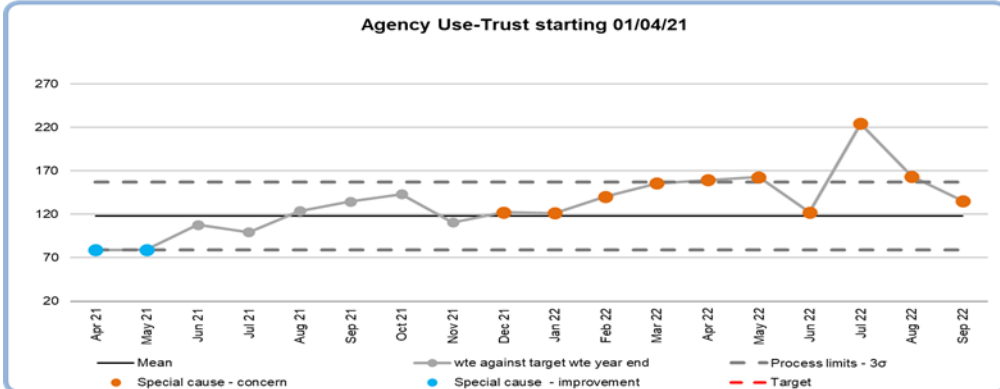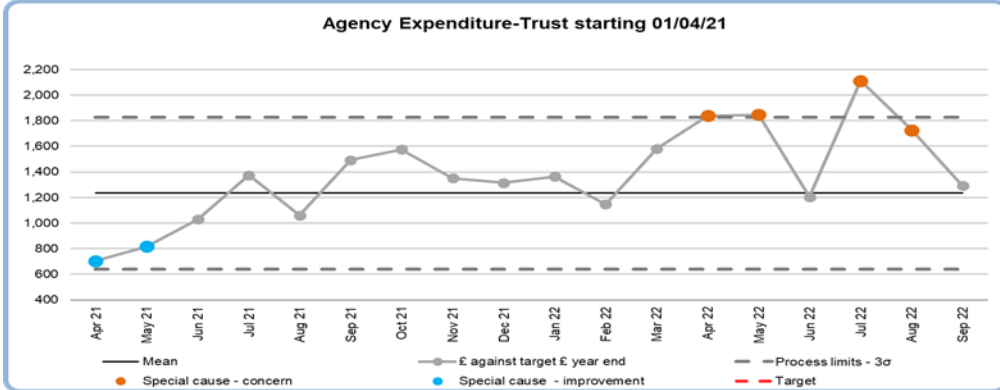
Prioritise the wellbeing of our staff

Rolling 12 month sickness absence decreased from 5.48% in August to 5.42% in September. The highest absence rates are in additional clinical services and estates and ancillary staff with an absence rate of 8.46% driven by COVID-19 sickness and *stress/anxiety/depression/other psychiatric illness.*

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by 10.41% (-132.57wte) from August to September, this resulted in unfilled shifts decreasing by 10.28% (42.96wte) and agency use also decreased by 13.10% (-24.36 wte).
Registered and unregistered nursing and midwifery saw the greatest reduction in demand for temporary staff which saw a reduction in agency use and in unfilled shifts but also a reduction in bank use. Reduction in demand has been seen against shifts requested for enhanced care, increased acuity and dependency and additional capacity comparing September with August.

Total agency RMN use decreased by 53.10% (-37.63wte), driven by decreased use the majority of wards in the Medicine Division, this is due to focussed project work to reduce RMN spend but also due to a less complex patient mix in September compared to August; tier 4 RMN use decreased by 9.49wte (-270.10%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process using which will use Patient First A3 methodology to delivery 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resource	Ongoing
Turnover	Trust-level actions including development of agile working principles and policy; review of relocation and expenses policy; and access to career coaching being developed	Associate Director of People	Oct-22
Wellbeing	Implementing financial wellbeing projects to support our staff; Salary linked finance and savings provider, £7.50 payment to all bands 2-5 and F1 doctors to buy a Blue light card discount card and reduced cost meals in the Vu	Associate Director Culture, Leadership & Development	Dec-22
Temporary Staffing	Tighter focus on Tier 4 reduction - with increased governance and control over usage at point of escalation	Associate Director for Strategic Workforce Planning and Resource	Oct-22

Workforce

Agency Expenditure-Trust starting 01/04/21

Agency Use-Trust starting 01/04/21

Vacancy Factor-Trust starting 01/04/21

What Does the Data Tell Us – Vacancies Nursing and Midwifery
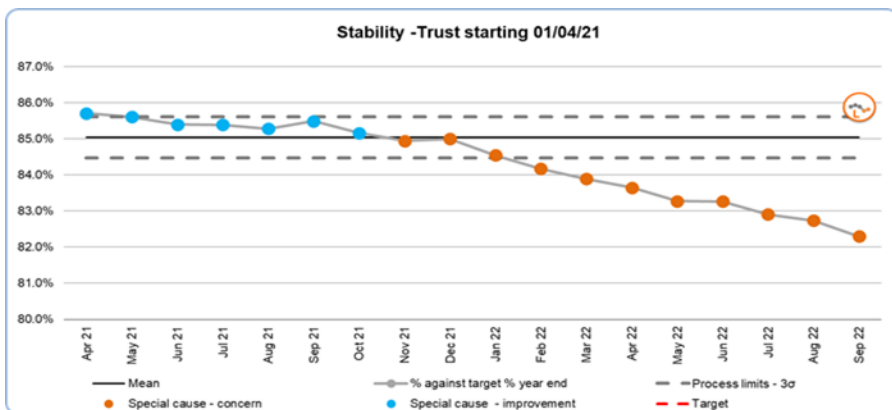
Unregistered Nursing

- September was a positive month for starters across the Trust. We have continued to recruit band 2 and 3 Healthcare Support Workers throughout the month offering 11 band 2 and 11 band 3 roles to candidates

- Vacancies in unregistered nursing dropped slightly in September. Band 2 Vacancies are now at 79.40 wte (down from 84.40 wte) and Band 3 vacancies are currently 57.10 wte (Down from 59.00 wte)

- We welcomed 28.90 wte new band 2 starters this month, predominantly from the BNSSG mass recruitment event. Band 3 starters were 11.40 wte for the month

Registered Nursing

- Applications to the Trust slowed through September so we have been busy engaging the new 3rd year university cohorts. We offered 23.00 wte new band 5 roles this month to candidates interviewed.
- September saw the newly qualified nurses start across the Trust and we welcomed 49.20 wte new starters in September. Our leavers were 15.80 wte.
- The Trust was represented at eight job fair events in Cardiff, Newport, UWE Students, Chipping Sodbury and Central Bristol .
- Nine international nurses arrived in August to start their OSCE training with NBT.

Temporary Staffing

- Demand reduced compared to last month by 830 required shifts overall, resulting in a reduction in overall agency spend
- Tighter Tier 4 controls were also introduced to drive further reductions in reliance of that supply

Engagement and Wellbeing

Stability -Trust starting 01/04/21

Turnover-Trust starting 01/04/21

Sickness Absence-Trust starting 01/04/21

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

Turnover has increased in September with unregistered clinical professions driving the position and in particular HCA band 2 roles. Other clinical staff groups saw an increase in September but remain under the average turnover rate for the Trust.

Actions delivered: (Associate Director of People)
- o Proposal on NBT's strategic approach to Agile Working (including vision, guiding principles and new guidance/toolkit) was approved by Executive Team on 28.9.22
- o Quarter 2 Leaver's insight report completed detailing reasons for leaving, aligned to actions being taken forward by the Retention Working Group

Actions in Progress:
- o Further development of career coaching for all staff, with an initial focus on N&M, AHPs and admin staff in response to leaver's data which cites reasons for leaving linked to promotion and career progression **(August – November 22)**
- o Piloting Exit Questionnaires using MS Forms with a data feed into Qlik **(October – December 22)** to improve ease of use and data interrogation
- o Completion of NHS Nursing and Midwifery Retention Self-Assessment audit tool to understand our strengths and weaknesses and then develop relevant actions (audit to be completed by **end Oct 2022)**
- o Extend the use of buddy support for international nurses to all new starters on ward areas **(Oct – Dec 2022)**
- o An internal business case is under consideration to increase pay rates offered to apprentices, which could improve HCA retention rates **(Nov 22)**, backpay negotiations with trade unions concerning Band 2 HCAs is in progress expected to conclude by early November **(Nov 22)**
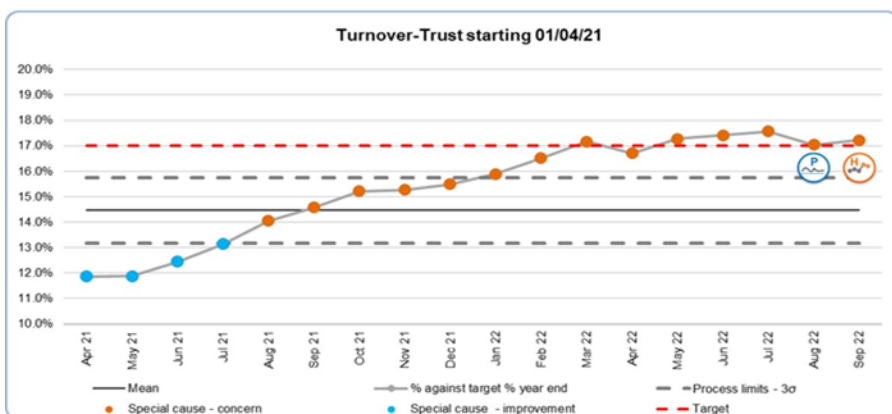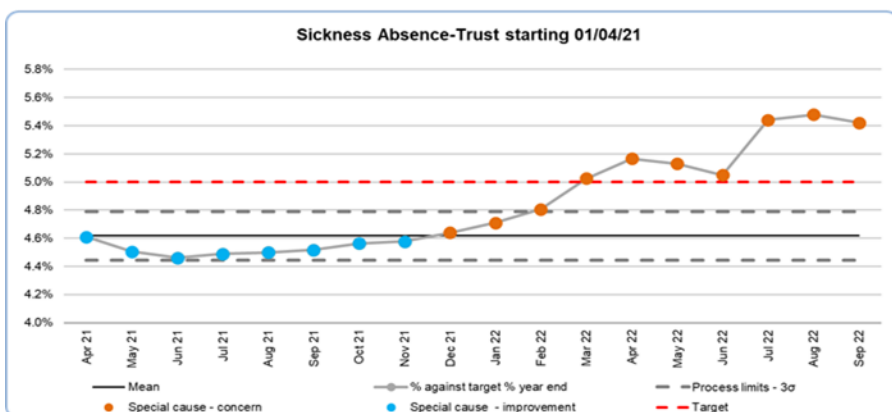
What Does the Data Tell Us - Health and Wellbeing

September saw a small decrease in sickness.

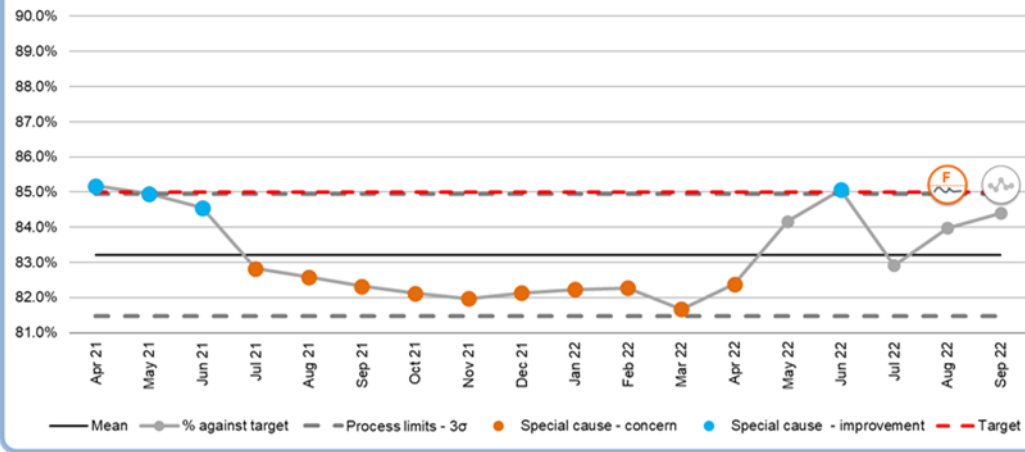**Actions Delivered: (Associate Director of People/Associate Director Culture, Leadership & Development)**
- o Mental health awareness event held 2 September in recognition of World Suicide Prevention Day. Men's Mental Health Schwartz Round planned for November.
- o Menopause ambassador training held 10 October, Menopause pledge and staff listening event held on 18 October.
- o Sickness management workshops run this month and well-attended. Programme being reviewed and updated
- o Continued roll out of Restorative Just Culture training and awareness raising, which supports the psychological health and well-being of staff at NBT
- o Band 2-5 and FY1 doctors paid £7 in October to cover cost of Blue Light Discount card.
- o 2022 National Staff Survey launched 14 September trust-wide, including bank staff. Participation rates reported weekly.
- o New wellbeing funds launched in October: Divisional recognition and reward funds, and environmental improvement funds.

Actions in Progress: (Associate Director of Culture, Leadership & Development)
- o Financial wellbeing programme under review including subsidised food and parking schemes; pension recycling & life assurance schemes (Nov 22).
- o Work underway to develop and provide better managerial support and guidance for disabled staff, including the development of new 'Reasonable Adjustment' guidance (October - November)

Essential Training

Essential Training Top 8-Trust starting 01/04/21

Training Topic	Variance	Aug-22	Sep-22
Child Protection	-0.2%	83.0%	82.8%
Adult Protection	2.4%	80.7%	83.1%
Equality and Diversity	-0.1%	85.7%	85.6%
Fire Safety	-0.4%	84.9%	84.5%
Health and Safety	-0.6%	86.0%	85.4%
Infection Control	-0.3%	86.3%	86.0%
Information Governance	0.0%	82.0%	82.0%
Manual Handling	0.4%	82.3%	82.8%
Waste	-0.5%	86.0%	85.5%
Total	1.8%	82.38%	84.17%

What Does the Data Tell Us - Essential Training

MaST compliance is beginning to trend upwards. The dip from in Jul/Aug, at 82.8%, was partly attributed to mass DR starts at NBT. Trust compliance has risen from 83.64% to 85.10%. The rates are expected to increase again in the coming month.

L&OD are working with 5 divisions to encourage completion of outstanding training.

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

- People Partners have been asked to encourage completion of MaST for areas below the 85% target.

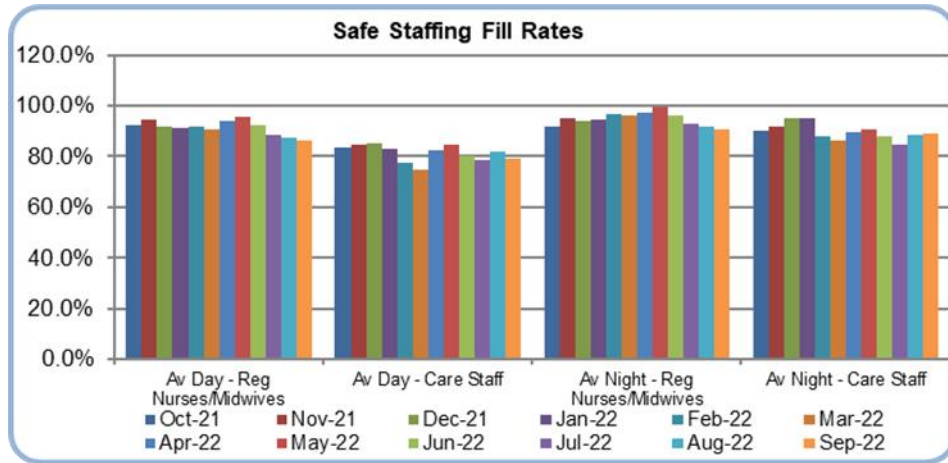**Other Wider Actions**

Leadership & Management Learning
- A review of our current Leadership and Management Development offer is underway, with work being carried out to include National Leadership Development Programmes and create a process for supporting NBT applications. The OneNBT Programme has officially been closed, and we are working to review, rebrand and relaunch this in January 2023, along with a relaunch of the NBT Induction and a Management Essentials refresher training programme available for Managers across NBT.
- Coaching CPD Events are being organised to develop and support our NBT Coaching Faculty, and Mentoring training will be available in 2023 to create a Faculty to further support development requests.
- Our range of face-to-face Management Skills Modules continue to be delivered, the Supporting Performance module has been updated in line with our new NBT policy, a review of the other modules is planned to offer bitesize learning offers from January 2023.
- Bespoke OD training have been delivered to Divisions across the trust, including Finance, Cancer Nurses Team, Emergency Zone, and the Chief Execs Office. As well as a Conversations with Compassion Module, jointly developed by the Psychology Team and Leadership and Management is being piloted in November 2022 to support clerical and administrative staff in NMSK and ASCR. In Facilities, we are developing an Estates & Facilities Management OD Culture Change Strategy and Action Plan and re-engaging with staff through job shadowing and huddles.

Apprenticeships
- Our levy utilisation from 1st April 22 to date is 95%, we have had no expired funds since June 2022. NBT have continued to commit to transferring 10% of levy funds to healthcare providers within the BNSSG.
- The apprenticeship centre have had their OFSTED new provider monitoring visit this week, this was extremely positive, and we have received a grading (subject to moderation – not to be publicly shared until formal report has been released) of "significant progress". This is a fantastic achievement with the report being made publicly available in the coming weeks.
- The apprenticeship centre has confirmed funding of up to £25k from BCC for Adult Education Funding, this will be used to support employees gain English and Maths qualifications.

Safe Staffing

Safe Staffing Fill Rates chart showing percentages from 0.0% to 120.0% across categories: Av Day - Reg Nurses/Midwives, Av Day - Care Staff, Av Night - Reg Nurses/Midwives, Av Night - Care Staff. Legend: Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22.

Sep-22	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	86.4%	79.1%	90.5%	88.8%

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

What Does the Data Tell Us

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 78.00 wte starting up to the end of September.

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

Safe staffing is maintained through daily staffing reviews and registered staff and unregistered staff are deployed as required to meet the needs of patients across the service. Where staffing fill rates exceed 100% this is predominantly related to caring for patients with enhanced care needs.
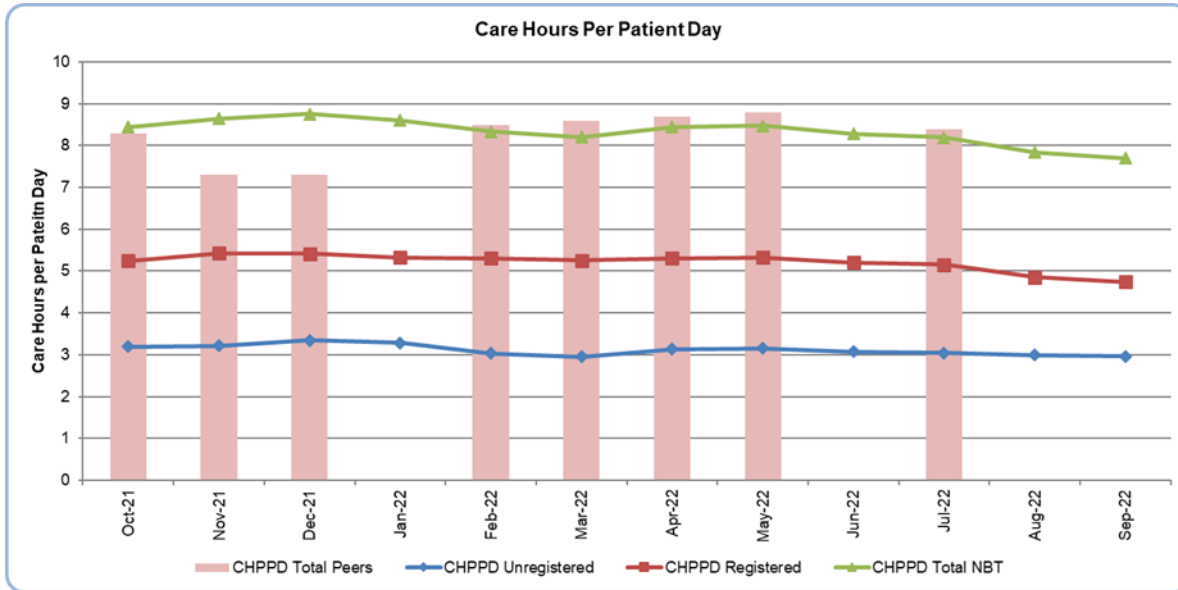
Of the 34 units reports safer staffing data:

- 23% of units had a registered fill rate of less than 80% by day and 18% by night with hotspots in maternity, NMSK wards, medi-rooms and SAU

- 53% had an unregistered fill rate of less than 80% by day and 29% by night. Data shows an extremely high unfilled rate across all divisions which is reflected in the daily overall staffing sitrep.

Care Hours

Care Hours Per Patient Day

(Chart: Care Hours per Patient Day, Oct-21 through Sep-22)
Legend: CHPPD Total Peers · CHPPD Unregistered · CHPPD Registered · CHPPD Total NBT

Required vs Rostered Hours

(Bar chart by division: ASCR, Medicine, NMSK, W&C, Total)
Legend: Rostered Hours · Required 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.
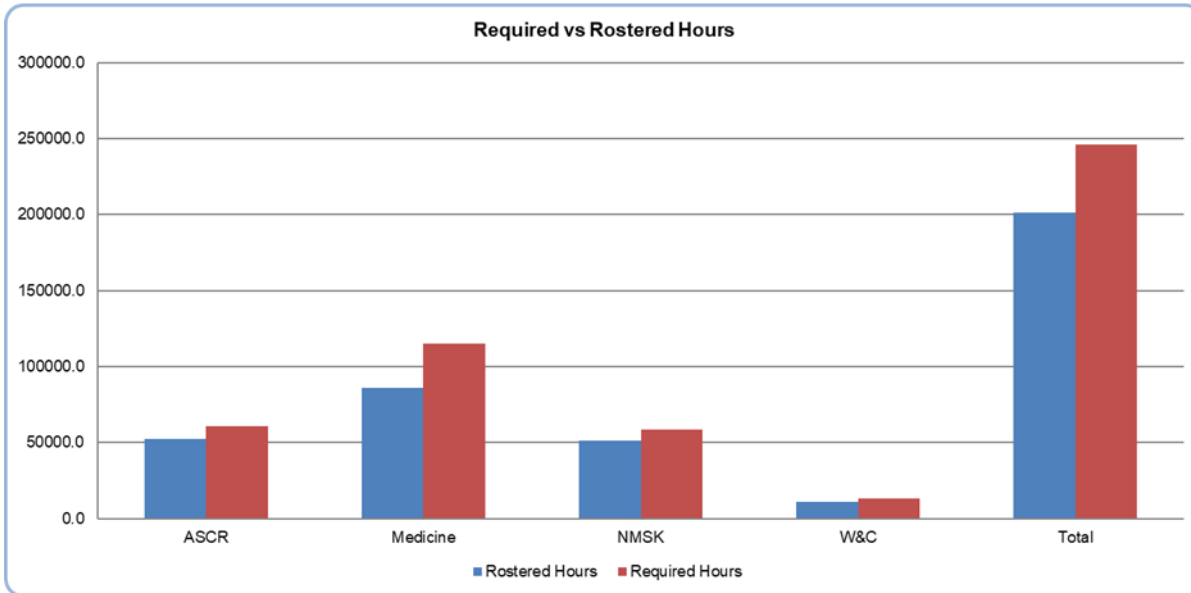
Medical Appraisal

Appraisal compliance - past 12 months

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

37
219
644

Non-compliant doctors - past 12 months

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

92
115

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 F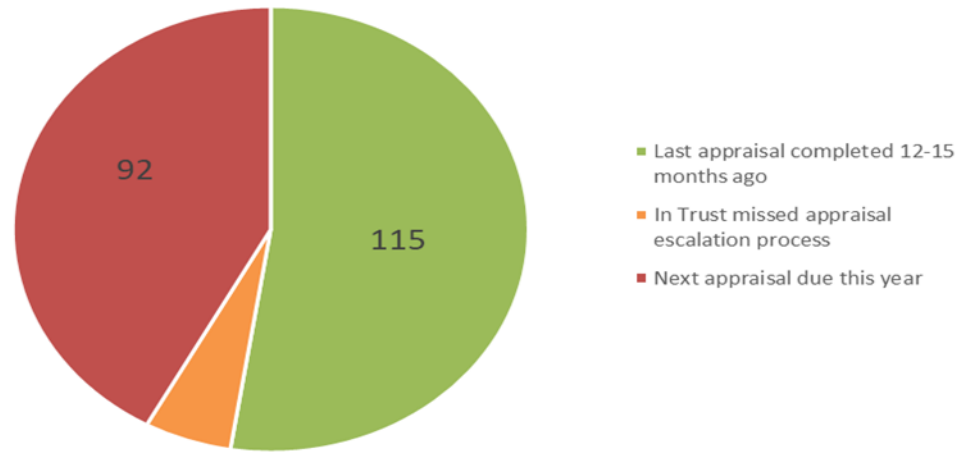ish system has been adapted for this process. Appraisals unable to be completed prior to April 2021 will be marked as an approved missed appraisal due to the pandemic.

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

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

What actions are being taken to improve?

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

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

Finance

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

Statement of Comprehensive Income at 30th September 2022

	Month 6			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	58.2	65.4	7.2	348.6	361.3	12.6
Other Income	6.6	7.4	0.8	37.5	40.2	2.7
Pay	(39.3)	(45.1)	(5.8)	(237.0)	(247.9)	(11.0)
Non-Pay	(26.1)	(28.7)	(2.6)	(154.8)	(164.0)	(9.2)
Surplus/(Deficit)	(0.6)	(1.0)	(0.3)	(5.6)	(10.5)	(4.9)

Assurances

The financial position for the month of September 2022 shows the Trust has delivered a £1.0m actual deficit against a £0.6m planned deficit which results in a £0.3m adverse variance in month, with a £4.9m adverse variance year to date.

Contract income is £7.2m favourable in month and £12.6m favourable year to date. The in month position is driven by the additional income recognised relating to the pay award (£5m favourable), ESRF income not clawed back (£0.7m favourable) and high cost drugs and devices (£1.5m favourable) offset within non-pay.

Other Income is £0.8m favourable in month and £2.7m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position and when removed shows Other Income to be £1.4m favourable to plan, which is driven by a catch-up in Pathology invoicing in month within Genetics and Cellular Pathology.

Pay expenditure in month is £5.8m adverse in month and £11.0m adverse year to date. In Month 6 the Trust has paid the backdated pay award to agenda for change and consultant employees. The additional 1.66% pay award announced in August is greater than the initial 2% included within the June plan. The costs have been offset by additional income to the Trust within the contract income position above. The further adverse variance on pay of £0.7m is driven by overspends in Clinical Divisions for Consultant, Other Medical and Nursing due to agency and bank spend.

Non-pay expenditure in month is £2.6m adverse and £9.2m adverse year to date due to increased spend on drugs (offset by contract income), medical supplies, unidentified CIP and increased spend due to backdated billing for non pass-through medical devices

Statement of Financial Position at 30th September 2022

	21/22 M12 £m	22/23 M05 £m	22/23 M06 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	609.2	609.2	0.0	4.2
Intangible Assets	13.7	12.4	12.3	(0.1)	(1.5)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**623.0**	**623.0**	**(0.1)**	**2.8**
Current Assets					
Inventories	9.1	9.2	9.4	0.2	0.3
Trade and other receivables NHS	19.0	14.3	22.0	7.7	3.0
Trade and other receivables Non-NHS	20.5	25.9	25.6	(0.3)	5.1
Cash and Cash equivalents	116.2	103.7	89.2	(14.5)	(26.9)
Total current assets	**164.8**	**153.1**	**146.3**	**(6.8)**	**(18.5)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	7.8	5.5	(2.3)	(5.1)
Trade and Other payables - Non-NHS	102.6	98.6	98.3	(0.3)	(4.3)
Deferred income	16.4	20.4	17.9	(2.5)	1.5
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	4.1	4.1	0.0	2.0
Total current liabilities	**147.0**	**146.6**	**141.4**	**(5.1)**	**(5.5)**
Trade payables and deferred income	7.1	7.7	7.8	0.0	0.7
PFI liability	359.3	354.9	354.1	(0.8)	(5.2)
Finance lease liabilities	2.0	6.8	6.7	(0.1)	4.7
Total Net Assets	**269.7**	**260.1**	**259.3**	**(0.9)**	**(10.4)**
Capital and Reserves					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(9.5)	(10.4)	(0.9)	(11.5)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**260.1**	**259.3**	**(0.9)**	**(10.4)**

Assurances and Key Risks

Capital – Total capital spend for the year to date was £10.5m, compared to plan of £11.0m. The total planned spend for the year is £22.1m. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks.

Receivables - There is a net increase of £8.1m in receivables year to date - £6m due to pay award.

Cash – The cash balance decreased by £26.9m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor and partially funded pay award. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables -Year to date NHS payables have reduced by £5.1m due to post year end actions. Non-NHS payables have decreased by £4.3m, relates to the reduction of accrued capital expenditure because of post year end payments. The above payments patterns are reflected in the reduced cash balance.

Deferred income - . There is a year to date increase of £1.5m in deferred income, of which £1.4m represents deferral of contract income for delayed service developments, and the remainder is linked with timing of funding received from Health Education England and research.
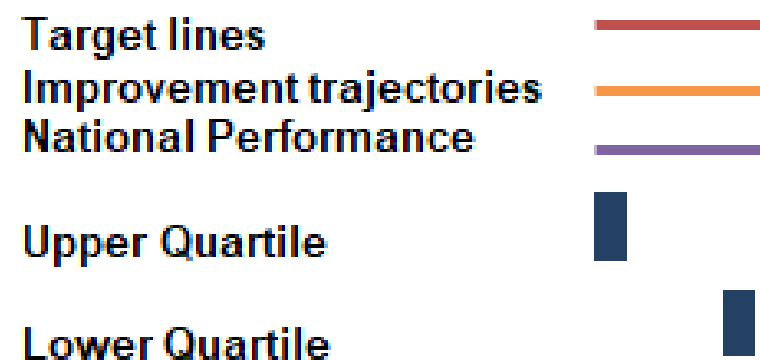
Regulatory

Board Sponsor: Chief Executive
Maria Kane

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

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

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

Target lines ──
Improvement trajectories ──
National Performance ──

Upper Quartile ▪

Lower Quartile ▪

NBT Quality Priorities 2022/23

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

Appendix 2: Abbreviation Glossary

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

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
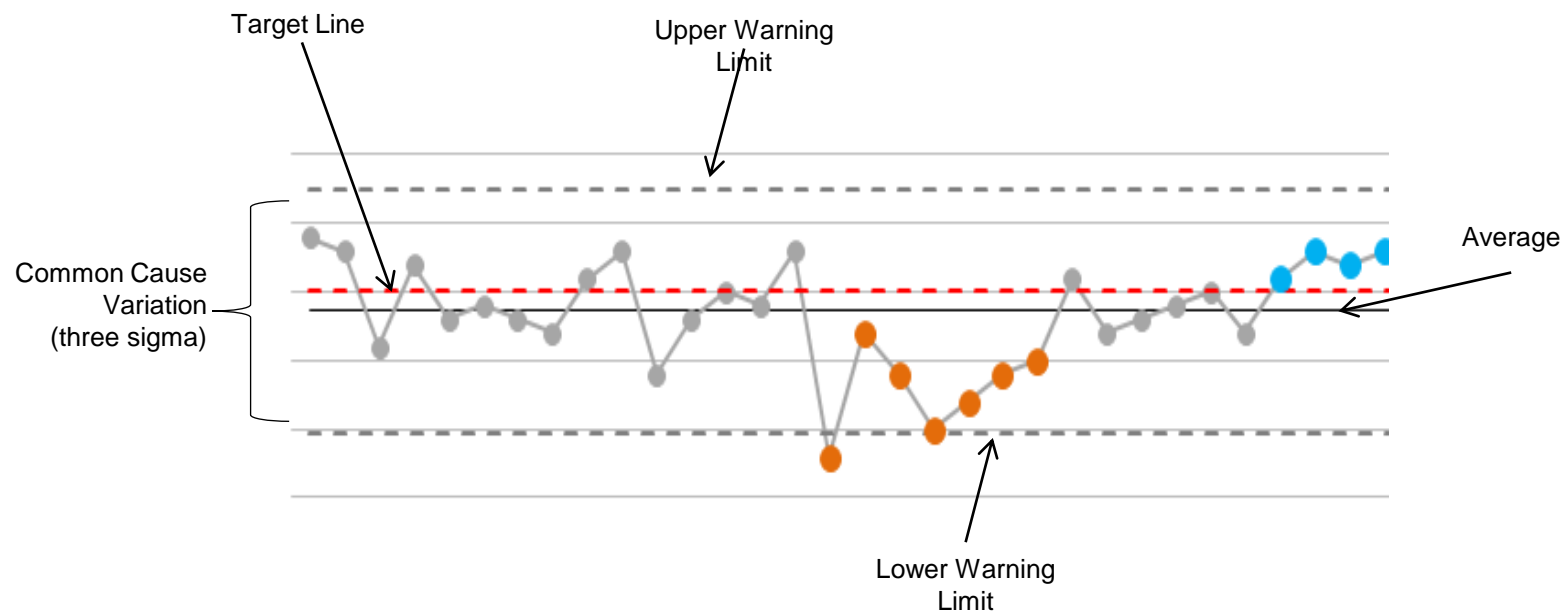
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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