

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

January 2023 (presenting December 2022 data)



























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| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-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% | 61.80% | 60.78% | 51.53% | 52.74% | 55.54% | 64.14% | 59.32% | 50.99% | 60.83% | 56.43% | 57.47% | 58.29% | 55.61% | | 44.74% | 2/10 |
| | A&E 12 Hour Trolley Breaches | R | 0 | - | 20 | 295 | 367 | 449 | 360 | 176 | 297 | 304 | 57 | 261 | 482 | 433 | 786 | | 75-1830 | 6/10 |
| | Ambulance Handover < 15 mins (%) | | 65.00% | - | 20.33% | 22.25% | 28.72% | 31.90% | 28.93% | 30.54% | 29.50% | 26.70% | 25.68% | 27.12% | 23.70% | 16.88% | 13.88% | | | |
| | Ambulance Handover < 30 mins (%) | R | 95.00% | - | 50.34% | 47.71% | 48.49% | 51.53% | 53.02% | 61.09% | 55.43% | 54.11% | 61.52% | 58.63% | 48.03% | 41.40% | 30.32% | | | |
| | Ambulance Handover > 60 mins | | 0 | - | 645 | 827 | 684 | 681 | 538 | 430 | 527 | 486 | 364 | 439 | 672 | 778 | 1043 | | | |
| | Average No. patients not meeting Criteria to Reside | | | - | 248 | 295 | 304 | 302 | 301 | 317 | 280 | 349 | 395 | 368 | 381 | 378 | 343 | | | |
| | Bed Occupancy Rate | | | 94.15% | 96.92% | 98.16% | 97.51% | 97.43% | 96.94% | 98.15% | 98.32% | 97.98% | 97.86% | 98.63% | 98.57% | 98.76% | 98.22% | | | |
| | Diagnostic 6 Week Wait Performance | | 1.00% | 25.00% | 44.30% | 45.45% | 40.00% | 40.25% | 43.61% | 40.13% | 41.00% | 42.75% | 48.09% | 48.27% | 39.36% | 38.62% | 38.55% | | 30.79% | 7/10 |
| | Diagnostic 26+ Week Breaches | | 0 | 9 | 1341 | 1617 | 1767 | 2160 | 2498 | 2690 | 2761 | 2753 | 2842 | 3044 | 2755 | 2817 | 2424 | | | |
| | RTT Incomplete 18 Week Performance | | 92.00% | - | 66.67% | 65.61% | 65.17% | 64.71% | 64.23% | 65.62% | 64.80% | 65.78% | 65.82% | 66.30% | 66.31% | 65.58% | 62.06% | | 55.84% | 2/10 |
| | RTT 52+ Week Breaches | R | 0 | 2892 | 2182 | 2284 | 2296 | 2242 | 2454 | 2424 | 2675 | 2914 | 3131 | 3087 | 3062 | 2980 | 2984 | | 25-11116 | 2/10 |
| | RTT 78+ Week Breaches | R | | 272 | 469 | 501 | 511 | 458 | 491 | 473 | 443 | 439 | 441 | 394 | 375 | 319 | 306 | | 0-1449 | 2/10 |
| | RTT 104+ Week Breaches | R | | 48 | 158 | 184 | 177 | 96 | 71 | 48 | 34 | 32 | 33 | 30 | 27 | 17 | 13 | | 0-252 | 7/10 |
| | Total Waiting List | R | | 37231 | 37264 | 37210 | 38498 | 39101 | 39819 | 40634 | 42326 | 46900 | 48766 | 49025 | 48871 | 47418 | 46544 | | | |
| | Cancer 2 Week Wait | R | 93.00% | 57.26% | 58.38% | 41.42% | 66.47% | 69.78% | 57.66% | 46.16% | 39.21% | 40.99% | 40.18% | 35.85% | 30.86% | 47.53% | - | | 69.65% | 10/10 |
| | Cancer 31 Day First Treatment | | 96.00% | 93.77% | 79.59% | 79.18% | 89.91% | 80.99% | 81.82% | 83.77% | 85.53% | 91.20% | 87.36% | 87.76% | 90.39% | 86.49% | - | | 91.99% | 10/10 |
| | Cancer 62 Day Standard | R | 85.00% | 76.62% | 67.52% | 56.88% | 51.17% | 58.66% | 56.48% | 50.15% | 48.40% | 45.10% | 55.59% | 58.90% | 52.45% | 48.86% | - | | 49.14% | 9/10 |
| | Cancer 28 Day Faster Diagnosis | R | 75.00% | 72.70% | 57.52% | 47.10% | 72.01% | 72.93% | 66.82% | 72.83% | 70.87% | 58.29% | 48.83% | 35.18% | 42.88% | 55.74% | - | | 66.83% | 10/10 |
| | Cancer PTL >62 Days | | 242 | 345 | 899 | 781 | 528 | 472 | 641 | 689 | 555 | 667 | 858 | 529 | 328 | 329 | 328 | | | |
| | Cancer PTL >104 Days | | 0 | 50 | 140 | 197 | 135 | 167 | 133 | 161 | 134 | 172 | 147 | 123 | 63 | 47 | 23 | | | |
| | Urgent operations cancelled ≥2 times | | 0 | - | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 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.

Performance Scorecard

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Trend |
|--|---|------------|-------------------|--------------------------------|---------|--------|--------|--------|---------|--------|---------|--------|--------|--------|--------|--------|--------|---|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term | | | 0.90% | 1.15% | 0.73% | 0.00% | 1.02% | 1.08% | 0.26% | 1.25% | 0.49% | 0.44% | 0.93% | 1.26% | 0.49% | 0.49% |  |
| | Caesarean Section Rate | | | | 40.60% | 39.15% | 38.14% | 42.08% | 43.36% | 42.82% | 46.53% | 45.12% | 45.01% | 42.86% | 43.45% | 41.74% | 44.57% |  |
| | Still Birth rate | | | 0.40% | 0.21% | 0.22% | 0.00% | 0.23% | 0.24% | 0.24% | 0.00% | 0.22% | 0.00% | 0.42% | 0.19% | 0.22% | 0.22% |  |
| | Induction of Labour Rate | | | 32.10% | 35.21% | 33.56% | 38.39% | 39.72% | 34.09% | 35.41% | 39.35% | 35.15% | 31.57% | 33.33% | 28.97% | 31.25% | 34.62% |  |
| | PPH 1500 ml rate | | | 8.60% | 3.02% | 2.01% | 2.44% | 1.42% | 2.26% | 2.39% | 4.86% | 4.08% | 2.65% | 4.11% | 3.77% | 3.79% | 1.81% |  |
| | Never Event Occurrence by month | | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |  |
| | Commissioned Patient Safety Incident Investigations | | | | 1 | 5 | 1 | 3 | 4 | 3 | 1 | 1 | 1 | - | - | 7 | 1 |  |
| | Healthcare Safety Investigation Branch Investigations | | | | - | 1 | - | 1 | 1 | - | 1 | 1 | 1 | - | - | 4 | - |  |
| | Total Incidents | | | | 1016 | 1335 | 1172 | 1311 | 1210 | 1130 | 1189 | 1336 | 1278 | 1150 | 1259 | 1236 | 1269 |  |
| | Total Incidents (Rate per 1000 Bed Days) | | | | 35 | 46 | 44 | 44 | 42 | 37 | 41 | 46 | 41 | 38 | 40 | 40 | 42 |  |
| | WHO checklist completion | | | 95.00% | 99.87% | 99.76% | 99.61% | 98.73% | 99.31% | 98.85% | 98.19% | 98.39% | 98.08% | 97.58% | 97.53% | 97.21% | 96.83% |  |
| | VTE Risk Assessment completion | R | | 95.00% | 94.55% | 93.80% | 93.99% | 92.63% | 93.44% | 93.43% | 93.79% | 90.83% | 90.25% | 90.44% | 90.50% | 90.87% | - |  |
| | Pressure Injuries Grade 2 | | | | 16 | 16 | 19 | 18 | 19 | 19 | 14 | 25 | 16 | 17 | 14 | 19 | 11 |  |
| | Pressure Injuries Grade 3 | | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 2 | 1 |  |
| | Pressure Injuries Grade 4 | | | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |  |
| | PI per 1,000 bed days | | | | 0.35 | 0.41 | 0.75 | 0.61 | 0.63 | 0.50 | 0.31 | 0.86 | 0.48 | 0.43 | 0.41 | 0.62 | 0.43 |  |
| | Falls per 1,000 bed days | | | | 7.10 | 8.43 | 7.57 | 6.22 | 6.96 | 5.63 | 5.93 | 6.90 | 7.20 | 7.25 | 6.35 | 6.52 | 7.31 |  |
| | #NoF - Fragile Hip Best Practice Pass Rate | | | | 61.90% | 64.29% | 54.17% | 64.58% | 40.00% | 42.25% | 46.30% | 24.24% | 42.55% | 18.64% | 14.89% | 0.00% | - |  |
| | Admitted to Orthopaedic Ward within 4 Hours | | | | 23.81% | 21.43% | 20.83% | 14.58% | 71.11% | 19.72% | 22.22% | 9.09% | 19.57% | 5.17% | 17.02% | 13.04% | - |  |
| | Medically Fit to Have Surgery within 36 Hours | | | | 80.95% | 69.05% | 62.50% | 66.67% | 48.89% | 45.07% | 48.15% | 27.27% | 52.17% | 22.41% | 21.28% | 0.00% | - |  |
| | Assessed by Orthogeriatrician within 72 Hours | | | | 90.48% | 73.81% | 66.67% | 89.58% | 91.11% | 74.65% | 87.04% | 75.76% | 89.13% | 54.24% | 27.66% | 2.17% | - |  |
| | Stroke - Patients Admitted | | | | 73 | 103 | 67 | 78 | 92 | 105 | 40 | 85 | 68 | 72 | 65 | 100 | 42 |  |
| | Stroke - 90% Stay on Stroke Ward | | | 90.00% | 75.00% | 67.47% | 72.73% | 65.08% | 77.14% | 48.72% | 59.26% | 65.45% | 84.62% | 68.75% | 55.88% | 54.29% | - |  |
| | Stroke - Thrombolysed <1 Hour | | | 60.00% | 100.00% | 84.62% | 60.00% | 44.44% | 100.00% | 60.00% | 100.00% | 55.56% | 70.00% | 64.29% | 83.33% | 66.67% | - |  |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 60.00% | 30.16% | 40.22% | 32.73% | 32.81% | 23.08% | 35.71% | 50.00% | 39.29% | 70.00% | 46.88% | 41.67% | 36.99% | - | |
| | Stroke - Seen by Stroke Consultant within 14 Hours | | | 90.00% | 80.88% | 81.44% | 75.41% | 91.30% | 84.21% | 90.91% | 96.43% | 96.55% | 93.18% | 91.67% | 92.31% | 83.13% | - | |
| Quality Caring & Experience | MRSA | R | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 1 | 1 | - | 0 | 0 | 0 | 0 | - | |
| | E. Coli | R | | 4 | 2 | 6 | 1 | 5 | 5 | 1 | 4 | 3 | 3 | 2 | 2 | 5 | 4 | |
| | C. Difficile | R | | 5 | 6 | 6 | 1 | 6 | 7 | 5 | 3 | 3 | 3 | 4 | 1 | 4 | 2 | |
| | MSSA | | | 2 | 5 | 3 | 2 | 2 | 1 | 2 | 2 | 0 | 1 | 8 | 3 | 8 | 2 | |
| | Friends & Family - Births - Proportion Very Good/Good | | | | 93.75% | 93.85% | 94.37% | 94.81% | 97.50% | 91.14% | 88.41% | - | 88.57% | 83.33% | 92.98% | 96.46% | 98.08% | |
| | Friends & Family - IP - Proportion Very Good/Good | | | | 91.50% | 93.28% | 93.51% | 91.18% | 90.39% | 92.72% | 90.96% | 90.79% | 91.04% | 91.52% | 91.40% | 91.68% | 92.15% | |
| | Friends & Family - OP - Proportion Very Good/Good | | | | 95.26% | 94.37% | 94.11% | 94.82% | 94.32% | 93.83% | 93.90% | - | - | 92.76% | 94.07% | 94.83% | 95.64% | |
| | Friends & Family - ED - Proportion Very Good/Good | | | | 80.64% | 80.10% | 70.24% | 63.70% | 68.93% | 77.44% | 70.80% | - | 75.12% | 72.19% | 70.56% | 74.42% | 76.52% | |
| Well Led | PALS - Count of concerns | | | | 100 | 102 | 111 | 150 | 150 | 129 | 116 | 168 | 154 | 151 | 142 | 143 | 127 | |
| | Complaints - % Overall Response Compliance | | | 90.00% | 69.09% | 69.23% | 80.85% | 78.33% | 78.57% | 78.69% | 73.47% | 78.18% | 76.27% | 76.92% | 75.76% | 72.31% | 71.76% | |
| | Complaints - Overdue | | | | 4 | 5 | 10 | 5 | 10 | 4 | 5 | 6 | 1 | 3 | 7 | 6 | 12 | |
| | Complaints - Written complaints | | | | 58 | 56 | 43 | 56 | 43 | 48 | 53 | 46 | 62 | 64 | 77 | 69 | 51 | |
| | Agency Expenditure ('000s) | | | | 1314 | 1363 | 1147 | 1581 | 1838 | 1846 | 1205 | 2111 | 1726 | 1292 | 2616 | 1992 | 1675 | |
| | Month End Vacancy Factor | | | | 7.71% | 7.26% | 7.41% | 7.27% | 6.64% | 7.51% | 8.07% | 8.66% | 8.57% | 8.65% | 8.69% | 8.61% | 8.93% | |
| | Turnover (Rolling 12 Months) | R | | 17.04% | 15.50% | 15.89% | 16.51% | 17.16% | 16.71% | 17.28% | 17.41% | 17.57% | 17.04% | 17.22% | 17.17% | 17.32% | 17.10% | |
| | Sickness Absence (Rolling 12 month) | R | | 4.87% | 4.64% | 4.71% | 4.81% | 5.02% | 5.17% | 5.13% | 5.22% | 5.44% | 5.48% | 5.42% | 5.49% | 5.49% | 5.56% | |
| | Trust Mandatory Training Compliance | | | | 82.13% | 82.23% | 82.27% | 81.67% | 82.38% | 83.89% | 84.98% | 82.80% | 83.56% | 84.40% | 83.49% | 83.56% | 83.65% | |

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Urgent Care

Four-hour performance deteriorated in December, reporting at 55.21%; NBT ranked second out of ten reporting AMTC peer providers. There was an increase in the number of 12-hour trolley breaches and ambulance handovers delays, reporting at 786 and 1043 respectively. 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 was also impacted by significant infection prevention and control restrictions, both for COVID-19 inpatients and Norovirus. Further to this, performance was impacted by industrial action taking place in December. UEC pressures peaked on the 30th December when the Trust declared a critical incident for a 24-hour period. There was a favourable response which has resulted in a period of reduced pressures since then. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the Criteria to Reside awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital. The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A.

Elective Care and Diagnostics

The Trust has been successful in continuing to maintain clearance of zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved for a third consecutive month (albeit marginally) in December to 38.55% (5779 breaches); this improvement was due to both backlog and overall wait list reduction. It was not possible to report data for four of the nationally reportable modalities due to the transition to a new EPR system. The Trust is working towards achieving year-end NHS improvement targets across all modalities, but challenges remain in the >26-week waits for Endoscopy. This is driven by the size of the backlog from COVID-19, the rise in TWW urgent referrals taking precedence, and national rail strike action reducing insourcing activity. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times; it is anticipated that the improvement seen in diagnostics performance will continue and will be followed by a similar improvement trend for 26-week performance in the coming weeks.

Cancer Wait Time Standards

There were several movements in the November position for Cancer. There were improvements in the 2WW standard at 47.53% in November compared to 30.86% in October as well as the 28 days standard at 55.74% compared to 42.88% in October. The 62-Day Performance deteriorated to 48.86% compared to 52.45% in October and there was a decline in 31-day performance at 86.49% compared to 90.39% in October. Instances of wait-related clinical harm remain undetected month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. The Trust is working closely with regional and national colleagues with a “deep-dive” visit carried out on the 31/10/22 – 01/11/22. The formal report highlighted 4 key themes for improvement: Governance, Pathways, Workforce and Space. The 30-day follow up visit took place in December with colleagues from the ICB; initial feedback is that they are satisfied that the action plan is progressing. The 60 day follow up visit is on the 23rd January. South West region and national team have confirmed that NBT has been removed from Tier 1 status.

Quality

Despite the inherent challenges of increased prevalence of COVID-19 and Influenza, the Trust has sustained effective Infection Prevention and Control measures. NBT remains below trajectory for C. Difficile and Gram negative cases and has not reported any MRSA cases reported in November. Within Maternity, staffing pressures are continually challenging although the pipeline of new starters is improving and staffing vacancies are on a decreasing trajectory into next year. Learning 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). The reporting of and response to harm from pressure injuries, falls and medication incidents continues to reflect a positive safety culture within a challenged operational environment. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts and has proactively reviewed one potential area of higher mortality, which has satisfactorily resolved the concern. The rate of VTE Risk Assessments performed on admission has marginally improved for November; an improvement trajectory has been agreed for the period Nov-22 – April-23. This remains below the national target of 95% compliance but does reflect the initial benefits of improvement work now underway. This continues to have direct oversight from the CMO as a priority area and the trust-wide Thrombosis Committee has been re-established with workstreams defined and responsibilities agreed.

Workforce

Trust vacancy factor increased from 8.61% in November to 8.93% in December, with current vacancies at 798.75wte. NBT’s Rolling 12-month staff turnover decreased from 17.32% in November to 17.10% in December. The Rolling 12 month sickness absence position increased slightly from 5.49% in November to 5.56% in December, with additional clinical services and estates and ancillary staff groups continuing to be hotspots. Temporary staffing demand increased by 3.96% (45.47wte) from November to December. As both bank and agency use decreased (-3.35%, -21.53wte) and (-0.69%,-1.01wte), there was a resulting increase in unfilled shifts by 19.02% (-68.01wte).

Finance

The financial plan for 2022/23 at Month 9 (December) was a deficit of £6.7m. The Trust has delivered a £10.9m deficit, which is £4.2m worse than plan. This is predominately driven by the non-delivery of savings in the first nine months of the year and high levels of premium pay spend, including on agency and incentives, 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 9 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Trust completed a detailed forecast in September. At month 9 the Trust is £1.0m better than forecast against the year-to-date position. The position in month is £1.1m improvement against the forecast. The Month 9 CIP position shows £5.2m schemes fully completed, with a further £2.1m schemes on track and £1.4m in pipeline. There is a £8.3m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this reduces to a £6.9m shortfall. Given the position at Month 9, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed. Cash at 31 December amounts to £103.3m an in-month increase of £2.8m which is linked with receipt of demand and capacity funding from the Integrated Care Board (ICB). Total capital spend year to date was £19.1m compared to a plan of £16.4m.

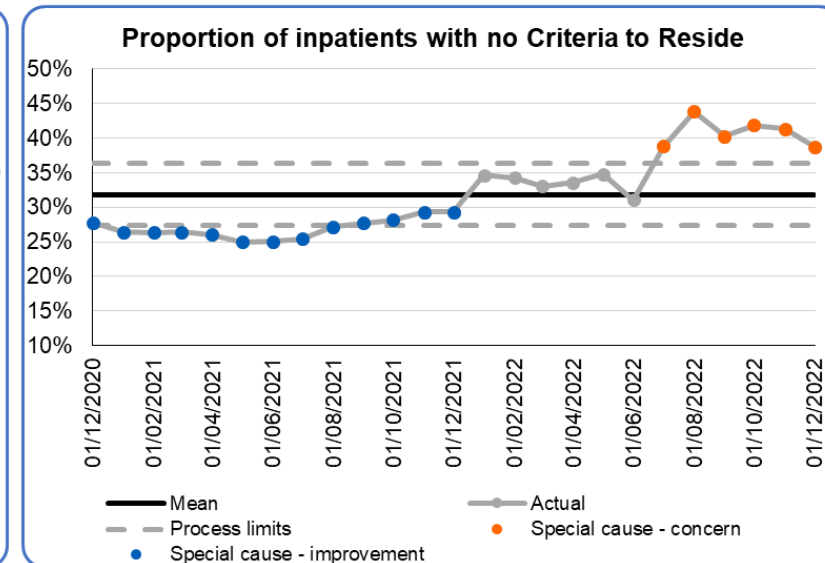
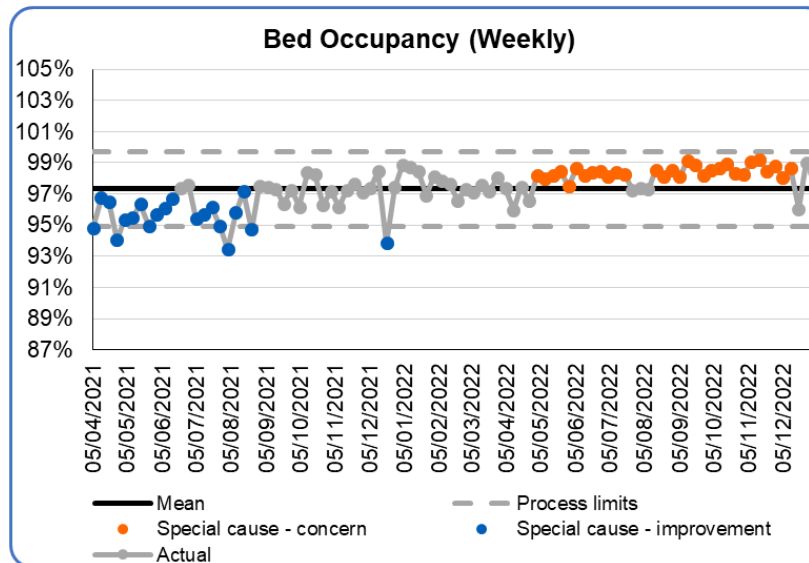
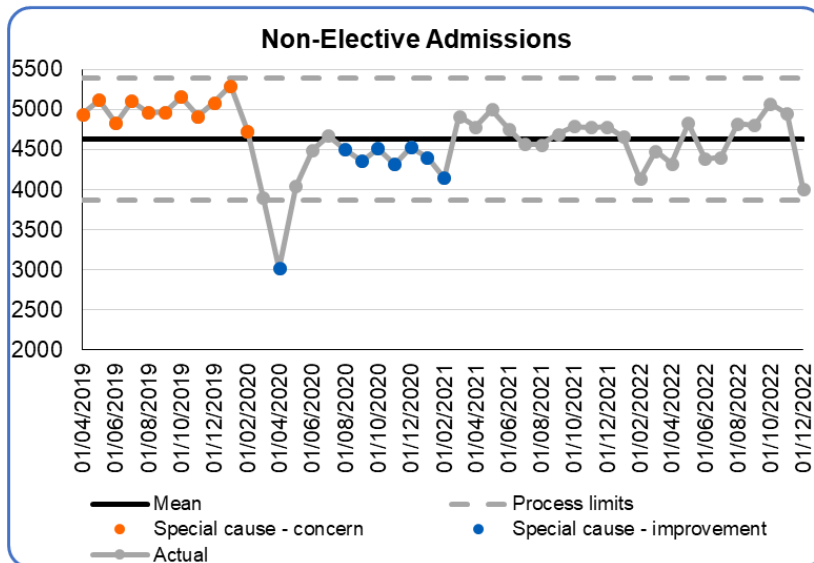
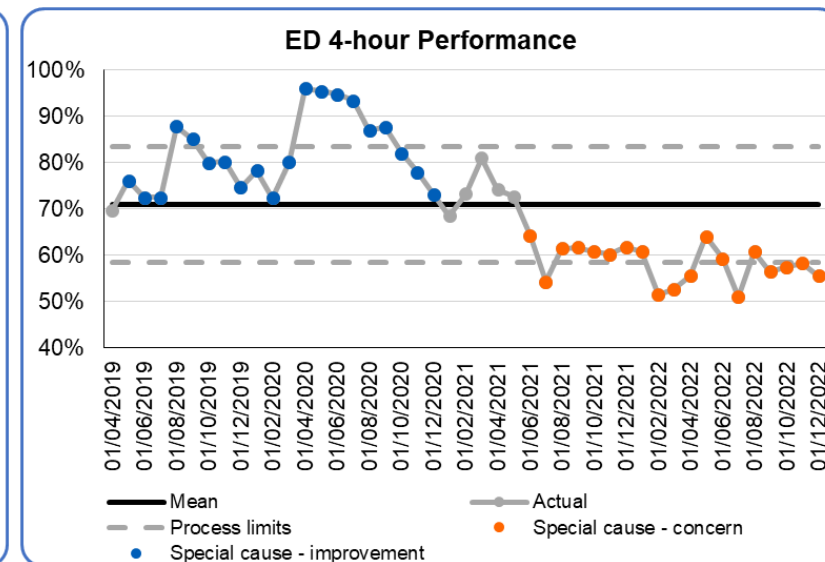
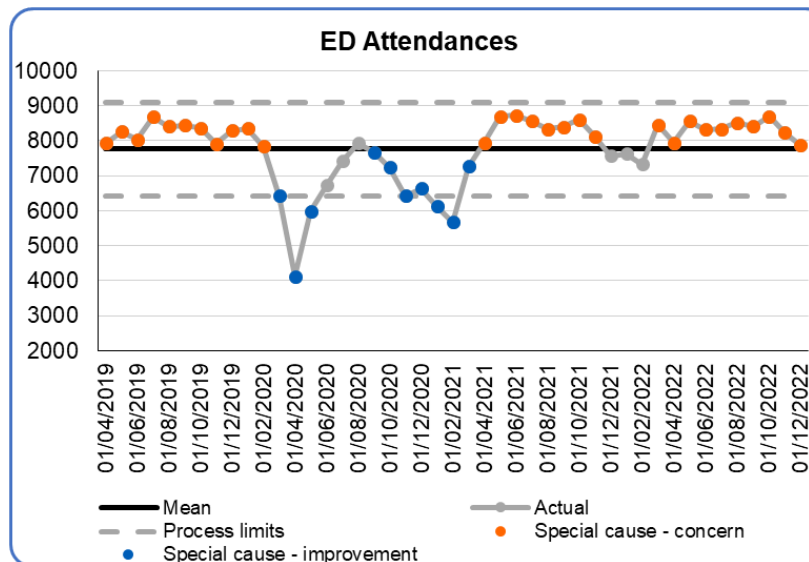
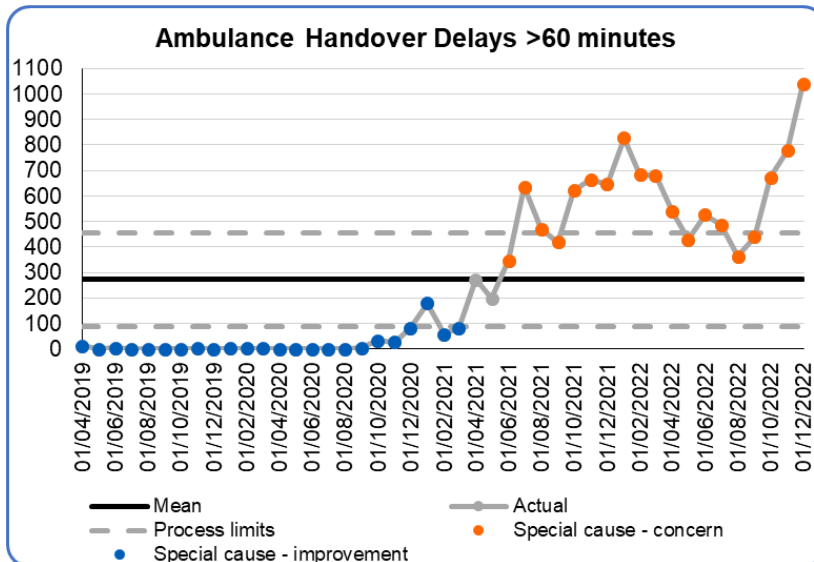
Responsiveness

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

| Delivery Theme | Delivery Indicator | Key Improvement /Delivery Action |
|-------------------------|-----------------------|--|
| Urgent & Emergency Care | Pre-Emptive Transfers | Out of hospital flow and IP&C restrictions compromising full functionality |
| | Level 6 Brunel Plan | Estates work and staffing on track to open 12 beds in January |
| | D2A | No material impact in NC2R, significant LoS increases in P2 and P3 pathways |
| RTT | 104 week wait | On track |
| | 78 week wait | On track – previous industrial actions mitigations deployed. Future action a concern |
| Diagnostics | 25% 6-week target | Third month of improvement – pending industrial action a concern |
| | Zero 26-week waits | Good progress in all modalities, but Endoscopy rail strike- related losses a concern |
| Cancer PTL | >62-day PTL volume | Remains improved – embedding actions ongoing |
| | >62-day PTL % | On track to achieve in-year requirements |

Rating reflects the reported period against in-year plan

Urgent and Emergency Care



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

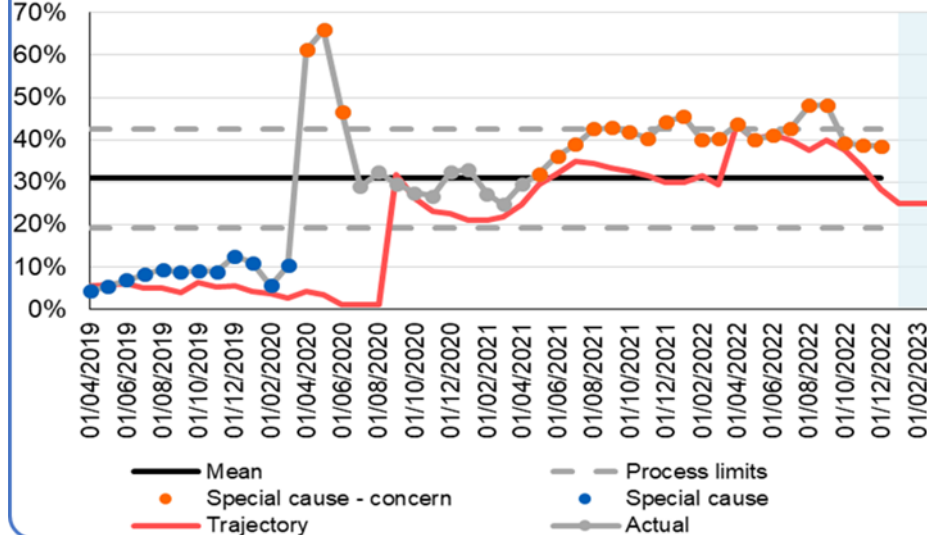
What are the main risks impacting performance?

- Four-hour performance 55.61% in Dec-22 - ranked 2nd out of 10 AMTC peer providers.
- ED attendances were 3.89% higher than the same period last year.
- 12-hour trolley breaches increased in December to 786 (compared to 433 in November).
- Ambulance handover delays over 1 hour increased to 1040 in December from 778 in November.
- High bed occupancy remains the fundamental driver for ED performance. Occupancy varied between 93.90% - 101.36% in December, averaging at 98.22%. However, there were a number of further confounding variables which drove the difficult December position, culminating in a 24 hour period of Critical Incident in response to UEC pressures at the end of December. These additional drivers included;
 - Further marker increase in respiratory illness admissions – Flu admissions and COVID-19 admissions in particular
 - A further increase in length of stay for P2 and P3 NC2R patients
 - Two nurses strikes – affecting discharge processes
 - An ambulance strike which, following a period of respite during the strike, resulted in a rebound surge in admissions

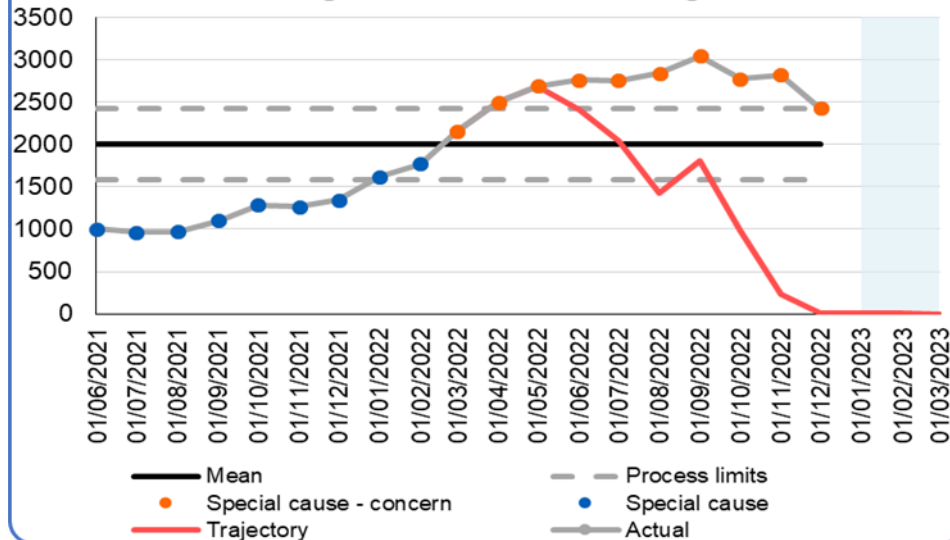
What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. Use of double occupancy and boarding on wards, emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust is working closely with system partners to influence and support contingencies for the delayed impact of D2A, these include provision of a care hotel, development of virtual wards and further spot purchasing of P3 capacity.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Contingency plans for winter bed capacity are in place – sixth floor plan implementation has commenced with the first 12 beds available.
- The tactical bed deployment approach, shared through the winter planning update to Trust Board, has been enacted. The aim is to reduce the bed capacity footprint going into winter, to allow it to be deployed at the appropriate time.

Diagnostic 6 week Performance (25% target)



Diagnostic 26+ week Backlog



What are the main risks impacting performance?

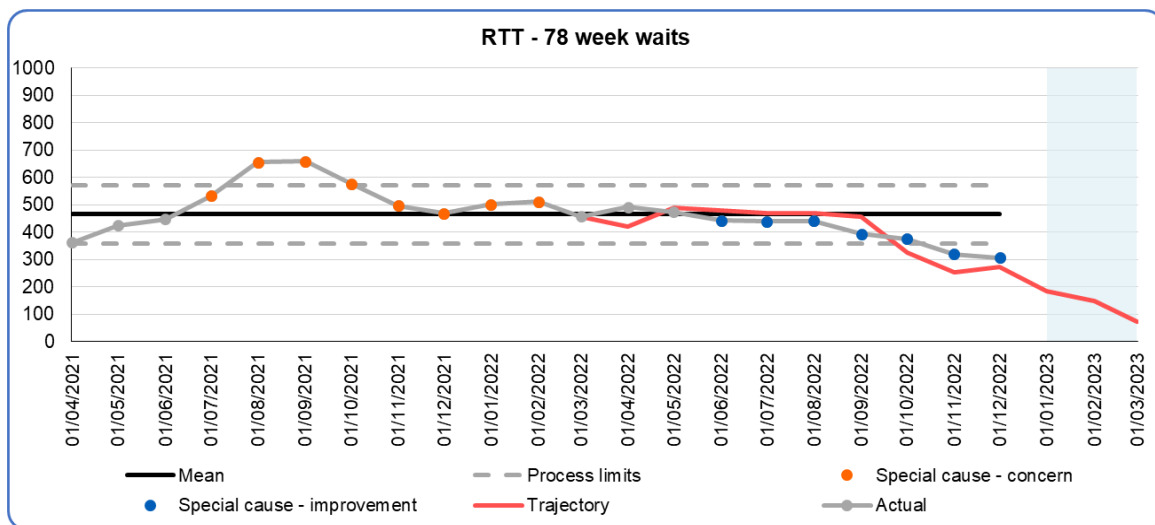
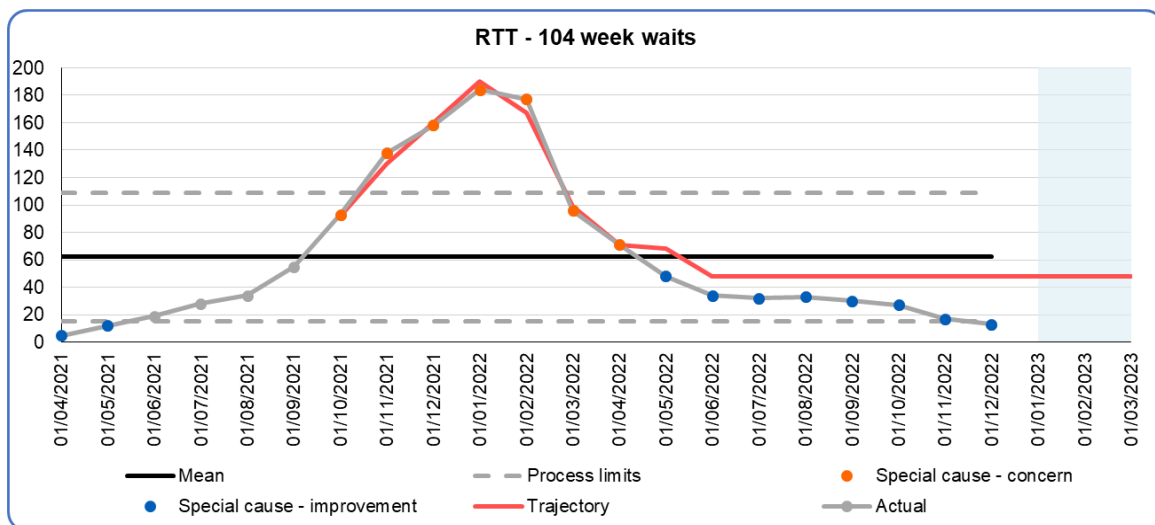
- Mitigations have been developed and have been positively impacting the overall position.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and zero 26-week breaches. This is dependent on investment and significant reliance on non-core capacity across challenged modalities.
- The Endoscopy risk to the in-year 26-Week target has increased significantly. This is primarily driven by urgent referrals, increasing at a rate faster than anticipated and a loss of planned insourcing activity over a number of weekends due to national rail strikes. Compensatory actions are being deployed but are unlikely to mitigate the extent of loss incurred within year.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- The Trust remains committed to achieving the national requirements in-year.

What actions are being taken to improve?

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

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

Referral to Treatment (RTT)



What are the main risks impacting performance?

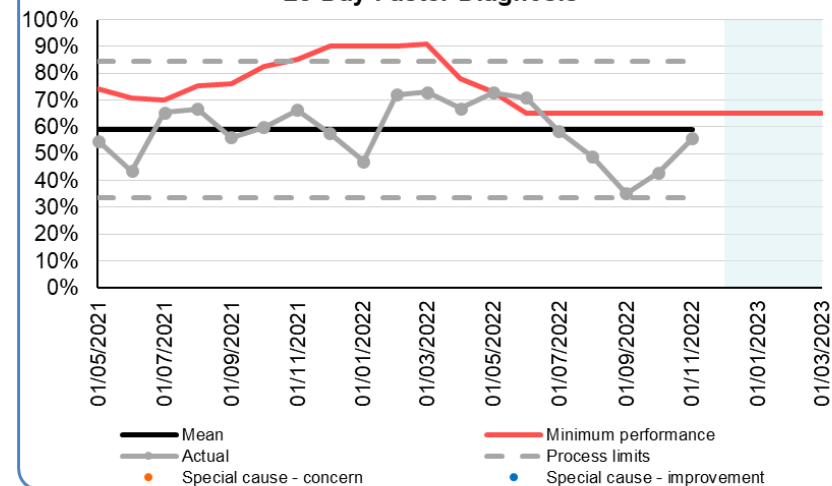
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive inpatients.
- Impact of UEC activity on elective care.
- Surge in COVID-19 related admissions.
- There has been a material impact of nurse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

What actions are being taken to improve?

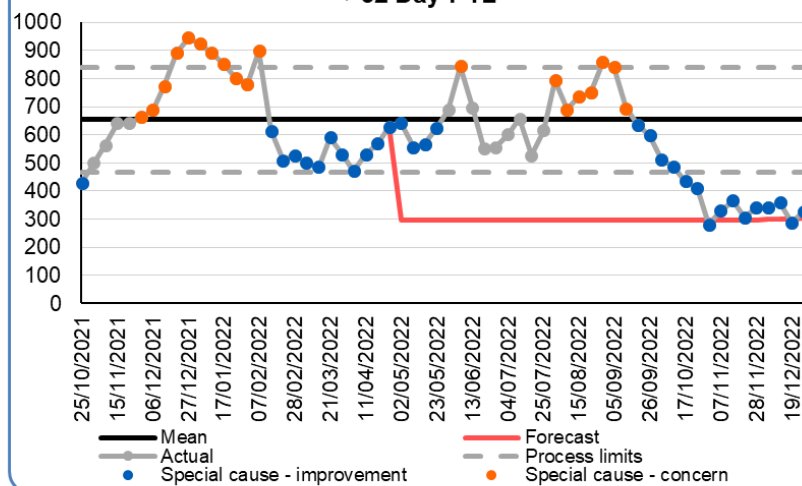
- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance

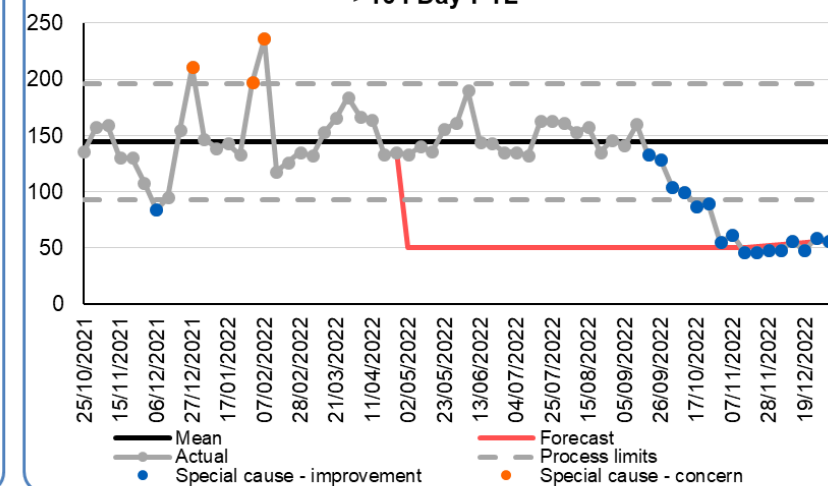
28-Day Faster Diagnosis



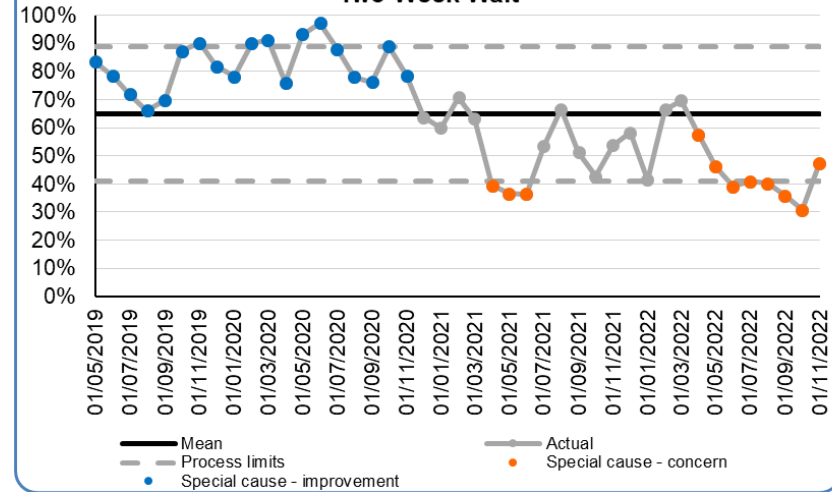
>62 Day PTL



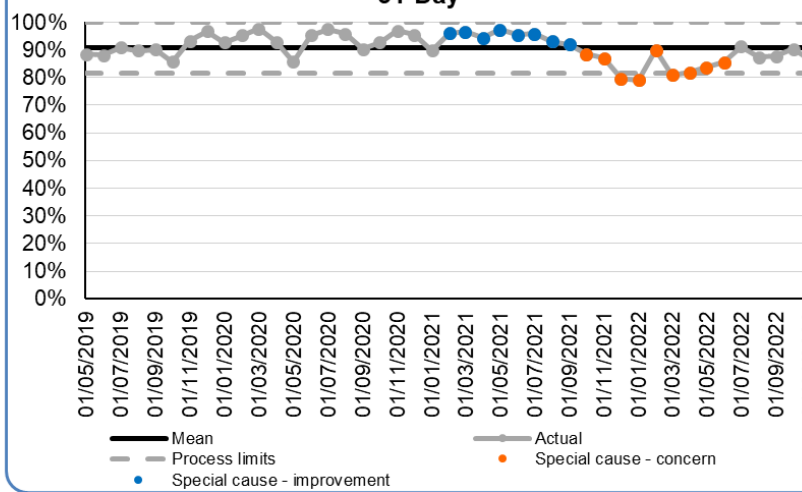
>104 Day PTL



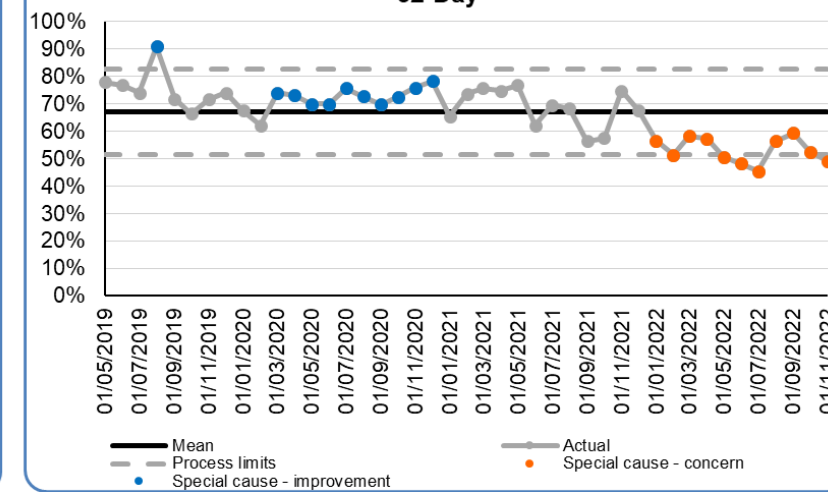
Two Week Wait



31-Day



62-Day



What are the main risks impacting performance?

- Loss of capacity over the Christmas period resulting in an increased >62 day position.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.
- Q2 and Q3 CQUIN Delivery.

What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.
- Significant improvement through Oct-22 and Nov-22 in reducing the >62-day Cancer PTL volume and percentage of >62-day breaches as a proportion of the overall wait list.
- Recognition from regional and national teams on improving trend in >62-day PTL and Tumour Site specific improvements in Breast.
- NBT has been removed from Tier 1 and Tier 2 escalation status. This has been confirmed through formal notification from the national team.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-day Cancer PTL volume and the percentage of >62-day breaches as a proportion of the overall wait list.
- Having achieved the improved >62-day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall cancer wait time standards compliance. Trajectories will be revised across all tumour sites in January / February 2023.
- The 30-day follow up visit has taken place and the regional teams are satisfied with the progress being made
- Additional work has now been initiated to manage down the total cancer PTL (including upgrades). This work is progressing at pace.

Safety and Effectiveness

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

Perinatal Quality Surveillance Matrix (PQSM) Tool - November 2022 data

| | Target | Nov-22 | TREND |
|---|--------|--------|-------|
| Activity | | | |
| Number of women who gave birth (>=24 weeks or <24 weeks live births) | | 448 | |
| Number of babies born (>=24 weeks or <24 weeks live births) | | 454 | |
| Number of livebirths 24+0 to 36+6 weeks | | 37 | |
| No of livebirths <24 weeks gestation | | 2 | |
| Induction of Labour rate % | 31% | | |
| Unassisted Birth rate % | 47% | | |
| Assisted Birth rate % | 11% | | |
| Caesarean Section rate (overall) % | 42% | | |
| Elective Caesarean Section rate % | 21% | | |
| Emergency Caesarean Section rate % | 21% | | |
| NICU admission rate at term (excluding surgery and cardiac - target rate 5%) | | 3% | |
| Perinatal Morbidity and Mortality inborn | | | |
| Total number of perinatal deaths | | 3 | |
| Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP | | 2 | |
| Number of stillbirths (>=24 weeks excl. TOP) | | 1 | |
| Number of neonatal deaths : 0-6 Days | | 0 | |
| Number of neonatal deaths : 7-28 Days | | 0 | |
| Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB) | | 0 | |
| Maternal Morbidity and Mortality | | | |
| Number of maternal deaths (MBRRACE) | | 0 | |
| Direct | | 0 | |
| Indirect | | 0 | |
| Number of women receiving enhanced care on CDS | | 22 | |
| Number of women who received level 3 care (ITU) | | 0 | |
| Insight | | | |
| Number of datix incidents graded as moderate or above (total) | | 0 | |
| Datix incident moderate harm (not SI, excludes HSIB) | | 0 | |
| Datix incident PSII (excludes HSIB) | | 0 | |
| New HSIB referrals accepted | | 1 | |
| HSIB/NHSR/CQC/NMPA or other organisation with a concern or request for action made directly with Trust | | 1 | |
| Coroner Reg 28 made directly to Trust | | 0 | |
| Workforce | | | |
| Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite | | 83 | |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | | 2 | |
| Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps) | | 0 | |
| Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps) | | 1 | |
| Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps) | | 0 | |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts). | | 12% | |

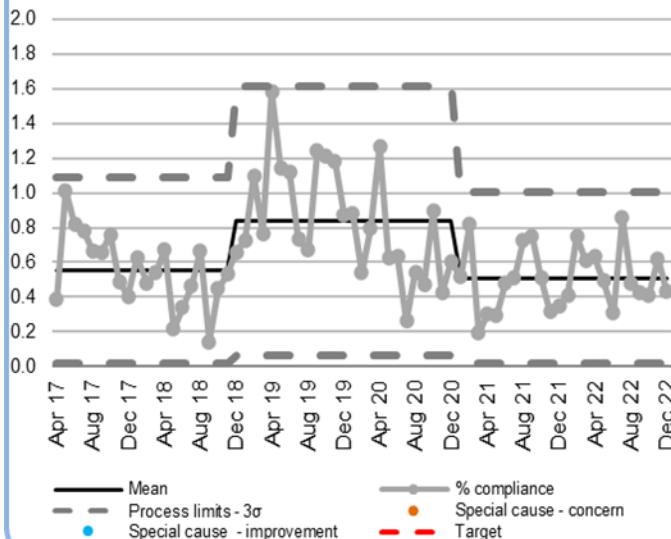
| | Target | Nov-22 | TREND |
|--|--------|--------|-------|
| Vacancy rate for midwives | | 10.2% | |
| Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) | | 45% | |
| Vacancy rate for NICU nurses | | 21 | |
| Datix related to workforce (service provision/staffing) | | 6 | |
| Consultant led MDT ward rounds on CDS (Day to Night) | | 80% | |
| Consultant led MDT ward rounds on CDS (Day) | | 60% | |
| One to one care in labour (as a percentage) | | 98% | |
| Compliance with supernumerary status for the labour ward coordinator | 100% | 99% | |
| Number of times maternity unit attempted to divert or on divert | | 0 | |
| in-utero transfers | | | |
| in-utero transfers accepted | | | |
| in-utero transfers declined | | | |
| ex-utero transfers | | | |
| ex-utero transfers accepted | | | |
| ex-utero transfers declined | | | |
| NICU babies transferred to another unit due to capacity/staffing | | | |
| Number of consultant non-attendance to 'must attend' clinical situations | | 0 | |
| Involvement | | | |
| Service User feedback: Number of Compliments (formal) | | 122 | |
| Service User feedback: Number of Complaints (formal) | | 10 | |
| Friends and Family Test Score % (good/very good) NICU | | N/A | |
| Friends and Family Test Score % (good/very good) Maternity | | 93 | |
| Staff feedback from frontline champions and walkabouts (number of themes) | | 4 | |
| Improvement | | | |
| Progress in achievement of CNST /10 | | 7 | |
| Training compliance in annual local BNLS (NICU) | | 100% | |
| Overall | | | |
| Obstetric Consultants | 90% | 82% | |
| Other Obstetric Doctors | | 91% | |
| Anaesthetic Consultants | | 82% | |
| Other Anaesthetic Doctors | | 94% | |
| Midwives | | 60% | |
| Maternity Support Workers | | 79% | |
| Overall | 90% | 76% | |
| Fetal Wellbeing and Surveillance | | | |
| Obstetric Consultants | | 82% | |
| Other Obstetric Doctors | | 79% | |
| Midwives | | 67% | |
| Trust Level Risks | | 7 | |

Executive Summary

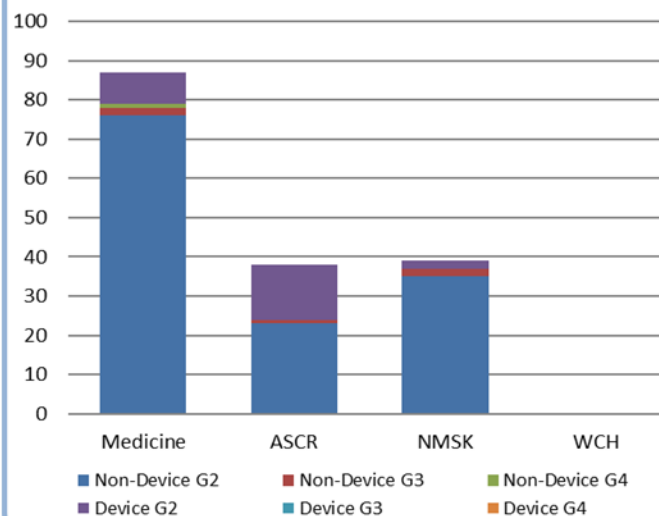
The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.

- There were 0 admissions to ITU from Maternity during November with 22 women receiving HDU care on Central Delivery Suite.
- 3 cases eligible for full PMRT review (1 intrapartum stillbirth, 2 x late fetal losses)
- 2 x HSIB final reports received following full investigation. Total of 8 safety recommendations for NBT to action. Varying themes: language / interpretation, health inequalities, holistic assessments/personalised care.
- Workforce pressures across all staff groups.
- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (eg Maternity Voices Partnership) as needed. Preliminary findings from the Picker Report 2022 to be formally shared with the Division, date TBC.
- NMPA newly released data shows NBT's 3rd/4th degree rate to be 4.8% from the last year on year assessment which is the highest percentage in the country. The Division recognise this is an issue and above the National average of 3% and is currently conducting an in-depth exploration into this with an action plan to address any areas for learning. The report will be shared with Trust Board and the LMNS once published.
- Maternity Incentive scheme submission date has been set at Thursday 2nd February 2023 and guidance updated. Following on from the updated guidance there remain 3 areas of concern; Safety Action 5, Safety Action 6 and Safety Action 8.
- Areas of excellence include the Kirkup Roadshows (with Ockenden update included) proving successful with multiple attendees from all staff groups. The Maternity Escalation Phrase Scheme is going live in December 2022 which was co-produced with the Maternity Voices Partnership (MVP). The re-launch of NBT's Homebirth service was a commendable success with a celebration event being held which was attended by varying clinicians, women and families who had utilised the service, along with the MVP and external bodies.
- There are 7 Trust Level Risks.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2022/23



Pressure Injuries

What does the data tell us?

In December there was a reduction in the number of Grade 2 pressure ulcer to 11 with none attributable to medical devices.

- 6 x heel/foot/ankle and 5 x coccyx/sacrum/buttocks/tuberosities

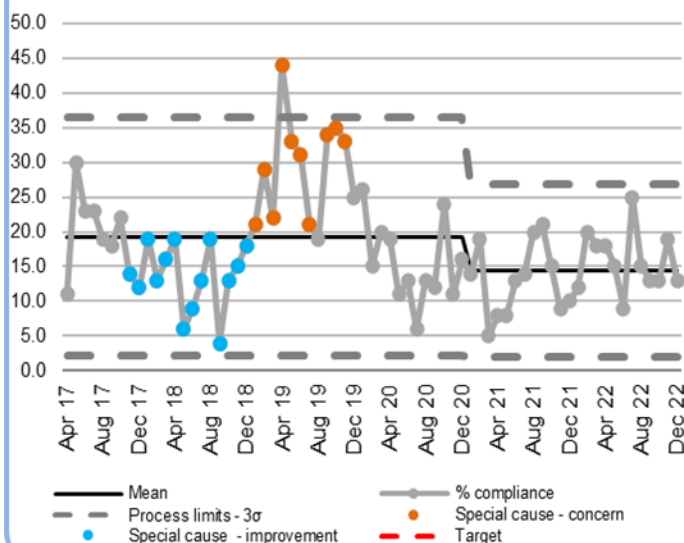
There was 1 x Grade 3 pressure ulcer attributable to right tuberosity attributable to the ASCR division and 1 x Grade 4 to the sacrum attributable to medicine division.

4 unstageable pressure ulcers were reported, 3 x medicine, 2 x ASCR and 1 x NMSK that has subsequently been validated January 2023 as a minimum of a Grade 2.

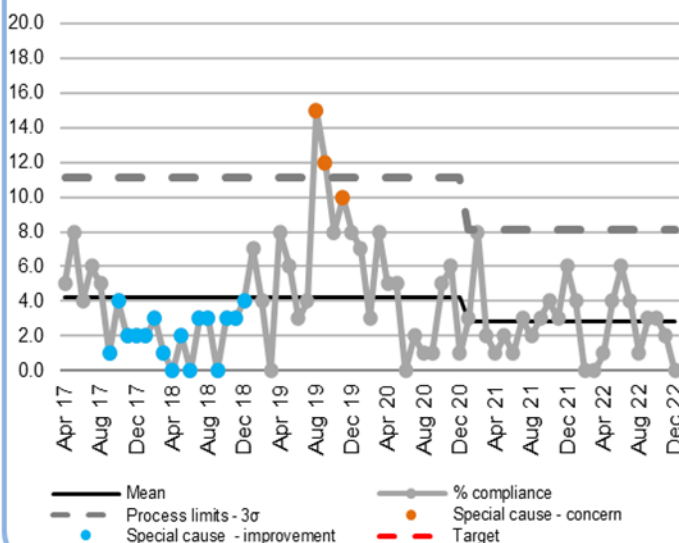
There was an increase to 26 DTI's from the previous month which is a second monthly increase.

- 8 x sacrum/buttocks, 1 x tuberosity, 9 x heels, 2 x spine, 1 x foot, 1 x ankle

Pressure Injuries - Total Incidents



Pressure Injuries - Device



What actions are being taken to improve?

- The Tissue Viability (TV) team continue to work collaboratively with divisions and wards to provide responsive, supportive and effective pressure ulcer prevention and validation.
- The Nurse study day was facilitated on management of wounds, with a specific focus on leg ulcers. There has been an increase in referrals of leg ulcers to the TVN team due to operational pressures across providers.
- The TVNP presented incident data on pressure ulcers following the Frailty Implementation at the Quality Board.
- SSKIN training was delivered on 34a on mattress selection. 27b had training following an outcome identified at an AAR the previous month. The TVS facilitated training at the apprenticeship programme on Wound Care.
- Strategic meetings attended with the ICB to discuss regional strategies to reduce pressure ulcer incident levels and reduce patient harm across providers.

Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

December followed a national increase of COVID-19 cases with three associated ward outbreaks and multiple bay closures.

Influenza

Influenza A increase of cases peaking in Late December. One ward closure had joint pathogens of COVID / Influenza .

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

MRSA – No Further cases noted in December.

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

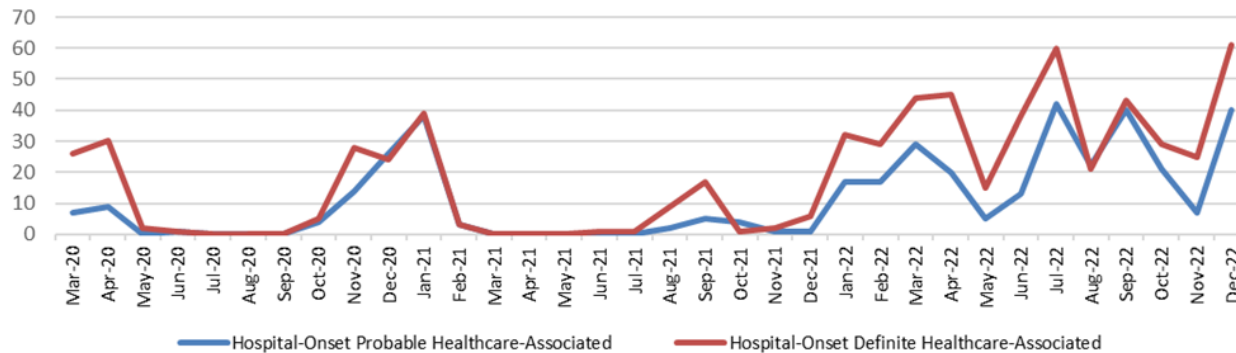
MSSA – A smaller incline brings us in line with 2021-22 rates, above for this year. An exceptional meeting held discussed cases – clinical / staffing pressures linked with suboptimal line / device care and audit results. NBT will be internally progressing share learning , actioning learning

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

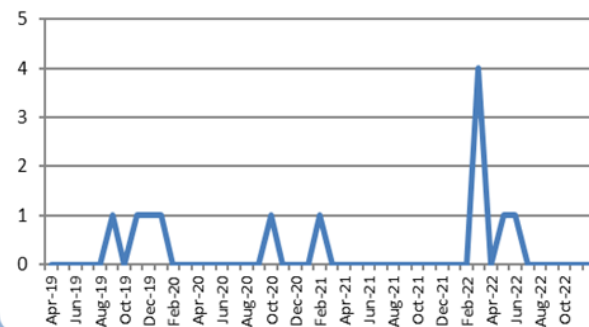
What actions are being taken to improve?

- Divisional work including Link Ambassador meetings , Drop in sessions for Medicine / NMSK were held. These followed back to basics and Winter planning messages.
- Support for divisional / ward continue to focus on early recognition of symptoms / sampling and isolation of winter organisms including Norovirus etc and Infection Control risk assessment for multiple occupied areas.

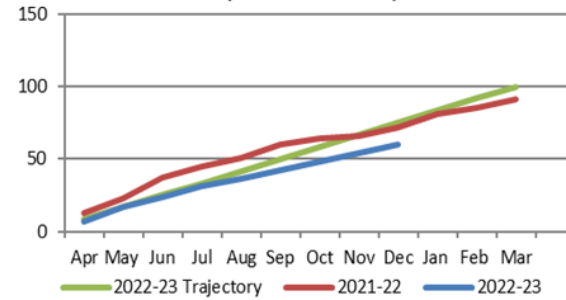
COVID-19 Onset Category by Positive Test Date



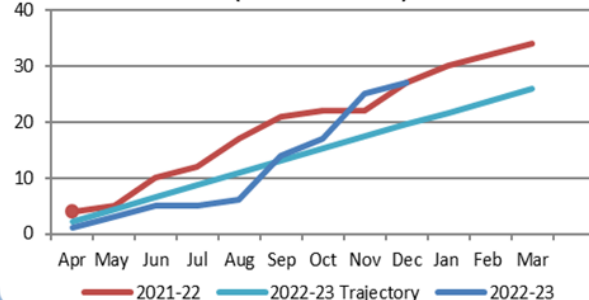
MRSA Cases - Trust Attributable



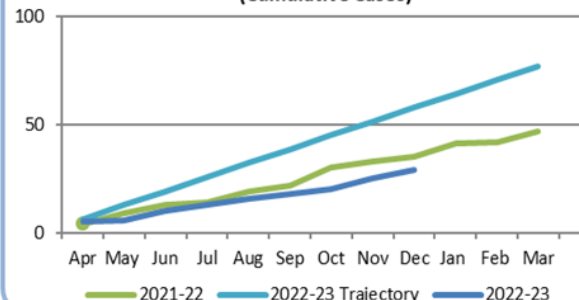
C.Difficile Cases - Trust Attributable (Cumulative Cases)

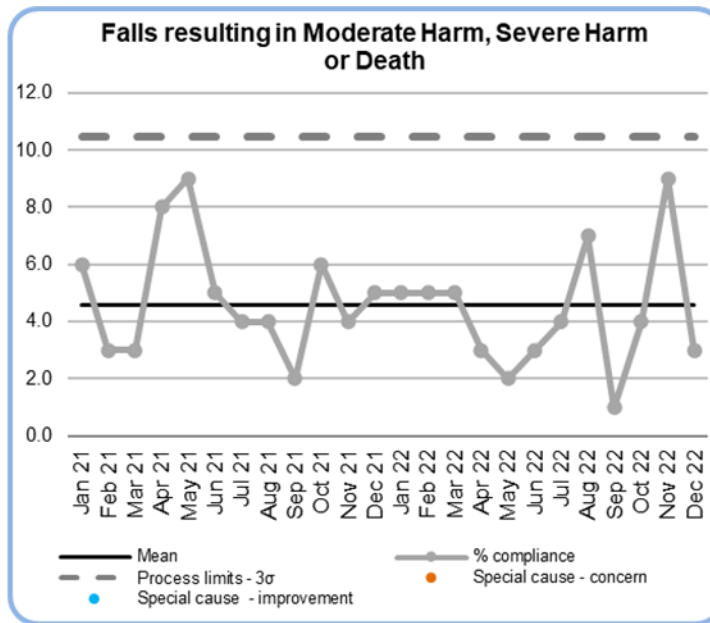
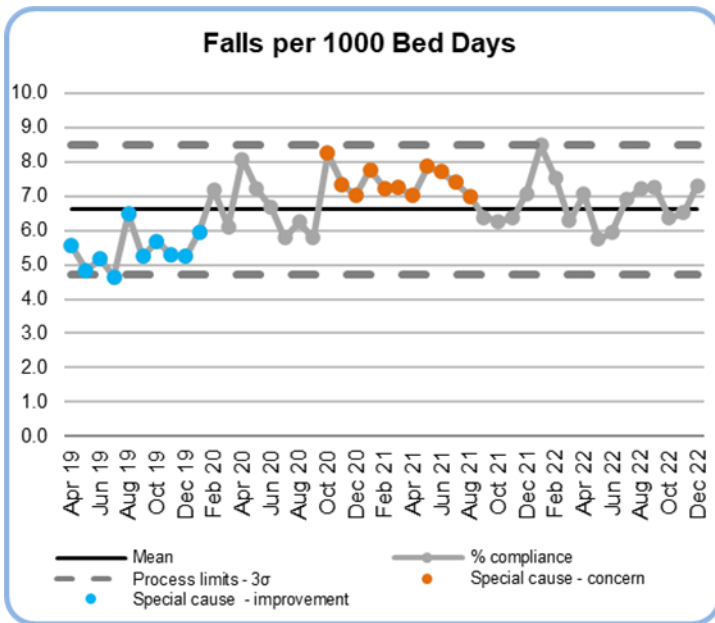


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





Falls

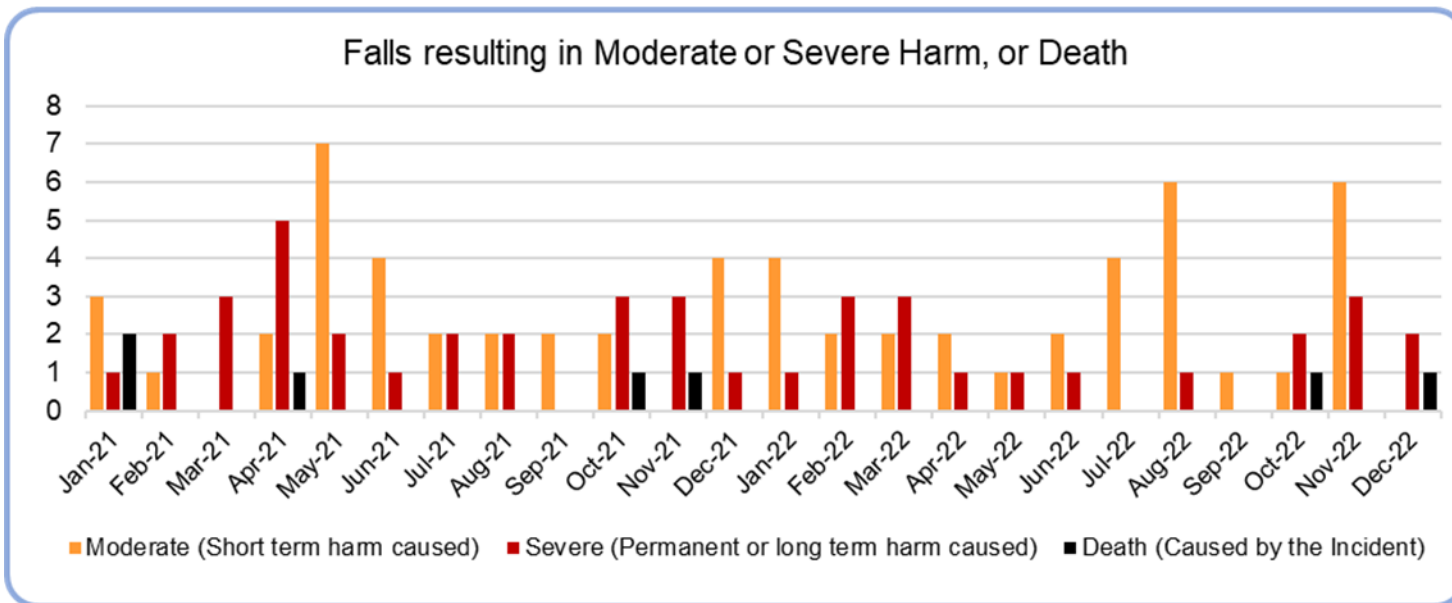
What does the data tell us?

Falls incidents per 1000 bed days

During December 2022, NBT had a rate of 7.31 falls incidents per 1000 bed days. This figure is a slight increase month on month (from 6.35), and above the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

During December 2022, 2 falls were recorded and validated as causing severe harm, and 1 incident causing a death. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

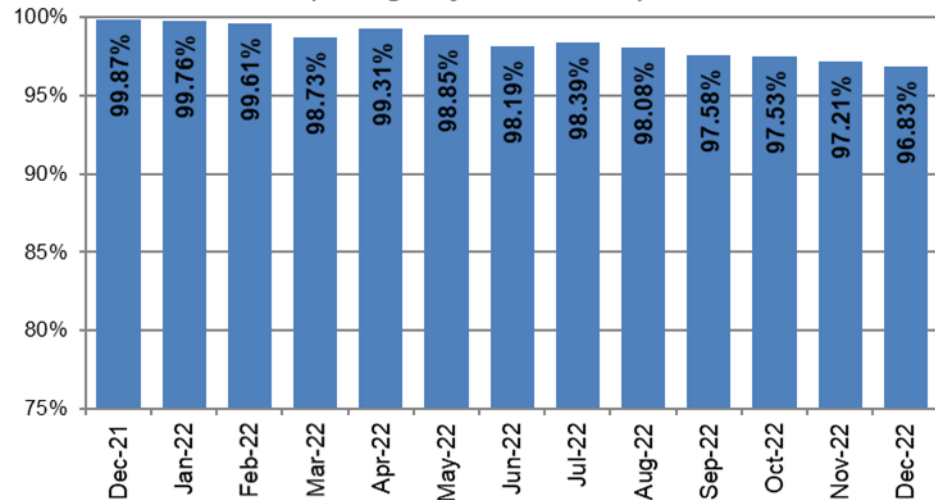


What actions are being taken to improve?

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

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

WHO Checklist Compliance (Emergency and Elective)



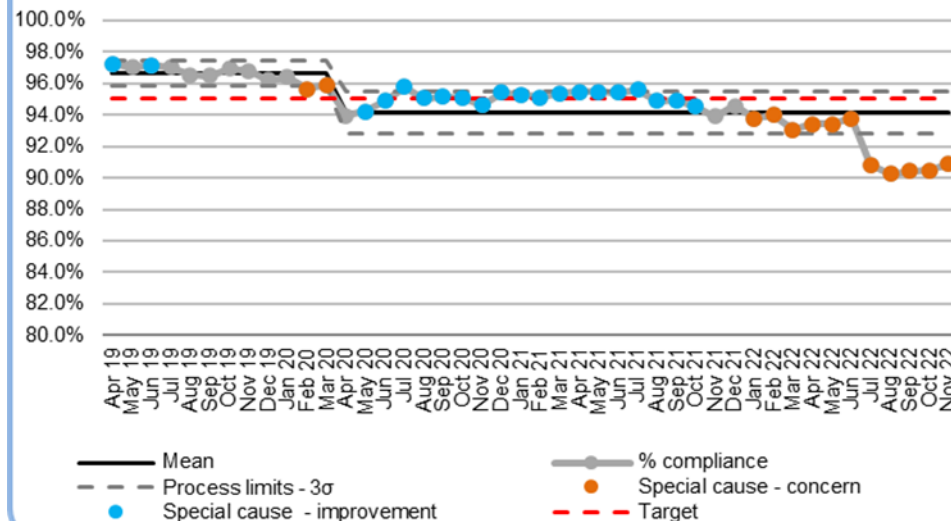
WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance was 96.83%. 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 Completion



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

VTE Risk Assessment

What does the data tell us?

In November, the rate of VTE Risk Assessments (RA) performed on admission was reported as 90.87%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. This is a deteriorating trend over past few months, exacerbated by the CareFlow changeover but this is not the primary factor.

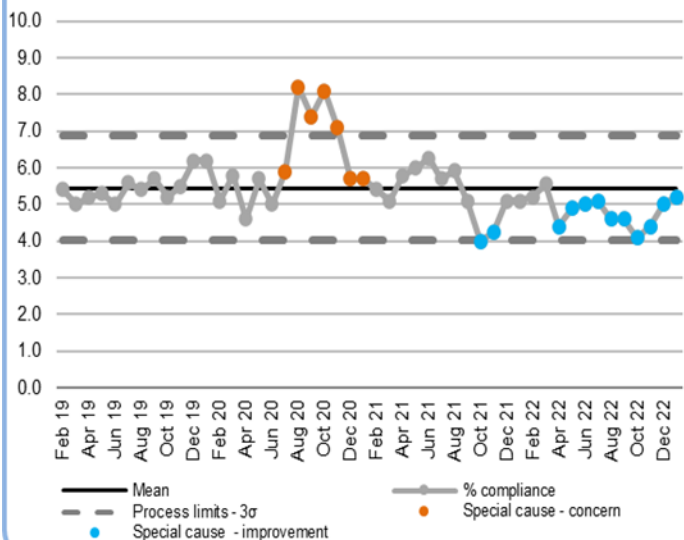
What actions are being taken to improve?

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

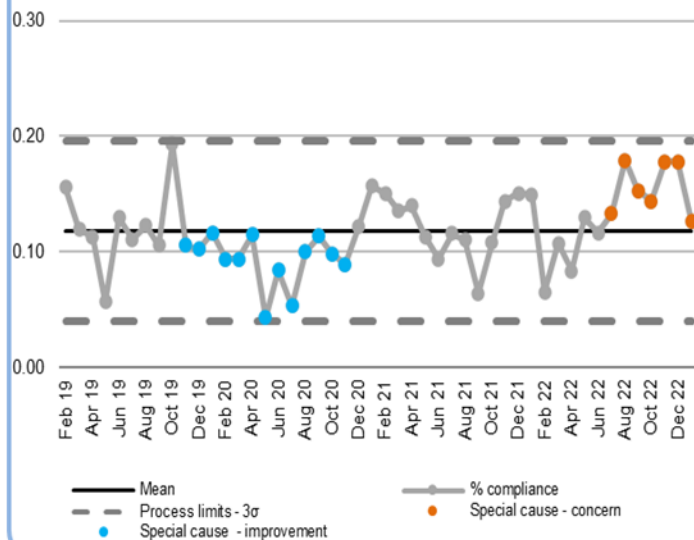
Specifically;

- Introduce VTE RA digitally on Acute Medical admission Unit, supported by digital team and VTE nurses
- Regular ward level audits are now in progress independent of each area
- Ward pharmacists review notes & locate VTE form when checking the thromboprophylaxis prescribed
- Recommence training for clinicians at induction, and FY1/2 protected days – starting next w/c 21 Nov.
- Recommence ad hoc training on the wards and VTE training in L&R
- Add new VTE modules to LEARN, to support OPD staff regarding signs and symptoms of VTE
- Arrange a study day regarding VTE
- Promotional table in the atrium regarding VTE prevention

Medication Incidents per 1000 Bed Days



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



Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During December 2022, NBT had a rate of 5.2 medication incidents per 1000 bed days. This is slightly above the 6-month average for this figure.

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

During December 2022, c.12.7 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.127). This is marked decrease when compared to the values for October and November and below the 6month average of 16.1%

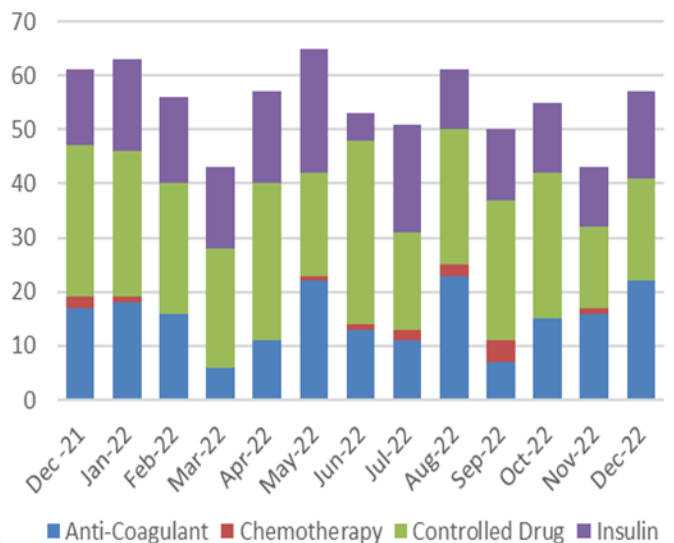
High Risk Medicines

During December 2022, c.34% of all medication incidents involved a high risk medicine in keeping with the 6 month average of 35%.

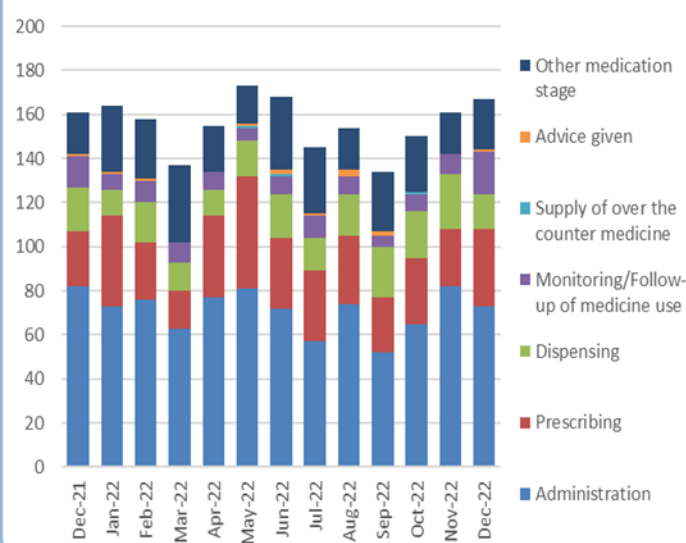
Incidents by Stage

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

Incidents involving high risk drugs - last 12 months



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

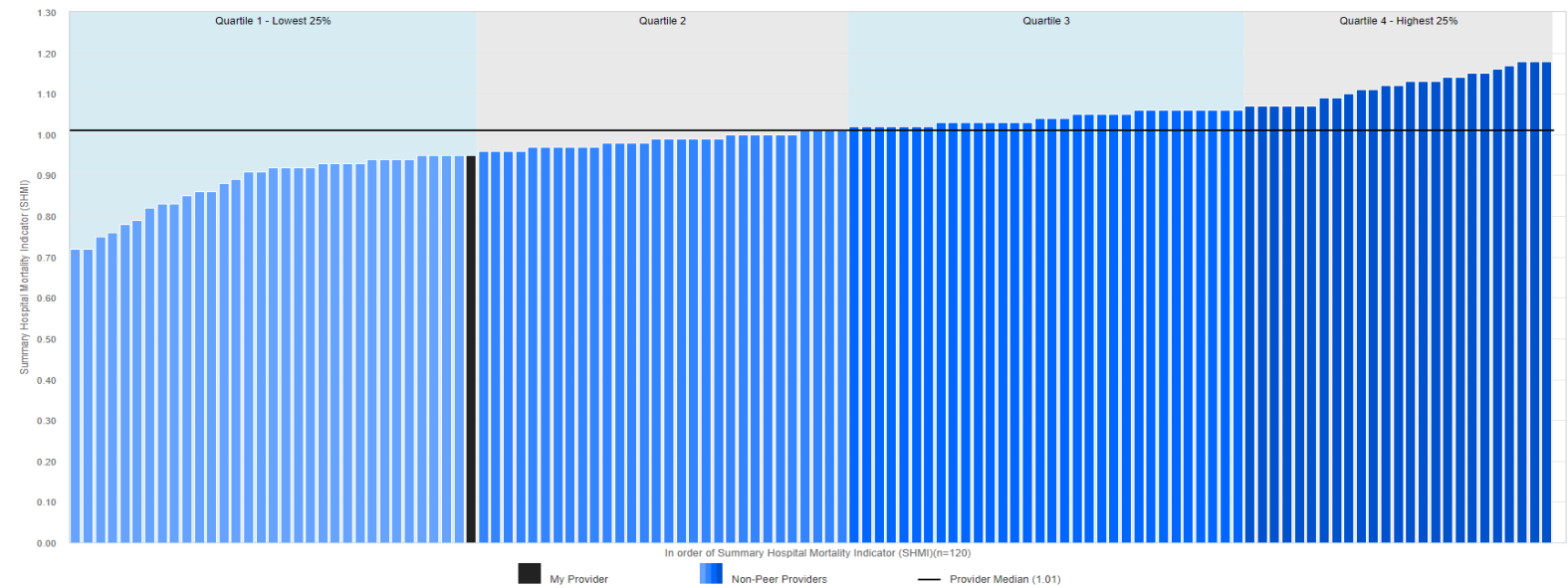


What actions are being taken to improve?

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

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

Summary Hospital Mortality Indicator (SHMI), National Distribution

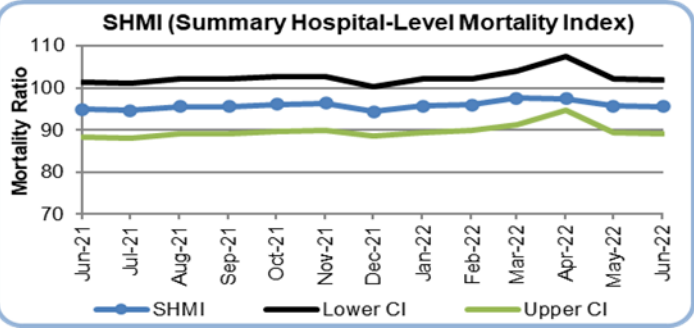
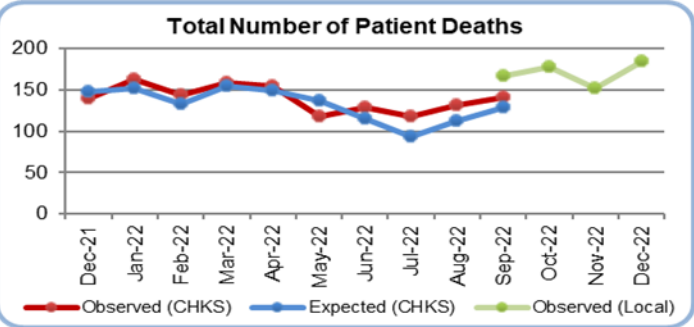


Mortality Review Completion

| Nov 21 – Oct 22 | Completed | Required | % Complete |
|----------------------|-----------|----------|------------|
| Screened & excluded | 179 | | |
| High priority cases | 242 | | |
| Other cases reviewed | 1667 | | |
| Total reviewed cases | 2088 | 2127 | 98% |

| Overall Score | 1 (very poor) | 2 | 3 | 4 | 5 (excellent) |
|---------------|------------------|----|-----|-----|------------------|
| Care received | 0% | 2% | 27% | 43% | 28% |

| Date of Death | Nov 21 – Oct 22 |
|-------------------------------------|-----------------|
| Scrutinised by Medical Examiner | 175 |
| Referral to Quality Governance Team | 1989 |



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 Nov 21 – Oct 22. In this time period 98% of all deaths had a completed review, which includes those reviewed through the Medical Examiner system.

Of all “High Priority” cases, 93% completed Mortality Case Reviews (MCR), including 24 of the 24 deceased patients with Learning Disability and 25 of the 28 patients with Serious Mental Illness.

Mortality Review Outcomes

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

What actions are being taken to improve?

Following an alert for higher mortality in Stroke patients during March 2022 case note reviews for all patients were undertaken. Results show that no poor care was indicated during that time period. Following from this we are looking at how we can better understand our specialty mortality data so that the appropriate level of investigation is undertaken to explain any changes in mortality. In this instance, the severity of patients admitted to the unit appears to have been the cause for the higher mortality and the alert is not present when compared to units with a similar patient risk portfolio.

COVID-19 Weekly Scorecard

Current COVID Status: Level 2

Input date: 26/12/22

| Metric | 07/11/2022 | 14/11/2022 | 21/11/2022 | 28/11/2022 | 05/12/2022 | 12/12/2022 | 19/12/2022 | 26/12/2022 | Trend |
|--|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| New patients last 24 hours – admitted | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | |
| New Patients Diagnosed in last 24 hours | 3 | 2 | 1 | 6 | 9 | 6 | 8 | 5 | |
| Of these, in-patients diagnosed <48 hours after admission (Community Acquired) | 2 | 1 | 1 | 1 | 1 | 3 | 3 | 2 | |
| Of these, in-patients diagnosed 3-7 days after admission (Indeterminate) | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | |
| Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired) | 0 | 0 | 0 | 1 | 2 | 1 | 2 | 1 | |
| Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired) | 1 | 1 | 0 | 2 | 4 | 1 | 1 | 1 | |
| Number of confirmed patients admitted from care or nursing home | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |
| Blue discharges in past 24 hours | 3 | 1 | 2 | 2 | 3 | 5 | 8 | 7 | |
| Number of COVID positive patients as at 08:00 | 14 | 18 | 15 | 29 | 63 | 62 | 59 | 55 | |
| Of these, patients admitted for primary COVID | 9 | 13 | 12 | 22 | 43 | 31 | 35 | 37 | |
| Of these, patients admitted with incidental COVID | 5 | 5 | 3 | 7 | 20 | 31 | 24 | 18 | |
| COVID positive patients in ICU | 1 | 1 | 0 | 0 | 1 | 1 | 3 | 1 | |
| COVID positive patients outside of ICU | 13 | 17 | 15 | 29 | 63 | 61 | 56 | 53 | |
| Query patients | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | |
| Closed and empty beds due to IPC | 1 | 2 | 1 | 3 | 13 | 25 | 10 | 5 | |
| NIV COVID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Pathology lab positivity rate – rolling 7 day mean | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Patient Total positivity - detected - number | 3 | 1 | 1 | 3 | 5 | 5 | 3 | 4 | |
| Patient Total positivity - detected - % | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| Metric | 31/10/2022 | 07/11/2022 | 14/11/2022 | 21/11/2022 | 28/11/2022 | 05/12/2022 | 12/12/2022 | 19/12/2022 | Trend |
|--|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Bristol cases per 100,000 – 7 days | 29 | 26 | 28 | 26 | 37 | 51 | 73 | 66 | |
| South Gloucestershire cases per 100,000 – 7 days | 47 | 42 | 46 | 43 | 60 | 83 | 118 | 108 | |
| North Somerset cases per 100,000 – 7 days | 29 | 26 | 28 | 26 | 37 | 51 | 73 | 66 | |

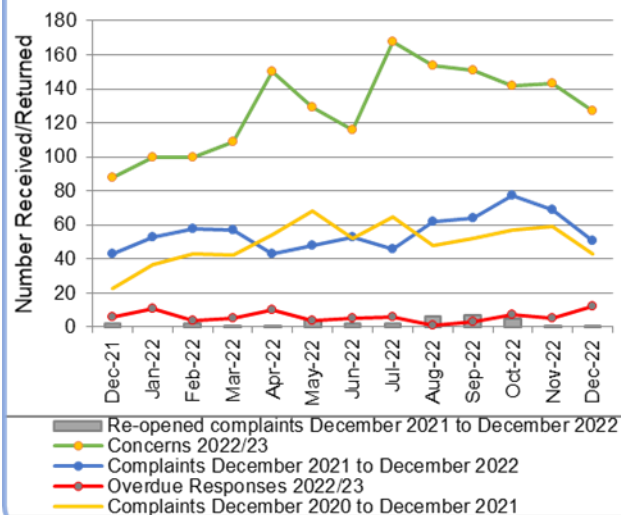
Key:

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

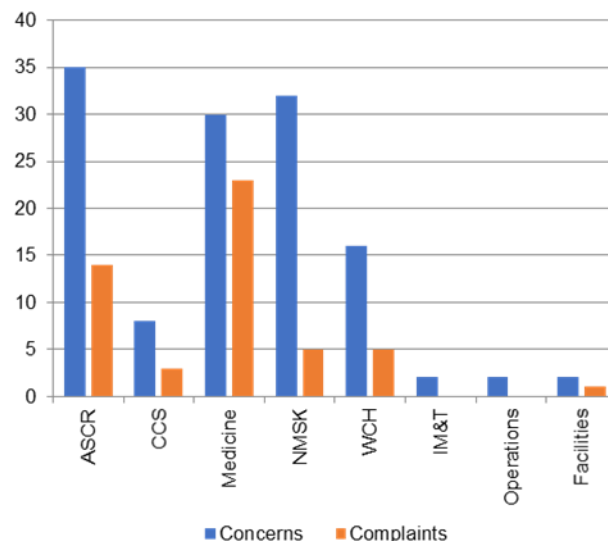
Patient Experience

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

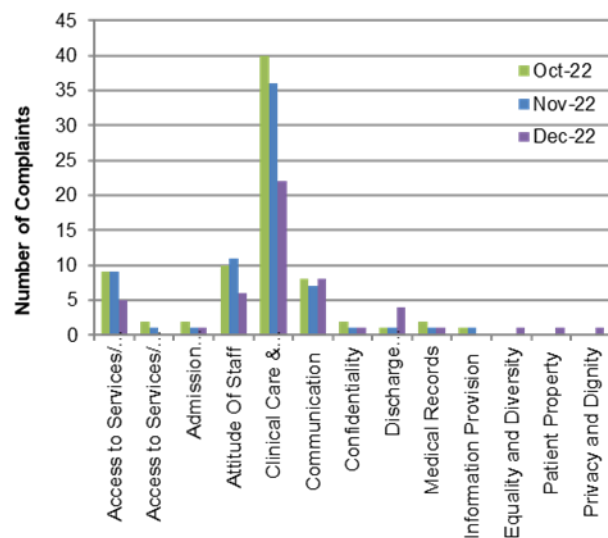
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



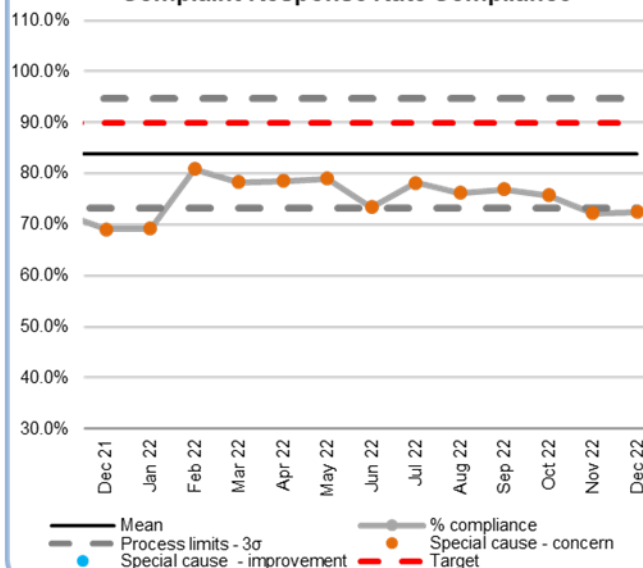
Concerns and Complaints per Division



Complaints By Subject



Complaint Response Rate Compliance



Complaints and Concerns

What does the data tell us?

In December 2022, the Trust received 51 formal complaints. This is 18 fewer than the previous month but 8 more than the same period last year.

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

There was 1 re-opened complaint in December for Medicine.

Of the 51 complaints, the largest proportion was received by Medicine (23), and by ASCR (14).

The overall number of PALS has fallen slightly from 143 in November to 127 in December.

The response rate compliance for complaints increased marginally from 72.2% in November to 72.43% in December. Compliance for each division is shown below:

| | | |
|----------------|----------------|------------------------------|
| ASCR – 75% | NMSK- 58% | Facilities- 100% |
| CCS – 67% | WaCH- 76% | Research and Strategy – 100% |
| Medicine – 85% | Operations- 0% | |

The number of overdue complaints at the time of reporting has increased significantly from 5 in November to 12 in December. 7 of these are in ASCR, 4 in NMSK and 1 in CCS. We are aware that sickness absence in ASCR continues to have an impact on the division's capacity to respond to complaints.

In December 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 December was 12 working days. This has increased from 9 days in November. Only 23% of cases were not closed within agreed timescales, however, some of these have long timescales which are likely to have increased the average.

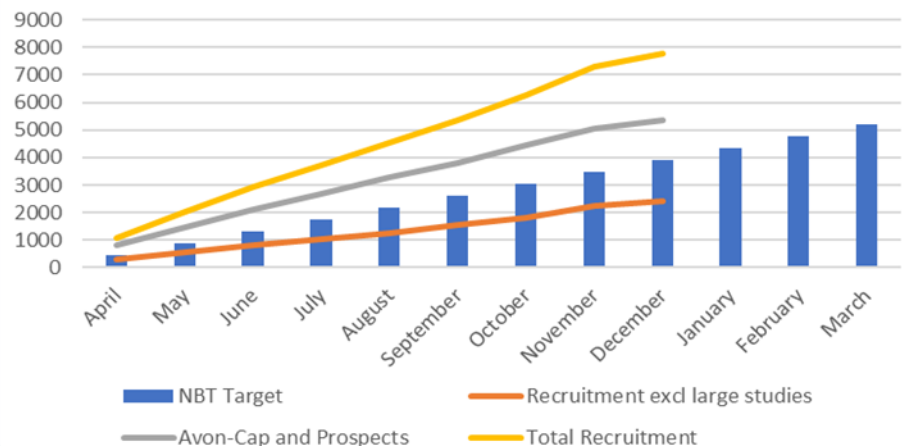
What actions are being taken to improve?

- 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.
- We have agreed continuous improvement trajectories and the plans to achieve them within ASCR and Medicine. Due to continued sickness absence in the team, ASCR continues to struggle to meet its targets. Medicine are meeting their targets.
- Benchmarking against other similar Trusts to understand their performance. This shows that despite challenges and a decline in our responsiveness to complaints, we are performing better than the majority of our peers.
- Virtual visit to understand processes at Northumbria NHS Trust planned for 9th Feb as their performance is notably better than others in England.

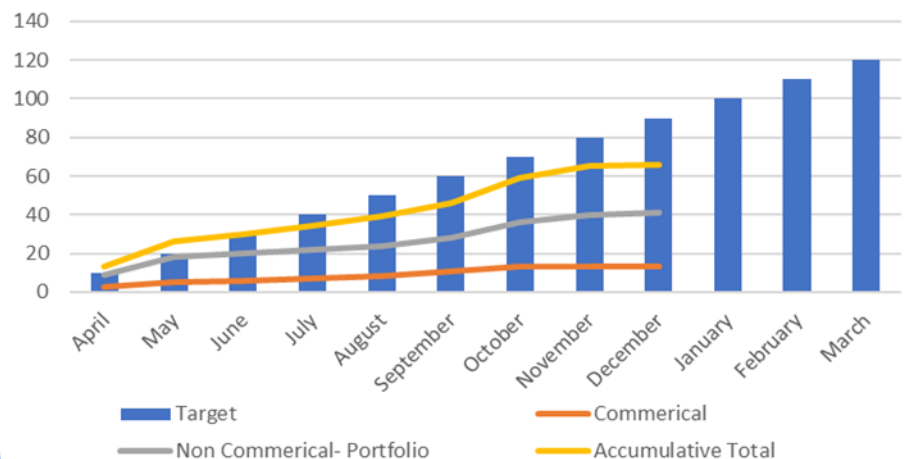
Research and Innovation

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

Recruitment vs Target



Number of new studies open in year by type



Research and Innovation

What does the data tell us?

Our Research activity

In this financial year we will 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.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 7773 participants have consented to our research. This exceeds our current YTD target (199%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; at present we have 221 studies open to new participants and have set up and opened 66 new studies since April (Graph 2), these are predominantly non-commercial studies. We 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 really pleased to announce that NBT and UHBW have launched a Joint Commercial Research Function, building on our partnership working and providing a single service across the two acute NHS trusts to showcase Bristol as an attractive and competitive place for industry sponsored studies to conduct their research; supporting out intentions to grow our commercial research portfolio.

Our grants

NBT currently holds 72 externally funded research grants, to a total value of £33.2m. This includes 34 prestigious NIHR grants totalling £32m. In 2022, NBT received a record level of NIHR grant income (£4m compared £2.8m in 2021), due to NBT's exceptionally high success rates with NIHR grant applications (50% success at stage 1 and 90% stage 2). The NIHR income received by an NHS Trust in a calendar year drives the Research Capability Funding (RCF) allocation to that Trust in the next financial year. NBT is likely to receive £1.1m RCF in 2023/24 to invest in research development at NBT, and this record amount of RCF, is testament to the quality of the NIHR grants being submitted through NBT. In addition, NBT is a partner on 67 externally-led research grants, to a total value of £10.6m to NBT.

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&I is planning to introduce 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 will follow a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. R&I will launch this new funding stream across the Trust in due course.

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 8.61% in November to 8.93% in December, with current vacancies at 798.75wte. Vacancy rates increased in registered nursing and midwifery, estates and ancillary and administrative and clerical, driven by decreases in staff in post for estates and ancillary and administrative and clerical, and an increase in funded establishment for registered nursing and midwifery (across ASCR, CCS and Medicine).

Turnover

NBT's Rolling 12-month staff turnover decreased from 17.32% in November to 17.10% in December. Additional clinical services and administrative and clerical remain the staff groups with highest turnover position in trust, however they both saw small decreases from November to December. Allied health professional and healthcare scientists both saw increases in turnover in December, however remain under the trust average.

Prioritise the wellbeing of our staff

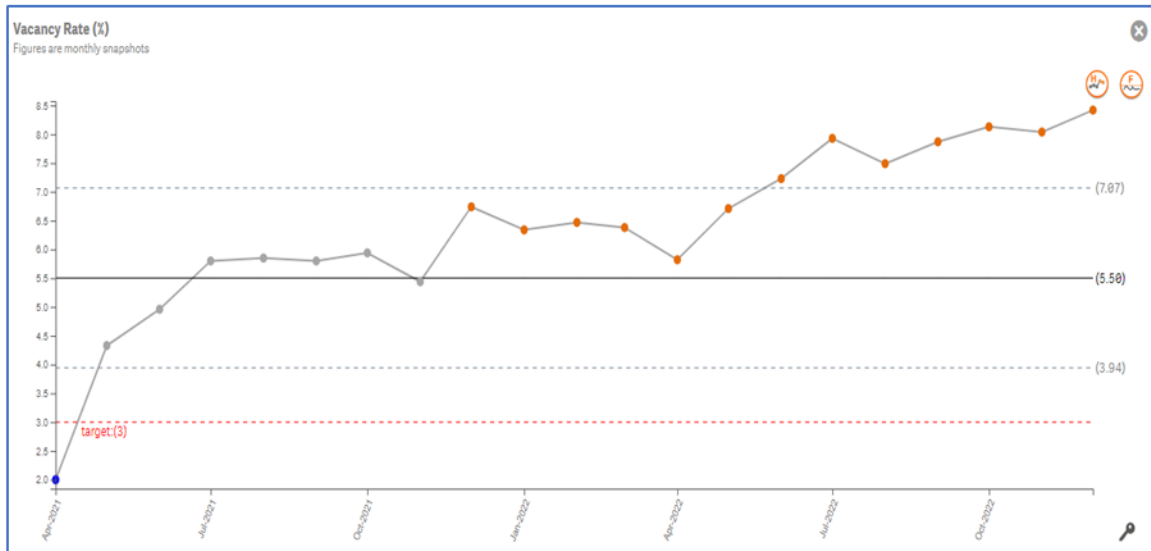
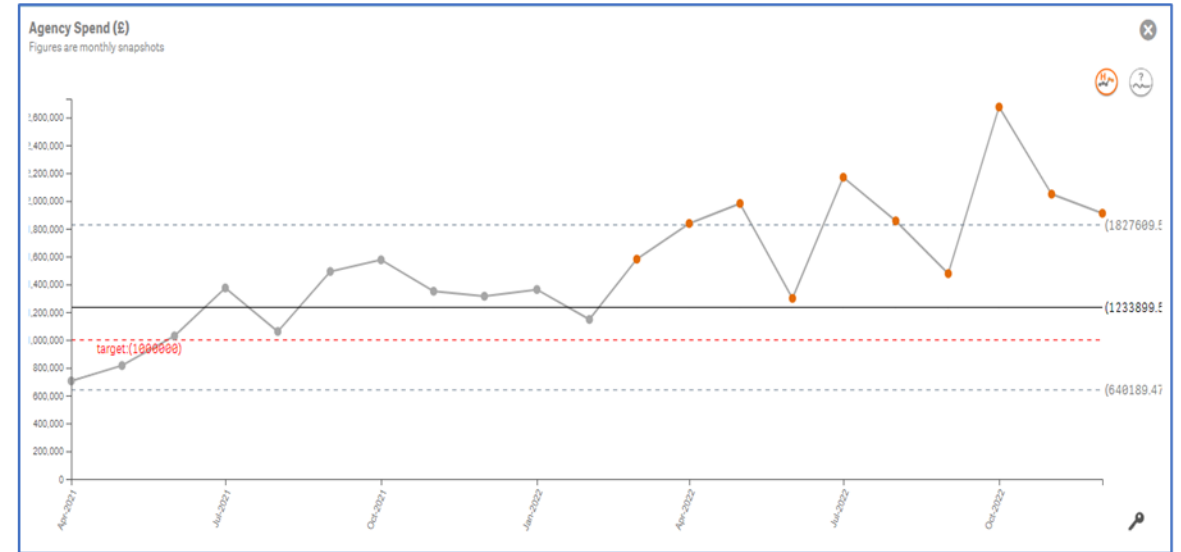
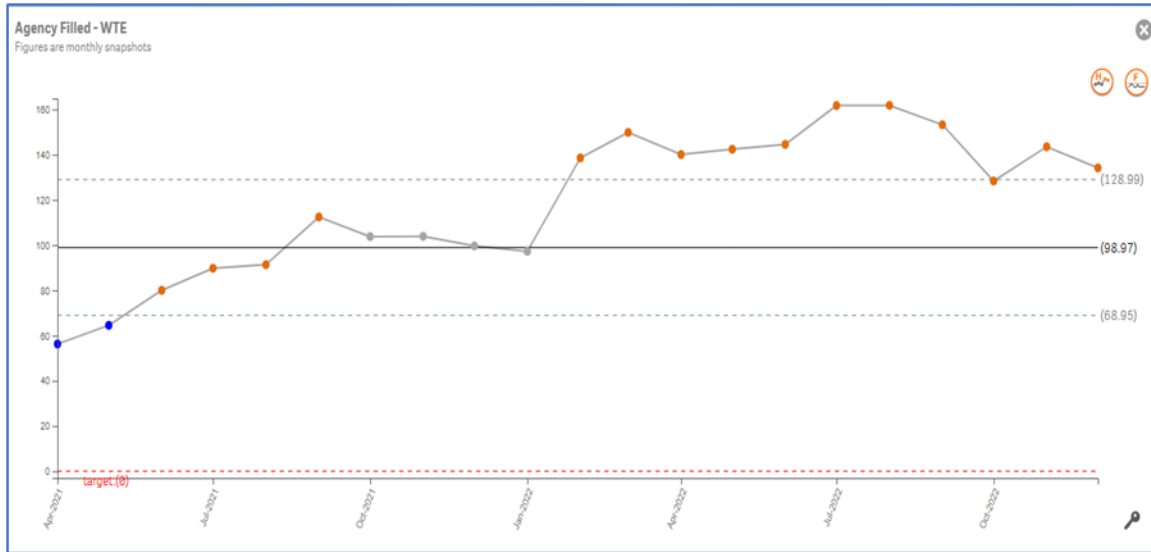
The Rolling 12 month sickness absence position increased slightly from 5.49% in November to 5.56% in December. The most affected staff groups were additional clinical services and estates and ancillary staff with absence rates of 8.46% and 10.35% respectively. *Cold, cough, flu – influenza (20.2%), infectious diseases (COVID) (17.0%) and stress/anxiety/depression/other psychiatric illness (14.5%)* were the leading causes of days lost to sickness absence, with *cold, cough, flu – influenza* seeing an increase in wte days lost from 1,544.0 in November to 3,289.9 in December.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 3.96% (45.47wte) from November December. As both bank and agency use decreased (-3.35%, -21.53wte) and (-0.69%,-1.01wte), there was a resulting increase in unfilled shifts by 19.02% (-68.01wte). Total agency RMN Use decreased by 8.20% (-1.58wte), driven by decreased use in Medicine Division wards; tier 4 RMN use increased by 1.19wte (+34.55%).

| Theme | Action | Owner | By When |
|--------------------|---|--|---------|
| Vacancies | Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment' | Associate Director for Strategic Workforce Planning and Resourcing | Ongoing |
| Turnover | Implementing the agreed agile working principles in a Trust-wide action plan and the developing a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover. Key support to hot spot areas of midwifery and theatres. | Associate Director of People | Jan-23 |
| Wellbeing | Implementing financial wellbeing projects to support our staff including: instant payment mechanism for bank work/ salary draw downs; expansion of subsidised food offers; Trust-wide leadership development programme planned for early Spring 23 launch. | Associate Director Culture, Leadership & Development | Jan-23 |
| Temporary Staffing | A short term raise in the Trust Bank rate has been applied from 17th December to 15th January across all staff groups to support fill via the Bank and to minimise agency escalation. A review of impact will be completed throughout the duration of the incentive. A longer term approach to Bank rates and incentives is currently under development, expected completion date end Jan-23. | Associate Director for Strategic Workforce Planning and Resourcing | Jan-23 |

Workforce



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

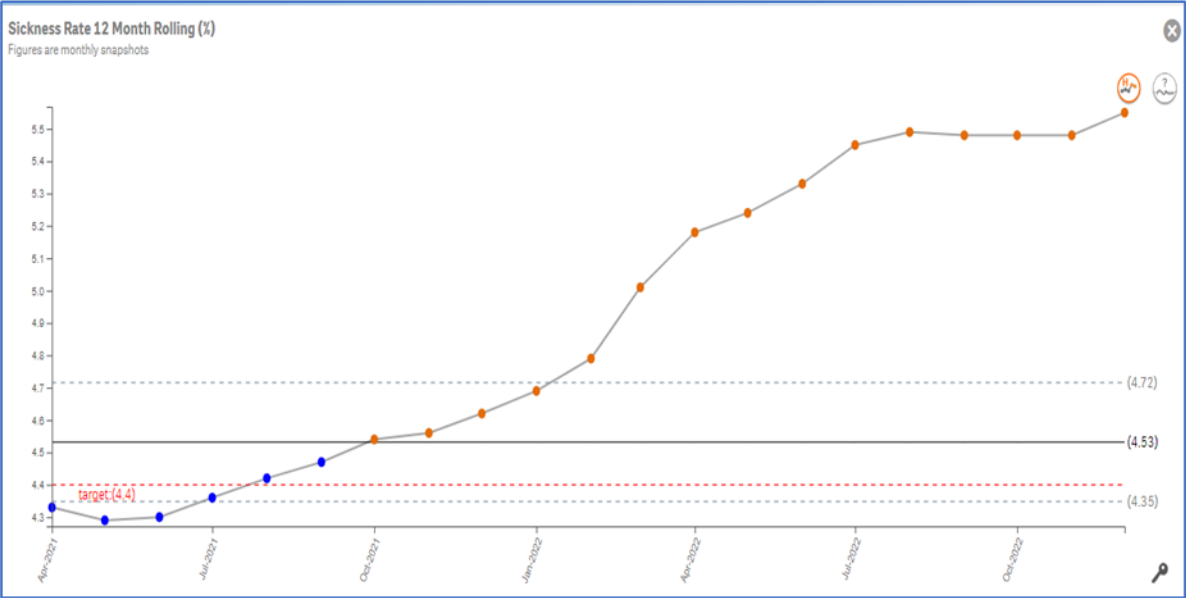
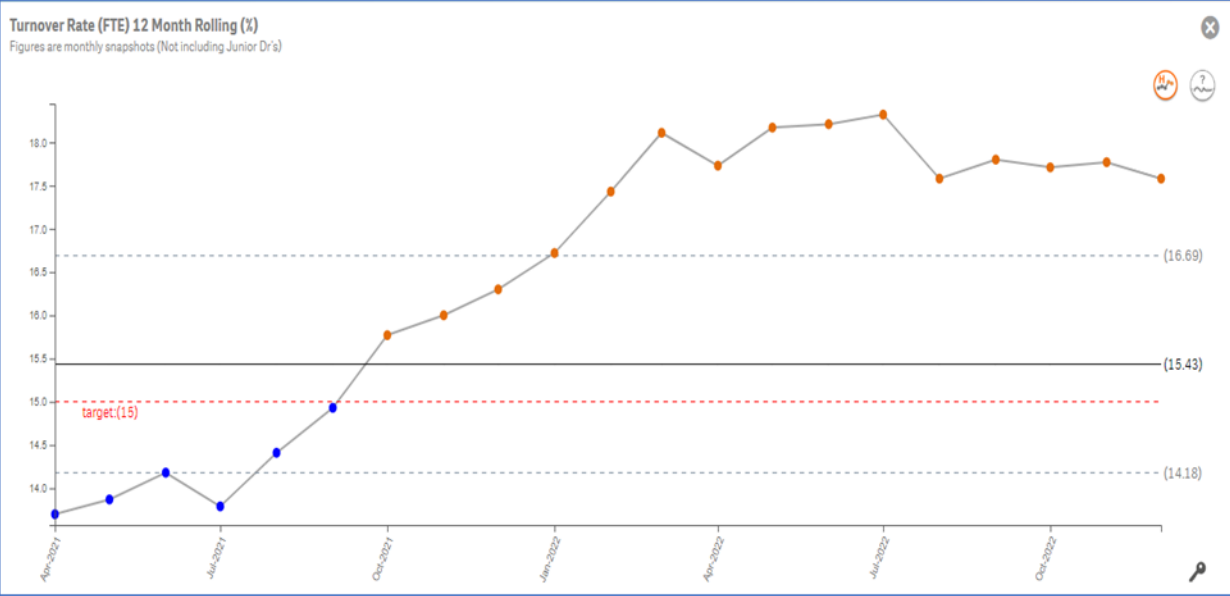
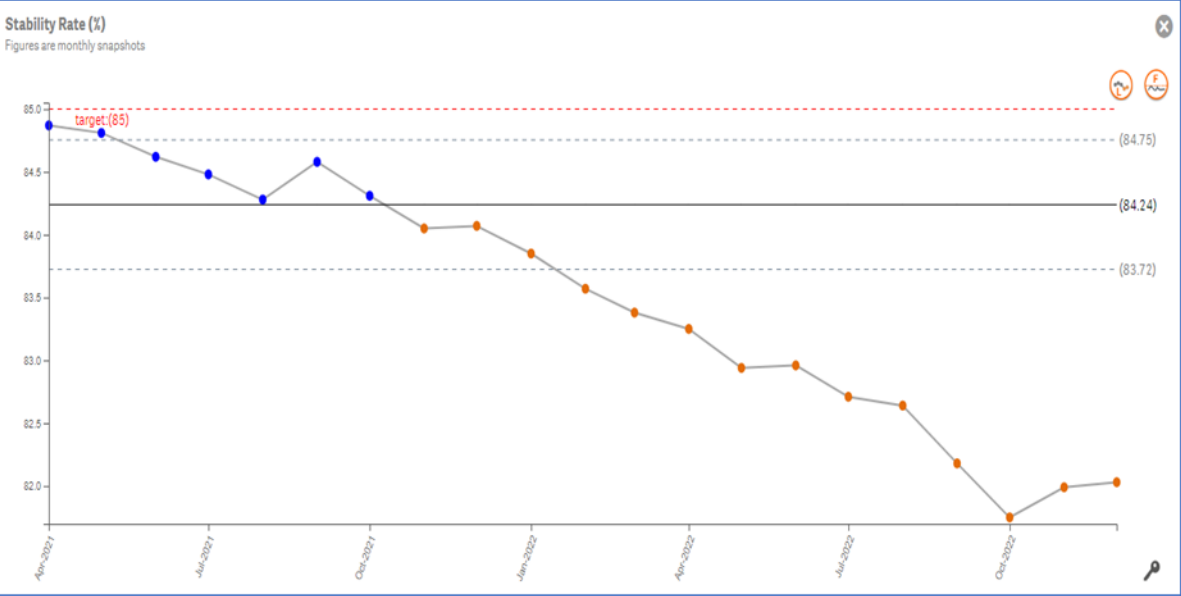
December saw recruitment slow a little which is normal for the season. We made 21.49 offers for healthcare support worker (HCSW) roles across the Trust. 10.88 for band 2 roles and 10.61 for band 3 roles

- December saw just 4.06 wte new band 2 starters , band 3 starters were much higher at 11.52 wte. This is predominately because of the change in recruitment around Band 2 and 3 roles
- Vacancies in December for unregistered nursing decreased slightly overall . Band 2 vacancies are now at 91.04 wte (up from 87.69 wte) and band 3 vacancies are currently 40.14 wte (Down from 45.92 wte)

Registered Nursing

- Applications before Christmas resulted in 32 offers being made for band 5 nursing and midwifery candidates in December.
- December saw just 11.33 wte band 5 starters in September and leavers were 16.49 wte. Our overall registered nursing and midwifery vacancies now stands at 311.55 wte
- We attended the Nursing Times digital UK careers event and held our own Nursing Careers Webinar which had 52 attendees
- 24 Internationally Educated Nurses arrived at NBT in December

Engagement and Wellbeing



Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability

Turnover decreased to 17.10% in December.

Actions delivered: (Associate Director of People)

- Retention meeting between NBT Chief People Officer and NBTE/I. This meeting confirmed our retention focuses: Hygiene factors, pay and reward, recruitment and workforce planning.
- New Retention Group 2023 infographic and focuses created to socialize with organisation and stakeholders.
- A further 2 Restorative Just Culture training sessions have been delivered to managers and a new on-line version of the training was successfully piloted
- December Quarterly leaver's insight report produced for Divisions sharing exit feedback and trends. Detailed information gained on work life balance.
- Apprenticeship pay review concluded and Agenda for Change pay rates to replace apprenticeship pay from January 2023.

Actions in Progress:

- 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 2022 – January 2023)
- Work ongoing to increase exit response rate. This month a reminder message being piloted.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023)
- Roll-out of Agile Working strategy and approach, via Divisions (December 2022 – April 2023)
- Continued roll out of Retention Action plan, around above 3 key actions and NHSEI suggested approaches (January 2023)
- Plans in place for People Team to attend Corporate Induction, and to staff a stand where we can share with all new staff and managers the resources and help that is available to them at NBT to support them in their employment journey/experience starting January 2023
- NHSEI have identified a 'buddy sites' for NBT of Wroughtington, Wigan and Leigh NHS FT on best practice in retention, and Mid-Cheshire on flexible working (meetings set for January 2023)

What Does the Data Tell Us - Health and Wellbeing

November saw an increase in sickness.

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

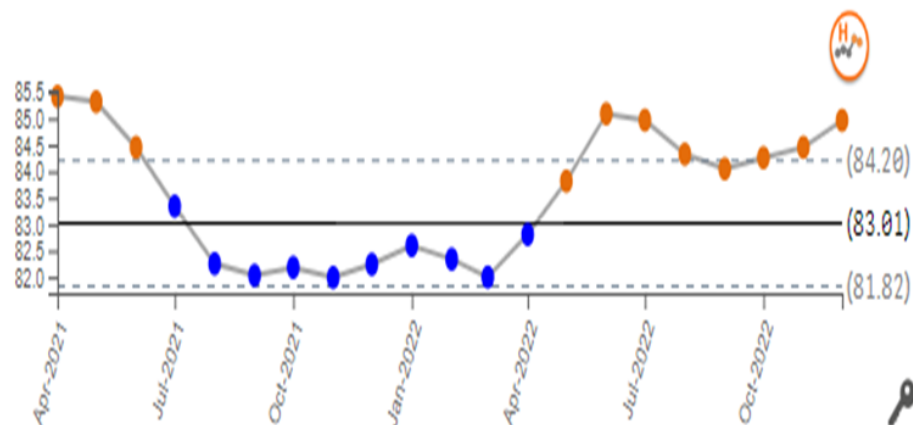
- Relaunched our staff wellbeing programme via new intranet site, posters and flyers, with external website for potential job applicants planned in January/February 2023.
- Subsidised staff food introduced across 3 staff sites introduced in November (£1 soup & roll) with a review of impact due in January 2023.
- New staff rest areas opened in WACH in December (Garden Room) and Brunel site in January (Cam Room). Feasibility study of other areas under way.
- Christmas presents for 1500 staff working on Christmas Day funded by Southmead Hospital Charity.
- Wellbeing events: Menopause Café launch (5th December), Disability awareness 'light up' event (8th December) Jolly Hog site visit (9th December), Wellbeing Bus (9th – 20th January), Dry January events supported by AA (25th January),

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

- Revised Trust-wide induction programme to launch 31st January 2023.
- Culture diagnostic work with Theatres Hotspot area in planning with DMT to address issues spanning sickness, turnover, morale and safety.
- Initial 2022 Staff Survey results shared with Divisions to inform 2023/24 business planning priorities and actions.
- New Trust-wide Leadership Development Programme proposal approved, procurement process commenced with view to launching in Spring 2023.
- Project underway to introduce life insurance offer for staff who opt-out of NHS staff pension.

Essential Training Compliance % (Top 9)

Figures are monthly snapshots



| Training Topic | Variance | Nov-22 | Dec-22 |
|------------------------|-------------|---------------|---------------|
| Child Protection | 0.6% | 83.1% | 83.8% |
| Adult Protection | 0.6% | 83.9% | 84.4% |
| Equality and Diversity | 0.6% | 85.9% | 86.6% |
| Fire Safety | 0.0% | 85.5% | 85.5% |
| Health and Safety | 0.5% | 85.4% | 85.8% |
| Infection Control | 0.3% | 86.5% | 86.7% |
| Information Governance | 0.0% | 82.5% | 82.5% |
| Manual Handling | 1.1% | 83.4% | 84.4% |
| Waste | 0.6% | 85.7% | 86.3% |
| Total | 1.3% | 82.38% | 83.65% |

What Does the Data Tell Us - Essential Training

- MaST compliance is trending upwards, meaning that more people are engaging with their MaST. Trust compliance is hovering around 85%.
- L&OD are working with divisions to encourage completion of outstanding training.

Actions – Essential Training (Head of Learning and Development)

- People Partners are sent weekly MaST reports to encourage completion for areas below the 85% target. These seem to be having a positive influence on the compliance figures.
- Targeting and communicating with staff who have not yet started their MaST or their training as this feature is not available automatically through LEARN.
- New Trust induction approved,. First new induction is scheduled for 30 Jan 23. Includes Executive presentation, 3 face-to-face (f2f) MaST modules (Information Governance, Health and Safety, and Fire Prevention), networking, and presentations from Wellbeing and Freedom to Speak Up.

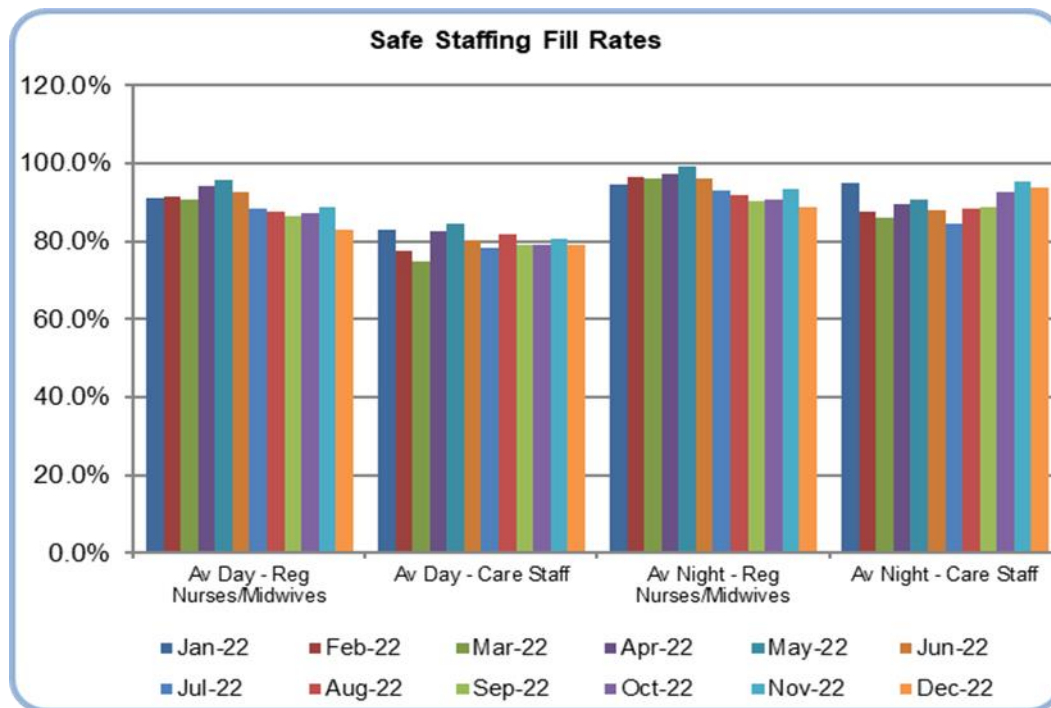
Other Wider Actions

Leadership & Management Learning

- Working up leadership programmes for new/aspiring managers, experienced managers and senior leaders. This will require investment as we will need to work with external training providers to deliver at scale.
- Six new 90 min Bitesize modules are now, plus refreshed f2f Management Skills Modules.
- Starting procurement for "OneNBT" Leadership Programme and working with NHS Elect on designing and delivering new content.
- Reviewing NBT coaching strategy to provide operational coaching and coaching skills for managers. Coaching relationships have increased and new 1 hr coaching sessions are due to be available for all staff..
- NBT / DE&S Mentoring Programme f2f workshop on 18 Jan 23, for 55 mentors and mentees at Abby Wood.
- Review and refresh of our Specialty Leads Programme. We hope to offer this in early 2023. It will be offered to additional roles including General Managers across the Trust.

Apprenticeships

- Annex 21 pay has now been removed for Apprentices across the trust – with effect from 1 Jan 23. the TUs are very supportive of this increase in apprentice pay and it will have a positive effect on recruitment and retention.
- Zero expired funds for December 2022, levy utilisation 93% from 1st April 2022 to date.
- We have enrolled employees on several new apprenticeship standards including a cohort of Level 2 facilities apprentices, Physiotherapy, Coaching, and Laboratory Scientist.
- The enrolment of healthcare apprentices has reduced; however, training pathways are currently being reviewed
- Apprenticeship centre currently recruiting for Team Leaders, Business Admin and Customer Service apprentices
- Standalone functional skills have started to be offered to all employees, a lot of interest so far, fantastic to be able to add this to the staff development offering
- Actively engaged with the local Job Centre, final traineeship cohort being planned for April, this is ceasing due to funding.
- New all-staff induction paper has been approved; first new inductions planned for 30th January



| Dec-22 | Day shift | | Night Shift | |
|-----------|-----------------|--------------|-----------------|--------------|
| | RN/RM Fill rate | CA Fill rate | RN/RM Fill rate | CA Fill rate |
| Southmead | 83.0% | 79.3% | 88.8% | 93.8% |

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

What Does the Data Tell Us

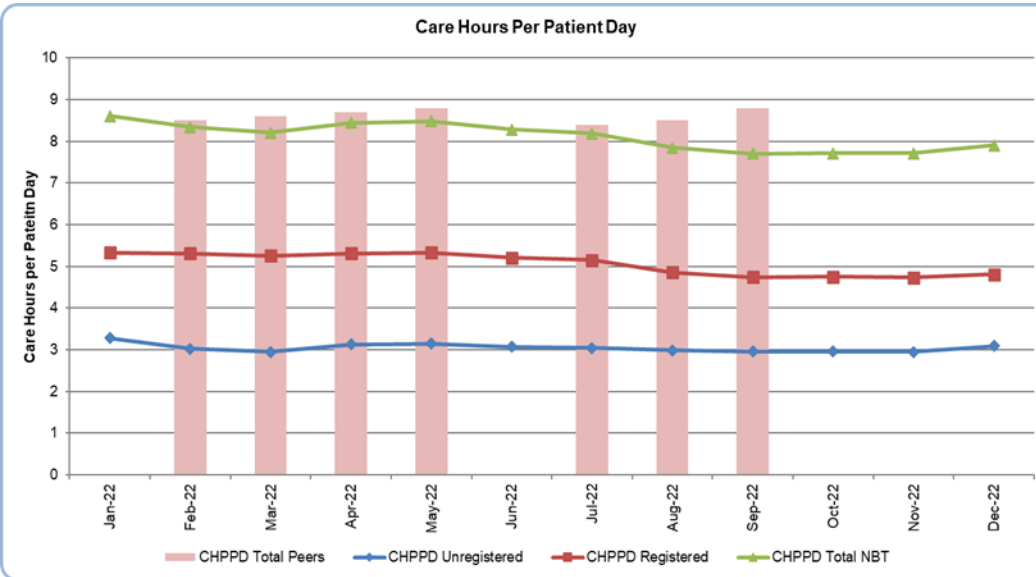
There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 88.00 wte starting up to the end of December.

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:

- 32.35% of units had a registered fill rate of less than 80% by day and 17.65% by night with hotspots in maternity, ICU and Medi-rooms.
- 52.94% had an unregistered fill rate of less than 80% by day and 26.47% by night. Data shows high levels of unfilled rate across all divisions which is reflected in the daily overall staffing sitrep.



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).

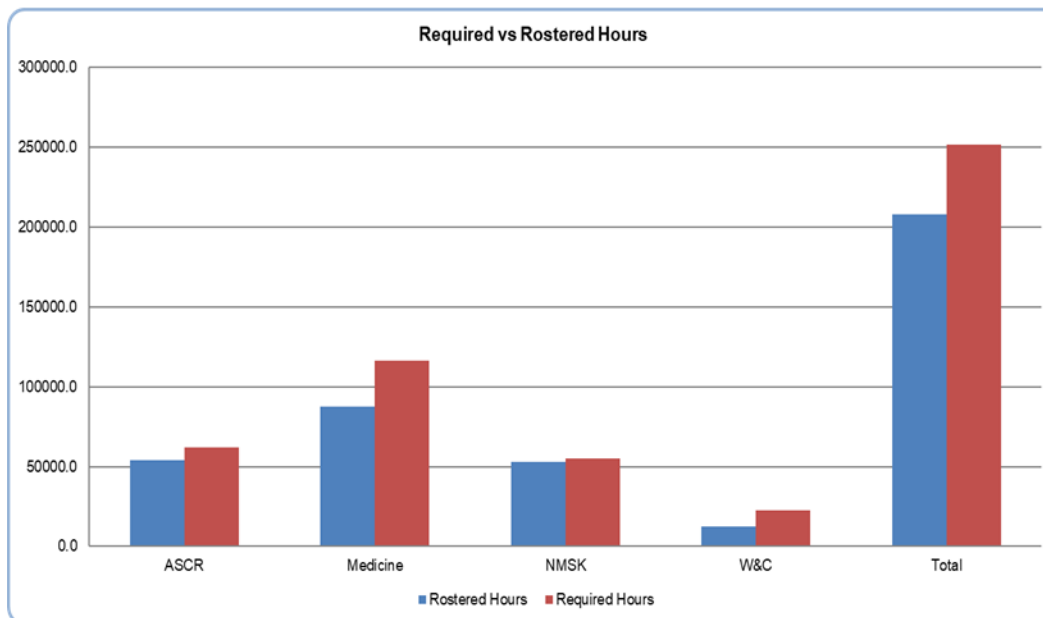
Safe Care Live (Electronic Acuity Tool)

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.

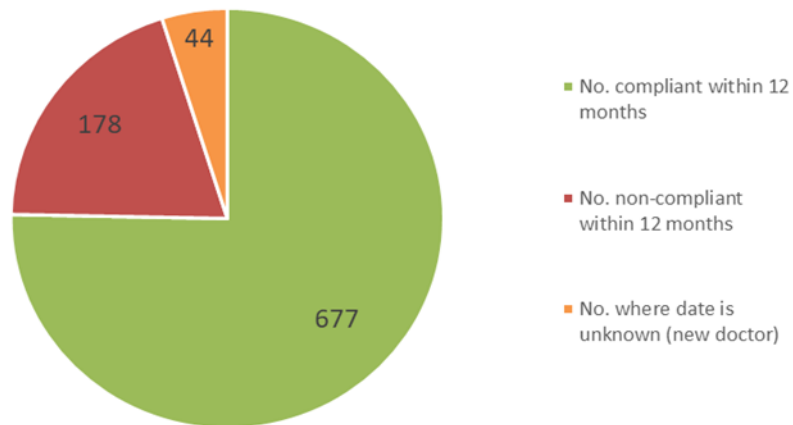
Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

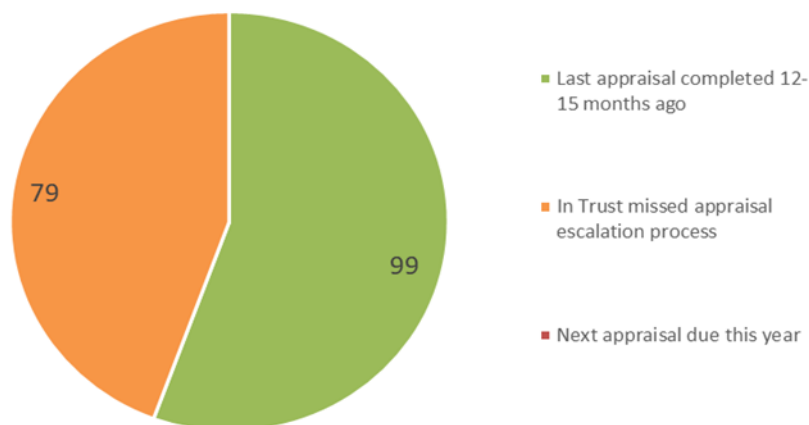
This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on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



Appraisal compliance - past 12 months



Non-compliant doctors - past 12 months



Medical Appraisal

What does the data tell us?

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

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

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

What actions are being taken to improve?

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

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

Finance

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

Statement of Comprehensive Income at 31st December 2022

| | Month 9 | | | Year to Date | | |
|--------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 58.9 | 61.5 | 2.7 | 524.3 | 545.5 | 21.2 |
| Other Income | 4.7 | 7.5 | 2.8 | 52.7 | 63.4 | 10.8 |
| Pay | (38.9) | (41.3) | (2.4) | (353.4) | (374.6) | (21.2) |
| Non-Pay | (25.2) | (27.3) | (2.1) | (230.2) | (245.2) | (14.9) |
| Surplus/(Deficit) | (0.5) | 0.4 | 0.9 | (6.7) | (10.9) | (4.2) |

Assurances

The financial position for December 2022 shows the Trust has delivered a £0.4m actual surplus against a £0.5m planned deficit which results in a £0.9m favourable variance in month, with a £4.2m adverse variance year to date.

Contract income is £2.7m favourable in month and £21.2m favourable year to date. The in month position is driven by the additional income recognised relating to the pay award (£0.7m favourable), ESRF (£0.7m favourable) and additional funding relating to Demand and Capacity funding and Pathology Network funding (£1.0m favourable).

Other Income is £2.8m favourable in month and £10.8m 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. When removed, Other Income is £1.0m favourable to plan which is driven by increased private patient income in finance offset by bad debt within non-pay, and additional charitable income received within Clinical Governance and Clinical Divisions

Pay expenditure is £2.4m adverse in month and £21.2m adverse year to date. There is a monthly adjustment offsetting the other income value above which creates a £1.9m adverse position in month. If this is removed, the pay position is £0.5m adverse to plan which is driven by unidentified CIP and pay award, offset by Consultant and Agenda for Change vacancies.

Non-pay expenditure is £2.1m adverse in month and £14.9m adverse year to date. The in month position is driven by increased spend on drugs and blood products (pass-through) in clinical divisions, unidentified CIP, and one-off charges in IM&T.

Statement of Financial Position at 31st December 2022

| | 21/22 M12 £m | 22/23 Month 8 £m | 22/23 Month 9 £m | In-Month Change £m | YTD Change £m |
|---|--------------------|------------------------|------------------------|--------------------------|---------------------|
| Non Current Assets | | | | | |
| Property, Plant and Equipment | 605.0 | 610.1 | 611.3 | 1.3 | 6.3 |
| Intangible Assets | 13.7 | 12.2 | 12.0 | (0.2) | (1.8) |
| Non-current receivables | 1.5 | 1.5 | 1.5 | 0.0 | 0.0 |
| Total non-current assets | 620.2 | 623.8 | 624.8 | 1.0 | 4.6 |
| Current Assets | | 0.0 | | | |
| Inventories | 9.1 | 9.8 | 9.8 | (0.0) | 0.6 |
| Trade and other receivables NHS | 19.0 | 17.5 | 16.0 | (1.4) | (2.9) |
| Trade and other receivables Non-NHS | 20.5 | 26.0 | 27.1 | 1.1 | 6.5 |
| Cash and Cash equivalents | 116.2 | 100.5 | 103.3 | 2.8 | (12.8) |
| Total current assets | 164.8 | 153.8 | 156.2 | 2.4 | (8.6) |
| Current Liabilities (< 1 Year) | | 0.0 | | | |
| Trade and Other payables - NHS | 10.6 | 7.3 | 7.7 | 0.4 | (3.0) |
| Trade and Other payables - Non-NHS | 102.6 | 100.0 | 101.5 | 1.6 | (1.0) |
| Deferred income | 16.4 | 26.6 | 28.7 | 2.1 | 12.3 |
| PFI liability | 15.2 | 15.7 | 15.7 | 0.0 | 0.4 |
| Finance lease liabilities | 2.1 | 0.8 | 1.7 | 0.9 | (0.4) |
| Total current liabilities | 147.0 | 150.3 | 155.3 | 5.0 | 8.3 |
| Trade payables and deferred income | 7.1 | 7.7 | 7.6 | (0.1) | 0.5 |
| PFI liability | 359.3 | 352.6 | 351.8 | (0.8) | (7.5) |
| Finance lease liabilities | 2.0 | 6.9 | 5.5 | (1.4) | 3.5 |
| Total Net Assets | 269.7 | 260.0 | 260.8 | 0.8 | (8.9) |
| Capital and Reserves | | | | | |
| Public Dividend Capital | 456.9 | 458.1 | 458.1 | 0.0 | 1.2 |
| Income and expenditure reserve | (372.4) | (371.3) | (371.3) | 0.0 | 1.1 |
| Income and expenditure account - current year | 1.1 | (10.9) | (10.1) | 0.8 | (11.1) |
| Revaluation reserve | 184.1 | 184.1 | 184.1 | 0.0 | (0.0) |
| Total Capital and Reserves | 269.7 | 260.0 | 260.8 | 0.8 | (8.9) |

Assurances and Key Risks

Capital – Total capital spend for the year to date was £19.1m, compared to an initial plan of £16.4m. The total planned spend for the year is £22.1m. An additional £19.5m of capital funding is expected to be available through national funding, grants and historic receipts. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks and is content that plans were in place for the Trust to meet its planned expenditure.

Receivables - There was a net increase of £3.6m in receivables, which related to income from the commissioners.

Cash – The cash balance decreased by £12.8m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables -Year to date NHS payables have reduced by £3.0m due to post year end payments. Non-NHS payables have decreased by £1.0m, of which £5.0m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £4.0m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £12.3m in deferred income, of which £8.2m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination, and the remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

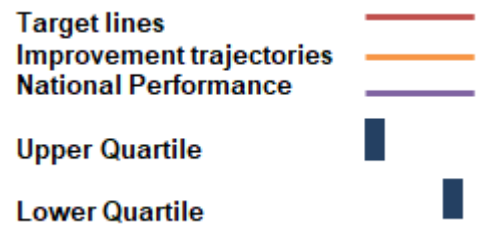
Monitor Provider Licence Compliance Statements at January 2023

Self-assessed, for submission to NHSI

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

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

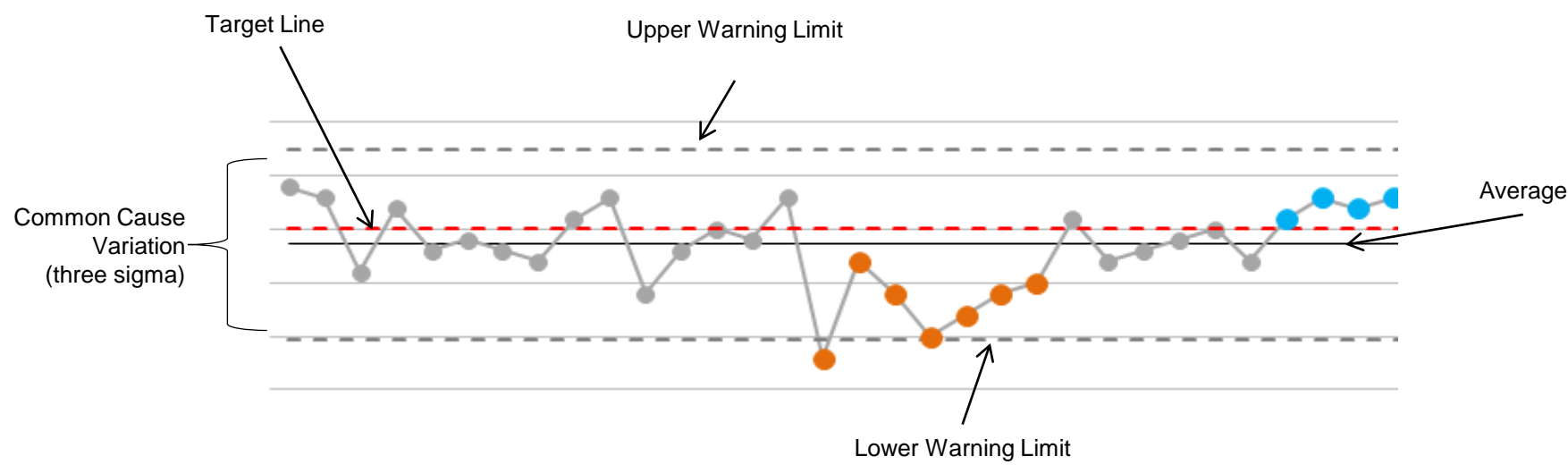
All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



NBT Quality Priorities 2022/23

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

| Abbreviation Glossary | |
|-----------------------|--|
| AMTC | Adult Major Trauma Centre |
| ASCR | Anaesthetics, Surgery, Critical Care and Renal |
| ASI | Appointment Slot Issue |
| CCS | Core Clinical Services |
| CEO | Chief Executive |
| CIP | Cost Improvement 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 |
| 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