North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

June 2022 (presenting May 2022 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)		
																			Peer Performance	Rank	Quartile
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	-	72.71%	64.38%	54.36%	61.47%	61.75%	60.82%	60.18%	61.80%	60.78%	51.53%	52.74%	55.54%	64.14%		50.73%	1/10	
	A&E 12 Hour Trolley Breaches	R	0	0	0	4	97	14	38	29	59	20	295	367	449	360	176		0-548	6/10	
	Ambulance Handover < 15 mins (%)		65.00%	-	51.07%	48.46%	39.75%	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	29.62%	30.10%				
	Ambulance Handover < 30 mins (%)	R	95.00%	-	80.43%	73.44%	60.62%	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.51%	53.23%	60.35%				
	Ambulance Handover > 60 mins		0	-	199	346	636	471	418	621	664	645	827	684	681	589	460				
	Stranded Patients (>21 days) - month end				116	123	277	144	149	148	177	189	211	203	220	226	204				
	Right to Reside: Discharged by 5pm	R	50.00%		31.83%	33.53%	33.25%	28.27%	29.57%	27.50%	24.49%	23.79%	23.89%	22.07%	22.67%	21.27%	20.92%				
	Bed Occupancy Rate			93.00%	95.23%	96.63%	95.96%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%				
	Diagnostic Activity	R		-	18944	21755	20625	19001	19953	19723	20869	18671	20510	20618	21954	19048	20957				
	Diagnostic 6 Week Wait Performance		1.00%	-	31.99%	36.13%	38.91%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%		34.72%	8/10	
	Diagnostic 13+ Week Breaches		0	0	1779	2054	2183	2180	2724	3029	2913	3501	3948	3951	4097	4664	4780		227-4664	10/10	
	Diagnostic Backlog Clearance Time (in weeks)				1.1	1.3	1.3	1.4	1.6	1.5	1.5	1.7	1.8	1.6	1.5	1.6	1.6				
	RTT Incomplete 18 Week Performance		92.00%	-	74.29%	74.98%	73.78%	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%		57.35%	3/10	
	RTT 52+ Week Breaches	R	0	2158	1583	1473	1544	1770	1933	2068	2128	2182	2284	2296	2242	2454	2424		35-10000	4/10	
	RTT 78+ Week Breaches	R		653	424	448	532	656	659	577	497	469	501	511	458	491	473		0-2878	5/10	
	RTT 104+ Week Breaches	R		68	12	19	28	34	55	93	138	158	184	177	96	71	48		0-582	4/10	
	Total Waiting List	R		40755	31648	32946	34315	35794	36787	37268	37297	37264	37210	38498	39101	39819	40634				
	RTT Backlog Clearance Time (in weeks)				3.3	2.6	1.8	1.5	1.7	1.7	1.8	1.9	2.0	2.2	2.1	2.1	2.1				
	Cancer 2 Week Wait	R	93.00%	80.29%	36.58%	36.44%	53.40%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	-		74.51%	9/10	
	Cancer 2 Week Wait - Breast Symptoms		93.00%	48.43%	9.21%	17.19%	71.23%	84.35%	74.64%	28.13%	6.15%	11.54%	6.90%	14.55%	16.78%	14.94%	-		43.82%	9/10	
	Cancer 31 Day First Treatment		96.00%	93.95%	97.38%	95.48%	95.77%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	-		92.71%	10/10	
	Cancer 31 Day Subsequent - Drug		98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.45%	96.30%	100.00%	100.00%	92.31%	100.00%	83.33%	100.00%	-		99.05%	1/10	
	Cancer 31 Day Subsequent - Surgery		94.00%	84.03%	86.73%	84.62%	90.80%	72.84%	80.90%	69.62%	65.77%	65.59%	55.66%	80.68%	65.49%	62.77%	-		77.64%	10/10	
	Cancer 62 Day Standard	R	85.00%	80.45%	77.11%	62.74%	68.59%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	-		65.31%	7/10	
	Cancer 62 Day Screening		90.00%	86.49%	54.72%	73.33%	86.36%	52.54%	75.00%	42.55%	68.75%	53.25%	50.00%	72.22%	70.59%	63.64%	-		71.10%	8/10	
	Cancer 28 Day Faster Diagnosis	R	75.00%	78.13%	54.73%	43.56%	65.46%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	-		70.70%	8/10	
	Cancer PTL >62 Days			410	-	-	-	-	-	########	663	899	781	528	472	641	689				
	Cancer PTL >104 Days		0	50	64	100	162	139	170	158	108	140	197	135	167	133	161				
	Mixed Sex Accomodation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Electronic Discharge Summaries within 24 Hours		100.00%		82.50%	83.19%	82.85%	83.09%	81.49%	82.06%	82.82%	82.16%	81.15%	82.36%	81.54%	81.28%	81.83%				

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

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.95%	0.69%	1.51%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	
	Caesarean Section Rate			28.00%	33.11%	40.09%	39.36%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	
	Still Birth rate			0.40%	0.22%	0.00%	0.20%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	
	Induction of Labour Rate			32.10%	37.14%	35.29%	37.35%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	
	PPH 1500 ml rate			8.60%	4.03%	5.17%	2.00%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				-	-	2	2	3	2	1	1	5	1	3	4	3	
	Healthcare Safety Investigation Branch Investigations				-	-	1	2	-	1	-	-	1	-	1	1	0	
	Total Incidents				1071	1027	1173	984	1057	983	996	1010	1325	1168	1301	1188	1054	
	Total Incidents (Rate per 1000 Bed Days)				44	43	48	40	43	39	42	41	53	51	51	45	42	
	WHO checklist completion			95.00%	99.92%	99.93%	99.88%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	
	VTE Risk Assessment completion	R		95.00%	95.45%	95.42%	95.59%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	92.99%	-	
	Pressure Injuries Grade 2				10	15	17	22	24	19	12	16	16	19	18	19	19	
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	1	0	1	0	0	0	
	PI per 1,000 bed days				0.29	0.48	0.51	0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	
	Falls per 1,000 bed days				8.70	8.53	8.36	7.84	7.24	7.33	7.48	8.33	9.87	8.84	7.22	8.03	6.56	
	#NoF - Fragile Hip Best Practice Pass Rate				53.49%	68.00%	68.18%	76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				48.84%	44.00%	51.11%	28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	-	
	Medically Fit to Have Surgery within 36 Hours				65.12%	80.00%	71.11%	86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	71.11%	-	
	Assessed by Orthogeriatrician within 72 Hours				81.40%	92.00%	93.33%	100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	93.33%	-	
	Stroke - Patients Admitted				100	91	75	92	83	90	85	73	103	67	78	92	87	
	Stroke - 90% Stay on Stroke Ward			90.00%	86.76%	80.82%	87.30%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	50.00%	70.00%	85.71%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	52.00%	49.33%	46.20%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	46.58%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	90.36%	92.11%	95.45%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	-	
	MRSA	R	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	
	E. Coli	R		4	5	4	1	5	3	8	3	2	6	1	5	5	0	
	C. Difficile	R		5	6	10	6	2	5	4	1	6	6	1	6	7	4	
	MSSA			2	1	5	2	5	4	1	0	5	3	2	2	1	0	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				95.51%	94.74%	92.68%	95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	
	Friends & Family - IP - Proportion Very Good/Good				94.52%	91.79%	92.85%	91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	
	Friends & Family - OP - Proportion Very Good/Good				95.09%	94.40%	94.65%	94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	94.32%	93.83%	
	Friends & Family - ED - Proportion Very Good/Good				82.00%	73.19%	71.84%	72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	
	PALS - Count of concerns				88	127	127	123	123	100	93	86	100	102	111	150	129	
	Complaints - % Overall Response Compliance			90.00%	83.33%	77.03%	85.71%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78%	78.57%	78.69%	
	Complaints - Overdue				0	0	2	1	8	10	10	6	11	4	5	10	4	
	Complaints - Written complaints				67	51	65	48	52	55	59	44	52	58	56	43	48	
Well Led	Agency Expenditure ('000s)				816	1029	1374	1061	1492	1576	1350	1314	1363	1147	1581	1838	1846	
	Month End Vacancy Factor				5.13%	5.75%	6.71%	6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	
	Turnover (Rolling 12 Months)	R		16.96%	11.88%	12.45%	13.14%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	
	Sickness Absence (Rolling 12 month -In arrears)	R		4.00%	4.51%	4.46%	4.49%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	
	Trust Mandatory Training Compliance				84.95%	84.55%	82.82%	82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	

EXECUTIVE SUMMARY
June 2022

Urgent Care

Four-hour performance improved to 66.14% with the Trust ranking first out of ten reporting AMTC peer providers for the third consecutive month. NBT'S National positioning also improved, with the Trust moving into the second quartile from the third. The Trust recorded **a significant reduction from the previous month and the lowest level reported since May 2021. 12-hour trolley breaches also significantly improved, reporting at 176 for May (a reduction from April); there were over 19,000 reported nationally. Four hour performance and ambulance handover times continue to be impacted by high bed occupancy at an average of 98.15% for the month. The COO has commissioned a deep dive into the high occupancy position as a primary driver of current UEC performance. The Trust is also working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the right to reside criteria, awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The Trust is delivering its 104 week RTT position against trajectory and is on track for meeting its June target – with 2 known complex procedure exceptions.The overall RTT waiting list was better than trajectory at 40,634. There were 2,424 patients waiting greater than 52-weeks for their treatment in May, 473 of these were patients waiting longer than 78-weeks and 48 were waiting over 104-weeks – trajectories were met for both 78 and 104-weeks. When compared nationally, the Trust's positioning remained in the third quartile for 18-week performance, and the fourth quartiles for 52-week, 78-week and 104-week performance. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved in May with performance of 40.13%. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

There were a number of movements in the April position for Cancer with the 31-Day First Treatment standard improving to 81.82%. We saw a deterioration in both 62-Day (56.67%) and TWW (57.66%) standard. Instances of clinical harm remain low month-on-month and the Trust has had no reports of harm in 12-months as a result of delays over 104-Days. The Q1 PTL reduction is to be supported by a 're-set' for cancer services to ensure a more proactive joint tracking and escalation with specialty teams.

Quality

Delivery of compliance against the recently refreshed CNST Maternity Incentive Scheme (Year 4) remains challenging, with a forecast to achieve 7 out of 10 standards. The Maternity team has been awarded Maternal Medicine Network Lead for the South West region, in addition, recruitment initiatives are resulting in successful staffing pipeline. In May, COVID-19 rates continued to reflect a downward trend following the impact of the guidance changing to Living with Respiratory Viruses and associated reduction in testing and community prevalence. One new MRSA bacteraemia case occurred in April for which an internal investigation commenced alongside the previous March cases. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for April 2022), this reflects the impact of our ongoing operational challenges.

Workforce

The Trust vacancy factor increased from 6.65% in April to 7.51% in May, this was driven a by an increase in funded establishment. NBT's rolling 12-month staff turnover increased from 16.71% in April to 17.28% in May, with the stability rate for NBT decreasing slightly from 83.68% in April to 83.28% in May. Rolling 12-month sickness absence increased from 5.19% in April to 5.13% in May. COVID-19 Sickness and Anxiety/stress/depression/other psychiatric illnesses were the leading causes of days lost to absence. Temporary staffing demand decreased by 2.08% from April to May, with unfilled shifts decreasing by a greater percentage -12.98%, and bank hours worked increasing slightly +1.57%.

Finance

2022/23 has seen the end of the interim financial regime implemented by NHSE/I during the COVID-19 pandemic, which saw Trusts deliver a break-even plan, with support from non-recurrent funds. Whilst the new regime is not a return to pre-pandemic Payment by Results, there is a mix of block and variable elements. The basis for funding is on 2019/20 levels of activity and spend, adjusted for inflation and savings over the period since then, as well as service developments and service transfers. There is also the ability to earn additional funds through Elective Services Recovery Funding. The Trust submitted a phased plan for 2022/23 in April 2022 that requires it to deliver a £14.1m deficit in the current financial year. This was consolidated into a system deficit plan which showed a deficit of £38.1m. The system received feedback in May that the plans had not been accepted as they were not compliant with planning guidance. Systems have since received further guidance with revised plans having been submitted on 20 June 2022. The Trust will receive additional funding to cover some of the inflationary pressures recurrently, in addition to further non-recurrent support. The impact of COVID-19 pressures on Q1 will be removed, as this has been limited to April. The revised plan will show a breakeven position. All comparisons to plan in this paper are against the plan as submitted during April 2022.

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care

The Trust reported four-hour performance of 66.14% in May. Ambulance handover delays reduced on the previous month. The Trust also reported a reduction in 12-hour trolley breaches. Bed occupancy varied between 95.94% and 99.22% of the core bed base. Ambulance arrivals remain consistent with pre-pandemic levels and continued to be particularly challenged due to multifactorial issues including the impact of COVID-19 admissions on flow and capacity, low morning discharge rates and reduced discharges to post acute community and domiciliary care. The single Urgent and Emergency Care plan for 2022/23 concentrates on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Planned Care

Referral to Treatment (RTT) – The Trust is on trajectory for both 78-week and 104-week waits. The number of patients exceeding 52-week waits in May was 2,424 with the majority of breaches (808; 33.33%) being in Trauma and Orthopaedics. The overall proportion of the wait list that is waiting longer than 52-weeks is 5.97%, which is marginally lower compared to the previous month.

Diagnostic Waiting Times – Diagnostic performance improved in May with performance of 40.13%. The number of patients waiting longer than 13-weeks increased in May to 4,780 (4,664 in April). A high level review continues to be completed for patients exceeding 13-weeks to ensure no harm has resulted from the extended wait times. In April, NBT ranked 8th amongst 10 peer providers for 6-week performance and 10th for 13-week performance, and remains in the fourth quartiles when compared nationally.

Cancer

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

Areas of Concern

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

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

QUALITY PATIENT SAFETY AND EFFECTIVENESS
SRO: Chief Medical Officer and Chief Nursing Officer
Overview

Improvements

Maternity: Recruitment initiatives are resulting in successful staffing pipeline. Successful Well Being Festival in WACH, with plans for a further wellbeing day at Cossham in August 2022. Planned Caesarean section bookings moved from paper to ICE and access plans have been created and a new Maternity System has been secured across BNSSG (Badgernet Maternity). The Maternity team has been awarded Maternal Medicine Network Lead for the South West region.

Infection control: COVID rates continue to reflect a downward decline following the impact of the guidance changing to Living with Respiratory Viruses and associated reduction in testing and community prevalence. The IPC team are refocusing education around the new symptomatic testing.

Mortality Rates/Alerts: NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts, with no current Mortality Outlier alerts. High completion rates of mortality reviews continue, with Medical Examiner reviews and referrals into Trust governance processes operating effectively to address family concerns and integrate with coronial procedures, including inquests. The Annual Trust Report analysing mortality data and case review learning themes for 2021-22 has been completed and will be reviewed by the Quality Committee and then Trust Board in July, alongside the annual report form the Lead Medical Examiner.

Areas of Concern

Infection control: One new MRSA bacteraemia cases occurred in April. An internal investigation for this case, commenced alongside the previous March cases. Key improvement areas are being incorporated in clinical areas and part of resetting IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation.

Maternity: Delivery of compliance against the recently refreshed CNST Maternity Incentive Scheme (Year 4) remains challenging, with a forecast to achieve 7 out of 10 standards. Training non-compliance due to staff shortages, exacerbated during the COVID-19 waves drives two of the gaps, although this has improved significantly over the past month, with recovery trajectories now established.

VTE Risk Assessment: The rate of VTE Risk Assessments performed on admission remains below the national target of 95% compliance (latest data for April 2022). This reflects the impact of our ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirmed as with similar previous audits that actual completion is better than reflected by the data but still requires improvement. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing.

WELL LED
SRO: Director of People and Transformation and Chief Medical Officer
Overview

Vacancies

Trust vacancy factor increased from 6.65% in April to 7.51% in May. This came despite an increase in staff in post from 8,300.5WTE in April to 8,303.4WTE in May; the increased vacancy factor was driven a by an increase in funded establishment for the Trust from 8756.8 wte in April to 8,836.2 wte in May.

Turnover

NBT's Rolling 12-month staff turnover increased from 16.71% in April to 17.28% in May. The stability rate for NBT decreased slightly from 83.68% in April to 83.28% in May. While turnover increased for the Trust in May, there was a net gain of staff for the month which appears to be reversing the trend of the previous three months.

Prioritise the wellbeing of our staff

Rolling 12month sickness absence decreased from 5.19% in April to 5.13% in May. Other than COVID Sickness, stress *Anxiety/stress/depression/other psychiatric illnesses* was the leading causes of days lost to absence.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by -2.08% (-28.69 wte) from April to May, this could in part be driven by an increase in overtime in May compared with April of +17.62 wte. Bank hours worked increased slightly +1.57% (12.24wte) as did agency use, +9.15% (15.24 wte), driven by registered nursing and midwifery, and administrative and clerical use. The reduction in demand and increase in bank, agency and overtime hours worked meant unfilled shifts decreased -12.98% (-56.18wte), the decrease in unfilled shifts was predominantly seen in registered nursing and estates and ancillary staff .

Total agency RMN use saw a decrease of 5.00% (-3.29 wte), with tier 4 RMN use decreasing by 6.76 wte (-46.37%), driven by decreases in wards 9A, AAU 31 A&B, and EEU

Theme	Action	Owner	By When
Vacancies	Health care support worker assessment centres to continue at an enhanced level.	Head of Resourcing	Sep-22
Temporary Staffing	Review of bank and overtime data to understand uptake of incentive offers in detail working with stakeholders including divisional directors of nursing and midwifery aimed at designing incentives to increase participation in a sustainable way	Director of People	Jun-22
Turnover	Data analysis focussed on developing Trust-level actions including agile working principles and policy; review of relocation and expenses policy; and access to career coaching being developed.	Head of People	Jul-22
Turnover	Focus groups with administrative and clerical staff to understand drivers of increased leaver rates in this area	Head of People	Jul-22
Staff Engagement	Divisions to provide action plans which will inform communications strategy for this year's annual survey campaign.	Head of People Strategy	Jun-22

FINANCE
SRO: CFO
Overview

The Trust submitted a phased plan for 2022/23 in April 2022 that requires it to deliver a £14.1m deficit in the current financial year. This was consolidated into a system deficit plan which showed a deficit of £38.1m.

The System received feedback in May that the plans had not been accepted as they were not compliant with planning guidance. Systems have since received further guidance with revised plans now to be submitted on 20 June 2022. The Trust will receive additional funding to cover some of the inflationary pressures recurrently, in addition to further non-recurrent support. The impact of COVID-19 pressures on Quarter 1 will be removed, as this has been limited to April. The revised plan will show a breakeven position. All comparisons to plan in this paper are against the plan as submitted during April 2022.

The financial performance for 2022/23 at Month 2 (May) is a planned deficit of £4.8m. The Trust has delivered a £5.5m deficit, which is £0.7m worse than plan. This is predominately driven by the non-delivery of savings in the first two months of the year, offset by slippage on service developments.

The month 2 CIP position shows £0.4m schemes fully completed, with a further £4.0m schemes on tracker and £3.3m in pipeline. There is a £6.8m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker.

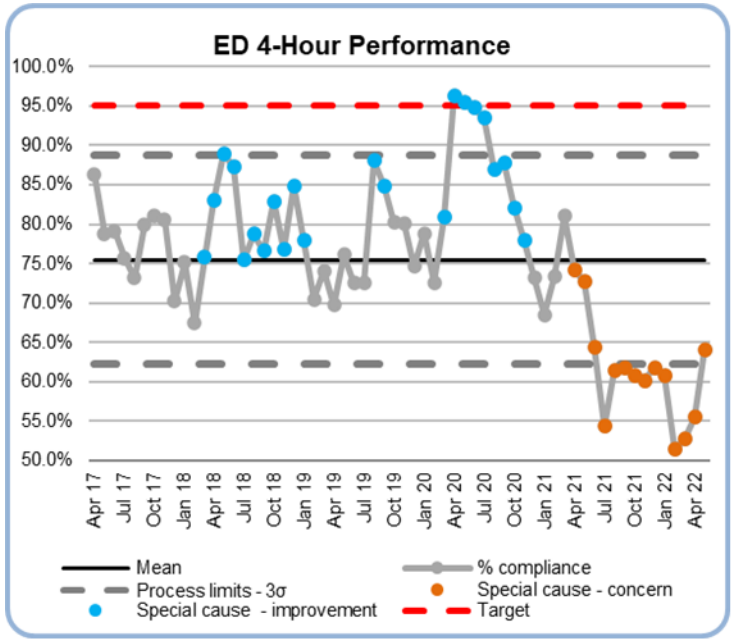
Cash at 31 May amounts to £99.3m, an in-month decrease of £7.8m due to higher than average payments made during the month specifically around capital relating to March 2022.

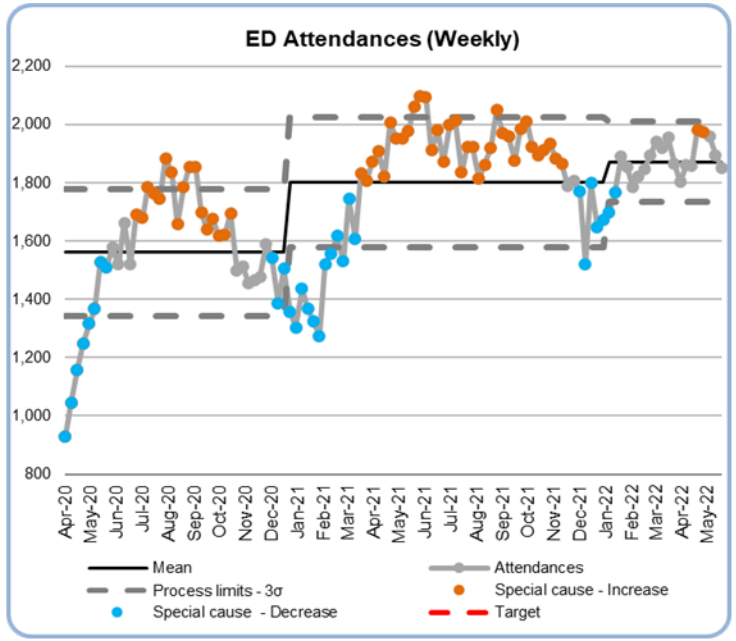
Total capital spend for Month 2 was £1.0m compared to a plan of £4.2m.

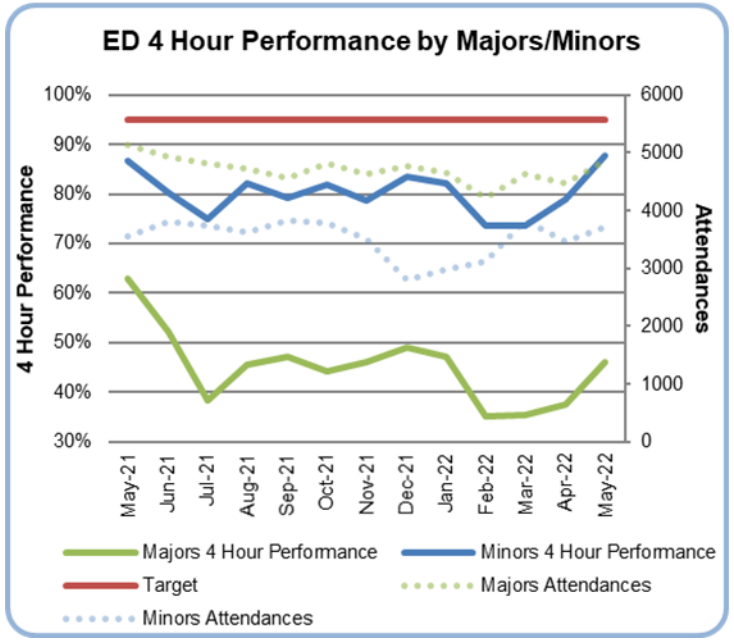
The income reported in Month 2 is based on notified allocations from Bristol, North Somerset, and South Gloucestershire (BNSSG) system for both normal operations.

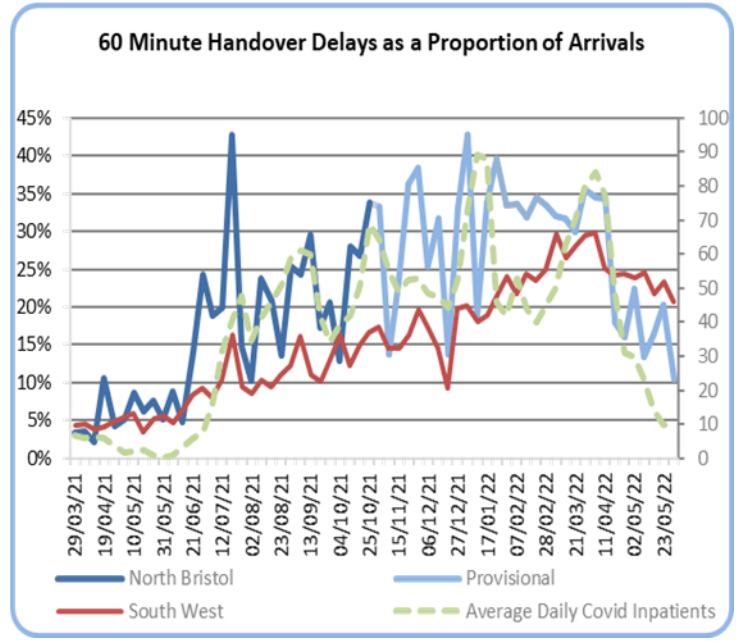
Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry









Unscheduled Care – Front Door

What does the data tell us?

Four-hour performance improved significantly in May with performance of 66.14%. Compared to our AMTC peers, the Trust ranked first out of ten reporting centres. When compared nationally, Trust positioning improved on the previous month, moving into the second quartile from the third. ED performance for the NBT Footprint stands at 77.70% and the total ICS performance was 72.74% for May.

For May, overall ED attendances were 4.35% higher than the previous month (allowing for the longer month). There was a significant decrease in 12-hour trolley breaches compared to the previous month, with the Trust recording 176 (360 in April); nationally there were over 19,000 with 51 trusts reporting over 100.

Ambulance handover times showed some improvements associated with actions in the Emergency Flow workstream of the UEC plan. Provisional (unvalidated) data showing the Trust recorded 460 ambulance handover delays over one-hour in May.

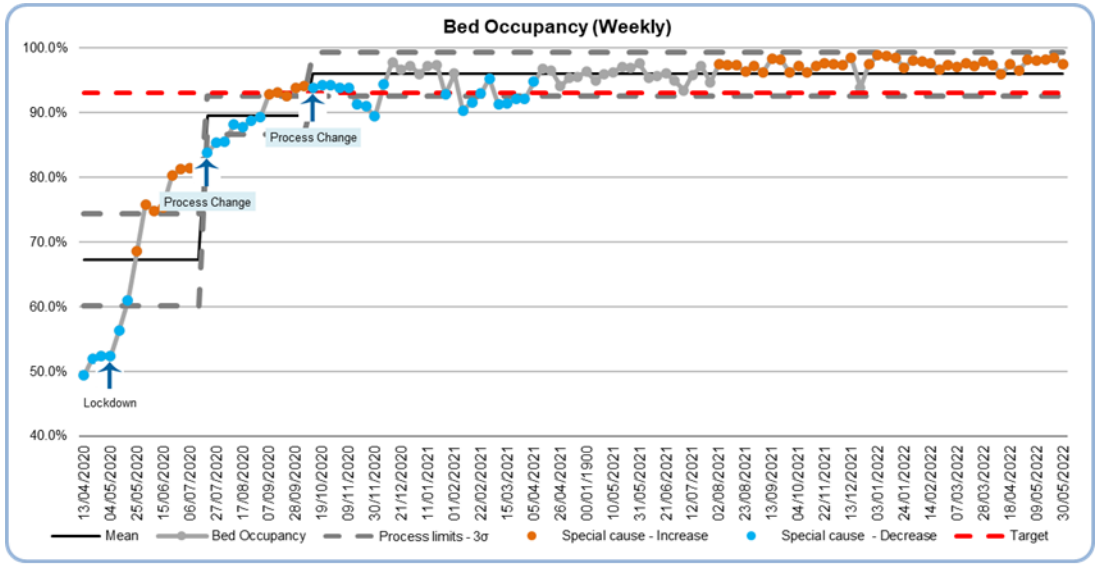
Throughout May, numbers of COVID-19 inpatients began to steadily decrease, reporting at 10 by month-end.

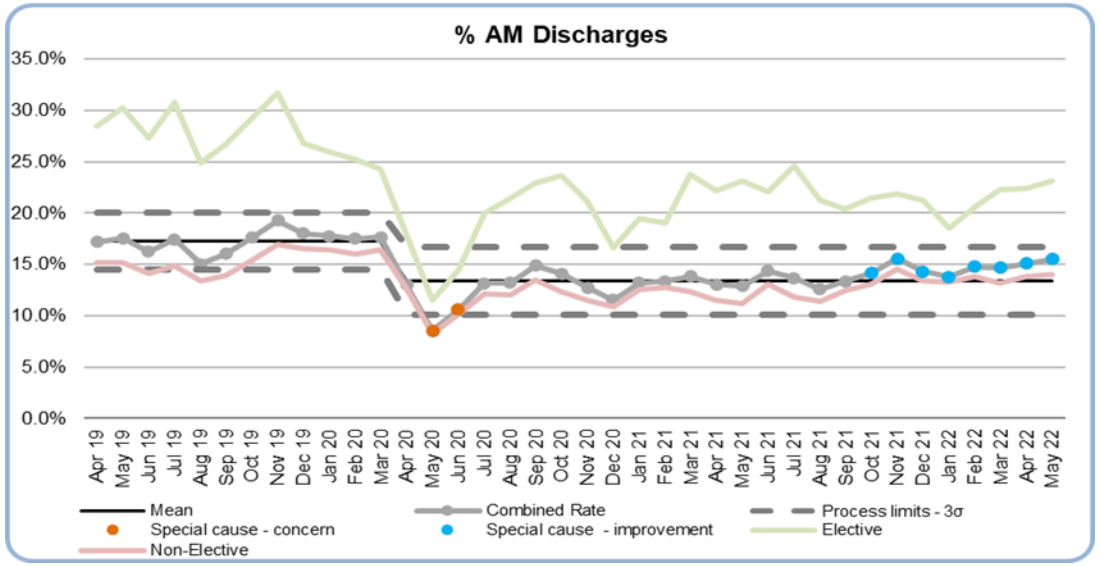
What actions are being taken to improve?

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

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

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





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

Unscheduled Care - In Hospital

What does the data tell us?

Waiting for assessment in ED continued to be the predominant cause of breaches at 40.67%, with the second highest cause due to waits for a medical bed at 18.50%.

The vast majority of breaches of the admitted pathway is related to high levels of bed occupancy, which remains challenged. All days in May reported above the 93% target, varying between 95.94% and 99.22% against the core bed base.

In May, 15.52% of patients were discharged between 08:00-12:00; which was slightly up on the previous month.

What actions are being taken to improve?

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

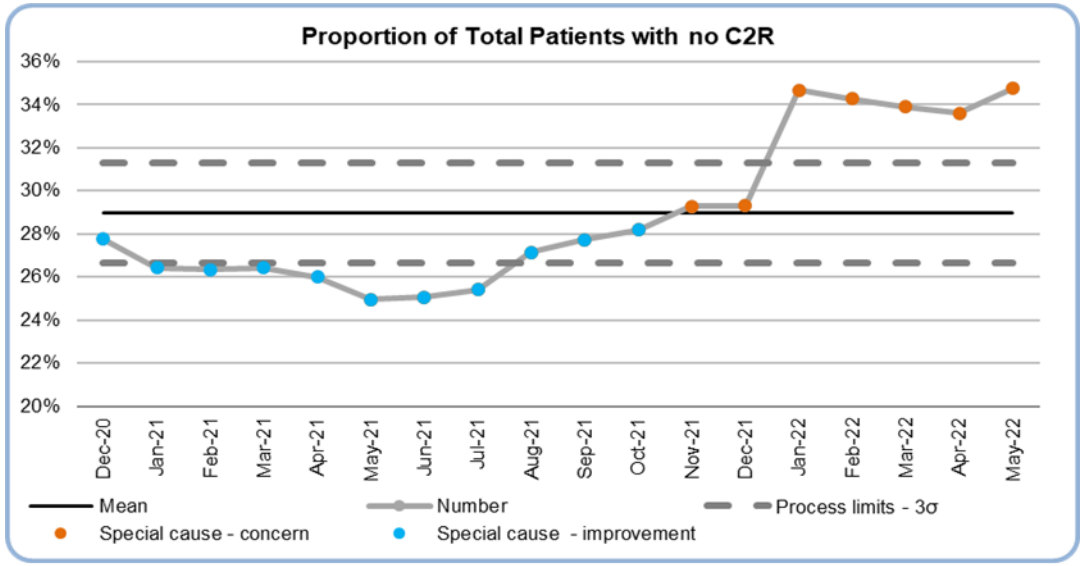
The Trust wide plan to improve emergency patient flow is made up of three components:

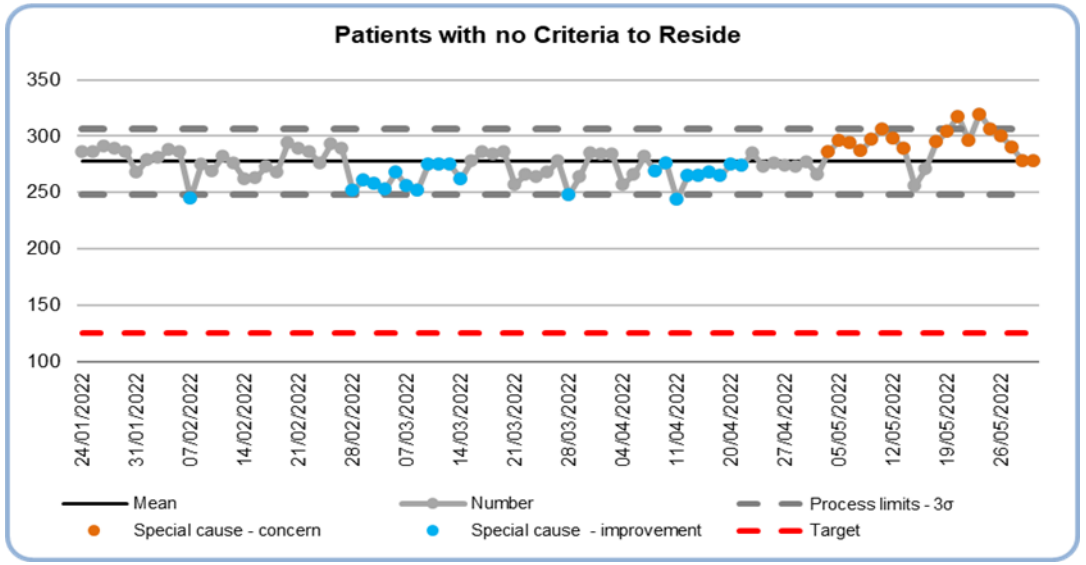
1. Admitted Flow – achieving timely patient reviews and reduced harm, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge and improved weekend discharge rates.

2. Emergency Flow – creating a clear pathway for patients to receive rapid assessment and treatment in the right setting, decompressing ED and increasing use of SDEC pathways.

3. Hospital Flow – optimising the use of beds in the hospital, including increases in direct admission pathways.

Unscheduled Care - No Criteria to Reside (No C2R)





What does the data tell us?

In May the delayed bed days associated with patients recorded as having no criteria to reside and awaiting D2A pathways 1, 2 and 3 rose to 7,523 compared to 7,480 in April. The number of delayed bed days for P1 have been increasing each month since January 2022 and increased last month by 163. The delayed bed days for P2 increased slightly by 33 whilst the associated bed days with P3 waits reduced by 153 bed days.

The P1 discharge position is starting to improve as the D2A Improvement Programme begins to roll out. Patients with an advanced dementia and perceived behavioural challenges awaiting a P3 assessment bed in Bristol City Council area wait a considerably long time and many homes, due to staffing constraints, request additional funding for one to one support. The available capacity for stroke patients with high care needs remains limited.

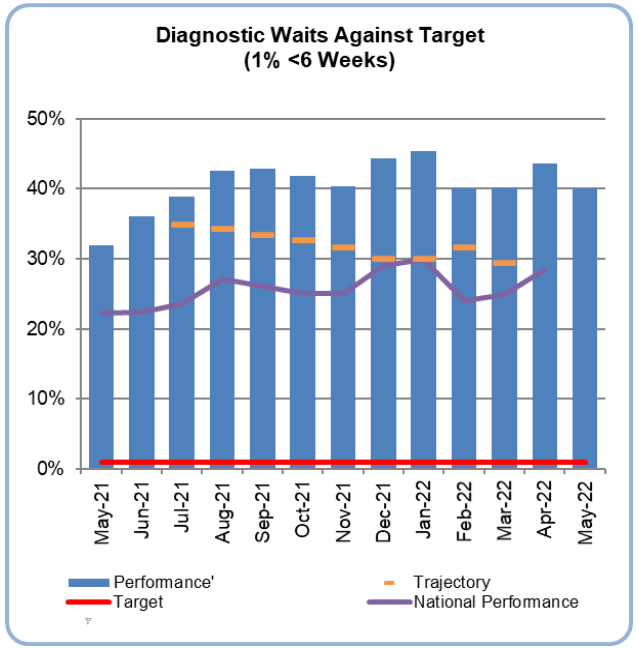
The top graph shows that at the end of May the overall month average of total patients with no criteria to reside and ready for discharge was 34.76% (33.59% in April). The bottom graph shows that at midnight on Tuesday 31st May, 269 patients had no criteria to reside; 247 were waiting other external discharge pathway start dates, mainly D2A P1 (78 patients), P2 (77 patients, 29 more than April) and P3 (75 patients). 23 patients with no criteria to reside were waiting for internal reasons; 15 were waiting the completion of a single referral form (SRF). At least 20 new SRFs are expected to be generated each day, Monday – Friday and 10 on a Saturday and Sunday.

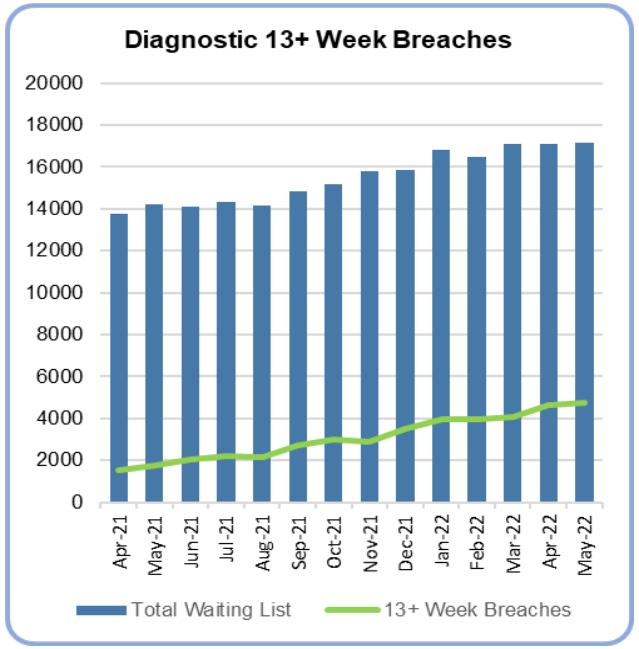
What actions are being taken to improve?

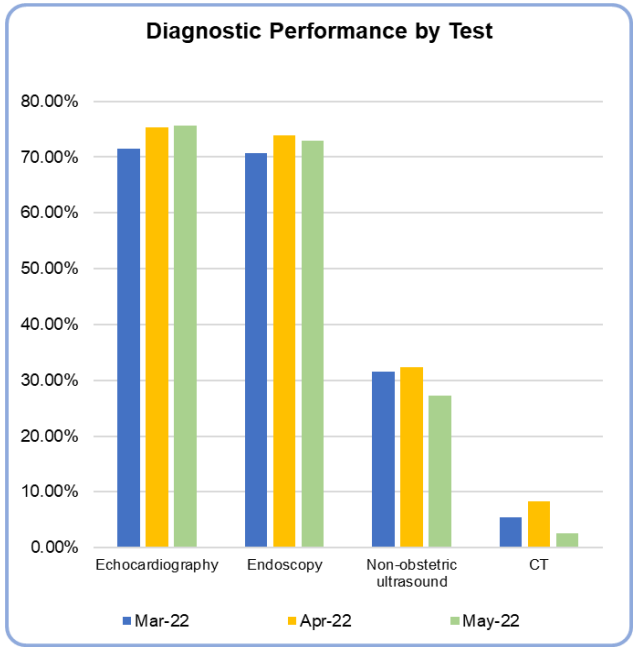
The admitted patient flow workstream meet weekly to monitor progress with recording of NC2R, delivery of the Modern Ward Round; management of timely SRF completion and acceptance; reducing unnecessary long length of stay and potential harm through patient deconditioning; and 'Home First' as the main discharge pathway.

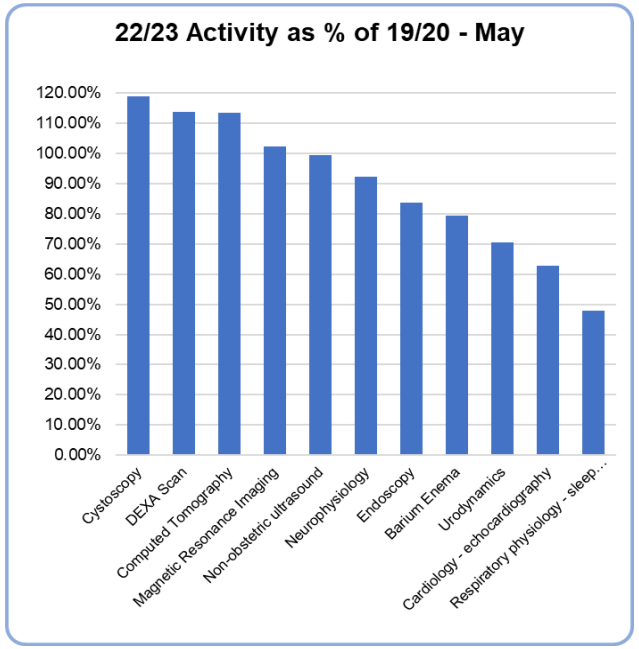
The rejection rate for SRF's was 2.7% in May, compared to the April rejection rate of 4.6%.
74 patients were discharged early during May, with family support bridging care at home, whilst awaiting P1 commencement, equating to 166 beds days and 5 total beds saved.

The whole system D2A programme workstreams P1-3 pathways improvement work is underway to generate bed savings for NBT of 53 beds in 2022/23. The D2A Programme Director has commenced in post and the Programme Team is being recruited. Modelling work continues to increase the potential for bed savings greater than the current system plans to achieve by 31st March 2023, this will be confirmed in the July report.









Diagnostic Wait Times

What does the data tell us?

In May, diagnostic 6-week performance improved to 40.13%.13-week performance deteriorated with an increase of 2.49% in breaches on the previous month. The overall waiting list remained static in May, and when adjusting for number of working days, waiting list activity was similar to the previous month. Four test types reported over 100% of their overall activity compared to the same month in 2019/20.

Colonoscopy, Flexi-Sigmoidoscopy, Cystoscopy and NOUS have seen a reduction in both backlog and wait list size. There has been backlog clearance in CT and MRI; however, wait list growth will increase pressure on capacity during June 2022.

What actions are being taken to improve?

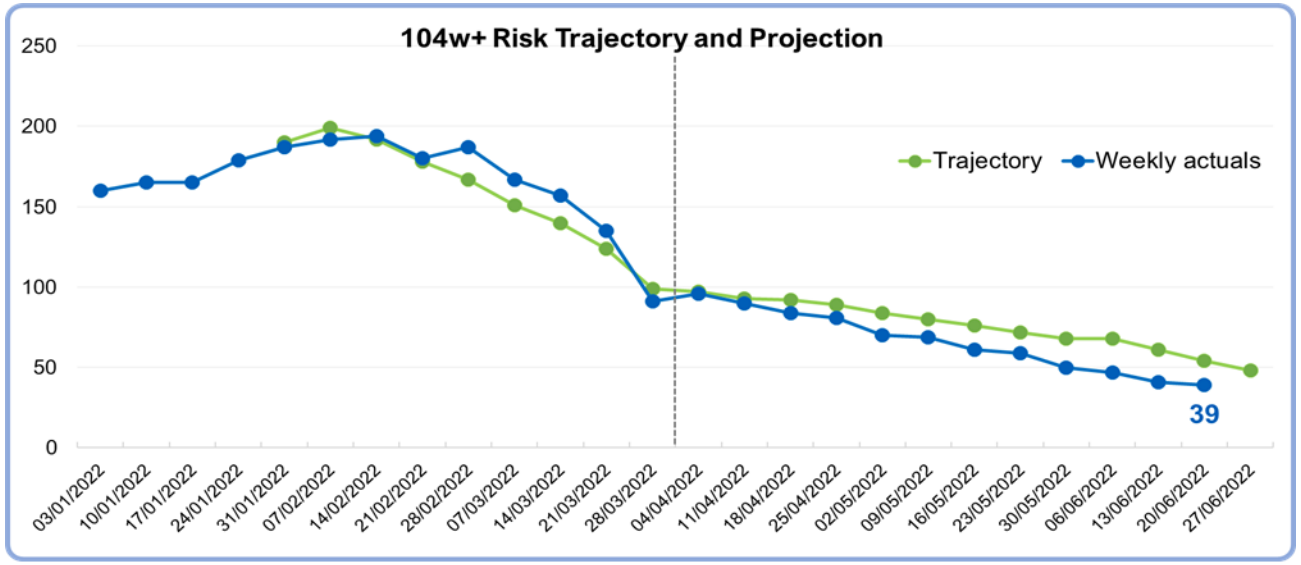
Endoscopy – Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations. Opportunities to introduce access to a fully staffed mobile unit are also being explored to support accelerated recovery.

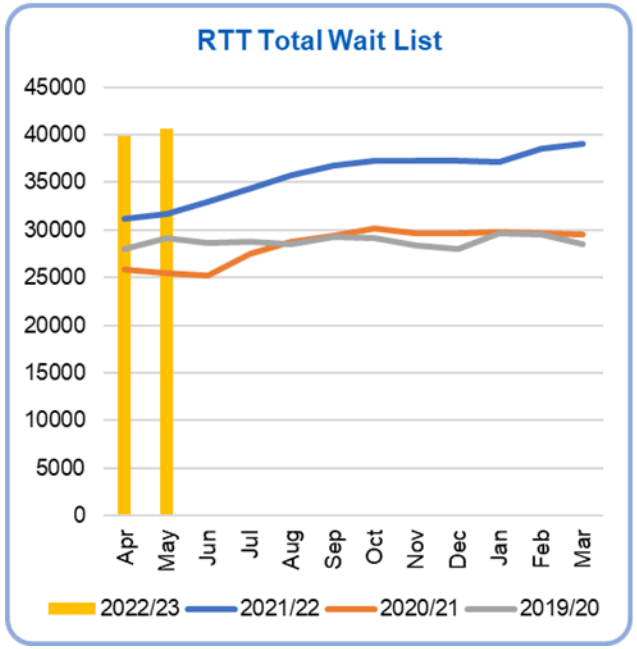
Non-Obstetric Ultrasound –The Trust is now seeing increased availability for lists from Medicare Sonographers with 3 staff offering regular lists. In addition, there is ongoing delivery of WLIs by NBT Sonographers.

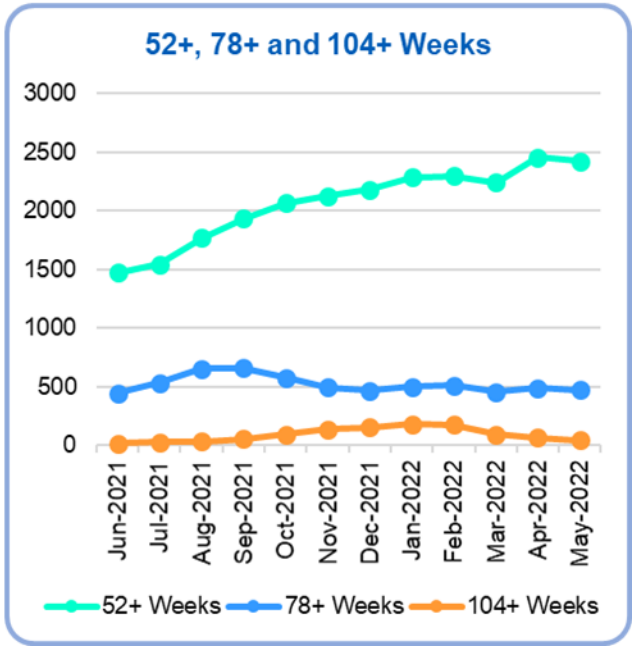
CT – Use of the demountable CT scanner based at Weston General Hospital continues until at least the end of June 2022. WLIs are being delivered every weekend to support backlog reduction.

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

Echocardiography – Access to Xyla insourcing capacity is being to increase but not yet at a level that has prevented backlog growth. The Trust is seeking further opportunities to equalise wait times with neighbouring organisations and with the support of NHSE/I.







Referral to Treatment (RTT)

What does the data tell us?

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

The overall RTT waiting list increased to 40,634 representing an increase of 2.05% on the previous month.

The Trust has reported a slight decrease in 52-week wait breaches with 2,424 patients waiting greater than 52-weeks for their treatment; 473 of these were patients waiting longer than 78-weeks, whilst 48 were waiting longer than 104 weeks. May has been the fourth consecutive month where a reduction in 104-week waits has been reported and the Trust trajectory for the month has been met.

The majority of 52-week breaches (808; 33.33%) are in Trauma and Orthopaedics (T&O) and typically have the lowest level of clinical prioritisation against the national guidance (P4).

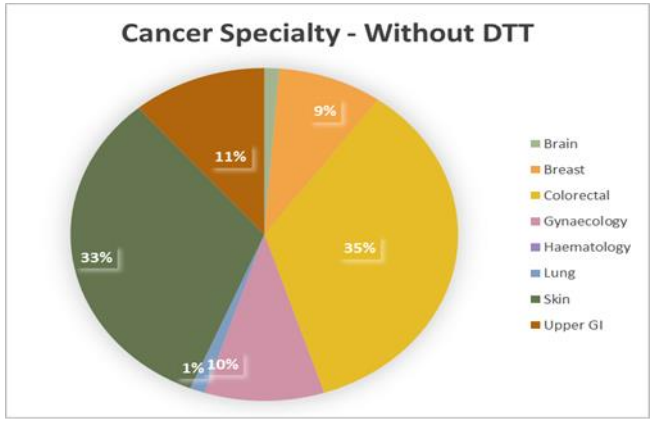
What actions are being taken to improve?

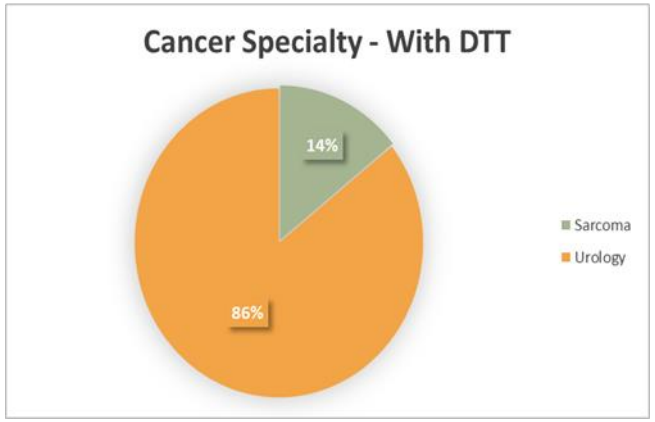
The Elective Care Recovery Board continues to deliver a comprehensive plan to manage the waiting list to required levels with positive delivery against actions to date.

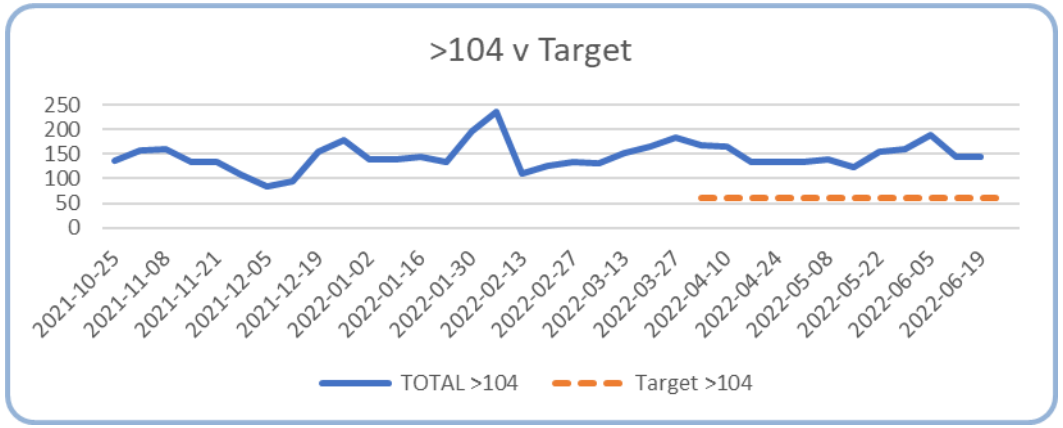
The Trust is undertaking regular patient level tracking and proactive management of long waiting patients and specific engagement with patients at risk of exceeding 104-week waits. The Trust is on track for clearing to zero the patients waiting >104-weeks for treatment by the end of Quarter 1 of 2022/23; this is with the exception of those patients choosing to wait longer, where it is clinically indicated following confirmation of being COVID-19 positive and where there is an instance of clinical complexity preventing earlier treatment.

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

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







Cancer: 104-Day Patients

What does the data tell us?

March 2022 uploaded position

The Trust had 18 104-Day breaches this month that required a Datix; a reduction from last month's 19. There has been no instance of moderate clinical harm due to 104-Day delay in the last 12-months. Breach reasons were due to late transfers into NBT, medical reasons, lack of capacity (in particular OPA capacity) and complex pathways.

Live PTL snapshot as of 21/06/2022

There has been a reduction in the 104-Day breach numbers from 180 to 150. The sites attributed to the to the overall 104-Day breaches are Breast, Skin, Colorectal and Urology. Colorectal and Urology account for 81% of the 104-Day breaches.

The 104-Day PTL has 41 patients with a confirmed Cancer diagnosis, but no treatment planned. There are 27 patients with a confirmed Cancer diagnosis and treatment planned in a breach position and 129 patients with no confirmed Cancer diagnosis (a reduction of 3 from last month); all have been escalated to the relevant specialties for review.

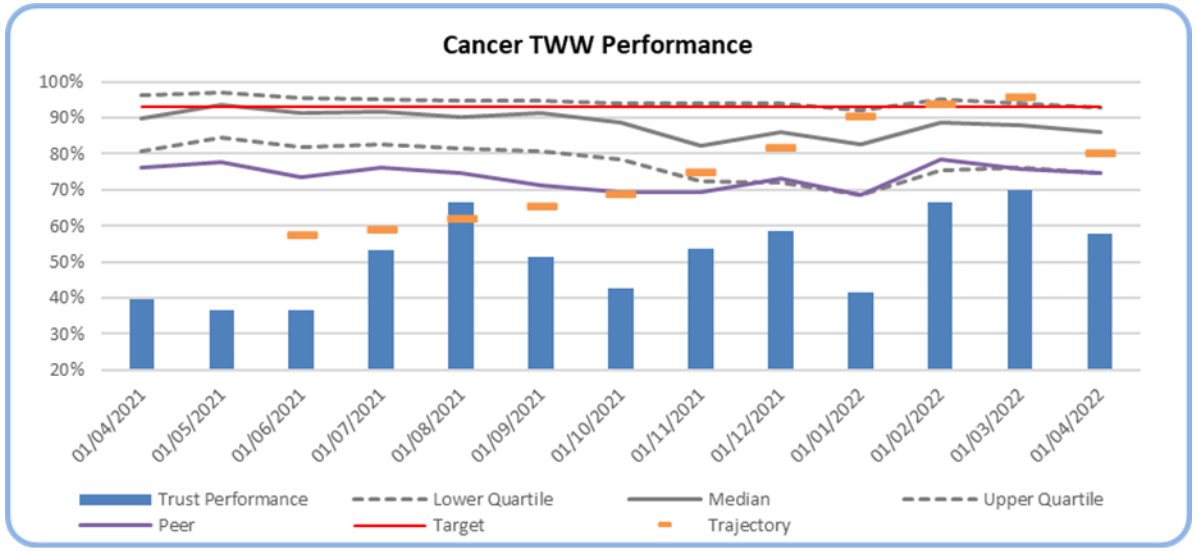
The patients without a diagnosis of Cancer or non-Cancer are accounting for approximately 71% of the patients over 104-Days on their pathway. Most of these patients are under Colorectal, Urology and Skin.

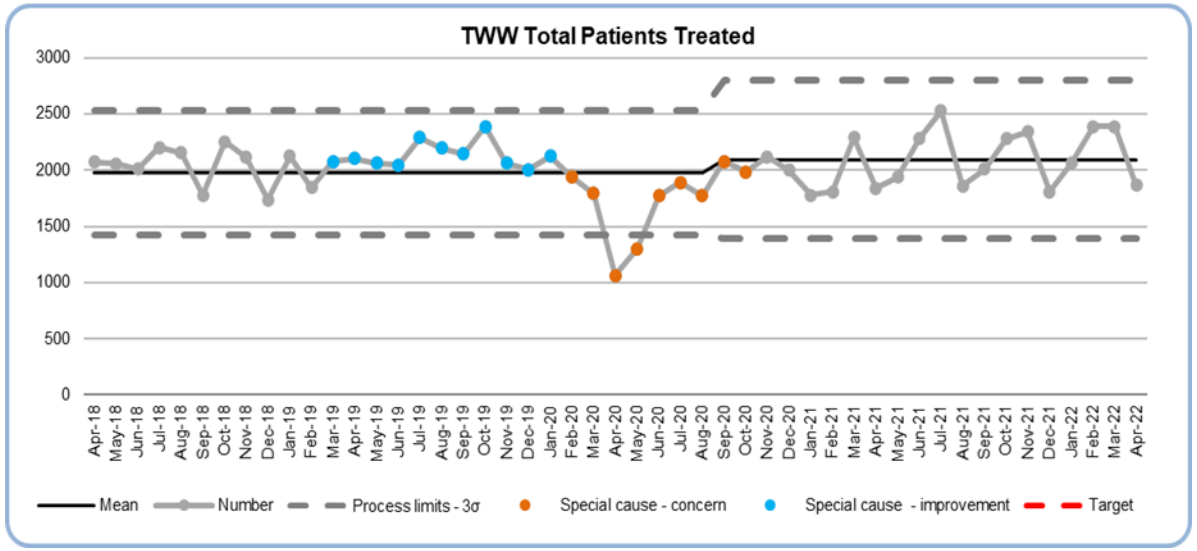
What actions are being taken to improve?

The forward look PTL and >104 day escalation meetings have been reframed with a revised Terms of Reference for both meetings to ensure clarity on roles and responsibilities.

Each specialty has its own trajectory for reduction across Q1 in line with the 50 target by end of June. Weekly >104 PTL meetings are in place to provide assurance that effective specialty tracking is in place. Weekend working and overtime in Cancer Services is supporting PTL management through June and July.

Cancer: Two Week Wait (TWW)





What does the data tell us?

The Trust reported a performance of 57.66% in April compared to 69.78% in March. The Trust saw 1871 patients in April compared to 2389 patients in March. Gynae saw an Improved position from 80.08% in March to 87.75% in April. Underperformance has been due to increases in referral volumes, workforce and capacity challenges.

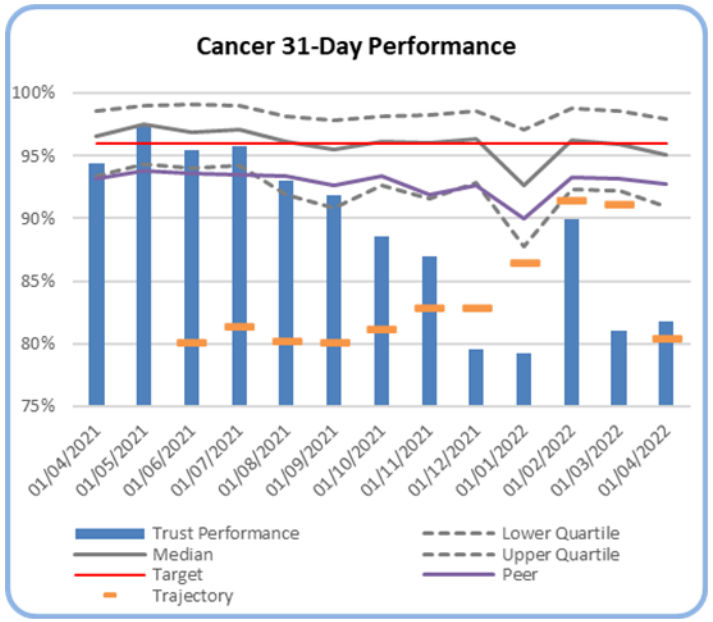
The Trust saw 1075 patients within the TWW target, which was 591 less than the previous month. There were 796 breaches, 450 of those were in Breast and 162 in Skin. Recovery plans are continuing to have a positive impact on the front end of the cancer pathway but remains a challenge to sustain going forward.

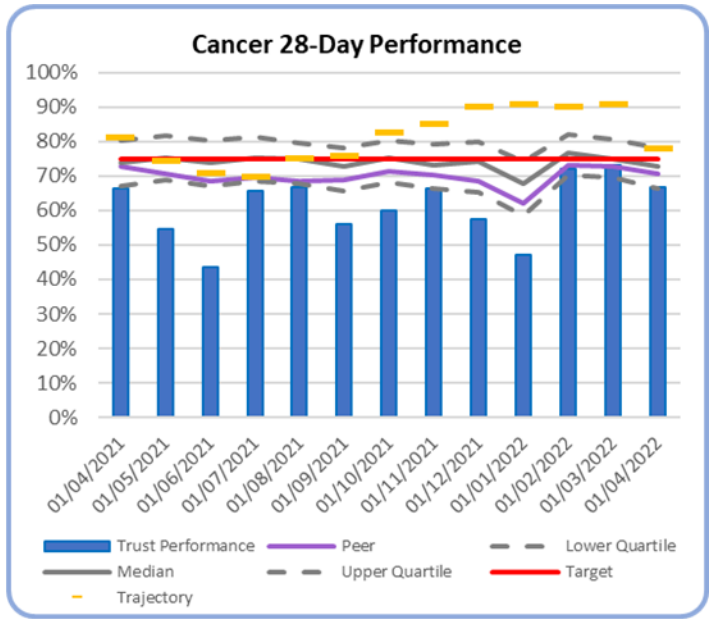
What actions are being taken to improve?

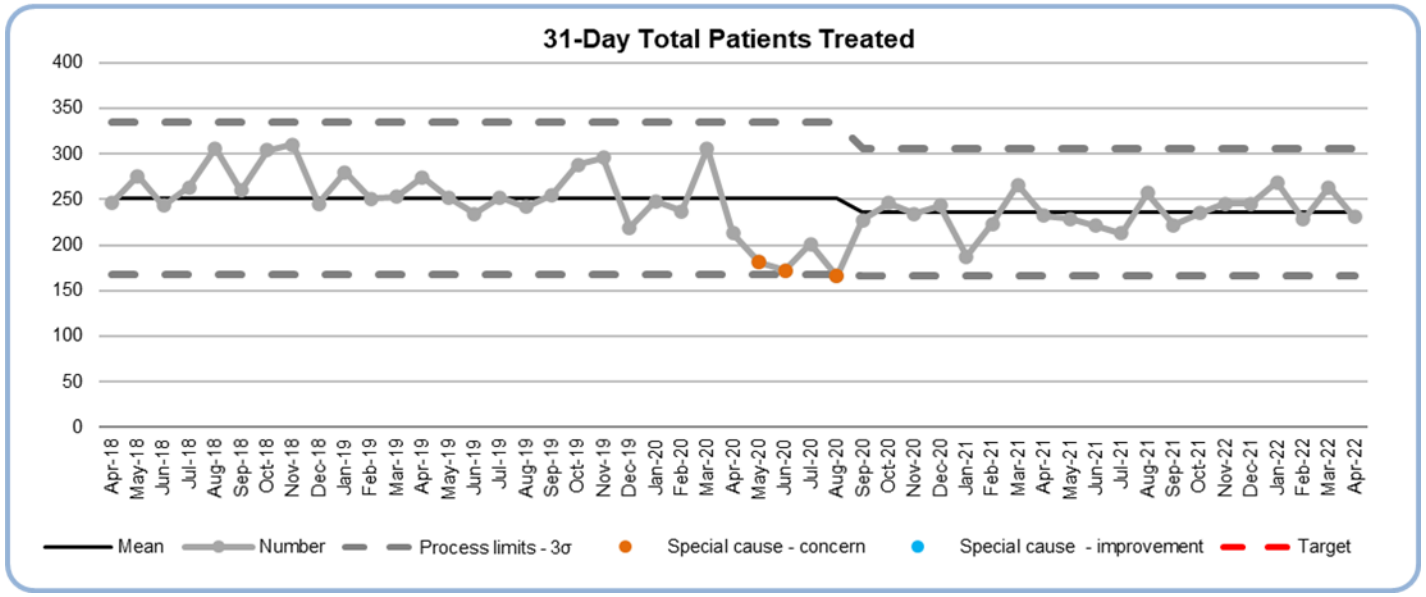
The Trust has signed off Cancer trajectories for 2022/23. Workforce gaps remain the primary driver to delivering the TWW standard, each tumour site has workforce plans focused on increasing core substantive WTE and appropriate skill mixing, releasing time to care.

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

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







Cancer: 31-Day Standard

What does the data tell us?

In April the Trust performance improved, reporting 81.82% compared to 80.99% in March. The Trust continues to see improvements in the front end of the pathway and increased surgical activity including WLI activity. 231 patients were treated in April with 189 patients treated within the 31-Day target.

Five specialties achieved the standard this month. Skin accounted for 57% of the breaches and saw a deteriorated position at 45.24% compared to 63.33% in March.

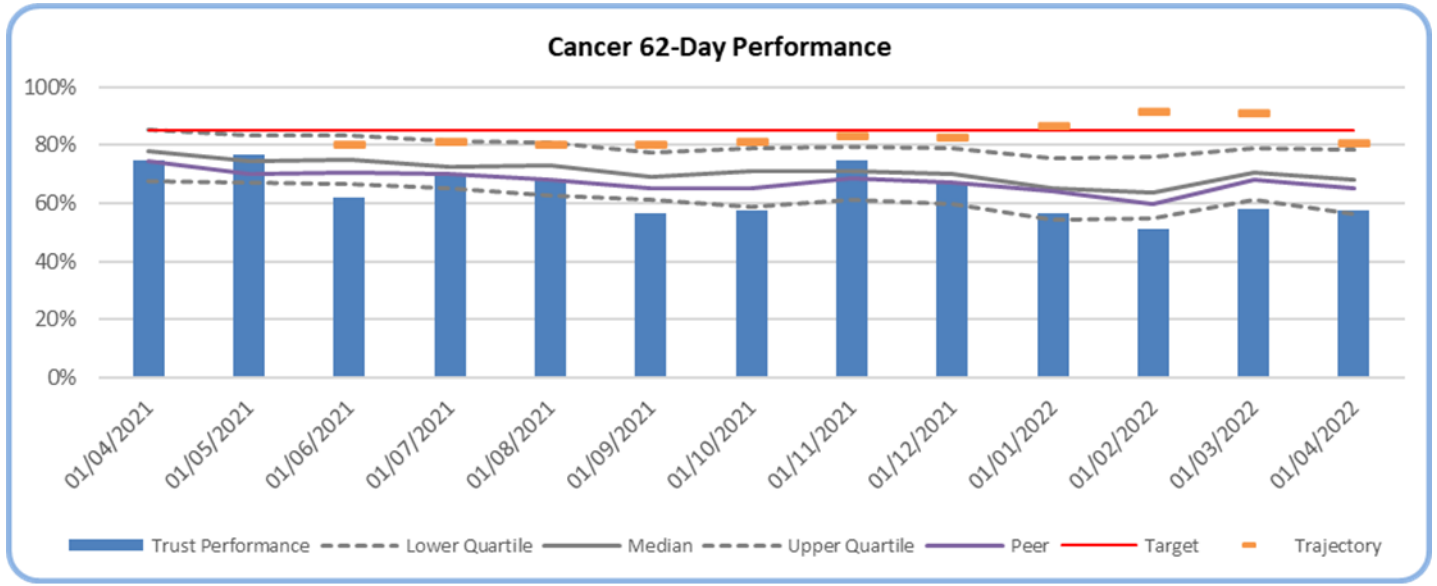
28-Day Performance
In April the Trust achieved a performance of 66.82% compared to 72.08% in March. There was a reduction in the total seen with more breaches. This was due to a reduction in performance across all sites except for Lung and UGI.

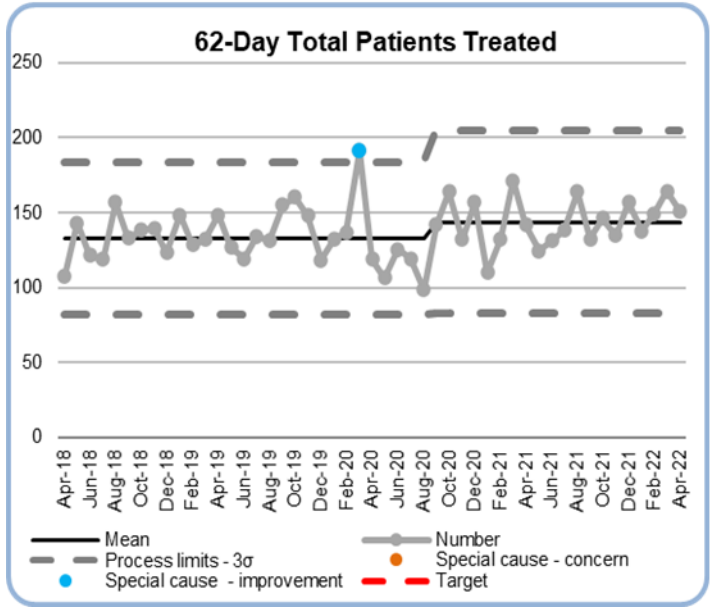
Gynaecology reported a performance of 19.71%, which is the lowest this has been since January (7.59%).

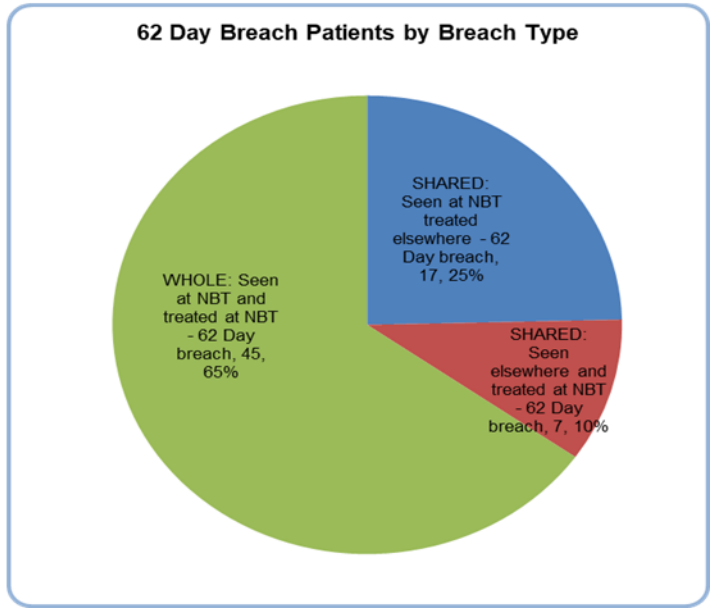
What actions are being taken to improve?

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

Cancer: 62-Day Standard







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

What does the data tell us?

The reported 62-Day performance declined in April to 56.48% compared to 58.66% in March. 150.5 patients were treated; 85 patients were treated on the 62-Day pathway. Overall, the Trust has seen less patients with a similar number seen in a breach position compared to the previous month.

Urology had the majority of breaches with, 29.5 breaches out of 57 patients treated in April. Breast reported 25.5 breaches.

Urology had a reduction in their performance from 53.77% in March to 48.25% in April. It should be noted that this includes the Weston Urology patients; the majority of the breaches in March were from Weston patients transferred in a breach position. There are significant pathway differences between NBT and Weston prostate pathways. This will continue to have an impact until we can realign both sites into one pathway.

What actions are being taken to improve?

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

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

62-Day PTL reduction against the trajectory of 345 will be supported by new ways of working with specialty teams and cancer services to increase focus on proactive joint tracking and escalation to better manage the overall PTL.

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

North Bristol NHS Trust

Safety and Effectiveness

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

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

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool

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

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

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

Workforce:

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

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

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

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

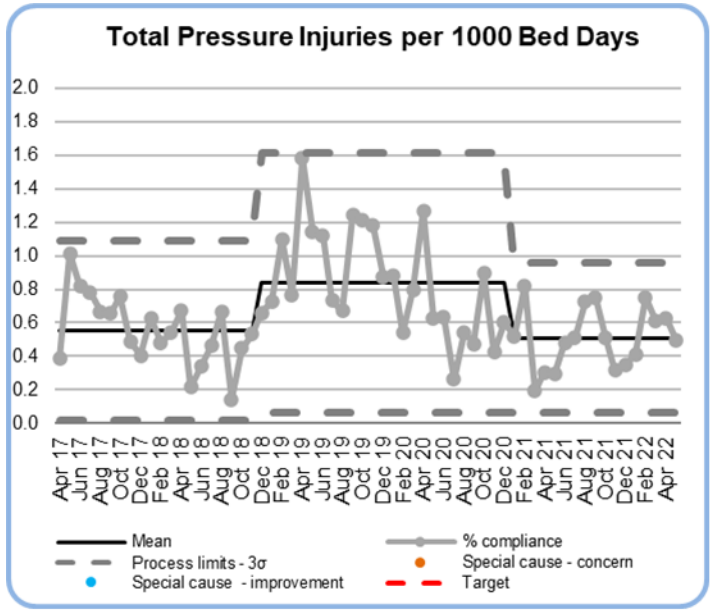
*i. SA 2 – **Maternity Services Data Set**:* Personalised care plans to be relaunched 29/09/2022. Care pathways validated digital lead midwife. Plan to share individual area weekly reports to help target areas for improvement.

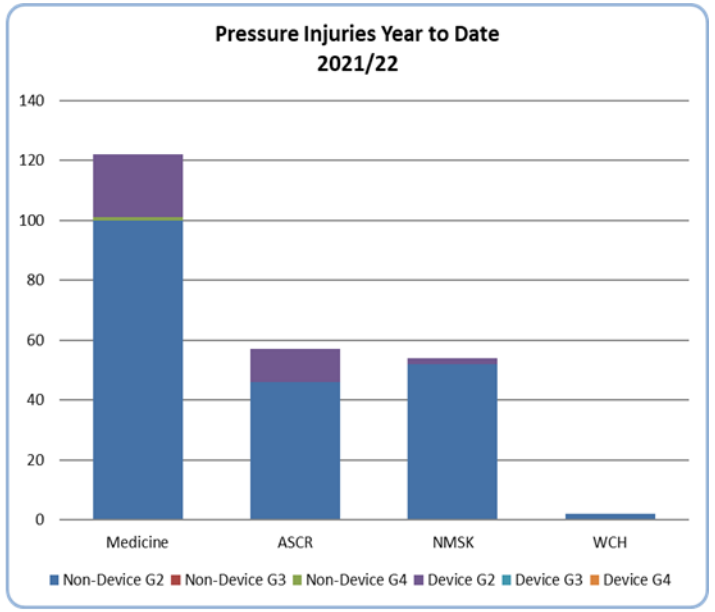
ii.SA 6 – Saving Babies Lives Element 1 Smoking: Challenging requirements: 1. % where CO measurement recorded at 36 weeks, currently 58% needs to be at least 80%. 2) uterine dopplers not offered to pregnancies at high risk of FGR as per SBL Care Bundle 2. 3.Training as SA8.

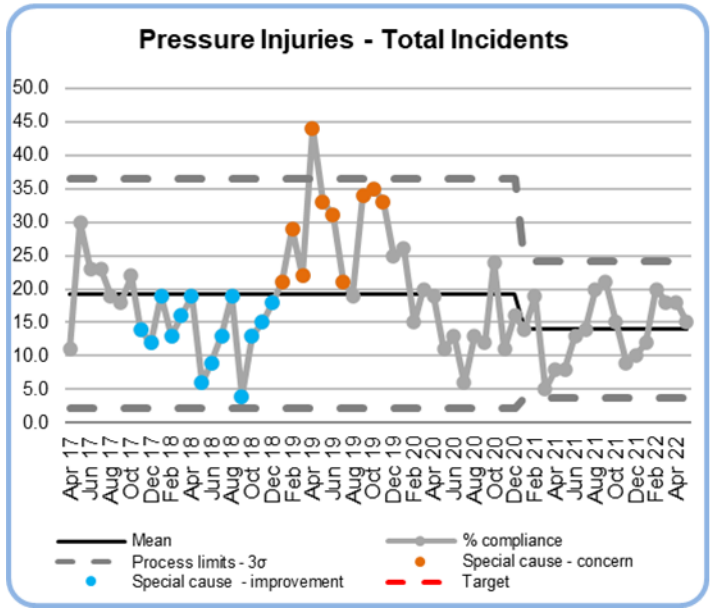
***iii.SA 8 – Training*:** The Division has seen significant improvement with training compliance. The Division continues to work towards the training recovery action plan as per, Risk 1079, High Risk Patient Safety 10. The temporary modifications detailed within the action plan will be shared with the Trust Board by 16 June 2022.The training trajectories for July 2022 are as follows: SA6 84% and SA8 84% but it should be noted the change to the training timeframe, from 12 month reporting period to 18 months, this is to acknowledge COVID-19 pressures.

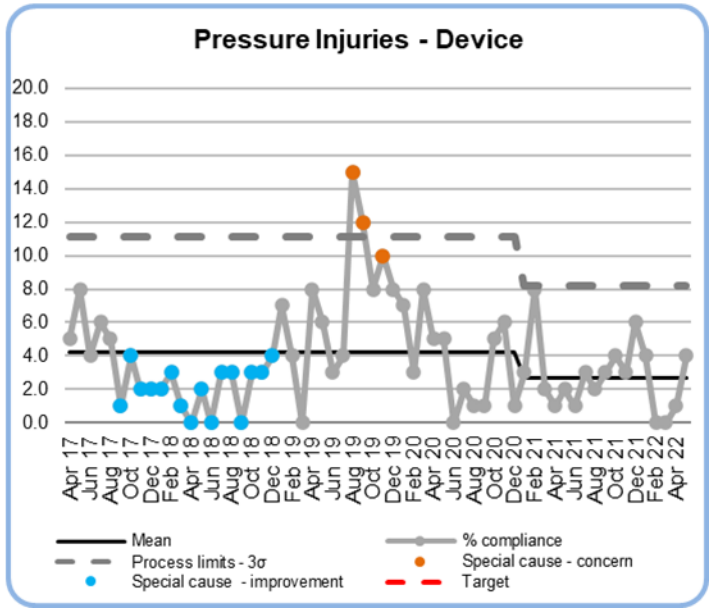
Areas of excellence: WACH to launch new QI project on shared decision making, working in collaboration with the Trust QI team. Recruitment initiatives resulting in successful pipeline. Successful Well Being Festival in WACH plans for a further wellbeing day at Cossham in August 2022. Planned Caesarean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

Awarded Maternal Medicine Network Lead for SW region.









Pressure Injuries

What does the data tell us?

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

15 Grade 2 pressure injuries were reported of which 4 were related to a medical device, 2 to each device. 10 grade 2 pressure injuries were to the sacrum/buttock/coccyx/natal cleft area, 4 to the heels and 1 to the hand.

There were 21 DTI injuries and were 11 heels, 5 buttocks/sacrum, 2 outer foot, 1 inner foot, 1 spine, and 1 mouth. 3 unstageable pressure injuries reported, and attributable to the medicine division.

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

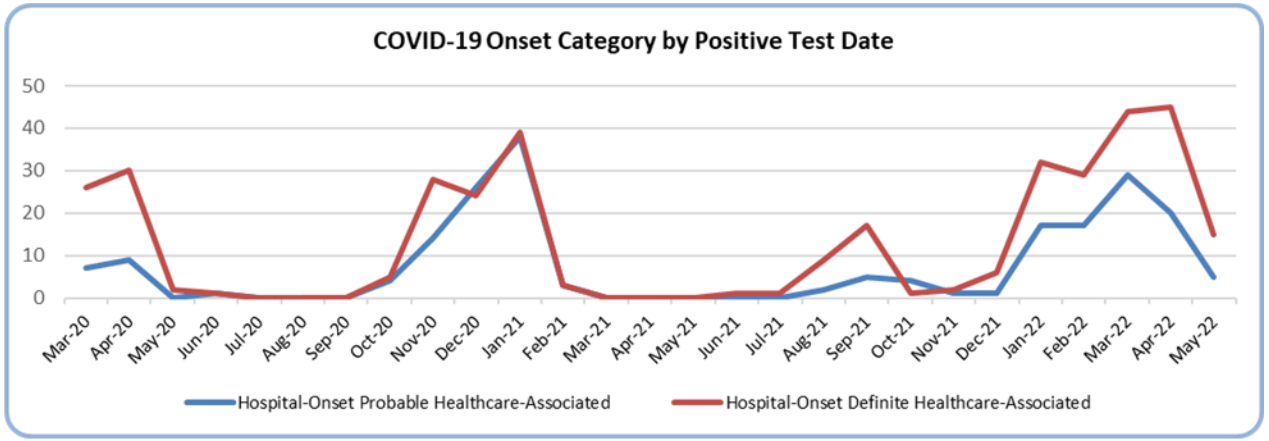
The Trust ambition for 2022/23 has yet to be confirmed for pressure injuries.

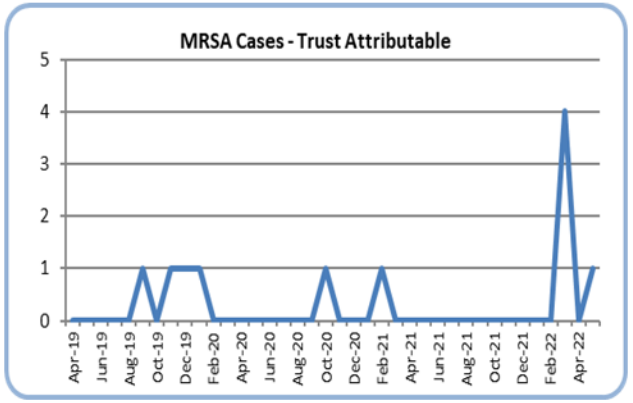
What actions are being taken to improve?

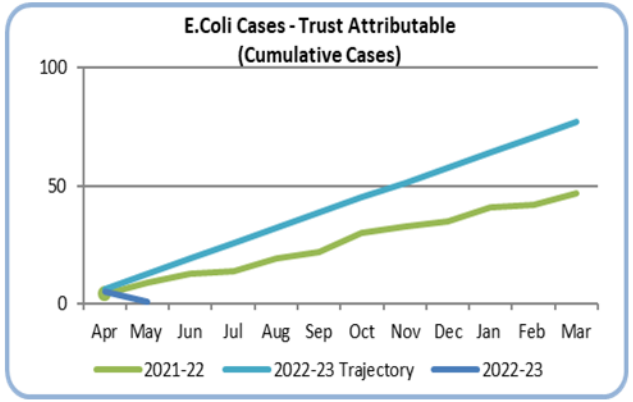
The Tissue Viability (TV) team continues to focus, engage and collaborate with areas identified through audit and using the RAG rating system, to provide bespoke and targeted teaching.

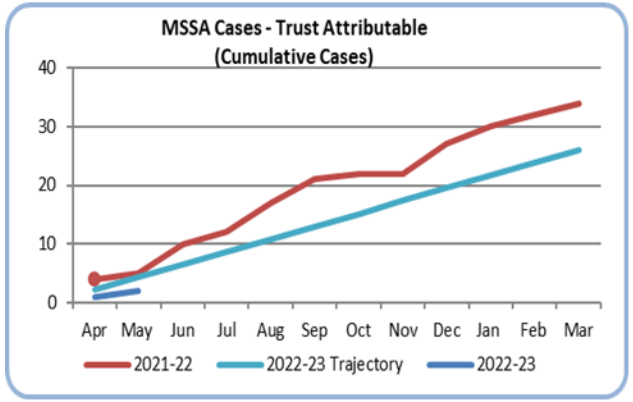
The TVN team supported and worked with the medicine division with practice development nurses and wards for SSKIN competency compliance sign off.

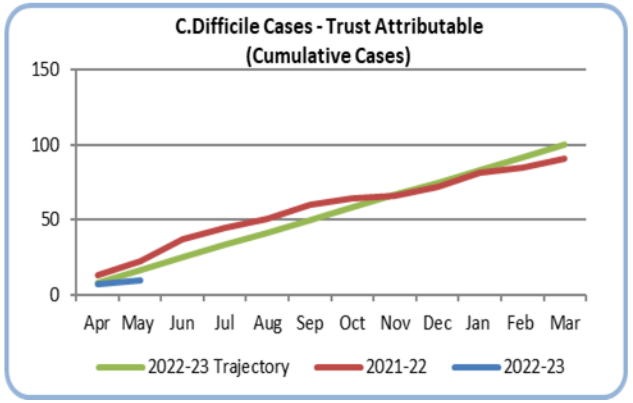
The Pressure Prevention and Management policy CG-212 was updated and presented to CPDG, and following a sense check and minor amendment will be signed off virtually. The policy included a new SOP for non-concordance as an appendix.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

COVID rates continue to reflect a downward decline following the impact of the guidance changing to Living with Respiratory Viruses and associated reduction in testing and community prevalence. This has resulted in a reduction in reported hospital cases and outbreaks.

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

2022 -23 Mandatory surveillance trajectories are not yet confirmed.

MRSA 1 new bacteraemia case occurred in April. An internal investigation for this case, commenced alongside the previous March cases. Key improvement areas are being incorporated in clinical areas and part of resetting IP&C practice to pre COVID-19, examples include MRSA screening requirements and invasive devices care / documentation. Trajectory 2022 – 2023 - 0

C. Difficile
Trajectory 2022 -2023 is set at 100, due to higher local and national prevalence rates.

MSSA
Year end (2021 – 22) was 34 cases. This has been reflected to be the new 2022-23 Trajectory 34 cases.

Gram –ve
Trajectories for 2022/23 have been reset to local 2021-22 baseline levels. E Coli year end (2021 – 22) rate was 77 cases.

What actions are being taken to improve?

Actions / learning identified from MRSA bacteraemia / C Diff investigations is being implemented locally / trust wide. The team continue to focus on resetting practice after COVID-19. The IP&C team have transitioned over to a new IT system and continues to assist with developing / mapping IP&C into other digital programmes. This has stalled our progress to deliver this proactive programme. Education to support staff to embed COVID-19 screening through clinical decision making / COVID-19 symptoms continues to be our challenge.

COVID-19 SitRep

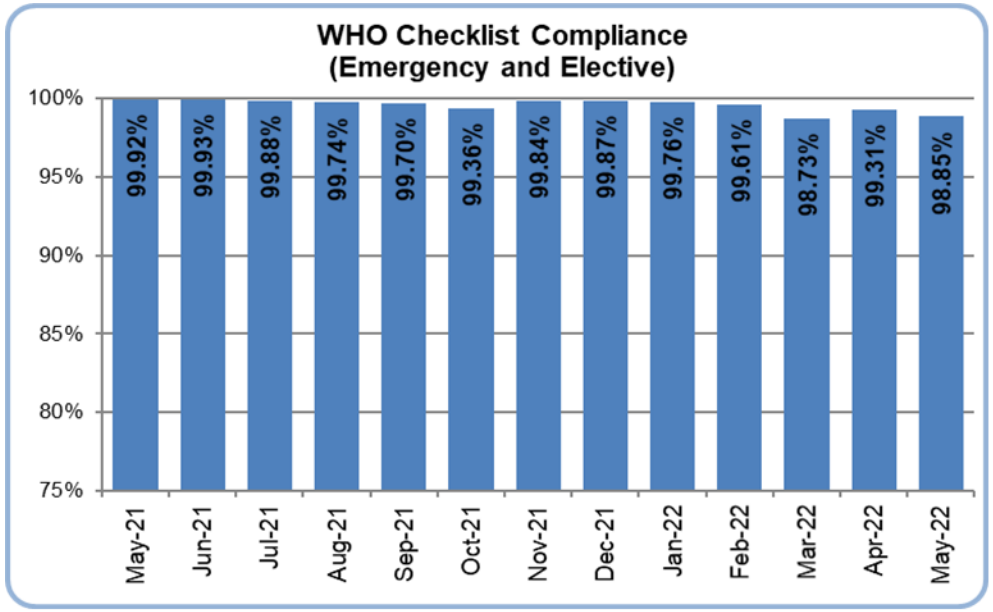
Current COVID Status: Level 2

Metric	25/04/2022	02/05/2022	09/05/2022	16/05/2022	23/05/2022	30/05/2022	06/06/2022	13/06/2022	Trend
New patients last 24 hours – admitted	3	2	2	2	1	1	0	2	
New Patients Diagnosed in last 24 hours	**4**	**4**	**2**	**2**	**1**	**1**	**1**	**6**	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	3	2	1	1	1	1	0	2	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	0	1	0	0	0	0	0	1	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	0	0	0	0	0	0	0	1	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	0	0	0	1	2	
Number of confirmed patients admitted from care or nursing home	0	0	0	0	0	0	0	0	
Blue discharges in past 24 hours	7	7	3	3	2	1	1	4	
Number of COVID positive patients as at 08:00	**31**	**30**	**23**	**14**	**11**	**10**	**12**	**30**	
Of these, patients admitted for primary COVID	22	19	17	9	8	6	6	20	
Of these, patients admitted with incidental COVID	9	11	6	6	3	4	6	10	
COVID positive patients in ICU	2	2	1	1	0	1	0	0	
COVID positive patients outside of ICU	29	28	22	13	11	9	12	29	
Query patients	0	1	2	0	1	0	0	1	
Closed and empty beds due to IPC	2	8	4	1	2	2	3	10	
NIV COVID	0	0	0	0	0	0	0	0	
Deaths	0	0	0	0	0	0	0	0	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	0	0	0	0	
Patient Total positivity - detected - number	7	6	1	3	2	1	3	5	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

Metric	18/04/2022	25/04/2022	02/05/2022	09/05/2022	16/05/2022	23/05/2022	30/05/2022	06/06/2022	Trend
Bristol cases per 100,000 – 7 days	210	142	119	100	77	65	74	113	
South Gloucestershire cases per 100,000 – 7 days	226	145	111	92	75	58	69	106	
North Somerset cases per 100,000 – 7 days	210	142	119	100	77	65	74	113	

Key:

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

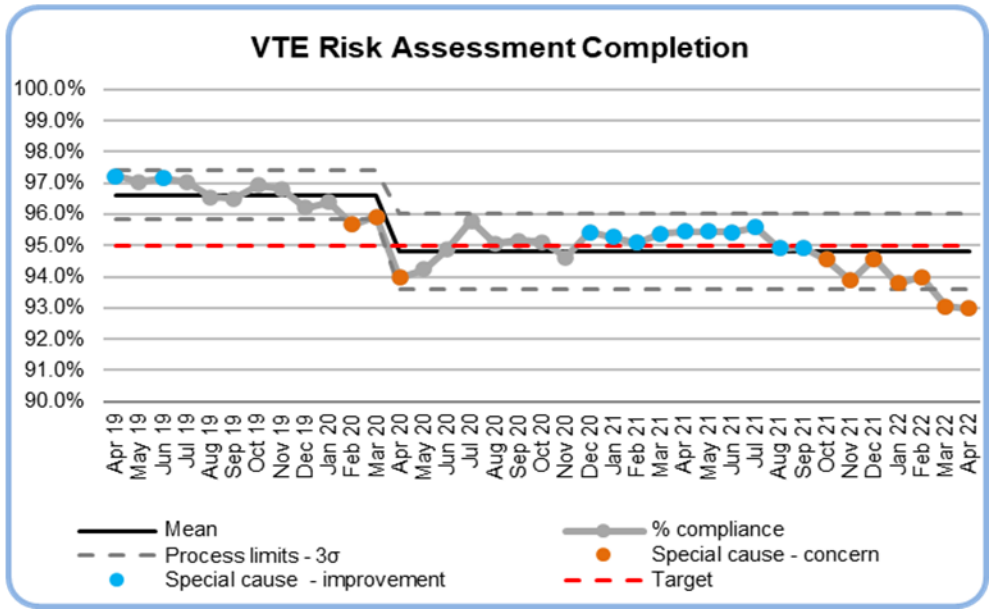


WHO Checklist Compliance

What does the data tell us?

In May, WHO checklist compliance was 98.85%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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



VTE Risk Assessment

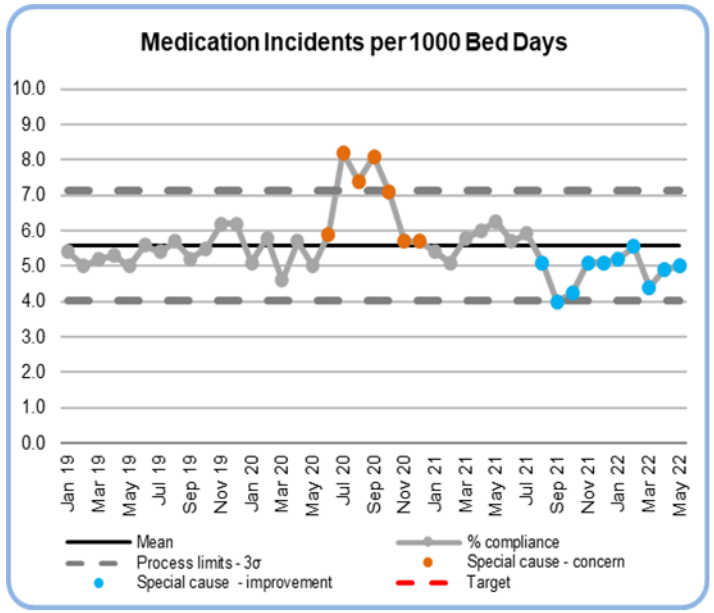
What does the data tell us?

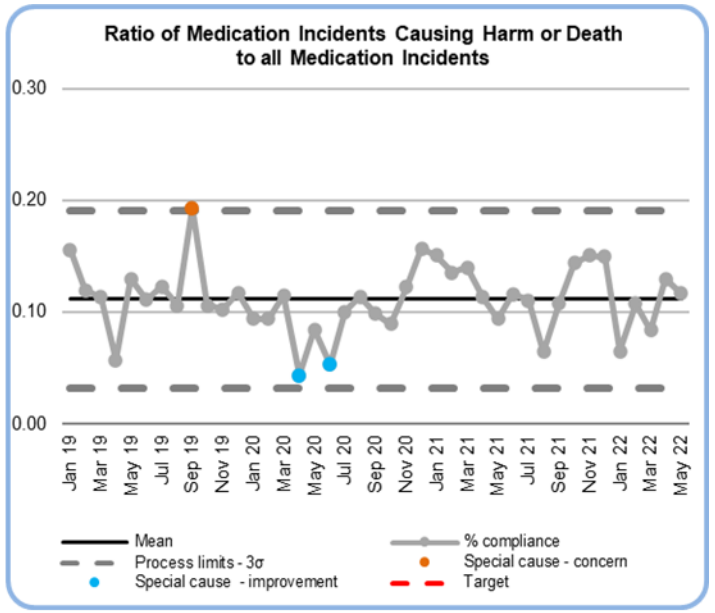
In April, the rate of VTE Risk Assessments performed on admission was 92.99%. VTE risk assessment compliance is targeted at 95% for all hospital admissions.

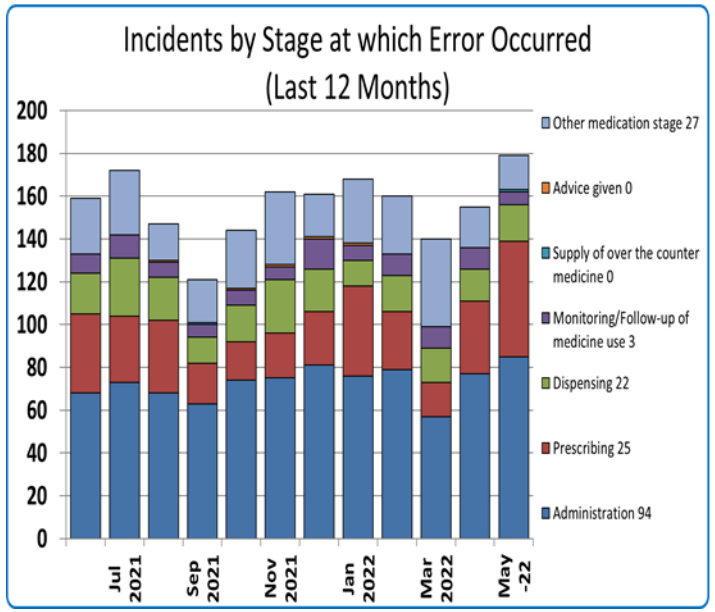
N.B. The data is reported one month in arears because coding of assessment does not take place until after patient discharge.

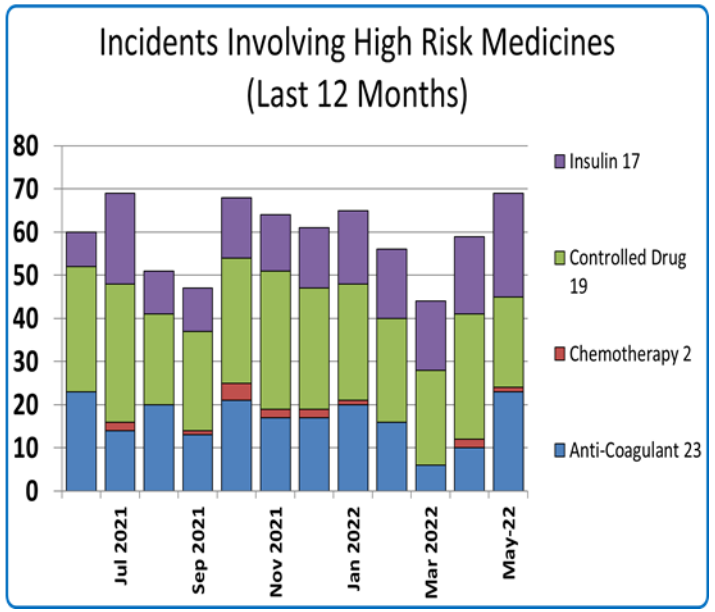
What actions are being taken to improve?

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









What does the data tell us?
During May 2022, NBT had a rate of 5 medication incidents per 1000 bed days. This figure replicates the 6 month average for this measure which is also 5 medication incidents per 1000 bed days

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During May 2022, c.11.5% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.115). This is slightly above average seen over the last 6 months, with the average being c.11% but as seen from the graph there has been much fluctuation in this value.

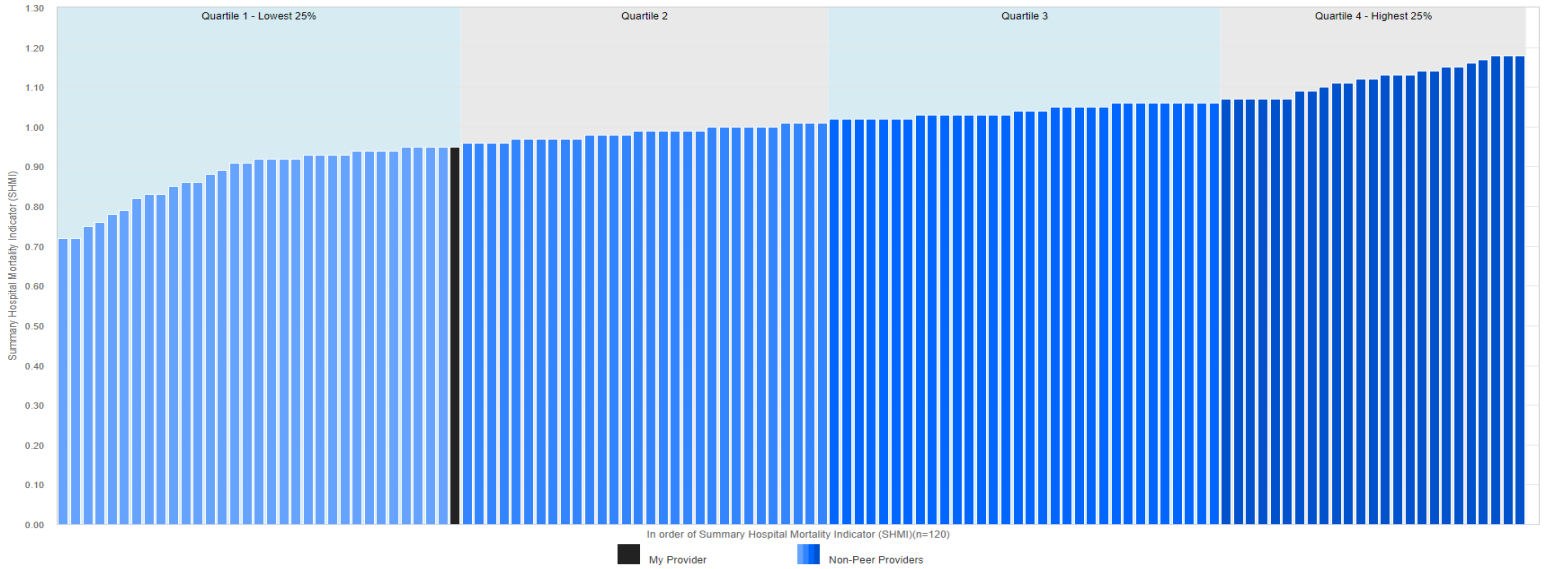
Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses will designate incidents as 'administration errors' even when the cause was unclear prescribing. More work on this subject will be undertaken as part of the 'Medicines Academy' project. It is notable that this month we can see an increase in the number of errors coded as prescribing – this is likely to be a positive trend in terms of meaningful and accurate reporting and is being monitored by the Medicines Governance Team.

High Risk Medicines
During May 2022, c.38% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 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

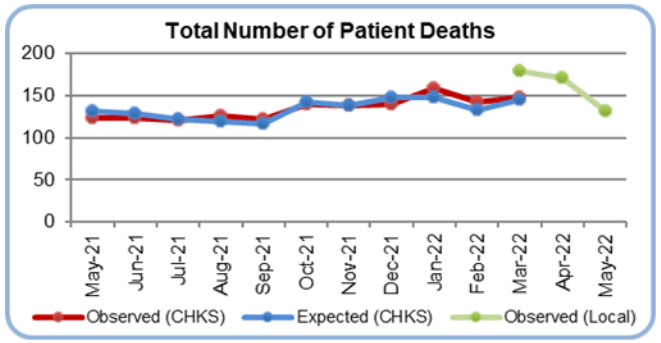


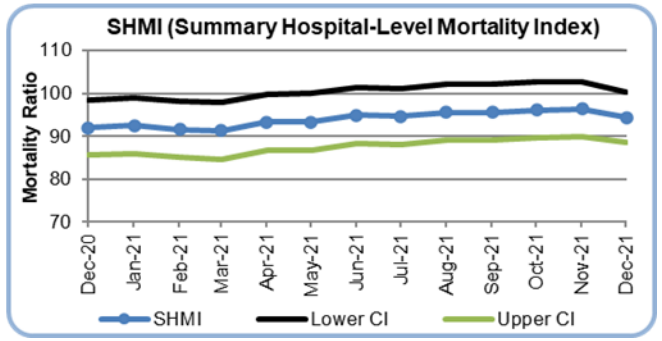
Mortality Review Completion

April 21 – March 22	Completed	Required	% Complete
Screened and excluded	314		
High priority cases	244		
Other cases reviewed	1368		
Total reviewed cases	1926	2035	95%

Overall Score	1=very poor	2	3	4	5= Excellent
Care received	0	4.1%	28.7%	36.5%	30.7%

Date of Death	April 21 – March 22
Scrutinised by Medical Examiner	1663
Referral to Quality Governance team	151





Mortality Outcome Data

What does the data tell us?

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

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

Of all "High Priority" cases, 83% completed Mortality Case Reviews (MCR), including 22 of the 25 deceased patients with Learning Disability and 17 of the 24 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as 'high priority'.

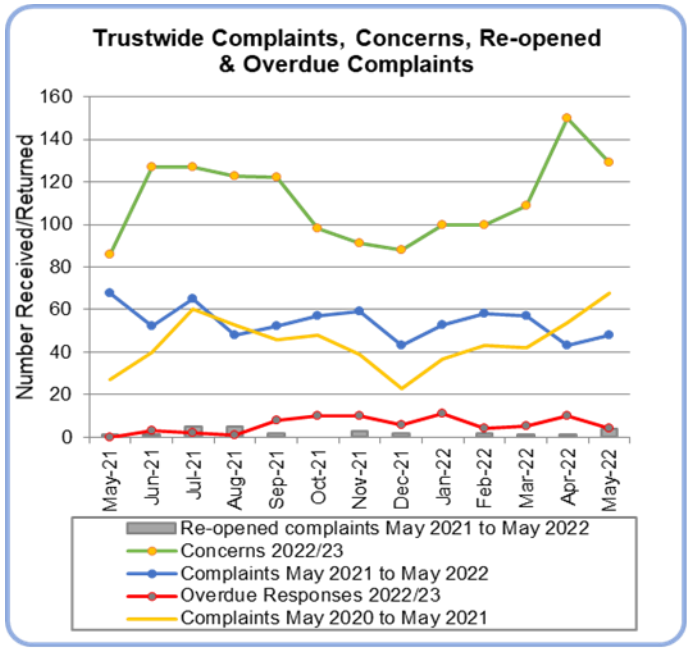
Mortality Review Outcomes
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional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

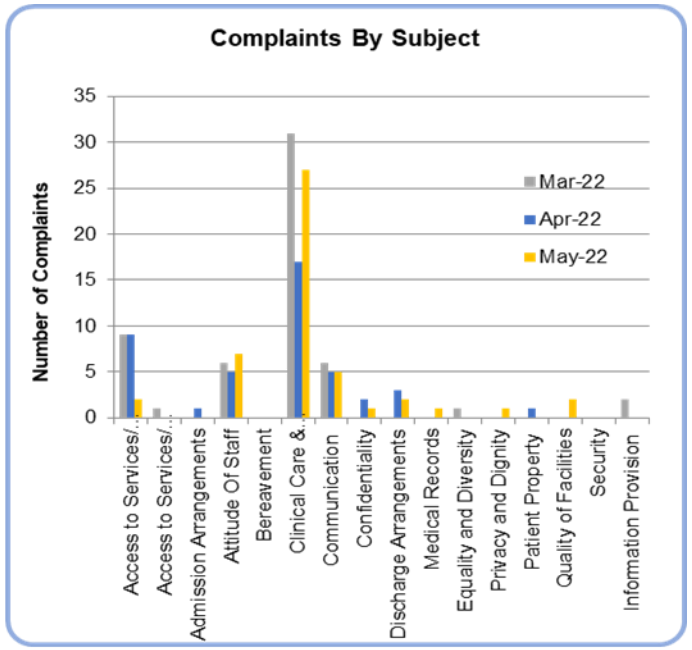
What actions are being taken to improve?

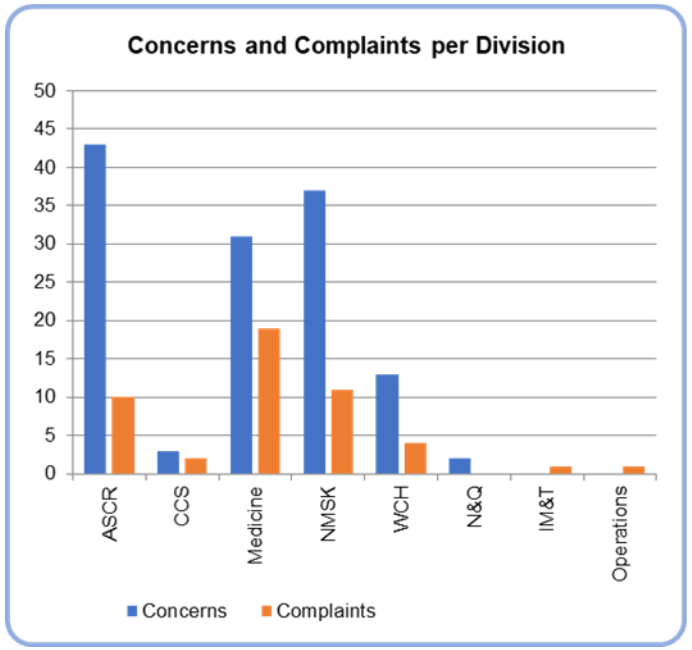
The Learning from Deaths Annual Report 2021/22 will be reviewed at the Clinical Effectiveness and Audit Committee in June, followed by the Quality Committee in July. The report shows good compliance on mortality outcomes and across most of the mortality review process with some areas for improvement being identified surrounding high priority review completion timeliness. Actions to improve will be agreed over the coming month.

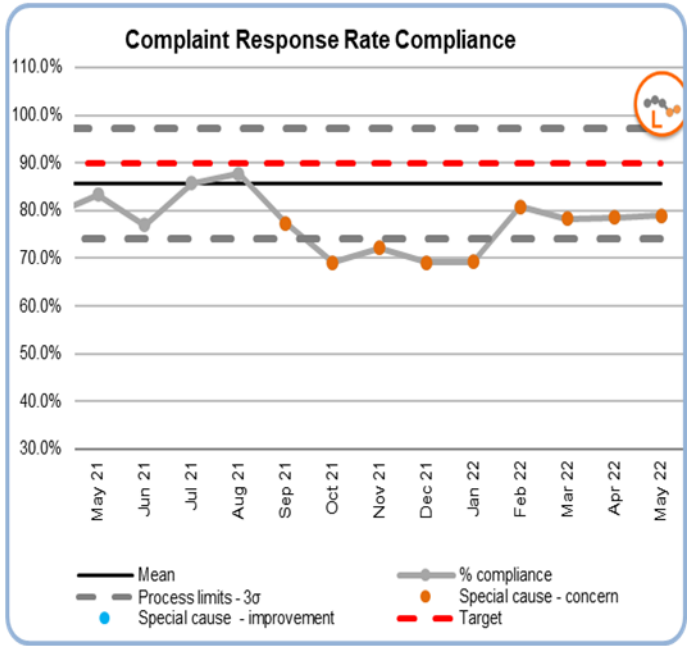
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams









Complaints and Concerns

What does the data tell us?

In May 2022, the Trust received 48 formal complaints, this is 5 more than the previous month but considerably lower than the same period last year. The most common subject for complaints is 'Clinical Care and Treatment'.

There were 4 re-opened complaints in May, 2 for ASCR, 1 for Med and 1 for NMSK.

The 48 formal complaints can be broken down by division: (the previous month total is shown in brackets)

ASCR	10 (12)	CCS	2 (2)
Medicine	19 (12)	NMSK	11 (8)
WCH	4 (7)	Operations	1 (1)
IM&T	1 (0)		

The number of PALS concerns received by the Trust was 129 in May this is slightly fewer than the previous month but considerably higher than the same period last year. The number of enquiries have increased slightly to 91.

The response rate compliance for complaints has increased very slightly to 79% in May continuing a gradual improvement. The number of overdue complaints has fallen from 10 to 4. At the time of reporting there are 2 in Medicine and 2 in NMSK.

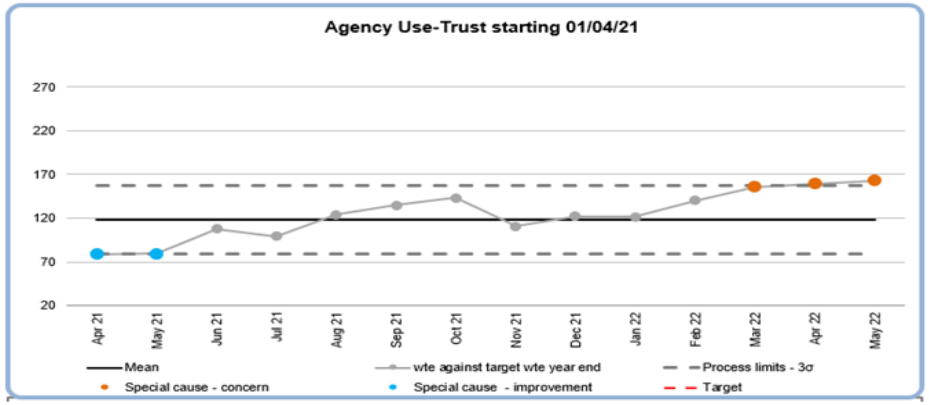
What actions are being taken to improve?

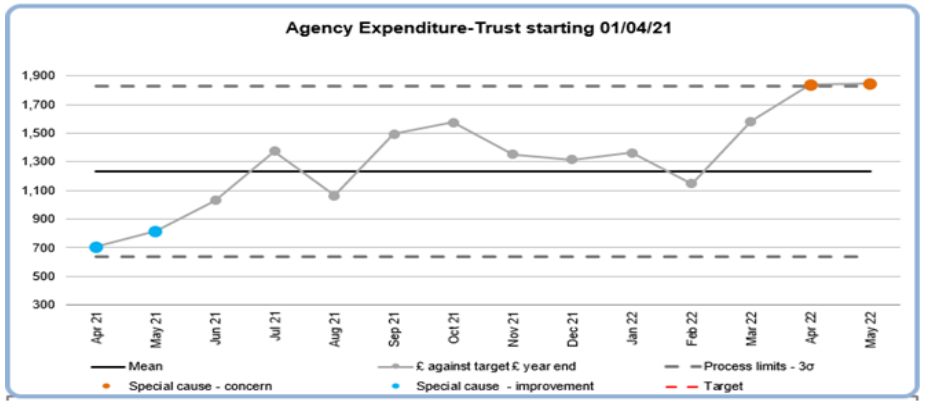
- Ongoing weekly validation/review of overdue complaints by Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement agreed with ASCR and Medicine. After a decline in performance against their trajectory in April, ASCR have met their targets in May. Medicine have struggled to meet their overdue target but have met their compliance target.
- Complaints Training has been delivered in WaCH with a further session planned.

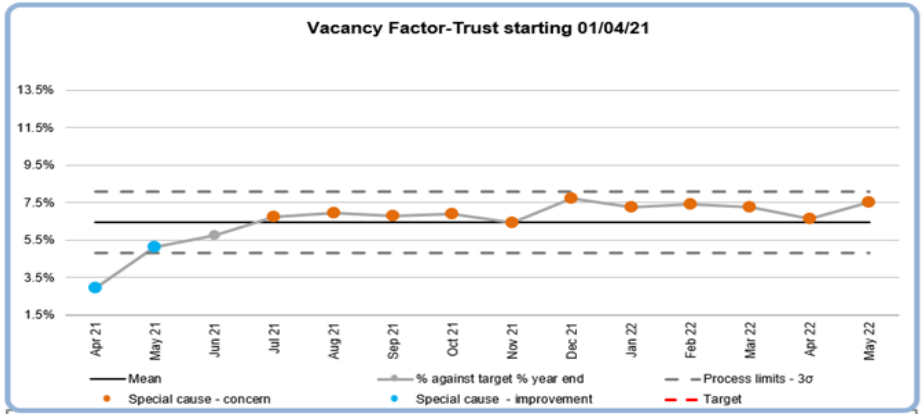
Well Led

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

Workforce







What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

Talent Acquisition Team actions in May:

- Arranged and attended a multi organisational HCSW recruitment event at The Pavilion stadium in Bristol. This event was supported and promoted by Indeed with funding from NHSE&I and NBT staff worked alongside UHBW, AWP and Sirona for the day. The event was attended by over 600 candidates looking to work as a Healthcare Support worker and over 470 offers were made on the day – 199 for NBT.
- Current Unregistered vacancies are down slightly at 136.68 wte (Band 2 – 95.12 wte Band 3 - 41.56 wte) May saw 8.36 wte new starters

Registered Nursing

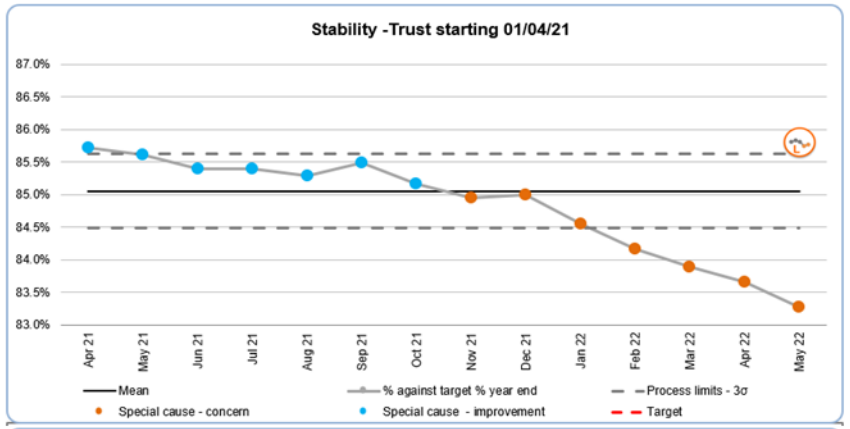
Talent Acquisition Team actions in May:

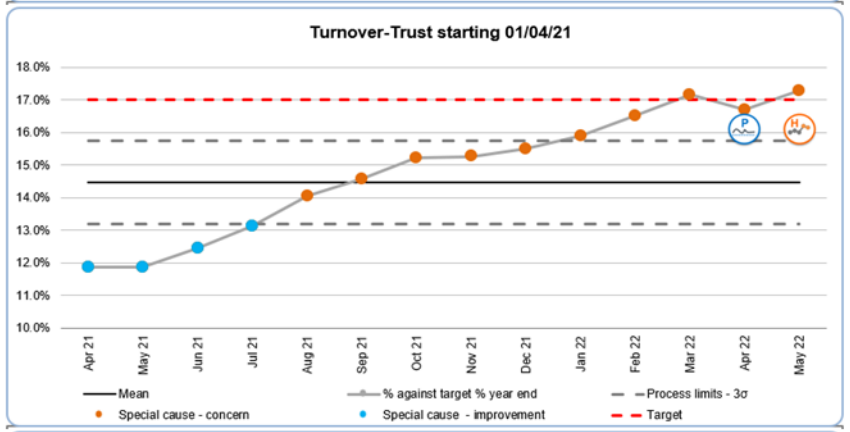
- Attended the RCNi careers fair in May with over 100 Nurses in attendance.
- Presented Medirooms to the Audience and Anne Langford joined the Senior Nurse Panel discussion.
- Live Teams event for Nurses to join online and see presentations from our divisions and ask questions about careers here. We interviewed and offered 12 nursing candidates on the day.
- Nursing Band 5 vacancies have risen slightly to 183.64 wte. We made 45 offers in May to new nursing staff.

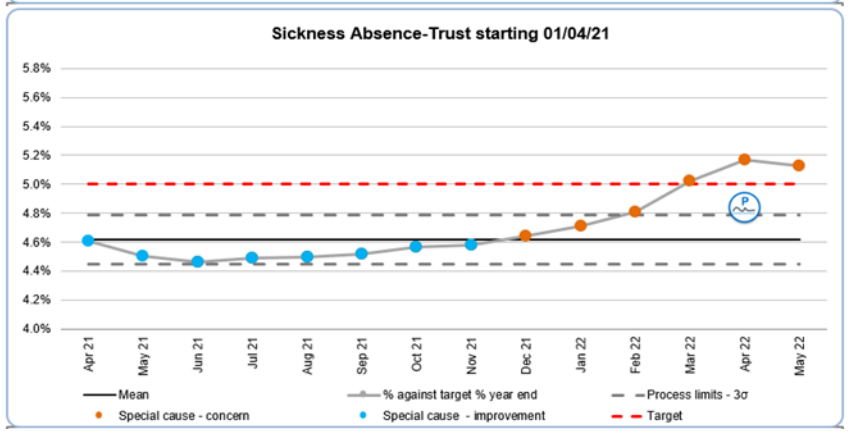
Temporary Staffing

- Internal Bank and Teir 1 agency fulfilment remained similar to the previous month, as overall demand for additional shifts reduced due to increases in Substantive Overtime hours during May.
- Unfilled shifts reduced from 38% to 32%, which equates to an actual drop in the weekly average of 160 shifts per week.
- Implementation of new BNSSG+B Neutral Vendor for the management of registered Nursing supply continued post go live achieved on 1st April 2022.

Engagement and Wellbeing







What Does the Data Tell Us - Turnover and Stability

The net gain of staff in May was driven by Medical and Dental, Administrative and Clerical, Estates and Ancillary and Allied Health Professionals staff. Registered and unregistered nursing and midwifery saw a net loss.

Actions - Turnover and Stability (Associate Director of People)

- Relocation expenses to encourage the recruitment and retention of NBT staff; policy has just been reviewed to be simpler and more locally driven (currently in discussion with TUs)
- Understanding why people leave: via simplification and promotion of support for Leavers and the Leaver's process:
  - IT to be contacted to see if apps can be added to Trust iPads for the Staff Survey and Exit Questionnaires – **June 22**
  - Explore options around incentivising the completion of Exit Questionnaires (free coffee in VU/Costa whilst undertaking your Exit Questionnaire) - **July 22 – August 22**
  - Posters with the QR code for Exit Questionnaires added to the VU to support accessibility – June-22
  - Promote protected time for staff to complete the Exit Questionnaire - **over next 6 months**
  - Focussed and targeted promotion of 'Itchy Feet' and 'Process for Leaving' pages on LINK - **June 22 – August 22**

Supporting staff morale and resilience

People Strategy Team working on issuing breaks guidance, encouraging colleagues to take their lunch breaks (e.g. Take a Break Week)

Supporting new starters

- Inductions for new starters - People Strategy Team promoting Wellbeing Conversations & resources and greater signposting of psychological support available
- BNSSG recruitment event for B2/3 Support Workers undertaken, with approx. 170 offers of employment made. This represents an opportunity to test out early, supportive conversations with a large cohort of starters
- Discussion with NBT Head of Resourcing, to explore potential pilot of 'New Starter 3,6, & 9 Month Check In Conversations' with the new recruits, aimed at supporting and retaining them – **June 22**
- Re-review and re-promote a formalised 'buddy system' for new starters, which already occurs informally in many areas – **July 22 – September 22**

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

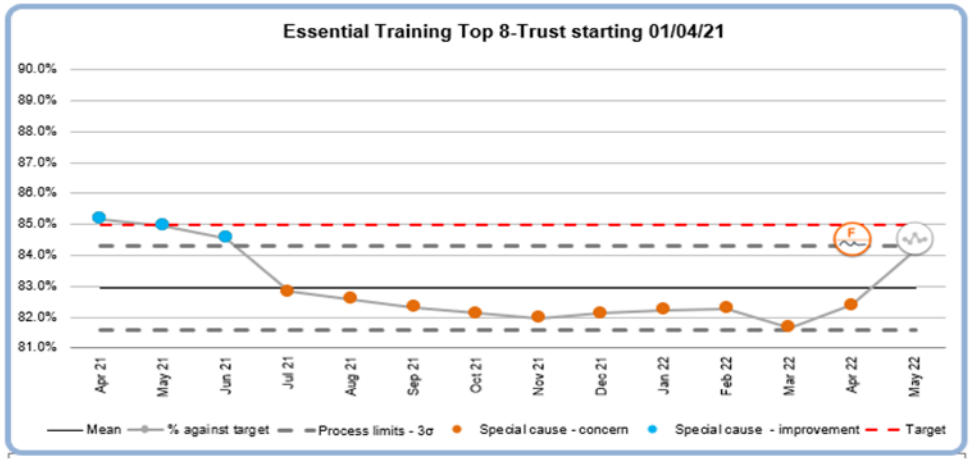
May saw an increase in sickness absence from the April 22 position. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence alongside COVID sickness.

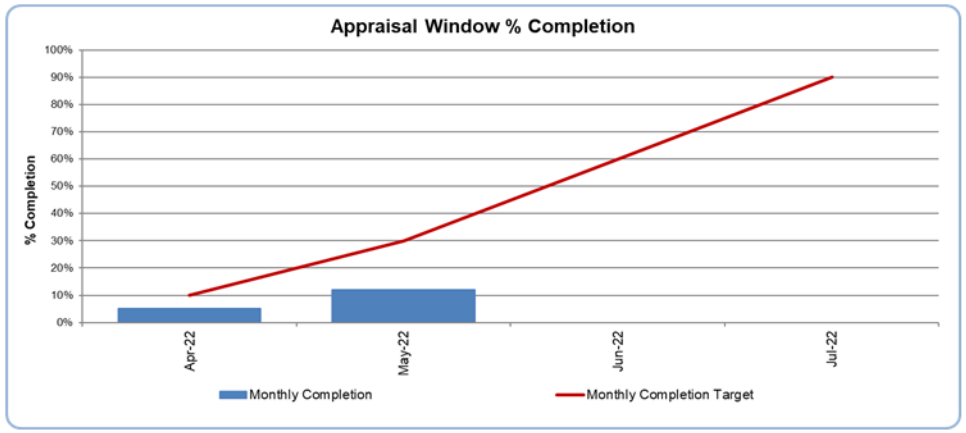
Actions Delivered – Health and Wellbeing (Head of People Strategy)

Women's and Children's wellbeing festival & smoking cessation event delivered. Activity ongoing to develop resources for divisional delivery of future wellbeing events.

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

- Weekly task and finish group to move forward Health & Well Being priorities is in place, with a key focus on financial wellbeing
- Financial Wellbeing and Reducing Cost of Employment work ongoing with proposals to address being considered by executive – approach is centred on; access to financial wellbeing information, support to address cost of employment (parking and food charges), affordable lending/salary advance schemes (subject to executive sign off) – **Jun 22**
- Work ongoing to bring forward a package of Menopause Support measures – focused on train-the-trainer package for managers, a support network for staff and events to support staff. Initial stakeholder engagement to **17th Jun.**





Training Topic	Variance	Apr-22	May-22
Child Protection	1.5%	83.1%	84.6%
Adult Protection	1.7%	79.5%	81.2%
Equality & Diversity	0.6%	84.8%	85.4%
Fire Safety	2.4%	79.8%	82.2%
Health &Safety	1.0%	83.7%	84.7%
Infection Control	0.8%	93.0%	93.7%
Information Governance	3.1%	75.9%	79.0%
Manual Handling	2.1%	79.7%	81.8%
Waste	0.0%	82.6%	82.6%
Total	**1.5%**	**82.38%**	**83.89%**

What Does the Data Tell Us - Essential Training

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

With COVID restrictions/impact diminishing and a continued return to BAU, we are now starting to see small month on month improvements in the compliance data which if maintained will see a return to the 85% target in the next 5-6 months.

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

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

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

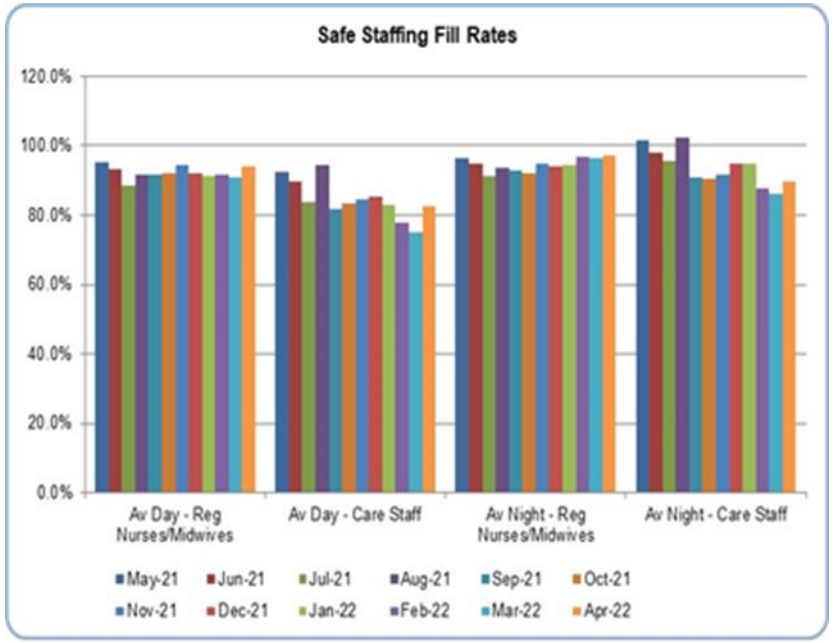
Other Wider Actions

Leadership & Management Learning

- May saw the successful launch of the Specialty Lead Development programme with over 50% of Specialty Leads attending the inaugural Specialty Leads Development Community event at BAWA. Launching in June, the associated 8 learning modules will run 2 per month on a rolling basis with Understanding Self and Having Clear Conversations being the focus for this month.

Apprenticeships

- The Trust continues to maintain the delivery of its Apprenticeship programmes. This will ensure Apprentices are able to receive development core to their role, allowing them to progress to the next pay band level within the agreed timelines. This progression also allows Apprentices (e.g. HCSW) to apply their skills to a wider variety of tasks in the workplace.
- Apprenticeship Levy Spend = 71%



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

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

What Does the Data Tell Us

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

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England planned in May 2022, 197 HCSW have been offered a role with NBT expected to commence employment over the new few months.

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

Wards below 80% fill rate for Registered Staff:

- 7b (69.3% Day) staffing supplemented with redeployed RNs and HCSW
- Percy Phillips Ward (78.3% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Mendip Ward (78.6% Day / 79.2% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (78.6% Day) vacancies, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

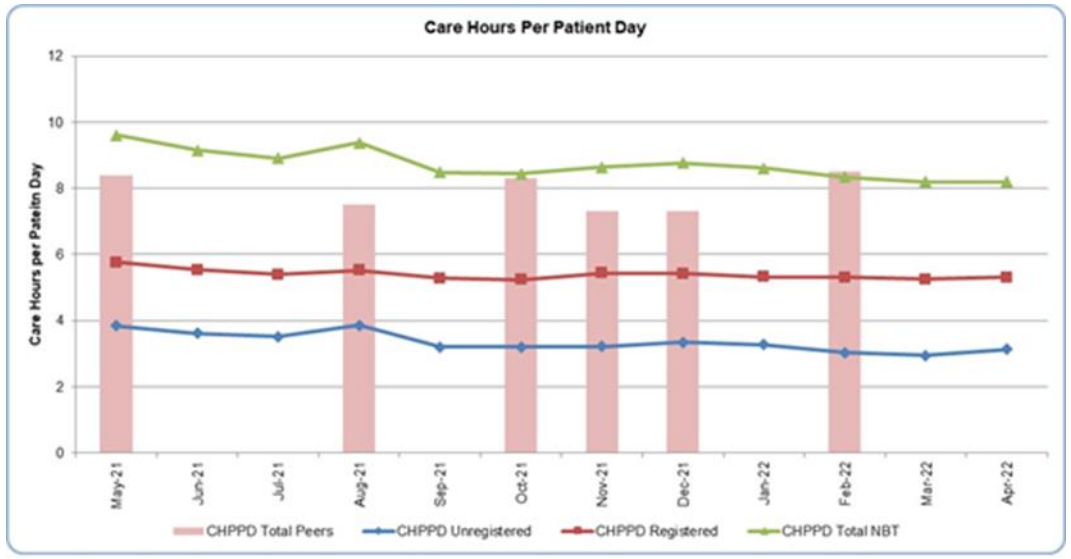
- 9a (79.2% Day) Unregistered staff vacancies and absence
- 32a (72.1% Day) Unregistered staff vacancies and absence
- EEU (70.4% Day) Unregistered staff vacancies and absence , supported with redeployed RN resource
- 9b (77.9% Day) Unregistered staff vacancies and absence
- Gate 31 AMU (80% Day / 56.8% Night) Unregistered staff vacancies and absence
- 34b (66.9% Day / 69.2% Night) Unregistered staff vacancies and absence
- Medirooms (72.1% Night) Unregistered staff vacancies
- 8b (68.6% Day) Unregistered staff vacancies staffing
- NICU (33.6% Day / 41.9% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring and supplementing with registered staff as required
- Quantock (79% Day) vacancies, staffing deployed as required to meet patient needs across the service.

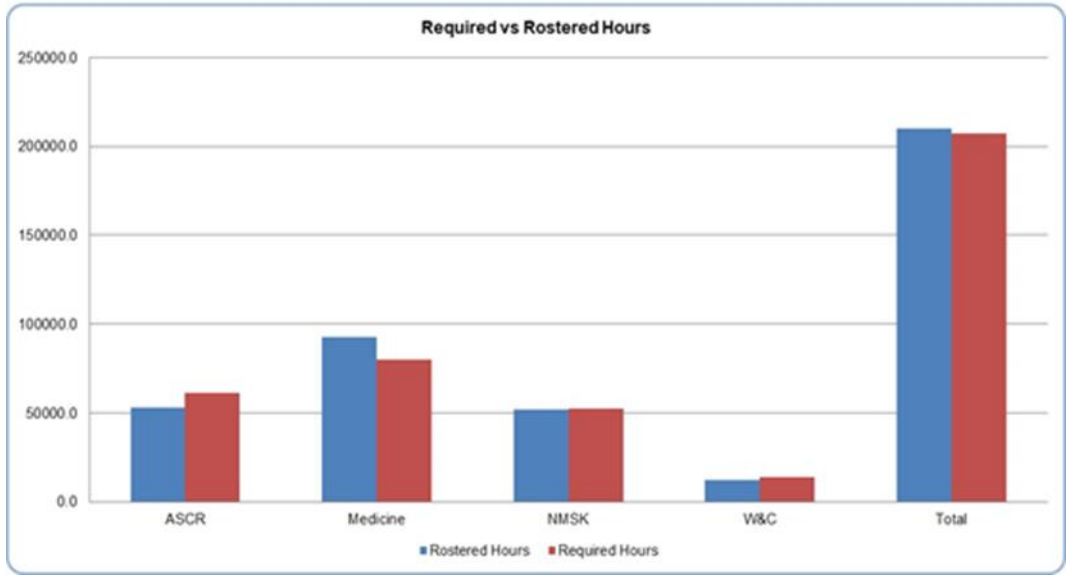
Wards over 150% fill rate for Registered Staff:

- EEU (159.5% Night) RMN enhanced supervision for patients

Wards over 150% fill rate for Care Staff:

- 33a (168.6% Night) enhanced supervision for patients
- 25a (124.89% Night) enhanced supervision for patients





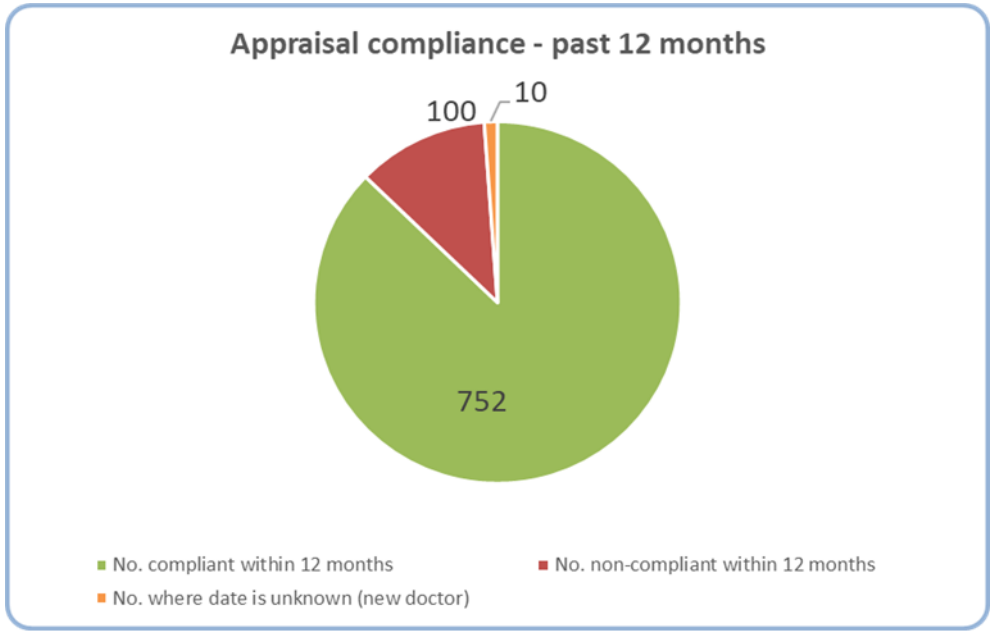
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

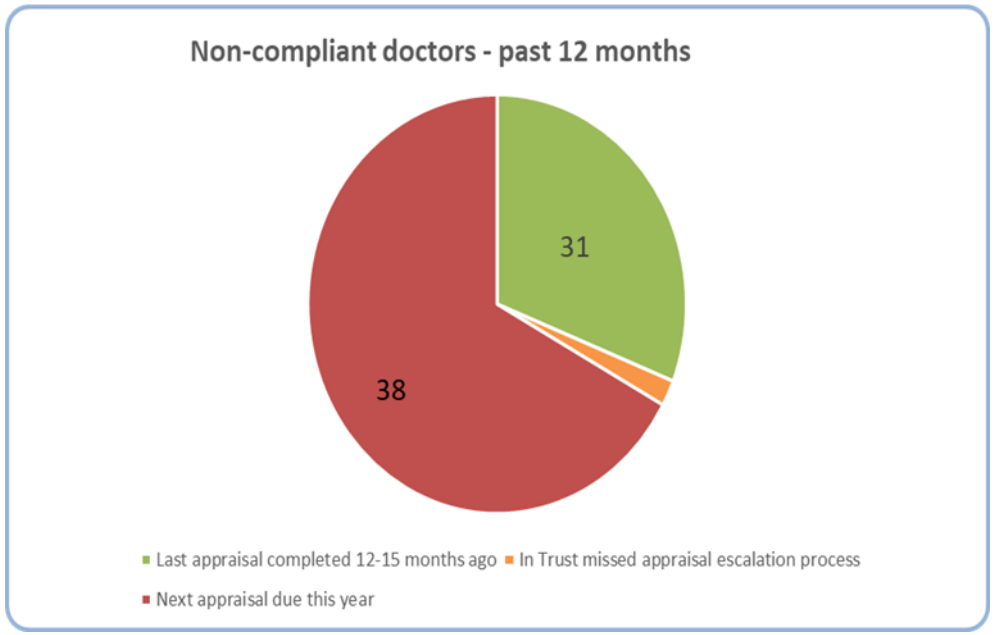
The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

Safe Care Live (Electronic Acuity Tool)

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

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





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 31 May 2022

	Month 2			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	56.8	57.8	0.9	113.6	113.8	0.2
Other Income	7.1	6.4	(0.7)	13.8	12.9	(0.9)
Pay	(40.1)	(39.4)	0.7	(80.0)	(79.1)	0.9
Non-Pay	(26.3)	(27.9)	(1.6)	(52.3)	(53.1)	(0.9)
Surplus/(Deficit)	(2.5)	(3.1)	(0.6)	(4.8)	(5.5)	(0.7)

Assurances

The financial position to the end of May 2022 shows the Trust has delivered a £0.6m adverse position against the £3.1m planned deficit, with a £0.7m adverse position year to date.

Contract income is £0.9m favourable in month and £0.2m favourable year to date. The Trustwide position has been set to the expected block amount except for variable items (e.g. high-cost drugs) which is driving the favourable variance. The corresponding adverse variance can be seen within non-pay.

Other Income is £0.7m adverse in month and £0.9m adverse year to date. The Trust has seen reduced income in Facilities driven by the extension of free staff parking, and reduced income in Core Clinical services around Pathology.

Pay expenditure in May is £0.7m favourable in month and £0.9m favourable year to date. The Trust has seen overspends on pay for Other Medical, Nursing (bank and agency) and unidentified CIP delivery. This is offset by underspends on Consultants and Allied Health Professionals.

Non-pay expenditure in May is £1.6m adverse and £0.9m adverse year to date. This is driven by increased spend on medical supplies and a prior year charge for pathology consumables.

Statement of Financial Position at 31st May 2022

	21/22 M12 £m	22/23 M01 £m	22/23 M02 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	610.2	608.7	(1.5)	3.7
Intangible Assets	13.7	13.6	13.3	(0.3)	(0.4)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**625.3**	**623.5**	**(1.8)**	**3.3**
Current Assets					
Inventories	9.1	9.1	9.1	(0.1)	(0.1)
Trade and other receivables NHS	19.0	20.1	23.6	3.5	4.6
Trade and other receivables Non-NHS	20.5	22.2	22.9	0.7	2.4
Cash and Cash equivalents	116.2	107.1	99.3	(7.8)	(16.9)
Total current assets	**164.8**	**158.6**	**154.8**	**(3.7)**	**(10.0)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	7.7	7.9	0.2	(2.8)
Trade and Other payables - Non-NHS	102.6	94.8	92.8	(2.1)	(9.8)
Deferred income	16.4	20.2	20.6	0.4	4.2
PFI liability	15.2	15.2	15.7	0.4	0.4
Finance lease liabilities	2.1	1.6	1.6	0.0	(0.5)
Total current liabilities	**147.0**	**139.5**	**138.5**	**(1.0)**	**(8.5)**
Trade payables and deferred income	7.1	7.7	7.7	(0.0)	0.6
PFI liability	359.3	358.5	357.3	(1.3)	(2.0)
Finance lease liabilities	2.0	10.9	10.9	0.0	8.9
Total Net Assets	**269.7**	**267.3**	**264.1**	**(3.2)**	**(5.6)**
Capital and Reserves					
Public Dividend Capital	456.9	456.9	456.9	0.0	(0.0)
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(2.4)	(5.6)	(3.2)	(6.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**267.3**	**264.1**	**(3.2)**	**(5.6)**

Assurances and Key Risks

Capital – Total capital spend for the year to date was £1.5m, compared to plan of £4.2m. The total planned spend for the year is £32.5m.

Receivables - There was an increase of £7.5m in accrued receivables (NHS and Non-NHS), which is linked with reduced cash receipt year-to-date. There was also an increase in prepayments of £1.2m, which has impact on increased cash outflows.

Payables - Year to date NHS payables have reduced by £2.8m for the year to date as a result of clearing invoiced creditors post year end. Non-NHS payables have decreased by £9.8m, which is predominantly driven by the reduction of accrued capital expenditure as a result of post year end payments.

Cash – The cash balance decreased by £16.9m for the year to date (£7.8m in-month) due to year-to-date deficit, reduced receipts (linked with changes in receivables) and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 year end capital creditor and increase in prepayments. The Trust is expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at June 2022
Self-assessed, for submission to NHSI

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

Appendix 1: Glossary of Terms

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

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

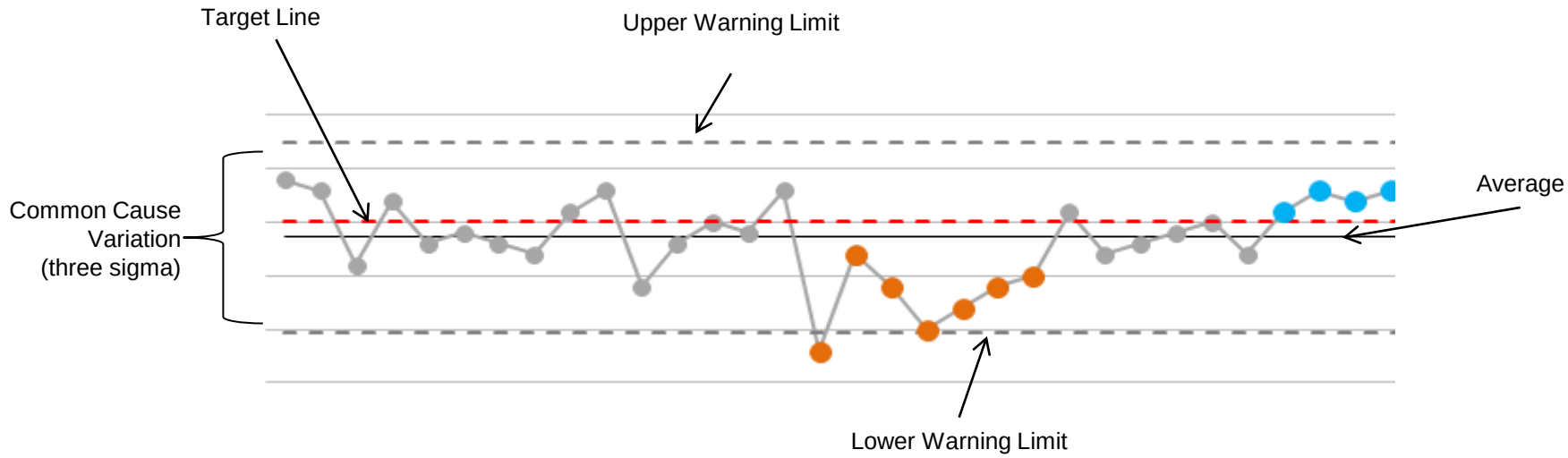
NBT Quality Priorities 2022/23

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

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
C2R	Criteria to Reside
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
CT	Computerised Tomography
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
ERS	E-Referral System
GRR	Governance Risk Rating
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
WCH	Women and Children's Health
WTE	Whole Time Equivalent

Appendix 2: Statistical Process Charts (SPC) Guidance



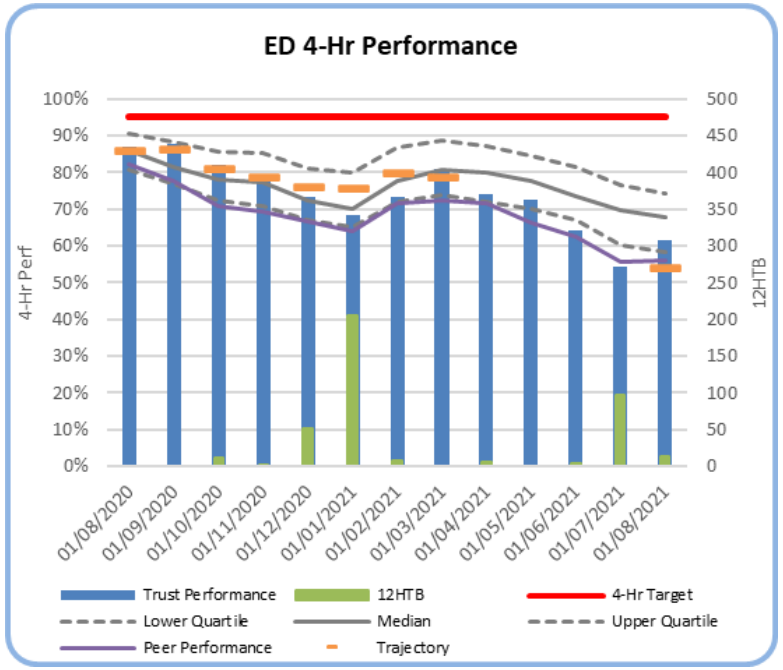
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below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

Appendix 3: Benchmarking Chart Guidance



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

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

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

Quartiles are calculated using main NHS Trusts only.