



North Bristol
NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



November 2022
(presenting October 2022 data)

| CQC Domain / Report Section | Sponsor(s) | Page |
|---|---|------|
| Performance Scorecard and Executive Summary | Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance | 3 |
| Responsiveness | Chief Operating Officer | 6 |
| Safety and Effectiveness | Chief Medical Officer Chief Nursing Officer | 14 |
| Patient Experience | Chief Nursing Officer | 21 |
| Research and Innovation | Chief Medical Officer | 23 |
| Well Led | Director of People and Transformation Chief Medical Officer Chief Nursing Officer | 25 |
| Finance | Director of Finance | 33 |
| Regulatory View | Chief Executive | 36 |
| Appendix | | 38 |

North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | |
|---|-------------|------------|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---|---------------------------------|
| | | | | | | | | | | | | | | | | | | | Peer Performance | Rank |
| | | | | | | | | | | | | | | | | | | | Responsive | A&E 4 Hour - Type 1 Performance |
| A&E 12 Hour Trolley Breaches | R | 0 | - | 29 | 59 | 20 | 295 | 367 | 449 | 360 | 176 | 297 | 304 | 57 | 261 | 482 | | 4-1384 | | 5/10 |
| Ambulance Handover < 15 mins (%) | | 65.00% | - | 36.19% | 24.32% | 20.33% | 22.25% | 28.72% | 31.90% | 28.93% | 30.54% | 29.50% | 26.70% | 25.68% | 27.12% | 24.42% | | | | |
| Ambulance Handover < 30 mins (%) | R | 95.00% | - | 56.62% | 53.71% | 50.34% | 47.71% | 48.49% | 51.53% | 53.02% | 61.09% | 55.43% | 54.11% | 61.52% | 58.63% | 48.54% | | | | |
| Ambulance Handover > 60 mins | | 0 | - | 621 | 664 | 645 | 827 | 684 | 681 | 538 | 430 | 527 | 486 | 364 | 439 | 710 | | | | |
| Average No. patients not meeting Criteria to Reside | | | - | 241 | 250 | 248 | 295 | 304 | 302 | 301 | 317 | 280 | 349 | 395 | 368 | 381 | | | | |
| Bed Occupancy Rate | | | 99.42% | 97.26% | 97.12% | 96.92% | 98.16% | 97.51% | 97.43% | 96.94% | 98.15% | 98.32% | 97.98% | 97.86% | 98.63% | 98.57% | | | | |
| Diagnostic 6 Week Wait Performance | | 1.00% | 31.87% | 41.80% | 40.32% | 44.30% | 45.45% | 40.00% | 40.25% | 43.61% | 40.13% | 41.00% | 42.75% | 48.09% | 48.27% | 39.36% | | 35.57% | | 8/10 |
| Diagnostic 26+ Week Breaches | | 0 | 986 | 1286 | 1264 | 1341 | 1617 | 1767 | 2160 | 2498 | 2690 | 2761 | 2753 | 2842 | 3044 | 2755 | | | | |
| RTT Incomplete 18 Week Performance | | 92.00% | - | 70.37% | 69.68% | 66.67% | 65.61% | 65.17% | 64.71% | 64.23% | 65.62% | 64.80% | 65.78% | 65.82% | 66.30% | 66.31% | | 56.22% | | 2/10 |
| RTT 52+ Week Breaches | R | 0 | 2559 | 2068 | 2128 | 2182 | 2284 | 2296 | 2242 | 2454 | 2424 | 2675 | 2914 | 3131 | 3087 | 3062 | | 11-11795 | | 3/10 |
| RTT 78+ Week Breaches | R | | 443 | 577 | 497 | 469 | 501 | 511 | 458 | 491 | 473 | 443 | 439 | 441 | 394 | 375 | | 0-1667 | | 4/10 |
| RTT 104+ Week Breaches | R | | 48 | 93 | 138 | 158 | 184 | 177 | 96 | 71 | 48 | 34 | 32 | 33 | 30 | 27 | | 0-301 | | 7/10 |
| Total Waiting List | R | | 39389 | 37268 | 37297 | 37264 | 37210 | 38498 | 39101 | 39819 | 40634 | 42326 | 46900 | 48766 | 49025 | 48871 | | | | |
| Cancer 2 Week Wait | R | 93.00% | 47.03% | 42.70% | 53.75% | 58.38% | 41.42% | 66.47% | 69.78% | 57.66% | 46.16% | 39.21% | 40.99% | 40.18% | 35.85% | - | | 59.07% | | 9/10 |
| Cancer 31 Day First Treatment | | 96.00% | 91.86% | 88.51% | 86.94% | 79.59% | 79.18% | 89.91% | 80.99% | 81.82% | 83.77% | 85.53% | 91.20% | 87.36% | 87.76% | - | | 92.54% | | 9/10 |
| Cancer 62 Day Standard | R | 85.00% | 70.34% | 57.34% | 74.07% | 67.52% | 56.88% | 51.17% | 58.66% | 56.48% | 50.15% | 48.40% | 45.10% | 55.59% | 58.90% | - | | 59.26% | | 6/10 |
| Cancer 28 Day Faster Diagnosis | R | 75.00% | 66.19% | 59.95% | 66.29% | 57.52% | 47.10% | 72.01% | 72.93% | 66.82% | 72.83% | 70.87% | 58.29% | 48.83% | 35.18% | - | | 59.78% | | 10/10 |
| Cancer PTL >62 Days | | 242 | 345 | 501 | 663 | 899 | 781 | 528 | 472 | 641 | 689 | 555 | 667 | 858 | 529 | 328 | | | | |
| Cancer PTL >104 Days | | 0 | 50 | 158 | 108 | 140 | 197 | 135 | 167 | 133 | 161 | 134 | 172 | 147 | 123 | 63 | | | | |
| Urgent operations cancelled ≥2 times | | 0 | - | - | 2 | 2 | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | - | | | | |

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

North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Trend |
|--|---|------------|-------------------|--------------------------------|--------|---------|---------|--------|--------|--------|---------|--------|---------|--------|--------|--------|--------|-------|
| Quality Patient Safety & Effectiveness | 5 minute apgar 7 rate at term | | | 0.90% | 1.26% | 0.22% | 1.15% | 0.73% | 0.00% | 1.02% | 1.08% | 0.26% | 1.25% | 0.49% | 0.44% | 0.93% | 1.26% | |
| | Caesarean Section Rate | | | 28.00% | 37.35% | 39.23% | 40.60% | 39.15% | 38.14% | 42.08% | 43.36% | 42.82% | 46.53% | 45.12% | 45.01% | 42.86% | 43.45% | |
| | Still Birth rate | | | 0.40% | 0.39% | 0.21% | 0.21% | 0.22% | 0.00% | 0.23% | 0.24% | 0.24% | 0.00% | 0.22% | 0.00% | 0.42% | 0.19% | |
| | Induction of Labour Rate | | | 32.10% | 29.05% | 34.12% | 35.21% | 33.56% | 38.39% | 39.72% | 34.09% | 35.41% | 39.35% | 35.15% | 31.57% | 33.33% | 28.97% | |
| | PPH 1500 ml rate | | | 8.60% | 3.94% | 3.59% | 3.02% | 2.01% | 2.44% | 1.42% | 2.26% | 2.39% | 4.86% | 4.08% | 2.65% | 4.11% | 3.77% | |
| | Never Event Occurrence by month | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | |
| | Commissioned Patient Safety Incident Investigations | | | | 2 | 1 | 1 | 5 | 1 | 3 | 4 | 3 | 1 | 1 | 1 | - | - | |
| | Healthcare Safety Investigation Branch Investigations | | | | 1 | - | - | 1 | - | 1 | 1 | - | 1 | 1 | 1 | - | - | |
| | Total Incidents | | | | 984 | 997 | 1011 | 1329 | 1170 | 1311 | 1210 | 1129 | 1188 | 1337 | 1265 | 1110 | 1233 | |
| | Total Incidents (Rate per 1000 Bed Days) | | | | 33 | 35 | 35 | 46 | 44 | 44 | 42 | 37 | 41 | 46 | 40 | 36 | 39 | |
| | WHO checklist completion | | | 95.00% | 99.36% | 99.84% | 99.87% | 99.76% | 99.61% | 98.73% | 99.31% | 98.85% | 98.19% | 98.39% | 98.08% | 97.58% | 97.42% | |
| | VTE Risk Assessment completion | R | | 95.00% | 94.53% | 93.84% | 94.55% | 93.80% | 93.99% | 92.63% | 93.42% | 93.38% | 93.59% | 90.32% | 89.81% | 88.69% | - | |
| | Pressure Injuries Grade 2 | | | | 19 | 12 | 16 | 16 | 19 | 18 | 19 | 19 | 14 | 25 | 16 | 17 | 14 | |
| | Pressure Injuries Grade 3 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | |
| | Pressure Injuries Grade 4 | | | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | PI per 1,000 bed days | | | | 0.51 | 0.32 | 0.35 | 0.41 | 0.75 | 0.61 | 0.63 | 0.50 | 0.31 | 0.86 | 0.48 | 0.43 | 0.41 | |
| | Falls per 1,000 bed days | | | | 6.29 | 6.32 | 7.10 | 8.43 | 7.57 | 6.22 | 6.96 | 5.63 | 5.91 | 6.90 | 7.20 | 7.25 | 6.35 | |
| | #NoF - Fragile Hip Best Practice Pass Rate | | | | 35.71% | 100.00% | 61.90% | 64.29% | 54.17% | 64.58% | 40.00% | 42.25% | 46.30% | 24.24% | 42.55% | 18.97% | - | |
| | Admitted to Orthopaedic Ward within 4 Hours | | | | 28.57% | 40.00% | 23.81% | 21.43% | 20.83% | 14.58% | 71.11% | 19.72% | 22.22% | 9.09% | 19.57% | 5.17% | - | |
| | Medically Fit to Have Surgery within 36 Hours | | | | 36.36% | 100.00% | 80.95% | 69.05% | 62.50% | 66.67% | 48.89% | 45.07% | 48.15% | 27.27% | 52.17% | 22.41% | - | |
| | Assessed by Orthogeriatrician within 72 Hours | | | | 77.78% | 100.00% | 90.48% | 73.81% | 66.67% | 89.58% | 91.11% | 74.65% | 87.04% | 75.76% | 89.13% | 50.00% | - | |
| | Stroke - Patients Admitted | | | | 90 | 85 | 73 | 103 | 67 | 78 | 92 | 105 | 40 | 85 | 68 | 72 | 43 | |
| | Stroke - 90% Stay on Stroke Ward | | | 90.00% | 78.13% | 68.06% | 75.00% | 67.47% | 72.73% | 65.08% | 77.14% | 48.72% | 59.26% | 65.45% | 84.62% | 68.75% | - | |
| | Stroke - Thrombolysed <1 Hour | | | 60.00% | 27.27% | 66.67% | 100.00% | 84.62% | 60.00% | 44.44% | 100.00% | 60.00% | 100.00% | 55.56% | 70.00% | 64.29% | - | |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 60.00% | 40.58% | 45.95% | 30.16% | 40.22% | 32.73% | 32.81% | 23.08% | 35.71% | 50.00% | 39.29% | 70.00% | 46.88% | - | |
| | Stroke - Seen by Stroke Consultant within 14 Hours | | | 90.00% | 97.18% | 84.21% | 80.88% | 81.44% | 75.41% | 91.30% | 84.21% | 90.91% | 96.43% | 96.55% | 93.18% | 91.67% | - | |
| | MRSA | R | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 1 | 1 | - | 0 | 0 | 0 | |
| E. Coli | R | | 4 | 8 | 3 | 2 | 6 | 1 | 5 | 5 | 1 | 4 | 3 | 3 | 2 | 2 | | |
| C. Difficile | R | | 5 | 4 | 1 | 6 | 6 | 1 | 6 | 7 | 4 | 5 | 3 | 4 | 1 | | | |
| MSSA | | | 2 | 1 | 0 | 5 | 3 | 2 | 2 | 1 | 2 | 2 | 0 | 1 | 8 | 3 | | |
| Quality Caring & Experience | Friends & Family - Births - Proportion Very Good/Good | | | | 98.53% | 91.53% | 93.75% | 93.85% | 94.37% | 94.81% | 97.50% | 91.14% | 88.41% | - | 88.57% | 83.33% | 92.98% | |
| | Friends & Family - IP - Proportion Very Good/Good | | | | 92.25% | 92.52% | 91.50% | 93.28% | 93.51% | 91.18% | 90.39% | 92.72% | 90.96% | 90.79% | 91.04% | 91.52% | 91.40% | |
| | Friends & Family - OP - Proportion Very Good/Good | | | | 94.80% | 94.21% | 95.26% | 94.37% | 94.11% | 94.82% | 94.32% | 93.83% | 93.90% | - | - | 92.76% | 94.07% | |
| | Friends & Family - ED - Proportion Very Good/Good | | | | 73.94% | 74.24% | 80.64% | 80.10% | 70.24% | 63.70% | 68.93% | 77.44% | 70.80% | - | 75.12% | 72.19% | 70.56% | |
| | PALS - Count of concerns | | | | 93 | 86 | 100 | 102 | 111 | 150 | 0 | 129 | 116 | 168 | 154 | 151 | 142 | |
| | Complaints - % Overall Response Compliance | | | 90.00% | 69.12% | 72.13% | 69.09% | 69.23% | 80.85% | 78.33% | 78.57% | 78.69% | 73.47% | 78.18% | 76.27% | 76.92% | 75.76% | |
| | Complaints - Overdue | | | | 6 | 11 | 4 | 5 | 10 | 10 | 0 | 4 | 5 | 6 | 1 | 3 | 7 | |
| Complaints - Written complaints | | | | 44 | 52 | 58 | 56 | 43 | 43 | 0 | 48 | 53 | 46 | 62 | 64 | 77 | | |
| Well Led | Agency Expenditure ('000s) | | | | 1576 | 1350 | 1314 | 1363 | 1147 | 1581 | 1838 | 1846 | 1205 | 2111 | 1726 | 1292 | 2616 | |
| | Month End Vacancy Factor | | | | 6.87% | 6.44% | 7.71% | 7.26% | 7.41% | 7.27% | 6.64% | 7.51% | 8.07% | 8.66% | 8.57% | 8.65% | 8.69% | |
| | Turnover (Rolling 12 Months) | R | | 16.98% | 15.21% | 15.27% | 15.50% | 15.89% | 16.51% | 17.16% | 16.71% | 17.28% | 17.41% | 17.57% | 17.04% | 17.22% | 17.17% | |
| | Sickness Absence (Rolling 12 month -In arrears) | R | | 4.83% | 4.56% | 4.58% | 4.64% | 4.71% | 4.81% | 5.02% | 5.17% | 5.13% | 5.22% | 5.44% | 5.48% | 5.42% | 5.49% | |
| Trust Mandatory Training Compliance | | | | 82.12% | 81.97% | 82.13% | 82.23% | 82.27% | 81.67% | 82.38% | 83.89% | 84.98% | 82.80% | 83.56% | 84.40% | 83.49% | | |

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

Urgent Care

UEC pressures continued to increase in October, with The Trust recording a significant increase in ambulance handover delays and 12-Hour trolley breaches. Despite this, four-hour performance improved slightly on the previous month, reporting at 57.47% in October, and ranking second out of ten reporting AMTC peer providers. Four-hour performance and ambulance handover times continue to be impacted by high bed occupancy driven mainly by the high volume of patients with No Criteria to Reside. The Trust is working as part of the Acute Provider Collaborative to develop a joint view of the NC2R issue. Key drivers include increased volume of bed days for patients no longer meeting the Criteria to Reside awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital. The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A.

Elective Care and Diagnostics

The Trust has been successful in continuing to maintain clearance of zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved significantly in October at 39.36% (6803 breaches); this improvement was largely due to backlog reduction. It was not possible to report data for four of the nationally reportable modalities due to the transition to a new EPR system. The Trust is working towards achieving year-end NHS improvement targets across all modalities. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times; it is anticipated that the improvement seen in diagnostics performance will continue and will be followed by a similar improvement trend for 26-week performance in the coming weeks.

Cancer Wait Time Standards

There has been a period of sustained week-on-week improvement in PTL reduction since September and the Trust continues to deploy actions with the aim of de-escalating from its current Tier 1 status. There were a number of movements in the September position for Cancer with the number of patients breaching 62-Day Performance at 58.90% compared to 55.59% in August. 31-Day First Treatment standard was stable on the previous month at 87.76% in September. TWW and 28-Day Faster Diagnosis Standard deteriorated in September, reporting at 35.85% and 35.18% respectively. 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 Trust is working closely with regional and national colleagues with a “deep-dive” visit carried out on the 31/10/22 – 01/11/22. The formal report is pending, however immediate feedback is in keeping with our own local assessment and recovery plans. South West region have now made a recommendation to remove NBT from Tier 1 and Tier 2 status; we are awaiting national outcome of the recommendation.

Quality

Within Maternity, staffing pressures continue to be challenging although the pipeline of new starters is improving and staffing vacancies are on a decreasing trajectory into next year. Learning themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership). There were no MRSA cases reported in October and NBT remains below trajectory for C. Difficile cases. The reporting of and response to harm from pressure injuries and falls continues to reflect a positive safety culture within a challenged operational environment. A positive and sustained reduction in medication incidents has been seen. NBT remains nationally in the lowest quartile for SHMI indicating a lower mortality rate than most other Trusts. The rate of VTE Risk Assessments performed on admission has fallen further below the national target of 95% compliance. Leadership responsibilities have been determined medically and within Pharmacy for the improvement work and a number of specific steps agreed as outlined in this report. This has direct oversight from the CMO as a priority area.

Workforce

NBT's Rolling 12-month staff turnover decreased from 17.22% in September to 17.17% in October. Trust vacancy factor increased from 8.66% in September to 8.69% in October with current vacancies at 774.03 wte. Rolling 12-month sickness absence increased from 5.42% in September to 5.49% in October with ongoing hot spots in additional clinical services and estates and ancillary staff. Temporary staffing demand increased by 1.88% (23.52wte) from September to October, however, as bank use increased (3.49%, 23.76wte), unfilled shifts increased by only 0.29% (1.14wte).

Finance

The financial plan for 2022/23 at Month 7 (October) was a deficit of £5.8m. The Trust has delivered a £11.1m deficit, which is £5.3m worse than plan. This is predominately driven by the non-delivery of savings in the first seven months of the year and high levels of premium pay spend, including on agency and incentives, partially offset by slippage on service developments and investments. In month, the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 7 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Trust completed a detailed forecast in September. At month 7 the Trust has seen a £0.5m deterioration against the expected in month position. The Month 7 CIP position shows £3.4m schemes fully completed, with a further £3.4m schemes on tracker and £1.6m in pipeline. There is an £8.8m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £7.2m shortfall. Given the position at Month 7, the risks and mitigations impacting on the delivery for the required year end break even position have been reviewed. Cash at 31 October amounts to £99.4m, an in-month increase of £10.1m which is linked with receipt of pay award funding and reduction in payables. Total capital spend year to date was £14.1m compared to a plan of £12.1m.

Responsiveness

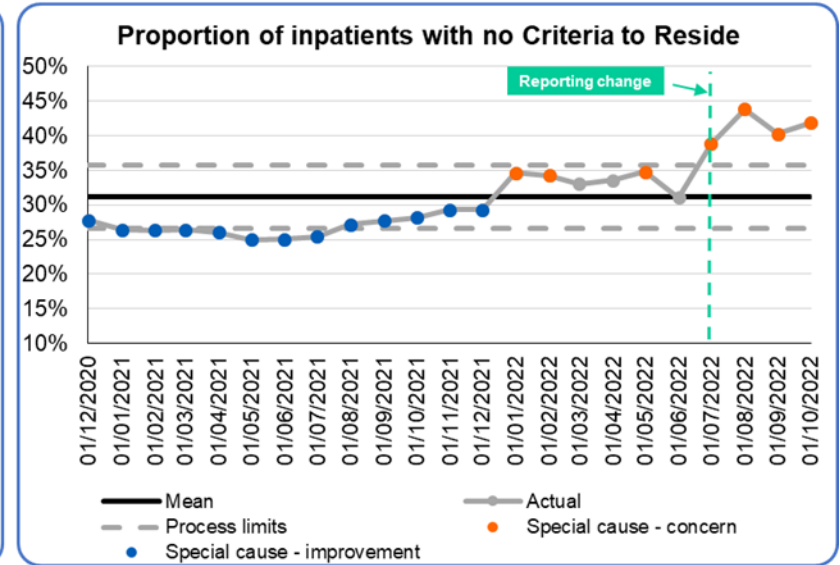
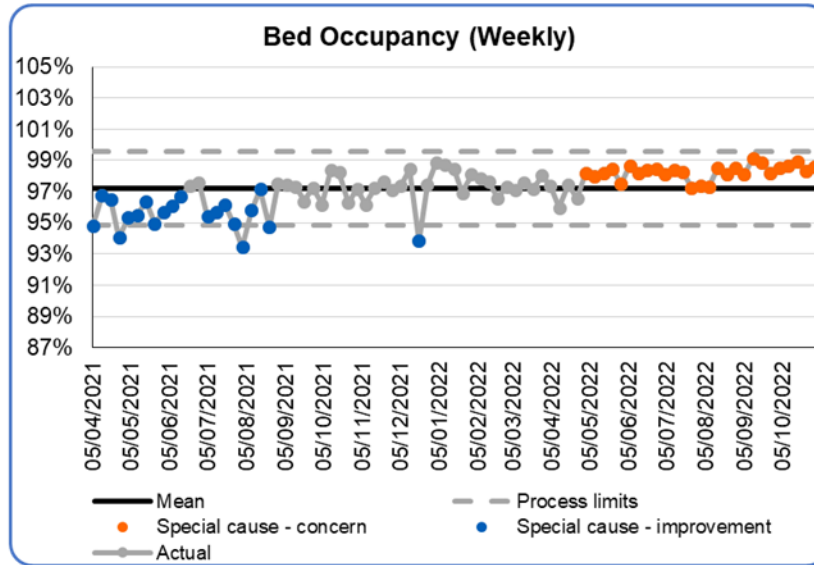
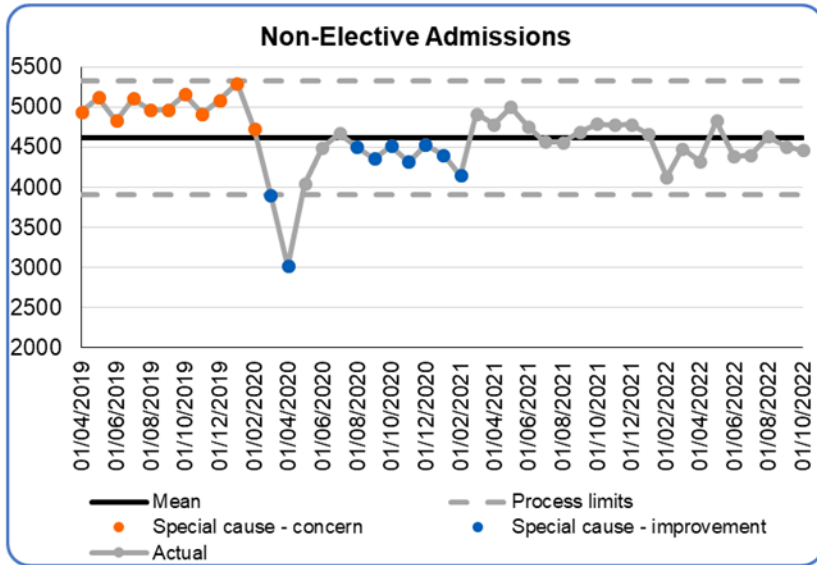
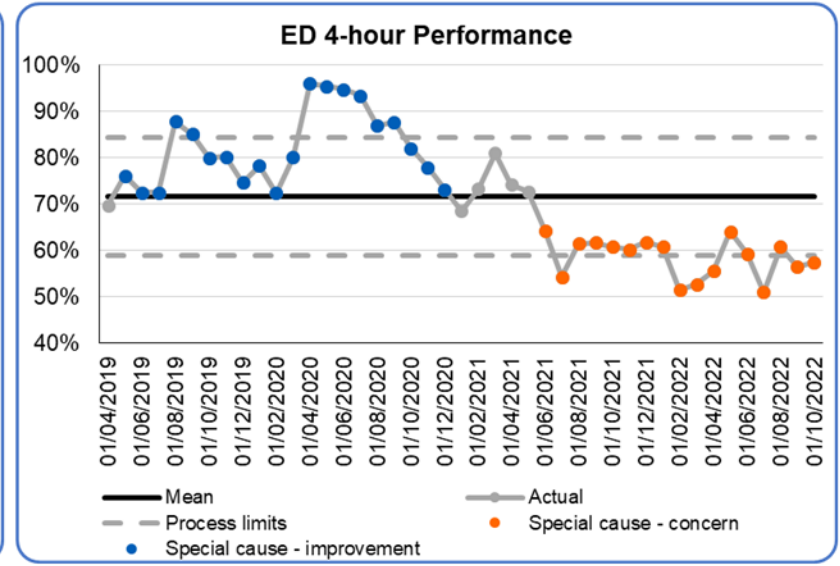
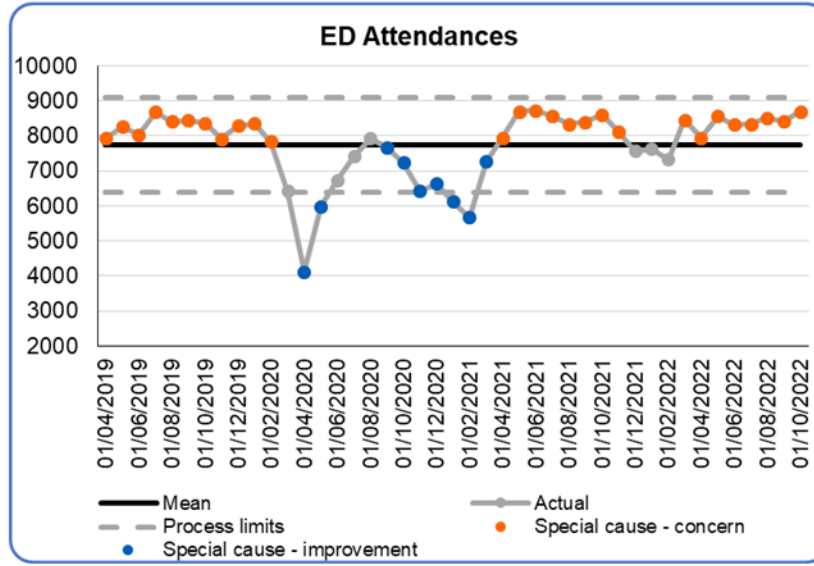
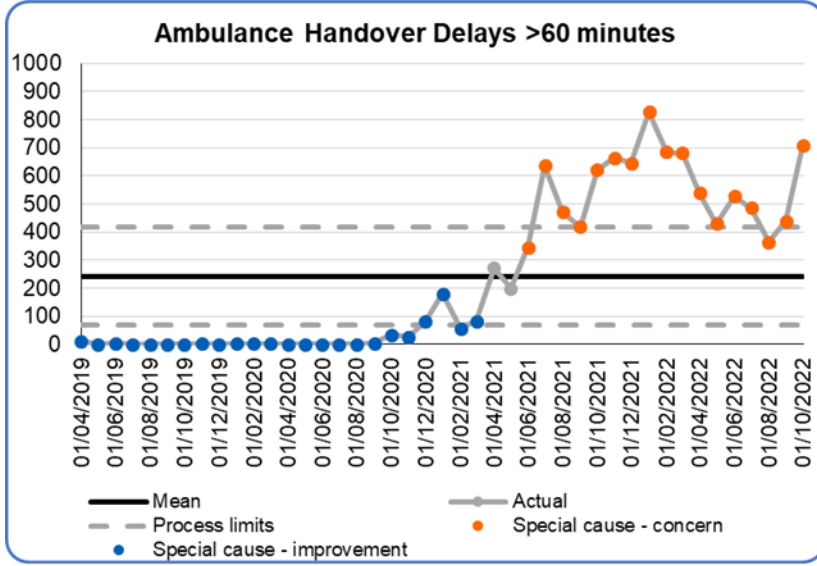
**Board Sponsor: Chief Operating Officer
Steve Curry**

Responsiveness – Indicative Overview

| Delivery Theme | Delivery Indicator | Key Improvement /Delivery Action |
|-------------------------|-----------------------|---|
| Urgent & Emergency Care | Pre-Emptive Transfers | Green to Amber – out of hospital flow compromising full functionality |
| | Level 6 Brunel Plan | Green to Amber – first 12 beds due on 11/01/2023 |
| | D2A | Reporting delays in delivery – NC2R levels remain high |
| RTT | 104 week wait | On track |
| | 78 week wait | On track |
| Diagnostics | 25% 6-week target | As per previous reports diagnostic plan now showing improvement trend |
| | Zero 26-week waits | Plan in place – six-week position showing improvement, lag to 26-week position |
| Cancer PTL | >62-day PTL volume | Amber to Green - target delivered – embedding actions underway to sustain |
| | >62-day PTL % | Amber to Green - reduced from c.35% to c.7% – embedding actions underway to sustain |

Rating reflects the reported period against in-year plan

Urgent and Emergency Care



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

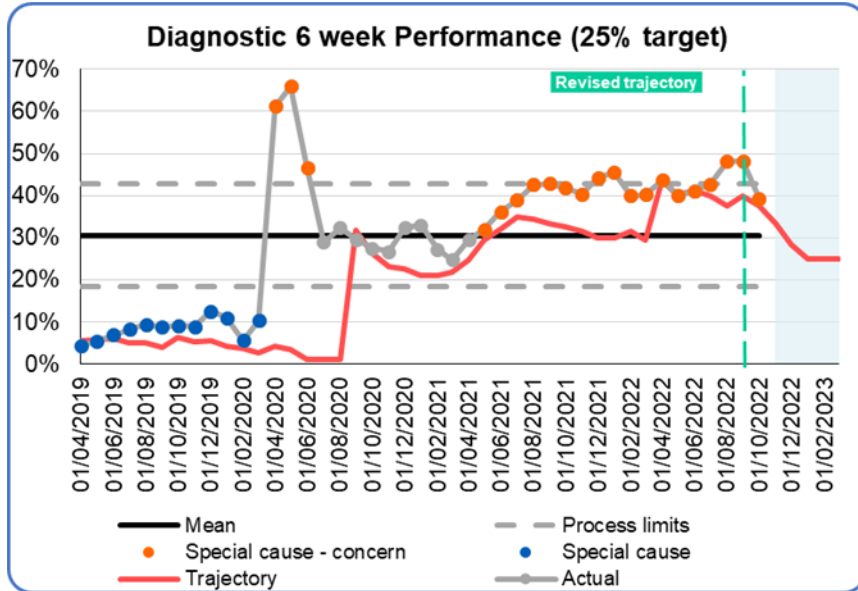
What are the main risks impacting performance?

- Prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside have risen to as high as 44% of the hospital's bed capacity – a further deterioration.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.
- There was a 3.96% increase in ED attendances in October (8696) compared to the same month in 2019/20 (8365).

What actions are being taken to improve?

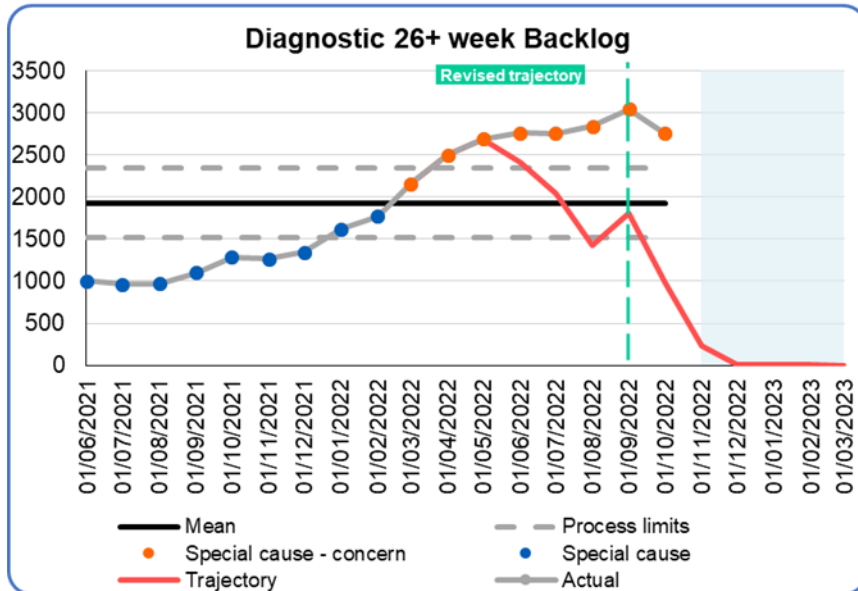
- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. Use of double occupancy and boarding on wards, emphasis on early discharge of P0 patients all enacted on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

Diagnostic Wait Times



What are the main risks impacting performance?

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

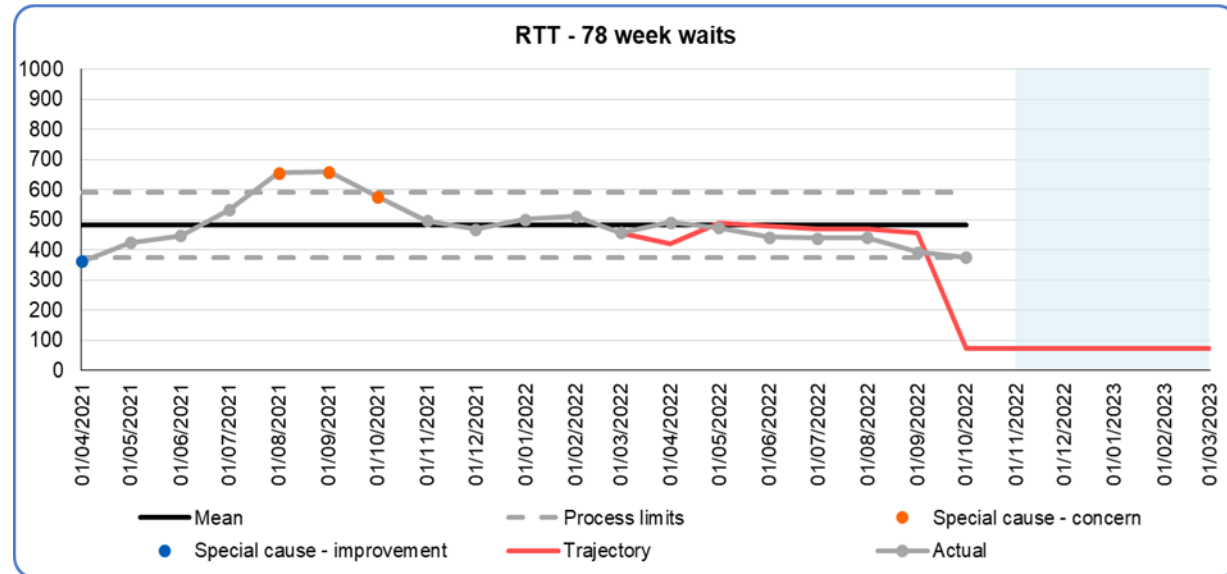
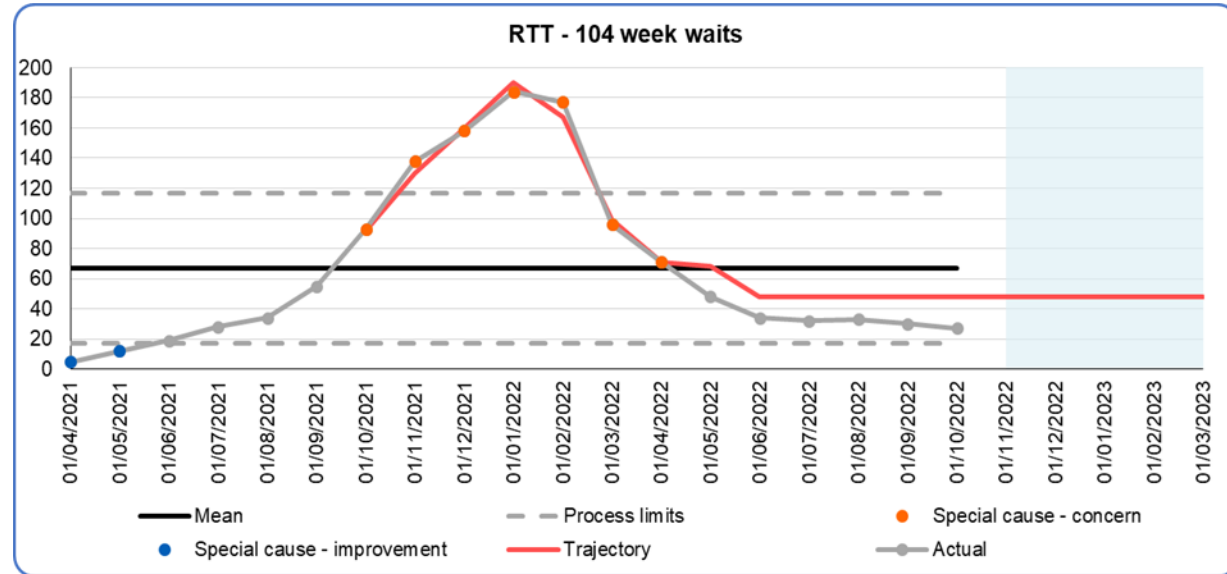


What actions are being taken to improve?

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

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

Referral To Treatment (RTT)



What are the main risks impacting performance?

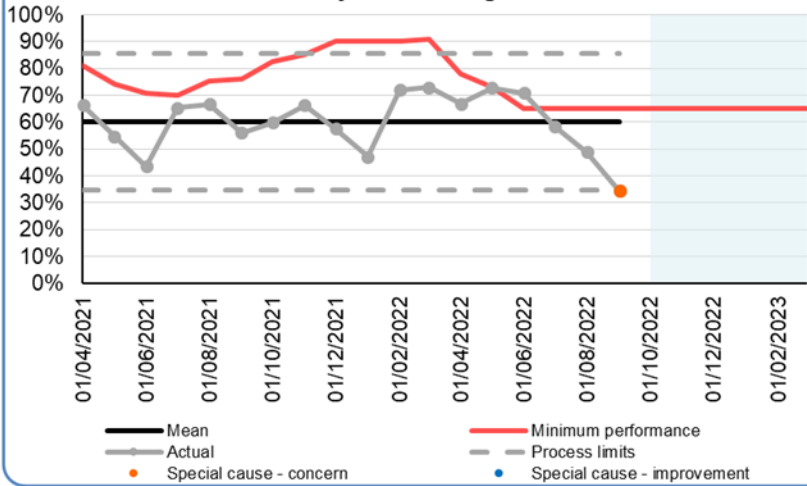
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive Inpatients.
- Impact of UEC activity on elective care.
- Any potential surge in COVID-19 related admissions.
- Any potential impact of nursing industrial action.

What actions are being taken to improve?

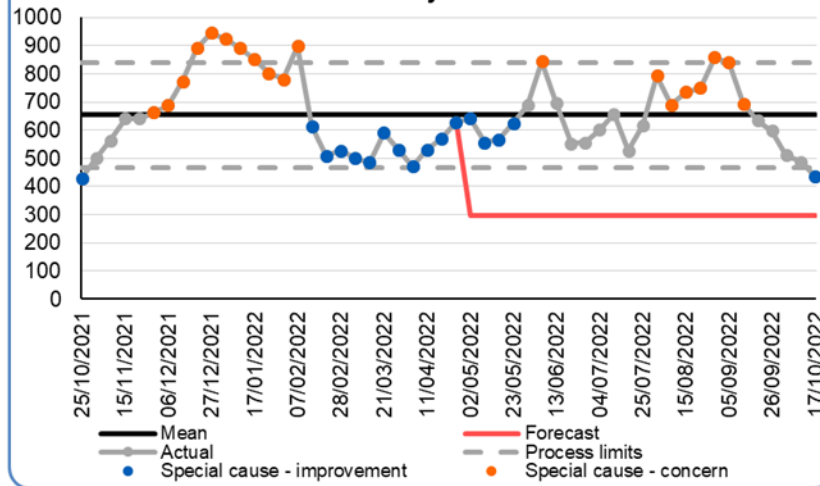
- Continued achievement of zero capacity related 104ww position.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.
- There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

Cancer Performance

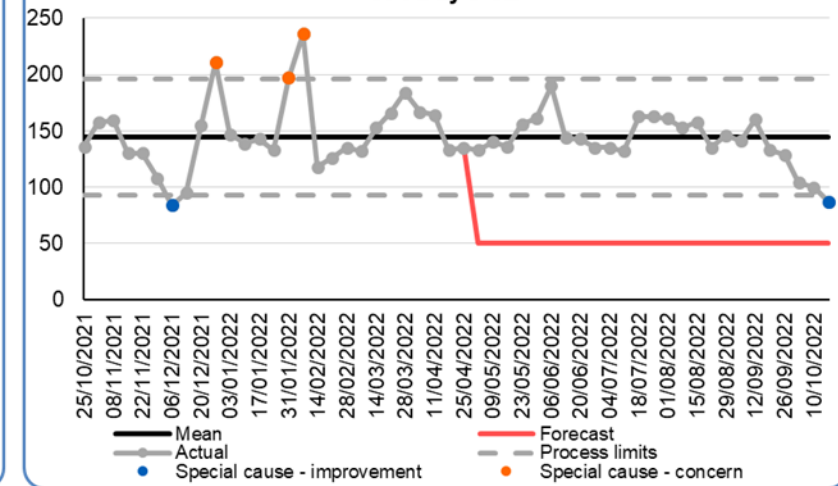
28-Day Faster Diagnosis



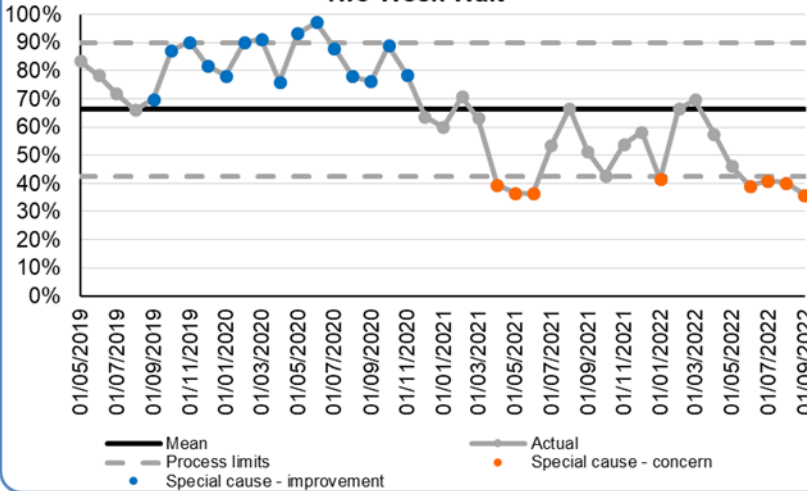
>62 Day PTL



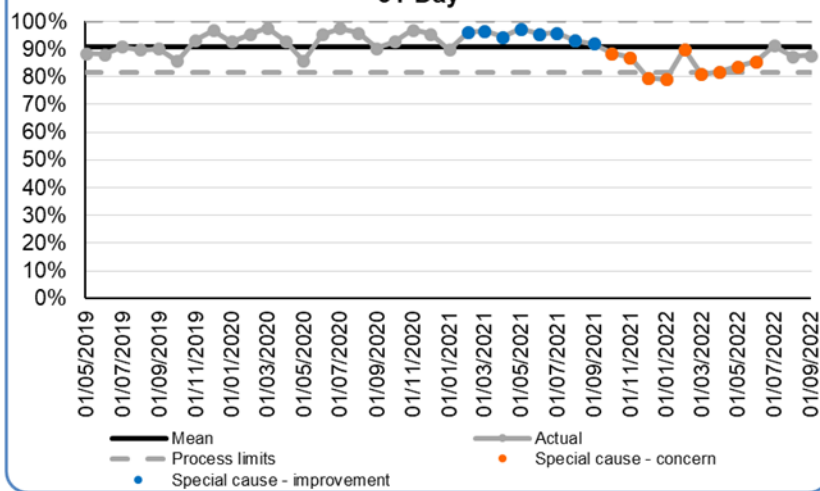
>104 Day PTL



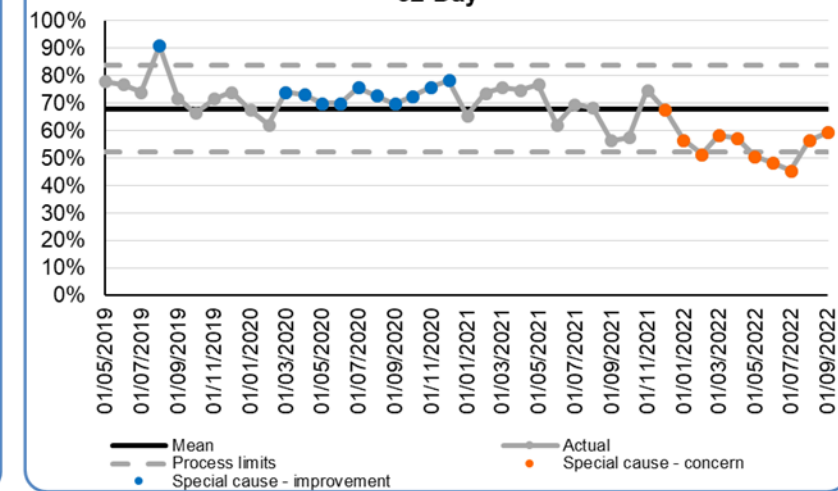
Two Week Wait



31-Day



62-Day



Cancer Performance

What are the main risks impacting performance?

- Retention in the Cancer Services Team.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.
- Q2 CQUIN Delivery.

What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.
- Significant improvement through Oct-22 and Nov-22 in reducing the >62-day Cancer PTL volume and percentage of >62-day as a proportion of the overall wait list.
- Recognition from regional and national teams on improving trend in >62 Day PTL and Tumour Site specific improvements in Breast.
- South West region have now made a recommendation to remove NBT from Tier 1 and Tier 2 status; we are awaiting the national outcome from the recommendation.

What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-day Cancer PTL volume and the percentage of >62-day breaches as a proportion of the overall wait list.
- Having achieved the improved 62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall cancer wait time standards compliance.

Quality, Safety and Effectiveness

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

| NBT - PQSM | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|---------------|-------|-------|
| Activity | Target | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | YTD Ttal /Avg | Trend | TREND |
| NICU admission rate at term | | 4.3% | 4.4% | 6% | 5% | 4% | 4% | | | |
| Perinatal Morbidity and Mortality Inborn | | | | | | | | | | |
| Total number of perinatal deaths | | 4 | 4 | 5 | 4 | 3 | 6 | | | |
| <i>Number of stillbirths 16 to 23+6 weeks excl. TOP</i> | | 1 | 2 | 1 | 1 | 1 | 2 | | | |
| <i>Number of stillbirths (>=24 weeks excl. TOP)</i> | | 1 | 1 | 1 | 1 | 0 | 1 | | | |
| <i>Number of neonatal deaths : 0-6 Days</i> | | 2 | 1 | 1 | 1 | 2 | 2 | | | |
| <i>Number of neonatal deaths : 7-28 Days</i> | | 0 | 0 | 2 | 1 | 0 | 0 | | | |
| Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB) | | 0 | 0 | 1 | 2 | 0 | 0 | | | |
| Maternal Morbidity and Mortality | | | | | | | | | | |
| Number of maternal deaths (MBRRACE) | | 2 | 0 | 0 | 0 | 0 | 1 | | | |
| <i>Direct</i> | | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| <i>Indirect</i> | | 1 | 0 | 0 | 0 | 0 | 1 | | | |
| Number of women who received level 2 & 3 care | | 2 | 1 | 1 | 0 | 1 | 1 | | | |
| Insight | | | | | | | | | | |
| Number of datix incidents graded as moderate or above (total) | | 1 | 0 | 1 | 3 | 0 | 0 | | | |
| <i>Datix incident moderate harm (not SI, excludes HSIB)</i> | | 1 | 0 | 1 | 1 | 0 | 0 | | | |
| <i>Datix incident SI (excludes HSIB)</i> | | 0 | 0 | 0 | 1 | 0 | 0 | | | |
| New HSIB SI referrals accepted | | 0 | 1 | 1 | 1 | 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 | | | |
| Coroner Reg 28 made directly to Trust | | 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 | | | |
| Minimum safe staffing in maternity services: Obstetric middle grade rota gaps | | DNA | DNA | 2 | 3.2 | 3.2 | 2.5 | | | |
| Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | | 0 | 0 | 0 | 0 | 0 | 1 | | | |
| Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps) | | 1 | 0 | 0 | 0 | 0 | 0 | | | |
| Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps) | | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps) | | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts). | | 12% | 11% | 14% | 18% | 38% | 28% | | | |
| Vacancy rate for midwives | | 6.8% | 6.7% | 8.1% | 6.9% | 9.8% | 11.8% | | | |
| Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) | | 43% | 40% | 45% | 51% | 51% | 51% | | | |
| Vacancy rate for NICU nurses | | 11 | 21 | 19 | 15 | 14 | 12 | | | |
| Datix related to workforce (service provision/staffing) | | 3 | 2 | 9 | 9 | 5 | 8 | | | |
| Consultant led MDT ward rounds on CDS (Day and Night) | | DNA | 66% | 78% | 68% | 74% | | | | |
| One to one care in labour (as a percentage) | | 100% | 100% | 99% | 99% | 99% | 99% | | | |
| Compliance with supernumerary status for the labour ward coordinator | 100% | 97% | 100% | 100% | 98% | 95% | 64% | | | |
| Number of times maternity unit attempted to divert or on divert | | 4 | 6 | 26 | 36 | 34 | | | | |
| <i>In-utero transfers</i> | | | | | | | | | | |
| <i>In-utero transfers accepted</i> | | | 4 | | | | | | | |
| <i>In-utero transfers declined</i> | | | 0 | | | | | | | |
| <i>ex-utero transfers</i> | | | | 11 | | | | | | |
| <i>ex-utero transfers accepted</i> | | | 9 | 9 | 3 | 6 | 11 | | | |
| <i>ex-utero transfers declined</i> | | | | 2 | | | | | | |
| Number of consultant non-attendance to 'must attend' clinical situations | | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Involvement | | | | | | | | | | |
| Service User feedback: Number of Compliments (formal) | | 57 | 31 | 48 | 58 | 132 | 79 | | | |
| Service User feedback: Number of Complaints (formal) | | 2 | 4 | 5 | 9 | 5 | 13 | | | |
| Staff feedback from frontline champions and walk-about (number of themes) | | 4 | 4 | 4 | 3 | 3 | 4 | | | |
| Improvement | | | | | | | | | | |
| Progress in achievement of CNST /10 | | 7 | 7 | 7 | 7 | 7 | 8 | | | |
| Training compliance in maternity emergencies and multi-professional training (PROMPT) | 90% | 51% | 62% | 75% | 79% | 86% | 75% | | | |
| Fetal Wellbeing and Surveillance | 90% | 48% | 74% | 87% | 87% | 89% | 79% | | | |
| Trust Level Risks | | 6 | 6 | 5 | 5 | 6 | 6 | | | |

Executive Summary

- The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.
- MSG will receive the quarterly report and approve the safety recommendations from the ATAIN Q2 2022 report.
- Quarterly Term babies admitted to NICU (Neonatal Intensive Care Unit) are reviewed every quarter by a multidisciplinary team; themes are identified and safety recommendations made. The key finding directly contributing to admissions was around inadequate temperature control of birthing rooms and theatres. A new system for monitoring temperature is currently being explored by the clinical leads. A verbal update will be given during this MSG and a full update will be formally provided at December MSG.
- There was 1 admission to ITU following a maternal collapse in the community which resulted in a cardiac arrest and subsequent maternal death at 18 weeks gestation; referred to HSIB.
- 3 cases for full PMRT review - (1 x antenatal stillbirth, 1 x late fetal loss, 1 x early neonatal death).
- Workforce pressures across all staff groups.
- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (e.g. Maternity Voices Partnership) as needed. Preliminary findings from the Picker Report 2022 to be formally shared with the Division on 7th December 2022.
- The Maternity Incentive scheme submission date has now been extended to Thursday 2nd February 2023 and guidance has been updated. Following on from the updated guidance there remain 2 areas of concern; Safety Action 6 and Safety Action 8.
- Areas of excellence include the roll out of the Positive Incident Management System (PIMS). The maternity Escalation Phrase Scheme is going live in November 2022 which was co-produced with the Maternity Voices Partnership (MVP). The re-launch of NBT's Homebirth service has been a commendable success with 100% of birth being facilitated by the team.
- There are 6 Trust Level Risks.

Pressure Injuries

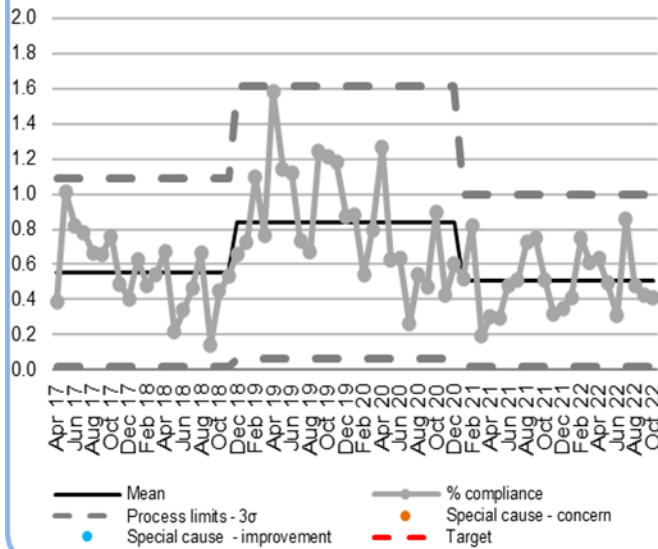
What does the data tell us?

- In October, there was a decrease in the number of Grade 2 pressure injuries. 14 Grade 2 pressure injuries were reported of which 2 related to a medical devices. The 2 medical device injuries were 1 x ear from a nasal cannula and 1 x NIV mask. There were 5 x grade 2s to the sacrum and 7 x grade 2s to the heels.
- The number of DTI injuries remained static in relation to the previous month. There were 20 DTI's, 11 x to heels, 6 x to buttocks/sacrum, 1 x to toe. 2 x DTIs were attributable to medical devices, one from a neck brace and another from a nasal cannula.
- There were 2 x Grade 3 pressure injuries, 1 x NMSK and 1 x Medicine. There were 0 x Grade 4 pressure injuries reported in October.
- There were 4 unstageable pressure injuries reported 4x attributable to 25a from a POP cast.

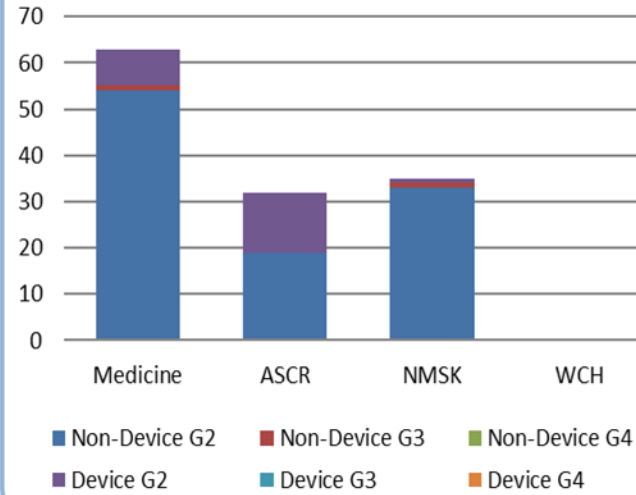
What actions are being taken to improve?

- The Tissue Viability (TV) team continue to support the divisions and wards by working collectively to provide responsive and effective pressure injury prevention and education.
- The TV team hosted the second Tissue Viability Link Ambassador day in collaboration with Medicare Plus to provide training on the prevention and management of moisture associated skin damage. The session also included updates from the team on ongoing projects, and feedback to challenges faced by the ambassadors on the ward to inform future learning and support.
- The focus group creating a pathway and framework on POP care plans to support staff to manage POPs, reduce patient harm and provide effective and responsive care continues to be developed and embedded on 25a through collaborative work and triangulation between the ward, TV team and plaster room.

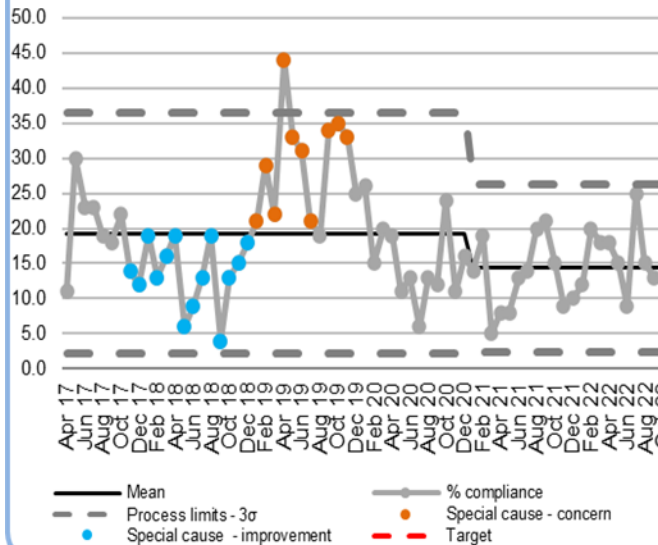
Total Pressure Injuries per 1000 Bed Days



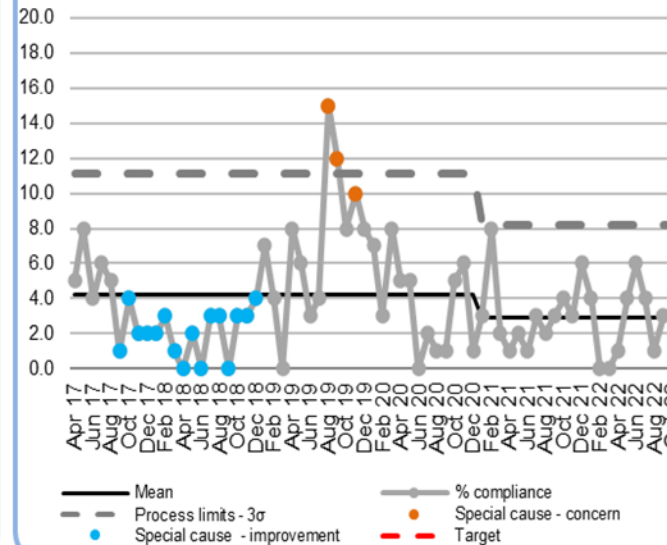
Pressure Injuries Year to Date 2022/23



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

COVID levels followed national levels in September, with an expected fall during October. Outbreaks and asymptomatic cases also declined. Control measures remain in place around risk assessment, use of the ICB Hierarchy of IPC Practice and mask wearing due an expected increase in other respiratory viruses including Influenza A in November.

MRSA – No Further cases noted in October.

C. Difficile - NBT continues to hold a below trajectory position, the key will now be to maintain this and continue the improvement strategy and educational workstream.

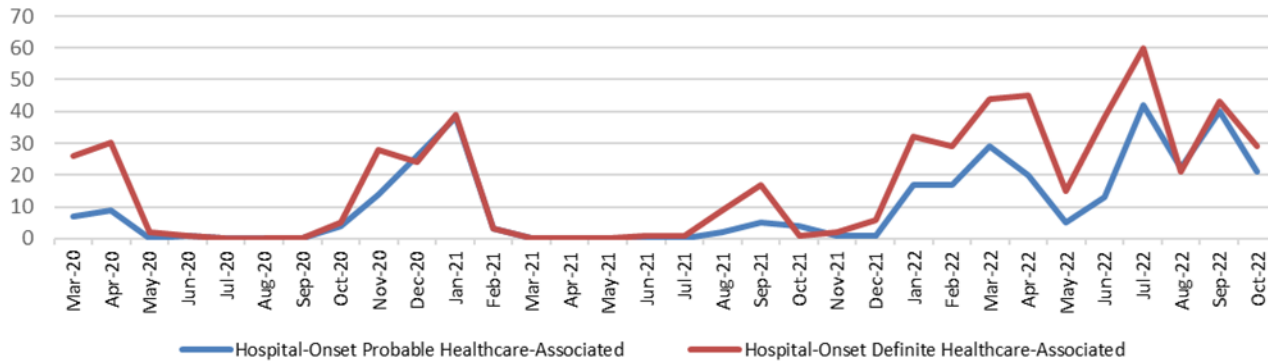
MSSA - Cases increased sharply in September continuing into October, a increase also reflected in the wider region. Few cases before September have contributed to ward learning but some cases are awaiting review at the Steering Group. NBT will be joining regional work aimed at early device removal and AMS principles, looking a development of a tool kit and shared learning.

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

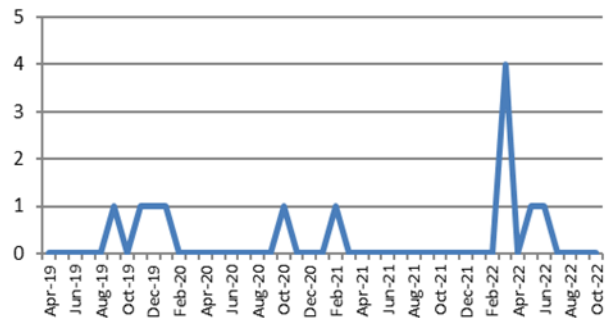
What actions are being taken to improve?

- Divisional work continues. Link ambassador meetings planned for November / December, specifically focusing on Back to Basics, resetting after Covid, risk assessments and winter planning. IPC remains involved in shared learning platforms with the ICB and regional work targeting C Diff and MSSA planned.
- IPC will collaborate with NBT colleagues to support World Antimicrobial Awareness week in November focusing on IPC prevention measures including Hand Hygiene and other proactive measures.
- COVID and other respiratory viruses support continues across the trust with case management and IP risk assessment including patient placement in bays. Influenza case / contact management is being process mapped and agreed.
- IPC trials – Currently trialling many products with good results . Air purification ceiling units in EEU with Four portable units available. New soap / Emollient products agreed for role out and Neptune / Stryker system in Theatres continues.

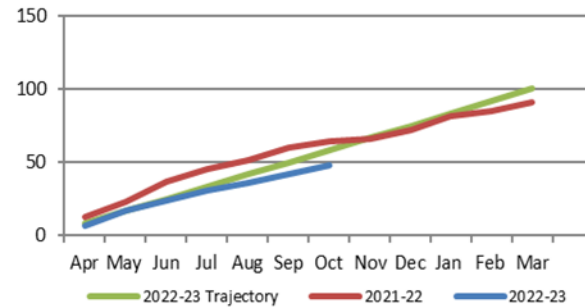
COVID-19 Onset Category by Positive Test Date



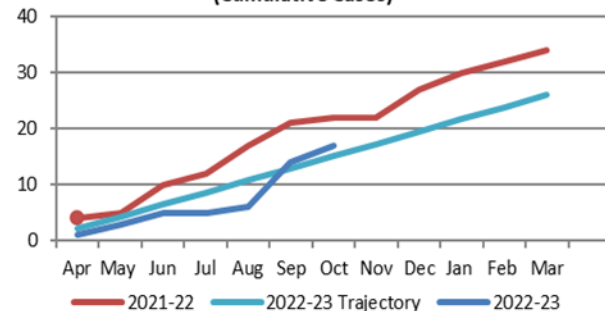
MRSA Cases - Trust Attributable



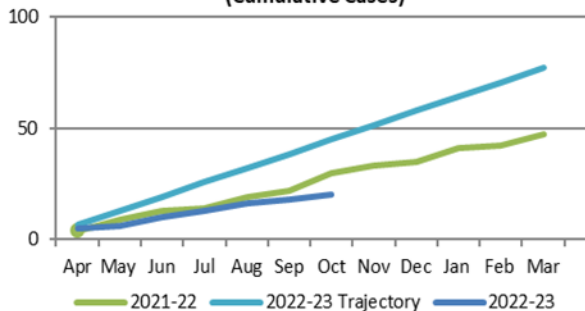
C.Difficile Cases - Trust Attributable (Cumulative Cases)

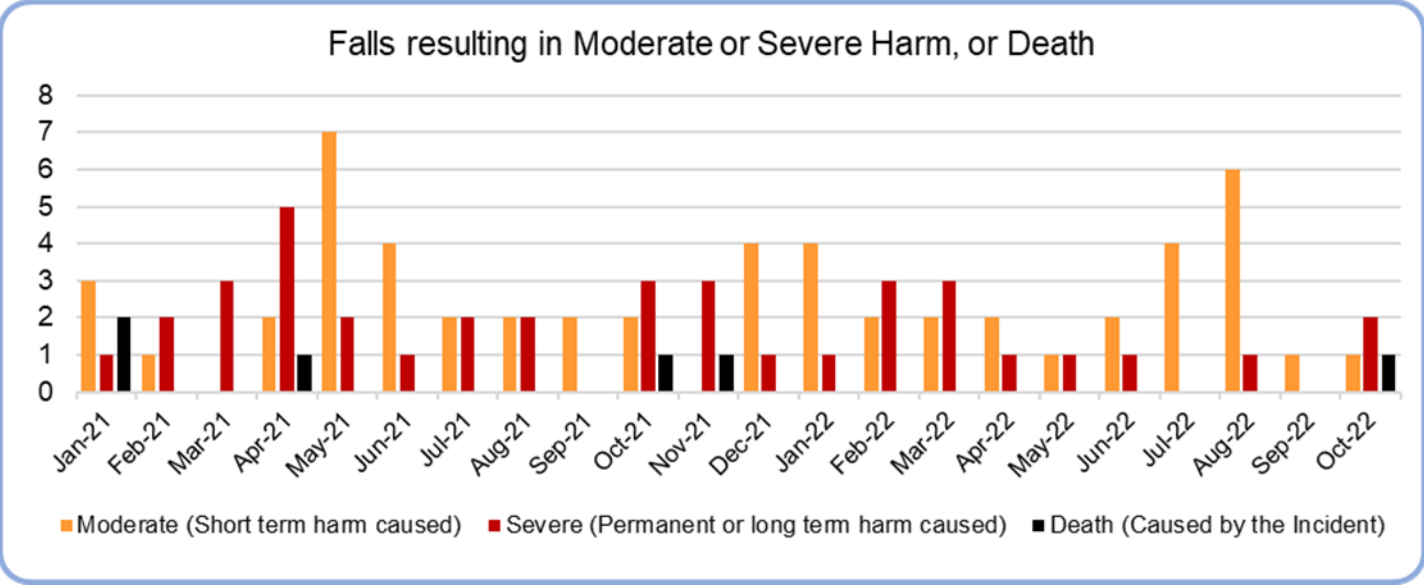
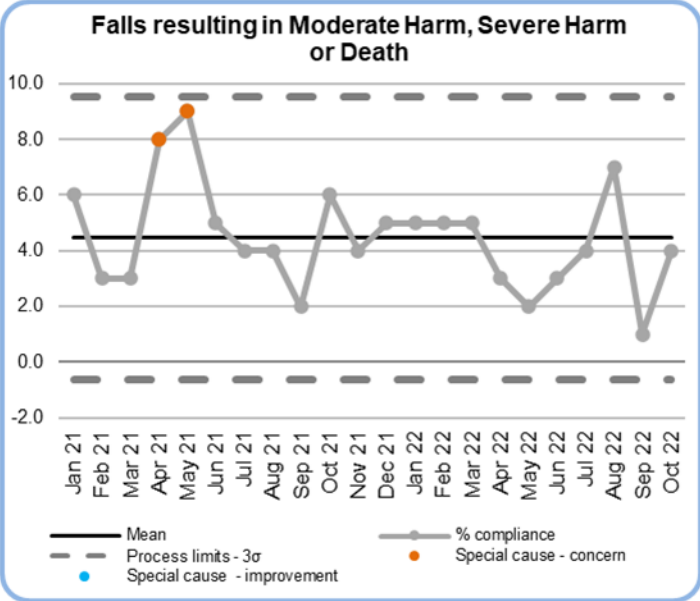
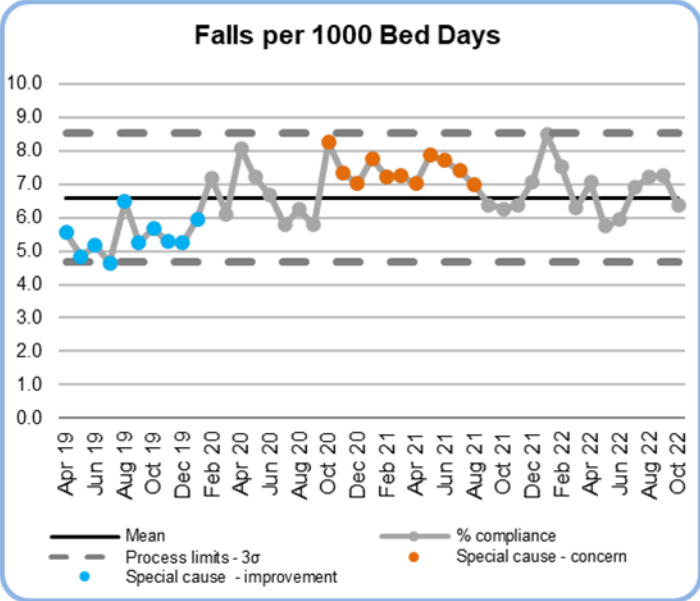


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





Falls

What does the data tell us?

Falls incidents per 1000 bed days

During October 2022, NBT had a rate of 6.35 falls incidents per 1000 bed days. This figure is a slight decrease month on month (from 7.25), and also a slight decrease from the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

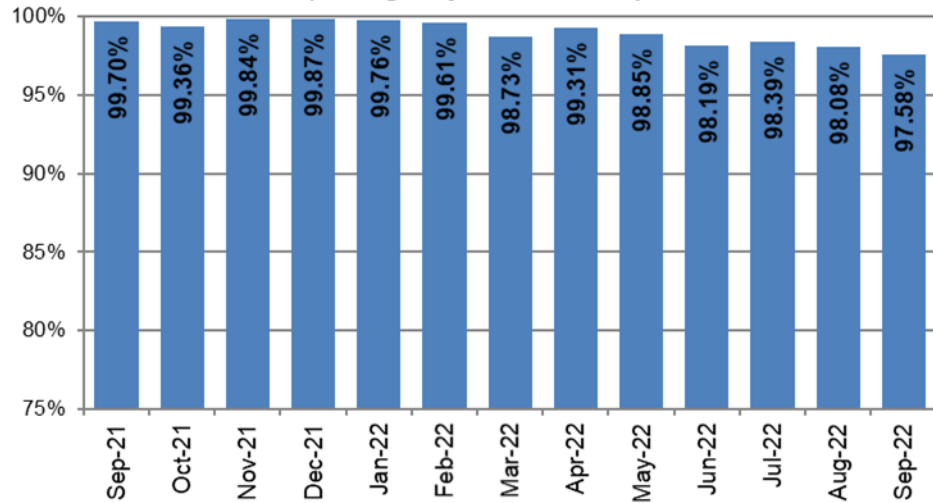
During October 2022, 2 falls were recorded and validated as causing severe harm, 1 fall as a fall resulting in death and 1 fall as causing moderate harm. Moderate and severe harm falls were below the mean rate in October 2022. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately and safely responding to falls is well embedded at NBT.

What actions are being taken to improve?

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

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

WHO Checklist Compliance (Emergency and Elective)



WHO Checklist Compliance

What does the data tell us?

In October, WHO checklist compliance was 97.58%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

VTE Risk Assessment

What does the data tell us?

In September, the rate of VTE Risk Assessments (RA) performed on admission was reported as 88.69%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. This is a deteriorating trend over past few months, exacerbated by the CareFlow changeover but this is not the primary factor.

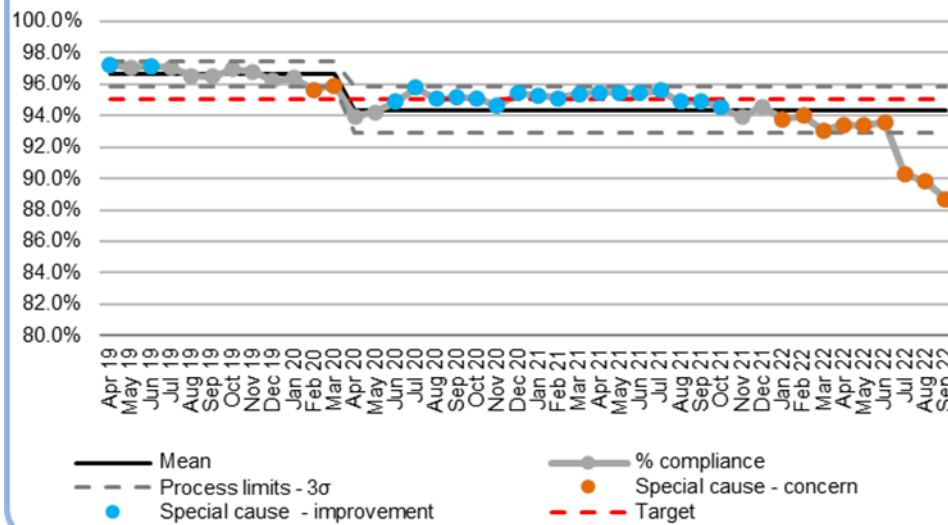
What actions are being taken to improve?

An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust.

Specifically;

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

VTE Risk Assessment Completion



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

Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During October 2022, NBT had a rate of 4.4 medication incidents per 1000 bed days. This is below the 6 month average for this figure.

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

During October 2022, c.17.8 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.178). This is slightly above the average seen over the last 6 months.

High Risk Medicines

During October 2022, c.37% of all medication incidents involved a high risk medicine a figure comparable with data for the last 6 months. The number of incidents involving Controlled Drugs – has reduced from the high seen in in June to a level in keeping with the results for the year to date.

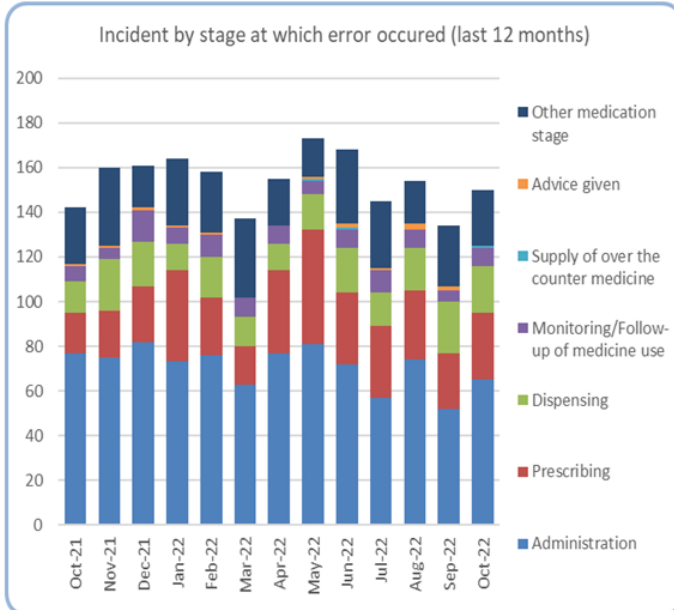
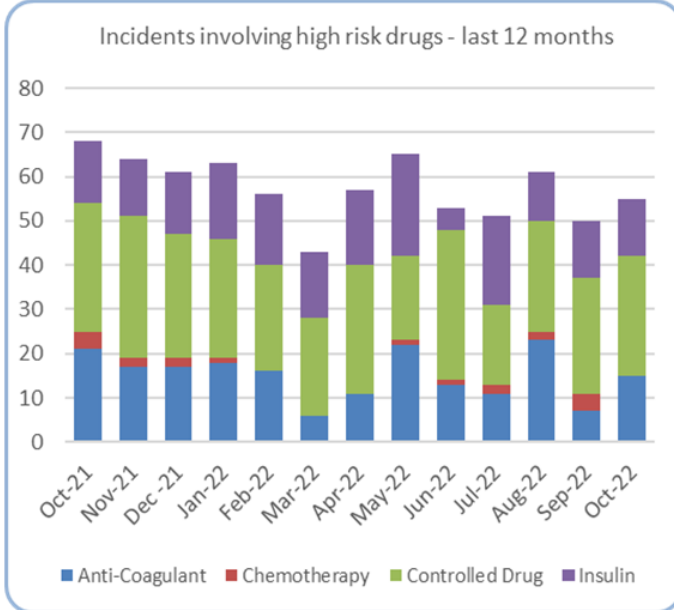
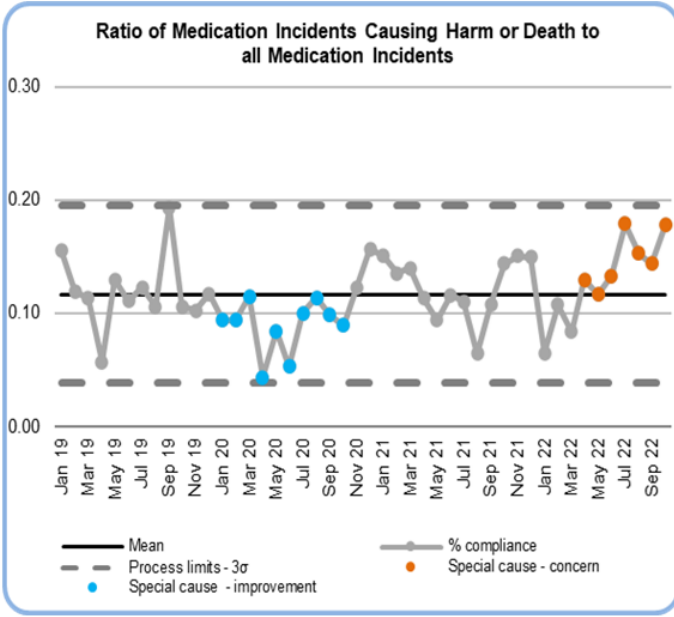
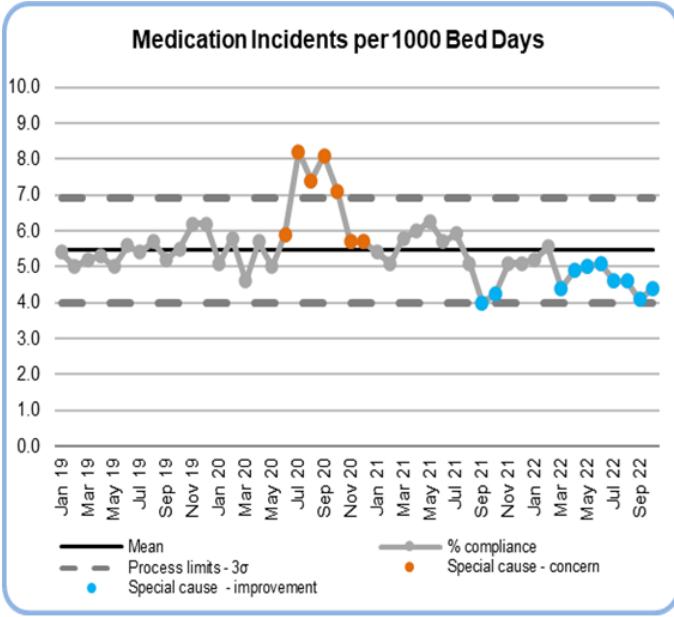
Incidents by Stage

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

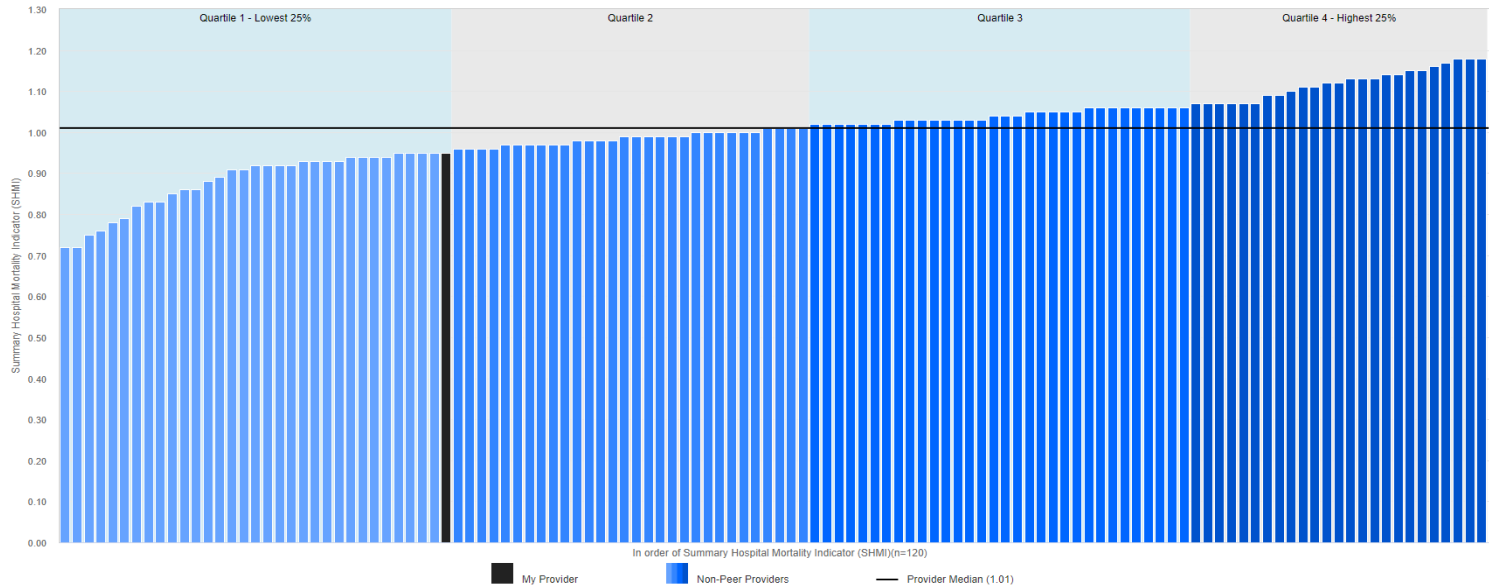
What actions are being taken to improve?

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

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



Summary Hospital Mortality Indicator (SHMI), National Distribution



Mortality Outcome Data

What does the data tell us?

Mortality Outcome Data

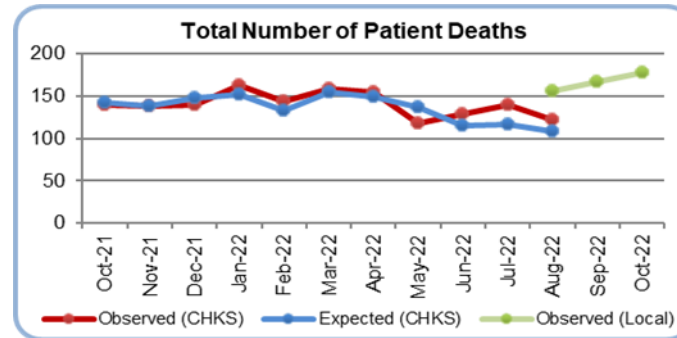
NBT remains in the lowest quartile for SHMI at 0.95 when compared to the national distribution indicating a lower mortality rate than most other Trusts for the latest available data on the Model Health System.

Mortality Review Completion

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

Of all “High Priority” cases, 88% completed Mortality Case Reviews (MCR), including 24 of the 25 deceased patients with Learning Disability and 22 of the 27 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’.

| Sep 21 – Aug 22 | Completed | Required | % Complete |
|-----------------------------|-------------|-------------|------------|
| Screened & excluded | 165 | | |
| High priority cases | 246 | | |
| Other cases reviewed | 1604 | | |
| Total reviewed cases | 2015 | 2104 | 96% |



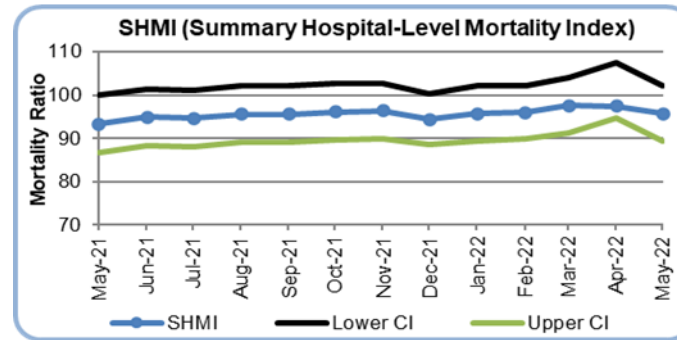
Mortality Review Outcomes

The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 97% (score 3-5). There have been 7 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

We attended NMSK Quality Governance day and raised awareness of the mortality review process highlighting outstanding cases for review. Through discussions held at this meeting; specialties and divisions have been informed of outstanding cases. Completion of these cases has seen a rise in high priority case completion since last month.

This has highlighted how important it is for specialties and divisions to have oversight of their cases. Dashboards are being developed to provide this. Investigations and responses have been requested from divisions that are alerting for mortality to try and understand a recent rise in SHMI.



| Overall Score | 1 (very poor) | 2 | 3 | 4 | 5 (excellent) |
|---------------|------------------|----|-----|-----|------------------|
| Care received | 0% | 3% | 27% | 41% | 29% |

| Date of Death | Sep 21 – Aug 22 |
|-------------------------------------|-----------------|
| Scrutinised by Medical Examiner | 1897 |
| Referral to Quality Governance Team | 165 |

Input date: 31/10/22

| Metric | 12/09/2022 | 19/09/2022 | 26/09/2022 | 03/10/2022 | 10/10/2022 | 17/10/2022 | 24/10/2022 | 31/10/2022 | Trend |
|--|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| New patients last 24 hours – admitted | 1 | 2 | 2 | 4 | 4 | 3 | 1 | 1 | |
| New Patients Diagnosed in last 24 hours | 1 | 12 | 6 | 6 | 3 | 6 | 3 | 2 | |
| Of these, in-patients diagnosed <48 hours after admission (Community Acquired) | 1 | 2 | 2 | 3 | 1 | 2 | 1 | 1 | |
| Of these, in-patients diagnosed 3-7 days after admission (Indeterminate) | 0 | 2 | 0 | 1 | 1 | 2 | 0 | 0 | |
| Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired) | 0 | 4 | 1 | 0 | 1 | 1 | 1 | 0 | |
| Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired) | 0 | 4 | 2 | 2 | 0 | 1 | 1 | 0 | |
| Number of confirmed patients admitted from care or nursing home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Blue discharges in past 24 hours | 2 | 3 | 7 | 8 | 4 | 5 | 4 | 3 | |
| Number of COVID positive patients as at 08:00 | 13 | 41 | 81 | 56 | 44 | 45 | 35 | 23 | |
| Of these, patients admitted for primary COVID | 10 | 29 | 64 | 39 | 31 | 36 | 27 | 18 | |
| Of these, patients admitted with incidental COVID | 3 | 12 | 17 | 17 | 14 | 9 | 8 | 6 | |
| COVID positive patients in ICU | 1 | 3 | 2 | 2 | 1 | 1 | 2 | 1 | |
| COVID positive patients outside of ICU | 12 | 38 | 79 | 54 | 43 | 43 | 34 | 22 | |
| Query patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Closed and empty beds due to IPC | 0 | 4 | 10 | 8 | 3 | 2 | 0 | 0 | |
| NIV COVID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | |
| Deaths | 0 | 0 | 0 | 1 | 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 | 1 | 6 | 3 | 4 | 2 | 3 | 1 | 0 | |
| Patient Total positivity - detected - % | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| Metric | 05/09/2022 | 12/09/2022 | 19/09/2022 | 26/09/2022 | 03/10/2022 | 10/10/2022 | 17/10/2022 | 24/10/2022 | Trend |
|--|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Bristol cases per 100,000 – 7 days | 24 | 27 | 42 | 63 | 69 | 75 | 66 | 45 | |
| South Gloucestershire cases per 100,000 – 7 days | 40 | 44 | 69 | 103 | 112 | 123 | 108 | 73 | |
| North Somerset cases per 100,000 – 7 days | 24 | 27 | 42 | 63 | 69 | 75 | 66 | 45 | |

Key:

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

Patient Experience

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

Complaints and Concerns

What does the data tell us?

In October 2022, the Trust received 77 formal complaints. This is 13 more than the previous month and 20 more than the same period last year.

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

In October, the second most common subject is 'Attitude of Staff. This is a change from the previous five months when this was not one of the top three subjects of complaints.

There were 5 re-opened complaints in October, 3 for NMSK, 1 for Medicine and 1 for ASCR.

The 77 formal complaints can be broken down by division: (the previous month's total is shown in brackets)

| | | | | | |
|----------|---------|------------|---------|------------|-------|
| ASCR | 21 (18) | CCS | 5 (4) | Facilities | 2 (0) |
| Medicine | 14 (19) | NMSK | 13 (11) | Research | 1 (0) |
| WCH | 20 (11) | Operations | 1 (1) | | |

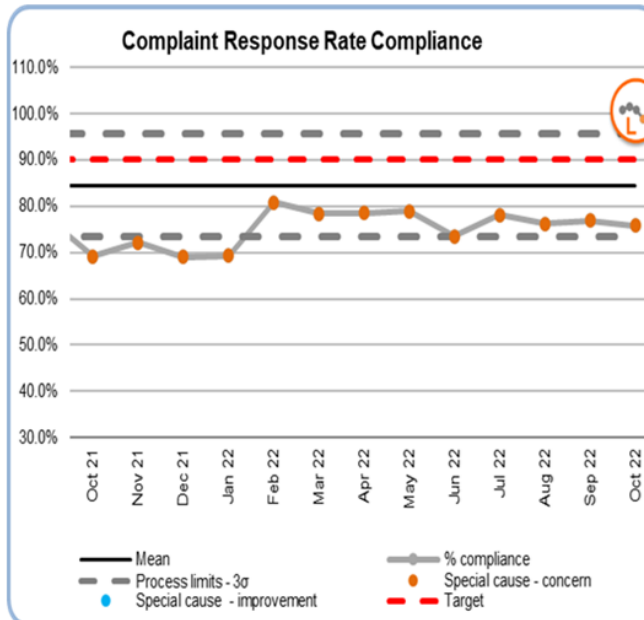
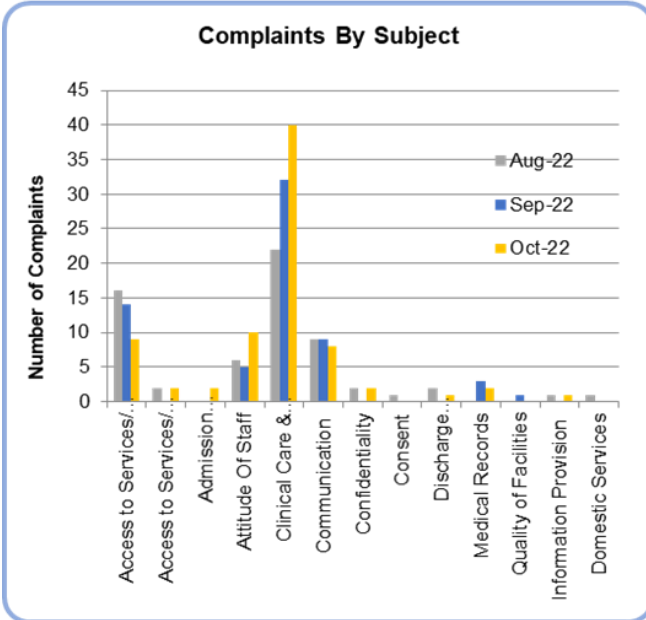
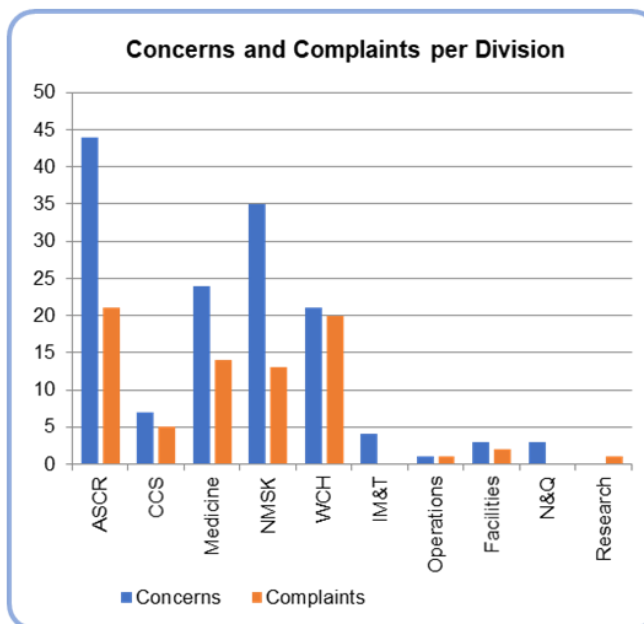
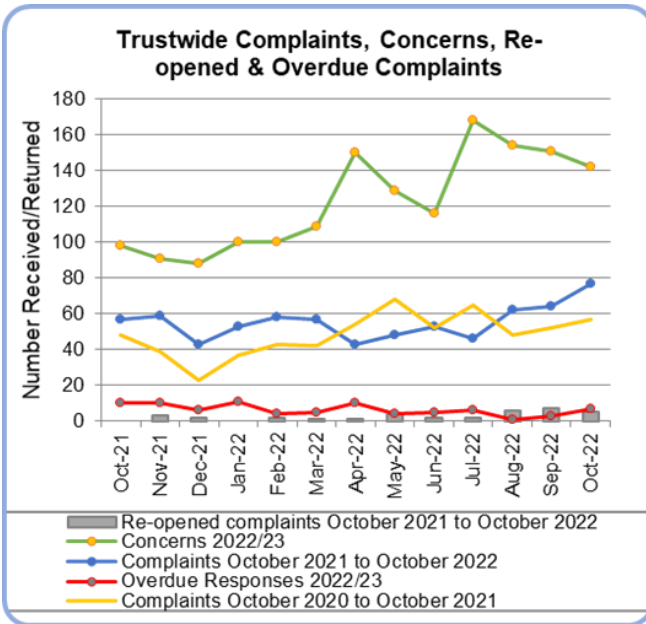
The number of PALS concerns received by the Trust has fallen slightly from 151 in September to 142 in October. The number of enquiries has increased to 105.

The response rate compliance for complaints decreased marginally from 76.9% in September to 75.8% in October.

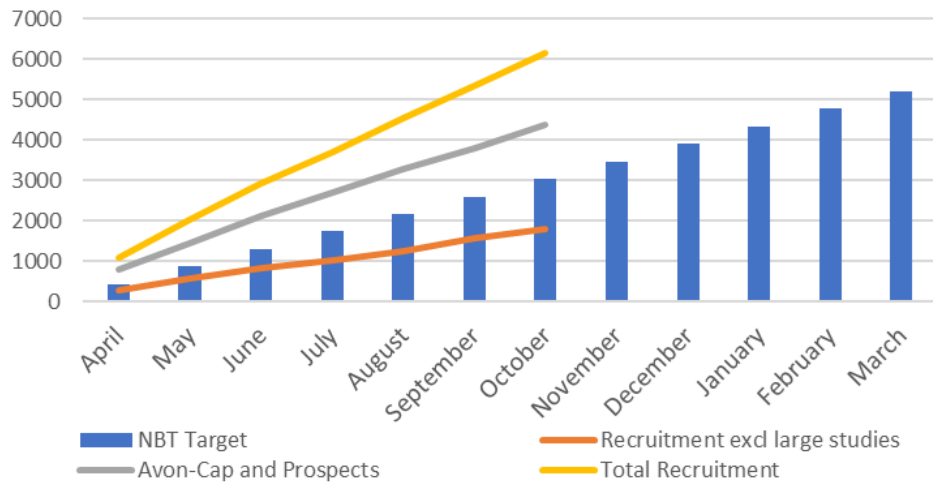
The number of overdue complaints at the time of reporting has increased to 7 from 3 in September. There are 3 in ASCR, 2 in Facilities, 1 in NMSK and 1 in CCS.

What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement continue in ASCR and Medicine. Due to staff sickness in the ASCR patient experience team, ASCR has not achieved its targets again.
- Review of main reasons for re-opened cases across all divisions as it appears to be a Trust-wide issue, not isolated to one area/division.



Recruitment vs Target



Research and Innovation

What does the data tell us?

Our Research activity

In this financial year we will strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high quality care.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 6153 participants have consented to our research. This exceeds our current YTD target (203%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; at present we have 222 studies open to new participants and have set up and opened 55 new studies since April (Graph 2), these are predominantly non commercial studies. We pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we are keen to grow over the coming years.

Our grants

NBT currently holds 71 externally funded research grants, to a total value of £33.5m. This includes 36 prestigious NIHR grants totalling £32m. In addition, NBT is a partner on 58 externally-led research grants, to a total value of £10.3m to NBT.

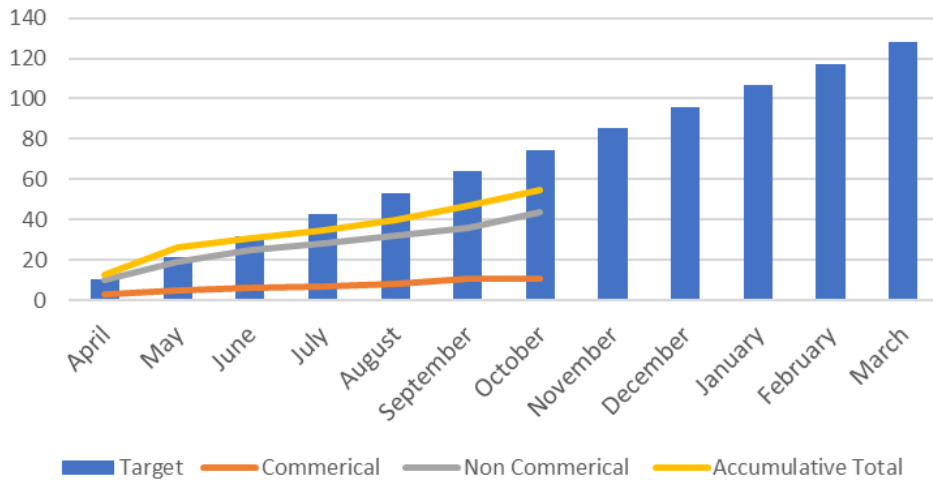
The Southmead Hospital Charity generously funds two SHC Research Fund calls per annum, run by R&I. The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 have been shortlisted for Stage 2.

In addition to the SHC Research Fund, R&I is planning to introduce a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early Stage Research Funding**'. The application form will follow a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. R&I will launch this new funding stream across the Trust in due course.

Our Successes:

Over the last quarter we have been reassessed as part of the Investors in People accreditation programme, despite all the challenges over the proceeding years we are extremely pleased to report that we maintained our investors in people silver accreditation. The assessment helps us to understand our current position in terms of how we lead and support our teams to build capabilities to create and sustain success. We will continue to use this leadership and engagement platform to continue to drive improvements for our team members and through them enhance patient/participant experiences.

Number of new studies open in year by type



Well Led

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

Vacancies

Trust vacancy factor increased from 8.66% in September to 8.69% in October with current vacancies at 774.03 wte. Vacancy rates increased in additional clinical services and registered nursing and midwifery staff groups, driven by a reduction in staff in post, predominantly in Imaging, Outpatients, Pathology, Pharmacy and Therapies for additional clinical services. The increased registered nursing and midwifery vacancy factor was, driven by a reduction in staff in post in Maternity Services, NICU and across the Medicine Division.

Turnover

NBT's Rolling 12-month staff turnover decreased from 17.22% in September to 17.17% in October. Additional clinical services remains the staff group with highest turnover position and saw an increase from 22.9% in September to 23.4% in October. Allied health professional and healthcare scientists both saw increases in turnover in October both however remain under the trust average.

Prioritise the wellbeing of our staff

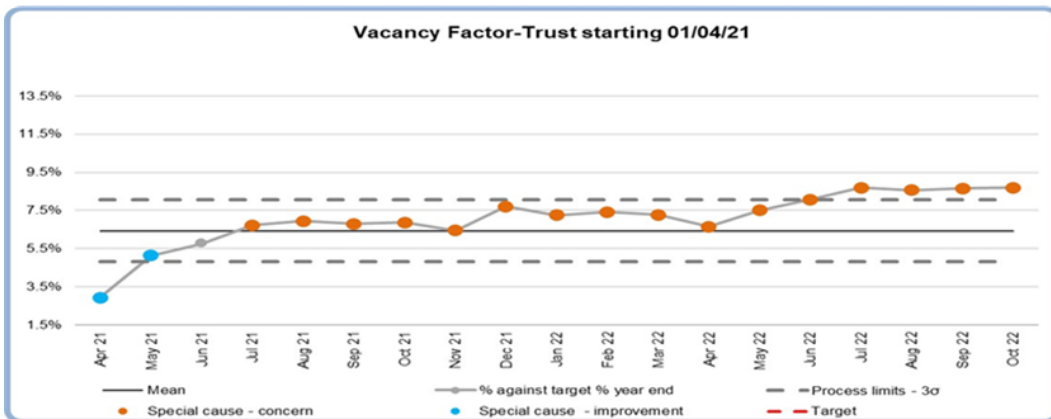
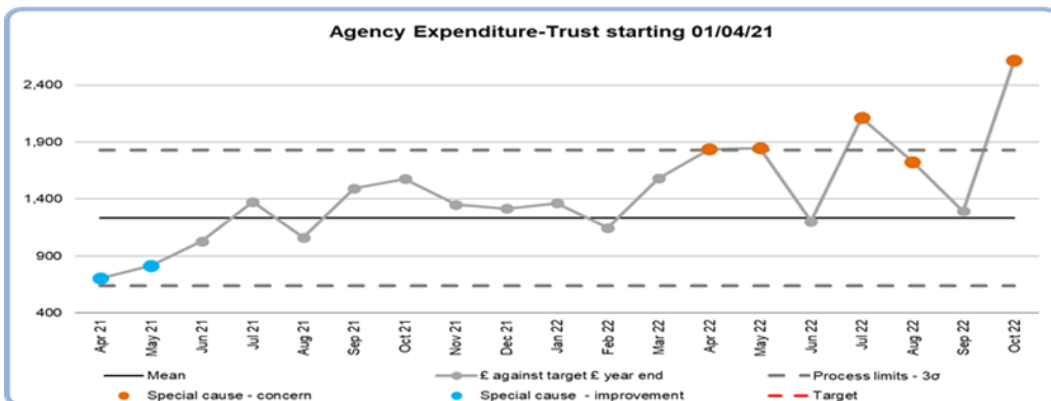
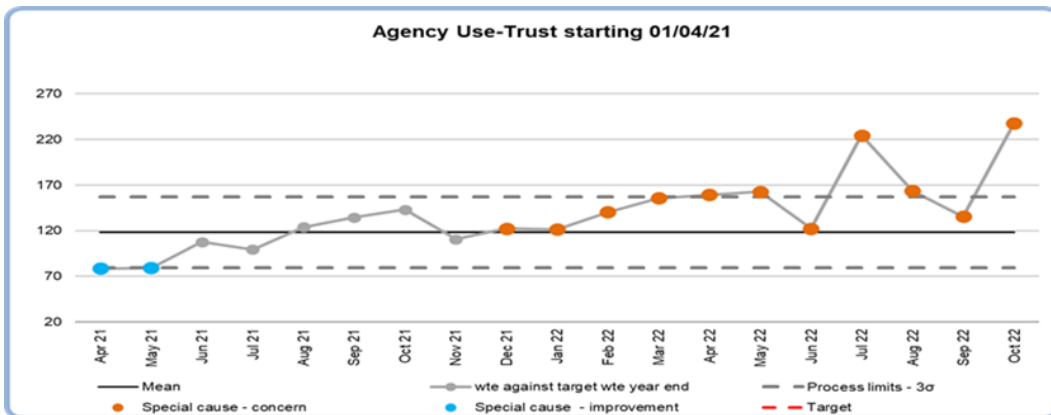
Rolling 12 month sickness absence increased from 5.42% in September to 5.49% in October. The most affected staff groups are additional clinical services and estates and ancillary staff with absence rates of 8.21% and 9.36% respectively. COVID-19 sickness and *stress/anxiety/depression/other psychiatric illness* continue to be the leading causes of days lost to sickness absence, with *cold, cough, flu – influenza* also seeing an increase in wte days lost, from 938.6wte days (7.7%) in September to 1334.2wte days lost (9.8%) in October. By comparison October 2021, 1543.5 wte days (11.6%) were lost to *cold, cough, flu – influenza*.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 1.88% (23.52wte) from September to October, while Agency use decreased by 0.81% (-1.38 wte). However, as bank use increased (3.49%, 23.76wte), unfilled shifts increased by only 0.29% (1.14wte). Unregistered nursing and midwifery, and add prof scientific and technical staff saw the greatest increase in demand for temporary staff (5.69% and 10.37% respectively). Total agency RMN Use decreased by 39.06% (-9.33wte), driven by decreased use in Medicine Division wards; tier 4 RMN use decreased by 2.23wte (-173.91%).

| Theme | Action | Owner | By When |
|--------------------|---|--|---------|
| Vacancies | Initiated review of recruitment process using which will use Patient First A3 methodology to delivery 'Faster, Fairer Recruitment' | Associate Director for Strategic Workforce Planning and Resource | Ongoing |
| Turnover | Implementing the agreed agile working principles in a Trust-wide action plan and the developing a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover. | Associate Director of People | Ongoing |
| Wellbeing | Implementing financial wellbeing projects to support our staff; Salary linked finance and savings provider, £7.50 payment to all bands 2-5 and F1 doctors to buy a Blue light card discount card and reduced cost meals in the Vu | Associate Director Culture, Leadership & Development | Dec-22 |
| Temporary Staffing | Tighter focus on Tier 4 reduction - with increased governance and control over usage at point of escalation | Associate Director for Strategic Workforce Planning and Resource | Oct-22 |

Well Led Introduction – Workforce



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

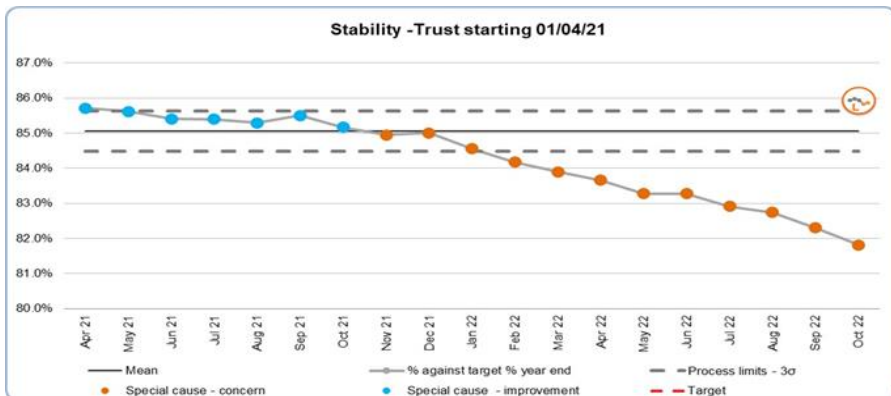
- October was a positive month for recruitment with far more applications received. 47 offers were made for healthcare support worker (HCSW) roles across the Trust. 23 for band 2 roles and 24 for band 3 roles
- October saw 19.9 wte new band 2 starters this month, band 3 starters were 14.6 wte for the month
- Vacancies in October for unregistered nursing increased slightly. Band 2 vacancies are now at 78.7 wte (down from 79.4 wte) and band 3 vacancies are currently 60.4 wte (Up from 57.1 wte)

Registered Nursing

- Applications bounced back this month and a record number of offers were made for band 5 nursing and midwifery candidates – 53 in total. 28 of which were offered during our Autumn Nursing, Midwifery and ODP open day on the 15th October.
- October saw a further 20.6 wte band 5 starters in September and leavers were 21.9 wte. Our overall registered nursing and midwifery vacancies increased to 287.2 wte
- The Trust was represented at four job fair events in, Newport, Central Bristol and our own internal nursing exhibition. .
- Eight international nurses arrived in October to start their OSCE training with the Trust

Temporary Staffing

- Agency worked wte and expenditure increased in October due to invoices being paid in month for work completed in other months – this has meant the position in the financial ledger in the SPC charts on this page do not demonstrate the position of agency hours worked in October.



What Does the Data Tell Us - Turnover and Stability

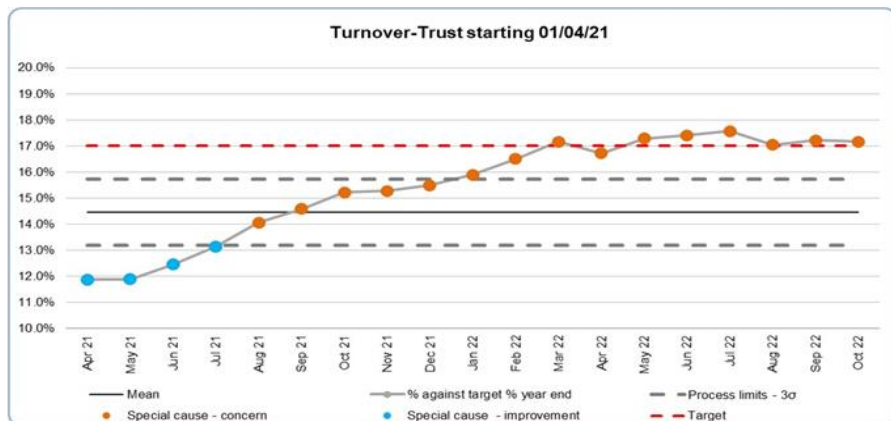
Turnover while remaining high, decreased in October to 17.17% with unregistered clinical professions driving the position and in particular HCA band 2 roles. Other clinical staff groups saw an increase in October but remain under the average turnover rate for the Trust.

Actions delivered: (Associate Director of People)

- The National Nursing and Midwifery self-assessment tool has been completed with stakeholders to assess our strengths and opportunities in nursing retention areas. This has produced an action plan of actions we will take that will support higher levels of retention
- Backpay negotiations with trade unions concerning Band 2 HCAs have now concluded and have improved career opportunities for all our colleagues in HCSW roles

Actions in Progress:

- Further development of career coaching for all staff, with an initial focus on N&M, AHPs and admin staff in response to leaver's data which cites reasons for leaving linked to promotion and career progression (**August – Dec 22**)
- Piloting Exit Questionnaires using MS Forms with a data feed into Qlik (**October – December 22**) to improve ease of use and data interrogation
- Extend the use of buddy support for international nurses to all new starters on ward areas (**Oct – Dec 2022**)
- An internal business case is under consideration to increase pay rates offered to apprentices, which could improve HCA retention rates (**Nov 22**),
- Targeted interventions in high turnover areas such as Theatres with 'stay conversations' help to understand engagement levels and people's intentions around leaving (Nov- Jan 2023)
- Business case to review pay rates for apprentices for approval (Dec 22)
- Community career events planned with Stepping Up targeting youth groups & BAME women's groups (Dec 22)



What Does the Data Tell Us - Health and Wellbeing

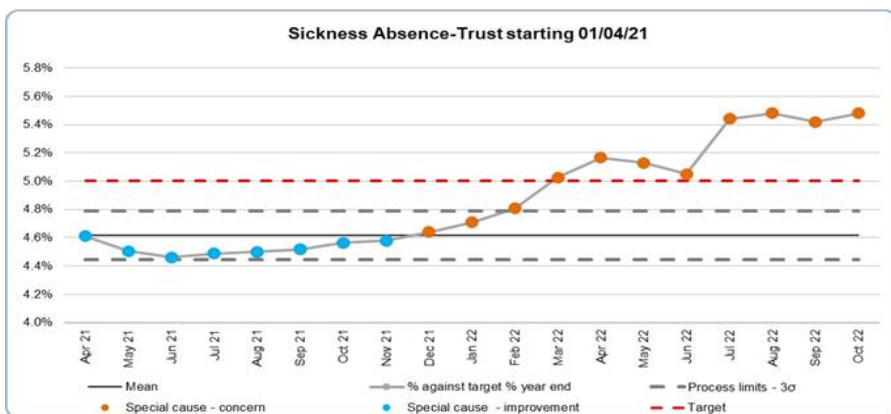
October saw an increase in sickness.

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

- Black History Month events held throughout October led by our B.A.M.E. staff network
- Pensions Recycling Scheme launched October & Blue Light Card payments in October salaries to Bands 2-5 & FY1 staff
- Subsidised staff food introduced across 3 staff sites introduced in November (£1 soup & roll)
- Wellbeing Deep Dive held with Joint Union Committee to review current wellbeing offer and consider areas for enhancement, action plan to be taken through Wellbeing Task & Finish Group
- Staff survey continues to be live, 49% participation rate 16/11 ahead of survey close date 25/11

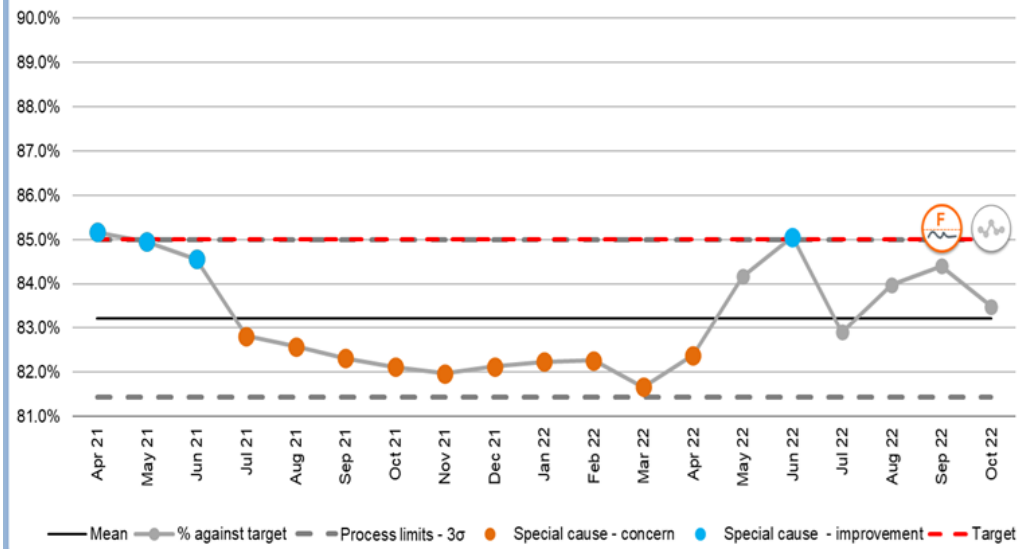
Actions in Progress: (Associate Director of Culture, Leadership & Development)

- New Reasonable Adjustment toolkit is being finalised and then comms plan and engagement events are being scheduled to align to Disability History Month 2022 (Nov- Dec 22)
- Proposal for new Leadership Development Programme & new managers training developed ahead of business case.
- Revised Trust-wide induction programme proposed for implementation from January 2023.
- Contract for salary advance / credit agreements via third party close to completion ahead of January launch.



Essential Training

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



What Does the Data Tell Us - Essential Training

MaST compliance is trending upwards, meaning that more people are engaging with their MaST. Trust compliance is hovering around 85%.

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

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

- People Partners are sent reports to encourage completion of MaST for areas below the 85% target.

Other Wider Actions

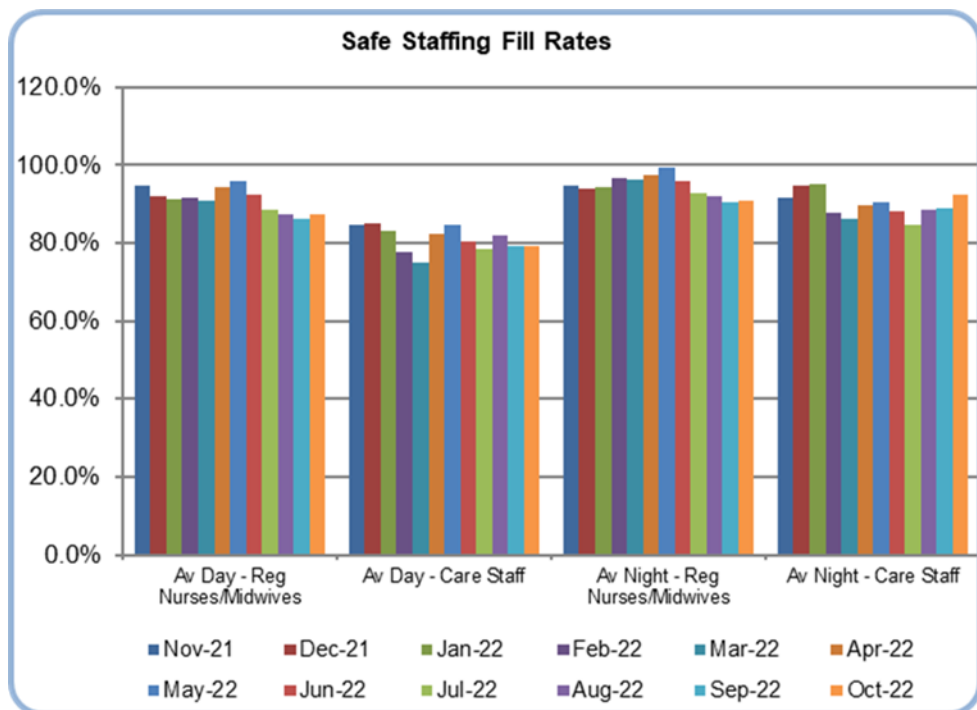
Leadership & Management Learning

- Our range of face-to-face Management Skills Modules continue to be delivered, whilst we are carrying out a review of our modules to include Bitesize events and resources and virtual sessions.
- The previous OneNBT Programme has officially been closed, and we are working to review, rebrand and relaunch this in collaboration with NHS Elect in April 2023, along with a relaunch of the NBT Induction and a Management Refresher training programme available for Managers across NBT.
- Coaching CPD Events are being organised to develop and support our NBT Coaching Faculty, (6 new coaches have joined the NBT coaching community) and Mentoring training will be available in 2023 to create a Faculty to further support development requests.
- We are working on creating a comms and engagement plan and calendar, with the aim of sending out our first monthly Newsletter to staff across the Trust in December 2023.
- The Specialty Leads Programme continues to be delivered, however due to low attendance rates we are looking to refresh this offer in early 2023, which may see this offered to additional roles including General Managers across the Trust.
- The Conversations with Compassion Module, jointly developed by the Psychology Team and Leadership and Management is being run in to support clerical and administrative staff in NMSK and ASCR on 15.11.22 and 29.11.22

Apprenticeships

- Levy utilisation from 1st April 22 is 92%, with zero expired levy funds for October. NBT also continued to commit to transferring 10% of levy funds to healthcare providers within the BNSSG, however, this is currently on pause for new transfer requests as allocation for the year has been met.
- The apprenticeship centre has since had its final Ofsted report, which will be live to view on the Ofsted report [website](#) within the next eight days.
- Apprenticeship centre completions for October - 6 L2 HSCW have passed their apprenticeship and 2 L4 SHCSW apprentices have passed. Enrolments for HCSW apprentices have significantly reduced compared to this time last year, this is mainly due to HCSW eligibility to meet apprenticeship requirements.
- Team leader apprentices' success stories we have had a B6 radiographer gain a promotion to a B7 practice education and radiographer. A previous learner within facilities, also secured a promotion last week from a B4 to B5 Manager in facilities.

| Training Topic | Variance | Sep-22 | Oct-22 |
|------------------------|-------------|---------------|---------------|
| Child Protection | -0.2% | 82.8% | 82.6% |
| Adult Protection | 0.1% | 83.1% | 83.2% |
| Equality and Diversity | 0.1% | 85.6% | 85.7% |
| Fire Safety | 0.5% | 84.5% | 85.0% |
| Health and Safety | -0.2% | 85.4% | 85.2% |
| Infection Control | 0.1% | 86.0% | 86.1% |
| Information Governance | 0.0% | 82.0% | 82.0% |
| Manual Handling | 0.2% | 82.8% | 83.0% |
| Waste | -0.1% | 85.5% | 85.4% |
| Total | 1.1% | 82.38% | 83.49% |



What Does the Data Tell Us

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 82.00 wte starting up to the end of October.

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

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

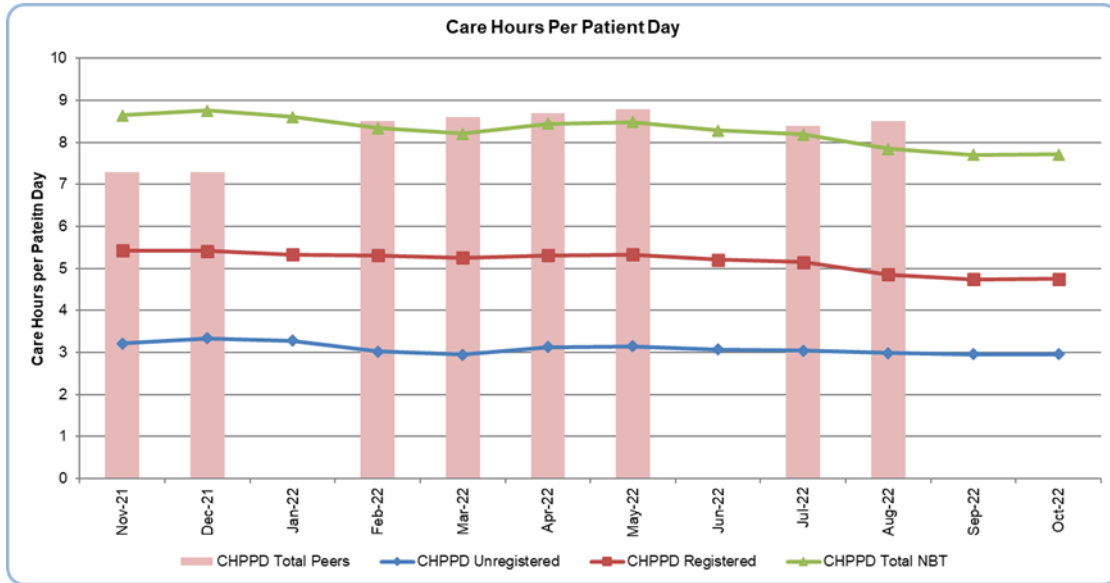
Of the 34 units reports safer staffing data:

- 17.6% of units had a registered fill rate of less than 80% by day and 8.8% by night with hotspots in maternity, NMSK wards, Medirooms and SAU.
- 50.0% had an unregistered fill rate of less than 80% by day and 17.6% by night. Data shows an extremely high unfilled rate across all divisions which is reflected in the daily overall staffing sitrep.

| Oct-22 | Day shift | | Night Shift | |
|------------------|-----------------|--------------|-----------------|--------------|
| | RN/RM Fill rate | CA Fill rate | RN/RM Fill rate | CA Fill rate |
| Southmead | 87.4% | 79.2% | 90.7% | 92.5% |

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

Care Hours

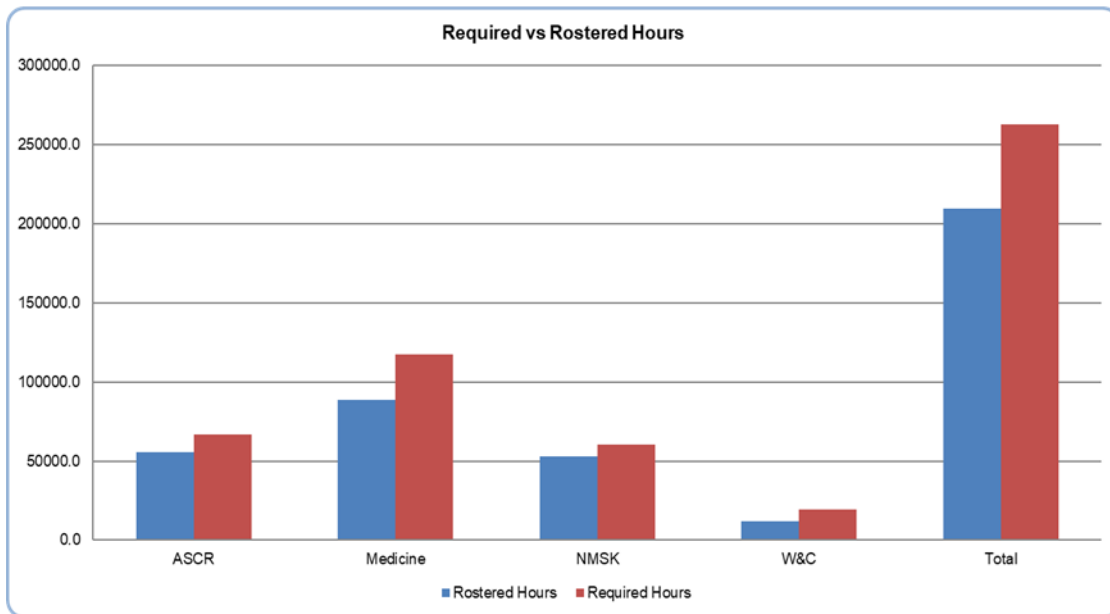


What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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

Safe Care Live (Electronic Acuity Tool)

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

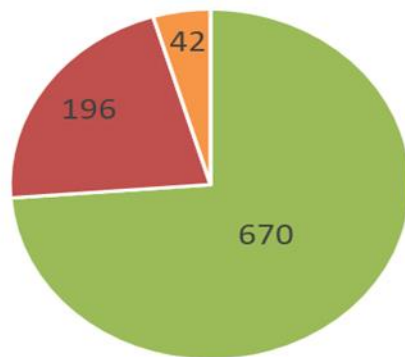


Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

What does the data tell us

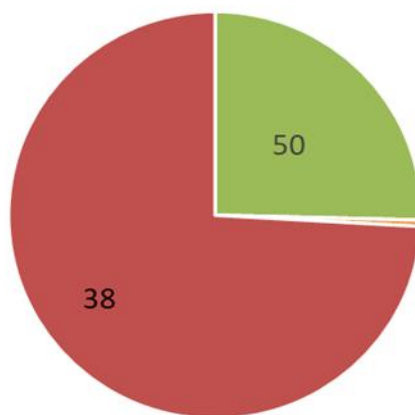
This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on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

Appraisal compliance - past 12 months



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

Non-compliant doctors - past 12 months



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

What does the data tell us?

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

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

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

What actions are being taken to improve?

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

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

Finance

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

Statement of Comprehensive Income at 31st October 2022

| | Month 7 | | | Year to Date | | |
|--------------------------|--------------|--------------|----------------|--------------|---------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actuals £m | Variance £m |
| Contract Income | 58.3 | 61.4 | 3.1 | 406.9 | 422.7 | 15.7 |
| Other Income | 5.3 | 7.6 | 2.3 | 42.8 | 47.7 | 5.0 |
| Pay | (38.6) | (42.9) | (4.3) | (275.5) | (290.8) | (15.3) |
| Non-Pay | (25.1) | (26.6) | (1.5) | (179.9) | (190.7) | (10.7) |
| Surplus/(Deficit) | (0.1) | (0.6) | (0.5) | (5.7) | (11.1) | (5.3) |

Assurances

The financial position for October 2022 shows the Trust has delivered a £0.6m actual deficit against a £0.1m planned deficit which results in a £0.5m adverse variance in month, with a £5.3m adverse variance year to date.

Contract income is £3.1m favourable in month and £15.6m favourable year to date. The in month position is driven by the additional income recognised relating to the pay award (£1.3m favourable), ESRF (£0.7m favourable) and additional funding relating to SDEC, Demand and Capacity funding and Service Developments (£1.4m favourable).

Other Income is £2.3m favourable in month and £5.0m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position. The favourable position is driven by increased income in finance due to private patient activity and post graduate funding.

Pay expenditure in month is £4.3m adverse in month and £15.3m adverse year to date. The in month position is driven by overspends on bank and agency (£1.9m), CIP under-delivery (£0.8m) and overspends on admin and ancillary driven by delays in delivery of savings as well as increased bank usage to cover sickness. In September, the Trust paid the backdated pay award to agenda for change and consultant employees. The additional 1.66% pay award announced in August is greater than the initial 2% included within the June plan. This is driving a £0.8m adverse variance in October.

Non-pay expenditure in month is £1.5m adverse and £10.7m adverse year to date. The in month position is driven by increased spend on medical and surgical supplies in ASCR, drug and blood product spend (pass-through), unidentified CIP and increased spend in Corporate areas offset by income. This is partially offset by £1.5m favourable variance in cost of capital from delayed depreciation and a review of IFRS 16 leases treatment.

Statement of Financial Position at 31st October 2022

| | 21/22 M12 £m | 22/23 M06 £m | 22/23 M07 £m | In-Month Change £m | YTD Change £m |
|---|--------------------|--------------------|--------------------|--------------------------|---------------------|
| Non Current Assets | | | | | |
| Property, Plant and Equipment | 605.0 | 609.2 | 610.3 | 1.0 | 5.3 |
| Intangible Assets | 13.7 | 12.3 | 12.3 | 0.1 | (1.4) |
| Non-current receivables | 1.5 | 1.5 | 1.5 | 0.0 | 0.0 |
| Total non-current assets | 620.2 | 623.0 | 624.1 | 1.1 | 3.9 |
| Current Assets | | | | | |
| Inventories | 9.1 | 9.4 | 9.5 | 0.1 | 0.4 |
| Trade and other receivables NHS | 19.0 | 22.0 | 18.8 | (3.2) | (0.2) |
| Trade and other receivables Non-NHS | 20.5 | 25.6 | 25.2 | (0.4) | 4.7 |
| Cash and Cash equivalents | 116.2 | 89.2 | 99.4 | 10.1 | (16.8) |
| Total current assets | 164.8 | 146.3 | 153.0 | 6.6 | (11.8) |
| Current Liabilities (< 1 Year) | | | | | |
| Trade and Other payables - NHS | 10.6 | 5.5 | 6.1 | 0.6 | (4.5) |
| Trade and Other payables - Non-NHS | 102.6 | 98.3 | 99.6 | 1.3 | (3.0) |
| Deferred income | 16.4 | 17.9 | 26.5 | 8.6 | 10.1 |
| PFI liability | 15.2 | 15.7 | 15.7 | 0.0 | 0.4 |
| Finance lease liabilities | 2.1 | 4.1 | 3.1 | (1.0) | 1.0 |
| Total current liabilities | 147.0 | 141.4 | 150.9 | 9.5 | 4.0 |
| Trade payables and deferred income | 7.1 | 7.8 | 7.7 | (0.1) | 0.6 |
| PFI liability | 359.3 | 354.1 | 353.4 | (0.8) | (5.9) |
| Finance lease liabilities | 2.0 | 6.7 | 6.2 | (0.4) | 4.2 |
| Total Net Assets | 269.7 | 259.3 | 258.8 | (0.4) | (10.9) |
| 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 | (10.4) | (10.9) | (0.4) | (11.9) |
| Revaluation reserve | 184.1 | 184.1 | 184.1 | 0.0 | (0.0) |
| Total Capital and Reserves | 269.7 | 259.3 | 258.8 | (0.4) | (10.9) |

Assurances and Key Risks

Capital – Total capital spend for the year to date was £14.1m, compared to an initial plan of £12.7m. The total planned spend for the year is £22.1m. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks.

Receivables - There was a net increase of £4.5m in receivables, of which £4.6m is related to income from the commissioners offset by a net decrease in other receivables (including year-end accruals for Mass Vaccination and Nightingale Surge Ward).

Cash – The cash balance decreased by £16.8m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor and partially funded pay award. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables -Year to date NHS payables have reduced by £4.5m due to post year end actions. Non-NHS payables have decreased by £3.0m, of which £5.9m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £2.9m across invoiced and accrued liabilities. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £10.1m in deferred income, of which £3.8m represents deferral of contract income for delayed service developments, and the remainder is linked with timing of funding received from Health Education England and research.

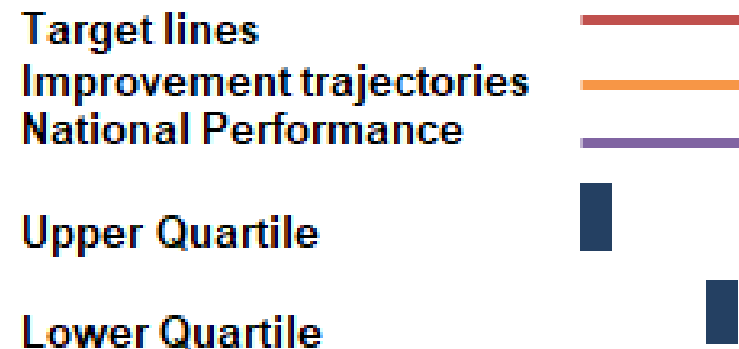
Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

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

Unless noted on each graph, all data shown is for period up to, and including, 31 October 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.



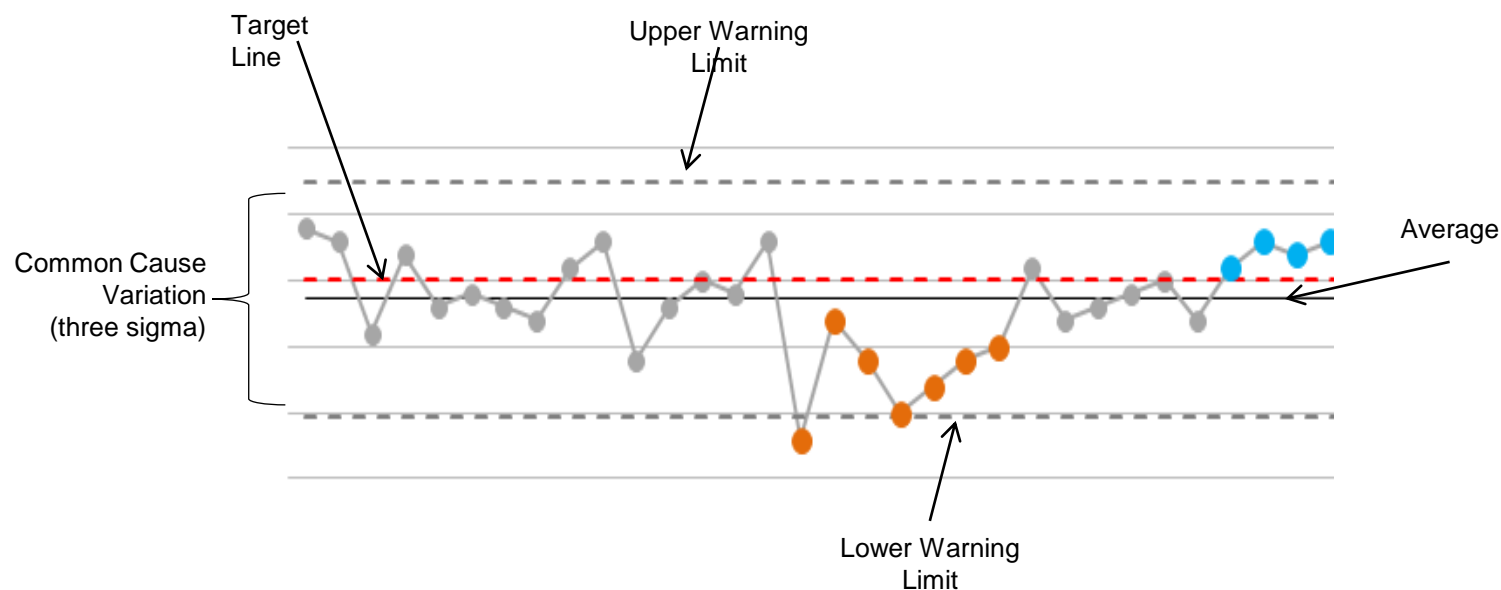
NBT Quality Priorities 2022/23

- 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

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

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

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



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

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

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

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

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

Further reading:

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

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

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