

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



September 2022
(presenting August 2022 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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	-	14	38	29	59	20	295	367	449	360	176	297	304	57		4-925		4/10
Ambulance Handover < 15 mins (%)		65.00%	-	37.84%	41.26%	36.19%	24.32%	20.33%	22.25%	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%				
Ambulance Handover < 30 mins (%)	R	95.00%	-	66.21%	64.67%	56.62%	53.71%	50.34%	47.71%	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%				
Ambulance Handover > 60 mins		0	-	471	418	621	664	645	827	684	681	538	430	527	486	364				
Average No. patients not meeting Criteria to Reside			-	219	233	241	250	248	295	304	302	301	317	280	349	395				
Bed Occupancy Rate			100.00%	95.32%	97.20%	97.26%	97.12%	96.92%	98.16%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%				
Diagnostic 6 Week Wait Performance		1.00%	36.05%	42.55%	42.83%	41.80%	40.32%	44.30%	45.45%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%		32.44%		7/10
Diagnostic 26+ Week Breaches		0	1432	972	1099	1286	1264	1341	1617	1767	2160	2498	2690	2761	2753	2842				
RTT Incomplete 18 Week Performance		92.00%	-	73.16%	71.87%	70.37%	69.68%	66.67%	65.61%	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%		57.98%		2/10
RTT 52+ Week Breaches	R	0	2239	1770	1933	2068	2128	2182	2284	2296	2242	2454	2424	2675	2914	3131		7-11592		3/10
RTT 78+ Week Breaches	R		469	656	659	577	497	469	501	511	458	491	473	443	439	441		0-2163		5/10
RTT 104+ Week Breaches	R		48	34	55	93	138	158	184	177	96	71	48	34	32	33		0-360		7/10
Total Waiting List	R		40105	35794	36787	37268	37297	37264	37210	38498	39101	39819	40634	42326	46900	48766				
Cancer 2 Week Wait	R	93.00%	60.36%	66.58%	51.22%	42.70%	53.75%	58.38%	41.42%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	-		70.01%		10/10
Cancer 31 Day First Treatment		96.00%	94.60%	93.00%	91.89%	88.51%	86.94%	79.59%	79.18%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	-		91.78%		6/10
Cancer 62 Day Standard	R	85.00%	72.13%	68.60%	56.98%	57.34%	74.07%	67.52%	56.88%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	-		45.45%		9/10
Cancer 28 Day Faster Diagnosis	R	75.00%	69.27%	66.77%	56.07%	59.95%	66.29%	57.52%	47.10%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	-		67.74%		9/10
Cancer PTL >62 Days		242	345	-	-	501	663	899	781	528	472	641	689	555	667	858				
Cancer PTL >104 Days		0	50	139	170	158	108	140	197	135	167	133	161	134	172	147				
Urgent operations cancelled ≥2 times		0	-	-	-	2	2	2	0	0	0	1	1	1	0	-				

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

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.15%	0.62%	1.26%	0.22%	1.15%	0.73%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%		
	Caesarean Section Rate			28.00%	34.88%	38.74%	37.35%	39.23%	40.60%	39.15%	38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%		
	Still Birth rate			0.40%	0.00%	0.57%	0.39%	0.21%	0.21%	0.22%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%		
	Induction of Labour Rate			32.10%	35.31%	33.40%	29.05%	34.12%	35.21%	33.56%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%		
	PPH 1500 ml rate			8.60%	2.11%	2.10%	3.94%	3.59%	3.02%	2.01%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%		
	Never Event Occurrence by month		0	0	0	1	0	0	1	0	0	0	1	1	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				2	3	2	1	1	5	1	3	4	3	1	1	1	1	
	Healthcare Safety Investigation Branch Investigations				2	-	1	-	-	1	-	1	1	-	1	1	1	1	
	Total Incidents				984	1059	984	997	1011	1329	1170	1311	1209	1122	1176	1317	1238		
	Total Incidents (Rate per 1000 Bed Days)				36	38	33	35	35	46	44	44	42	37	41	56	48		
	WHO checklist completion			95.00%	99.74%	99.70%	99.36%	99.84%	99.87%	99.76%	99.61%	98.73%	99.31%	98.85%	98.19%	98.33%	98.04%		
	VTE Risk Assessment completion	R		95.00%	94.91%	94.90%	94.53%	93.84%	94.55%	93.80%	93.99%	92.63%	93.36%	93.29%	92.40%	89.24%	-		
	Pressure Injuries Grade 2				22	24	19	12	16	16	19	18	19	19	14	25	16		
	Pressure Injuries Grade 3			0	0	0	0	0	0	0	0	0	0	1	1	0	0		
	Pressure Injuries Grade 4			0	0	0	0	0	1	0	1	0	0	0	0	0	0		
	PI per 1,000 bed days				0.72	0.75	0.51	0.32	0.35	0.41	0.75	0.61	0.63	0.50	0.31	0.86	0.48		
	Falls per 1,000 bed days				6.95	6.37	6.29	6.32	7.10	8.43	7.57	6.22	7.02	5.68	5.91	6.90	7.20		
	#NoF - Fragile Hip Best Practice Pass Rate				76.32%	34.62%	35.71%	100.00%	61.90%	64.29%	54.17%	64.58%	40.00%	42.25%	46.30%	21.21%	-		
	Admitted to Orthopaedic Ward within 4 Hours				28.95%	38.46%	28.57%	40.00%	23.81%	21.43%	20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	-		
	Medically Fit to Have Surgery within 36 Hours				86.84%	42.31%	36.36%	100.00%	80.95%	69.05%	62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	-		
	Assessed by Orthogeriatrician within 72 Hours				100.00%	84.00%	77.78%	100.00%	90.48%	73.81%	66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	-		
	Stroke - Patients Admitted				92	83	90	85	73	103	67	78	92	105	40	85	43		
	Stroke - 90% Stay on Stroke Ward			90.00%	81.43%	77.94%	78.13%	68.06%	75.00%	67.47%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	90.91%	50.00%	27.27%	66.67%	100.00%	84.62%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	39.19%	34.29%	40.58%	45.95%	30.16%	40.22%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	88.00%	95.95%	97.18%	84.21%	80.88%	81.44%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	-		
	MRSA	R	0	0	0	0	0	0	0	0	0	4	0	0	1	1	0		
	E. Coli	R		4	5	3	8	3	2	6	1	5	5	0	1	4	3		
C. Difficile	R		5	2	5	4	1	6	6	1	6	7	4	5	3	3			
MSSA			2	5	4	1	0	5	3	2	2	1	0	2	2	0			
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good			95.95%	91.30%	98.53%	91.53%	93.75%	93.85%	94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%			
	Friends & Family - IP - Proportion Very Good/Good			91.94%	92.16%	92.25%	92.52%	91.50%	93.28%	93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%			
	Friends & Family - OP - Proportion Very Good/Good			94.54%	93.77%	94.80%	94.21%	95.26%	94.37%	94.11%	94.82%	93.32%	93.83%	93.90%	-	-			
	Friends & Family - ED - Proportion Very Good/Good			72.87%	74.81%	73.94%	74.24%	80.64%	80.10%	70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%			
	PALS - Count of concerns			123	123	100	93	86	100	102	111	150	129	116	168	154			
	Complaints - % Overall Response Compliance			90.00%	87.72%	77.36%	69.12%	72.13%	69.09%	69.23%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%		
Well Led	Complaints - Overdue			8	10	10	6	11	4	5	10	0	4	5	6	1			
	Complaints - Written complaints			52	55	59	44	52	58	56	43	0	48	53	46	62			
	Agency Expenditure ('000s)			1061	1492	1576	1350	1314	1363	1147	1581	1838	1846	1205	2111	1726			
	Month End Vacancy Factor			6.95%	6.79%	6.87%	6.44%	7.71%	7.26%	7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.65%			
	Turnover (Rolling 12 Months)	R		16.97%	14.05%	14.58%	15.21%	15.27%	15.50%	15.89%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%		
Sickness Absence (Rolling 12 month -In arrears)	R		4.81%	4.50%	4.52%	4.56%	4.58%	4.64%	4.71%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%			
Trust Mandatory Training Compliance				82.58%	82.32%	82.12%	81.97%	82.13%	82.23%	82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.98%			

Urgent Care

Four-hour performance improved to 60.83% in August, ranking second out of ten reporting AMTC peer providers. The Trust recorded a decrease in ambulance handover delays with 364 reported provisionally in August, down from 486 in July. 12-Hour trolley breaches significantly decreased reporting at 57 in month down from 304 in July. 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, which has risen further through improved data capture through the EPR change. 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 right to reside criteria awaiting discharge on D2A pathways. Trust-wide internal actions are focused on improving the timeliness of discharge, maximising SDEC pathways and best practice models for ward and board rounds to improve flow through the Hospital.

Elective Care and Diagnostics

The Trust continues to maintain clearance of capacity breaches to zero for the patients waiting >104-weeks for treatment. There were 3,131 patients waiting greater than 52-weeks for their treatment in August; 441 of these were patients waiting longer than 78-weeks and 33 were waiting longer than 104-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance deteriorated in August to 48.09% (8141 breaches). It was not possible to report data for four of the nationally reportable modalities, due to the transition to a new EPR system. Had these test types been reported, it is anticipated that overall performance would have improved by c.1.5%. However, the Trust is working towards achieving year-end NHS improvement targets across all modalities. The in-year improvement target for diagnostics is that no more than 25% of patients will wait greater than 6-weeks for their procedure and no patient will wait greater than 26-weeks. The Trust is sourcing additional internal and external capacity for several test types to support recovery of diagnostic waiting times.

Cancer Wait Time Standards

There were a number of movements in the July position for Cancer with the 31-Day First Treatment standard improving to 91.20%. There was marginal improvement in TWW performance at 40.99%, but deterioration in performance of 62-Day at 45.10%. The Trust has delivered the CQUIN requirement for 28-Day FDS in Quarter 1. 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. Delivering a reduction in the >62-day backlog continues to be challenged by workforce issues in the Cancer Services Team and Tumour Site Pathway delays. However, a successful recruitment drive has resulted in appointments to all vacant posts in the Cancer Services Team. In addition, experienced agency staff have been employed from mid-August to bridge the gap in the Cancer Services Team until all new staff are in post and trained. The Trust is working closely with regional and national colleagues and is supporting a “deep-dive” process which is due to take place in September.

Quality

There were no incidents of maternity morbidity and mortality in the current reporting month. There has been a significant decrease in Grade 2 pressure injuries. There were no MRSA cases reported in August. 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 remains below the national target of 95% compliance. As well as ongoing operational challenges on education, training and related data capture in this area, July’s reported performance was further impacted by data delays with implementation of the Trust’s new EPR system.

Workforce

NBT’s Rolling 12-month staff turnover decreased from 17.57% in July to 17.04% in August. Trust vacancy factor decreased from 8.66% in July to 8.57% in August. Rolling 12month sickness absence increased from 5.44% in July to 5.48% in August. Temporary staffing demand increased by 0.28% (3.13 wte) from July to August, however bank hours worked increased at a higher rate +3.62% (22.75wte).

Finance

The financial plan for 2022/23 at Month 5 (August) was a deficit of £5.0m. The Trust has delivered a £9.5m deficit, which is £4.5m worse than plan. This is predominately driven by the non-delivery of savings in the first five months of the year and high levels of premium pay spend, including on agency and incentives, offset by slippage on service developments and investments. In-month the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 6 for non-delivery. In BNSSG this has been recognised in provider positions in month. The Month 5 CIP position shows £2.4m schemes fully completed, with a further £3.3m schemes on tracker and £1.8m in pipeline. There is a £9.8m shortfall between the 2022/23 target of £15.6m and the schemes on the tracker. If pipeline schemes are included this is a £8.0m shortfall. As a result of the position at Month 5, the Risks and Mitigations impacting on the delivery for the year end position have been reviewed. Cash at 31 August amounts to £103.7m, an in-month increase of £7.1m due to NHS England paying invoices relating to prior year Mass Vaccination costs. Total capital spend year to date was £8.2m compared to a plan of £9.1m.

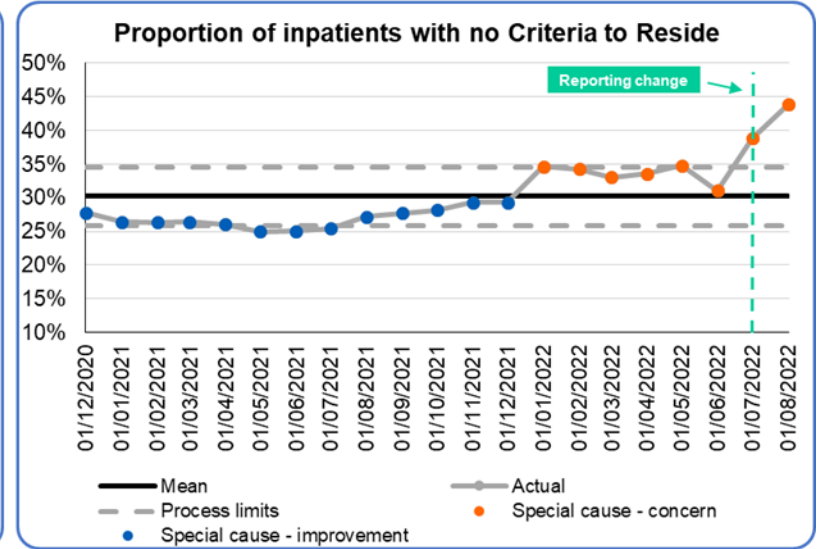
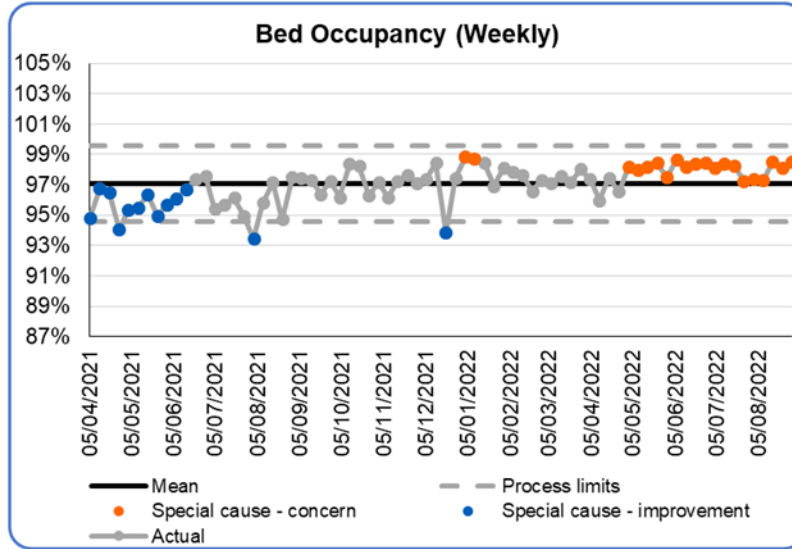
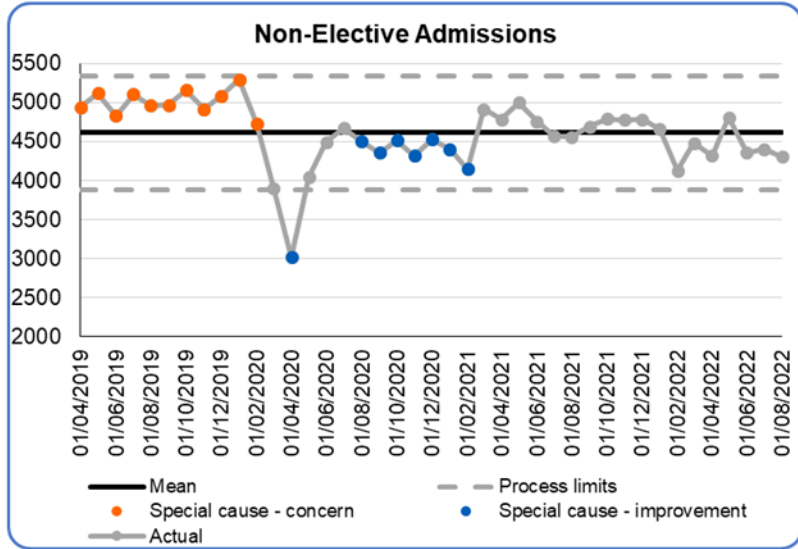
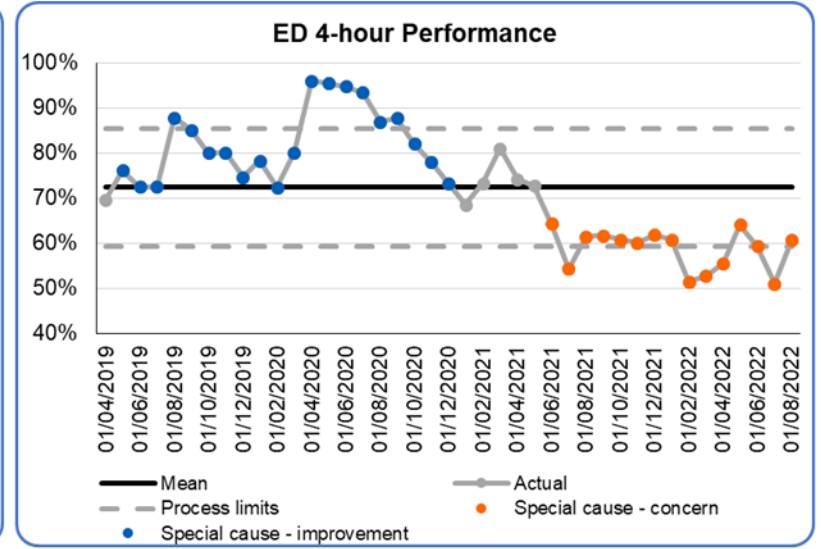
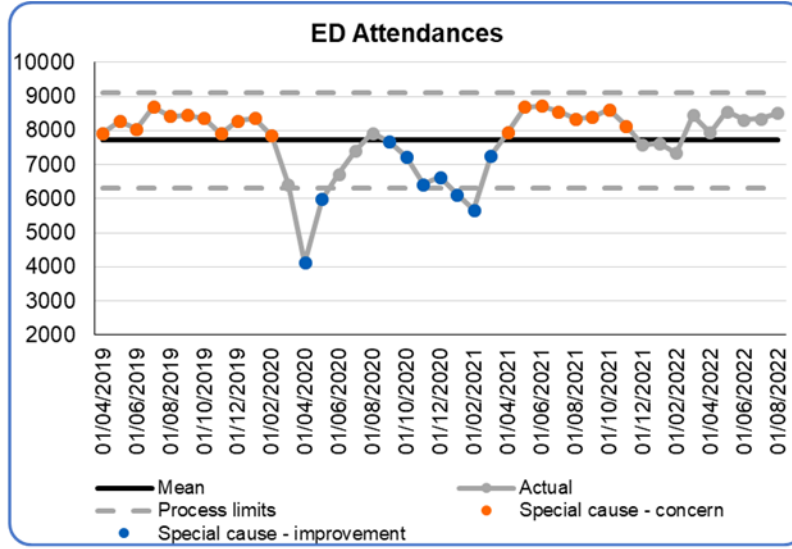
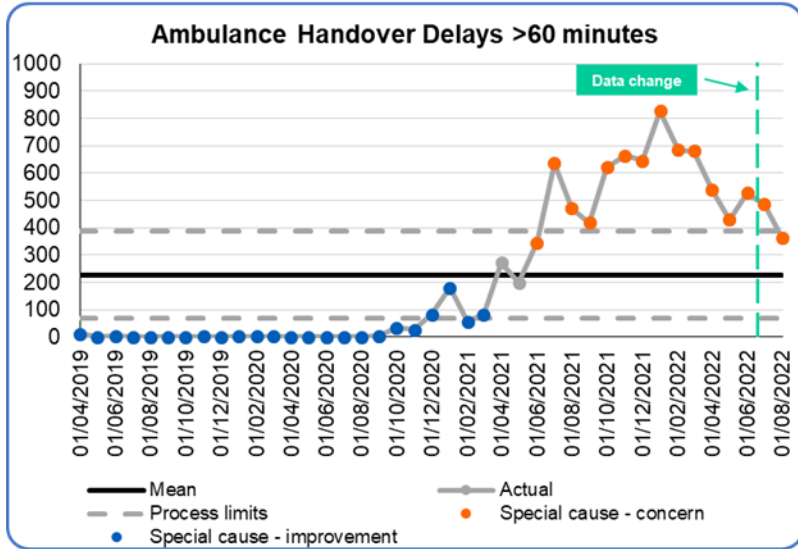
Responsiveness

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

Responsiveness – Indicative Overview

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

Urgent and Emergency Care



Please note due to data changes since the implementation of the new EPR CareFlow, the Trust is now using SWASFT data for reporting ambulance handovers as of July 2022. In addition, 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.

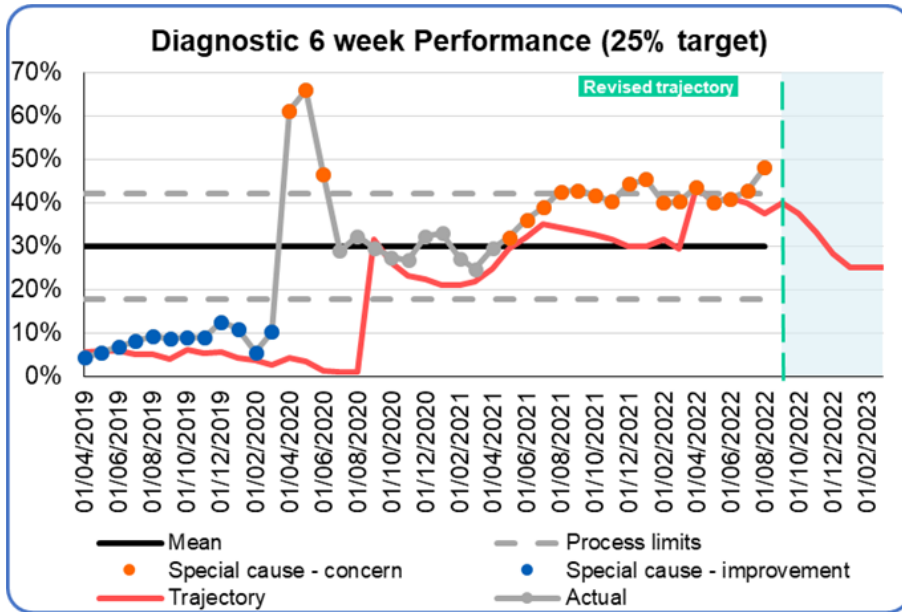
What are the main risks impacting performance?

- Prolonged ambulance handover waits - driven by high bed occupancy.
- Patients with No Criteria to Reside are occupying a third of the hospital's bed capacity – no material improvement.
- Lack of community capacity and/or pathway delays fail to support bed occupancy requirements.
- Increases in COVID-19 Inpatients with a commensurate loss of beds due to IPC and staff sickness.
- The continued pressure of unfilled nursing shifts to safely manage escalation capacity in times of high bed demand.

What actions are being taken to improve?

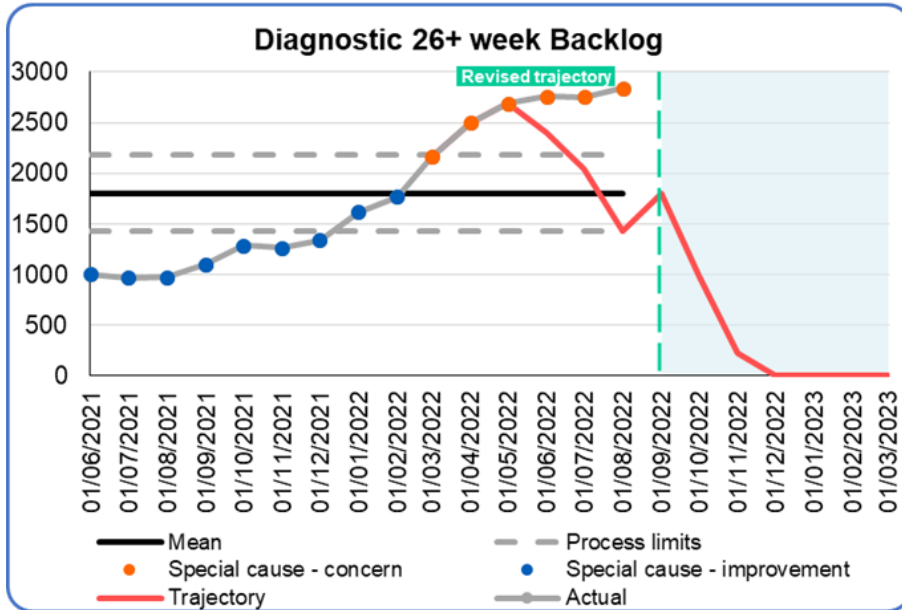
- Ambulance handovers – significant drop in ambulance handover wait times driven by pre-emptive ED transfer. A clinically led process, which has received national recognition.
- The Trust is working closely with system partners to influence and support schemes which will reduce NC2R patient numbers including D2A. The new EPR system, CareFlow, launched in July 2022, has improved how C2R patients are recorded and captured. This offers improved monitoring at ward level and site level; providing better visibility of all patients which facilitates more focussed actions to discharge these patients.
- Ongoing implementation of the combined BNSSG Ambulance improvement plan including Acute, Community and SWASFT actions, which plans to save 2000 handover hours over 2022/23.
- Continued introduction of the UEC plan for NBT, this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Contingency planning for winter bed capacity underway – sixth floor plan – updated through a separate board briefing.

Diagnostic Wait Times



What are the main risks impacting performance?

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

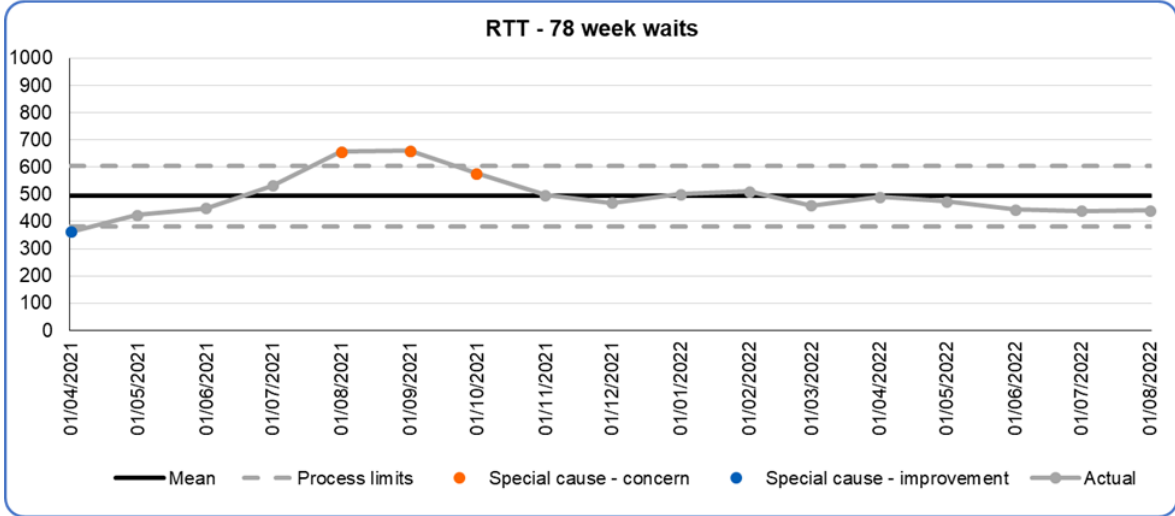
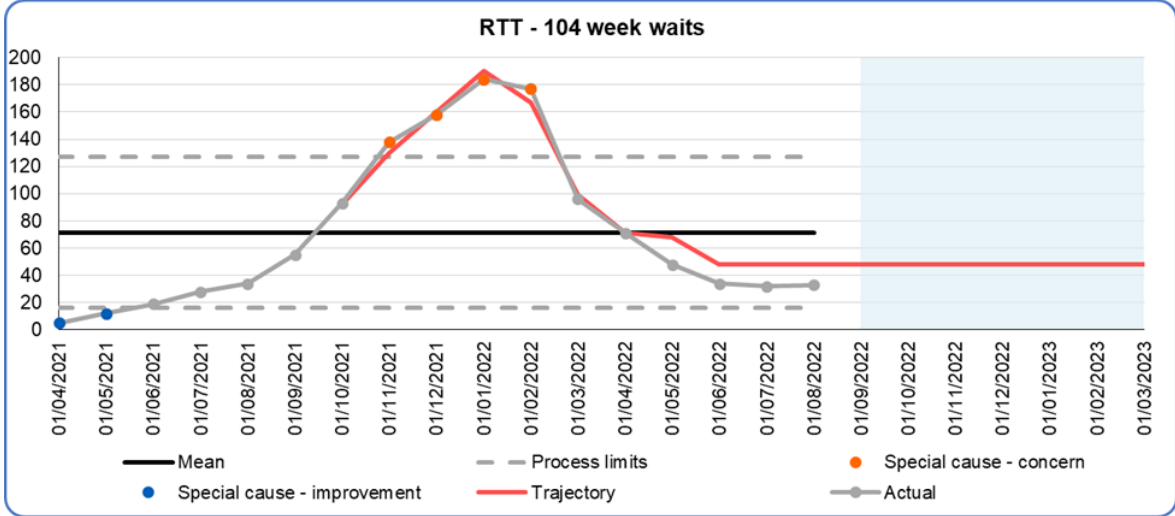


What actions are being taken to improve?

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

Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted for July and August 2022

Referral To Treatment (RTT)



What are the main risks impacting performance?

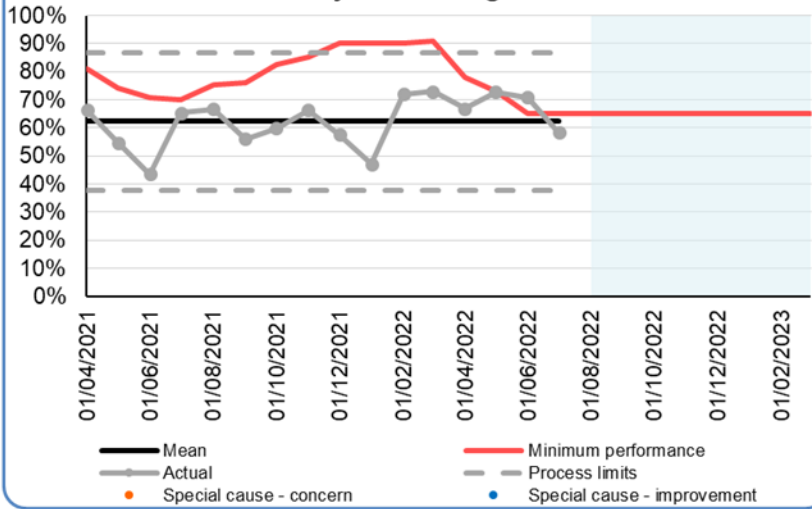
- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures including the rise in COVID-19 positive Inpatients.
- Impact of UEC activity on elective care.

What actions are being taken to improve?

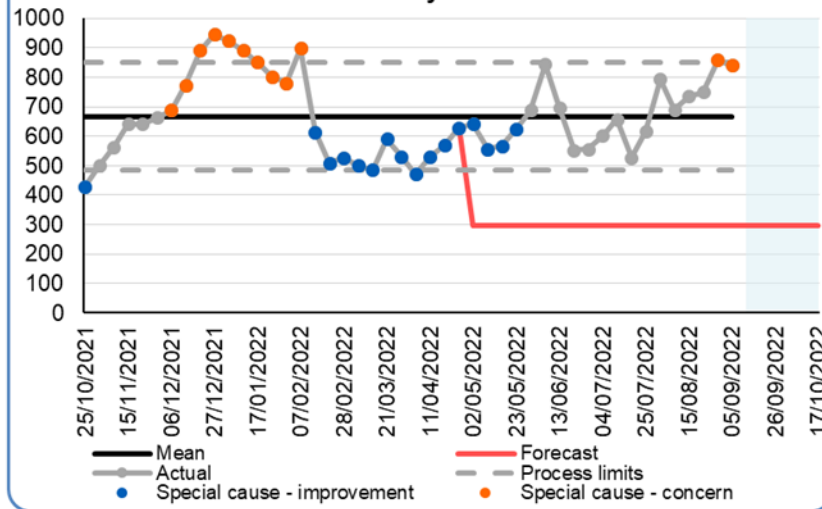
- Continued achievement of zero capacity related 104ww position - delivery teams have now been challenged to bring forward 104ww breach activity to one-month in advance of breach. Currently at 2-weeks in advance.
- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end.
- 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

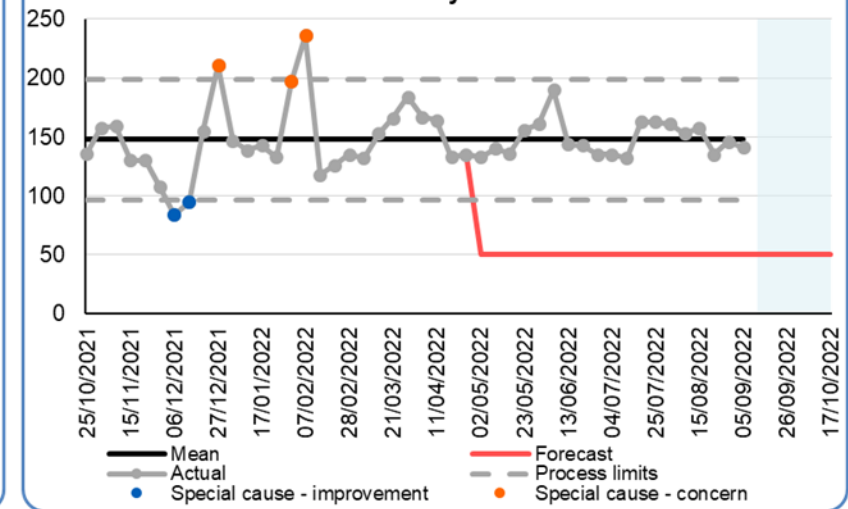
28-Day Faster Diagnosis



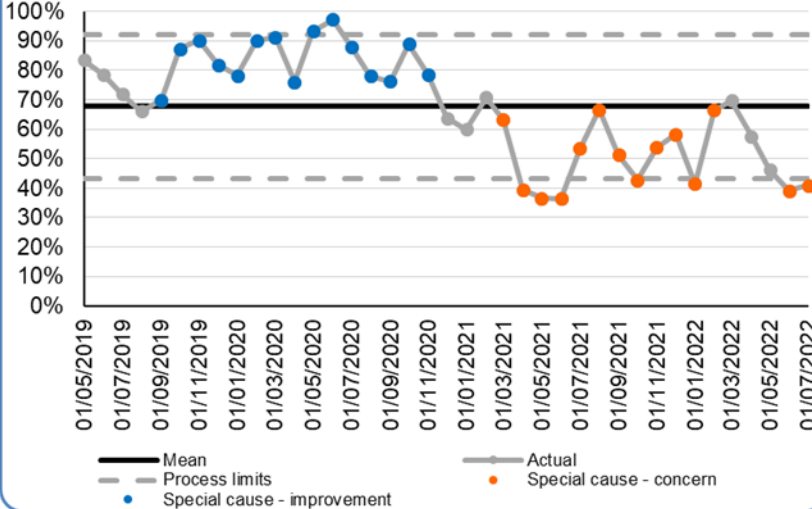
>62 Day PTL



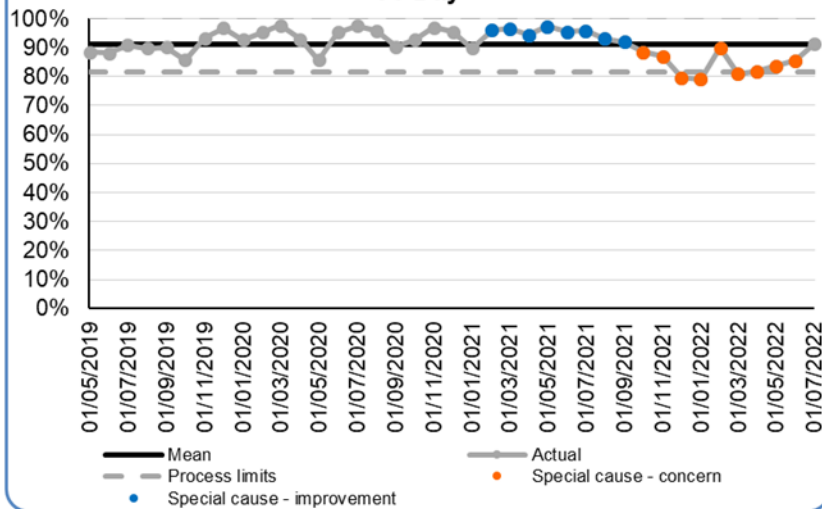
>104 Day PTL



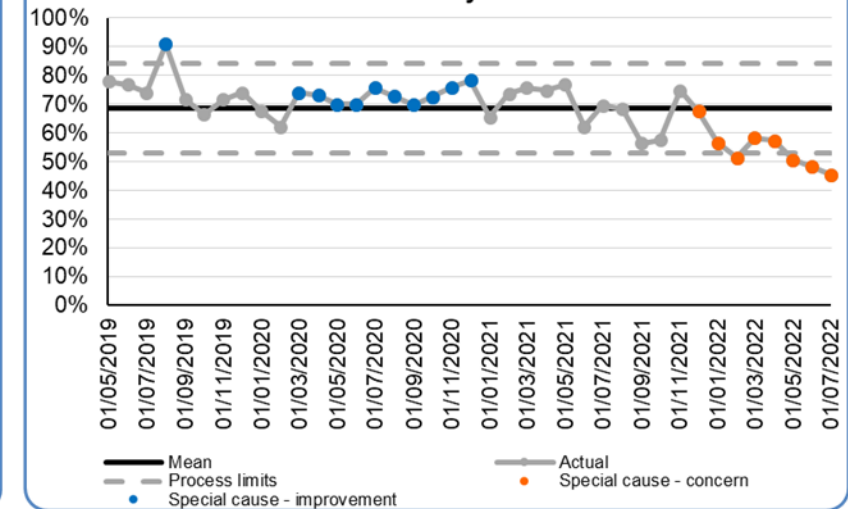
Two Week Wait



31-Day



62-Day



Cancer Performance

What are the main risks impacting performance?

- Recruiting to and sustaining the Cancer Services Team.
- Time-lag to training new recruits.
- Increased referrals.
- Reliance on non-core capacity.
- Skills shortages.

What has improved?

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

What further actions are being taken to improve?

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

Quality, Safety and Effectiveness

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

NBT - PQSM								NHS North Bristol Trust
Activity	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	TREND
NICU admission rate at term	2.9%	4.5%	5.9%	4.3%	4.4%	6%	5%	
Perinatal Morbidity and Mortality Inborn								
Total number of perinatal deaths	2	5	6	4	4	5	4	
Number of stillbirths 16 to 23+6 weeks excl. TOP	0	3	3	1	2	1	1	
Number of stillbirths (>=24 weeks excl. TOP)	1	0	1	1	1	1	1	
Number of neonatal deaths : 0-6 Days	1	0	2	2	1	1	1	
Number of neonatal deaths : 7-28 Days	0	2	0	0	0	2	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	1	0	0	1	2	
Maternal Morbidity and Mortality								
Number of maternal deaths (MBRRACE)	0	0	1	2	0	0	0	
Direct	0	0	0	1	0	0	0	
Indirect	0	0	1	1	0	0	0	
Number of women who received level 2 & 3 care	1	0	0	2	1	1	0	
Insight								
Number of datix incidents graded as moderate or above (total)	1	0	2	1	0	1	2	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	1	1	0	1	0	
Datix incident SI (excludes HSIB)	1	0	1	0	0	0	0	
New HSIB SI referrals accepted	0	0	2	0	1	1	2	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	
Coroner Req 28 made directly to Trust	0	0	0	0	0	0	0	
Workforce								
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1.3	0.7	DNA	DNA	2	3.2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	1	1	0	0	0	0	0	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	1	1	1	1	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants	2	1	1	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	0.5	0.5	0	0	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	11%	13%	18%	12%	11%	14%	18%	
Vacancy rate for midwives	1.9%	3.5%	3.6%	6.8%	6.7%	8.1%	6.9%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	40%	42%	40%	43%	40%	45%	51%	
Vacancy rate for NICU nurses	14	15	14	11	21	19	15	
Datix related to workforce (service provision/staffing)	7	9	1	3	2	9	9	
Consultant led MDT ward rounds on CDS (Day and Night)	68%	57%	DNA	DNA	66%	78%	68%	
One to one care in labour (as a percentage)	100%	99%	98%	100%	100%	99%	99%	
Compliance with supernumerary status for the labour ward coordinator	98%	96%	98%	97%	100%	100%	98%	
Number of times maternity unit attempted to divert or on divert	0	2	11	4	6	26	36	
<i>in-utero transfers</i>								
in-utero transfers accepted					4			
in-utero transfers declined					0			
<i>ex-utero transfers</i>								
ex-utero transfers accepted					9	11		
ex-utero transfers declined					2			
situations	0	0	0	0	0	0	0	
Involvement								
Service User feedback: Number of Compliments (formal)	44	59	60	57	31	48	58	
Service User feedback: Number of Complaints (formal)	9	9	10	2	4	5	9	
Staff feedback from frontline champions and walk-about (number of themes)	4	4	4	4	4	4	3	
Improvement								
Progress in achievement of CNST /10	7	7	7	7	7	7	7	
Training compliance in maternity emergencies and multi-professional training (PROMPT)	33%	43%	42%	51%	62%	75%	79%	
Fetal Wellbeing and Surveillance	9%	18%	27%	48%	74%	87%	87%	
Trust Level Risks	2	5	5	6	6	5	5	

Maternity - Perinatal Quality Surveillance Monitoring (PQSM) Tool (July 2022 data)

Executive Summary

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

Term babies admitted to NICU are reviewed every quarter; themes have been identified and safety recommendations made. An action plan will be written in response to these and presented for sign off at the next Maternity Specialty Governance meeting. In July 2022, the rate of term babies admitted to NICU was 5% (6% in June 2022).

There were no incidents of maternity morbidity and mortality to report in July 2022. The monthly PMRT report is included in the appendices. There is regional pressure on the pathology services impacting on patient experience. The medical examiner service has now been extended to include all neonatal deaths. There were two HSIB referrals in July 2022, one following an early neonatal death and one following a diagnosis of HIE (hypoxic brain injury). Both families have consented for HSIB to conduct the investigations.

Midwifery recruitment continues to fill the current establishment. Following the finalisation of the recommendations of the Birthrate Plus report, a paper will be submitted to Board in October 2022 requesting that the increase to midwifery establishment is funded. A formal business case will also be submitted.

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

Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (eg Maternity Voices Partnership) as needed.

Within the Maternity Incentive Scheme, there are areas of concern with three of the ten safety actions. Mandatory training compliance (Safety Action 8) has significantly improved, and the extension of the reporting period for this safety action mean the expected trajectory of 86% is above the required threshold. Due to the timeframe required to undertake the required improvement work, it is not anticipated that Safety Action 6 will be achieved.

Areas of excellence include the upcoming launches of the Positive Incident Management System, Maternity Medicine Network Lead for the Southwest Region, and Personalised Care and Support Plans (all expected in September 2022).

There are 5 Trust Level Risks:

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

Strategic Theme/Corporate Objective Links

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

Pressure Injuries

What does the data tell us?

In August, there was a significant decrease in the number of Grade 2 pressure injuries, and a decrease in medical device related injuries.

15 Grade 2 pressure injuries were reported of which 1 related to a medical devices. 12 to the sacrum/buttock, 2 to heel, 1 to the ankle and 1 to the calf attributable to a TED stocking medical device.

The number of DTI injuries was remained static at 19. 14 x heels – two of which was attributable to a POP medical device, 4 to buttocks/sacrum and 1 to the left foot which was attributable to POP medical device.

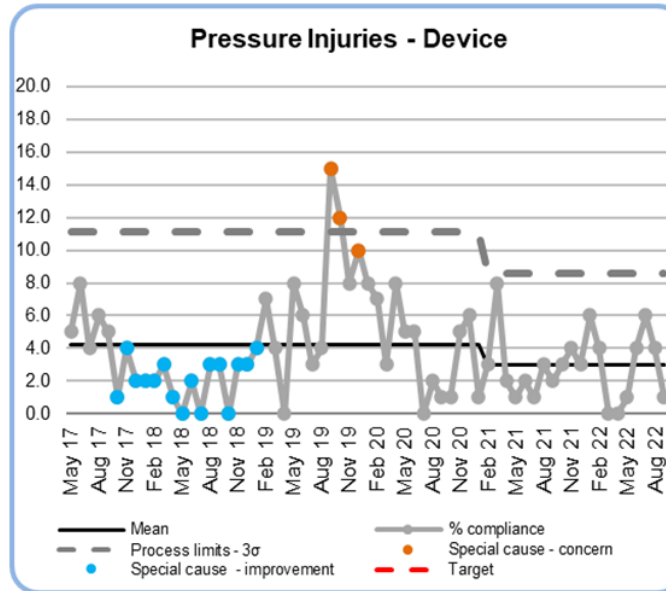
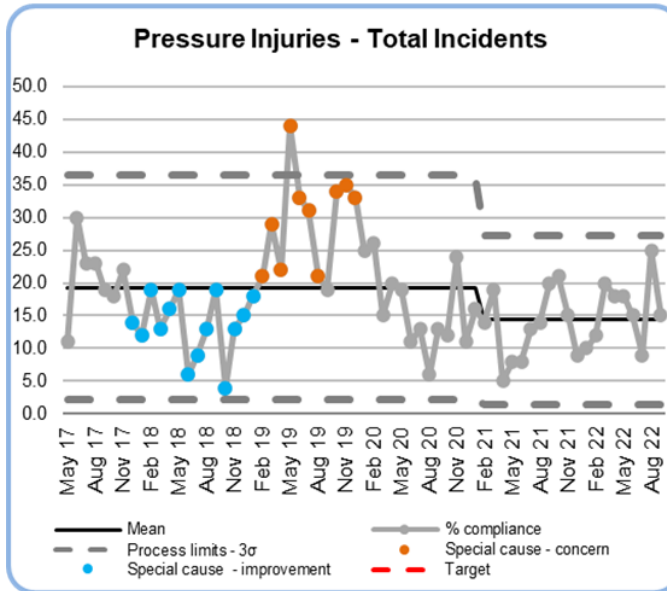
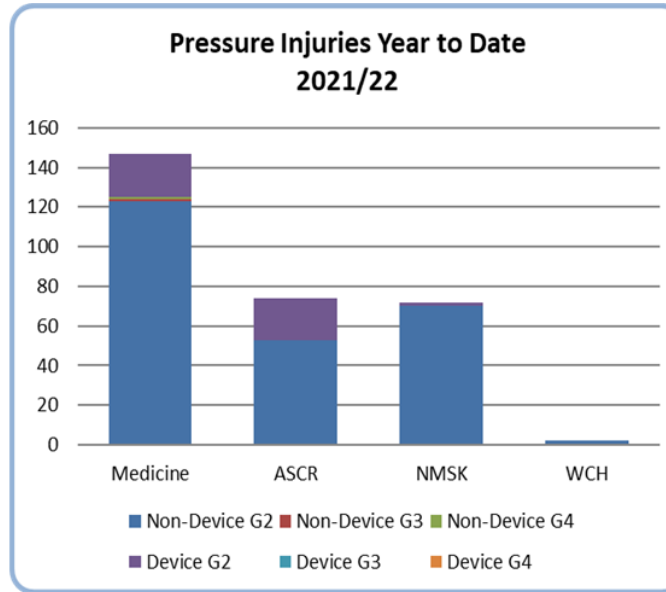
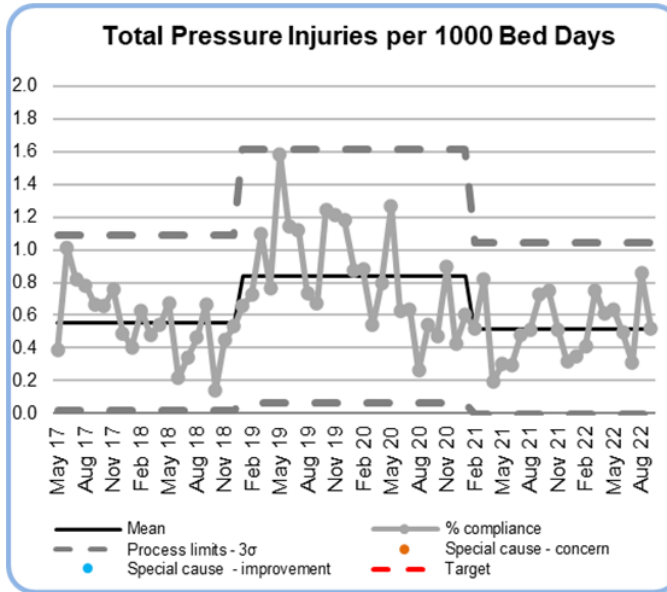
There were 0 Grade 3 or 4 pressure injuries reported in August. There was 1 unstageable pressure injury report to the sacrum attributable to 26b.

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

What actions are being taken to improve?

The Tissue Viability (TV) team continue to audit and use analysis to identify areas to provide targeted support and engagement.

TV team hosted two study days in August. The HCA Education Day focussed on the SSKIN bundle with a comprehensive breakdown and management of SSKIN and pressure injury preventative measures. The Tissue Viability Education Day is aimed primarily at nurses and is supported by Essity on a session around wound assessment. TVs provided an overview on available dressings, mode of action, the NBT dressing selection framework and a discussion around complex wound care. TVs have promoted and facilitated the 'Frailty Pathway' on ward 32a and have worked collaboratively with CES, the ward, fire officers and porters to do a test of change. Due to the high risk of pressure injury damage to the cohort of patients on the ward, all will be nursed on a hybrid dynamic mattress unless screened to a lower risk level and mattress.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

COVID levels showed a reduction but NBT continued to retain controls around mask wearing in clinical areas, with regular review of epidemiological data to support this. Outbreaks have reduced in number, with control measures through risk assessments and daily review in place to facilitate re-opening of beds where possible to assist with operational pressure.

MRSA – No Further cases noted in July.

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

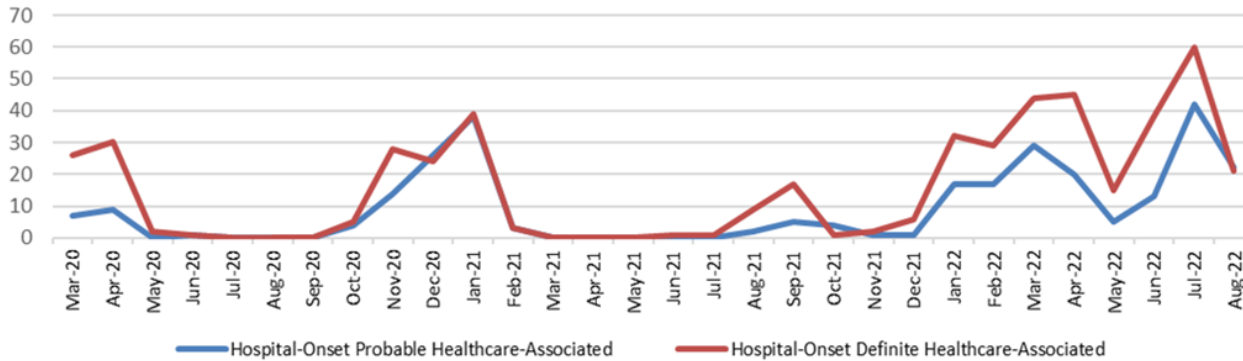
MSSA - Cases for this year have so far been below trajectory, but a slight increase in August cases

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

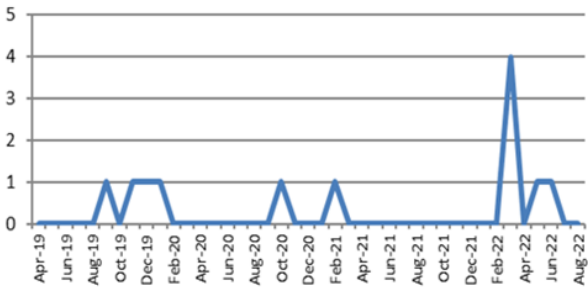
What actions are being taken to improve?

- Targeted work in divisions continues particularly in admission areas , specifically looking at C Diff and MRSA, IPC remains involved in shared learning platforms with the ICB and regional work targeting C Diff
- Activity for World Sepsis Day (September) and International Infection Prevention week (October) will include key themes and targeted learning
- COVID support continues across the trust with safe management of outbreaks, risk assessments continually in place managing risk vs trust's on going operational pressures.
- Trial in place in EEU (extended to Gate 28b) of Air scrubbers to attempt to reduce nosocomial spread and increase ventilation, with some initial good results.

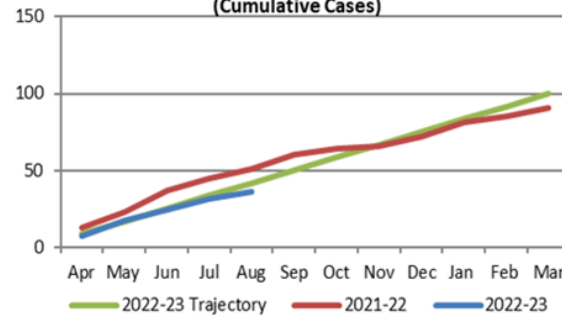
COVID-19 Onset Category by Positive Test Date



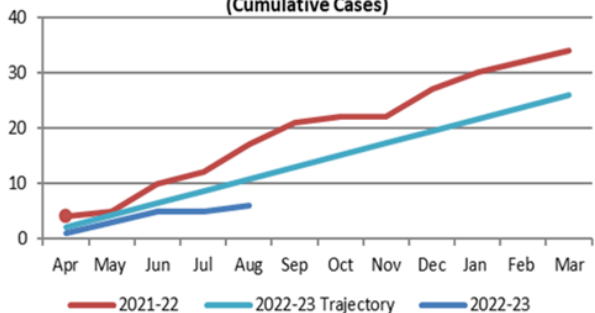
MRSA Cases - Trust Attributable



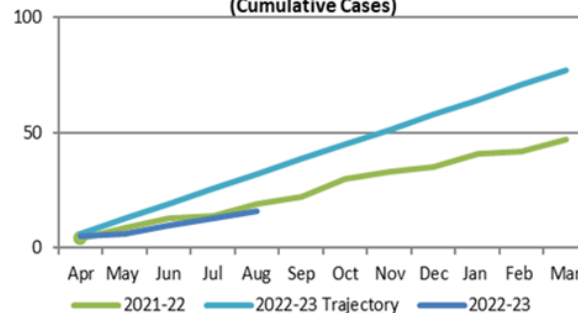
C.Difficile Cases - Trust Attributable (Cumulative Cases)

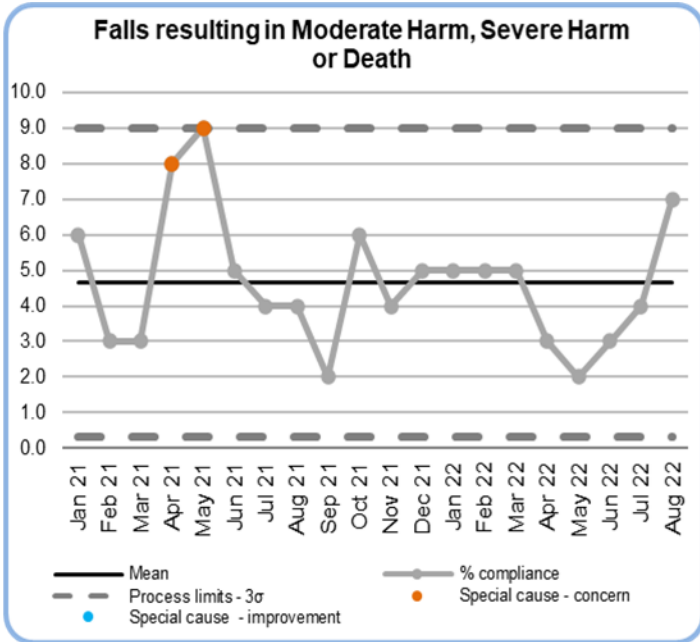
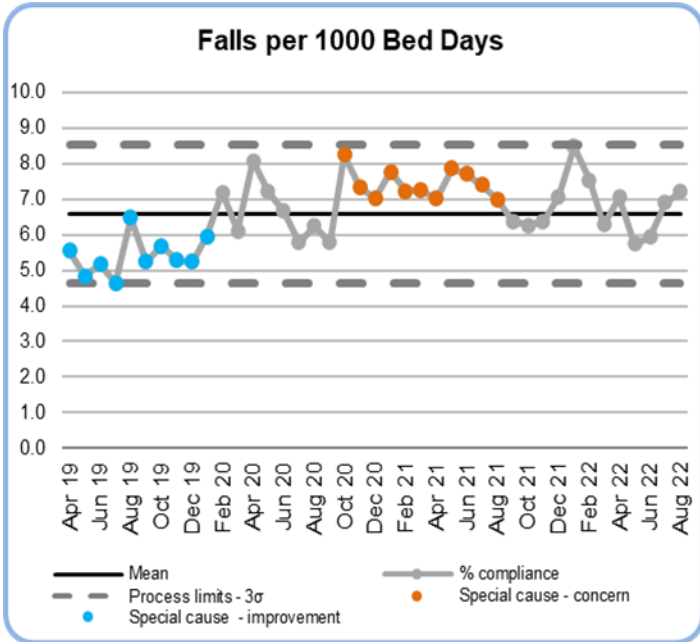


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





Falls

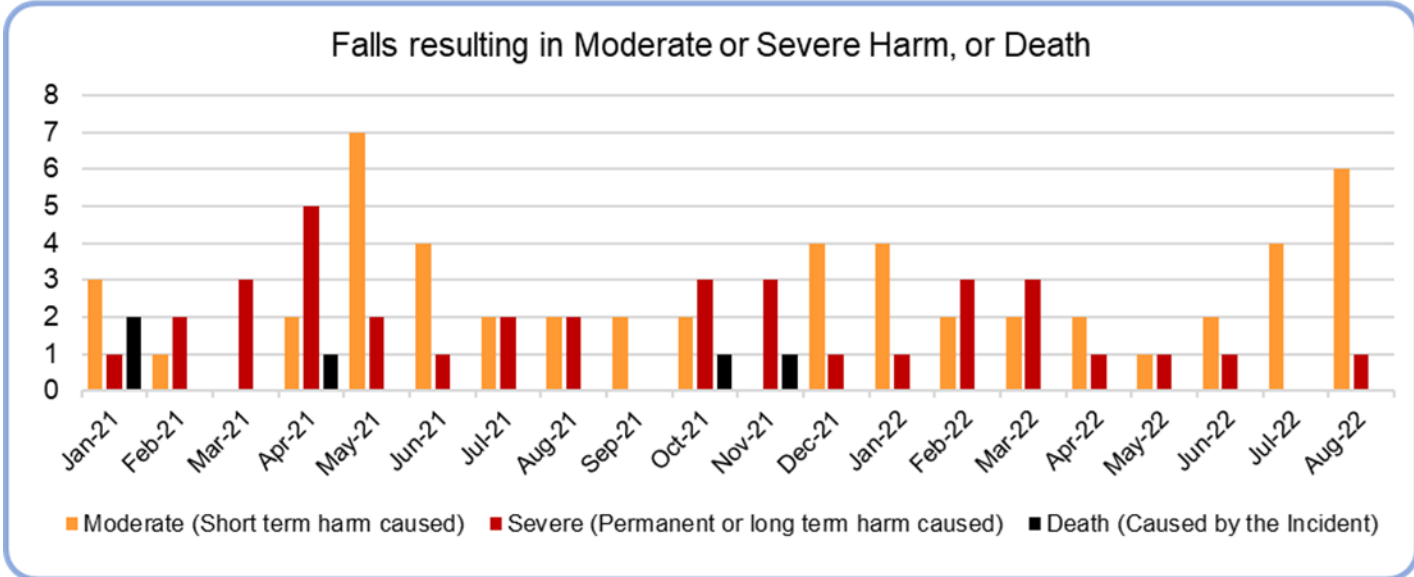
What does the data tell us?

Falls incidents per 1000 bed days

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

Falls harm rates

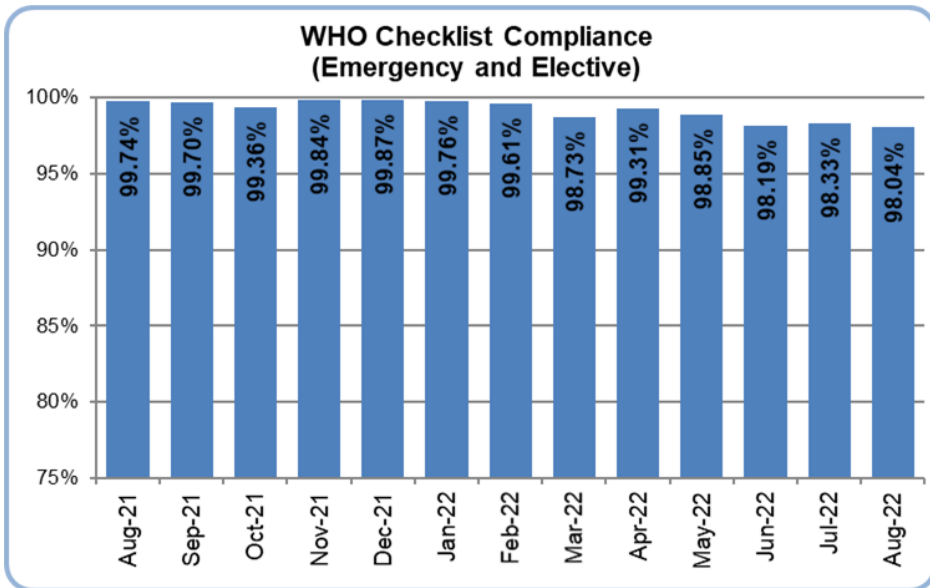
During August 2022, 6 falls were recorded and validated as causing moderate harm, 1 recorded and validated as causing severe harm. Moderate and severe harm falls were above the mean rate in August 2022. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately and safely responding to falls is well embedded at NBT. It is a positive that zero falls resulting in death have been recorded since November 2021.



What actions are being taken to improve?

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

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



WHO Checklist Compliance

What does the data tell us?

In July, WHO checklist compliance was 98.05%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

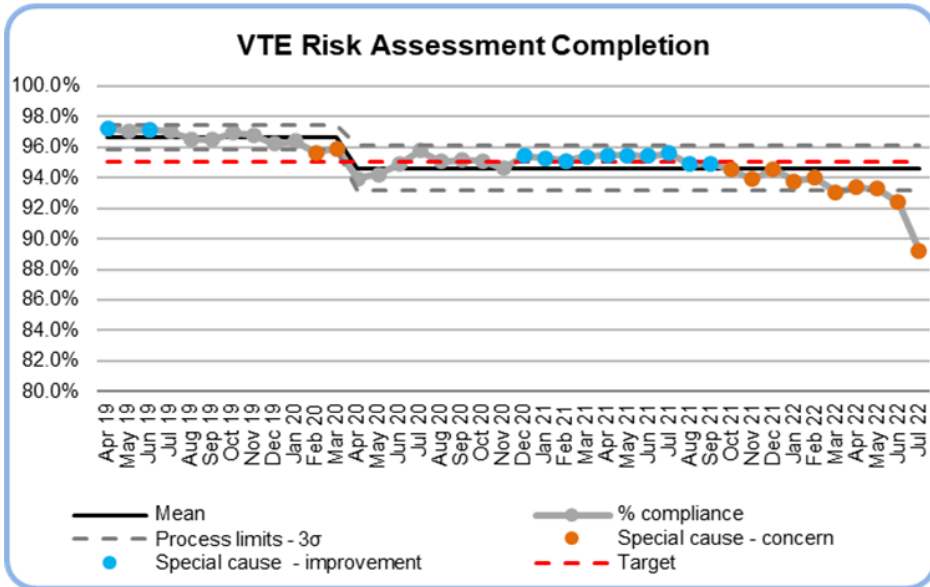
VTE Risk Assessment

What does the data tell us?

In June, the rate of VTE Risk Assessments performed on admission was reported as 93.72%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The Trust change-over to a new Electronic Patient Record system (CareFlow) has contributed to the significant decline in performance seen, with access and training issues, along with data processing delays.

What actions are being taken to improve?

- CareFlow targeted training for medical staff is being explored by the VTE team, along with ensuring all clinical staff have access for checking VTE risk assessment completion
- Data processing issues are being investigated and expected to have been corrected for reporting in September



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

Performance also reflects the impact of ongoing operational challenges on education, training and related data capture to support compliance in this area. A manual audit of documentation completion is in progress and has confirmed that actual completion of VTE risk assessment in those areas reviewed is better than reflected by the data but still requires improvement.

Leadership responsibilities have been determined medically and within Pharmacy for the improvement work required and this is commencing.

Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During August 2022, NBT had a rate of 4.6 medication incidents per 1000 bed days. This is slightly below the 6 month average for this figure.

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

During August 2022, c.15.3% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.153). This is slightly above average seen over the last 6 months but is dropped from the peak seen last month.

High Risk Medicines

During August 2022, c.39% 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

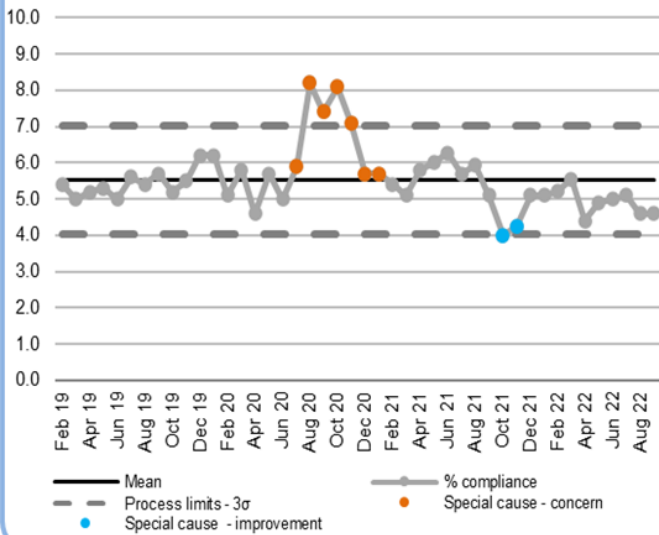
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the 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?

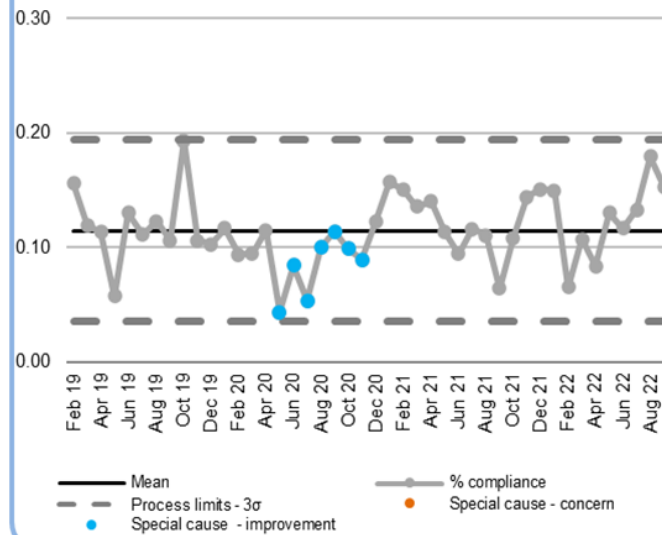
The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends.

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.

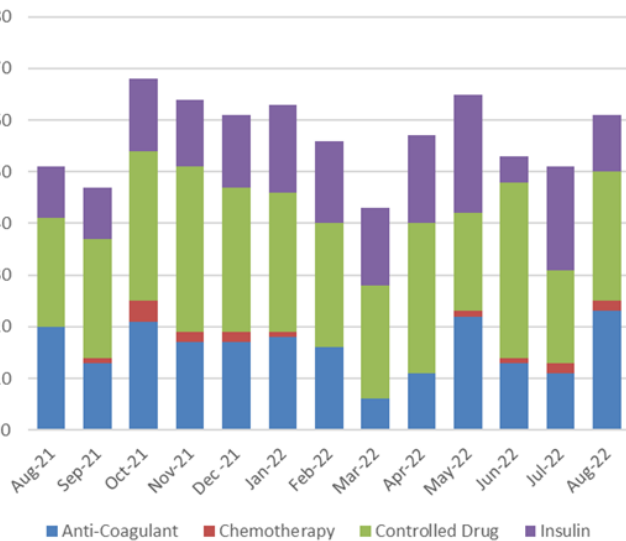
Medication Incidents per 1000 Bed Days



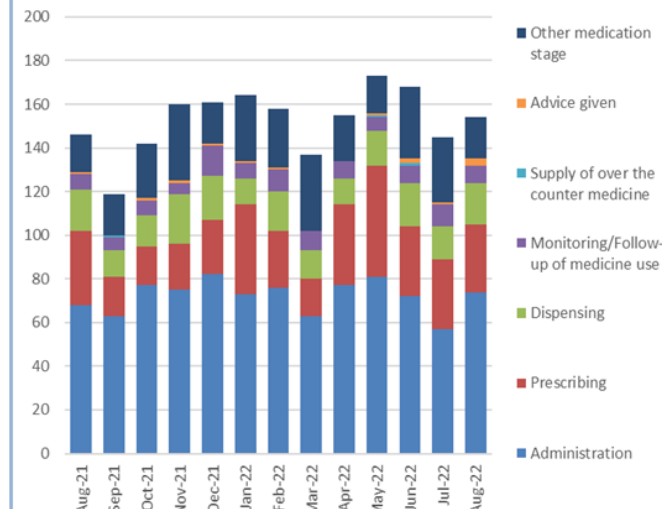
Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents

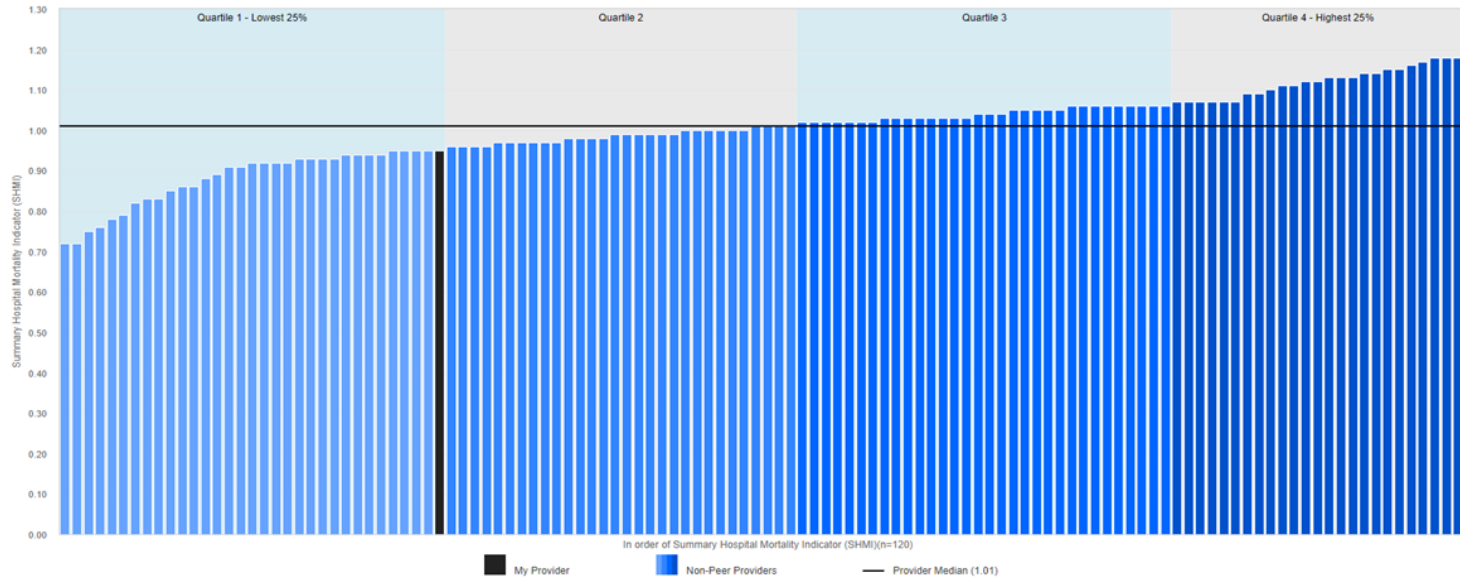


Incidents involving high risk drugs - last 12 months



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





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. Even though this has been rising throughout 2021 and into 2022 NBT is still presenting well below the national median.

Mortality Review Completion

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

Of all “High Priority” cases, 85% completed Mortality Case Reviews (MCR), including 24 of the 26 deceased patients with Learning Disability and 18 of the 25 patients with Serious Mental Illness. The recent drop in completion rate is due to the requirement of all cases of probable and definite hospital associated COVID to be reviewed. These include historic cases that were not previously classified as ‘high priority’.

Mortality Review Outcomes

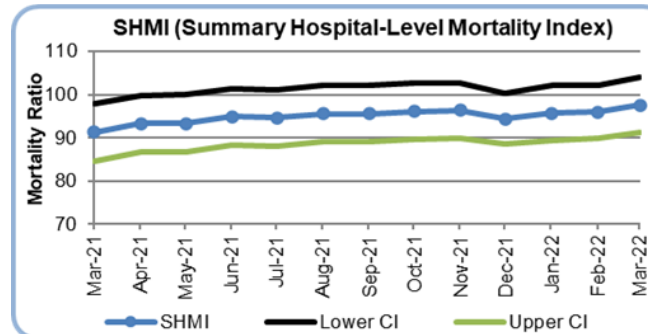
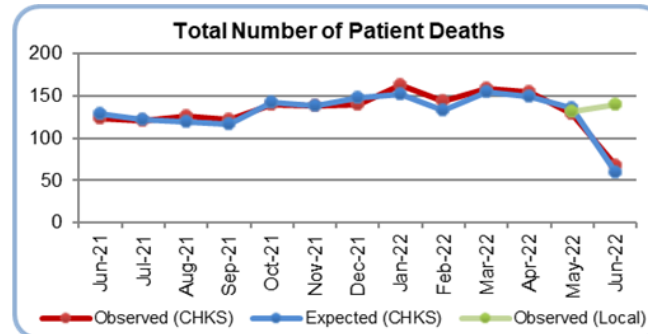
The percentage of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96% (score 3-5). There have been 10 mortality reviews with a score of 1 or 2 indicating potentially poor, or very poor care which undergo a learning review through divisional governance processes.

What actions are being taken to improve?

Conversations are being had with divisions and some specialties to understand how to improve the completion rate especially on high priority cases.

A CPD session being held collaboratively with UHBW will take place at the end of the month, all reviewers have been encouraged to attend.

July 21 – June 22	Completed	Required	% Complete
Screened & excluded	192		
High priority cases	262		
Other cases reviewed	1509		
Total reviewed cases	1963	2073	95%



Overall Score	1 (very poor)	2	3	4	5 (excellent)
Care received	0%	4%	26.2%	36.7%	33.1%

Date of Death	July 21 – June 22
Screened & excluded	1817
High priority cases	157

Input date: 12/09/22

Metric	25/07/2022	01/08/2022	08/08/2022	15/08/2022	22/08/2022	29/08/2022	05/09/2022	12/09/2022	Trend
New patients last 24 hours – admitted	3	2	1	2	1	1	2	1	
New Patients Diagnosed in last 24 hours	3	4	4	4	1	1	2	1	
Of these, in-patients diagnosed <48 hours after admission (Community Acquired)	2	2	2	2	0	0	2	1	
Of these, in-patients diagnosed 3-7 days after admission (Indeterminate)	1	1	1	0	0	0	0	0	
Of these, in-patients diagnosed 8-14 days after admission (Hospital Acquired)	1	1	1	1	1	1	0	0	
Of these, in-patients diagnosed 15+ days after admission (Hospital Acquired)	1	1	0	1	0	0	0	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	7	6	3	4	3	2	3	2	
Number of COVID positive patients as at 08:00	51	30	30	39	32	28	14	13	
Of these, patients admitted for primary COVID	40	20	24	28	21	18	12	10	
Of these, patients admitted with incidental COVID	11	10	6	10	10	10	2	3	
COVID positive patients in ICU	1	2	1	0	0	0	0	1	
COVID positive patients outside of ICU	50	28	29	39	32	28	14	12	
Query patients	0	0	0	0	0	0	0	0	
Closed and empty beds due to IPC	9	2	5	2	5	1	0	0	
NIV COVID	0	0	0	0	0	0	0	0	
Deaths	1	0	0	0	1	0	0	0	
Pathology lab positivity rate – rolling 7 day mean	0	0	0	0	4	0	0	0	
Patient Total positivity - detected - number	3	3	4	2	4	1	2	1	
Patient Total positivity - detected - %	0	0	0	0	0	0	0	0	

Metric	18/07/2022	25/07/2022	01/08/2022	08/08/2022	15/08/2022	22/08/2022	29/08/2022	05/09/2022	Trend
Bristol cases per 100,000 – 7 days	127	80	54	46	39	34	25	24	
South Gloucestershire cases per 100,000 – 7 days	206	130	88	75	63	56	40	40	
North Somerset cases per 100,000 – 7 days	127	80	54	46	39	34	25	24	

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 August 2022, the Trust received 62 formal complaints this is, 16 more than the previous month and 14 more than the same period last year. The most common subject for complaints is 'Clinical Care and Treatment' followed by 'Access to Services-Clinical'. There were 6 re-opened complaints in August, 3 for NMSK and 3 for Medicine. This is the highest number of returned complaints for over 12 months. This will be monitored closely to understand whether this is random or indicative of an issue with the quality of investigations and responses.

The 62 formal complaints can be broken down by division: (the previous month's total is shown in brackets)

ASCR	12 (12)	CCS	3 (2)	Facilities	4 (0)
Medicine	16 (16)	NMSK	16 (5)	WCH	7 (10)
Nursing & Quality	2 (1)	IM&T	1 (0)	Operations	1 (0)

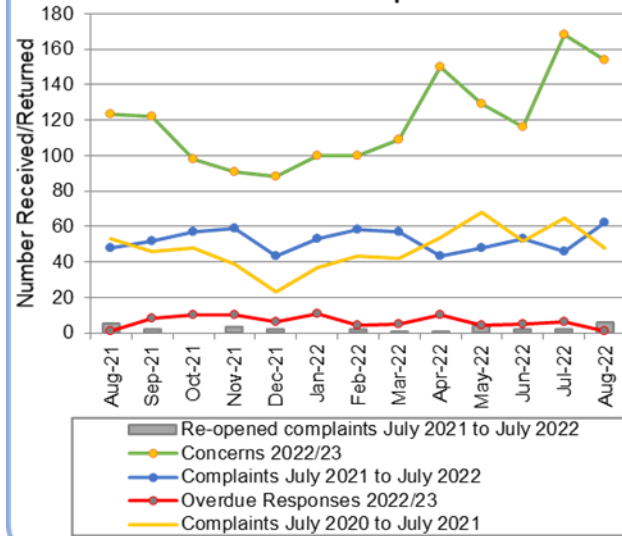
The number of PALS concerns received by the Trust remains high at 154. The number of enquiries increased to 106 for August.

The response rate compliance for complaints fell slightly to 76.3% from 78.2%. The number of overdue complaints fell to 1 in August from 6 in July. The overdue complaint is in ASCR.

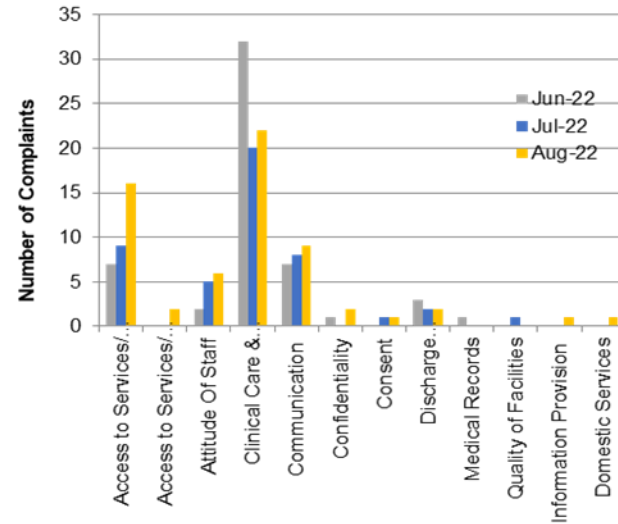
What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Patient Experience Manager and/or Complaints Manager.
- Weekly meetings with Medicine, ASCR, and NMSK Patient Experience Teams.
- Recovery plans and a trajectory for improvement have been extended in ASCR and Medicine. Both have achieved their targets throughout the improvement monitoring period and taken positive steps forwards however this has not been sustained across the whole period.
- Discussion with NMSK about whether additional support is required with regards to falling response rate compliance and increase in re-opened complaints.

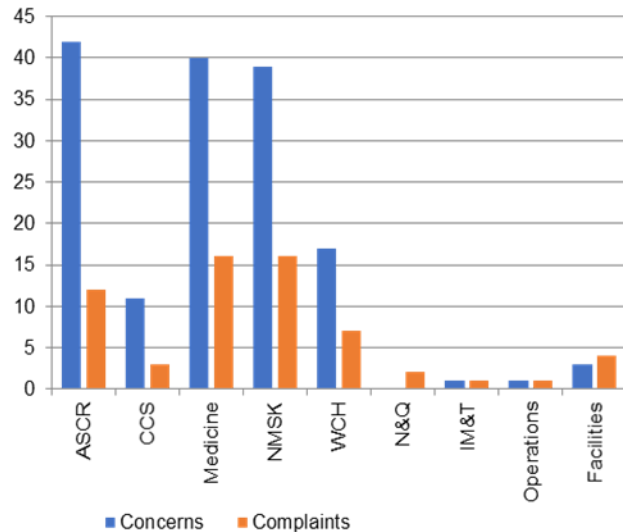
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



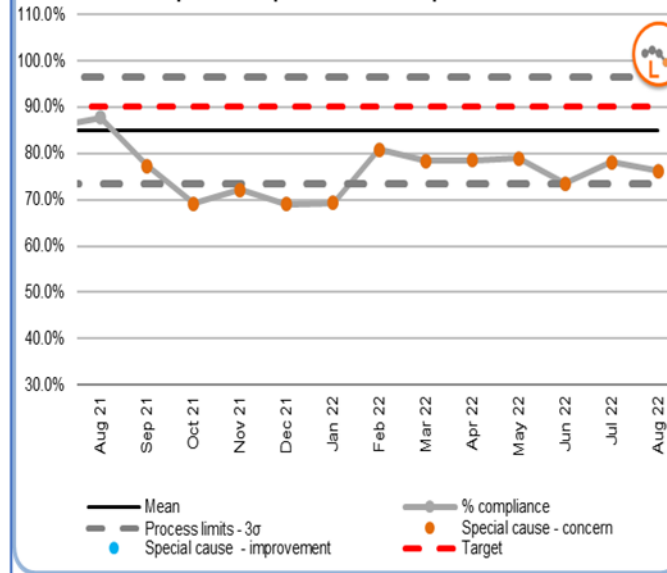
Complaints By Subject



Concerns and Complaints per Division



Complaint Response Rate Compliance



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 as evidenced through our patient research experience survey results.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 3881 participants have consented to our research. This exceeds our current YTD target (179%) 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; we have 195 studies open to new participants and have set up and opened 29 new studies since April (Graph 2), these are predominantly non commercial studies. We are keen to work with more commercial partners as we move through the year.

NBT continues to support the national efforts to develop effective vaccines and treatments in the management of current and future COVID variants and have established a core team to support these activities

In an attempt to capture some baseline data on the diversity of people who take part in research at NBT we have asked our teams to capture participant ethnicity and date of birth for people entering our studies since April 2022. We have made real progress and we are pleased to say that we are capturing 98% of DOB and 47% of Ethnicity data.

Our grants

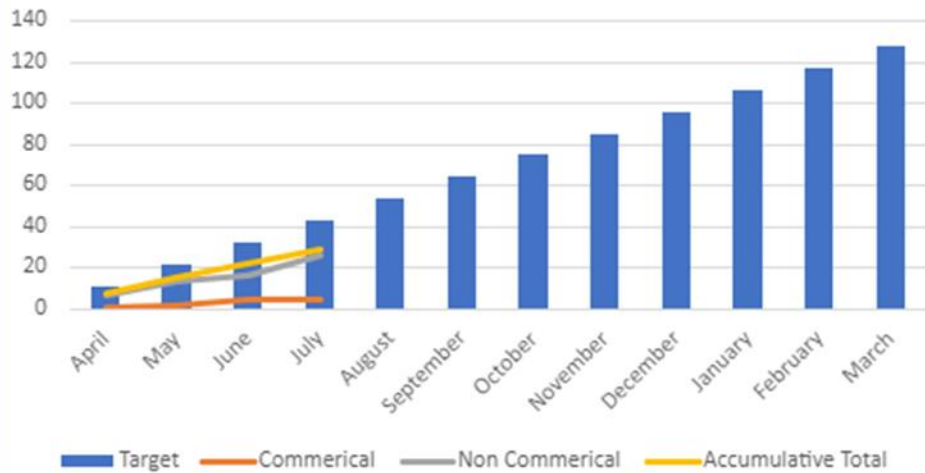
NBT currently holds 75 externally funded research grants, to a total value of £35m. This includes 37 prestigious NIHR grants totalling £33m, the most recent awards are for: **Dr Lyn Jones**, NIHR EME (£1.3m) to determine whether FAST MRI can detect breast cancers missed by screening mammography, **Dr Elsa Marques**, NIHR PGAR (£2.9m) to undertake a programme of work to evaluate hip implant prosthesis for patients younger than 69. **Dr Rebecca Kearney**, NIHR HTA (£2.1m) to investigate increased mobility in hospital after hip fracture.

In addition, NBT is a partner on 59 externally-led research grants, to a total value of £10.2m to NBT.

The Southmead Hospital Charity very kindly 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 a small pump-priming research project (up to a maximum of £20k) in any subject area. We are pleased to announce that we are now welcoming applications to the Round 14 call, and are keen to support anyone across the Trust who is interested in applying, especially staff who are new to research/novice researchers.

We are very pleased to have received a massive 29 nominations in NBT's annual staff awards across our workforce, which is a great way to recognise the contribution of our teams, we look forward to hearing the finalists in due course.

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**

Well Led Introduction

Vacancies

Trust vacancy factor decreased from 8.66% in July to 8.57% in August with current vacancies at 751.8 wte. Medical and dental saw the largest decreases in vacancy rates following the August junior doctor rotation. Registered nursing and midwifery saw a net loss of staff and an increase in vacancies of 29 wte.

Turnover

NBT's Rolling 12-month staff turnover decreased from 17.57% in July to 17.04% in August. Additional Clinical Services (24.17% to 22.78%) and Estates and Ancillary (15.66% to 14.51%) saw the largest decreases in turnover from July to August. The reduction in Additional Clinical Services relates to an increase in staff in post due to high numbers of HCA starters and thus staff in post following BNSSG recruitment event.

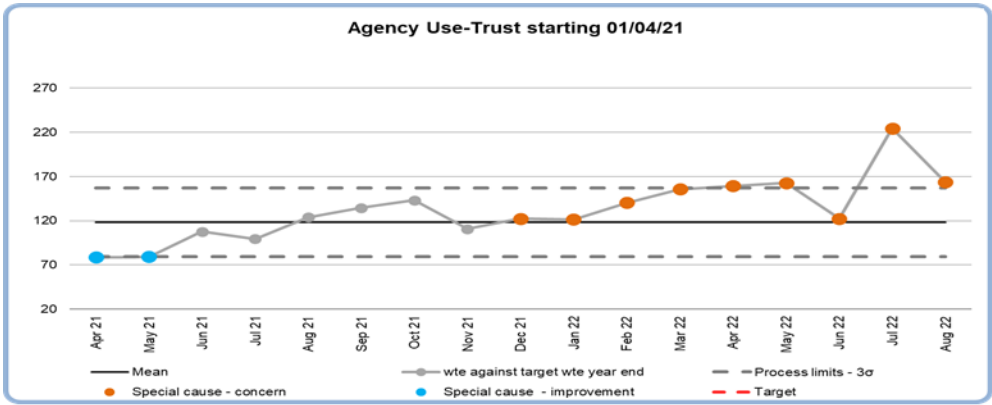
Prioritise the wellbeing of our staff

Rolling 12month sickness absence increased from 5.44% in July to 5.48% in August. Infectious diseases (which includes COVID-19) saw a significant decrease of 3690.68 fte days lost (-65.81%).

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand increased by 0.28% (3.13 wte) from July to August, however bank hours worked increased at a higher rate +3.62% (22.75wte), while agency use decreased, -2.31% (-3.55 wte), unregistered nursing and midwifery and allied health professionals saw the largest increase in bank use (+7.27% and +11.86% respectively). As a result of the increased bank hours worked, unfilled shifts decreased by -4.91% (-16.08wte), this was predominantly seen in registered nursing & midwifery and medical & dental staff. Total agency RMN use decreased, -5.71% (-4.04 wte), with tier 4 RMN use decreasing by 7.69wte (59.13%).

Theme	Action	Owner	By When
Turnover	Analysis of ESR and exit survey data has identified trends for reasons for leaving. Undertaking further analysis to identify which groups/areas are most affected, to ensure efforts and follow-up actions are appropriately targeted. Trust-level actions including development of agile working principles and policy; review of relocation and expenses policy; and access to career coaching being developed.	Head of People	Oct-22



What Does the Data Tell Us – Vacancies Nursing and Midwifery

Unregistered Nursing

We have continued a program of recruitment for unregistered nursing roles in August despite the large numbers still going through checks from the Mass recruitment event. We offered 11wte Band 2 roles and 23wte Band 3 Support worker roles this month.

Vacancies in unregistered nursing dropped in August. Band 2 Vacancies are now at 84.4wte (down from 103.9wte) and Band 3 vacancies are currently 58.4wte (Down from 62.9wte) We welcomed 29.73wte new Band 2 starters this month, predominately from the Mass Event recruitment. Band 3 starters were 8.04wte for the month.

Registered Nursing

Applications to the Trust continue through August despite many taking annual leave. We offered 24wte new Band 5 roles this month to candidates interviewed.

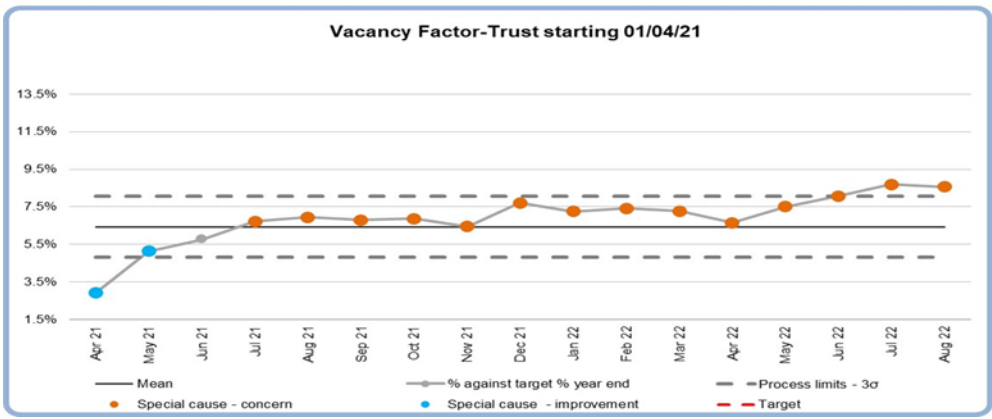
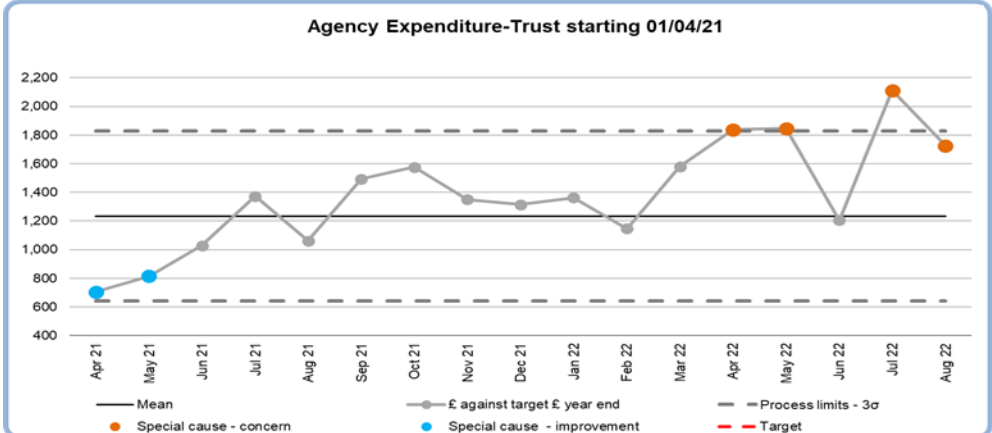
We welcomed 8.99wte new starters in August. Our leavers were 14.36wte - much lower than the previous month

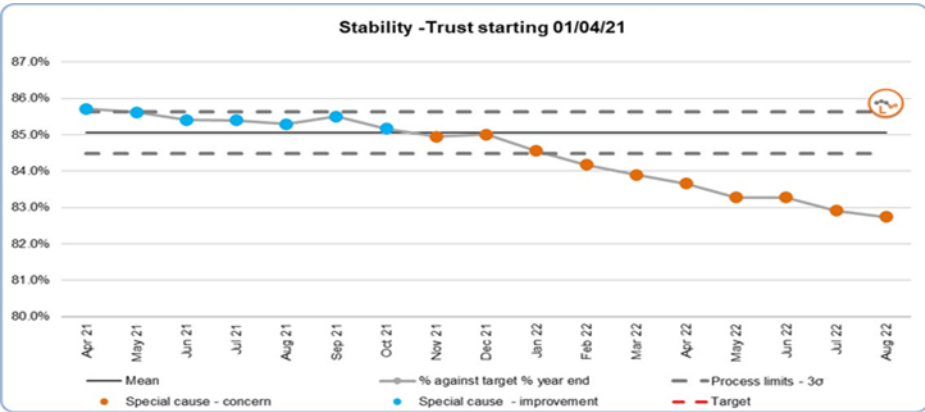
Job fairs and open days were paused in August due to many hiring managers taking Annual Leave. Talent Acquisition have a full programme of events for nursing candidates resuming in September 22.

9 International Nurses arrived in August to start their OSCE training with NBT.

Temporary Staffing

- Demand stabilised from the previous month which combined with a small increase in Bank supply and Tier 1 agency fulfilment, resulted in a halving of our Tier 4 usage and spend from the previous month.
- Continuation of the updated Bank recruitment campaign for all staff groups using via social media





What Does the Data Tell Us - Turnover and Stability

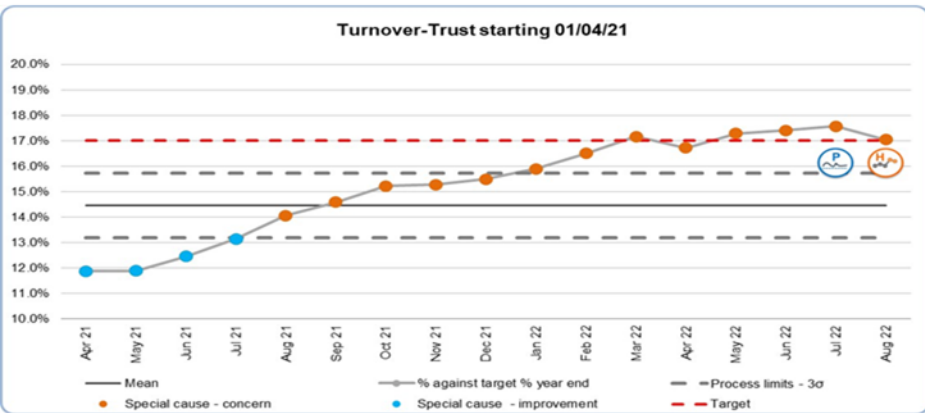
There has been a slight decrease in turnover (July to August 2022) although rolling year turnover remains high

Actions delivered: (Associate Director of People)

- Focussed and targeted promotion of 'Itchy Feet' via Trust-wide Comms and People Team attending Well-being events to promote Itchy Feet process and support
- Proposal developed on NBT approach's approach to Agile Working (including promotion and new guidance/toolkit); proposal going to Executive Team on 28.9.22

Actions in Progress:

- Promote protected time and prize inventive for staff to complete the Exit Questionnaire- **over next 6 months**
- 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 – October 22**)
- Development of 'Legacy mentoring' at NBT, aiming to utilise the extensive knowledge, skills and experience of older staff who are winding down/planning retirement, to support newer, less experienced staff members (**August – October 2022**)
- Commencing the 'settling in discussions' pilot when new cohort of HCSW start in post (**August – October**)
- Piloting putting Exit Survey on TEAMS (**Sept - October**)



What Does the Data Tell Us - Health and Wellbeing

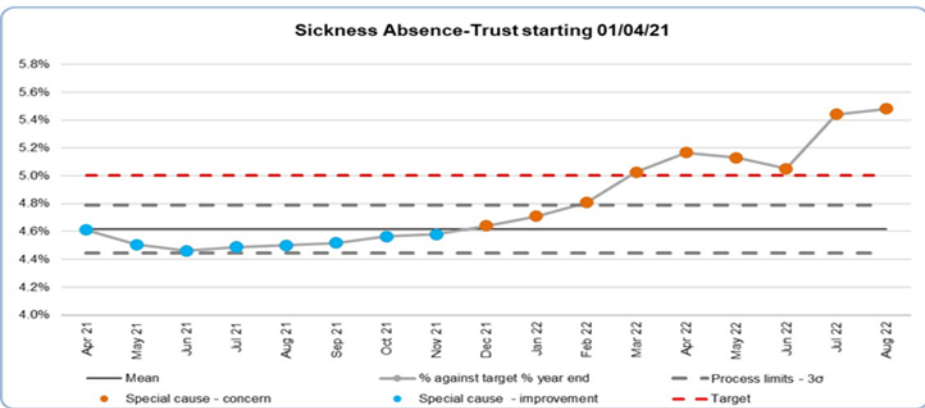
July saw a very slight increase in sickness absence from the previous month. *Anxiety/stress/depression/other psychiatric illnesses* remains the predominant driver of time lost to absence. COVID sickness absence has reduced

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

- Actions taken to ensure that those staff off sick with Long COVID are now receiving contractual sick pay from September, in line with National Terms and Conditions, and have been supported to return to work where possible
- Mental health awareness event held 2 September in recognition of World Suicide Prevention Day. Men's Mental Health Schwartz Round planned for November.

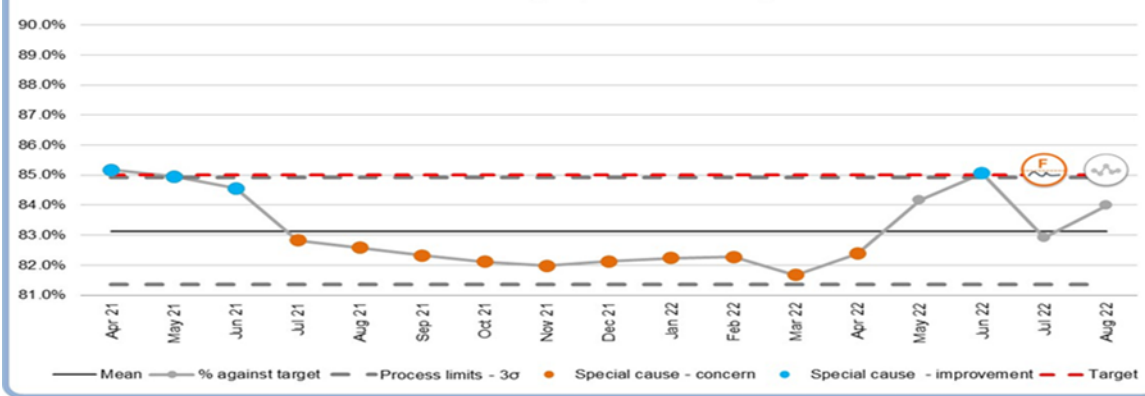
Actions in Progress: (Associate Director of Culture, Leadership & Development)

- 2022 National Staff Survey launched 14 September trust-wide, including bank staff. Participation rates reported weekly.
- New actions in progress to expand wellbeing offer: subsidised food and parking schemes; pension recycling & life assurance schemes.
- Continued progress of previously agreed initiatives: Divisional Reward & Recognition Fund; Environmental Improvement Fund; Menopause support programme; improvements to rest areas and pilot of a Calm Bus in November.
- Work underway to develop and provide better managerial support and guidance for disabled staff, including the development of new 'Reasonable Adjustment' guidance (October - November)

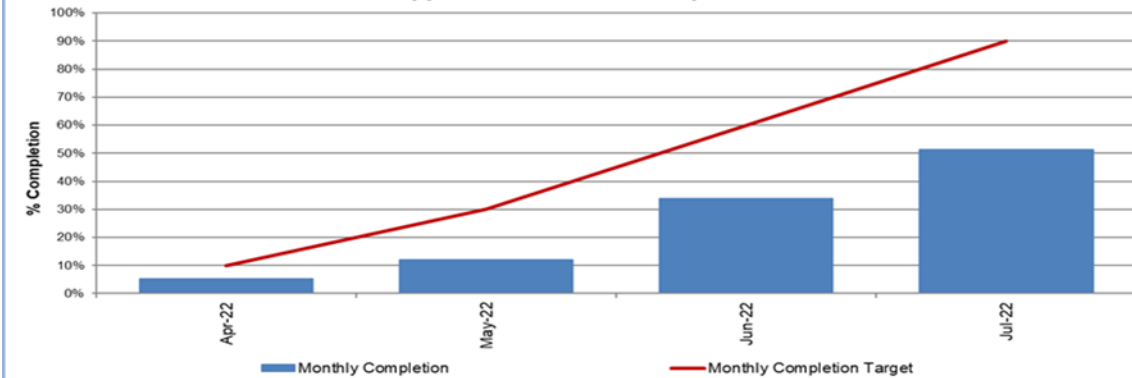


Essential Training

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



Appraisal Window % Completion



Training Topic	Variance	Jul-22	Aug-22
Child Protection	1.7%	81.4%	83.0%
Adult Protection	-0.1%	80.8%	80.7%
Equality and Diversity	1.7%	84.0%	85.7%
Fire Safety	0.4%	84.6%	84.9%
Health and Safety	2.6%	83.4%	86.0%
Infection Control	0.8%	85.5%	86.3%
Information Governance	0.3%	81.6%	82.0%
Manual Handling	2.3%	80.0%	82.3%
Waste	1.6%	84.4%	86.0%
Total	1.2%	82.85%	84.10%

What Does the Data Tell Us - Essential Training

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

L&OD will work with the 5 divisions who are just below the 85% compliance rate to encourage completion of outstanding training. The NBT Extra Bank Division compliance is 55.6% which reduces our overall compliance % and is an area of concern.

Actions – Essential Training (Head of Learning and Development)

- People Partners have been asked to focus on Fixed Term Temp and Agency/PTB staff to try to encourage completion of MaST. These areas in particular are well below the 85% target.
- New monthly division MaST compliance reports will be emailed to People Partners to enable them to target areas of non-compliance. This has been positively received.

Other Wider Actions

Leadership & Management Learning

- Applications closed on 16th September for the 3rd cohort of this year for ILM Level 2 Award in Leadership and Team Skills
- Coaching CPD Events are being organised to develop and support our NBT Coaching Faculty, and we are in the process of gathering information on who our MBTI Faculty to further support development requests.
- Our range of face-to-face Management Skills Modules continue to be delivered, with a review of these planned to ensure they continue to support our leaders and managers in the future in bitesize learning offers.
- The Specialty Lead Programme continues again in September with the Digital Leadership module.
- We continue to explore options for our Team to be upskilled in Teach Coaching training in this area to meet the needs and demands of Divisions.

Apprenticeships

- The Apprenticeship centre Register of Apprenticeship Training Provider (roATP) application has been awarded successful. This mean the Apprenticeship centre is now a training provider in their own right and can deliver their own apprenticeships under North Bristol NHS Trust. This is a huge achievement for the team and well-deserved recognition for the team
- Apprenticeship centre success for 21-22 72.2% - fantastic achievement

What Does the Data Tell Us

The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. There are however ongoing issues with the reporting, and this has been escalated to Allocate the roster provider. We will be back reporting as soon as it is possible. There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022, 197 HCSW have been offered a role with NBT and are expected to commence employment over the new few months. While the recruitment processes complete, we are introducing additional temporary staffing initiatives with an expansion on our NBT Extra Allocate on Arrival to include Divisional Allocate on Arrival bookings. The CNO is leading a Nursing & Midwifery safe staffing summit during September to further understand the impact of nursing and midwifery staffing on our patients/women and staff and will explore current challenges and opportunities.

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

Wards below 80% fill rate for Registered Staff:

- 32b (75.5% Day) staffing supplemented with redeployed RNs and HCSW
- 37 ICU (78.7% Day / 79.1% Night) staffing deployed to meet acuity of patients and needs of the service
- Medirooms (74.6% Day) vacancies, staffing deployed as required to meet patient needs across the service
- 7b (Day 75.7%)) staffing supplemented with redeployed RNs and HCSW
- Quantock Ward (77% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Mendip Ward (75.8% Day / 72.4% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Percy Phillips Ward (61.5% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold Ward (Day 66.1%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (67% Day / 22.2% Night) vacancies, staffing deployed as required to meet patient needs across the service

Wards below 80% fill rate for Care Staff:

- 9a (76.1% Day) Unregistered staff vacancies and absence
- EEU (68.3% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 9b (72.8% Day) Unregistered staff vacancies and absence, supported with deployed RN's.
- 28a (73.6% Night) Unregistered staff vacancies and absence
- Gate 31 AMU (71.3% Day / 53.3% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 27a (75.9% Day) Unregistered staff vacancies and absence
- 27b (68.4% Day / 78.6% Night) Unregistered staff vacancies and absence
- 28b (75.5% Day) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 34a (78.6% Day / 77.4% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 34b (67.2% Day / 63.5% Night) Unregistered staff vacancies and absence, supported with redeployed RN resource
- 8b (72.1% Day) Unregistered staff vacancies and absence
- Rosa Burden (64.5% Night) Unregistered staff vacancies and absence
- 7a (Day 75.6%) Unregistered staff vacancies and absence
- NICU (20.5% Day / 35.5% Night) Unregistered staff vacancies, safe staffing maintained through daily staffing monitoring
- CDS (69.9% Night) vacancies and absence, staffing deployed as required to meet patient needs across the service
- Quantock (78.1% Day / 71.6% Night) vacancies, staffing deployed as required to meet patient needs across the service.
- Percy Phillips Ward (78.5% Night) vacancies, staffing deployed as required to meet patient needs across the service
- Cotswold (Day 68.8%) vacancies, staffing deployed as required to meet patient needs across the service
- Cossham Birth Centre (64.4% Night) vacancies, staffing deployed as required to meet patient needs across the service

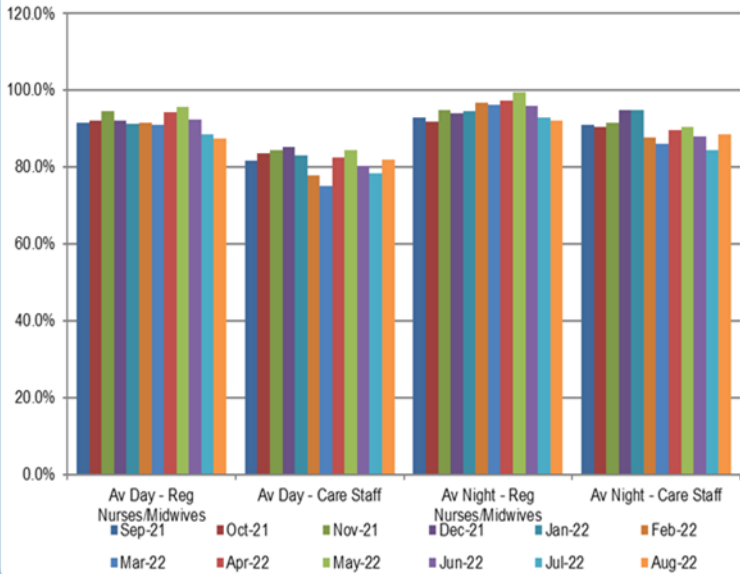
Wards over 150% fill rate for Registered Staff:

- None

Wards over 150% fill rate for Care Staff:

- 33a (248.3% Night) enhanced supervision for patients
- 25a (141.9% Night) enhanced supervision for patients

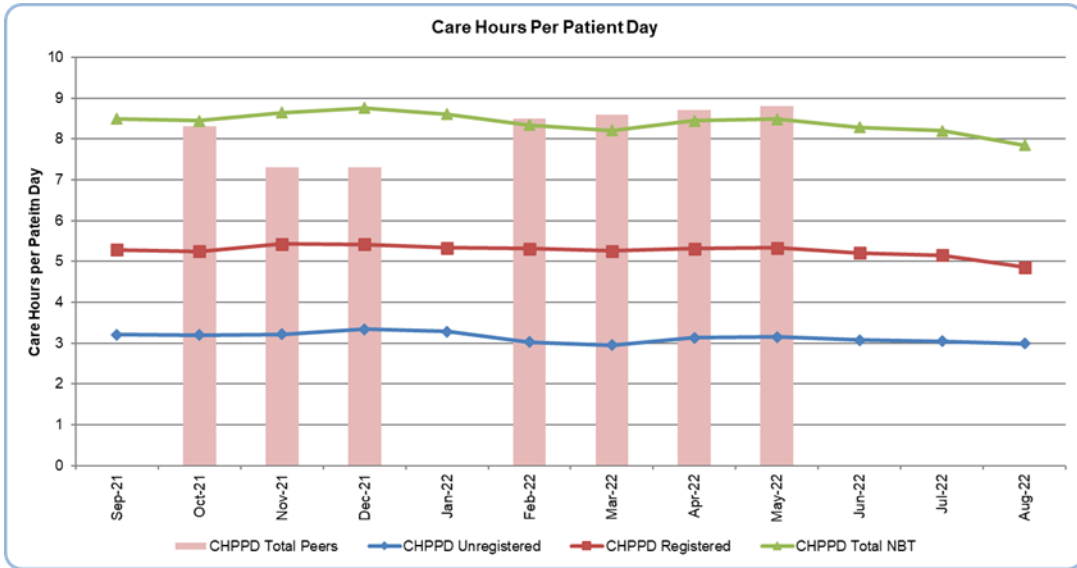
Safe Staffing Fill Rates



Aug-22	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	87.5%	81.8%	92.0%	88.4%

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



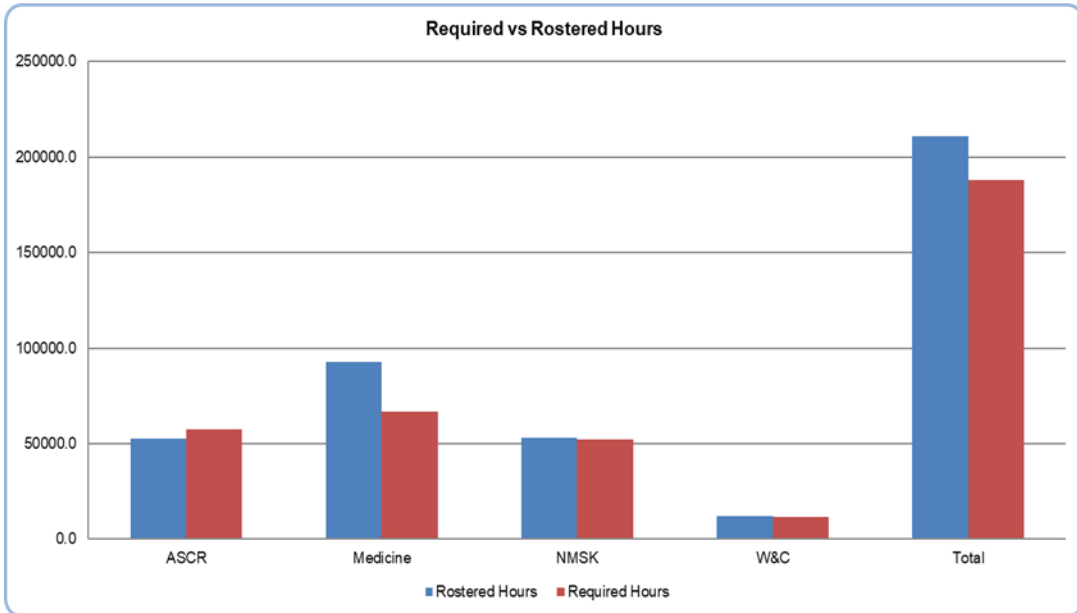
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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).

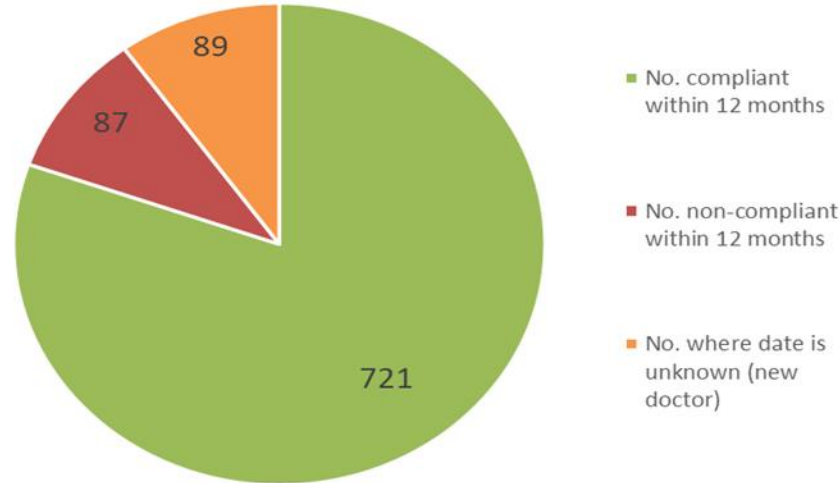
Safe Care Live (Electronic Acuity Tool)

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.



Appraisal compliance - past 12 months



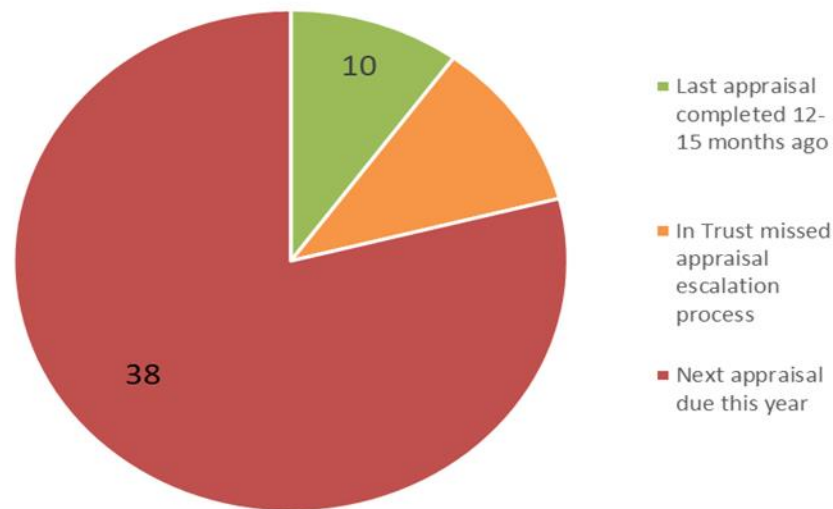
What does the data tell us?

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

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

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

Non-compliant doctors - past 12 months



What actions are being taken to improve?

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

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

Finance

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

	Month 5			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	58.1	60.4	2.3	290.5	295.9	5.4
Other Income	6.2	6.7	0.4	30.9	32.8	1.9
Pay	(39.1)	(39.8)	(0.8)	(197.6)	(202.9)	(5.2)
Non-Pay	(25.6)	(28.5)	(2.9)	(128.7)	(135.3)	(6.6)
Surplus/(Deficit)	(0.4)	(1.3)	(0.8)	(5.0)	(9.6)	(4.5)

Assurances

The financial position for the month of August 2022 shows the Trust has delivered a £1.3m adverse position against a £0.4m planned deficit which results in a £0.8m adverse variance in month, with a £4.5m adverse variance year to date.

Contract income is £2.3m favourable in month and £5.4m favourable year to date. The Trust-wide contract income position has been set to the expected block amount except for variable items (i.e. high-cost drugs and devices). The in-month position is driven by a £1m favourable variance on high cost drugs, £1m favourable variance relating to a top up on Genomics funding and a £0.7m favourable variance relating to ESRF funding as there will be no clawback process for non-delivery in M1-6. This is offset by a reduction of expected funding from Public Health of £0.4m.

Other Income is £0.4m favourable in month and £1.9m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position and when removed shows Other Income to be £0.2m favourable to plan which is driven by CCS Pathology.

Pay expenditure in month is £0.8m adverse in month and £5.2m adverse year to date. The Trust has seen overspends in Clinical Divisions for Consultant, Other Medical and Nursing due to bank and agency spend, sickness, and continued RMN usage in Medicine. Run-rate has reduced slightly against last month due to difficulty in filling shifts during the holiday period.

Non-pay expenditure in month is £2.9m adverse and £6.6m adverse year to date due to increased spend on drugs (offset in contract income), medical supplies, unidentified CIP and an increased spend on renal consumables in ASCR with the move to home delivery.

Statement of Financial Position at 31st August 2022

	21/22 M12	22/23 M04	22/23 M05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non Current Assets					
Property, Plant and Equipment	605.0	609.0	609.2	0.2	4.2
Intangible Assets	13.7	12.5	12.4	(0.1)	(1.4)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	620.2	622.9	623.0	0.1	2.8
Current Assets					
Inventories	9.1	9.2	9.2	(0.0)	0.1
Trade and other receivables NHS	19.0	27.4	14.3	(13.1)	(4.6)
Trade and other receivables Non-NHS	20.5	26.9	25.9	(1.1)	5.3
Cash and Cash equivalents	116.2	96.6	103.7	7.1	(12.4)
Total current assets	164.8	160.2	153.1	(7.0)	(11.7)
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.4	7.8	(2.6)	(2.8)
Trade and Other payables - Non-NHS	102.6	99.2	98.6	(0.6)	(4.0)
Deferred income	16.4	22.3	20.4	(1.9)	4.0
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	4.1	4.1	0.0	2.0
Total current liabilities	147.0	151.6	146.6	(5.1)	(0.4)
Trade payables and deferred income	7.1	7.6	7.7	0.1	0.6
PFI liability	359.3	355.7	354.9	(0.8)	(4.4)
Finance lease liabilities	2.0	6.7	6.8	0.1	4.8
Total Net Assets	269.7	261.4	260.1	(1.3)	(9.5)
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	(8.3)	(9.5)	(1.3)	(10.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	269.7	261.4	260.1	(1.3)	(9.5)

Assurances and Key Risks

Capital – Total capital spend for the year to date was £8.2m, compared to plan of £9.1m. The total planned spend for the year is £22.1m. The Capital Planning Group (CPG) has reviewed and was content that plans are in place to ensure that the Trust will meet its planned expenditure for the year.

Receivables - There was a net increase of £0.7m as in-year receivables increased by £9.5m of which £3.4m relates to income from commissioners, £1.1m to Mass Vaccination, £2.8m to prepayments and £2.2m to other sources of incomes. This was offset in August, NHS England resolved £8.8m of outstanding year-end receivables for Mass Vaccination and Nightingale Surge Ward.

Cash – The cash balance decreased by £12.4m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables - Year to date NHS payables have reduced by £2.8m due to clearing invoiced creditors post year end. Non-NHS payables have decreased by £4.0m, of which £5.8m relates to the reduction of accrued capital expenditure because of post year end payments, offset by net increases of £1.8m across invoiced and accrued liabilities.

Deferred income -There is a year to date increase of £4.6m in deferred income, of which £2.7m is linked with timing of funding received from Health Education England and research, and £1.9m represents deferral of contract income for delayed service developments.

Regulatory

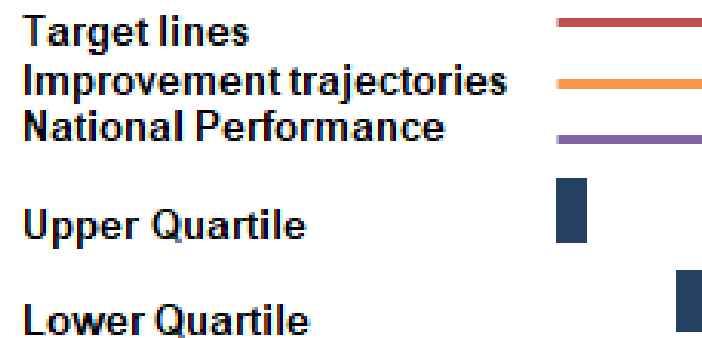
**Board Sponsor: Chief Executive
Maria Kane**

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 August 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.



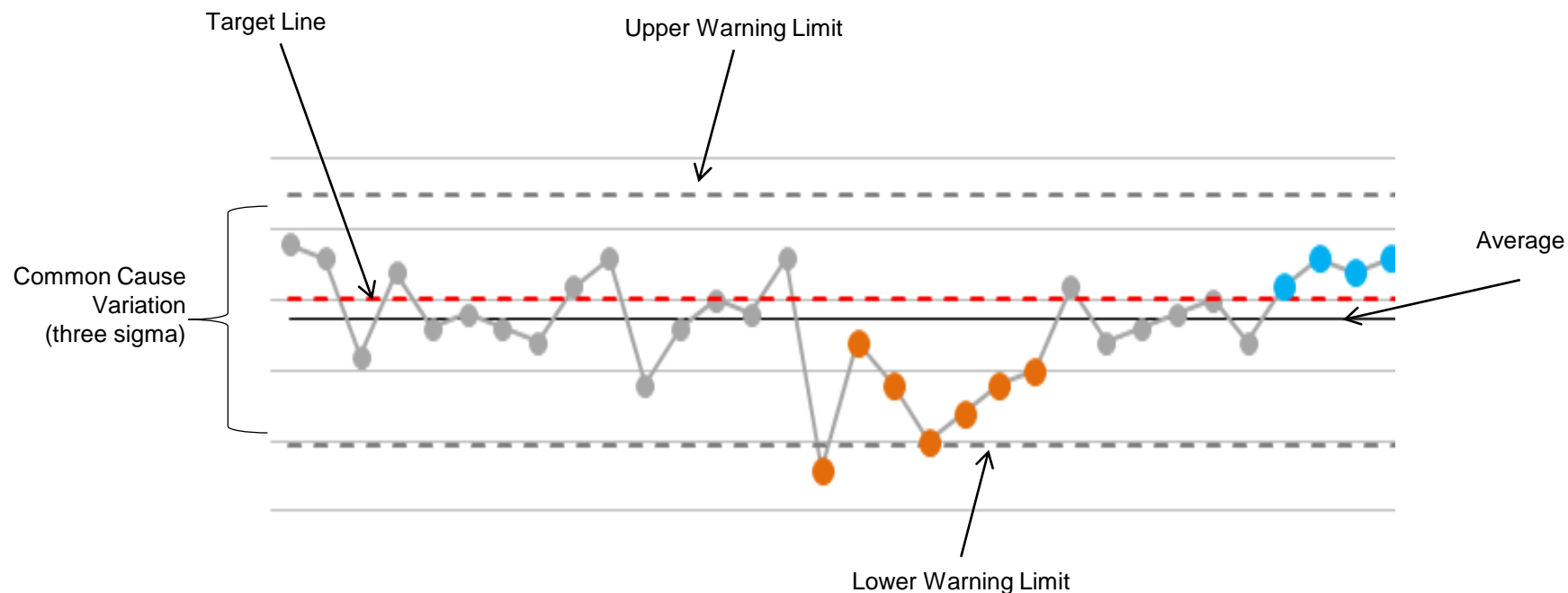
NBT Quality Priorities 2022/23

- 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