

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



April 2024
(presenting March 2024 data)

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North Bristol Integrated Performance Report

| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | |
|----------------|---|------------|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---|------|
| | | | | | | | | | | | | | | | | | | | Peer Performance | Rank |
| Responsiveness | A&E 4 Hour - Type 1 Performance | R | 95.00% | 76.03% | 78.35% | 80.16% | 70.74% | 75.15% | 71.49% | 71.94% | 64.33% | 60.56% | 63.37% | 67.17% | 63.30% | 64.87% | 63.77% | | 54.11% | 1/11 |
| | A&E 12 Hour Trolley Breaches | R | 0 | - | 135 | 2 | 39 | 10 | 12 | 17 | 23 | 223 | 213 | 269 | 318 | 168 | 260 | | 9-2220 | 3/11 |
| | Ambulance Handover < 15 mins (%) | | 65.00% | - | 28.00% | 38.76% | 33.96% | 34.54% | 32.21% | 26.14% | 25.74% | 25.35% | 30.54% | 29.30% | 34.33% | 39.53% | 37.39% | | | |
| | Ambulance Handover < 30 mins (%) | R | 95.00% | - | 70.60% | 82.40% | 73.03% | 78.48% | 74.86% | 70.85% | 64.84% | 57.57% | 66.56% | 61.70% | 64.15% | 71.52% | 68.29% | | | |
| | Ambulance Handover > 60 mins | | 0 | - | 267 | 87 | 231 | 164 | 165 | 182 | 317 | 620 | 438 | 548 | 532 | 326 | 364 | | | |
| | Average No. patients not meeting Criteria to Reside | | | - | 239 | 208 | 190 | 198 | 200 | 198 | 195 | 218 | 228 | 243 | 245 | 233 | 211 | | | |
| | Bed Occupancy Rate | | | 93.12% | 97.21% | 96.08% | 97.14% | 96.99% | 95.81% | 93.63% | 95.59% | 97.12% | 96.84% | 96.28% | 97.81% | 97.40% | 97.48% | | | |
| | Diagnostic 6 Week Wait Performance | | 1.00% | 15.00% | 16.03% | 17.44% | 17.48% | 18.64% | 15.10% | 14.18% | 12.50% | 11.40% | 9.81% | 10.11% | 12.28% | 5.19% | 4.22% | | 22.84% | 2/10 |
| | Diagnostic 13+ Week Breaches | | 0 | 0 | 939 | 740 | 593 | 595 | 300 | 124 | 59 | 17 | 14 | 7 | 4 | 5 | 0 | | 5-3093 | 1/10 |
| | RTT Incomplete 18 Week Performance | | 92.00% | - | 63.37% | 62.66% | 63.23% | 61.02% | 60.97% | 60.50% | 60.53% | 61.52% | 61.94% | 60.14% | 61.11% | 61.58% | 59.75% | | 54.29% | 8/10 |
| | RTT 52+ Week Breaches | R | 0 | 2560 | 2576 | 2684 | 2798 | 2831 | 2689 | 2599 | 2306 | 2124 | 1858 | 1685 | 1393 | 1383 | 1471 | | 98-14216 | 2/10 |
| | RTT 65+ Week Breaches | | | 234 | 547 | 591 | 594 | 619 | 624 | 606 | 582 | 545 | 420 | 388 | 249 | 193 | 146 | | 1-4067 | 2/10 |
| | RTT 78+ Week Breaches | R | | 27 | 69 | 65 | 84 | 59 | 44 | 48 | 48 | 55 | 49 | 50 | 45 | 39 | 27 | | 0-703 | 4/10 |
| | Total Waiting List | R | | 41685 | 47287 | 47861 | 47731 | 49899 | 50119 | 50168 | 48969 | 48595 | 47698 | 47245 | 46710 | 46394 | 46278 | | | |
| | Cancer 31 Day First Treatment | | 96.00% | 94.69% | 79.58% | 83.51% | 86.27% | 90.77% | 87.80% | 81.59% | 0.00% | 85.61% | 88.14% | 86.30% | 77.12% | 86.18% | - | | 88.00% | 7/10 |
| | Cancer 62 Day Standard | R | 85.00% | 73.77% | 55.29% | 50.00% | 53.20% | 54.21% | 52.15% | 50.81% | 0.00% | 55.74% | 58.04% | 55.74% | 48.42% | 45.14% | - | | 55.43% | 9/10 |
| | Cancer 28 Day Faster Diagnosis | R | 75.00% | 75.17% | 68.05% | 62.72% | 66.43% | 65.14% | 57.36% | 54.96% | 0.00% | 59.46% | 71.42% | 74.89% | 70.88% | 74.80% | - | | 59.46% | 7/10 |
| | Cancer PTL >62 Days | | 242 | 178 | 140 | 178 | 207 | 171 | 183 | 236 | 276 | 250 | 260 | 336 | 317 | 197 | 174 | | | |
| | Cancer PTL >104 Days | | 0 | 18 | 29 | 25 | 40 | 45 | 46 | 41 | 47 | 49 | 53 | 64 | 85 | 74 | 65 | | | |
| | Urgent operations cancelled ≥2 times | | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | - | | |

RAG ratings (Red/Green) 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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| Domain | Description | Regulatory | National Standard | Current Month Trajectory (RAG) | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Trend |
|--|---|------------|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Quality, Safety and Effectiveness | Summary Hospital-Level Mortality Indicator (SHMI) | | | | 0.97 | 0.98 | 0.98 | 0.99 | 0.99 | 0.98 | 0.98 | 0.99 | - | - | - | - | - | |
| | Never Event Occurrence by month | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | |
| | Commissioned Patient Safety Incident Investigations | | | | 3 | 2 | 4 | 0 | 0 | 2 | 2 | 2 | 1 | 1 | 2 | 0 | 1 | |
| | Healthcare Safety Investigation Branch Investigations | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | |
| | Total Incidents | | | | 1199 | 1019 | 1120 | 1082 | 1042 | 1161 | 1135 | 1491 | 1547 | 1182 | 1251 | 1340 | 1291 | |
| | Total Incidents (Rate per 1000 Bed Days) | | | | 39 | 37 | 38 | 37 | 35 | 41 | 40 | 48 | 52 | 39 | 39 | 45 | 40 | |
| | WHO checklist completion | | | 95.00% | 97.76% | 99.20% | 96.97% | 97.77% | 99.01% | 98.58% | 97.68% | 99.08% | 99.36% | 99.43% | 99.52% | 99.82% | 99.71% | |
| | VTE Risk Assessment completion | R | | 95.00% | 95.09% | 95.61% | 95.03% | 94.97% | 94.72% | 94.33% | 93.88% | 92.95% | 92.80% | 91.60% | 86.21% | 85.12% | - | |
| | Pressure Injuries Grade 2 | | | | 13 | 20 | 15 | 18 | 17 | 12 | 14 | 11 | 10 | 12 | 11 | 18 | 10 | |
| | Pressure Injuries Grade 3 | | | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | |
| | Pressure Injuries Grade 4 | | | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | |
| | Pressure Injuries rate per 1,000 bed days | | | | 0.46 | 0.63 | 0.45 | 0.55 | 0.47 | 0.46 | 0.46 | 0.26 | 0.34 | 0.33 | 0.35 | 0.47 | 0.28 | |
| | Falls per 1,000 bed days | | | | 6.25 | 5.92 | 6.39 | 5.66 | 4.91 | 5.73 | 4.96 | 6.45 | 6.56 | 6.38 | 5.58 | 5.72 | 5.66 | |
| | MRSA | R | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | |
| | E. Coli | R | | 4 | 2 | 8 | 4 | 7 | 4 | 2 | 7 | 5 | 11 | 5 | 6 | 5 | 2 | |
| | C. Difficile | R | | 5 | 6 | 1 | 4 | 11 | 6 | 2 | 5 | 4 | 3 | 2 | 2 | 9 | 8 | |
| | MSSA | | | 2 | 0 | 1 | 2 | 6 | 9 | 5 | 2 | 4 | 3 | 6 | 3 | 3 | 2 | |
| | Observations Complete | | | | 96.64% | 99.14% | 99.05% | 98.89% | 99.22% | 97.56% | 96.48% | 99.02% | 98.83% | 98.66% | 98.73% | 98.50% | 98.60% | |
| | Observations On Time | | | | 59.75% | 41.65% | 42.49% | 45.38% | 48.37% | 61.62% | 69.58% | 73.33% | 75.00% | 72.04% | 72.85% | 71.82% | 72.94% | |
| | Observations Not Breached | | | | 70.39% | 52.73% | 53.66% | 57.47% | 58.21% | 73.78% | 80.83% | 85.17% | 88.39% | 85.54% | 85.57% | 84.80% | 84.52% | |
| | 5 minute Apgar 7 rate at term | | | 0.90% | 0.45% | 0.79% | 0.00% | 0.72% | 0.93% | 0.45% | 0.64% | 0.68% | 1.82% | 0.78% | 0.23% | 1.22% | 1.90% | |
| | Caesarean Section Rate | | | | 42.03% | 36.41% | 42.80% | 44.37% | 40.65% | 46.33% | 47.02% | 42.89% | 43.19% | 41.26% | 44.90% | 47.50% | 44.74% | |
| | Still Birth rate | | | 0.40% | 0.21% | 0.24% | 0.21% | 0.44% | 0.43% | 0.21% | 0.29% | 0.21% | 0.21% | 0.72% | 0.43% | 0.00% | 0.22% | |
| | Induction of Labour Rate | | | 32.10% | 34.91% | 36.89% | 35.91% | 33.55% | 38.04% | 32.08% | 30.65% | 34.31% | 30.21% | 36.65% | 31.67% | 31.36% | 34.45% | |
| | PPH 1500 ml rate | | | 8.60% | 2.80% | 3.16% | 4.09% | 2.87% | 4.13% | 2.31% | 2.68% | 3.97% | 2.96% | 2.42% | 2.38% | 4.04% | 2.68% | |
| | Fragile Hip Best Practice Pass Rate | | | | 60.34% | 68.42% | 55.00% | 43.10% | 62.00% | 58.00% | 55.77% | 79.17% | 70.59% | 61.40% | 60.00% | 67.92% | - | |
| | Admitted to Orthopaedic Ward within 4 Hours | | | | 48.28% | 47.37% | 47.50% | 27.59% | 40.00% | 48.00% | 36.54% | 33.33% | 25.49% | 21.05% | 28.57% | 9.43% | - | |
| | Medically Fit to Have Surgery within 36 Hours | | | | 65.52% | 70.18% | 67.50% | 44.83% | 62.00% | 58.00% | 55.77% | 81.25% | 72.55% | 68.42% | 64.29% | 71.70% | - | |
| | Assessed by Orthogeriatrician within 72 Hours | | | | 94.83% | 96.49% | 85.00% | 93.10% | 96.00% | 98.00% | 96.15% | 97.92% | 96.08% | 91.23% | 88.57% | 90.57% | - | |
| | Stroke - Patients Admitted | | | | 115 | 94 | 121 | 181 | 133 | 191 | 156 | 155 | 164 | 157 | 184 | 163 | 131 | |
| Stroke - 90% Stay on Stroke Ward | | | 90.00% | 80.95% | 86.36% | 87.01% | 85.71% | 89.02% | 80.91% | 84.62% | 82.22% | 71.95% | 77.42% | 75.22% | 78.13% | - | | |
| Stroke - Thrombolysed <1 Hour | | | 60.00% | 80.00% | 56.25% | 42.86% | 73.33% | 44.44% | 68.18% | 52.38% | 75.00% | 56.25% | 37.50% | 85.71% | 60.00% | - | | |
| Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 60.00% | 55.68% | 73.24% | 58.97% | 61.86% | 66.67% | 58.93% | 56.19% | 59.78% | 61.45% | 70.97% | 58.62% | 63.92% | - | | |
| Stroke - Seen by Stroke Consultant within 14 Hours | | | 90.00% | 92.39% | 93.59% | 77.42% | 84.11% | 80.00% | 86.89% | 87.93% | 89.80% | 85.71% | 92.23% | 86.47% | 95.50% | - | | |

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|-------------------------------------|--|------------|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Quality & Caring Patient Experience | Friends & Family Positive Responses - Maternity | | | | 91.98% | 94.44% | 93.50% | 91.79% | 88.81% | 91.00% | 89.49% | 89.49% | 89.29% | 91.73% | 92.73% | 91.16% | 93.93% | |
| | Friends & Family Positive Responses - Emergency Department | | | | 87.57% | 86.07% | 79.57% | 81.95% | 81.75% | 83.58% | 74.74% | 72.80% | 79.33% | 80.94% | 81.44% | 81.12% | 73.99% | |
| | Friends & Family Positive Responses - Inpatients | | | | 93.58% | 92.85% | 93.29% | 91.62% | 93.65% | 93.70% | 93.37% | 91.96% | 92.53% | 91.30% | 92.71% | 91.98% | 91.55% | |
| | Friends & Family Positive Responses - Outpatients | | | | 95.24% | 95.53% | 95.43% | 94.67% | 95.46% | 95.13% | 94.04% | 94.65% | 95.45% | 96.01% | 95.31% | 94.58% | 95.12% | |
| | PALS - Count of concerns | | | | 156 | 120 | 141 | 141 | 145 | 123 | 135 | 139 | 152 | 103 | 191 | 133 | 157 | |
| | Complaints - % Overall Response Compliance | | | 90.00% | 79.63% | 73.17% | 79.49% | 80.00% | 79.63% | 64.10% | 71.11% | 65.00% | 60.00% | 73.00% | 79.00% | 71.00% | 84.62% | |
| | Complaints - Overdue | | | | 4 | 3 | 1 | 6 | 5 | 4 | 5 | 9 | 10 | 3 | 5 | 6 | 4 | |
| Complaints - Written complaints | | | | 41 | 38 | 57 | 44 | 42 | 48 | 49 | 60 | 49 | 36 | 44 | 40 | 39 | | |
| Workforce | Agency Expenditure ('000s) | | | | 2485 | 1533 | 1948 | 2342 | 2402 | 2242 | 2182 | 2093 | 2184 | 1610 | 1507 | 1592 | 0 | |
| | Month End Vacancy Factor | | | | 7.88% | 6.21% | 7.96% | 8.03% | 8.25% | 7.69% | 7.16% | 6.62% | 6.42% | 5.87% | 4.87% | 4.82% | 5.02% | |
| | Turnover (Rolling 12 Months) | R | | - | 16.76% | 16.56% | 16.29% | 15.90% | 15.19% | 15.03% | 14.59% | 14.13% | 13.74% | 13.30% | 13.09% | 12.91% | 12.32% | |
| | Sickness Absence (Rolling 12 month) | R | | - | 5.30% | 5.19% | 5.08% | 5.07% | 4.94% | 4.92% | 4.91% | 4.89% | 4.81% | 4.70% | 4.66% | 4.67% | 4.65% | |
| | Trust Mandatory Training Compliance | | | | 88.71% | 80.99% | 82.00% | 84.23% | 84.73% | 86.69% | 87.04% | 89.39% | 90.69% | 91.06% | 90.14% | 89.44% | 91.16% | |

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Urgent Care

Four-hour performance reported at 63.77% in March. NBT ranked first out of 11 AMTC providers but was not compliant with the national requirement of 76%. 12-hour trolley breaches reported at 260 last month, whilst there were 364 ambulance handover delays over one-hour. ED attendances for March 2024 were 13.8% higher than March 2023. Whilst overall NC2R numbers for the month reduced slightly, it is still a primary driver of the current UEC difficulties. Executive-level escalation at system-level continues. Discussions amongst System COOs have reached a position where a new NC2R level ambition is being set. At this stage, there is an agreement that the System would aim to reduce the NC2R percentage within NBT to 15% from the current 22/23%. The details on how this will be achieved are being worked through. This will be a key contingent in the Trust committing to the 78% ED 4-hour performance requirement for March 2025. Community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care

For the second year in succession, the Trust has delivered against its RTT commitments. This included eliminating capacity-related 65-week waits, following elimination of 104-week and 78-week waits in the previous year. This was despite significant disruption due to industrial action and ongoing winter pressures.

Diagnostics

The Trust exceeded the year-end diagnostic wait requirements. Having met greater than 6-week wait targets in the previous year, the Trust exceeded the no more than 15% target required for 2023/24. In fact, having reduced >6-week waits to just 4.22%, it has already met the requirements for 2024/25. In addition, the Trust delivered on eliminating maximum waits of 13-weeks. No patient is waiting longer than 13 weeks for diagnostic and greater than 95% are now receiving their diagnostic test within 6-weeks. The Trust is setting an ambition to go beyond national requirements and return to national constitutional standards of no more than 1% breaching 6-weeks in the coming year.

Cancer Wait Time Standards

Despite significant referral increases in tumour sites such as Gynaecology, Skin and Breast etc. – and in the face of significant activity losses due to industrial action, the Trust has met its requirement to reduce the 62-Day backlog to less than 6% of the total waiting list. The reported position for end of March was 174 patients – against a peak of nearly 1000 patients 18 months ago. The February FDS position reported at 74.80% against the 75% requirement for March 2024. There is reasonable confidence that the March FDS requirement will be met.

Quality

Within Maternity, the term admission rate to NICU rose to 6.4% against a national target of 5% and 2 PMRT cases rated the care following the death of a baby as D. Perinatal services reported 2 moderate harm incidents in February but there were no new MNSI cases reported. Medication incidents have increased this financial year, but harm incidents remain low. The Medicines Governance Team have launched the 'Medicines Safety Forum' which is multidisciplinary meeting to review data and agree actions – the 2nd meeting was held in April. Infection control data for March showed an increase in C-Difficile, with a slight breach of annual trajectory, E-Coli cases were below annual trajectory and there were no new MRSA cases. Improvement work continues for the sustained increase in MSSA rates, which reflects regional/national trends. The reducing trend in falls rates continued. The number of grade 2 pressure ulcers reduced, with a 15% annual reduction achieved. WHO Safety Checklist compliance remains strong and will now become a 'watch' metric. The year-1 workplan for Patient & Carer Experience has been successfully delivered and the focus for 2024-25 is now being finalised for approval in line with the Trust's Quality priorities aligned to Patient first. 92.24% of patients gave the Trust a FFT positive rating, which remains within the expected range of performance. Complaint response compliance has greatly improved to 85% in March, particularly reflecting improved performance in ASCR. All complaints are acknowledged within 3 working days as required.

Workforce

The Trust vacancy factor was 5.02% (480.79wte) in March up from 4.82% (459.66wte) in February. The rise was driven by an increase in funded establishment (+38.28wte), as NBT's staff in post figure also grew from February to March (+17.15wte). NBT's Rolling 12-month staff turnover rate decreased from 12.91% in February to 12.32% in March, continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate decreased slightly to 4.65% in March from 4.67% in February. Overall temporary staffing demand increased by 4.61% (+45.10wte) from February to March, driven by increased demand for estates and ancillary staff (+22.28wte, +16.61%) and registered nursing and midwifery staff (+32.60, +9.92%). There was a decrease in unfilled shifts (-8.58%, -15.07wte), driven by an increase in bank shift utilisation (+8.93%, +62.71wte). Total unfilled shifts as a proportion of temporary staffing demand decreased from 17.34% in February to 14.68% in March.

Finance

The financial plan for 2023/24 in Month 12 (March) was a surplus of £1.0m. The Trust has delivered a £3.7m surplus, which is £2.7m better than plan. The year end position is breakeven. In-month, the Trust has fully recognised ERF income and undertaken a full review of accruals and provisions, as a result there is a net benefit of £3.7m. Temporary staffing costs in the year-to-date position are creating a £10.5m adverse variance to plan. Unidentified savings within the in-year position are creating a £10.1m adverse variance, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 12 is £62.7m, a reduction of £41.3m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust has delivered on plan against its full year capital funding of £48.9m. The Trust has delivered £18.0m of completed cost improvement programme (CIP) schemes at month 12.

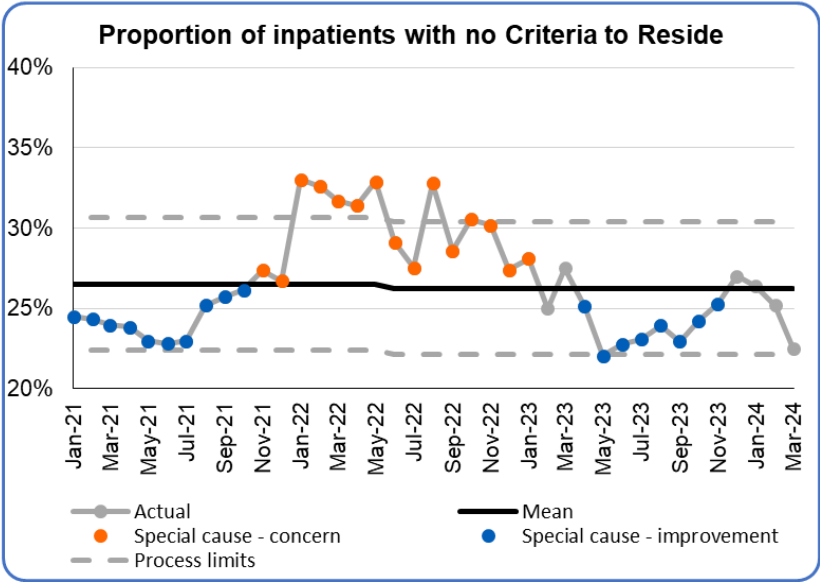
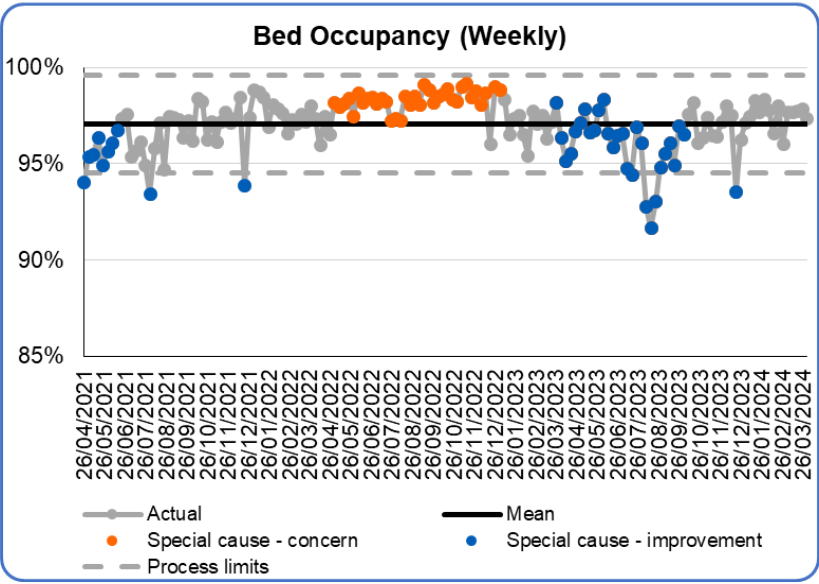
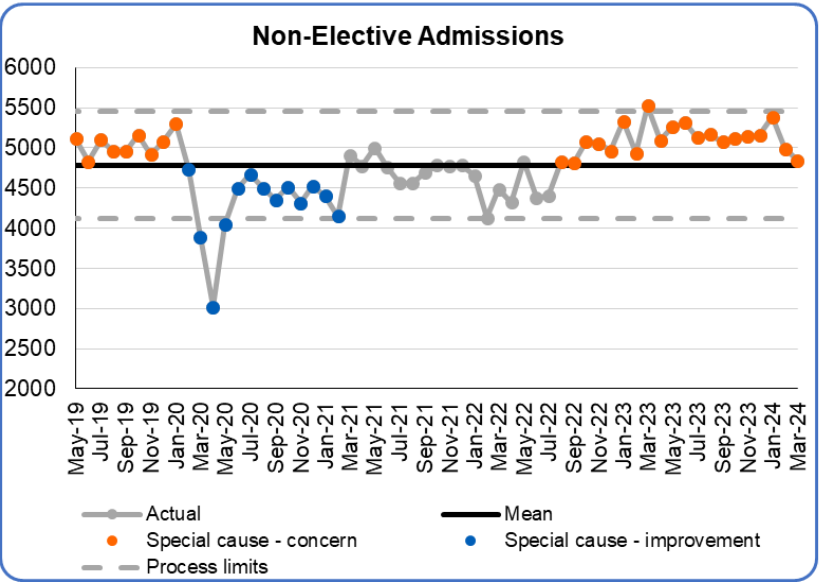
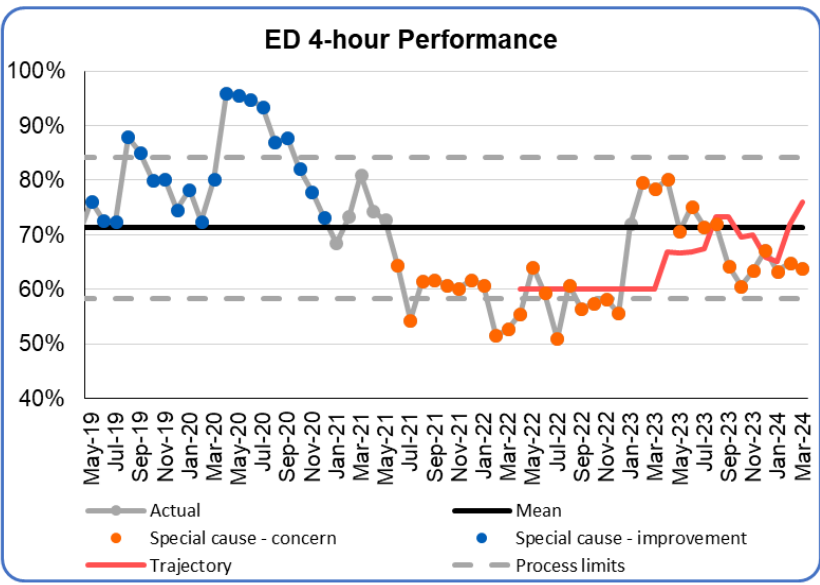
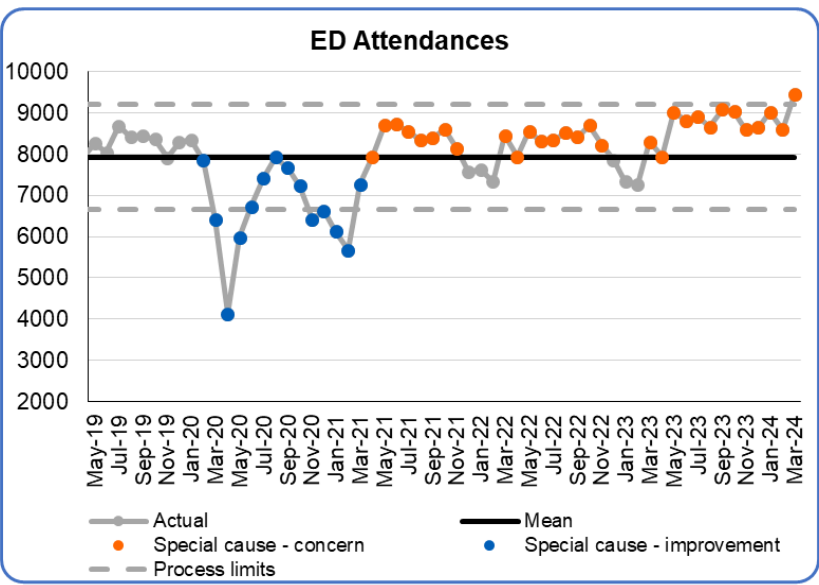
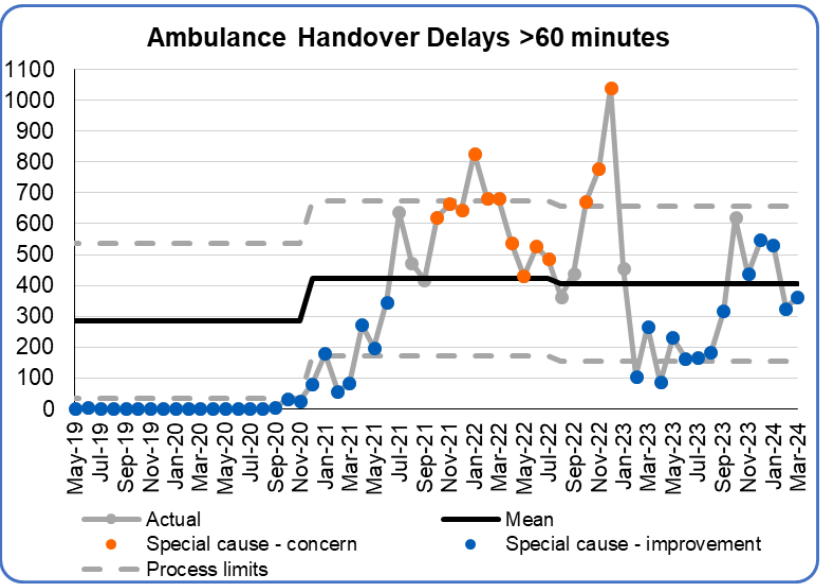
Responsiveness

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

Responsiveness – Indicative Overview

| Delivery Theme | Delivery Indicator | Key Improvement /Delivery Action |
|-------------------------|----------------------|---|
| Urgent & Emergency Care | UEC plan | Internal and partnership actions continue |
| | Transfer of Care Hub | Hub now in place and fully recruited – ongoing work to embed and secure benefits. |
| | NC2R/D2A | New System ambition for reduction negotiated (15%) – awaiting final plans. |
| RTT | 65-week wait | Achieved. |
| Diagnostics | 15% 6-week target | Achieved. |
| | 13-week waits | Achieved. |
| | CDC | Achieved – mobiles operational, permanent facility August 2024. |
| Cancer | 28-day FDS standard | On plan to achieve – lag to reporting March position. |

Urgent and Emergency Care



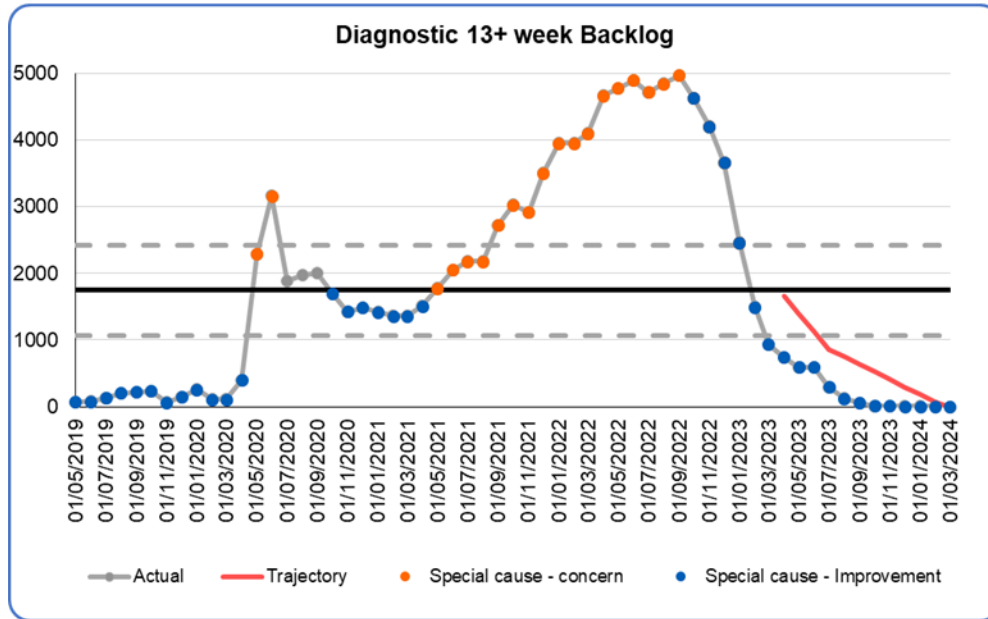
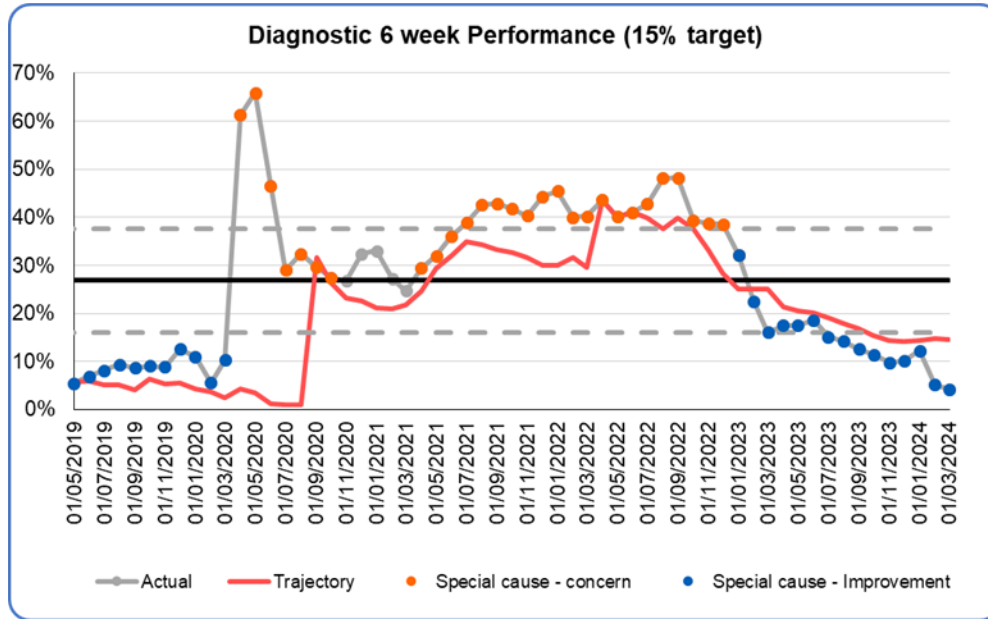
What are the main risks impacting performance?

- High volumes of NC2R continue to compound an already pressured UEC hospital pathway. As previously noted, the increase between October - December 2023 coincided with a period of planned bed reductions within community beds; a position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in March, showing attendances at 13.81% higher than March 2023.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to set a new ambition to reduce NC2R to 15% from c.22% in the first two quarters. Awaiting final plans from System.
- Ambulance handovers – the Chief Nursing Officer led a ‘refresh’ of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this ‘balance of overall risk’ approach.
- Ongoing 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).
- A revised bed plan for winter was designed, having used a previous summer reserve to compensate for community bed losses in the early autumn. The revised plan included the build-up of a new bed reserve based on higher levels of patient discharge in the pre-Christmas period. While the new reserve was significant, the pressures experienced in the post-Christmas period meant that much of this had been deployed earlier than planned.
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times



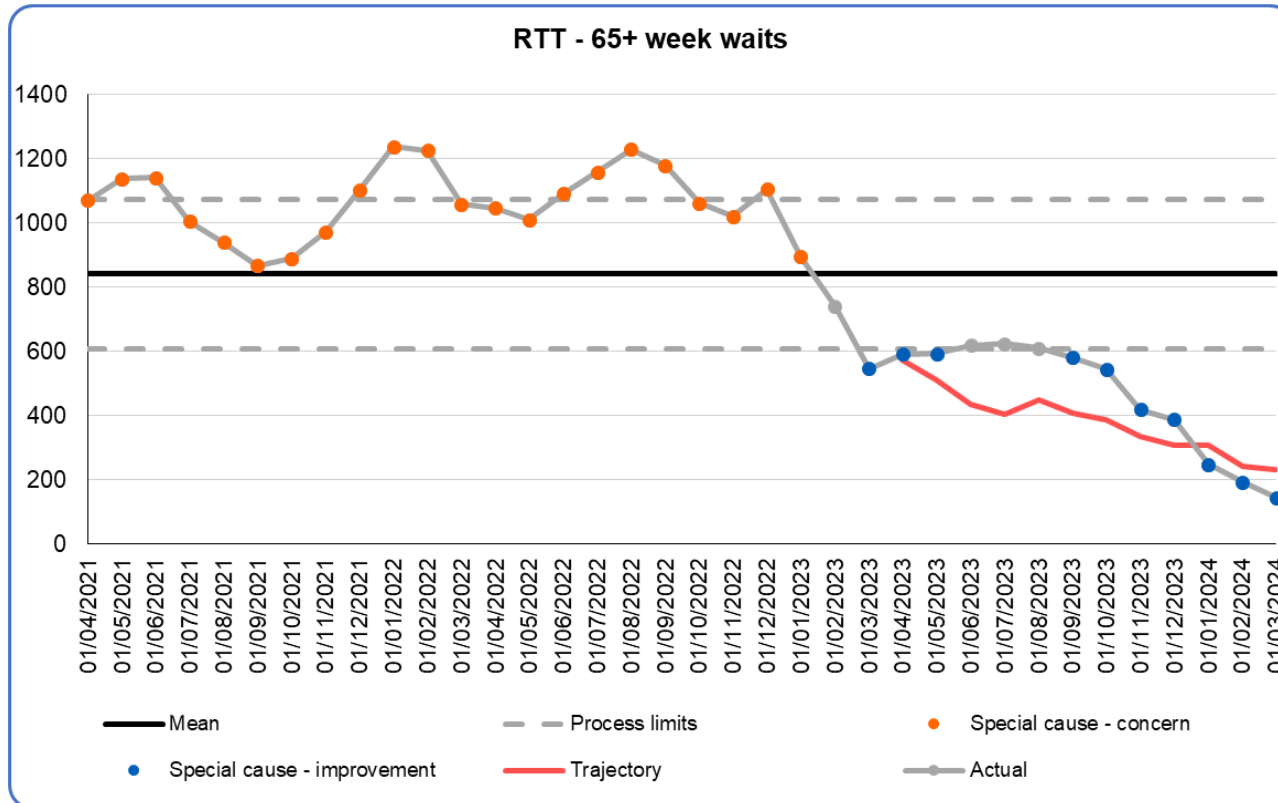
What are the main risks impacting performance?

- The Trust has met the objective of no more than 15% patients breaching 6-weeks at year-end - this was achieved 7 months ahead of target in August-2023. Diagnostics performance has made significant improvements in-year such that the Trust has now achieved next-year's target of no more than 5% patients breaching; with performance reported at 4.22% for March 2024.
- The Trust has now cleared all >13-week breaches.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- Work is underway to consolidate the current performance achievement and to re-profile the year-end achievement towards the anticipated target for 2024/25 i.e. 5%.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Endoscopy service transitioned from the Medicine Division to the CCS Division as of November 2023. This aligns the service with other diagnostic services as we transition to the development of CDCs. The CCS leadership team has a key role in the development of the CDCs and is best placed to transition Endoscopy services accordingly.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

Referral To Treatment (RTT)



What are the main risks impacting performance?

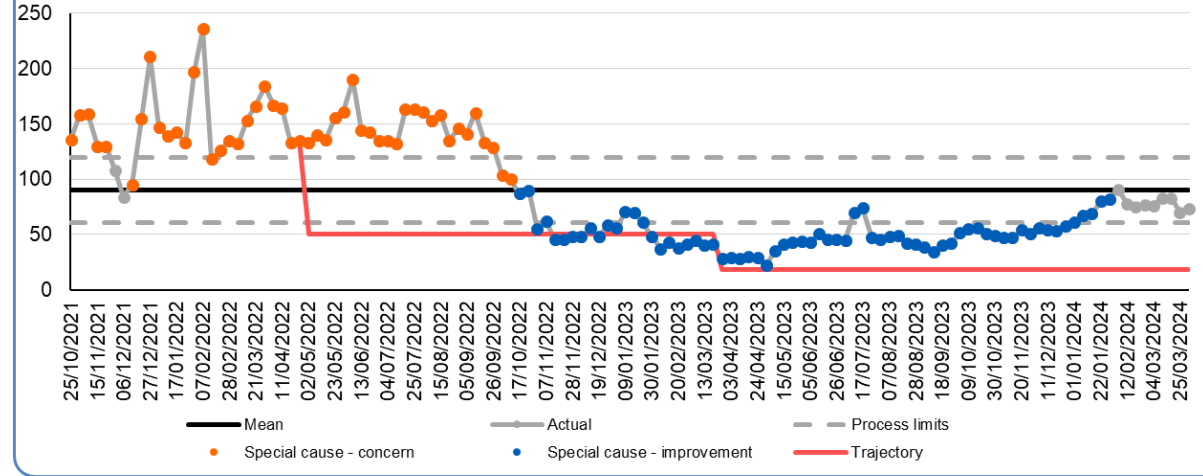
- Continued impact of repeated periods of industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

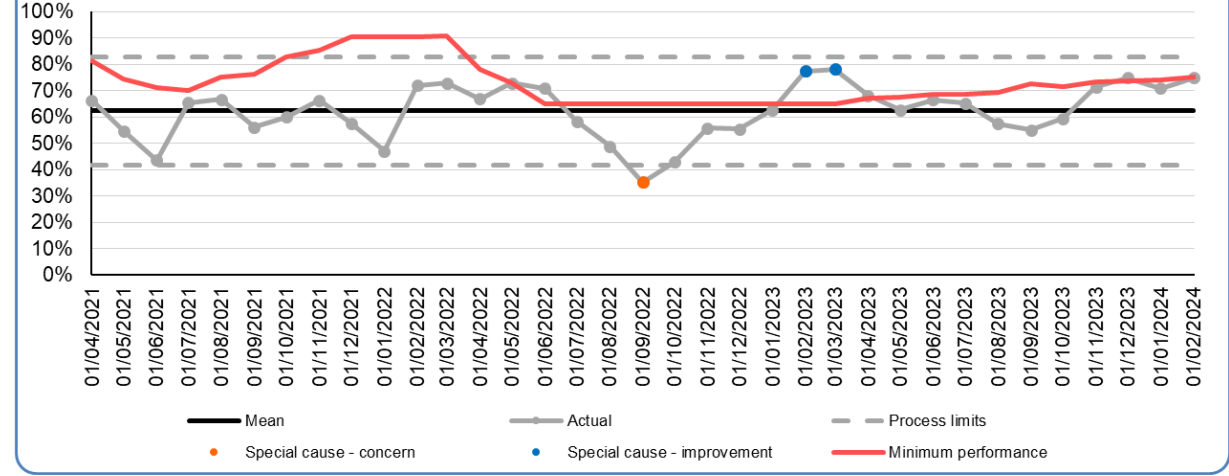
- Focused work on maintaining 104ww and 78ww positions continues.
- 65-week wait potential breaches – contingency plans to recover industrial action losses underway with better confidence in delivery However, Junior Doctor's strikes which occurred during December to February are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- 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

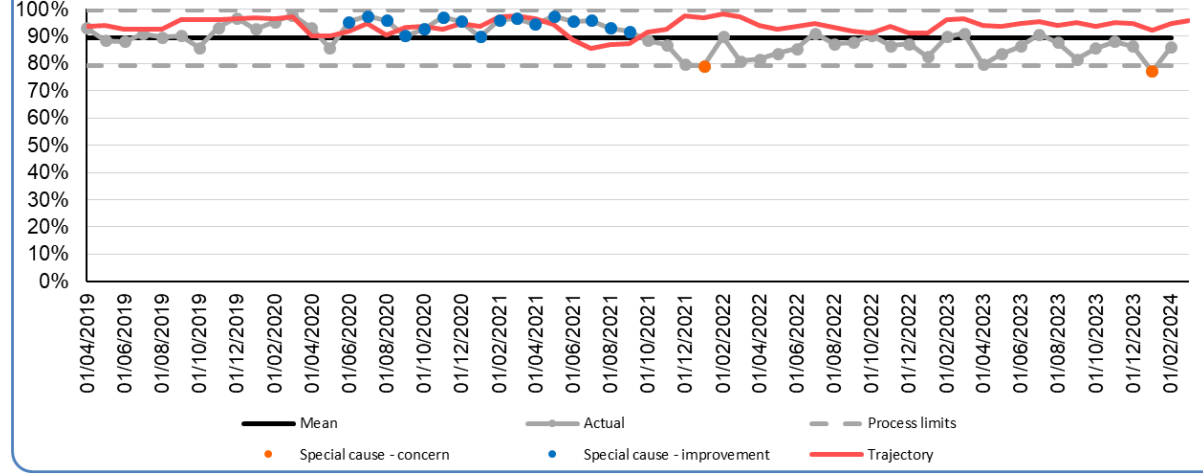
>104 Day PTL



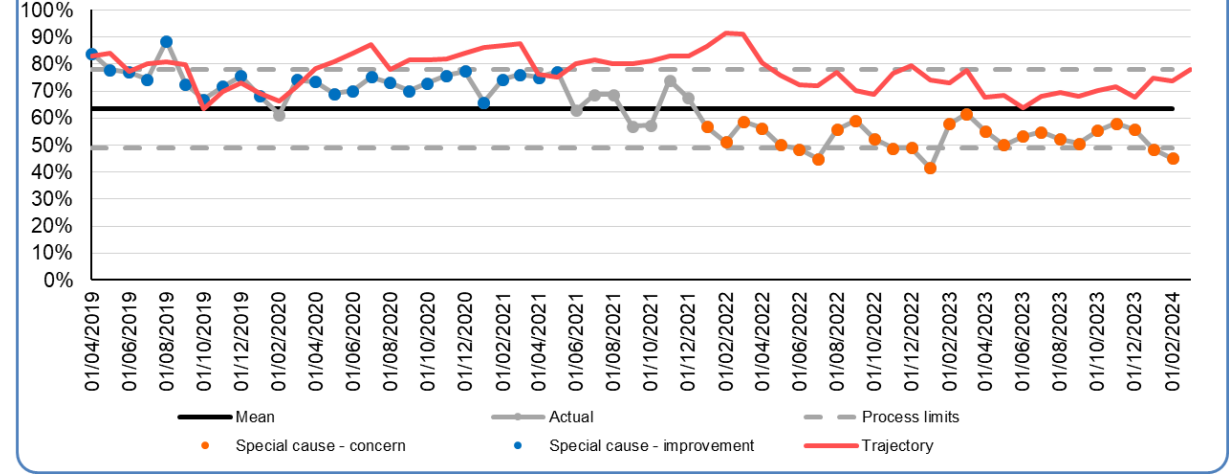
28-Day Faster Diagnosis



31-Day First Treatment



62-Day Standard



What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions - deterioration in performance as activity continues to be lost and the backlog of patients are seen/informed and treated.
- Ongoing clinical pathway work reliant on system actions remains outstanding.
- Reliance on non-core capacity.
- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.
- Volume and complexity of Urology pathway remains challenging.

What further actions are being taken to improve?

- Significant additional activity has been commissioned to recover industrial action related deteriorations in Skin and Gynaecology.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- 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. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- High volume Skin 'poly-clinics' enacted to recover cancer position. 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.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway).

Quality, Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool – Feb 24 data

| | Target | Dec-23 | Jan-24 | Feb-24 | TREND | | Target | Dec-23 | Jan-24 | Feb-24 | TREND |
|---|--------|--------------------------|--------|--------|-------|--|--------|--------------------------|--------|--------|-------|
| Activity | | | | | | Workforce | | | | | |
| Number of women who gave birth, all gestations from 22+0 gestation | | 413 | 463 | 442 | | Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite | | 83 | 83 | 83 | |
| Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement) | | 3 | 0 | 3 | | Minimum safe staffing in maternity services: Obstetric middle grade rota gaps | | 2 | 2 | 0 | |
| Number of women who gave birth (>=24 weeks or <24 weeks live) | | 408 | 461 | 440 | | Minimum safe staffing in maternity services: Obstetric Consultant rota gaps | | 2 | 2 | 2 | |
| Number of babies born (>=24 weeks or <24 weeks live) | | 418 | 465 | 446 | | Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps) | | 0 | 0 | 0 | |
| Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE) | | 29 | 36 | 36 | | Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps) | | 1 | 1 | 1 | |
| No of livebirths <24 weeks gestation | | 1 | 0 | 1 | | Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps) | | 0 | 1 | 1 | |
| Induction of Labour rate % | | 36.6% | 31.7% | 31.4% | | Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts) | | 7.0% | 5.4% | (DNA) | |
| Spontaneous vaginal birth rate % | | 46.2% | 45.6% | 43.2% | | Vacancy rate for midwives | | 5.84% | 5.59% | 8.04% | |
| Assisted vaginal birth rate % | | 10.3% | 9.1% | 8.9% | | Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) | | 59% | 35% | 52% | |
| Caesarean Birth rate (overall) % | | 41.8% | 44.9% | 47.5% | | Vacancy rate for NICU nurses | | 19 | 26 | 11 | |
| Planned Caesarean birth rate % | | 19.2% | 20.6% | 21.6% | | Datix related to workforce (service provision/staffing) | | 4 | 13 | 9 | |
| Emergency Caesarean Birth rate % | | 22.6% | 24.3% | 25.9% | | Consultant led MDT ward rounds on CDS (Day to Night) | | 61% | 93% | 96% | |
| NICU admission rate at term (excluding surgery and cardiac - target rate 5%) | | 5.3% | 4.2% | 6.4% | | Consultant led MDT ward rounds on CDS (Day) | | 100% | 100% | 100% | |
| Perinatal Morbidity and Mortality Inborn | | | | | | Improvement | | | | | |
| Total number of perinatal deaths (excluding late fetal losses) | | 2 | 2 | 1 | | One to one care in labour (as a percentage) | | 97% | 99% | 100% | |
| Number of stillbirths (>=24 weeks excl. TOP) | | 2 | 1 | 0 | | Compliance with supernumerary status for the labour ward coordinator | | 100% | 100% | 100% | |
| Number of neonatal deaths : 0-6 Days | | 0 | 1 | 0 | | Number of times maternity unit attempted to divert or on divert | | 1 | 0% | 1 | |
| Number of neonatal deaths : 7-28 Days | | 0 | 0 | 1 | | in-utero transfers | | | | | |
| PMRT grading C or D cases (themes in report) | | 0 | 1 | 2 | | in-utero transfers accepted | | 7 | 1 | 1 | |
| Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI) | | 1 | 0 | 0 | | in-utero transfers declined | | 7 | (DNA) | 0 | |
| Maternal Morbidity and Mortality | | | | | | ex-utero transfers to NICU | | | | | |
| Number of maternal deaths (MBRRACE) | | 0 | 0 | 0 | | ex-utero transfers accepted | | 1 | 8 | 6 | |
| Direct | | 0 | 0 | 0 | | ex-utero transfers declined | | 1 | 0 | 0 | |
| Indirect | | 0 | 0 | 0 | | NICU babies transferred to another unit due to capacity/staffing | | 2 | 0 | 0 | |
| Number of women receiving enhanced care on CDS | | Data Not Available (DNA) | | | | Number of consultant non-attendance to 'must attend' clinical situations | | 0 | 0 | 0 | |
| Number of women who received level 3 care (ITU) | | 2 | 0 | 0 | | Progress in achievement of CNST /10 | | | | | |
| Insight | | | | | | Training compliance in annual local BNLS (NICU) | | | | | |
| Number of datix incidents graded as moderate or above (total) | | 4 | 0 | 2 | | Overall | | 90% | 100% | 100% | |
| Datix incident moderate harm (not SI, excludes MNSI) | | 2 | 0 | 2 | | Obstetric Consultants | | 97% | 81% | 84% | |
| Datix incident PSII (excludes MNSI) | | 0 | 0 | 0 | | Other | | 95% | 95% | 95% | |
| New MNSI referrals accepted | | 2 | 0 | 0 | | Obstetric Doctors | | 97% | 97% | 69% | |
| Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust) | | 0 | 0 | 0 | | Anaesthetic Consultants | | 100% | 75% | 72% | |
| Coroner Reg 28 made directly to Trust | | 0 | 0 | 0 | | Other | | 96% | 100% | 74% | |
| Involvement | | | | | | Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS | | | | | |
| Service User feedback: Number of Compliments (formal) | | 23 | 67 | 26 | | Anaesthetic Doctors | | 98% | 80% | 89% | |
| Service User feedback: Number of Complaints (formal) | | 5 | 5 | 4 | | Midwives | | 95% | 71% | 95% | |
| Friends and Family Test Score % (good/very good) NICU | | 100 | 100 | 100 | | Maternity Support Workers | | | | | |
| Friends and Family Test Score % (good/very good) Maternity | | 92 | 92 | 91 | | Theatre staff | | Data Not Available (DNA) | | | |
| Staff feedback from frontline champions and walk-about (number of themes) | | 5 | 4 | 5 | | Neonatologists | | Data Not Available (DNA) | | | |
| | | | | | | NICU Nurses | | Data Not Available (DNA) | | | |
| | | | | | | Overall | | 90% | 90% | 85% | |
| | | | | | | Obstetric Consultants | | 94% | 89% | 89% | |
| | | | | | | Other | | 88% | 70% | 71% | |
| | | | | | | Obstetric Doctors | | 97% | 86% | 91% | |
| | | | | | | Midwives | | 7 | 7 | 4 | |
| | | | | | | Trust Level Risks | | | | | |

The term admission rate to NICU rose to 6.4% against a national target of 5%. The quarterly report exploring trends and themes will be discussed in May's Perinatal Quality Governance meeting.

2 PMRT cases had an element of care graded as D. One of these cases relates to a CTG that met criteria, but on review was classified as suspicious. A yellow card has been submitted to the MHRA.

Perinatal services reported 2 moderate harm incidents in February. There were no new MNSI cases reported. The division is working closely with MNSI on the cases reported in November and December.

Obstetric consultant workforce gaps remain, with consultants acting down to cover industrial action and gaps in the registrar rota. There is a new TLR relating to this awaiting approval at April's RMG.

It is acknowledged that the data is reported a month in arrears however any immediate safety concerns would be presented to Divisional Quality Governance, Trust Board and the LMNS as appropriate.

The Perinatal Quality Surveillance Model is shared with Quality Committee and with the Local Maternity and Neonatal System

Pressure Injuries

What does the data tell us?

In March there was a decrease in the number of grade 2 pressure ulcers. There were 10 grade 2 pressure ulcers, to 17 patients of which one were attributable to a medical device.

There was no grade 3 or 4 pressure ulcer. There were two unstageable pressure injuries to 27b.

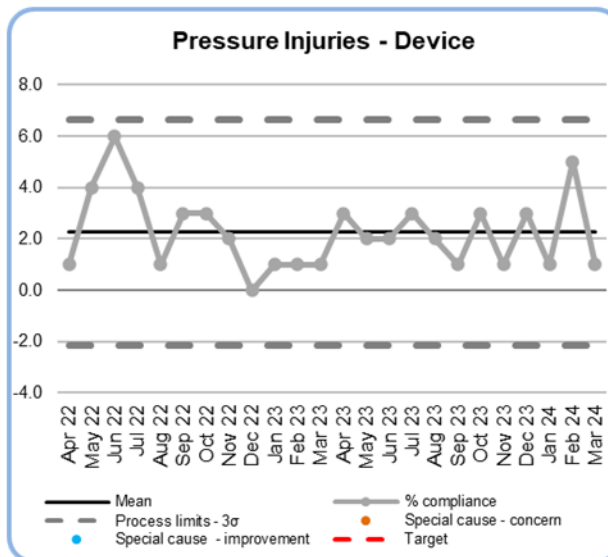
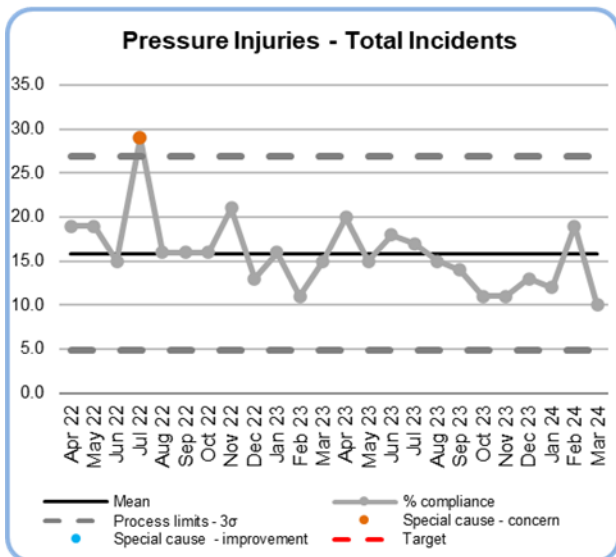
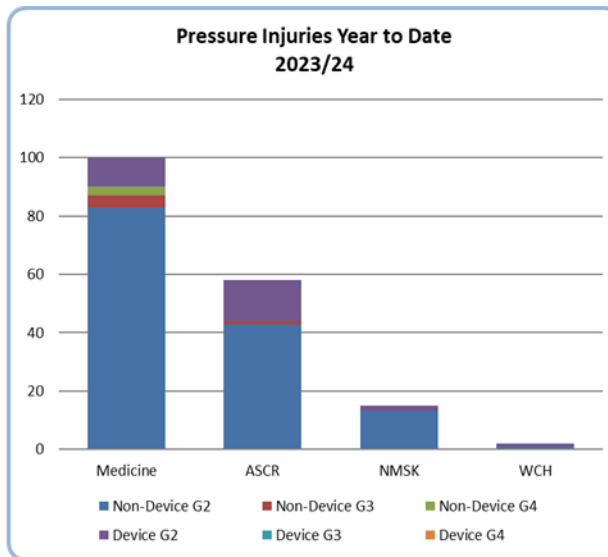
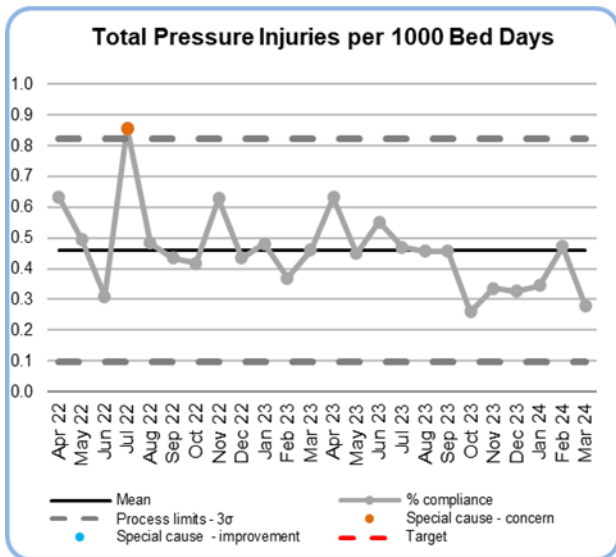
There was also a decrease in DTI incidents from the previous month to 13 DTI's.

The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers. **The Trust achieved a 15% reduction.**
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023. **The Trust achieved the 50% reduction of Grade 3 but did not meet the Grade 4 target but did achieve a 25% reduction.**

What actions are being taken to improve?

- The TVN team provide a responsive, supportive and educational service across NBT and work collaboratively and strategically within the ICB across the BNSSG system. The team actively seek to work in collaboration with patients, clinical teams and other stakeholders to reduce patient harm.
- Following a collaboration between TVS and safeguarding a matrix was created of guidelines for interface with pressure related wound and safeguarding interventions to aid staff decision in making an appropriate safeguard referral. This has been shared to the TVNs across the region.
- The TVN team have engaged with volunteers to provide an audit of Pressure Ulcer Boarding card to obtain feedback from patients on the visibility of the card in the bedspace areas, whether staff have discussed it with them and what information they have taken from it and if they would like to change anything. This will be fed back to the team and through the Pressure Ulcer Steering Group to address any emerging themes.
- The TVN team are exploring the Mepilex heel and sacrum dressings that have been shown in research that they can be used prophylactically for at risk patients to prevent pressure ulcers. The five-layer foam dressing impacts extrinsic factors by minimising and redistributing shear, redistributing pressure, reducing friction and optimising the microclimate. The dressings can be peeled off and the vulnerable area reviewed before reapplying and may provide an option for patient's high risk of developing pressure ulcers, specifically in the admission zones.



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Decreased cases as expected, cases managed with minimal bed closures – following national guidance

Winter D+V (Norovirus) - Small numbers of cases have continued – managed effectively

MRSA – 4 cases as end of year position , this is the same as previous 2 years

MSSA – The internal trajectory of 30 cases has been breached by 17 cases, Trust plan to decrease this as listed below .

C. Difficile – End of year cases have slightly breached the trajectory 82 cases vs 75 Trajectory

Gram negative – All gram-negative cases have ended below trajectory however these have risen slightly in comparison with previous years.

What actions are being taken to improve?.

- Bacteremia reduction plans are trust wide with work being undertaken with medical , Nursing and AHP staff . An audit of prehospital cannulas is taken place with the aim to work with SWAST to reduce insertion of “ Just in Case lines “
- MSSA reduction work is at the forefront as an action plan following an external report - coordination of this strategically via Dep Medical director and DIPC to investigate implementation of other vascular devises , comparison with local trusts to understand lessons learnt and themes and trends.
- Data for MSSA cases shown per 1000 bed days to align with hospital acuity.
- Recognising the rise of *C Diff* over Q4 increased education is being targeted in clinical areas focusing on sampling
- Continence group has been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management. This will be easier to audit now indwelling devices are on EPR. - this will also target a reduction in gram negative infection

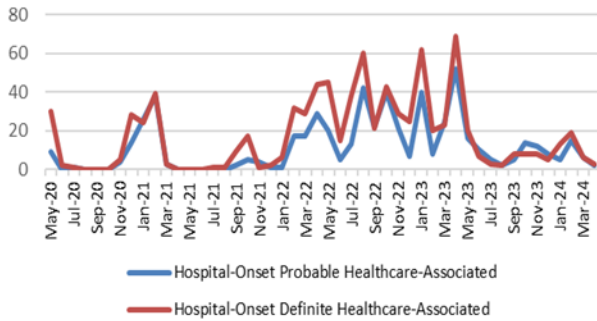
Other infections

Pertussis (Whooping Cough) – there has been a 200% increase of cases regionally , which have required investigation and contact tracing

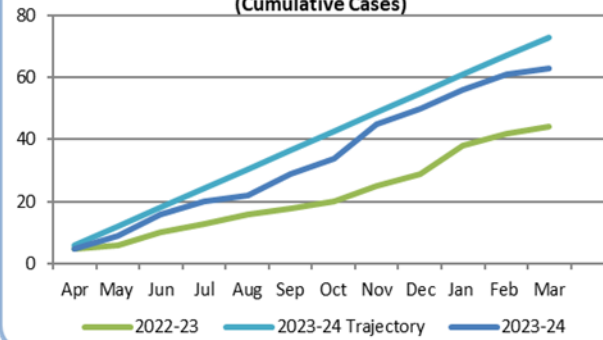
Measles – Work undertaken to make ready for any cases and prophylaxis pathway

TB - Contact tracing and co-ordination of case management.

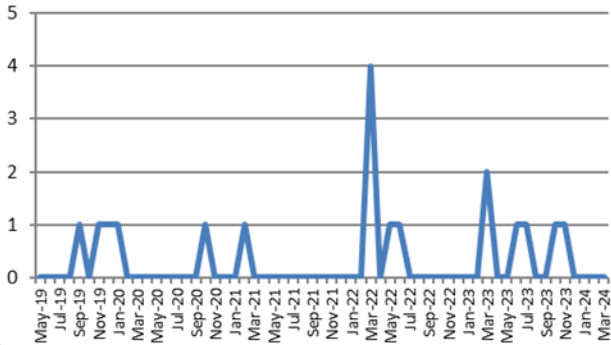
COVID-19 Onset Category by Positive Test Date



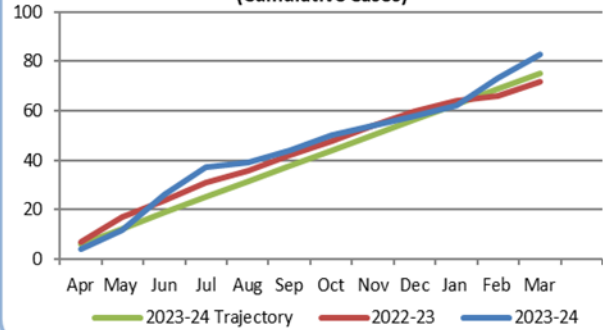
E.Coli Cases - Trust Attributable (Cumulative Cases)



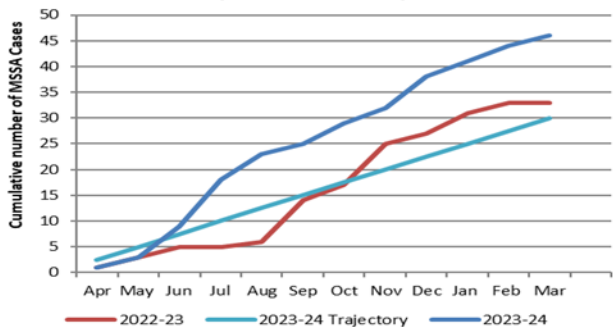
MRSA Cases - Trust Attributable



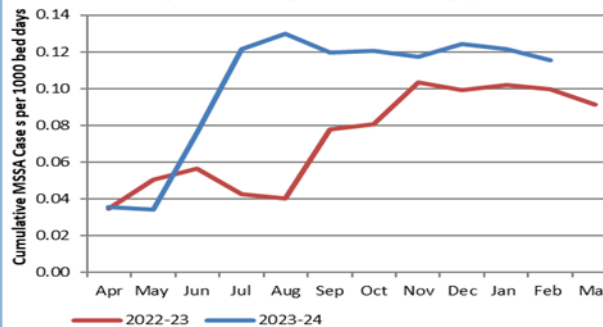
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative per 1000 bed days)



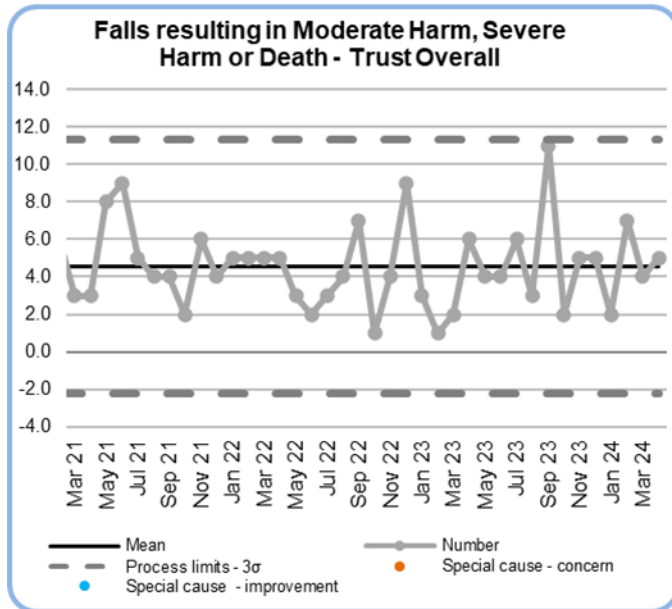
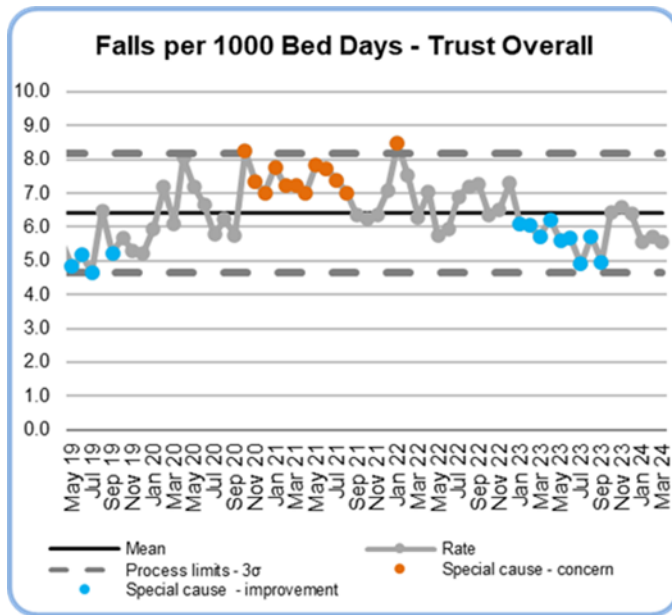
Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.57 falls incidents per 1000 bed days in March which is below the average of 6.42. There were 179 falls reported in March. Two moderate level harm and two severe.

Multiple falls accounted for a quarter of falls which is consistent with the last few months. With only two patients having more than two falls, one patient within medicine experienced eight falls.

Older patients continue to be the highest proportion of patients who fall, with 70% of reports in the over 65's. All, bar one of the patients who experienced moderate and above harm were aged over 65.



What actions are being taken to improve?

The falls prevention and management team have been extended until the end of July 2024 to continue to implement the delivery plan.

The bathroom activity analysis has been completed in collaboration with the occupational therapy department and has been presented at the AHP quality group. Further works are required to consider how we address some of the hazards identified in the report.

A reporting mechanism is now in place to monitor the use of the serious fall's response via 2222. This will allow for a greater understanding of when and why the response is being called. It will also help with monitoring the impact of communication work planned over the next few months.

N.B. The data presented only presents inpatient falls and does not include falls from hoist, stairs or in outpatient areas.

Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During March 2024, NBT had a rate of 6.4 medication incidents per 1000 bed days. This is below the 6-month average of 6.9 for this measure.

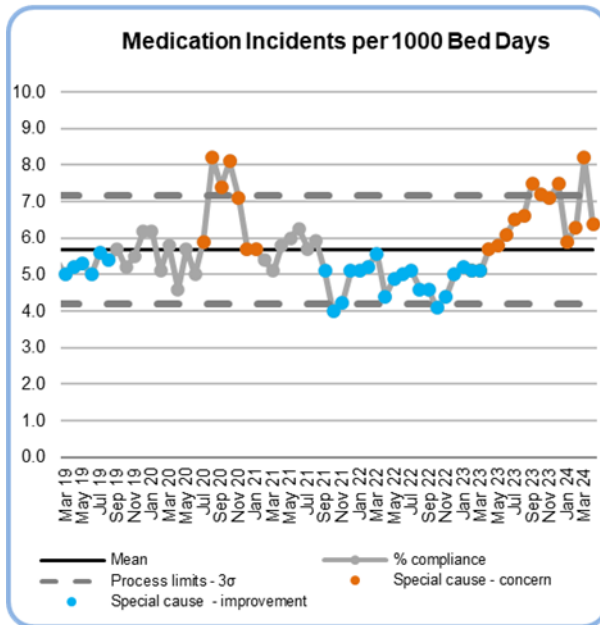
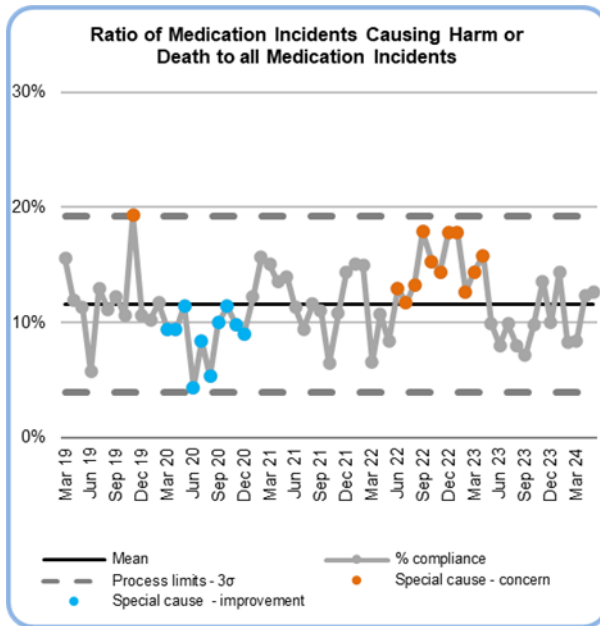
Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

During March 2024, 12.6% of all medication incidents are reported to have caused a degree of harm

Low Harm – 24

•Moderate Harm – 2

(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed)



High Risk Medicines

The increase in Controlled Drug incidents noted in the February data has not been replicated this month – adding weight to the theory that this many of the reports were relating to discrepancies found during the audit process underway at the time. We will continue to monitor and audit Controlled Drugs – the work on this is monitored by Matt Kaye (as CD Accountable Officer for the Trust).

Overall comment -

In March, the overall number of reported incidents has reduced and harm level remains approximately constant. Work to better understand the data is underway through the Medicines Safety Forum work (see below) and Medicines Governance Team are working with the Patient Safety Team to improve the quality of data being captured through both the imminent adoption of LFPSE and move to Radar. The hope is that more consistent coding and better links with staff will aid understanding of the picture that this data portrays.

What actions are being taken to improve?

The Medicines Governance Team have launched the 'Medicines Safety Forum' – 2nd meeting to be held in April. This is multidisciplinary meeting where data is reviewed, issues such as the above are discussed, actions agreed and workstreams to address issues supported. The proposed initial topic for focus and action is 'Medicines Administration'; A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work will be discussed at the DTC in due course.

Patient Experience

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

| | | | |
|----------|---|----------|---|
| A | Amber - Progress on Track but known issues may impact on plan | C | Complete |
| G | Green - Progress on Track with no issues | R | Red - Progress is off Track and requires immediate action |

| Patient & Carer Experience Strategy Commitment | Commitments | Key improvement/action |
|--|--|--|
| Listening to what patients tell us | We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services. | <ul style="list-style-type: none"> Data is reliable- no issues. 'Patient Conversations ' continue with 3 visits in March |
| | A near real-time feedback offer to patients (for example 15 step challenge or observe and act) | |
| Working together to support and value the individual and promote inclusion | We will deliver the Accessible Information Standard (AIS). | <ul style="list-style-type: none"> The AIS Steering Group met in March. Progress against the Trust's AIS action plan continues as expected. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We welcomed a new partner in March, taking the number to 17. We continue to make inroads into understanding the experience of people experiencing homelessness and, the Gypsy, Roma and Traveller community when accessing our services. |
| | We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service. | |
| | We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds. | |
| | We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this. | |
| Being responsive and striving for better | We will consistently respond to 90% of complaints within agreed timescales. | <ul style="list-style-type: none"> Complaint response compliance has risen significantly in March to 85% from 71% in February. This is still slightly below the Trust's internal target of 90%. FFT scores have remained consistent. They have improved in some areas (Maternity and Outpatients) and declined in other areas (ED and Inpatients) PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. The move over from Datix to Radar took place as planned on 1st April. |
| | Improved FFT scores, as set out within our Patient First priorities. | |
| | We will ensure our complaint process reflects the new PHSO NHS Complaints Standards. | |
| | We will optimise our reporting and management of PALS and Complaints through our new quality governance system. | |
| Putting the spotlight on patient and carer experience | We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well. | <ul style="list-style-type: none"> New Patient Story Framework signed off at PCEC & stories delivered to the Board in line with the plan. 1 PSP in place, a scoping meeting has taken place with Head of PS to explore strengthening the role and further recruitment. We are planning for Experience of Care Week which takes place at the end of April, and our Volunteers Celebration Event in May. |
| | We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy | |
| | We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience. | |

Patient & Carer Experience - Overview March 2024

New quality governance system for the management of PALS concerns and Complaints

We have successfully transitioned from our previous quality governance system Datix, to our new system, Radar for the management of complaints and PALS concerns.

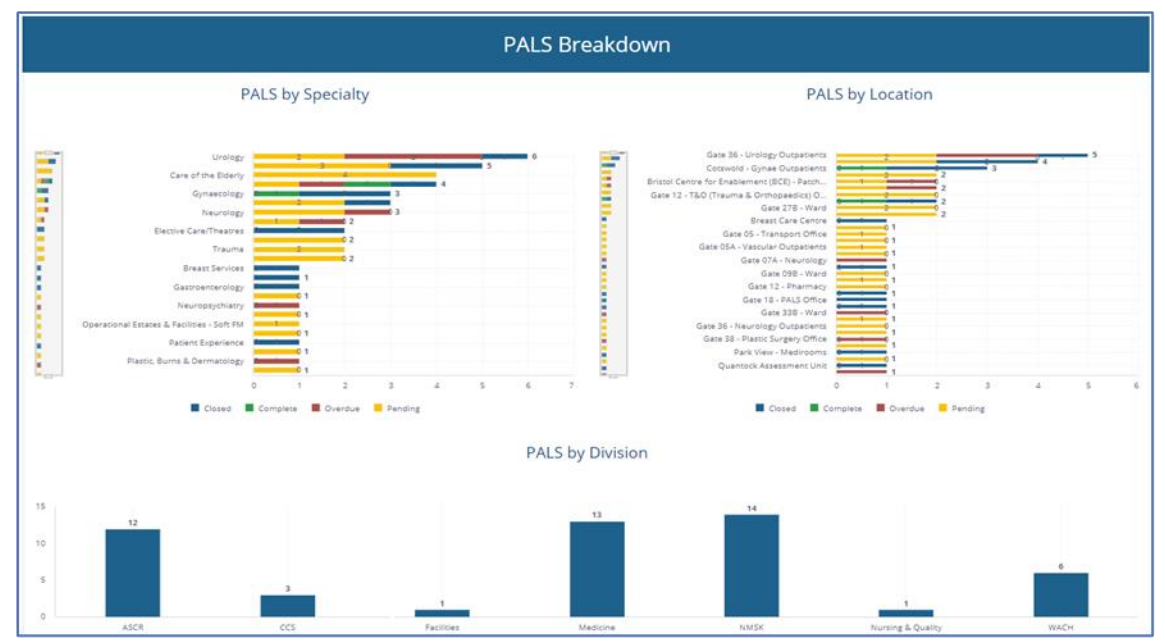
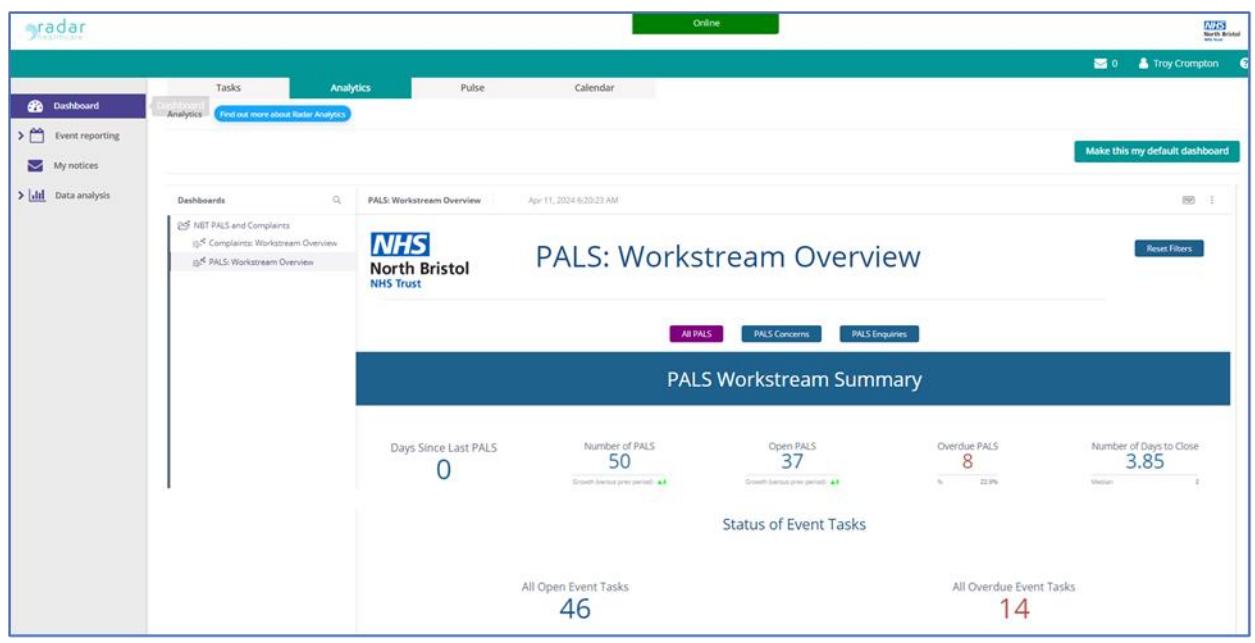
Over the last 18 months we have worked to design new, streamlined workflows for complaints and PALS concerns making it much faster for our PALS and Complaints Officers to input new cases.

We also took the opportunity to review our themes for complaints and PALS concerns and have refined these to allow more meaningful understanding of the issues raised. This includes improving the tracking of processes and themes through visualisations and dashboards tailored to user needs.

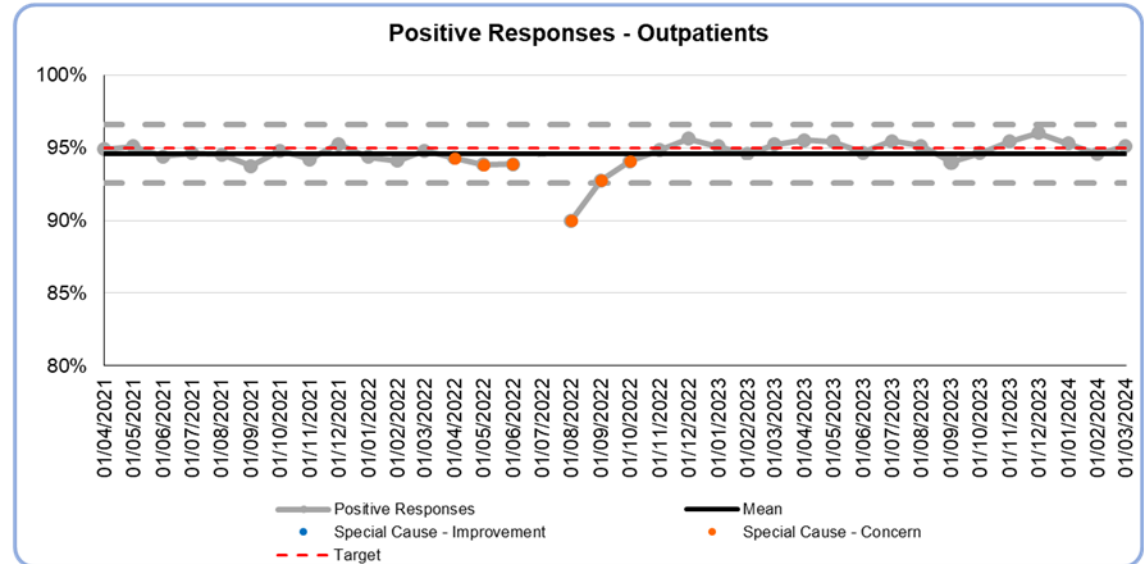
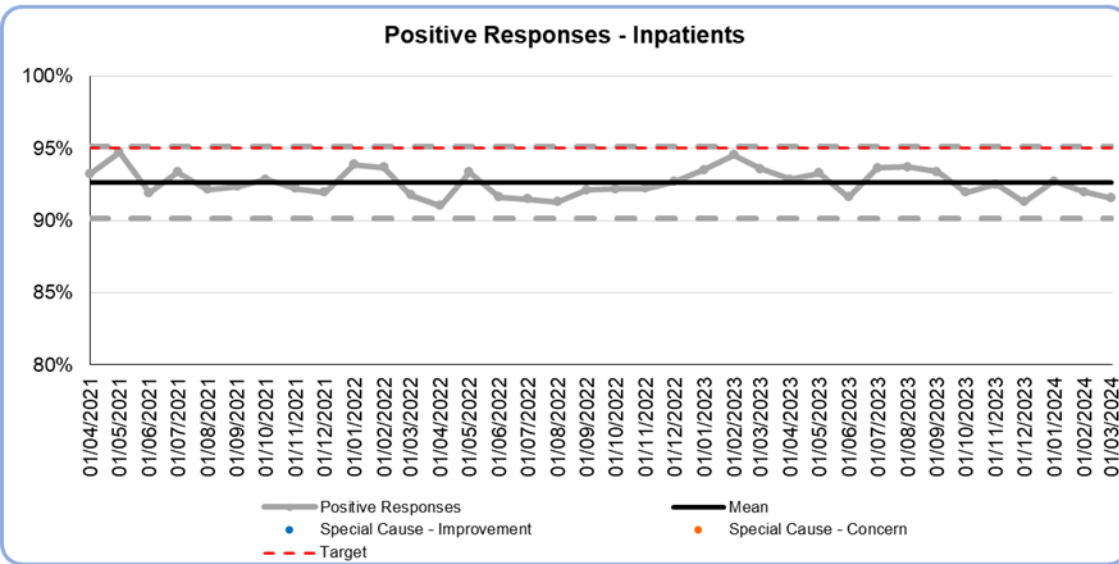
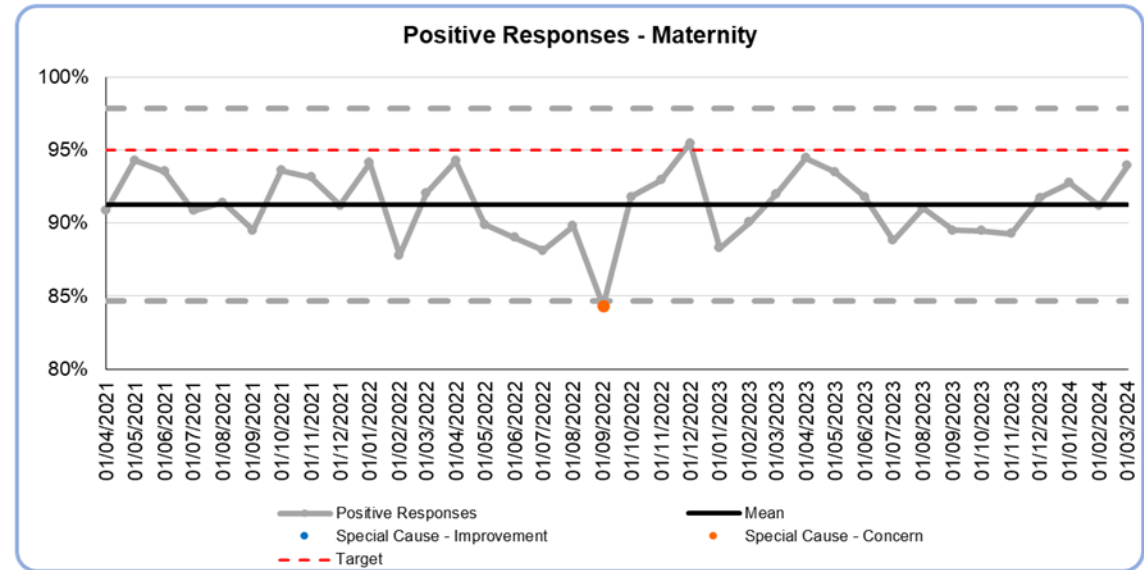
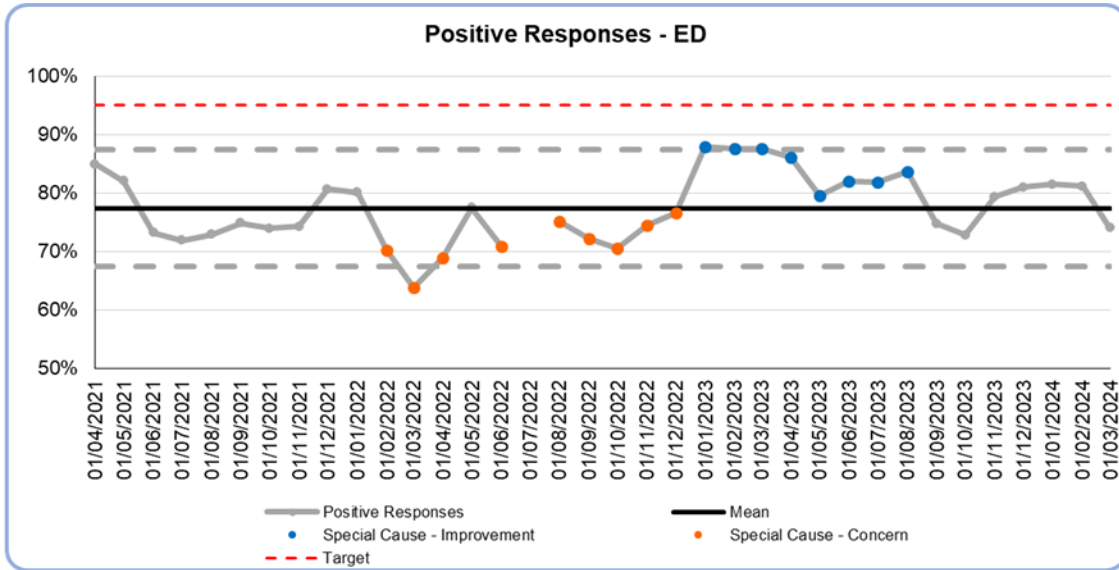
In rolling out Radar, the central team have provided 4 demo sessions, and 4 training sessions to key divisional staff. User and how-to guides have also been created.

Early feedback on the system has been positive and we're excited to continue optimising its use over the coming months.

PALS Dashboard Screenshots



Patient Experience



N.B. no data available for the month of July for ED and Outpatients due to an issue with CareFlow implementation

What does the data tell us – Trust wide?

- In March, 9293 patients responded to the Friends and Family Test question. 6724 patients chose to leave a comment with their rating. This is consistent with the previous month.
- We had a Trust-wide response rate of 14%, which is the same as the previous month. This is above our internal target of 10%.
- 92.24% of patients gave the Trust a positive rating. This was in keeping with the previous month (92.42%) and remains within the expected range of performance.
- The top positive themes from comments were: staff, waiting time and clinical treatment. This is the same as last month.
- The top negative themes from comments were: waiting time, staff and communication. This is the same as last month.

What does this data tell us – Maternity?

- Positive responses have increased from 91.4% in February to 95.2% in March. Negative responses have decreased from 4.3% in February to 1.8% in March.
- The response rate across Maternity has increased from 24% in February to 28% in March.
- The top positive themes from comments are about staff and clinical treatment.

Absolutely excellent service. All staff were very supportive, professional and knowledgeable. All decisions were presented to me and fully explained and I was supported in making the right decision for me and my baby.

What does the data tell us - Emergency Department?

- Positive responses have decreased from 81.1% in February to 73.9% in March. Negative responses have also increased from 12.1% in February to 16.5% in March. This is due to the high number of ED attendances across March, particularly in the run up to bank holiday.
- The response rate for ED remains at 21% for March.
- The top positive theme remains staff.

“Dealt with quickly. Staff so helpful despite being under pressure. Very impressed.”

- The top negative theme remains waiting time,

“11 hour wait, but once seen I was very well looked after.”

What does the data tell us - Inpatients?

- Positive responses have declined slightly to 88.1% for March. The % of negative responses also declined to 4.9% meaning more patients had a neutral experience.
- The response rate for inpatients in March has decreased to 22%, from 24% in March.
- Top positive themes from comments are staff and clinical treatment.
- Negative themes from comments are, communication, staff and environment.

“All the nurses are excellent. I have been very well cared for throughout. My treatment has always been explained to me.”

What does the data tell us – Outpatients?

- Positive responses have increased slightly to 95.1% for March. Negative responses have slightly decreased to 1.9% from 2.3% in February.
- The response rate for outpatients remained the same in March, 12%.
- Most of the positive feedback relates to staff and waiting time.
- The negative feedback relates to waiting time and staff.

“All the staff were very kind and explained exactly what was going to happen. I felt very safe in their hands.”

Complaints and Concerns

What does the data tell us?

In March 2024, the Trust received 39 formal complaints. This is 1 less than in February and 3 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (21). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 39 complaints, the largest proportion was received by Medicine (11).

There were 3 re-opened complaints in March (2 NMSK, 1 MED). This is 2 more than the previous month.

The number of overdue complaints at the time of reporting has decreased from 6 in February to 4 in March, and are with WaCH (2), Medicine (1) and ASCR (1)

The response rate compliance for complaints has improved significantly to 85% in March from 71% in February. A breakdown of compliance by clinical division is below:

ASCR – 100% NMSK- 93% Medicine – 79%

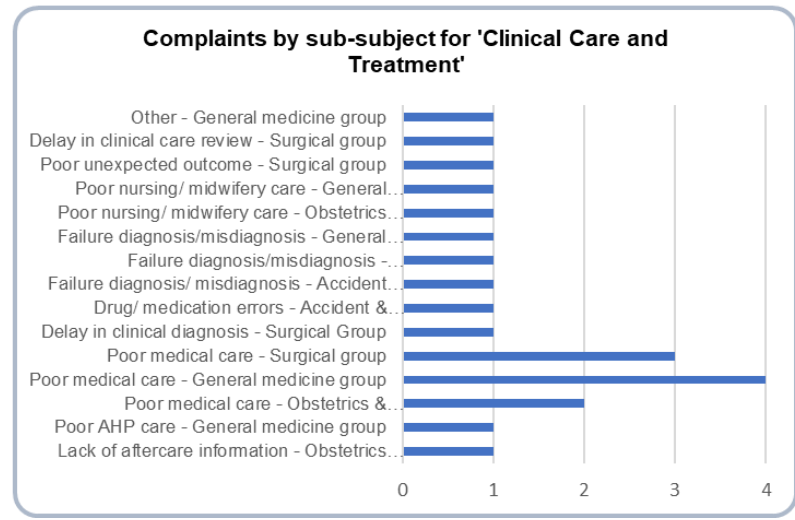
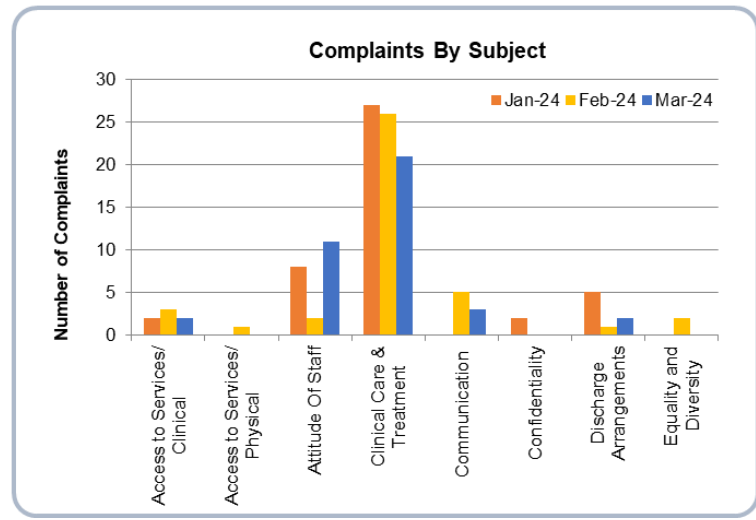
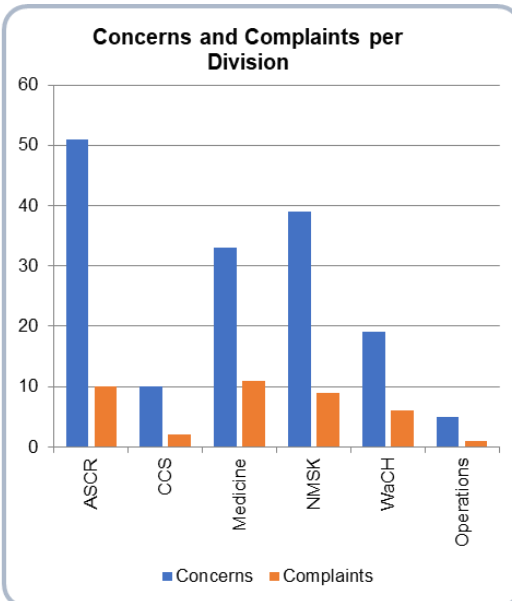
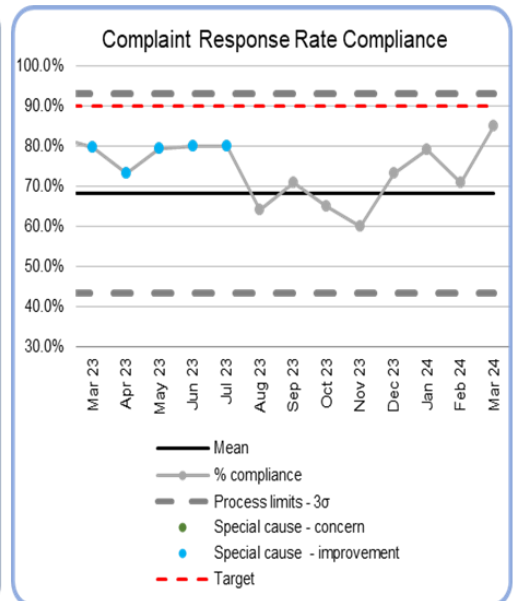
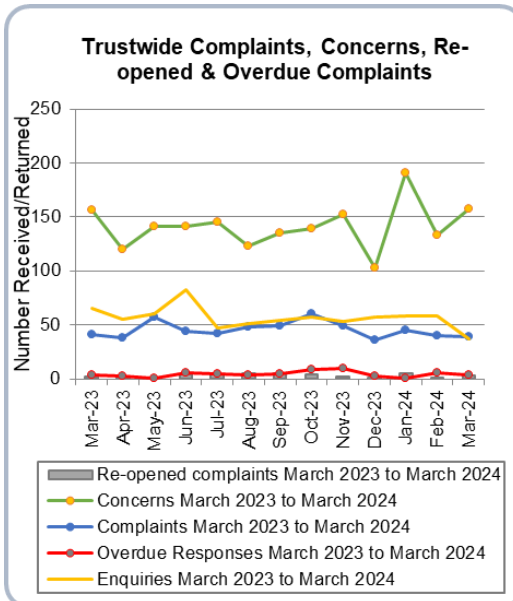
WaCH – 71% CCS – 50%

ASCR has shown a remarkable improvement in compliance over the past two months.

The overall number of PALS concerns received has increased from 133 in February to 157 in March. Activity is slightly up on the same period last year (155).

In December 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

The planned system change from Datix to Radar took place on the 1st April. All new PALS concerns and complaints will now be managed through the Radar system.



Workforce

**Board Sponsors: Chief Medical Officer, Chief People Officer
Tim Whittlestone and Peter Mitchell**

Well Led Introduction

Vacancies

The Trust vacancy factor was 5.02% (480.79wte) in March up from 4.82% (459.66wte) in February. The rise was driven by an increase in funded establishment (+38.28wte), as NBT's staff in post figure also grew from February to March (+17.15wte). The growth in funded establishment, was predominantly seen in medical and dental (+15.44wte), administrative and clerical (+9.20wte) and additional clinical services (+5.03) staff groups. Vacancy reductions were seen in registered nursing and midwifery (-15.11wte) and health care scientists (-2.74wte). The improvements for both staff groups were driven by increased staff in post; with Maternity Services, Surgery Management Services and Medicine Cluster 2 seeing the biggest improvements for registered nursing and midwifery staff. Estates and ancillary staff saw an increase in vacancy level (+10.22wte, +1.23%), driven by reduced staff in post.

Turnover

NBT's Rolling 12-month staff turnover rate decreased from 12.91% in February to 12.32% in March continuing the improvement trend since November 2022. The biggest improvements for March were seen in additional clinical services, registered nursing and midwifery, and administrative and clerical staff.

Patient First target for 2023/24: 16.5% or below

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate decreased slightly to 4.65% in March from 4.67% in February.

Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

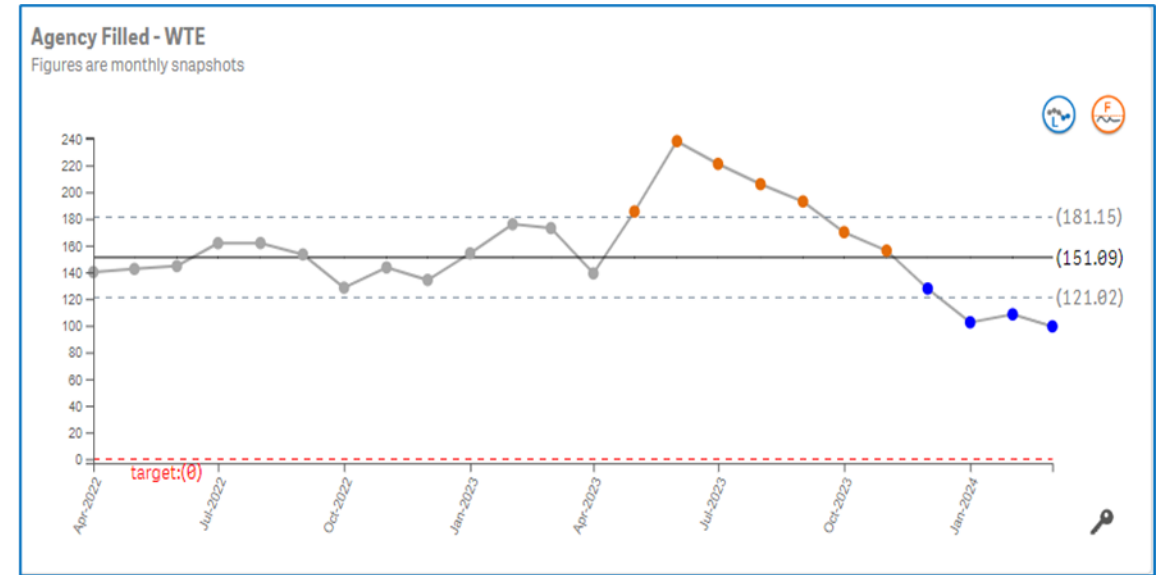
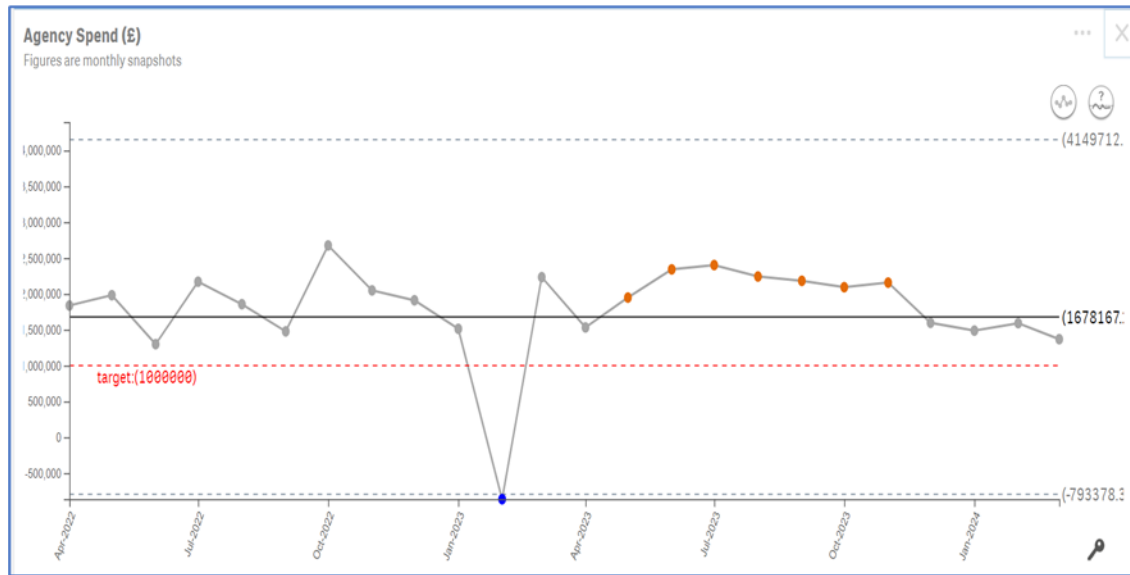
Temporary Staffing

In March 74.96% of temporary staffing demand was filled by bank, 9.54% by agency and 15.71% was unfilled. This is an improved position compared to February which saw 71.79% of demand filled by bank, 10.24% by agency and 17.97% unfilled. Overall temporary staffing demand increased by 4.61% (+45.10wte) from February to March, driven by increased demand for estates and ancillary staff (+16.61%, +22.28wte) and registered nursing and midwifery staff (+9.92%, +32.60wte). There was a decrease in unfilled shifts (-8.58%, -15.07wte), driven by an increase in bank shift utilisation (+8.93%, +62.71wte), and March also saw a small decrease in agency usage (-2.55%, 2.55wte). The decrease in unfilled shifts was mostly seen amongst additional clinical services staff (-25.67%, -19.28wte). In terms of temporary staffing request reasons, annual leave saw a 2.50% increase from February to March, and Increased Dependency/High Acuity a 1.20% increase.

wte = whole time equivalent

| Theme | Action | Owner | By When |
|---------------------------|---|--|---------|
| Vacancies | eForms have now been extended to Medical Recruitment. Furthermore, in our efforts to streamline processes, the medical recruitment process is now aligned to AfC hiring. The AfC recruitment operations team have been successful in achieving 15 days to complete onboarding checks for the second consecutive month which was the Trust target. | Deputy Chief People Officer | Apr-24 |
| Turnover | Immediate retention actions commenced linked to HCA turnover in first 12 months of employment in hotspot areas, with additional interventions being implemented aligned to NBT's 2023-24 Retention Plan | Associate Director Culture, Leadership & Development | Jul-24 |
| Staff Development | Implementing the Kallidus Perform Online Appraisal system across the Trust. System will go live 1 Apr 24 | Associate Director Culture, Leadership & Development | Jun-24 |
| Wellbeing | Review of the role and scope of Wellbeing Champions underway. Avon Partnership Occupational Health Service (APOHS) Stakeholder event to support effective review of occupational health services. Initial meeting with Chief Medical Officer team to develop project charter for staff health and wellbeing strategy to be developed. | Associate Director Culture, Leadership & Development | Jun-24 |
| Temporary Staffing | SW Pan regional agency rate reductions on track to implement 8th April for Nursing agency (inc RMN and Theatres) Intention letters to reduce the rates and new rate cards issued to suppliers. Financial profiling of potential impact of reduced rates underway. Medical Locum work continues with draft rate card to be prepared by end of March. Bank attraction campaign and week of promotional activities underway with planned go-live week 8th April. | Deputy Chief People Officer and Associate Director of Nursing Workforce Recovery | Apr-24 |

Temporary Staffing



What Does the Data Tell Us

Agency use saw a decrease of 2.55wte overall, despite an increase of 5.61wte in registered nursing and midwifery. The increased registered nursing and midwifery agency use was most notable in Critical Care (ICU) (+6.45wte), and Ward 28A (+2.31).

Ward 9b (-1.14wte), Ward 33A (-0.94wte) and Acute Medical Unit Gate 31A&B (-0.73wte) saw the largest decreases in agency use for registered nursing staff in March.

Agency registered mental health nurse (RMN) use decreased by 0.48wte from February to March, driven by decreased usage in Wards 9B, 33A, Acute Medical Unit Gate 31A&B and ICU.

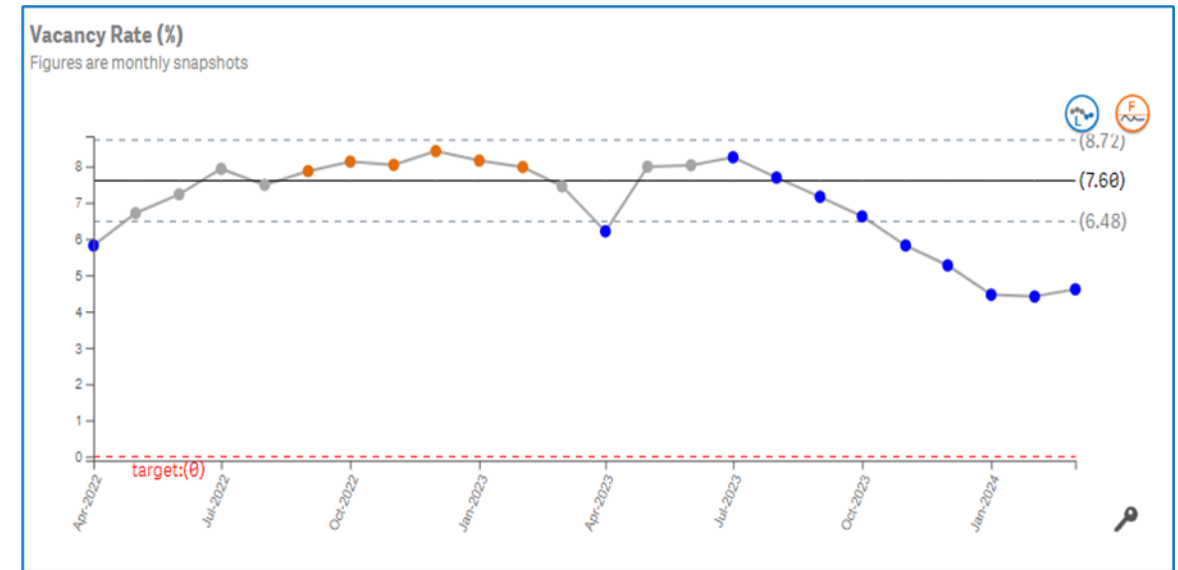
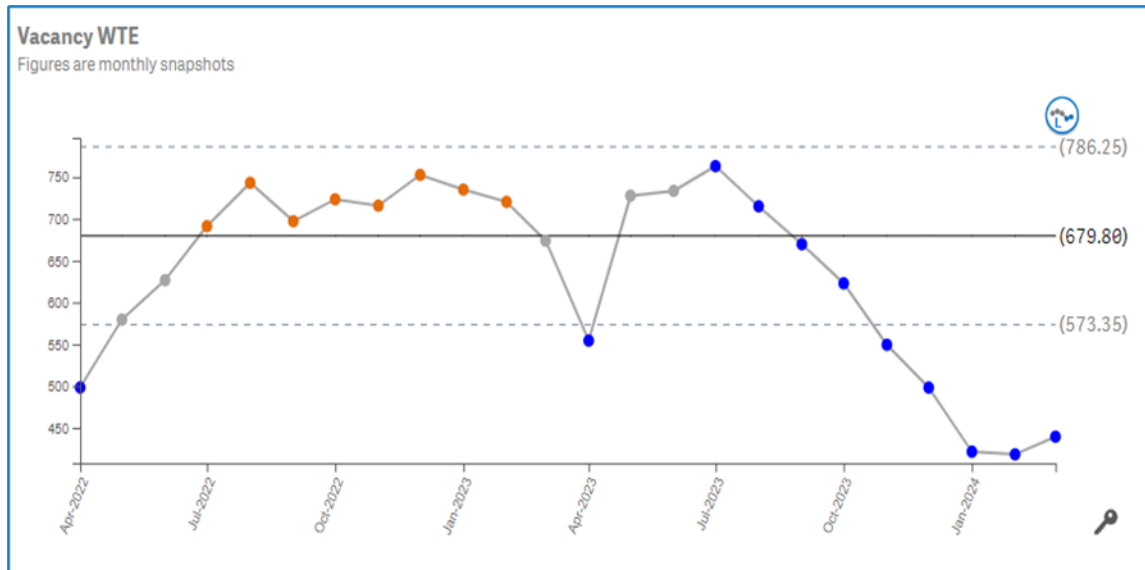
Actions

1. SW Regional agency rate card confirmed with first reduction for nursing on 8th April with monthly rate reductions to achieve full NHSE cap compliance general (July) specialist (Oct)
2. Ongoing conversation on planned collaboration with University Hospitals Bristol and Weston (UHBW) on Bank rate alignment in preparation for the collaborative Bank pilot launching summer.
3. Final planning and preparation for the "Shine a spotlight on Bank" week of attraction and promotional activities wc 22nd April
4. Bank Staff Survey results being published April 2024
5. Continued focus and planning of agency removal opportunities

Agency Reduction: Agency is typically limited to specialist staff types, Theatres, Critical Care and ED. Focus on removal options for general locations under discussion. Close monitoring of the impact of the SW regional rate reductions will be monitored locally and within the wider SW regional groups being held 2 – weekly.

Bank Optimisation: Workstream picking up real traction. The first Bank Forum taking place on Tuesday 10th April further to full week of activities and publication of Bank Staff Survey results by end of April 2024.

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

- Offers:** 10.22wte of offers for Health Care Support Worker (HCSW) roles were made in March: 1.61wte for band 2 and 8.61wte for band 3
- Pipeline:** 32.60wte of candidates with offers being processed. Current withdrawal rates have dropped to 5% for HCSW roles which suggest that 30.97wte will join over next three months (between April and June) which is lower than last year where 100.29wte joined, however there are 131.44wte more staff in post this year compared with last year.

Registered Nursing and Midwifery

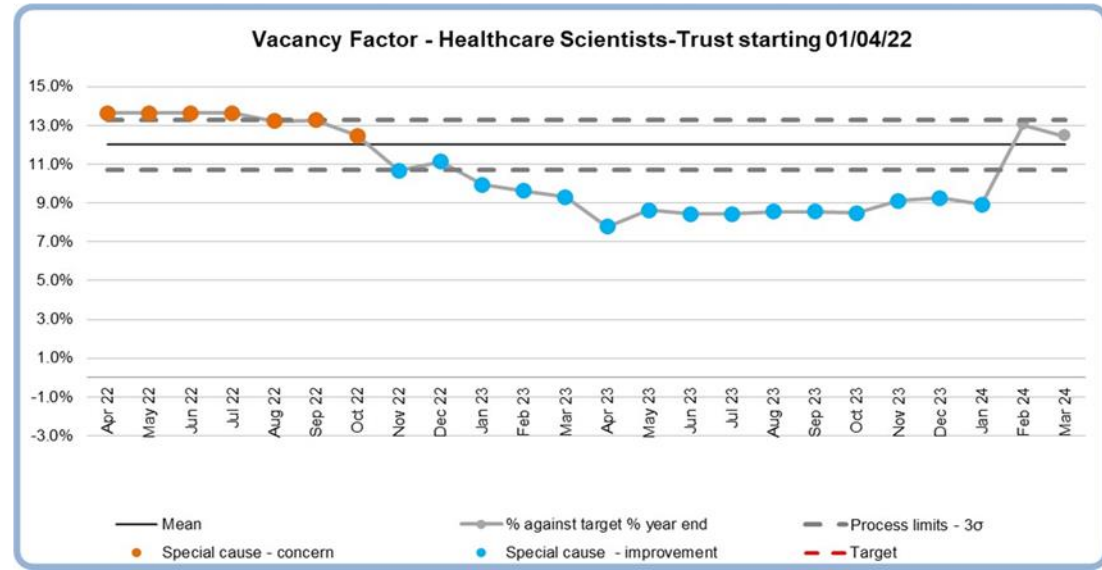
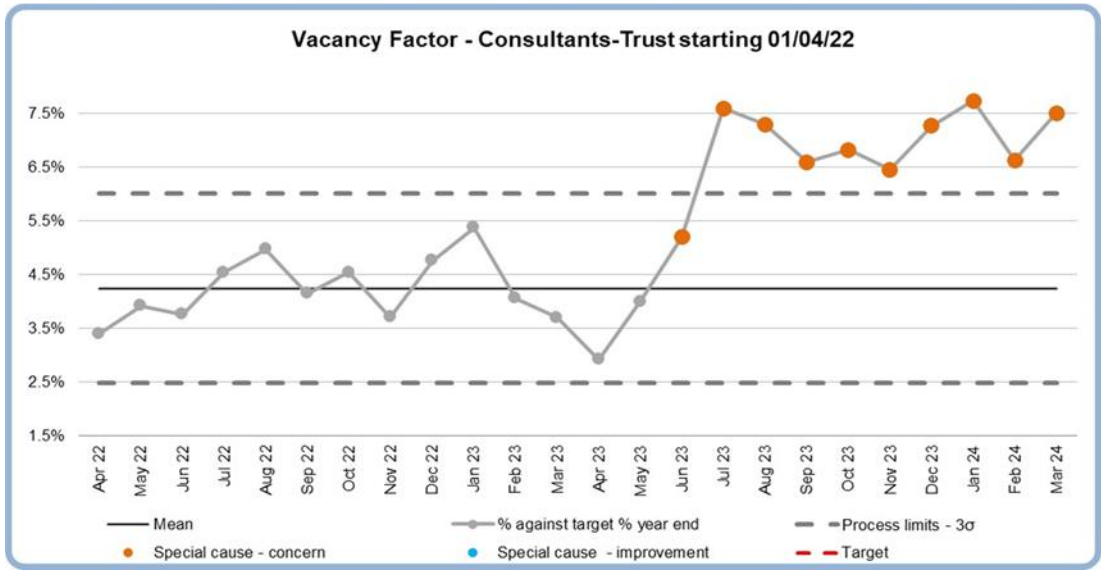
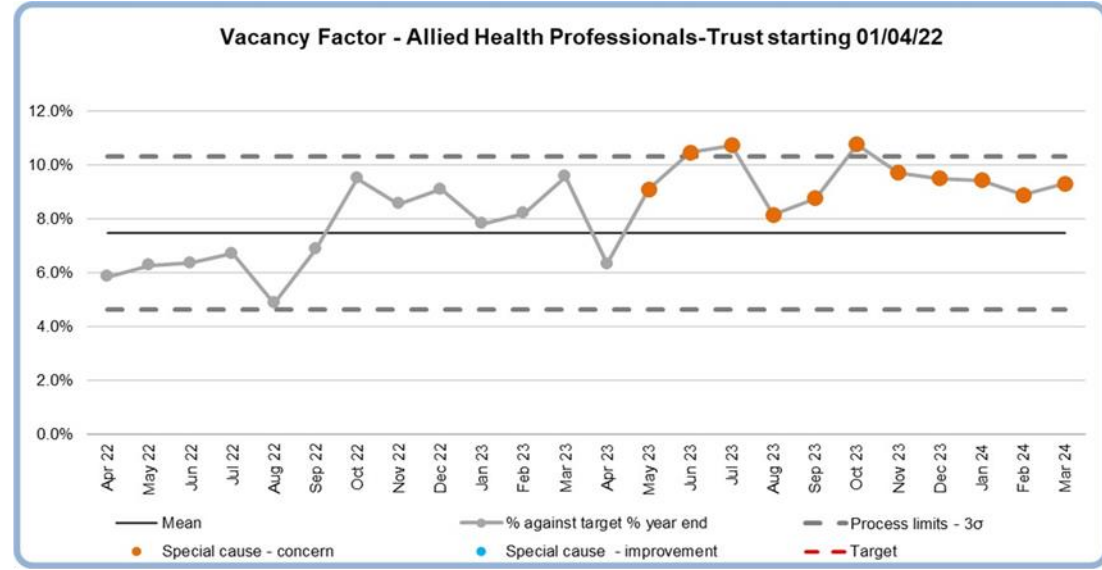
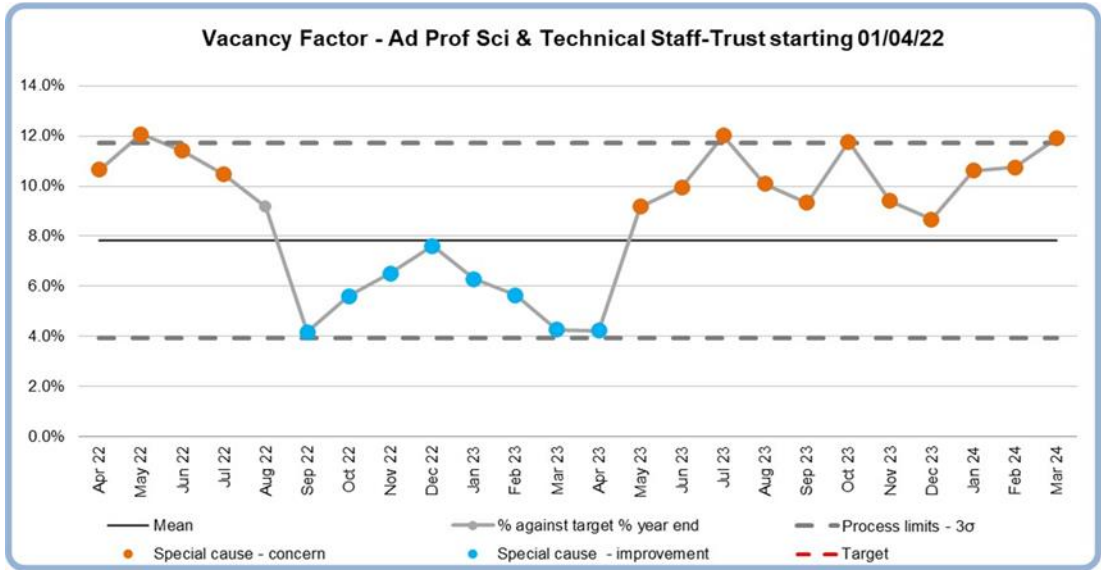
- Offers:** 38.78wte of offers to band 5 experienced and newly qualifying nurses across the Trust
- Pipeline: Domestic** 167.76wte band 5 candidates with offers being processed. Current withdrawal rate is at 8% which suggests 154.33wte will join the Trust.
- Pipeline International:** International recruitment is currently paused for the next few months.

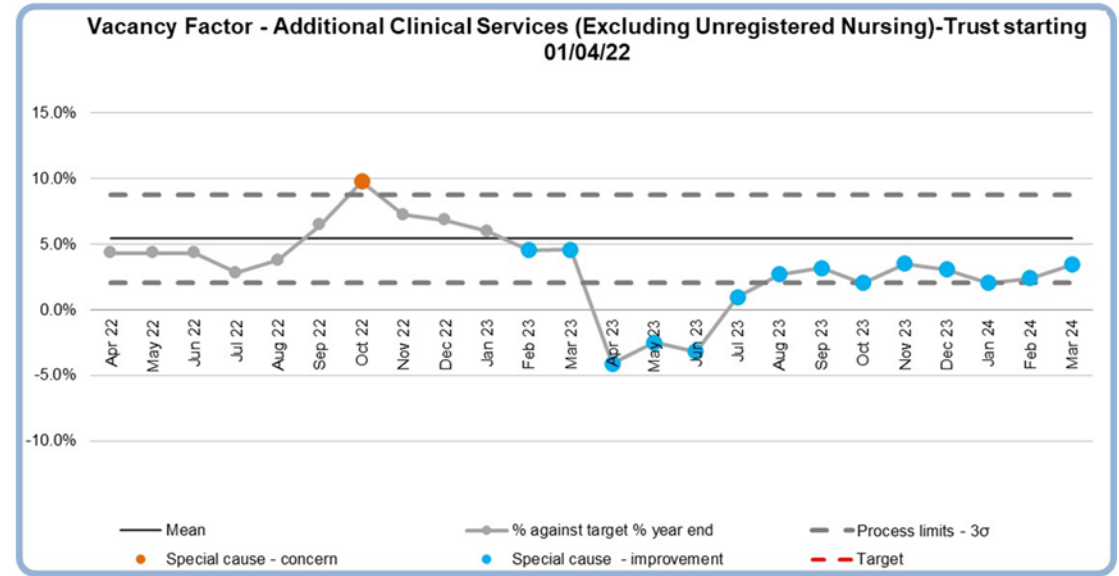
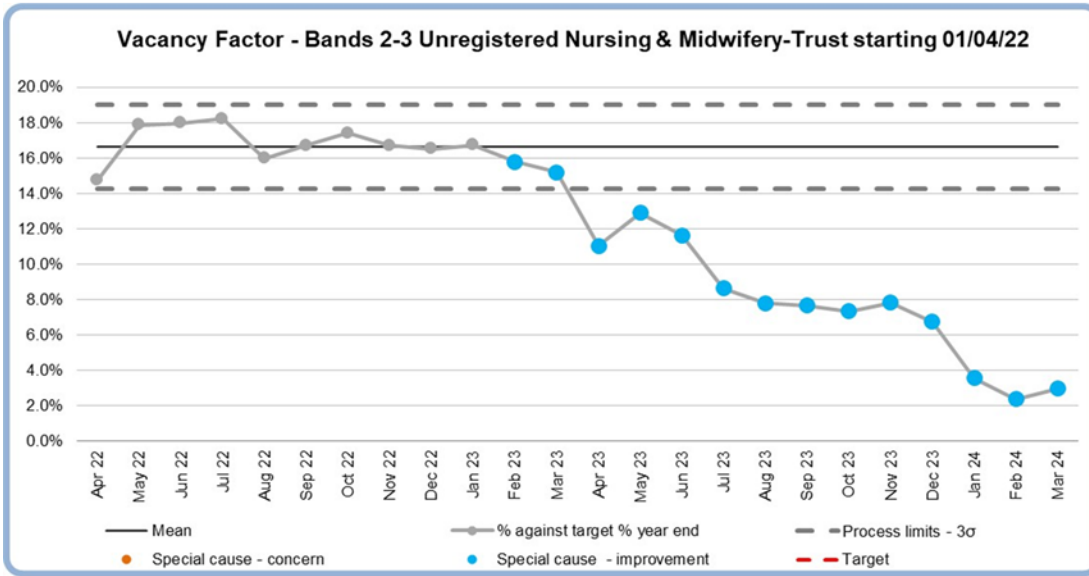
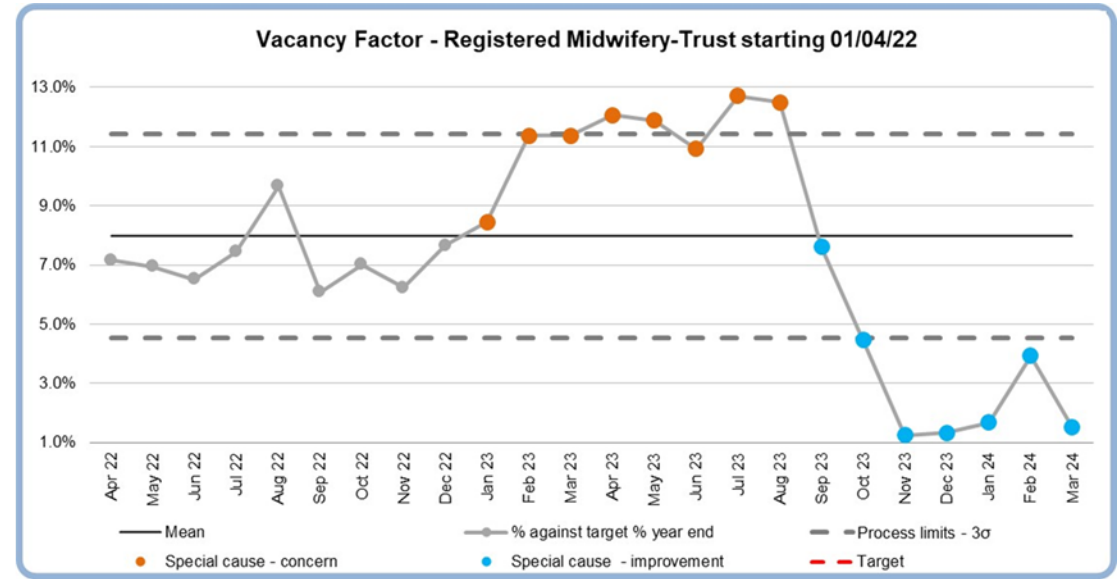
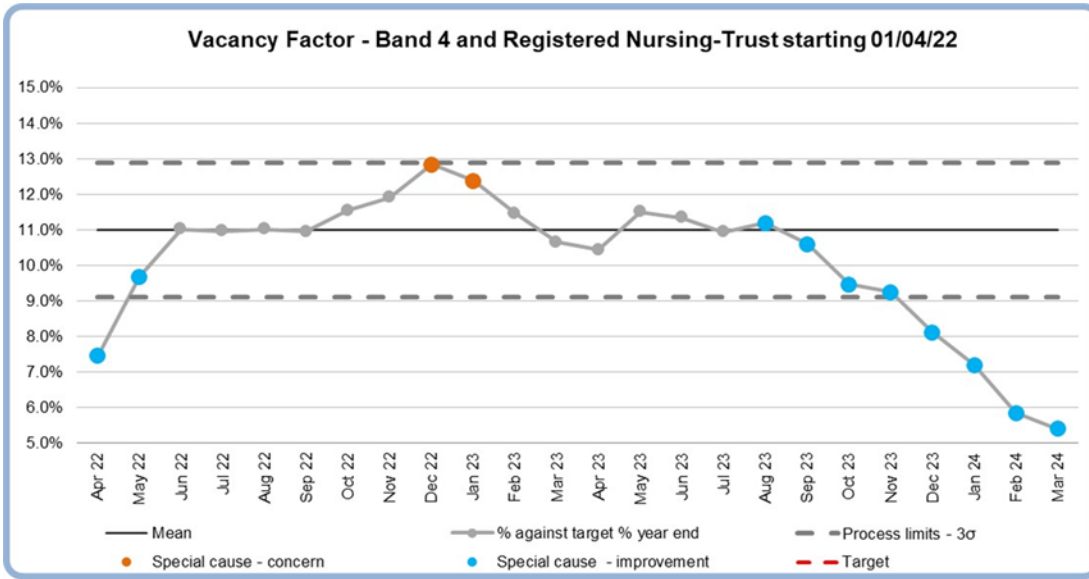
Recruitment Activity

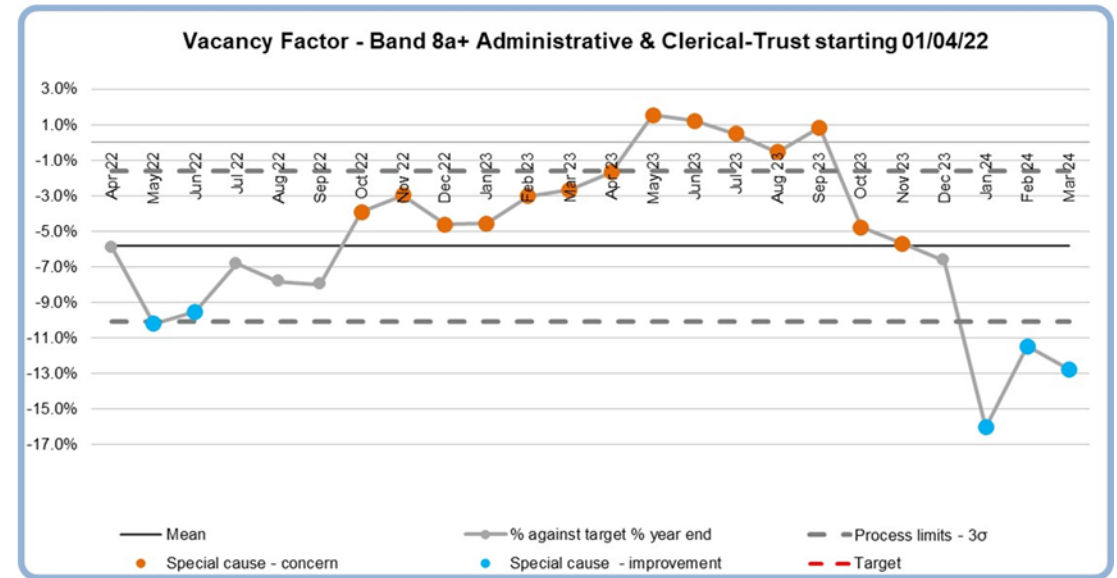
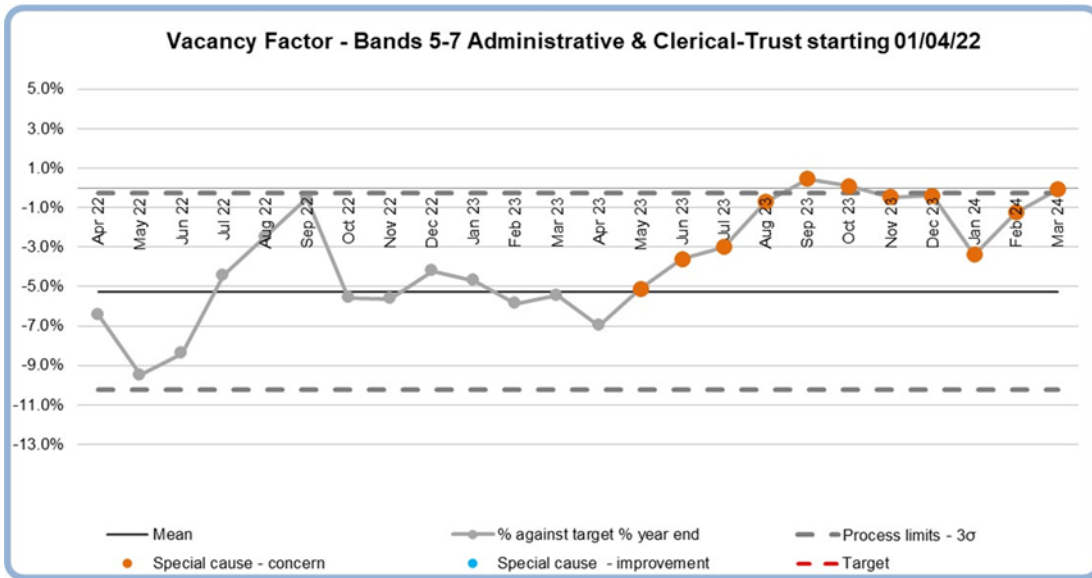
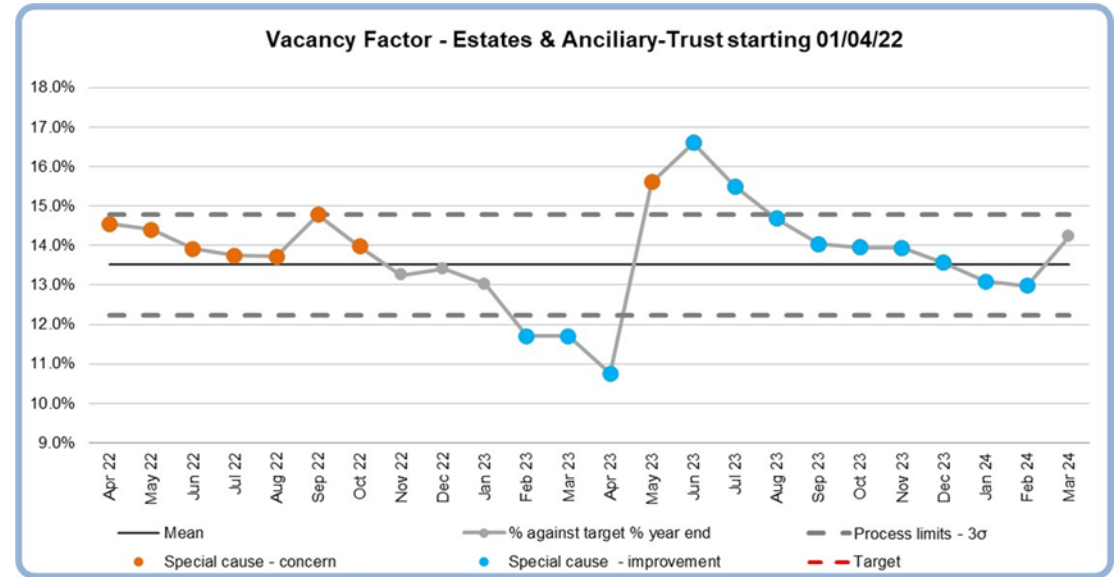
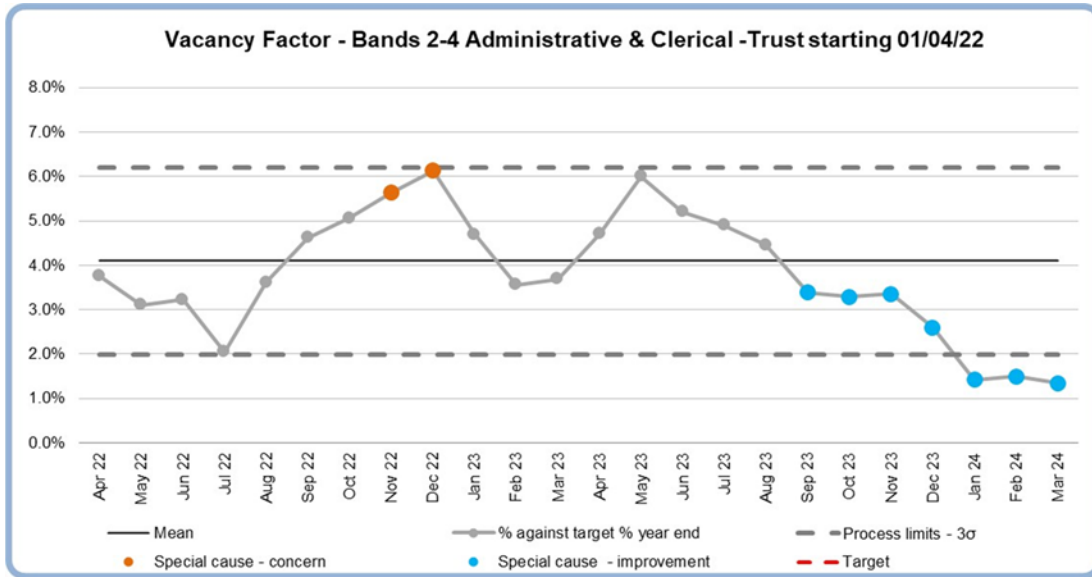
- TA attended three Nursing careers events this month including UWE's Meet the employer's event for Healthcare students
- International Recruitment:** We welcomed 13wte Internationally educated Nurses to the Trust in March

Current actions being taken to mitigate withdrawal rates:

- Midwifery incentivisation programme in place – Withdrawal rates have increased slightly to 9%
- Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.

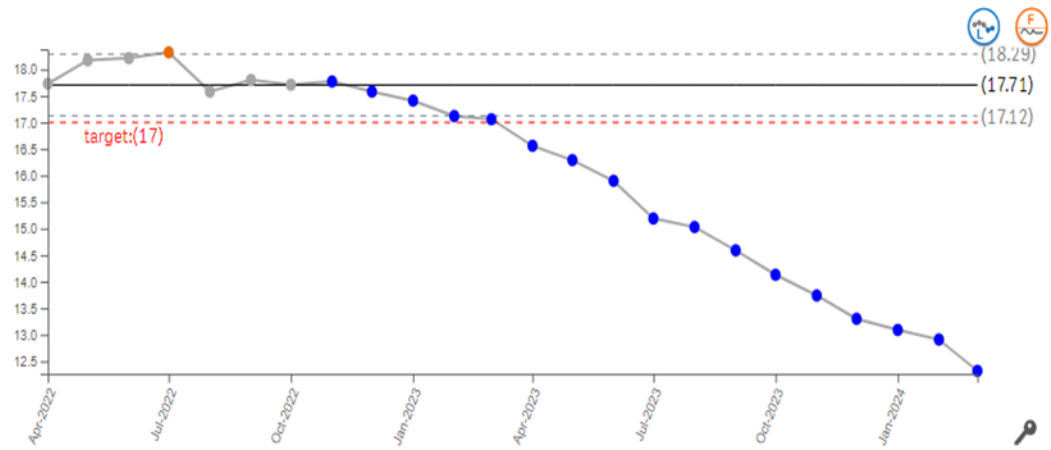






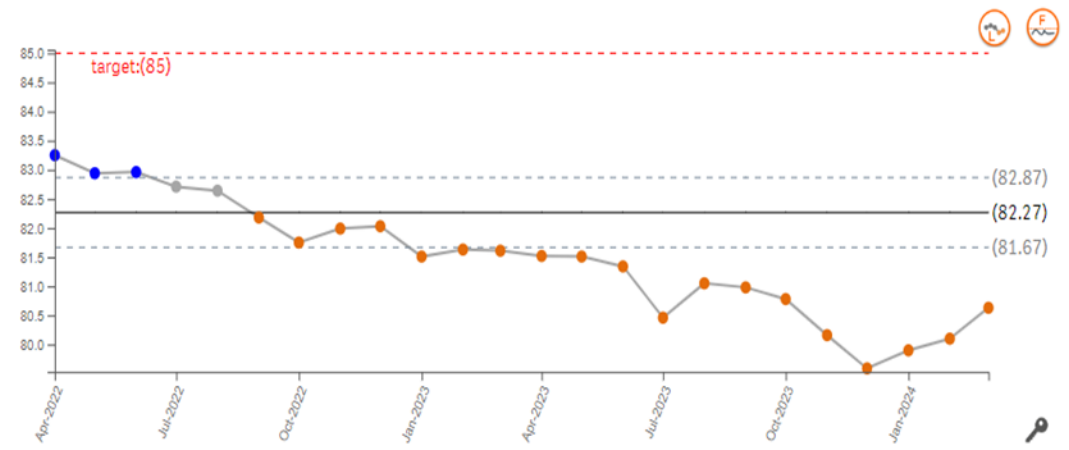
Turnover Rate (FTE) 12 Month Rolling (%)

Figures are monthly snapshots (Not including Junior Dr's)



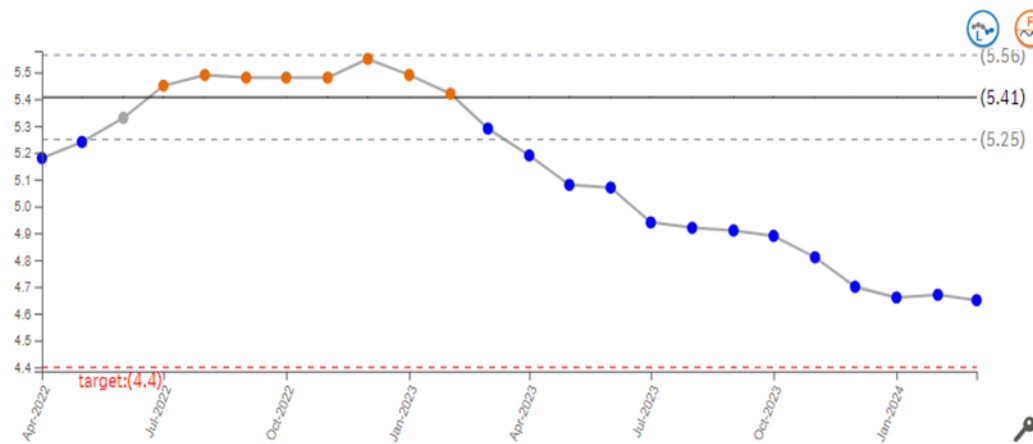
Stability Rate (%)

Figures are monthly snapshots



Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots



People support and engagement

Actions delivered: (Associate Director of People)

- Disciplinary behavioural framework agreed
- Agreed policies on disciplinary, appeals, job evaluation
- New leave policy including provisions for baby loss/miscarriage and fertility treatment
- Complex investigations service – 6 internal IOs trained, 4 bank only investigators appointed.
- New casework system implemented

Actions in Progress:

- Launch of complex investigations service (**June**)
- Data triangulation, in respect of staff allegations and zero acceptance campaign (**June**)
- Development of restorative just culture training (**June – July**)
- Collaboration with recruitment services on staff contracts (fixed term contracts, international recruitment, ex-offenders) (**June – July**)

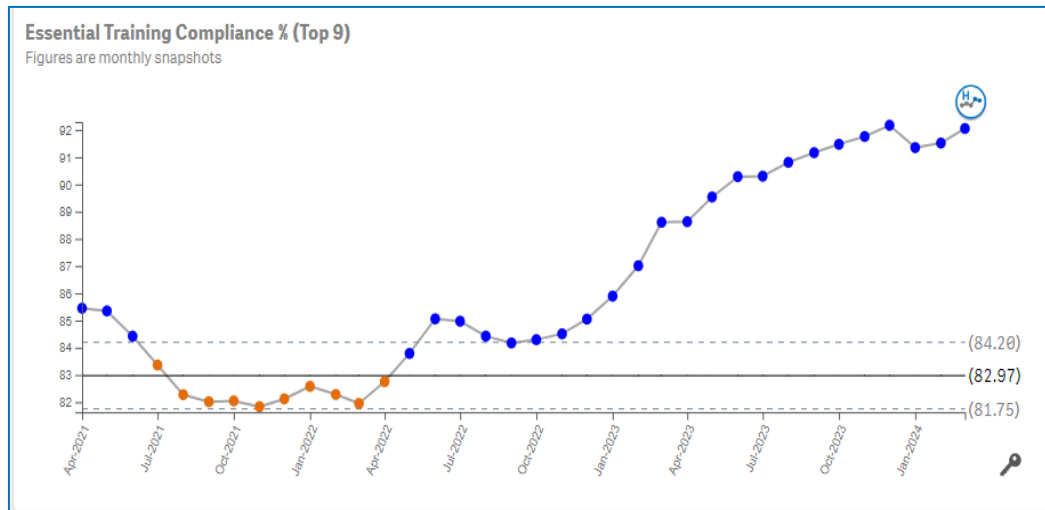
Retention and Staff Experience (including Health and Wellbeing)

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

- Diverse Recruitment Panels launched on 1st April
- Sexual Safety planning workshop occurred and output shared with the working group – to be incorporated into the '*We do not accept*' campaign in May
- Occupational Health joint NBT/APOHS stakeholder event occurred
- Staff survey general free text comments analysed and shared with Divisions
- Citizen Advice sessions formally agreed for a further 12 months
- First Operational EDI Group took place
- New on-line appraisal system went live 1st April
- In February, the Library and Knowledge Service hosted a visit from NHS England to assess the quality of the Library and Knowledge Service. Final report pending but we met all the essential quality criteria set by NHS England. NHS England also identified several areas of good practice

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

- Track progress of the new My Appraisal system **April – July 24**
- Development of tools and resources by the 'Sexual Safety in Healthcare' Group (**December 2023 – July 2024**)
- Development of Staff Survey follow-up actions (**April – end May 2024**)
- Develop an NBT-wide Health and Wellbeing Strategy and underpinning Staff Experience Plan (**March – June 2024**)
- Trust-wide implementation of the recommendations of the '*Too Hot to Handle*' paper into racism in the NHS (**April – October 2024**)
- Market review of alternative EAP / counselling providers, leading up to contract renewal/expiry of our current EAP contract with Health Assured in July or possible extension to September if additional time is required.
- International Women's Day event with a focus on female health and wellbeing delivered. Expert led sessions included: Breast screening, Breastfeeding and RTW, Financial resilience, Pelvic Health and Mental Health. **March 2024**



What Does the Data Tell Us - Essential Training (Head of Learning and Development)

- QLIK (13 Feb 24) shows compliance as **All staff 91.2%**, Permanent Staff 93.8%, Fixed Term Temp 86.5%, Other 82% (NBT eXtra 85.7%).
- Outliers in Training Compliance: Honorary staff at 42.2%, and Medical & Dental at 79.9%.
- Training Compliance By Training Title (Top 9) shows that Information Governance is 87.3%, (below the 95% trust compliance target).
- The most significant training expirations in the next three months are Information Governance, Fire, and Patient Handling.
- Oliver McGowan's mandatory e-learning is at 73.9%. All staff must complete it. Oliver McGowan Mandatory Level 2 - Face to Face – dates available on Link.

Actions – Essential Training (Head of Learning and Development)

- Moved to monthly Mandatory and Statutory Training (MaST) reports to Divisional Directors and People Partners, who are working with their divisions to increase compliance.
- Including 5 MaST subjects in corporate induction has helped increase day-one compliance.

Leadership & Management Learning (Leadership Development Manager)

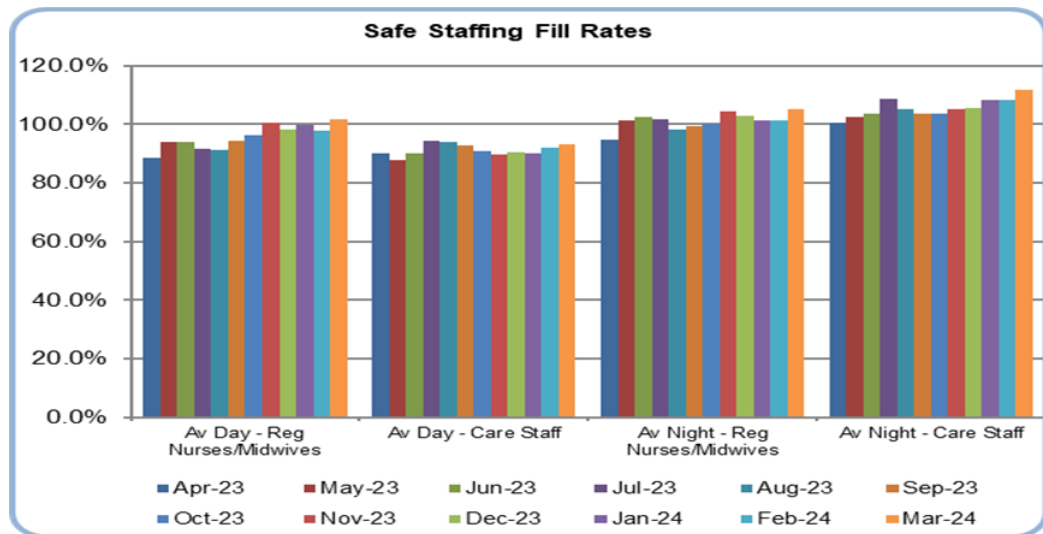
- **Mastering Management:** Cohort 1, have completed, celebration event scheduled for 22.05.24. We're considering offering Leadership Circles for Mastering Management alumni to support continued learning. Cohorts 2-5 are full and in progress. Cohort 6 started 03.04.24 20/24 places filled. Cohort 7 is now open, starting 08.05.24. We have allocated 140/ 240 participant places, 215 completed expressions of interest. Feedback from participants is excellent. Rating 4.38/5' (1 = Poor; 5 = Excellent) to the question 'Overall, how would you rate the learning impact from this module? Modules improved based on qualitative and qualitative feedback. UWE have begun impact evaluation. We have begun planning to bring Mastering Management in house in April 2025 once the contract with UWE has been completed.
- **Coaching and Mentoring:** contracting for procurement of PLD platform in partnership with UHBW has been successfully completed. Target go-live date 01.05.24. A successful NBT Coaching Community CPD event was held on 07.03.24. The fourth joint mentoring scheme with our neighbors at the Defense Equipment & Support (DE&S) launched on 03.04.24, places are available to support the project management skills of NBT staff, Band 5 and above
- **Excellence in Management:** Cohort 3 successfully launched on 27th March 24 – confirmed cohort of 24 delegates bringing the total of managers on programme to 71. Representation of Race; Disability & Sexual Orientation protected characteristics is 33%. Gender split 71% female:29% Male. 23 people have successfully completed and Cohort 2 will complete on 15th May. Applications are open for cohort 4 which launches end August.
- **Accelerate update:** Cohort 2 has completed all 3 sessions and will have their celebration event on the 23rd of April. Cohort 3 is now promoted, Application deadline is on the 30th of April. **ILM Leadership and Team Skills**—1ILM cohort 1, which has 20 delegates scheduled to attend the first session on Thursday 11th April 2024. We also have 19/20 places filled for Cohort 2 (starting in June 2024) and are now filling cohort 3, commencing in September 2024.

Trust Apprenticeships and Widening Engagement (Head of Apprenticeships and Early Careers)

- March levy – Expired funds - £36,289, Transferred levy - £8744, Levy utilisation 65%
- 433 apprentices currently on programmes from level 2 to 7. Apprenticeship vacancies are increasing slowly, particularly in admin and Clerical roles and Saplings. Working with TA to boost apprenticeship recruitment and the benefits they bring.
- Successful bid for NHSE Grants has secured 11x £10,400 grants to support Healthcare Science apprentice starts this year.
- MPSF roles are already making a good impact and the final roles starts 16/04 with activities already planned within the areas of the Commitment to Community plan.

Apprenticeship Centre

- Ofsted inspection took place 12-14 March. We await formal notification of the inspection result.
- Current Learners enrolled non direct 96, direct 61. Working group with clinical colleagues discussing recruitment drive for Senior Healthcare Support Worker Apprentices in discussion to start this year.
- Recruitment for the May cohorts of non-clinical apprenticeships is progressing and we have been working with line managers to get feedback for programme improvements.



| Mar-24 | Day shift | | Night Shift | |
|------------------|-----------------|--------------|-----------------|--------------|
| | RN/RM Fill rate | CA Fill rate | RN/RM Fill rate | CA Fill rate |
| Southmead | 101.71% | 93.03% | 105.11% | 111.69% |

| Ward Name | Registered nurses/ midwives Day | Care staff day | Registered nurses/ midwives Night | Care staff Night |
|--------------------------------|---------------------------------|----------------|-----------------------------------|------------------|
| AMU 31 A&B 14031 | Green | Red | Green | Red |
| Cotswold Ward 01269 | Green | Red | Green | Red |
| Elgar Wards - Elgar 1 17003 | Green | Red | Green | Red |
| Ward 25B 14242 | Green | Red | Green | Red |
| Ward 26A 14311 | Green | Red | Green | Red |
| Ward 27A 14402 | Green | Red | Green | Red |
| Ward 28A 14502 | Green | Red | Green | Red |
| Ward 32A CAU 14103 | Green | Red | Green | Red |
| Ward 32B SAU 14104 | Green | Red | Green | Red |
| Ward 33A 14221 | Green | Red | Green | Red |
| Ward 33B 14222 | Green | Red | Green | Red |
| Ward 34A 14325 | Green | Red | Green | Red |
| Ward 6B (mainly Neuro) 14211 | Green | Red | Green | Red |
| Ward 8B (Renal - 38 Bed) 14411 | Green | Red | Green | Red |
| Ward 9B Flex Capacity 14501 | Green | Red | Green | Red |
| | | Below 80% | | Over 120% |

Safe Staffing Shift Fill Rates:

Ward staffing levels are determined as safe, if the shift fill rate falls between 80-120% , this is a National Quality Board (NQB) target.

What does the data tell us?

For March 2024, the combined shift fill rates for days for RNs across the 28 wards was 101.71% and 105.11% respectively for days nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 93.03% for the day and 111.69% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for March.

March registered nursing fill rates:

- 3.57% of wards had daytime fill rates of less than 80%
- 0.00 % of wards had night-time fill rates of less than 80%
- 3.57% of wards had daytime fill rates of greater than 120%
- 10.71 % of wards had night-time fill rates of greater than 120%

February care staff fill rates:

- 14.29% of wards had daytime fill rates of less than 80%
- 3.57% of wards had night-time fill rates of less than 80%
- 10.71% of wards had daytime fill rates of greater than 120%
- 32.14% of wards had night-time fill rates of greater than 120%

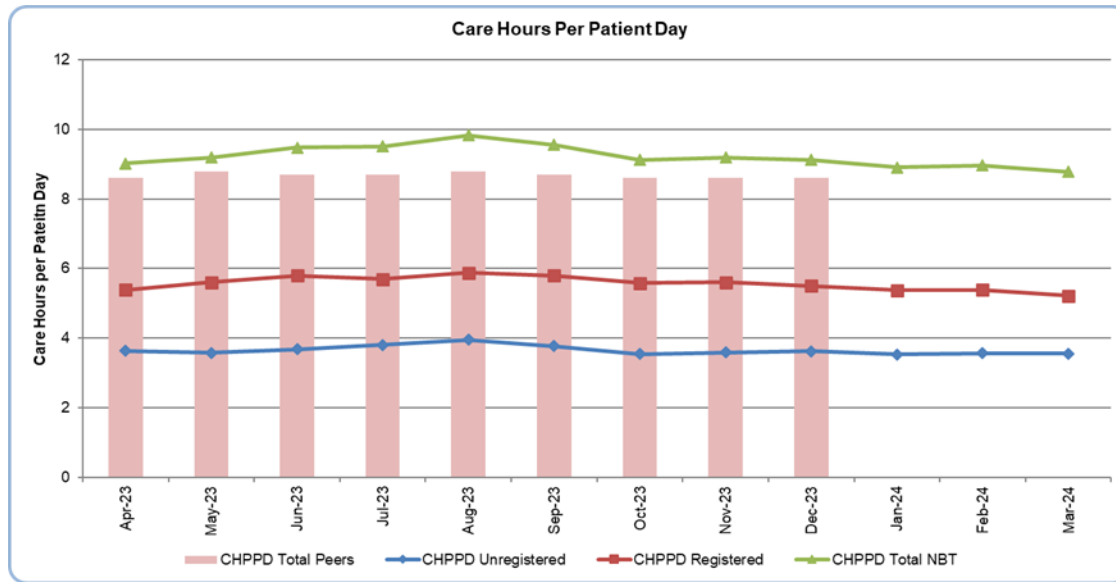
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The fill rate <80% for care staff on the medical wards (AMU, Elgar, 9b) is due to shortage of HCSWs due to higher number of patients requiring enhanced care and driven by headroom.

The areas above 120% for RNs are driven by winter high acuity and escalation areas in medicine and this is aligned to the recent safer staffing report findings for medicine. It is also driven by some wards who have a high proportion of IENs (6b). The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response increased levels of therapeutic observation (enhanced care) to maintain patient safety – medicine and NMSK have seen high numbers of enhanced care patients.

Compliance:

The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance is 55% and there are plans to improve compliance through robust monitoring at the daily staffing meetings.

Care Hours



Care Hours per Patient Day (CHPPD)

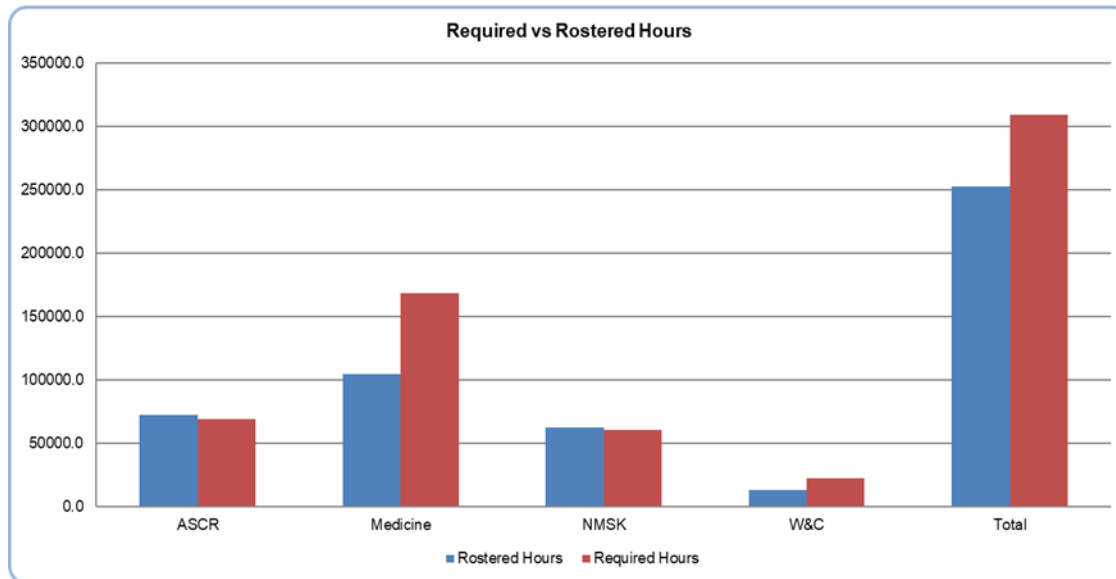
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This measure should be used alongside clinical quality and safety metrics to understand and reduce unwanted variation and support delivery of high quality and efficient patient care.

What does the data tell us?

Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

Required vs Roster Hours

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 are 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

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. The data demonstrates that the total number of required hours has exceeded the available rostered hours.

Finance

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

| | Month 12 | | | Year to date | | |
|--------------------------|--------------|--------------|----------------|--------------|--------------|----------------|
| | Budget £m | Actual £m | Variance £m | Budget £m | Actual £m | Variance £m |
| Contract Income | 66.0 | 102.3 | 36.4 | 787.2 | 847.3 | 60.1 |
| Income | 4.9 | 11.4 | 6.5 | 62.8 | 98.9 | 36.1 |
| Pay | (43.2) | (73.2) | (30.0) | (525.2) | (578.0) | (52.8) |
| Non-pay | (26.6) | (36.8) | (10.2) | (324.8) | (368.2) | (43.3) |
| Surplus/(Deficit) | 1.0 | 3.7 | 2.7 | 0.0 | 0.0 | 0.0 |

Assurances

The financial position for March 2024 shows the Trust has delivered a £3.7m surplus against a £1.0m planned surplus which results in breakeven position at year end.

Contract income is £36.4m better than plan. This is driven by £22.4m of notional pension income, offset with pay. In addition to this, other commissioner funding recognised in month.

Other income is £6.5m better than plan. This is driven by new funding adjustments (£4.7m fav). The remaining £1.8m favourable variance is driven by apprenticeship funding, offset in non-pay.

Pay expenditure is £30.0m adverse to plan. The adverse variance is primarily driven by the notional pension adjustment of £22.4m, offset in contract income. New funding adjustments, offset in other income, have caused a £2.6m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs.

Non-pay expenditure is £10.2m adverse to plan. New funding adjustments, pass-through drugs and notional apprenticeship costs (all offset in income) are £5.1m adverse. The remaining adverse variance is caused by depreciation recognised in month and ERF activity.

Statement of Financial Position at 31 March 2024

| | 22/23 Month 12 | 23/24 Month 11 | 23/24 Month 12 | In-Month Change | YTD Change |
|---|-------------------|-------------------|-------------------|--------------------|----------------|
| | £m | £m | £m | £m | £m |
| Non-Current Assets | 511.2 | 521.8 | 538.4 | 16.6 | 27.2 |
| Current Assets | | | | | |
| Inventories | 10.0 | 10.3 | 11.7 | 1.4 | 1.7 |
| Receivables | 57.2 | 51.2 | 49.4 | (1.8) | (7.8) |
| Cash and Cash Equivalents | 104.0 | 72.2 | 62.7 | (9.5) | (41.3) |
| Total Current Assets | 171.3 | 133.8 | 123.8 | (9.9) | (47.4) |
| Current Liabilities (< 1 Year) | | | | | |
| Trade and Other Payables | (125.8) | (84.9) | (99.9) | (15.0) | (25.9) |
| Deferred Income | (17.2) | (22.4) | (14.4) | 8.0 | (2.8) |
| Financial Current Liabilities | (17.1) | (27.8) | (23.6) | 4.1 | 6.6 |
| Total Current Liabilities | (160.1) | (135.1) | (138.0) | (2.9) | (22.1) |
| Non-Current Liabilities (> 1 Year) | | | | | |
| Trade Payables and Deferred Income | (6.7) | (7.1) | (6.2) | 0.9 | (0.6) |
| Financial Non-Current Liabilities | (355.2) | (571.2) | (571.8) | (0.6) | 216.6 |
| total Non-Current Liabilities | (362.0) | (578.3) | (578.0) | 0.4 | 216.0 |
| Total Net Assets | 160.4 | (57.9) | (53.7) | 4.2 | (214.1) |
| Capital and Reserves | | | | | |
| Public Dividend Capital | 469.1 | 483.7 | 485.2 | 1.4 | 16.1 |
| Income and Expenditure Reserve | (371.3) | (541.8) | (541.8) | 0.0 | (170.5) |
| Income and Expenditure Account - Current Year | (5.4) | (67.8) | (69.0) | (1.2) | (63.6) |
| Revaluation Reserve | 68.0 | 68.0 | 71.9 | 3.9 | 3.9 |
| Total Capital and Reserves | 160.4 | (57.9) | (53.7) | 4.2 | (214.1) |

Capital spend for 2023/24 was £48.9m (excluding leases, PFI Lifecycle and charitably funded purchases).

Cash is £62.7m at 31 March 2024, a £9.5m decrease compared with the previous month. The decrease in month is driven by increased invoices paid, offset by additional commissioner payments.

Non-Current Liabilities have increased by £216.0m in the as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £165.1m increase in the Income and Expenditure Reserve.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

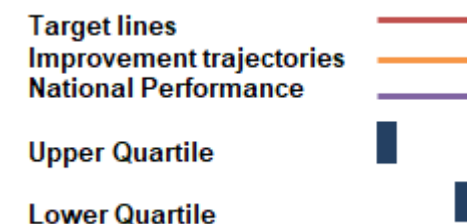
| Ref | Criteria | Comp (Y/N) | Comments where non-compliant or at risk of non-compliance |
|------|---|------------|--|
| G3 | Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions) | Yes | A Fit and Proper Person Policy is in place. All 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. |
| G4 | Having regard to NHS England Guidance | Yes | The Trust Board has regard to NHS England 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. |
| G6 | 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. |
| G7 | Patient eligibility and selection criteria | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| C1 | Submission of Costing Information | Yes | A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment. |
| C2 | Provision of costing and costing related information | Yes | The trust submits information to NHS Improvement as required. |
| C3 | Assuring the accuracy of pricing and costing information | Yes | Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required. |
| P1 | Compliance with the NHS Payment Scheme | Yes | NBT complies with national tariff prices. Scrutiny by local commissioners, 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. |
| IC1 | Provision of Integrated Care | Yes | The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative. |
| IC2 | Personalised Care and Patient Choice | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| WS1 | Cooperation | Yes | The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans. |
| NHS2 | Governance Arrangements | Yes | The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes |

Unless noted on each graph, all data shown is for period up to, and including, 31st of March 2024 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 2023/24 | |
|---|--|
| Outstanding Patient Experience | |
| We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions. | |
| High Quality Care | |
| We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result. | |
| We will minimise patient harm whilst experiencing care and treatment within NBT services. | |
| We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices. | |
| We will make Maternity and Neonatal care safer, more personalised, and more equitable | |



Appendix 2: Abbreviation Glossary

| Abbreviation | Definition |
|--------------|--|
| AfC | Agenda for Change |
| AHP | Allied Health Professional |
| AMTC | Adult Major Trauma Centre |
| AMU | Acute medical unit |
| ASCR | Anaesthetics, Surgery, Critical Care and Renal |
| ASI | Appointment Slot Issue |
| AWP | Avon and Wiltshire Partnership |
| BA PM/QIS | British Association of Perinatal Medicine / Quality Indicators standards/service |
| BI | Business Intelligence |
| BIPAP | Bilevel positive airway pressure |
| BPPC | Better Payment Practice Code |
| BWPC | Bristol & Weston NHS Purchasing Consortium |
| CA | Care Assistant |

| Abbreviation | Definition |
|--------------|--|
| CCS | Core Clinical Services |
| CDC | Community Diagnostics Centre |
| CDS | Central Delivery Suite |
| CEO | Chief Executive |
| CHKS | Comparative Health Knowledge System |
| CHPPD | Care Hours Per Patient Day |
| CIP | Cost Improvement Programme |
| Clin Gov | Clinical Governance |
| CMO | Chief Medical Officer |
| CNST | Clinical Negligence Scheme for Trusts |
| COIC | Community-Oriented Integrated Care |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |

| Abbreviation | Definition |
|--------------|--|
| CT | Computerised Tomography |
| CTR/NCTR | Criteria to Reside/No Criteria to Reside |
| D2A | Discharge to Assess |
| DivDoN | Deputy Director of Nursing |
| DoH | Department of Health |
| DPEG | Digital Public Engagement Group |
| DPIA | Data Protection Impact Assessment |
| DPR | Data for Planning and Research |
| DTI | Deep Tissue Injury |
| DTOC | Delayed Transfer of Care |
| ECIST | Emergency Care Intensive Support Team |
| EDI | Electronic Data Interchange |
| EEU | Elgar Enablement Unit |

Appendix 2: Abbreviation Glossary

| Abbreviation | Definition |
|--------------|----------------------------------|
| EPR | Electronic Patient Record |
| ERF | Elective Recovery Fund |
| ERS | E-Referral System |
| ESW | Engagement Support Worker |
| FDS | Faster Diagnosis Standard |
| FE | Further education |
| FTSU | Freedom To Speak Up |
| GMC | General Medical Council |
| GP | General Practitioner |
| GRR | Governance Risk Rating |
| HCA | Health Care Assistant |
| HCSW | Health Care Support Worker |
| HIE | Hypoxic-ischaemic encephalopathy |

| Abbreviation | Definition |
|--------------|--|
| HoN | Head of Nursing |
| HSIB | Healthcare Safety Investigation Branch |
| HSIB | Healthcare Safety Investigation Branch |
| I&E | Income and expenditure |
| IA | Industrial Action |
| ICB | Integrated Care Board |
| ICS | Integrated Care System |
| ICS | Integrated Care System |
| ILM | Institute of Leadership & Management |
| IMandT | Information Management |
| IMC | Intermediate care |
| IPC | Infection, Prevention Control |
| ITU | Intensive Therapy Unit |

| Abbreviation | Definition |
|--------------|---|
| JCNC | Joint Consultation & Negotiating Committee |
| LoS | Length of Stay |
| MaST | Mandatory and Statutory Training |
| MBRRACE | Maternal and Babies-Reducing Risk through Audits and Confidential Enquiries |
| MDT | Multi-disciplinary Team |
| Med | Medicine |
| MIS | Management Information System |
| MRI | Magnetic Resonance Imaging |
| MRSA | Methicillin-Resistant Staphylococcus Aureus |
| MSSA | Methicillin-Susceptible Staphylococcus Aureus |
| NC2R | Non-Criteria to Reside |
| NHSEI | NHS England Improvement |
| NHSi | NHS Improvement |

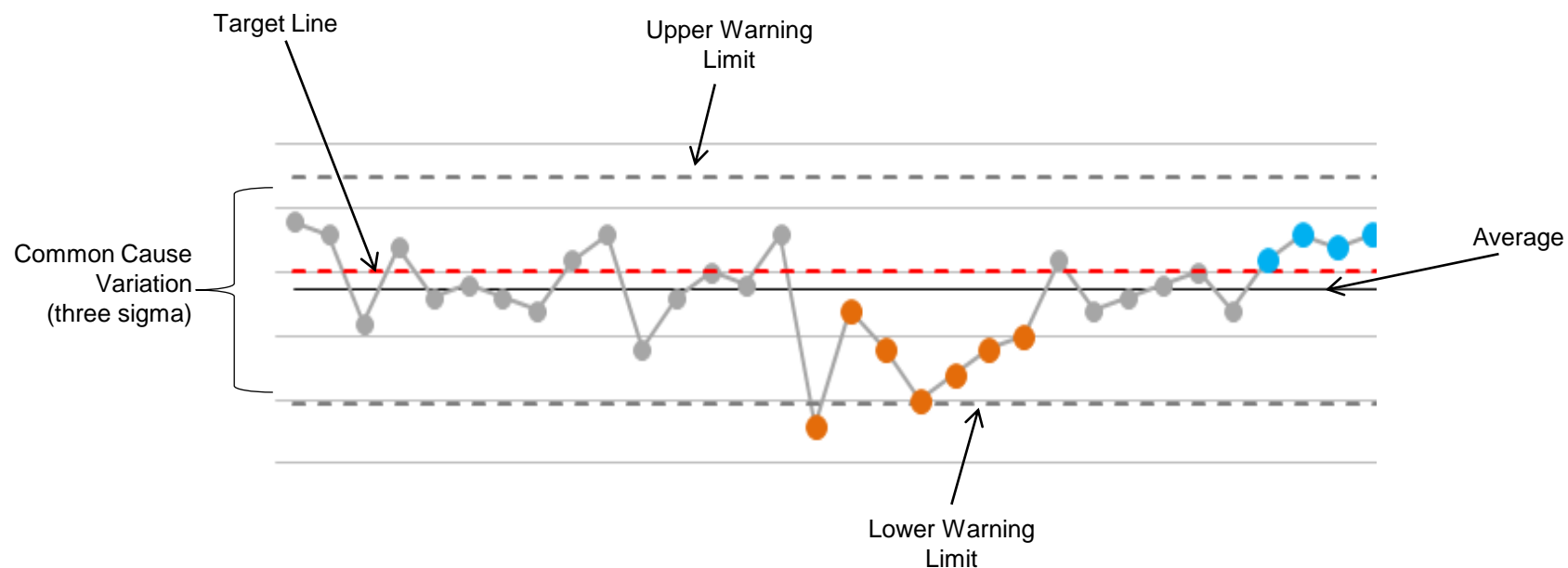
| Abbreviation | Definition |
|--------------|--|
| NHSR | NHS Resolution |
| NICU | Neonatal intensive care unit |
| NMPA | National Maternity and Perinatal Audit |
| NMSK | Neurosciences and Musculoskeletal |
| Non-Cons | Non-Consultant |
| NOUS | Non-Obstetric Ultrasound Survey |
| OOF | Out Of Funding |
| Ops | Operations |
| P&T | People and Transformation |
| PALS | Patient Advisory & Liaison Service |
| PCEG | Primary Care Executive Group |
| PDC | Public Dividend Capital |
| PE | Pulmonary Embolism |

| Abbreviation | Definition |
|--------------|---|
| PI | Pressure Injuries |
| PMRT | Perinatal Morality Review Tool |
| PPG | Patient Participation Group |
| PPH | Post-Partum Haemorrhage |
| PROMPT | PRactical Obstetric Multi-Professional Training |
| PSII | Patient Safety Incident Investigation |
| PTL | Patient Tracking List |
| PUSG | Pressure Ulcer Sore Group |
| QC | Quality Care |
| qFIT | Faecal Immunochemical Test |
| QI | Quality improvement |
| RAP | Remedial Action Plan |
| RAS | Referral Assessment Service |

| Abbreviation | Definition |
|--------------|---|
| RCA | Root Cause Analysis |
| RJC | Restorative Just Culture |
| RMN | Registered Mental Nurse |
| RTT | Referral To Treatment |
| SBLCBV2 | Saving Babies Lives Care Bundle Version 2 |
| SDEC | Same Day Emergency Care |
| SEM | Sport and Exercise Medicine |
| SI | Serious Incident |
| T&O | Trauma and Orthopaedic |
| TNA | Trainee Nursing Associates |
| TOP | Treatment Outcomes Profile |
| TVN | Tissue Viability Nurses |
| TWW | Two Week Wait |

| Abbreviation | Definition |
|--------------|-----------------------------|
| UEC | Urgent and Emergency Care |
| UWE | University of West England |
| VSM | Very Senior Manager |
| VTE | Venous Thromboembolism |
| WCH | Women and Children's Health |
| WHO | World Health Organisation |
| WLIs | Waiting List Initiative |
| WTE | Whole Time Equivalent |

Appendix 3: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

Further reading:

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

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

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