

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



February 2024
(presenting January 2024 data)

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
																			Responsiveness	A&E 4 Hour - Type 1 Performance
A&E 12 Hour Trolley Breaches	R	0	-	312	9	135	2	39	10	12	17	23	223	213	269	318		18-2453		3/11
Ambulance Handover < 15 mins (%)		65.00%	-	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%	34.33%				
Ambulance Handover < 30 mins (%)	R	95.00%	-	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%	64.15%				
Ambulance Handover > 60 mins		0	-	457	105	267	87	231	164	165	182	317	620	438	548	532				
Average No. patients not meeting Criteria to Reside			-	254	217	239	208	190	198	200	198	195	218	228	243	245				
Bed Occupancy Rate			92.89%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%				
Diagnostic 6 Week Wait Performance		1.00%	15.00%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%		28.36%		2/10
Diagnostic 13+ Week Breaches		0	186	2459	1497	939	740	593	595	300	124	59	17	14	7	4		7-4604		1/10
RTT Incomplete 18 Week Performance		92.00%	-	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%		53.13%		8/10
RTT 52+ Week Breaches	R	0	2485	2742	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858	1685	1393		82-13671		2/10
RTT 65+ Week Breaches			308	895	742	547	591	594	619	624	606	582	545	420	388	249		3-4565		2/10
RTT 78+ Week Breaches	R		45	223	167	69	65	84	59	44	48	48	55	49	50	45		0-754		4/10
Total Waiting List	R		40561	46266	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698	47245	46710				
Cancer 2 Week Wait	R	93.00%	91.14%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	51.25%	62.89%	-				
Cancer 31 Day First Treatment		96.00%	94.62%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	88.14%	86.30%	-		88.00%		8/10
Cancer 62 Day Standard	R	85.00%	67.65%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.74%	58.04%	55.74%	-		55.43%		6/10
Cancer 28 Day Faster Diagnosis	R	75.00%	73.86%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	-		59.46%		4/10
Cancer PTL >62 Days		242	207	335	191	140	178	207	171	183	236	276	250	260	336	317				
Cancer PTL >104 Days		0	18	26	41	29	25	40	45	46	41	47	49	53	64	85				
Urgent operations cancelled ≥2 times		0	-	0	0	0	0	0	0	0	0	0	0	0	1	1	-			

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)			0.96	0.97	0.98	0.98	0.99	0.99	0.98	-	-	-	-	-	-		
		Never Event Occurrence by month		0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	
		Commissioned Patient Safety Incident Investigations				3	3	3	2	4	0	0	2	2	2	1	1	2	
		Healthcare Safety Investigation Branch Investigations				1	0	0	0	0	0	0	0	0	0	1	1	2	
		Total Incidents				1173	973	1188	1027	1118	1110	1035	1120	1181	1454	1522	1106	1231	
		Total Incidents (Rate per 1000 Bed Days)				38	36	39	37	38	38	35	39	42	47	51	36	39	
		WHO checklist completion			95.00%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.25%	
		VTE Risk Assessment completion	R		95.00%	95.83%	95.54%	95.09%	95.61%	95.03%	94.98%	94.72%	94.34%	93.87%	92.94%	92.73%	91.39%	-	
		Pressure Injuries Grade 2				16	9	13	20	15	18	17	12	14	11	10	12	11	
		Pressure Injuries Grade 3			0	0	0	1	0	0	0	0	2	1	0	0	1	1	
		Pressure Injuries Grade 4			0	0	2	1	0	0	0	0	1	0	0	1	0	0	
		Pressure Injuries rate per 1,000 bed days				0.48	0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	
		Falls per 1,000 bed days				7.31	6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	
		MRSA	R	0	0	0	0	2	0	0	1	1	0	0	1	1	0	0	
		E. Coli	R		4	9	4	2	8	4	7	4	2	7	5	11	5	6	
		C. Difficile	R		5	1	2	6	1	4	11	6	2	5	4	3	2	2	
		MSSA			2	4	2	0	1	2	6	9	5	2	4	3	6	3	
	Observations Complete				96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%		
	Observations On Time				59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%		
	Observations Not Breached				70.31%	71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%		
	Maternity	5 minute Apgar 7 rate at term		0.90%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%		
		Caesarean Section Rate			44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%		
		Still Birth rate		0.40%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%		
		Induction of Labour Rate		32.10%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%		
	PPH 1500 ml rate		8.60%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%			
	Fragile Hip	Fragile Hip Best Practice Pass Rate			47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	-		
		Admitted to Orthopaedic Ward within 4 Hours			26.47%	38.78%	48.28%	47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	-		
		Medically Fit to Have Surgery within 36 Hours			44.12%	59.18%	65.52%	70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	-		
		Assessed by Orthogeriatrician within 72 Hours			67.65%	95.92%	94.83%	96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	-		
	Stroke	Stroke - Patients Admitted			111	64	115	94	121	181	132	187	162	154	158	152	64		
Stroke - 90% Stay on Stroke Ward			90.00%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.53%	-			
Stroke - Thrombolysed <1 Hour			60.00%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	-			
Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	73.30%	-			
Stroke - Seen by Stroke Consultant within 14 Hours		90.00%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	91.92%	-				

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	
	Friends & Family Positive Responses - Emergency Department				87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	
	Friends & Family Positive Responses - Inpatients				93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	
	Friends & Family Positive Responses - Outpatients				95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	
	PALS - Count of concerns				106	139	156	120	141	141	145	123	135	139	152	103	191	
	Complaints - % Overall Response Compliance			90.00%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	
	Complaints - Overdue				5	3	4	3	1	6	5	4	5	9	10	3	5	
	Complaints - Written complaints				62	41	41	38	57	44	42	48	49	60	49	36	44	
Workforce	Agency Expenditure ('000s)				2030	1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	1610	1507	
	Month End Vacancy Factor				8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	
	Turnover (Rolling 12 Months)	R		-	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	
	Sickness Absence (Rolling 12 month)	R		-	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	
	Trust Mandatory Training Compliance				86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	

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Urgent Care

Four-hour performance reported at 63.30% in January. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 318 last month, whilst there were 532 ambulance handover delays over one-hour. UEC pressures were compounded by increasing NC2R numbers, Junior Doctor industrial action at the beginning of January and increases in ED attendances; January-2024 attendances were 4.37% higher than the previous month and nearly 23% higher than January-2023. This combination of adverse circumstances culminated in the Trust deploying internal critical incident measures for 48 hours on the 24th January. This was the first time ICI had been deployed for 13 months. A short period of intensive recover actions allowed the Trust to return to OPEL level 4 or below in the subsequent days. The trended increase in the overall NC2R numbers has continued since October; this is a primary driver of the current UEC difficulties and is following a reduction in community bed capacity as per the system plan. Executive-level escalation at system-level continues and we continue to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the 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 and Diagnostics

Following approximately 30 days of activity losses as a result of industrial action throughout the year, the Trust has initiated repeated recovery plans in an effort to maintain its commitment to achieving zero >65 week wait capacity waits at the end of this financial year. Despite a recent period of industrial action, these plans have now brought the RTT improvement trajectory back on plan. The Trust has recovered it's >65 week wait breach trajectory to allow it to have reasonable confidence that the year-end commitment can be achieved. However, it is worth noting that a new period of industrial action has now been announced and further work will be needed to keep the delivery target on track. Despite this, the current assessment is that the zero >65 week wait capacity RTT breach position is still achievable. Diagnostics performance continues to exceed national requirements – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks. This allows the Trust to begin work on further reductions towards the target next year. In addition, the Trust is on track to eliminate all 13-week breaches by the year-end.

Cancer Wait Time Standards

The Trust has been able to make substantial improvement in the total cancer waiting list, however, there has been a significant impact from industrial action on the Trust total PTL size and waiting times. A revised plan to recover the position has resulted in the FDS target trajectory coming back into line. The national requirement is that FDS would reach 75% by the end of March-2024. The Trust reported a position of 74.89% against this requirement in December-2023. Work is underway to secure this position through to the year-end and beyond. Once again, there is caution in the level of assurance given the newly announced industrial action.

Quality

The final CQC report, following the maternity inspection (part of the national programme) in November 2023 has been published. The service has maintained its 'good' overall rating and has improved its 'safe' rating from 'requires improvement' to 'good'. This is a notable achievement with very few increases of this nature seen nationally within the current national inspection programme. The NICU admission rate at term reduced to 5.2% against a national target of 5%. There were 4 new MNSI cases in December but no concerning themes identified within these. All cases reviewed via PMRT had all elements of care scored as A or B (no issues with care that had an impact on the outcome). There is a reducing vacancy gap for midwives but an increasing one for NICU nurses. Infection control data for January showed a continued reduced incidence of C-Difficile, E-Coli cases continuing to track below trajectory and no new MRSA cases. Improvement work continues for the sustained increase in MSSA rates, which reflects regional trends and related actions. The overall improving trend in falls rates remains and January saw a drop off in falls rate after a 3-month increasing trend prior to that. The rate for pressure injuries is now statistically reflecting a special cause for improvement, reflecting the detailed actions set out in that section of the report. Medication incidents show a special cause – concern trend this financial year overall – but the level of incidents causing harm is stable overall and has fallen in the past 2 months. WHO Safety Checklist compliance remains high, reflecting good safety practice within theatres. Progress in delivering the year-1 workplan for Patient & Carer Experience against each of the four Strategy commitments remains strong, with a profile this month on the impact of our 472 active volunteers across our clinical services, supporting patients, the public and staff. 93.26% of patients gave the Trust a Friends & Family Test positive rating. This was in keeping with the previous month and remains within the expected range of performance. The response rate compliance for complaints has improved for the second consecutive month from 73% in December to 79% in January. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 4.87% (461.83) in January down from 5.87% (558.11wte) in December, with the greatest reduction in vacancy position seen in registered nursing and midwifery (-35.20wte), and additional clinical services (-17.23wte). Rolling 12-month staff turnover decreased from decreased from 13.30% in December to 13.09% in January continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate fell to 4.66% in January from 4.70% in December. Overall temporary staffing demand increased by 8.74% (79.21wte) from December to January, driven by increased demand for additional clinical services staff (+43.08wte, +16.69%). While bank use increased (+15.12%, 90.44wte), there was an increase in unfilled shifts (+4.12%, +6.00wte), partially driven by a decrease in agency usage (-21.34%, -26.55wte).

Finance

The financial plan for 2023/24 in Month 10 (January) was a surplus of £1.1m. The Trust has delivered a £2.6m surplus, which is £1.5m better than plan. The year to date position is a £2.8m adverse variance against a planned £2.6m deficit. In month the Trust has recognised a benefit of £5.0m around funding to support the impact of industrial action (April to October) and other in year pressures outlined in guidance released in November. Temporary staffing costs in the year to date position are creating a £6.4m adverse variance to plan. Unidentified savings within the in year position are creating a £9.3m adverse variance, the impact of which is offset by delays in investments and vacancies. In January the Trust saw the impact of industrial action with £0.7m additional costs and £0.4m lost income. The Trust cash position at Month 10 is £66.1m, a reduction of £37.9m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust is currently forecasting a £0.5m underspend on core capital. The Trust has delivered £14.3m of completed cost improvement programme (CIP) schemes at month 10. There are a further £2.2m of schemes in implementation and planning that need to be developed, and £2.8m in the pipeline.

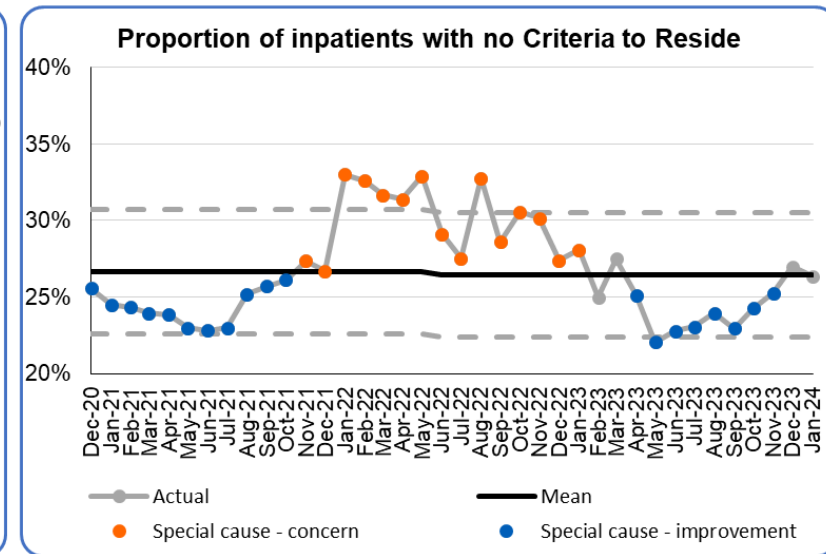
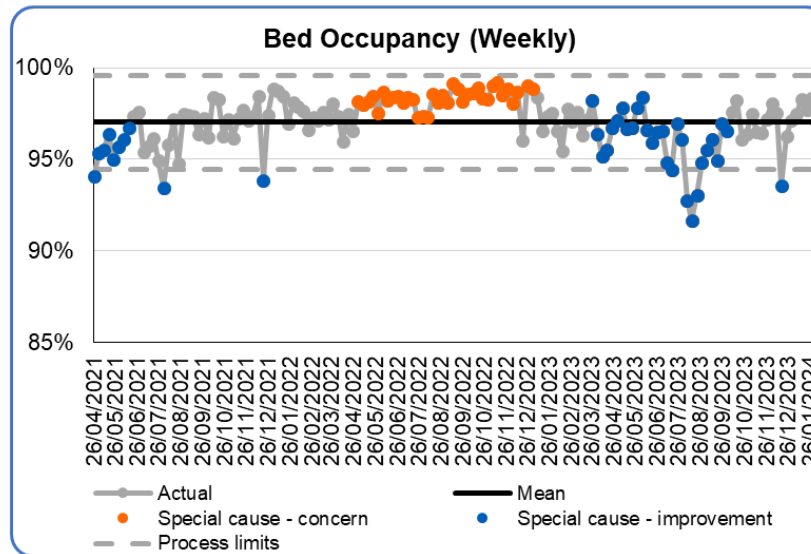
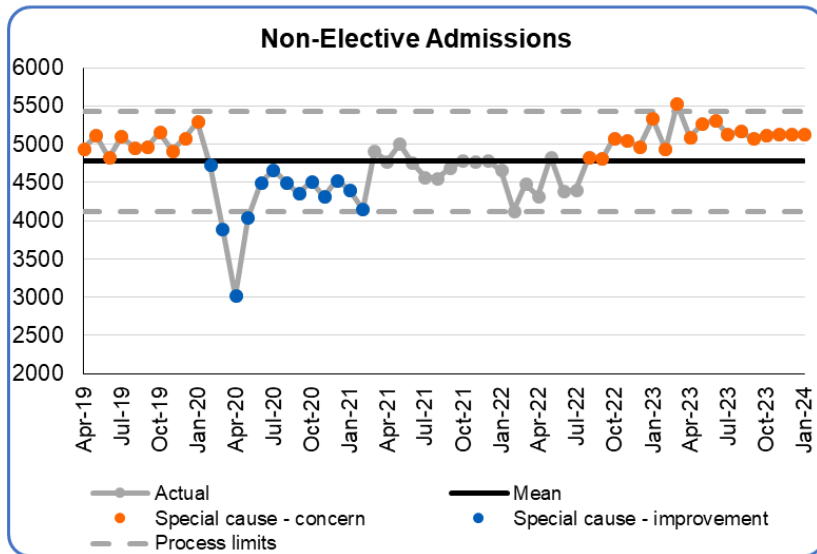
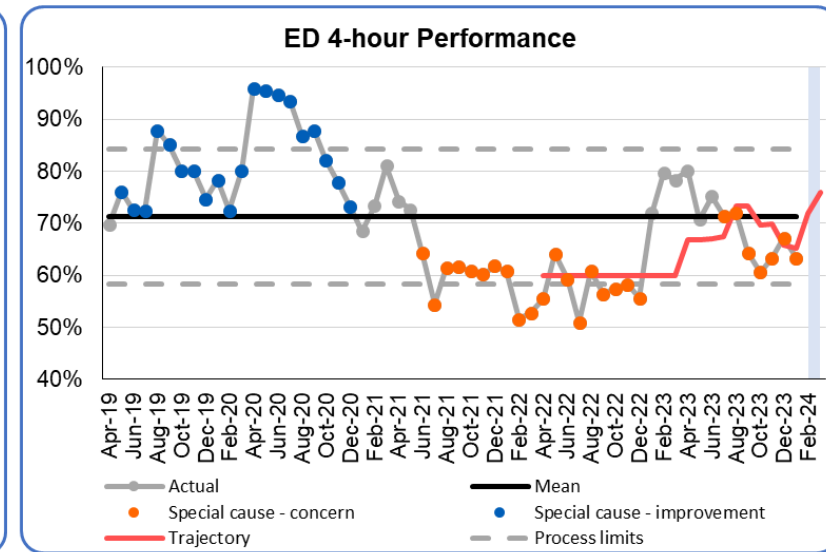
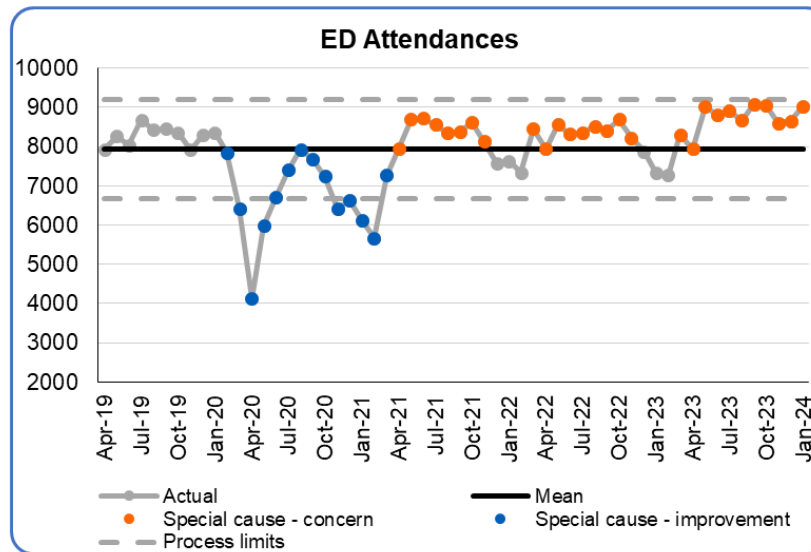
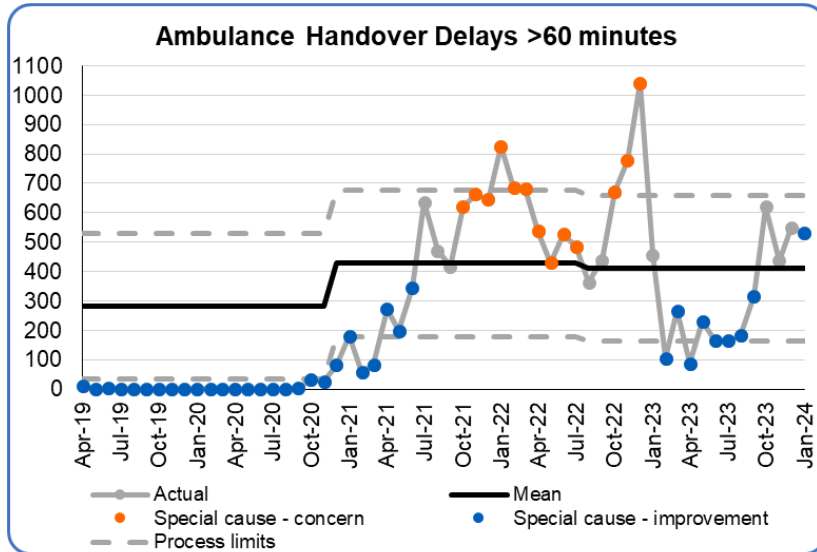
Responsiveness

**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	Gradual increase in NC2R numbers with proposed reduction in community bed access.
RTT	65-week wait	IA impact recovered to trajectory. Aim to hold position and mitigate further IA. Reasonable assurance this can be done.
Diagnostics	15% 6-week target	Achieved
	13-week waits	Plans for four remaining 13-week breach patients currently being worked through. On track.
	CDC	Agreement reached on Apr-24 provision through temporary capacity followed by permanent CDC capacity in Aug-24.
Cancer	28-day FDS standard	IA remedial actions successful. Aim to hold position and mitigate further IA. Reasonable assurance this can be done.

Urgent and Emergency Care



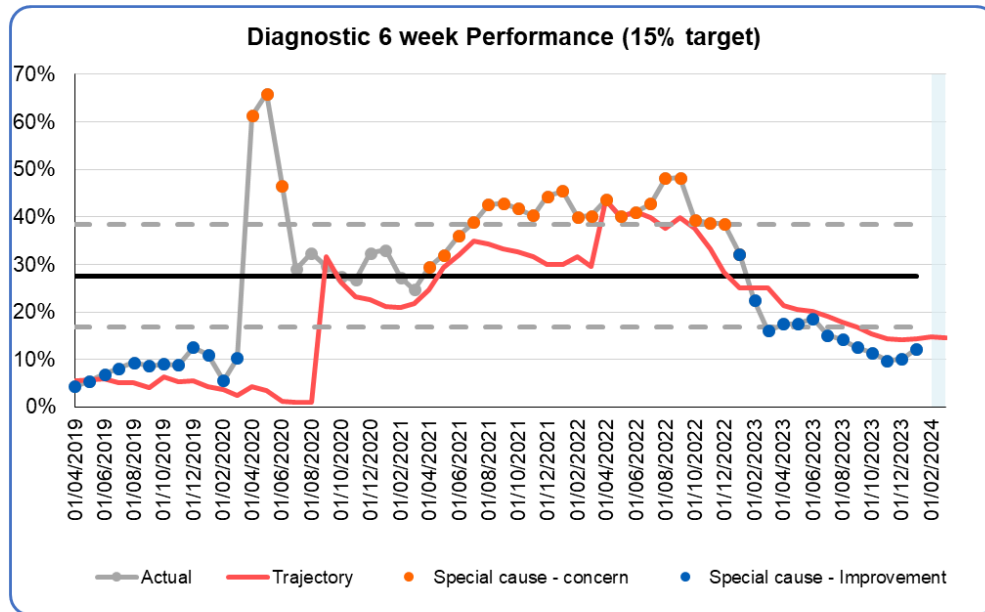
What are the main risks impacting performance?

- 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 January, showing attendances at 4.37% higher than the previous month and almost 23% higher than last year in January-2023.
- Junior doctor industrial action in early January further challenged the UEC system with a direct impact over the six-day period and a lag to impact which will be reflected in the February report.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition.
- 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

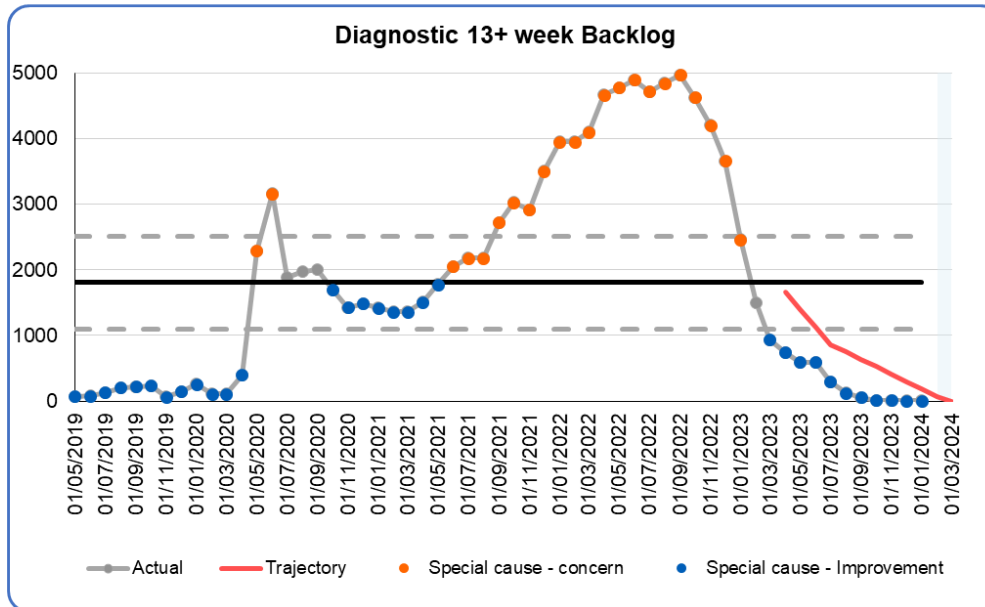


What are the main risks impacting performance?

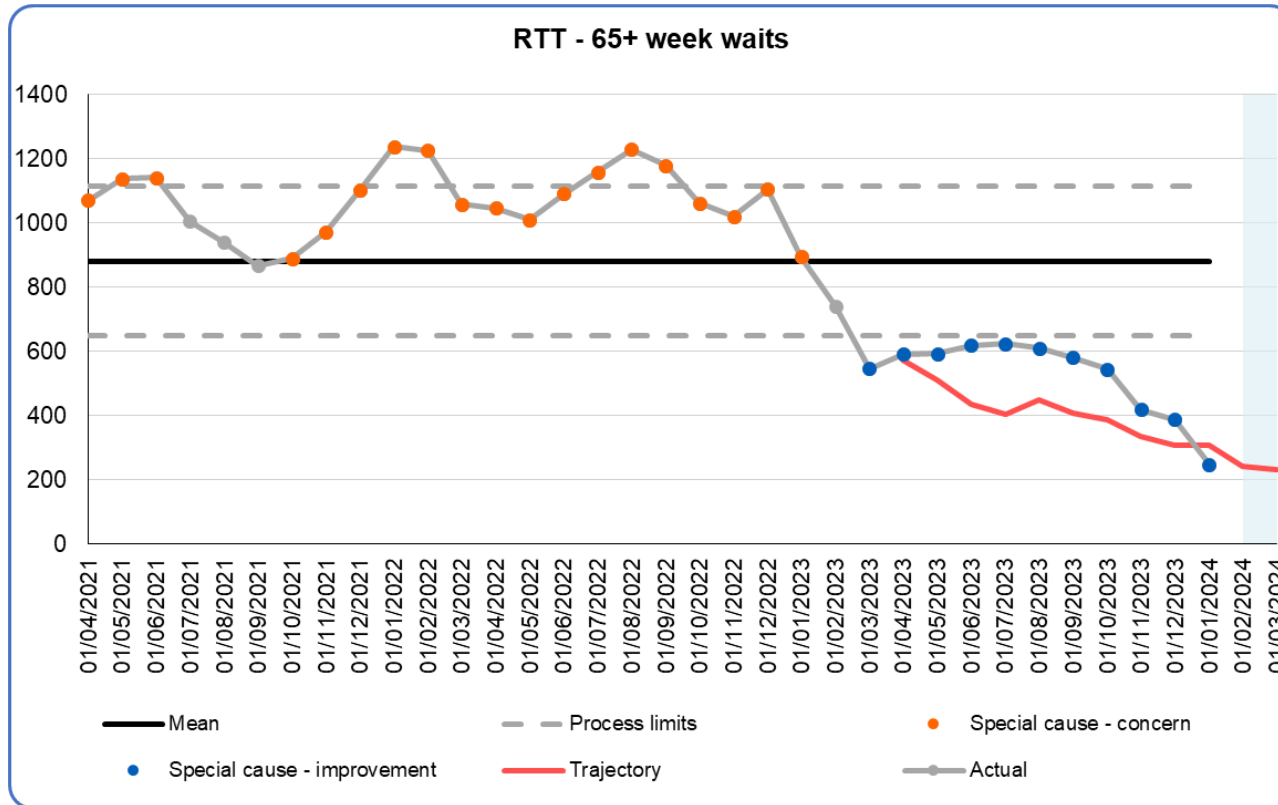
- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.
- The Trust continues to be on track to clear zero >13-week breaches.
- Staffing gaps within the Sonography service and a surge in urgent demand 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, WLs 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)



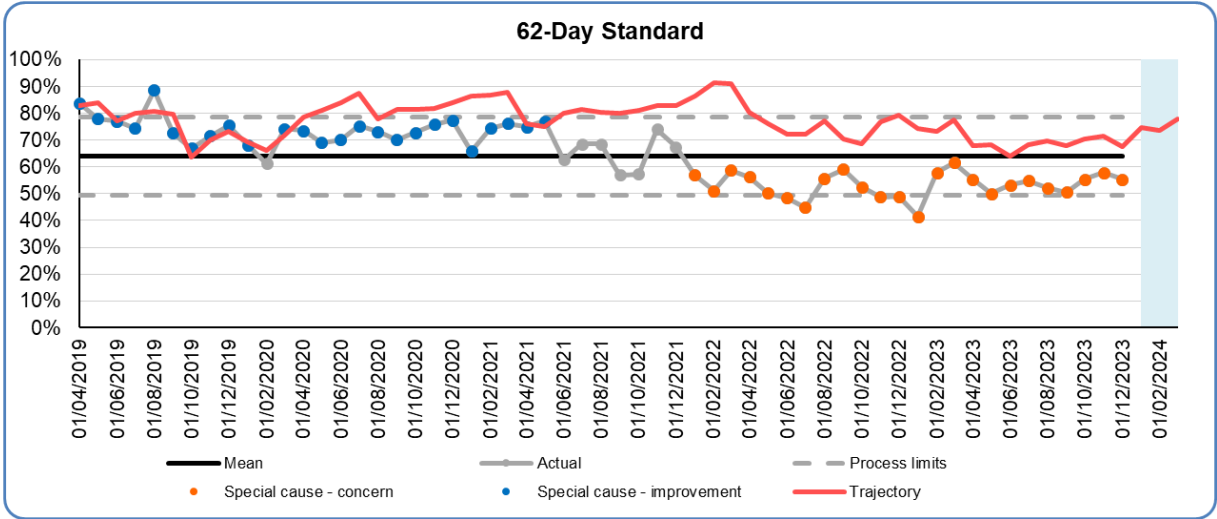
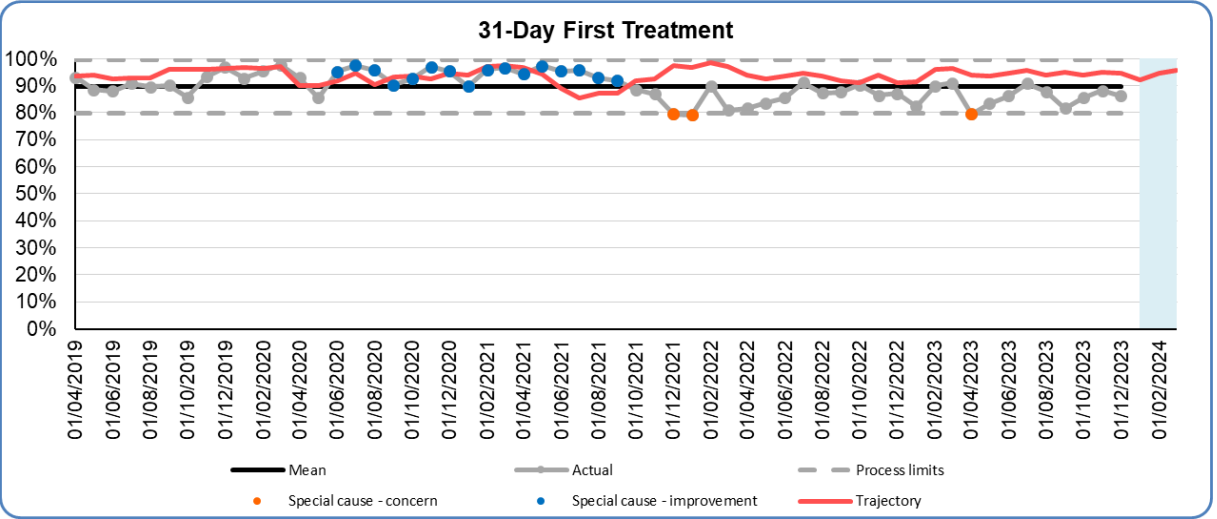
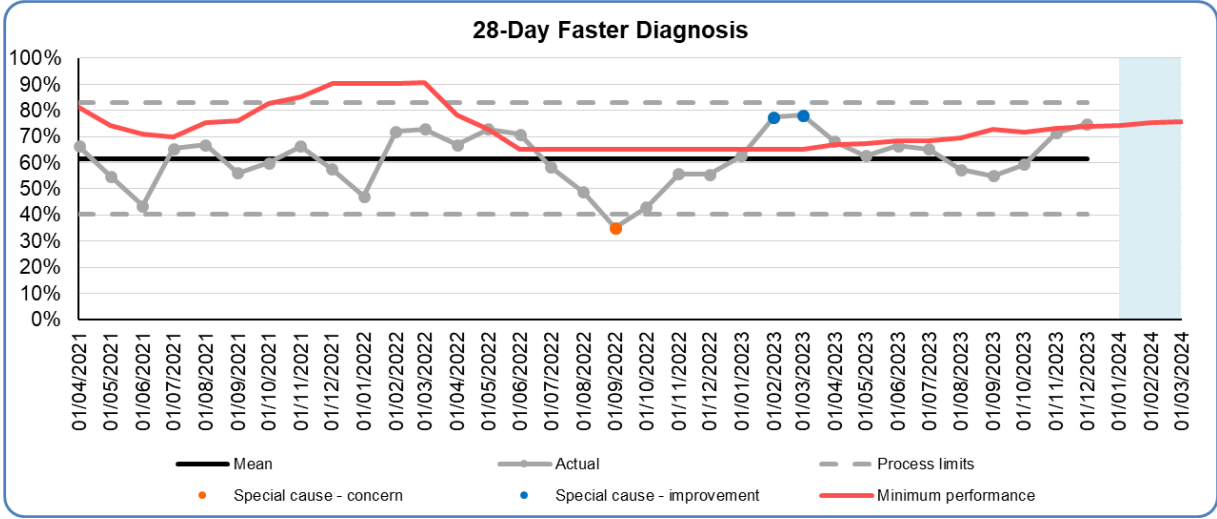
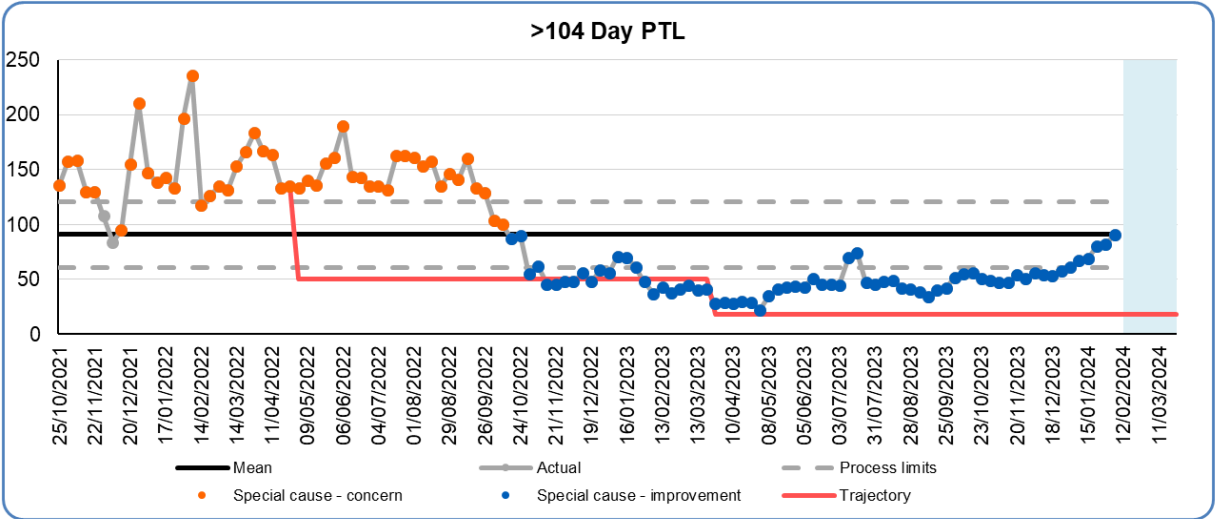
What are the main risks impacting performance?

- 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 in December and January 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



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.

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 – Dec 23 data

	Oct-23	Nov-23	Dec-23	TREND
Activity				
Number of women who gave birth, all gestations from 22+0 gestation	473	473	411	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	4	2	3	
Number of women who gave birth (>=24 weeks or <24 weeks live)	478	470	412	
Number of babies born (>=24 weeks or <24 weeks live)	484	476	418	
Number of babies born alive >=24+0 - 36+6 weeks gestation	44	36	29	
No of livebirths <24 weeks gestation	0	0	1	
Induction of Labour rate %	34.3%	30.2%	36.7%	
Spontaneous vaginal birth rate %	45.8%	44.9%	45.6%	
Assisted vaginal birth rate %	10.9%	11.7%	10.2%	
Caesarean Birth rate (overall) %	42.9%	43.2%	41.3%	
Planned Caesarean birth rate %	21.6%	21.1%	18.9%	
Emergency Caesarean Birth rate %	21.1%	22.1%	22.3%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	5.20%	5.50%	5.20%	
Perinatal Morbidity and Mortality inborn				
Total number of perinatal deaths (excluding late fetal losses)	2	2	2	
Number of late fetal losses from 18+0 to 23+6 weeks excl. TDP (for SBLCBV2)	1	2	1	
Number of stillbirths (>=24 weeks excl. TDP)	1	1	2	
Number of neonatal deaths: 0-6 Days	0	1	0	
Number of neonatal deaths: 7-28 Days	0	0	0	
PMRT grading C or D cases (themes in report)	1	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	2	3	
Maternal Morbidity and Mortality				
Number of maternal deaths (MBRRACE)	0	0	0	
Direct	0	0	0	
Indirect	0	0	0	
Number of women receiving enhanced care on CDS	Data Not Available (DNA)			
Number of women who received level 3 care (ITU)	0	0	2	
Insight				
Number of datix incidents graded as moderate or above (total)	0	3	4	
Datix incident moderate harm (not SL, excludes HSIB)	0	1	2	
Datix incident PSII (excludes HSIB)	0	0	0	
New HSIB referrals accepted	0	2	2	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	
Workforce				
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade	1	3	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0		0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts)	11%	8%	7%	
Vacancy rate for midwives	7.88%	6.14%	5.84%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	45%	40%	59%	
Vacancy rate for NICU nurses	12	16	19	

	Oct-23	Nov-23	Dec-23	TREND
Activity				
Datix related to workforce (service provision/staffing)	7	3	4	
Consultant led MDT ward rounds on CDS (Day to Night)	65%	67%	61%	
Consultant led MDT ward rounds on CDS (Day)	94%	67%	100%	
One to one care in labour (as a percentage)	98%	99%	97%	
Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert	1	0	1	
in-utero transfers				
in-utero transfers accepted	1	1	7	
in-utero transfers declined	19	5	7	
ex-utero transfers				
ex-utero transfers accepted	Data Not Available			
ex-utero transfers declined	3	0	1	
NICU babies transferred to another unit due to capacity/staffing	3	2	2	
Number of consultant non-attendance to 'must attend' clinical	0	0	0	
Involvement				
Service User feedback: Number of Compliments (formal)	38	35	23	
Service User feedback: Number of Complaints (formal)	1	7	5	
Friends and Family Test Score % (good/very good) NICU	63	100	100	
Friends and Family Test Score % (good/very good) Maternity	81	86	92	
Staff feedback from frontline champions and walk-about (number of themes)	0	5	5	
Improvement				
Progress in achievement of CNST #10	7	7	10	
Training compliance in annual local BNLS (NICU)	100%	100%	100%	
Overall	79%	97%	97%	
Obstetric Consultants	84%	95%	95%	
Other Obstetric Doctors	70%	97%	97%	
Anaesthetists	87%	100%	100%	
Other Anaesthetists/Doctors	100%	96%	96%	
Midwives	84%	98%	98%	
Maternity Support Workers	71%	95%	95%	
Theatre	Data Not Available			
Neonatologists	Data Not Available (DNA)			
NICU	Data Not Available			
Overall	75%	90%	90%	
Obstetric Consultants	68%	94%	94%	
Other Obstetric Doctors	44%	85%	88%	
Midwives	72%	94%	97%	
Training compliance core competency 4, personalised	Data Not Available			
Continuity of Carer (overall percentage)	Data Not Available			
Trust Level Risks	6	7	7	

- This report is a summary of the data held within the Perinatal Quality Surveillance Matrix for the period of December 2023.
- The rate of term admissions to NICU (ATAIN) in December 2023 was 5.2%, in comparison to a national target of 5%. The rate for Q3 of 2023-2024 was 6.1%, and a review found themes regarding classification of CTGs and categorisation of emergency deliveries. Areas for improvement have been identified regarding staff training, including the use of BadgerNet.
- All cases reviewed using the Perinatal Mortality Review Tool (PMRT) were graded A or B in December 2023 and there were no ICU admissions or maternal deaths in December 2023.
- Four incidents from December 2023 have been referred to MNSI. The number of referrals in November and December 2023 (six) has been noted by the Trust and a review of these cases has not identified any themes. On discussion with MNSI, no concerns have been raised by them and the Trust has been assured that the total number of referrals in 2023 is not inconsistent with previous years.
- The workforce data demonstrates a reducing vacancy gap for midwives (now at 5.84%) however the NICU nursing workforce vacancy has increased by 3WTE to 19WTE in December 2023. Plans are in place as per Maternity Incentive Scheme (MIS) Safety Action 4 to reduce the vacancy rate in the neonatal nursing workforce.
- The Friends and Family Test (FFT) for December was 92% positive and there were 5 complaints.

- 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 to be shared with Quality Committee to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.
- The Perinatal Quality Surveillance Model to be shared with the Local Maternity and Neonatal System to ensure Trust level intelligence is shared to ensure early action and support for areas of concern.

Pressure Injuries

What does the data tell us?

In January there was a slight decrease in the number of grade 2 pressure ulcers. There were 11 grade 2 pressure ulcers, with 1 being attributable to a medical device.

There was one grade 3 pressure ulcer to the spine attributable to 32a that evolved from a DTI validated November 2023.

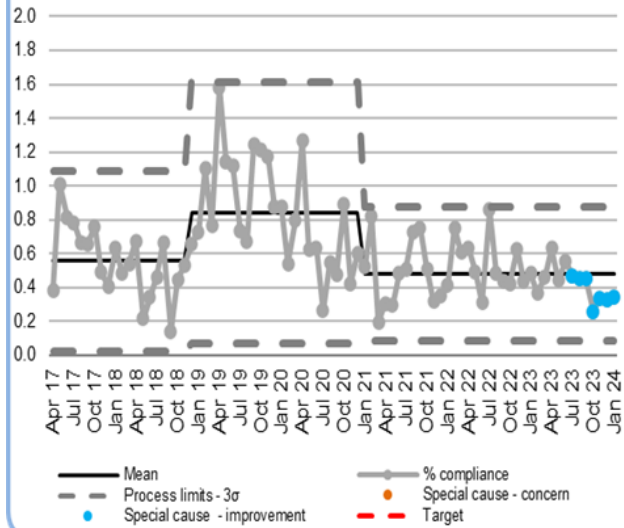
There was a decrease in DTI incidents from the previous month to 18 DTI's, The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers. We are on target to achieve this.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

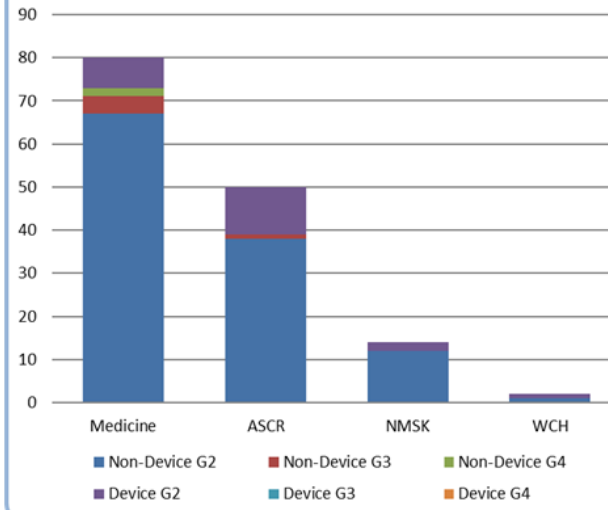
What actions are being taken to improve?

- TVN and Patient Safety have implemented the new framework for investigating pressure ulcer incidents at NBT in line with PSIRF. This approach is responsive to new and emerging trends for investigation, allowing the clinical teams to focus on prevention of pressure ulcers whilst themes are resolved strategically at NBT.
- The TVS have been working with data analysts to review how the PU prevalence data is produced, with a preference of Total Pressure Injuries per 1000 bed days.
- The TVN senior team have continued working with different admission streams and the emergency department on implementing Purpose-T within 6 hours interaction with a clinician. This has resulted in positive and collaborative relationship between the TVN and admission teams.
- The TVNs met with 25b following an increase in pressure ulcer incident and have offered education, 'Work with a TVN', and repose wedges to support new starters and avoid heel pressure damage..
- The Qlik (Business Intelligence) report has been updated to show completion rates of the new Purpose-T pressure ulcer prevention form.
- The Repose wedge pilot on 9b was completed and results will be presented at the February PUSG for consideration on wider implementation across NBT.
- The TVN team provide a responsive, supportive and educational service across NBT and seek to work in collaboration with the clinical teams to reduce patient harm.

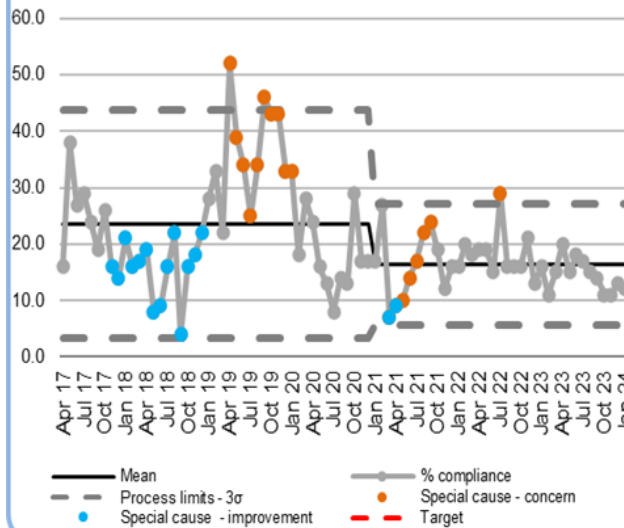
Total Pressure Injuries per 1000 Bed Days



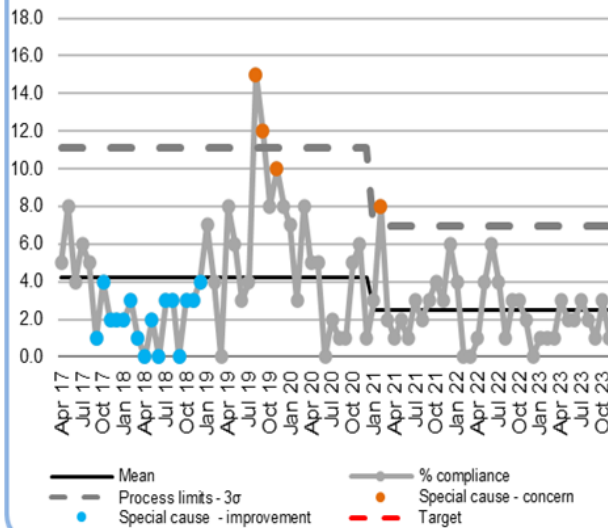
Pressure Injuries Year to Date 2023/24



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Cases of both Covid and influenza rose as expected with early detection main available through POCT in the emergency zone.

Winter D+V (Norovirus) - Cases have reduced and isolated and managed with no bed closures.

Blood Stream Infection – MRSA/ MSSA – DIPC commissioned an independent review following increased case numbers. NBT is seeing a rise in rates that compare with that regionally and nationally. Case comparison being made a challenge due to vast swings in hospital occupancy.

This review highlights the link with invasive vascular devices.

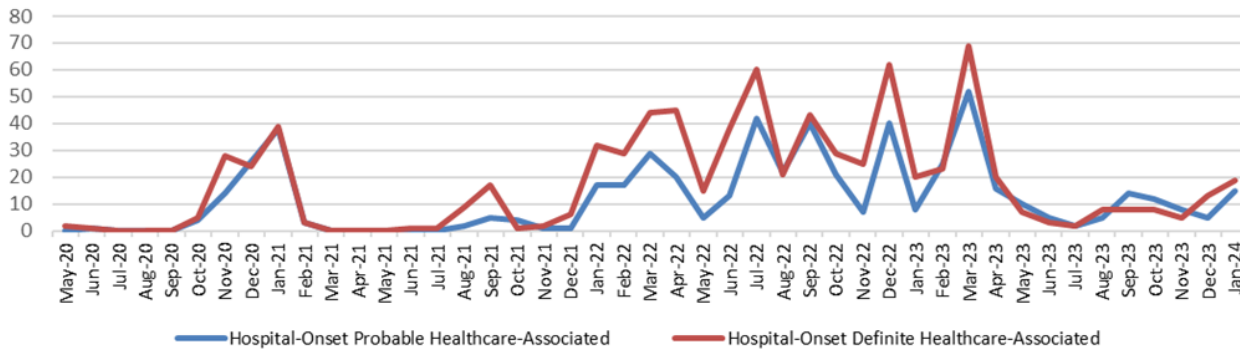
C. Difficile – Cases have remained below trajectory . The team are starting a PIRSF approach to investigation and education in place from themes and trends , this allowing clinical and IPC teams more time to put in place educational plans.

Gram negative – E Coli cases have increased to higher-than-expected numbers , whilst still under trajectory.

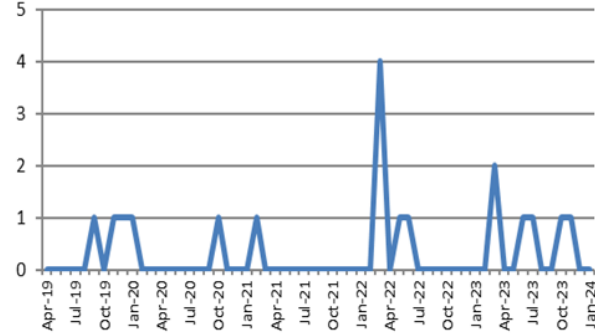
What actions are being taken to improve?

- IPC 7-day working has been key to maintain flow and continual assessment of patients and risk management – this is a winter funded project with excellent feedback and evidence of effective change, and safe placement of patients.
- Trust wide - MSSA reduction work on going , implementing report recommendations, comparison with local trusts who have started to see reductions in cases, using a 'go and see' approach, to look at lessons learnt and themes and trends that can be brought back to use at NBT.
- Continued work with Regional and National MRSA/MSSA reduction plan with emphasis on vascular improvement work, passports and correct device selection and support. Work will need to take place throughout the trust looking at a change of device to midlines and associated education and training to support this.
- 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 when indwelling devices are live on EPR.

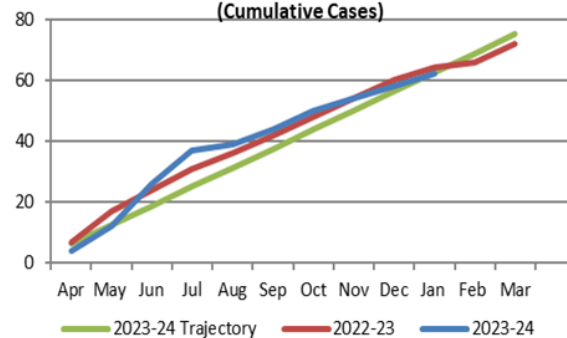
COVID-19 Onset Category by Positive Test Date



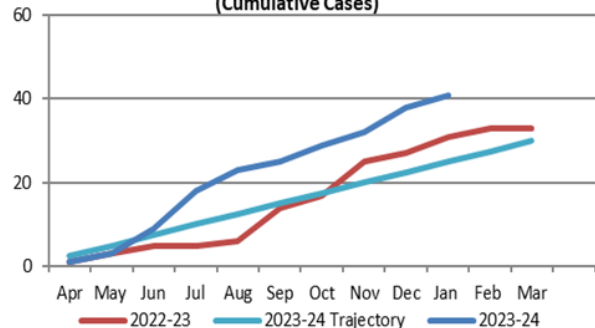
MRSA Cases - Trust Attributable



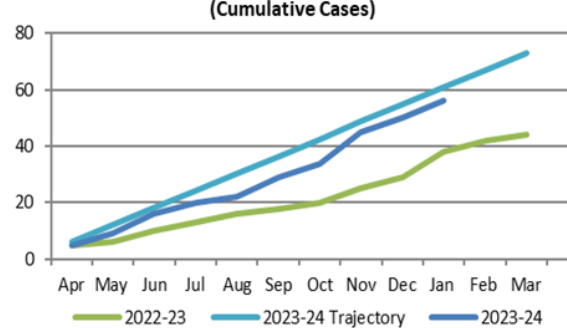
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)

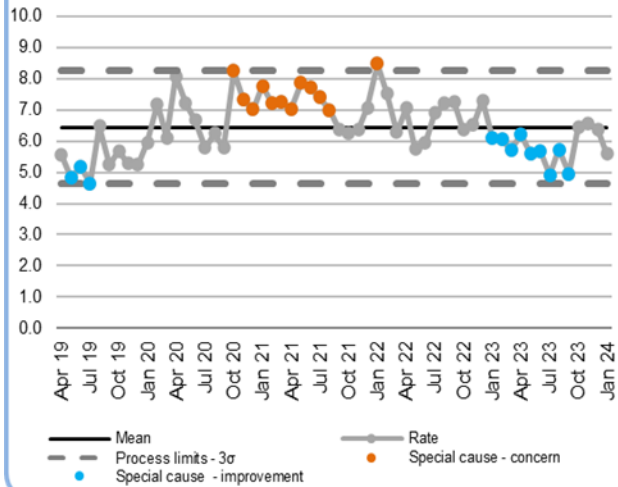


E.Coli Cases - Trust Attributable (Cumulative Cases)

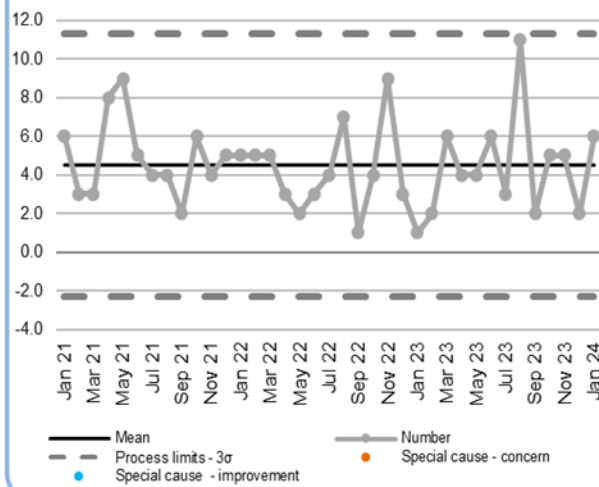


Falls

Falls per 1000 Bed Days - Trust Overall



Falls resulting in Moderate Harm, Severe Harm or Death - Trust Overall



Falls incidents per 1000 bed days

NBT reported a rate of 5.58 falls incidents per 1000 bed days in January which is below the average of 6.44.

There were 178 falls reported in January. 4 moderate harm and 2 severe. The top 3 divisions all reported lower than average falls rates this month. 2 of the patients who sustained moderate harm falls have subsequently passed away from co-morbidities not directly related to the fall.

Multiple falls accounted for just over a quarter of falls. With only 3 patients having more than 2 falls. Half of the falls were reported for patients aged over 80 years old. The oldest person sustaining a fall was 105, they were uninjured and able to have an expedited discharge the same day.

January had the highest bed occupancy rates in the last 2 years, yet we were able to have reduced numbers of reported falls. We have maintained positive reporting cultures as evidenced in a maintenance of above average reporting of harm free falls.

What actions are being taken to improve?

The eLearning package is in its final stages of editing and preparation for review by select staff groups for final amendments. This will bring our training in line with updated national guidelines and best practice advice.

A concern was identified around staff training in the use of flat lifting equipment and spinal precautions. There has been a swift response from teams and an interim support plan was re-enforced and a longer-term training requirement addressed.

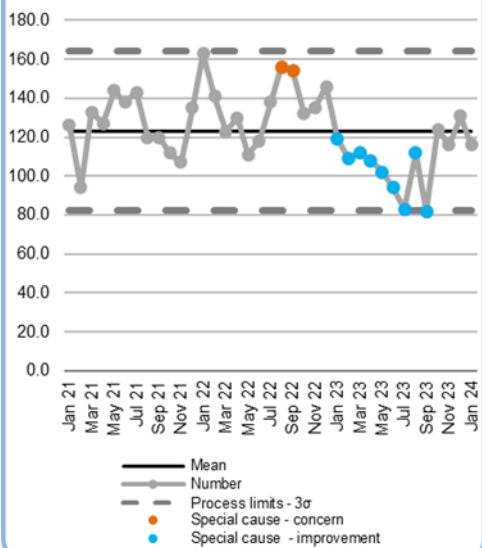
A review of the training package in use by joining doctors has been completed and has highlighted areas for improvements to be taken forward.

The IM&T department are supporting the introduction of an 'Alert' onto the CareFlow platform to increase the visibility of patients who have experienced a fall as an in-patient.

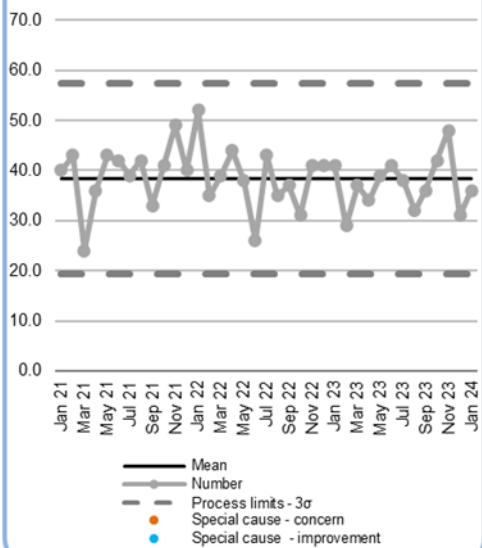
The complex care physiotherapy department are focussing on falls during February. The in-service training programme is being supported by the Falls team.

Occupational therapy department have commenced the activity analysis of bathroom tasks. This work is supported and guided by the falls team and should be available for presentation in March.

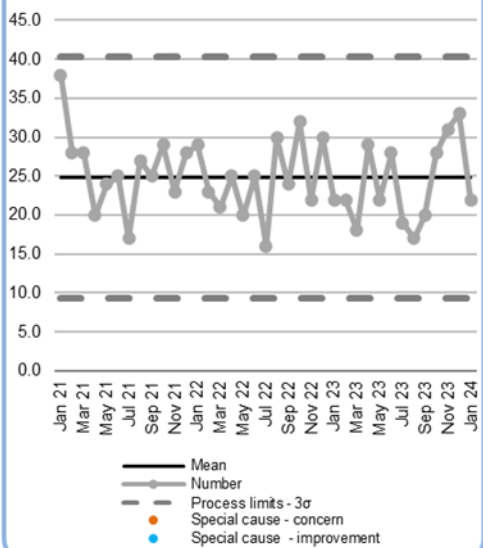
Number of Falls - Medicine Division

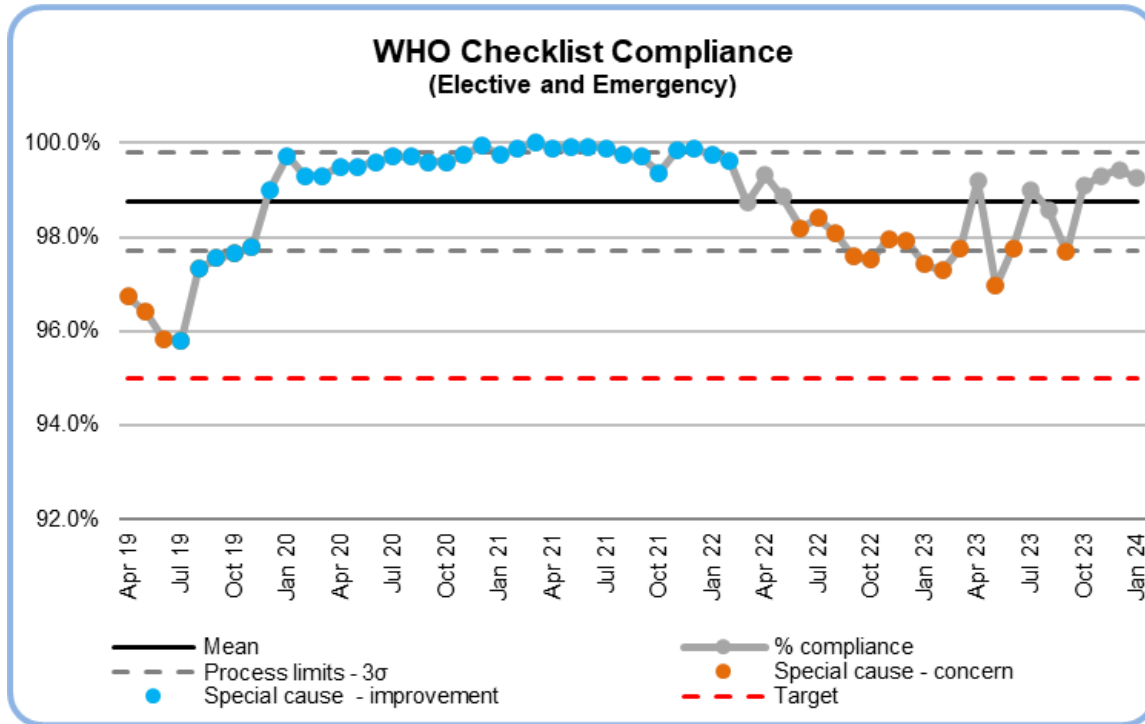


Number of Falls - NMSK Division



Number of Falls - ASCR Division





WHO Checklist Compliance

What does the data tell us?

In January, WHO checklist compliance reported at 99.25%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days

During January 2024, NBT had a rate of 6.3 medication incidents per 1000 bed days. This in matches the 6-month average of 6.3 for this measure

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

During January 2024, c 8.4% of all medication incidents are reported to have caused a degree of harm. This is significantly below the 6-month average of 10.7%. Breakdown of the 'harm' incidents seen in October is as follows:

Low Harm	Moderate Harm	Severe Harm	Death
16	0	1	0

(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. As an example, the October meeting data suggested there had been 4 moderate harm incidents but on looking at Datix information now all incidents have been processed this figure has been reduced to 1. Discussions currently in process with the Patient Safety Team regarding how we better manage this data issue going forward)

Incidents by Stage - in keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage.

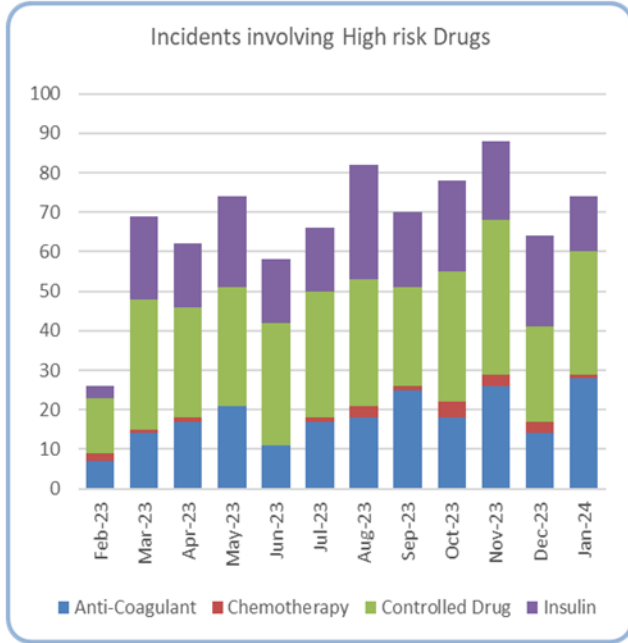
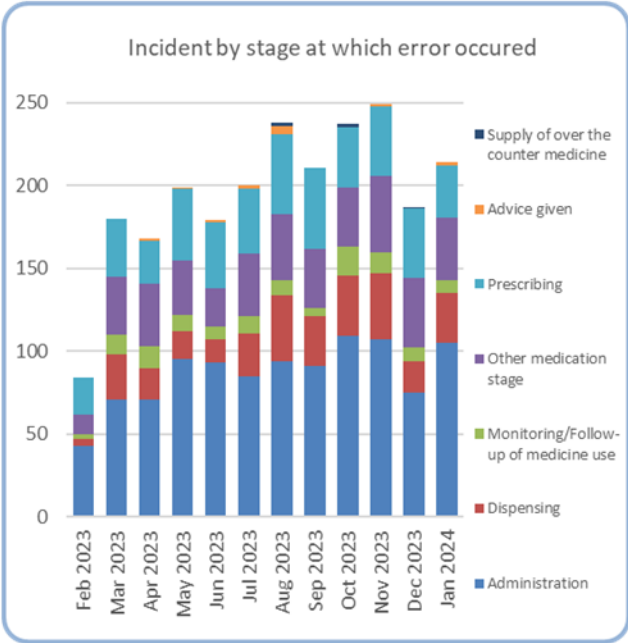
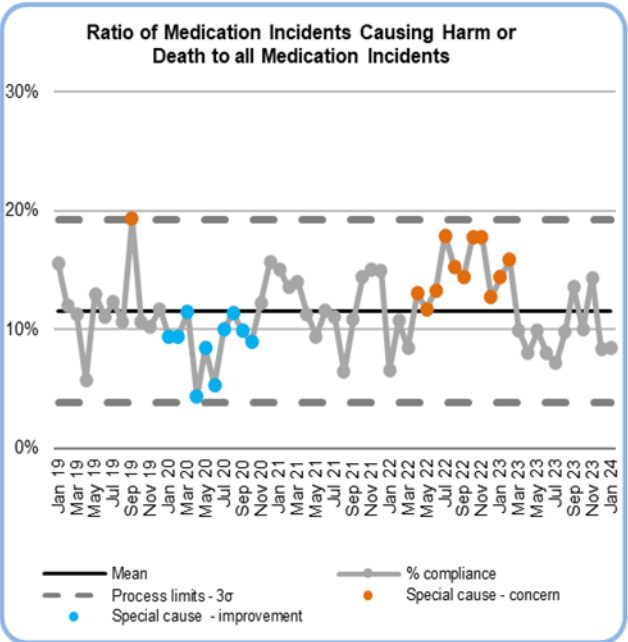
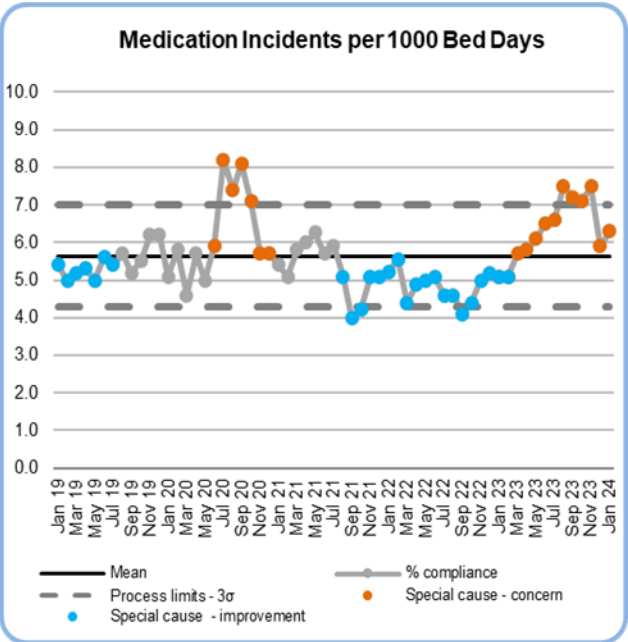
High Risk Medicines - during January 2024, c.35% of all medication incidents involved a high-risk medicine which is roughly in keeping with the 6-month average of 34%.

Comment on Overall Picture - in December there was a marked drop in reporting incidents relating to medication, there has since been an increase seen in January, but total numbers of harm incidents remain significantly lower than in Autumn 23.

What actions are being taken to improve?

The Patient Safety Team and Medicines Governance Team have produced a report which provides a 'deep dive' into medication safety data which confirmed that whilst figures between February and November 2023 showed a month on month increase there has been no noticeable increase in incidents resulting in harm. This suggesting that reporters are recognising and responding to no harm incidents which is indicative of good practice and may be related to a positive upturn in staffing levels in clinical areas.

The Medicines Governance Team are working towards launching a 'Medicines Safety Forum' – the plan is for this to be multidisciplinary meeting where data is reviewed, issues such as the above are discussed, actions agreed and workstreams to address issues supported. The first meeting will be held on 23rd February 2024. A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work will be discussed at the DTC in February.



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. In January there have been a further 5 visits. We are welcoming 10 young carers to complete the 15-step challenge in ED, Respiratory and 27b and 7a on 15th February.
	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 January with significant progress being made. We hosted the Bristol Deaf Health Partnership which was attended by a range of NHS and VCSE organisation across BNSSG. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We have welcomed another three new Patient and Carer Partners in January. We are continuing our project with Healthwatch to understand the experience of specific patient groups (those with LD/A tag, from global majority backgrounds, or the most deprived areas of BNSSG) waiting for surgery on our elective lists. This will help us to understand whether the support, information, and communication we are providing these groups of patients whilst they wait is appropriate and helpful to them or how we could improve this. We expect a report with the findings in March.
	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 rates have improved from 73% in December to 79% in January. This is excellent progress. We are focused on sustaining this recovery back to our target of 90%. FFT scores have improved across all areas except OP where they have dropped very slightly. PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. Radar is on track for delivery by Q1 2024.
	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. The Volunteer Services Team attended the Bristol University Volunteering Fair to increase visibility of the service and volunteering opportunities. All teams have been updating their Intranet and public-facing website information to ensure this is accurate and up to date.
	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 February 2024

Spotlight on: Volunteer Services



8,000 hours (Nov 23- Jan 24)



472 active volunteers



Celebration Event planned
for 18th May



2 amazing **League of Friends**
Coffee Shops raising thousands
of pounds for the Trust.

Pictured top: Margaret from
League of Friends Cossham
who recently funded a Daylight
PDT lamp for Dermatology.

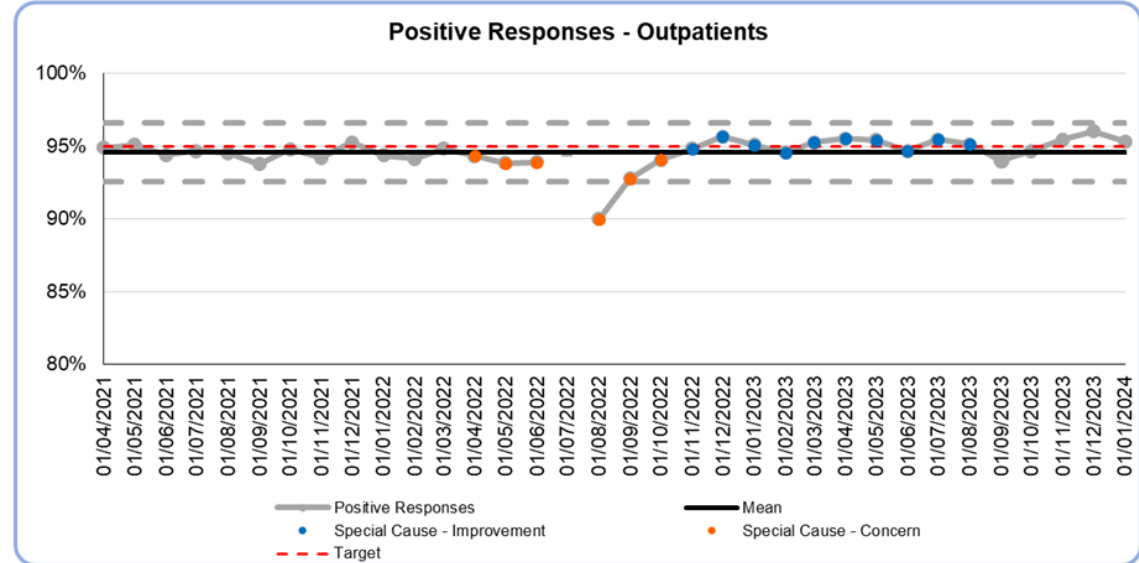
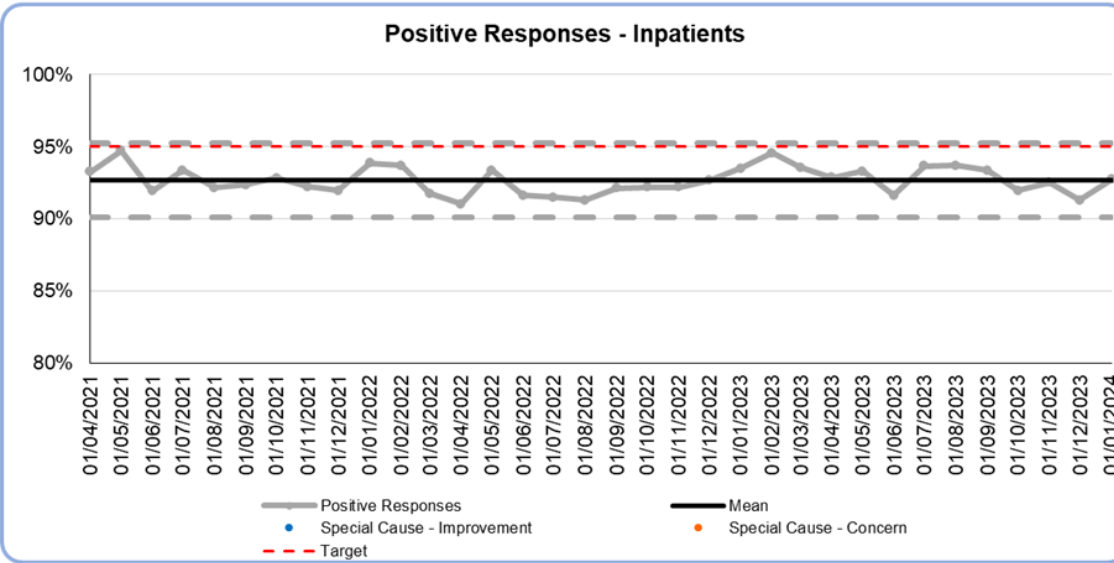
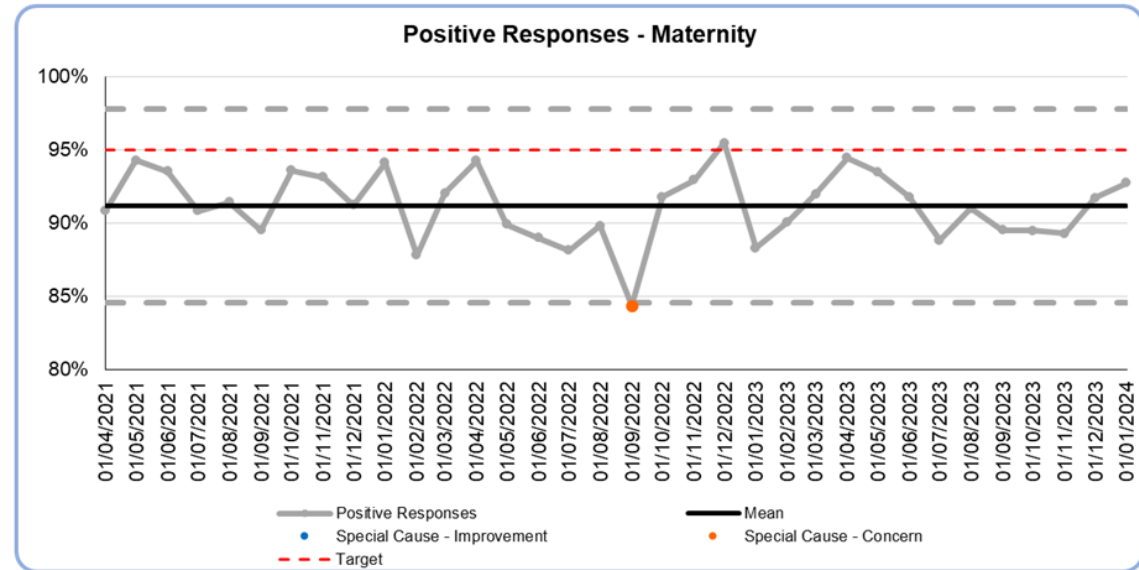
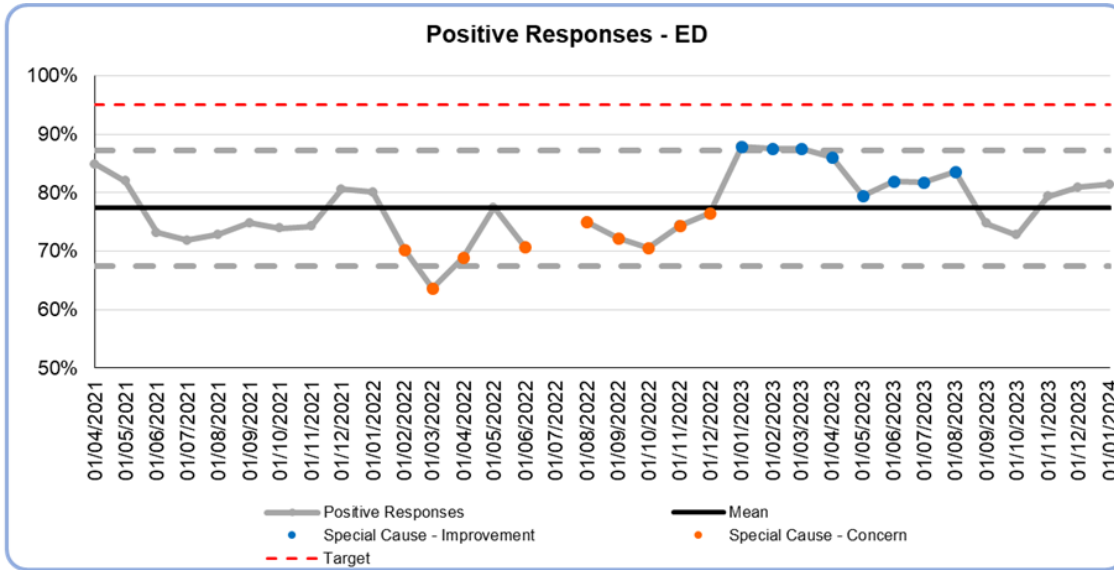


Pictured left: The Alcohol Care
Team with their new
Fibroscanner recently funded
by League of Friends
Southmead.



Volunteer Services run our **Clothing Cupboard**
which offers clothing to patients who need
this. We recently received 2 deliveries of 60
items of clothes, supplied by St Peters
Hospice.

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?

- In January, 10168 patients responded to the Friends and Family Test question. 7273 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 14%. This is the same as the previous month, and above our internal target of 10%.
- 93.26% of patients gave the Trust a positive rating. This was in keeping with the previous month 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, communication and staff. This is the same as last month.

What does this data tell us – Maternity?

- Positive responses are 92.8%. Negative responses are 4.1%. The response rate across Maternity was 23.1%.
- *“I have been so impressed with the midwifery service at Southmead. All midwives on the induction of Labour suite and the CDS were friendly, professional, knowledgeable and caring and I believe made a huge difference to my birth experience which I am incredibly grateful for especially as induction was not in my original birth plan at all and I was anxious about the process. The teams are caring and communicate and work well together and this is evident in patient care. Despite an unplanned c section the theatre team were also incredibly responsive, gentle and reassuring and as part of my aftercare the advice and support received has also been immensely helpful and reassuring.”*

What does the data tell us – Outpatients?

- Positive responses are 95.3% for January. This is an insignificant drop from 96% in December. The % of negative responses has increased to 2.1%, though this is within expected variation range.
- Most of the positive feedback relates to staff and waiting time. The negative feedback relates to waiting time and staff.



What does the data tell us - Inpatients?

- The % of inpatient positive responses has increased slightly from 87.88% in December to 90.47% in December. The number of negative responses has decreased from 6% in December to 4.37%.
- The response rate for inpatients was 22%, meaning 1 in 5 patients contacted chose to provide feedback, which is excellent.
- Positive themes from comments remain staff and clinical treatment, with communication, waiting time and environment all tied for the third top theme.

“Very organised and kind. Felt listened to and taken seriously. Given a plan of action. Above and beyond what I could have hoped. So thank you.”

- Negative themes from comments are, communication, staff and clinical treatment. Patients talked about their nights being interrupted by handovers and being considerate about these conversations:

“Staff who listen to someone who knows there body ... staff talking loudly in middle of night, doing hand over outside of patient room is not a good idea, we can hear you and sometimes the things you say are not nice, stop moving people to different rooms”



What does the data tell us - Emergency Department?

- The % positive responses remains high at 81.4% for January. This has continued to increase from last month 80.9%. The % of negative responses has also further decreased from 13.7% to 11.93%.
- The response rate for ED was 21.1% which is very good.
- The top negative theme remains waiting time, and the top positive theme remains staff suggesting that whilst patients are waiting a long time to be seen, staff remain kind and attentive.

“I had to wait 12 hours for the see doctor, the staff were lovely just the wait times were [too] long”

“From the moment I got to reception to the moment I left I was well cared for and supported, I visited alone but was accompanied everywhere I needed to go and reassured about what was happening ... and had the results carefully explained. I cannot fault the experience I had and am hugely grateful to all the staff I came into contact with who all treated me with care, respect and kindness. Thank you so much for taking care of me at a scary painful time”

Complaints and Concerns

What does the data tell us?

In January 2024, the Trust received 45 formal complaints. This is 9 more than in December and 17 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (27). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 45 complaints, the largest proportion was received by Medicine (12).

There were 5 re-opened complaints in January, 4 more than in December. (2 NMSK, 1 ASCR, 1 MED, 1 Finance)

The number of overdue complaints has decreased from 3 in December to 1 (Medicine) in January. Medicine did provide their response on time to the complaints team, the delay in the complainant receiving their response was due to the timescale taken for the sign-off process.

The response rate compliance for complaints has improved for the second consecutive month from 73% in December to 79% in January. A breakdown of compliance by clinical division is below:

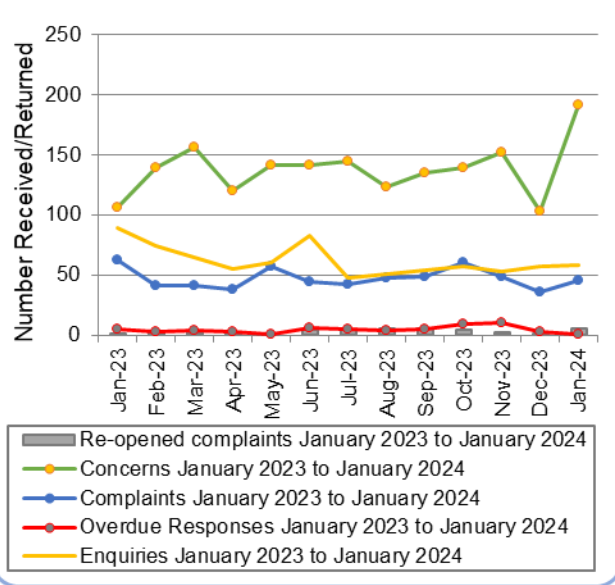
- ASCR – 58% NMSK- 81%
- WaCH - 75%* Medicine – 88% CCS – 100%

* WaCH continues to improve. They returned 100% of their complaint responses on time to the complaints team. The reported 75% is due to delays in the sign off of one complaint.

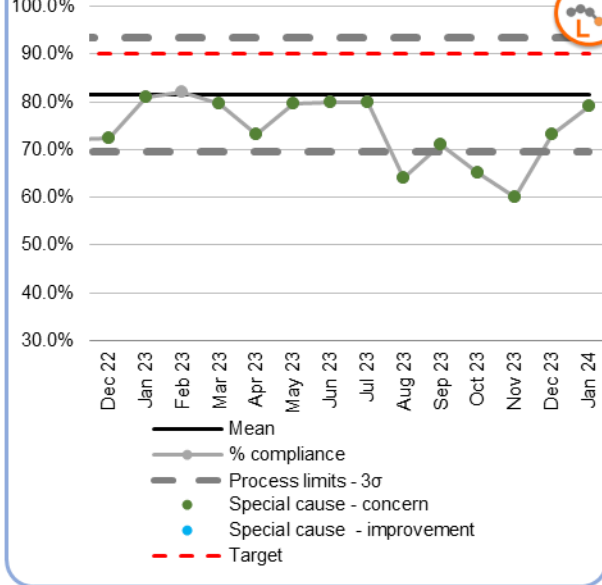
The overall number of PALS concerns received increased significantly from 103 in December to 191 in January. Activity is also up on the same period last year (108 in January 2023).

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

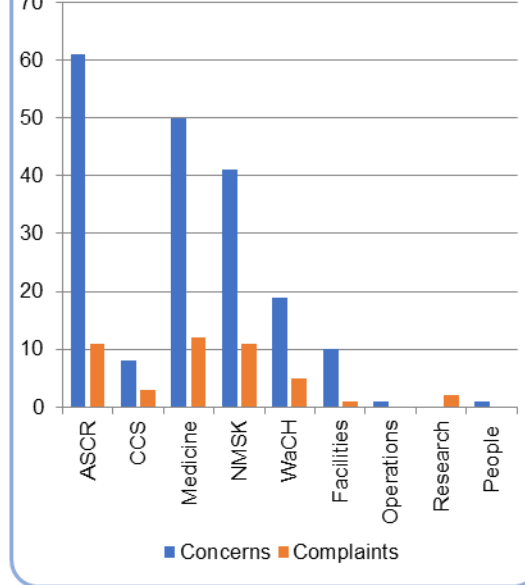
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



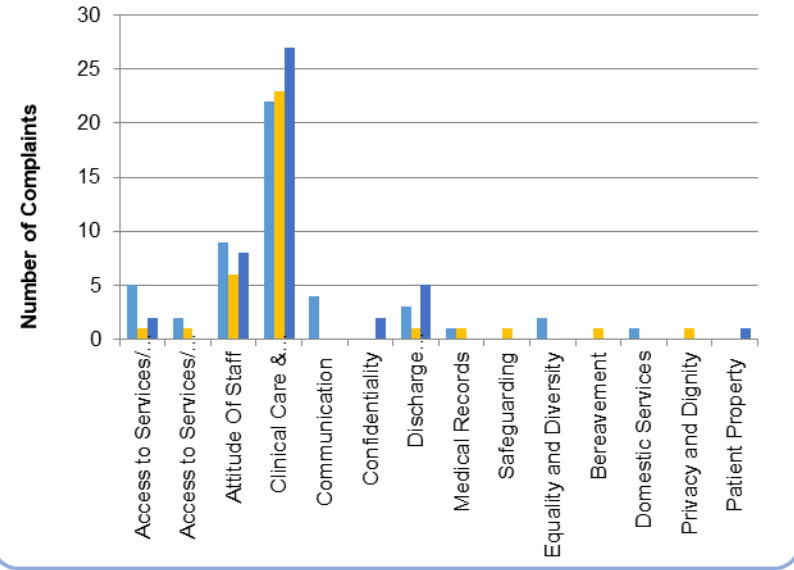
Complaint Response Rate Compliance



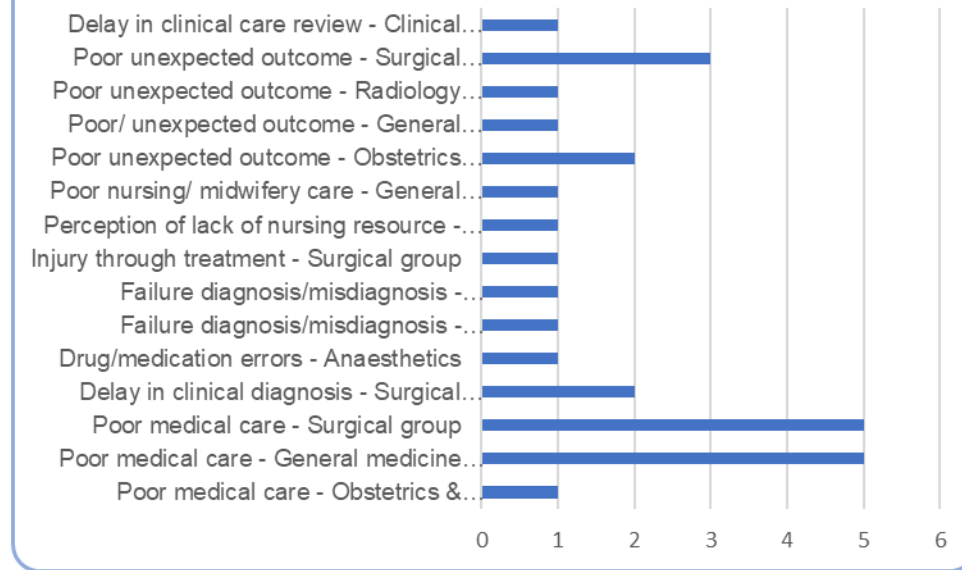
Concerns and Complaints per Division



Complaints By Subject



Complaints by sub-subject for 'Clinical Care and Treatment'



Commissioning for Quality and Innovation (CQUIN)

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

Commissioning for Quality and Innovation (CQUIN) Schemes – 2023/24

CQUIN Scheme Ref. / Title	Description	Lead Division	Q1	Q2	Q3	Q4 (Forecast)	Comment <i>(forecasts are % of £ CQUIN value)</i>
CQUIN01: Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.	Operations, Trustwide	N/A	N/A	●	●	Target range 75%-80%. Ongoing delivery programme.
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery	Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	ASCR	●	●	●	●	Target range 70%-80%. Full achievement Q1 and Q2
CQUIN03: Prompt switching of intravenous to oral antibiotic	Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria (Please note that for this indicator, a LOWER % = better performance)	CCS	●	●	●	●	Target range 60%-40% Full achievement Q1 and Q2
CQUIN05: Identification and response to frailty in emergency departments	Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up	Medicine	●	●	●	●	Target range 10%-30%. Full achievement Q1 and Q2
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	Achieving 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	Trustwide	●	●	●	●	Target range 10%-30%. Full achievement Q1 and Q2
CQUIN08 - Achievement of revascularisation standards	Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for unplanned inpatient admission)	ASCR	●	●	●	●	Target range 45%-65%. At risk until permanent procurement of equipment is completed.
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Achieving 85% of adult patients with non-small-cell lung cancer (NSCLC) stage I or II and good performance status (WHO 0-2) referred for treatment with curative intent.	Medicine	●	●	●	●	Target range 80%-85%. Full achievement Q1 and Q2
CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	Achieving high quality shared decision (SDM) making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them.	NMSK ASCR Clinical Governance	N/A	●	N/A	●	Target range 65%-75%. Full achievement Q2

● Full: ≥ max target %
 ● Partial: ≥ min target % and < max target %
 ● Not met: < min target %

Workforce

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

Vacancies

The Trust vacancy factor was 4.87% (461.83) in January down from 5.87% (558.11wte) in December. The greatest reduction in vacancies was seen in registered nursing and midwifery which fell by 35.20wte, and additional clinical services which fell by 17.23wte.

Turnover

NBT's Rolling 12-month staff turnover decreased from 13.30% in December to 13.09% in January continuing the improvement trend since November 2022.

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

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate fell to 4.66% in January from 4.70% in December.

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

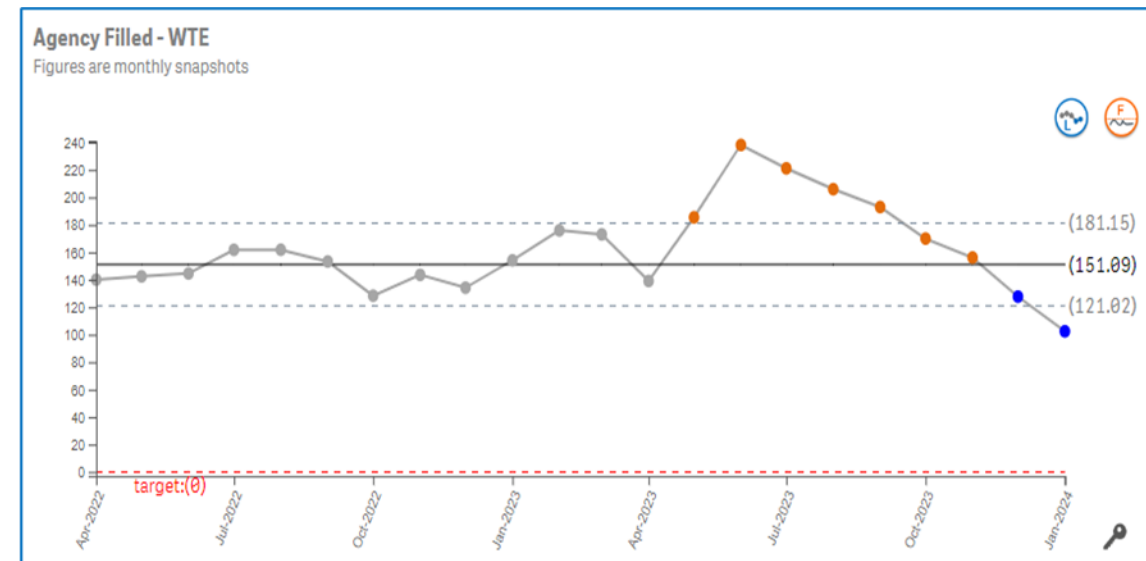
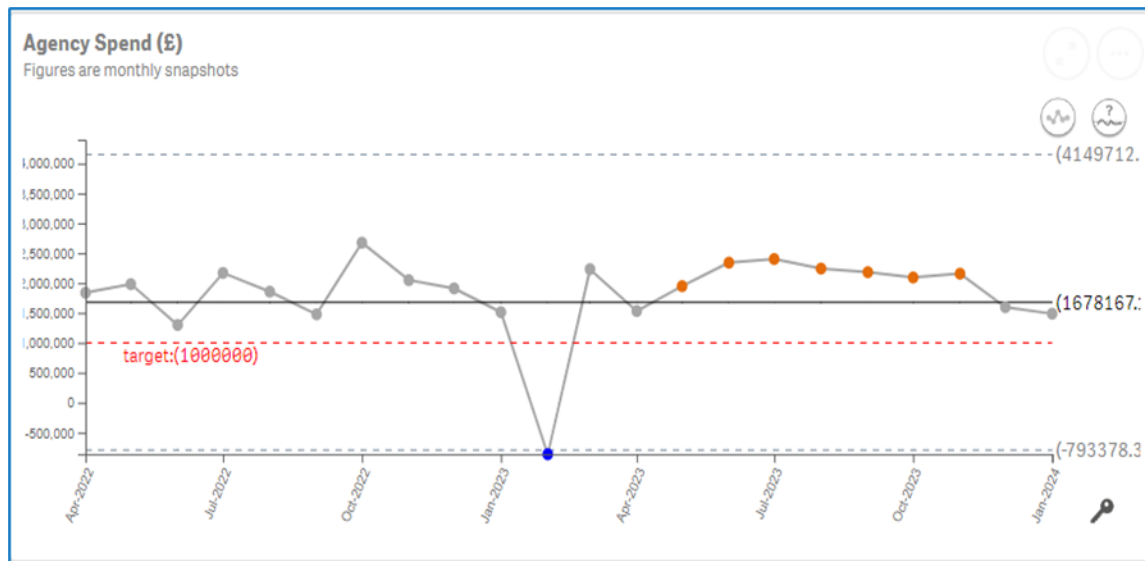
Temporary Staffing

Overall temporary staffing demand increased by 8.74% (79.21wte) from December to January, driven by increased demand for additional clinical services staff (+43.08wte, +16.69%). While bank use increased (+15.12%, 90.44 wte), there was an increase in unfilled shifts (+4.12%, +6.00wte), partially driven by a decrease in agency shifts (-21.34%, -26.55wte). The increase in unfilled shifts was mostly seen in additional clinical services (+55.61%, +25.85wte).

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. Currently the Trust is experiencing ongoing issues with time to hire numbers – there has been an increase to 22 days. This is due to the increase in demand for DBS checking, as well as two further outstanding actions i) confirmation to use wet signatures on pension forms ii) uniform ordering form which will be implemented. Go live dates to be confirmed. Until resolved this will continue to drive up the time to hire monthly averages.	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	Mar-24
Staff Development	Implementing the Kallidus Perform Online Appraisal system across the Trust	Associate Director Culture, Leadership & Development	Jun-24
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights. Review of the role and scope of Wellbeing Champions underway	Associate Director Culture, Leadership & Development	Feb-24
Temporary Staffing	Agency charge rate reduction work for nursing, medical locums and mental health as part of a SW pan-regional collaboration is underway. First rate reductions in nursing proposed to to be applied March 24 with final reduction July to meet the NHSE Agency Cap. Short life cycle task and finish group set up to review, refresh and publish clear guidance for the identifying, requesting and extending of medical locums via agency. Work underway to understand the use of non - clinical agency.	Deputy Chief People Officer	Apr-24

Temporary Staffing



What Does the Data Tell Us

Agency use saw a reduction of 26.55wte overall, with a reduction of 28.35wte in registered nursing and midwifery. This position was driven predominantly by a reduction in agency use in Critical Care (ICU), Acute Medical Unit (AMU), Emergency Department Nursing and Wards 9A, 27B, 28A & 32A.

Elective Ortho Theatre (+2.35wte) was the only cost centre to see an increase in agency use for registered nursing staff in January 24.

Agency registered mental health nurse (RMN) use decreased by 13.48wte from December to January, driven by decreased usage in Wards 9A, 27B and AMU.

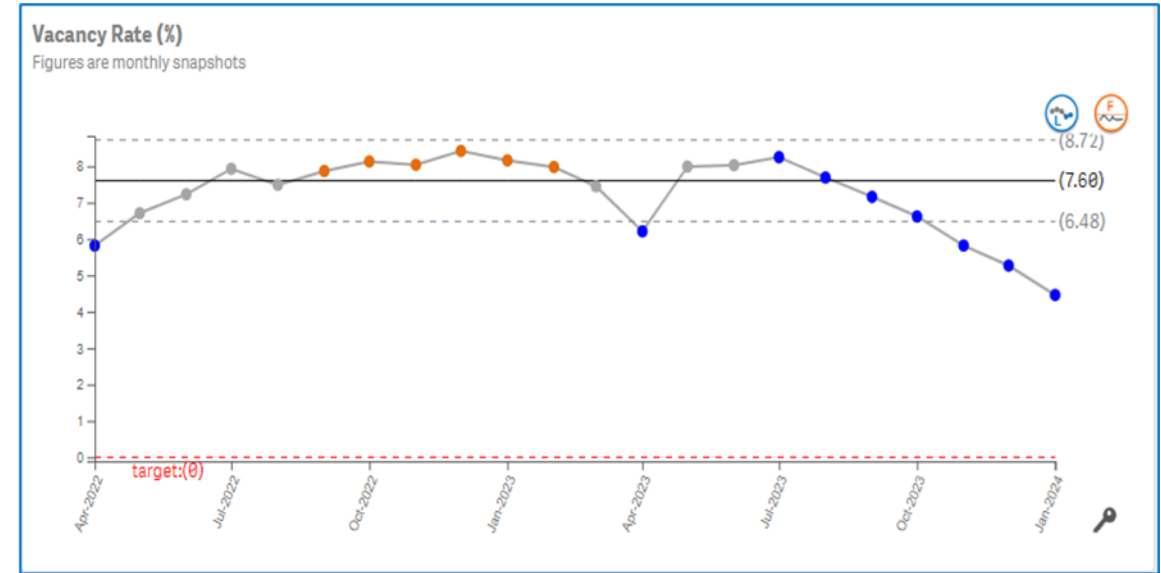
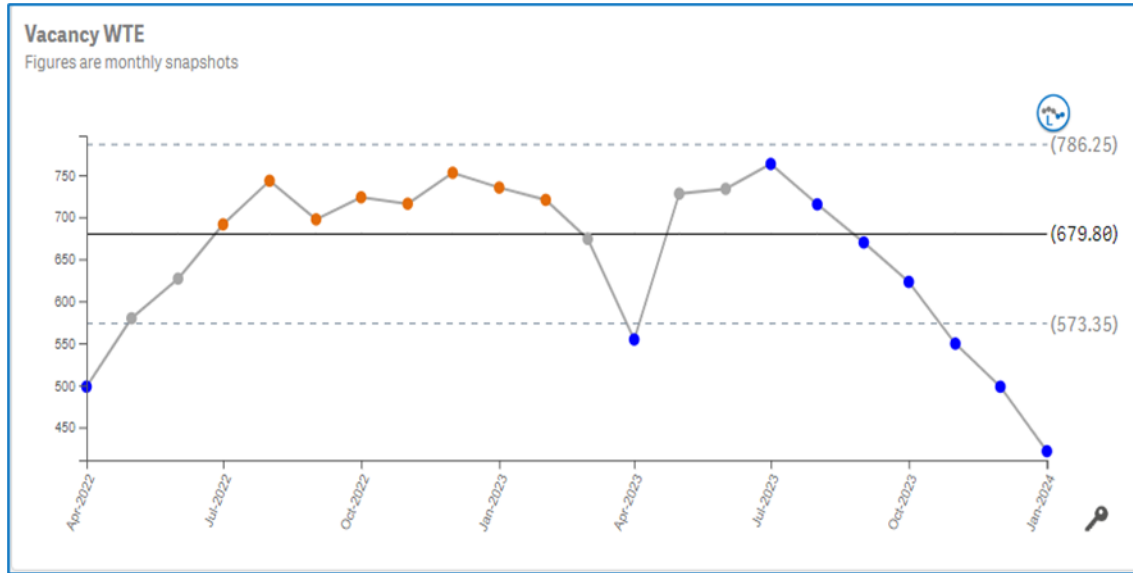
Actions

1. Removal of all automatic escalation to agency for nursing shifts. All agency escalation to be approved by the DDoN / Deputies prior to release
2. SW Pan-regional work to agree a standardised regional rate card for agency rates across nursing and medical locums underway
3. Task & Finish group to be set up for AHP, Scientists and Non – Clinical agency to mirror existing Nursing and Medical Locum approach
4. Preparation underway for removal of off framework agency. Proposed to be in place by 30th June as per NHSE
5. Preparation underway for Bank attraction campaign for Registered Nurses, ODP and Mental Health in response to reducing agency rates

Agency Reduction: Continued focus on demand management for Nursing and wider development and implementation of the pan-regional rate card for nursing. Short life cycle task and finish group set up to refresh and review of requesting and extending of agency medical locum bookings. Review of system and process relating to the use of AHP, Scientist and non-clinical agency.

Bank Optimisation: Two of the working groups are now active with key focus on external attraction with links to forthcoming Bank attraction campaign. Outputs from the dedicated Bank Staff Survey being formatted into an infographic ready to be shared with Bank workers and wider Trust

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

1. Offers: 10.11wte of offers for Health Care Support Worker (HCSW) roles were made in November: 4.2wte for band 2 and 5.91wte for band 3

2. Pipeline: 53.0 wte of candidates with offers being processed. Current withdrawal rates have dropped to 6% of HCSW roles suggest that 49.82wte will join over next three months (between February and April) which is lower than last year where 71.31wte joined, however there are 106.89 more staff in post this year compared with last year.

Registered Nursing and Midwifery

1. Offers: 53.48wte of offers to band 5 experienced and newly qualifying nurses across the Trust

2. Pipeline: Domestic 151.52wte band 5 candidates with offers being processed. Current withdrawal rate is at 9.5% which suggests 137.12 will join the Trust.

3. Pipeline International: There are 21.00wte in the pipeline allocated to start in February which is higher than last year where 20.00wte joined. A further 20.00wte are booked to join in March

Recruitment Activity

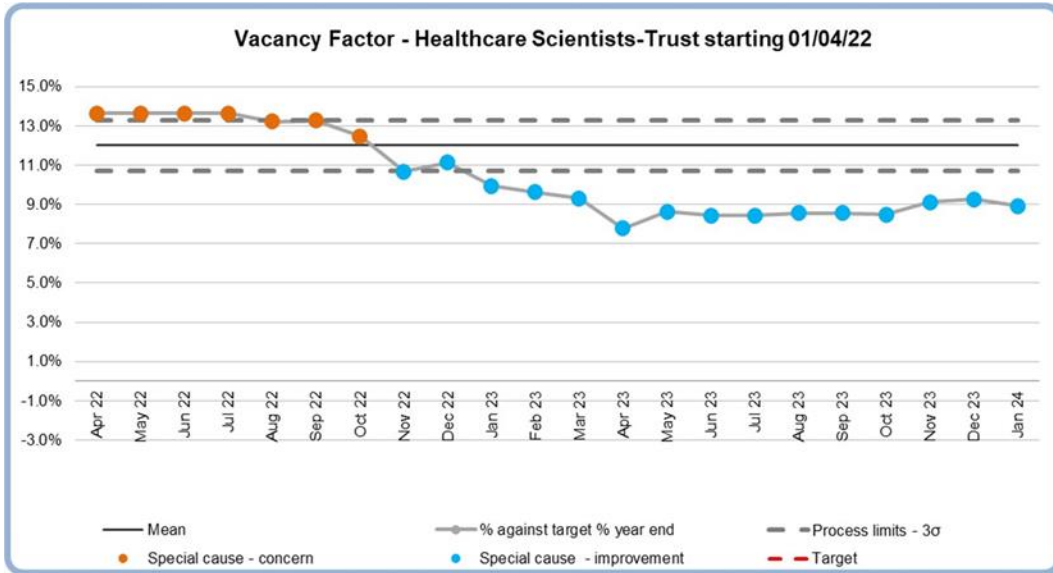
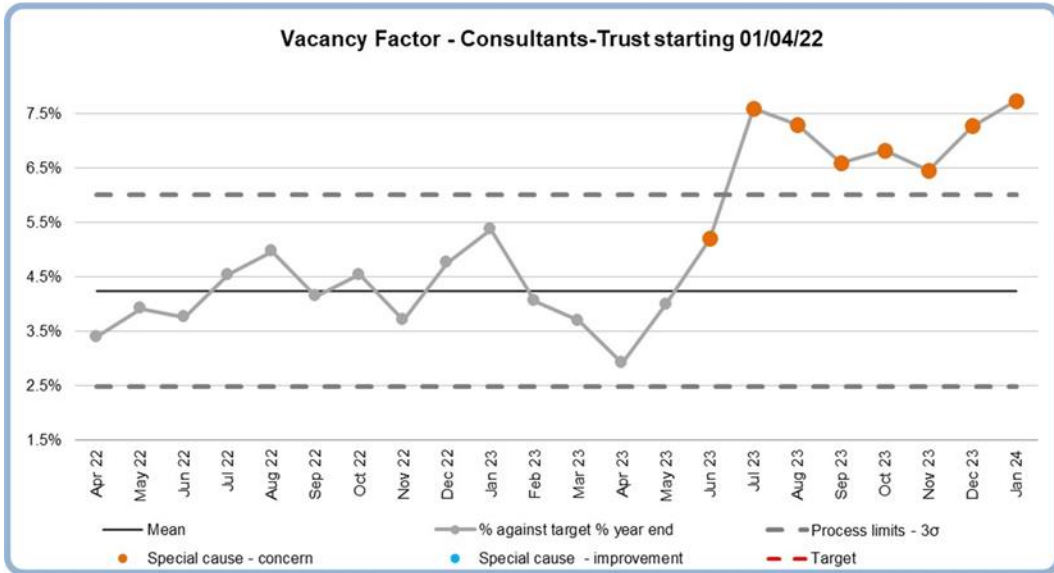
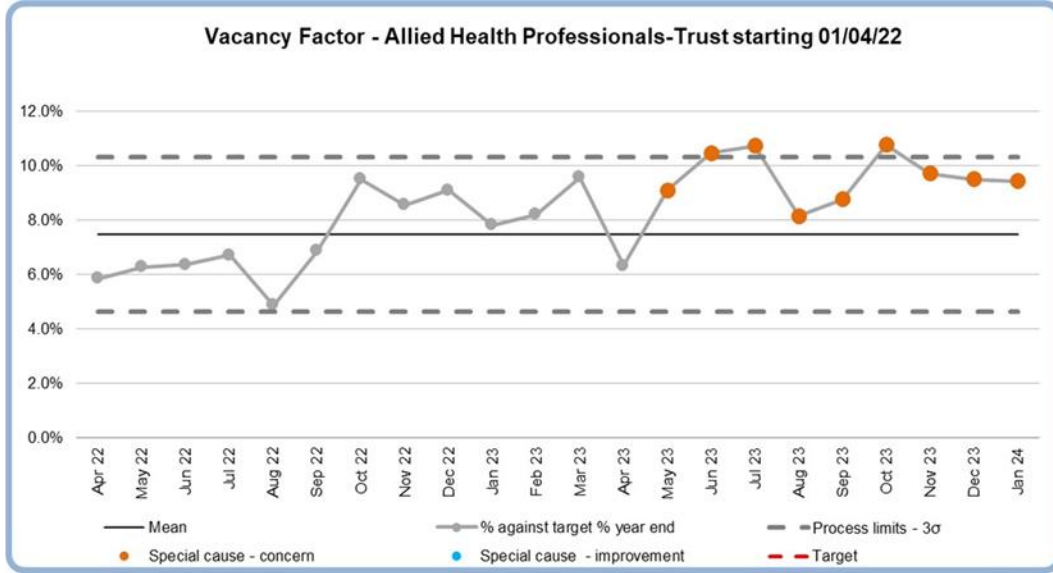
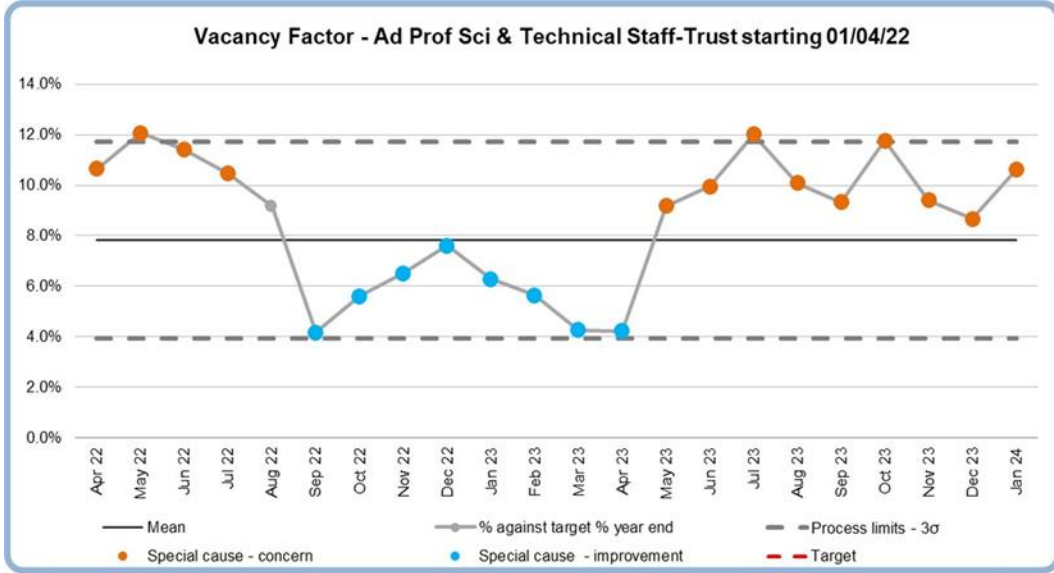
1. In January, the Trust attended 5 different local job fairs across the North Bristol area. The Careers Hub representatives also attended Millfield School Career Pathways session to talk about NHS Careers

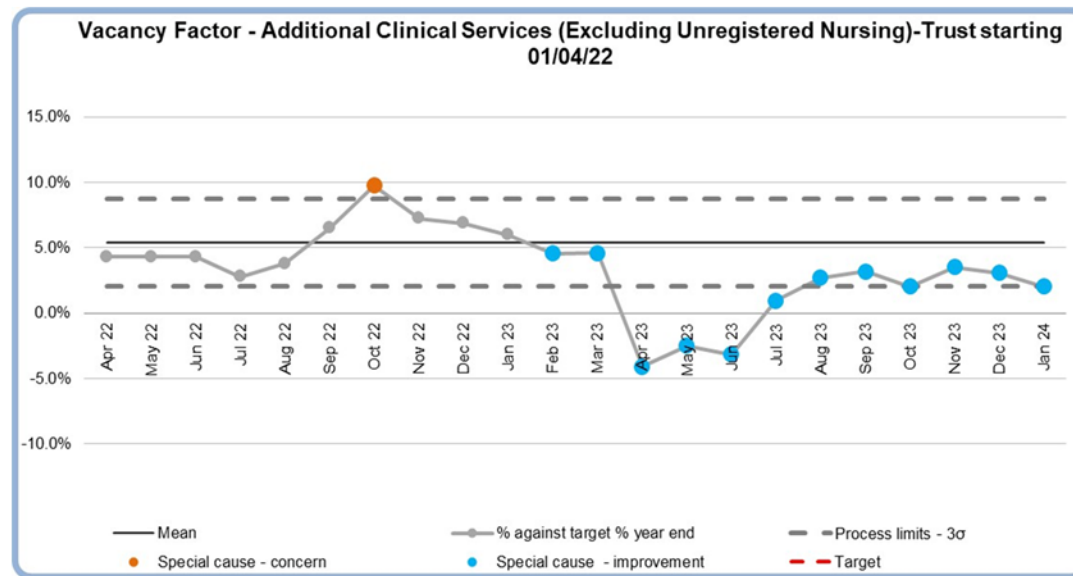
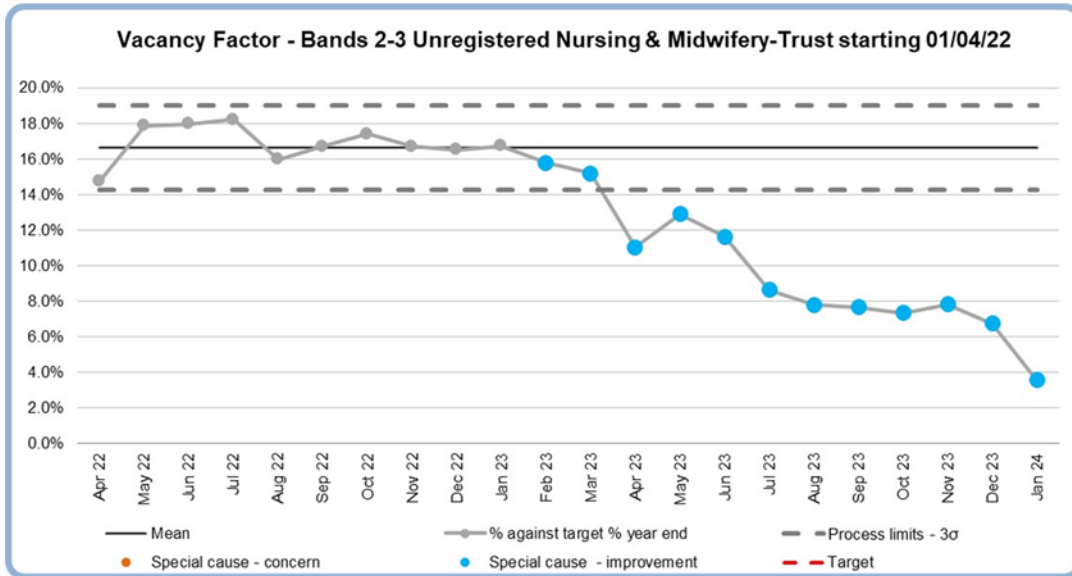
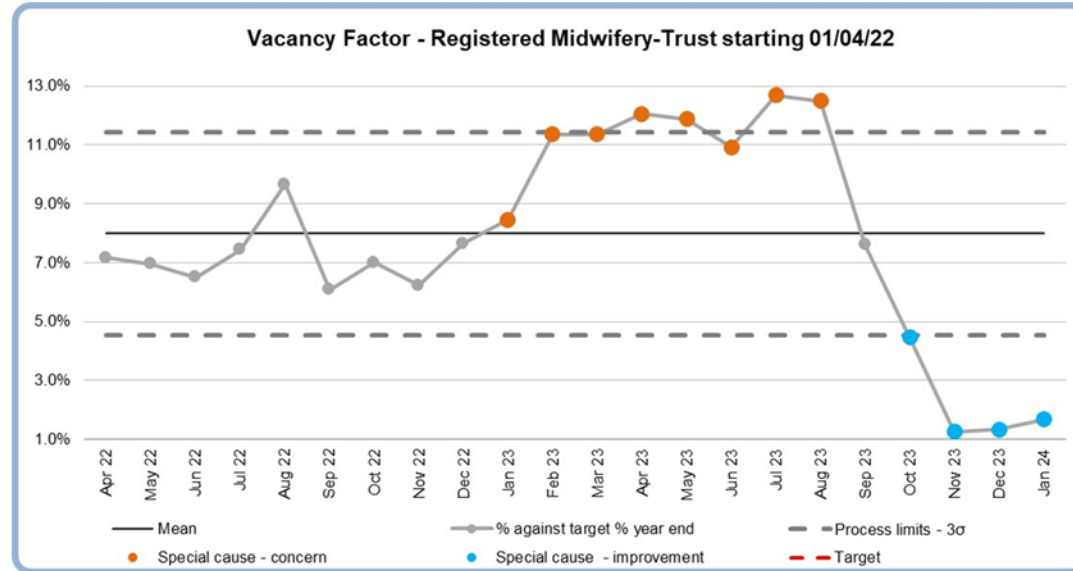
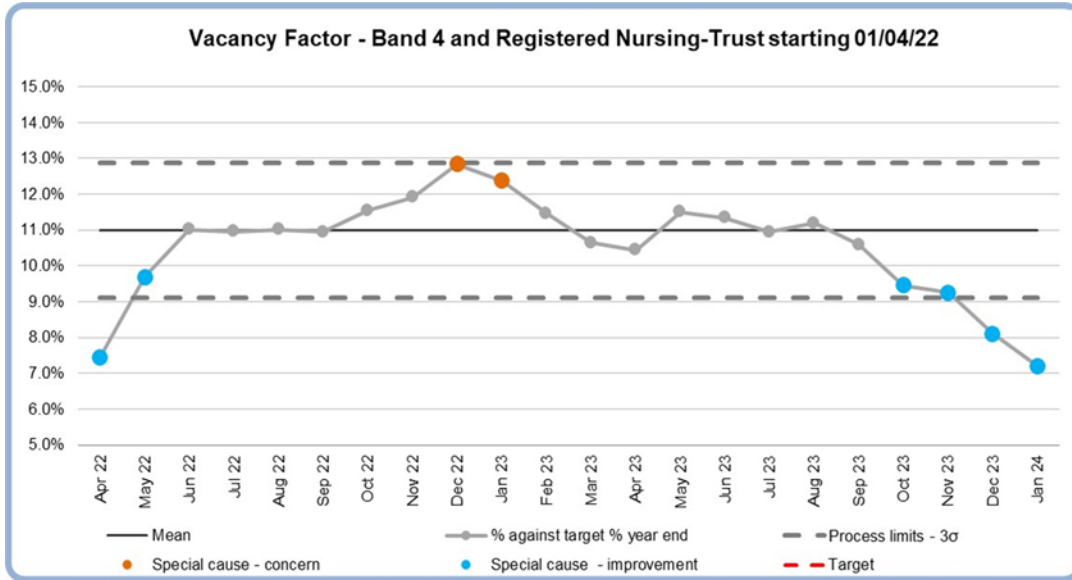
2. International Recruitment: We welcomed 18 Internationally educated Nurses to the Trust in January

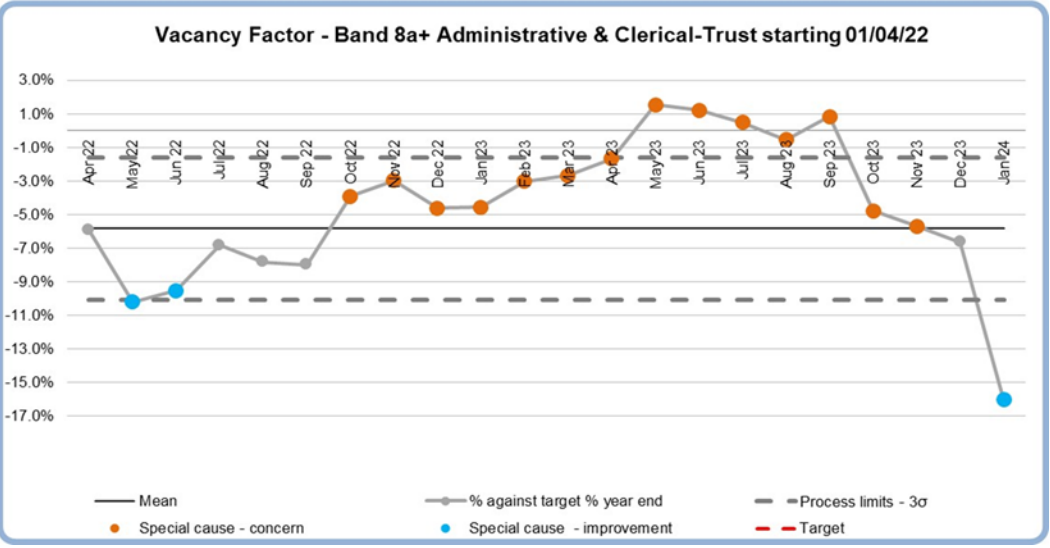
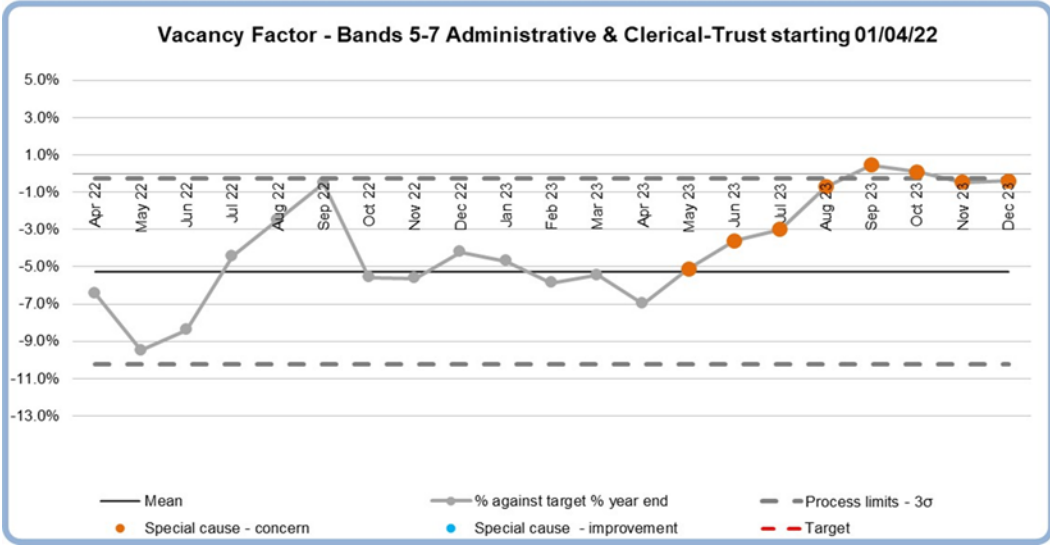
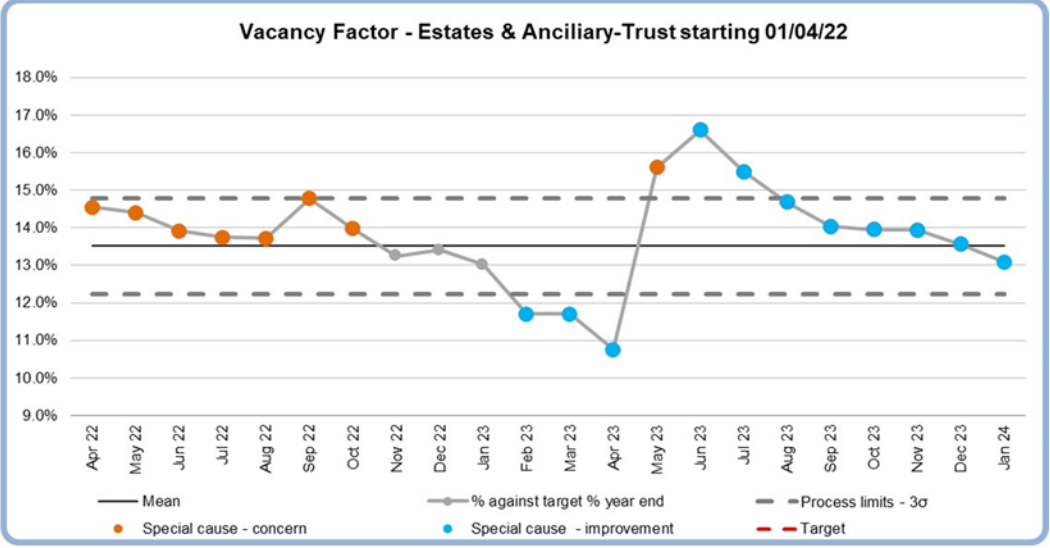
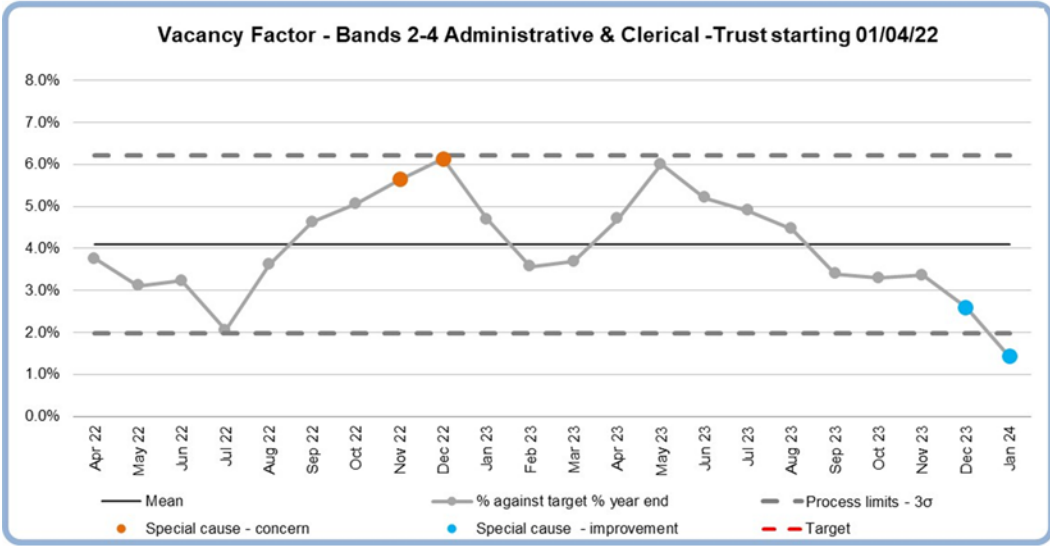
Current actions being taken to mitigate withdrawal rates:

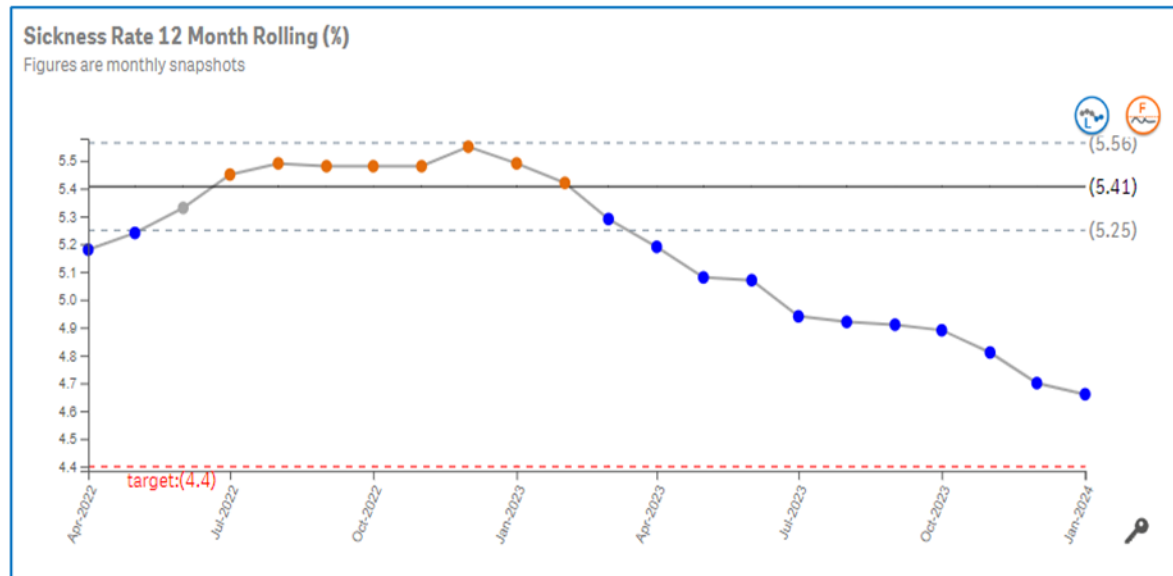
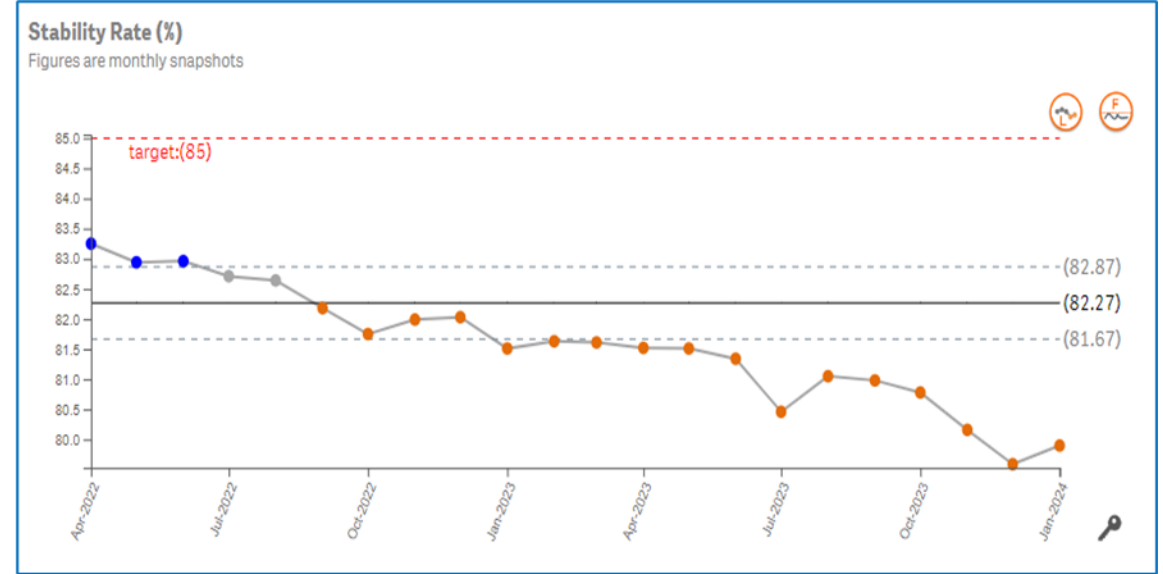
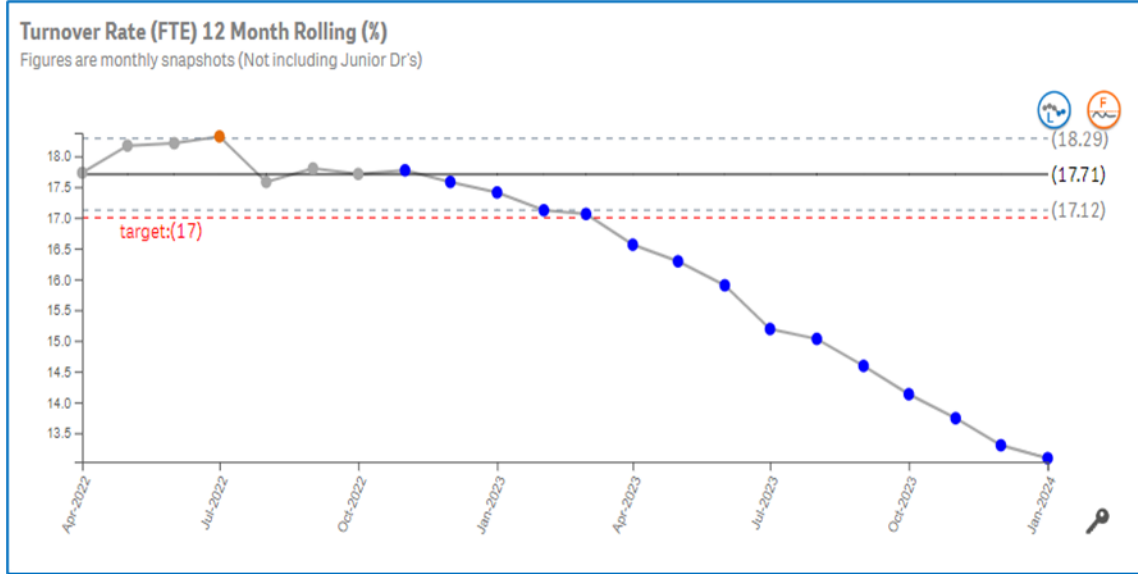
1. Midwifery incentivisation programme in place – Withdrawal rates now at 6%

2. Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.









People support and engagement

Actions delivered: (Associate Director of People)

- Let's Talk Flex week – promoting flexible working
- Bitesize videos now live
- Retention of Staff Files policy now live
- Zero acceptance campaign now live
- Continued work on partnership working, including developing a new partnership agreement and Divisional Consultative forums

Actions in Progress:

- Policies under development include disciplinary, car parking, partnership working and disputes, banding, relationships at work, recruitment, recruitment and retention premia, sexual safety at work (**March**)
- New casework system procured, to be implemented by the end of March (**March**)
- Developing our process for policy review and renewal (**April**)
- Complex investigations development, advert for bank investigators now live, with a training and supervision plan in development. Working on marketing an offer to Divisions, including investigators and notetakers (**April**)

Retention and Staff Experience (including Health and Wellbeing)

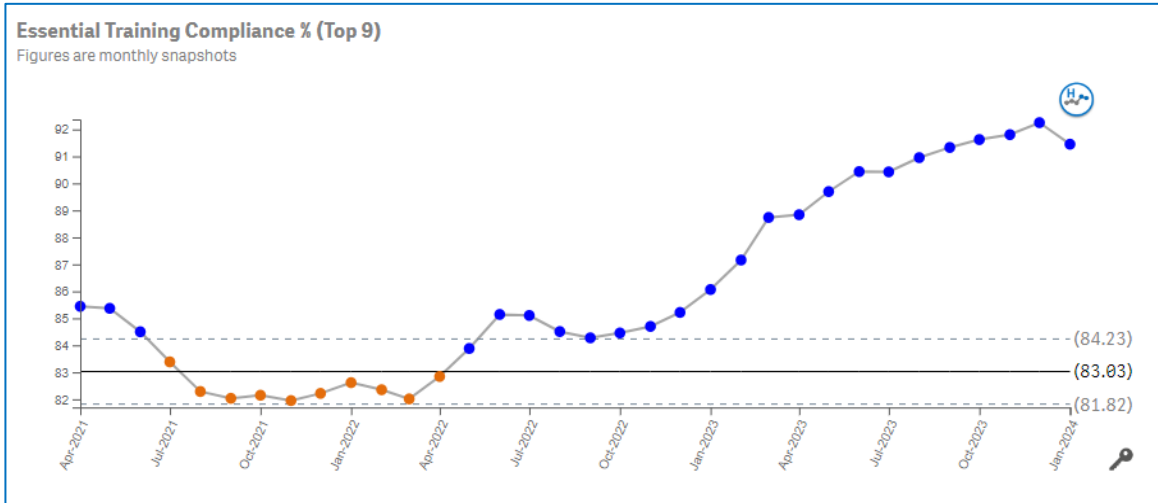
Actions Delivered: (Associate Director Culture, Leadership & Development)

- LGBT+ History month plan formalised and being implemented
- First Sexual Safety Listening events set up and occurred in January 2024
- Recruitment of new EDI Officer (secondment)
- EDS 2022 submissions for NBT completed and shared with ICS EDI lead
- Time to Talk day - including re-promotion of wellbeing conversations
- Forum and Terms of Reference for NBT Health Providers Group refreshed and implemented
- New cohort of Cultural Ambassadors trained

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

- Implementation of EDI Plan (12- point plan) actions, and further socialisation and embedding of plan with Divisions (**November – March 2024**)
- Listening events, planning and actions linked to the new 'Sexual Safety in Healthcare' Group (**December 2023 – July 2024**)
- Analysis and roll out of 2023 National Staff Survey Results and follow-up actions (**January – May 2024**)
- Finalise long-term Retention Plan following workshops and engagement with divisions and professions leaders (**March 2024**)
- Develop an NBT-wide Health and Wellbeing Strategy and underpinning Staff Experience Plan (**March – June 2024**)
- OH service-level agreement review (**April 2024**)
- Disabled and Neurodiverse workshops for managers and staff, using WDES project funding, in collaboration with WECIL (**Feb – March 2024**)
- Establishment of Diverse Recruitment Panels (**Jan – April 2024**)
- Recruitment of new, fixed-term People Promise Manager (**Feb 2024**)

Essential Training



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

- QLIK (13 Feb 24) shows compliance as **All staff 90.01%**, Permanent Staff 93.27%, Fixed Term Temp 86.99%, Other 77.82% (NBT eXtra 82.13%).
- Outliers in Training Compliance: Honorary staff at 40.09%, and Medical & Dental at 77.47%.
- Training Compliance By Training Title (Top 9) shows that Information Governance is 86.52%, which is 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 70.01%. All staff must complete this. Oliver McGowan Mandatory Level 2 - Face to Face – no dates available.

Actions – Essential Training (Head of Learning and Development)

- Weekly Mandatory and Statutory Training (MaST) reports raising compliance visibility within divisions. Divisional Directors of Nursing and People Partners are acting on the data and working with their divisions to increase compliance.
- NBT eXtra have emailed all bank staff directly and have set up MaST sessions in the computer suites to increase compliance.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase day 1 compliance.

Leadership & Management Learning (Leadership Development Manager)

- Mastering Management: Cohort 1, close to completion, planning celebration event. Cohorts 2-5 full and in progress. Cohort 6 open, starts 03.04.24. We have allocation 144/ 240 participant places, 213 completed expressions of interest. Feedback from participants is excellent. Rating 4.45/5' (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.

Leadership & Management Learning (Leadership Development Manager) cont'd

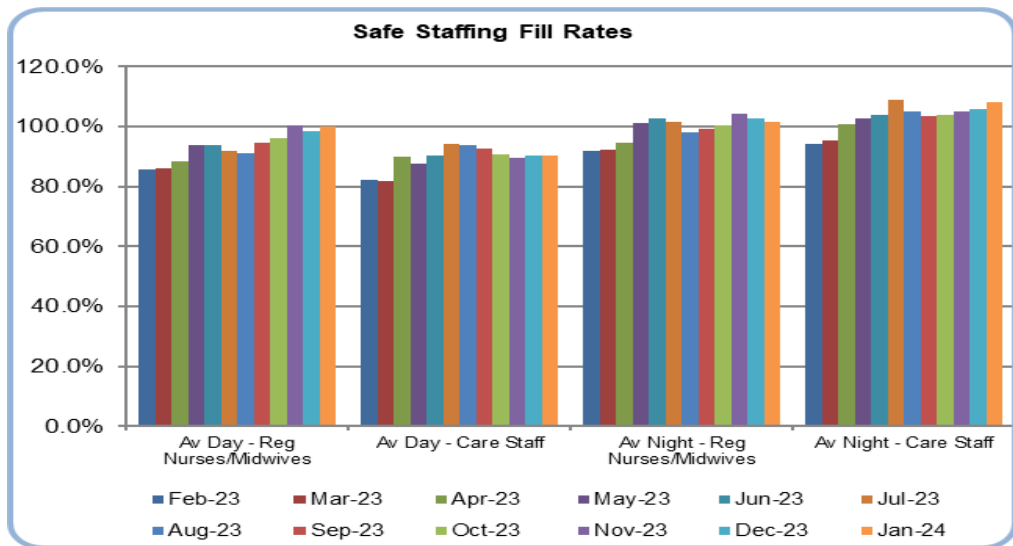
- Coaching and Mentoring: contracting for procurement of PLD platform in partnership with UHBW almost complete. Revised target go-live date 01.05.24. NBT Coaching Community CPD event 07.03.24.
- **Excellence in Management:** Programme activity for Cohorts 1 and 2 has resumed in February; Cohort 1 have completed their last learning module and the programme concludes on 27th Feb with a Programme Review and Celebration Event. 25 Confirmation emails have been sent to the successful applicants in readiness for the launch of Cohort 3 on 27th March. Cohort 3 has 37.5% diversity across Race, Disability, Sexual preference and Religious Beliefs; 45% Male; 55% Female; Band Range from Band 6 to 8d and a Consultant.
- **Leading for Change:** "Kindness into Action" with keynote speaker Tim Keogh will be hosted on the 20th of February 2024.
- **Accelerate update:** 23 applications for cohort 2- the focused advertising is working. We had 30 new applications for the programme. 29/32 applicants were offered a place in the end (there is a maximum cohort size of 25. People on the waiting list were offered a place when others did not reply- this was a staged and considered process
- **ILM Leadership and Team Skills** – 19/21 places for Cohort 1 (April / May 2024) accepted. 9/21 accepted for Cohort 2 (June / July 2024).

(Head of Apprenticeships and Early Careers)

Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation January 24: Expired funds - 0 Transferred Levy funds - £11,988 to support community development, Levy utilisation – 75% YTD.
- We have started to utilise the Findapprenticeship.gov platform, this was really successful for the TNA apprenticeship adverts and we are about to advertise non-clinical apprenticeships through this route.
- National Apprenticeship Week was a success and sparked lots of interest
- Currently working with procurement to look at the process for procuring apprenticeships as this does not currently meet the Trust SFI's.
- T-Level students are back on placement in the Trust during February, this has been really successful so far, with many applying to UWE for nursing degrees and a couple applying for the Apprenticeship pathway (TNA at NBT)
- WECA MPSF project update – new posts starting in Feb, project on track
- 119 work experience placements have taken place since September 23
- Since 1st Jan 24 we have had 300 new starters on induction, of which 91 Registered, 65 Support Workers
- **Apprenticeship Centre**
- Current number of learners enrolled: 64 direct – 98 non-direct (-11 last month) –Very few Healthcare Support worker apprentices coming through which is a concern.
- Number of completed apprenticeships last month: 2 direct & 1 non-direct
- QAT 56% from P6, currently on track for a QAR for 75+% for 23/45 which would be a huge improved on previous year
- Still waiting impending Ofsted inspection, this will be the first full Ofsted inspection for NBT

Safe Staffing



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 January 2024, the combined shift fill rates for days for RNs across the 29 wards was 99.85% and 101.43% respectively for nights for RNs. The combined shift fill for HCSWs was 90.17% for the day and 108.20% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for January.

January registered nursing fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 0.00 % of wards had night-time fill rates of less than 80%
- 0.00% of wards had daytime fill rates of greater than 120%
- 3.45 % of wards had night-time fill rates of greater than 120%

January care staff fill rates:

- 13.79% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 27.59% 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 increased fill rates for the percentage of RNs on Gate 32A reflects the escalation corridor cover by a Registered Nurse. The decreased fill rate <80% on Cotswolds ward is due to winter funding for escalation which has not yet been required. The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response to patient acuity and increased levels of therapeutic observation (enhanced care) in order to maintain patient safety.

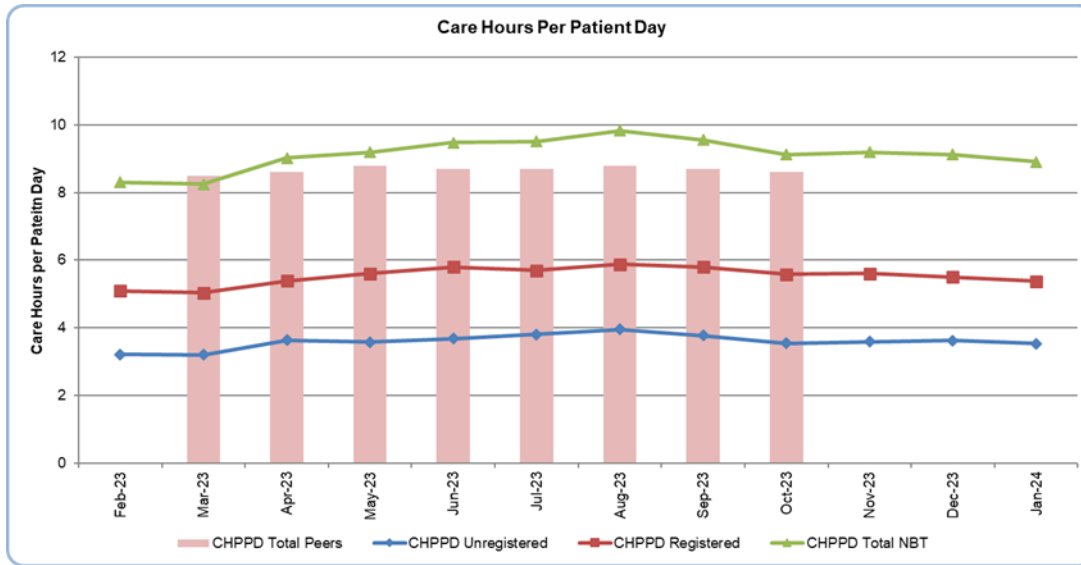
Compliance:

Future Safe Care Census regularity will be reduced to twice daily to more closely align with shift patterns. This will form part of the transition to a more robust compliance monitoring system.

Jan-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	99.85%	90.17%	101.43%	108.20%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Ward 25B 14242				
Ward 26A 14311				
Ward 27A 14402				
Ward 27B 14403				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34A 14325				
Ward 6B (mainly Neuro) 14211				
		Over 120%		Below 80%

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?

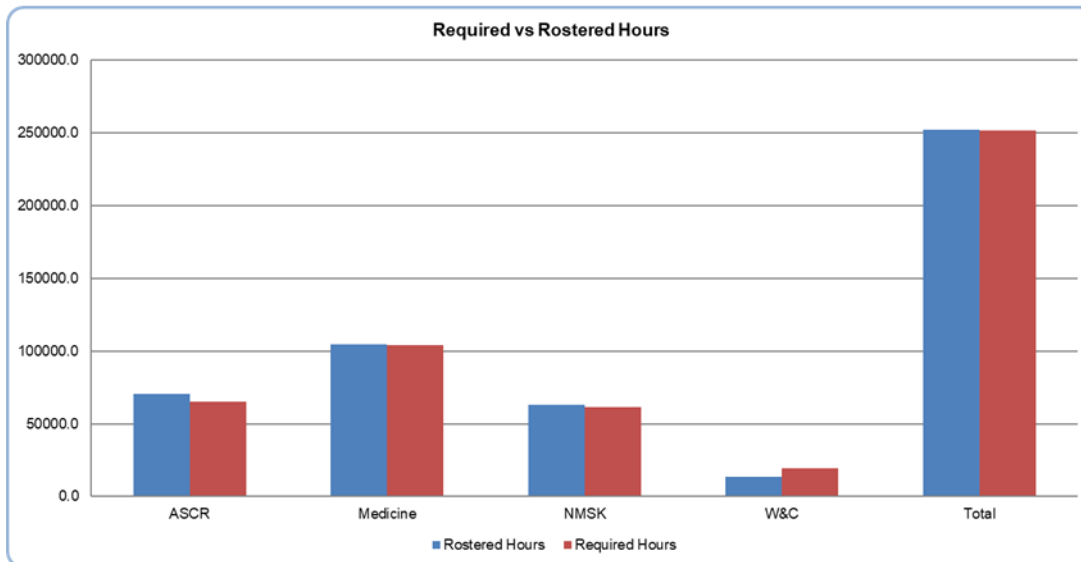
Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

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**

Statement of Comprehensive Income at 31st January 2024

	Month 10			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	66.2	73.5	7.4	653.4	670.3	16.9
Income	4.7	8.2	3.4	54.9	78.0	23.1
Pay	(43.1)	(47.7)	(4.6)	(438.9)	(456.8)	(17.8)
Non-pay	(26.7)	(31.4)	(4.6)	(272.0)	(296.9)	(24.9)
Surplus/(Deficit)	1.1	2.6	1.5	(2.6)	(5.4)	(2.8)

Assurances

The financial position for January 2024 shows the Trust has delivered a £2.6m surplus against a £1.1m planned surplus which results in a £1.5m favourable variance in month and £2.8m adverse variance year to date.

Contract income is £7.4m better than plan. This is driven by funding of £5.0m received this month from the ICB to support the impact of industrial action from April to October, along with additional high costs drugs income of £1.0m, offset in non-pay.

Other income is £3.4m better than plan. This is driven by new funding adjustments (2.9m fav). The remaining £0.5m favourable variance is driven by funding recognised in month in relation to fire dampener work (£0.3m), offset in non-pay.

Pay expenditure is £4.6m adverse to plan. New funding adjustments, offset in other income, have caused a £1.9m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs and industrial action.

Non-pay expenditure is £4.6m adverse to plan. New funding adjustments, offset in other income, and pass-through drugs are £2.0m adverse. The remaining adverse variance is caused by in-tariff drugs, independent sector and M&S spend.

Statement of Financial Position at 31st January 2024

	22/23 Month 12 £m	23/24 Month 09 £m	23/24 Month 10 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	510.6	519.8	520.4	0.6	9.9
Current Assets					
Inventories	10.0	10.0	9.8	(0.2)	(0.2)
Receivables	57.2	59.3	55.8	(3.5)	(1.5)
Cash and Cash Equivalents	104.0	59.4	66.1	6.7	(37.9)
Total Current Assets	171.3	128.7	131.7	3.0	(39.6)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(77.7)	(83.9)	(6.2)	41.3
Deferred Income	(17.2)	(38.2)	(28.4)	9.8	(11.2)
Financial Current Liabilities	(17.1)	(27.5)	(27.7)	(0.2)	(10.6)
Total Current Liabilities	(159.5)	(143.4)	(140.0)	3.4	19.5
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	(0.4)
Financial Non-Current Liabilities	(355.2)	(576.1)	(574.2)	1.9	(218.9)
total Non-Current Liabilities	(362.0)	(583.2)	(581.3)	1.9	(219.3)
Total Net Assets	160.4	(78.1)	(69.1)	9.0	(229.5)
Capital and Reserves					
Public Dividend Capital	469.1	472.0	477.9	5.9	8.8
Income and Expenditure Reserve	(371.3)	(541.8)	(541.8)	0.0	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(76.3)	(73.2)	3.1	(67.8)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	(78.1)	(69.1)	9.0	(229.5)

Capital spend is £23.5m year-to-date (excluding leases).

Cash is £66.1m at 31st January 2024, a £6.7m increase compared with the previous month. The increase in month is driven by additional commissioner payments.

Non-Current Liabilities have increased by £218.9m in the year-to-date at Month 10 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 £170.5m 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

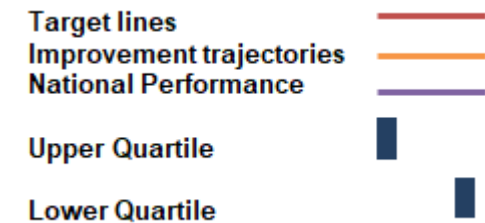
Appendix 1: General guidance and NBT Quality Priorities

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

Appendix 2: Abbreviation Glossary

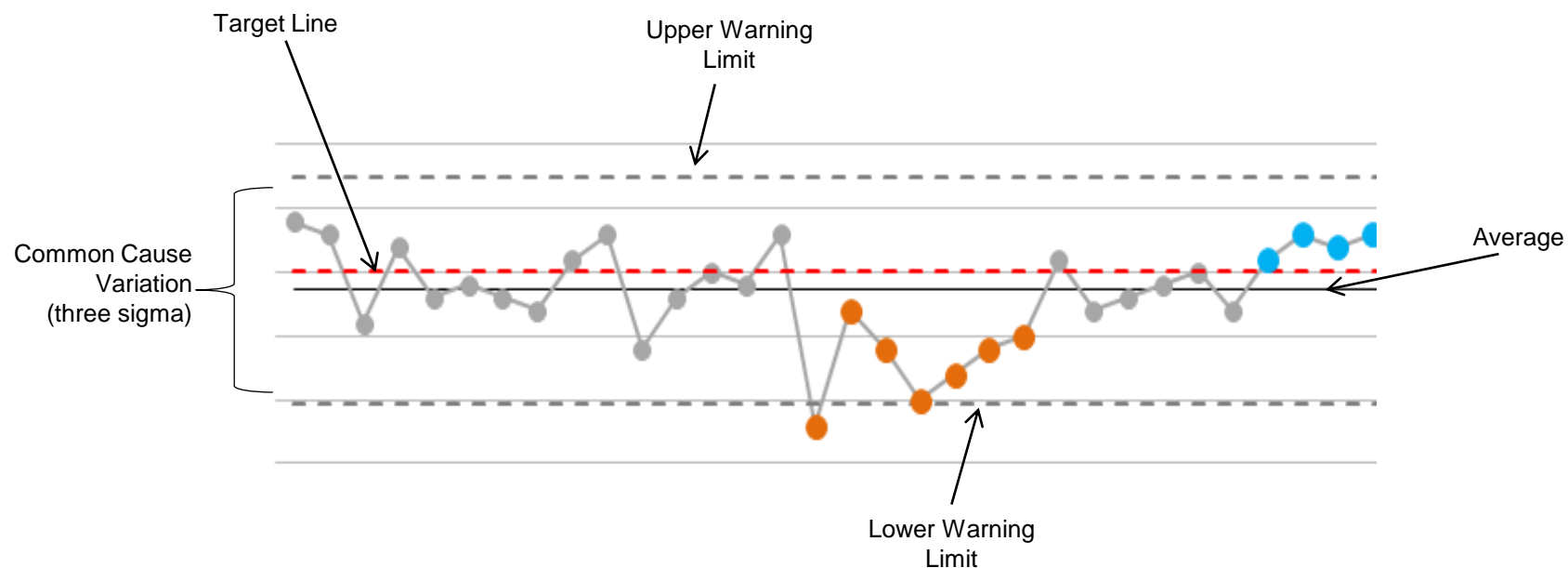
Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory & 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