

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



January 2024
(presenting December 2023 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	65.83%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%		51.11%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	786	312	9	135	2	39	10	12	17	23	223	213	269		6-1964	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%			
	Ambulance Handover > 60 mins		0	-	1041	457	105	267	87	231	164	165	182	317	620	438	548			
	Average No. patients not meeting Criteria to Reside			-	243	254	217	239	208	190	198	200	198	195	218	228	243			
	Bed Occupancy Rate			94.47%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%		26.18%	2/10
	Diagnostic 13+ Week Breaches		0	299	3663	2459	1497	939	740	593	595	300	124	59	17	14	7		14-4552	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%		54.45%	8/10
	RTT 52+ Week Breaches	R	0	2437	2984	2742	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858	1685		74-14436	2/10
	RTT 65+ Week Breaches			308	1105	895	742	547	591	594	619	624	606	582	545	420	389		3-4592	2/10
	RTT 78+ Week Breaches	R		50	306	223	167	69	65	84	59	44	48	48	55	49	50		0-660	4/10
	Total Waiting List	R		40409	46523	46266	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698	47245			
	Cancer 2 Week Wait	R	93.00%	89.07%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	51.25%	-			
	Cancer 31 Day First Treatment		96.00%	95.04%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	88.14%	-		88.00%	7/10
	Cancer 62 Day Standard	R	85.00%	71.57%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.43%	58.04%	-		55.43%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	73.16%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.59%	-		59.46%	4/10
	Cancer PTL >62 Days		242	182	328	335	191	140	178	207	171	183	236	276	250	260	336			
	Cancer PTL >104 Days		0	18	23	26	41	29	25	40	45	46	41	47	49	53	64			
Urgent operations cancelled ≥2 times		0	-	0	0	0	0	1	0	0	0	0	0	0	1	1				

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

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Quality, Safety and Effectiveness	Summary Hospital-Level Mortality Indicator (SHMI)				0.98	0.96	0.97	0.98	0.98	0.99	0.99	0.98	-	-	-	-	-	
	Never Event Occurrence by month		0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	
	Commissioned Patient Safety Incident Investigations				1	3	3	3	2	4	0	0	2	2	2	1	1	
	Healthcare Safety Investigation Branch Investigations				0	1	0	0	0	0	0	0	0	0	0	1	1	
	Total Incidents				1320	1173	973	1188	1027	1118	1110	1035	1120	1181	1454	1522	1106	
	Total Incidents (Rate per 1000 Bed Days)				44	38	36	39	37	38	38	35	39	42	47	51	36	
	WHO checklist completion			95.00%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	
	VTE Risk Assessment completion	R		95.00%	95.46%	95.83%	95.54%	95.09%	95.61%	95.06%	94.97%	94.72%	94.33%	93.85%	92.70%	91.15%	-	
	Pressure Injuries Grade 2				11	16	9	13	20	15	18	17	12	14	11	10	12	
	Pressure Injuries Grade 3			0	1	0	0	1	0	0	0	0	2	1	0	0	1	
	Pressure Injuries Grade 4			0	1	0	2	1	0	0	0	0	1	0	0	1	0	
	Pressure Injuries rate per 1,000 bed days				0.43	0.48	0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	
	Falls per 1,000 bed days				6.52	7.31	6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	
	MRSA	R	0	0	0	0	0	2	0	0	1	1	0	0	1	1	0	
	E. Coli	R		4	4	9	4	2	8	4	7	4	2	7	5	11	5	
	C. Difficile	R		5	2	1	2	6	1	4	11	6	2	5	4	3	2	
	MSSA			2	2	4	2	0	1	2	6	9	5	2	4	3	6	
	Observations Complete				98.75%	96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	
	Observations On Time				55.83%	59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	
	Observations Not Breached				66.98%	70.31%	71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	
	5 minute Apgar 7 rate at term			0.90%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	
	Caesarean Section Rate				44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	
	Still Birth rate			0.40%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	
	Induction of Labour Rate			32.10%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	
	PPH 1500 ml rate			8.60%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	
	Fragile Hip Best Practice Pass Rate				21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	54.00%	51.92%	79.17%	68.63%	-	
	Admitted to Orthopaedic Ward within 4 Hours				9.09%	26.47%	38.78%	48.28%	47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	-	
	Medically Fit to Have Surgery within 36 Hours				3.64%	44.12%	59.18%	65.52%	70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	-	
	Assessed by Orthogeriatrician within 72 Hours				7.27%	67.65%	95.92%	94.83%	96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	-	
	Stroke - Patients Admitted				89	111	64	115	94	121	181	132	187	162	154	158	96	
	Stroke - 90% Stay on Stroke Ward			90.00%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	
	Friends & Family Positive Responses - Emergency Department				76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	
	Friends & Family Positive Responses - Inpatients				92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	
	Friends & Family Positive Responses - Outpatients				95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	
	PALS - Count of concerns				126	106	139	156	120	141	141	145	123	135	139	152	103	
	Complaints - % Overall Response Compliance			90.00%	72.43%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	
	Complaints - Overdue				12	5	3	4	3	1	6	5	4	5	9	10	3	
	Complaints - Written complaints				51	62	41	41	38	57	44	42	48	49	60	49	36	
Workforce	Agency Expenditure ('000s)				1675	2030	1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	1610	
	Month End Vacancy Factor				8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	
	Turnover (Rolling 12 Months)	R		-	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	
	Sickness Absence (Rolling 12 month)	R		-	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	
	Trust Mandatory Training Compliance				83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	

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Urgent Care

Four-hour performance improved to 67.17% in December. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 269 last month, whilst there were 548 ambulance handover delays over one-hour. UEC pressures were compounded by increasing NC2R numbers, year-on-year increase in ED attendances (saw just under a 10% increase of attendances in Dec-23 versus Dec-22), bed closures due to seasonal infection outbreaks of Norovirus and further junior doctor industrial action. 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

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting over 104-weeks and over 78-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Following a period of respite from industrial action, the Trust is beginning to make progress in recovery of RTT activity losses from previous strike periods. While in-year RTT target ambitions remain challenged, contingency plans are underway. Confidence in delivery recently rose from ‘low’ to ‘reasonable’ in the absence of industrial action, however, junior doctor’s strikes in December and January have destabilised progress and will show a deterioration in the trajectory in the January data. Operational teams are currently working up further contingencies to compensate, but the limited time available before the end of the year means that this will be challenging. Diagnostics performance continues to excel – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks. As a result, the Trust has set itself a further stretch target of reaching next year’s diagnostic waiting time target (5%) by the end of this year. The Trust is now 4.89 percentage points away from hitting next year’s 5% target.

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 is in place – focussing on two higher volume tumour sites i.e. Gynaecology and Skin cancer. Some of this work is starting to feed through to performance with the FDS moving back to planned trajectory – reporting 71.59% in November, a significant improvement on October and now less than 3.5 percentage points away from the 75% requirement at year-end. However, more work needs to be done to maintain this improvement and the impact of the most recent industrial action in December and January are likely to compromise the improvement trends next month.

Quality

Within Maternity, the NICU admission rate at term rose to 5.5% against a national target of 5%. There were 2 new MNSI cases accepted in November: One neonatal death and one baby that was cooled and went on to have normal MRI. 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). The draft report has been received for the national CQC Maternity Inspection visit in November and a Factual Accuracy review submitted on 19 January, as required. Infection control data for December showed a continued reduced incidence of C-Difficile, which is moving closer to the annual trajectory and E-Coli cases continue to track below trajectory albeit with a recent increase which is being acted upon. There are no new MRSA cases and ongoing work is progressing for the sustained increase in MSSA rates, which reflects regional trends and related actions. The overall improving trend in falls rates remains, although the past 3 months have seen an increased rate which is consistent with previous seasonal trends, reflecting winter challenges. The rate of for pressure injuries is stable within the normal statistical range. A marked reduction in medication incidents was seen in December, representing a significantly different picture to that reported over the past 8 months, with a similar shift downwards in those causing harm. A single month change is not necessarily indicative of future trends and will continue to be watched closely in the coming weeks. WHO Safety Checklist compliance is 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 good. 93.37% 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 improved significantly from 60% in November to 73% in December, reflecting improved performance within the WaCH Division. ASCR remains the primary area of challenge. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 5.87% (558.11wte) in December down from 6.42% (609.36wte) in November. The greatest reduction in vacancies continues to be seen in registered nursing and midwifery with the vacancy position falling by 35.20wte from November to December. Rolling 12-month staff turnover decreased from 13.74% in November to 13.30% in December continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate fell to 4.70% in December from 4.81% in November. Overall temporary staffing demand decreased by 6.74% (-62.93wte) from November to December. Both agency and bank use decreased by (-17.73%, -26.82wte) and (-8.77%, 57.50wte) respectively, resulting in an increase in unfilled shifts (+15.99%, +20.07wte), from November to December.

Finance

The financial plan for 2023/24 in Month 9 (December) was a deficit of £1.6m. The Trust has delivered a £1.4m deficit, which is £0.2m better than plan. The year-to-date position is a £4.3m adverse variance against a planned £3.6m deficit. In month, the Trust has recognised a benefit of £1.9m due to reduced public dividend capital. Temporary staffing costs in the year-to-date position is creating a £6.4m adverse variance to plan and unidentified savings are £9.1m adverse to plan, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 9 is £59.3m, a reduction of £44.6m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust is currently forecasting a £1.5m underspend on capital by Month 12. Hence, spend is expected to be within plan. The Trust has delivered £13.4m of completed cost improvement programme (CIP) schemes at month 9. There are a further £3.4m of schemes in implementation and planning that need to be developed, and £4.3m in the pipeline.

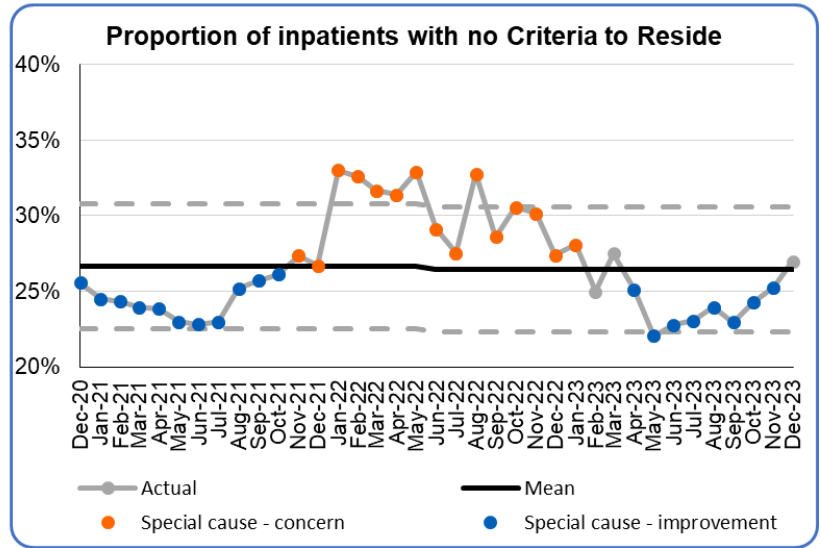
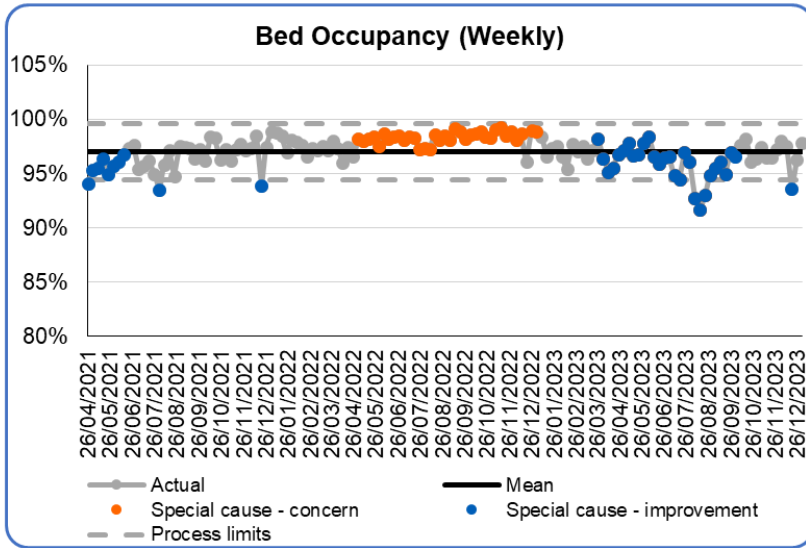
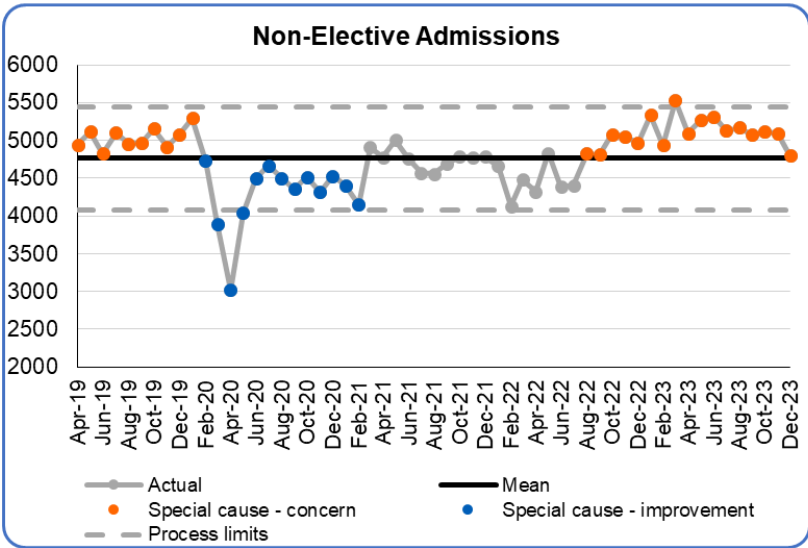
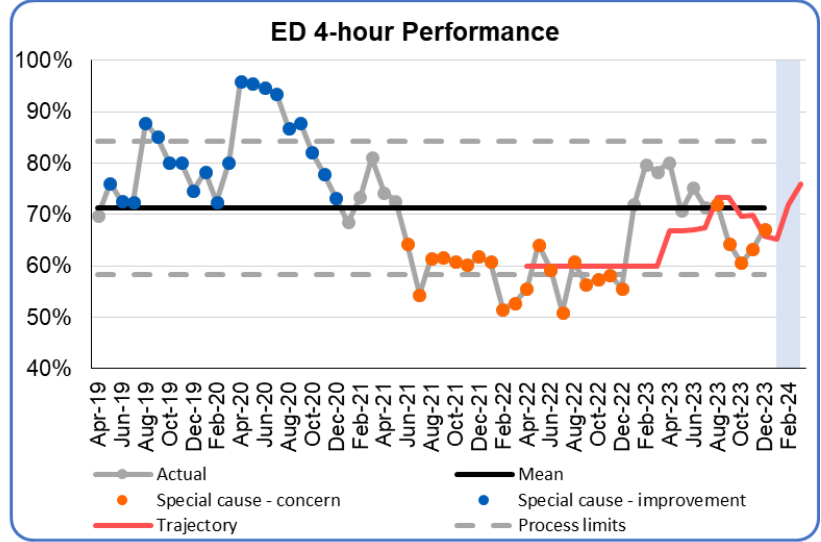
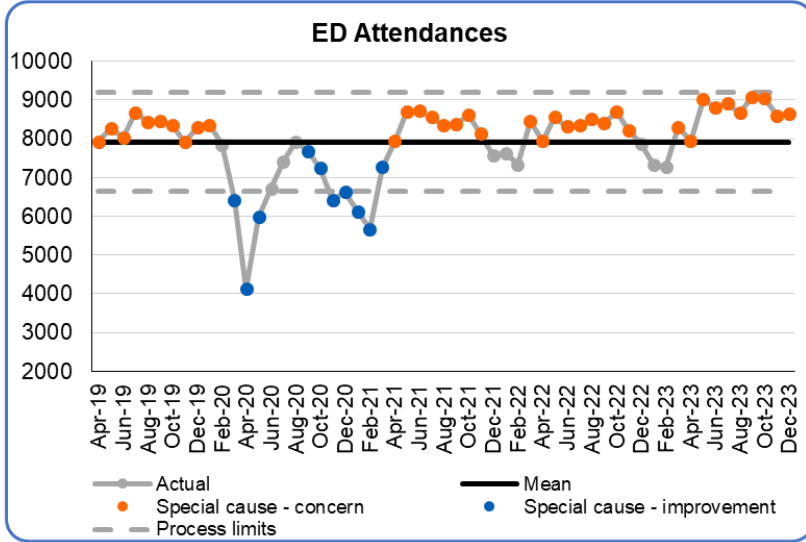
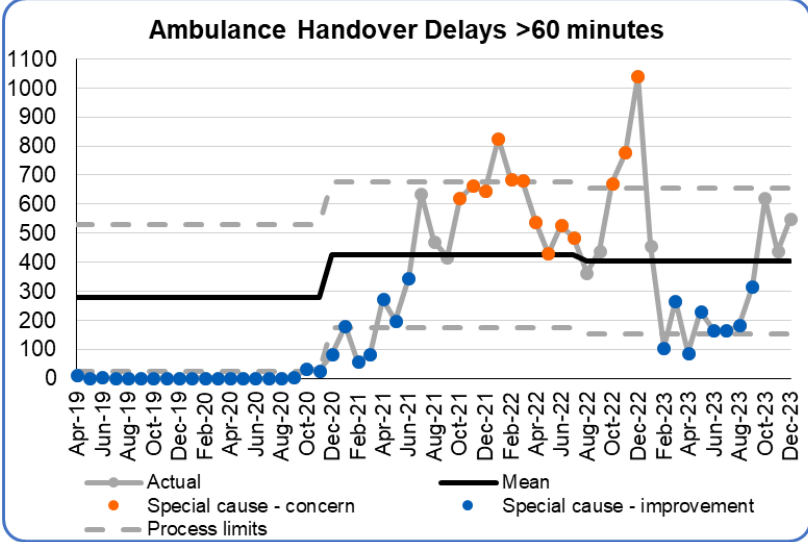
Responsiveness

**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	Embed new ways of working to realise full benefits of co-located Trust & partner staff
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access.
RTT	65-week wait	Break in industrial action allowing recovery plans to reduce adverse variance – new recovery contingencies for the latest IA being worked through. Some risk.
Diagnostics	15% 6-week target	Achieved
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	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 taking effect – significant improvement in November. Impact of latest IA being assessed.

Urgent and Emergency Care



Urgent and Emergency Care

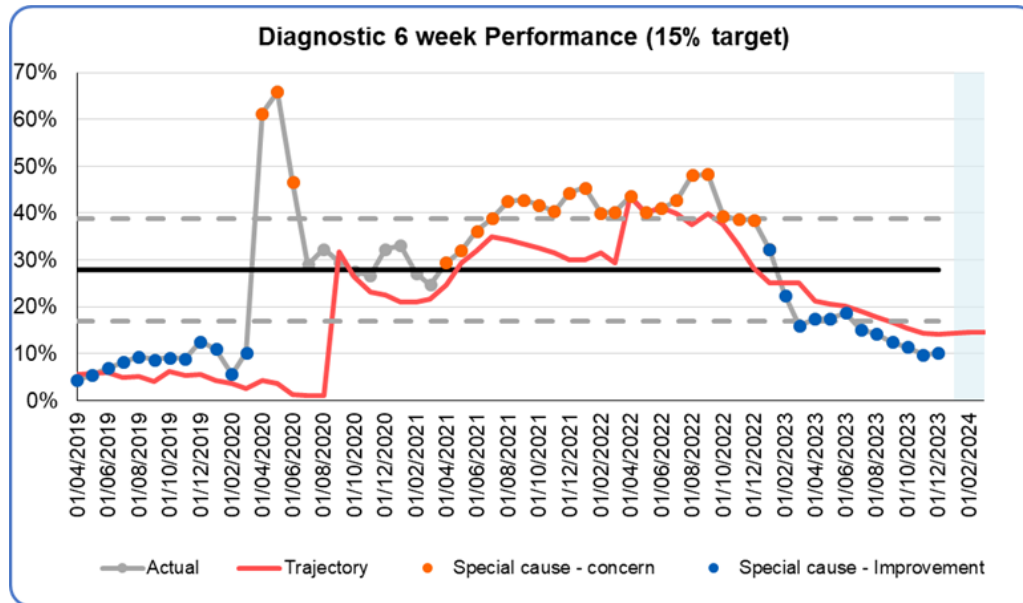
What are the main risks impacting performance?

- Increasing volumes of NC2R prior to December continued with further increase within December to compound an already pressured UEC hospital pathway. As previously noted, this increase 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 December showing attendances at almost 10% higher than the previous December.
- Junior doctor industrial action for December further challenged the UEC system with a direct impact over the three-day period and a lag to impact which will be reflected in the January report.
- December saw the beginnings of a material increase in seasonal infections, in terms of presentations. In particular, there were significant bed losses as a result of a Norovirus outbreak – on top of increases in COVID-19 and seasonal flu.
- Ambulance conveyances continued to rise with a peak seen on the 27th December where there were 125 conveyances to ED at NBT, this compared to approximately 80 at UHBW.

What actions are being taken to improve?

- The Trust has escalated concerns regarding community bed reductions with system partners and the impact this is having on hospital exit block and headline UEC performance.
- 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

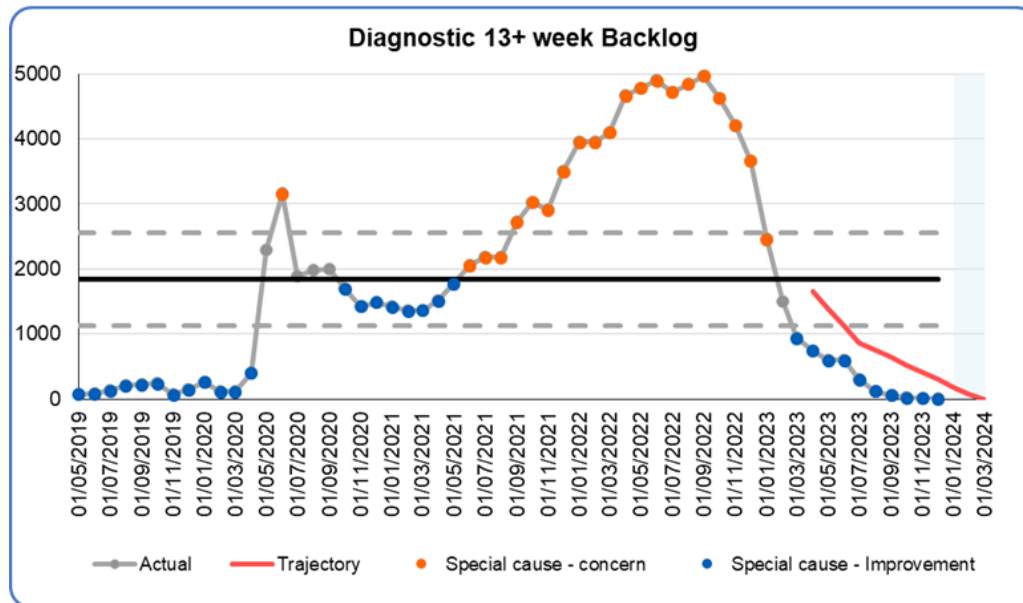


What are the main risks impacting performance?

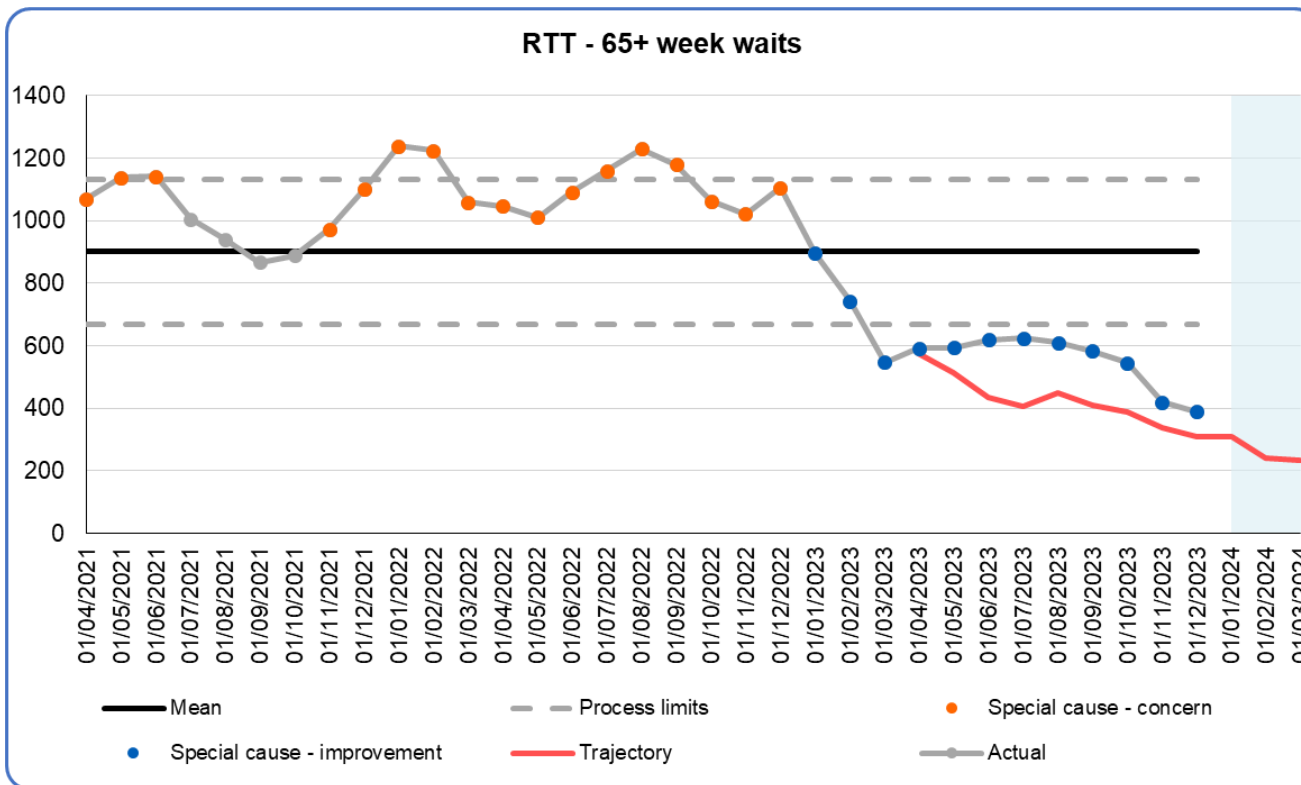
- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.
- The Trust continues to be on track to clear zero >13-week breaches.
- New staffing gaps within the Sonography service and a surge in urgent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



Referral To Treatment (RTT)



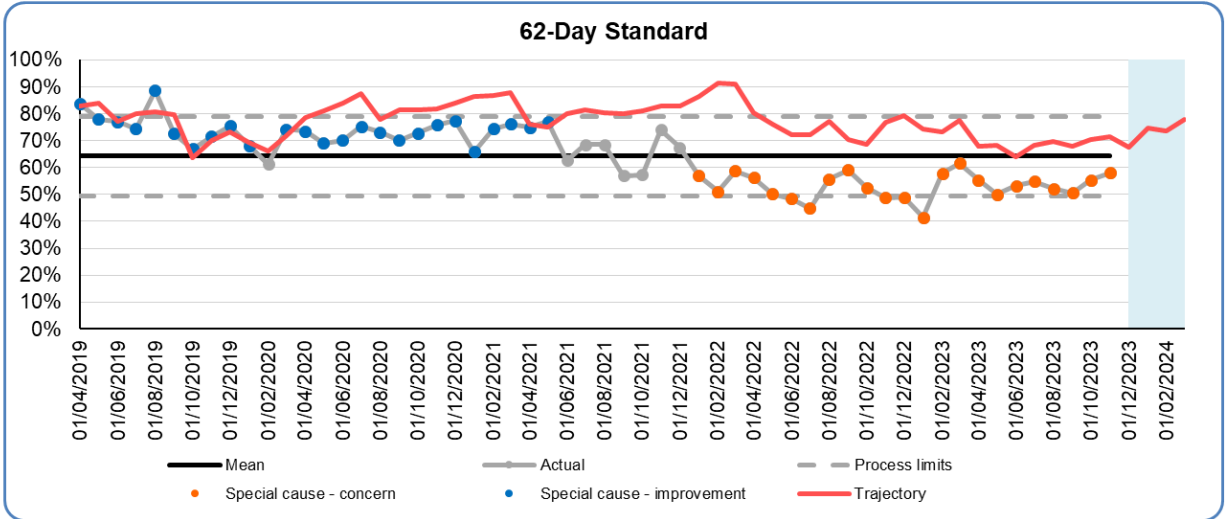
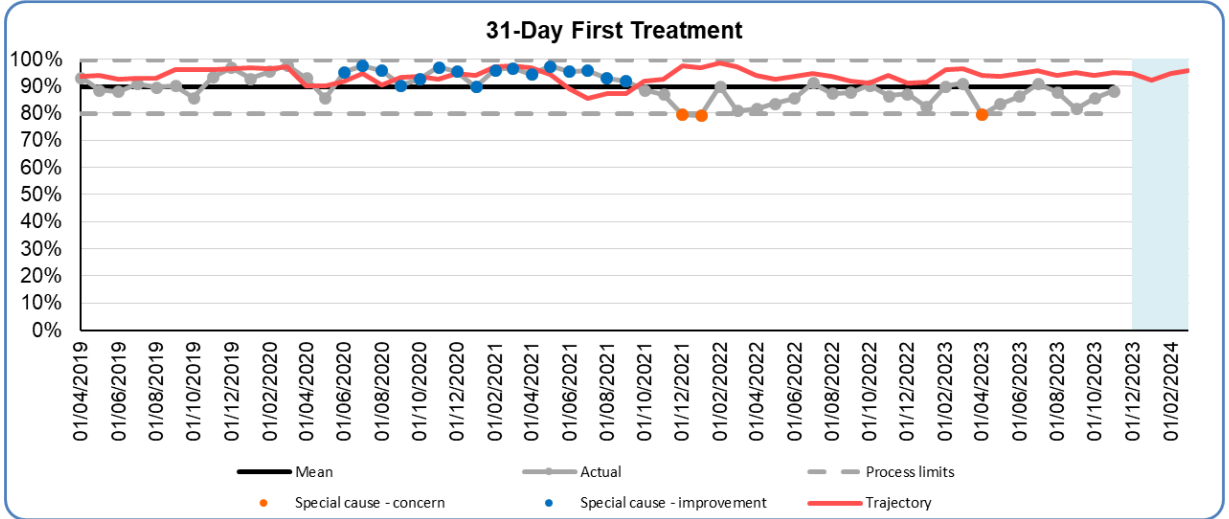
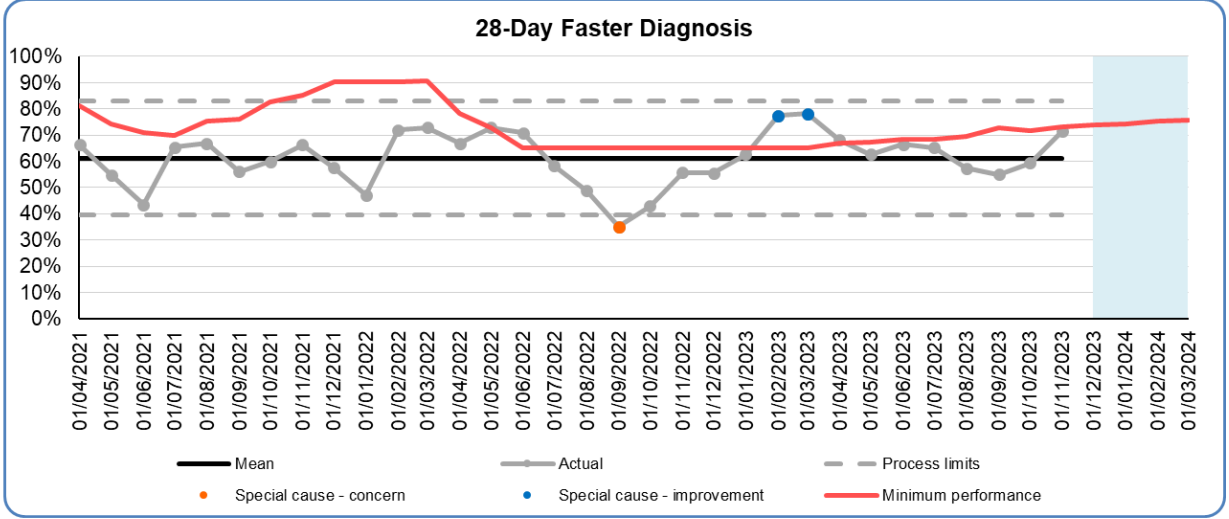
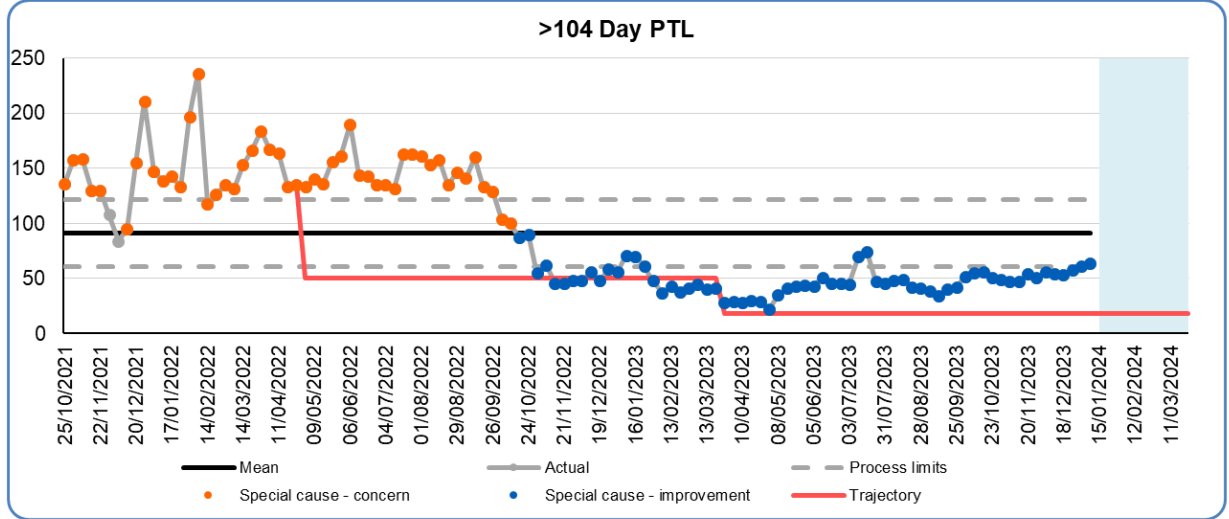
What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position.
- 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**

Perinatal Quality Surveillance Monitoring (PQSM) Tool – Nov 23 data

- This report summarises the PQSM data for November 2023.
- The NICU admission rate at term rose to 5.5% against a national target of 5.0%. The quarterly report will be discussed in the February 2024 Quality Committee.
- There were 2 new MNSI cases accepted in November; one neonatal death and one baby that was cooled and went on to have normal MRI.
- The midwifery vacancy rate has dropped to 6.14%. The risk register entry has been rescored to reflect this.
- 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).

Activity	North Bristol NHS Trust				TREND	Activity	North Bristol NHS Trust				TREND
	Sep-23	Oct-23	Nov-23				Sep-23	Oct-23	Nov-23		
Activity						Workforce					
Number of women who gave birth, all gestations from 22+0 gestation	425	479	473		Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83			
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	1	4	2		Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	1	1	3			
Number of women who gave birth (>=24 weeks or <24 weeks live)	424	478	470		Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2			
Number of babies born (>=24 weeks or <24 weeks live)	435	484	476		Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	0			
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	36	44	36		Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1			
No of livebirths <24 weeks gestation	1	0	0		Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0	0				
Induction of Labour rate %	28.5%	34.3%	30.2%		Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	16.87%	11%	8%			
Spontaneous vaginal birth rate %	42.7%	45.8%	44.9%		Vacancy rate for midwives	11.91%	7.88%	6.14%			
Assisted vaginal birth rate %	10.4%	10.9%	11.7%		Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)		45%	40%			
Caesarean Birth rate (overall) %	46.9%	42.9%	43.2%		Vacancy rate for NICU nurses	24	12	16			
Planned Caesarean birth rate %	21.5%	21.8%	21.1%		Datix related to workforce (service provision/staffing)	4	7	3			
Emergency Caesarean Birth rate %	24.3%	21.1%	22.1%		Consultant led MDT ward rounds on CDS (Day to Night)	73%	65%	67%			
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3.80%	5.20%	5.50%		Consultant led MDT ward rounds on CDS (Day)	100%	94%	67%			
Perinatal Morbidity and Mortality inborn					One to one care in labour (as a percentage)	98%	98%	99%			
Total number of perinatal deaths (excluding late fetal losses)	3	2	2		Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%			
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	0	1	2		Number of times maternity unit attempted to divert or on divert		1				
Number of stillbirths (>=24 weeks excl. TOP)	1	1	1		in-utero transfers						
Number of neonatal deaths : 0-6 Days	0	0	1		in-utero transfers accepted						
Number of neonatal deaths : 7-28 Days	1	0	0		in-utero transfers declined		0				
PMRT grading C or D cases (themes in report)	1	1	0		ex-utero transfers						
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0		ex-utero transfers accepted						
Maternal Morbidity and Mortality					ex-utero transfers declined		24				
Number of maternal deaths (MBRRACE)	0	0	0		NICU babies transferred to another unit due to capacity/staffing		3	2			
Direct	0	0	0		Number of consultant non-attendance to 'must attend' clinical situations	0	0	0			
Indirect	0	0	0		Involvement						
Number of women receiving enhanced care on CDS	15				Service User feedback: Number of Compliments (formal)	37	38	35			
Number of women who received level 3 care (ITU)	0	0	0		Service User feedback: Number of Complaints (formal)	4	1	7			
Insight					Friends and Family Test Score % (good/very good) NICU	88	63	100			
Number of datix incidents graded as moderate or above (total)	0	0	3		Friends and Family Test Score % (good/very good) Maternity	85	81	86			
Datix incident moderate harm (not SI, excludes HSIB)	0	0	1		Staff feedback from frontline champions and walk-about (number of themes)	4	0	5			
Datix incident PSII (excludes HSIB)	0	0	0		Improvement						
New HSIB referrals accepted	0	0	2		Progress in achievement of CNST /10	7	7	7			
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		Trust Level Risks	6	6	7			
Coroner Reg 28 made directly to Trust	0	0	0								

Pressure Injuries

What does the data tell us?

In December there was a slight increase in the number of grade 2 pressure ulcers. There were 12 grade 2 pressure ulcers, with three being attributable to medical devices.

There was one grade 3 pressure ulcer that was attributed to 9b that was reported externally following a deterioration of grade 2 whilst an inpatient.

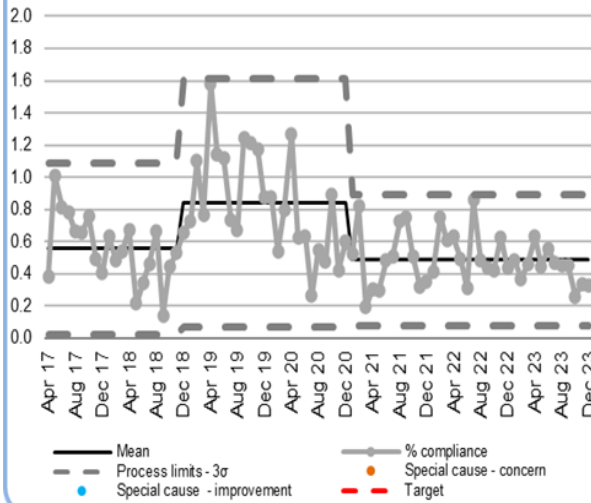
There was an increase in DTI incidents from the previous month to 22 DTI's, The targets for PU reduction in 2023/2024:

- 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.

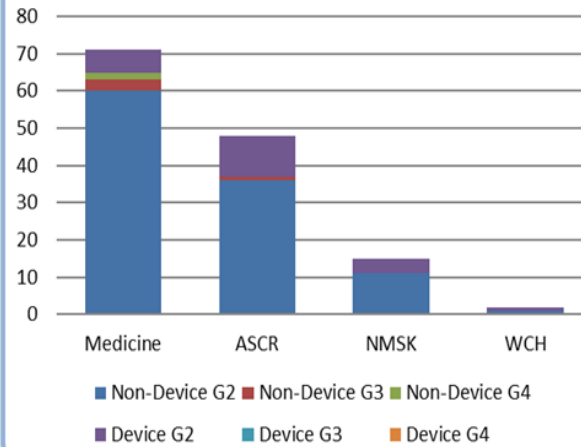
What actions are being taken to improve?

- TVN and Patient Safety worked collaboratively to propose a new framework for investigating pressure ulcer incidents at NBT. This was presented at the Patient Safety Group and discussed at the Pressure Ulcer Steering Group. This proposal is responsive to new and emerging trends for investigation, whilst working on established themes being
- The TVN strategy on a page was updated to version 2, with the revised strategic objectives of the TV team at NBT following implementation and delivery of several key projects late 2023 and acknowledging emerging themes. This was reviewed at the Pressure Ulcer Steering Group for agreement.
- The TVN senior team have been working with different admission streams and emergency department to understand the challenges in implementing Purpose-T within 6 hours interaction with a clinician. This has resulted in a supportive working relationship and adaption of the SHINE admission document.
- Following the launch of Purpose-T pressure ulcer prevention risk assessment, feedback was sought at the pressure ulcer steering group. The implementation has been successful with only a few tweaks to the form in the EPR system. The old Pressure Ulcer assessment will be retired 8th January 2024.
- In response to the PU heel damage theme a trail of the Repose wedge will commence early January 2024 on 9b.
- The TVN team continue to provide a supportive, educational and responsive service across NBT and seek to work in collaboration with the clinical teams.

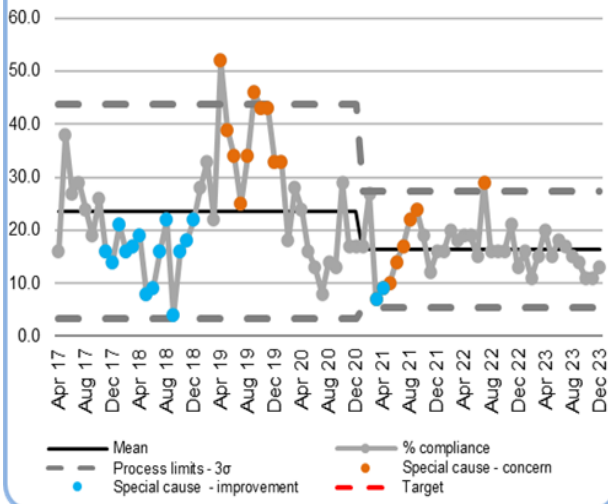
Total Pressure Injuries per 1000 Bed Days



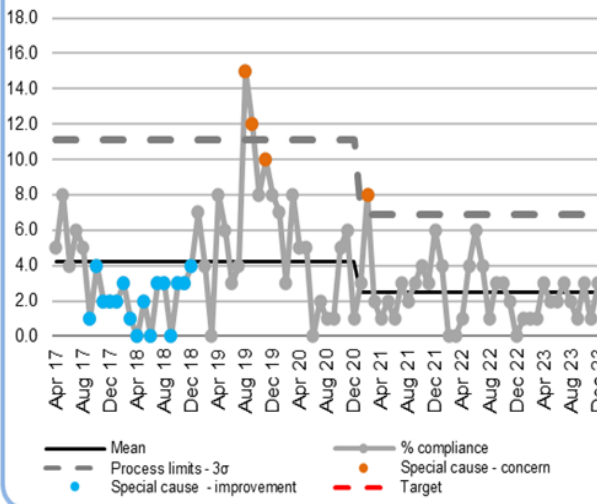
Pressure Injuries Year to Date 2023/24



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Numbers of cases have been stable with POCT testing in acted for both Organisms .Virology epidemiological data is pointing towards a predicted influenza peak in late Jan 24

Winter D+V (Norovirus) -Late December saw a rapid increase of confirmed and symptomatic cases this resulted in closed beds and is a pattern that has been seen both regionally and nationally .

MRSA – 4 cases this year , this has promoted a review of vascular device selection and work around implementation of midlines as well as review of PICC service.

C. Difficile – Cases have further reduced to below trajectory . The team are starting a PIRSF approach to investigation and education in place from themes and trends

MSSA – Cases have continued to rise despite continue review and thematic analyses. Themes and trends are acted on swiftly with work on going to make reductions . This work has focused on education , communication of reduction plans from DRIPP (Device Related Infection Prevention Practices) and IPC team working alongside vascular access team to review cases and enact recommendations with correct device selection for patients and reinvigorating this programme and roll out along with vascular access passports.

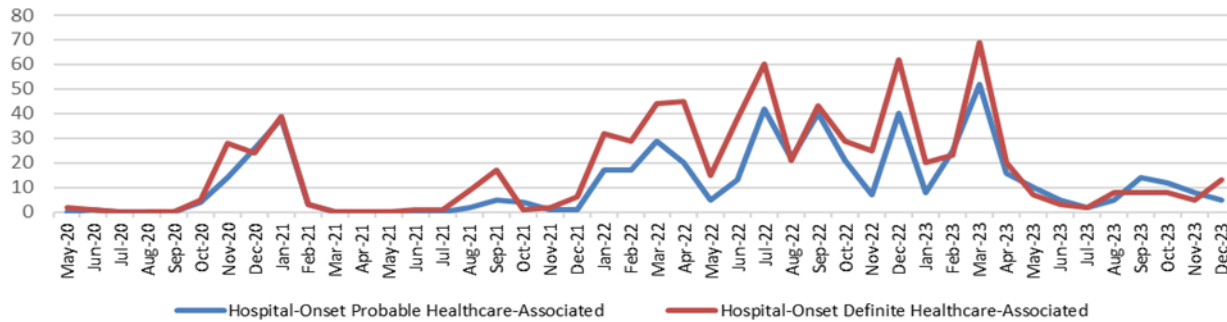
NHSE independent review of NBT management of MSSA to follow.

Gram negative – E Coli cases have increased to higher-than-expected numbers , whilst still under trajectory. Continece group have been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management

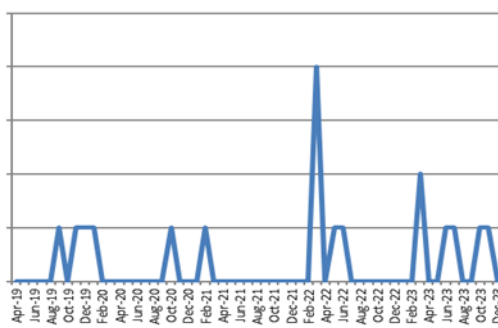
What actions are being taken to improve?

- IPC 7-day working has been key to maintain flow and continual assessment of pts and risk management
- QI project to work with Admission units and triage advise to correctly place pts , avoiding issues in multi occupancy areas such as 10a , Elgar
- Supporting new AMT unit - increasing patient flow
- Working with Regional / national improvement targeting MSSA / MRSA reduction
- Vascular access focus through DRIPP work and re looking at device selection and policy
- Winter education to teams with IPC national manual role out and new NBT IPC policy

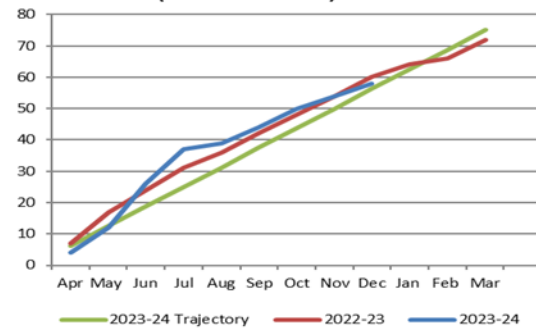
COVID-19 Onset Category by Positive Test Date



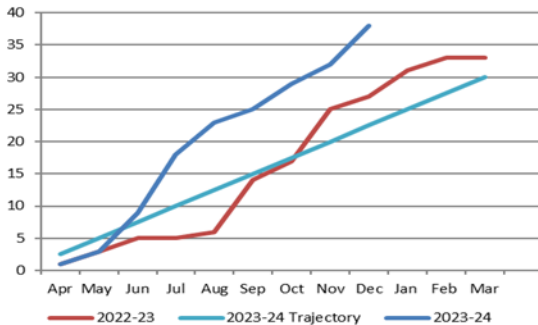
MRSA Cases - Trust Attributable



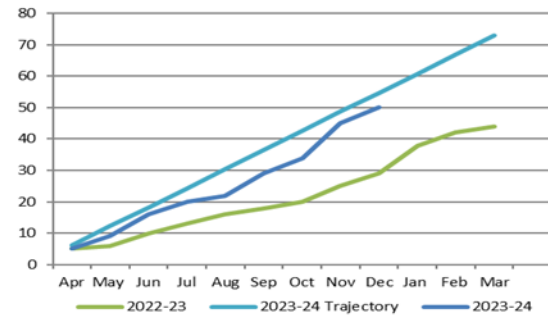
C.Difficile Cases - Trust Attributable (Cumulative Cases)

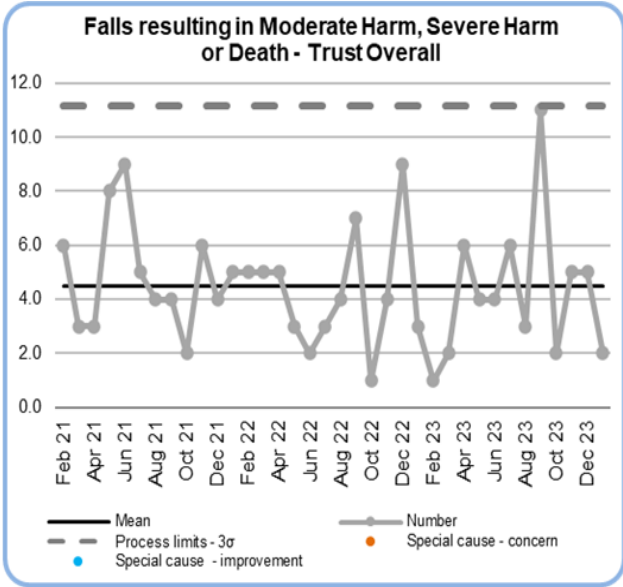
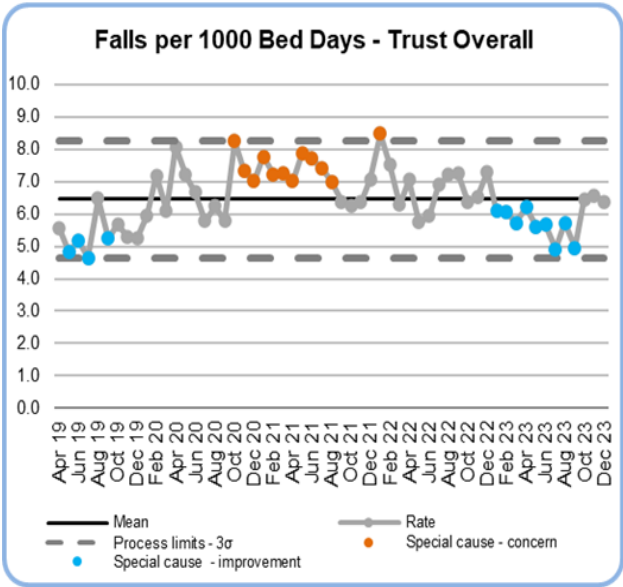


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 6.38 falls incidents per 1000 bed days in December which is slightly below the average of 6.46.

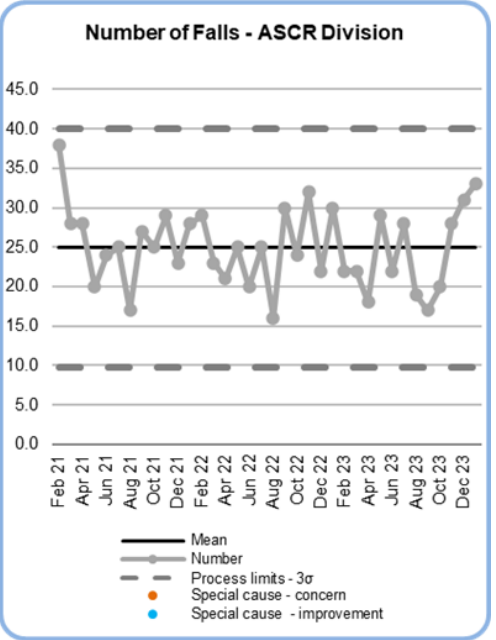
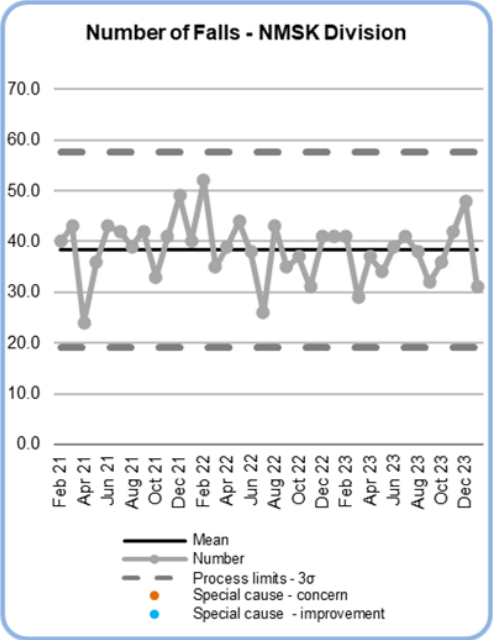
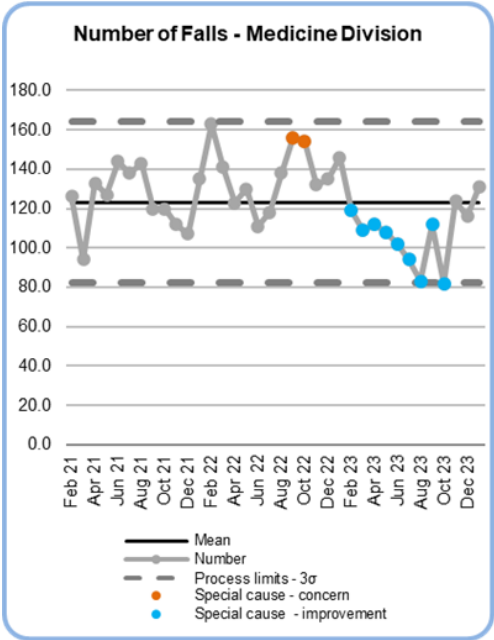
Falls review

There were 195 falls reported in December. 1 is allocated as moderate harm as it resulted in a fractured femur that required surgery. In one incident the person was found on the floor deceased. This case remains under review.

Multiple falls accounted for 48% of the total falls. This is a steep increase from previous months but shares a similar pattern of 42% in December 2022. The average for 2023 is 28%.

Nearly 2 thirds of the multiple falls were unwitnessed and 46% of reported multiple falls incidents had an element of cognitive impairment or confusion.

Medicine and ASCR reported higher than average falls whilst NMSK reported lower falls rates this month.



What actions are being taken to improve?

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP).

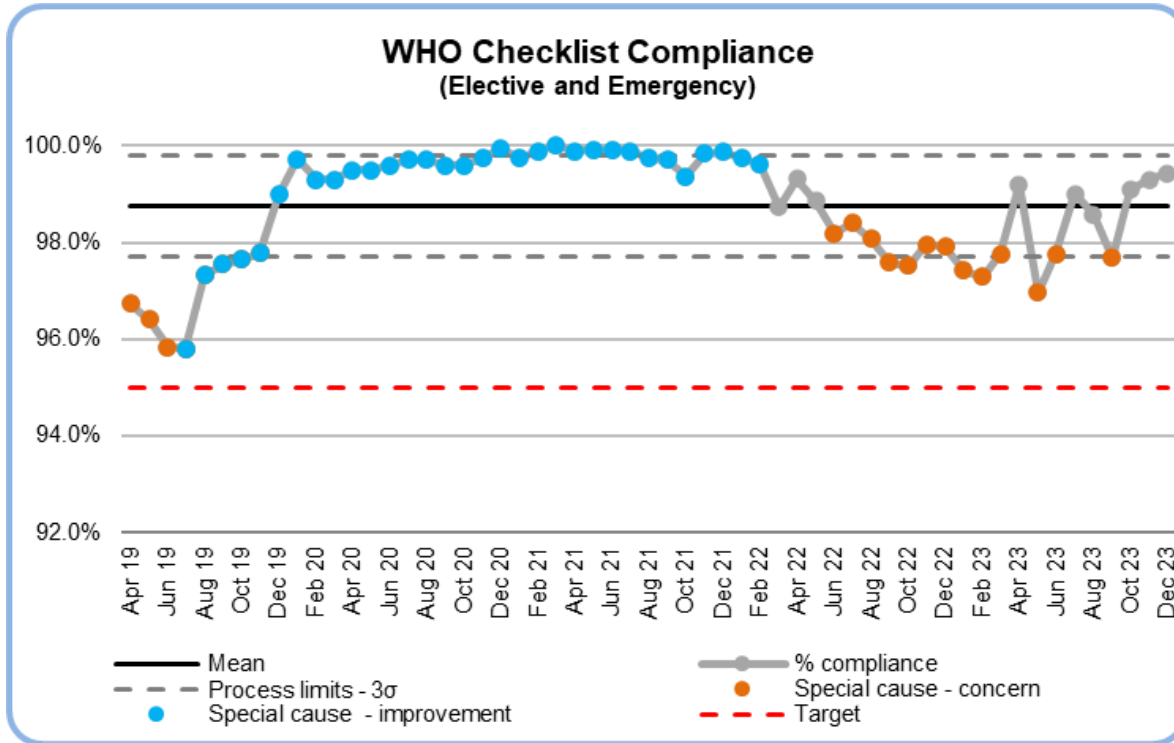
Medicine, NMSK and ASCR divisions have quality focus meetings to reflect and share learning following falls. These are now attended by the Falls prevention and management team to support shared approaches and cohesive learning.

The newly revised post falls action document has been approved at document review group and will be implemented into practice shortly.

The existing eLearning package has been reviewed and work is now underway to update the training in line with latest national guidelines and evidence base.

Development of a Falls and dementia dashboard is underway to support insights into falls rates within specific high risk patient groups such as advanced age and dementia.

The Falls prevention team will be working with the Patient First team in the coming months on targeted improvement works.



WHO Checklist Compliance

What does the data tell us?

In December, WHO checklist compliance reported at 99.43%. 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 December 2023, NBT had a rate of 5.9 medication incidents per 1000 bed days. This markedly below the 6-month average of 7.0 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents - during December 2023, c 8.3 % of all medication incidents are reported to have caused a degree of harm. This is significantly below the 6-month average of 10.5 %. Breakdown of the 'harm' incidents seen in October is as follows; Low harm – 14, Moderate Harm – 1, Severe Harm/Death – 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.

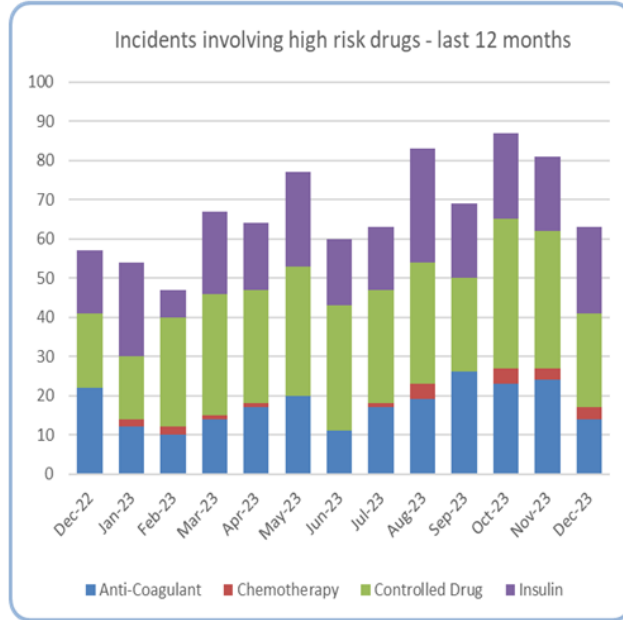
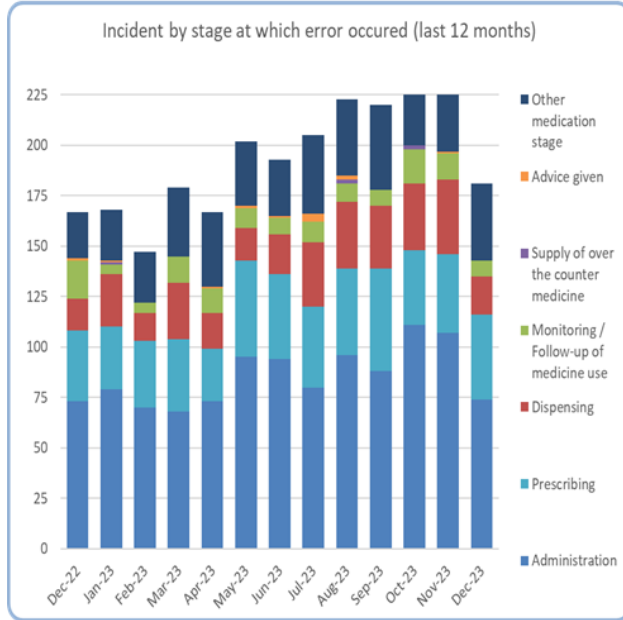
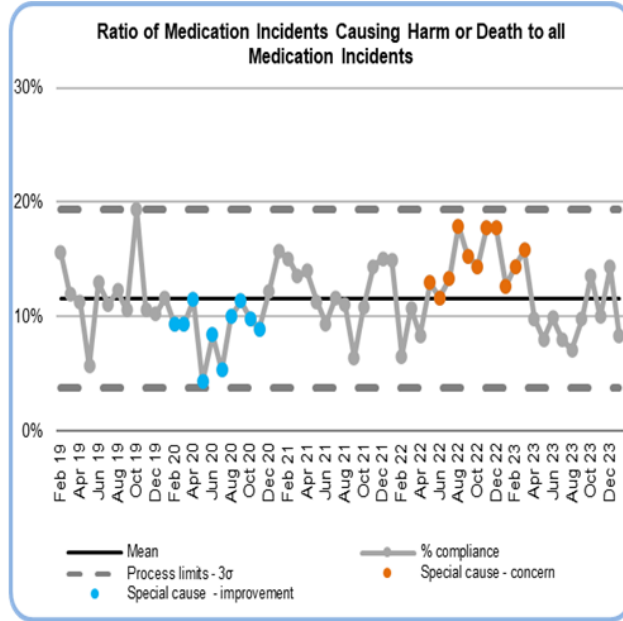
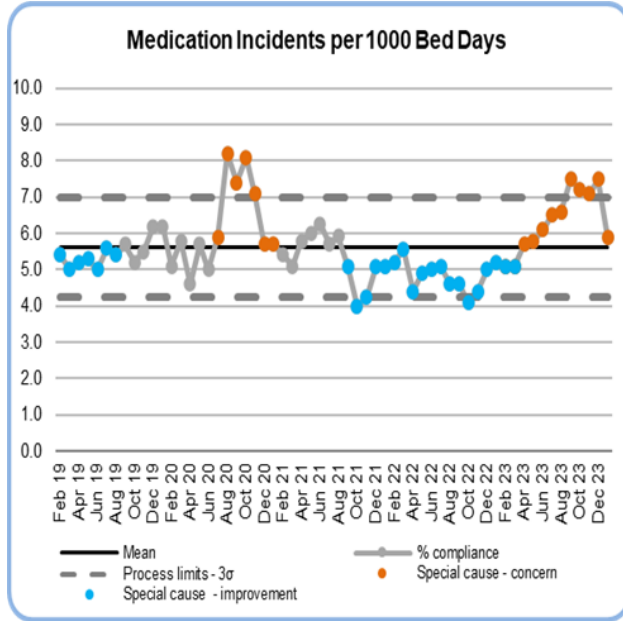
High Risk Medicines - during December 2023, c.35% of all medication incidents involved a high-risk medicine which is roughly in keeping with the 6-month average of 34%.

Comment on Overall Picture - this month there has been a marked drop in the number of medication incidents reported – with a total number of 181 in December compared to 232 in November. It is feasible that this is due to disruption caused by Christmas and perhaps the industrial action also affecting this period – the Medicines Governance Team will meet with the Patient Safety Team to discuss whether this picture of reduced reporting is mirrored in other areas to better understand the cause of this change.

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 23 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. 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**

Patient & Carer Experience – Strategy Delivery Overview

January 2024

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. Due to Badgernet changeover in maternity there is limited data in December. FFT was switched back on at the end of December and backdated runs were made to collect feedback from women seen earlier in December. 'Patient Conversations' continue. In December there were 5 visits across WaCH, Medicine & ASCR.
	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 next AIS Steering Group meeting is scheduled for January 2024. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We have welcomed another two new Patient and Carer Partners in December. We have begun a project with Healthwatch the 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 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 60% in November to 73% in December. We continue to build on this improvement with ongoing challenges in ASCR. FFT scores have improved in ED and Outpatients, and fallen slightly for Inpatients (but within expected range) PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. Timescales for Radar implementation have slipped in year due to the complexity of workflows. Revised timescale agreed and on track for 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, exploring further recruitment with the Head of PS. The second Patient Experience Newsletter has been shared internally with staff across the Trust and on the public-facing website to raise awareness about the work being completed in the team.
	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 Conversations Update

We launched our real-time feedback approach at the start of November.

At the time of writing this report we've held conversations on 10 wards across NMSK, ASCR, NMSK and WaCH.



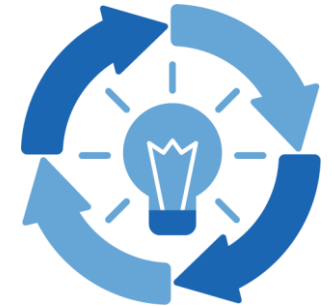
8 different staff members have been involved and 2 volunteers. Conversations have taken place with 40 patients



The vast majority of feedback is positive, particularly about staff



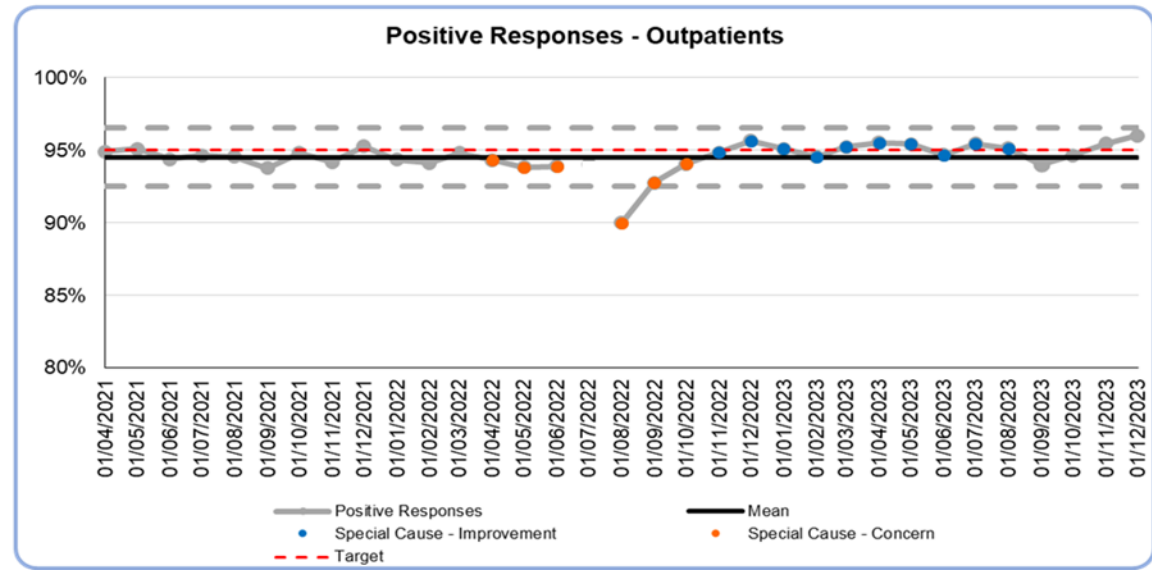
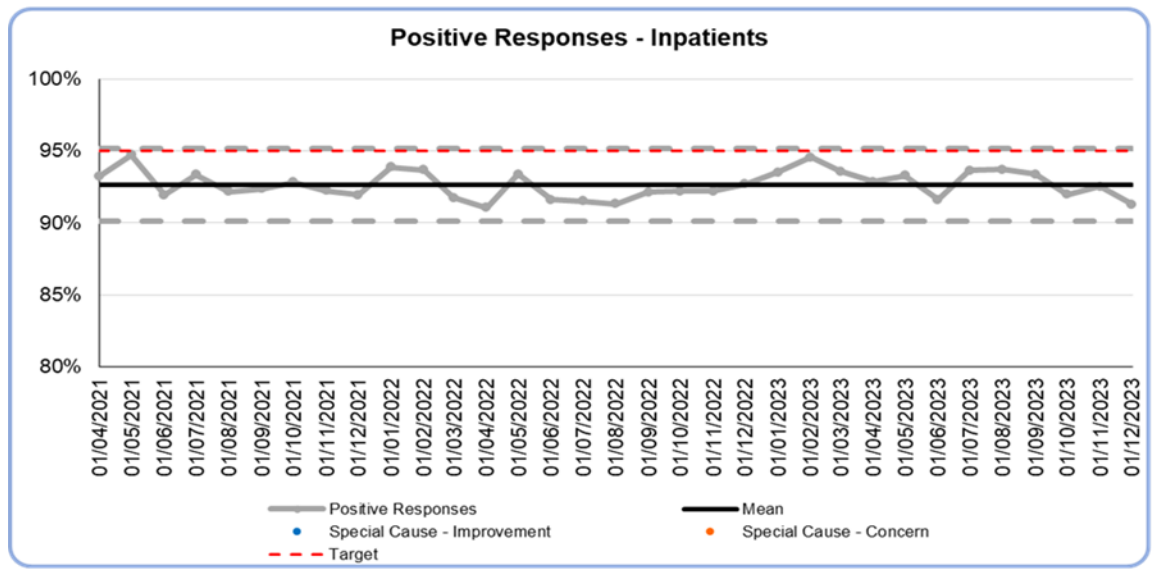
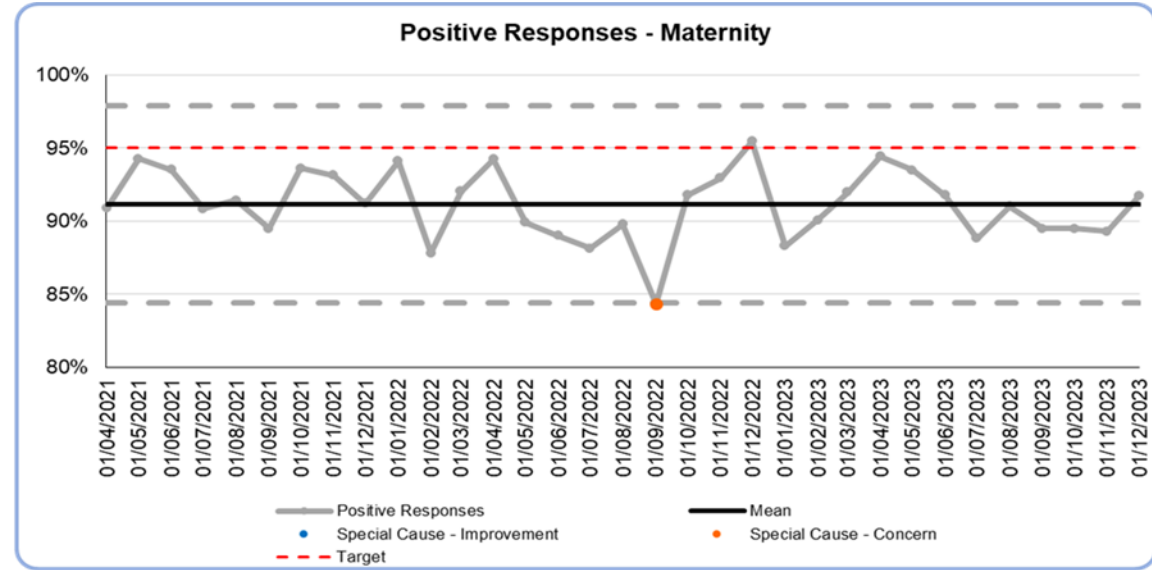
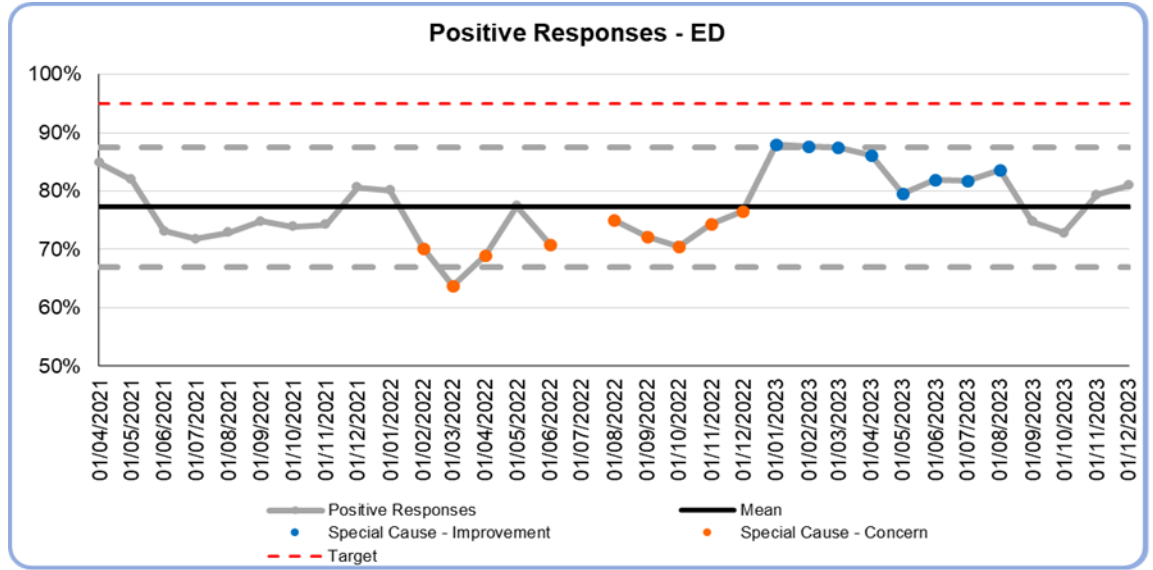
Despite this, there have been lots of opportunities to make small improvements and changes for our patients



Examples of learning and changes made:

- Patients confused about visiting rules on PPW. The website has been updated to clarify that one birth partner may stay overnight with the patient.
- On one of the large bays in Elgar, only beds on one side of the ward had TVs, and not all patients had bedside tables. Exploring possible charity funding for this.
- The patient on ward 26a had an issue with their air mattress showing faulty pressure and alarming. Feedback was shared with the ward and they sought a replacement mattress.
- A patient on 7a had concerns about their imminent discharge and how they would cope. Feedback was shared with the ward a member of staff went to speak with the patient directly and reassure them.
- An issue with a patient being sent incorrect information about the TCI date on a letter, and then receiving a call asking why they had not attended for the operation. This was investigated with the support manager for the relevant area and raised with the relevant team.
- Suggestions from patients that it would be nice to have TVs in Cotswold Ward. This is being explored by the WaCH Service User Experience Team and the Gynaecology Matron.

Patient Experience



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

Patient Experience

What does the data tell us - Trust?

- In December, 7,848 patients responded to the Friends and Family Test question. 5,633 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 14%. This is 1% lower than the previous month but above our internal target of 10%.
- 93.37% 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.

Maternity FFT data update

- Maternity FFT has remained paused for most of December due to the implementation of Badgernet.
- It was resumed from 20th December and the BI Team has arranged for FFT to be sent in arrears to those women seen in November and earlier in December, to ensure we continue to capture experiences of care, particularly during this crucial transition period to Badgernet.
- In the interim, we have continued to offer alternative means for giving feedback across all Maternity services. There have been posters advertising how people can leave their feedback using a QR code or paper forms.
- We have also had a Patient Survey Volunteer regularly attending Percy Phillips to collect feedback. The feedback collected by our Volunteer has shown that people are unsure about how long their partner can stay postnatally. The team are working with Comms to ensure that this information is added to our website, so this is clear when women are preparing for their birth.



What does the data tell us – Outpatients?

- Positive responses have increased further from 95.4% in November to 96.03% in December. The % of negative responses remains at 1.82%.
- Most of the positive feedback relates to staff and the care/treatment received. The negative feedback relates to waiting time and communication.
- This includes feedback about Cossham.



What does the data tell us - Inpatients?

- The % of inpatient positive responses has decreased slightly from 88.5% in November to 87.88% in December. The number of negative response has increased from 4.9% in November to 6%. Whilst this is a notable change, it is still within the expected statistical range.
- The response rate for inpatients was 20%, meaning 1 in 5 patients contacted chose to provide feedback, which is excellent.
- Positive themes from comments remain staff, clinical treatment and waiting time.

“Very thorough. All staff very friendly and reassuring. Even though they’re rushed off their feet they all had time to talk, explain things, etc. Very proud of all in the NHS. Thank you”

- Negative themes from comments are, communication, staff and waiting time. Many of the comments relating to communication were regarding delays and a lack of communication around these.

“Really long wait and no communication about the length of delay or why”

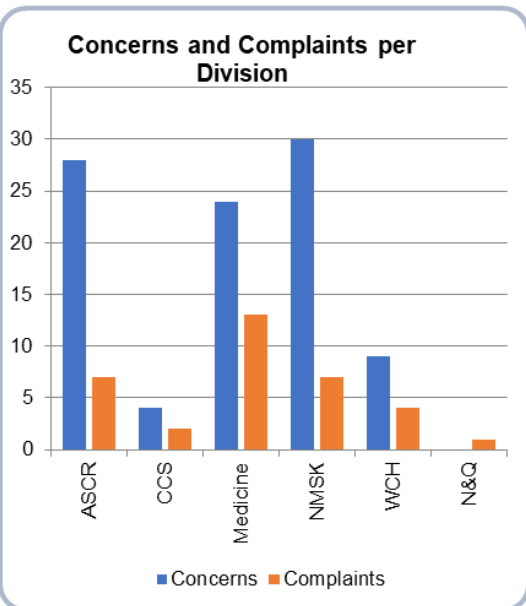
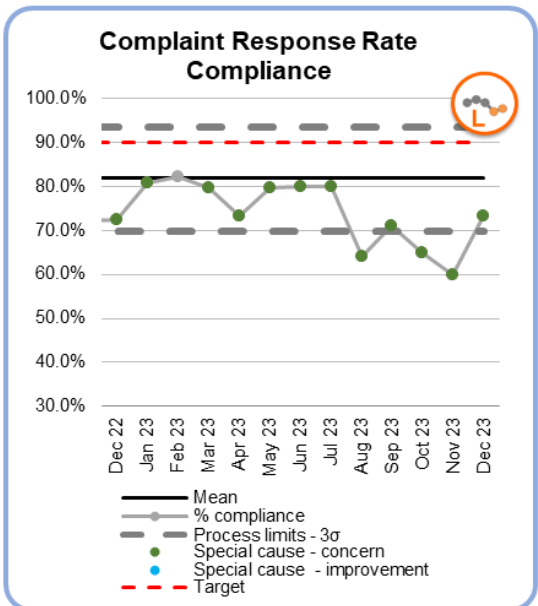
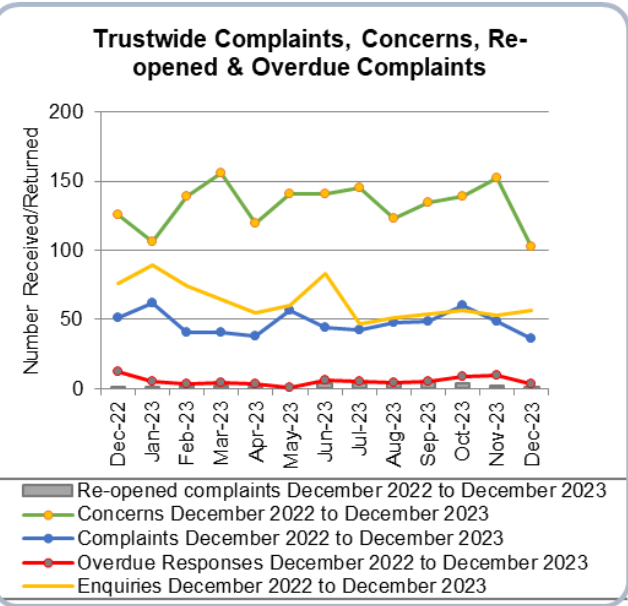
What does the data tell us - Emergency Department?

- The % of positive responses remains high at 80.94% for December. The % of negative responses has further decreased from 13.7% to 11.93%.
- The response rate for ED was 20% 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 just felt really guilty for being there as they were so busy ...They were fantastic. There was a long wait which certainly was not their fault..”

“The only thing detracting from scoring 1 was the age-old issue regarding the time it took to get through the system. Otherwise, I couldn’t fault it. Every member of staff I encountered was professional and friendly and should be congratulated on doing a great job.”

Complaints and Concerns



What does the data tell us?

In December 2023, the Trust received 36 formal complaints. This is 13 less than in November and 15 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (23). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 36 complaints, the largest proportion was received by Medicine (13).

There was only 1 re-opened complaint in December for Medicine.

The number of overdue complaints at the time of reporting has decreased from 10 in November to 3 in December. The overdue complaints are with ASCR (1), NMSK (1), Medicine (1).

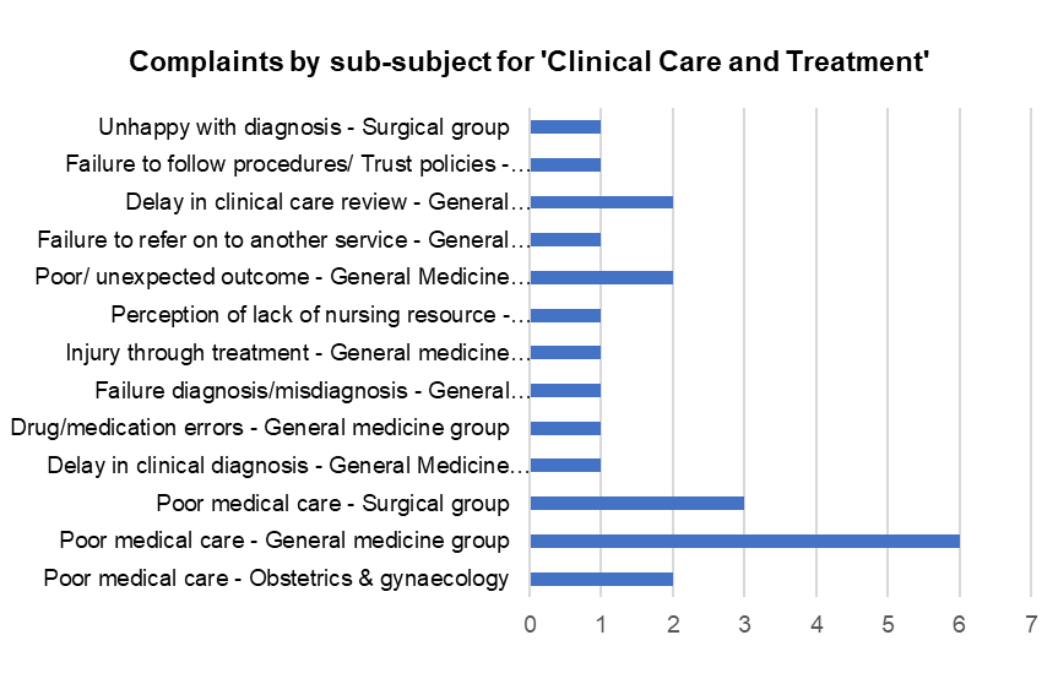
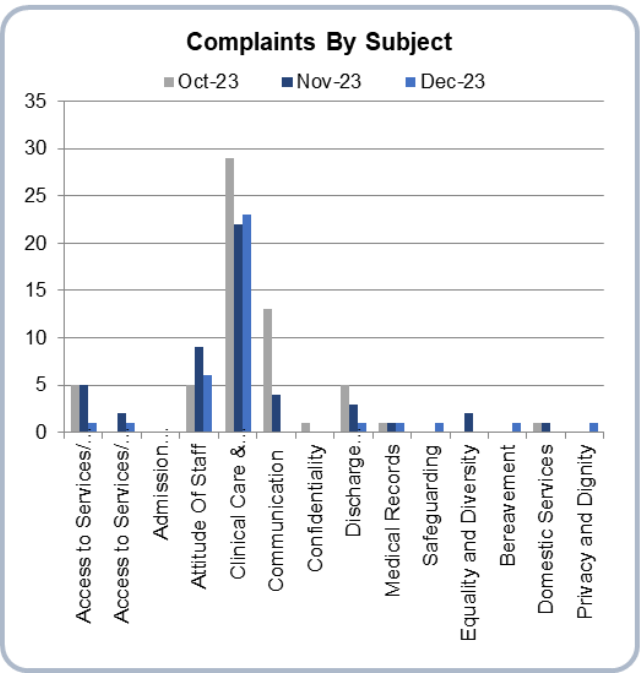
The response rate compliance for complaints has improved significantly from 60% in November to 73% in December. The most notable improvement is in WaCH. A breakdown of compliance by clinical division is below:

ASCR – 50% NMSK- 80%
 WaCH - 91% Medicine – 78% CCS – 0%

Following previous lower performance levels, improvement plans remain in place in ASCR and WaCH. It is positive to see the impact of this in WaCH. There is further work to be done in ASCR to improve performance.

The overall number of PALS concerns received decreased significantly from 152 in November to 103 in December. Activity is down on last year too (126 in December 2022).

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



Research and Development

**Board Sponsor: Chief Medical Officer
Tim Whittlestone**

Research and Development

Our Research activity

We strive to offer a broad range of research opportunities to our NBT patients and local communities whilst delivering high-quality care combined with a positive research experience.

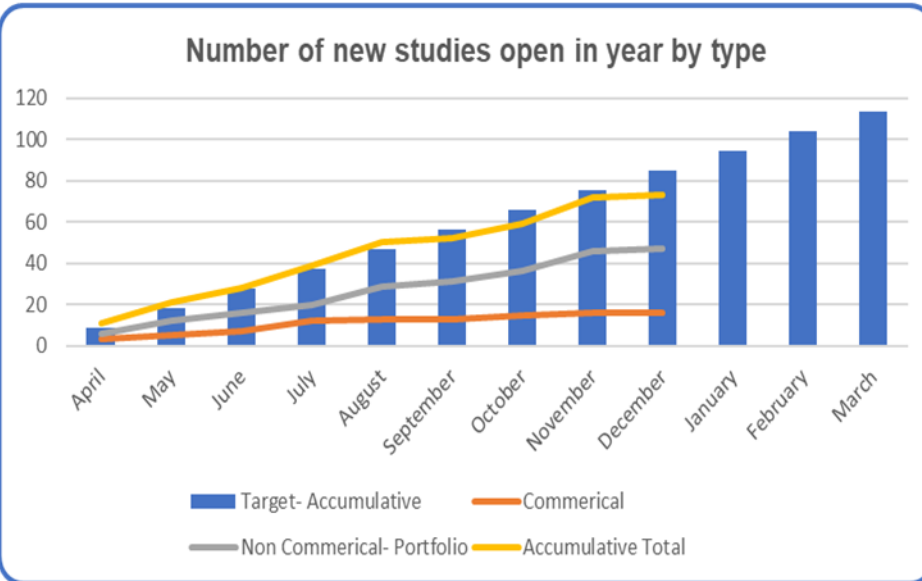
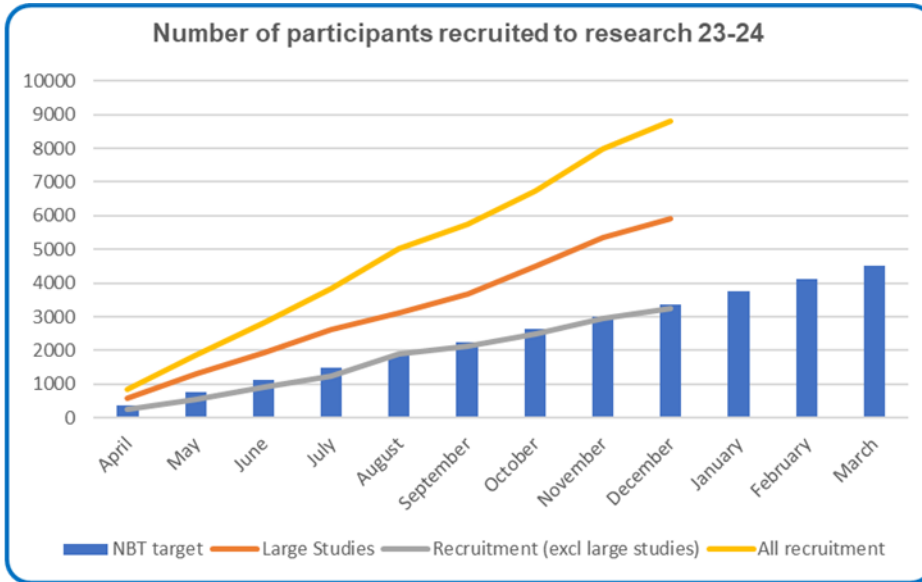
Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 8815 participants have enrolled in research. We are currently achieving 261% of our target, this performance is driven by ongoing recruitment to two large studies (AVONCAP and Prospects). When we exclude the large recruiting studies from this data then our %achieved drops to 96%. The NBT research portfolio remains strong, we have 308 studies(212 NIHR Portfolio) open to recruitment . We have opened 75 new portfolio studies year to date, as shown in graph 2. We are pleased to see steady growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research across the trust.

Our grants

The level of grant development activity across NBT remains high, with 71 research grant submissions grants, supported by R&D staff, so far this year. Congratulations to Shani Ackford, Rachel Evans and Kath Broomfield, who were recently awarded NIHR HEE ICA internships with UWE to support their clinical academic career development. Also, congratulations to Dr Pippa Bailey on her recent intent to fund for an NIHR RFPB grant, £278k, to optimize immunosuppression of older adult kidney transplant recipients and Dr David Arnold for his recent NIHR RFPB intent to fund, £398k, to investigate x-rays for detection of lung cancer in patients with pneumonia.

The active research grant portfolio at NBT has increased by £1.1m from this point last year due to both a high level of NIHR grant success in 2021 and 2022 as well as older grants, which were due to have closed by now, being extended due to Covid disruption. NBT has been awarded £1.1m Research Capability Funding for 2023/34, a 53% increase on last year's allocation. This allocation puts NBT in 9th position, out of 248 NHS Trusts in England, our first time in the top 10. This amazing achievement reflects the size of NBT's NIHR research grant portfolio; the level and quality of NIHR grants being submitted across NBT and the very high success rates.

R&D department has a focus on supporting non-medics, including nurses, midwives and allied health professionals to develop research ideas, projects and academic careers. In 2023, R&D opened a new application process for mentorship and funding for early-stage research, based on and SBAR form. This allows staff who have a great idea for a research project, but are completely new to research, to have targeted support and mentorship to take the first steps to develop their project and apply for their first research grant. Please contact ResearchGrants@nbt.nhs.uk for more information and to apply.



Workforce

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

Well Led Introduction

Vacancies

The Trust vacancy factor was 5.87% (558.11wte) in December down from 6.42% (609.36wte) in November. The greatest reduction in vacancies continues to be seen in registered nursing and midwifery with the vacancy position falling by 35.20wte from November to December, there were also improvements for additional clinical services (-17.23wte) and administrative and clerical staff (- 5.19wte).

Turnover

Rolling 12-month staff turnover decreased from 13.74% in November to 13.30% in December continuing the improvement trend since November 2022; with additional clinical services turnover falling from a highpoint of 25.06% in November 2022 to 16.77% in December 2023, and registered nursing and midwifery declining from a highpoint of 16.41% in September 2022, to 12.26% in December 2023. As the Trust has seen consistent improvement across most divisions and staff groups, the 2024/25 turnover target and longer-term turnover target of 13% by 2027/28 will be reviewed via the Retention and Staff Experience group and inform both the 2024/25 operational planning process and the next iteration of the Long-Term Workforce Plan scheduled for Mar-24.

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 4.70% in December from 4.81% in November.

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

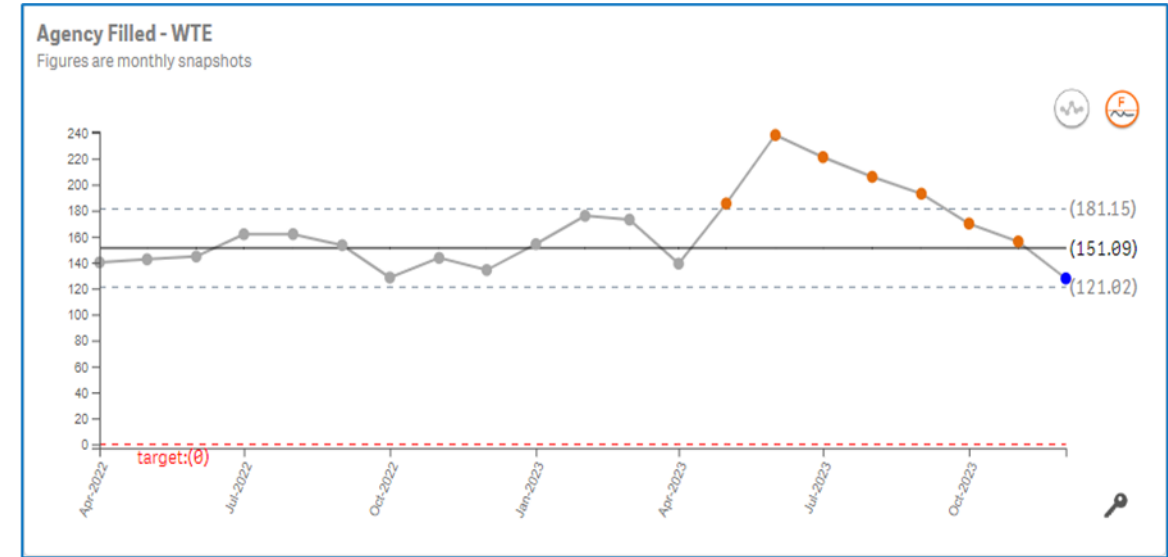
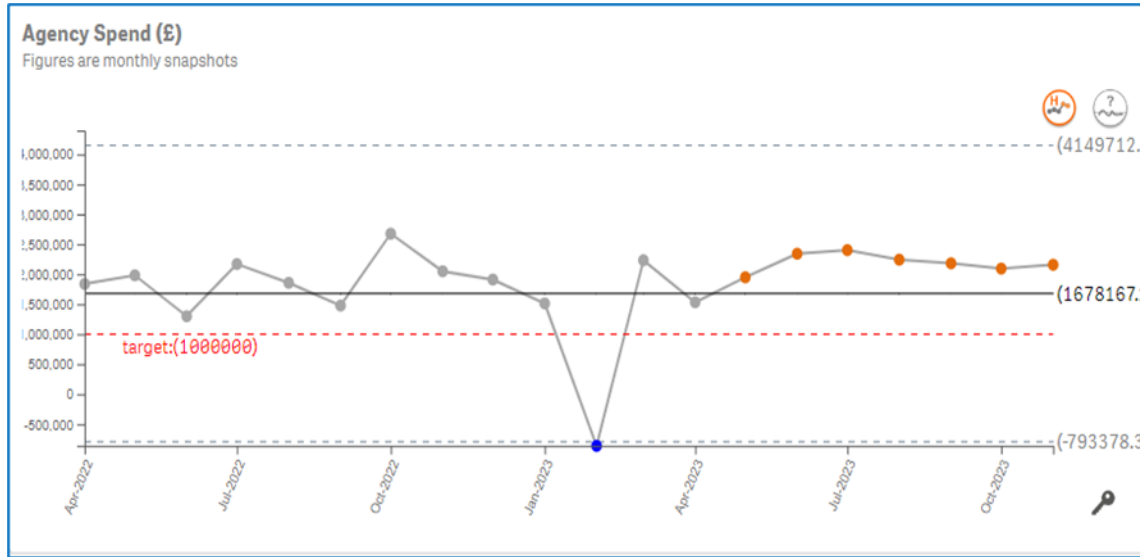
Temporary Staffing

Overall temporary staffing demand decreased by 6.74% (-62.93wte) from November to December, driven by decreased demand for registered nursing and midwifery staff (-27.60wte, -7.89%). Both agency and bank use decreased by (-17.73%,-26.82wte) and (-8.77%, 57.50wte) respectively, resulting in an increase in unfilled shifts (+15.99%, +20.07wte), from November to December. The increase in unfilled shifts was mostly seen in registered nursing and midwifery (+15.99%, +20.07wte).

wte = whole time equivalent

Theme	Action	Owner	By When
Vacancies	Recruitment Services Reconfiguration (RSR) (new programme that supersedes Faster Fairer Recruitment) extending digital forms for employment checks to medical recruitment with a go live of Jan 22nd. This will allow for a further streamlining of the recruitment service from conditional offer submitted through to start date confirmed. Current time to hire is 17 days for AfC. Medical time to hire is 23 days. Target TTH to be 16 days for all employment checks to be completed. The 'review of Trac vacancy authorisation process' is continuing and will conclude with recommendations in next submission.	Deputy Chief People Officer	Feb-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	Jan-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 to be applied February 24. 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 26.82wte overall, with a reduction of 15.57wte in registered nursing and midwifery. This position was driven predominantly by a reduction in agency use in Critical Care (ICU) Emergency/ Vascular Theatre, Elective Ortho Theatres, Urology Theatres, and Ward 34B.

Emergency Department, EEU and Ward 27B all saw significant growth in agency use for registered nursing staff.

Agency registered mental health nurse (RMN) use increased by 12.08wte from November to December, driven by increased usage in AMU and Ward 27B.

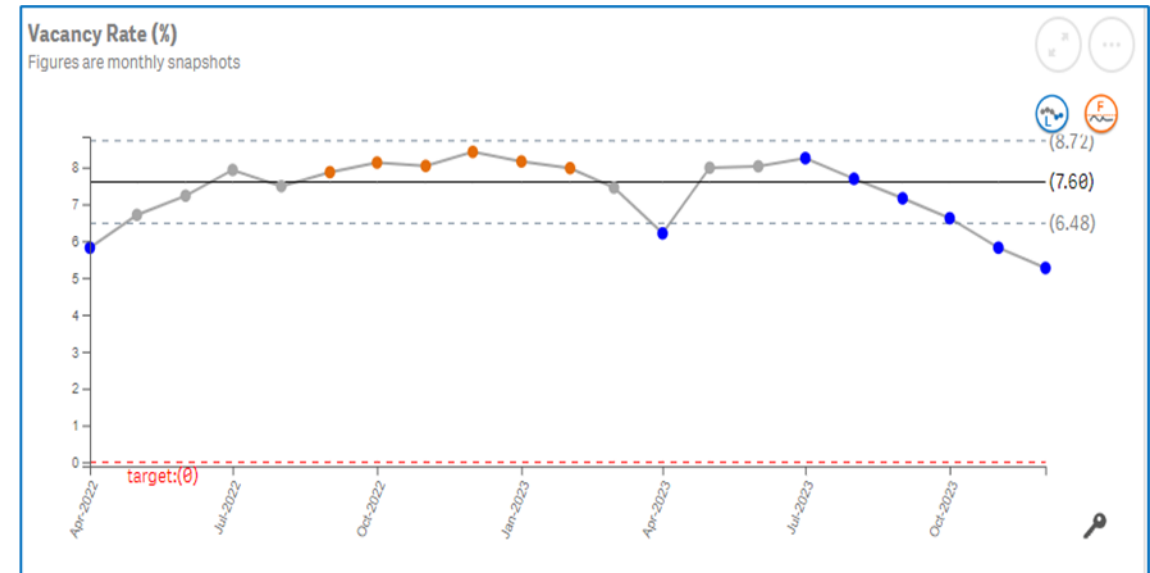
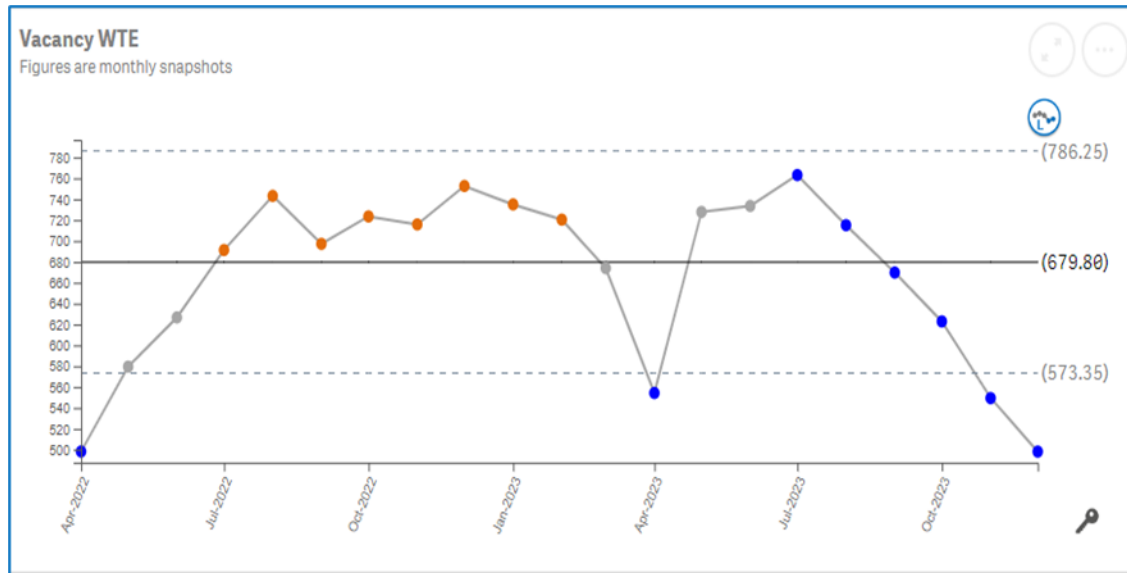
Actions

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 set up to review and refresh systems, processes and opportunities for efficiencies with the use of medical locums
4. Continued focus on high cost, high use agency inc ODPs to include rate reduction (agency) and recruitment to vacancies
5. Review and update of NBT eXtra Standard Operating Procedures (SOP) and supporting guidance

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 non-clinical agency.

Bank Optimisation: Kick off meetings scheduled in January for first two workstreams. Triangulation of the outputs from the Bank focus groups held in Nov / Dec against the Bank Staff Survey results to ensure key themes for improvement are joined up.

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

1.Offers: 9.21wte of offers for Health Care Support Worker (HCSW) roles were made in November: 2.0wte for band 2 and 7.21wte for band 3

2.Pipeline: 73.37 wte of candidates with offers being processed. Current withdrawal rates have dropped to 7% of HCSW roles suggest that 68.23wte will join over next three months (between January and March) which is lower than last year where 81.49wte joined, there are 228.85 more staff in post this year compared with last year.

Registered Nursing and Midwifery

1.Offers: 42.29wte of offers to band 5 experienced and newly qualifying nurses across the Trust

2.Pipeline: Domestic 136.24wte band 5 candidates with offers being processed. Current withdrawal rate is at 7% - this has reduced from 9% in the past 3 months .

3.Pipeline International: There are 20.00wte in the pipeline allocated to start in January which is higher than last year where 13.00wte joined. A further 20.00wte are booked to join in February

Recruitment Activity

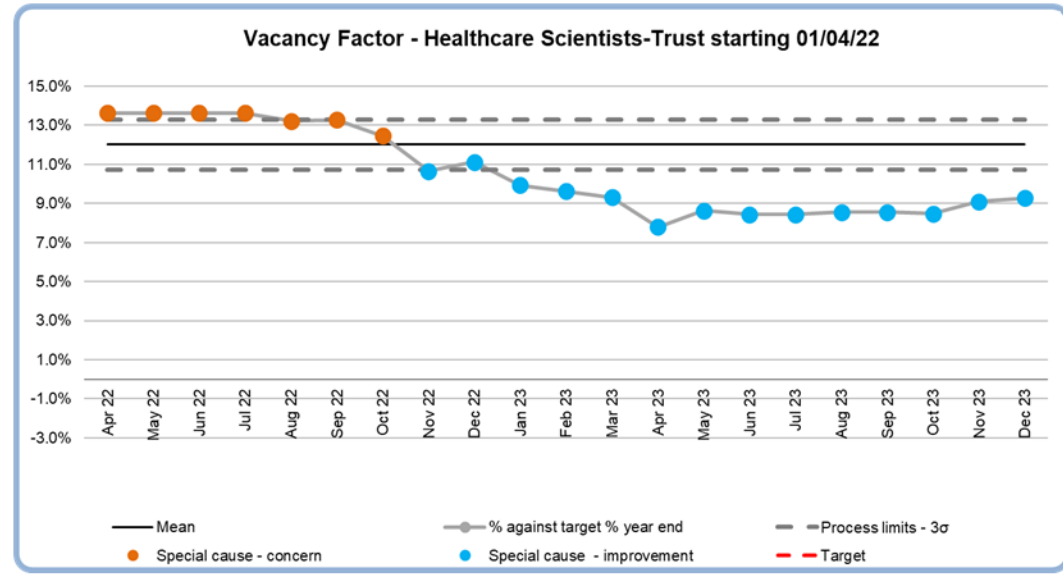
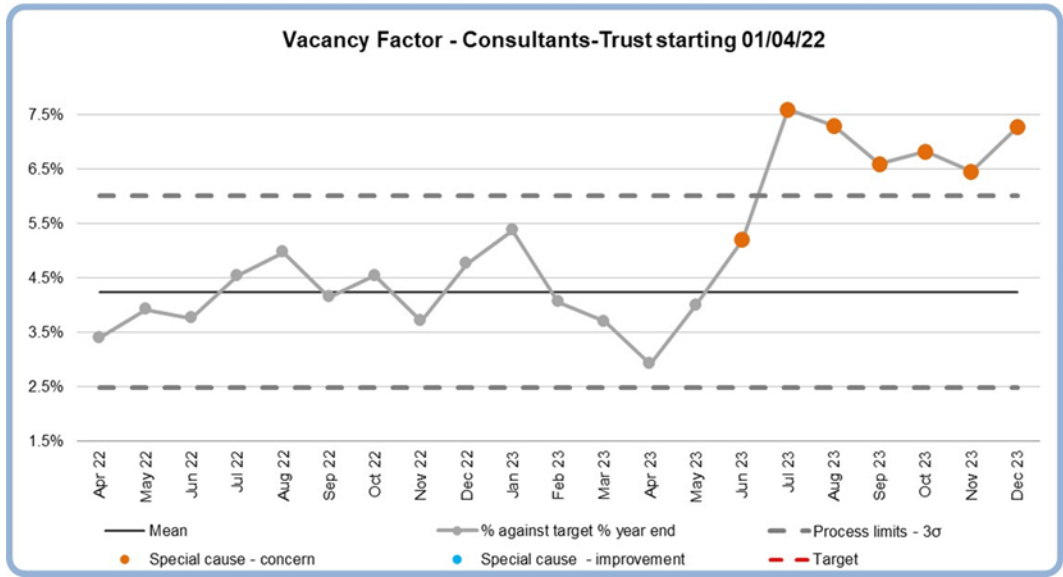
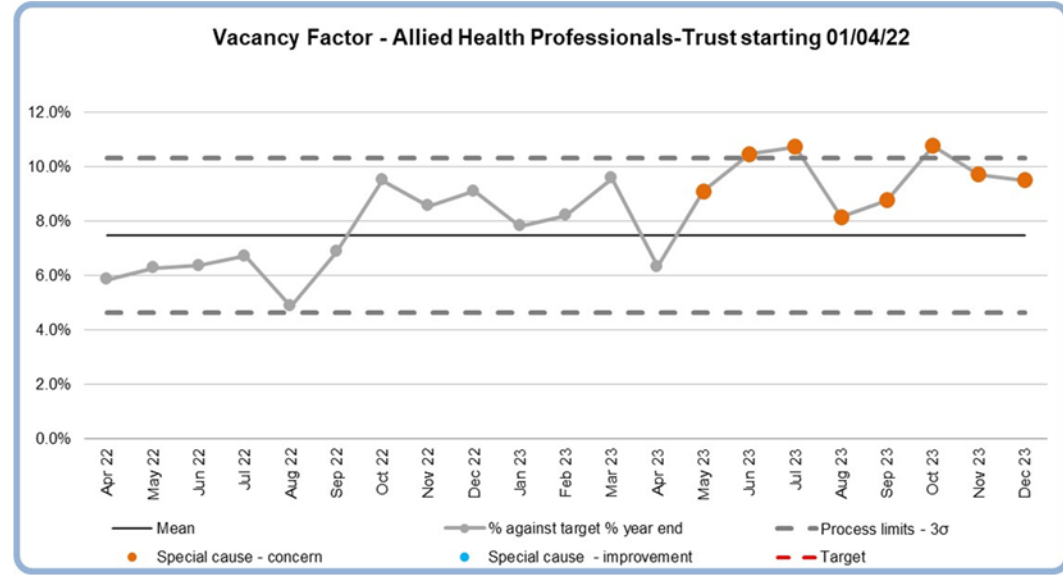
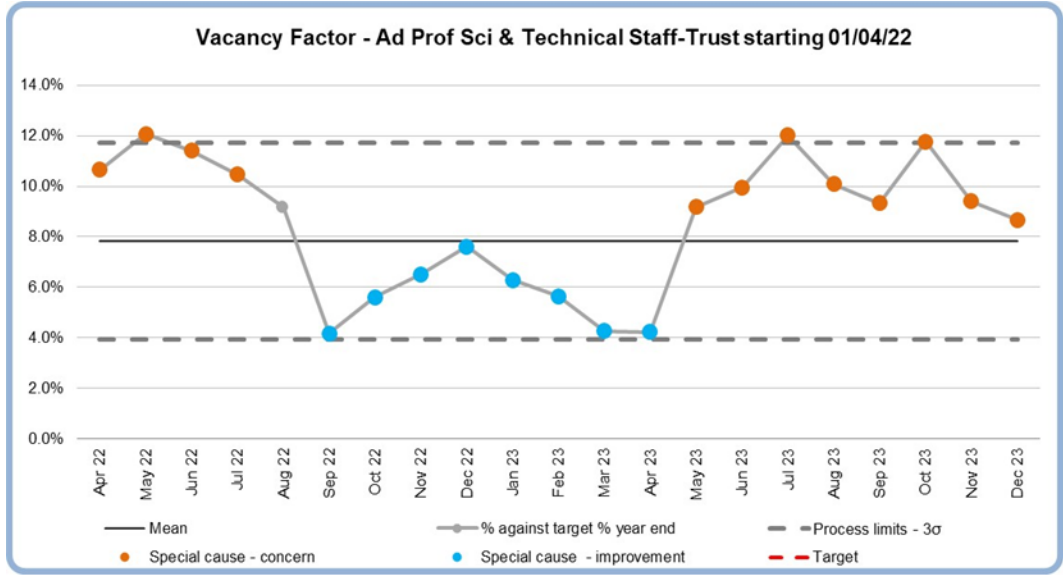
1.In December, the Trust ran in internal Virtual Nursing Open day – we had 51 attendees on the day log in and learn about our different specialties.

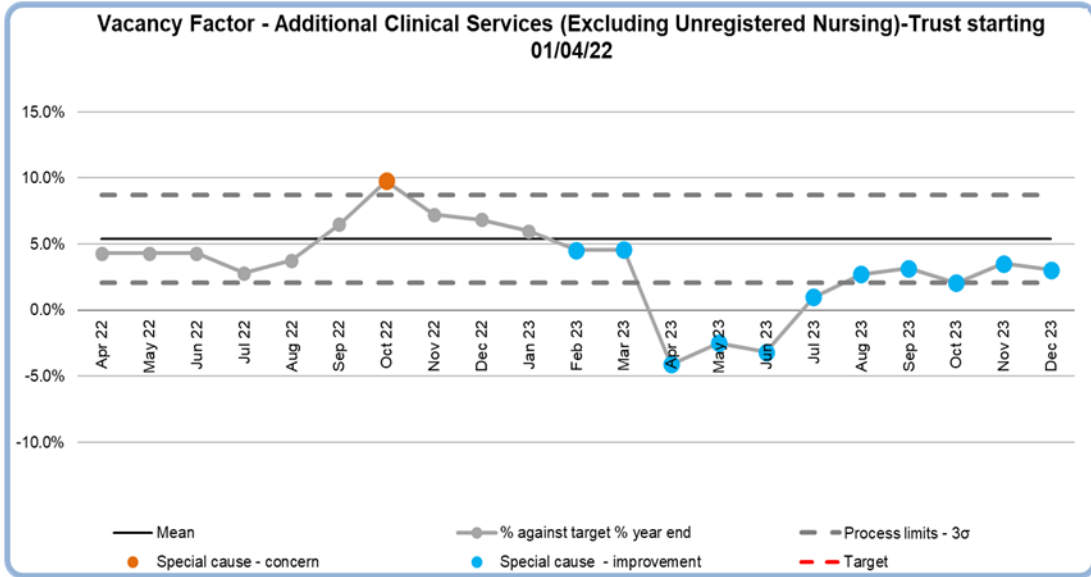
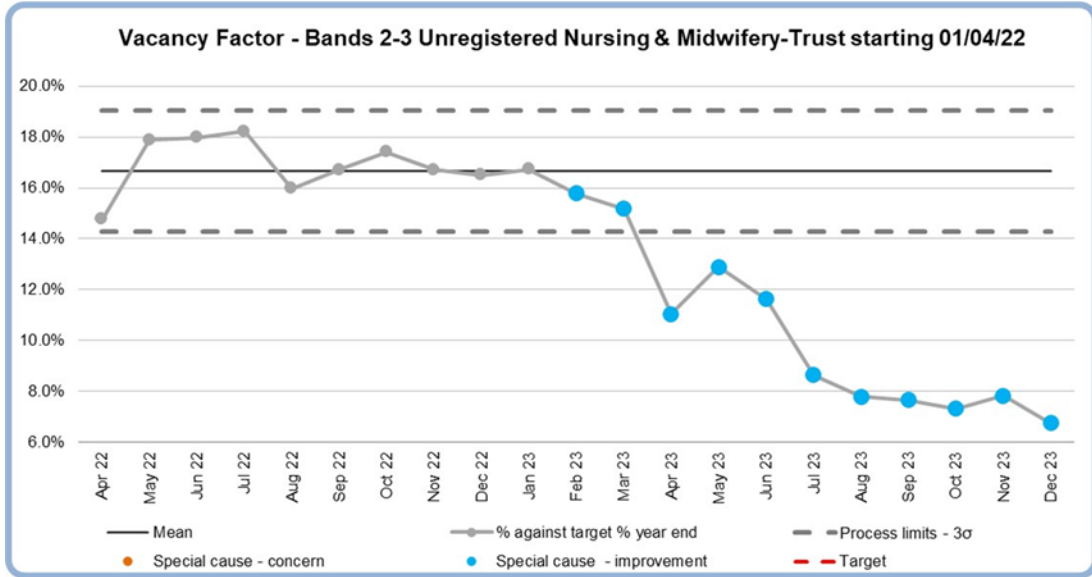
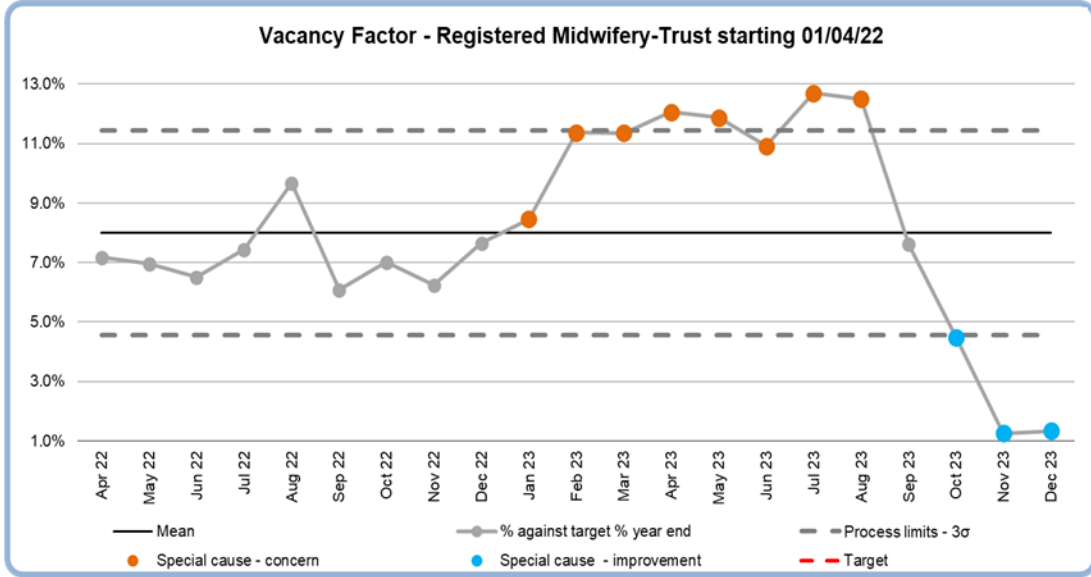
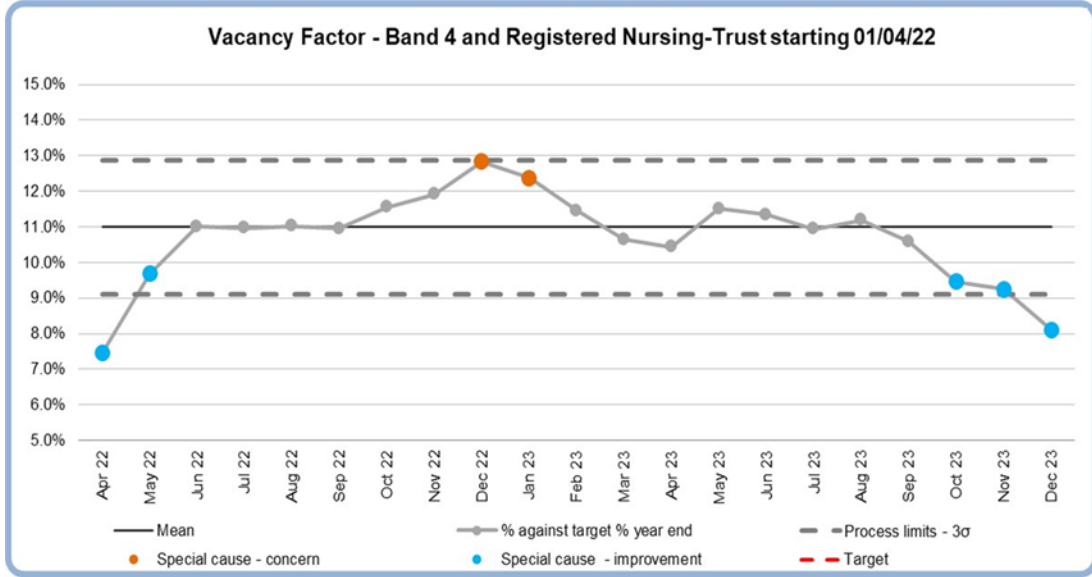
2.International Recruitment: We welcomed 28 Internationally educated Nurses to the Trust in December

Current actions being taken to mitigate withdrawal rates:

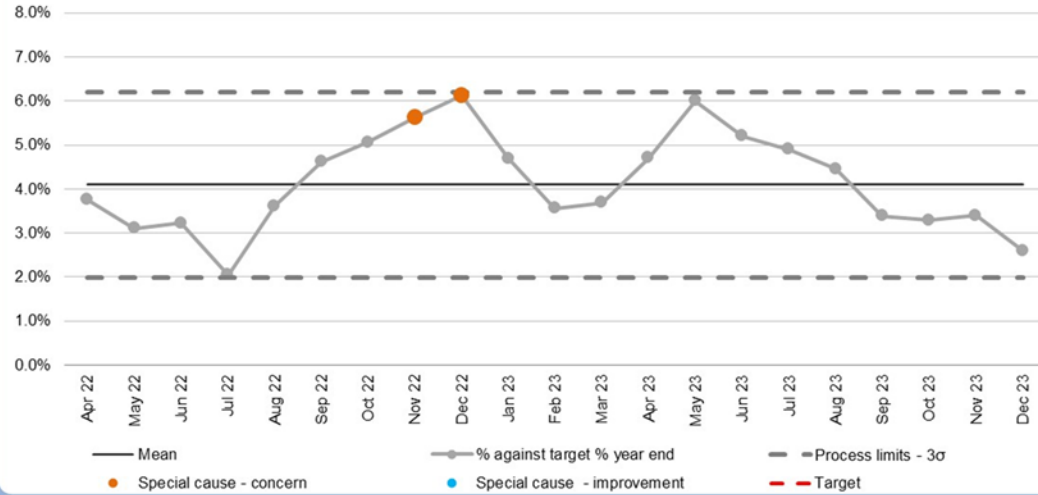
1.Midwifery incentivisation programme in place – Withdrawal rates now at 5%

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

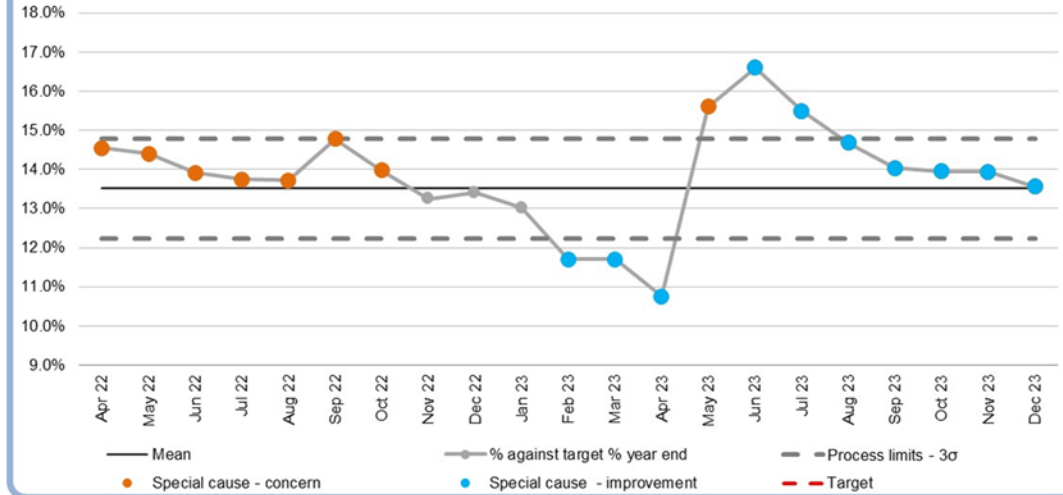




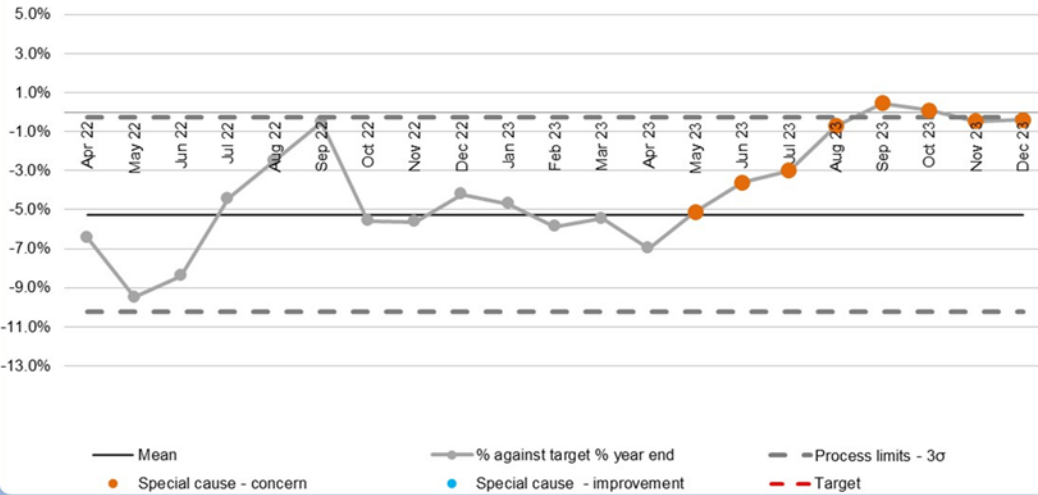
Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22



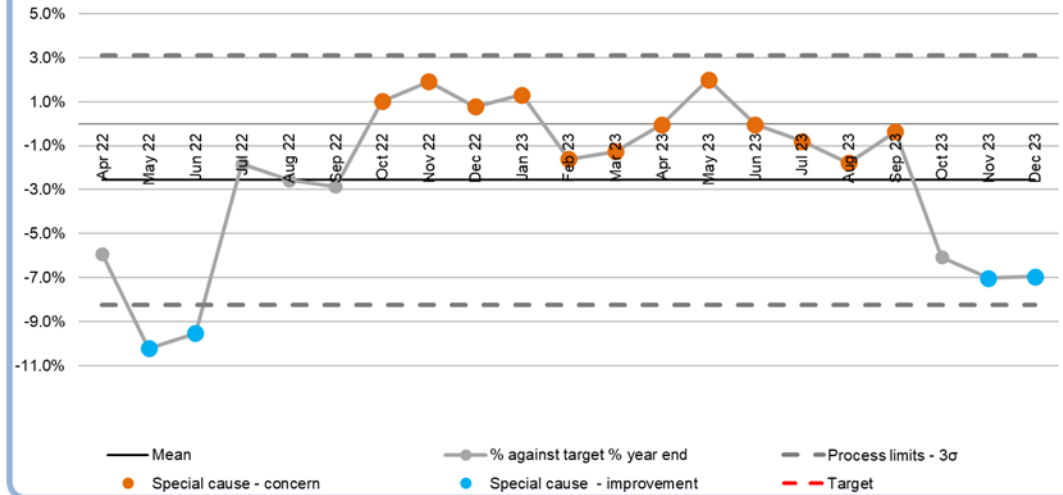
Vacancy Factor - Estates & Anciliary -Trust starting 01/04/22



Vacancy Factor - Bands 5-7 Administrative & Clerical -Trust starting 01/04/22

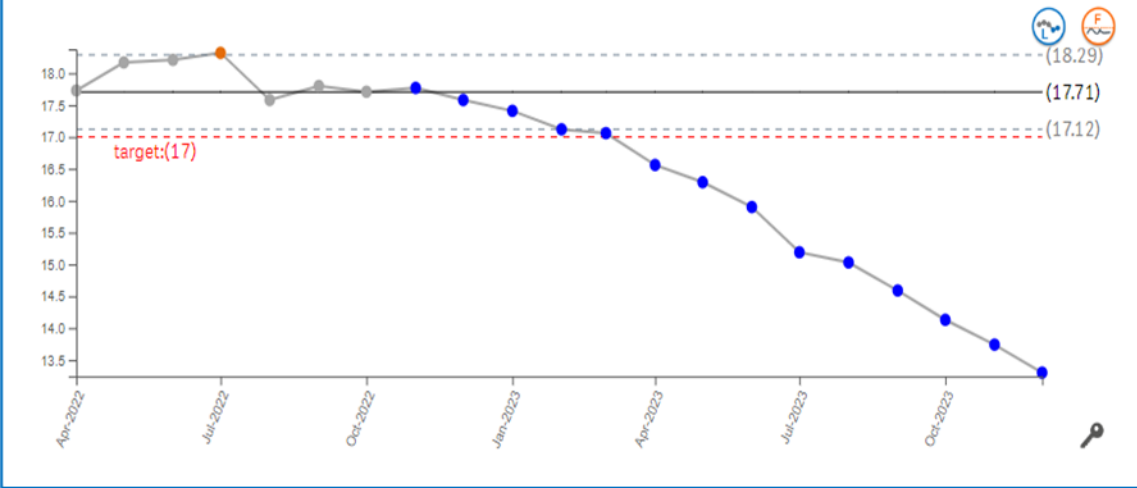


Vacancy Factor - Band 8a+ Administrative & Clerical -Trust starting 01/04/22



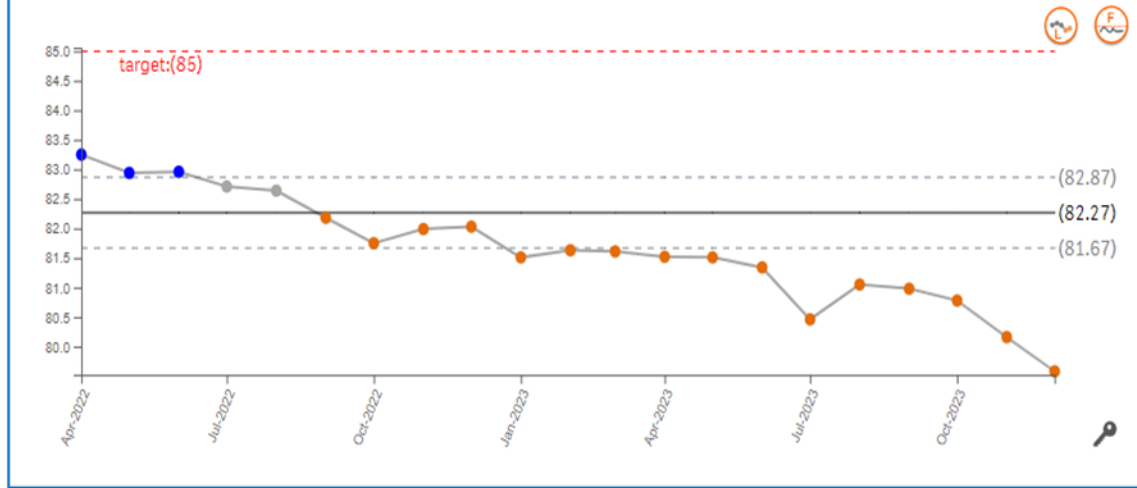
Turnover Rate (FTE) 12 Month Rolling (%)

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



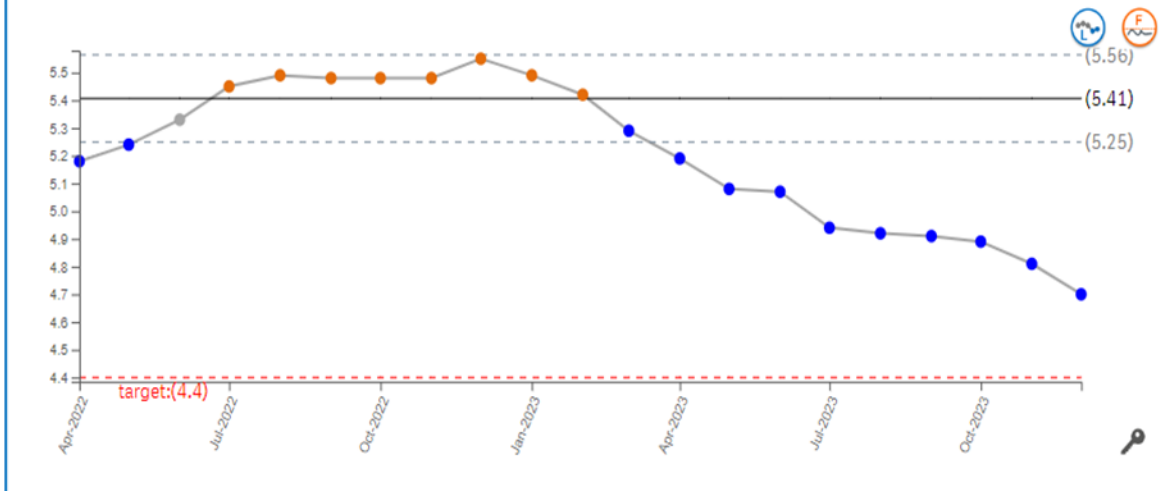
Stability Rate (%)

Figures are monthly snapshots



Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots



People support and engagement

Actions delivered: (Associate Director of People)

- Completed a website of bitesize training videos providing just in time learning for managers, comms being planned
- Developed a bite size training module in restorative just culture, to be delivered in Divisions
- Developed a framework on acceptable behaviours to support our zero-acceptance campaign
- Recruitment of team to full capacity
- Deep dive of long-term sickness absence, focus on 50 longest absences
- Continued work on partnership working, including agreeing a statement of intent and establishing workstreams

Actions in Progress:

- Working with Staff Experience team on a zero-acceptance campaign, including launching the new disciplinary policy (**January-April 2024**)
- Let's talk Flex – campaign on flexible working and consideration of revised Agenda for Change (AfC) conditions (**February**)
- 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**)
- Developing our process for policy review and renewal (**April**)
- Internal bank of investigators in development (**February**)

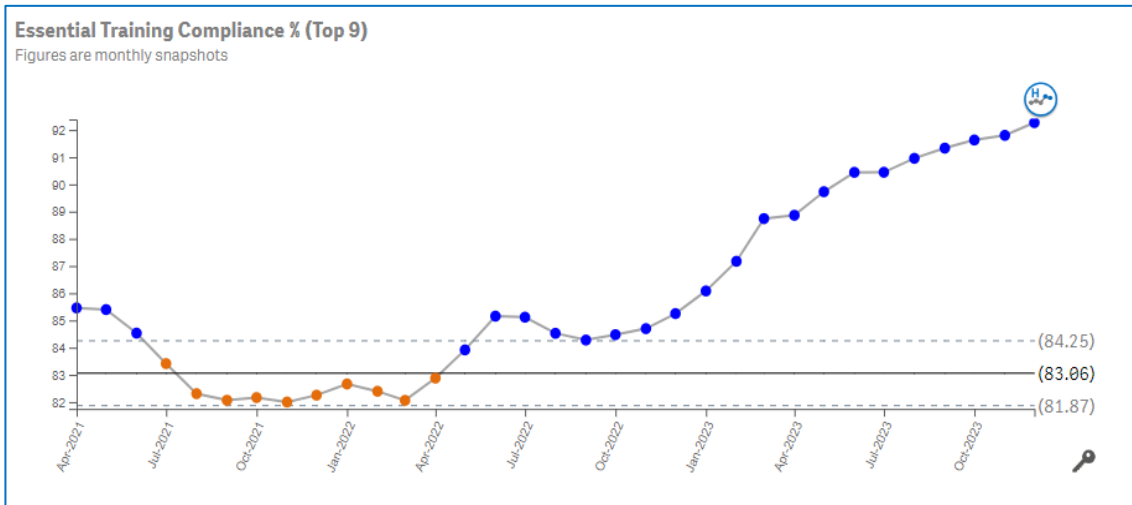
Retention and Staff Experience (including Health and Wellbeing)

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

- Staff Attitude Survey results received and initial analysis and headlines shared with key leaders (internally only as results still under embargo)
- Disability History month campaign delivered
- Presentation of NBT's 3- year EDI Plan continued across NBT
- 3 NBT EDI case studies drafted and submitted for NHSE EDI Improvement Plan central repository of good practice examples
- Recruitment for staff to join Diverse Recruitment Panels Campaign completed – training now occurring
- EDS22 NBT scoring for the 3 EDS domains completed and submitted to ICS for collation and aggregating into an ICS overall report

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**)
- Set up new, operational EDI Group to support and drive delivery of the 3-year EDI Plan, with divisional representation (**January 2024**)
- Culture Group to continue work on developing a clear culture framework to support and underpin delivery of our strategic priorities and work programmes (**January 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 (**January – February 2024**)
- Planning for LGBT+ History month in February - theme is 'medicine and healthcare' (**January 2024**)
- Cultural Ambassador training with RCN (**January 2024**)



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

- QLIK (15 Jan 24) shows compliance as **All staff 90.87%**, Permanent Staff 94.16%, Fixed Term Temp 87.36%, Other 78.67% (NBT eXtra 82.90%).
- Outliers in Training Compliance: Honorary staff at 41.13%, and Medical & Dental at 78.86%.
- Training Compliance By Training Title (Top 9) shows Information Governance is 88.04%, which is below the 95% trust compliance target.
- The largest number of training expirations in the next 3 months are Information Governance, Fire, and Health and Safety.
- Oliver McGowan's mandatory e-learning is at 67.94%. 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, 2 and 3 are full and in progress. Cohort 4 is full 24/24 participants, starts on 6th February. Cohort 5 is almost full 22/24 participants and starts on 7th February. There are 240 participant places available in 2023/2025. To date, 120 staff have been allocated to a cohort, with 212 completed expressions of interest. Feedback from participants is excellent. Rating 4.44/5' (1 = Poor; 5 = Excellent) to the question 'Overall, how would you rate the learning impact from this module? Contract review meeting with UWE 25.01.24.

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

- **Excellence in Management:** Programme now paused for winter pressures until February. Recruitment campaign for Cohort 3 closes 9th February - currently 18 applications for 25 places. Cohort 3 launches 27th March.
- **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. 2 people from cohort 1 who couldn't attend due to sickness have automatically been offered and have accepted a place in cohort 2, bringing the total to 25. Applications officially close on Jan 26th; all applicants will hear in the week following application closure. Cohort 1 evaluation is complete. The whole team need to discuss the dissemination of evaluations. Caroline Hartley and I have put forward Accelerate as a case study for an NHS E/I repository for EDI-focused interventions. We used the cohort 1 evaluation to support this
- **ILM Leadership and Team Skills:** 38 applications received for Cohort 1 and we have 20 places available. Shortlisting on the week commencing the 15th Jan.
- **Coaching and Mentoring:** procuring PLD platform in partnership with UHBW. Implementation meeting with UHBW 17.01.24, target go-live date for the software is 29 February 2024.

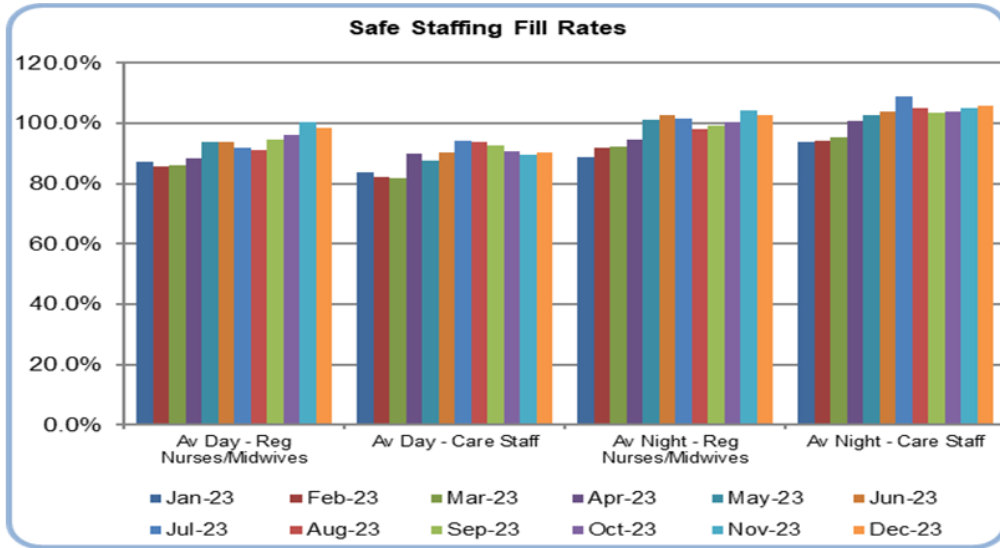
(Head of Apprenticeships and Early Careers)

Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation: Expired funds in December - £21,560 Transferred Levy funds - £10,316 to support community development, Levy utilisation – 89%.
- Workforce planning tools have been rolled out to People Partners to forecast apprenticeship utilisation for the next 5 years
- Apprenticeship mentor and Community Engagement Officer have been appointed using monies from the WECA funding.
- 60 work experience placements have occurred since September with over 100 already planned for the rest of the year.
- NBT have been asked to attend Orchard School's Community Employer board, meeting on 25th Jan.
- Digital apprenticeship Brochure launched on Link and shared with HR PP
- Plans underway for NAW 24 and Apprentice Mentor Role

Apprenticeship Centre

- Current number of learners enrolled: 64 direct (-2 last month) – 109 non-direct (-13 last month) – although there is a reduction in direct enrolments, 7 new Team Leader apprentices are due to start in January. The next start dates are planned for March for Business Admin & Customer Service. On average 2 non-direct apprentices every induction. Need to look at the growth of Healthcare Support Worker Apprenticeships.
- Number of completed apprenticeships last month: 2 direct & 6 non-direct
- Number due to be complete next Month: 7 direct & 6 non-direct
- Apprenticeship Accountability frameworks looks in a good position, however, break in learners for Team Leaders needs close monitoring. Mitigation is in place to continue to closely review the timely completion of apprenticeships.
- Ofsted visit pending, expected between Feb – September, focused training planned in the new year, currently procuring specialist to provide bespoke training for preparation.



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 December 2023, the combined shift fill rates for days for RNs across the 29 wards was 98.38% and 102.93% respectively for nights for RNs. The combined shift fill for HCSWs was 90.36% for the day and 105.70% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for December.

December registered nursing fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 0.0 % of wards had night-time fill rates of less than 80%
- 0.00% of wards had daytime fill rates of greater than 120%
- 6.90 % of wards had night-time fill rates of greater than 120%

December care staff fill rates:

- 17.24% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 10.34% of wards had daytime fill rates of greater than 120%
- 24.14% of wards had night-time fill rates of greater than 120%

Dec-23	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	98.38%	90.36%	102.93%	105.70%

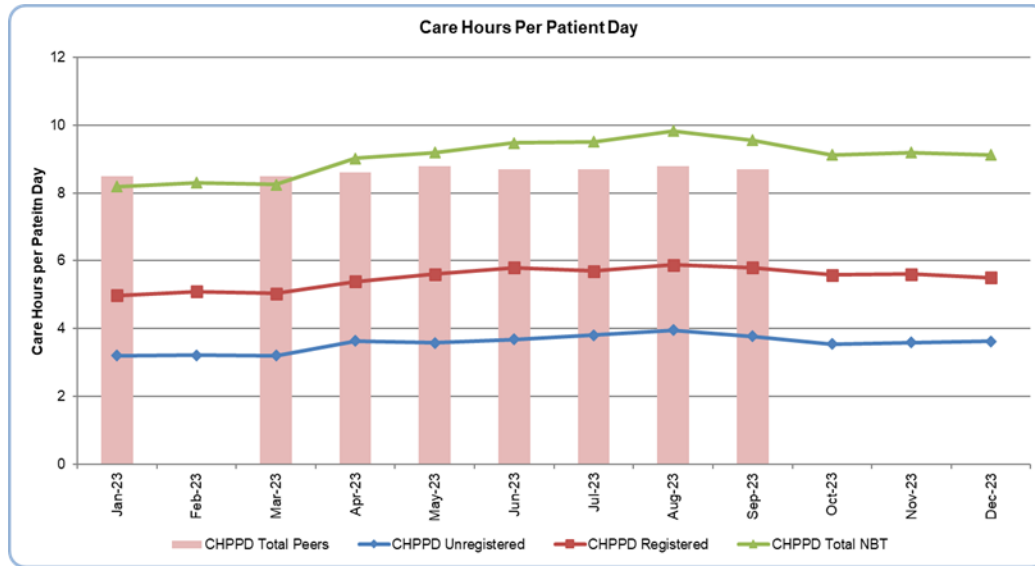
Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	Green	Red	Green	Red
Cotswold Ward 01269	Green	Red	Green	Green
Ward 25B 14242	Green	Green	Green	Green
Ward 26A 14311	Green	Orange	Green	Orange
Ward 26B 14312	Green	Red	Green	Green
Ward 27B 14403	Green	Green	Green	Orange
Ward 32A CAU 14103	Green	Green	Green	Green
Ward 33A 14221	Green	Orange	Green	Orange
Ward 33B 14222	Green	Orange	Green	Orange
Ward 34A 14325	Green	Green	Green	Green
Ward 34B 14324	Green	Red	Green	Green
Ward 6B (mainly Neuro) 1421	Green	Green	Green	Orange
		Over 120%		Below 80%

It is worth noting that no wards fell below 80% fill rate for registered nursing staff at night, this is reflective of the overall vacancy improvement for registered nursing and despite significant operational pressures in December. 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 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 and respectively gate 26B for part of December required less care staff. 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. For December there was a higher level of enhanced care required.

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.

Care Hours



Care Hours per Patient Day (CHPPD)

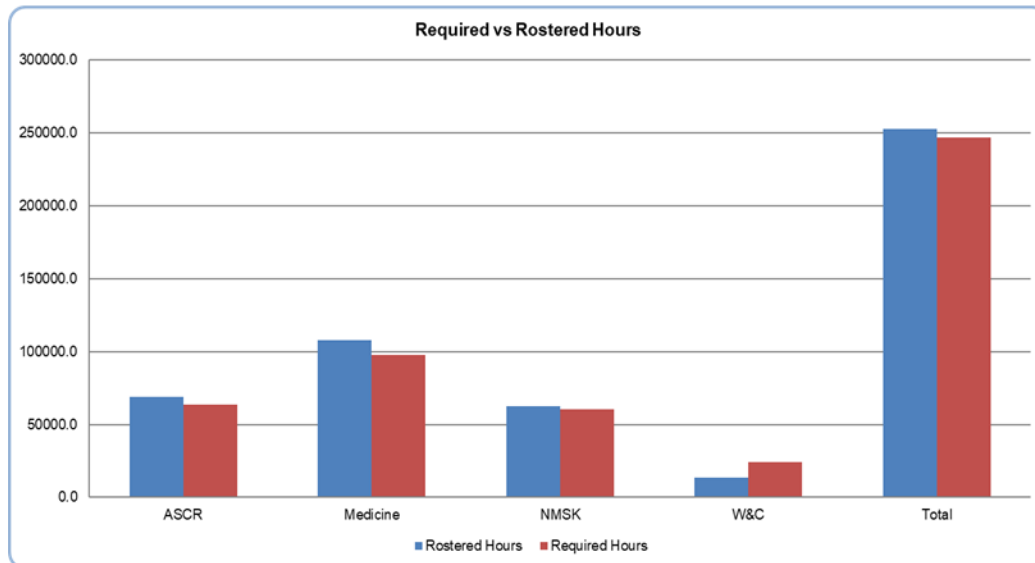
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This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

What does the data tell us?

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

Required vs Roster Hours

The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available. Staff are redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



What does the data tell us

The required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average. The data demonstrates that the total number of required hours has exceeded the available rostered hours.

Finance

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

	Month 9			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	65.5	68.3	2.8	587.2	596.7	9.5
Income	5.4	7.9	2.5	50.2	69.9	19.7
Pay	(44.7)	(47.4)	(2.7)	(395.8)	(409.0)	(13.2)
Non-pay	(27.7)	(30.2)	(2.4)	(245.3)	(265.5)	(20.3)
Surplus/(Deficit)	(1.6)	(1.4)	0.2	(3.6)	(8.0)	(4.3)

Assurances

The financial position for December 2023 shows the Trust has delivered a £1.4m deficit against a £1.6m planned deficit which results in a £0.2m adverse variance in month and £4.3m adverse variance year to date.

Contract income is £2.8m favourable to plan. This is driven by additional high cost drugs income (£1.2m) which is offset in expenditure. As well as this, the position is £1.2m favourable due to improved performance against ERF Baselines.

Other income is £2.5m favourable to plan. This is driven by new funding adjustments where the Trust is receiving £2.5m of new funding since the plan was approved which is offset by costs.

Pay expenditure is £2.7m adverse to plan. New funding adjustments, offset in other income, have caused a £1.3m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs and industrial action.

Non-pay expenditure is £2.4m adverse to plan. New funding adjustments, offset in other income, and pass-through drugs are £2.1m adverse. The remaining adverse variance is caused by in-tariff drugs and M&S spend.

Statement of Financial Position at 31st December 2023

	22/23 Month 12	23/24 Month 08	23/24 Month 09	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	519.3	519.8	0.5	9.3
Current Assets					
Inventories	10.0	9.9	10.0	0.1	0.0
Receivables	57.2	60.4	59.3	(1.1)	2.0
Cash and Cash Equivalents	104.0	62.2	59.4	(2.8)	(44.6)
Total Current Assets	171.3	132.4	128.7	(3.8)	(42.6)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(87.4)	(77.7)	9.7	47.5
Deferred Income	(17.2)	(32.2)	(38.1)	(6.0)	(21.0)
Financial Current Liabilities	(17.1)	(17.7)	(27.5)	(9.8)	(10.5)
Total Current Liabilities	(159.5)	(137.3)	(143.4)	(6.0)	16.1
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	(0.3)
Financial Non-Current Liabilities	(355.2)	(350.4)	(576.1)	(225.7)	(220.9)
Total Non-Current Liabilities	(362.0)	(357.5)	(583.2)	(225.7)	(221.2)
Total Net Assets	160.4	156.9	(78.1)	(235.0)	(238.5)
Capital and Reserves					
Public Dividend Capital	469.1	472.0	472.0	0.0	2.9
Income and Expenditure Reserve	(371.3)	(376.7)	(541.8)	(165.1)	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(6.4)	(76.3)	(69.9)	(70.9)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	156.9	(78.1)	(235.0)	(238.5)

Capital is £21.3m year-to-date (excluding leases).

Cash is £59.3m at 31st December 2023, a £2.8m decrease compared with the previous month. The decrease in month is mostly driven by movements in the working capital.

Non-Current Liabilities have increased by £220.9m at Month 9 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

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2023 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.

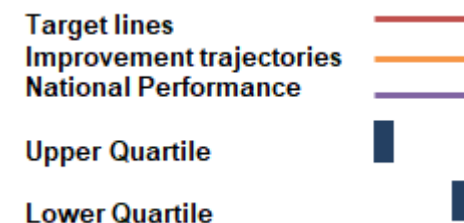
High Quality Care

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

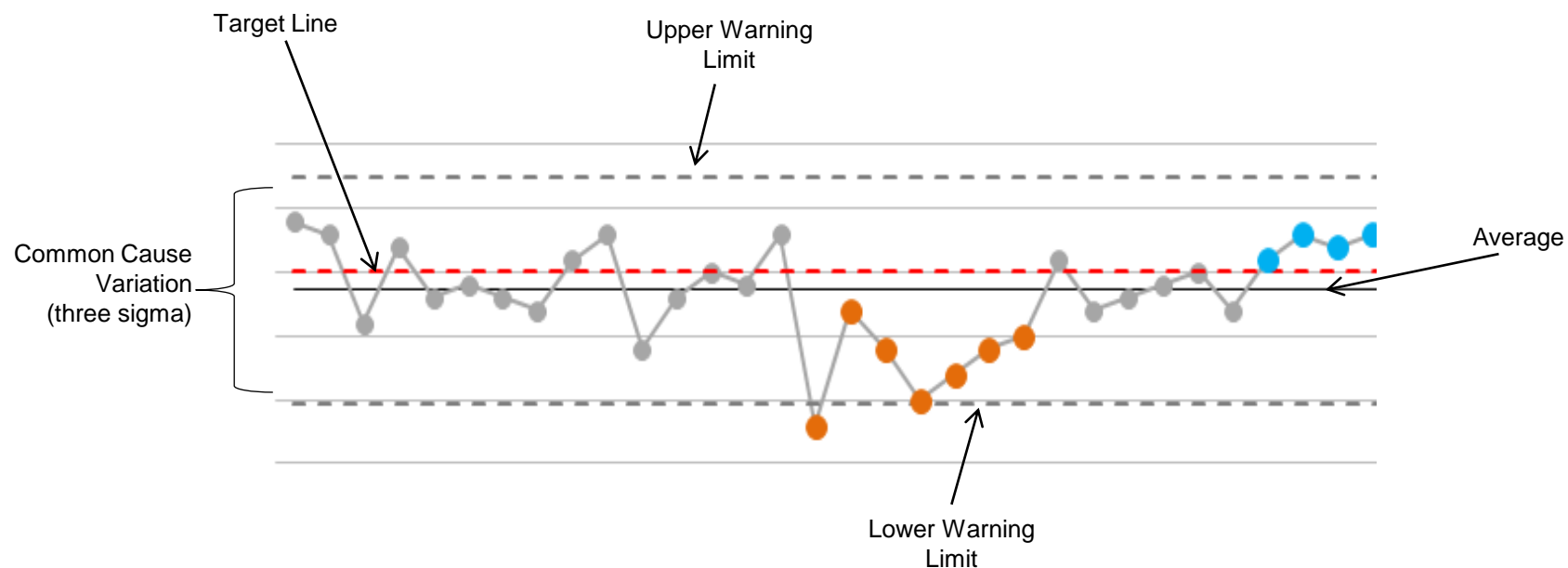
Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory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