

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



March 2024
(presenting February 2024 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	71.93%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%	67.17%	63.30%	64.87%		51.61%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	9	135	2	39	10	12	17	23	223	213	269	318	168		8-1792	3/11
	Ambulance Handover < 15 mins (%)		65.00%	-	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%	29.30%	34.33%	39.53%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%	61.70%	64.15%	71.52%			
	Ambulance Handover > 60 mins		0	-	105	267	87	231	164	165	182	317	620	438	548	532	326			
	Average No. patients not meeting Criteria to Reside			-	217	239	208	190	198	200	198	195	218	228	243	245	233			
	Bed Occupancy Rate			92.89%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%	96.28%	97.81%	97.40%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%	10.11%	12.28%	5.19%		28.66%	2/10
	Diagnostic 13+ Week Breaches		0	73	1497	939	740	593	595	300	124	59	17	14	7	4	5		4-3778	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%	60.14%	61.11%	61.58%		53.96%	8/10
	RTT 52+ Week Breaches	R	0	2400	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858	1685	1393	1383		68-13790	2/10
	RTT 65+ Week Breaches			242	742	547	591	594	619	624	606	582	545	420	388	249	193		1-4434	2/10
	RTT 78+ Week Breaches	R		39	167	69	65	84	59	44	48	48	55	49	50	45	39		0-865	4/10
	Total Waiting List	R		40494	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698	47245	46710	46394			
	Cancer 2 Week Wait	R	93.00%	91.04%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	51.25%	62.89%	56.22%	-			
	Cancer 31 Day First Treatment		96.00%	92.09%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	88.14%	86.30%	77.12%	-		88.00%	9/10
	Cancer 62 Day Standard	R	85.00%	74.71%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.74%	58.04%	55.74%	48.42%	-		55.43%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	74.15%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	71.42%	74.89%	70.88%	-		59.46%	5/10
	Cancer PTL >62 Days		242	195	191	140	178	207	171	183	236	276	250	260	336	317	197			
	Cancer PTL >104 Days		0	18	41	29	25	40	45	46	41	47	49	53	64	85	74			
Urgent operations cancelled ≥2 times		0	-	0	0	0	0	0	0	0	0	0	1	1	0	-				

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

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Quality, Safety and Effectiveness	Summary Hospital-Level Mortality Indicator (SHMI)				0.97	0.98	0.98	0.99	0.99	0.98	0.98	0.99	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				3	3	2	4	0	0	2	2	2	1	1	2	0	
	Healthcare Safety Investigation Branch Investigations				0	0	0	0	0	0	0	0	0	1	1	2	0	
	Total Incidents				979	1190	1030	1124	1111	1038	1128	1188	1464	1544	1200	1172	1263	
	Total Incidents (Rate per 1000 Bed Days)				36	39	37	38	38	35	40	42	47	52	39	37	43	
	WHO checklist completion			95.00%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.36%	99.43%	99.52%	99.67%	
	VTE Risk Assessment completion	R		95.00%	95.54%	95.09%	95.61%	95.03%	94.97%	94.72%	94.33%	93.88%	92.95%	92.80%	91.54%	86.08%	-	
	Pressure Injuries Grade 2				9	13	20	15	18	17	12	14	11	10	12	11	18	
	Pressure Injuries Grade 3			0	0	1	0	0	0	0	2	1	0	0	1	1	0	
	Pressure Injuries Grade 4			0	2	1	0	0	0	0	1	0	0	1	0	0	1	
	Pressure Injuries rate per 1,000 bed days				0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	0.33	0.35	0.47	
	Falls per 1,000 bed days				6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	6.38	5.58	5.72	
	MRSA	R	0	0	0	2	0	0	1	1	0	0	1	1	0	0	0	
	E. Coli	R		4	4	2	8	4	7	4	2	7	5	11	5	6	5	
	C. Difficile	R		5	2	6	1	4	11	6	2	5	4	3	2	2	9	
	MSSA			2	2	0	1	2	6	9	5	2	4	3	6	3	3	
	Observations Complete				95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	98.66%	98.73%	98.50%	
	Observations On Time				60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	72.04%	72.85%	71.82%	
	Observations Not Breached				71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	85.54%	85.57%	84.80%	
	5 minute Apgar 7 rate at term			0.90%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	0.78%	0.23%	1.22%	
	Caesarean Section Rate				43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	41.26%	44.90%	47.50%	
	Still Birth rate			0.40%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	0.72%	0.43%	0.00%	
	Induction of Labour Rate			32.10%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	36.65%	31.67%	31.36%	
	PPH 1500 ml rate			8.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	2.42%	2.38%	4.04%	
	Fragile Hip Best Practice Pass Rate				57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	58.00%	55.77%	79.17%	70.59%	61.40%	60.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				38.78%	48.28%	47.37%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	25.49%	21.05%	28.57%	-	
	Medically Fit to Have Surgery within 36 Hours				59.18%	65.52%	70.18%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	72.55%	68.42%	64.29%	-	
	Assessed by Orthogeriatrician within 72 Hours				95.92%	94.83%	96.49%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	96.08%	91.23%	88.57%	-	
	Stroke - Patients Admitted				64	115	94	121	181	132	187	162	154	158	152	174	78	
Stroke - 90% Stay on Stroke Ward			90.00%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	71.95%	77.53%	74.74%	-		
Stroke - Thrombolysed <1 Hour			60.00%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	56.25%	37.50%	83.33%	-		
Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	61.45%	73.30%	60.82%	-		
Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	85.71%	91.92%	89.09%	-		

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	91.73%	92.73%	91.16%	
	Friends & Family Positive Responses - Emergency Department				87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	80.94%	81.44%	81.12%	
	Friends & Family Positive Responses - Inpatients				94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	91.30%	92.71%	91.98%	
	Friends & Family Positive Responses - Outpatients				94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	96.01%	95.31%	94.58%	
	PALS - Count of concerns				139	156	120	141	141	145	123	135	139	152	103	191	133	
	Complaints - % Overall Response Compliance			90.00%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	73.00%	79.00%	71.00%	
	Complaints - Overdue				3	4	3	1	6	5	4	5	9	10	3	5	6	
	Complaints - Written complaints				41	41	38	57	44	42	48	49	60	49	36	44	40	
Workforce	Agency Expenditure ('000s)				1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	1610	1507	1592	
	Month End Vacancy Factor				8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	5.87%	4.87%	4.82%	
	Turnover (Rolling 12 Months)	R		-	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	13.30%	13.09%	12.91%	
	Sickness Absence (Rolling 12 month)	R		-	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	4.70%	4.66%	4.67%	
	Trust Mandatory Training Compliance				87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	91.06%	90.14%	89.44%	

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Urgent Care

Four-hour performance reported at 64.87% in February. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 168 last month, whilst there were 326 ambulance handover delays over one-hour. ED attendances for February 2024 were 4.76% lower than the previous month however were 18.25% higher than February 2023. Overall NC2R numbers is a primary driver of the current UEC difficulties and is following a reduction in community bed capacity as per the system plan. Executive-level escalation at system-level continues and we continue to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Following activity losses as a result of industrial action throughout the year, the Trust has initiated repeated recovery plans in an effort to maintain its commitment to achieving zero >65 week wait capacity waits at the end of this financial year. Despite a recent period of industrial action, these plans have now brought the RTT improvement trajectory back on plan. The Trust has recovered its >65 week wait breach trajectory to allow it to meet its year-end RTT commitments. Diagnostics performance continues to exceed national requirements – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks, the Trust has got close to delivering next year's target of 5% - reporting at 5.19% as at February 2024. Once again, the intention is to consolidate next year's performance requirement early in the year and push on to restore the constitutional standard of 1%. This would constitute diagnostic performance recovery – in COVID terms. The ongoing challenge will be to sustain this high level of performance.

Cancer Wait Time Standards

The Trust has been able to make substantial improvement in the total cancer waiting list, however, there has been a significant impact from industrial action on the Trust total PTL size and waiting times. A revised plan to recover the position has resulted in the FDS target trajectory coming back into line. The national requirement is that FDS would reach 75% by the end of March-2024. The Trust reported a position of 70.88% against this requirement in January-2024. There is reasonable confidence that FDS recovery plans will allow the Trust to be compliant with the 75% target in March 2024.

Quality

Within Maternity, the term admission rate to NICU dropped to 4.2% against a national target of 5%. 1 PMRT case rated the care following the death of a baby as D. Feedback from the mother will be used to inform cultural improvement work on the postnatal ward. There were 19 WTE NICU nursing vacancies in January 2024, with ongoing recruitment and retention initiatives. Obstetric workforce gaps remain, with consultants acting down to cover industrial action and gaps in the registrar rota. There were no moderate harm incidents and no new referrals to MNSI. Medication incidents have increased this financial year, with a sizeable jump in February and corresponding increase in those with harm. The Medicines Governance Team have launched the 'Medicines Safety Forum' which is multidisciplinary meeting to review data and agree actions. Infection control data for February showed a marginal increase in C-Difficile, E-Coli cases continue to track below trajectory and there were no new MRSA cases. Improvement work continues for the sustained increase in MSSA rates, which reflects regional/national trends. The positive trend in falls rates continued, with ongoing improvement work in collaboration with UHBW Foundation Trust. In February the number of grade 2 pressure ulcers increased. WHO Safety Checklist compliance improved further, reflecting good safety practice within theatres. Progress in delivering the year-1 workplan for Patient & Carer Experience remains strong, with a profile this month on the impact of our Volunteer musicians who greatly contribute to an outstanding patient, carer and public experience. FFT scores have decreased slightly but within statistical 'normal variation' limits, which are therefore not concerning. Complaint response compliance has fallen from 79% in January to 71% in February. Action plans to improve performance in ASCR and WaCH have had a positive impact however performance in Facilities and CCS has reduced compliance. All complaints are acknowledged within 3 working days as required.

Workforce

The Trust vacancy factor was 4.82% (459.66wte) down from 4.87% (461.83) in January. The greatest reduction in vacancies was seen in additional clinical services which fell by 28.63wte and registered nursing and midwifery which fell by 12.30wte. NBT's Rolling 12-month staff turnover decreased from 13.09% in January to 12.91% in February continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate increased slightly to 4.67% in February from 4.66% in January. Overall temporary staffing demand decreased by 1.09% (-10.75wte) from January to February, driven by decreased demand for additional clinical services staff (-12.86wte, -4.27%). There was an increase in unfilled shifts (+11.76%, +18.wte), driven by a decrease in bank shifts (-3.63%, -24.97wte), February also saw a small increase in agency usage (+2.25%, 2.20wte).

Finance

The financial plan for 2023/24 in Month 11 (February) was a surplus of £1.5m. The Trust has delivered a £1.6m surplus, which is £0.1m better than plan. The year-to-date position is a £2.7m adverse variance against a planned £3.7m deficit. In month the Trust has recognised a benefit of £2.8m around funding to support the impact of industrial action (December to February). Temporary staffing costs in the year-to-date position are creating a £7.6m adverse variance to plan. Unidentified savings within the in year position are creating a £9.6m adverse variance, the impact of which is offset by delays in investments and vacancies. In February, the Trust saw the impact of industrial action with £0.7m additional costs and £0.2m lost income. The Trust cash position at Month 11 is £72.2m, a reduction of £31.8m from Month 1. This is driven by the Trust underlying deficit and capital spend. The Trust is currently forecasting a £0.5m underspend on core capital. The Trust has delivered £15.9m of completed cost improvement programme (CIP) schemes at month 11. There are a further £1.1m of schemes in implementation and planning that need to be developed, and £1.1m in the pipeline.

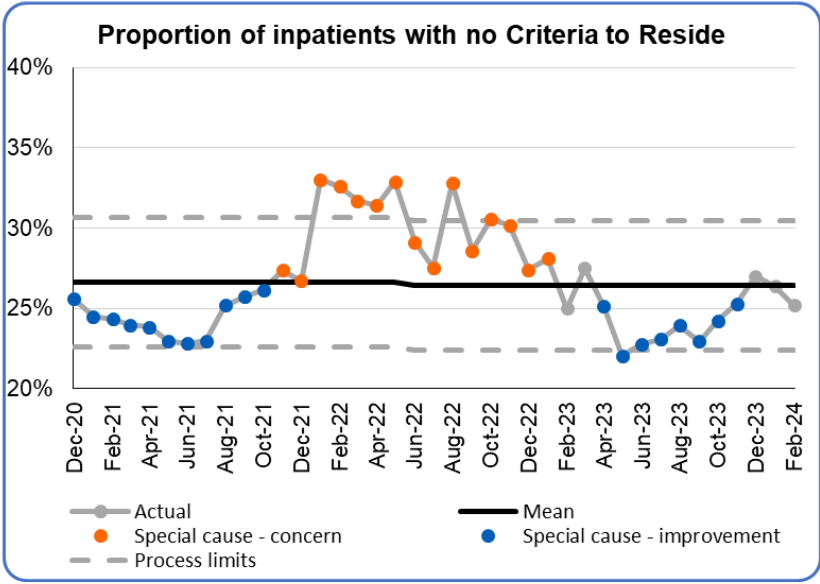
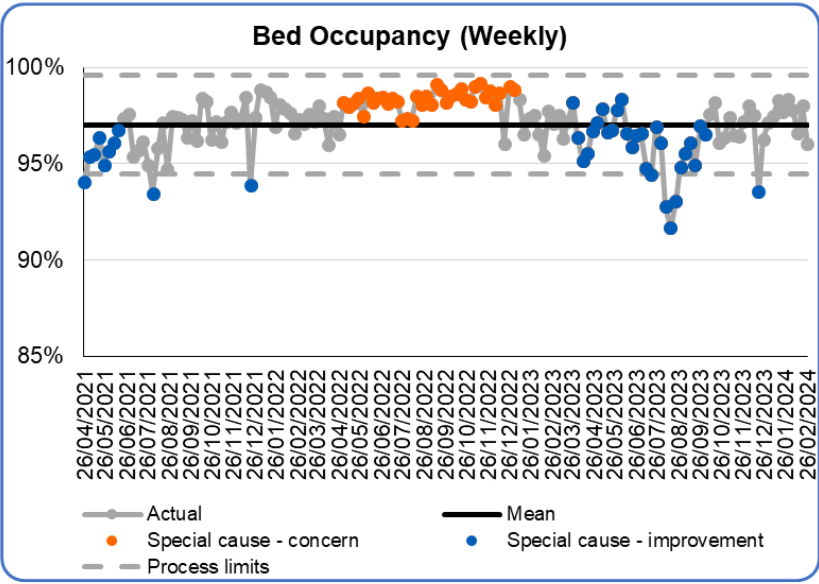
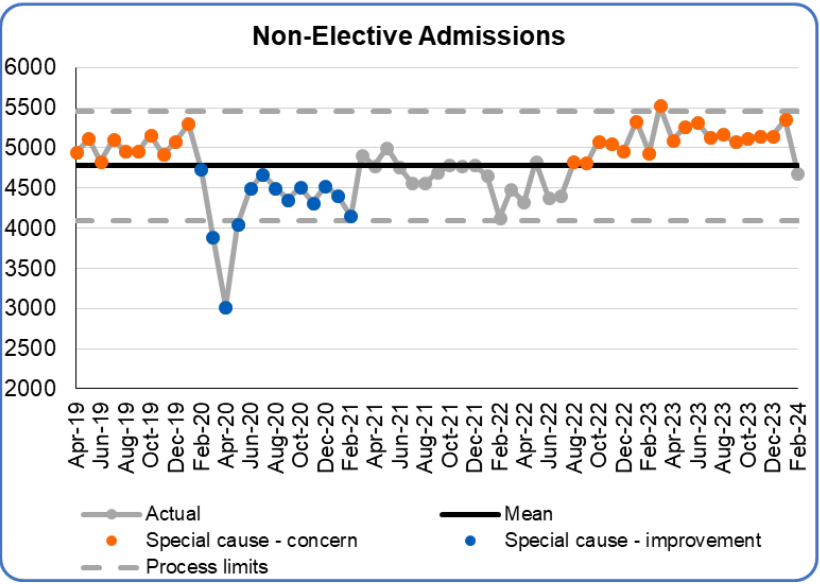
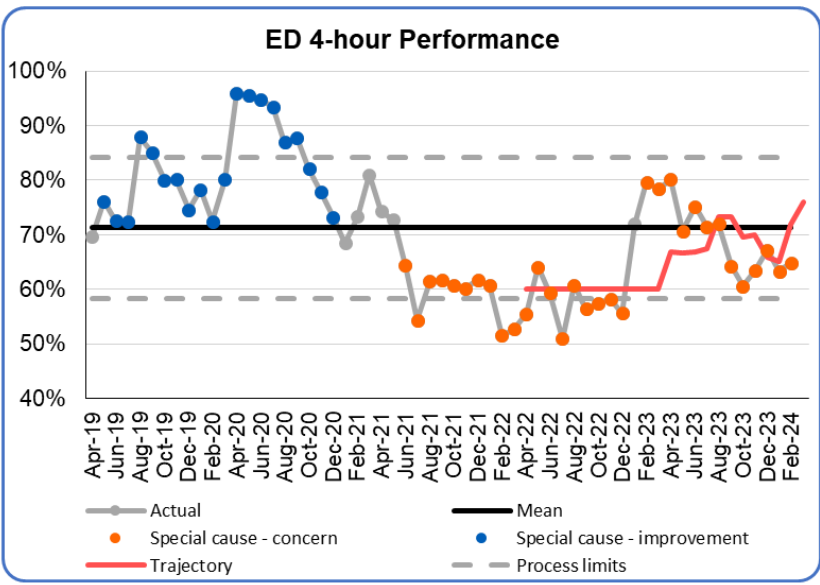
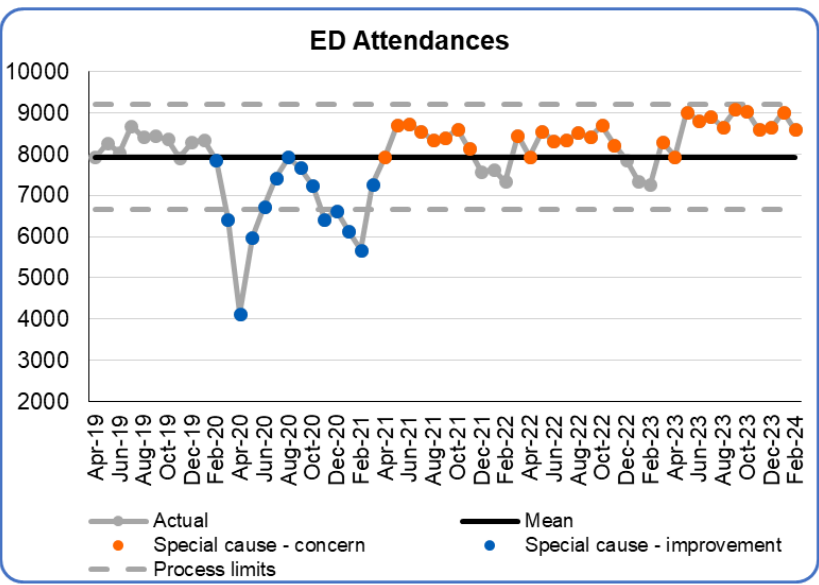
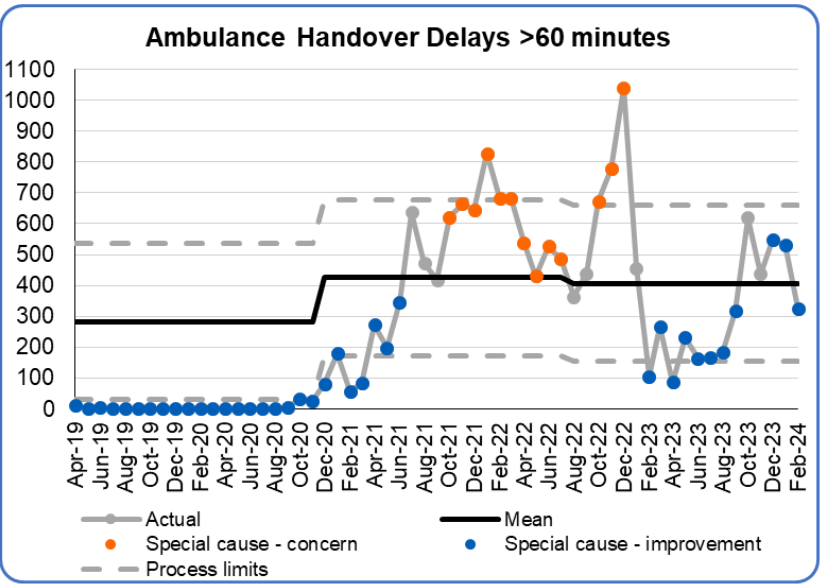
Responsiveness

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

Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Hub now in place and fully recruited – ongoing work to embed and secure benefits.
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access.
RTT	65-week wait	Achieved.
Diagnostics	15% 6-week target	Achieved.
	13-week waits	Achieved.
	CDC	Agreement reached on Apr-24 provision through temporary capacity followed by permanent CDC capacity in Aug-24.
Cancer	28-day FDS standard	On plan.

Urgent and Emergency Care



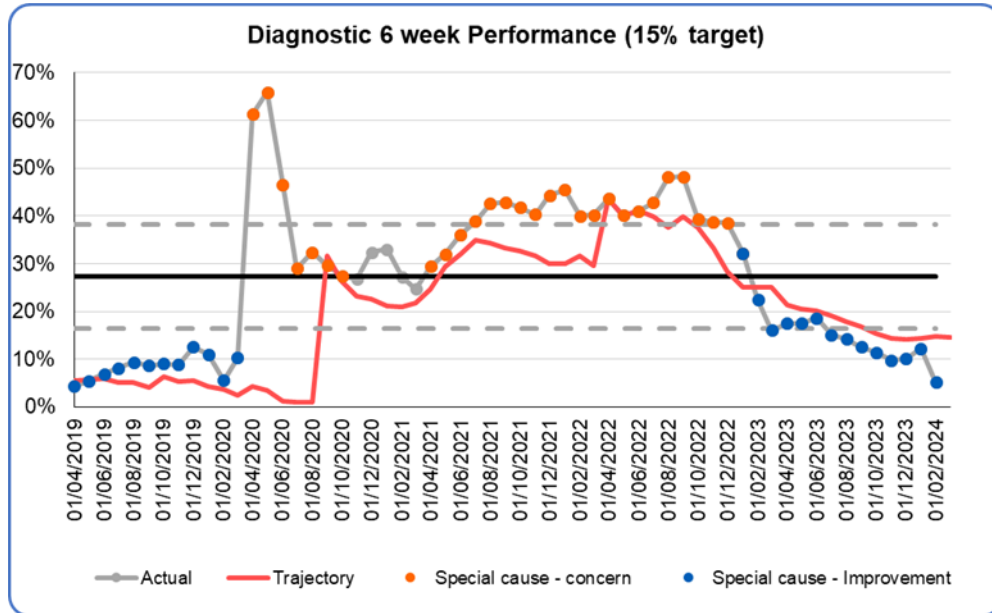
What are the main risks impacting performance?

- High volumes of NC2R continue to compound an already pressured UEC hospital pathway. As previously noted, the increase between October - December 2023 coincided with a period of planned bed reductions within community beds; a position which has been challenged at the point of planning by NBT.
- Year-on-year ED attendances have been increasing in previous months, but there was a marked increase yet again in February, showing attendances at 18.25% higher than February 2023.
- Junior doctor industrial action in February further challenged the UEC system with a direct impact over the five-day period and a lag to impact which will be reflected in the March report.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition.
- Ambulance handovers – the Chief Nursing Officer led a ‘refresh’ of the continuous flow model in response to December ambulance delays. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of patient flow pressure. The approach has been reintroduced more rigorously with two-hourly monitoring in place. The normal risk mitigations which have been previously used continue to apply in using this ‘balance of overall risk’ approach.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- A revised bed plan for winter was designed, having used a previous summer reserve to compensate for community bed losses in the early autumn. The revised plan included the build-up of a new bed reserve based on higher levels of patient discharge in the pre-Christmas period. While the new reserve was significant, the pressures experienced in the post-Christmas period meant that much of this had been deployed earlier than planned.
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times

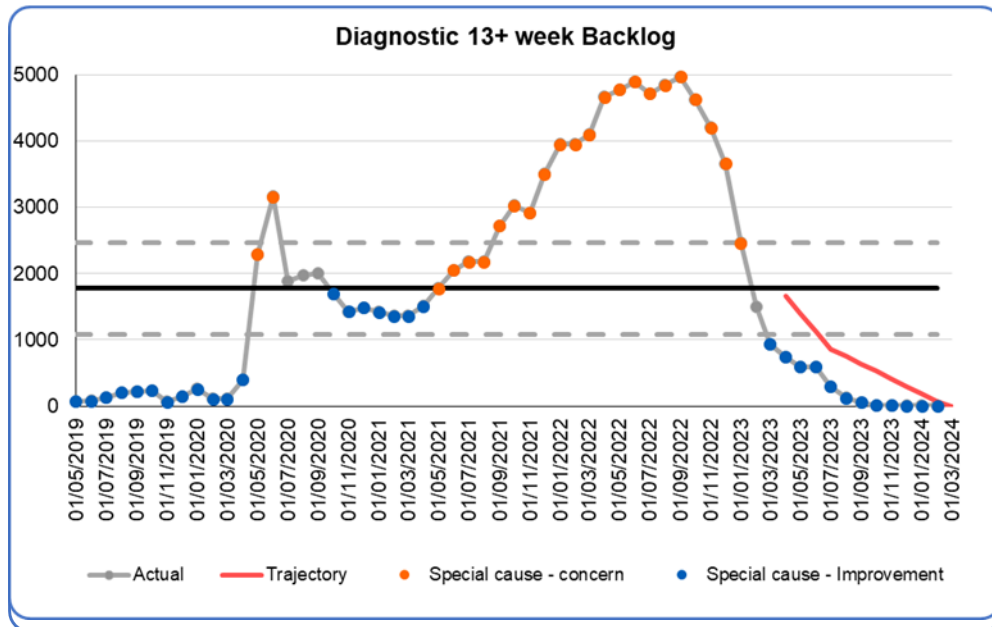


What are the main risks impacting performance?

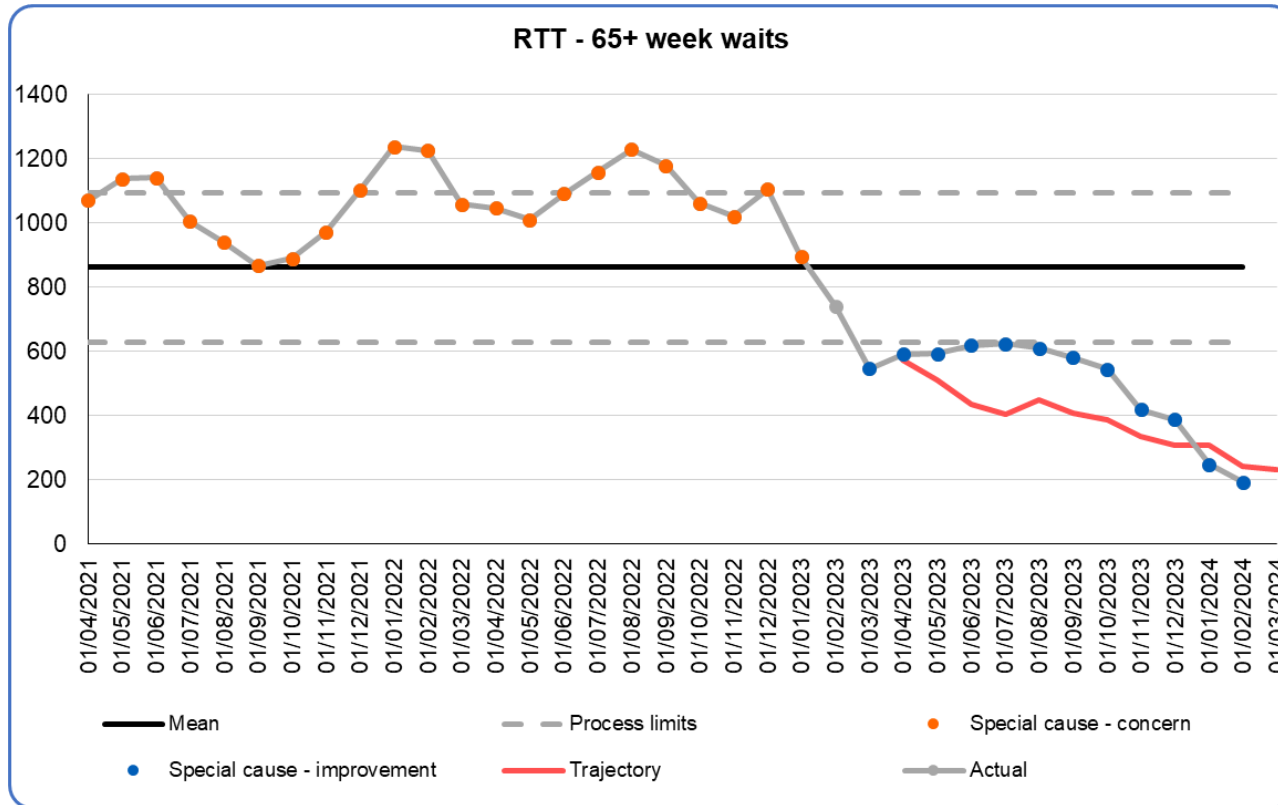
- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.
- The Trust continues to be on track to clear zero >13-week breaches.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

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



Referral To Treatment (RTT)



What are the main risks impacting performance?

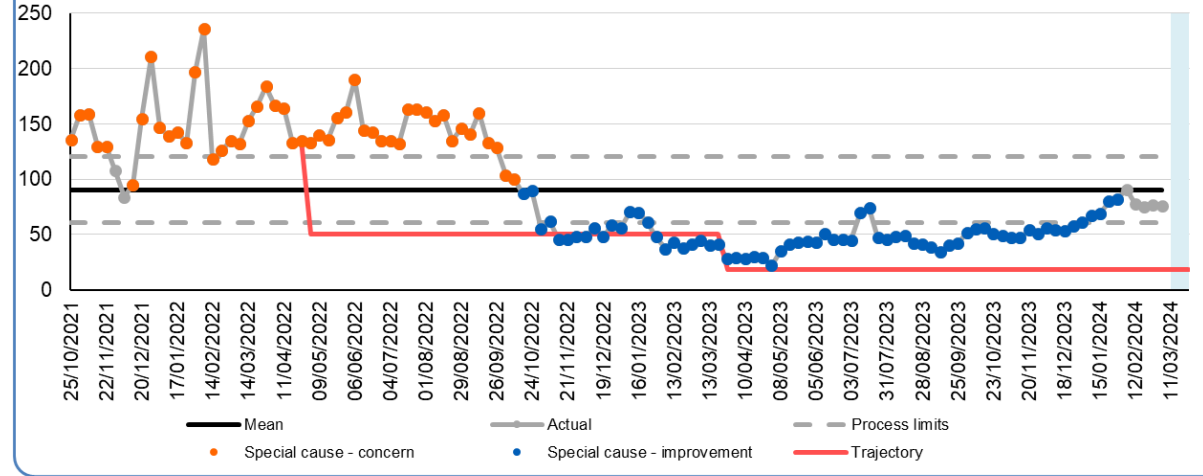
- Continued impact of repeated periods of industrial action.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

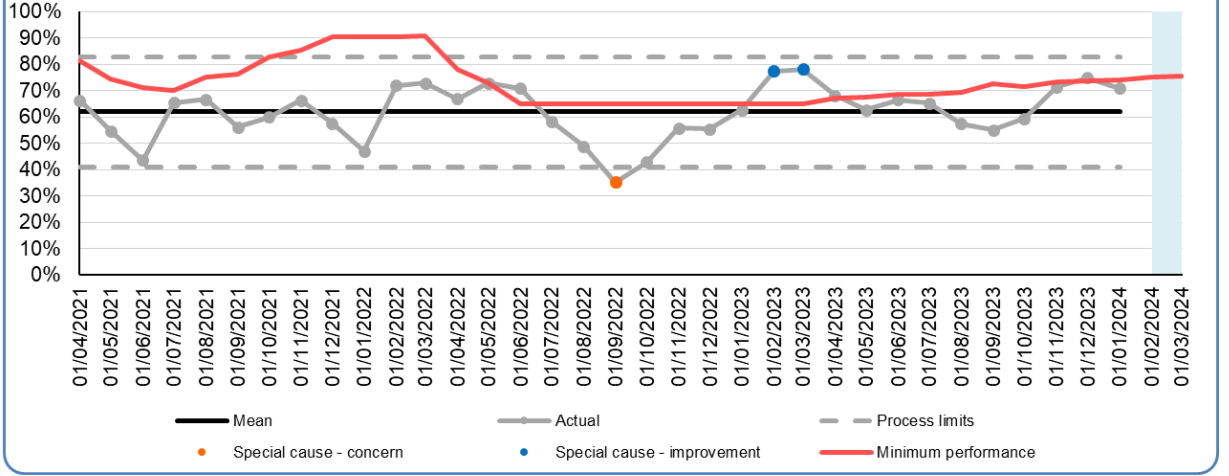
- Focused work on maintaining 104ww and 78ww positions continues.
- 65-week wait potential breaches – contingency plans to recover industrial action losses underway with better confidence in delivery However, Junior Doctor's strikes which occurred during December to February are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance

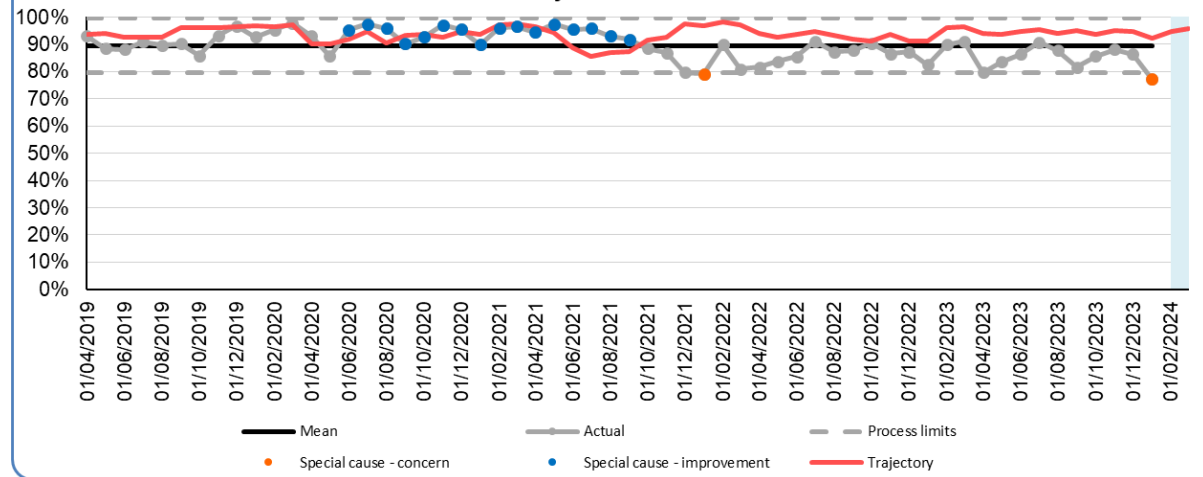
>104 Day PTL



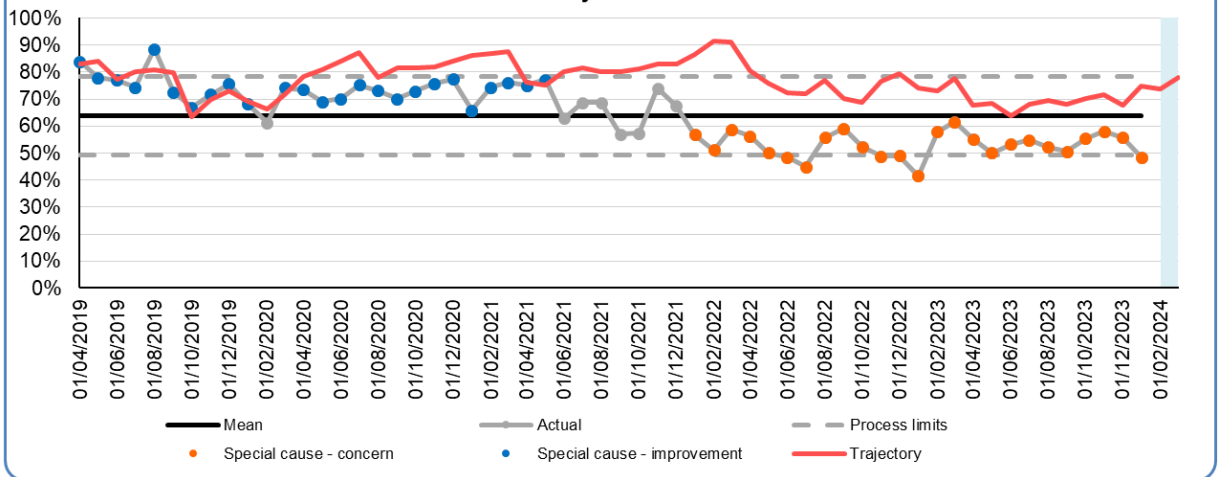
28-Day Faster Diagnosis



31-Day First Treatment



62-Day Standard



What are the main risks impacting performance?

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

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**

NHS North Bristol					NHS North Bristol				
	Nov-23	Dec-23	Jan-24	TREND		Nov-23	Dec-23	Jan-24	TREND
Activity					Workforce				
Number of women who gave birth, all gestations from 22+0 gestation	473	413	463		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)	2	3	0		Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	3	2	2	
Number of women who gave birth (>=24 weeks or <24 weeks live)	470	408	461		Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	
Number of babies born (>=24 weeks or <24 weeks live)	476	418	466		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	29	36		Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	
No of livebirths <24 weeks gestation	0	1	0		Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0	0	1	
Induction of Labour rate %	30.1%	36.6%	31.7%		Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	7.5%	7.0%	5.4%	
Spontaneous vaginal birth rate %	45.0%	46.2%	45.6%		Vacancy rate for midwives	6.14%	5.84%	5.59%	
Assisted vaginal birth rate %	11.7%	10.3%	9.1%		Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	40%	59%	35%	
Caesarean Birth rate (overall) %	43.3%	41.8%	44.9%		Vacancy rate for NICU nurses	16	19	26	
Planned Caesarean birth rate %	21.1%	19.2%	20.6%		Datix related to workforce (service provision/staffing)	3	4	13	
Emergency Caesarean Birth rate %	22.2%	22.6%	24.3%		Consultant led MDT ward rounds on CDS (Day to Night)	67%	61%	93%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	5.5%	5.3%	4.2%		Consultant led MDT ward rounds on CDS (Day)	67%	100%	100%	
Perinatal Morbidity and Mortality inborn					Improvement				
Total number of perinatal deaths (excluding late fetal losses)	2	2	2		One to one care in labour (as a percentage)	99%	97%	99%	
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	2	1	1		Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	
Number of stillbirths (>=24 weeks excl. TOP)	1	2	1		Number of times maternity unit attempted to divert or on divert	0	1	(DNA)	
Number of neonatal deaths : 0-6 Days	1	0	1		<i>in-utero transfers</i>				
Number of neonatal deaths : 7-28 Days	0	0	0		in-utero transfers accepted	1	7	1	
PMRT grading C or D cases (themes in report)	0	0	1		in-utero transfers declined	5	7	(DNA)	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (MNSI)	2	3	0		<i>ex-utero transfers to NICU</i>				
Maternal Morbidity and Mortality					<i>ex-utero transfers accepted</i>				
Number of maternal deaths (MBRRACE)	0	0	0		ex-utero transfers declined	7	1	8	
Direct	0	0	0		<i>NICU babies transferred to another unit due to capacity/staffing</i>				
Indirect	0	0	0		Number of consultant non-attendance to 'must attend' clinical situations	2	2	0	
Insight					Training compliance in annual local BNLS (NICU)				
Number of women receiving enhanced care on CDS	Data Not Available (DNA)				Overall				
Number of women who received level 3 care (ITU)	0	2	0		Obstetric Consultants	97%	100%	100%	
Involvement					Other	97%	97%	97%	
Number of datix incidents graded as moderate or above (total)	3	4	2		Obstetric Doctors	97%	97%	97%	
Datix incident moderate harm (not SI, excludes MNSI)	1	2	2		Anaesthetic Consultants	100%	100%	75%	
Datix incident PSII (excludes MNSI)	0	0	0		Other	96%	96%	100%	
New MNSI referrals accepted	2	2	0		Anaesthetic Doctors	98%	98%	80%	
Outlier reports (eg: MNSI/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0		Midwives	98%	98%	80%	
Coroner Reg 28 made directly to Trust	0	0	0		Maternity Support Workers	95%	95%	71%	
Fetal Wellbeing and Surveillance					Trust Level Risks				
Service User feedback: Number of Compliments (formal)	35	23	67		Theatre staff	Data Not Available (DNA)			
Service User feedback: Number of Complaints (formal)	7	5	5		Neonatologists	Data Not Available (DNA)			
Friends and Family Test Score % (good/very good) NICU	100	100	100		NICU Nurses	Data Not Available (DNA)			
Friends and Family Test Score % (good/very good) Maternity	86	92	92		Overall	90%	90%	85%	
Staff feedback from frontline champions and walk-about (number of themes)	5	5	4		Obstetric Consultants	94%	94%	89%	
					Other	85%	88%	70%	
					Obstetric Doctors	85%	88%	70%	
					Midwives	94%	97%	86%	
						7	7	7	

The term admission rate to NICU dropped to 4.2% against a national target of 5%.

1 PMRT case had the care following the death of a baby rated as D. Feedback from the mother will be used to inform cultural improvement work on the postnatal ward.

There were no moderate harm incidents and no new referrals to MNSI. The division is working closely with MNSI on the cases reported in November and December.

Compliance with complaint response timeframes increased from 76% to 91% in January 2024.

There were 19 WTE NICU nursing vacancies in January 2024. 35% of NICU nurses were qualified in speciality. There are ongoing recruitment and retention initiatives.

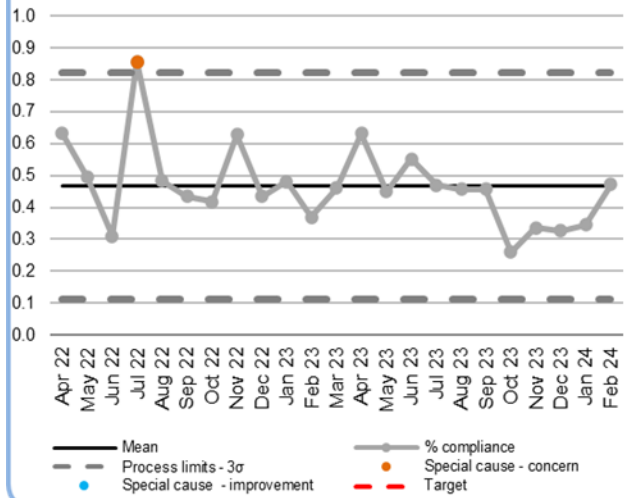
Obstetric workforce gaps remain, with consultants acting down to cover industrial action and gaps in the registrar rota.

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

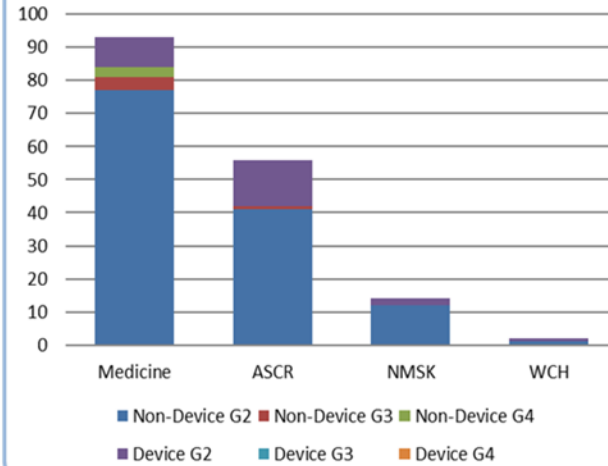
The Perinatal Quality Surveillance Model to be shared with Quality Committee to ensure there is a monthly review of maternity and neonatal quality undertaken by the Trust Board.

The Perinatal Quality Surveillance Model to be shared with the Local Maternity and Neonatal System to ensure Trust level intelligence is shared to ensure early action and support for areas of concern.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2023/24



Pressure Injuries

What does the data tell us?

In February there was an increase in the number of grade 2 pressure ulcers. There were 18 grade 2 pressure ulcers, to 17 patients of which 5 were attributable to a medical device.

There was one grade 4 pressure ulcer to the spine attributable to Elgar 1 that deteriorated from a present on admission grade 2, to an unstageable and then validated as a grade 4 from diagnosis by MRI scan of osteomyelitis.

There were 2 unstageable pressure injuries.

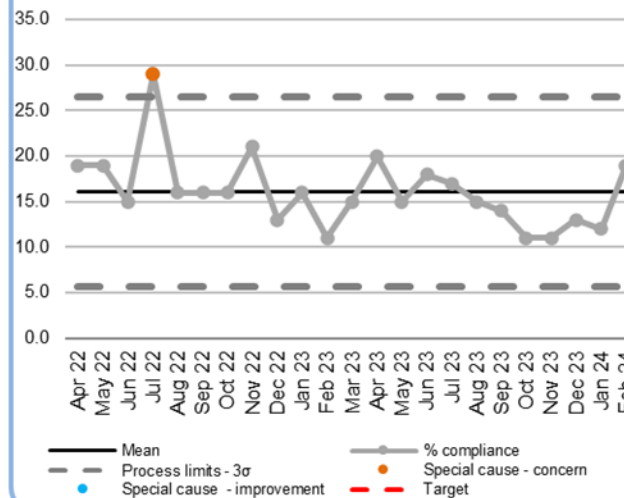
There was a slight increase in DTI incidents from the previous month to 20 DTI's. The targets for PU reduction in 2023/2024:

- 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.

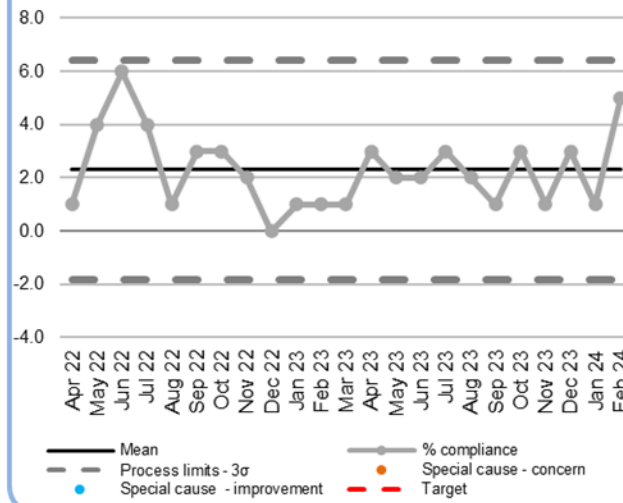
What actions are being taken to improve?

- The implementation of the new PSIRF approach for pressure ulcers at NBT has seen the first engagement with the clinical governance teams and the first-round table discussions. This approach is responsive to new and emerging trends for investigation, to be resolved strategically at NBT and provide focussed interventions. The clinical governance leads are attending the PUSG to be involved with the thematic analysis and provide a robust overview of emerging themes.
- The TVN senior team are working collaborative with the different admission zones at NBT and the emergency department on implementing Purpose-T within 6 hours interaction with a clinician. Following a recent discussion a request for funding to supply Caresit repose overlays for the EDAU chairs in ED has been made.
- The Repose wedge pilot on 9b was presented at the February PUSG and it was agreed that funding would be requested. A request to increase the number of Nimbus 4 mattresses that offload heels within NBT will be made by clinical equipment services. This is part of the strategic response to thematic analysis.
- The TVN team provide a responsive, supportive and educational service across NBT and seek to work in collaboration with patients and clinical teams to reduce patient harm.

Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Decreased cases as expected, patients are managed with POCT and PCR swabs

Winter D+V (Norovirus) - Cases have continued with no outbreaks declared – however we have seen small numbers of closed beds

MRSA – 4 cases to date

MSSA – This continues to be a concern both at NBT, regionally and nationally with increasing cases .A number of themes that form a working group to focus on a reduction programme .

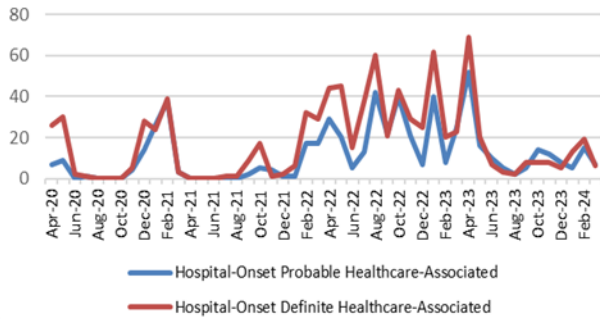
C. Difficile – A slight increase seen this month. PIRSP approach to investigating cases, with cases reaching the steering group. Two areas received targeted investigation and education due to increased cases, but different genome types.

Gram negative – E Coli cases have slightly increased , work being undertaken with Hydration and decaffeinated products

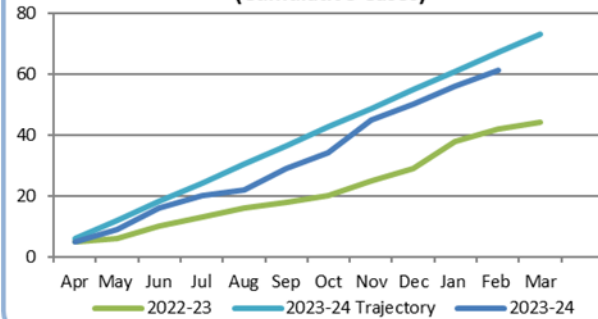
What actions are being taken to improve?

- MSSA reduction work is at the forefront as a action plan following a external report - coordination of this strategically via Dep Medical director and DIPC to investigate implementation of other vascular devises , comparison with local trusts to understand lessons learnt and themes and trends.
- Work being undertaken with SWAST to reduce prehospital cannulation.
- Data for MSSA cases shown per 1000 bed days to align with hospital acuity.
- Continued work with Regional and National MRSA/MSSA reduction plan with emphasis on vascular improvement work, passports and correct device selection and support continues. An agreed trust wide approach needs to consider a change of device to midlines and service delivery / associated education and training to support this.
- Continence group has been working with the nutrition assistance to deliver hydration projects and we have increased education related to catheter management. This will be easier to audit when indwelling devices are live on EPR.

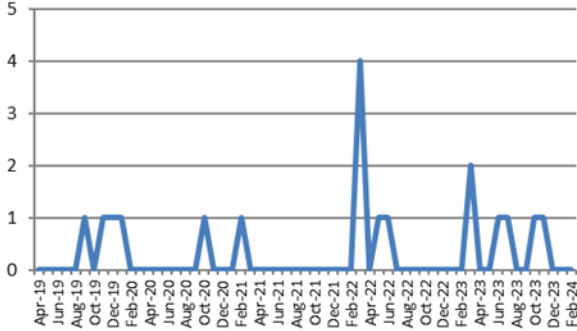
COVID-19 Onset Category by Positive Test Date



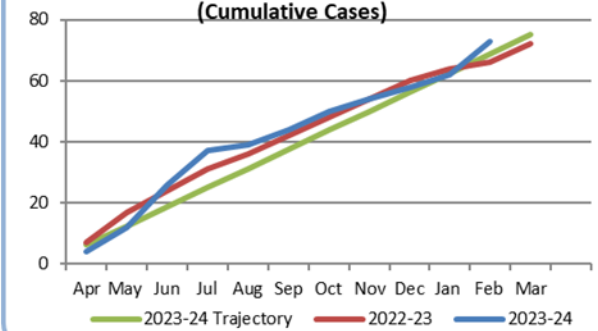
E.Coli Cases - Trust Attributable (Cumulative Cases)



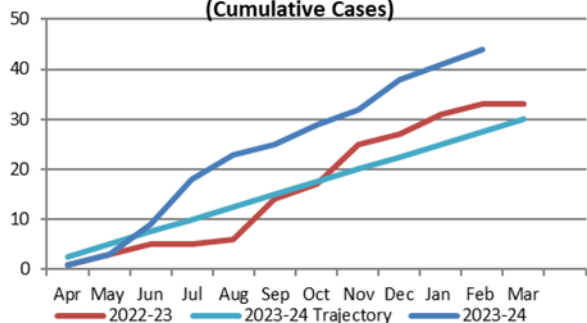
MRSA Cases - Trust Attributable



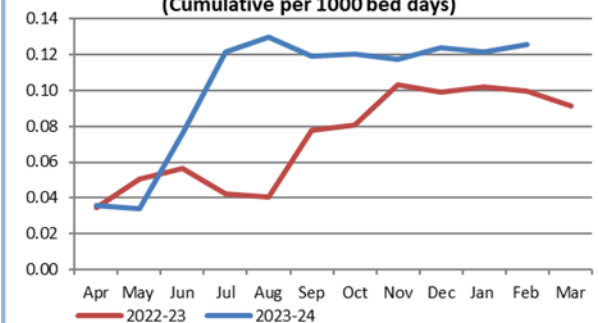
C.Difficile Cases - Trust Attributable (Cumulative Cases)



MSSA Cases - Trust Attributable (Cumulative Cases)



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



Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.7 falls incidents per 1000 bed days in February which is below the average of 6.43.

There were 168 falls reported in February. 3 moderate harm and 1 severe. Medicine and NMSK divisions both reported lower than average rates of falls. ASCR had an increase in their falls this month.

The severe harm fall resulted in a hip fracture. The person received surgery and has now returned home with support. Of the 3 moderate harm falls, 2 were head injuries and the third was a femur fracture.

Multiple falls accounted for just over a quarter of falls which is consistent from last month. With 7 patients having more than 2 falls.

Older patients continue to be the highest proportion of patients who fall, with nearly ¾ of reports in the over 65's. All the patients who experienced moderate and above harm were aged over 70.

What actions are being taken to improve?

The eLearning package is in its final stages of editing and is being reviewed by select staff groups for final amendments. This will bring our training in line with updated national guidelines and best practice advice. This is a collaborative piece with UHBW.

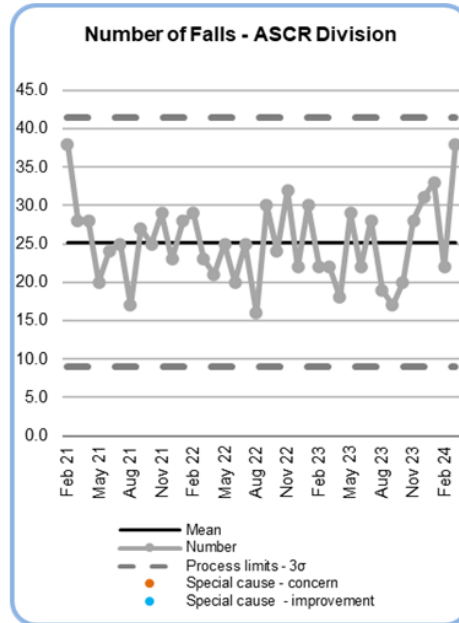
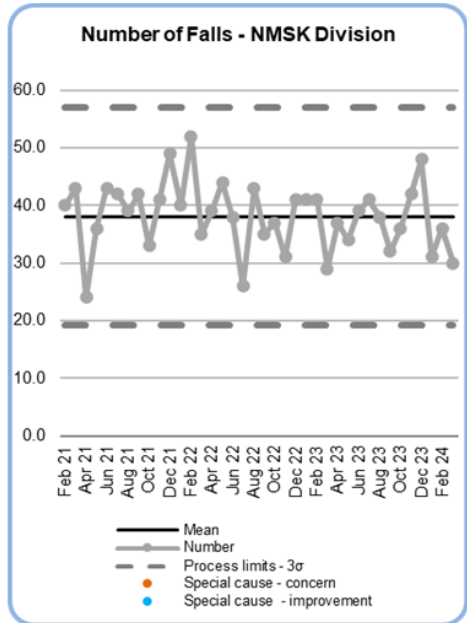
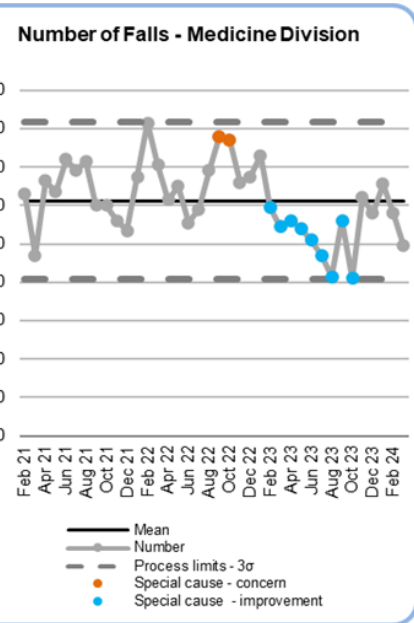
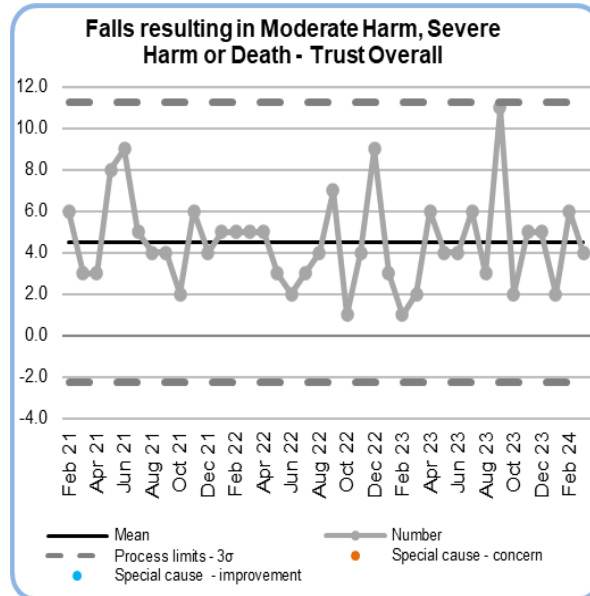
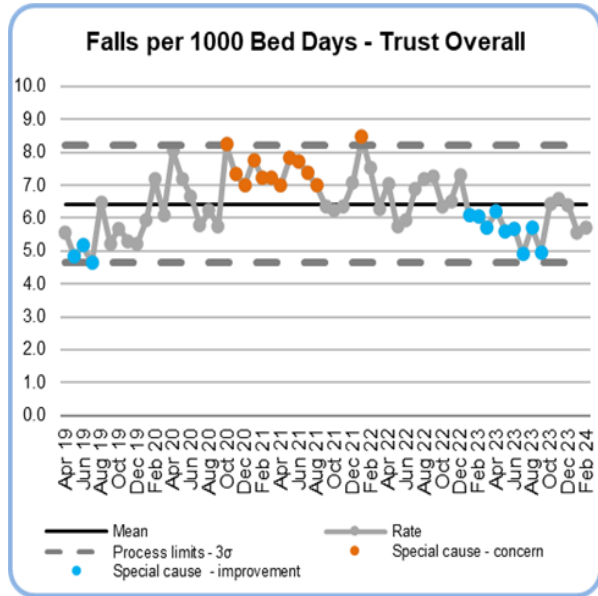
Work is underway to analyse the relationship between falls and criteria to reside. This will be shared with the IDS leads and community transfer of care hub (CTOH).

Quality improvement foundation work continues, focussing on ensuring safe lifting equipment is used to move patients following falls and to ensure high quality multi-factorial risk assessments are completed.

The falls specific therapy assessment has been launched on Care Flow to support detailed assessments of patients who are at risk of falls and are clinically appropriate for comprehensive assessment.

Discussions are underway with patient safety team to influence the development of the Radar incident reporting system to ensure it meets the needs of falls reporting and supports insights and continued positive reporting culture.

A selection of alerts are now available on Care Flow to highlight patients who experience falls whilst admitted. This is waiting to be launched and supported by communications.

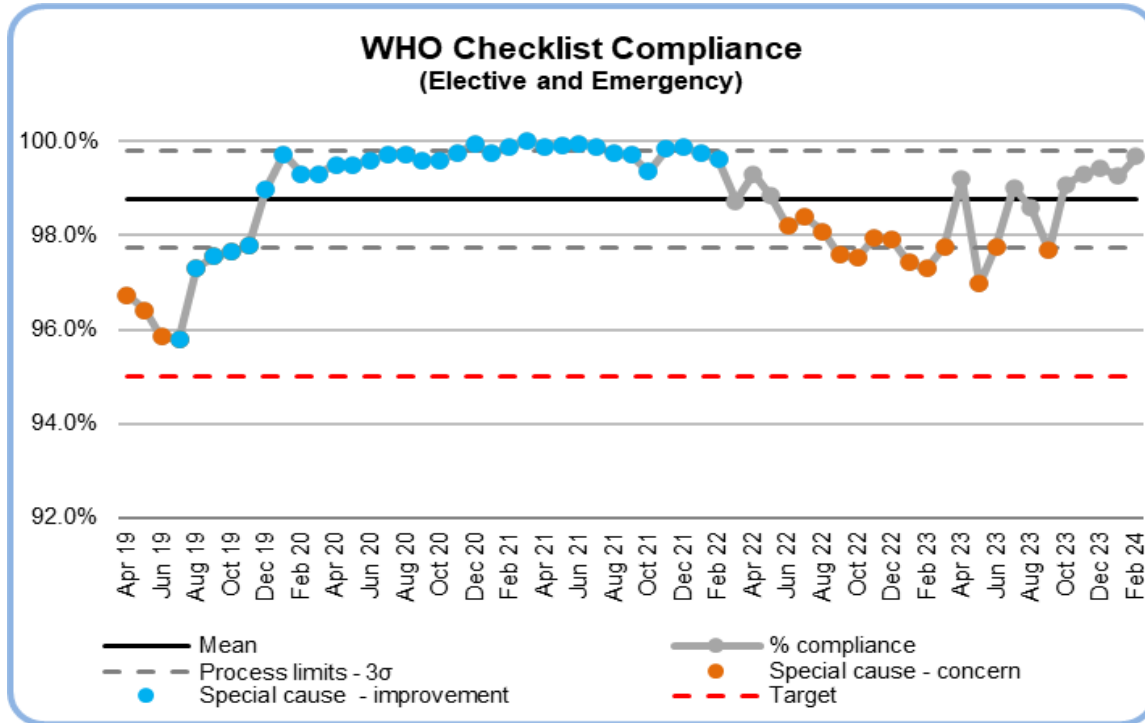


WHO Checklist Compliance

What does the data tell us?

In February, WHO checklist compliance reported at 99.67%. 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 February 2024, NBT had a rate of 8.2 medication incidents per 1000 bed days. This is above the 6-month average of 7.1 for this measure.

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

During February 2024, 12.4% of all medication incidents are reported to have caused a degree of harm. This is above the 6-month average of 11.6%. Breakdown of the 'harm' incidents seen in February is as follows:

- Low Harm – 27
- Moderate Harm – 3 (one of which was a community pharmacy prescribing error)

(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)

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 - There has been a notable increase in incidents involving Controlled Drugs when compared to previous months – this was investigated and found that the majority of these involved breaches in relation to CD storage e.g CD register totals not matching stock in cupboard. It is of note that the Pharmacy team have recently been undertaking CD audits which may have resulted in some of these issues being reported. The team plan to triangulate data from these audits and the Datix reports to provide assurances around our CD processes. Only 16% of the CD incidents reported were coded as relating to administration and only one was felt to have caused patient harm (noted to be low).

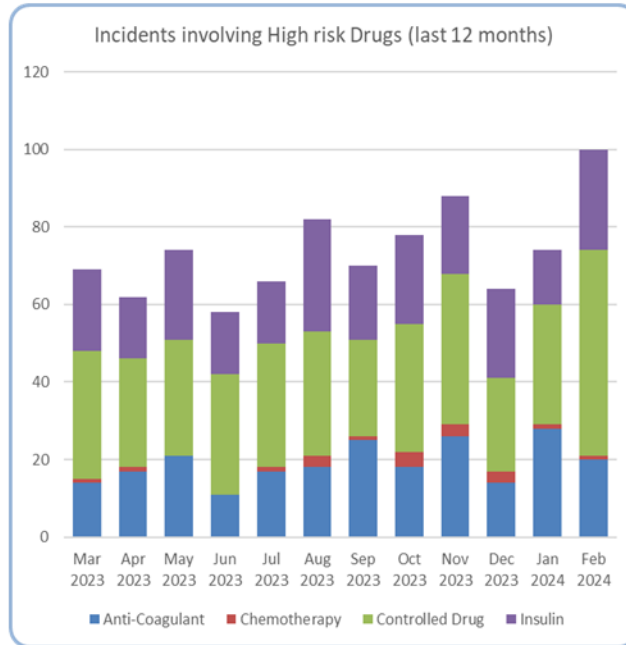
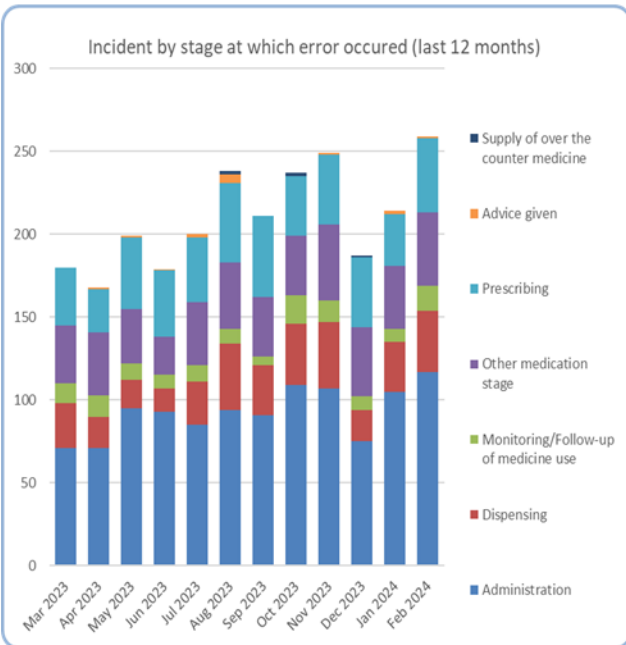
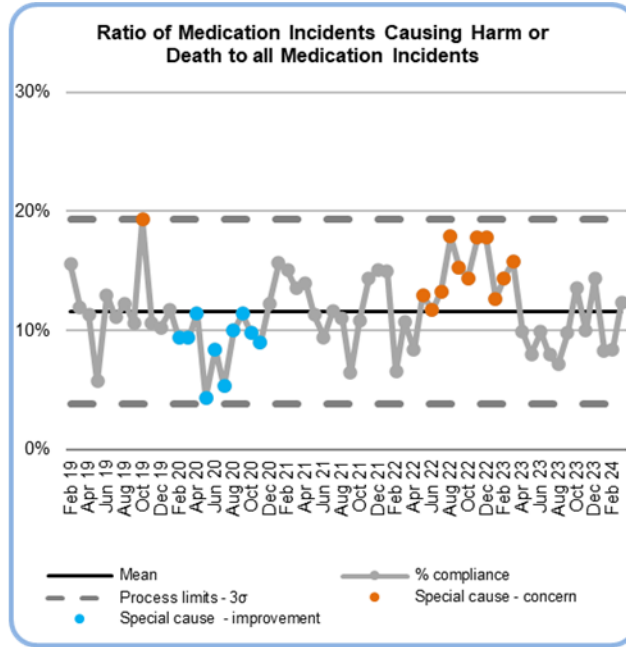
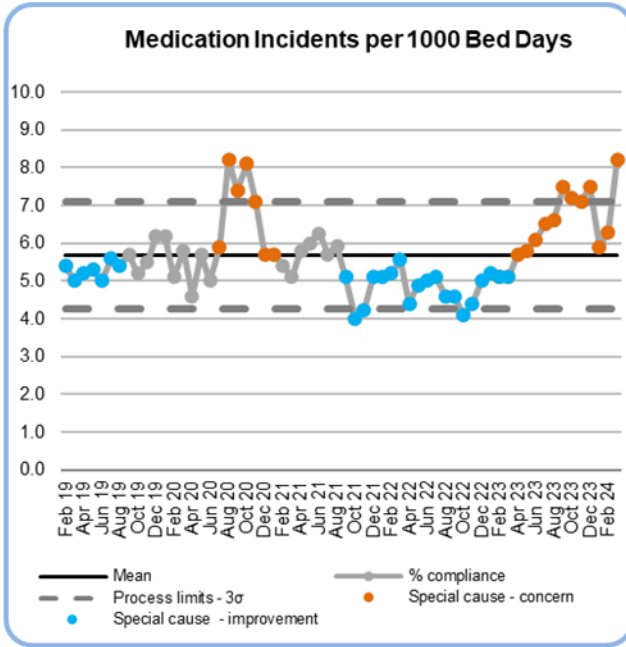
Overall comment -

In February there has been a significant increase in total number of medication incidents, the level of harm seen has also risen but less markedly and remains in line with the chart mean.

More time is needed to fully understand this picture but on initial review it would appear that much of the increase may be due to reporting of CD errors (predominantly relating to storage) - see above. For context, in terms of raw figures the number of CD incidents in January was 31 and it rose to 53 in February (Total incidents rose from 202 in Jan to 244 in Feb)

What actions are being taken to improve?

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



Patient Experience

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

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

Patient & Carer Experience Strategy Commitment	Commitments	Key improvement/action
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	<ul style="list-style-type: none"> Data is reliable- no issues. 'Patient Conversations ' continue with 3 visits in February. We also welcomed some young carers to complete the 15-step challenge in AMU and 28a and 7a on 15th February.
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	<ul style="list-style-type: none"> The AIS Steering Group met in January with significant progress being made. The next meeting is scheduled for 13th March. SPaRC Strategic Plan on track and being monitored through PCEG. Recruitment to the patient and carer partnership continues. We currently have 16 Patient and Carer Partners. We continue to make inroads into understanding the experience of people experiencing homelessness and, the Gypsy, Roma and Traveller community when accessing our services.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	
	We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.	
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this.	
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	<ul style="list-style-type: none"> Complaint response compliance has fallen from 79% in January to 71% in February. Action plans to improve performance in ASCR and WaCH have had a positive impact however performance in Facilities and CCS has impacted on the average compliance. FFT scores have decreased very slightly across all areas. The decrease is within the expected variation as is not cause for concern currently. PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. Radar is on track for delivery by Q1 2024. Training has begun with the divisional and central teams.
	Improved FFT scores, as set out within our Patient First priorities.	
	We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.	
	We will optimise our reporting and management of PALS and Complaints through our new quality governance system.	
Putting the spotlight on patient and carer experience	We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.	<ul style="list-style-type: none"> New Patient Story Framework signed off at PCEC & stories delivered to the Board in line with the plan. 1 PSP in place, a scoping meeting has taken place with Head of PS to explore strengthening the role and further recruitment. We have welcomed Fresh Arts into the Patient Experience Team and took the opportunity to share a patient story in the form of a poem at CEAC, to highlight the work of the team and impact on patient experience. Please see a further spotlight in the next slide.
	We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy	
	We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.	

Patient & Carer Experience - Overview March 2024

Volunteer Musicians Update April 2023 – March 2024

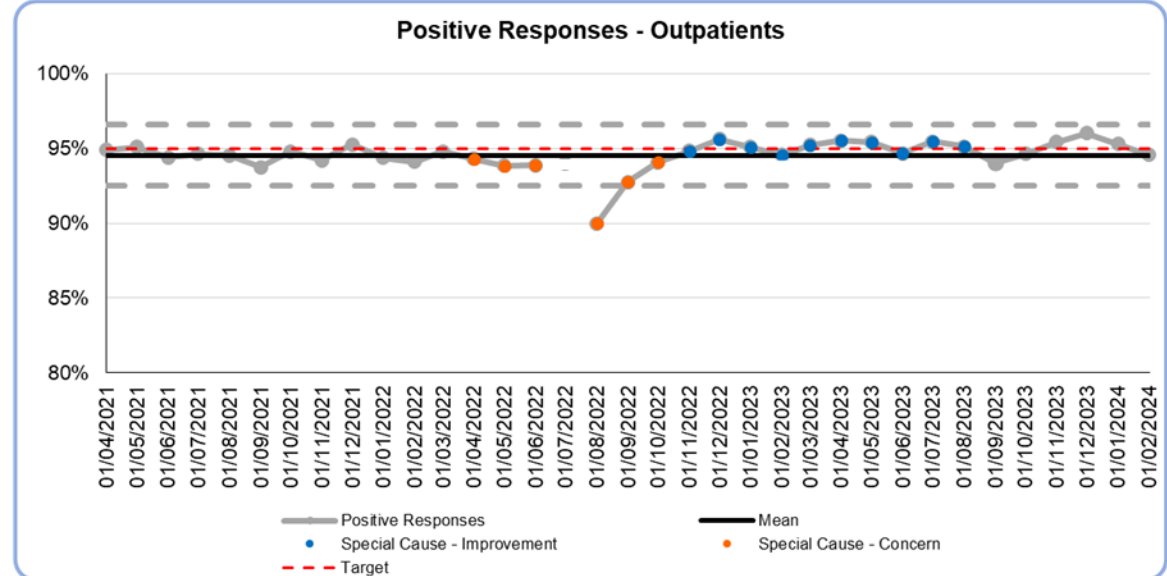
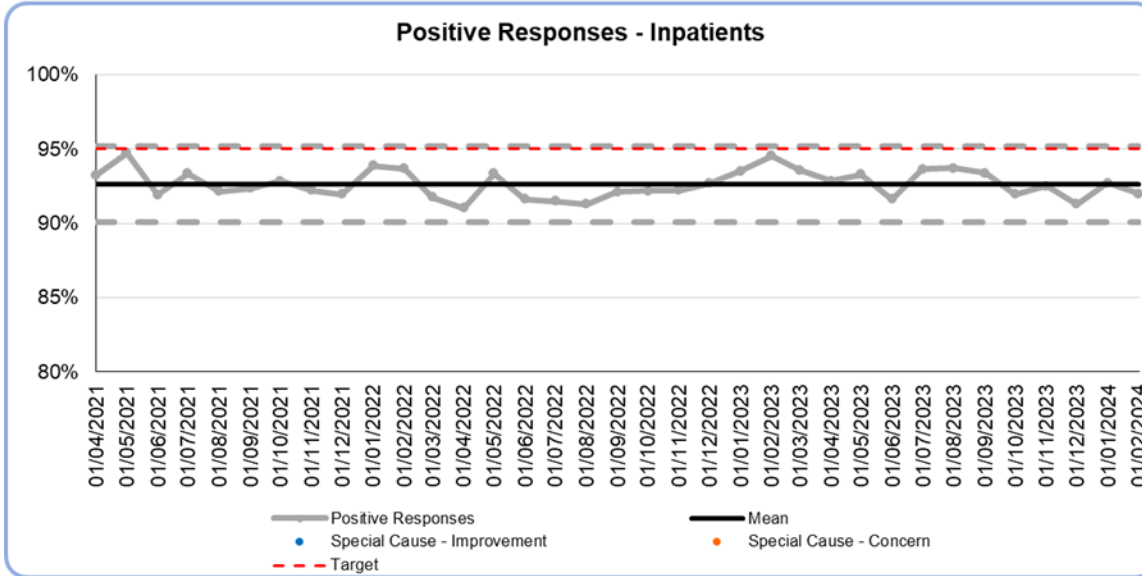
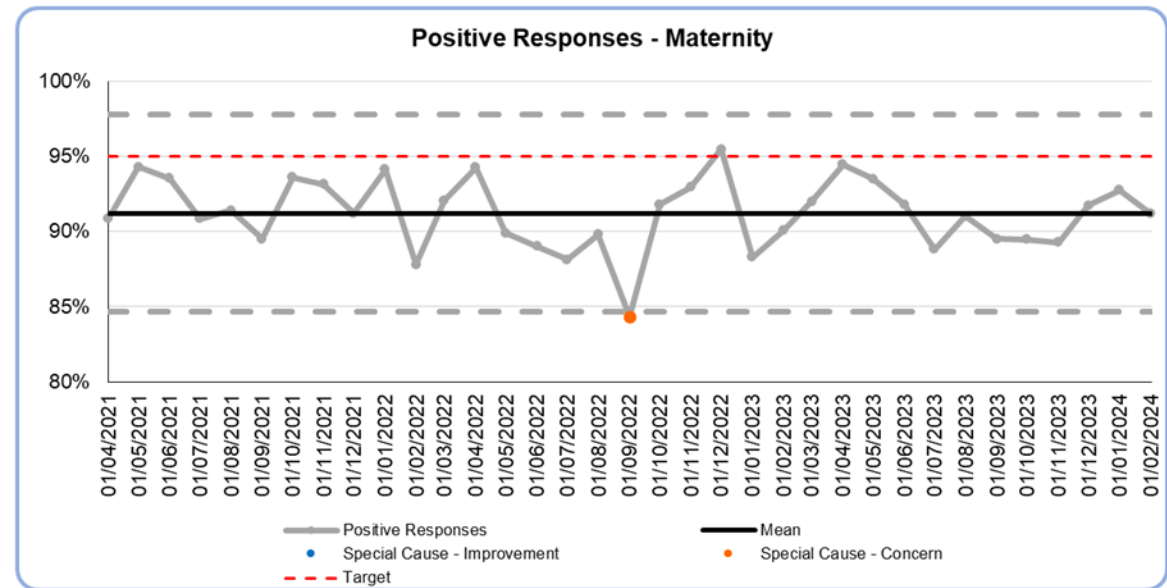
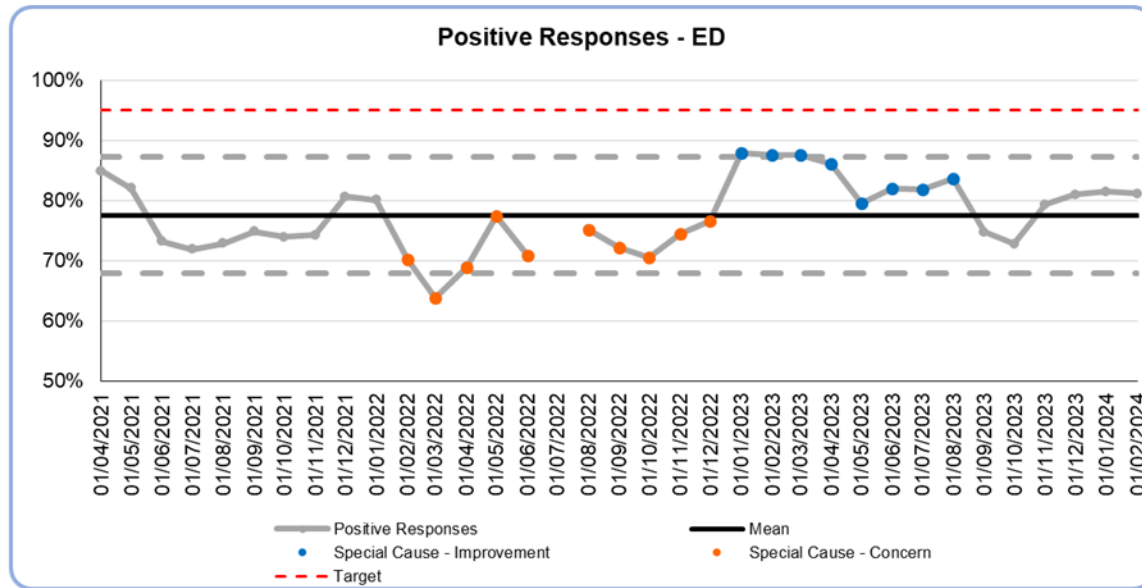
- 649 hours of music to date featuring 105 musicians
- 12 new applicants auditioned in July 2023, with 12 more auditioned in February 2024
- 3 informal auditions for NBT Staff
- 5 patients accessed the piano for their wellbeing
- 12 applicants currently working through onboarding process
- 6 existing team members returned to active duty
- 64 active volunteers
- 12 sessions for Elgar Enablement Unit, including support for Chaplaincy services
- 24 visits from guest performers
- Youngest team member currently 8, the oldest is 86!

Based on observations of a recent performance. If on average approximately 30 patients, 60 staff and 80 visitors experience each hour of music offered within our public spaces, that suggests our volunteer musicians provided more than 110,000 instances of musical engagement during this financial year.

The volunteer shown is Chris Money who has been with us for more than 5 years and has performed 30 times so far during this financial year.



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 February, 9,377 patients responded to the Friends and Family Test question. 6,773 patients chose to leave a comment with their rating. This is slightly fewer responses and comments than the previous month, however, this is expected as February is a shorter month.
- We had a Trust-wide response rate of 14%. This is the same as the previous month and above our internal target of 10%.
- 92.42% of patients gave the Trust a positive rating. This was very slightly lower than the previous month (93.26%) but is expected variation and remains within our tolerated range of performance.
- The top positive themes from comments were: staff, waiting time and clinical treatment. This is the same as last month.
- The top negative themes from comments were: waiting time, communication and staff. This is the same as last month.

What does this data tell us – Maternity?

- Positive responses are 91.4% for February. Negative responses are 4.3%.
- The % of positive responses has fallen slightly from 92.8% however this is within expected variation. The number of negative response has increased but only by 0.2%, suggesting there were more neutral responses this month, as opposed to more negative responses.
- The response rate across Maternity was 24%. This is 0.9% higher than the previous month

I can not speak highly enough about all the midwives, consultants, anaesthetists and all the other staff on central delivery suite or the postnatal wards. They were all amazing, kind, attentive and caring. They made what was quite a difficult delivery easy and I would never consider having a baby anywhere else! Thank you

What does the data tell us - Emergency Department?

- The percentage of positive responses remains high at 81.1%. The percentage of negative responses has increased slightly from 11.9% in January to 12.1% in February.
- The response rate for ED remains at 21% for February.
- The top negative theme remains waiting time, and the top positive theme remains staff.

Staff were absolutely amazing. Caring, kind, relentlessly hard-working but they were short staffed and waiting time was so very long. Not the fault of the staff at all.

What does the data tell us - Inpatients?

- The % of positive responses has decreased very slightly to 89.4% for February and % of negative responses has increased to 5.7%.
- The response rate for inpatients in February has increased to 24%, from 22% in January.
- Positive themes from comments are staff, communication and clinical treatment.
- Negative themes from comments are, communication, staff and environment.

All the medical staff that dealt with my case were all very lovely and understanding, under all the pressures of the NHS each person who helped me showed great person centred care.

What does the data tell us – Outpatients?

- Positive responses are 94.5% for February, a slight decrease from January (95.3%). Negative responses have also slightly increased slightly to 2.3% from 2.1% in January.
- Most of the positive feedback relates to staff and waiting time. The negative feedback relates to waiting time and communication.

The staff were all very friendly and made me feel comfortable. However, there was a long delay and I wasn't seen until 45 minutes after my appointment time.

Complaints and Concerns

What does the data tell us?

In February 2024, the Trust received 40 formal complaints. This is 5 fewer than in January and 1 less than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (26). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 40 complaints, the largest proportion was received by ASCR (13).

There was 1 re-opened complaint in February (NMSK), 4 less than the previous month.

The number of overdue complaints at the time of reporting has increased from 1 in January to 6 in February, and are with Facilities (2), CCS (2), Medicine (1) and NMSK (1)

The response rate compliance for complaints has fallen to 71% in February from 79% in January. Both ASCR and WaCH made significant improvements in their compliance however a fall in compliance in CCS and Facilities has impacted the overall average.

A breakdown of compliance by clinical division is below:

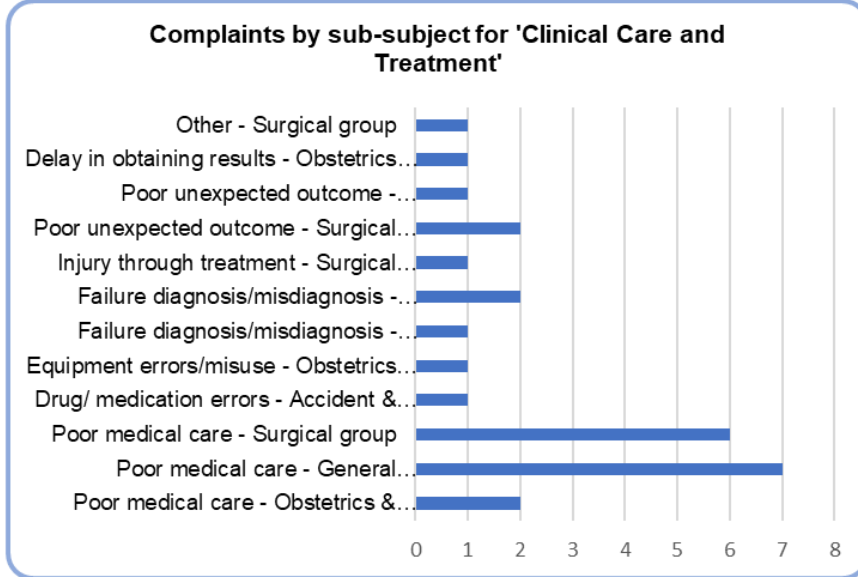
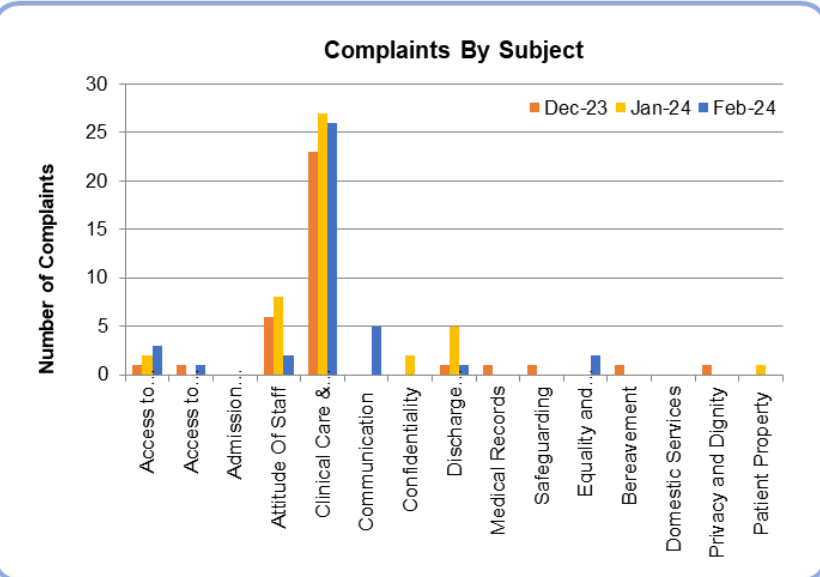
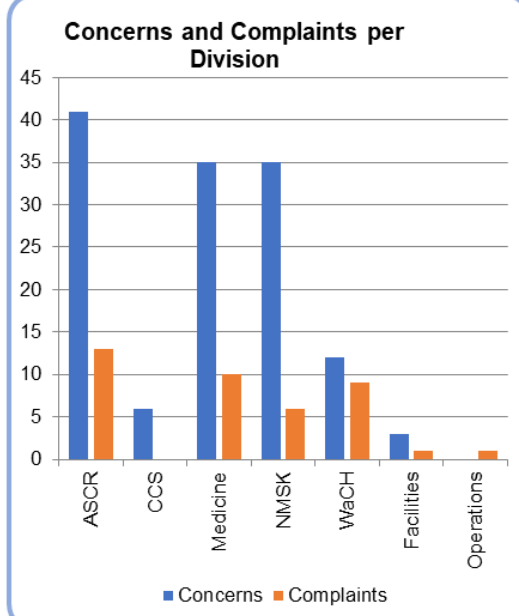
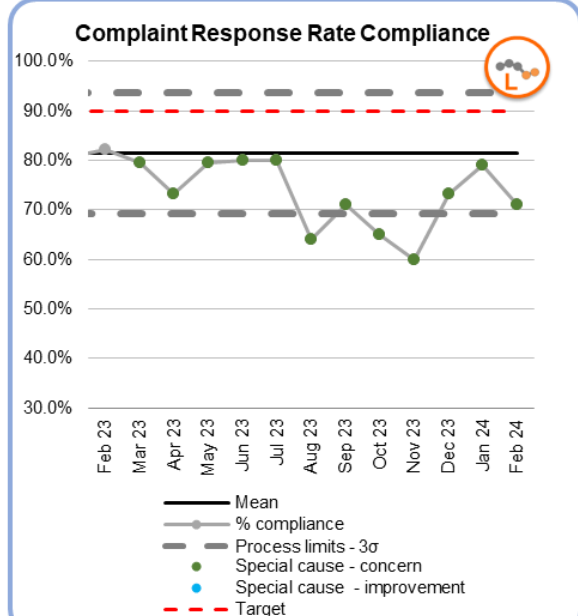
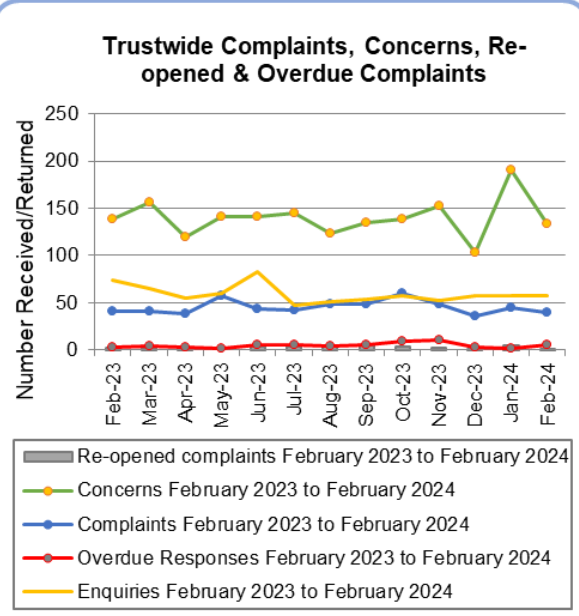
ASCR – 81% Medicine – 76% WaCH - 71% NMSK- 70%
CCS – 50% Facilities 0%

The overall number of PALS concerns received has decreased from 191 in January to 133 in February. Activity is slightly down on the same period last year (139).

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

The Complaints and PALS team are preparing to move from Datix to Radar for 2nd April and have been providing training to divisional teams for this.

The Complaints Lay Review Panel met in February and reviewed 3 cases.



Research and Innovation

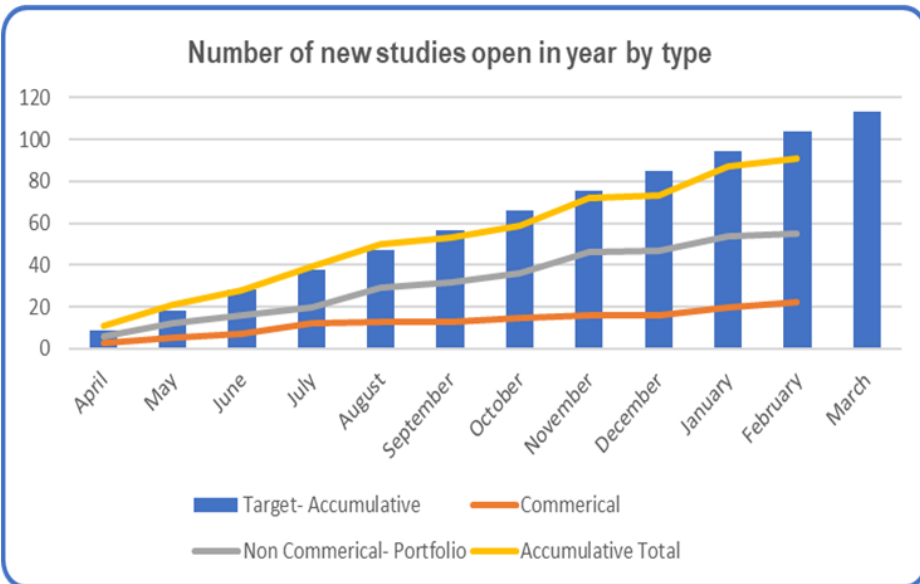
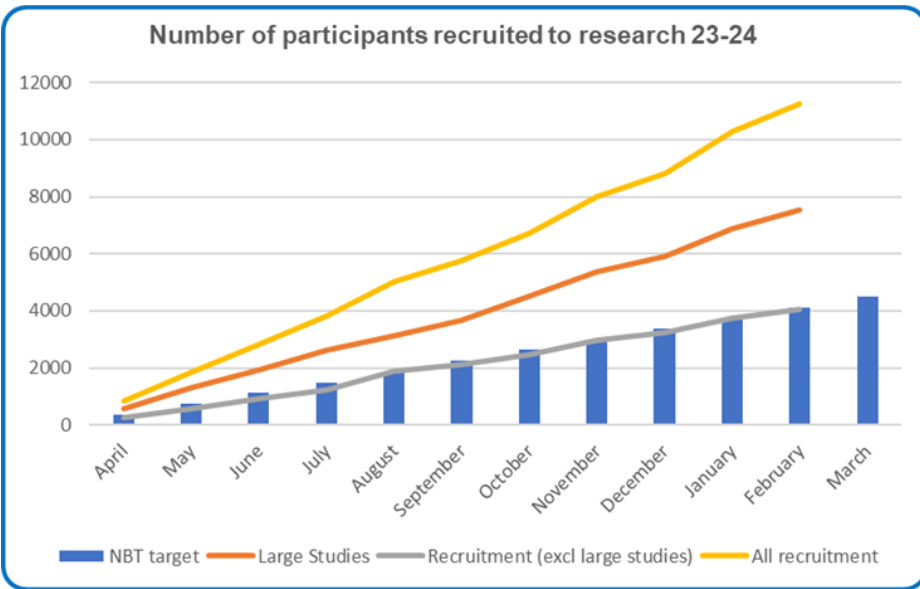
**Board Sponsor: Chief Medical Officer
Tim Whittlestone**

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 11260 participants have enrolled in research. We are currently achieving 273% 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 98%- we have the best research participation across all partner organisations in the West of England. The NBT research portfolio remains strong, we have 208 NIHR Portfolio open to recruitment. We have opened 91 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 75 research grant submissions grants, supported by R&D, in 2023. Congratulations to Dr Pippa Bailey on her recent 'intent to fund' for a prestigious NIHR Health Service Delivery Research (HSDR) grant, £1.8m. The funding will be used to undertake a hybrid-effectiveness-implementation trial of a patient and family outreach service to improve access to living-donor kidney transplantation (ASK study). This is the first NIHR HSDR grant to be awarded to NBT, a fantastic achievement.

The active research grant portfolio at NBT currently totals £47m, an increase of £3.5m from this point last year, due to both a high level of NIHR grant success in in preceding years as well as older grants, which were due to have closed by now, being extended due to Covid disruption. NBT currently leads 33 prestigious NIHR grants (£33m) and leads 29 grants funded through charity, industry and other (£2.4m). In addition, NBT is a partner on 39 grants (£10.9m).

NBT was awarded £1.1m Research Capability Funding for 2023/34, a 53% increase on the previous year's allocation, and a reflection of NBT's sizeable NIHR grant portfolio This allocation put 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 high success rates.

Our 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 4.82% (459.66wte) in February down from 4.87% (461.83) in January. The greatest reduction in vacancies was seen in additional clinical services which fell by 28.63wte and registered nursing and midwifery which fell by 12.30wte. The improvements for both staff groups were driven by increased staff in post; with Theatres and Maternity Services seeing the biggest improvements for additional clinical services, while Critical Care and Renal Services improved the most for registered nursing and midwifery staff.

Turnover

NBT's Rolling 12-month staff turnover rate decreased from 13.09% in January to 12.91% in February continuing the improvement trend since November 2022. The biggest improvements for February were seen in additional clinical services, administrative and clerical and registered nursing and midwifery.

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

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate increased slightly to 4.67% in February from 4.66% in January.

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

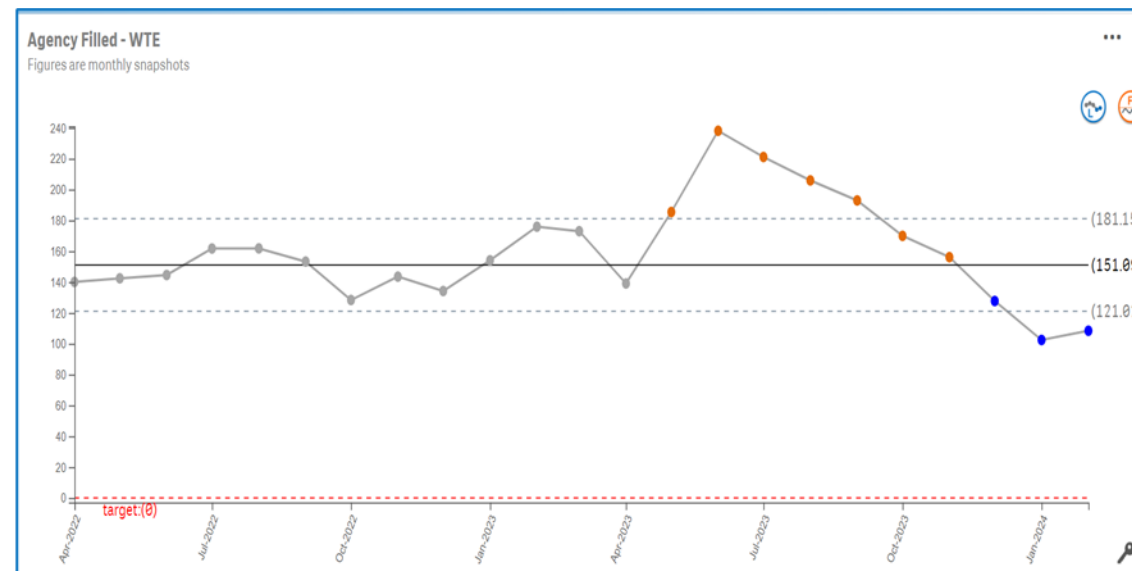
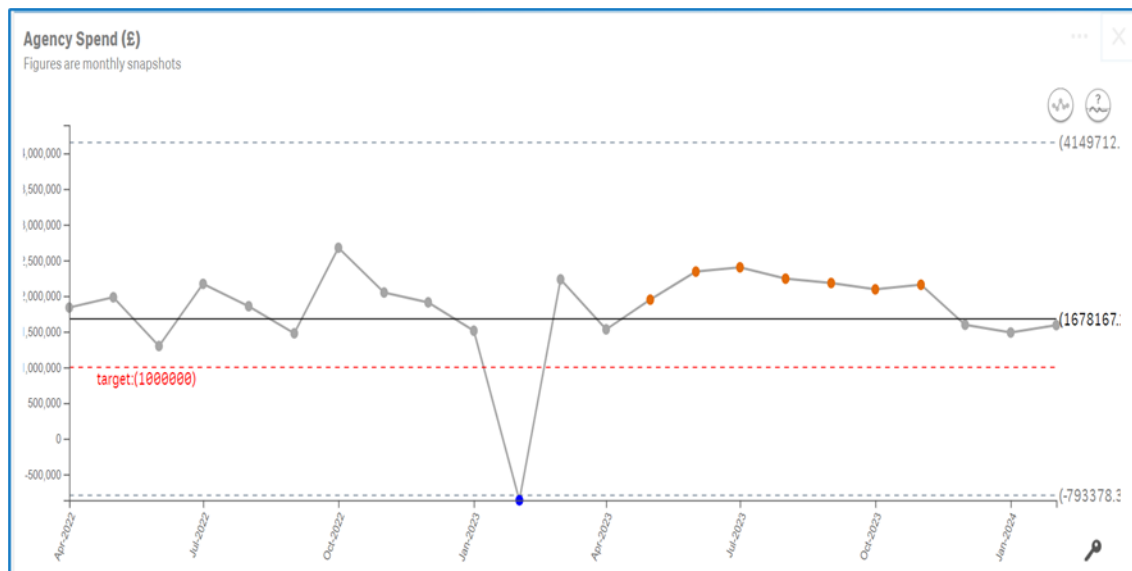
Temporary Staffing

Overall temporary staffing demand decreased by 1.09% (-10.75wte) from January to February, driven by decreased demand for additional clinical services staff (-12.86wte, -4.27%). There was an increase in unfilled shifts (+11.76%, +18.wte), driven by a decrease in bank shifts (-3.63%, -24.97wte), and February also saw a small increase in agency usage (+2.25%, 2.20wte). The increase in unfilled shifts was mostly seen amongst registered nursing and midwifery staff (+20.40%, +10.34wte).

wte = whole time equivalent

Theme	Action	Owner	By When
Vacancies	eForms have now been extended to Medical Recruitment. Furthermore, in our efforts to streamline processes, the medical recruitment process is now aligned to AfC hiring. Currently the Trust is experiencing ongoing issues with time to hire numbers – there has been an increase to 22 days. This is due to the increase in demand for DBS checking, as well as two further outstanding actions i) confirmation to use wet signatures on pension forms ii) uniform ordering form which will be implemented. Go live dates to be confirmed. Until resolved this will continue to drive up the time to hire monthly averages.	Deputy Chief People Officer	Apr-24
Turnover	Immediate retention actions commenced linked to HCA turnover in first 12 months of employment in hotspot areas , with additional interventions being implemented aligned to NBT's 2023-24 Retention Plan	Associate Director Culture, Leadership & Development	Mar-24
Staff Development	Implementing the Kallidus Perform Online Appraisal system across the Trust. System will go live 1 Apr 24	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	Apr-24
Temporary Staffing	SW Pan regional agency rate reductions on track to implement 8th April for Nursing agency (inc RMN and Theatres) Intention letters to reduce the rates and new rate cards issued to suppliers. Financial profiling of potential impact of reduced rates underway. Medical Locum work continues with draft rate card to be prepared by end of March. Bank attraction campaign and week of promotional activities underway with planned go-live week 8th April.	Deputy Chief People Officer	Apr-24

Temporary Staffing



What Does the Data Tell Us

Agency use saw an increase of 2.20wte overall, despite a reduction of 6.06wte in registered nursing and midwifery. The reduced registered nursing and midwifery agency use was most notable in Emergency Department Nursing, Theatre/Anaesthetics – Nursing, Elective Ortho Theatre, General Surgery & Gynae Theatres and Ward 26B.

Ward 28A (+3.55wte), Ward 9b (+1.14wte) and Ward 33A (+1.11wte) saw the largest increases in agency use for registered nursing staff in February.

Agency registered mental health nurse (RMN) use increased by 10.67wte from January to February, driven by increased usage in Wards 28A, 9B and Critical Care (ICU).

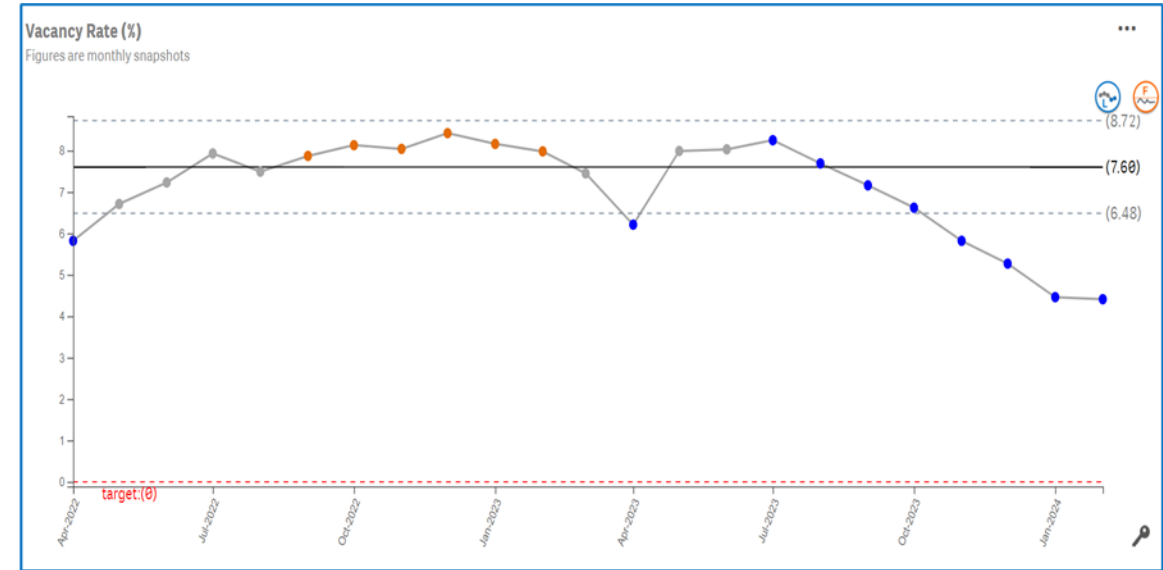
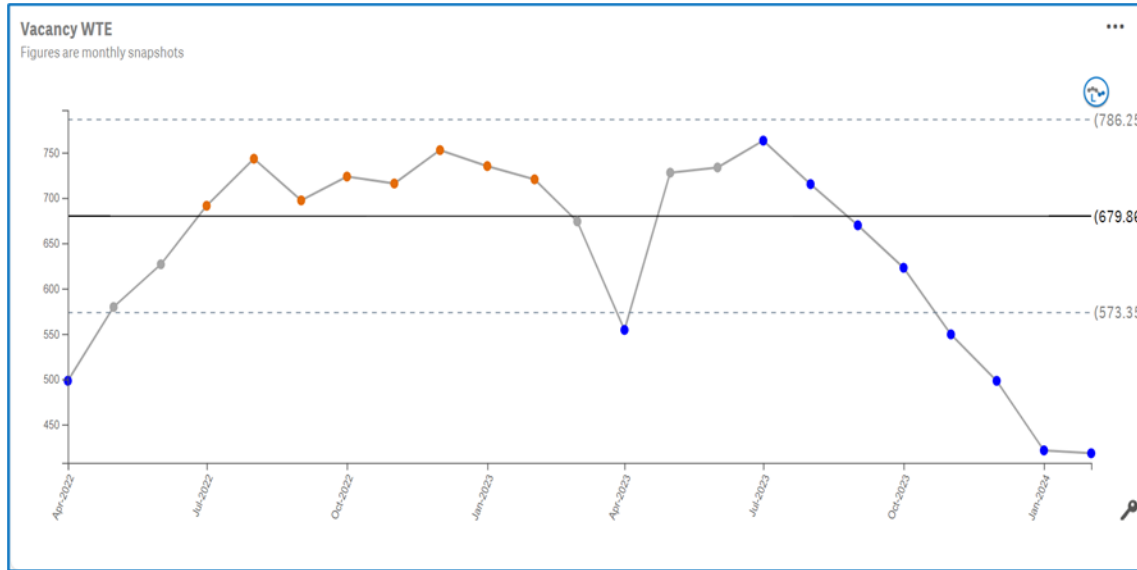
Actions

1. Task and Finish groups for Nursing and Medical Locums continue with feed into Temporary Staffing Oversight Board
2. Phase 1 of south-west pan regional standardised agency rates and reductions (Nursing) go live 8th April. Draft Medical Locum rate card to be ready by 31st March 24
3. Task & Finish group to be set up for Allied Health Professionals (AHP), Scientists and Non – Clinical agency to mirror existing Nursing and Medical Locum approach
4. Off Framework agency (OFA) analysis completed and work underway to move any identified OFA to Bank or compliant agency by 30th June.
5. Bank attraction campaign for Registered Nurses, Operating Department Practitioners (ODP) and Mental Health in response to reducing agency rates planned for week commencing 8th April

Agency Reduction: Continued focus on demand management for Nursing and wider development and implementation of the pan-regional rate card for nursing. Medical locums has focus on removal of long-term locums. Development of pan regional rate card underway.

Bank Optimisation: Week of activity including an attraction campaign and celebration events aligned to release of Bank Staff Survey results planned for week of 8th April.

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

1.Offers: 8.52wte of offers for Health Care Support Worker (HCSW) roles were made in February: 3.00wte for band 2 and 5.72wte for band 3

2.Pipeline: 29.26wte of candidates with offers being processed. Current withdrawal rates have dropped to 5% for HCSW roles which suggest that 27.79wte will join over next three months (between March and May) which is lower than last year where 41.79wte joined, however there are 178.81 more staff in post this year compared with last year.

Registered Nursing and Midwifery

1.Offers: 48.94wte of offers to band 5 experienced and newly qualifying nurses across the Trust

2.Pipeline: Domestic 168.47wte band 5 candidates with offers being processed. Current withdrawal rate is at 9.5% which suggests 143.19 will join the Trust.

3.Pipeline International: There are 13.00wte in the pipeline allocated to start in March which is lower than last year where 20.00wte joined. International recruitment will pause for the next 2 months.

Recruitment Activity

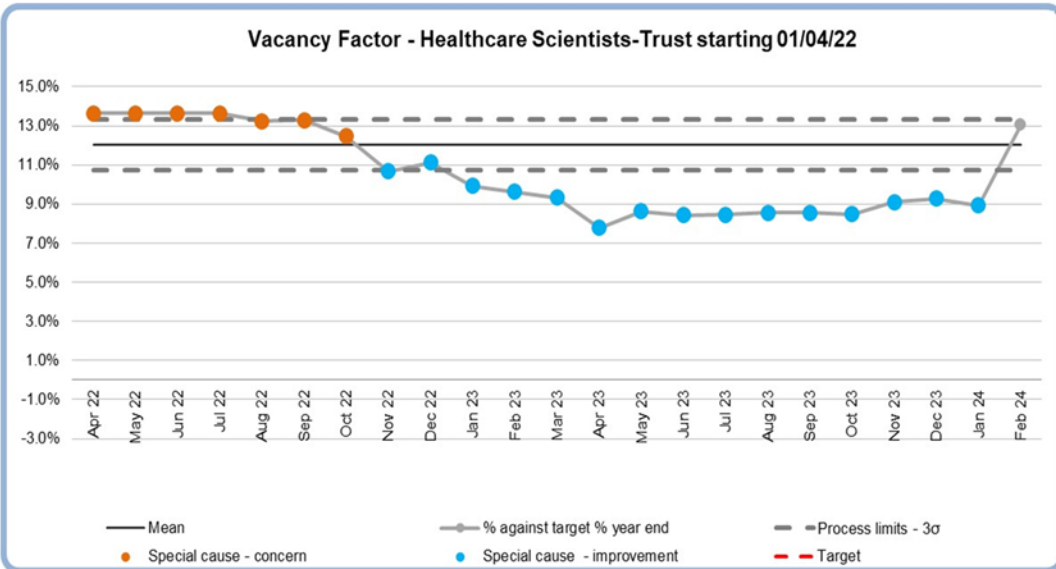
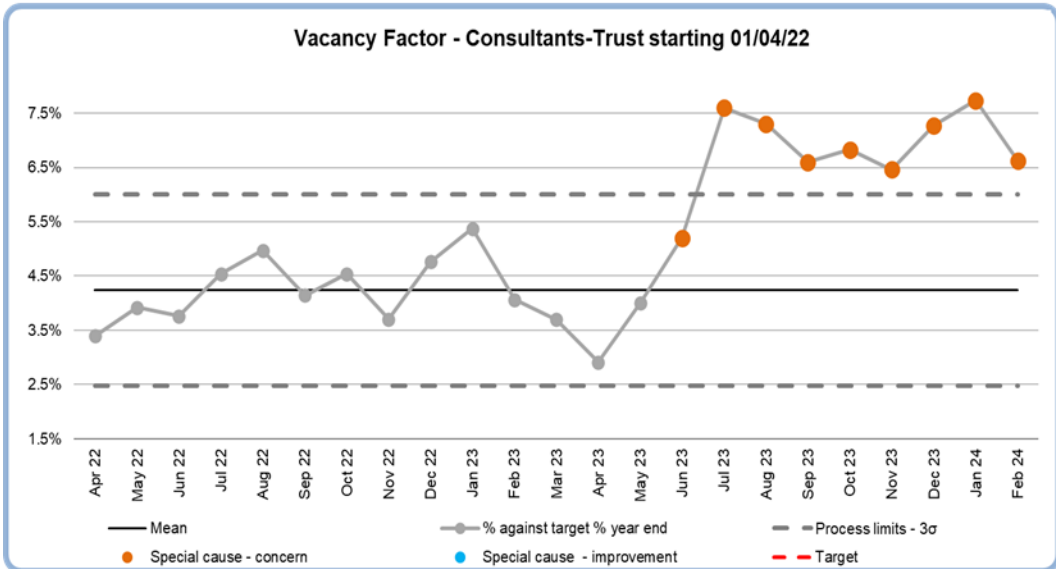
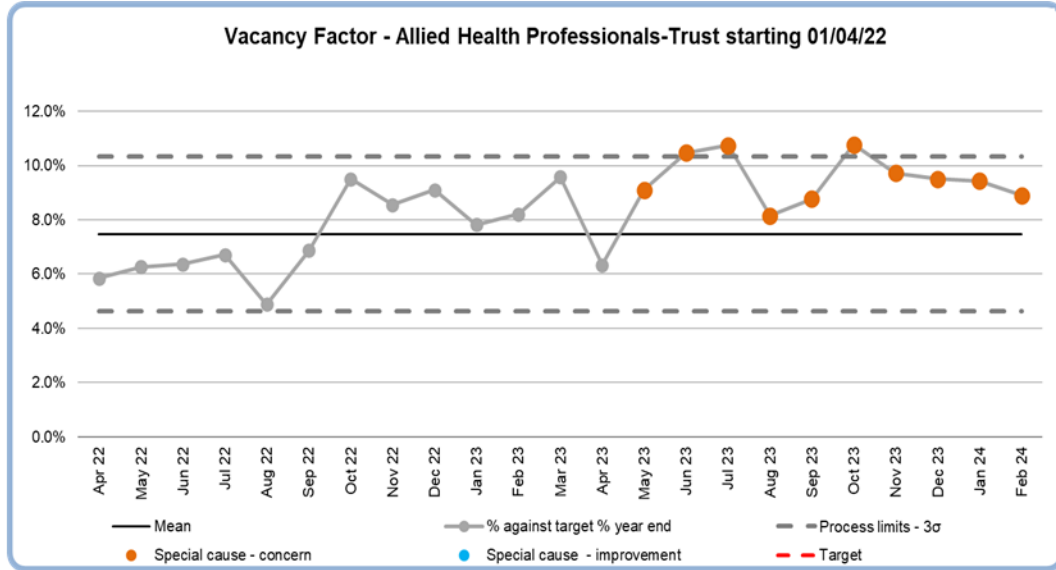
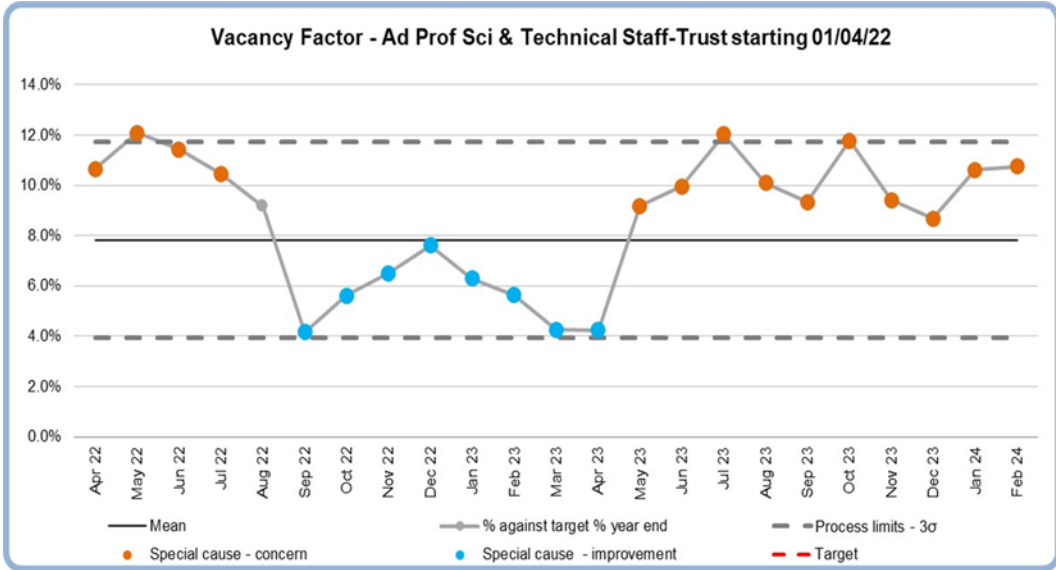
1.TA attended three Nursing careers events this month including an internal Nursing Open day where we had 27 people attend and 12 offers on the day.

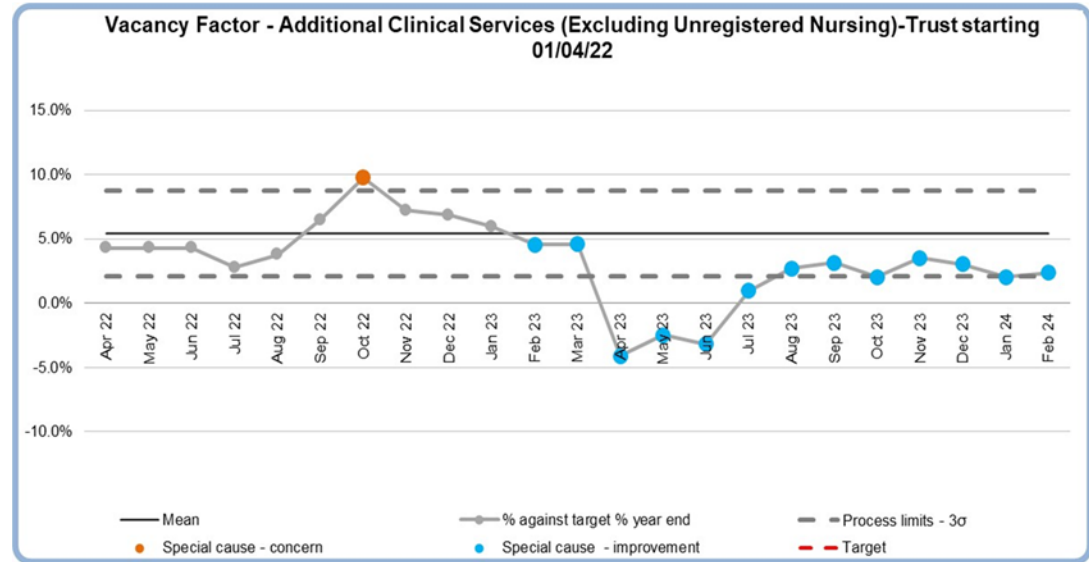
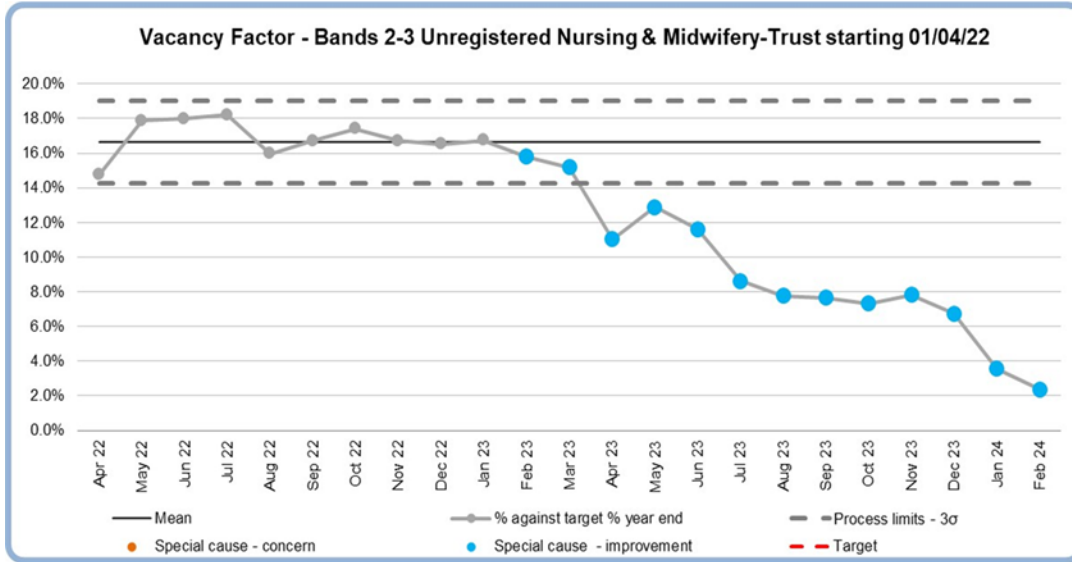
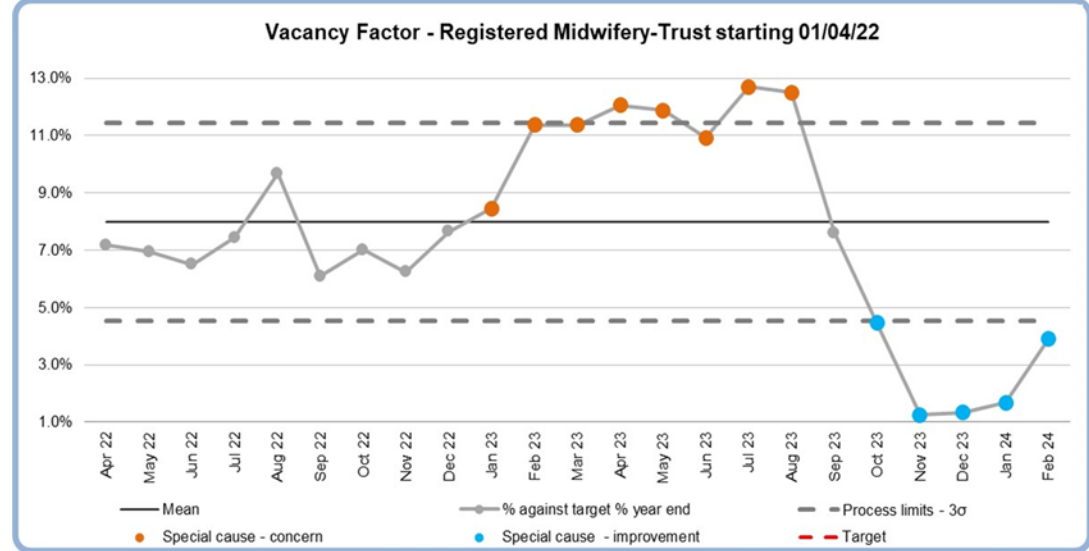
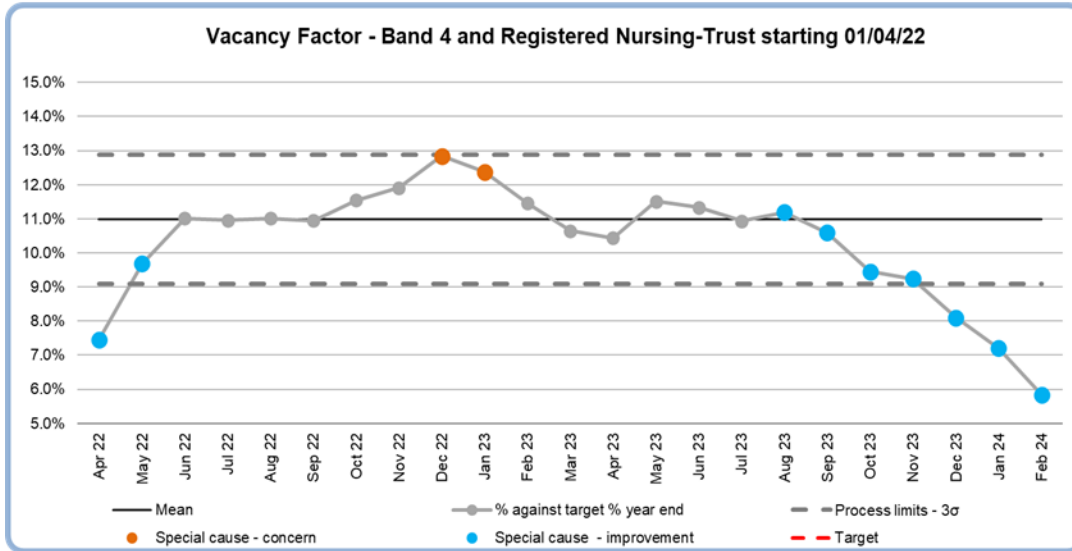
2.International Recruitment: We welcomed 17 Internationally educated Nurses to the Trust in February

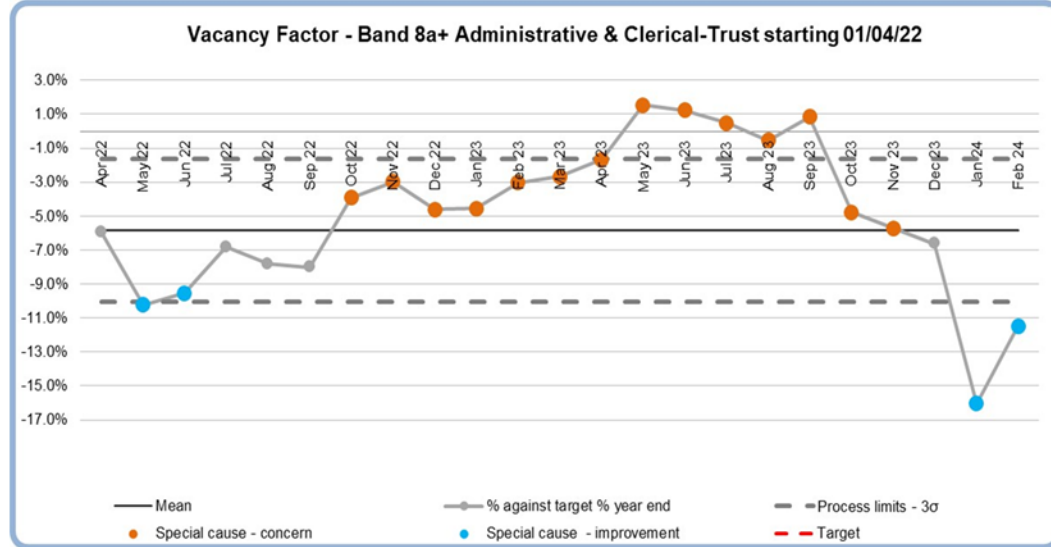
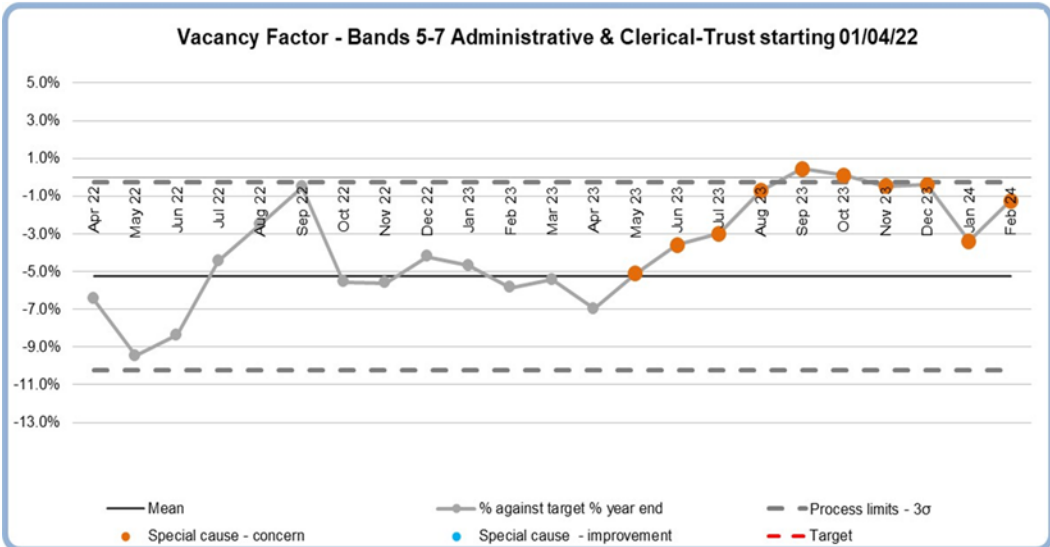
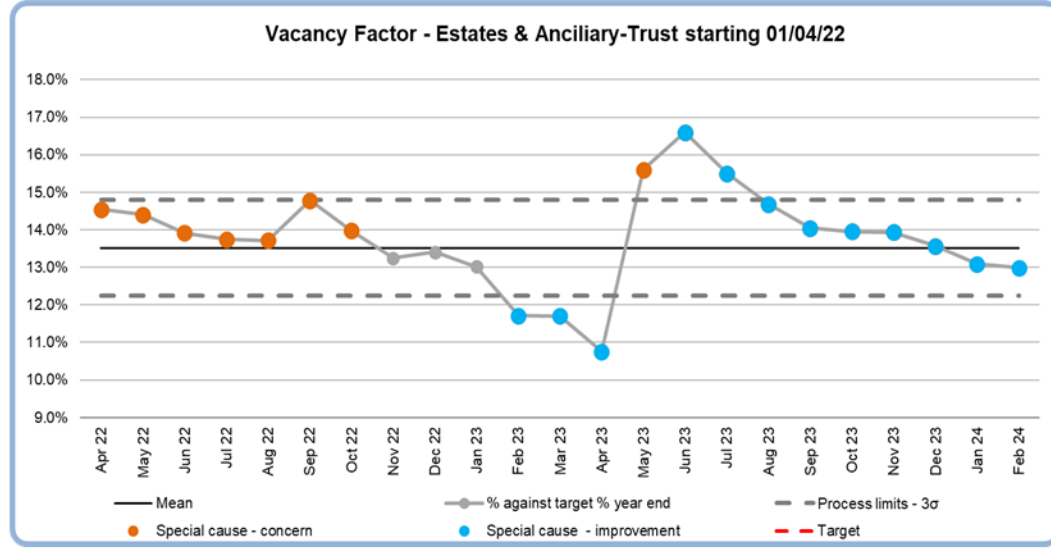
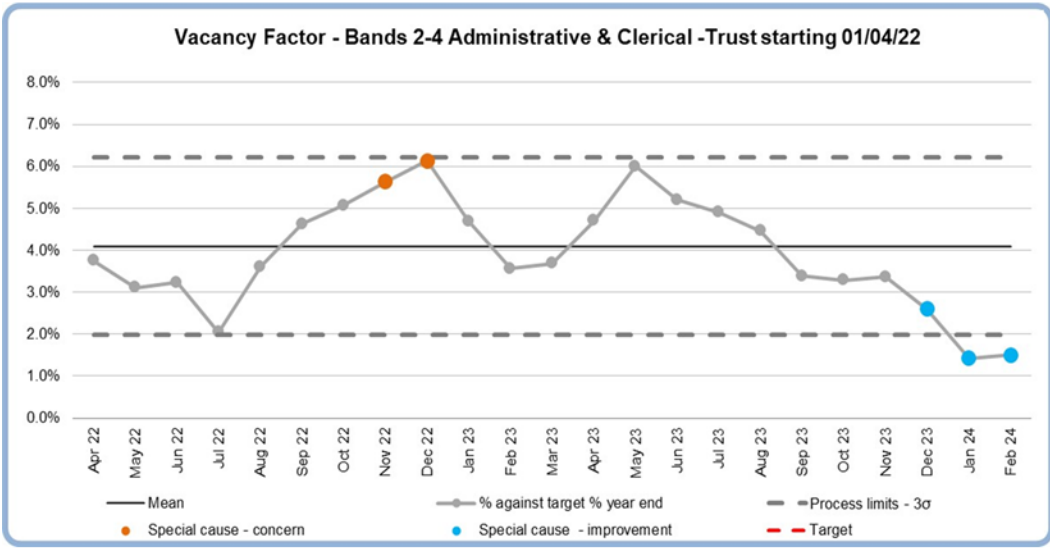
Current actions being taken to mitigate withdrawal rates:

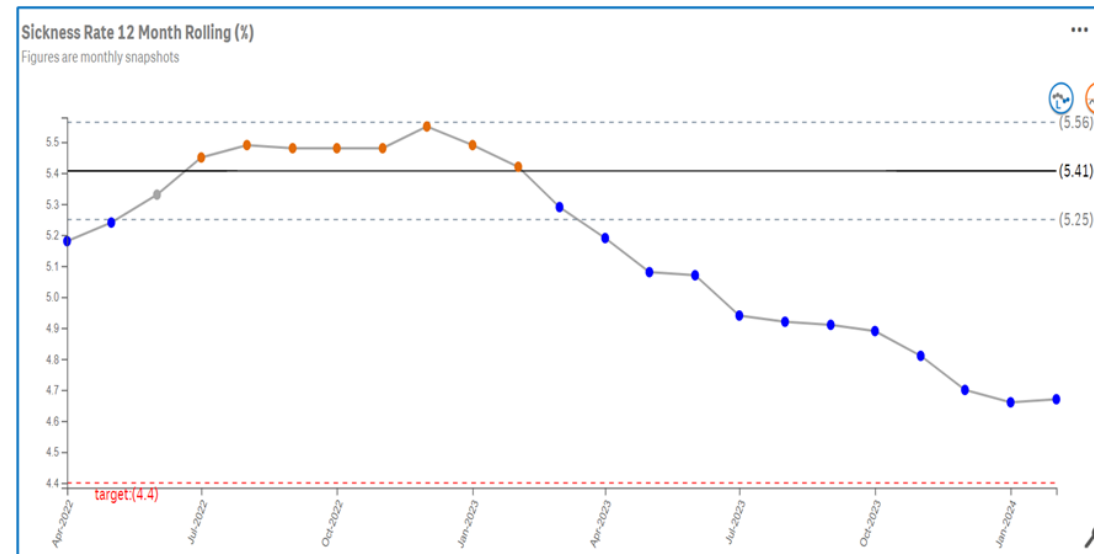
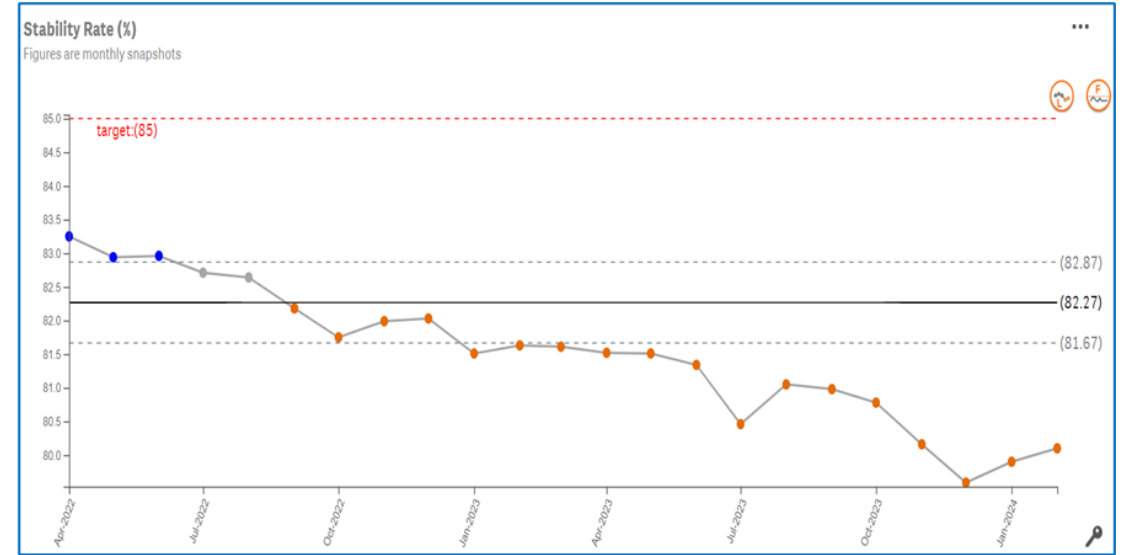
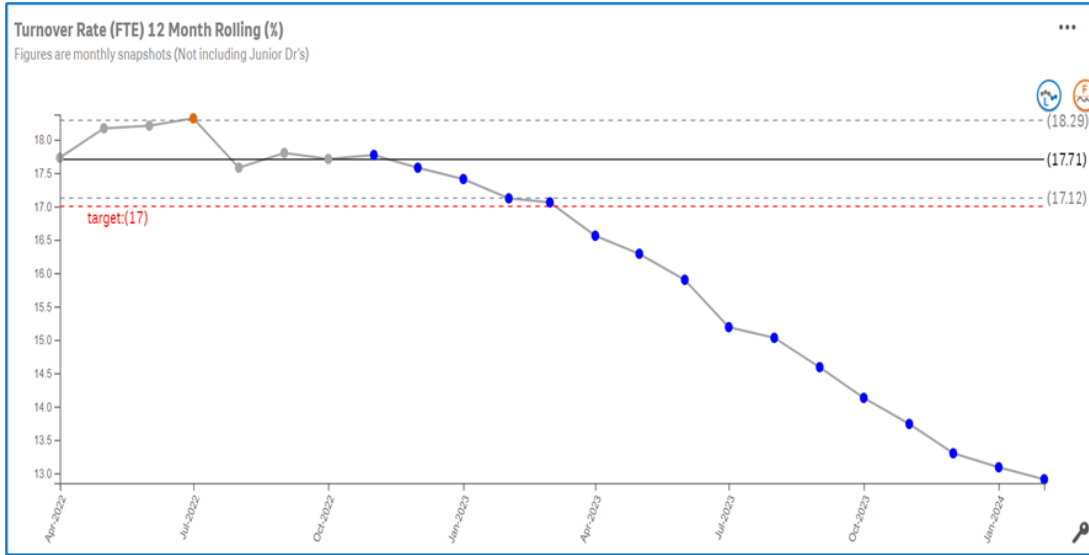
1.Midwifery incentivisation programme in place – Withdrawal rates remain at 6%

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









Actions delivered: (Associate Director of People)

- Continued work on the zero-acceptance campaign
- Agreed policies on partnership working and disputes, relationships at work, recruitment and relocation
- Simplified process for policy agreement agreed.

Actions in Progress:

- Policies under development include disciplinary, job evaluation, Trust Board Appeals and Leave – to include provisions for baby loss/miscarriage and fertility treatment **(April)**
- New casework system procured, with training due to be delivered in April **(April)**
- Complex investigations service in development, due to go live at the beginning of June. **(June)**
- Data triangulation, in respect of staff allegations and zero acceptance campaign **(June)**

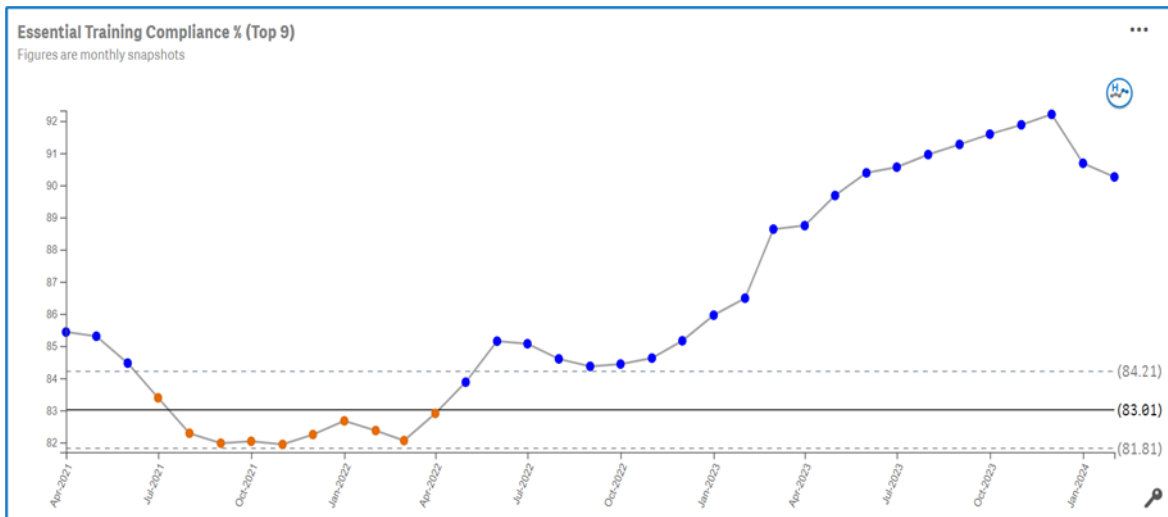
Retention and Staff Experience (including Health and Wellbeing)

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

- Further Sexual Safety Listening events and an awareness-raising session with NBT Consultants have occurred
- Long-term Retention Plan finalised and signed off
- Inclusion ambassadors (to support Disabled and Neurodiverse staff) trained using WDES project funding
- People Promise Manager appointed
- Further menopause awareness training undertaken
- Violence and Aggression workshop undertaken with follow-up actions established
- Unembargoed Staff Survey results shared with organisation
- International Women's Day celebrated

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

- Launch new web-based My Appraisal system – **1 Apr 24**
- Implementation of EDI Plan (12- point plan) actions, and further socialisation and embedding of plan with Divisions **(November – March 2024)**
- Development of tools and resources by the 'Sexual Safety in Healthcare' Group **(December 2023 – July 2024)**
- Development of Staff Survey follow-up actions **(March – May 2024)**
- Develop an NBT-wide Health and Wellbeing Strategy and underpinning Staff Experience Plan **(March – June 2024)**
- OH/NBT stakeholder event **(March 2024)**
- Establishment of Diverse Recruitment Panels **(Jan – April 2024)**



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

- QLIK (13 Feb 24) shows compliance as **All staff 90.59%**, Permanent Staff 92.9%, Fixed Term Temp 87%, Other 81.5% (NBT eXtra 85.7%).
- Outliers in Training Compliance: Honorary staff at 42.2%, and Medical & Dental at 80.3%.
- Training Compliance By Training Title (Top 9) shows that Information Governance is 86.8%, (below the 95% trust compliance target).
- The most significant training expirations in the next three months are Information Governance, Fire, and Patient Handling.
- Oliver McGowan's mandatory e-learning is at 72.5%. All staff must complete this. Oliver McGowan Mandatory Level 2 - Face to Face – dates available on Link.

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 has emailed all bank staff directly and has set up MaST sessions in the computer suites to increase compliance.
- Including 5 MaST subjects in corporate induction has helped increase day-one compliance.

Leadership & Management Learning (Leadership Development Manager)

- **Mastering Management:** Cohort 1, close to completion, planning celebration event. Cohorts 2-5 are full and in progress. Cohort 6 open, starts 03.04.24. We have allocated 144/ 240 participant places, and 213 completed expressions of interest. Feedback from participants is excellent. Rating 4.45/5' (1 = Poor; 5 = Excellent) to the question 'Overall, how would you rate the learning impact from this module? Modules improved based on qualitative and qualitative feedback. UWE have begun impact evaluation.
- **Coaching and Mentoring:** Contracting for procurement of the PLD platform in partnership with UHBW is almost complete. The revised target go-live date is 1 May 24. The NBT Coaching Community CPD event was on 7 Mar 24.
- **Excellence in Management:** Programme activity for Cohorts 1 and 2 resumed in February; Cohort 1 has completed its last learning module, and the programme concludes on 27 Feb 24 with a Programme Review and Celebration Event. 25 Confirmation emails have been sent to the successful applicants in readiness for the launch of Cohort 3 on 27 Mar 24. Cohort 3 has 37.5% diversity across Race, Disability, Sexual preference and Religious Beliefs; 45% Male, 55% Female; Band Range from Band 6 to 8d and a Consultant.
- **Leading for Change:** "Kindness into Action" with keynote speaker Tim Keogh will be hosted on the 20 Feb 24.
- **Accelerate update:** Cohort 2 will have the second session on the 19 Apr 24, and the celebration event is planned for the 21 May 24. Cohort 3 will be promoted in March and April, with an application deadline 30th of April,
- **ILM Leadership and Team Skills**—19/21 places were accepted for Cohort 1 (Apr/May 24) and 9/21 places were accepted for Cohort 2 (Jun/Jul 24).

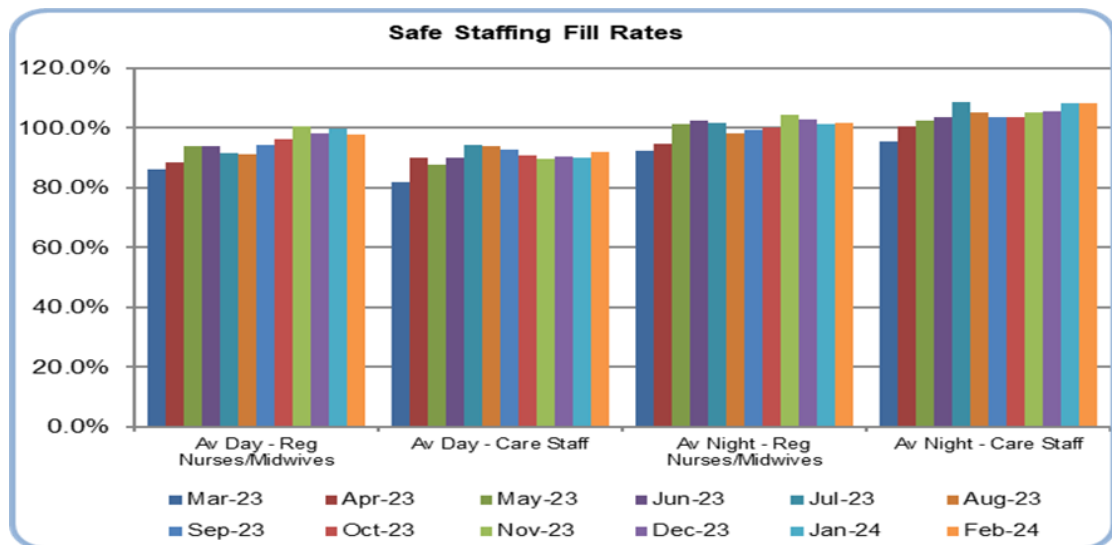
Trust Apprenticeships and Widening Engagement (Head of Apprenticeships and Early Careers)

- February levy – Expired funds - £30,096, Transferred levy - £14,003 – Levy utilisation 50%.
- Apprenticeship vacancies across the Trust for new roles are increasing, especially in WACH for receptionist roles.
- The employability coach for the MPSF has been appointed, the role is already making a good impact, and engagement meetings have been planned for 6/8 within the areas of the Commitment to Community plan.

Apprenticeship Centre

- Ofsted inspection took place 12-14 March and awaiting formal notification of the inspection result.
- The current Qualification Achievement Rate (QAR) is 50%, but it is predicted to be 75% by the end of the academic year.
- Apprenticeship recruitment is still slow in healthcare apprenticeships.
- Recruitment for non-clinical apprenticeship cohorts is consistent, with new cohorts in March and May.

Safe Staffing



Feb-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	97.78%	92.15%	101.50%	108.44%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	Green	Red	Green	Red
Cotswold Ward 01269	Green	Red	Green	Red
Elgar Wards - Elgar 1 17003	Green	Red	Green	Red
NICU 01255	Green	Red	Green	Red
Theatre Medi-Rooms (Pre/Post Op Care) 14966	Green	Red	Green	Red
Ward 26A 14311	Green	Red	Green	Red
Ward 32A CAU 14103	Green	Red	Green	Red
Ward 33A 14221	Green	Red	Green	Red
Ward 33B 14222	Green	Red	Green	Red
Ward 34A 14325	Green	Red	Green	Red
Ward 34B 14324	Green	Red	Green	Red
Ward 6B (mainly Neuro) 14211	Green	Red	Green	Red
Ward 8B (Renal - 38 Bed) 14411	Green	Red	Green	Red
Ward 9B Flex Capacity 14501	Green	Red	Green	Red
		Below 80%		Over 120%

Safe Staffing Shift Fill Rates:

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

What does the data tell us?

For February 2024, the combined shift fill rates for days for RNs across the 29 wards was 97.78% and 101.50% respectively for nights for RNs. This is reflected through a higher acuity and number of escalation patients in month. The combined shift fill for HCSWs was 92.15% for the day and 108.44% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for February.

February registered nursing fill rates:

- 3.45% of wards had daytime fill rates of less than 80%
- 0.00 % of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 10.34 % of wards had night-time fill rates of greater than 120%

February care staff fill rates:

- 17.24% of wards had daytime fill rates of less than 80%
- 10.34% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 20.69% of wards had night-time fill rates of greater than 120%

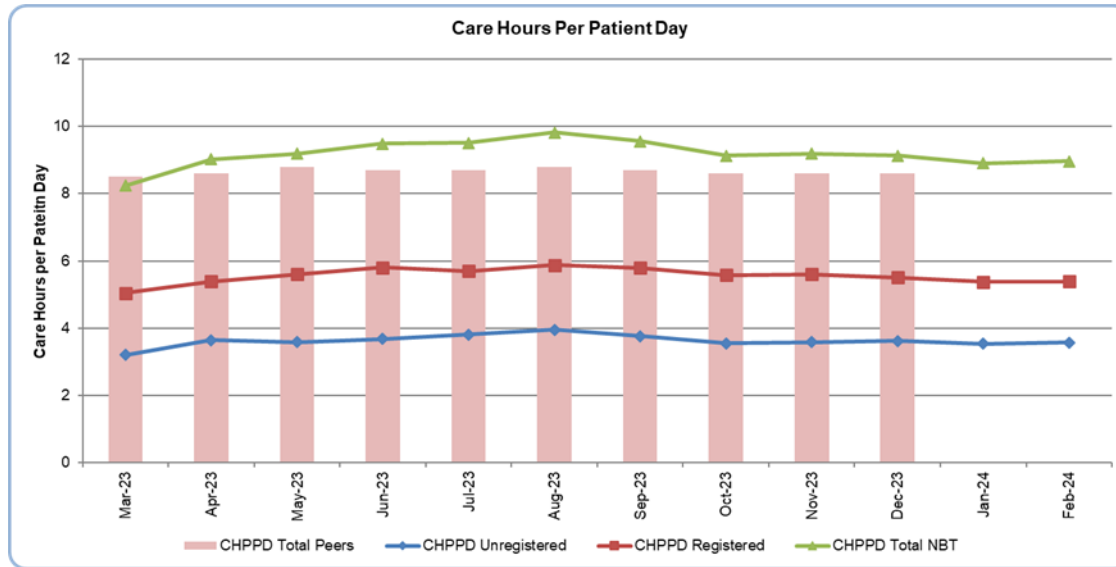
The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The decreased fill rate <80% on Cotswolds ward is due to winter funding for escalation which has not yet been required. The decreased fill rate on NICU is due to a higher number of vacancies.

The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response to patient acuity and increased levels of therapeutic observation (enhanced care) in order to maintain patient safety.

Compliance:

The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. Given this is the first month of the changes, compliance monitoring will commence next month.

Care Hours



Care Hours per Patient Day (CHPPD)

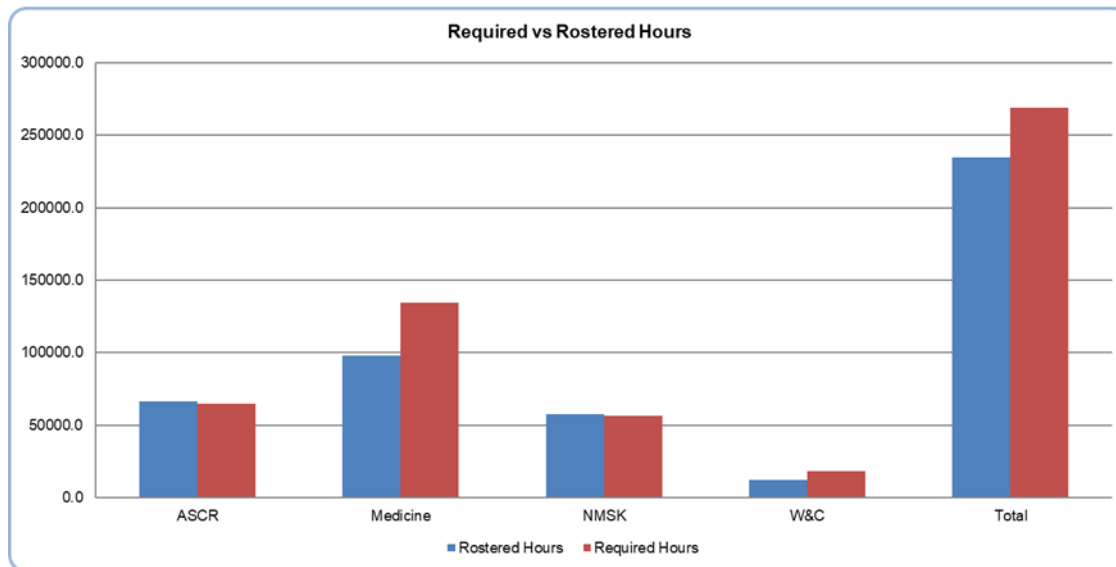
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications and patient records. This 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 11			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	67.9	74.7	6.8	721.3	744.9	23.7
Income	3.0	9.4	6.5	57.9	87.4	29.6
Pay	(43.1)	(48.0)	(4.9)	(482.0)	(504.8)	(22.7)
Non-pay	(26.2)	(34.4)	(8.2)	(298.2)	(331.3)	(33.2)
Surplus/(Deficit)	1.5	1.6	0.1	(1.0)	(3.7)	(2.7)

Assurances

The financial position for February 2024 shows the Trust has delivered a £1.6m surplus against a £1.5m planned surplus which results in a £0.1m favourable variance in month and £2.7m adverse variance year to date.

Contract income is £6.8m better than plan. This is driven by funding of £2.8m received this month from the ICB to support the impact of industrial action from December to February along with recognition of other commissioner funding.

Other income is £6.5m better than plan. This is driven by new funding adjustments (£5.2m fav). The remaining £1.3m favourable variance is driven by funding recognised in month in relation to fire dampener work (£0.3m), offset in non-pay and various benefits in divisions.

Pay expenditure is £4.9m adverse to plan. New funding adjustments, offset in other income, have caused a £3.9m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs and industrial action.

Non-pay expenditure is £8.2m adverse to plan. New funding adjustments, offset in other income, and pass-through drugs are £2.3m adverse. The remaining adverse variance is caused by in-tariff drugs, independent sector and M&S spend. The Trust has also seen the removal of the PDC benefit recognised in Month 9 causing an in month variance of £2.8m.

Statement of Financial Position at 29th February 2024

	22/23 Month 12	23/24 Month 10	23/24 Month 11	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	520.4	521.8	1.4	11.2
Current Assets					
Inventories	10.0	9.8	10.3	0.5	0.3
Receivables	57.2	55.8	51.2	(4.5)	(6.0)
Cash and Cash Equivalents	104.0	66.1	72.2	6.1	(31.8)
Total Current Assets	171.3	131.7	133.8	2.1	(37.5)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(83.9)	(84.9)	(1.1)	(40.3)
Deferred Income	(17.2)	(28.4)	(22.4)	6.0	5.2
Financial Current Liabilities	(17.1)	(27.7)	(27.8)	(0.1)	10.7
Total Current Liabilities	(159.5)	(140.0)	(135.1)	4.9	(24.3)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	0.0	0.4
Financial Non-Current Liabilities	(355.2)	(574.2)	(571.2)	2.9	216.0
total Non-Current Liabilities	(362.0)	(581.3)	(578.3)	2.9	216.3
Total Net Assets	160.4	(69.1)	(57.9)	11.2	(218.3)
Capital and Reserves					
Public Dividend Capital	469.1	477.9	483.7	5.8	14.6
Income and Expenditure Reserve	(371.3)	(541.8)	(541.8)	0.0	(170.5)
Income and Expenditure Account - Current Year	(5.4)	(73.2)	(67.8)	5.4	(62.4)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	(69.1)	(57.9)	11.2	(218.3)

Capital spend is £26.3m year-to-date (excluding leases).

Cash is £72.2m at 29th February 2024, a £6.1m increase compared with the previous month. The increase in month is driven by additional commissioner payments.

Non-Current Liabilities have increased by £216.3m in the year-to-date at Month 11 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, 29 February 2024 unless otherwise stated.

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.

NBT Quality Priorities 2023/24

Outstanding Patient Experience

We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.

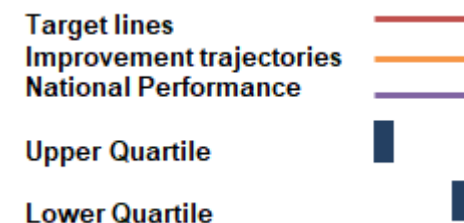
High Quality Care

We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.

We will minimise patient harm whilst experiencing care and treatment within NBT services.

We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

We will make Maternity and Neonatal care safer, more personalised, and more equitable



Appendix 2: Abbreviation Glossary

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

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

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

Appendix 2: Abbreviation Glossary

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

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

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

Appendix 2: Abbreviation Glossary

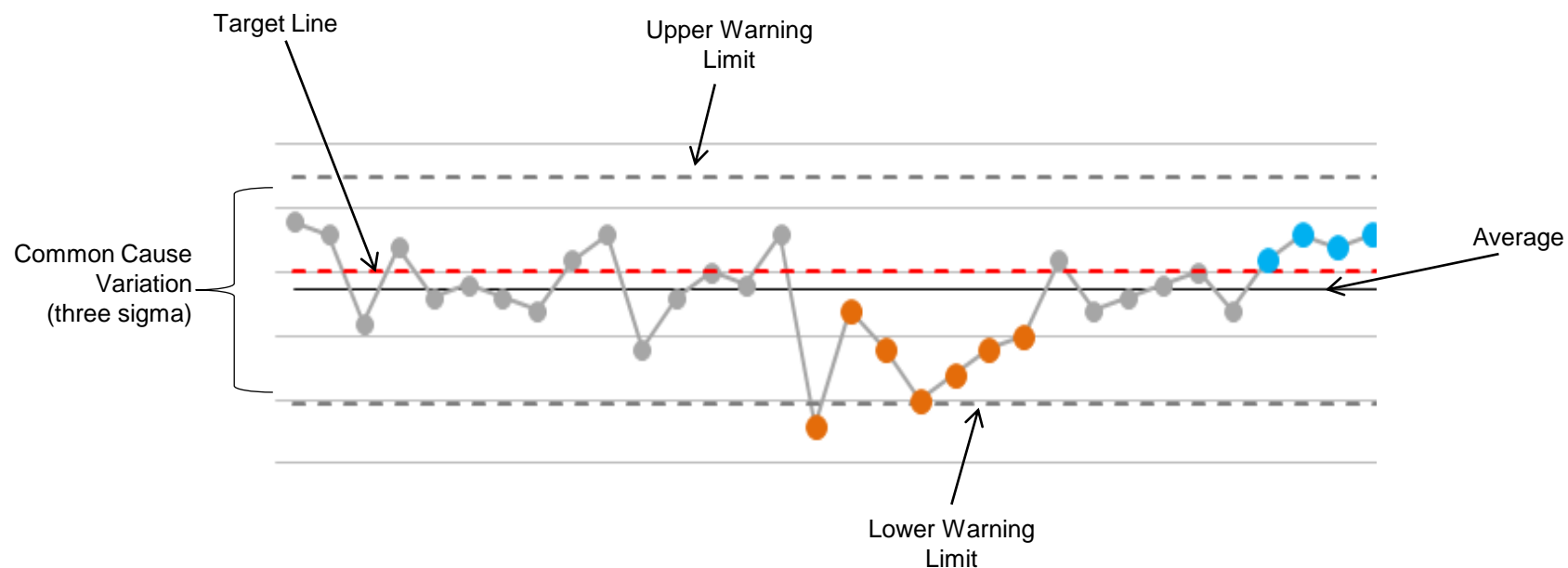
Abbreviation	Definition
NHSR	NHS Resolution
NICU	Neonatal intensive care unit
NMPA	National Maternity and Perinatal Audit
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
NOUS	Non-Obstetric Ultrasound Survey
OOF	Out Of Funding
Ops	Operations
P&T	People and Transformation
PALS	Patient Advisory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

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

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

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

Appendix 3: Statistical Process Charts (SPC) Guidance



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

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

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

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

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

Further reading:

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

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

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