

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**September 2023**  
(presenting August 2023 data)

CQC Domain / Report Section	Sponsor(s)	Page
Performance Scorecard and Executive Summary	Chief Operating Officer Chief Medical Officer Chief Nursing Officer Director of People and Transformation Director of Finance	3
Responsiveness	Chief Operating Officer	7
Safety and Effectiveness	Chief Medical Officer Chief Nursing Officer	15
Patient Experience	Chief Nursing Officer	22
Research and Innovation	Chief Medical Officer	26
Well Led	Director of People and Transformation Chief Medical Officer Chief Nursing Officer	28
Finance	Director of Finance	42
Regulatory View	Chief Executive	45
Appendix		47

# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	73.27%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%		56.58%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	57	261	482	433	786	312	9	135	2	39	10	12	17		1-1243	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%			
	Ambulance Handover > 60 mins		0	-	364	439	672	778	1041	457	105	267	87	231	164	165	182			
	Average No. patients not meeting Criteria to Reside			-	295	262	278	276	243	254	217	239	208	190	198	200	198			
	Bed Occupancy Rate			99.44%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%		32.12%	3/10
	Diagnostic 13+ Week Breaches		0	751	4844	4971	4627	4204	3663	2459	1497	939	740	593	595	300	124		76-4163	3/10
	RTT Incomplete 18 Week Performance		92.00%	-	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%		54.27%	3/10
	RTT 52+ Week Breaches	R	0	2525	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831	2689	2599		85-15129	2/10
	RTT 65+ Week Breaches			448	1230	1180	1062	1021	1105	895	742	547	591	594	619	624	606		0-4104	2/10
	RTT 78+ Week Breaches	R		-	441	394	375	319	306	223	167	69	65	84	59	44	48		0-474	3/10
	Total Waiting List	R		44154	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899	50119	50168			
	Cancer 2 Week Wait	R	93.00%	82.86%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	-		65.59%	9/10
	Cancer 31 Day First Treatment		96.00%	95.58%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	-		90.92%	7/10
	Cancer 62 Day Standard	R	85.00%	68.09%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	-		53.93%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	68.45%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	-		67.71%	6/10
	Cancer PTL >62 Days		242	186	858	529	328	329	328	335	191	140	178	207	171	183	236			
	Cancer PTL >104 Days		0	18	147	123	63	47	23	26	41	29	25	40	45	46	41			
Urgent operations cancelled ≥2 times		0	-	2	0	1	0	0	0	0	0	1	0	0	0	0	-			

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

# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%		
	Caesarean Section Rate				45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%		
	Still Birth rate			0.40%	0.00%	0.42%	0.19%	0.22%	0.00%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%		
	Induction of Labour Rate			32.10%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%		
	PPH 1500 ml rate			8.60%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%		
	Summary Hospital-Level Mortality Indicator (SHMI)				0.97	0.98	0.98	0.96	0.96	0.98	0.96	0.97	0.98	0.98	0.98	0.99	0.99	0.98	
	Never Event Occurrence by month		0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				1	0	0	7	1	3	3	3	2	4	0	0	2	2	
	Healthcare Safety Investigation Branch Investigations				1	0	0	4	0	1	0	0	0	0	0	0	0	0	
	Total Incidents				1284	1155	1261	1251	1320	1170	972	1188	1026	1118	1103	1029	1063		
	Total Incidents (Rate per 1000 Bed Days)				41	38	40	41	44	37	34	39	38	39	39	35	38		
	WHO checklist completion				95.00%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	96.74%	
	VTE Risk Assessment completion	R			95.00%	92.51%	92.76%	93.99%	94.82%	94.72%	95.18%	94.95%	94.54%	95.26%	94.67%	94.50%	94.38%	-	
	Pressure Injuries Grade 2				16	17	14	19	11	16	9	13	20	15	18	17	12		
	Pressure Injuries Grade 3				0	0	2	2	1	0	0	1	0	0	0	0	2		
	Pressure Injuries Grade 4				0	0	0	0	1	0	2	1	0	0	0	0	1		
	PI per 1,000 bed days				0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.56	0.48	0.46		
	Falls per 1,000 bed days				7.20	7.25	6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.76	5.73	4.97	5.80		
	#NoF - Fragile Hip Best Practice Pass Rate				42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	-		
	Admitted to Orthopaedic Ward within 4 Hours				19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	40.00%	-		
	Medically Fit to Have Surgery within 36 Hours				52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	62.00%	-		
	Assessed by Orthogeriatrician within 72 Hours				89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	96.00%	-		
	Stroke - Patients Admitted				68	72	65	102	89	111	64	115	94	121	181	132	100		
	Stroke - 90% Stay on Stroke Ward			90.00%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	-		
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	-		
	MRSA	R	0	0	0	0	0	0	0	0	0	2	0	0	1	1	0		
E. Coli	R		4	3	2	2	5	4	9	4	2	8	4	7	4	2			
C. Difficile	R		5	3	4	1	4	2	1	2	6	1	4	11	6	2			
MSSA			2	1	8	3	8	2	4	2	0	1	2	6	9	5			
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%		
	Friends & Family Positive Responses - Emergency Department				75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%		
	Friends & Family Positive Responses - Inpatients				91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%		
	Friends & Family Positive Responses - Outpatients				90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%		
	PALS - Count of concerns				154	151	143	141	126	106	139	156	120	141	141	145	123		
	Complaints - % Overall Response Compliance			90.00%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%		
	Complaints - Overdue				1	3	7	5	12	5	3	4	3	1	6	5	4		
Complaints - Written complaints				62	64	76	66	51	62	41	41	38	57	44	42	48			
Well Led	Agency Expenditure ('000s)				1726	1292	2616	1992	1675	2030	1809	2485	2485	2485	2485	2242			
	Month End Vacancy Factor				8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%		
	Turnover (Rolling 12 Months)	R		-	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%		
	Sickness Absence (Rolling 12 month)	R		-	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%		
Trust Mandatory Training Compliance				83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%			

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## Urgent Care

Four-hour performance was 71.94% in August. NBT ranked first out of ten reporting AMTC peer providers for the eighth consecutive month. 12-hour trolley breaches and ambulance handover performance in August were slightly higher than the previous month, reporting at 17 and 182, respectively. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

## Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostics performance improved again in August, reporting at 14.18%; well ahead of plans to deliver 15.00% by the year-end. The last remaining >26-week waits for Endoscopy (Industrial action impact) are planned to be cleared in September. Non-Obstetric Ultrasound challenges continue, but the team have made progress on the in-year position within the last month. In-year RTT target ambitions remain significantly challenged due to the ongoing impact of industrial action.

## Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list. There has been and is expected to be a significant impact from industrial action on the Trust total PTL size and waiting times. As this work is recovered, it is anticipated that headlined target performance will show deterioration (as patients are seen and treated), before it recovers. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (this is TWW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved although we continue to experience fluctuations in the >62-day position. In the plan, the next key measure of focus is the FDS 28-Day standard – this approach was determined before the NHSE recently released the intention to move away from the TWW target and towards a 28-Day standard for faster diagnosis. We were starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, however the loss of activity due to industrial action in some high-volume cancer areas (dermatology, breast services and urology), means there has been a dip in performance as this work is recovered and patients are seen.

## Quality

Within Maternity, all cases reviewed via the Perinatal Mortality Review Tool (PMRT) have had all aspects of care rated positively (none graded C or D which are poor) and there were no moderate harm incidents or HSIB referrals during July. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage in July was 4.7%, which is the fourth month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable. Workforce pressures continue across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place. Infection control data for August 2023 showed a reduced incidence of C-Difficile and MSSA but the overall position remains above trajectory. No new MRSA cases were seen. An improving trend in falls rates over the past 9 months has been sustained and the rate of for pressure injuries and remains within the existing 'normal range' within NBT's recent experience. There has been a spike in medication incidents reported over the past 2 months, which appears attributable to a change in reporting basis (now including externally reported incidents). A deep dive into medication safety is being undertaken at the Patient Safety Committee in October for this. The rate of VTE Risk Assessments has improved over the past 6 months overall but actions continue to bring reported compliance to above 95%. Notwithstanding this, the trust's commitment to continuous improvement, not just in this metric but more widely for VTE prevention and treatment, has been recognised through the external revalidation of NBT's status as a national **VTE Exemplar centre** on 8 September 2023.

## Workforce

Trust vacancy factor was 7.69% in August (706.1 wte) from 8.25% (769.8 wte) in July. The greatest reduction in vacancies was seen in registered nursing and midwifery and doctors in training/clinical fellows. The former predominantly driven by the movement of 23 wte of international nurses and newly qualified staff to from band 4 to band 5. The latter relates to a net gain of staff resulting from the August rotation. Rolling 12-month staff turnover decreased from 15.19% in July to 15.03% in August with the improvement trend continuing. The level of improvement sustained since November 22 equates to the equivalent of approximately 180 wte fewer leavers in a year, including 50 wte fewer band 5 nurses and 35 wte fewer support workers. The Trust has finalised its one-year retention plan and is currently drafting the five-year retention plan and aligning to the outcome of the 1<sup>st</sup> iteration of the long-term workforce plan scheduled for October. The Trust rolling 12-month sickness absence position decreased from 4.94% in July to 4.92% in August which represents the eight month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains materially unchanged from last month. Overall temporary staffing demand reduced by 4.70% (52.2 wte) in August compared to July. The greatest reduction was in registered nursing and midwifery (6.33% reduction in demand equating to 27.1 wte). Agency use and unfilled shifts decreased at a greater rate than demand, 10.99% (23.9 wte) and 8.54% (7.8 wte) respectively.

## Finance

The financial plan for 2023/24 in Month 5 (August) was a deficit of £0.9m. The Trust has delivered a £1.8m deficit, which is £0.9m worse than plan. The year-to-date position is a £4.4m adverse variance against a planned £6.9m deficit. The in month and year to date position is being driven by £0.7m and £3.0m respectively of costs related to industrial action. The Trust has recognised £0.6m of income in month 5 to offset the impact of the April industrial action. Therefore, £2.4m of the adverse position is driven by strike action costs. Temporary staffing costs in the year-to-date position is creating a £3.9m adverse variance to plan, the impact of which is offset by delays in investments. The Trust cash position at Month 5 is £66m, a reduction of £38m from Month 1. The forecast outturn for 2023/24 sees the Trust cash balance reduce to £49m by Month 12. This is driven by the Trust underlying deficit. The Trust has delivered £10.0m of completed cost improvement programme (CIP) schemes at month 5. There is a further £5.2m of schemes to be developed and £5.7m in the pipeline.

# Responsiveness

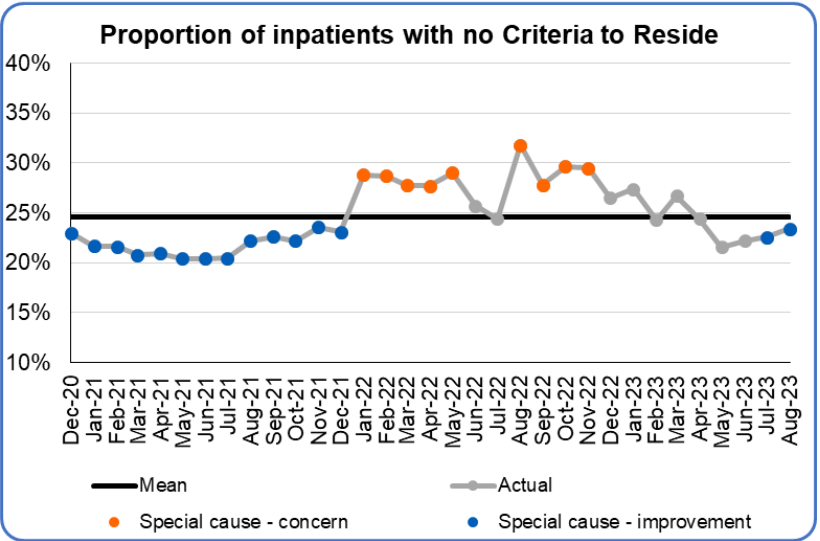
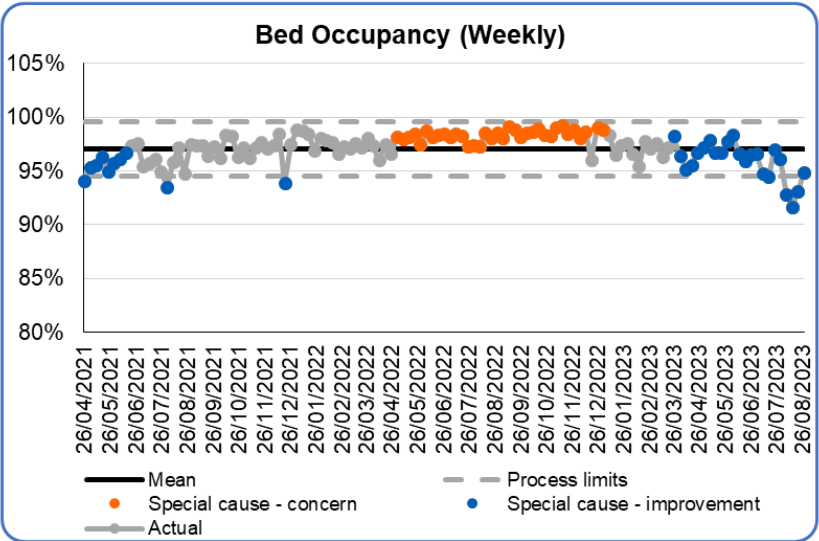
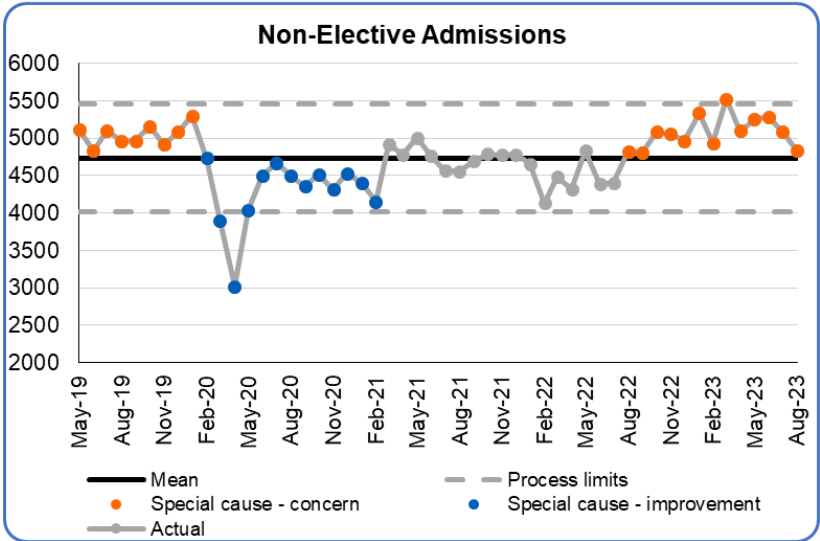
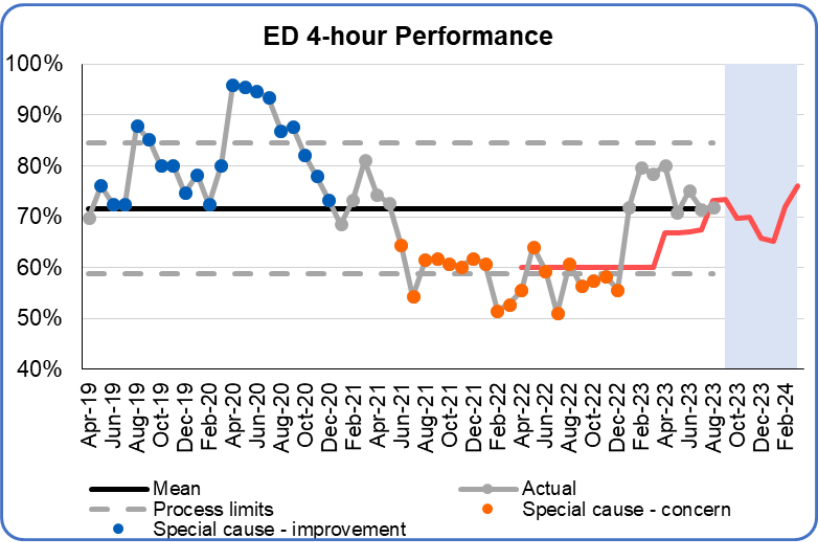
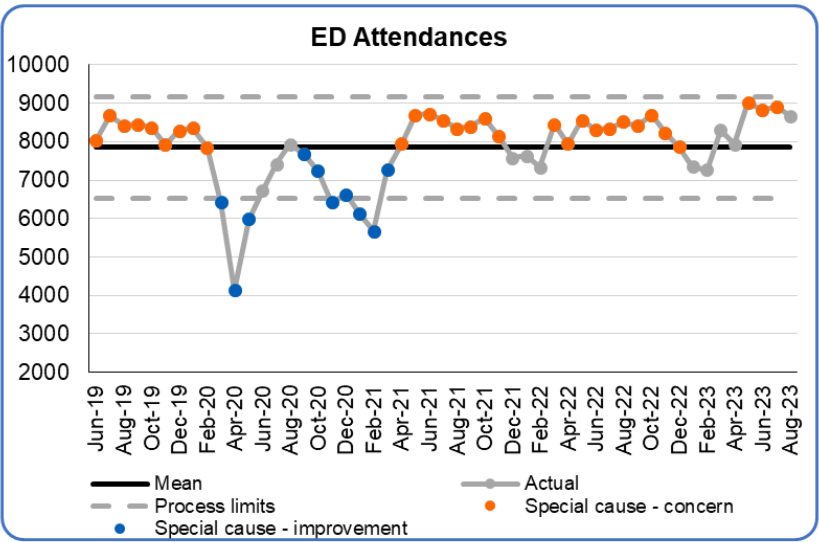
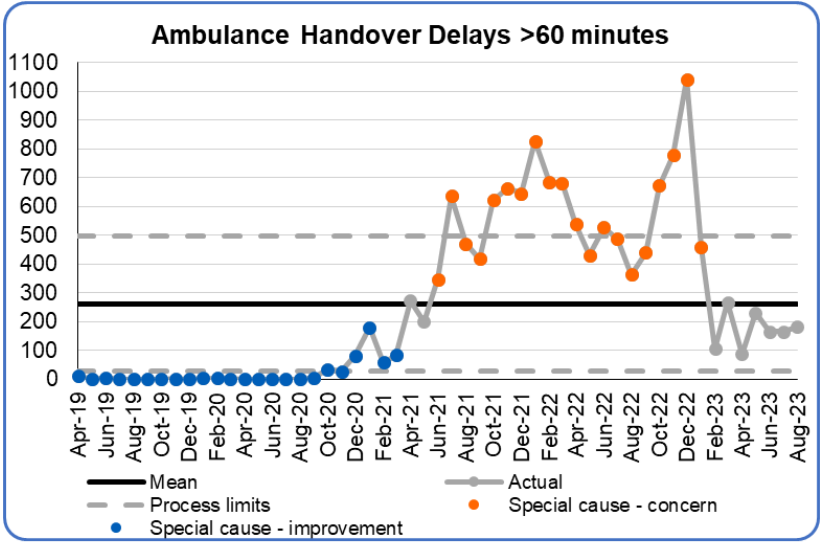
**Board Sponsor: Chief Operating Officer  
Steve Curry**

# Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Revised plan underway – internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Reduction in NC2R – engaging system on maintaining discharge capacity throughout coming winter
RTT	65-week wait	Off track due to repeated periods of industrial action (IA).
Diagnostics	15% 6-week target	Remedial plans taking hold – expect to deliver the year-end target 5-6 months early.
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA is having a material impact on the ability to hold/achieve this position



# Urgent and Emergency Care



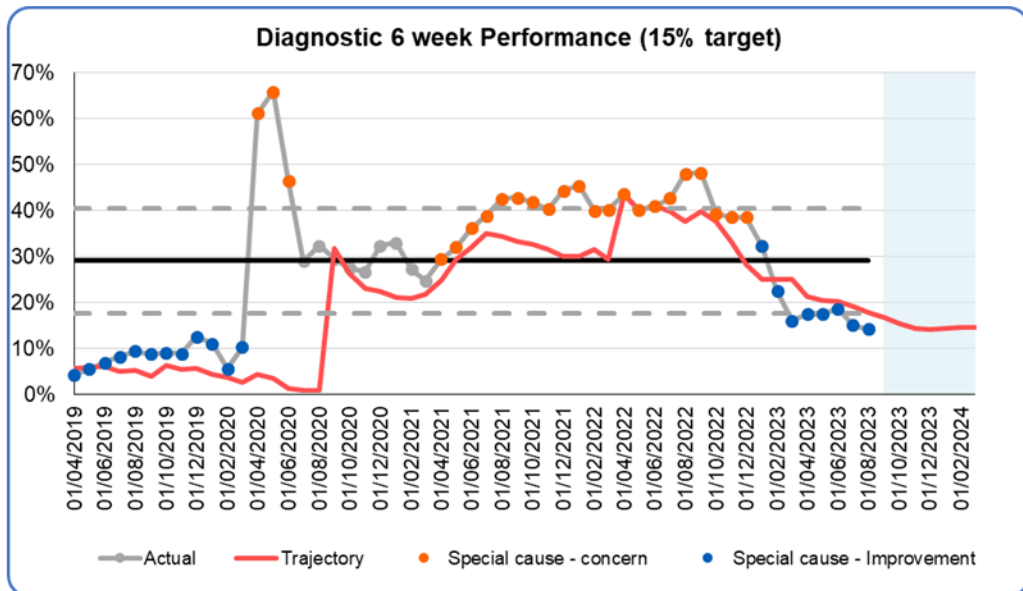
## What are the main risks impacting performance?

- Underlying NC2R volumes showing some consistent increase
- Improved inpatient bed occupancy throughout summer, starting to regress to the norm
- Additional bed demand driven by COVID backlogs and/or prolonged access to primary care
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.
- Continued fluctuation in numbers of ED attendances
- Further industrial action during September and October is expected to have an impact on performance.

## What actions are being taken to improve?

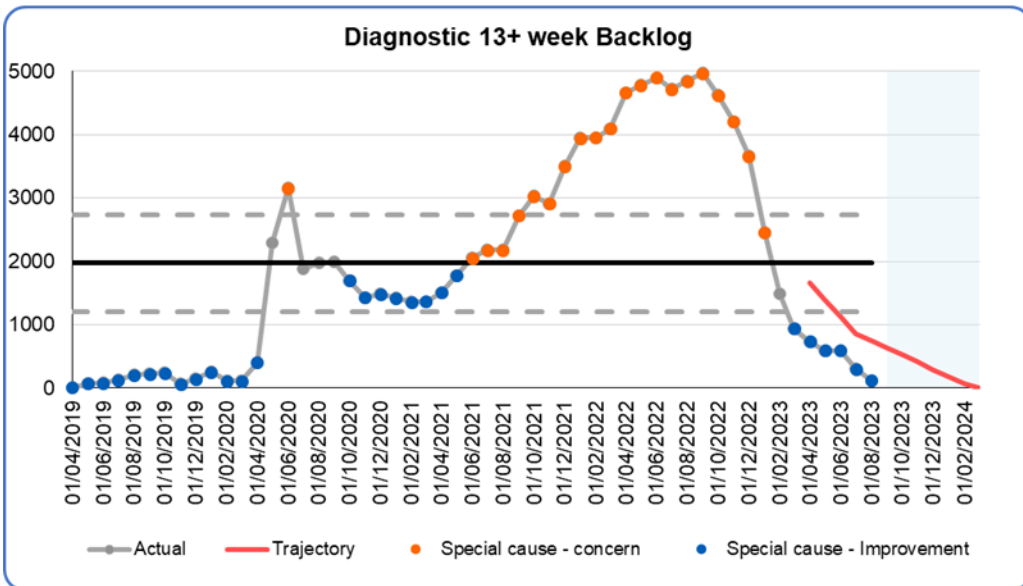
- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust is working closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- 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).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- 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?

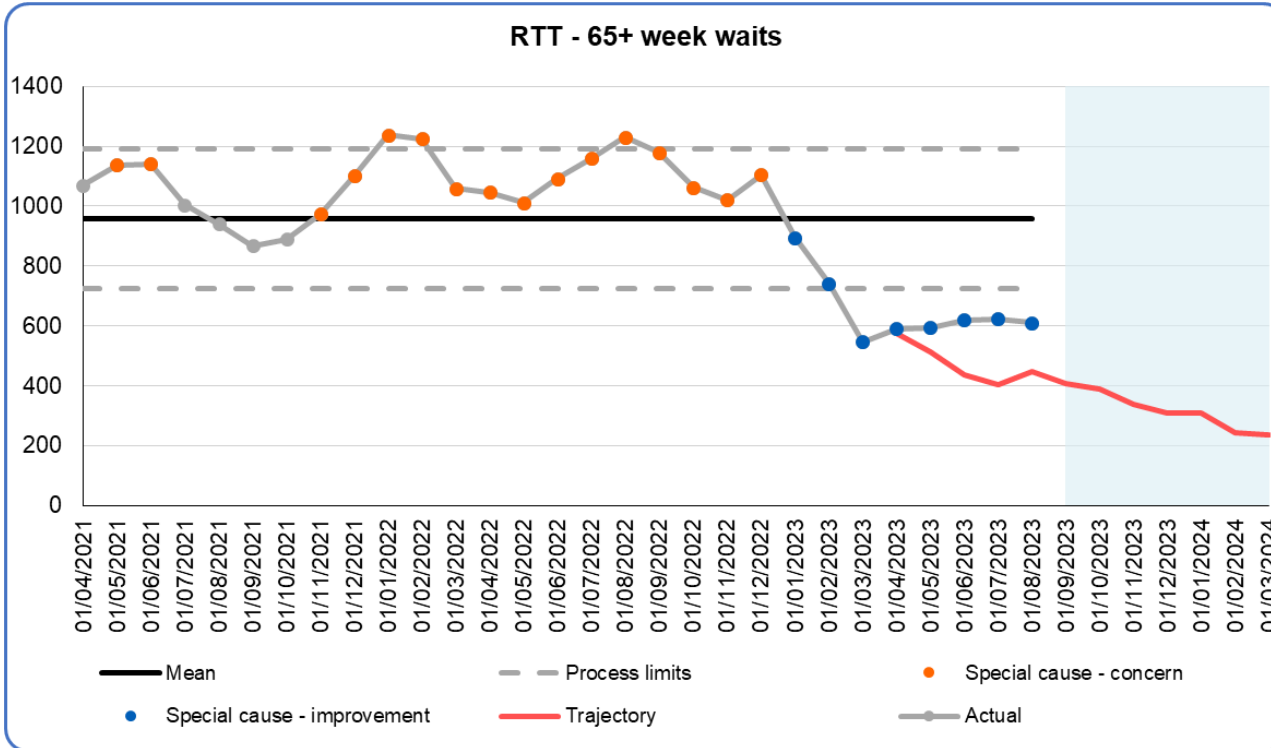
- A very small number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The last of the >26-week waits who require a general anaesthetic for their endoscopy are booked in September.
- The Trust is now working towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches.
- New staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action and staff sickness remains the biggest risk to compliance.



## What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Dep CEO and COO has agreed a change in where Endoscopy sits within the organisation. Plans are in place to transition Endoscopy from the Medicine Division to the CCS Division. This will ensure it receives the appropriate level of oversight and support and aligns it 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.
- Divisional Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.

# Referral To Treatment (RTT)



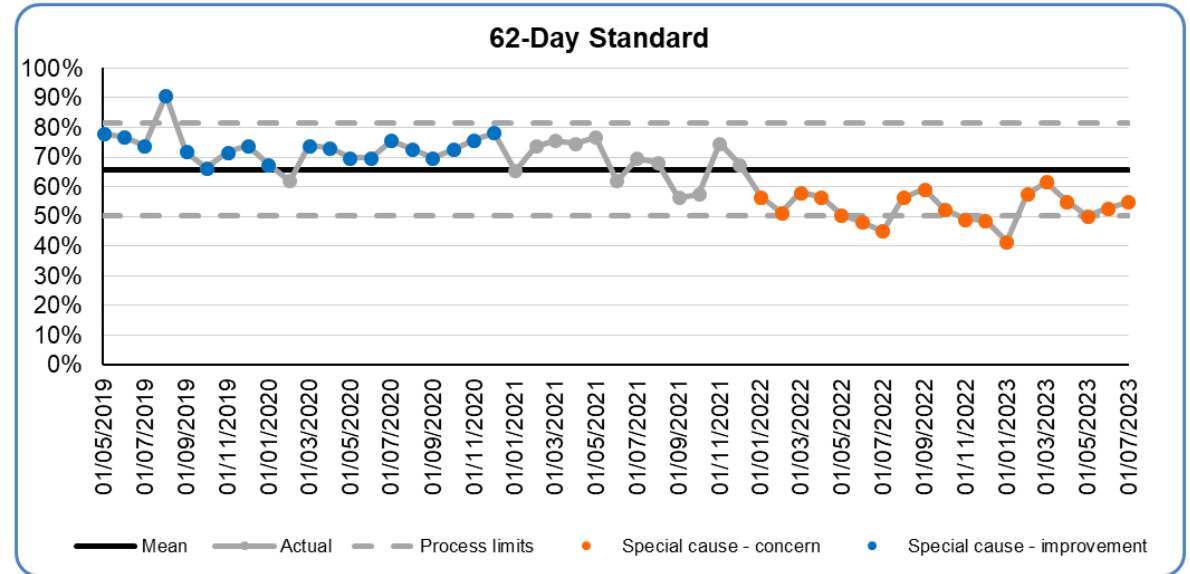
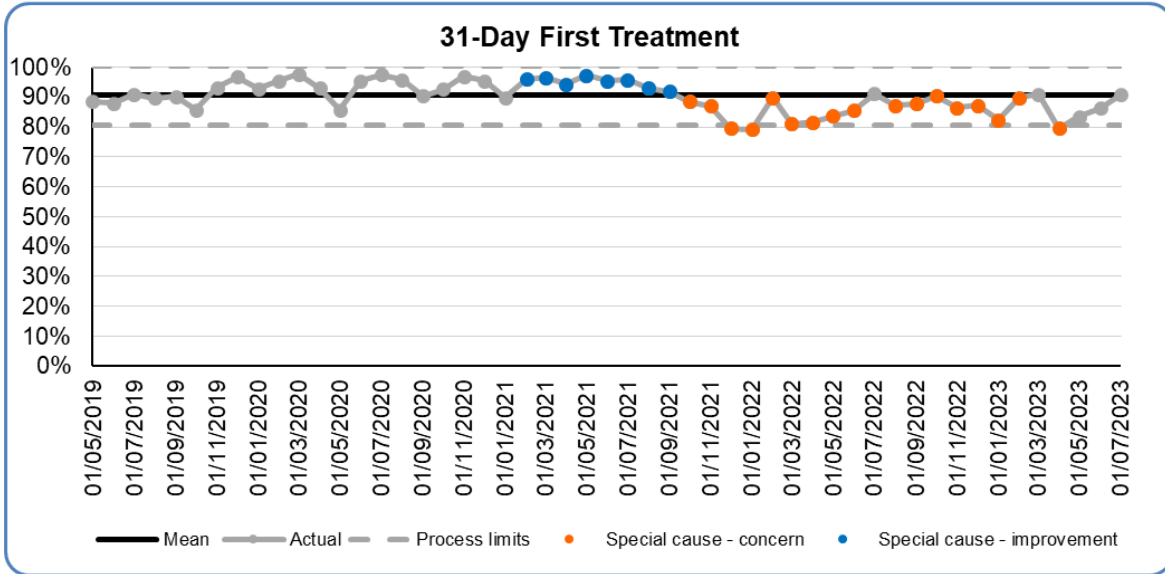
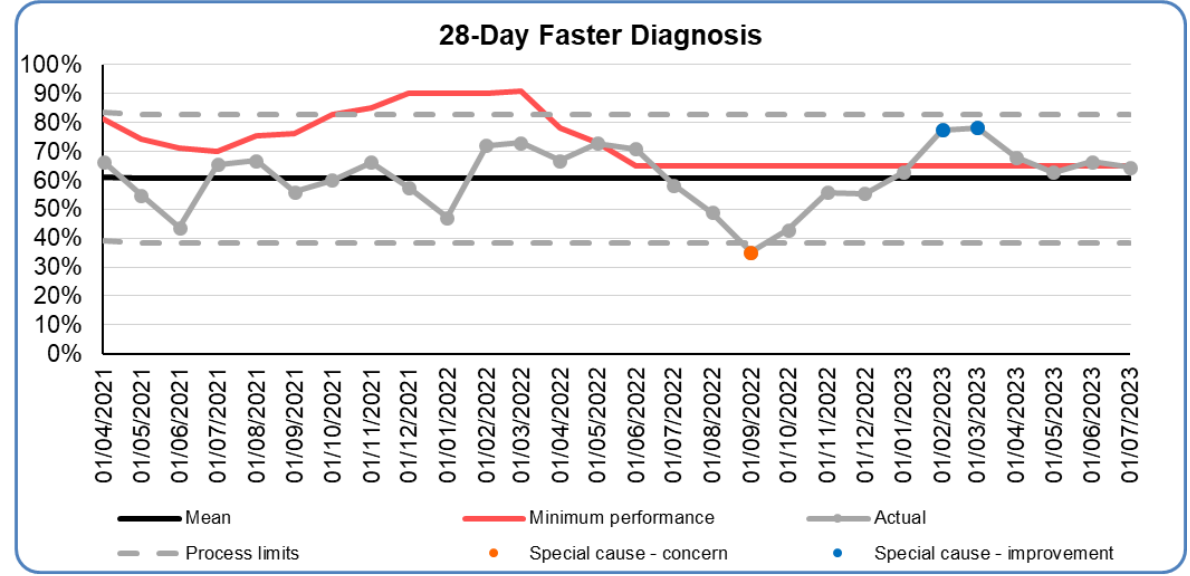
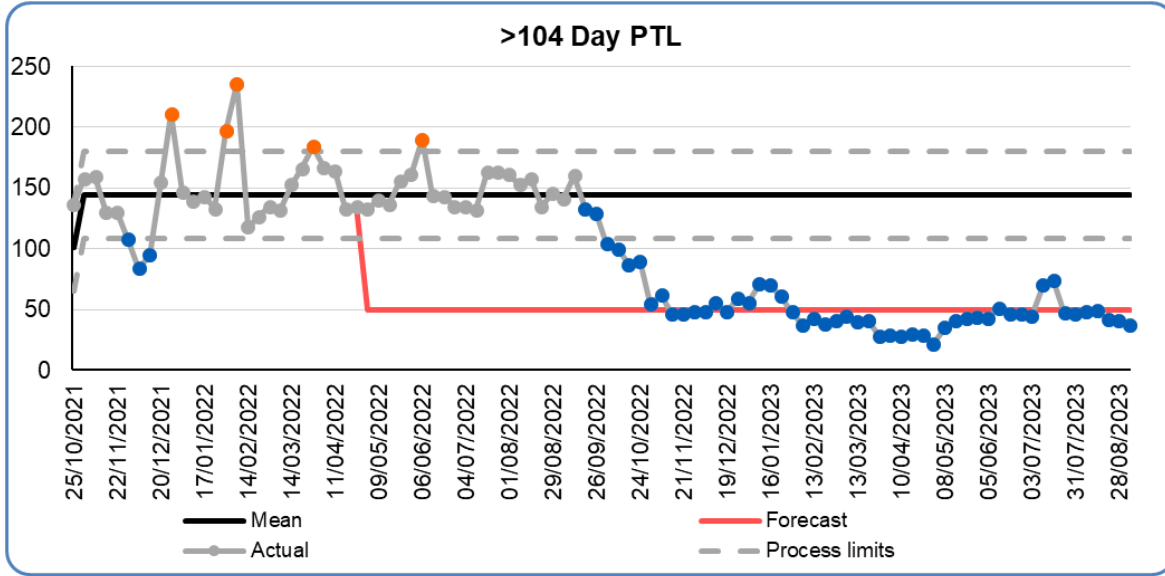
## What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering it's 65-week waits.
- 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.
- Staff shortages in some key areas e.g. operating theatres.
- 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.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches – working with clinical teams to agree a balance of clinical priority and long waits.
- 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





# Cancer Performance

## What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions.
- Ongoing clinical pathway work reliant on system actions outstanding.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.

## What further actions are being taken to improve?

- 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 dermatology.
- High volume Dermatology '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. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023. These are now being revised for Q2.
- Following steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, and with February and March reporting >75%, recent industrial action impact has resulted in a deterioration in performance as activity continues to be lost and the backlog of patients are seen/ informed and treated. Despite this, the Trust remains within 2% of it's in-year recovery trajectory.
- Key next steps include securing additional activity to compensate for industrial action losses, and moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as dermatology and urology (e.g. prostate pathway).

## **Quality, Safety and Effectiveness**

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

# Maternity Perinatal Quality Surveillance Matrix (PQSM) Tool - July 2023 data

Activity	Jun-23	Jul-23	Aug-23
<b>Activity</b>			
Number of women who gave birth, all gestations from 22+0 gestation	459	467	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	1	
Number of women who gave birth (>=24 weeks or <24 weeks live)	453	460	477
Number of babies born (>=24 weeks or <24 weeks live)	459	468	483
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	41	37	31
No of livebirths <24 weeks gestation	1	1	3
Induction of Labour rate %	33.6%	38.0%	32.1%
Spontaneous vaginal birth rate %	45.9%	49.3%	45.9%
Assisted vaginal birth rate %	9.7%	10.0%	7.8%
Caesarean Birth rate (overall) %	44.4%	40.7%	46.3%
Planned Caesarean birth rate %	19.9%	18.3%	20.8%
Emergency Caesarean Birth rate %	24.5%	22.4%	25.6%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3.9%	4.7%	2.9%
<b>Perinatal Morbidity and Mortality inborn</b>			
Total number of perinatal deaths (excluding late fetal losses)	4	3	
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	4	1	
Number of stillbirths (>=24 weeks excl. TOP)	2	2	
Number of neonatal deaths : 0-6 Days	2	0	
Number of neonatal deaths : 7-28 Days	0	0	
PMRT grading C or D cases (themes in report)	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	
<b>Maternal Morbidity and Mortality</b>			
Number of maternal deaths (MBRRACE)	0	0	
Direct	0	0	
Indirect	0	0	
Number of women receiving enhanced care on CDS	17	19	14
Number of women who received level 3 care (ITU)	0		
<b>Insight</b>			
Number of datix incidents graded as moderate or above (total)	0	0	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	
Datix incident PSII (excludes HSIB)	0	0	
New HSIB referrals accepted	0	0	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	
Coroner Reg 28 made directly to Trust	0	0	
<b>Workforce</b>			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	1	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	34%	38%	38%
Vacancy rate for midwives	15.50%	18.45%	

	Jun-23	Jul-23	Aug-23
<b>Workforce</b>			
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	60%	60%	
Vacancy rate for NICU nurses	31	31	
Datix related to workforce (service provision/staffing)	5	6	3
Consultant led MDT ward rounds on CDS (Day to Night)	80%	84%	
Consultant led MDT ward rounds on CDS (Day)	80%	77%	
One to one care in labour (as a percentage)	99%	100%	99%
Compliance with supernumerary status for the labour ward coordinator	96%	99%	
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0
<b>Involvement</b>			
Service User feedback: Number of Compliments (formal)	74	64	
Service User feedback: Number of Complaints (formal)	3	2	7
Friends and Family Test Score % (good/very good) NICU	100	100	100
Friends and Family Test Score % (good/very good) Maternity	93	92	91
Staff feedback from frontline champions and walk-about (number of themes)	4	0	
<b>Improvement</b>			
Progress in achievement of CNST /10	7	7	7
Training compliance in annual local BNLS (NICU)	100%	100%	7
<b>Overall</b>	76%	83%	81%
Obstetric Consultants	72%	78%	78%
Other Obstetric Doctors	75%	86%	53%
Anaesthetic Consultants	81%	90%	90%
Other Anaesthetic Doctors	74%	76%	83%
Midwives	78%	85%	88%
Maternity Support Workers	75%	84%	93%
Theatre staff	Data Not Available (DNA)		
Neonatologists	Data Not Available (DNA)		
NICU Nurses	Data Not Available (DNA)		
<b>Overall</b>	72%	78%	67%
Obstetric Consultants	50%	61%	72%
Other Obstetric Doctors	77%	79%	44%
Midwives	90%	95%	86%
<b>Fetal Wellbeing and Surveillance</b>			
<b>Trust Level Risks</b>			
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)			
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of supervision out of hours (Reported annually)			

Sept-23 data is partial and provisional until validation by the Divisional Perinatal Quality Committee.

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- The ATAIN percentage in July was 4.7%. This is the fourth month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable
- No cases reviewed via the Perinatal Mortality Review Tool had care graded as C or D
- There were no moderate harm incidents or HSIB referrals during July.
- Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place.



## Pressure Injuries

### What does the data tell us?

The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

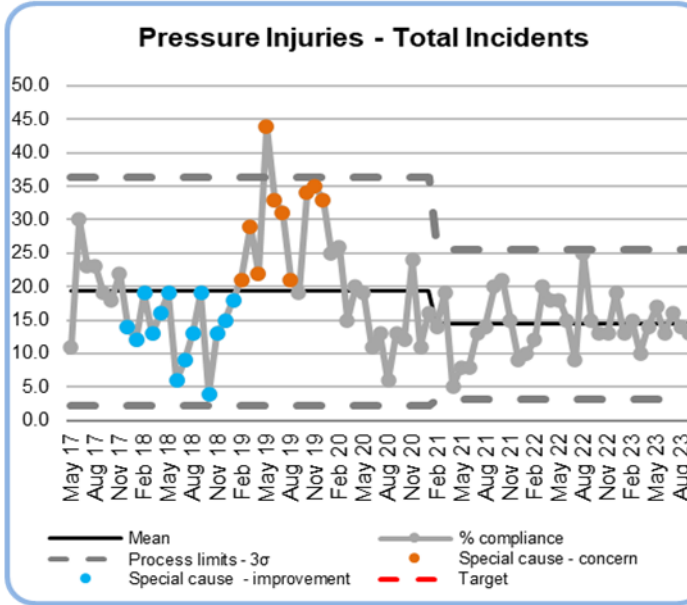
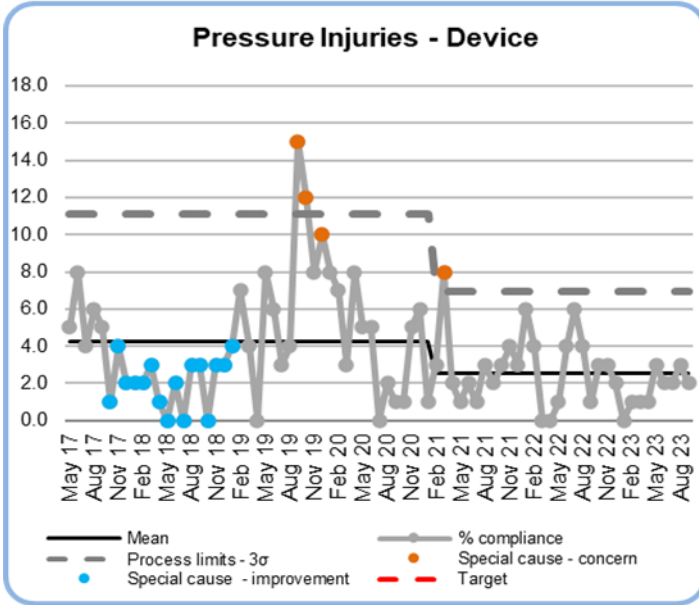
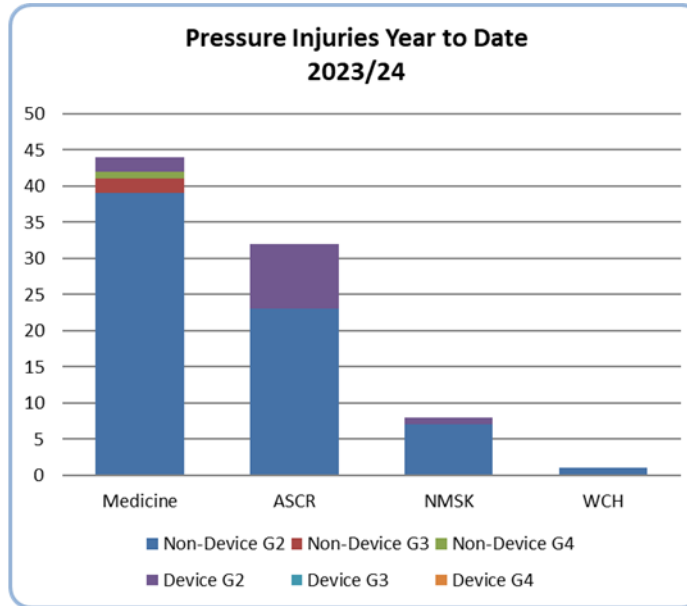
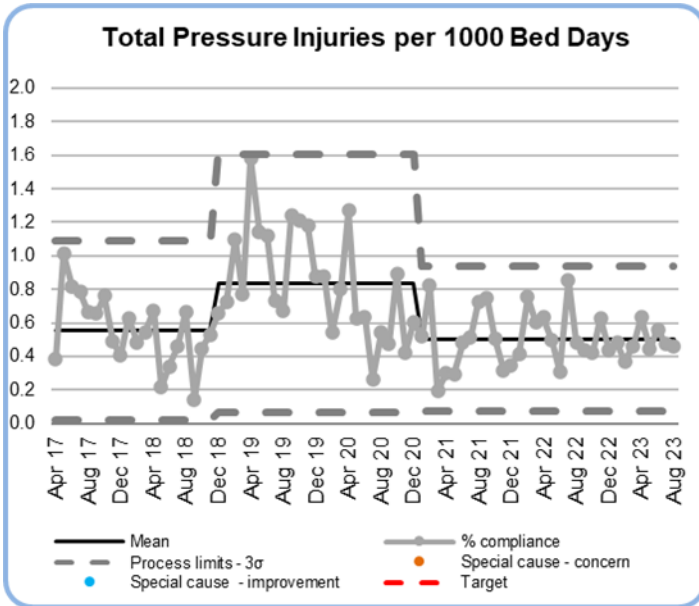
In August there was a reduction in grade 2 pressure ulcers. There were 10 x grade 2 pressure ulcers, of which 2 were attributable to medical devices to the ear.

There was 2 x grade 3, that were attributed to the medicine division and Elgar 1 and 27b wards. The 1 x grade 4 pressure ulcer was attributed to ED following an extensive PSII.

There was a decrease from the previous month to 15 DTI's.

### What actions are being taken to improve?

- Purpose-T has received feedback and adjustments to the assessment are being made to decrease the number of clicks for completion of the full assessment.
- The Pressure Ulcer Steering Group (PUSG) discussed the themes that contribute to pressure ulcer damage at NBT. Pressure ulcer damage to heels has been highlighted as an emerging theme and strategies and devices to help offload heels are being investigated.
- TVS presented their team strategy on a page to the patient safety group and discussed reviewing the SWARM, AAR investigation of pressure injuries at NBT. This is collaborative process review with patient safety to ensure responsive actions to identified themes.
- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically across the health system to reduce harm and improve patient outcomes.



## Infection Prevention and Control

### What does the data tell us?

**COVID-19 (Coronavirus) / Influenza** - Numbers have seen an incline with winter plans starting to be mobilised.

**MRSA** – Total for year remains at 2. All Learning identified and associated action plans are being implemented.

**C. difficile** – June and July cases are seeing action plans / learning being instigated at ward / divisional level and through senior nursing and medical teams. With no specific themes and trends identified and in conjunction with the upward trend at regional and national picture, August cases have reduced significantly.

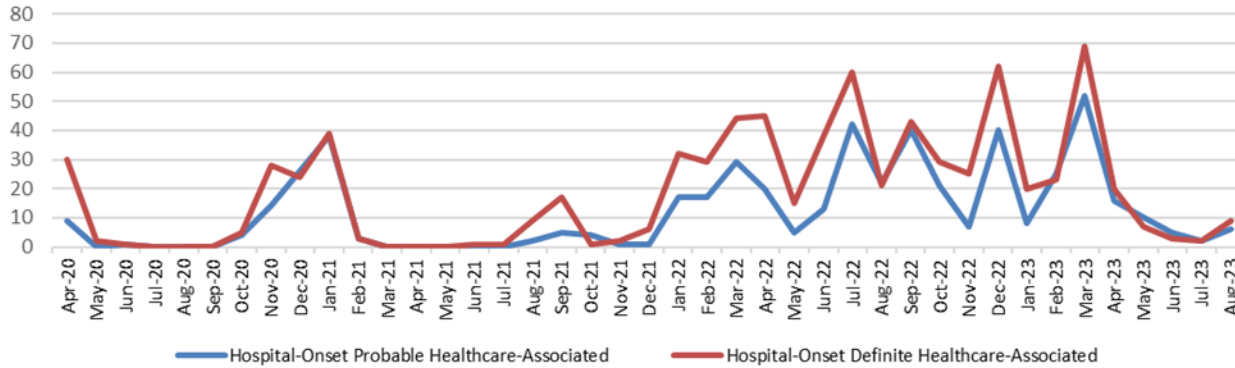
**MSSA** – Cases for August is lower than previous months, but remains higher than trajectory, despite reduction plans being rolled out and targeted education. Trust collaboration between vascular access and H@N continues around the reduction work.

**Gram negative** – Currently maintaining an early below trajectory position. Contingence group looking at QI work to further add to this position.

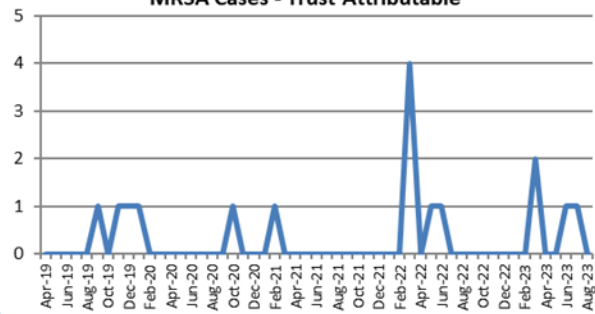
### What actions are being taken to improve?

- Targeted work in clinical areas linked with case above (*C. difficile* and MSSA cases)
- National cleaning efficacy audits continue in all divisions
- Link nurse – Educational days commenced during September to make ready for winter, with emphasis on the reduction work.
- Winter planning – IPC team 7 day working Consultation, COVID and Influenza rapid testing plan continues.

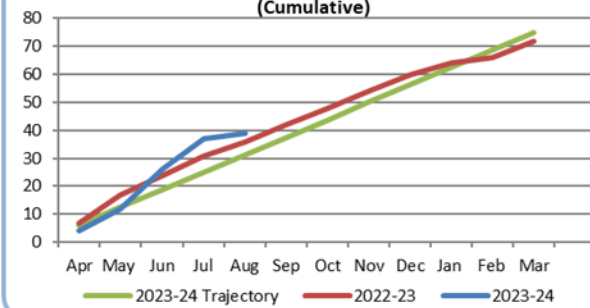
COVID-19 Onset Category by Positive Test Date



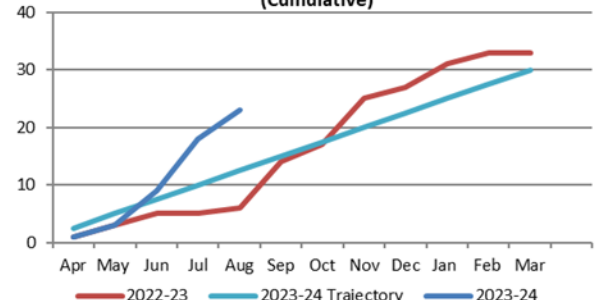
MRSA Cases - Trust Attributable



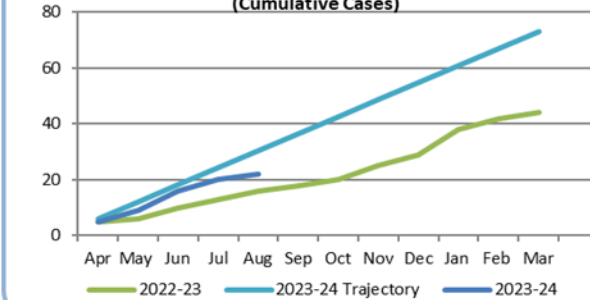
C.Difficile Cases - Trust Attributable (Cumulative)

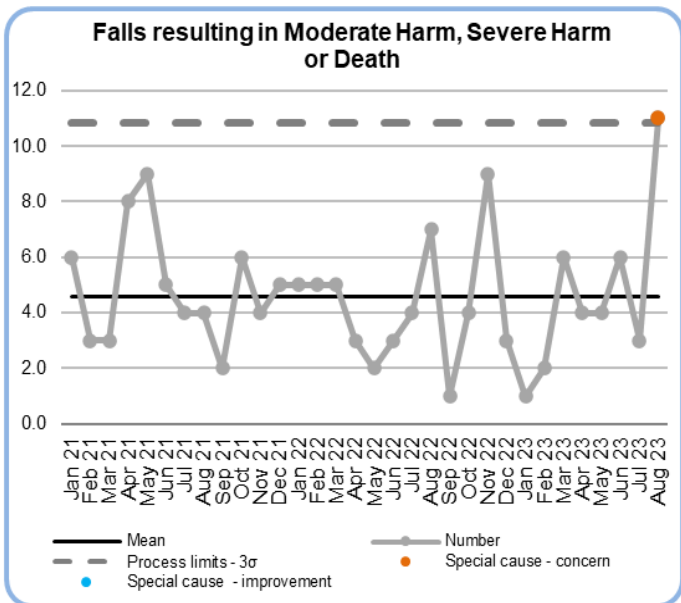
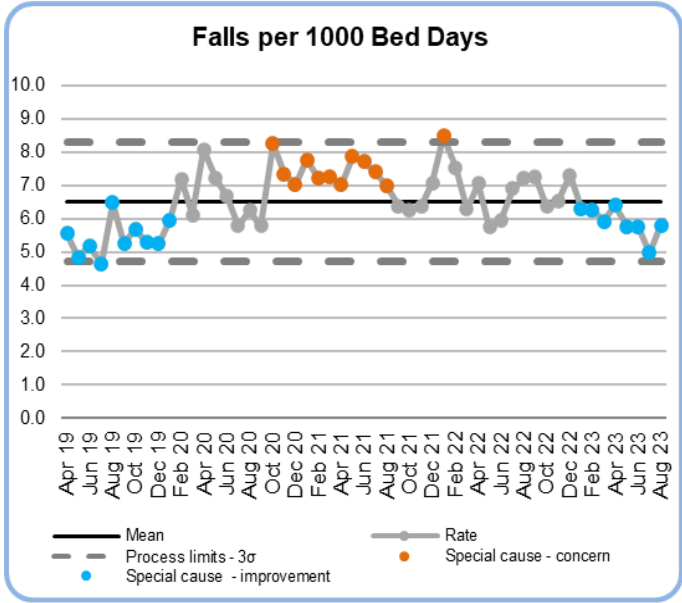


MSSA Cases - Trust Attributable (Cumulative)



E.Coli Cases - Trust Attributable (Cumulative Cases)





## Falls

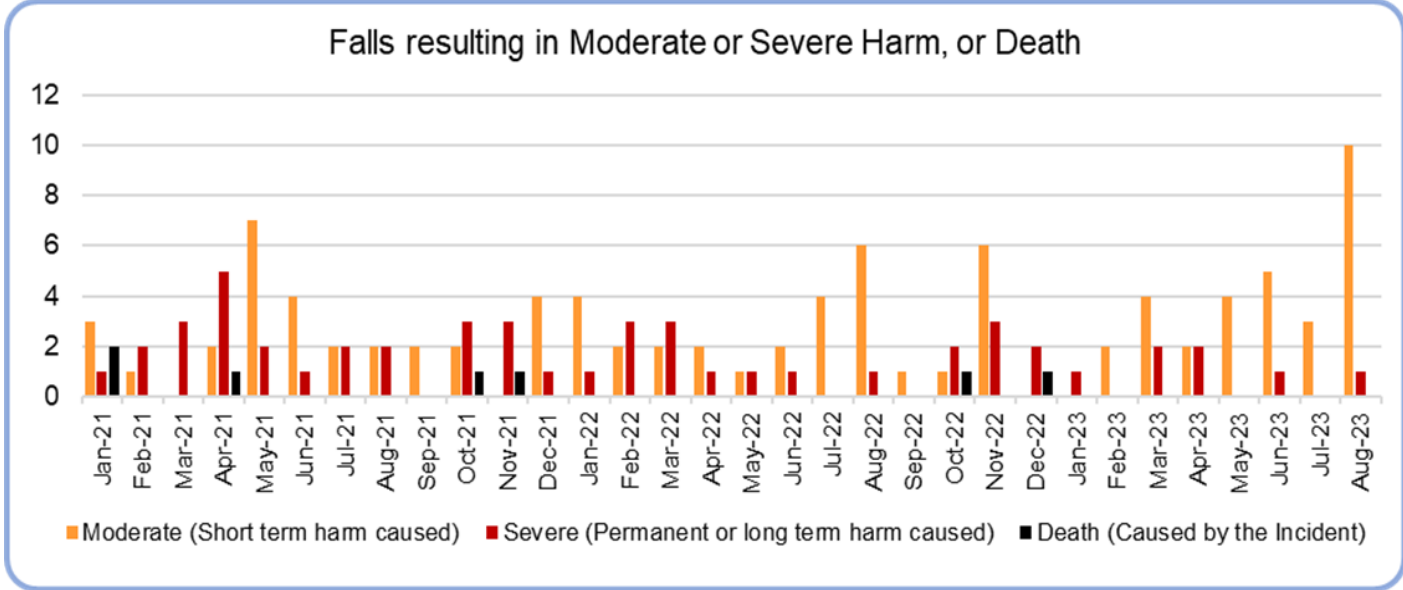
### What does the data tell us?

#### Falls incidents per 1000 bed days

NBT reported a rate of 5.8 falls incidents per 1000 bed days in August 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

#### Falls harm rates

During August 2023, 10 falls were recorded as causing moderate harm and one fall was recorded as causing severe harm. Divisions have been asked to review details and ensure harm levels are correct. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.



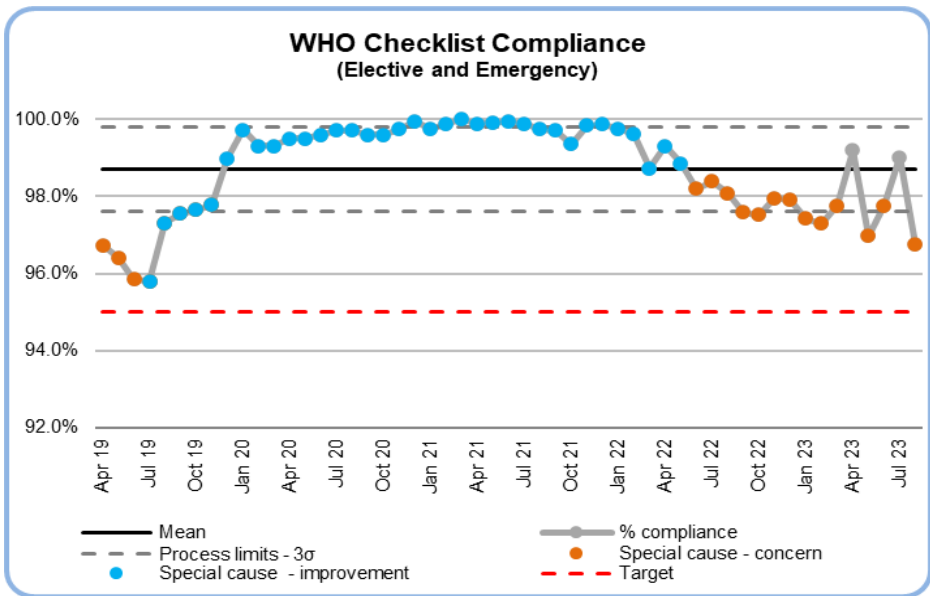
### What actions are being taken to improve?

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

Leadership responsibility for Falls improvement work has now been delegated to the Trust's Chief AHP with some non recurrent improvement resource for 2023-24 identified. This will provide greater insights into current practice, identify potential areas for improvement and implement actions working with clinical teams.

This work will include relevant benchmarks from other similar organisations (e.g. with high proportion of single rooms within an acute setting) drawing upon relevant good practice.

A new falls lead will be coming into post by the end of the month at which point detailed monthly insight reports will be shared through the patient safety group and corresponding action and improvement plans will be developed

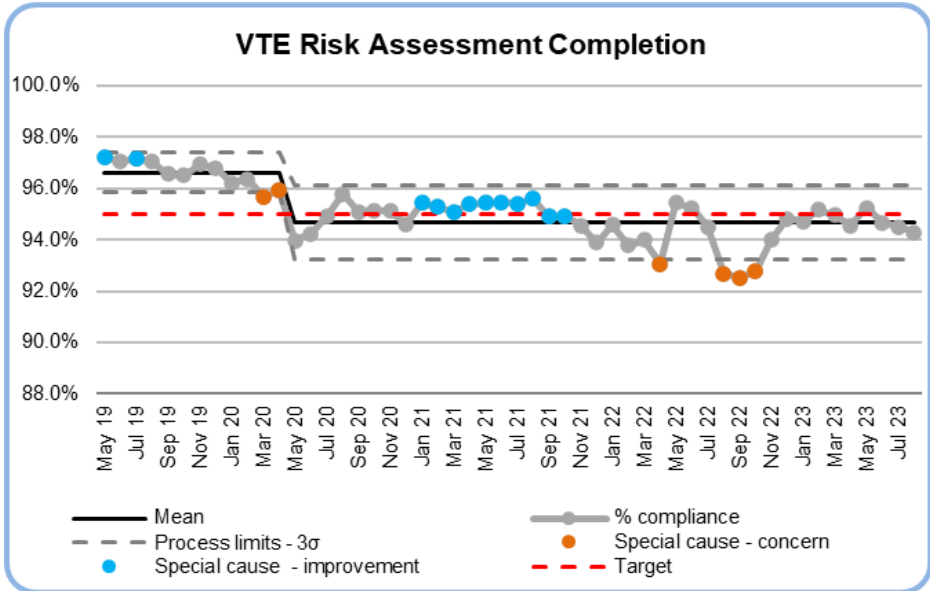


## WHO Checklist Compliance

### What does the data tell us?

In July, WHO checklist compliance was 96.74%. 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.



## VTE Risk Assessment

### What does the data tell us?

In July the rate of VTE Risk Assessments (RA) performed on admission was reported as 94.29%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall in recent months, however, there is still work to be done to ensure further improvement.

Notably, the Trust was revalidated as a VTE Exemplar Centre by the national accreditation body on 8 September, which recognises the trust's ongoing commitment to reduce avoidable harm and improve patient outcomes (as demonstrated to the Centre) and an active response to ongoing challenges.

### What actions are being taken to improve?

Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This has been successfully implemented in 3 clinical areas and now moves to large scale deployment in June 2023. The current data is therefore unreliable and takes into account a combination of paper assessments and some digital assessments both of which are subject to delayed validation. During this time we rely on self assessments and audits from divisions for assurance.

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



# Medicines Management Report

## What does the data tell us?

### Medication Incidents per 1000 bed days

During August 2023, NBT had a rate of 7.5 medication incidents per 1000 bed days. This is above the 6-month average of 6.4 for this measure.

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

During August 2023, c.9.4 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.094). This is in keeping with the 6 month average of 9.5%

### Incidents by Stage

In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage.

### High Risk Medicines

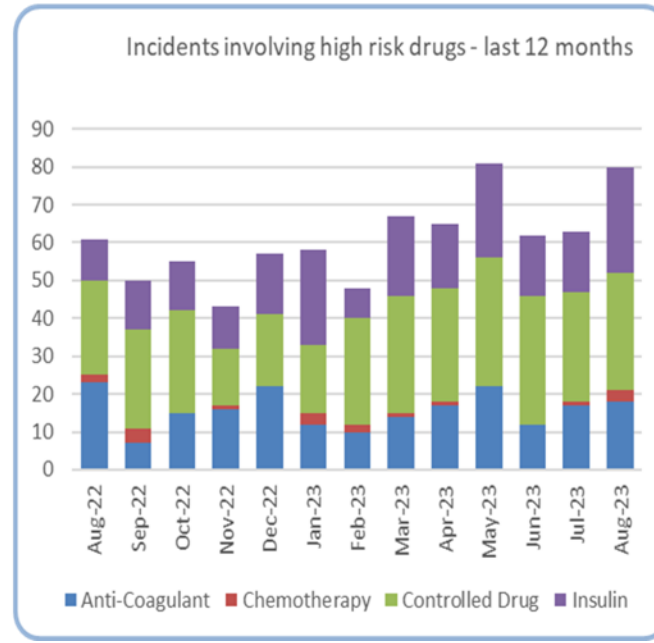
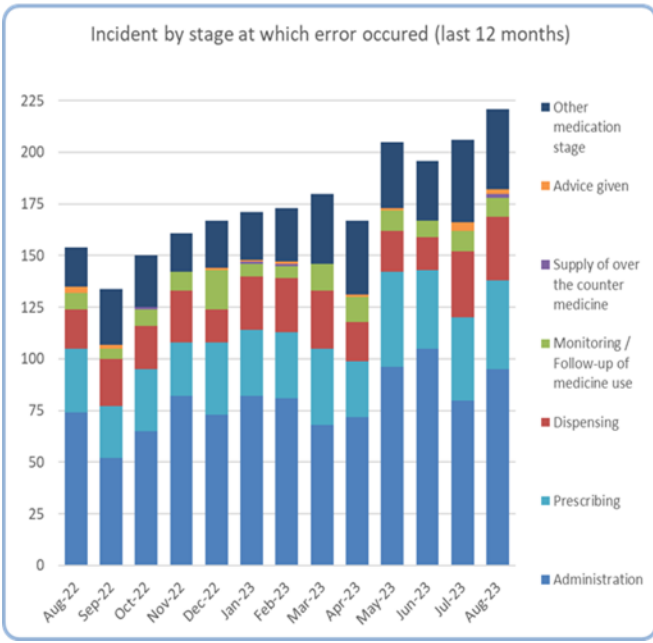
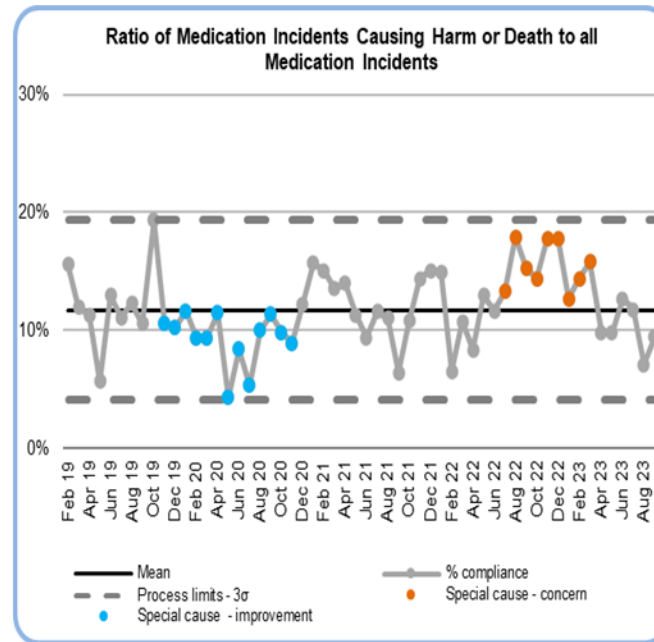
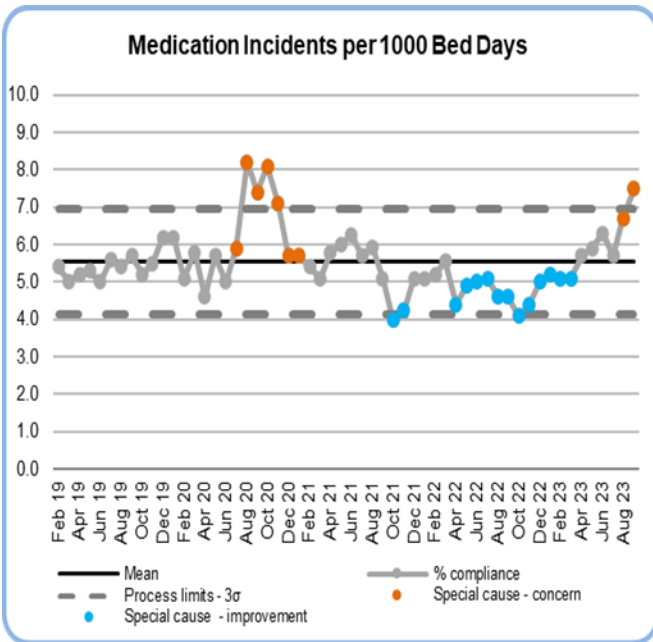
During August 2023, c.36% of all medication incidents involved a high risk medicine which matches the 6 month average of 36%.

**General comment:** It is of note that since early June 2023 we have been inputting all Medicines related incidents flagged to us by the ICB onto our Datix system. Previously this had been managed by the Medicines Governance Team on a case by case basis but this did not enable us to look for trends and relied on individual members of staff responding to email correspondence – a system which was not felt to be adequately robust. This change will, in turn, slightly raise the number of reports seen on a monthly basis – the number of report originating from the ICB is approx. 5-10 per month.

### What actions are being taken to improve?

The Patient Safety Team and Medicines Governance Team have produced a report which provides a 'deep dive' into medication safety data – to be presented to the Patient Safety Committee in October (deferred from September). The findings from this initial exercise will inform priorities for the 'Medicines Academy' going forward and also an update to the information included in this IPR report.

The learning from incidents causing moderate and severe harm are presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.



# Patient Experience

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

## Complaints and Concerns

### What does the data tell us?

In August 2023, the Trust received 48 formal complaints. This is 6 more than in July and 14 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (28). There is a deep-dive report into this subject being presented to the Board.

There were 5 re-opened complaints in August, 3 for NMSK. 1 for Medicine and 1 for ASCR.

Of the 48 complaints, the largest proportion was received by Medicine (16).

The overall number of PALS concerns received has decreased to 123, 23 fewer than in July.

The response rate compliance for complaints has reduced to 64% in August. A breakdown of compliance by clinical division is below:

ASCR – 42%	NMSK- 70%	CCS – 100%
WaCH- 50%	Medicine – 90%	

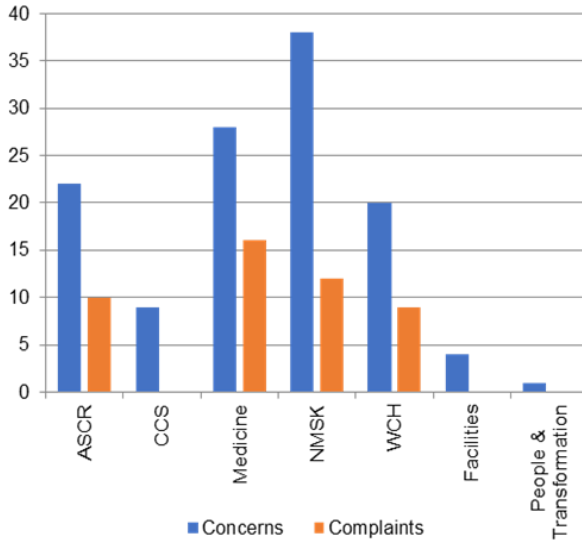
The number of overdue complaints at the time of reporting remained the same as in July (5). The overdue complaints are with NMSK (3), ASCR (1), and Medicine (1).

In July 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in August was 9 days, one less than in July.

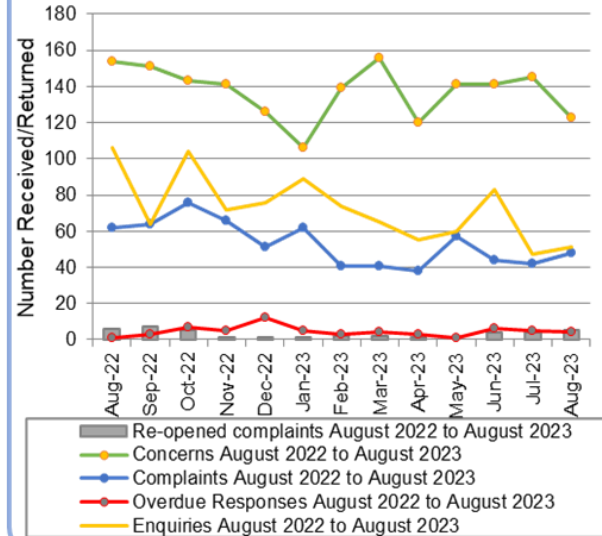
### What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Weekly cross-divisional complaint review (divisional complaints teams meet to discuss joint cases).
- Complaints Manager attended NMSK senior nurse, patient experience, and quality meeting to provide refresher complaints training.
- Central team to support ASCR with arranging extensions.
- Patient Experience Manager to meet with ASCR Patient Experience Lead and WaCH Patient Experience Lead to discuss complaints compliance and identify what immediate support is needed. If the compliance for these two divisions remains below 70% we will explore longer-term recovery plans.

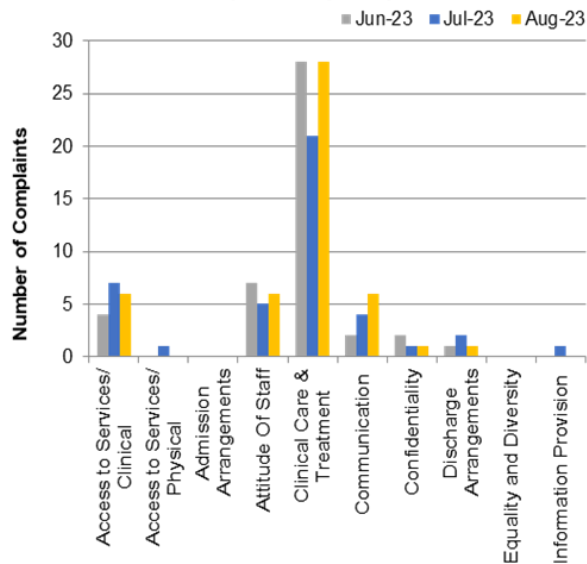
Concerns and Complaints per Division



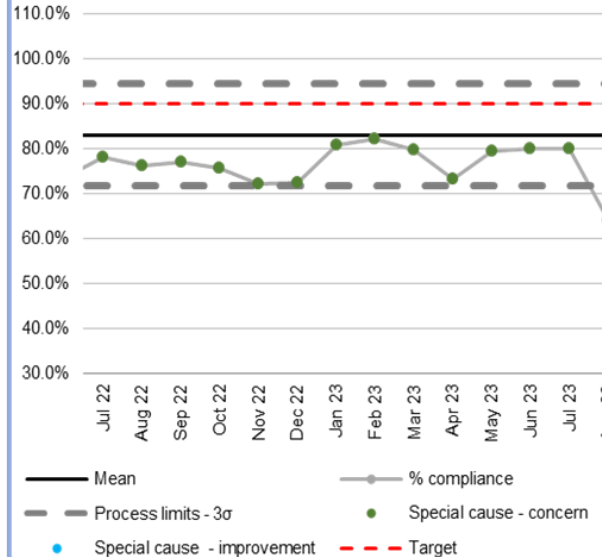
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

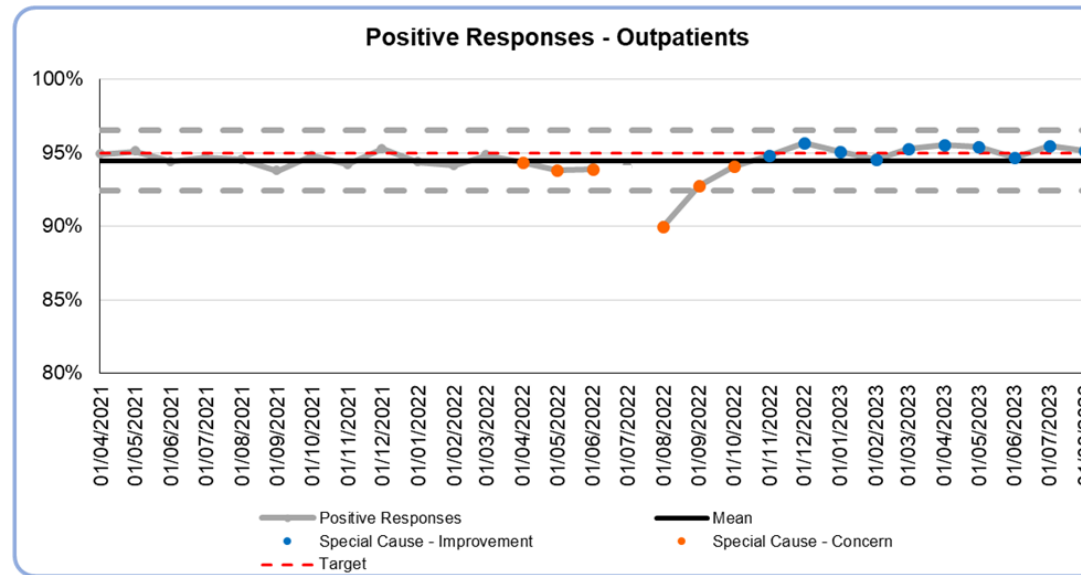
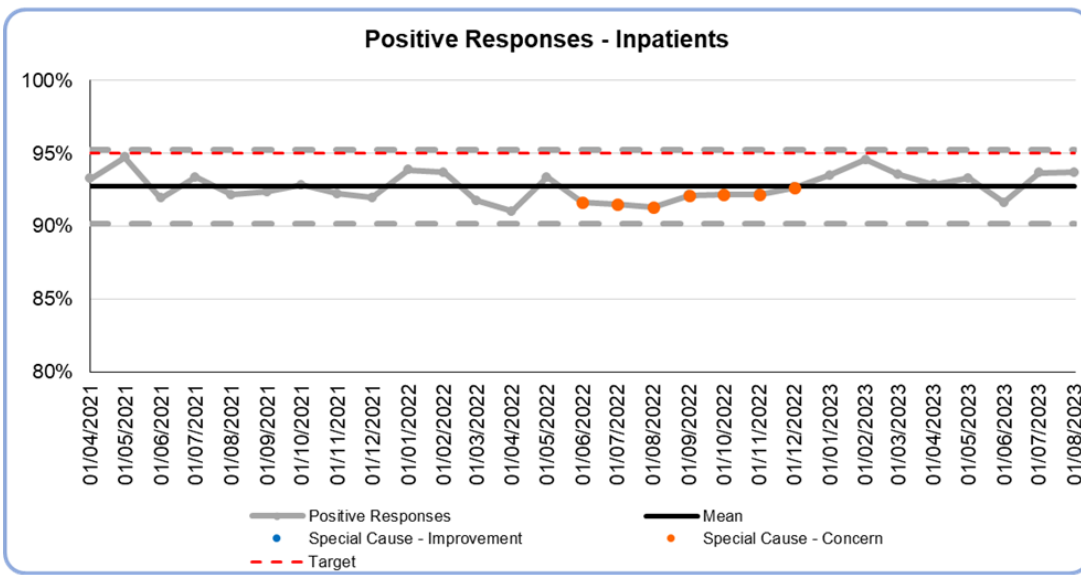
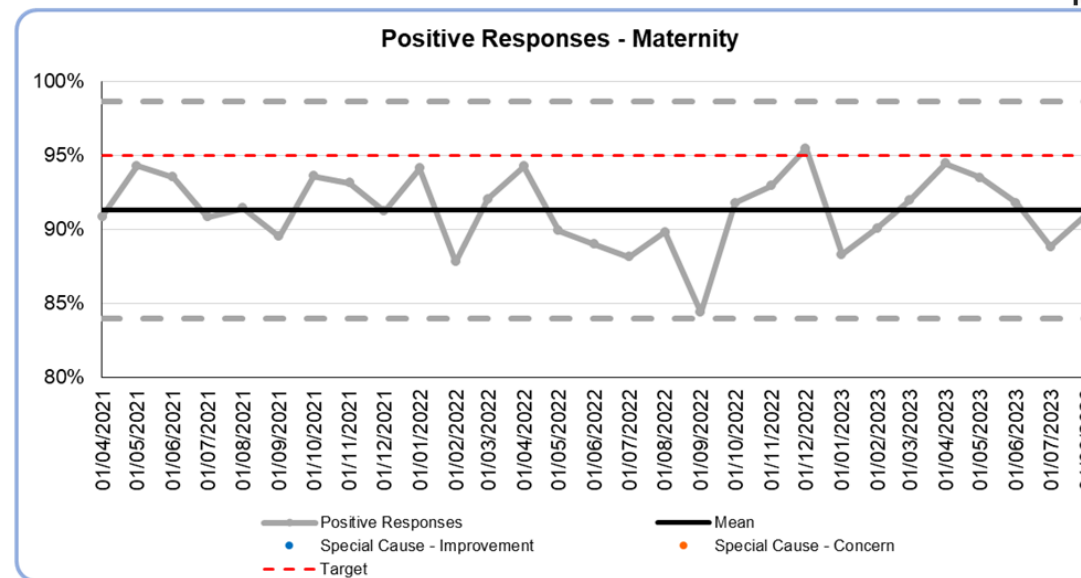
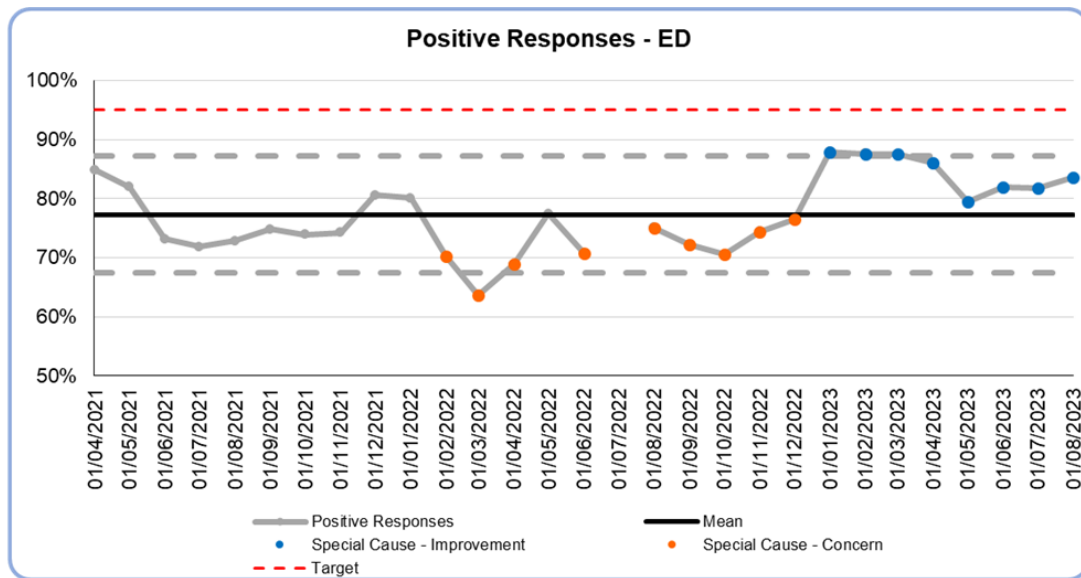


Complaints By Subject



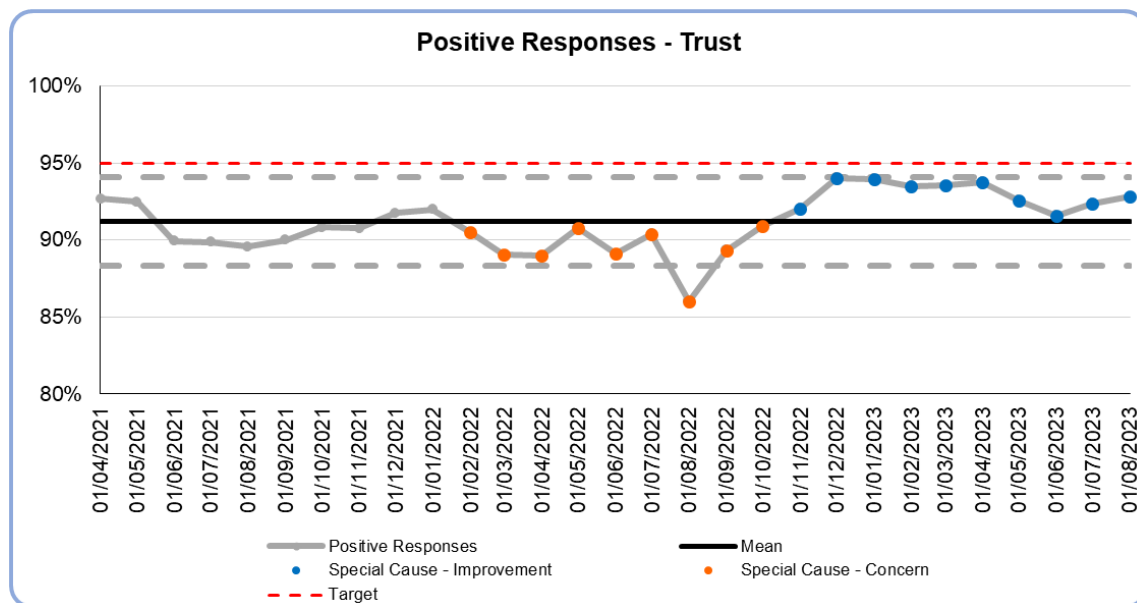
Complaint Response Rate Compliance





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





## What does the data tell us - Overall?

- In August, 7,290 patients responded to the Friends and Family Test question. 5,279 patients chose to leave a comment with their rating. This is 110 more than the previous month.
- We had a Trust-wide response rate of 18%.
- 92.8% of patients gave the Trust a positive rating. This is a slight improvement of 0.5% from the previous month.
- The positive themes from comments are: staff, waiting time and clinical treatment, with the negative themes being: waiting time, staff and communication. The following comment illustrates a positive comment for treatment and staff:

*"Excellent treatment from admission to discharge. I was treated with respect and kindness. All my questions were answered and all documentation was correctly made. The whole unit worked as a team. As an retired Registered Nurse I was impressed by the whole team. Thankyou"*

## What does the data tell us – Different areas?

- **Inpatients:** The % of inpatient positive responses have fallen by 2% from 92.8% to 90.9%. The number of negative responses has also increased from 3.8% to 5% suggesting that overall experience for inpatients has declined, although the response rate has increased from 20% to 22% and this is likely to have impacted scores. The top negative themes are communication, staff and clinical treatment which closely correlates to the top themes for complaints. One of the top negative words, includes 'pain' which may suggest this is a key issue for patients.
- **Outpatients:** Positive responses have remained consistent at 95.1% for August. The % of negative responses has also remained consistent at 2%. The response rate for outpatients is 16% again this month, highlighting the impact of work done within CCS to increase access to FFT for patients through use of business cards, QR codes and posters.
- **Emergency Department:** The % of positive responses has improved marginally since last month to 83.6% and continues to show special cause for improvement. The % of negative responses has also reduced from 11.7% to 10.8%. This suggests that patient's overall experience of ED is improving.
- **Maternity:** The % of positive responses has increased back to the mean, 91% and remains within normal limits however is below the target of 95%. The WaCH continuous improvement team are developing local surveys to better understand aspects of maternity care to direct service improvements that will likely improve FFT scores going forwards. The FFT question will be included in these local surveys.

## What actions are being taken to improve our FFT engagement?

- We will be attending World Patient Safety Day on 18<sup>th</sup> September to promote the feedback available to staff through FFT.
- Engagement plan in development to complete a 'roadshow' to divisions to showcase the system, gain further staff sign ups and demonstrate the value of FFT to staff.

## **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 4406 participants have enrolled in research. We are currently achieving 235% 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 83%. The NBT research portfolio remains strong, we have 289 studies(219 NIHR Portfolio) open to recruitment . We have opened 41 new portfolio studies year to date, as shown in graph 2. We are pleased to see a 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.

### Our grants

The level of research development across NBT remains high, with 51 research grant submissions, supported by R&D staff, so far this year. NBT currently holds 64 externally funded research grants, to a total value of £34.6m. This includes 32 prestigious NIHR grants totalling £32m. For the 2023/24 financial year, NBT has received a record level Research Capability Funding (RCF), £1.1m, from the DHSC. This RCF allocation is a direct reflection of the size of NBT's NIHR grant portfolio and puts NBT at 9<sup>th</sup> in England (out of 248 NHS Trusts), a fantastic achievement and the first time NBT has been in the top 10 nationally. In addition, NBT is a partner on 71 externally-led research grants, to a total value of £10.6m to NBT.

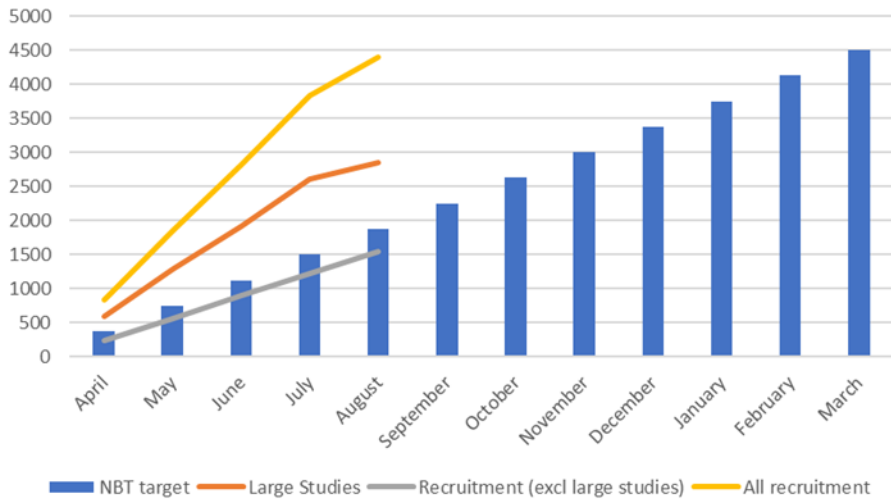
NBT's active research grant portfolio has increased by £2m from this point last year due to both a high level of NIHR grant success in 2021 and 2022 as well as older grants, which were due to have closed by now, being extended due to Covid disruption. Congratulations to Dr Helena Lewis-Smith on her recent NIHR RfPB award (£250k) to undertake a feasibility study of an online-delivered group-based cognitive behavioural therapy body image intervention for women following breast cancer.

In 2023, R&D introduced a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project '**Early-Stage Research Funding**'. The application form follows a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. Staff can contact [researchgrants@nbt.nhs.uk](mailto:researchgrants@nbt.nhs.uk) to discuss applying. The first award we made to Rachel Evans, Practice Educator in ICU, has resulted in Rachel successfully applying to the Southwest (ICA) Programme for a funded HEE/NIHR Internship with University of West England to develop her research ideas and academic career.

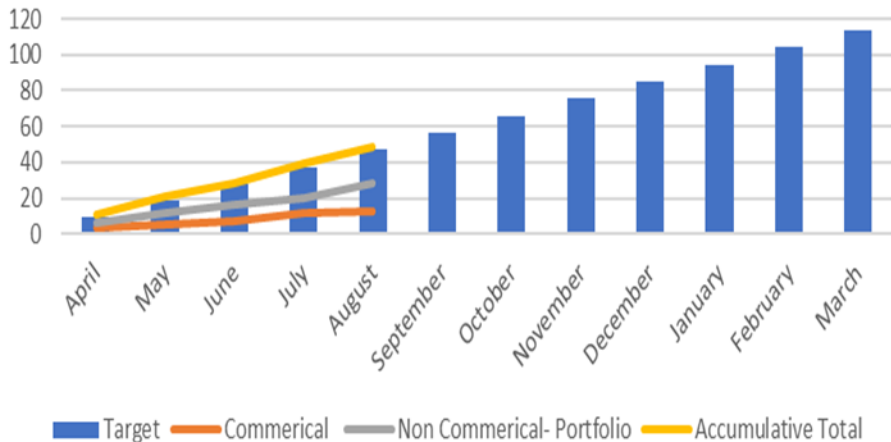
### Celebrating Success

This month we are pleased to recognise the success of two of our team; Samantha Harding and Deborah Warbrick are graduating having been awarded Distinctions in both components of the Senior Leaders Master Degree Apprenticeships with Henley Business School, University of Reading. #nbtproud.

Number of participants recruited to research 23-24



Number of new studies open in year by type



## Well Led

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

# Well Led Introduction

## Vacancies

Trust vacancy factor was 7.69% in August (706.1 wte) from 8.25% (769.8 wte) in July. The greatest reduction in vacancies was seen in registered nursing and midwifery and doctors in training/clinical fellows. The former was a result of a net gain of 5.3 wte from external starters and the movement of 23 wte of international nurses and newly qualified staff to from band 4 to band 5. The latter relates to a net gain of staff resulting from the August rotation and new cohort of clinical fellows recruited by the Trust with a net gain of 42.0 wte. Additional Clinical Services saw a growth in vacancies predominantly driven by increased establishment in Pharmacy Technicians.

## Turnover

Rolling 12-month staff turnover decreased from 15.19% in July to 15.03% in August with the improvement trend continuing. The level of improvement sustained since November 22 equates to the equivalent of approximately 180 wte fewer leavers in a year, including 50 wte fewer band 5 nurses and 35 wte fewer support workers. The Trust has finalised its one-year retention plan and is currently drafting the five-year retention plan and aligning to the outcome of the 1<sup>st</sup> iteration of the long-term workforce plan scheduled for October.

**Patient First target for 2023/24: 16.5% of below**

## Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence position decreased from 4.94%% in July to 4.92% in August which represents the eight month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains materially unchanged from last month. Staff vaccination campaign relaunched for 23/24 early recognising the need to mitigate new COVID variants.

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

## Temporary Staffing

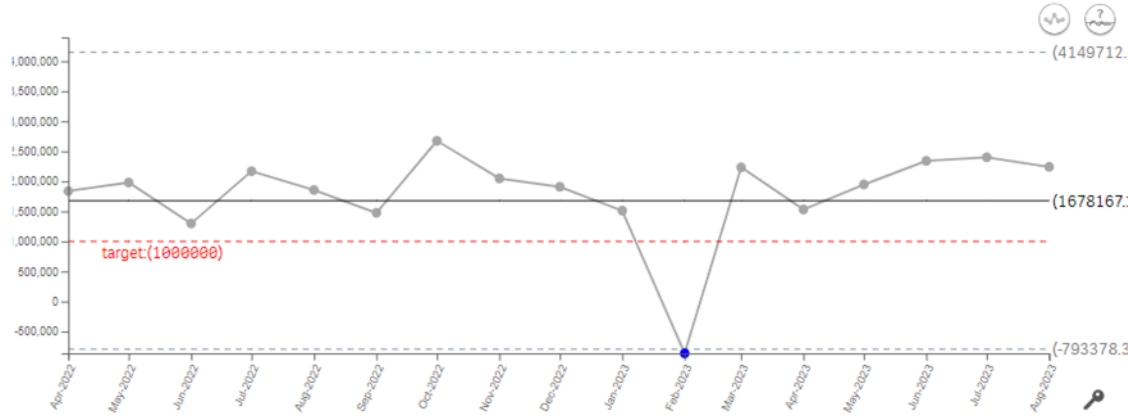
Overall temporary staffing demand reduced by 4.70% (52.2 wte) in August compared to July. The greatest reduction was in registered nursing and midwifery (6.33% reduction in demand equating to 27.1 wte). Agency use and unfilled shifts decreased at a greater rate than demand, 10.99% (23.9 wte) and 8.54% (7.8 wte) respectively. Overall bank hours worked increased, but the growth was predominantly in administrative and clerical staff (with registered and unregistered nursing and midwifery bank use remaining static). Administrative and clerical bank growth (12.6 wte) was predominantly in band 2 staff in clinical administration teams in ASCR surgical teams and NMSK neurosurgery, orthopaedic and pain teams.

Theme	Action	Owner	By When
<b>Vacancies</b>	Review of recruitment processes initiated via Patient First 'Faster Fairer Recruitment' and now ongoing through the Recruitment Services Reconfiguration (RSR) and extending performance management timeframes to 150 days to ensure sustainability improvements. Implementing digital on boarding forms from October '23 to further enhance recruitment processes / candidate experience	Deputy Chief People Officer	Oct-23
<b>Turnover</b>	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) with additional interventions being identified through ongoing data analysis	Associate Director Culture, Leadership & Development	Sep-23
<b>Staff Development</b>	Launch the first cohort of 'Mastering Management' delivered by University of West of England - now complete New Action - Scope requirements for online appraisal system	Associate Director Culture, Leadership & Development	Dec-23
<b>Wellbeing</b>	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights - data analysis on impact in progress to determine continuation of initiatives	Associate Director Culture, Leadership & Development	Sep-23
<b>Temporary Staffing</b>	Agency Reduction Oversight Board being set up to commence first week of October in support of the agency reduction programme. Bank RMN & ESW proposal supported by the People Oversight Group and recruitment scheduled to start in October.	Deputy Chief People Officer	Oct-23

# Temporary Staffing

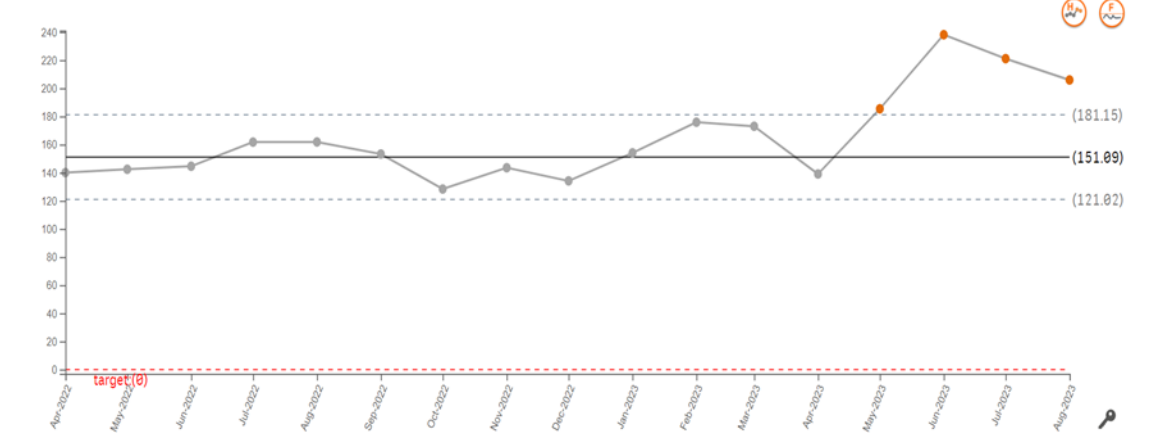
Agency Spend (£)

Figures are monthly snapshots



Agency Filled - WTE

Figures are monthly snapshots



## What Does the Data Tell Us

Agency use saw a reduction of 23.9 wte overall, 19.2 wte of which was in Nursing and Midwifery Registered. This position was driven predominantly by a reduction in agency use in ICU of 12.1 wte, there was also a commensurate reduction in break glass use of 9.1 wte.

Emergency department, ward 32b, ward 34a, ward 8a, ward 8b and ward 28b also all saw a reduction of between 1.5 wte and 3.5 wte. EEU, ward 9a and Theatres are the three teams who saw growth in agency use of between 1 wte and 1.2 wte, these teams did not also see an increase in break glass use.

RMN use remained static however reduction in use in the emergency department and across wards offset an increase of 5.2 wte in AMU and 1.6 wte in ward 32a and 1.9 wte in ward 9a.

## Actions

1. The Trust has established and Agency Reduction group focussing currently on the following interventions:
2. Break Glass continuation; Bank RMN & ESW Proposal was supported by the People Oversight Group in August. Further engagement to take place with AWP prior to planned recruitment starting in October. Initial recruitment will be a smaller cohort to trail all aspects including attraction, recruitment and training. Further cohorts will be planned on monthly intervals. The Agency Oversight Board will start in October and workstreams relating to Medical, Nursing and Other (AHP, Sci & Tech and Admin) will report directly.

**Agency Reduction:** Targets and tracking of the impact of these interventions has been designed into an action plan using the A3 methodology. Whilst the ICS has been set a target (by NHS England) for agency spend to not exceed 3.7% of total pay spend, this has not been translated into a Trust target. The ongoing agency spend for all staff groups and impact of identified interventions and opportunities will be monitored and reported monthly.

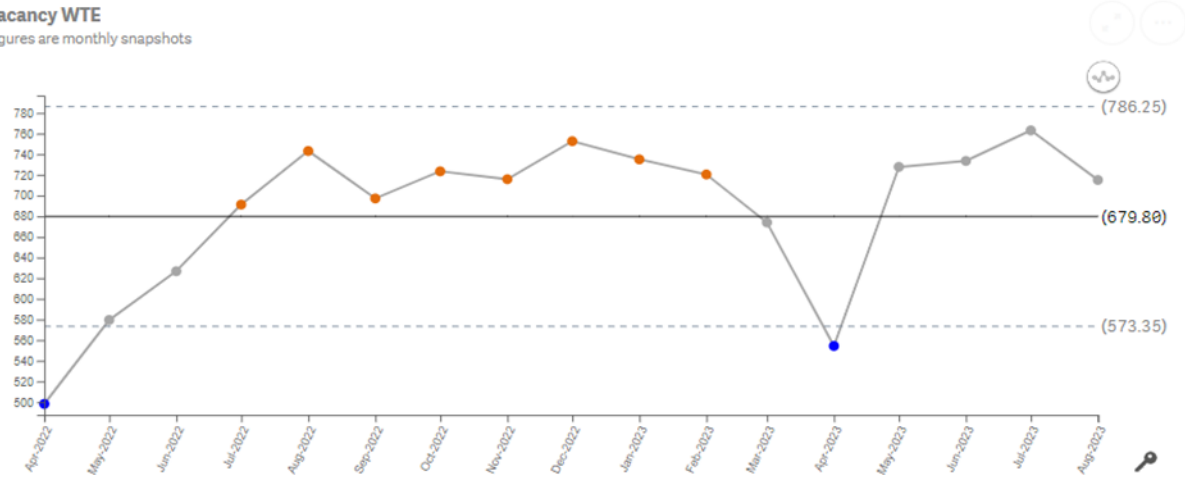
**Bank Optimisation:** workstream is being established with key focus on improving the experience of Bank Workers and how this can be used to encourage further uptake of Bank shifts across all staff groups. The dedicated Bank Worker staff survey outcomes will be used as a framework for structuring and prioritising this activity to commence in September.



# Vacancy Position

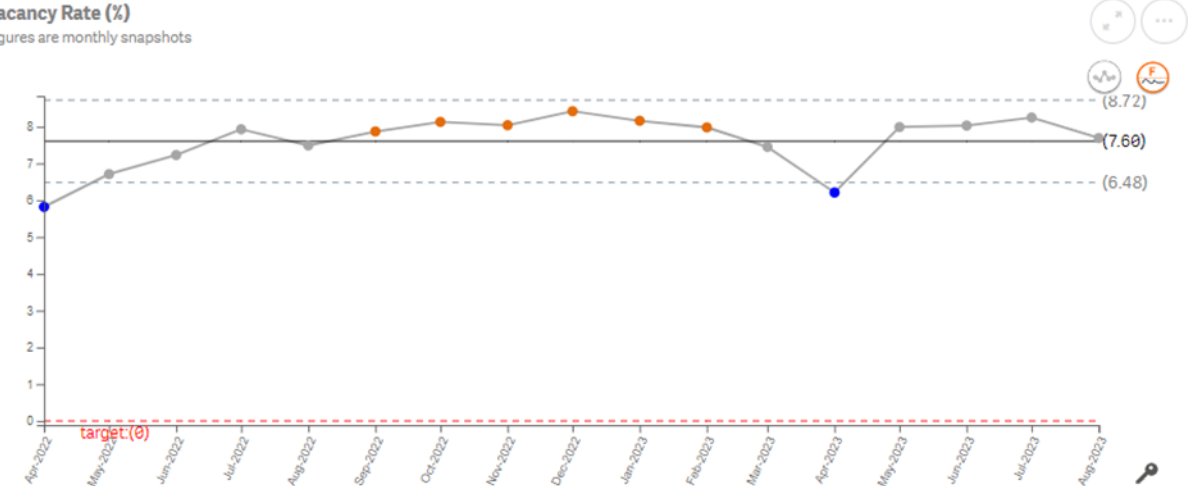
## Vacancy WTE

Figures are monthly snapshots



## Vacancy Rate (%)

Figures are monthly snapshots



## Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

- Offers:** 20.87 wte of offers for HCSW roles were made in August, 2.87 wte for band 2 and 18.0 wte for band 3
- Pipeline:** 107.41 wte of candidates with offers being processed. Current withdrawal rates are at 15% of HCSW roles suggest that 91.29 wte will join over next three months (between September and November) which is slightly lower than last year where 95.2 wte joined – however additional offers may be made in this period which will impact November 23 starters positively

## Registered Nursing and Midwifery

- Offers:** 38.92 wte of offers to band 5 experienced and newly qualifying nurses across the Trust
- Pipeline: Domestic** 178.51 wte band 5 candidates with offers being processed. Current withdrawal rate is at 22% suggesting that 139.35 wte will join over next three months (between September and November) which is higher than last year where 80.3 wte joined
- Pipeline International:** There are 37 wte in the pipeline allocated to start between September and October which is higher than last year where 10 wte joined

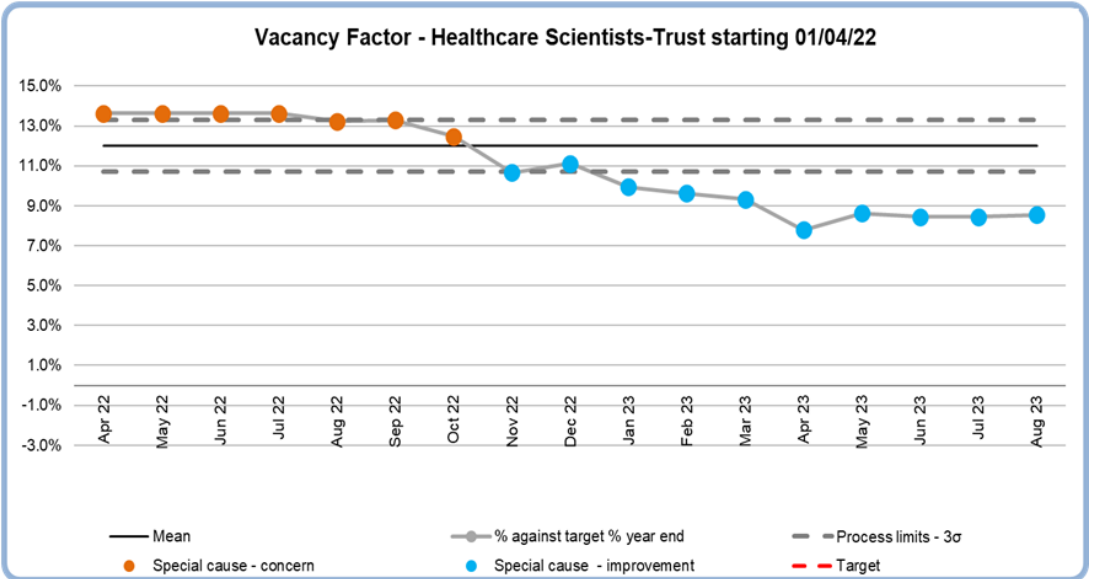
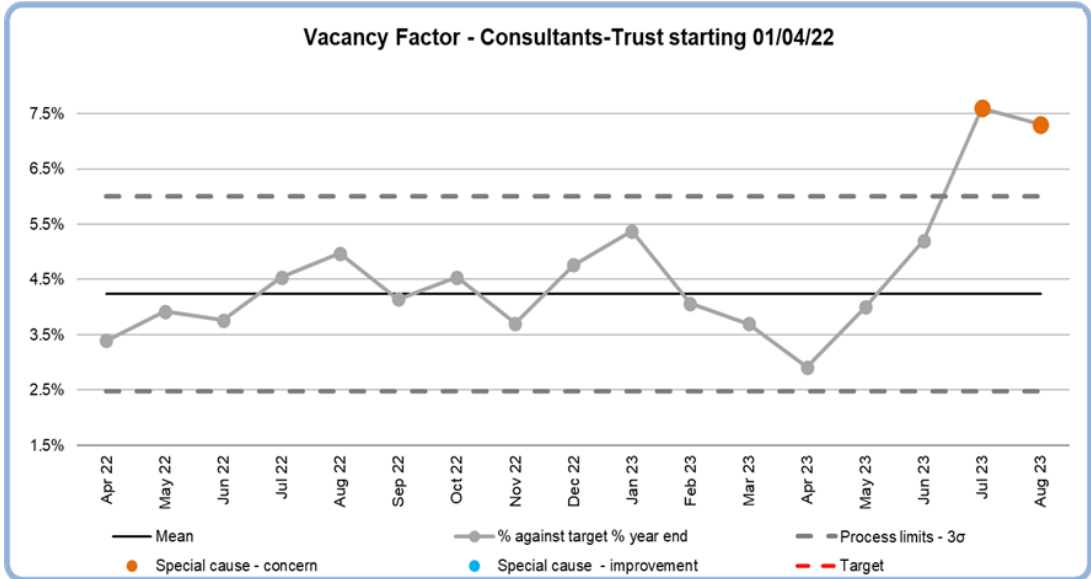
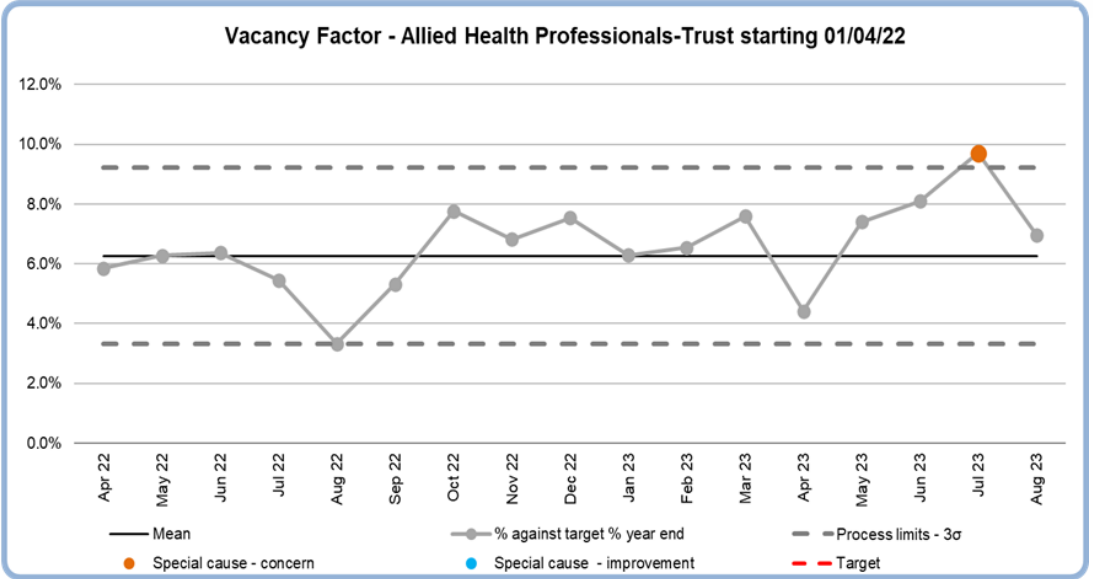
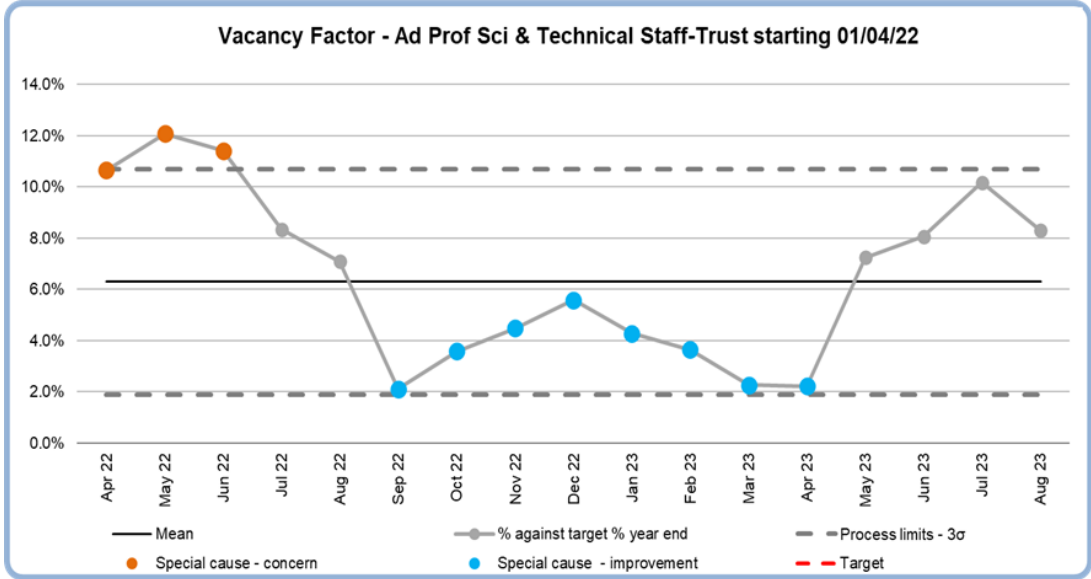
## Recruitment Activity

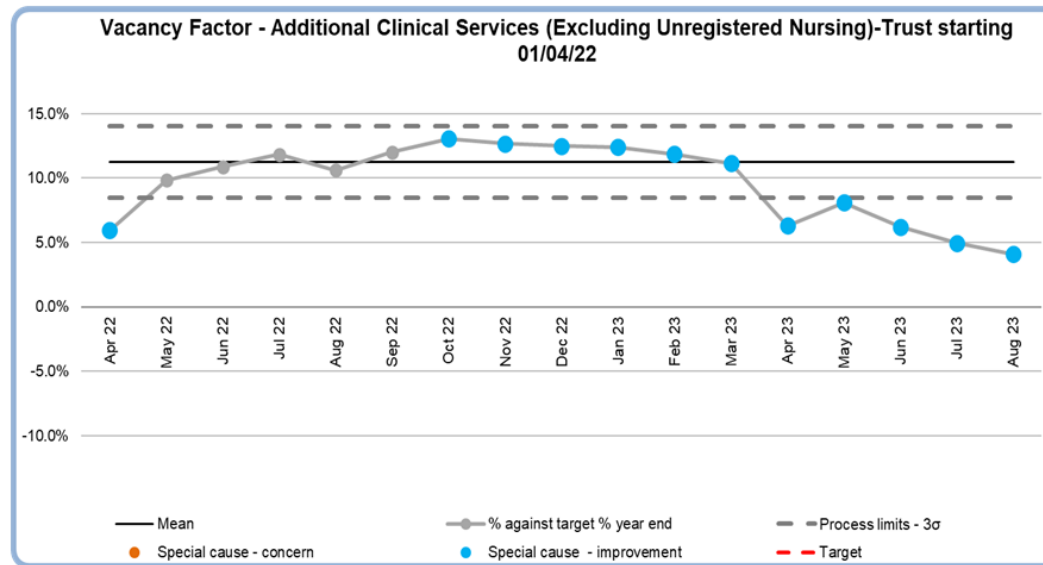
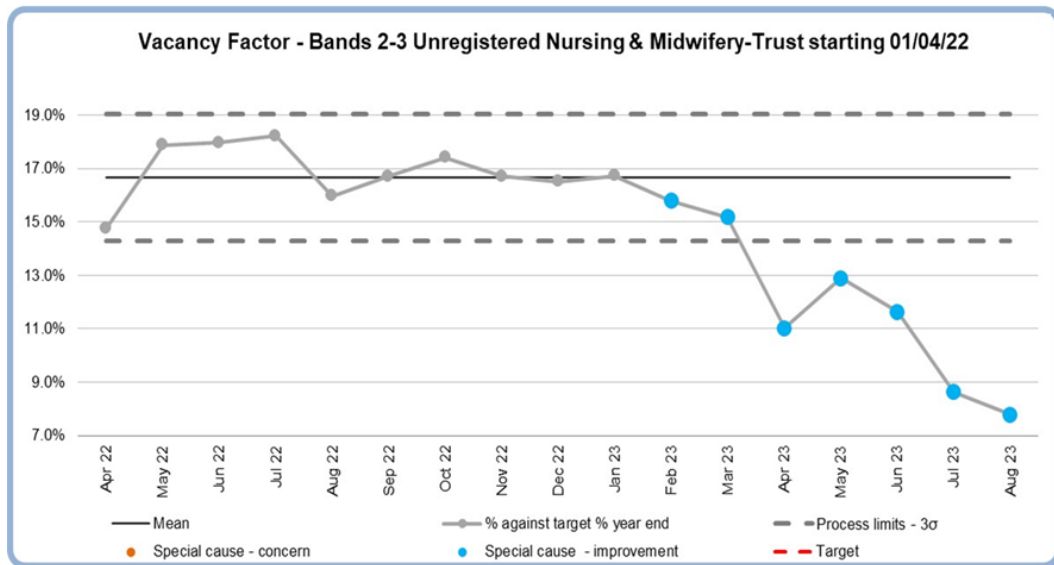
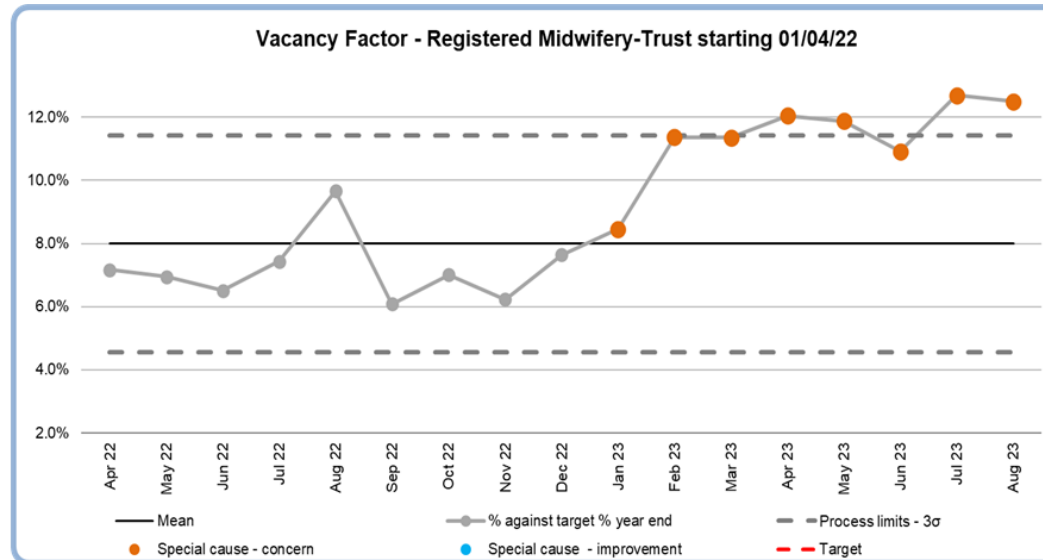
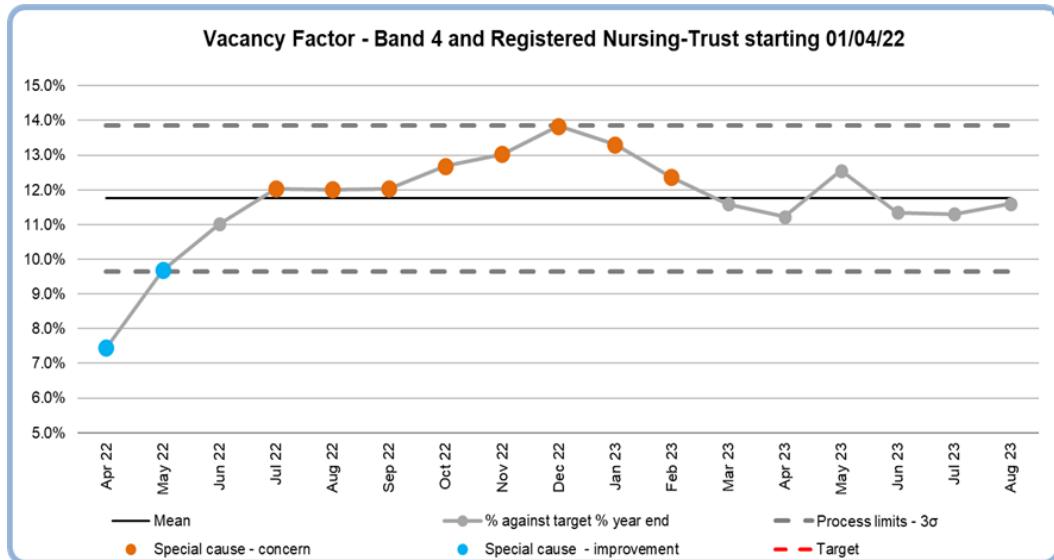
- Nursing Jobs fairs were halted during August due to staff availability
- International Recruitment:** We welcomed 10 Internationally educated Nurses to the Trust in Aug

## Current actions being taken to mitigate withdrawal rates:

- Midwifery incentivisation programme in place
- Nurse band 5 candidate engagement programme being developed to include more frequent contact and open day with tours for candidates in pipeline

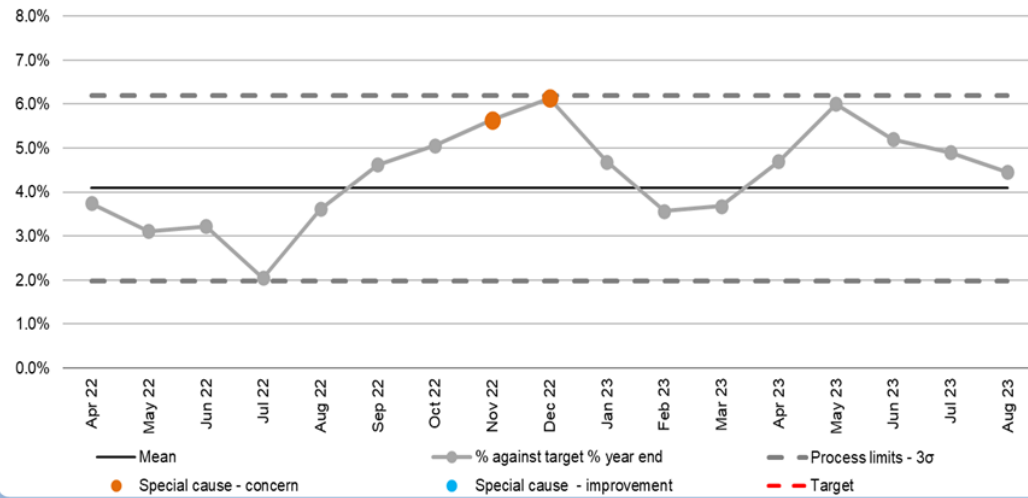




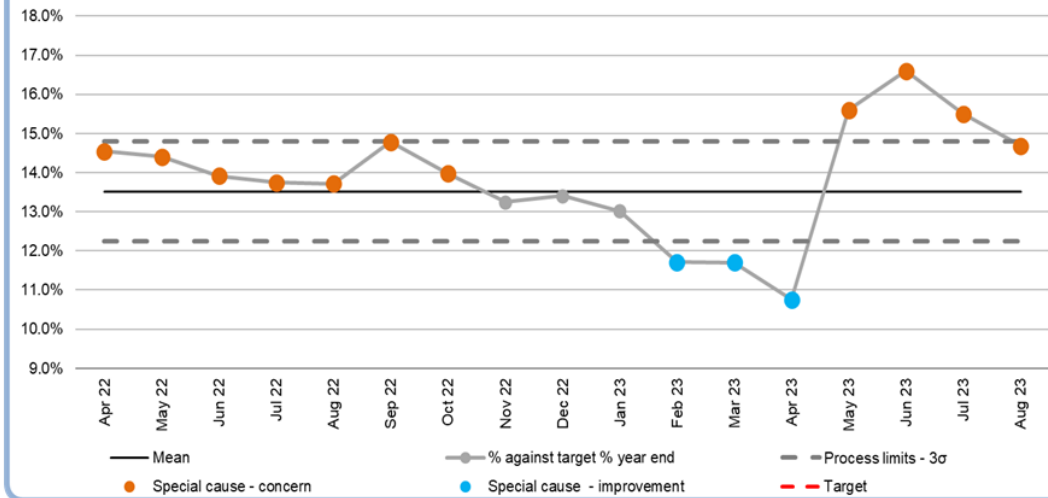


- Registered midwife vacancy factor has increased and shows as deterioration (series of orange markers above upper control) due to additional agreed funding being applied in January 2023
- Incentives remain in place in midwifery to attract more staff through recruitment and to reduce the drop out rate from the candidate pipeline

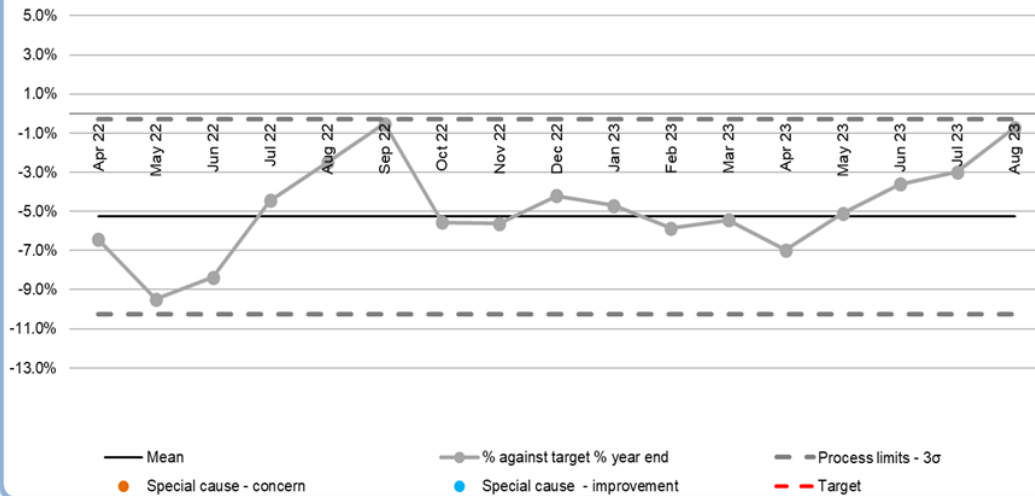
### Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22



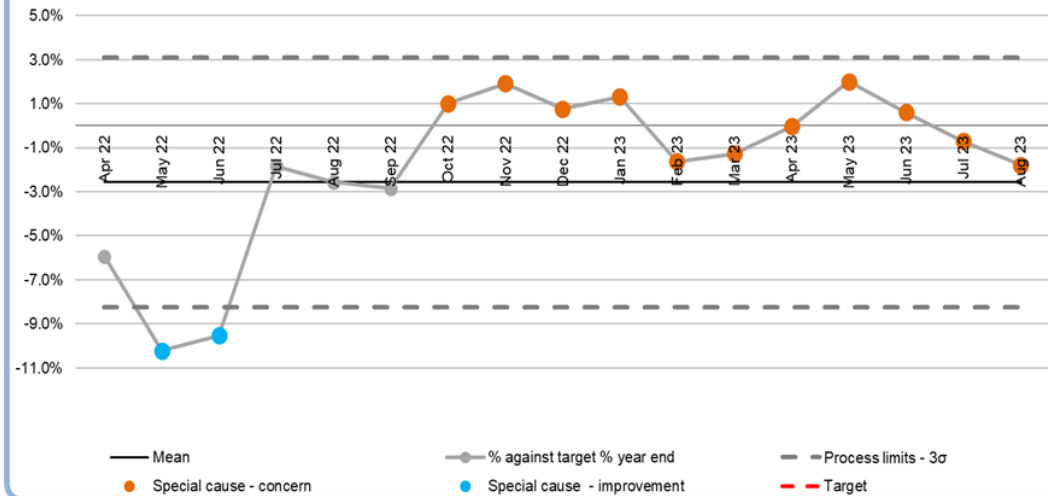
### Vacancy Factor - Estates & Ancillary -Trust starting 01/04/22



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

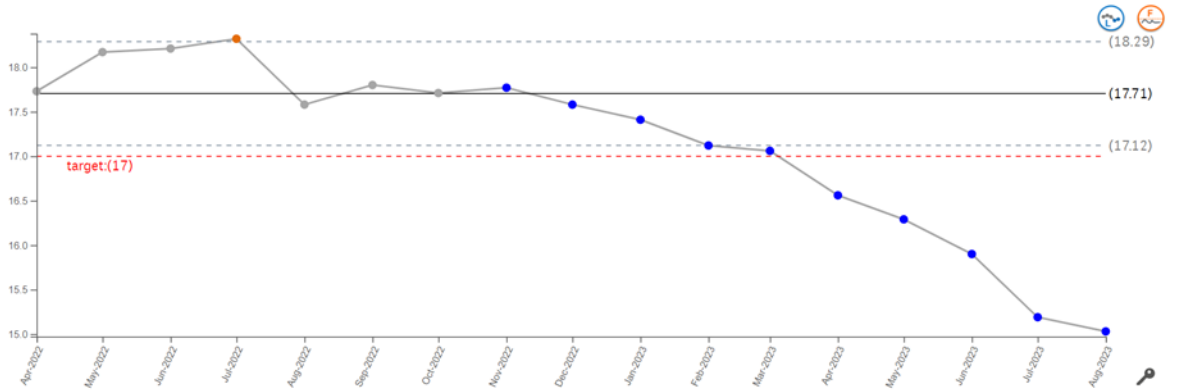


### Vacancy Factor - Band 8a+ Administrative & Clerical -Trust starting 01/04/22



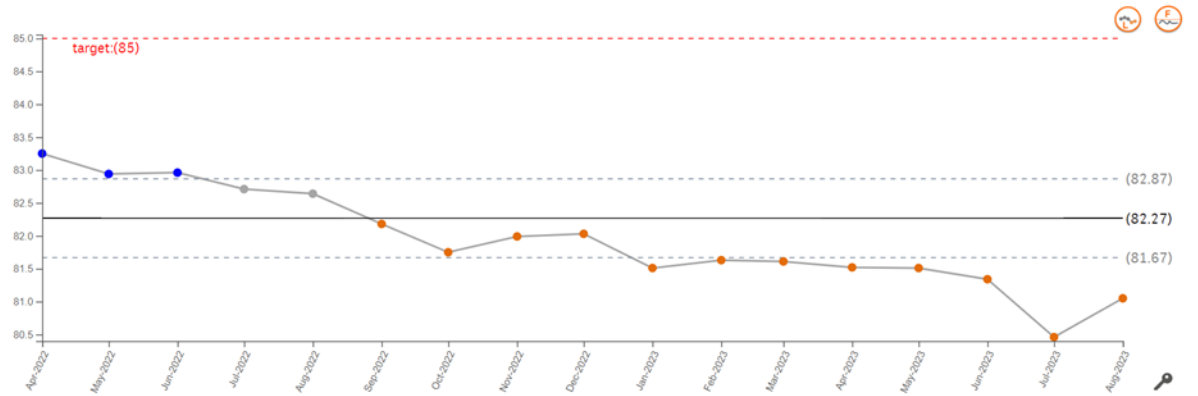
### Turnover Rate (FTE) 12 Month Rolling (%)

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



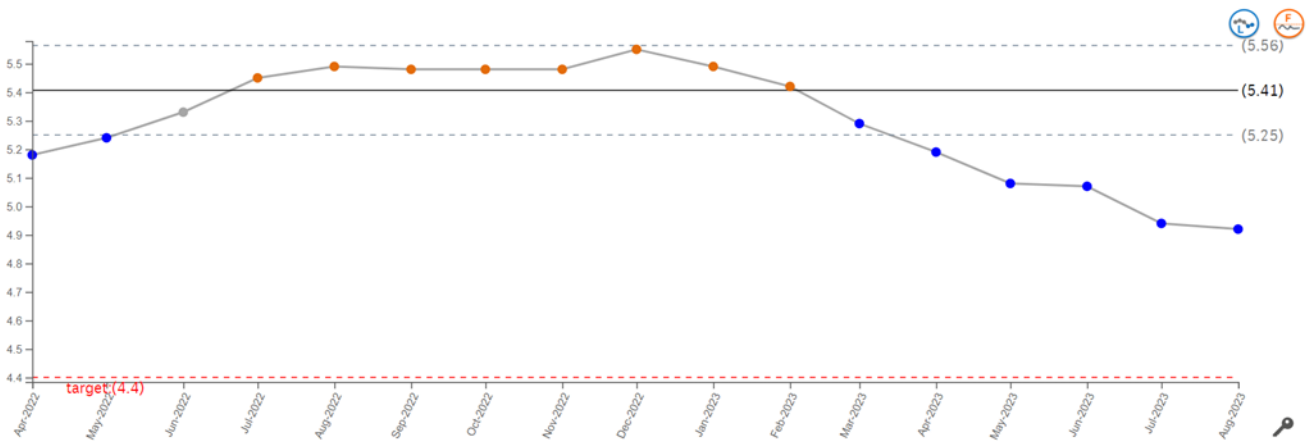
### Stability Rate (%)

Figures are monthly snapshots



### Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots



## People support and engagement

### Actions delivered: (Associate Director of People)

- Policies agreed on working time, flexible working and statutory and mandatory training
- Reinstated casework reviews, including application of restorative just culture principles
- Reporting on higher risk casework strengthened in light of recent media coverage

### Actions in Progress:

- Website with bitesize management training in development, providing just in time advice and support (**September**)
- Recruitment and implementation of Partner support model (**October**)
- Review of template letters in line with RJC principles (**October**)
- Sexual harassment charter and working group in development (**October**)
- Let's talk Flex – campaign on flexible working and consideration of revised AfC conditions (**November**)
- Campaign to support new fairness at work policy, early resolution and RJC (**January**)

## Retention and Staff Experience (including Health and Wellbeing)

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

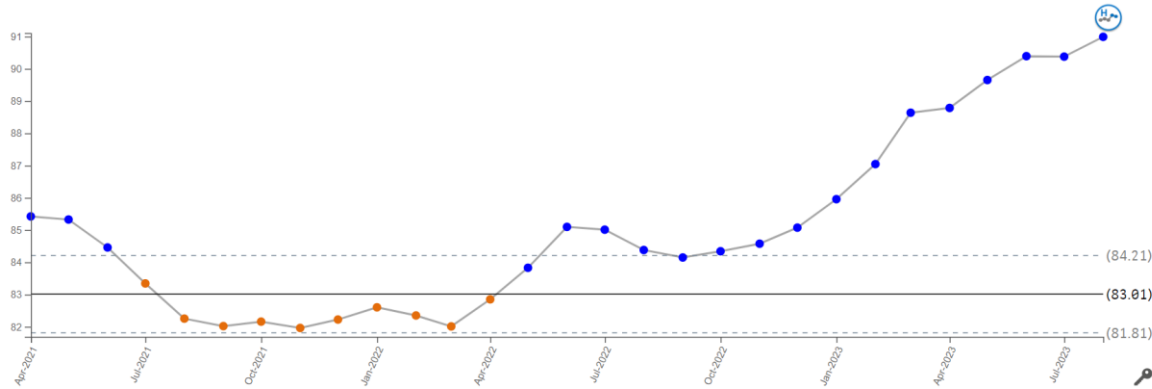
- Plan for 2023/24 National Staff Survey agreed and being implemented
- Staff Survey Working Group set up with wide representation from all divisions
- Planned and ran a stand to support staff and promote Suicide Prevention Week on 7 September
- 1 year Retention Plan finalised and signed off
- Draft 3-year EDI plan developed
- Schwarz Round Steering Group refreshed and re-launched

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

- Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and legal issues, available until the **end of March 2023**
- Work underway to further improve Trust-wide Corporate Induction (**September 2023**)
- Draft EDI Plan now developed, structured around the NHSEI 6 high impact actions and being consulted on (to go to Trust Board **September 2023**)
- Trust retention working group to continue, developing and implementing retention plans and developing the 5- year plan (**April 2023 – October 2023**)
- Health Care Support Worker ward drop-in sessions and engagement survey (**September 2023**)
- Work underway with a multi-disciplinary group of people, including our ICS Retention Lead, to develop a Legacy Mentoring Programme at NBT (**May – September 2023**)
- Work underway to develop a coherent staff mental health strategy to support staff to stay well and provide support during times of distress or ill-health, with clear signposting and promotion of all new and existing tools, resources and sources of support (**December 2023**)
- Planning underway for Black History month in **October**

Essential Training Compliance % (Top 9)

Figures are monthly snapshots



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

- QLIK (14 Sep 23) shows compliance as: All staff 87.14%, Permanent Staff 93.46%, Fixed Term Temp 83.57%, Other 63.3% (NBT eXtra 65.57%).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
  - Medical and Dental 66.92%
- Training Compliance By Training Title (Top 9) shows Information Governance **below the compliance target**.
- The largest number of training expirations in the next 3 months are Information Governance, Fire and Patient Handling.

### Actions – Essential Training (Head of Learning and Development)

- Weekly MaST reports are helping to raise the visibility of MaST compliance within divisions. Div Dons and People Partners are interrogating the data and working with their divisions to increase compliance.
- NBT eXtra have pushed bank staff to complete training and are also setting up MaST sessions in the computer suites.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase compliance on day 1.
- Oliver McGowan mandatory e-learning is at 35.97% all staff should be encouraged to complete this.

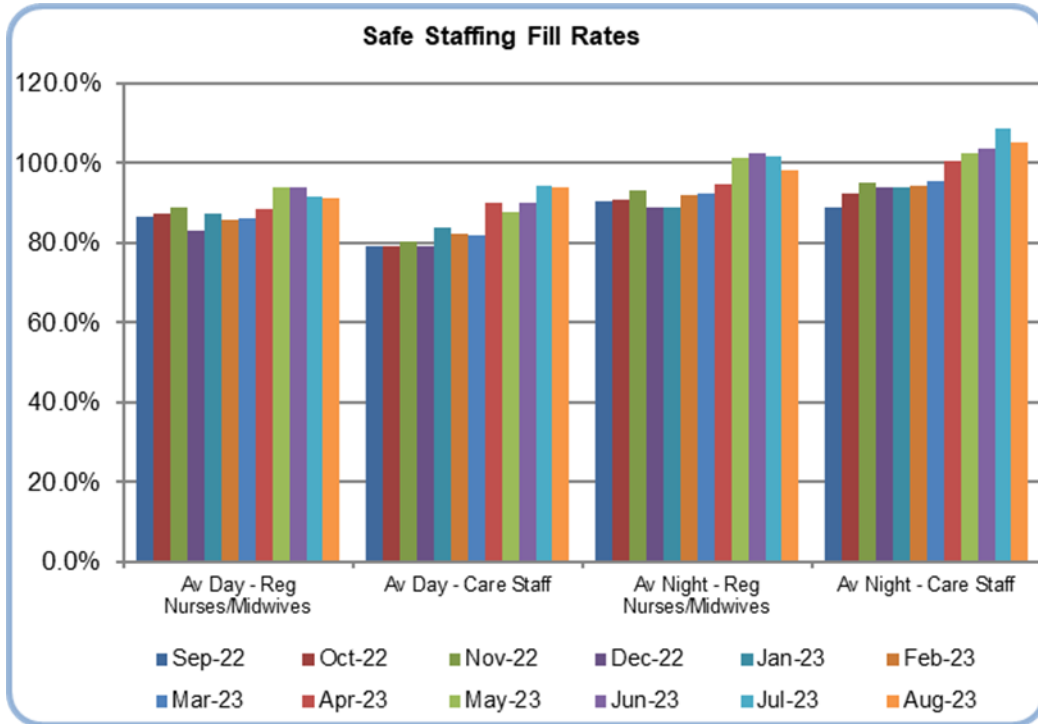
### Leadership & Management Learning (Leadership Development Manager)

- Mastering Management: cohort 1 underway and Cohort 2 now started. Dates confirmed for cohort 2-5 and dates for Action Learning Sets confirmed for cohorts 1-3. Content being finalised with UWE.
- Excellence in Management programme: Cohort 2 launched in Aug 23. Dates for 2024-2025 to follow.
- Leading for Change: next speaker is John Drummond in Dec 23.
- Accelerate Programme: Cohort 1 launched in Sep, and Cohort 2 due in Feb 24.
- ILM Leadership and Team Skills Cohort 2 underway, and admissions for Cohort 3 closed 1 Sep 23.
- Project underway to procure a Coaching and Mentoring Platform with PLD. Completed a DPIA with Information Governance and are awaiting support from IT systems. If all goes well, a Go-live date is scheduled for 31 Oct 23 (subject to change).

### (Head of Apprenticeships and Early Careers)

#### Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation: Expired funds in August - £22,047 (12%) Transferred Levy funds - £6191 to support community development, Levy utilisation – 69%
- Current number of staff on an apprenticeship: 394
- Mayoral Priority Skills Fund application - application submitted, applied for £400K+ of funding for modular and communities funding, will receive outcome November
- New HCSW Induction to launch 25 Sep 23
- Current number of learners enrolled: 57 Direct – 96 Non-Direct
- Number of completed apprenticeship last month: 2 Direct – Distinction/Pass – 1 Non-Direct - Distinction
- Number due to complete next Month: 0 Direct - (18 OOF of which 1 in EPA) – 2 Non-Direct (2 due not in EPA – 32 OOF of which 9 in EPA)
- Qualification Achievement Rate (QAR) (Direct Only) - 50%
- [Apprenticeship Accountability Framework](#) (Direct Only) -
  - As of end P12 (31/7/23)
  - Withdrawals – 12%
  - QAR – 50% (RISK)
  - Past End Date (PED) over 180 days – 6.0%
  - PED Over 365 Days – 0%
  - Break In Learningn (BIL) over 180 days 3.0%
  - BIL Over 365 days 1.00%



**What Does the Data Tell Us**

Of the 34 units reports safer staffing:

Grade	<80%	>150%
Registered Day	14.7%	2.9%
Registered Night	8.8%	2.9%
Care Staff Day	14.7%	2.9%
Care Staff Night	14.7%	11.8%

**Heatmap**

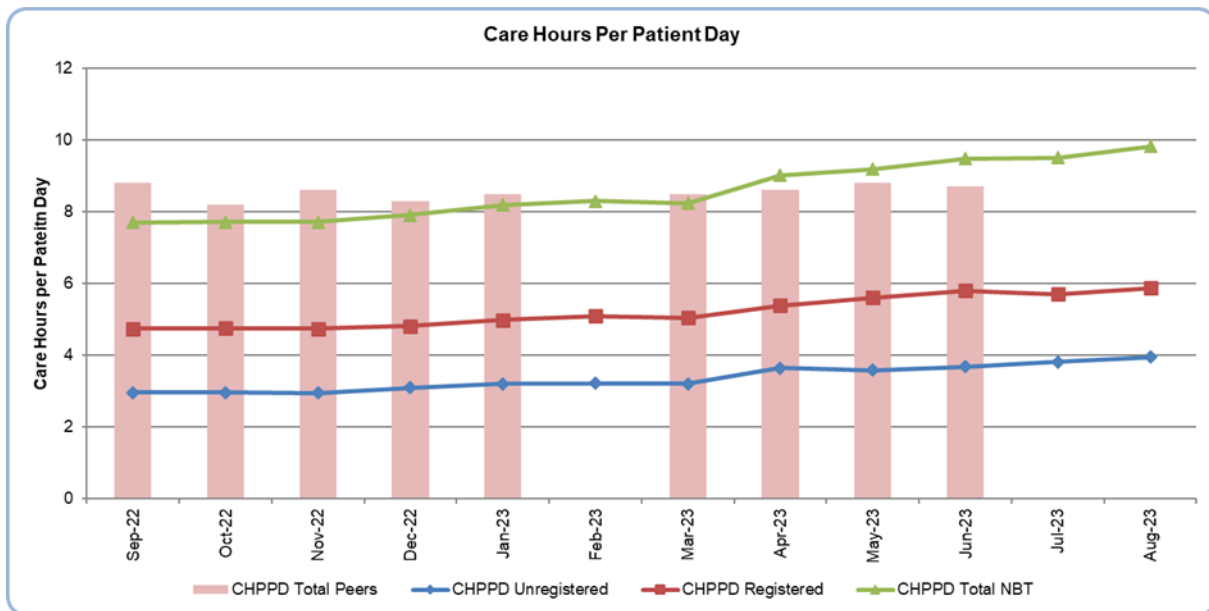
Bold *italics* indicate where teams were in the heatmap last month

Aug-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
<b>Southmead</b>	91.1%	93.9%	98.1%	105.2%

Ward Name	Less than 80%				Greater than 150%			
	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Registered Day	Registered Night	Care Staff Day	Care Staff Night
<b><i>Elgar Wards - Elgar 2 17002</i></b>								
<b><i>AMU 31 A&amp;B 14031</i></b>								
<b><i>Ward 33A 14221</i></b>								
<b><i>Ward 33B 14222</i></b>								
<b><i>Critical Care (ICU) 14230</i></b>								
<b><i>Ward 26B 14312</i></b>								
<b><i>Ward 7B 14303</i></b>								
<b><i>NICU 01255</i></b>								
Percy Phillips 01254								
<b><i>Birthing Centre 01181</i></b>								
<b><i>Cotswold Ward 01269</i></b>								



# Care Hours



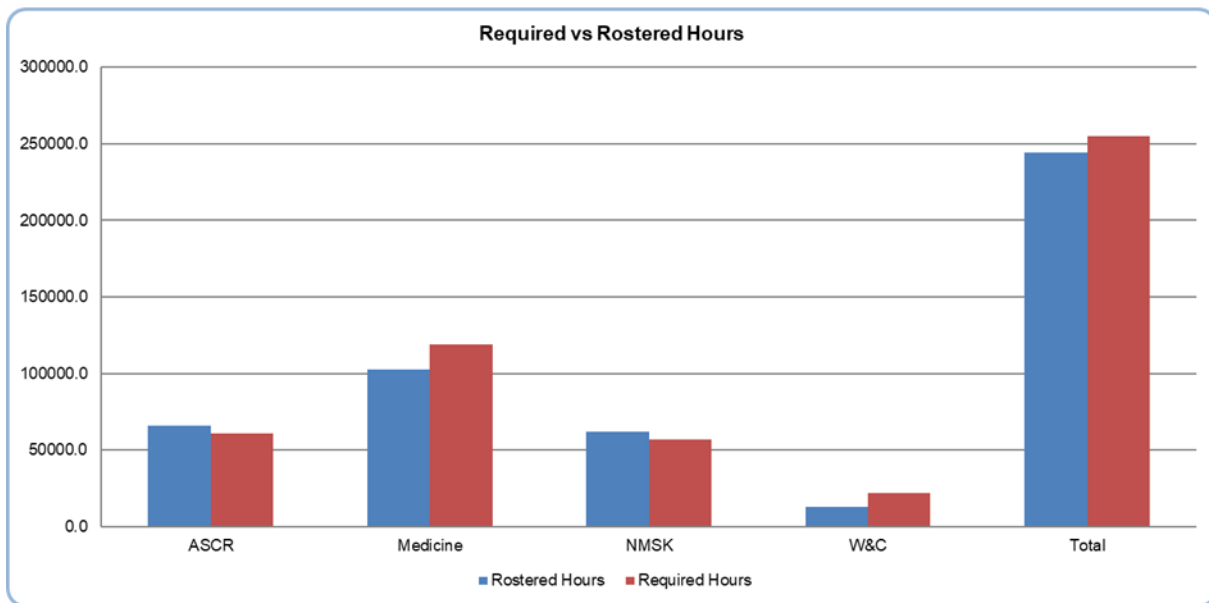
## What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

## Safe Care Live (Electronic Acuity Tool)

The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.



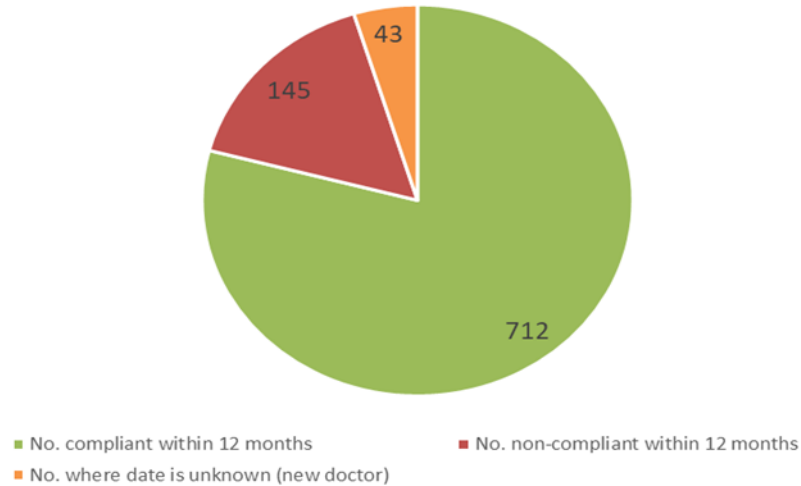
## What does the data tell us

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.

How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.



Appraisal compliance - past 12 months



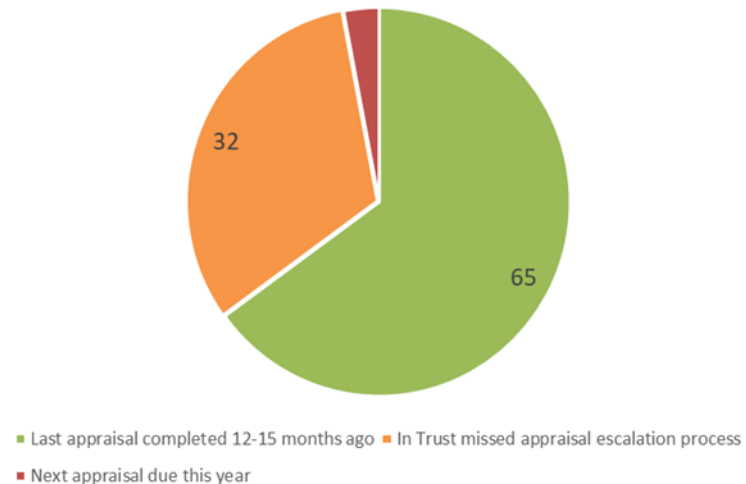
### What does the data tell us?

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

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

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

Non-compliant doctors - past 12 months



### What actions are being taken to improve?

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

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

# Finance

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

# Statement of Comprehensive Income at 31st August 2023

	Month 5			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	67.8	68.1	0.3	324.7	325.0	0.3
Income	6.6	7.7	1.1	29.4	36.4	7.0
Pay	(47.8)	(47.9)	(0.2)	(222.2)	(229.4)	(7.2)
Non-pay	(27.6)	(29.8)	(2.2)	(138.7)	(143.3)	(4.6)
<b>Surplus/(Deficit)</b>	<b>(0.9)</b>	<b>(1.8)</b>	<b>(0.9)</b>	<b>(6.9)</b>	<b>(11.3)</b>	<b>(4.4)</b>

## Assurances

The financial position for August 2023 shows the Trust has delivered a £1.8m deficit against a £0.9m planned deficit which results in a £0.9m adverse variance in month and £4.4m adverse variance year to date.

Contract income is £0.3m favourable to plan. Excluding the impact of pay award budget changes established in month that were offset in pay spend, the revised position is £2.1m better than plan. This is driven by an overperformance on high cost drugs and devices, which will be matched by expenditure, along with accrued income for Junior doctor's strikes in April and an increase in Welsh patient activity.

Other Income is £1.1m favourable to plan. This is driven by new funding adjustments (£1.2m fav) and prior year invoicing in Core Clinical Services (CCS) (£0.4m fav) offset by underperformance in other clinical divisions.

Pay expenditure is £0.2m adverse to plan. Excluding the impact of pay award budget changes established in month that were offset in contract income, the revised position is £1.7m worse than plan. The Trust saw the impact of August industrial action (£0.7m adverse) along with increased temporary staffing costs (£1.1m adverse). This was offset by underspends on other staff due to vacancies (£0.3m fav). In year delivery on pay CIP is £1.0m adverse to plan due to the delayed start of full year schemes, however this is offset by benefits from delayed in year investments and service developments.

Non-pay expenditure is £2.2m adverse to plan. This is driven by in-tariff drugs from medical gases backdated invoices in CCS, increased independent sector spend, and the impact of the Community Diagnostic Centre (CDC), the new IM&T network and Bristol ambulance costs in Facilities.

# Statement of Financial Position at 31st August 2023

	22/23 Month 12	23/24 Month 04	23/24 Month 05	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>	<b>510.6</b>	<b>515.6</b>	<b>520.0</b>	<b>4.4</b>	<b>9.5</b>
<b>Current Assets</b>					
Inventories	10.0	10.2	9.9	(0.3)	(0.1)
Receivables	57.2	46.7	59.9	13.2	2.6
Cash and Cash equivalents	104.0	75.3	65.9	(9.4)	(38.1)
<b>Total current assets</b>	<b>171.3</b>	<b>132.1</b>	<b>135.7</b>	<b>3.6</b>	<b>(35.6)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other Payables	125.2	95.6	97.9	2.2	(27.4)
Deferred income	17.2	25.5	30.2	4.7	13.0
Financial Current Liabilities	17.1	17.2	17.8	0.7	0.8
<b>Total current liabilities</b>	<b>159.5</b>	<b>138.3</b>	<b>145.9</b>	<b>7.6</b>	<b>(13.6)</b>
Trade payables and deferred income	6.7	7.2	7.2	0.0	0.4
Financial Non-Current Liabilities	355.2	351.1	353.1	2.0	(2.2)
<b>Total Net Assets</b>	<b>362.0</b>	<b>358.3</b>	<b>360.2</b>	<b>2.0</b>	<b>(1.8)</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	469.1	469.1	469.4	0.3	0.3
Income and expenditure reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and expenditure account - current year	(5.4)	(9.2)	(11.0)	(1.8)	(5.6)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
<b>Total Capital and Reserves</b>	<b>160.4</b>	<b>151.2</b>	<b>149.6</b>	<b>(1.6)</b>	<b>(10.8)</b>

## Items to note:

**Non Current Assets:** Movements driven by capital expenditure offset by in-year depreciation and amortisation.

**Receivables:** The year-to-date movement is mostly driven by receiving payments for year-end accruals, including £16m funding for 2021/22 non-consolidated pay award, offset by the build up of in-year accruals, prepayments and invoiced debt as per the regular cycle. The in-month movement is driven by an increase in receivables from commissioners (£11m) and is expected to be cleared in the next couple of months.

**Cash and Cash equivalents:** The cash balance decrease is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance together with the I&E deficit.

**Trade and Other Payables:** The year-to-date movement is driven by paying off major year-end accruals (for example, 2021/22 non-consolidated pay award) and invoiced balances, including major capital projects. The in-month movement is driven by the accrual for the agreed Medical Pay Award (to be paid in September).

**Deferred income:** The year-to-date and in-month movements follow a regular cycle of payments in advance from Health Education England and research grants.

**Financial Liabilities:** The year-to-date movement relates to the repayment of the capital element of the PFI, offset by the recognition of new leases for the IT Network and the Trust's vehicles in August.

# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G3	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G4	Having regard to NHS England Guidance	Yes	The Trust Board has regard to NHS England guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
G6	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

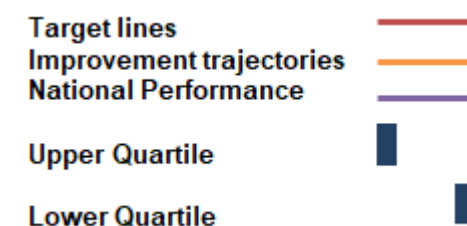


Unless noted on each graph, all data shown is for period up to, and including, 31 August 2023 unless otherwise stated.

All data included is correct at the time of publication.

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

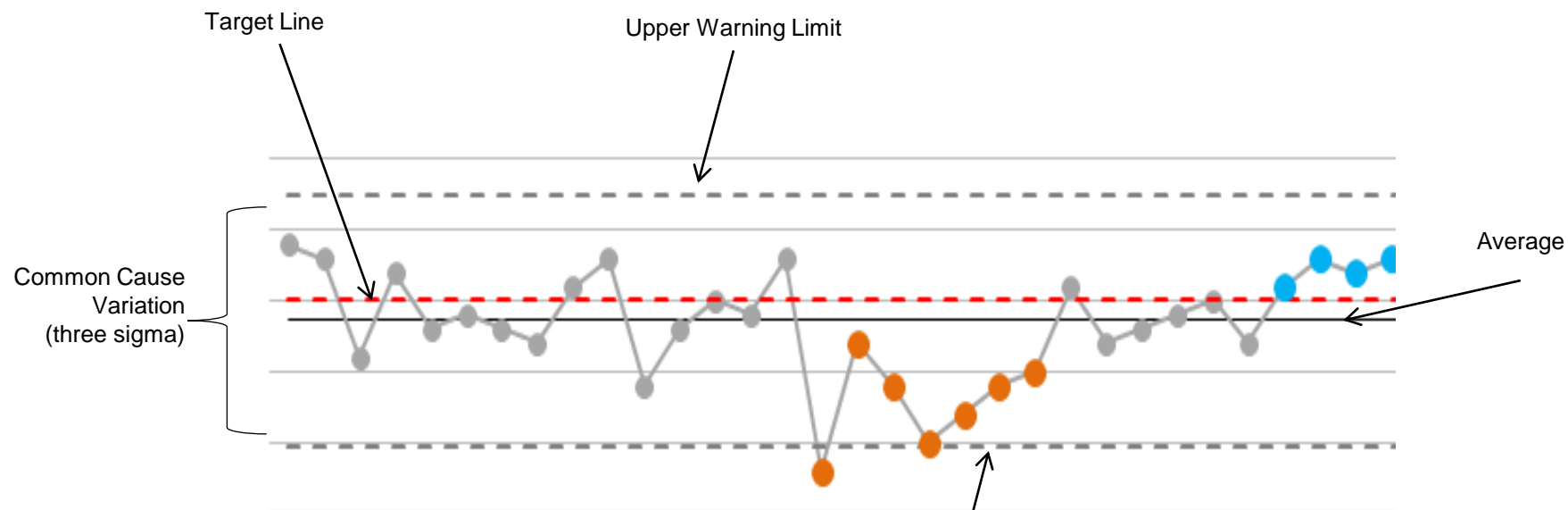
NBT Quality Priorities 2023/24	
<b>Outstanding Patient Experience</b>	
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.	
<b>High Quality Care</b>	
We will support our patients to access timely, safe, 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	



<b>AMTC</b>	Adult Major Trauma Centre
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>CIP</b>	Cost Improvement Programme
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>CTR/NCTR</b>	Criteria to Reside/No Criteria to Reside
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>D2A</b>	Discharge to Assess
<b>DivDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>EPR</b>	Electronic Patient Record
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HSIB</b>	Healthcare Safety Investigation Branch
<b>HoN</b>	Head of Nursing

<b>IA</b>	Industrial Action
<b>ICS</b>	Integrated Care System
<b>IMandT</b>	Information Management
<b>IPC</b>	Infection, Prevention Control
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-disciplinary Team
<b>Med</b>	Medicine
<b>MRI</b>	Magnetic Resonance Imaging
<b>NMSK</b>	Neurosciences and Musculoskeletal
<b>Non-Cons</b>	Non-Consultant
<b>Ops</b>	Operations
<b>PDC</b>	Public Dividend Capital
<b>P&amp;T</b>	People and Transformation
<b>PTL</b>	Patient Tracking List
<b>qFIT</b>	Faecal Immunochemical Test
<b>RAP</b>	Remedial Action Plan
<b>RAS</b>	Referral Assessment Service
<b>RCA</b>	Root Cause Analysis

<b>SI</b>	Serious Incident
<b>TWW</b>	Two Week Wait
<b>UEC</b>	Urgent and Emergency Care
<b>VTE</b>	Venous Thromboembolism
<b>WCH</b>	Women and Children's Health
<b>WTE</b>	Whole Time Equivalent



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

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

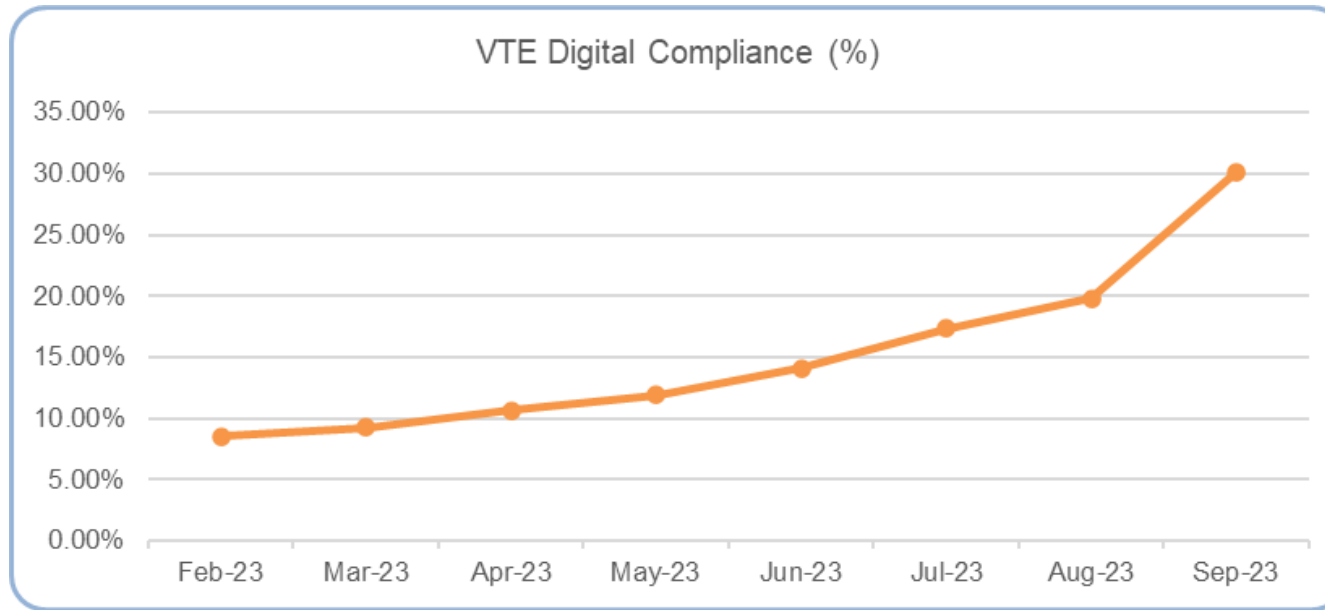
**Blue dots signify a statistical improvement.** A data point will highlight blue if it:

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

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

**Further reading:**

- SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>
- Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>
- Making Data Count: [https://improvement.nhs.uk/documents/5478/MAKING\\_DATA\\_COUNT\\_PART\\_2\\_-\\_FINAL\\_1.pdf](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)



NBT rolled out a new standardised digital VTE Risk Assessment form on CareFlow to replace paper assessments across all NBT adult Inpatient areas from February 2023. Shown is the improving compliance since the move to digital completion.