North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

December 2023

(presenting November 2023 data)

NBT CARES

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend	Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	69.97%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%	63.37%		52.21%	1/11
	A&E 12 Hour Trolley Breaches	R	0	-	433	786	312	9	135	2	39	10	12	17	23	223	213		6-2089	4/11
	Ambulance Handover < 15 mins (%)		65.00%	-	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%	30.54%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%	66.56%			
	Ambulance Handover > 60 mins		0	-	778	1041	457	105	267	87	231	164	165	182	317	620	438			
	Average No. patients not meeting Criteria to Reside			-	276	243	254	217	239	208	190	198	200	198	195	218	228			
	Bed Occupancy Rate			97.07%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.12%	96.84%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%	9.81%		27.13%	3/10
	Diagnostic 13+ Week Breaches		0	412	4204	3663	2459	1497	939	740	593	595	300	124	59	17	14		17-5066	1/10
	RTT Incomplete 18 Week Performance		92.00%	-	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%	61.94%		53.85%	8/10
	RTT 52+ Week Breaches	R	0	2618	2980	2984	2742	2556	2576	2684	2798	2831	2689	2599	2306	2124	1858		60-16374	2/10
	RTT 65+ Week Breaches			337	1021	1105	895	742	547	591	594	619	624	606	582	545	428		2-5494	2/10
	RTT 78+ Week Breaches	R		49	319	306	223	167	69	65	84	59	44	48	48	55	49		0-657	3/10
	Total Waiting List	R		41235	47418	46523	46266	46327	47287	47861	47731	49899	50119	50168	48969	48595	47698			
	Cancer 2 Week Wait	R	93.00%	87.16%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	49.00%	-			
	Cancer 31 Day First Treatment		96.00%	93.77%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	85.61%	-		88.00%	6/10
	Cancer 62 Day Standard	R	85.00%	70.33%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	55.43%	-		55.43%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	71.52%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	59.46%	-		59.46%	7/10
	Cancer PTL >62 Days		242	185	329	328	335	191	140	178	207	171	183	236	276	250	260			
	Cancer PTL >104 Days		0	18	47	23	26	41	29	25	40	45	46	41	47	49	53			
	Urgent operations cancelled ≥2 times		0	-	0	0	0	0	1	0	0	0	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.

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)				0.96	0.96	0.98	0.96	0.97	0.98	0.98	0.99	0.99	0.98	-	-	-	
		Never Event Occurrence by month		0	0	2	1	1	0	0	0	0	0	0	0	1	1	0	
		Commissioned Patient Safety Incident Investigations				7	1	3	3	3	2	4	0	0	2	2	2	1	
		Healthcare Safety Investigation Branch Investigations				4	0	1	0	0	0	0	0	0	0	0	0	1	
		Total Incidents				1252	1320	1173	973	1188	1027	1118	1110	1033	1120	1176	1451	1484	
		Total Incidents (Rate per 1000 Bed Days)				41	44	38	36	39	37	38	38	35	39	41	47	50	
		WHO checklist completion			95.00%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.58%	97.68%	99.08%	99.29%	
		Pressure Injuries Grade 2				19	11	16	9	13	20	15	18	17	12	14	11	10	
		Pressure Injuries Grade 3			0	2	1	0	0	1	0	0	0	0	2	1	0	0	
		Pressure Injuries Grade 4			0	0	1	0	2	1	0	0	0	0	1	0	0	1	
		Pressure Injuries rate per 1,000 bed days				0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	0.34	
		Falls per 1,000 bed days				6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	6.56	
		MRSA	R	0	0	0	0	0	0	2	0	0	1	1	0	0	1	1	
		E. Coli	R		4	5	4	9	4	2	8	4	7	4	2	7	5	11	
		C. Difficile	R		5	4	2	1	2	6	1	4	11	6	2	5	4	3	
		MSSA			2	8	2	4	2	0	1	2	6	9	5	2	4	3	
		Observations Complete				-	98.75%	96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	98.83%	
		Observations On Time				-	55.83%	59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	75.00%	
		Observations Not Breached				-	66.98%	70.31%	71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	88.39%	
	Maternity	5 minute Apgar 7 rate at term			0.90%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	1.82%	
		Caesarean Section Rate				41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	43.19%	
		Still Birth rate			0.40%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	0.21%	
		Induction of Labour Rate			32.10%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	30.21%	
		PPH 1500 ml rate			8.60%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	2.96%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate				0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	54.00%	51.92%	79.17%	-	
		Admitted to Orthopaedic Ward within 4 Hours				13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	40.00%	48.00%	36.54%	33.33%	-	
		Medically Fit to Have Surgery within 36 Hours				0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	62.00%	58.00%	55.77%	81.25%	-	
		Assessed by Orthogeriatrician within 72 Hours				2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	96.00%	98.00%	96.15%	97.92%	-	
	Stroke	Stroke - Patients Admitted				102	89	111	64	115	94	121	181	132	187	162	154	78	
		Stroke - 90% Stay on Stroke Ward			90.00%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	82.22%	-	
		Stroke - Thrombolysed <1 Hour			60.00%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	75.00%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	59.78%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	89.80%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	89.29%	
	Friends & Family Positive Responses - Emergency Department				74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	79.33%	
	Friends & Family Positive Responses - Inpatients				92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	92.53%	
	Friends & Family Positive Responses - Outpatients				94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	95.45%	
	PALS - Count of concerns				141	126	106	139	156	120	141	141	145	123	135	139	152	
	Complaints - % Overall Response Compliance			90.00%	72.21%	72.43%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	60.00%	
	Complaints - Overdue				5	12	5	3	4	3	1	6	5	4	5	9	10	
	Complaints - Written complaints				66	51	62	41	41	38	57	44	42	48	49	60	49	
Workforce	Agency Expenditure ('000s)				1992	1675	2030	1809	2485	1533	1948	2342	2402	2242	2182	2093	2184	
	Month End Vacancy Factor				8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	6.42%	
	Turnover (Rolling 12 Months)	R		-	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	13.74%	
	Sickness Absence (Rolling 12 month)	R		-	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	4.81%	
	Trust Mandatory Training Compliance				83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	90.69%	

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Urgent Care

Four-hour performance improved to 63.67% in November. NBT ranked first out of 11 AMTC providers. 12-hour trolley breaches reported at 213 last month, whilst ambulance handover delays over one-hour decreased to 438. A combination of factors combined to result in increased UEC pressure, including a peak in COVID inpatient numbers and ongoing variation in ED attendances, which were 4.58% higher in November-22. However, a trended increase in the overall NC2R numbers has continues from October into November. This is a primary driver of the current UEC difficulties and is following a reduction in community bed capacity as per the system plan. Executive-level escalation at system-level continues and we continue to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting over 104-weeks and over 78-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Following a period of respite from industrial action, the Trust is beginning to make progress in recovery of RTT activity losses from previous strike periods. While in-year RTT target ambitions remain challenged, contingency plans are underway. Confidence in delivery recently rose from 'low' to 'reasonable' in the absence of industrial action, however, the recently announced Junior Doctor's strikes in December and January are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan. Diagnostics performance continues to excel – having delivered the year-end requirement of no more than 15% of patients waiting greater than six weeks. As a result, the Trust has set itself a further stretch target of reaching next year's diagnostic waiting time target (5%) by the end of this year. The latest reported position show those waiting greater than six weeks being in single figure percentages for the first time since the pre-pandemic period. The Trust is now just 4.8% away from hitting next year's 5% target.

Cancer Wait Time Standards

The Trust has been able to make substantial improvement in the total cancer waiting list, however, there has been a significant impact from industrial action on the Trust total PTL size and waiting times. A revised plan to recover the position is in place – focussing on two higher volume tumour sites i.e. Gynaecology and Skin cancer. As these pathways improve, headline performance will deteriorate in October and early November, improving to target compliance for FDS in December/January. Given the lag in cancer service reporting, improvements in the position aren't likely to be seen until release of the December and January validated performance. Once again, the newly announced junior doctor industrial action in December and January is likely to compromise the improvement trend.

Quality

Within Maternity, there were no moderate or high harm incidents, MNSI referrals or final reports during October. One case reviewed using the Perinatal Mortality Review Tool had one element of care scored as C, which related to limited number of consultant led antenatal appointments. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage is just above the national target of 5%. Training compliance for PROMPT and Foetal Wellbeing is on track to meet MIS requirements. The national CQC Maternity Inspection visit in November awaits the draft report in early January 2024. Infection control data for November showed a continued reduced incidence of C-Difficile, which is moving closer to the annual trajectory and E-Coli cases continue to track below trajectory. One new MRSA case was identified (now 4 for YTD) and there is ongoing work around the sustained increase in MSSA rates which reflects regional trends and related actions. The overall improving trend in falls rates over the past 9 months has been sustained and the rate of for pressure injuries has further reduced, which reflects active improvement work in both areas. There is a sustained increase in medication incidents reported over the past 8 months, however a 'deep dive' review has clarified that there has been no noticeable increase in incidents resulting in harm – suggesting that reporters are recognising and responding to no harm incidents, which is indicative of good safety practice. The rate of VTE Risk Assessments, following a period of improvement, has deteriorated over the past 4 months, which will require renewed focus in 2024. Overall progress in delivering the year 1 workplan for Patient & Carer Experience against each of the four Strategy commitments is good, as referenced in the new IPR summary slide, this was reviewed in more depth and progress recognised in the November Patient & Carer Experience Committee. Friends & Family Test positive responses overall improved in November to 93.3% with increase seen in all areas – notably in the emergency department with a 7% improvement. Complaint response compliance rates have fallen for a third month. There is an improvement trajectory in place for ASCR and WaCH to support action to improve compliance in these divisions. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 6.42% (609.36wte) in November, down from 6.62% (622.89wte) in October; the greatest reduction in vacancies continues to be seen in registered nursing and midwifery with an increase in staff in post seeing the vacancy position fall by 20.52wte from October to November. Rolling 12-month staff turnover decreased from 14.13% in October to 13.74% in November continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate declined slightly to 4.81% in November from 4.89% in October. Overall temporary staffing demand decreased by 1.70% (-16.83wte) from October to November, driven by decreases in demand for registered nursing and midwifery staff (-34.84wte, -1.13%). While agency use slightly decreased (-0.38%,-0.58wte), Bank use increased (+0.43%, 2.79wte), resulting in a decrease in unfilled shifts (-14.96%, -22.09wte), from October to November.

Finance

The financial plan for 2023/24 in Month 8 (November) was a deficit of £1.3m. The Trust has delivered a £2.9m surplus, which is £4.4m better than plan. The year-to-date position is a £4.6m adverse variance against a planned £2.0m deficit. In month, the Trust has received funding from NHSE to cover the cost of industrial action. The Trust has received £3.6m, which is NBT's share of an £800m national funding pot, and due to changes to ERF baselines, a benefit of £1.9m has been received. Temporary staffing costs in the year to date position is creating a £5.5m adverse variance to plan, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 8 is £62.2m, a reduction of £41.8m 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 and capital spend. The Trust is currently forecasting a £6.9m overspend on capital by Month 12. This overprogramming is being managed in year by the Capital Planning Group. The Trust has delivered £12.5m of completed cost improvement programme (CIP) schemes at month 8. There are a further £5.2m of schemes in implementation and planning that need to be developed, and £4.3m in the pipeline
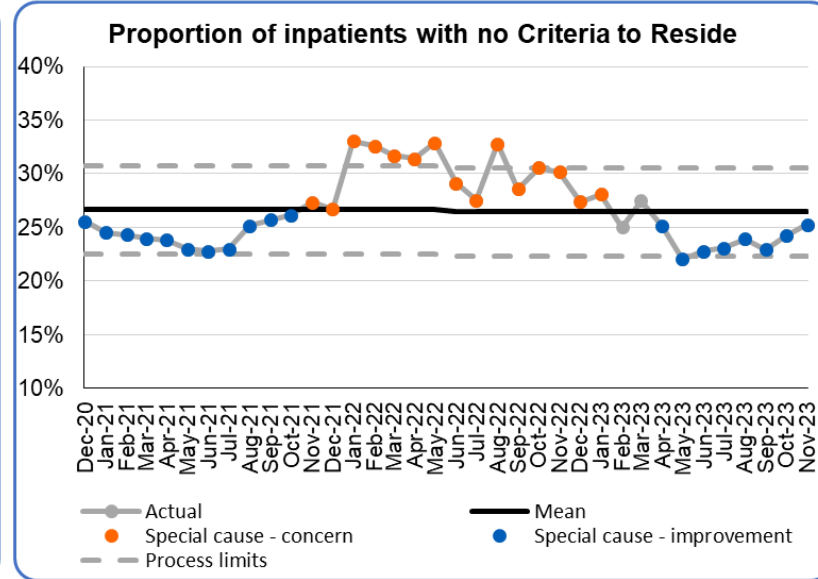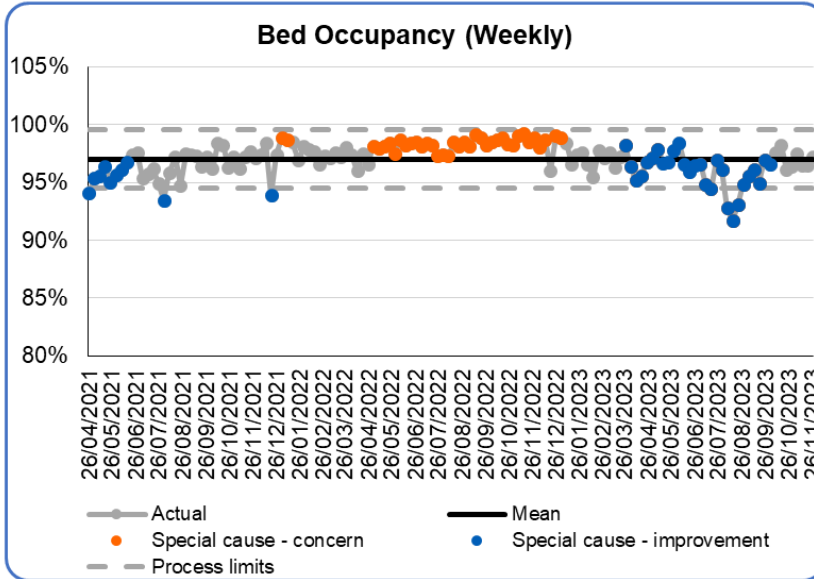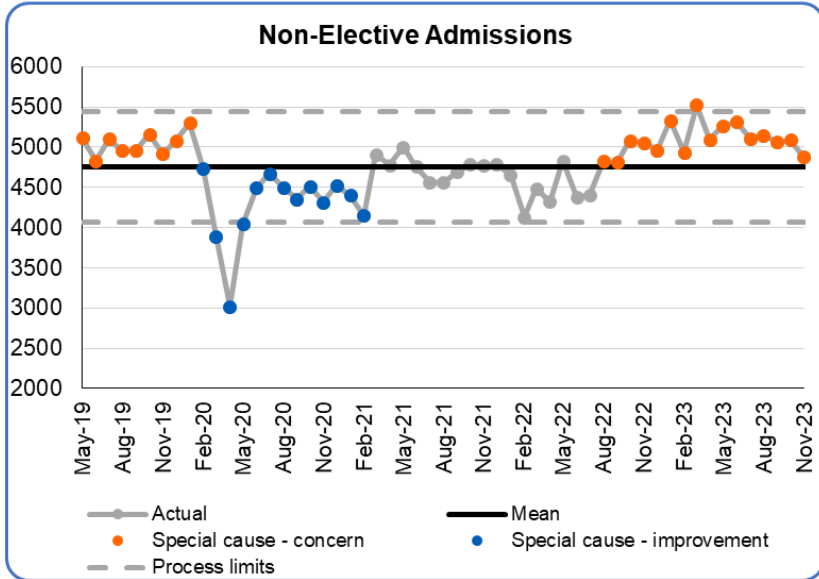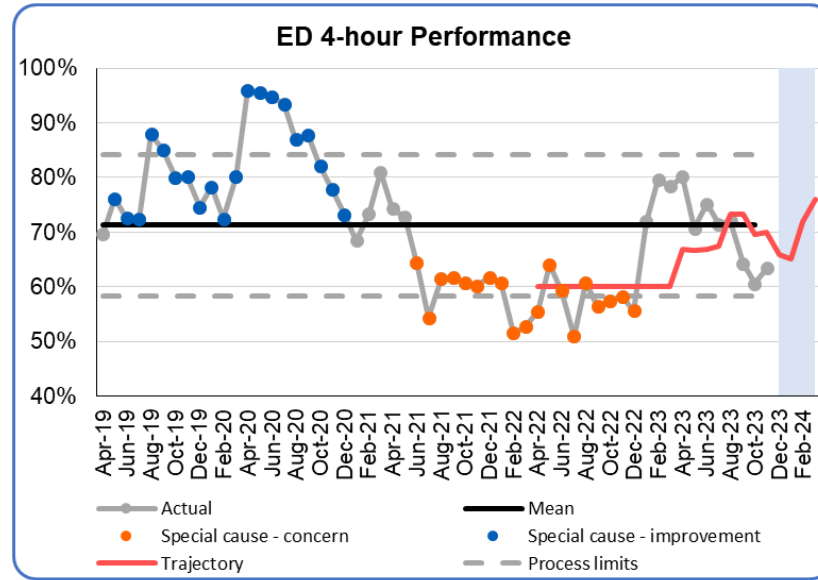
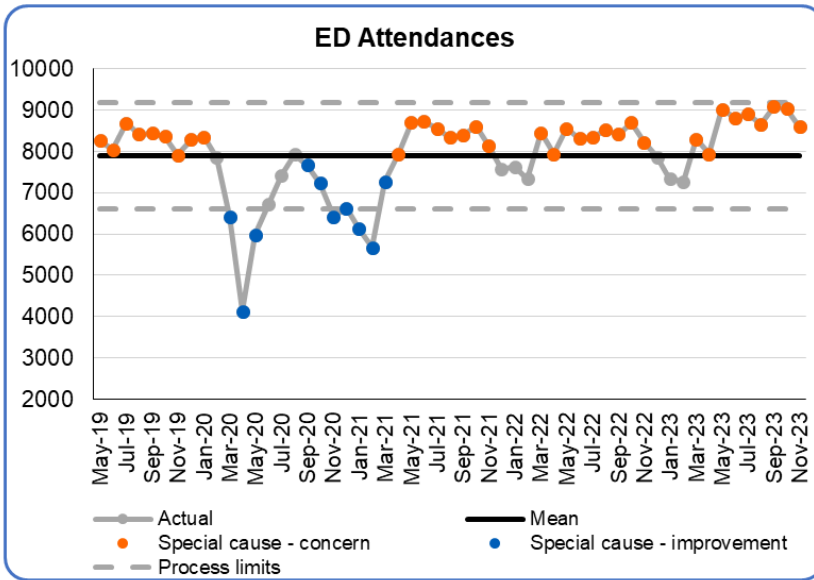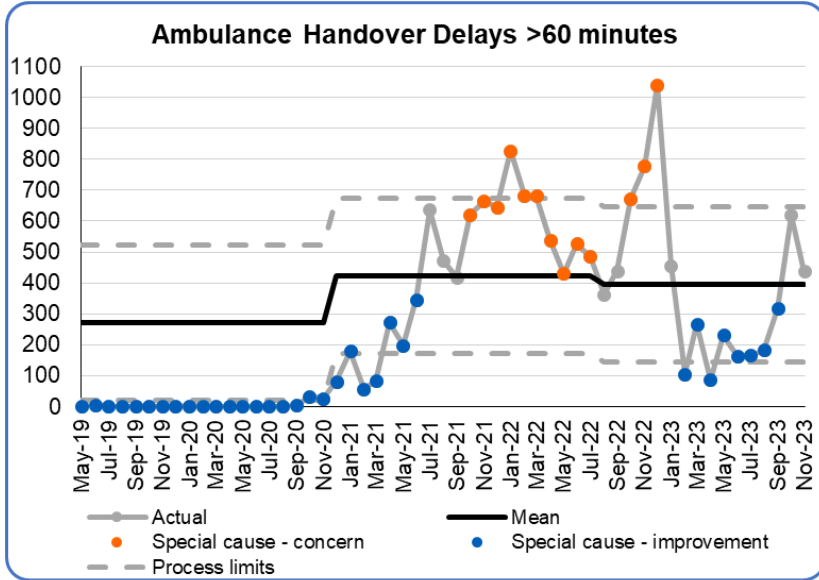# Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access
RTT	65-week wait	Break in industrial action allowing recovery plans to reduce adverse variance – newly announced IA, a concern.
Diagnostics	15% 6-week target	Achieved
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	Agreement reached on Apr-24 provision through temporary capacity followed by permanent CDC capacity in Aug-24.
Cancer	28-day FDS standard	IA remedial actions taking effect resulting in the likely achievement of the FDS ahead of plan – newly announced IA, a concern.

Urgent and Emergency Care

Ambulance Handover Delays >60 minutes

ED Attendances

ED 4-hour Performance

Non-Elective Admissions

Bed Occupancy (Weekly)

Proportion of inpatients with no Criteria to Reside

Urgent and Emergency Care

What are the main risks impacting performance?

- The already high level of NC2R volumes increased significantly in November to compound UEC pressures from increased ED attendances – coinciding with the beginning of a planned reduction in community beds
- Additional bed demand driven by COVID backlogs and/or prolonged access to primary care
- Fluctuation in ED attendances; attendances in November were lower than last month but 4.58% higher than November last year.
- Newly announced junior doctor industrial action for December/January is a significant concern given this is already one of the most pressurised periods for UEC.

What actions are being taken to improve?

- The Trust has escalated concerns regarding community bed reductions with system partners and the impact this is having on hospital exit block and headline UEC performance.
- Ambulance handovers – the 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.
- 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 a winter contingency bed reserve built up over the summer period, (due to early UEC pressures), the Trust has re-orientated it's winter plan focus on the clinically-led continuous flow model, revised focus on discharge, particularly during industrial action, regaining a bed reserve through the expected pre-Christmas discharge pattern and working closely with System partners to reduce NC2R.
- 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

Diagnostic 6 week Performance (15% target)

Diagnostic 13+ week Backlog
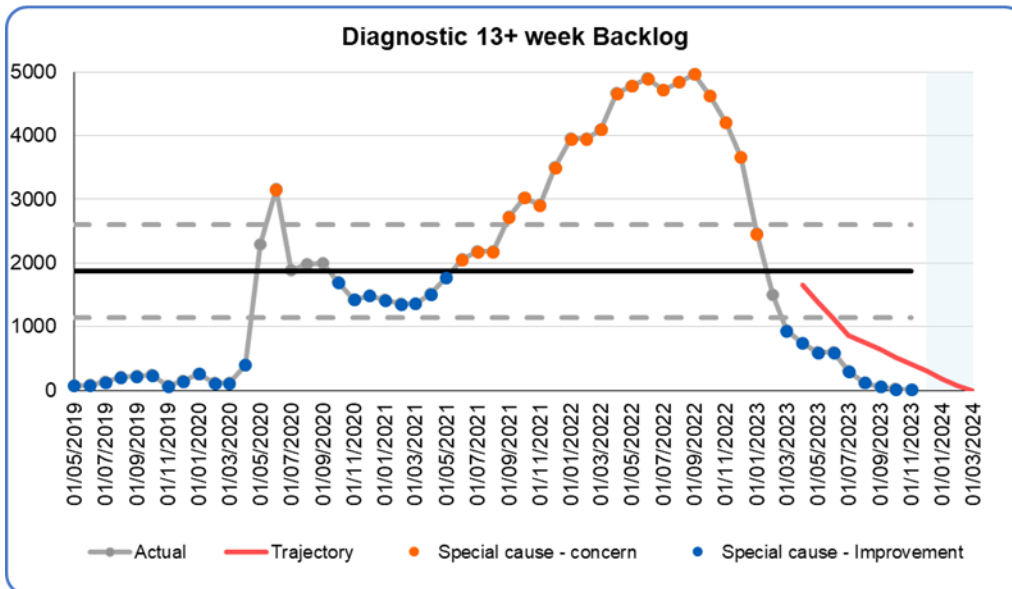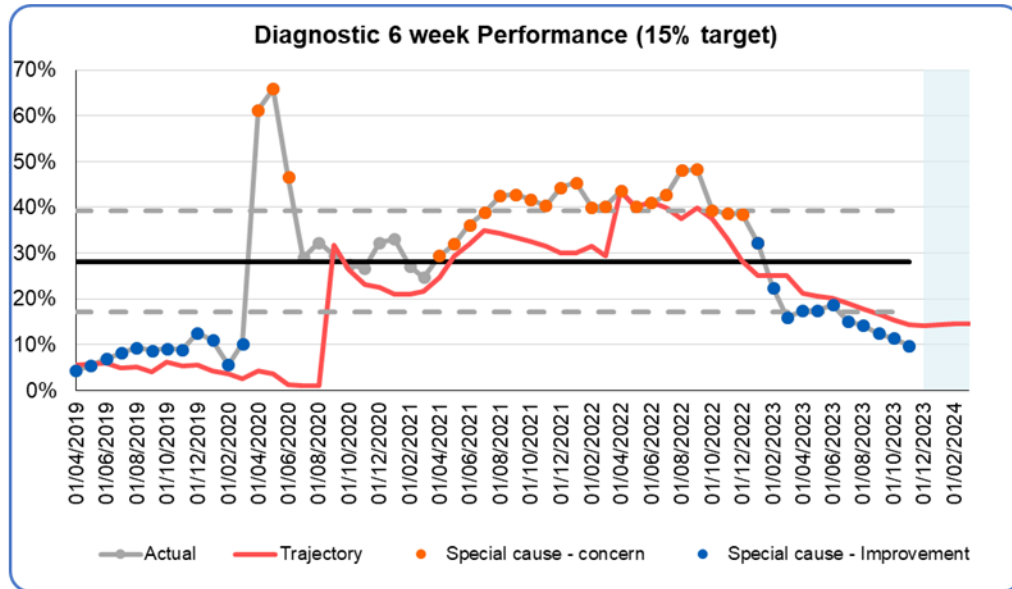
What are the main risks impacting performance?

- The Trust continues to achieve the objective of no more than 15% patients breaching 6-weeks. This was achieved 7 months ahead of the initial year-end target.

- The Trust continues to be on track to clear zero >13-week breaches.

- New staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.

- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action and staff sickness remains the biggest risk to compliance.

What actions are being taken to improve?

- Work is underway to consolidate the current performance achievement and to re-profile the year-end achievement towards the anticipated target for 2024/25 i.e. 5%.

- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Dep CEO and COO has agreed a change in where Endoscopy sits within the organisation. The Endoscopy service transitioned from the Medicine Division to the CCS Division on the 1st November. 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.
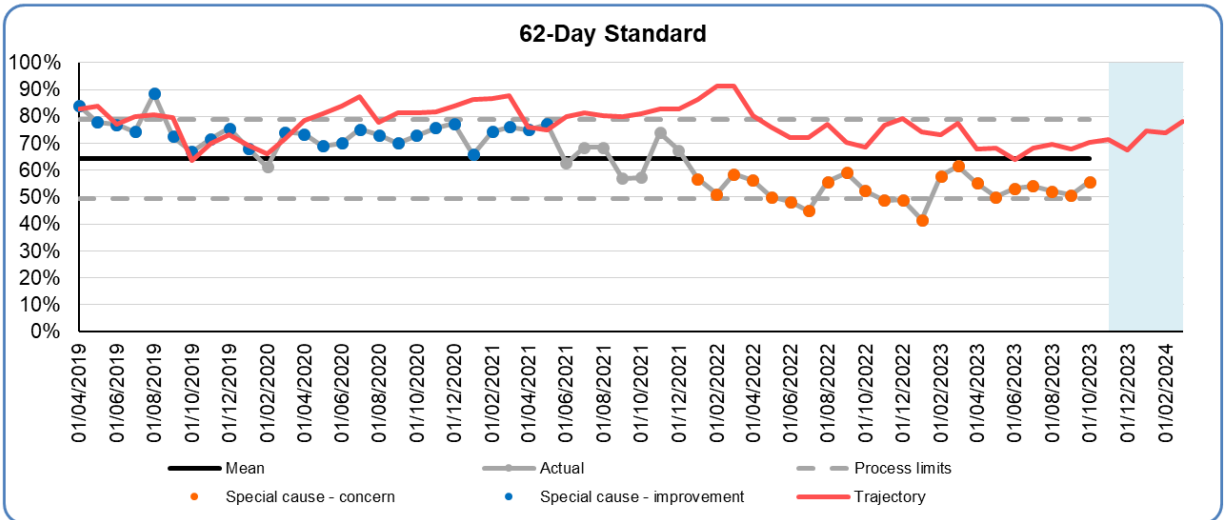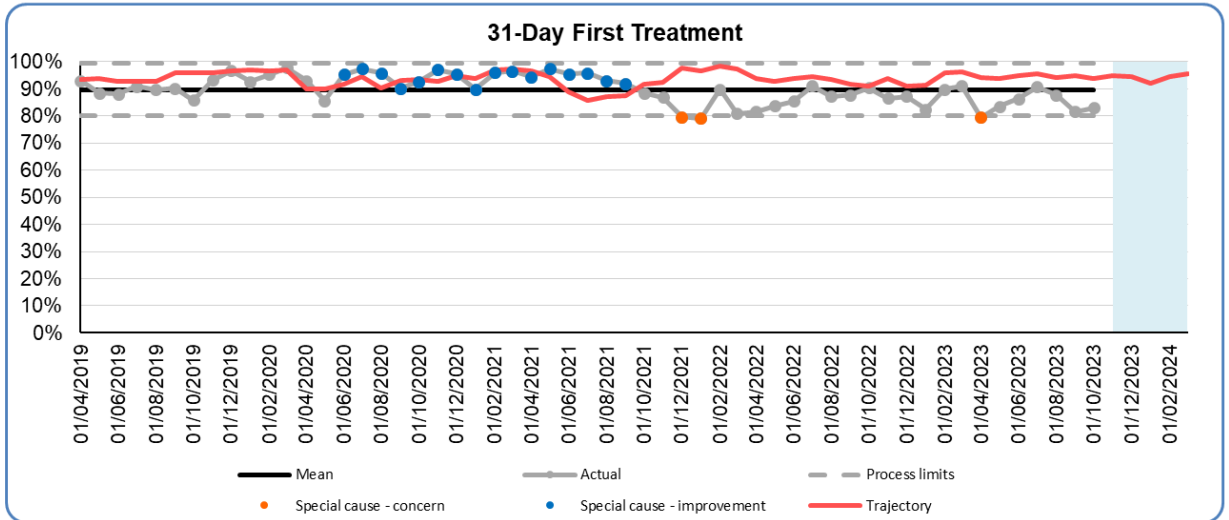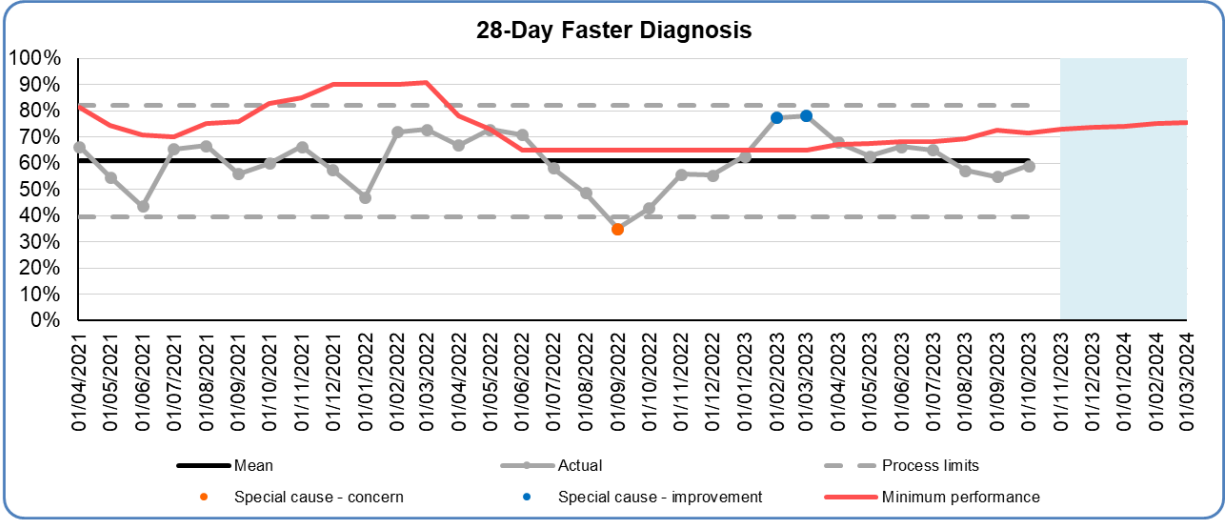
Referral To Treatment (RTT)
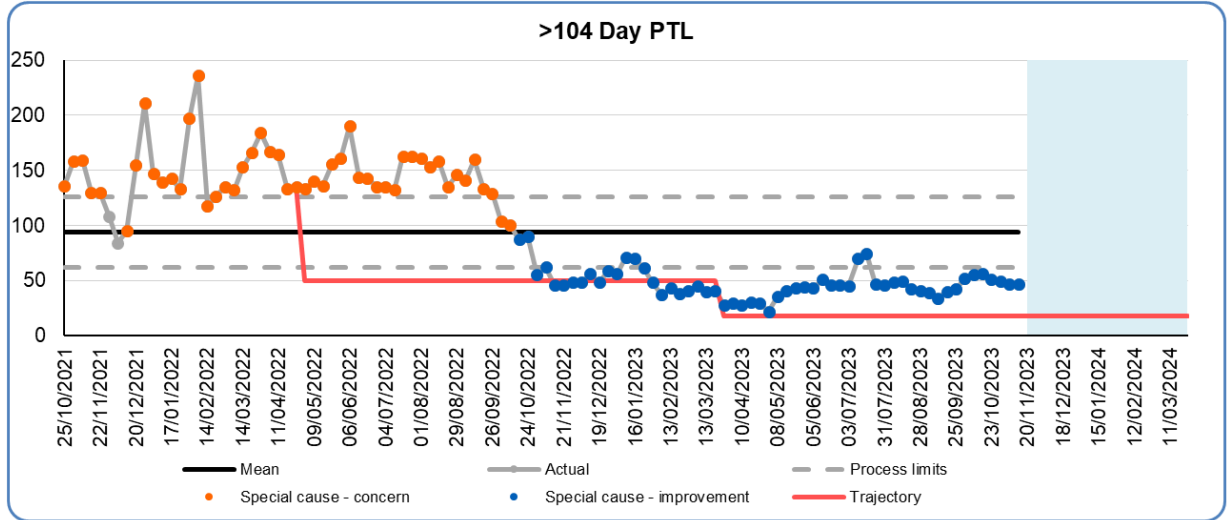

RTT - 65+ week waits
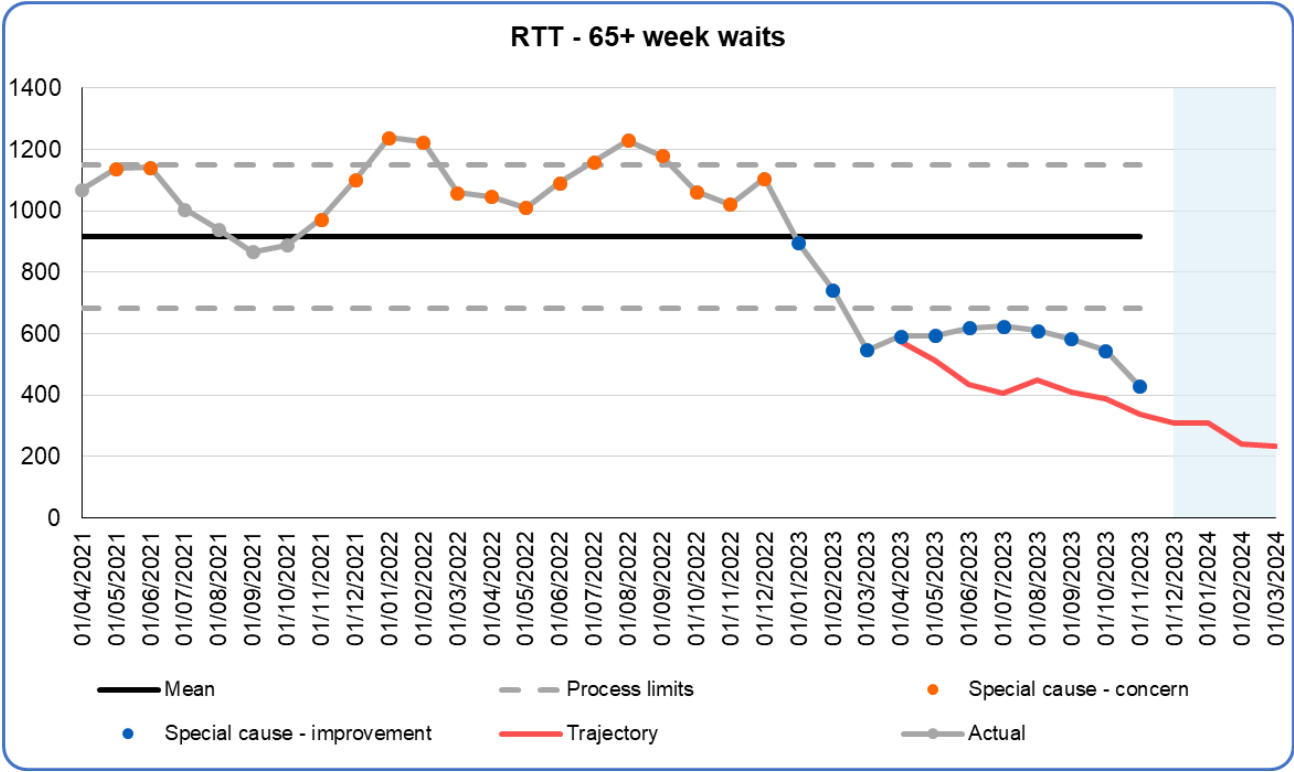
What are the main risks impacting performance?

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

- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.

- Continued reliance on third party activity in a number of areas.

- 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.

- 65-week wait potential breaches – contingency plans to recover industrial action losses underway with better confidence in delivery However, Junior Doctor's strikes in December and January are likely to destabilise the current improvement trajectory. The Trust remains committed to delivering to plan.

- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.

- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.

- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance

>104 Day PTL — Mean, Actual, Process limits, Special cause - concern, Special cause - improvement, Trajectory

28-Day Faster Diagnosis — Mean, Actual, Process limits, Special cause - concern, Special cause - improvement, Minimum performance

31-Day First Treatment — Mean, Actual, Process limits, Special cause - concern, Special cause - improvement, Trajectory

62-Day Standard — Mean, Actual, Process limits, Special cause - concern, Special cause - improvement, Trajectory

Cancer Performance

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions – new action announced for December and January.

- Ongoing clinical pathway work reliant on system actions remains outstanding.

- Reliance on non-core capacity.

- Increased demand is now a significant driver – Skin referrals, Gynaecology referrals and Endoscopy referrals.

What further actions are being taken to improve?

- Significant additional activity has been commissioned to recover industrial action related deteriorations in Skin and Gynaecology.

- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.

- High volume Skin 'poly-clinics' enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance.

- Following steady improvement in 28-Day FDS, 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.

- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway).

Quality, Safety and Effectiveness

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

Maternity: Perinatal Quality Surveillance Matrix (PQSM) Tool - October 2023 data

NHS North Bristol NHS Trust

	Jul-23	Aug-23	Sep-23	Oct-23	TREND
Activity					
Number of women who gave birth, all gestations from 22+0 gestation	467	477	425	479	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	1	4	1	4	
Number of women who gave birth (>=24 weeks or <24 weeks live)	460	477	424	478	
Number of babies born (>=24 weeks or <24 weeks live)	468	483	435	484	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	37	31	36	44	
No of livebirths <24 weeks gestation	1	3	1	0	
Induction of Labour rate %	38.0%	32.1%	28.5%	34.3%	
Spontaneous vaginal birth rate %	49.3%	45.9%	42.7%	45.8%	
Assisted vaginal birth rate %	10.0%	7.8%	10.4%	10.9%	
Caesarean Birth rate (overall) %	40.7%	46.3%	46.9%	42.9%	
Planned Caesarean birth rate %	18.3%	20.8%	21.5%	21.8%	
Emergency Caesarean Birth rate %	22.4%	25.6%	24.3%	21.1%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	4.7%	2.9%	3.80%	5.20%	
Perinatal Morbidity and Mortality inborn					
Total number of perinatal deaths (excluding late fetal losses)	3	2	3	2	
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	1	2	0	1	
Number of stillbirths (>=24 weeks excl. TOP)	2	1	1	1	
Number of neonatal deaths : 0-6 Days	0	1	0	0	
Number of neonatal deaths : 7-28 Days	0	0	1	0	
PMRT grading C or D cases (themes in report)	0	0	1	1	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0	0	
Maternal Morbidity and Mortality					
Number of maternal deaths (MBRRACE)	0	1	0	0	
Direct	0	1	0	0	
Indirect	0	0	0	0	
Number of women recieving enhanced care on CDS	19	14	15		
Number of women who received level 3 care (ITU)	0	1	0	0	
Workforce					
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	1	1	1	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	1	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	1	1	1	1	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	1	1	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	38%	38%	16.87%	11%	
Vacancy rate for midwives	18.45%	18.18%	11.91%	7.88%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	60%	50%		45%	
Vacancy rate for NICU nurses	31	23	24	12	
Datix related to workforce (service provision/staffing)	6	3	4	7	
Consultant led MDT ward rounds on CDS (Day to Night)	84%	87%	73%	65%	
Consultant led MDT ward rounds on CDS (Day)	77%	83%	100%	94%	
One to one care in labour (as a percentage)	100%	100%	98%	98%	
Compliance with supernumerary status for the labour ward coordinator	100%	100%	100%	100%	
Number of times maternity unit attempted to divert or on divert				1	
in-utero transfers					
in-utero transfers accepted					
in-utero transfers declined				0	
ex-utero transfers					
ex-utero transfers accepted				24	
ex-utero transfers declined				3	
NICU babies transferred to another unit due to capacity/staffing					
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	

	Jul-23	Aug-23	Sep-23	Oct-23	TREND
Insight					
Number of datix incidents graded as moderate or above (total)	0	0	0	0	
Datix incident moderate harm (not SI, excludes HSIB)	0	0	0	0	
Datix incident PSII (excludes HSIB)	0	0	0	0	
New HSIB referrals accepted	0	0	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	0	0	
Coroner Reg 28 made directly to Trust	0	0	0	0	
Involvement					
Service User feedback: Number of Compliments (formal)	64	48	37	38	
Service User feedback: Number of Complaints (formal)	2	7	4	1	
Friends and Family Test Score % (good/very good) NICU	100	100	88	63	
Friends and Family Test Score % (good/very good) Maternity	92	91	85	81	
Staff feedback from frontline champions and walk-abouts (number of themes)	0	3	4	0	
Improvement					
Progress in achievement of CNST /10	7	7	7	7	
Training compliance in annual local BNLS (NICU)	100%	100%			

Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS		Jul-23	Aug-23	Sep-23	Oct-23	TREND
	Overall	83%	81%	79%	79%	
	Obstetric Consultants	78%	78%	75%	84%	
	Other Obstetric Doctors	86%	53%	52%	70%	
	Anaesthetic Consultants	90%	90%	86%	87%	
	Other Anaesthetic Doctors	76%	83%	79%	100%	
	Midwives	85%	88%	93%	84%	
	Maternity Support Workers	84%	93%	91%	71%	
	Theatre staff	Data Not Available (DNA)				
	Neonatologists	Data Not Available (DNA)				
	NICU Nurses	Data Not Available (DNA)				

Fetal Wellbeing and Surveillance		Jul-23	Aug-23	Sep-23	Oct-23	TREND
	Overall	78%	67%	65%	75%	
	Obstetric Consultants	61%	72%	69%	68%	
	Other Obstetric Doctors	79%	44%	44%	44%	
	Midwives	95%	86%	83%	72%	
Trust Level Risks		7	6	6	6	

Please Note: data from Sept-23 onwards is partial due to implementation of BadgerNet and provisional until validation by the Divisional Perinatal Quality Committee.

- This report summarises the PQSM data for October 2023.
- Term admission rate to NICU is 5.2%, against a national target of 5%. An in-depth review of cases will be available in the Q3 report.
- One case reviewed at PMRT had one element of care scored as C. The woman had attended pre-term labour clinic, but had no other consultant led antenatal appointments
- There were no PSII or MNSI reviews commissioned in October, and no final reports received.
- There are currently 6 Trust Level Risks, 3 of which relate to workforce. The division continues to work on recruitment and retention initiatives. Full details are available on Datix.
- Training compliance for PROMPT and Fetal Wellbeing is on track to meet MIS requirements.

Pressure Injuries

Total Pressure Injuries per 1000 Bed Days

Legend: Mean; % compliance; Process limits - 3σ; Special cause - concern; Special cause - improvement; Target

Pressure Injuries Year to Date 2023/24

Legend: Non-Device G2, Non-Device G3, Non-Device G4, Device G2, Device G3, Device G4

Pressure Injuries - Total Incidents

Legend: Mean; % compliance; Process limits - 3σ; Special cause - concern; Special cause - improvement; Target

Pressure Injuries - Device

Legend: Mean; % compliance; Process limits - 3σ; Special cause - concern; Special cause - improvement; Target

What does the data tell us?

In November there was another decrease in the number of grade 2 pressure ulcers. There were 10 grade 2 pressure ulcers, with 1 being attributable to medical devices.

There was 1 grade 4 pressure ulcer that was attributed to 27b that was previously an unstageable. This was changed to a grade 4 following confirmation of osteomyelitis in the bone from a scan and microbiology advising that this was likely to have come from the wound to the left heel.

There was an increase in the prevalence of DTIs from the previous month, to 22 DTI's, with 2 x attributable to a medical device.

The targets for PU reduction in 2023/2024:
- 10% reduction on grade 2 pressure ulcers. We are on target to achieve this.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

What actions are being taken to improve?

- The Tissue Viability (TV) team provide a pressure ulcer prevention and validation service, working collaboratively within NBT and strategically across the health system to reduce harm, identify emerging themes, respond and improve patient outcomes.

- The TVN team had several events during the national 'Stop the Pressure Week' to engage staff and highlight pressure prevention care. There was a selection of stalls in the atrium for staff and visitors of the Trust to attend and find out about pressure ulcer prevention and management.

- NBT TVNs led the ICB 'Stop the Pressure' conference at BAWA with over 120 delegates attending. There were several speakers from NBT including Patient safety on implementing PSIRF, gate 25a on prevention of pressure ulcers for patients in plaster of paris casts, safeguarding, TVN implementation on Purpose-T and the dieticians on the role of nutrition in wound healing.

- The TVN team launched the Pressure Ulcer Boarding Card and video via QR code across NBT, to support staff to engage patients to understand pressure ulcers and how to prevent them.

- The recommended pressure ulcer risk assessment tool Purpose-T has been launched across NBT on the EPR system for all inpatients in collaboration with digital and the divisions.
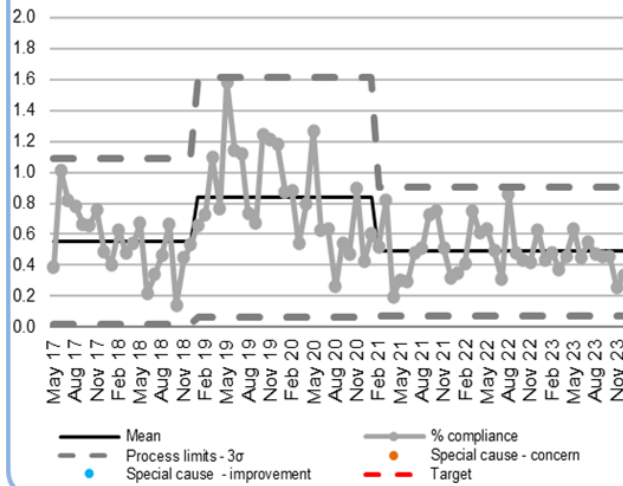
COVID-19 Onset Category by Positive Test Date

Hospital-Onset Probable Healthcare-Associated — Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

C.Difficile Cases - Trust Attributable (Cumulative Cases)

2023-24 Trajectory — 2022-23 — 2023-24

MSSA Cases - Trust Attributable (Cumulative Cases)

2022-23 — 2023-24 Trajectory — 2023-24

E.Coli Cases - Trust Attributable (Cumulative Cases)

2022-23 — 2023-24 Trajectory — 2023-24
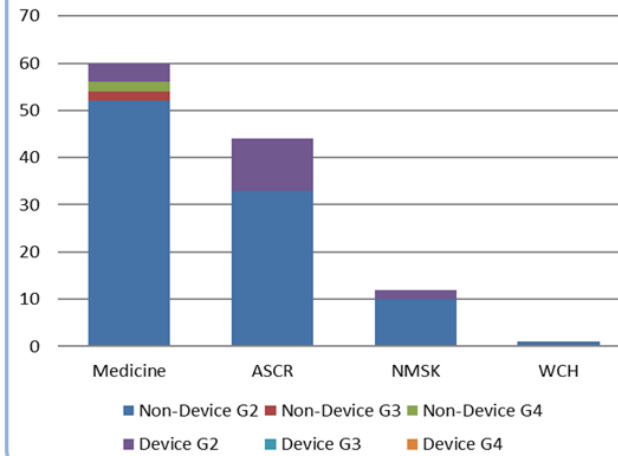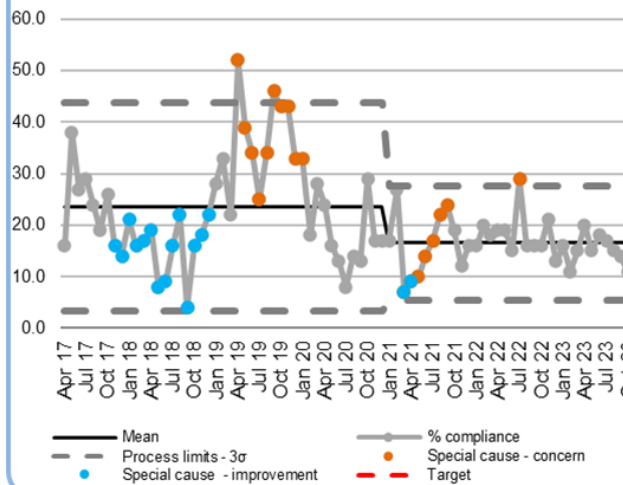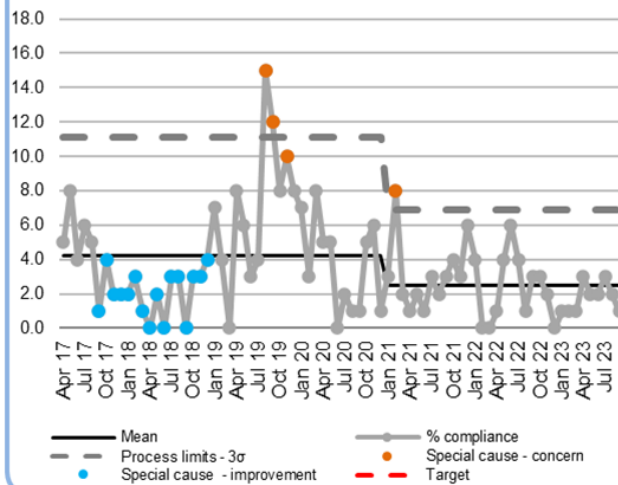
Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - NBT have full POCT testing for both Influenza and Covid .Nationally respiratory indicators are increasing in both primary and secondary care , in line with expected seasonal trends

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

C. Difficile – Cases remain on a trajectory similar to last year where we saw a significant reduction . There is continual review in place with education targeted to themes around sampling and documentation.

MSSA – Independent review of all cases taken place from NHSi and ICB – awaiting report and recommendations . .Focus work continues with regional reduction plan as well as DRIPP (Device Related Infection Prevention Practices)

IPC team working alongside vascular access team to review cases and enact recommendations with correct device selection for patients and reinvigorating this programme and roll out along with vascular access passports.

Gram negative – Below trajectory position. Working with continence group and new hydration /nutrition clinical support teams to deliver QI projects. These projects include decaffeinated products and increased hydration in frailty units- coloured jug project. Vaccine trial in place – E.MBRACE to target reduction of E Coli

What actions are being taken to improve?

- IPC team are providing a 7-day service enabling safer placement of patients and early detection of cases requiring input OOH , early detection of clusters of cases and monitoring of potential surge of cases. Review and opening closed beds as well as cohort of exposed or Covid recovered cases .

- QI project to work with Admission units and triage advise to correctly place pts , avoiding issues in multi occupancy areas such as 10a , Elgar

- Supporting new AMT unit - increasing patient flow

- Working with Regional / national improvement targeting MSSA / MRSA reduction

- Vascular access focus through DRIPP work and re looking at device selection and policy

- Winter education to teams with IPC national manual role out and new NBT IPC policy
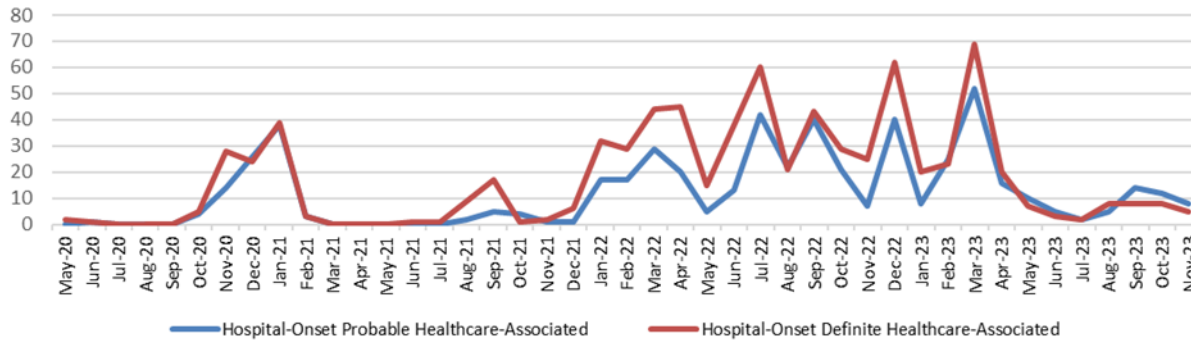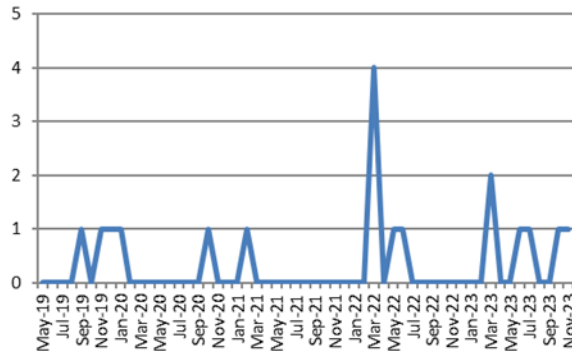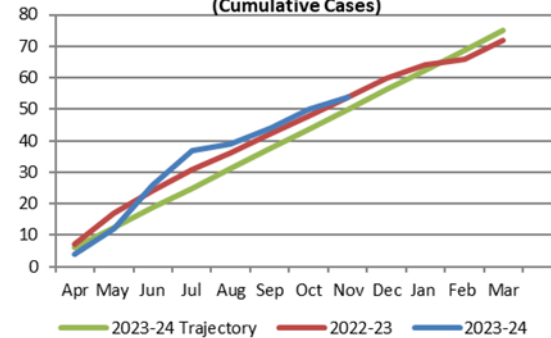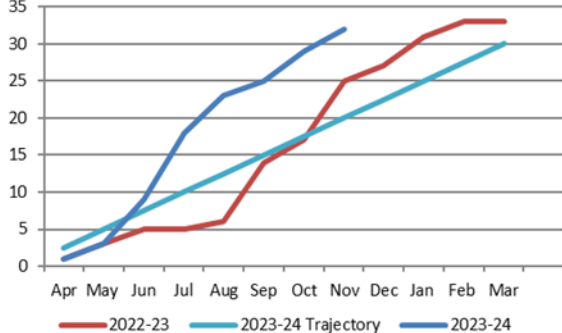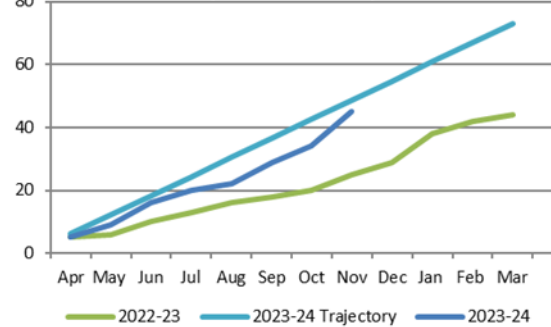
Falls per 1000 Bed Days - Trust Overall

Legend: Mean — Rate; Process limits - 3σ; Special cause - concern (orange); Special cause - improvement (blue)
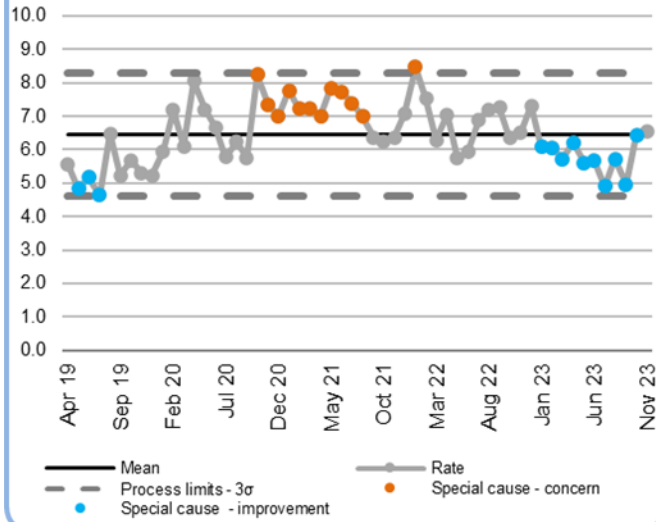
Falls resulting in Moderate Harm, Severe Harm or Death - Trust Overall

Legend: Mean — Number; Process limits - 3σ; Special cause - concern (orange); Special cause - improvement (blue)

Number of Falls - Medicine Division

Legend: Mean; Number; Process limits - 3σ; Special cause - concern (orange); Special cause - improvement (blue)
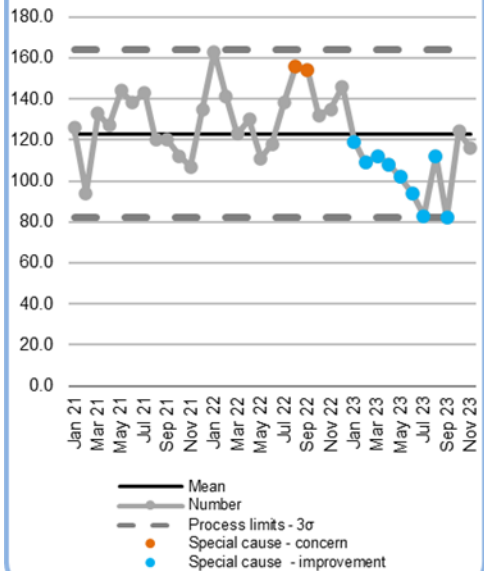
Number of Falls - NMSK Division

Legend: Mean; Number; Process limits - 3σ; Special cause - concern (orange); Special cause - improvement (blue)
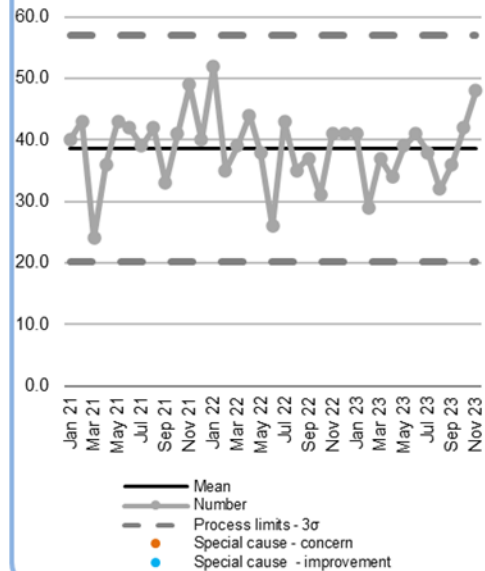
Number of Falls - ASCR Division

Legend: Mean; Number; Process limits - 3σ; Special cause - concern (orange); Special cause - improvement (blue)

Falls

Falls incidents per 1000 bed days

NBT reported a rate of 6.56 falls incidents per 1000 bed days in November 2023 which is slightly higher than our average rate of 6.45.

Falls review

Of the 5 incidents reported for moderate and above harm, 3 remain under review. There were no severe harm or death. One person who had a moderate harm fall has subsequently died of a pre-existing palliative condition. 3 falls resulted in fractures.

Patients experiencing multiple falls accounted for 12.3% of the total falls. One very complex patient in medicine experienced 12 falls during November despite multiple measures in place.

Medicine division has the highest ratio of falls. It accounts for 44% of bed occupancy but nearly 2 thirds of the total falls. NMSK is second, accounting for 23% of bed occupancy and a quarter of total falls. ASCR third accounting for 22% of bed occupancy and 15% of total falls.

Reviewing the mix of higher risk patients in each division, medicine has much higher rates of patients aged over 65 (77%) compared to NMSK (62%) and ASCR (57%). Those patients with dementia is more than double in medicine (18%) compared with NMSK (8%) and ASCR (6%).

What actions are being taken to improve?

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

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

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

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

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

The Falls prevention team will be working with patient first in the new year on targeted improvement works.

WHO Checklist Compliance
(Elective and Emergency)
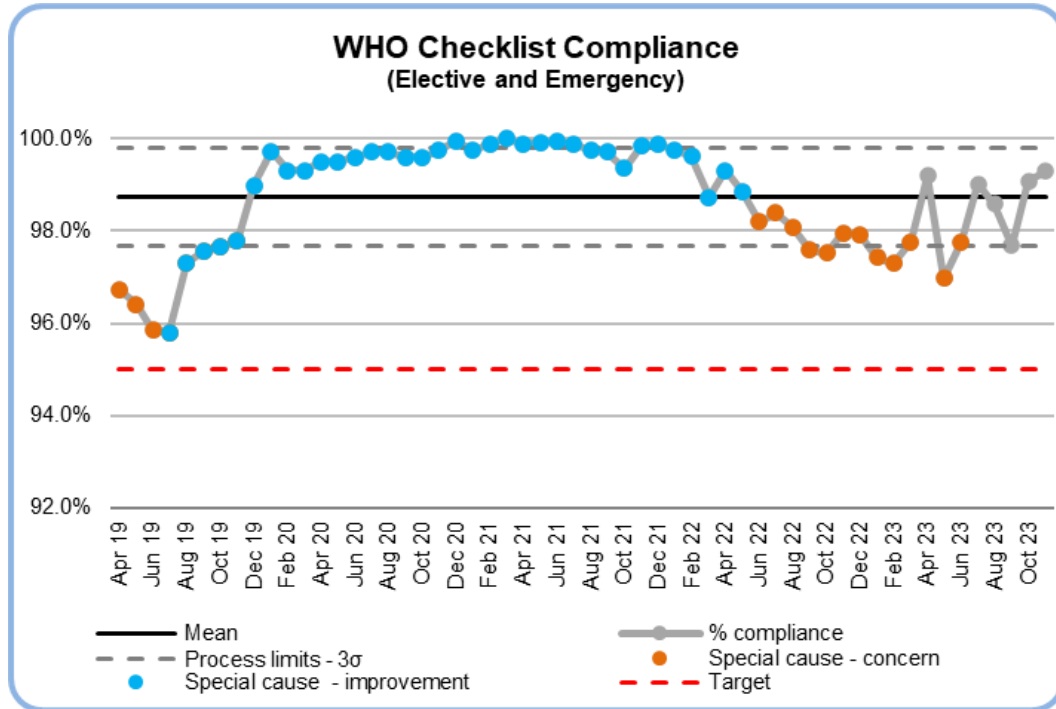
WHO Checklist Compliance

What does the data tell us?

In November, WHO checklist compliance increased to 99.29%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

Medicines Management Report

Medication Incidents per 1000 Bed Days

Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents

Incident by stage at which error occured (last 12 months)

Incidents involving high risk drugs - last 12 months

What does the data tell us?
Medication Incidents per 1000 bed days
During November 2023, NBT had a rate of 7.5 medication incidents per 1000 bed days. This slightly above the 6-month average of 7.1 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During November 2023, c 14.3 % of all medication incidents are reported to have caused a degree of harm. This is above 6-month average of 10.4 %. Breakdown of the 'harm' incidents seen in October is as follows:

Low harm – 24
Moderate Harm - 8
Severe Harm/Death – 0

(This information has been included as an indicator of the composition of the 'harm' incidents. It is of note however that these categorisations are subject to change as incidents reviewed and closed. As an example, the October meeting data suggested there had been 4 moderate harm incidents but on looking at Datix information now all incidents have been processed this figure has been reduced to 1. Discussions currently in process with the Patient Safety Team regarding how we better manage this data issue going forward)

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

High Risk Medicines
During November 2023, c.34% of all medication incidents involved a high-risk medicine which matches the 6-month average of 33%.

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. This has confirmed that whilst reporting figures show a month on month increase since February there has been no noticeable increase in incidents resulting in harm – suggesting that reporters are recognising and responding to no harm incidents which is indicative of good practice. This may be related to a positive upturn in staffing levels in clinical areas.
It also noted that there has been an increase in administration errors but again there has not been an increase in the proportion of these causing harm - in some cases reporting has been of a 'near miss' which is a very positive indicator in terms of reporting culture.

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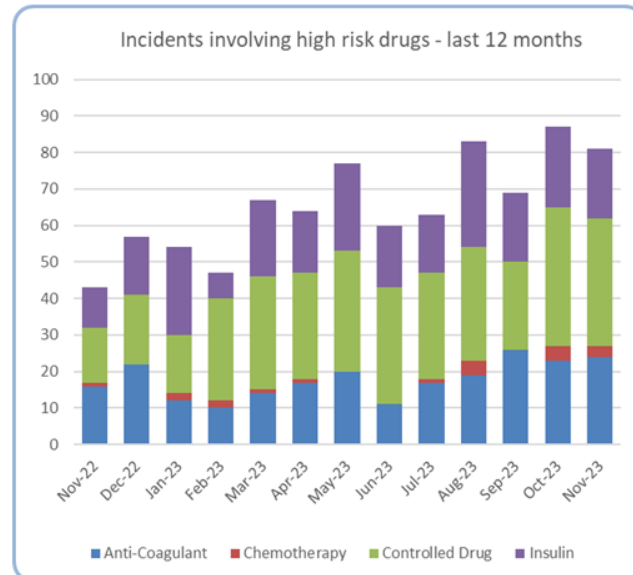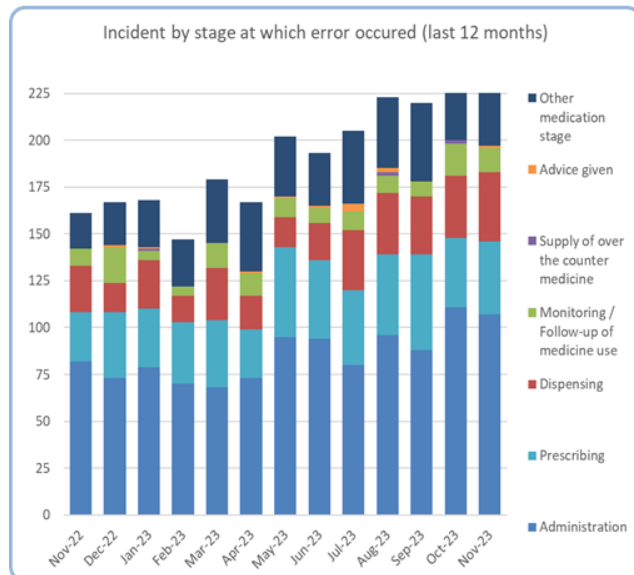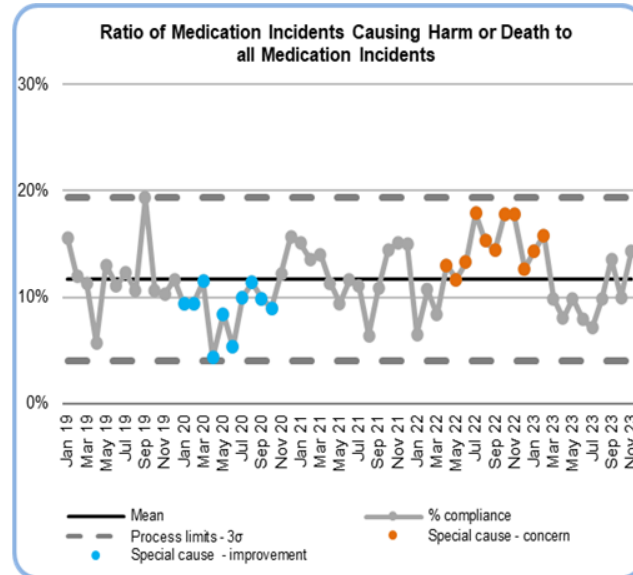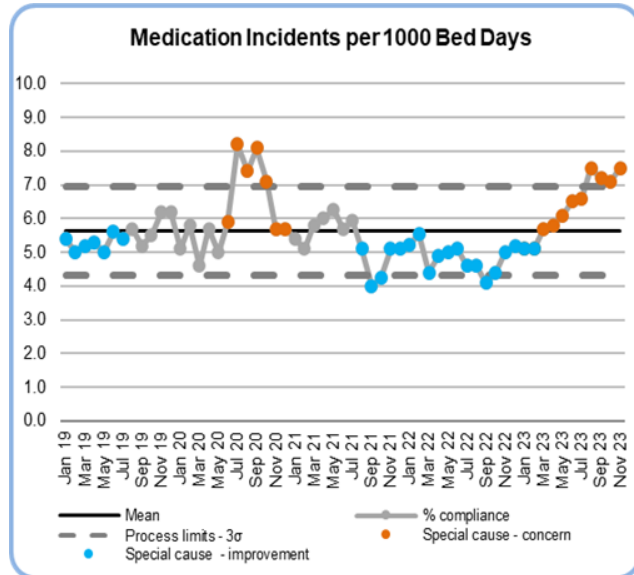
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview
December 2023

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

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Key improvement/action
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	• Data is therefore reliable. Due to Badgernet changeover in maternity there is limited data in November. • **'Patient Conversations'** our real-time feedback opportunity has been signed off. In November there were 4 visits across WaCH, Medicine & NMSK.
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	• The next AIS Steering Group meeting is arranged for January 2024. • Faith Leaders engagement event took place in November (see next slide) • Recruitment to the patient and carer partnership continues with 3 interviews for prospective partners in December. The new Patient and Carer Partner for Cancer Services has met with the team there. • We have begun a project with Healthwatch the understand the experience of specific patient groups (those with LD/A tag, from global majority backgrounds, or the most deprived areas of BNSSG) waiting for surgery on our elective lists. This will help us to understand whether the support, information, and communication we are providing these groups of patients whilst they wait is appropriate and helpful to them or how we could improve this.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	
	We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.	
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this.	
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	• **Complaint response compliance rates have fallen for a second month. There is an improvement trajectory in place for ASCR and WaCH to support action to improve compliance in these divisions.** • **FFT scores have improved across all areas** • PHSO NHS Complaints Standards action plan is on track and is monitored through DPEG. • Timescales for Radar implementation have slipped in year due to the complexity of workflows. Revised timescale agreed and on track for Q1 2024.
	Improved FFT scores, as set out within our Patient First priorities.	
	We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.	
	We will optimise our reporting and management of PALS and Complaints through our new quality governance system.	
Putting the spotlight on patient and carer experience	We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.	• New Patient Story Framework signed off at PCEC & stories delivered to Board in line with the plan. • 1 PSP in place, need to recruit more in line with Patient Safety • The team attended Carers Rights Day in November and hosted a workshop talking about the support available for carers at Southmead Hospital and to gather their feedback on a new carers chair we are looking to introduce.
	We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy	
	We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.	

NBTCARES

Faith Leaders Event

During interfaith week on 16th November, our Spiritual, Pastoral and Religious Care (SPaRC) team met with representatives from our local faith communities. There were six leaders from the Baha'i, Hindu, Muslim and Spiritualist faiths attending

This was the first event of its kind and an exciting step.

The purpose of the event was to begin discussing ways of building stronger faith community relationships and identifying some of the barriers which prevent people accessing the SPaRC service.

Those attending were all very positive about working together in the future to improve SPaRC for all. As part of our Access and Inclusion work, we hope to visit local faith communities as well as inviting them to future events at NBT.

How can we work with you to break down barriers and strengthen our relationship?

- Using faith leaders as a conduit to speak to communities and feedback to hospitals.
- Meetings like this 'a name to a face'. Building a trusted contact/link.
- Attending outreach events and promoting services available.
- Coming out to the community.

- Working together on religious festivals and events e.g. Diwali.
- In the hospital and out of the hospital.
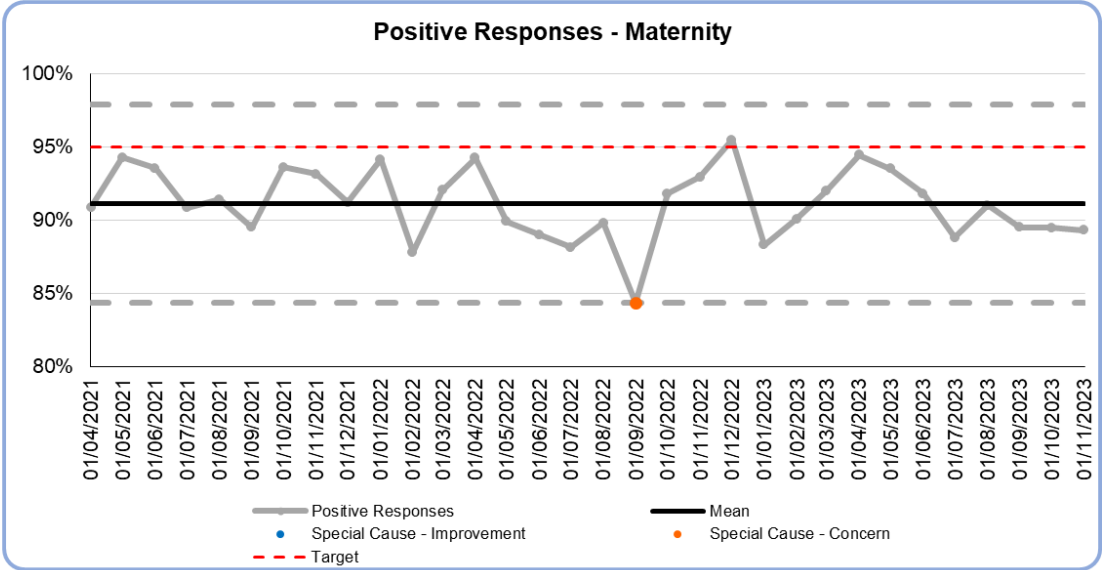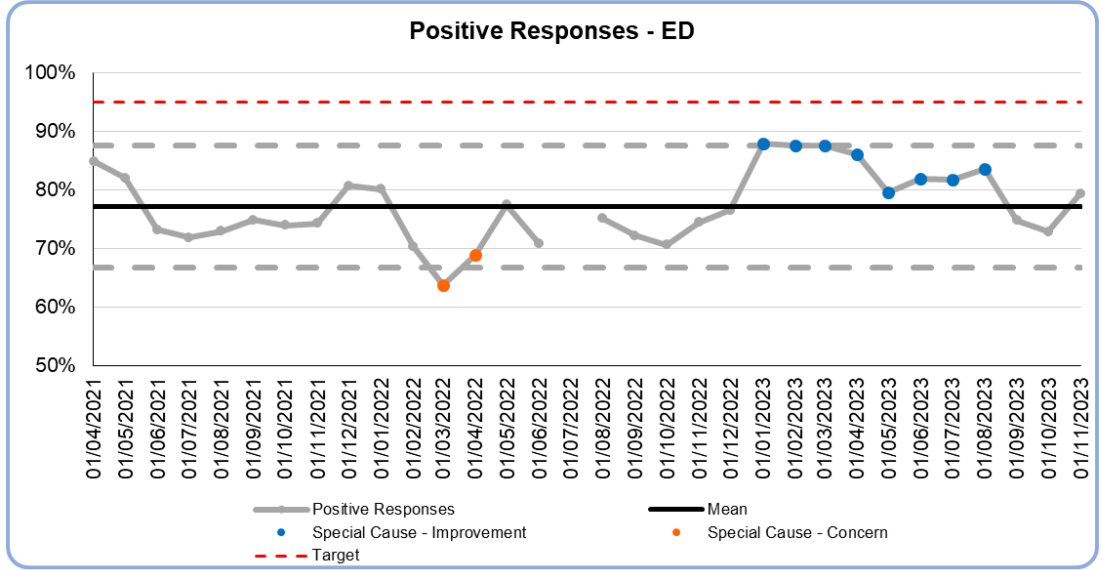- Interfaith/multifaith.
- Common theme 'Hope'.

NBTCARES

What would Good SPaRC in Hospital Look Like for Your Community?

- **Improved religious and cultural understanding.**

- Cultural awareness.
- Meeting dietary requirements and really understanding what this means for different groups.
- Staff understanding that things like beaded necklaces, photographs are important to the patient and help their recovery. These are not 'Little things'
- Meeting dietary requirements and really understanding what this means for different religious groups.

NBTCARES

Patient Experience

Positive Responses - ED

Positive Responses - Maternity

Positive Responses - Inpatients

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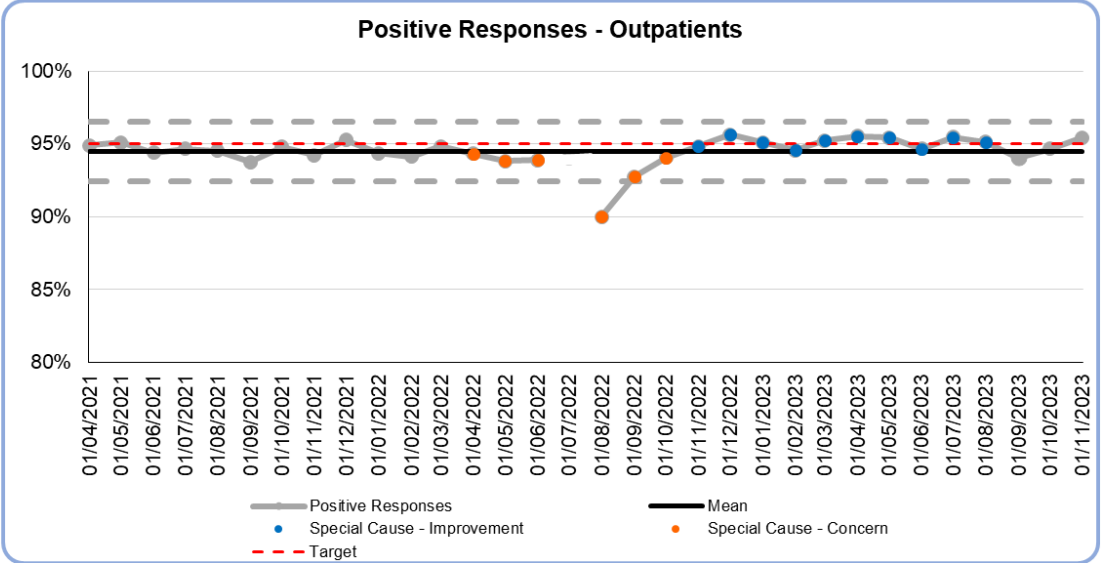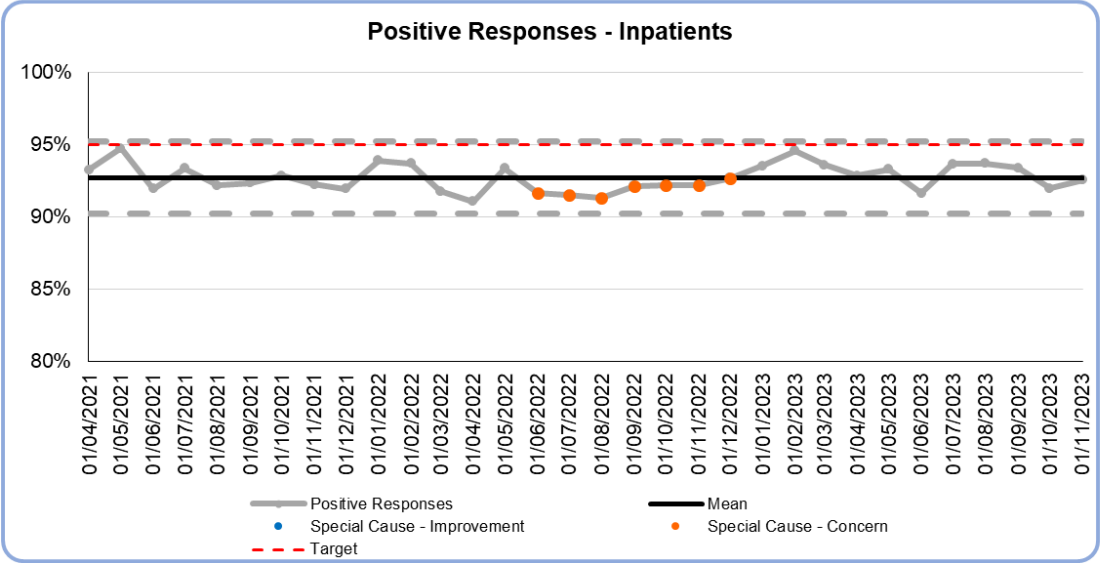
N.B. no data available for the month of July for ED and Outpatients due to an issue with CareFlow implementation

Patient Experience

What does the data tell us - Trust?

- In November, 10,375 patients responded to the Friends and Family Test question. 7,430 patients chose to leave a comment with their rating, 379 less than the previous month.
- We had a Trust-wide response rate of 15%.
- 93.3% of patients gave the Trust a positive rating. This was a small increase of 0.8% from last month, remaining within the expected range of performance.
- Positive themes from comments: staff, waiting time and clinical treatment
- Negative themes from comments: waiting time, communication and staff.

Maternity FFT data update

- Maternity FFT has remained paused due to the implementation of Badgernet.
- This will be resumed for December collection, and we have arranged with BI for FFT to be sent in arrears to those women seen in November, to ensure we continue to capture experiences of care, particularly during this crucial transition period to Badgernet.
- In the interim, across all Maternity services there are posters advertising how people can leave their feedback using a QR code or paper forms. We have made sure there are visible feedback boxes and paper forms available, and teams have been informed of the need to more actively support feedback collection.
- We have a Patient Survey Volunteer attending Percy Phillips to collect feedback. We have chosen this area, as this is the area where the Volunteer can be supported to ensure that they are only asking patients when it is appropriate to do so.
- The feedback collected by our Volunteer has shown that people are happy with the care they are given on the ward, but that they often wait a long time to receive that care.

What does the data tell us – Outpatients?

- Positive responses have increased marginally by 0.8% from September to 95.4%. The % of negative responses has decreased marginally by 0.5% to 1.8%.
- Most comments are left by Outpatients, with 5281 people leaving a comment after an appointment. This month, 2312 of the positive comments talked about staff.
- We received a particularly grateful comment as a voice message from a patient:

What does the data tell us - Inpatients?

- The % of inpatient positive responses has increased from 87.5 to 88.5%. The % of inpatient positive responses in November 2022 was 92.2%. Negative responses has decreased by 1.1% to 4.9%, remaining within the expected range.
- Positive themes from comments remain staff, clinical treatment and waiting time. Negative themes from comments are staff, communication and waiting time.
- As with last month, analysis of the comments showed several patients raised concerns about the quality of care being poorer at night:

  "The nights here have been horrendous, The night staff are not attentive enough … One night I waited 40 minutes to have the buzzer answered. You feel very isolated and uncomfortable. The beds are very uncomfortable and make you hot and sweaty. The care in the day is much better. They just need to come round every so often and simply ask are you all right, do you need anything, there never seems to be anyone in charge and getting things organised"

What does the data tell us - Emergency Department?

- The % of positive responses has increased substantially from last month from 72.8% to 79.3%. The % of negative responses has also decreased from 18.1% to 13.7%.
- The top negative theme remained waiting time and ED continue to actively take steps to investigate this further, by undertaking Local Surveys to engage ED and EDAU patients during their wait. They are looking at several areas of the waiting experience, including if the reason for waiting is communicated with patients, if they would have preferred to seek alternative care, and what could improve their waiting experience.
  - The ED survey results have shown that most patients were unlikely to have sought out a different service if they had been able to check the waiting time before attending.
  - The EDAU survey showed that of the 73 people asked, 22 people would have preferred to have seen a GP over attending ED.
- Although people found the waiting time difficult, they were still happy with care received:

  "Timescales weren't very good but the quality of service and care provided by all the staff was brilliant. Thank you"

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

Legend:
- Re-opened complaints November 2022 to November 2023
- Concerns November 2022 to November 2023
- Complaints November 2022 to November 2023
- Overdue Responses November 2022 to November 2023
- Enquiries November 2022 to November 2023

Complaint Response Rate Compliance

Legend:
- Mean
- % compliance
- Process limits - 3σ
- Special cause - concern
- Special cause - improvement
- Target

Concerns and Complaints per Division

■ Concerns ■ Complaints

Complaints By Subject

■ Sep-23 ■ Oct-23 ■ Nov-23

Complaints by sub-subject for "Clinical Care & Treatment"

What does the data tell us?

In November 2023, the Trust received 49 formal complaints. This is 11 less than in October and 6 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (22). A chart to break down the sub-subjects for "Clinical Care and Treatment" is included. Of the 49 complaints, the largest proportion was received by Medicine (14).

There were 2 re-opened complaints in November; 1 for ASCR and 1 for NMSK. This has fallen since October.

The number of overdue complaints at the time of reporting has increased to 10, which is 1 more than in October. The overdue complaints are with ASCR (6), NMSK (2) WaCH (1), MED (1)

The response rate compliance for complaints has decreased in November to 60%. A breakdown of compliance by clinical division is below:

ASCR – 56%   NMSK- 63%

WaCH - 77%   Medicine – 50%   CC – 100%

Following previous lower performances, improvement plans have been introduced in ASCR and WaCH. The impact of these plans may take a couple of months to realise improved compliance. Medicine has seen a significant decrease this month and we will continue to monitor this closely, implementing an improvement plan if required.

The overall number of PALS concerns received has increased to 152, 13 more than in October, and 11 more than the same period last year. The average response timeframe for PALS concerns closed in November was 7 days, 2 quicker than October.

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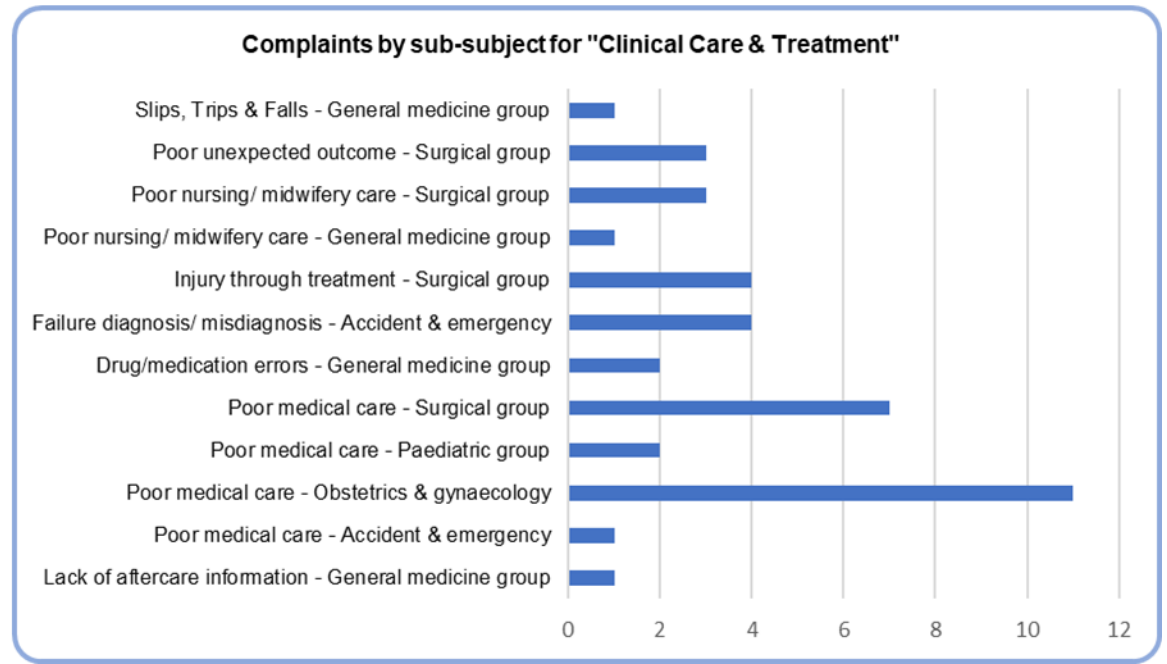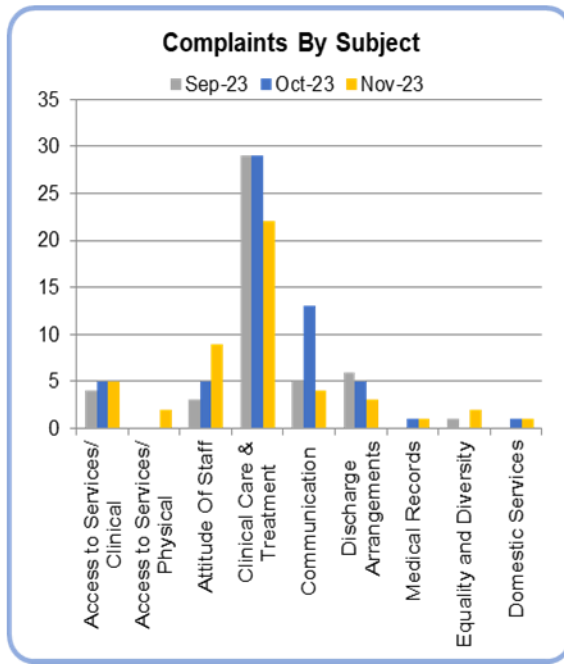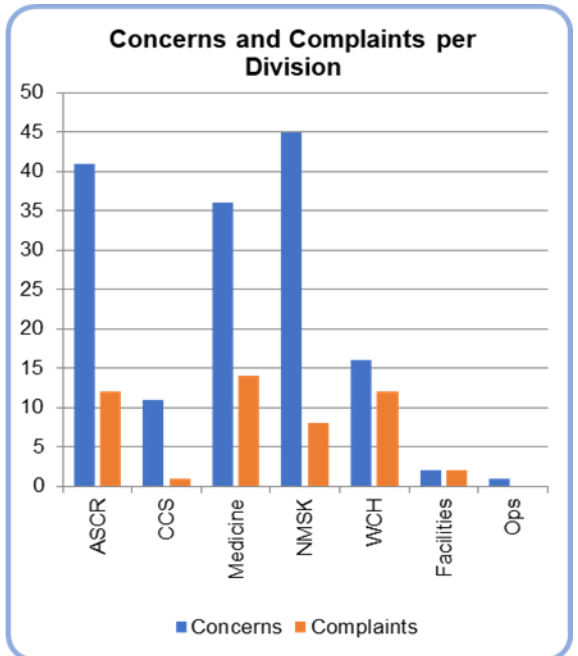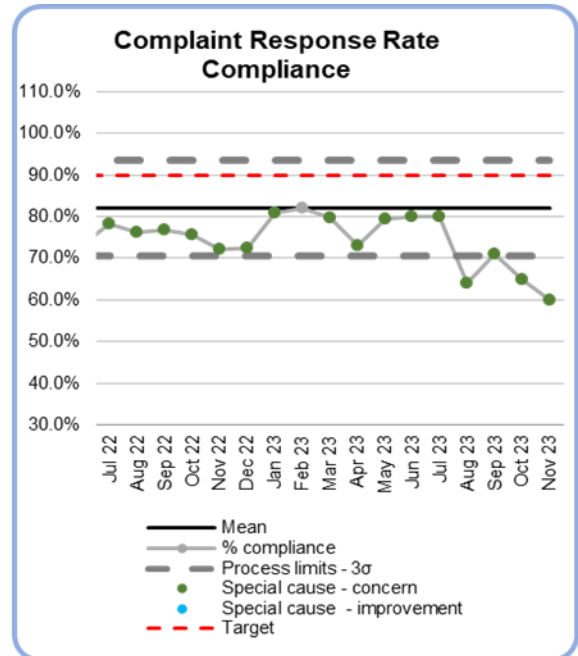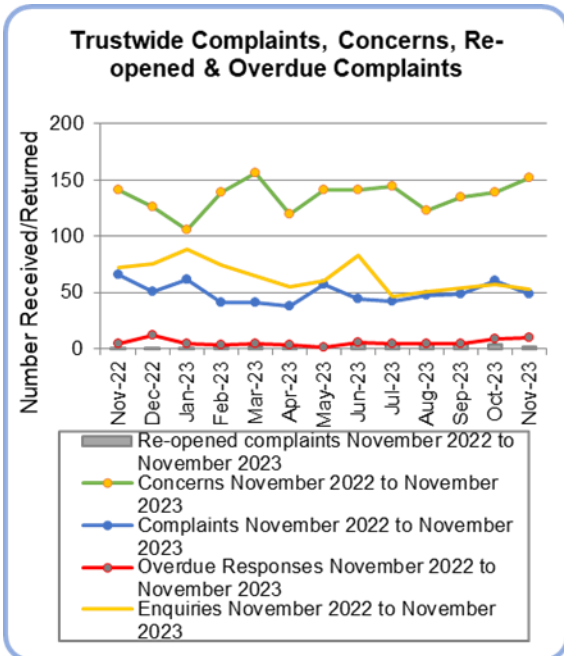
Workforce

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

Well Led Introduction

Vacancies

The Trust vacancy factor was 6.42% (609.36wte) in November, down from 6.62% (622.89wte) in October. The greatest reduction in vacancies continues to be seen in registered nursing and midwifery with an increase in staff in post seeing the vacancy position fall by 20.52wte from October to November, there were also improvements for add prof scientific and technical (-5.41wte), allied health professionals (-5.19wte) and medical and dental staff (-8.31wte).

Turnover

Rolling 12-month staff turnover decreased from 14.13% in October to 13.74% in November continuing the improvement trend since November 2022; with additional clinical services turnover falling from a highpoint of 25.06% in November 2022 to 17.86% in November 2023, and registered nursing and midwifery declining from a highpoint of 16.41% in September 2022, to 12.44% in November 2023. As the Trust has seen consistent improvement across most divisions and staff groups, the 2024/25 turnover target and longer-term turnover target of 13% by 2027/28 will be reviewed via the Retention and Staff Experience group and inform both the 2024/25 operational planning process and the next iteration of the Long-Term Workforce Plan scheduled for Mar-24.

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

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence rate declined slightly to 4.81% in November from 4.89% in October.

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

Temporary Staffing

Overall temporary staffing demand decreased by 1.70% (-16.83wte) from October to November, driven by decreased demand for registered nursing and midwifery staff (-34.84wte, -1.13%). While agency use slightly decreased (-0.38%,-0.58wte), Bank use increased (+0.43%, 2.79wte), resulting in a decrease in unfilled shifts (-14.96%, -22.09wte), from October to November. The decrease in unfilled shifts was mostly seen in registered nursing and midwifery (-30.40%, -21.97wte).

wte = whole time equivalent

Well Led Introduction – Actions

Theme	Action	Owner	By When
Vacancies	Review of recruitment processes inititiated 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	Dec-23
Turnover	Immediate retention actions commenced linked to HCA turnover in first 12 months of employment in hotspot areas , with additional interventions being implemented aligned to NBT's 2023-24 Retention Plan	Associate Director Culture, Leadership & Development	Mar-24
Staff Development	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
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights. Review of the role and scope of Wellbeing Champions underway	Associate Director Culture, Leadership & Development	Jan-24
Temporary Staffing	Nursing agency spend has reduced for the 4th consecutive month. Interventions and opportunities identified have been implemented including revised and reduced timescales for escalating shifts to agency. The Nursing Temporary Staffing group continues to meet 2 - weekly for tracking of usage and identification of further opportunities to reduce spend. Medical Locums continue to be reviewed through the Medical Professionals Group.	Deputy Chief People Officer	Feb-23

Temporary Staffing
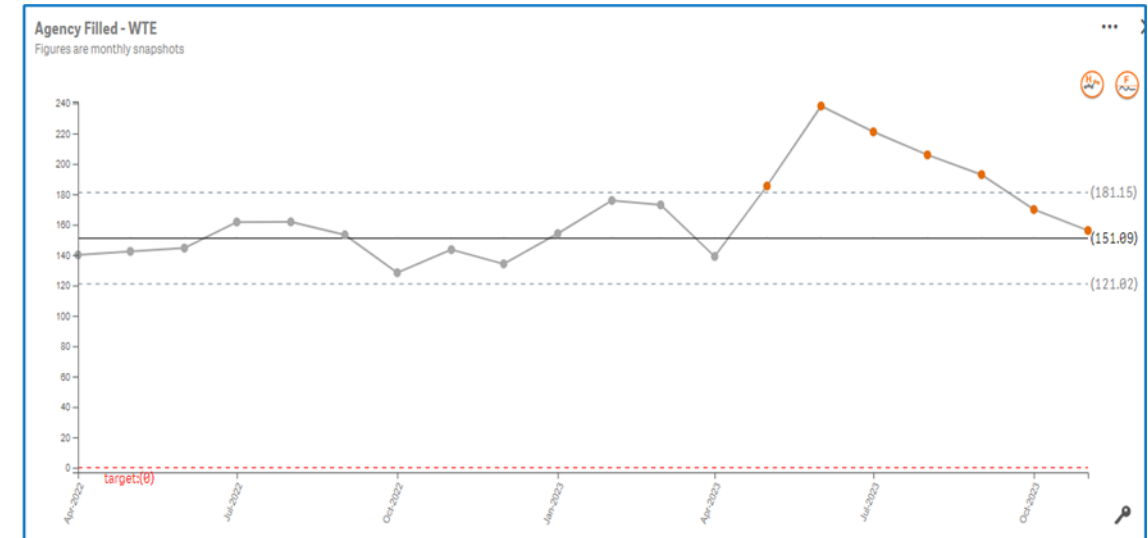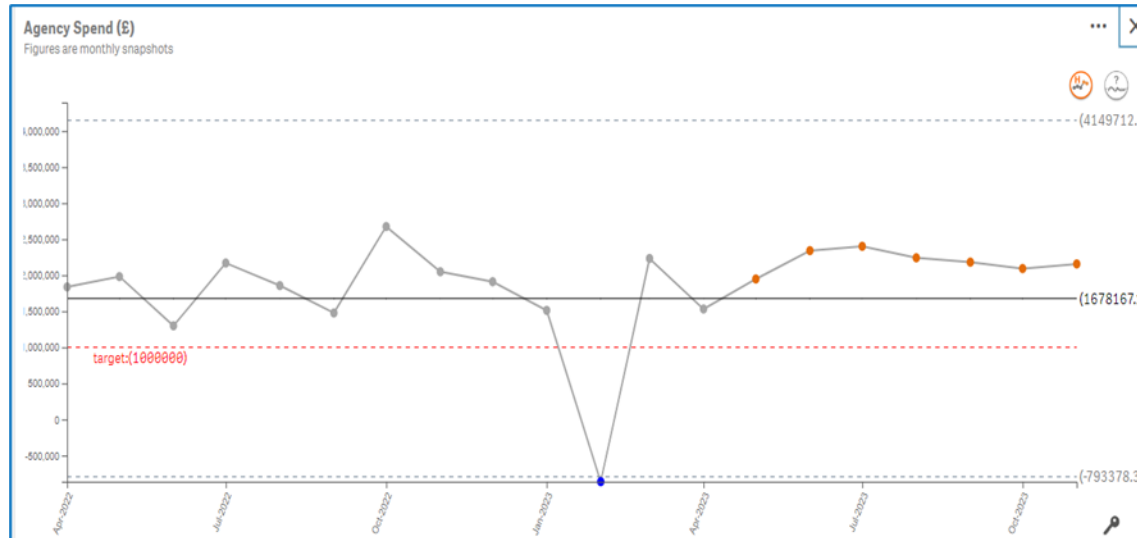
What Does the Data Tell Us

Agency use saw a reduction of 0.58wte overall, however there was a reduction of 14.25wte in nursing and midwifery registered. This position was driven predominantly by a reduction in agency use in the Acute Medical Unit (AMU), Emergency Department, Wards 26A and 34B.

Critical Care (ICU) and Elective Ortho Theatre saw growth in agency use of 4.21wte and 2.08wte respectively.

Agency Registered Mental Health Nurse (RMN) use declined by 1.50wte from October to November, driven by reduced usage in AMU and Emergency Department.

Actions
1. Reduced timescales for agency escalation implemented 4th December (7 day lead time for weekday, day shifts and 3 days for unsocial shifts) the impact on usage is being tracked weekly
2. NBT are taking part in pan-regional work to agree a standardised regional rate care for agency rates across nursing and medical locums
3. MaST compliance rates for Bank only workers at highest rate of 83%
4. E-Roster RRAP support being given via Divisional admin to support increased roster efficiency

Agency Reduction: Continued focus on demand management for Nursing and solutions for long term Medical Locums.
Bank Optimisation: 4 focused working groups have been identified and will commence first week of January focused on Engagement and experience (inc retention) Bank Rates and Incentives, Internal branding and promotion and External attraction..

Vacancy Position
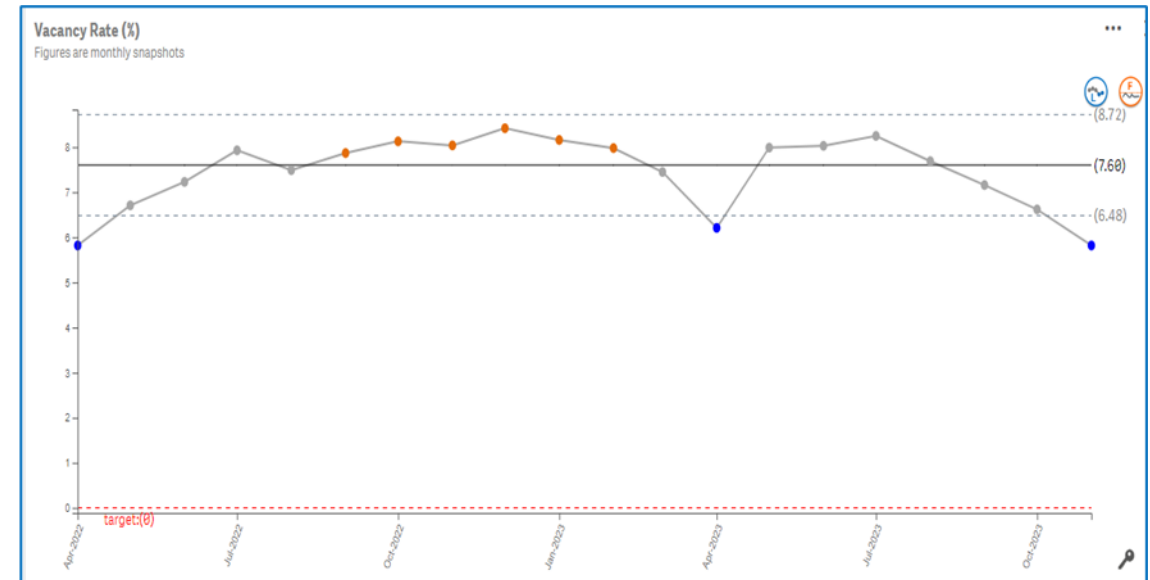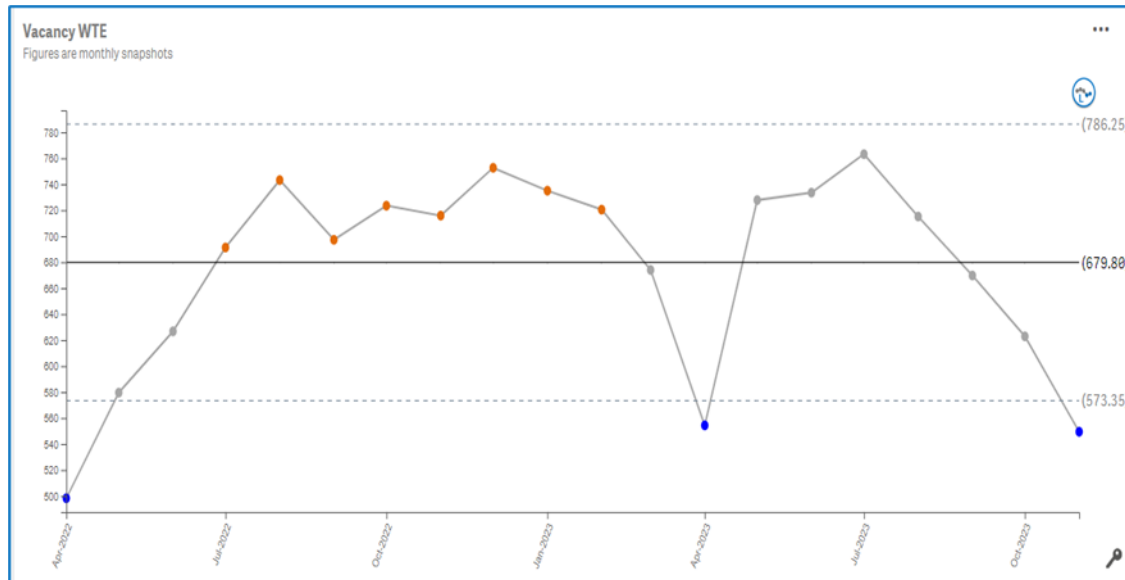
Talent Acquisition Recruitment Activity
Unregistered Nursing and Midwifery
1.Offers: 37.32 wte of offers for Health Care Support Worker (HCSW) roles were made in November: 11.81wte for band 2 and 25.51wte for band 3
2.Pipeline: 88.56 wte of candidates with offers being processed. Current withdrawal rates have dropped to 7% of HCSW roles suggest that 82.36wte will join over next three months (between December and February) which is higher than last year where 69.03wte joined, there are 238.34 more staff in post this year compared with last year.

Registered Nursing and Midwifery
1.Offers: 42.29wte of offers to band 5 experienced and newly qualifying nurses across the Trust
2.Pipeline: Domestic 136.71wte band 5 candidates with offers being processed. Current withdrawal rate is at 7% - this has reduced from 9% in the past 3 months .
3.Pipeline International: There are 23wte in the pipeline allocated to start in December which is lower than last year where 25wte joined. A further 20 are booked to join in January
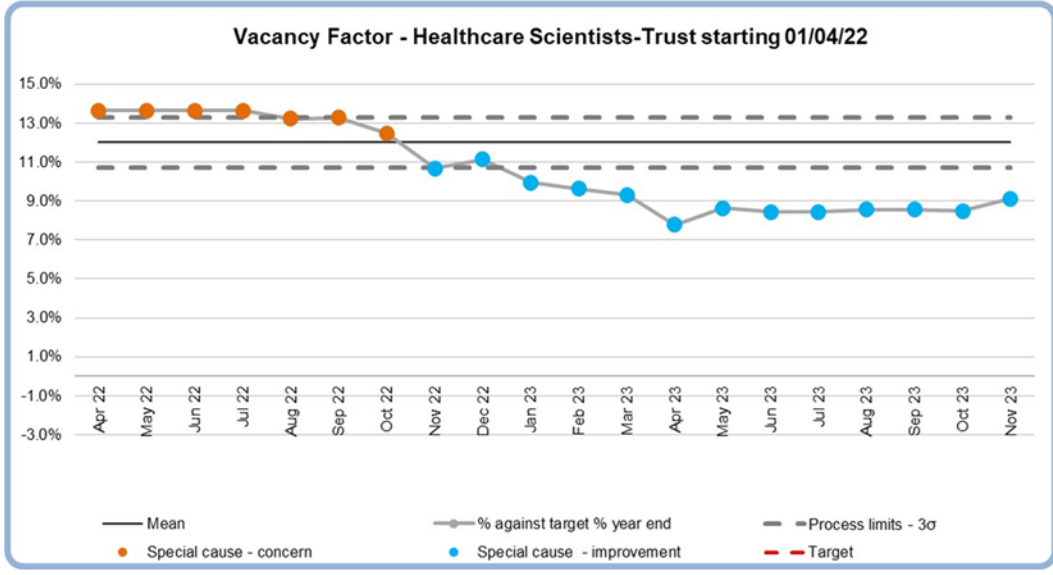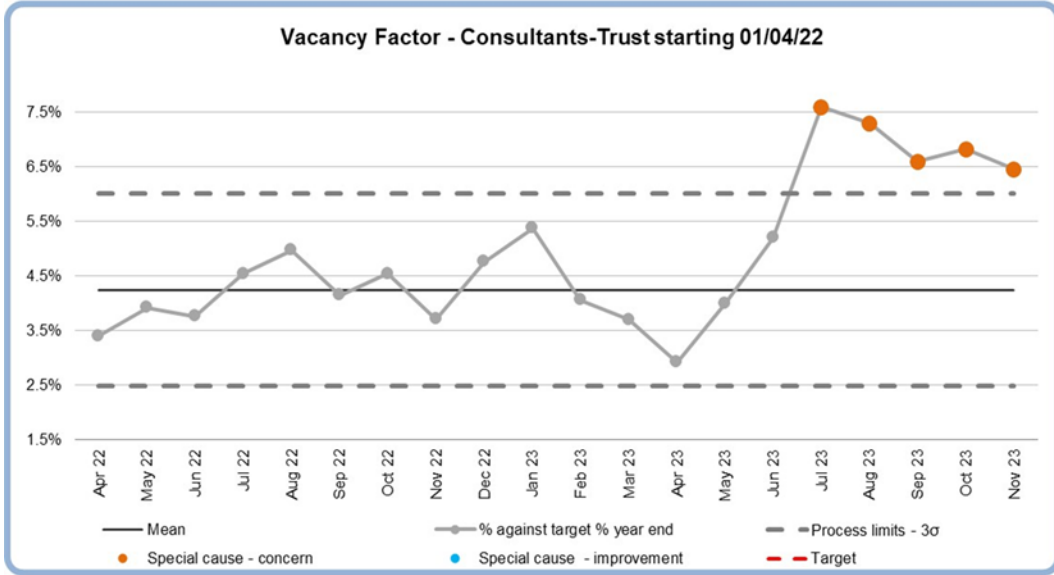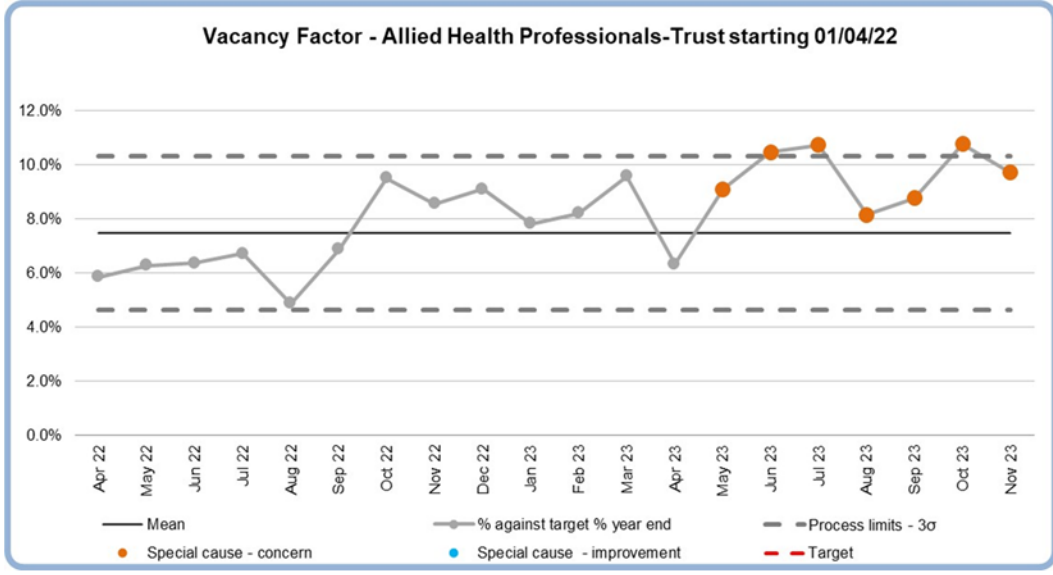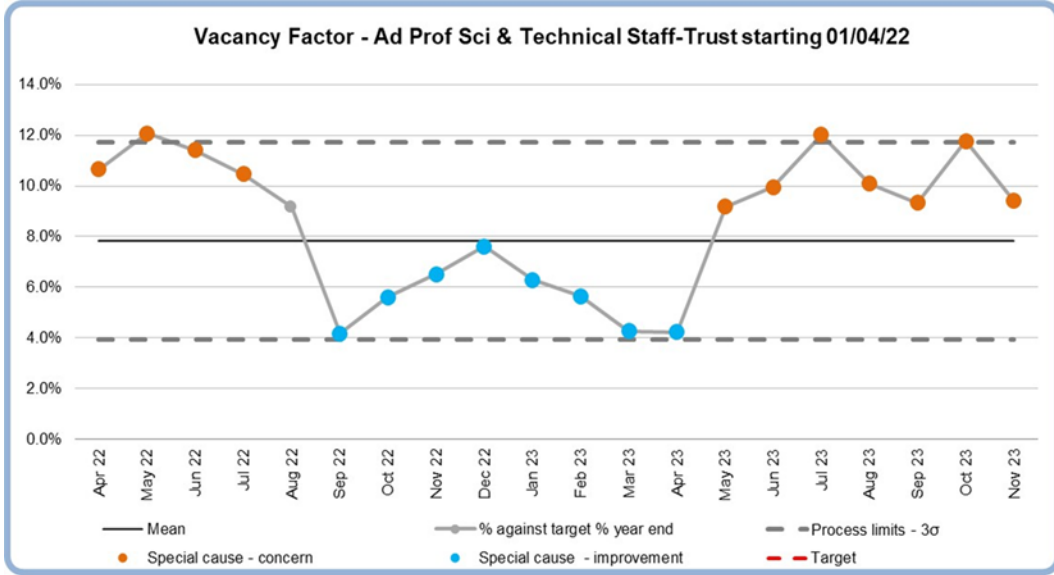
Recruitment Activity
1.In November, the Trust attended 4 recruitment fairs including Southampton University Health careers fair and the Nursing Times London Jobs fair.
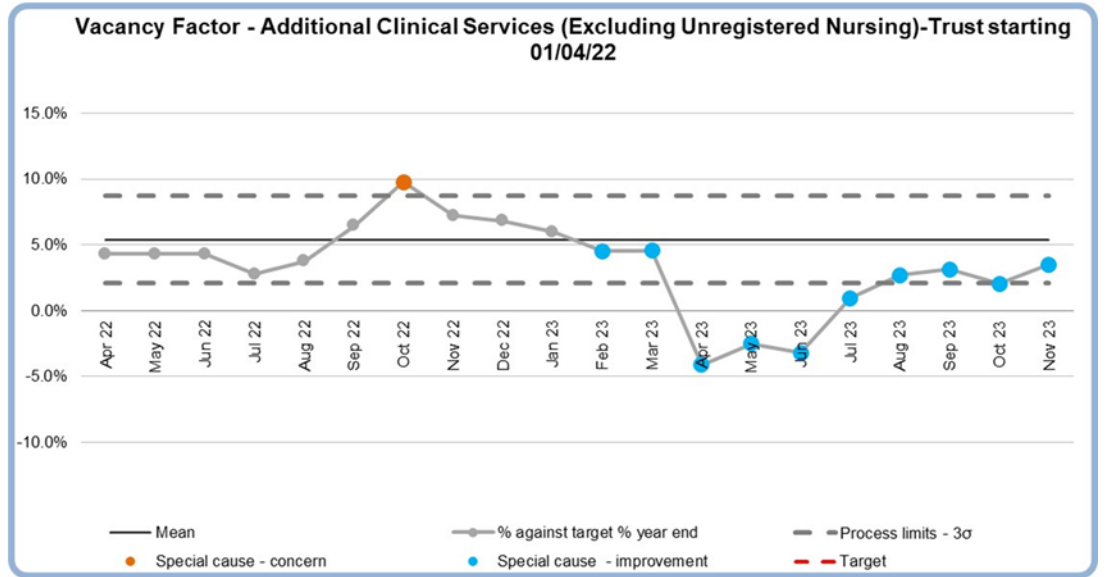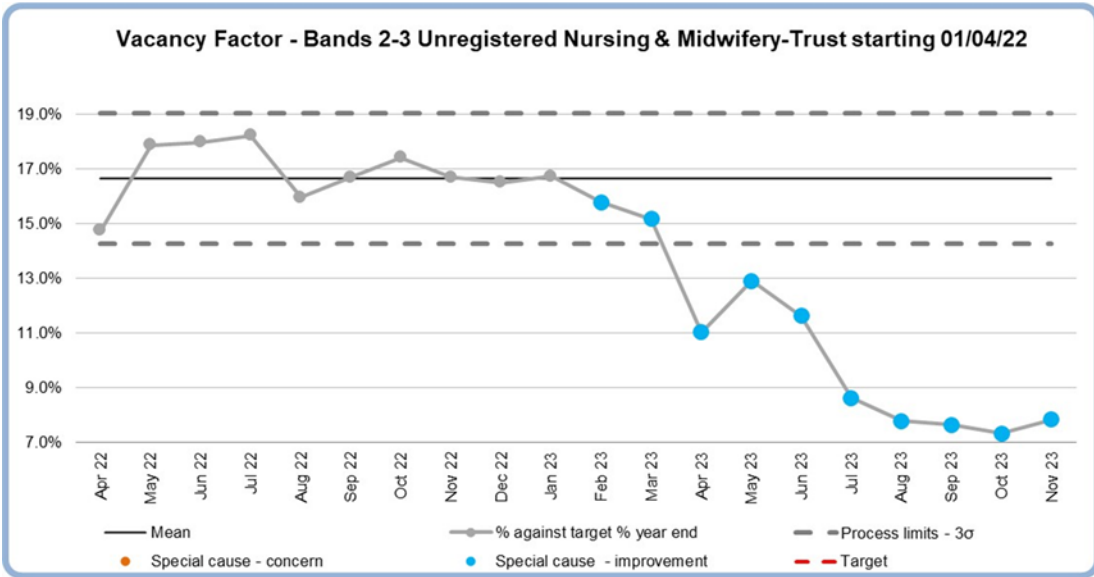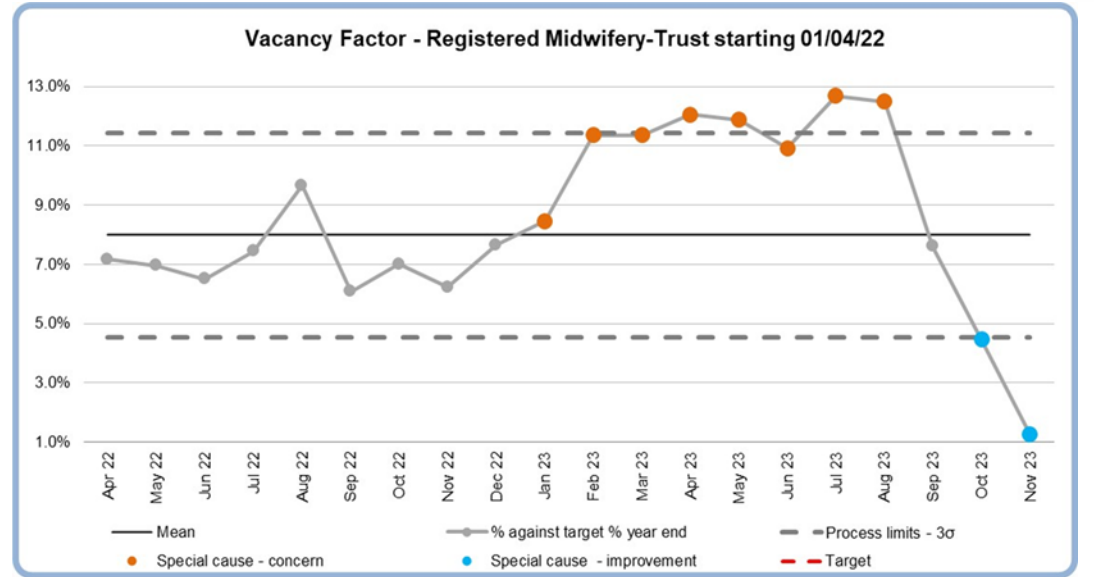**2.International Recruitment**: We welcomed 23 Internationally educated Nurses to the Trust in November

Current actions being taken to mitigate withdrawal rates:
1.Midwifery incentivisation programme in place – Withdrawal rates now at 6%
2.Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.

Vacancy

Vacancy

Vacancy Factor - Band 4 and Registered Nursing-Trust starting 01/04/22

Vacancy Factor - Registered Midwifery-Trust starting 01/04/22

Vacancy Factor - Bands 2-3 Unregistered Nursing & Midwifery-Trust starting 01/04/22

Vacancy Factor - Additional Clinical Services (Excluding Unregistered Nursing)-Trust starting 01/04/22

Vacancy

Engagement and Wellbeing

Turnover Rate (FTE) 12 Month Rolling (%)
Figures are monthly snapshots (Not including Junior Dr's)

(18.29)
(17.71)
(17.12)
target:(17)

Stability Rate (%)
Figures are monthly snapshots

target:(85)
(82.87)
(82.27)
(81.67)

Sickness Rate 12 Month Rolling (%)
Figures are monthly snapshots

(5.56)
(5.41)
(5.25)
target:(4.4)

Actions delivered: (Associate Director of People)
- Piloted a bitesize version of our Restorative Just Culture training for Divisions
- Developing reporting on higher risk cases and providing assurance
- People Consultants aligned to support Divisions

Actions in Progress:
- Website with bitesize management training in development, providing just in time advice and support (**January**)
- Long term absence deep dive aligned to partner support model (**December**)
- Let's talk Flex – campaign on flexible working and consideration of revised Agenda for Change (AfC) conditions (**January)**
- Policies under development include car parking, pay progression, partnership working and disputes, relationships at work, recruitment and storage and retention of documents
- Internal bank of investigators in development **(January)**
- Campaign to support new fairness at work policy, early resolution and RJC (**March)**

Retention and Staff Experience (including Health and Wellbeing)
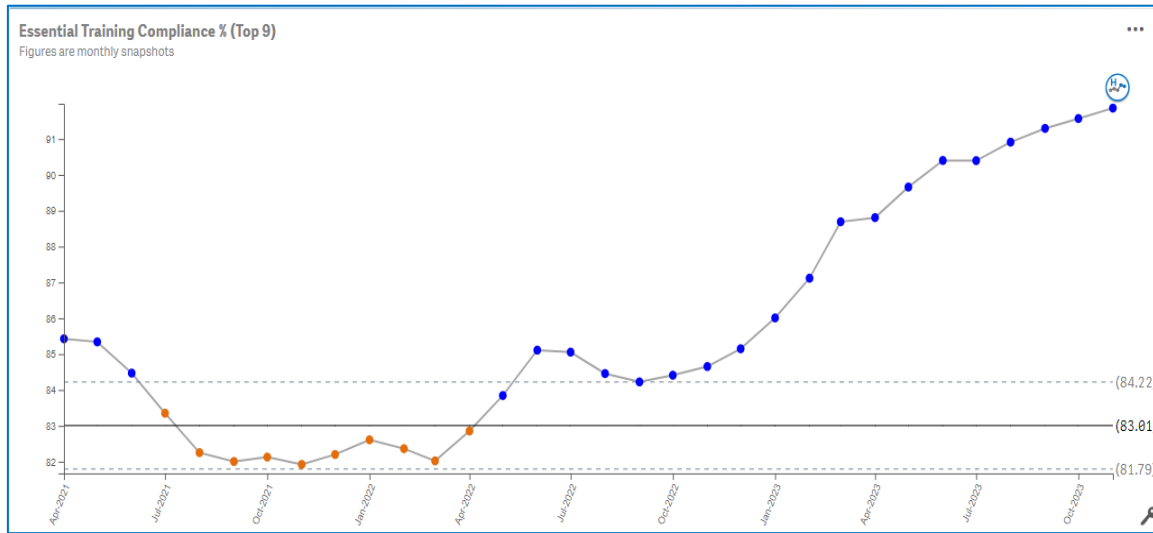**Actions Delivered: (Associate Director Culture, Leadership & Development)**
- Positive Action Campaign launched and live
- Cultural Ambassadors programme: 10 more training places commissioned for January
- First Cohort from Accelerate programme have completed
- Presentation of NBT's 3- year EDI Plan to South-West EDI Leads and to NBT DMTs
- Staff Survey closed: 60% response rate
- Staff Experience Team video launched
- Diverse Recruitment Panels Campaign planned and 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 2024**
- Implementation of EDI Plan (12- point plan) actions, and further socialisation and embedding of plan with Divisions (**November – March 2024)**
- Set up new, operational EDI Group to support and drive delivery of the 3-year EDI Plan, with divisional representation **(January 2024)**
- Culture Group to continue work on developing a clear culture framework to support and underpin delivery of our strategic priorities and work programmes **(January 2024)**
- Listening events planning and actions linked to the new 'Sexual Safety in Healthcare' Group **(December 2023 – July 2024)**
- Zero acceptance campaigns launched – themed around discrimination/racism, bullying and harassment and sexual safety **(January – April 2024)**
- EDS22 submission for NBT to our ICS **(January 2024)**
- Analysis and roll out of 2023 National Staff Survey Results and follow-up actions **(January – May 2024)**
- Finalise long-term Retention Plan **(January – February 2024)**

Essential Training

Essential Training Compliance % (Top 9)
Figures are monthly snapshots

What Does the Data Tell Us - Essential Training (Head of Learning and Development)
- QLIK (11 Dec 23) shows compliance as **All staff 90.66%**, Permanent Staff 93.84%, Fixed Term Temp 86.7%, Other 79.18% (NBT eXtra 83.94%).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
- Medical and Dental 78.69%.
- Training Compliance By Training Title (Top 9) shows Information Governance is at 88.51%, an increase but below the 95% compliance target.
- The largest number of training expirations in the next 3 months are Information Governance, Patient Handling and Fire.

Actions – Essential Training (Head of Learning and Development)
- Weekly Mandatory and Statutory Training (MaST) reports raising compliance visibility within divisions.
  Divisional Directors of Nursing and People Partners are acting on the data and working with their divisions to increase compliance.
- NBT eXtra have emailed all bank staff directly and have set up MaST sessions in the computer suites to increase compliance.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase day 1 compliance.
- Oliver McGowan mandatory e-learning is at 64.16%. All staff must complete this. Face-to-face modules at capacity (85 staff out of ~4k able to attend).

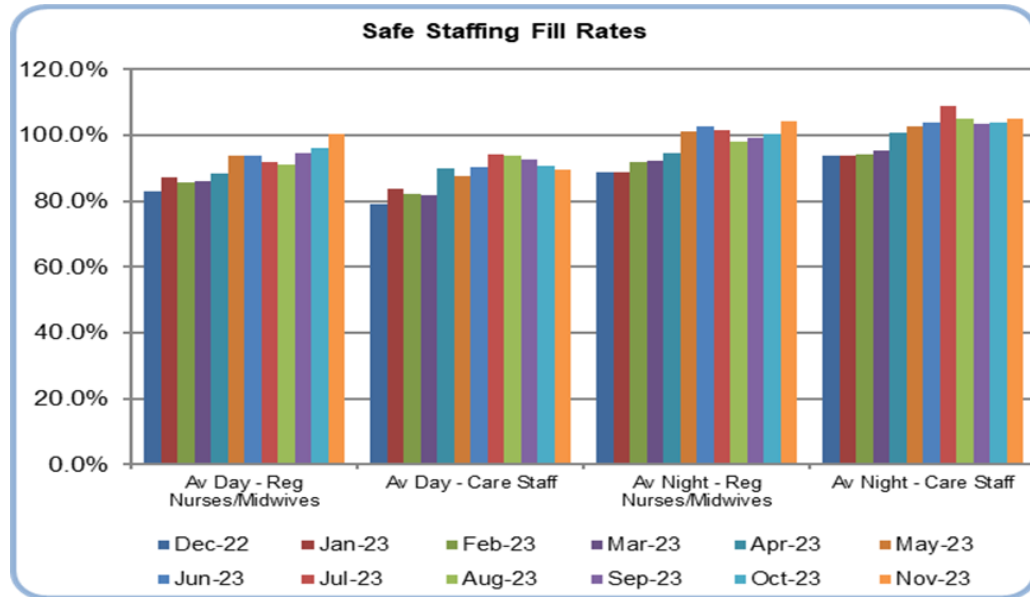**Leadership & Management Learning (Leadership Development Manager)**
- **Mastering Management**: Cohort 1, 24 participants, 4/4 modules completed, 4/6 action learning sets completed. Cohort ends February 2024. Cohort 2, 24 participants, 3/4 modules completed, 1/6 action learning sets completed. Cohort ends July 2024. Cohort 3, 24 participants, 2/4 modules completed, 1/6 action learning sets completed. Cohort ends July 2024. Cohort 4, 20/24 places filled. Starts 6th February 2023. Cohort ends September 2024. Cohort 5, 10/24 places filled. Starts 7th February 2023. Cohort ends September 2024. There are currently 72 delegates (bands 5 - Very Senor Manager) on the programme. Inclusivity 39%. There are 240 participant places available 2023/2025. We currently have 175 completed expressions of interest and 102 staff who have been allocated to a cohort.

Leadership & Management Learning (Leadership Development Manager) cont'd
- Feedback from participants is very good, overall rating of modules is 4.6 / 5. We are working with UWE to make the content in Understanding Resource Management and Effective People Management more specific to NBT.
- **Excellence in Management**: Programme now paused for winter pressures. Cohort 1 resumes 7th February and completes 27th February with final 2 modules; Cohort 2 resumes 20th February and concludes 15th May. Recruiting for Cohorts 3 and 4 with Cohort 3 launching 27th March – currently 5 applications – 25 per cohort..
- **Leading for Change**: Had a successful session with John Drummond on the 12 Dec 23, *"Kindness into Action"* with keynote speaker Tim Keogh will be hosted on the 20th of February 2024.
- **Accelerate**: T16 individuals have now completed the course, our first cohort. We had a lovely celebration to mark this occasion on Dec 7th. Cohort 2 starts in Feb, applications close Jan 26th, we currently have 10 people signed up. Cohort 3 and 4 dates are currently being confirmed. Suggested change in advertising: we open it up to bands 2-7 instead of just 2-5. This programme fits into the category of managing/understanding yourself.
- **ILM Leadership and Team Skills**: Cohort 1 Mar 23 – 13 delegates have passed the award and 1 is outstanding. Cohort 2 Jul 23 - 10/12 delegates have passed the award. 1 is outstanding and 1 has deferred onto 2024 programme. Cohort 3 Sep 23 – 12 delegates have passed the award, 2 have deferred onto 2024 programme and 2 are outstanding and likely to complete by end of December 2023. The next cohort is due March 2024; applications open from 13 Nov 23 to 8 Jan 24.
- **Coaching and Mentoring:** procuring PLD platform in partnership with UHBW. Target go-live date for the software is 29 February 2024.

(Head of Apprenticeships and Early Careers)
- **Trust Apprenticeships and Widening Engagement**
- Expired Funds & Utilisation: Expired funds in October - £57,755 Transferred Levy funds - £6657 to support community development, Levy utilisation – 50%.
- Current number of staff on an apprenticeship: 403 + 32 on a Break in Learning.
- 51 work expires CR placement have occurred since September
- Recruitment underway for Mayoral Priorities Skills Fund project, where we were successful of a funding grant of £240k for an 18 month community project with WECA
- Staff development have had 2012 new starters on induction in 2023. 2) inductions in 2023 with average of 7£ on each induction. This is broken down to – 636 general (A&C), support workers – 514, threaten support workers – 35, facilities – 162, registered – 423, international nurses – 242.
- **Apprenticeship Centre**
- Current number of learners enrolled: 66 direct – 109 non-direct
- Number of completed apprenticeships last month: 2 direct – 5 non direct
- Number due to be complete next Month: 1 direct (20 out of funding – 8 in EPA) and 3 min direct (42 out of funding)
- Mitigation is in place to continue to closely review timely completion of apprenticeships.
- Apprenticeships centre passed Matrix accreditation annual quality assurance review
- Ofsted visit pending, expected between Feb – September, focused training planned in the new year, exploring specialist trainers for preparation

Safe Staffing

Safe Staffing Fill Rates

Nov-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	100.5%	89.7%	104.5%	105.2%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031	🟩	🟥	🟩	🟥
Cotswold Ward 01269	🟥	🟥	🟩	🟩
Ward 32A CAU 14103	🟧	🟩	🟧	🟩
Ward 33A 14221	🟩	🟧	🟩	🟧
Ward 33B 14222	🟩	🟧	🟩	🟧
Ward 34A 14325	🟩	🟩	🟧	🟧
	🟧	Greater than 120%		
	🟥	Less than 80%		

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

What does the data tell us?
For November 2023, the combined shift fill rates for days for RNs across the 29 wards was 100.47% and 104.48% respectively for nights for RNs. The combined shift fill for HCSWs was 89.68% for the day and 105.15% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for October.

November *registered nursing* fill rates:
- 3.45% of wards had daytime fill rates of less than 80%
- 0.0 % of wards had night-time fill rates of less than 80%
- 3.45% of wards had daytime fill rates of greater than 120%
- 6.90 % of wards had night-time fill rates of greater than 120%

November *care staff* fill rates:
- 13.79% of wards had daytime fill rates of less than 80%
- 3.45 % of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 24.14% of wards had night-time fill rates of greater than 120%

The "hot spots" as detailed on the heatmap which did not achieve the fill rate of 80% or >120% fill rate for both RNs and HCSWs have been reviewed. The increased fill rates for the percentage of RNs on Gate 32A reflects the corridor cover by a Registered Nurse. The decrease fill rate <80% on Cotswolds ward is due to winter funding for escalation which has not yet been required. The increased fill rates for the percentage of HCSWs at night reflects the deployment of additional staff in response to patient acuity and increased levels of therapeutic observation (enhanced care) in order to maintain patient safety (33a, 33b).

Compliance:
SafeCare data supports safe staffing by providing snap shots of patient acuity and dependency in a clinical area. For the tool to be used most effectively NBT compliance is required. The compliance data for NBT will be demonstrated for future IPR's for on-going monitoring. There are plans to strengthen the compliance of the safer staffing data through the twice daily staffing meetings.

Care Hours Per Patient Day

Required vs Rostered Hours
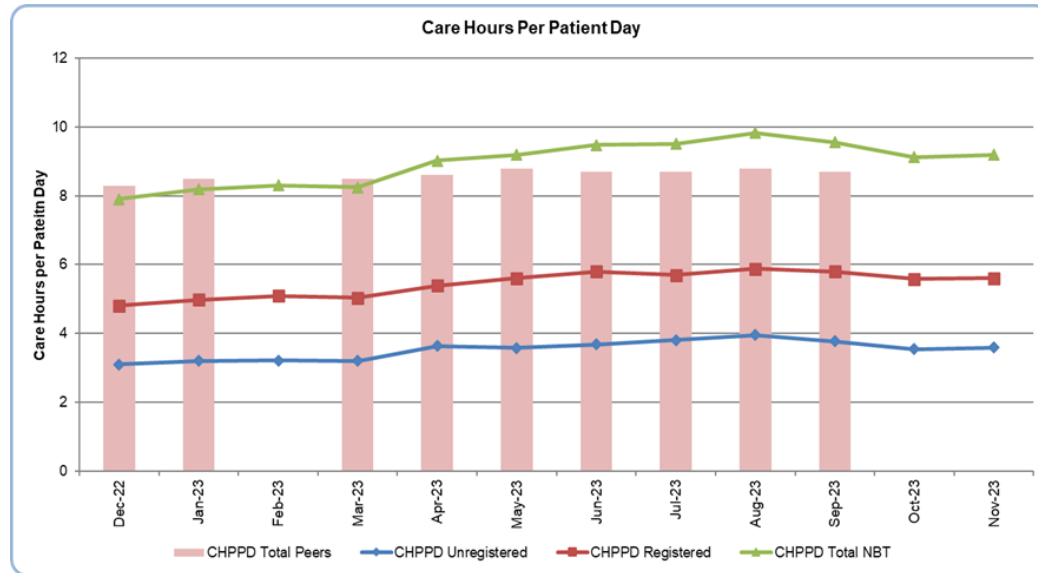
Care Hours per Patient Day (CHPPD)

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

What does the data tell us?

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

Required vs Roster Hours

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

What does the data tell us

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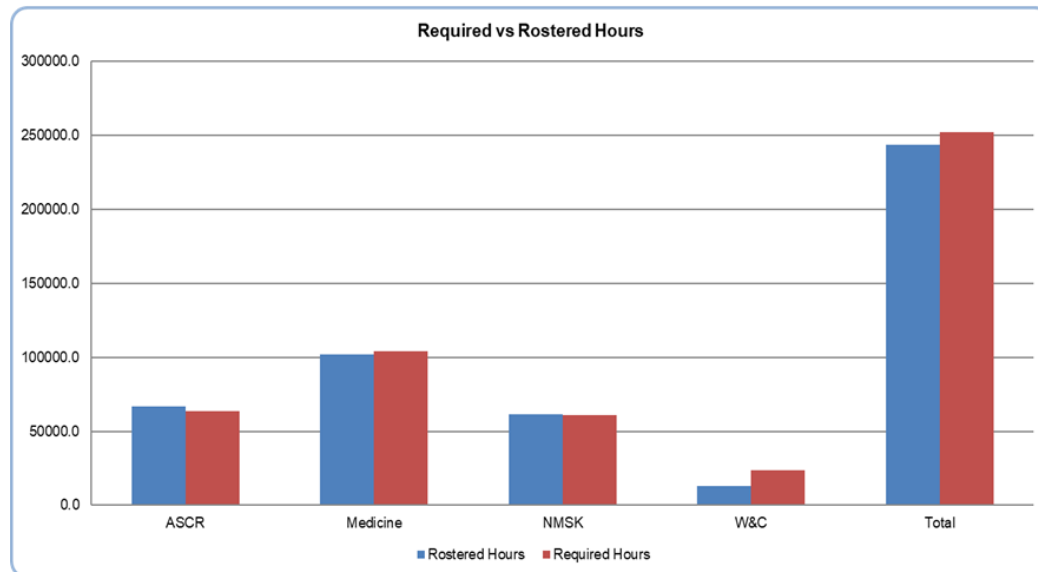
Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 30th November 2023

	Month 8			Year to date		
	Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Contract Income	65.6	72.9	7.3	521.8	528.5	6.7
Income	5.3	7.6	2.4	44.8	62.0	17.1
Pay	(44.7)	(47.3)	(2.5)	(351.1)	(361.7)	(10.6)
Non-pay	(27.5)	(30.3)	(2.7)	(217.6)	(235.4)	(17.8)
Surplus/(Deficit)	**(1.3)**	**2.9**	**4.4**	**(2.0)**	**(6.6)**	**(4.6)**

Assurances

The financial position for November 2023 shows the Trust has delivered a £2.9m surplus against a £1.3m planned deficit which results in a £4.4m favourable variance in month and £4.6m adverse variance year to date.

Contract income is £7.3m favourable to plan. This is driven by additional income recognised (£3.6m) relating to NBTs share of the £800m National funding announced recently, which is primarily to mitigate the impact of industrial action, and through changes to ERF baselines creating a £1.9m benefit. Along with depreciation funding of £1.4m

Other income is £2.4m favourable to plan. This is driven by new funding adjustments where the Trust is receiving £2.0m of new funding since the plan was approved which is offset by costs, as well as £0.4m of income from Health Education England to cover pay award costs.

Pay expenditure is £2.5m adverse to plan. New funding adjustments, offset in other income, have caused a £1.0m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs.

Non-pay expenditure is £2.7m adverse to plan. New funding adjustments, offset in other income, have caused a £0.8m adverse variance. The Trust has seen a £0.9m of costs relating to the mobile theatre, which is offset in other income. Pass-through drugs are £0.4m adverse to plan (offset in income) and the Trust has seen a £0.8m adverse variance on medical supplies and in-tariff drugs due to increased activity.

Statement of Financial Position at 30th November 2023

	22/23 Month 12 £m	23/24 Month 07 £m	23/24 Month 08 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**510.6**	**519.7**	**519.3**	**(0.4)**	**8.7**
Current Assets					
Inventories	10.0	9.9	9.9	0.1	(0.1)
Receivables	57.2	50.4	60.4	10.0	3.1
Cash and Cash Equivalents	104.0	71.9	62.2	(9.7)	(41.8)
Total Current Assets	**171.3**	**132.2**	**132.4**	**0.3**	**(38.8)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(92.9)	(87.4)	5.5	(37.8)
Deferred Income	(17.2)	(29.1)	(32.2)	(3.0)	15.0
Financial Current Liabilities	(17.1)	(17.7)	(17.7)	(0.0)	0.7
Total Current Liabilities	**(159.5)**	**(139.8)**	**(137.3)**	**2.5**	**(22.1)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.1)	(7.1)	(0.0)	0.4
Financial Non-Current Liabilties	(355.2)	(351.3)	(350.4)	(0.9)	(4.8)
total Non-Current Liabilities	**(362.0)**	**(358.5)**	**(357.5)**	**(0.9)**	**(4.5)**
Total Net Assets	**160.4**	**153.6**	**156.9**	**(1.7)**	**(3.5)**
Capital and Reserves					
Public Dividend Capital	469.1	471.8	472.0	0.2	2.9
Income and Expenditure Reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and Expenditure Account - Current Year	(5.4)	(9.4)	(6.4)	3.0	(1.0)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**153.6**	**156.9**	**3.2**	**(3.5)**

Capital is £19.9m year-to-date (excluding leases). The full year forecast is £6.9m above currently confirmed funding sources. This represents the agreed level of over-programming and the gap is expected to be bridged by additional national funding, further delays/underspend against the forecast and recognition of capital receipts from previous years.

Cash is £62.2m at 30 November, a £9.7m decrease compared with the previous month. The decrease in month is mostly driven by movements in working capital.

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 be 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, 30 November 2023 unless otherwise stated.

All data included is correct at the time of publication.

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

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

Target lines
Improvement trajectories
National Performance

Upper Quartile

Lower Quartile
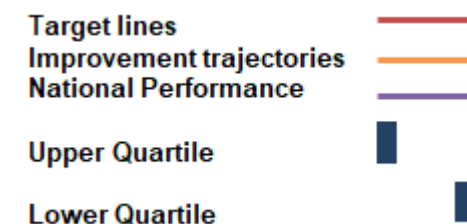
Appendix 2: Abbreviation Glossary

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

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

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

Appendix 2: Abbreviation Glossary

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

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

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

# Appendix 2: Abbreviation Glossary

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

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

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

Abbreviation	Definition
UEC	Urgent and Emergency Care
UWE	University of West England
VSM	Very Senior Manager
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WHO	World Health Organisation
WLIs	Waiting List Initiative
WTE	Whole Time Equivalent
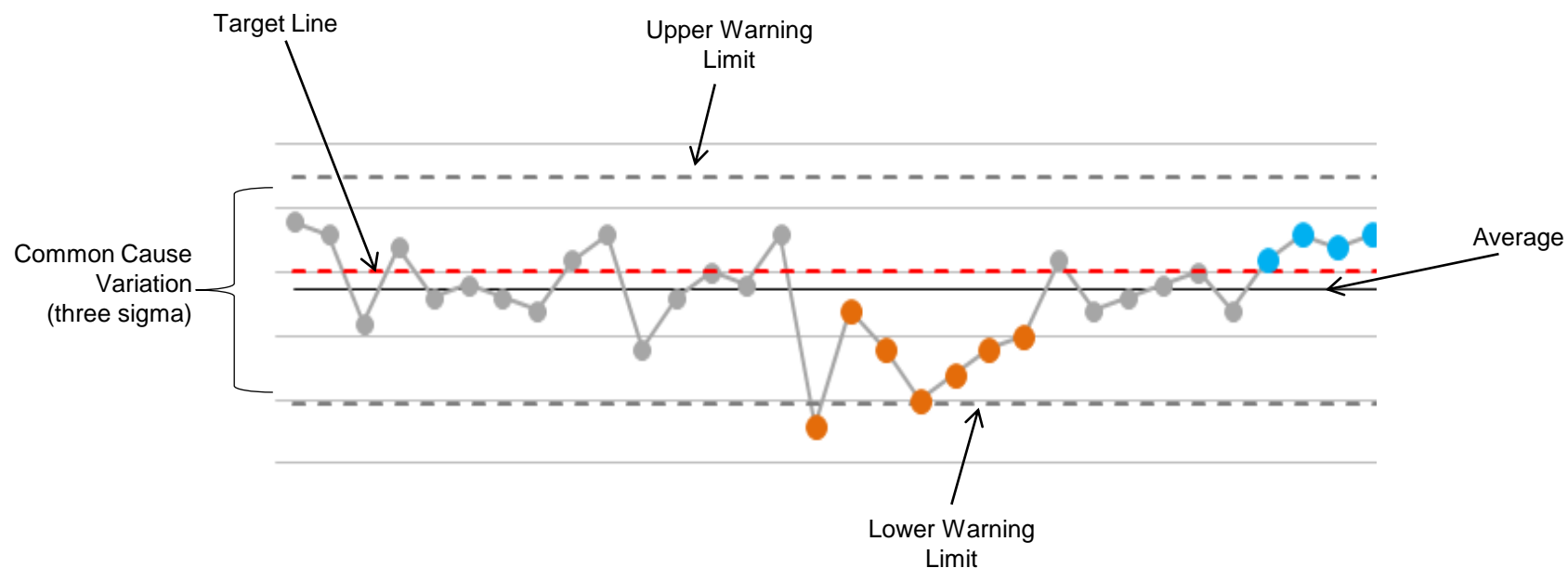
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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