North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

November 2023

(presenting October 2023 data)

NBTCARES

Contents

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R	95.00%	69.68%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%	60.56%		52.92%	2/11
	A&E 12 Hour Trolley Breaches	R	0	-	482	433	786	312	9	135	2	39	10	12	17	23	223		9-2343	4/11
	Ambulance Handover < 15 mins (%)		65.00%	-	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%	25.35%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%	57.57%			
	Ambulance Handover > 60 mins		0	-	672	778	1041	457	105	267	87	231	164	165	182	317	620			
	Average No. patients not meeting Criteria to Reside			-	278	276	243	254	217	239	208	190	198	200	198	195	218			
	Bed Occupancy Rate			97.07%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%	97.05%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%	11.40%		29.75%	3/10
	Diagnostic 13+ Week Breaches		0	525	4627	4204	3663	2459	1497	939	740	593	595	300	124	59	17		43-4930	2/10
	RTT Incomplete 18 Week Performance		92.00%	-	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%	61.52%		53.29%	8/10
	RTT 52+ Week Breaches	R	0	2569	3062	2980	2984	2742	2556	2576	2684	2798	2831	2689	2599	2306	2124		65-16918	2/10
	RTT 65+ Week Breaches			389	1062	1021	1105	895	742	547	591	594	619	624	606	582	545		0-5663	2/10
	RTT 78+ Week Breaches	R		55	375	319	306	223	167	69	65	84	59	44	48	48	55		0-669	3/10
	Total Waiting List	R		42959	48871	47418	46523	46266	46327	47287	47861	47731	49899	50119	50168	48969	48595			
	Cancer 2 Week Wait	R	93.00%	87.35%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	47.79%	-		56.83%	9/10
	Cancer 31 Day First Treatment		96.00%	95.03%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	81.59%	-		86.52%	7/10
	Cancer 62 Day Standard	R	85.00%	67.88%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	50.81%	-		56.30%	6/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.65%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	54.96%	-		59.23%	6/10
	Cancer PTL >62 Days		242	197	328	329	328	335	191	140	178	207	171	183	236	276	250			
	Cancer PTL >104 Days		0	18	63	47	23	26	41	29	25	40	45	46	41	47	49			
	Urgent operations cancelled ≥2 times		0	-	1	0	0	0	0	1	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.

North Bristol Integrated Performance Report

Domain		Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
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	0	2	1	1	0	0	0	0	0	0	0	1	1	
		Commissioned Patient Safety Incident Investigations				0	7	1	3	3	3	2	4	0	0	2	2	2	
		Healthcare Safety Investigation Branch Investigations				0	4	0	1	0	0	0	0	0	0	0	0	0	
		Total Incidents				1264	1252	1320	1171	973	1188	1027	1121	1111	1035	1114	1159	1346	
		Total Incidents (Rate per 1000 Bed Days)				40	41	44	37	36	39	37	38	38	35	39	41	44	
		WHO checklist completion			95.00%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.54%	97.68%	99.08%	
		VTE Risk Assessment completion	R		95.00%	94.24%	95.07%	94.97%	95.41%	95.28%	94.77%	95.39%	94.87%	94.77%	94.45%	94.03%	93.42%	-	
		Pressure Injuries Grade 2				14	19	11	16	9	13	20	15	18	17	12	14	11	
		Pressure Injuries Grade 3			0	2	2	1	0	0	1	0	0	0	0	2	1	0	
		Pressure Injuries Grade 4			0	0	0	1	0	2	1	0	0	0	0	1	0	0	
		Pressure Injuries rate per 1,000 bed days				0.41	0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.55	0.47	0.46	0.46	0.26	
		Falls per 1,000 bed days				7.25	6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.66	4.91	5.73	4.96	6.45	
		MRSA	R	0	0	0	0	0	0	0	2	0	0	1	1	0	0	1	
		E. Coli	R		4	2	5	4	9	4	2	8	4	7	4	2	7	5	
		C. Difficile	R		5	1	4	2	1	2	6	1	4	11	6	2	5	4	
		MSSA			2	3	8	2	4	2	0	1	2	6	9	5	2	4	
		Observations Complete				95.40%	-	98.75%	96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%	99.02%	
		Observations On Time				59.79%	-	55.83%	59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%	73.33%	
		Observations Not Breached				71.06%	-	66.98%	70.31%	71.20%	70.39%	52.73%	53.66%	57.47%	58.21%	73.78%	80.83%	85.17%	
	Maternity	5 minute Apgar 7 rate at term			0.90%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%	0.68%	
		Caesarean Section Rate				43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%	42.89%	
		Still Birth rate			0.40%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%	0.21%	
		Induction of Labour Rate			32.10%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%	34.31%	
		PPH 1500 ml rate			8.60%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%	3.97%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate				14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	54.00%	51.92%	-	
		Admitted to Orthopaedic Ward within 4 Hours				17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	40.00%	48.00%	36.54%	-	
		Medically Fit to Have Surgery within 36 Hours				21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	62.00%	58.00%	55.77%	-	
		Assessed by Orthogeriatrician within 72 Hours				27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	96.00%	98.00%	96.15%	-	
	Stroke	Stroke - Patients Admitted				65	102	89	111	64	115	94	121	181	132	187	162	114	
		Stroke - 90% Stay on Stroke Ward			90.00%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	84.62%	-	
		Stroke - Thrombolysed <1 Hour			60.00%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	52.38%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	56.19%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	87.93%	-	

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

North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity				91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	89.49%	
	Friends & Family Positive Responses - Emergency Department				70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	72.80%	
	Friends & Family Positive Responses - Inpatients				92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	91.96%	
	Friends & Family Positive Responses - Outpatients				94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	94.65%	
	PALS - Count of concerns				143	141	126	106	139	156	120	141	141	145	123	135	139	
	Complaints - % Overall Response Compliance			90.00%	75.76%	72.21%	72.43%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	65.00%	
	Complaints - Overdue				7	5	12	5	3	4	3	1	6	5	4	5	9	
	Complaints - Written complaints				76	66	51	62	41	41	38	57	44	42	48	49	60	
Workforce	Agency Expenditure ('000s)				2616	1992	1675	2030	1809	2485	2485	2485	2485	2485	2485	2485	2093	
	Month End Vacancy Factor				8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	6.62%	
	Turnover (Rolling 12 Months)	R		-	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	14.13%	
	Sickness Absence (Rolling 12 month)	R		-	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	4.89%	
	Trust Mandatory Training Compliance				83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	89.39%	

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.

Executive Summary – November 2023

Urgent Care

Four-hour performance was 60.56% in October. A deteriorating position, which appears to be reflected across England given NBT ranked second out of 11 reporting AMTC peer providers. 12-hour trolley breaches were higher than the previous month, reporting at 223, whilst ambulance handover delays over one-hour increased to 620. A combination of factors combined to result in increased UEC pressure, including a peak in COVID inpatient numbers, continued industrial action impact, together with a rise in ED attendances. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. In-year RTT target ambitions remain significantly challenged due to the ongoing impact of industrial action – varying to plan by approximately 150 breaches. Urgent work is underway to compensate and recover the position. Diagnostics performance achieved its year-end objective of no more than 15% of patients waiting greater than six weeks. There has been a lesser impact of industrial action on diagnostic work which has allowed the Trust to deliver its year-end objective several months ahead of schedule. Non-Obstetric Ultrasound challenges continue, but the team have made progress on the in-year position within the last month. 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%.

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. If the contingencies deliver as planned, the Trust would still be able to meets its year-end FDS commitment of 75%. The current approach is to sustain the previously improved PTL, deliver the FDS requirement to 75% which, in turn, provides the basis for ultimately achieving the overall 62-Day pathway. However, it has become even more apparent that, in the absence of demand management initiatives at system and primary care levels, the ability to achieve sustained improvement is questionable. Our CMO is working closely with the system CMO to achieve primary care engagement in an ongoing demand management approach.

Executive Summary – November 2023

Quality

Within Maternity, there were no moderate harm incidents, HSIB referrals or final reports during September One case reviewed using the Perinatal Mortality Review Tool had one element of care scored as C, which related to the bereavement care provided to the family. Actions have been put in place following this. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage remains below the national target of 5% and training compliance for PROMPT and Fetal Wellbeing is on track to meet MIS requirements. The national CQC Maternity Inspection visit was undertaken within the Southmead unit on 2nd November, with subsequent interviews, focus groups and data/document reviews the following week. Positive overall verbal feedback (with some specific areas to work on) was provided on 15 November and the draft report is anticipated in early January 2024. Infection control data for October 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 and there is ongoing work around the sustained increase in MSSA rates which reflects regional trends and related actions. Increases in MRSA and Covid-19/flu were reported. An improving trend in falls rates over the past 9 months has been sustained and the rate of for pressure injuries has reduced for the third consecutive month, 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 has improved over the past 6 months overall but actions continue to bring reported compliance to above 95%. Notwithstanding this, the external revalidation of NBT's status as a national **VTE Exemplar centre** was confirmed on 8 September 2023. 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. Friends & Family Test positive responses overall slightly improved in October to 92.5% but did fall again in ED (primarily about waiting times) and for inpatients (concerns around night-time staff availability and noise). The response rate compliance for complaints dropped to 65% in October, with 9 overdue at month end. The decline is performance is likely to reflect staffing shortages and vacancies within ASCR and WaCH divisions. These have now been resolved. The Patient Experience Manager is meeting with the Divisional Patient Experience Leads in these divisions to agree a trajectory for improvement. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 6.62% (622.89wte) in October down from 7.16% (669.72wte) in September. 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 33.36wte from September to October. Rolling 12-month staff turnover decreased from 14.59% in September to 14.13% in October continuing the improvement trend since November 2022. The Trust rolling 12-month sickness absence rate declined slightly to 4.89% in October from 4.91% in September. Overall temporary staffing demand increased by 0.51% (4.98wte) from September to October, driven by a small increase in demand for registered nursing and midwifery staff (+4.31wte,1.13%). While agency use decreased -14.76% (-26.11wte), Bank use increased +3.90% (24.52wte), resulting in a small decrease in unfilled shifts (0.63%, -0.94wte), from September to October.

Finance

The financial plan for 2023/24 in Month 7 (October) was a deficit of £1.5m. The Trust has delivered a £2.2m deficit, which is £0.7m worse than plan. The year-to-date position is a £8.9m adverse variance against a planned £0.7m deficit. The year-to-date position is being driven by £3.3m of costs related to industrial action. In month, the Trust has recognised the impact of industrial action on elective recovery income, in line with revised NHSE guidance. Therefore, £5.5m of the adverse position is driven by industrial action. Temporary staffing costs in the year-to-date position is creating a £4.3m adverse variance to plan, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 7 is £71.9m, a reduction of £32.1m 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 £5.3m overspend on capital by Month 12. This overprogramming is being managed in year by the Capital Planning Group. The Trust has delivered £12.0m of completed cost improvement programme (CIP) schemes at month 7. There are a further £4.4m of schemes in implementation and planning that need to be developed, and £5.4m in the pipeline

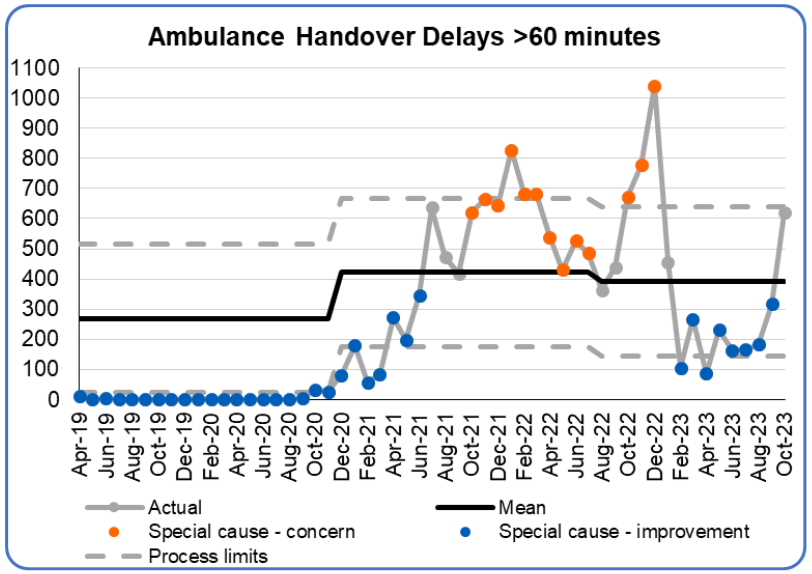
Responsiveness

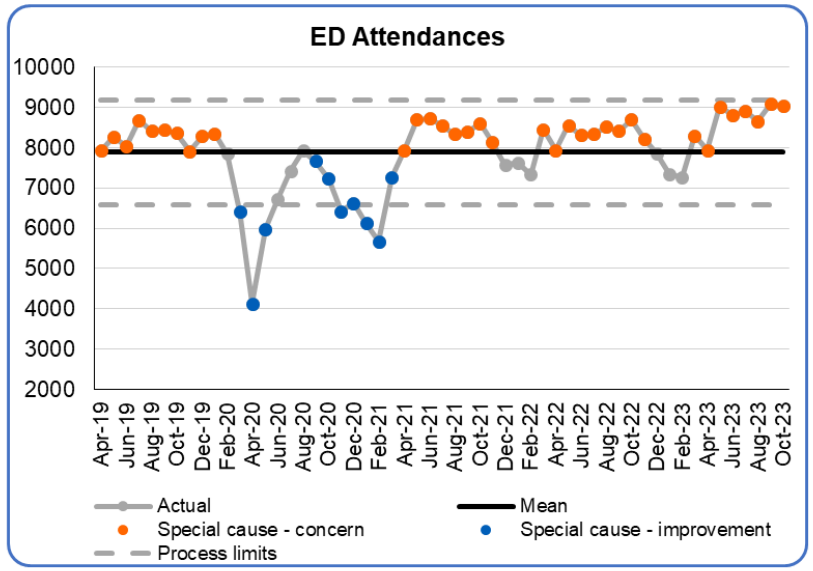
Board Sponsor: Chief Operating Officer
Steve Curry

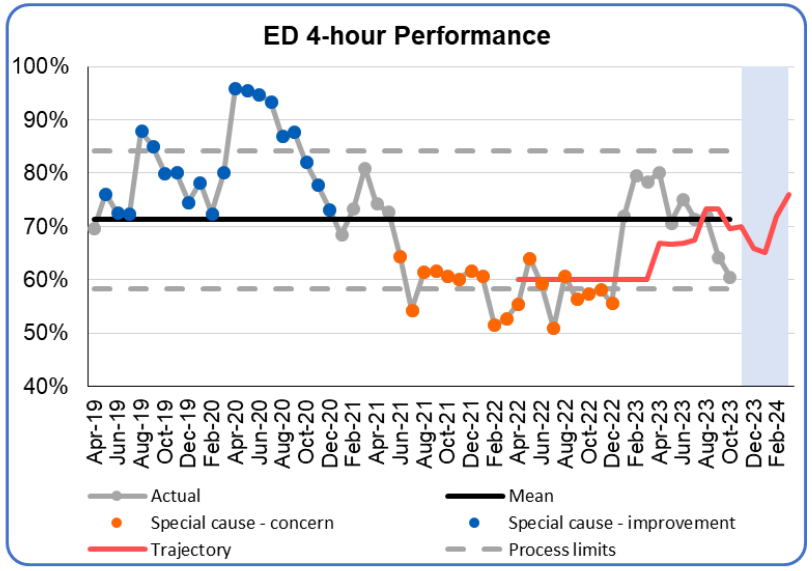
Responsiveness – Indicative Overview

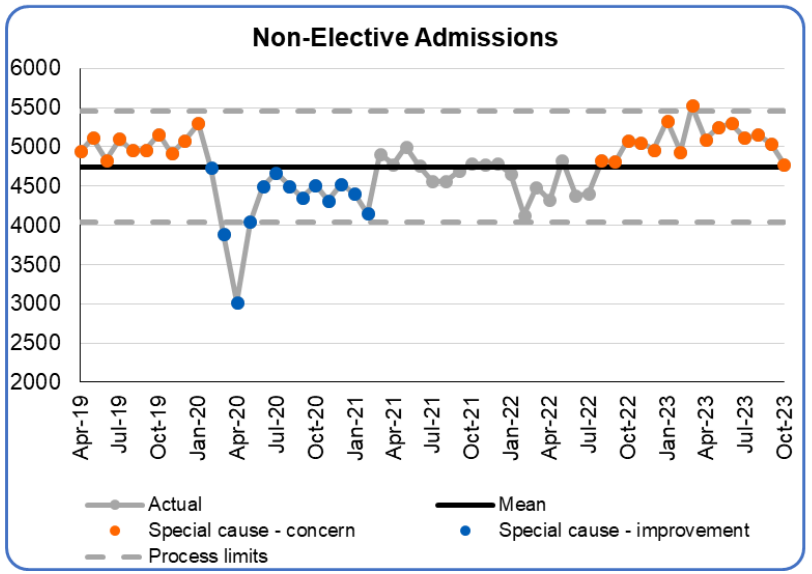
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction in community bed access
RTT	65-week wait	Off track due to repeated periods of industrial action (IA)
Diagnostics	15% 6-week target	Achieved
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	First phase (mobiles) in place opening April 2024, fixed CDC to open August 2024.
Cancer PTL	28-day FDS standard	Impact of IA. Remedial plans focussed on Gynaecology and Skin cancer underway

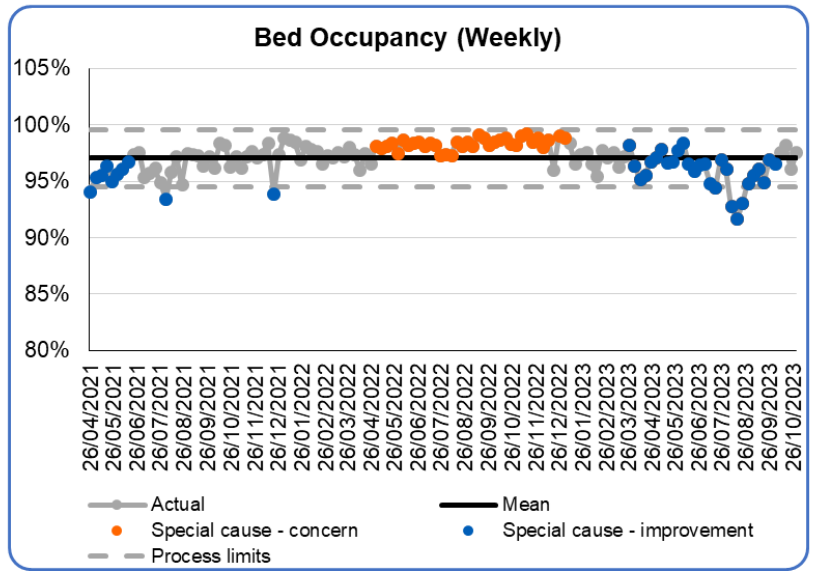
Urgent and Emergency Care

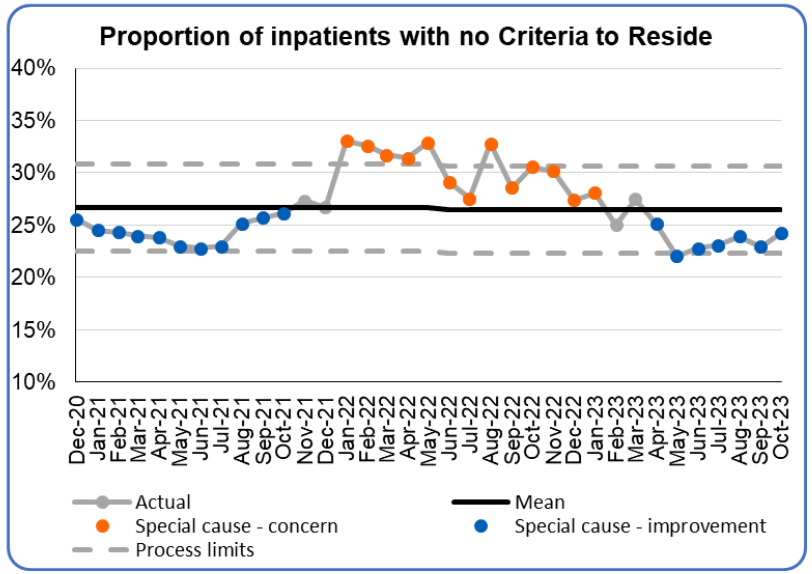












Urgent and Emergency Care

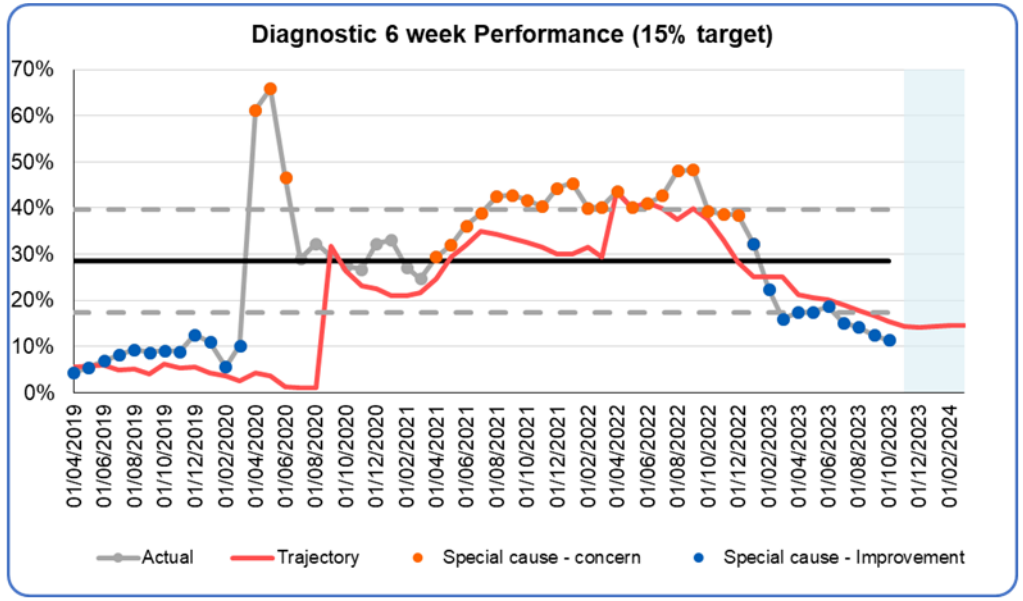
What are the main risks impacting performance?

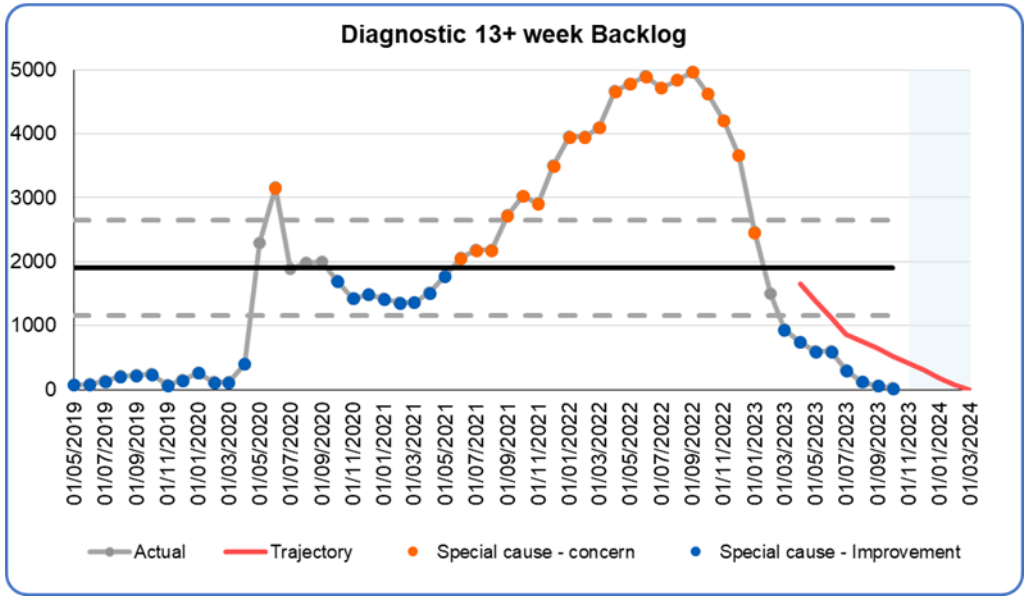
- The already high level of NC2R volumes increased significantly in October to compound UEC pressures from increased ED attendances – this appears to coincide with the beginning of a planned reduction in community beds
- Improved inpatient bed occupancy throughout summer, starting to regress
- Additional bed demand driven by COVID backlogs and/or prolonged access to primary care
- Increased and greater fluctuation in ED attendances; the increase between August and September has been sustained and attendances in October were 3.96% higher than the same month last year.
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.

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 the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times





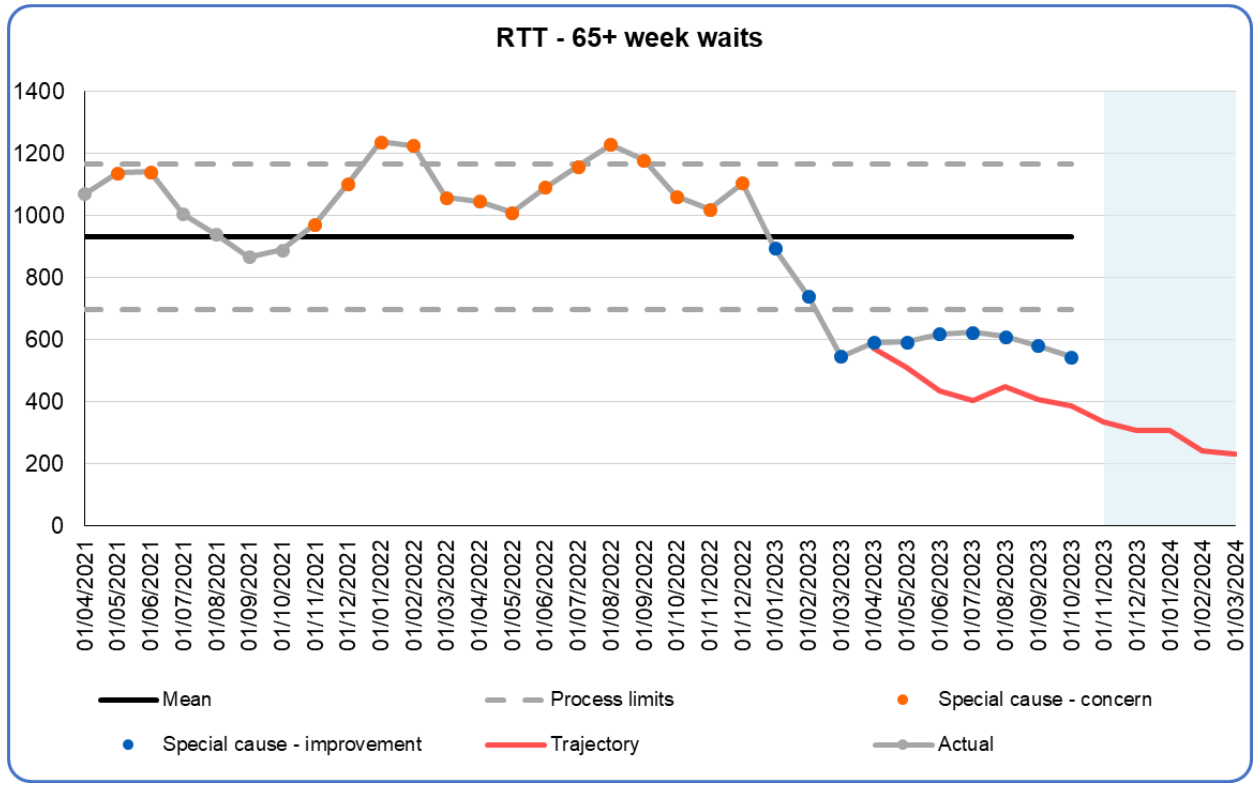
What are the main risks impacting performance?

- 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 has transitioned from the Medicine Division to the CCS Division as of 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)



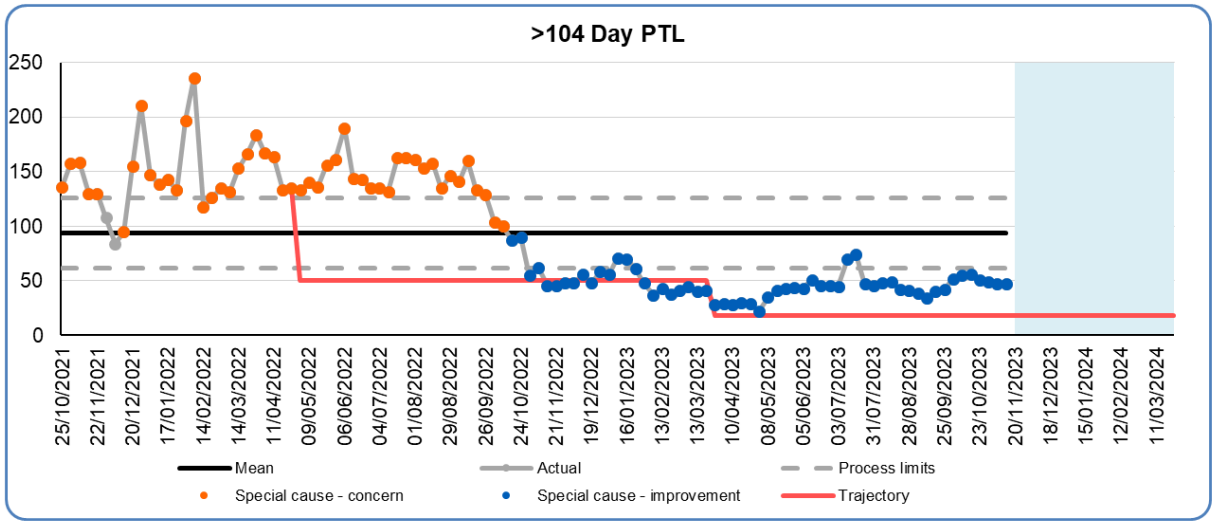
What are the main risks impacting performance?

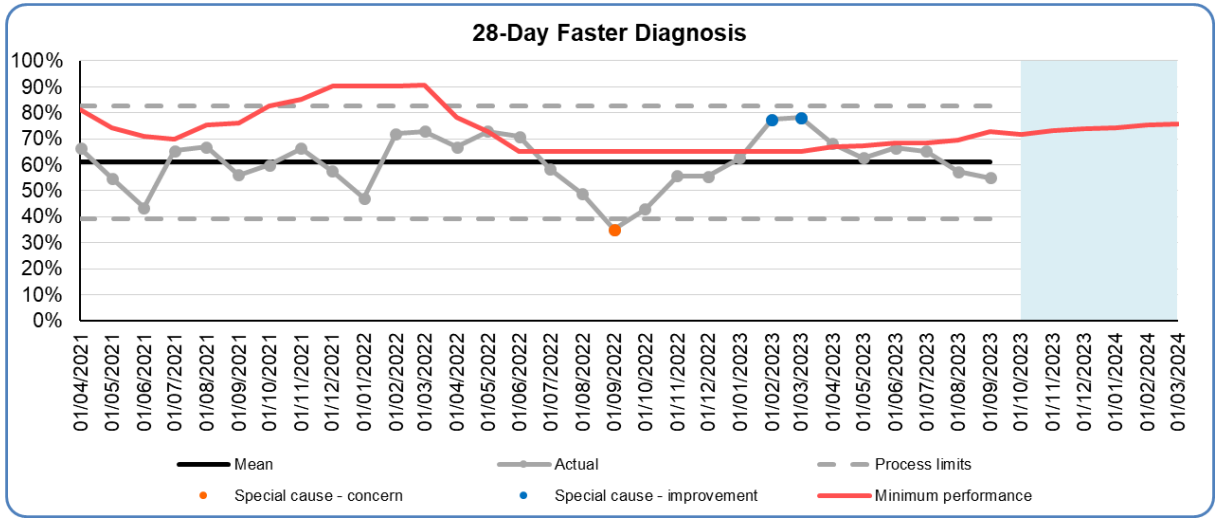
- The continued impact of repeated periods of industrial action is having a material adverse impact on the position.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- Staff shortages in some key areas e.g. operating theatres.
- The potential impact of UEC activity on elective care.

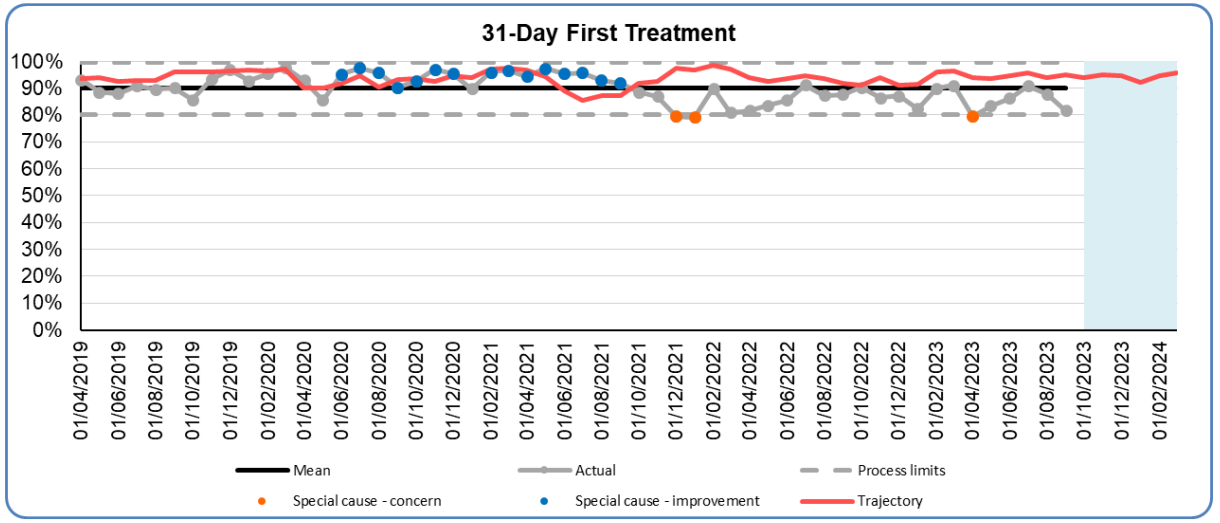
What actions are being taken to improve?

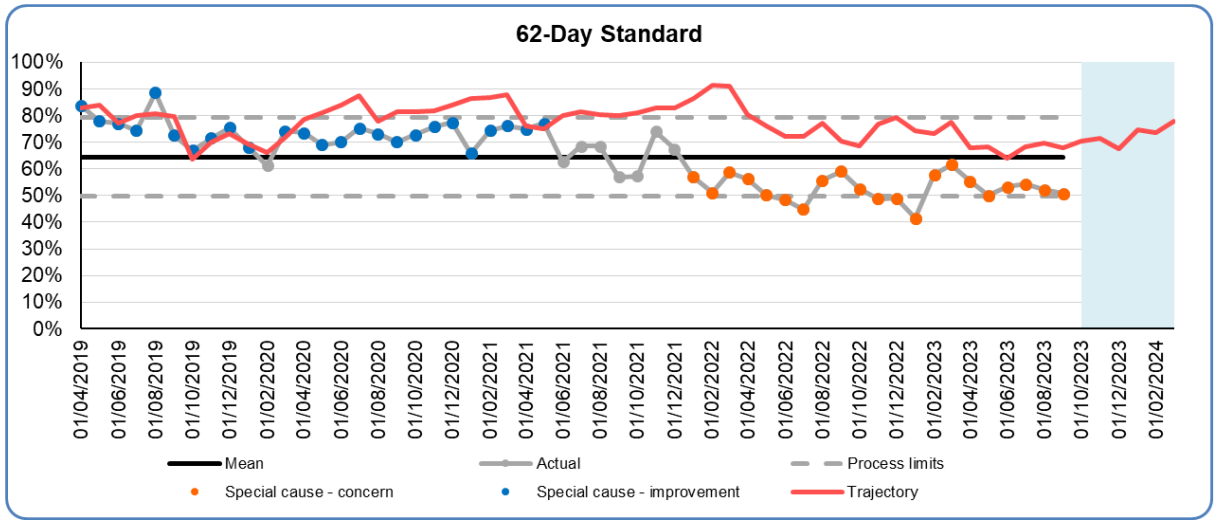
- Focused work on maintaining 104ww and 78ww positions continues.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches – working with clinical teams to agree a balance of clinical priority and long waits.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.

Cancer Performance









Cancer Performance

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions
- Ongoing clinical pathway work reliant on system actions 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 due to participate in a system clinical workshop in November 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

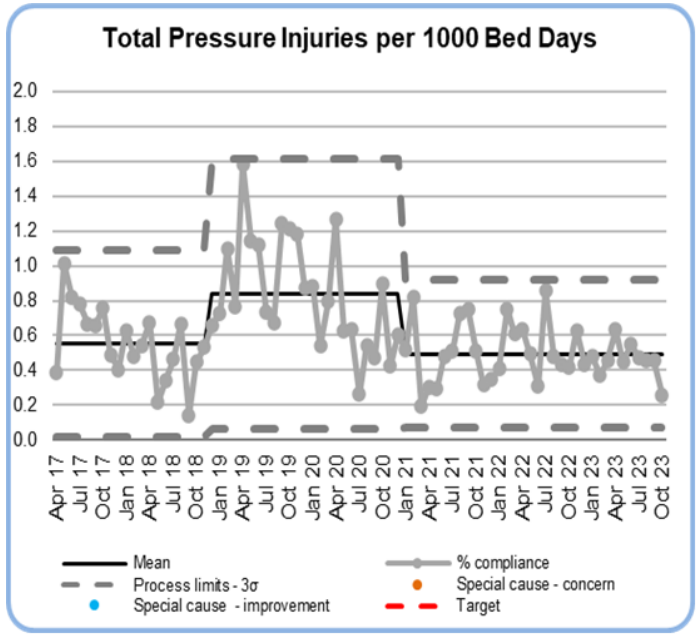
Maternity: Perinatal Quality Surveillance Matrix (PQSM) Tool
September 2023 data

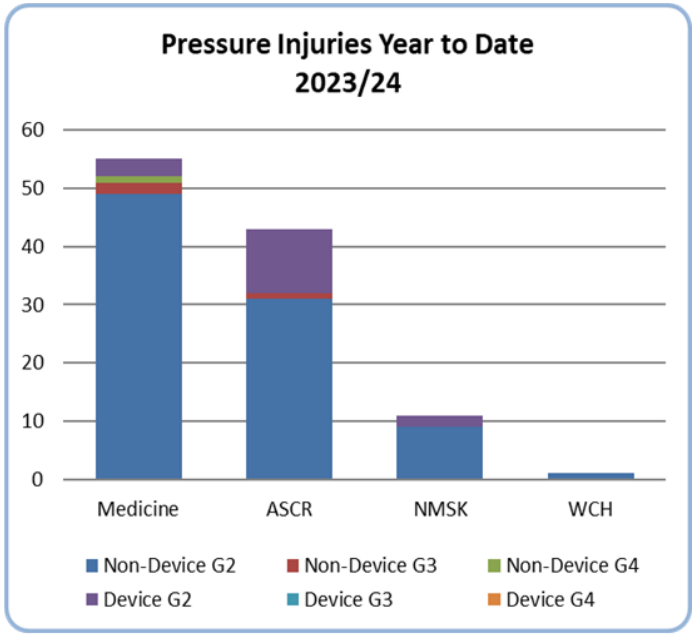
	Jul-23	Aug-23	Sep-23	Oct-23	TREND
Activity					
Number of women who gave birth, all gestations from 22+0 gestation	467	477			
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	1	4	1		
Number of women who gave birth (>=24 weeks or <24 weeks live)	460	477			
Number of babies born (>=24 weeks or <24 weeks live)	468	483			
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	37	31			
No of livebirths <24 weeks gestation	1	3			
Induction of Labour rate %	38.0%	32.1%			
Spontaneous vaginal birth rate %	49.3%	45.9%			
Assisted vaginal birth rate %	10.0%	7.8%			
Caesarean Birth rate (overall) %	40.7%	46.3%			
Planned Caesarean birth rate %	18.3%	20.8%			
Emergency Caesarean Birth rate %	22.4%	25.6%			
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	4.7%	2.9%	3.80%		
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			
Number of women who received level 3 care (ITU)	0	1			
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	
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%		
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	

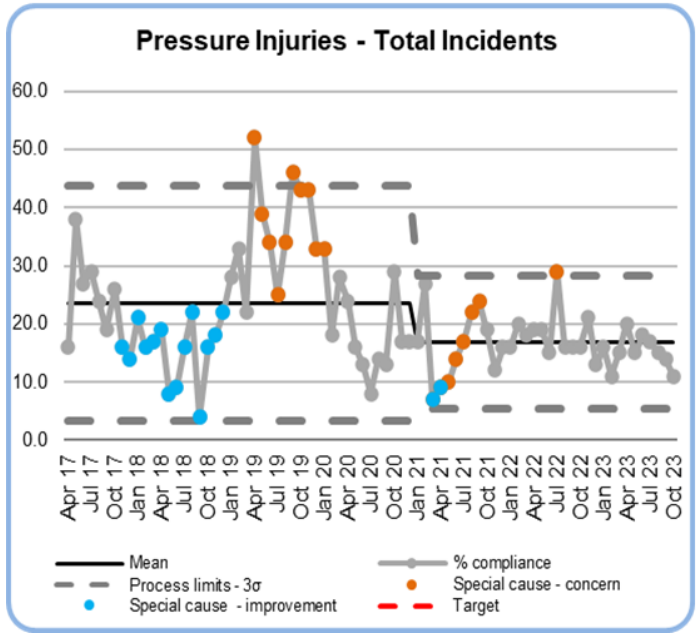
		Jul-23	Aug-23	Sep-23	Oct-23	TREND
Datix related to workforce (service provision/staffing)		6	3	4	7	
Consultant led MDT ward rounds on CDS (Day to Night)		84%	87%	73%	65%	
Consultant led MDT ward rounds on CDS (Day)		77%	83%	100%	94%	
One to one care in labour (as a percentage)		100%	100%	100%	100%	
Compliance 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						
ex-utero transfers declined					24	
NICU babies transferred to another unit due to capacity/staffing					3	
Number of consultant non-attendance to 'must attend' clinical situations		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			
Friends and Family Test Score % (good/very good) Maternity		92	91	85		
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		
Training compliance in annual local BNLS (NICU)		100%	100%			
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	***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	***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	
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)						
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of supervision out of hours (Reported annually)						

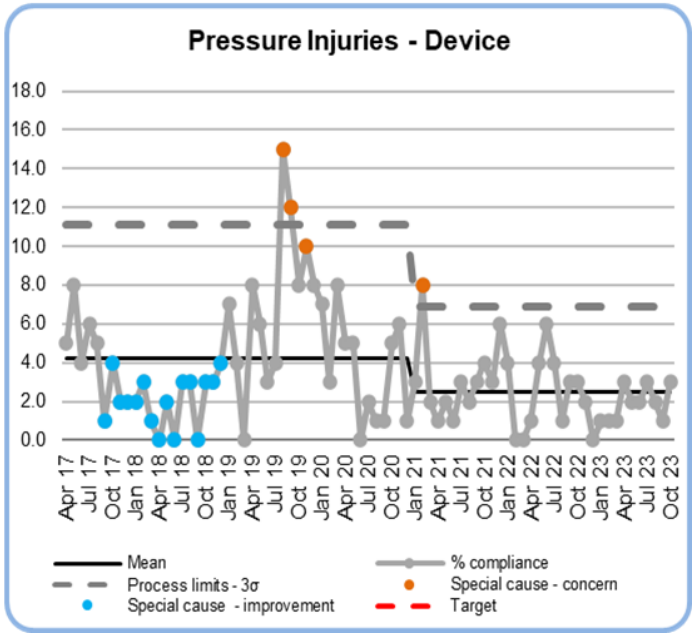
- This report summarises the PQSM data for September 2023.
- ATAIN remained below the national target of 5%
- One case reviewed at PMRT had one element of care scored as C. This related to the bereavement care provided to the family. Actions have been put in place following this.
- There were no PSII or MNSI reviews commissioned in September, and no final reports received.
- There are 3 Trust Level Risks relating 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.

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









Pressure Injuries

What does the data tell us?

In October there was another decrease in the number of grade 2 pressure ulcers:

There were 11 grade 2 pressure ulcers with 3 being attributable to medical devices.

There were 6 unstageable pressure ulcers. The total number of pressure ulcers per 1000 bed days has continued to drop since August 2023 and to just under 0.3 rate per 1000 bed days. Previous target shown on the graph is 0.5.

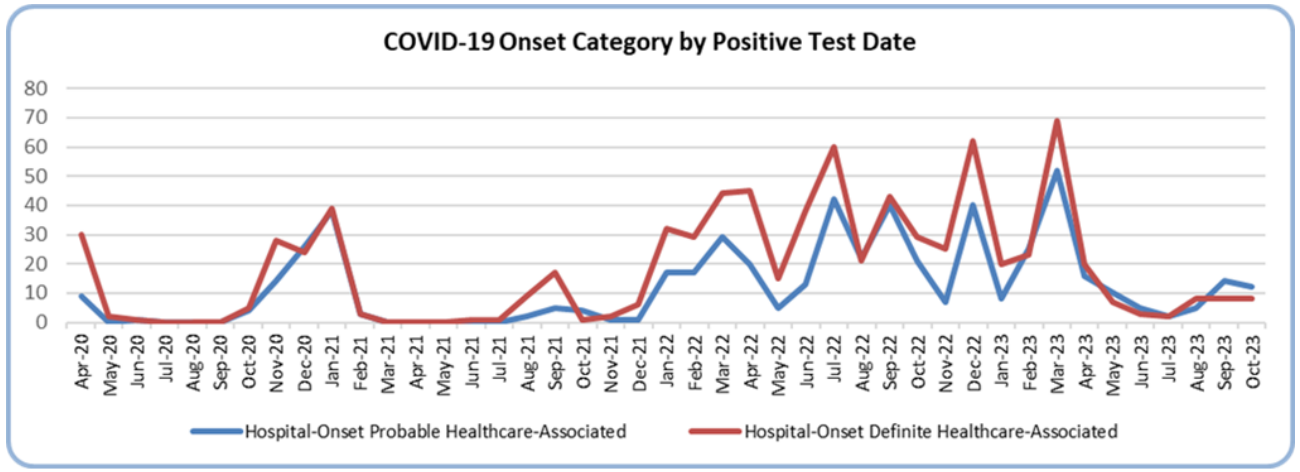
There was a decrease in the prevalence of DTIs from the previous month, to 13 DTI's, 2 x attributable to a medical device from bandaging.

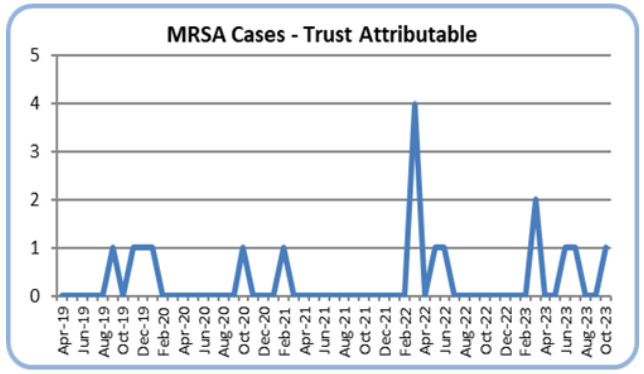
The targets for PU reduction in 2023/2024:

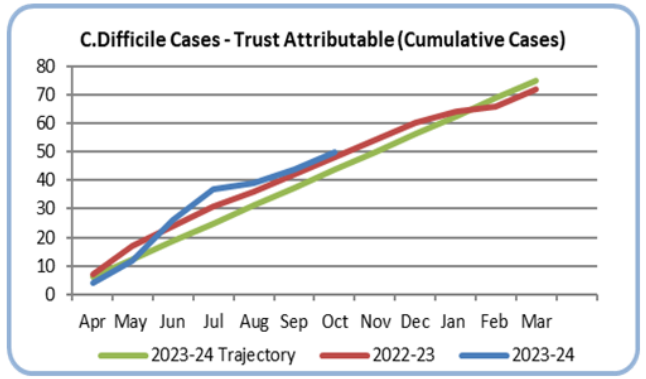
- 10% reduction on grade 2 pressure ulcers. We are on target to achieve this.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

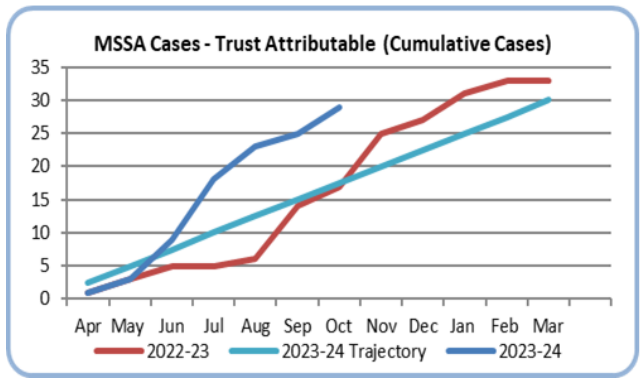
What actions are being taken to improve?

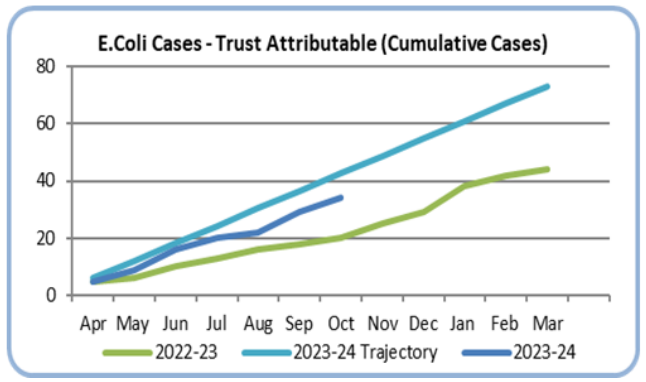
- The Tissue Viability (TV) team provide a pressure ulcer prevention and validation service, working collaboratively within NBT and strategically across the health system to reduce harm, identify emerging themes, respond and improve patient outcomes.
- The Pressure Ulcer Prevention and Management policy has been updated to include Purpose-T as the risk assessment and include the updated Prevention Pathway (PUPPS) and clinical pathway. The updated mattress selection guide has also been included in response to the hybrid dynamic rollout.
- TVS have commenced collaborative working with the admission zones to complete a skin assessment within 6 hours of arrival. The Purpose-T risk assessment has a screening section which could be adapted and added to the SHINE document at triage.
- The collaborative NBT decision matrix for referral to safeguarding for concerns regarding pressure ulcers has been presented at both TVN and social care and safeguarding forums. There is a positive response from all parties and once the document has been ratified this will be shared with our colleagues across the system.











Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - .Vaccination programme remains in place numbers remain steady with NBT working up a winter testing policy for respiratory virus with capacity to manage surge

MRSA – 3 cases this year , x2 cases in ITU prompting a thematic analysis with learning and some changes recommended and implemented in the unit.

C. Difficile – Increased numbers of cases in the summer continue to plateau , work underway with documentation and sampling particularly in medical division.

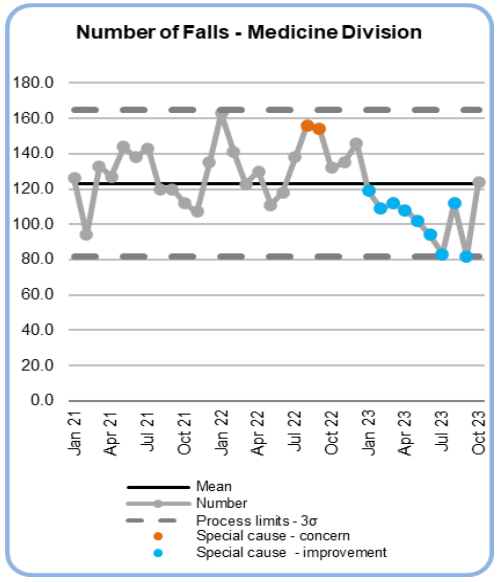
MSSA – Independent review of all cases taken place this month from NHSi and ICB. This reflects the increased number of cases seen in the summer and a review of the reduction plan implemented .Focus work continues with regional reduction plan as well as DRIPP (Device Related Infection Prevention Practices)

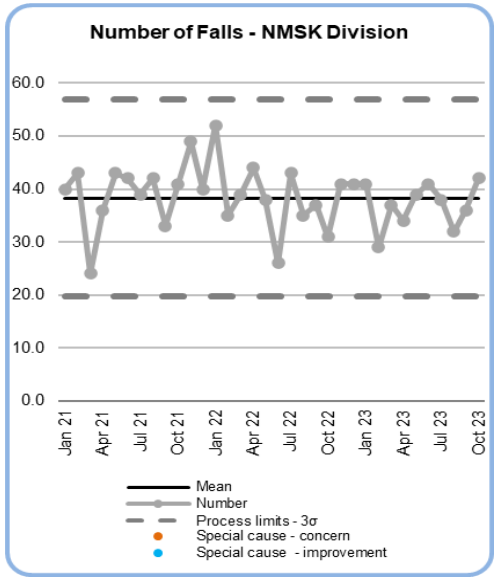
IPC team working alongside vascular access team to review cases and in act recommendations with correct device selection for patients and reinvigorating this programme and roll out along with vascular access passports.

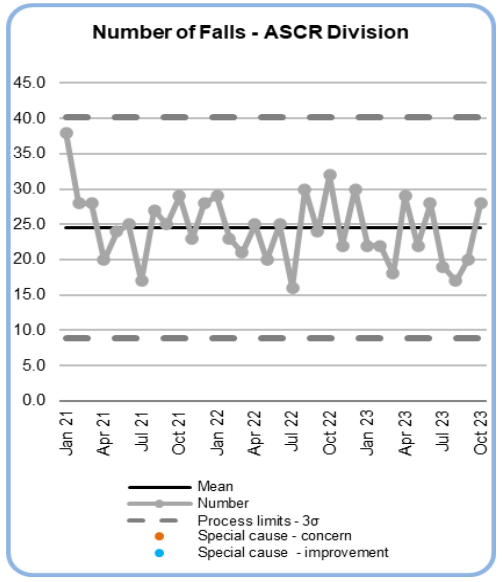
Gram negative – Below trajectory position. Working with continence group and new hydration /nutrition clinical support teams to deliver QI projects. These projects include decaffeinated products and increased hydration in frailty units- coloured jug project. Vaccine trial in place – E.mbrace to target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

What actions are being taken to improve?

- IPC team to provide 7-day service started 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.
- 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 linked to this delivered and signed off at COIC
- Focused work understanding ventilation risks in WACH working with facilities and division







Falls

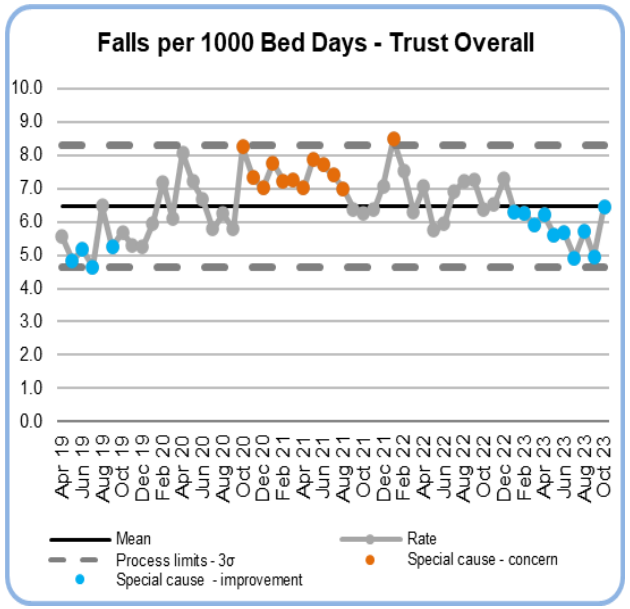
Falls incidents per 1000 bed days
NBT reported a rate of 6.45 falls incidents per 1000 bed days in October 2023 which is aligned with our average rate of 6.46.

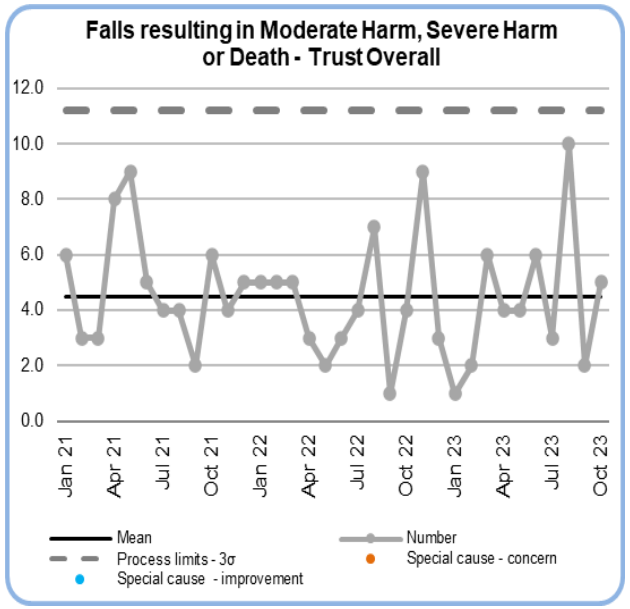
Falls review
Of the 5 incidents reported for moderate and above harm, 2 remain under review. One of the incidents related to a major intrinsic event (seizure). 1 resulted in a fractured femur which was promptly treated. 4 of the falls were unwitnessed. No themes identified in this group of falls.

When reviewing all falls there is a higher proportion of falls in older age groups. 48% of falls in over 80's, 28% in 65-79 and under 65's accounting for the remaining 24%.

Patients experiencing multiple falls accounted for 11% of the total falls.

Core clinical reported above average rate of falls this month at 2 (average <1). Both these falls the patients were assisted to the floor and no harm occurred. All other divisions were within the average range.



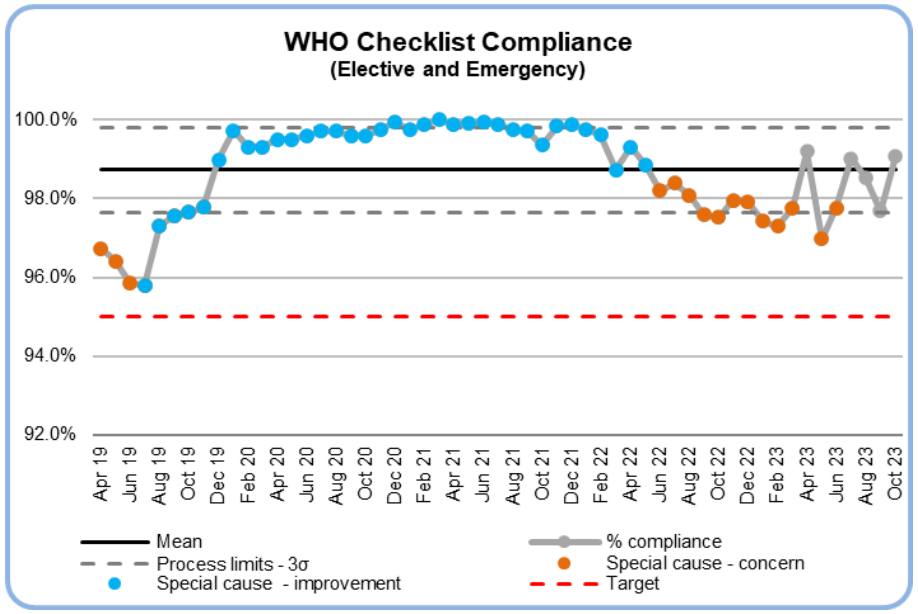


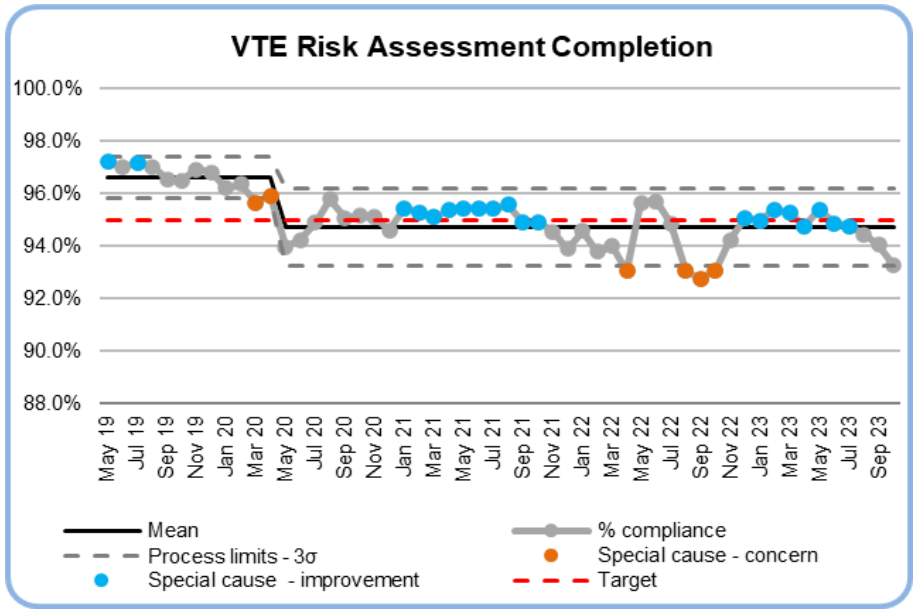
What actions are being taken to improve?
Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP).

The newly appointed Falls team assumed their roles in September and have designed a falls management and delivery plan with identified priorities for delivery aligned to the end of March '24 as well as long term development opportunities.

The short-term strategic priority areas for improvement include: embedding robust structure and governance, training and education, data-driven risk analysis, monitoring, assurance, as well as the alignment of policies and procedures with evidence-based practices.

List of current actions and accomplishments:
- Leading a working group consulting on changes to the post falls action document. Bringing the document in line with latest evidence base, incorporating learning from regulation 28 and creating a platform for enhanced information gathering immediately following a fall.
- The existing eLearning package has been reviewed and compared with national packages of Falls education. Revamping the training in now underway to ensure the training delivered includes the most recent evidence base.
- Contributed to the falls care plan as part of the digital transformation.
- Ongoing Reviews of Moderate and above harm falls and exploring themes and patterns in all reported falls.
- Representing NBT at BNSSG Falls collaboratives.





Please Note: VTE data is reported one month in arears because coding of assessment does not take place until after patient discharge.

WHO Checklist Compliance

What does the data tell us?

In October, WHO checklist compliance increased to 99.08%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

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

VTE Risk Assessment

What does the data tell us?

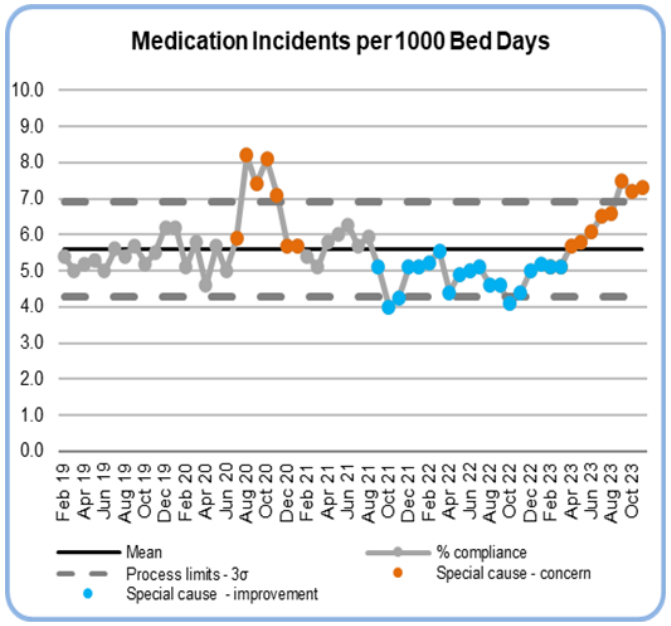
In September, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.27%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall in recent months, however, there is still work to be done to ensure further improvement.

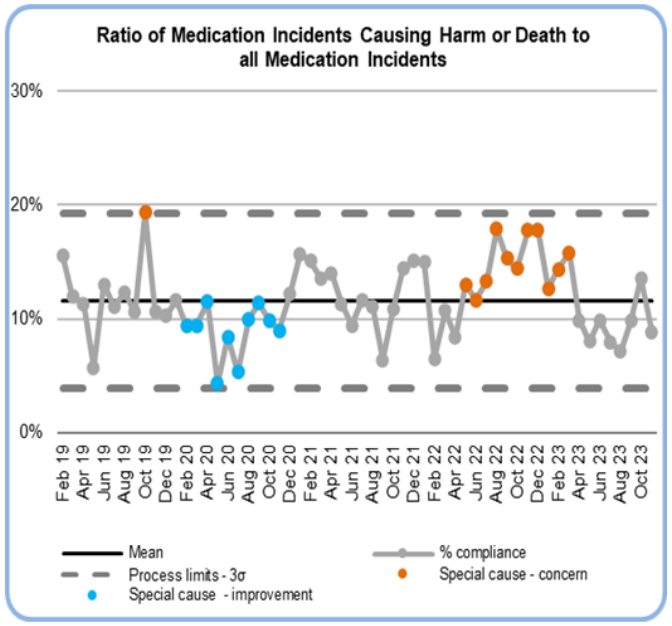
Notably, the Trust was revalidated as a VTE Exemplar Centre by the national accreditation body on 8 September, recognising the trust's ongoing commitment to reduce avoidable harm and improve patient outcomes (as demonstrated to the Centre) and an active response to ongoing challenges.

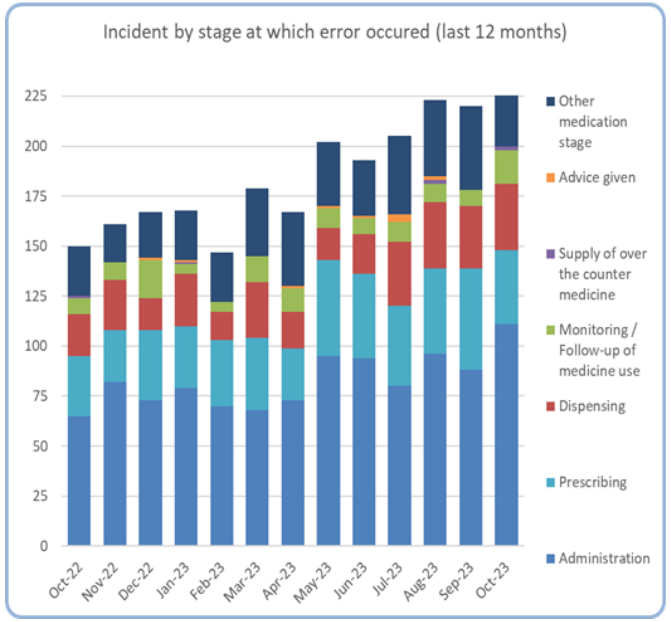
What actions are being taken to improve?

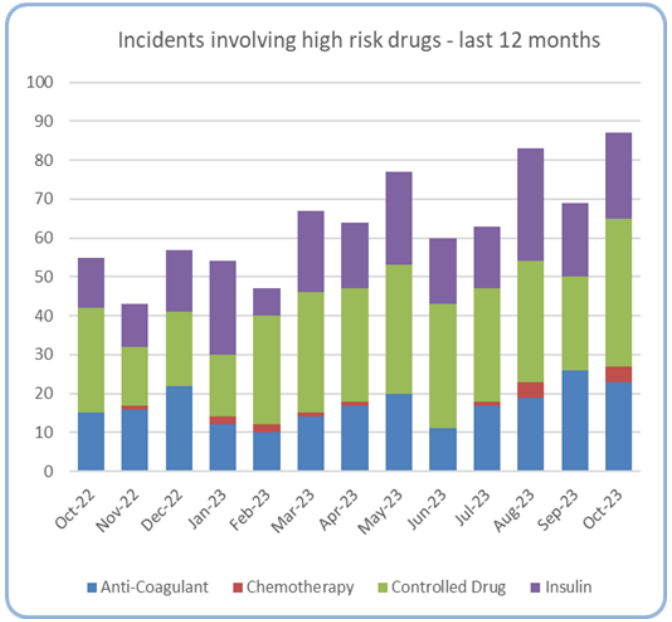
Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This was successfully implemented in 3 clinical areas and moved to large scale deployment in June 2023. The current data continues to represent a combination of paper assessments and some digital assessments, both of which are subject to delayed validation. During this time, we rely on self-assessments and audits from divisions for assurance.









Medicines Management Report

What does the data tell us?

Medication Incidents per 1000 bed days
During October 2023, NBT had a rate of 7.3 medication incidents per 1000 bed days. This slightly above the 6-month average of 6.9 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During October 2023, c.8.9 % of all medication incidents are reported to have caused a degree of harm. This is slightly below the 6-month average of 9.5%. Breakdown of the 'harm' incidents seen in October is as follows:

Low harm – 20
Moderate Harm -2
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 figures has been reduced to 1)

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 October 2023, c.36% of all medication incidents involved a high-risk medicine which matches the 6-month average of 34%.

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 Pharmacy Team and Medicines Governance Team are working to create a Medicines Safety forum – the plan is for this to be multidisciplinary meeting where issues such as the above are discussed, actions agreed and workstreams to address issues supported.

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview November 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 no FFT data for Maternity in October. • **'Patient Conversations'** our real-time feedback opportunity has been signed off with 4 visits planned for November.
	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).	• AIS Steering Group met in August, reviewed AIS Delivery Plan and this continues to be on track.
		• **Faith Leaders engagement event** planned for November to learn more about how we can work to support different faith groups across BNSSG.
		• **Great patient partner recruitment!**
		  • 1 new patient partner in role with a focus in NMSK.
		  • 1 new patient partner recruited with a focus on physical accessibility.
		  • 3 other partners are completing the onboarding process and will be working with Maternity, and Cancer Services.
		• **New Access & Inclusion Lead role** in place. Starting engagement with the Gypsy Roma & Traveller community and people experiencing homelessness.

	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 reduced**, primarily in WaCH and ASCR • Overall FFT scores are improving for the Trust however there has been a small decline in Inpatient scores and in ED. • **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 plan.** • 1 PSP in place, need to recruit more in line with Patient Safety • Internal and External article shared highlighting the work of the Patient & **Carer Partnership and 20th anniversary celebrations.** Planned radio interviews with Patient and Carer Partners in late November.
	We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy	
	We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.	

Patient & Carer Experience - Overview November 2023

Handbook for *Patient Conversations*

NHS North Bristol NHS Trust

Introduction

At North Bristol NHS Trust (NBT) we have established methods of gaining patient feedback including patient stories, the Friends and Family Test, national survey programme and local surveys.

We glean a lot of useful insight from these sources but rarely is this feedback provided to us in real-time whilst the patient is still under our care.

This means there is often a lag in what we're hearing from our patients and our reaction to this.

Our Vision

Our Vision is to provide our patients and carers with an outstanding experience across all pathways.

We will do this through personalised care and continuous improvement based on feedback and engagement with patients, carers, families, and the public. This is where *patient conversations* can help us.

We know from our national inpatient survey results that only 8% of our patients say they are asked to give views on the quality of care during stay. We want to improve this and offer an 'in the moment' opportunity to chat to our patients and hear about their experiences.

We will then share the feedback with staff on the ward or in the department who can act on this immediately. We will also take overarching themes from the feedback to dovetail with our other patient experience data (e.g Complaints, PALS, local surveys) and direct broader improvement work.

This framework has been developed to support staff and volunteers involved in *patient conversations* and, to make the process as clear as possible

1

NBTCARES

Our new 'Real-time feedback opportunity'

At the end of October, we launched our new real-time feedback opportunity- 'patient conversations'.

The approach is the result of many months of piloting similar initiatives from other Trusts, such as 'Observe and Act' and 'the 15 step-challenge'. A task and finish group consisting of a Patient and Carer Partner, the HoPE, Patient Experience Manager and Divisional Patient Experience Leads trialled different models and refined these to reach NBT's approach.

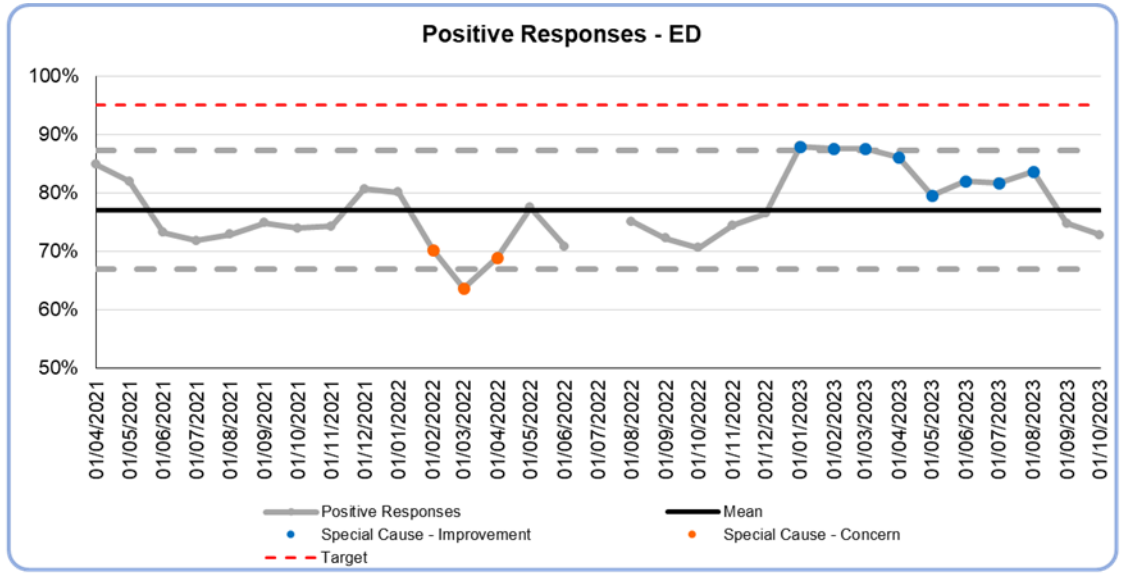
The idea is simple, two volunteers will visit a ward, they will use the FFT question as a prompt to strike up a conversation with a few patients, and then listen to the patient talk about how their experience has been. The conversation will be open, allowing the patient to share what matters most to them. The volunteers will then share feedback with staff on the ward in 'real time' so this can be acted upon immediately.

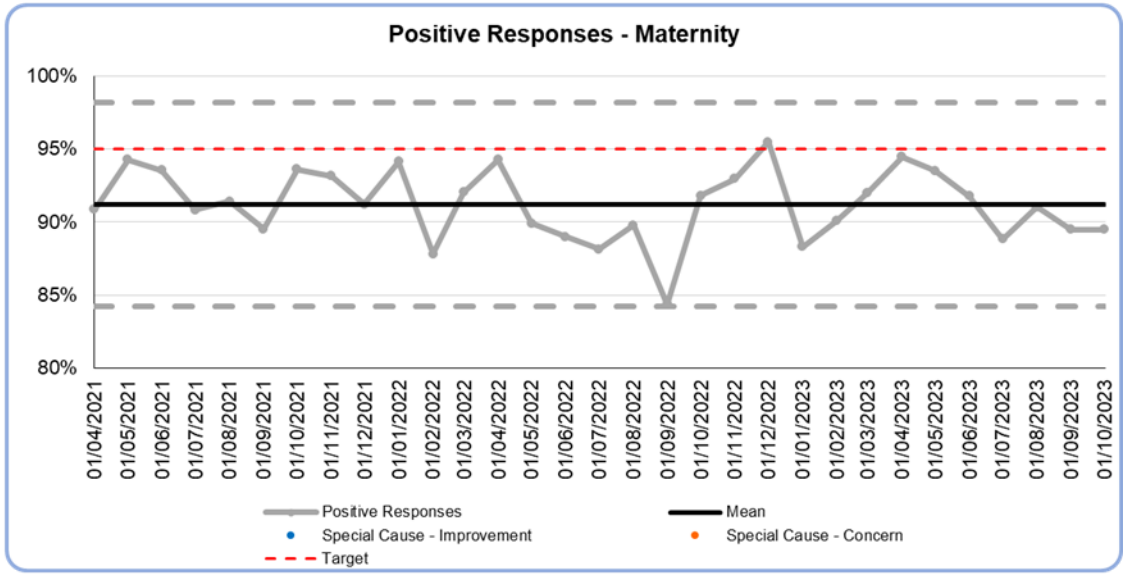
Following the visit key themes will be drawn out and shared to ensure these form part of our wider patient experience insight.

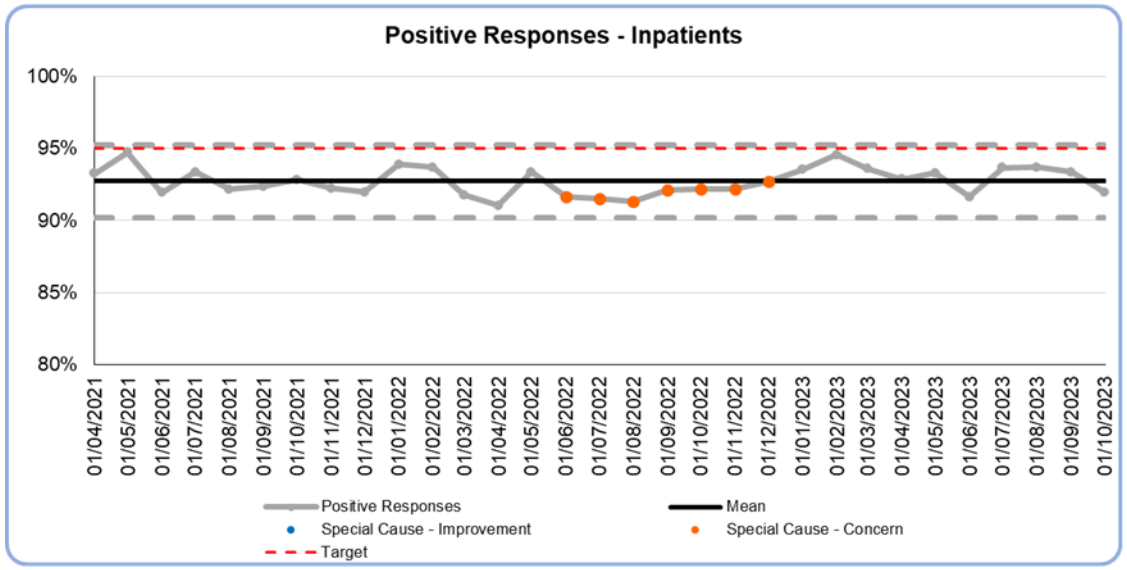
Early feedback has been extremely positive. Patients have enjoyed having someone to speak with, ward staff have encouraged visits and often received lovely feedback, and volunteers have found the role really rewarding.

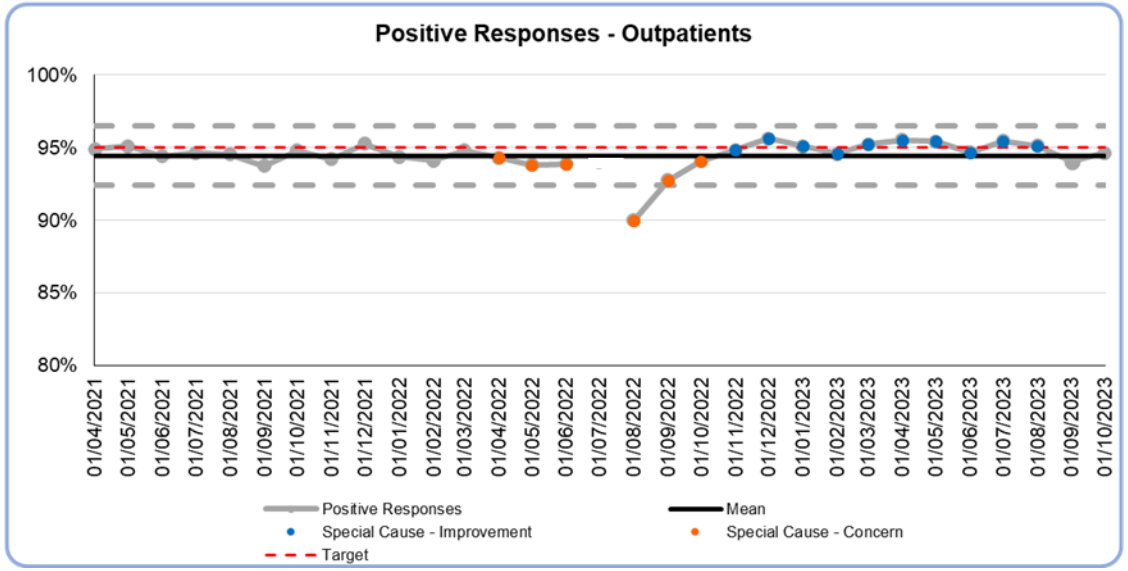
We look forward to sharing some of the learning and improvements from this initiative.

Patient Experience









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

Patient Experience

What does the data tell us - Trust?

- In October, 9,771 patients responded to the Friends and Family Test question. 7,153 patients chose to leave a comment with their rating, 379 less than the previous month.
- We had a Trust-wide response rate of 15%.
- 92.5% 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 is currently paused due to the implementation of Badgernet.
- During this transition, BI staff are working on exercises to prioritise data quality. FFT will resume once they are satisfied that there will be no unintended impact on patients.
- We will send FFT in arrears to as many patients as possible from the affected period, to ensure we continue to capture experiences of care, particularly during this crucial transition period to Badgernet.

What does the data tell us – Outpatients?

- Positive responses have increased marginally by 0.7% from September to 94.6%. The % of negative responses has decreased marginally by 0.1% to 2.3%.
- Most comments are left by Outpatients, with 5297 people leaving a comment after an appointment.
- Overwhelmingly, Outpatients reported positive experiences with staff. This theme had more than double the number of comments than the second positive theme, waiting time.

  “I cannot fault my experience. From the minute I walked in, the receptionist was lovely. I was seen immediately and both the doctor and chaperone were so professional. I felt very comfortable. A very positive experience from the whole team. Thank you.”

  “My experience from beginning to end was 100% professional. All staff were courteous and respectful and made me feel at ease. I felt like I received the best care possible and I’d like to thank everyone for their service. Thank you.”

What does the data tell us - Inpatients?

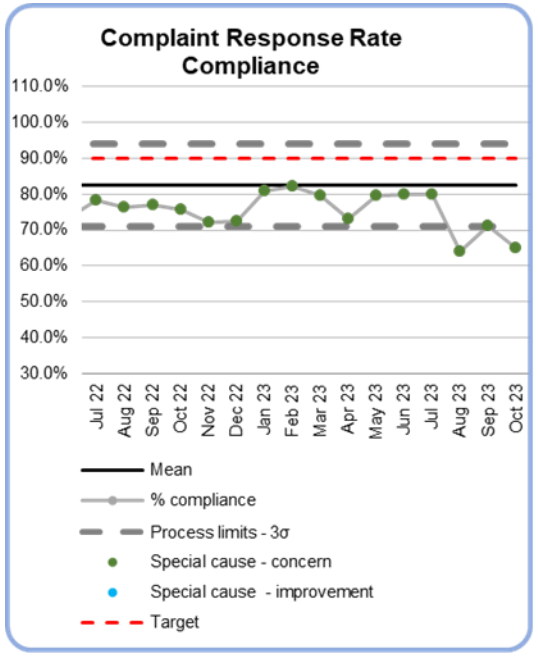
- The % of inpatient positive responses has decreased from 91.1% to 87.5%. This is now showing a special cause. Negative responses has increased slightly but within the expected range increasing by 0.8% to 6%.
- Positive themes from comments remain staff, clinical treatment and waiting time. Negative themes from comments are staff, communication and waiting time.
- Analysis of the comments showed several patients raised concerns about a lack of staffing during night shifts, and some commented on the quality of care being poorer at night. There were also several comments about the noise at night:

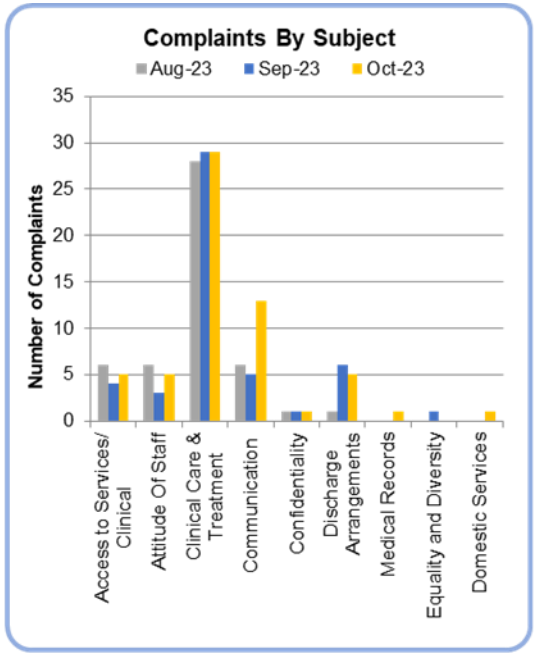
  “My experience with the staff was excellent. They were all lovely right from the cleaner up to the top nurses and doctors. Nothing was too much …The only negative was when the two shifts changed at 6.30am. The noise of 20/30 people meeting and greeting was rather difficult to deal with when you had hardly slept all night.”
- Carers raised concerns about communication:

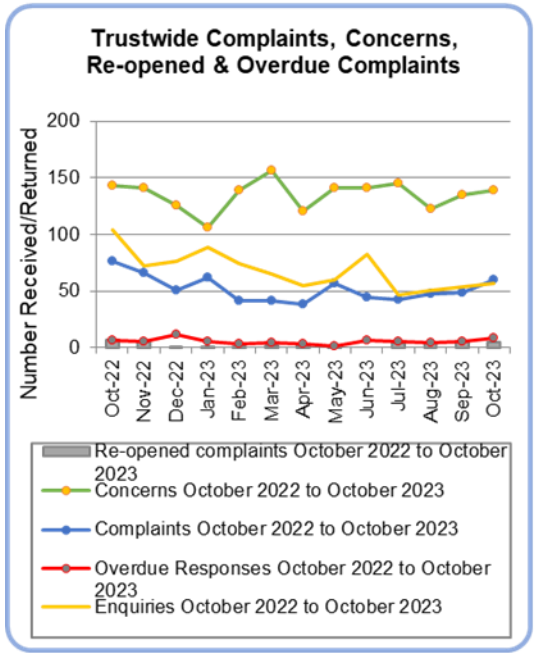
  “It is not easy for relatives to get information especially when there are several doctors and nurses involved.”

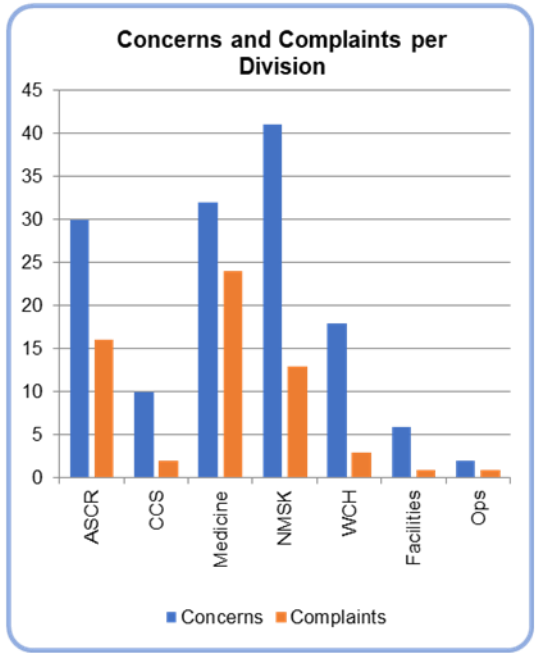
What does the data tell us - Emergency Department?

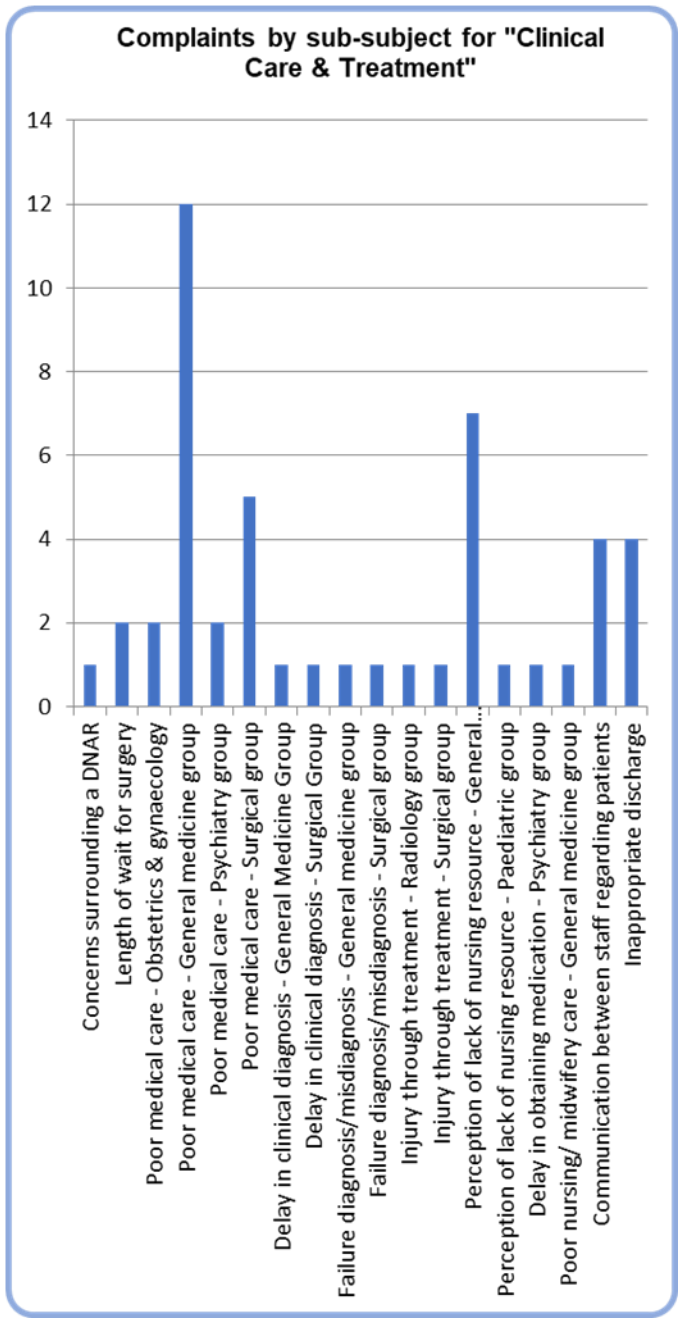
- The % of positive responses has declined again from last month from 75.7% to 72.8%, though this remains within expected ranges. The % of negative responses has also increased from 15.6% to 18.1%.
- The top negative theme remained waiting time.
- Analysis of results has shown that over the past quarter, comments concerning 111 directing patients to ED, where they are told to return the following morning or contact their GP. The Medicine Patient Experience Team is due to present this finding to ED staff, including staff involved in work to tackle these system-level issues.
- ED are actively taking steps to make improvements by undertaking a Local Survey to engage patients during their wait. They are working to understand if the reason for waiting is communicated with patients and what could improve their waiting experience.











Complaints and Concerns

What does the data tell us?

In October 2023, the Trust received 60 formal complaints. This is 11 more than in September but 16 fewer than the same period last year.

The most common subject for complaints is ‘Clinical Care and Treatment’ (29). A chart to break down the active sub-subjects for “Clinical Care and Treatment” has been added.

There were 4 re-opened complaints in October; 3 for ASCR and 1 for WaCH.

The overall number of PALS concerns received has increased slightly to 139.. The average response timeframe for PALS in October remained the same as the previous month, 9 days.

The response rate compliance for complaints has decreased in October to 65% and is now showing special cause for concern. A breakdown of compliance by clinical division is below:

ASCR – 42% NMSK- 68%

WaCH- 40% Medicine – 81%

The number of overdue complaints at the time of reporting has increased to 9, 4 more than in September. The overdue complaints are with NMSK (3), WaCH (3), MED (2) and ASCR (1).

The decline is performance is likely to reflect staffing shortages and vacancies within ASCR and WaCH. These have now been resolved. The Patient Experience Manager will be meeting with the Divisional Patient Experience Leads in these divisions to agree a trajectory for improvement.

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

Commissioning for Quality and Innovation (CQUIN)

Board Sponsor: Chief Nursing Officer
Steven Hams

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

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

🟢 **Full: ≥ max target %** | 🟡 **Partial: ≥ min target % and < max target %** | 🔴 **Not met: < min target %**

Workforce

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

Vacancies

The Trust vacancy factor was 6.62% (622.89wte) in October down from 7.16% (669.72 wte) in September. 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 33.36wte from September to October, additional clinical services and administrative and clerical also saw decreases in their vacancy position of 10.55wte and 14.77wte respectively.

Turnover

Rolling 12-month staff turnover decreased from 14.59% in September to 14.13% in October continuing the improvement trend since November 2022; with additional clinical services turnover falling from a highpoint of 25.06% in November 2022 to 18.52% in October 2023, and registered nursing and midwifery declining from a highpoint of 16.41% in September 2022, to 13.08% in October 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 4.89% in October from 4.91% in September. However, wte days lost increased from 12,392.98 in September to 13,354.57 in October, predominantly driven by increases in cold, cough, flu-influenza (1,100.37 to 2,014.61).

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

Temporary Staffing

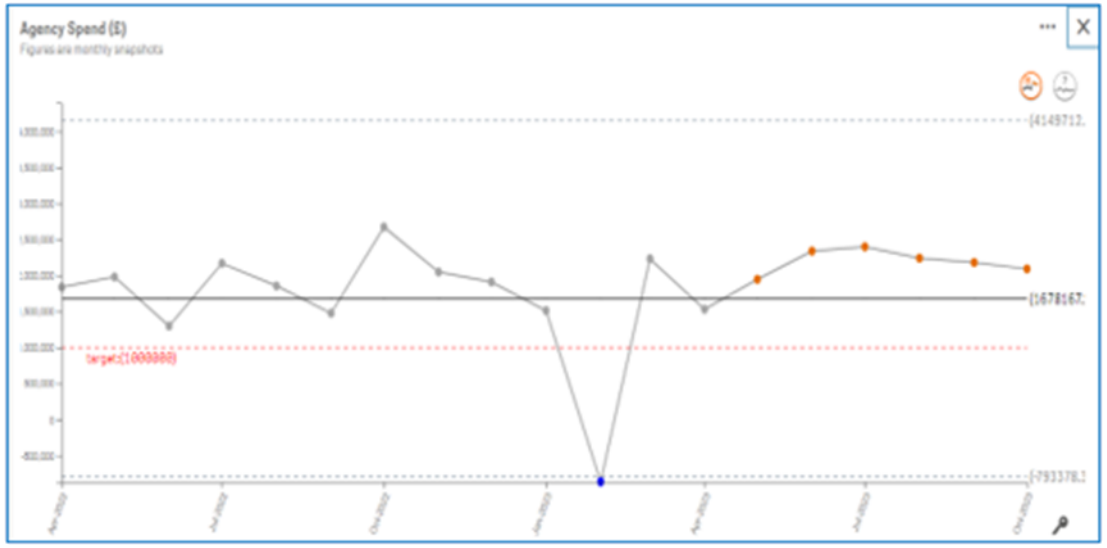
Overall temporary staffing demand increased by 0.51% (4.98wte) from September to October, driven by a small increase in demand for registered nursing and midwifery staff (+4.31wte,1.13%). While agency use decreased -14.76% (-26.11wte), Bank use increased +3.90% (24.52wte), resulting in a small decrease in unfilled shifts (0.63%, -0.94wte), from September to October. The decrease in unfilled shifts was mostly seen in estates and ancillary staff.

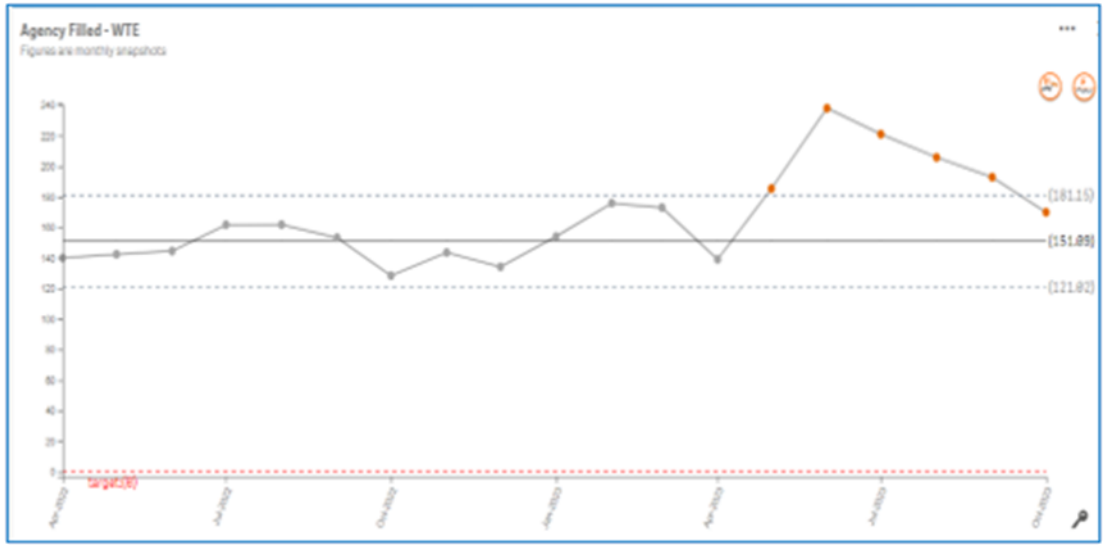
wte = whole time equivalent

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	Oct-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	The Agency Oversight Board has been expanded to include the Bank Optimisation work and will now be known as the Temporary Staffing Oversight Board. The Temporary Staffing winter plan is under development with expected recommendations to be presented to the People Oversight Group at the end of November.	Deputy Chief People Officer	Oct-23

Temporary Staffing





What Does the Data Tell Us
Agency use saw a reduction of 26.11wte overall, 19.18wte of which was in Nursing and Midwifery Registered. This position was driven predominantly by a reduction in agency use in the Acute Medical Unit (AMU), Wards 9A, 9B, 25A and 34B.

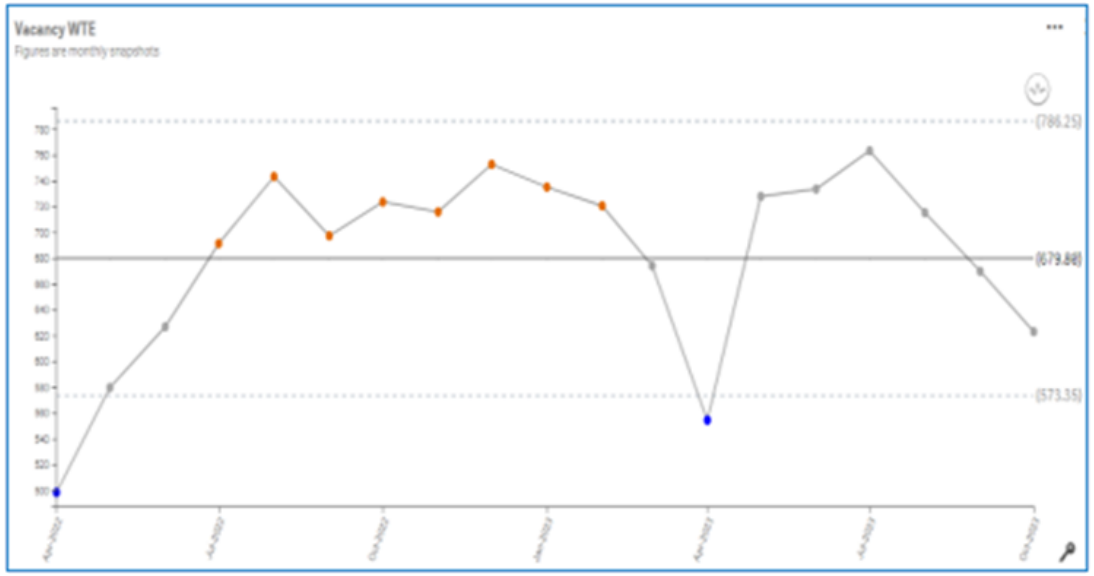
Critical Care (ICU) and Urology Theatres saw growth in agency use of 10..27wte and 1.60wte respectively. these teams saw a reduction in break glass use or used no break glass shifts at all in September.

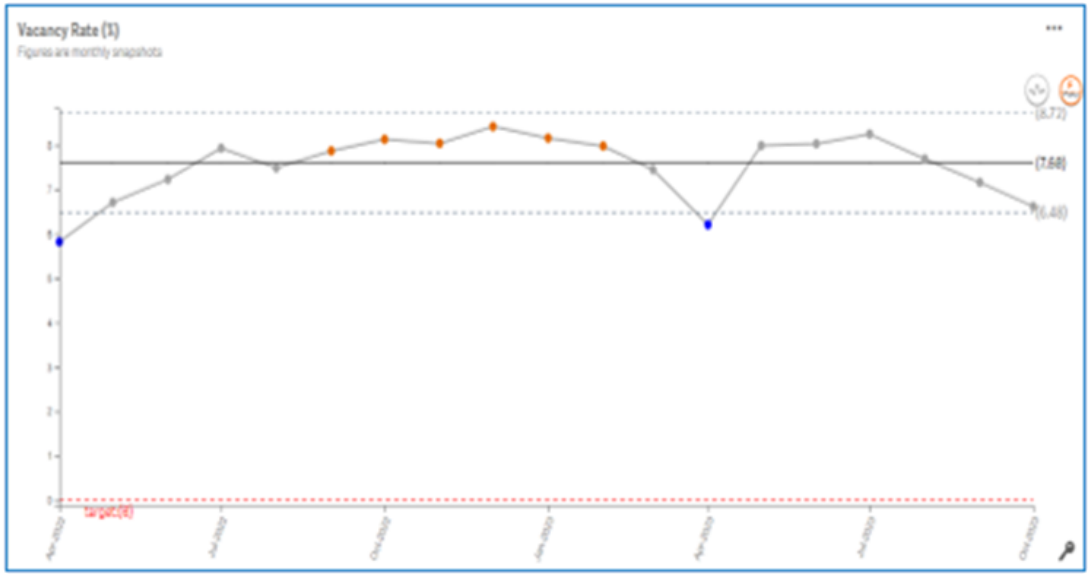
Agency Registered Mental Health Nurse (RMN) use declined by 15.01wte from September to October, driven by reduced usage in AMU, ward 9A and Ward 9B.

Actions
1.Initial project plan for the Bank Optimisation programme is in draft format. Wider socialisation and alignment to the agency reduction programme is underway
2.Nursing and midwifery task and finish group established led by the deputy chief nurse to identify opportunities and interventions to support agency reduction. Group will meet every 2 weeks. A key focus is on managing our demand management and agency authorisation and escalation processes.
3.The development of the Temporary Staffing winter plan is underway to ensure a Bank led response to anticipated increased operational pressures minimising the requirement for increased agency usage. Proposals will be socialised across staff groups and Joint Union Committee (JCNC) prior to presentation at the People Oversight Group.

Agency Reduction: Continued focus on demand management for Nursing and solutions for long term Medical Locums.
Bank Optimisation: Project plan in draft format to be socialised with leads and timescales agreed. Listening events and focus groups a priority for completion Q3 to support development of next step interventions and opportunities.

Vacancy Position



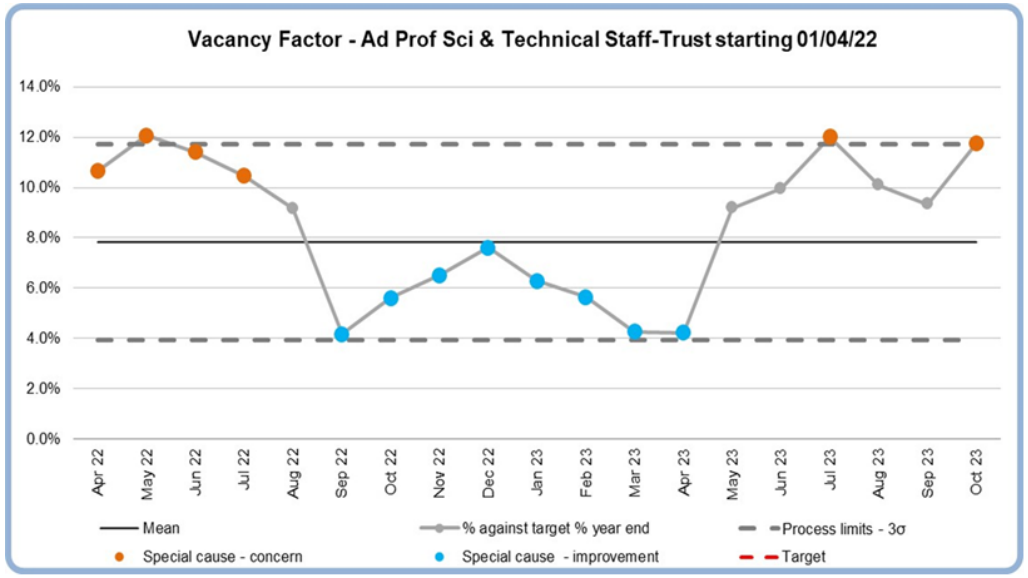


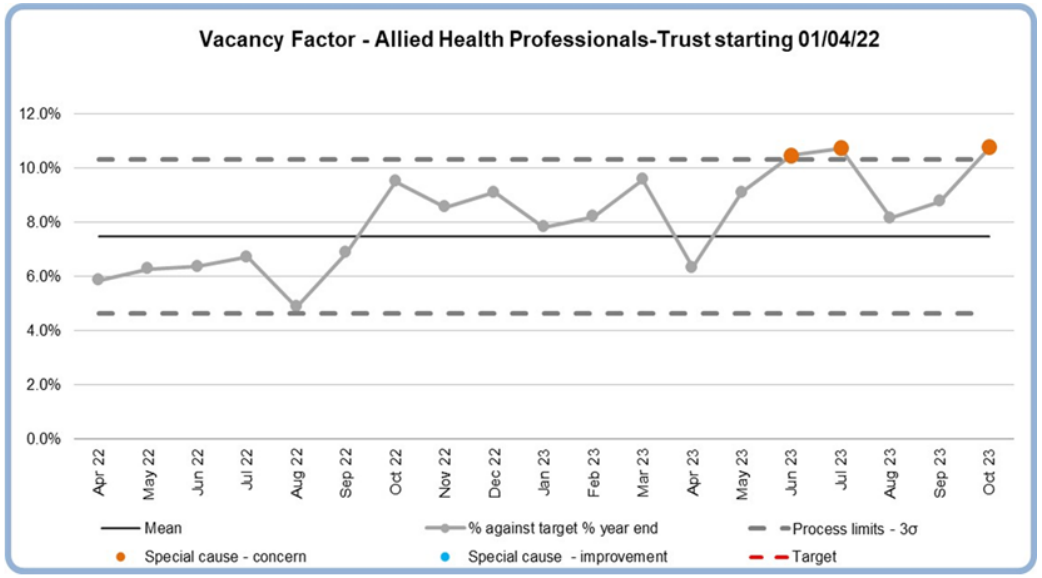
Talent Acquisition Recruitment Activity
Unregistered Nursing and Midwifery
1.Offers: 20.01wte of offers for Health Care Support Worker (HCSW) roles were made in October: 3.6wte for band 2 and 16.49wte for band 3
2.Pipeline: 66.6wte of candidates with offers being processed. Current withdrawal rates have dropped to 8% of HCSW roles suggest that 61.28wte will join over next three months (between November and January) which is lower than last year where 72.07wte joined, however there are 138.56 more staff in post this year compared with last year.
Registered Nursing and Midwifery
1.Offers: 50.01wte of offers to band 5 experienced and newly qualifying nurses across the Trust
2.Pipeline: Domestic 130.08wte band 5 candidates with offers being processed. Current withdrawal rate is at 8% and we have launched a pipeline engagement plan to lower this withdrawal rate over the coming months.
3.Pipeline International: There are 22wte in the pipeline allocated to start in November which is higher than last year where 10wte joined. A further 25 are booked to join in December

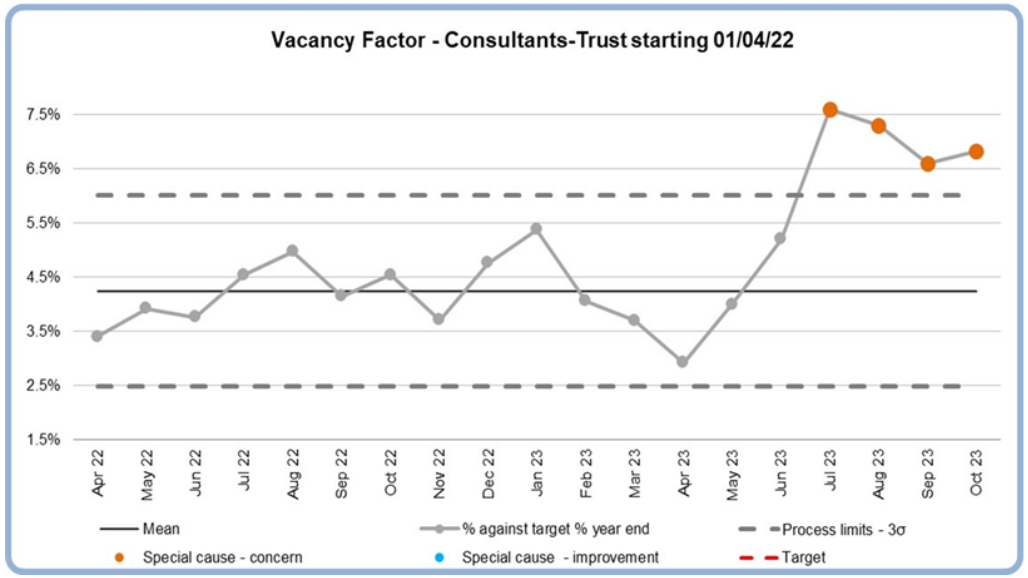
Recruitment Activity
1.In October, the Trust attended 4 recruitment fairs including our internal Autumn Nursing and Midwifery Exhibition. We made 22 offers to nurses and midwives on the day.
2.International Recruitment: We welcomed 26 Internationally educated Nurses to the Trust in October

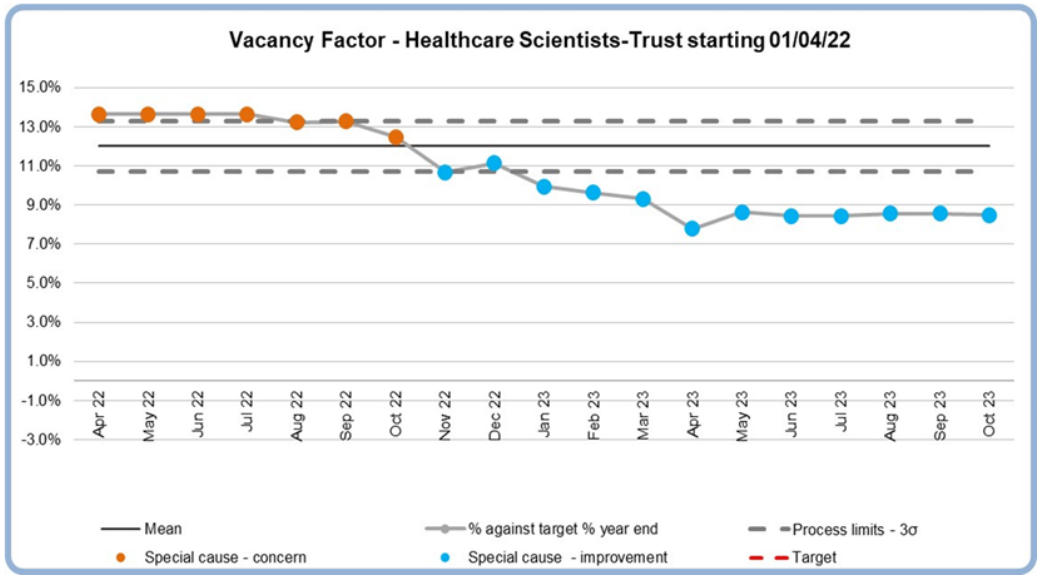
Current actions being taken to mitigate withdrawal rates:
1.Midwifery incentivisation programme in place – Withdrawal rates now at 8%
2.Pipeline Engagement Open Days now running monthly with attending candidates receiving site visit and tour with Divisional representation.

Vacancy

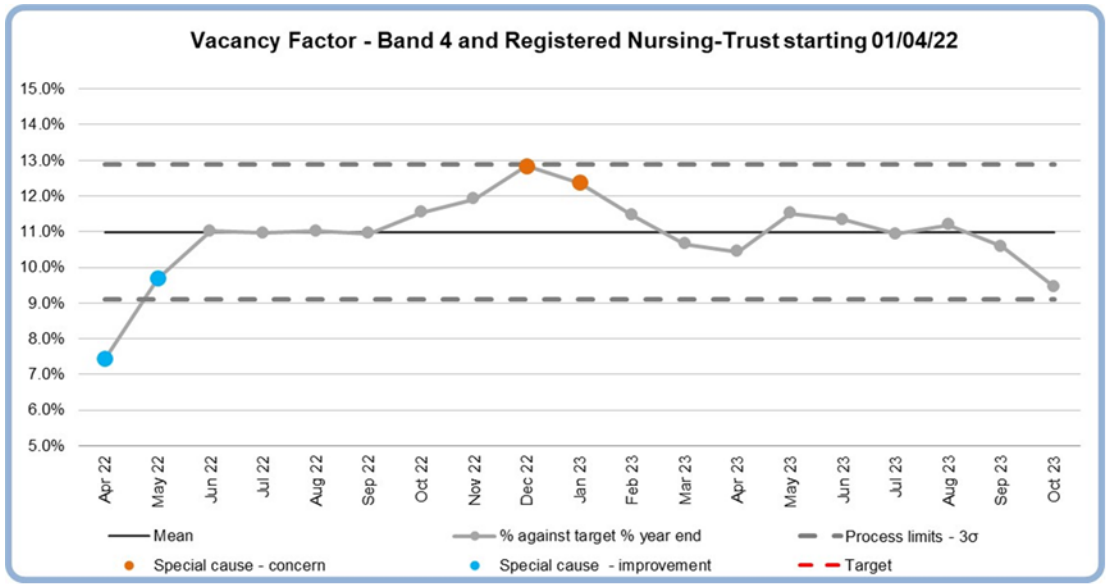

Vacancy Factor - Ad Prof Sci & Technical Staff-Trust starting 01/04/22
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

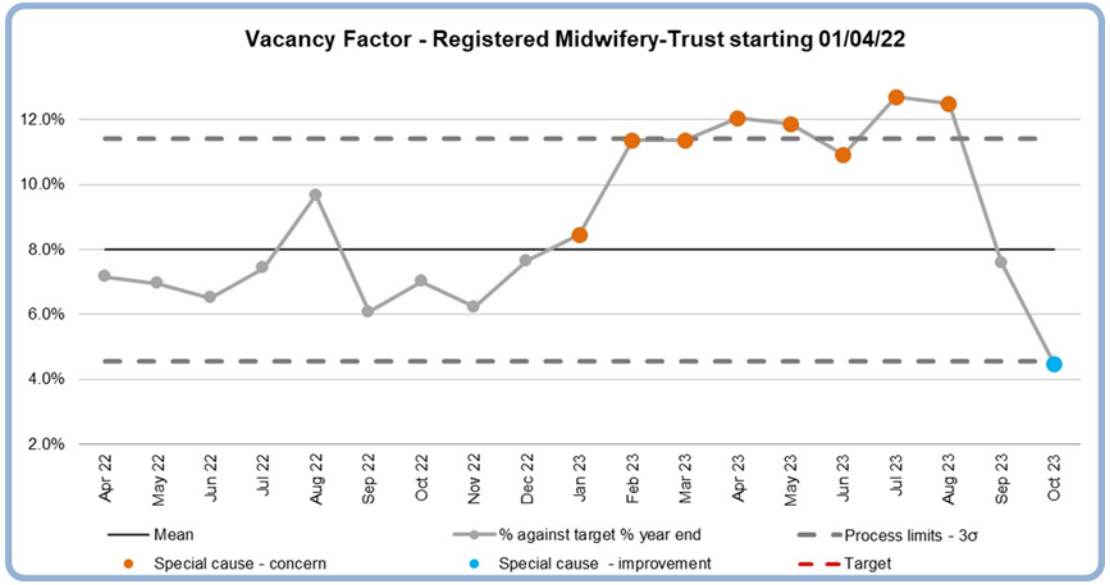

Vacancy Factor - Allied Health Professionals-Trust starting 01/04/22
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

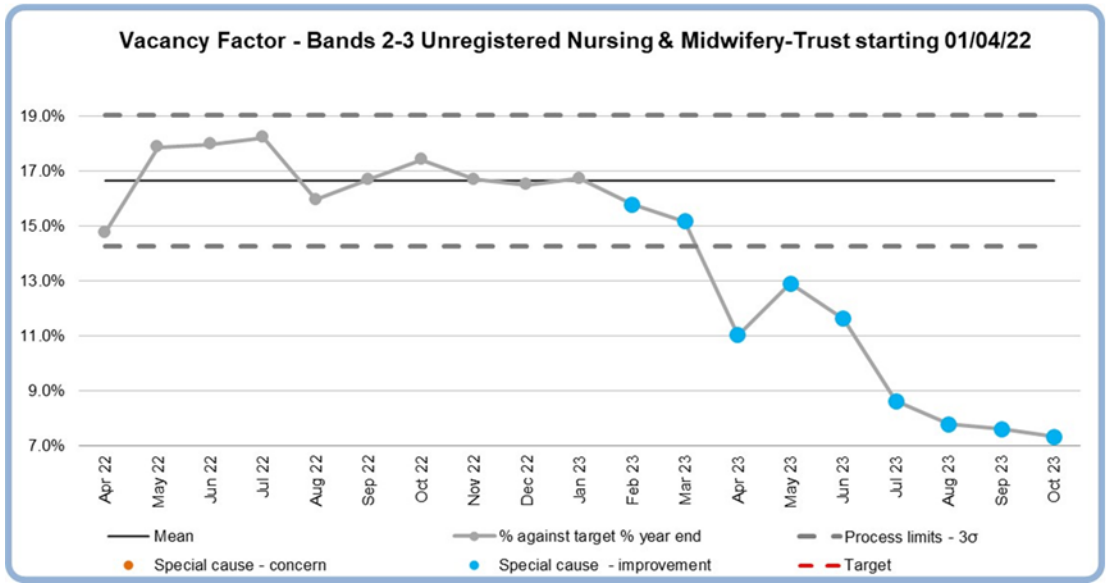

Vacancy Factor - Consultants-Trust starting 01/04/22
7.5%
6.5%
5.5%
4.5%
3.5%
2.5%
1.5%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

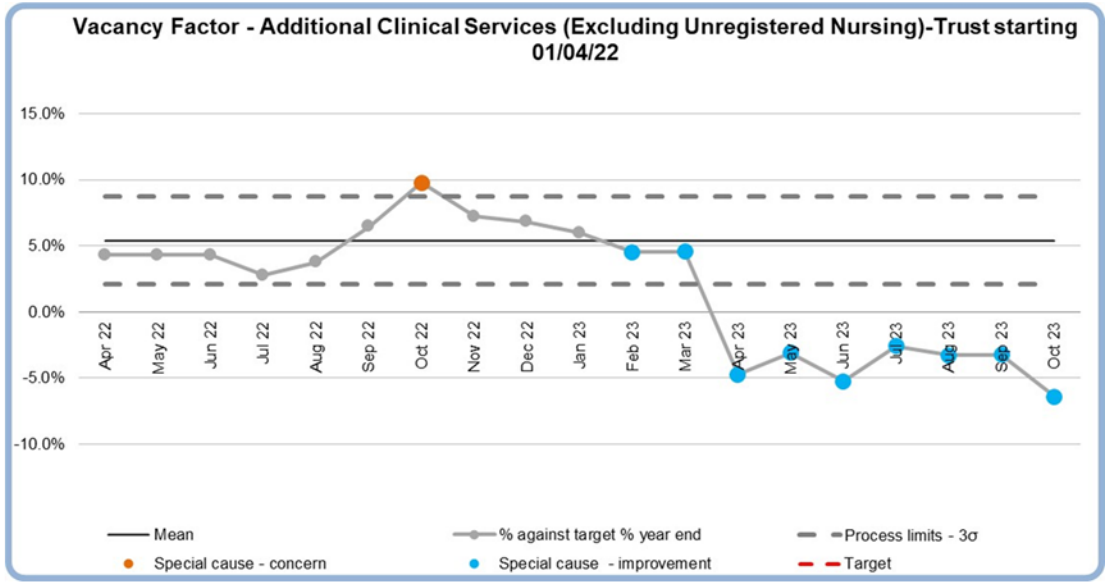

Vacancy Factor - Healthcare Scientists-Trust starting 01/04/22
15.0%
13.0%
11.0%
9.0%
7.0%
5.0%
3.0%
1.0%
-1.0%
-3.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Vacancy

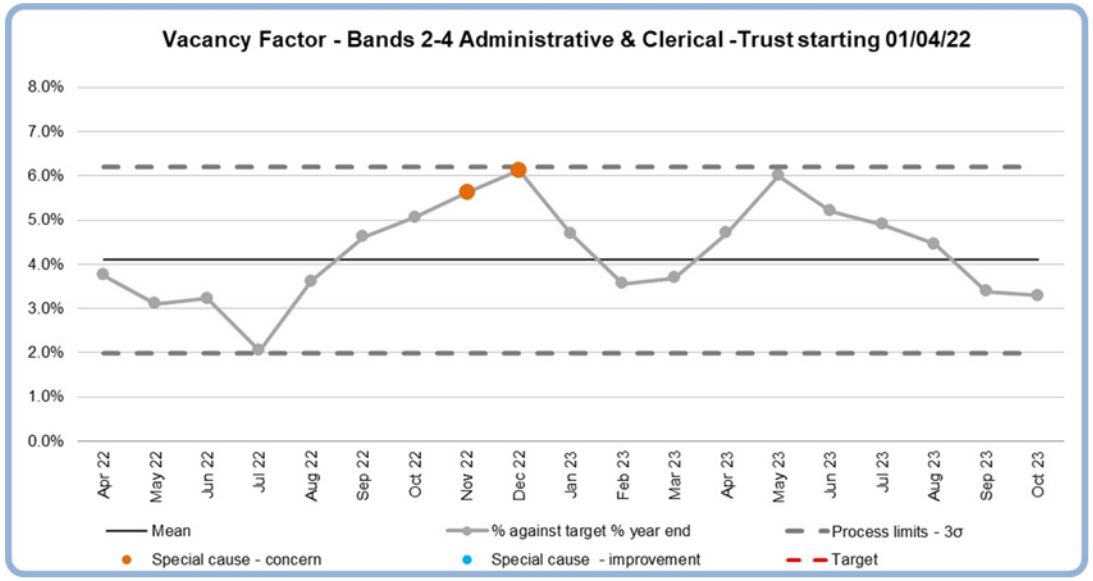

Vacancy Factor - Band 4 and Registered Nursing-Trust starting 01/04/22
15.0%
14.0%
13.0%
12.0%
11.0%
10.0%
9.0%
8.0%
7.0%
6.0%
5.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

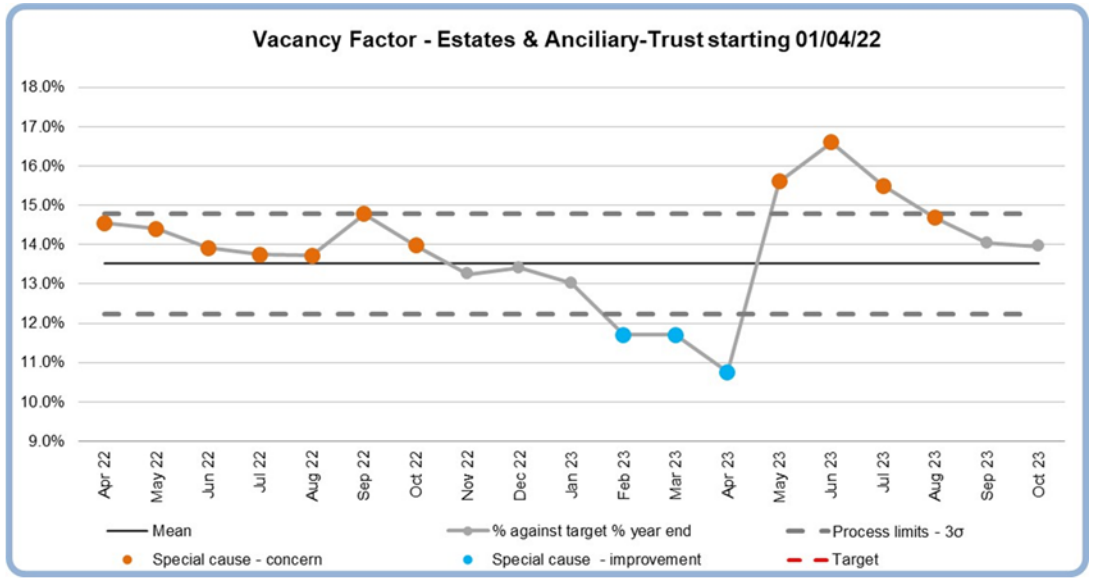

Vacancy Factor - Registered Midwifery-Trust starting 01/04/22
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

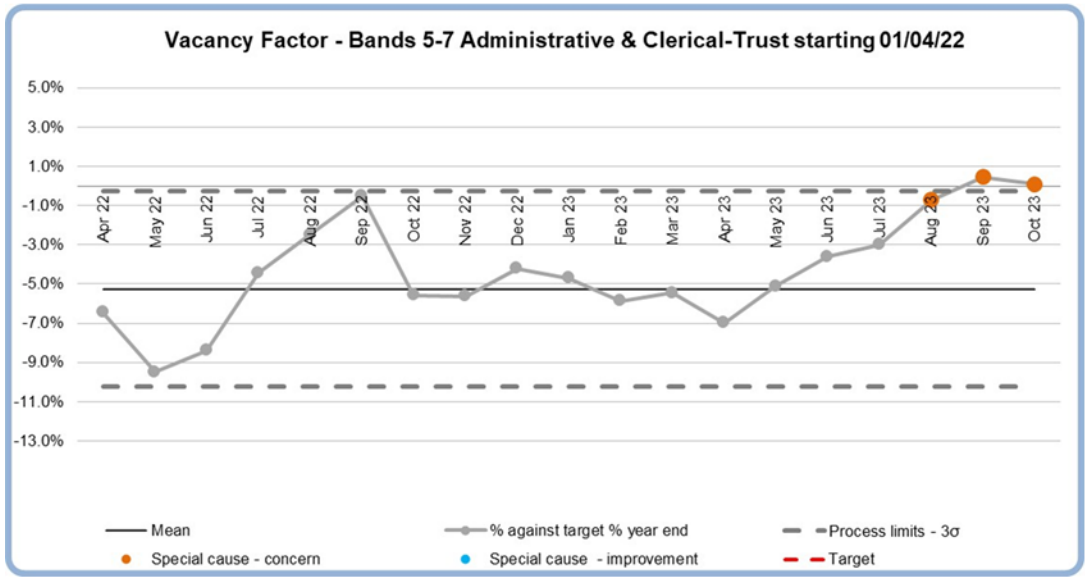

Vacancy Factor - Bands 2-3 Unregistered Nursing & Midwifery-Trust starting 01/04/22
19.0%
17.0%
15.0%
13.0%
11.0%
9.0%
7.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

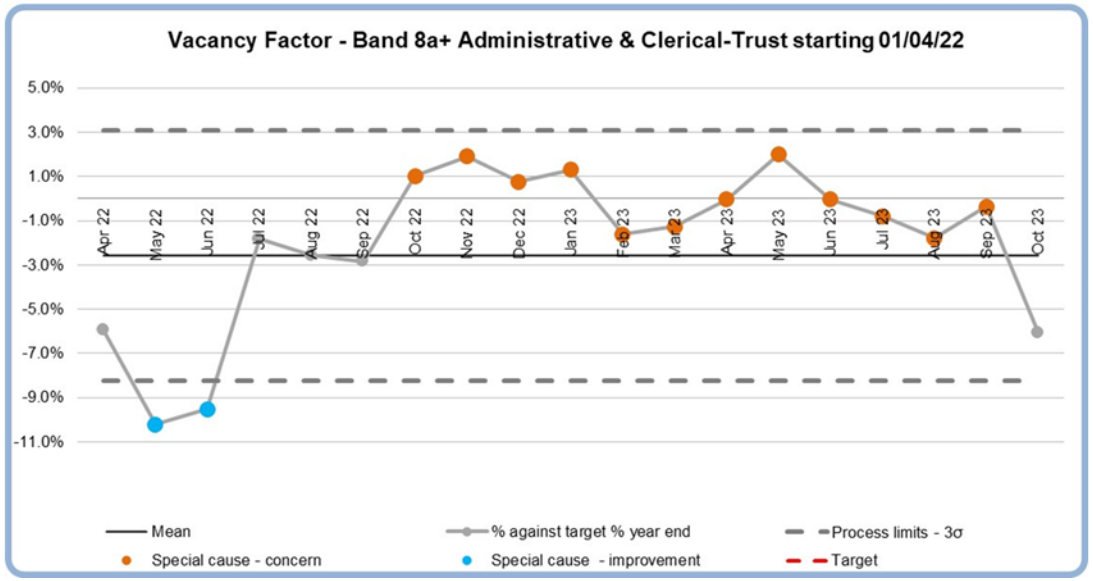

Vacancy Factor - Additional Clinical Services (Excluding Unregistered Nursing)-Trust starting 01/04/22
15.0%
10.0%
5.0%
0.0%
-5.0%
-10.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Vacancy

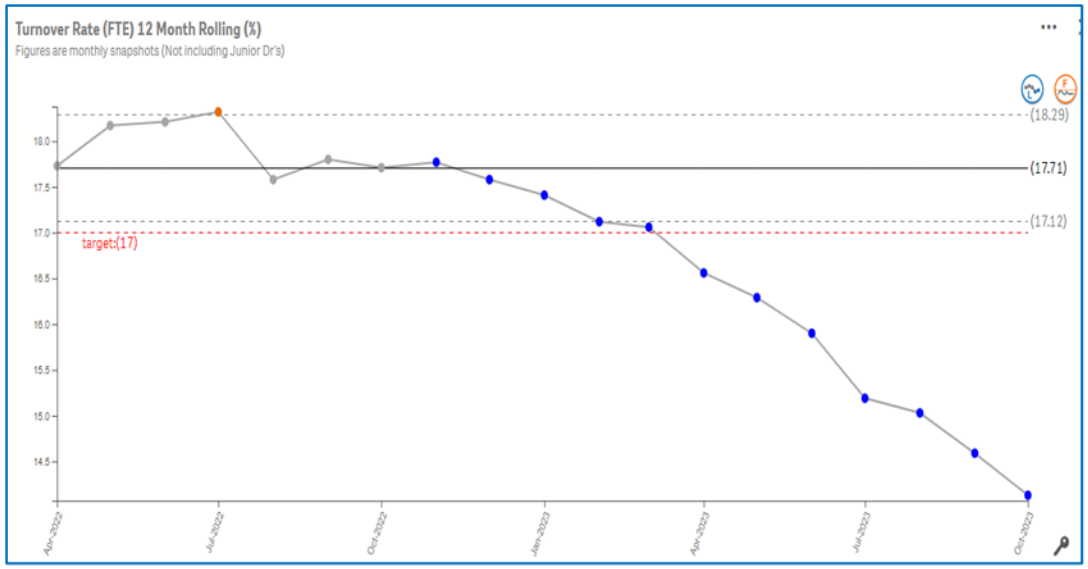

Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

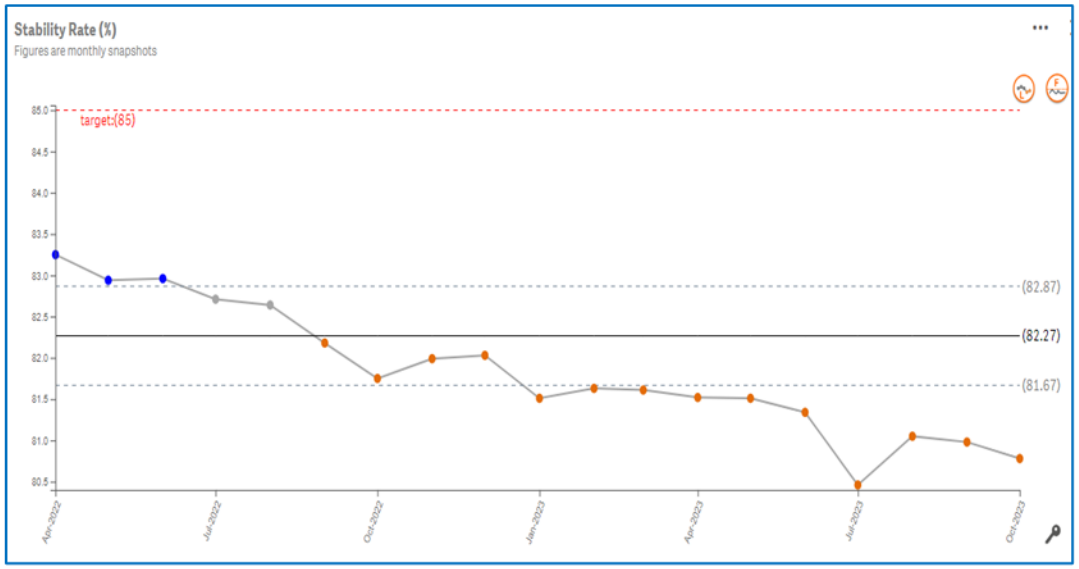

Vacancy Factor - Estates & Anciliary-Trust starting 01/04/22
18.0%
17.0%
16.0%
15.0%
14.0%
13.0%
12.0%
11.0%
10.0%
9.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

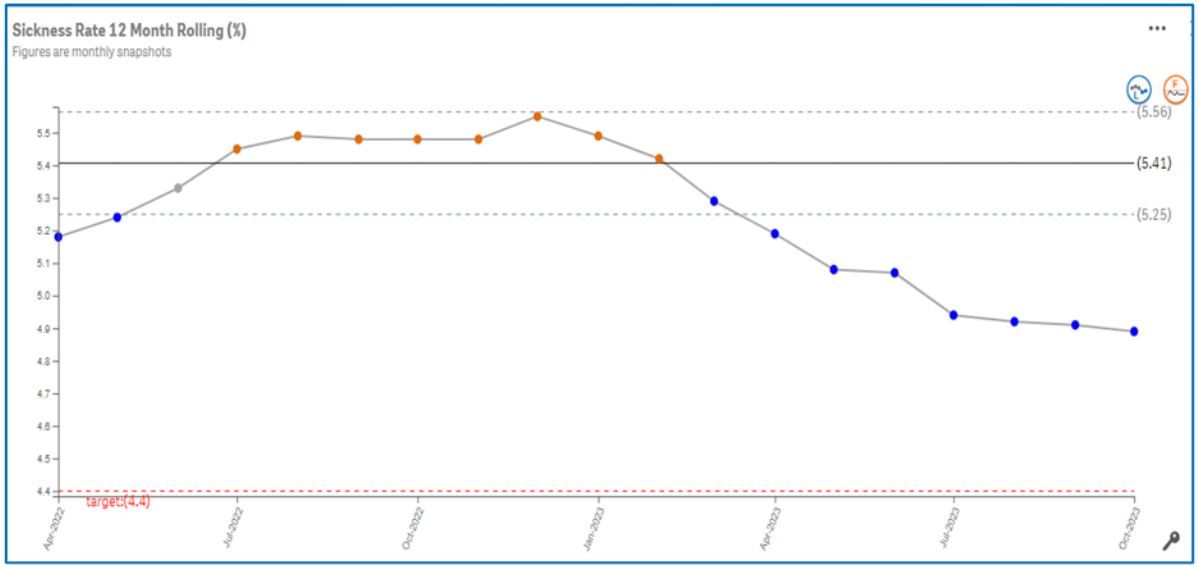

Vacancy Factor - Bands 5-7 Administrative & Clerical-Trust starting 01/04/22
5.0%
3.0%
1.0%
-1.0%
-3.0%
-5.0%
-7.0%
-9.0%
-11.0%
-13.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target


Vacancy Factor - Band 8a+ Administrative & Clerical-Trust starting 01/04/22
5.0%
3.0%
1.0%
-1.0%
-3.0%
-5.0%
-7.0%
-9.0%
-11.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Mean
% against target % year end
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Engagement and Wellbeing







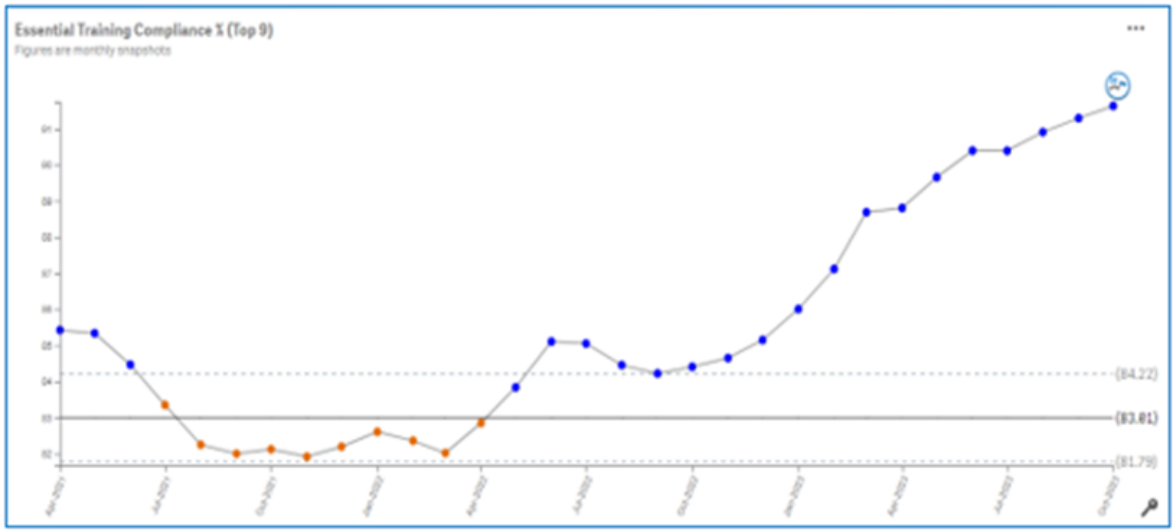
Actions delivered: (Associate Director of People)
- Buying and selling annual leave policy agreed
- Support for People Partners embedded and in place
- Rebuilding partnership working with Trade Union colleagues – development sessions run, and improvement workstreams in place.

Actions in Progress:
- Website with bitesize management training in development, providing just in time advice and support (**December**)
- 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)
Staff Survey Comms Plan delivered, and survey response rates are positive
- Final draft 3-year Equality Diversity and Inclusion (EDI) plan approved by People Committee
- Legacy Mentor roles (Integrated Care System funding) agreed and being advertised
- Successful recruitment to the Associate Director of APOHS (Avon Occupational Health Service)
- Comms plan agreed for Disability History Month
- Winter 2023/24 wellbeing programme of support developed

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 socialisation and embedding of plan with Divisions (**November – March 2024)**
- Trust retention working group to continue, developing and implementing retention plans and developing the 5- year plan **(April 2023 – January 2024)**
- Review and refresh role of wellbeing champions framework at NBT **(end January 2024)**
- Commission further training for more Cultural Ambassadors at NBT**(January 2024)**
- Set up new, operational EDI Group to support and drive delivery of the 3-year EDI Plan, with divisional representation **(December 2023)**
- 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 (**November and December 2023**) and actions linked to the new 'Sexual Safety in Healthcare Group' **(November – July 2024)**
- New Staff Experience Team video **(launching December 2023)**

Essential Training



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

- QLIK (11 Oct 23) shows compliance as: All staff 89.75%, Permanent Staff 93.46%, Fixed Term Temp 85.41%, Other 77.03% (NBT eXtra 80.71%).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
- Medical and Dental 76.44% (Risen from 69.78% last month)
- Training Compliance By Training Title (Top 9) shows Information Governance is at 86.87%, 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)

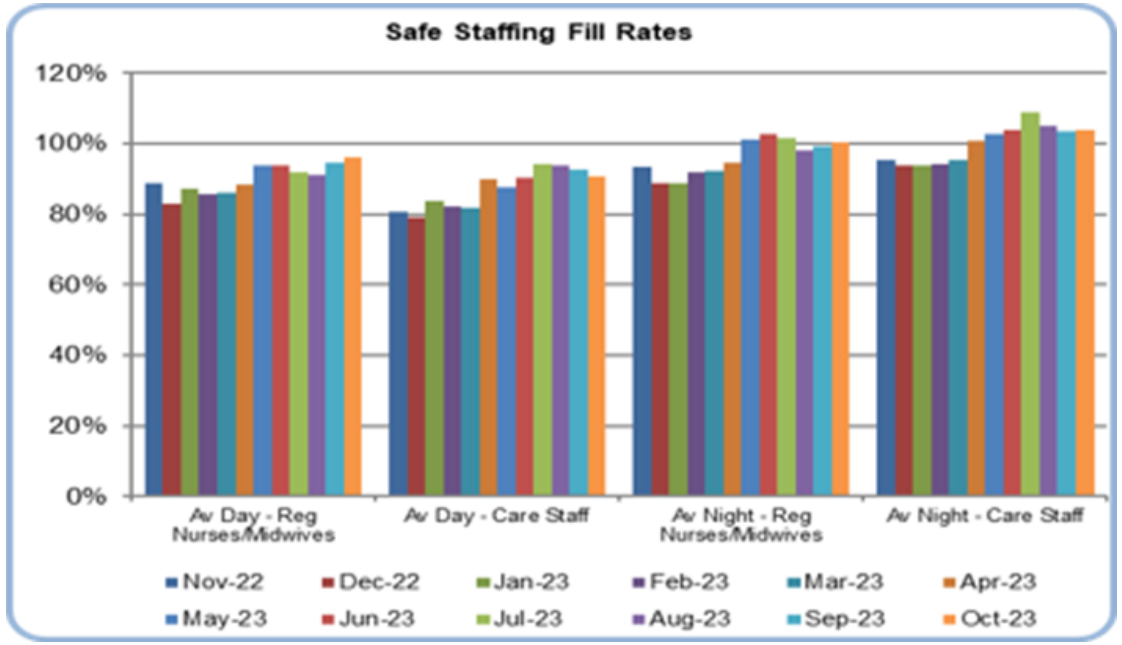
- Weekly Mandatory and Statutory Training (MaST) reports raise the visibility of compliance within divisions. Divisional Directors of Nursing and People Partners are acting on the data and working with their divisions to increase compliance.
- NBT eXtra have emailed all bank staff directly and have set 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 57.93%. 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 has completed all 4 modules and now has its remaining 4 action learning sets. Cohort 2 has completed modules 1-3. Cohort 3 has completed module 1. There are 72 delegates (bands 5 - Very Senor Manager). Inclusivity 39%. Cohorts 4 and 5 are currently being filled, continuing to work with University of the West of England (UWE) on dates for Cohorts 6-10, and progressing first payments to UWE.
- **Excellence in Management**: Cohorts 1 and 2 are in progress. Cohort 1 has passed half-way and finishes on 27th February with Review & Celebration Event. 48 delegates (band 5-8c). Inclusivity 31% (race, sex, disability). Recruiting for Cohorts 3 and 4, 2024-2025.
- **Leading for Change**: John Drummond 12 Dec 23, Laura Ashley-Timms 20 Feb 24, booking speakers for 2024.
- **Accelerate**: The facilitator sent dates for the facilitator sent dates for cohorts. Seven in cohort 2 and have 7 in cohort 2 and need to get numbers up - the deadline is the end of Jan.
- **ILM Leadership and Team Skills**: Cohort 1 Mar 23 - 11/13 delegates completed the award, and two are working towards completion. Cohort 2 Jul 23 - 9/14 has passed, and five are working towards completion. Cohort 3 Sep 23 - 16 learners started. The first assignments were submitted, and we are working towards the final assignment, due to be completed in 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. Completed a DPIA and am now awaiting support from IT systems. The potential go-live date is scheduled for late 2023.

(Head of Apprenticeships and Early Careers)

- **Trust Apprenticeships and Widening Engagement**
- Expired Funds & Utilisation: Expired funds in October - £76,039 Transferred Levy funds - £8099 to support community development, Levy utilisation – 49%.
- Current number of staff on an apprenticeship: 420 + 23 on a Break in Learning.
- Working within trust divisions to support the development needs by accessing levy funds and utilising spend where an apprenticeship can do.
- The Apprenticeship Centre has received confirmation that they have been successful in an application to receive funding to support a project as part of the Mayoral Priorities Skills fund, this is specifically to support funding for widening engagement and apprenticeship support, with the total project value being £240K. This project will run from Nov 23 – April 25.
- **Apprenticeship Centre**
- Current number of learners enrolled: 66 Direct – 109 Non-Direct.
- Number of completed apprenticeships last month: 1 Direct - 4 Non-Direct.
- Number due to be complete next Month: 4 Direct - (16 Out of funding) and 7 Non-Direct (26 Out of funding).
- Mitigation is in place to continue to closely review timely completion of apprenticeships.
- A paper was submitted to the Nov People Committee to provide further details on the success of the 22/23 academic year.
- Ofsted visit pending, expected between April Oct.



Oct-23	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	96.27%	90.76%	100.24%	103.76%

	Less than 80%				Greater than 150%			
Ward Name	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Registered Day	Registered Night	Care Staff Day	Care Staff Night
Elgar Wards - Elgar 2 17002								
AMU 31 A& B 14031								
Ward 33A 14221								
Ward 33B 14222								
Critical Care (ICU) 14230								
Ward 26B 14312								
Ward 7B 14303								
NICU 01255								

Safe Staffing Shift Fill Rates:
Ward staffing levels are determined as safe, if the shift fill rate falls between 80-150% , this is a National Quality Board (NQB) target.

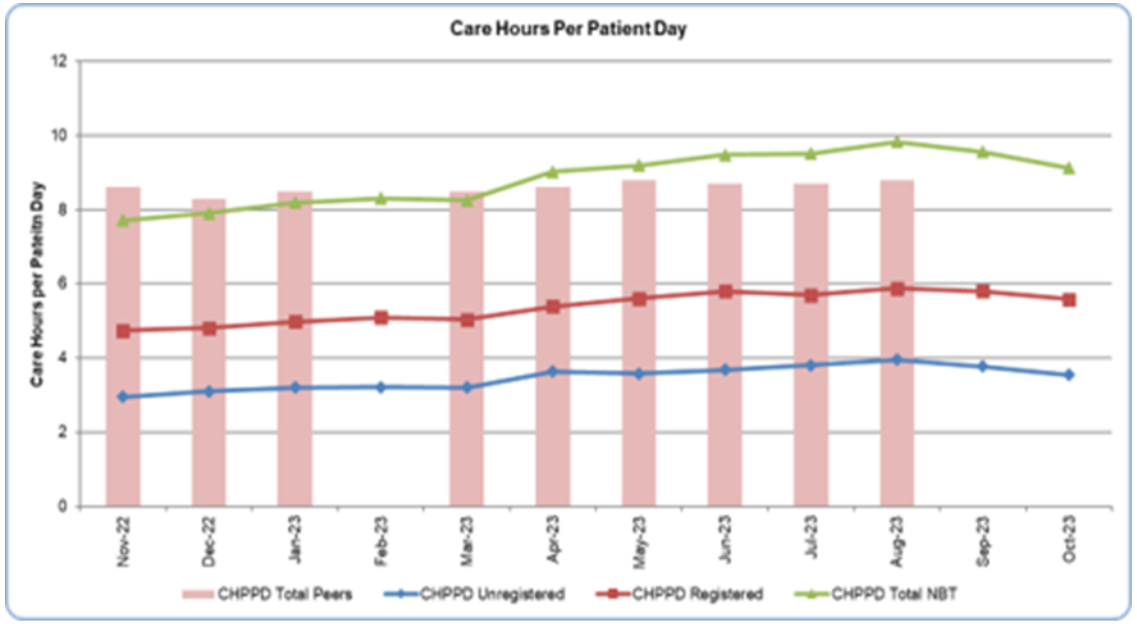
What does the data tell us?
For October 2023, the combined shift fill rates for days for RNs across the 34 wards was 96% and 100% respectively for nights for RNs. The combined shift fill for HCSWs was 91% for the day and 104% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for October.

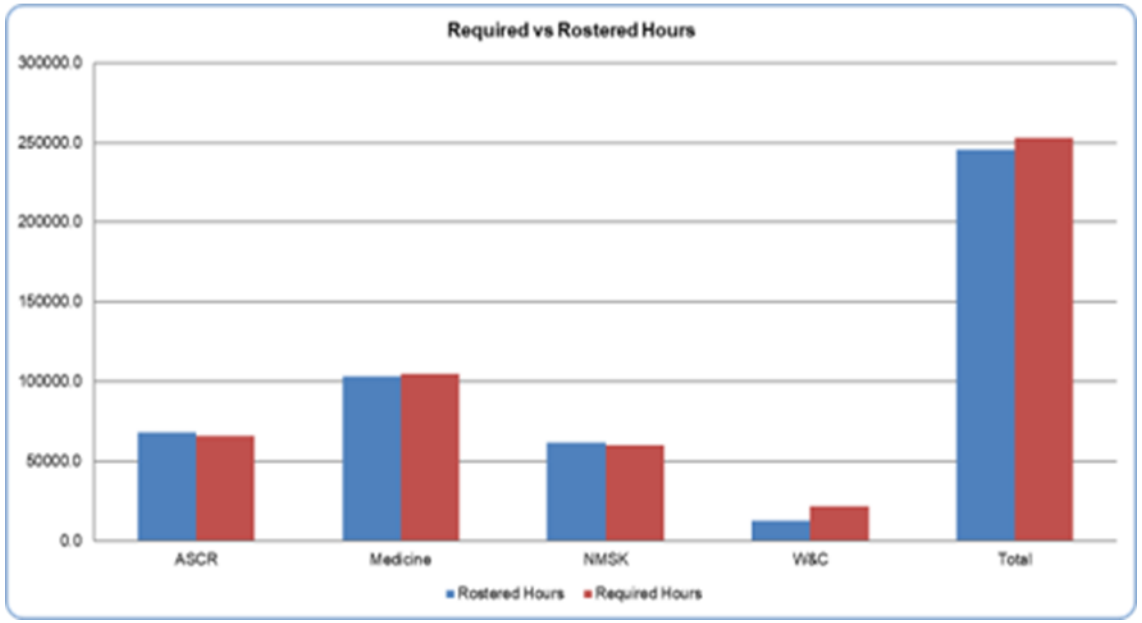
October *registered nursing* fill rates:
- 9.68% of wards had daytime fill rates of less than 80%
- 3.23 % of wards had night-time fill rates of less than 80%
- 3.23% of wards had daytime fill rates of greater than 150%
- 3.23 % of wards had night-time fill rates of greater than 150%

October *care staff* fill rates:
- 9.68% of wards had daytime fill rates of less than 80%
- 6.45 % of wards had night-time fill rates of less than 80%
- 3.23% of wards had daytime fill rates of greater than 150%
- 12.90 % of wards had night-time fill rates of greater than 150%

The “hot spots” as detailed on the heatmap which did not achieve the fill rate of 80% fill rate for both RNs and HCSWs have been reviewed. Gate 26b were working at a lower skill mix than planned as not all the beds were open. 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, Elgar and ICU). The Healthroster for 7b has now been corrected to remove an additional shift which was a legacy from when the ward was converted to medical during the pandemic.

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.



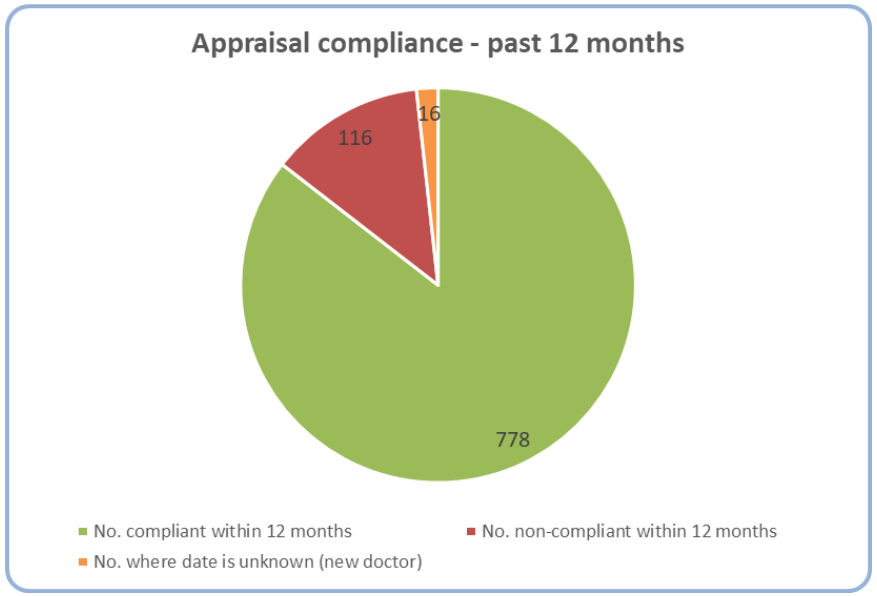


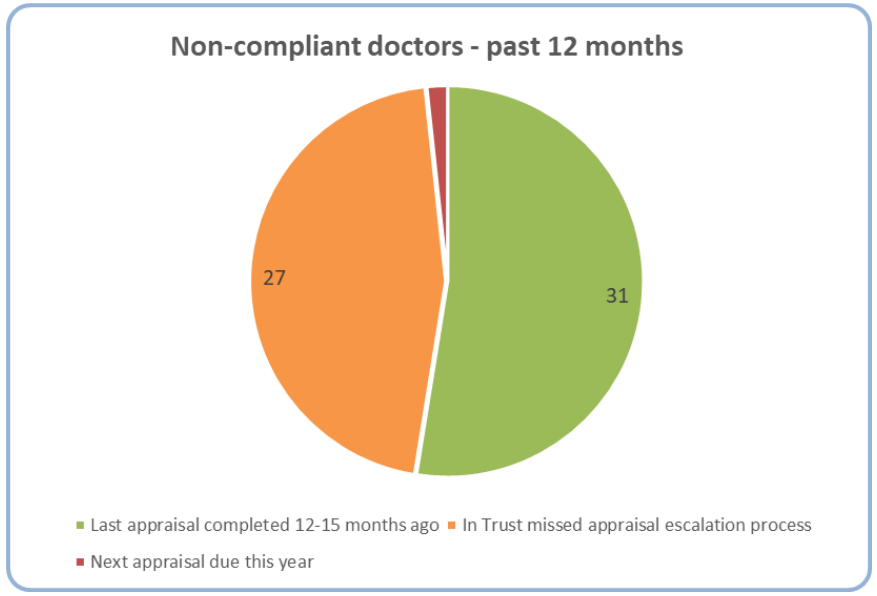
Care Hours per Patient Day (CHPPD)
The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital). CHPPD data provides a picture of how staff are deployed and how productively. It provides a measure of total staff time spent on direct care and other activities such as preparing medications 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.





Medical Appraisal

What does the data tell us?

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

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set). Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

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

Finance

Board Sponsor: Chief Financial Officer
Glyn Howells

Statement of Comprehensive Income at 31st October 2023

	Month 7			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	66.0	67.1	1.0	456.2	455.5	(0.6)
Income	4.8	9.5	4.7	39.6	54.3	14.8
Pay	(44.7)	(46.7)	(2.0)	(306.4)	(314.4)	(8.0)
Non-pay	(27.6)	(32.1)	(4.5)	(190.0)	(205.1)	(15.1)
Surplus/(Deficit)	**(1.5)**	**(2.2)**	**(0.7)**	**(0.7)**	**(9.6)**	**(8.9)**

Assurances

The financial position for October 2023 shows the Trust has delivered a £0.7m deficit against a £1.5m planned surplus which results in a £0.7m adverse variance in month and £8.9m adverse variance year to date.

Contract income is £1.0m favourable to plan. The favourable variances include the Junior Doctor pay award (£0.8m) and the recognition of Mobile CDC income (£0.3m).

Other income is £4.7m favourable to plan. This is driven by new funding adjustments where the Trust is receiving £3.0m of new funding since the plan was approved which is offset by costs, as well as £0.9m of income to cover mobile theatre costs (offset in non-pay).

Pay expenditure is £2.0m favourable to plan. New funding adjustments, offset in other income, have caused a £1.4m adverse variance. The remaining adverse variance is caused by the impact of increased temporary staffing costs.

Non-pay expenditure is £4.5m adverse to plan. New funding adjustments, offset in other income, have caused a £1.2m adverse variance. The Trust has seen a £0.9m of costs relating to the mobile theatre, which is offset in other income. Divisional non-pay is £1.6m adverse from in-tariff drugs overspend, increased independent sector spend and the impact of the Community Diagnostic Centre (CDC) not in the original plan.

Statement of Financial Position at 31st October 2023

	22-23 Month 12 £m	Month 6 £m	Month 7 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**510.6**	**520.9**	**519.7**	**(1.2)**	**9.2**
Current Assets					
Inventories	10.0	10.1	9.9	(0.2)	(0.2)
Receivables	57.2	54.0	50.4	(3.6)	(6.9)
Cash and Cash Equivalents	104.0	72.3	71.9	(0.4)	(32.1)
Total Current Assets	**171.3**	**136.3**	**132.2**	**(4.2)**	**(39.1)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(95.9)	(92.9)	(2.9)	(32.3)
Deferred Income	(17.2)	(28.3)	(29.1)	0.8	12.0
Financial Current Liabilities	(17.1)	(17.7)	(17.7)	0.0	0.7
Total Current Liabilities	**(159.5)**	**(141.9)**	**(139.8)**	**(2.0)**	**(19.6)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.2)	(7.1)	(0.0)	0.4
Financial Non-Current Liabilities	(355.2)	(352.3)	(351.3)	(1.0)	(3.9)
total Non-Current Liabilities	**(362.0)**	**(359.5)**	**(358.5)**	**(1.0)**	**(3.5)**
Total Net Assets	**160.4**	**155.9**	**153.6**	**(2.3)**	**(6.7)**
Capital and Reserves					
Public Dividend Capital	469.1	471.8	471.8	0.0	2.7
Income and Expenditure Reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and Expenditure - Current Year	(5.4)	(7.2)	(9.4)	(2.3)	(4.1)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**155.9**	**153.6**	**(2.3)**	**(6.7)**

Capital is £18.5m year-to-date (excluding leases). The full year forecast is £5.3m 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 £71.9m at 31 October, a £0.4m decrease compared with the previous month. The decrease in month is mostly driven by marginal movements in working capital.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at November 2023 - Self-assessed, for submission to NHS

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

Appendix 1: General guidance and NBT Quality Priorities

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

All data included is correct at the time of publication.

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

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

Appendix 2: Abbreviation Glossary

Abbreviation	Definition
AfC	Agenda for Change
AHP	Allied Health Professional
AMTC	Adult Major Trauma Centre
AMU	Acute medical unit
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
AWP	Avon and Wiltshire Partnership
BA PM/QIS	British Association of Perinatal Medicine / Quality Indicators standards/service
BI	Business Intellligence
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

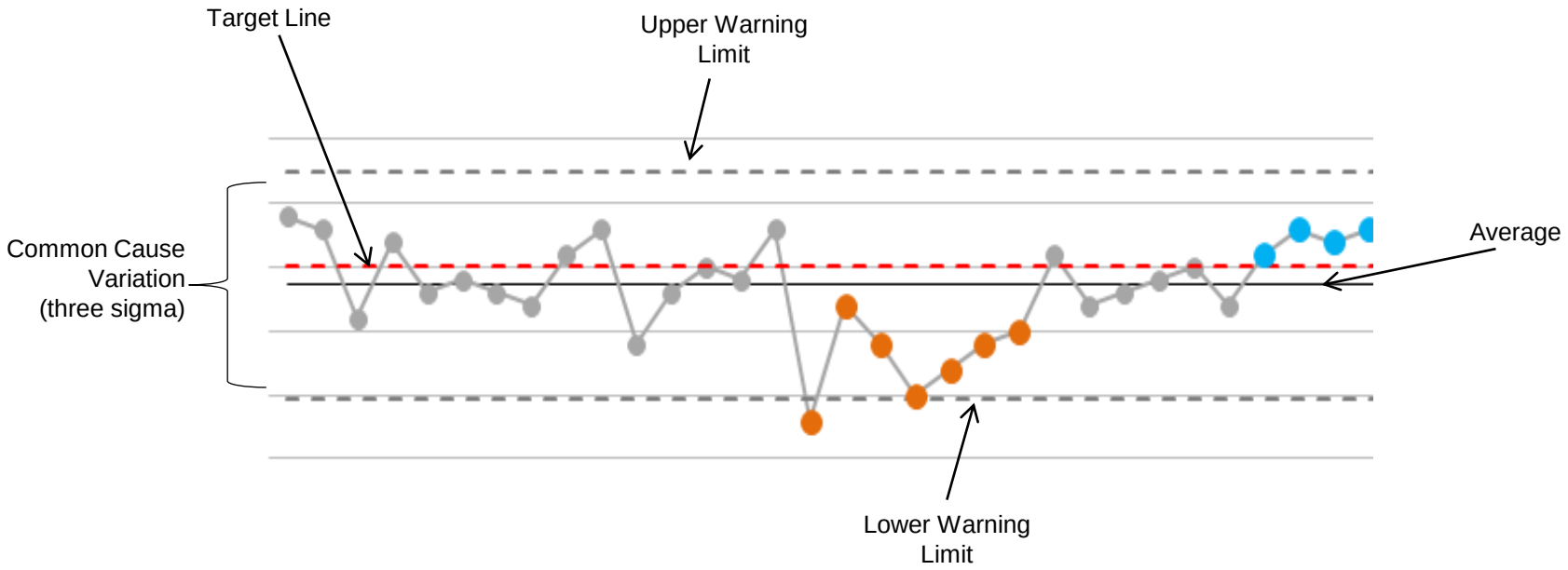
Abbreviation	Definition
PI	Pressure Injuries
PMRT	Perinatal Morality Review Tool
PPG	Patient Participation Group
PPH	Post-Partum Haemorrhage
PROMPT	PRactical Obstetric Multi-Professional Training
PSII	Patient Safety Incident Investigation
PTL	Patient Tracking List
PUSG	Pressure Ulcer Sore Group
QC	Quality 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

Appendix 2: Abbreviation Glossary

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

Appendix 3: Statistical Process Charts (SPC) Guidance



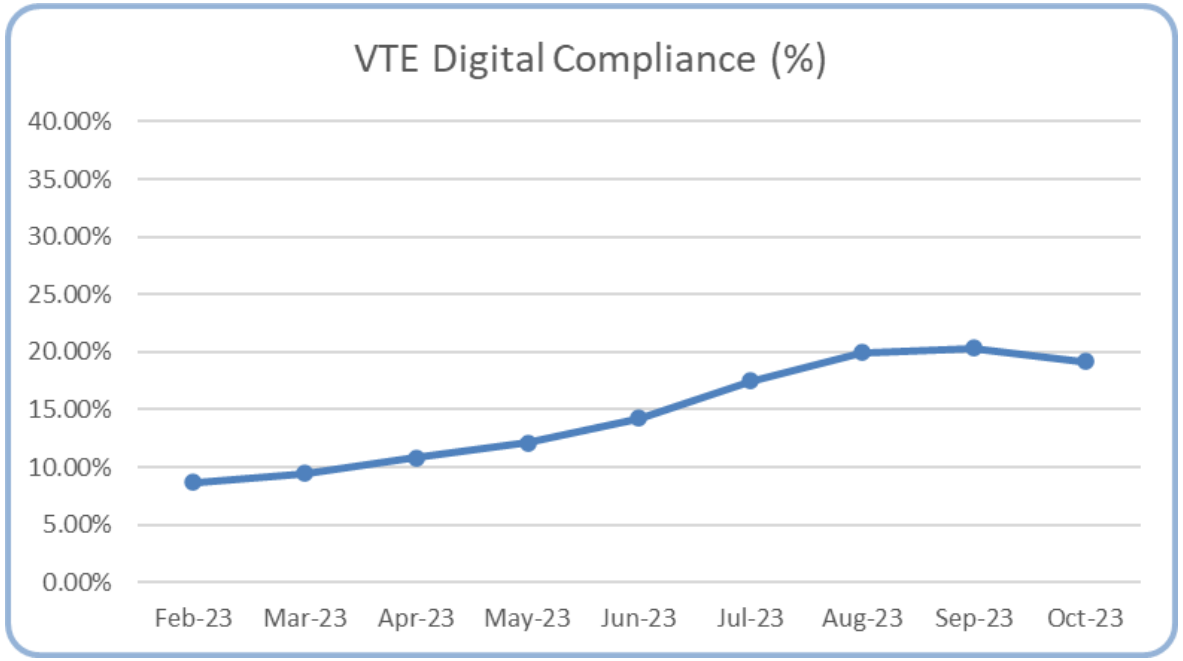
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

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

Further reading:
SPC Guidance: https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf
Managing Variation: https://improvement.nhs.uk/documents/2179/managing-variation.pdf
Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf

Appendix 4: VTE Risk Assessment Digital Completion



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