

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT



October 2023
(presenting September 2023 data)

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North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	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	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%	73.33%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%	71.94%	64.33%		55.54%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	261	482	433	786	312	9	135	2	39	10	12	17	23		1-1949	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%	26.14%	25.74%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%	70.85%	64.84%			
	Ambulance Handover > 60 mins		0	-	439	672	778	1041	457	105	267	87	231	164	165	182	317			
	Average No. patients not meeting Criteria to Reside		-	-	262	278	276	243	254	217	239	208	190	198	200	198	195			
	Bed Occupancy Rate		100.00%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%	93.63%	95.59%				
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%	14.18%	12.50%		30.19%	3/10
	Diagnostic 13+ Week Breaches		0	638	4971	4627	4204	3663	2459	1497	939	740	593	595	300	124	59		105-4668	2/10
	RTT Incomplete 18 Week Performance		92.00%	-	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%	60.50%	60.53%		53.79%	8/10
	RTT 52+ Week Breaches	R	0	2477	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831	2689	2599	2306		0-470	2/10
	RTT 65+ Week Breaches		409	1180	1062	1021	1105	895	742	547	591	594	619	624	606	582		1-5102	2/10	
	RTT 78+ Week Breaches	R	-	394	375	319	306	223	167	69	65	84	59	44	48	48		0-470	3/10	
	Total Waiting List	R	43195	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899	50119	50168	48969				
	Cancer 2 Week Wait	R	93.00%	85.84%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	52.00%	52.22%	-		57.44%	7/10
	Cancer 31 Day First Treatment		96.00%	94.02%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	90.77%	87.80%	-		88.24%	6/10
	Cancer 62 Day Standard	R	85.00%	69.65%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	54.21%	52.15%	-		59.37%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	69.34%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	65.14%	57.36%	-		62.89%	6/10
	Cancer PTL >62 Days		242	211	529	328	329	328	335	191	140	178	207	171	183	236	276			
	Cancer PTL >104 Days		0	18	123	63	47	23	26	41	29	25	40	45	46	41	47			
Urgent operations cancelled ≥2 times		0	-	0	1	0	0	0	0	0	1	0	0	0	0	0	-			

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

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Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%	0.45%	0.64%		
	Caesarean Section Rate				42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%	46.33%	47.02%		
	Still Birth rate			0.40%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%	0.21%	0.29%		
	Induction of Labour Rate			32.10%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%	32.08%	30.65%		
	PPH 1500 ml rate			8.60%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%	2.31%	2.68%		
	Summary Hospital-Level Mortality Indicator (SHMI)				0.98	0.96	0.96	0.98	0.96	0.96	0.97	0.98	0.98	0.99	0.99	0.98	-	-	
	Never Event Occurrence by month		0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	1	
	Commissioned Patient Safety Incident Investigations				0	0	7	1	3	3	3	2	4	0	0	0	2	2	
	Healthcare Safety Investigation Branch Investigations				0	0	4	0	1	0	0	0	0	0	0	0	0	0	
	Total Incidents				1155	1261	1252	1320	1170	973	1187	1027	1119	1108	1032	1097	1065		
	Total Incidents (Rate per 1000 Bed Days)				38	40	41	44	37	34	39	38	39	39	35	39	38		
	WHO checklist completion				95.00%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	99.01%	98.54%	97.42%	
	VTE Risk Assessment completion		R		95.00%	92.76%	94.24%	95.07%	94.97%	95.41%	95.28%	94.77%	95.39%	94.87%	94.75%	94.69%	93.88%	-	
	Pressure Injuries Grade 2				17	14	19	11	16	9	13	20	15	18	17	12	17		
	Pressure Injuries Grade 3				0	0	2	2	1	0	0	1	0	0	0	0	2	1	
	Pressure Injuries Grade 4				0	0	0	1	0	0	2	1	0	0	0	1	0		
	Pressure Injuries rate per 1,000 bed days				0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.56	0.48	0.46	0.32		
	Falls per 1,000 bed days				7.20	7.25	6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.76	5.73	4.97	5.80		
	#NoF - Fragile Hip Best Practice Pass Rate				18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	62.00%	54.00%	-		
	Admitted to Orthopaedic Ward within 4 Hours				5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	40.00%	48.00%	-		
	Medically Fit to Have Surgery within 36 Hours				22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	62.00%	58.00%	-		
	Assessed by Orthogeriatrician within 72 Hours				54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	96.00%	98.00%	-		
	Stroke - Patients Admitted				72	65	102	89	111	64	115	94	121	181	132	187	51		
	Stroke - 90% Stay on Stroke Ward				90.00%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	89.02%	80.91%	-	
	Stroke - Thrombolysed <1 Hour				60.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	44.44%	68.18%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	66.67%	58.93%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	80.00%	86.89%	-	
	MRSA		R	0	0	0	0	0	0	0	0	2	0	0	1	1	0	0	
	E. Coli		R	4	2	2	5	4	9	4	2	8	4	4	7	4	2	7	
	C. Difficile		R	5	4	1	4	2	1	2	6	1	4	4	11	6	2	5	
MSSA			2	8	3	8	2	4	2	0	1	2	6	9	5	2			
Observations Complete				96.08%	95.40%	-	98.75%	96.12%	95.84%	96.64%	99.14%	99.05%	98.89%	99.22%	97.56%	96.48%			
Observations On Time				55.58%	59.79%	-	55.83%	59.42%	60.67%	59.75%	41.65%	42.49%	45.38%	48.37%	61.62%	69.58%			

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Quality Caring & Experience	Friends & Family Positive Responses - Maternity				84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%	91.00%	89.49%	
	Friends & Family Positive Responses - Emergency Department				72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%	83.58%	74.74%	
	Friends & Family Positive Responses - Inpatients				92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%	93.70%	93.37%	
	Friends & Family Positive Responses - Outpatients				92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%	95.13%	94.04%	
	PALS - Count of concerns				151	143	141	126	106	139	156	120	141	141	145	123	135	
	Complaints - % Overall Response Compliance			90.00%	76.92%	75.76%	72.21%	72.43%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%	64.10%	71.11%	
	Complaints - Overdue				3	7	5	12	5	3	4	3	1	6	5	4	5	
	Complaints - Written complaints				64	76	66	51	62	41	41	38	57	44	42	48	49	
Well Led	Agency Expenditure ('000s)				1292	2616	1992	1675	2030	1809	2485	2485	2485	2485	2485	2485	2182	
	Month End Vacancy Factor				8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%	7.69%	7.16%	
	Turnover (Rolling 12 Months)	R		-	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%	15.03%	14.59%	
	Sickness Absence (Rolling 12 month)	R		-	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%	4.92%	4.91%	
	Trust Mandatory Training Compliance				84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%	86.69%	87.04%	

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Urgent Care

Four-hour performance was 64.33% in September. A deteriorating position, which appears to be reflected across England given NBT continued to rank first out of ten reporting AMTC peer providers for the ninth consecutive month. 12-hour trolley breaches were slightly higher than the previous month, reporting at 23, whilst ambulance handover delays over one-hour increased to 317. 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 (increase of nearly 5% on the previous month). 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 200 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 six 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 recently made substantial improvement in the total cancer waiting list however, there has been a significant ongoing 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. Current understanding is that 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 meet 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.

Quality

Within Maternity, there were no moderate harm incidents or HSIB referrals during September and the quarterly Perinatal Mortality Review Tool shows full compliance with standards. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage has remained below the national target of 5% since April 2023. The October Quality Committee reviewed detailed updates on the Maternity Incentive Scheme and closure of the Ockenden actions, with ongoing work transferring into the Maternity 3 year Delivery Plan. Infection control data for September showed a continued reduced incidence of C-Difficile, now moving closer to the annual trajectory. No new MRSA cases were seen. 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 and remains within the existing 'normal range' within NBT's recent experience. There has been a spike in medication incidents reported over the past 3 months, which has prompted a deep dive into medication safety. The outputs from this will now feed into a new Medicines Safety forum to define and support focused work at ward level. 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 are stable in all areas aside from ED, which has seen a sizeable drop for September. The response rate compliance for complaints increased to 71% in September, with 5 overdue at month end. All complaints are acknowledged within 3 working days in line with expected national standards.

Workforce

The Trust vacancy factor was 7.16% (669.7 wte) in September down from 7.69% in August (706.1 wte). The greatest reduction in vacancies continues to be seen in Registered Nursing and Midwifery, and Medical staff groups. Rolling 12-month staff turnover decreased from 15.03% in August to 14.59% in September, continuing the improvement trend since November 2022; with additional clinical services turnover falling from a highpoint of 25.06% in November 2022 to 19.98% in September 2023, and registered nursing and midwifery declining from a highpoint of 16.41% in September 2022, to 13.22% in September 2023. The Trust rolling 12-month sickness absence position remained stable at 4.91% in September (4.92% in August). Overall temporary staffing demand reduced by 7.46% (79.29 wte) from August to September. The greatest reduction was in administrative and clerical (28.11% reduction in demand equating to 28.25wte). While agency and bank use both decreased - 12.79% (26.10wte) and - 9.44% (65.50wte), there was also a decrease in unfilled shifts (-10.20%, -16.88wte, from August to September).

Finance

The financial plan for 2023/24 in Month 6 (September) was a surplus of £7.6m. The Trust has delivered a £3.8m surplus, which is £3.8m worse than plan. The year to date position is a £8.2m adverse variance against a planned £0.8m surplus. The in month and year to date position is being driven by £0.3m and £3.3m respectively 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, which has caused a £2.2m deterioration in the income position. Therefore, £5.5m of the adverse position is driven by industrial action. Temporary staffing costs in the year to date position is creating a £4.5m adverse variance to plan, the impact of which is offset by delays in investments and vacancies. The Trust cash position at Month 6 is £72.3m, a reduction of £31.7m 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 £5.4m overspend on capital by Month 12. This overprogramming is being managed in year by the Capital Planning Group. The Trust has delivered £11.8m (48.8%) of completed cost improvement programme (CIP) schemes at month 6. There are a further £4.3m of schemes in implementation and planning that need to be developed, and £5.4m in the pipeline.

Responsiveness

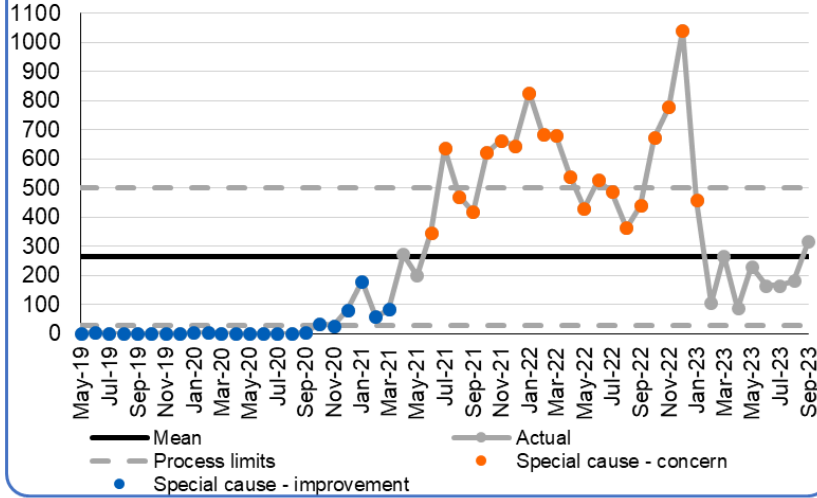
**Board Sponsor: Chief Operating Officer
Steve Curry**

Responsiveness – Indicative Overview

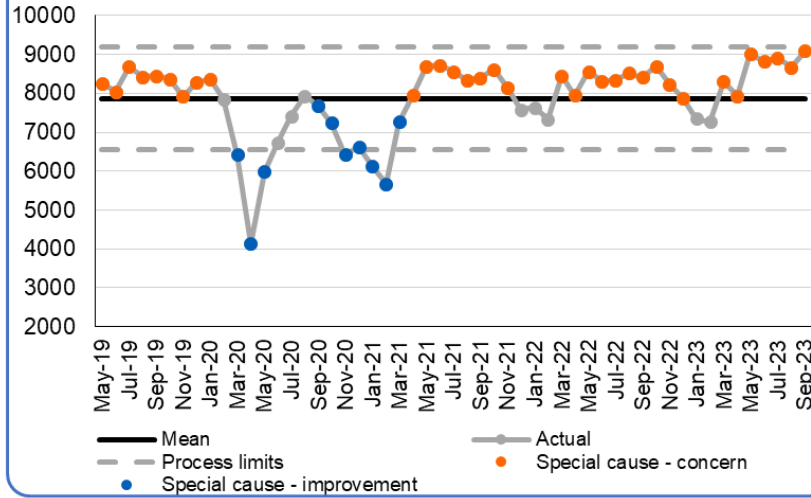
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Gradual increase in NC2R numbers with proposed reduction 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 - potential CDC delay from April to September 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA. Remedial plans focussed on Gynaecology and Skin cancer underway

Urgent and Emergency Care

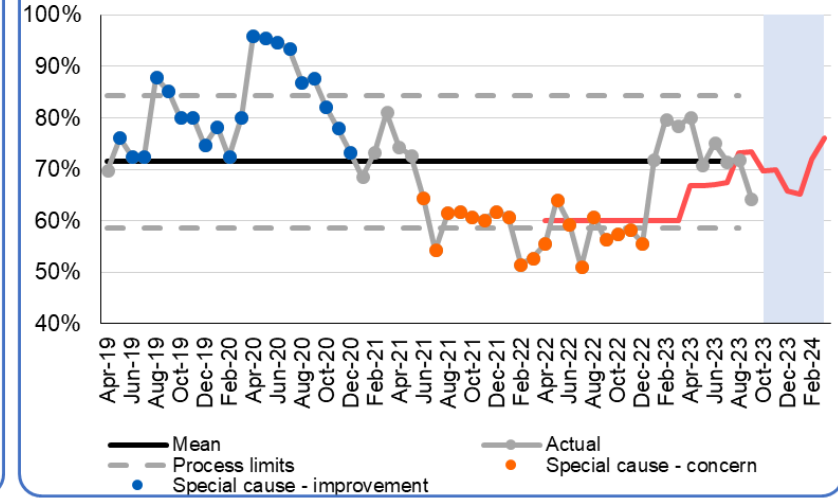
Ambulance Handover Delays >60 minutes



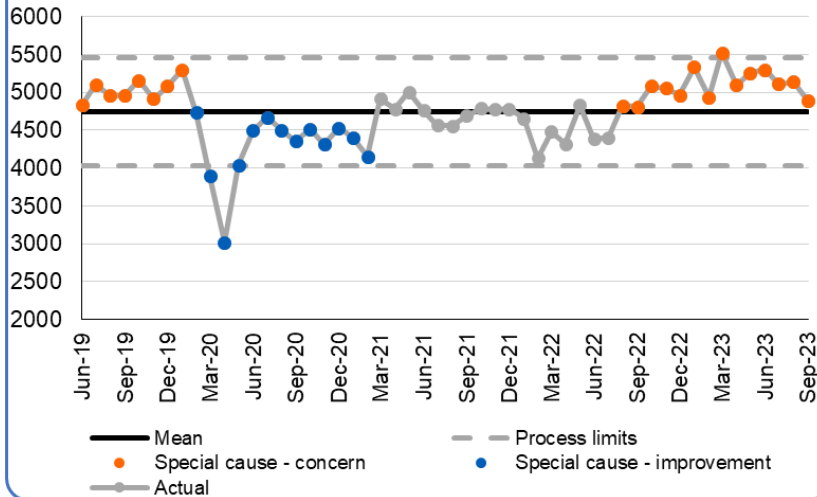
ED Attendances



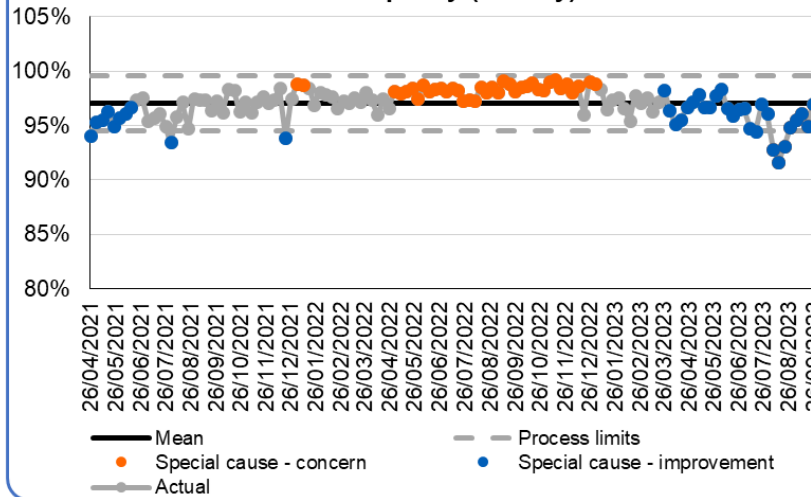
ED 4-hour Performance



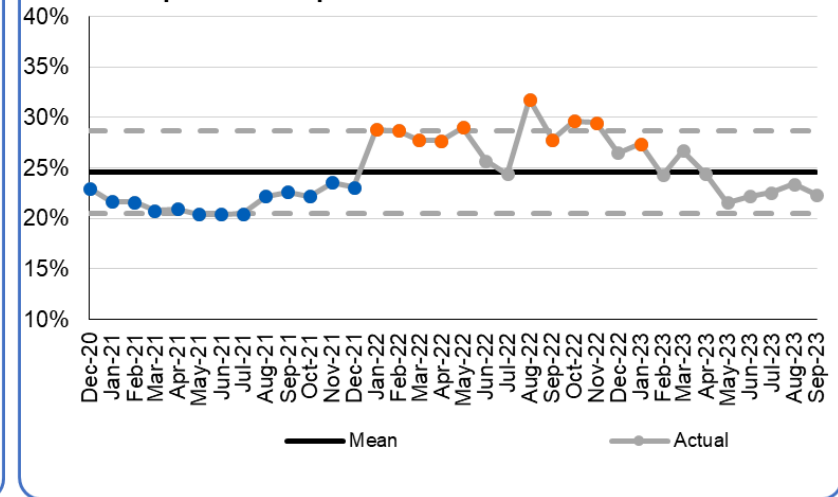
Non-Elective Admissions



Bed Occupancy (Weekly)



Proportion of inpatients with no Criteria to Reside



Urgent and Emergency Care

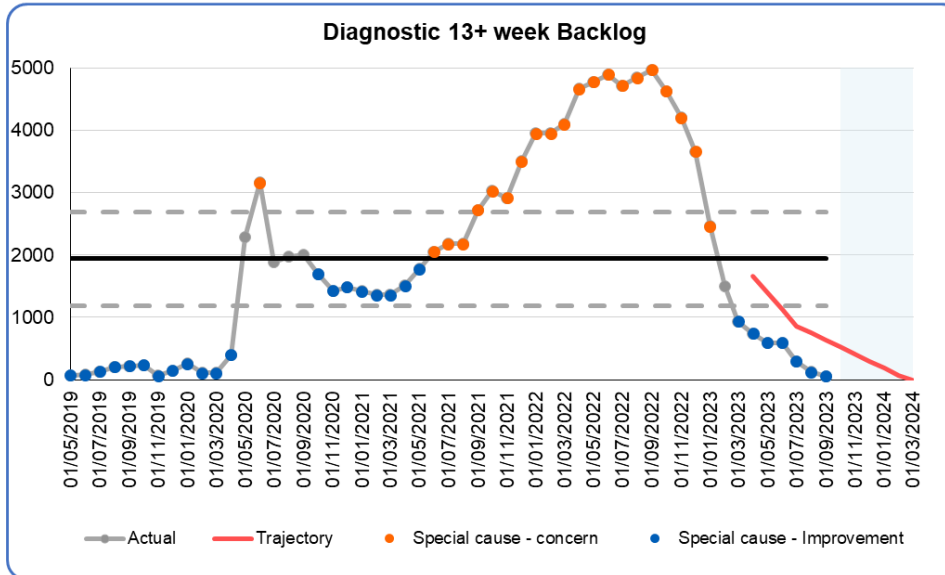
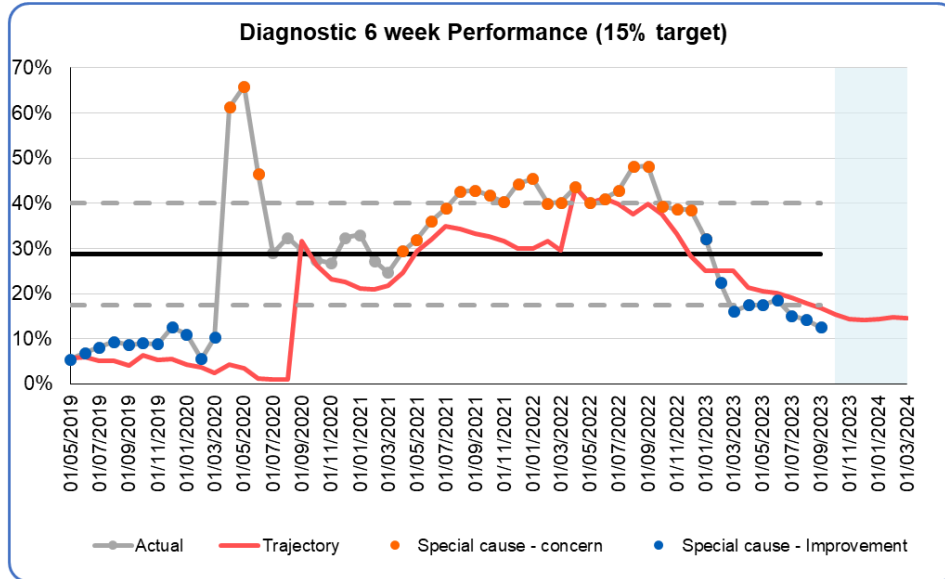
What are the main risks impacting performance?

- Underlying NC2R volumes showing some consistent increase
- Improved inpatient bed occupancy throughout summer, starting to regress
- Additional bed demand driven by COVID backlogs and/or prolonged access to primary care
- ED attendances increased 4.85% month on month
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.
- Continued fluctuation in numbers of ED attendances
- Further industrial action that took place in October will have an impact on performance.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust is working closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

Diagnostic Wait Times



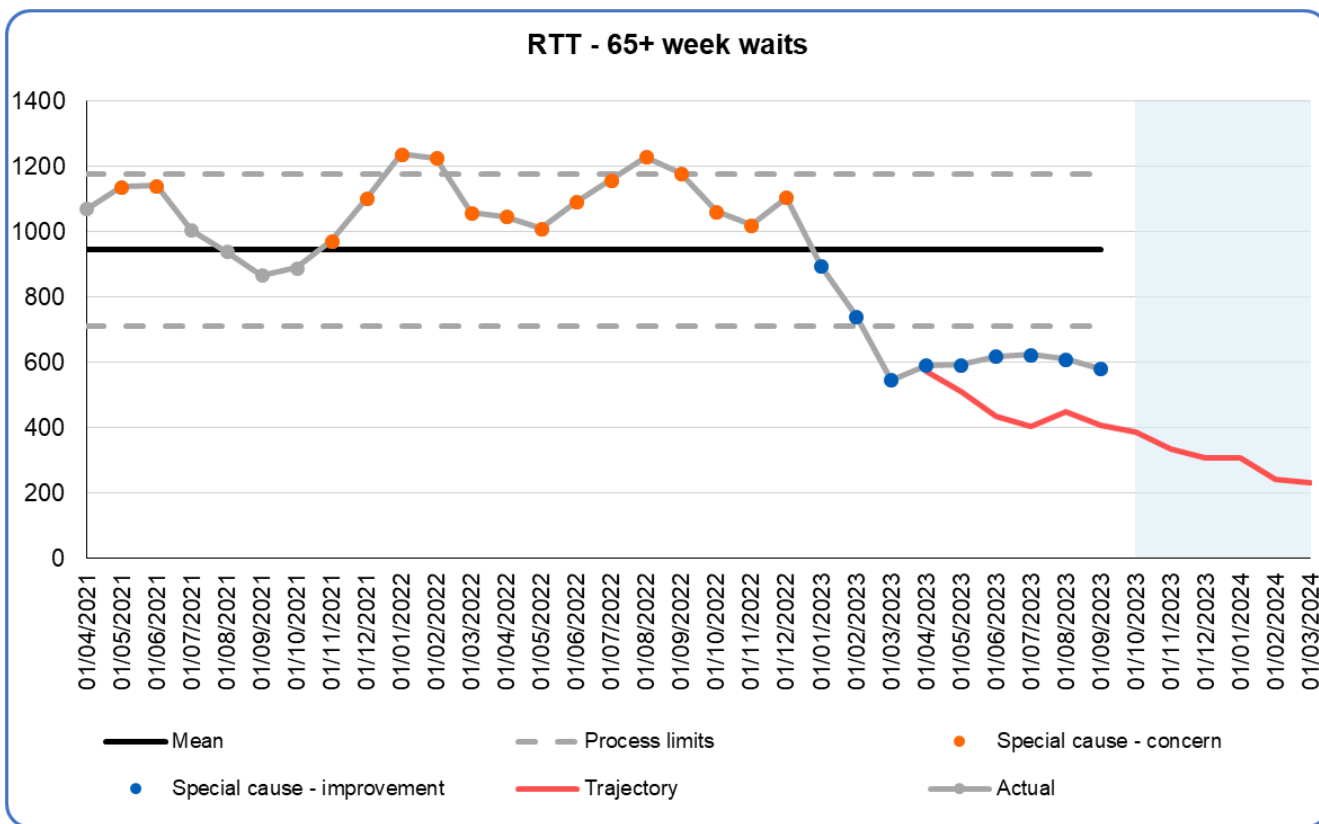
What are the main risks impacting performance?

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

What actions are being taken to improve?

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

Referral To Treatment (RTT)



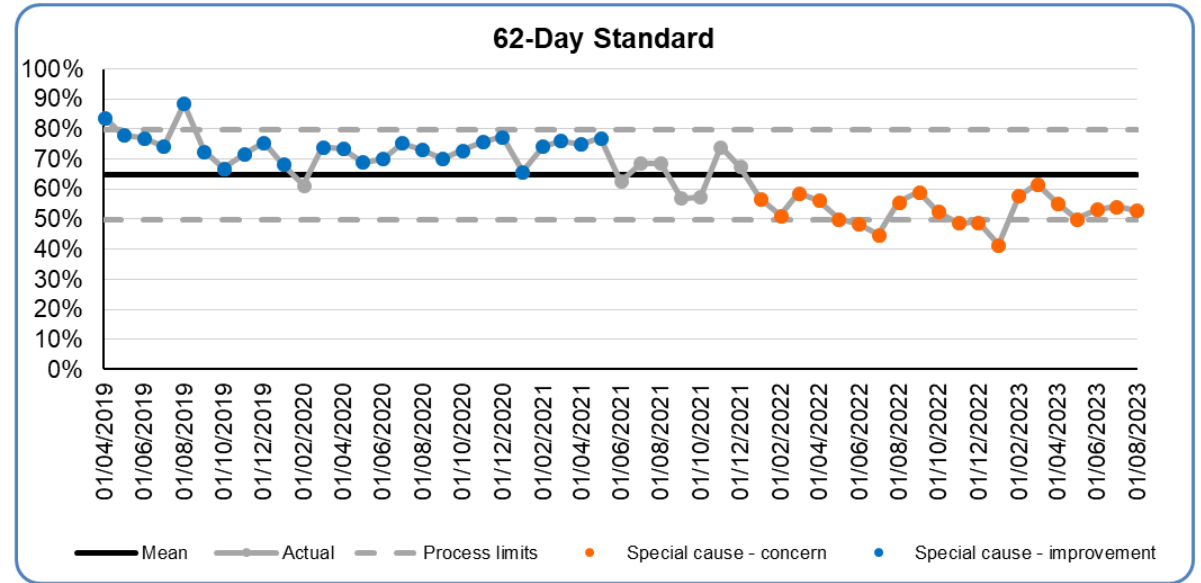
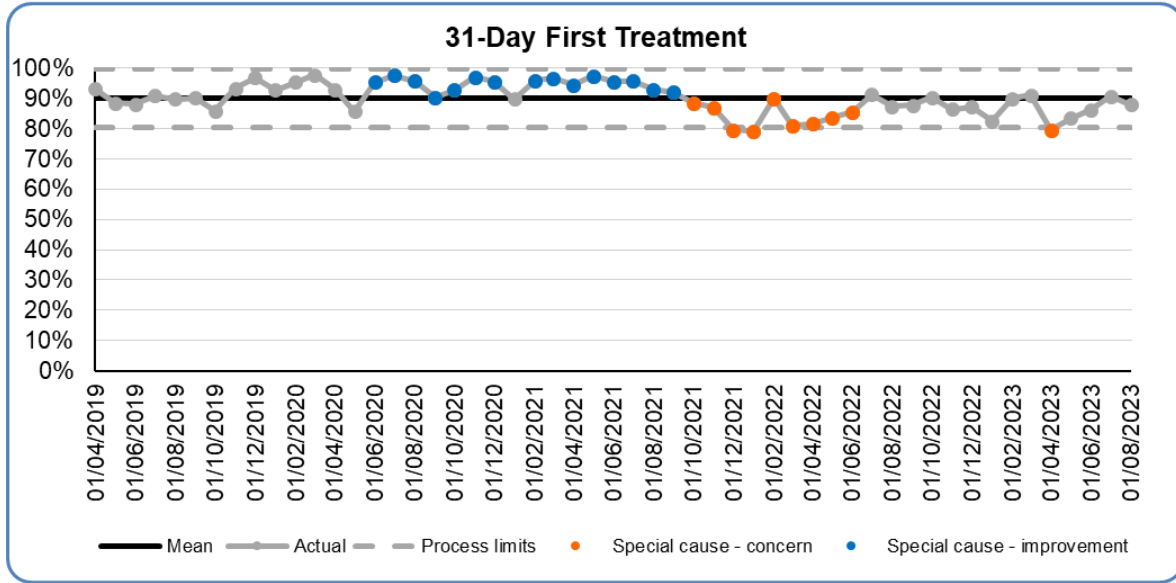
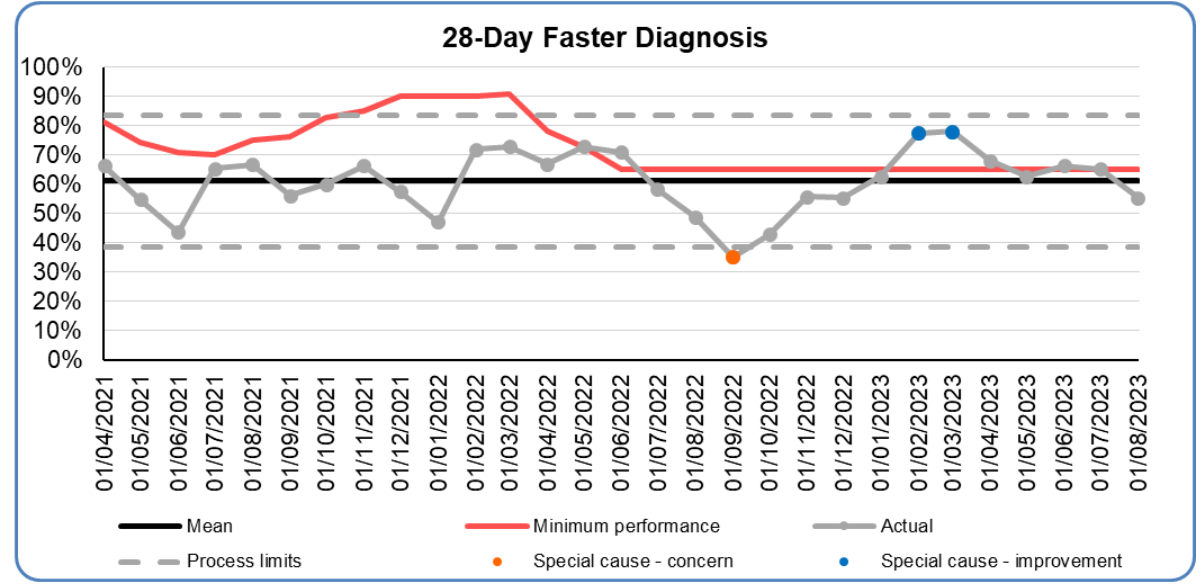
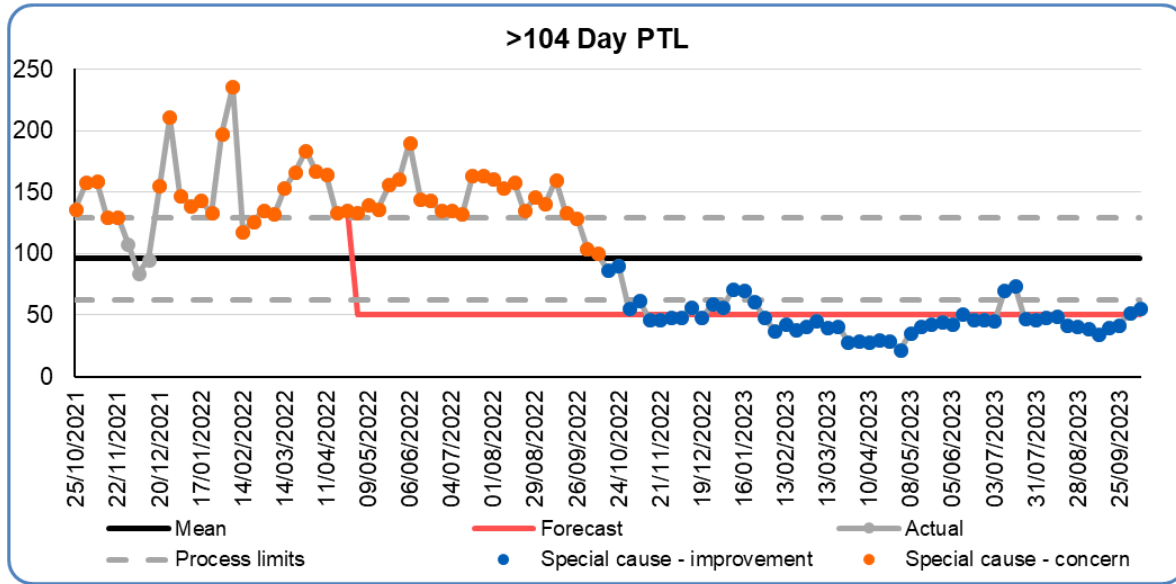
What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering it's 65-week waits.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- Staff shortages in some key areas e.g. operating theatres.
- The potential impact of UEC activity on elective care.

What actions are being taken to improve?

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

Cancer Performance



Cancer Performance

What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions.
- Ongoing clinical pathway work reliant on system actions 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?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as dermatology.
- High volume Dermatology 'poly-clinics' enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023.
- Following steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, and with February and March reporting >75%, recent industrial action impact has resulted in a deterioration in performance as activity continues to be lost and the backlog of patients are seen/ informed and treated. Despite this, the Trust remains within 2% of it's in-year recovery trajectory.
- Key next steps include securing additional activity to compensate for industrial action losses, and moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as dermatology and urology (e.g. prostate pathway).

Quality, Safety and Effectiveness

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

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

	Jun-23	Jul-23	Aug-23	Sep-23
Activity				
Number of women who gave birth, all gestations from 22+0 gestation	459	467	477	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	3	1	4	1
Number of women who gave birth (>=24 weeks or <24 weeks live)	453	460	477	
Number of babies born (>=24 weeks or <24 weeks live)	459	468	483	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	41	37	31	
No of livebirths <24 weeks gestation	1	1	3	
Induction of Labour rate %	33.6%	38.0%	32.1%	
Spontaneous vaginal birth rate %	45.9%	49.3%	45.9%	
Assisted vaginal birth rate %	9.7%	10.0%	7.8%	
Caesarean Birth rate (overall) %	44.4%	40.7%	46.3%	
Planned Caesarean birth rate %	19.9%	18.3%	20.8%	
Emergency Caesarean Birth rate %	24.5%	22.4%	25.6%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	3.9%	4.7%	2.9%	
Perinatal Morbidity and Mortality inborn				
Total number of perinatal deaths (excluding late fetal losses)	4	3	2	1
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	4	1	0	0
Number of stillbirths (>=24 weeks excl. TOP)	2	2	1	1
Number of neonatal deaths : 0-6 Days	2	0	1	0
Number of neonatal deaths : 7-28 Days	0	0	0	2
PMRT grading C or D cases (themes in report)	0	0	0	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	0	1	0
Direct	0	0	1	0
Indirect	0	0	0	0
Number of women receiving enhanced care on CDS	17	19	14	15
Number of women who received level 3 care (ITU)	0	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	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	1	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	1	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	1	0
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	34%	38%	38%	

	Jun-23	Jul-23	Aug-23	Sep-23	
Workforce					
Vacancy rate for midwives	15.50%	18.45%	18.18%		
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	60%	60%	50%		
Vacancy rate for NICU nurses	31	31	23	24	
Datix related to workforce (service provision/staffing)	5	6	3	4	
Consultant led MDT ward rounds on CDS (Day to Night)	80%	84%	87%	73%	
Consultant led MDT ward rounds on CDS (Day)	80%	77%	83%	100%	
One to one care in labour (as a percentage)	99%	100%	99%		
Compliance with supernumerary status for the labour ward coordinator	96%	99%	91%		
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0		
Involvement					
Service User feedback: Number of Compliments (formal)	74	64	48	37	
Service User feedback: Number of Complaints (formal)	3	2	7	5	
Friends and Family Test Score % (good/very good) NICU	100	100	100		
Friends and Family Test Score % (good/very good) Maternity	93	92	91		
Staff feedback from frontline champions and walk-about (number of themes)	4	0	3	4	
Improvement					
Progress in achievement of CNST /10	7	7	7	7	
Training compliance in annual local BNLS (NICU)	100%	100%	100%		
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	Overall	76%	83%	81%	79%
	Obstetric Consultants	72%	78%	78%	75%
	Other Obstetric Doctors	75%	86%	53%	52%
	Anaesthetic Consultants	81%	90%	90%	86%
	Other Anaesthetic Doctors	74%	76%	83%	79%
	Midwives	78%	85%	88%	93%
	Maternity Support Workers	75%	84%	93%	91%
	Theatre staff	Data Not Available (DNA)			
	Neonatologists	Data Not Available (DNA)			
	NICU Nurses	Data Not Available (DNA)			
Fetal Wellbeing and Surveillance	Overall	72%	78%	67%	65%
	Obstetric Consultants	50%	61%	72%	69%
	Other Obstetric Doctors	77%	79%	44%	44%
	Midwives	90%	95%	86%	83%
		6	7	6	6
Trust Level Risks					
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)					

- NICU term admission rate has remained below the national 5% target since April 2023
- The quarterly PMRT report shows full compliance with MIS requirements
- There was one woman admitted to ICU - a transfer from Yeovil District Hospital
- There were no new PSII's commissioned or accepted HSIB referrals
- There were no moderate or above harm incidents reported

Please Note: Sept-23 data 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 September there was an increase in grade 2 pressure ulcers. There were 14 x grade 2 pressure ulcers, of which 1 was attributable to medical devices to the chin from an aspen collar in ICU.

There was 1 x grade 3 to the heel that were attributed to Gate 26a ASCR division from a DTI that was debrided in the community by the TVN and validated as a Grade 3.

There was a decrease of 2 in the prevalence of DTI's from the previous month to 13 DTI's, 1 x attributable to a medical device from a BIPAP on 28a.

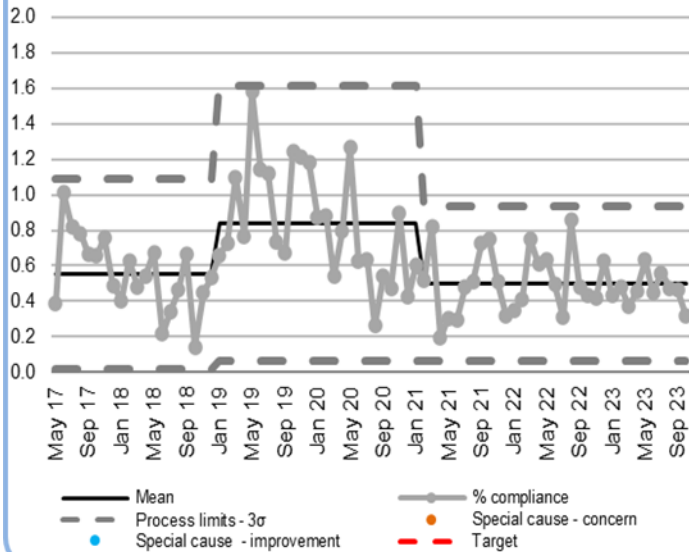
The targets for PU reduction in 2023/2024:

- 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. We are on target for a planned reduction of 50%.

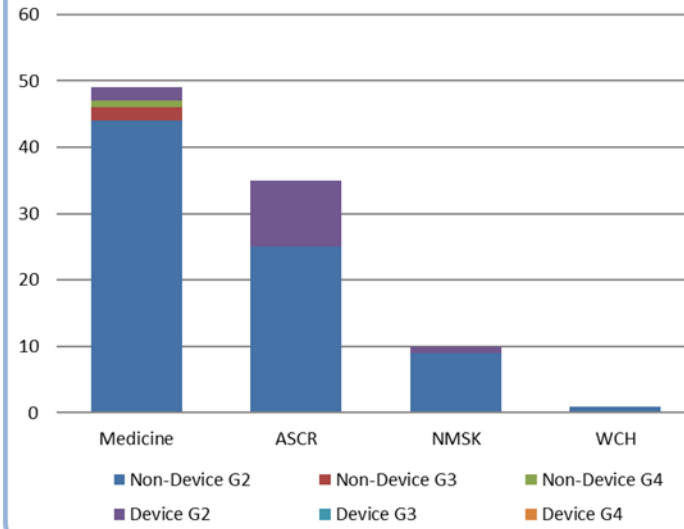
What actions are being taken to improve?

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service, working collaboratively within NBT and strategically across the health system to reduce harm and improve patient outcomes.
- The Purpose-T assessment form on EPR has the final summary to be completed. The Pressure Ulcer Prevention Pathway (PUPPS) and clinical pathway have been created to support the wards and staff to be responsive to changes in patient's clinical condition and skin integrity.
- The identified theme of heel damage identified by the PUSG has instigated the investigation of strategies and offload heels. There is a review of a repose wedge with cover which attaches to the bed and SEM scanner to recognise identify early skin damage before
- TVS have been working collaboratively with the NBT safeguarding team to decision matrix for referral to safeguarding for concerns regarding pressure ulcers. This is in response to the withdrawal of the DoH safeguarding adults protocol for pressure ulcers and interface with a safeguarding enquiry.

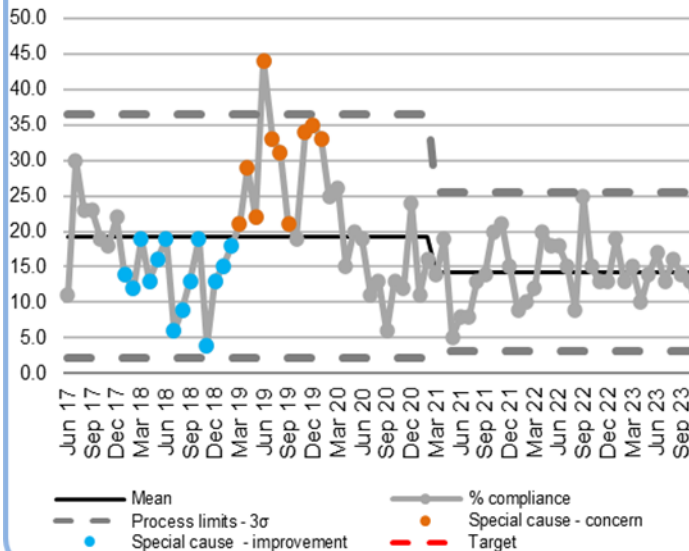
Total Pressure Injuries per 1000 Bed Days



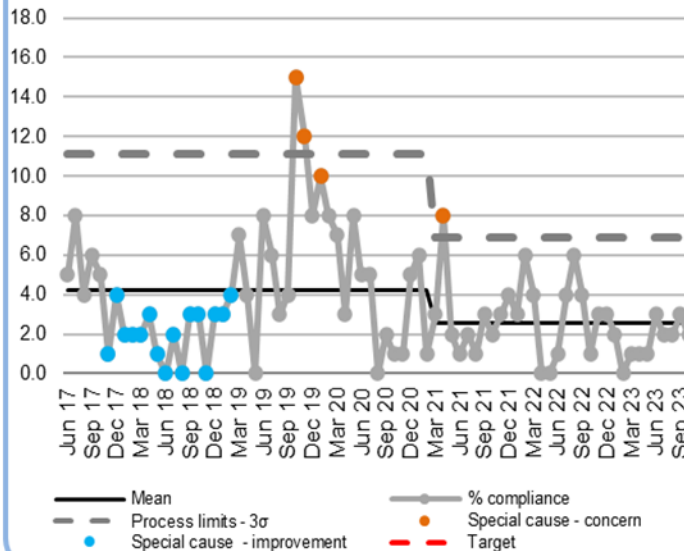
Pressure Injuries Year to Date 2023/24



Pressure Injuries - Total Incidents



Pressure Injuries - Device



Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus) / Influenza - Slight increase seen in September. Following National UKHSA advice regarding management and risk assessment. Vaccination programme in place

MRSA – 2 Cases this year – see MSSA

C. Difficile – Reduction in cases following full thematic analysis after an incident increase in June / July (also regionally seen). Learning captured at Steering groups and actioned in Divisional COIC . This has led to a positive position that has returned to trajectory .

MSSA – There is a continued increased position with MSSA infections that is consistent with the national and regional position. At NBT we are linking with DRIPP (Device Related Infection Prevention Practices) and NHSEI as well as working with the regional team on MSSA reduction plans.

There is a planned external visit from NHSi in October looking at MSSA investigations and practices to examine potential enhancements to our improvement plan.

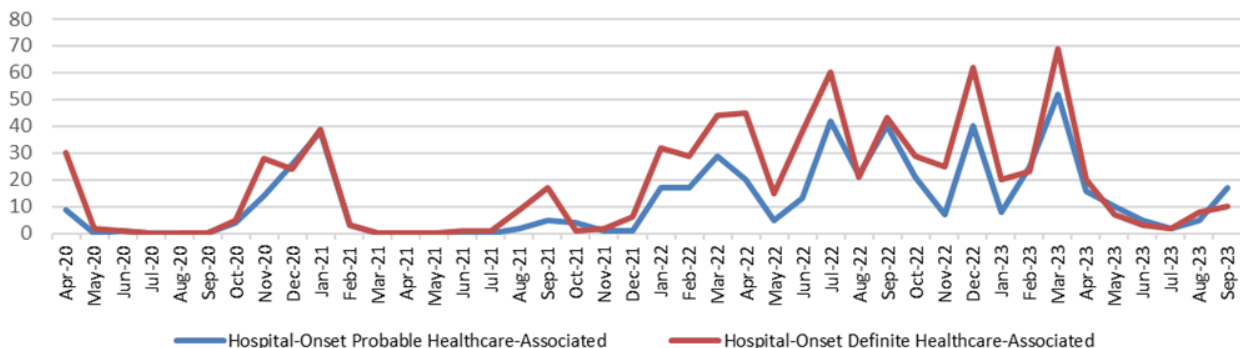
We are considering improvements to vascular access and device selection as part of the reduction plan.

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. 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 from November to assist with safe placement of patients and timely assessment of potential outbreaks
- 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

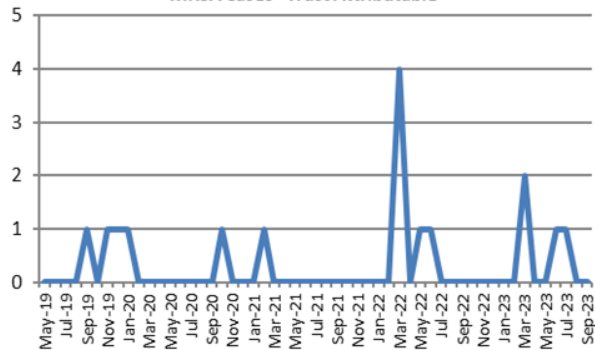
COVID-19 Onset Category by Positive Test Date



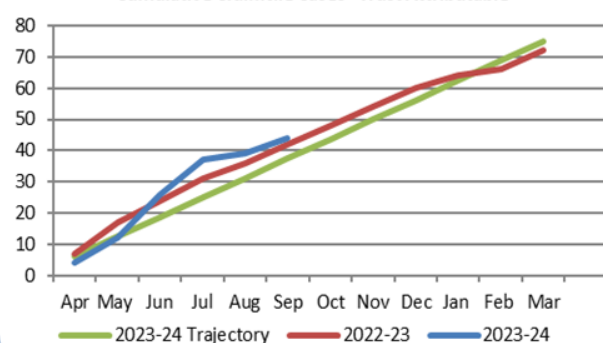
— Hospital-Onset Probable Healthcare-Associated

— Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

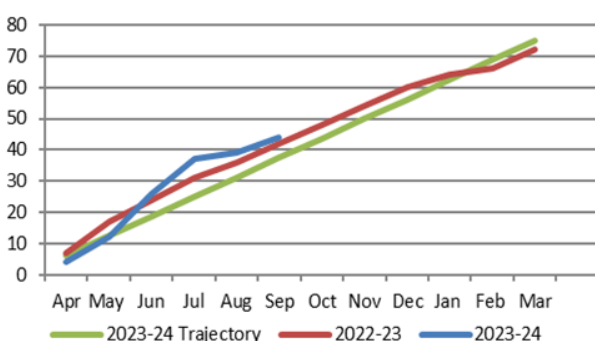


Cumulative C.difficile Cases - Trust Attributable



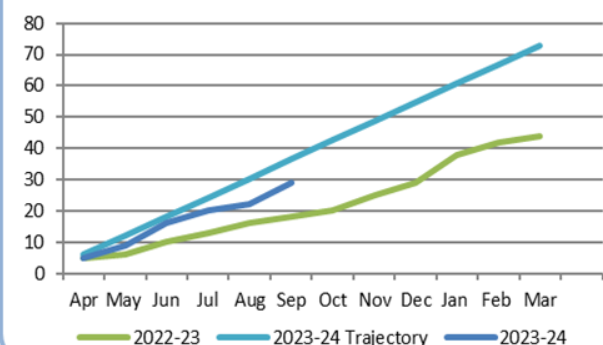
— 2023-24 Trajectory — 2022-23 — 2023-24

Cumulative C.difficile Cases - Trust Attributable



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

Cumulative E.coli Cases - Trust Attributable



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

Falls

What does the data tell us?

Falls incidents per 1000 bed days

NBT reported a rate of 5.03 falls incidents per 1000 bed days in September 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

Falls harm rates

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

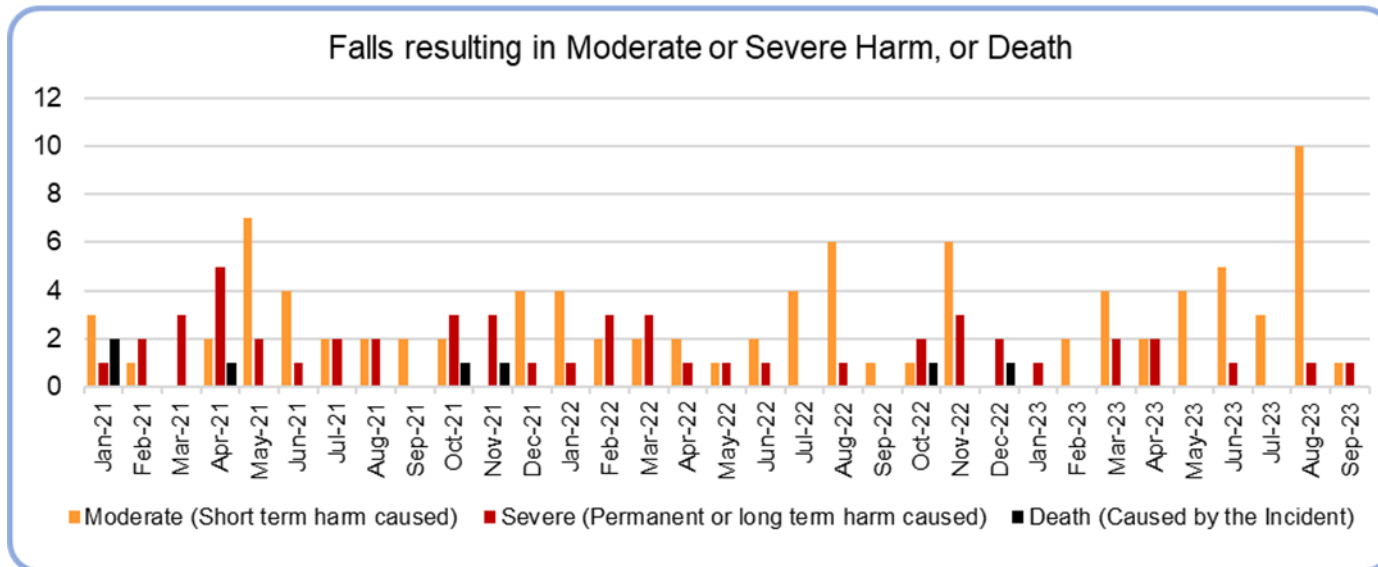
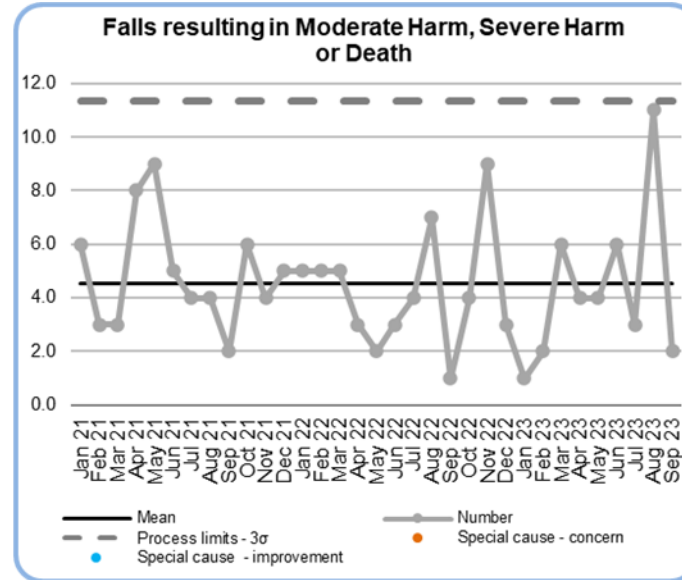
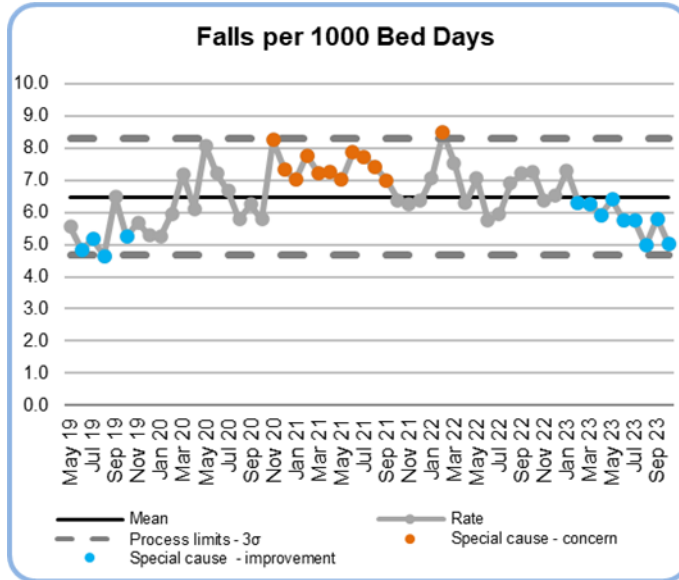
What actions are being taken to improve?

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

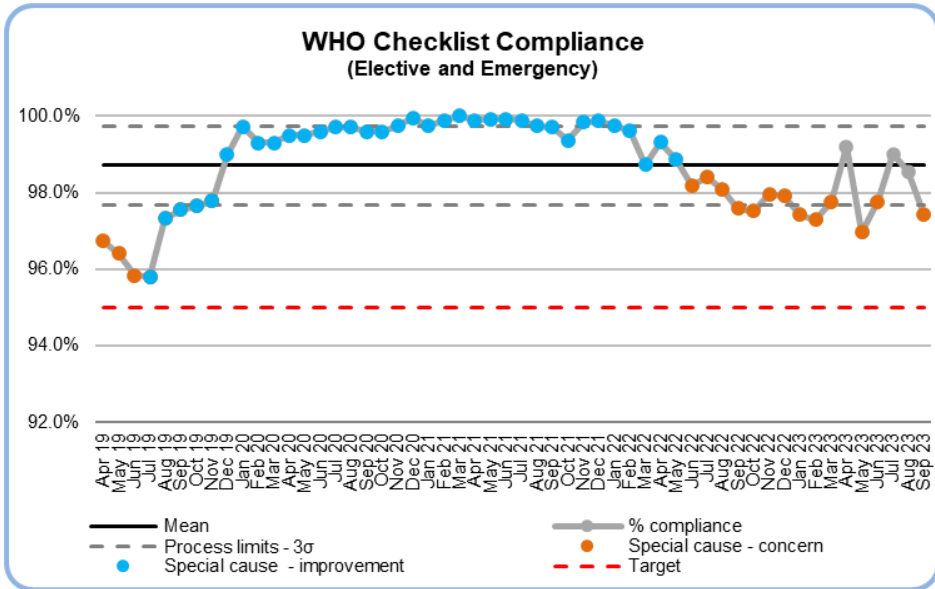
Leadership responsibility for Falls improvement work has now been delegated to the Trust's Chief AHP with some non-recurrent improvement resource for 2023-24 identified. This will provide greater insights into current practice, identify potential areas for improvement and implement actions working with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

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

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



WHO Checklist Compliance

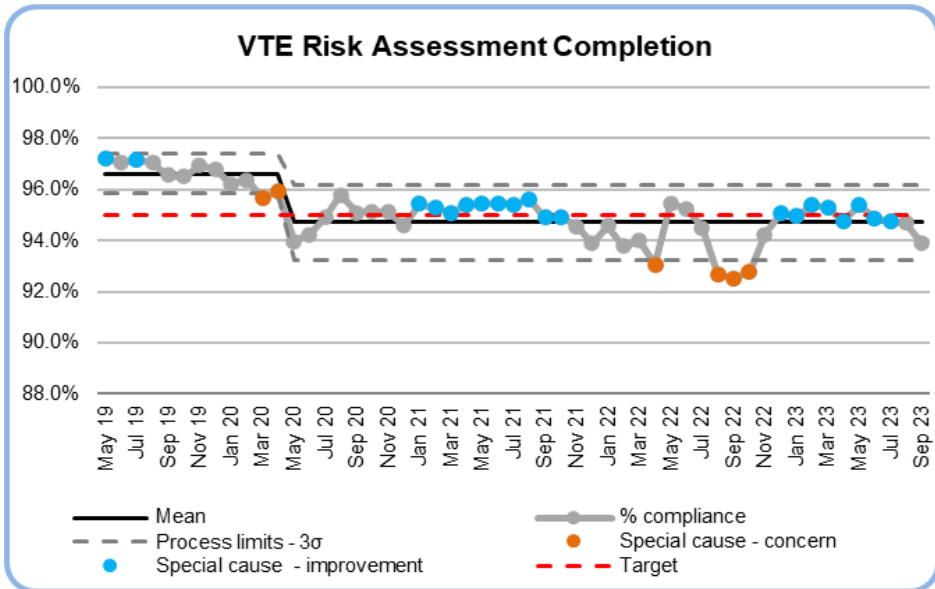


What does the data tell us?

In September, WHO checklist compliance was 97.42%. 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 August, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.88%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall in recent months, however, there is still work to be done to ensure further improvement.

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

What actions are being taken to improve?

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

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This was successfully implemented in 3 clinical areas and moved to large scale deployment in June 2023. The current data is therefore unreliable and is 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.

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

Patient Experience

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

Patient & Carer Experience - Overview October 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

Patient & Carer Experience Strategy Commitment	Commitments	Key improvement/action
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	<ul style="list-style-type: none"> No new data quality issues for FFT- data is therefore reliable The process has been agreed for 'patient conversations' our real-time feedback opportunity. This will be signed off at the DPEG in October and rolled out.
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	<ul style="list-style-type: none"> AIS Steering Group met in August, reviewed AIS Delivery Plan and this is on track Successful role out of Care Flow for the Chaplaincy Team. SPaRC Strategic Plan on track and monitored through PCEG. 4 new patient partners going through the onboarding process. Recently celebrated 20th year anniversary of the partnership with a celebration event. New Access & Inclusion Lead role in place, scoping project with Healthwatch to understand the experience of patients awaiting surgery from specific demographic groups.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	
	We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.	
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon this.	
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	<ul style="list-style-type: none"> Compliance remains an issue, particularly in WaCH FFT scores are improving except 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.	<ul style="list-style-type: none"> 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 Strategy provided to QC and Board in October. The first edition of the quarterly PE newsletter has launched and received positive feedback.
	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 Experience Newsletter

September 2023

Welcome

Welcome to our first Patient Experience Team Newsletter!

This quarterly newsletter will keep you up to date on all the exciting work happening across Patient Experience. Our Patient and Carer Partners will share updates and we will shine a light on our amazing colleagues and volunteers.

We will also share progress on our new and exciting Patient and Carer Experience Strategy. This strategy sets out our commitments for the next 3 years and where we will be focusing our attention.

[Check out this video](#) of Steve Hams, Chief Nursing Officer and John McLellan which talks about our commitments in more detail and what you can expect to see over the next year.

Grab a cuppa and enjoy reading this autumn edition!

Emily Ayling, Head of Patient Experience



Friends and Family Test feedback:

"All of the staff were so knowledgeable, kind, and helpful. We felt very looked after and I felt the health of my baby and myself was looked after very thoroughly."

"Faultless service from all staff today, caring and informative. Quick and efficient and reassuring."

"From walking through the hospital entrance, the staff from the ground floor greeting and directing people through to the consultant was so helpful and welcoming"



Left to right - Troy Crompton, Bwalya Treasure, Mark Read and Emily Ayling

Patient Feedback & Engagement

A summer of events

The Patient Experience Team had the pleasure of speaking with different staff and public groups this summer. At the Staff Expo we celebrated the positive comments staff receive through the Friends and Family Test. If you would like to know more about FFT please see the information [pages on LINK](#).

At Bristol Pride we loved speaking with everyone and learning about how we can better support our LGBTQIA+ patients in the future! If this is something you are interested in, get in touch!

Our focus has now turned to celebrating the 20-year anniversary of our amazing Patient and Carer Partners in October. Keep an eye out and help us celebrate our partners over the coming weeks!

Troy Crompton, Patient Experience Manager

NBTCARES

Spiritual, Pastoral and Religious Care

Chaplaincy goes live on CareFlow

In September, the chaplaincy team will start using CareFlow narrative to record our care of patients. This will enable us to; record what support we have provided to patients, produce a daily report of all the patients we are seeing, and produce statistics relating to our activity levels more easily and accurately. It will also enable staff to see what SPaRC interventions have taken place which we hope will improve holistic care and a better patient experience. This is a major advance for integrating SPaRC support alongside other aspects of patient care.

Just Ask Campaign

In September and throughout the autumn, our chaplaincy will be actively supporting the Big Idea – Just Ask campaign which is being run by a team in Palliative Care. Just Ask is designed to encourage staff to ask patients or their family and carers about the person's SPaRC needs especially for patients approaching the end of life. Through information stands, workshops and training the campaign aims to reduce fears and address concerns staff have about assessing people's spiritual needs. It will encourage staff to "just ask".

Revd. Mark Read, Chaplaincy Team Leader

Volunteer Services

Spotlight on League of Friends

A huge thank you to our League of Friends at Southmead and Cossham. Through their coffee shops and other fundraising they continue to raise money to help purchase much needed equipment for patients in the Trust. Examples of that they've funded includes, patient wheelchairs, carers chairs and a music therapy tv channel.

At our Cossham site we are celebrating Eileen Savage who has served an incredible 30 years working tirelessly with the LoF. Thank you to our amazing League of Friends.

Bwalya Treasure, Voluntary Services Manager



Patient and Carer Partners: Amanda Threlfall



Our last quarterly involvement as patient and carer partners has always been busy, and engaging. Activities the team have been involved in include attendance at the Dementia Strategy Group, Carers Strategy Group, Patient and Carer Experience Group and Committee, Learning Disability Groups and various Governance Groups.

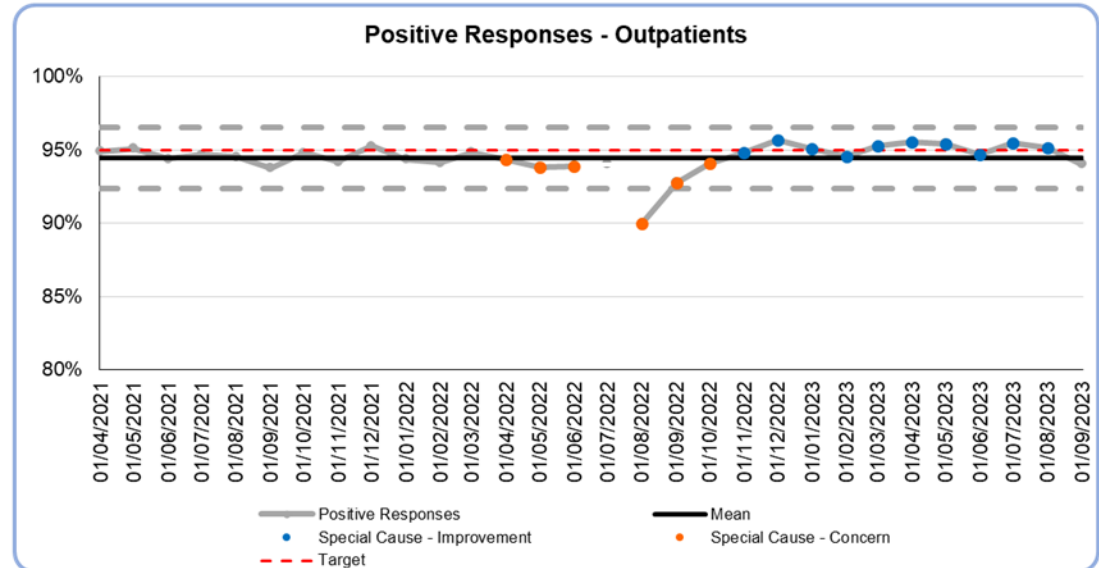
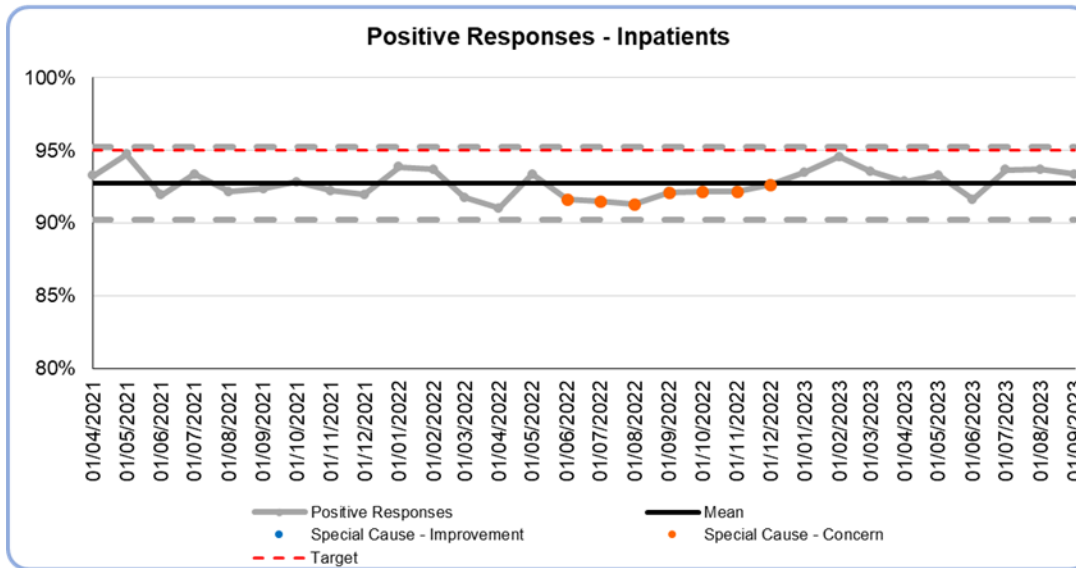
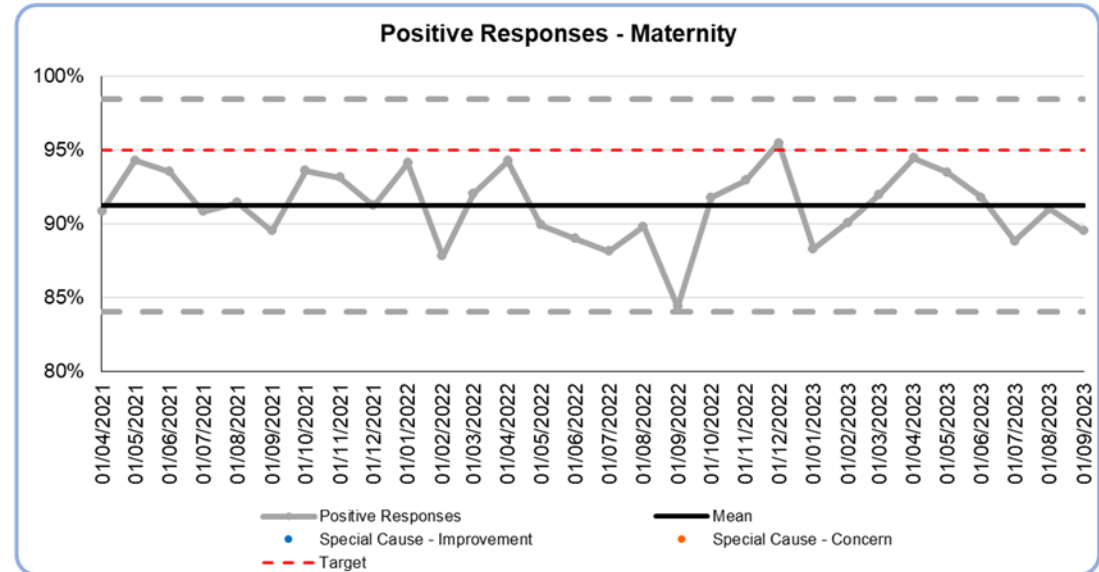
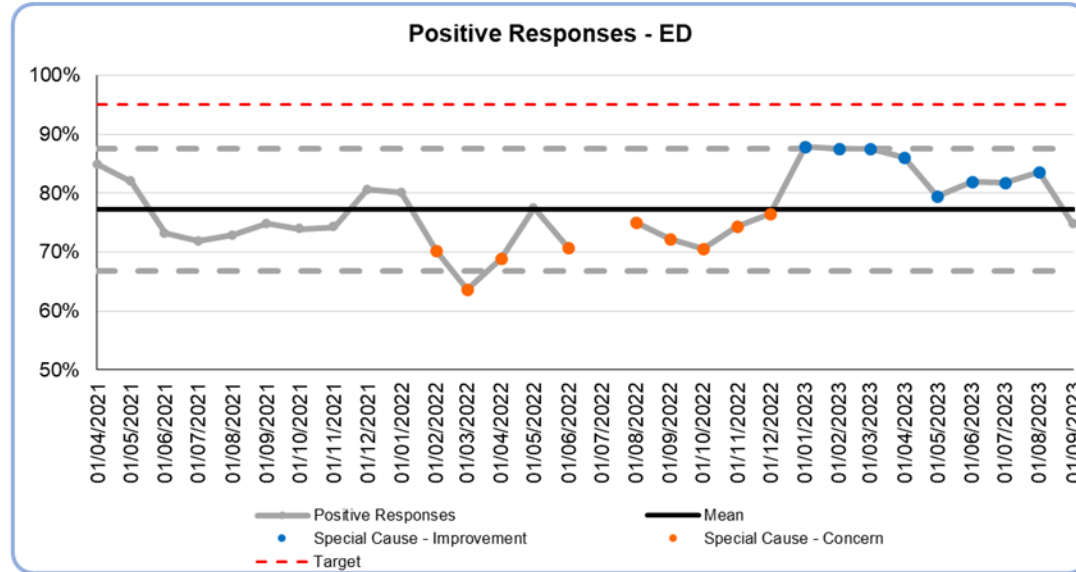
The complaints lay review panel also met and as normal reviewed three cases. Some members have been involved in the funding application for the new Elective Care Centre.

The Patient Experience Team are a really loving and caring team, and even have their very own NBT Hero, Krys. Next month we have the opportunity to attend the 20 year celebration event, and we will also recognise the input of those unable to attend in person.

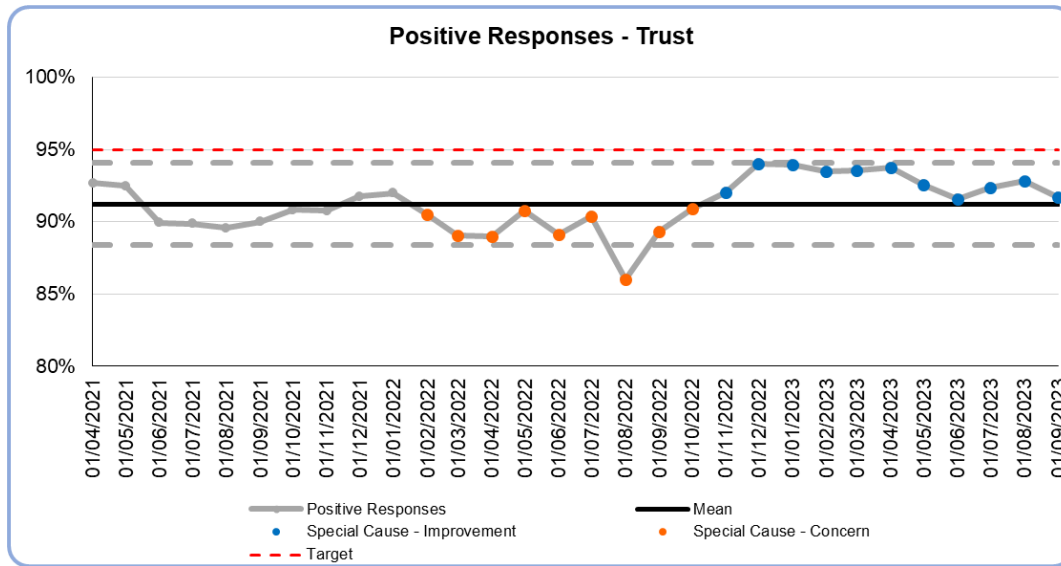
As a team of volunteers we love working with the trust, and feel honoured to be able to be part of the team. As I always said to my late husband, teamwork makes the dreamwork.

NBTCARES

- At the end of September, we launched the first edition of our Patient Experience Newsletter.
- This is aimed at staff and highlights updates from different areas of Patient Experience, including an update from a Patient and Carer Partner.
- This aims to continue raising the profile of these services amongst NBT staff and to promote the patient voice being heard more loudly across the Trust.
- The newsletter is on our Trust website, and intranet and physical copies were distributed.
- Feedback has so far been very positive from staff.



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



What does the data tell us – Different areas?

- **Outpatients:** Positive responses have dropped by 1.1% from August to 94%. The % of negative responses has increased marginally by 0.4% to 2%. The response rate for outpatients is 14%
- **Inpatients:** The % of inpatient positive responses has increased slightly from 90.9% to 91.1%. The number of negative responses has remained around the same as last month, increasing 0.2% to 5.2%.
- **Emergency Department:** The % of positive responses has declined quite substantially since last month from 83.6% to 75.7%. The % of negative responses has also increased from 10.8% to 15.6%. The response rate was 20% and this was an area which did not see any increase in the number of respondents, so this indicates that there has been a specific impact on patient experience this month. The top negative theme remained waiting time.
- **Maternity:** Positive responses have dropped by 1.5% from August to 89.5%. However, the % of positive responses for Birth this month increased by 3.3% to 98%. This is the highest positive rating since Dec 22. 1% of comments were negative, down from 3.1% The top positive theme was ‘staff’ followed by ‘environment’. Patients commented on how grateful they were for the way the staff supported them through their birth experience.

What does the data tell us - Overall?

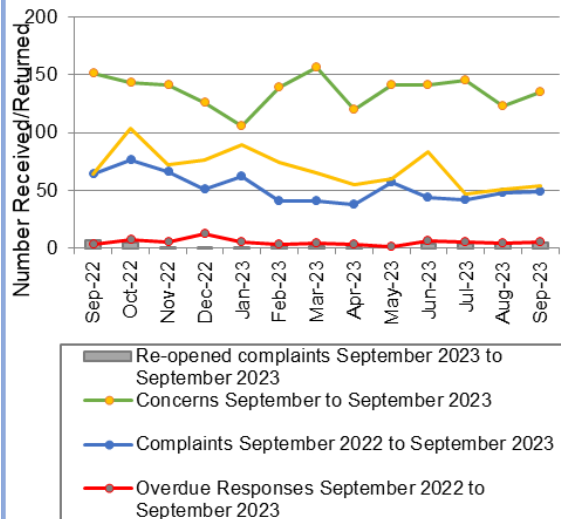
- In September, 10,403 patients responded to the Friends and Family Test question. 7472 patients chose to leave a comment with their rating, 2193 more than the previous month.
- We had a Trust-wide response rate of 16%.
- 91.7% of patients gave the Trust a positive rating, a slight decline from the previous month, but this remains above the Trust average.
- Positive themes from comments: staff, waiting time and clinical treatment
- Negative themes from comments: waiting time, communication and staff.
- Analysis of the themes showed that patients were often more frustrated with the lack of communication about waiting times rather than the wait times themselves, although these were still a concern:

“Service provided was caring and professional but everything took a very long time and I was not always kept informed about what was happening and how long it should take to happen”

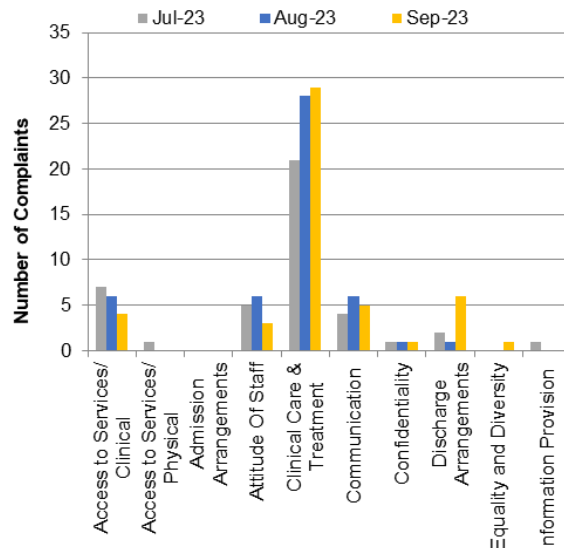
What actions are being taken to improve our FFT engagement?

- The Trust’s Nutrition and Hydration group have arranged for a 6-monthly review of all FFT comments mentioning the ‘catering’ theme so that they can identify areas for improvement. This review was provided for the first time this month.
- Maternity FFT will be temporarily paused due to the implementation of BadgerNet. We are working with BI staff to ensure that data quality remains a priority during this transition. FFT will be sent to patients seen during the affected period, to ensure we continue to capture all experiences.

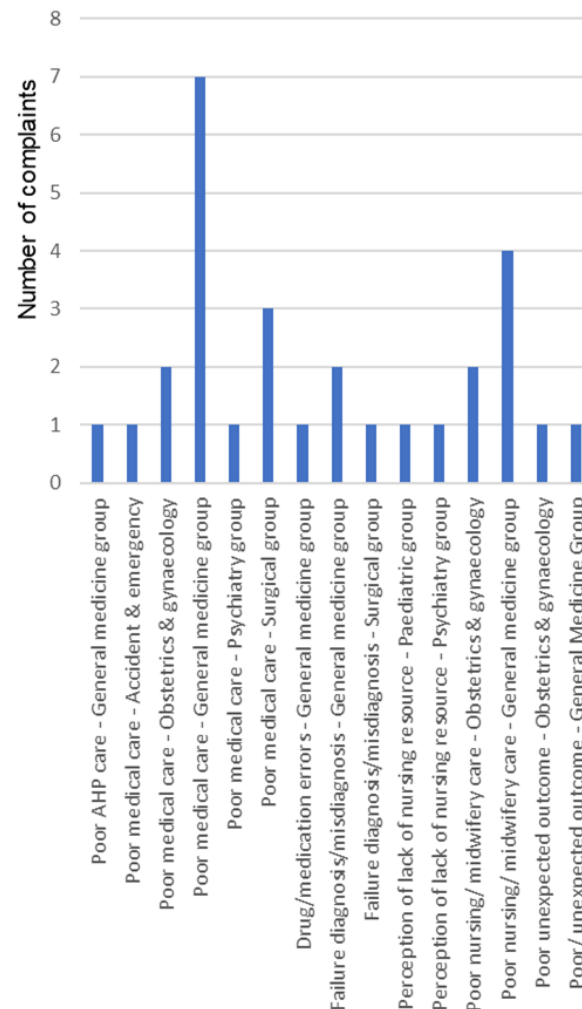
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints



Complaints By Subject



Complaints by Sub-Subjects for "Clinical Care & Treatment"



What does the data tell us?

In September 2023, the Trust received 49 formal complaints. This is 1 more than in August and 15 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (29). A new graph has been added to show the active sub-subjects for "Clinical Care and Treatment" for September.

There were 5 re-opened complaints in September; 4 for ASCR and 1 for Medicine.

Of the 49 complaints, the largest proportion was received by Medicine (19).

The overall number of PALS concerns received has increased to 135, 12 more than in August.

The response rate compliance for complaints has increased to 71% in September. A breakdown of compliance by clinical division is below:

ASCR – 81% NMSK- 72%

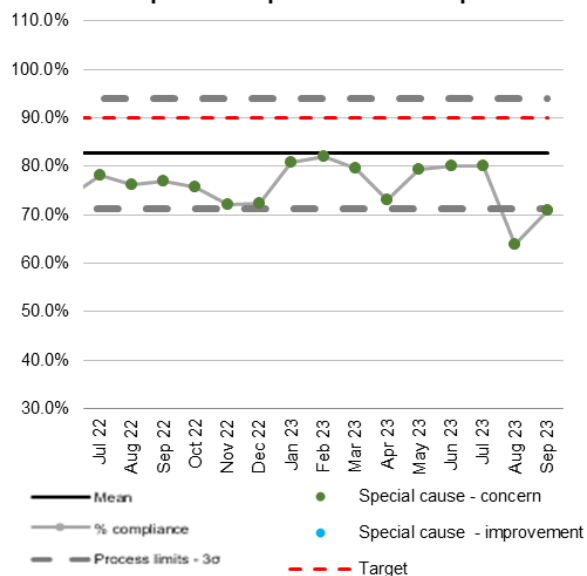
WaCH- 55% Medicine – 83%

CCS – 0% (only 1 complaint received)

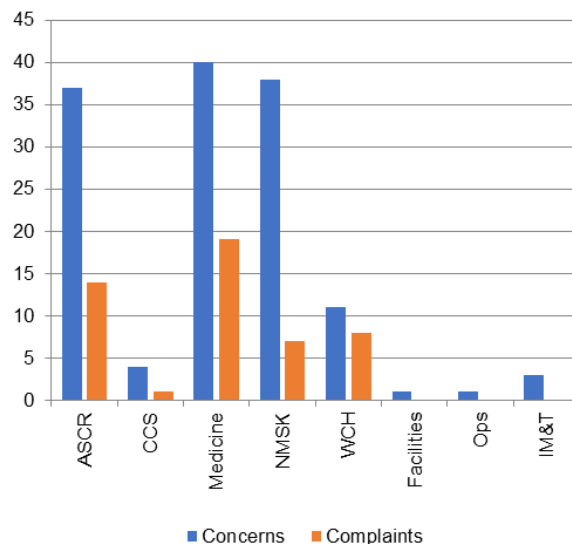
The number of overdue complaints at the time of reporting remained the same as in August (5). The overdue complaints are with NMSK (3), WaCH (1), and ASCR (1).

In September 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day. The average response timeframe for PALS concerns in September remained the same as the previous month, 9 days

Complaint Response Rate Compliance



Concerns and Complaints per Division



Workforce

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

Vacancies

The Trust vacancy factor was 7.16% (669.72 wte) in September down from 7.69% in August (706.1wte). The greatest reduction in vacancies continues to be seen in Registered Nursing and Midwifery (net gain of 18 wte from external starters driven by newly qualified intake and 7 wte internationally educated nurses completed their exams and became band 5), and Medical (across grades and in particular clinical fellows in Histopathology, Neurosurgery, Emergency Department and Stroke) staff groups. Additional Clinical Services, and Allied Health Professionals both saw a small growth in vacancy factor from August to September (3.24% to 3.51% and 9.71% to 10.13% respectively), both due to increases in funded establishment.

Turnover

Rolling 12-month staff turnover decreased from 15.03% in August to 14.59% in September, continuing the improvement trend since November 2022; with Additional Clinical Services turnover falling from a highpoint of 25.06% in November 2022 to 19.98% in September 2023, and Registered Nursing and Midwifery declining from a highpoint of 16.41% in September 2022, to 13.22% in September 2023. The Trust has finalised its one-year retention plan and is currently drafting the five-year retention plan and aligning to the outcome of the 1st iteration of the long-term workforce plan scheduled for October.

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

Prioritise the wellbeing of our staff

The Trust rolling 12-month sickness absence position remained stable at 4.91% in September (4.92% in September).

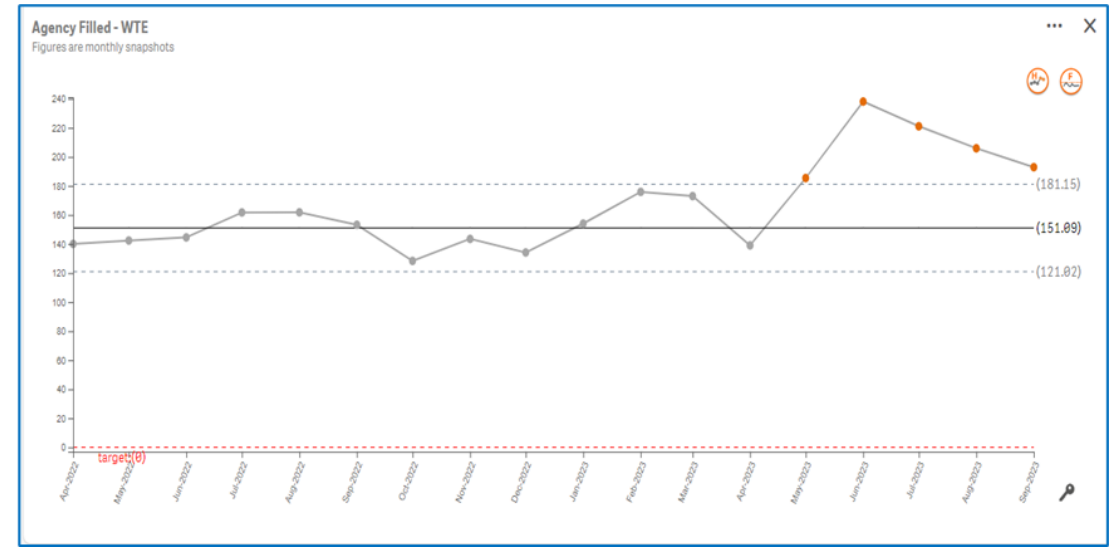
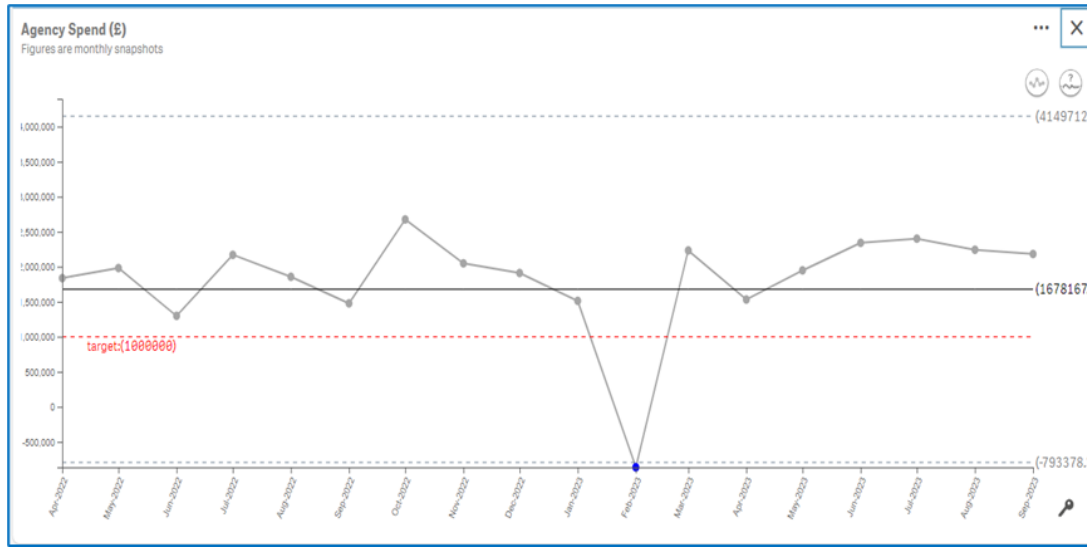
Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

Temporary Staffing

Overall temporary staffing demand reduced by 7.46% (79.29 wte) from August to September. The greatest reduction was in Administrative and Clerical staff (-28.11%, -28.25 wte). While agency and bank use both decreased -12.79% (-26.10wte) and -9.44% (-65.50 wte), there was also a decrease in unfilled shifts (-10.20%, -16.88 wte, from August to September. Decreases in unfilled shifts were seen predominantly in Allied Health Professionals, Registered Nursing and Midwifery, and Additional Clinical Services.

Theme	Action	Owner	By When
Vacancies	Review of recruitment processes initiated via Patient First 'Faster Fairer Recruitment' and now ongoing through the Recruitment Services Reconfiguration (RSR) and extending performance management timeframes to 150 days to ensure sustainability improvements. Implementing digital on boarding forms from October '23 to further enhance recruitment processes / candidate experience	Deputy Chief People Officer	Oct-23
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 26.10 wte overall, 24.92 wte of which was in Nursing and Midwifery Registered. This position was driven predominantly by a reduction in agency use in ICU of 16.34wte, along with other smaller decreases across EEU, Maternity Services, wards 27B, 7A, 6B and 34A

Emergency Department, AMU, Ward 9b, Mendip Birthing Suite and NICU saw growth in agency use of between 2.00 wte and 5.06 wte, these teams saw a reduction in break glass use or used no break glass shifts at all in September.

RMN use largely remained static, except for an increase of 5.06wte in Ward 9b.

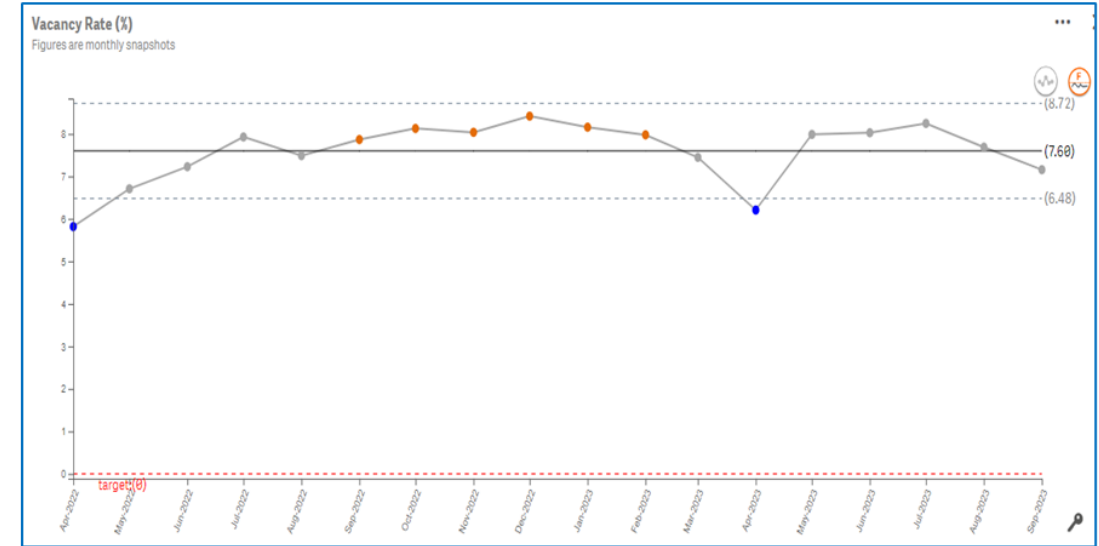
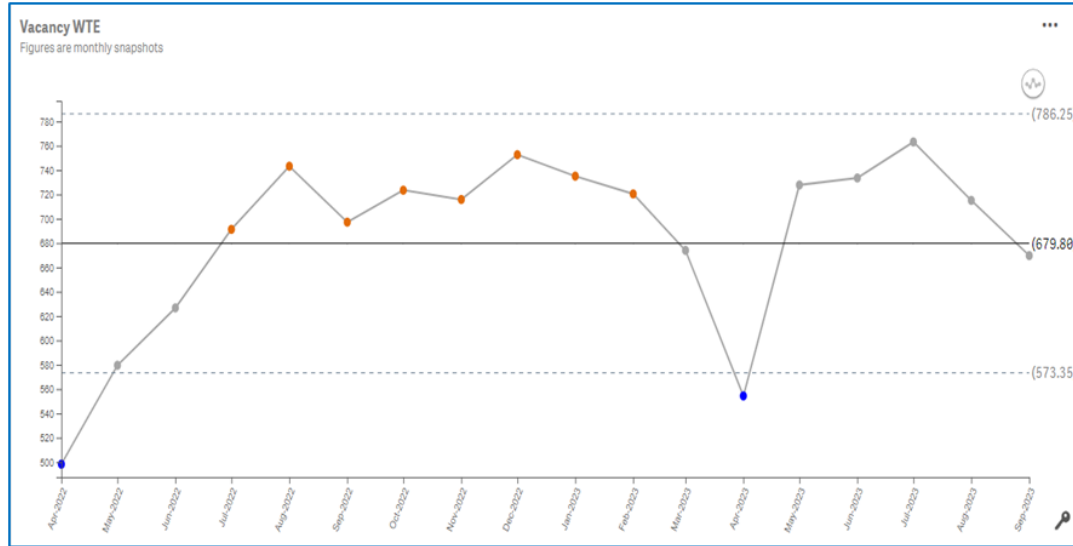
Actions

1. The Agency Oversight Board has been expanded to include Bank usage and will now be known as the Temporary Staffing Oversight Board which will meet bi-weekly. This oversight board will highlight key areas of focus which will be fed through the monthly DPR for action and or identified further support.
2. The Bank and ESW proposal has been discussed with AWP and will now move to attraction and recruitment during October.
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 JCNC prior to presentation at the People Oversight Group in November for consideration.

Agency Reduction: Ongoing review of agency suppliers and rates charges is being managed through monthly contract review meetings supported by BWPC, Retinue (Neutral Vendor) and HealthTrust Europe the framework operator. Agency shift escalation processes have been revised with additional authorisation levels now added for Tier 3 agency requests.

Bank Optimisation: Dedicated Project Manager has started to scope the short-, medium- and long-term interventions and opportunities for increasing Bank fill rate and the experience of Bank workers within NBT. This will feed into the newly formed Temporary Staffing Oversight Board.

Vacancy Position



Talent Acquisition Recruitment Activity Unregistered Nursing and Midwifery

- Offers:** 20.53 wte of offers for HCSW roles were made in September, 2.61 wte for band 2 and 17.92 wte for band 3
- Pipeline:** 78.69 wte of candidates with offers being processed. Current withdrawal rates are at 15% of HCSW roles suggest that 66.88 wte will join over next three months (between October and December) which is at the same level as last year where 60.58 wte joined

Registered Nursing and Midwifery

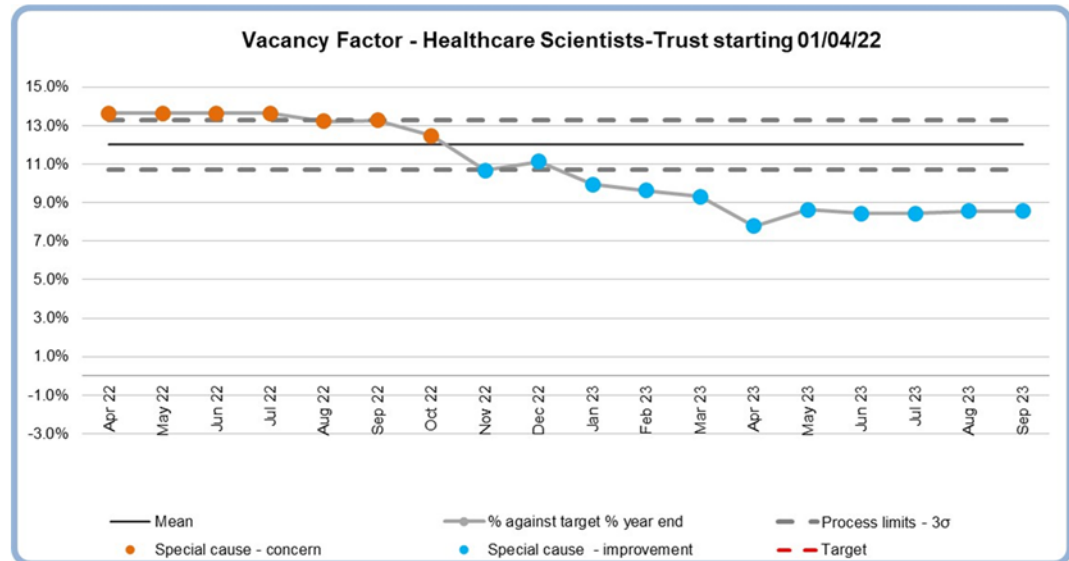
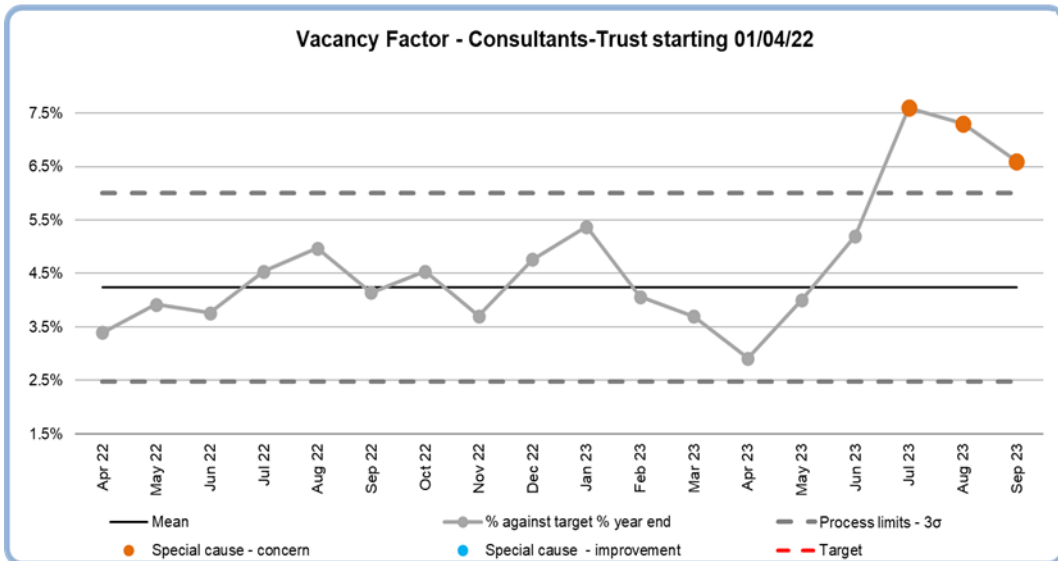
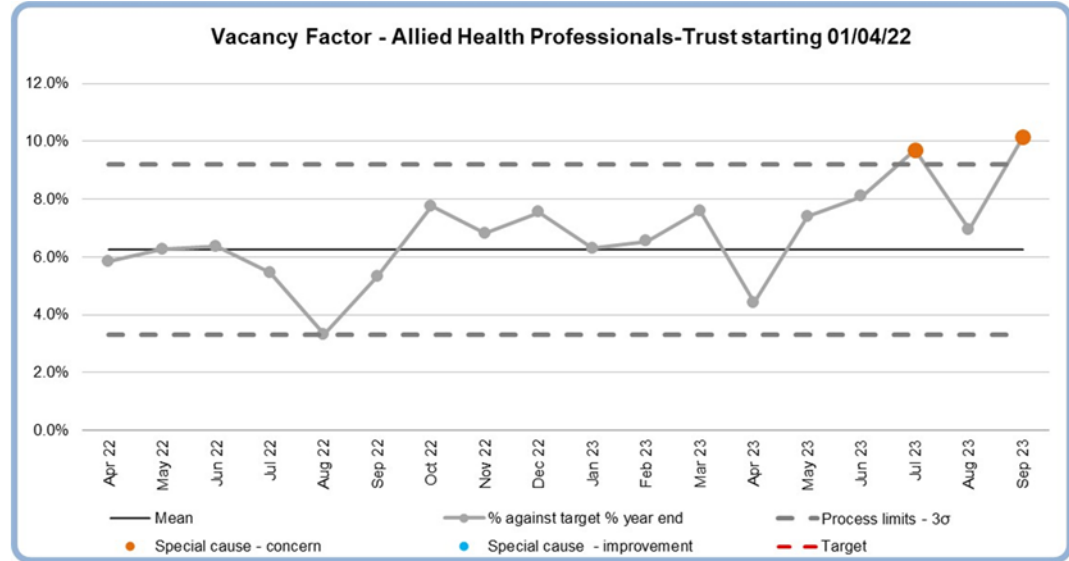
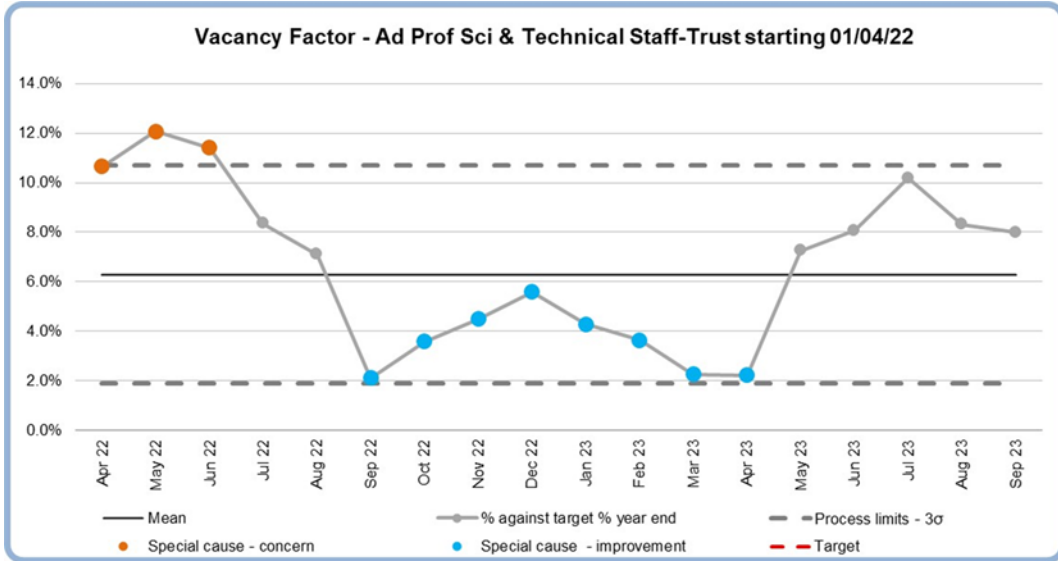
- Offers:** 41.85 wte of offers to band 5 experienced and newly qualifying nurses across the Trust
- Pipeline: Domestic** 167.80 wte band 5 candidates with offers being processed. Current withdrawal rate is at 13% and we have launched a pipeline engagement plan to lower this withdrawal rate over the coming months.
- Pipeline International:** There are 25 wte in the pipeline allocated to start in October which is higher than last year where 10 wte joined

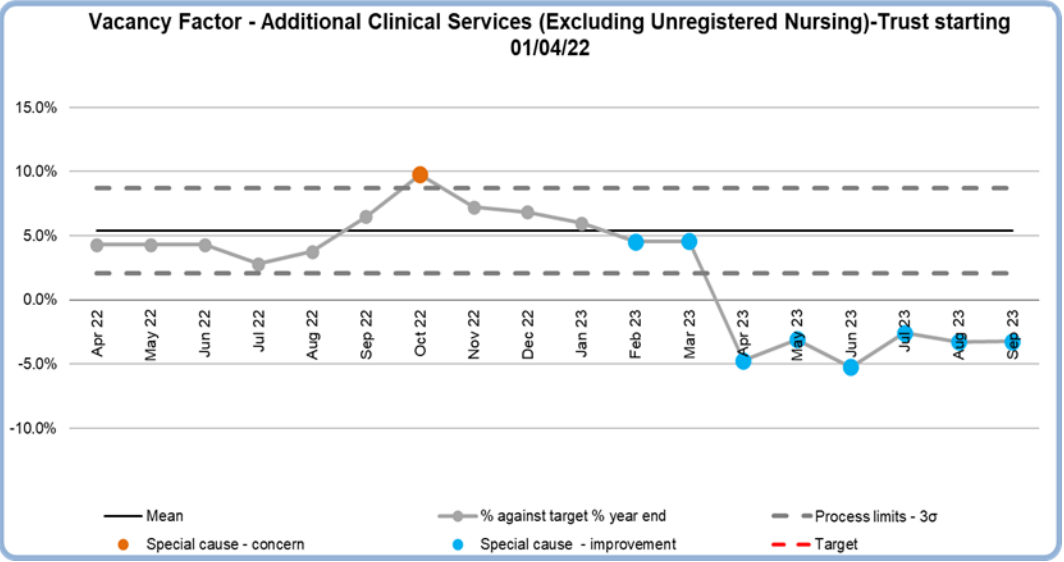
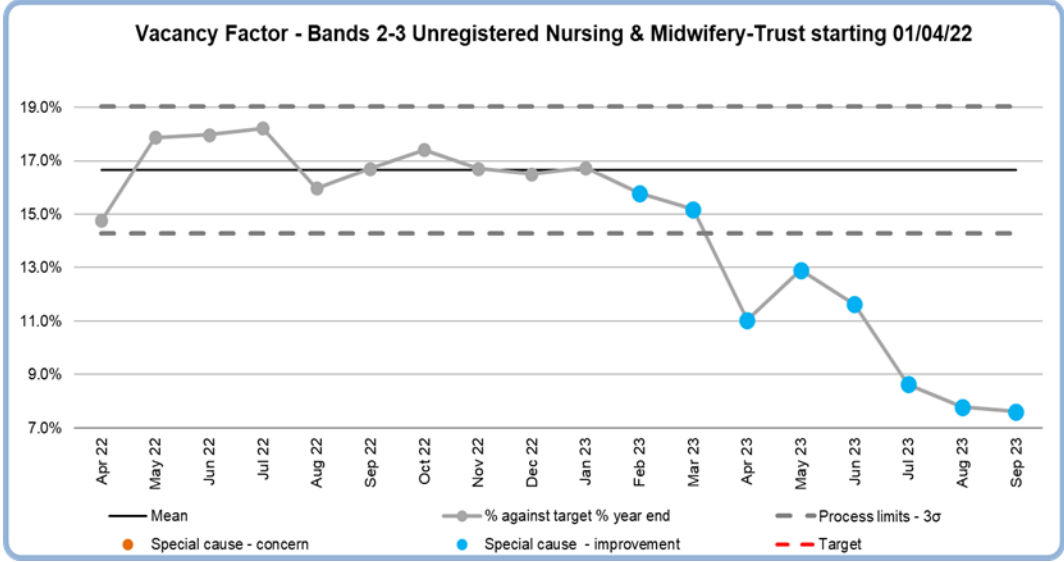
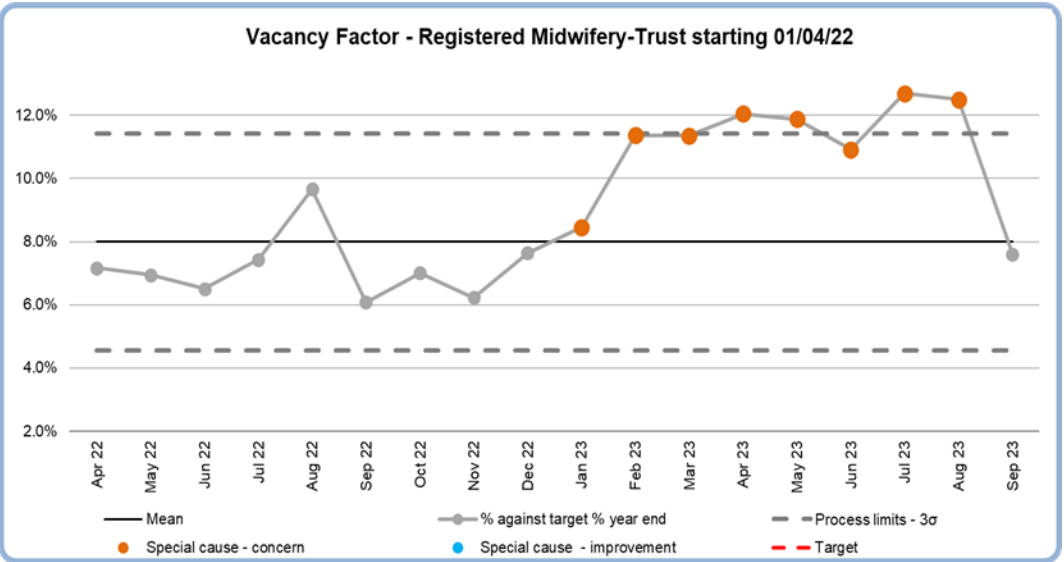
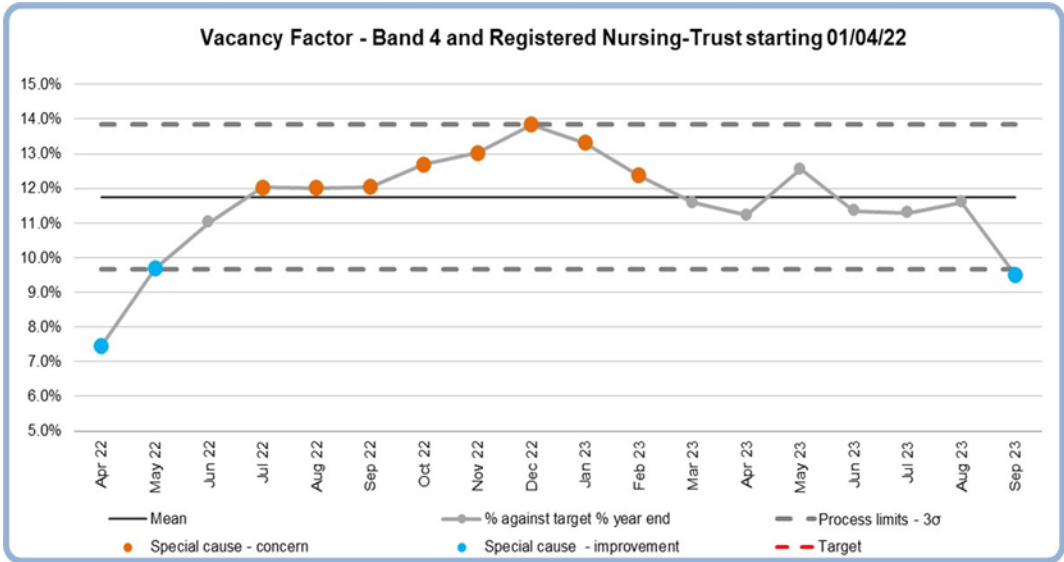
Recruitment Activity

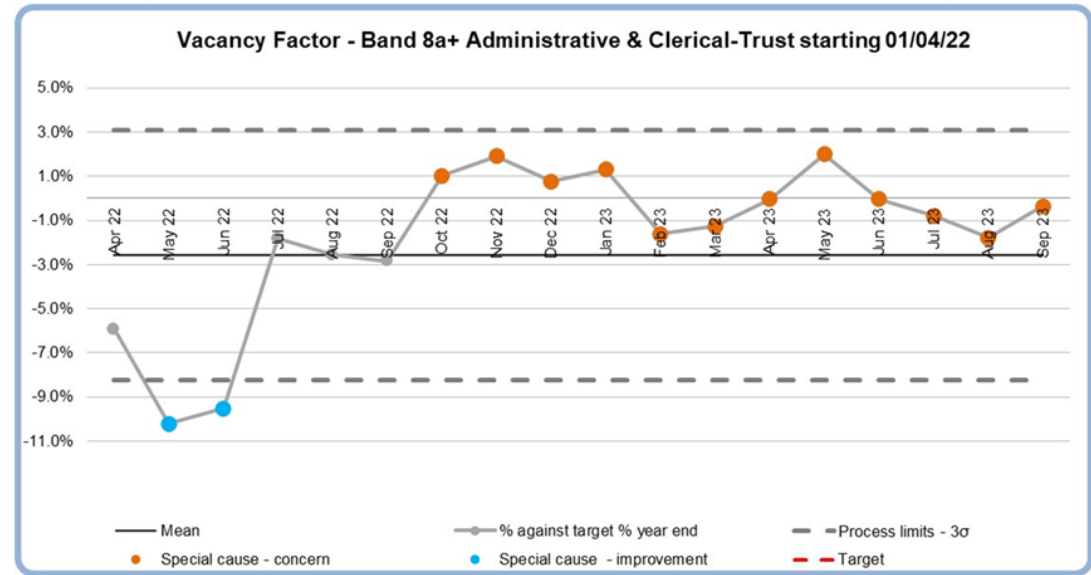
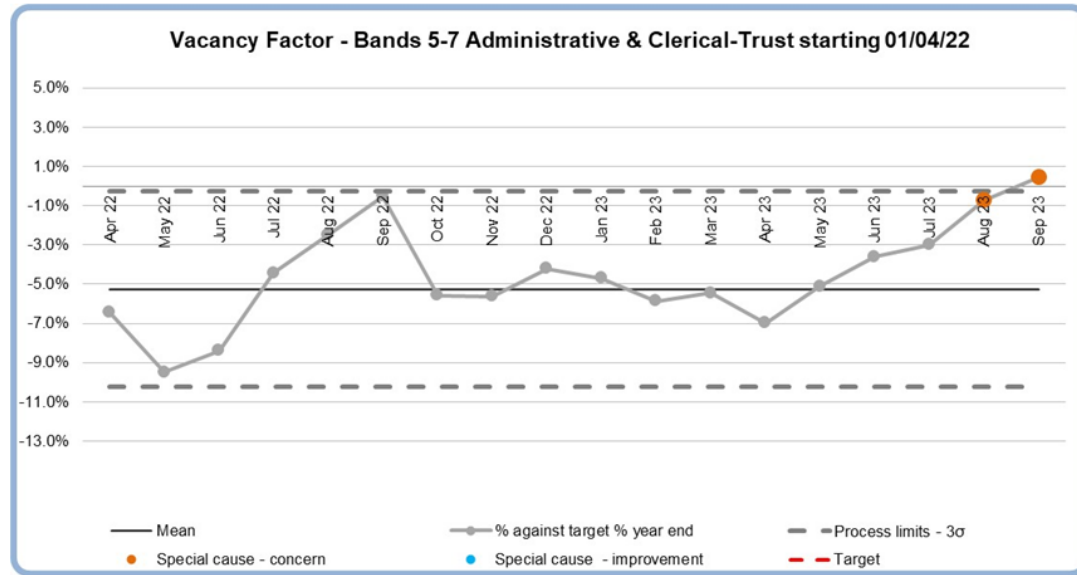
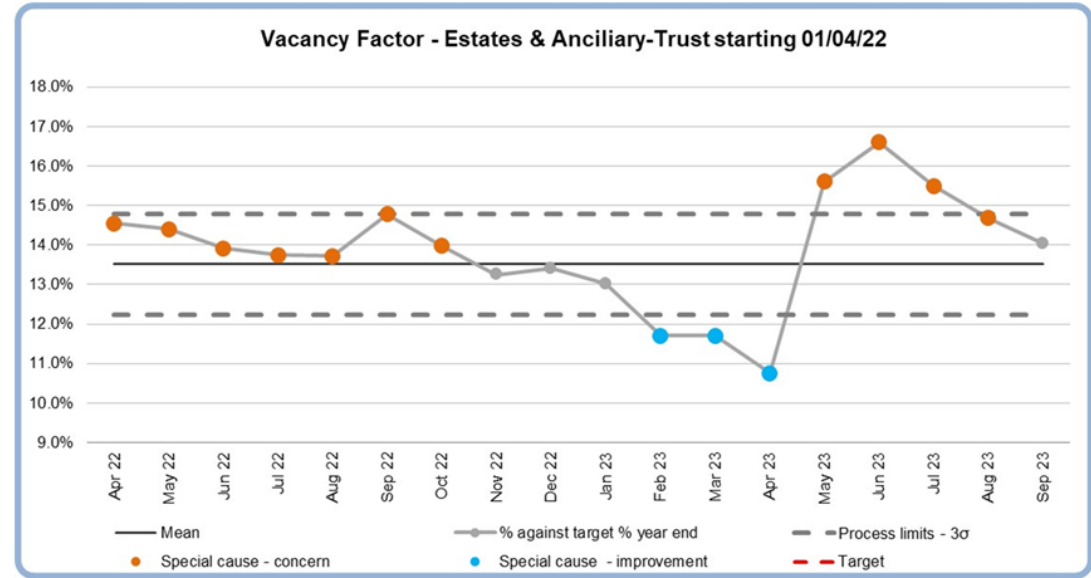
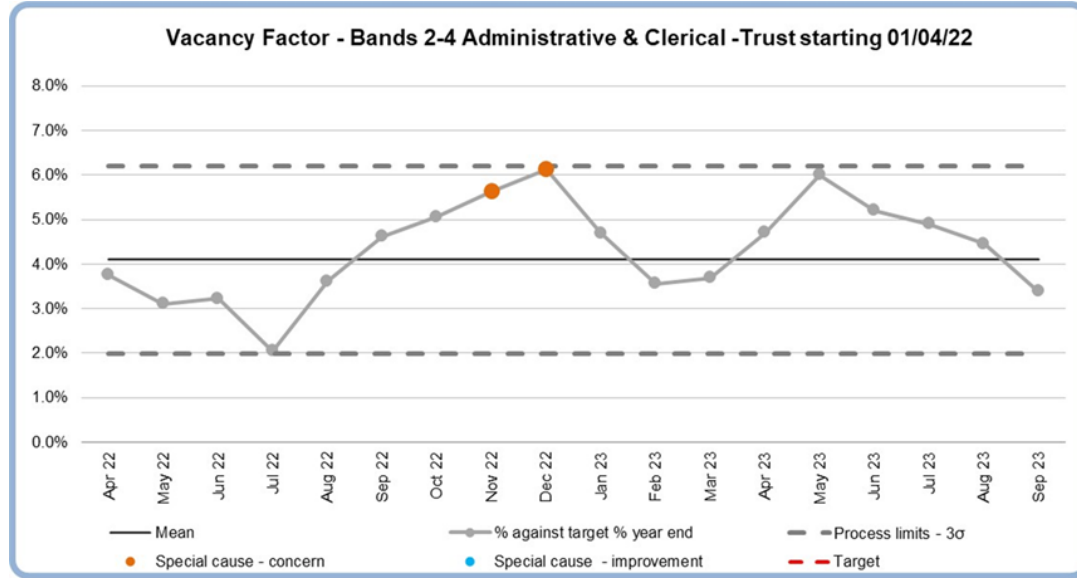
- In September, the Trust attended 5 recruitment fairs including the Nursing Times Careers fair in Brighton and the UWE Healthcare Welcome fair
- International Recruitment:** We welcomed 12 Internationally educated Nurses to the Trust in Aug

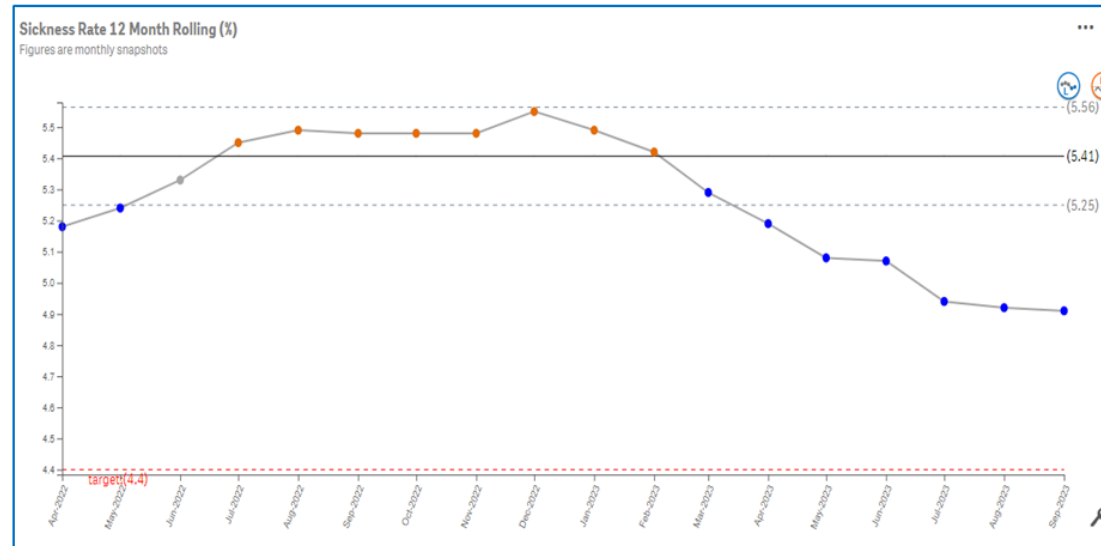
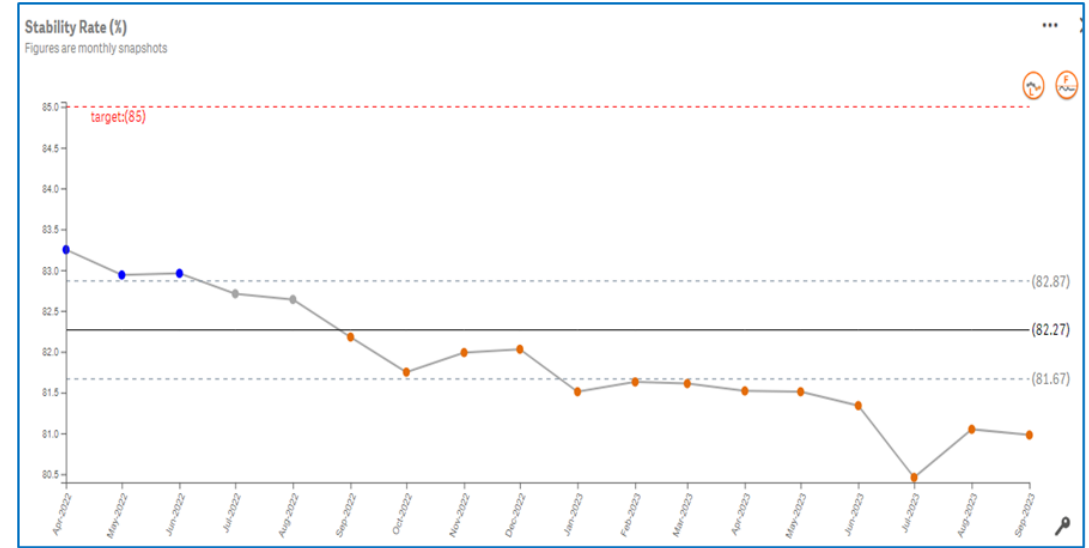
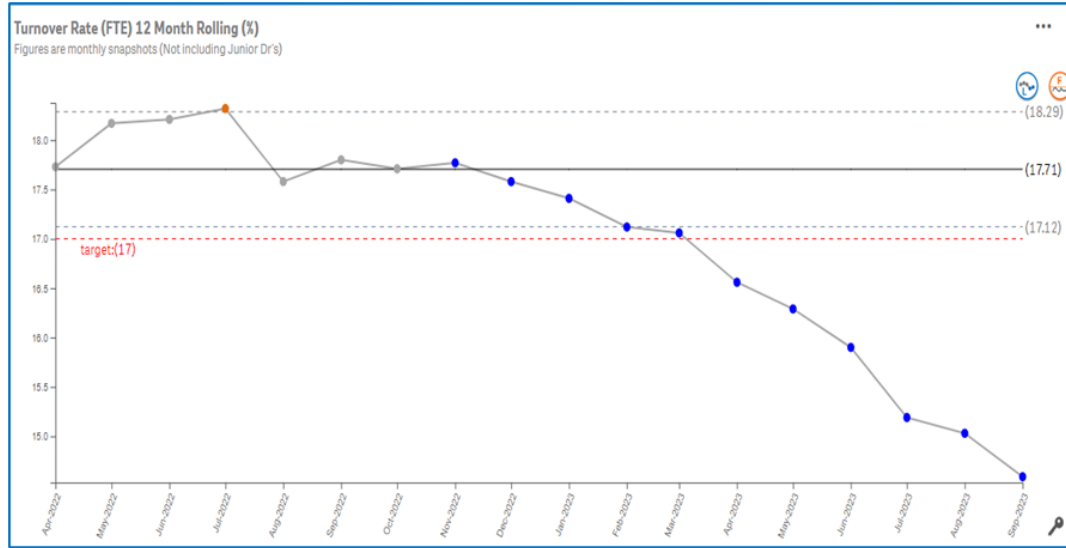
Current actions being taken to mitigate withdrawal rates:

- Midwifery incentivisation programme in place – Withdrawal rates now at 11%
- Pipeline Engagement Open Days started in September with 17 Nurses and Midwives attending a site visit and tour with Divisional representation.









Actions delivered: (Associate Director of People)

- Policies agreed on armed forces and reservists, fairness at work and redundancy
- Development for complex investigators and mediators, supporting early resolution
- Partner support model agreed, with recruitment completed
- Triangulation work with safeguarding and FTSU teams on handling staff allegations

Actions in Progress:

- Website with bitesize management training in development, providing just in time advice and support (**Launch planned in November**)
- Long term absence deep dive aligned to partner support model (**December**)
- Let's talk Flex – campaign on flexible working and consideration of revised AfC conditions (**January**)
- Campaign to support new fairness at work policy, early resolution and RJC (**March**)

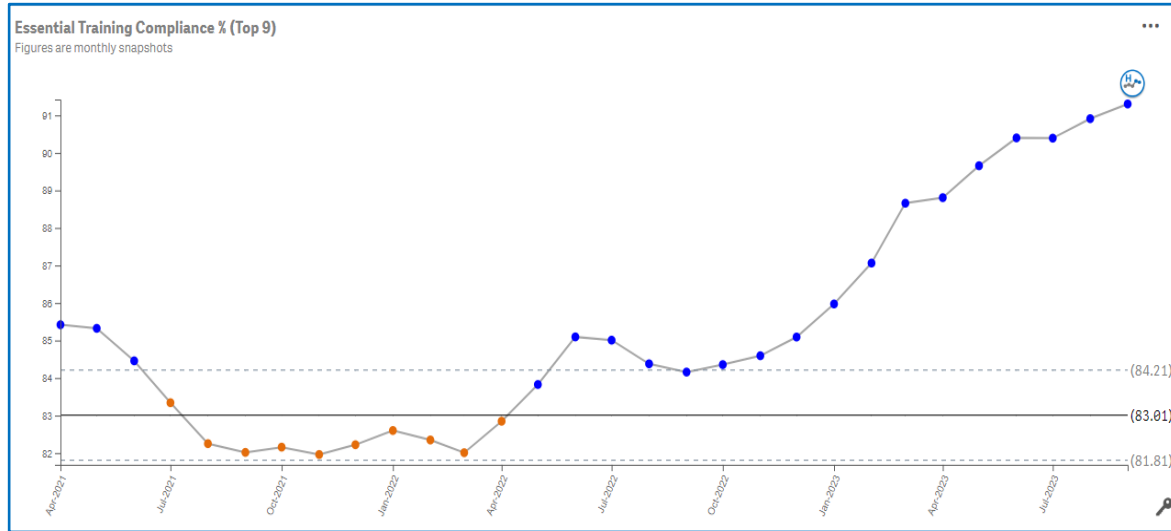
Retention and Staff Experience (including Health and Wellbeing)

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

- Staff Survey Working Group set up with wide representation from all divisions, poster campaign and comms plan launched
- Planned and ran a stand to support World Mental Health Day
- 3-year EDI plan developed and agreed in principle by Trust Board
- Terms of Reference for the new 'Sexual Safety at Work' Group have been developed and first meeting planned

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**
- Final Draft of EDI Plan developed, following feedback from Trust Board and staff networks (final sign off to go to next People Committee (**November 2023**))
- Trust retention working group to continue, developing and implementing retention plans and developing the 5- year plan (**April 2023 – November 2023**)
- Work underway with a multi-disciplinary group of people, including our ICS Retention Lead, to develop a Legacy Mentoring Programme at NBT (**May – December 2023**)
- 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 (**November 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**)



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

- QLIK (11 Oct 23) shows compliance as: All staff 87.2%, Permanent Staff 92.98%, Fixed Term Temp 83.85%, Other 65.57% (NBT eXtra 67.99%).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
 - Medical and Dental 69.78% (Risen from 66.92% last month)
- Training Compliance By Training Title (Top 9) shows Information Governance is at 84.64% which is **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 MaST reports raise the visibility of compliance within divisions. Div Dons 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 48.87% (increased from 35.97%). 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 due to start final module. Cohort 2 on module 2 this week, and cohort 3 due to start 18th Oct. 72 delegates (bands 5-VSM). Inclusivity 39%. Dates confirmed for cohort 2-5 and dates for Action Learning Sets confirmed for cohorts 1-3. Bottleneck of training dates from UWE for forthcoming cohorts. Contract now signed with UWE. All UWE module content finalised.
- **Excellence in Management:** Cohort 1 and 2 in progress. 48 delegates (band 5-8c). Inclusivity 31% (race, sex, disability). Dates for Cohorts 3 and 4, 2024-2025, live.
- **Leading for Change:** John Drummond 12 Dec 23, Laura Ashley-Timms 20 Feb 24
- **Accelerate:** Cohort 1 launched in Sep, and Cohort 2 due in Feb 24.
- **ILM Leadership and Team Skills:** Cohort 1 Mar 23 - 11/13 delegates completed award, 2 delegates working towards completion. Cohort 2 Jul 23 - In Progress. Cohort 3 Sep 23 - 29 applicants for 20 places, 16 learners started. Next cohort due March 2024; applications open 13 Nov 23 - 8 Jan 24.
- **Coaching and Mentoring:** procuring PLD platform. Completed a DPIA, now awaiting support from IT systems. Potential go-live date is scheduled for late 2023.

(Head of Apprenticeships and Early Careers)

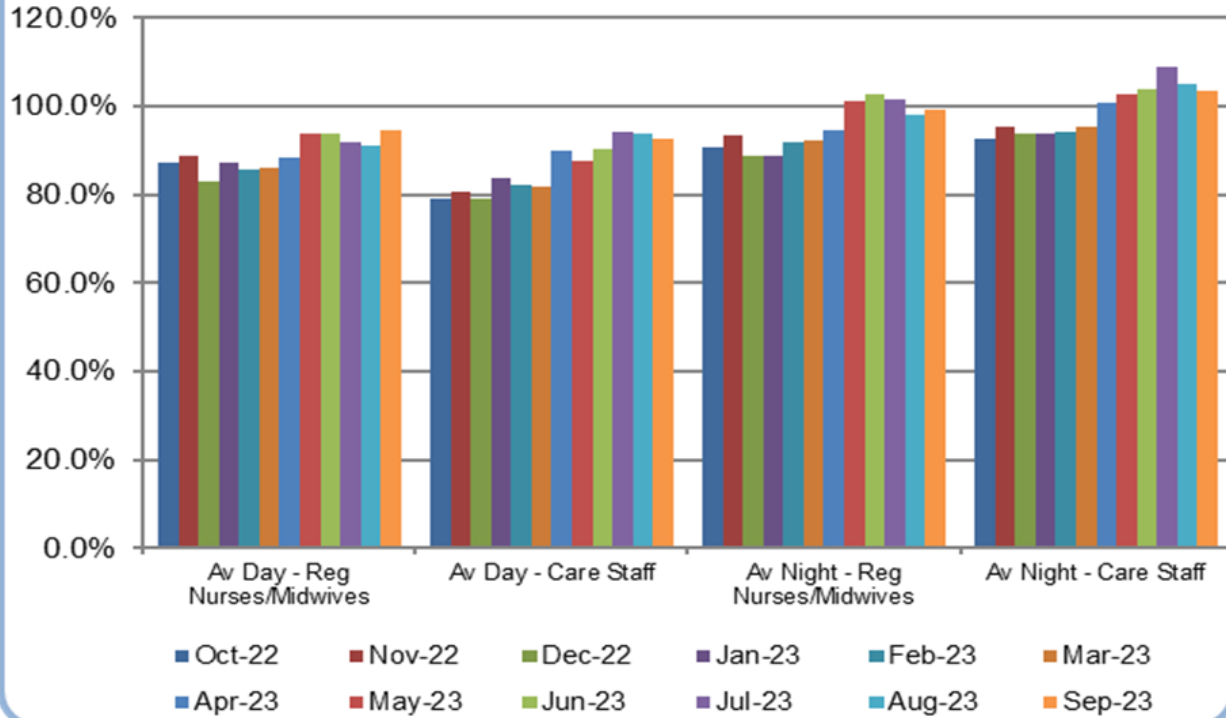
Trust Apprenticeships and Widening Engagement

- Expired Funds & Utilisation: Expired funds in September - £44,246 (24%) Transferred Levy funds - £6801 to support community development, Levy utilisation – 60%
- Current number of staff on an apprenticeship: 360, largest cohort of TNA apprentices to start in October, 37 in total
- Mayoral Priority Skills Fund application – still awaiting results of application
- HCSW induction has successfully started, still in its infancy stages, full induction is not yet complete, ongoing feedback and amendments being made.
- Increased presence at community events and job fairs to promote apprenticeships, including joining local FE college employer partnership boards (SGS college) to help providers shape the landscape for meeting employers needs
- A pilot programme took place with Ashley Community Housing, 5 of their service users visited us for a 2 week supported work experience programme including employability skills sessions, work placement and support with applications and interviews as well as guaranteed interviews for a position. 4 out of 5 candidates applied and 2 have already been offered employment. We plan to run similar cohorts 3-4 times a year.
- A Sector Based Work Academy is being developed with the Job Centre and Restore Trust for their service users who are interested in potering, catering and domestic work.
- A care leavers event is planned for November through the job centre.

Apprenticeship Centre

- Current number of learners enrolled: 55 Direct – 89 Non-Direct
- Number of completed apprenticeships last month: 0 Direct - 6 Non-Direct
- Number due to be complete next Month: 5 Direct - (12 Out of funding) and 5 Non-Direct (27 Out of funding)

Safe Staffing Fill Rates



What Does the Data Tell Us

Of the 34 units reports safer staffing:

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

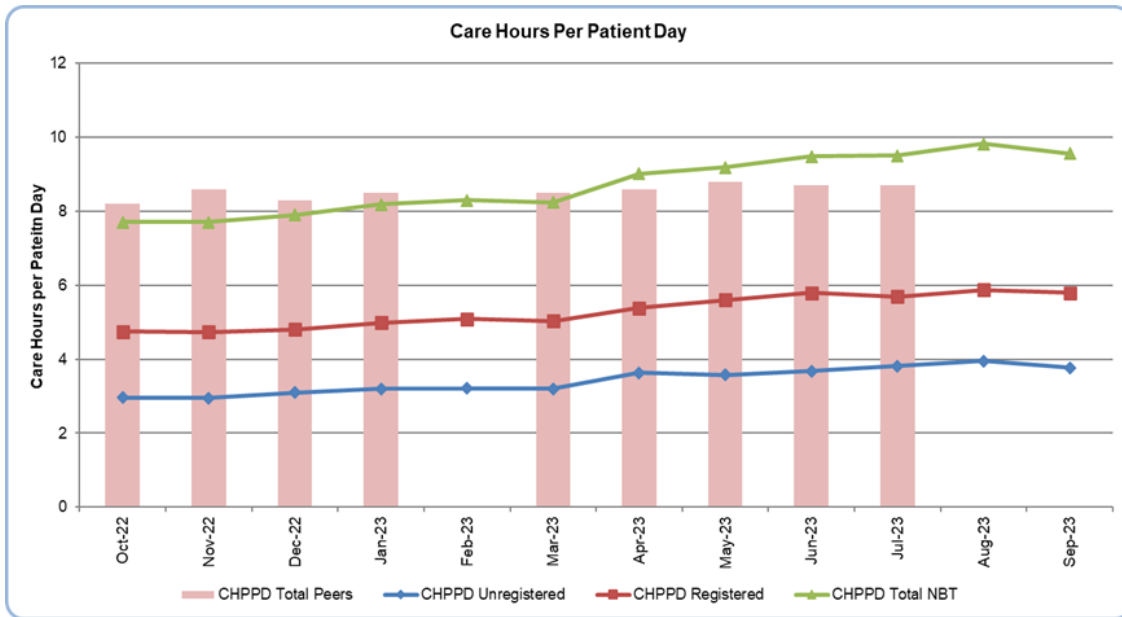
Heatmap

Bold italics indicate where teams were in the heatmap last month

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

Sep-23	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	94.4%	92.7%	99.3%	103.6%

Care Hours



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

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

Safe Care Live (Electronic Acuity Tool)

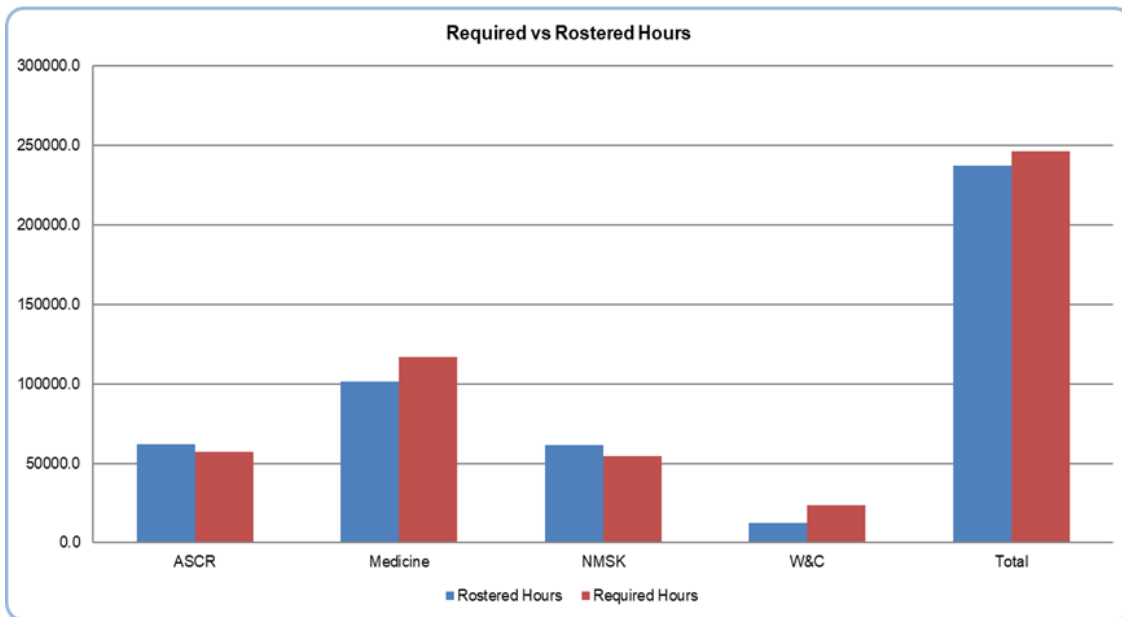
The acuity of patients is measured three times daily at ward level. The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

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

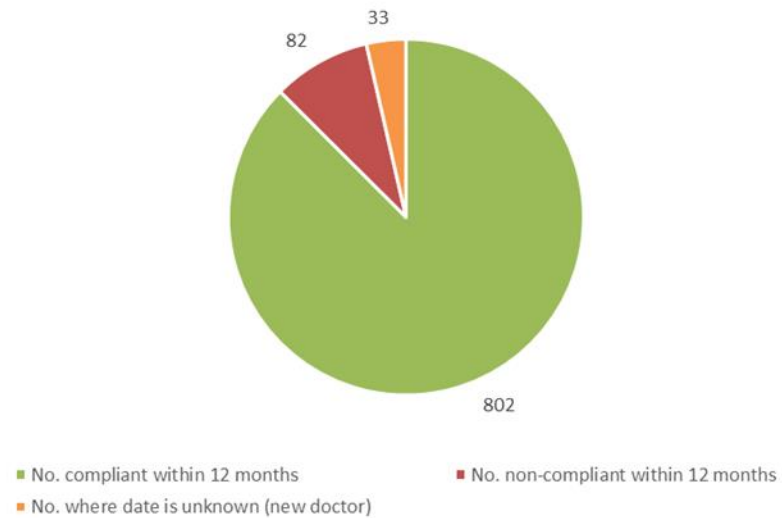
What does the data tell us

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

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



Appraisal compliance - past 12 months



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).

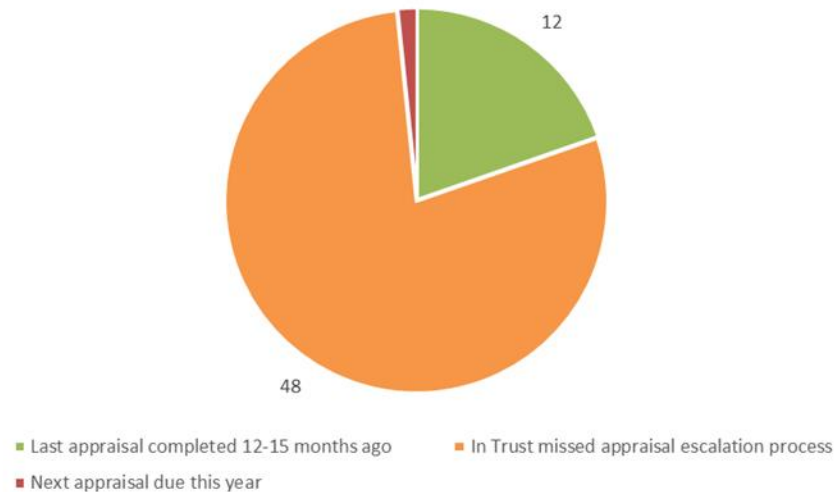
All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

What actions are being taken to improve?

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

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

Non-compliant doctors - past 12 months



Finance

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

	Month 6			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	65.4	3.5	(1.9)	390.1	388.5	(1.6)
Income	5.4	8.4	3.0	34.8	44.8	10.1
Pay	(39.5)	(38.3)	1.1	(261.7)	(267.7)	(6.0)
Non-pay	(23.7)	(29.8)	(6.0)	(162.4)	(173.1)	(10.6)
Surplus/(Deficit)	7.6	3.8	(3.8)	0.8	(7.4)	(8.2)

Assurances

The financial position for September 2023 shows the Trust has delivered a £3.8m surplus against a £7.6m planned surplus which results in a £3.8m adverse variance in month and £8.2m adverse variance year to date.

Contract income is £1.9m adverse to plan. A provision has been made for expected ERF underperformance, from both industrial action and general underperformance, which is causing a £3.2m adverse position. Excluding the impact of this, the in month position is £1.3m favourable to plan which is driven by Community Diagnostic Centre income as well as depreciation charges funding.

Other Income is £3.0m favourable to plan. This is driven by new funding adjustments where the Trust is receiving new funding since the plan was approved (offset by costs).

Pay expenditure is £1.1m favourable to plan. In month 6, the plan had £9.4m of non-recurrent mitigations requiring delivery. This was split between pay and non-pay and on review, most of the benefit has been seen in pay so is driving a favourable variance offset in non-pay. Excluding the impact of this, the revised position is £1.8m adverse to plan. This is driven by temporary staffing, industrial action impact and the Medical pay award (offset in contract income).

Non-pay expenditure is £6.0m adverse to plan. This is driven by the offset of the mitigations mentioned above as well as in-tariff drugs, increased independent sector spend, the impact of the Community Diagnostic Centre (CDC) and the new IM&T network and Bristol ambulance costs in Facilities.

Statement of Financial Position at 30th September 2023

	22/23 Month 12	23/24 Month 05	23/24 Month 06	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	510.6	520.0	520.9	0.9	10.3
Current Assets					
Inventories	10.0	9.9	10.1	0.1	0.0
Receivables	57.2	59.9	54.0	(5.9)	(3.3)
Cash and Cash Equivalents	104.0	65.9	72.3	6.4	(31.7)
Total Current Assets	171.3	135.7	136.3	0.6	(34.9)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(125.2)	(97.9)	(95.9)	(2.0)	(29.4)
Deferred Income	(17.2)	(30.2)	(28.3)	(1.9)	11.1
Financial Current Liabilities	(17.1)	(17.8)	(17.7)	(0.1)	0.6
Total Current Liabilities	(159.5)	(145.9)	(141.9)	(4.0)	(17.6)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.7)	(7.2)	(7.2)	(0.0)	0.4
Financial Non-Current Liabilities	(355.2)	(353.1)	(352.3)	(0.7)	(2.9)
Total Non-Current Liabilities	(362.0)	(360.2)	(359.5)	(0.8)	(2.5)
Total Net Assets	160.4	149.6	155.9	6.3	(4.5)
Capital and Reserves					
Public Dividend Capital	469.1	469.4	471.8	2.5	2.7
Income and Expenditure Reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and Expenditure Account - Current Year	(5.4)	(11.0)	(7.2)	3.8	(1.8)
Revaluation Reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	160.4	149.6	155.9	6.3	(4.5)

Capital is £17.9m year-to-date (excluding leases). The full year forecast is £5.4m 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 £72.3m in September, a £31.7m reduction year-to-date. This is due to carried forward and in-year payments for capital projects and improved BPPC performance together with the in-year I&E deficit which is also reflect in Year-to-Date movement of £29.4m of Trade and Other Payables. It is expected the trend will continue, resulting in the overall reduction of cash position to around £49m.

Regulatory

**Board Sponsor: Chief Executive
Maria Kane**

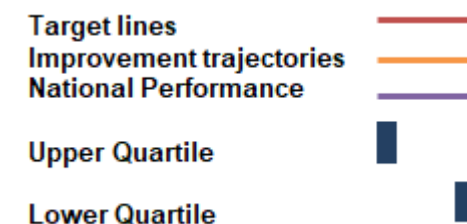
Ref	Criteria	Comp (Y/N)	Comments where non-compliant or at risk of non-compliance
G3	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed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

Unless noted on each graph, all data shown is for period up to, and including, 30 September 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	



AfC	Agenda for Change
AHP	Allied Health Professional
AMTC	Adult Major Trauma Centre
AMU	Acute medical unit
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
AWP	Avon and Wiltshire Partnership
BA PM/QIS	British Association of Perinatal Medicine / Quality Indicators standards/service
BI	Business Intelligence
BIPAP	Bilevel positive airway pressure
BPPC	Better Payment Practice Code
BWPC	Bristol & Weston NHS Purchasing Consortium
CCS	Core Clinical Services
CDC	Community Diagnostics Centre
CDS	Central Delivery Suite
CEO	Chief Executive Officer
COO	Chief Operating Officer
CHKS	Comparative Health Knowledge System
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
Clin Gov	Clinical Governance
CMO	Chief Medical Officer

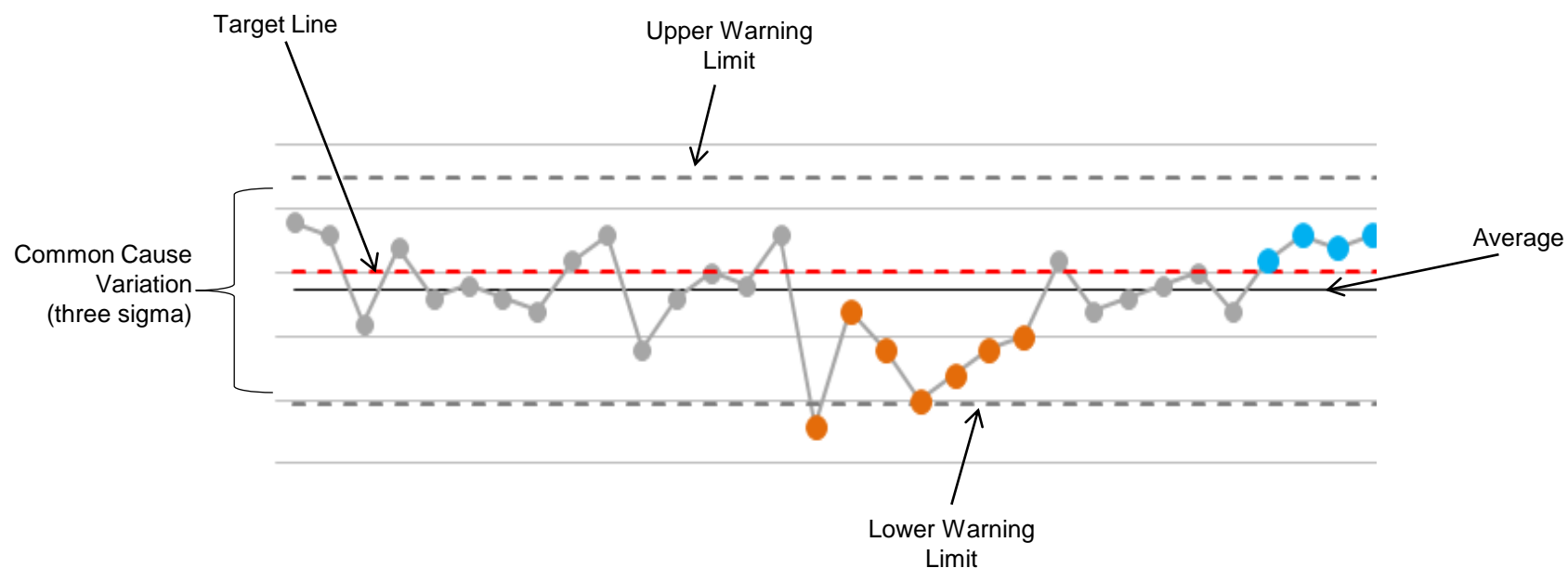
CNST	Clinical Negligence Scheme for Trusts
COIC	Community-Oriented Integrated Care
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computerised Tomography
CTR/NCT R	Criteria to Reside/No Criteria to Reside
D2A	Discharge to Assess
DivDoN	Deputy Director of Nursing
DoH	Department of Health
DPEG	Digital Public Engagement Group
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
EPR	Electronic Patient Record
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
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
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
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
Ops	Operations

P&T	People and Transformation
PALS	Patient Advisory & Liaison Service
PCEG	Primary Care Executive Group
PDC	Public Dividend Capital
PE	Pulmonary Embolism
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
RCA	Root Cause Analysis
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
TOP	Treatment Outcomes Profile
TVN	Tissue Viability Nurses
TWW	Two Week Wait
UEC	Urgent and Emergency Care
UWE	University of West England
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WHO	World Health Organisation
WLIs	Waiting List Initiative
WTE	Whole Time Equivalent



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

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

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

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

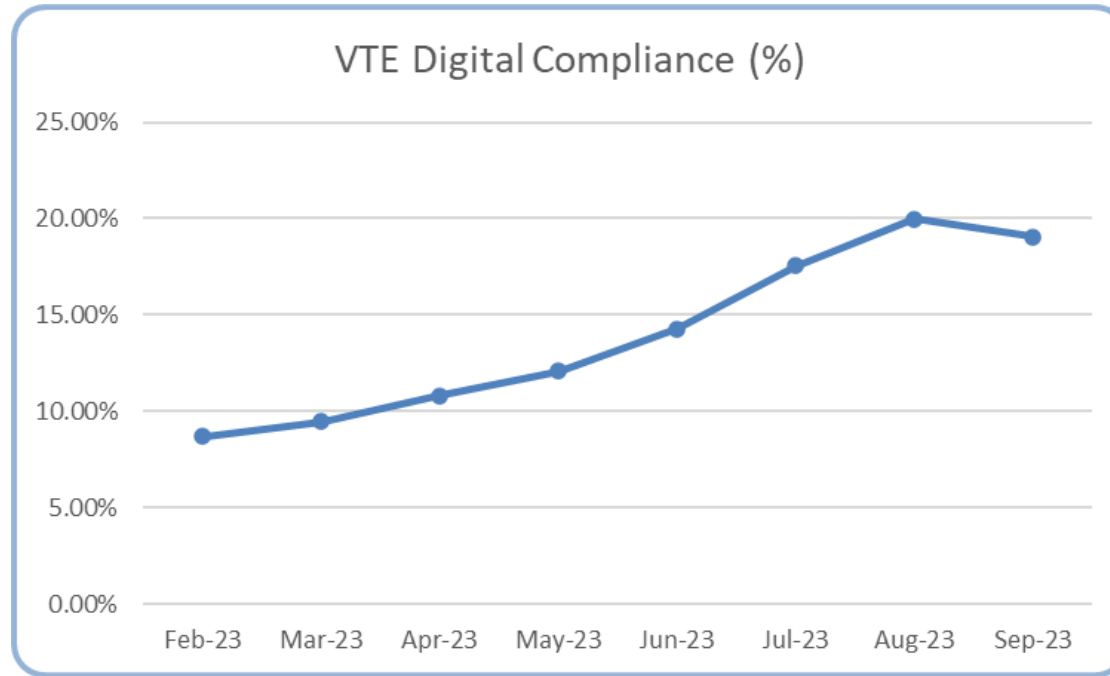
Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern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

Further reading:

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

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

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



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.

Please note: September data for % Digital completion is partial due to the implementation of BadgerNet in Maternity services, which has affected data flow. The full position should be restored by next month.