North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

December 2024

(presenting November 2024 data)

Contents

North Bristol Integrated Performance Report

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																				Peer Performance	Rank
Responsiveness	A&E 4 Hour - Type 1 Performance	R		95.00%	71.43%	63.37%	67.17%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%	58.70%	55.20%		51.30%	4/11
	A&E 12 Hour Trolley Breaches	R		0	-	213	269	318	168	260	324	217	252	125	83	396	419	526		16-1853	6/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	30.70%	28.97%	35.05%	39.35%	37.24%	39.99%	40.72%	42.19%	51.34%	41.75%	23.82%	26.55%	16.88%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	66.27%	61.66%	64.52%	71.47%	68.13%	72.27%	75.47%	74.15%	82.25%	76.67%	55.01%	58.32%	42.85%			
	Ambulance Handover > 60 mins		PF	0	-	455	554	534	329	366	274	210	240	165	182	516	552	804			
	Average No. patients not meeting Criteria to Reside				132	228	243	245	233	211	233	216	218	210	204	192	205	202			
	Bed Occupancy Rate			93.00%	-	96.84%	96.28%	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%	98.17%	97.86%			
	Diagnostic 6 Week Wait Performance			5.00%	0.98%	9.81%	10.11%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%	0.80%	0.84%		23.02%	1/10
	Diagnostic 13+ Week Breaches			0	0	14	7	4	5	0	0	0	0	0	0	0	0	0		0-3776	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	61.94%	60.14%	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%	66.33%	66.73%		57.00%	8/10
	RTT 52+ Week Breaches	R		0	972	1858	1685	1393	1383	1498	1609	1632	1649	1305	1108	909	774	606		34-9965	2.5/10
	RTT 65+ Week Breaches				20	420	388	249	193	146	191	226	218	156	105	9	12	7		0-2492	2.5/10
	RTT 78+ Week Breaches	R			48	49	50	45	39	27	18	14	6	13	4	1	0	0		0-615	2/7
	Total Waiting List	R			46312	47698	47245	46710	46394	46278	46441	46740	46252	45732	45478	45491	44755	43935			
	Cancer 31 Day First Treatment			96.00%	88.46%	88.14%	86.30%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	80.97%	85.22%	-		90.89%	8/10
	Cancer 62 Day Combined	R	PF	85.00%	67.76%	61.59%	61.20%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	60.70%	68.01%	-		66.69%	7/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	75.01%	71.42%	74.89%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	78.19%	77.10%	-		72.83%	7/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	3	9	5	5	5	6	3	2	5	2	6	5	-			
	Urgent Operations Cancelled ≥2 times			0	-	1	0	0	0	0	0	0	0	0	0	0	0	-			

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Bed Occupancy, Diagnostic 6 Week Wait Performance and Cancelled Operations metrics which are RAG rated against National Standard.

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Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.95	0.94	0.94	0.94	0.95	0.95	0.96	0.95	-	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Commissioned Patient Safety Incident Investigations					1	1	2	0	1	1	1	1	1	2	0	0	1	
		Maternity and Newborn Safety Investigations					0	0	1	0	1	0	0	0	0	2	0	0	-	
		Total Incidents					1549	1208	1199	1329	1289	1127	1182	1132	1171	1081	1294	1321	1218	
		Total Incidents (Rate per 1000 Bed Days)					52	40	38	45	40	37	38	37	38	36	43	42	40	
		WHO Checklist Completion				95.00%	99.36%	99.43%	99.52%	99.82%	99.71%	99.89%	99.92%	99.73%	99.90%	99.37%	99.55%	98.49%	98.31%	
		VTE Risk Assessment Completion	R			95.00%	93.53%	93.05%	92.60%	91.51%	91.17%	91.02%	91.49%	90.22%	90.44%	90.46%	92.33%	92.45%	-	
		Pressure Injuries Grade 2					10	12	11	18	10	14	11	4	11	4	5	10	8	
		Pressure Injuries Grade 3				0	0	1	1	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	1	0	0	1	0	0	0	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.34	0.33	0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	0.25	0.20	
		Falls per 1,000 bed days					6.56	6.38	5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	5.32	5.90	
		MRSA	R		0	0	1	0	0	0	0	1	0	0	1	0	1	1	1	
		E. Coli	R			4	11	5	6	5	2	6	10	4	6	4	4	12	4	
		C. Difficile	R			5	3	2	2	9	8	6	2	4	8	2	6	7	7	
		MSSA				2	3	6	3	3	2	2	2	3	3	2	2	5	1	
		Observations Complete					98.83%	98.66%	98.73%	98.50%	98.60%	98.90%	98.93%	98.96%	98.90%	98.50%	98.48%	98.43%	98.32%	
		Observations On Time					75.00%	72.04%	72.85%	71.82%	72.94%	70.70%	71.10%	71.91%	73.81%	73.88%	72.98%	72.42%	71.12%	
		Observations Not Breached					88.39%	85.54%	85.57%	84.80%	84.52%	83.10%	83.96%	83.81%	86.04%	88.06%	87.05%	86.87%	86.05%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	1.82%	0.78%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	1.56%	1.36%	
		Caesarean Section Rate					43.19%	41.26%	44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	48.44%	45.71%	
		Still Birth Rate				0.40%	0.21%	0.72%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	0.00%	0.25%	
		Induction of Labour Rate				32.10%	30.21%	36.65%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	30.98%	28.28%	
		PPH 1500 ml rate				8.60%	2.96%	2.42%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	3.51%	5.25%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					70.59%	61.40%	60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	65.63%	50.00%	30.65%	-	
		Admitted to Orthopaedic Ward within 4 Hours					25.49%	21.05%	28.57%	9.43%	14.29%	20.00%	19.61%	14.89%	32.43%	34.38%	16.67%	6.45%	-	
		Medically Fit to Have Surgery within 36 Hours					72.55%	68.42%	64.29%	71.70%	73.47%	68.57%	47.06%	65.95%	51.35%	75.00%	57.40%	29.03%	-	
		Assessed by Orthogeriatrician within 72 Hours					96.08%	91.23%	88.57%	90.57%	95.92%	91.43%	86.27%	91.48%	91.89%	100.00%	92.59%	96.77%	-	
	Stroke	Stroke - Patients Admitted					164	157	184	163	152	174	135	154	160	159	156	148	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	71.95%	77.42%	75.22%	76.47%	78.13%	60.00%	70.73%	79.54%	51.32%	52.04%	64.29%	68.75%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	56.25%	37.50%	85.71%	60.00%	78.13%	72.73%	60.00%	60.00%	62.50%	48.00%	56.00%	50.00%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	61.45%	70.97%	58.62%	63.92%	61.54%	40.00%	60.61%	57.14%	38.16%	37.62%	43.43%	39.39%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	85.71%	92.23%	86.47%	95.50%	84.21%	74.55%	81.37%	85.14%	84.71%	82.57%	84.48%	81.82%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			89.29%	91.73%	92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	90.76%	90.70%	
	Friends & Family Positive Responses - Emergency Department		PF			79.33%	80.94%	81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	71.52%	69.63%	
	Friends & Family Positive Responses - Inpatients		PF			92.53%	91.30%	92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	91.81%	91.89%	
	Friends & Family Positive Responses - Outpatients		PF			95.45%	96.01%	95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	94.29%	95.13%	
	PALS - Count of concerns					152	103	191	133	157	137	155	174	159	130	174	174	142	
	Complaints - % Overall Response Compliance				90.00%	60.00%	73.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	84.00%	68.97%	
	Complaints - Overdue					10	3	5	6	4	2	2	4	4	6	3	1	3	
	Complaints - Written complaints					49	36	44	40	39	36	47	45	59	59	63	62	47	
Workforce	Agency Expenditure ('000s)					2184	1610	1507	1592	1368	891	1037	765	725	657	724	645	825	
	Month End Vacancy Factor					6.42%	5.87%	4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	4.14%	4.29%	
	Turnover (Rolling 12 Months)	R	PF		-	13.74%	13.30%	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	11.80%	11.79%	
	Sickness Absence (Rolling 12 month)	R			-	4.81%	4.70%	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	4.56%	4.55%	
	Trust Mandatory Training Compliance					90.69%	91.06%	90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	92.33%	92.54%	

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Executive Summary

Urgent Care

Four-hour performance reported at 55.20% in November. NBT again ranked fourth out of 11 AMTC providers. There was an increase in 12-hour trolley breaches compared to the previous month (526 in November from 419 in October), and an increase in ambulance handover delays over one-hour (822 in November from 542 in October). The UEC position continues to be driven by a combination of increasing demand and reduced patients flow out of the hospital. In the year-to-date, ED attendances are up by 3.81% which equates to over 2,600 additional presentations. At the same time, the average NC2R position has increased month on month. What is uncharacteristic, is the absence of any summer seasonal improvement this year. Bed occupancy remains high at 97.51%.

These circumstances are creating a challenging clinical, operational and performance environment. The System ambition to reduce the NC2R percentage within NBT to 15% remains unachieved. This ambition was central to the Trust being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. 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

The Trust was successful in delivering its 65-week RTT commitments against the national September-2024 requirements. The final reported position for 65-week clearance in October showed the Trust as best performing in the South-West region, second best of its peers and eighth best performing nationally amongst 75 Trusts with waiting lists over 40,000. The overall waiting list is also now reducing, having decreased by approximately 10% over the last year. Having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during November, taking the position to just over 600. The Trust has now set its own ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. This ambition is beyond national target requirements and is on track to deliver.

Diagnostics

For a fourth month, the Trust’s diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in November was less than 1%. Benchmarking against Trusts with similar waiting lists across England, NBT has ranked first for the fourth consecutive month. The Trust also remains compliant with the maximum 13-week wait. We continue to have no patients waiting beyond 13 weeks.

Executive Summary

Cancer Wait Time Standards

Having stabilised and achieved a reduction in the total >62-Day waiting list (the PTL) and having secured performance against the FDS, the remaining challenge is to deliver the overall 62-day breach position for the Trust i.e. 70% being fewer than 62-days wait by the end of the financial year. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). Prostatectomy backlog work is now underway with the weekly activity increasing by up to 100%.

As reported previously, due to the planned prostatectomy backlog activity, the 62-Day position was expected to show a deterioration in overall 62-day performance in September, before recovering into October and November. This is shown in the reported position with October reporting 68% – as expected. Performance is expected to stabilise in November and December as the backlog clearance work concludes. At this point, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity to be sustained. On this basis, the Trust is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target ahead of March 2025, as per the national requirement.

Quality

Midwifery is currently recruited to vacancy and turnover. The term admission rate to NICU was 4.2% against the national target of 5%. PMRT saw four cases being reviewed with no elements of care graded as C or D in October. There was one new case referred to MNSI and no new Patient Safety Incident Investigations. During November 2024 NBT had a rate of 5.8 medication incidents per 1000 bed days, which is below the mean point of 6.1 for the past 6 months. The work of the 'Medicines Safety Forum' continues, with a focus on Controlled Drug management, review of competence assessments and efficiency of drug round tasks. Infection control data for MSSA and E.Coli remains below 2024-25 trajectory, however C-Difficile is increasingly above, which reflects the national picture. Targeted plans are in place to address this trend. Flu cases are rising in line with national picture, with earlier Point of Care Testing plans invoked. Covid-19 numbers remain stable and there were no new MRSA cases. NBT reported a rate of 5.9 falls incidents per 1000 bed days in November which is below the average of 6.31. A focus on individual cases continues, with 3 moderate level harm falls reported, recognising the patient impact each one has. Continued improvement actions are outlined in the main report. The overall trend in Pressure Injury reduction continues, which includes those relating to devices, when benchmarked against 2023-24 figures for the same 8-month period there's a 41% reduction. VTE risk assessment compliance has fluctuated over the past 2 years an improving trend has been seen in the past 3 months. The primary medium-term failsafe will be implemented in Spring 2025 through the Digital Prescribing system (EPMA). Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, with actions targeted to improve patient experience and aligned to the national patient surveys. Two national patient surveys were published by the CQC during November – Maternity and Urgent & Emergency Care. Both included several positive aspects of feedback and improvement for NBT when compared to others and compared to the previous surveys. 92.3% of patients gave the Trust a FFT positive rating, consistent with the previous month. Complaints dropped in comparison to previous month and same period last year and PAL:S concerns were in line with usual volumes following a temporary increase in October. The response rate compliance for complaints decreased to 69% in month, with an increased number of re-opened complaints seen. This is being reviewed with the clinical divisions. All complaints & PALS concerns are acknowledged within the agreed timeframes.

Executive Summary

Workforce

Turnover decreased from 11.80% in October to 11.79% in November, in line with the target set for 2024/25. We remain focused on monitoring the impact of our actions from the one-year retention plan through delivery of our five-year retention plan, particularly the proportion of our Healthcare Support Workers leaving within the 1st 12 months of service; stability for this cohort has improved from 79.92% in October to 80.34% in November.

For both disparity ratio and the newly agreed metric, % of Recruitment into Target Roles from our 30 Most Challenged Communities, in quarter four of 2024/25 the Commitment to our Community working group is working with divisions, while using ongoing data analysis to review and refresh our targets in the context of current and planned interventions.

Trust-wide agency spend increased from 1.06% in October to 1.58% in November, below the Trust the 2024/25 target of 3.20%. Agency use has significantly reduced while bank use has remained stable, through the weekly focus of the Resourcing and Temporary Staffing Oversight group improvements have been seen in areas of focus, nursing and midwifery and resident doctors.

Our watch metrics (sickness absence and vacancy rate) have followed a trend of statistically significant improvement over the past 12 months.

Finance

The financial plan for 2024/25 in Month 8 (November) was to break even and in month the Trust has delivered a £0.2m deficit, which is £0.2m worse than plan. Year to date, the position is a £3.7m adverse variance against a planned £2.4m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay, and various non-pay pressures within Divisions. The Trust cash position at Month 8 is £34.8m, a reduction of £27.9m from Month 12. This is driven by the underlying deficit, capital spend, and outstanding debt. The Trust has delivered £14.7m of completed cost improvement programme (CIP) schemes at month 8, an increase of £1.3m from month 7. There are a further £3.7m of schemes in implementation and planning that need to be developed, and £10.3m in the pipeline.

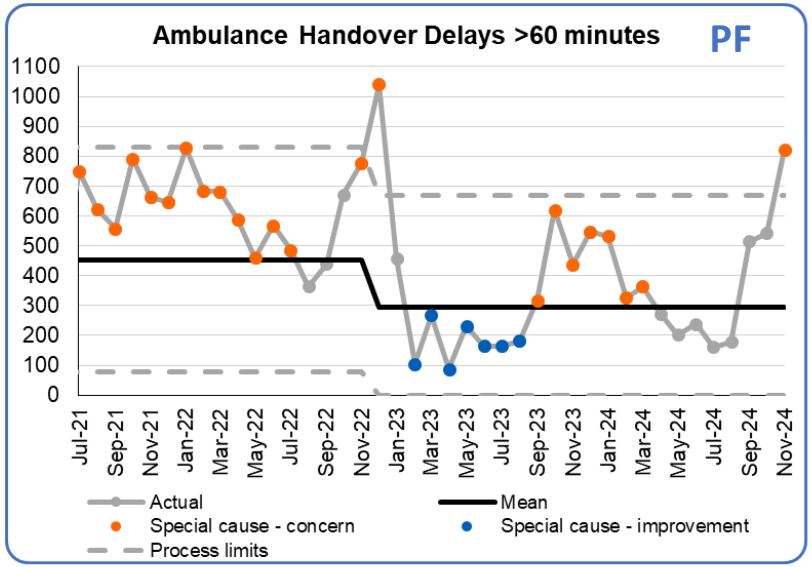
Responsiveness

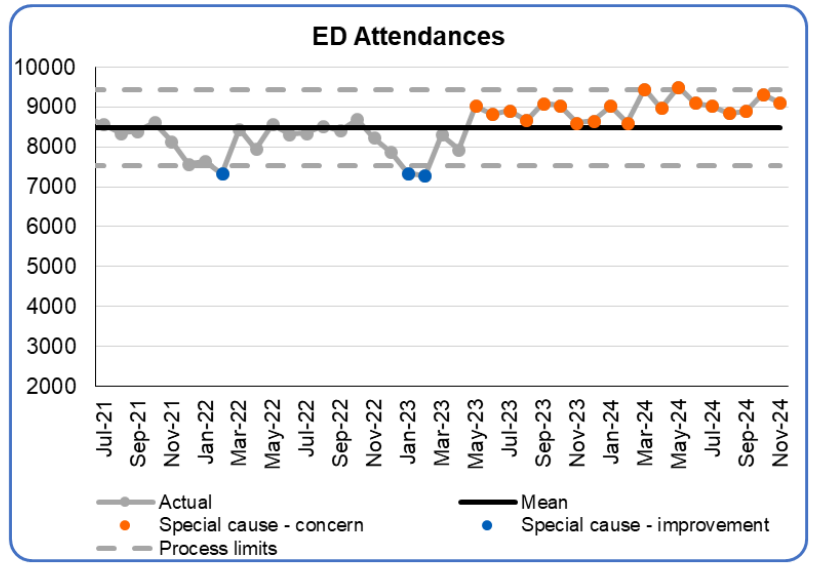
Board Sponsor: Chief Operating Officer
Steve Curry

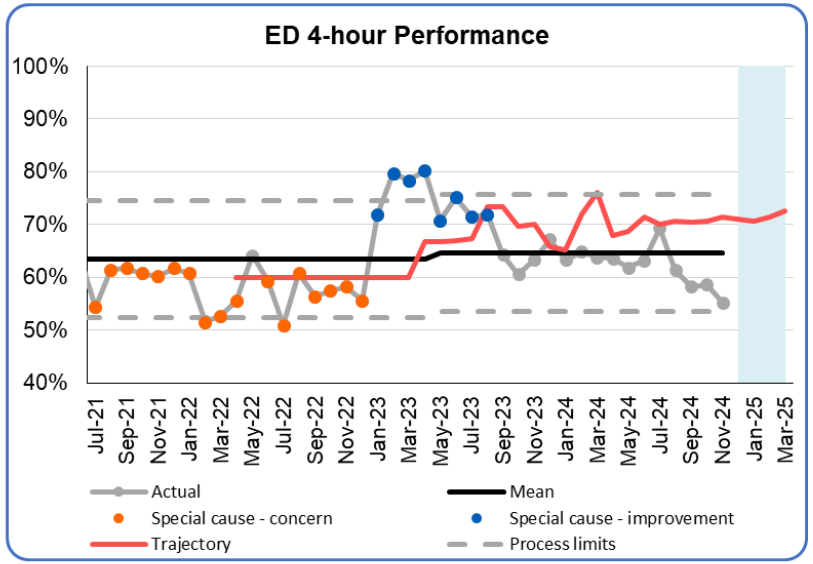
Responsiveness – Indicative Overview

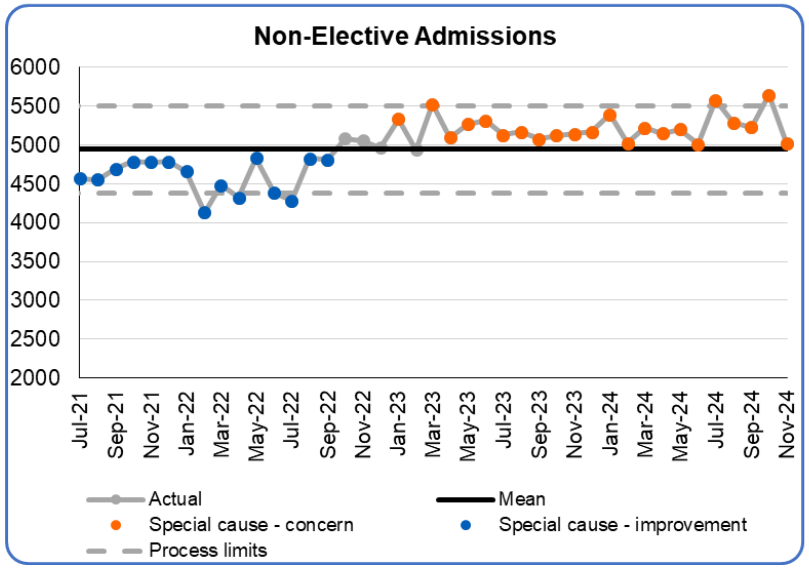
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up 3.81%.
	NC2R/D2A	As yet, no evidence of progress – with bed occupancy reaching its highest point in October for more than a year.
RTT	65-week wait	Delivered. Exceeded operational plan – final complex clearance underway and new internal ambition to reduce 52-week waits to less than 1% underway and on plan. The 52-week clearance trajectory is ahead of plan.
Diagnostics	5% 6-week target	Delivered. Exceeded national requirement. Now constitutional standard compliant.
	CDC	Delivered. Operational. Now including Endoscopy.
Cancer	28-day FDS Standard	Delivered. Now compliant for more than three months.
	62-Day Combined Standard	As predicted, the reduction in compliance in September has recovered in October as backlogs are cleared. On track to deliver against the national requirement.

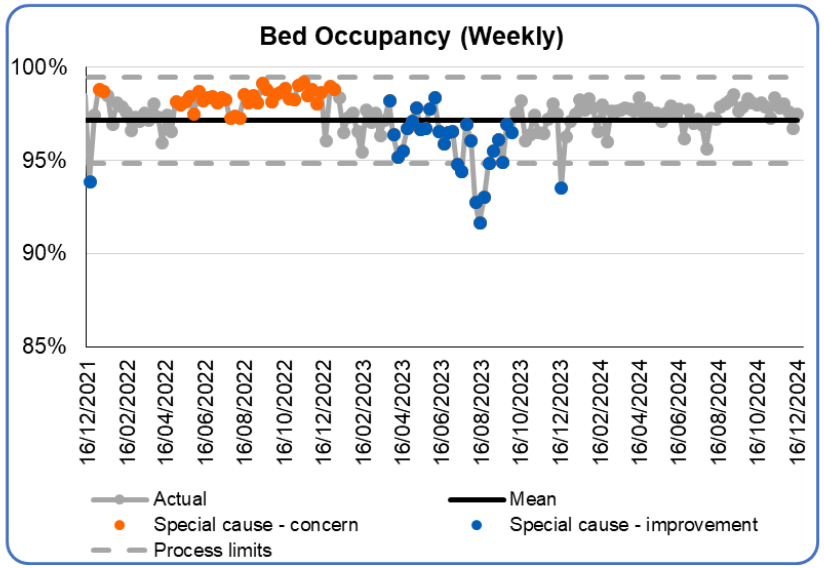
Urgent and Emergency Care

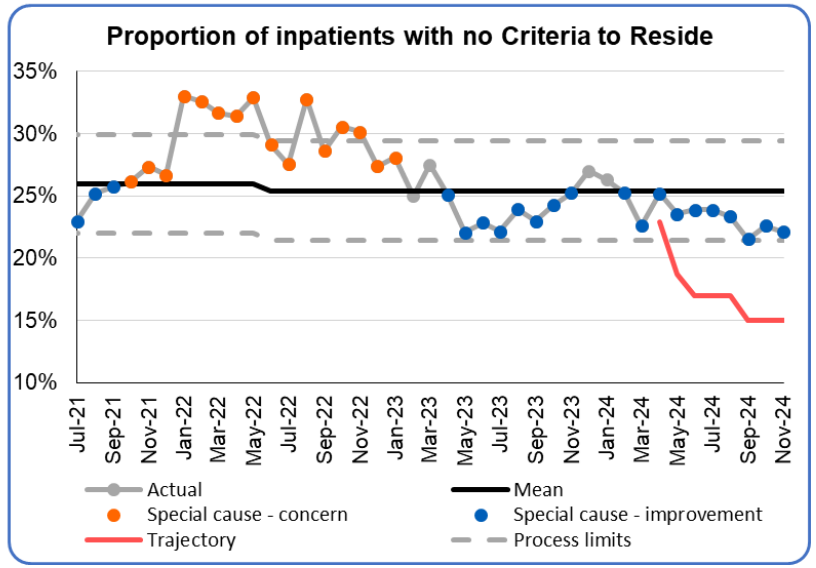












Urgent and Emergency Care

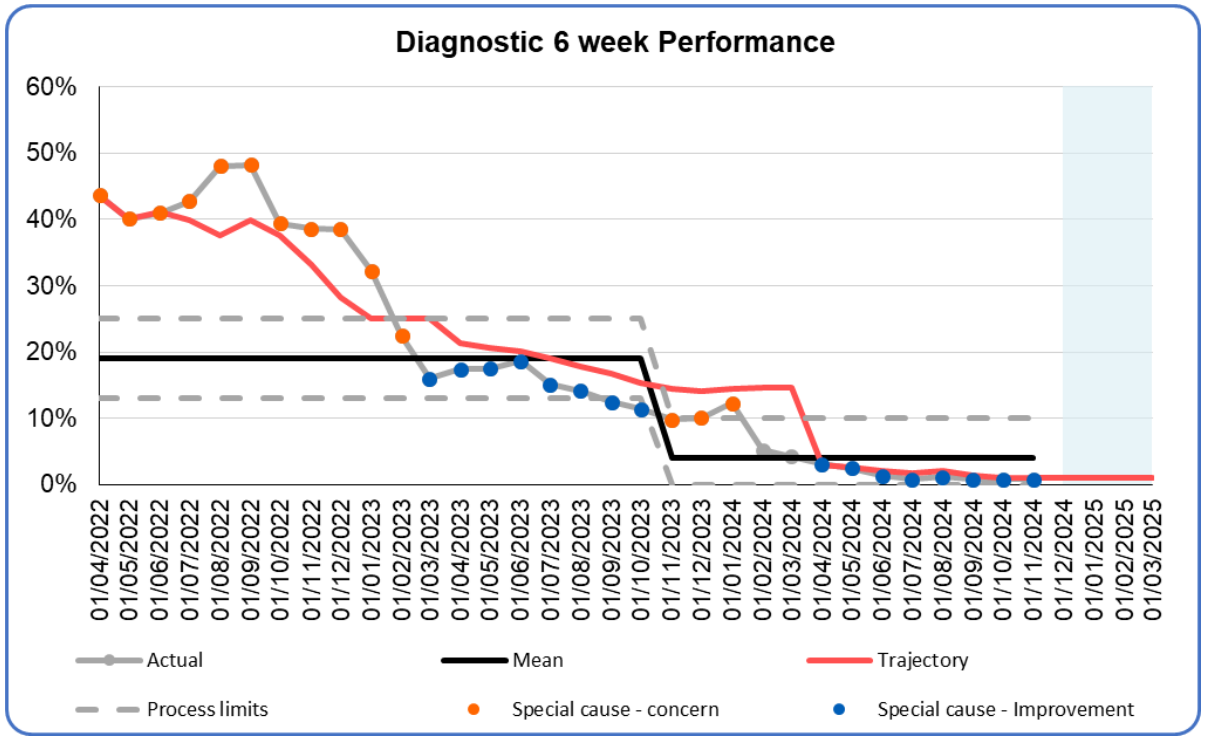
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing; November 2024 saw 5.7% more attendances than the same month last year.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Unusually, we have not seen any seasonal variation in NC2R numbers throughout the summer months.
- NC2R position contributing to the bed occupancy rate at 97.51%.

What actions are being taken to improve?

- Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners to focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached in the last week. Awaiting capacity provision.
- Ambulance handovers – significant year-on-year improvement in lost ambulance handover time – but previous months have proved more challenging. Internal UEC programme actions on handover processes, together with the 'continuous flow' model led by the Chief Nursing Officer has delivered further improvement.
- 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).
- 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.
- New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition – see first bullet point.
- COO escalating Stroke NC2R. Further escalation arranged with System partners. Two further BIRU beds secured in BIRU following the initial four already agreed.

Diagnostic Wait Times



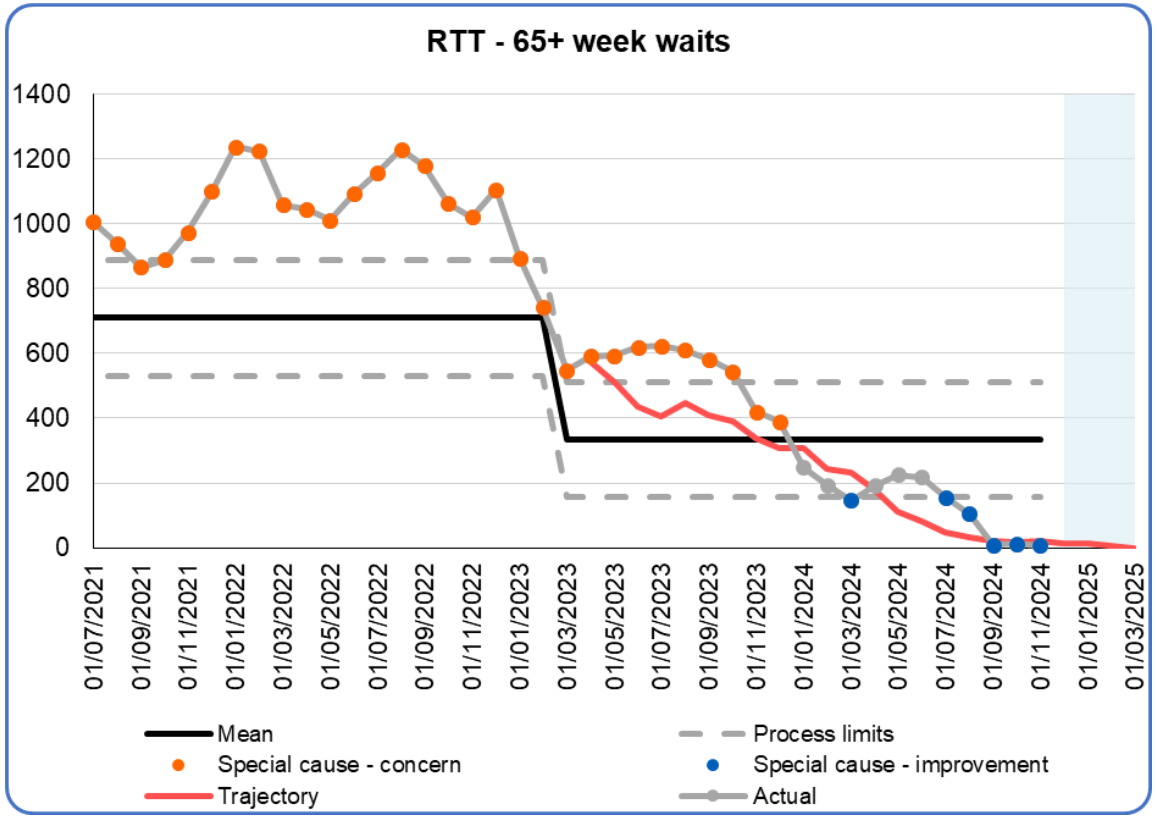
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 0.84% for November 2024.
- Cross-sectional imaging upgrades may result in some capacity losses in the next six weeks.
- Staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action remains the biggest risk to compliance.

What actions are being taken to improve?

- The Trust has committed to actions that deliver the national constitutional standard of 1% in 2024/25.
- The Trust is maintaining clearance of all >13-week breaches. NBT is the only trust in our region to have zero >13-week breaches.
- CDC is now operational.

Referral To Treatment (RTT)



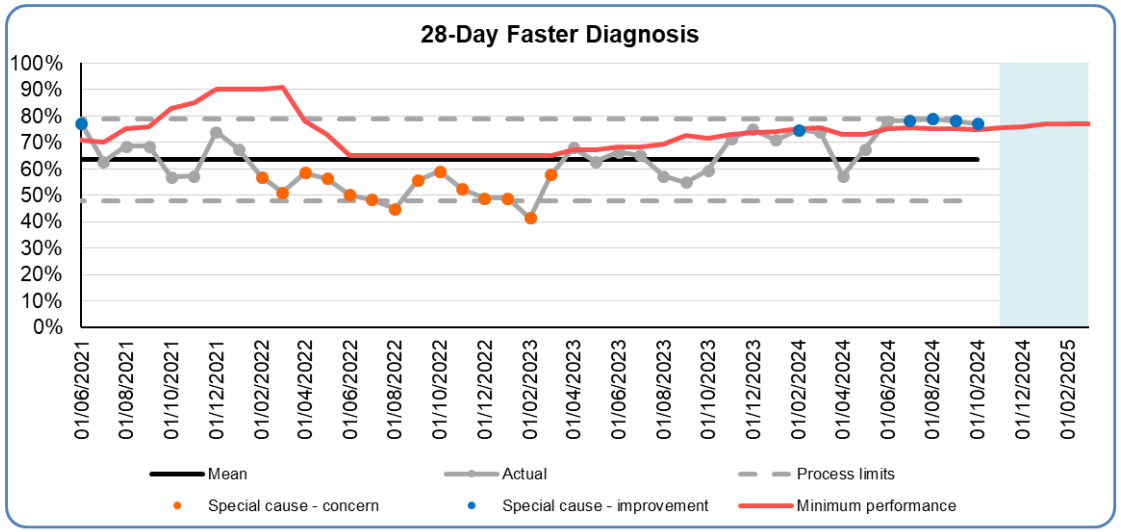
What are the main risks impacting performance?

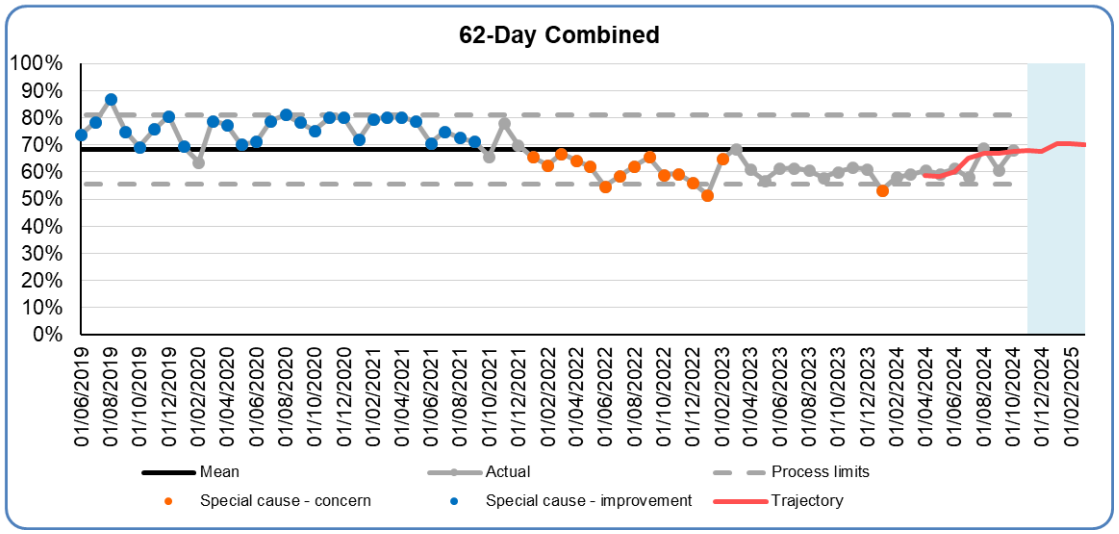
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

What actions are being taken to improve?

- The Trust is committed to sustaining 65-week breach clearance.
- Work is underway to progress to a 52-week wait clearance.
- 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





What are the main risks impacting performance?

- The reduction in performance last month has, as predicted, reversed in the current reported month as backlogs are cleared.
- 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.
- Volume and complexity of Urology pathway remains challenging.

What further actions are being taken to improve?

- Increased Urology activity through to the end of the calendar year to clear backlogs for robotic surgery.
- Recovery actions can only be made sustainable through wider system actions. The CMO is involved in System workshops looking to reform cancer referral processes at a primary care level.
- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as Skin.
- Having secured a reduced PTL, and a FDS position compliant with trajectory, focus will now be on improving performance in the high-volume, high-complex area of Urology. Additional capacity is being secured and a new D&C model being developed.
- Moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as Skin and Urology (e.g. prostate pathway and implementation of Primary Care Tele-dermatology for the Skin care pathway).

Quality, Safety and Effectiveness

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

Maternity

Perinatal Quality Surveillance Monitoring (PQSM) Tool
October 24 data

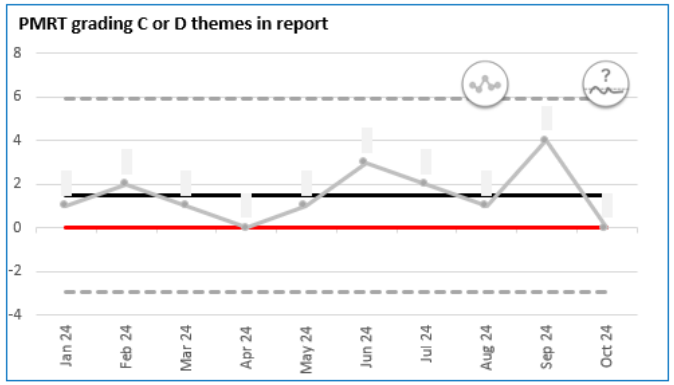
The term admission rate to NICU was 4.2% against a national target of 5%.

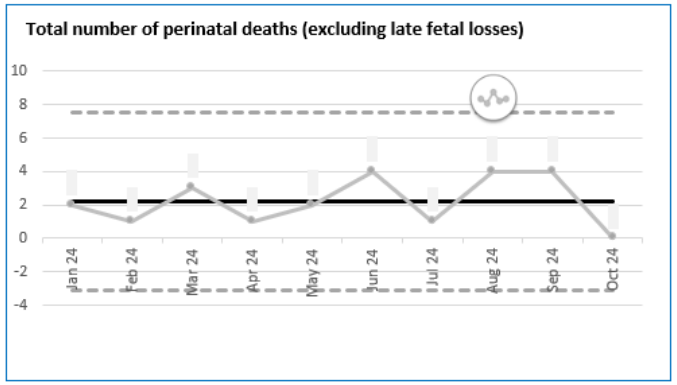
Perinatal services at NBT referred one new case to MNSI in October. We have also confirmed 1 joint MNSI investigation with UHBW, that has been referred by themselves. There were no new commissioned cases for Patient Safety Incident Investigations (PSII).

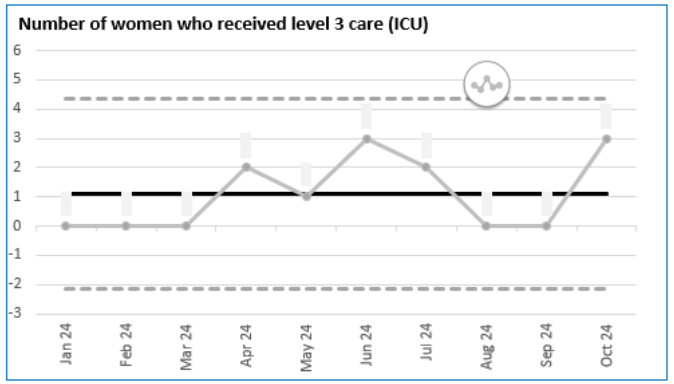
PMRT saw four cases being reviewed with no elements of care graded as C or D in October.

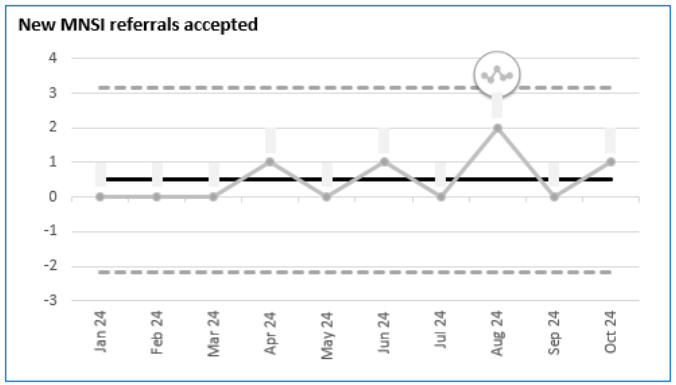
There have been three ICU admissions in October, relating to:(i) post-natal sepsis following birth at another NHS trust, (ii) following a post-partum haemorrhage and (iii) trauma following suicide attempt at eight weeks postnatal.

Midwifery is currently recruited to vacancy and turnover.







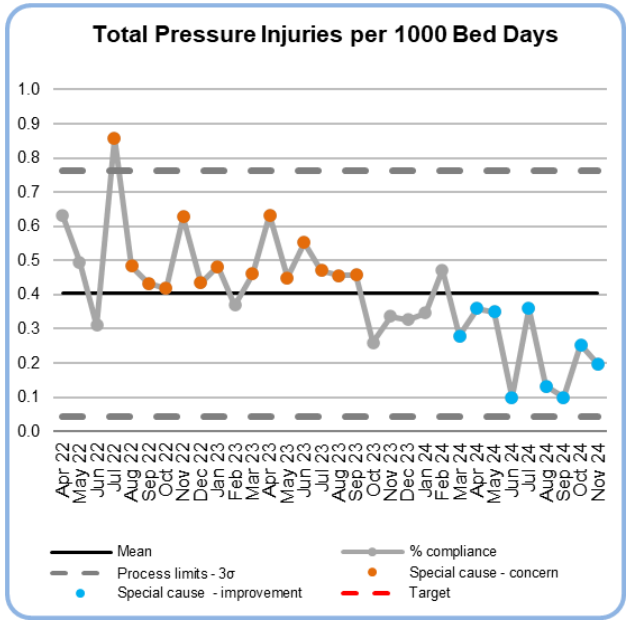


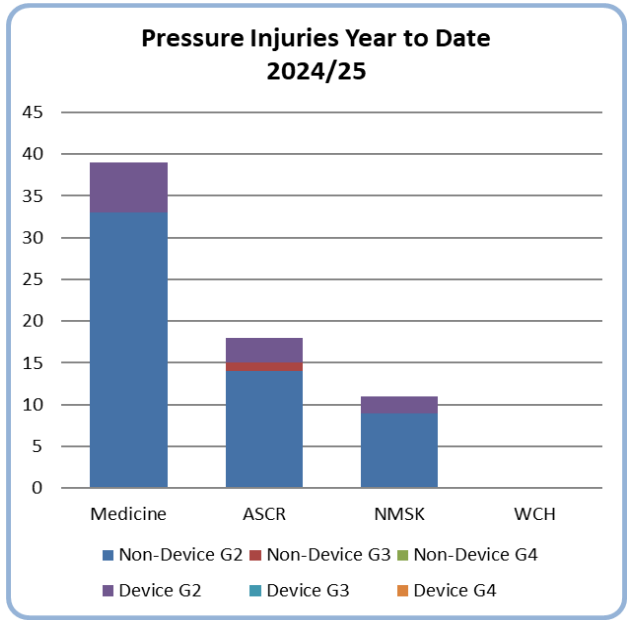
What actions are being taken to improve?

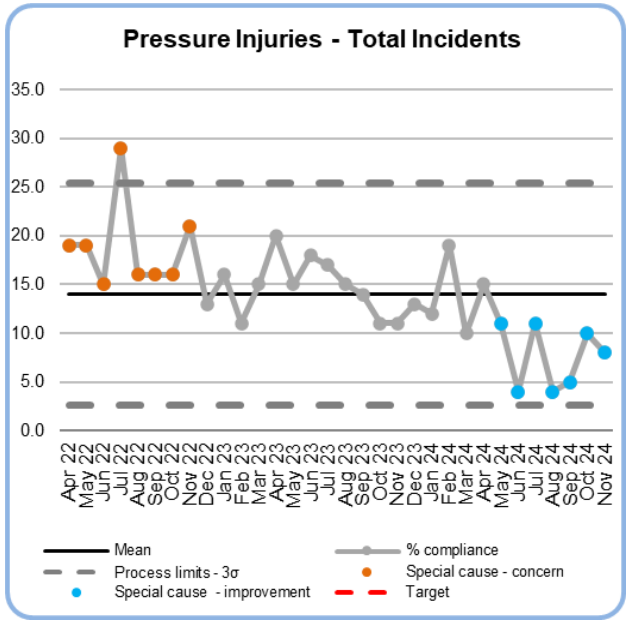
Term admissions to NICU are reviewed fortnightly by an MDT to identify any opportunities for learning ahead of the bi-annual report

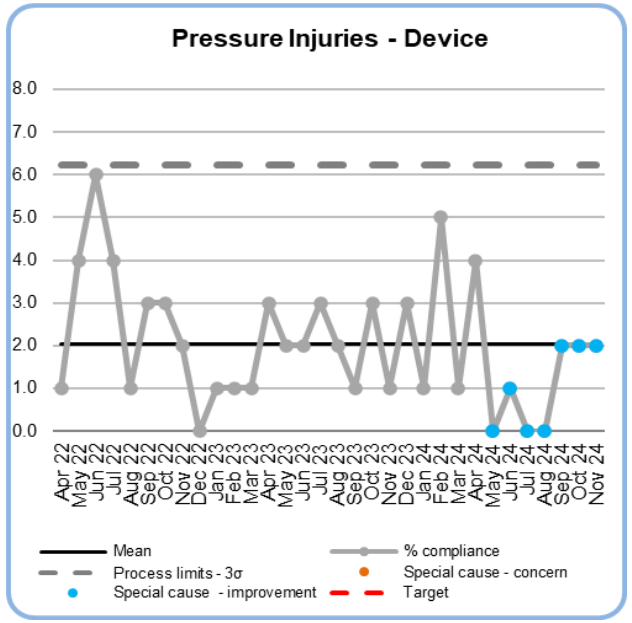
ICU admissions have been reviewed with no care issues identified in any of the three cases

We are reviewing the latest MBRRACE report and recommendations to create a local action plan









Pressure Injuries

What does the data tell us?

In November there were 7 x grade 2 pressure ulcers, of which 2 were attributable to medical devices.

In November there were 3 unstageable reported pressure ulcers reported. There was 1 x grade 3 pressure ulcer reported attributable to 26a, that evolved from a DTI to the heel and was debrided in the community post discharge. There are currently no reported grade 4 pressure ulcers.

When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 8-month period, NBT is at a 41% reduction in grade 2 pressure ulcer prevalence.

In November there was a decrease to 4 x DTIs reported. When benchmarked against the figures for 2023-2024 for the same 8-month period, NBT is at a 65% reduction in DTI prevalence.

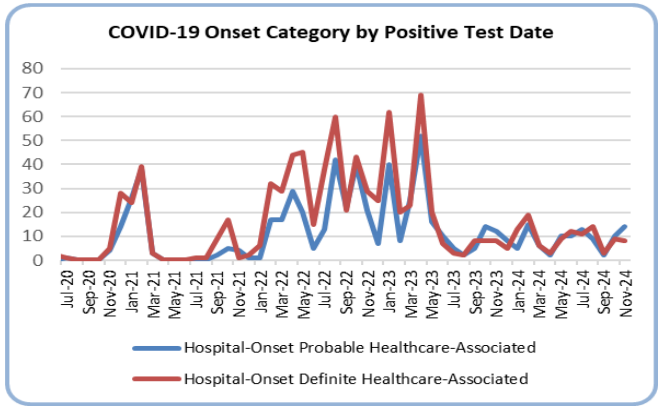
The target for pressure ulcer reduction will be a trajectory for the year based on the first-quarter figures. There will be zero tolerance for Grade 3 or 4 PUs, with a target for 50% reduction on last year's incidents.

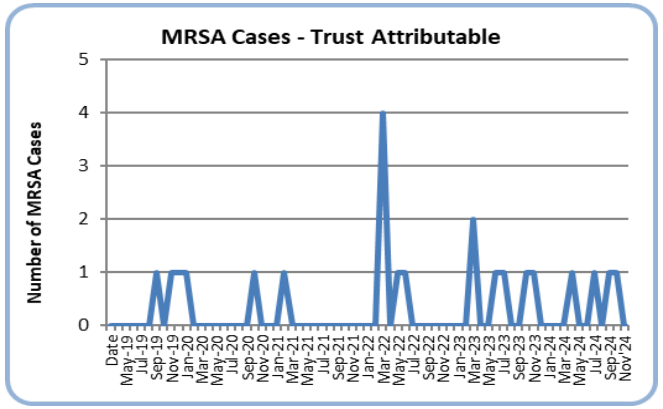
What actions are being taken to improve?

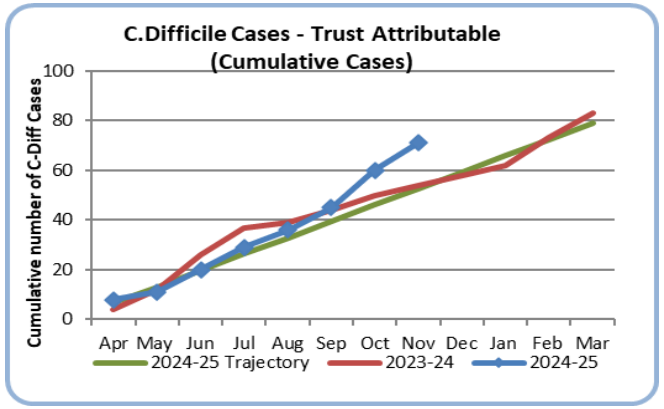
- The TVN team continues to work in collaboration with patients, clinical teams, and other stakeholders to reduce patient harm and improve patient journeys and outcomes. The team provides a responsive, supportive, and educational wound care service across NBT and works collaboratively and strategically within the ICB across the BNSSG system.

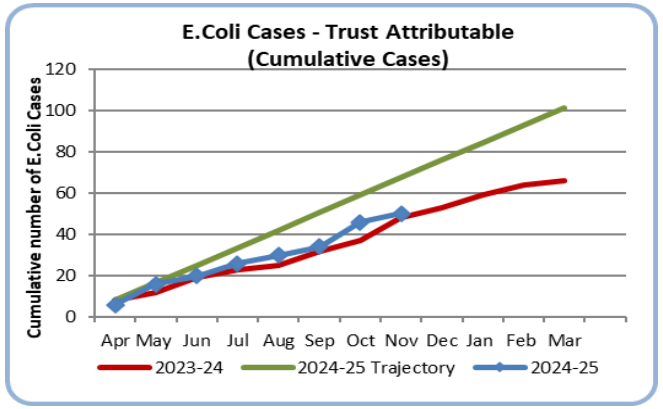
- There is ongoing learning from PU incidents using the PSIRF methodology from stakeholders. This is being reviewed strategically by the Pressure Ulcer Steering Group to respond to emerging themes and trends. Additionally, there is ongoing work around risk management during periods of escalation at the hospital.

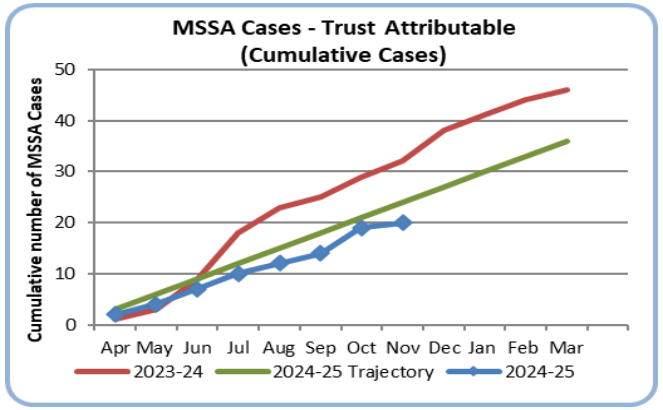
Infection Prevention and Control

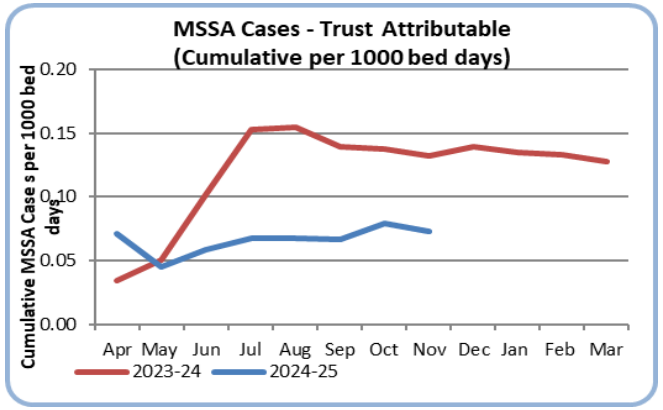












What does the data tell us?

SARS – CoV- 2 (Coronavirus) / Influenza - Increase in Influenza cases as per national picture , POCT testing plans in admission areas started slightly earlier this year to aid with triage and safe placement of patients

Sars- CoV-2 cases remain stable with no large increases .

MSSA – Case rates continue to trend lower than the trust trajectory.

C. difficile – Cases have risen as per national picture. NBT teams are working to manage any themes and trends with full PSIRF review and MDT approach.

Gram negative/ E.coli – Cases remain within trajectory, with ongoing work looking at catheter management and hydration

What actions are being taken to improve?.

- C Diff targeted plans in place in areas where positives have been seen. These look at training, cleaning, sampling as these remain the main issues. IPC also looking at national and regional learning from cases to apply to NBT case rise.
- Patient hydration continues a focus to embed learning from regional/national programmes and initiatives. The continence group remains unfunded. Plans with BD medical to look at catheter audits.
- MSSA cases remain below trajectory, although improvements continue in wound management and Line care.This signifies a vast improvement on case rates last year.

Other infections

Measles - Increased number of cases seen in locality requiring both staff ad patient contact tracing – cases in both Bristol, South Gloucester and Gloucester.

Other projects

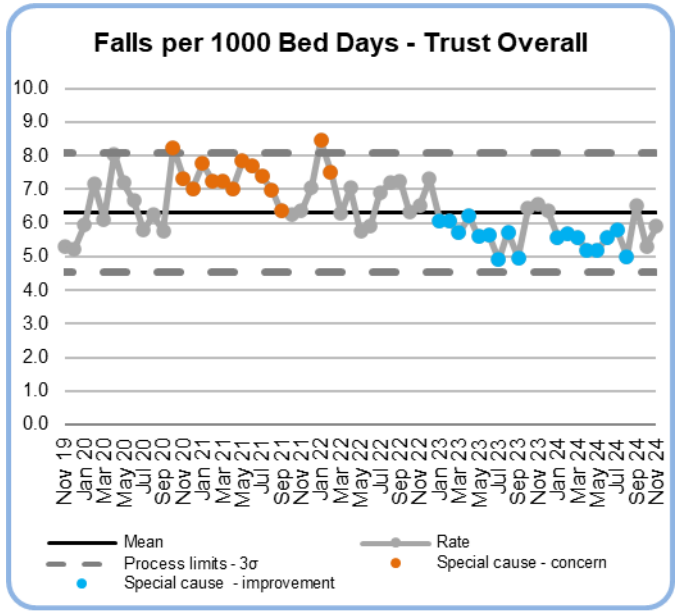
HCID – IPC working with Divisional teams implementation expected in January.

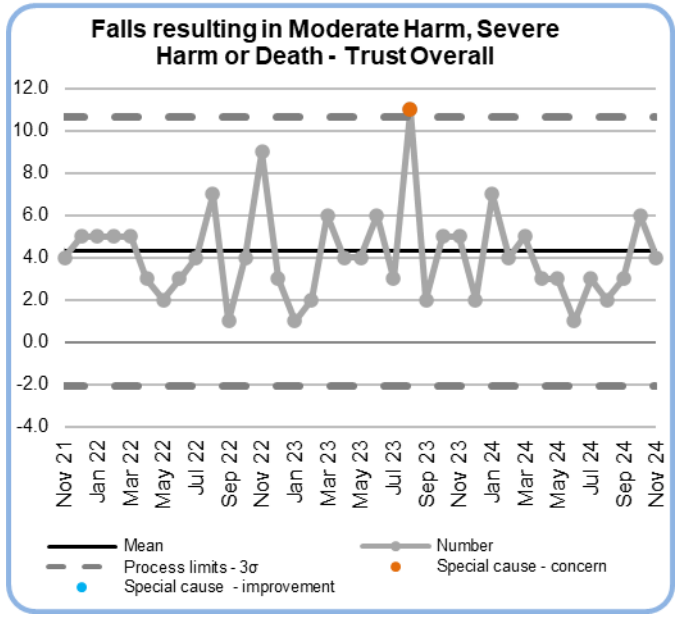
Alcohol free gel – Implementation of Spectrum X alcohol free gel that can be used with Norovirus and C Diff.

IPC winter training – Various sessions across all divisions as part of winter preparation

Mandatory IPC training – Tier 3 bespoke training collaborative work between NBT and UHBW continues.

Antimicrobial Awareness – IPC Teams supporting Pharmacy Teams in education awareness in the atrium and other sessions in the trust.





Falls

Falls incidents per 1000 bed days

NBT reported a rate of 5.90 falls incidents per 1000 bed days in November which is below the average of 6.31.
There were 180 falls reported in November. 3 moderate level physical harm incidents. No incidents had associated psychological harm above low.

The 3 harmful incidents all resulted in fractured hips.

Medicine division: 113 falls reported. This is around average.
NMSK division: 36 falls reported. This is around average.
ASCR: 31 falls reported. Above average for the third month.

Multiple falls accounted for 32% of falls this month which is slightly above average of a quarter. 22 patients experienced more than 1 fall. With 8 patients having 3 or more falls. No patient experienced more than 4 falls this month.
Older patients continue to be the highest proportion of patients who fall, with 76% of reports in the over 65's.

What actions are being taken to improve?

The falls team staffing resource has now reduced to 0.9 WTE.

The Falls team have continued to be engaged with the stakeholder consultation for the new incident reporting system Radar.

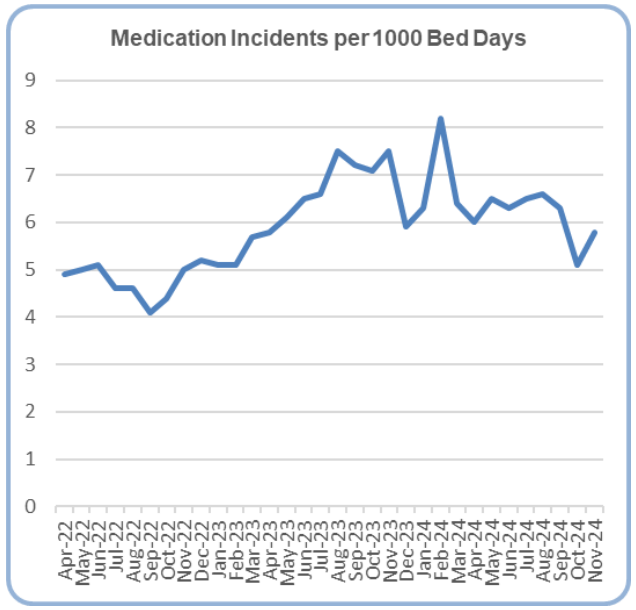
Preparations have started to formulate a plan to meet the requirements for the expansion of the national audit of in-patient falls. This is due to commence in January 2025 to include more injury types and will be a more robust representation of our performance against key measures.

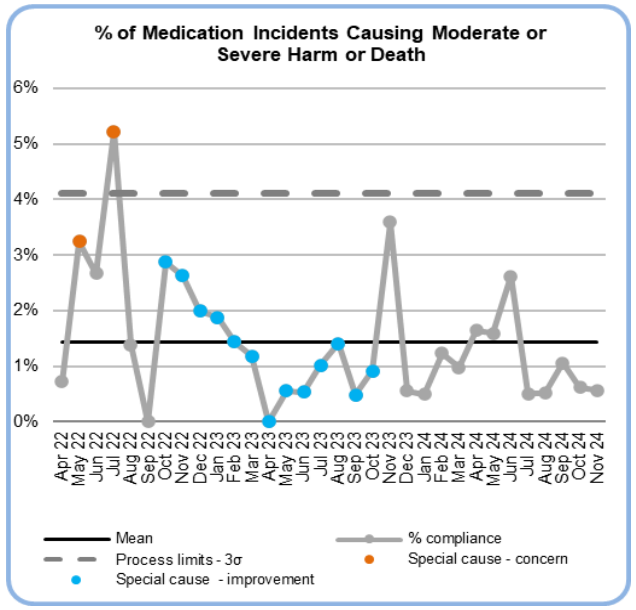
32A have commenced the pilot of the new ways of using Vitals Neuro NEWS2 to complete post falls neurological observations at the required intensity. This has been supported with a 'how to' guide, access to a recorded presentation about neurological observations and with ward presence and infographics. Feedback from this pilot will inform the roll out process across other areas.

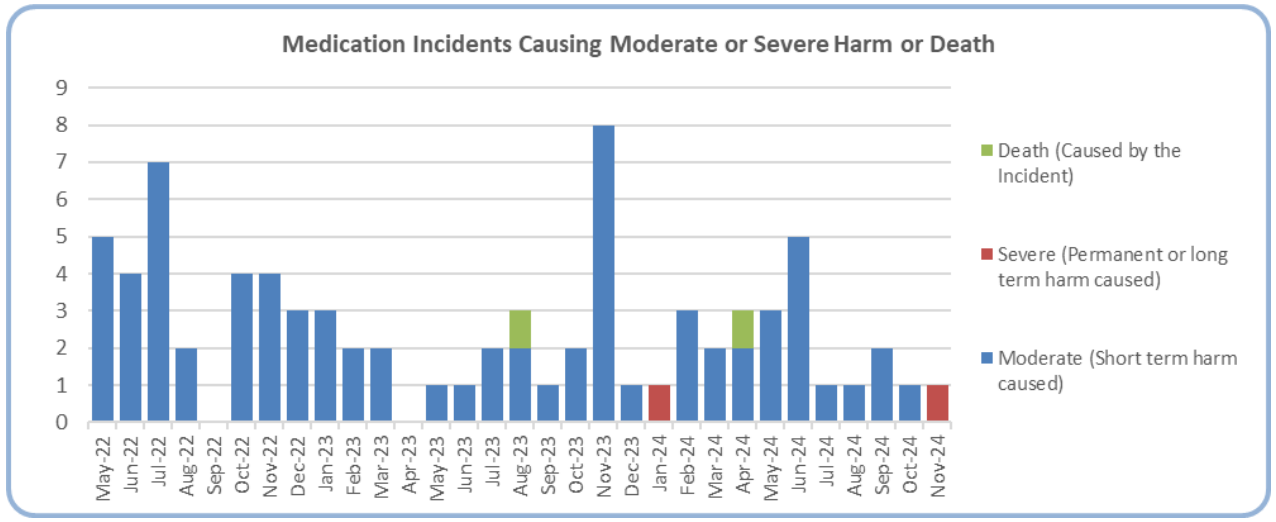
Working with business intelligence/data analysts to have improved visibility on our completion of lying-standing blood pressure measures for higher risk patients. The completion of lying and standing blood pressure continues to be an area for improvement.

N.B. The data presented only presents inpatient falls and does not include falls from hoist, stairs or in outpatient areas.

Medicines Management Report







What does the data tell us?

Medication Incidents per 1000 bed days

During November 24 NBT had a rate of 5.8 medication incidents per 1000 bed days, which is below the 6-month average of 6.1 for this measure.

Percentage of Medication Incidents Reported as Causing Moderate or Severe Harm or Death to all Medication incidents

The level of medication incidents causing moderate or severe harm or death was 0.6% this month with only 1 incident falling into this category. The case in question was an

Overall comment

Work is ongoing to ascertain the impact on our figures of the fact we are no longer records of Datix reports sent to us by the ICB on our system. There are usually approximately 10 such records each month.

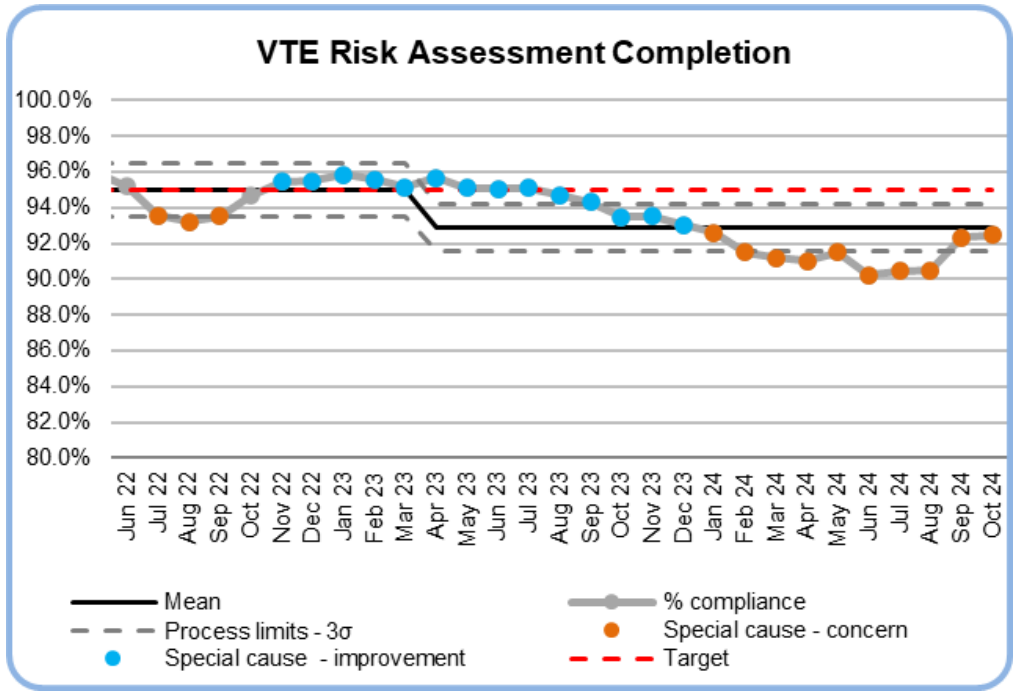
What actions are being taken to improve?

The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement with the groups and its activities from all Divisions and staff groups.

At the last meeting it was agreed that the group would initially focus on:

- Analysing practices around Controlled Drug management to assess whether any process changes could reduce workload for nursing staff and risk of errors
- Consideration of implementation of measures to reduce the task loading for nurses undertaking drug rounds.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistent.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.



Please Note: some VTE data is reported one month in arrears because the coding of the admission, and data collection for VTE RA, does not take place until after the patient is discharged.

VTE Risk Assessment

What does the data tell us?

In June 2022 there was a noticeable dip in the VTE RA compliance (see graph), and action was taken to improve the situation
An audit of patient notes revealed VTE forms were not consistently completed.

Actions:

1. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams.
2. In February 2023, a pilot of a **VTE digital assessment** took place; this was successful and thus rolled out across the Trust.:
    I. The digital form allows for real data collection
    II. There is a visual reminder of the patient's VTE RA status on the Ward Flow Board (VTE status is colour-coded)
3. Clinicians are reminded daily, at the Board Rounds, if the VTE RA form has not been completed
4. Reinstatement of face-to-face training for all HCPs in the Trust, at induction
5. Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

Reason for the initial drop in compliance :
Completing the digital VTE form is a manual deviation from the human ergonomic flow of clerking a patient, so it can be missed on admission. Much work has occurred with the clinicians to increase compliance and understand the barriers to completion. As can be seen from the graph this intervention appears to be paying dividends.

An additional improvement plan is in place this year:
In Spring 2025, completion of the VTE RA will become a **forcing measure** when the digital prescribing module is initiated, which will dramatically improve compliance

In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.

Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Patient & Carer Experience – Strategy Delivery Overview November 2024

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

NHS North Bristol NHS Trust

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Ongoing- Patient Story was shared at Trust Board in November regarding organ donation. A Patient story is planned for the Patient and Carer Experience Committee in December.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments).	**This has been identified as a Quality Priority.** Patient Conversations year 1 evaluation has been completed. The report will be shared with PCEC in December. We have also begun our one-year feasibility study of PEP. The first pilot area is the Cardiology SMS.
	We will continue to develop the Integrated Performance Report, so that the Board and other leaders can have oversight of the experience our patients receive.	Complete
Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and the patients we serve, with a particular focus on Outpatient areas.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability and neurodivergent people in a person-centred way.	**This has been identified as a Quality Priority.** We have welcomed a new patient partner with lived experience of MH. We are also beginning a pilot of patient conversations targeted at LD patients. The first conversation is planned for December.
	The voice and the involvement of carers will be respected and integral in all we do.	On 30th October we welcomed 5 young carers to do the 15 step challenge in ED. The YCVs group are also reviewing our carers awareness training and considering providing a training video for us to include in the training.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' and "Supported Decision Making"	**This has been identified as a Quality Priority**. Focus on embedding SDM as BAU in 7 specialties where this is in place. Patient comms for 'Its ok to ask' has is being worked on.
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	Ongoing- we welcomed BOSH to our Quality Governance Away Day. BOSH is a charity that support people experiencing homelessness in Bristol. The Charity lead came and spoke at the away day about the healthcare barriers facing this community and took away some donations that the team had provided.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of our complaint investigations and responses	The panel met in November with two new members.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	PLACE assessments have taken place in November with involvement from patient partners, our physical access steering group and a patient partner with LD. We are awaiting the results.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	Wording for the new VS Strategic Plan draft is completed. Graphics/format and design are currently being worked on.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Completed
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	E-learning module scoped with L&D team through NHS Elect. The module is being tested.

National Inter Faith Week Celebrations at NBT

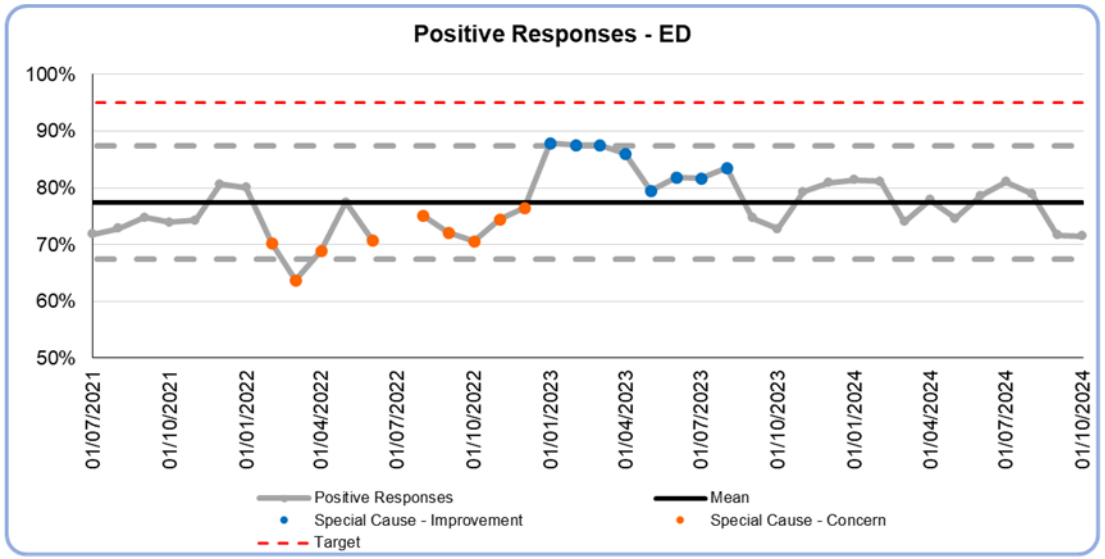
NBT Interfaith Week 11 - 15 November 2024

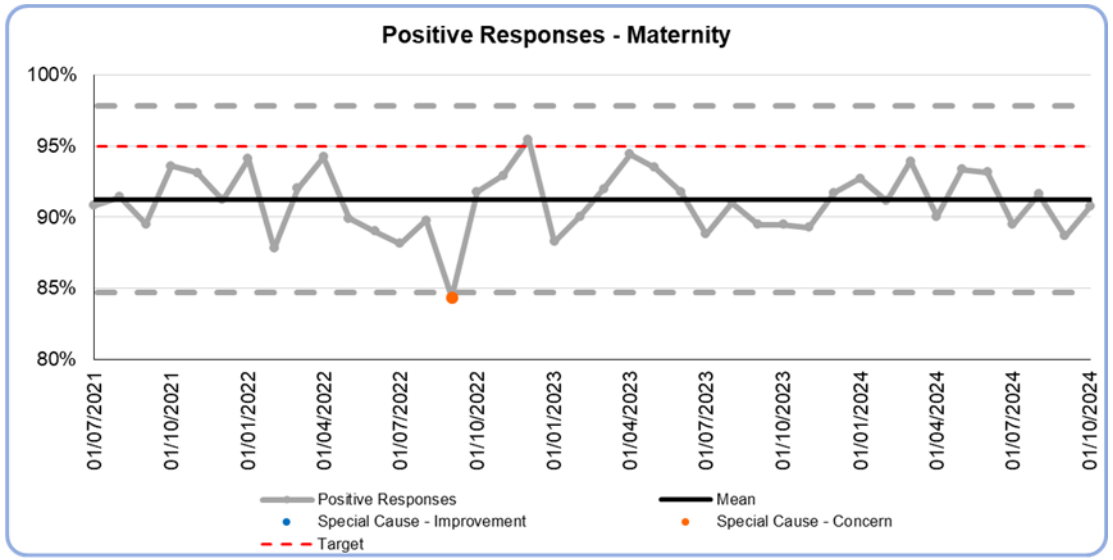
In November we observed National Inter Faith Week where the Spiritual, Pastoral and Religious Care (SPaRC) team hosted over 100 people in a celebration of religious and cultural diversity and inclusion.

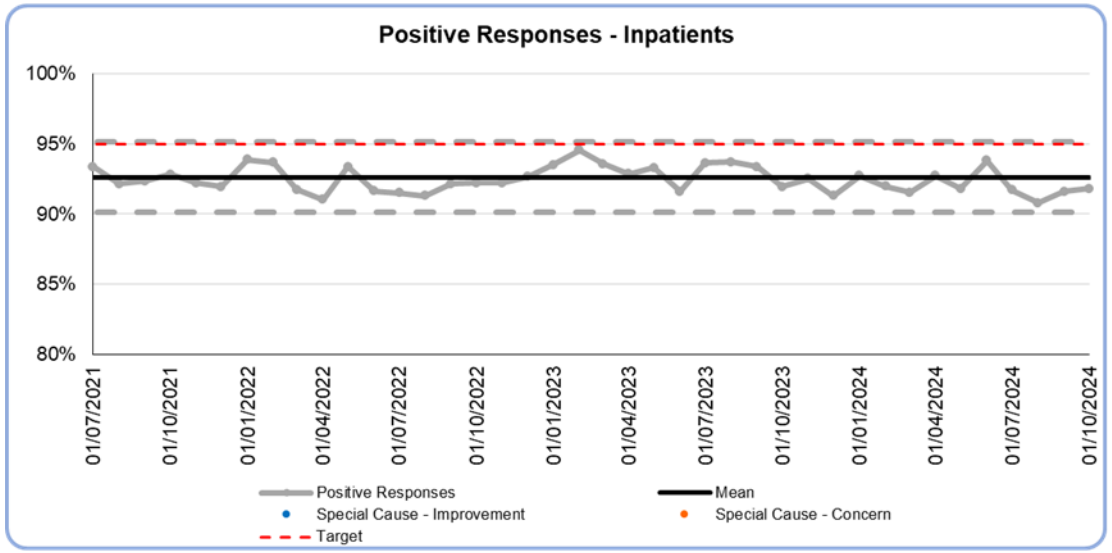
We held a wide range of health and faith information stands, music and dance including African, Indian, Turkish, Druid, Christian and Baha'i. We ran creative workshops exploring spirituality and health and had a variety of religious services in the Sanctuary.

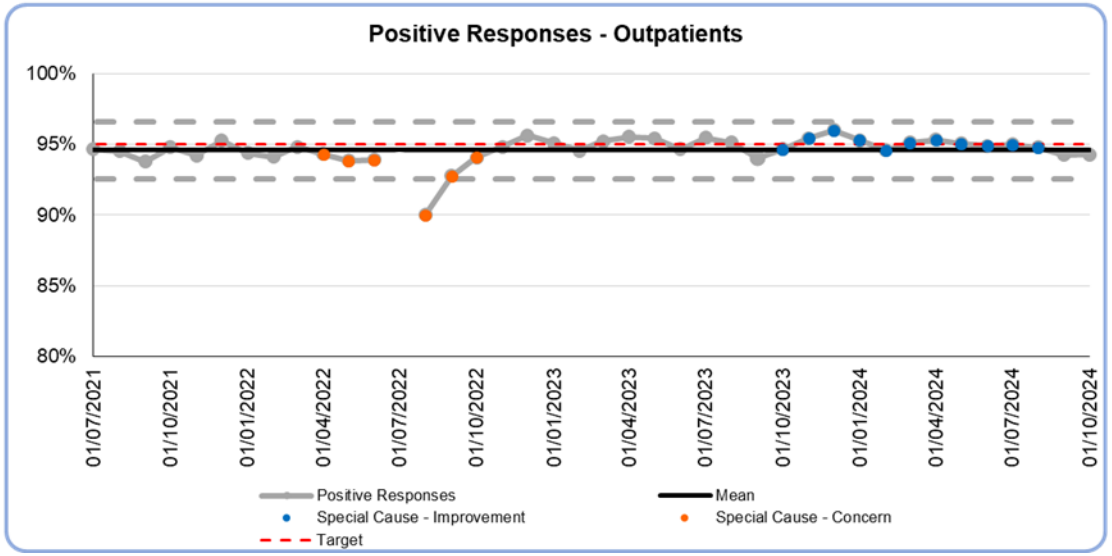
We also enjoyed hosting our second Faith Leaders Event where we explored how we could work more closely with local faith leaders to improve access to our services, reduce barriers to healthcare and better understand the experiences of their faith communities.

Patient Experience









N.B. no data available for the month of July-22 for ED and Outpatients due to an issue with CareFlow implementation

Patient Experience

What does the data tell us – Trust wide?

- In November 9,065 patients responded to the Friends and Family Test question. 6,399 patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 12.9%, which is same as the previous month.
- 92.3% of patients gave the Trust a positive rating, which is the same as the previous month.
- The top positive themes from comments remain: staff, waiting time and clinical treatment.
- The top negative themes from comments remain: waiting time, communication and staff.

What does this data tell us – Maternity?

- Positive responses across Maternity have remained at 90.7% in November.
- This is a great achievement given that the response rate across Maternity increased from 14.7% in October to 17.6% in November.
- Top positive theme from comments remains staff.

The care myself and my newborn twins received was exceptional. All members of staff clearly care a lot about their job and about how we were doing

What does the data tell us - Emergency Department?

- Positive responses have decreased further from 71.5% in October to 69.6% in November. Negative responses have increased from 19.2% in October to 20.5% in November.
- The response rate for ED increased from 17.5% in October to 18.5% in November.
- The top positive theme remains staff.
- The top negative theme remains waiting time.

Welcome and initial observation were great but then 4 hours for blood results and doc review is too slow. Felt sorry for older people. Also scanning was closed so couldnt get very painful gallstones scanned. Lovely people tho.

What does the data tell us - Inpatients?

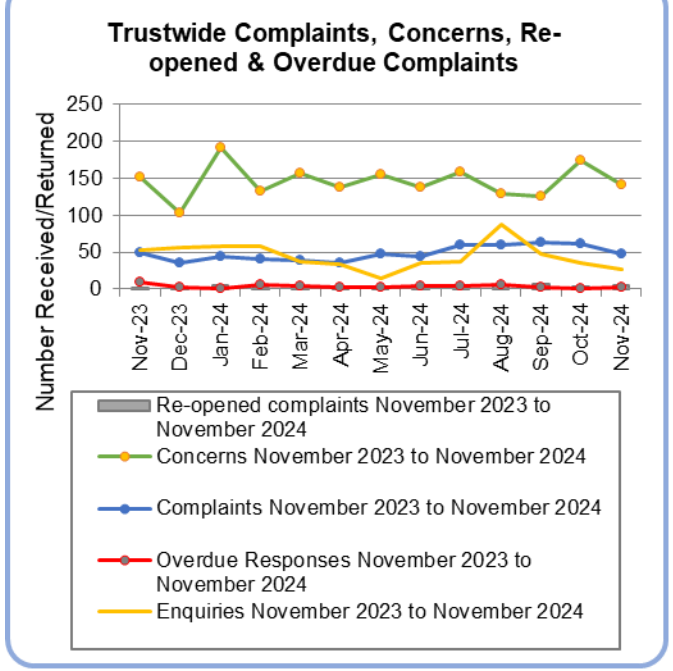
- Positive responses have increased marginally from 91.8% in October to 91.9% in November. Negative responses remain the same for November 5.3%.
- The response rate for inpatients has increased from 20.8% in October to 22.1% in November.
- Top positive themes from comments are staff, waiting time and clinical treatment.
- Negative themes from comments are staff, communication and waiting time.

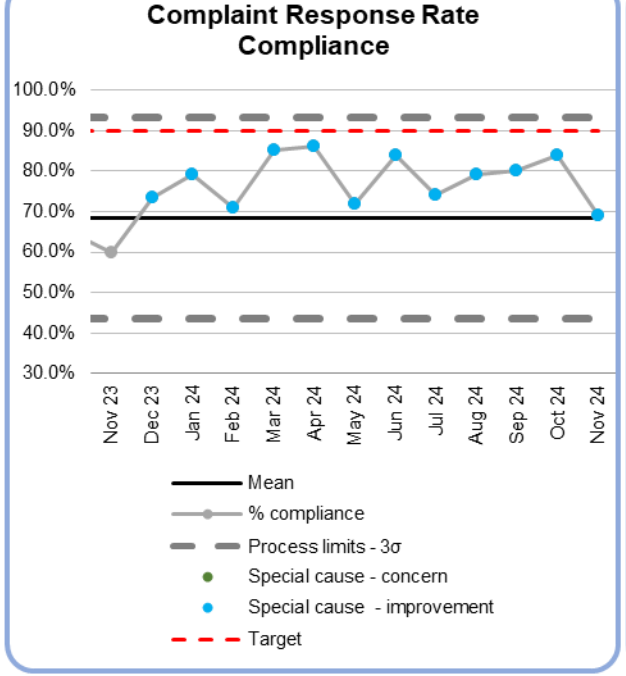
From start to finish and its still going on, the staff were absolutely amazing . Nothing was too much trouble. Everything was explained to me about what was happening and what was going to happen afterwards. Felt very looked after.

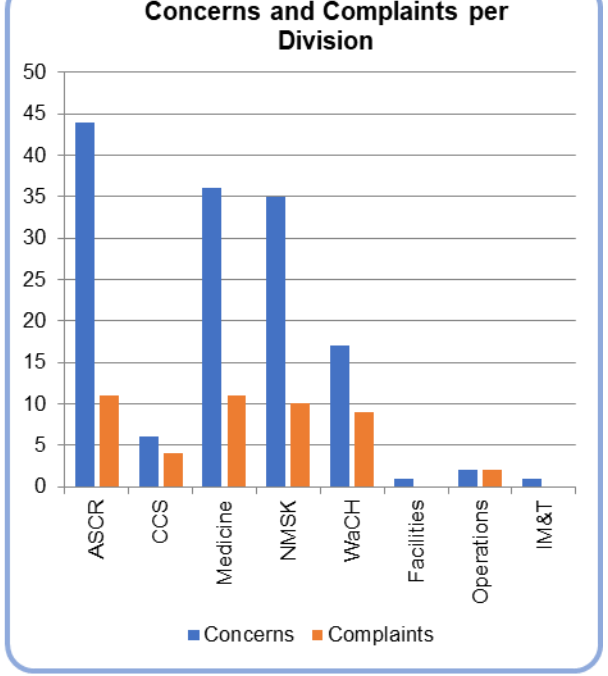
What does the data tell us – Outpatients?

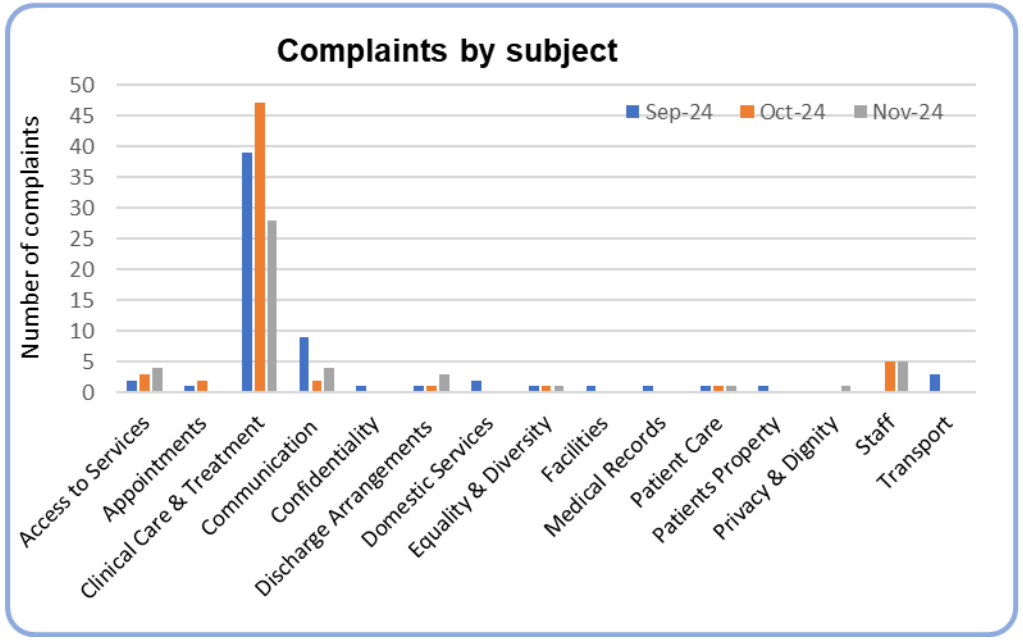
- Positive responses have increased from 94.2%.in October to 95.1% in November. Negative responses decreased from 2.4% in October to 2% in November.
- The response rate for outpatients decreased from 11.5% in October to 11.2% in November.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and Staff.

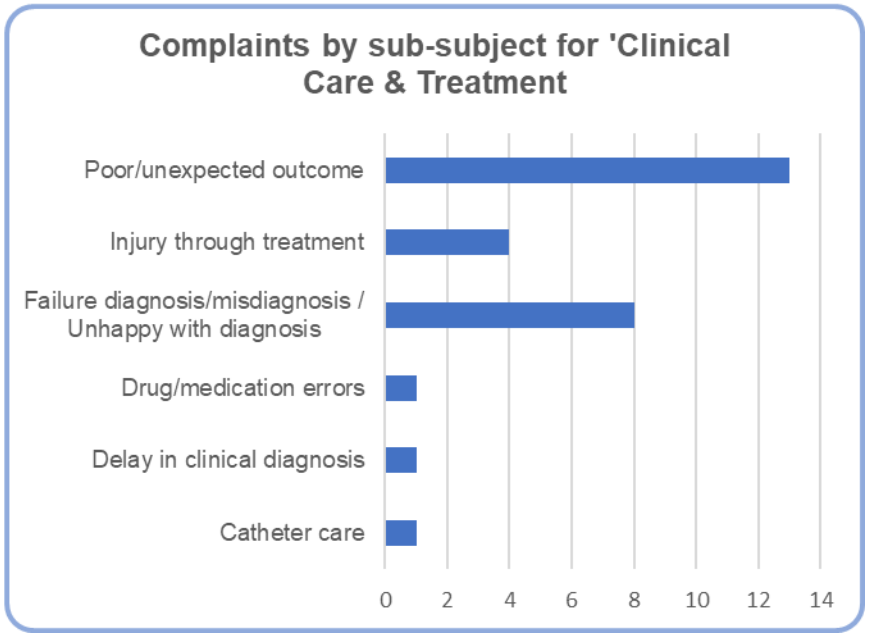
The doctor was very clear, she listen to my concerns. We came up with a plan together, she was truly person centred.











NHS North Bristol NHS Trust

Complaints and Concerns

What does the data tell us?

In November 2024, the Trust received 47 formal complaints. This is 15 less than the previous month and 5 less than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (28). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 47 complaints, the largest proportion was received by ASCR and Medicine with 11 each.

There were 6 re-opened complaints in November: 2 ASCR, 2 NMSK, 1 Ops, 1 WaCH. This is 2 more than the previous month.

The number of overdue complaints at the time of reporting has increased from 1 in October to 3 in November and are with MED (2) and CCS (1).

The response rate compliance for complaints has decreased significantly from 84% in October to 69% in November. A breakdown of compliance by clinical division is shown below:

ASCR – 70% CCS – 66% Medicine – 69%
NMSK - 37% WaCH –90%

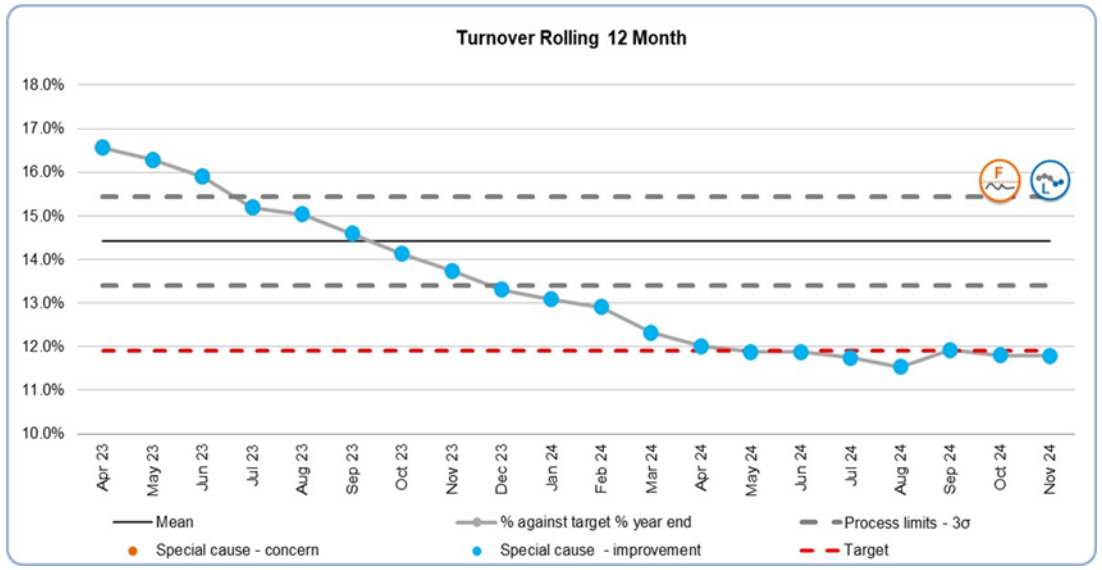
The number of PALS concerns decreased from 174 in October to 142 in November. This is back in line with expected volumes.

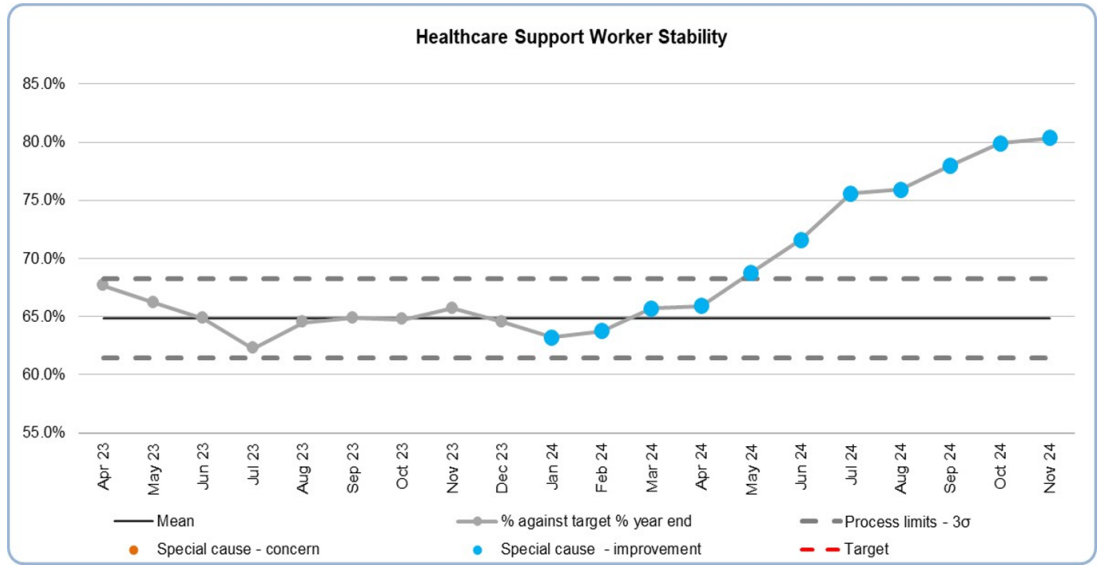
In November, 100% of complaints were acknowledged within 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

Workforce

Board Sponsors: Chief Medical Officer, Chief People Officer
Tim Whittlestone and Peter Mitchell

Retention Patient First Priority People





Turnover decreased from 11.80% in October to 11.79% in November, now below the target set for 2024/25. Following the review of retention data in the Patient First session at November's Senior Leadership Group a focus on turnover in non-clinical roles will begin, Estates and Ancillary staff turnover has increased and is higher now than at this point last year and Administrative and Clerical staff turnover is the highest of any staff group at 15.37%.

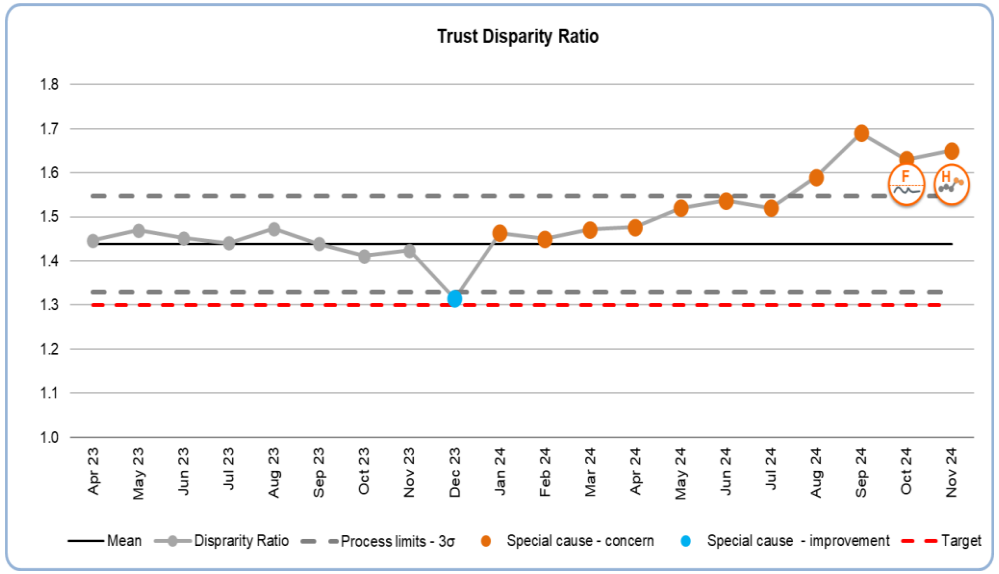
Healthcare Support Worker (HCSW) stability (% of staff in post with >12 months service) continues to follow a statistically significant improvement trend and is at 80.34% for November.

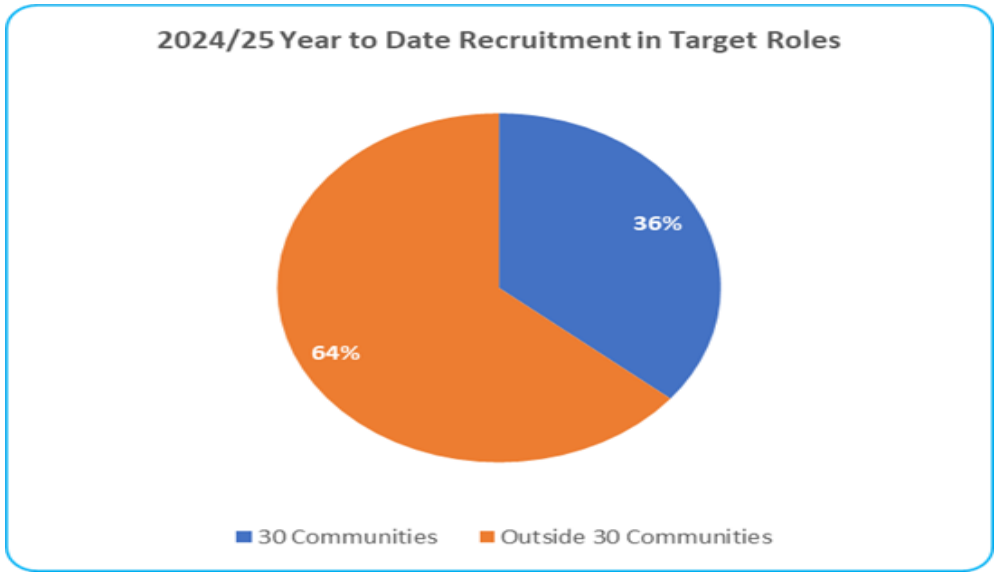
A Retention plan priority is 'Supporting New Starters' - specifically HCSWs where turnover in the first 12 months has been historically high. Enhanced Induction for these staff has been in place for 1 year and celebration events to recognise their achievements and progress within their first year, are occurring. This includes discussion and information about future career pathways as well as presentation of certificates. The Impact of actions to support them in their 1st year will continue to be monitored in 2024/25. The table below shows our immediate priority retention actions in the next 3 months:

Driver	Action and Impact	Owner	Due
Reward and recognition	Building on the successful November pension awareness session that attracted over 180 staff we plan to repeat these sessions to increase awareness of the NHS pension as an attraction and retention lever	People Promise Manager	Feb-25
New starter experience	Evaluate feedback from the My First 90 Day induction tool pilot. Incorporate stakeholder feedback and roll out the final version to reduce new starters who leave in first 12 months	People Promise Manager/ Induction Team	Feb-25
Flexible Working	Build on successful Work Life Balance Week events with a myth busting campaign to increase flexible working applications and reduce the number of staff who leave us due to 'work life balance'	People Promise Manager	Jan-25
Culture	Formally launch the 'Living Our Values' work programme aimed at building a positive workplace culture; progress the 2 workstreams linked to this, engaging with stakeholders and then the wider workforce.	Associate Director of Culture, Leadership and Development	Mar-25

Commitment to our Community

Patient First Priority – Commitment to our Community





Disparity Ratio – (likelihood of applicants from ethnic minority backgrounds being appointed over white applicants from shortlisting – Workforce Race Equality Standard metric). December's Commitment to our Community working group has agreed a further piece of analysis to respond to the key lines of enquiry highlighted vis the deep dive at the Senior Leadership Group in November. This work will enable the Trust to review and refresh the current target and timeline in the context of the insight gained and interventions planned as a result.

The November disparity ratio was 1.65 and the current target for the trust to achieve by March 2025 is 1.25.

% of Recruitment into Target Roles from our 30 Most Challenged Communities – the new metrics is shown in the pie chart, currently in 2024/25 36% of our recruitment into the target roles outlined in our commitment to our community plan is from our 30 most challenged communities. Following agreement for this metric change in quarter four of 2024/25 the Commitment to our Community programme working group will review current and planned interventions and set a target and timeline for delivery which will be taken back through the Patient First Steering group for ratification.

Activities

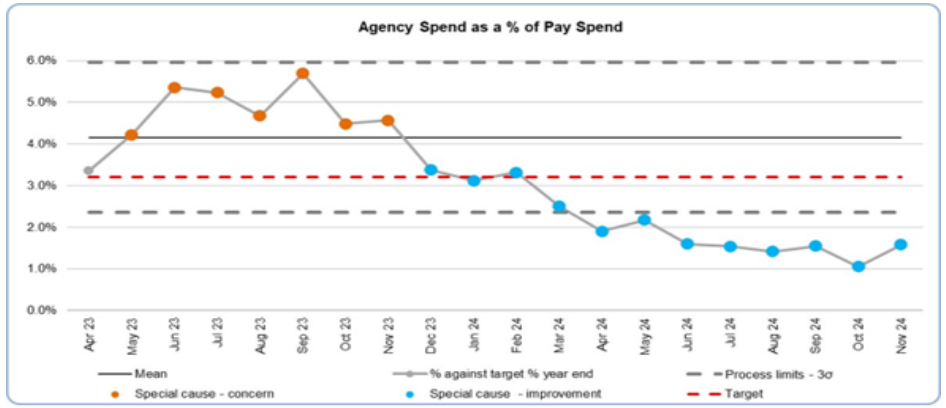
Community Outreach – Listening event provided some valuable feedback and discussion points to review for the next stage of the plan.

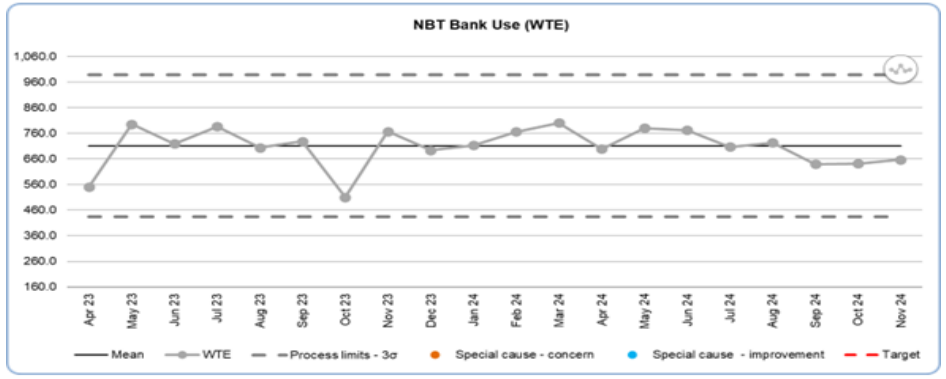
Mentoring Programme – Mentoring and support is being provided to around 130 people from our local area. Employment outcomes are gaining momentum with more and more candidates being successfully appointed.

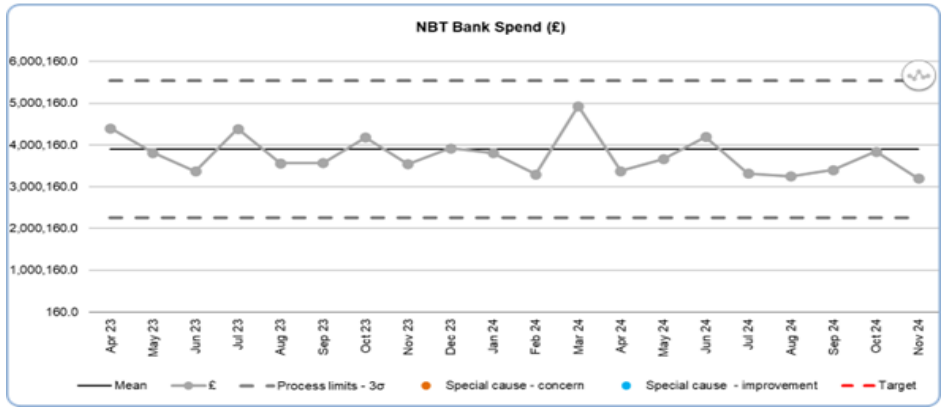
Work Experience – We have hosted 15 since the start of November for our community candidates. In some cases, this had led to employment, but has improved all participants' knowledge of the NHS, and given them vital learning to use for interviews

Driver	Action and Impact	Owner	Due
Community Outreach	We have had approximately 10 job offers/starts in the past 6 weeks for community mentoring candidates.	Community Team	Mar 25
Community Outreach	Supported work experience has seen an uptake in enrolments. Comms has gone out to try and increase placement opportunities for these candidates.	Community Team	Jan 25

Temporary Staffing





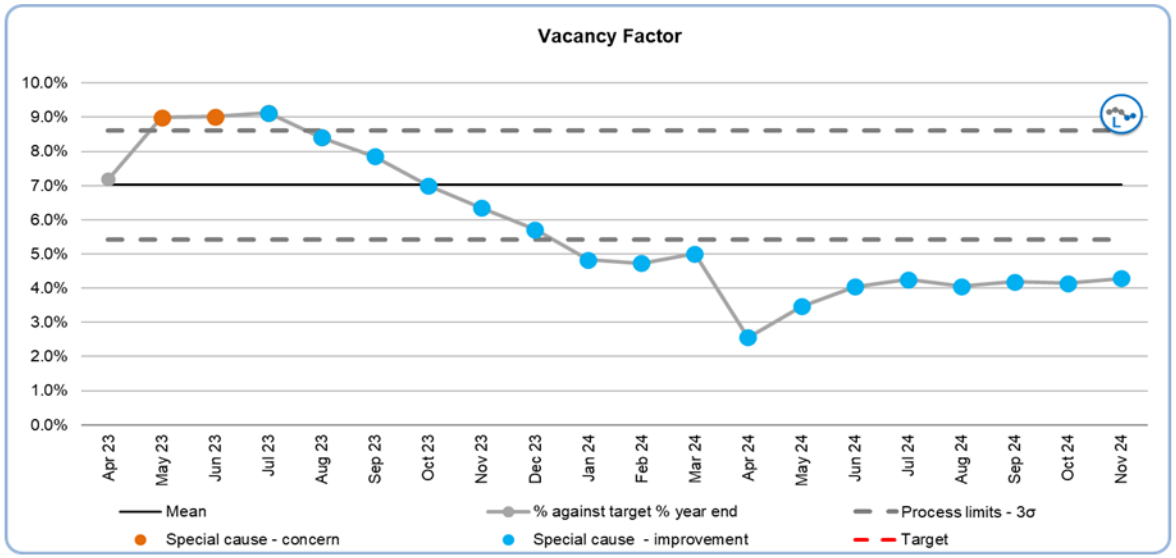


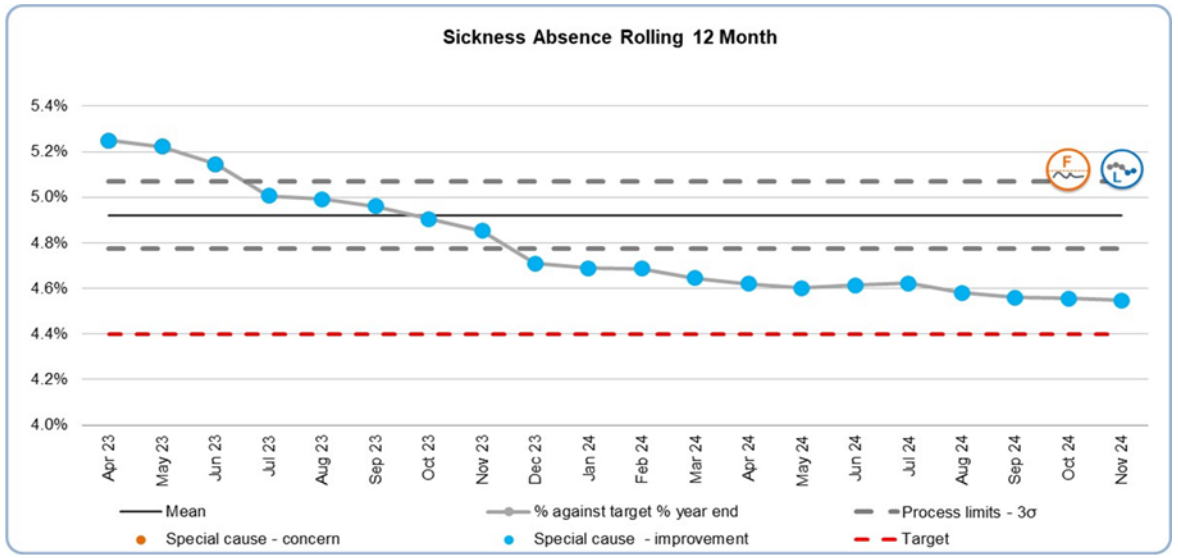
Agency use and spend continues to be significantly below the pay spend target of 3.2% of total pay spend at 1.58% in November. Bank use and spend has not shown any statistically significant deterioration or improvement compared to 2023/24 as a baseline.

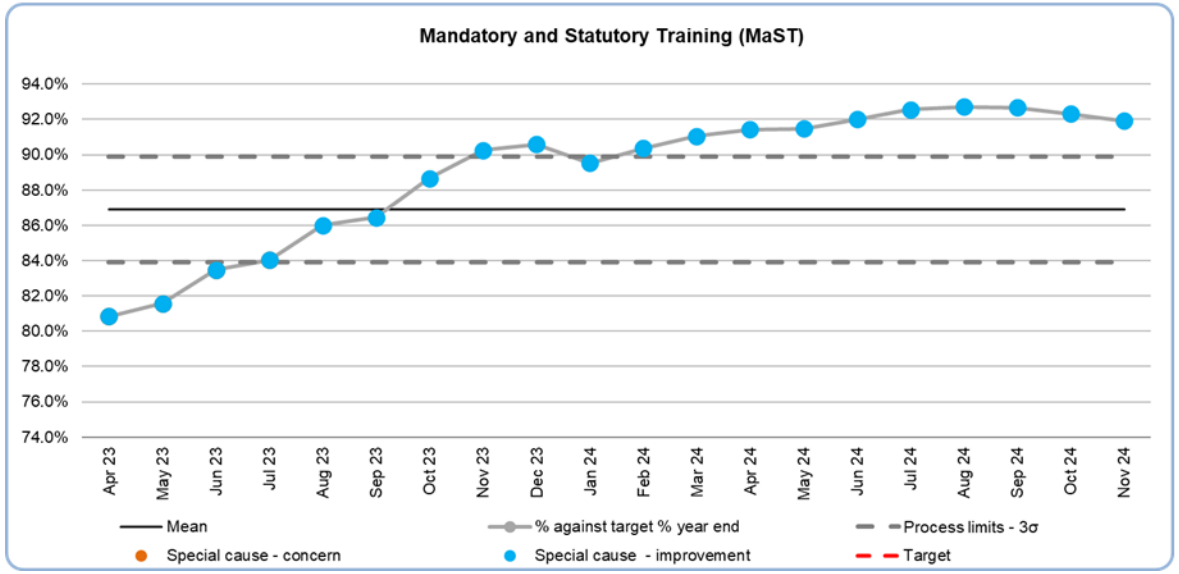
The fortnightly Resourcing and Temporary Staffing Oversight chaired by the Chief People Officer reviews temporary staffing use in the context of overall workforce and pay expenditure. The group has identified and increase in nursing agency in ICU and nursing bank in December using in month indicators and is investigating drivers and mitigating actions, this will be followed up in the January IPR.

Driver	Action and Impact	Owner	Due
Medical Staffing	Medical agency temp staffing reduction group now moved into the Recruitment and Temporary Staffing oversight Group (RaTSOG) – development of plans to convert long term agency workers to substantive, fixed term or Bank contracts are now monitored within this group.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Pan-regional South-West Medical Agency rate card implementation begin on the 1st September for new and ad-hoc agency use with a flightpath to Aug 2025 for existing long-term agency use. Governance of rate reductions monitored within the new RaTSOG structure.	Associate Director Medical Workforce	Ongoing
Medical Staffing	Bank teams increasing engagement with agency suppliers to bring in line with SW rate cards, and ongoing engagement with departments to ensure all working towards rate reduction, or trajectory to reach agreed rate.	Head of Temporary Staffing Operations	Ongoing
All Staff Groups	The Agency Procurement Programme is entering its final stages of procurement; award to be finalised in December and ready to start April 2025	Associate Director Nursing Workforce Recovery	Apr-25
Nursing & Midwifery	Collaborative Bank: HCSW Go-live Collaborative Bank launched on 11/12/24. Ongoing monitoring and reporting on usage through APC Resourcing groups. Discussions taking place on next staffing group to onboard to the collaborative.	APC Programme group / Head of Temporary Staffing	Jan-25
AHP / STT	SW Regional group scoping work to bring AHP & STT staffing groups to NHSE agency capped rate. Target date for first reduction 1st January 2025 with full compliance achievement June 2025	Associate Director Nursing Workforce Recovery and others	Jun-25
AFC Staffing groups	Process now implemented for all other clinical and non-clinical staffing groups for requesting agency usage, and to ensure cap-compliance Ongoing communications and reinforcement of new process and supporting departments to transition agency workers to Bank positions as appropriate.	Head of Temporary Staffing Operations	Ongoing

Watch Measures (CPO)

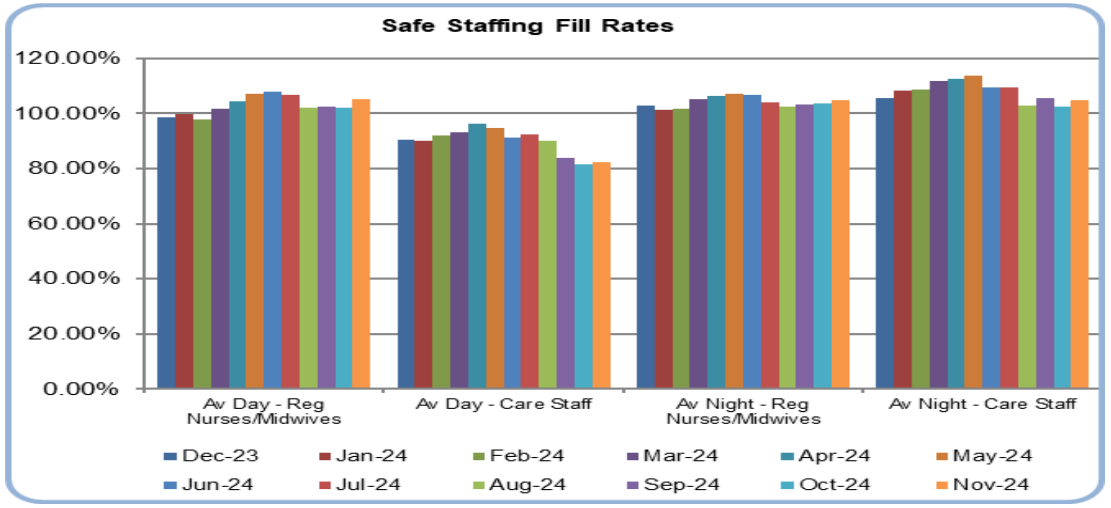






- The Trust **rolling 12-month sickness absence** rate continues to show statistically significant improvement over the last six months and is at 4.55% for November. However, sickness absence remains an ongoing focus improvement, summary actions:
  - Draft Staff Health and Wellbeing Plan developed with clear strategic priorities for the next 3-5 years.
  - Draft Staff Health and Wellbeing Plan shared with Staff Health and Wellbeing Strategy Group and People Leadership Team with a request to feedback by end of December with further engagement with stakeholders planned for 2025.
  - Hospital Group Joint working in OD, EDI and Wellbeing focusing on identifying joint working opportunities, identifying gaps and strategic alignment.
- The **Vacancy Factor** for NBT increased slightly from 4.14% in October to 4.29 in November, continuing to follow an improvement trend since July'23.

Safe Staffing



Nov-24	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	105.21%	82.45%	104.80%	104.60%

Ward Name	Registered nurses/ midwives Day	Care staff day	Registered nurses/ midwives Night	Care staff Night
AMU 31 A&B 14031				
Cotswold Ward 01269				
Elgar Wards - Elgar 1 17003				
Theatre Medi-Rooms (Pre/Post Op Care)				
Ward 25A 14241				
Ward 27A 14402				
Ward 28B 14520				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34B 14324				
Ward 6B (mainly Neuro) 14211				
Ward 7A 14302				
Ward 7B 14303				
Ward 8A 14410				
Ward 8B (Renal - 38 Bed) 14411				
Ward 9A 14503				
Ward 9B Flex Capacity 14501				
Ward 10a 14509				
		Below 80%		Over 120%

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

What does the data tell us?
For November 2024, the combined shift fill rates for days for Registered Nurses (RN)s across the 28 wards was 105.21% and 104.80% respectively for days and nights for RNs. The combined shift fill for HCSWs was 82.45% for the day and 104.60% for the night. Therefore, the Trust as a collective set of wards is within the safe limits for November.

Current month *care staff* fill rates:
- 37.93% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 3.45% of wards had daytime fill rates of greater than 120%
- 20.69% of wards had night-time fill rates of greater than 120%

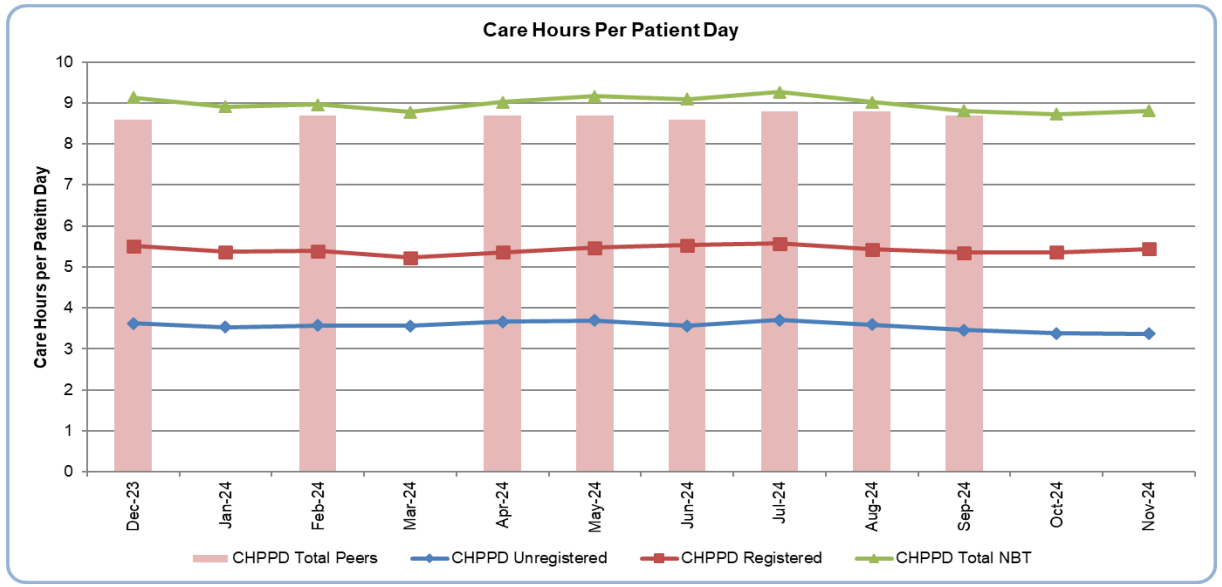
Current month *registered nursing* fill rates:
- 3.45% of wards had daytime fill rates of less than 80%
- 3.45% of wards had night-time fill rates of less than 80%
- 24.14% of wards had daytime fill rates of greater than 120%
- 10.34% of wards had night-time fill rates of greater than 120%

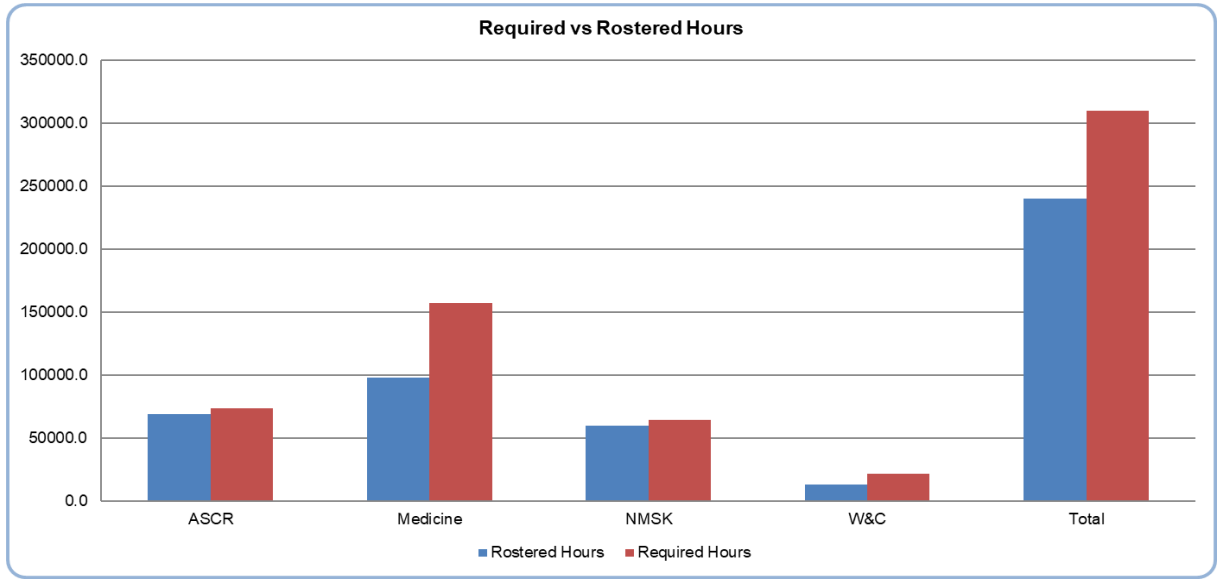
The “hot spots” as detailed on the heatmap which were less than 80% or greater than 120% fill rate for both RNs and HCSWs have been reviewed. We continue to see increased numbers of patients requiring enhanced care to maintain their safety which does account for a significant proportion of those above 120%.

Recruitment continues to support temporary HCSW into substantive roles to reduce current vacancies which is having a positive effect.

Compliance:
The Safe Care Census regularity has been reduced to twice daily to more closely align with shift patterns. The average compliance for November has declined to 62.87% from 66.95% in October. Engagement with clinical areas is ongoing to understand the barriers to its completion and address.

Care Hours





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

What does the data tell us?
Compared to national levels the acuity of patients at NBT has increased and exceeded the national position.

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

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

Finance

Board Sponsor: Chief Financial Officer
Elizabeth Poskitt

Statement of Comprehensive Income at 30 November 2024

	Month 8			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	77.7	76.2	(1.5)	570.2	578.0	7.8
Income	2.1	6.5	4.4	43.8	73.3	29.5
Pay	(51.2)	(48.9)	2.3	(386.7)	(398.2)	(11.5)
Non-pay	(28.7)	(34.0)	(5.4)	(229.7)	(259.2)	(29.5)
Surplus/(Deficit)	**0.0**	**(0.2)**	**(0.2)**	**(2.4)**	**(6.1)**	**(3.7)**

Assurances

This month the Trust has delivered a financial position £0.2m below plan. The financial position for November 2024 shows the Trust has delivered a £6.1m deficit against a £2.4m planned deficit which results in a £3.7m adverse variance year to date.

Contract income is £7.8m better than plan. This is driven by additional pass-through income of £6.1m, additional SDF income of £1.9m and Genomics income not in plan.

Other income is £29.5m better than plan. The is due to new funding adjustments and pass through items, £25.4m favourable. The remaining £4.1m favourable variance is driven by prior period invoicing and additional activity, £2.1m favourable.

Pay expenditure is £11.5m adverse to plan. New funding adjustments, offset in income, have caused a £15.2m adverse variance. Undelivered CIP is £5.8m adverse and there are overspends on medical and nursing pay, £3.8m adverse. This is offset by AfC vacancies, £5.0m favourable, and delays in investments, £6.5m favourable.

Non-pay expenditure is £29.5m adverse to plan. Of which £15.4m relates to pass through items. This adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £7.2m adverse, and in tariff drugs, £1.6m adverse, which is supporting increased elective and non elective activity. The remaining variances are driven by CIP and overspends in Corporate divisions.

Statement of Financial Position at 30 November 2024

	23/24 Month 12 £m	24/25 Month 07 £m	24/25 Month 08 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**536.9**	**542.4**	**5.4**	**4.0**
Current Assets					
Inventories	11.7	11.8	11.9	0.1	0.2
Receivables	49.4	66.0	62.1	(4.0)	12.6
Cash and Cash Equivalents	62.7	44.3	34.8	(9.6)	(27.9)
Total Current Assets	**123.8**	**122.1**	**108.7**	**(13.4)**	**(15.1)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(89.9)	(81.7)	8.2	(18.2)
Deferred Income	(14.4)	(27.7)	(24.6)	3.0	10.2
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	**(138.0)**	**(141.2)**	**(130.0)**	**11.2**	**(8.0)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.6)	(6.6)	0.0	0.4
Financial Non-Current Liabilties	(571.8)	(586.6)	(584.9)	1.7	13.1
total Non-Current Liabilities	**(578.0)**	**(593.2)**	**(591.5)**	**1.7**	**13.5**
Total Net Assets	**(53.7)**	**(75.3)**	**(70.4)**	**4.9**	**(16.7)**
Capital and Reserves					
Public Dividend Capital	485.2	492.5	497.1	4.6	11.9
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(28.9)	(28.6)	0.3	40.4
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(75.3)**	**(70.4)**	**4.9**	**(16.7)**

Capital spend is £19.5m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 8.

Cash is £34.8m at 30 November 2024, a £27.9m decrease compared with M12. The decrease is driven by the I&E deficit, capital spend, and delays in payment of invoices related to 2023/24. It is expected the cash position will continue to reduce, resulting in the overall reduction of cash position to approximately £14.3m by Month 12.

Non-Current Liabilities have decreased by £1.7m in Month 8 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

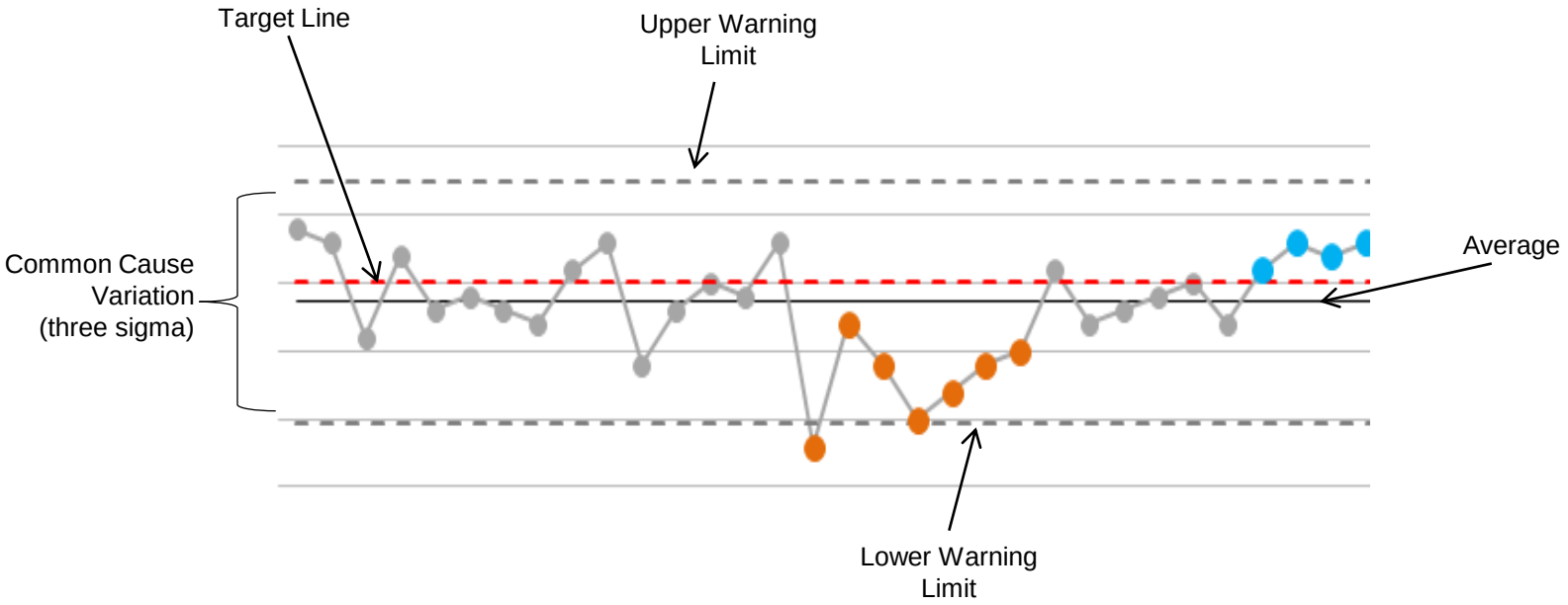
Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at September 2024 - Self-assessed, for submission to NHS

Ref	Criteria:	Comp (Y/N)	Comments where non complaint or at risk of non-compliance
G3	Fit and proper persons	Y	A Fit and Proper Persons Policy is in place. Annual checks have been undertaken and no areas of non-compliance have been identified.
G4	Having regard to NHS England Guidance	Y	Trust Board has regard to NHS England guidance where this is applicable.
G6	Registration with the CQC	Y	CQC registration is in place. The Quality Committee receives regular assurance on CQC compliance on behalf of the Board.
G7	Patient eligibility and selection criteria	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
C1	Submission of costing information	Y	A rang od 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	Y	The Trust submits information nationally as required.
C3	Assuring the accuracy of pricing and costing information	Y	Scrutiny and oversight of assurance reports to regulators is provided by the Board's Committees as required.
P1	Compliance with NHS Payment Scheme	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Y	NBT complies with national and local arrangements. It should be noted that NBT is currently receiving elements of income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
IC2	Personalised Care and Patient Choice	Y	Trust Board has considered the assurances in place and considers them to be sufficient.
WS1	Cooperation	Y	The Trust is actively engaged in the ICS and within a provider collaborative.
NHS2	Governance Arrangements	Y	The Trust has robust governance arrangements in place, which have been reviewed annual as part of the licence self-certification process and tested via annual reporting and internal/external audit.

Appendix 1: General guidance and Statistical Process Charts (SPC)



Unless noted on each graph, all data shown is for period up to, and including, 31st of May 2024 unless otherwise stated.

All data included is correct at the time of publication.

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

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

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

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

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

Appendix 2: NBT Strategy – Patient First

Patient First is the approach we are adopting to implement our Trust strategy.

The fundamental principles of the Patient First approach are to have a clear strategy that is easy to understand at all levels of NBT reduce our improvement expectation at NBT to a small number of critical priorities develop our leaders to know, run and improve their business become a Trust where everybody contributes to delivering improvements for our patients.

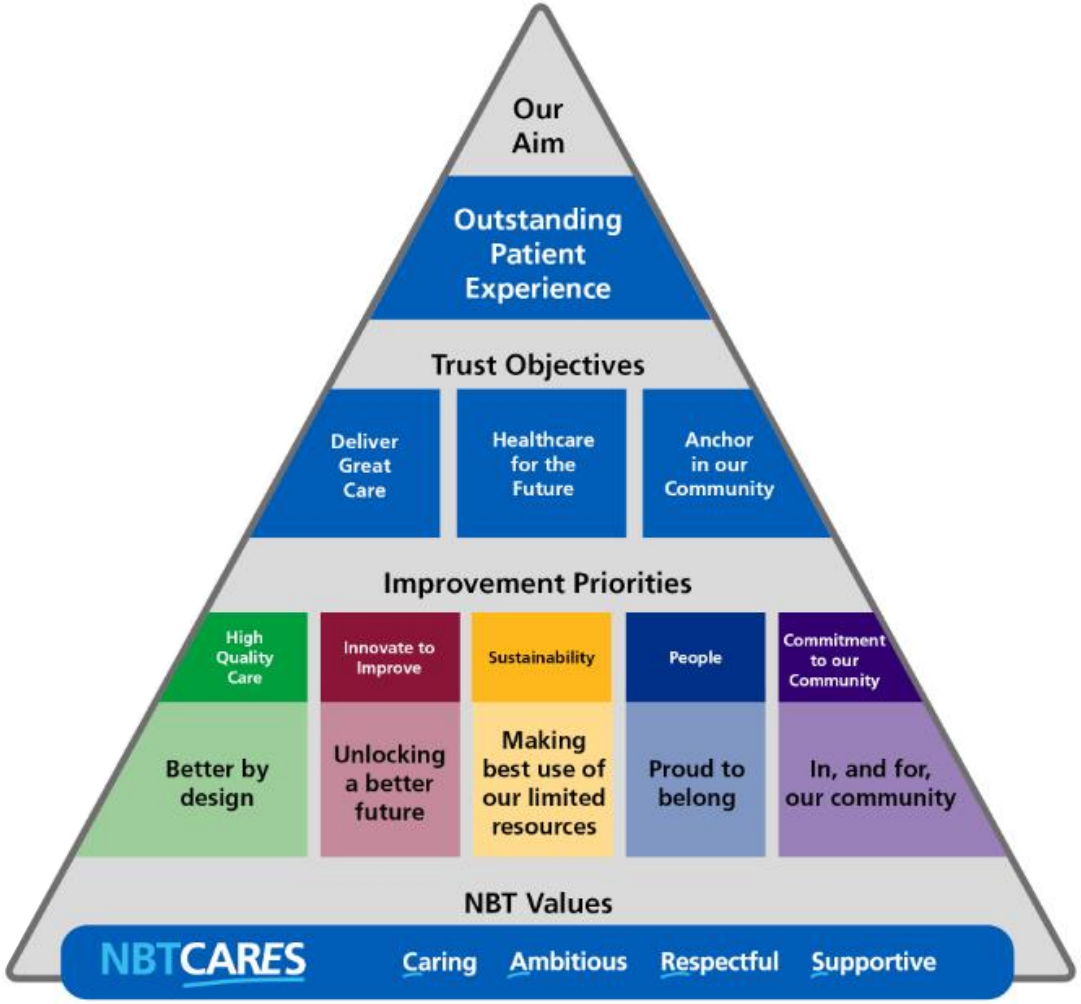
The Patient First approach is about what we do and how we do it and for it to be a success, we need you to join us on the journey.

Our reason for existing as an organisation is to put the patient first by delivering outstanding patient experience – and that's the focal point of our strategy, Our Aim. Everything else supports this aspiration.

Our Improvement Priorities which will help us to deliver our ultimate aim of delivering outstanding patient experience are:

1. **High quality care** – *we'll make our care better by design*
2. **Innovate to improve** – *we'll unlock a better future*
3. **Sustainability** – *we'll make best use of limited resources*
4. **People** – *you'll be proud to belong here*
5. **Commitment to our community** – *we'll be in our community, for our community.*

We have indicated areas of the IPR which are connected to the Trust Patient First improvement priorities with the icons below and initials **PF** on graphs.



Appendix 2: NBT Strategy – Patient First Improvement Priorities

NHS North Bristol NHS Trust

Improvement Priorities	Descriptor	Vision	Strategic Goal	Current Target	Breakthrough Objective
PATIENT *Steve Hams*	Outstanding Patient experience	We consistently deliver person centred care & ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a response rate of at least 10% in England	Upper decile performance against non-specialist acute hospitals with a response rate of at least 10% *(based on June 2022 baseline)*	Improving FFT 'positive' percentage
HIGH QUALITY CARE *Steve Curry*	Better by design	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	1. 62-day cancer compliance 2. >15 min ambulance handover compliance	85% of patients will receive treatment for cancer in 62 days Sustain/maintain <70 weekly hrs lost	70% of patients will receive treatment for cancer in 62 days Maintain best weekly delivered position between April 2021 and August 2022 – 141 hours (w/c 29th Aug 2022)
INNOVATE TO IMPROVE *Tim Whittlestone*	Unlocking a better future	We are driven by curiosity; undertake research and implement innovative solutions to improve patient care by enabling all our people and patients to make positive changes	Increase number of staff able to make improvements in their areas to 75% of respondents by 2028	Increase number of staff able to make improvements in their areas to 63% of respondents by 2026/2027	Increase number of staff able to make improvements in their areas to be 1% point above the benchmark average in 2024/25 (57% based on 2023 staff survey results)
SUSTAINABILITY *Glyn Howells*	Making best use of our limited resources	Through delivering outstanding healthcare sustainably we will release resources to invest in improving patient care.	To eliminate the underlying deficit by 2026/2027	To deliver at least 1% higher CIP than the national efficiency target	Deliver the planned levels of recurrent savings in 2024/25
PEOPLE *Interim CPO – Peter Mitchell*	Proud to belong	Our exceptional people deliver outstanding patient care and experience	Staff turnover sustained at 10% or below by 2029	Staff Turnover sustained at 10.7% or below by Mar 2027	Staff Turnover Sustained at 11.9% or below
COMMITMENT TO OUR COMMUNITY *Interim CPO – Peter Mitchell*	In, and for, our community	We will improve opportunities that help reduce inequalities and improve health outcomes	Increase NBT employment offers in our most deprived communities and amongst under-represented groups	Increase recruitment within NBT catchment to reflect the same proportion of our community in the most economically deprived wards – increase from 32% to 37% of starters equating to an additional 70 starters per year at current recruitment levels.	Reduce disparity ratio To 1.25 or better 38% employment from our most challenged communities

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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

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

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

Appendix 3: Abbreviation Glossary

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