North Bristol NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

February 2025

(presenting January 2024 data)

NBTCARES

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North Bristol NHS Trust

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North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain	Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	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%	70.73%	63.30%	64.87%	63.77%	63.56%	61.83%	63.21%	69.31%	61.40%	58.25%	58.70%	55.20%	58.35%	59.80%		54.29%	3/11
	A&E 12 Hour Trolley Breaches	R		0	-	318	168	260	324	217	252	125	83	396	419	526	352	545		22-1847	4/11
	Ambulance Handover < 15 mins (%)		PF	65.00%	-	35.05%	39.35%	37.24%	39.99%	40.70%	42.19%	51.34%	41.78%	23.82%	26.56%	16.42%	30.51%	20.94%			
	Ambulance Handover < 30 mins (%)	R	PF	95.00%	-	64.52%	71.47%	68.13%	72.27%	75.46%	74.15%	82.25%	76.63%	55.01%	58.35%	41.41%	59.14%	46.91%			
	Ambulance Handover > 60 mins		PF	0	-	534	329	366	274	210	240	165	182	516	551	810	584	710			
	Average No. patients not meeting Criteria to Reside				132	245	233	211	233	216	218	210	204	192	205	202	183	203			
	Bed Occupancy Rate			93.00%	-	97.81%	97.40%	97.48%	97.86%	97.53%	97.37%	97.20%	97.22%	98.09%	98.17%	97.86%	95.48%	97.97%			
	Diagnostic 6 Week Wait Performance			5.00%	0.98%	12.28%	5.19%	4.22%	3.10%	2.47%	1.38%	0.85%	1.15%	0.81%	0.80%	0.84%	0.75%	0.88%		19.48%	1/10
	Diagnostic 13+ Week Breaches			0	0	4	5	0	0	0	0	0	0	0	0	0	0	0		1-303	1/10
	RTT Incomplete 18 Week Performance			92.00%	-	61.11%	61.58%	59.75%	60.36%	60.96%	61.97%	63.71%	63.94%	65.04%	66.33%	66.73%	66.11%	65.49%		56.88%	8/10
	RTT 52+ Week Breaches	R		0	851	1393	1383	1498	1609	1632	1649	1305	1108	909	774	606	416	434		27-8278	2/10
	RTT 65+ Week Breaches				15	249	193	146	191	226	218	156	105	9	12	7	6	4		0-2278	2/10
	RTT 78+ Week Breaches	R			51	45	39	27	18	14	6	13	4	1	0	0	0	0		0-561	2/7
	Total Waiting List	R			44817	46710	46394	46278	46441	46740	46252	45732	45478	45491	44755	43935	43727	43932			
	Cancer 31 Day First Treatment			96.00%	91.62%	77.12%	86.18%	83.07%	87.77%	84.83%	86.50%	80.45%	85.85%	80.97%	85.22%	88.71%	92.18%	-		77.56%	7/10
	Cancer 62 Day Combined	R	PF	85.00%	67.74%	53.33%	58.15%	59.14%	60.62%	59.32%	61.31%	58.16%	69.02%	60.70%	68.01%	70.18%	74.30%	-		91.17%	5/10
	Cancer 28 Day Faster Diagnosis	R		75.00%	76.00%	70.88%	74.80%	73.79%	57.28%	67.47%	78.05%	78.38%	79.04%	78.19%	77.10%	81.60%	82.08%	-		71.15%	4/10
	Cancelled Operations Not Re-booked Within 28 Days			0	-	5	5	5	6	3	2	5	2	2	6	5	5	6			
	Urgent Operations Cancelled ≥2 times			0	-	0	0	0	0	0	0	0	0	0	0	0	2	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.

North Bristol Integrated Performance Report

NHS North Bristol NHS Trust

Domain		Description	Regulatory	Trust Patient First Improvement Priority	National Standard	Current Month Trajectory (RAG)	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Quality, Safety and Effectiveness	Trust Quality Metrics	Summary Hospital-Level Mortality Indicator (SHMI)					0.94	0.94	0.95	0.95	0.96	0.95	0.96	0.96	0.96	-	-	-	-	
		Never Event Occurrence by Month			0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
		Commissioned Patient Safety Incident Investigations					2	0	1	1	1	1	1	2	0	0	1	2	2	
		Maternity and Newborn Safety Investigations					0	0	0	1	0	1	0	2	0	1	0	1	-	
		Total Incidents					1199	1329	1290	1126	1182	1133	1173	1086	1299	1333	1267	1126	1282	
		Total Incidents (Rate per 1000 Bed Days)					38	45	40	37	38	37	38	36	43	42	42	37	39	
		WHO Checklist Completion				95.00%	99.52%	99.82%	99.71%	99.89%	99.92%	99.73%	99.90%	99.37%	99.55%	98.49%	98.31%	98.95%	97.20%	
		VTE Risk Assessment Completion	R			95.00%	92.60%	91.51%	91.17%	91.02%	91.49%	90.24%	90.44%	90.47%	92.35%	92.53%	91.62%	91.75%	-	
		Pressure Injuries Grade 2					11	18	10	14	11	4	11	4	5	10	8	14	14	
		Pressure Injuries Grade 3				0	1	0	0	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries Grade 4				0	0	1	0	0	0	0	0	0	0	0	0	0	0	
		Pressure Injuries rate per 1,000 bed days					0.35	0.47	0.28	0.36	0.35	0.10	0.36	0.13	0.10	0.25	0.20	0.39	0.37	
		Falls per 1,000 bed days					5.58	5.72	5.66	5.18	5.20	5.56	5.80	5.01	6.53	5.32	5.90	5.50	6.98	
		MRSA	R		0	0	0	0	0	1	0	0	1	0	1	1	0	0	0	
		E. Coli	R			4	6	5	2	6	10	4	6	4	4	12	4	2	8	
		C. Difficile	R			5	2	9	8	6	2	4	8	2	6	7	7	9	8	
		MSSA				2	3	3	2	2	2	3	3	2	2	5	1	4	8	
		Observations Complete					98.73%	98.50%	98.58%	98.57%	98.71%	98.64%	98.65%	98.49%	98.49%	98.43%	98.37%	98.43%	98.74%	
		Observations On Time					73.33%	72.13%	73.76%	74.09%	74.53%	75.38%	76.76%	76.22%	75.73%	74.84%	73.92%	74.10%	74.23%	
		Observations Not Breached					88.67%	87.62%	88.67%	89.05%	88.99%	89.75%	90.58%	90.60%	90.01%	89.46%	89.08%	89.19%	89.46%	
	Maternity	5 minute Apgar 7 rate at term				0.90%	0.23%	1.22%	1.90%	1.00%	0.93%	0.93%	3.16%	0.98%	2.04%	1.56%	1.36%	1.44%	0.72%	
		Caesarean Section Rate					44.90%	47.50%	44.74%	45.88%	46.09%	46.07%	45.05%	46.40%	45.36%	48.44%	45.71%	44.93%	44.64%	
		Still Birth Rate				0.40%	0.43%	0.00%	0.22%	0.00%	0.22%	0.22%	0.00%	0.44%	0.42%	0.00%	0.25%	0.22%	1.10%	
		Induction of Labour Rate				32.10%	31.67%	31.36%	34.45%	32.71%	29.78%	29.91%	25.00%	28.83%	33.05%	30.98%	28.28%	30.40%	29.69%	
		PPH 1500 ml rate				8.60%	2.38%	4.04%	2.68%	3.52%	4.98%	4.78%	4.45%	4.94%	4.50%	3.51%	5.25%	3.28%	3.11%	
	Fragile Hip	Fragile Hip Best Practice Pass Rate					60.00%	67.92%	71.43%	68.57%	41.18%	59.57%	45.95%	66.67%	50.00%	30.65%	54.29%	71.19%	-	
		Admitted to Orthopaedic Ward within 4 Hours					28.17%	9.43%	14.29%	25.76%	19.61%	14.89%	32.43%	36.36%	16.67%	6.45%	5.71%	16.95%	-	
		Medically Fit to Have Surgery within 36 Hours					64.79%	71.70%	73.47%	65.15%	47.06%	65.96%	51.35%	75.76%	57.41%	29.03%	65.71%	83.05%	-	
		Assessed by Orthogeriatrician within 72 Hours					88.73%	90.57%	95.92%	92.42%	86.27%	91.49%	91.89%	100.00%	92.59%	96.77%	82.86%	94.92%	-	
	Stroke	Stroke - Patients Admitted					185	163	155	177	160	155	160	167	156	149	165	173	-	
		Stroke - 90% Stay on Stroke Ward				90.00%	48.21%	55.45%	44.57%	46.15%	36.56%	43.16%	38.00%	30.77%	48.91%	60.82%	57.14%	68.47%	-	
		Stroke - Thrombolysed <1 Hour				60.00%	85.71%	60.00%	73.68%	82.35%	61.11%	60.00%	63.16%	45.83%	57.14%	62.50%	60.00%	53.85%	-	
		Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	58.26%	61.76%	75.79%	47.46%	55.79%	41.41%	44.55%	42.99%	41.30%	48.98%	32.35%	35.29%	-	
		Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	85.71%	94.87%	97.25%	90.08%	80.51%	84.55%	91.45%	86.09%	85.98%	87.38%	83.62%	79.23%	-	

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Quality & Caring Patient Experience	Friends & Family Positive Responses - Maternity		PF			92.73%	91.16%	93.93%	90.05%	93.37%	93.17%	89.47%	91.62%	88.69%	90.76%	90.70%	89.42%	88.35%	
	Friends & Family Positive Responses - Emergency Department		PF			81.44%	81.12%	73.99%	77.89%	74.65%	78.64%	81.05%	78.96%	71.71%	71.52%	69.63%	75.49%	77.96%	
	Friends & Family Positive Responses - Inpatients		PF			92.71%	91.98%	91.55%	92.73%	91.81%	93.80%	91.72%	90.81%	91.60%	91.81%	91.89%	91.85%	92.77%	
	Friends & Family Positive Responses - Outpatients		PF			95.31%	94.58%	95.12%	95.33%	95.06%	94.90%	95.00%	94.79%	94.24%	94.29%	95.13%	95.06%	94.95%	
	PALS - Count of concerns					191	133	157	137	155	174	159	130	174	174	142	177	174	
	Complaints - % Overall Response Compliance				90.00%	79.00%	71.00%	84.62%	86.11%	72.22%	84.09%	73.68%	79.19%	80.43%	84.00%	68.97%	64.62%	80.00%	
	Complaints - Overdue					5	6	4	2	2	4	4	6	3	1	3	3	0	
	Complaints - Written complaints					44	40	39	36	47	45	59	59	63	62	47	49	56	
Workforce	Agency Expenditure ('000s)					1507	1592	1368	891	1037	765	725	657	724	645	825	581	591	
	Month End Vacancy Factor					4.87%	4.82%	5.02%	2.55%	3.46%	4.04%	4.26%	4.06%	4.17%	4.14%	4.29%	4.66%	5.22%	
	Turnover (Rolling 12 Months)	R	PF		-	13.09%	12.91%	12.32%	12.01%	11.88%	11.88%	11.75%	11.54%	11.92%	11.80%	11.79%	11.82%	11.69%	
	Sickness Absence (Rolling 12 month)	R			-	4.66%	4.67%	4.65%	4.62%	4.60%	4.61%	4.62%	4.58%	4.56%	4.56%	4.55%	4.58%	4.60%	
	Trust Mandatory Training Compliance					90.14%	89.44%	91.16%	91.50%	91.47%	92.02%	92.58%	92.71%	92.18%	92.33%	92.54%	92.71%	92.47%	

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Executive Summary

North Bristol NHS Trust

Urgent Care

Four-hour performance reported at 59.80% in January. NBT ranked third out of 11 AMTC providers. There was an increase in 12-hour trolley breaches compared to the previous month (545 in January from 352 in December), and an increase in ambulance handover delays over one-hour (710 in January from 584 in December). 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 2.11% which equates to over 1,800 additional presentations. 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 overall waiting list trend is reducing, decreased by approximately 6% over the last year. The Trust has already achieved the national ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. It is the Trust’s intention to go further than the <1% requirement for 52-weeks and eliminate 52-weeks entirely. The target measure for next year will move to the 18-week compliance target.

Diagnostics

For the seventh consecutive 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 January was less than 1%. Benchmarking against Trusts with similar waiting lists across England, NBT has ranked first for the sixth consecutive month. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13 weeks.

Cancer Wait Time Standards

For second consecutive month, the Trust is now reporting a compliant FDS-28 Day position and a compliant 62-Day Combined position against targets. 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). As reported previously, due to the Urology backlog activity, the 62-Day position was expected to show a deterioration in overall 62-day performance in September, before recovering into November and December. This is shown in the reported position with December reporting at 74.3%. As the backlog clearance work concludes, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity. 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.

Executive Summary

NHS
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Quality

Midwifery remains recruited to vacancy and turnover. The term admission rate to NICU was 4.1% against the national target of 5%. PMRT saw four cases being reviewed with two elements of care graded as C in December. Perinatal services received no formal complaints in December. There was one new case referred to MNSI and no new Patient Safety Incident Investigations.

NBT reported a rate of 7.0 falls incidents per 1000 bed days in January which is above the average of 6.31 and represents the highest number of falls since December 2022. Within Medicine division there is an analysis planned to review rates of falls, specific falls incident situations and the influence of unfilled enhanced care shifts. This has been highlighted as an area of concern following incident reviews.

During December 2024 NBT had a rate of 5.8 medication incidents per 1000 bed days, which is below the mean point of 6.0 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 remains above, which reflects the national picture and NBT is instigating 'C-Diff ward rounds to combat this. Flu cases rates have decreased as expected as per national rates and there were no new MRSA cases.

The overall trend in Pressure Injury reduction continues, which includes those relating to devices, when benchmarked against 2023-24 figures for the same 10-month period there's a 30% reduction.

VTE risk assessment compliance has fluctuated over the past 2 years but remains below the national standard. A range of actions have been implemented but the primary sustainable solution remains the implementation of the Trust's new Electronic Prescribing system. In September 2025, completion of the VTE Risk Assessment will become a forcing measure when the digital prescribing module is initiated, which will dramatically improve compliance.

Delivery of the Year 2 workplan for Patient & Carer Experience remains positive, this month we are profile the carers part of our strategy and the League of Friends support for 10 new carers chairs. 93.7% of patients gave the Trust a FFT positive rating, an improvement from 92.3% the previous month.

Complaints increased in comparison to previous month and same period last year and PALS concerns also increased. The response rate compliance for complaints improved to 80% in month, with none overdue at the time of month end reporting. All complaints & PALS concerns continue to be acknowledged within the agreed timeframes.

Executive Summary

NHS
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Workforce

Turnover is 11.69% in January, remaining below the Trust target of 11.90% for 2024/25. Work is in progress to review and refresh our assumptions, areas of focus and interventions underpinning our Long-Term Retention Plan and actions and target for 2025/26.

For both disparity ratio and the newly agreed metric, % of Recruitment into Target Roles from our 30 Most Challenged Communities targets have been agreed. Disparity ratio will target 1.55, from January's position of 1.63, with ongoing work to identify further stretch improvement. % Recruitment into Target Roles from out 30 Most Challenged Communities target was set at 38%, from a current position of 35% year to date.

Trust-wide agency spend is 1.12% of total pay spend in December significantly below the target of 3.2%, and bank spend has show statistically significant improvement for the first time this year. There is an ongoing focus on temporary staffing use through the fortnightly Resourcing and Temporary Staffing Oversight Group recognising the need to further reduce our temporary staffing use and spend in 2025/26.

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

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Finance

The financial plan for 2024/25 in Month 10 (January) was a £0.8m surplus and in month the Trust has delivered a £1.9m surplus, which is £1.1m better than plan. Year to date, the position is a £2.5m adverse variance against a planned £1.6m 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 10 is £32.0m, a reduction of £30.7m from Month 12. This is driven by the underlying deficit and capital spend. The Trust has delivered £17.6m of completed cost improvement programme (CIP) schemes at month 10, an increase of £1.2m from month 9. There are a further £3.2m of schemes in implementation and planning that need to be developed, and £3.1m in the pipeline.

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

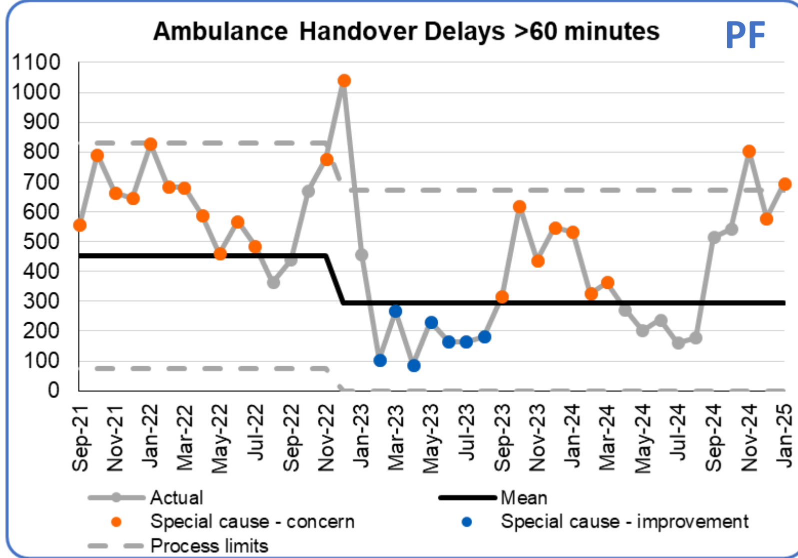
Responsiveness – Indicative Overview

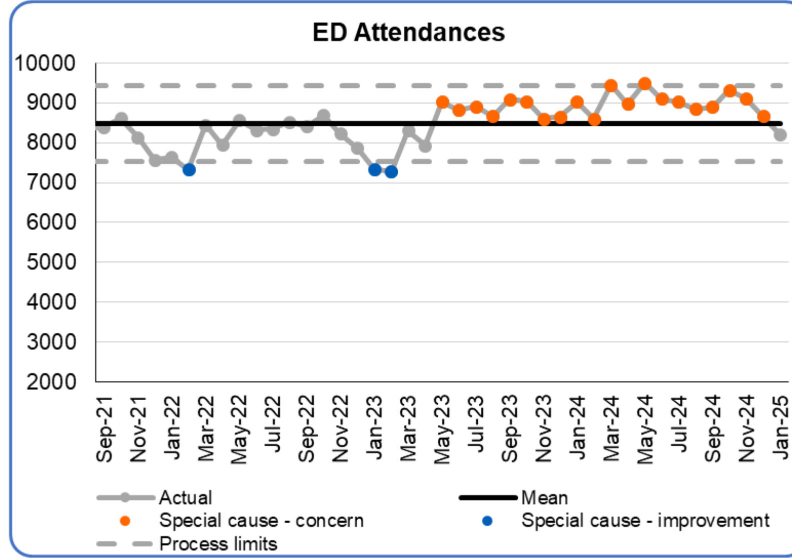
NHS North Bristol NHS Trust

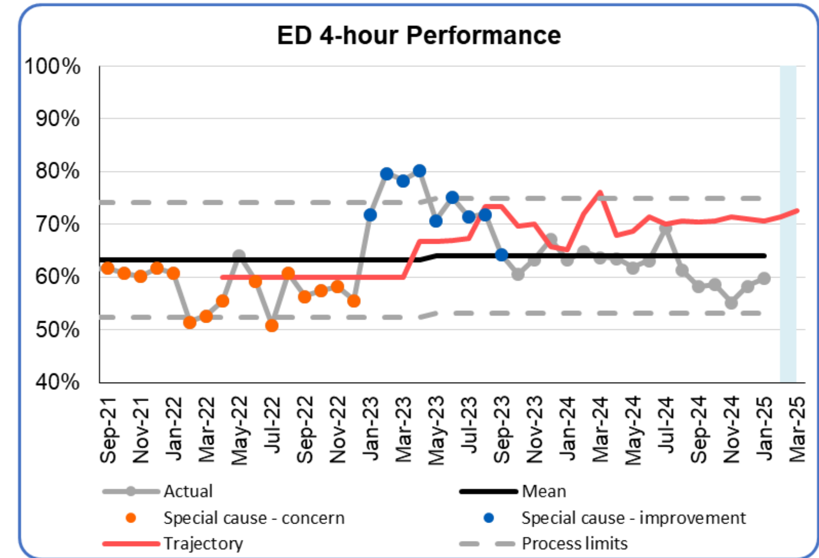
Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Internal and partnership actions continue – meanwhile, ED demand in the YTD is up 2.1%.
	NC2R/D2A	In the reported month, there was a significant increase in NC2R numbers, with a commensurate increase in bed occupancy.
RTT	65-week wait	Delivered. Exceeded operational plan – final complex clearance underway. 52-week wait reduction to <1% delivered 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 seven months.
	62-Day Combined Standard	Delivered. Now compliant for two months. The challenge is to sustain in the coming months.

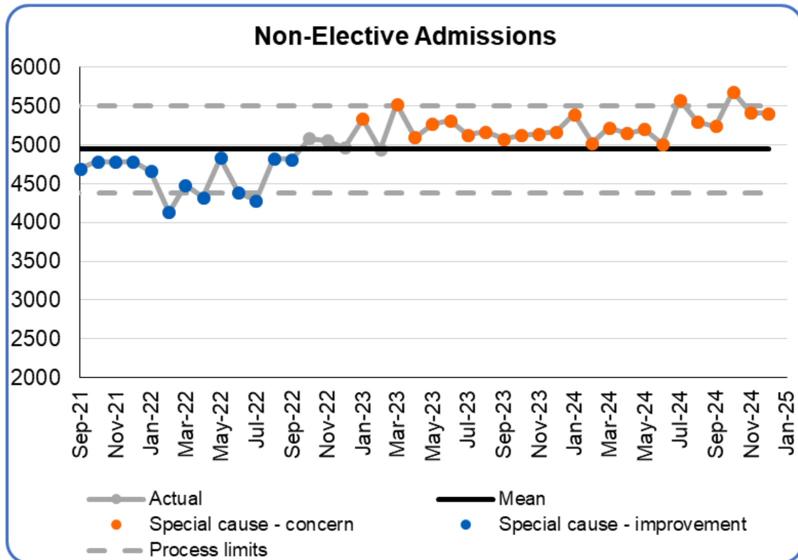
Urgent and Emergency Care

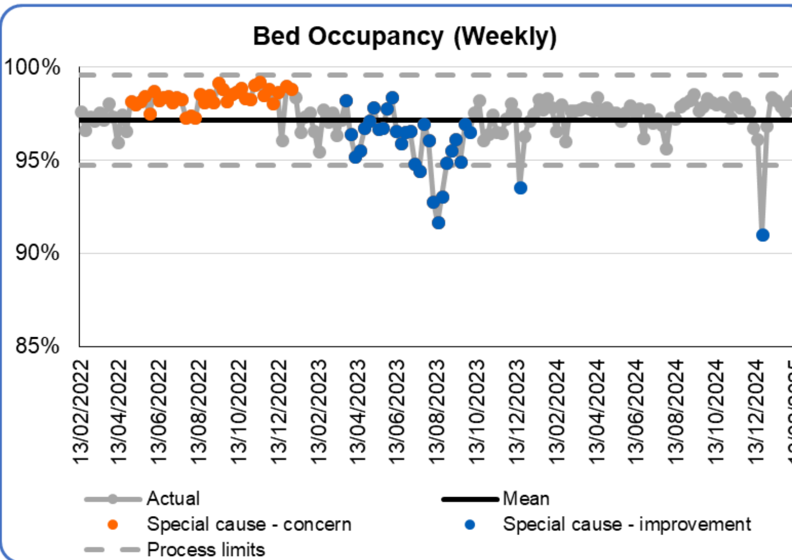
North Bristol NHS Trust

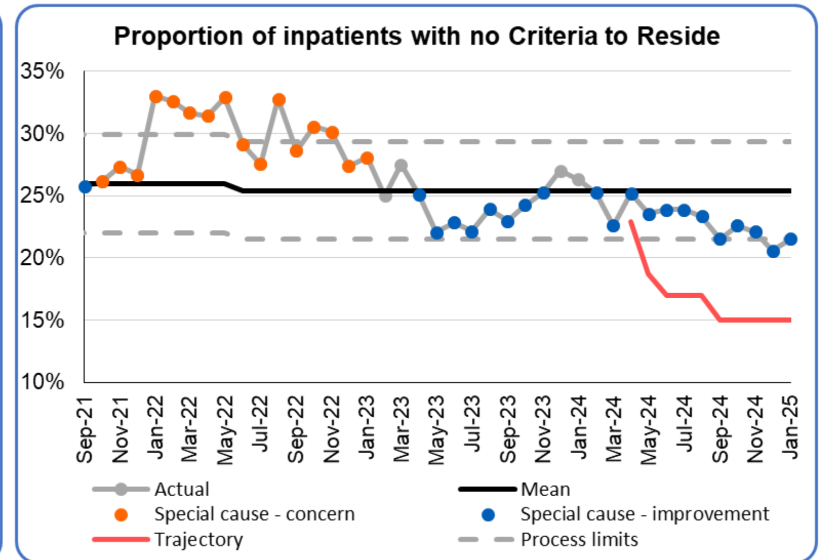












Urgent and Emergency Care

North Bristol NHS Trust

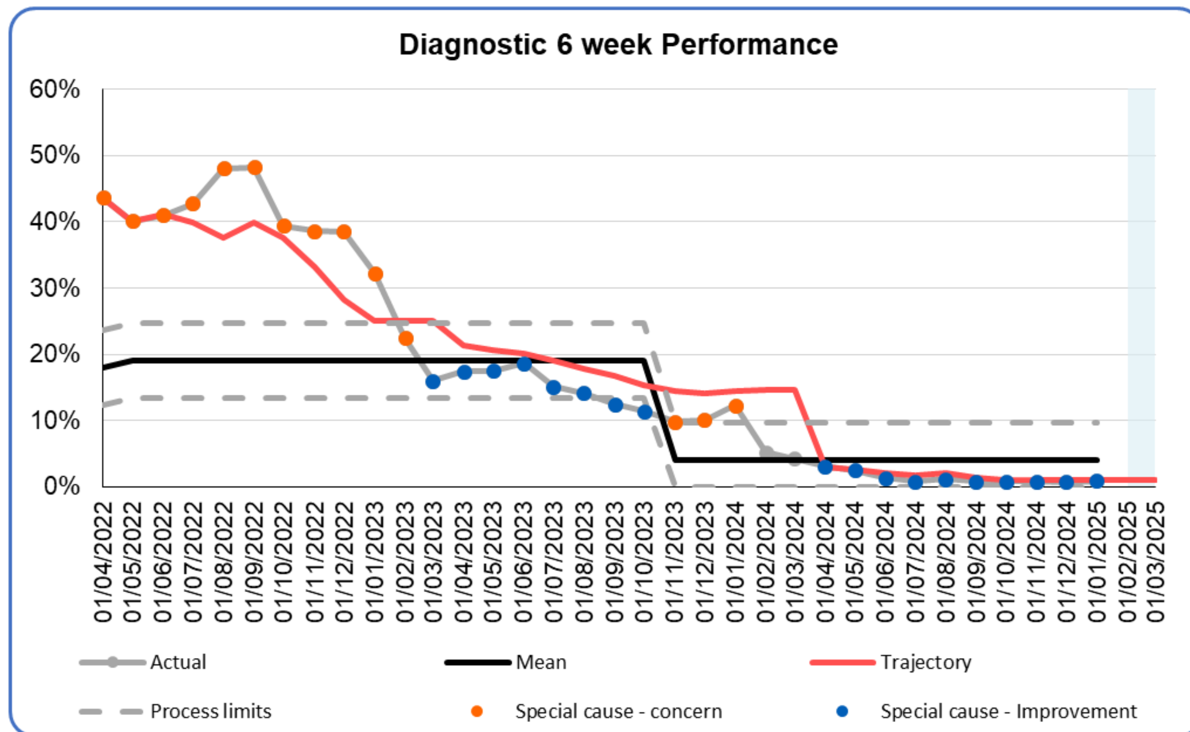
What are the main risks impacting performance?

- Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 2.11% higher than the same period last year.
- NC2R showed an increase in-month, which drove bed occupancy up.
- As yet, no significant progress in reducing NC2R problems against System ambition.
- Since the month of December, significant rise in Flu and respiratory infection presentations.
- In addition to respiratory presentations, the Trust experienced outbreaks of Norovirus with an inevitable impact on patient flow.

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



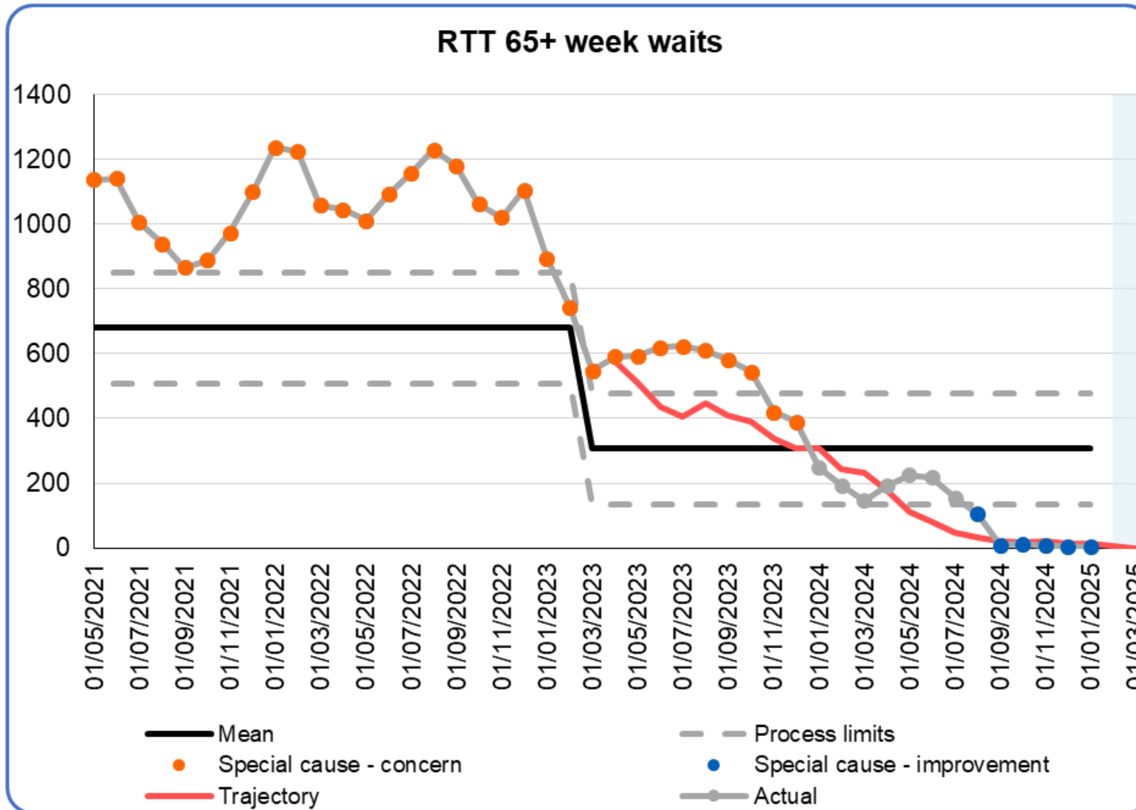
What are the main risks impacting performance?

- The Trust continues to exceed the target of no more than 5% patients waiting over 6-weeks, with performance reporting at 0.88% for January 2025.
- 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)



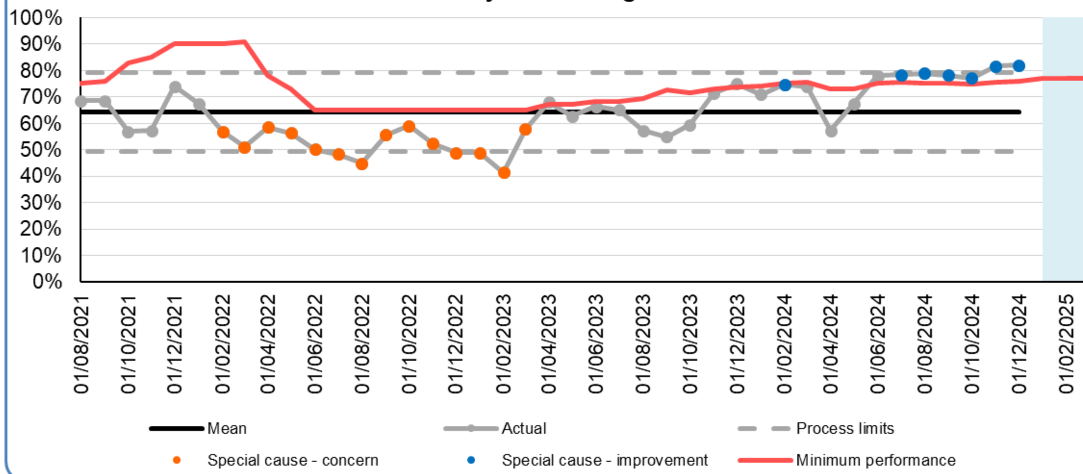
What are the main risks impacting performance?

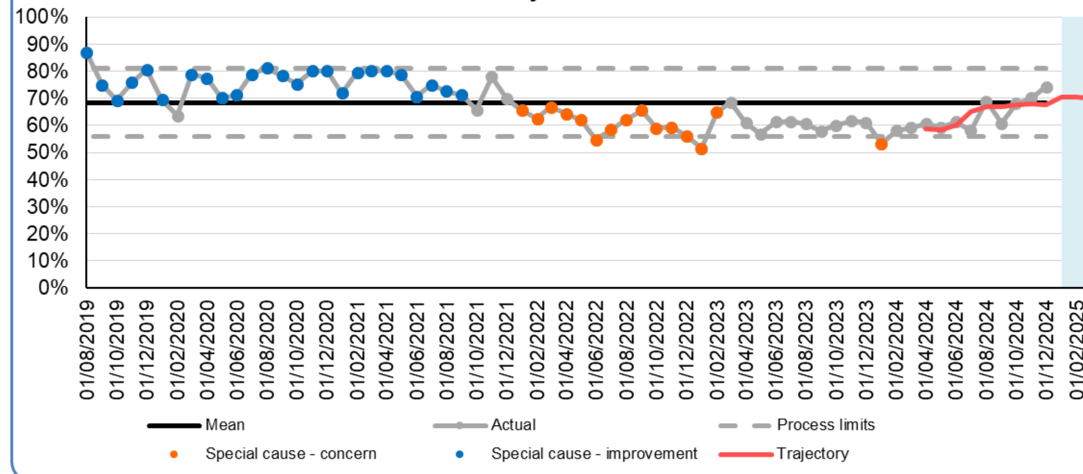
- Continued reliance on third party activity in a number of areas.
- The potential impact of UEC activity on elective care.
- Challenges remain in a small number of specialist procedures (DIEP).

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 in September has, as predicted, reversed as backlogs are cleared. There has been an increase in patient choice reports in the December/January which has had an impact on the rate of clearance.
- 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
December 2024 data

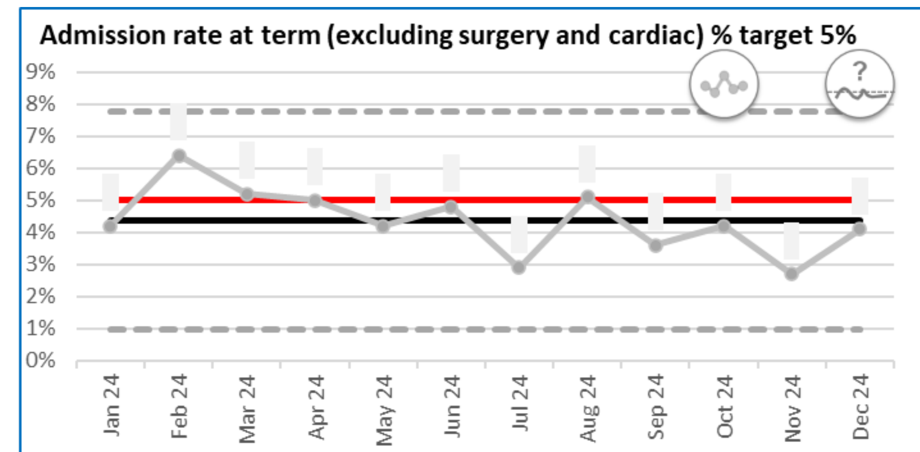
The term admission rate to NICU in November was 4.1%. This is below the national perceived target of 5%.

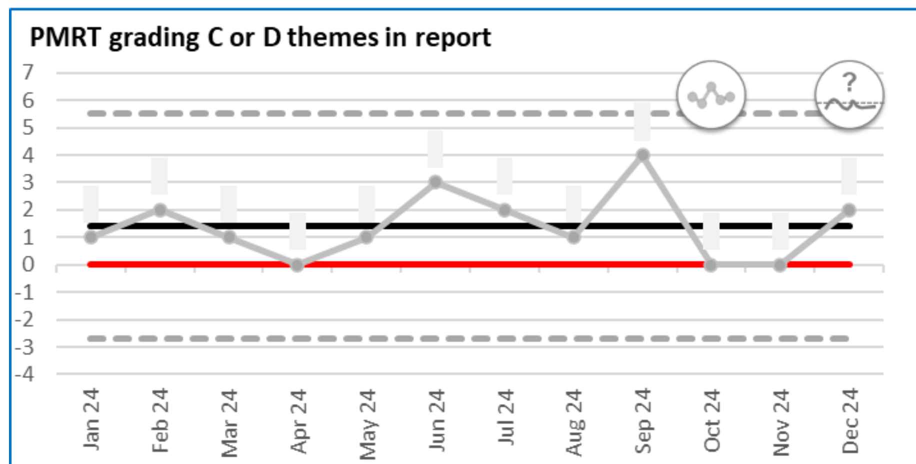
Perinatal services at NBT referred one new case to MNSI in December for a baby that was born in Truro and transferred to NBT for cooling. There were no new commissioned Patient Safety Incident Investigations (PSII).

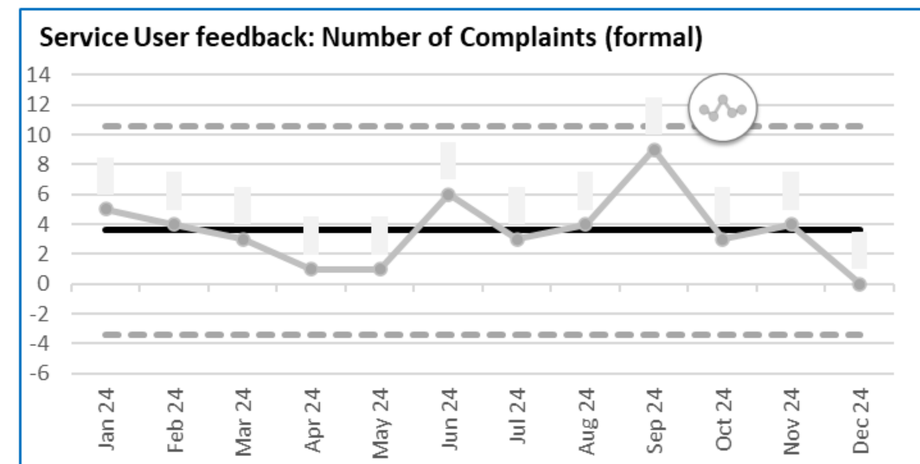
PMRT saw four cases being reviewed with two elements of care graded as C (may have made a difference to the outcome) in December. In one case a chaplain was unable to attend following the death of the baby. In the second case there was no referral to NICU following an antenatal diagnosis of holoprosencephaly. Fetal Medicine and NICU are developing a referral pathway for these patients.

Midwifery is currently recruited to vacancy and turnover.

Perinatal services received no formal complaints in December.

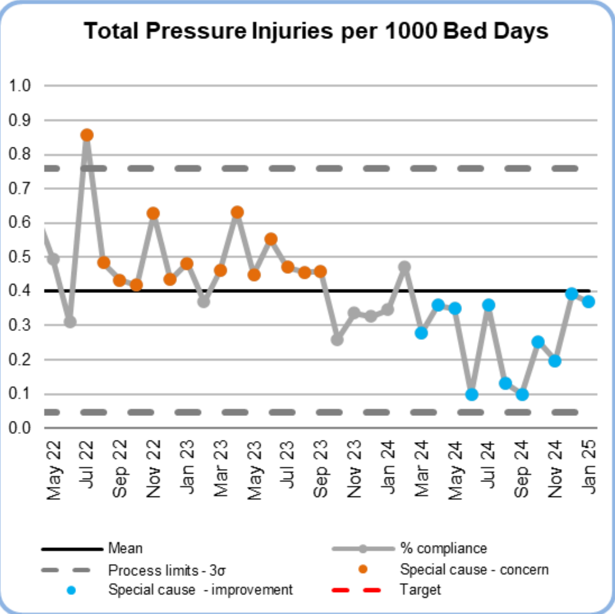


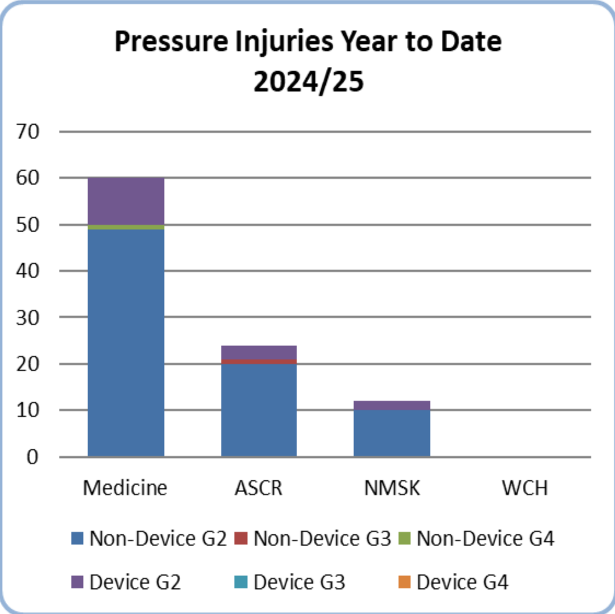


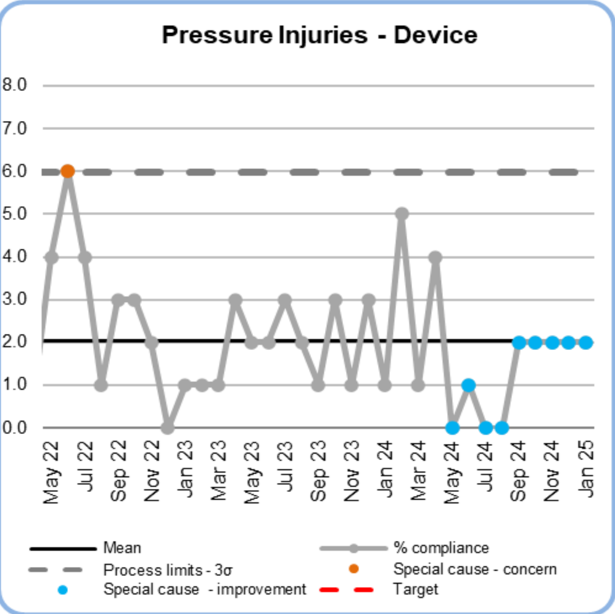


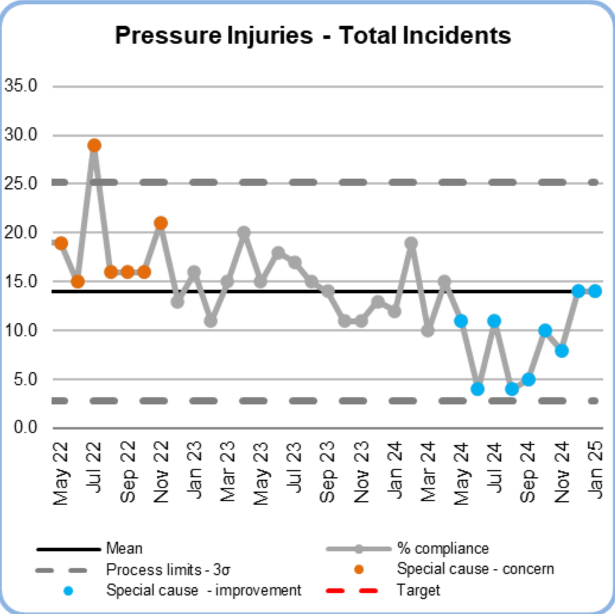
NHS
North Bristol
NHS Trust

Pressure Injuries









What does the data tell us?
In January, there were 13 grade 2 pressure ulcers, of which 2 were attributable to medical devices. There were 2 unstageable pressure ulcers reported, 0 grade 3 pressure ulcers, and 1 grade 4 pressure ulcer.

An MDT review was undertaken to the discuss the care of the patient that developed a grade 4 pressure ulcer to their right stump wound. The review concluded that this was an unusual and unfortunate grade 4 PU due to a combination of muscle wastage, tissue loss and altered anatomy from a historic amputation. The patient declined PU intervention with capacity, the patient did not have any other PU to any other areas of their skin during their inpatient stay.

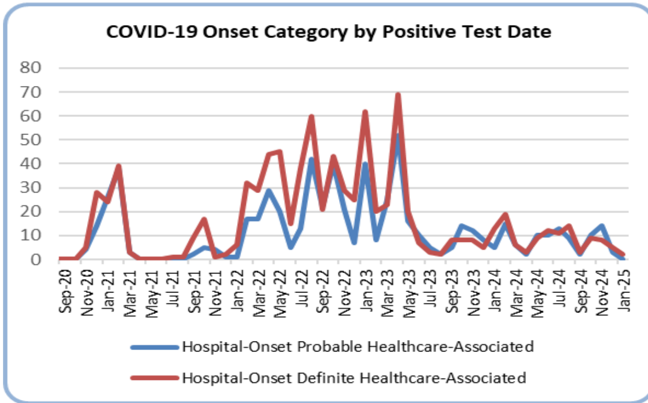
When bench-marking grade 2 pressure ulcers against the figures from 2023-2024 for the same 10-month period, NBT is at a 30% reduction in grade 2 pressure ulcer prevalence.

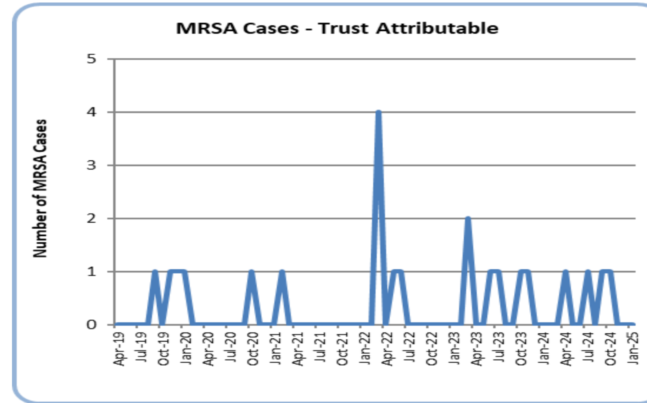
In January, there was a decrease in DTIs, with 5 DTIs reported. When benchmarked against the figures for 2023-2024 for the same 10-month period, NBT has achieved a 63% reduction in DTI prevalence.

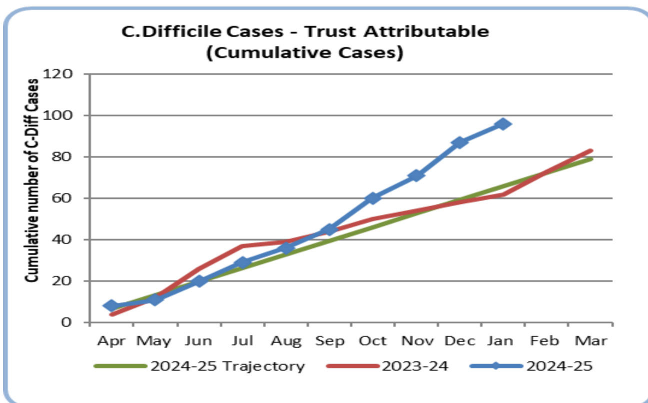
What actions are being taken to improve?
The TVN team continues to collaborate with patients, clinical teams, and other stakeholders to reduce patient harm and improve patient journeys and outcomes. The team provides a responsive, supportive, and educational wound care service across NBT, while also working collaboratively and strategically within the ICB across the BNSSG system.

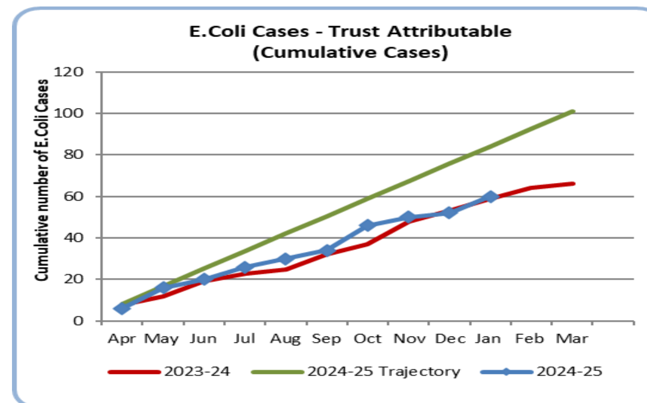
The Purpose-T PU risk assessment was launched on the EPR system within ED, which when completed will update to the inpatient records. This will ensure assessment within 6 hours of admission, and continuity of care across the Trust during a patient admission.

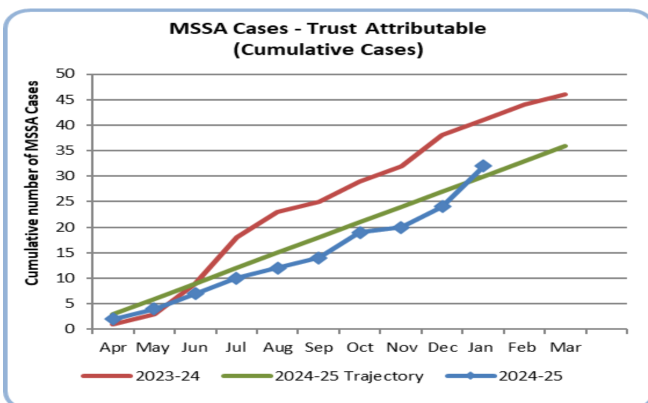
The TVNs are involved with Patient Safety within the Safe Care group to support patients to make informed choice on their care and furthermore review how staff document these interactions.

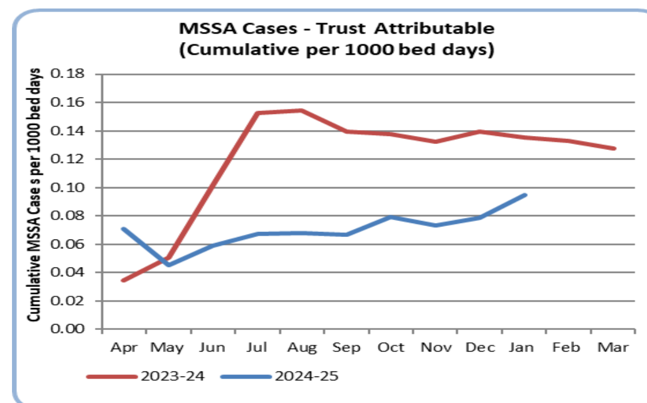












Infection Prevention and Control

What does the data tell us?

SARS – CoV- 2 (Coronavirus) / Influenza - Cases rates have decreased as expected and as per national rates – POCT testing remains in place in emergency zone

Norovirus – There has been several cases that have resulted in bays and occasional ward closure, IPC have opened areas as soon as able.

MSSA – Case rates have moved to slightly over trajectory with some complex cases that have had significant learning attached.

C. difficile – Cases have exceeded set trajectory, C Diff ward round to effectively manage cases, along with divisional improvement plans and drop in teaching.

IPC to continue to provide focus education, especially targeted in areas of repeat infection.

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 - adoption of ward round and re instigating training to teams, all cases are subject to ward level hot debrief and HCAI steering group review. IPC team board review of all cases with IPC micro-Consultant
- 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 have increased HCAI meeting looking at themes and trends, sharing learning and good practice.

Other infections

Measles

BNSSG cases for this outbreak have now totalled over 91 cases, some cases are presenting to NBT that require contact tracing from a patient and staff perspective.

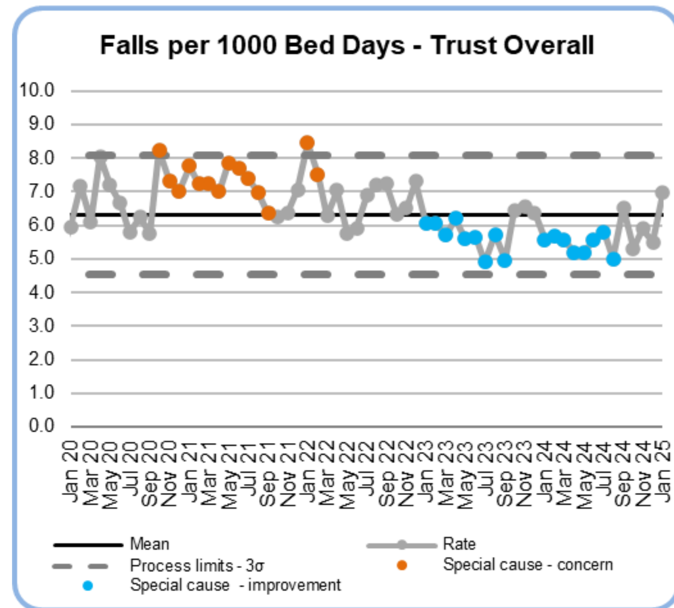
Other projects

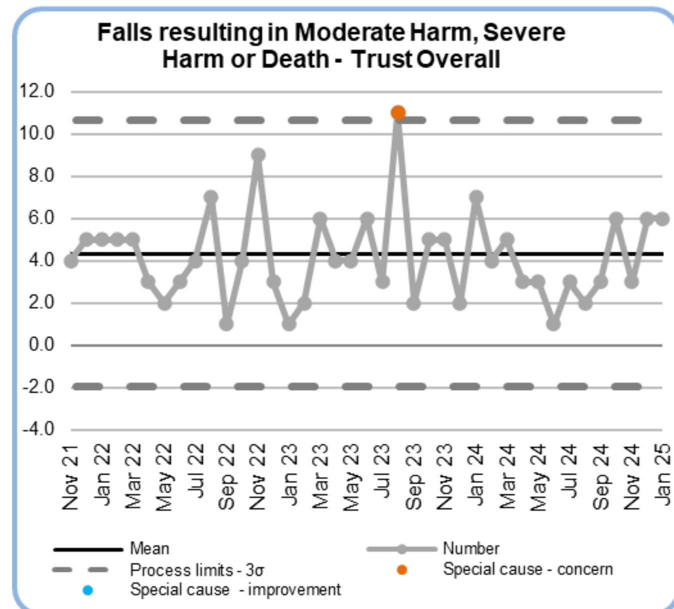
HCID – IPC working with Divisional team's implementation expected February 2025 – paper to board re ventilation

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 IPC team working & days per week unfunded after March 2025.

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





Falls

NHS North Bristol NHS Trust

Falls incidents per 1000 bed days

NBT reported a rate of 7.0 falls incidents per 1000 bed days in January which is above the average of 6.31. This is the highest number of falls since December 2022.
There were 228 falls reported in January. 2 severe harm incidents both resulting in fractured hips and 4 moderate harm incidents. Although our number of falls has increased the rates of harmful falls have remained stable.

Medicine division: 150 falls reported. This is highest number since Sept 2022.
NMSK division: 47 falls reported. This is above average for the second month.
ASCR: 31 falls reported. This is above average for the 5th month.

Multiple falls accounted for 39% of falls this month which is well above the average of a quarter. 36 patients experienced more than 1 fall. With 11 patients having 3 or more falls. 2 patients experienced 5 falls in the month.

Older patients continue to be the highest proportion of patients who fall, with 78% of reports in the over 65's.
Care of the Elderly wards experienced the highest increase in numbers of falls incidents. Across 6 wards there were 88 falls recorded, well above their average of 60.

What actions are being taken to improve?

Within medicine division there is an analysis planned to review rates of falls, specific falls incident situations and the influence of unfilled enhanced care shifts. This has been highlighted as an area of concern following incident reviews and will be explored in more depth in the coming weeks.

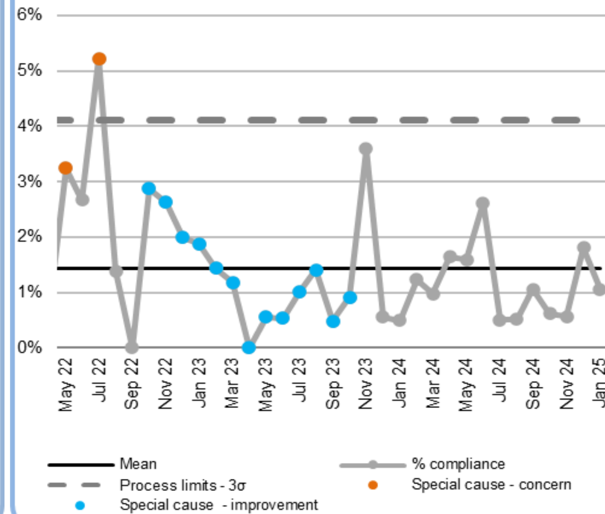
The expansion of the National Audit of in-patient falls has highlighted an additional 4 cases to be included in the audit for January. The additional commitment to complete the case reviews is being monitored.

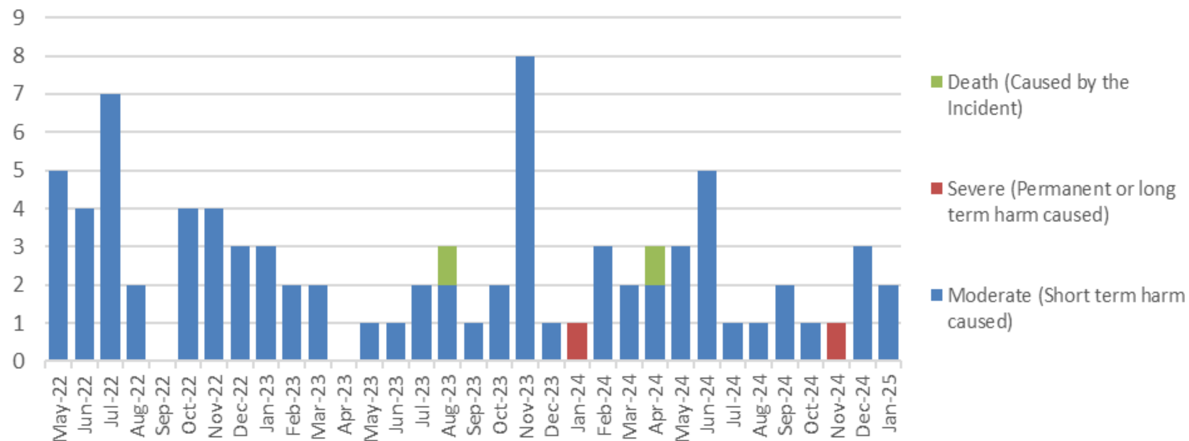
The Falls management guidance is being completely re-written to include more up to date guidance on the promotion of safer activity alongside falls safety. The new policy will also include guidance on the use of bedrails which was not previously included.

Following on from the bathroom activity analysis there have been further meetings with health and safety and facilities. More detailed work is underway to consider the cost implications for any action taken so the suit of options can be fully considered.

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 January 25 NBT had a rate of 5.8 medication incidents per 1000 bed days, which is below the 6-month average of 6.0 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 1.1% this month with 2 incidents falling into this category.

Overall comment

The medicines safety metrics this month show that our position remains relatively stable.

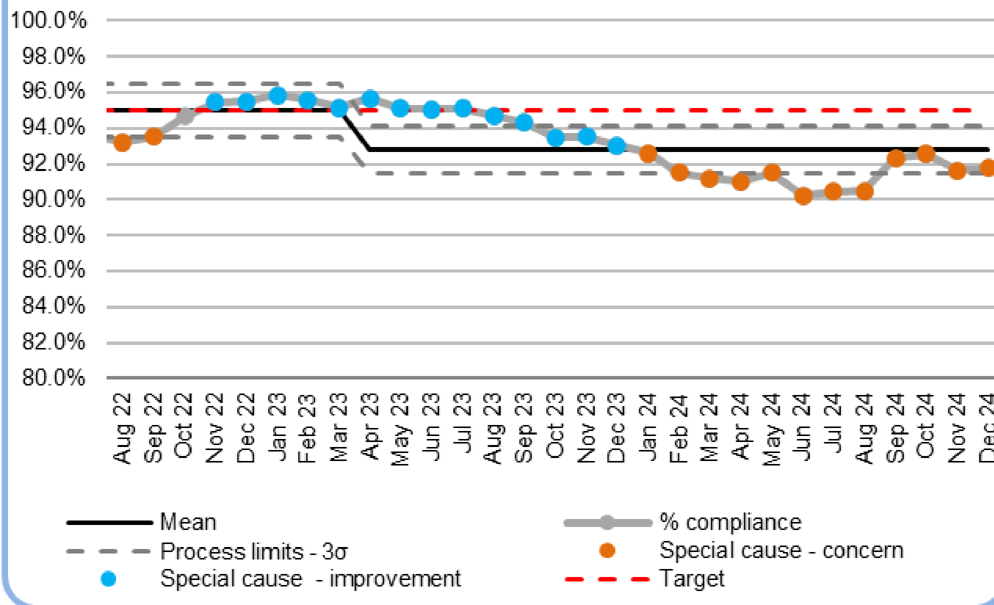
What actions are being taken to improve?

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.

VTE Risk Assessment



What does the data tell us?

In June 2022 there was a noticeable dip in VTE RA compliance (see beginning of graph), and action was taken to improve the situation.
An audit of patient notes revealed that 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 – this resulted in an overall improvement in VTE RA compliance.
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.
6. The compliance with completing the digital VTE is improving; however – lack of hardware to enable completion of the form is significant – and the use of Tablets, in theatre particularly, and for general clerking, is being discussed at senior level. Currently, Computers on Wheels are being trialled by neurosurgery in theatres

Reason for the initial drop in compliance (following mandating the digital VTE form) :
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.
An additional improvement plan is in place this year:
In September 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 January 2025

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

North Bristol NHS Trust

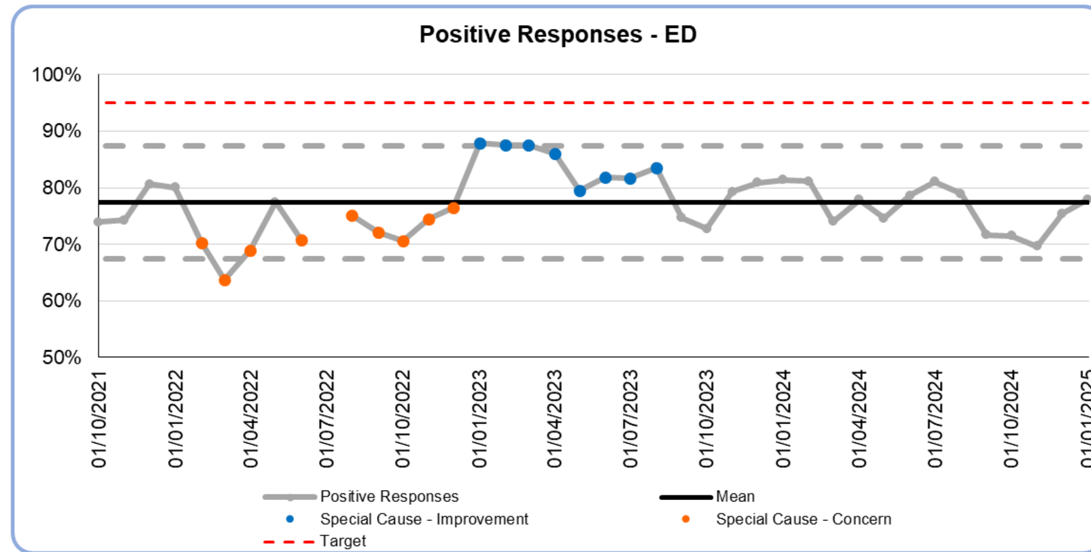
Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Ongoing – In January, the Board received a patient story reflecting feedback from the Gypsy, Roma, Traveller Community. This was the first time we have heard from this community about their experiences of our services.
	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.** Ongoing- Patient Conversations year 1 evaluation has been completed and was shared with PCEC in December. We have also begun our one-year feasibility study of PEP with 3 pilot areas.
	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.	VS strategic plan tabled for Trust Board in March. This commitment is captured within the strategic plan.
	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 completed our first patient conversation with patients with LD in December, chatting to 4 patients. We are arranging further conversations in March.
	The voice and the involvement of carers will be respected and integral in all we do.	Ongoing- Carers Awareness Training now available to staff. 10 carers chairs have been shared with wards. Carers Strategy Group due to meet in February.
	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.	Patient Story to Board in January provided insight into the lived experience of the Gypsy, Roma Traveller community accessing our services and highlight some of the Trust work, and wider system work underway to help reduce the health inequalities experienced by this group.
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	Complete. 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.	Complete. 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 which are due to be presented at PCEC in March.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	VS strategic plan tabled for Trust Board in March. This commitment is captured within the strategic plan.
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 developed by NHS Elect. Testing complete. Roll out to follow in March. Key pilot areas identified in outpatients and Gynaecology.

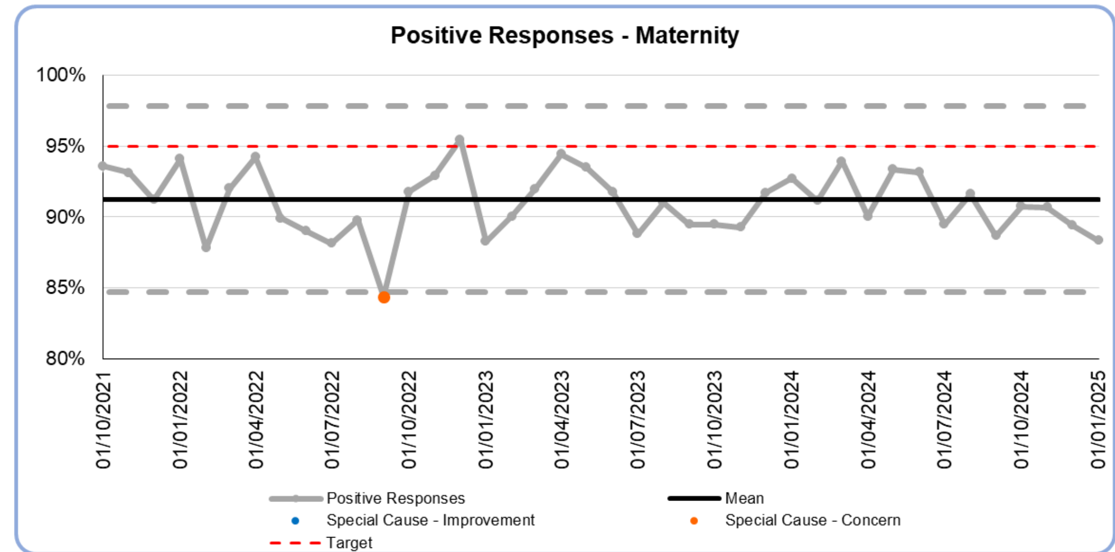
Patient & Carer Experience – Overview January 2025

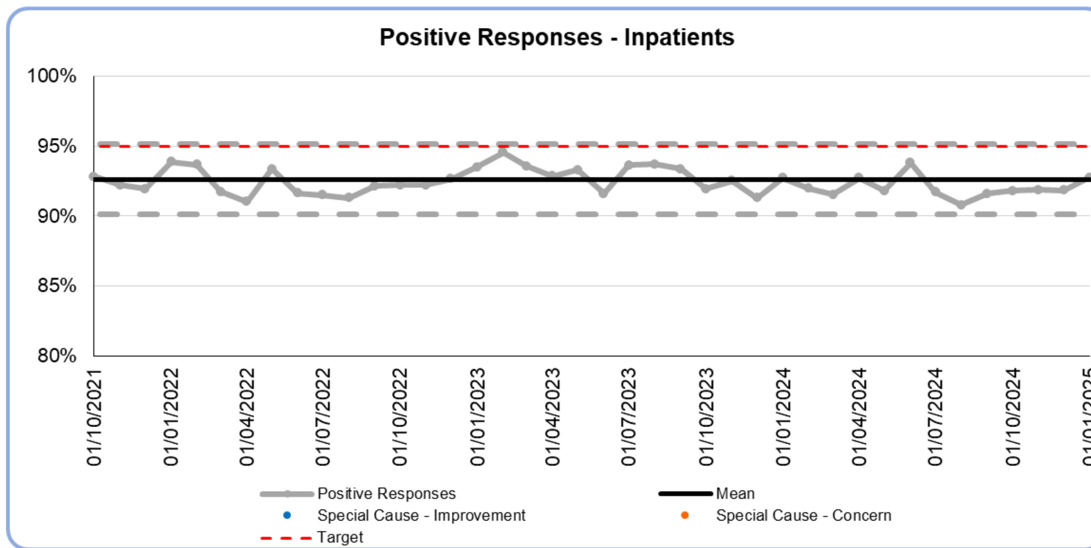
- Thanks to funding granted by the League of Friends Southmead we were able to deliver 10 new carers chairs to: 34 A&B, 9 A&B, Elgar 1&2, ICU - 1 in each of the 4 pods.
- Our previous carers chairs were all condemned last year so these new chairs are a welcome addition to ensure the experience of carers alongside the patient.
- These chairs are for carers and young carers who are staying in hospital to support their cared for person whilst they are an in-patient.
- Carer support could include:
- Washing and dressing the patient
- Assisting with feeding the patient
- Helping in reducing anxiety or challenging behaviours
- Fall prevention and other support at the discretion of the ward staff
- Being with their loved one at the end of life
- Having the support of a carer can be of huge help to ward staff helping to release their time.
- We look forward to receiving a further 10 chairs from the League of Friends in the near future.

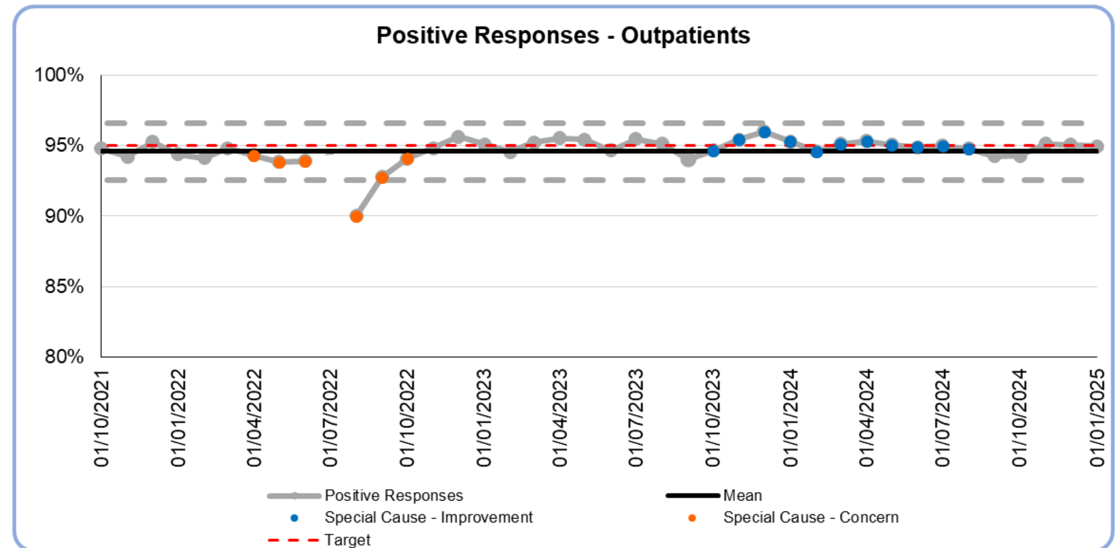
Patient Experience

NHS North Bristol NHS Trust









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

Patient Experience

NHS North Bristol NHS Trust

What does the data tell us – Trust wide?

- In January 8,982 patients responded to the Friends and Family Test question. 6,363 of those patients chose to leave a comment with their rating.
- We had a Trust-wide response rate of 12.59%, which is a slight decrease on the previous month.
- 93.7% of patients gave the Trust a positive rating, which has increased from 92.3% 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 decreased from 89.4% in December to 88.3% in January. The Negative response rate across maternity decreased from 8.7% in December to 6.1% in January.
- The response rate across Maternity increased from15% in December to 15.4% in January.
- Top positive theme from comments remains staff.

> All the staff were honestly fantastic. I had anxiety that was difficult to deal with but everyone accommodated me and my poor mental health. I am truly grateful for the amazing care we got

What does the data tell us - Emergency Department?

- Positive responses have increased from 75.4% in December to 77.4% in January. Negative responses have increased from 14.1% in December to 15.9% in January.
- The response rate for ED decreased from 19.2% in December to 18.1% in January.
- The top positive and negative themes remain staff and waiting time.

> Care received was good, had xray and was prescribed medicine I needed. Wait was long - 5hrs start to finish - but appreciate it was a Friday night and the doctors/nurses were at full capacity

What does the data tell us - Inpatients?

- Positive responses have increased from 91.8% December to 92.7% in January. Negative responses have increased from 5.08% in December to 5.6% in January.
- The response rate for inpatients has increased from 20.1% in December to 21.3% in January.
- Top positive themes from comments are staff, clinical treatment and communications.
- Negative themes from comments are communication, staff and clinical treatment.

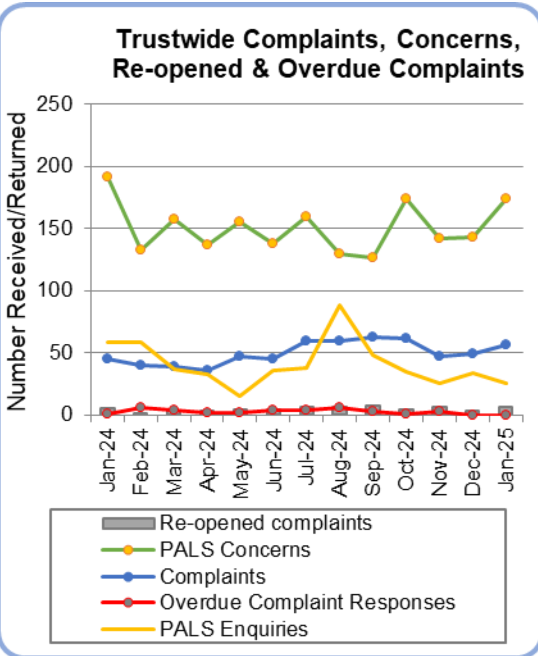
> In general the care was amazing. The ITU and interventional radiology team saved my life. All the staff (doctors, nurses, all the ancillary staff) were so caring and supportive, often going the extra mile. There were a couple of issues but I am sure much of this was related to staffing pressures and communication.

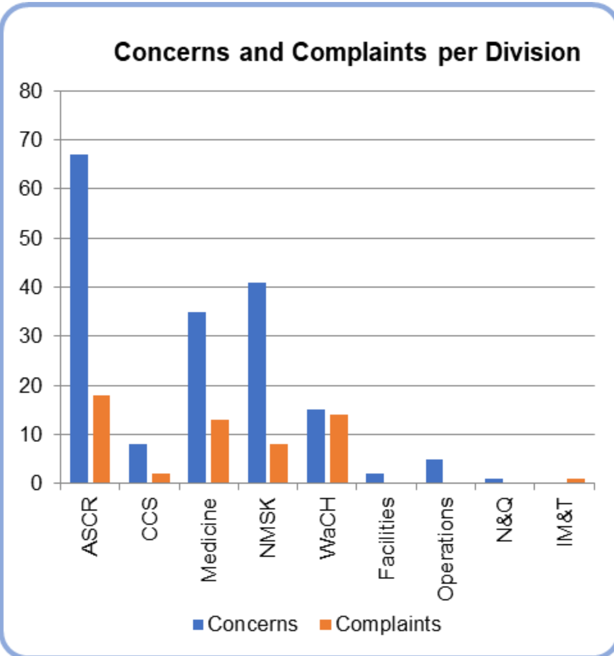
What does the data tell us – Outpatients?

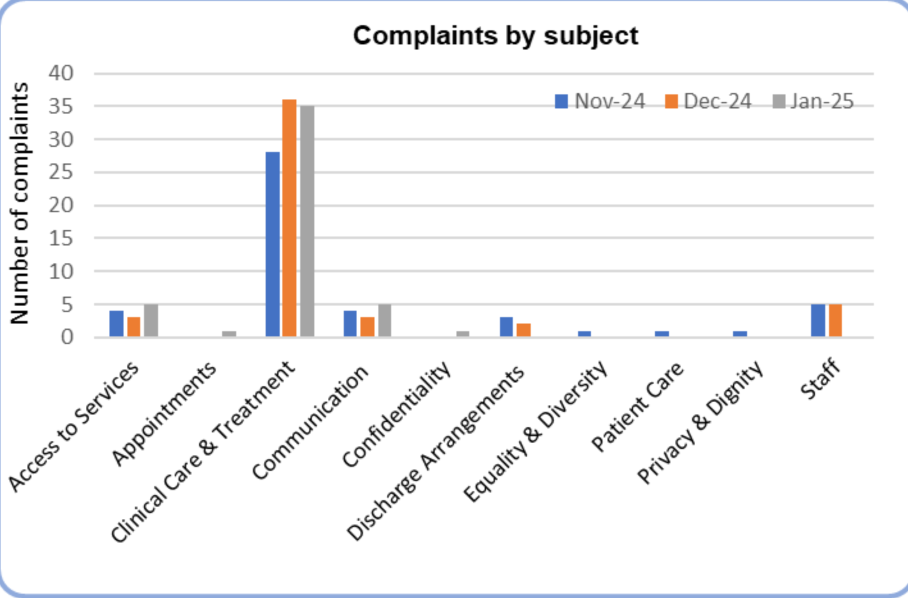
- Positive responses have decreased from 95.6% in December in 92.7% January. Negative responses remained the same in January (2%).
- The response rate for outpatients increased from 10.8% in December to 11.1% in January.
- Top positive themes from comments remain staff, waiting time and clinical treatment.
- Negative themes from comments remain waiting time, communication and Staff.

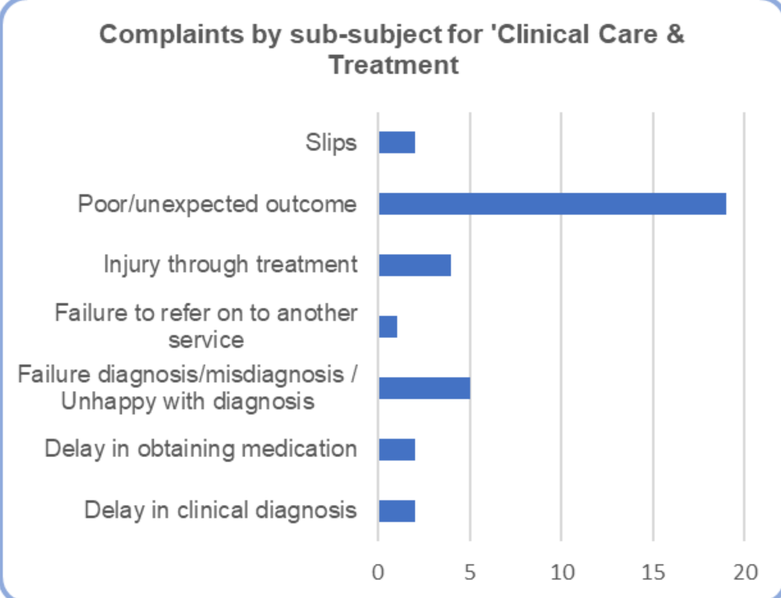
> Very smooth check in, friendly staff, comfy waiting areas and given time for lots of questions and information

Complaints and Concerns









What does the data tell us?

In January 2025, the Trust received 56 formal complaints. This is 7 more than the previous month and 11 more than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (35). A chart to break down the sub-subjects for 'Clinical Care and Treatment' is included.

Of the 56 complaints, the largest proportion was received by ASCR (18) followed by WaCH (14). Within ASCR the complaints were spread across specialities. In WaCH, maternity received 13 complaints, which WaCH are monitoring.

There were 6 re-opened complaints in January, which is 3 more than the previous month, and are with ASCR (3), NMSK (2) and WaCH (1).

The number of overdue complaints at the time of reporting was 0, which is the same as the previous month.

The response rate compliance for complaints has increased from 65% in December to 80% in January. Largely due to an increase in performance from ASCR compared to the previous month. A breakdown of compliance by clinical division is shown below:

ASCR – 75% CCS – 67% Medicine – 64%
NMSK - 92% WaCH –100%

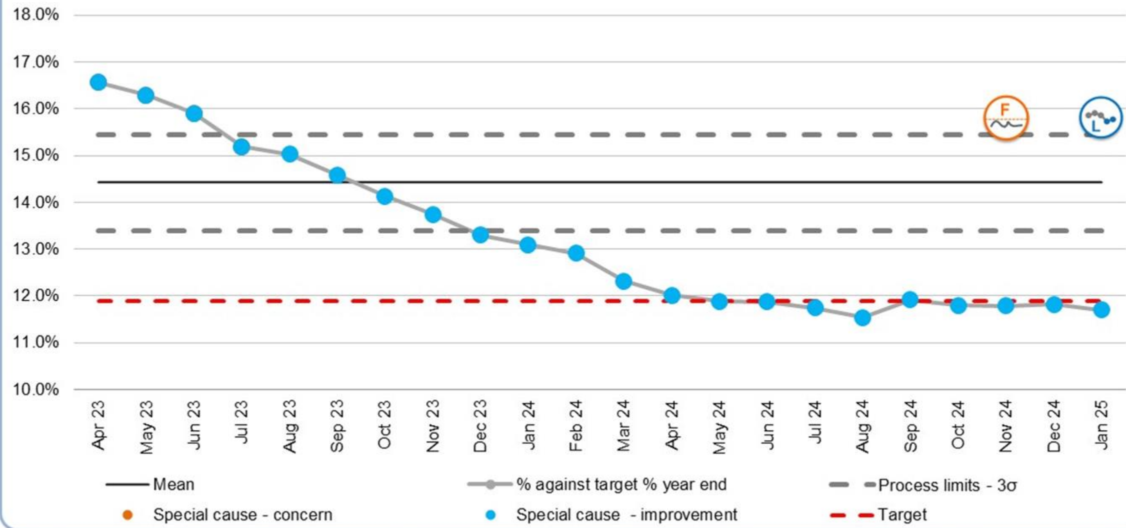
The number of PALS concerns has increased by 31 to 174 in January compared to last month, which is above the usual monthly average.

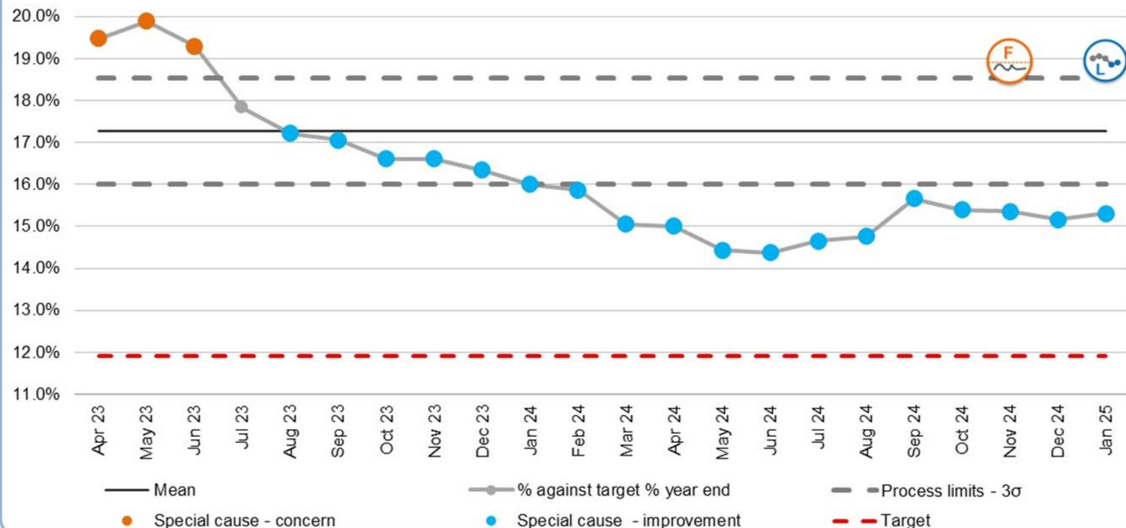
In January 100% of complaints and PALS concerns were acknowledged within the agreed timescales.

Workforce

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

Retention Patient First Priority People



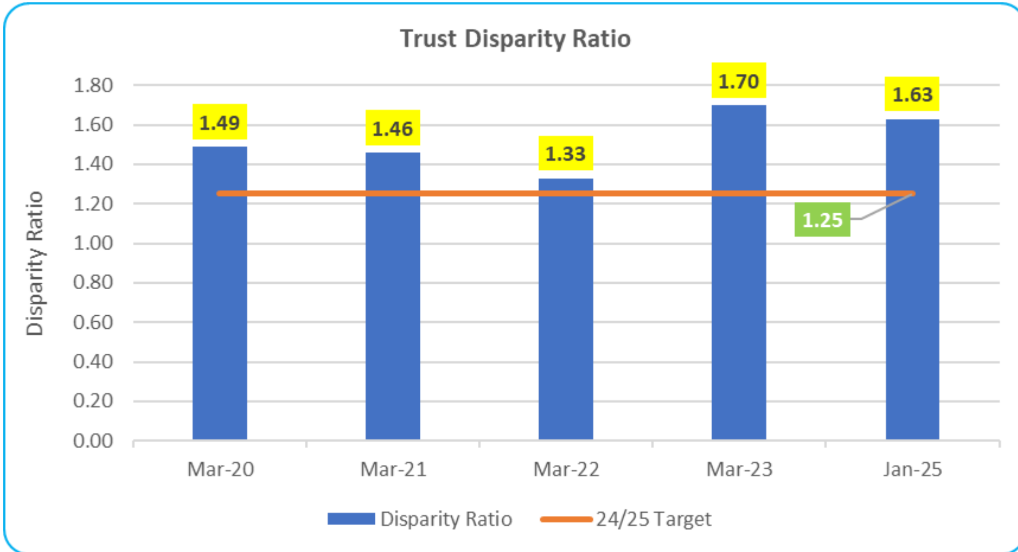


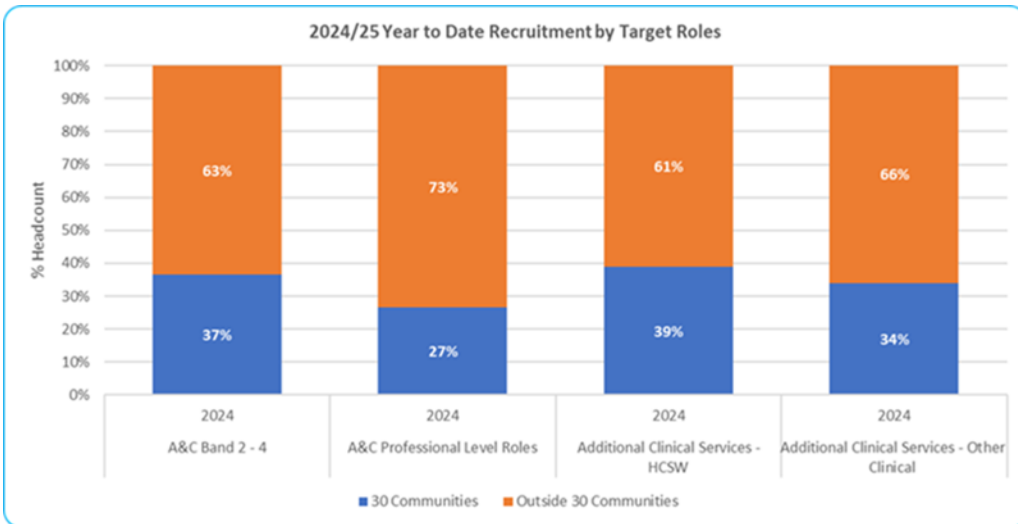
Our turnover remains at the level of our target for 2024/25, 11.9%. Targets for 2025/26 are continuing to be reviewed via operational planning for 2025/26.

Driver	Action and Impact	Owner	Due
Flexible Working	To support staff who might have otherwise left us to go travelling or to take time off for caring reasons we are showcasing staff stories who have successfully taken a career break.	People Promise Manager	Mar-25
Flexible Working	Work life balance continues to be our number one reason for staff leaving. We have transitioned our managers flexible working workshop to business as usual and will be working with the People Business Partners to identify areas of the business that would benefit from a more targeted approach. This work will happen as part of NSS 2024 analysis.	People Promise Manager	Mar-25
New Starter Experience	The Staff Retention and Experience Group recommended a further targeted role out of the *My First 90 Days* enhanced induction guide to understand its value and the required manager workload completing it.	People Promise Manager	Apr-25
Culture	Formally launch the '*Living Our Values*' work programme aimed at building a positive workplace culture. Progress the 2 workstreams aligned to this, engaging with stakeholders and then the wider workforce.	Associate Director of Culture Leadership and Development	Apr- 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).

The January disparity ratio was 1.63 (1.66 in December), the Trust has now refreshed its target for 2025/26 to 1.55 in line with a deeper understanding of the drivers of disparity and the interventions and time require to effect change.

% of Recruitment into Target Roles from our 30 Most Challenged Communities – the bar chart shows the year-to-date proportion for recruitment from our 30 most challenged communities into our target roles – overall we are at 35%. Improvement target for 2025/26 has been set at 38%.

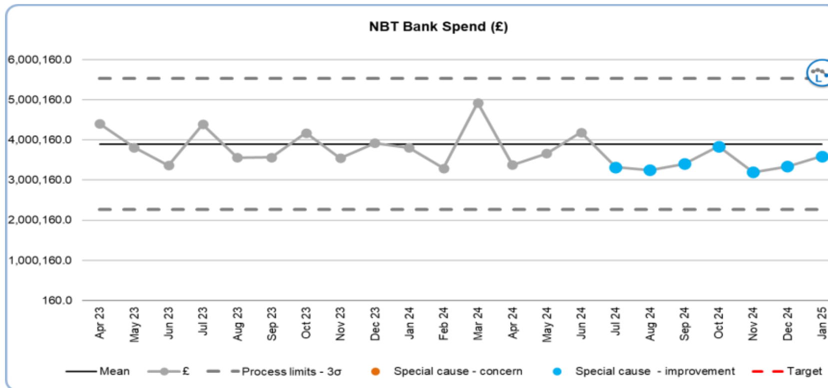
Activities

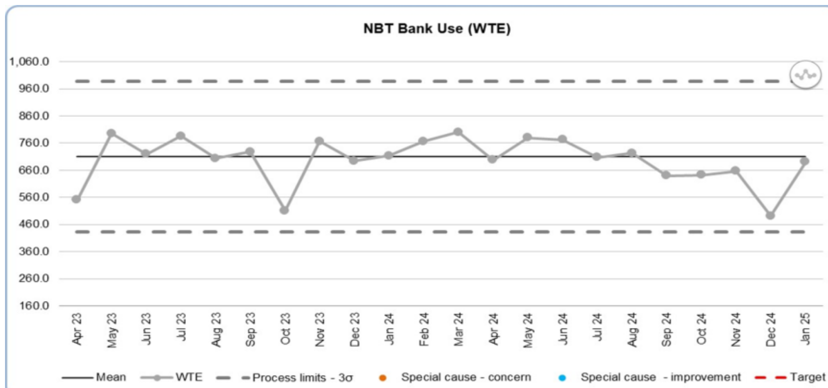
Fairer Recruitment – An A3 problem solving project has been started to look at underlying causes for the disparity ratio across the Trust within different pay grades and staff groups. The resulting information will shape the creation of a manager's toolkit which will help to reduce our disparity ratio.

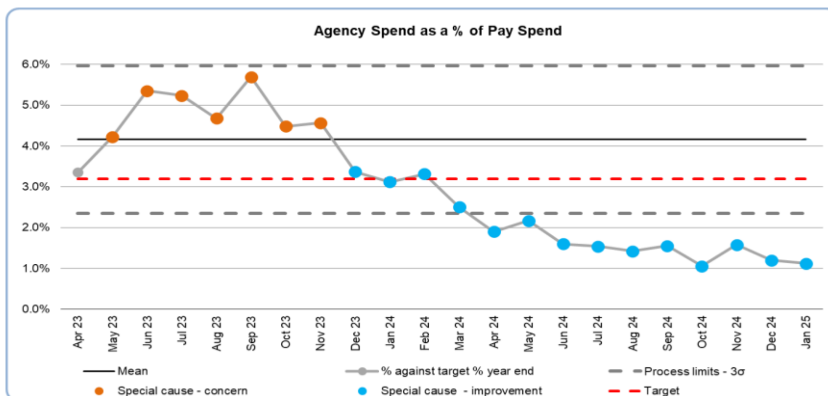
Mentoring Programme – Mentoring and support is being provided to around 160 people from our local area. Employment outcomes are gaining momentum with more and more candidates being successfully appointed, many from our supported Work experience scheme.

Driver	Action and Impact	Owner	Due
Community Outreach	Community team funding ending 31st March. Activity will cease from this date. Alternative funding sources need to be explored.	All	Mar 25
Community Outreach	Supported work experience has had recent cohorts of 14+. Outcomes are positive and this course is receiving support from many departments	Community Team	Mar 25

Temporary Staffing







Agency use continues to be under the target for pay spend – however there remains ongoing focus through the fortnightly Resourcing and Temporary Staffing Oversight Group – with all agency use under review as part of planning for 2025/26

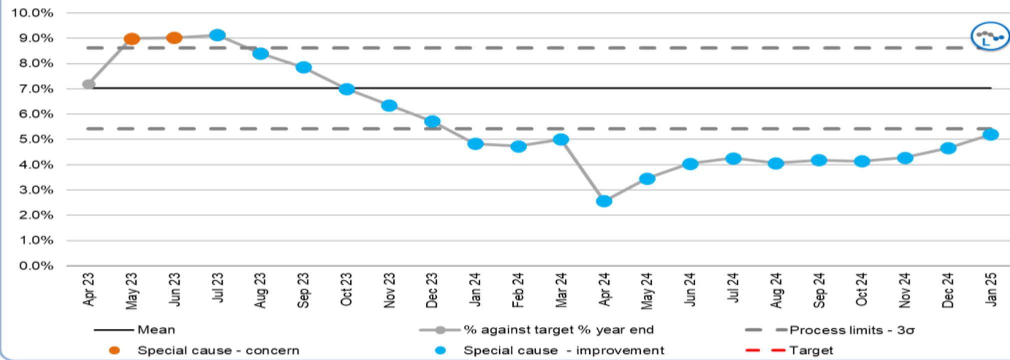
Bank spend has not shown statistically significant improvement for the 1st time compared with spend in 2023/24.

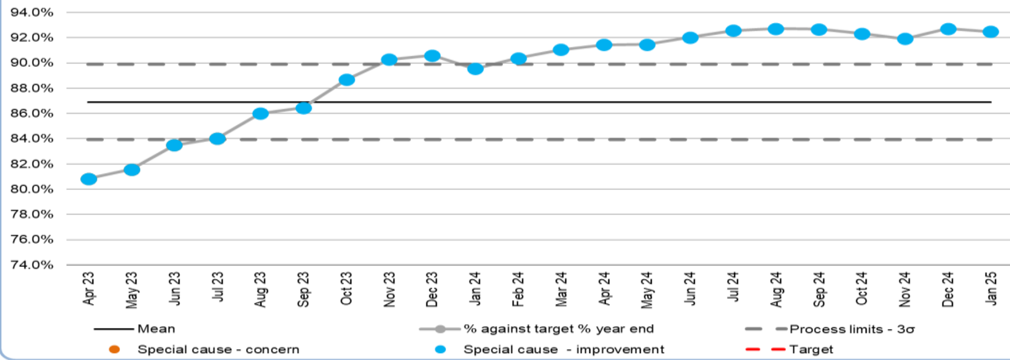
In line with NHS England planning guidance all temporary staffing use will be reviewed for 2025/26 with the aim of further reducing expenditure across bank and agency by addressing demand and taking unit cost and rate opportunities where possible.

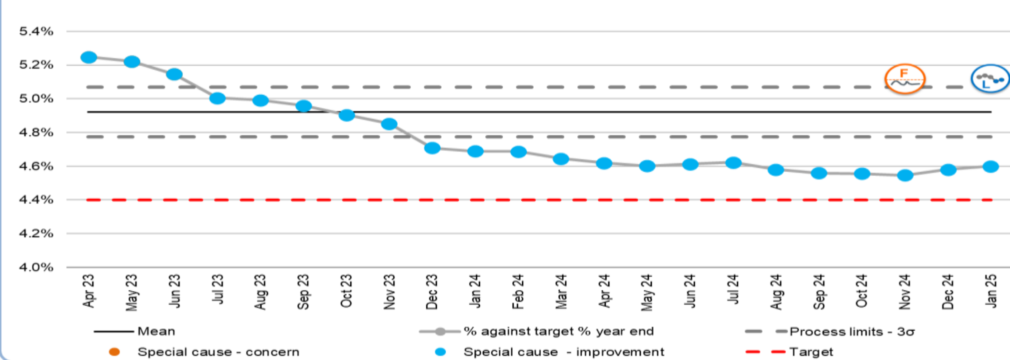
Driver	Action and Impact	Owner	Due
All Staff Groups	The Agency Procurement Programme is entering its final stages of procurement; contract signed Jan 25, and implementation planning ready to start April 2025.	Associate Director Nursing Workforce Recovery	Apr-25
All Staff Groups	Seeking to establish Direct Engagement Payment model (pay agency worker via Trusts Payroll) from implementation of new contract – which will enable 20% VAT saving across some groups of Agency workers (Medics/AHP's/Scientists)	Head of Temporary Staffing Operations	Apr-25
Nursing & Midwifery	Ongoing challenges with ICU usage which is driving increased spend across both bank and agency use. Engaging directly with external agencies to address fill rates, as neutral vendor unable to meet demand.	Head of Temporary Staffing Operations	Mar-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, data analysis being undertaken to identify specialist areas, and agree glide path to cap compliance.	Head of Resourcing / Head of Temporary Staffing Operations	Jun-25

Watch Measures (CPO)

NHS
North Bristol
NHS Trust



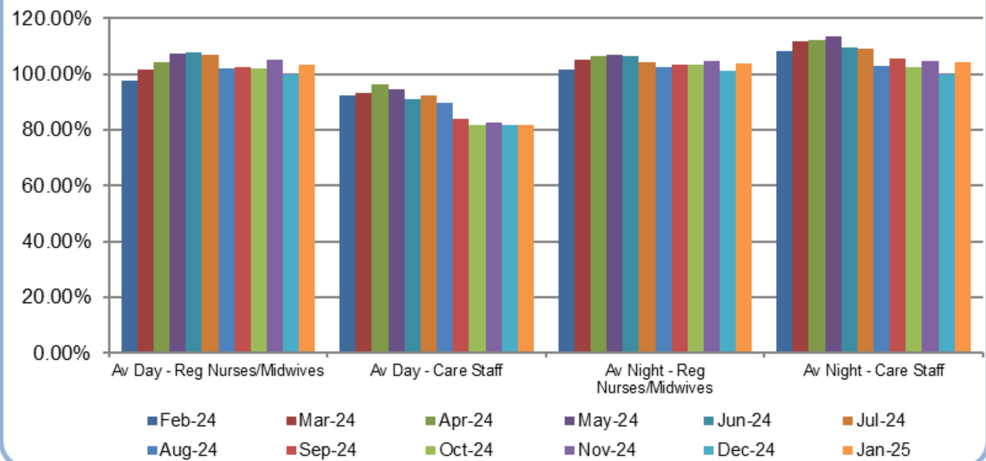




Focussing on Health and Wellbeing the Staff Experience Team is:

- Delivering Winter Wellbeing drop ins taking the staff experience offer direct to teams.
- During the drop ins, teams will receive advice and information on our NBT Staff Experience offer as well as the opportunity to talk about staff networks and staff social groups, a listening ear, tea, coffee and snacks
- These can be booked via LINK and 10 bookings taken for next 4 weeks will cover approximately 200 staff.
- The Staff Health and Wellbeing draft plan was approved at Executive Management Team (EMT) on 12th February 2025. The Plan will continue to be shared with UHBW to agree further joint project workstreams. The aim is for the finalised plan to be shared with EMT at the end of March.

Safe Staffing



Jan-25	Day shift		Night Shift	
	RN/RM	CA Fill	RN/RM	CA Fill
Southmead	103.47%	81.57%	103.76%	104.04%

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) 14966				
Ward 26A 14311				
Ward 27A 14402				
Ward 28B 14520				
Ward 32A CAU 14103				
Ward 33A 14221				
Ward 33B 14222				
Ward 34B 14324				
Ward 7A 14302				
Ward 8A 14410				
Ward 9A 14503				
Ward 9B Flex Capacity 14501				
Ward 10a 14509				

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 January 2025, the combined shift fill rates for Registered Nurses (RN)s across the 28 wards was 103.47% and 103.76% respectively for days and nights. The combined shift fill for HCSWs was 81.57% and 104.04% respectively for days and nights. Therefore, the Trust as a collective set of wards is within the safe limits for January.

Current month *care staff* fill rates:

- 31.03% of wards had daytime fill rates of less than 80%
- 6.90% of wards had night-time fill rates of less than 80%
- 6.90% of wards had daytime fill rates of greater than 120%
- 24.14% of wards had night-time fill rates of greater than 120%

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%
- 13.79% of wards had daytime fill rates of greater than 120%
- 10.34% of wards had night-time fill rates of greater than 120%

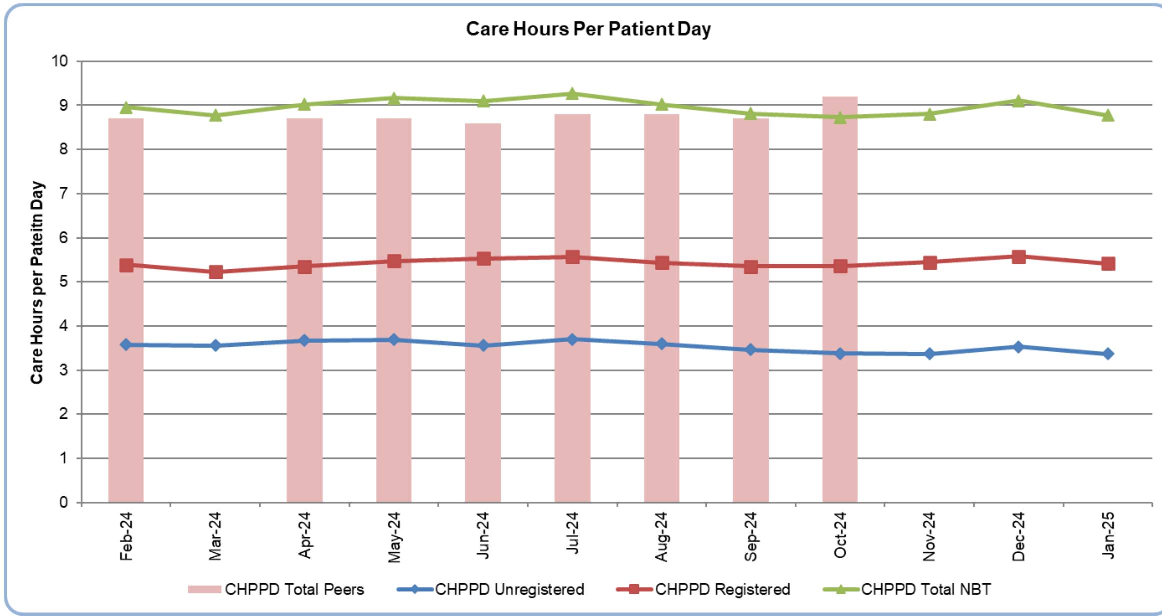
The “hot spots” as detailed on the heatmap which were less than 80% or greater than 120% fill rate for both RNs and HCSWs have been reviewed. As within prior months we continue to see a number of patients who require increased interventions, on this month's review these patients accounts for a significant proportion were fill rate sits above the 100%.

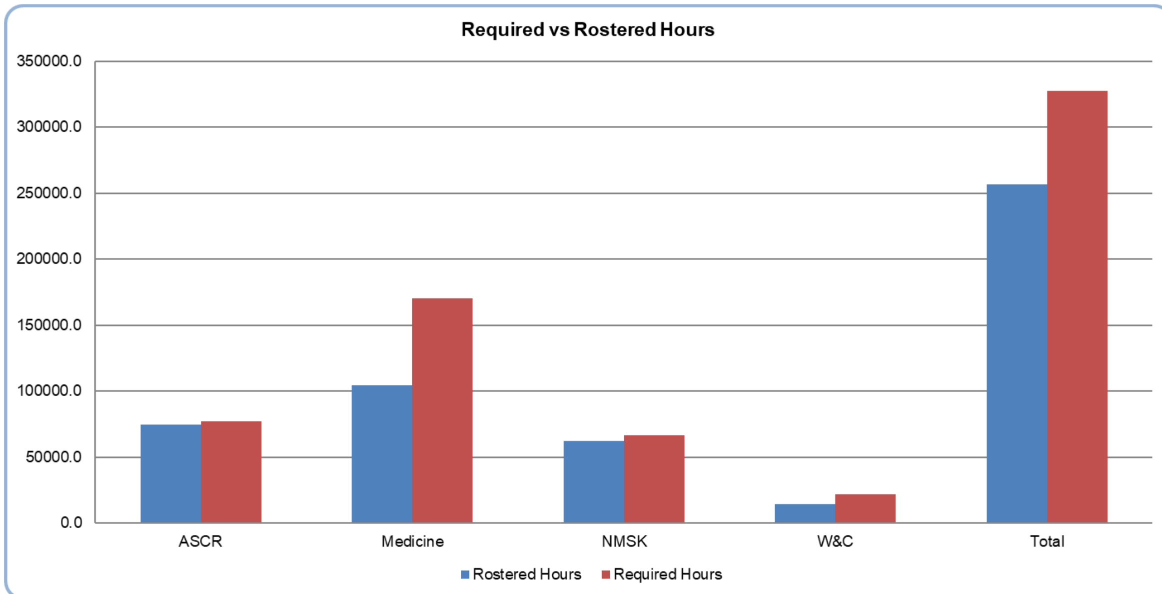
During the daytime period, the ability to fill additional HSCW shifts to support enhanced care patients remains challenged, however this is mitigated by the use of other staff to support safe care provision.

Compliance:

The Safe Care Census is completed twice a day. The average compliance for January was 78% which includes predicted completion. A proposal to change the census completion time will be made this month as this should address some of the compliance issues.

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 31 January 2025

NHS North Bristol NHS Trust

	Month 10			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	73.9	79.5	5.6	719.6	735.6	15.9
Income	2.9	7.3	4.4	47.9	86.1	38.2
Pay	(47.7)	(50.2)	(2.5)	(482.5)	(498.1)	(15.7)
Non-pay	(28.3)	(34.8)	(6.4)	(286.7)	(327.7)	(41.0)
Surplus/(Deficit)	**0.8**	**1.9**	**1.1**	**(1.6)**	**(4.1)**	**(2.5)**

Assurances

This month the Trust has delivered a financial position £1.1m surplus above plan. The financial position for January 2025 shows the Trust has delivered a £4.1m deficit against a £1.6m planned deficit which results in a £2.5m adverse variance year to date.

Contract income is £15.9m better than plan. This is driven by additional pass-through income of £5.8m, and agreement of the associate contracts has delivered a £2.0m benefit. In addition, £2.6m of ERF relating to 2023/24 has been recognised in Month 10.

Other income is £38.2m better than plan. The is due to new funding adjustments and pass through items, £30.6m favourable. The remaining £7.6m favourable variance is driven by prior period invoicing and additional activity, £2.4m favourable, and medical education funding, £2.8m favourable.

Pay expenditure is £13.2m adverse to plan. New funding adjustments, offset in income, have caused a £16.0m adverse variance. Undelivered CIP is £6.2m adverse and there are overspends on medical and nursing pay, £2.6m adverse. This is offset by AfC vacancies, £6.5m favourable, and delays in investments, £7.2m favourable.

Non-pay expenditure is £41.0m adverse to plan. Of which £22.3m relates to pass through items. This remaining adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £5.8m adverse, and in tariff drugs, £2.2m adverse, which is supporting increased elective and non elective activity. £5.9m is driven by items such as IT, Bristol Ambulance costs and UKHSA Activity.

Statement of Financial Position at 31 January 2025

North Bristol NHS Trust

	23/24 Month 12 £m	24/25 Month 09 £m	24/25 Month 10 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**545.6**	**546.0**	**0.4**	**7.6**
Current Assets					
Inventories	11.7	11.9	11.7	(0.3)	(0.1)
Receivables	49.4	57.9	62.0	4.1	12.5
Cash and Cash Equivalents	62.7	33.4	32.0	(1.4)	(30.7)
Total Current Assets	**123.8**	**103.2**	**105.6**	**2.4**	**(18.2)**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(80.0)	(78.0)	2.1	(22.0)
Deferred Income	(14.4)	(24.7)	(19.0)	5.6	4.6
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	(0.0)	(0.0)
Total Current Liabilities	**(138.0)**	**(128.3)**	**(120.6)**	**7.7**	**(17.4)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.5)	(6.5)	0.0	0.3
Financial Non-Current Liabilties	(571.8)	(583.3)	(581.7)	1.6	9.9
Total Non-Current Liabilities	**(578.0)**	**(589.8)**	**(588.2)**	**1.6**	**10.2**
Total Net Assets	**(53.7)**	**(69.3)**	**(57.2)**	**12.1**	**(3.4)**
Capital and Reserves					
Public Dividend Capital	485.2	497.5	507.3	9.8	22.2
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(27.9)	(25.6)	2.3	43.4
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	**(53.7)**	**(69.3)**	**(57.2)**	**12.1**	**(3.4)**

Capital spend is £27.7m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 10.

Cash is £32.0m at 31 January 2025, a £30.7m decrease compared with Month 12. 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 improve in the final two months, resulting in a cash position of approximately £42.3m by Month 12, driven by national capital funding.

Non-Current Liabilities have decreased by £1.6m in Month 10 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

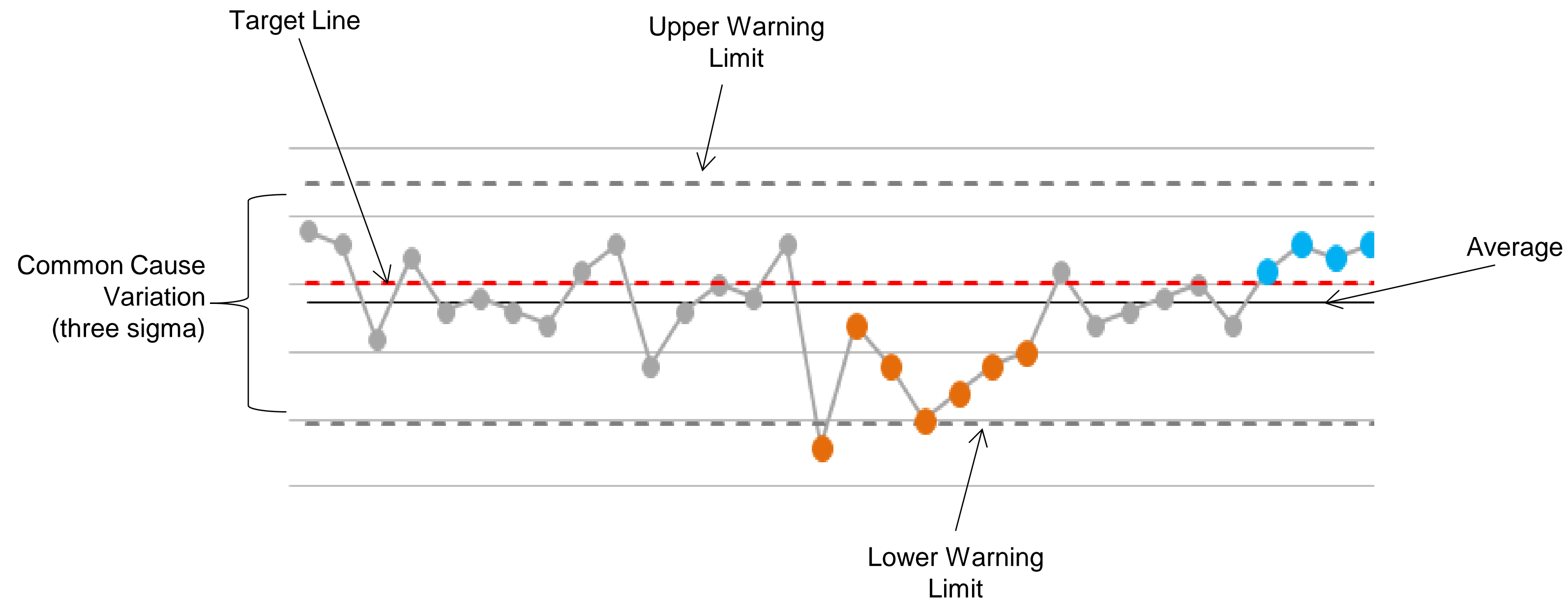
Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements in February 2025 - Self-assessed

NHS North Bristol NHS Trust

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 Jan 2025 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

NBTCARES

Appendix 3: Abbreviation Glossary

NHS
North Bristol
NHS Trust

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

North Bristol NHS Trust

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